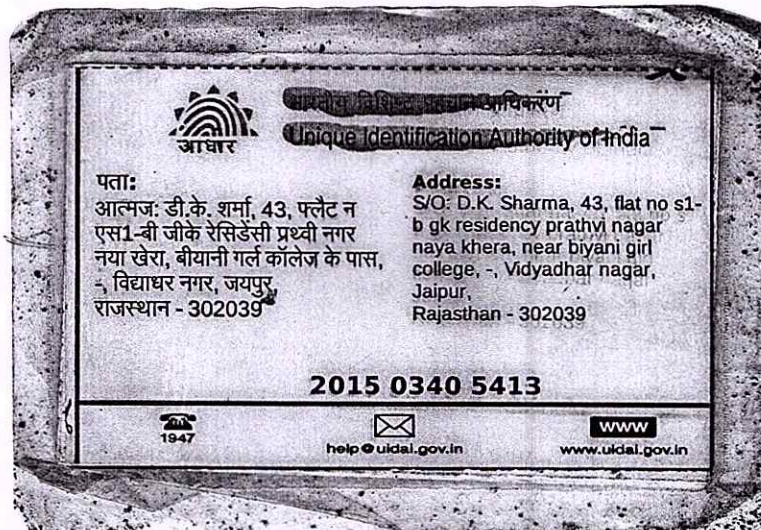




Mayank Sharma

Dr. U. C. GUPTA
MBBS, MD (Physician)
RMC No. 291





General Physical Examination

Date of Examination: 05/07/23

Name: MAYANK SHARMA Age: 31 YRS DOB: 25/07/1991 Sex: Male

Referred By: BANKOF BARODA

Photo ID: AADHARCARD ID #: 5419

Ht: 176 (cm)

Wt: 101 (Kg)

Chest (Expiration): 114 (cm)

Abdomen Circumference: 111 (cm)

Blood Pressure: 100/80 mm Hg

PR: 79/min

RR: 18/min

Temp: Afebrile

BMI 32 Kg



Eye Examination: R I E - G I G N I G, N C B
L I E - G I G N I G, N C B

Other: No

On examination he/she appears physically and mentally fit: Yes / No

Signature Of Examinee : [Signature]

Name of Examinee: MAYANK SHARMA

Signature Medical Examiner : [Signature]

Name Medical Examiner: DR. U. C. GUPTA

Dr. U. C. GUPTA
MBBS, MD (Physician)
RMC No. 291



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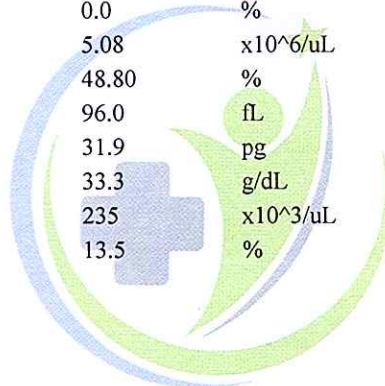


NAME :- Mr. MAYANK SHARMA	Patient ID :-1223612	Date :- 05/07/2023	08:40:37
Age :- 31 Yrs 11 Mon 11 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	16.2	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.50	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	44.0	%	40.0 - 80.0
LYMPHOCYTE	47.0 H	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	6.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.08	$\times 10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	48.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	96.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.3	g/dL	31.5 - 34.5
PLATELET COUNT	235	$\times 10^3/uL$	150 - 410
RDW-CV	13.5	%	11.6 - 14.0



VIKARANTJI

Technologist
Page No: 1 of 15

Tanu

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RMC No. 17226



NAME :- Mr. MAYANK SHARMA

Age :- 31 Yrs 11 Mon 11 Days

Sex :- Male

Patient ID :-1223612

Date :- 05/07/2023

08:40:37

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)

10

mm in 1st hr

00 - 15

Method:- Westergreen

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein. ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as



VIKARANTJI

Technologist

Page No: 2 of 15

DR. TANU RUNGTA

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD POD	108.0	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases .



VIKARANTJI

Technologist
Page No: 4 of 15

Tanu Rungta

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- CAPILLARY with EDTA

5.4 mg%

Non-Diabetic < 6.0
Good Control 6.0-7.0
Weak Control 7.0-8.0
Poor control > 8.0

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

107 mg/dL

68 - 125

INTERPRETATION

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

CLINICAL NOTES

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings. Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al]

1. Erythropoiesis

- Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.
- Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.

2. Altered Haemoglobin-Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.

3. Glycation

- Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic pH.
- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH

4. Erythrocyte destruction

- Increased HbA1c: increased erythrocyte life span: Splenectomy.
- Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin & dapsone.

5. Others

- Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use, chronic renal failure
- Decreased HbA1c: hypertriglyceridemia, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, splenomegaly, rheumatoid arthritis or drugs

Note:

1. Shortened RBC life span -HbA1c test will not be accurate when a person has a condition that affects the average lifespan of red blood cells (RBCs), such as hemolytic anemia or blood loss. When the lifespan of RBCs in circulation is shortened, the A1c result is falsely low and is an unreliable measurement of a person's average glucose over time.
2. Abnormal forms of hemoglobin - The presence of some hemoglobin variants, such as hemoglobin S in sickle cell anemia, may affect certain methods for measuring A1c. In these cases, fructosamine can be used to monitor glucose control.

Advised:

1. To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead.
 2. Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.
- estimated Average Glucose (eAG) : based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria.

VIKARANTJI

Technologist

Page No: 5 of 15

Tanu Rungta

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HAEMATOLOGY

BLOOD GROUP ABO

Method:- Haemagglutination reaction

"B" POSITIVE



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Page No. 6 of 15

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

TOTAL CHOLESTEROL
Method:- CHOD-PAP methodology

177.00 mg/dl

Desirable <200
Borderline 200-239
High > 240

InstrumentName:MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

TRIGLYCERIDES
Method:- GPO-PAP

104.00 mg/dl

Normal <150
Borderline high 150-199
High 200-499
Very high >500

InstrumentName:Randox Rx Imola **Interpretation :** Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDL CHOLESTEROL
Method:- Direct clearance Method

44.25 mg/dl

MALE- 30-70
FEMALE - 30-85

Instrument Name:Rx Daytona plus **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

LDL CHOLESTEROL
Method:- Calculated Method

115.42 mg/dl

Optimal <100
Near Optimal/above optimal 100-129
Borderline High 130-159
High 160-189
Very High > 190

VLDL CHOLESTEROL
Method:- Calculated

20.80 mg/dl

0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO
Method:- Calculated

4.00

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO
Method:- Calculated

2.61

0.00 - 3.50

TOTAL LIPID
Method:- CALCULATED

523.23 mg/dl

400.00 - 1000.00

1. Measurements in the same patient can show physiological& analytical variations. Three serialsamples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.

2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended

3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol

VIKARANTJI

Technologist

Page No: 7 of 15

DR. TANU RUNGTA
MD (Pathology)
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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method:- DMSO/Diazo	0.67	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.24	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.43	mg/dl	0.30-0.70
SGOT Method:- IFCC	38.3	U/L	0.0 - 40.0
SGPT Method:- IFCC	61.4 H	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	58.10	U/L	53.00 - 141.00
SERUM GAMMA GT Method:- Szasz methodology Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.	18.30	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	8.16	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- Bromocresol Green	4.88	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	3.28	gm/dl	2.20 - 3.50
A/G RATIO	1.49		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.

VIKARANTJI

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Page No: 9 of 15

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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA 34.30 mg/dl 10.00 - 50.00
Method:- Urease/GLDH

InstrumentName: HORIBA CA 60 Interpretation : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE 1.14 mg/dl Males : 0.6-1.50 mg/dl
Method:- Jaffe's Method Females : 0.6 -1.40 mg/dl

Interpretation : Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

SERUM URIC ACID 6.30 mg/dl 2.40 - 7.00

InstrumentName:HORIBA YUMIZEN CA60 Daytona plus Interpretation: Elevated Urate:High purine diet,Alcohol• Renal insufficiency,Drugs , Polycythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome, Metabolic syndrome, Pregnancy,Gout.

