



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम
Name **NITESH KUMAR AGRAWAL**

कर्मचारी कूट सं. 168323
E.C. No.

(S. K. Rathod)
जारीकर्ता प्राधिकारी
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder

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

मिलने पर, निम्नलिखित को लौटाएं
सहायक महा प्रबंधक (सुरक्षा)
बैंक ऑफ़ बड़ौदा कोर्पोरेट सेंटर
सी-26 जी ब्लॉक, बान्द्रा कुर्ला कॉम्प्लेक्स, मुंबई-400051, भारत
फोन :- 91 22 5698 5196 फैक्स :- 91 22 2652 5747

No.:

If found please return to
Asst. General Manager (Security)
Bank of Baroda, Baroda Corporate Centre
C-26, G-Block, Bandra-Kurla Complex, Mumbai-400 051, India.
Phone :- 91 22 5698 5196 F:- 91 22 2652 5747

रक्त समूह/ Blood Group :- AB+

पहचान चिन्ह/ Id. Marks : Mole below nose.



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: 27/8/22

Name: NITESH KUMAR AGARWAL Age: 31 yr DOB: 17.12.1990 Sex: Male

Referred By: BANK OF BARODA

Photo ID: ID CARD ID #: 160323

Ht: 167 (cm)

Wt: 61 (Kg)

Chest (Expiration): 92 (cm)

Abdomen Circumference: 81 (cm)

Blood Pressure: 120/81 mm Hg PR: 89 /min RR: 18 /min Temp: Afebrile

BMI 21

with Glass

Eye Examination: R/E N/G, 6/6, NCB

L/E N/G, 6/6, NCB

Other: no

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

Signature Of Examinee : [Signature]

Name of Examinee: NITESH KUMAR AGARWAL

Signature Medical Examiner : [Signature]

Name Medical Examiner Dr. U. C. Gupta

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



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



NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 27/08/2022 16:59:02

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

FULL BODY HEALTH CHECKUP BELOW 40 MALE

HAEMOGARAM

HAEMOGLOBIN (Hb)	15.2	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.00	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	57.0	%	40.0 - 80.0
LYMPHOCYTE	36.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.03	$\times 10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	48.40	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	96.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.5	g/dL	31.5 - 34.5
PLATELET COUNT	185	$\times 10^3/uL$	150 - 410
RDW-CV	13.9	%	11.6 - 14.0
MENTZER INDEX	19.09 H		0.00 - 0.00

A complete blood picture (CBP) is a kind of blood test that is done to assess a person's overall health and diagnose a wide range of health disorders like leukemia, anemia and other infections.

A complete blood count (CBC) is a complete blood test that diagnose many components and features of a persons blood which includes: -

- *Red Blood Cells (RBC), which carry oxygen -
- *White Blood Cells (WBC), which help in fighting against infections -
- *Hemoglobin, which is the oxygen carrying protein in the red blood cells -
- *Hematocrit (HCT), the proportion of RBC to the fluid component, or plasma present in blood -
- *Platelets, which aid in blood clotting

(CBC): Methodology: TLC,TRBC,PCV,PLT Impedance method, HB Calorimetric method., and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: MINDRAY BC-3000 Plus 3 part automatic analyzer.

ADIYTA

Technologist

Page No: 1 of 16

DR.TANU RUNGTA

MD (Pathology)
RMC No. 17226



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



NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 27/08/2022 16:59:02

HAEMATOLOGY

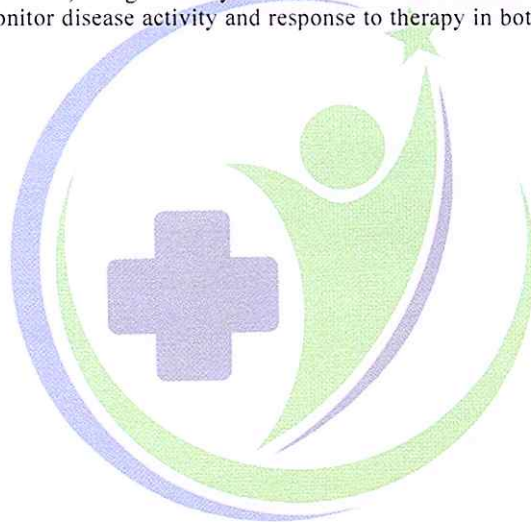
Erythrocyte Sedimentation Rate (ESR)
Method:- Westergreen

09

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



ADIYTA

Technologist
Page No: 2 of 16

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



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



NAME :- Mr. NITESH KUMAR AGARWAL

Age :- 31 Yrs 8 Mon 10 Days

Sex :- Male

Patient ID :-12221798

Date :- 27/08/2022

08:44:47

Ref. By Doctor:-BANK OF BARODA

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



ADIYTA, MGR

Page No: 3 of 16



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



NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 27/08/2022 16:59:02

BIOCHEMISTRY

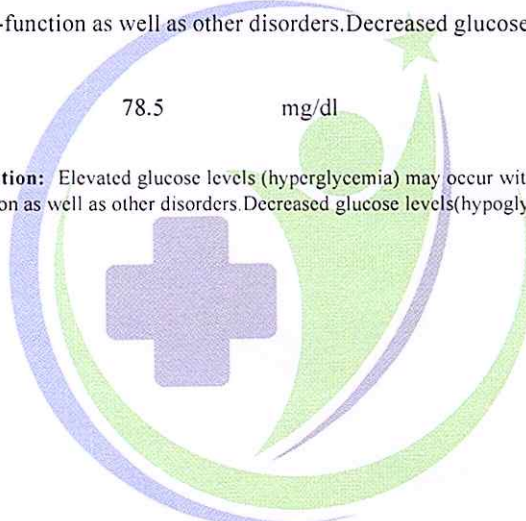
Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD POD	80.0	mg/dl	70.0 - 115.0

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) Method:- GOD PAP	78.5	mg/dl	70.0 - 140.0
---	------	-------	--------------

Instrument Name: MISPA PLUS 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 .



ADIYTA

Technologist
Page No: 4 of 16

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



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



NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 27/08/2022 16:59:02

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- CAPILLARY with EDTA

6.6 mg%

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

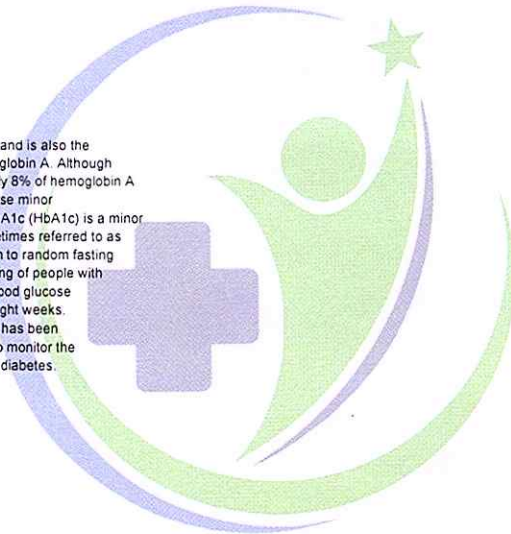
143 H mg/dl.

