

GAJANAN HOSPITAL & CRITICAL CARE CENTER

Sarang Society, Plot No 8, Gajanan Mandir Chowk, Near LIC Office, Opp Axis Bank, Garkheda Parisar
AURANGABAD

SANJAY PUNDLIK PAWAR
ID : 343

DATE : 27/01/2024

AGE/SEX : 57 / M
HT/WT : 173 / 77
REF. BY : SARDA CENTRE

TREADMILL TEST REPORT

PROTOCOL : Bruce

HISTORY INDICATION : FOR PRE INSURANCE CHECK UP
MEDICATION : TAB. TELMISARTAN 40 MG

| PHASE | TOTAL TIME | STAGE TIME | SPEED Km/Hr | GRADE % | H.R. bpm | B.P. mmHg | RPP x100 | ST LEVEL (MM) | | | METS | |
|-------------|------------|------------|-------------|---------|----------|-----------|----------|---------------|----|----|------|-------|
| | | | | | | | | TI | V1 | V5 | | |
| SUPINE | | | | | 64 | 100 / 70 | 64 | 1.2 | | | | |
| STANDING | | | | | 64 | 100 / 70 | 64 | 1.7 | | | | |
| HYPERVENT | | | | | 66 | 100 / 70 | 66 | 1.4 | | | | |
| Stage 1 | 2:55 | 2:55 | 2.7 | 10 | 94 | 100 / 70 | 94 | 0.8 | | | | 4.67 |
| Stage 2 | 5:55 | 2:55 | 4 | 12 | 115 | 100 / 70 | 115 | 0.7 | | | | 7.04 |
| Stage 3 | 8:55 | 2:55 | 5.4 | 14 | 150 | 100 / 70 | 150 | 1.4 | | | | 9.92 |
| PK-EXERCISE | 9:2 | 0:2 | 6 | 16 | 146 | 100 / 70 | 146 | 1.2 | | | | 10.04 |
| RECOVERY | 9:48 | 0:29 | | | 126 | 100 / 70 | 126 | 2.3 | | | | |
| RECOVERY | 10:26 | 1:7 | | | 114 | 130 / 80 | 148 | 2 | | | | |
| RECOVERY | 12:14 | 2:55 | | | 103 | 130 / 80 | 133 | 0.7 | | | | |
| RECOVERY | 14:27 | 5:8 | | | 93 | 130 / 80 | 120 | 0.4 | | | | |

RESULTS

EXERCISE DURATION : 9:2
MAX HEART RATE : 152 bpm
MAX BLOOD PRESSURE : 130 / 80 mm Hg
REASON OF TERMINATION :
BP RESPONSE : Normal,
ARRHYTHMIA : None,
H.R. RESPONSE : Normal Chronotropic Response,

