

GIRIRAJ HOSPITAL.

GANESH SANGAR/PAT004664/34 years/M/12-Mar-2022

R CHEST PA



GIRIRAJ DIAGNOSTIC CENTER BARAMATI

12.03.2022 10:18:37

87 bpm

--/-- mmHg

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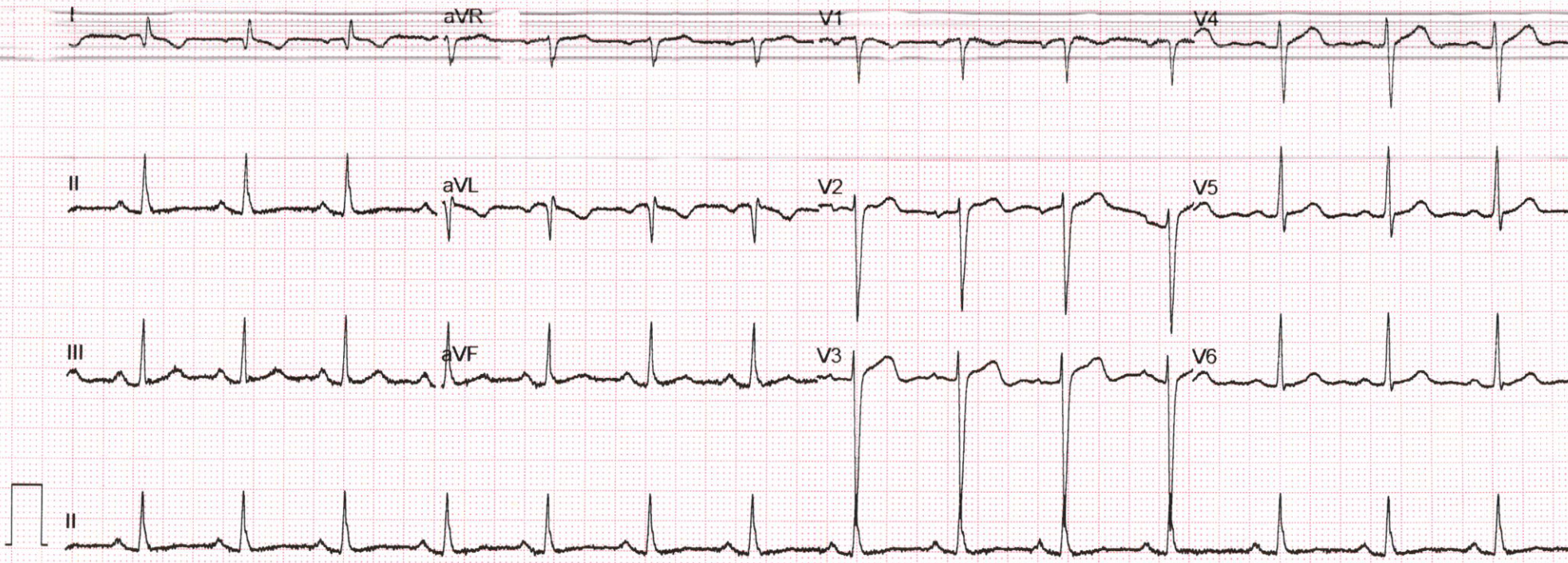
QRS : 86 ms
 QT / QTcBaz : 348 / 418 ms
 PR : 170 ms
 P : 106 ms
 RR / PP : 692 / 689 ms
 P / QRS / T : 100 / 88 / 128 degrees

Normal sinus rhythm
 Lateral infarct , age undetermined
 Abnormal ECG



[Handwritten signature]
DR. RAMESH R. BHOITE M.D.
 Cardiologist
 Girraj Hospital & Intensive Care Unit
 Indapur Rd., Baramati-413102

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भारत सरकार

Government of India



गणेश दिलीप सनगर

Ganesh Dilip Sangar

जन्म तारीख/ DOB: 25/06/1986

पुरुष / MALE



3980 8322 3389

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 : 220300993 /OPD /1001830
Name : Mr. GANESH DILIP SANGAR
Referred By : Medi-Wheel Full Body Health Checkup
Referred By : DR R R BHOITE MD,(MED)

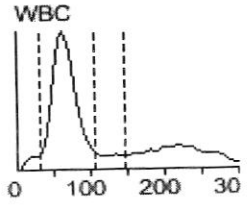
Reg. Date : 12/03/2022 05:30PM
Age / Sex : 34 Years / Male
Report Date : 12/03/2022 3:24PM
Print Date : 12/03/2022 5:32 PM

HAEMATOLOGY

Test Advised HAEMOGRAM

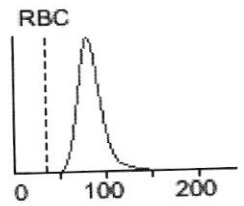
Sample Tested : EDTA (Whole Blood)

	Result	Unit	Reference Range
Haemoglobin <i>(Method :Colorimetric)</i>	: 14.9	gm/dl	13 - 18
R.B.C. Count	: 5.28	mill/cmm	4.5 - 6.5
HCT	: 44.60	%	36 - 52
MCV	: 84.47	fL	76 - 95
MCH	: 28.22	pg	27 - 34
MCHC	: 33.41	%	31.5 - 34.5
RDW	: 13.00	%	11.5 - 16.5
Platelet Count	: 177000	/cmm	150000 - 500000
WBC Count	: 4750	cells/cmm	4000 - 11000

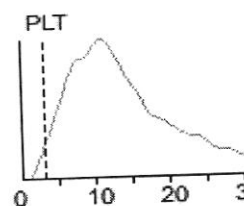


DIFFERENTIAL COUNT

Neutrophils	: 65	%	40 - 75
Lymphocytes	: 35	%	20 - 45
Eosinophils	: 00	%	0 - 6
Monocytes	: 00	%	0 - 10
Basophils	: 00	%	0 - 1



TEST DONE ON : ERBA H-360,By Electrical Impedance Method



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

Verified By:

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



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BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
BLOOD SUGAR FASTING & PP			
Sample Tested :	: Fluoride Plasma		
Blood Sugar Fasting <i>(Method :GOD - POD)</i>	: 95	mg/dl	70 - 110
Blood Glucose P. P. <i>(Method :GOD POD)</i>	: 119	mg/dl	90 - 140
KIT USED :	: ERBA		
TEST DONE ON : EM - 200			


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BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
CREATININE			
Sample Tested :	: Serum		
Serum Creatinine <i>(Method : ENZYMATIC COLORIMETRIC)</i>	: 0.8	mg/dl	0.7 - 1.3
KIT USED :	: ERBA		
TEST DONE ON : EM - 200			

Note :

- 1) Creatinine is the catabolic product of creatinine phosphate which is used by the skeletal muscle. The daily production depends on muscular mass and it is excreted out of the body entirely by the kidneys.
- 2) Elevated levels are found in renal dysfunction, reduced renal blood flow (shock, dehydration, congestive heart failure), diabetes, acromegaly.
- 3) Decreased levels are found in muscular dystrophy.

