

Pat. ID. ....  
*Mr. Uttam Ashwin*

**Dr. A. S. SARDA**  
M.D. Reg. No. 170  
SARDA CENTER FOR ECG  
4, Vyankatesh Chowk  
Phoshe, Aurangabad

ES & SELF CARE  
2334559

**SARDA  
CENTRE FOR DIABETES & SELF CARE**

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

Name : Mr. Uttaveshwar Age : 31 y/m  
Ghule Boys

**CLINICAL SUMMARY :**

Weight : \_\_\_\_\_ Height (Cms) : \_\_\_\_\_ Blood Pressure : \_\_\_\_\_

**ECG FINDINGS :**

Rate : 85/min ORS. Complex : (R)

Rhythm : (R) ST Segment : (R)

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

Axis : (R) QT Interval : (R)

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

Recommendation : Wm

Date : 08/03/24  
**Dr. A. S. SARDA**  
M.D. Reg. No. 73570  
SARDA CENTER FOR DIABETES & SELF CARE  
4, Vyankateshnagar, Jalna Road, Aurangabad  
Phone No. 2333851, 2334858

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

# SARDA

## CENTRE FOR DIABETES & SELF CARE

Date:- 08/03/24

Name Uttarashwar Ghule Age/Sex 31/m

Address 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

~~Rest~~ within normal limits



*[Signature]*

DR. AJAY LOHIYA  
M.B.B.S., D.O. (COM) DNBFCPS  
REG. NO. 50438  
TRUPATI NETRALAYA & DENTAL CLINIC  
AURANGABAD

**SARDA**

**CENTRE FOR DIABETES & SELF CARE**

Mr. Uttarekhwai Ghule has undergone dental check up. He doesnot have any dental problem.

Sonal

8/3/24

**DP SONALI LOHIYA**

BDS Dental Surgeon  
Reg No. A 0454  
Tirupati, Nehru Nagar & Deena Chou  
Jain Road, Aurangabad



Name : Mr.Uttaresh Ghule

Date :08/03/ 2024

Age/Sex :31Yrs/Male

Ref.By: Dr.Sarda Sir

### STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 9.00 Min.
- Baseline Heart Rate and Blood Pressure - 82bpm,BP-138/98mm of Hg.
- Mets- 10.10.
- ST-T Segment Changes – No Significant ST-T Changes.
- Angina- None.
- Arrhythmias- None.
- Other Symptoms – None.
- Maximal Heart Rate and Blood Pressure – 176 bpm, BP – 178/98 mm of Hg.
- Predicted Maximal Heart Rate Achieved - 93%.
- 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  
MOTIWALA SQUARE  
AURANGABAD

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: Ghule, Uttaresh  
Patient ID: 86770  
Height: 170 cm  
Weight: 83 kg

DOB: 21.02.1993  
Age: 31yrs  
Gender: Male  
Race: Asian

Study Date: 08.03.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: Dr. Deorao Thenge  
Technician: --

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:15	0.00	0.00	78	138/98	
	STANDING	00:15	0.50	0.00	84		
EXERCISE	STAGE 1	03:00	1.70	10.00	129	148/98	
	STAGE 2	03:00	2.50	12.00	150	158/98	
	STAGE 3	03:00	3.40	14.00	173	168/98	
	STAGE 4	00:01	3.40	14.00	173		
RECOVERY		04:02	0.00	0.00	100	178/98	

The patient exercised according to the BRUCE for 9:00 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 82 bpm rose to a maximal heart rate of 176 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 138/98 mmHg, rose to a maximum blood pressure of 178/98 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

Exercise of bruce protocol for 9.00 min.  
Target heart rate achieved.  
No angina/arrhythmias.No ST-T Changes.  
Test is negative for induced ischemia

Physician \_\_\_\_\_

Technician \_\_\_\_\_

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



Tabular Summary

**Ghule, Uttaresh**

Patient ID 86770

08.03.2024 Male 170 cm 83 kg

3:07:42pm 31yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Total Exercise Time 09:00  
 Max HR: 176 bpm 93% of max predicted 189 bpm HR at rest: 82  
 Max BP: 178/98 mmHg BP at rest: 138/98 Max RPP: 28728 mmHg\*bpm  
 Maximum Workload: 10.10 METS

Max. ST: -1.35 mm, 0.00 mV/s in V4; EXERCISE STAGE 3 06:30

ST/HR index: 1.29  $\mu$ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: Exercise of bruce protocol for 9.00 min.

Target heart rate achieved.

No angina/arrhythmias No ST-T Changes.

Test is negative for induced ischemia

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (min)	ST Level (V4 mm)	Comment
PRETEST	SUPINE	00:15	0.00	0.00	1.0	78	138/98	10764	0	0.70	
	STANDING	00:15	0.50	0.00	1.0	84			0	0.70	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	129	148/98	19092	0	0.45	
	STAGE 2	03:00	2.50	12.00	7.0	150	158/98	23700	0	-0.75	
	STAGE 3	03:00	3.40	14.00	10.1	173	168/98	29064	1	-1.20	
	STAGE 4	00:01	3.40	14.00	10.1	173			1	-1.20	
RECOVERY		04:02	0.00	0.00	1.0	100	178/98	17800	0	0.45	