SODIUM 144.8 mmol/L 135 - 150
Method:- Ion-Selective Electrode with Serum

Interpretation:

Electrolytes are minerals that are found in body tissues and blood in the form of dissolved salts. As electrically charged particles, electrolytes help move nutrients into and wastes out of the body's cells, maintain a healthy water balance, and help stabilize the body's acid/base (pH) level. The electrolyte panel measures the blood levels of the main electrolytes in the body. •

* **Sodium**—most of the body's sodium is found in the fluid outside of the body's cells, where it helps to regulate the amount of water in the body. •

POTASSIUM 4.45 mmol/L 3.50 - 5.10
Method:- Ion-Selective Electrode with Serum

* **Potassium**—this electrolyte is found mainly inside the body's cells. A small but vital amount of potassium is found in the plasma, the liquid portion of the blood. Potassium plays an important role in regulating muscle contraction. Monitoring potassium is important as small changes in the potassium level can affect the heart's rhythm and ability to contract

CHLORIDE 107.4 mmol/L 98 - 106
Method:- Ion-Selective Electrode with Serum

Chloride—this electrolyte moves in and out of the cells to help maintain electrical neutrality (concentrations of positively charged ions are higher outside the cells than inside the cells)

Technologist
Page No: 10 of 15

Tanu
DR.TANU RUNGTA
MD (Pathology)
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BIOCHEMISTRY

(negatively charged anions must be equal) and its level usually mirrors that of sodium. Due to its close association with sodium, chloride also helps to regulate the distribution of water in the body

SERUM CALCIUM 9.58 mg/dL 8.80 - 10.20
Method:- Arsenazo III Method

InstrumentName:MISPA PLUS **Interpretation:** Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia .Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN 8.16 g/dl 6.00 - 8.40
Method:- Direct Biuret Reagent

SERUM ALBUMIN 4.88 g/dl 3.50 - 5.50
Method:- Bromocresol Green

SERUM GLOBULIN 3.28 gm/dl 2.20 - 3.50
Method:- CALCULATION

A/G RATIO 1.49 1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR .in urine, it can remove the need for 24-hourcollections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the bloodincreases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare; they almost always reflect low muscle mass.

VIKARANTJI

Technologist

Page No: 11 of 15

Tanu

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TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3 Method:- Chemiluminescence	1.20	ng/m	0.87 - 1.78
THYROID - THYROXINE (T4) Method:- Chemiluminescence	10.35	ug/dl	4.82 -15.65
TSH Method:- Chemiluminescence	2.890	uIU/ml	0.380 - 5.330

4th Generation Assay,Reference ranges vary between laboratories

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

- 1st Trimester : 0.10-2.50 uIU/mL
- 2nd Trimester : 0.20-3.00 uIU/mL
- 3rd Trimester : 0.30-3.00 uIU/mL

The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

NOTE-TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result.

INTERPRETATION

- 1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
- 2.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels
- 3.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
- 4.Normal or↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3)
- 5.Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism

. **COMMENTS:** Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.

. **Disclaimer-**TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly

. **Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018)**

Test performed by Instrument : Beckman coulter Dxi 800

. **Note :** The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.
4th Generation Assay,Reference ranges vary between laboratories

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

- 1st Trimester : 0.10-2.50 uIU/mL
- 2nd Trimester : 0.20-3.00 uIU/mL

VIKARANTJI

Technologist

Page No: 14 of 15

Tanu

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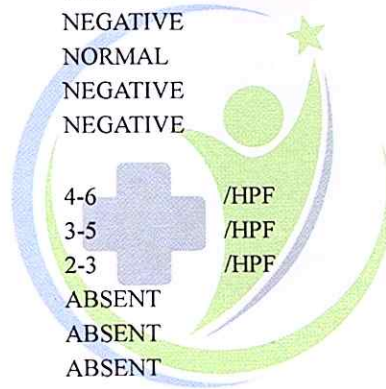


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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	Reddish		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.030		1.010 - 1.030
PROTEIN	Trace		NIL
SUGAR	Trace		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	4-6	/HPF	NIL
WBC/HPF	3-5	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT



VIKARANTJI

Technologist
Page No: 12 of 15

Tanu

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P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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NAME:	MR. MAYANK SHARMA	AGE/SEX	31YRS/M
REF.BY	BANK OF BARODA	DATE	5-07-2023

CHEST X RAY (PA VIEW)

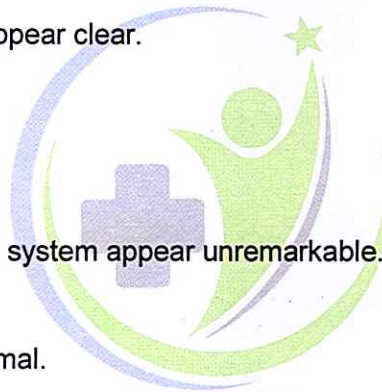
Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.



IMPRESSION: No significant abnormality is detected.

DR.SHALINI GOEL

M.B.B.S, D.N.B (Radiodiagnosis)

RMC No.: 21954





MR. MAYANK SHARMA	AGE- 31 YEARS/Male
Registration Date: 05/07/2023	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (149 mm) with bright parenchymal echotexture. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic 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. Echotexture 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. 112 mm.

Left kidney is measuring approx. 122 mm.


Urinary bladder is normally distended and shows normal wall thickness. No calculus or mass lesion.

Prostate is normal in size with normal echotexture and outline.

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

IMPRESSION:-

- Grade I hepatic steatosis.
- No free fluid or lymphadenopathy.


Dr. Mukesh Sharma
M.B.B.S; M.D. (Radiodiagnosis)
RMC No. 43418/17437

Dr. MUKESH SHARMA
M.B.B.S., M.D.(Radiodiagnosis)
RMC No. : 43418/17437
P3 Health Solutions LLP

B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

1323488/AMR MAYANK SHARMA
Date: 05-Jul-2023 09:51:42 AM
Ref. By : BANK OF BARODA

31 Yrs/Male 0 Kg/0 Cms

Protocol : BRUCE

History :

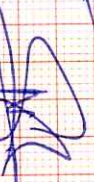
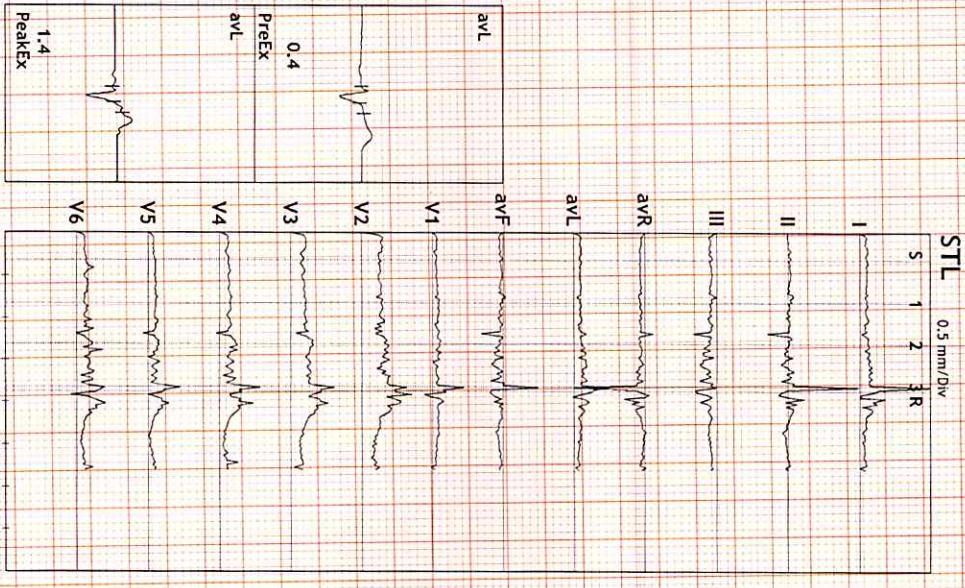
Objective :

Stage	Stage Time (Mins:Sec)	Phase Time (Mins:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	63	125/80	78	-	
Standing					1.0	61	125/80	76	-	
HV					1.0	93	125/80	116	-	
EXStart					1.0	88	125/80	110	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	112	135/80	151	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	140	145/85	203	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	162	155/85	251	-	
PeakEx	0:22	9:23	4.2	16.0	10.6	167	155/85	258	-	
Recovery	1:00		0.0	0.0	4.3	145	155/85	224	-	
Recovery	2:00		0.0	0.0	1.0	109	165/90	179	-	
Recovery	3:00		0.0	0.0	1.0	98	155/85	151	-	
Recovery	4:00		0.0	0.0	1.0	89	145/85	129	-	
Recovery	5:00		0.0	0.0	1.0	79	135/80	106	-	

