

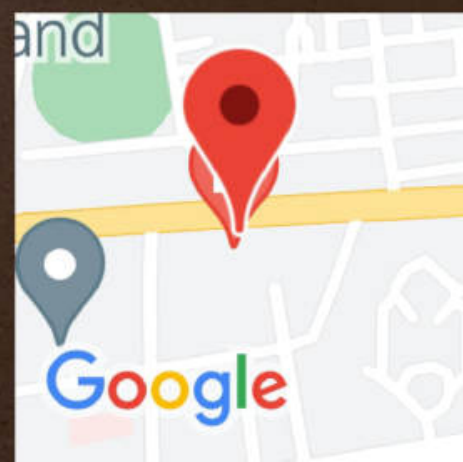


Baramati, Maharashtra, India

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

Lat 18.1463121 / Long 74.5772341

Monday 27 November 2023 09:46:28





भारत सरकार

Government of India



आधार

Issue Date : 08/01/2012



मंगेश सुर्यकांत घाडगे

Mangesh Suryakant Ghadge

जन्म तारीख / DOB : 03/10/1990

पुरुष / Male



3425 4567 6582

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



3425 4567 6582

मेरा आधार, मेरी पहचान



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	: 231101876 /OPD /1002765	Reg. Date	: 27/11/2023 08:46AM
Name	: Mr. MANGESH SURYAKANT GHADGE	Age / Sex	: 34 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 27/11/2023 11:45AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 27/11/2023 12:24 PM

HAEMATOLOGY

Test Advised BLOOD GROUP

Result

Sample Tested : EDTA Sample
Blood Group : "A" 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) : 2 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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Reg. Date : 27/11/2023 08:46AM
Age / Sex : 34 Years / Male
Report Date : 27/11/2023 10:06AM
Print Date : 27/11/2023 12:24 PM

HAEMATOLOGY

Test Advised
HAEMOGRAM

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

Sample Tested : EDTA (Whole Blood)


Method	:	WBC Impedance, Flow Cytometry and Hydrodynamic Focusing	
Haemoglobin (Method : Spectrophotometry)	:	14.4 gm/dl	13 - 18
R.B.C. Count	:	4.96 mill/cmm	4.5 - 6.5
HCT	:	42.40 %	36 - 52
MCV	:	85.48 fL	76 - 95
MCH	:	29.03 pg	27 - 34
MCHC	:	33.96 %	31.5 - 34.5
RDW	:	12.20 %	11.5 - 16.5
Platelet Count	:	265000 /cmm	150000 - 500000
WBC Count	:	6190 cells/cmm	4000 - 11000

DIFFERENTIAL COUNT

Neutrophils	:	55 %	40 - 75
Lymphocytes	:	45 %	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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Referred By : DR.R.R BHOITE MD, (MED)

Reg. Date : 27/11/2023 08:46AM
Age / Sex : 34 Years / Male
Report Date : 27/11/2023 10:34AM
Print Date : 27/11/2023 12:24 PM

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	: 1.015		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		

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


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Reg No/PermNo	: 231101876 /OPD /1002765	Reg. Date	: 27/11/2023 08:46AM
Name	: Mr. MANGESH SURYAKANT GHADGE	Age / Sex	: 34 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 27/11/2023 11:39AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 27/11/2023 12:24 PM

CLINICAL PATHOLOGY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>STOOL EXAMINATION</u>			
PHYSICAL EXAMINATION			
Colour	: Yellowish		
Consistency	: Semi-solid		
Mucus	: Absent		
Blood	: Absent		
Adult Worms	: Absent		
CHEMICAL EXAMINATION			
Occult Blood	: Absent		
MICROSCOPIC EXAMINATION			
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 :	: ---		

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


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Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 27/11/2023 12:24 PM

BIOCHEMISTRY


<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>BLOOD SUGAR FASTING</u>			
Sample Tested :	: Fluoride Plasma		
Blood Sugar Fasting (Method :GOD - POD)	: 84	mg/dl	70 - 110
TEST DONE ON : EM - 200			

