

Satish, Chavanke

10.07.2023 10:44:23
GIRIRAJ HOSPITAL
NEAR BUS STAND, INDAPUR ROAD
BARAMATI-413102

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

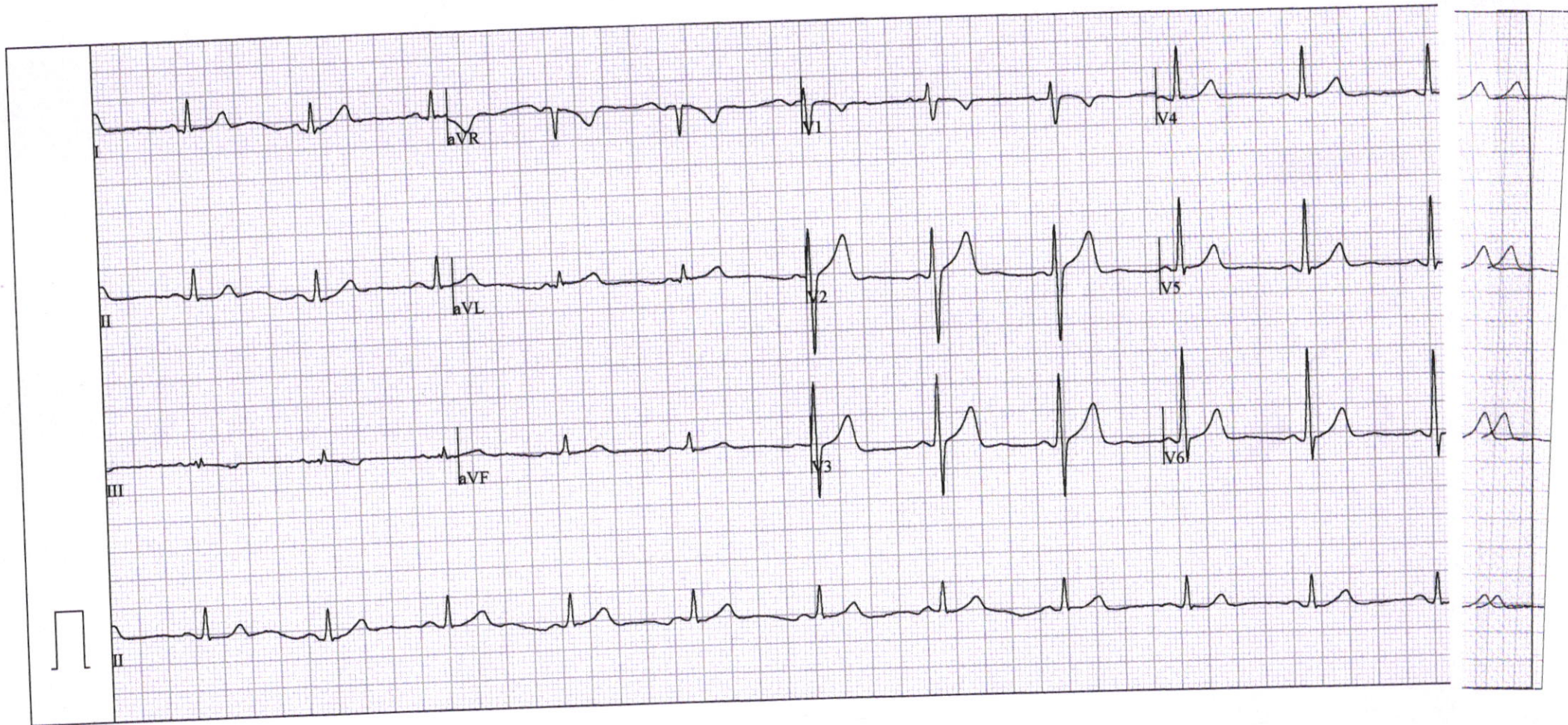
69 bpm 69 bpm
-- / -- mmHg -- mmHg

33 Years

Male

QRS : 80 ms
QT / QTcBaz : 360 / 385 ms
PR : 134 ms
P : 120 ms
RR / PP : 874 / 869 ms
P / QRS / T : 39 / 35 / 18 degrees

Normal sinus rhythm
Normal ECG





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	: 230700701 /OPD /1002496	Reg. Date	: 10/07/2023 11:12AM
Name	: Mr. SATISH JAGDISH CHAVANKE	Age / Sex	: 33 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 10/07/2023 11:45AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 11/07/2023 10:59 AM

HAEMATOLOGY

Test Advised BLOOD GROUP

Result

Sample Tested :	:	EDTA Sample
Blood Group <i>(Method: Slide haemagglutination; Tube haemagglutination, (Forward typing))</i>	:	"O" Rh POSITIVE
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) <i>(Method: Westergren Method)</i>	:	3	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.....


