Diabetic Report: Vikram Singh

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1 Patient: Vikram Singh

1.1 Patient Information

• Name: Vikram Singh

• **Age**: 45 years

Gender: Male

• Address: 78, Model Town, Chandigarh, India

• Contact: +91-99887-65432

Medical Record Number: DS2025-09878

• Date of Report: June 11, 2025

1.2 Medical History

• Diagnosis: Type 2 Diabetes Mellitus (diagnosed 2020)

• Family History: Positive for Type 2 Diabetes (father diagnosed at age 55)

• Other Conditions: Dyslipidemia, mild hypertension (recently diagnosed)

Medications:

- Metformin 500 mg twice daily
- Atorvastatin 10 mg once daily (for dyslipidemia)
- Telmisartan 40 mg once daily (for hypertension)
- **Lifestyle**: Moderately active (daily walks), high-carb diet (prefers parathas, sweets), occasional smoker, minimal alcohol
- **Previous Complications**: None reported, but recent fatigue and blurred vision

1.3 Clinical Findings

• Date of Examination: June 7, 2025

• Blood Glucose Levels:

Fasting Blood Glucose: 160 mg/dL (Target: <126 mg/dL)

Postprandial Blood Glucose: 230 mg/dL (Target: <180 mg/dL)

– HbA1c: 8.2% (Target: <7.0%)

• Lipid Profile:

Total Cholesterol: 210 mg/dL (Desirable: <200 mg/dL)

LDL Cholesterol: 130 mg/dL (Desirable: <100 mg/dL)

HDL Cholesterol: 40 mg/dL (Desirable: >40 mg/dL)

Triglycerides: 180 mg/dL (Desirable: <150 mg/dL)

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- **Blood Pressure**: 135/88 mmHg (Target: <130/80 mmHg)
- Kidney Function:
 - Serum Creatinine: 1.1 mg/dL (Normal: 0.7–1.2 mg/dL)
 - eGFR: 80 mL/min/1.73 m² (Normal: >60 mL/min/1.73 m²)
- **Eye Examination**: Early signs of non-proliferative diabetic retinopathy (June 2025)
- Foot Examination: Normal, no numbness or ulcers
- **BMI**: 27.8 kg/m² (Overweight, Target: 18.5–24.9 kg/m²)
- Waist Circumference: 98 cm (Target: <90 cm for males)

1.4 Assessment

- **Diabetes Control**: Poorly controlled (HbA1c 8.2%)
- **Risk Factors**: Overweight, high waist circumference, dyslipidemia, and early retinopathy increase cardiovascular and microvascular risks
- Complications: Early diabetic retinopathy detected, requiring close monitoring
- Socioeconomic Context: Urban resident with access to healthcare, but dietary habits (high-carb, sweets) and occasional smoking contribute to poor control

1.5 Recommendations

1. Medication Adjustments:

- Increase Metformin to 850 mg twice daily, consider adding SGLT2 inhibitor (e.g., Dapagliflozin) after endocrinologist review
- Continue Atorvastatin and Telmisartan, monitor lipid profile and BP

2. Lifestyle Modifications:

- **Diet**: Consult dietitian for low-carb, high-fiber diet; reduce sweets and refined carbs (e.g., parathas); include millets and vegetables
- Exercise: Increase to 150 min/week of brisk walking or cycling, add strength training twice weekly
- Smoking: Complete cessation of smoking to reduce cardiovascular risk
- Weight Management: Aim for 5–7% weight loss to achieve BMI <25 kg/m²

3. Screening and Monitoring:

- Home glucose monitoring (fasting and postprandial) using glucometer
- Repeat HbA1c in 3 months
- Biannual retinopathy screening due to early findings

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Annual nephropathy and neuropathy screening

4. Education and Support:

- Enroll in diabetes self-management program to learn glucose monitoring and complication prevention
- Use mobile apps for medication reminders and diet tracking
- 5. **Follow-Up**: Schedule endocrinologist visit in 3 months to review glucose control and retinopathy

1.6 Additional Notes

- Patient's profile aligns with high Type 2 diabetes prevalence in urban India (11.8% in adults over 50, per 2019 National Diabetes Survey)
- Early retinopathy (prevalence 17.6% in urban South India) necessitates proactive management to prevent progression
- Lifestyle factors, particularly diet and smoking, are critical barriers to control

Disclaimer

This is a fictional report created for illustrative purposes based on general diabetes statistics and trends in India. For a real diabetic report, consult a health-care provider with access to patient medical history and test results.