

SARDA

CENTRE FOR DIABETES & SELF CARE

Name Mr. Supar Panchal Age/Sex 36/Male Date: 17/01/24
Address medhubel, (Bande de Ravda)

OPHTHALMIC EXAMINATION REPORT

	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	6/6C - 6.5 Dm	6/6C - 6.0 Dm
Vision Near	N6	N6
Anterior segment	<u>NAD</u>	<u>NAD</u>
Pupils	<u>NSRTL</u>	<u>NSRTL</u>
Lens	<u>clear</u>	<u>clear</u>
Tension	<u>Normal</u>	<u>Normal</u>
Fundus:-	<u>myopic fundus</u>	<u>myopic fundus</u>
Colour Vision	<u>Normal</u>	<u>Normal</u>

Impression: BC myopia

Refr within normal limits

Handwritten signature

DR. AJAY LOHIYAP

MBBS, DNB (Ophthalmology)

FCO (Ophthalmology)

SRINAGAR METRICAL & OPTICAL CENTRE

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

Patient Name : MR SAGAR PANCHAL



SCD24/495

Age/Gender : 36 Yrs/Male

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	'AB'		
Rh Factor	POSITIVE(+VE)		

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

Patient Name : MR SAGAR PANCHAL

Age/Gender : 36 Yrs/Male

Ref. Dr. : MEDIWHEEL

**SCD24/495**

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**HBA1C/GLYCOCYLATED**

HbA1c Glycosilated Haemoglobin 5.5 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 111 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 SAGAR PANCHAL

Age/Gender : 36 Yrs/Male

Ref. Dr. : MEDIWHEEL



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Report Date

: 17/01/2024

**BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total <i>Method: CHOD/PAP</i>	152	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i>	104	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	38	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	93.20	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	20.80	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	4.00	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	2.45	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)- INS

BLOOD SUGAR FASTING	93	mg/dl	70 - 110
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Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	110	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 Ranges
Serum Creatinine <i>Method: Modified Jaffe's</i>	1.0	mg/dL	0.70 - 1.40
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN <i>Method: Serum, Jendrassik Grof</i>	0.68	mg/dl	0.2 - 1.0
DIRECT BILIRUBIN <i>Method: Serum, Diazotization</i>	0.13	mg/dL	0.0 - 0.3
INDIRECT BILIRUBIN <i>Method: Serum, Calculated</i>	0.55	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>	17	U/L	15 - 40
ALKALINE PHOSPHATASE <i>Method: DGKC</i>	104	U/L	30 - 120
TOTAL PROTEIN <i>Method: Serum, Biuret, reagent blank end point</i>	7.5	g/dl	6.0 - 8.0
SERUM ALBUMIN <i>Method: Serum, Bromocresol green</i>	4.1	g/dl	3.2 - 4.6
SERUM GLOBULIN <i>Method: Serum, Calculated</i>	3.40	g/dl	1.8 - 3.6
A/G RATIO <i>Method: Serum, Calculated</i>	1.21		1.2 - 2.2
Gamma Glutamyl Transferase-Serum <i>Method: Kinetic</i>	16	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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BUN 13 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	155.44	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	8.86	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)	3.38	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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Age/Gender : 36 Yrs/Male

Ref. Dr. : MEDIWHEEL



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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	1.005		
Albumin	Absent		
Sugar	Absent		Absent
Acetone	Absent		
Microscopic Examination			
RBC's	NIL	/hpf	Nil
Pus cells	Occasional	/hpf	2-3/hpf
Epithelial Cells	1-2	/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	5200	cell/cu.mm	4000 - 11000
Haemoglobin	13.7	g%	13 - 18
Platelet Count	2,32000	/cumm	150000 - 450000
RBC Count	4.94	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	83.6	fL	80 - 97
Mean Corp Hb MCH	27.7	pg	26 - 32
Mean Corp Hb Conc MCHC	33.2	gm/dL	31.0 - 36.0
Hematocrit HCT	41.3	%	37.0 - 51.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	45	%	40 - 75
Lymphocytes	44	%	20 - 45
Monocytes	06	%	02 - 10
Eosinophils	05	%	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	06	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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ANUSHREE SONOGRAPHY & X-RAY CENTRE

