



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 COLOR DOPPLER

Patients Name: Mr Shashikant Baban Durge

Age/Sex: 34 Year/Male

Ref.: - Dr Ramesh Bhoite

Date – 23th Dec, 2023

Findings: -

MV –MVA adequate, Mild MR

AV – Degenerative, No AS / No AR

TV – Mild TR, No PH

PV – Normal

No Clot / Vegetation/ Pericardial Effusion

No RWMA

Measurements (mm); -AO-21, LA-40, IVS-10, LVPW-10, LVIDd-42, LVIDs- 32 LVEF – 60%

Impression:

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


Dr Rajiv Khare

DNB (Med) DNB (Card)

Durge, Shashikant

23.12.2023 11:13:14
GIRIRAJ HOSPITAL
NEAR BUS STAND, INDAPUR ROAD
BARAMATI-413102

77 bpm
- / - mmHg

34 Years

Male

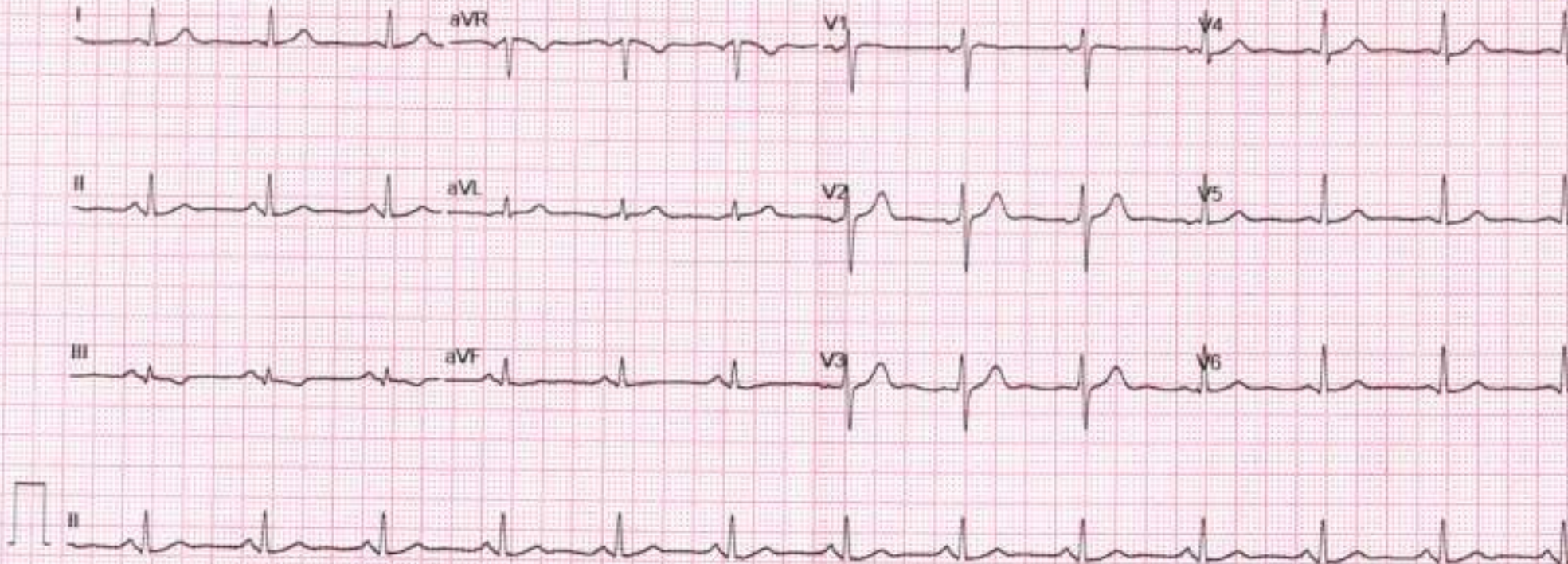
QRS	80 ms
QT / QTcBaz	348 / 393 ms
PR	128 ms
P	118 ms
RR / PP	782 / 779 ms
P / QRS / T	72 / 39 / 7 degrees