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
GGT(GAMA GLUTAMYL TRANSFERASE)			
Sample Tested :	: Serum		
Gama Glutamyl Transferase <i>(Method :IFCC)</i>	: 18.0	U/L	9 - 52
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 <i>(Method :Enzymatic/ Uricase Colorimetric)</i>	: 5.2	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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Age / Sex : 34 Years / Male
Report Date : 12/03/2022 3:29PM
Print Date : 12/03/2022 5:32 PM


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>	: 1.7	mg/dl	0.0 - 2.0
Direct Bilirubin <i>(Method : DIAZONIUM SALT(Colorimetric);JENDRASSIK)</i>	: <u>0.7</u>	mg/dl	0 - 0.4
Indirect Bilirubin	: 1.0	mg/dl	0.1 - 1.0
SGPT (ALT) <i>(Method : UV - Kinetic with PLP (P-5-P))</i>	: 13.0	U/L	0 - 45
SGOT (AST) <i>(Method : UV-Kinetic with PLP (P-5-P))</i>	: 18.0	U/L	0 - 35
Alkaline Phosphatase <i>(Method : PNP AMP KINETIC)</i>	: 57.0	U/I	53 - 128
Total Protein <i>(Method : BIURET - Colorimetric)</i>	: 7.3	gm/dl	6.4 - 8.3
Albumin <i>(Method : BCG - colorimetric)</i>	: 4.1	gm/dl	3.5 - 5.2
Globulin	: 3.2	gm/dl	2.3 - 3.5
A/G Ratio	: 1.3		1.2 - 2.5

TEST DONE ON : EM - 200

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


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BIOCHEMISTRY

Test Advised	Result	Unit	Reference Range
LIPID PROFILE			
Sample Tested :	: Serum		
Total Cholesterol (Method : CHOD-PAP)	: 205.0	mg/dl	130 - 250 Desirable
Triglycerides (Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)	: <u>194.0</u>	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol (Method :Direct Method/ Enzymatic colorimetric)	: 43.0	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: 123.2	mg/dl	60 - 130
VLDL Cholesterol	: 38.8	mg/dl	5 - 51
Cholesterol / HDL Ratio	: 4.8		2 - 5
LDL / HDL Ratio	: 2.9		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>
Glycosylated Hb(HbA1C)			
Sample Tested :	: EDTA Sample		
Glycosylated Hb (HbA1c) <i>(Method :Sandwich immunodetection)</i>	: 6.0	%	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	: 113.80	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>
BLOOD UREA			
Sample Tested :	: Serum		
Blood Urea <i>(Method : Urease-GLDH)</i>	: <u>17.7</u>	mg/dl	19 - 45
KIT USED :	: ERBA		
TEST DONE ON : EM - 200			

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Reg. Date : 12/03/2022 05:30PM
Age / Sex : 34 Years / Male
Report Date : 12/03/2022 3:47PM
Print Date : 12/03/2022 5:32 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) : 6
(Method: Westergren Method)
mm at end of 0 - 9
1hr

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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Age / Sex : 34 Years / Male
Report Date : 12/03/2022 5:31PM
Print Date : 12/03/2022 5:32 PM

ENDOCRINOLOGY


Test Advised	Result	Unit	Reference Range
THYROID FUNCTION TEST			
Sample Tested :	: Fasting Sample		
Tri-iodothyroxine (T3)	: 1.50	nmol/L	0.85 - 3.15
Thyroxine(T4)	: 62.50	nmol/L	51.5 - 154.50
hTSH (Ultra sensitive) <i>(Method :ELFA)</i>	: 5.26	μUI/ml	0.25 - 6

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.....


Verified By:


Dr. Snehalata A. Pawar
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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			
Reaction	: Acidic		
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 :	: ---		

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

Verified By:

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



दिनदर्शिका
2022

मार्च-2022

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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भजन करा, यज्ञ मिळेल.
गणेश





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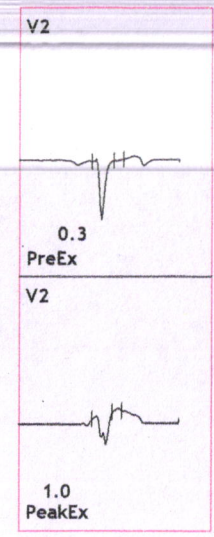
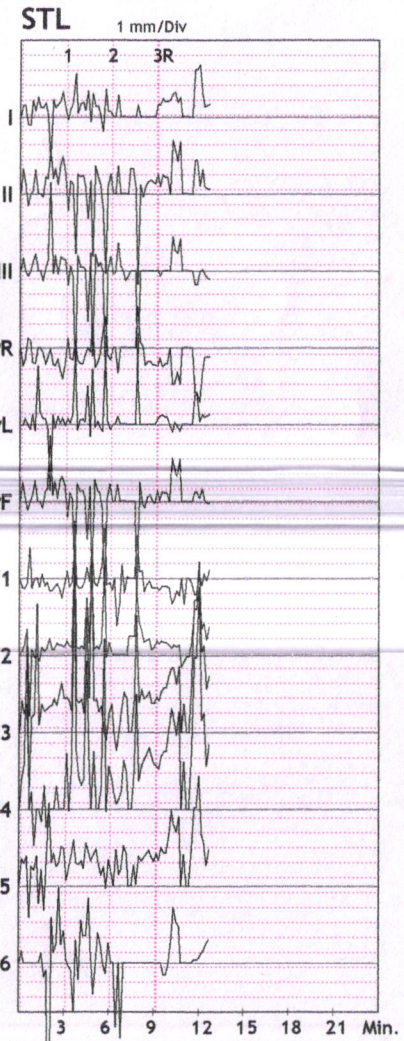
Ref.By : MEDIWHEEL ARCOFEMI HEALTHCARE

Protocol : BRUCE

Stage	Stage Time (Min:Sec)	Phase Time (Min:Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
ExStart					1.0	83	110/70	91	-	
Stage 1	3:00	3:01	2.7	10.0	4.6	110	110/70	121	-	
Stage 2	3:00	6:01	4.0	12.0	7.0	128	120/80	153	-	
Stage 3	3:00	9:01	5.5	14.0	10.2	153	130/90	198	-	
PeakEx	0:05	9:06	6.8	16.0	10.3	154	130/90	200	-	
Recovery	1:00		1.8	0.0	4.3	132	130/90	171	-	
Recovery	2:00		1.8	0.0	1.0	118	130/90	153	-	
Recovery	3:00		1.8	0.0	1.0	119	130/90	154	-	
Recovery	3:29		1.8	0.0	1.0	110	130/90	143	-	

Findings :

Exercise Time : 09:06
 Max HR Attained : 154 bpm 83% of Max Predictable HR 186
 Max BP : 130/90(mmHg)
 Max WorkLoad attained : 10.3(Good Effort Tolerance)



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

Advice/Comments:

GIRIRAJ HOSPITAL
INDAPUR ROAD, NEAR S.T.STAND, BARAMATI 413102

707/GANESH DILIP SANGAR

34 Yrs/Male

67 Kg/174 Cms

Date: 12-Mar-2022 10:46:48 AM

HR: 110 bpm

METS: 4.6

BP: 110/70

MPHR: 59% of 186

Speed: 2.7 kmph

Grade: 10.0%

12 Lead + Median

Raw ECG

BRUCE

(1.0-100)Hz

Ex Time 03:00

BLC :On

Notch :On

BRUCE: Stage 1 (3:00)

10.0 mm/mV

25 mm/Sec.



