



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 COLOUR DOPPLER

PATIENT'S NAME: Mr. Praful Kumare

Age /Sex: 31 Year/male

Ref.: - Dr. Ramesh Bhoite

Date - 24th Dec 2022

Findings: -

MV - MAV adequate, Mild MR

AV - Degenerative 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, Praful

24.12.2022 12:57:12
GIRIRAJ HOSPITAL
NEAR BUS STAND, INDAPUR ROAD
BARAMATI-413102

78 bpm
-- / -- mmHg

31 Years

Male

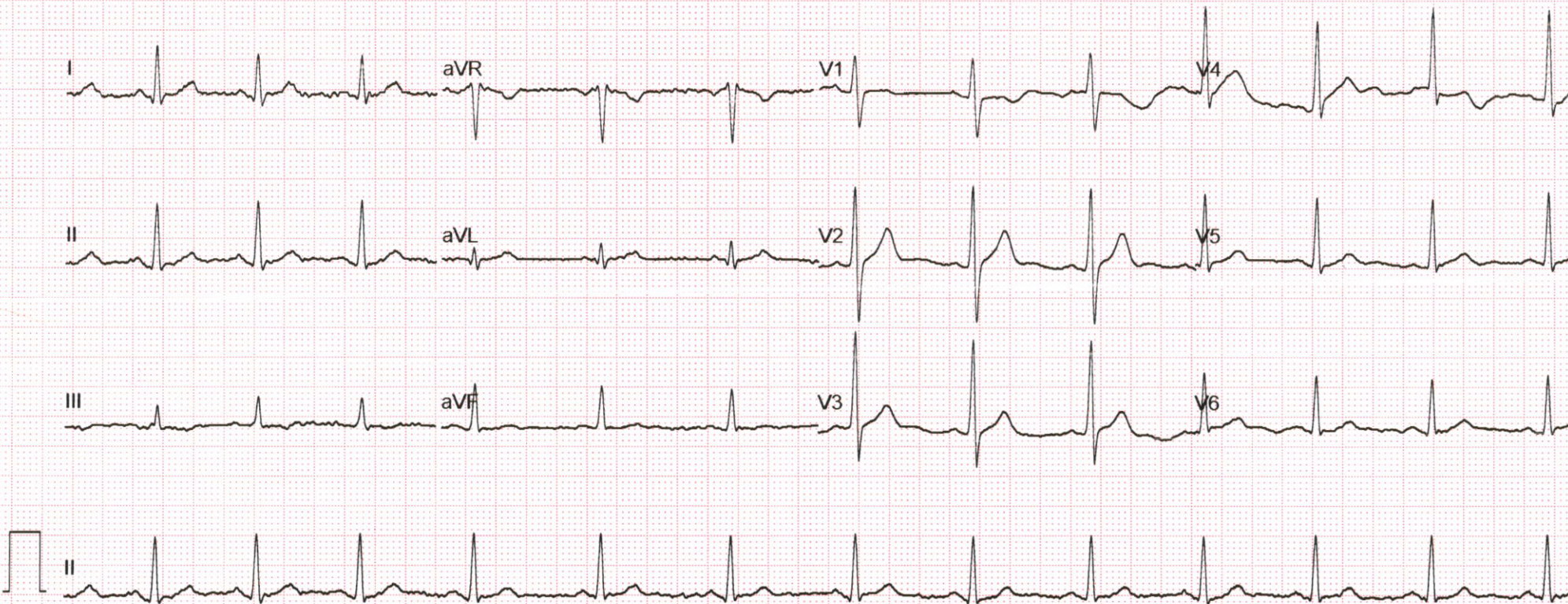
QRS :	90 ms
QT / QTcBaz :	356 / 405 ms
PR :	120 ms
P :	96 ms
RR / PP :	768 / 769 ms
P / QRS / T :	40 / 60 / 26 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

R.R.

