

Date: 25/12/23

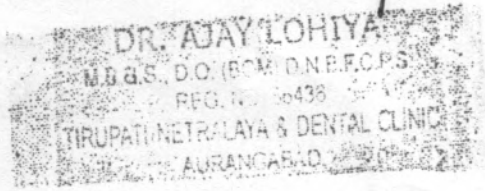
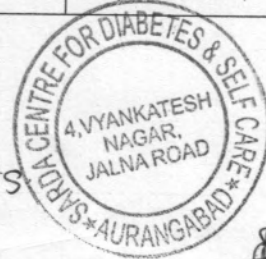
Name Mr. Kamalesh Varma Age/Sex 39/M

Address Banck of Baroda

OPHTHALMIC EXAMINATION REPORT

	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	6/6C -1.50/-1.00 X 90°	6/6C -1.50/-1.75 X 90°
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 FRT	Disc - WNL C/D - 0.3 FRT
Colour Vision	Normal	Normal

Impression: B/E Myopic Astigmatism
Rest within normal limits





Reg. Office : CTS No. 15184/3, Asian Hospital, Akashwani Signal, Jalna Road, Aurangabad - 431 001 (MH) India.
Email : asianciticarehospital@gmail.com, Ph. 0240 - 6610801 / 6610807

Name of Patient: Mr. Kamlesh Varma

Date:23/12/2023

Age/Sex :40 Yrs/Male

2-D ECHOCARDIOGRAPHY REPORT

Mitral Valve : Normal
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal
Right Atrium : Normal
Right Ventricle : Normal
Left Atrium : 3.93Cm
Left Ventricle : Normal
IVS(S):1.21Cm LV(S):3.21Cm PW(S):1.13Cm LVEF-69%
IVS(D):0.87Cm LV (D):5.26Cm PW(D):0.76Cm FS- 39%
IVS : 0.95Cm
IAS : Intact
Aorta : 3.63Cm
Pulmonary Artery : Normal
Pericardium : Normal
IVC : Normal

DOPPLER STUDY

Mitral Flow : E- 0.67m/sec A- 0.48m/sec DT- 176m/sec E/A-1.42
Aortic Flow : 1.21m/sec
Pulmonary Flow : 0.68m/sec
Tricuspid Flow : m/sec RVSP-13+5=18mm Hg

COLOR DOPPLER

MR : No
AR : No
TR : Trivial
PR : No
Shunts : Nil

Dr. Deorao Thenge
M.D., D.N.B., (Cardiology)

Dr. Mukund Bajaj
M.D., D.M., (Cardiology)



VIGHNAHARTA HEALTH VISIONARIES PRIVATE LIMITED'S

ASIAN SUPERSPECIALITY HOSPITAL


CITICARE

CIN No. : U85100MH2013PTC245579

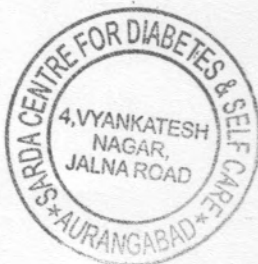
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CONCLUSION:

Normal Sized Cardiac Chambers.
No LV RWMA.
Good LV Systolic function with LVEF-69 %.
Normal LV Filling Pattern.
Trivial TR.
No MR/AR.
No PE/LV Clot.

