भारत सरकार

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

# भारत सरकार

Unique Identification Authority of India

## Government of India

नामांकन क्रम / Enrollment No 1127/46018/20248

To,
ज्योति शर्मा
Jyoti Sharma
W/O: Anupam Sharma
ward 10
near LIC of india mohalla jogiyan
srimadhopur
Sri Madhopur
Srimadhopur Sri Madhopur Sikar
Rajasthan 332715
8741957126

24/02/2016

Ref: 1224 / 27N / 264465 / 264559 / P

SA088984911FT

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

आपका आधार क्रमांक / Your Aadhaar No.

**6733 5232 6052**

Jyoti Sharma

मेरा आधार, मेरी पहचान

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भारत सरकार

Government of India

ज्योति शर्मा
Jyoti Sharma
जन्म तिथि / DOB : 18/04/1986
महिला / Female

6733 5232 6052

मेरा आधार, मेरी पहचान

**P3 HEALTH SOLUTIONS LLP**
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

B-14, Vidhyadhar Enclave - II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com

# General Physical Examination

**Date of Examination:** 08/04/2023

Name: Jyoti Sharma Age: 36 DOB: 18/04/23 Sex: Female

Referred By: BANK of BARODA

Photo ID: AADHAR ,ID #: 6052

Ht: 148 (cm) Wt: 55 (Kg)

Chest (Expiration): 97 (cm) Abdomen Circumference: 91 (cm)

Blood Pressure: 125/85 mm Hg PR: 87 / min RR: 18 / min Temp: Afebrile

BMI 25

**Eye Examination:** R 6/6 N/6 NCB
L 6/6 N/6

**Other:** No

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

**Signature Of Examine :** Jyoti Sharma **Name of Examinee:** JYOTI SHARMA

**Signature Medical Examiner :** **Name Medical Examiner** DR. U. C. GUPTA

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

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| NAME: | MRS.JYOTI SHARMA | AGE/SEX | 36 YRS/F |
|---|---|---|---|
| REF.BY | BOB | DATE | 08/04/2023 |

## CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

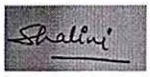
Bilateral costo-phrenic angles appear clear.

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**

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**NAME :- Mrs. JYOTI SHARMA**
Age :- 36 Yrs 11 Mon 21 Days
Sex :- Female

Patient ID :-122357 Date :- 08/04/2023 09:16:12
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 08/04/2023 16:00:25

## HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| FULL BODY HEALTH CHECKUP BELOW 40 FEMAL | | | |
| **HAEMOGARAM** | | | |
| **HAEMOGLOBIN (Hb)** | **9.7** L | g/dl. | 12.0 - 15.0 |
| **TOTAL LEUCOCYTE COUNT** | **10.30** H | /cumm | 4.00 - 10.00 |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | |
| NEUTROPHIL | 62.0 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 29.0 | % | 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) | 4.57 | x10^6/ul. | 3.80 - 4.80 |
| HEMATOCRIT (HCT) | **32.90** L | % | 36.00 - 46.00 |
| MEAN CORP VOLUME (MCV) | **72.0** L | fl. | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | **21.3** L | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | **29.5** L | g/dL | 31.5 - 34.5 |
| **PLATELET COUNT** | **562** H | x10^3/ul. | 150 - 410 |
| RDW-CV | **16.7** H | % | 11.6 - 14.0 |

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**Technologist**



**DR.TANU RUNGTA**
MD (Pathology)
RMC No. 17226

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## HAEMATOLOGY

| | | | |
|---|---|---|---|
| Erythrocyte Sedimentation Rate (ESR)<br>Methord:- Westergreen | **25** H | mm in 1st hr | 00 - 20 |

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

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**(CBC): Methodology**: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName:** Sysmex 6 part fully automatic analyzer XN-L,Japan

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Sex :- Female Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 09/04/2023 12 44 39

## BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| FASTING BLOOD SUGAR (Plasma)<br>Methord:- GOD POD | 98.0 | 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 .

| | | | |
|---|---|---|---|
| BLOOD SUGAR PP (Plasma)<br>Methord:- GOD PAP | 110.0 | mg/dl | 70.0 - 140.0 |

**Instrument Name: HORIBA 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

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## HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **GLYCOSYLATED HEMOGLOBIN (HbA1C)** | | | |
| Methord:- CAPILLARY with EDTA | 5.5 | mg% | Non-Diabetic < 6.0<br>Good Control 6.0-7.0<br>Weak Control 7.0-8.0<br>Poor control > 8.0 |
| MEAN PLASMA GLUCOSE | 111 | mg/dl. | 68 - 125 |
| Methord:- Calculated Parameter | | | |

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

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## HAEMATOLOGY

| | |
|---|---|
| BLOOD GROUP ABO<br>Methord:- Haemagglutination reaction | "O" POSITIVE |

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## BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **LIPID PROFILE** | | | |
| TOTAL CHOLESTEROL<br>Methord:- CHOD-PAP methodology | 211.00 | mg/dl | Desirable <200<br>Borderline 200-239<br>High> 240 |
| **InstrumentName**:MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders. | | | |
| TRIGLYCERIDES<br>Methord:- GPO-PAP | 110.00 | mg/dl | Normal <150<br>Borderline high 150-199<br>High 200-499<br>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<br>Methord:- Selective inhibition Method | 58.00 | mg/dl | Male 35-80<br>Female 42-88 |
| **Instrument Name**:MISPA 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<br>Methord:- Calculated Method | 134.67 | mg/dl | Optimal <100<br>Near Optimal/above optimal 100-129<br>Borderline High 130-159<br>High 160-189<br>Very High > 190 |
| VLDL CHOLESTEROL<br>Methord:- Calculated | 22.00 | mg/dl | 0.00 - 80.00 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO<br>Methord:- Calculated | 3.64 | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO<br>Methord:- Calculated | 2.32 | | 0.00 - 3.50 |
| TOTAL LIPID<br>Methord:- CALCULATED | 606.41 | 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 transport, the process by which cholesterol is eliminated fromperipheral tissues.

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## BIOCHEMISTRY

**Comments:** **1-** ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol – HDL Cholesterol) as an indicator of all atherogenic lipoproteins ( mainly LDL & VLDL). The Non HDL Cholesterolis used as a secondary target of therapy in persons with triglycerides >=200 mg/dL. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.

**2 -**For calculation of CHD risk,history of smoking, any medication for hypertension & current B.P. levels are required

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## BIOCHEMISTRY

### LIVER PROFILE WITH GGT

| | | | |
|---|---|---|---|
| SERUM BILIRUBIN (TOTAL)<br>Methord:- DMSO/Diazo | 0.69 | mg/dL | Infants : 0.2-8.0 mg/dL<br>Adult - Up to - 1.2 mg/dL |
| SERUM BILIRUBIN (DIRECT)<br>Methord:- DMSO/Diazo | 0.18 | mg/dL | Up to 0.40 mg/dL |
| SERUM BILIRUBIN (INDIRECT)<br>Methord:- Calculated | 0.51 | mg/dl | 0.30-0.70 |
| SGOT<br>Methord:- IFCC | 24.9 | U/L | 0.0 - 40.0 |
| SGPT<br>Methord:- IFCC | 25.4 | U/L | 0.0 - 35.0 |
| SERUM ALKALINE PHOSPHATASE<br>Methord:- DGKC - SCE | 50.20 | U/L | 42.00 - 110.00 |
| SERUM GAMMA GT<br>Methord:- Szasz methodology<br>Instrument Name Randox Rx Imola<br>Interpretation Elevations in GGT levels areseen 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 | 21.90 | U/L | 5.00 - 32.00 |
| SERUM TOTAL PROTEIN<br>Methord:- Direct Biuret Reagent | 8.38 | g/dl | 6.00 - 8.40 |
| SERUM ALBUMIN<br>Methord:- Bromocresol Green | 4.90 | g/dl | 3.50 - 5.50 |
| SERUM GLOBULIN<br>Methord:- CALCULATION | 3.48 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.41 | | 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.

