



**SARDA**  
**CENTRE FOR DIABETES & SELF CARE**

4, Vyankatesh Nagar, Jalna Road, Aurangabad. Ph. : (0240) 2333851, 2334858.

Name: No-nith wable Age: 37y/m  
BOB

**CLINICAL SUMMARY:**

Weight: \_\_\_\_\_ Height (Cms): \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

**ECG FINDINGS:**

Rate: 52/min ORS. Complex: (R)

S. Bradycardia

Rhythm: (R) ST Segment: (R)

Mechanism: (R) T. Wave: (R)

Axis: (R) QT Interval: (R)

P. Wave: (R) PR Interval: (R)

Recommendation: wm

Date: 29/01/24

**DR. GITESH R. JAIN**  
M.B.B.S., D.F.C.C.S. (M.A.), D.D.  
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SARDA CENTRE FOR DIABETES & SELF CARE  
4, Venkatesh Nagar, Jalna Road, Aurangabad  
Phone No. 2333851, 2334858

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: <b>NITIN WABLE</b>	Date: <b>29/01/2024</b>
Patient Id: <b>4935</b>	Age/Sex: <b>34 Years / MALE</b>
Ref Phy: <b>DR. SARDA</b>	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)  
Fellowship in MSK Imaging  
Reg. No.: 2019/05/3879



**DR AMEY S. JAJU, MBBS, DNB RADIOLOGY**  
Fellow in MSK imaging

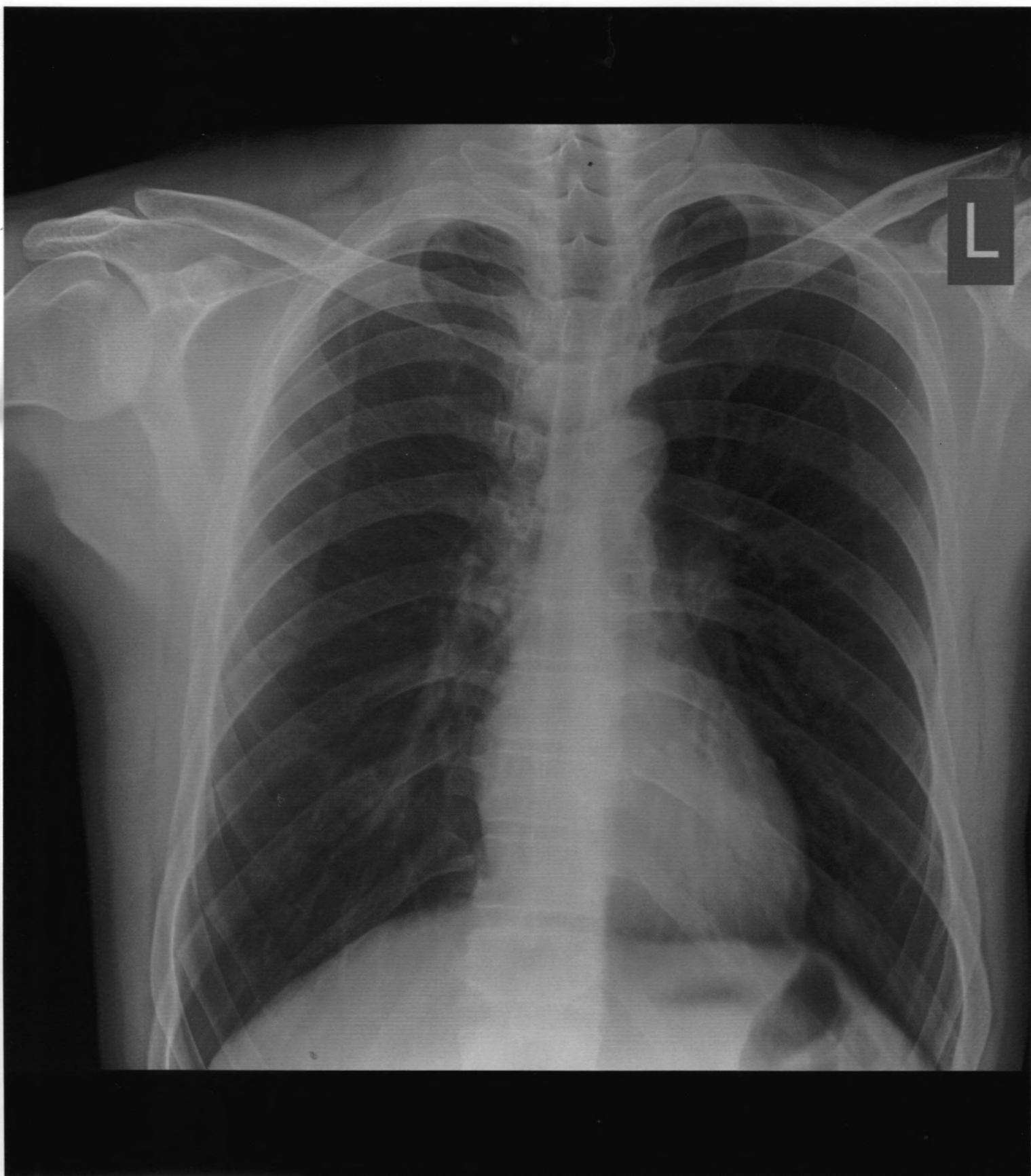
Name: Nitin Wable

Age: 34 Y

Sex: Male

RefDr: Dr. Sarda

Date: 29-Jan-2024



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



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

Patient Name: <b>NITIN WABLE</b>	Date: <b>29/01/2024</b>
Patient Id: <b>4936</b>	Age/Sex: <b>34 Years / MALE</b>
Ref Phy: <b>DR. SARDA</b>	Address :

## ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** The liver is normal in size It measures 12.1 cm, shape, position, echogenicity and echotexture. Normal respiratory movements are seen. Portal vein at porta hepatis measures 10.8 mm. 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, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

**KIDNEYS:** Right kidney measures 8.8 x 4.0 cm. Left kidney measures 8.8 x 3.8 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. 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.

