



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 216/95/96
F.C.R.A. 083930350

Only for Clinical Use

CARDIAC COLOUR DOPPLER

PATIENT'S NAME: Mr. Aniket Barge

Age/Sex: 27 Year/male

Ref.: - Mediwheel Insurance

Date -09th Aug 2022

Findings: -

MV – MVA adequate, No MR

AV – No AS, No AR

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

PV – Normal

No clot / No Vegetation/ CoA

Measurements (mm); -AO-18, LA-26, IVS-10 LVPW-10, LVIDd-36, LVIDs -26 EF-55%

Impression:

- Normal LV function, LVEF – 55%

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

Barge, Aniket

Age: 27

09.08.2022 11:53:57

~~songta diage~~

baramati

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

CE LOT D708

72 bpm

-- / -- mmHg

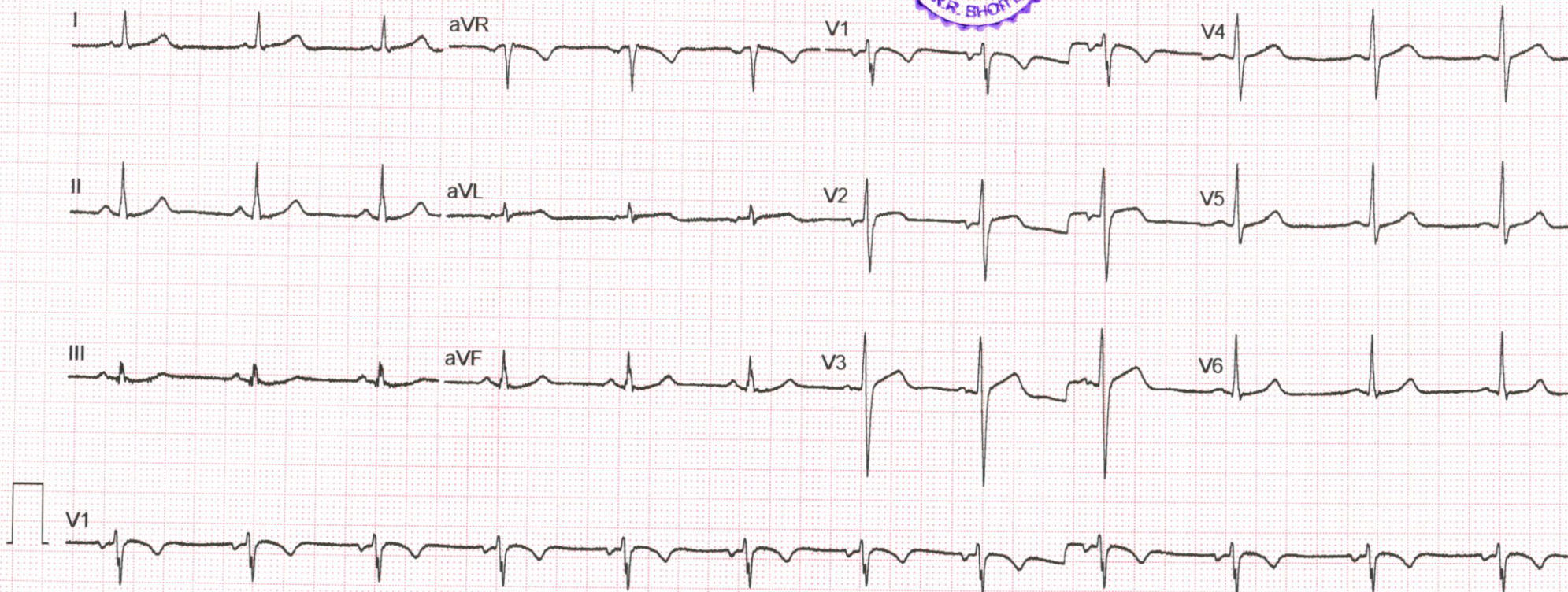
QRS : 94 ms
QT / QTcBaz : 372 / 407 ms
PR : 126 ms
P : 110 ms
RR / PP : 832 / 833 ms
P / QRS / T : 66 / 49 / 48 degrees

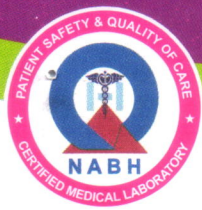
Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph: r r bhoite
Referring Ph:
Attending Ph:

