

Mr. Sharpan Akharge
29m/m

DR. A. S. SANDA
M.D. (MBBS) No. 25570
CARDIOLOGIST
CARDIO CENTER FOR DIABETES & SELF CARE
4, Wyankateshnagar, Jaina Road, Aurangabad
Phone No. 2333851, 2334858

SARDA
CENTRE FOR DIABETES & SELF CARE

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

Name : Mr. Sharad Ashorge Age : 29y/m
BOB

CLINICAL SUMMARY :

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

ECG FINDINGS :

Rate : 65/min ORS. Complex : (B)

Rhythm : (B) ST Segment : (B)

Mechanism : (B) T. Wave : (B)

Axis : (B) QT Interval : (B)

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

Wm

Recommendation : _____

1/4/24

Dr. A. S. SARDA
M.D. Reg. No. 73570
SARDA CENTER FOR DIABETES & SELF CARE
Vyankateshnagar, Jaina Road, Aurangabad
phone No. 2333851, 2334858

Sharad Ashorge
M.D. Reg. No. 73570

SARDA

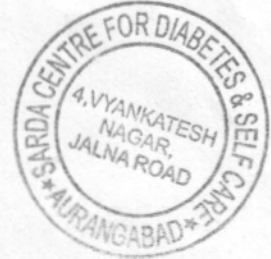
CENTRE FOR DIABETES & SELF CARE

ms. Shankar Abhang needs cement filling in
upper left first molar . .

Sonali
01/04/24

DR SONALI LOHIYA

B D S (Dental Surgeon)
Reg No. D 645
Tirupati Neurology & Dental Clinic
Jalna Road, Aurangabad



CENTRE FOR DIABETES & SELF CARE

Date:- 01/04/24

Name Shankar - Abhange Age/Sex 29/m

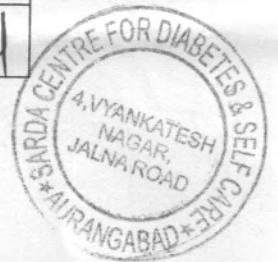
Address mediwheel

OPHTHALMIC EXAMINATION REPORT

	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	6/6	6/6
Vision Near	N6	N6
Anterior segment	<u>NAD</u>	<u>NAD</u>
Pupils	NSRTL	<u>NSRTL</u>
Lens	clear	clear
Tension	<u>Normal</u>	<u>Normal</u>
Fundus:-	DISC - WNL C/D - 0.3 FR+	DISC - WNL C/D - 0.3 FR+
Colour Vision	Normal	Normal

Impression:

(B/E) within normal limits



[Signature]

DR. AJAY LOHIYA
M.B.B.S., D.O., (BOM) D.N.B.F.C.P.S.
REG. NO. 06436
TRUPATI-NETRALAYA & DETAIL CLINIC
AURANGABAD.

4, Vyanktesh Nagar, Jalna Road, Aurangabad (MH). Ph.: 2333851, 2334858, Mob.: 9823040323



Patient Name: SHANKAR ABHANGE	Date: 01/04/2024
Patient Id: 5627	Age/Sex: 29 Years / MALE
Ref Phy: DR. SARDA	Address :

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 12.8 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 8.7 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 9.6 x 4.8 cm. Left kidney measures 8.8 x 5.0 cm. Both kidneys are normal in size, shape, position, echogenicity and echotexture. Normal corticomedullary differentiation is noted. No focal solid or cystic mass lesion is seen. **Small non-obstructive calculus of size 4 mm is noted in interpolar calyx of left kidney.** 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 2.5 x 2.9 x 2.7 cm (volume = 10.5 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:

Small, non-obstructive left renal calculus.


DR. AMEY S. JAJU
MBBS, DNB (Radiology)
Fellow in MSK imaging
Regd. No. 2019/05/3879
CONSULTANT RADIOLOGIST



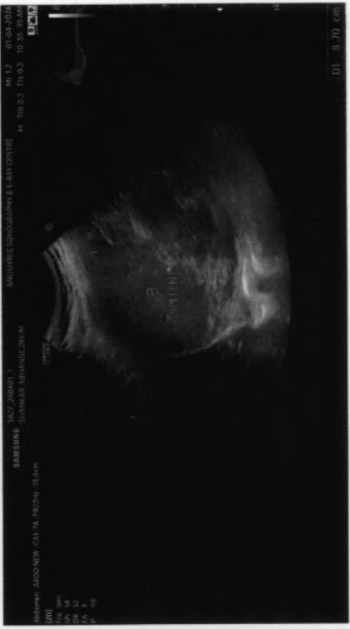
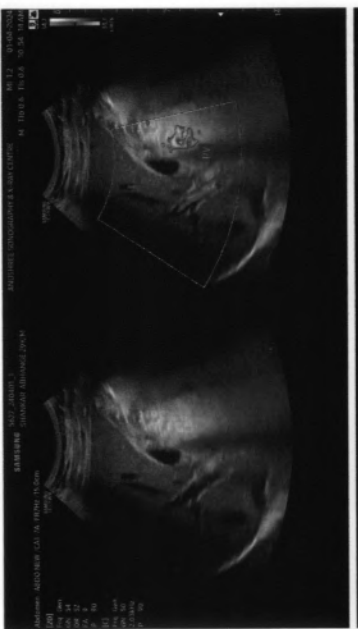
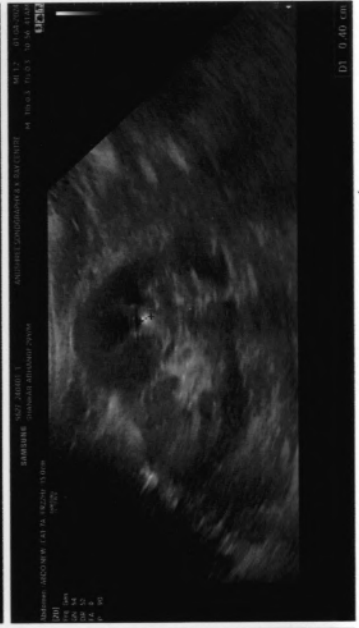
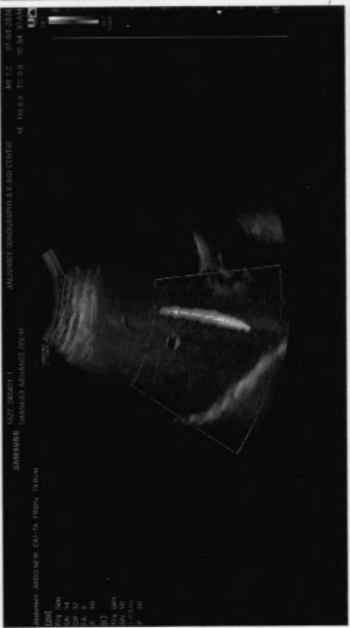
Name: SHANKAR ABHANGE

Age: 29 Y

Sex: Male

RefDr: Sarda

Date: 01-Apr-2024



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: SHANKAR ABHANGE	Date: 01/04/2024
Patient Id: 5624	Age/Sex: 29 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)
Fellowship in MSK Imaging
Regd. No. 2019/05/3879



