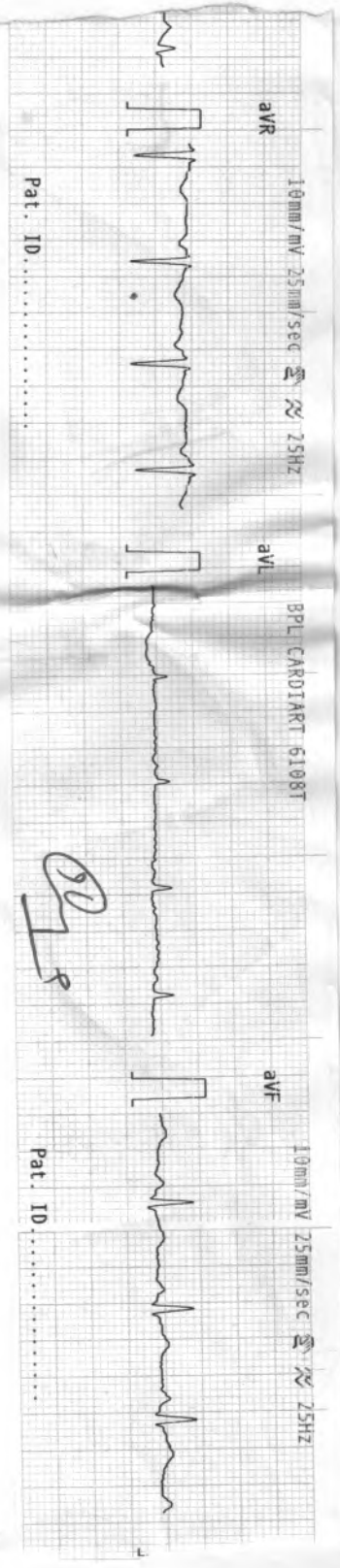
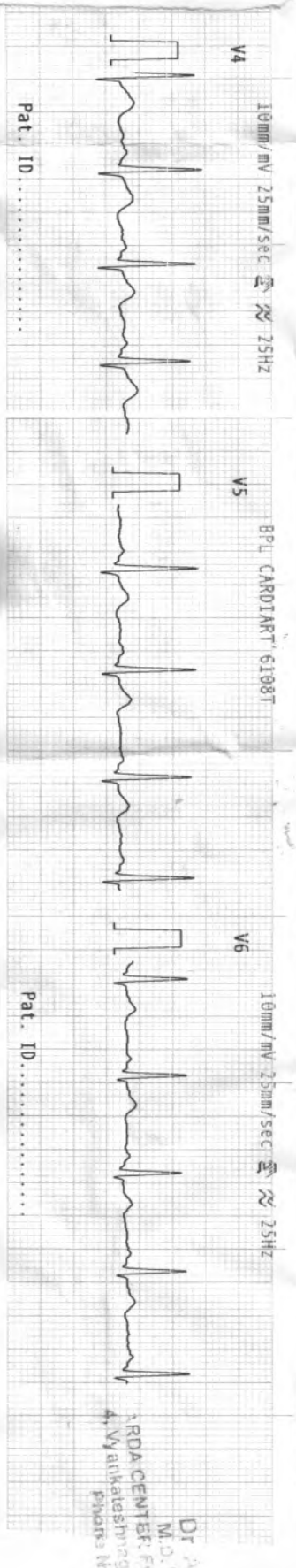
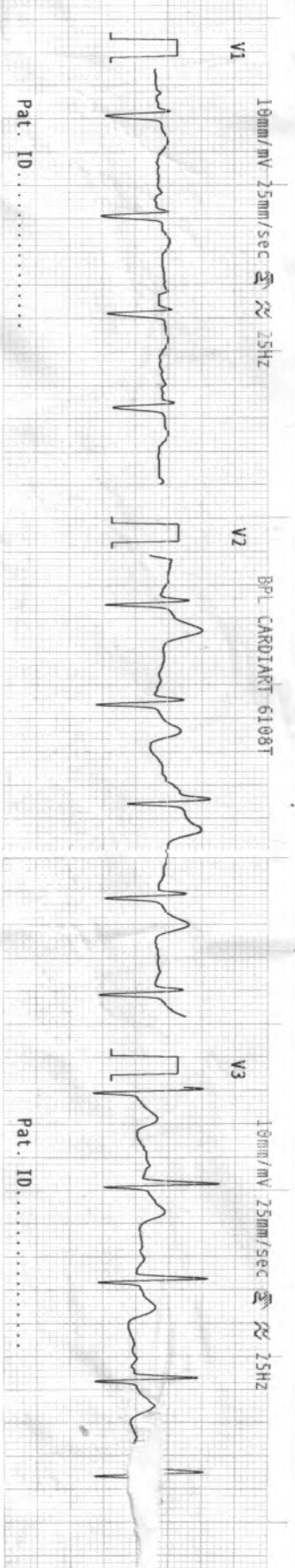


MR. KUSHNA NAGANE 32yym 29/02/24



RS



DR. A. S. ...
 M.D. ...
 RDA CENTER FOR DIAGNOSIS & SELF CARE
 4, Vaidkateshwarji, Jaina Road, Aurangabad
 Phone No. 2333881, 2334358

SARDA
CENTRE FOR DIABETES & SELF CARE

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

Name: Mr. KRUSHNA NAGAVE Age: 32y/M
BSB

CLINICAL SUMMARY:

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

ECG FINDINGS:

Rate: 107/min ORS. Complex: (R)

S. Tachycardia

Rhythm: (R) ST Segment: (R)

Mechanism: (R) T. Wave: (R)

Axis: (R) QT Interval: (R)

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

Recommendation: Wn

Date: 20.08.2024

DR. A. S. SARDA
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4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858



Patient Name: KRUSHNA NAGVE	Date: 23/03/2024
Patient Id: 5550	Age/Sex: 32 Years / FEMALE
Ref Phy: DR. SARDA	Address :

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 14.3 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 7.5 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Left kidney measures 11.9 x 5.6 cm. Left kidney is 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.

Right kidney measures 8.3 x 3.4 cm, it is noted in right iliac fossa region, shows normal shape and echogenicity.

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 3.0 x 2.7 x 2.9 cm (volume = 12.5 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:

1. Grade I fatty changes in liver.
2. Ectopic right kidney.

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



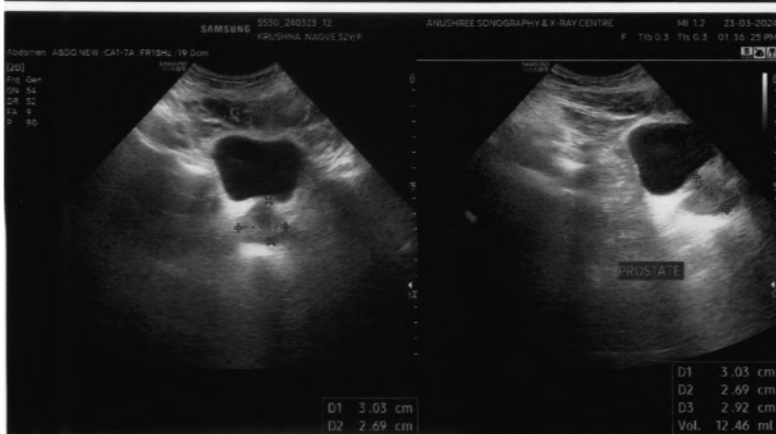
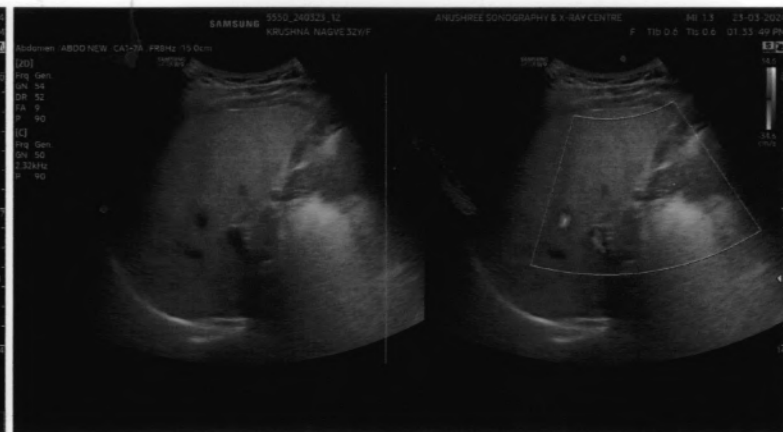
Name: KRUSHNA NAGVE