ECG - Normal

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





सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



प्रफुल विलास कुमारे

Praful Vilas Kumare

जन्म तारीख/DOB: 28/06/1991

पुरुष/ MALE



5726 7834 0582

VID : 9171 1511 1415 7262

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 : 221202160 /OPD /1002259
Name : Mr. PRAFUL VILAS 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 : 31 Years / Male
Report Date : 24/12/2022 11:43AM
Print Date : 24/12/2022 2:11 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)	: 15.2	gm/dl	13 - 18
R.B.C. Count	: 5.03	mill/cmm	4.5 - 6.5
HCT	: 45.80	%	36 - 52
MCV	: 91.05	fL	76 - 95
MCH	: 30.22	pg	27 - 34
MCHC	: 33.19	%	31.5 - 34.5
RDW	: 14.10	%	11.5 - 16.5
Platelet Count	: 170000	/cmm	150000 - 500000
WBC Count	: 6870	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.....


Verified By:


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



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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) : 5
(Method: Westergren Method) mm at end of 1hr 0 - 9

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.....


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Reg. Date : 24/12/2022 11:41AM
Age / Sex : 31 Years / Male
Report Date : 24/12/2022 2:35PM
Print Date : 24/12/2022 2:36 PM


BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Bio-Chemistry Test			
Sample Tested :	: Serum		
Blood Urea (Method : Urease-GLDH)	: 20.4	mg/dl	19 - 45
Blood Urea Nitrogen	: 9.5	mg/dl	5 - 21
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 1.1	mg/dl	0.7 - 1.3
BUN/Creatinine Ratio	: <u>8.7</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.

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


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Name : Mr. PRAFUL VILAS KUMARE	Age / Sex : 31 Years / Male
Referred By : Medi-Wheel Full Body Health Checkup	Report Date : 24/12/2022 11:42AM
Referred By : DR.R.R BHOITE MD, (MED)	Print Date : 24/12/2022 2:11 PM

BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>Glycocyalted Hb(HbA1C)</u>			
Sample Tested :	: EDTA Sample		
Glycocyalted Hb (HbA1c) <i>(Method :Sandwich immunodetection)</i>	: 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
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 glycemc 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>
<u>GGT(GAMA GLUTAMYL TRANSFERASE)</u>			

Sample Tested :	: Serum		
Gama Glutamyl Transfarase <i>(Method :IFCC)</i>	: 32.0	U/L	9 - 52

TEST DONE ON : EM - 200

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Report Date : 24/12/2022 2:19PM
Print Date : 24/12/2022 2:20 PM


BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
BLOOD SUGAR FASTING			
Sample Tested :	: Fluoride Plasma		
Blood Sugar Fasting (Method :GOD - POD)	: 86	mg/dl	70 - 110
Urine Sugar Fasting	: Absent		
TEST DONE ON : EM - 200			

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
BLOOD SUGAR P.P.			
Sample Tested :	: Fluoride Plasma		
Blood Glucose P. P. (Method :GOD POD)	: 95	mg/dl	90 - 140
Urine Sugar P.P.	: Absent	mg/dl	
TEST DONE ON : EM - 200			

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


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BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
URIC ACID			
Sample Tested :	: Serum		
Uric Acid <i>(Method :Enzymatic/ Uricase Colorimetric)</i>	: 7.4	mg/dl	3.5 - 8.5
KIT USED :	: ERBA		