Interpretation:

Hemoglobin A1c %	Degree of Glucose Control
< 6.0	Normal level
6.0 - 7.0	Near normal glycemia
7.0 - 8.0	Good control
> 8.0	Action suggested

Clinical Information:

Hemoglobin is the oxygen-carrying pigment that gives blood its red color and is also the predominant protein in red blood cells. About 90% of hemoglobin is hemoglobin A. Although one chemical component accounts for 92% of hemoglobin A, approximately 8% of hemoglobin A is made up of minor components that are chemically slightly different. These minor components include hemoglobin A1c, A1b, A1a1, and A1a2. Hemoglobin A1c (HbA1c) is a minor component of hemoglobin to which glucose is bound. HbA1c also is sometimes referred to as Glycosylated or Glycosylated Hemoglobin or Glycohemoglobin. In addition to random fasting blood glucose levels, HbA1c levels are routinely measured in the monitoring of people with diabetes. Levels of HbA1c are not influenced by daily fluctuations in the blood glucose concentration but reflect the average glucose levels over the prior six to eight weeks. Therefore, HbA1c is a useful indicator of how well the blood glucose level has been controlled in the recent past (over two to three months) and may be used to monitor the effects of diet, exercise, and drug therapy on blood glucose in people with diabetes.



ADIYTA

Technologist

Page No: 5 of 16

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



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



NAME :- Mr. NITESH KUMAR AGARWAL

Age :- 31 Yrs 8 Mon 10 Days

Sex :- Male

Patient ID :-12221798

Date :- 27/08/2022

08:44:47

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 27/08/2022 16:59:02

HAEMATOLOGY

BLOOD GROUP ABO

Method:- Haemagglutination reaction

"AB" POSITIVE



ADIYTA

Technologist

Page No: 6 of 16

DR.TANU RUNGTA

MD (Pathology)

RMC No. 17226



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



NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 27/08/2022 16:59:02

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

LIPID PROFILE

TOTAL CHOLESTEROL 165.00 mg/dl
 Desirable <200
 Borderline 200-239
 High > 240
 Method:- CHOD-PAP methodology

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

TRIGLYCERIDES 65.00 mg/dl
 Normal <150
 Borderline high 150-199
 High 200-499
 Very high >500
 Method:- GPO-TOPS methodology

InstrumentName:MISPA PLUS **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 58.00 mg/dl
 Male 35-80
 Female 42-88
 Method:- Selective inhibition Method

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 96.17 mg/dl
 Optimal <100
 Near Optimal/above optimal 100-129
 Borderline High 130-159
 High 160-189
 Very High > 190
 Method:- Calculated Method

VLDL CHOLESTEROL 13.00 mg/dl
 Method:- Calculated
 0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO 2.84
 Method:- Calculated
 0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO 1.66
 Method:- Calculated
 0.00 - 3.50

TOTAL LIPID 456.99 mg/dl
 Method:- CALCULATED
 400.00 - 1000.00

1. Measurements in the same patient can show physiological& analytical variations. Three serials samples 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 from peripheral tissues.

Comments: 1- ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol – HDL Cholesterol) as an indicator of all ADIYTA

Technologist

Page No: 7 of 16

DR.TANU RUNGTA

MD (Pathology)
RMC No. 17226



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



NAME :- Mr. NITESH KUMAR AGARWAL

Age :- 31 Yrs 8 Mon 10 Days

Sex :- Male

Patient ID :-12221798

Date :- 27/08/2022

08:44:47

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 27/08/2022 16:59:02

BIOCHEMISTRY

atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterol is 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.



ADIYTA

Technologist

Page No: 8 of 16

DR.TANU RUNGTA

MD (Pathology)

RMC No. 17226



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



NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 27/08/2022 16:59:02

BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method:- DMSO/Diazo	0.68	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.15	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.53	mg/dl	0.30-0.70
SGOT Method:- IFCC	14.7	U/L	Men- Up to - 37.0 Female - Up to - 31.0
SGPT Method:- IFCC	70.0 H	U/L	Men- Up to - 40.0 Female- Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	65.40	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.	20.50	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	6.80	g/dl	5.10 - 8.00
SERUM ALBUMIN Method:- Bromocresol Green	3.45	g/dl	2.80 - 4.50
SERUM GLOBULIN Method:- CALCULATION	3.35	gm/dl	2.20 - 3.50
A/G RATIO	1.03 L		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.

ADIYTA

Technologist

Page No: 9 of 16

DR.TANU RUNGTA

MD (Pathology)

RMC No. 17226



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



NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 27/08/2022 16:59:02

BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA 14.50 mg/dl 10.00 - 50.00
Method:- Urease/GLDH

InstrumentName: MISPA PLUS **Interpretation :** Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE 1.11 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 2.84 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 135.0 mmol/L 135.0 - 148.0
Method:- Ion-Selective Electrode with Serum

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 3.23 L mmol/L 3.30 - 5.50
Method:- Ion-Selective Electrode with Serum

Interpretation: A. Elevated potassium (hyperkalaemia)• Artefactual,Physiological,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 96.1 mmol/L 95.0 - 106.0
Method:- Ion-Selective Electrode with Serum

Interpretation: Used for Electrolyte monitoring.

SERUM CALCIUM 9.67 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 6.80 g/dl 5.10 - 8.00
ADHYTA Direct Biuret Reagent

Technologist
Page No: 10 of 16

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



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



NAME :- Mr. NITESH KUMAR AGARWAL

Patient ID :-12221798

Date :- 27/08/2022

08:44:47

Age :- 31 Yrs 8 Mon 10 Days

Ref. By Doctor:-BANK OF BARODA

Sex :- Male

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 27/08/2022 16:59:02

BIOCHEMISTRY

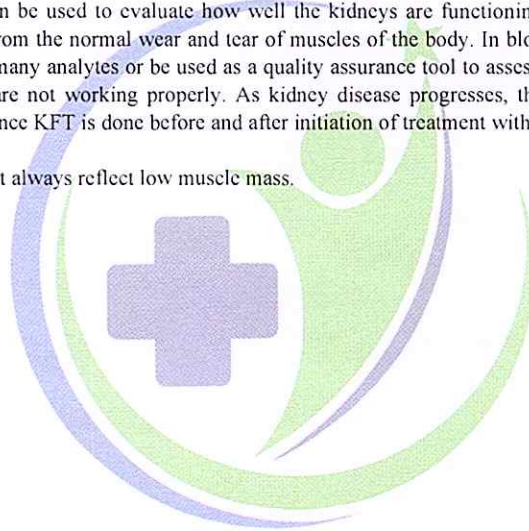
SERUM ALBUMIN Method:- Bromocresol Green	3.45	g/dl	2.80 - 4.50
SERUM GLOBULIN Method:- CALCULATION	3.35	gm/dl	2.20 - 3.50
A/G RATIO	1.03	L	1.30 - 2.50

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

Page No: 11 of 16

DR.TANU RUNGTA

MD (Pathology)

RMC No. 17226



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



NAME :- Mr. NITESH KUMAR AGARWAL

Age :- 31 Yrs 8 Mon 10 Days

Sex :- Male

Patient ID :-12221798

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Date :- 27/08/2022

08:44:47

Final Authentication : 27/08/2022 19:03:53

CLINICAL PATHOLOGY

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil



MGR

Technologist

Page No: 13 of 16

DR.TANU RUNGTA

MD (Pathology)
RMC No. 17226



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



NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 27/08/2022 16:59:02

CLINICAL PATHOLOGY

STOOL ANALYSIS

PHYSICAL EXAMINATION

COLOUR	BROWN
CONSISTENCY	SEMI SOLID
MUCUS	ABSENT
BLOOD	ABSENT

MICROSCOPIC EXAMINATION

RBC's	NIL	/HPF
WBC/HPF	NIL	/HPF
MACROPHAGES	ABSENT	
OVA	ABSENT	
CYSTS	ABSENT	
TROPHOZOITES	ABSENT	
CHARCOT LEYDEN CRYSTALS	ABSENT	
OTHERS	ABSENT	

Collected Sample Received



ADIYTA

Technologist

Page No: 14 of 16

DR.TANU RUNGTA

MD (Pathology)
RMC No. 17226



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



NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 27/08/2022 16:59:02

TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

THYROID-TRIODOOTHYRONINE T3 1.08 ng/m 0.60 - 1.81 ng/ml

Method:- Chemiluminescence
Reference Range (T3)

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/m
Full-Term Infants 1-3 days	0.89 - 4.05 ng/m
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/m
Prepubertal Children	1.19 - 2.18 ng/ml

NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.