R. Bhoite
DR. RAJESH R. BHOITE M.D.
Cardiologist
Giriraj Hospital & Intensive Care Unit
Indapur Rd., Baramati - 413102

ff





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 : 220800774 /OPD /1002034
Name : Mr. ANIKET PRAKASH BARGE
Referred By : Medi-Wheel Full Body Health Checkup
Referred By : DR.R.R BHOITE MD, (MED)

Reg. Date : 09/08/2022 12:28PM
Age / Sex : 25 Years / Male
Report Date : 09/08/2022 2:07PM
Print Date : 09/08/2022 3:14 PM

HAEMATOLOGY

Test Advised HAEMOGRAM

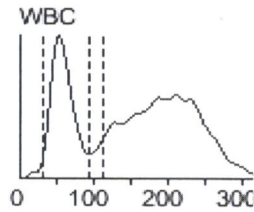
Result

Unit

Reference Range

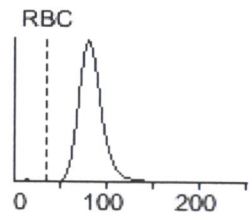
Sample Tested : EDTA (Whole Blood)

Haemoglobin <i>(Method :Colorimetric)</i>	: 14.4	gm/dl	13 - 18
R.B.C. Count	: 5.38	mill/cmm	4.5 - 6.5
HCT	: 43.70	%	36 - 52
MCV	: 81.23	fL	76 - 95
MCH	: <u>26.77</u>	pg	27 - 34
MCHC	: 32.95	%	31.5 - 34.5
RDW	: 12.60	%	11.5 - 16.5
Platelet Count	: 371000	/cmm	150000 - 500000
WBC Count	: 7640	cells/cmm	4000 - 11000

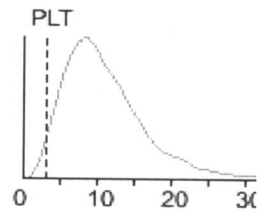


DIFFERENTIAL COUNT

Neutrophils	: 70	%	40 - 75
Lymphocytes	: 30	%	20 - 45
Eosinophils	: 00	%	0 - 6
Monocytes	: 00	%	0 - 10
Basophils	: 00	%	0 - 1



TEST DONE ON : 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 : : "AB" 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.

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Report Date : 09/08/2022 2:06PM
Print Date : 09/08/2022 3:20 PM

BIOCHEMISTRY

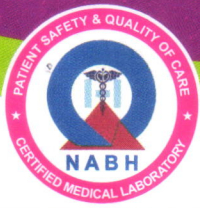
<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
LIVER FUNCTION TEST			
Sample Tested :	: Serum		
Total Bilirubin (Method : DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.7	mg/dl	0.0 - 2.0
Direct Bilirubin (Method : DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.3	mg/dl	0 - 0.4
Indirect Bilirubin	: 0.4	mg/dl	0.1 - 1.0
SGPT (ALT) (Method : UV - Kinetic with PLP (P-5-P))	: 24.0	U/L	0 - 45
SGOT (AST) (Method : UV-Kinetic with PLP (P-5-P))	: 27.0	U/L	0 - 35
Alkaline Phosphatase (Method : PNP AMP KINETIC)	: 97.0	U/l	53 - 128
Total Protein (Method : BIURET - Colorimetric)	: <u>6.3</u>	gm/dl	6.4 - 8.3
Albumin (Method : BCG - colorimetric)	: 4.1	gm/dl	3.5 - 5.2
Globulin	: <u>2.2</u>	gm/dl	2.3 - 3.5
A/G Ratio	: 1.9		1.2 - 2.5

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>Glycosylated Hb(HbA1C)</u>			
Sample Tested :	: EDTA Sample		
Glycosylated Hb (HbA1c) <i>(Method :Sandwich immunodetection)</i>	: 5.3	%	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
Mean Blood Glucose	: 90.49	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>
<u>BLOOD UREA NITROGEN</u>			
Sample Tested :	: Serum		
Blood Urea Nitrogen	: 13.0	mg/dl	5 - 21

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 (Method : ENZYMATIC COLORIMETRIC)	: 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.