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



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 : 230700701 /OPD /1002496
Name : Mr. SATISH JAGDISH CHAVANKE
Referred By : Medi-Wheel Full Body Health Checkup
Referred By : DR.R.R BHOITE MD, (MED)

Reg. Date : 10/07/2023 11:12AM
Age / Sex : 33 Years / Male
Report Date : 10/07/2023 11:45AM
Print Date : 11/07/2023 10:59 AM

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)	:	15.2 gm/dl	13 - 18
R.B.C. Count	:	4.95 mill/cmm	4.5 - 6.5
HCT	:	44.10 %	36 - 52
MCV	:	89.09 fL	76 - 95
MCH	:	30.71 pg	27 - 34
MCHC	:	34.47 %	31.5 - 34.5
RDW	:	12.60 %	11.5 - 16.5
Platelet Count	:	208000 /cmm	150000 - 500000
WBC Count	:	4480 cells/cmm	4000 - 11000

DIFFERENTIAL COUNT

Neutrophils	:	58 %	40 - 75
Lymphocytes	:	42 %	20 - 45
Eosinophils	:	00 %	0 - 6
Monocytes	:	00 %	0 - 10
Basophils	:	00 %	0 - 1

TEST DONE ON : HORIBA YUMIZEN H550

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


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



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 : 230700701 /OPD /1002496
Name : Mr. SATISH JAGDISH CHAVANKE
Referred By : Medi-Wheel Full Body Health Checkup
Referred By : DR.R.R BHOITE MD, (MED)


Reg. Date : 10/07/2023 11:12AM
Age / Sex : 33 Years / Male
Report Date : 10/07/2023 11:45AM
Print Date : 11/07/2023 10:59 AM

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	: 1.020		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.....


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



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	: 230700701 /OPD /1002496	Reg. Date	: 10/07/2023 11:12AM
Name	: Mr. SATISH JAGDISH CHAVANKE	Age / Sex	: 33 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 10/07/2023 11:44AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 11/07/2023 10:59 AM

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)	: 107	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)	: 27.0	mg/dl	19 - 45
Blood Urea Nitrogen	: 12.6	mg/dl	8.4 - 25.7
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 0.9	mg/dl	0.7 - 1.3
BUN/Creatinine Ratio	: 14.0		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)	: <u>160</u>	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		


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



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	: 230700701 /OPD /1002496	Reg. Date	: 10/07/2023 11:12AM
Name	: Mr. SATISH JAGDISH CHAVANKE	Age / Sex	: 33 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 10/07/2023 11:44AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 11/07/2023 10:59 AM

BIOCHEMISTRY

Glycosylated Hb (HbA1c)	: 5.9	%	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
<i>(Method :Sandwich immunodetection)</i>			
Mean Blood Glucose	: 110.47	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	: 29.0	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	: 4.7	mg/dl	3.5 - 8.5
<i>(Method :Enzymatic/ Uricase Colorimetric)</i>			
KIT USED :	: ERBA		

TEST DONE ON : EM - 200


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



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 : 230700701 /OPD /1002496	Reg. Date : 10/07/2023 11:12AM
Name : Mr. SATISH JAGDISH CHAVANKE	Age / Sex : 33 Years / Male
Referred By : Medi-Wheel Full Body Health Checkup	Report Date : 10/07/2023 11:45AM
Referred By : DR.R.R BHOITE MD, (MED)	Print Date : 11/07/2023 10:59 AM

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.....


