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

**Only for Clinical Use**

**CARDIAC COLOR DOPPLER**

**Patients Name: Mr Angalwar Rupesh Vasantrao**

**Age/Sex: 35Year/Male**

**Ref.: - Dr. Ramesh Bhoite**

**Date - 29.06.2023**

**Findings: -**

MV - MVA adequate, Mild MR

AV - Sclerotic .No AS (AVG: 12 mmHg)/No AR

TV - Mild TR, No PH (RVSP/TR: 24 mmHg)

PV - Normal

No Clot / Vegetation/ Pericardial Effusion

No RWMA ,

Grade I DD

**Measurements (mm); -AO-21, LA-32, IVS-10, LVPW-10, LVIDd-42, LVIDs-30, LVEF:60 %**

**Impression:**

- No RWMA
- Normal LV systolic dysfunction, LVEF 60 %

  
**Dr. Ketan Ambardekar**  
MD (MED) DM (CARD)

Angalwar, Rupesh

29.06.2023 10:10:20  
GIRIRAJ HOSPITAL  
NEAR BUS STAND, INDAPUR ROAD  
BARAMATI-413102

64 bpm

-- / -- mmHg

35 Years

Male

QRS : 74 ms  
QT / QTcBaz : 384 / 396 ms  
PR : 128 ms  
P : 88 ms  
RR / PP : 942 / 937 ms  
P / QRS / T : 57 / 74 / 65 degrees