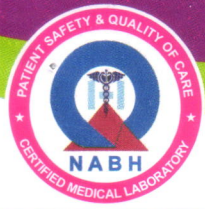
<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
GGT(GAMA GLUTAMYL TRANSFERASE)			
Sample Tested :	: Serum		
Gama Glutamyl Transfarase (Method :IFCC)	: 32.0	U/L	9 - 52

TEST DONE ON : EM - 200

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Report Date : 09/08/2022 2:05PM
Print Date : 09/08/2022 2:53 PM

BIOCHEMISTRY

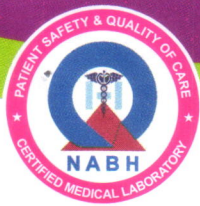
<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
BLOOD SUGAR FASTING			
Sample Tested :	: Fluoride Plasma		
Blood Sugar Fasting (Method : GOD - POD)	: 103	mg/dl	70 - 110

TEST DONE ON : EM - 200

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Report Date : 09/08/2022 3:22PM
Print Date : 09/08/2022 3:23 PM

BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
LIPID PROFILE			
Sample Tested :	: Serum		
Total Cholesterol (Method : CHOD-PAP)	: 136.0	mg/dl	130 - 250 Desirable
Triglycerides (Method : GPO-PAP/ Enzymatic Colorimetric/ End Point)	: 58.0	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol (Method : Direct Method/ Enzymatic colorimetric)	: 42.0	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: 82.4	mg/dl	60 - 130
VLDL Cholesterol	: 11.6	mg/dl	5 - 51
Cholesterol / HDL Ratio	: 3.2		2 - 5
LDL / HDL Ratio	: 2.0		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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CLINICAL PATHOLOGY

Test Advised

STOOL EXAMINATION

PHYSICAL EXAMINATION

	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Colour	: Brownish		
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 :	: ---		

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BIOCHEMISTRY

<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>	: 3.9	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.

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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)	: 5.54	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 15.16	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 2.56	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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भारत सरकार

Government of India



अनिकेत प्रकाश बर्गे

Aniket Prakash Barge

जन्म तिथि/DOB: 31/10/1995

पुरुष/ MALE



3663 9432 6286

मेरा आधार, मेरी पहचान



GIRIRAJ DIAGNOSTIC CENTRE

Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



NAME : MR. ANIKET BARGE **AGE/SEX** : 26 YEARS/M
REF BY : DR.MEDI-WHEEL INSURANCE **DATE** : 09-08-2022

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

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 significant free fluid /abdominal lymphadenopathy.

Conclusion:

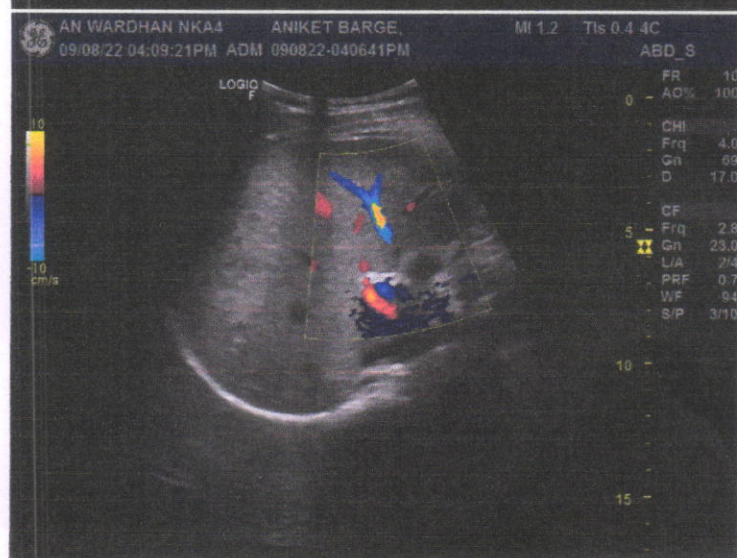
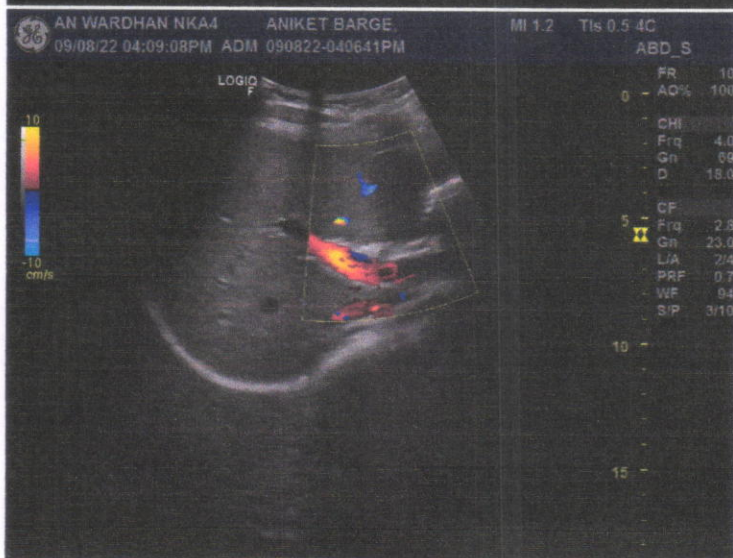
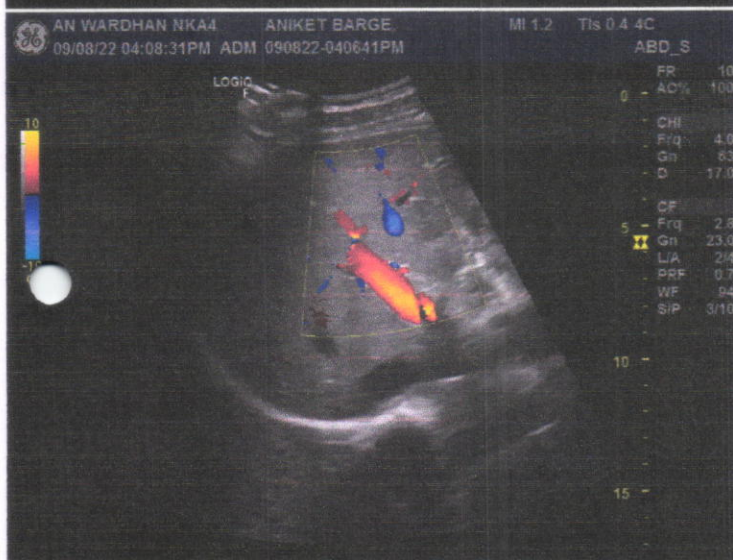
- Normal USG abdomen and pelvis study.

