

Patient Name : MR AMAR MAGAR

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/413

Report Date

: 13/01/2024



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND RH FACTOR			
Blood Group	'A'		
Rh Factor	POSITIVE(+VE)		

Dr.S R. SARDA
M.D. Reg. No. 5462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR AMAR MAGAR

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/413

Report Date

: 13/01/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
KIDNEY FUNCTION TEST(KFT)			
Urea <i>Method: Urease UV GLDH</i>	19	mg/dl	10.0 - 45.0
Serum Creatinine <i>Method: Modified Jaffe with no deproteinization</i>	0.67	mg/dl	0.6 - 1.4
Blood Urea Nitrogen-BUN <i>Method: Calculated</i>	7.6	mg/dl	7 - 20

Interpretation :

Kidney function tests help to screen the individual for renal disease and to determine the extent or progression of renal disease. These tests also aid in determining drug dosage for drugs excreted through the kidneys. The clinical syndrome resulting from decreased renal function and azotemia is called uremia. Renal azotemia: glomerular nephritis and chronic pyelonephritis. Prerenal azotemia: severe dehydration, hemorrhagic shock, and excessive protein intake. Post renal azotemia: urethral stones or tumors and prostatic obstructions. Measurement of urea in dialysis fluids is widely used in assessing the adequacy of renal replacement therapy.

In these prerenal situations, the plasma creatinine concentration may be normal. In obstructive post renal conditions, both plasma creatinine and urea concentrations will be increased, although there is often a greater increase in plasma urea than creatinine because of the increased back diffusion. These considerations give rise to the principal clinical utility of plasma urea, which lies in its measurement in conjunction with that of plasma creatinine and subsequent calculation of the urea nitrogen/creatinine ratio. This ratio has been used as a crude discriminator between prerenal and postrenal azotemia. Significantly lower ratios usually denote (1) acute tubular necrosis, (2) low protein intake, (3) starvation, or (4) severe liver disease (decreased urea synthesis). So even though blood urea is not an excellent marker of renal dysfunction as it rises quite late in the dysfunction and its rise is also not exclusive to kidney dysfunction, but for practical purposes serum urea level is still one of the most ordered test and forms an important part of the kidney function test.

Concentrations in excess of 6.0 mg/dL at 32 weeks gestation have been noted to be associated with a high perinatal mortality rate.

Dr. S. R. SARDA
M.D. Reg. No. 6462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR AMAR MAGAR

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/413

Report Date

: 13/01/2024



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>	120	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	46	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	82.00	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	24.00	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	3.30	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	1.78	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. 85482
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR AMAR MAGAR

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/413

Report Date

: 13/01/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
------------------	--------	------	-----------------------------

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

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

Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	105	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. 5462

SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR AMAR MAGAR

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/413

Report Date

: 13/01/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN <i>Method: Serum, Jendrassik Grof</i>	0.59	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>	0.42	mg/dl	0.3 - 0.7
SGPT (ALT) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	26	U/L	15 - 40
SGOT (AST) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	21	U/L	15 - 40
ALKALINE PHOSPHATASE <i>Method: DGKC</i>	92	U/L	30 - 120
TOTAL PROTEIN <i>Method: Serum, Biuret, reagent blank end point</i>	7.4	g/dl	6.0 - 8.0
SERUM ALBUMIN <i>Method: Serum, Bromocresol green</i>	4.2	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>	1.31		1.2 - 2.2
Gamma Glutamyl Transferase-Serum <i>Method: Kinetic</i>	26	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.

Dr. S R. SARDA
M.D. Reg. No. 5462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR AMAR MAGAR



SCD24/413

Age/Gender : 35 Yrs/Male

Report Date

: 13/01/2024

Ref. Dr. : MEDIWHEEL

**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
Thyroid Function Test (TFT)			
T3	118.45	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	9.44	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)	1.43	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. 6462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR AMAR MAGAR

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/413

Report Date

: 13/01/2024



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	1.015		
Albumin	Absent		
Sugar	NIL		Absent
Acetone	Absent		
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent

Microscopic Examination

RBC's	Not seen	/hpf	Nil
Pus cells	Occasional	/hpf	2-3/hpf
Epithelial Cells	3-4	/hpf	1-2/hpf
Crystals	Absent		Absent
Amorphous Deposit	Absent		Absent