Clinical Information Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function,malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood,in Primary hypothyroidism,TSH levels are significantly elevated,while in secondary and tertiary hypothyroidism,TSH levels may be low.IN addition,In Euthyroid sick Syndrom,multiple alterations in serum thyroid function test findings have been recognized in patient with a wide variety of nonthyroid illness (NTI) serum without evidence of preexisting thyroid or hypothalamic- pituitary disease .

THYROID - THYROXINE (T4) 7.65 ug/dl 4.50 - 10.90 ug/dl

Method:- Chemiluminescence

InstrumentName: VITROS ECI **Interpretation :**The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

TSH 3.360 µIU/mL 0.35 - 5.5 >20 Years

Method:- Chemiluminescence

Clinical Informaton:

The levels of thyroid hormone (T3 & T4) are low in case of Primary, Secondary and Tertiary hypothyroidism and sometimes in nonthyroidal illness also Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism. In Pregnancy - Level Total T3 (ng/mL) Total T4 (µg/dl) TSH (µIU/ml)
1st Trimester 0.81-1.90 6.6-12.4 0.1-2.5
2nd Trimester 1.0-2.6 6.6-15.5 0.2-3.0
3rd Trimester 1.0-2.6 6.6-15.5 0.3-3.0

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM.

The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations

InstrumentName: VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease.T3 concentrations may be altered in some conditions, such as

ADIYTA

Technologist
Page No: 15 of 16

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



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



NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 27/08/2022 16:59:02

IMMUNOASSAY

pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation :** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation :** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

*** End of Report ***

ADIYTA

Technologist
Page No: 16 of 16

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



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

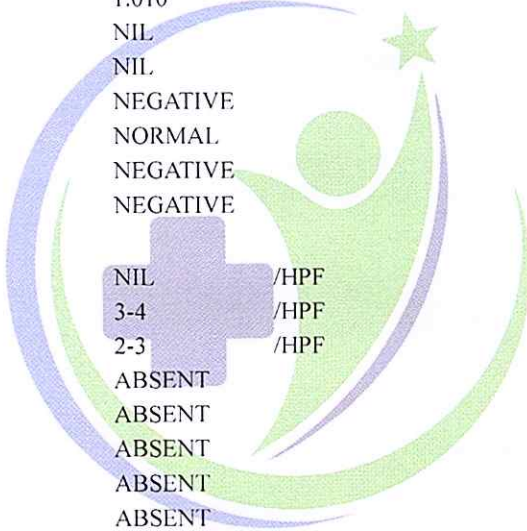


NAME :- Mr. NITESH KUMAR AGARWAL	Patient ID :-12221798	Date :- 27/08/2022	08:44:47
Age :- 31 Yrs 8 Mon 10 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 27/08/2022 16:59:02

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	3-4	/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



ADIYTA

Technologist
Page No: 12 of 16

Tanu

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



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



NAME:	MR. NITESH KUMAR AGARWAL	AGE	31 YRS/M
REF.BY	BANK OF BARODA	DATE	27/08/2022

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. NITESH KUMAR AGARWAL	31 Y/Male
Registration Date: 27/08/2022	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (11.5 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 of normal size. 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 (9.8 cm) 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. 9.3 x 3.8 cm.

Left kidney is measuring approx. 9.9 x 4.2 cm.

Urinary bladder 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: Normal study.

DR. SHALINI GOEL

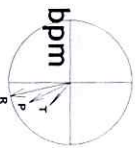
M.B.B.S, D.N.B (Radiodiagnosis)

RMC no.: 21954

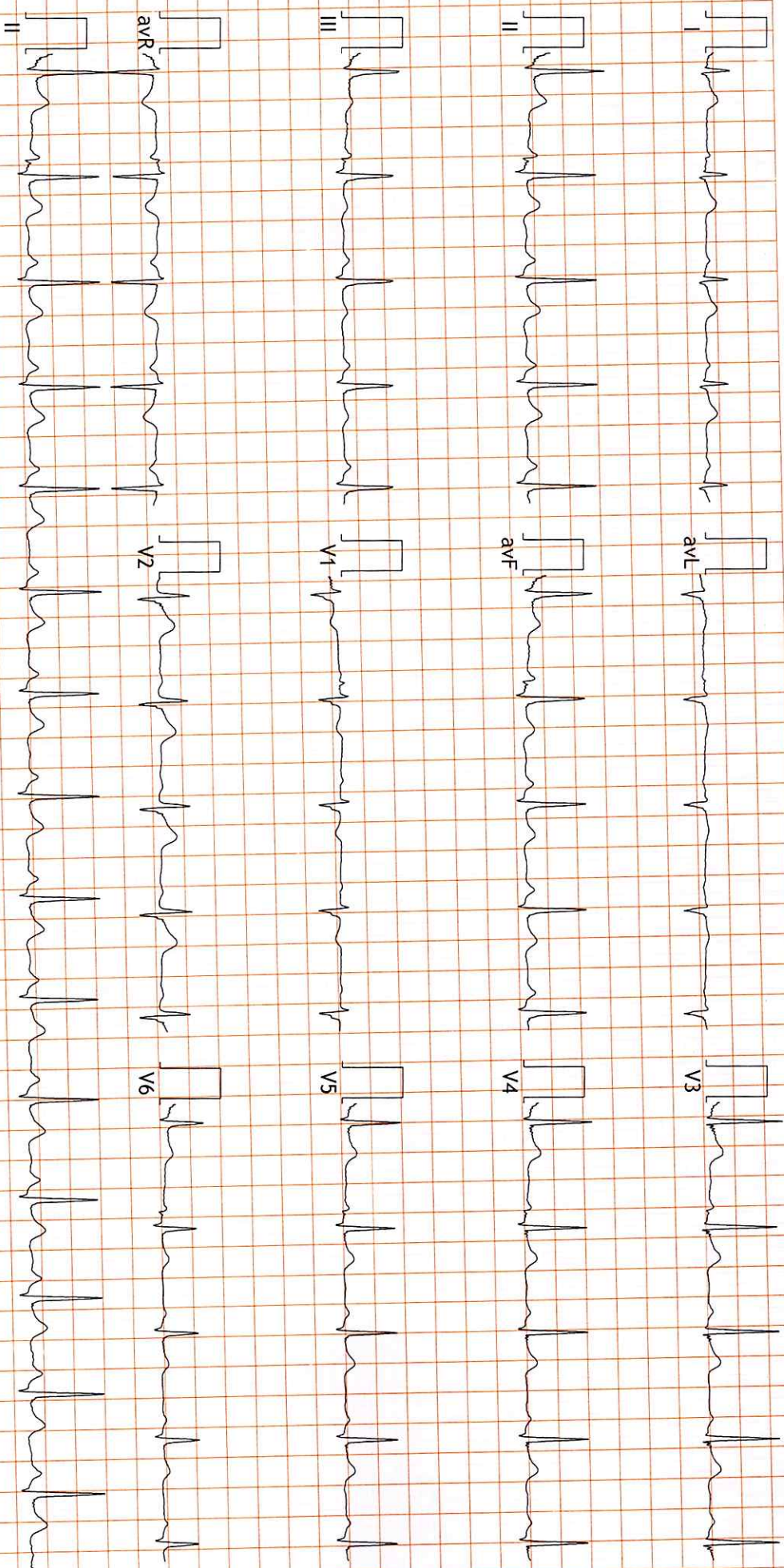
P3 HEALTH SOLUTIONS LLP

B-14, Vidhyanagar Nagar, Enclave, Phase-2, Jaipur
12229377/Mr nitesh Kumar Agarwal 31Yrs-2Months/Male
Ref.: BANK OF BARODA Test Date: 27-Aug-2022(12:35:43)