Findings :

Exercise Time : 09:22
Max HR Attained : 167 bpm 88% of Max Predictable HR 189
Max BP : 165/90(mmHg)
Max Workload attained : 10.6(Good Effort Tolerance)

TM is Negative RMI

Advice/Comments:

Dr. Naresh Kumar Mohanka
RMC No.: 35703
MBBS, DIP. CARDIO (ESCORTS)
P.D.E.M. (REGP-UK)



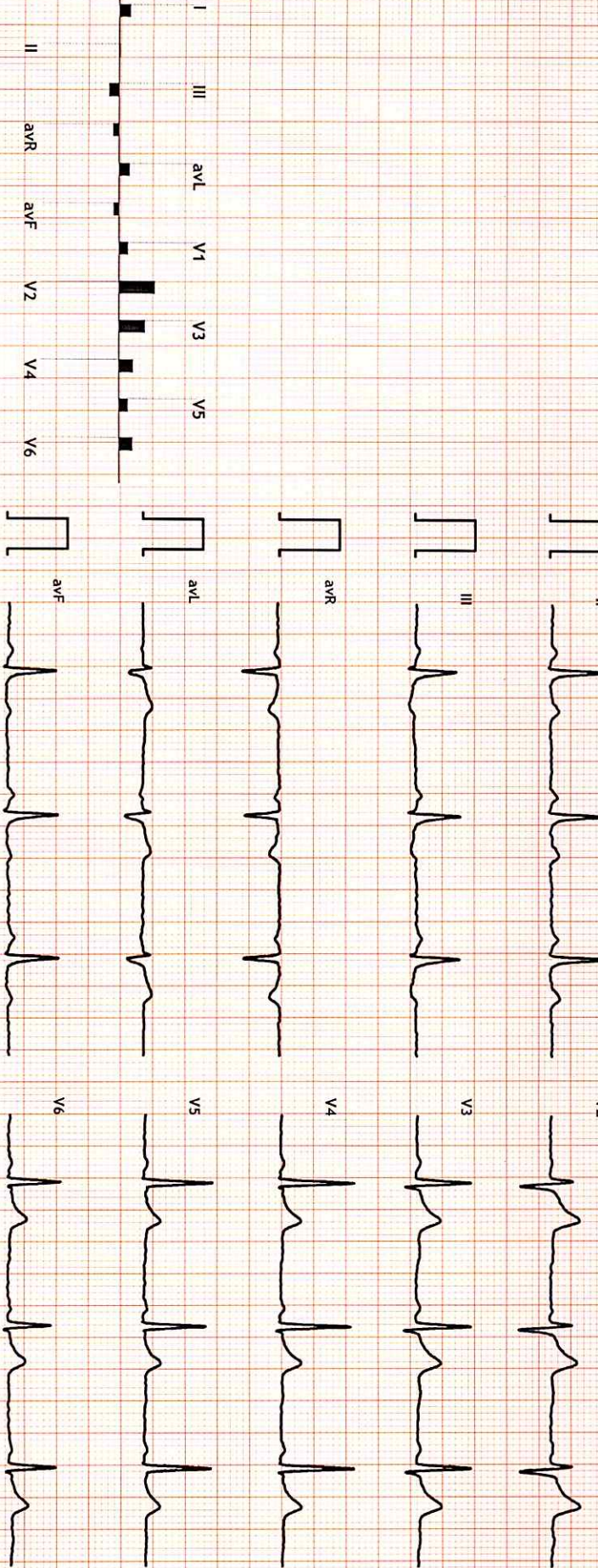
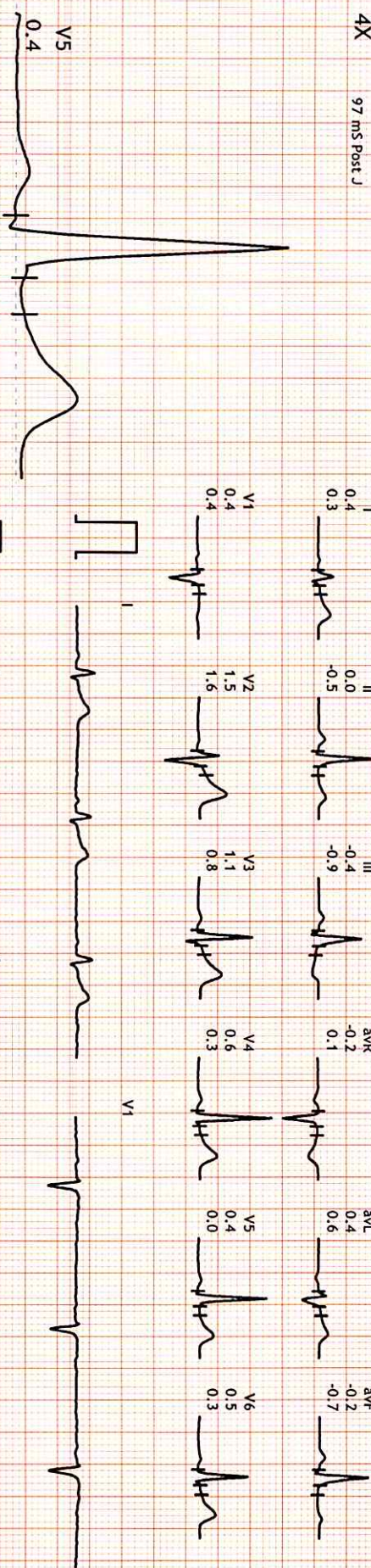
HR: 63 bpm
METs: 1.0
BP: 125/80

MPHR: 33% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:36
BLC :On
Notch : On

Supine
10.0 mm/mV
25 mm/Sec.



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B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

