



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 216/99  
F.C.R.A. 083930350

**Only for Clinical Use**

**CARDIAC COLOR DOPPLER**

**Patients Name: Mrs. Nilam Dhawade**

**Age/Sex: 28 yr/Female**

**Ref.: - Dr Ramesh Bhoite**

**Date -14<sup>th</sup> Oct, 2023**

**Findings: -**

MV -MVA adequate, No MR

AV - No AS (AVG: 11 mmHg)/ No AR

TV - No TR, No PH (RVSP/TR: 24 mmHg)

PV - Normal,

No Clot / Vegetation


No RWMA ,

Grade I DD

**Measurements (mm):** -AO-21, LA-34, IVS-10, LVPW-10, LVIDd -42, LVIDs-32 LVEF -60%

**Impression:**

- No RWMA
- Good LV systolic function LVEF 60%

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

Dhawade, Nilam  
ID: 1

14.10.2023 11:00:39  
GIRIRAJ HOSPITAL  
NEAR BUS STAND, INDAPUR ROAD  
BARAMATI-413102

124 bpm  
--/-- mmHg

28 Years

Female

QRS : 66 ms  
QT / QTcBaz : 318 / 456 ms  
PR : 144 ms  
P : 102 ms  
RR / PP : 484 / 483 ms  
P / QRS / T : 91 / 63 / 35 degrees

Sinus tachycardia  
Nonspecific ST and T wave abnormality  
Abnormal ECG

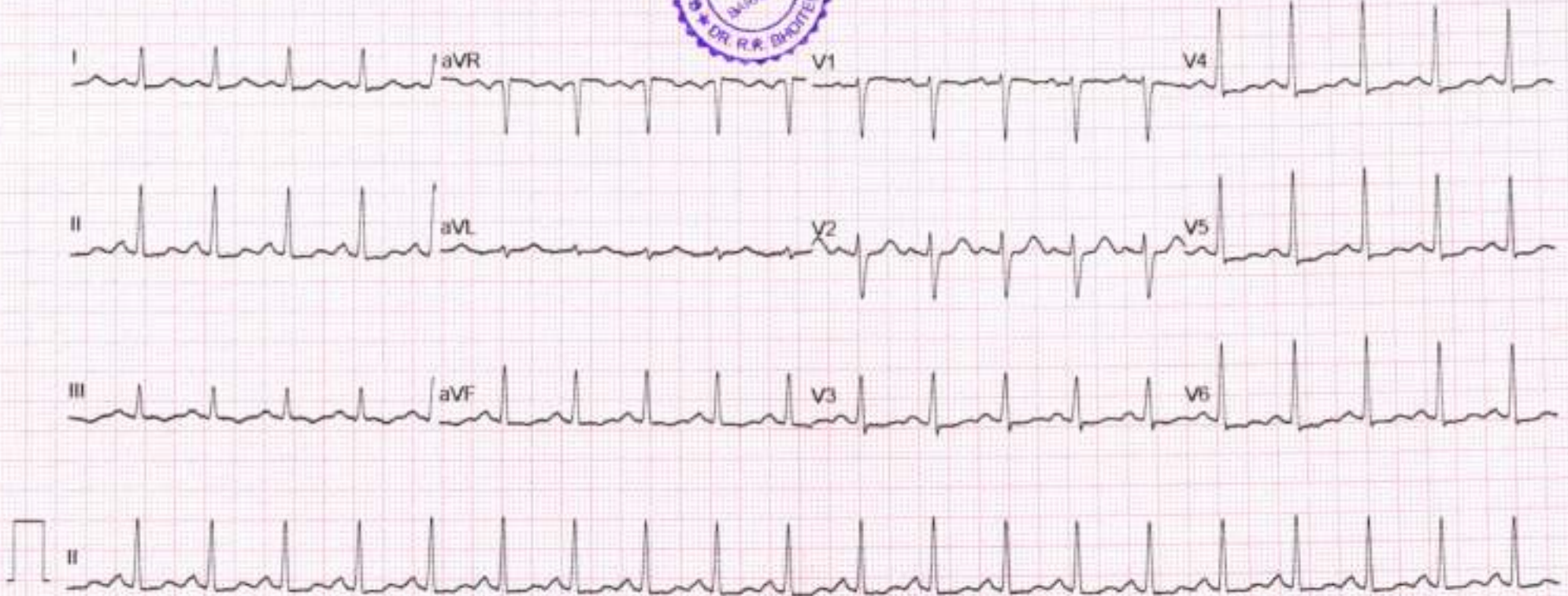
DR. RAMESH R. BHOITE M.D.  
Cardiologist  
Giriraj Hospital & Intensive Care Unit  
Indapur Rd. Baramati-413102



Sinus tachycardia

DeBorale

Adv : 2D Echo.  
TFT.





