

Late R. T. Bhoite Smruti Arogya Pratisthan's GIRIRAJ HOSPITAL



(State Govt. Recognised Hospital)

PADMASHREE DR. APPASAHEB PAWAR HEART CARE CENTRE

DR. RAMESH R. BHOITE M.D. Chairman Reg.No.Mah.Soc.Act 1860/9888/95 Pune Bombay Public Trust Act. 1950/F/10595 Pune I.T.ded. U/S 80 G/PN 165 Puie 2199596 Clinical Use F.C.R.A. 083930350

CARDIAC COLOR DOPPLER

Patients Name: Mrs Snehal Shashikant Durge

Age/Sex: 24 Year/Female

Date - 23th Dec, 2023

Ref.: - Dr Ramesh Bhoite

Findings: -

MV - MVA adequate, Mild MR

AV - Degenerative, No AS / No AR

TV - Mild TR, No PH

PV - Normal

No Clot / Vegetation/ Pericardial Effusion

No RWMA

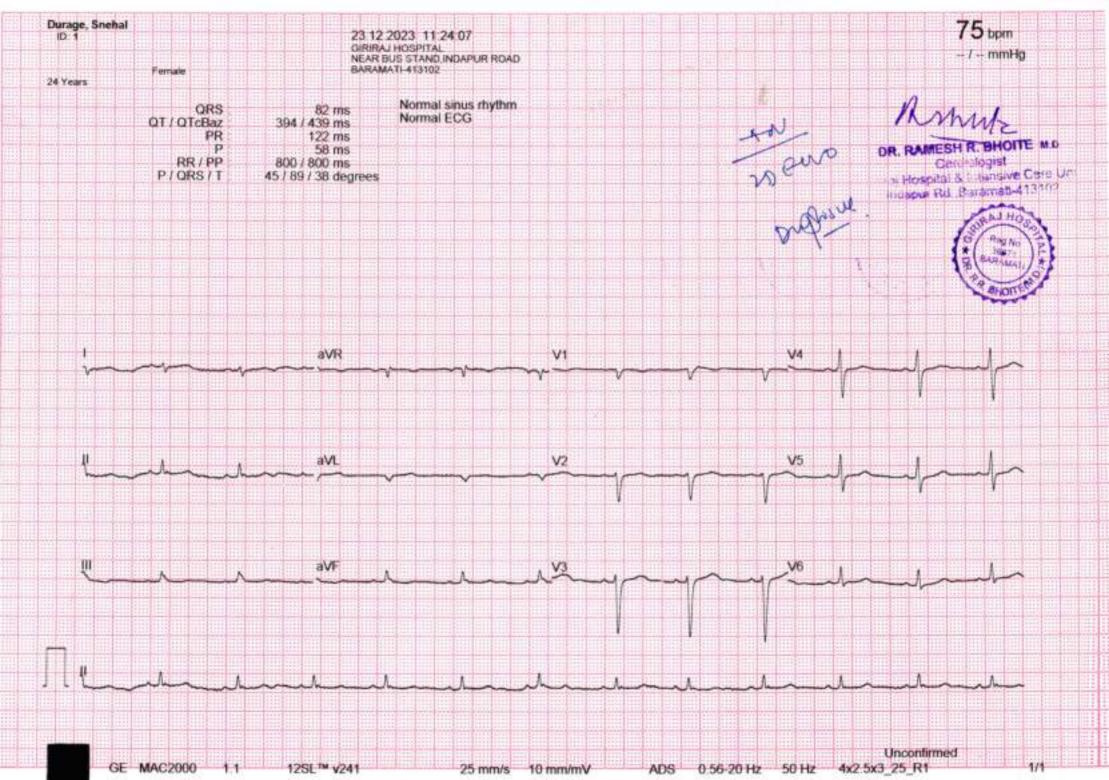
Measurements (mm); -AO-21, LA-22, IVS-10, LVPW-10, LVIDd-36, LVIDs- 22 LVEF 60%

Impression:

No RWMA

Normal LV systolic function, LVEF 60%

Dr Rajiv Khare DNB (Med) DNB (Card)



			mpus, Indapur Roa	HOLOG ad, Near S. T. Sta	A LABORA Ind, Baramati, Dist. Pu 2739, Email : girijalat	TORY une - 413102.
Reg No/PermNo	: 231201919 /OPD	/1002800		Reg. Date	: 23/12/2023	10:02AM
Name	: Mrs. SNEHAL SHA	ASHIKANT DURGE		Age / Sex	: 24 Years / Fe	male
Referred By	: Medi-Wheel Full E	Body Health Checkup		Report Date	: 23/12/2023	1:19PM
Referred By	: DR R R BHOITE M	D,(MED)		Print Date	: 23/12/2023	5:21 PM
		HAEMATO	LOGY			
<u>Test Advised</u> <u>SR</u>		<u>Result</u>	<u>Unit</u>	<u>Ref</u>	ference Range	
Sample Tested :		: EDTA Sample				
ESR (Erythrocyte s (Method: Westerngren Me	ethod)	: 4	mm at en	id of 1hr 0 - 2	20	

TEST DONE ON : Aspen ESR20Plus

Interpretation :

 A normal ESR does not exclude active disease.
The ESR increases with age, and is raised in pregnancy and in anaemia; mild to moderate elevations should be interpreted with caution in these situations. It is increased in acute and chronic inflammatory disease and in neoplastic disease. The ESR may be very high (>100 mm in 1 hour) in multiple myeloma, tuberculosis and temporal arteritis. A low ESR (1 mm in 1 hour) may be seen in polycythaemia rubra vera and sickle cell disease.

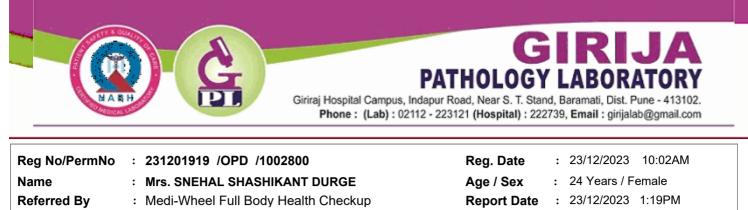
Note :

The erythrocyte sedimentation rate is the rate at which red blood cells sediment in a period of one hour. It is a common hematology test, and is a non-specific measure of inflammation.

.....END OF REPORT.....



Page 1 of 8



HAEMATOLOGY

Unit

Referred By : DR R R BHOITE MD,(MED)

Print Date	:	23/12/2023	5:21

Reference Range

ΡM

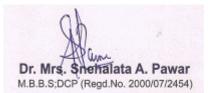
<u>Test Advised</u> HAEMOGRAM

Sample Tested : EDTA (Whole Blood)

,				
Method	:	WBC Impedance, Flow Cyte Hydrodynamic Focusing	ometry and	
Haemoglobin (Method : Spectrophotometry)	:	<u>14.0</u>	gm/dl	11.5 - 13.5
R.B.C. Count	:	5.54	mill/cmm	4.5 - 6.5
НСТ	:	41.50	%	36 - 52
MCV	:	<u>74.91</u>	fL	76 - 95
МСН	:	<u>25.27</u>	pg	27 - 34
МСНС	:	33.73	%	31.5 - 34.5
RDW	:	12.90	%	11.5 - 16.5
Platelet Count	:	182000	/cmm	150000 - 500000
WBC Count	:	7850	cells/cmm	4000 - 11000
DIFFERENTIAL COUNT				
Neutrophils	:	60	%	40 - 75
Lymphocytes	:	40	%	20 - 45
Eosinophils	:	00	%	0 - 6
Monocytes	:	00	%	0 - 10
Basophils	:	00	%	0 - 1
TEST DONE ON : HORIBA YUMIZEN H55	0			

Result

.....END OF REPORT.....