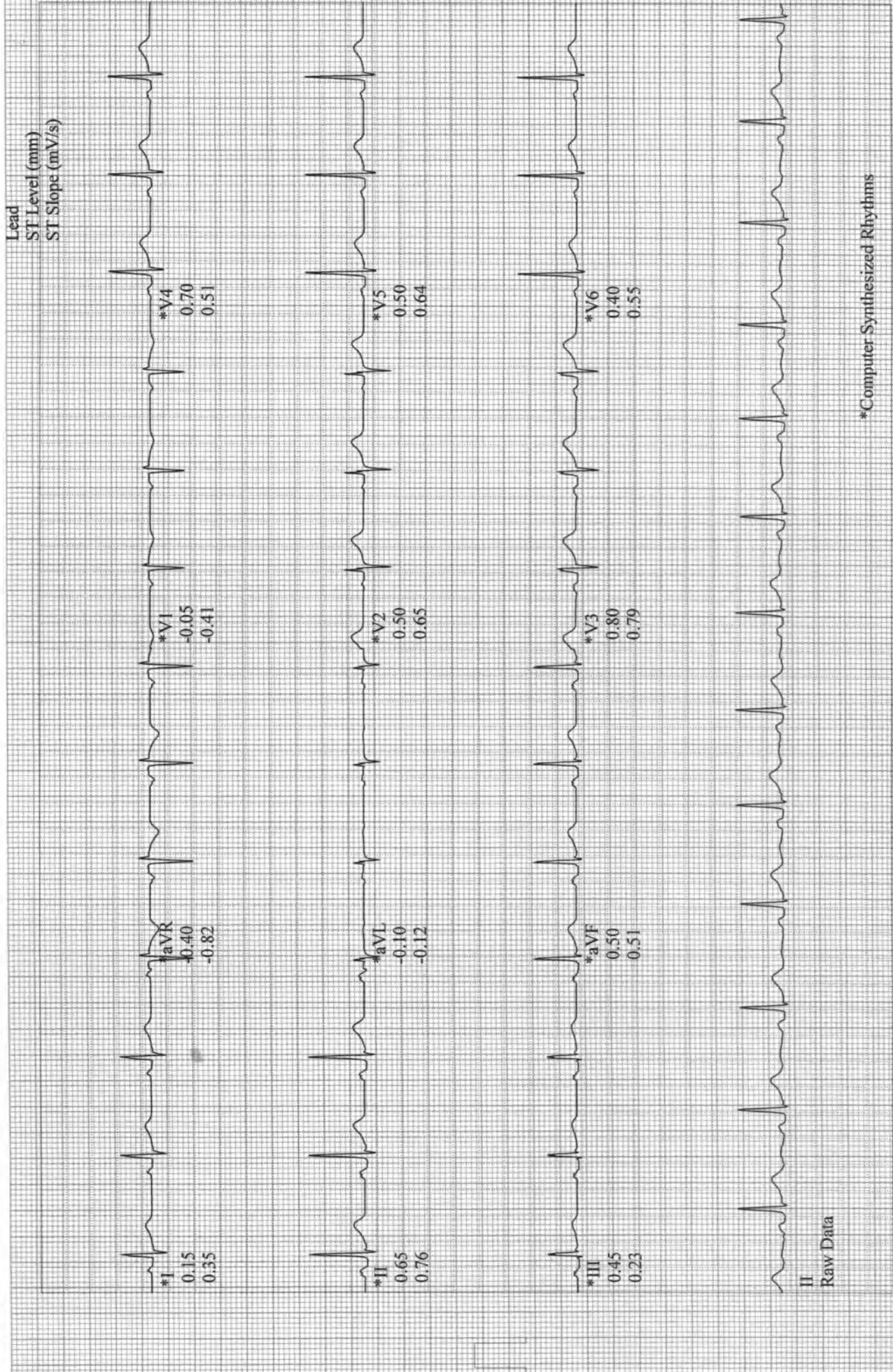
Ghule, Uttaresh  
Patient ID 86770  
08.03.2024  
3:07:57pm

