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# 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 Rule 216/95/96  
F.C.R.A. 083930350

Only for Clinical Use

### CARDIAC COLOR DOPPLER

Patients Name: Mr Anil Sidu Jadhav

Age/Sex: 30Year/Male

Ref.: - Medi wheel

Date -28<sup>th</sup> Jan ,2023

#### Findings: -

MV -MVA adequate, No MR

AV -NO AS (AVG: 10 mmHg)/ No AR

TV - No TR, No PH (RVSP/TR: 14 mmHg)

PV - Normal

No Clot / Vegetation/ Pericardial Effusion

No RWMA

No DD

Measurements (mm); -AO-20, LA-34, IVS-10, LVPW-10, LVIDd-42, LVIDs-30 LVEF - 60%

#### Impression:

- No RWMA
- Normal LV systolic function LVEF 60%

Dr. Sunny Shinde

MD (MED) (BJMC, Pune),

DM (CARD) (KEMH, Mumbai)

QRS : 82 ms  
QT / QTcBaz : 390 / 402 ms  
PR : 126 ms  
P : 90 ms  
RR / PP : 930 / 937 ms  
P / QRS / T : 28 / 21 / 16 degrees

Normal sinus rhythm  
Normal ECG

*Ramesh R. Bhoite*

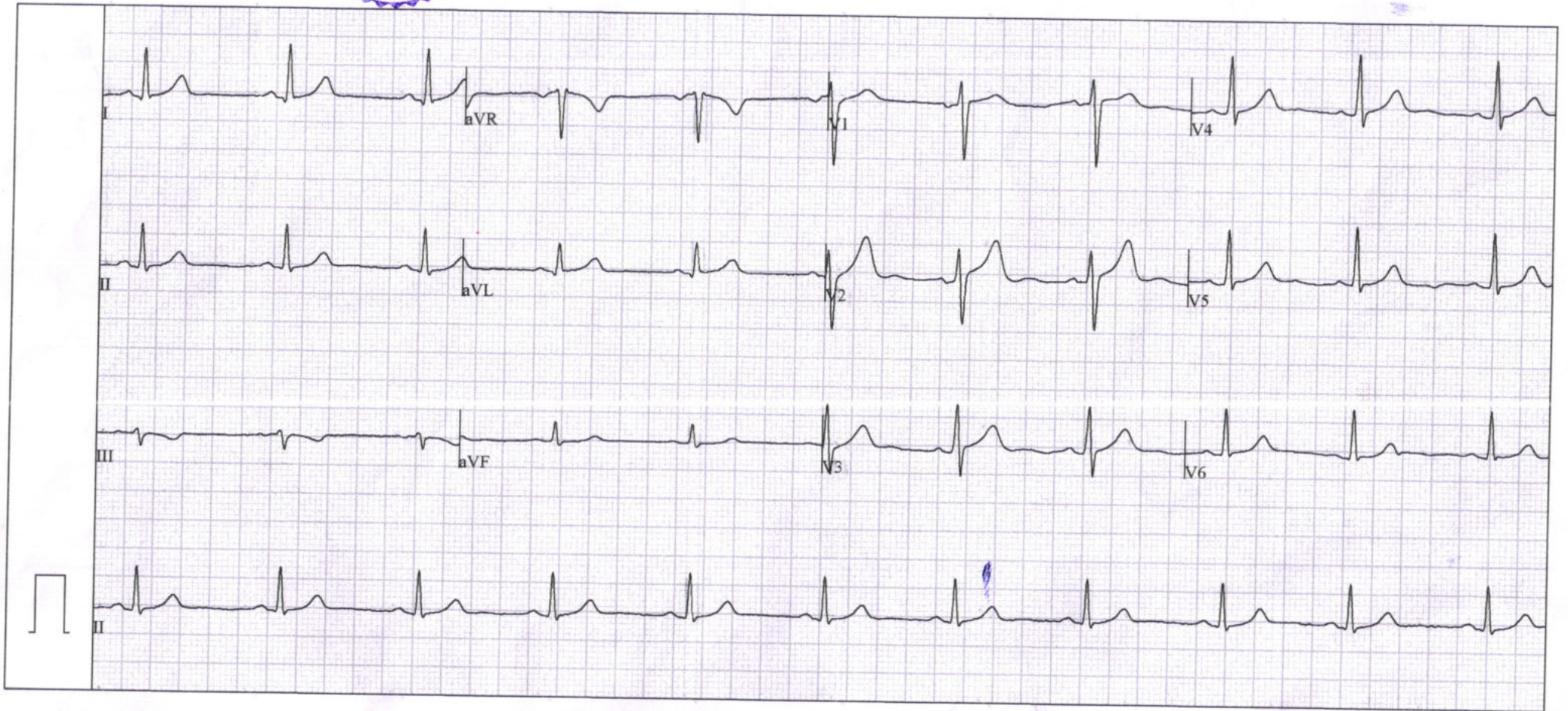
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*[Signature]*