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## BIOCHEMISTRY

### RFT / KFT WITH ELECTROLYTES

| | | | |
|---|---|---|---|
| SERUM UREA<br>Methord:- Urease/GLDH | 16.90 | mg/dl | 10.00 - 50.00 |

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

| | | | |
|---|---|---|---|
| SERUM CREATININE<br>Methord:- Jaffe's Method | 0.99 | mg/dl | Males : 0.6-1.50 mg/dl<br>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 | 3.30 | 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<br>Methord:- ISE | 142.6 | mmol/L | 135.0 - 150.0 |

**Interpretation:** Decreased sodium - Hyponatraemia Causes include: fluid or electrolyte loss,Drugs,Oedematous states,Legionnaire's disease and other chest infections,pseudonatremia, Hyperlipidaemias and paraproteinaemias,endocrine diseases ,SIADH.

| | | | |
|---|---|---|---|
| POTASSIUM<br>Methord:- ISE | 4.41 | mmol/L | 3.50 - 5.50 |

**Interpretation**: A. Elevated potassium (hyperkalaemia)• Artefactual,Physiological elevation,Drugs. Pathological states,Renal failure Adrenocortical insufficiency, metabolic acidoses,• very high platelet or white cell counts B. Decreased potassium (hypokalaemia)Drugs. Liquoric,Diarrhoea and vomiting,Metabolic alkalosis,Corticosteroid excess. Oedematous state,Anorexia nervosa/bulimia

| | | | |
|---|---|---|---|
| CHLORIDE<br>Methord:- ISE | 96.8 | mmol/L | 94.0 - 110.0 |

**Interpretation**: Used for Electrolyte monitoring.

| | | | |
|---|---|---|---|
| SERUM CALCIUM<br>Methord:- Colorimetric method | 10.30 | mg/dl | 8.10 - 11.50 |

**InstrumentName**:Rx Daytona 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<br>Methord:- Direct Biuret Reagent | 8.38 | g/dl | 6.00 - 8.40 |

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(ASSOCIATES OF MAXCARE DIAGNOSTICS)

B-14, Vidhyadhar Enclave - II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com


**NAME :- Mrs. JYOTI SHARMA** Patient ID :-122357 Date :- 08/04/2023 09:16:12
Age :- 36 Yrs 11 Mon 21 Days Ref. By Doctor:-BANK OF BARODA
Sex :- Female Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 08/04/2023 16:00:25

## BIOCHEMISTRY

| | | | |
|---|---|---|---|
| SERUM ALBUMIN<br>Methord:- Bromocresol Green | 4.90 | g/dl | 3.50 - 5.50 |
| SERUM GLOBULIN<br>Methord:- CALCULATION | 3.48 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.41 | | 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.

ADIYTA

**Technologist**

**DR.TANU RUNGTA**
MD (Pathology)
RMC No. 17226

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## TOTAL THYROID PROFILE

### IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **THYROID-TRIIODOTHYRONINE T3**<br>Methord:- ECLIA | 0.83 | ng/mL | 0.70 - 2.04 |

NOTE-TSH levels are subject to circardian 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. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions.simoultaneous measurement of TSH with free T4 is useful in evaluating differantial diagnosis

INTERPRETATION-Ultra Sensitive 4th generation assay 1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.2.Low TSH,high FT4 and TSH receptor antibody(TRAb) +ve seen in patients with Graves disease 3.Low TSH,high FT4 and TSH receptor antibody(TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter 4.HighTSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimotos thyroiditis 5.HighTSH,Low FT4 and Thyroid microsomal antibody normal seen in patients with Iodine deficiency/Congenital T4 synthesis deficiency 6.Low TSH,Low FT4 and TRH stimulation test -Delayed response seen in patients with Tertiary hypothyroidism
7.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels8.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis9.Normal or ↑T3 & ↑ 10.Normal T3 & T4 along with ↑ TSH indicate mild / Subclinical Hyperthyroidism .11.Normal T3 & ↑ T4 along with ↑ TSH is seen in Hypothyroidism .12.Normal T3 & T4 levels with ↑ TSH indicate Mild / Subclinical Hypoth

DURING 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.

REMARK-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. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved.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. ***

| | | | |
|---|---|---|---|
| **THYROID - THYROXINE (T4)**<br>Methord:- ECLIA | 8.23 | µIU/ml | 5.10 - 14.10 |

NOTE-TSH levels are subject to circardian 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. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions.simoultaneous measurement of TSH with free T4 is useful in evaluating differantial diagnosis

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| | | | |
|---|---|---|---|
| **TSH**<br>Methord:- ECLIA | 1.940 | µIU/mL | 0.350 - 5.500 |

NOTE-TSH levels are subject to circardian 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
Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions.simoultaneous measurement of TSH with free T4 is useful in evaluating differantial diagnosis

INTERPRETATION-Ultra Sensitive 4th generation assay
1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.

ADITYA

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## IMMUNOASSAY

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3.Low TSH,high FT4 and TSH receptor antibody(TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter
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6.Low TSH,Low FT4 and TRH stimulation test -Delayed response seen in patients with Tertiary hypothyroidism
7.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels
8.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
9.Normal or↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis ( problem is conversion of T4 to T3)
10.Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism .
11.Normal T3 & ↓ T4 along with ↑ TSH is seen in Hypothyroidism .
12.Normal T3 & T4 levels with ↑ TSH indicate Mild / Subclinical Hypothyroidism .
13.Slightly ↑ T3 levels may be found in pregnancy and in estrogen therapy while ↓ levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propanolol.
14.Although ↑ TSH levels are nearly always indicative of Primary Hypothroidism ,rarely they can result from TSH secreting pituitary tumours

DURING PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester : 0.10-2.50 uIU/mL
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The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

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*** End of Report ***

ADIYTA

**Technologist**



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Sex :- Female Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 08/04/2023 16 00 25

## CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **Urine Routine** | | | |
| **PHYSICAL EXAMINATION** | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| APPEARANCE | Clear | | Clear |
| **CHEMICAL EXAMINATION** | | | |
| REACTION(PH) | 5.0 | | 5.0 - 7.5 |
| SPECIFIC GRAVITY | 1.030 | | 1.010 - 1.030 |
| PROTEIN | NIL | | NIL |
| SUGAR | NIL | | NIL |
| BILIRUBIN | NEGATIVE | | NEGATIVE |
| UROBILINOGEN | NORMAL | | NORMAL |
| KETONES | NEGATIVE | | NEGATIVE |
| NITRITE | NEGATIVE | | NEGATIVE |
| **MICROSCOPY EXAMINATION** | | | |
| RBC/HPF | NIL | /HPF | NIL |
| WBC/HPF | 2-3 | /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 | | |

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| | |
|---|---|
| **MRS. JYOTI SHARMA** | **Age: 36 Y/F** |
| **Registration Date: 08/04/2023** | **Ref. by: BANK OF BARODA** |

## ULTRASOUND OF WHOLE ABDOMEN

**Liver** is of normal size (13.1 cm). Echo-texture is normal. 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 (9.0 cm). Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.
**Right kidney** is measuring approx. 9.2 x 3.5 cm.
**Left kidney** is measuring approx. 9.3 x 4.3 cm.

**Urinary bladder** does not show any calculus or mass lesion.

**Uterus** is anteverted and normal in size (measuring approx. 7.3 x 3.7 x 3.9 cm).
Myometrium shows normal echo -pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 3.8 mm.

Both ovaries are visualized and are normal. No adnexal mass lesion is seen.

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

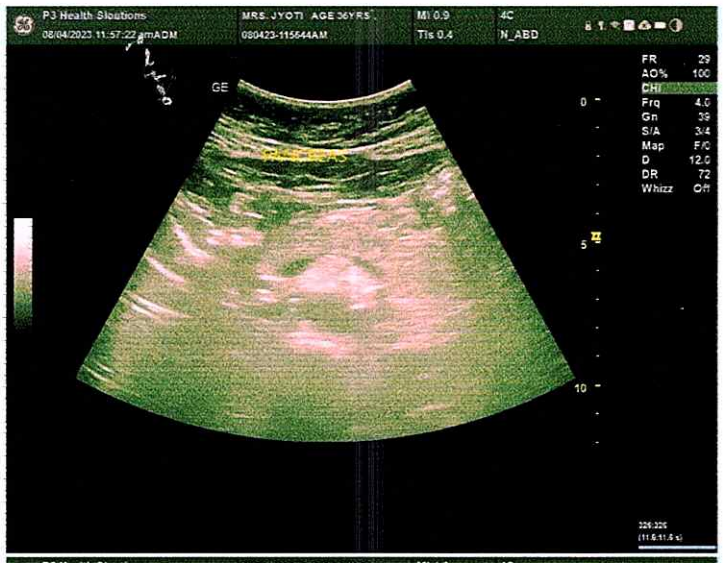
**IMPRESSION: No significant abnormality is detected.**

