
GPS Map Camera
Jaipur, Rajasthan, India
G-22 Vidhadher Enclave 14, near Cine Star, Sector 2, Central Spine,
Vidyadhar Nagar, Jaipur, Rajasthan 302039, India
Lat 26.964663°
Long 75.78241°
17/11/23 09:48 AM GMT +05:30
Google


GPS Map Camera
Jaipur, Rajasthan, India
B-20,21 center tower, Sector 2, Central Spine, Vidyadhar Nagar, Jaipur, Rajasthan 302039, India
Lat 26.964698°
Long 75.782368°
17/11/23 09:53 AM GMT +05:30
Google


R
12233956 LAXMAN SINGH 36 YRS BOB M
17.NOV.2023
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

CENTRAL MOTOR VEHICLES
RULES 1989
FORM 7(See Rule 16(2))
DRIVING LICENCE

DL No.: RJ0MDLC/13/28312 Date: 23/05/2013

Name : LAXMAN SINGH
Son of : JUGAL SINGH RATHORE
Address : WARD NO 20 PUBANGAN DIST HANUMAN GARH TIA B O B KEKRI DIST AJMER
is licenced to drive throughout India a vehicle of the following description :
MCY With Gear, LMV

The licence to drive other than transport vehicle is valid
From : 23/05/2013 To : 22/05/2033

R.J. 01

Holder's Sig./Thumb Impression

Dr. Authorising Authority ABUB OTO KEKRI

Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041

Dt. of first issue of DL/Class of vehicle :

Name & Designation of the testing authority : ATUL KUMAR BHARDWAJ
Badge No. and date of authorisation to drive transport vehicle :

Details of Vehicle Class Additions

Vehicle Class	Effective From	Vehicle Class	Effective From

DOB : 09/09/1987 Blood Group: Tel No.:

R.J. 01

DRIVING OFFENCES 1 2 3 4 5 DON'T MIX DRINK & DRIVE

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

General Physical Examination

Date of Examination: 17/11/2023

Name: Laxman Singh Age: 36 DOB: 03/09/1987 Sex: Male

Referred By: Bank of Baroda

Photo ID: Driving licence ID #: RJ01/DLC/13/28312

Ht: 176 (cm) Wt: 93 (Kg)

Chest (Expiration): 104 (cm) Abdomen Circumference: 105 (cm)

Blood Pressure: 125/80 mm Hg PR: 72 / min RR: 18 / min Temp: Afebrile

BMI 30

Eye Examination: RE, 6/6, N6, NCB
LE 6/6 N6 NCB

Other: No

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

Signature Of Examine: Name of Examinee: Laxman Singh

Signature Medical Examiner: Name Medical Examiner Dr. Piyush Goyal

DR. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041

P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH
Age :- 36 Yrs 2 Mon 10 Days
Sex :- Male

Patient ID :-12233956 Date :- 17/11/2023 08:28:42
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 17/11/2023 16:14:59

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGLOBIN (Hb)	14.3	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.60	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	69.0	%	40.0 - 80.0
LYMPHOCYTE	27.0	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	2.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.64	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	43.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	94.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.8	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.6	g/dL	31.5 - 34.5
PLATELET COUNT	212	x10^3/uL	150 - 410
RDW-CV	**14.1** H	%	11.6 - 14.0

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH	Patient ID :-12233956	Date :- 17/11/2023	08:28:42
Age :- 36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 17/11/2023 16:14:59

HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR) Method:- Westergren	12	mm in 1st hr	00 - 15

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

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH		Patient ID :-12233956 Date :- 17/11/2023	08:28:42
Age :-	36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :- Mr.MEDIWHEEL	

(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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH		Patient ID :-12233956	Date :- 17/11/2023 08:28:42
Age :-	36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 17/11/2023 16:14:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method - GOD POD	98.8	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) Method - GOD PAP	104.0	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

Technologist
MSR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH	Patient ID :-12233956	Date :- 17/11/2023	08:28:42
Age :- 36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 17/11/2023 16:14:59

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C)			
Method:- CAPILLARY with EDTA	5.6	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	110	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 4-8 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: hyperbilirubinaemia, 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.

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH		Patient ID :-12233956	Date :- 17/11/2023 08:28:42
Age :-	36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 17/11/2023 16:14:59

HAEMATOLOGY

BLOOD GROUP ABO Method - Haemagglutination reaction	"O" POSITIVE

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH
Age :- 36 Yrs 2 Mon 10 Days
Sex :- Male

Patient ID :-12233956 Date :- 17/11/2023 08:28:42
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authenication : 17/11/2023 16:14:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method - CHOD-PAP methodology	203.00	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	**300.00** H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
PLEASE CORRLATE CLINICILLY			
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	52.00	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	101.00	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method - Calculated	60.00	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method - Calculated	3.90		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method - Calculated	1.94		0.00 - 3.50
TOTAL LIPID Method - CALCULATED	778.25	mg/dl	400.00 - 1000.00

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH		Patient ID :42233956	Date :- 17/11/2023 08:28:42
Age :-	36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 17/11/2023 16:14:59

BIOCHEMISTRY

1. Measurements in the same patient can show physiological& analytical variations. Three serumsamples 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

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.

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH	Patient ID :-12233956	Date :- 17/11/2023	08:28:42
Age :- 36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 17/11/2023 16:14:59

BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method - DMSO/Diazo	0.60	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method - DMSO/Diazo	0.25	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method - Calculated	0.35	mg/dl	0.30-0.70
SGOT Method - IFCC	33.2	U/L	0.0 - 40.0
SGPT Method - IFCC	37.4	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method - DGKC - SCE	88.90	U/L	53.00 - 141.00
SERUM GAMMA GT Method - Szasz methodology Instrument Name Randox Rx Imola Interpretation : Elevations in GGT levels increase earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 10 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.	29.30	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method - Direct Biuret Reagent	6.66	g/dl	6.00 - 8.40
SERUM ALBUMIN Method - Bromacresol Green	4.41	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.25	gm/dl	2.20 - 3.50
A/G RATIO	1.96		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 interactive the person's liver.