MAX WORK LOAD : 10.04 METS

IMPRESSIONS

Negative for Provocable myocardial ischemia,

Response to hyperventilation test
Exercise up to 10.04 METS

DR. Dilip Thombre
M.D. MEDICINE



Technician : 44

DR. DILIP THOMBRE
FELLOW 2ND DEGREE
MBBS MD MEDICINE

GAJANAN HOSPITAL & CRITICAL CARE CENTER

SANJAY PUNDLIK PAMAR
 I.D. 343
 Age 57/M
 Date 27/01/2024

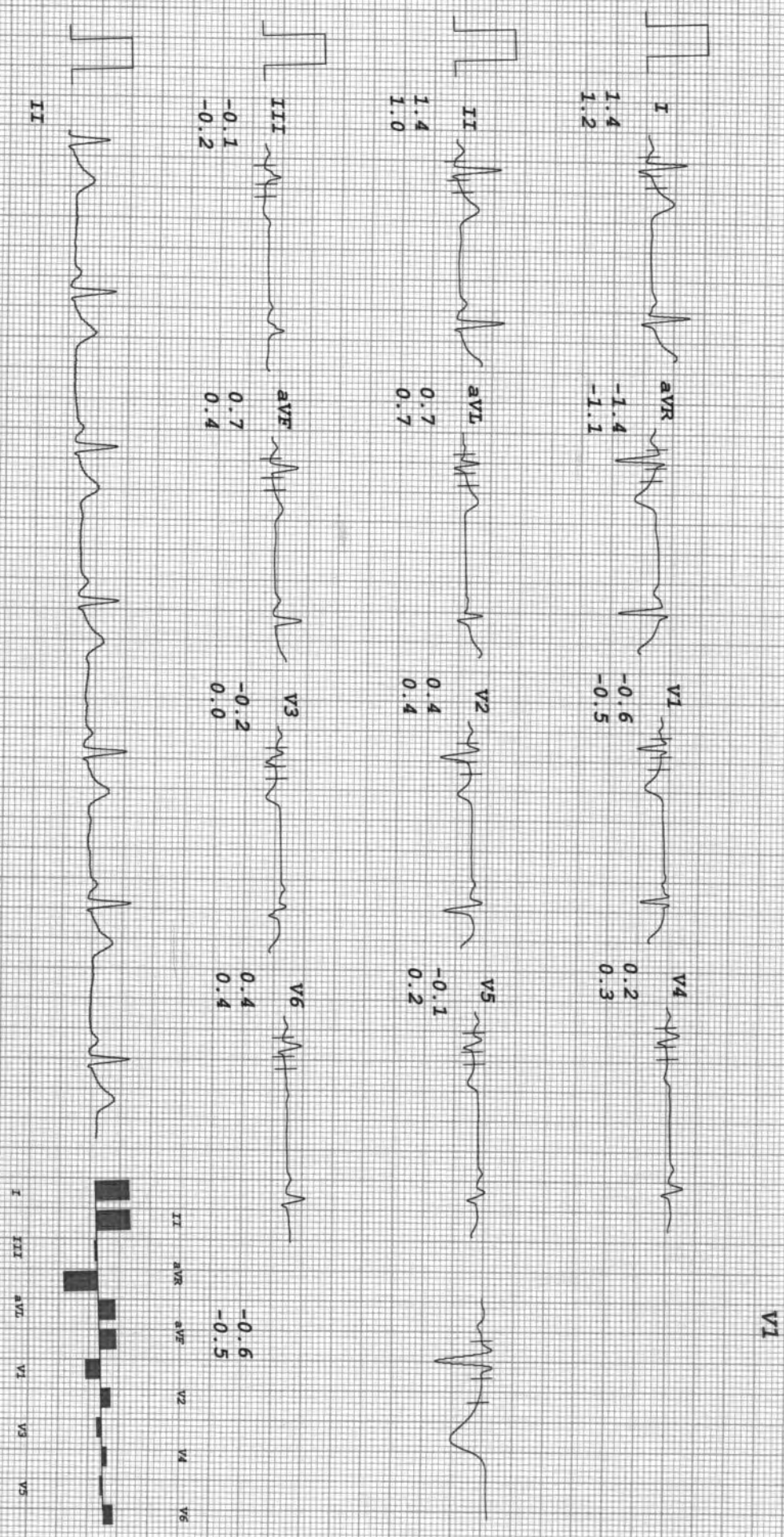
RATE 59bpm
 B.P. 100/70

PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



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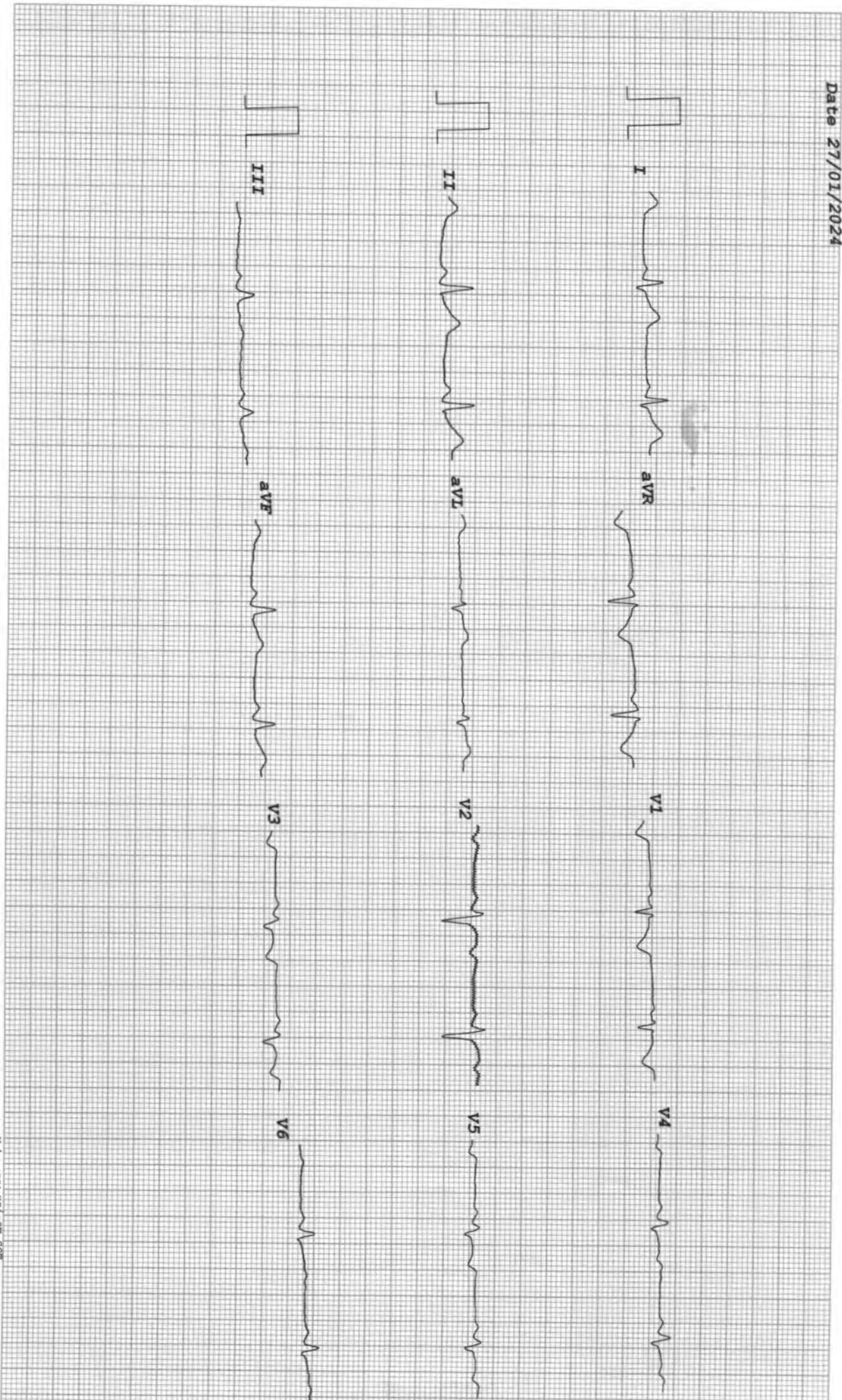
SANJAY PUNDLIK PAWAR
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RATE 64bpm
B.P. 100/70

PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

RAW ECG



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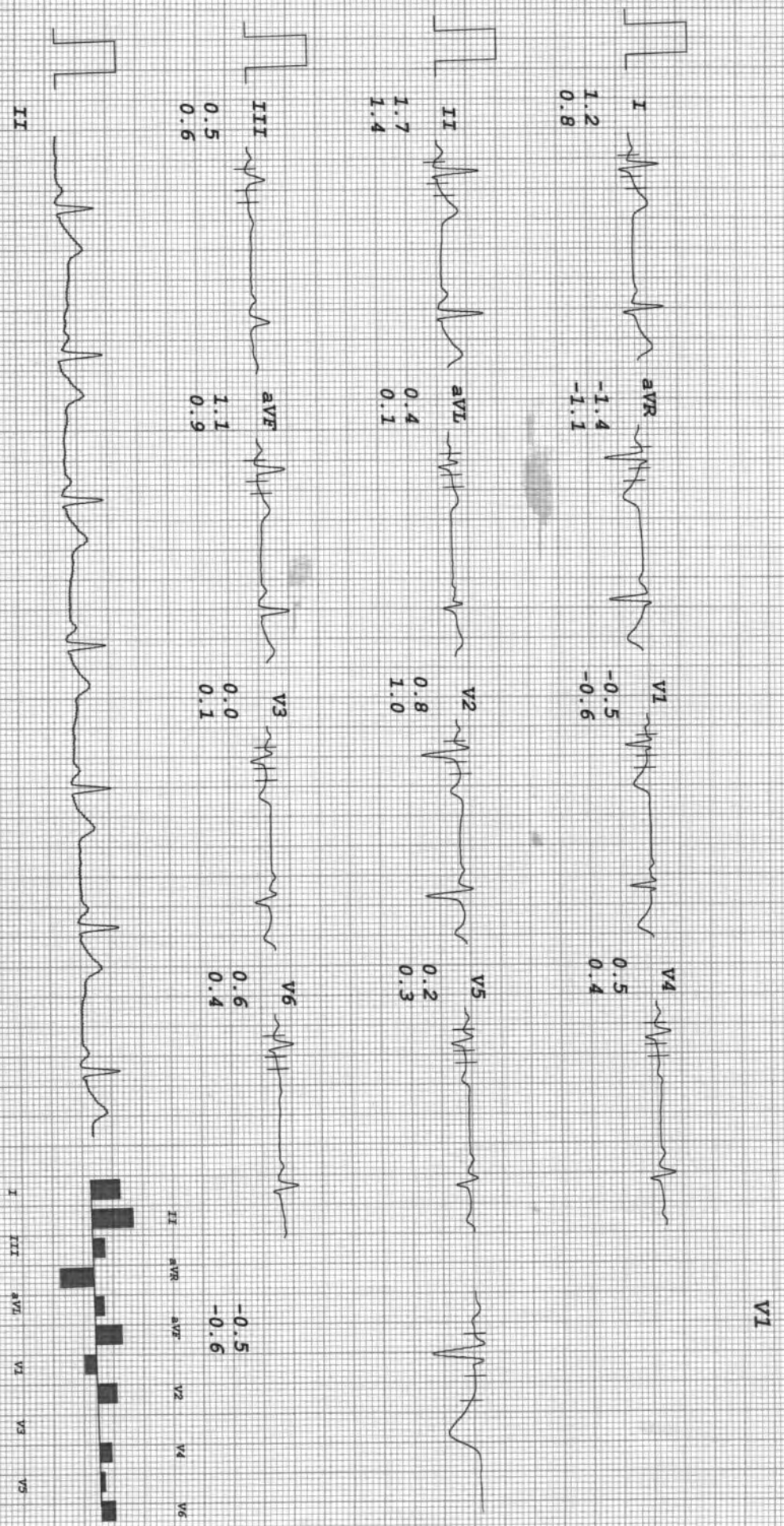
SANJAY PUNDLIK PAMAR
 I.D. 343
 Age 57/M
 Date 27/01/2024