# 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	: 231001061 /OPD /1002722	Reg. Date	: 14/10/2023 11:22AM
Name	: Mrs. NILAM SACHIN DHAWADE	Age / Sex	: 28 Years / Female
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 14/10/2023 12:01PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 14/10/2023 2:36 PM

## 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) : 3 mm at end of 1hr 0 - 20  
*(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 : 14/10/2023 11:22AM  
Age / Sex : 28 Years / Female  
Report Date : 14/10/2023 11:09AM  
Print Date : 14/10/2023 2:36 PM

## HAEMATOLOGY

**Test Advised**  
**HAEMOGRAM**

Sample Tested : EDTA (Whole Blood)


Method	Result	Unit	Reference Range
Method	: WBC Impedance, Flow Cytometry and Hydrodynamic Focusing		
Haemoglobin (Method : Spectrophotometry)	: 11.6	gm/dl	11.5 - 13.5
R.B.C. Count	: 4.81	mill/cmm	4.5 - 6.5
HCT	: <u>34.90</u>	%	36 - 52
MCV	: <u>72.56</u>	fL	76 - 95
MCH	: <u>24.12</u>	pg	27 - 34
MCHC	: 33.24	%	31.5 - 34.5
RDW	: <u>16.60</u>	%	11.5 - 16.5
Platelet Count	: 276000	/cmm	150000 - 500000
WBC Count	: 7100	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 : 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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Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 14/10/2023 2:36 PM

## BIOCHEMISTRY


<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>BLOOD SUGAR FASTING</u></b>			
Sample Tested :	: Fluoride Plasma		
Blood Sugar Fasting (Method :GOD - POD)	: 91	mg/dl	70 - 110
Urine Sugar Fasting	: Absent		
TEST DONE ON : EM - 200			

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>Bio-Chemistry Test</u></b>			
Sample Tested :	: Serum		
Blood Urea (Method : Urease-GLDH)	: 19.0	mg/dl	13 - 40
Blood Urea Nitrogen	: 8.9	mg/dl	8.4 - 25.7
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 0.7	mg/dl	0.6 - 1.1
BUN/Creatinine Ratio	: 12.7		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>
<b><u>BLOOD SUGAR P.P.</u></b>			
Sample Tested :	: Fluoride Plasma		
Blood Glucose P. P. (Method :GOD POD)	: 188	mg/dl	90 - 140
Urine Sugar P.P.	: Absent	mg/dl	
TEST DONE ON : EM - 200			

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>Glycylated Hb(HbA1C)</u></b>			

  
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<b>Referred By</b> : Medi-Wheel Full Body Health Checkup	<b>Report Date</b> : 14/10/2023 11:08AM
<b>Referred By</b> : DR.R.R BHOITE MD, (MED)	<b>Print Date</b> : 14/10/2023 2:36 PM

## BIOCHEMISTRY

**Sample Tested :** : EDTA Sample

**Glycosylated Hb (HbA1c)** : 5.1 %  
*(Method :Sandwich immunodetection)*  
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** : 83.83 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  $1.1 \times$  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>
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### GGT(GAMA GLUTAMYL TRANSFERASE)

<b>Sample Tested :</b>	: Serum		
<b>Gama Glutamyl Transfarase</b> <i>(Method :IFCC)</i>	: 28.0	U/L	9 - 52


### TEST DONE ON : EM - 200

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
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### URIC ACID

<b>Sample Tested :</b>	: Serum		
<b>Uric Acid</b> <i>(Method :Enzymatic/ Uricase Colorimetric)</i>	: 3.8	mg/dl	2.5 - 6.5
<b>KIT USED :</b>	: ERBA		

### TEST DONE ON : EM - 200

  
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<b>Referred By</b> : DR.R.R BHOITE MD, (MED)	<b>Print Date</b> : 14/10/2023 2:36 PM

## BIOCHEMISTRY

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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Name	: Mrs. NILAM SACHIN DHAWADE	Age / Sex	: 28 Years / Female
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date	: 14/10/2023 1:10PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date	: 14/10/2023 2:36 PM