Dr.S R. SARDA
M.D. Reg. No. 5462
SARDA CENTER FOR DIABFTES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR AMAR MAGAR

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/413

Report Date

: 13/01/2024



Test Description	Result	Unit	Biological Reference Ranges
------------------	--------	------	-----------------------------

COMPLETE BLOOD COUNT

Total WBC Count	6200	cell/cu.mm	4000 - 11000
Haemoglobin	11.7	g%	13 - 18
Platelet Count	2,62000	/cumm	150000 - 450000
RBC Count	5.57	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	67.1	fL	80 - 97
Mean Corp Hb MCH	21.0	pg	26 - 32
Mean Corp Hb Conc MCHC	31.3	gm/dL	31.0 - 36.0
Hematocrit HCT	37.4	%	37.0 - 51.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	54	%	40 - 75
Lymphocytes	34	%	20 - 45
Monocytes	07	%	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.
-----	----	-------	---

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. 5462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR AMAR MAGAR

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/413

Report Date

: 13/01/2024



Dr.S R. SARDA
M.D. Reg. No. 5462
SARDA CENTER FOR DIABFTES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858



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. Amar Magar

Date: 13/01/2024

Age/Sex- 35 yrs/Male

2D ECHOCARDIOGRAPHY/COLOUR DOPPLER REPORT

M Mode

IVS	08mm	Aortic root	24mm
PW	09mm	Aortic Annulus	20mm
LVIDd	38mm	Left Atrium	28mm
LVIDs	34mm	Right Atrium	30mm
LVEDV	110ml	RVIDd	27mm
LVESV	48ml	EPSS	05mm
FS(%)	28%	LV-EF(%)	55%

CHAMBERS:

Left Atrium : Normal in size
Right Atrium : Normal in size
Right Ventricle : Normal in size.
Left Ventricle : Normal in size

RWMA: No RWMA.

LV Function: Fair LV Systolic function with LVEF-55%

RV Function: Normal

Valves:

Mitral : Normal

Tricuspid : Normal

Aortic : Normal

Pulmonary : Normal

Inter atrial/Interventricular Septum- Intact

Aorta: Ascending Aorta -Normal

Arch of Aorta- Normal

No clot/vegetation /effusion.

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

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

COLOUR DOPPLER.

	Regurgitation Grade	Gradient --Peak/mean
Mitral Valve	Trivial	-
Tricuspid Valve	Trivial	-
Aortic Valve	-	-
Pulmonary Valve	-	-

Diastolic Dysfunction:-Nil

Pulmonary Hypertension:-NO

CONCLUSION:

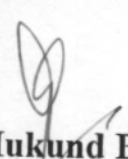
Normal Sized Cardiac Chambers.

No RWMA.

Fair LV Systolic function with LVEF-55%

No Significant Pulmonary Hypertension.




Dr. Mukund Bajaj
D. M. (Cardiology)
Interventional Cardiologist
Dr. Mukund Bajaj
M.D., D.M. (Cardiology)
Reg. No. 2002/03/1761

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

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

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: AMAR MAGAR

Date: 13/01/2024

Patient Id: 4787

Age/Sex: 35 Years / FEMALE

Ref Phy: DR. SARDA

Address :

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 12.0 cm, shape, position, echogenicity and echotexture. Normal respiratory movements are seen. Portal vein at porta hepatis measures 7.1 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 9.4 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 9.0 x 3.7 cm. Left kidney measures 9.8 x 4.7 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 3.8 x 2.4 x 2.5 cm (volume = 11.9 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.

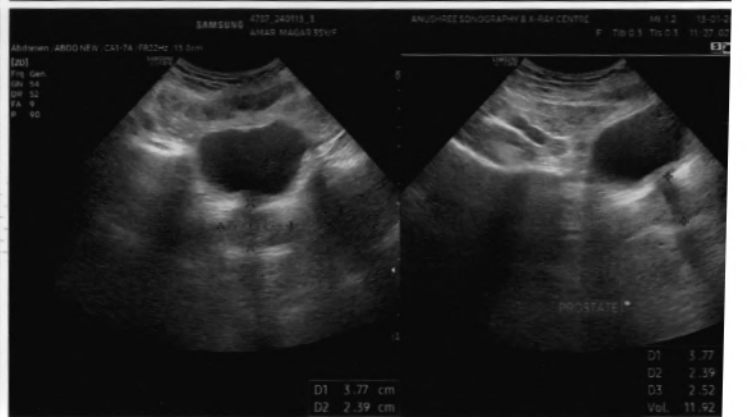
CONCLUSION:

SONOGRAPHY OF ABDOMEN & PELVIS IS NORMAL.