RATE 64bpm
 B.P. 100/70

PRETEST
 ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



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LINKED MEDIAN

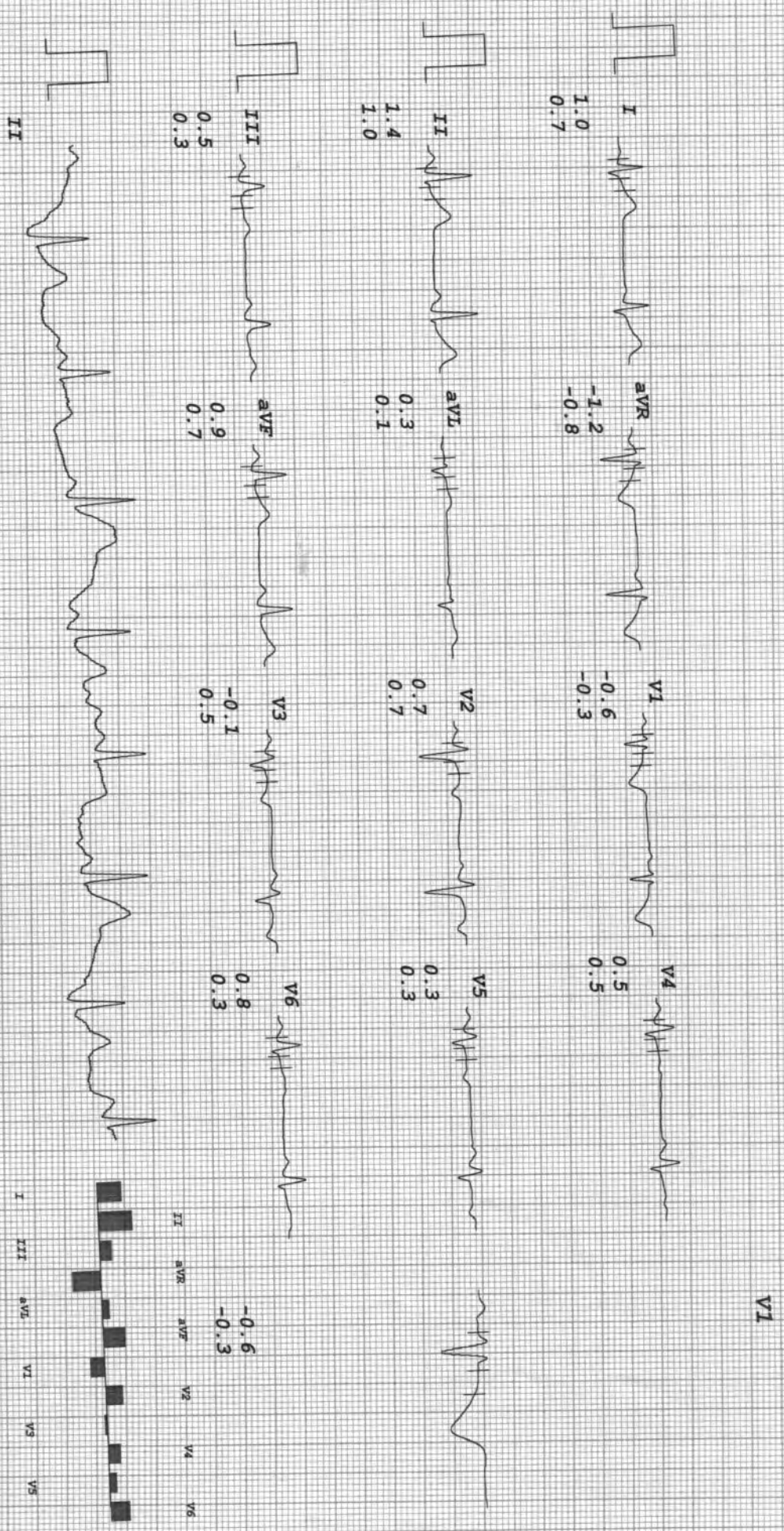
SANJAY PUNDLIK PAWAR
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RATE 66bpm
 B.P. 100/70

PRETEST
 HYPERVENT
 PHASE TIME 0:18

ST @ 10mm/mV
 80ms PostJ

Mag. X 2



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WARM UP

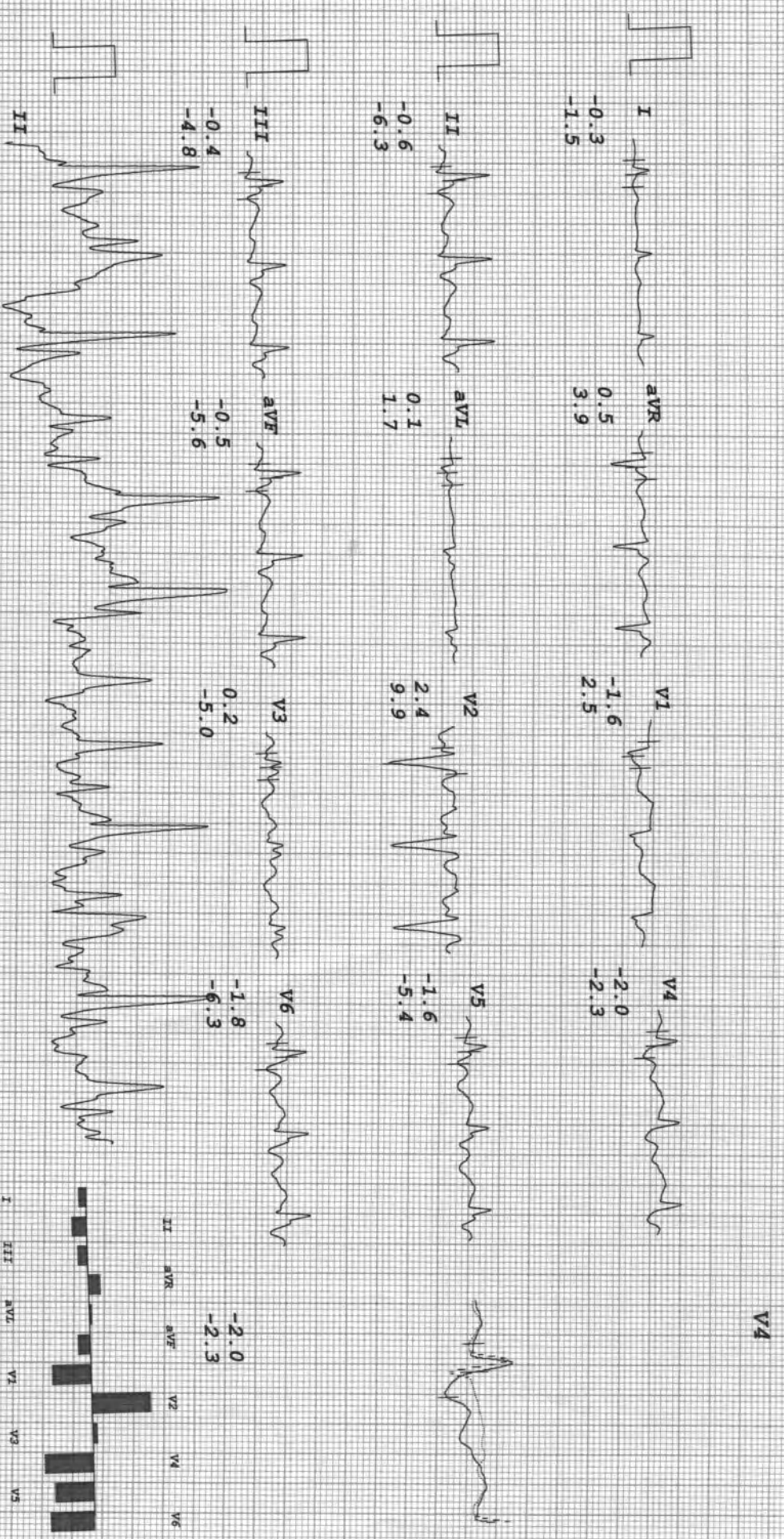
ST @ 10mm/mV
80ms PostJ
Speed 1.5 km/hr

LINKED MEDIAN

SANJAY PUNDLIK PAWAR
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RATE 111bpm
B.P. 100/70