Kgs/ Cms BP: ___/___ mmHg HR: 89 bpm
10mm/mV 25mm/Sec



PR Interval: 142 ms
QRS Duration: 98 ms
QT/QTc: 317/388ms
P-QRS-T Axis: 64 - 77 - 41 (Deg)



FINDINGS: Normal Sinus Rhythm

Vent Rate : 89 bpm; PR Interval : 142 ms; QRS Duration: 98 ms; QT/QTc Int : 317/388 ms

P-QRS-T axis: 64 • 77 • 41 • (Deg)

Comments :

TSW

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

B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur
 12221728/MR NITESH KUMAR AGARWAL 31 Yrs/Male 0 Kg/0 Cms
 Date: 27-Aug-2022 12:40:11 PM
 Ref By : BARK OF BARDA
 Medication :
 Objective :

Protocol : BRUCE
 History :

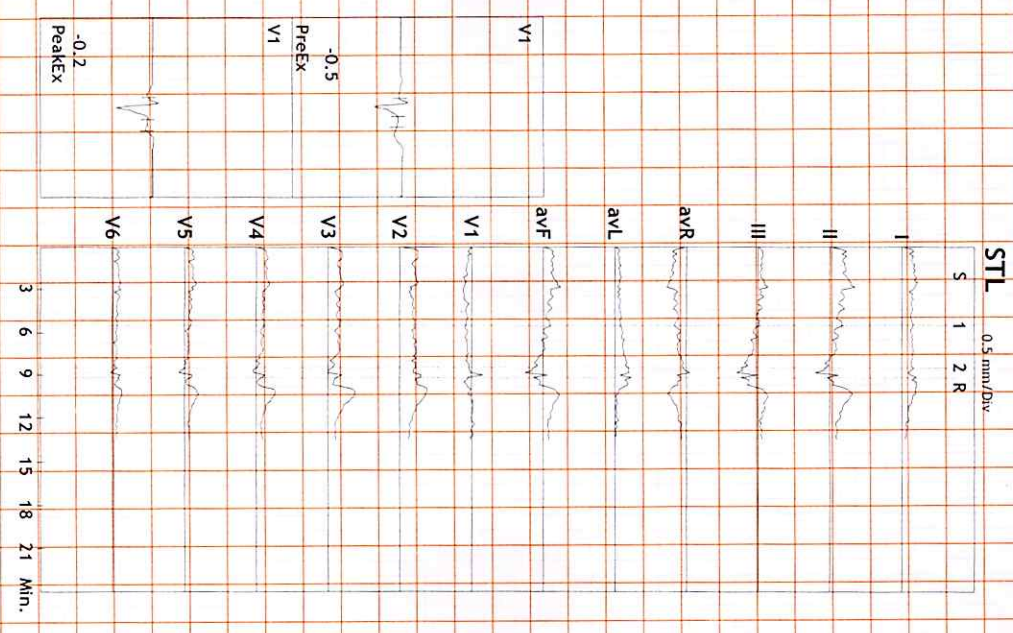
Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	88	120/80	105	-	
Standing					1.0	110	120/80	132	-	
HV					1.0	121	120/80	145	-	
ExStart					1.0	107	120/80	128	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	129	130/80	167	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	158	140/80	221	-	
PeakEX	0:45	6:46	3.4	14.0	7.9	167	140/80	233	-	
Recovery	1:00		0.0	0.0	1.2	131	140/80	183	-	
Recovery	2:00		0.0	0.0	1.0	112	150/85	168	-	
Recovery	3:00		0.0	0.0	1.0	106	140/80	148	-	
Recovery	4:00		0.0	0.0	1.0	101	130/80	131	-	

Findings :
 Exercise Time : 06:45
 Max HR Attained : 167 bpm 88% of Max Predictable HR 189
 Max BP : 150/85(mmHg)
 Max Workload attained : 7.9(Fair Effort Tolerance)

Advice/Comments:

TP 322

TMT is Negative



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



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

12221728/MR NITESH KUMAR AGARWAL

31 Yrs/Male

0 Kg/0 Cms

Date: 27-Aug-2022 12:40:11 PM

4X 67 ms Post J

HR: 91 bpm

METS: 1.0

BP: 120/80

MPHR: 48% of 189

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 00:30

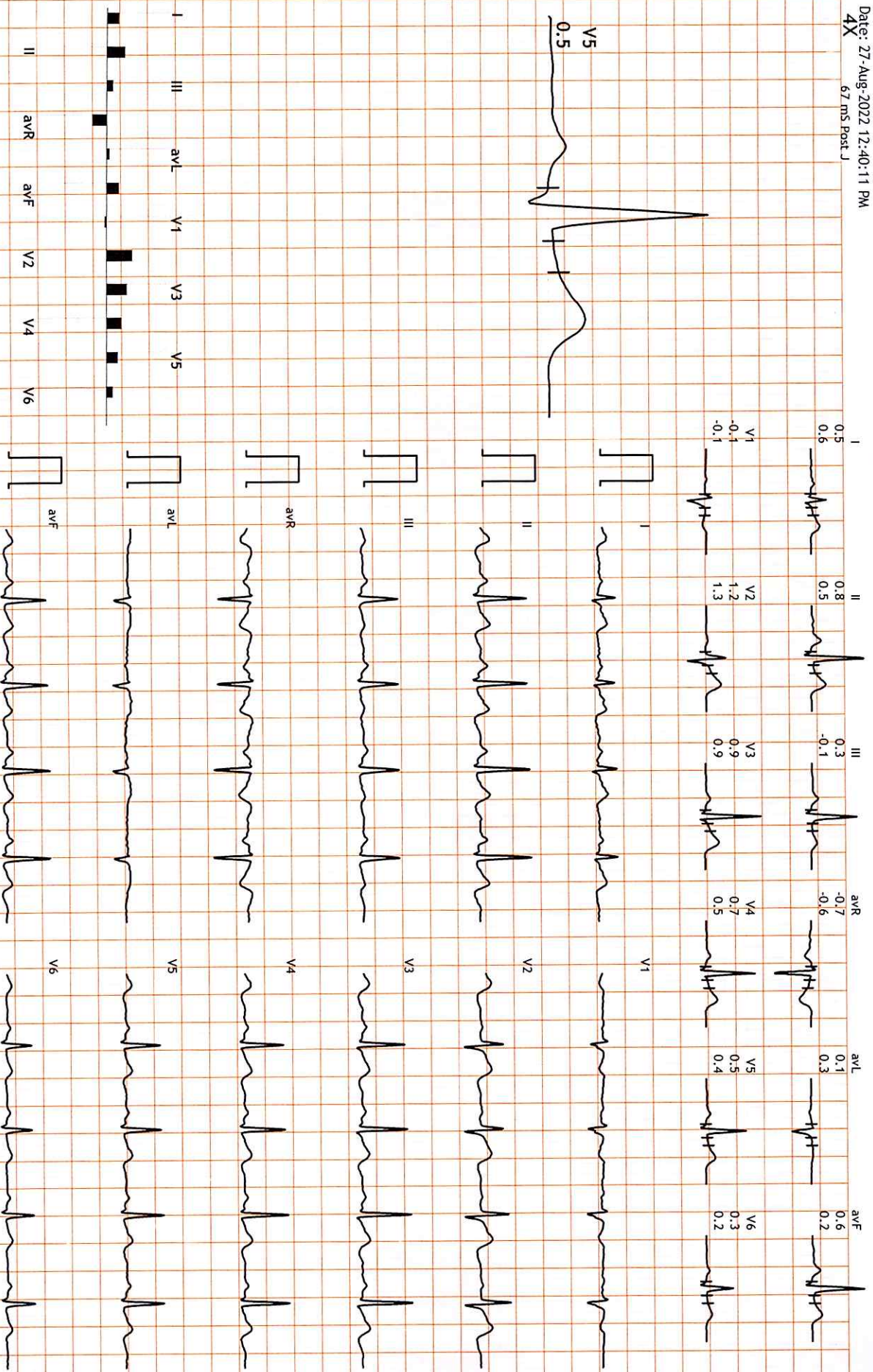
BLC: On

Notch: On

Supine

10.0 mm/mV

25 mm/Sec.



