

Patient Name : MRS NISHA PANCHAL

 SCD24/491

Age/Gender : 33 Yrs/Female

Report Date : 17/01/2024

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

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



Dr. S. R. SARDA
M.D. Reg. No. #5492
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No: 2333851, 2334858

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**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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M.D. Reg. No.#5492
SARDA CENTER FOR DIABETES & SELF CARE
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Patient Name : MRS NISHA PANCHAL

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**BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
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>	94	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	35	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	107.20	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	18.80	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	4.60	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	3.06	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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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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BLOOD SUGAR FASTING & PP (BSF & PP)

BLOOD SUGAR FASTING 91 mg/dl

Method: Hexokinase

BLOOD SUGAR POST PRANDIAL 101 mg/dl

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 Ranges
Serum Creatinine <i>Method: Modified Jaffe's</i>	0.9	mg/dL	0.60 - 1.40
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN <i>Method: Serum, Jendrassik Grof</i>	0.53	mg/dl	0.2 - 1.0
DIRECT BILIRUBIN <i>Method: Serum, Diazotization</i>	0.20	mg/dL	0.0 - 0.3
INDIRECT BILIRUBIN <i>Method: Serum, Calculated</i>	0.33	mg/dl	0.3 - 1.0
SGPT (ALT) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	15	U/L	15 - 40
SGOT (AST) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	19	U/L	15 - 40
ALKALINE PHOSPHATASE <i>Method: DGKC</i>	88	U/L	30 - 120
TOTAL PROTEIN <i>Method: Serum, Biuret, reagent blank end point</i>	6.8	g/dl	6.0 - 8.0
SERUM ALBUMIN <i>Method: Serum, Bromocresol green</i>	3.6	g/dl	3.2 - 4.6
SERUM GLOBULIN <i>Method: Serum, Calculated</i>	3.20	g/dl	1.8 - 3.6
A/G RATIO <i>Method: Serum, Calculated</i>	1.13		1.2 - 2.2
Gamma Glutamyl Transferase-Serum <i>Method: Kinetic</i>	25	IU/L	12 - 43

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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BUN 14 7 - 21

Method : Calculated

Clinical Significance:

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to (1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers, (2) reduced renal perfusion resulting from dehydration or heart failure, (3) nearly all types of kidney disease, and (4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

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**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
Thyroid Function Test (TFT)			
T3	125.90	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	9.77	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)	2.17	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	1-2/hpf	/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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Test Description	Result	Unit	Biological Reference Ranges
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COMPLETE BLOOD COUNT

Total WBC Count	9800	cell/cu.mm	4000 - 11000
Haemoglobin	12.0	g%	13 - 18
Platelet Count	2,67000	/cumm	150000 - 450000
RBC Count	4.29	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	84.1	fL	80 - 97
Mean Corp Hb MCH	28.0	pg	26 - 32
Mean Corp Hb Conc MCHC	33.2	gm/dL	31.0 - 36.0
Hematocrit HCT	36.1	%	37.0 - 51.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	58	%	40 - 75
Lymphocytes	32	%	20 - 45
Monocytes	06	%	02 - 10
Eosinophils	04	%	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	17	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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Phone No: 2333851, 2334858

Patient Name: NISHA PANCHAL	Date: 17/01/2024
Patient Id: 4823	Age/Sex: 33 Years / FEMALE
Ref Phy: DR. SARDA	Address :

USG ABDOMEN & PELVIS

Liver is normal in size 13.1 cm and echotexture. No focal liver parenchymal lesion is seen. Intrahepatic portal and biliary radicles are normal.

Gall-bladder is physiologically distended. No evidence of intraluminal calculus is seen. Wall thickness appears normal. No evidence of peri-cholecystic fluid is seen.

Portal vein and CBD are normal in course and calibre.

Pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size and echotexture. No focal lesion is seen in the spleen.

Right kidney measures 8.6 x 3.6 cm.

Left kidney measures 8.8 x 3.9 cm.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.

Urinary bladder is moderately distended and revealed no intrinsic abnormality.

Uterus is normal in size, shape and echotexture.

Both ovaries appear normal in size and echotexture.

Both the adnexae are clear.

There is no free fluid in abdomen and pelvis.

No significant lymphadenopathy is seen.

Impression:

No significant abnormality is detected.



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



ANUSHREE SONOGRAPHY & X-RAY CENTRE

Name: NISHA PANCHAL

Age: 33 Y

Sex: Female

RefDr: Sarda

Date: 17-Jan-2024



Patient Name: NISHA PANCHAL	Date: 17/01/2024
Patient Id: 4820	Age/Sex: 33 Years / FEMALE
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.