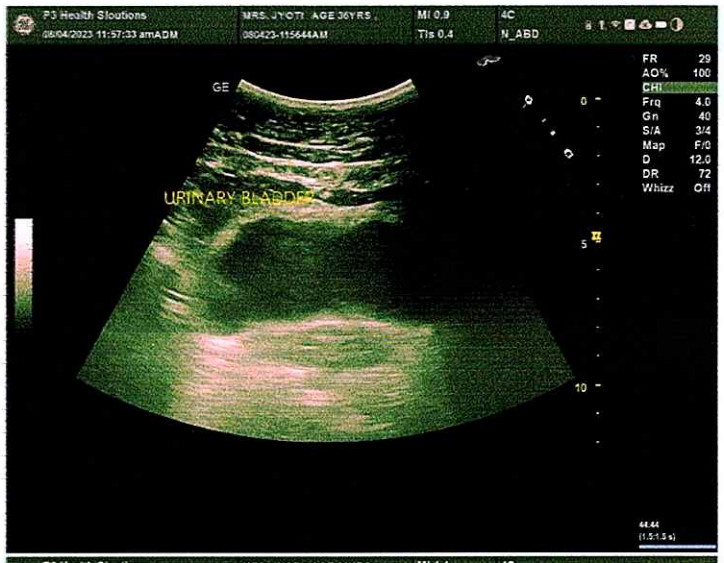
Shalini

**DR.SHALINI GOEL**

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

**RMC no.: 21954**


P3 Health Sloutions
MRS. JYOTI AGE 36YRS
08/04/2023 11:57:22 amADM
080423-115644AM
GE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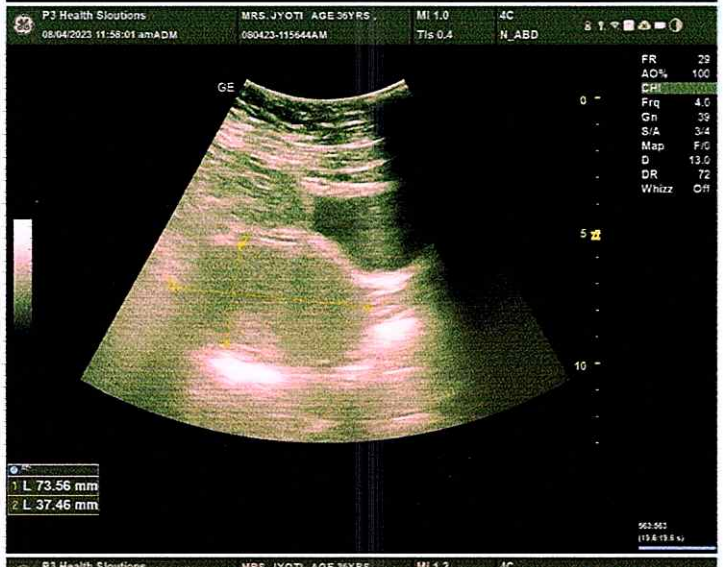
MRS. JYOTI AGE 36YRS
08/04/2023 11:57:33 amADM
080423-115644AM
GE
URINARY BLADDER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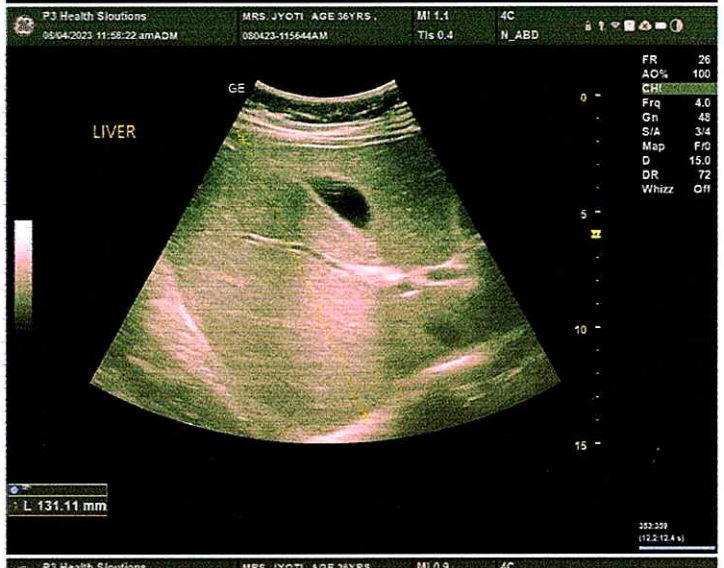
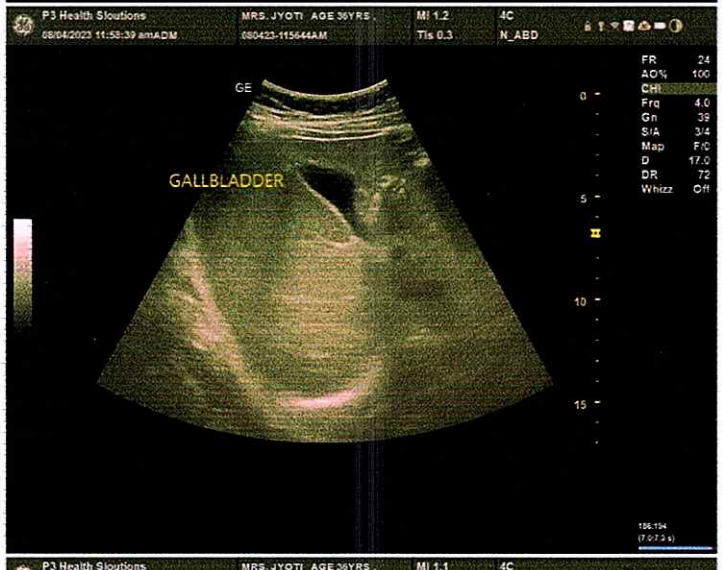
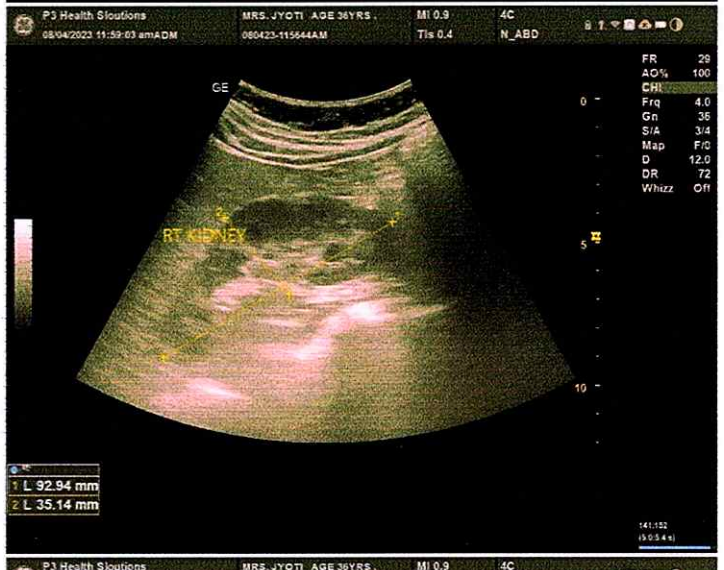
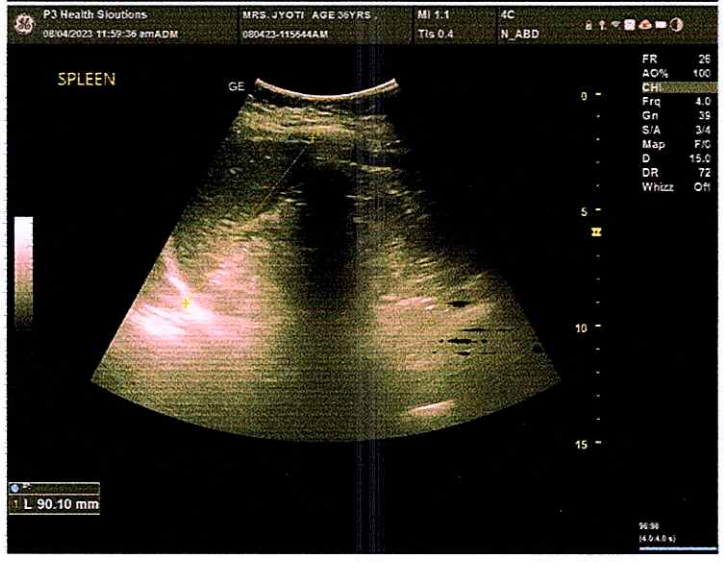
MRS. JYOTI AGE 36YRS
08/04/2023 11:58:01 amADM
080423-115644AM
GE
1 L 73.56 mm
2 L 37.46 mm


P3 Health Sloutions
MRS. JYOTI AGE 36YRS
08/04/2023 11:58:22 amADM
080423-115644AM
GE
LIVER
1 L 131.11 mm


P3 Health Sloutions
MRS. JYOTI AGE 36YRS
08/04/2023 11:58:39 amADM
080423-115644AM
GE
GALLBLADDER


P3 Health Sloutions
MRS. JYOTI AGE 36YRS
08/04/2023 11:59:03 amADM
080423-115644AM
GE
RT KIDNEY
1 L 92.94 mm
2 L 35.14 mm


