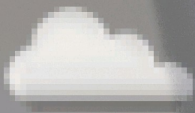


V9X3+7J7, Hudco, N 9, Cidco, Aurangabad, Maharashtra 431003, India

Aurangabad Maharashtra India



27°C
81°F

2023-05-03(Wed) 08:40(am)

Name : Mr.Sarjerao Sirsat

Date : 09/12/ 2023

Age/Sex :53Yrs/Male

Ref.By: Dr.Sarda Sir

STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 8.59 Min.
- Baseline Heart Rate and Blood Pressure - 90bpm,BP- 160/100mm of Hg.
- Mets- 10.10.
- ST-T Segment Changes – No Significant ST-T Changes.
- Angina- None.
- Arrhythmias- None.
- Other Symptoms – None.
- Maximal Heart Rate and Blood Pressure – 153 bpm, BP – 200/100 mm of Hg.
- Predicted Maximal Heart Rate Achieved -91%.
- Reason For Termination - Target Heart rate achieved.

CONCLUSION : Stress Test Negative for Exercise Induced Ischemia.



DR.DEORAO THENGE
M.D.D.N.B.(CARDIOLOGY)

Dr. Devrao Thenge
MD, DNB (Cardiology)
Reg. No. 2001/02/491

ASIAN HOSPITAL
MOTIWALA SQUARE
AURANGABAD

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Sirsat, Sarjerao
Patient ID: 98865
Height: 172 cm
Weight: 82 kg

DOB: 06.04.1970
Age: 53yrs
Gender: Male
Race: Asian

Study Date: 09.12.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR. DEORAO THENGE
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | HR (bpm) | BP (mmHg) | Comment |
|------------|------------|---------------|-------------|-----------|----------|-----------|---------|
| PRETEST | SUPINE | 03:49 | 0.00 | 0.00 | 83 | 160/100 | |
| | STANDING | 00:34 | 0.50 | 0.00 | 73 | | |
| EXERCISE | STAGE 1 | 03:00 | 1.70 | 10.00 | 114 | 170/100 | |
| | STAGE 2 | 03:00 | 2.50 | 12.00 | 137 | 180/100 | |
| | STAGE 3 | 02:59 | 3.40 | 14.00 | 153 | 190/100 | |
| RECOVERY | | 03:59 | 0.00 | 0.00 | 96 | 200/100 | |

The patient exercised according to the BRUCE for 8:59 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 90 bpm rose to a maximal heart rate of 153 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 160/100 mmHg, rose to a maximum blood pressure of 200/100 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

Exercise of bruce protocol for 8.59 min
Target heart rate achieved.
No angina/arrhythmias.No ST-T Changes.
Test is negative for induced ischemia.

Physician

Technician

Dr. Devrao Thenge
MD, DNB (Cardiology)
Reg. No. 2001/02/491

Sirsat, Sarjerao
 Patient ID 98865
 09.12.2023
 12:36:32pm

Male 172 cm 82 kg
 53yrs Asian
 Meds:

BRUCE: Total Exercise Time 08:59
 Max HR: 153 bpm 91% of max predicted 167 bpm HR at rest: 90
 Max BP: 200/100 mmHg BP at rest: 160/100 Max RPP: 28500 mmHg*bpm

Maximum Workload: 10.10 METS
 Max ST: -1.60 mm, 0.00 mV/s in II; EXERCISE STAGE 3 07:00
 ST/HR index: 2.20 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: Exercise of bruce protocol for 8.59 min

Target heart rate achieved.

No angina/arrhythmias. No ST-T Changes.

Test is negative for induced ischemia.

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (mmHg*bpm) | VE (/min) | ST Level (II mm) | Comment |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|----------------|-----------|------------------|---------|
| PRETEST | SUPINE | 03:49 | 0.00 | 0.00 | 1.0 | 83 | 160/100 | 13280 | 1 | 0.35 | |
| | STANDING | 00:34 | 0.50 | 0.00 | 1.1 | 73 | | | 1 | 0.30 | |
| EXERCISE | STAGE 1 | 03:00 | 1.70 | 10.00 | 4.6 | 114 | 170/100 | 19380 | 0 | 0.20 | |
| | STAGE 2 | 03:00 | 2.50 | 12.00 | 7.0 | 137 | 180/100 | 24660 | 0 | -1.60 | |
| | STAGE 3 | 02:59 | 3.40 | 14.00 | 10.1 | 153 | 190/100 | 29070 | 0 | -1.20 | |
| RECOVERY | | 03:59 | 0.00 | 0.00 | 1.0 | 96 | 200/100 | 19200 | 0 | -0.40 | |