Linked Medians

PRETEST  
SUPINE  
00:12

80 bpm  
138/98 mmHg

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II  
Raw Data

\*Computer Synthesized Rhythms

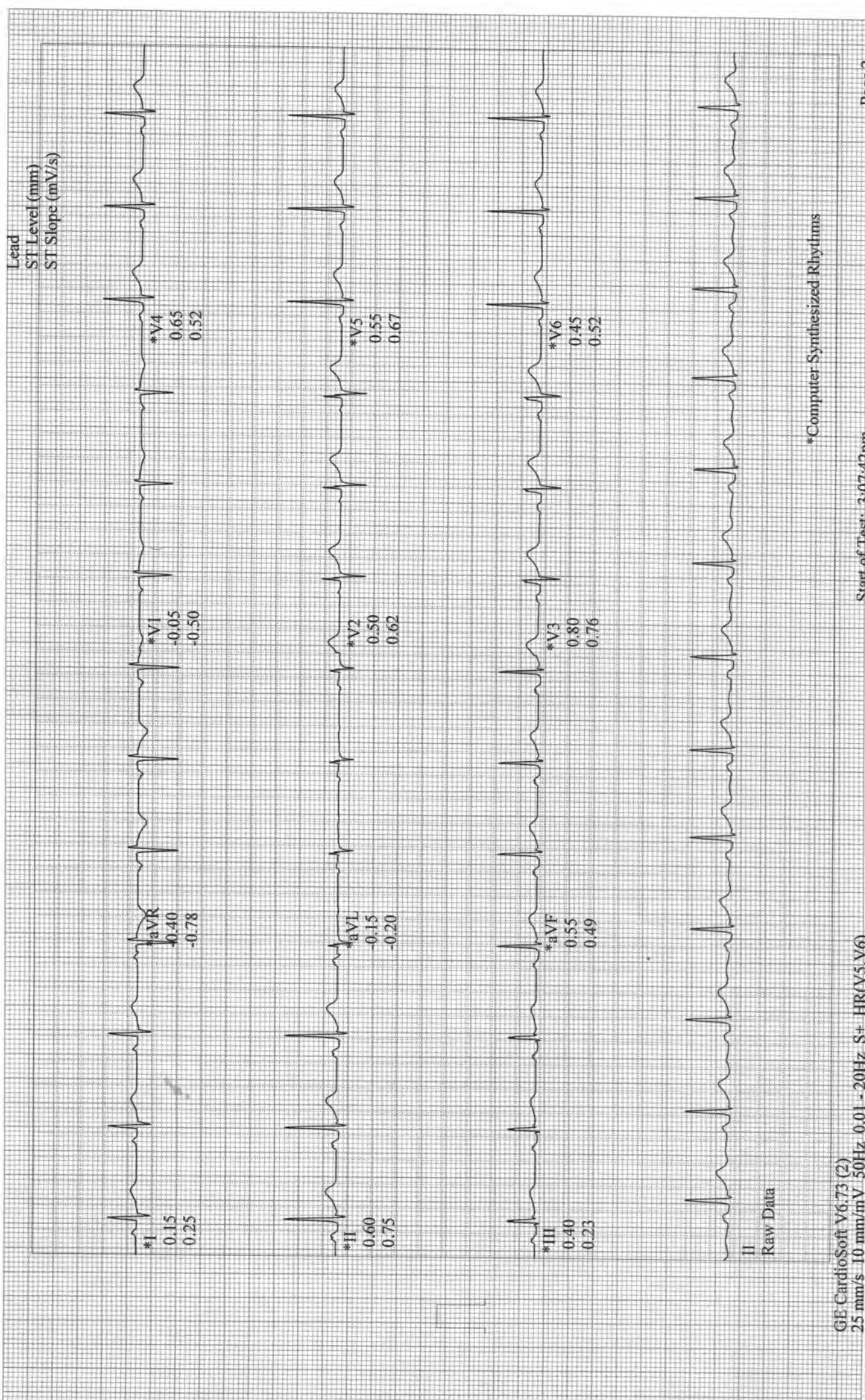


**Ghule, Uftaresh**  
Patient ID 86770  
08.03.2024  
3:07:59pm

78 bpm  
138/98 mmHg  
Linked Medians  
PRETEST  
STANDING  
00:16

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL



\*Computer Synthesized Rhythms

Ghule, Uttresh  
Patient ID 86770  
08.03.2024  
3:11:07pm

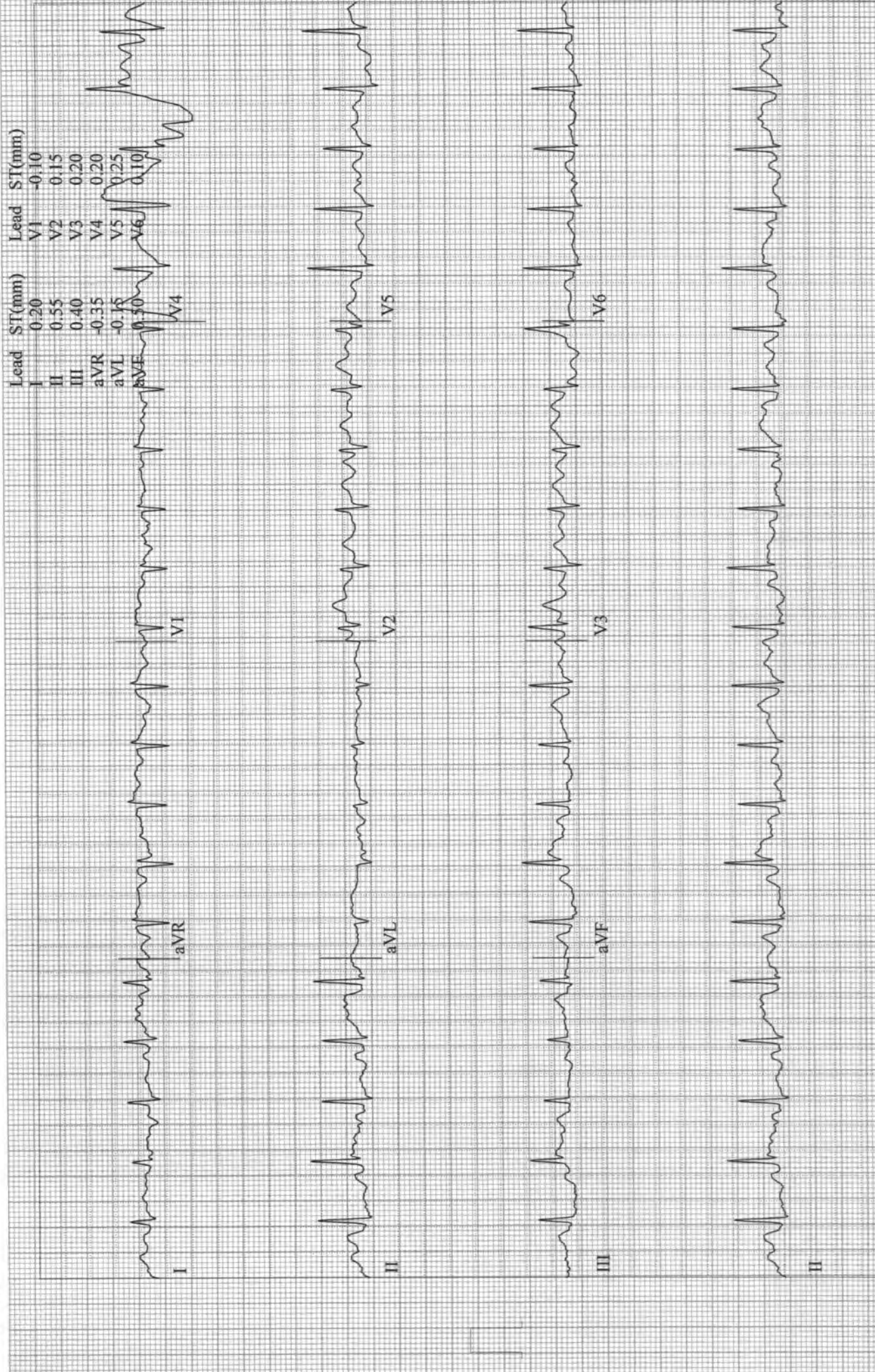
12-Lead Report

EXERCISE  
STAGE 1  
02:50  
129 bpm  
148/98 mmHg

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	-0.10
II	0.55	V2	0.15
III	0.40	V3	0.20
aVR	-0.35	V4	0.20
aVL	-0.15	V5	0.25
aVF	0.50	V6	0.10



Ghule, Uttaresh  
Patient ID 86770  
08.03.2024  
3:14:07pm

12-Lead Report

EXERCISE  
STAGE 2  
05:50

146 bpm  
158/98 mmHg

BRUCE  
2.5 mph  
12.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points



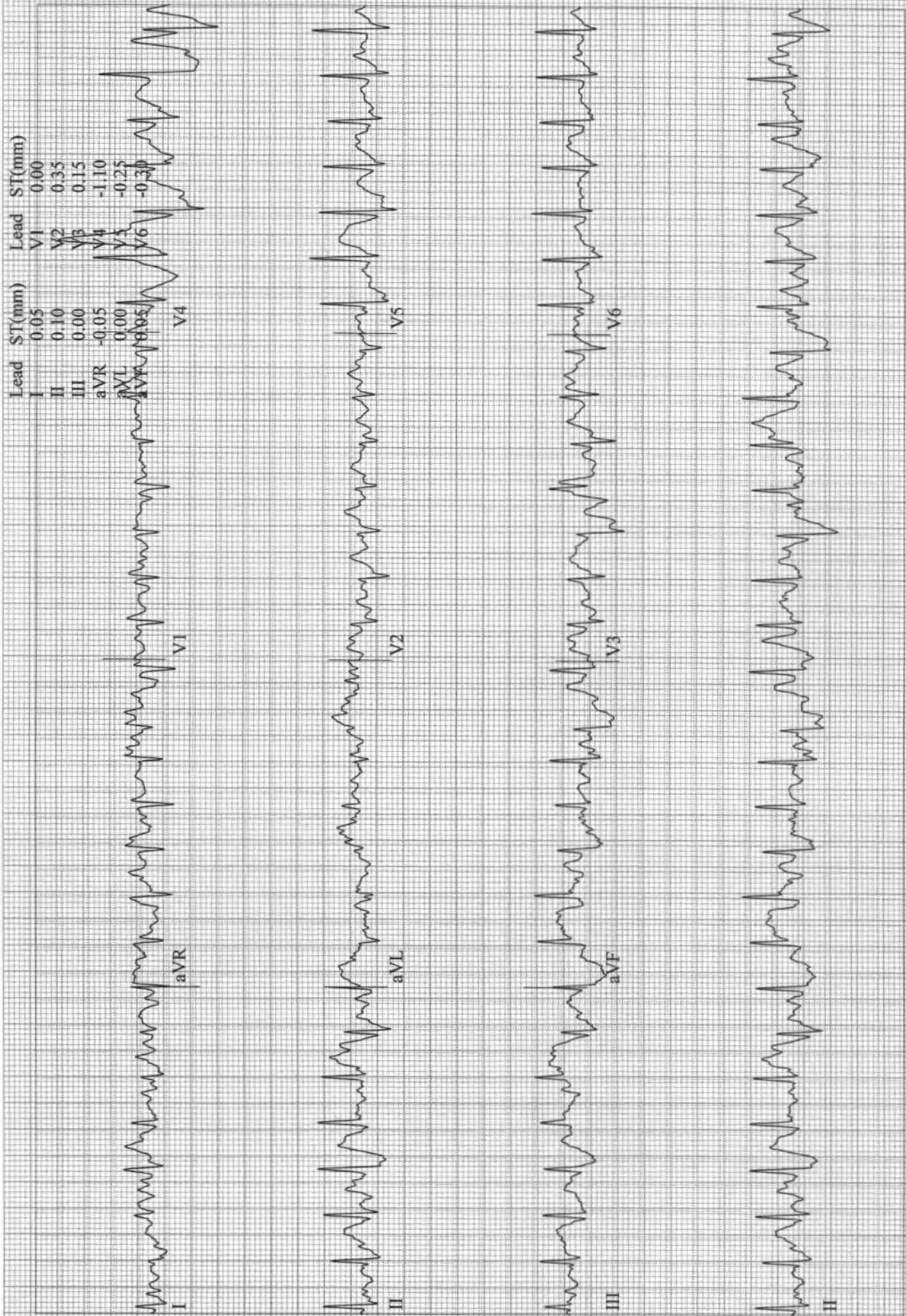
Ghule, Uttaresh  
Patient ID 86770  
08.03.2024  
3:17:07pm

