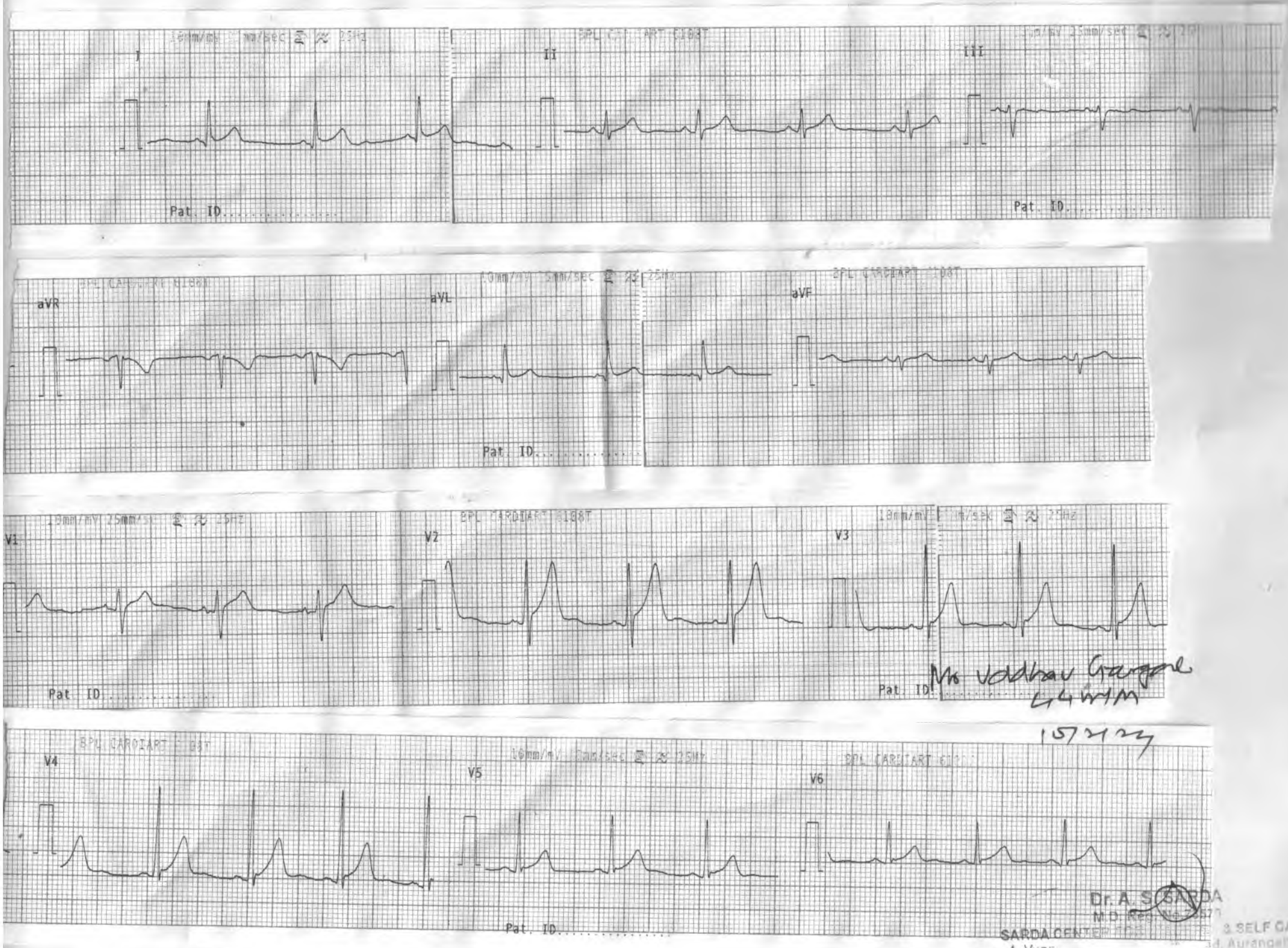
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Mr Vaibhav Gangane
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V4
V5
V6
Pat. ID.....
Dr. A. SARDA
M.D.
SARDA CENTER
4, Vya
3, SELF CARE
Aurangabad

SARDA
CENTRE FOR DIABETES & SELFCARE

4, Vyankatesh Nagar, Jalna Road, Aurangabad. Ph. : (0240) 2333851, 2334859.