Sirsat, Sarjerao
Patient ID 98865
09.12.2023
12:40:22pm

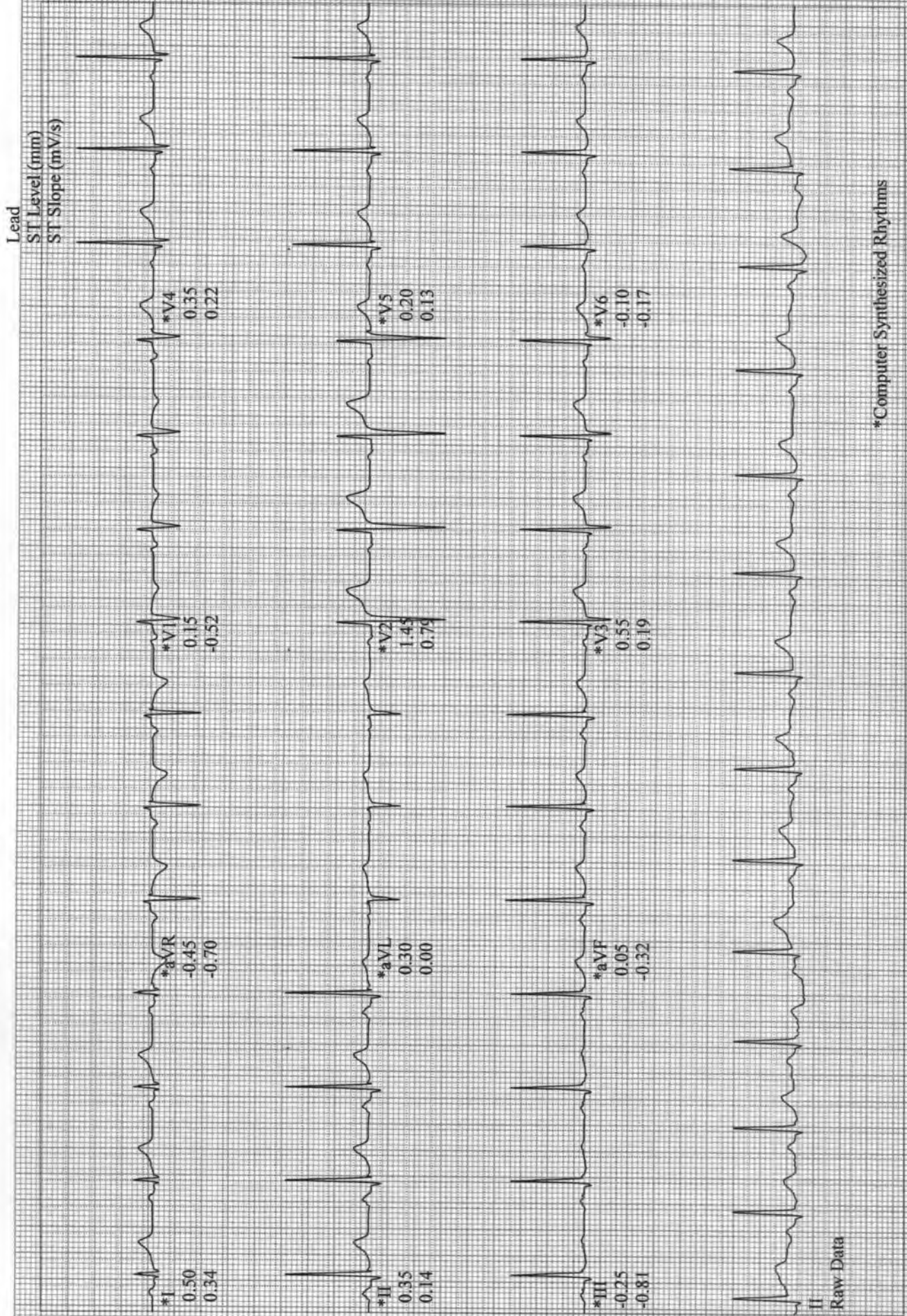
Linked Medians

PRETEST
SUPINE
03:47

85 bpm
160/100 mmHg

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL



*Computer Synthesized Rhythms

Sirsat, Sarjerao
Patient ID 98865
09.12.2023
12:40:23pm

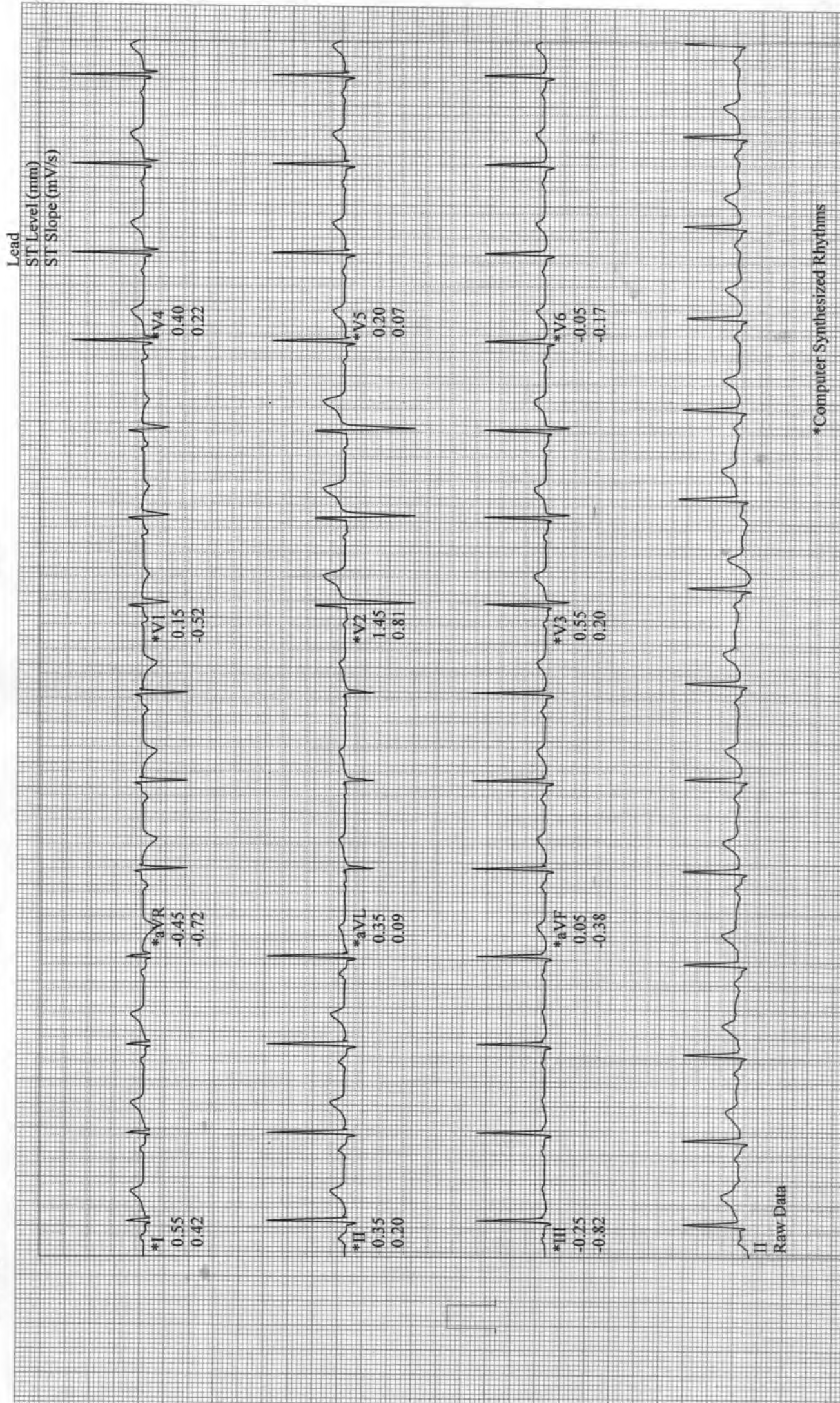
Linked Medians

PRETEST
STANDING
03:50

83 bpm
160/100 mmHg

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL



Sirsat, Sarjerrao
Patient ID 98865
09.12.2023
12:43:51pm

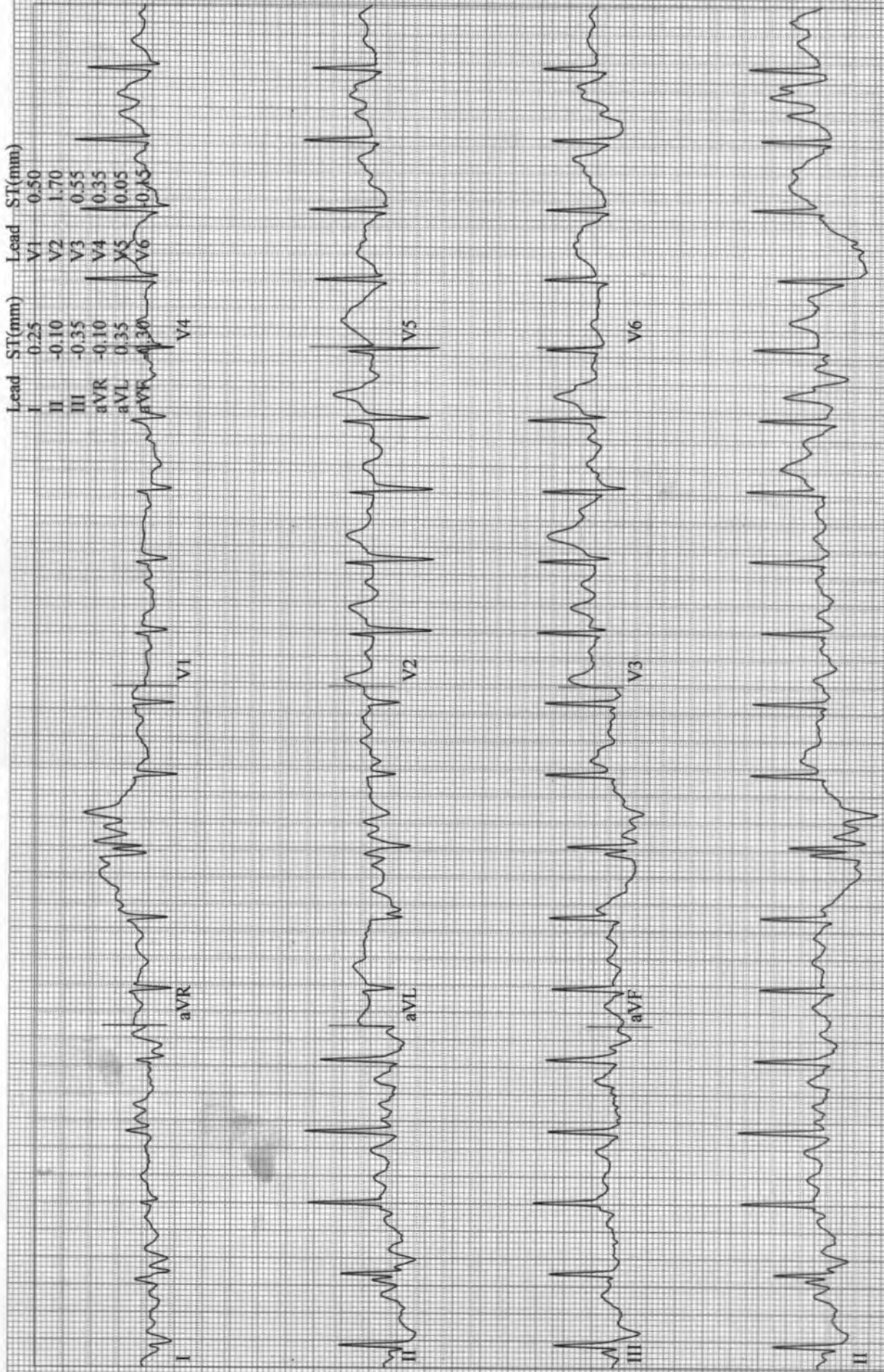
12-Lead Report

EXERCISE
STAGE I
02:50
BRUCE
1.7 mph
10.0 %

115 bpm
170/100 mmHg

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points



Sirsat, Sarjerao
Patient ID 98865
09.12.2023
12:46:51pm

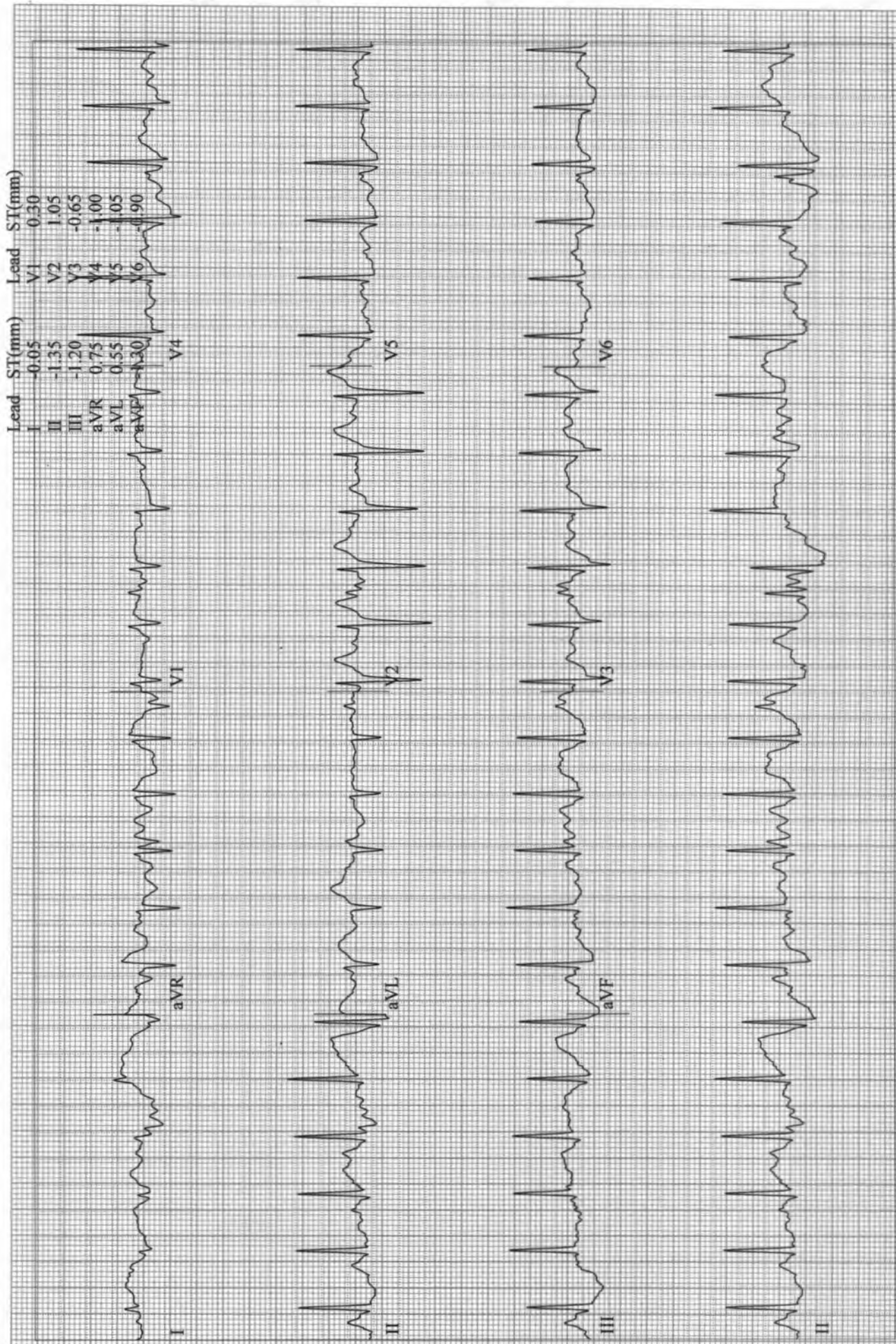