TEST DONE ON : EM - 200

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>
LIPID PROFILE			
Sample Tested :	: Serum		
Total Cholesterol <i>(Method : CHOD-PAP)</i>	: <u>231.0</u>	mg/dl	130 - 250 Desirable
Triglycerides <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i>	: <u>173.0</u>	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol <i>(Method :Direct Method/ Enzymatic colorimetric)</i>	: <u>39.0</u>	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: <u>157.4</u>	mg/dl	60 - 130
VLDL Cholesterol	: 34.6	mg/dl	5 - 51
Cholesterol / HDL Ratio	: <u>5.9</u>		2 - 5
LDL / HDL Ratio	: <u>4.0</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>
LIVER FUNCTION TEST			
Sample Tested :	: Serum		
Total Bilirubin <i>(Method : DIAZONIUM SALT(Colorimetric)/JENDRASSIK)</i>	: 1.0	mg/dl	0.0 - 2.0
Direct Bilirubin <i>(Method : DIAZONIUM SALT(Colorimetric)/JENDRASSIK)</i>	: 0.4	mg/dl	0 - 0.4
Indirect Bilirubin	: 0.6	mg/dl	0.1 - 1.6
SGPT (ALT) <i>(Method : UV - Kinetic with PLP (P-5-P))</i>	: 23.0	U/L	0 - 45
SGOT (AST) <i>(Method : UV-Kinetic with PLP (P-5-P))</i>	: 19.0	U/L	0 - 35
Alkaline Phosphatase <i>(Method : PNP AMP KINETIC)</i>	: 89.0	U/I	53 - 128
Total Protein <i>(Method : BIURET - Colorimetric)</i>	: 6.8	gm/dl	6.4 - 8.3
Albumin <i>(Method : BCG - colorimetric)</i>	: 4.3	gm/dl	3.5 - 5.2
Globulin	: 2.5	gm/dl	2.3 - 3.5
A/G Ratio	: 1.7		1.2 - 2.5

TEST DONE ON : EM - 200

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

Badol
Verified By:

S. Pawar

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Referred By : DR.R.R BHOITE MD, (MED)	Print Date : 24/12/2022 2:11 PM

TUMOR MARKERS

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
PROSTATE SPECIFIC ANTIGEN (P.S.A.)			
Sample Tested :	: Serum		
Prostrate Specific Antigen <i>(Method :Immunofluorescence)</i>	: < 2.0	ng/ml	
			RESULT INTERPRETATION =====
			NORMAL : 0.0 to 4.0 ng/ml
			BORDERLINE : 4.0 to 10.0 ng/ml
			POSITIVE : Above 10.0 ng/ml

TEST DONE ON : FINECARE .

Note : The PSA test results should be interpreted with caution.PSA may be increased after Digital Rectal Examination(DRE), prostatic massage, urethral instrumentation, cystoscopy, prostatitis, TURP, urinary retention, prostatic ischaemia or infarct.In such cases a repeat test after 4-6 weeks may be required.

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

Pradip
Verified By:

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ENDOCRONOLOGY

<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) <i>(Method : ELFA)</i>	: 4.40	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) <i>(Method : ELFA)</i>	: <u>21.58</u>	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) <i>(Method : ELFA)</i>	: 0.99	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.....

Bachhal
Verified By:

S. Pawar

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Report Date : 24/12/2022 11:44AM
Print Date : 24/12/2022 2:11 PM

CLINICAL PATHOLOGY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
STOOL EXAMINATION			
PHYSICAL EXAMINATION			
Colour	: Yellowish		
Consistency	: Semi-solid		
Mucus	: Absent		
Blood	: Absent		
Parasites	: No Parasite Seen		
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 :	: ---		

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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		

TEST DONE ON:A-URI-PLUS 200 FULLY AUTOMATED URINE ANALYSER(RAPID DIAGNOSTIC)

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

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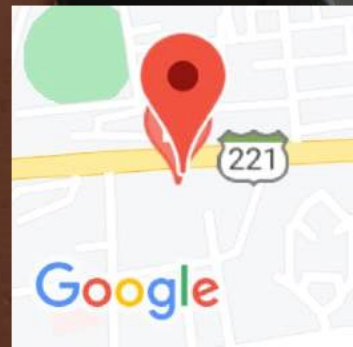


Baramati, Maharashtra, India

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

Lat 18.1463066 / Long 74.5772409

Saturday 24 December 2022 12:48:56



GIRIRAJ DIAGNOSTIC SERVICES

Whole Body Colour Doppler Ultrasound, Echocardiography & X-Ray



NAME : MR. PRAFUL KUMARE

AGE/SEX : 31 YEARS/M

REF BY : DR. R.R. BHOITE

DATE : 24-12-2022

MEDIWHEEL INSURANCE

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 collapsed.

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

Spleen in normal size & normal echotexture. No focal mass lesion seen in spleen.