1323488/MR MAYANK SHARMA

31 Yrs/Male

0 Kg/0 Cms

Date: 05-Jul-2023 09:51:42 AM

4X

97 MS Post J

12 Lead + Median

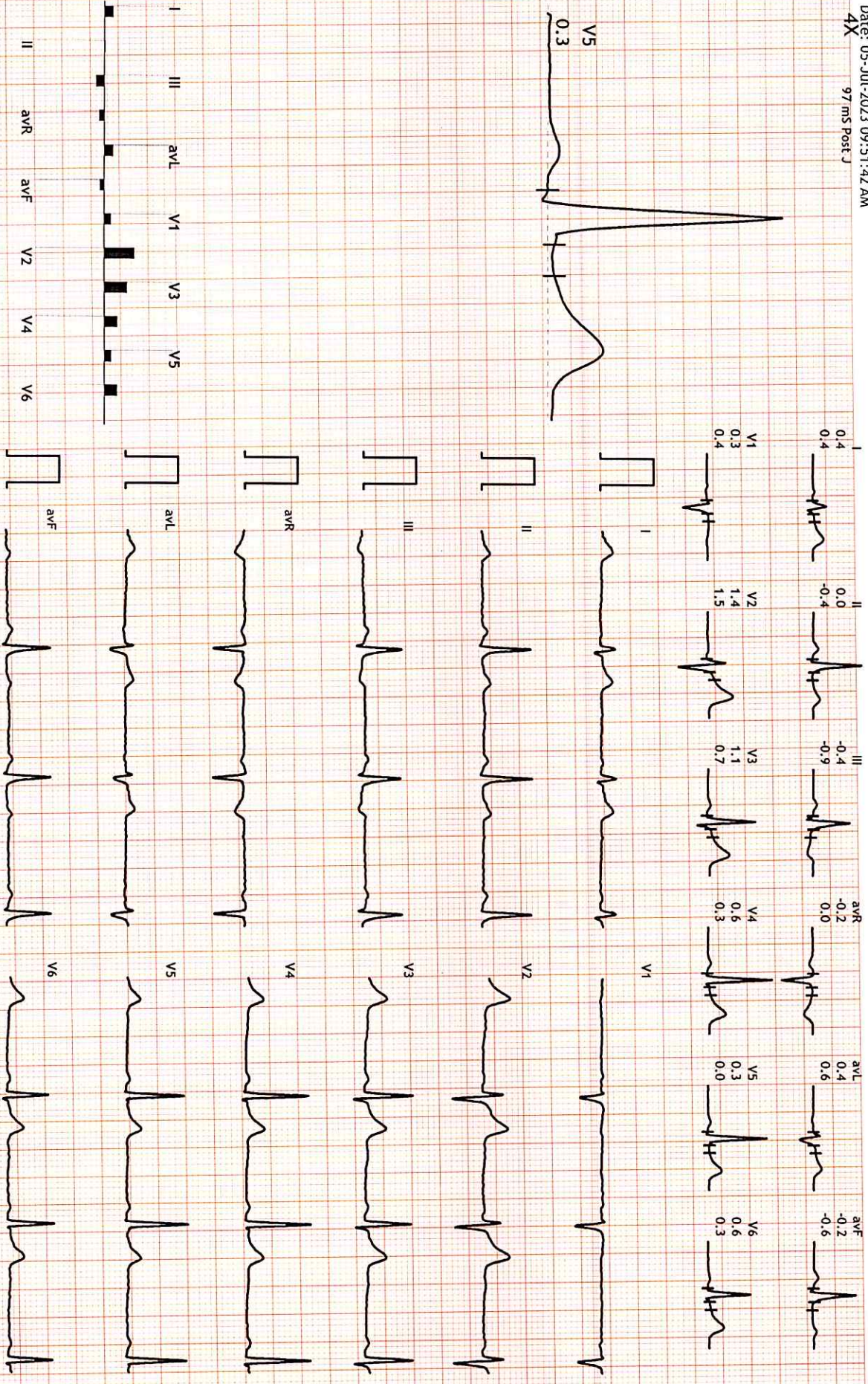
HR: 62 bpm
METs: 1.0
BP: 125/80

MpHR: 32% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:54
BLC : On
Notch : On

Standing
10.0 mm/mV
25 mm/Sec.



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12 Lead + Median

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31 Yrs/Male

0 Kg/0 Cms

Date: 05-Jul-2023 09:51:42 AM

4X

97 ms Post J

HR: 100 bpm

MEFS: 1.0

BP: 125/80

MPHR: 52% of 189

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 01:24

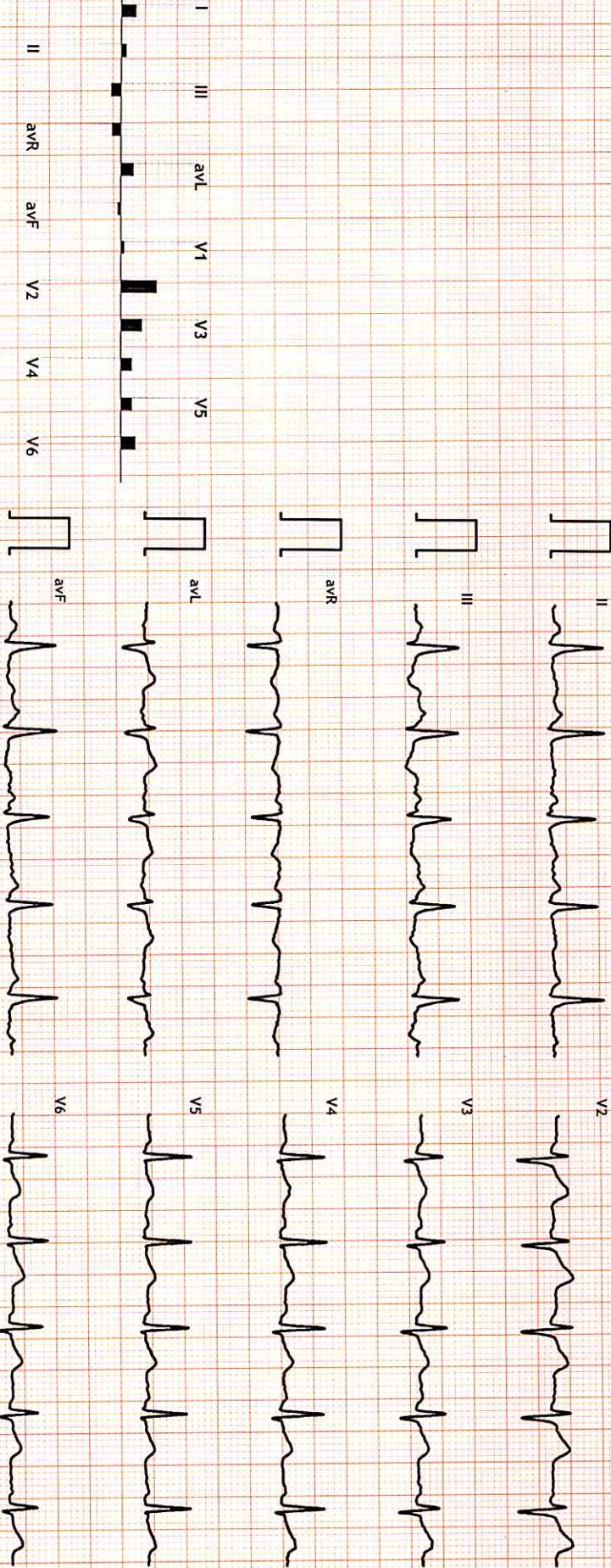
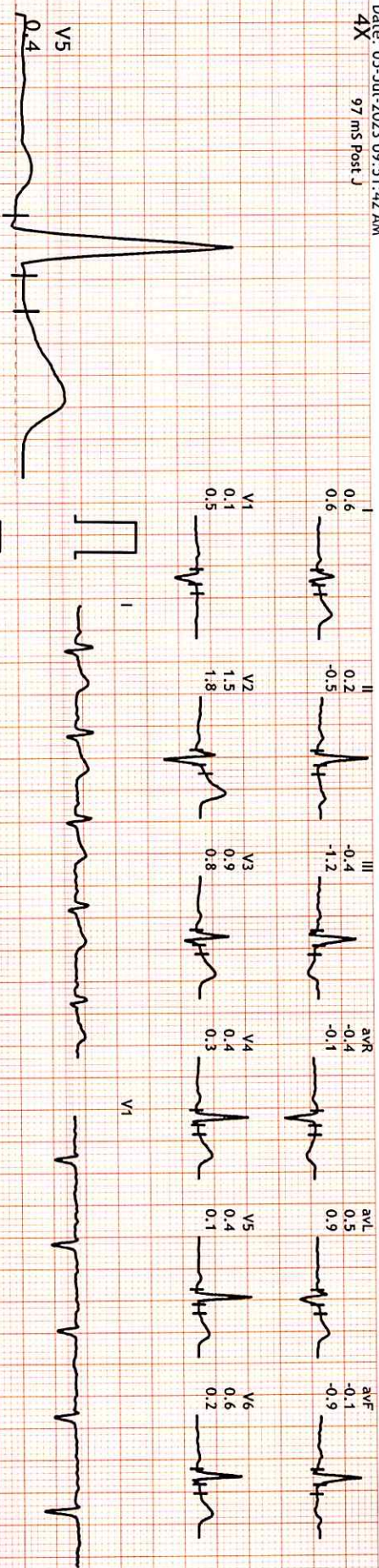
BLC : On

Notch : On

HV

10.0 mm/mV

25 mm/Sec.