12-Lead Report
EXERCISE
STAGE 2
05:50

136 bpm
180/100 mmHg

BRUCE
2.5 mph
12.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points



Sirsat, Sarjerao
Patient ID 98865
09.12.2023
12:49:51pm

12-Lead Report

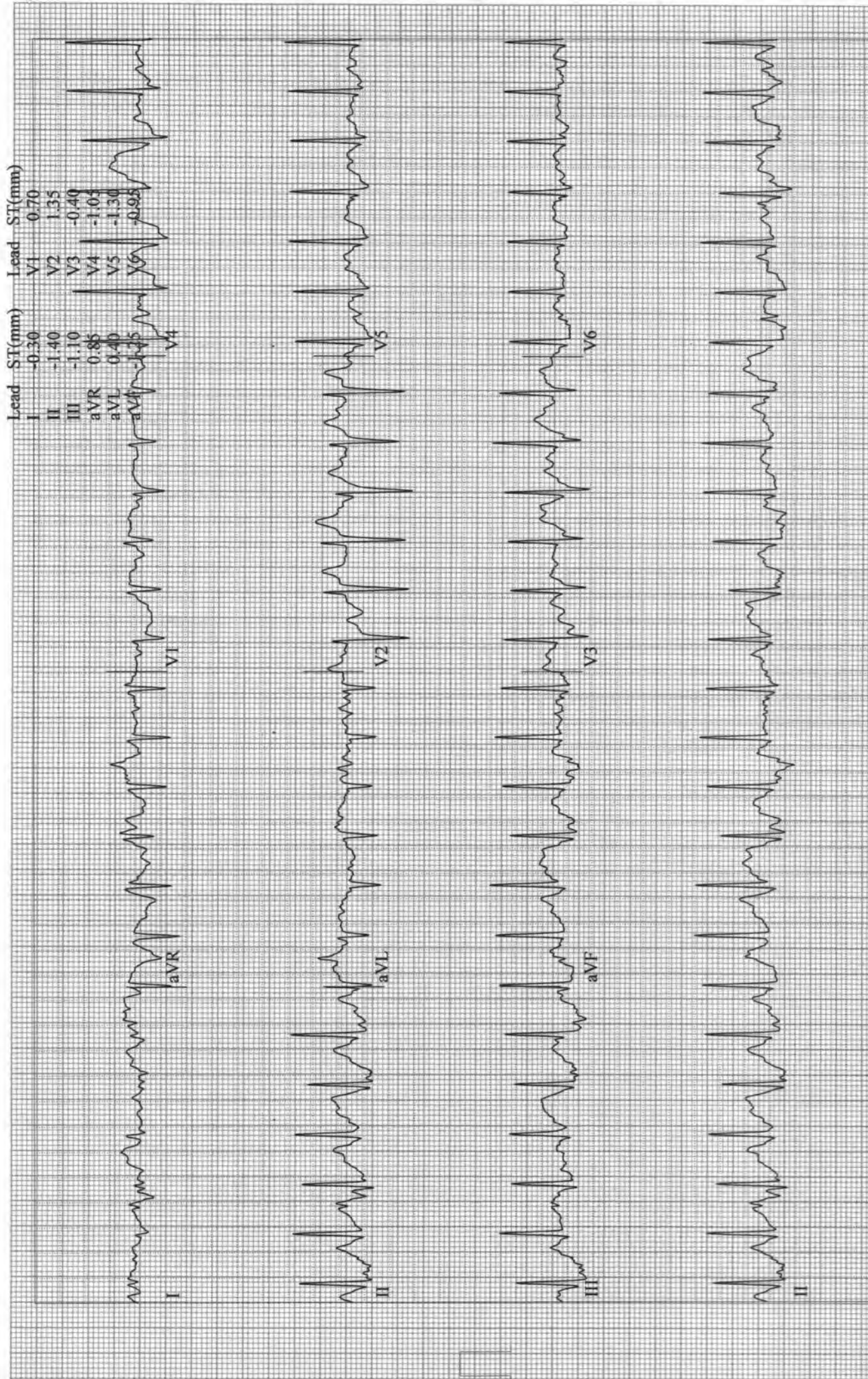
EXERCISE
STAGE 3
08:50

153 bpm
190/100 mmHg

ASIAN HOSPITAL

BRUCE
3.4 mph
14.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

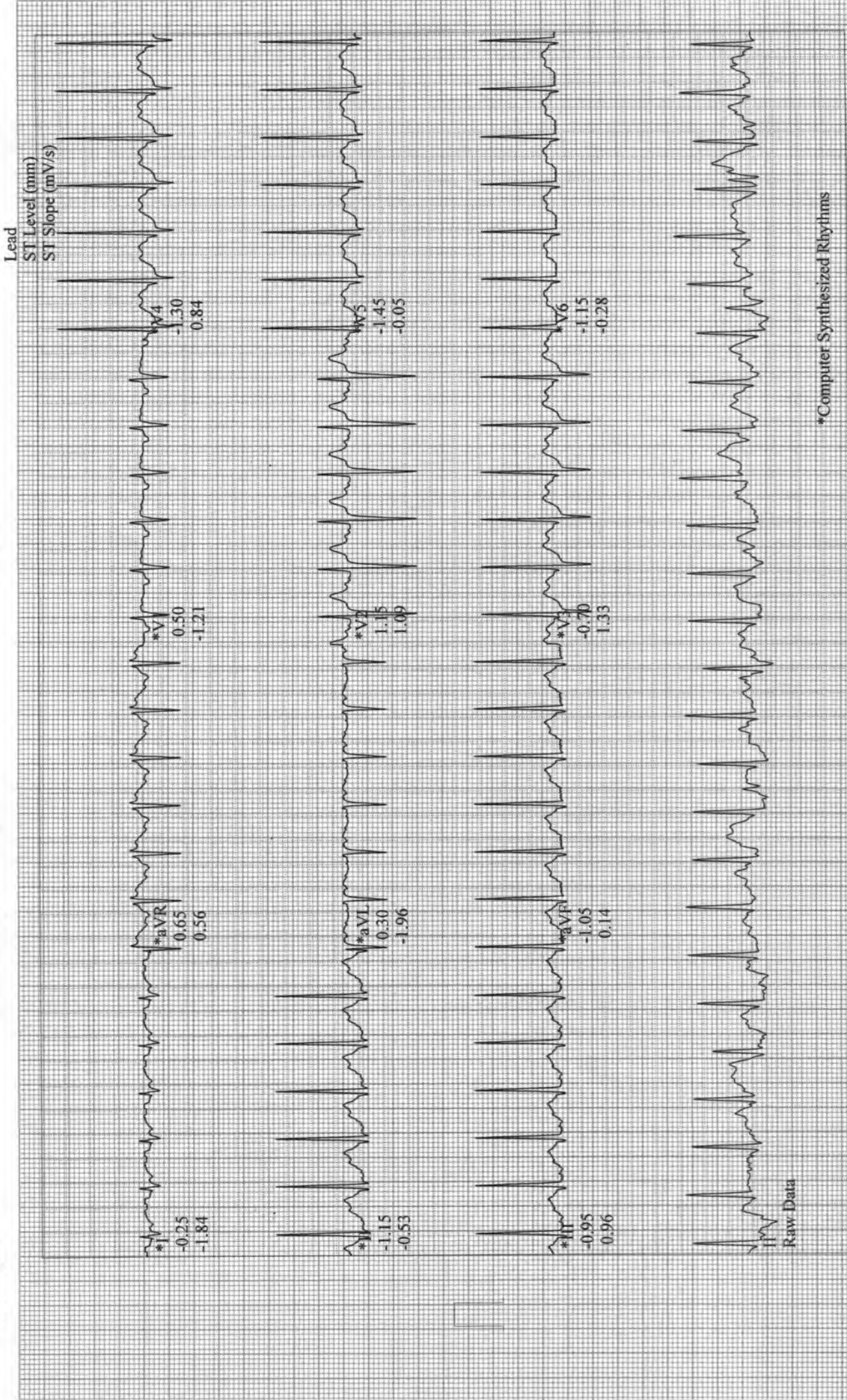


Sirsat, Sarjearo
 Patient ID 98865
 09.12.2023
 12:49:54pm

Linked Medians (PEAK EXERCISE)
 EXERCISE
 STAGE 3
 08:59

153 bpm
 190/100 mmHg

ASIAN HOSPITAL



*Computer Synthesized Rhythms

Sirsat, Sarjerao
Patient ID 98865
09.12.2023
12:50:50pm

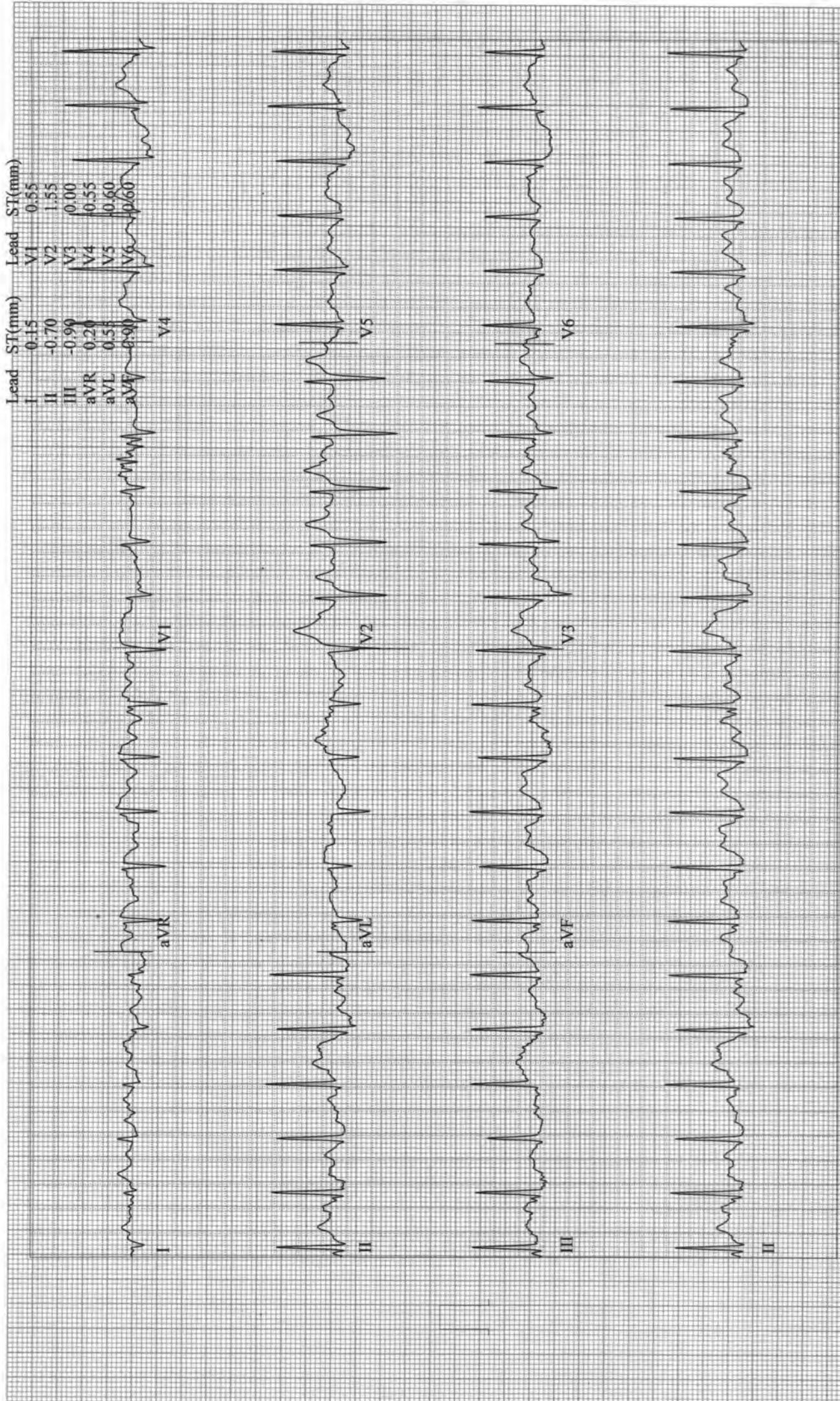
12-Lead Report
RECOVERY
#1
00:50

134 bpm

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points