HR: 128 bpm

MEETS: 4.7

BP: 130/80

MPHR: 67% of 189

Speed: 1.7 mph

Grade: 10.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 02:59

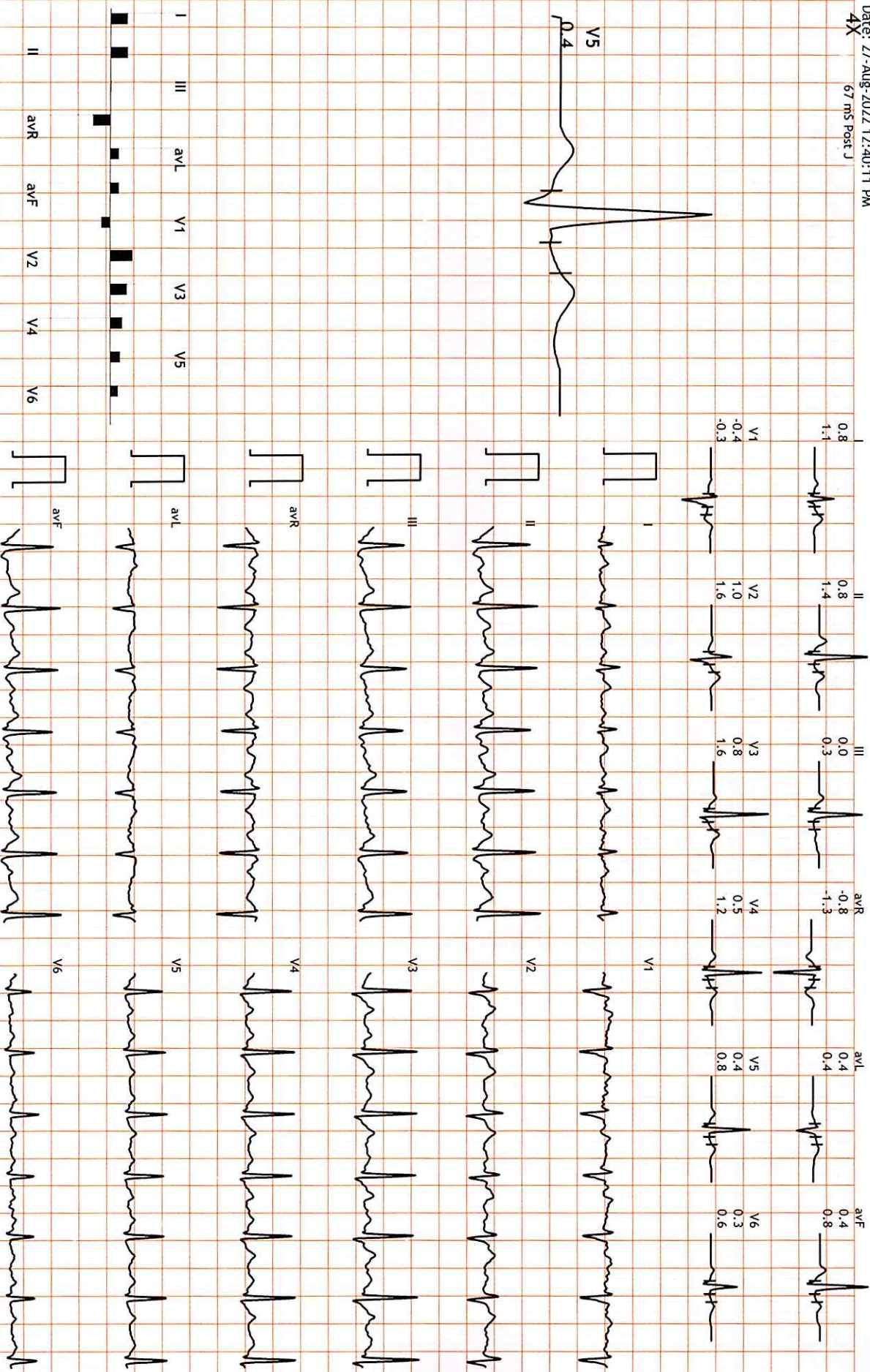
BLC :On

Notch :On

BRUCE: Stage 1(3:00)

10.0 mm/mV

25 mm/Sec.



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

12221728/MR NITESH KUMAR AGARWAL

31 Yrs/Male

0 Kg/0 Cms

Date: 27-Aug-2022 12:40:11 PM

4X 67 ms Post-J

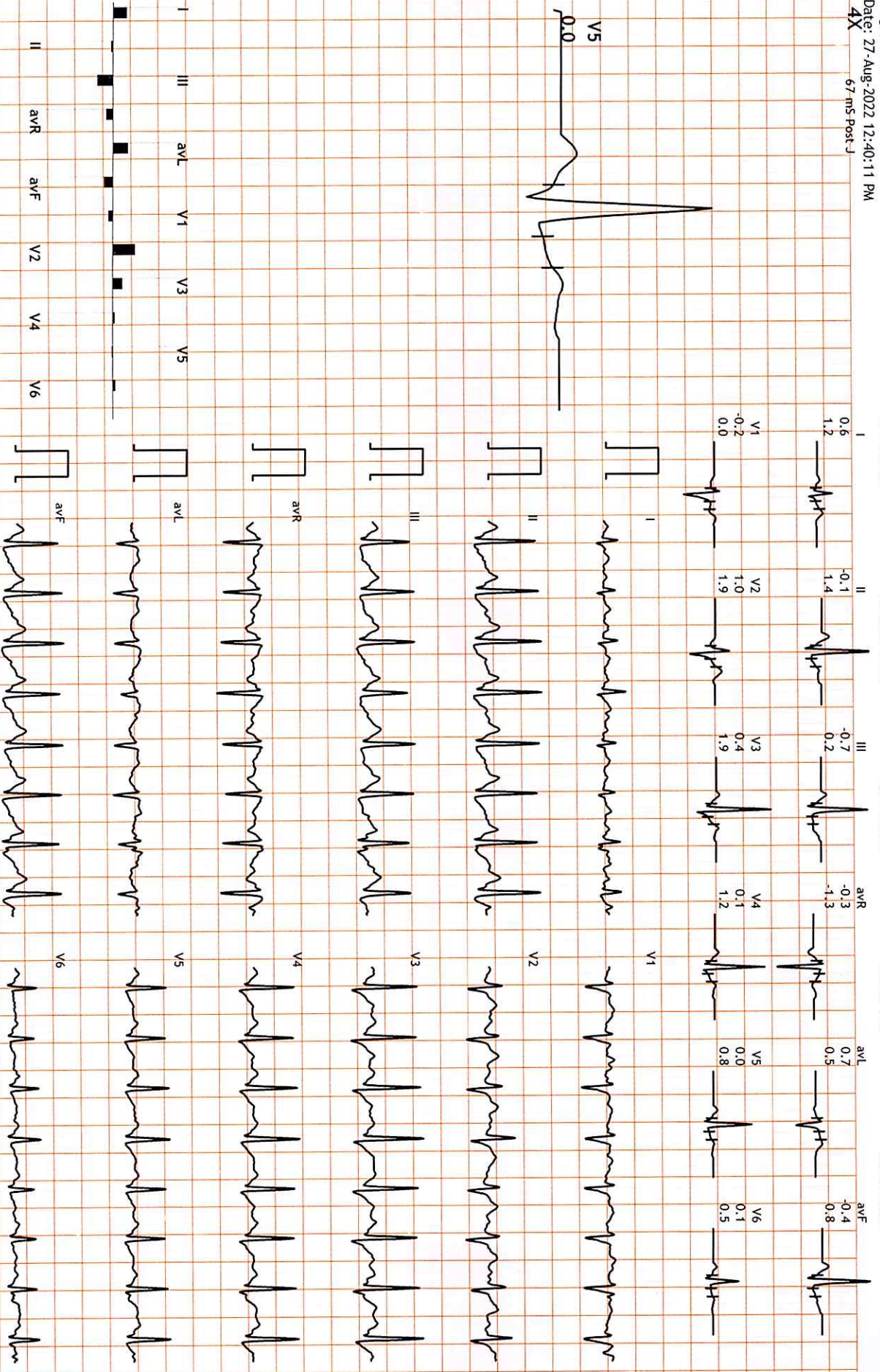
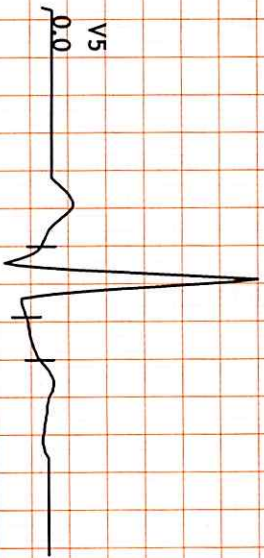
HR: 158 bpm
METS: 7.1
BP: 140/80