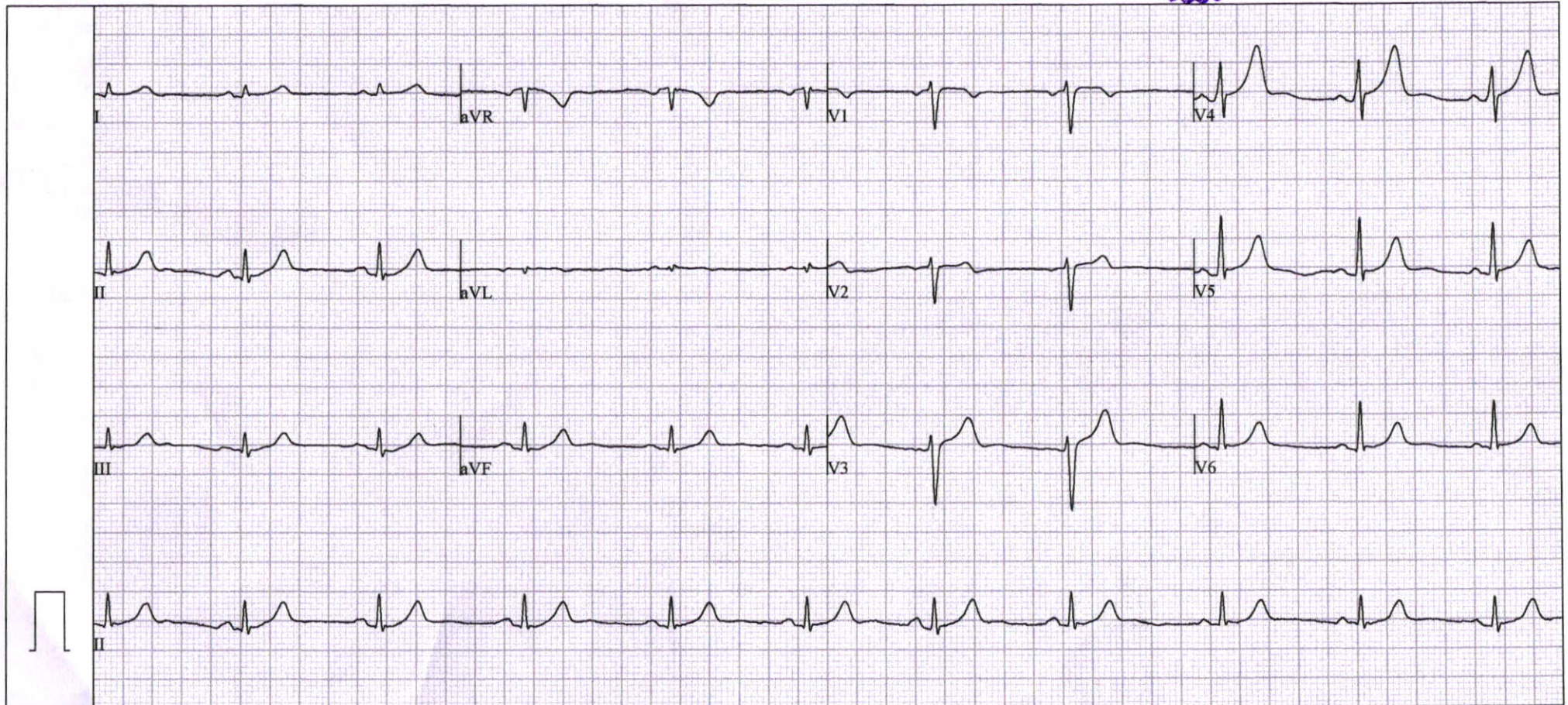
Normal sinus rhythm  
Normal ECG

*Rupesh*  
ECG - Normal

*Rupesh*

*R. Bhoite*

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





भारत सरकार  
GOVERNMENT OF INDIA



रुपेश वसंतराव अंगलवार  
Rupesh Vasant Rao Angalwar

जन्म वर्ष / Year of Birth : 1987

पुरुष / Male



5098 2307 3327

आधार — सामान्य माणसाचा अधिकार



# 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	: 230601748 /OPD /1002484	Reg. Date	: 29/06/2023 09:37AM
Name	: Mr. RUPESH VASANTRAO ANGALWAR	Age / Sex	: 35 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 29/06/2023 10:28AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 29/06/2023 3:41 PM

## HAEMATOLOGY

### Test Advised BLOOD GROUP

### Result

Sample Tested : EDTA Sample  
Blood Group : "O" 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) : 1 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 : 29/06/2023 09:37AM  
Age / Sex : 35 Years / Male  
Report Date : 29/06/2023 12:08PM  
Print Date : 29/06/2023 3:41 PM

## HAEMATOLOGY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b>HAEMOGRAM</b>			
Sample Tested : EDTA (Whole Blood)			
Method	: WBC Impedance, Flow Cytometry and Hydrodynamic Focusing		
Haemoglobin (Method : Spectrophotometry)	: 15.7	gm/dl	13 - 18
R.B.C. Count	: 5.02	mill/cmm	4.5 - 6.5
HCT	: 45.70	%	36 - 52
MCV	: 91.04	fL	76 - 95
MCH	: 31.27	pg	27 - 34
MCHC	: 34.35	%	31.5 - 34.5
RDW	: 14.70	%	11.5 - 16.5
Platelet Count	: 255000	/cmm	150000 - 500000
WBC Count	: 5160	cells/cmm	4000 - 11000
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	: 70	%	40 - 75
Lymphocytes	: 30	%	20 - 45
Eosinophils	: 00	%	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	: Clear		
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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Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 29/06/2023 12:05PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 29/06/2023 3:41 PM

## 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)	: 94	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)	: <u>18.0</u>	mg/dl	19 - 45
Blood Urea Nitrogen	: 8.4	mg/dl	8.4 - 25.7
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 0.9	mg/dl	0.7 - 1.3
BUN/Creatinine Ratio	: <u>9.4</u>		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)	: 101	mg/dl	90 - 140
<b>TEST DONE ON : EM - 200</b>			

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

  
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## BIOCHEMISTRY

Glycosylated Hb (HbA1c)	: 5.2	%	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	: 87.16	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>GGT(GAMA GLUTAMYL TRANSFERASE)</b>			
Sample Tested :	: Serum		
Gama Glutamyl Transferase	: 16.6	U/L	9 - 52
<i>(Method :IFCC)</i>			
<b>TEST DONE ON : EM - 200</b>			

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b>URIC ACID</b>			
Sample Tested :	: Serum		
Uric Acid	: 5.0	mg/dl	3.5 - 8.5
<i>(Method :Enzymatic/ Uricase Colorimetric)</i>			
KIT USED :	: ERBA		
<b>TEST DONE ON : EM - 200</b>			

