



ISO Certified (9001-2008)
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 216/93/96
F.C.R.A. 083930350

Only for Clinical Use

CARDIAC COLOUR DOPPLER

PATIENT'S NAME: Girish Gangadhar Jadhav

AGE/SEX: 34 YEAR/male

REF.: - Dr.Ramesh Bhoite

DATE – 11th June 2022

Findings: -

MV – MAV adequate, No MR

AV – No AS (AVG: 14 mmHg), No AR

TV – No TR, No PH (RVSP/TR: 24 mmHg)

PV – Normal

No RWMA,


No DD

No clot / No Vegetation/ CoA

Measurements (mm); -AO-21, LA-34, IVS-10 LVPW-10, LVIDd-42, LVIDs -30 EF-60%

Impression:

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


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

Male



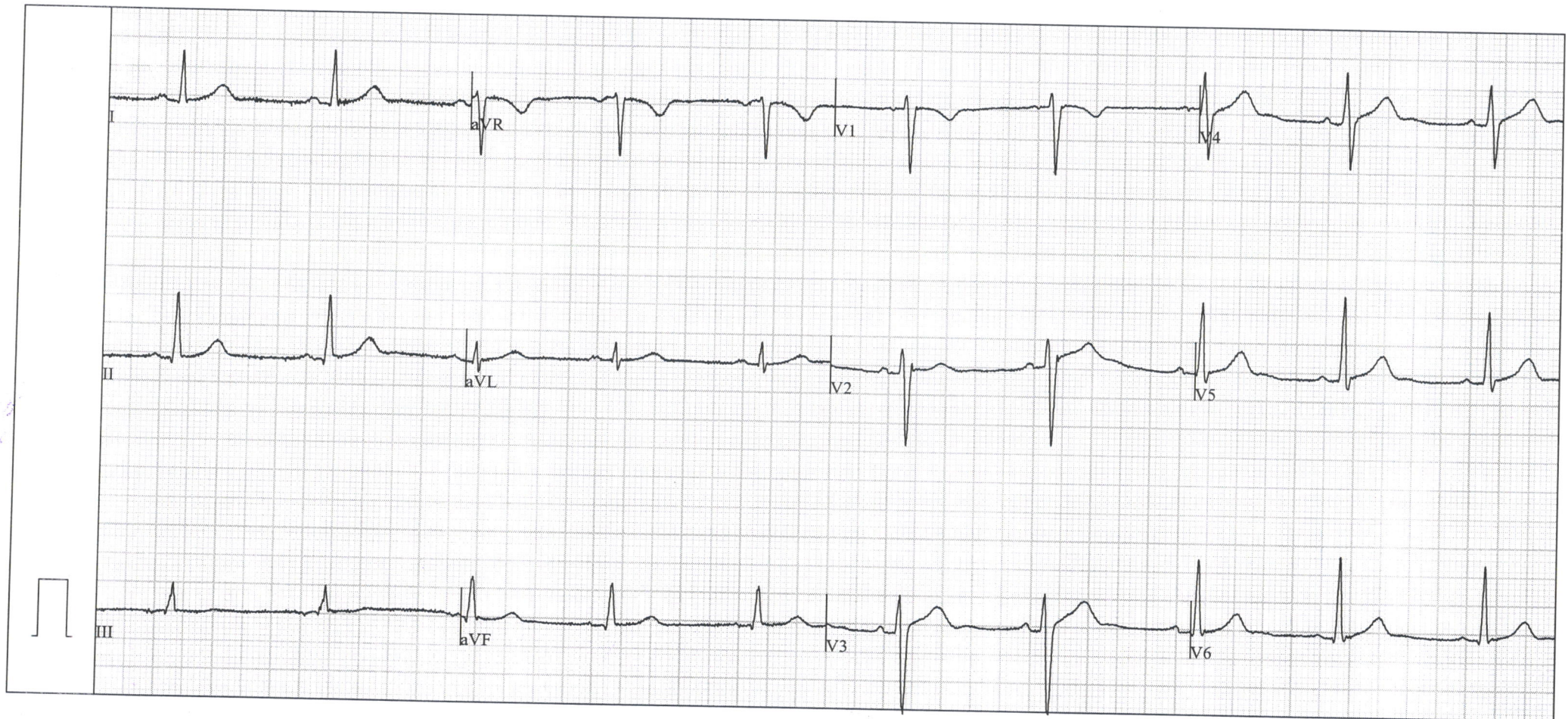
60 bpm
--- / --- mmHg
Ramesh

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

HR

QRS : 96 ms
QT / QTcBaz : 422 / 422 ms
PR : 146 ms
P : 102 ms
RR / PP : 1000 / 1000 ms
P / QRS / T : 5 / 47 / 31 degrees