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

ANUSHREE SONOGRAPHY & X-RAY CENTRE

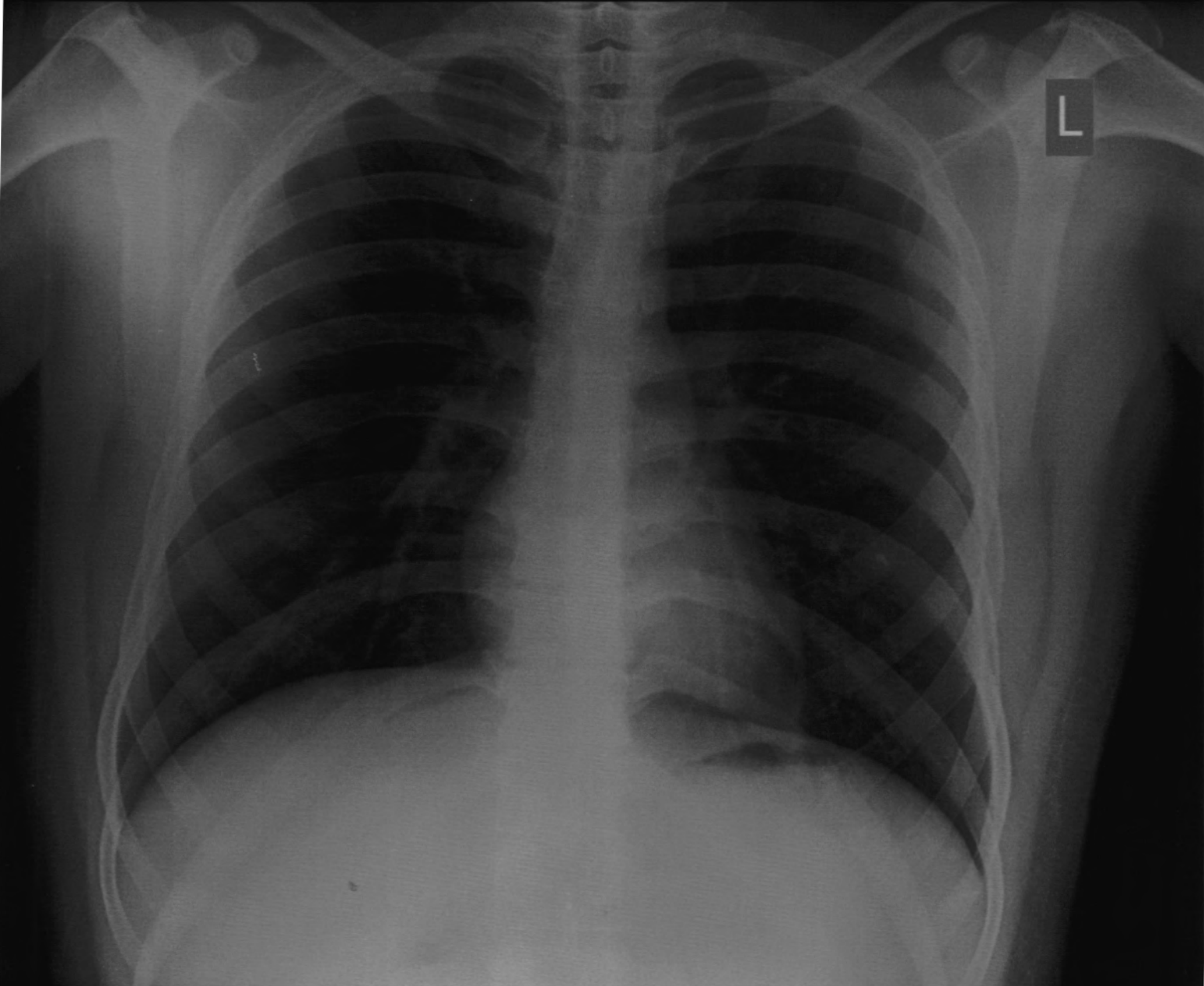
Name: Shankar Abhange

Age: 29 Y

Sex: Male

RefDr: Dr. Sarda

Date: 01-Apr-2024



SARDA

CENTRE FOR DIABETES & SELF CARE

Name : Mr. Shankar Abhange

Date :01/04/ 2024

Age/Sex :29Yrs/Male

Ref.By: Dr.Sarda Sir

STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 8.25 Min.
- Baseline Heart Rate and Blood Pressure - 108bpm,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 – 184 bpm, BP – 160/80mm of Hg.
- Predicted Maximal Heart Rate Achieved - 96%.
- Reason For Termination - Dyspnea.

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: ABHANGE, SHANKAR
Patient ID: 44410
Height: 175 cm
Weight: 86 kg

DOB: 11.06.1994
Age: 29yrs
Gender: Male
Race: Asian

Study Date: 01.04.2024
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	00:05	0.00	0.00	107	120/80	
	STANDING	00:03	0.00	0.00	103		
	HYPERV.	00:05	0.50	0.00	95		
EXERCISE	STAGE 1	03:00	1.70	10.00	130	130/80	
	STAGE 2	03:00	2.50	12.00	157	140/80	
	STAGE 3	02:26	3.40	14.00	184	150/80	
RECOVERY		04:02	0.00	0.00	120	160/80	

The patient exercised according to the BRUCE for 8:25 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 108 bpm rose to a maximal heart rate of 184 bpm. This value represents 96 % 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 Dyspnea.

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 8.25 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. 2011/031491



Tabular Summary

ABHANGE, SHANKAR

Patient ID 44410
 01.04.2024
 4:33:09pm

Male 175 cm 86 kg
 29yrs Asian
 Meds:

BRUCE: Total Exercise Time 08:25
 Max HR: 184 bpm 96% of max predicted 191 bpm HR at rest: 108
 Max BP: 160/80 mmHg BP at rest: 120/80 Max RPP: 27600 mmHg*bpm
 Maximum Workload: 10.10 METS

Max ST: -1.80 mm, 0.00 mV/s in III; EXERCISE STAGE 3 06:30
 ST/HR index: 1.97 μ V/bpm

Reasons for Termination: Dyspnea

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 8.25 min. Target heart rate achieved. No angina/arrhythmias.No ST-T Changes. Test is negative for induced ischemia.

Test Reason:

Medical History:

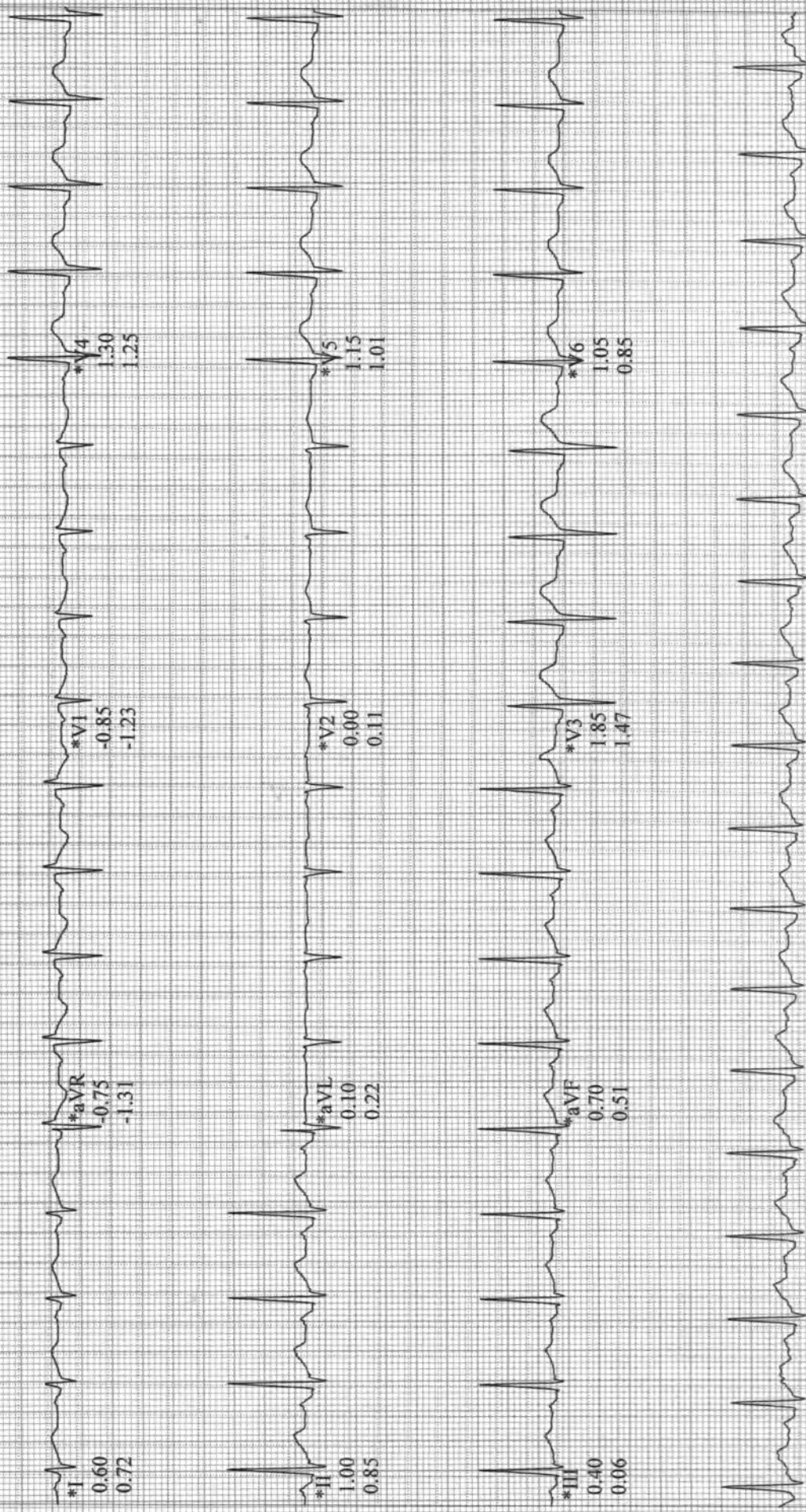
Ref. MD: Ordering MD:

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 (III mm)	Comment
PRETEST	SUPINE	00:05	0.00	0.00	1.0	107	120/80	12840	0	0.40	
	STANDING	00:03	0.00	0.00	1.0	103			0	0.50	
	HYPERY.	00:05	0.50	0.00	1.0	95			0	0.50	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	130	130/80	16900	0	0.05	
	STAGE 2	03:00	2.50	12.00	7.0	157	140/80	21980	0	-1.25	
	STAGE 3	02:26	3.40	14.00	10.1	184	150/80	27600	0	-1.50	
RECOVERY		04:02	0.00	0.00	1.0	120	160/80	19200	0	0.10	

Lead
ST Level (mm)
ST Slope (mV/s)



II
Raw Data

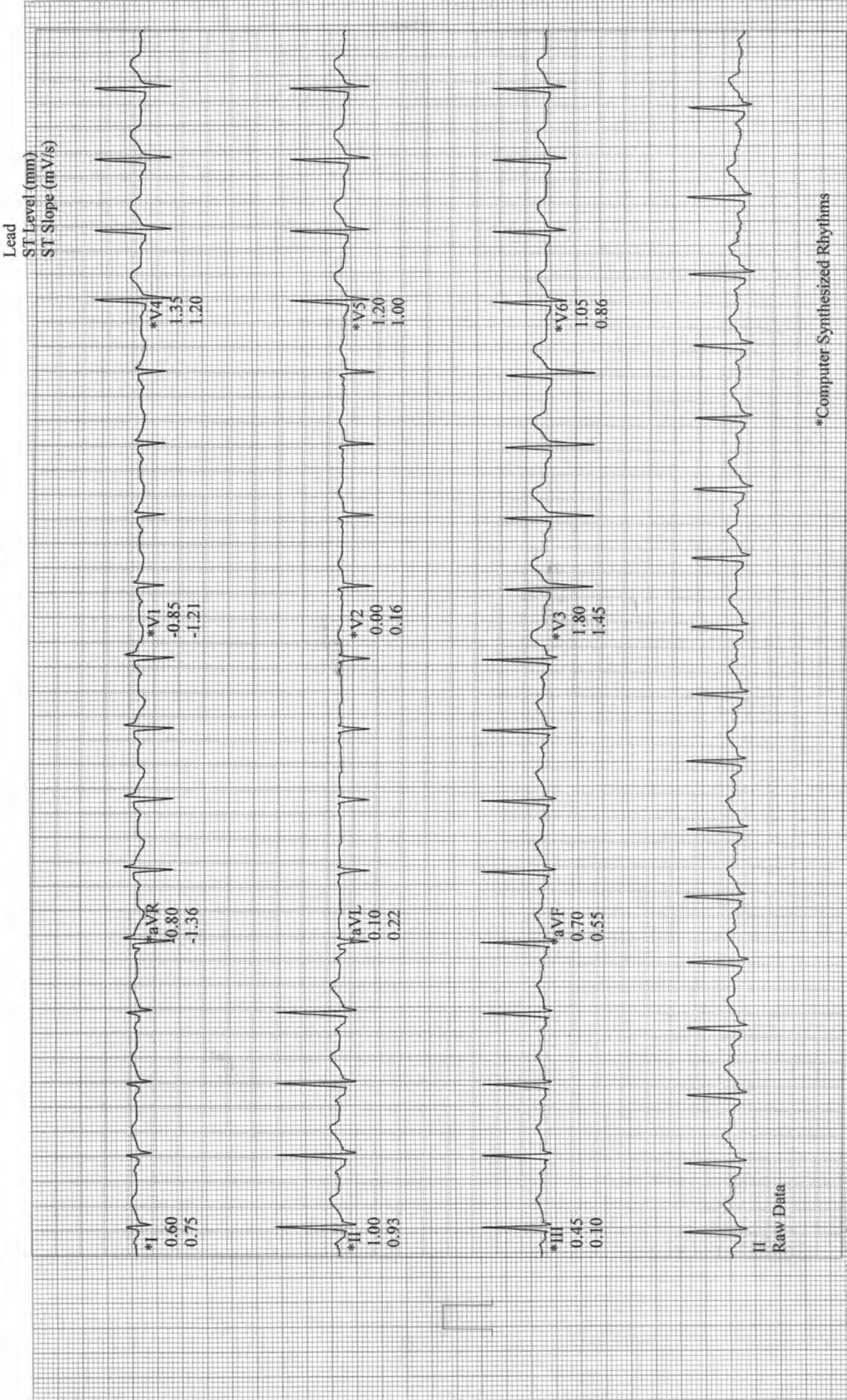
*Computer Synthesized Rhythms

ABHANGE, SHANKAR
 Patient ID 44410
 01.04.2024
 4:33:15pm

Linked Medians
 PRETEST
 STANDING
 00:05

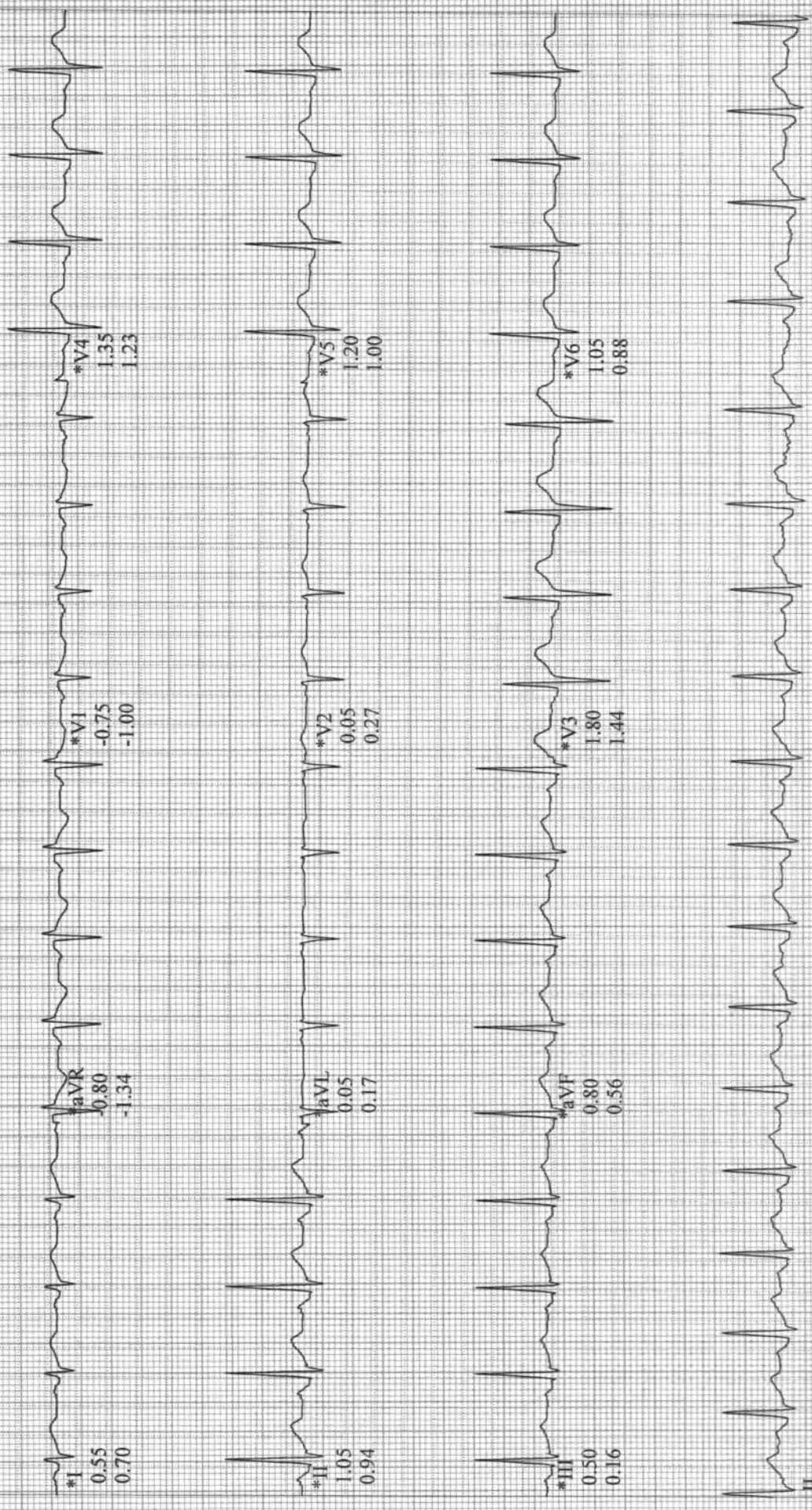
BRUCE
 0.0 mph
 0.0 %

ASIAN HOSPITAL