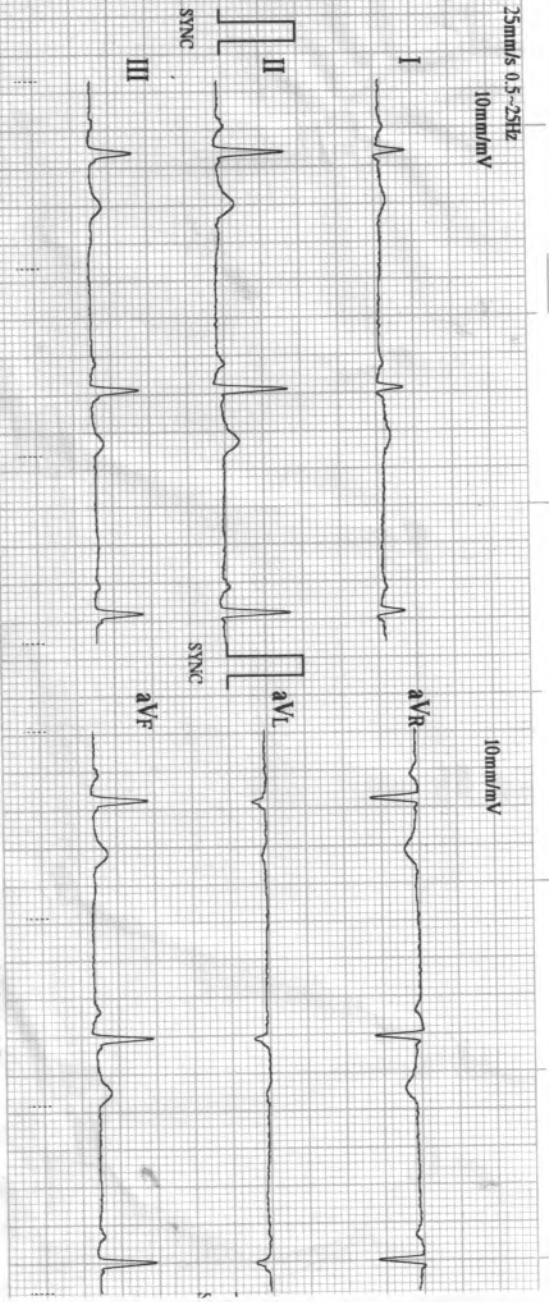

DR.DEORAO THENGE
M.D.D.N.B.(CARDIOLOGY)

Dr. Devrao Thenge
MD, DNB (Cardiology)
Reg. No. 2001/02/491

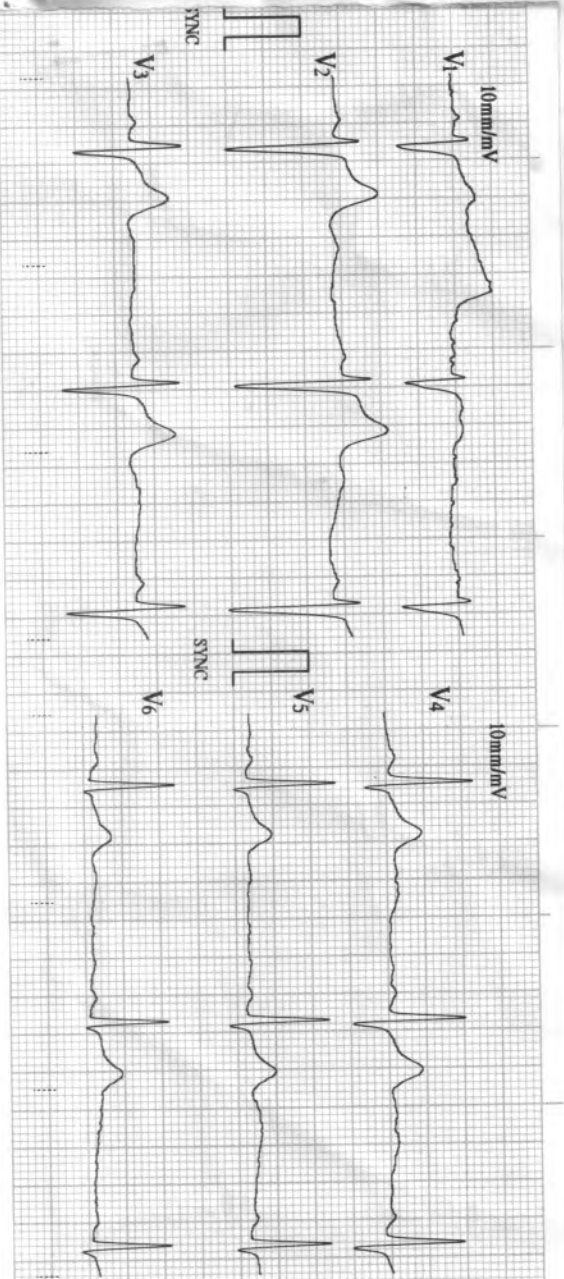


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ECG-1203 V2.004 (BIOS: V2.004 / AMP: V1.008) BIOMEDICS SADASHV PETH PUNE-30 CELL-9822198798