Both kidneys 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. No hydronephrosis.

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 significant free fluid /abdominal lymphadenopathy.

Conclusion:

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

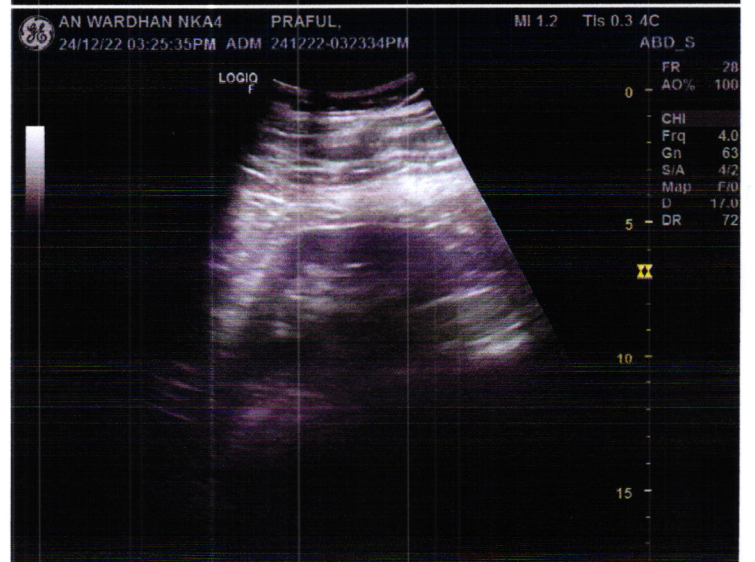
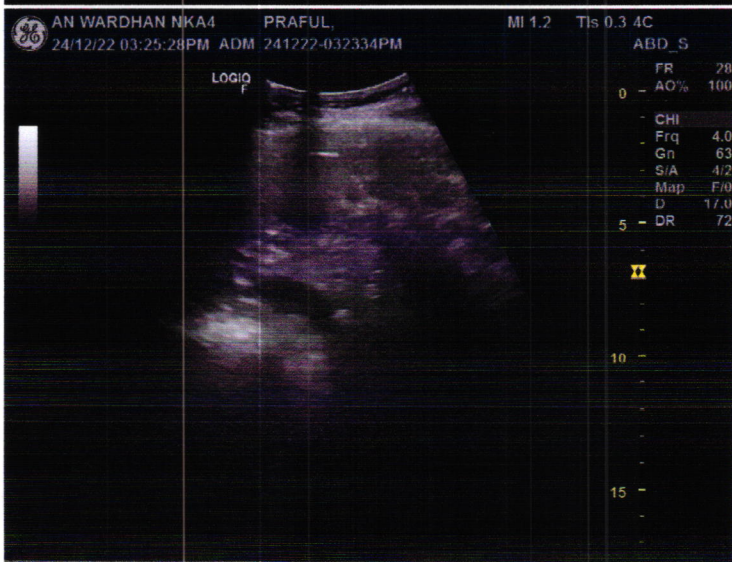
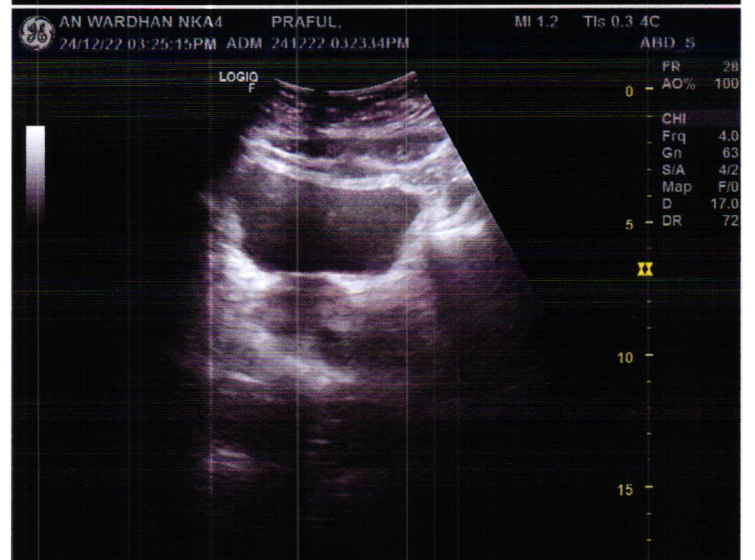
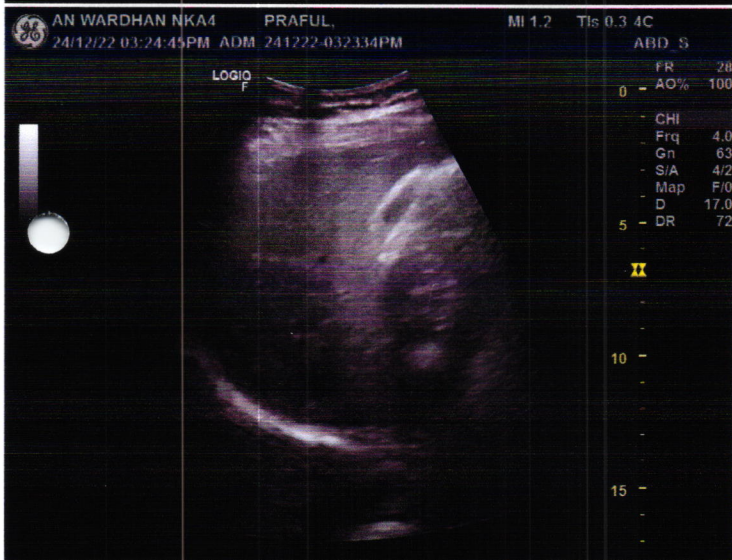