*Computer Synthesized Rhythms

Lead
ST Level (mm)
ST Slope (mV/s)



II
Raw Data

*Computer Synthesized Rhythms

ABHANGE, SHANKAR

Patient ID 44410

01.04.2024

4:36:15pm

12-Lead Report

EXERCISE

STAGE 1

02:50

131 bpm

130/80 mmHg

BRUCE

1.7 mph

10.0 %

ASIAN HOSPITAL

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

Auto Points

Lead ST(mm)

I 0.50

II 0.90

III 0.40

aVR -0.75

aVL 0.05

aVF 0.70

V1 -0.50

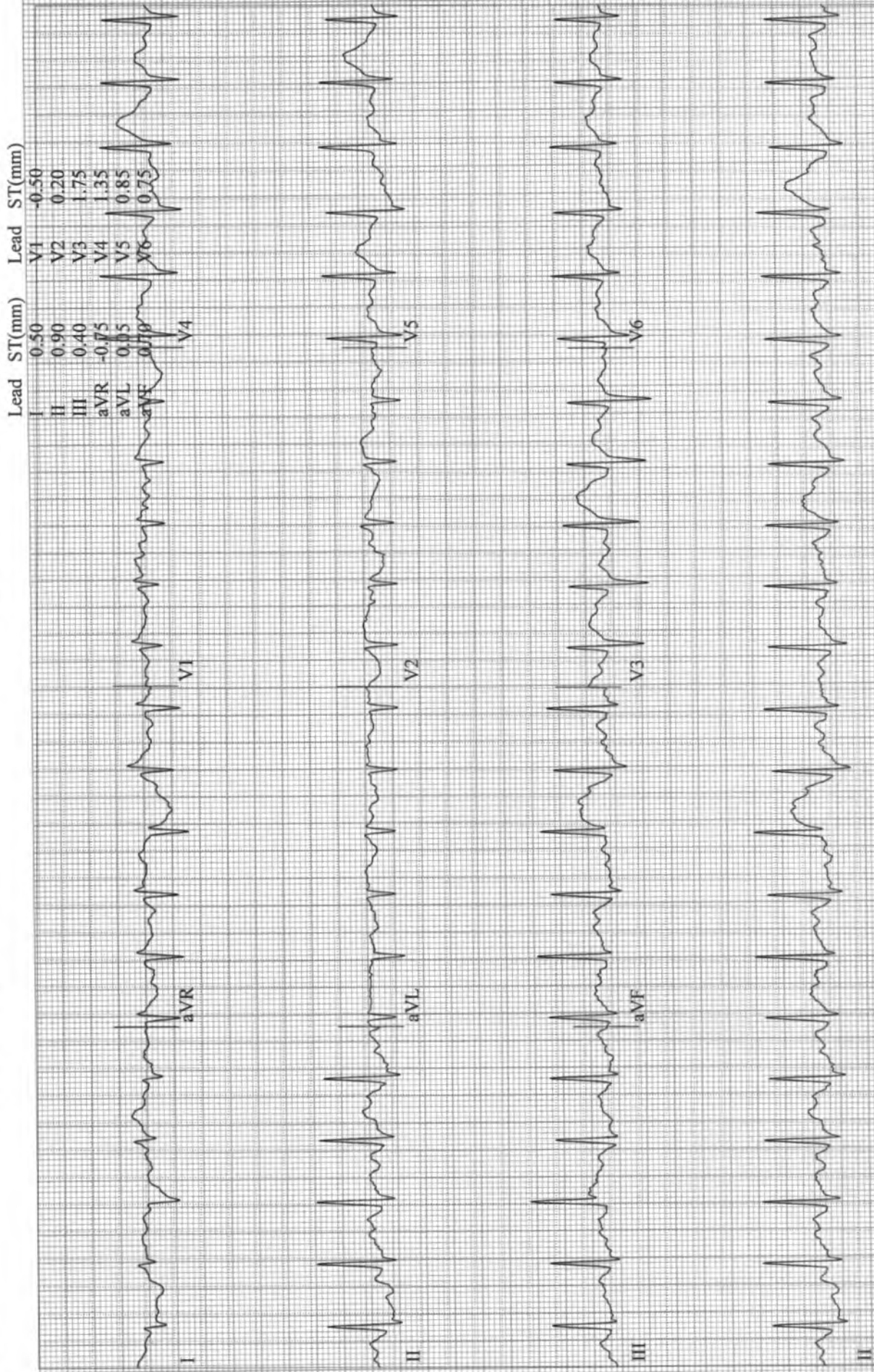
V2 0.20

V3 1.75

V4 1.35

V5 0.85

V6 0.75



ABHANGE, SHANKAR

Patient ID 44410

01.04.2024

4:39:15pm

12-Lead Report

EXERCISE

STAGE 2

05:50

157 bpm

140/80 mmHg

ASIAN HOSPITAL

BRUCE

2.5 mph

12.0 %

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

Auto Points

Lead ST(mm)

