

Mr. Sandeep Ugrade
 Pat. ID:.....
 CP & MHM 9/3/20

Dr. A. S. SARDA
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**SARDA
CENTRE FOR DIABETES & SELF CARE**

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

Name : Mr. Sandeep Yghode Age : 48y/m
DOB

CLINICAL SUMMARY :

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

ECG FINDINGS :

Rate : 75/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 : wn

Date : 9/3/24

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Patient Name: SANDEEP UGHADE	Date: 09/03/2024
Patient Id: 5339	Age/Sex: 48 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 silhouutte is within normal limits.
- Aortic shadow is normal.
- Both domes of diaphragms are normal.
- The visualised bony thorax is normal.

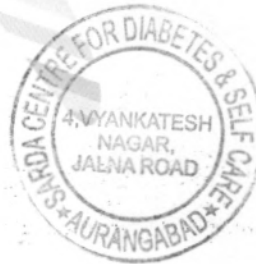
Impression:

No significant abnormality noted in X-ray chest.

gij
DR. AMEY S. JAJU
MBBS, DNB (Radiology)
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

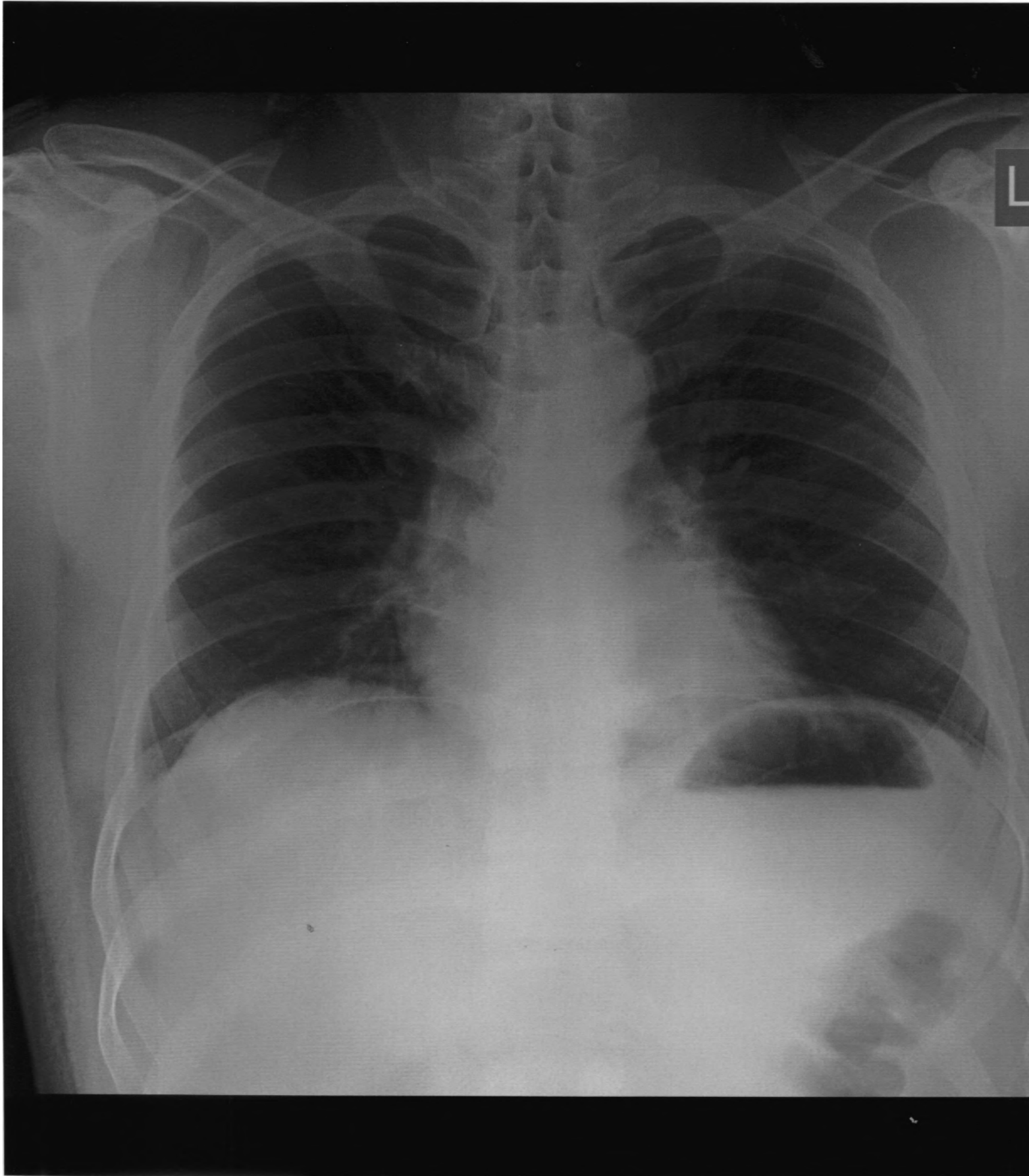
Name:Sandeep Ughade

Age:48 Y

Sex:Male

RefDr:Dr. Sarda

Date:09-Mar-2024



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: SANDEEP UGHADE	Date: 09/03/2024
Patient Id: 5340	Age/Sex: 48 Years / MALE
Ref Phy: DR. SARDA	Address :

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is mildly enlarged in size It measures 16.5 cm, normal in shape, position. Mild diffuse fatty changes are noted. Normal respiratory movements are seen. Portal vein at porta hepatis measures 10.1 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 9.9 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 11.0 x 3.9 cm. Left kidney measures 9.8 x 4.9 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 2.5 x 2.7 x 2.9 cm (volume = 10.0 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:

Mild hepatomegaly with grade I fatty changes in liver.

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



Patient Name : MR SANDEEP UGHADE



SCD24/2246



Age/Gender : 48 Yrs/Male

Report Date

: 09/03/2024

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

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

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HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 5.6 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 114 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>	180	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i>	104	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	47	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	112.20	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	20.80	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	3.83	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	2.39	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
