



ISO Certified (9001-2008)  
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/E/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 COLOUR DOPPLER

PATIENT'S NAME: Ashwini Kumare

Age /Sex: 60Year/Female

Ref.: - Dr. Ramesh Bhoite

Date – 24<sup>th</sup> Dec 2022

#### Findings: -

MV – MAV adequate, Mild MR

AV – No AS (AVG: 14 mmHg), Mild AR

TV – Mild TR, No PH (RVSP/TR: 16 mmHg)

PV – Normal


No RWMA,

No clot / No Vegetation/ CoA

Measurements (mm); -AO-21, LA-34, IVS-11 LVPW-11, LVIDd-42, LVIDs -30 EF- 60%

#### Impression:

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

  
**Dr. Sunny Shinde**  
MD (MED) (BJMC, Pune),  
DM (CARD) (KEMH, Mumbai)

Kumare, Ashwini  
ID: 2

24.12.2022 12:49:01  
GIRIRAJ HOSPITAL  
NEAR BUS STAND, INDAPUR ROAD  
BARAMATI-413102

110 bpm  
-- / -- mmHg

30 Years

QRS	72 ms
QT / QTcBaz	316 / 427 ms
PR	124 ms
P	104 ms
RR / PP	544 / 545 ms
P / QRS / T	53 / 59 / 22 degrees

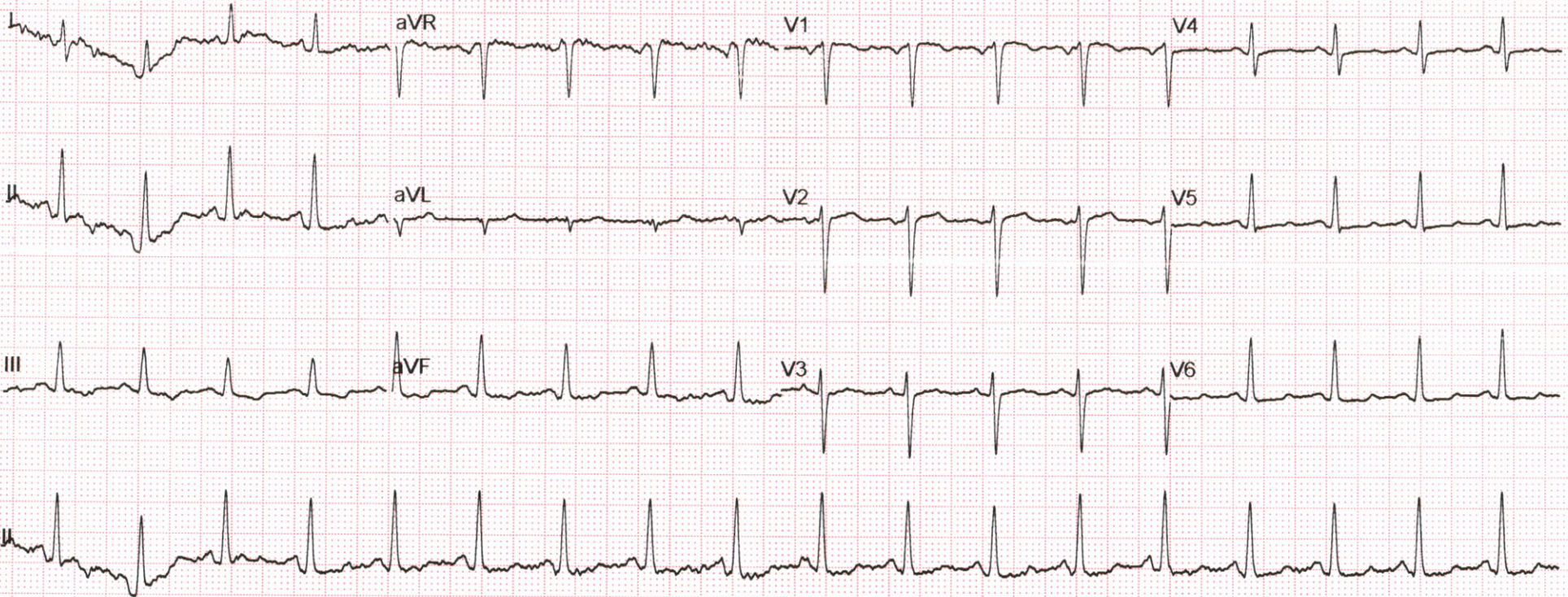
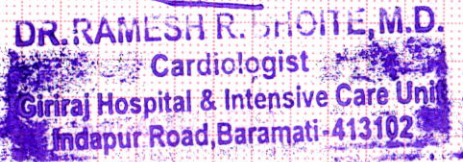
Sinus tachycardia  
Possible Left atrial enlargement  
Borderline ECG