Technologist
MLR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH	Patient ID :-12233956	Date :- 17/11/2023	08:28:42
Age :- 36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 17/11/2023 16:14:59

BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Method:- Urease/GLDH	35.60	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 Method:- Jaffe's Method	1.22	mg/dl	Males : 0.6-1.50 mg/dl 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	6.21	mg/dl	2.40 - 7.00

InstrumentName:HORIBA YUMIZEN CA60 Daysons 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 Method:- ISE	139.2	mmol/L	135.0 - 150.0
POTASSIUM Method:- ISE	4.12	mmol/L	3.50 - 5.50
CHLORIDE Method:- ISE	97.3	mmol/L	94.0 - 110.0
SERUM CALCIUM Method:- Arsenazo III Method	9.20	mg/dL	8.80 - 10.20

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 Method:- Direct Biuret Reagent	6.66	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- Bromocresol Green	4.41	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.25	gm/dl	2.20 - 3.50
A/G RATIO	1.96		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of dis ver, kidney and

Technologist
MSR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH		Patient ID :-12233956	Date :- 17/11/2023 08:28:42
Age :-	36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 17/11/2023 16:14:59

BIOCHEMISTRY

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

Apart from renal failure Blood Urea can increase in dehydration and GI bleed

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH		Patient ID :-42233956	Date :- 17/11/2023 08:28:42
Age :-	36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 17/11/2023 16:14:59

CLINICAL PATHOLOGY

URINE SUGAR (FASTING) Collected Sample Received	Nil	Nil

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH
Age :- 36 Yrs 2 Mon 10 Days
Sex :- Male

Patient ID :-12233956 Date :- 17/11/2023 08:28:42
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 17/11/2023 16:14:59

TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3 Method:- ECLIA	1.03	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 differential 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.High TSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimotos thyroiditis 5.High TSH,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. *** 5.10 - 14.10

THYROID-THYROXINE (T4) Method:- ECLIA	8.25	µg/dL	

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 differential 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.High TSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimotos thyroiditis 5.High TSH,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.

TSH Method:- ECLIA	2.023	µIU/mL	0.350 - 5.500

4th Generation Assay,Reference ranges vary between laboratories

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH		Patient ID :-12233956	Date :- 17/11/2023 08:28:42
Age :-	36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 17/11/2023 16:14:59

IMMUNOASSAY

. **PREGNANCY - REFERENCE RANGE for TSH IN ulU/mL (As per American Thyroid Association)**
1st Trimester : 0.10-2.50 ulU/mL
2nd Trimester : 0.20-3.00 ulU/mL
3rd Trimester : 0.30-3.00 ulU/mL
The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.
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.

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

**** End of Report ****

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. LAXMAN SINGH	Patient ID :12233956	Date :- 17/11/2023	08:28:42
Age :- 36 Yrs 2 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 17/11/2023 16:14:59

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)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.015		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		

Technologist
MGR

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME:	MR. LAXMAN SINGH	AGE	36 YRS/M
REF.BY	BANK OF BARODA	DATE	17/11/2023

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

MR. LAXMAN SINGH	36Y/M
Registration Date: 17/11/2023	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is mildly enlarged in size (153 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. 90 mm.
Left kidney is measuring approx. 110 mm.

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

Prostate is normal in size with normal echotexture and outline.

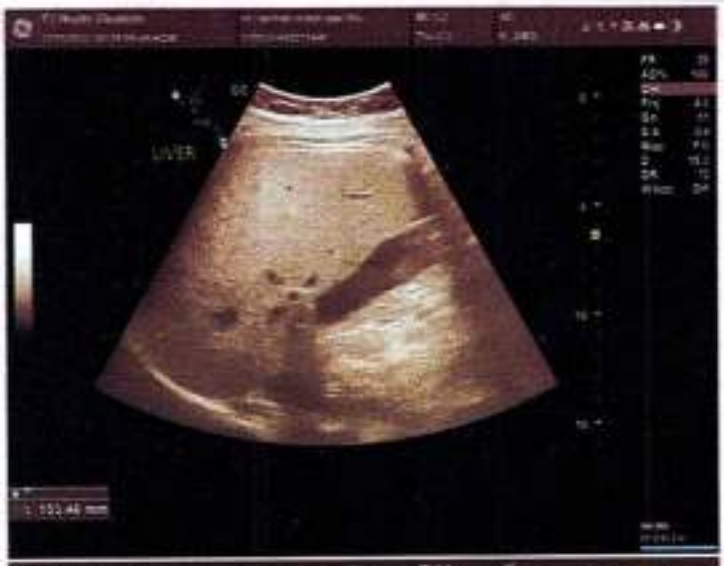
No enlarged nodes are visualized. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pelvis.

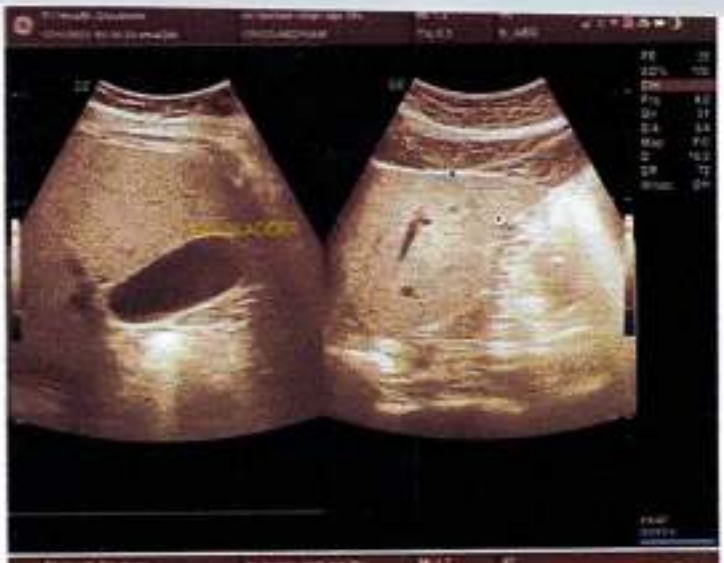
IMPRESSION:-

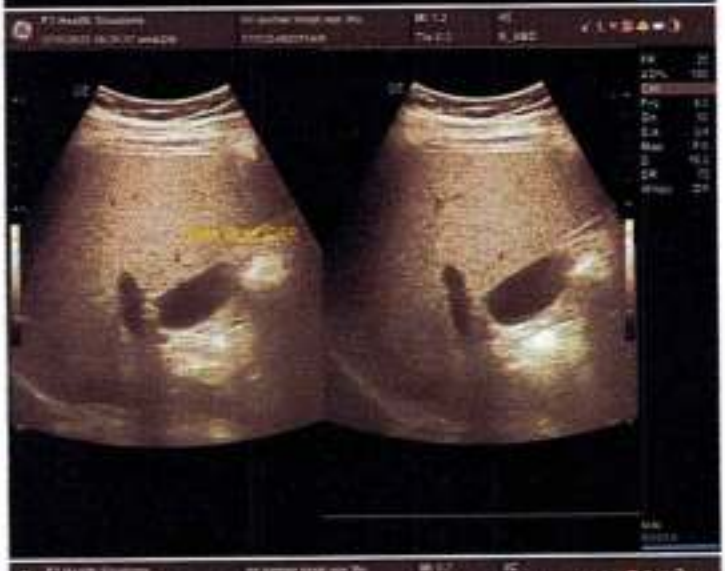
- **Mild hepatomegaly with grade I hepatic steatosis.**
- **No free fluid or lymphadenopathy.**

