

नाम : प्रदीप कुमार

Name: Pradeep Kumar

कर्मचारी कृट क्र. E.C.No : 102500

जारीकर्ता प्राधिकारी Issuing Authority





धारक के हस्ताक्षर Holder's Signature

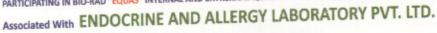
Der 2024

Dr. R K JAIN MBBS, Physician RMC No.: 7039



SSDBC SHYAM DIAGNOSTIC LLP

PARTICIPATING IN BIO-RAD "EQUAS" INTERNAL AND EXTRERNAL QUALITY CONTROL PROGRAM (NABL CRITERI)





General Physical Examination

Date of Examination: 9/11/2024
Name: PRADEEP KUMAR Age: 35 DOB: 171989 Sex: M
Referred By: BANK OF BARODA
Photo ID: ID CARD ID#: 162500
Ht: <u>170</u> (cm) Wt: <u>75</u> (Kg)
Chest (Expiration): 93 (cm) Abdomen Circumference: 93 (cm)
Blood Pressure: 1211 82 mm Hg PR: 79 / min RR: 17 / min Temp: Actor 16
BMI 26 RIE J 6/6 / N/6 / NCR Eye Examination: LIE J 6/6 / N/6 /
Other: WA
On examination he/she appears physically and mentally fit: Ves / No Signature of Examinee: Name of Examinee: RADER KUMPK Signature Medical Examiner: Dr. R K JAIN MBBS, Physician RMC No.: 7039



PARTICIPATING IN BIO-RAD "EQUAS" INTERNAL AND EXTRERNAL QUALITY CONTROL PROGRAM (NABL CRITERIA)





ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.

PATIENT TEST REPORT

Patient Name Mr. PRADEEP KUMAR

Patient ID Gender / Age 1724659

Male

35 Yrs 4 Mon 11 Days

Ref. Doctor

BANK OF BARODA

Client Name

MEDIWHEEL ARCOFEMI HEALTHCARE



Registered On 09/11/2024 10:05:07 Collected On

09/11/2024 11:46:03 Authorized On 09/11/2024 16:58:59

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Test Name	Value	Unit	Biological Ref Interval	
FULL BODY HEALTH ANNUAL PLUS TMT COMPLETE BLOOD COUNT				
Haemoglobin (HB)	16.4	g/dL	13.0 - 17.0	
Total Leucocyte Count(TLC)	8.90	ths/ul	4.00 - 11.00	
Differential Leucocyte Count (DLC) Neutrophil Lymphocyte Eosinophil Monocyte Basophil	64 34.00 1.00 1.00	% % % % %	45 - 75 20.00 - 45.00 1.00 - 6.00 1.00 - 10.00 00 - 01	
Total Red Blood Cell Count (RBC)	4.90	x10^6/ul	4.50 - 5.50	
Hematocrit (HCT)	48.6	%	36.0 - 50.0	
Mean Corp. Volume (MCV)	99.2	fL	80.0 - 101.0	
Mean Corp. Hb (MCH)	33.5	pg	27.0 - 32.0	
Mean Corp. Hb Con. (MCHC)	33.7	g/dL	31.0 - 37.0	
Total Platelet Count	153.00	x10^3/uL	150.00 - 450.00	

A complete blood count (CBC) is a blood test. It's used to look at overall health and find a wide range of conditions, including anemia, infection and leukemia. A complete blood count test measures the following: Red blood cells, which carry oxygen White blood cells, which fight infection Hemoglobin, the oxygen-carrying protein in red blood cells. Hematocrit, the amount of red blood cells in the blood Platelets, which help blood to clot Blood

Technologist

Manyem Awar

Dr Maryem Ansari M.D. Pathologist Reg. No. 26558 / 43507

Dr. Menka Kapil Consultant Pathologist Reg No. 22180/009021



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PATIENT TEST REPORT

Patient Name Mr. PRADEEP KUMAR

Patient ID 1724659

35 Yrs 4 Mon 11 Days Gender / Age Male

BANK OF BARODA Ref. Doctor

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Biological Ref Interval Unit Value **Test Name**

ESR-ERYTHROCYTE SEDIMENTATION RATE 10

mm/Ist hr.