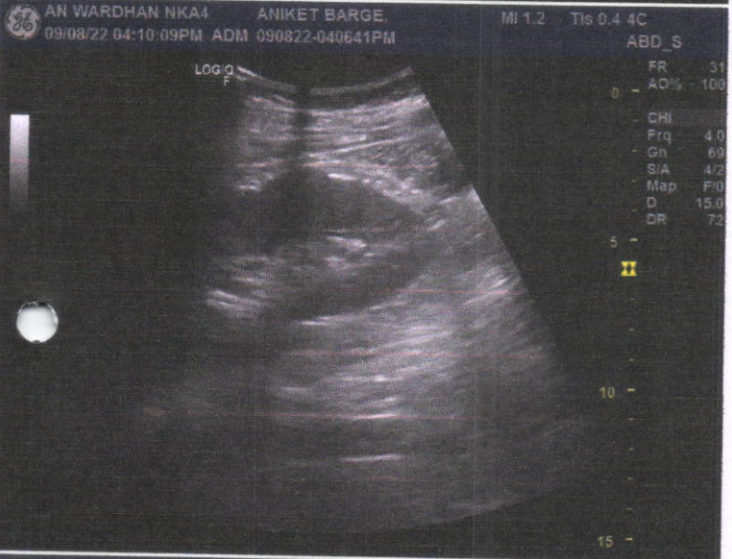
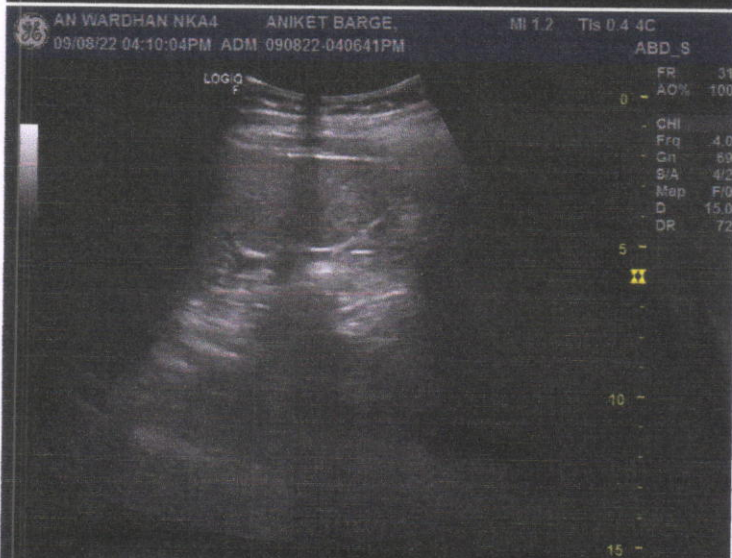
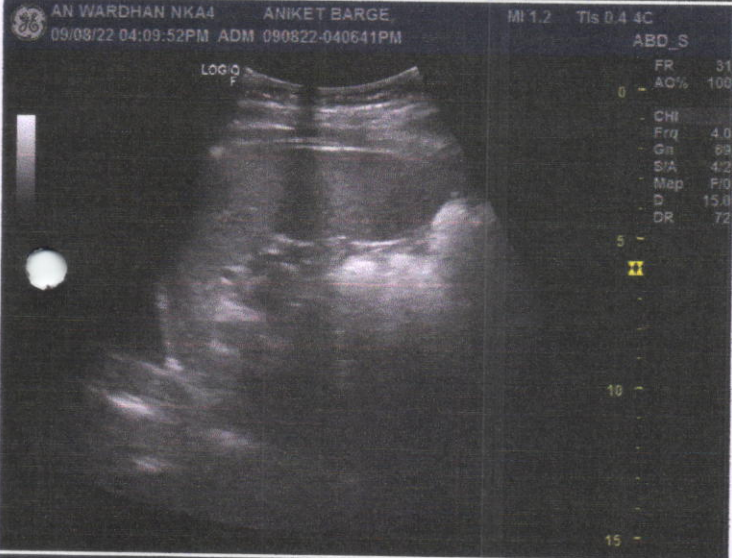
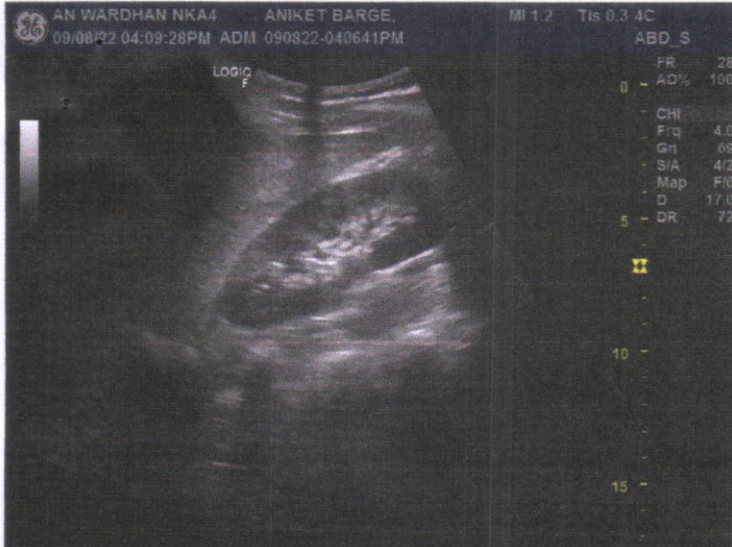
Navid

DR.NAVID SHATTARI

M.B.B.S, M.D. D.N.B

CONSULTANT RADIOLOGIST









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Ultrasonography, Whole Body Colour Doppler Ultrasound, Echocardiography.



NAME : MR. Aniket Barge
AGE / SEX : 26 YRS /MALE
REF : DR. MEDIWHEEL INSURANCE
DATE : 09/08/2022

X- RAY CHEST PA VIEW

- ❖ Both lung fields show equal translucency and vasculature.
- ❖ No infiltration is seen on either side.
- ❖ Costo-phrenic angles on both sides appears clear
- ❖ The cardiac size is normal. Cardiac outline is normal.
- ❖ The domes of diaphragm are normal in position & show smooth outline.
- ❖ Visualized bones appear normal.