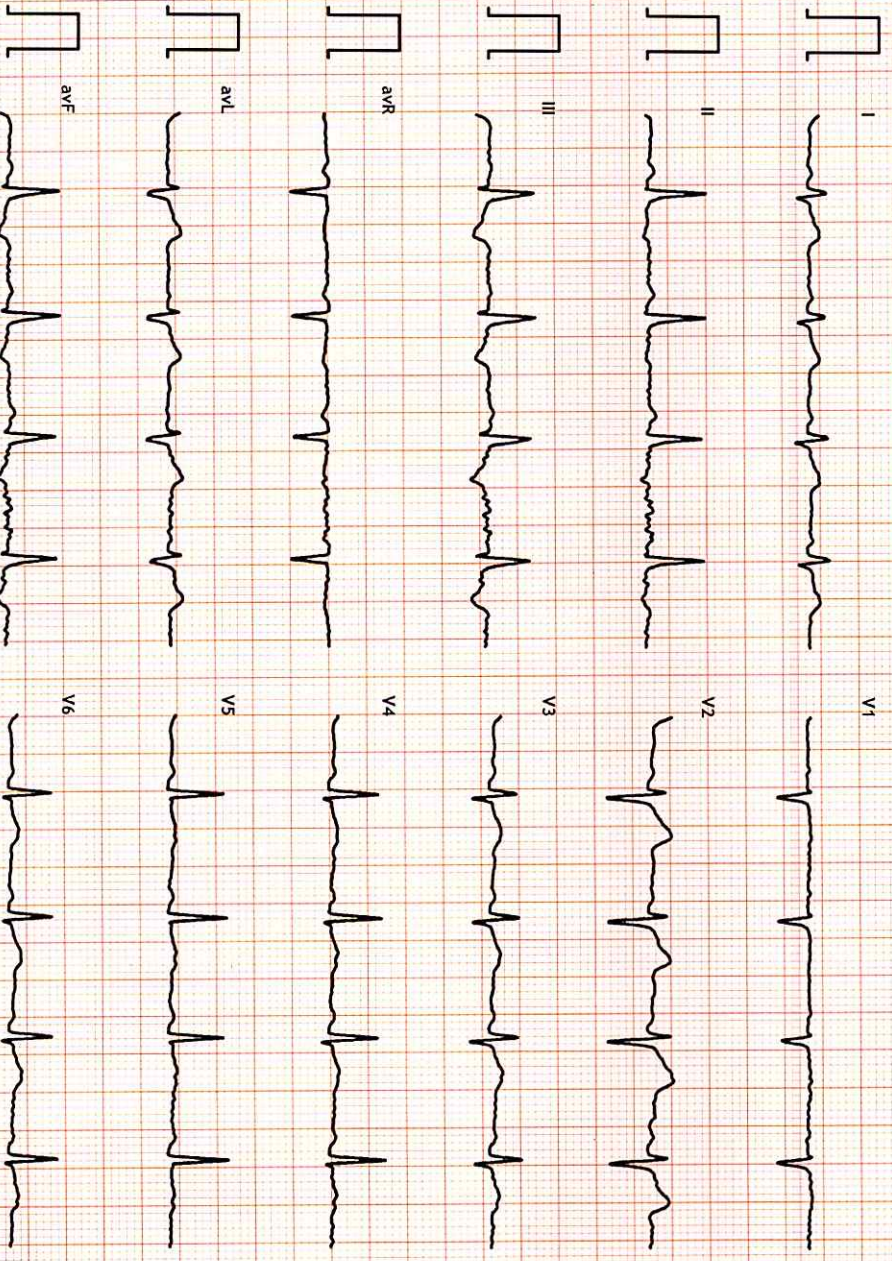
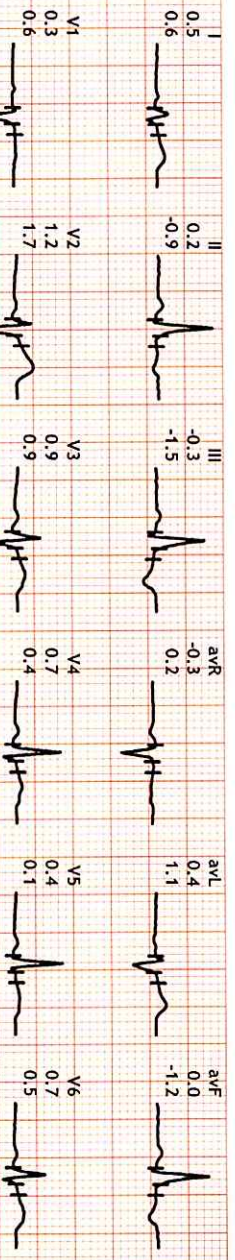
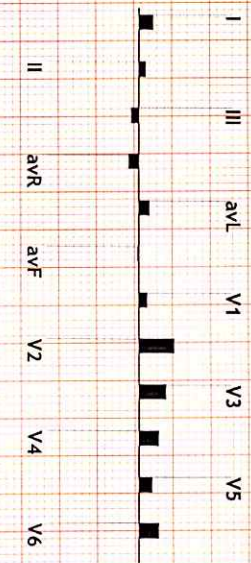
HR: 86 bpm
MET5: 1.0
BP: 125/80

MPPR: 45% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:54
BLC :On
Notch :On

ExStart
10.0 mm/mV
25 mm/Sec.



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4X

97 ms Post J

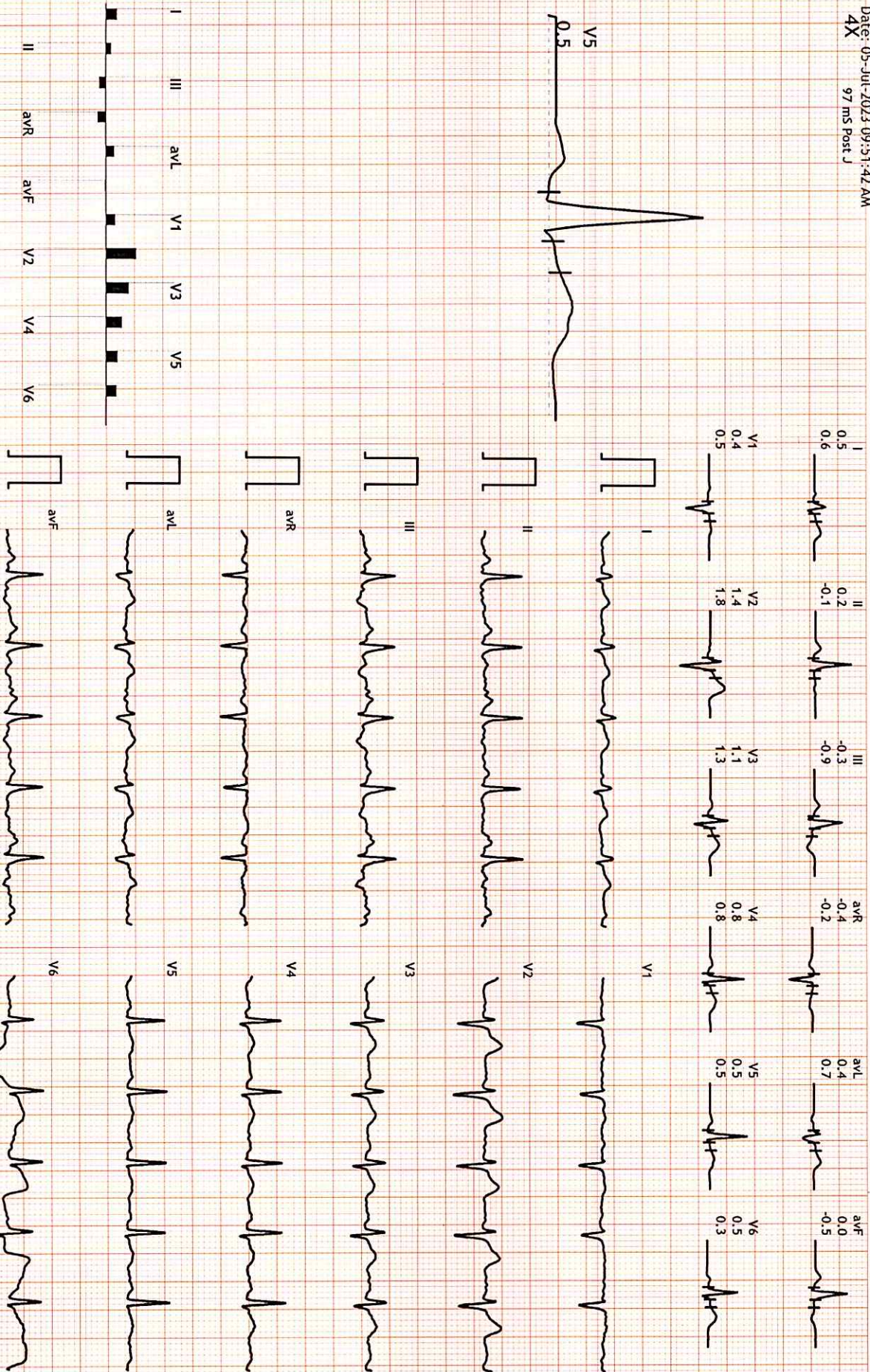
HR: 112 bpm
METs: 4.7
BP: 135/80

MpHR: 59% of 189
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 02:59
BLC : On
Notch : On

BRUCE: Stage 1(3:00)
10.0 mm/mV
25 mm/Sec.