Name : Mr. Uddhav Gaikwad Age : 44 Yrs/M
BOB

CLINICAL SUMMARY :

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

ECG FINDINGS :

Rate : 75/min ORS. Complex : ⌀

Rhythm : ⌀ ST Segment : ⌀

Mechanism : ⌀ T. Wave : ⌀

Axis : ⌀ QT Interval : ⌀

P. Wave : ⌀ PR Interval : ⌀

WNL

Recommendation : _____

Date : 15/2/24

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Dr.

SARDA
CENTRE FOR DIABETES & SELF CARE

Date:- 10/05/19

Name Mr Uddhav Gaikal Age/Sex 44/Male

Address Abad

OPHTHALMIC EXAMINATION REPORT

	Right Eye	Left eye
Vision Distant	6/6	6/6
Vision Near Add	+1.25 D N6	+1.25D N6
Anterior segment	NAD	NAD
Pupils	NSRTL	NSRTL
Lens	clear	clear
Tension	Normal	Normal
Fundus:-	DISC - WNL C/D - 0.3 FRT	DISC - WNL C/D - 0.3 FRT
Colour Vision	Normal	Normal

Impression: BIE ~~GIG~~ within Normal Limits.

SARDA CENTRE FOR DIABETES & SELF CARE * AURANGABAD * 4, VYANKATESH NAGAR, JALNA ROAD

DR. AJAY LOHIYA M.B.B.S., D.O. (BOM) D.N.B. F.C.P.S. REG. NO. 66436 TIRUPATI NETRALAYA & DENTAL CLINIC AURANGABAD

4, Vyanktesh Nagar, Jalna Road, Aurangabad (MH). Ph.: 2333851, 2334858, Mob.: 9823040323

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: **UDDHAV GARKAL**	Date: **10/02/2024**
Patient Id: **5075**	Age/Sex: **44 Years / MALE**
Ref Phy: **DR. SARDA**	**Address :**

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

***LIVER*:** The liver is normal in size It measures 12.4 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 8.5 cm, shape, position, echogenecity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 10.1 x 4.8 cm. Left kidney measures 9.9 x 5.4 cm. Both kidneys are normal in size, shape, position, echogenicity and echotexture. Normal corticomedullary differentiation is noted. No focal solid or cystic mass lesion is seen. **Small, non-obstructive calculus of size 4 mm is noted in interpolar calyx of right kidney.** 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 3.4 x 3.0 x 3.1 cm (volume = 16.4 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:
Small, non-obstructive right renal calculus.