4X

67 mS Post J



V5
2.5

GIRIRAJ HOSPITAL
INDAPUR ROAD, NEAR S.T.STAND, BARAMATI 413102

707/GANESH DILIP SANGAR
34 Yrs/Male
67 Kg/174 Cms
Date: 12-Mar-2022 10:46:48 AM

HR: 128 bpm
METS: 7.0
BP: 120/80

MPHR: 68% of 186
Speed: 4.0 kmph
Grade: 12.0%

12 Lead + Median

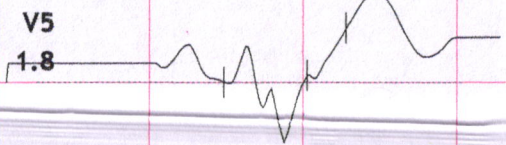
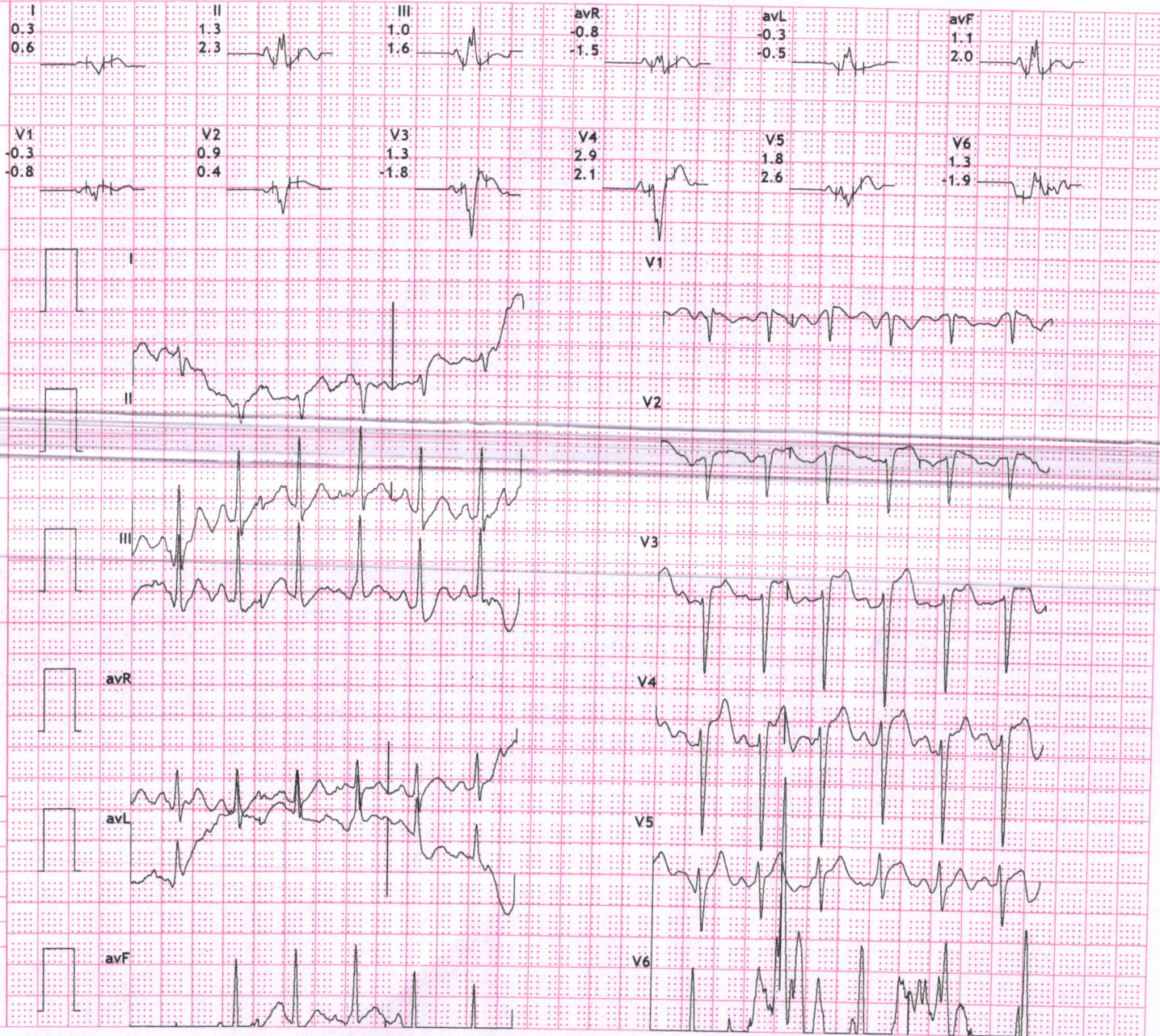
Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 06:00
BLC :On
Notch :On

BRUCE: Stage 2(3:00)
10.0 mm/mV
25 mm/Sec.



4X 67 mS Post J



GIRIRAJ HOSPITAL
INDAPUR ROAD, NEAR S.T.STAND, BARAMATI 413102

707/GANESH DILIP SANGAR
 34 Yrs/Male
 67 Kg/174 Cms
 Date: 12-Mar-2022 10:46:48 AM