Sirsat, Sarjerao
Patient ID 98865
09.12.2023
12:51:50pm

12-Lead Report

RECOVERY
#1
01:50

107 bpm

ASIAN HOSPITAL

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
|------|--------|------|--------|

| | | | |
|---|------|----|------|
| I | 0.15 | V1 | 0.45 |
|---|------|----|------|

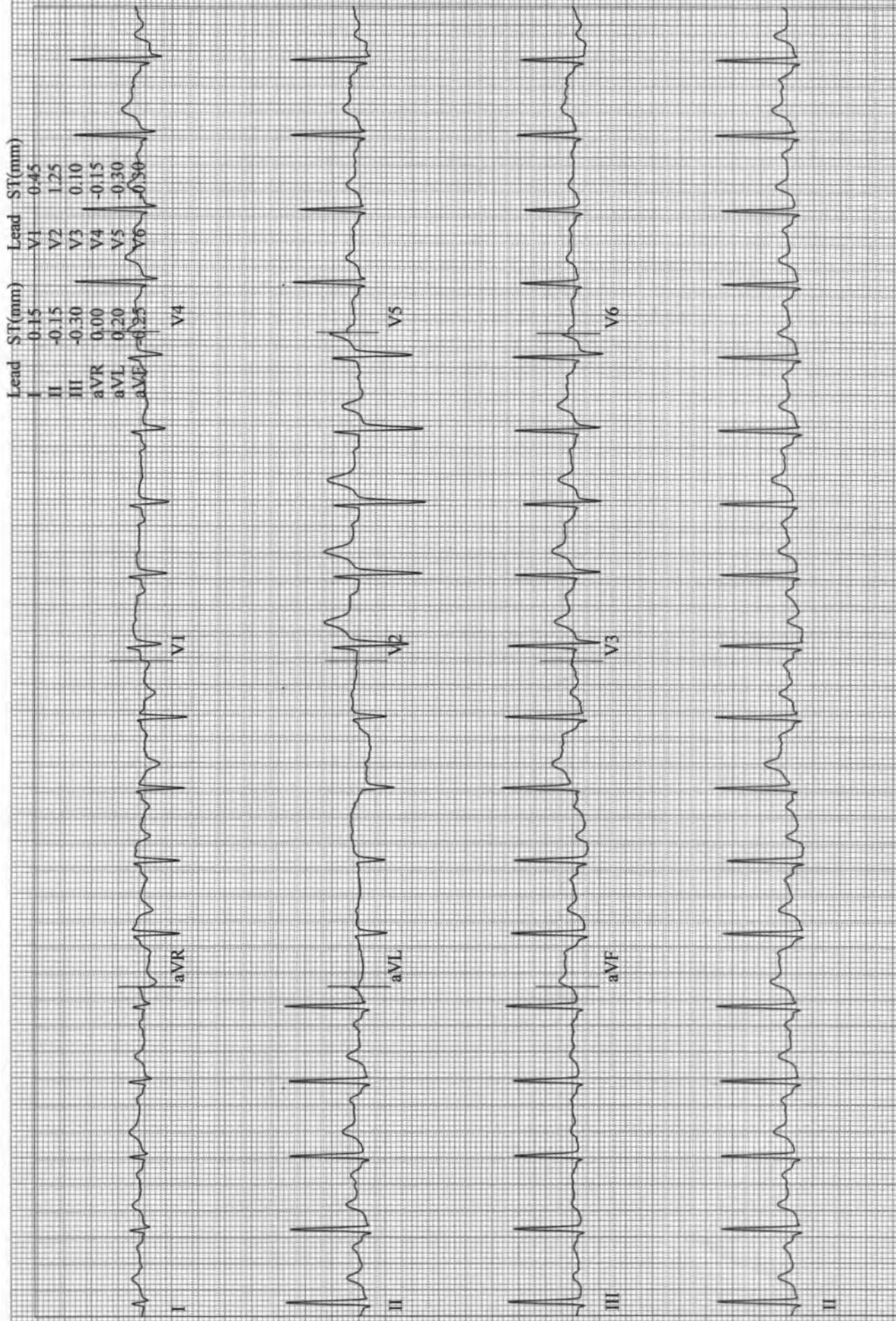
| | | | |
|----|-------|----|------|
| II | -0.15 | V2 | 1.25 |
|----|-------|----|------|

| | | | |
|-----|-------|----|------|
| III | -0.30 | V3 | 0.10 |
|-----|-------|----|------|

| | | | |
|-----|------|----|-------|
| aVR | 0.00 | V4 | -0.15 |
|-----|------|----|-------|

| | | | |
|-----|------|----|-------|
| aVL | 0.20 | V5 | -0.30 |
|-----|------|----|-------|

| | | | |
|-----|------|----|------|
| aVF | 0.25 | V6 | 0.50 |
|-----|------|----|------|



