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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 Mahesh Vishnu Atre

Age/Sex: 32Year/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)

Mahesh, Atre

29.06.2023 10:04:09
GIRIRAJ HOSPITAL
NEAR BUS STAND, INDAPUR ROAD
BARAMATI-413102

89 bpm

--/-- mmHg

32 Years

Male

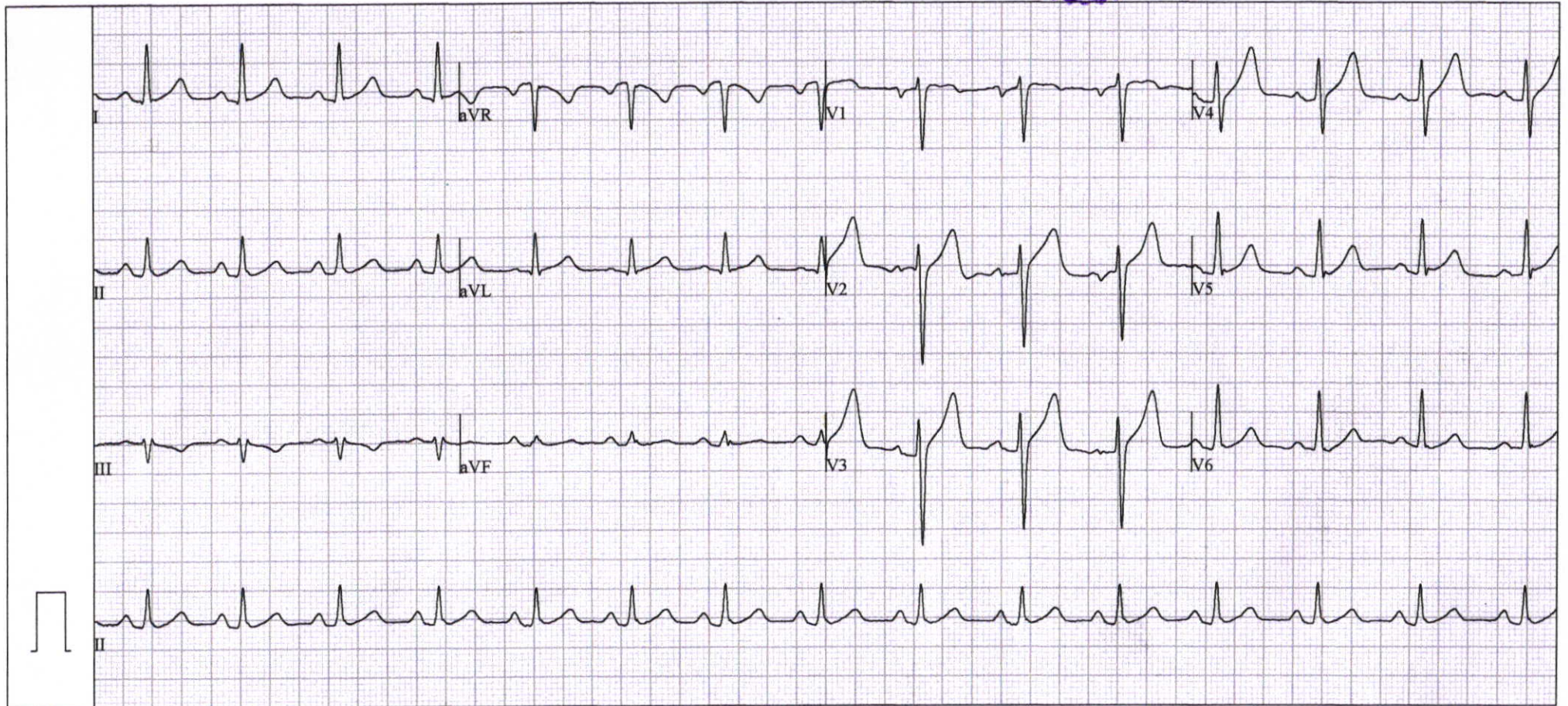
R.R.

