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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

Only for Clinical Use

CARDIAC COLOR DOPPLER

Patients Name- Mr Ajit Vasant Kharade

Age/Sex: 31Year/male

Ref.: - Dr. Ramesh Bhoite

Date – 04th April,2023

Findings: -

MV – MVA adequate, Mild 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

Mild Concentric LVH

Grade I DD

Measurements (mm); -AO-20, LA-32, IVS-13, LVPW-12, 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)

31 Years

Male

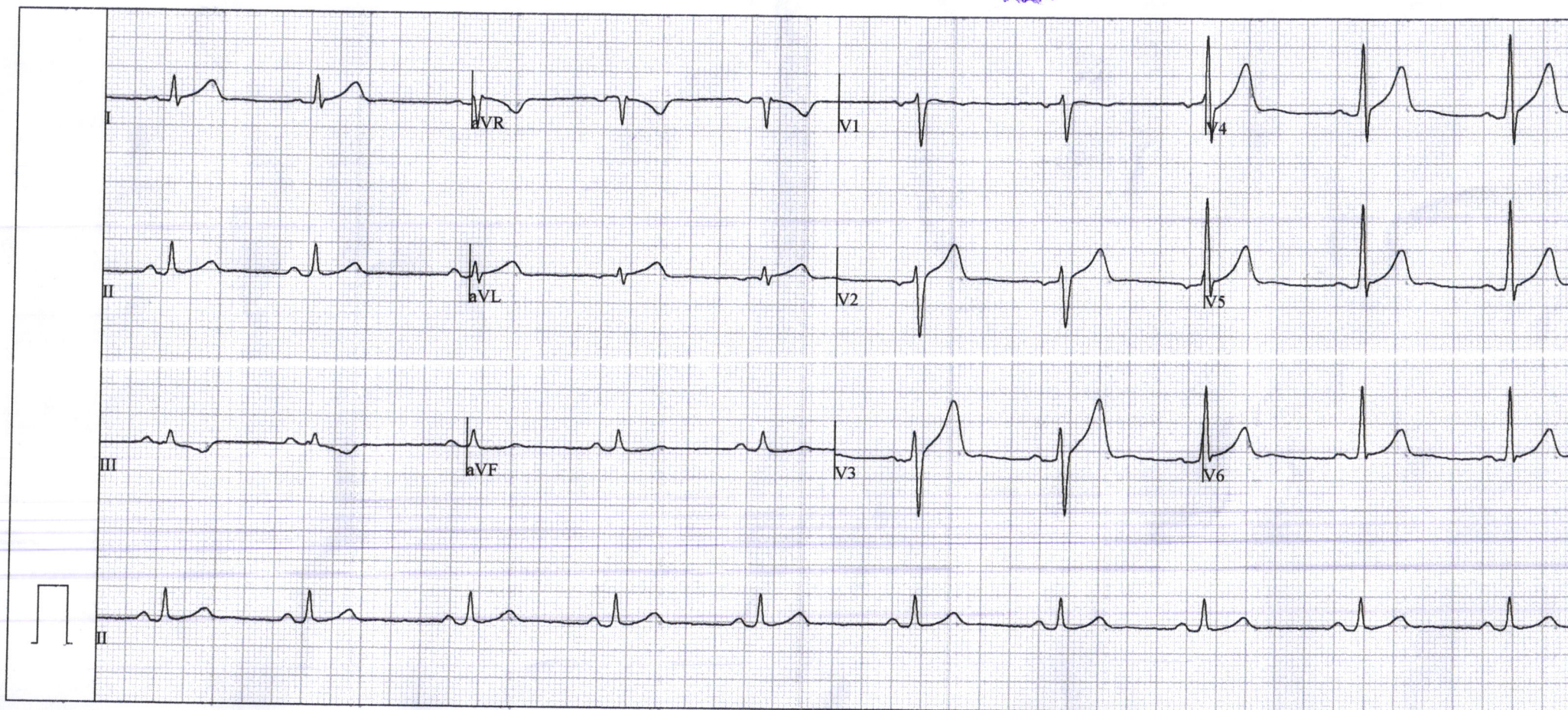
QRS : 182 ms
QT / QTcBaz : 396 / 392 ms
PR : 156 ms
P : 110 ms
RR / PP : 1012 / 1016 ms
P / QRS / T : 70 / 51 / 12 degrees

Sinus bradycardia
Otherwise normal ECG

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

(Signature)

ECG Normal





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	: 230400218 /OPD /1002399	Reg. Date	: 04/04/2023 10:40AM
Name	: Mr. AJIT VASANT KHARADE	Age / Sex	: 31 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 04/04/2023 1:32PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 04/04/2023 4:00 PM