  
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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		
<b>Total Cholesterol</b> <i>(Method : CHOD-PAP)</i>	: 185.0	mg/dl	130 - 250 Desirable
<b>Triglycerides</b> <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i>	: 135.0	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
<b>HDL Cholesterol</b> <i>(Method :Direct Method/ Enzymatic colorimetric)</i>	: 41.0	mg/dL	40-60 Desirable > 60 Best
<b>LDL Cholesterol</b>	: 117.0	mg/dl	60 - 130
<b>VLDL Cholesterol</b>	: 27.0	mg/dl	5 - 51
<b>Cholesterol / HDL Ratio</b>	: 4.5		2 - 5
<b>LDL / HDL Ratio</b>	: 2.9		0 - 3.5
<b>KIT USED :</b>	: 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)	: 1.6	mg/dl	0.0 - 2.0
<b>Direct Bilirubin</b> (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: <u>0.5</u>	mg/dl	0 - 0.4
<b>Indirect Bilirubin</b>	: 1.1	mg/dl	0.1 - 1.6
<b>SGPT (ALT)</b> (Method :UV - Kinetic with PLP (P-5-P))	: 22.0	U/L	0 - 45
<b>SGOT (AST)</b> (Method :UV-Kinetic with PLP (P-5-P))	: 16.0	U/L	0 - 35
<b>Alkaline Phosphatase</b> (Method : PNP AMP KINETIC)	: 118.0	U/l	53 - 128
<b>Total Protein</b> (Method : BIURET - Colorimetric)	: 6.5	gm/dl	6.4 - 8.3
<b>Albumin</b> (Method : BCG - colorimetric)	: 4.5	gm/dl	3.5 - 5.2
<b>Globulin</b>	: <u>2.0</u>	gm/dl	2.3 - 3.5
<b>A/G Ratio</b>	: 2.3		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)	: 5.55	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 14.40	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 2.18	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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Baramati, Maharashtra, India

4HWG+GWV, Indapur Rd, Samarth Nagar, Baramati, Maharashtra 413102, India

Lat 18.1462917 / Long 74.5772266

Thursday 29 June 2023 09:58:56





# GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



NAME : MR. RUPESH ANGALWAR      AGE/SEX : 36 YEARS/M  
REF BY : DR. R.R. BHOITE      DATE : 29-06-2023

## USG STUDY OF ABDOMEN & PELVIS

**LIVER:-** appears normal in size shape with mildly parenchymal reflectivity. No e/o focal mass lesion or any neoplasm seen in liver. Portal vein & CBD are normal.

**GALL BLADDER:** is well distended. No calculus is seen within it. Its wall thickness is normal. No peri gb collection.

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

**SPLEEN:** in size & shows normal echotexture. No focal lesion is seen.

**BOTH KIDNEYS:** - **RIGHT KIDNEY** - 9.8x4.9 cm , **LEFT KIDNEY** - 10.1x5 cm  
appear normal size, shape, position & echotexture.

No calculus or mass lesion or scarring seen in both kidneys. Cortical echogenicity and thickness appears normal in both kidneys. Cortico-medullary differentiation is well maintained in both kidneys.

**URINARY BLADDER** - is well distended. The wall thickness is normal. No vesicle calculus is seen

**PROSTATE** - appears normal in shape, size and echotexture.

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.**

DR.MUGDHA SURAJ BHAGAT  
CONSULTANT RADIOLOGIST





# GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



PATIENT NAME	RUPESH ANGALWAR	REF DOCTOR	MEDIWHEEL INSURANCE
AGE   GENDER	35 YEAR(S) OLD	SCAN DATE	JUN 29 2023

## X RAY CHEST -PA VIEW

Both the lung fields appear normal.  
No obvious patch of consolidation seen.  
Both CP angle appears clear.  
Domes of diaphragm, heart and aorta appears normal.  
Thoracic cage appears normal.