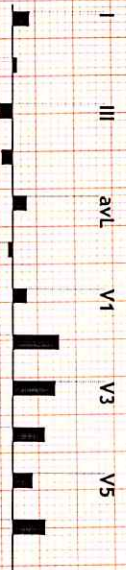
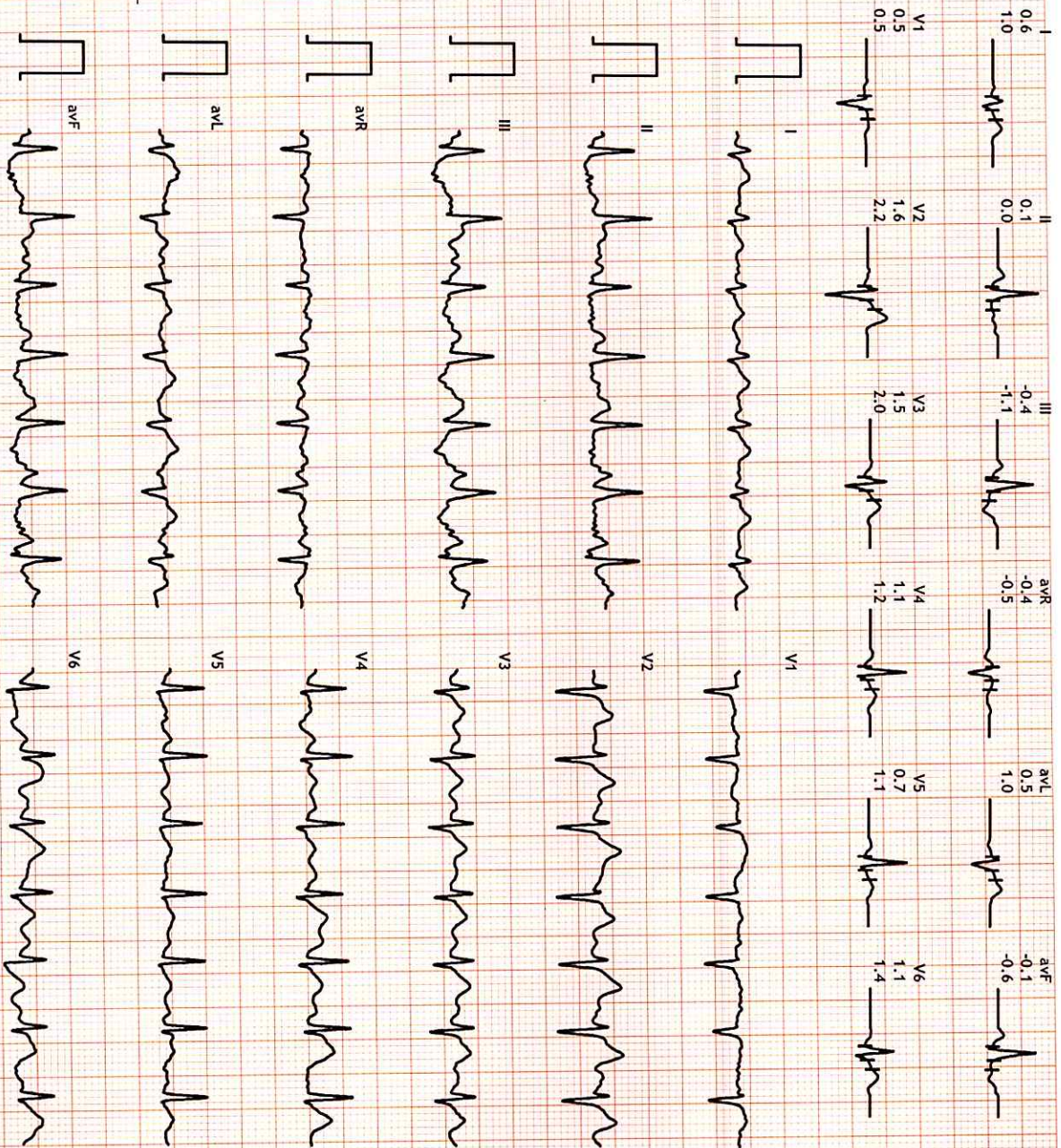
HR: 140 bpm
METs: 7.1
BP: 145/85

MPHR: 74% of 189
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 05:59
BLC : On
Notch : On

BRUCE: Stage 2(3:00)
10.0 mm/mV
25 mm/Sec.



B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

1323488/MR MAAYANK SHARMA

31 Yrs/Male

0 Kg/0 Cms

Date: 05-Jul-2023 09:51:42 AM

4X 97 ms Post J

HR: 163 bpm

MEETS: 10.2

BP: 155/85

MPHR: 86% of 189

Speed: 3.4 mph

Grade: 14.0%

Raw ECG

BRUCE

(0.05-100)Hz

EX Time 08:59

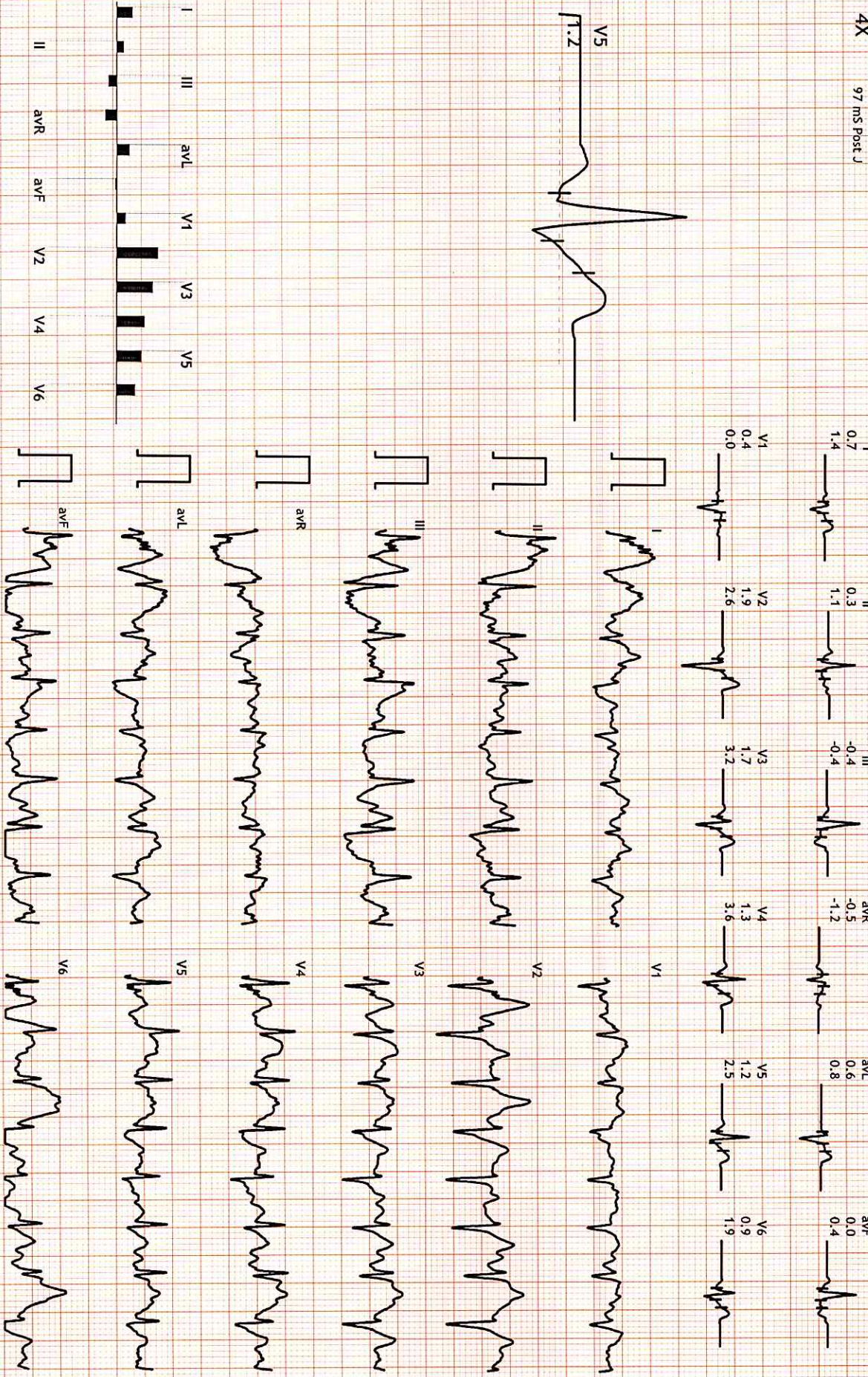
BLC : On

Notch : On

BRUCE: Stage 3(3:00)

10.0 mm/mV

25 mm/Sec.