Mag. X 2



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 Date 27/01/2024

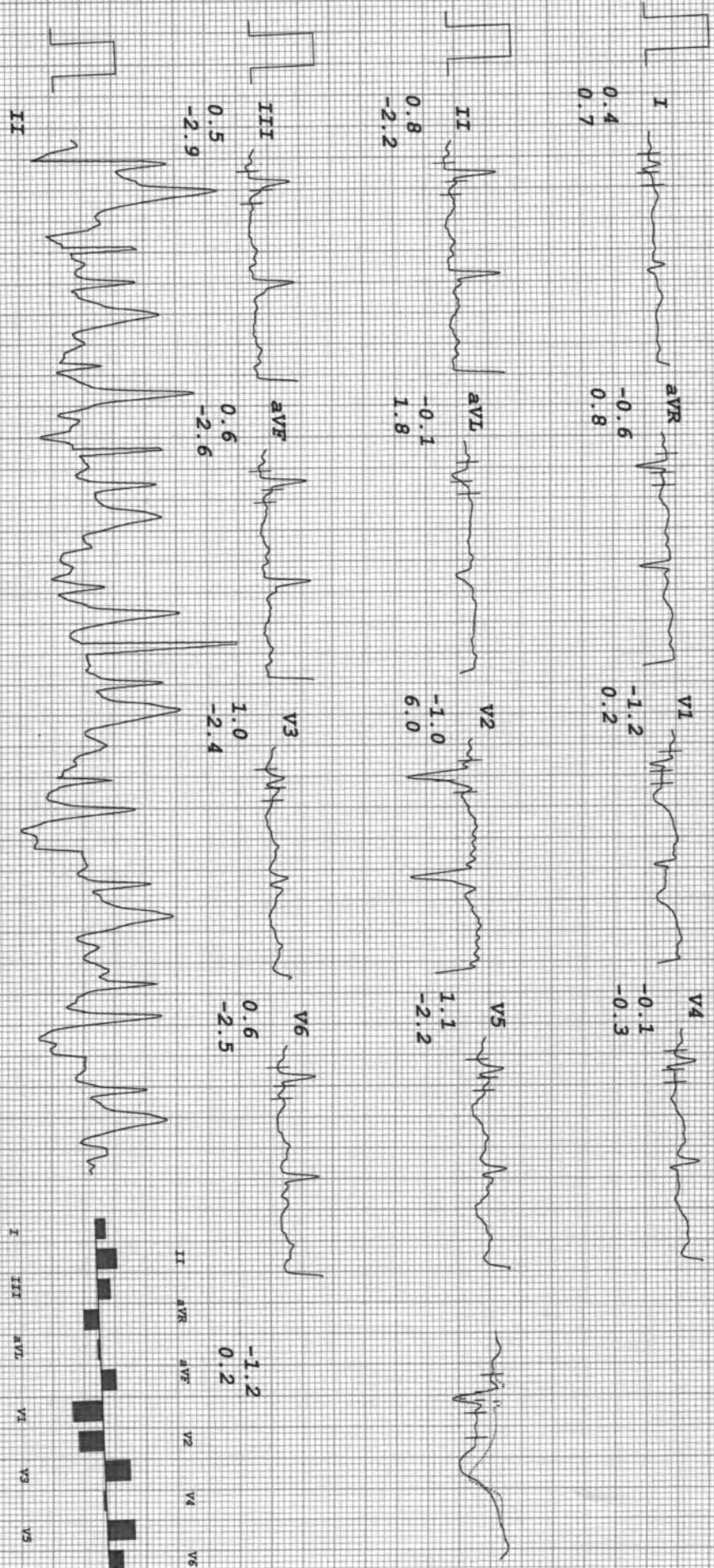
RATE 94bpm
 B.P. 100/70

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2



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SANJAY PUNDLIK PAWAR

I.D. 343

Age 57/M

Date 27/01/2024

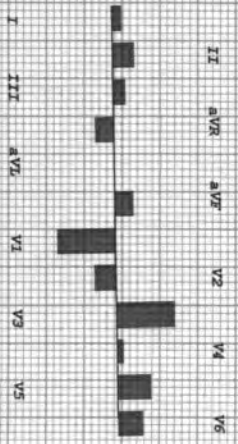
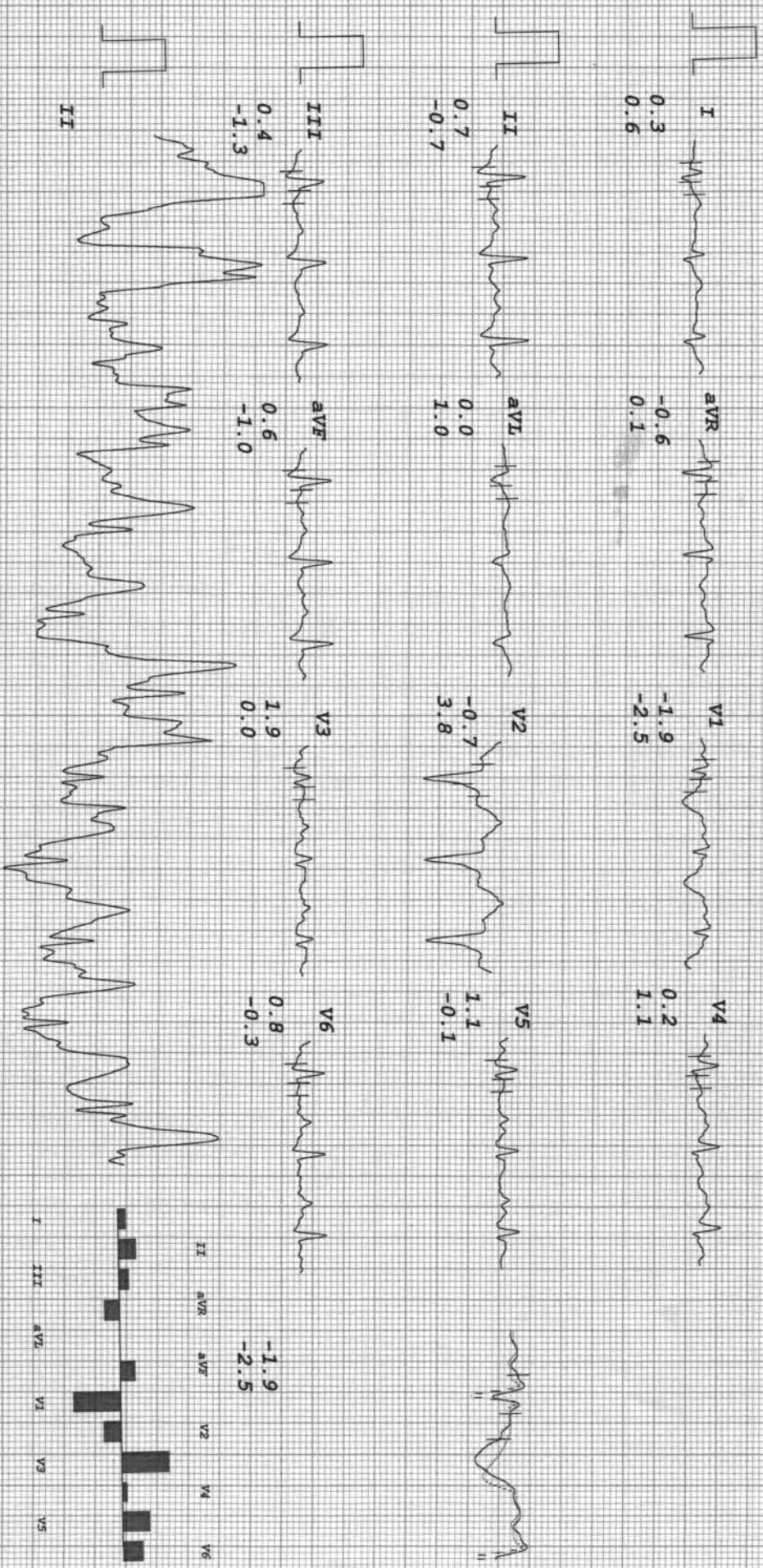
RATE 115bpm
B.P. 100/70