Normal sinus rhythm
Normal ECG





भारत सरकार

GOVERNMENT OF INDIA



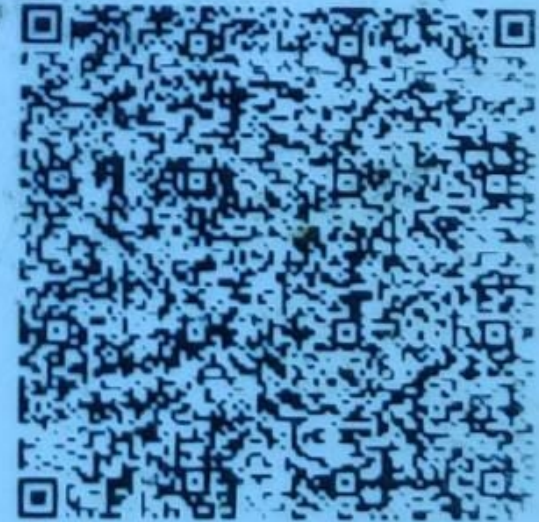
गिरीश गंगाधर जाधव

Girish Gangadhar Jadhav

जन्म तारीख / DOB: 05/08/1987

पुरुष / MALE

Mobile No.: 9921622163



8211 3033 6638

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 : 220600574 /OPD /1001947
Name : Mr. GIRISH GANGADHAR JADHAV
Referred By : Medi-Wheel Full Body Health Checkup
Referred By : DR.R.R BHOITE MD, (MED)

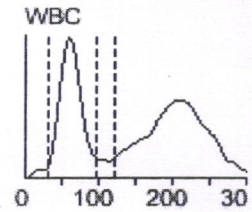
Reg. Date : 11/06/2022 10:46AM
Age / Sex : 34 Years / Male
Report Date : 11/06/2022 11:15AM
Print Date : 11/06/2022 1:06 PM

HAEMATOLOGY

| Test Advised | Result | Unit | Reference Range |
|--------------|--------|------|-----------------|
|--------------|--------|------|-----------------|

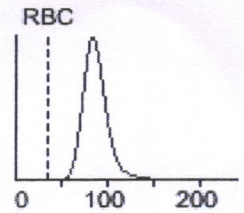
Sample Tested : EDTA (Whole Blood)

| | | | |
|--|----------|-----------|-----------------|
| Haemoglobin <i>(Method :Colorimetric)</i> | : 14.8 | gm/dl | 13 - 18 |
| R.B.C. Count | : 5.15 | mill/cmm | 4.5 - 6.5 |
| HCT | : 43.50 | % | 36 - 52 |
| MCV | : 84.47 | fL | 76 - 95 |
| MCH | : 28.74 | pg | 27 - 34 |
| MCHC | : 34.02 | % | 31.5 - 34.5 |
| RDW | : 12.20 | % | 11.5 - 16.5 |
| Platelet Count | : 221000 | /cmm | 150000 - 500000 |
| WBC Count | : 6370 | cells/cmm | 4000 - 11000 |

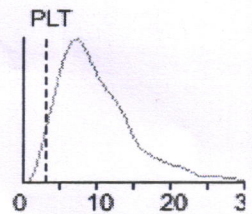


DIFFERENTIAL COUNT

| | | | |
|-------------|------|---|---------|
| Neutrophils | : 60 | % | 40 - 75 |
| Lymphocytes | : 40 | % | 20 - 45 |
| Eosinophils | : 00 | % | 0 - 6 |
| Monocytes | : 00 | % | 0 - 10 |
| Basophils | : 00 | % | 0 - 1 |



TEST DONE ON : 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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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) : 4
(Method: Westergren Method) 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.....

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Age / Sex : 34 Years / Male
Report Date : 11/06/2022 11:55AM
Print Date : 11/06/2022 1:06 PM

BIOCHEMISTRY

Test Advised BLOOD SUGAR FASTING

Result

Unit

Reference Range

Sample Tested : : Fluoride Plasma
Blood Sugar Fasting : : 103 mg/dl 70 - 110
(Method :GOD - POD)
Urine Sugar Fasting : : Absent

TEST DONE ON : EM - 200

Test Advised Glycocyated Hb(HbA1C)

Result

Unit

Reference Range

Sample Tested : : EDTA Sample
Glycocyated Hb (HbA1c) : : 5.0 %
(Method :Sandwich immunodetection)
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.