Sirsat, Sarjerao
Patient ID 98865
09.12.2023
12:52:50pm

12-Lead Report
RECOVERY
#1
02:50

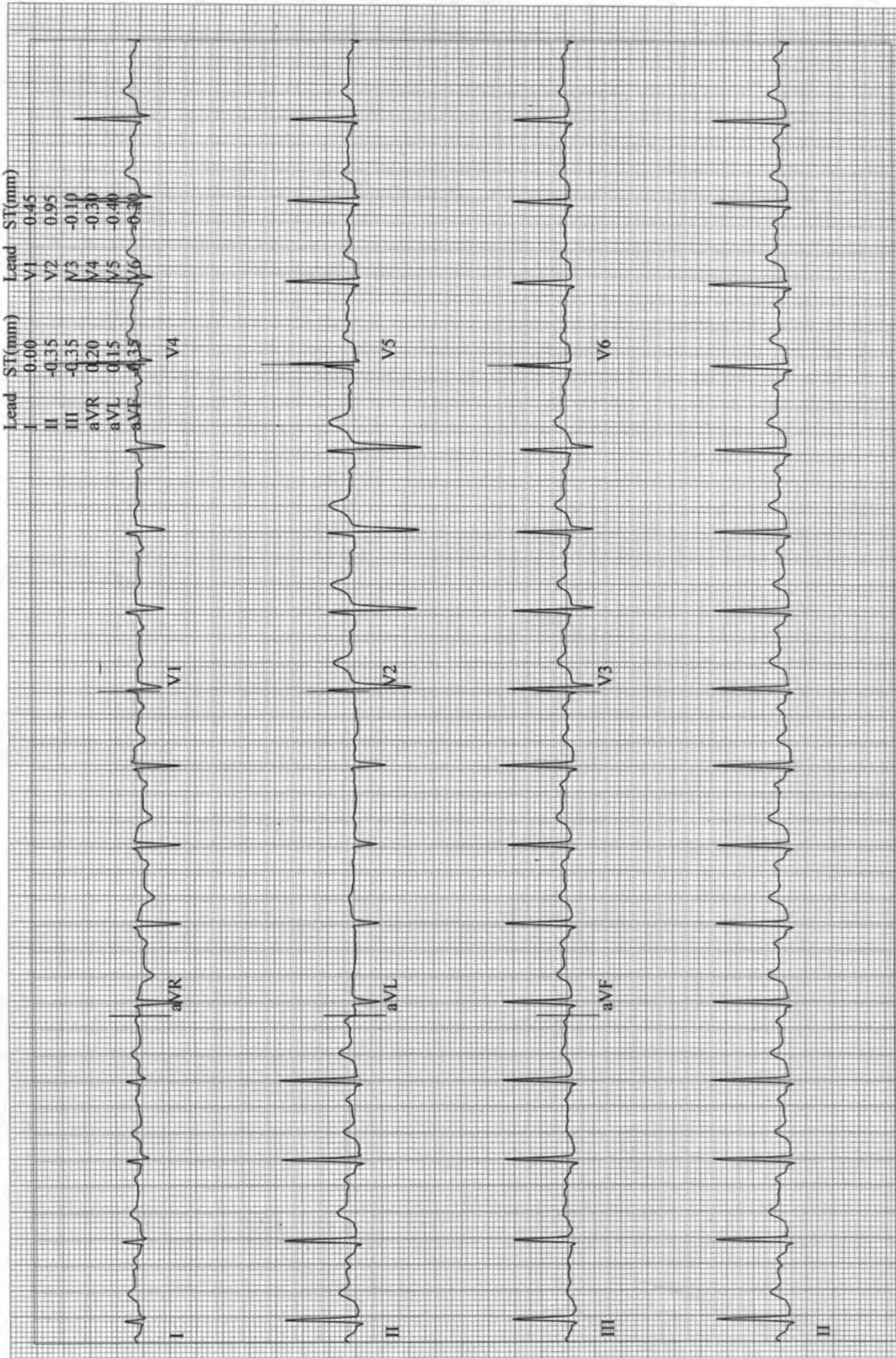
100 bpm
200/100 mmHg

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.00 | V1 | 0.45 |
| II | -0.35 | V2 | 0.95 |
| III | -0.35 | V3 | -0.10 |
| aVR | 0.20 | V4 | -0.30 |
| aVL | 0.15 | V5 | -0.40 |
| aVF | 0.35 | V6 | 0.30 |