Age: 32 Y

Sex: Female

RefDr: Sarda

Date: 23-Mar-2024





Patient Name: KRUSHNA NAGVE	Date: 23/03/2024
Patient Id: 5546	Age/Sex: 32 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
Reg. No. : 2019/05/3879



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

ANUSHREE SONOGRAPHY & X-RAY CENTRE

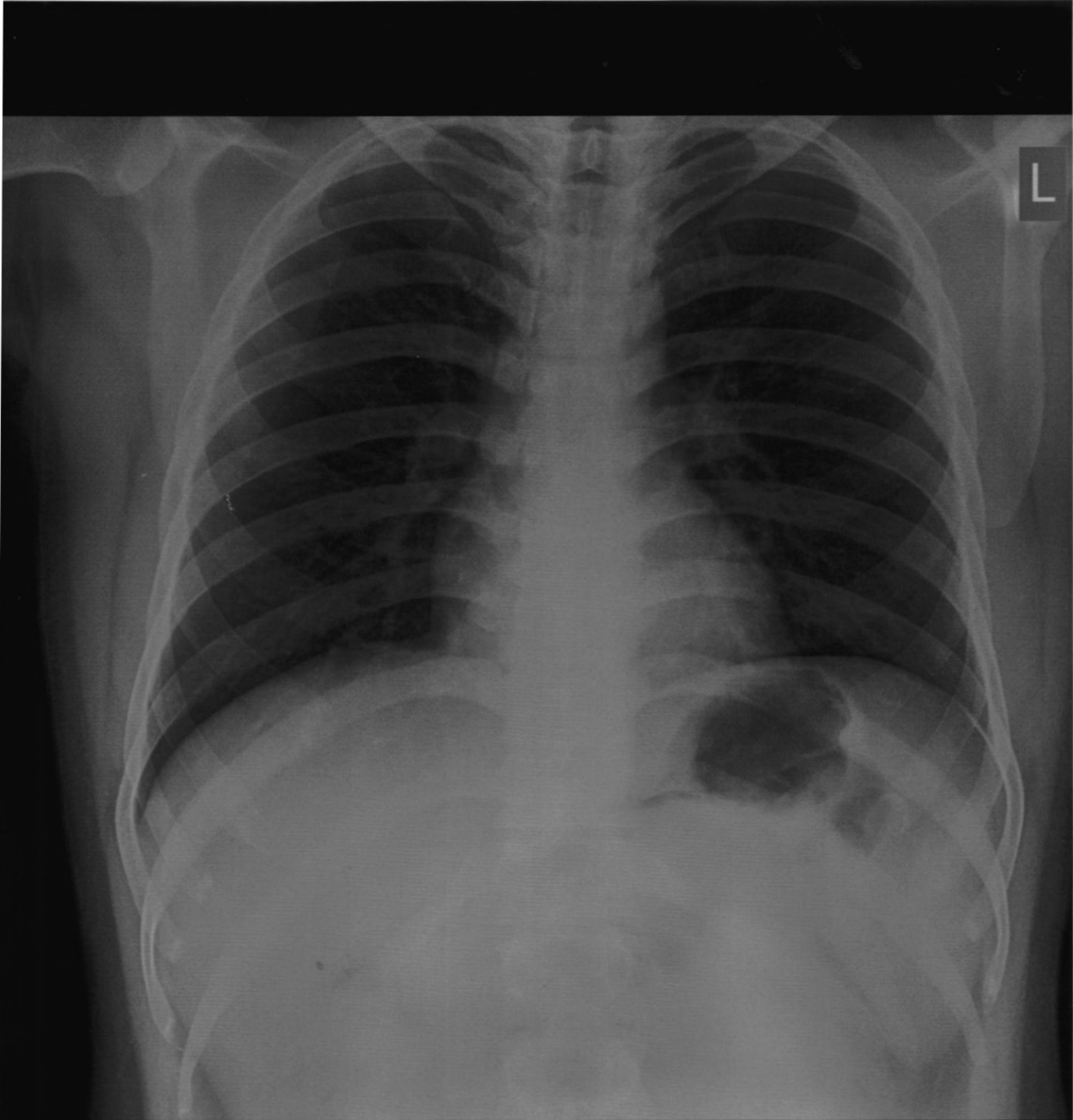
Name:Krushna Nagve

Age:32 Y

Sex:Male

RefDr:Dr. Sarda

Date:23-Mar-2024



SARDA

CENTRE FOR DIABETES & SELF CARE

Name : Mr.Krushna Nagve

Date :23/03/ 2024

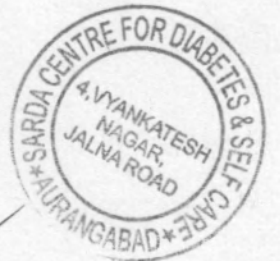
Age/Sex :32Yrs/Male

Ref.By: Dr.Sarda Sir

STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 9.03Min.
- Baseline Heart Rate and Blood Pressure - 113bpm,BP-135/98mm of Hg.
- Mets- 10.20.
- ST-T Segment Changes – No Significant ST-T Changes.
- Angina- None.
- Arrhythmias- None.
- Other Symptoms – None.
- Maximal Heart Rate and Blood Pressure – 180 bpm, BP – 185/98 mm of Hg.
- Predicted Maximal Heart Rate Achieved - 96%.
- Reason For Termination - Target Heart rate achieved.

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, AKASHWANI, AURANGABAD

Name: krushna nagve

Date: 23-03-2024 **Time:** 16:30

Age: 32

Gender: M

Height: 160 cms

Weight: 63 Kg

ID: 161

Clinical History:

Medications:

Test Details:

Protocol: Bruce

Predicted Max HR: 188

Target HR: 159 (85% of Pr. MHR)

Exercise Time: 0:09:03

Achieved Max HR: 180 (96% of Pr. MHR)

Max BP: 185/98

Max BP x HR: 33300

Max Mets: 10.2

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:07	1	0	0	113	135/98	15255	1 V3	0.5 V3
Standing	00:18	1	0	0	113	135/98	15255	1.1 V3	0.6 V3
PreTest	00:18	1	1.6	0	135	135/98	18225	0.6 V3	0.2 II
Stage: 1	03:00	4.7	2.7	10	138	145/98	20010	1.4 V3	0.7 V3
Stage: 2	03:00	7	4	12	154	155/98	23870	1.1 V3	0.8 V3
Stage: 3	03:00	10.1	5.5	14	180	165/98	29700	1 V3	1.1 V3
Peak Exercise	00:03	10.2	6.8	16	180	165/98	29700	1 V3	1.1 V3
Recovery1	01:00	1	0	0	142	165/98	23430	2.5 V3	1.8 V3
Recovery2	01:00	1	0	0	133	175/98	23275	1.4 V3	1.2 V3
Recovery3	01:00	1	0	0	133	175/98	23275	0.8 V3	0.6 V3
Recovery4	01:00	1	0	0	123	185/98	22755	0.7 V3	0.4 V3
Recovery5	00:03	1	0	0	124	185/98	22940	0.7 V3	0.4 V3

Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:03 achieving a work level of 10.2 METS. Resting Heart Rate, initially 113 bpm rose to a max. heart rate of 180bpm (96% of Predicted Maximum Heart Rate). Resting Blood Pressure of 135/98 mmHg, rose to a maximum Blood Pressure of 185/98 mmHg

NEGATIVE STRESS TEST SUGGESTIVE OF ISCHEMIA.