**DR. RAMESH R. BHOITE, M.D.**  
Cardiologist  
Giriraj Hospital & Intensive Care Unit  
Indapur Road, Baramati - 413102

*ECG - Normal*





# GIRIJA PATHOLOGY LABORATORY

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

Reg No/PermNo	: 230102522 /OPD /1002323	Reg. Date	: 28/01/2023 10:51AM
Name	: Mr. ANIL SIDU JADHAV	Age / Sex	: 30 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 28/01/2023 11:38AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 28/01/2023 2:12 PM

## HAEMATOLOGY

### Test Advised BLOOD GROUP

### Result

Sample Tested : EDTA Sample  
Blood Group : "AB" Rh POSITIVE  
*(Method: Slide haemagglutination; Tube haemagglutination, (Forward typing))*  
KIT USED : Tulip Diagnostic (P) LTD.

Note :

This is for your information only. No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities of Blood Bank / Blood storage.

### Test Advised ESR

### Result

### Unit

### Reference Range

Sample Tested : EDTA Sample  
ESR (Erythrocyte sedimentation Rate) : 3 mm at end of 1hr 0 - 9  
*(Method: Westergren Method)*

TEST DONE ON : Aspen ESR20Plus

Interpretation :


- 1) A normal ESR does not exclude active disease.
- 2) 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.....

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



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Referred By : DR.R.R BHOITE MD, (MED)  
Reg. Date : 28/01/2023 10:51AM  
Age / Sex : 30 Years / Male  
Report Date : 28/01/2023 11:57AM  
Print Date : 28/01/2023 2:12 PM

## HAEMATOLOGY

**Test Advised**  
**HAEMOGRAM**

Sample Tested : EDTA (Whole Blood)


Method	Result	Unit	Reference Range
Method	: WBC Impedance, Flow Cytometry and Hydrodynamic Focusing		
Haemoglobin (Method : Spectrophotometry)	: 14.7	gm/dl	13 - 18
R.B.C. Count	: 5.61	mill/cmm	4.5 - 6.5
HCT	: 43.00	%	36 - 52
MCV	: 76.65	fL	76 - 95
MCH	: <u>26.20</u>	pg	27 - 34
MCHC	: 34.19	%	31.5 - 34.5
RDW	: 11.70	%	11.5 - 16.5
Platelet Count	: 234000	/cmm	150000 - 500000
WBC Count	: 5600	cells/cmm	4000 - 11000

## DIFFERENTIAL COUNT

Neutrophils	: 55	%	40 - 75
Lymphocytes	: 40	%	20 - 45
Eosinophils	: 05	%	0 - 6
Monocytes	: 00	%	0 - 10
Basophils	: 00	%	0 - 1

TEST DONE ON : HORIBA YUMIZEN H550

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

  
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## CLINICAL PATHOLOGY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b>URINE EXAMINATION</b>			
<b>PHYSICAL EXAMINATION</b>			
Quantity	: 10	ml	
Colour	: Pale Yellow		
Appearance	: Slightly Turbid		
pH	: 6.5		
<b>CHEMICAL EXAMINATION</b>			
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		
<b>MICROSCOPIC EXAMINATION</b>			
Pus cells	: Absent	/hpf	
RBC	: Absent	/hpf	
Epithelial cells	: Absent	/hpf	
Crystals	: Absent		
Amorphous material	: Absent		
Yeast cells	: Absent		
Other Findings	: Absent		

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

  
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## BIOCHEMISTRY


<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>BLOOD SUGAR FASTING</u></b>			
Sample Tested :	: Fluoride Plasma		
Blood Sugar Fasting (Method :GOD - POD)	: 98	mg/dl	70 - 110
<b>TEST DONE ON : EM - 200</b>			

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>Bio-Chemistry Test</u></b>			
Sample Tested :	: Serum		
Blood Urea (Method : Urease-GLDH)	: 33.4	mg/dl	19 - 45
Blood Urea Nitrogen	: 15.6	mg/dl	5 - 21
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 0.8	mg/dl	0.7 - 1.3
BUN/Creatinine Ratio	: 19.5		10.1 - 20.1
KIT USED :	: ERBA		
<b>TEST DONE ON : EM - 200</b>			