Sirsat, Sarjerao
Patient ID 98865
09.12.2023
12:53:50pm

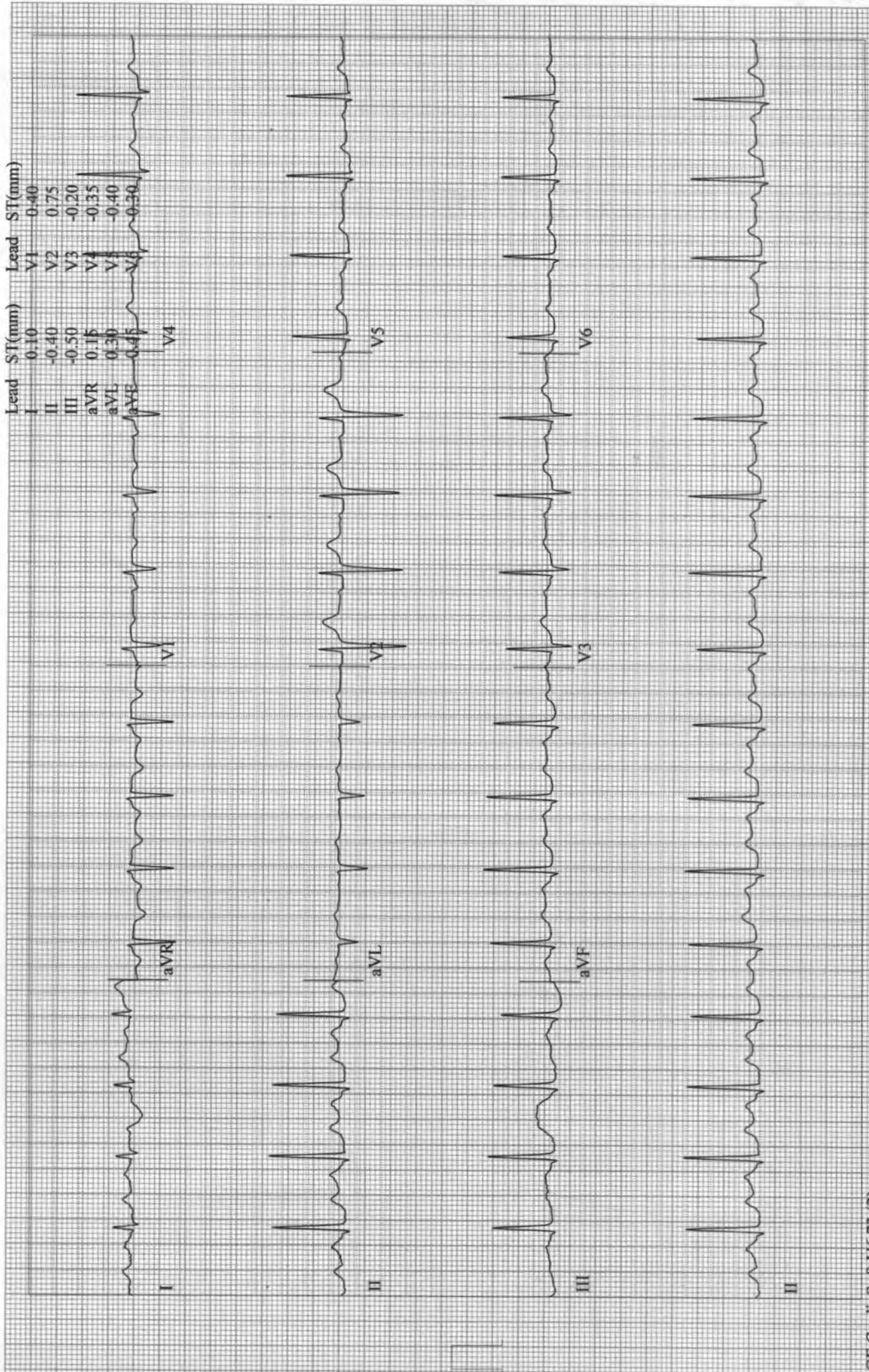
12-Lead Report
RECOVERY
#1
03:50

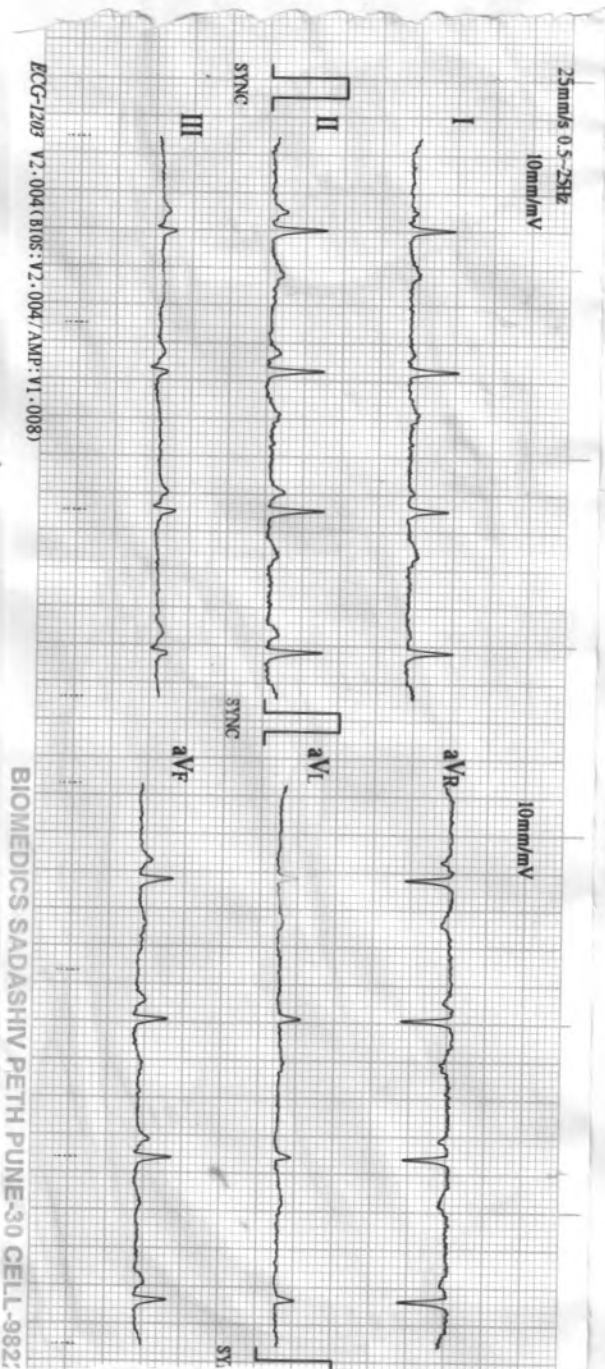
103 bpm

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points



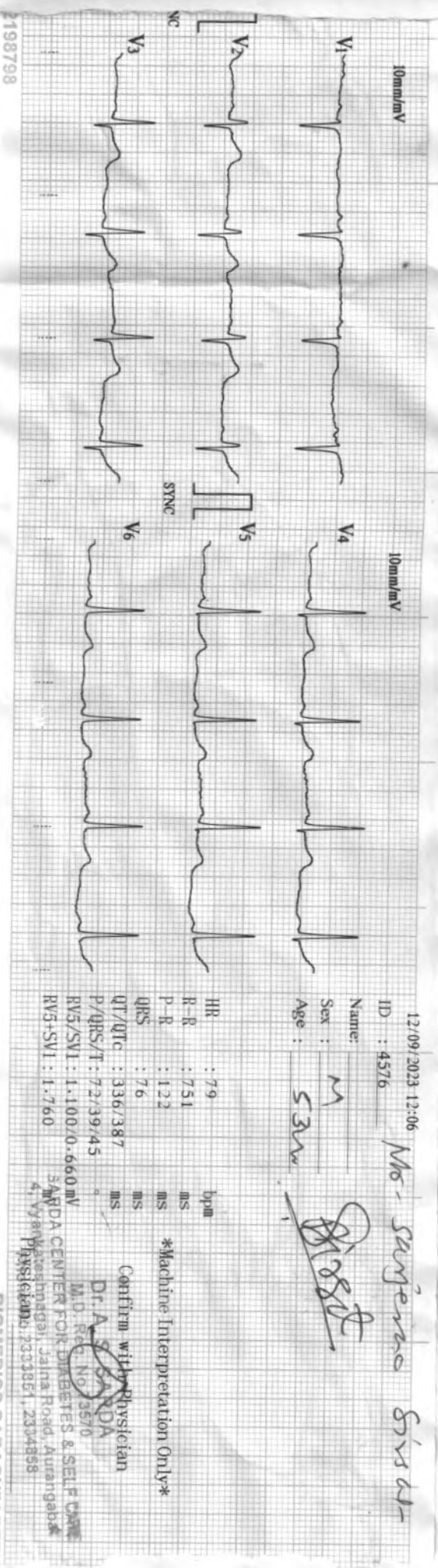


25mm/s 0.5-25Hz
10mm/mV

10mm/mV

ECG-1203 V2:004(BIOS):V2:004/AMP:V1:0083

BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822



12/09/2023 12:06
ID : 4576
Name: Ms - Sangeeta Sisav

Sex : M
Age : 53 yr
Sisav

HR : 79 bpm
R-R : 751 ms
P-R : 122 ms
QRS : 76 ms
QT/QTc : 336/387 ms
P/QRS/T : 72/39/45
RV5/SV1 : 1.100/0.660 mV
RV5-SV1 : 1.760

Confirm with Physician
Dr. A. S. SONDIA
M.D. Reg. No. 3570
ARDA CENTER FOR DIABETES & SELF CARE
Vardhmaneshnagar, Jaina Road, Aurangabad
Psychiatry: 2333851, 2334858

BIOMEDICS SADASHIV PETH

2198798

SARDA

CENTRE FOR DIABETES & SELF CARE

4, Vyankatesh Nagar, Jalna Road, Aurangabad. Ph. : (0240) 2333851, 2334658.

Name: MR. Sarje & Co Age: 53 y/m
Sirsat BSB

CLINICAL SUMMARY:

Weight: _____ Height (Cms): _____ Blood Pressure: _____

ECG FINDINGS:

Rate: 79 /min ORS. Complex: ⊙

Rhythm: ⊙ ST Segment: ⊙

Mechanism: ⊙ T. Wave: ⊙

Axis: ⊙ QT Interval: ⊙

P. Wave: ⊙ PR Interval: ⊙

Recommendation: Wm

Date: 9/12/2013
Dr. A. S. Sarda
M.D. (P) 6
CENTRE FOR DIABETES & SELF CARE
4, Vyankatesh Nagar, Aurangabad
Dr. _____

Dr. Amey Jaju
MBBS, DNB Radiology
Fellowship in MSK Imaging
Regd. No. : 2019/05/3879



Anushree
Sonography & X-Ray Centre

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: SARJERAO SIRSAT

Date: 09/12/2023

Patient Id: 4317

Age/Sex: 54 Years / MALE

Ref Phy: DR. SARDA

Address :

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 13.1 cm, shape, position, echogenicity and echotexture. Normal respiratory movements are seen. No focal solid or cystic mass lesion is noted.

BILIARY SYSTEM: Gall bladder shows normal physiological distention. No mural mass or calculus is noted. There is no evidence of pericholecystic fluid. CBD and intra hepatic biliary radicles show normal caliber.

PANCREAS: The pancreas is normal in size, shape, and echogenicity and echo texture. No solid or cystic mass lesion is noted. Pancreatic duct is not dilated.

SPLEEN: The spleen is normal in size It measures 9.8 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 9.2 x 4.6 cm. Left kidney measures 9.5 x 4.2 cm. Both kidneys are normal in size, shape, position, echogenicity and echotexture. Normal corticomedullary differentiation is noted. No focal solid or cystic mass lesion or any calculus is seen. Pelvicalyceal systems on both sides are normal.

URINARY BLADDER: The urinary bladder shows physiological distention. It shows normal wall thickness. No calculus or mass lesion is seen.

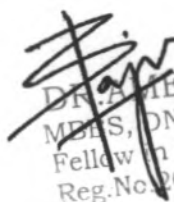
PROSTATE: The prostate is normal in shape, position, echogenicity and echotexture. The prostate measure 3.3 x 2.9 x 2.9 cm (volume = 14.3 gm). There is no focal solid or cystic mass lesion in it.

SEMINAL VESICALS : Both seminal vesicles are normal in size, shape, echogenicity and echotexture.