Ref. Doctor: ---

Doctor: DR.DEORAO THENGE

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)

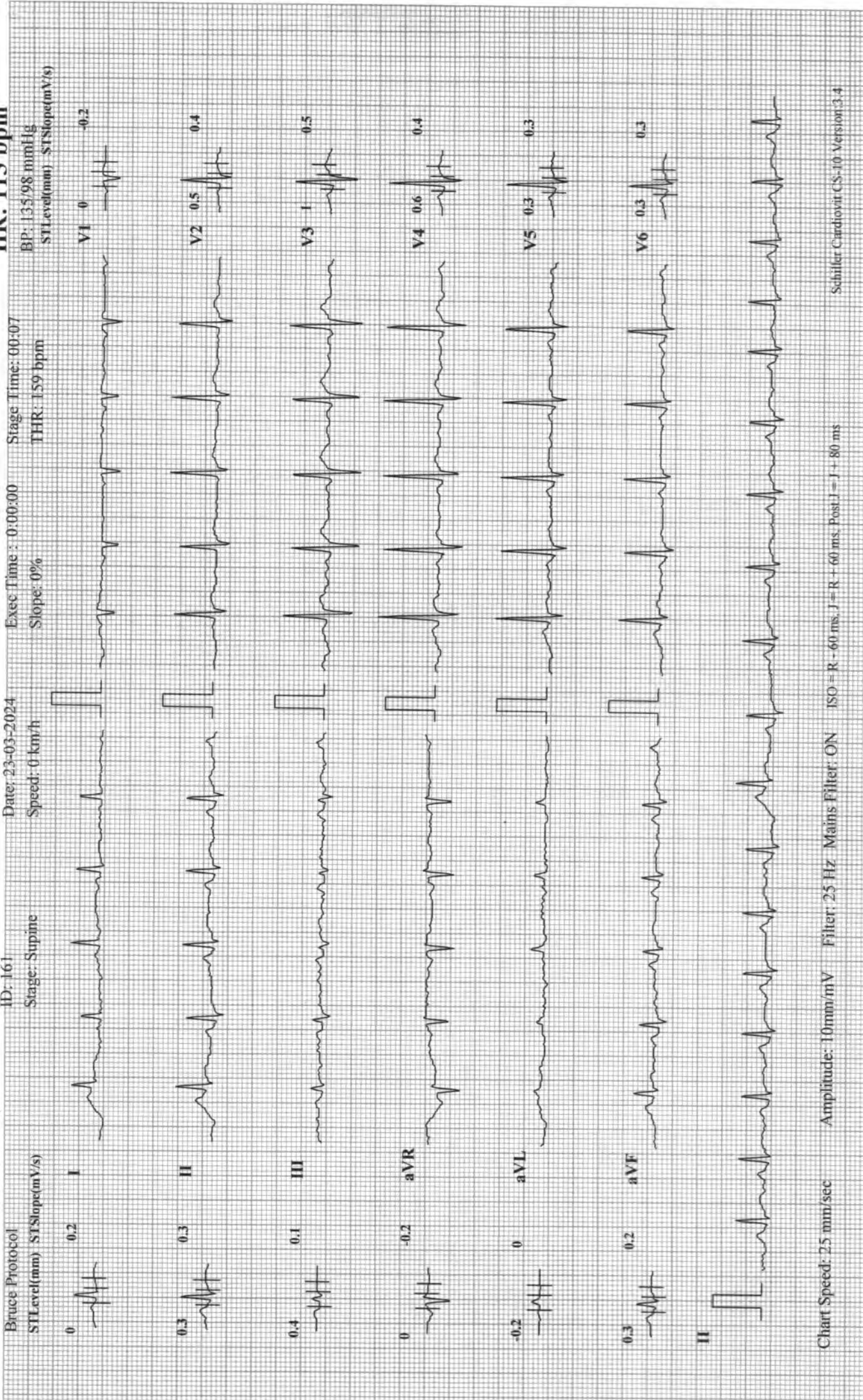
Cardiofit CS-10 Version:3.4

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

ASIAN HOSPITAL, AKASHWANI, AURANGABAD

krushna nagve (32 M)