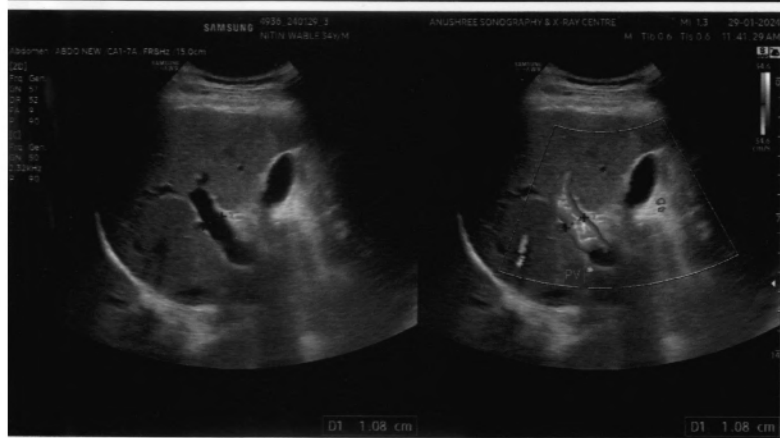
### **CONCLUSION:**

**SONOGRAPHY OF ABDOMEN & PELVIS IS NORMAL.**



**DR AMEY S. JAJU, MBBS, DNB RADIOLOGY**  
Fellow in MSK imaging





# **SARDA**

## **CENTRE FOR DIABETES & SELF CARE**

Name : Mr. Nitin Wable

Age/Sex : 34Yrs/Male

Date : 29 /01/ 2024


Ref.By: Dr.Sarda Sir

### STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 9.00 Min.
- Baseline Heart Rate and Blood Pressure - 76bpm, BP- 120/80mm 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 – 164 bpm, BP – 160/80mm of Hg.
- Predicted Maximal Heart Rate Achieved -88%.
- 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: Wable, Nishu  
Patient ID: 15390  
Height: 184 cm  
Weight: 64 kg

DOB: 14.02.1989  
Age: 34yrs  
Gender: Male  
Race: Asian

Study Date: 29.01.2024  
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	00:15	0.00	0.00	79	120/80	
	STANDING	00:09	0.50	0.00	81		
EXERCISE	STAGE 1	03:00	1.70	10.00	101	130/80	
	STAGE 2	03:00	2.50	12.00	122		
	STAGE 3	03:00	3.40	14.00	162	150/80	
RECOVERY		04:13	0.00	0.00	97	160/80	

The patient exercised according to the BRUCE for 9:00 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 76 bpm rose to a maximal heart rate of 164 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 160/80 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 9.00 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)