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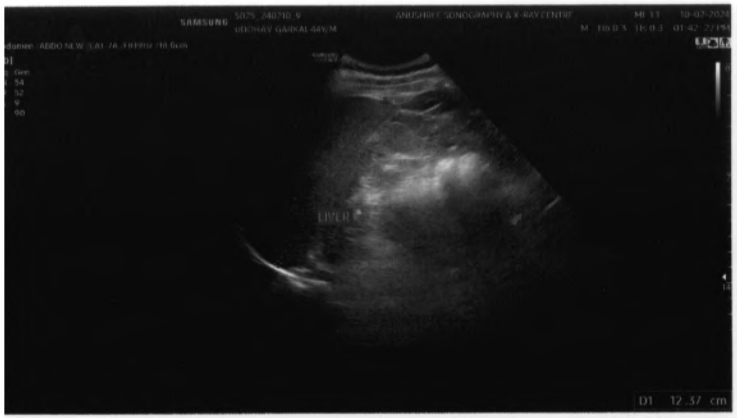
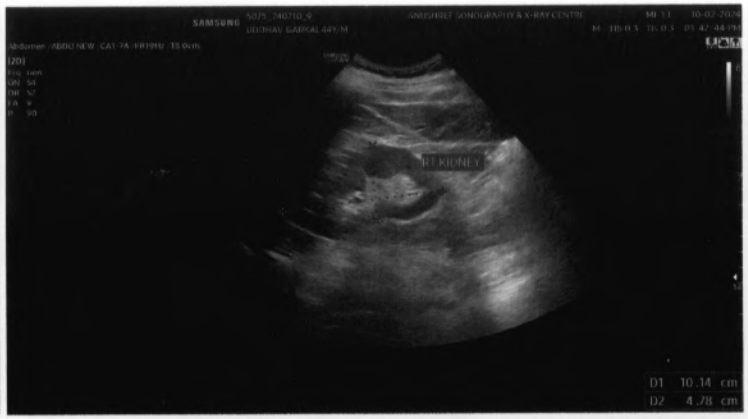
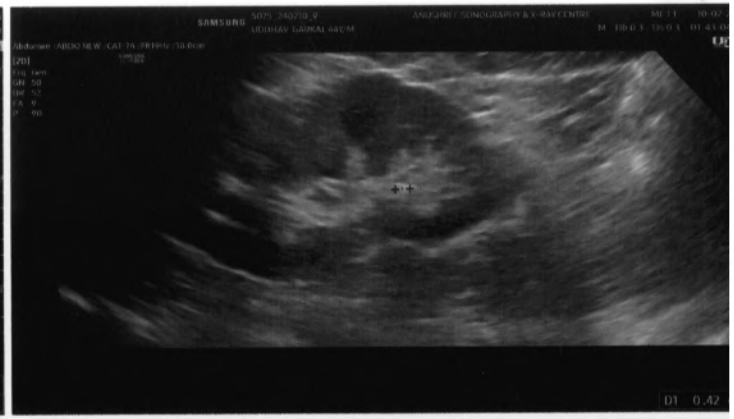
DR AMEY S. JAJU, MBBS, DNB RADIOLOGY
Fellow in MSK imaging

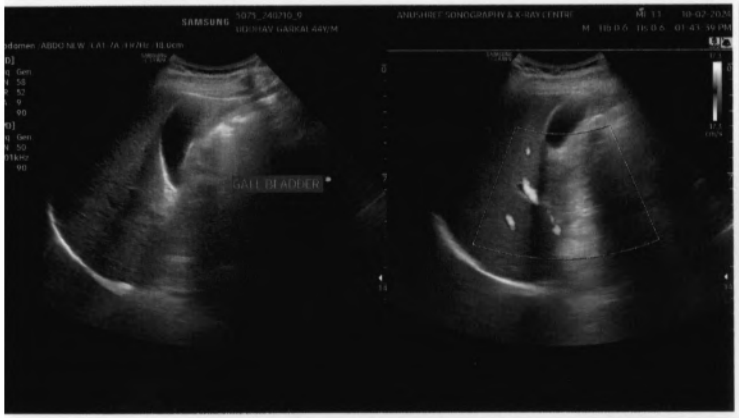
ANUSHREE SONOGRAPHY & X-RAY CENTRE

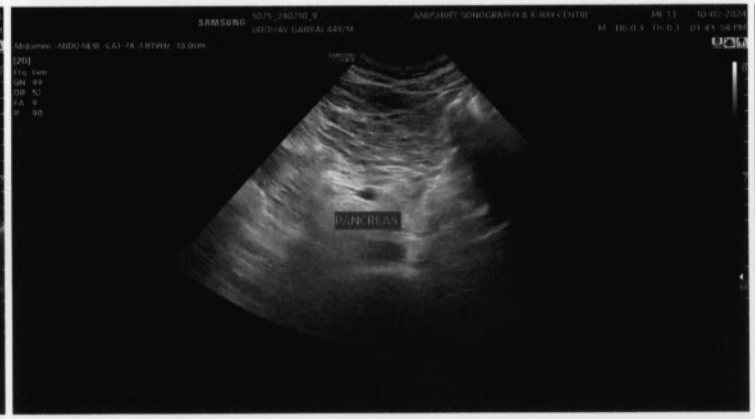
Name:UDDHAV GARKAL | Age:44 Y | Sex:Male | RefDr:Sarda | Date:10-Feb-2024