MPHR: 83% of 189
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-35)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

12221728/MR NITESH KUMAR AGARWAL

31 Yrs/Male

0 Kg/0 Cms

Date: 27-Aug-2022 12:40:11 PM

4X 67 ms Post-J

HR: 167 bpm

MEFS: 7.9

BP: 140/80

MPHR: 88% of 189

Speed: 3.4 mph

Grade: 14.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 06:43

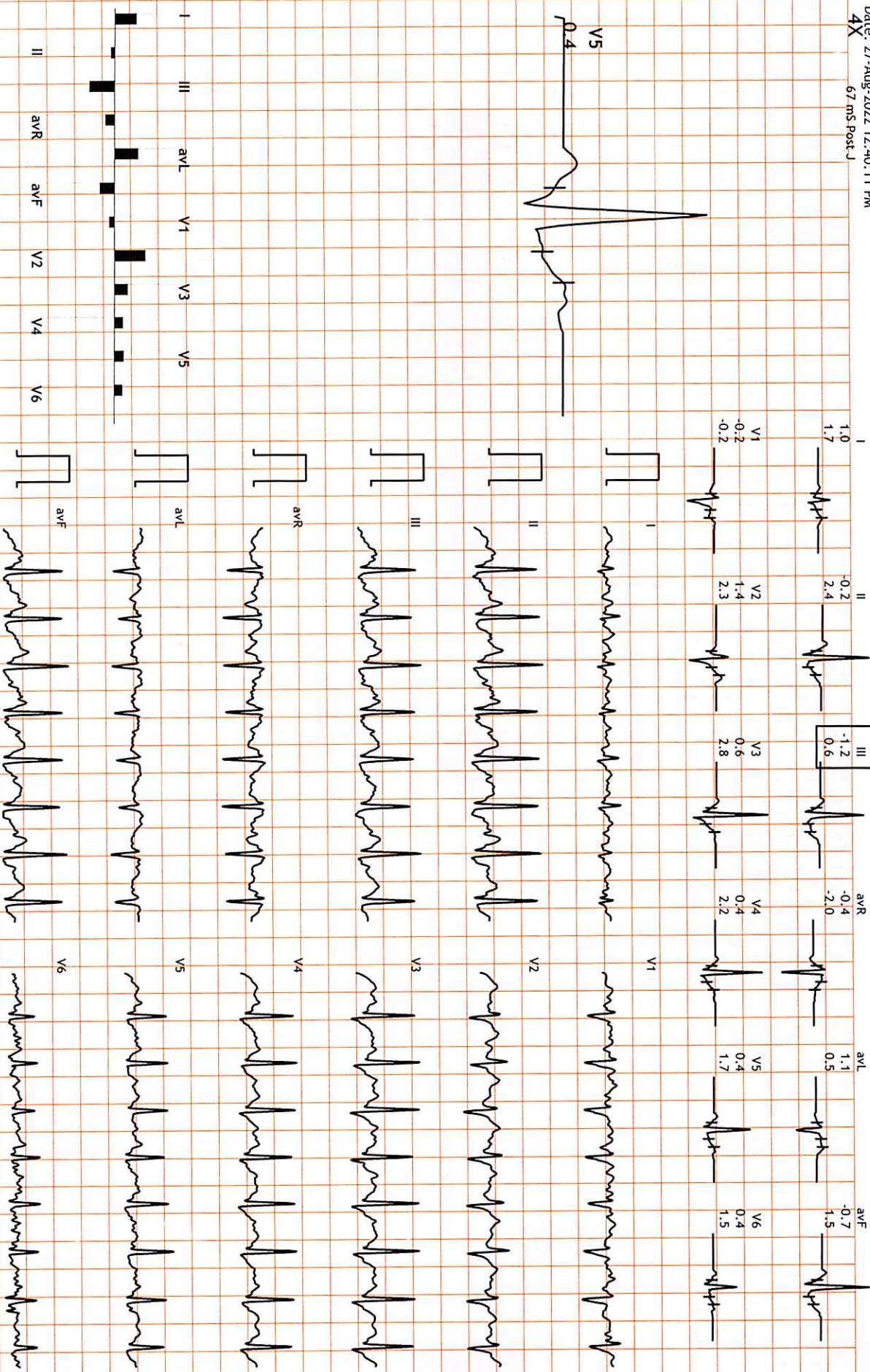
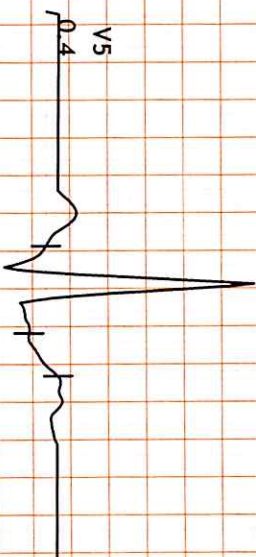
BLC : On

Notch : On

BRUCE: PeakEx(0:43)

10.0 mm/mV

25 mm/Sec.



