

SARDA	
CENTRE FOR DIABETES & SELFCARE	
4, Vyankatesh Negar, Jaina Road, Aurangabad. Ph. : (0240) 2333851, 2334858.	
Name: Mr. Taguneshwar Age: 33m/m Belsyne BOB	
CLINICAL SUMMARY:	
Weight : Height (Cms) : Blood Pressure :	
ECG FINDINGS:	
Rate: 84/m2n ORS. Complex:	
Rhythm: Degrale ST Segment:	
Mechanism: Simm T. Wave:	
Axis: OT interval:	
P. Wave:	
Recommendation:	
Dr. A.S. SARDA SARDA CENTER FOR BIABETES & SELE CARE SARDA CENTER FOR BIABETES & SELE CARE 4, Vyankateshingsi, Jaina Road, Aurangabad 4, Vyankateshingsi, Jaina Road, Aurangabad	A PE

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



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

Regd. No.: 2019/05/3879 Patient Name: TRIGUNESHWAR BELSURE

Date: 09/03/2024

Patient Id: 5343

Age/Sex: 33 Years / MALE

Ref Phy: DR. SARDA

Address:

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 15.0 cm, shape, position. Mild diffuse fatty changes are noted. 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 8.8 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 10.7 x 3.8 cm. Left kidney measures 10.0 x 4.4 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 2.8 x 2.6 x 2.6 cm (volume = 9.9 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:

Grade I fatty changes in liver.

DR.AMEY S.JAH DR.AMEYJAJU, MBBS, DNB (RADIOLOGY)