11/08/2023 10:29

ID : 4277
 Name: Mr. Kamlesh Varma
 Sex : M
 Age : 39yr
 Kolhapur

HR : 49 bpm
 R-R : 1205 ms
 P-R : 219 ms
 QRS : 116 ms
 QT/QTc : 411/374 ms
 P/QRS/T : -4/76/79 mV
 RV5/SV1 : 1.060/0.750 mV
 RV5-SV1 : 1.810 mV

Machine Interpretation Only
 Confirm with Physician

Dr. A. S. SARDAR
 M.D. Reg. No. 71570
 SARDAR DENTIST AND SELF-CARE
 KARANDEWADI, JAGRI, 2ND FLOOR, AURANGABAD
 Phone No. 9333851, 9334858

**SARDA
CENTRE FOR DIABETES & SELF CARE**

4, Vyankatesh Nagar, Jalna Road, Aurangabad. Ph. : (0240) 233851, 2334858.

Name: Mr. Kamlesh Vasna Age: 39y/m
BSB

CLINICAL SUMMARY:

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

ECG FINDINGS:

Rate: 49/min ORS. Complex: Ⓡ

S. Brady cardiac

Rhythm: Ⓡ ST Segment: Ⓡ

Mechanism: Ⓡ T. Wave: Ⓡ

Axis: Ⓡ QT Interval: Ⓡ

P. Wave: Ⓡ PR Interval: Ⓡ

Recommendation: wn

Date: 8/11/23

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Phone No. 2333851, 2334858

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: KAMLESH VARMA	Date: 08/11/2023
Patient Id: 3958	Age/Sex: 39 Years / MALE
Ref Phy: DR. SARDA	Address :

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 13.4 cm, shape, position, echogenicity and echotexture. Normal respiratory movements are seen. Portal vein at porta hepatis measures 9.4 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 It measures 6.9 cm, shape, position, echogenecity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 10.1 x 4.2 cm. Left kidney measures 10.4 x 4.6 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 4.0 x 2.7 x 3.0 cm (volume = 17.2 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:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY NOTED.

DR. AMEY S. JAJU
DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)
Fellow in MSK imaging
CONSULTANT RADIOLOGIST



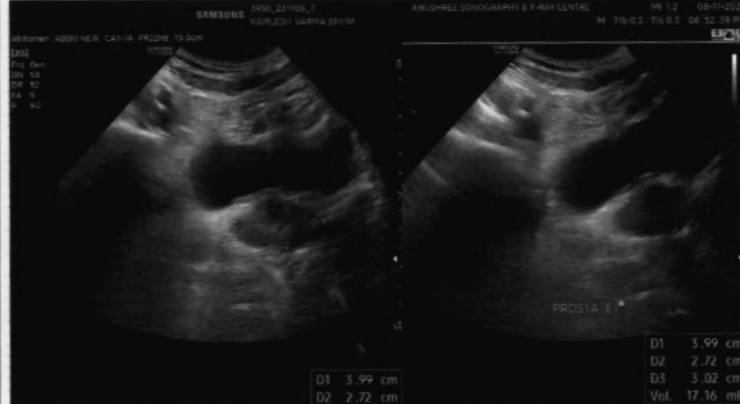
Name: KAMLESH VARMA

Age: 39 Y

Sex: Male

RefDr: Sarda

Date: 08-Nov-2023



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: KAMLESH VARMA	Date: 08/11/2023
Patient Id: 3960	Age/Sex: 39 Years / MALE
Ref Phy: DR. SARDA	Address :