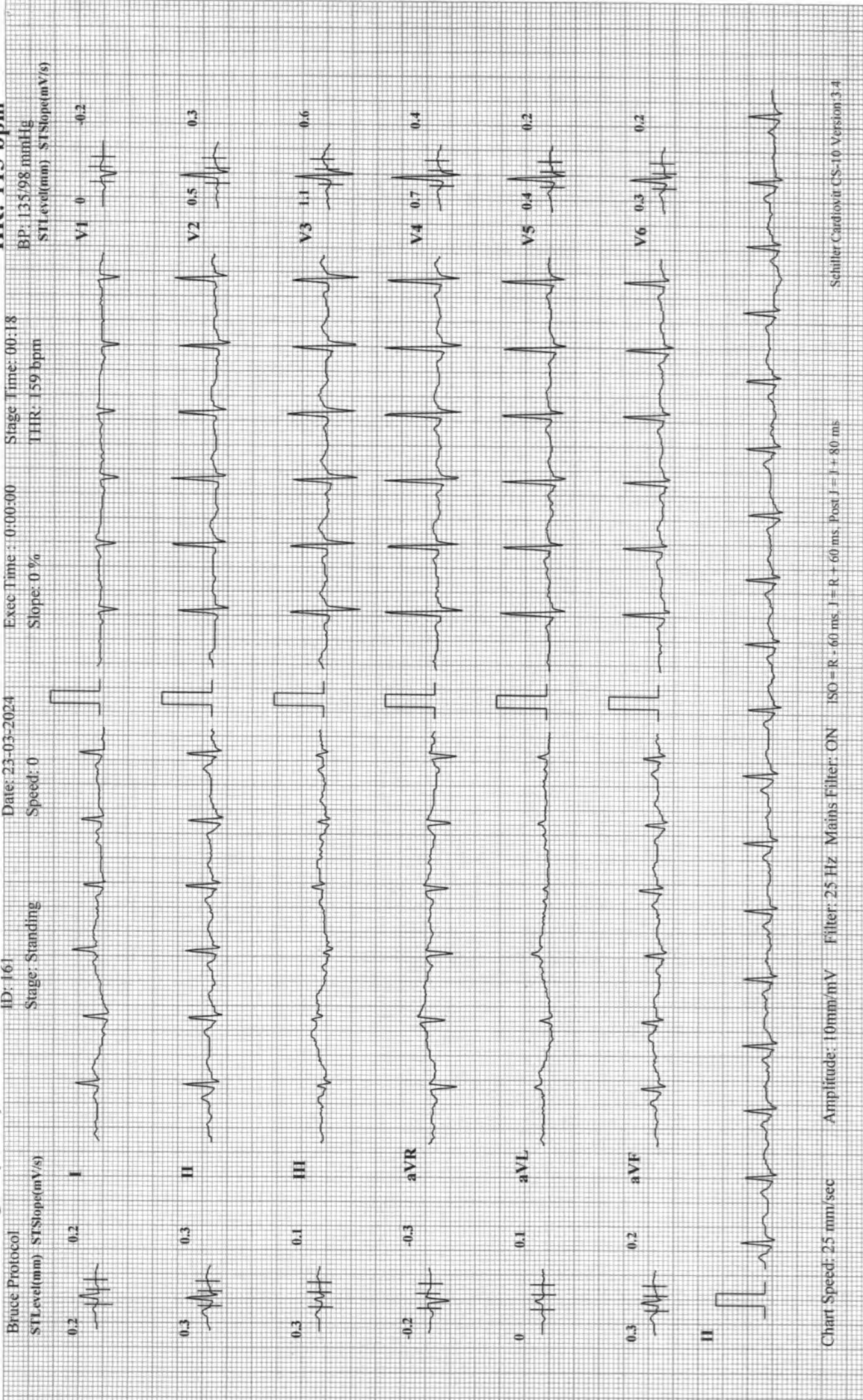
HR: 113 bpm



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krushna nagve (32 M)

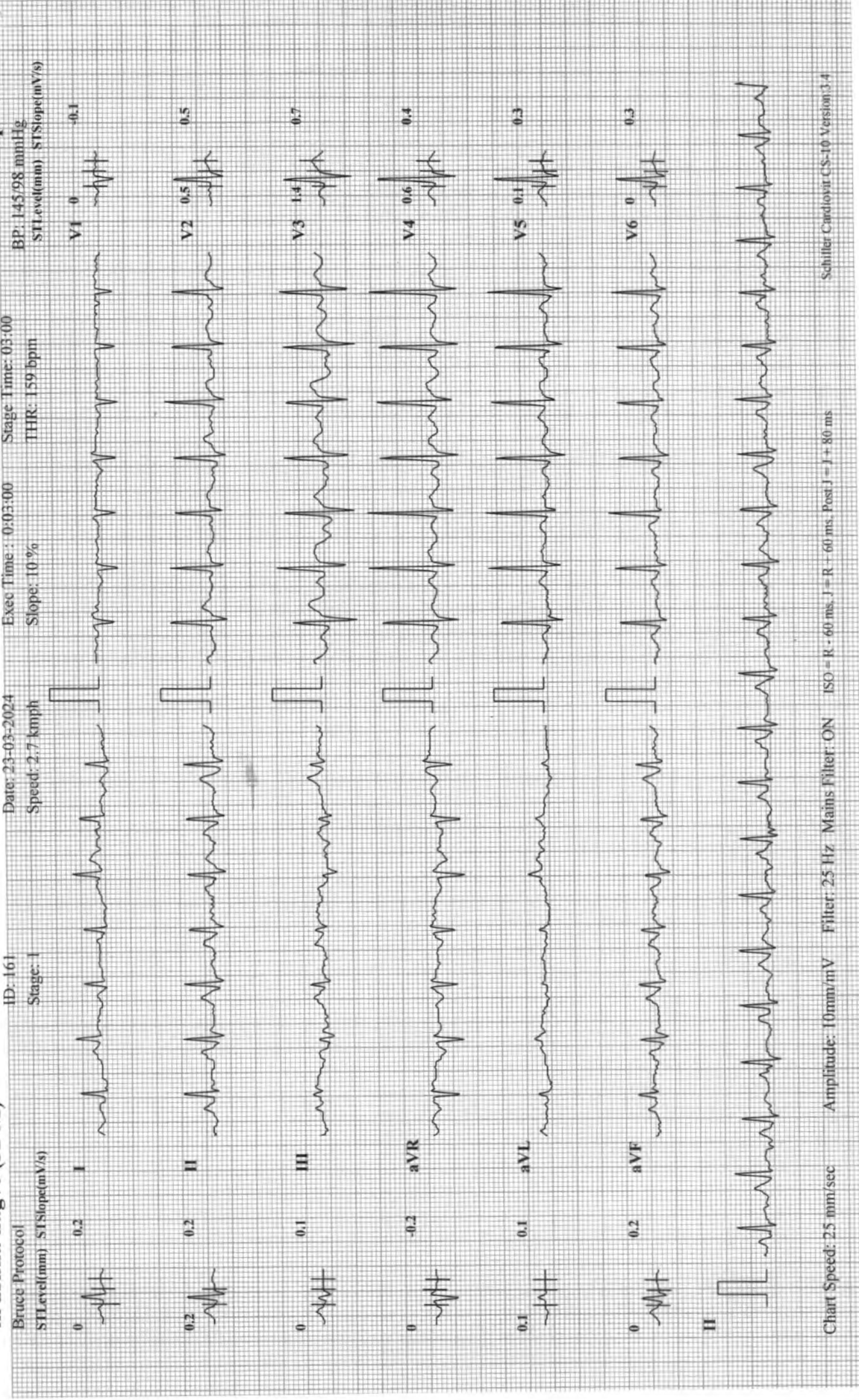
HR: 113 bpm



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krushna nagve (32 M)

HR: 138 bpm



BP: 145/98 mmHg
ST Level (mm) ST Slope (mV/s)