Bruce
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



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SANJAY PUNDLIK PAKAR
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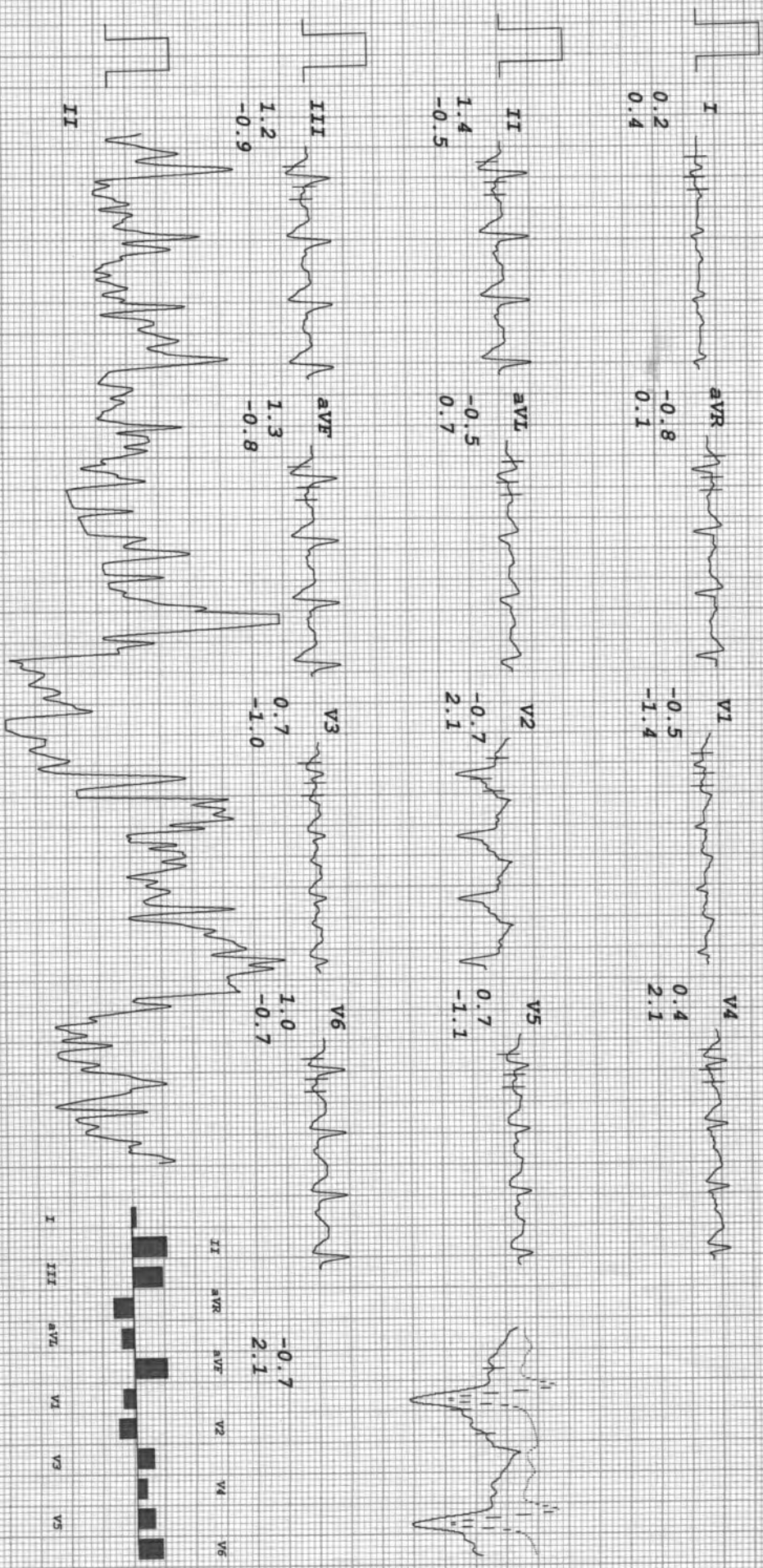
RATE 150bpm
 B.P. 100/70

Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 8

LINKED MEDIAN

Mag. X 2



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SANJAY PUNDLIK PAWAR

I.D. 343

Age 57/M

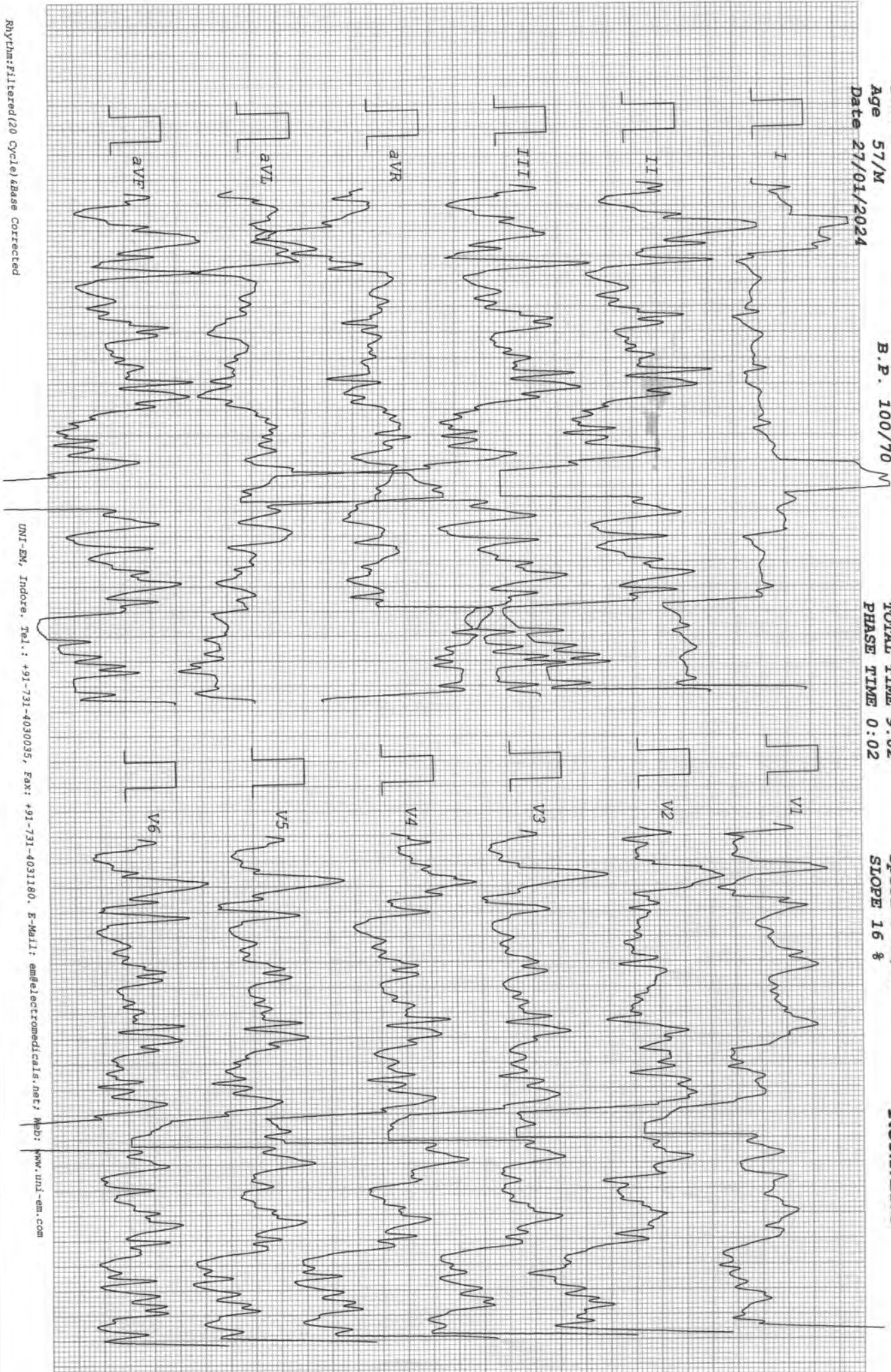
Date 27/01/2024

RATE 146bpm
B.P. 100/70

BRUCE
PK-EXERCISE
TOTAL TIME 9:02
PHASE TIME 0:02

ST @ 10mm/mV
80ms PostJ
Speed 6 km/hr
SLOPE 16 %

RUNNING



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SANJAY PUNDLIK PAWAR
 I.D. 343
 Age 57/M
 Date 27/01/2024

