

Asfi Mohg. Ashfaq Khan

56 yrs / Female

07/03/2024

No fresh complaints

K/C/O - Hypothyroidism  
10 yrs

No PIH.

No S/H.

Menopausal 5-6 yrs.

O/H - G7 P5 A2 L4 D1

HT - 158 cm

WT - 58 kg

BMI - 23.2 kg/m<sup>2</sup>  
(normal)

BP - 130/80 mmHg

P - 88/min

SpO<sub>2</sub> - 98%

Pt is fit and can resume  
her normal duties

Consent with physician for blood change  
blood sugar raised.

T<sub>3</sub>, T<sub>4</sub> L raised.



**HELPLINE**

022 - 2588 3531

S-1, Vedant Complex,  
Vartak Nagar, Thane (W) 400 606

[www.siddhivinayakhospitals.org](http://www.siddhivinayakhospitals.org)



# OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

ASFRI MOHD.ASHFAQ KHAN

AGE

56

DATE -

07.03.2024

Spects : Without Glasses

	RT Eye	Lt Eye
NEAR	N/18	N/6
DISTANT	6/6	6/24
Color Blind Test	NORMAL	



SIDDHIVINAYAK HOSPITALS



Name - Mr. Mohmmad Ashpak	Age - 57 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 07/03/2024

**USG ABDOMEN & PELVIS**

**FINDINGS: -**

The liver dimension is enlarged in size (15.7 cm). It appears normal in morphology with raised No evidence of intrahepatic ductal dilatation.

The GB- . WES sign + representing either a large gall stone or multiple small gall stones filling the lumen of contracted or incompletely visualized gall bladder.

The CBD- not well visualized. The portal vein is normal.

The pancreas appears normal in morphology.

The spleen is normal in size ( 11.6 cm ) and morphology.

Both kidneys demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 9.8 x 4.7 cm

The left kidney measures 11.7 x 5.8 cm

Urinary bladder: -normally distended. Wall thickness - normal.

Prostate is enlarged in size 37.1gms

No free fluid is seen.

**IMPRESSION:-**

- Hepatomegaly with fatty liver ( Grade I )
- Cholelithiasis (WES sign +)
- Prostatomegaly.

**DR. AMOL BENDRE**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST





Name - Mr. MOHAMMAD ASHPAK	Age - 57 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 07 /03/2024

**X- Ray chest (PA VIEW)**

No obvious active parenchymal lesion seen in both lungs.  
Cardiac and aortic shadows appear normal  
No evidence of pleural of effusion is seen.  
Both domes of diaphragm appear normal.  
No obvious bony lesion is seen.

**IMPRESSION:**

- No significant abnormality seen.

Adv.: Clinical and lab correlation.

**DR. AMOL BENDRE**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.



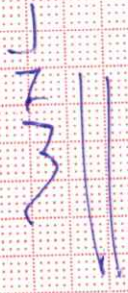
ID: 1042 07-03-2024 09:23:06 AM

Female Ashraf Mohamad ashraf

Years 55  
BP - 130/80 mmHg  
SpO2 99%  
PR - 87 bpm  
HH - 158 cm, wt - 58 kg

Diagnosis Information:

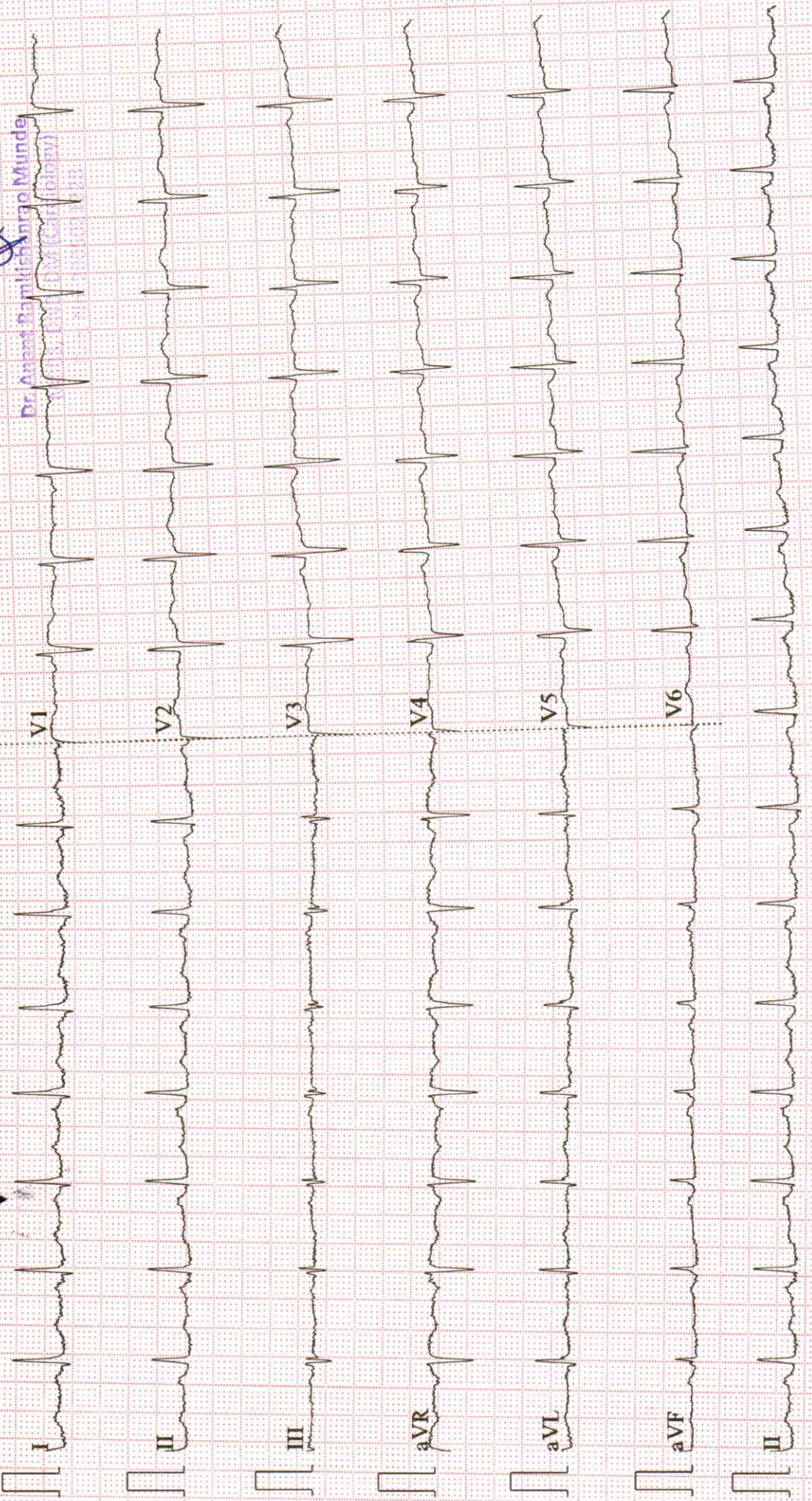
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*



Report Confirmed by:

*[Signature]*

Dr. Anant Ramkishanrao Munde  
MBBS, MD (DM), DNB (Cardiology)  
NRI Hospital, Pune





## ECHOCARDIOGRAM

NAME	MR. MOHAMMAD ASHPAK
AGE/SEX	57 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	07/03/2024

### 2D/M-MODE ECHOCARDIOGRAPHY

<b>VALVES:</b> <b>MITRAL VALVE:</b> <ul style="list-style-type: none"> <li>• AML: Normal</li> <li>• PML: Normal</li> <li>• Sub-valvular deformity: Absent</li> </ul> <b>AORTIC VALVE:</b> Normal <ul style="list-style-type: none"> <li>• No. of cusps: 3</li> </ul> <b>PULMONARY VALVE:</b> Normal <b>TRICUSPID VALVE:</b> Normal	<b>CHAMBERS:</b> <b>LEFT ATRIUM:</b> Normal <ul style="list-style-type: none"> <li>• Left atrial appendage: Normal</li> </ul> <b>LEFT VENTRICLE:</b> Normal <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul> <b>RIGHT ATRIUM:</b> Normal <b>RIGHT VENTRICLE:</b> Normal <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul>
<b>GREAT VESSELS:</b> <ul style="list-style-type: none"> <li>• AORTA: Normal</li> <li>• PULMONARY ARTERY: Normal</li> </ul>	<b>SEPTAE:</b> <ul style="list-style-type: none"> <li>• IAS: Intact</li> <li>• IVS: Intact</li> </ul>
<b>CORONARIES:</b> Proximal coronaries normal <b>CORONARY SINUS:</b> Normal <b>PULMONARY VEINS:</b> Normal	<b>VENACAVAE:</b> <ul style="list-style-type: none"> <li>• SVC: Normal</li> <li>• IVC: Normal and collapsing &gt;20% with respiration</li> </ul>
	<b>PERICARDIUM:</b> Normal

### MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	35 mm	Right atrium	mm
Aortic sinus	mm	LV1Dd	51.5 mm	RVd (Base)	mm
Sino-tubular junction	mm	LV1Ds	32.5 mm	RVEF	%
Ascending aorta	mm	IVSd	8.4 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.4 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	64 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14.0 mm