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>Bio-Chemistry Test</u>			
Sample Tested :	: Serum		
Blood Urea (Method : Urease-GLDH)	: 23.0	mg/dl	19 - 45
Blood Urea Nitrogen	: 10.8	mg/dl	8.4 - 25.7
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 1.1	mg/dl	0.7 - 1.3
BUN/Creatinine Ratio	: <u>9.8</u>		10.1 - 20.1
KIT USED :	: ERBA		
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>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>BLOOD SUGAR P.P.</u>			
Sample Tested :	: Fluoride Plasma		
Blood Glucose P. P. (Method :GOD POD)	: 99	mg/dl	90 - 140
TEST DONE ON : EM - 200			

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


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Name	: Mr. MANGESH SURYAKANT GHADGE	Age / Sex	: 34 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 27/11/2023 10:44AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 27/11/2023 12:24 PM

BIOCHEMISTRY

Glycosylated Hb (HbA1c)	: 5.3	%	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	: 90.49	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>
GGT(GAMA GLUTAMYL TRANSFERASE)			
Sample Tested :	: Serum		
Gama Glutamyl Transferase	: 28.2	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>
URIC ACID			
Sample Tested :	: Serum		
Uric Acid	: 6.8	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>
<u>LIPID PROFILE</u>			
Sample Tested :	: Serum		
Total Cholesterol <i>(Method : CHOD-PAP)</i>	: 172.0	mg/dl	130 - 250 Desirable
Triglycerides <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i>	: 129.0	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol <i>(Method :Direct Method/ Enzymatic colorimetric)</i>	: 45.0	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: 101.2	mg/dl	60 - 130
VLDL Cholesterol	: 25.8	mg/dl	5 - 51
Cholesterol / HDL Ratio	: 3.8		2 - 5
LDL / HDL Ratio	: 2.2		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>
<u>LIVER FUNCTION TEST</u>			
Sample Tested :	: Serum		
Total Bilirubin <i>(Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)</i>	: 0.5	mg/dl	0.0 - 2.0
Direct Bilirubin <i>(Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)</i>	: 0.3	mg/dl	0 - 0.4
Indirect Bilirubin	: 0.2	mg/dl	0.1 - 1.6
SGPT (ALT) <i>(Method :UV - Kinetic with PLP (P-5-P))</i>	: 25.0	U/L	0 - 45
SGOT (AST) <i>(Method :UV-Kinetic with PLP (P-5-P))</i>	: 16.0	U/L	0 - 35
Alkaline Phosphatase <i>(Method : PNP AMP KINETIC)</i>	: 73.0	U/l	53 - 128
Total Protein <i>(Method : BIURET - Colorimetric)</i>	: 6.5	gm/dl	6.4 - 8.3
Albumin <i>(Method : BCG - colorimetric)</i>	: 4.2	gm/dl	3.5 - 5.2
Globulin	: 2.3	gm/dl	2.3 - 3.5
A/G Ratio	: 1.8		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>
<u>FREE THYROID FUNCTION TEST</u>			
Sample Tested :	: Fasting Sample		
Free T3(Free Triiodothyronine) (Method :ELFA)	: 6.20	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 15.40	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 4.51	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 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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GIRIJA DIAGNOSTIC CENTRE

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02112-222739, 221335, 9225583371 / 9422516931 www.girirajhospital.in girirajhospital@gmail.com



24 HOURS

128 : CT SCAN

3T M.R.I

U.S.G.

COLOUR DOPPLER

2D ECHO

SUNDAY OPEN

NAME : MR. MANGESH GHADGE AGE/SEX : 30 YEARS/M
REF BY : MEDI-WHEEL INSURANCE DATE : 27-11-2023

USG STUDY OF ABDOMEN & PELVIS

LIVER:- (14.5cm), 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 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: (10.5cm), normal in size & shows normal echotexture. No focal lesion is seen.

BOTH KIDNEYS: - RIGHT KIDNEY -9.4 x 6.2 cm , **LEFT KIDNEY -** 9.9 x 5.9 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 minimally distended. The wall thickness is normal. No vesicle calculus is seen

PROSTATE - appears normal in shape, size (18cc) and echotexture.