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BLOOD SUGAR FASTING & PP (BSF & PP)- INS

BLOOD SUGAR FASTING	106	mg/dl	70 - 110
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Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	129	mg/dl	70 - 140
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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
Serum Creatinine	0.8	mg/dL	0.70 - 1.40
URIC ACID	6.8	mg/dl	2.5 - 7.2

Method: Modified Jaffe's

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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LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.77	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	0.61	mg/dl	0.3 - 0.7
<i>Method: Serum, Calculated</i>			
SGPT (ALT)	34	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
SGOT (AST)	37	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
ALKALINE PHOSPHATASE	78	U/L	30 - 120
<i>Method: DGKC</i>			
TOTAL PROTEIN	7.3	g/dl	6.0 - 8.3
<i>Method: Serum, Biuret, reagent blank end point</i>			
SERUM ALBUMIN	4.2	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	1.35		1.2 - 2.2
<i>Method: Serum, Calculated</i>			
Gamma Glutamyl Transferase-Serum	45	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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BUN 11.9 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 Range
PSA (PROSTATE SPECIFIC ANTIGEN)-SERUM			
PSA (PROSTATE SPECIFIC ANTIGEN)-Serum	0.25	ng/ml	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	105.04	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	10.17	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)	0.98	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	8-10	/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	5000	cell/cu.mm	4000 - 11000
Haemoglobin	15.9	g%	13 - 18
Platelet Count	1,96000	/cumm	150000 - 450000
RBC Count	5.48	/Mill/ul	4.20 - 6.00
RBC INDICES			
Mean Corp Volume MCV	86.1	fL	80 - 97
Mean Corp Hb MCH	29.0	pg	26 - 32
Mean Corp Hb Conc MCHC	33.7	gm/dL	31.0 - 36.0
Hematocrit HCT	47.2	%	37.0 - 51.0

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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