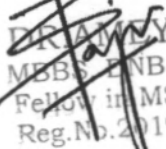
RADIOGRAPH OF CHEST PA VIEW

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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ANUSHREE SONOGRAPHY & X-RAY CENTRE

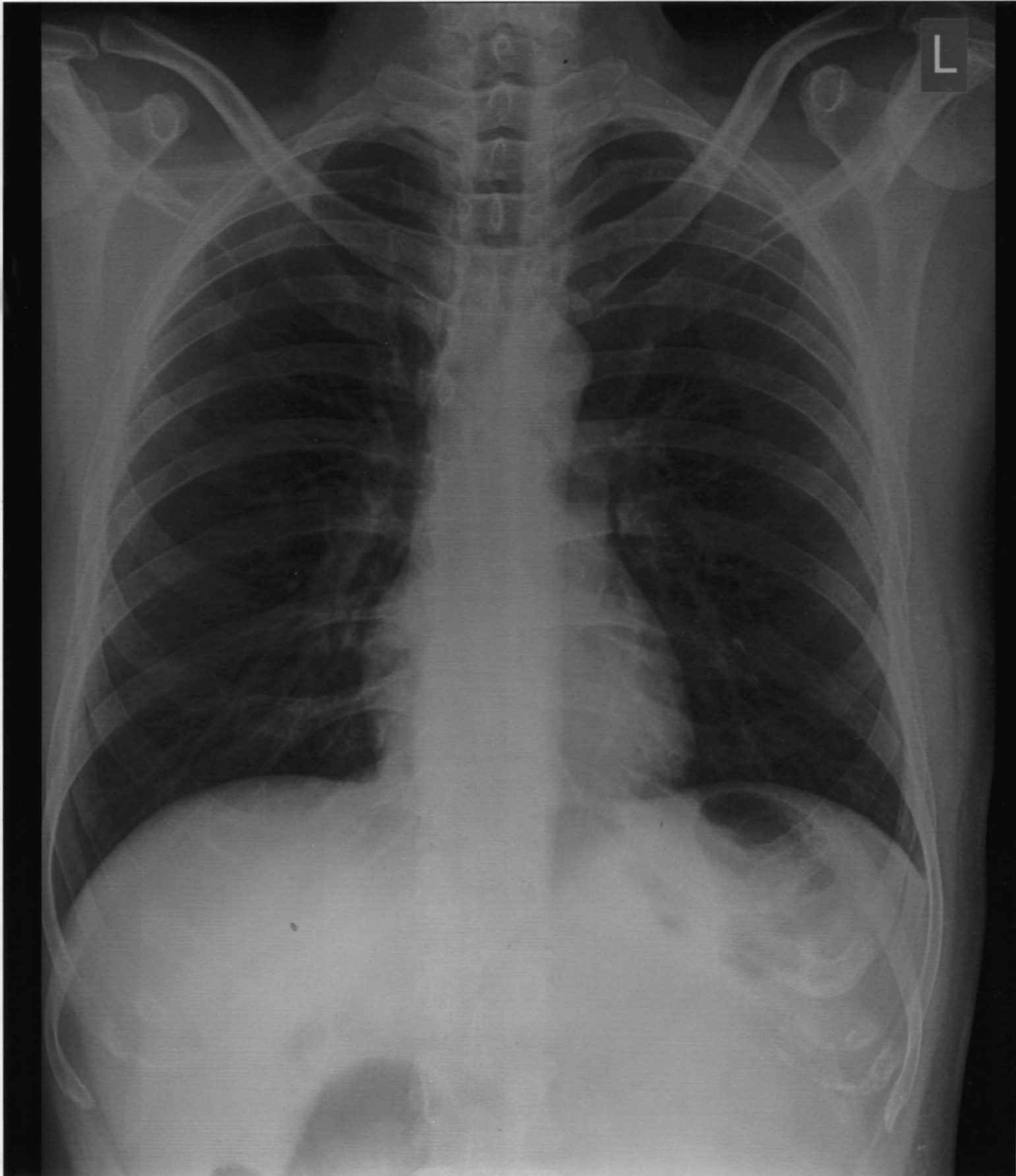
Name: Kamlesh Varma

Age: 39 Y

Sex: Male

RefDr: Dr. Sarda

Date: 08-Nov-2023



Patient Name : MR KAMLESH VARMA

Age/Gender : 39 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD23/5350

Report Date

: 08/11/2023



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HBA1C/GLYCOCYLATED			
HbA1c Glycosilated Haemoglobin	5.0	%	
<i>Method: HPLC, NGSP certified</i>			
Estimated Average Glucose :	97	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 KAMLESH VARMA

Age/Gender : 39 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD23/5350

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total <i>Method: Spectrophotometry</i>	156	mg/dL	< 200 - Desirable 200 - 239 -Boderline High > 240 - High
Triglycerides level <i>Method: Serum, Enzymatic, endpoint</i>	98	mg/dL	< 150 - Normal 150 - 199 -Boderline High 200 - 499 -High >500 Very -High
HDL Cholesterol <i>Method: Serum, Direct measure-PEG</i>	43	mg/dL	< 40 - Low > 40 - Normal
LDL Cholesterol <i>Method: Enzymatic selective protection</i>	93.40	mg/dL	< 100 - Optimal 100 - 129 - Near/Above Optimal 130 - 159 - Borderline high 160 - 189 - High > 190 - Very High
VLDL Cholesterol <i>Method: Serum, Enzymatic</i>	19.60	mg/dL	6 - 38
CHOL/HDL RATIO <i>Method: Serum, Enzymatic</i>	3.63		3.5 - 5.0
LDL/HDL RATIO <i>Method: Serum, Enzymatic</i>	2.17		2.5 - 3.5

NOTE

8-10 hours fasting sample is required

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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

71

mg/dl

70 - 110

Method: Hexokinase

BLOOD SUGAR POST PRANDIAL

90

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%

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Serum Creatinine <i>Method: Modified Jaffe's</i>	1.2	mg/dL	0.70 - 1.40
