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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: Mrs Surekha Anarase

Age/Sex: 38 Year/Female

Ref.: - Dr Ramesh Bhoite

Date – 30th Dec, 2023

Findings: -

MV –MVA adequate, Mild MR

AV – Degenerative, No AS (AVG: 18 mmHg)/ No AR

TV – Mild TR, No PH (RVSP/TR: 26 mmHg)

PV – Normal

No Clot / Vegetation/ Pericardial Effusion


No RWMA ,

Grade I DD

Measurements (mm): -AO-22, LA-36, IVS-10, LVPW-10, LVIDd-42, LVIDs- 32 LVEF – 60%

Impression:

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


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

Anarase, Surekha

30.12.2023 10:09:16
GIRIRAJ HOSPITAL
NEAR BUS STAND, INDAPUR ROAD
BARAMATI-413102

68 bpm
- / - mmHg

40 Years

Female

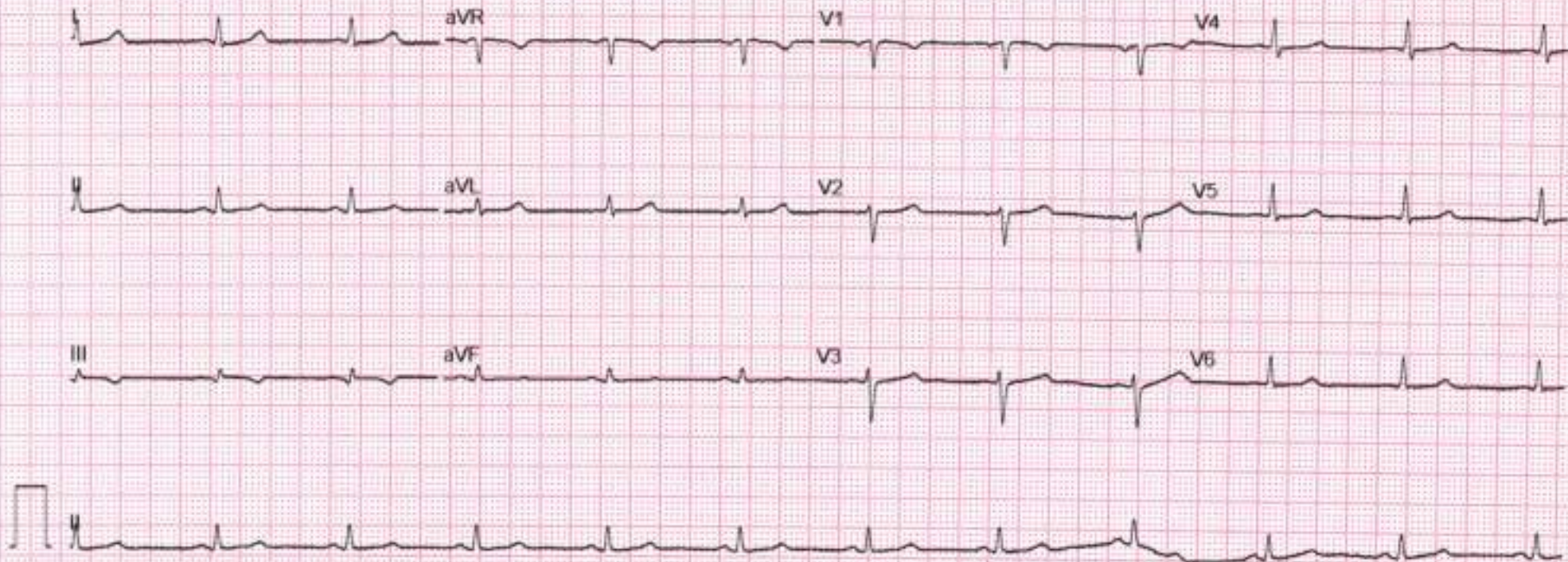
QRS	58 ms
QT / QTcBaz	390 / 414 ms
PR	100 ms
P	52 ms
RR / PP	886 / 882 ms
P / QRS / T	23 / 32 / 23 degrees

Sinus rhythm with short PR
Nonspecific ST and T wave abnormality
Abnormal ECG

R. Shinde
DR. RAMESH R. BHOTE
 Cardiologist
 Girraj Hospital & Intensive Care Unit
 Indapur Rd, Baramati-413102



Dr. Ramesh R. Bhote
WNL





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	: 231202534 /OPD /1002811	Reg. Date	: 30/12/2023 10:28AM
Name	: Mrs. SUREKHA SAMPAT ANARASE	Age / Sex	: 38 Years / Female
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 30/12/2023 12:04PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 30/12/2023 12:58 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) : 5 mm at end of 1hr 0 - 20
(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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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)	: 12.5	gm/dl	11.5 - 13.5
R.B.C. Count	: <u>4.31</u>	mill/cmm	4.5 - 6.5
HCT	: 37.20	%	36 - 52
MCV	: 86.31	fL	76 - 95
MCH	: 29.00	pg	27 - 34
MCHC	: 33.60	%	31.5 - 34.5
RDW	: 11.80	%	11.5 - 16.5
Platelet Count	: 336000	/cmm	150000 - 500000
WBC Count	: 9270	cells/cmm	4000 - 11000
DIFFERENTIAL COUNT			
Neutrophils	: 70	%	40 - 75
Lymphocytes	: 30	%	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	: Clear		
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		