HR: 153 bpm
 METS: 10.2
 BP: 130/90

MHR: 82% of 186
 Speed: 5.5 kmph
 Grade: 14.0%

12 Lead + Median

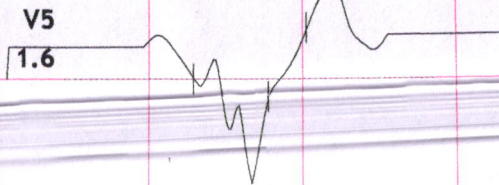
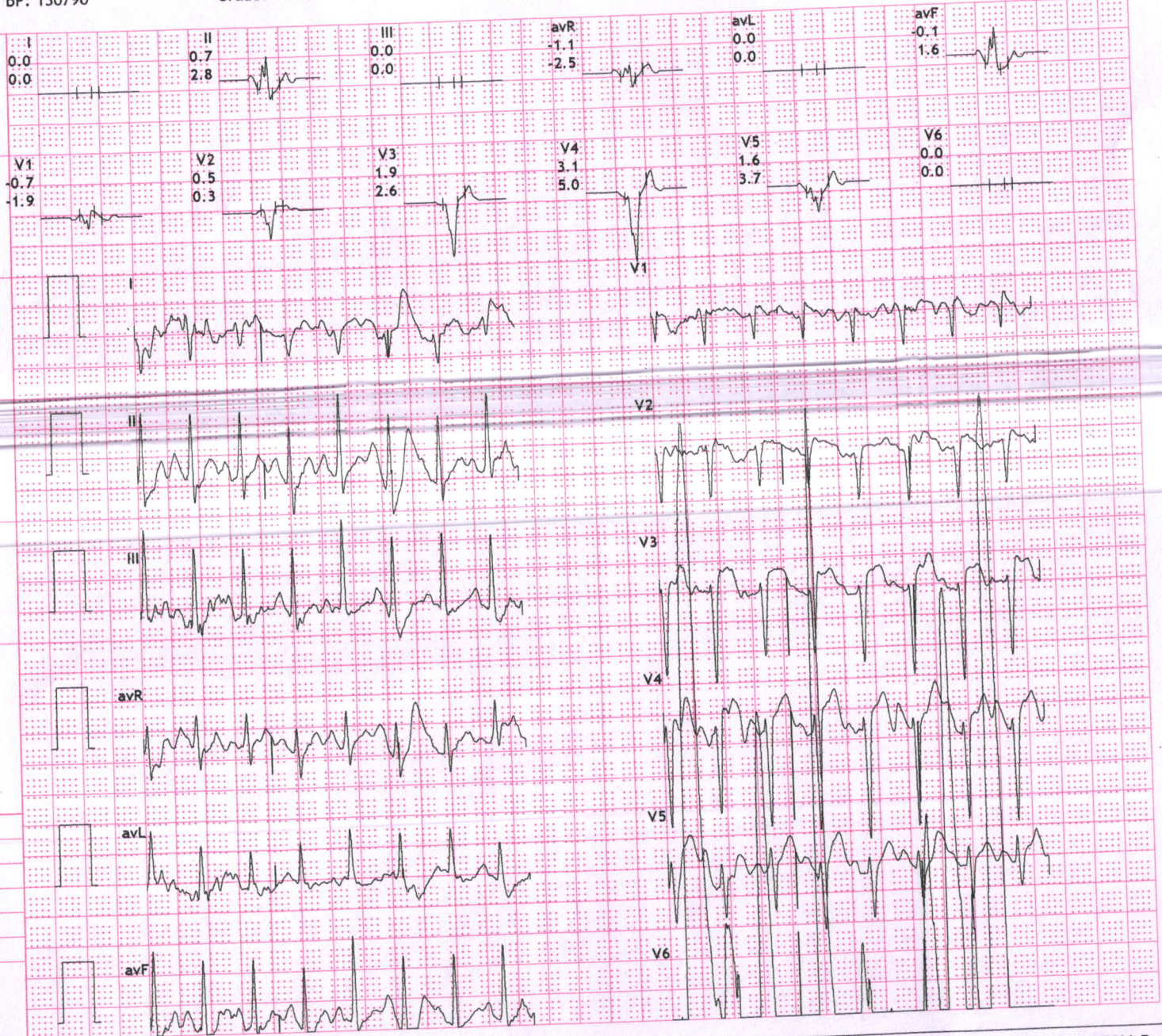
Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 09:00
 BLC :On
 Notch :On

BRUCE:Stage 3(3:00)
 10.0 mm/mV
 25 mm/Sec.



4X 67 mS Post J



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707/GANESH DILIP SANGAR
34 Yrs/Male
67 Kg/174 Cms

Date: 12-Mar-2022 10:46:48 AM

HR: 154 bpm
METS: 10.3
BP: 130/90

MpHR: 82% of 186
Speed: 6.8 kmph
Grade: 16.0%

12 Lead + Median

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 09:05
BLC :On
Notch :On

BRUCE: PeakEx(0:05)
10.0 mm/mV
25 mm/Sec.



4X 67 mS Post J

V5
2.2



GIRIRAJ HOSPITAL
INDAPUR ROAD, NEAR S.T.STAND, BARAMATI 413102

707/GANESH DILIP SANGAR
34 Yrs/Male
67 Kg/174 Cms
Date: 12-Mar-2022 10:46:48 AM

12 Lead + Median

HR: 132 bpm
METS: 4.3
BP: 130/90

MPHR:70% of 186
Speed: 1.8 kmph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)Hz

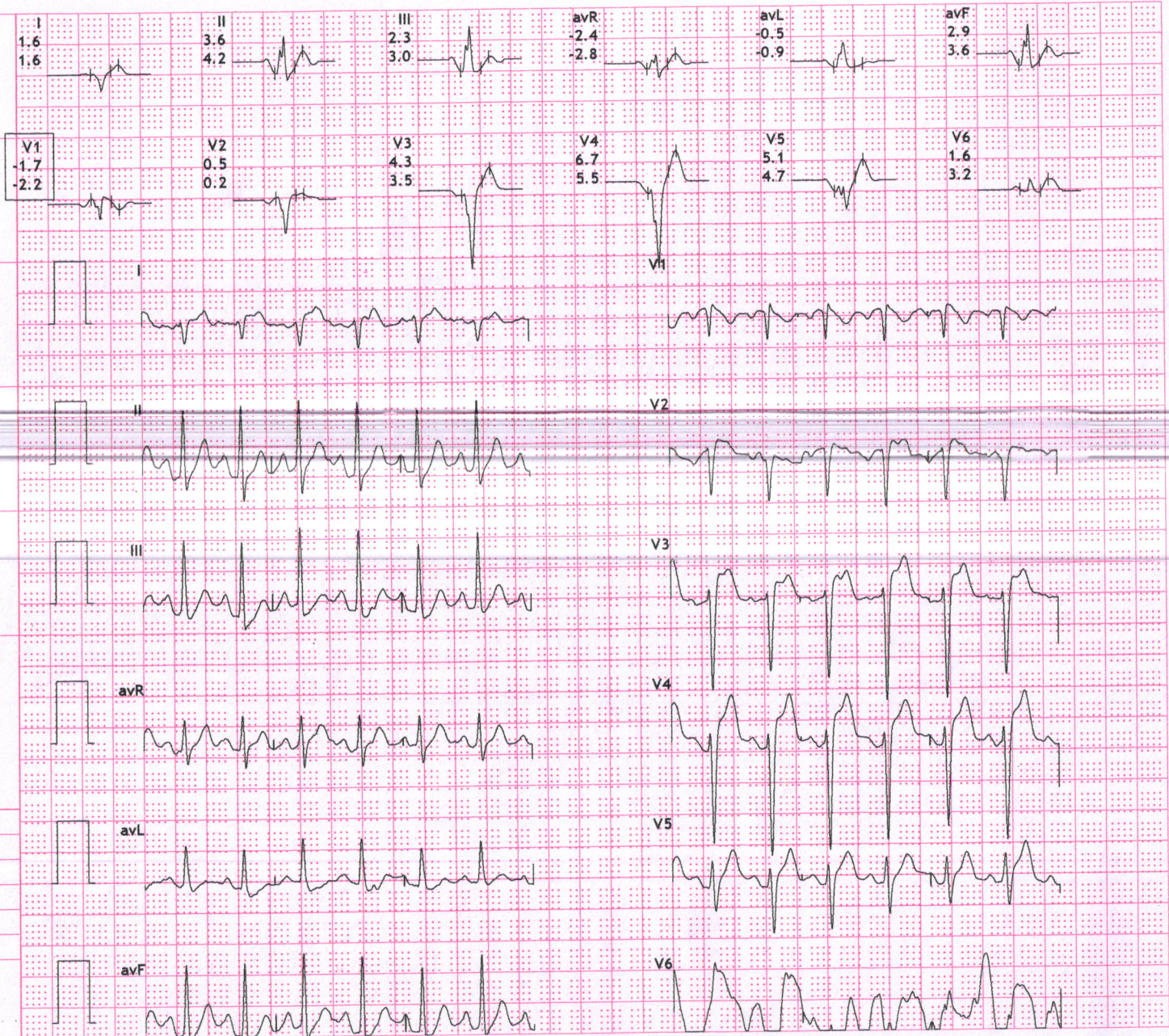
Ex Time 09:06
BLC :On
Notch :On

Recovery(1:00)
10.0 mm/mV
25 mm/Sec.