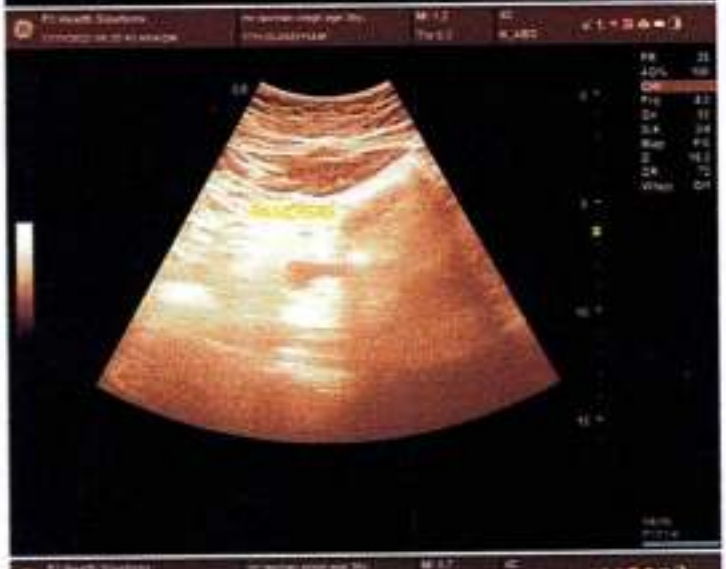
Dr. Mukesh Sharma
M.B.B.S; M.D. (Radiodiagnosis)
RMC No. 43418/17437

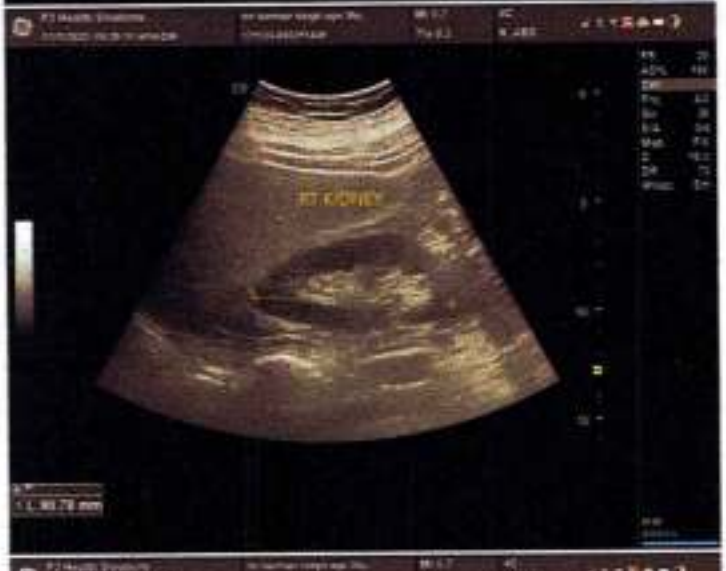
Dr. MUKESH SHARMA
M.B.B.S., M.D.(Radiodiagnosis)
RMC No. : 43418/17437
P3 Health Solutions LLP