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Fellow in MSK imaging

ANUSHREE SONOGRAPHY & X-RAY CENTRE

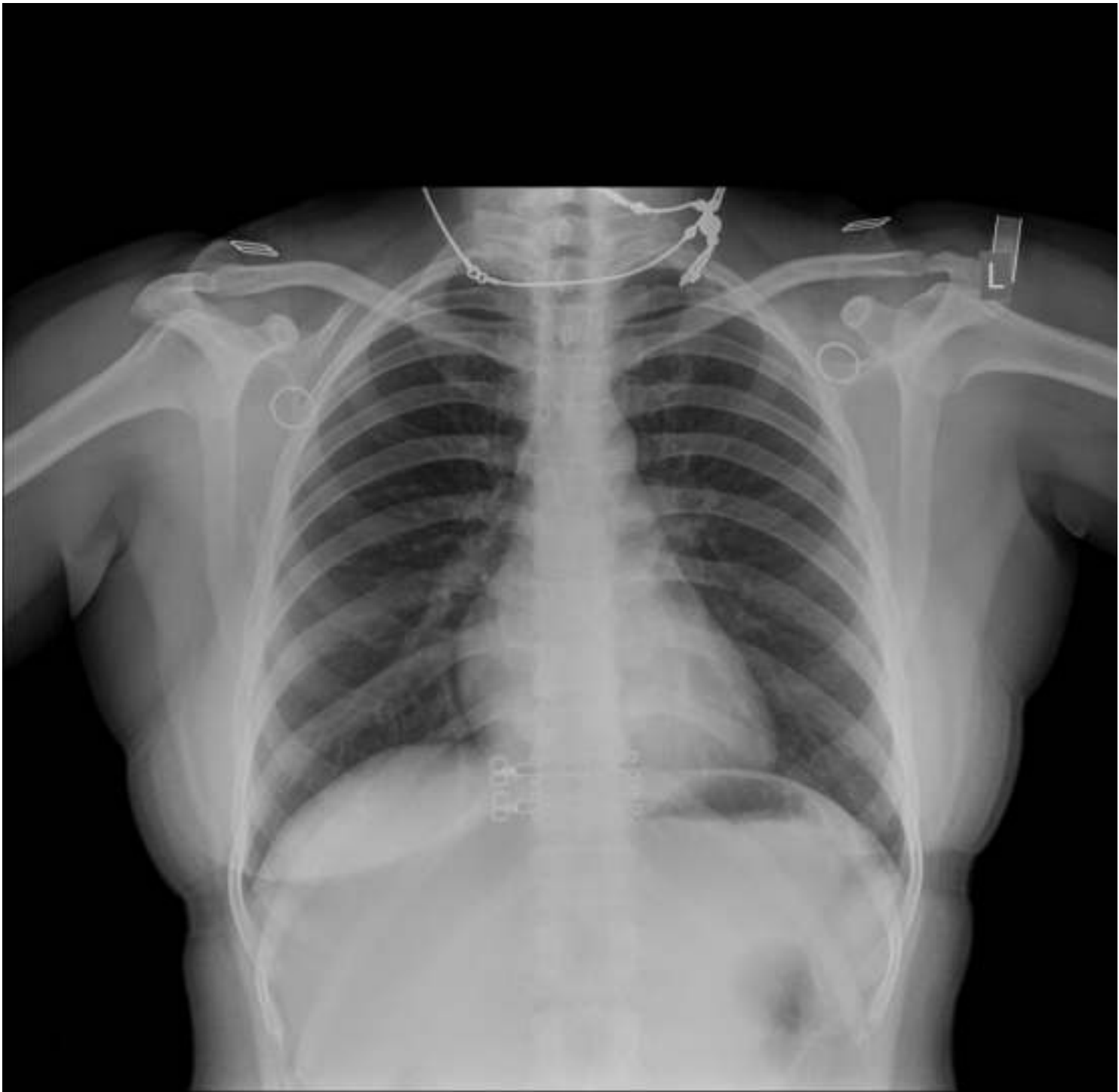
Name: Nisha Panchal

Age: 33 Y

Sex: Female

RefDr: Dr. Sarada

Date: 17-Jan-2024



SARDA

CENTRE FOR DIABETES & SELF CARE

Mr. Sagal Parchal

- NO dental problem.

Mrs. Nisha Parchal

- NO major dental problem.

Sonal

DP SONALI LOHIYA
BDS Dental Surgeon
Reg No. 0 055
Titwadi Ashwarya & Dental Centre
Jaina Road, Aurangabad

SARDA

CENTRE FOR DIABETES & SELF CARE

Date: 17/01/24

Name Mrs. Pisha Panchal Age/Sex 33+1/Female

Address Barkot Baroda

OPHTHALMIC EXAMINATION REPORT

	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	6/6 $\frac{6.0}{1.0}$	6/6 $\frac{6.0}{1.0}$
Vision Near	6/6	6/6
Anterior segment	<u>NAD</u>	<u>NAD</u>
Pupils	<u>NSRTL</u>	<u>NSRTL</u>
Lens	Clear	Clear
Tension	<u>Normal</u>	<u>Normal</u>
Fundus:-	Dilat. myopia 2 C10-3 FAT	Dilat. myopia 2 C10-3 FAT
Colour Vision	Normal	Normal

Impression:

Myopia

Both within normal limits.

Dr. Jayashree

DR. JAYASHREE OHIAIYAN

SARDA

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Mrs. Nisha Parchal

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SARDA

CENTRE FOR DIABETES & SELF CARE

Date: 17/01/24

Name Mrs. Pisha Panchal

Age/Sex 33-11 / Female

Address Bark of Baroda

OPHTHALMIC EXAMINATION REPORT

	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	6/6 $\frac{6.0}{1.0/1.0}$	6/6 $\frac{6.0}{1.0/1.0}$
Vision Near	NG	NG
Anterior segment	<u>NAD</u>	<u>NAD</u>
Pupils	<u>NSRTL</u>	<u>NSRTL</u>
Lens	Clear	Clear
Tension	<u>Normal</u>	<u>Normal</u>
Fundus:-	Dilat. myopia 2 CMA-3 FAT	Dilat. myopia 2 CMA-3 FAT
Colour Vision	Normal	Normal

Impression:

⊕ myopia ⊕

Both within normal limits.

Dr. Jays

DR. JAY'S OHTHYA