Exec Time: 0:03:00
Slope: 10 %
THR: 159 bpm

Date: 23-03-2024
Speed: 2.7 kmph

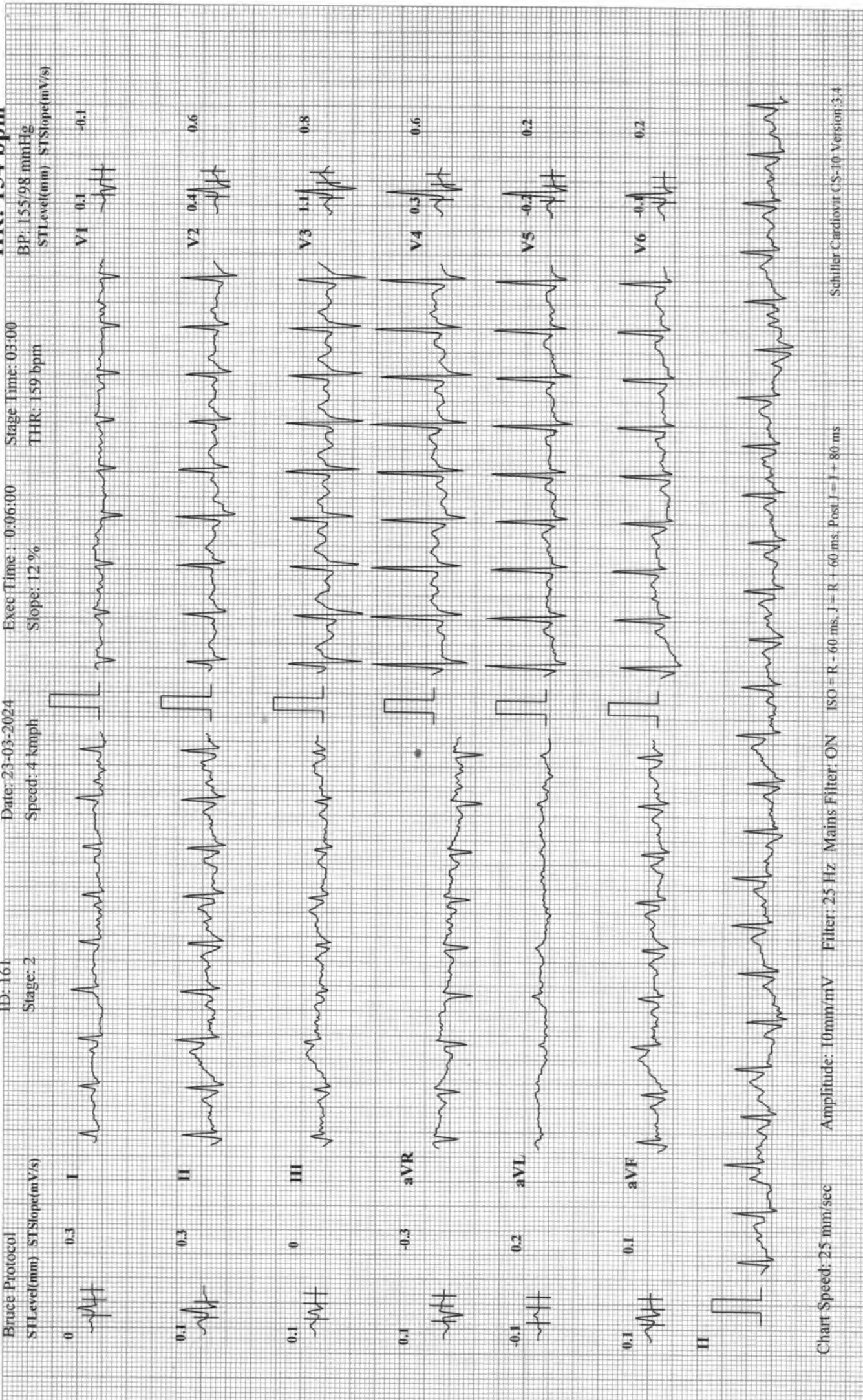
ID: 161
Stage: I

Bruce Protocol
ST Level (mm) ST Slope (mV/s)

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krushna nagve (32 M)

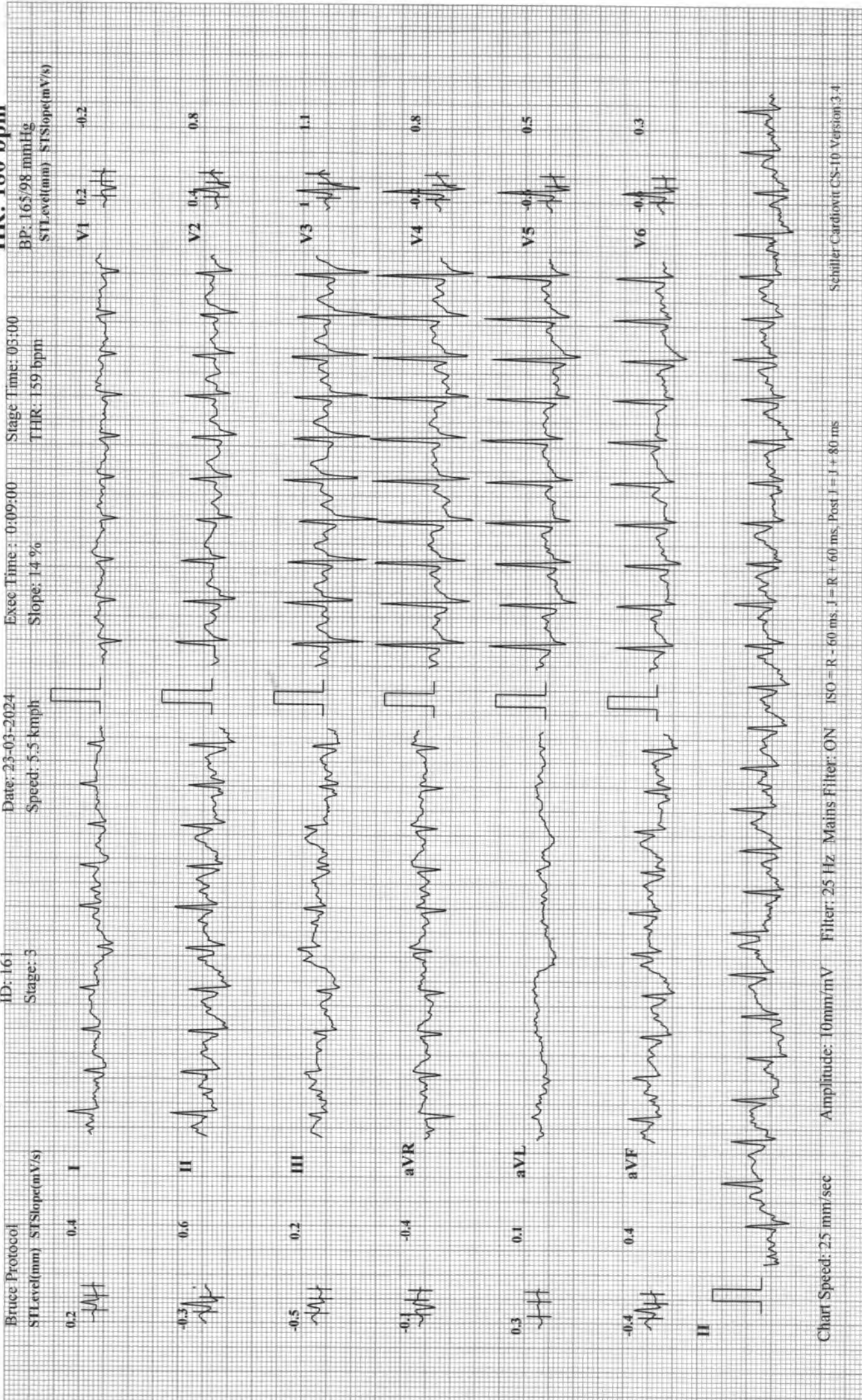
HR: 154 bpm



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krushna nagve (32 M)