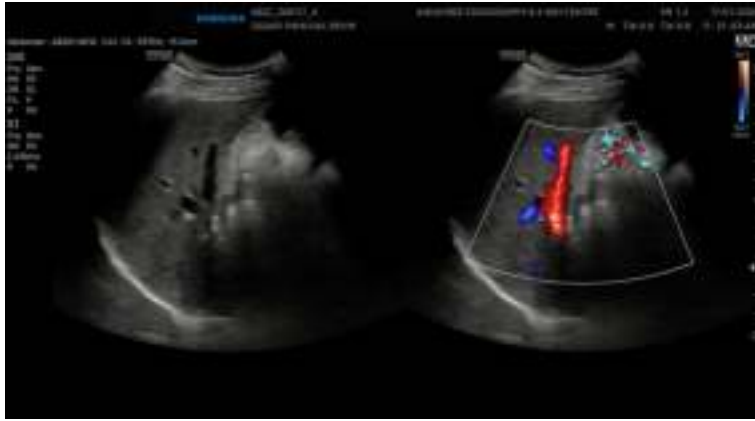
Name: SAGAR PANCHAL

Age: 36 Y

Sex: Male

RefDr: Sarda

Date: 17-Jan-2024



Patient Name: SAGAR PANCHAL	Date: 17/01/2024
Patient Id: 4822	Age/Sex: 36 Years / MALE
Ref Phy: DR. SARDA	Address :

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 12.3 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 8.0 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 9.5 x 4.3 cm. Left kidney measures 9.2 x 4.3 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:

No significant sonographic abnormality noted.



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



Patient Name: SAGAR PANCHAL	Date: 17/01/2024
Patient Id: 4819	Age/Sex: 36 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.



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Fellow in MSK imaging

ANUSHREE SONOGRAPHY & X-RAY CENTRE

Name:Sagar Panchal

Age:36 Y

Sex:Male

RefDr:Dr. Sarda

Date:17-Jan-2024



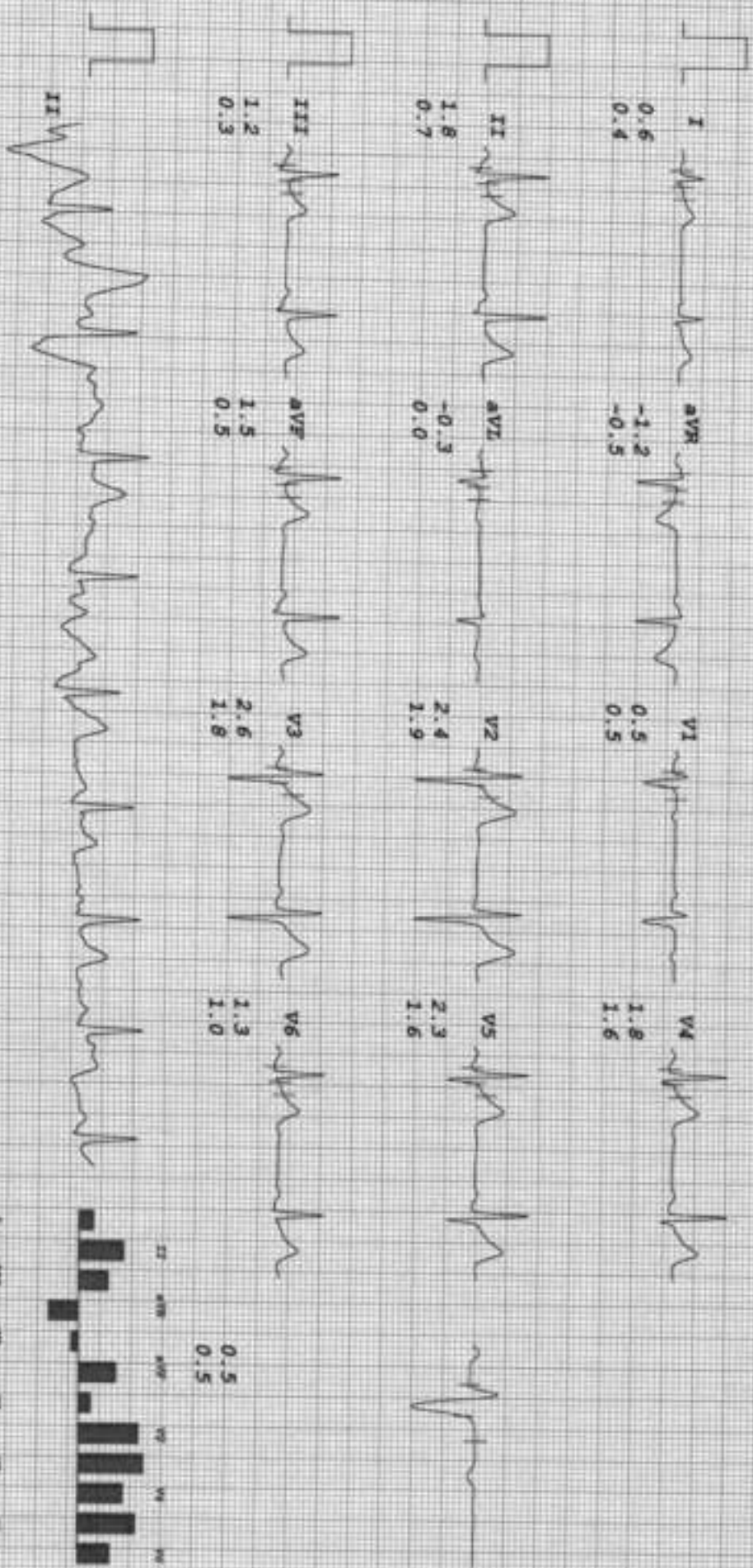
SAGAR M. PANCHAL
 I.D. 337
 Age 36/M
 Date 17/01/2024