P<sub>22</sub>  
ECG

HR ≈ 110/min

Axix (N)

Sinus Tachycardia





भारत सरकार  
Government of India



Issue Date: 22/10/2013



అశ్వినీ ప్రాఫుల్ కుమార్

ASHWINI PRAFUL KUMARE

जन्म तारीख / DOB: 04/06/1991

महिला / FEMALE

Mobile No.: 8367392929

8573 4687 2013

माझे **आधार**, माझी ओळख



# 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 : 221202161 /OPD /1002259  
Name : Mrs. ASHWINI PRAFUL KUMARE  
Referred By : Medi-Wheel Full Body Health Checkup  
Referred By : DR.R.R BHOITE MD, (MED)

Reg. Date : 24/12/2022 11:41AM  
Age / Sex : 30 Years / Female  
Report Date : 24/12/2022 11:47AM  
Print Date : 24/12/2022 2:09 PM

## HAEMATOLOGY

### Test Advised HAEMOGRAM

Result Unit Reference Range

Sample Tested : EDTA (Whole Blood)

Method	:	WBC Impedance, Flow Cytometry and Hydrodynamic Focusing		
Haemoglobin (Method : Spectrophotometry)	:	13.2	gm/dl	11.5 - 13.5
R.B.C. Count	:	4.80	mill/cmm	4.5 - 6.5
HCT	:	40.00	%	36 - 52
MCV	:	83.33	fL	76 - 95
MCH	:	27.50	pg	27 - 34
MCHC	:	33.00	%	31.5 - 34.5
RDW	:	13.70	%	11.5 - 16.5
Platelet Count	:	200000	/cmm	150000 - 500000
WBC Count	:	6470	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 H550

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

Verified By:

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



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Report Date : 24/12/2022 2:33PM  
Print Date : 24/12/2022 2:44 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)	: 85	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 )	: 19.3	mg/dl	13 - 40
Blood Urea Nitrogen	: 9.0	mg/dl	5 - 21
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 0.8	mg/dl	0.6 - 1.1
BUN/Creatinine Ratio	: 11.3		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)	: 90	mg/dl	90 - 140
Urine Sugar P.P.	: Absent	mg/dl	
<b>TEST DONE ON : EM - 200</b>			

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

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<b>Referred By :</b> Medi-Wheel Full Body Health Checkup	<b>Report Date :</b> 24/12/2022 11:48AM
<b>Referred By :</b> DR.R.R BHOITE MD, (MED)	<b>Print Date :</b> 24/12/2022 2:09 PM

## BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>Glycocolated Hb(HbA1C)</u></b>			
Sample Tested :	: EDTA Sample		
Glycocolated Hb (HbA1c) <i>(Method :Sandwich immunodetection)</i>	: 4.9	%	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	: 77.17	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 glycemetic control. HbA1c represent average glycemetic over the past six to eight weeks.

Recent glycemetic 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 Transfarase <i>(Method :IFCC)</i>	: 31.0	U/L	9 - 52

**TEST DONE ON : EM - 200**

  
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## BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b>LIVER FUNCTION TEST</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)	: 0.2	mg/dl	0 - 0.4
<b>Indirect Bilirubin</b>	: 0.3	mg/dl	0.1 - 1.6
<b>SGPT (ALT)</b> (Method :UV - Kinetic with PLP (P-5-P))	: 10.0	U/L	0 - 34
<b>SGOT (AST)</b> (Method :UV-Kinetic with PLP (P-5-P))	: 16.0	U/L	0 - 31
<b>Alkaline Phosphatase</b> (Method : PNP AMP KINETIC)	: 58.0	U/I	42 - 98
<b>Total Protein</b> (Method : BIURET - Colorimetric)	: 7.4	gm/dl	6.4 - 8.3
<b>Albumin</b> (Method : BCG - colorimetric)	: 4.1	gm/dl	3.5 - 5.2
<b>Globulin</b>	: 3.3	gm/dl	2.3 - 3.5
<b>A/G Ratio</b>	: 1.2		1.2 - 2.5