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



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	: 230700701 /OPD /1002496	Reg. Date	: 10/07/2023 11:12AM
Name	: Mr. SATISH JAGDISH CHAVANKE	Age / Sex	: 33 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 10/07/2023 11:44AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 11/07/2023 10:59 AM

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>	: 163.0	mg/dl	130 - 250 Desirable
Triglycerides <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i>	: 94.0	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol <i>(Method :Direct Method/ Enzymatic colorimetric)</i>	: 41.0	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: 103.2	mg/dl	60 - 130
VLDL Cholesterol	: 18.8	mg/dl	5 - 51
Cholesterol / HDL Ratio	: 4.0		2 - 5
LDL / HDL Ratio	: 2.5		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.....


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



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 : 230700701 /OPD /1002496
Name : Mr. SATISH JAGDISH CHAVANKE
Referred By : Medi-Wheel Full Body Health Checkup
Referred By : DR.R.R BHOITE MD, (MED)


Reg. Date : 10/07/2023 11:12AM
Age / Sex : 33 Years / Male
Report Date : 10/07/2023 11:11AM
Print Date : 11/07/2023 10:59 AM

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)	: 0.8	mg/dl	0.0 - 2.0
Direct Bilirubin (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.3	mg/dl	0 - 0.4
Indirect Bilirubin	: 0.5	mg/dl	0.1 - 1.6
SGPT (ALT) (Method :UV - Kinetic with PLP (P-5-P))	: 13.0	U/L	0 - 45
SGOT (AST) (Method :UV-Kinetic with PLP (P-5-P))	: 15.0	U/L	0 - 35
Alkaline Phosphatase (Method : PNP AMP KINETIC)	: 76.0	U/l	53 - 128
Total Protein (Method : BIURET - Colorimetric)	: 6.8	gm/dl	6.4 - 8.3
Albumin (Method : BCG - colorimetric)	: 3.7	gm/dl	3.5 - 5.2
Globulin	: 3.1	gm/dl	2.3 - 3.5
A/G Ratio	: 1.2		1.2 - 2.5

TEST DONE ON : EM - 200

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


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



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 : 230700701 /OPD /1002496
Name : Mr. SATISH JAGDISH CHAVANKE
Referred By : Medi-Wheel Full Body Health Checkup
Referred By : DR.R.R BHOITE MD, (MED)

Reg. Date : 10/07/2023 11:12AM
Age / Sex : 33 Years / Male
Report Date : 10/07/2023 1:42PM
Print Date : 11/07/2023 10:59 AM

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)	: 4.50	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 11.90	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 2.08	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.....


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

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SATISH JAGDISH CHAVANKE

JAGDISH MUKTAJI CHAVANKE

21/04/1990

Permanent Account Number

AYOPC8804E


Signature



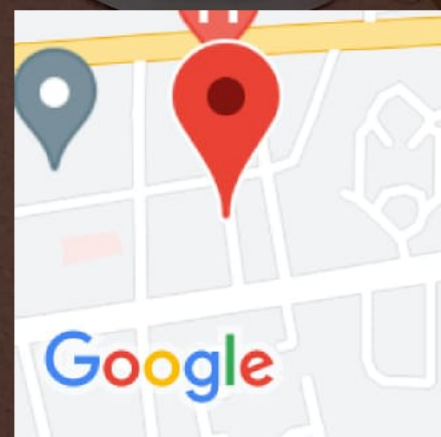


Baramati, Maharashtra, India

4HVH+X26, Samarth Nagar, Baramati, Maharashtra
413102, India

Lat 18.1448017 / Long 74.5772671

Monday 10 July 2023 10:16:07





GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



NAME : MR. SATISH JAGDISH CHAVANKE AGE/SEX : 33 YEARS/M
REF BY : DR. MEDIWHEEL IN SURANCE DATE : 10-07-2023

USG STUDY OF ABDOMEN & PELVIS

LIVER:- appears normal in size (13.3cm) shape & shows increased 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: normal in size & shows normal echotexture. No focal lesion is seen.

BOTH KIDNEYS: - RIGHT KIDNEY -10.7x4.0cm , LEFT KIDNEY -10.4x4.8cm

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.

Increased mucosal reflectivity and hypoechogenicity of descending colon , Visualized small bowel loops appear non dilated. Gaseous distension of large bowel loops.