GAJANAN HOSPITAL & CRITICAL CARE CENTER

PRETEST
 RATE 67bpm
 STANDING
 B.P. 110/70

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN



Mag. X 2

V1

GAJANAN HOSPITAL & CRITICAL CARE CENTER

SAGAR M. PANDEY
 I.D. 337
 Age 36/M
 Date 17/01/2024

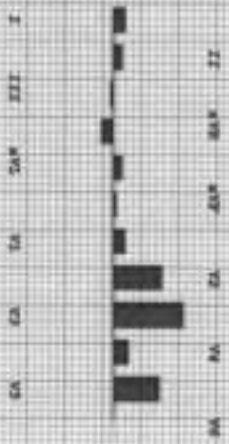
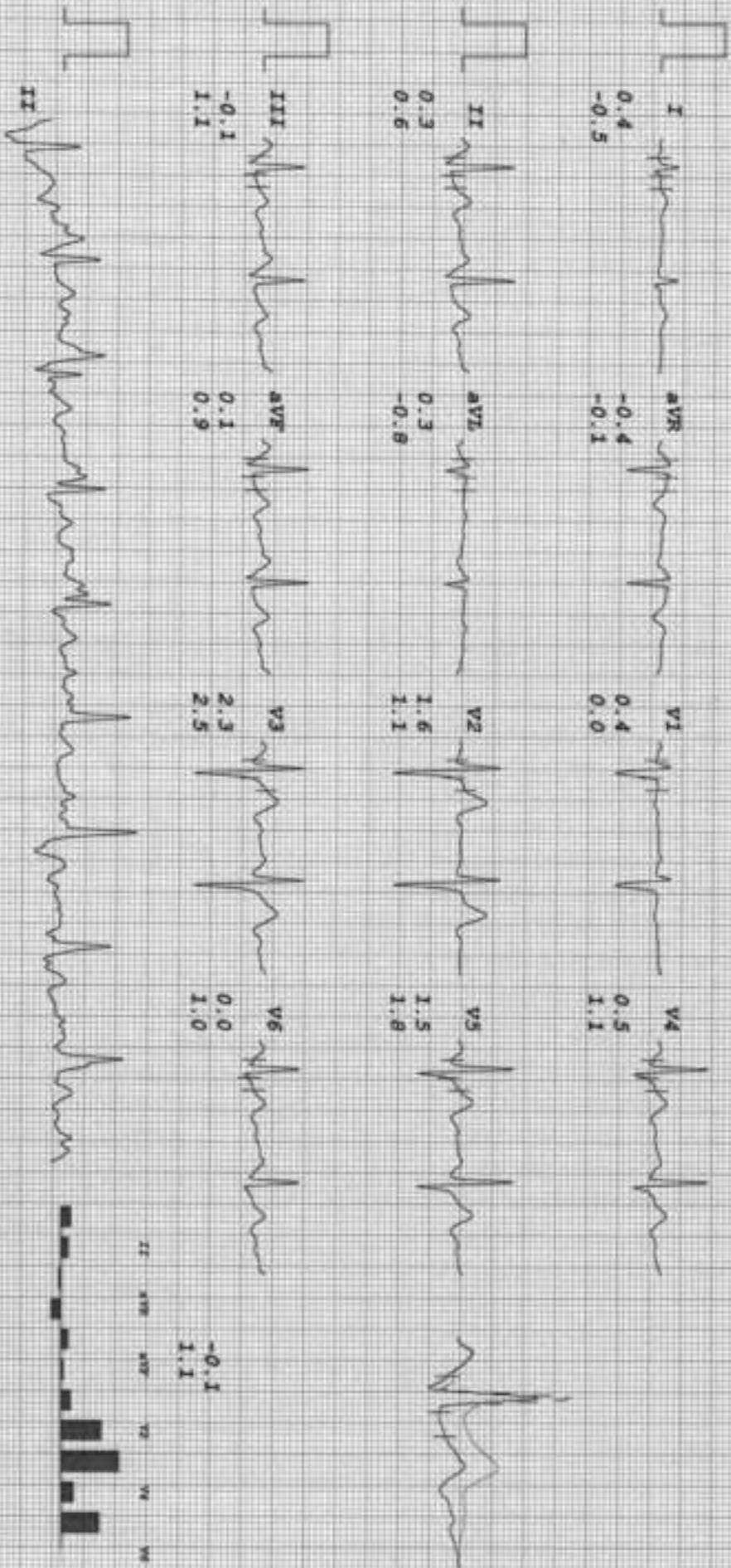
Rate 84bpm
 B.P. 110/70