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>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>BLOOD SUGAR P.P.</u></b>			
Sample Tested :	: Fluoride Plasma		
Blood Glucose P. P. (Method :GOD POD)	: 105	mg/dl	90 - 140
Urine Sugar P.P.	: Absent	mg/dl	
<b>TEST DONE ON : EM - 200</b>			

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>Glycocyalted Hb(HbA1C)</u></b>			
Sample Tested :	: EDTA Sample		

  
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## BIOCHEMISTRY

Glycosylated Hb (HbA1c)	: 5.1	%	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
<i>(Method :Sandwich immunodetection)</i>			
Mean Blood Glucose	: 83.83	mg%	
Interpretation	: Within Normal Limit.		
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.  
HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks.  
Recent glycemia has the largest influence on the HbA1c value.  
Clinical studies suggest that a patient in stable control will have 50% of their HbA1c 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 x ULN (upper limit of normal), renal & retinal complications are rare, but complications occur in >70% of cases when Glycosylated Hb is >1.7.

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>GGT(GAMA GLUTAMYL TRANSFERASE)</u></b>			
Sample Tested :	: Serum		
Gama Glutamyl Transferease	: 30.0	U/L	9 - 52
<i>(Method :IFCC)</i>			
TEST DONE ON : EM - 200			

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>URIC ACID</u></b>			
Sample Tested :	: Serum		
Uric Acid	: 6.5	mg/dl	3.5 - 8.5
<i>(Method :Enzymatic/ Uricase Colorimetric)</i>			
KIT USED :	: ERBA		
TEST DONE ON : EM - 200			

  
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## BIOCHEMISTRY

Note:

- 1) Increased levels are found in Gout, arthritis, impaired renal function, and starvation.
- 2) Decreased levels are found in Wilson's disease, Fanconi's syndrome and yellow atrophy of the liver.

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

  
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## BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>LIPID PROFILE</u></b>			
Sample Tested :	: Serum		
Total Cholesterol <i>(Method : CHOD-PAP)</i>	: <u>227.0</u>	mg/dl	130 - 250 Desirable
Triglycerides <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i>	: <u>216.0</u>	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol <i>(Method :Direct Method/ Enzymatic colorimetric)</i>	: <u>35.0</u>	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: <u>148.8</u>	mg/dl	60 - 130
VLDL Cholesterol	: 43.2	mg/dl	5 - 51
Cholesterol / HDL Ratio	: <u>6.5</u>		2 - 5
LDL / HDL Ratio	: <u>4.3</u>		0 - 3.5
KIT USED :	: ERBA		

TEST DONE ON : EM - 200

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 malnutrition and hyperthyroidism.

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

  
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## BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>LIVER FUNCTION TEST</u></b>			
Sample Tested :	: Serum		
<b>Total Bilirubin</b> (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.5	mg/dl	0.0 - 2.0
<b>Direct Bilirubin</b> (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.1	mg/dl	0 - 0.4
<b>Indirect Bilirubin</b>	: 0.4	mg/dl	0.1 - 1.6
<b>SGPT (ALT)</b> (Method :UV - Kinetic with PLP (P-5-P))	: 23.0	U/L	0 - 45
<b>SGOT (AST)</b> (Method :UV-Kinetic with PLP (P-5-P))	: 18.0	U/L	0 - 35
<b>Alkaline Phosphatase</b> (Method : PNP AMP KINETIC)	: 58.0	U/l	53 - 128
<b>Total Protein</b> (Method : BIURET - Colorimetric)	: 6.6	gm/dl	6.4 - 8.3
<b>Albumin</b> (Method : BCG - colorimetric)	: 3.9	gm/dl	3.5 - 5.2
<b>Globulin</b>	: 2.7	gm/dl	2.3 - 3.5
<b>A/G Ratio</b>	: 1.4		1.2 - 2.5

TEST DONE ON : EM - 200

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

  
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## ENDOCRINOLOGY


<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>FREE THYROID FUNCTION TEST</u></b>			
Sample Tested :	: Fasting Sample		
Free T3(Free Triiodothyronine) (Method :ELFA)	: 4.09	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 12.50	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 1.74	μUI/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 hypothyroidism.
- 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.....

  
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# GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



PATIENT NAME	ANIL JADHAV	REFERRING DOCTOR	DR MEDIWHEEL
AGE   GENDER	30 YEAR(S) OLD/MALE	SCAN DATE	JAN 28 2023

## X-RAY CHEST

### FINDINGS

The heart is normal in size and contour.

The aorta is normal.

The mediastinum, hila and pulmonary vasculature are also normal.

Trachea is central. Tracheo-bronchial tree is normal.

No focal lung lesion is seen.

