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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

For Clinical Use

CARDIAC COLOR DOPPLER

Patients Name: Uttam Kumar

Age/Sex: 40 Year/Male

Ref.: - Dr. Ramesh Bhoite

Date – 11th March,2023

Findings: -

MV – MVA adequate, Trace MR

AV – No AS (AVG: 14 mmHg)/ No AR

TV – Mild TR, No PH (RVSP/TR: 14 mmHg)

PV – Normal

No Clot / Vegetation


No RWMA

No I DD

Measurements (mm); -AO-20, LA-34, IVS-11, LVPW-11, LVIDd-42, LVIDs-30 LVEF – 60%

Impression:

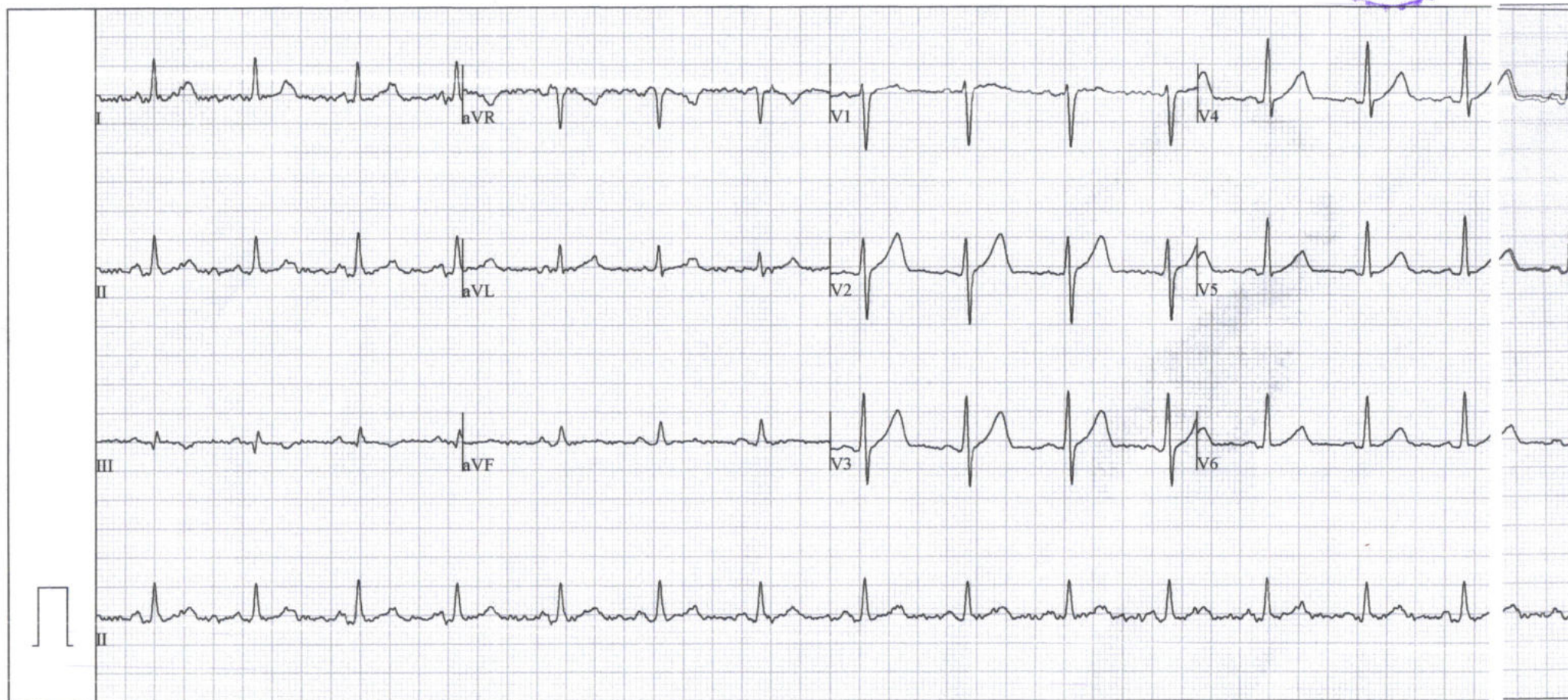
- No RWMA
- Normal LV systolic function LVEF 60%


Dr. Varun Deokate
MD (MED) (JJ, Mumbai),
DM (Card) (KEM, Mumbai)

QRS : 74 ms Normal sinus rhythm
QT / QTcBaz : 358 / 430 ms Normal ECG
PR : 132 ms
P : 92 ms
RR / PP : 686 / 689 ms
P / QRS / T : 40 / 33 / 24 degrees