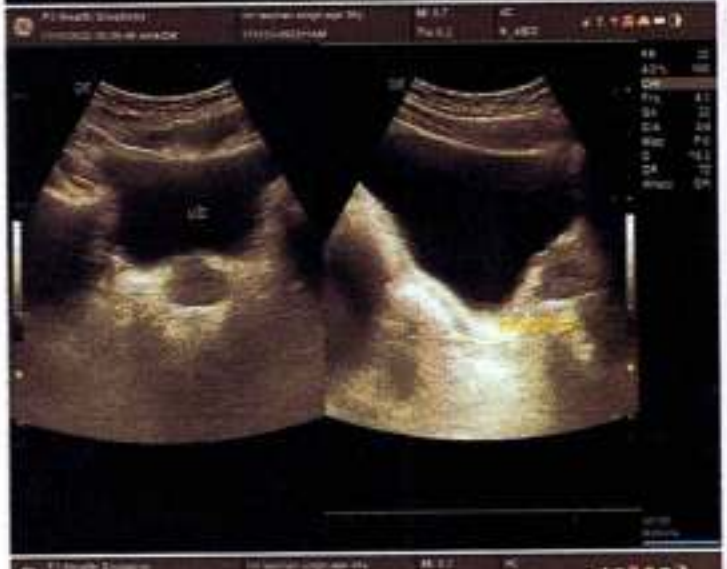

LIVER

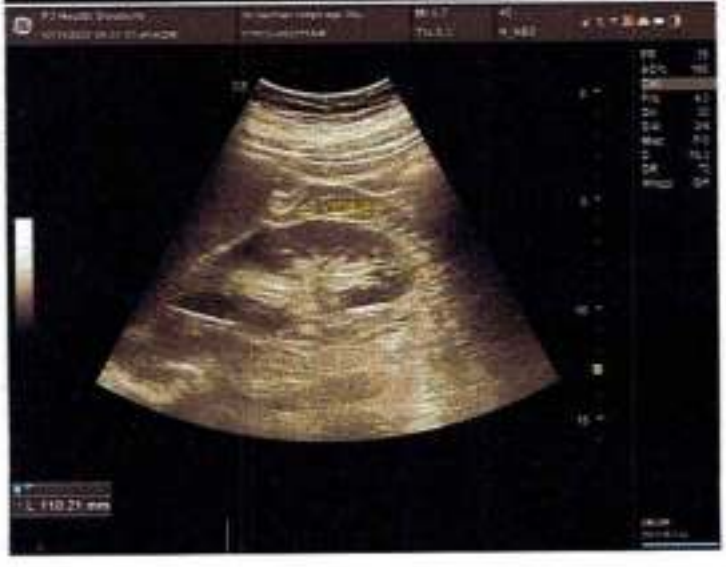


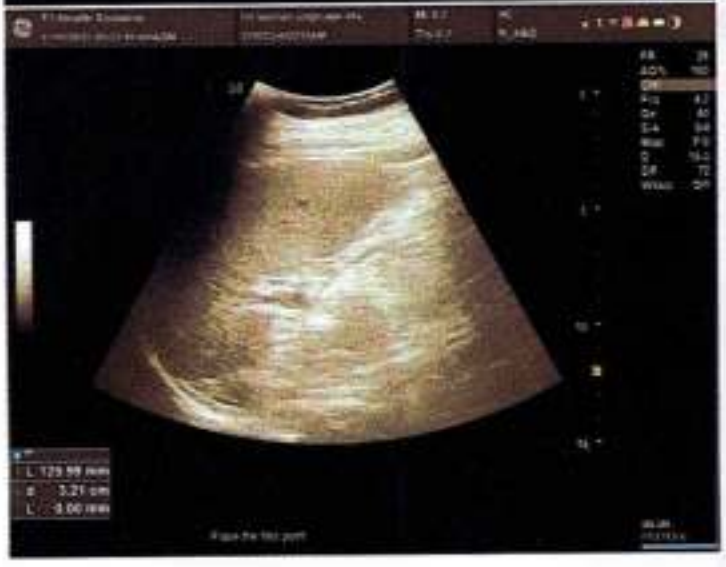





RT KIDNEY





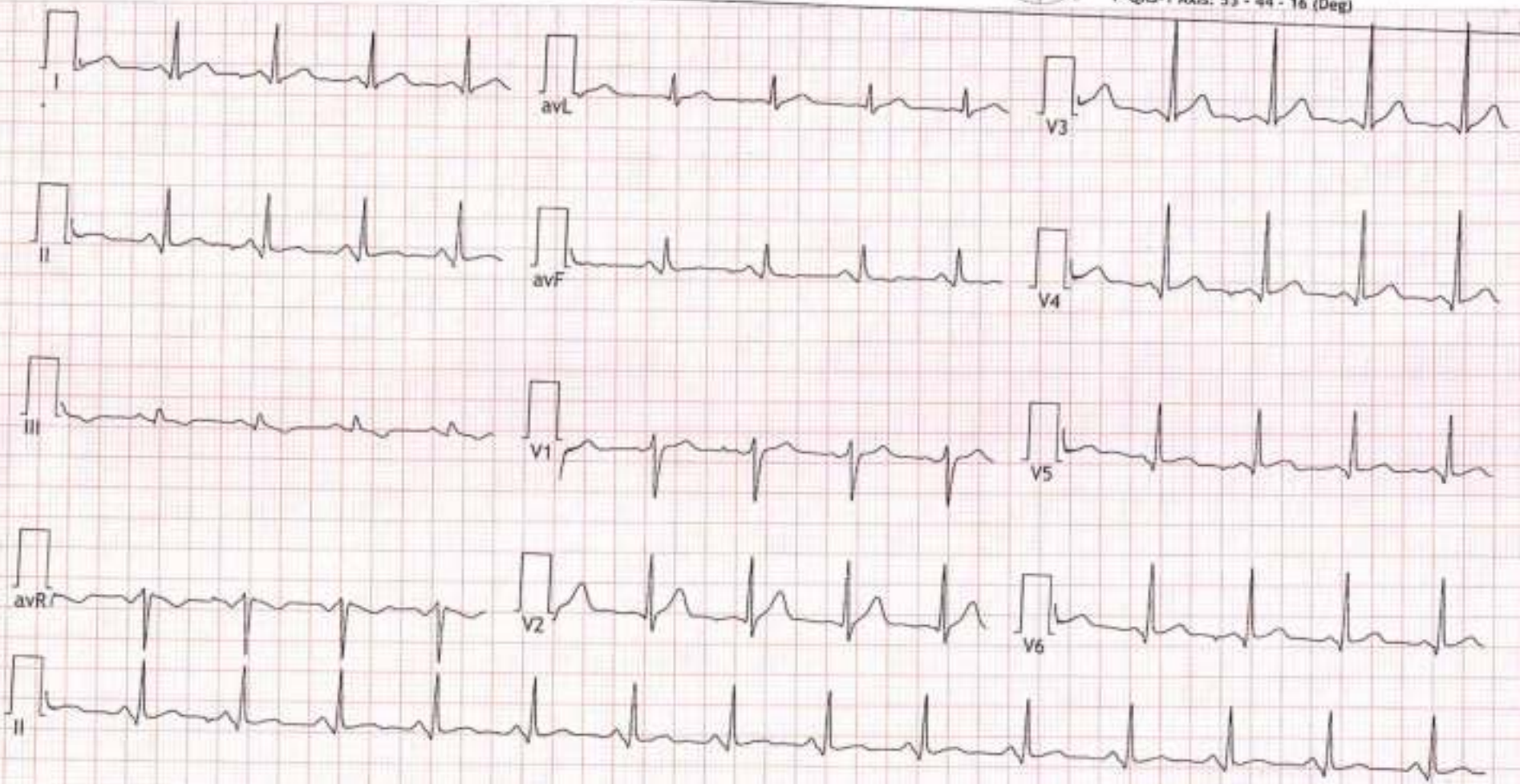


Tems (P) Ltd
#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar , Jaipur
1234569119/Mr Laxman singh 36Yrs/Male Kgs/ Cms BP: ___/___ mmHg
Ref.: BANK OF BARODA Test Date: 17-Nov-2023(1:08:49 P) Notch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

HR: 86 bpm

PR Interval: 136 ms
QRS Duration: 94 ms
QT/QTc: 321/386ms
P-QRS-T Axis: 53 - 44 - 16 (Deg)

RMS



FINDINGS: Normal Sinus Rhythm
Vent Rate : 86 bpm; PR Interval : 136 ms; QRS Duration: 94 ms; QT/QTc Int : 321/386 ms
P-QRS-T axis: 53• 44• 16• (Deg)
Comments :