Test Advised BLOOD UREA NITROGEN

Result

Unit

Reference Range

Sample Tested : : Serum
Blood Urea Nitrogen : : 12.0 mg/dl 5 - 21

TEST DONE ON : EM - 200

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Age / Sex : 34 Years / Male
Report Date : 11/06/2022 11:11AM
Print Date : 11/06/2022 1:06 PM

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> | : 0.6 | 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 Transfarase <i>(Method :IFCC)</i> | : 25.0 | 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> | : 4.0 | 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.....

Chondhe
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Age / Sex : 34 Years / Male
Report Date : 11/06/2022 11:10AM
Print Date : 11/06/2022 1:06 PM

BIOCHEMISTRY

| Test Advised | Result | Unit | Reference Range |
|--|---------|-------|--|
| LIPID PROFILE | | | |
| Sample Tested : | : Serum | | |
| Total Cholesterol <i>(Method : CHOD-PAP)</i> | : 179.0 | mg/dl | 130 - 250 Desirable |
| Triglycerides <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i> | : 82.0 | mg/dl | < 150 Desirable 150-199 Borderline 200-499 High > 500 Very high |
| HDL Cholesterol <i>(Method :Direct Method/ Enzymatic colorimetric)</i> | : 43.0 | mg/dL | 40-60 Desirable > 60 Best |
| LDL Cholesterol | : 119.6 | mg/dl | 60 - 130 |
| VLDL Cholesterol | : 16.4 | mg/dl | 5 - 51 |
| Cholesterol / HDL Ratio | : 4.2 | | 2 - 5 |
| LDL / HDL Ratio | : 2.8 | | 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 : 11/06/2022 11:15AM
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BIOCHEMISTRY

| <u>Test Advised</u> | <u>Result</u> | <u>Unit</u> | <u>Reference Range</u> |
|--|---------------|-------------|------------------------|
| LIVER FUNCTION TEST | | | |
| 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 - 1.0 |
| SGPT (ALT) (Method : UV - Kinetic with PLP (P-5-P)) | : 32.0 | U/L | 0 - 45 |
| SGOT (AST) (Method : UV-Kinetic with PLP (P-5-P)) | : <u>80.0</u> | U/L | 0 - 35 |
| Alkaline Phosphatase (Method : PNP AMP KINETIC) | : 64.0 | U/l | 53 - 128 |
| Total Protein (Method : BIURET - Colorimetric) | : <u>6.3</u> | gm/dl | 6.4 - 8.3 |
| Albumin (Method : BCG - colorimetric) | : 4.2 | gm/dl | 3.5 - 5.2 |
| Globulin | : <u>2.1</u> | gm/dl | 2.3 - 3.5 |
| A/G Ratio | : 2.0 | | 1.2 - 2.5 |

TEST DONE ON : EM - 200

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

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Reg. Date : 11/06/2022 10:46AM
Age / Sex : 34 Years / Male
Report Date : 11/06/2022 12:33PM
Print Date : 11/06/2022 1:06 PM

ENDOCRINOLOGY

| <u>Test Advised</u> | <u>Result</u> | <u>Unit</u> | <u>Reference Range</u> |
|--|------------------|-------------|------------------------|
| FREE THYROID FUNCTION TEST | | | |
| Sample Tested : | : Fasting Sample | | |
| Free T3(Free Triiodothyronine) (Method :ELFA) | : 4.54 | pmol/L | 4.0 - 8.3 |
| Free T4 (Free Thyroxine) (Method :ELFA) | : 15.86 | pmol/L | 10.6 - 19.4 |
| hTSH (Ultra sensitive) (Method :ELFA) | : 0.89 | 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.....

Chandhe

Verified By:

S. Pawar

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 | : Greenish | | |
| Consistency | : Semi-solid | | |
| Mucus | : Absent | | |
| Blood | : Absent | | |
| Parasites | : No Parasite Seen | | |
| Adult Worms | : Absent | | |
| CHEMICAL EXAMINATION | | | |
| Reaction | : Alkaline | | |
| 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.....