P3 Health Sloutions
MRS. JYOTI AGE 36YRS
08/04/2023 11:59:36 amADM
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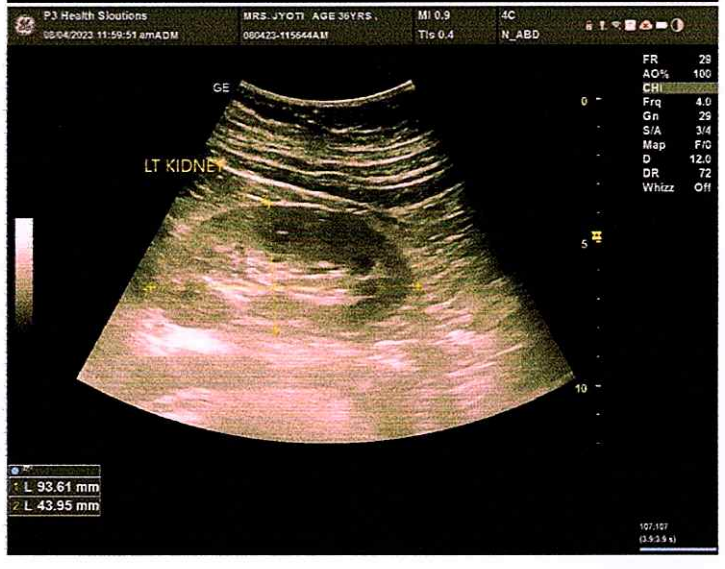
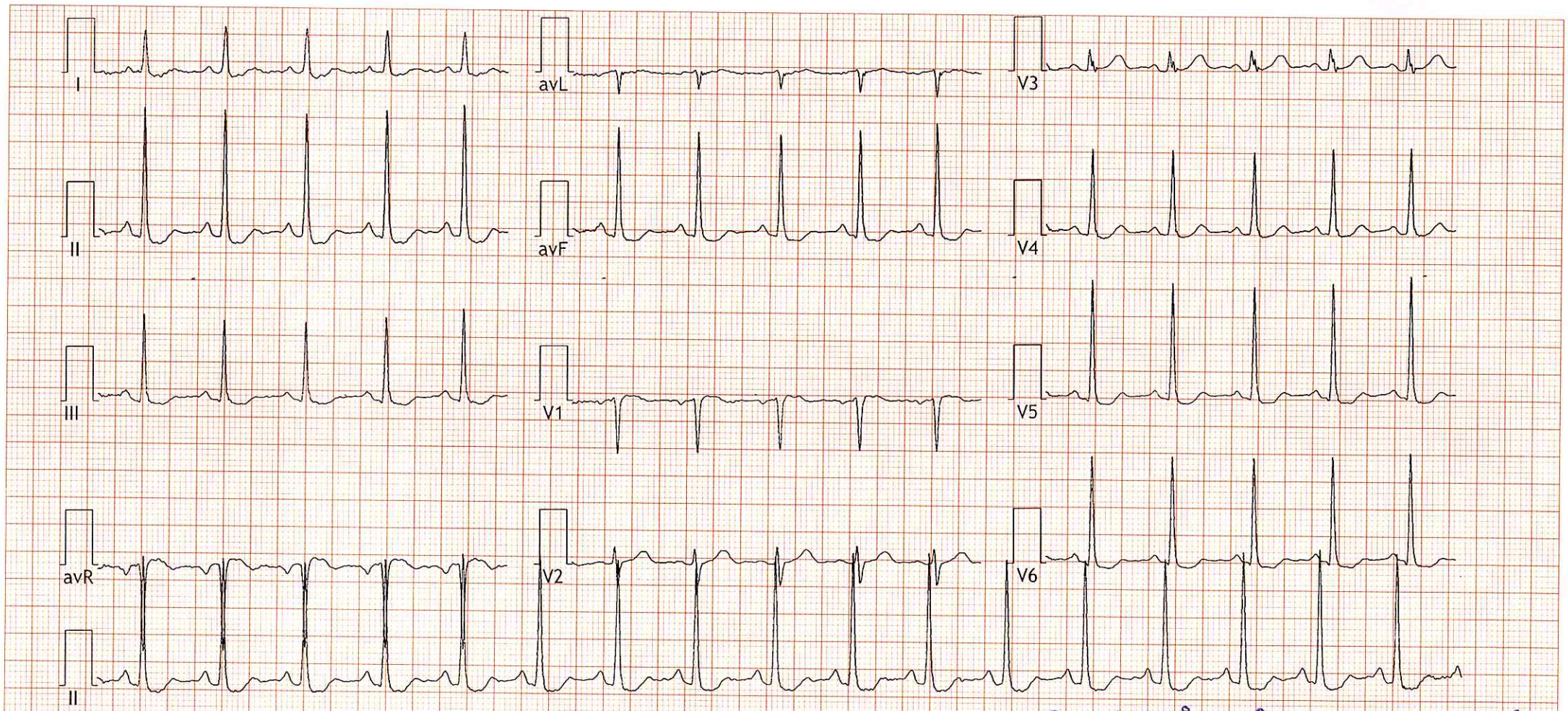
GE
SPLEEN
1 L 90.10 mm


P3 Health Sloutions
MRS. JYOTI AGE 36YRS
08/04/2023 11:59:51 amADM
080423-115644AM
GE
LT KIDNEY
1 L 93.61 mm
2 L 43.95 mm

?3 HEALTH SOLUTIONS LLP
3-14, Vidhyanagar Nagar, Enclave, Phase-2, Jaipur
12229451323393/Jyoti Sharma 36Yrs/Female Kgs/31 Cms BP: ___/___ mmHg HR: 104 bpm
Ref.: BANK OF BARODA Test Date: 08-Apr-2023(11:26:22) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

PR Interval: 136 ms
QRS Duration: 110 ms
QT/QTc: 302/399ms
P-QRS-T Axis: 69 - 67 - -39 (Deg)




Borderline sinus tachycardia with mild st depression in infero lat leads

FINDINGS: Abnormal ECG. with Indication of Sinus Tachycardia and Old MI (Posterior)
Vent Rate : 104 bpm PR Interval : 136 ms; QRS Duration: 110 ms; QT/QTc Int : 302/399 ms
P-QRS-T axis: 69• 67• -39• (Deg)
Comments :

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

RHQ

'3 HEALTH SOLUTIONS LLP

Summary

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

1322540/MRS JYOTI SHARMA 36 Yrs/Male 0 Kg/0 Cms

Date: 08-Apr-2023 11:42:08 AM

Ref.By : BANK OF BARODA

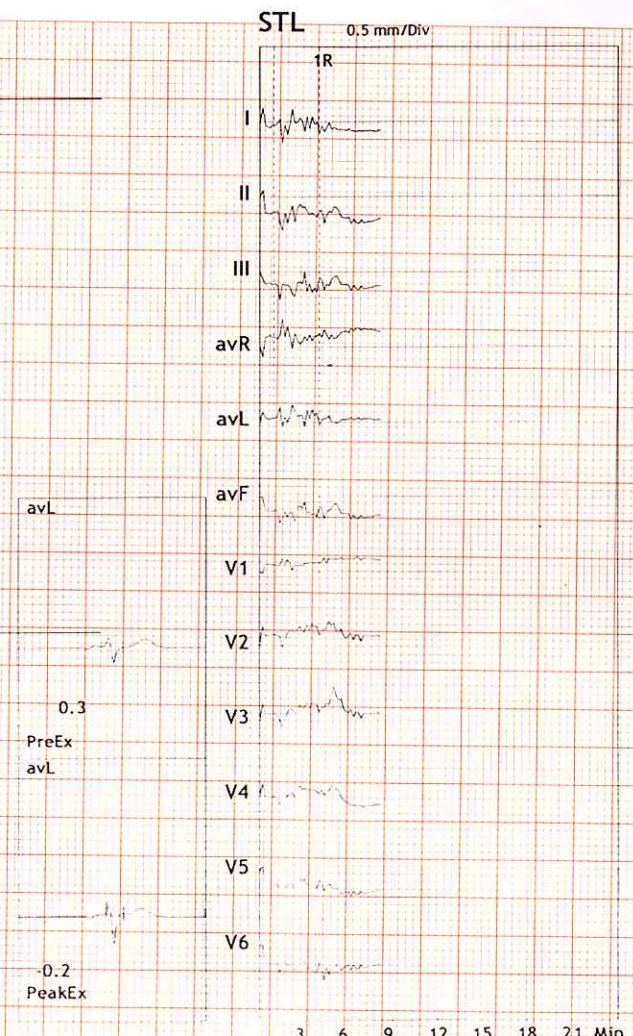
Protocol : BRUCE

Medication :

History :

Objective :

| Stage | StageTime (Min:Sec) | PhaseTime (Min:Sec) | Speed (mph) | Grade (%) | METs | H.R. (bpm) | B.P. (mmHg) | R.P.P. x100 | PVC | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Supine | | | | | 1.0 | 126 | 125/85 | 157 | - | |
| Standing | | | | | 1.0 | 120 | 125/85 | 150 | - | |
| HV | | | | | 1.0 | 120 | 125/85 | 150 | - | |
| ExStart | | | | | 1.0 | 121 | 125/85 | 151 | - | |
| Stage 1 | 3:01 | 3:02 | 1.7 | 10.0 | 4.7 | 142 | 135/85 | 191 | - | |
| PeakEx | 0:10 | 3:11 | 2.5 | 12.0 | 4.8 | 147 | 135/85 | 198 | - | |
| Recovery | 1:00 | | 0.0 | 0.0 | 1.0 | 122 | 135/85 | 164 | - | |
| Recovery | 2:00 | | 0.0 | 0.0 | 1.0 | 122 | 145/90 | 176 | - | |
| Recovery | 3:00 | | 0.0 | 0.0 | 1.0 | 112 | 135/85 | 151 | - | |
| Recovery | 4:00 | | 0.0 | 0.0 | 1.0 | 109 | 125/85 | 136 | - | |




Findings :

Exercise Time :03:10

Max HR Attained :147 bpm 80% of Max Predictable HR 184

Max BP : 145/90(mmHg)

Max WorkLoad attained :4.8(Poor Effort Tolerance)

Baseline ecg showed
There is ST changes seen during exercise in infero lateral leads which persisted till late recovery. Also having discomfortness while doing tmt.
TMT positive for RMI
correlate clinically !

dvice/Comments:

RHQ

'3 HEALTH SOLUTIONS LLP
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

1322540/MRS JYOTI SHARMA
36 Yrs/Male
0 Kg/0 Cms
Date: 08-Apr-2023 11:42:08 AM

HR: 128 bpm
METS: 1.0
BP: 125/85

MPHR:69% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 00:31
BLC :On
Notch :On

Supine
10.0 mm/mV
25 mm/Sec.