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


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Name	: Mrs. SUREKHA SAMPAT ANARASE	Age / Sex	: 38 Years / Female
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 30/12/2023 11:59AM
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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)	: 99	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	13 - 40
Blood Urea Nitrogen	: 12.6	mg/dl	8.4 - 25.7
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 0.8	mg/dl	0.6 - 1.1
BUN/Creatinine Ratio	: 15.8		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)	: 138	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) : 5.0 %
(Method :Sandwich immunodetection)
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 : 80.50 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 Transfarase <i>(Method :IFCC)</i>	: 26.5	U/L	9 - 52

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>
<u>LIPID PROFILE</u>			
Sample Tested :	: Serum		
Total Cholesterol (Method : CHOD-PAP)	: 139.0	mg/dl	130 - 250 Desirable
Triglycerides (Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)	: 65.0	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol (Method :Direct Method/ Enzymatic colorimetric)	: 41.0	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: 85.0	mg/dl	60 - 130
VLDL Cholesterol	: 13.0	mg/dl	5 - 51
Cholesterol / HDL Ratio	: 3.4		2 - 5
LDL / HDL Ratio	: 2.1		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 <i>(Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)</i>	: 0.8	mg/dl	0.0 - 2.0
Direct Bilirubin <i>(Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)</i>	: 0.3	mg/dl	0 - 0.4
Indirect Bilirubin	: 0.5	mg/dl	0.1 - 1.6
SGPT (ALT) <i>(Method :UV - Kinetic with PLP (P-5-P))</i>	: 10.0	U/L	0 - 34
SGOT (AST) <i>(Method :UV-Kinetic with PLP (P-5-P))</i>	: 13.0	U/L	0 - 31
Alkaline Phosphatase <i>(Method : PNP AMP KINETIC)</i>	: <u>117.0</u>	U/l	42 - 98
Total Protein <i>(Method : BIURET - Colorimetric)</i>	: 7.4	gm/dl	6.4 - 8.3
Albumin <i>(Method : BCG - colorimetric)</i>	: 4.1	gm/dl	3.5 - 5.2
Globulin	: 3.3	gm/dl	2.3 - 3.5
A/G Ratio	: 1.2		1.2 - 2.5

TEST DONE ON : EM - 200

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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)	: 4.68	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 14.60	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 1.92	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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सत्यमेव जयते

भारत सरकार
GOVERNMENT OF INDIA



सुरेखा संपत अनारसे
Surekha Sampat Anarase

जन्म वर्ष / Year of Birth : 1985
स्त्री / Female



7613 0492 2097

आधार — सामान्य माणसाचा अधिकार



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 : MRS. SUREKHA ANARASE

AGE/SEX : 38 YEARS/F

REF BY : MEDIWHEEL

DATE : 30-12-2023

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. Its wall thickness is normal. No peri gb collection and fat stranding.

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

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

Both kidneys - R.K. 8.2 x 3.6 cm, L.K.- 8.5 x 3.4 cm

appear normal size, shape, position & echotexture. No calculus or mass lesion or scarring seen in both kidneys. No hydronephrosis. Cortical echogenicity and thickness appears normal in both kidneys. Cortico-medullary differentiation is well maintained in both kidneys.

Urinary bladder is well distended. No obvious calculus/mass lesion.

Uterus -normal in size. No obvious focal lesion. ET appears normal.

Both ovaries are visualised and appears normal.

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 & Pelvis study.

DR.MUGDHA SURAJ BHAGAT
CONSULTANT RADIOLOGIST





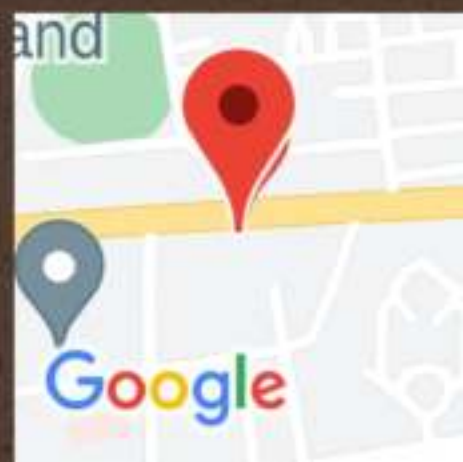


Baramati, Maharashtra, India

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

Lat 18.1463252 / Long 74.5772341

Saturday 30 December 2023 09:58:13





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24 HOURS

128 : CT SCAN

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COLOUR DOPPLER

2D ECHO

SUNDAY OPEN

PATIENT NAME :	SUREKHA ANARASE	AGE / GENDER :	038Y / FEMALE
PATIENT ID :	PAT011107	DATE & TIME :	30-12-2023 11:10 AM
REFD BY :	MEDIWHEEL	MODALITY :	XR

XR-CHEST PA

C/H-Medical checkup.

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. Umesh Chitte
MBBS DMRE
Consultant Radiologist



GIRIJA DAIGNOSTIC CENTER BARAMATI

SUREKHA ANARASE/PAT011107/38 years/F/30-Dec-2023



GIRIRAJ DIAGNOSTIC CENTER BARAMATI

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