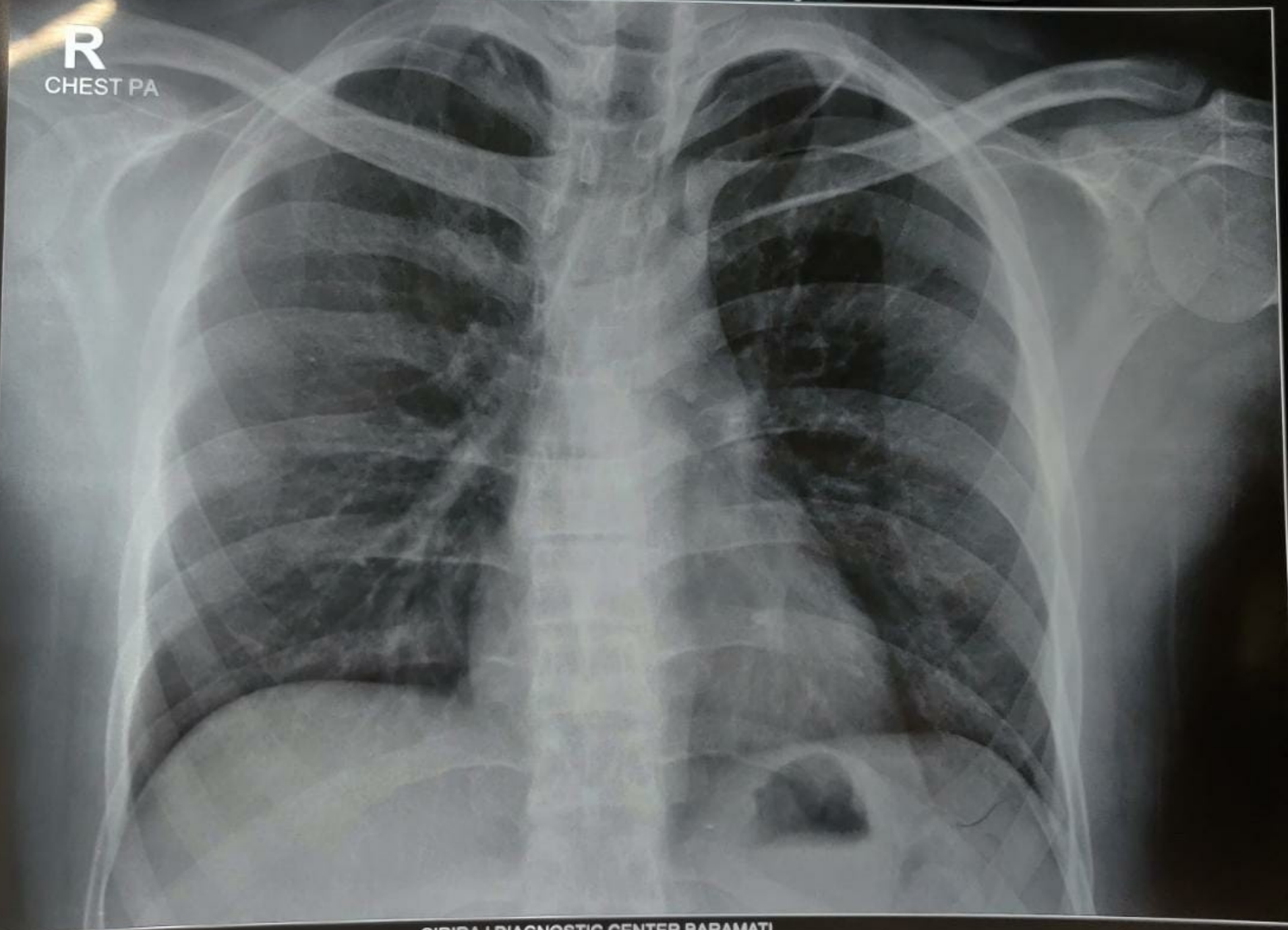
Navids

DR. NAVID SHATTARI
MBBS, MD, DNB
CONSULTANT RADIOLOGIST.

GIRIRAJ HOSPITAL

ANIKET PRAKASH BARGE/PAT006052/26 years/M/09-Aug-2022

R
CHEST PA



GIRIRAJ DIAGNOSTIC CENTER BARAMATI

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