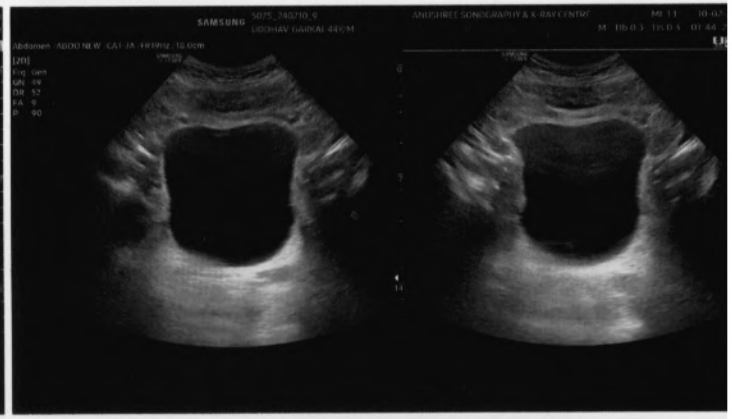


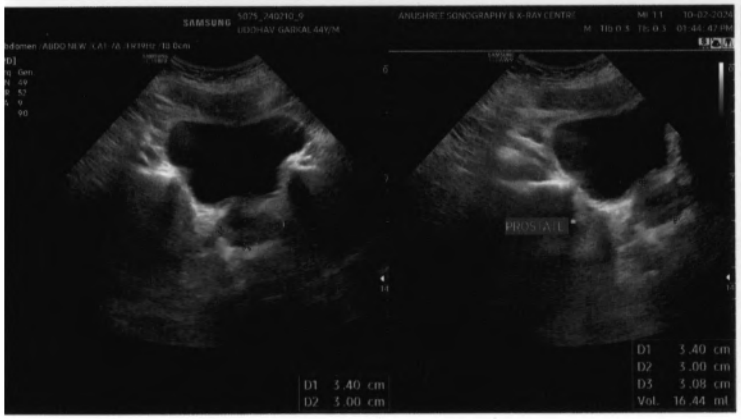


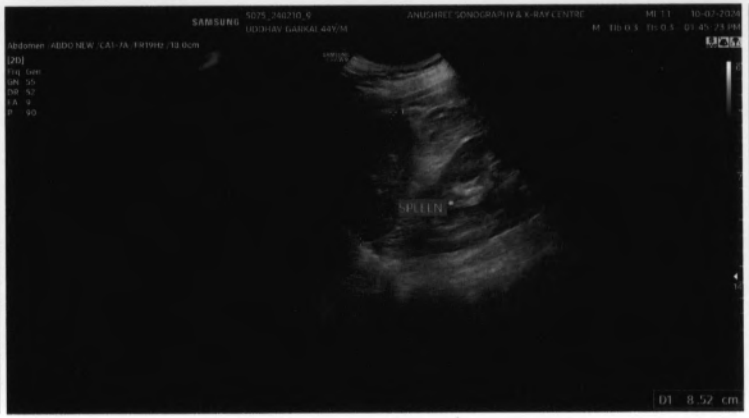


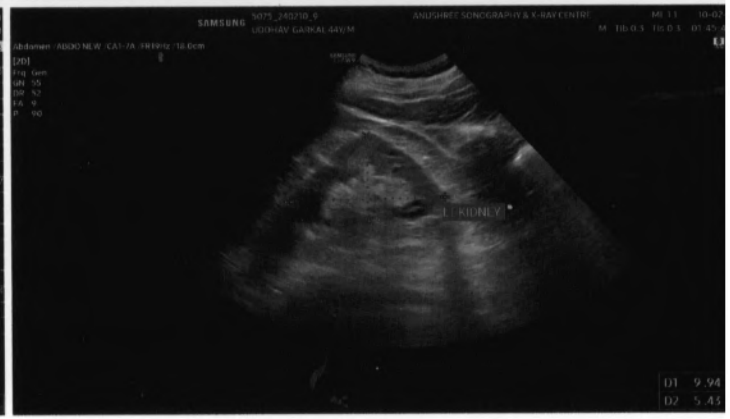












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Patient Name: **UDDHAV GARKAL**	Date: **10/02/2024**
Patient Id: **5073**	Age/Sex: **44 Years / MALE**
Ref Phy: **DR. SARDA**	**Address :**