STAGE 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 s

LINKED MEDIAN

MAG. X 2



GAJANAN HOSPITAL & CRITICAL CARE CENTER

SAGAR M. PANCHAL

I.D. 337

Age 36/M

Date 17/01/2024

RATE 90bpm

B.P. 130/80

Brice

Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mV

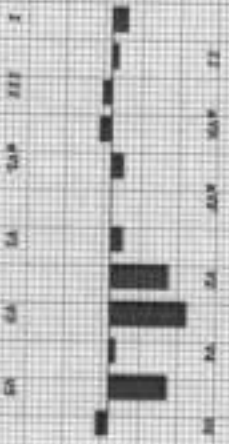
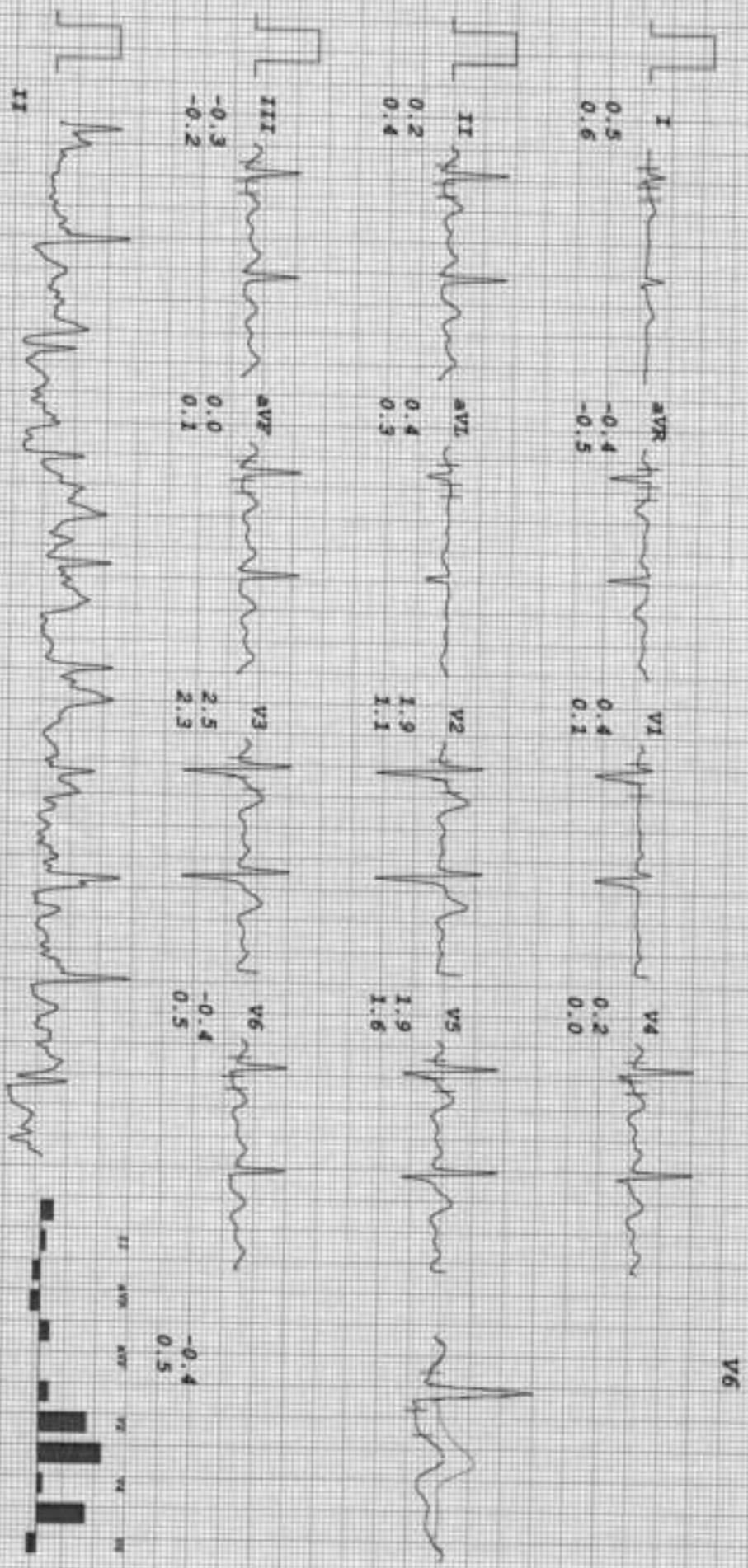
80ms PostJ