### IMPRESSION:

- **No significant abnormality detected.**

**Adv: Clinical correlation and SOS follow up for further evaluation.**

**Dr. Sayyed Azhar**

M.B.B.S, M.D. RADIODIAGNOSIS

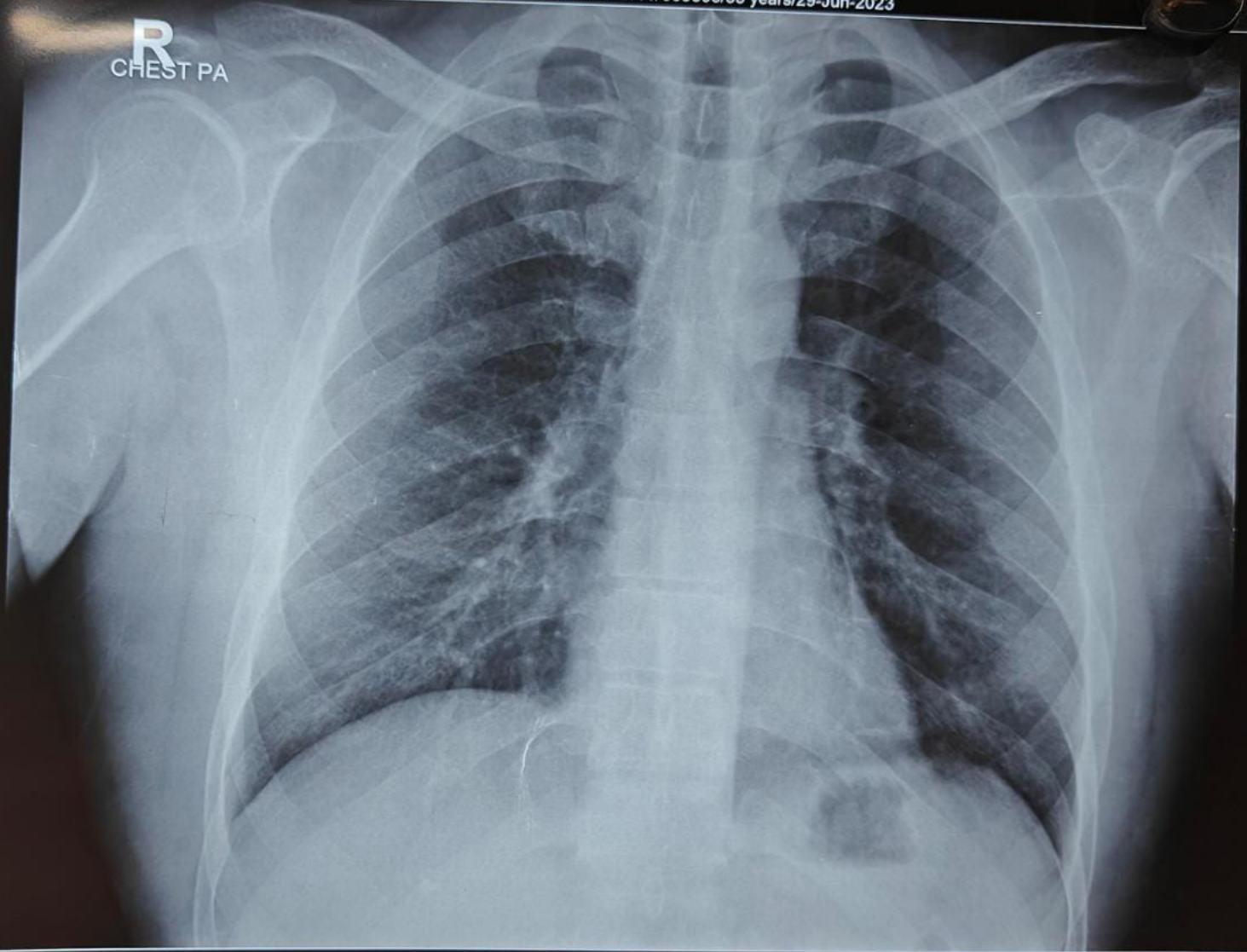
Consultant Radiologist

RUPESH ANGALWAR | DOB: Jan 01 1988 | 1



RUPESH ANGALWAR/PAT009306/35 years/29-Jun-2023

**R**  
CHEST PA



GIRIRAJ DIAGNOSTIC CENTER BARAMATI