TWNL

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

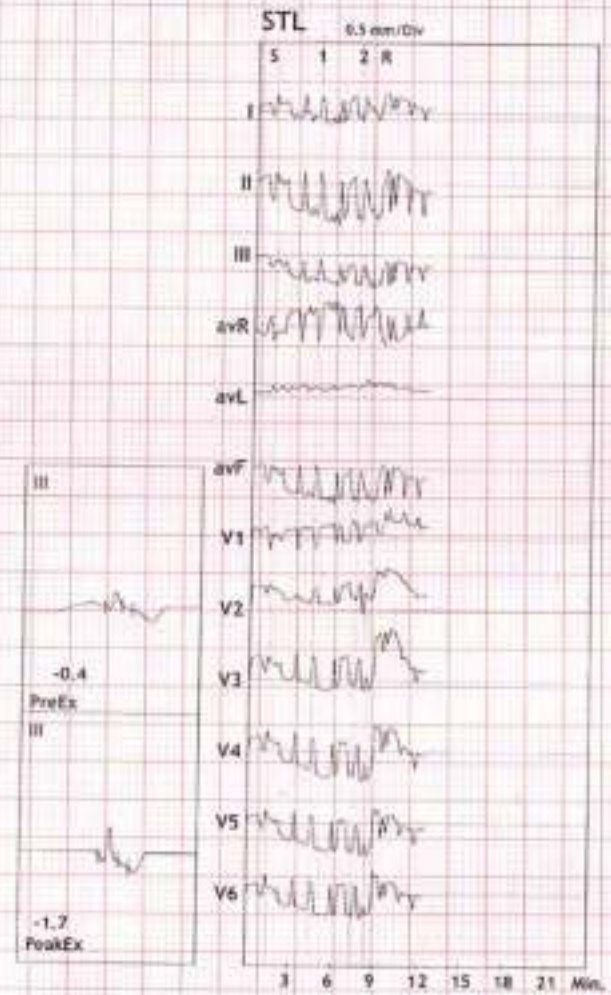
P3 HEALTH SOLUTIONS LLP
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

Summary

12213882/MR LAXMAN SINGH 36 Yrs/Male 0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM
Ref.By : BANK OF BARODA
Medication : Nil
Objective :

Protocol : BRUCE
History : Nil

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	85	125/80	106	-	
Standing					1.0	84	125/80	105	-	
HV					1.0	97	125/80	121	-	
HV					1.0	116	125/80	145	-	
ExStart					1.0	119	125/80	148	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	160	135/80	216	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	174	145/85	252	-	
PeakEx	1:00	7:00	3.4	14.0	8.1	186	145/85	269	-	
Recovery	1:00		0.0	0.0	1.2	157	145/85	227	-	
Recovery	2:00		0.0	0.0	1.0	131	155/85	203	-	
Recovery	3:00		0.0	0.0	1.0	128	145/85	185	-	
Recovery	4:00		0.0	0.0	1.0	118	135/80	159	-	



Findings :

Exercise Time :06:59
Max HR Attained :186 bpm 101% of Max Predictable HR 184
Max BP : 155/85(mmHg)
Max WorkLoad attained :8.1(Fair Effort Tolerance)

TMT is Negative for RMI

Advice/Comments:

Dr. Naresh Kumar Mohinka
RMC No.: 35703
MBBS, DNB, CARDIO (ESCORTS)
(RCGP UK)

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

HR: 84 bpm
METS: 1.0
BP: 125/80

MPHR:45% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:31
BLC :On
Notch :On

Supine
10.0 mm/mV
25 mm/Sec.

RMS

4X 67 mS Post J

V5
0.4

I	II	III	avR	avL	avF
0.5	0.4	-0.1	-0.5	0.3	0.2
1.1	0.5	-0.6	-0.8	0.8	0.0

V1	V2	V3	V4	V5	V6
0.7	1.6	1.7	1.0	0.4	0.6
0.4	2.1	1.7	1.1	0.4	0.7

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

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

HR: 84 bpm
METS: 1.0
BP: 125/80

MPHR:45% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:38
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec.

RMS

4X

67 mS Post J

V5
0.4

I 0.5 1.1
II 0.4 0.5
III -0.1 -0.6
avR -0.5 -0.8
avL 0.3 0.8
avF 0.2 0.0

V1 0.7 0.4
V2 1.6 2.1
V3 1.7 1.7
V4 1.0 1.1
V5 0.4 0.4
V6 0.6 0.7

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

HR: 85 bpm
METS: 1.0
BP: 125/80

MPHR:46% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:16
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.

RMS

4X

67 mS Post J

I	II	III	avR	avL	avF
-0.3	-1.2	-0.9	0.8	0.3	-1.0
1.0	0.3	-0.8	-0.6	0.8	-0.2

V1	V2	V3	V4	V5	V6
0.7	1.1	0.6	0.0	-0.4	-0.2
0.2	1.6	1.2	0.7	0.3	0.4

V5
-0.4

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12233882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