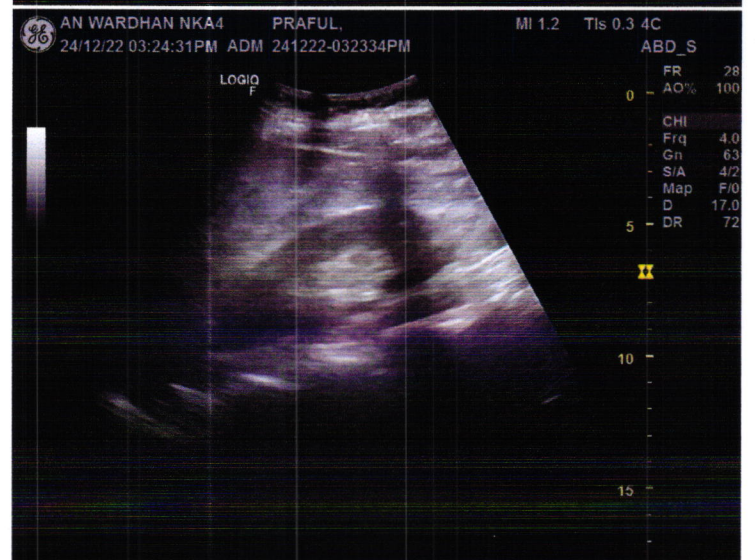
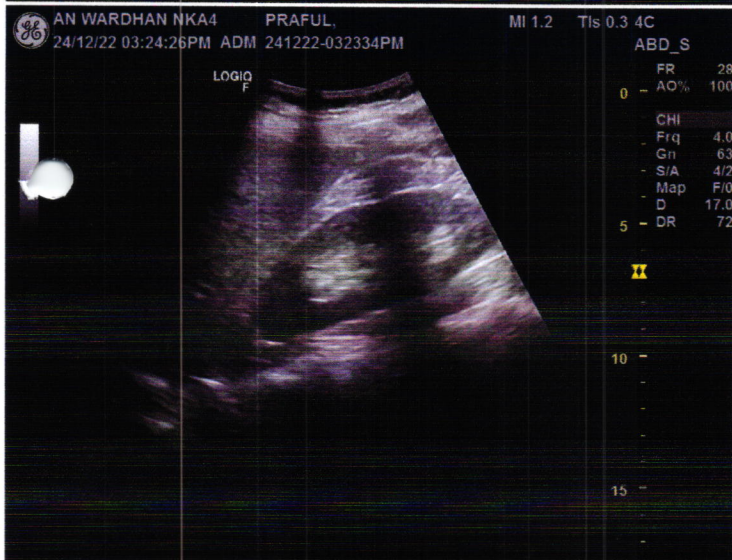
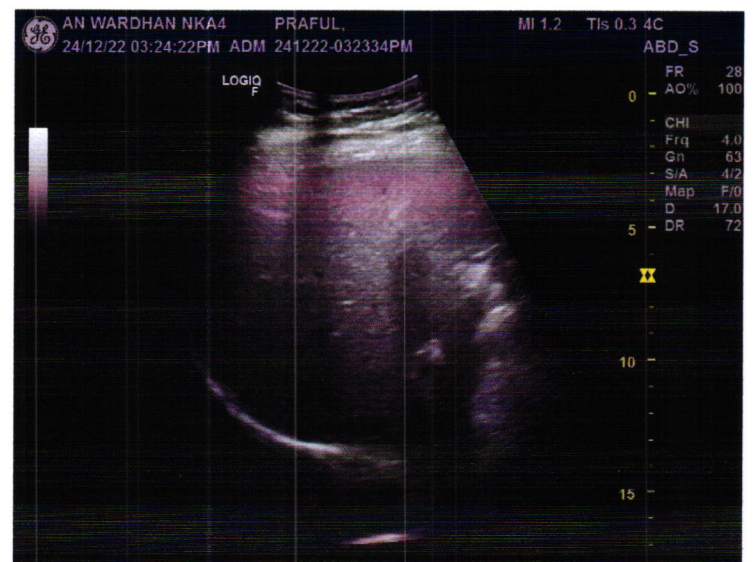
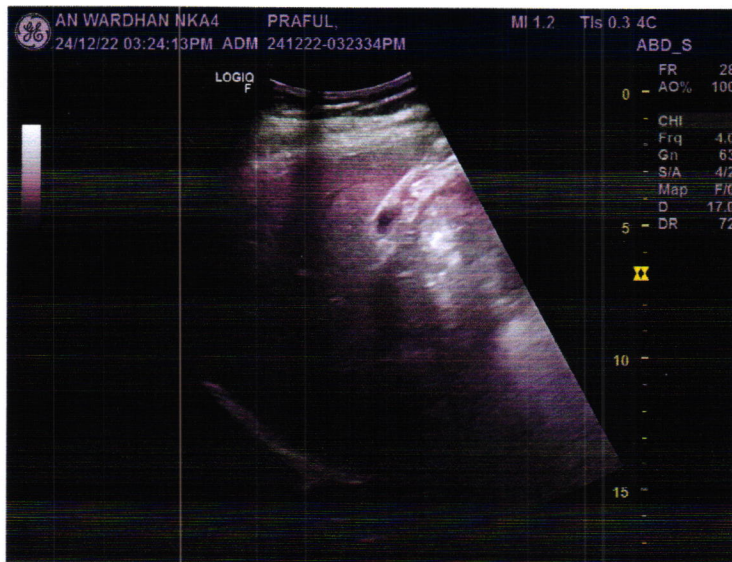
Suggested clinical and lab correlation.