Ramesh
ECG Normal

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





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	: 230300770 /OPD /1002373	Reg. Date	: 11/03/2023 09:26AM
Name	: Mr. UTTAM KUMAR	Age / Sex	: 40 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 11/03/2023 12:47PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 11/03/2023 3:28 PM

HAEMATOLOGY

Test Advised BLOOD GROUP

Result

Sample Tested : EDTA Sample
Blood Group : "B" 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) : 4 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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Referred By : DR.R.R BHOITE MD, (MED)

Reg. Date : 11/03/2023 09:26AM
Age / Sex : 40 Years / Male
Report Date : 11/03/2023 12:58PM
Print Date : 11/03/2023 3:28 PM

HAEMATOLOGY

Test Advised
HAEMOGRAM

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
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Sample Tested : EDTA (Whole Blood)


Method	:	WBC Impedance, Flow Cytometry and Hydrodynamic Focusing	
Haemoglobin (Method : Spectrophotometry)	:	13.6 gm/dl	13 - 18
R.B.C. Count	:	5.05 mill/cmm	4.5 - 6.5
HCT	:	41.40 %	36 - 52
MCV	:	81.98 fL	76 - 95
MCH	:	<u>26.93</u> pg	27 - 34
MCHC	:	32.85 %	31.5 - 34.5
RDW	:	14.70 %	11.5 - 16.5
Platelet Count	:	278000 /cmm	150000 - 500000
WBC Count	:	10710 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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Name	: Mr. UTTAM KUMAR	Age / Sex	: 40 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 11/03/2023 12:16PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 11/03/2023 3:28 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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Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 11/03/2023 3:28 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		
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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Reg. Date : 11/03/2023 09:26AM
Age / Sex : 40 Years / Male
Report Date : 11/03/2023 12:14PM
Print Date : 11/03/2023 3:28 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)	:	<u>154</u>	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)	:	23.9	mg/dl 19 - 45
Blood Urea Nitrogen	:	11.2	mg/dl 5 - 21
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	:	<u>0.6</u>	mg/dl 0.7 - 1.3
BUN/Creatinine Ratio	:	18.6	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>317</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	


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Name	: Mr. UTTAM KUMAR	Age / Sex	: 40 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 11/03/2023 1:08PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 11/03/2023 3:28 PM

BIOCHEMISTRY

Glycosylated Hb (HbA1c)	: 8.3	%	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	: 190.39	mg%	
Interpretation	: Moderate Diabetic Control		
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	: 26.0	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	: 4.9	mg/dl	3.5 - 8.5
<i>(Method :Enzymatic/ Uricase Colorimetric)</i>			
KIT USED :	: ERBA		
TEST DONE ON : EM - 200			


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Age / Sex : 40 Years / Male

Report Date : 11/03/2023 12:15PM


Print Date : 11/03/2023 3:28 PM

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>	: 184.0	mg/dl	130 - 250 Desirable
Triglycerides <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i>	: 103.0	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol <i>(Method :Direct Method/ Enzymatic colorimetric)</i>	: 52.0	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: 111.4	mg/dl	60 - 130
VLDL Cholesterol	: 20.6	mg/dl	5 - 51
Cholesterol / HDL Ratio	: 3.5		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 (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.5	mg/dl	0.0 - 2.0
Direct Bilirubin (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.2	mg/dl	0 - 0.4
Indirect Bilirubin	: 0.3	mg/dl	0.1 - 1.6
SGPT (ALT) (Method :UV - Kinetic with PLP (P-5-P))	: 37.0	U/L	0 - 45
SGOT (AST) (Method :UV-Kinetic with PLP (P-5-P))	: 17.0	U/L	0 - 35
Alkaline Phosphatase (Method : PNP AMP KINETIC)	: 147.0	U/l	53 - 128
Total Protein (Method : BIURET - Colorimetric)	: 6.9	gm/dl	6.4 - 8.3
Albumin (Method : BCG - colorimetric)	: 4.1	gm/dl	3.5 - 5.2
Globulin	: 2.8	gm/dl	2.3 - 3.5
A/G Ratio	: 1.5		1.2 - 2.5

TEST DONE ON : EM - 200

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


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Name	: Mr. UTTAM KUMAR	Age / Sex	: 40 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 11/03/2023 12:57PM
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SEROLOGY


<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
HIV Rapid			
Sample Tested :	: Serum		
Result	: Serum is Non-Reactive for HIV-I and HIV-II Antibodies		
Method :	: Immunochromatography		
KIT USED :	: ERBA		
Lot No :	: DRHIV2238		

Note :
This is just a screening test. All reactive results should be confirmed by an appropriate method.