DR. AMEY S. JAJU
MBBS, DNB (Radiology)
Fellow in MSK Imaging

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





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: **AMAR MAGAR**

Date: **13/01/2024**

Patient Id: **4786**

Age/Sex: **35 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 silhouette 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)

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



ANUSHREE SONOGRAPHY & X-RAY CENTRE

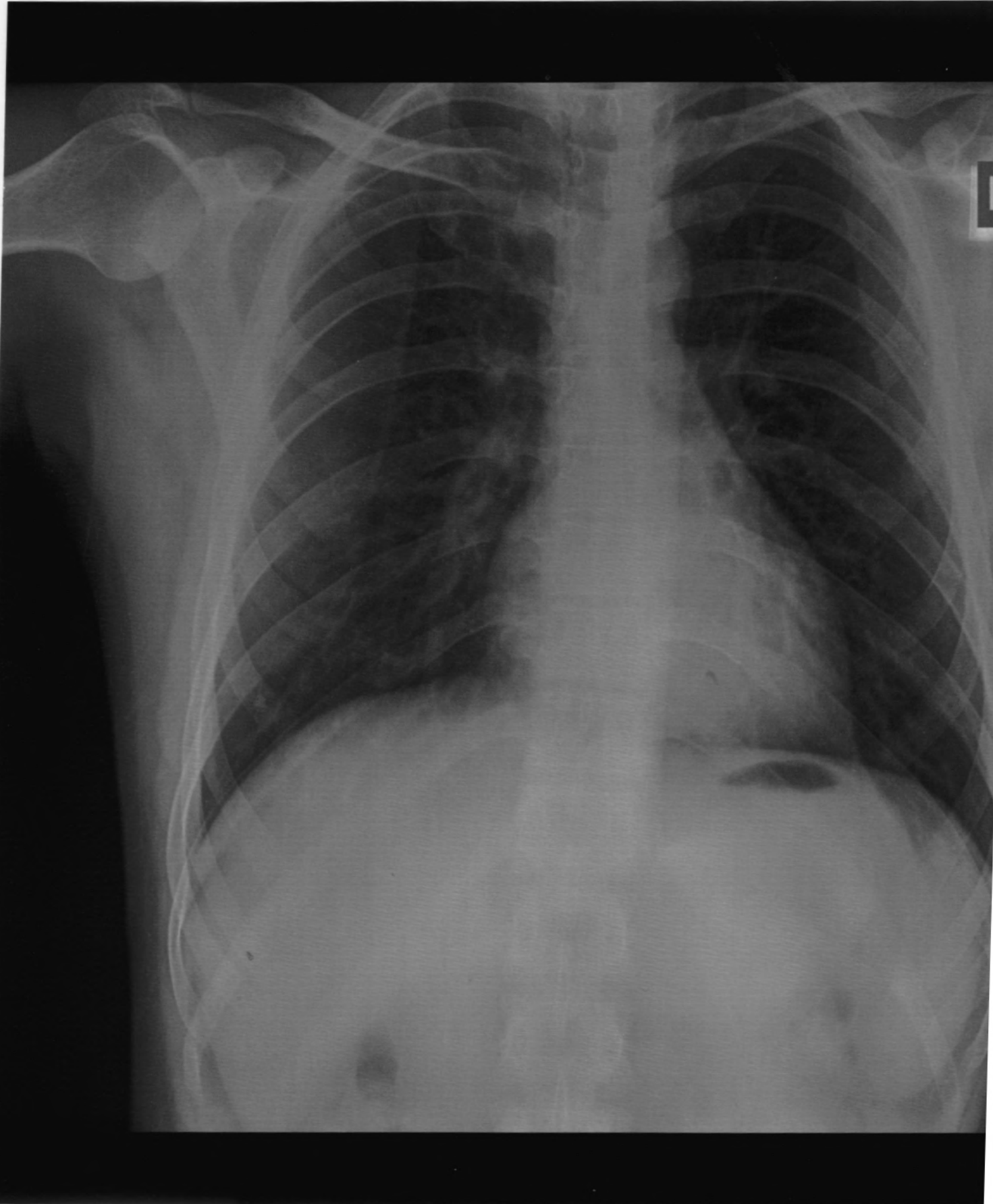
Name:Amar Magar

Age:35 Y

Sex:Male

RefDr:Dr. Sarda

Date:13-Jan-2



SARDA

CENTRE FOR DIABETES & SELF CARE

Mr. Amar Magar

no dental problem.