12-Lead Report

EXERCISE  
STAGE 3  
08:50  
173 bpm  
168/98 mmHg

ASIAN HOSPITAL

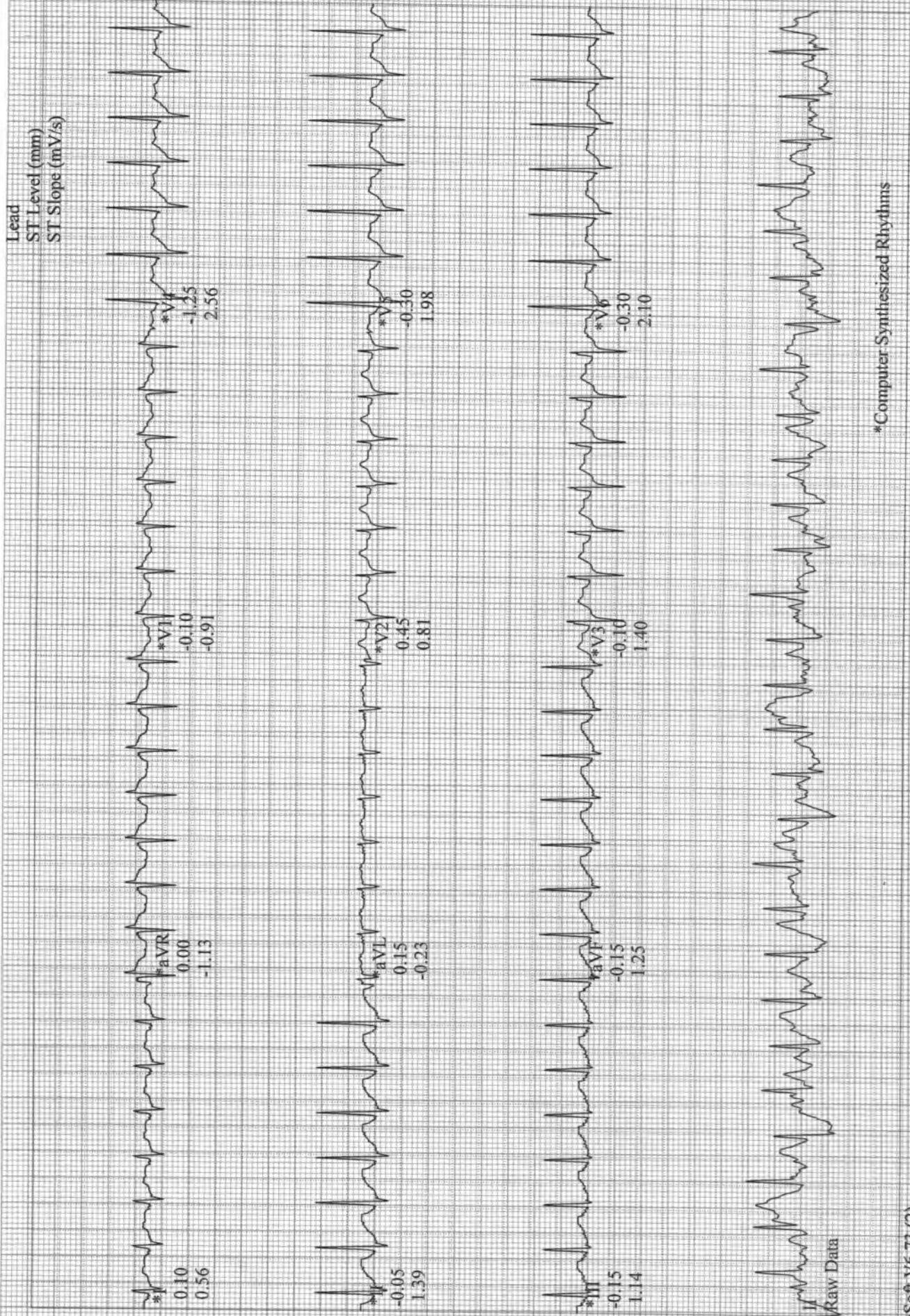
Measured at 60ms Post J (10mm/mV)  
Auto Points



**Ghule, Uttaresh**  
Patient ID 86770  
08.03.2024  
3:17:12pm

Linked Medians ( PEAK EXERCISE )  
EXERCISE STAGE 4  
09:01  
173 bpm  
168/98 mmHg