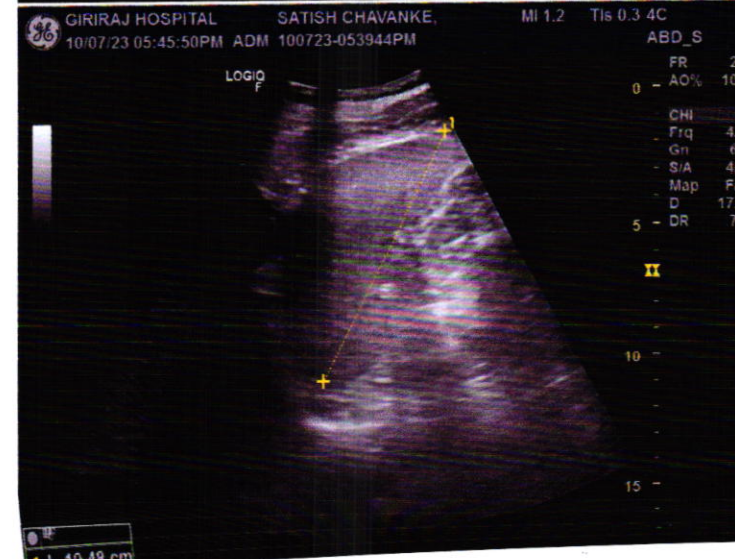
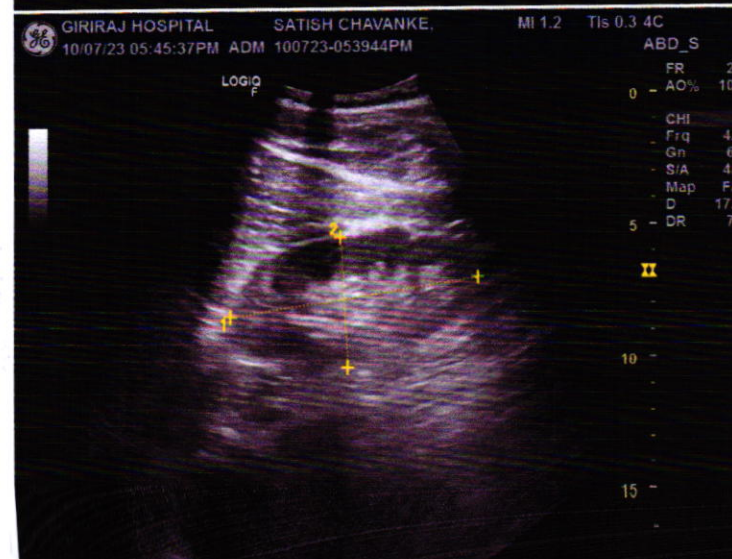
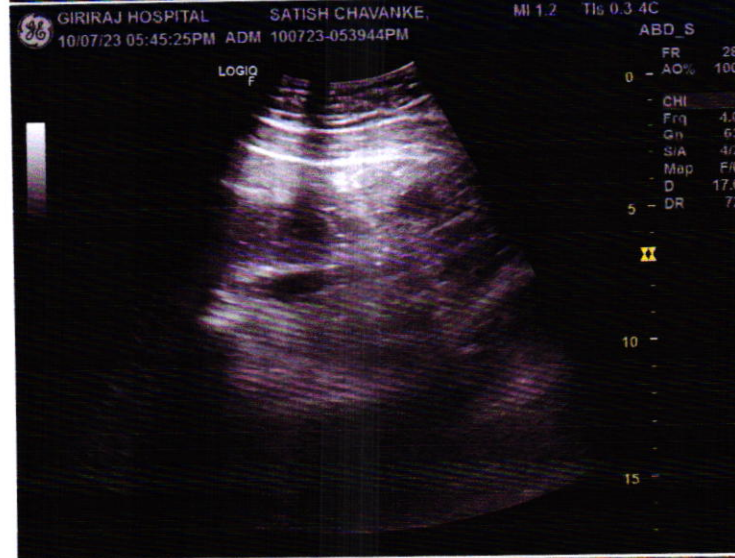
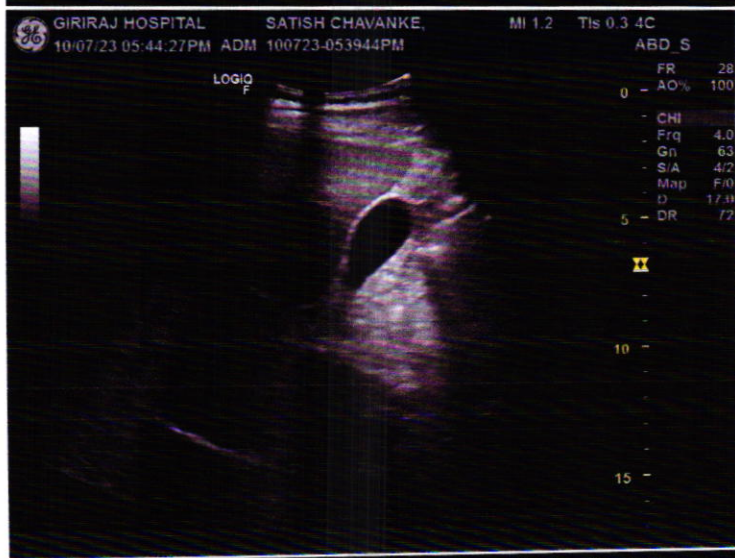