4X

67 mS Post J



V5

5.1

GIRIRAJ HOSPITAL
INDAPUR ROAD, NEAR S.T.STAND, BARAMATI 413102

707/GANESH DILIP SANGAR
 34 Yrs/Male
 67 Kg/174 Cms

Date: 12-Mar-2022 10:46:48 AM

HR: 118 bpm
 METS: 1.0
 BP: 130/90

MPHR:63% of 186
 Speed: 1.8 kmph
 Grade: 0.0%

12 Lead + Median

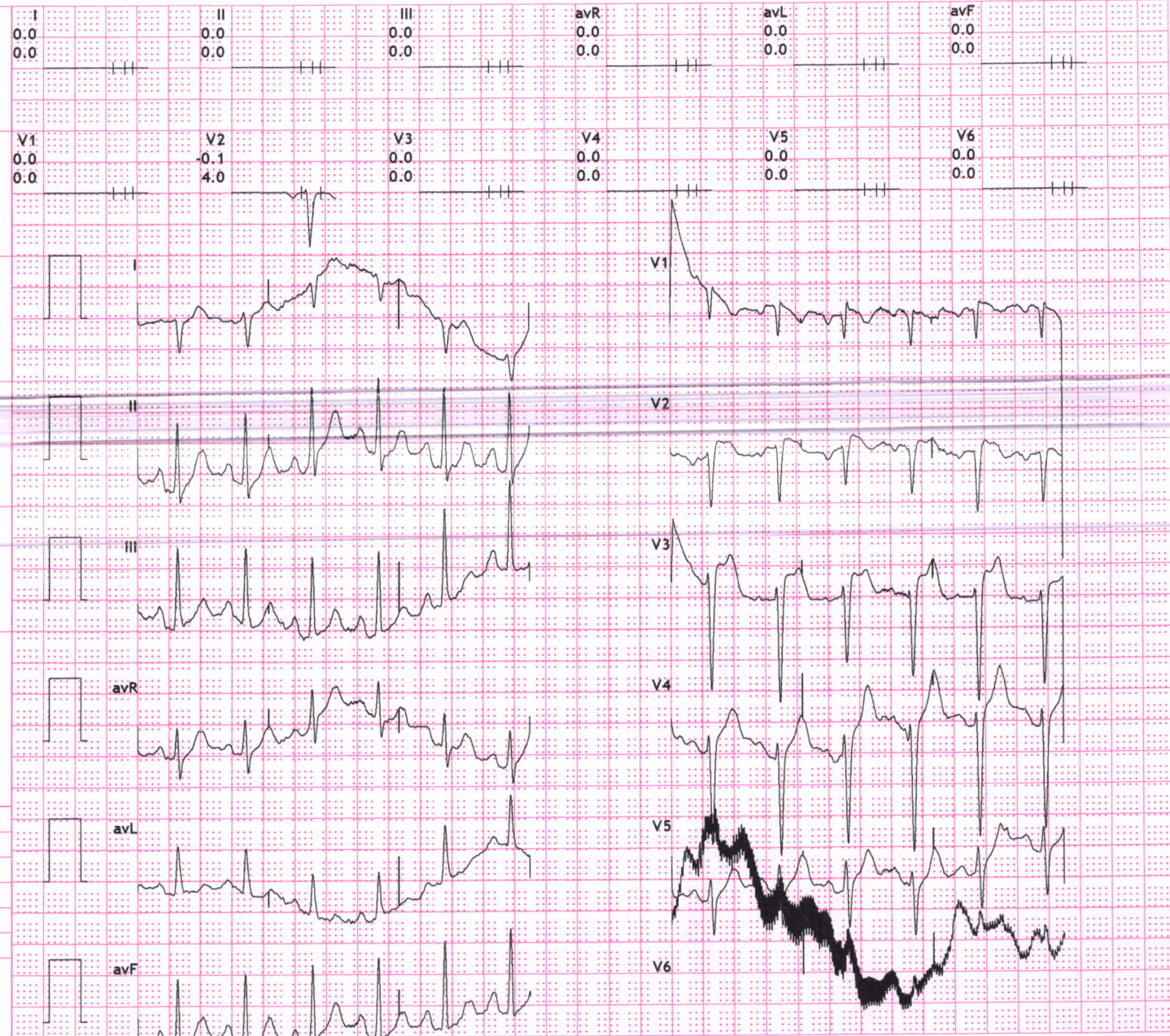
Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 09:06
 BLC :On
 Notch :On

Recovery(2:00)
 10.0 mm/mV
 25 mm/Sec.



4X 67 mS Post J



V5
 0.0

GIRIRAJ HOSPITAL
INDAPUR ROAD, NEAR S.T.STAND, BARAMATI 413102

707/GANESH DILIP SANGAR
 34 Yrs/Male
 67 Kg/174 Cms
 Date: 12-Mar-2022 10:46:48 AM

HR: 119 bpm
 METS: 1.0
 BP: 130/90

MPHR:63% of 186
 Speed: 1.8 kmph
 Grade: 0.0%

12 Lead + Median

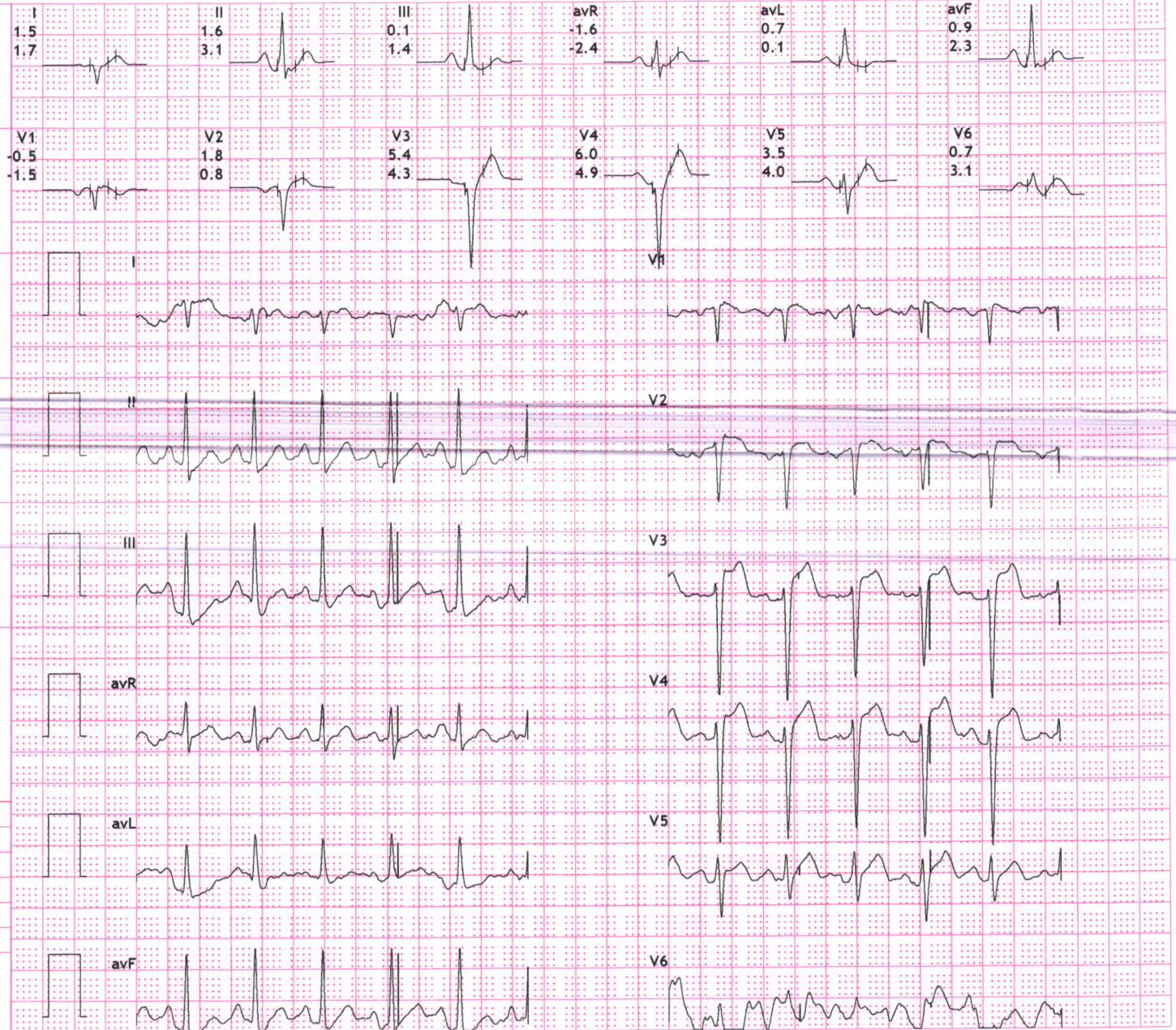
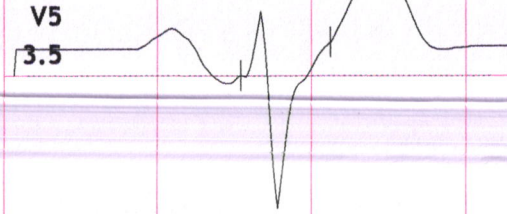
Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 09:06
 BLC :On
 Notch :On