Giriraj Hospital Campus, Indapur Road, Near S. T. Stand, Baramati, Dist. Pune - 413102. Phone: (Lab): 02112 - 223121 (Hospital): 222739, Email: girijalab@gmail.com

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-				
	<u>CLINICAL P</u>	ATHOLOGY		
Test Advised	<u>Result</u>	<u>Unit</u>	Reference Range	
URINE EXAMINATION				
PHYSICAL EXAMINATION				
Quantity	: 10	ml		
Colour	: Pale Yellow			
Appearance	: Slightly Turbid			
рН	: 6.5			
CHEMICAL EXAMINATION				
Specific gravity	: 1.015		1.005 - 1.030	
Reaction	: Acidic			
Proteins	: Absent			
Glucose	: Absent			
Ketones	: Absent			
Occult blood	: Absent			
Bile salts	: Absent			
Bile pigments	: Absent			
Urobilinogen	: Normal			
MICROSCOPIC EXAMINATION				
Pus cells	: Absent	/hpf		
RBC	: Absent	/hpf		
Epithelial cells	: Absent	/hpf		
Crystals	: Absent			
Amorphous material	: Absent			
Yeast cells	: Absent			
Other Findings	: Absent			
TEST DONE ON A-URI-PLUS 200 FU		IF ANALYSER(RAPI	D DIAGNOSTIC)	

TEST DONE ON: A-URI-PLUS 200 FULLY AUTOMATED URINE ANALYSER(RAPID DIAGNOSTIC)

.....END OF REPORT.....

Dr. Mrs. Snehalata A. Pawar M.B.B.S;DCP (Regd.No. 2000/07/2454)

Page 3 of 8



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Referred By	: DR R R BHOITE MD,(MED)	Print Date : 23/12/2023 5:21 PM

BIOCHEMISTRY Result **Test Advised** Unit **Reference Range** BLOOD SUGAR FASTING & PP Sample Tested : Fluoride Plasma • **Blood Sugar Fasting** 88 mg/dl 70 - 110 : (Method :GOD - POD) **Blood Glucose P. P.** mg/dl 90 - 140 : 110 (Method :GOD POD) KIT USED: ERBA : TEST DONE ON : EM - 200

<u>Test Advised</u> Bio-Chemistry Test		<u>Result</u>	<u>Unit</u>	Reference Range
Sample Tested :	:	Serum		
Blood Urea (Method : Urease-GLDH)	:	14.0	mg/dl	13 - 40
Blood Urea Nitrogen	:	<u>6.6</u>	mg/dl	8.4 - 25.7
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	:	0.8	mg/dl	0.6 - 1.1
BUN/Creatinine Ratio	:	<u>8.2</u>		10.1 - 20.1
KIT USED :	:	ERBA		
TEST DONE ON · EM - 200				

TEST DONE ON : EM - 200

NOTE : The ratio of BUN to creatinine is usually between 10:1 and 20:1. An increased ratio may be due to a condition that causes a decrease in the flow of blood to the kidneys, such as congestive heart failure or dehydration.

<u>Test Advised</u> <u>Glycocylated Hb(HbA1C)</u>		<u>Result</u>	<u>Unit</u>	Reference Range
Sample Tested :	:	EDTA Sample		
Glycocylated Hb (HbA1c) (Method :Sandwich immunodetection)	:	5.5	%	Within Normal Limit 4.0 - 6.5 Good Control 6.5 - 7.5 Moderate Control 7.5 - 9.0 Poor Control 9.0 and Above
Mean Blood Glucose	:	97.15	mg%	
Interpretation	:	Within Normal Limit.		



Page 4 of 8



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BIOCHEMISTRY

KIT USED:

: FINECARE

TEST DONE ON : FINECARE .

Note :

Glycosylated Haemoglobin is an accurate and true index of the " Mean Blood Glucose Level " in the body for the previous 2-3 months.

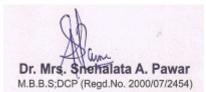
HbAlc is an indicator of glycemic control. HbAlc represent average glycemia over the past six to eight weeks.

Recent glycemia has the largest influence on the HbAlc value.

Clinical studies suggest that a patient in stable control will have 50% of their HbAlc formed in the month before sampling, 25% in the month before that, and the remaining 25% in months 2-4. Glycosylated Hb is useful in monitoring diabetic patients compliance with therapeutic regimen & long term blood glucose level control. Glycosylated Hb predicts risk of progression of diabetic complications.

When mean annual Glycosylated Hb is $1.1 \times ULN$ (upper limit of normal), renal & retinal complications are rare, but complications occur in >70% of cases when Glycosylated Hb is >1.7.