4X 50 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| -0.3 | -1.1 | -0.8 | 0.7 | 0.2 | -0.9 |
| 0.5 | -0.3 | -0.8 | -0.1 | 0.7 | -0.5 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| 0.4 | 0.7 | 0.4 | -0.1 | -0.9 | -1.2 |
| -0.1 | 1.0 | 0.7 | 0.4 | -0.2 | -0.4 |

V5
-0.9

I III avL V1 V3 V5

II avR avF V2 V4 V6

I
II
II
avR
avL
avF

V1
V2
V3
V4
V5
V6

RHQ

'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322540/MRS JYOTI SHARMA
36 Yrs/Male
0 Kg/0 Cms
Date: 08-Apr-2023 11:42:08 AM

HR: 119 bpm
METS: 1.0
BP: 125/85

MPHR:64% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 00:40
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec.

4X 50 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| -0.4 | -1.2 | -0.8 | 0.8 | 0.2 | -0.9 |
| 0.4 | -0.3 | -0.7 | -0.1 | 0.6 | -0.5 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| 0.5 | 0.7 | 0.4 | -0.1 | -0.9 | -1.2 |
| 0.0 | 1.1 | 0.8 | 0.4 | -0.2 | -0.4 |

V5
-0.9

I III avL V1 V3 V5

II avR avF V2 V4 V6

I II III avR avL avF

V1 V2 V3 V4 V5 V6

RHQ

'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322540/MRS JYOTI SHARMA
36 Yrs/Male
0 Kg/0 Cms
Date: 08-Apr-2023 11:42:08 AM

HR: 120 bpm
METS: 1.0
BP: 125/85

MPHR:65% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 00:47
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.

4X 50 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| -0.4 | -1.2 | -0.8 | 0.8 | 0.2 | -0.9 |
| 0.4 | -0.3 | -0.7 | -0.1 | 0.6 | -0.5 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| 0.5 | 0.7 | 0.4 | -0.1 | -0.9 | -1.2 |
| 0.0 | 1.1 | 0.8 | 0.4 | -0.2 | -0.4 |

V5
-0.9

I III avL V1 V3 V5

II avR avF V2 V4 V6

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

RHQ

'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322540/MRS JYOTI SHARMA
36 Yrs/Male
0 Kg/0 Cms
Date: 08-Apr-2023 11:42:08 AM

HR: 142 bpm
METS: 4.7
BP: 135/85

MPHR:77% of 184
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 02:59
BLC :On
Notch :On

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

4X 50 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| 0.0 | -1.4 | -1.3 | 0.7 | 0.6 | -1.3 |
| 1.6 | 0.7 | -0.8 | -1.2 | 1.2 | 0.0 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| 0.6 | 1.3 | 1.1 | 0.3 | -1.2 | -1.7 |
| -0.2 | 2.1 | 2.1 | 1.7 | 0.3 | -0.5 |

V5
-1.2

I III avL V1 V3 V5

II avR avF V2 V4 V6

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

RHQ

'3 HEALTH SOLUTIONS LLP
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

1322540/MRS JYOTI SHARMA
36 Yrs/Male
0 Kg/0 Cms
Date: 08-Apr-2023 11:42:08 AM

HR: 142 bpm
METS: 4.7
BP: 135/85

MPHR:77% of 184
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 02:59
BLC :On
Notch :On

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

4X
50 mS Post J

I 0.0 1.6
II -1.4 0.7
III -1.3 -0.8
avR 0.7 -1.2
avL 0.6 1.2
avF -1.3 0.0
V1 0.6 -0.2
V2 1.3 2.1
V3 1.1 2.1
V4 0.3 1.7
V5 -1.2 0.3
V6 -1.7 -0.5

V5.
-1.2

I III avL V1 V3 V5
II avR avF V2 V4 V6

RHQ

'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322540/MRS JYOTI SHARMA
36 Yrs/Male
0 Kg/0 Cms
Date: 08-Apr-2023 11:42:08 AM

HR: 146 bpm
METS: 4.8
BP: 135/85

MPHR:79% of 184
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 03:08
BLC :On
Notch :On

BRUCE:PeakEx(0:08)
10.0 mm/mV
25 mm/Sec.

4X 50 mS Post J

I -0.8 0.7 | II -1.0 0.2 | III -0.3 -0.5 | avR 0.9 -0.5 | avL -0.2 0.6 | avF -0.7 -0.1

V1 0.6 -0.1 | V2 0.7 2.1 | V3 0.5 2.1 | V4 0.1 1.5 | V5 -0.7 0.3 | V6 -1.1 -0.6

V5
-0.7

I III avL V1 V3 V5

II avR avF V2 V4 V6

RHQ

'3 HEALTH SOLUTIONS LLP
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

1322540/MRS JYOTI SHARMA
36 Yrs/Male
0 Kg/0 Cms
Date: 08-Apr-2023 11:42:08 AM

HR: 122 bpm
METS: 1.0
BP: 135/85

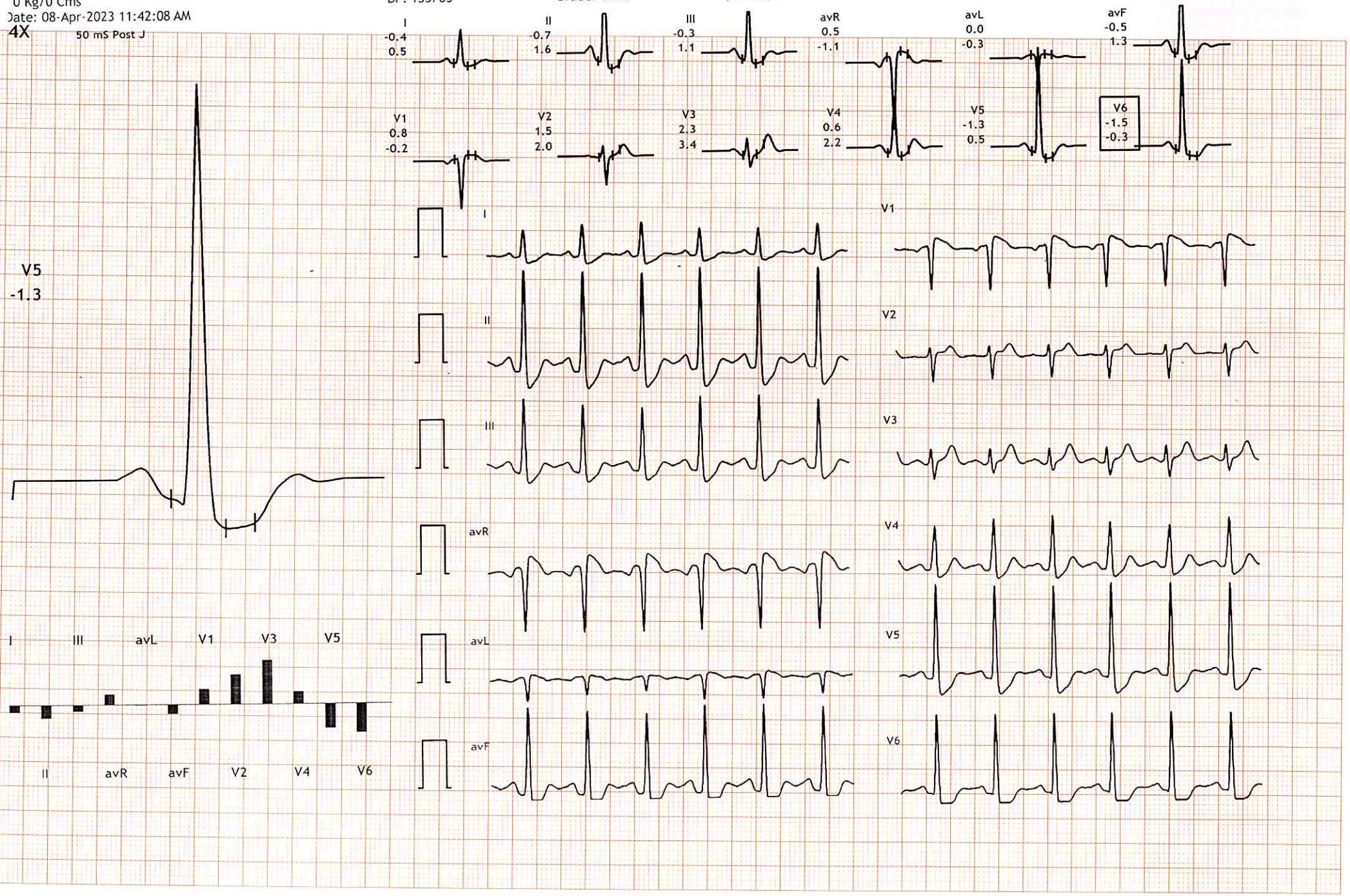
MPHR:66% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 03:10
BLC :On
Notch :On

Recovery(1:00)
10.0 mm/mV
25 mm/Sec.