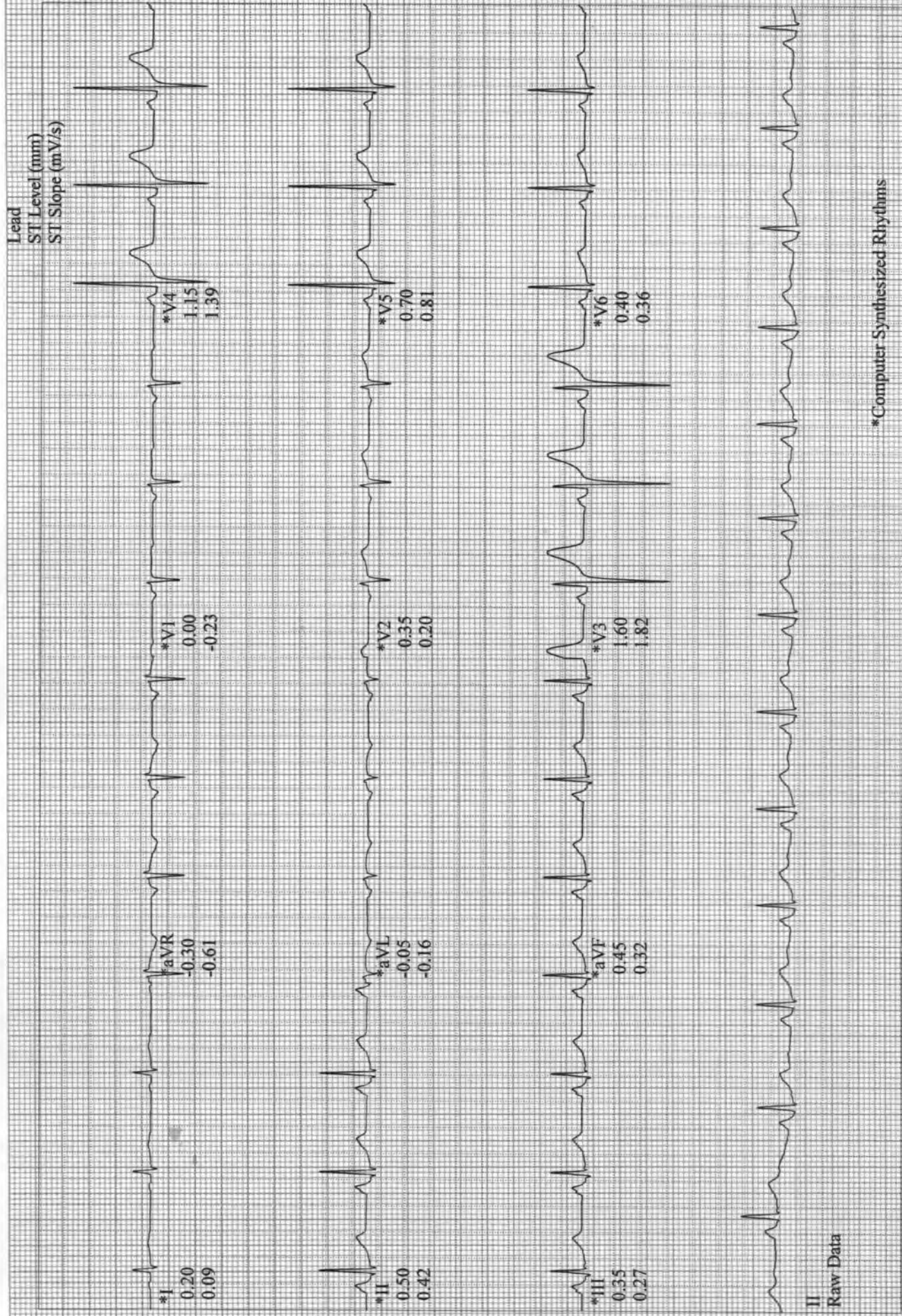


Wable, Nitin  
Patient ID 15390  
29.01.2024  
1:40:25pm

Linked Medians

79 bpm  
120/80 mmHg  
PRETEST  
SUPINE  
00:12  
BRUCE  
0.0 mph  
0.0 %

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II  
Raw Data

\*Computer Synthesized Rhythms

Wable, Nitin  
 Patient ID 15390  
 29.01.2024  
 1:40:28pm

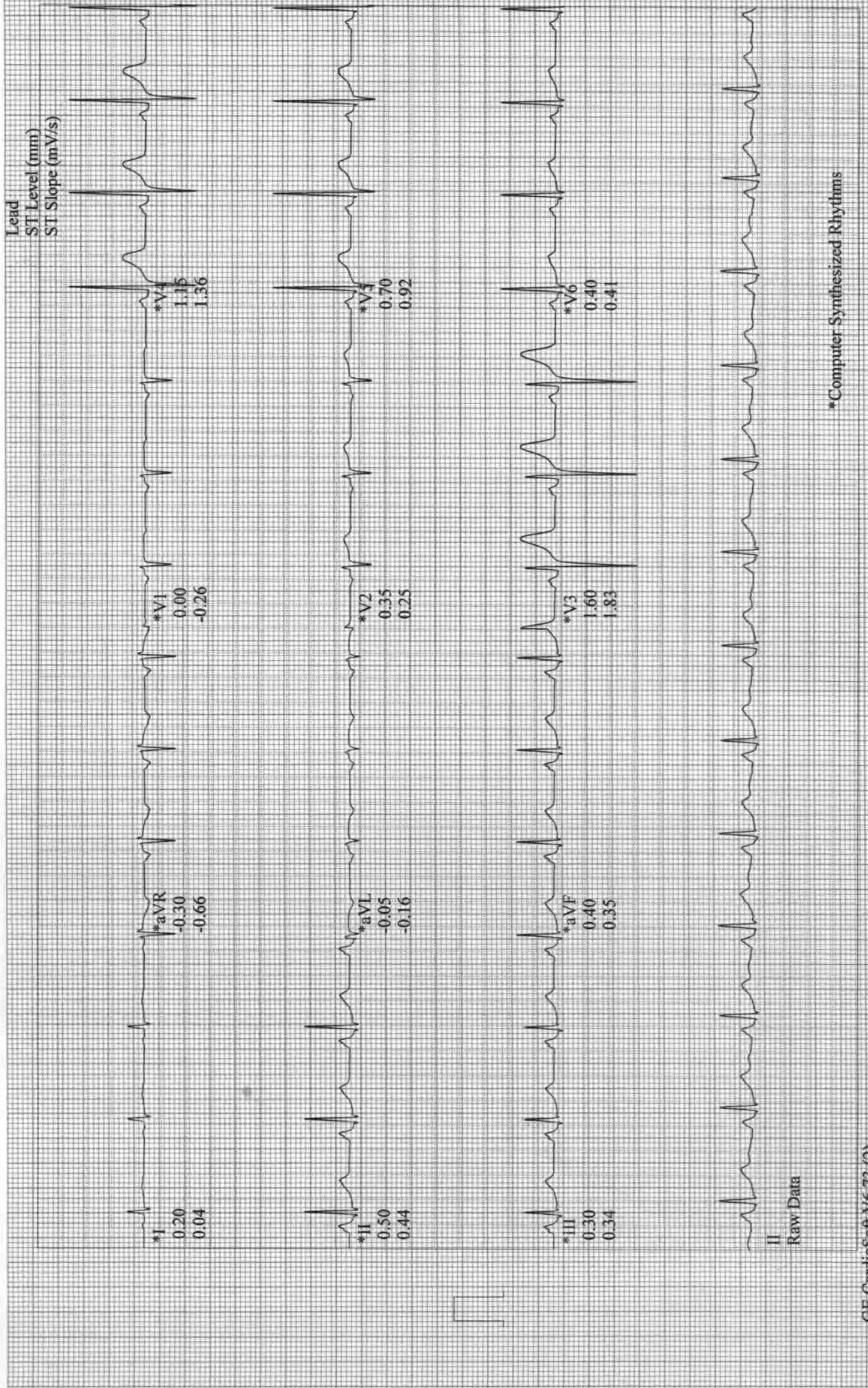
Linked Medians

PRETEST  
 STANDING  
 00:16

79 bpm  
 120/80 mmHg

BRUCE  
 0.0 mph  
 0.0 %

ASIAN HOSPITAL



\*Computer Synthesized Rhythms

Wable, Nitin  
Patient ID 15390  
29.01.2024  
1:43:31pm

12-Lead Report

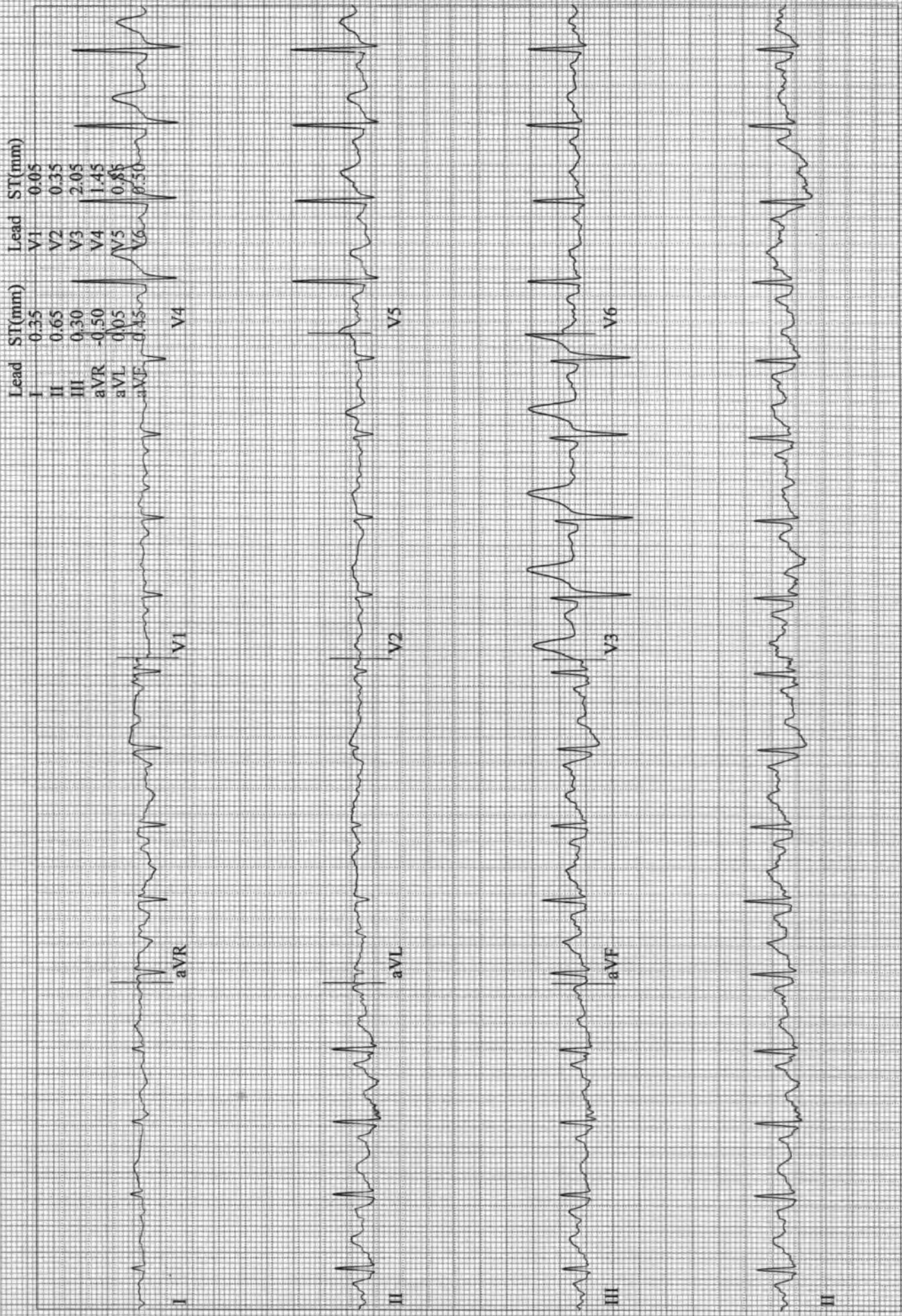
EXERCISE  
STAGE 1  
02:50  
BRUCE  
1.7 mph  
10.0 %

103 bpm  
130/80 mmHg

ASIAN HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.05
II	0.65	V2	0.35
III	0.30	V3	2.05
aVR	-0.50	V4	1.45
aVL	0.05	V5	0.85
aVF	0.15	V6	0.50



Wable, Nitin  
Patient ID 15390  
29.01.2024  
1:46:31pm

12-Lead Report

EXERCISE  
STAGE 2  
05:50

121 bpm

BRUCE  
2.5 mph  
12.0 %

ASIAN HOSPITAL

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

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

I	-0.25	V1	0.05
II	-0.05	V2	0.70
III	-0.35	V3	2.25
aVR	-0.10	V4	1.55
aVL	0.50	V5	0.75
aVF	0.25	V6	0.30



Wable, Nitin  
Patient ID 15390  
29.01.2024  
1:49:31pm

12-Lead Report

EXERCISE  
STAGE 3  
08:50

162 bpm  
150/80 mmHg

BRUCE  
3.4 mph  
14.0 %

ASIAN HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.25	V1	0.25
II	-0.15	V2	0.75
III	-0.50	V3	2.70
aVR	0.00	V4	1.20
aVL	0.40	V5	0.35
		V6	0.90