Chandke
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|---------------------|---------------|-------------|------------------------|
|---------------------|---------------|-------------|------------------------|

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 | | |

TEST DONE ON:A-URI-PLUS 200 FULLY AUTOMATED URINE ANALYSER(RAPID DIAGNOSTIC)

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

Chandika
Verified By:

S. Pawar

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Print Date : 11/06/2022 3:03 PM

BIOCHEMISTRY

| <u>Test Advised</u> | <u>Result</u> | <u>Unit</u> | <u>Reference Range</u> |
|--|-------------------|-------------|------------------------|
| BLOOD SUGAR P.P. | | | |
| Sample Tested : | : Fluoride Plasma | | |
| Blood Glucose P. P. (Method :GOD POD) | : 95 | mg/dl | 90 - 140 |
| Urine Sugar P.P. | : Absent | mg/dl | |

TEST DONE ON : EM - 200

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

Aneshkumar
Verified By:

Snehalata A. Pawar

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



GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



| | | | |
|--------------|---------------------|------------------|---------------|
| PATIENT NAME | GIRISH JADHAV | REFERRING DOCTOR | DR R R BHOITE |
| AGE GENDER | 33 YEAR(S) OLD/MALE | SCAN DATE | JUN 11 2022 |

X-RAY CHEST (PA VIEW)

Suboptimal evaluation due to rotated film.

Bilateral lung fields appear normal.

Trachea and mediastinum appear normal in position.

Both hila appear normal in size and are symmetrical.

Transverse cardiac diameter is within normal limits.

Both CP angles appear clear. Normal position and contour diaphragms noted.

IMPRESSION

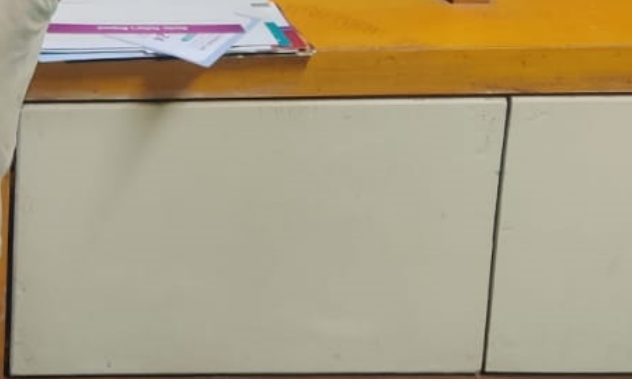
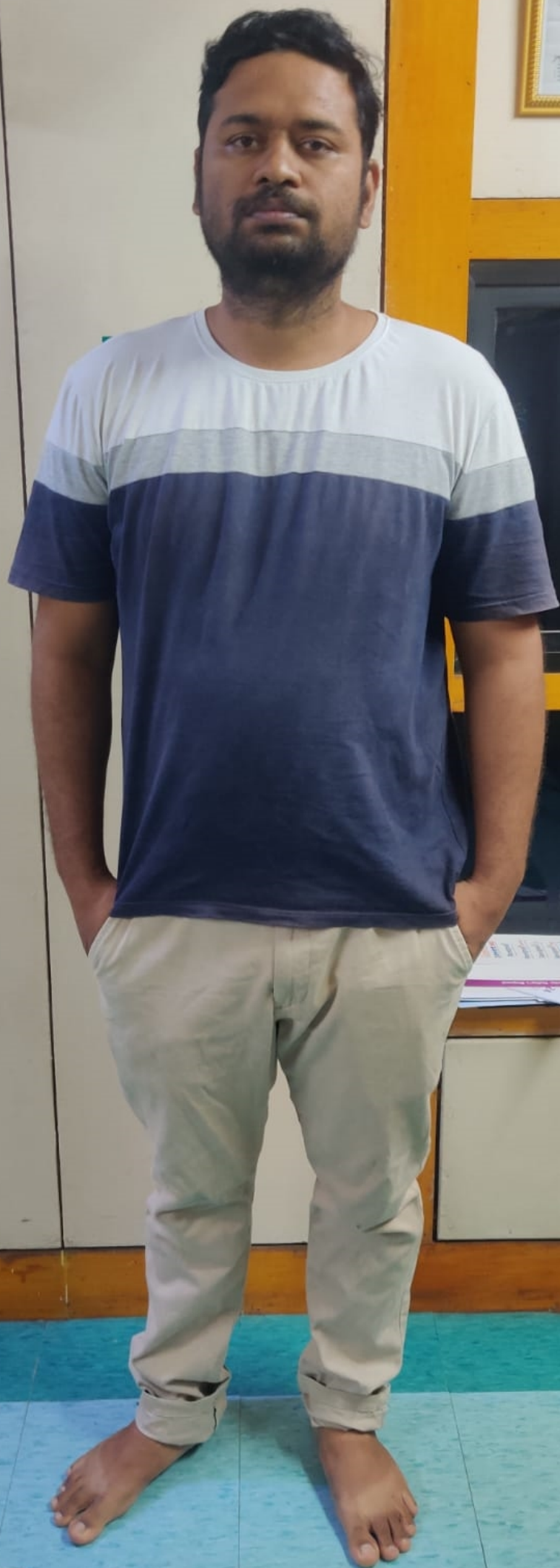
- No obvious abnormality noted in the chest radiograph.