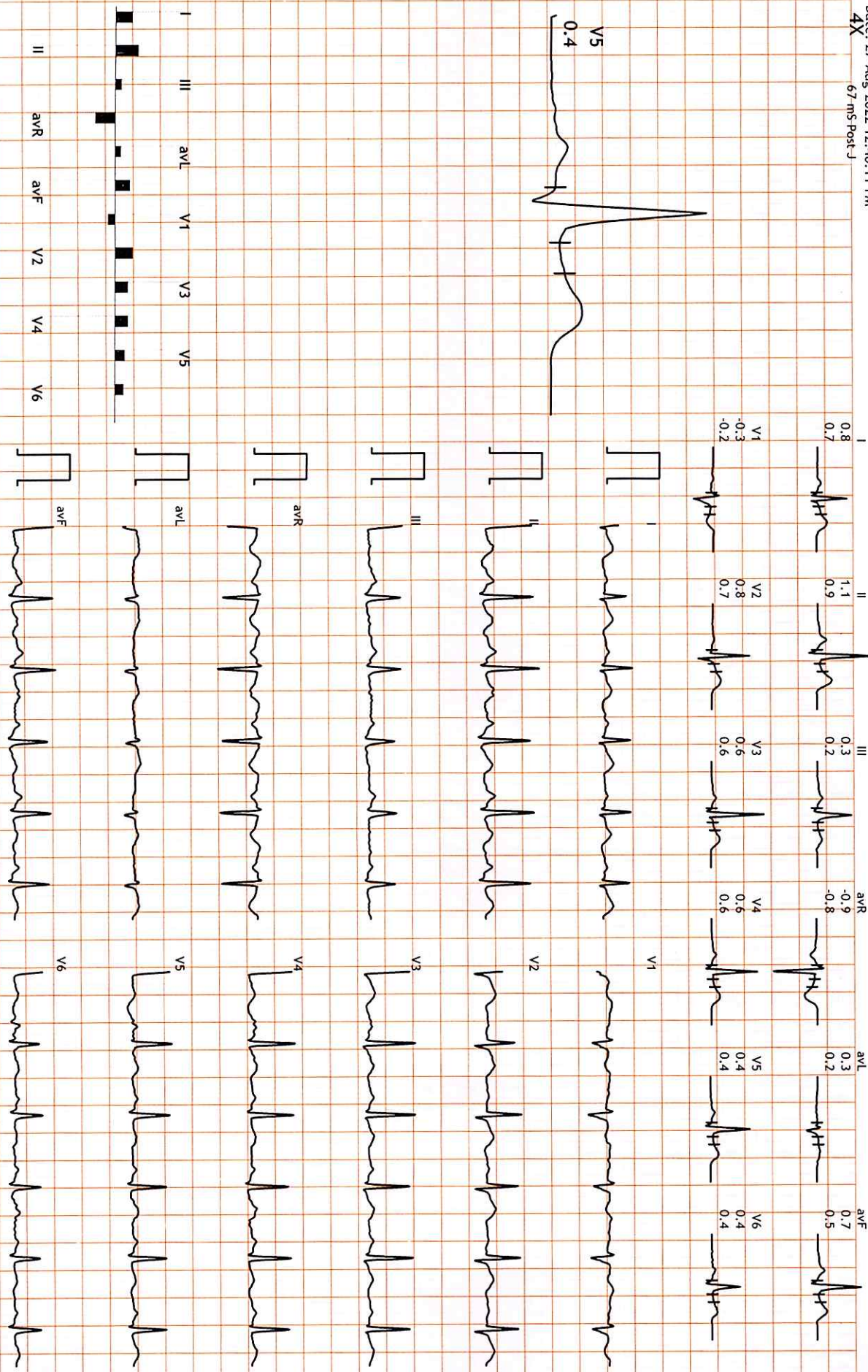
HR: 110 bpm
METs: 1.0
BP: 120/80

MPHR: 58% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)HZ

Ex Time 01:12
BLC : On
Notch : On

Standing
10.0 mm/mV
25 mm/Sec.



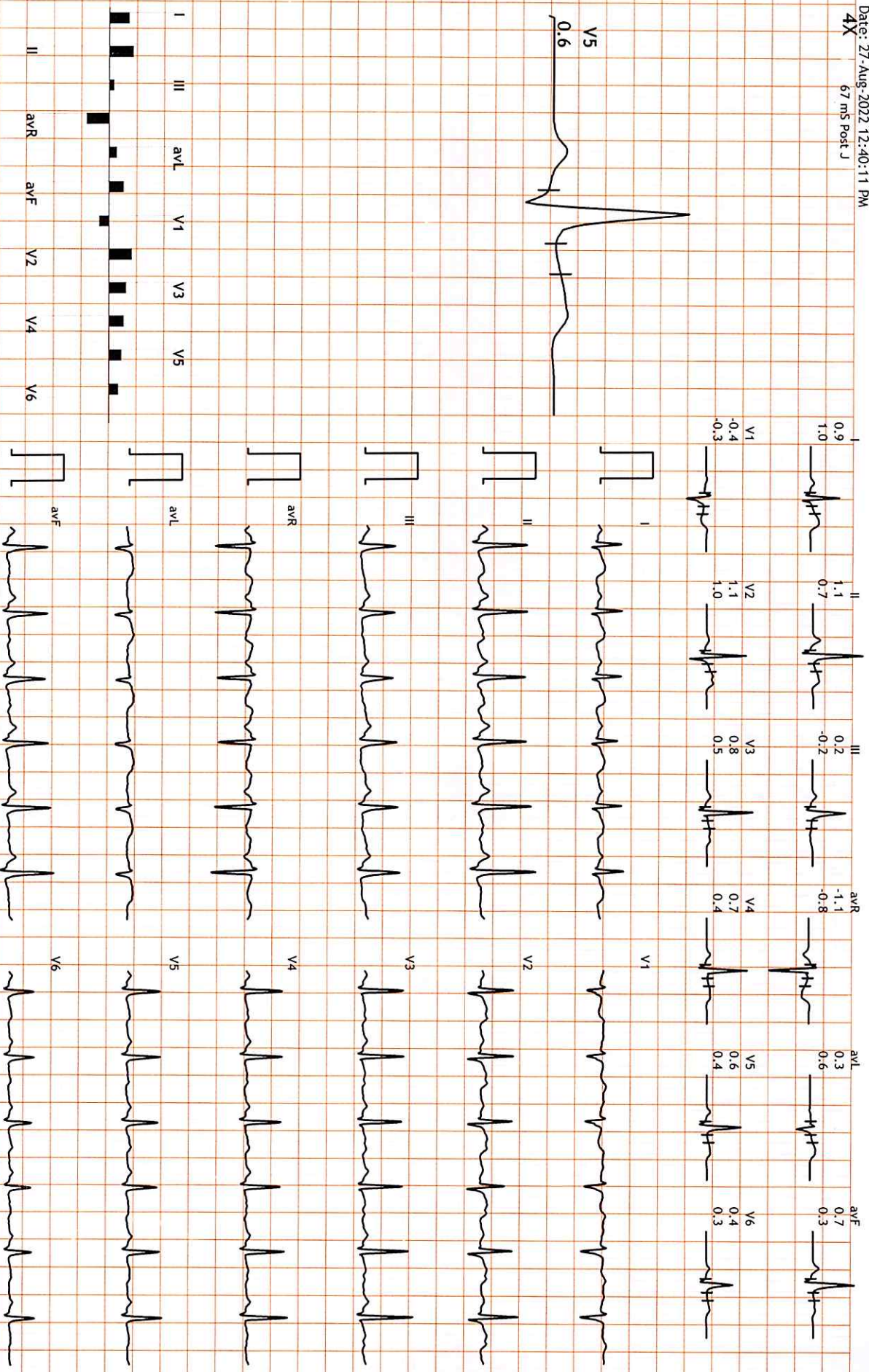
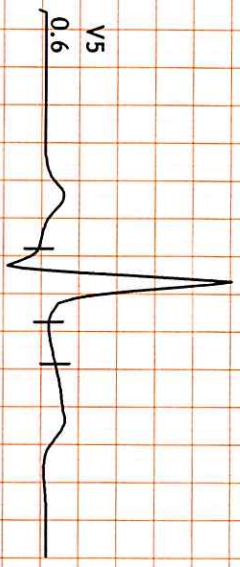
HR: 121 bpm
METs: 1.0
BP: 120/80

MPHR: 64% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 01:39
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.