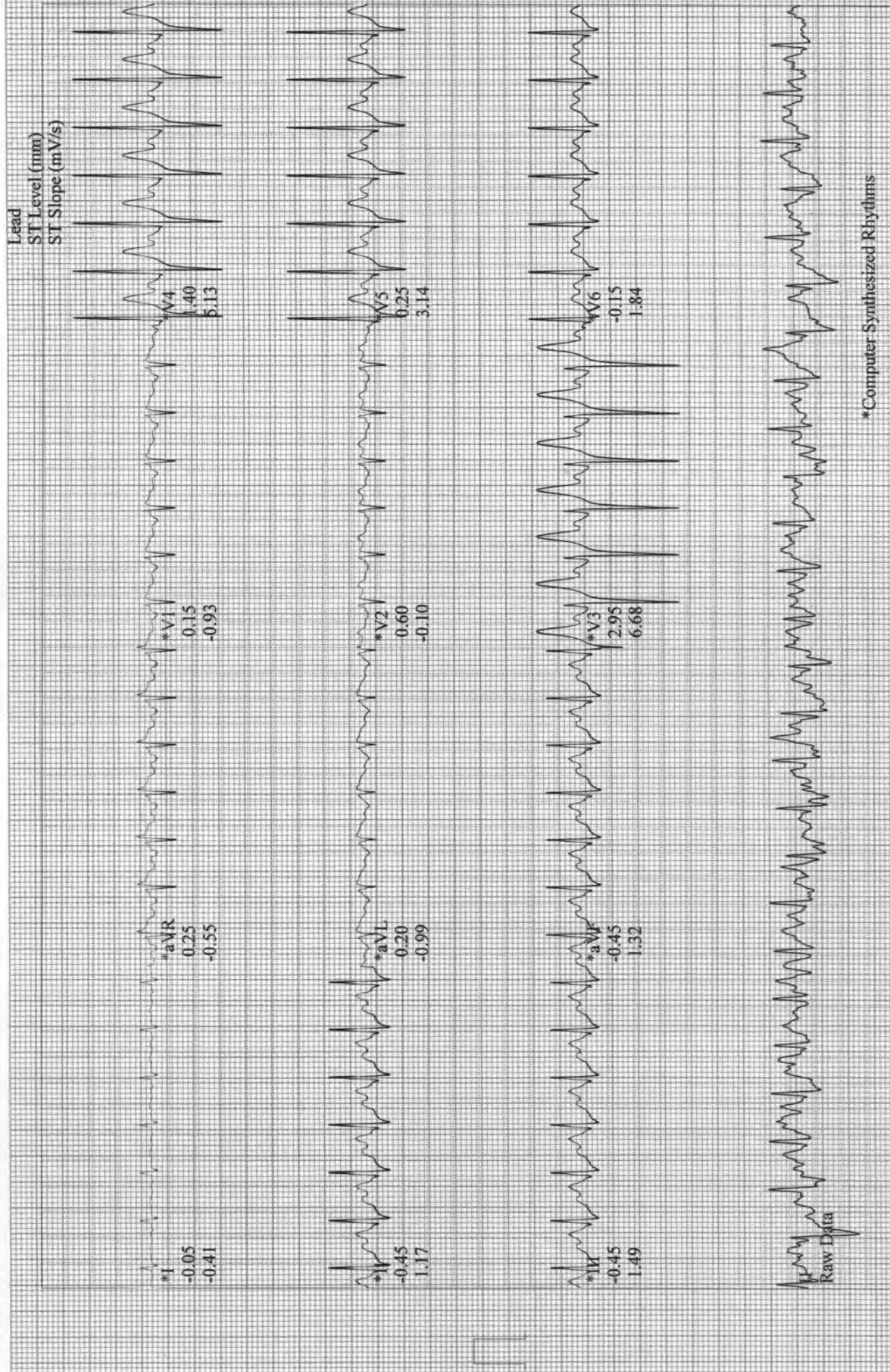


Wable, Nitin  
Patient ID 15390  
29.01.2024  
1:49:35pm

Linked Medians ( PEAK EXERCISE )  
EXERCISE BRUCE  
STAGE 3 3.4 mph  
09:00 14.0 %

162 bpm  
150/80 mmHg

ASIAN HOSPITAL



\*Computer Synthesized Rhythms

Wable, Nitin  
Patient ID 15390  
29.01.2024  
1:50:31pm

12-Lead Report

RECOVERY

#1  
00:50

127 bpm

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	-0.10
II	0.45	V2	0.35
III	0.40	V3	3.55
aVR	-0.25	V4	2.25
aVL	-0.10	V5	1.10
		V6	0.35