Recovery(3:00)
 10.0 mm/mV
 25 mm/Sec.



4X 67 mS Post J



GIRIRAJ HOSPITAL
INDAPUR ROAD, NEAR S.T.STAND, BARAMATI 413102

707/GANESH DILIP SANGAR
34 Yrs/Male
67 Kg/174 Cms
Date: 12-Mar-2022 10:46:48 AM

12 Lead + Median

HR: 110 bpm
METS: 1.0
BP: 130/90

MPHR: 59% of 186
Speed: 1.8 kmph
Grade: 0.0%

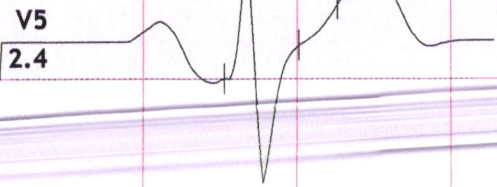
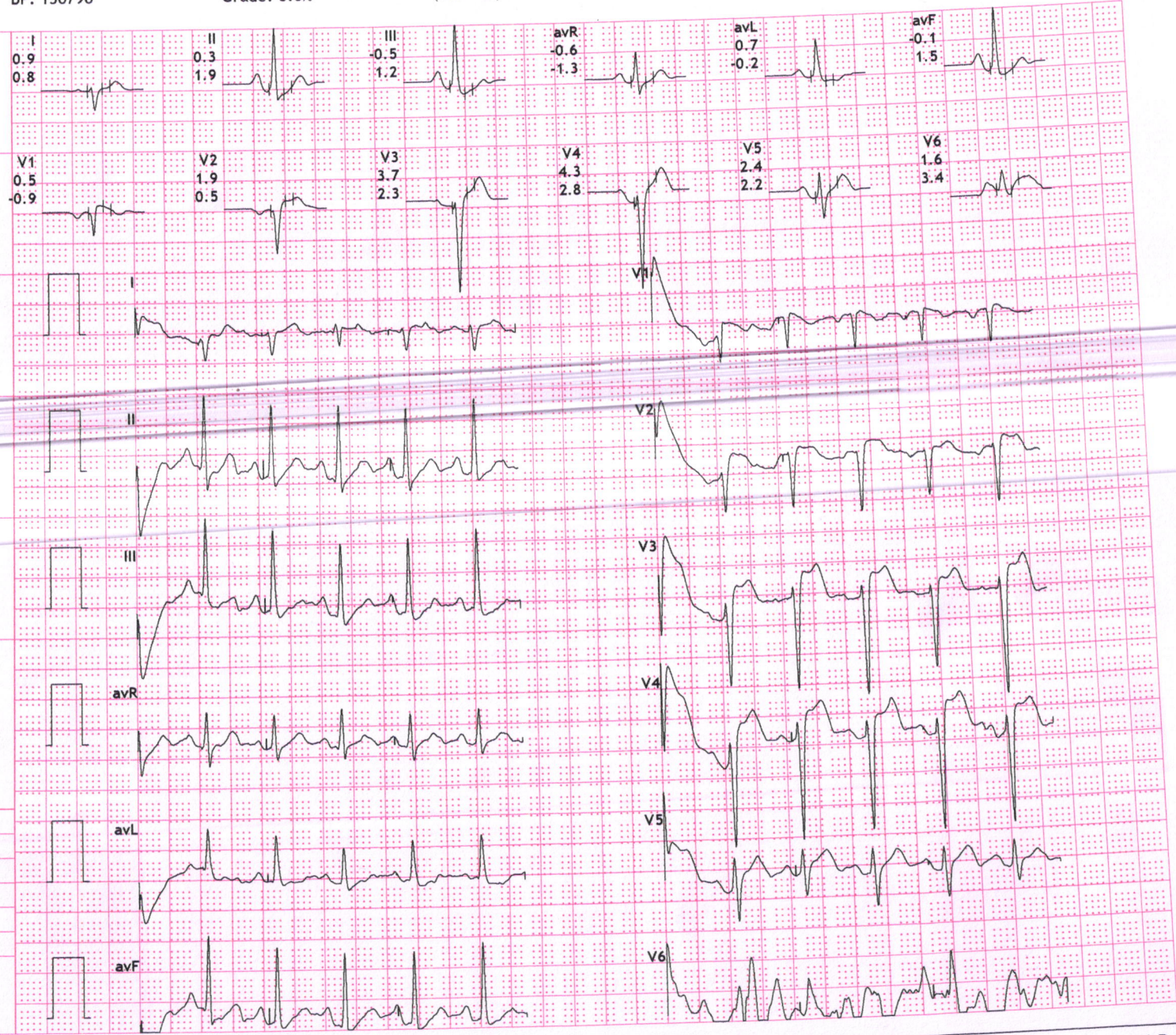
Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 09:06
BLC :On
Notch :On

Recovery(3:29)
10.0 mm/mV
25 mm/Sec.