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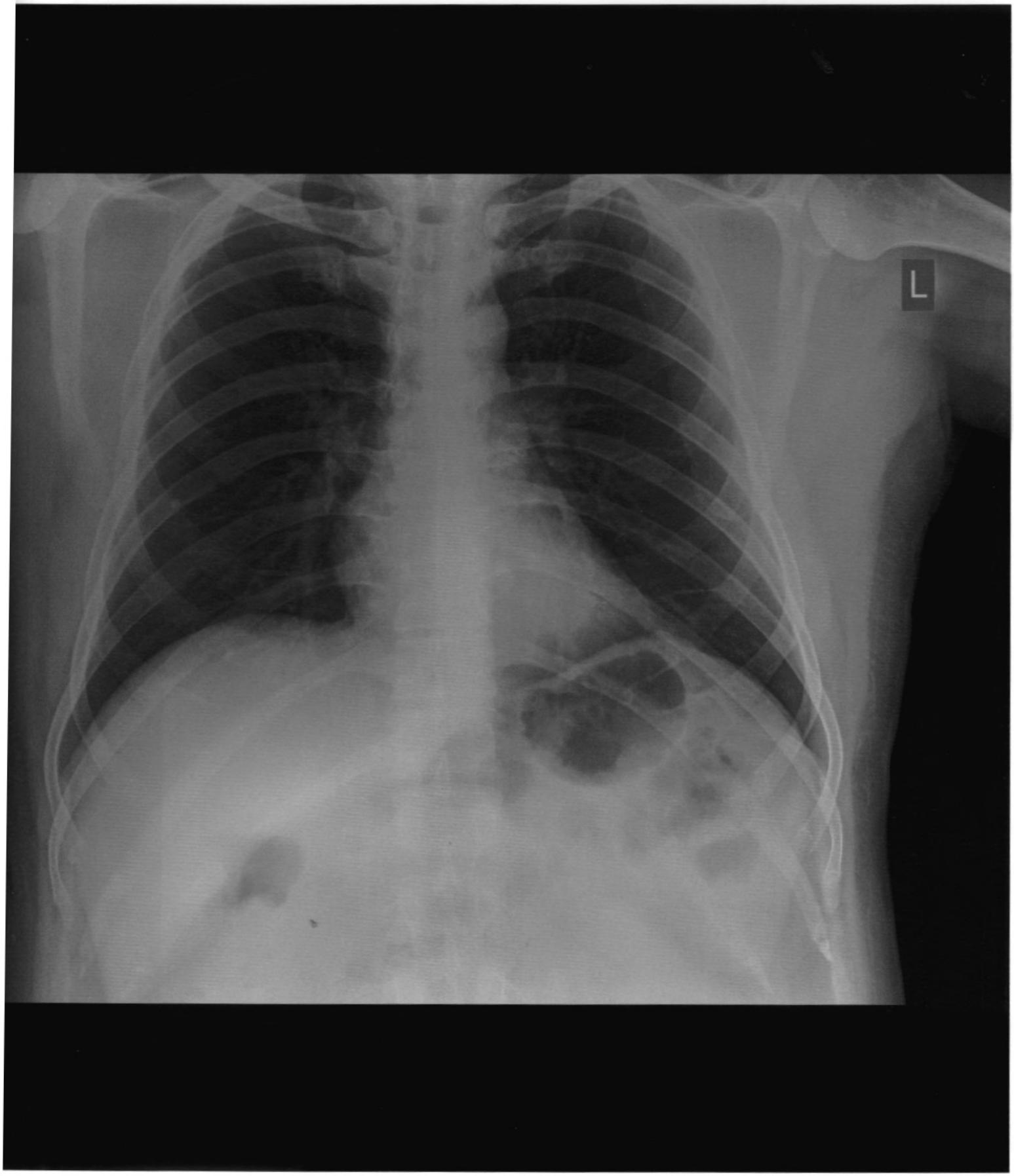
DR AMEY S. JAJU, MBBS, DNB RADIOLOGY
Fellow in MSK imaging