Speed 4 km/hr

SLOPE 12 °

LINKED MEDIAN

MAG. X 2



GAJANAN HOSPITAL & CRITICAL CARE CENTER

SAGAR M. PANCHAL

I.D. 337

Age 36/M

Date 17/01/2024

Rate 101bpm

B.P. 146/84

Brace

Stage 3

TOTAL TIME 8:55

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

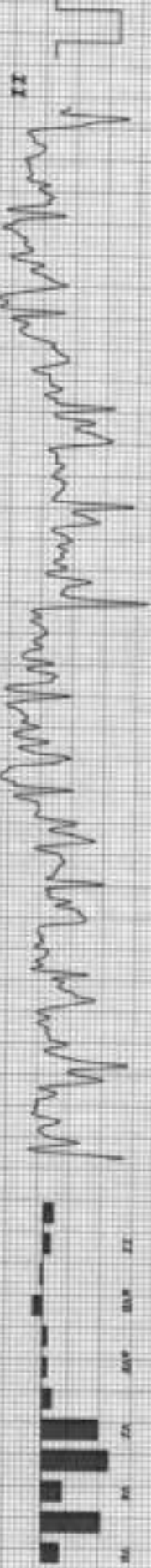
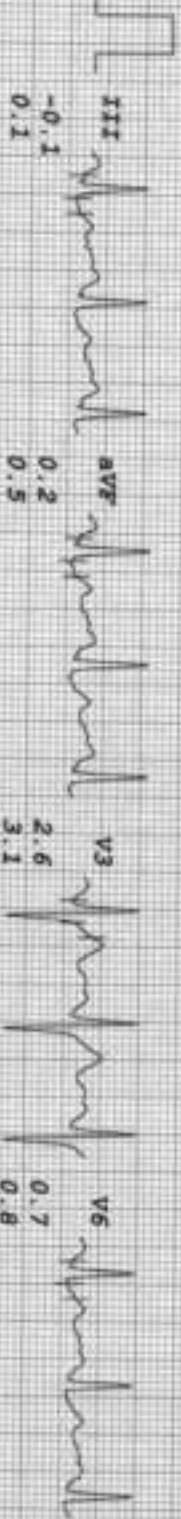
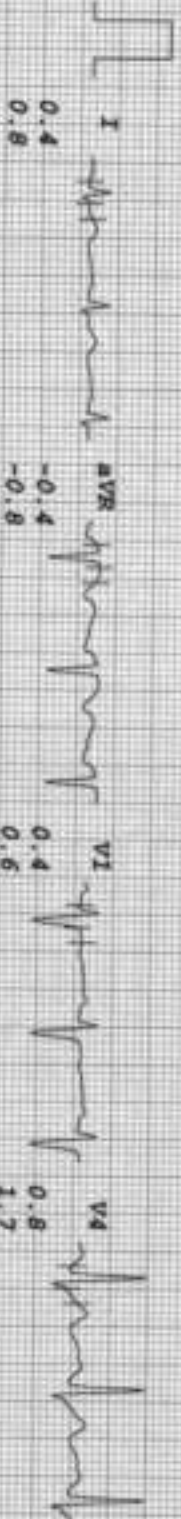
Speed 5.4 km/hr