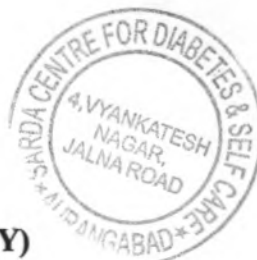
OTHERS: There is no free or loculated fluid collection in abdomen or pelvis. No significant lymphadenopathy is noted.

CONCLUSION:

SONOGRAPHY OF ABDOMEN & PELVIS IS NORMAL.


DR. AMEY S. JAJU
MBBS, DNB (Radiology)
Fellow in MSK Imaging
Reg. No. 2019/05/3879

DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)
Fellow in MSK imaging
CONSULTANT RADIOLOGIST



Dr. Amey Jaju
MBBS, DNB Radiology
Fellowship in MSK Imaging



Anushree
Sonography & X-Ray Centre

Regd. No.: 2019/05/3879

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

| | |
|--------------------------------------|---------------------------------|
| Patient Name: SARJERAO SIRSAT | Date: 09/12/2023 |
| Patient Id: 4314 | Age/Sex: 54 Years / MALE |
| Ref Phy: DR. SARDA | Address : |

RADIOGRAPH OF CHEST PA VIEW

Findings:

- Both the lung fields are clear.
- The broncho vascular markings are appears normal.
- The hilar shadows are appears normal.
- Both Cardiophrenic and Costophrenic angles are clear.
- The Cardiac silhoutte is within normal limits.
- Aortic shadow is normal.
- Both domes of diaphragms are normal.
- The visualised bony thorax is normal.

Impression:

No significant abnormality noted in X-ray chest.

DR. AMEY S. JAJU
MBBS, DNB (Radiology)
Fellow in MSK Imaging
Reg. No. 2019/05/3879



DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)
Fellow in MSK imaging
CONSULTANT RADIOLOGIST

ANUSHREE SONOGRAPHY & X-RAY CENTRE

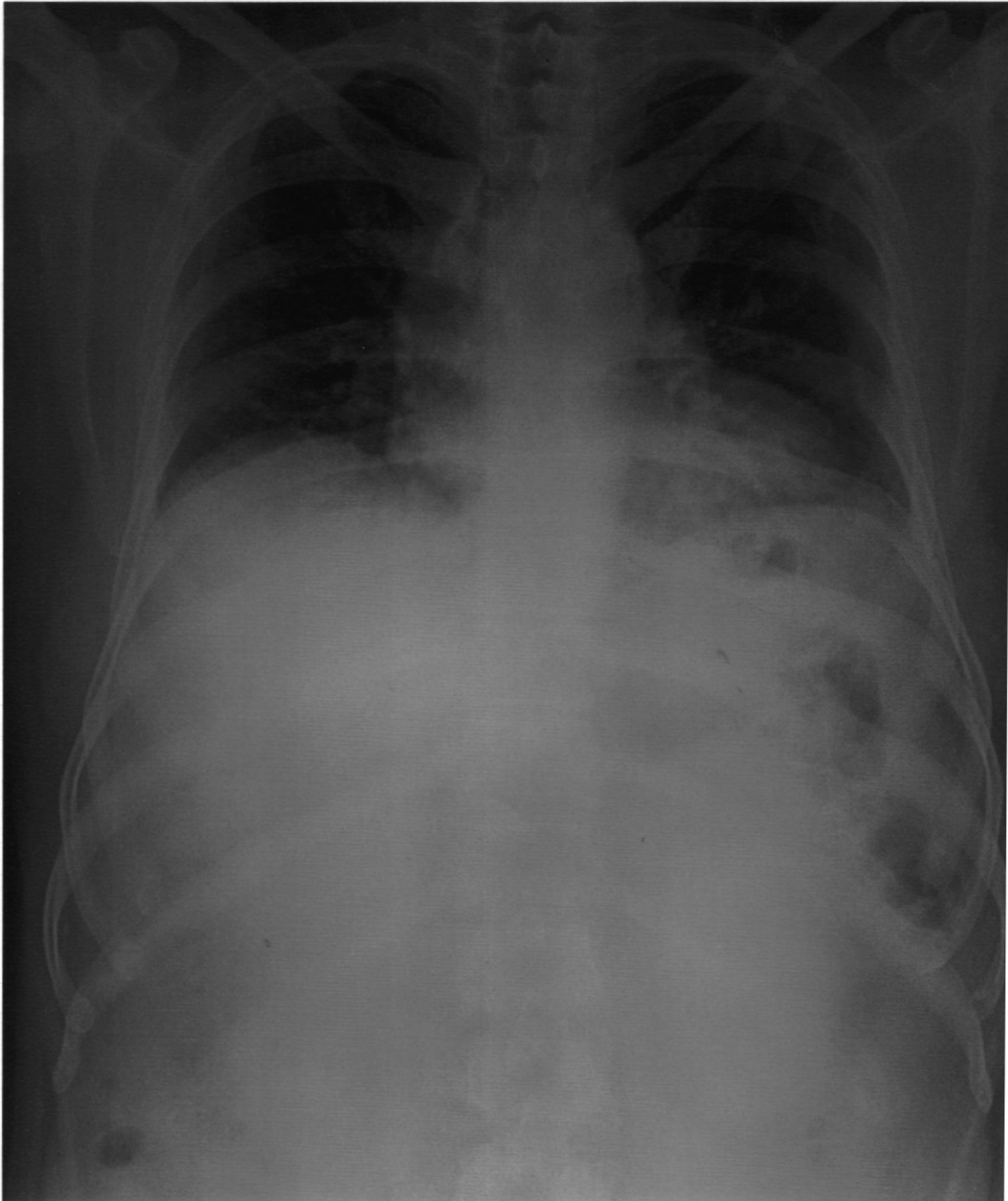
Name: Sarjerao Sirsat

Age: 54 Y

Sex: Male

RefDr: Dr. Sarda

Date: 09-Dec-





भारत सरकार
GOVERNMENT OF INDIA



सर्जेराव येदुबा सिरसाट
Sarjerao Yeduba Sirsat

जन्म वर्ष / Year of Birth : 1970
पुरुष / Male

3642 6302 2766



आधार — सामान्य माणसाचा अधिकार

Patient Name : MR SIRSAT SARJERAO



SCD23/6210



Age/Gender : 50 Yrs/Male

Report Date

: 11/12/2023

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|----------------------------------|---------------|------|-----------------------------|
| BLOOD GROUP AND RH FACTOR | | | |
| Blood Group | 'A' | | |
| Rh Factor | POSITIVE(+VE) | | |

Dr.S R. SARDA
M.D. Reg. No. 5462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SIRSAT SARJERAO

Age/Gender : 50 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD23/6210

Report Date

: 11/12/2023



HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 5.3 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 105 mg/dL

As per American Diabetes Association (ADA)

| Reference Group | HbA1c in % |
|---------------------------------------|--|
| Non diabetic adults >=18 years | <5.7 |
| At risk (Prediabetes) | 5.7 - 6.4 |
| Diagnosing Diabetes | >= 6.5 |
| Therapeutic goals for glycemc control | Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5 |

ADA criteria for correlation

| HbA1c(%) | Mean Plasma Glucose (mg/dL) |
|----------|-----------------------------|
| 6 | 126 |
| 7 | 154 |
| 8 | 183 |
| 9 | 212 |
| 10 | 240 |
| 11 | 269 |
| 12 | 298 |

Note:1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments:HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

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Patient Name : MR SIRSAT SARJERAO

Age/Gender : 50 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD23/6210

Report Date

: 11/12/2023



BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|--|--------|-------|-----------------------------|
| KIDNEY FUNCTION TEST(KFT) | | | |
| Urea <i>Method: Urease UV GLDH</i> | 19.7 | mg/dl | 10.0 - 45.0 |
| Serum Creatinine <i>Method: Modified Jaffe with no deproteinization</i> | 0.8 | mg/dl | 0.6 - 1.4 |
| Uric Acid <i>Method: Uricase Peroxidase</i> | 4.6 | mg/dl | 3.6 - 7.7 |
| Blood Urea Nitrogen-BUN <i>Method: Calculated</i> | 7.9 | mg/dl | 7 - 20 |

Interpretation :

Kidney function tests help to screen the individual for renal disease and to determine the extent or progression of renal disease. These tests also aid in determining drug dosage for drugs excreted through the kidneys. The clinical syndrome resulting from decreased renal function and azotemia is called uremia. Renal azotemia: glomerular nephritis and chronic pyelonephritis. Prerenal azotemia: severe dehydration, hemorrhagic shock, and excessive protein intake. Post renal azotemia: urethral stones or tumors and prostatic obstructions. Measurement of urea in dialysis fluids is widely used in assessing the adequacy of renal replacement therapy.

In these prerenal situations, the plasma creatinine concentration may be normal. In obstructive post renal conditions, both plasma creatinine and urea concentrations will be increased, although there is often a greater increase in plasma urea than creatinine because of the increased back diffusion. These considerations give rise to the principal clinical utility of plasma urea, which lies in its measurement in conjunction with that of plasma creatinine and subsequent calculation of the urea nitrogen/creatinine ratio. This ratio has been used as a crude discriminator between prerenal and postrenal azotemia. Significantly lower ratios usually denote (1) acute tubular necrosis, (2) low protein intake, (3) starvation, or (4) severe liver disease (decreased urea synthesis). So even though blood urea is not an excellent marker of renal dysfunction as it rises quite late in the dysfunction and its rise is also not exclusive to kidney dysfunction, but for practical purposes serum urea level is still one of the most ordered test and forms an important part of the kidney function test.