ASIAN HOSPITAL



12-Lead Report

Ghule, Uttaresh  
Patient ID 86770  
08.03.2024  
3:18:07pm

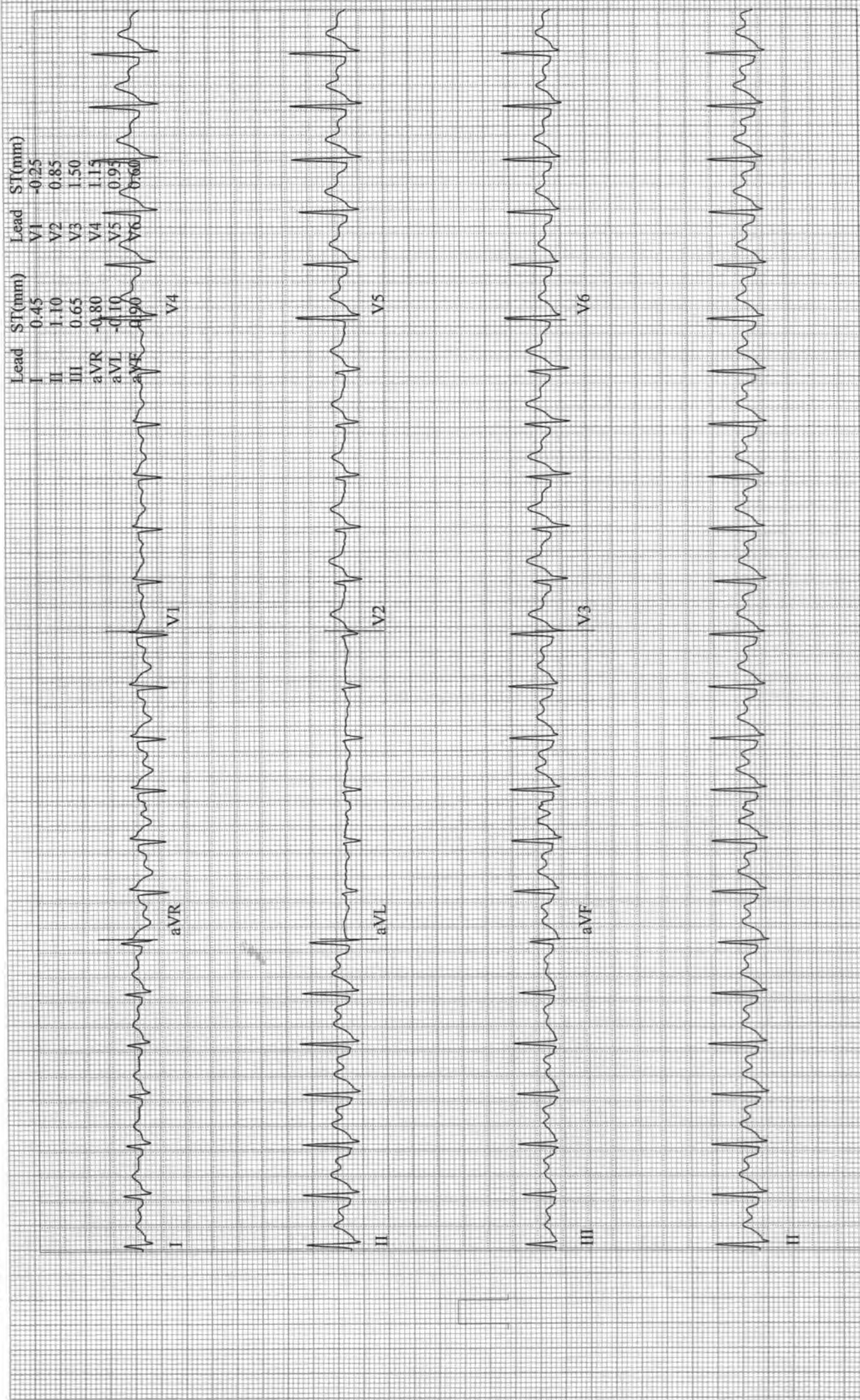
BRUCE  
0.0 mph  
0.0 %

RECOVERY  
#1  
00:50

148 bpm

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.45	V1	-0.25
II	1.10	V2	0.85
III	0.65	V3	1.50
aVR	-0.80	V4	1.15
aVL	-0.10	V5	0.95
aVF	0.90	V6	0.60