HR: 109 bpm
METS: 1.0
BP: 125/80

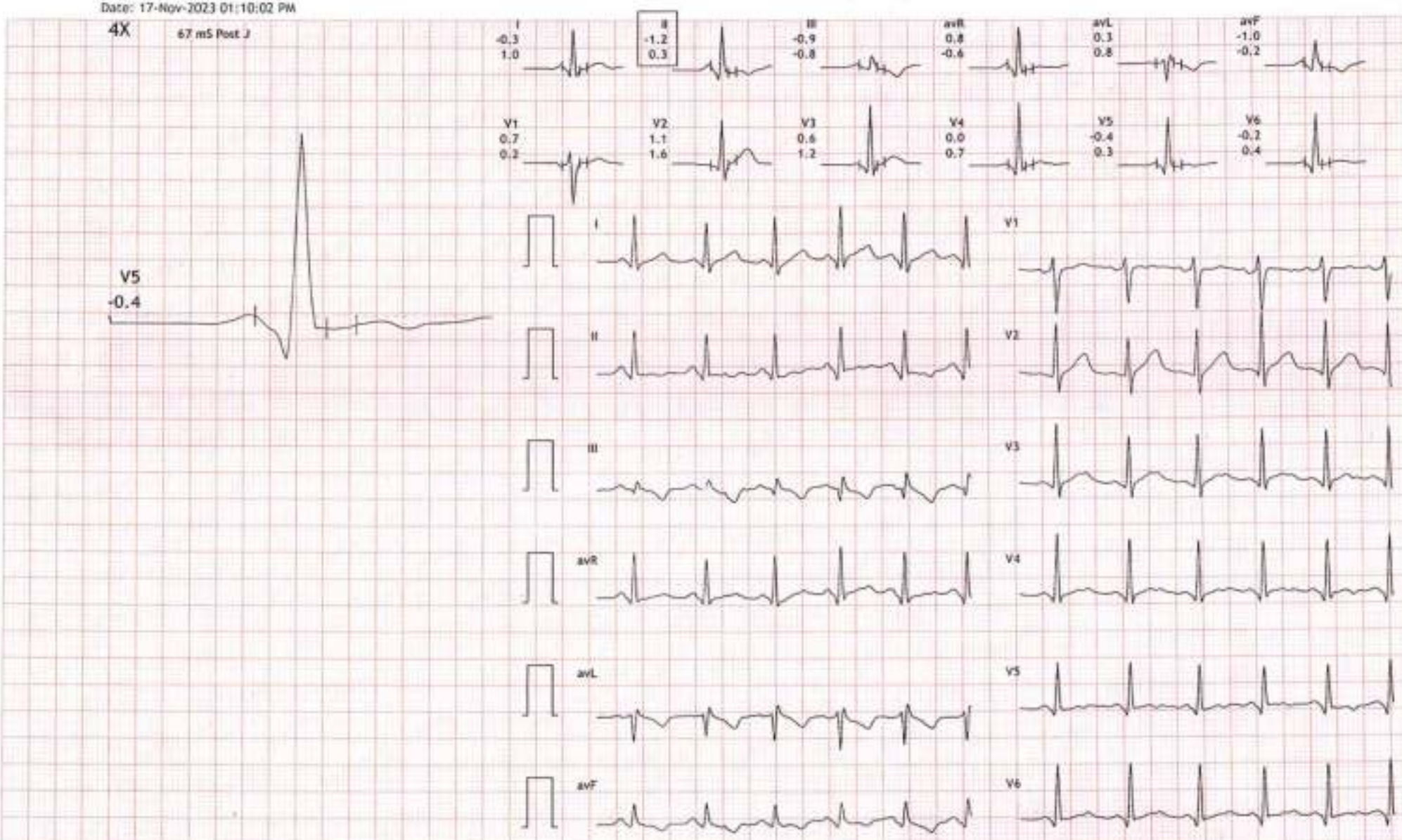
MPHR:59% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:18
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec

12 Lead + Median



DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12233882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

12 Lead + Median

HR: 119 bpm
METS: 1.0
BP: 125/80

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

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:24
BLC :On
Notch :On

ExStart
10.0 mm/mV
25 mm/Sec.

RMS

4X

67 mS Post J

V5
0.9

I	II	III	aVR	aVL	aVF
1.2	0.8	-0.4	-1.0	0.8	0.2
1.1	0.1	-1.1	-0.6	1.0	-0.4

V1	V2	V3	V4	V5	V6
-0.8	1.7	1.7	1.4	0.9	1.4
0.3	1.8	1.2	0.7	0.2	0.5

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

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12 Lead + Median

12233882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

HR: 160 bpm
METS: 4.7
BP: 135/80

MPHR:86% of 184
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

RMS

4X 67 mS Post J

V5
-1.5

I	II	III	aVR	aVL	aVF
-0.4	-2.2	-1.9	1.3	0.7	-2.0
1.4	0.7	-0.6	-1.1	0.9	0.1

V1	V2	V3	V4	V5	V6
0.9	0.8	-0.2	-1.2	-1.5	-1.1
1.0	3.2	3.0	1.9	0.9	1.1

I
II
III
aVR
aVL
aVF

V1
V2
V3
V4
V5
V6

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12233882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

12 Lead + Median

HR: 174 bpm
METS: 7.1
BP: 145/85

MPHR:94% of 184
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.

RMS

4X 67 mS Post J

I	II	III	aVR	aVL	aVF
-0.3	-2.2	-1.8	1.2	0.8	-2.0
1.8	0.9	-0.9	-1.4	1.4	-0.1

V1	V2	V3	V4	V5	V6
1.2	0.9	-0.2	-1.6	-2.0	-1.4
1.1	3.1	3.4	1.9	0.9	1.1

V5
-2.0

I
II
III
aVR
aVL
aVF

V1
V2
V3
V4
V5
V6

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12 Lead + Median

12233882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

HR: 186 bpm
METS: 8.1
BP: 145/85

MPHR:101% of 184
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:57
BLC :On
Notch :On

BRUCE:PeakEx(0:57)
10.0 mm/mV
25 mm/Sec.

RMS

4X 67 mS Post J

V5
-1.4

I	II	III	avR	avL	avF
0.1	-1.6	-1.7	0.8	0.9	-1.7
2.0	0.1	-1.9	-1.0	1.9	-0.9

V1	V2	V3	V4	V5	V6
0.9	1.0	0.3	-0.9	-1.4	-0.8
1.1	3.0	3.1	1.6	0.4	0.6

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

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

HR: 156 bpm
METS: 1.3
BP: 145/85

MPHR:84% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:59
BLC :On
Notch :On

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

RMS

4X 67 mS Post J

V5
0.9

I	II	III	avR	avL	avF
1.4	1.1	-0.3	-1.3	0.9	0.4
2.2	1.8	-0.4	-2.0	1.3	0.6

V1	V2	V3	V4	V5	V6
0.4	2.7	3.5	2.0	0.9	1.4
1.5	4.4	5.6	3.4	1.7	1.8

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

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12233882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

12 Lead + Median

HR: 132 bpm
METS: 1.0
BP: 155/85

MPHR:71% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:59
BLC :On
Notch :On