Sonal

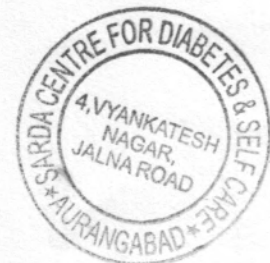
13/1/24

DP SONALI LOHIYA

B.D.S. (Dental Surgeon)

Reg No A-0434

Tirupati, Nehru Road & Vengal Road
Jalna Road Aurangabad



SARDA

CENTRE FOR DIABETES & SELF CARE

Date:- 13/01/24

Name Ms. Amar Majar Age/Sex 35/M

Address Bank of Baroda

OPHTHALMIC EXAMINATION REPORT

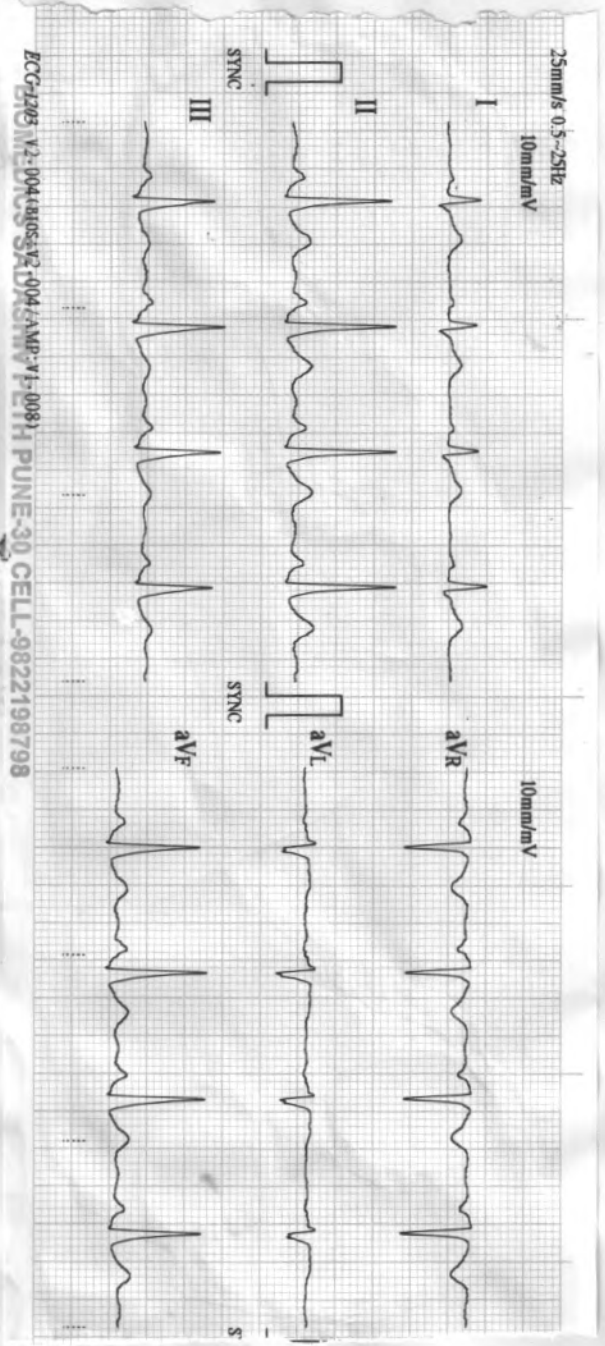
	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	$\bar{C} 6/6$ $\rightarrow -1.50 \text{ sph}$	6/6 M
Vision Near	NG	NG
Anterior segment	<u>NAD</u>	<u>NAD</u>
Pupils	NSRTL	<u>NSRTL</u>
Lens	clear	clear
Tension	<u>Normal</u>	<u>Normal</u>
Fundus:-	DISC - WNL C/D - 0.3 FR+	DISC - WNL C/D - 0.3 FR+
Colour Vision	Normal	Normal