ECG normal

QRS : 72 ms
QT / QTcBaz : 352 / 428 ms
PR : 170 ms
P : 106 ms
RR / PP : 672 / 674 ms
P / QRS / T : 47 / 19 / 10 degrees

Normal sinus rhythm
Normal ECG

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



आयकर विभाग
INCOME TAX DEPARTMENT
ATRE MAHESH VISHNU



भारत सरकार
GOVT. OF INDIA

VISHNU ATRE

01/12/1990

Permanent Account Number

BUUPA8495E

Signature



16042016



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	: 230601747 /OPD /1002484	Reg. Date	: 29/06/2023 09:31AM
Name	: Mr. MAHESH VISHNU ATRE	Age / Sex	: 32 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 29/06/2023 10:30AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 29/06/2023 2:51 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) : 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
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Age / Sex : 32 Years / Male
Report Date : 29/06/2023 12:03PM
Print Date : 29/06/2023 2:51 PM

HAEMATOLOGY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
HAEMOGRAM			
Sample Tested : EDTA (Whole Blood)			
Method	: WBC Impedance, Flow Cytometry and Hydrodynamic Focusing		
Haemoglobin (Method : Spectrophotometry)	: 14.0	gm/dl	13 - 18
R.B.C. Count	: 6.14	mill/cmm	4.5 - 6.5
HCT	: 42.70	%	36 - 52
MCV	: <u>69.54</u>	fL	76 - 95
MCH	: <u>22.80</u>	pg	27 - 34
MCHC	: 32.79	%	31.5 - 34.5
RDW	: 14.40	%	11.5 - 16.5
Platelet Count	: 281000	/cmm	150000 - 500000
WBC Count	: 7290	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.....


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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	: 1.015		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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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)	: 96	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)	: 32.0	mg/dl	19 - 45
Blood Urea Nitrogen	: 15.0	mg/dl	8.4 - 25.7
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: <u>0.6</u>	mg/dl	0.7 - 1.3
BUN/Creatinine Ratio	: <u>25.0</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)	: 116	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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BIOCHEMISTRY

Glycosylated Hb (HbA1c) <i>(Method :Sandwich immunodetection)</i>	: 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
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>
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GGT(GAMA GLUTAMYL TRANSFERASE)

Sample Tested :	: Serum		
Gama Glutamyl Transferase <i>(Method :IFCC)</i>	: 15.6	U/L	9 - 52


TEST DONE ON : EM - 200

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
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URIC ACID

Sample Tested :	: Serum		
Uric Acid <i>(Method :Enzymatic/ Uricase Colorimetric)</i>	: 4.5	mg/dl	3.5 - 8.5
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>	: 205.0	mg/dl	130 - 250 Desirable
Triglycerides <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i>	: 153.0	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol <i>(Method :Direct Method/ Enzymatic colorimetric)</i>	: 43.0	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: <u>131.4</u>	mg/dl	60 - 130
VLDL Cholesterol	: 30.6	mg/dl	5 - 51
Cholesterol / HDL Ratio	: 4.8		2 - 5
LDL / HDL Ratio	: 3.1		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 (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 1.1	mg/dl	0.0 - 2.0
Direct Bilirubin (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.4	mg/dl	0 - 0.4
Indirect Bilirubin	: 0.7	mg/dl	0.1 - 1.6
SGPT (ALT) (Method :UV - Kinetic with PLP (P-5-P))	: 35.0	U/L	0 - 45
SGOT (AST) (Method :UV-Kinetic with PLP (P-5-P))	: 24.0	U/L	0 - 35
Alkaline Phosphatase (Method : PNP AMP KINETIC)	: 112.0	U/l	53 - 128
Total Protein (Method : BIURET - Colorimetric)	: 6.5	gm/dl	6.4 - 8.3
Albumin (Method : BCG - colorimetric)	: 4.4	gm/dl	3.5 - 5.2
Globulin	: <u>2.1</u>	gm/dl	2.3 - 3.5
A/G Ratio	: 2.1		1.2 - 2.5

TEST DONE ON : EM - 200

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Report Date : 29/06/2023 12:19PM
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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)	: 4.48	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 11.20	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 5.11	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 09:59:08





GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



NAME : MR. MAHESH VISHNU ATRE AGE/SEX : 32 YEARS/M
REF BY : DR. MEDIWHEEL INSURANCE DATE : 29-06-2023

USG STUDY OF ABDOMEN & PELVIS

LIVER:- 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: in size & shows normal echotexture. No focal lesion is seen.