## BIOCHEMISTRY

<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>LIPID PROFILE</u></b>			
Sample Tested :	: Serum		
<b>Total Cholesterol</b> (Method : CHOD-PAP)	: 180.0	mg/dl	130 - 250 Desirable
<b>Triglycerides</b> (Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)	: 140.0	mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
<b>HDL Cholesterol</b> (Method :Direct Method/ Enzymatic colorimetric)	: 43.0	mg/dL	40-60 Desirable > 60 Best
<b>LDL Cholesterol</b>	: 109.0	mg/dl	60 - 130
<b>VLDL Cholesterol</b>	: 28.0	mg/dl	5 - 51
<b>Cholesterol / HDL Ratio</b>	: 4.2		2 - 5
<b>LDL / HDL Ratio</b>	: 2.5		0 - 3.5
<b>KIT USED :</b>	: 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>
<b><u>LIVER FUNCTION TEST</u></b>			
Sample Tested :	: Serum		
<b>Total Bilirubin</b> (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.6	mg/dl	0.0 - 2.0
<b>Direct Bilirubin</b> (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.3	mg/dl	0 - 0.4
<b>Indirect Bilirubin</b>	: 0.3	mg/dl	0.1 - 1.6
<b>SGPT (ALT)</b> (Method :UV - Kinetic with PLP (P-5-P))	: 11.0	U/L	0 - 34
<b>SGOT (AST)</b> (Method :UV-Kinetic with PLP (P-5-P))	: 14.0	U/L	0 - 31
<b>Alkaline Phosphatase</b> (Method : PNP AMP KINETIC)	: 59.0	U/l	42 - 98
<b>Total Protein</b> (Method : BIURET - Colorimetric)	: 6.5	gm/dl	6.4 - 8.3
<b>Albumin</b> (Method : BCG - colorimetric)	: 4.1	gm/dl	3.5 - 5.2
<b>Globulin</b>	: 2.4	gm/dl	2.3 - 3.5
<b>A/G Ratio</b>	: 1.7		1.2 - 2.5

TEST DONE ON : EM - 200

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

  
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Name : Mrs. NILAM SACHIN DHAWADE Age / Sex : 28 Years / Female  
Referred By : Medi-Wheel Full Body Health Checkup Report Date : 14/10/2023 11:56AM  
Referred By : DR.R.R BHOITE MD, (MED) Print Date : 14/10/2023 2:36 PM

## ENDOCRINOLOGY


<u>Test Advised</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>FREE THYROID FUNCTION TEST</u></b>			
Sample Tested :	: Fasting Sample		
Free T3(Free Triiodothyronine) (Method :ELFA)	: 5.62	pmol/L	4.0 - 8.3
Free T4 (Free Thyroxine) (Method :ELFA)	: 15.80	pmol/L	10.6 - 19.4
hTSH (Ultra sensitive) (Method :ELFA)	: 2.23	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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भारत सरकार

GOVERNMENT OF INDIA

मिलम सचिन धवडे

Nilam Sachin Dhawade

जन्म तारीख/ DOB: 15/02/1995

महिला / FEMALE



9258 0991 8119

माझे आधार, माझी ओळख



# GIRIJA DIAGNOSTIC CENTRE

Giraj Hospital Campus, Near S.T.Stand, Indapur Road, Baramati - 413 102, Dist. Pune.

☎ 02112-222739, 221335 ☎ 98225583371 / 9422516931 ☎ www.girajhospital.in ☎ girajhospital@gmail.com



24 HOURS

128 : CT SCAN | 3T M.R.I. | U.S.G. | COLOUR DOPPLER | 2D ECHO

SUNDAY OPEN

Patient Name :	NILAM DHAWADE	Age / Gender :	028Y / Female
Patient ID :	PAT010415	Date :	14-10-2023
Refd By :	MEDIWHEEL	Modality :	XR