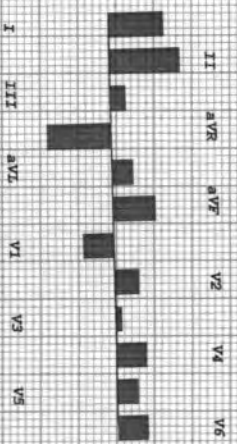
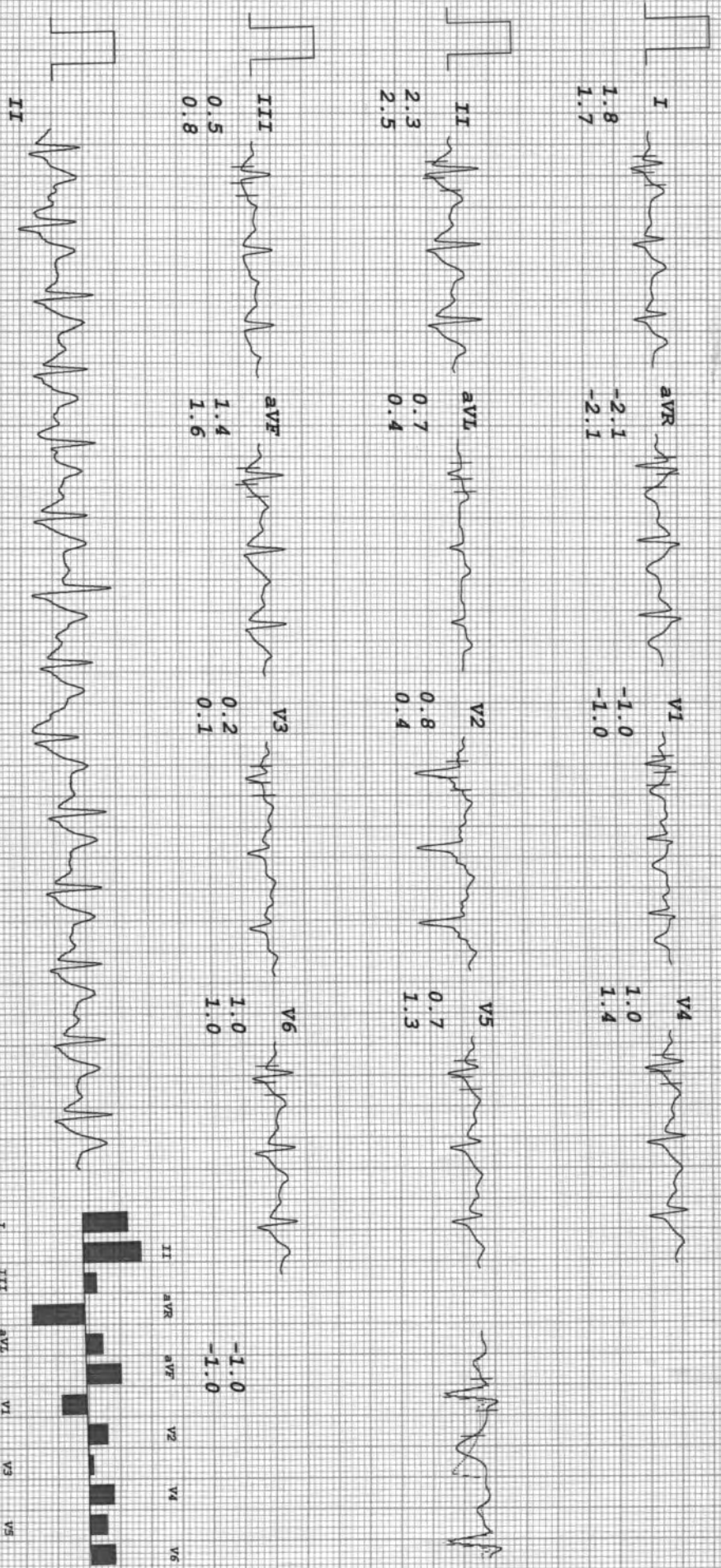
RATE 126bpm
 B.P. 100/70

Bruce
 RECOVERY
 TOTAL TIME 9:48
 PHASE TIME 0:29

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



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SANJAY PUNDLIK PAWAR
I.D. 343
Age 57/M

RATE 114bpm
B.P. 130/80

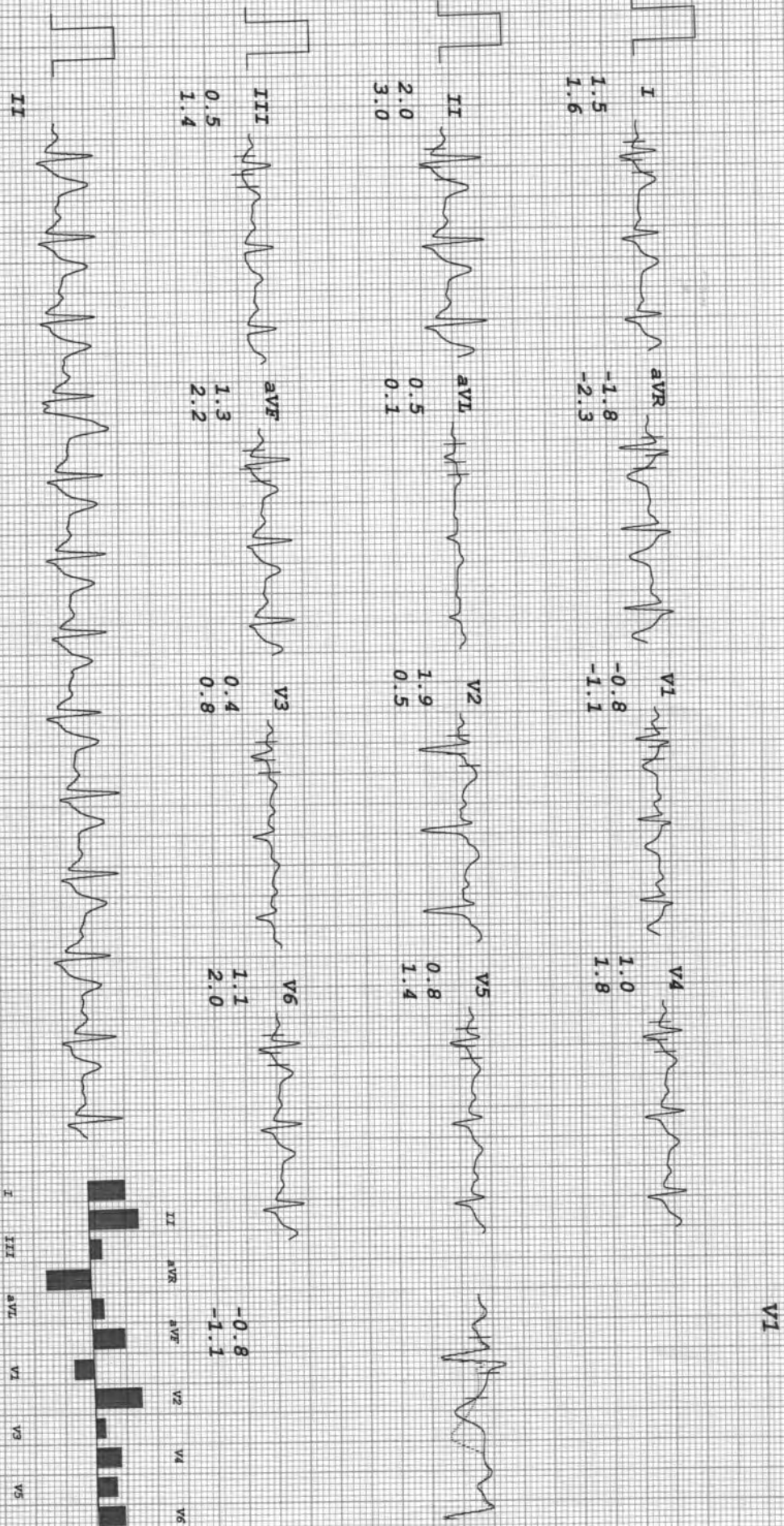
Bruce
RECOVERY
TOTAL TIME 10:26
PHASE TIME 1:07

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Date 27/01/2024

Mag. X 2



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SANJAY PUNDLIK PAMAR
I.D. 343
Age 57/M