HAEMATOLOGY

Test Advised BLOOD GROUP

Result

Sample Tested : EDTA Sample
Blood Group : "A" 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
M.B.B.S:DCP (Regd.No. 2000/07/2454)



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Referred By : DR.R.R BHOITE MD, (MED)


Reg. Date : 04/04/2023 10:40AM
Age / Sex : 31 Years / Male
Report Date : 04/04/2023 1:28PM
Print Date : 04/04/2023 4:00 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)	: 15.5	gm/dl	13 - 18
R.B.C. Count	: 4.93	mill/cmm	4.5 - 6.5
HCT	: 44.80	%	36 - 52
MCV	: 90.87	fL	76 - 95
MCH	: 31.44	pg	27 - 34
MCHC	: <u>34.60</u>	%	31.5 - 34.5
RDW	: 13.70	%	11.5 - 16.5
Platelet Count	: 207000	/cmm	150000 - 500000
WBC Count	: 6190	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. AJIT VASANT KHARADE	Age / Sex	: 31 Years / Male
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Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 04/04/2023 4:00 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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Name	: Mr. AJIT VASANT KHARADE	Age / Sex	: 31 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 04/04/2023 3:10PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 04/04/2023 4:00 PM


BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>BLOOD SUGAR FASTING & PP</u>			
Sample Tested :	: Fluoride Plasma		
Blood Sugar Fasting (Method :GOD - POD)	: 83	mg/dl	70 - 110
Blood Glucose P. P. (Method :GOD POD)	: 91	mg/dl	90 - 140
KIT USED :	: ERBA		
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)	: 20.5	mg/dl	19 - 45
Blood Urea Nitrogen	: 9.6	mg/dl	8.4 - 25.7
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 1.0	mg/dl	0.7 - 1.3
BUN/Creatinine Ratio	: <u>9.6</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>Glycocyalted Hb(HbA1C)</u>			
Sample Tested :	: EDTA Sample		
Glycocyalted Hb (HbA1c) (Method :Sandwich immunodetection)	: 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.		


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Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 04/04/2023 4:00 PM

BIOCHEMISTRY

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 $1.1 \times$ 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 Transferease (Method :IFCC)	: 20.7	U/L	9 - 52

TEST DONE ON : EM - 200

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>URIC ACID</u>			
Sample Tested :	: Serum		
Uric Acid (Method :Enzymatic/ Uricase Colorimetric)	: 5.9	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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Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 04/04/2023 1:22PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 04/04/2023 4:00 PM

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>	: 198.0	mg/dl	130 - 250 Desirable
Triglycerides <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i>	: <u>223.0</u>	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol <i>(Method :Direct Method/ Enzymatic colorimetric)</i>	: <u>34.0</u>	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: 119.4	mg/dl	60 - 130
VLDL Cholesterol	: 44.6	mg/dl	5 - 51
Cholesterol / HDL Ratio	: <u>5.8</u>		2 - 5
LDL / HDL Ratio	: 3.5		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.....


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Report Date : 04/04/2023 1:23PM
Print Date : 04/04/2023 4:00 PM

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)	: 0.7	mg/dl	0.0 - 2.0
Direct Bilirubin (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.3	mg/dl	0 - 0.4
Indirect Bilirubin	: 0.4	mg/dl	0.1 - 1.6
SGPT (ALT) (Method :UV - Kinetic with PLP (P-5-P))	: 44.0	U/L	0 - 45
SGOT (AST) (Method :UV-Kinetic with PLP (P-5-P))	: 25.0	U/L	0 - 35
Alkaline Phosphatase (Method : PNP AMP KINETIC)	: 58.0	U/l	53 - 128
Total Protein (Method : BIURET - Colorimetric)	: 6.9	gm/dl	6.4 - 8.3
Albumin (Method : BCG - colorimetric)	: 4.0	gm/dl	3.5 - 5.2
Globulin	: 2.9	gm/dl	2.3 - 3.5
A/G Ratio	: 1.4		1.2 - 2.5

TEST DONE ON : EM - 200

.....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 :	: Fasting Sample		
Free T3(Free Triiodothyronine) (Method :ELFA)	: 5.10	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 12.60	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 1.93	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)



GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



Name : MR. AJIT KHARADE
Ref By : MEDIWHEEL COMPANY

Age/Sex : YEARS/M
Date : 04-04-2023

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: -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.

RIGHT KIDNEY - measures 10.1x5.6 cm , **LEFT KIDNEY** - measures 9.3x6 cm

Non obstructive calculi of size 5.5mm noted in upper pole of left kidney.

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.