Impression: RLE myopia
Rest within normal limit

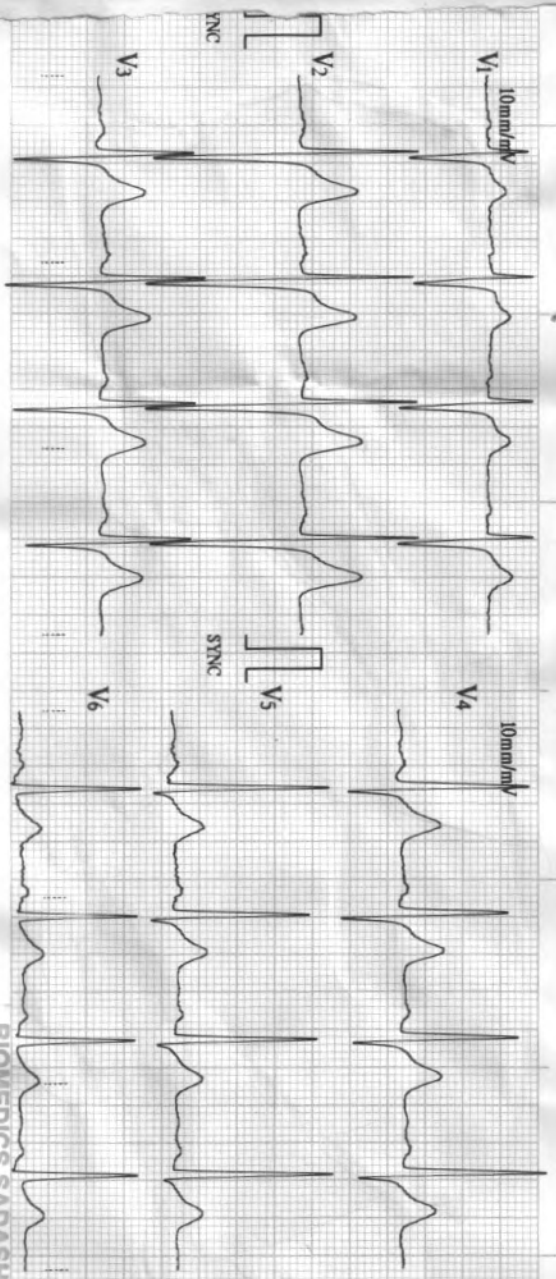


Ajaya

DR. AJAY LOHIYA
M.B.B.S., D.O. (BOM) D.N.B. (C.P.S.)
REG. NO. 66436
TRUPATHI NETRALAYA & DETAIL CL.



ECG-2209 V2-004-808512-004-AMP-V1-0081 H PUNE-30 CELL-9822198798



BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822198798

01/13/2024 11:33

ID : 5049
 Name : *Ms - Anuragar*
 Sex : *Male*
 Age : *35y*

HR : 84 bpm
 R-R : 712 ms
 P-R : 150 ms
 QRS : 114 ms
 QT/QTc : 337/399 ms
 P/QRS/T : 70/76/71 ms
 RV5/SVL : 2.060/1.300
 RV5+SVL : 3.170

Dr. G.S. DALVI
 Machine Interpretation Only
 M.B.B.S. (P) Physician D.
 108, Laxmi Nagar, Aurangabad
 Aurangabad, Maharashtra
 Ph: 9335651, 2324858

[Signature]

Dr. G.S. DALVI
 M.B.B.S. (P)
 Physician D.
 108, Laxmi Nagar,
 Aurangabad,
 Maharashtra
 Ph: 9335651, 2324858

12.07.20

SARDA

CENTRE FOR DIABETES & SELF CARE

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

Name: Mr. Anur. Nagar Age: 35YM
BAB

CLINICAL SUMMARY:

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

ECG FINDINGS:

Rate : 84/min ORS. Complex : (circle)

Rhythm : (circle) ST Segment : (circle)

Mechanism : (circle) T. Wave : (circle)

Axis : (circle) QT Interval : (circle)

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

Recommendation : non

Date: 13.01.24

Dr. GITESHVAR DALVI
M.B.B.S., F.C.P.S. (Med) D.T.C.D.
Reg. No-2003703/0818
SARDA CENTRE FOR DIABETES & SELF CARE
4, Venkateshnagar, Jaina Road, Aurangabad
Phone No. 2333851, 2334858