RATE 103bpm
B.P. 130/80

Bruce
RECOVERY
TOTAL TIME 12:14
PHASE TIME 2:55

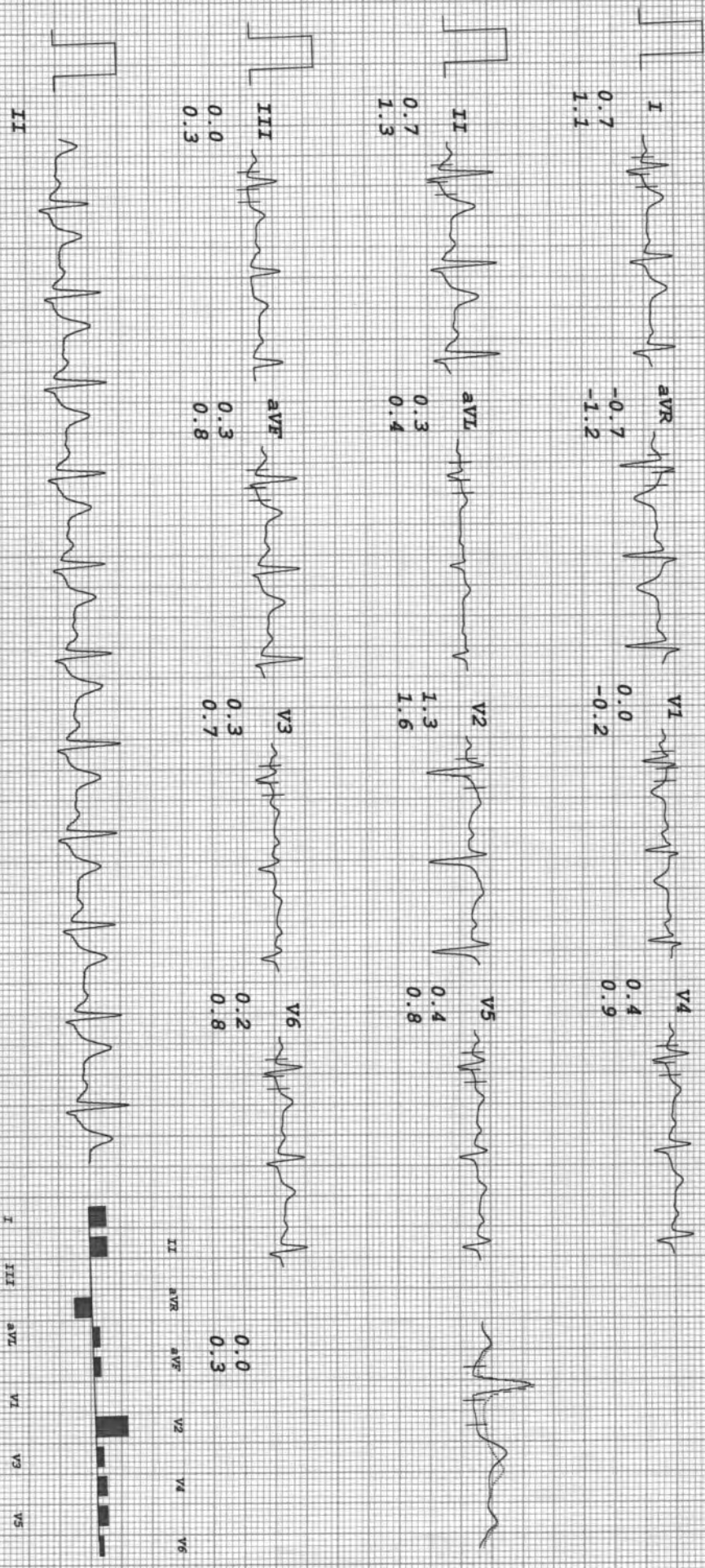
ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Date 27/01/2024

Mag. X 2

III



GAJANAN HOSPITAL & CRITICAL CARE CENTER

SANJAY PUNDLIK PAWAR
I.D. 343
Age 57/M

RATE 93bpm
B.P. 130/80

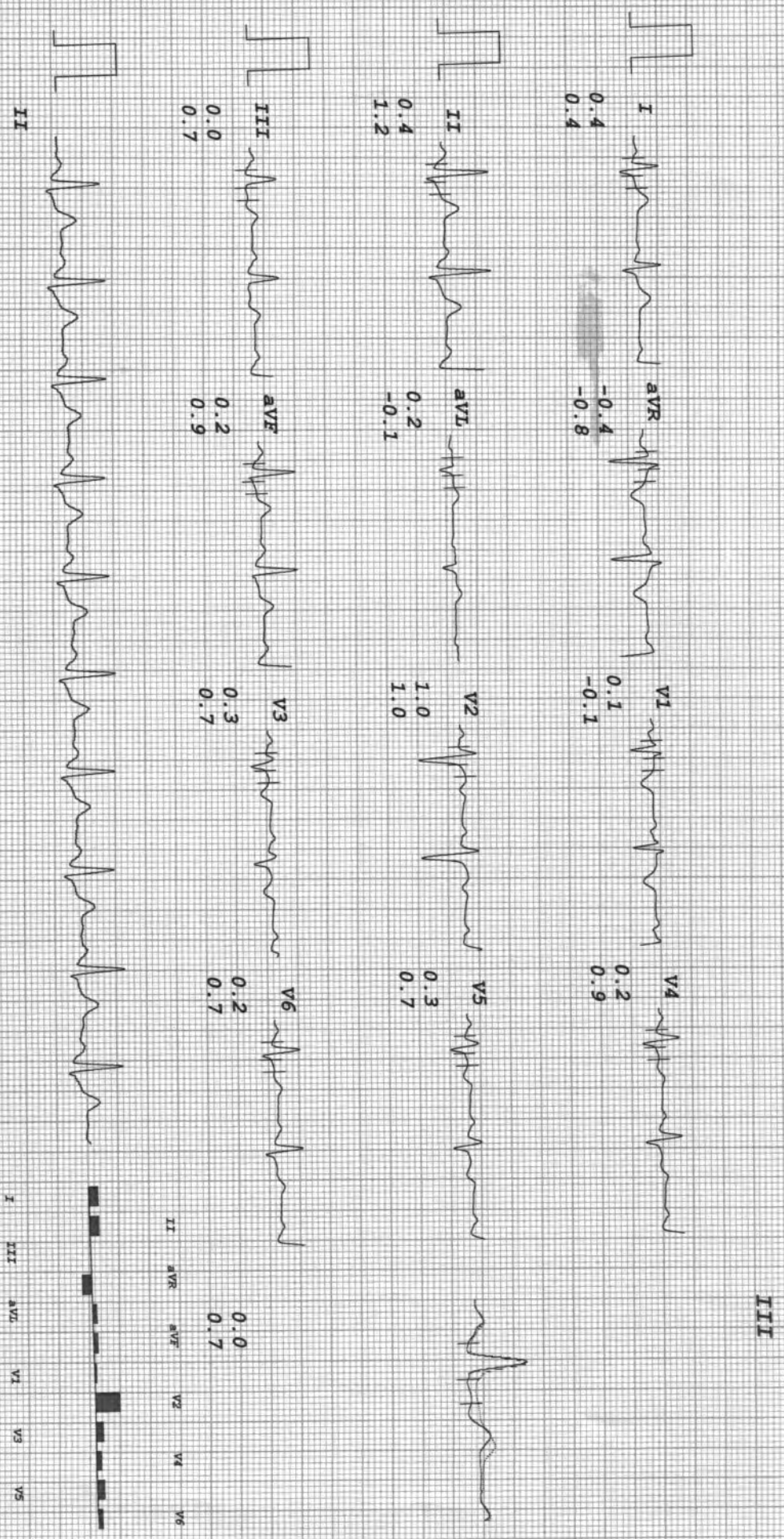
Bruce
RECOVERY
TOTAL TIME 14:27
PHASE TIME 5:08

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Date 27/01/2024

Mag. X 2



SARDA
CENTRE FOR DIABETES & SELF CARE

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

Name: Dr Sanjay Pawar Age: 57 MM
BOB

CLINICAL SUMMARY:

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

ECG FINDINGS:

Rate: 60/min QRS. Complex: Ⓡ

Rhythm: Ⓡ ST Segment: Ⓡ

Mechanism: Ⓡ T. Wave: Ⓡ

Axis: Ⓡ QT Interval: Ⓡ

P. Wave: Ⓡ PR Interval: Ⓡ

Recommendation: N/A NSR NO ST-T change



Date: 27/4/24
Dr. GITESH R. DAVAT
M.E.D.S., F.D.P.S. (Med) D.T.C.D.

SARDA
CENTRE FOR DIABETES & SELF CARE
4, Ven. _____
Nagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

SARDA

CENTRE FOR DIABETES & SELF CARE

Name Sanjay Prasad Date: 27/01/24
Age/Sex 57/male
Address Union Bank of India

OPHTHALMIC EXAMINATION REPORT

| | <u>Right Eye</u> | <u>Left eye</u> |
|------------------|-------------------------|-------------------------|
| Vision Distant | G/9 PH | G/6 |
| Vision Near | +2.50D | +2.50D |
| Anterior segment | <u>NAD</u> | <u>NAD</u> |
| Pupils | NSRTL | <u>NSRTL</u> |
| Lens | <u>PCLOL ⊕</u> | <u>PCLOL ⊕</u> |
| Tension | <u>Normal</u> | <u>Normal</u> |
| Fundus:- | DISC - WNL C/D - 0.3 | DISC - WNL C/D - 0.3 |
| Colour Vision | colour blindness + | colour blindness ⊕ |

Impression:

BE PCLOL ⊕

Colour Blindness H
Rest within normal limits



SARDA

CENTRE FOR DIABETES & SELF CARE

Mr. Sanjay Pawar needs clearing of all teeth.
Rest all is ok.