ANUSHREE SONOGRAPHY & X-RAY CENTRE

ame:Uddhav Garkal | Age:44 Y | Sex:Male | RefDr:Dr. Sarda | Date:10-Feb-2024



VIGHNAHARTA HEALTH VISIONARIES PRIVATE LIMITED's

ASIAN SUPERSPECIALITY HOSPITAL

CITICARE

CIN No. : U85100MH2013PTC245579

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Email : asianciticarehospital@gmail.com, **Ph.** 0240 - 6610801 / 6610807

Name of Patient: Mr. Uddhav Garkal **Date:12/02/2024**

Age/Sex :44Yrs/Male

2-D ECHOCARDIOGRAPHY REPORT

Mitral Valve	: Normal		
Aortic Valve	: Normal		
Tricuspid Valve	: Normal		
Pulmonary Valve	: Normal		
Right Atrium	: Normal		
Right Ventricle	: Normal		
Left Atrium	: 3.21Cm		
Left Ventricle	: Normal		
IVS(S):1.22Cm	LV(S):2.46Cm	PW(S):0.94Cm	LVEF-67%
IVS(D):1.29Cm	LV (D):3.89Cm	PW(D):1.02Cm	FS- 36%
IVS	: 0.95Cm		
IAS	: Intact		
Aorta	: 2.23Cm		
Pulmonary Artery	: Normal		
Pericardium	: Normal		
IVC	: Normal		

DOPPLER STUDY

Mitral Flow : E- 0.86m/sec A- 0.55m/sec DT- 246m/sec E/A-1.6
Aortic Flow : 1.18m/sec
Pulmonary Flow : m/sec
Tricuspid Flow : m/sec RVSP- mm Hg

COLOR DOPPLER

MR	: No
AR	: No
TR	: No
PR	: No
Shunts	: Nil

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

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

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CONCLUSION:

Normal Sized Cardiac Chambers.
No LV RWMA.
Good LV Systolic function with LVEF- 67%.
Normal LV Filling Pattern.
No MR/AR/TR.
No PE/LV Clot.

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DR.DEORAO THENGE
M.D.D.N.B.(CARDIOLOGY)

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

SARDA
CENTRE FOR DIABETES & SELF CARE

Patient Name : MR UDDHAV GARKAL SCD24/1290

Age/Gender : 44 Yrs/Male Report Date : 10/02/2024

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
HBA1C/GLYCOCYLATED			
HbA1c Glycosilated Haemoglobin	6.2	%	
Method: HPLC, NGSP certified			
Estimated Average Glucose :	131	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 glycemic 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 glycemic control as compared to blood and urinary glucose determinations.

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Patient Name : MR UDDHAV GARKAL SCD24/1290

Age/Gender : 44 Yrs/Male Report Date : 10/02/2024

Ref. Dr. : MEDIWHEEL

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
KIDNEY FUNCTION TEST(KFT)			
Urea	20.4	mg/dl	10.0 - 45.0
Method: Urease UV GLDH			
Serum Creatinine	0.8	mg/dl	0.6 - 1.4
Method: Modified Jaffe with no deproteinzation			

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.

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SARDA
CENTRE FOR DIABETES & SELF CARE

Patient Name : MR UDDHAV GARKAL SCD24/1290

Age/Gender : 44 Yrs/Male Report Date : 10/02/2024

Ref. Dr. : MEDIWHEEL

LIPID PROFILE

Cholesterol-Total *Method: CHOD/PAP*	**212**	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level *Method: Lipase / Glycerol Kinase)*	**270**	mg/dL	< 150 : Normal 150–199 : Borderline-High 200–499 : High > 500 : Very High
HDL Cholesterol *Method: CHOD/PAP*	38	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol *Method: Homogeneous enzymatic end point assay*	120.00	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High
VLDL Cholesterol *Method: Calculation*	**54.00**	mg/dL	7 - 40
CHOL/HDL RATIO *Method: Calculation*	**5.58**	Ratio	3.5 - 5.0
LDL/HDL RATIO *Method: Calculation*	3.16	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 UDDHAV GARKAL SCD24/1290