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

RMS

4X 67 mS Post J

V5
0.6

I	II	III	avR	avL	avF
0.9 1.7	0.5 1.5	-0.4 -0.2	-0.8 -1.6	0.7 0.9	0.1 0.7

V1	V2	V3	V4	V5	V6
1.3 1.7	2.7 4.3	3.4 5.8	1.6 3.4	0.6 1.7	0.9 1.8

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

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12 Lead + Median

12223882/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

HR: 128 bpm
METS: 1.0
BP: 145/85

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

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:59
BLC :On
Notch :On

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

RMS

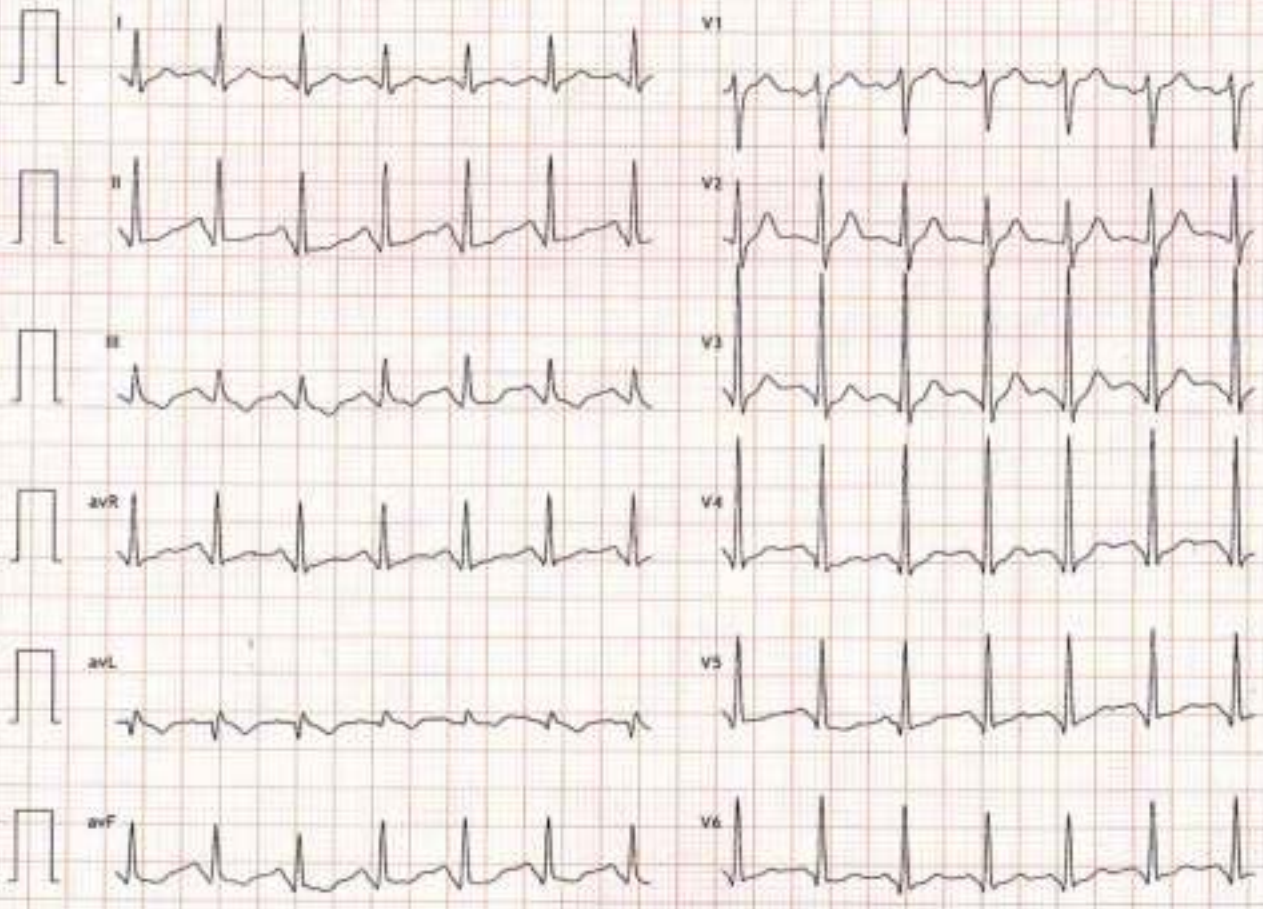
4X

67 ms Post J

V5
0.3

I	II	III	avR	avL	avF
0.4	-0.5	-0.9	0.0	0.6	-0.7
1.1	0.3	-0.8	-0.7	0.9	-0.2

V1	V2	V3	V4	V5	V6
1.2	1.5	1.2	0.1	-0.3	0.0
1.2	2.6	2.6	1.2	0.4	0.7



DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

RMS

1223388Z/MR LAXMAN SINGH
36 Yrs/Male
0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