I 0.25

II -0.90

III -1.15

aVR 0.35

aVL 0.75

aVF 1.05

V1 0.05

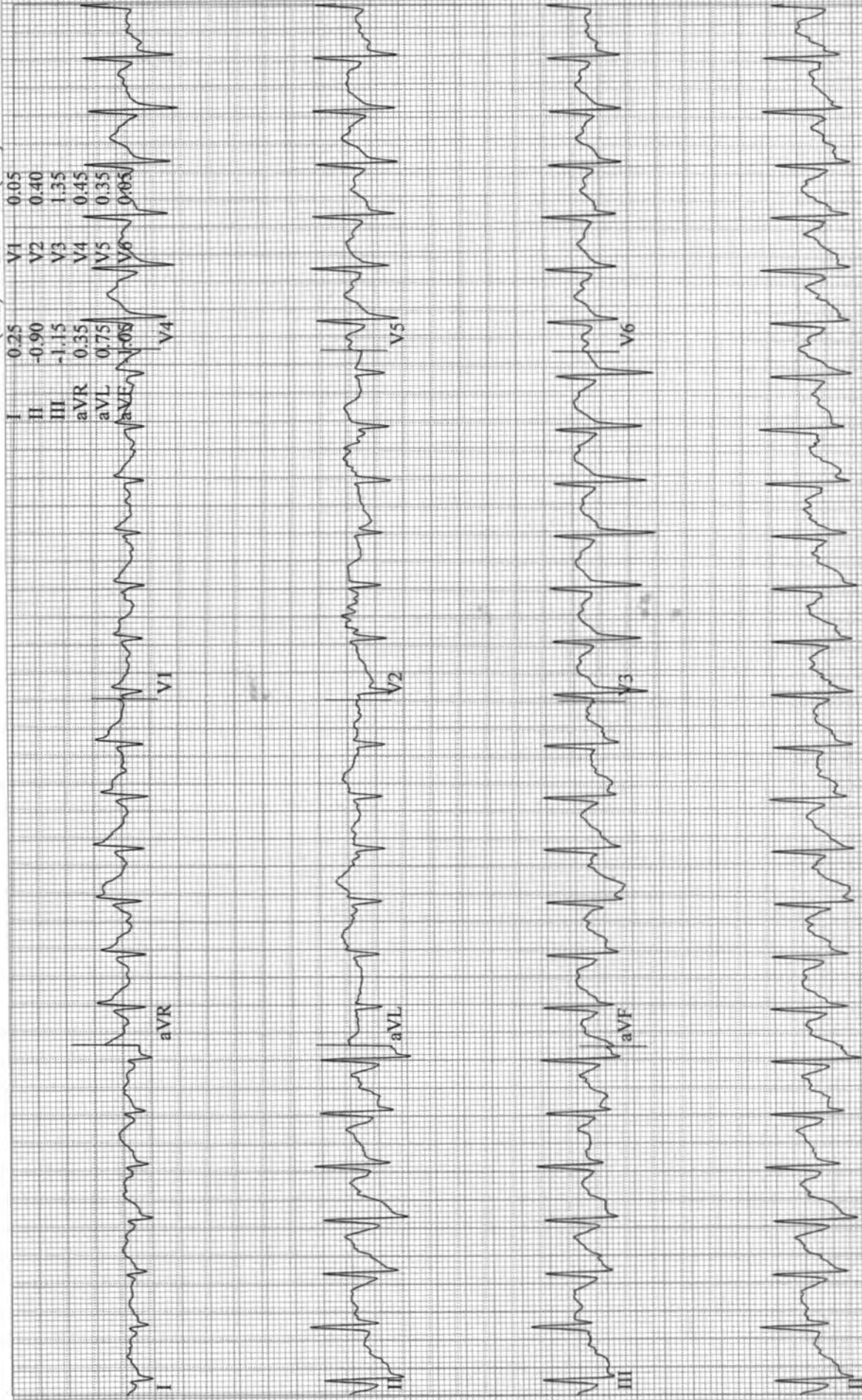
V2 0.40

V3 1.35

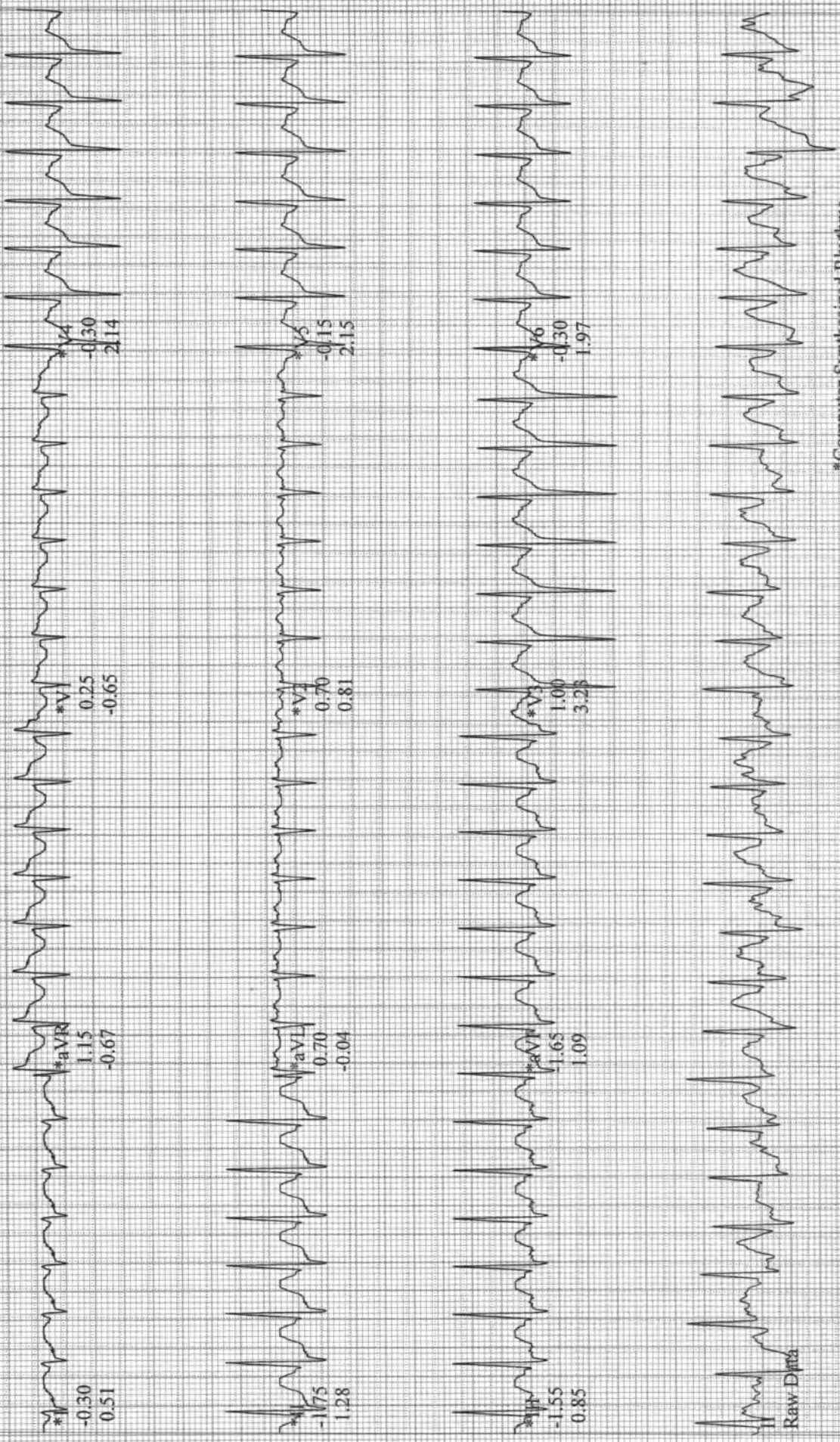
V4 0.45

V5 0.35

V6 0.05



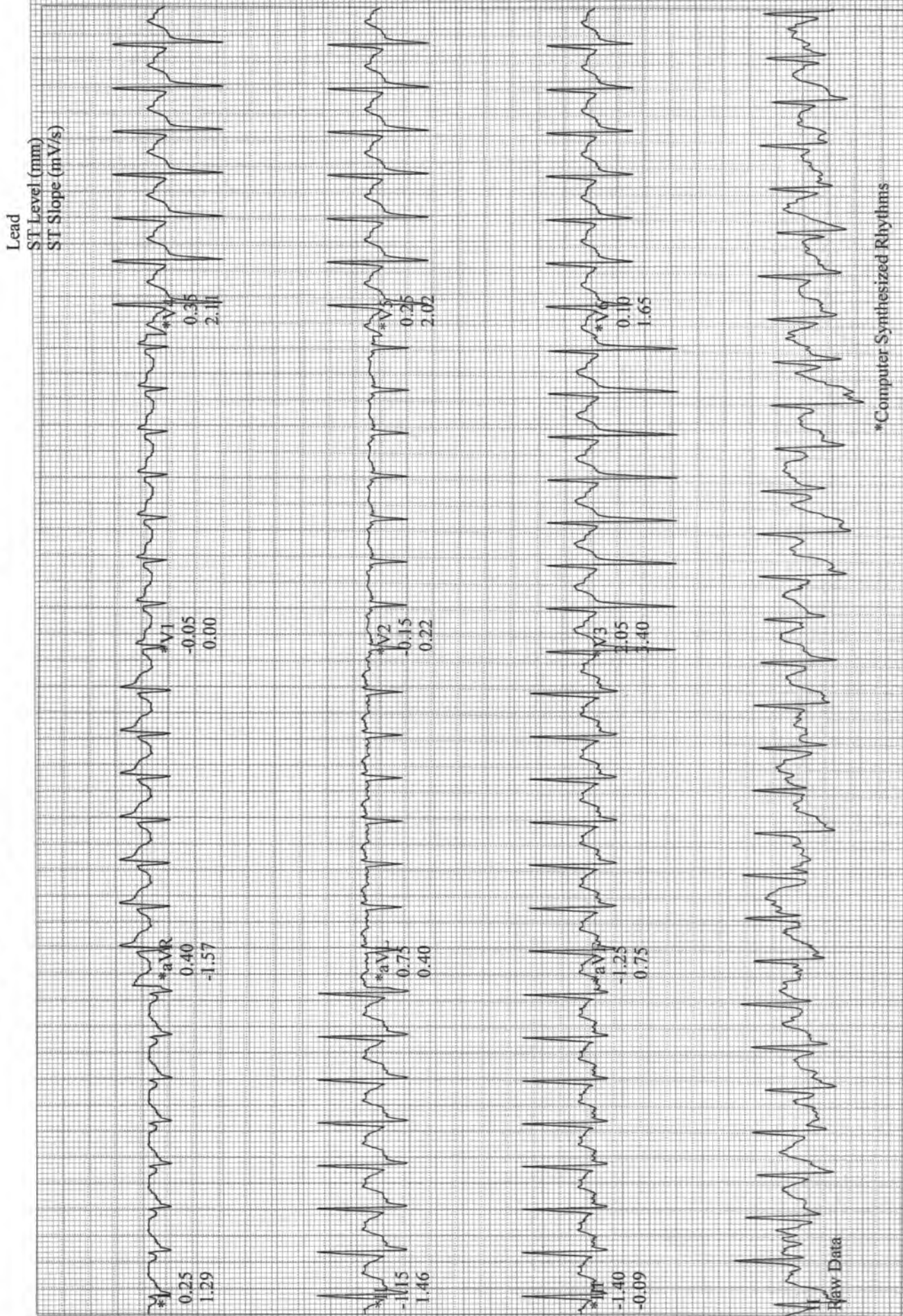
Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

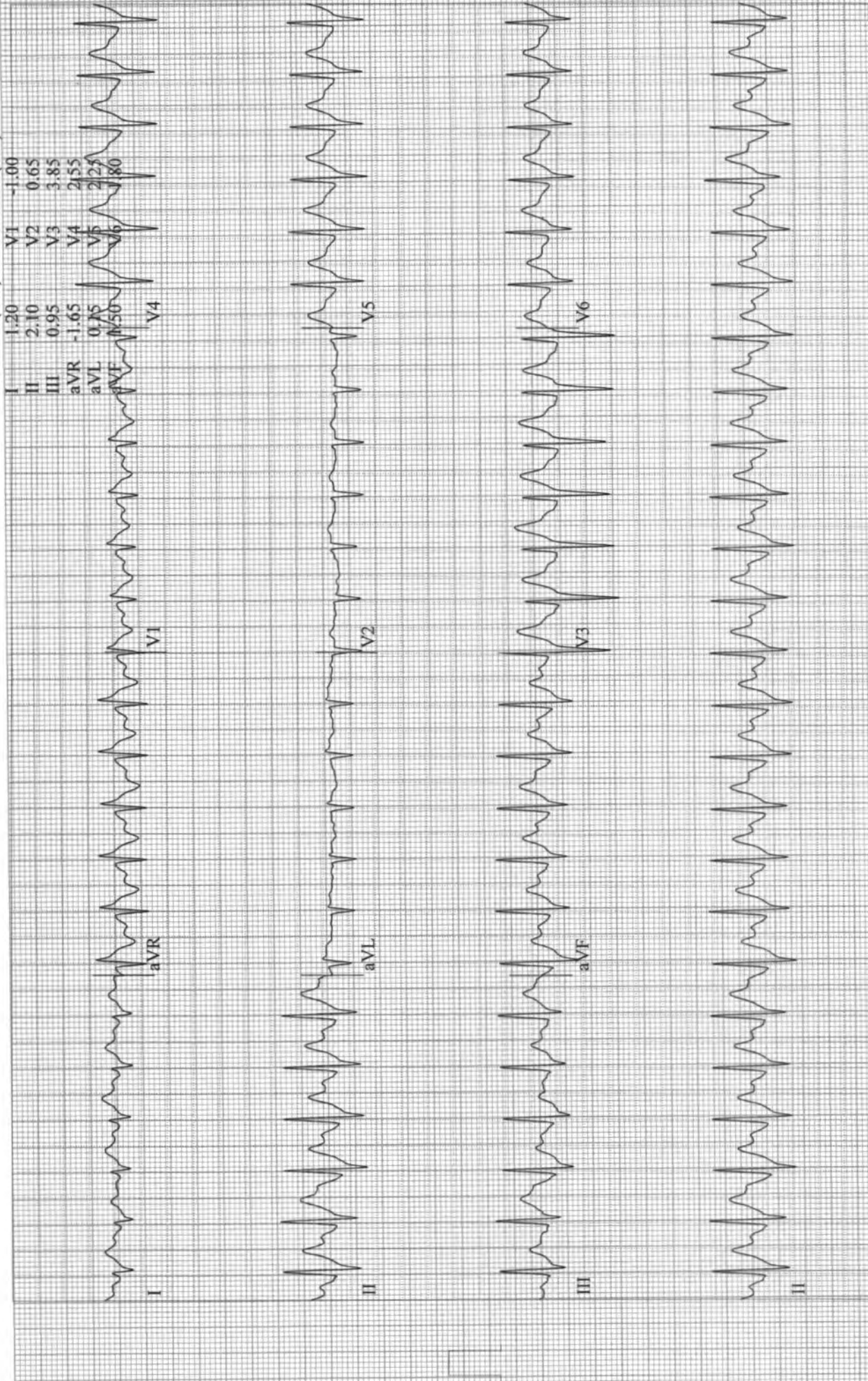
Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

Lead	ST(mm)	Lead	ST(mm)
I	1.20	V1	-1.00
II	2.10	V2	0.65
III	0.95	V3	3.85
aVR	-1.65	V4	2.55
aVL	0.75	V5	2.25
aVF	1.50	V6	1.80