Ghule, Uttaresh  
Patient ID 86770  
08.03.2024  
3:19:07pm

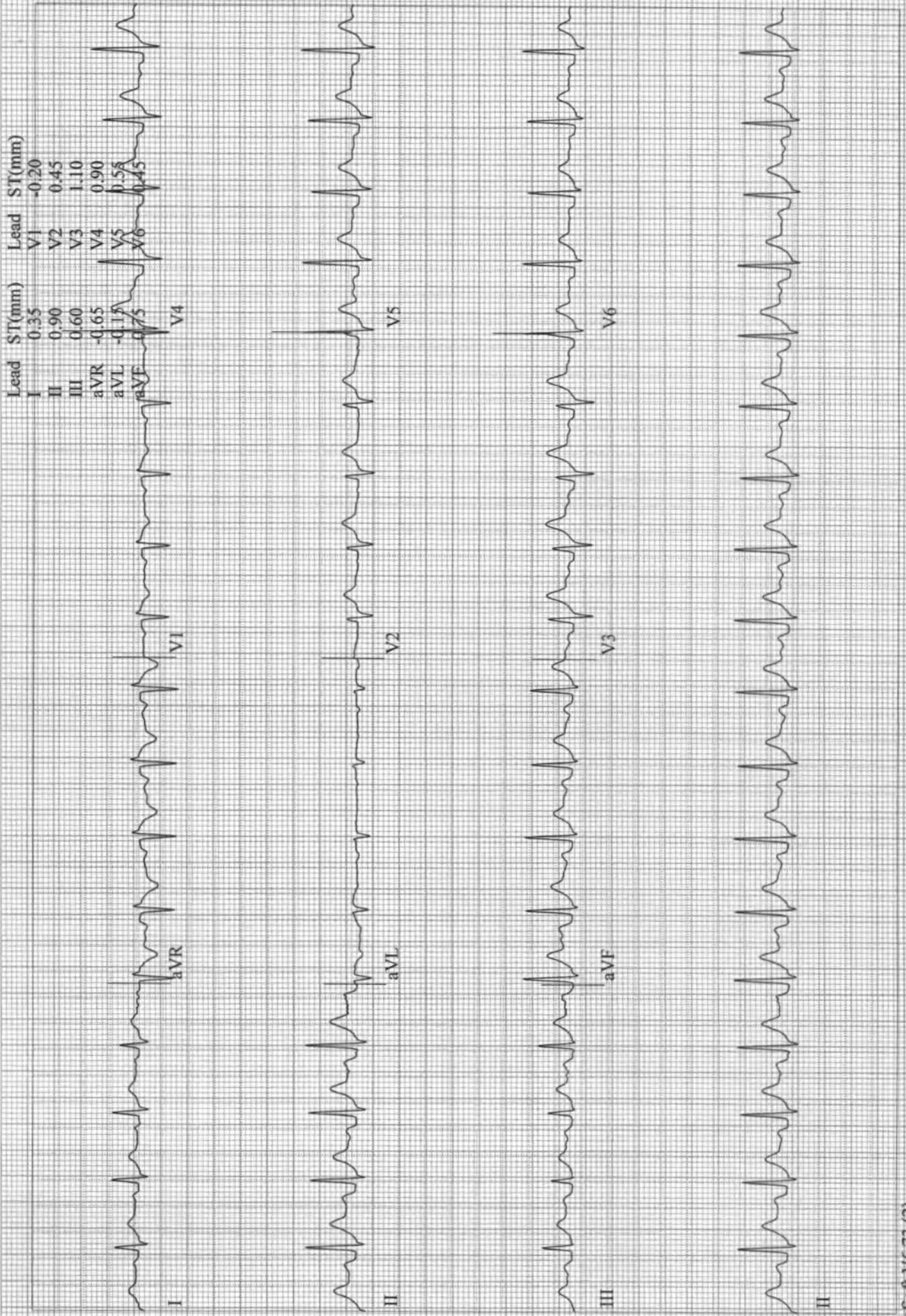
12-Lead Report  
RECOVERY  
#1  
01:50

115 bpm

ASIAN HOSPITAL

BRUCE  
0.0 mph  
0.0 %

Measured at 60ms Post J (10mm/mV)  
Auto Points



Ghule, Uttresh  
Patient ID 86770  
08.03.2024  
3:20:07pm

12-Lead Report

RECOVERY  
#1  
02:50

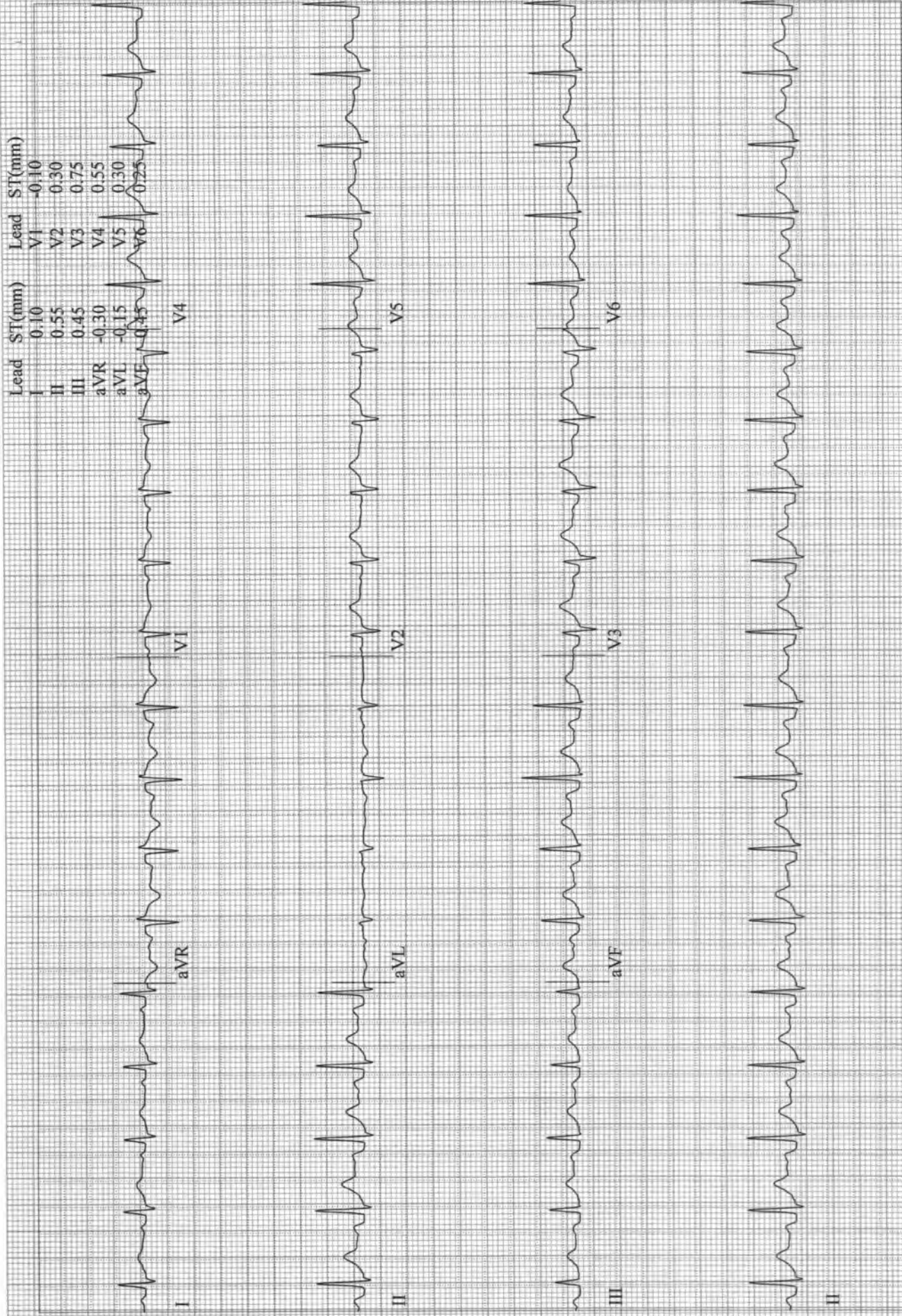
111 bpm  
178/98 mmHg

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	-0.10
II	0.55	V2	0.30
III	0.45	V3	0.75
aVR	-0.30	V4	0.55
aVL	-0.15	V5	0.30
aVF	0.25	V6	0.25





Ghule, Uttaresh  
Patient ID 86770  
08.03.2024  
3:21:07pm

12-Lead Report

RECOVERY  
#1  
03:50

100 bpm

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead ST(mm)