B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

1323488/MR MAYANK SHARMA

31 Yrs/Male

0 Kg/0 Cms

Date: 05-Jul-2023 09:51:42 AM

4X

97 ms Post J

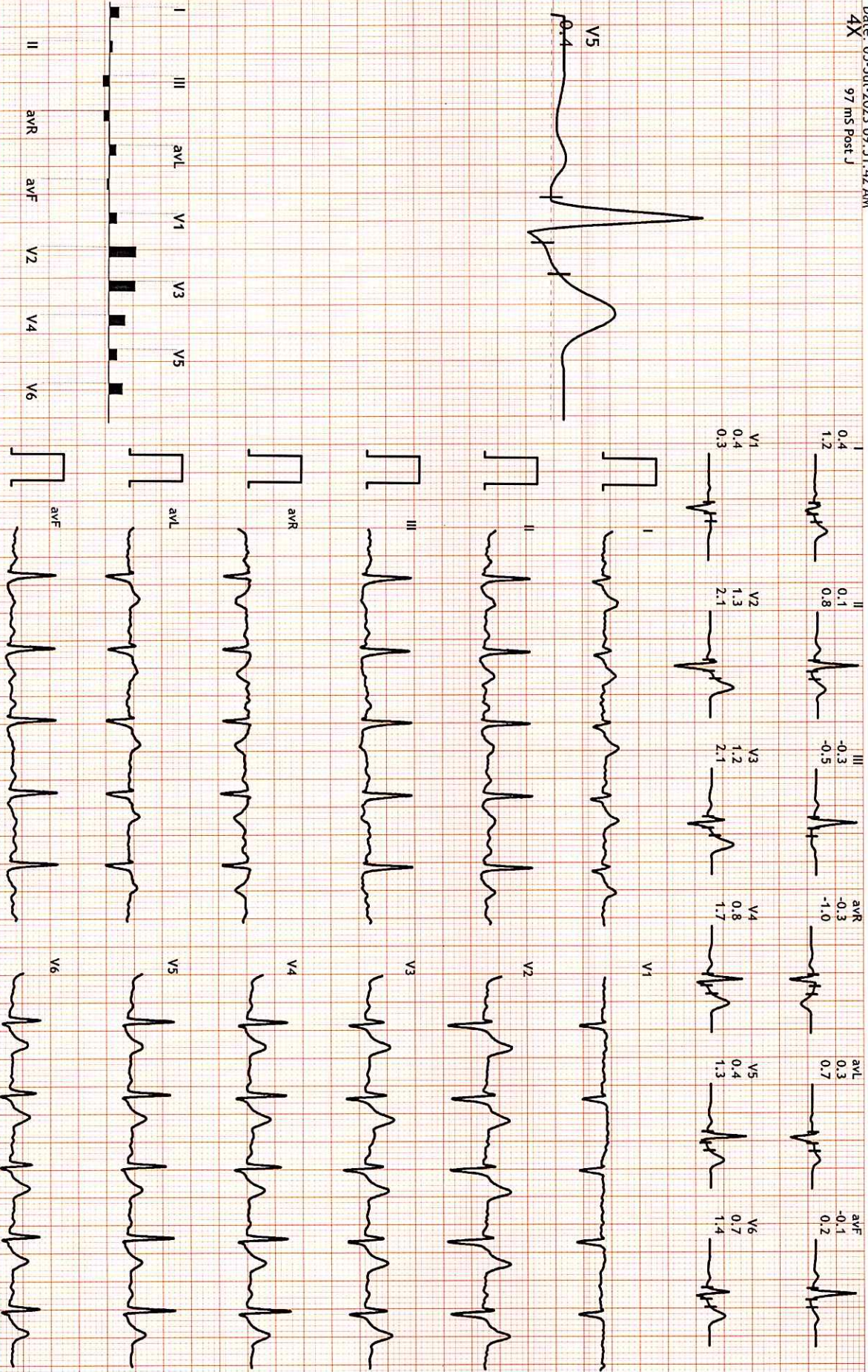
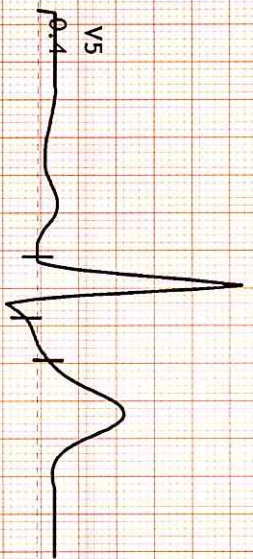
HR: 108 bpm
METs: 1.0
BP: 165/90

MPHR: 57% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:22
BLC : On
Notch : On

Recovery(2:00)
10.0 mm/mV
25 mm/Sec.



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31 Yrs/Male

0 Kg/0 Cms

Date: 05-Jul-2023 09:51:42 AM

4X

97 ms Post J

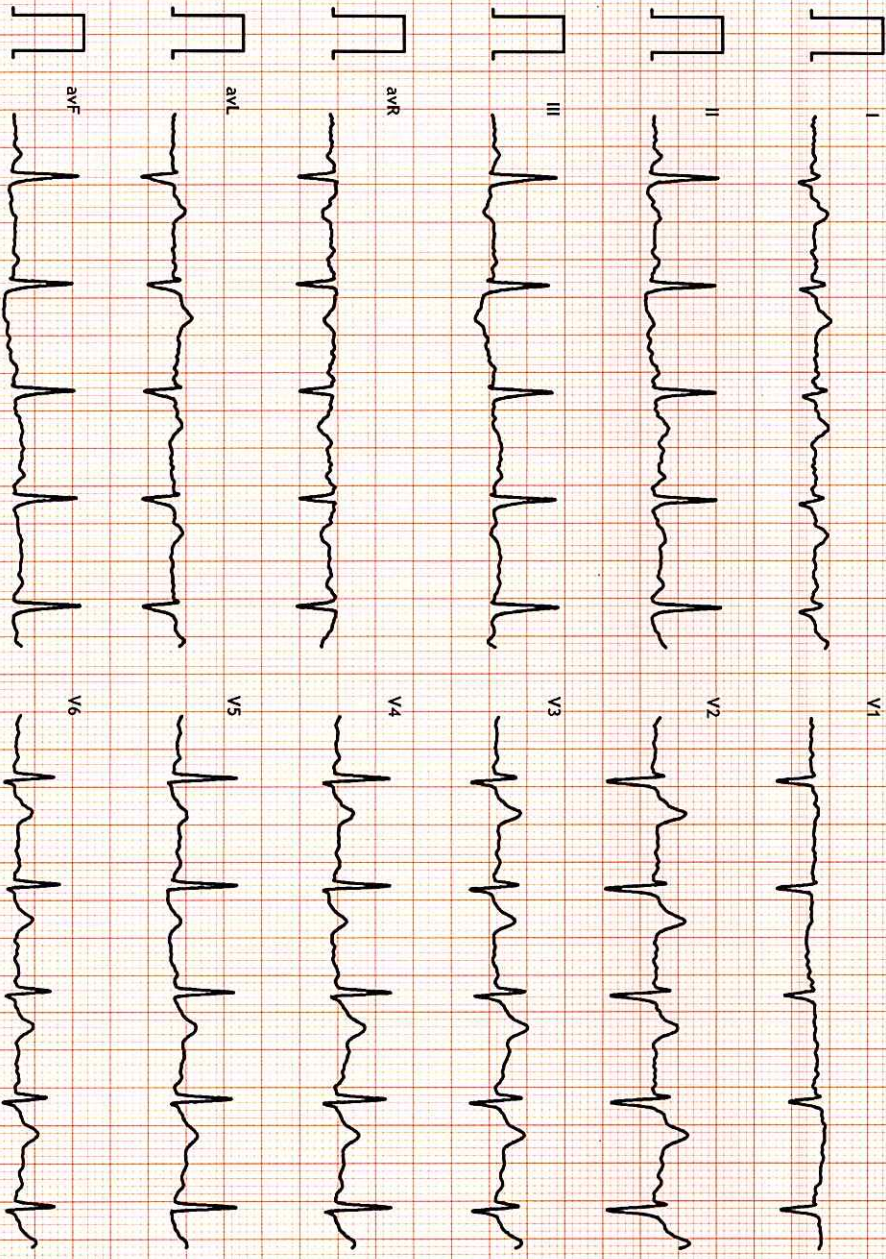
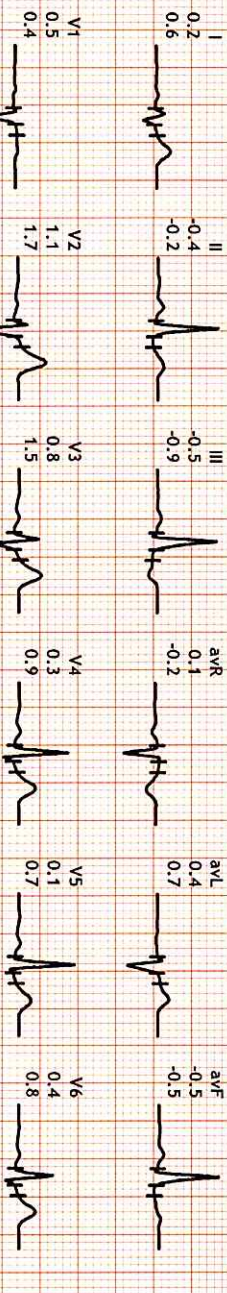
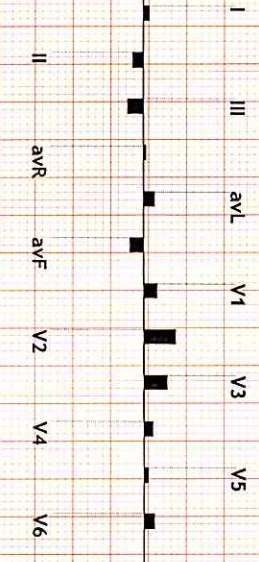
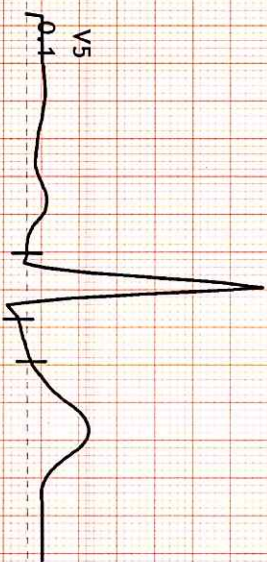
HR: 99 bpm
METS: 1.0
BP: 155/85