SLOPE 14 °

LINKED MEDIAN

Mag. X 2

III



GAJANAN HOSPITAL & CRITICAL CARE CENTER

SAGAR M. PANCHAL
 I.D. 337
 Age 36/M
 Date 17/01/2024

RATE 111bpm
 B.P. 166/90

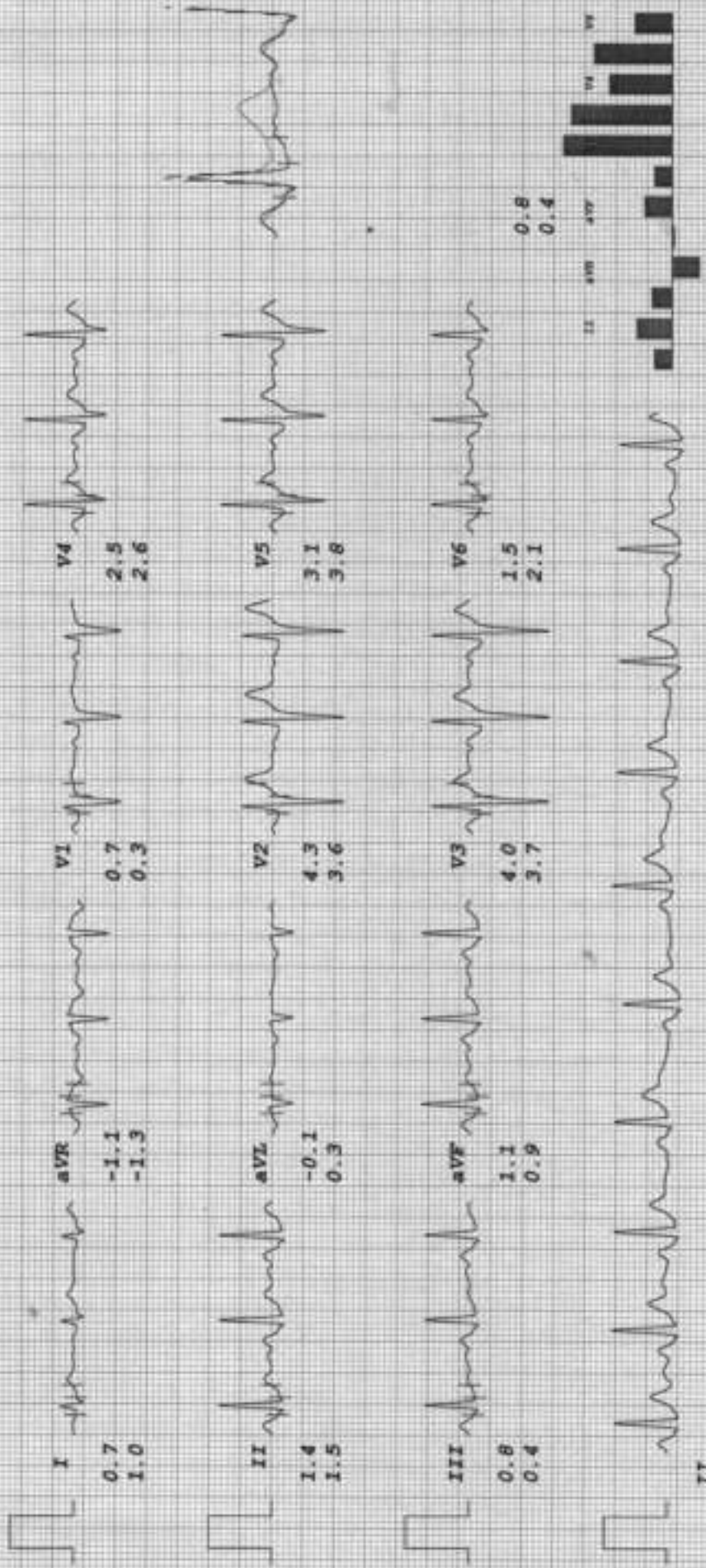
Bruce
 RECOVERY
 TOTAL TIME 12:21
 PHASE TIME 0:29