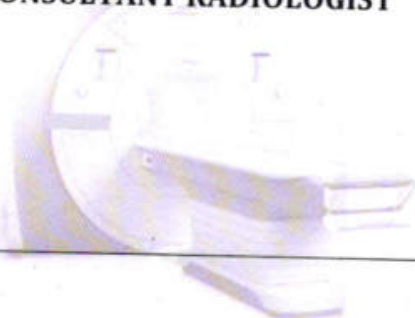
Visualized small bowel loops appear non dilated. Gaseous distension of large bowel loops. No free fluid is seen in abdomen and pelvis. No significant abdominal lymphadenopathy.

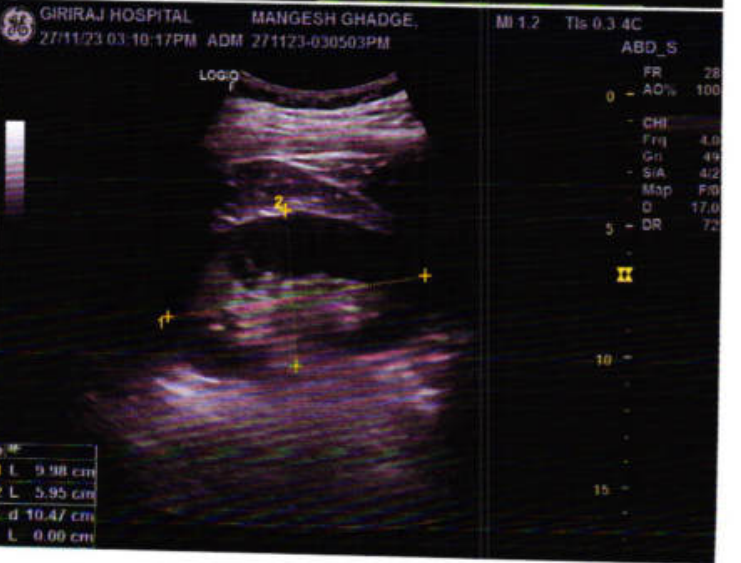
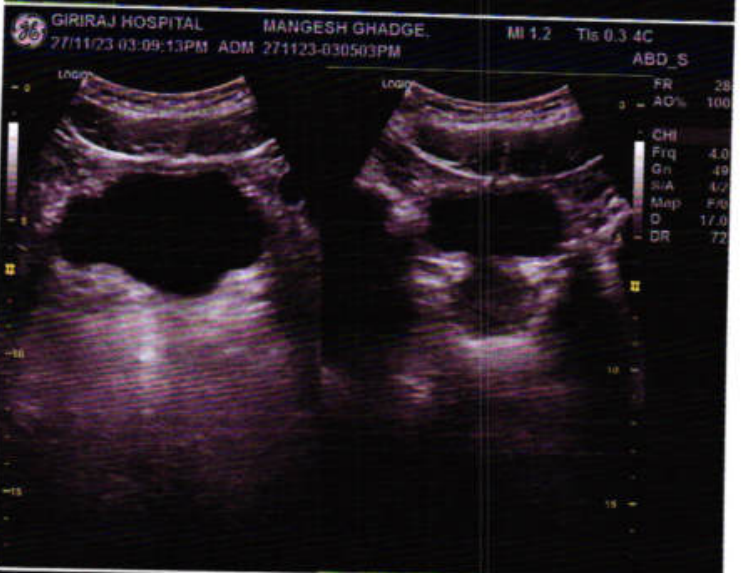
CONCLUSION :-

❖ **Normal USG abdomen and pelvis study.**

Vidula Dhaygude

DR. VIDULA DHAYGUDE
CONSULTANT RADIOLOGIST







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/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.Mangesh Ghadge

Age/Sex 30 Yr /male

Ref.: - Dr Ramesh Bhoite

Date= 27.11.2023

Findings: -

MV – MVA adequate, Mild MR

AV – No AS (18 mmHg)/ No AR

TV – Mild TR, No PH (RVSP/TR: 20 mmHg)