Wable, Nitin  
Patient ID 15390  
29.01.2024  
1:51:31pm

12-Lead Report

RECOVERY

#1

01:50

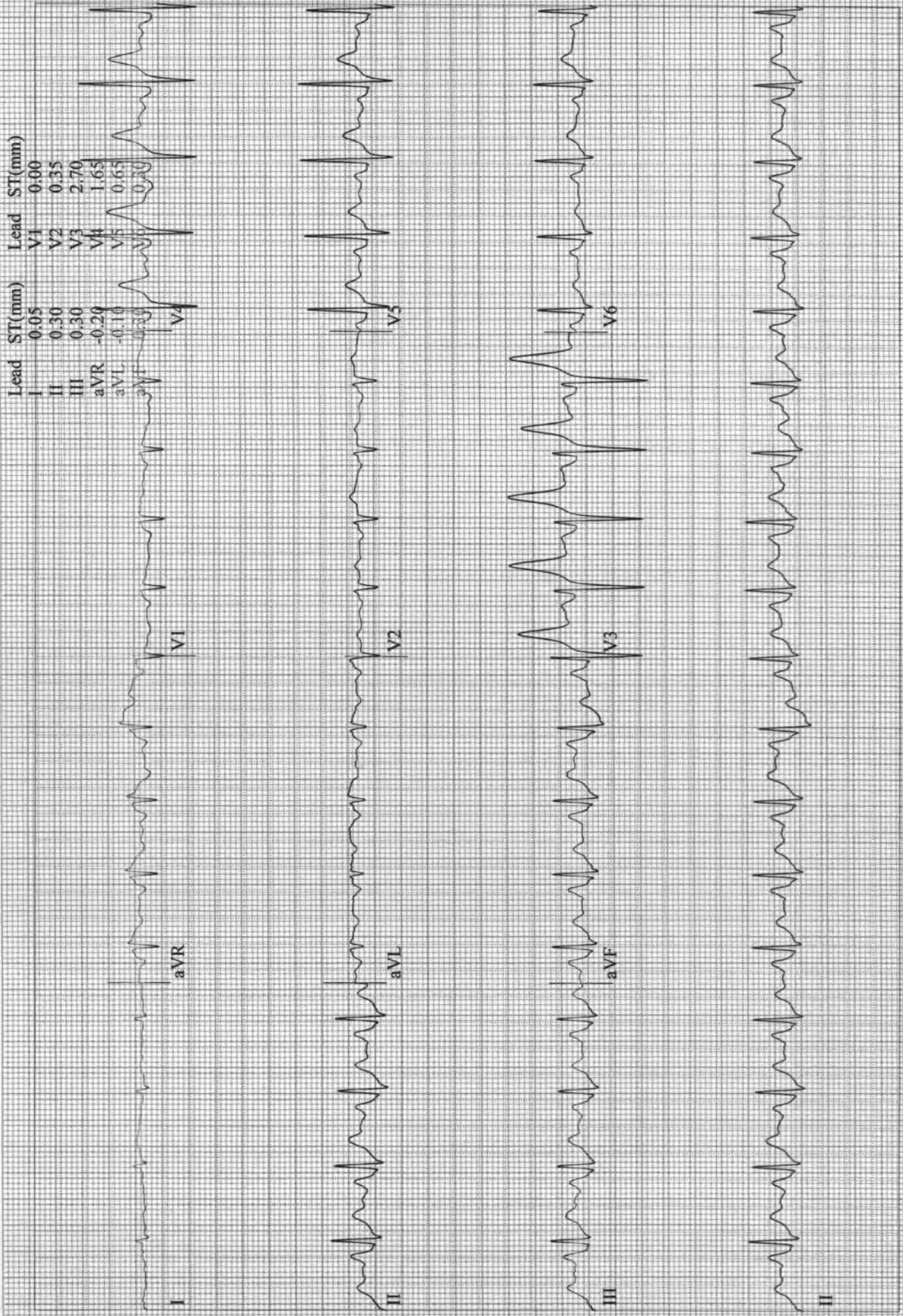
109 bpm

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.00
II	0.30	V2	0.55
III	0.30	V3	2.70
aVR	-0.20	V4	1.65
aVL	-0.10	V5	0.65
aVF	0.30	V6	0.30