I 0.15

II 0.45

III 0.25

aVR -0.35

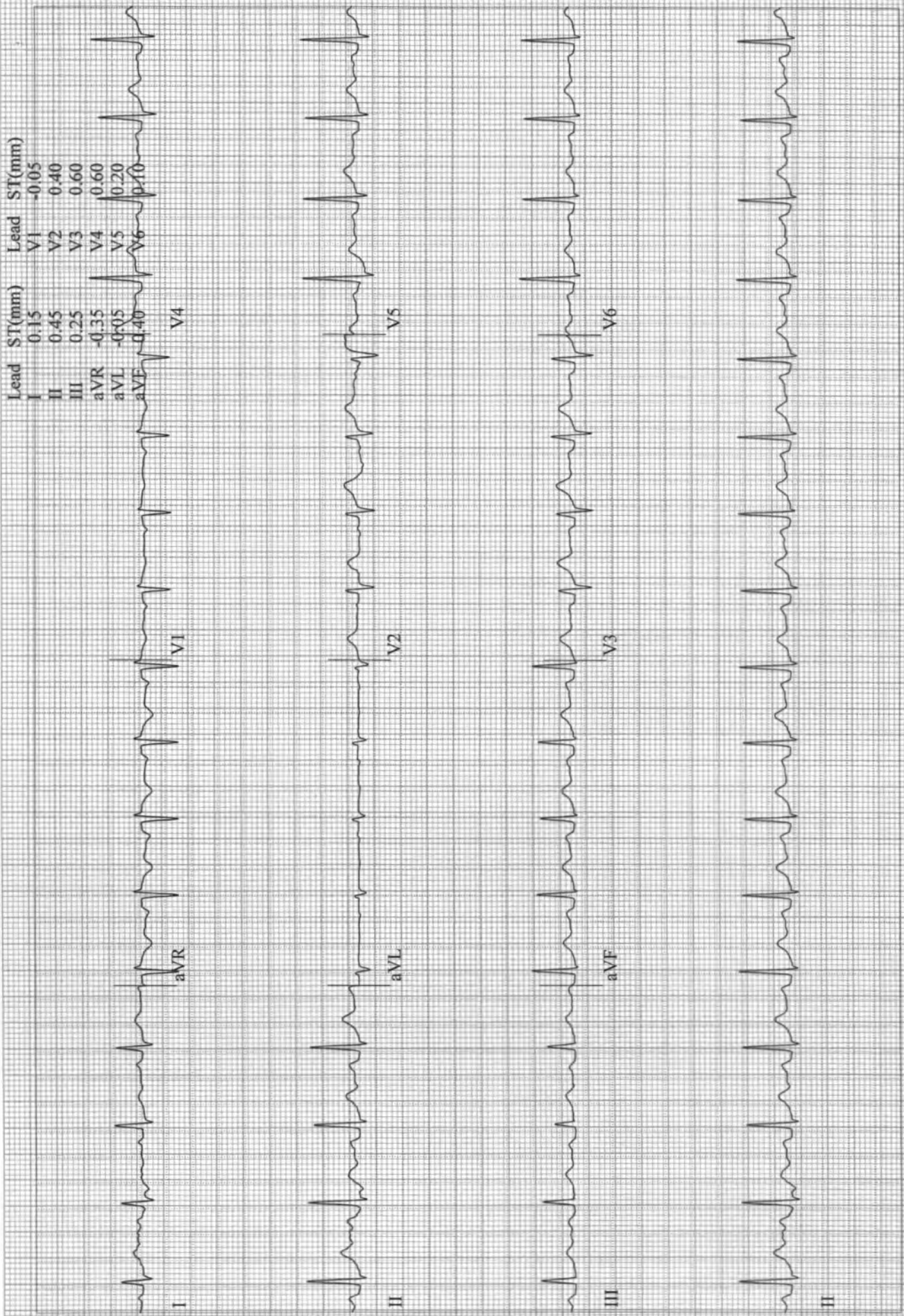
aVL -0.05

aVF 0.40

V4 0.60

V5 0.20

V6 0.70





Patient Name: <b>UTTARESHWAR GHULE</b>	Date: <b>08/03/2024</b>
Patient Id: <b>5321</b>	Age/Sex: <b>31 Years / MALE</b>
Ref Phy: <b>DR. SARDA</b>	Address :

## ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** The liver is normal in size It measures 13.7 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 9.4 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

**KIDNEYS:** Right kidney measures 10.0 x 4.5 cm. Left kidney measures 11.5 x 5.3 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. The prostate measure 3.2 x 2.4 x 2.6 cm (volume = 10.3 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:**

**Grade I fatty changes in liver.**

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



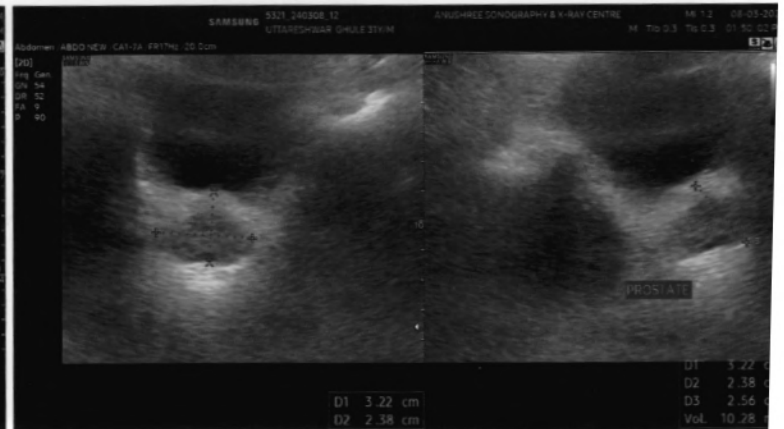
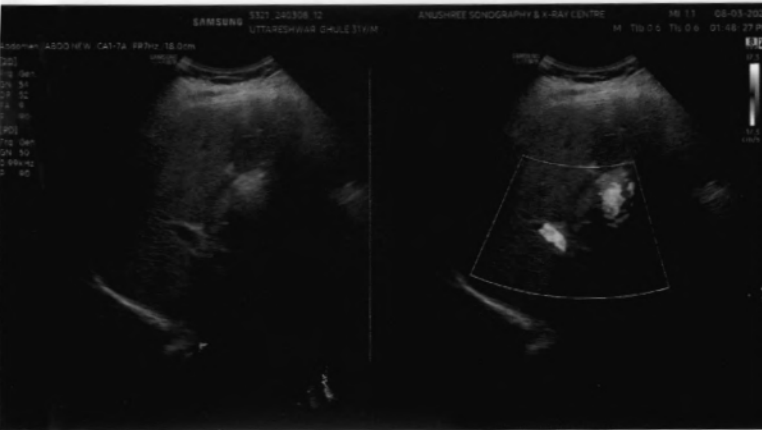
Name:UTTARESHWAR GHULE

Age:31 Y

Sex:Male

RefDr:Sarda

Date:08-Mar-2024





Patient Name: <b>UTTARESHWAR GHULE</b>	Date: <b>08/03/2024</b>
Patient Id: <b>5318</b>	Age/Sex: <b>31 Years / MALE</b>
Ref Phy: <b>DR. SARDA</b>	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.**