4X 67 mS Post J

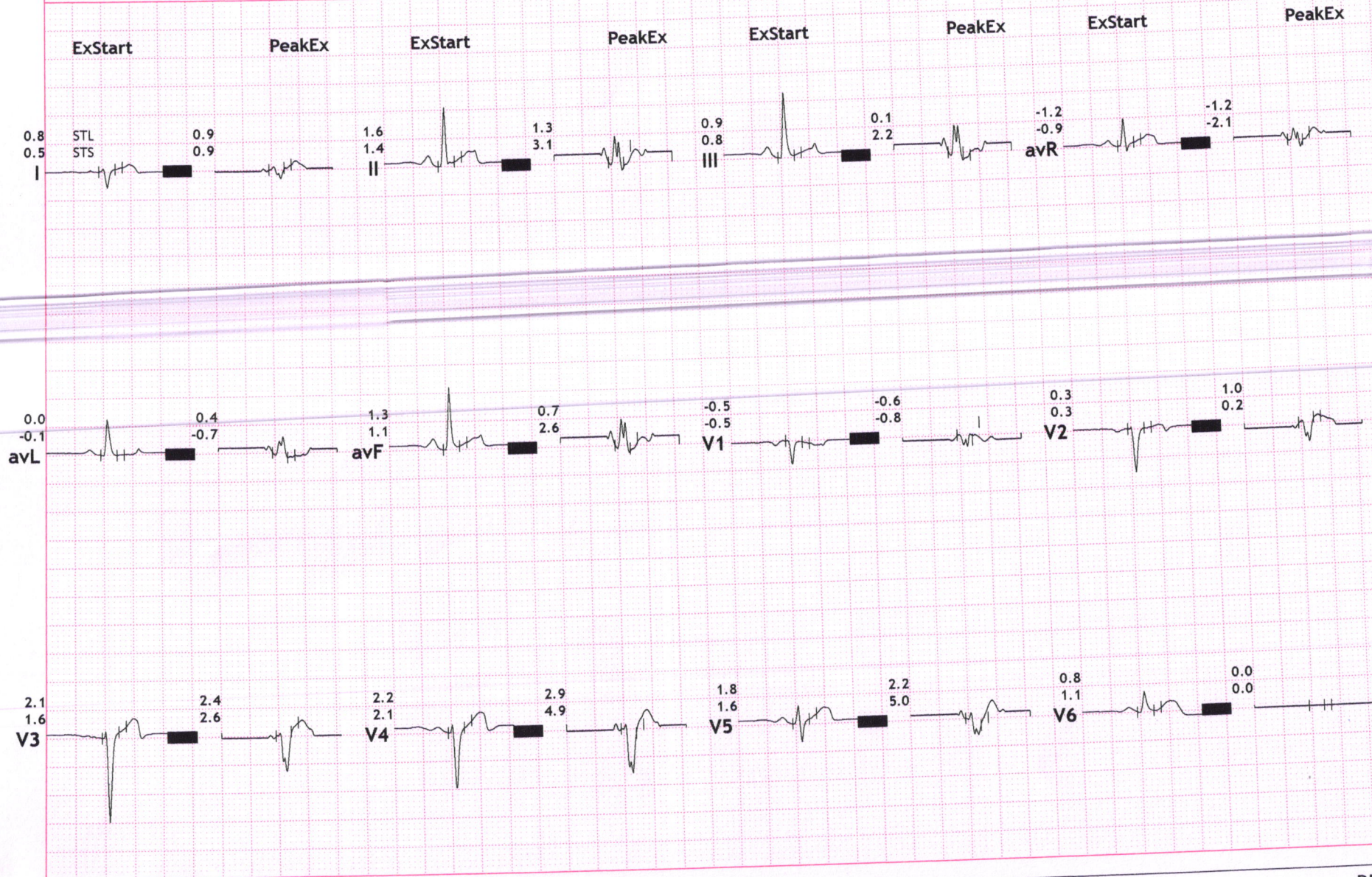


DR. DAMECHUR BHOTE



Protocol : BRUCE

ExStart :	PhTime 0:06	StageTime 0:01	1.8 kmph	0.0%	1.0 METs	87 bpm	110/70	@73ms Post J
PeakEx :	PhTime: 9:06	StageTime: 0:01	1.8 kmph	0.0%	10.3 METs	156 bpm	130/90	@40ms Post J







		Protocol : BRUCE											
		I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STL (mm) 66 mSecs Post J	ExStart	0.8	1.6	0.9	-1.2	0.0	1.3	-0.5	0.3	2.1	2.2	1.8	0.8
	Stage 1	0.6	1.4	0.8	-1.0	-0.1	1.1	-0.4	0.6	2.2	0.0	2.5	2.2
	Stage 2	0.3	1.3	1.0	-0.8	-0.3	1.1	-0.3	0.9	1.3	2.9	1.8	1.3
	Stage 3	0.0	0.7	0.0	-1.1	0.0	-0.1	-0.7	0.5	1.9	3.1	1.6	0.0
	PeakEx	0.9	1.3	0.1	-1.2	0.4	0.7	-0.6	1.0	2.4	2.9	2.2	0.0
	Recovery	1.2	0.0	0.0	0.0	0.0	0.0	-0.6	0.7	3.8	5.3	3.3	0.0
	Recovery	0.0	0.0	0.0	0.0	0.0	0.0	-1.7	-0.4	1.9	3.1	2.1	0.0
	Recovery	3.5	0.5	0.0	-3.6	0.2	0.3	0.3	4.5	11.4	14.5	7.3	0.3
	Recovery	0.8	0.3	-0.4	-0.6	0.6	-0.1	-0.1	1.1	2.9	2.9	1.4	1.3
STS mV/Sec.	ExStart	0.5	1.4	0.8	-0.9	-0.1	1.1	-0.5	0.3	1.6	2.1	1.6	1.1
	Stage 1	0.7	1.6	0.8	-1.1	-0.1	1.3	-0.6	0.5	2.1	0.0	2.5	2.6
	Stage 2	0.6	2.3	1.6	-1.5	-0.5	2.0	-0.8	0.4	-1.8	2.1	2.6	-1.9
	Stage 3	0.0	2.8	0.0	-2.5	0.0	1.6	-1.9	0.3	2.6	5.0	3.7	0.0
	PeakEx	0.9	3.1	2.2	-2.1	-0.7	2.6	-0.8	0.2	2.6	4.9	5.0	0.0
	Recovery	2.0	0.0	0.0	0.0	0.0	0.0	-1.6	0.7	4.5	6.6	5.4	0.0
	Recovery	0.0	0.0	0.0	0.0	0.0	0.0	-2.0	-0.2	3.0	5.0	3.7	0.0
	Recovery	1.0	0.3	0.2	-1.5	0.0	0.3	1.0	1.9	4.0	5.9	4.1	-0.6
	Recovery	0.9	1.1	0.1	-1.0	0.4	0.6	-0.7	0.6	2.5	2.8	2.1	1.5
STI μ Vs	ExStart	3.6	7.3	3.8	-5.4	0.0	5.6	-2.6	1.0	9.0	8.8	7.6	2.1
	Stage 1	2.1	5.0	2.7	-3.5	-0.3	3.9	-0.7	2.3	9.0	0.0	9.9	6.9
	Stage 2	0.7	3.0	2.1	-1.9	-0.7	2.5	0.4	4.7	12.8	12.5	4.5	6.8
	Stage 3	0.0	-2.2	0.0	-1.8	0.0	-5.0	-0.1	3.3	6.7	8.7	2.2	0.0
	PeakEx	3.1	0.3	-4.8	-2.3	3.9	-1.9	-0.8	7.1	10.4	9.2	3.7	0.0
	Recovery	3.6	0.0	0.0	0.0	0.0	0.0	0.0	3.4	14.1	19.4	9.1	0.0
	Recovery	0.0	0.0	0.0	0.0	0.0	0.0	-5.9	-1.4	5.9	9.6	5.6	0.0
	Recovery	19.9	2.8	-0.4	-19.1	1.6	1.1	-0.9	24.6	64.2	79.1	37.5	2.0
	Recovery	2.5	-0.4	-2.9	-1.2	2.8	-1.8	0.8	5.0	12.3	12.0	4.2	5.3

GIRIRAJ DIAGNOSTIC SERVICES

Whole Body Colour Doppler Ultrasound, Echocardiography & X-Ray



NAME : MR. SANGAR GANESH DILIP AGE/SEX : 34 YEARS/M
REF BY : DR.R.R.BHOITE DATE : 12-03-2022

USG study of abdomen & pelvis.