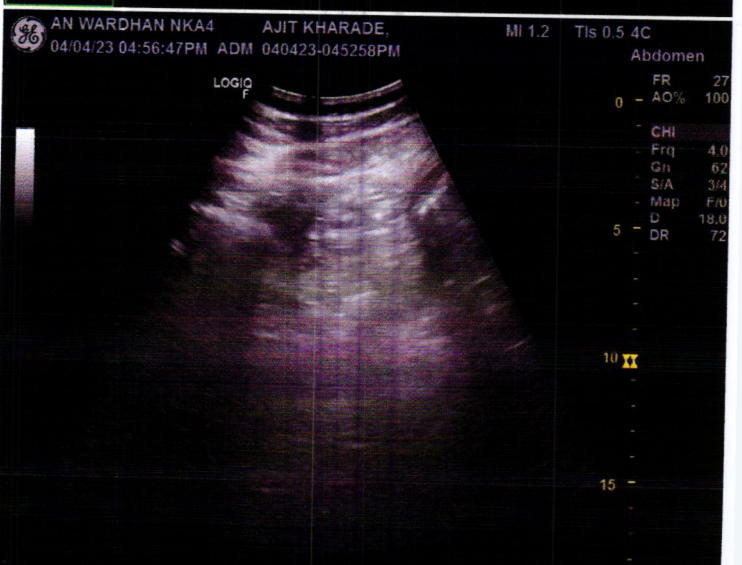
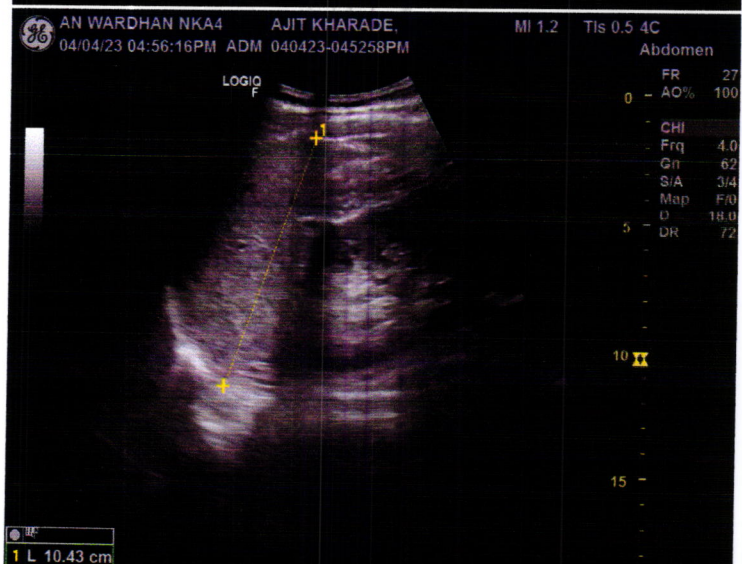
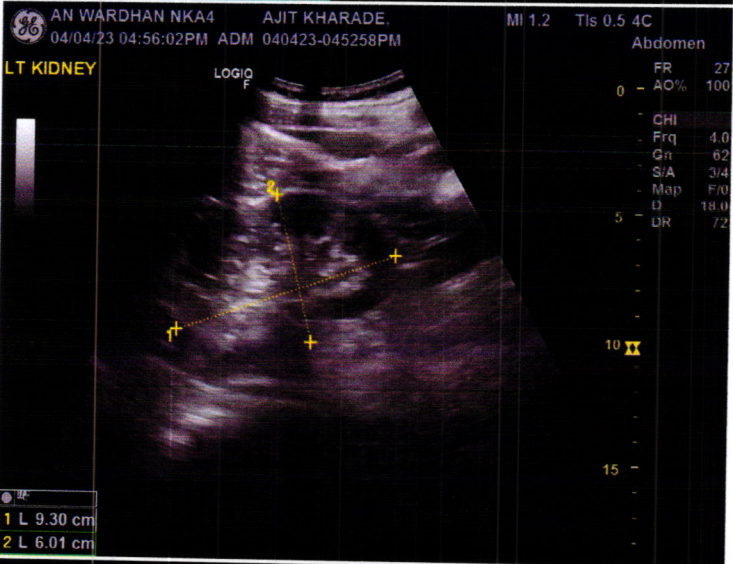
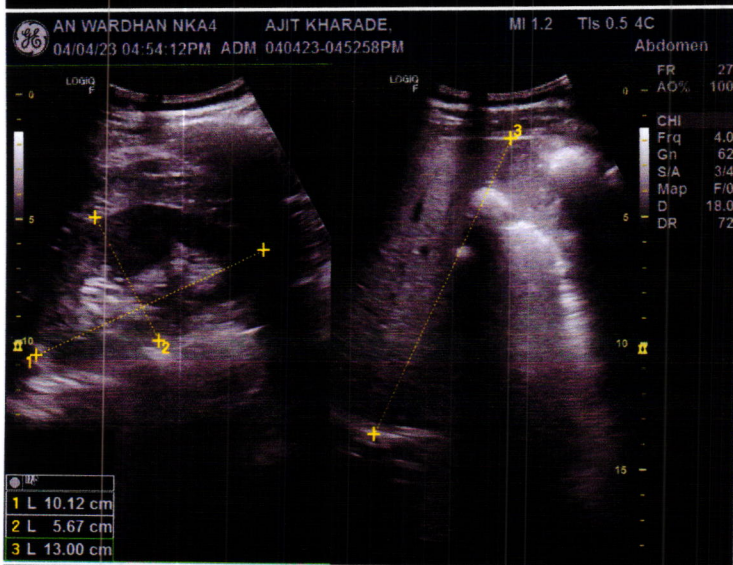
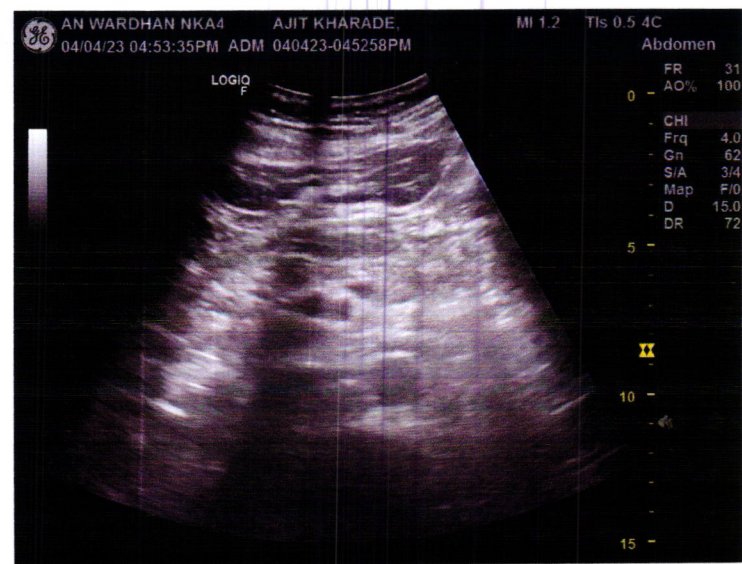
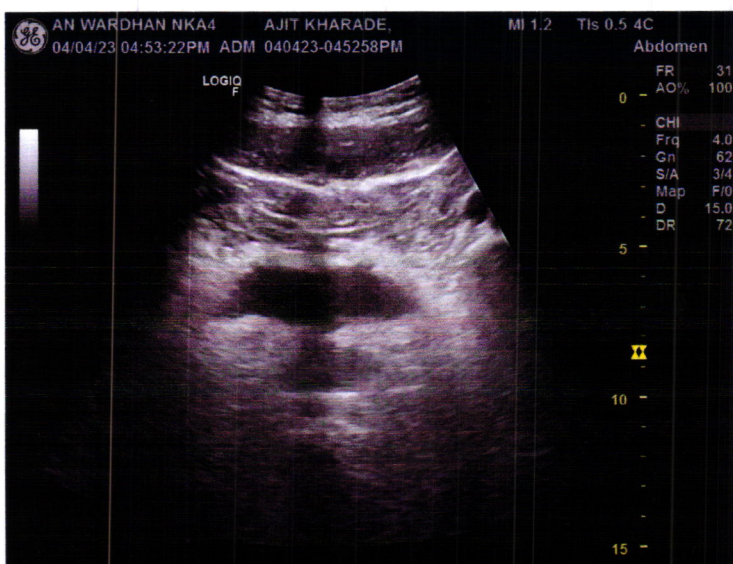
No free fluid is seen in abdomen and pelvis.

No significant abdominal lymphadenopathy.

CONCLUSION :-

- ❖ Non obstructive calculi Of size 5.5mm noted in upper pole of left kidney.
- ❖ Rest normal USG abdomen and pelvis study.

DR.MUGDHA SURAJ BHAGAT
CONSULTANT RADIOLOGIST





GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



PATIENT NAME	AJIT KHARADE	REFER DOCTOR	MEDIWHEEL COMPANY
AGE GENDER	31 YEAR(S) OLD/MALE	SCAN DATE	APR 04 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.

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

AJIT KHARADE | DOB: Jan 01 1992 | 1

AJIT KHARADE/PAT008568/31 years/M/04-Apr-2023

R CHEST PA

GIRIRAJ DIAGNOSTIC CENTER BARAMATI