00 - 20

Technologist

Manyem Ansari

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PATIENT TEST REPORT

Patient Name Mr. PRADEEP KUMAR

Patient ID Gender / Age

1724659

35 Yrs 4 Mon 11 Days Male

Ref. Doctor

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Test Name	Value	Unit	Biological Ref Interval	
HAEMOGLOBIN GLYCOSYLATED BLOOD Method: HPLC	OD (HBA1C 6.0	%	<4.5 – 6.5 % Non-Diabetic 6.50 – 7.00 Very Good Control 7.10 – 8.00 Adoqate Control 8.10 – 9.00 Suboptimal Control 9.10 – 10.00 Diabetic Poor > 10.00 Very Poor Control	
AVARAGE BLOOD GULCOSE	126		90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control > 211 Very Poor Control	

Methodology : Ion exchange H.P.L.using Instrument : ARKRAY- HB A1C - HPLC ANALYZER

Clinical Information:

Glycated hemoglobin testing is recommended for both (a) checking blood sugar control in people who might be prediabetic and (b) monitoring blood sugar control in patients with more elevated levels, termed diabetes mellitus. The American Diabetes Association guidelines suggest that the glycosylated hemoglobin test be performed at least two times a year in patients with diabetes that are meeting treatment goals (and that have stable glycemic control) and quarterly in patients with diabetes whose therapy has changed or that are not meeting glycemic goals.

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy) such as sickle-cell disease and other conditions, as well as those that have donated blood recently, are not suitable for this test.

Technologist

Manyem Armani

Dr Maryem Ansari M.D. Pathologist

Dr. Menka Kapil Consultant Pathologist Reg No. 22180/009021

Reg. No. 26558 / 43507 Abbreviations Meaning: H - High, L-Low, HH - Critically High, LL- Critically Low, @ - Repeat Test(s) performed on collected sample(s) received. please correlate with clinical finding & other related investigation.

These tests have their own limitations, The result of the test is not diagnostic in itself. They should be interpreted in relation to clinical findings This test report is not valid for medical legal purpose. Subject to JAIPUR Jurisdiction only.

PTO



PARTICIPATING IN BIO-RAD "EQUAS" INTERNAL AND EXTRERNAL QUALITY CONTROL PROGRAM (NABL CRITERIA)









Patient Name Mr. PRADEEP KUMAR

Patient ID 1724659

35 Yrs 4 Mon 11 Days Male Gender / Age

Ref. Doctor

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Test Name

Value

Unit

Biological Ref Interval

BLOOD GROUPING A.B.O. AND Rh TYPE

'B' POSITIVE

A/B/O/AB Rh Negative/Positive

Technologist

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Dr. Menka Kapil Consultant Pathologist Reg No. 22180/009021



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Patient Name Mr. PRADEEP KUMAR

Patient ID Gender / Age 1724659

Male

35 Yrs 4 Mon 11 Days

Ref. Doctor

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			1 ago 140. o or 10	
Test Name	Value	Unit	Biological Ref Interval	
BLOOD GLUCOSE (FASTING) Method: GOD-POD WITH PLASMA	105.3	mg/dl	70.0 - 110.0	
BLOOD GLUCOSE (PP) Method: GOD POD WITH PLASMA	93.9	mg/dl	80.0 - 140.0	

Technologist

Manyem Amari

Dr Maryem Ansari

M.D. Pathologist Reg. No. 26558 / 43507

Dr. Menka Kapil Consultant Pathologist Reg No. 22180/009021

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ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.