Fellow in MSK imaging

CONSULTANT RADIOLOGIST



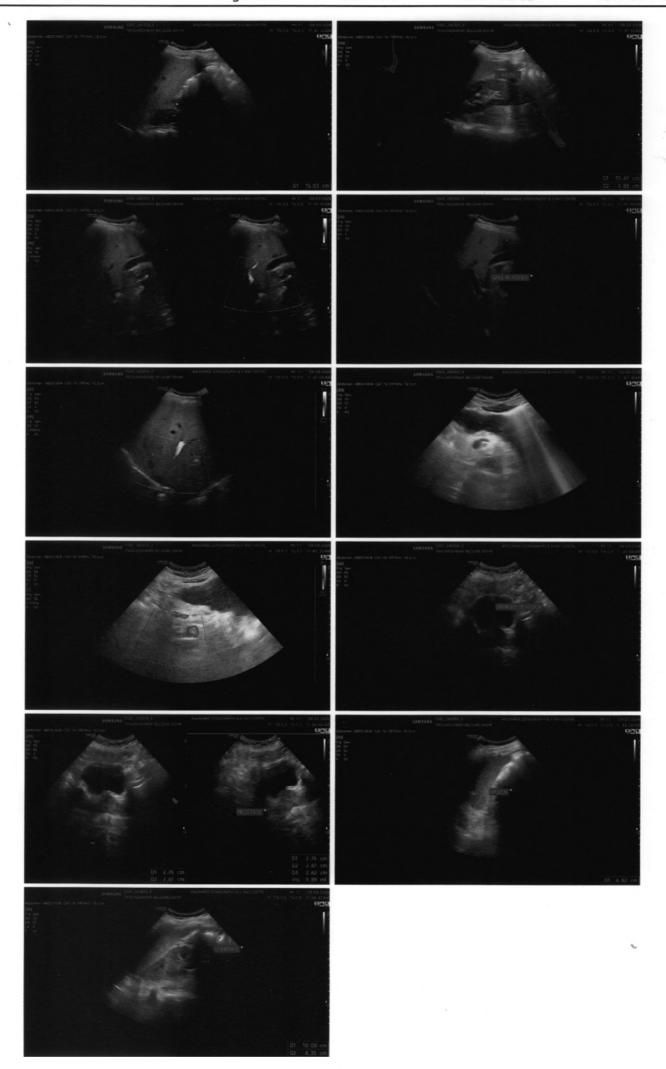
Name:TRIGUNESHWAR BELSURE

Age:33 Y

Sex:Male

RefDr:Sarda

Date:09-Mar-2024



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: TRIGUNESHWAR BELSURE

Date: 09/03/2024 Patient Id: 5342

Ref Phy: DR. SARDA

Age/Sex: 33 Years / MALE 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

ANUSHREE SONOGRAPHY & X-RAY CENTRE

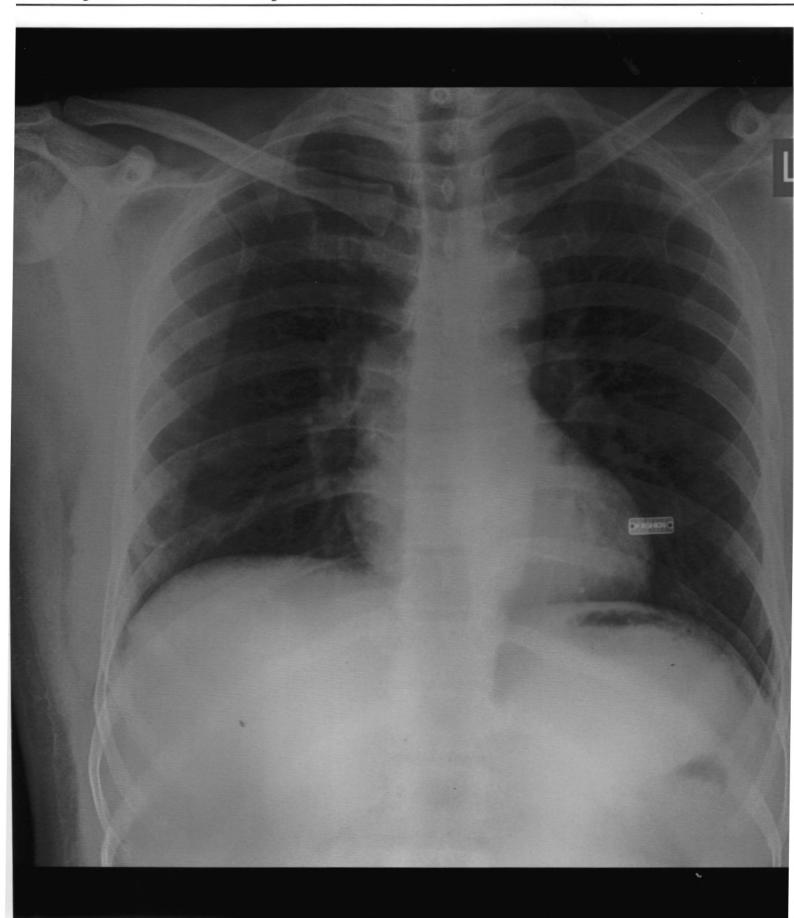
Name:Triguneshwar Belsure

Age:33 Y

Sex:Male

RefDr:Dr. Sarda

Date: 09-Mar-2024





Patient Name: MR TRIGUNESHWAR BELSURE

SCD24/2254

Age/Gender

Ref. Dr.

: 33 Yrs/Male : MEDIWHEEL Report Date

: 09/03/2024



HAEMATOLOGY REPORT

Test Description Result Unit Biological Reference Range

BLOOD GROUP AND RH FACTOR

Blood Group

'B'

Rh Factor

POSITIVE(+VE)

Dr.S R. SARDA
M.D. Reg. No.#5482
SARDA CENTER FOR DIABFTES & SELF CARE
4, Vyankateshnegar, Julina Road, Aurangabad
Phone No.2333851, 2334858



Patient Name: MR TRIGUNESHWAR BELSURE

Age/Gender

Ref. Dr.

: 33 Yrs/Male : MEDIWHEEL Report Date : 09/03/2024



HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin

6.0

Method: HPLC, NGSP certified

Estimated Average Glucose :

125

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 glycemic 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 glycemic control as compared to blood and urinary glucose determinations.

Dr.S.R. SARDA
M.D. Reg. No.55462
SARDA CENTER FOR DIABFTES & SELF CARE
4, Vyankateshneger, Jaima Road, Aurangabad
Phone No.2333851, 2334858



Patient Name: MR TRIGUNESHWAR BELSURE

Age/Gender

Ref. Dr.

: 33 Yrs/Male

: MEDIWHEEL

Report Date

: 09/03/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
LIPID PROFILE	-		
Cholesterol-Total Method: CHOD/PAP	196	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level Method: Lipase / Glycerol Kinase)	188	mg/dL	< 150 : Normal 150–199 : Borderline-High 200–499 : High > 500 : Very High
HDL Cholesterol Method: CHOD/PAP	41	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol Method: Homogeneous enzymatic end point assay	117.40	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High
VLDL Cholesterol Method: Calculation	37.60	mg/dL	7 - 40
CHOL/HDL RATIO Method: Calculation	4.78	Ratio	3.5 - 5.0
LDL/HDL RATIO Method: Calculation	2.86	Ratio	0 - 3.5

Wethou. Calculation				
Interpretation				
Lipid profile can measure the amount o	f 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).			