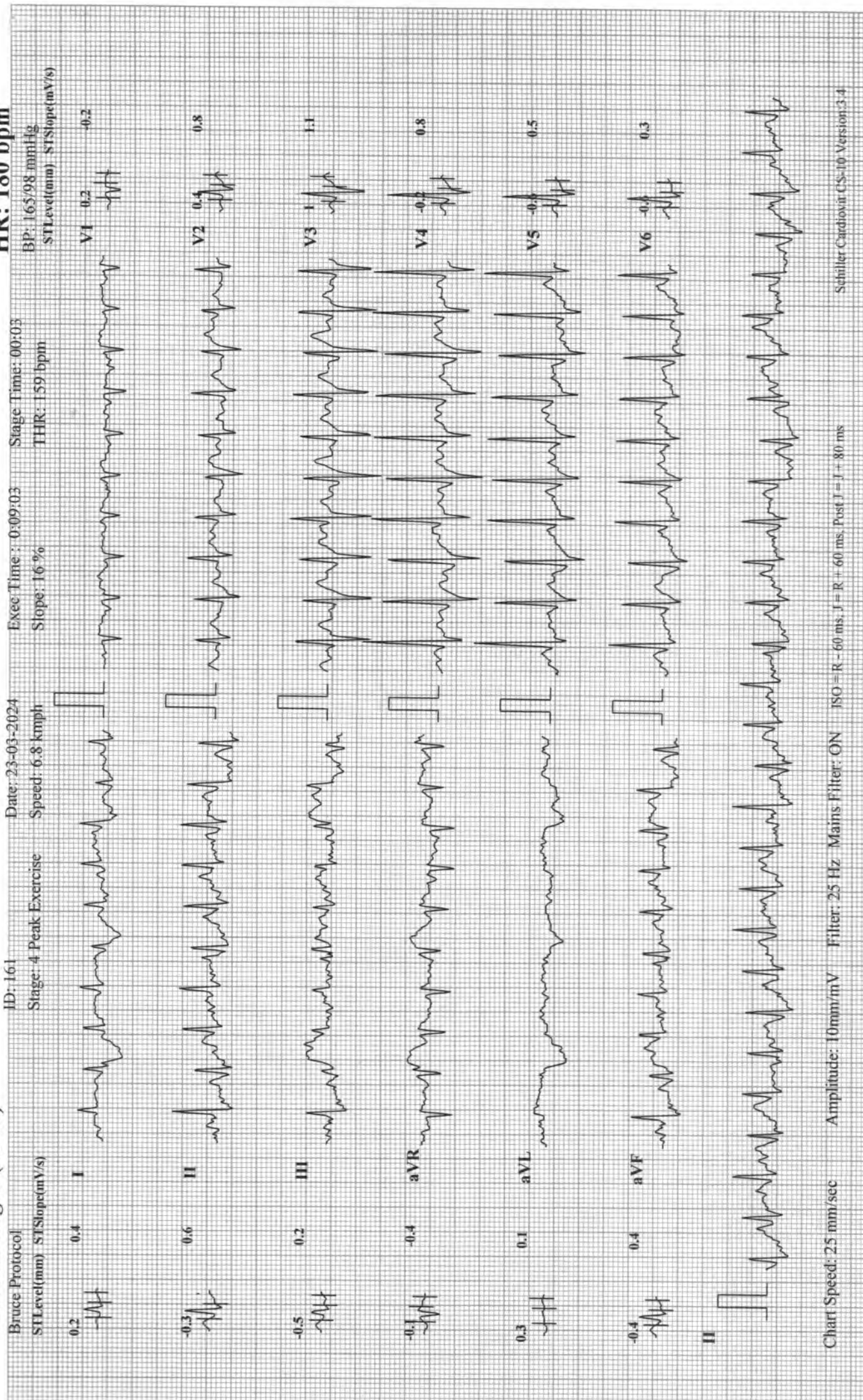
HR: 180 bpm



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krushna nagve (32 M)

HR: 180 bpm



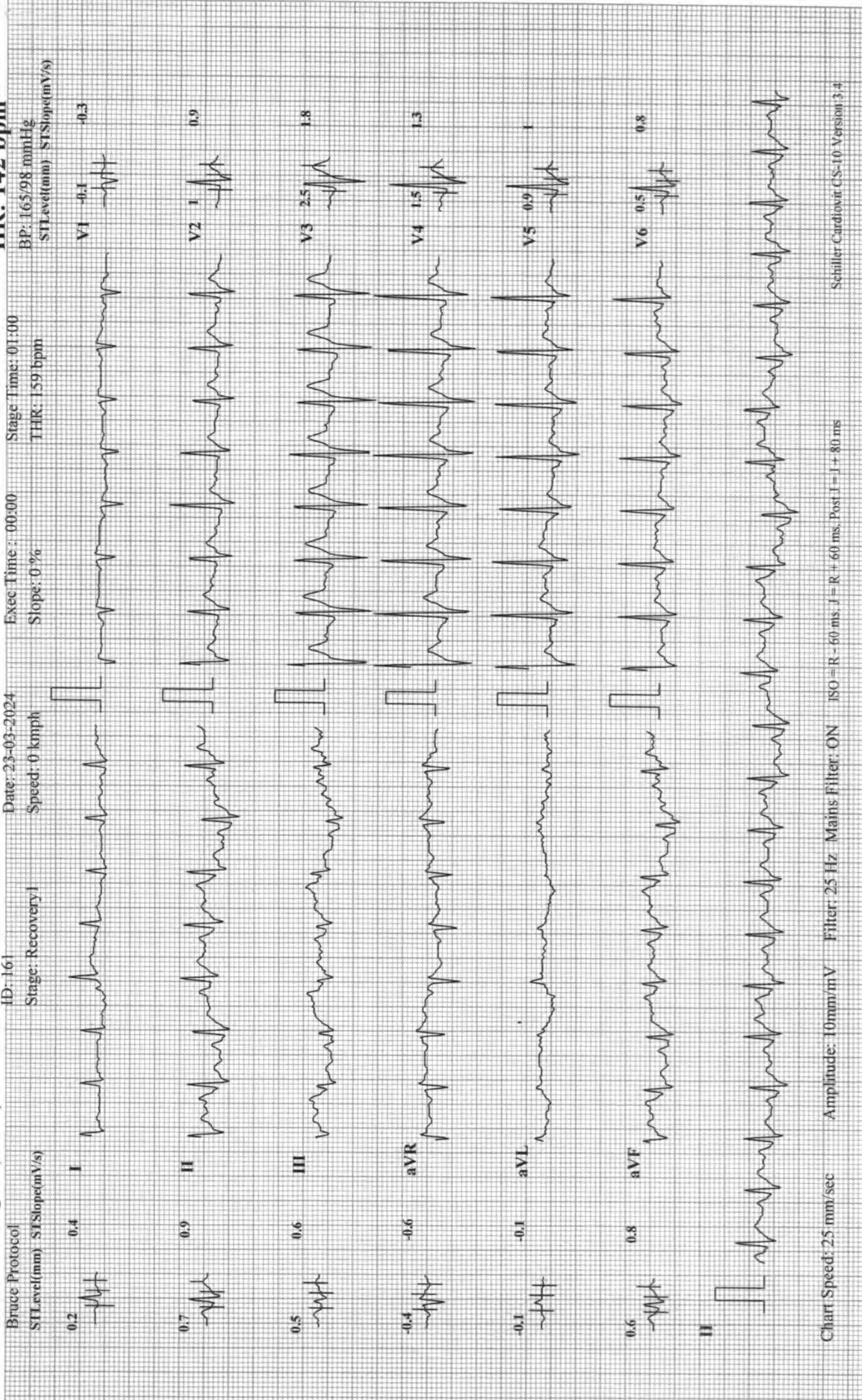
ID: 161
 Date: 23-03-2024
 Stage: 4 Peak Exercise
 Speed: 6.8 kmph
 Exec Time: 0:09:03
 Slope: 16 %
 Stage Time: 00:03
 THIR: 159 bpm

Bruce Protocol
 ST Level (mm)
 ST Slope (mV/s)

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krushna nagve (32 M)