Concentrations in excess of 6.0 mg/dL at 32 weeks gestation have been noted to be associated with a high perinatal mortality rate.

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4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SIRSAT SARJERAO

Age/Gender : 50 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD23/6210

Report Date

: 11/12/2023



LIPID PROFILE

| | | | |
|--|-------|-------|---|
| Cholesterol-Total <i>Method: Spectrophotometry</i> | 103 | mg/dL | < 200 - Desirable 200 - 239 -Boderline High > 240 - High |
| Triglycerides level <i>Method: Serum, Enzymatic, endpoint</i> | 154 | mg/dL | < 150 - Normal 150 - 199 -Boderline High 200 - 499 -High >500 Very -High |
| HDL Cholesterol <i>Method: Serum, Direct measure-PEG</i> | 43 | mg/dL | < 40 - Low > 40 - Normal |
| LDL Cholesterol <i>Method: Enzymatic selective protection</i> | 29.20 | mg/dL | < 100 - Optimal 100 - 129 - Near/Above Optimal 130 - 159 - Borderline high 160 - 189 - High > 190 - Very High |
| VLDL Cholesterol <i>Method: Serum, Enzymatic</i> | 30.80 | mg/dL | 6 - 38 |
| CHOL/HDL RATIO <i>Method: Serum, Enzymatic</i> | 2.40 | | 3.5 - 5.0 |
| LDL/HDL RATIO <i>Method: Serum, Enzymatic</i> | 0.68 | | 2.5 - 3.5 |

NOTE

8-10 hours fasting sample is required

Dr.S R. SARDA
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4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SIRSAT SARJERAO

Age/Gender : 50 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD23/6210

Report Date

: 11/12/2023



BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|------------------|--------|------|-----------------------------|
|------------------|--------|------|-----------------------------|

BLOOD SUGAR FASTING & PP (BSF & PP)

| | | | |
|---------------------|----|-------|----------|
| BLOOD SUGAR FASTING | 98 | mg/dl | 70 - 110 |
|---------------------|----|-------|----------|

Method: Hexokinase

| | | | |
|---------------------------|-----|-------|----------|
| BLOOD SUGAR POST PRANDIAL | 101 | mg/dl | 70 - 140 |
|---------------------------|-----|-------|----------|

Method: Hexokinase

ADA 2019 Guidelines for diagnosis of Diabetes Mellitus

Fasting Plasma Glucose > 126 mg/dl

Postprandial Blood Glucose > 200 mg/dl

Random Blood Glucose > 200 mg/dl

HbA1c Level > 6.5%

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Phone No. 2333851, 2334858

Patient Name : MR SIRSAT SARJERAO

Age/Gender : 50 Yrs/Male

Ref. Dr. : MEDIWHEEL



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BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|--|--------|-------|-----------------------------|
| LIVER FUNCTION TEST (LFT) | | | |
| TOTAL BILIRUBIN <i>Method: Serum, Jendrassik Grof</i> | 0.4 | mg/dl | 0.2 - 1.0 |
| DIRECT BILIRUBIN <i>Method: Serum, Diazotization</i> | 0.1 | mg/dL | 0.0 - 0.3 |
| INDIRECT BILIRUBIN <i>Method: Serum, Calculated</i> | 0.30 | mg/dl | 0.3 - 0.7 |
| SGPT (ALT) <i>Method: Serum, UV with P5P, IFCC 37 degree</i> | 24 | U/L | 15 - 40 |
| SGOT (AST) <i>Method: Serum, UV with P5P, IFCC 37 degree</i> | 21 | U/L | 15 - 40 |
| ALKALINE PHOSPHATASE <i>Method: DGKC</i> | 92 | U/L | 74 - 390 |
| TOTAL PROTEIN <i>Method: Serum, Biuret, reagent blank end point</i> | 6.9 | g/dl | 6.0 - 8.0 |
| SERUM ALBUMIN <i>Method: Serum, Bromocresol green</i> | 3.8 | g/dl | 3.2 - 4.6 |
| SERUM GLOBULIN <i>Method: Serum, Calculated</i> | 3.10 | g/dl | 1.8 - 3.6 |
| A/G RATIO <i>Method: Serum, Calculated</i> | 1.23 | | 1.2 - 2.2 |
| Gamma Glutamyl Transferase-Serum <i>Method: Kinetic</i> | 24 | IU/L | 15 - 73 |

NOTE :
In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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IMMUNOASSAY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|--|--------|-------|-----------------------------|
| PSA (PROSTATE SPECIFIC ANTIGEN)-SERUM | | | |
| PSA (PROSTATE SPECIFIC ANTIGEN)-Serum | 0.83 | ng/ml | LESS THAN 4.0 |

Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

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Thyroid Function Test (TFT)

| | | | |
|------------|--------|-------|---|
| T3 | 114.59 | ng/dl | 80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 : 16 Yr-18 Yr, 87-173 : > 18 years, |
| T4 | 10.96 | ng/dl | 5.9-21.5 : 10-31 Days, 5.9-21.5 : 0-1 Month, 6.4-13.9 : 2-12 Months, 6.09-12.23 : >1 Yr |
| TSH(Serum) | 0.63 | ng/dl | 0.52-16.0 : 1 Day - 30 Days 0.55-7.10 : 1 Mon-5 Years 0.37-6.00 : 6 Yrs-18 Years 0.38-5.33 : 18 Yrs-88 Years 0.50-8.90 : 88 Years |

Method : ECLIA

Clinical features of thyroid disease

| Hypothyroidism | Hyperthyroidism | Grave's disease |
|-------------------|-------------------------------------|-----------------------------|
| Lethargy | Tachycardia | Exophthalmos/proptosis |
| Weight gain | Palpitations (atrial fibrillation) | Chemosis |
| Cold intolerance | Hyperactivity | Diffuse symmetrical goitre |
| Constipation | Weight loss with increased appetite | Pretibial myxoedema (rare) |
| Hair loss | Heat intolerance | Other autoimmune conditions |
| Dry skin | Sweating | |
| Depression | Diarrhoea | |
| Bradycardia | Fine tremor | |
| Memory impairment | Hyper-reflexia | |
| Menorrhagia | Goitre | |
| | Palmar erythema | |
| | Onycholysis | |
| | Muscle weakness and wasting | |
| | Oligomenorrhoea/amenorrhoea | |

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**URINE EXAMINATION REPORT**

| Test Description | Result | Unit | Biological Reference Ranges |
|--------------------------------|-------------|------|-----------------------------|
| URINE ROUTINE | | | |
| Physical Examination | | | |
| Colour | Pale Yellow | | Pale Yellow |
| Apperance | Clear | | Clear |
| Reaction | Acidic | | |
| Deposit | Absent | | |
| Chemical Examination | | | |
| Specific Gravity | 1.010 | | |
| Albumin | Absent | | |
| Sugar | Absent | | Absent |
| Acetone | Absent | | |
| Microscopic Examination | | | |
| RBC's | NIL | /hpf | Nil |
| Pus cells | Occasional | /hpf | 2-3/hpf |
| Epithelial Cells | Absent | /hpf | 1-2/hpf |
| Crystals | Absent | | Absent |
| Casts | Not Seen | | Not Seen |
| Amorphous Deposit | Absent | | Absent |

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|------------------|--------|------|-----------------------------|

COMPLETE BLOOD COUNT

| | | | |
|-----------------------|--------|------------|-----------------|
| Total WBC Count | 7000 | cell/cu.mm | 4000 - 11000 |
| Haemoglobin | 15.2 | g% | 13 - 18 |
| Platelet Count | 178000 | /cumm | 150000 - 450000 |
| RBC Count | 4.43 | /Mill/ul | 4.20 - 6.00 |

RBC INDICES

| | | | |
|------------------------|-------------|-------|-------------|
| Mean Corp Volume MCV | 97.7 | fL | 80 - 97 |
| Mean Corp Hb MCH | 34.3 | pg | 26 - 32 |
| Mean Corp Hb Conc MCHC | 35.1 | gm/dL | 31.0 - 36.0 |
| Hematocrit HCT | 43.3 | % | 37.0 - 51.0 |

DIFFERENTIAL LEUCOCYTE COUNT

| | | | |
|-------------|----|---|---------|
| Neutrophils | 62 | % | 40 - 75 |
| Lymphocytes | 30 | % | 20 - 45 |
| Monocytes | 05 | % | 02 - 10 |
| Eosinophils | 03 | % | 01 - 06 |
| Basophils | 00 | % | 00 - 01 |

NOTE:

1. As per the recommendation of International council for Standardization in Hematology, the differential leukocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

| | | | |
|-----|-----------|-------|---|
| ESR | 09 | mm/hr | Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr. |
|-----|-----------|-------|---|

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report. ****

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