Liver appears normal in size (13.4cm) 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 in normal size(10.6cm) & 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.

Right kidney - measures 10.3x4.0 cm , Left kidney - measures 10x4.1cm

Urinary bladder is minimally distended.

Prostate:- appears grossly normal .

No free fluid in abdomen

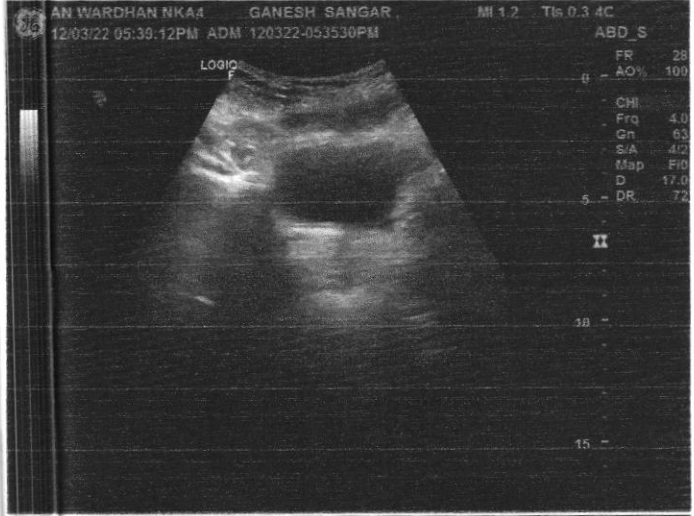
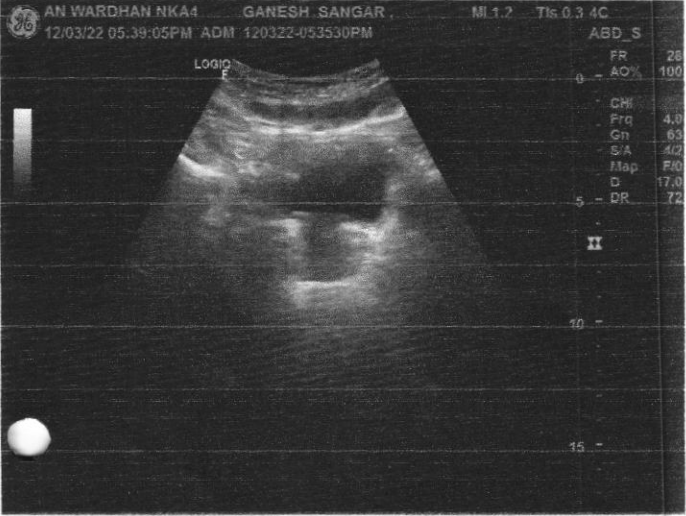
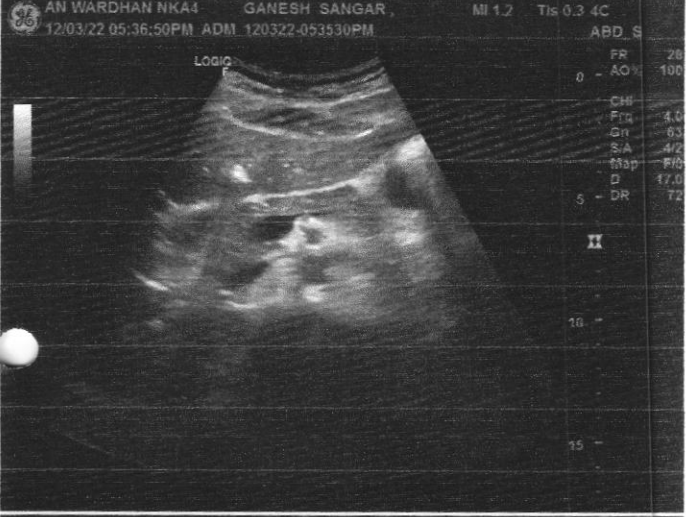
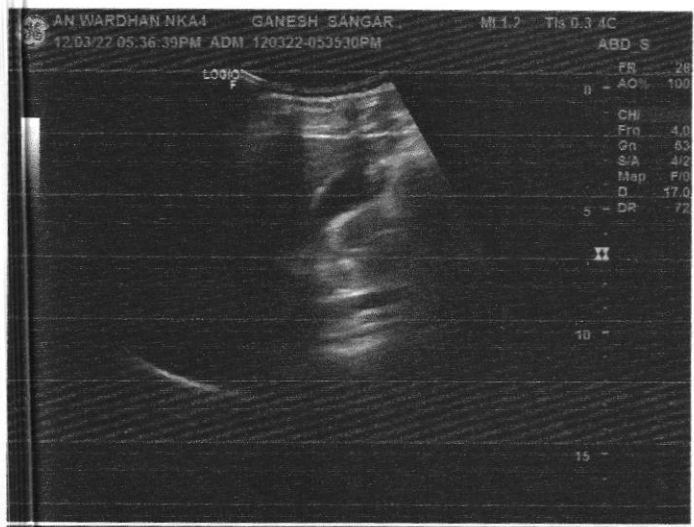
Bowels appear normal.

Conclusion:

- Normal USG abdomen and pelvis study.

For
K. G.
DR. PRASHANT KOKANE
M.B.B.S, M.D. RADIO
CONSULTANT RADIOLOGIST







GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



PATIENT NAME	GANESH SANGAR	REFERRING DOCTOR	DR R R BHOITE
AGE GENDER	34 YEAR(S) OLD/MALE	SCAN DATE	MAR 12 2022

X-RAY CHEST

VIEWS

PA View of Chest

CLINICAL HISTORY

COUGH NO OTHER C/O

FINDINGS

Lungs

- Bilateral lungs fields are clear.

Airways

- Trachea is central. Tracheo-bronchial tree is normal.

Heart

- Cardiac silhouette is normal.

Others

- Bilateral CP angles are clear.
- Both domes of diaphragm are normally placed.
- Bony thoracic cage is normal.
- No soft tissue abnormality seen.

IMPRESSION

- No Abnormality Detected

RECOMMENDATION

Suggested clinical correlation.

Preety Kochar

Dr. Preety Kochar

DMRD, DNB (Radiodiagnosis)

Consultant Radiologist

Rameshtr. Bhoite

DR. RAMESHTR. BHOITE M.D.

Cardiologist

Giriraj Hospital & Intensive Care Unit
Indapur Rd., Baramati-413102



GANESH SANGAR | DOB: Jan 01 1988 | 1