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



II

GAJANAN HOSPITAL & CRITICAL CARE CENTER

SAGAR M. PANCHAL
 I.D. 337
 Age 36/M
 Date 17/01/2024

Bruce
 RECOVERY

SF @ 10mm/mV
 80ms PostJ

RATE 71bpm
 B.P. 140/80

TOTAL TIME 14:47
 PHASE TIME 2:55

LINKED MEDIAN

Mag. X 2

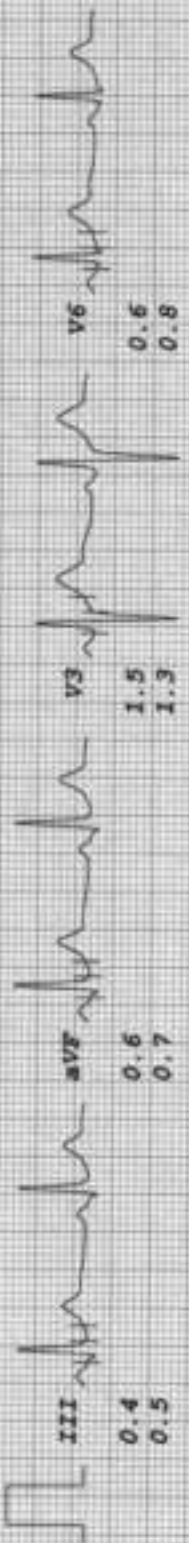
V1



V1: 0.2, 0.5



V2: 1.7, 1.6



V3: 1.5, 1.3



0.2, 0.5

II



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

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SAGAR M. PANCHAL
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 Age 36/M
 Date 17/01/2024

RATE 73bpm
 B.P. 140/80

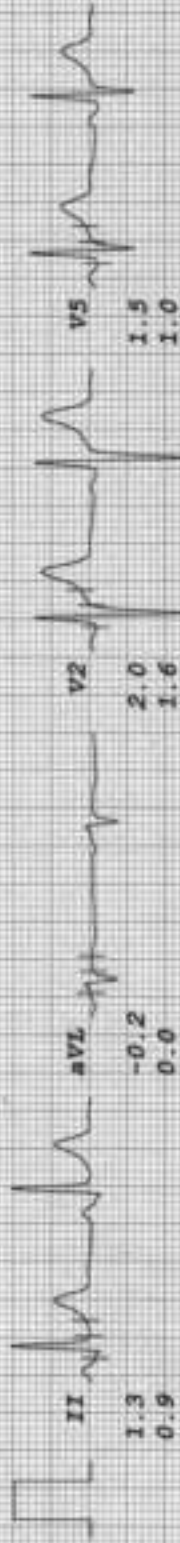
Bruce
 RECOVERY
 TOTAL TIME 17:47
 PHASE TIME 5:55