No pneumothorax is seen.

The costophrenic sulci and hemidiaphragms are preserved.

Bony thoracic cage is normal. Both domes of diaphragm are normally placed. No soft tissue abnormality seen.

### CONCLUSION

**No gross chest abnormality is seen.**

*Kindly correlate with other clinical parameters.*

**Dr. Ankita Mundhe**

MBBS, MD. ( Reg.No.2019/04/2836)

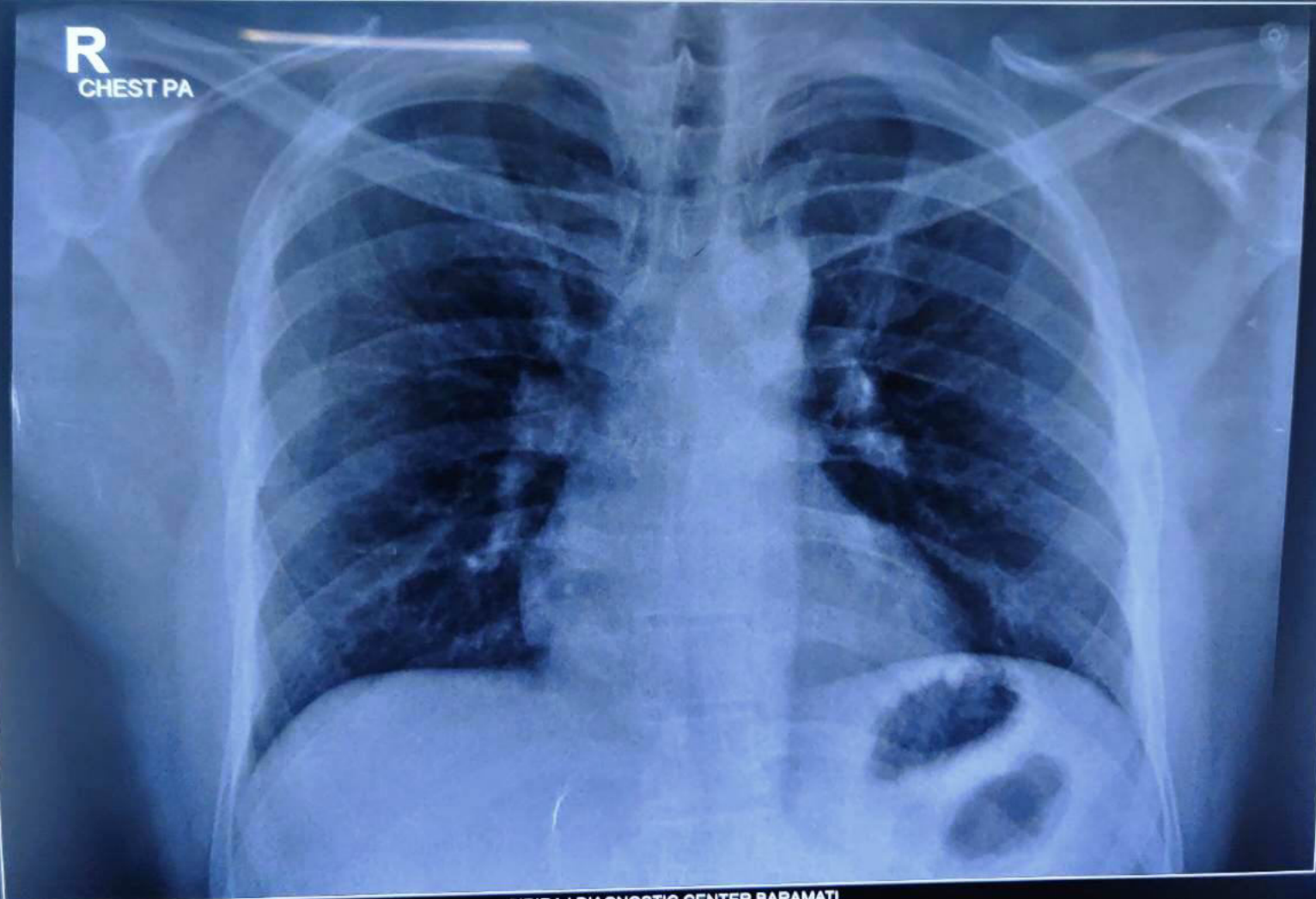
Consultant Radiologist

ANIL JADHAV | DOB: Jan 01 1993 | 1

GIRIRAJ HOSPITAL

ANIL JADHAV/PAT007935/30 years/M/28-Jan-2023

**R**  
CHEST PA



GIRIRAJ DIAGNOSTIC CENTER BARAMATI