MPHR: 52% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:22
BLC : On
Notch : On

Recovery(3:00)
10.0 mm/mV
25 mm/Sec.



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31 Yrs/Male

0 Kg/0 Cms

Date: 05-Jul-2023 09:51:42 AM

4X

97 ms Post J

HR: 80 bpm

METS: 1.0

BP: 135/80

MPHR: 42% of 189

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

EX Time 09:22

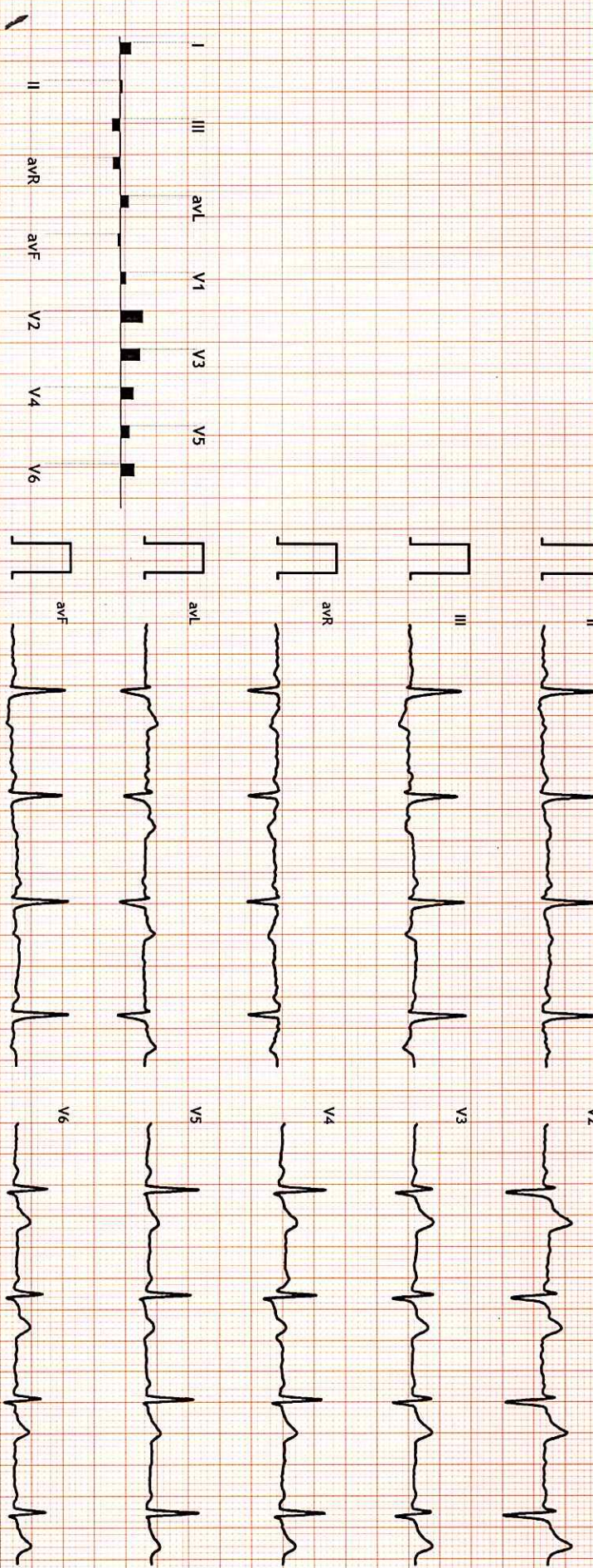
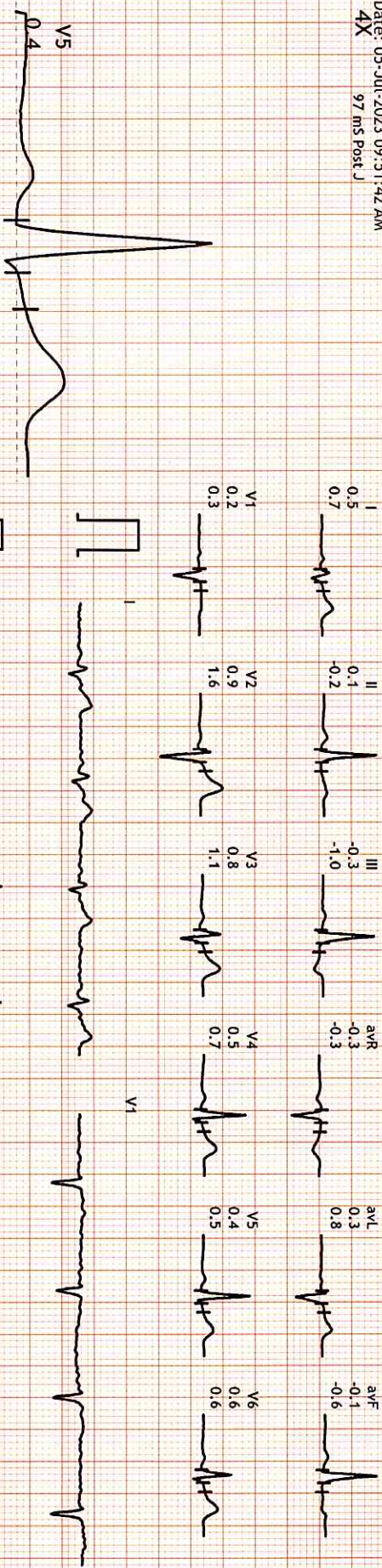
BLC :On

Notch :On

Recovery(5:00)

10.0 mm/mv

25 mm/Sec.



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1323488/MR MAYANK SHARMA

31 Yrs/Male 0 Kg/0 Cms

Date: 05-Jul-2023 09:51:42 AM

Average



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