Wable, Nitin  
Patient ID 15390  
29.01.2024  
1:52:31pm

12-Lead Report

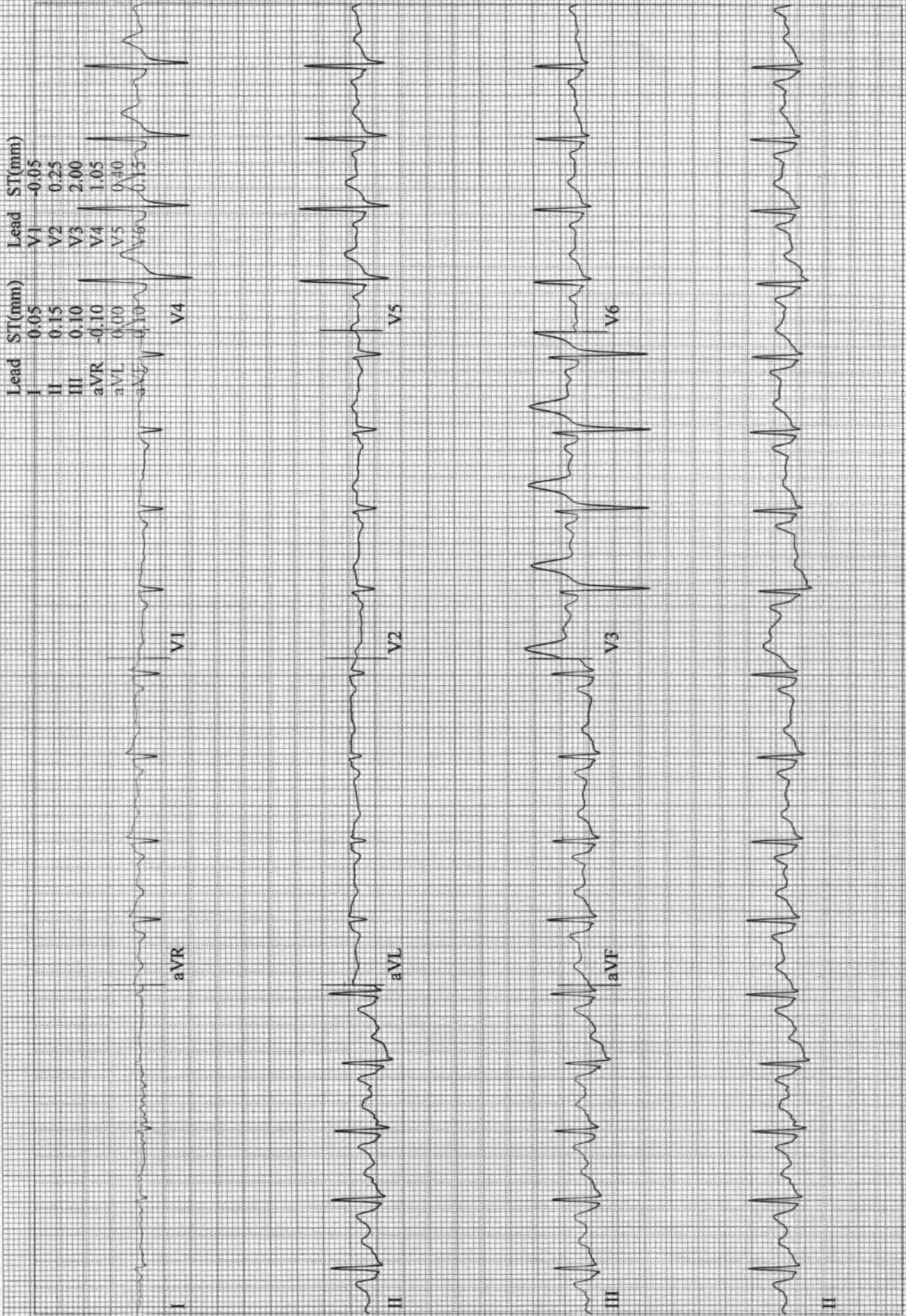
RECOVERY  
#1  
02:50

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	-0.05
II	0.15	V2	0.25
III	0.10	V3	2.00
aVR	-0.10	V4	1.05
aVL	0.00	V5	0.40
		V6	0.15



Wable, Nitin  
Patient ID 15390  
29.01.2024  
1:53:31pm

12-Lead Report

RECOVERY

#1

03:50

103 bpm

BRUCE

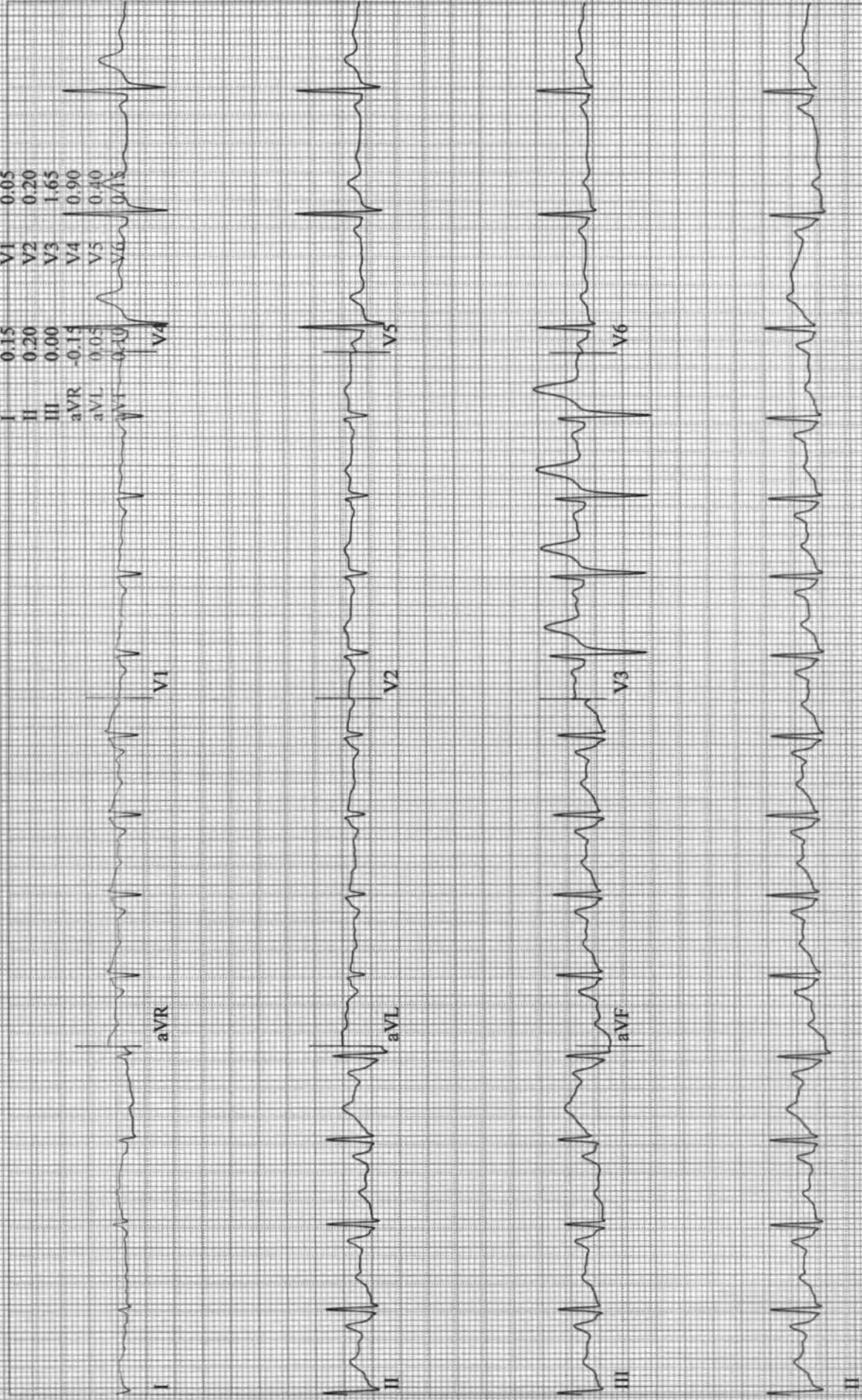
0.0 mph

0.0 %

ASIAN HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.15	V1	0.95
II	0.20	V2	0.20
III	0.00	V3	1.65
aVR	-0.14	V4	0.90
aVL	0.05	V5	0.40
aVF	0.00	V6	0.15