## X-RAY CHEST PA VIEW

### FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

**IMPRESSION :- No significant abnormality detected.**

**ADVICE :- Clinical correlation and follow up.**

**Dr. Santoh Rathod**  
**MBBS DNB (Radiology)**  
**Consultant Radiologist**

**Disclaimer:** The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes.

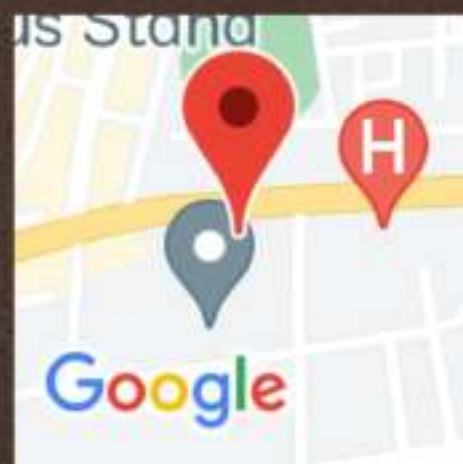


Baramati, Maharashtra, India

4HWG+GF8, Samarth Nagar, Baramati, Maharashtra  
413102, India

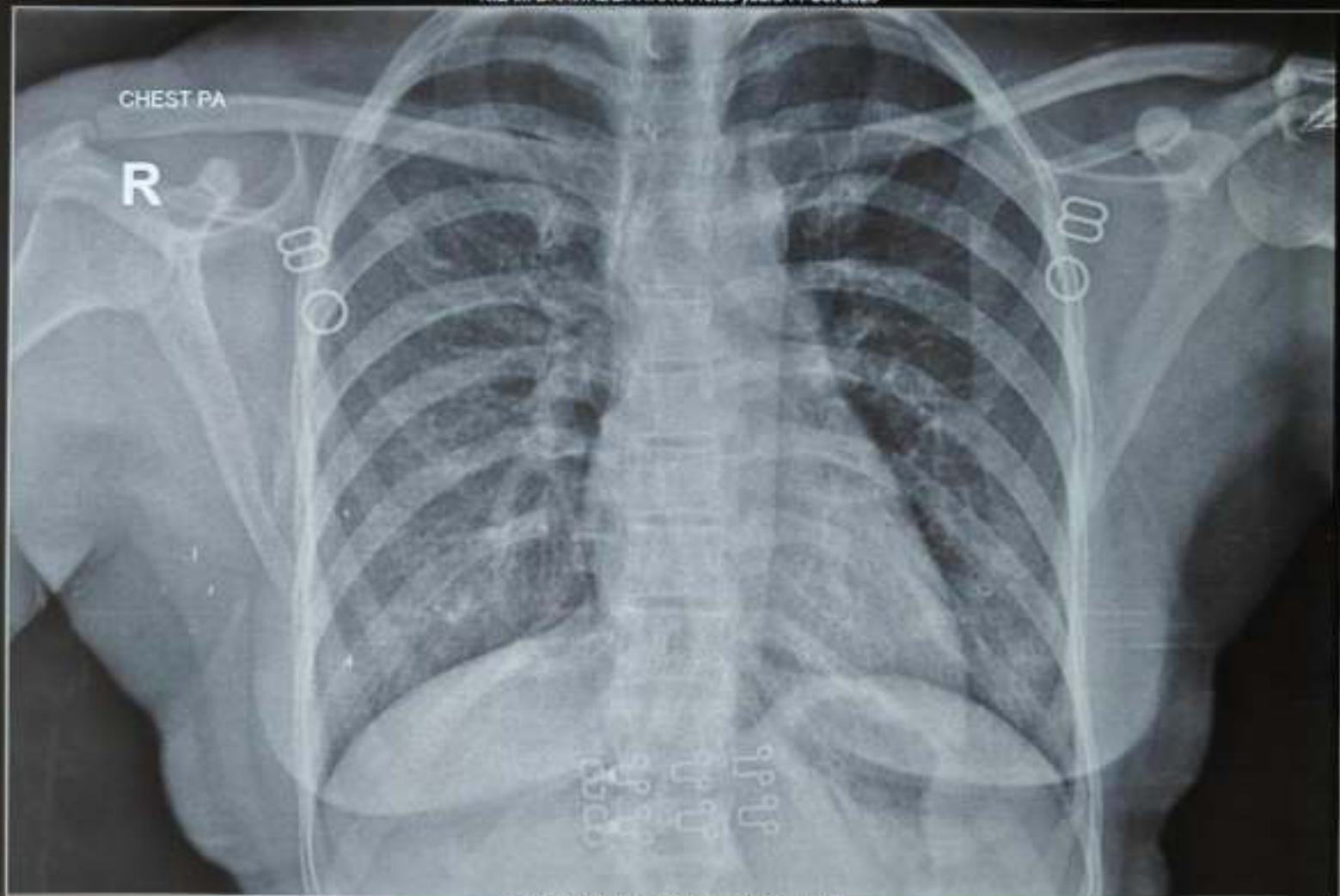
Lat 18.1461243 / Long 74.5758026

Saturday 14 October 2023 10:54:14



GIRIJA DAIGNOSTIC CENTER BARAMATTI

NILAM DHAWADE/PAT010415/28 years/14-Oct-2023



GIRIRAJ DIAGNOSTIC CENTER BARAMATTI

GIRIRAJ HOSPITAL CAMPUS INDAPUR ROAD BARAMATTI PH NO 02112 220771 9422516931