PV – Normal

No Clot / Vegetation/ Pericardial Effusion

No RWMA,

Grade I DD,

Measurements (mm); -AO-21, LA-34, IVS-10, LVPW-10, LVIDd-42, LVIDs-32 LVEF – 60%

Impression:

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

Dr. Sunny Shinde

MD (MED) (BJMC, Pune),

DM (CARD) (KEMH, Mumbai)

34 Years

Male

QRS	88 ms
QT / QTcBaz	380 / 410 ms
PR	126 ms
P	110 ms
RR / PP	850 / 857 ms
P / QRS / T	22 / 49 / 48 degrees

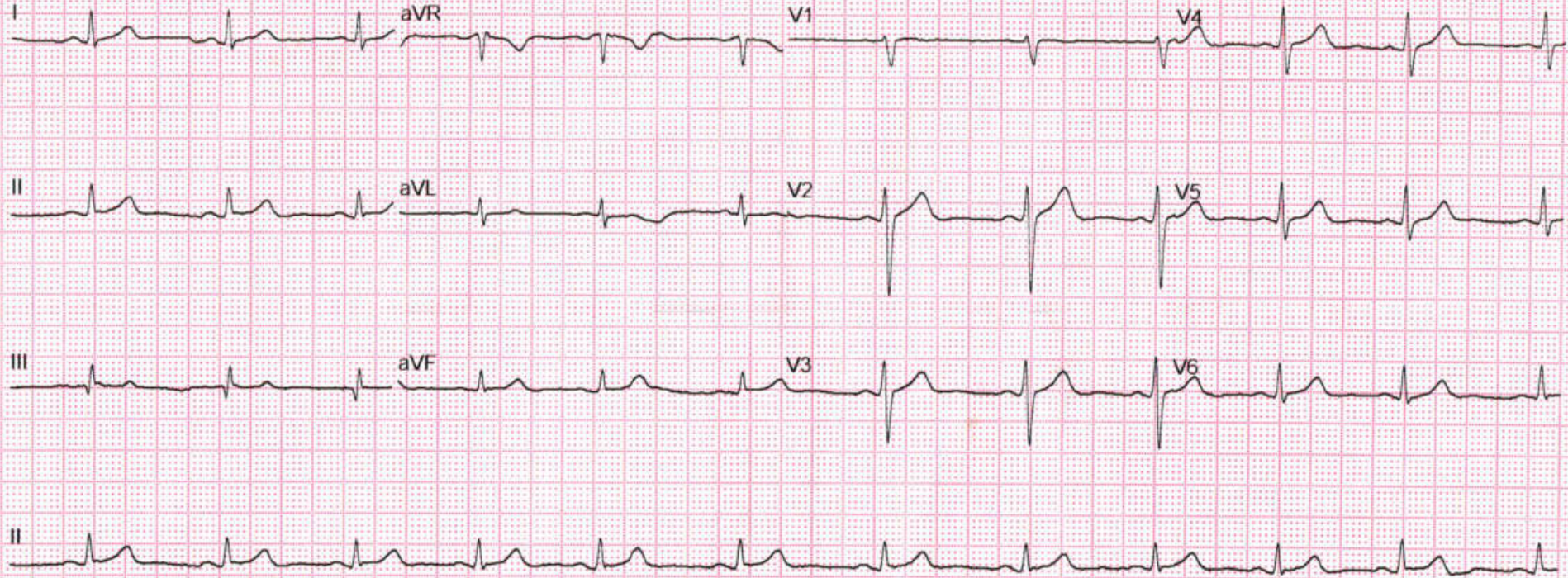
Normal sinus rhythm
Normal ECG

R. Shote

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



*Dr. Shote
WNL*





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24 HOURS

128 : CT SCAN

3T M.R.I

U.S.G.

COLOUR DOPPLER

2D ECHO SUNDAY OPEN

PATIENT NAME :	MANGESH SURYAKANT GHADGE	AGE / GENDER :	030Y / MALE
PATIENT ID :	PAT010798	DATE & TIME :	27-11-2023 11:12 AM
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.Ameet Panchmhalakar
MBBS MD(Radiology)
Consultant Radiologist

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GIRIJA DIAGNOSTIC CENTER BARAMATI

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