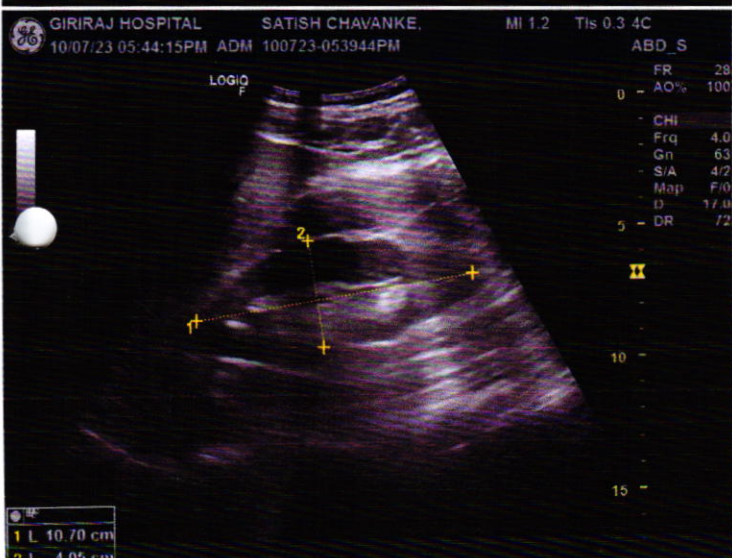
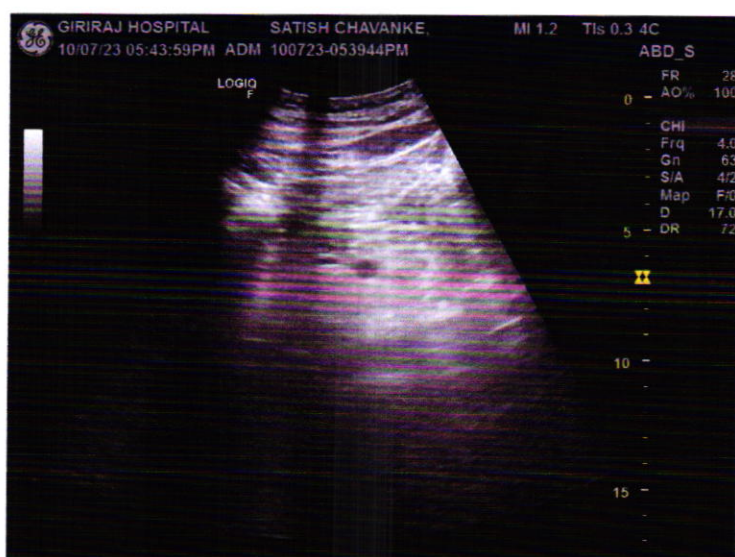
No free fluid is seen in abdomen and pelvis.