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Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



**\*LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)</b>	119.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
<b>S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)</b>	35.3	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
<b>S. TRIGLYCERIDE (ENZYMATIC, END POINT)</b>	236.7	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
<b>VLDL CHOLESTEROL (CALCULATED VALUE)</b>	47	mg/dL	UPTO 40
<b>S.LDL CHOLESTEROL (CALCULATED VALUE)</b>	36	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high : >= 190 mg/dl.
<b>LDL CHOL/HDL RATIO (CALCULATED VALUE)</b>	1.02		UPTO 3.5
<b>CHOL/HDL CHOL RATIO (CALCULATED VALUE)</b>	3.37		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May 2015).

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By  
SHAISTA Q

**DR. SMITA RANVEER.**  
M.B.B.S.M.D. Pathology(Mum)  
Consultant Histocytopathologist





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**COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>HEMOGLOBIN</b>	<b>11.9</b>	gm/dl	13 - 18
HEMATOCRIT (PCV)	<b>35.7</b>	%	42 - 52
RBC COUNT	<b>4.6</b>	x10 <sup>6</sup> /uL	4.70 - 6.50
MCV	<b>78</b>	fl	80 - 96
MCH	<b>25.9</b>	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	<b>15.2</b>	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	6160	/cumm	4000 - 11000
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	64	%	40 - 80
LYMPHOCYTES	26	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	07	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	214000	/cumm	150000 - 450000
MPV	<b>13.2</b>	fl	6.5 - 11.5
PDW	16.7	%	9.0 - 17.0
PCT	0.280	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

Checked By  
Priyanka\_Deshmukh

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>URINE ROUTINE EXAMINATION</u></b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
VOLUME	30ml		
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION (methyl red and Bromothymol blue indicator)	Acidic		Acidic
SP. GRAVITY (Bromothymol blue indicator)	1.010		1.005 - 1.022
PROTEIN (Protein error of PH indicator)	Absent		Absent
BLOOD (Peroxidase Method)	Absent		Absent
SUGAR (GOD/POD)	Absent		Absent
KETONES (Acetoacetic acid)	Absent		Absent
BILE SALT & PIGMENT (Diazonium Salt)	Absent		Absent
UROBILINOGEN (Red azodye)	Normal		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent		Absent
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		Negative
<b><u>MICROSCOPIC EXAMINATION</u></b>			
RED BLOOD CELLS	Absent	/ HPF	Absent
PUS CELLS	0-2	/ HPF	0 - 5
EPITHELIAL	0-2	/ HPF	0 - 5
CASTS	Absent		

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		

REMARK Result relates to sample tested. Kindly correlate with clinical findings.

**Result relates to sample tested, Kindly correlate with clinical findings.**

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**IMMUNO ASSAY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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**TFT (THYROID FUNCTION TEST )**

SPECIMEN	Serum		
T3	90.19	ng/dl	84.63 - 201.8
T4	7.42	µg/dl	5.13 - 14.06
TSH	2.51	µIU/ml	0.270 - 4.20

DONE ON FULLY AUTOMATED ANALYSER COBAS e411.

INTERPRETATION T3 (Triiodo Thyronine) T4 (Thyroxine)

AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 years	105-269	1-4 months	7.2-14.4
6-10 years	94-241	4-12months	7.8-16.5
11-15 years	82-213	1-5 years	7.3-15.0
15-20 years	80-210	5-10 years	6.4-13.3
		11-15 years	5.6-11.7

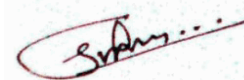
TSH(Thyroid stimulating hormone)

AGE	RANGES
0-14 Days	1.0-39
2 weeks -5 months	1.7-9.1
6 months-20 years	0.7-6.4
Pregnancy	
1st Trimester	0.1-2.5
2nd Trimester	0.20-3.0
3rd Trimester	0.30-3.0

INTERPRETATION :

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

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\* 1 8 5 9 6 9 \*

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>BLOOD GROUP</u></b>			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'AB'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>			
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**\*RENAL FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>BLOOD UREA</b> (Urease UV GLDH Kinetic)	18.5	mg/dL	18 - 55
<b>BLOOD UREA NITROGEN</b> (Calculated)	8.64	mg/dL	5 - 20
<b>S. CREATININE</b> (Enzymatic)	0.88	mg/dL	0.6 - 1.4
<b>S. URIC ACID</b> (Uricase)	<b>8.1</b>	mg/dL	3.5 - 7.2
<b>S. SODIUM</b> (ISE Direct Method)	140.2	mEq/L	137 - 145
<b>S. POTASSIUM</b> (ISE Direct Method)	3.81	mEq/L	3.5 - 5.1
<b>S. CHLORIDE</b> (ISE Direct Method)	102.6	mEq/L	98 - 110
<b>S. PHOSPHORUS</b> (Ammonium Molybdate)	3.0	mg/dL	2.5 - 4.5
<b>S. CALCIUM</b> (Arsenazo III)	10.0	mg/dL	8.6 - 10.2
<b>PROTEIN</b> (Biuret)	6.43	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (BGC)	4.16	g/dl	3.2 - 4.6
<b>S.GLOBULIN</b> (Calculated)	2.27	g/dl	1.9 - 3.5
<b>A/G RATIO</b> calculated	1.83		0 - 2