ABHANGE, SHANKAR
Patient ID 44410
01.04.2024
4:43:40pm

12-Lead Report
RECOVERY
#1
01:50

136 bpm

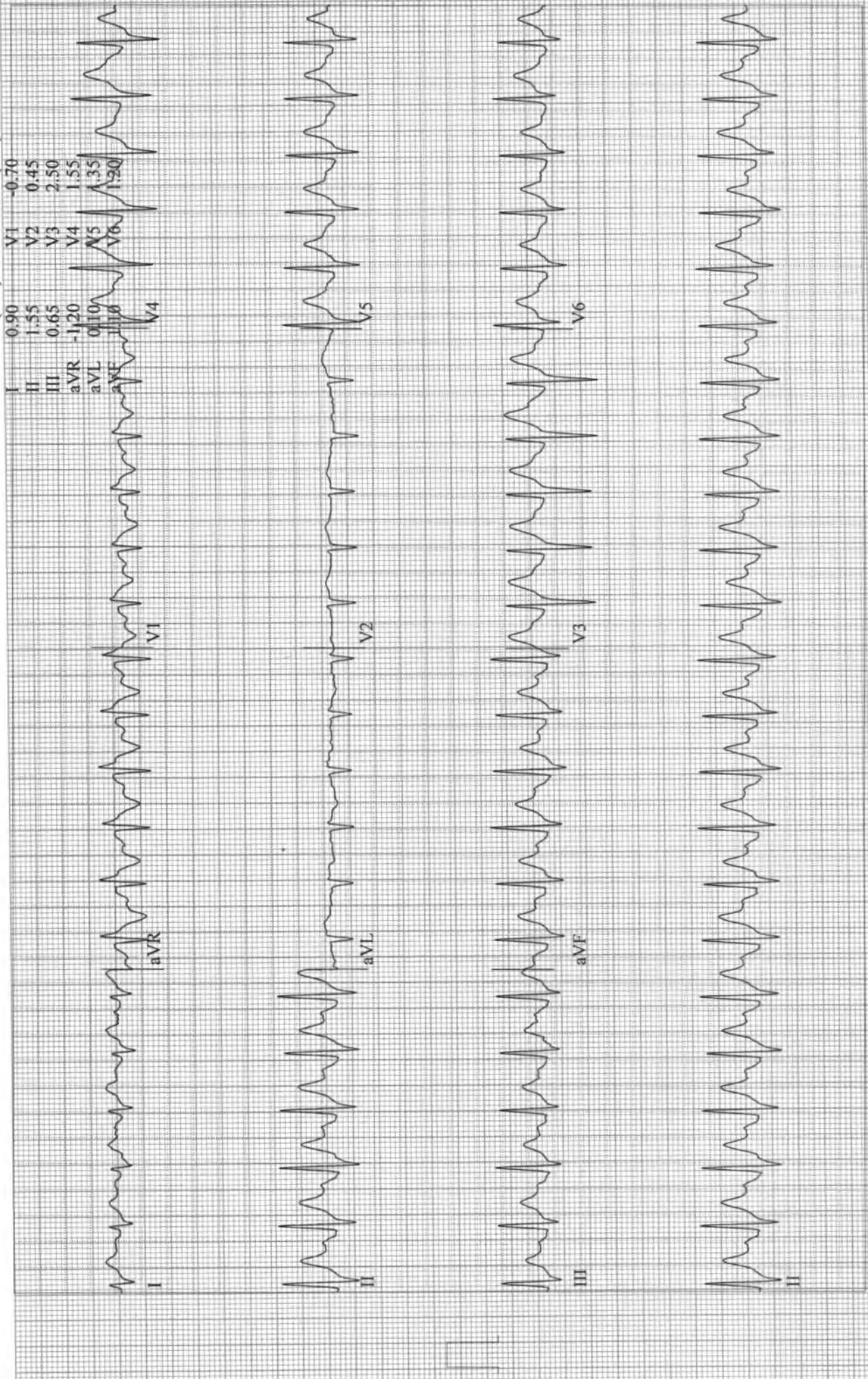
BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

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

Lead ST(mm)

Lead	ST(mm)
I	0.90
II	1.55
III	0.65
aVR	-1.20
aVL	0.10
aVF	1.10
V1	-0.70
V2	0.45
V3	2.50
V4	1.55
V5	1.35
V6	1.20



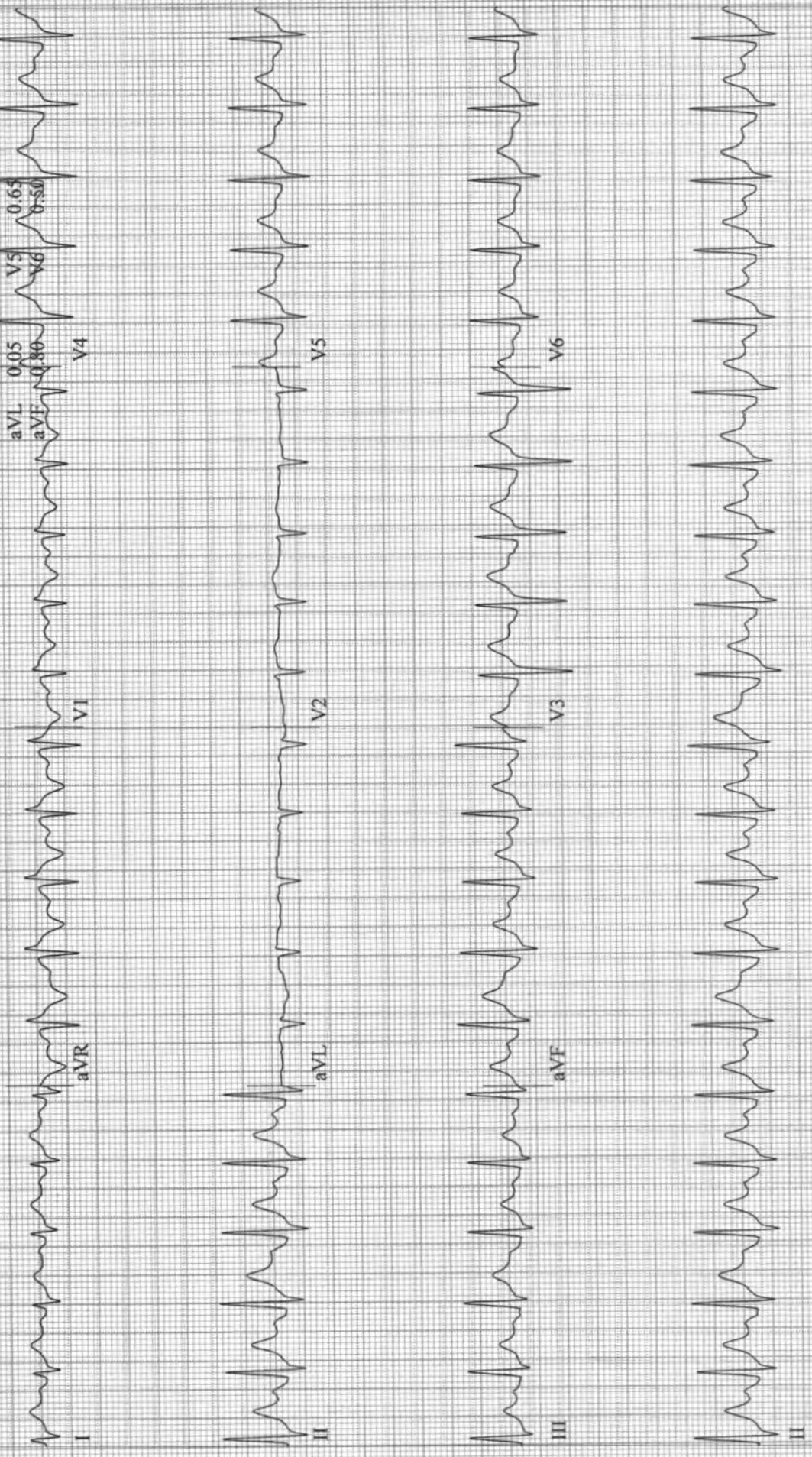
ABHANGE, SHANKAR
 Patient ID 44410
 01.04.2024
 4:44:40pm