Patient Name Mr. PRADEEP KUMAR

1724659 Patient ID

35 Yrs 4 Mon 11 Days Gender / Age Male

BANK OF BARODA Ref. Doctor

MEDIWHEEL ARCOFEMI HEALTHCARE Client Name



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Test Name	Value	Unit	Biological Ref Interval
Test Name			
THE PROPERTY			
THYROID PROFILE	4.00	ng/dl	0.60 - 1.81
THYROID-TRIIODOTHYRONINE (T3) Method : Chemiluminescence	1.02	ng/u	
THYROID - THYROXINE (T4)	5.80	ug/dI	4.50 - 10.90
Method : Chemiluminescence			
TSH (ULTRA) Method : CHEMILUMINESCENCE WITH SERUM SampleType (HARMONS)	2.31	mIU/L	(1–24 months) 0.87-6.15 (2–12 years 0.67-4.16 (13–20 years 0.48-4.17 Euthyroid Adults 0.55-4.78
SampleType (FIARMORE)			
Premature Infants 26-30 Weeks ,3-4 days Full-Term Infants 1-3 days Week 1- 11 Months Prepubertal Children	0.89 0.91 - 0.85 -	1.32 ng/ml 4.05 ng/ml 3.00 ng/ml 2.50 ng/ml 2.18 ng/ml	
Premature Infants 26-30 weeks ,3-4 days Full -Term Infants 1-3 days 1 weeks 1-11 Months Prepubertal children 12 months-2yrs prepubertal children 3-9 yrs	8.20 - 6.0 - 6.1 - 6.8 -	14.0 ug/dl 19.9 ug/dl 15.9 ug/dl 14.9 ug/dl 13.5 ug/dl 12.8 ug/dl	
Reference Ranges (TSH) Premature Infants 26-32 weeks ,3-4 Days Full Term Infants 4 Days Newborns : TSH surges within the first peak levels between 2 Values then deline re	15-60 Minut 5- 60 uIU/m	T ar about of manner	es. Lthin
the adult normal rang	е.	0.90 - 7.70 uIU/ml	

0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4.In additional, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroidpituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyrodism, TSH levels may be low. IN addition, In Euthyroid sick Syndrom, multiple alterations in serum thyroid function test findings have been recognized.

Technologist

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	Value	Unit	Biological Ref Interval
Test Name	Value		
LIPID PROFILE CHOLESTEROL TOTAL Method : CHOD -PAP with serum	308	mg/dl	Desirable level <200 Borderline 200-239 High >240 Children:-
			Desirable level <170 Borderline 170-199 High >199
TRIGLYCERIDES Method : GPO - Trinder with serum	165	mg/dl	Normal < : 150 Borderline line High: 150-199 Hypertriglycerdemic: 200-499 Very high:> 499
CHOLESTEROL H D L	45	mg/dl	30 - 70
Method : PEG-CHOL with serum LDL CHOLESTROL	230	mg/dl	80 - 130
Method : Tech:Enzymatic with serum VLDL Cholesterol	33 946	mg/dl mg/100 ml	0 - 35 400 - 1000
TOTAL LIPID Method : Calculated			0.00 - 4.90
Cholesterol Total / HDL Ratio Cholesterol LDL / HDL Ratio	6.84 5.11		0.00 - 3.50

The National Cholesterol Education Program (NCEP) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in adults ages 18 and up: (Units in : mg/dL)

24			
TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable:<200 Bdr-line high:200-2 High: > or =240	39 Bdr-line high:150-199	Imagin	O Optimal: <100 Near Optimal:100-129 Bdr-line high:130-159 High: 160-189 Very high: > or =190

The National Cholesterol Education Program (NCEP) and National Health and Nutrition Examination Survey (NHANES) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in children ages 2 - 17: (Units in : mg/dL)

TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable: <170 Bdr-line high:170-1	Normal: <90 99 Bdr-line high:90- High: Manyew A	-129 Bdr-line low: 40-5	Desirable: <110 9 Bdr-line high:110-129 High: > or =130

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Patient Name Mr. PRADEEP KUMAR

Patient ID

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Gender / Age

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PTO

Test Name

Value

Unit

Biological Ref Interval

Note: Total Cholesterol and HDL-C can be performed on a non-fasting sample.