NOTE

BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED ( EM 200 )  
ANALYZER.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

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### Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	WHOLE BLOOD EDTA
RBC	Normocytic, Normochromic
WBC	Total leukocytes count is normal on smear.
	NEUTROPHILS: 64%
	LYMPHOCYTES: 26%
	EOSINOPHILS: 03%
	MONOCYTES: 07%
	BASOPHILS: 00%
PLATELET	Adequate on smear
HEMOPARASITE	No parasites seen.

Result relates to sample tested, Kindly correlate with clinical findings.  
----- END OF REPORT -----

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**LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL BILLIRUBIN</b> (Method-Diazo)	0.66	mg/dL	0.1 - 1.2
<b>DIRECT BILLIRUBIN</b> (Method-Diazo)	0.32	mg/dL	0.0 - 0.4
<b>INDIRECT BILLIRUBIN</b> Calculated	0.34	mg/dL	0 - 0.8
<b>SGOT(AST)</b> (UV without PSP)	17.4	U/L	0 - 37
<b>SGPT(ALT)</b> UV Kinetic Without PLP (P-L-P)	15.1	U/L	UP to 40
<b>ALKALINE PHOSPHATASE</b> (Method-ALP-AMP)	58.0	U/L	53 - 128
<b>S. PROTIEN</b> (Method-Biuret)	6.43	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (Method-BCG)	4.16	g/dl	3.5 - 5.2
<b>S. GLOBULIN</b> Calculated	2.27	g/dl	1.90 - 3.50
<b>A/G RATIO</b> Calculated	1.83		0 - 2

Result relates to sample tested, Kindly correlate with clinical findings.

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>ESR</b>			
<b>ESR</b>	<b>40</b>	mm/1hr.	0 - 20

METHOD - WESTERGREN

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<b>Ref By</b>	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	<b>Report Status</b>	: FINAL



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**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	24.5	U/L	13 - 109
<b><u>BLOOD GLUCOSE FASTING &amp; PP</u></b>			
BLOOD GLUCOSE FASTING	<b>147.9</b>	mg/dL	70 - 110
BLOOD GLUCOSE PP	<b>158.7</b>	mg/dL	70 - 140

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

1. Fasting is required (Except for water ) for 8-10 hours before collection for fasting specimen. Last dinner should consist of bland diet.
2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

**INTERPRETATION**

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus :  $\geq 126$  mg/dl

**POSTPRANDIAL/POST GLUCOSE (75 grams)**

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl

**CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS**

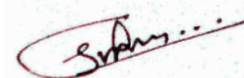
- Fasting plasma glucose  $\geq 126$  mg/dl
- Classical symptoms +Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin  $> 6.5\%$

\*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

**GLYCOCELATED HEMOGLOBIN (HBA1C)**

HBA1C (GLYCOSALATED HAEMOGLOBIN)	<b>7.4</b>	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level NON - DIABETIC : $\leq 5.6$ PRE - DIABETIC : 5.7 - 6.4 DIABETIC : $> 6.5$
AVERAGE BLOOD GLUCOSE (A. B. G. )	<b>165.7</b>	mg/dL	
METHOD	Particle Enhanced Immunoturbidimetry		

**Checked By**  
SHAISTA Q



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**Consultant Histocytopathologist**



Name : Mr. MOHD ASHFAQ KHAN (A) Collected On : 7/3/2024 9:32 am  
Lab ID. : 185969 Received On : 7/3/2024 9:42 am  
Age/Sex : 57 Years / Male Reported On : 7/3/2024 7:16 pm  
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



\* 1 8 5 9 6 9 \*

**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes. Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood. It indicates average blood sugar level over past three months.

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

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\* 1 8 5 9 6 9 \*

**REPORT ON IMMUNOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
PSA (PROSTATE SPECIFIC ANTIGEN)(TOTAL) (CLIA)	0.255	ng/ml	0 - 4

**INTERPRETATION:**

Increased levels are noted in prostate cancer, benign prostatic hypertrophy, prostatitis

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

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