Patient Name: MR TRIGUNESHWAR BELSURE

Age/Gender

: 33 Yrs/Male

Ref. Dr. : MEDIWHEEL Report Date : 09/03/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
BLOOD SUGAR FASTING & PP (BSI	F & PP)- INS		
BLOOD SUGAR FASTING Method: Hexokinase	102	mg/dl	70 - 110
BLOOD SUGAR POST PRANDIAL Method: Hexokinase	121	mg/dl	70 - 140
ADA 2019 Guidelines for diagnosis of Di Fasting Plasma Glucose > 126 mg/dl Postprandial Blood Glucose > 200 mg/dl Bandom Blood Glucose > 200 mg/dl	abetes Mellitus		

Random Blood Glucose > 200 mg/dl HbA1c Level > 6.5%

M.D. Reg. No.85468

SARDA CENTER FOR DIABFTES & SELF CARE
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: 33 Yrs/Male

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
Serum Creatinine Method: Modified Jaffe's	0.77	mg/dL	0.70 - 1.40
URIC ACID Interpretation	6.5	mg/dl	2.5 - 7.2

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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Ref. Dr.

: 33 Yrs/Male

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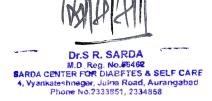


LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.66	mg/dl	0.2 - 1.0
Method: Serum, Jendrassik Grof			
DIRECT BILIRUBIN	0.16	mg/dL	0.0 - 0.3
Method: Serum, Diazotization			
INDIRECT BILIRUBIN	0.50	mg/dl	0.3 - 0.7
Method: Serum, Calculated			
SGPT (ALT)	34	U/L	15 - 40
Method: Serum, UV with P5P, IFCC 37 degree			
SGOT (AST)	38	U/L	15 - 40
Method: Serum, UV with P5P, IFCC 37 degree			
ALKALINE PHOSPHATASE	52	U/L	30 - 120
Method: DGKC			
TOTAL PROTEIN	7.9	g/dl	6.0 - 8.3
Method: Serum, Biuret, reagent blank end point			
SERUM ALBUMIN	4.8	g/dl	3.5 - 5.2
Method: Serum, Bromocresol green			
SERUM GLOBULIN	3.10	g/dl	1.8 - 3.6
Method: Serum, Calculated			
A/G RATIO	1.55		1.2 - 2.2
Method: Serum, Calculated			
Gamma Glutamyl Transferase-Serum	22	IU/L	15 - 73
Method: Kinetic			

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 12.3 7 - 21

Method: Calculated Clinical Significance:

Ref. Dr.

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.

Dr.S R. SARDA
M.D. Reg. No. 85462
SARDA CENTER FOR DIABFTES & SELF CARE
4, Vyankateshnegar, Julia Road, Aurangabad
Phone No. 2333851, 2334858



Patient Name: MR TRIGUNESHWAR BELSURE

Age/Gender : 33 Yrs/Male Ref. Dr. : MEDIWHEEL Report Date : 09/03/2024



IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Range			
Thyroid Function Test (TFT	Thyroid Function Test (TFT)					
Т3	129.52	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	7.46	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)	2.46	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			
	Oligomenorrhea/amenorrhoea			





Patient Name: MR TRIGUNESHWAR BELSURE

Absent

Age/Gender

Amorphous Deposit

Ref. Dr.

: 33 Yrs/Male

: MEDIWHEEL

Report Date : 09/03/2024



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				
Acetone	Absent			
Bile Salt	Absent		Absent	
Bile Pigment	Absent		Absent	
Microscopic Examination				
Epithelial Cells	NIL	/hpf	1-2/hpf	
Crystals	Absent		Absent	

Absent

Dr.S R. SARDA
M.D. Reg. No.#6468
SARDA CENTER FOR DIABFTES & SELF CARE
4, Vyankateshneger, Julima Road, Aurangabad
Phone No.2333851, 2334858



Patient Name: MR TRIGUNESHWAR BELSURE

Age/Gender : 3

Ref. Dr.

: 33 Yrs/Male : MEDIWHEEL Report Date : 09/03/2024



Test Description	Result	Unit	Biological Reference Range		
COMPLETE BLOOD COUNT					
Total WBC Count	6700	cell/cu.mm	4000 - 11000		
Haemoglobin	15.4	g%	13 - 18		
Platelet Count	2,71000	/cumm	150000 - 450000		
RBC Count	5.40	/Mill/ul	4.20 - 6.00		
RBC INDICES					
Mean Corp Volume MCV	81.3	fL	80 - 97		
Mean Corp Hb MCH	28.5	pg	26 - 32		
Mean Corp Hb Conc MCHC	35.1	gm/dL	31.0 - 36.0		
Hematocrit HCT	43.9	%	37.0 - 51.0		
DIFFERENTIAL LEUCOCYTE CO	UNT				
Neutrophils	53	%	40 - 75		
Lymphocytes	40	%	20 - 45		
Monocytes	05	%	02 - 10		
Eosinophils	02	%	01 - 06		
Basophils NOTE:	00	%	00 - 01		

^{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.

ESR 08 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.#5468
SARDA CENTER FOR DIABFTES & SELF CARE
4, Vyankateshnegar, Julna Road, Aurangabad
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^{2.} Test conducted on EDTA whole blood.



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