ST @ 10mm/mV
 80ms PostJ

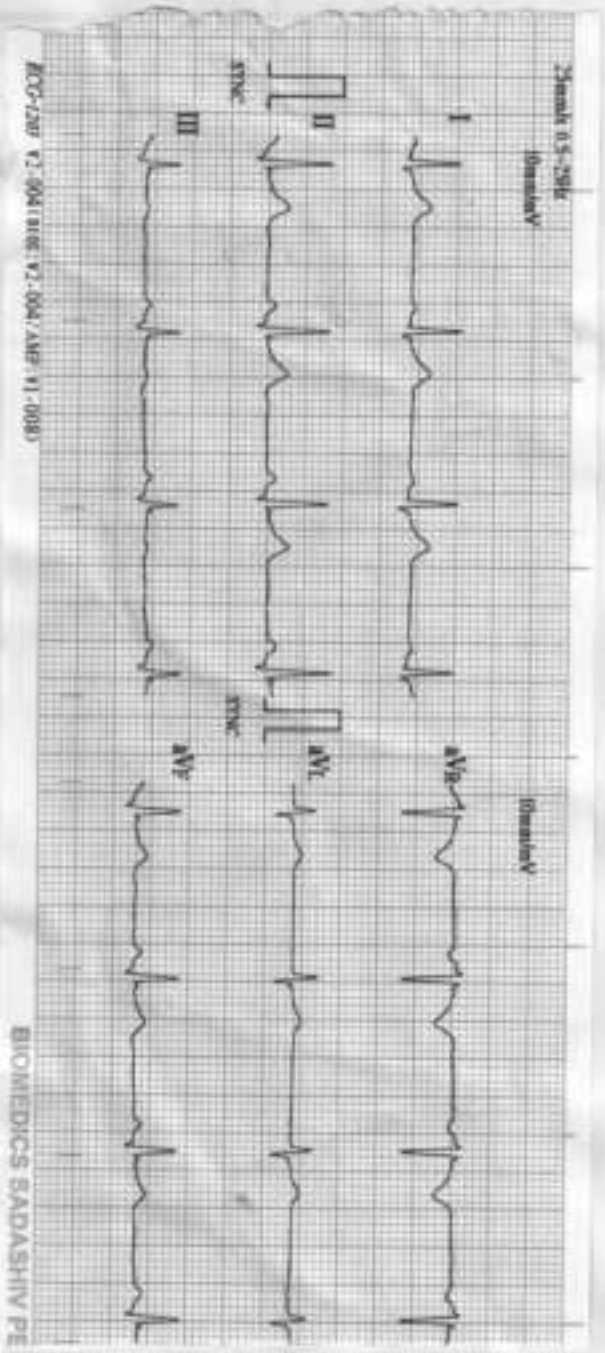
LINKED MEDIAN

Mag. X 2

V1



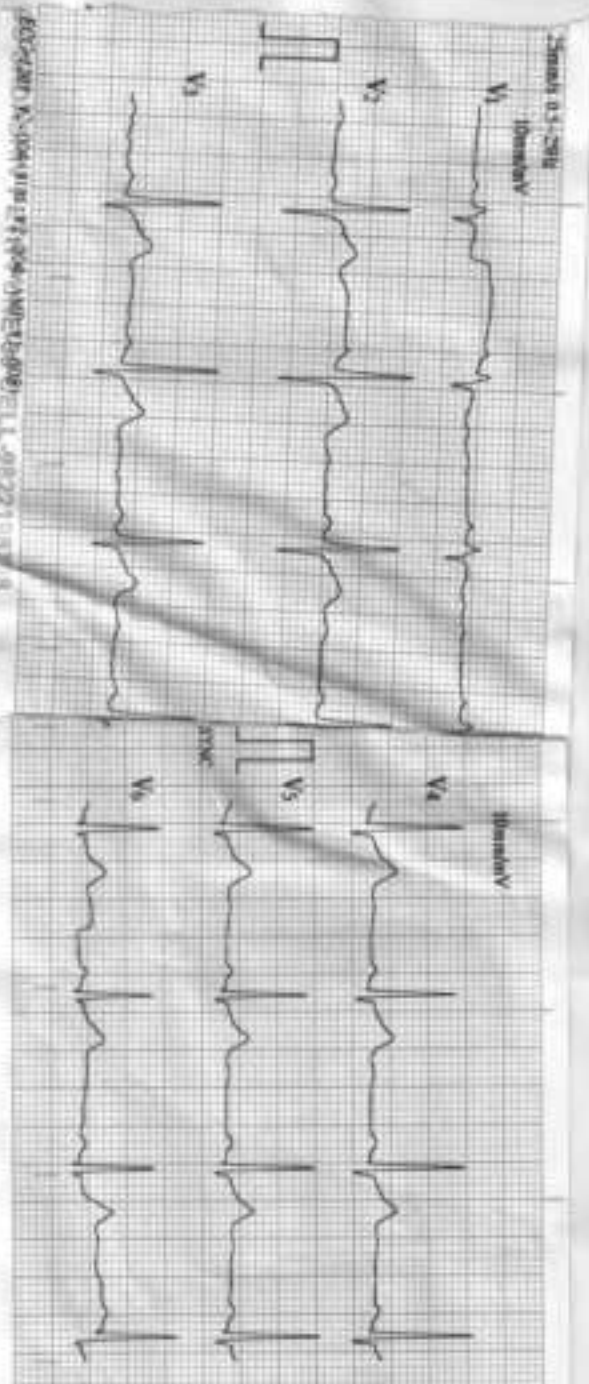
II III aVR aVL V1 V2 V3 V4 V5 V6



Standard 0.5-200
 (Standard V)

Standard V
 (Standard V)

ECG-200 V1-004 (R06 V1-004/AVF #1-008)
 BIOMEDICS SADASHIV PE



Standard 0.5-200
 (Standard V)

Standard V
 (Standard V)

ECG-200 V1-004 (R06 V1-004/AVF #1-008)
 BIOMEDICS SADASHIV PE

08/17/2004 10:55

ID : 3101
 Name : Mr. Sagar Parolal
 Sex : M
 Age : 36

HR : 74
 PR : 926
 P-R : 151
 QRS : 96
 QT/QTc : 352/363
 P/QRS/T : 63/57/34
 HV5-SV1 : 1-150 0-290 mV
 HV5-SV1 : 1.440

Relative Interpretation Only #

Centre with Physician
 Dr. A. S. ...
 M.D. ...
 SA ...
 4, V ...

**SARDA
CENTRE FOR DIABETES & SELF CARE**

4, Vyankatesh Nagar, Jaina Road, Aurangabad. Ph. : (0240) 2333861, 2334808.

Name: Mr. Sagar Barchhad Age: 36 yrs
1325

CLINICAL SUMMARY:

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

ECG FINDINGS:

Rate: 64/min ORS. Complex: Ⓡ

Rhythm: Ⓡ ST Segment: Ⓡ

Mechanism: Ⓡ T. Wave: Ⓡ

Axis: Ⓡ QT Interval: Ⓡ

P. Wave: Ⓡ PR Interval: Ⓡ

Recommendation: wm

Date: 17/1/24

Dr. A. S. SARDA
M.D. (P) No. 7370

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