4X 50 mS Post J




RHQ

'3 HEALTH SOLUTIONS LLP
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

1322540/MRS JYOTI SHARMA
36 Yrs/Male
0 Kg/0 Cms
Date: 08-Apr-2023 11:42:08 AM

4X 50 mS Post J

HR: 122 bpm
METS: 1.0
BP: 145/90

MPHR:66% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

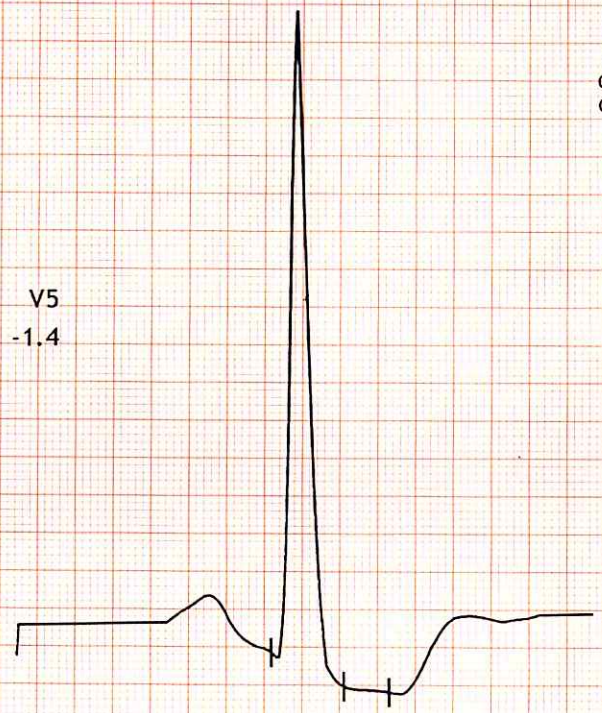
Ex Time 03:10
BLC :On
Notch :On

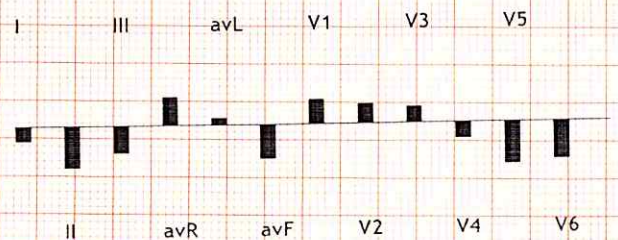
Recovery(2:00)
10.0 mm/mV
25 mm/Sec.

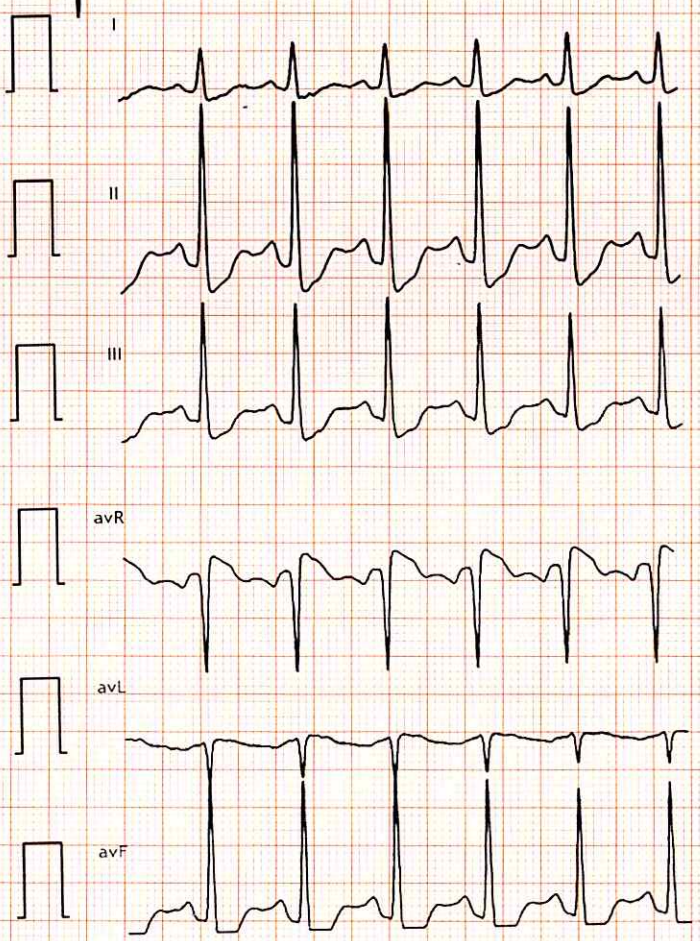
| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| -0.5 | -1.4 | -0.9 | 0.9 | 0.2 | -1.1 |
| 0.2 | 0.0 | -0.2 | -0.1 | 0.2 | -0.1 |

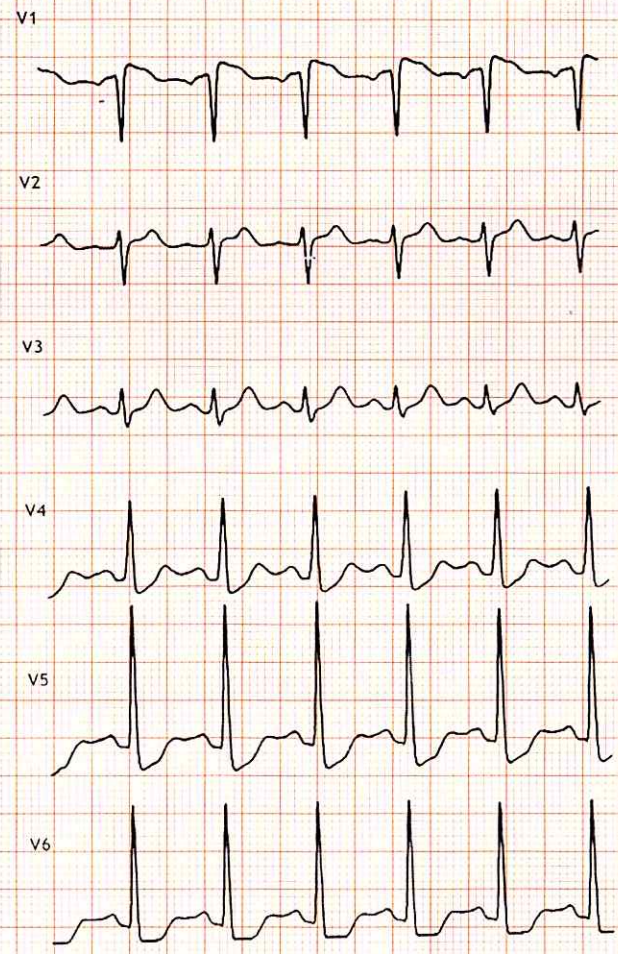
| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| 0.8 | 0.7 | 0.5 | -0.5 | -1.4 | -1.3 |
| 0.1 | 1.3 | 1.7 | 0.6 | -0.4 | -0.6 |

V5
-1.4



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'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322540/MRS JYOTI SHARMA
36 Yrs/Male
0 Kg/0 Cms
Date: 08-Apr-2023 11:42:08 AM

HR: 111 bpm
METS: 1.0
BP: 135/85

MPHR:60% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

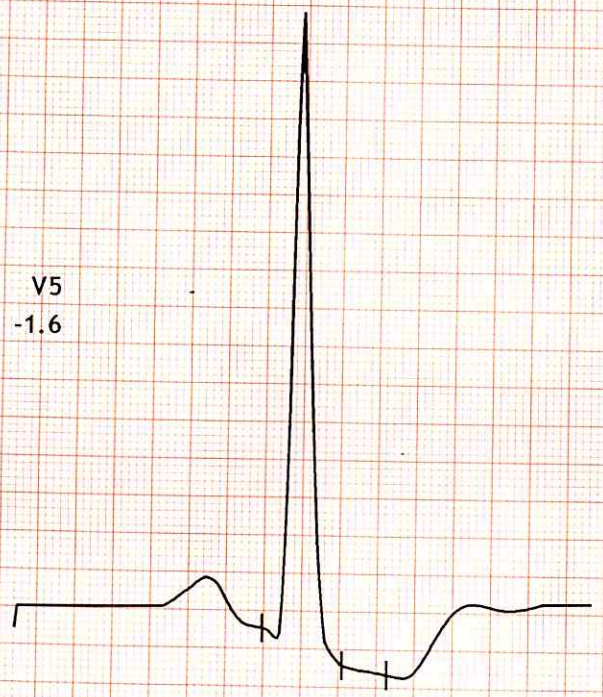
Ex Time 03:10
BLC :On
Notch :On

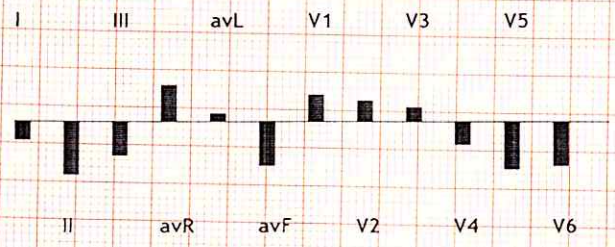
Recovery(3:00)
10.0 mm/mV
25 mm/Sec.