TEST DONE ON : EM - 200

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

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Age / Sex : 30 Years / Female  
Report Date : 24/12/2022 12:07PM  
Print Date : 24/12/2022 2:09 PM

## ENDOCRINOLOGY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b>FREE THYROID FUNCTION TEST</b>			
Sample Tested :	: Fasting Sample		
Free T3(Free Triiodothyronine) <i>(Method :ELFA)</i>	: 4.19	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) <i>(Method :ELFA)</i>	: 13.49	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) <i>(Method :ELFA)</i>	: 3.86	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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## BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b>URIC ACID</b>			
Sample Tested :	: Serum		
Uric Acid <i>(Method :Enzymatic/ Uricase Colorimetric)</i>	: 3.8	mg/dl	2.5 - 6.5
KIT USED :	: ERBA		
<b>TEST DONE ON : EM - 200</b>			

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>LIPID PROFILE</b>			
<b>Sample Tested :</b>	: Serum		
<b>Total Cholesterol</b> <i>(Method : CHOD-PAP)</i>	: 172.0	mg/dl	130 - 250 Desirable
<b>Triglycerides</b> <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i>	: 126.0	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>	: 105.8	mg/dl	60 - 130
<b>VLDL Cholesterol</b>	: 25.2	mg/dl	5 - 51
<b>Cholesterol / HDL Ratio</b>	: 4.2		2 - 5
<b>LDL / HDL Ratio</b>	: 2.6		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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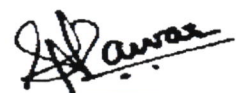
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## CLINICAL PATHOLOGY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b>STOOL EXAMINATION</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	: Yellowish		
Consistency	: Semi-solid		
Mucus	: Absent		
Blood	: Absent		
Parasites	: No Parasite Seen		
Adult Worms	: Absent		
<b>CHEMICAL EXAMINATION</b>			
Occult Blood	: Absent		
<b>MICROSCOPIC EXAMINATION</b>			
Epithelial Cells	: Absent	/hpf	
Pus Cells	: Absent	/hpf	
Red Blood Cells	: Absent	/hpf	
Ova/Eggs	: Absent		
Fat Globules	: Absent		
Vegetative Forms	: Absent		
Cysts	: Absent		
Macrophages	: Absent		
Starch	: Absent		
Vegetable Matter	: Absent		
Miscellaneous :	: ---		

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## CLINICAL PATHOLOGY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
---------------------	---------------	-------------	------------------------

### URINE EXAMINATION

#### PHYSICAL EXAMINATION

Quantity	: 10	ml	
Colour	: Pale Yellow		
Appearance	: Slightly Turbid		
pH	: 6.5		

#### CHEMICAL EXAMINATION

Specific gravity	: 1.010		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 FULLY AUTOMATED URINE ANALYSER( RAPID DIAGNOSTIC )

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

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## HAEMATOLOGY

### Test Advised BLOOD GROUP

### Result

<b>Sample Tested :</b>	:	EDTA Sample
<b>Blood Group</b> <i>(Method: Slide haemagglutination: Tube haemagglutination. (Forward typing))</i>	:	"AB" Rh POSITIVE
<b>KIT USED :</b>	:	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

<b>Sample Tested :</b>	:	EDTA Sample		
<b>ESR (Erythrocyte sedimentation Rate)</b> <i>(Method: Westergren Method)</i>	:	3	mm at end of 1hr	0 - 20

**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.

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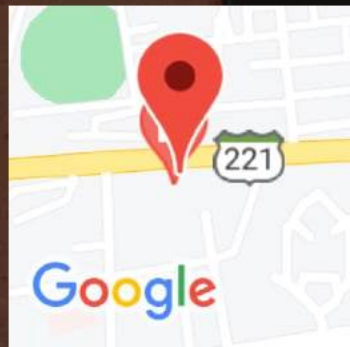


Baramati, Maharashtra, India

Near Bhoite Hospital, Indapur Road, ST Stand, Samarth  
Nagar, Baramati, Maharashtra 413102, India

Lat 18.1463076 / Long 74.5772517

Saturday 24 December 2022 12:52:46



# GIRIRAJ DIAGNOSTIC SERVICES

Whole Body Colour Doppler Ultrasound, Echocardiography & X-Ray



NAME : MRS. ASHWINI KUMARE  
AGE / SEX : 30 YRS / FEMALE  
REF : DR. MEDIWHEEL INSURANCE  
DATE : 24/12/2022

## X- RAY CHEST PA VIEW

- ❖ Both lung fields show equal translucency and vasculature.
- ❖ No infiltration is seen on either side.
- ❖ Costo-phrenic angles on both sides appears clear
- ❖ The cardiac size is normal. Cardiac outline is normal.
- ❖ The domes of diaphragm are normal in position & show smooth outline.
- ❖ Visualized bones appear normal.