Technologist

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Test Name	Value	Unit	Biological Ref Interval
LIVER FUNCTION TEST (LFT) GO Bilirubin-Total Method: Diazo with serum	<u>GT</u> 1.02	mg/dl	Adults 0.3-1.2 Cord < 2 0-1 day premature:<8.0 0-1 day full term: 1.4-8.7 1-2 days Premature 1-2 days Full term 3.4-11.5 3-5 days Premature < 16 3-5 days Full term 1.5-12
Bilirubin-Direct	0.60	mg/dl	Adults < 0.4
Method : Diazo with serum Bilirubin-Indirect	0.42	mg/dl	0.12 - 1.00
Method : Calculated Aspartate Amino Transferase (SGOT)	42.2	U/L	5.0 - 37.0
Method : IFCC with PDP serum Alanine Amino Transferase (SGPT) Method : IFCC with PDP serum	62.1	U/L	5.0 - 41.0

Technologist

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1724659 Patient ID

Male Gender / Age

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Test Name		Value	Unit	Biological Ref Interval
GAMMA GT Method : Glupa C with serum		44.00	U/L	
Interpretation:- Normal Range :-				
	MAN:- WOMEN:-			11-61 U/L 09-39 U/L

CLINICAL SUMMARY

A gamma-glutamyl transferase (GGT) test measures the level of GGT in your blood and can help indicate liver damage or disease. Here are some things to consider when interpreting GGT test results

Technologist

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7	Test Name	Value	Unit	Biological Ref Interval	
	Alkaline Phosphatase	115	IU/L	Child (4 -20 yr) :54 -369 Adult(20 -60 yr) :53 - 128	
1	Method: AMP with serum Protien-Total Method: Biuret with serum	6.54	gm/dl	Children (3 Years) - Adults 6.0 - 8.3 Children (1-3 Years) 5.5 - 7.5 Children (7 days-1 Years) 4.4 - 7.5 Infant (0-7 days) 4.6 - 7.0	
	Albumin Method : Tech BCG with serum	5.27	gm/dl	0-4 days:2.8-4.4 4d-14yrs: 3.8-5.4 14y-18y: 3.2-4.5 20-60 yrs: 3.5-5.2 > 60 yrs: 3.2-4.6	
(Globulin	1.27	gm/dl	2.0 to 3.50	
	Method : Calculation A/G Ratio Method : Calculated	4.15		1.50 to 2.50	

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Test Name	Value	Unit	Biological Ref Interval		
CREATININE Method : Enzymatic with serum	0.89	mg/dl	Males (Adult): 0.7 - 1.3 mg/dL Females (Adult): 0.6 - 1.1 mg/dL Newborn: 0.3 - 1.0 mg/dL Infant: 0.2 - 0.4 mg/dL child: 0.3 - 0.7 mg/dL Adolescent: 0.5 - 1.0 mg/dL		
URIC ACID	3.99	mg/dl	Adults male: 3,5-7.2 Adults female: 2,6-6.0		
Method: Uricase - Trinder with serum BLOOD UREA NITROGEN BUN BUN / CREATININE Ratio	8.40 6.84	mg/dl	Serum/Plasma - 6-20 0.00 - 4.90		

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Test Name

Value

Unit

Biological Ref Interval

URINE GLUCOSE (FASTING)

ABSANT

URINE R/E ROUTINE EXAMINATION URINE

URE PHYSICAL EXAMINATION

COLOUR

PALE YELLOW

CLEAR

10

ML

URE CHEMICAL EXAMINATION

SPECIFIC GRAVITY

APPEARANCE

QUANTITY

1.010

PH

5.5

PROTEIN

NII

GLUCOSE

NIL

URE MICROSCOPY EXAMINATION

PUS CELLS

NIL

/HPF

EPITHELIAL CELLS

1-2

/HPF /HPF

RBC'S

2-3

CASTS CRYSTALS ABSENT ABSENT

OTHERS

NIL

[Methodology :strip Method. Microscopy with urin]

Interpretation of Urine Sugar:

Normal		<	100	mg/dL		
Trace	100	_	250	mg/dL		
1+	250	-	500	mg/dL		
2+	500	_	1000	mg/dL		
3+	1000	_	2000	mg/dL		
4+	7.27	>	2000	mg/dL		

*** End of Report ***

Technologist

Mangem Armani

Dr Maryem Ansari

Dr. Menka Kapil

Consultant Pathologist Reg No. 22180/009021



SSDBC SHYAM DIAGNOSTIC LLP



PTO

NABL ACCREDITED IN PROCESS

Associated With ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.