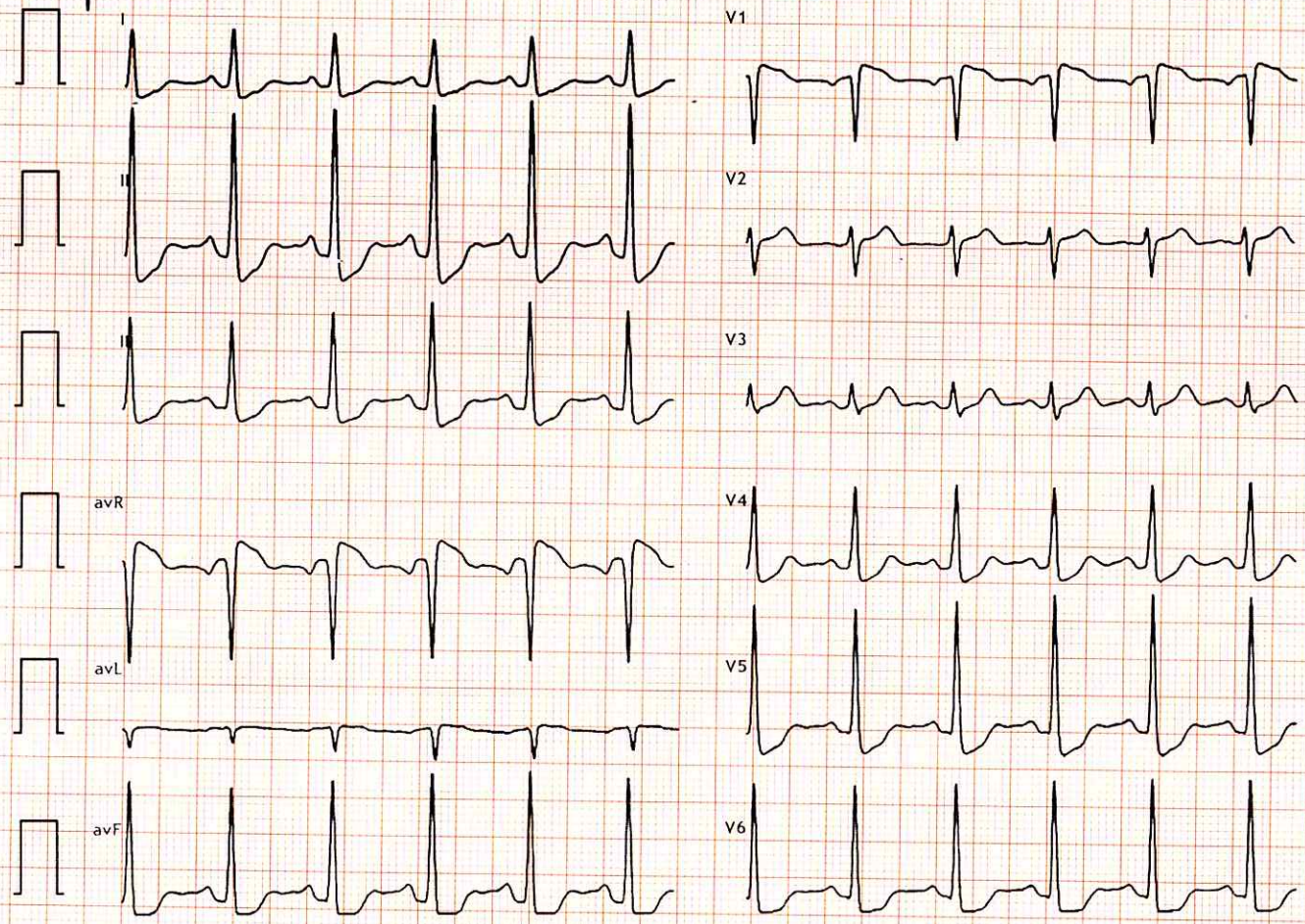
4X 50 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| -0.6 | -1.8 | -1.1 | 1.2 | 0.3 | -1.5 |
| 0.0 | -0.4 | -0.4 | 0.2 | 0.2 | -0.4 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| 0.9 | 0.7 | 0.5 | -0.8 | -1.6 | -1.5 |
| 0.2 | 0.9 | 1.1 | 0.2 | -0.5 | -0.7 |

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'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322540/MRS JYOTI SHARMA
36 Yrs/Male
0 Kg/0 Cms
Date: 08-Apr-2023 11:42:08 AM

HR: 108 bpm
METS: 1.0
BP: 125/85

MPHR:58% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 03:10
BLC :On
Notch :On

Recovery(4:00)
10.0 mm/mV
25 mm/Sec.

4X 50 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| -0.6 | -1.5 | -0.9 | 1.0 | 0.2 | -1.2 |
| 0.1 | -0.2 | -0.3 | 0.0 | 0.2 | -0.2 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| 0.8 | 0.7 | 0.5 | -0.6 | -1.3 | -1.3 |
| 0.1 | 0.8 | 0.9 | 0.2 | -0.4 | -0.4 |