Normal sinus rhythm
Normal ECG

WNL

Dr. R. S. SHORTE

DR. R. S. SHORTE
1st
Giriraj Hospital
Indapur Road Baramati-413102





ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಸರ್ಕಾರ



ಕರ್ನಾಟಕ ರಾಜ್ಯ

ಭೂವಿಜ್ಞಾನ ಇಲಾಖೆ

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಸರ್ಕಾರ

ಜನನ ದಿನಾಂಕ

14/12/1989

ಲಿಂಗ

MALE

6291 6597 8999

VID - 5133 6677 4809 6180

ಮಾನ್ಯ ಅಧ್ಯಕ್ಷ, ಮಾನ್ಯ ಅಧ್ಯಕ್ಷ



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	: 231201918 /OPD /1002800	Reg. Date	: 23/12/2023 10:00AM
Name	: Mr. SHASHIKANT BABAN DURGE	Age / Sex	: 34 Years / Male
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 23/12/2023 12:55PM
Referred By	: DR R R BHOITE MD,(MED)	Print Date	: 23/12/2023 5:20 PM

HAEMATOLOGY

Test Advised BLOOD GROUP

Result

Sample Tested :	:	EDTA Sample
Blood Group (Method: Slide haemagglutination; Tube haemagglutination, (Forward typing))	:	"O" Rh POSITIVE
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) (Method: Westergren Method)	:	3	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.....


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



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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)	:	14.3 gm/dl	13 - 18
R.B.C. Count	:	4.85 mill/cmm	4.5 - 6.5
HCT	:	42.40 %	36 - 52
MCV	:	87.42 fL	76 - 95
MCH	:	29.48 pg	27 - 34
MCHC	:	33.73 %	31.5 - 34.5
RDW	:	13.00 %	11.5 - 16.5
Platelet Count	:	211000 /cmm	150000 - 500000
WBC Count	:	6770 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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CLINICAL PATHOLOGY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
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URINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	: 10	ml
Colour	: Pale Yellow	
Appearance	: Slightly Turbid	
pH	: 6.5	

CHEMICAL EXAMINATION


Specific gravity	: 1.010	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.....


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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)	: 85	mg/dl	70 - 110
Blood Glucose P. P. (Method :GOD POD)	: 95	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)	: 19.0	mg/dl	19 - 45
Blood Urea Nitrogen	: 8.9	mg/dl	8.4 - 25.7
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 1.1	mg/dl	0.7 - 1.3
BUN/Creatinine Ratio	: <u>8.1</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)	: 6.2	%	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	: 120.46	mg%	
Interpretation	: Within Normal Limit.		


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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 .

.....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>	: 166.0	mg/dl	130 - 250 Desirable
Triglycerides <i>(Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)</i>	: 152.0	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol <i>(Method :Direct Method/ Enzymatic colorimetric)</i>	: 45.0	mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: 90.6	mg/dl	60 - 130
VLDL Cholesterol	: 30.4	mg/dl	5 - 51
Cholesterol / HDL Ratio	: 3.7		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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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)	: 0.2	mg/dl	0 - 0.4
Indirect Bilirubin	: 0.5	mg/dl	0.1 - 1.6
SGPT (ALT) (Method :UV - Kinetic with PLP (P-5-P))	: 30.0	U/L	0 - 45
SGOT (AST) (Method :UV-Kinetic with PLP (P-5-P))	: 18.0	U/L	0 - 35
Alkaline Phosphatase (Method : PNP AMP KINETIC)	: 81.0	U/l	53 - 128
Total Protein (Method : BIURET - Colorimetric)	: 6.4	gm/dl	6.4 - 8.3
Albumin (Method : BCG - colorimetric)	: 3.8	gm/dl	3.5 - 5.2
Globulin	: 2.6	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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Reg. Date : 23/12/2023 10:00AM
Age / Sex : 34 Years / Male
Report Date : 23/12/2023 1:17PM
Print Date : 23/12/2023 5:20 PM

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)	: 5.61	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 13.40	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 1.87	μIU/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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02112-222739, 221335, 9225583371 / 9422516931 www.girijahospital.in girijahospital@gmail.com



24 HOURS

128 : CT SCAN

3T M.R.I

U.S.G.