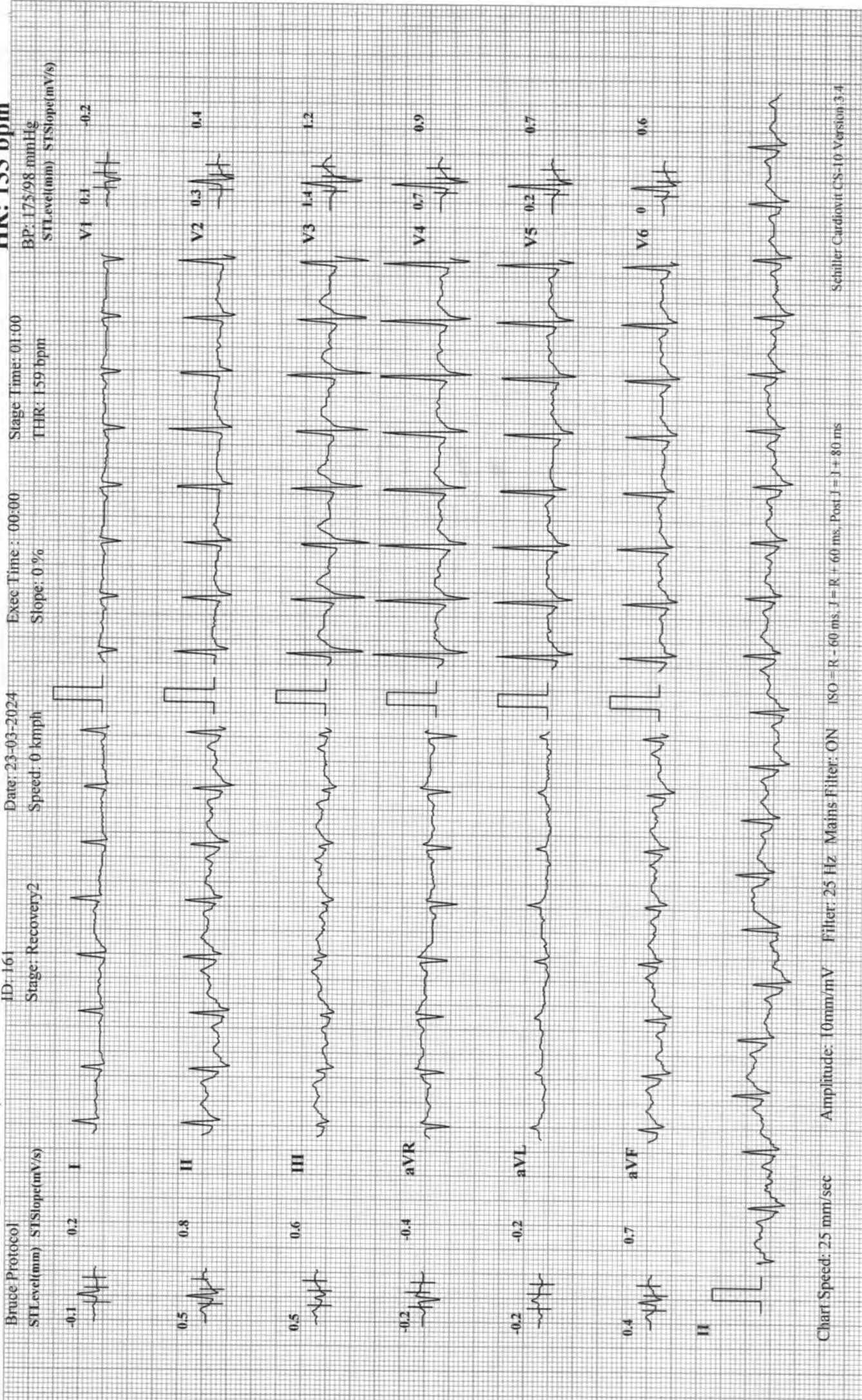
HR: 142 bpm



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krushna nagve (32 M)

HR: 133 bpm

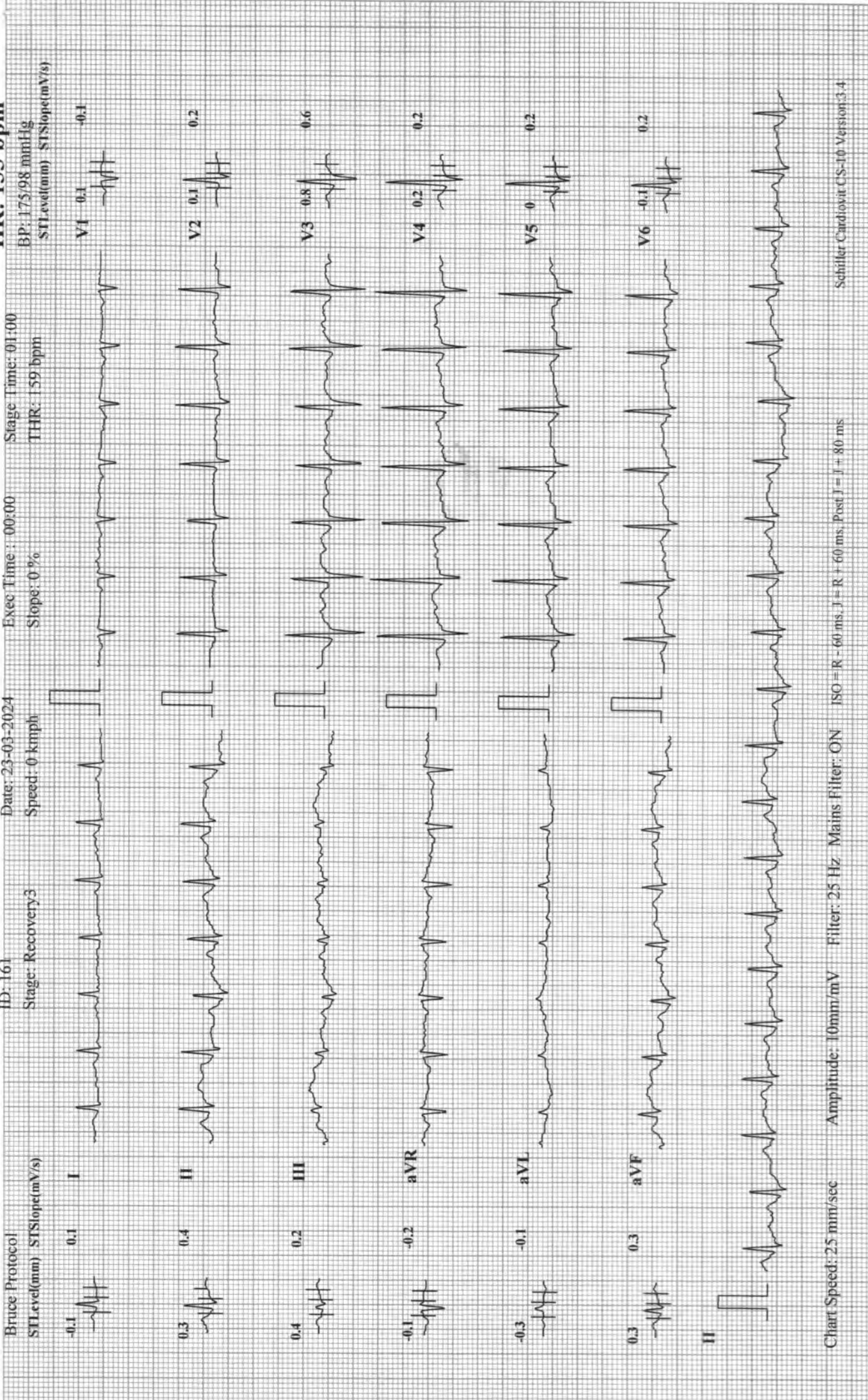


ID: 161 Date: 23-03-2024 Exec Time: 00:00 Stage Time: 01:00 HR: 133 bpm
 Stage: Recovery2 Speed: 0 kmph Slope: 0% THR: 159 bpm
 BP: 175/98 mmHg
 ST Level (mm) ST Slope (mV/s)

ASIAN HOSPITAL, AKASHWANI, AURANGABAD

krushna nagve (32 M)

HR: 133 bpm



ID: 161
Date: 23-03-2024
Stage: Recovery3
Speed: 0 kmph
Exec Time: 00:00
Slope: 0 %
Stage Time: 01:00
THR: 159 bpm

Bruce Protocol
STLevel(mm) STSlope(mV/s)

BP: 175/98 mmHg
STLevel(mm) STSlope(mV/s)