V5
-1.3

I III avL V1 V3 V5

II avR avF V2 V4 V6

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

RHQ

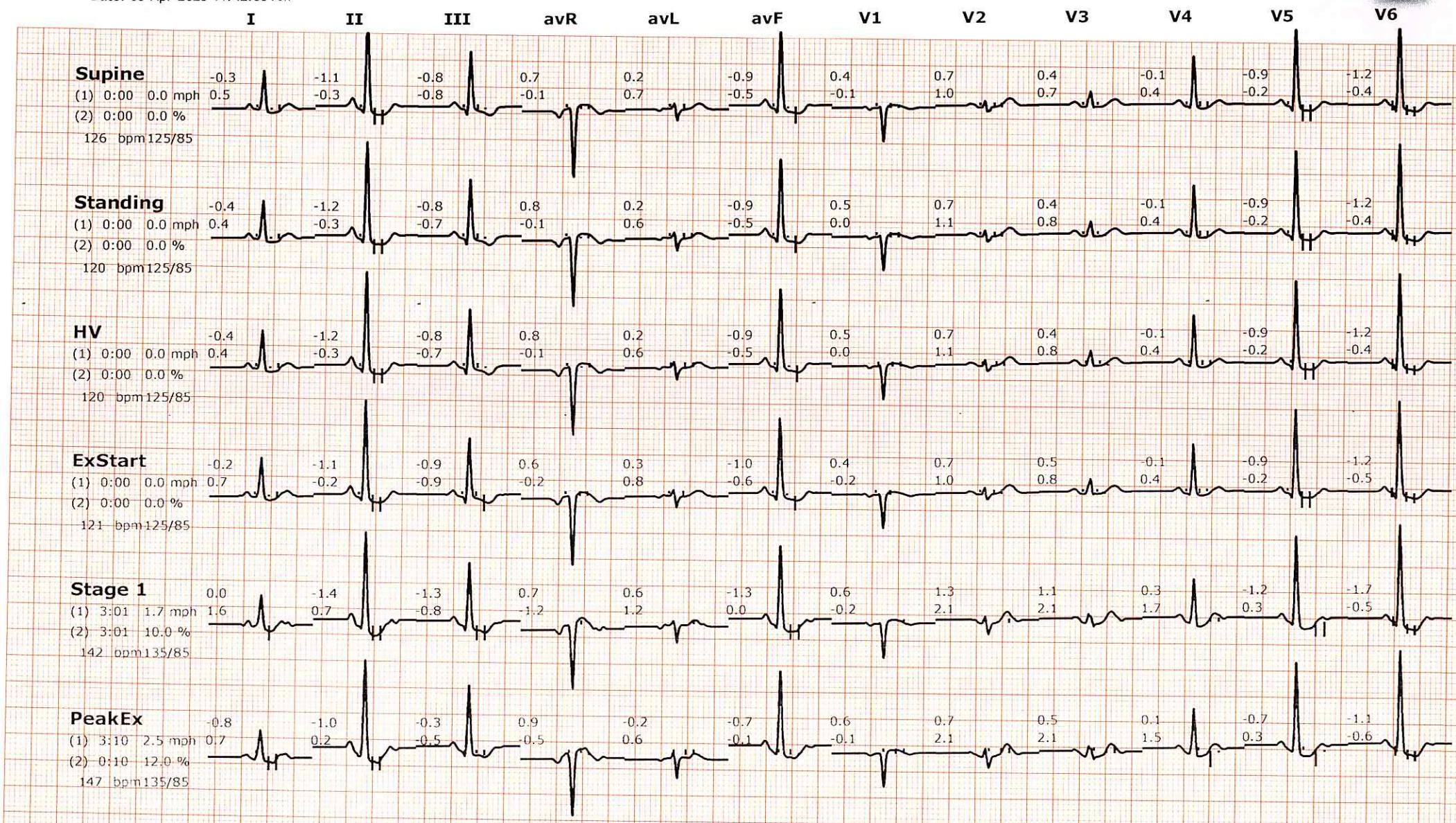
P3 HEALTH SOLUTIONS LLP

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

1322540/MRS JYOTI SHARMA 36 Yrs/Male 0 Kg/0 Cms

Date: 08-Apr-2023 11:42:08 AM

Average

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P3 HEALTH SOLUTIONS LLP

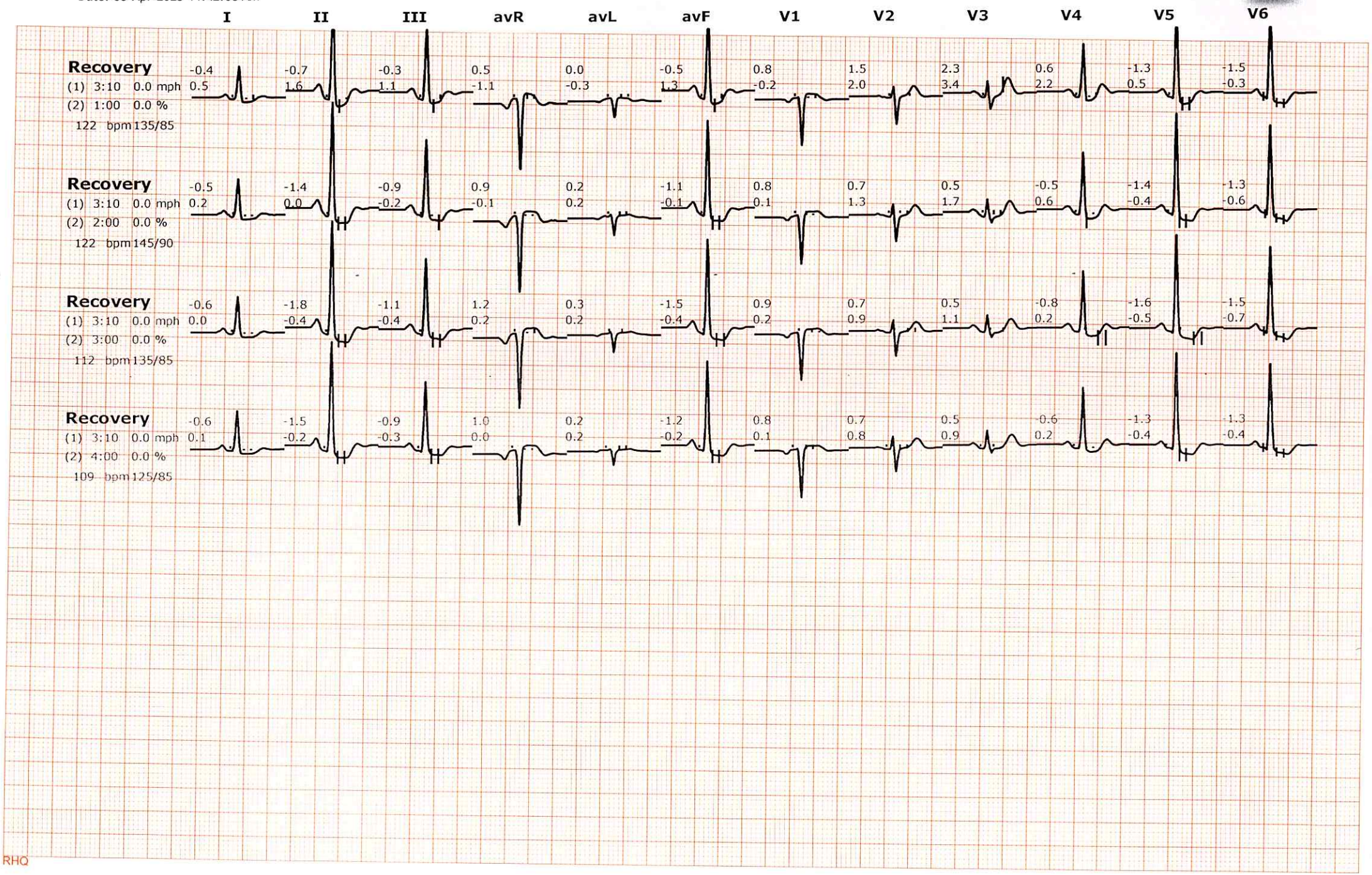
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

1322540/MRS JYOTI SHARMA 36 Yrs/Male 0 Kg/0 Cms

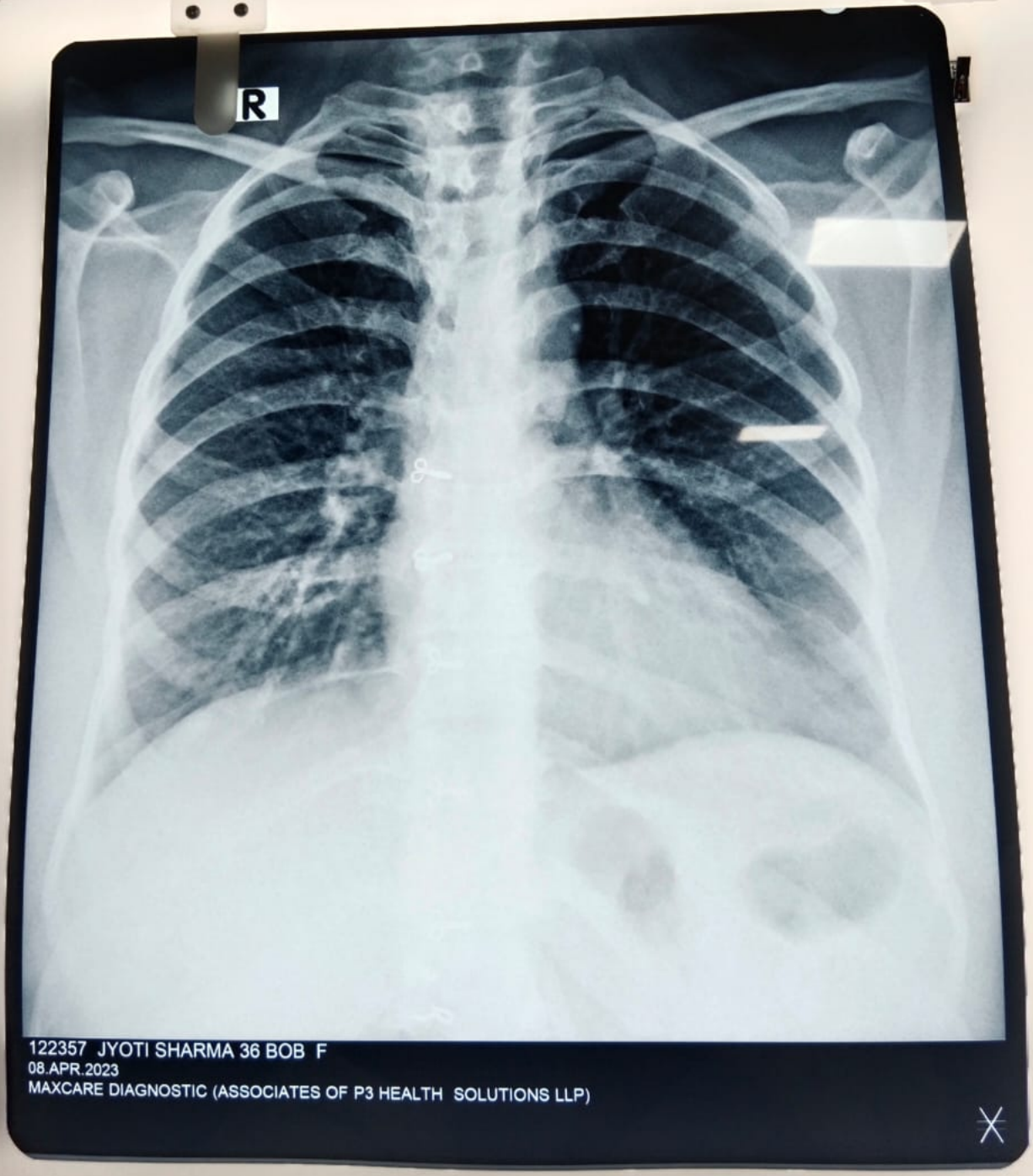
Date: 08-Apr-2023 11:42:08 AM

Average

RMS




RHQ


R
122357 JYOTI SHARMA 36 BOB F
08.APR.2023
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)