12-Lead Report
 RECOVERY
 #1
 02:50

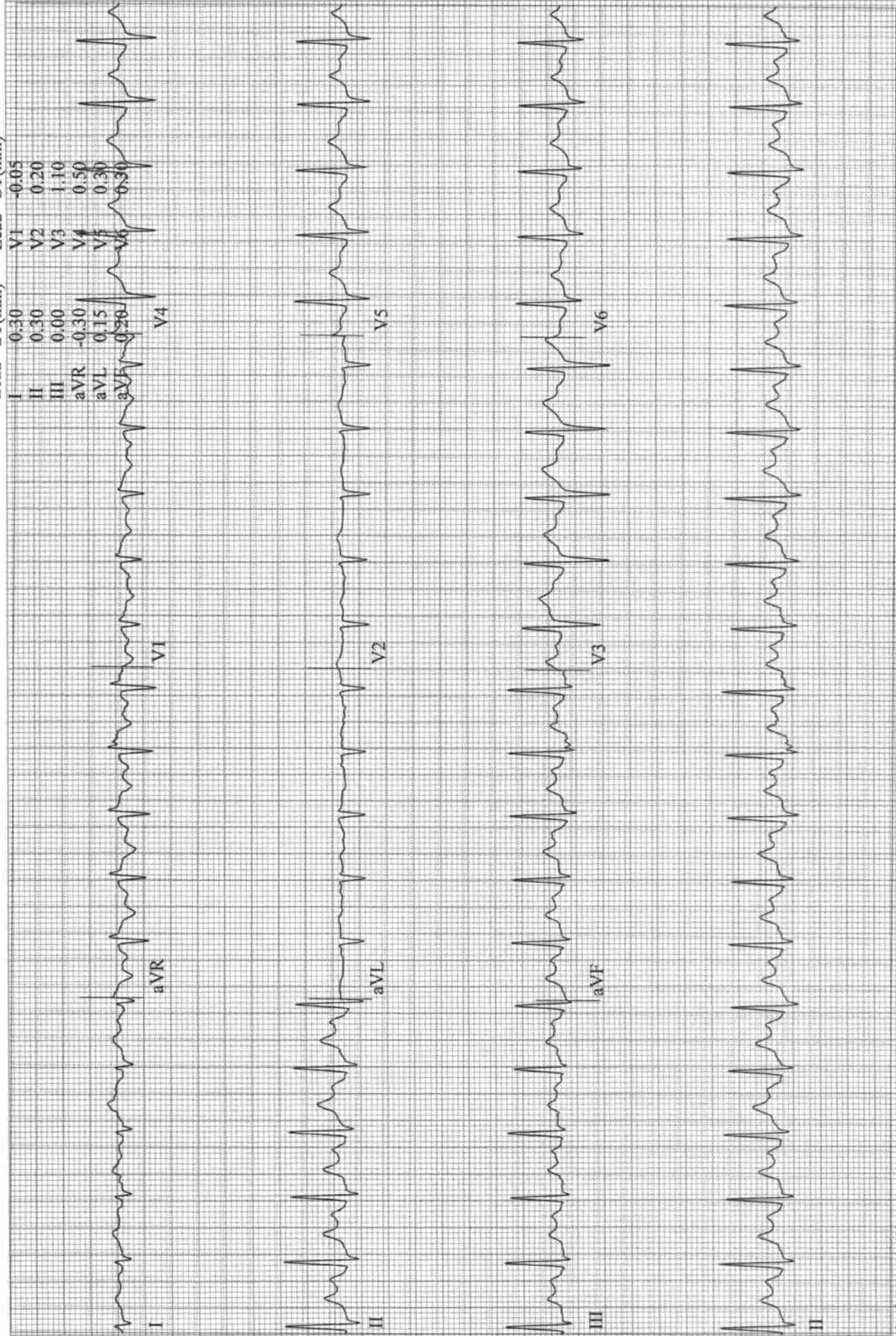
125 bpm
 160/80 mmHg

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

Lead	ST(mm)	Lead	ST(mm)
I	0.60	V1	-0.35
II	1.10	V2	0.20
III	0.50	V3	1.55
aVR	-0.85	V4	1.00
aVL	0.05	V5	0.65
aVF	0.80	V6	0.50



Lead	ST(mm)	Lead	ST(mm)
I	0.30	V1	-0.05
II	0.30	V2	0.20
III	0.00	V3	1.10
aVR	-0.30	V4	0.50
aVL	0.15	V5	0.30
aVF	0.30	V6	0.30



Patient Name : MR SHANKAR ABHANGE



SCD24/3044



Age/Gender : 29 Yrs/Male

Report Date

: 01/04/2024

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
HBA1C/GLYCOCYLATED			
HbA1c Glycosilated Haemoglobin	5.3	%	
<i>Method: HPLC, NGSP certified</i>			
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.

Dr.S R. SARDA
M.D. Reg. No.65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No.2333851, 2334858

Patient Name : MR SHANKAR ABHANGE

Age/Gender : 29 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3044

Report Date

: 01/04/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
LIPID PROFILE			
Cholesterol-Total <i>Method: CHOD/PAP</i>	180	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i>	101	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	39	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	120.80	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	20.20	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	4.62	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	3.10	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).

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SHANKAR ABHANGE



SCD24/3044



Age/Gender : 29 Yrs/Male

Report Date

: 01/04/2024

Ref. Dr. : MEDIWHEEL

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
------------------	--------	------	----------------------------

BLOOD SUGAR FASTING & PP (BSF & PP)- INS

BLOOD SUGAR FASTING	80	mg/dl	70 - 110
---------------------	----	-------	----------

Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	104	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%

Dr.S R. SARDA
M.D. Reg. No. 85462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SHANKAR ABHANGE

Age/Gender : 29 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3044

Report Date

: 01/04/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
UREA <i>Method: UV</i>	20	mg/dl	10 - 45
Serum Creatinine <i>Method: Modified Jaffe's</i>	1.0	mg/dL	0.70 - 1.40
URIC ACID	5.4	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.

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SHANKAR ABHANGE

Age/Gender : 29 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3044

Report Date

: 01/04/2024



LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.50	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	0.30	mg/dl	0.3 - 0.7
<i>Method: Serum, Calculated</i>			
SGPT (ALT)	32	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
SGOT (AST)	26	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
ALKALINE PHOSPHATASE	81	U/L	30 - 120
<i>Method: DGKC</i>			
TOTAL PROTEIN	7.1	g/dl	6.0 - 8.3
<i>Method: Serum, Biuret, reagent blank end point</i>			
SERUM ALBUMIN	4.3	g/dl	3.5 - 5.2
<i>Method: Serum, Bromocresol green</i>			
SERUM GLOBULIN	2.80	g/dl	1.8 - 3.6
<i>Method: Serum, Calculated</i>			
A/G RATIO	1.54		1.2 - 2.2
<i>Method: Serum, Calculated</i>			
Gamma Glutamyl Transferase-Serum	17	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.

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SHANKAR ABHANGE



SCD24/3044



Age/Gender : 29 Yrs/Male

Report Date

: 01/04/2024

Ref. Dr. : MEDIWHEEL

IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Range
Thyroid Function Test (TFT)			
T3	94.06	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	9.65	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)	1.35	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	

Dr. S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SHANKAR ABHANGE



SCD24/3044



Age/Gender : 29 Yrs/Male

Report Date

: 01/04/2024

Ref. Dr. : MEDIWHEEL

URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Range
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	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

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SHANKAR ABHANGE

Age/Gender : 29 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3044

Report Date

: 01/04/2024



Test Description	Result	Unit	Biological Reference Range
------------------	--------	------	----------------------------

COMPLETE BLOOD COUNT

Total WBC Count	5,800	cell/cu.mm	4000 - 11000
Haemoglobin	15.2	g%	13 - 18
Platelet Count	209000	/cumm	150000 - 450000
RBC Count	4.78	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	97.7	fL	80 - 97
Mean Corp Hb MCH	31.8	pg	26 - 32
Mean Corp Hb Conc MCHC	32.5	gm/dL	31.0 - 36.0
Hematocrit HCT	46.7	%	36.0 - 48.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	54	%	40 - 75
Lymphocytes	39	%	20 - 45
Monocytes	05	%	02 - 10
Eosinophils	02	%	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	07	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. ****

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SHANKAR ABHANGE

Age/Gender : 29 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3044

Report Date

: 01/04/2024



Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858