No significant abdominal lymphadenopathy.

CONCLUSION :-

- **Grade-I fatty liver.**
- **Descending colitis**

DR.MUGDHA SURAJ BHAGAT
CONSULTANT RADIOLOGIST





GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



Patient Name	SATISH CHAVANKE	Patient ID	PAT009408
Age Gender	33 YEAR(S) OLD	Scan Date	JUL 10 2023
Referring Doctor	MEDIWHEEL COMP.	Report Date	JUL 10 2023

X-RAY CHEST PA VIEW

Clinical Profile: No active complaint.

Observation:

Both lung fields is normal.

Both hilar shadows and Costophrenic angles are normal.

Heart shadow appears normal in size.

Tracheal is central.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

Impression:

- No significant abnormality.

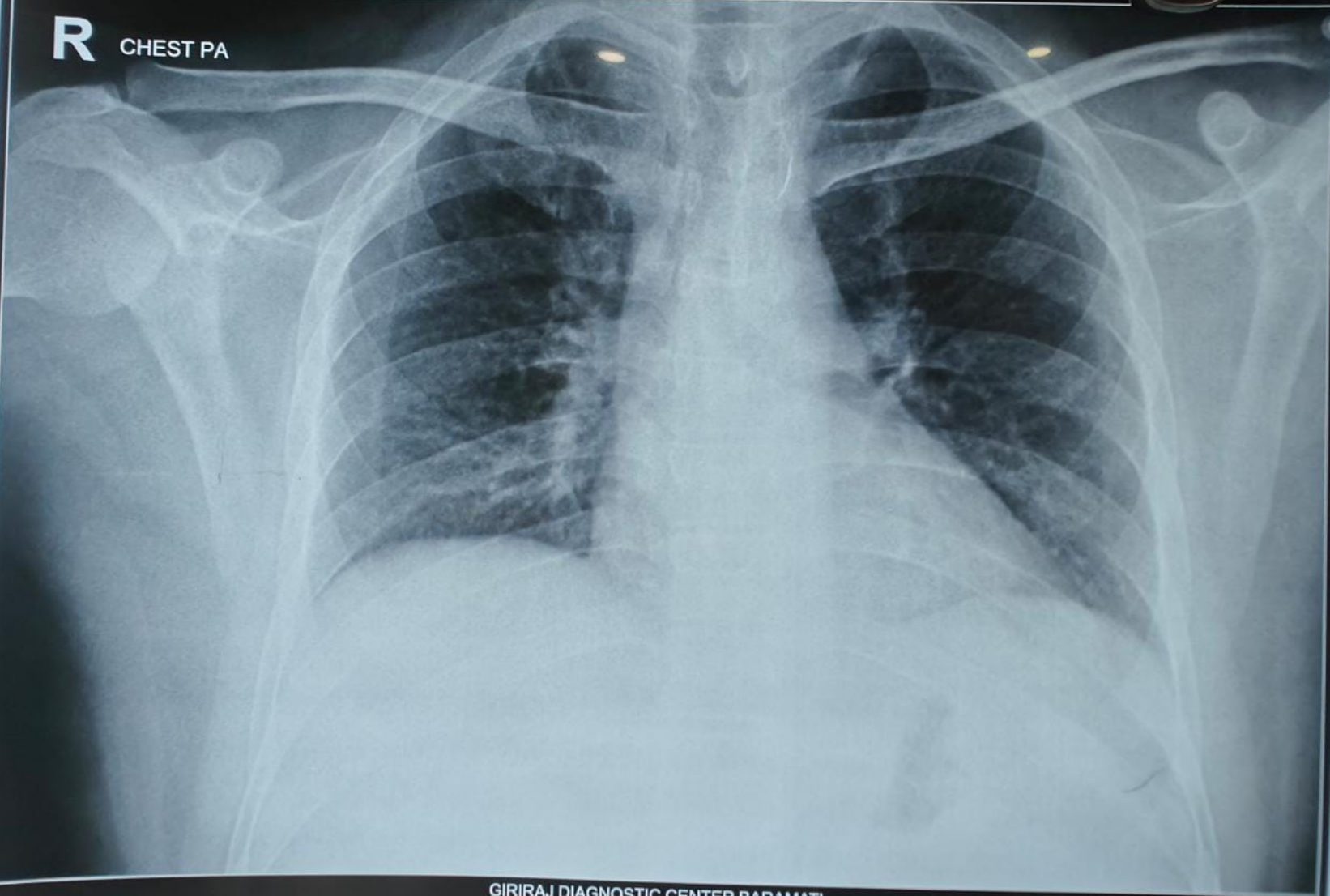
Dr. Ammar Modi

MD RADIOLOGY

Consultant Radiologist

SATISH CHAVANKE 10/07/2023

R CHEST PA



GIRIRAJ DIAGNOSTIC CENTER BARAMATI