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

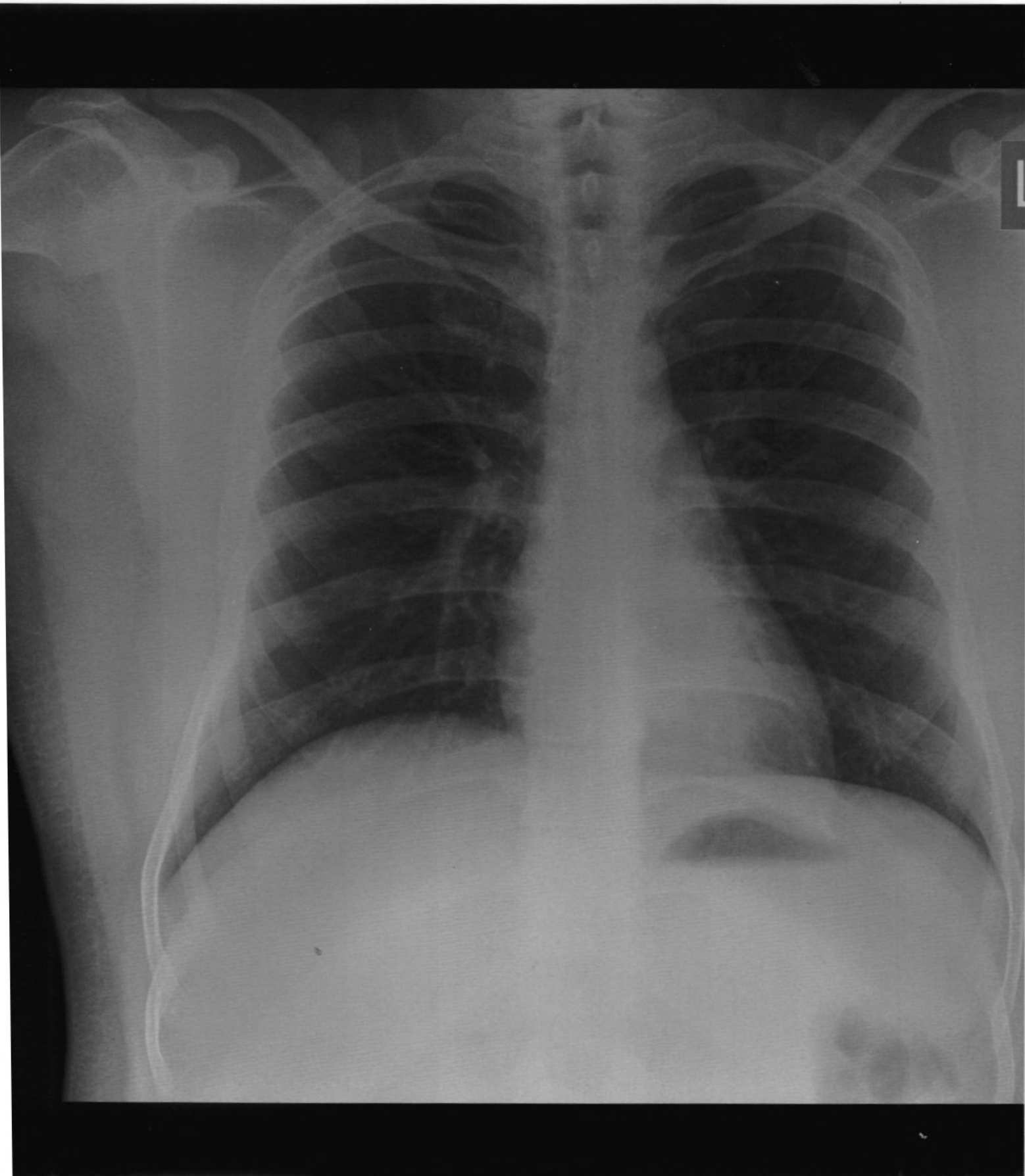
Name: Uttareshwar Ghule

Age: 31 Y

Sex: Male

RefDr: Dr. Sarda

Date: 08-Mar-2024



Patient Name : MR UTTARESHWAR GHULE



SPL24/2212



Age/Gender : 31 Yrs/Male

Report Date : 08/03/2024

Ref. Dr. : MEDIWHEEL

### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
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#### BLOOD GROUP AND RH FACTOR

Blood Group

'O'

Rh Factor

NEGATIVE(-VE)

**Comment** : ADV- TO BE CONFIRMED AT THE TIME OF CROSS MATCH

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

Patient Name : MR UTTARESHWAR GHULE

Age/Gender : 31 Yrs/Male

Ref. Dr. : MEDIWHEEL



SPL24/2212

Report Date

: 08/03/2024



### 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 $\geq 18$ years	$< 5.7$
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	$\geq 6.5$
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 UTTARESHWAR GHULE

Age/Gender : 31 Yrs/Male

Ref. Dr. : MEDIWHEEL



SPL24/2212

Report Date

: 08/03/2024



### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
<b>LIPID PROFILE</b>			
Cholesterol-Total <i>Method: CHOD/PAP</i>	<b>264</b>	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i>	<b>206</b>	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	<b>42</b>	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	<b>180.80</b>	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	<b>41.20</b>	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	<b>6.29</b>	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	<b>4.30</b>	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 UTTARESHWAR GHULE

Age/Gender : 31 Yrs/Male

Ref. Dr. : MEDIWHEEL



SPL24/2212

Report Date

: 08/03/2024



### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
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#### BLOOD SUGAR FASTING & PP (BSF & PP)- INS

BLOOD SUGAR FASTING 89 mg/dl 70 - 110

*Method: Hexokinase*

BLOOD SUGAR POST PRANDIAL 121 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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Patient Name : MR UTTARESHWAR GHULE

Age/Gender : 31 Yrs/Male

Ref. Dr. : MEDIWHEEL



SPL24/2212

Report Date

: 08/03/2024



### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
UREA <i>Method: UV</i>	22	mg/dl	10 - 45
<b>Serum Creatinine</b> <i>Method: Modified Jaffe's</i>	0.8	mg/dL	0.70 - 1.40
URIC ACID	5.6	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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Patient Name : MR UTTARESHWAR GHULE

Age/Gender : 31 Yrs/Male

Ref. Dr. : MEDIWHEEL



SPL24/2212

Report Date

: 08/03/2024



### LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.74	mg/dl	0.2 - 1.0
<i>Method: Serum, Jendrassik Grof</i>			
DIRECT BILIRUBIN	0.16	mg/dL	0.0 - 0.3
<i>Method: Serum, Diazotization</i>			
INDIRECT BILIRUBIN	0.58	mg/dl	0.3 - 0.7
<i>Method: Serum, Calculated</i>			
SGPT (ALT)	19	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
SGOT (AST)	35	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
ALKALINE PHOSPHATASE	96	U/L	30 - 120
<i>Method: DGKC</i>			
TOTAL PROTEIN	7.4	g/dl	6.0 - 8.3
<i>Method: Serum, Biuret, reagent blank end point</i>			
SERUM ALBUMIN	4.5	g/dl	3.5 - 5.2
<i>Method: Serum, Bromocresol green</i>			
SERUM GLOBULIN	2.90	g/dl	1.8 - 3.6
<i>Method: Serum, Calculated</i>			
A/G RATIO	1.55		1.2 - 2.2
<i>Method: Serum, Calculated</i>			
Gamma Glutamyl Transferase-Serum	34	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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Phone No. 2333851, 2334858

Patient Name : MR UTTARESHWAR GHULE

Age/Gender : 31 Yrs/Male

Ref. Dr. : MEDIWHEEL



SPL24/2212

Report Date

: 08/03/2024



### IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Range
<b>Thyroid Function Test (TFT)</b>			
T3	156.53	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	7.89	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)	3.29	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
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#### 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	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
Casts	NOT FOUND		Not Seen
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	10200	cell/cu.mm	4000 - 11000
<b>Haemoglobin</b>	<b>12.8</b>	g%	13 - 18
<b>Platelet Count</b>	3,82000	/cumm	150000 - 450000
RBC Count	4.96	/Mill/ul	4.20 - 6.00

**RBC INDICES**

Mean Corp Volume MCV	<b>74.6</b>	fL	80 - 97
Mean Corp Hb MCH	<b>25.8</b>	pg	26 - 32
Mean Corp Hb Conc MCHC	34.6	gm/dL	31.0 - 36.0
Hematocrit HCT	37.0	%	37.0 - 51.0

**DIFFERENTIAL LEUCOCYTE COUNT**

Neutrophils	54	%	40 - 75
Lymphocytes	33	%	20 - 45
Monocytes	08	%	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	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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