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN <i>Method: Serum, Jendrassik Grof</i>	0.50	mg/dl	0.2 - 1.0
DIRECT BILIRUBIN <i>Method: Serum, Diazotization</i>	0.17	mg/dL	0.0 - 0.3
INDIRECT BILIRUBIN <i>Method: Serum, Calculated</i>	0.33	mg/dl	0.3 - 0.7
SGPT (ALT) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	16	U/L	15 - 40
SGOT (AST) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	18	U/L	15 - 40
ALKALINE PHOSPHATASE <i>Method: DGKC</i>	92	U/L	74 - 390
TOTAL PROTEIN <i>Method: Serum, Biuret, reagent blank end point</i>	7.2	g/dl	6.0 - 8.0
SERUM ALBUMIN <i>Method: Serum, Bromocresol green</i>	3.9	g/dl	3.2 - 4.6
SERUM GLOBULIN <i>Method: Serum, Calculated</i>	3.30	g/dl	1.8 - 3.6
A/G RATIO <i>Method: Serum, Calculated</i>	1.18		1.2 - 2.2
Gamma Glutamyl Transferase-Serum <i>Method: Kinetic</i>	31	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 09 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	100.34	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	8.75	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)	1.86	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	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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Test Description	Result	Unit	Biological Reference Ranges
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COMPLETE BLOOD COUNT

Total WBC Count	5300	cell/cu.mm	4000 - 11000
Haemoglobin	14.3	g%	13 - 18
Platelet Count	2,54000	/cumm	150000 - 450000
RBC Count	4.82	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	84.2	fL	80 - 97
Mean Corp Hb MCH	29.7	pg	26 - 32
Mean Corp Hb Conc MCHC	35.2	gm/dL	31.0 - 36.0
Hematocrit HCT	40.6	%	37.0 - 51.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	37	%	40 - 75
Lymphocytes	55	%	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	07	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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