Patient Name : MR NITIN WABLE



SCD24/825



Age/Gender : 34 Yrs/Male

Report Date

: 29/01/2024

Ref. Dr. : MEDIWHEEL

### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
<b>BLOOD GROUP AND RH FACTOR</b>			
Blood Group	'B'		
Rh Factor	POSITIVE(+VE)		

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

Patient Name : MR NITIN WABLE

Age/Gender : 34 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/825

Report Date

: 29/01/2024



### HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 5.4 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 108 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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: 29/01/2024



### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
<b>LIPID PROFILE</b>			
Cholesterol-Total <i>Method: CHOD/PAP</i>	161	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i>	92	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	48	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	94.60	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	18.40	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	3.35	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	1.97	Ratio	0 - 3.5

### Interpretation

Lipid profile can measure the amount of Total cholesterol's and triglycerides in blood:

Test	Comment
Total cholesterol:	measures all the cholesterol in all the lipoprotein particles
High-density lipoprotein cholesterol (HDL-C):	measures the cholesterol in HDL particles; often called "good cholesterol" because HDL-C takes up excess cholesterol and carries it to the liver for removal.
Low-density lipoprotein cholesterol (LDL-C):	measures the cholesterol in LDL particles; often called "bad cholesterol" because it deposits excess cholesterol in walls of blood vessels, which can contribute to atherosclerosis
Triglycerides:	measures all the triglycerides in all the lipoprotein particles; most is in the very low-density lipoproteins (VLDL).

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Age/Gender : 34 Yrs/Male

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
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#### BLOOD SUGAR FASTING & PP (BSF & PP)- INS

BLOOD SUGAR FASTING	96	mg/dl	70 - 110
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Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	108	mg/dl	70 - 140
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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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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
UREA <i>Method: UV</i>	18	mg/dl	10 - 45
<b>Serum Creatinine</b> <i>Method: Modified Jaffe's</i>	0.7	mg/dL	0.70 - 1.40
URIC ACID	3.5	mg/dl	2.5 - 7.2

#### Interpretation

Uric Acid - Serum uric acid measurements are useful in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and in patients receiving cytotoxic drugs.

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Age/Gender : 34 Yrs/Male

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### LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.60	mg/dl	0.2 - 1.0
<i>Method: Serum, Jendrassik Grof</i>			
DIRECT BILIRUBIN	0.20	mg/dL	0.0 - 0.3
<i>Method: Serum, Diazotization</i>			
INDIRECT BILIRUBIN	0.40	mg/dl	0.3 - 0.7
<i>Method: Serum, Calculated</i>			
SGPT (ALT)	25	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
SGOT (AST)	17	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
ALKALINE PHOSPHATASE	102	U/L	30 - 120
<i>Method: DGKC</i>			
TOTAL PROTEIN	6.7	g/dl	6.0 - 8.3
<i>Method: Serum, Biuret, reagent blank end point</i>			
SERUM ALBUMIN	3.5	g/dl	3.5 - 5.2
<i>Method: Serum, Bromocresol green</i>			
SERUM GLOBULIN	3.20	g/dl	1.8 - 3.6
<i>Method: Serum, Calculated</i>			
A/G RATIO	<b>1.09</b>		1.2 - 2.2
<i>Method: Serum, Calculated</i>			
Gamma Glutamyl Transferase-Serum	21	IU/L	15 - 73
<i>Method: Kinetic</i>			

#### 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 Range
<b>Thyroid Function Test (TFT)</b>			
T3	143.18	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	9.07	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)	1.69	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 Range
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#### URINE ROUTINE

##### Physical Examination

Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		

##### Chemical Examination

Specific Gravity	1.015		
Albumin	Absent		
Sugar	Absent		Absent
Acetone	Absent		

##### Microscopic Examination

RBC's	Not seen	/hpf	Nil
Pus cells	Occasional	/hpf	2-3/hpf
Epithelial Cells	NIL	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous Deposit	Absent		Absent

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

Patient Name : MR NITIN WABLE

Age/Gender : 34 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/825

Report Date

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Test Description	Result	Unit	Biological Reference Range
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### COMPLETE BLOOD COUNT

Total WBC Count	4,800	cell/cu.mm	4000 - 11000
Haemoglobin	14.3	g%	13 - 18
Platelet Count	2,91000	/cumm	150000 - 450000
RBC Count	4.57	/Mill/ul	4.20 - 6.00

### RBC INDICES

Mean Corp Volume MCV	89.7	fL	80 - 97
Mean Corp Hb MCH	31.3	pg	26 - 32
Mean Corp Hb Conc MCHC	34.9	gm/dL	31.0 - 36.0
Hematocrit HCT	41.0	%	37.0 - 51.0

### DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	52	%	40 - 75
Lymphocytes	40	%	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	10	mm/hr	Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.
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#### 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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