Age/Gender : 44 Yrs/Male Report Date : 10/02/2024

Ref. Dr. : MEDIWHEEL

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
BLOOD SUGAR FASTING & PP (BSF & PP)- INS			
BLOOD SUGAR FASTING	89	mg/dl	70 - 110
Method: Hexokinase			
BLOOD SUGAR POST PRANDIAL	**177**	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 UDDHAV GARKAL SCD24/1290

Age/Gender : 44 Yrs/Male Report Date : 10/02/2024

Ref. Dr. : MEDIWHEEL

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.7	mg/dl	0.2 - 1.0
Method: Serum, Jendrassik Grof			
SGPT (ALT)	34	U/L	15 - 40
Method: Serum, UV with P5P, IFCC 37 degree			
SGOT (AST)	29	U/L	15 - 40
Method: Serum, UV with P5P, IFCC 37 degree			
ALKALINE PHOSPHATASE	119	U/L	30 - 120
Method: DGKC			
TOTAL PROTEIN	7.7	g/dl	6.0 - 8.3
Method: Serum, Biuret, reagent blank end point			
SERUM ALBUMIN	4.6	g/dl	3.5 - 5.2
Method: Serum, Bromocresol green			
SERUM GLOBULIN	3.10	g/dl	1.8 - 3.6
Method: Serum, Calculated			
A/G RATIO	1.48		1.2 - 2.2
Method: Serum, Calculated			
Gamma Glutamyl Transferase-Serum	72	IU/L	15 - 73
Method: Kinetic			

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 UDDHAV GARKAL SCD24/1290

Age/Gender : 44 Yrs/Male Report Date : 10/02/2024

Ref. Dr. : MEDIWHEEL

IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Range
PSA (PROSTATE SPECIFIC ANTIGEN)-SERUM			
PSA (PROSTATE SPECIFIC ANTIGEN)-Serum	0.62	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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Patient Name : MR UDDHAV GARKAL SCD24/1290

Age/Gender : 44 Yrs/Male Report Date : 10/02/2024

Ref. Dr. : MEDIWHEEL

Thyroid Function Test (TFT)

T3	156.42	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	6.99	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)	1.56	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	
	Oligomenorrhea/amenorrhoea	

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Patient Name : MR UDDHAV GARKAL SCD24/1290

Age/Gender : 44 Yrs/Male Report Date : 10/02/2024

Ref. Dr. : MEDIWHEEL

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	1.020		
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	NIL	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous Deposit	Absent		Absent

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Patient Name : MR UDDHAV GARKAL SCD24/1290

Age/Gender : 44 Yrs/Male Report Date : 10/02/2024

Ref. Dr. : MEDIWHEEL

Test Description	Result	Unit	Biological Reference Range
COMPLETE BLOOD COUNT			
Total WBC Count	7400	cell/cu.mm	4000 - 11000
Haemoglobin	13.3	g%	13 - 18
Platelet Count	305000	/cumm	150000 - 450000
RBC Count	4.4	/Mill/ul	4.20 - 6.00
RBC INDICES			
Mean Corp Volume MCV	84.5	fL	80 - 97
Mean Corp Hb MCH	30.2	pg	26 - 32
Mean Corp Hb Conc MCHC	35.8	gm/dL	31.0 - 36.0
Hematocrit HCT	37.2	%	37.0 - 51.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	60	%	40 - 75
Lymphocytes	32	%	20 - 45
Monocytes	05	%	02 - 10
Eosinophils	03	%	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	08	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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SARDA
CENTRE FOR DIABETES & SELF CARE

Patient Name : MR UDDHAV GARKAL **SCD24/1290**

Age/Gender : 44 Yrs/Male Report Date : 10/02/2024

Ref. Dr. : MEDIWHEEL

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