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
HBsAg			
Sample Tested :	: Serum		
Australia Antigen, Serum	: NEGATIVE		
Method :	: Immunodiffusion		
KIT USED :	: ERBA		
Lot No :	: DRHBV2239		

Note :
This is a screening test. All Positive results to be confirmed by ELISA test.

.....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 :	: Random Sample		
Free T3(Free Triiodothyronine) (Method :ELFA)	: 3.89	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 10.50	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 10.12	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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GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



NAME : MR. UTTAM KUMAR AGE/SEX : 40 YEARS/M
REF BY : DR.MEDI-WHEEL INSURANCE DATE : 11-03-2023

USG STUDY OF ABDOMEN & PELVIS

Liver appears normal in size 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 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 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. No hydronephrosis. Cortical echogenicity appears normal in both kidneys. Cortico-medullary differentiation is well maintained in both kidneys.

Urinary bladder is minimally distended. No vesicle calculus is seen.

Prostate:- appears normal in shape, size and echotexture.

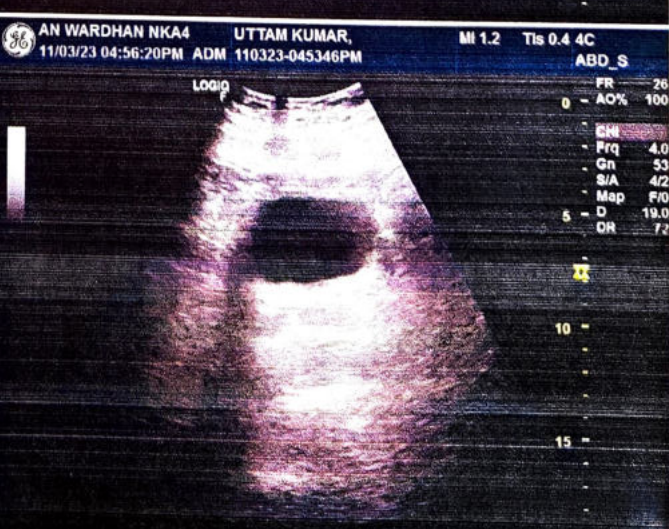
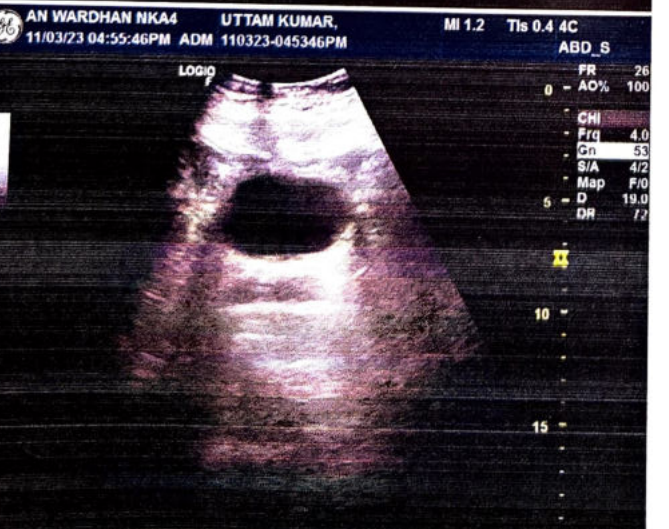
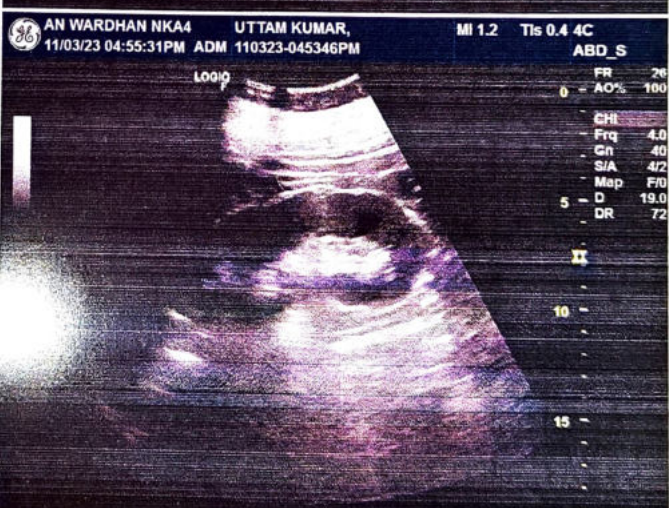
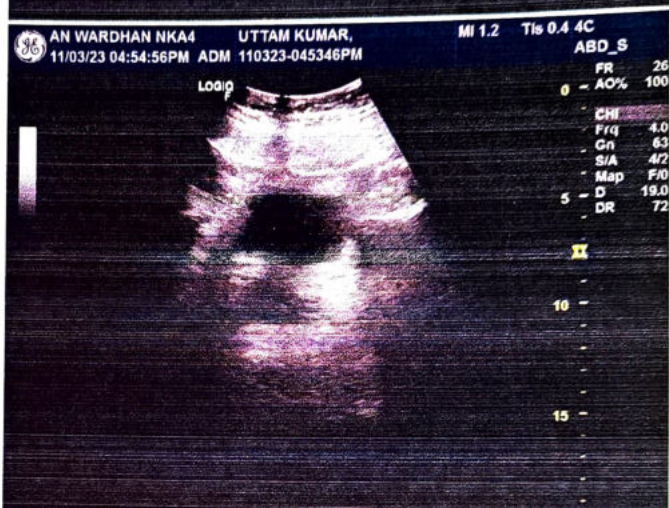
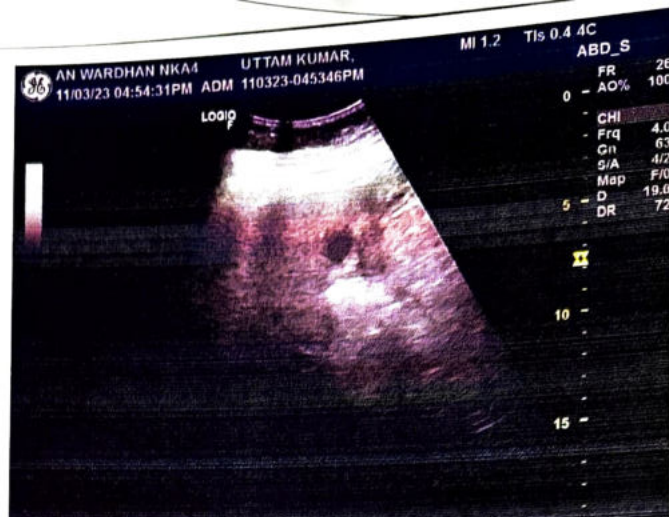
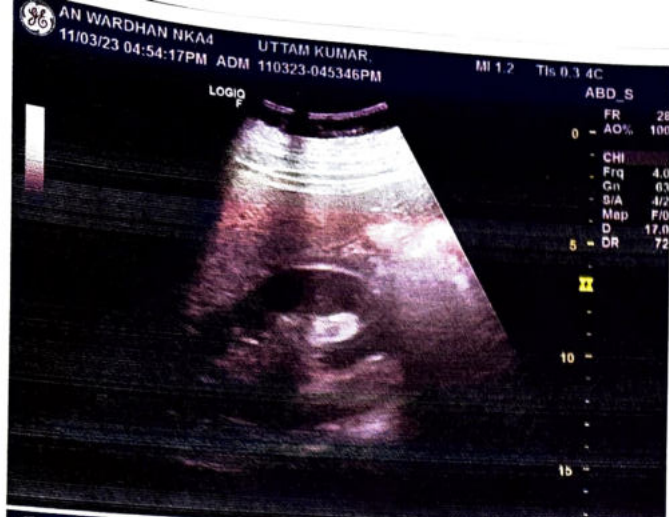
Visualized small bowel loops appear non dilated. Gaseous distension of large bowel loops. No significant free fluid /abdominal lymphadenopathy.

Conclusion:

- **Fatty liver.**

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



PATIENT NAME	UTTAM KUMAR	REFERRING DOCTOR	MEDIWHEEL INSURANCE
AGE GENDER	40 YEAR(S) OLD/MALE	SCAN DATE	MAR 11 2023

X-RAY CHEST

VIEWS

PA View of Chest

CLINICAL HISTORY

MEDICLAIM

FINDINGS

The heart is normal in size and contour.

The aorta is normal .

The mediastinum, hila and pulmonary vasculature are also normal.

Trachea is central. Tracheo-bronchial tree is normal.

No focal lung lesion is seen.

No pneumothorax is seen.

The costophrenic sulci and hemidiaphragms are preserved.

Bony thoracic cage is normal. Both domes of diaphragm are normally placed. No soft tissue abnormality seen.