*Navids*

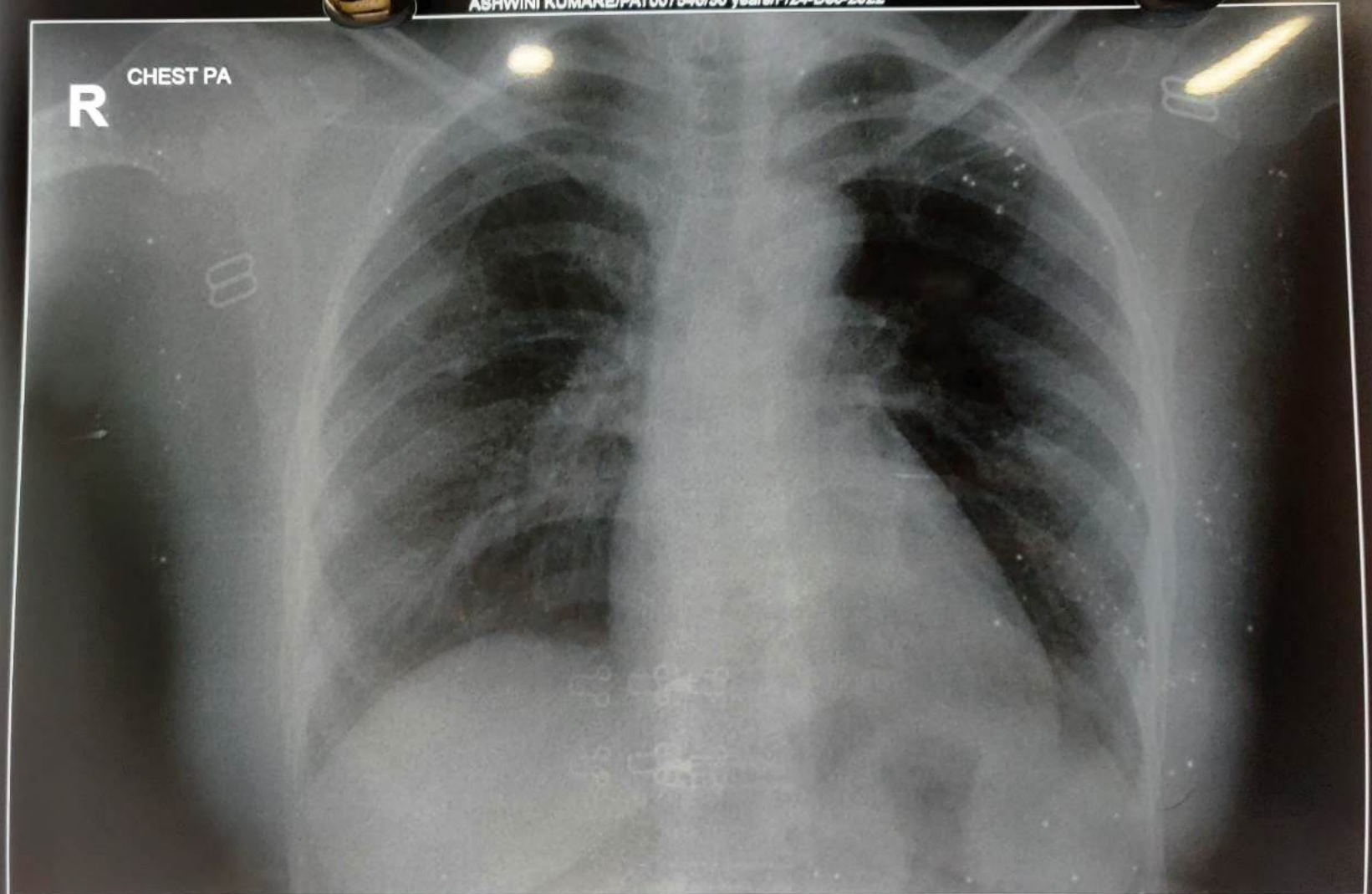
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