COLOUR DOPPLER

2D ECHO

SUNDAY OPEN

NAME : MR. SHASHIKANT DURGE AGE/SEX : 34YEARS/M
REF BY : DR. R.R. BHOITE DATE : 23-12-2023

USG STUDY OF ABDOMEN & PELVIS

LIVER:- appears normal in size (14.6cm), shape & shows normal parenchymal reflectivity. No e/o focal mass lesion or any neoplasm seen in liver. Portal vein & CBD are normal. No e/o focal mass lesion or any neoplasm seen in liver.

GALL BLADDER: minimally distended.

PANCREAS: normal in size and shape. No focal lesion or calcifications are seen within it. The pancreatic duct is normal.

SPLEEN: normal in size (9.6cm) & shows normal echotexture. No focal lesion is seen.

BOTH KIDNEYS: - **RIGHT KIDNEY** - 9 x 4.5 cm , **LEFT KIDNEY** - 8.7 x 4.8 cm

appear normal size, shape, position & echotexture. Tiny renal concretions noted in both kidneys. No mass lesion or scarring seen in both kidneys. No hydronephrosis. Cortical echogenicity and thickness appears normal in both kidneys. Cortico-medullary differentiation is well maintained in both kidneys.

URINARY BLADDER - is minimally distended.

PROSTATE - normal in size and measures (17cc).

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 :-

➤ Normal USG abdomen and pelvis study.

DR. VIDULA DHAYGUDE
CONSULTANT RADIOLOGIST



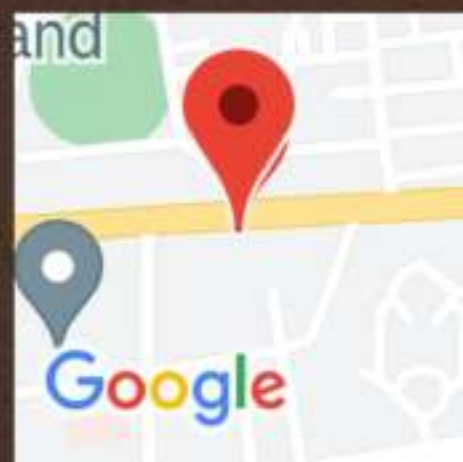


Baramati, Maharashtra, India

4HWG+GWV, Indapur Rd, Samarth Nagar, Baramati,
Maharashtra 413102, India

Lat 18.1463259 / Long 74.5772509

Saturday 23 December 2023 11:11:55





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24 HOURS

128 : CT SCAN

3T M.R.I

U.S.G.

COLOUR DOPPLER

2D ECHO SUNDAY OPEN

Patient Name :	SHASHIKANT DURGE	Age / Gender :	034Y / Male
Patient ID :	PAT011033	Date :	23-12-2023
Refd By :	MEDIWHEEL	Modality :	XR

XR-CHEST PA

FINDINGS :

Cardiac silhouette is normal in size.

Bilateral lung fields are grossly unremarkable.

Bilateral costophrenic angles and bilateral domes of the diaphragm are normal.

Evidence of fracture of midshaft of right Clavicle and noted with internal fixators in situ

Bony cage & soft tissues are grossly normal.

IMPRESSION :

Evidence of fracture of midshaft of right Clavicle and noted with internal fixators in situ

Dr. Sudarshan Deshmukh
MBBS DMRE
Consultant Radiologist



GIRIJA DAIGNOSTIC CENTER BARAMATI

SHASHIKANT DURGE/PAT011033/34 years/M/23-Dec-2023



GIRIRAJ DIAGNOSTIC CENTER BARAMATI

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