AGE/SEX: 35 Y/M MR. PRADEEP KUMAR REF. BY: BANK OF BARODA REGISTRATION DATE: 09/11/2024

X-RAY CHEST PA VIEW:

Both lung fields are normal.

Trachea is in midline

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Both C.P. angles are normal.

IMPRESSION: No abnormality is detected.

Dr. S.C. GODARA MBBS, M.D. (RADIO-DIAGNOSIS) R.M.C. Reg. No. 14672

SSDBC SHYAM DIAGNOSTIC LLP D-6 BANI PARK JAIPUR

Abdomen Report

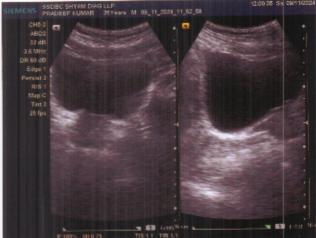














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ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.

MR. PRADEEP KUMAR	AGE/SEX: 35 Y/M	
REGISTRATION DATE: 09/11/2024	REF. BY: BANK OF BARODA	

ULTRASOUND OF WHOLE ABDOMEN (ABDOMEN AND PELVIS)

Liver is of normal size (146.0 mm). Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echo-texture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. Collecting system does not show any calculus or dilatation.

Right kidney is measuring approx. 105.0 x 43.4 mm.

Left kidney is measuring approx. 93.8 x 41.6 mm.

Urinary bladder is well distended and does not show any calculus or mass lesion.

Prostate is normal in size with normal echo-texture and outline. No focal lesion is seen.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified. No significant free fluid is seen in pelvis.

IMPRESSION:- No significant abnormality is detected.

Dr. S.C. GODARA MBBS, M.D.

(RADIO-DIAGNOSIS) R.M.C. Reg. No. 14672

PTO

SSDBC Shyam Diagnostic LLP.

D-6, Banipark, Opp. Chamatkareshwar Mandir, Chamatkareshwar Marg, JPR. 1724660/MR PRADEEP KUMAR 3 5 Yrs/Male 0 Kg/0 Cms

Date: 09-Nov-2024 02:09:58 PM

Ref.By : BANK OF BARODA Medication: Nil

> Protocol : BRUCE History: Nil

> > Summary

¥ Stage Objective: Stage 2 Supine Standing Stage 1 ExStart PeakEx Recovery Findings: Recovery Recovery Recovery Advice/Comments: Max BP : 170/90(mmHg) Max HR Attained Exercise Time Wax WorkLoad attained :9,4(Good Effort Tolerance) StageTime 0:01 0:01 3:00 3:00 2:00 4:00 1:00 PhaseTime Total (VEGAZ01 v10.0.1) 3:57 8:17 8:16 6:01 3:01 5:00 2:33 8:17 8:17 :08:16 :168 bpm 94% of Max Predictable HR 178 Speed 0.0 0.0 Grade 12.0 0.0 0.0 0.0 METS 7.0 4.6 .0 0 0 0 .0 0 0 H.R 131 147 104 130 108 14 168 107 106 130/80 140/80 130/80 120/80 150/80 160/85 150/80 130/80 170/90 170/90 140/80 8 Print Date: 09-Nov-2024 R.P.P. 220 170 139 80 X100 285 182 135 244 160 172 48 d PVC Comments . 1 MBBS = PeakEx PreEX (RCGP-UK) 0.8 lapMiohanka (ESCORTS) avR AVI avF < **1**2 ¥4 ₹3 ٧6 5 TIS 0.5 mm/Dtv N P 12 15 18 21 Min