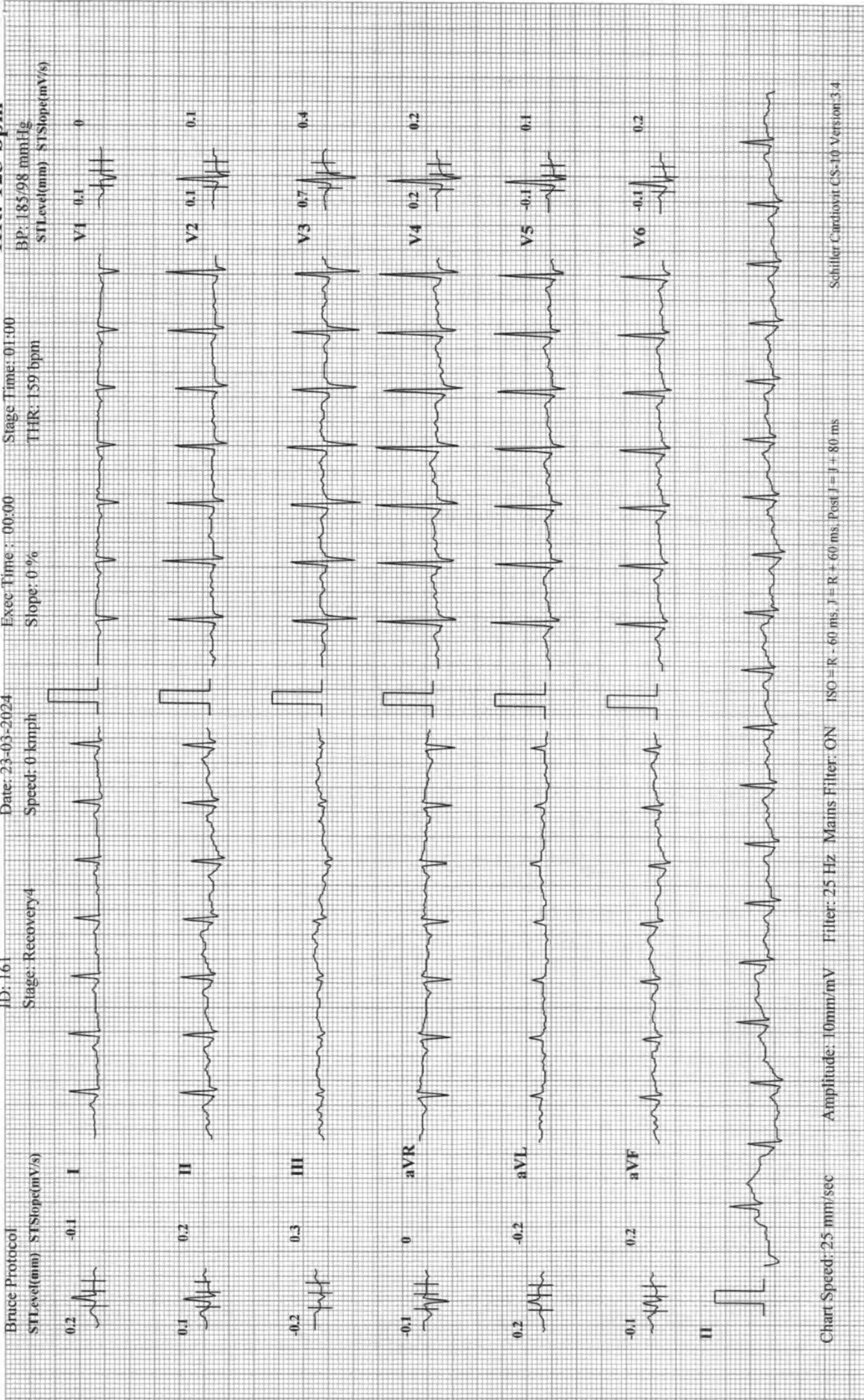
Chart Speed: 25 mm/sec
Amplitude: 10mm/mV
Filter: 25 Hz
Mains Filter: ON
ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiffrer Cardiovit CS-10 Version:3.4

ASIAN HOSPITAL, AKASHWANI, AURANGABAD

krushna nagve (32 M)

HR: 123 bpm



SARDA

CENTRE FOR DIABETES & SELF CARE

Date:- 23/03/24

Name Krushna Nagave Age/Sex 32/M

Address (Newasa) Bank of Baroda

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 FRT	DISC - WNL C/D - 0.3 FRT
Colour Vision	Normal	Normal

Impression:

B/E within normal limits



Patient Name : MR KRUSHNA NAGVE



SCD24/2798



Age/Gender : 32 Yrs/Male

Report Date

: 23/03/2024

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

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

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Patient Name : MR KRUSHNA NAGVE

Age/Gender : 32 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/2798

Report Date

: 23/03/2024



HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 5.4 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 108 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 KRUSHNA NAGVE

Age/Gender : 32 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/2798

Report Date

: 23/03/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
LIPID PROFILE			
Cholesterol-Total <i>Method: CHOD/PAP</i>	149	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i>	77	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	43	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	90.60	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	15.40	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	3.47	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	2.11	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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Patient Name : MR KRUSHNA NAGVE

Age/Gender : 32 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/2798

Report Date

: 23/03/2024



BIOCHEMISTRY REPORT

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

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

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

Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	103	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

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Phone No. 2333851, 2334858

Patient Name : MR KRUSHNA NAGVE

Age/Gender : 32 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/2798

Report Date

: 23/03/2024



BIOCHEMISTRY REPORT

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

Serum Creatinine

0.8

mg/dL

0.70 - 1.40

Method: Modified Jaffe's

URIC ACID

3.7

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.

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Phone No. 2333851, 2334858

Patient Name : MR KRUSHNA NAGVE

Age/Gender : 32 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/2798

Report Date

: 23/03/2024



LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.60	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	0.40	mg/dl	0.3 - 0.7
<i>Method: Serum, Calculated</i>			
SGPT (ALT)	16	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
SGOT (AST)	18	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
ALKALINE PHOSPHATASE	56	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	3.8	g/dl	3.5 - 5.2
<i>Method: Serum, Bromocresol green</i>			
SERUM GLOBULIN	3.30	g/dl	1.8 - 3.6
<i>Method: Serum, Calculated</i>			
A/G RATIO	1.15		1.2 - 2.2
<i>Method: Serum, Calculated</i>			
Gamma Glutamyl Transferase-Serum	19	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.

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Patient Name : MR KRUSHNA NAGVE

Age/Gender : 32 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/2798

Report Date

: 23/03/2024



BLOOD UREA	18	mg/dl	15 - 45
BUN	8		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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Phone No. 2333851, 2334858

Patient Name : MR KRUSHNA NAGVE

Age/Gender : 32 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/2798

Report Date

: 23/03/2024



IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Range
Thyroid Function Test (TFT)			
T3	116.52	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	10.67	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)	3.60	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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Phone No. 2333851, 2334858

Patient Name : MR KRUSHNA NAGVE

Age/Gender : 32 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/2798

Report Date

: 23/03/2024



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			
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	1-2/hpf	/hpf	2-3/hpf
Epithelial Cells	NIL	/hpf	1-2/hpf
Crystals	Absent		Absent
Amorphous Deposit	Absent		Absent

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Test Description	Result	Unit	Biological Reference Range
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COMPLETE BLOOD COUNT

Total WBC Count	6700	cell/cu.mm	4000 - 11000
Haemoglobin	15.7	g%	13 - 18
Platelet Count	241000	/cumm	150000 - 450000
RBC Count	5.00	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	97.0	fL	80 - 97
Mean Corp Hb MCH	31.4	pg	26 - 32
Mean Corp Hb Conc MCHC	32.4	gm/dL	31.0 - 36.0
Hematocrit HCT	48.5	%	37.0 - 51.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	70	%	40 - 75
Lymphocytes	20	%	20 - 45
Monocytes	06	%	02 - 10
Eosinophils	04	%	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	09	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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