Suggested: - Clinical correlation.

Dr. Sagar Derkar

D.M.R.D

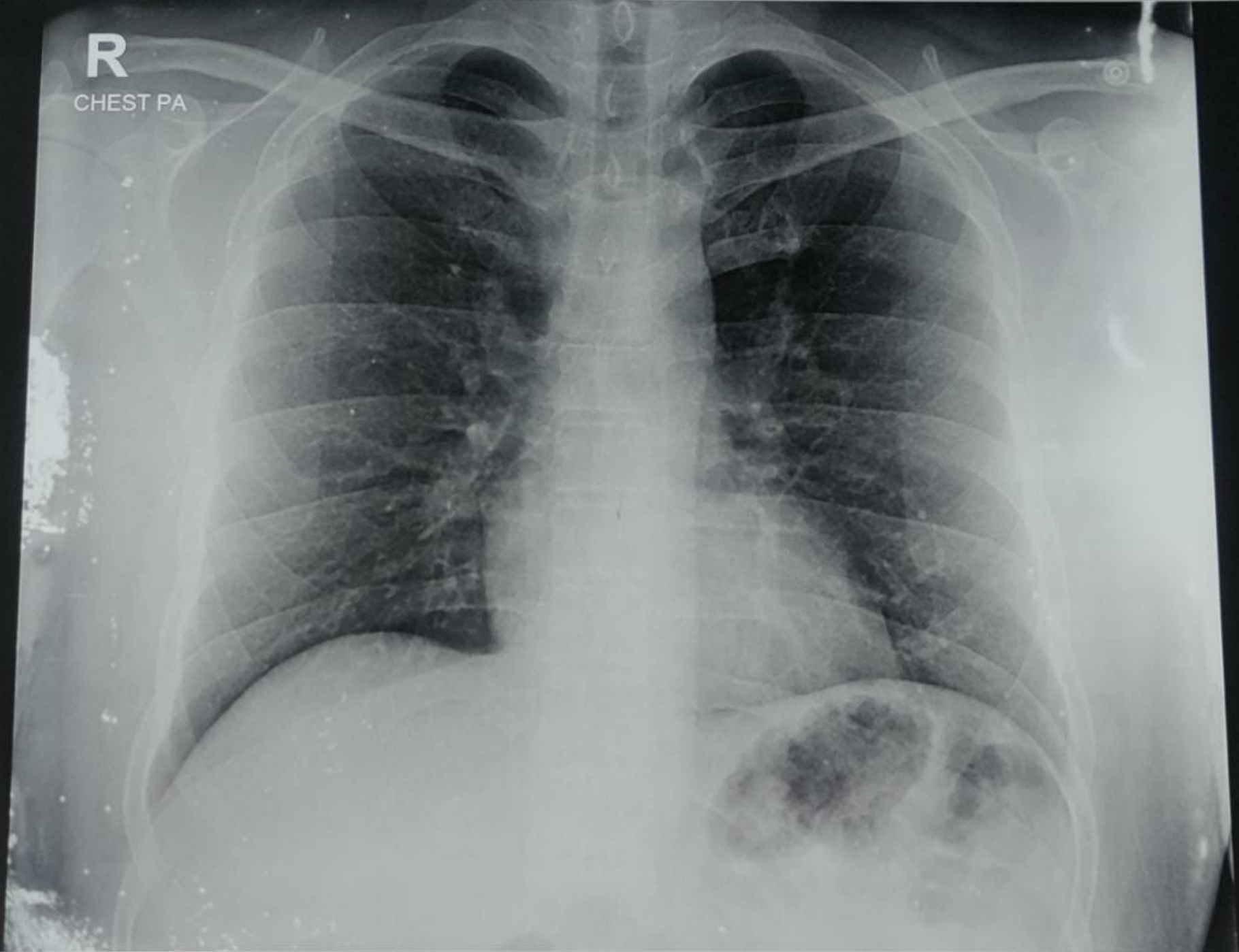
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