Navid

DR.NAVID SHATTARI

M.B.B.S, M.D. D.N.B

CONSULTANT RADIOLOGIST



GIRIRAJ DIAGNOSTIC SERVICES

Whole Body Colour Doppler Ultrasound, Echocardiography & X-Ray



NAME : MR. PRAFUL KUMARE
AGE / SEX : 31 YRS / MALE
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.

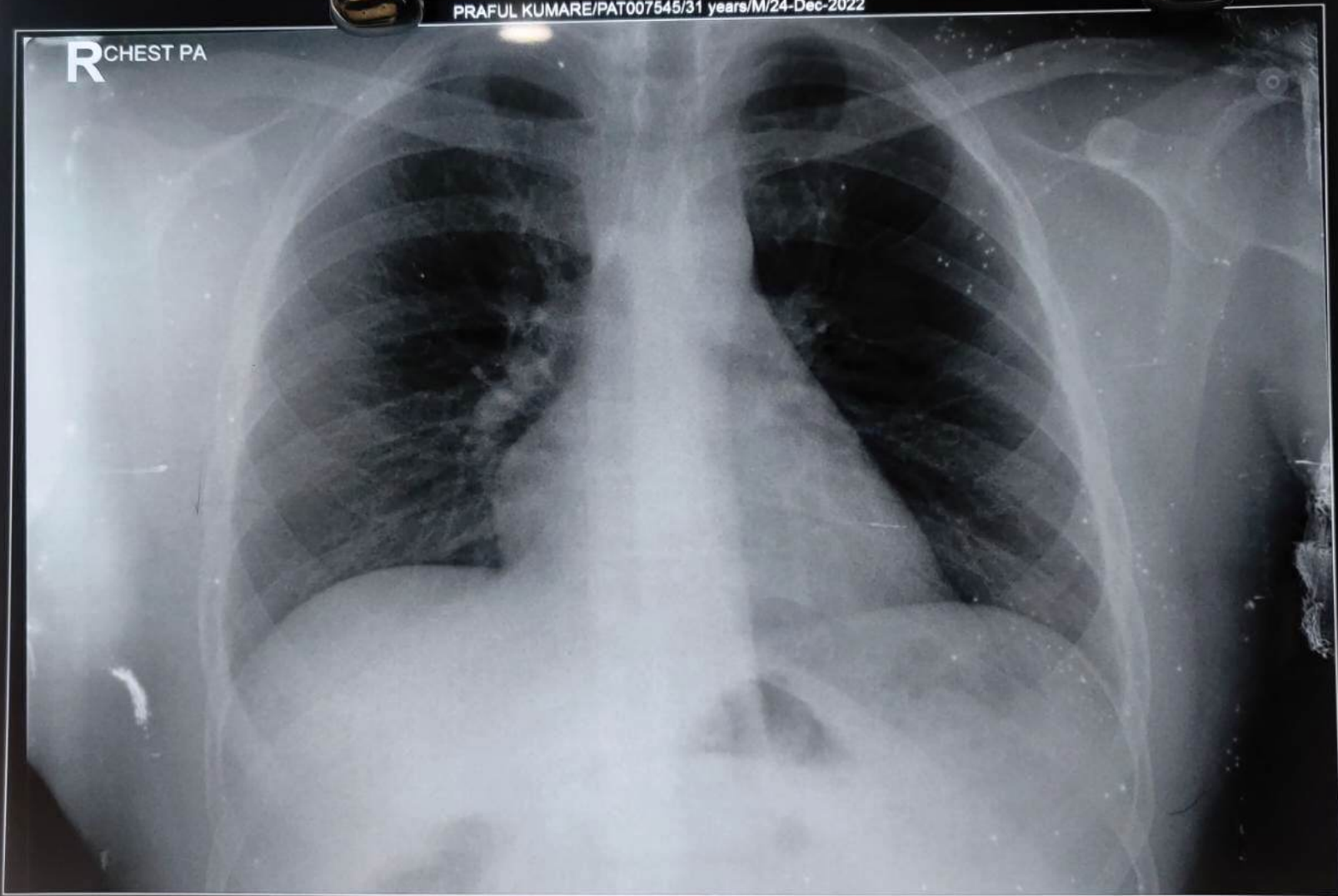
Navids

DR. NAVID SHATTARI
MBBS, MD, DNB
CONSULTANT RADIOLOGIST.

GIRIRAJ HOSPITAL

PRAFUL KUMARE/PAT007545/31 years/M/24-Dec-2022

R CHEST PA



GIRIRAJ DIAGNOSTIC CENTER BARAMATI

GIRIRAJ HOSPITAL CAMPUS, INDAPUR ROAD, BARAMATI, PH. 02112-222739/221335.