Sonali

DR SONALI LOHIYA

Dental Surgeon
Reg. No. 4 0453
Dental Surgery & Dental Clinic
Jalna Road, Aurangabad

DR SONALI LOHIYA

B D S Dental Surgeon
Reg. No. 4 0453
Dental Surgery & Dental Clinic
Jalna Road, Aurangabad



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: **SANJAY PAWAR**

Date: **27/01/2024**

Patient Id: **4920**

Age/Sex: **57 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.

[Signature]
DR. AMEY S. JAJU
MBBS, DNB (Radiology)
Fellowship 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: Dharmesh Tondur

Age: 40 Y

Sex: Male

RefDr: Dr. Sarda

Date: 27-Jan-2024



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: DHARMESH TONDUR | Date: 27/01/2024 |
| Patient Id: 4921 | Age/Sex: 40 Years / MALE |
| Ref Phy: DR. SARDA | Address : |

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 14.2 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 11.1 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 9.7 x 4.3 cm. Left kidney measures 9.7 x 5.0 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 3.5 x 3.0 x 3.3 cm (volume = 18.4 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



ANUSHREE SONOGRAPHY & X-RAY CENTRE

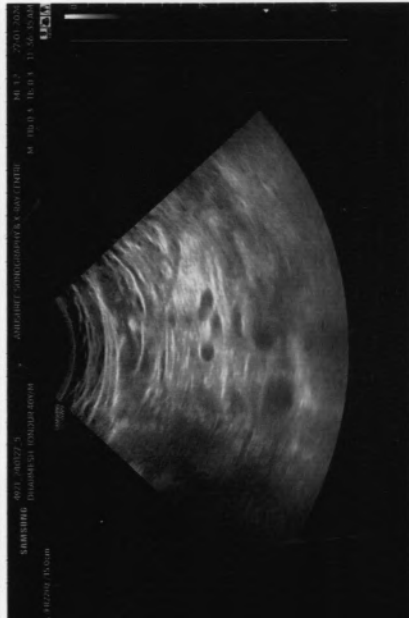
HARMESH TONDUR

Age: 40 Y

Sex: Male

RefDr: Sarda

Date: 27-Jan-2024



Patient Name : MR SANJAY PAWAR

Age/Gender : 57 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/780

Report Date

: 27/01/2024



HAEMATOLOGY REPORT

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

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4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR SANJAY PAWAR

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HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 6.8 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 148 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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**BIOCHEMISTRY REPORT**

| Test Description | Result | Unit | Biological Reference Range |
|---|--------|-------|---|
| LIPID PROFILE | | | |
| Cholesterol-Total <i>Method: CHOD/PAP</i> | 182 | mg/dL | < 200 : Desirable 200-239 : Borderline risk > 240 : High risk |
| Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i> | 99 | mg/dL | < 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High |
| HDL Cholesterol <i>Method: CHOD/PAP</i> | 48 | mg/dL | < 40 : Low 40 - 60 : Optimal > 60 : Desirable |
| LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i> | 114.20 | mg/dL | < 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High |
| VLDL Cholesterol <i>Method: Calculation</i> | 19.80 | mg/dL | 7 - 40 |
| CHOL/HDL RATIO <i>Method: Calculation</i> | 3.79 | Ratio | 3.5 - 5.0 |
| LDL/HDL RATIO <i>Method: Calculation</i> | 2.38 | 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 Range |
|------------------|--------|------|----------------------------|
|------------------|--------|------|----------------------------|

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

| | | | |
|---------------------|-----|-------|----------|
| BLOOD SUGAR FASTING | 109 | mg/dl | 70 - 110 |
|---------------------|-----|-------|----------|

Method: Hexokinase

| | | | |
|---------------------------|-----|-------|----------|
| BLOOD SUGAR POST PRANDIAL | 132 | 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 Range |
|--|--------|-------|----------------------------|
| UREA <i>Method: UV</i> | 21 | mg/dl | 10 - 45 |
| Serum Creatinine <i>Method: Modified Jaffe's</i> | 1.0 | mg/dL | 0.70 - 1.40 |
| URIC ACID | 4.9 | 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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Age/Gender : 57 Yrs/Male

Ref. Dr. : MEDIWHEEL



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LIVER FUNCTION TEST (LFT)

| | | | |
|---|-------------|-------|-----------|
| TOTAL BILIRUBIN | 0.50 | 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 | 0.30 | mg/dl | 0.3 - 0.7 |
| <i>Method: Serum, Calculated</i> | | | |
| SGPT (ALT) | 17 | U/L | 15 - 40 |
| <i>Method: Serum, UV with P5P, IFCC 37 degree</i> | | | |
| SGOT (AST) | 15 | U/L | 15 - 40 |
| <i>Method: Serum, UV with P5P, IFCC 37 degree</i> | | | |
| ALKALINE PHOSPHATASE | 68 | U/L | 30 - 120 |
| <i>Method: DGKC</i> | | | |
| TOTAL PROTEIN | 6.8 | g/dl | 6.0 - 8.3 |
| <i>Method: Serum, Biuret, reagent blank end point</i> | | | |
| SERUM ALBUMIN | 3.7 | g/dl | 3.5 - 5.2 |
| <i>Method: Serum, Bromocresol green</i> | | | |
| SERUM GLOBULIN | 3.10 | g/dl | 1.8 - 3.6 |
| <i>Method: Serum, Calculated</i> | | | |
| A/G RATIO | 1.19 | | 1.2 - 2.2 |
| <i>Method: Serum, Calculated</i> | | | |
| Gamma Glutamyl Transferase-Serum | 17 | 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 SANJAY PAWAR

Age/Gender : 57 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/780

Report Date

: 27/01/2024



IMMUNOASSAY REPORT

| Test Description | Result | Unit | Biological Reference Range |
|--|--------|-------|----------------------------|
| PSA (PROSTATE SPECIFIC ANTIGEN)-SERUM | | | |
| PSA (PROSTATE SPECIFIC ANTIGEN)-Serum | 0.32 | ng/ml | LESS THAN 4.0 |

Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

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Thyroid Function Test (TFT)

| | | | |
|------------|--------|-------|---|
| T3 | 106.46 | 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 | 10.72 | 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) | 3.10 | 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 Range |
|--------------------------------|-------------|------|----------------------------|
| 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 | Trace | | Absent |
| Acetone | Absent | | |
| Microscopic Examination | | | |
| RBC's | Not seen | /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 Range |
|------------------|--------|------|----------------------------|
|------------------|--------|------|----------------------------|

COMPLETE BLOOD COUNT

| | | | |
|-----------------|---------|------------|-----------------|
| Total WBC Count | 9700 | cell/cu.mm | 4000 - 11000 |
| Haemoglobin | 14.4 | g% | 13 - 18 |
| Platelet Count | 3,36000 | /cumm | 150000 - 450000 |
| RBC Count | 4.95 | /Mill/ul | 4.20 - 6.00 |

RBC INDICES

| | | | |
|------------------------|------|-------|-------------|
| Mean Corp Volume MCV | 84.4 | fL | 80 - 97 |
| Mean Corp Hb MCH | 29.1 | pg | 26 - 32 |
| Mean Corp Hb Conc MCHC | 34.4 | gm/dL | 31.0 - 36.0 |
| Hematocrit HCT | 41.8 | % | 37.0 - 51.0 |

DIFFERENTIAL LEUCOCYTE COUNT

| | | | |
|-------------|----|---|---------|
| Neutrophils | 68 | % | 40 - 75 |
| Lymphocytes | 27 | % | 20 - 45 |
| Monocytes | 03 | % | 02 - 10 |
| Eosinophils | 02 | % | 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 | 10 | 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. ****

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