.....END OF REPORT.....



Page 5 of 8



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Name	: Mrs. SNEHAL SHASHIKANT DURGE	Age / Sex : 24 Years / Female
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date : 23/12/2023 1:18PM
Referred By	: DR R R BHOITE MD,(MED)	Print Date : 23/12/2023 5:21 PM

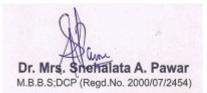
BIOCHEMISTRY						
<u>Test Advised</u> LIPID PROFILE		<u>Result</u>	<u>Unit</u>	Reference Range		
Sample Tested :	:	Serum				
Total Cholesterol (Method : CHOD-PAP)	:	145.0	mg/dl	130 - 250 Desirable		
Triglycerides (Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)	:	65.0	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high		
HDL Cholesterol (Method :Direct Method/ Enzymatic colorimetric)	:	43.0	mg/dL	40-60 Desirable > 60 Best		
LDL Cholesterol	:	89.0	mg/dl	60 - 130		
VLDL Cholesterol	:	13.0	mg/dl	5 - 51		
Cholesterol / HDL Ratio	:	3.4		2 - 5		
LDL / HDL Ratio	:	2.1		0 - 3.5		
KIT USED :	:	ERBA				

TEST DONE ON : EM - 200

malnutrition and hyperthyroidism.

Note: CHOLESTEROL : A) Increased levels are found in hypercholesterolaemia, hyperlipidaemia, hypothyroidism, uncontrolled diabetes, nephritic syndrome and cirrhosis. B) Decreased levels are found in malabsorption, malnutrition, hyperthyroidism, anaemia and liver diseases. TGL : A) Increased levels are found in hyperlipidemias, diabetes, nephrotic syndrome and hypothyroidism. B) Decreased levels are found in

.....END OF REPORT.....



Page 6 of 8

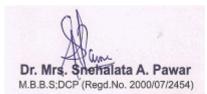


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Referred By	: DR R R BHOITE MD,(MED) Prir	nt Date	: 23/12/2023 5:21 PM

	BIC		<u>MISTRY</u>	
Test Advised LIVER FUNCTION TEST		<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Sample Tested :	:	Serum		
Total Bilirubin (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	:	0.4	mg/dl	0.0 - 2.0
Direct Bilirubin (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	:	0.2	mg/dl	0 - 0.4
Indirect Bilirubin	:	0.2	mg/dl	0.1 - 1.6
SGPT (ALT) (Method :UV - Kinetic with PLP (P-5-P))	:	8.0	U/L	0 - 34
SGOT (AST) (Method :UV-Kinetic with PLP (P-5-P))	:	15.0	U/L	0 - 31
Alkaline Phosphatase (Method : PNP AMP KINETIC)	:	60.0	U/I	42 - 98
Total Protein (Method : BIURET - Colorimetric)	:	8.2	gm/dl	6.4 - 8.3
Albumin (Method : BCG - colorimetric)	:	4.8	gm/dl	3.5 - 5.2
Globulin	:	3.4	gm/dl	2.3 - 3.5
A/G Ratio	:	1.4		1.2 - 2.5
TEST DONE ON : EM - 200				

.....END OF REPORT.....





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Name	: Mrs. SNEHAL SHASHIKANT DURGE	Age / Sex : 24 Years / Female
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date : 23/12/2023 1:17PM
Referred By	: DR R R BHOITE MD,(MED)	Print Date : 23/12/2023 5:21 PM

		ENDOCRO	<u>IOLOGY</u>	
Test Advised		<u>Result</u>	<u>Unit</u>	Reference Range
FREE THYROID FUNCTION TEST				
Sample Tested :	:	Fasting Sample		
Free T3(Free Triiodothyronine) (Method :ELFA)	:	5.61	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	:	12.30	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	:	4.53	µIU/ml	0.25 - 6
Method :	:	ELFA		

TEST DONE ON : VIDAS, fully automated ELFA analyzer from Bio-Merieux-France

Note :

1) Decreased T3 (normal T4 & TSH) have minimal clinical significance and are not recommended for diagnosis of hypothyroisidm.