BOTH KIDNEYS: - **RIGHT KIDNEY** - 10.1x4.5 cm , **LEFT KIDNEY** - 10.4x4.6 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	MAHESH ATRE	REFERRING DOCTOR	MEDIWHEEL INSURANCE
AGE GENDER	32 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

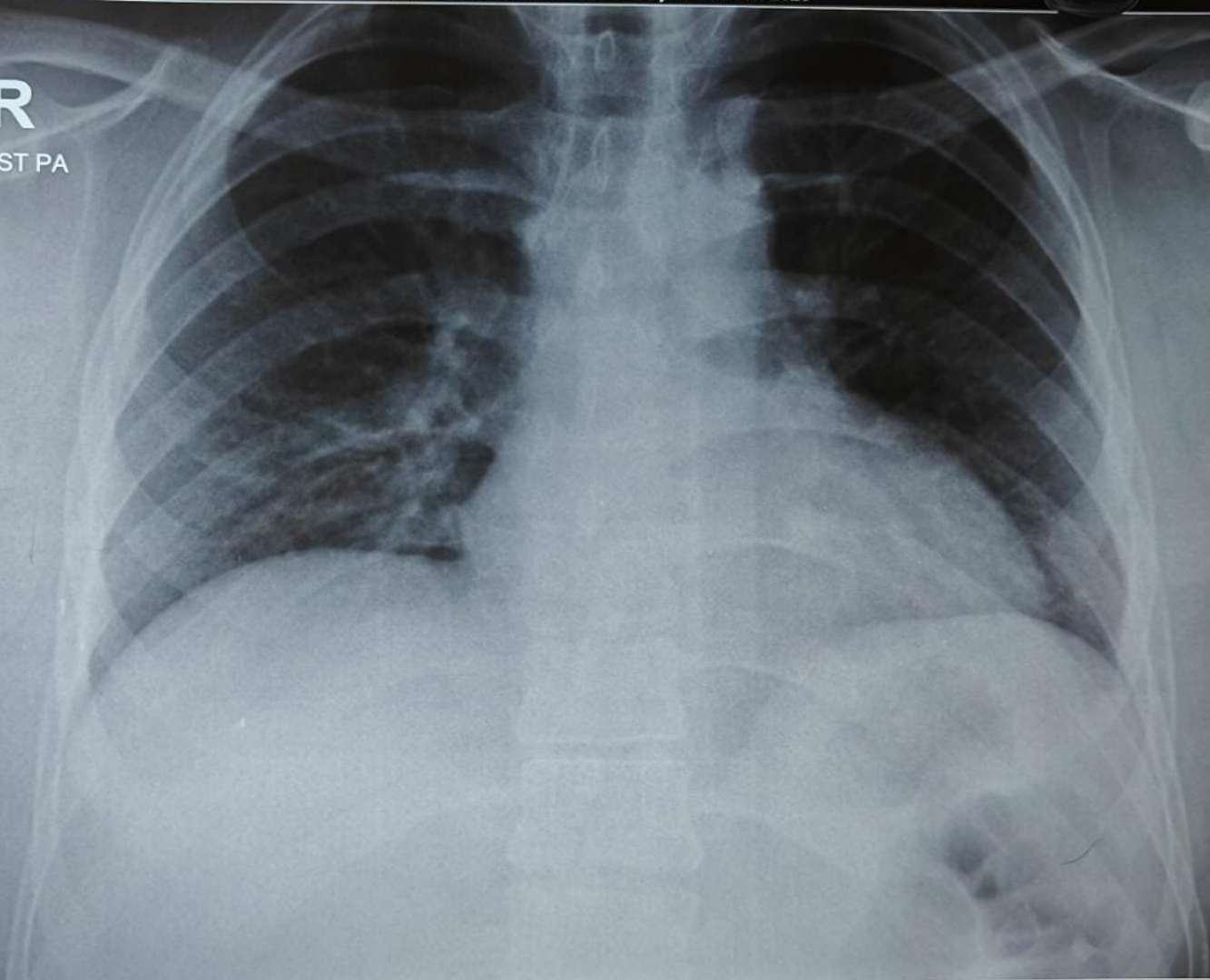
Consultant Radiologist

MAHESH ATRE | DOB: Jan 01 1991 | 1

MAHESH ATRE/PAT009305/32 years/29-Jun-2023

R

CHEST PA



GIRIRAJ DIAGNOSTIC CENTER BARAMATI