CONCLUSION

No gross chest abnormality is seen.

DIFFERENTIAL DIAGNOSIS

NA

RECOMMENDATION

Kindly correlate with other clinical parameters.

Dr. Sharad Gadgil

M.B.B.S, MD (Reg.No.39489)

Consultant Radiologist

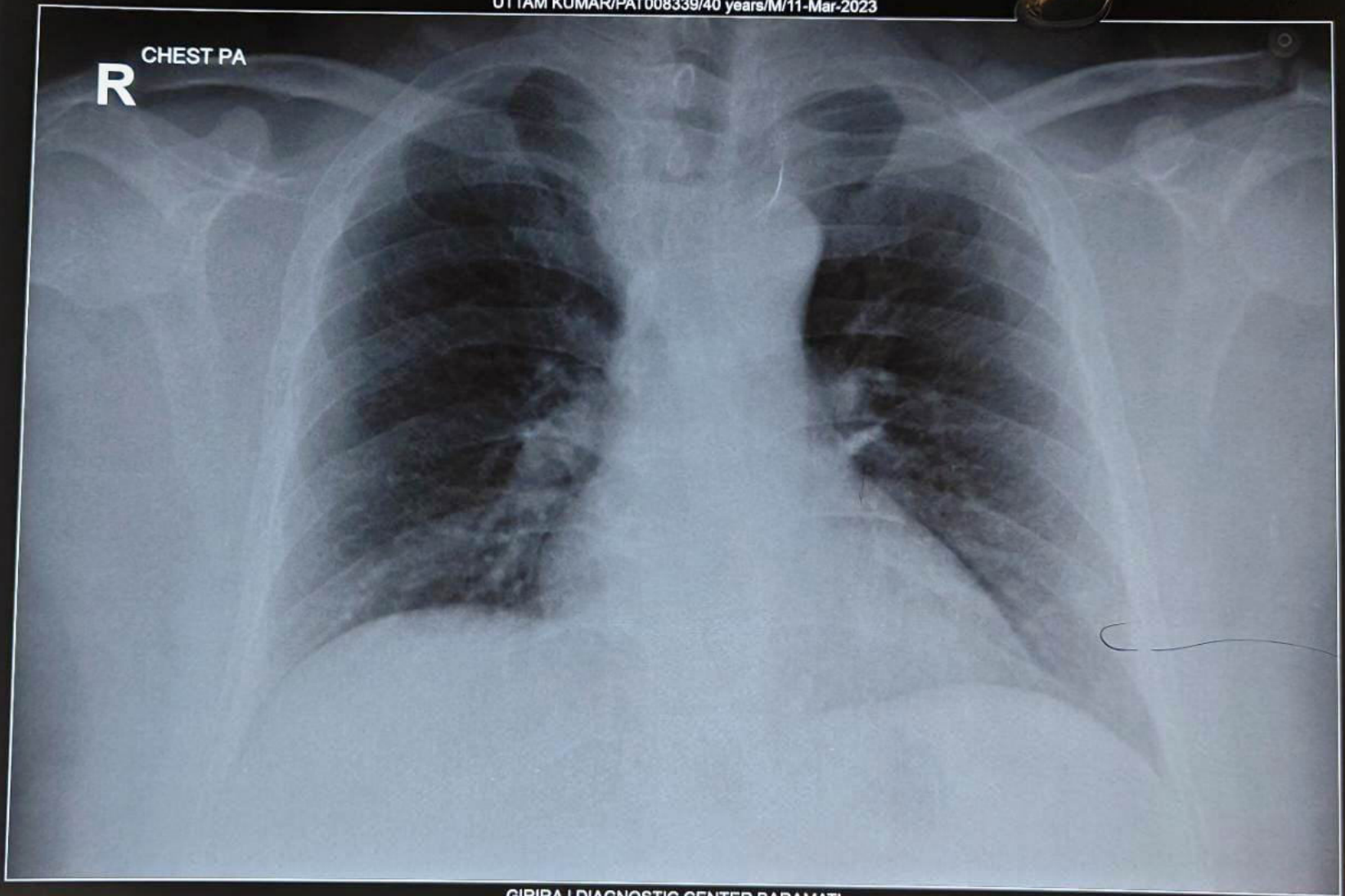
UTTAM KUMAR | DOB: Jan 01 1983 | 1

GIRIRAJ HOSPITAL

UTTAM KUMAR/PAT008339/40 years/M/11-Mar-2023

CHEST PA

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GIRIRAJ DIAGNOSTIC CENTER BARAMATI

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