2) Total T3 may be decreased by 25% in healthy older individuals.

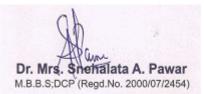
3) A High TSH level and low T3/T4 level indicate hypothyroidism.

4) Raised T3/T4 levels and low TSH levels indicate hyperthyroidism.

5) T4 levels are high at birth due to increased TBG concentration.

6) Quantitative T3 can give an indication of the severity and recovery from hyperthyroidism.

.....END OF REPORT.....



Page 8 of 8



स्नेहल शशिकांत दुर्गे Snehal Shashikant Durge जन्म तारीख/DOB: 27/09/1999 महिला/ FEMALE

भारत सरकार

GOVERNMENT OF

5631 6757 2151 VID : 9182 1221 5498 3900 माझे आधार, माझी ओळख



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74 HOURS 3T M B I SUNDAY OPEN SCAN 11 S C COLOUR 20 FCHO

NAME MRS. SNEHAL DURGESH REF BY DR. BHOITE φ.

AGE/SEX 24 YEARS/F DATE .

23-12-2023

USG STUDY OF ABDOMEN & PELVIS

Liver - (12.4cm), appears normal in size, shape & shows normal parenchymal reflectivity. No e/o focal mass lesion or any neoplasm seen in liver. Portal vein & CBD are normal.

Gall bladder is minimally distended.

Pancreas: normal in size and shape. No focal lesion or calcifications are seen within it. The pancreatic duct is normal.

Spleen -(9cm), normal in size & normal echotexture. No focal mass lesion seen in spleen.

Both kidneys - R.K. 8.4 x 3.2 cm. L.K.- 8.3 x 3.9 cm

appear normal size, shape, position & echotexture. No calculus or mass lesion or scarring seen in

both kidneys. No hydronephrosis. Cortical echogenicity and thickness appears normal in both

kidneys. Cortico-medullary differentiation is well maintained in both kidneys.

Urinary bladder is well distended. No obvious calculus/mass lesion.

Uterus is retroverted, measures 7.2 x 3.4 x 4.7cm. No obvious focal lesion. ET =7mm.

Both ovaries are visualised and appears normal.

Visualized small bowel loops appear non dilated. Gaseous distension of large bowel loops. No free fluid is seen in abdomen and pelvis.

No significant abdominal lymphadenopathy.

Conclusion:

Normal USG abdomen and pelvis study.

avorde

DR. VIDULA DHAYGUDE CONSULTANT RADIOLOGIST



19.10 Lin 19.56 cm

L 0.00 mm





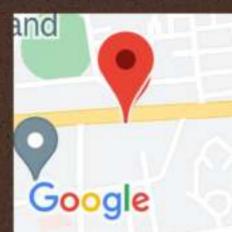






Baramati, Maharashtra, India

4HWG+GWV, Indapur Rd, Samarth Nagar, Baramati, Maharashtra 413102, India Lat 18.1463262 / Long 74.5772508 Saturday 23 December 2023 11:12:31





24 HOURS 128 : CT SCAN | 3T M.R.I | U.S.G.| COLOUR DOPPLER 20 ECHO SUNDAY OPEN

Patient Name :	SNEHAL DURGE	Age / Gender :	024Y / Female
Patient ID :	PAT011032	Date :	23-12-2023
Refd By :	MEDIWHEEL	Modality :	XR

XR-CHEST PA

FINDINGS:

Cardiac silhouette is normal in size.

Bilateral lung fields are grossly unremarkable.

Bilateral costophrenic angles and bilateral domes of the diaphragm are normal.

Bony cage & soft tissues are grossly normal.

IMPRESSION:

NO PARENCHYMAL/PLEURAL PATHOLOGY SEEN.

Dr.Sudarshan Deshmukh MBBS DMRE Consultant Radiologist





GIRIJA DAIGNOSTIC CENTER BARAMATI SNEHAL DURGE/PAT011032/24 years/F/23-Dec-2023

R CHEST PA GIRIRAJ DIAGNOSTIC CENTER BARAMATI GIRIRAJ HOSPITAL CAMPUS INDAPUR ROAD BARAMATI PH NO 02112 220777 942