HR: 118 bpm
METS: 1.0
BP: 135/80

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

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:59
BLC :On
Notch :On

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

4X

67 ms Post J

V5
0.4

I	II	III	avR	avL	avF
0.2	-0.5	-0.8	0.1	0.5	-0.7
0.7	0.0	-0.7	-0.4	0.7	-0.4

V1	V2	V3	V4	V5	V6
0.9	1.1	0.7	-0.2	-0.4	-0.2
0.9	1.7	1.5	0.5	0.0	0.3

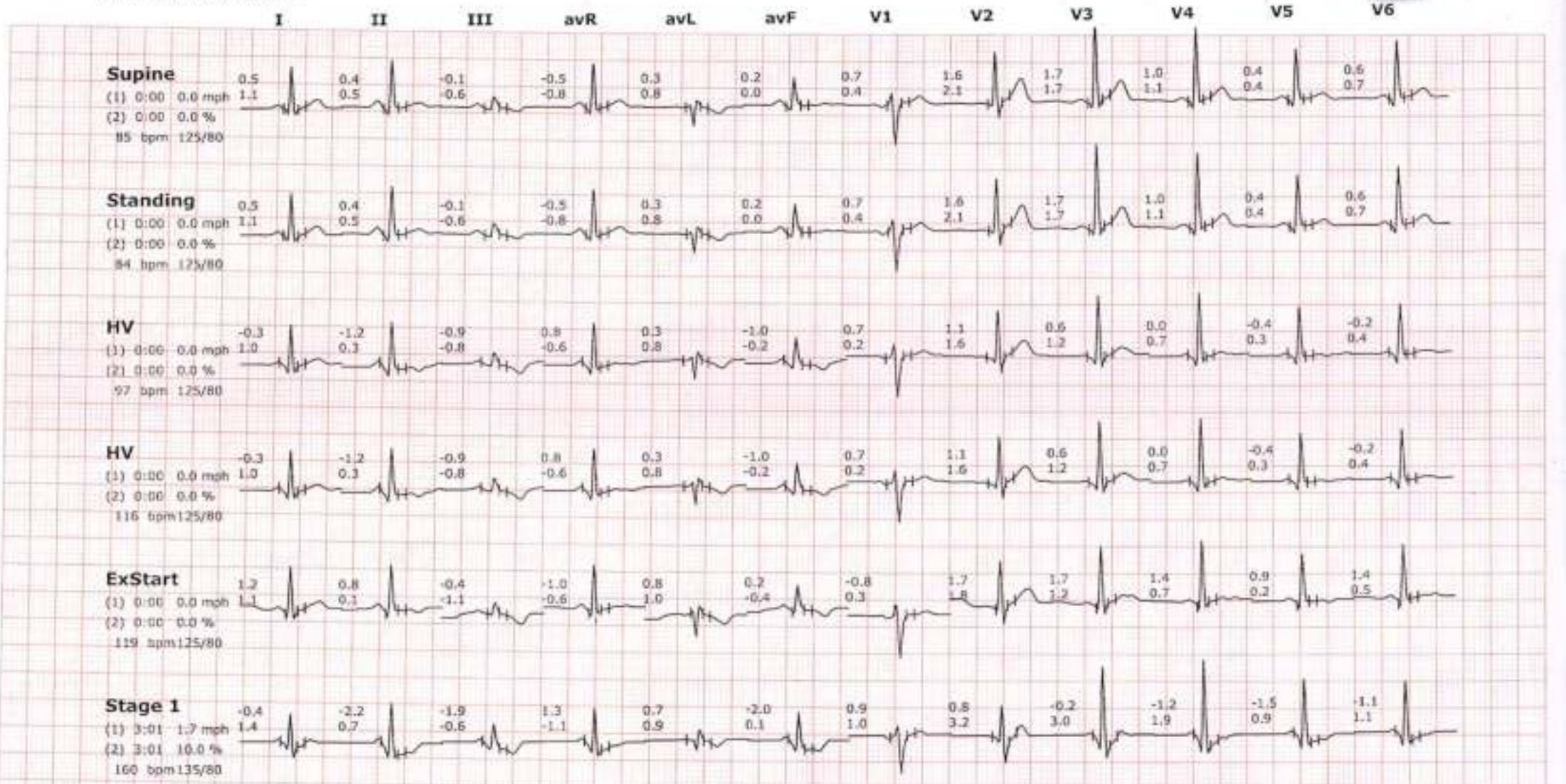
I
II
III
avR
avL
avF
V1
V2
V3
V4
V5
V6

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
12233882/MR LAXMAN SINGH 36 Yrs/Male 0 Kg/0 Cms
Date: 17-Nov-2023 01:10:02 PM

Average

RMS



DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

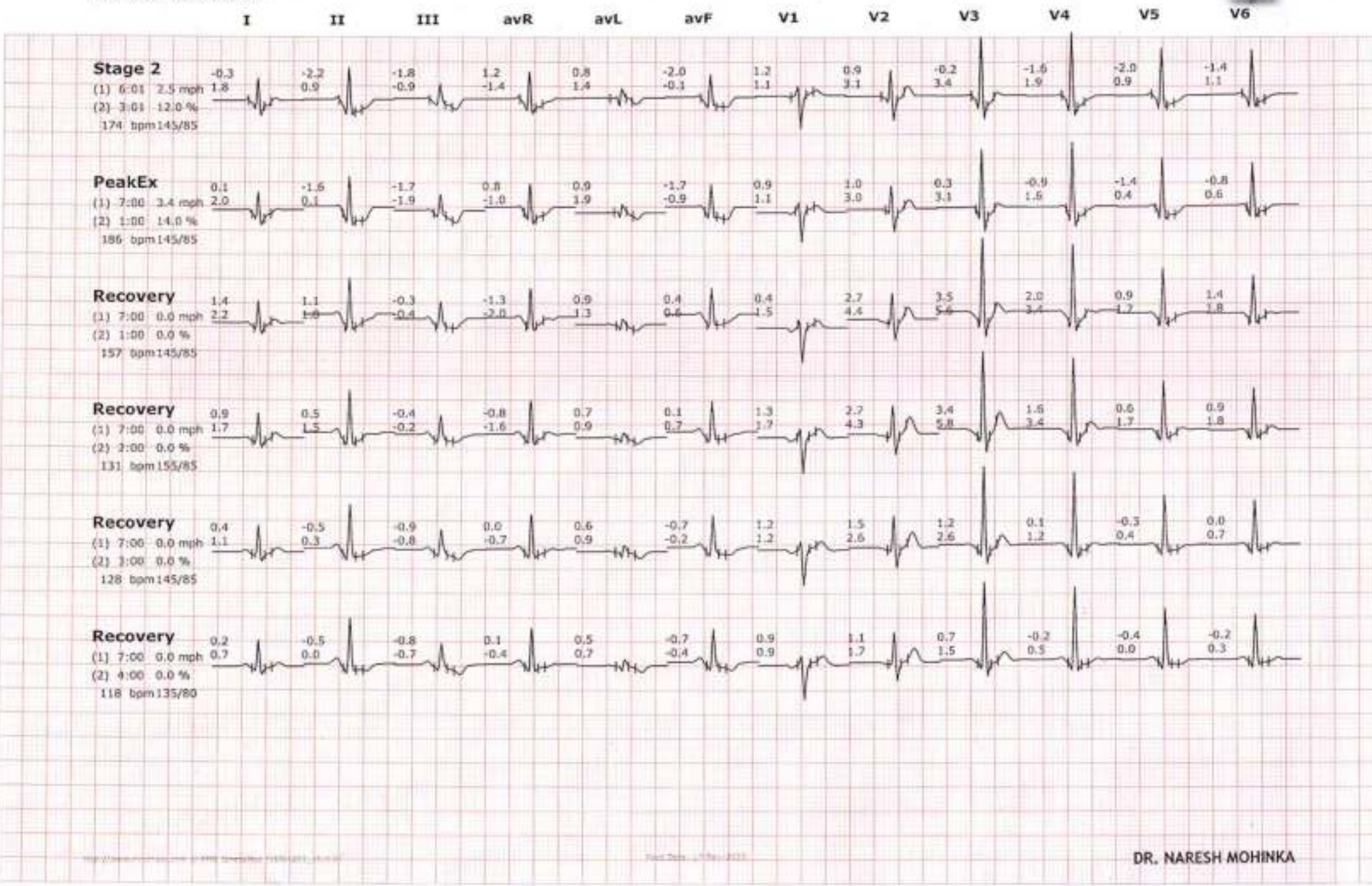
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12233882/MR LAXMAN SINGH 36 Yrs/Male 0 Kg/0 Cms

Date: 17-Nov-2023 01:10:02 PM

Average

RMS



DR. NARESH MOHINKA