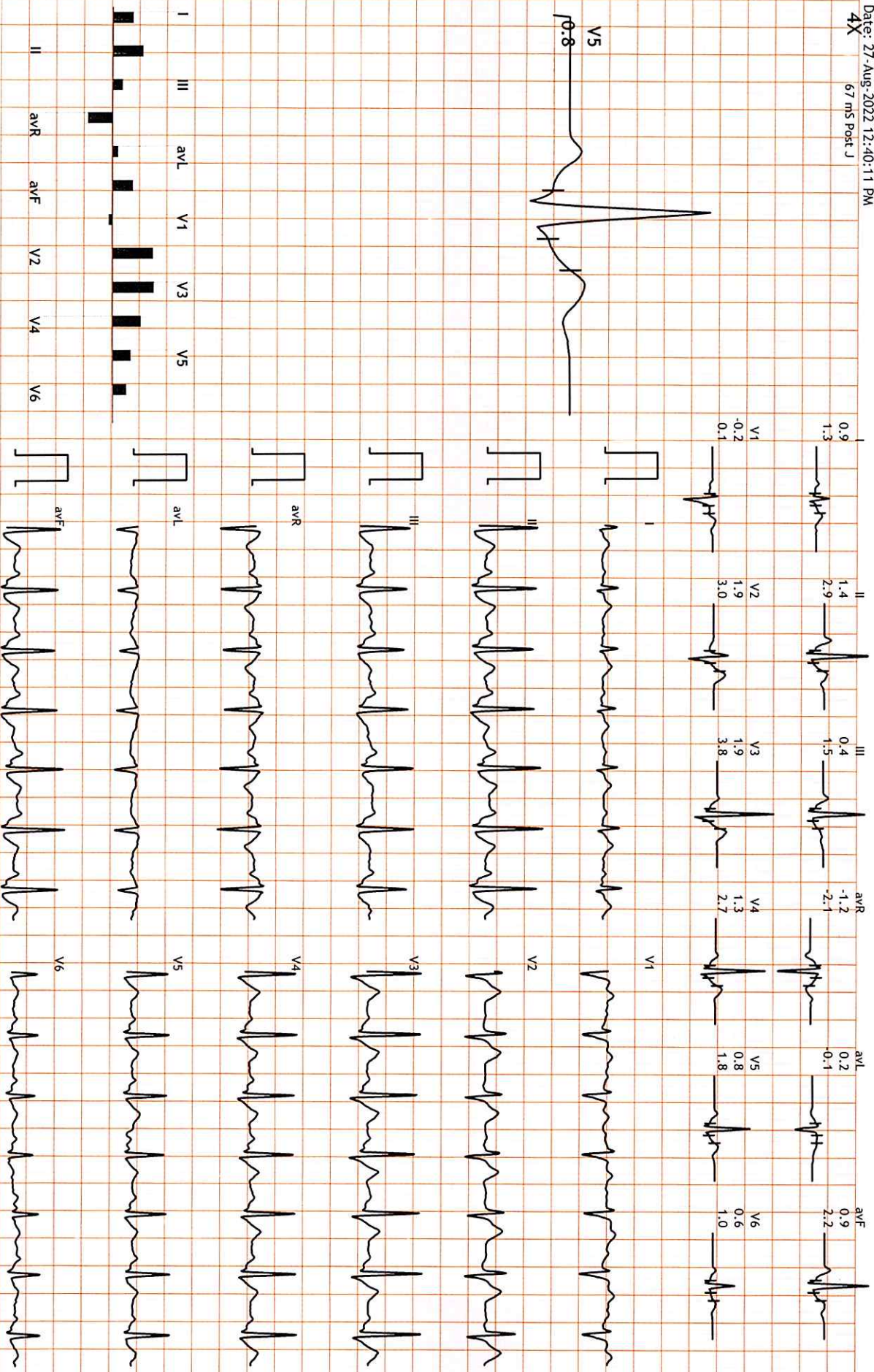
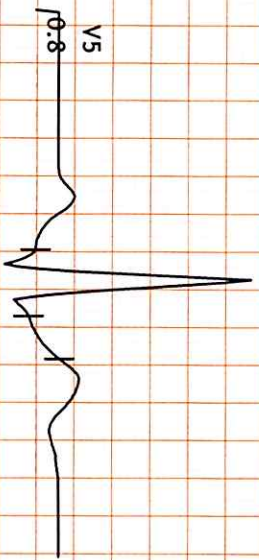
HR: 131 bpm
METs: 1.3
BP: 140/80

MPHR: 69% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 06:45
BLC : On
Notch : On

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



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

12221728/MR NITESH KUMAR AGARWAL

31 Yrs/Male

0 Kg/0 Cms

Date: 27-Aug-2022 12:40:11 PM

4X 67 ms Post J

HR: 111 bpm

METS: 1.0

BP: 150/85

MPHR: 58% of 189

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 06:45

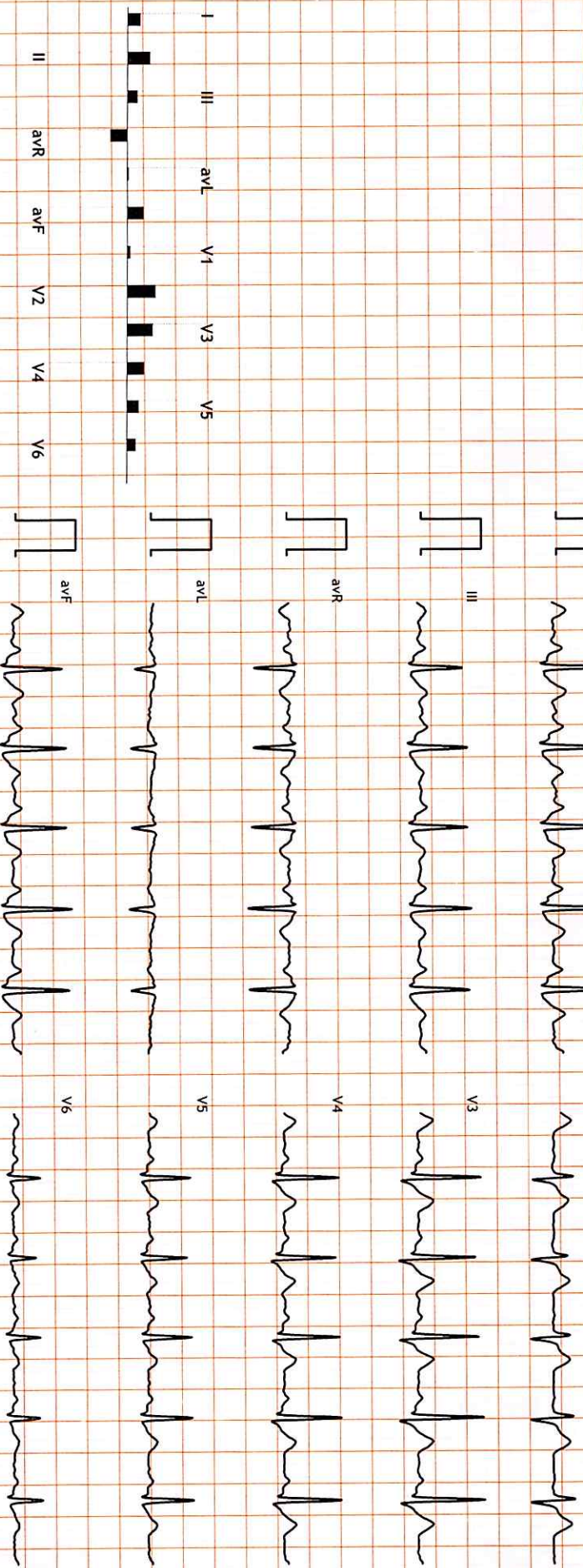
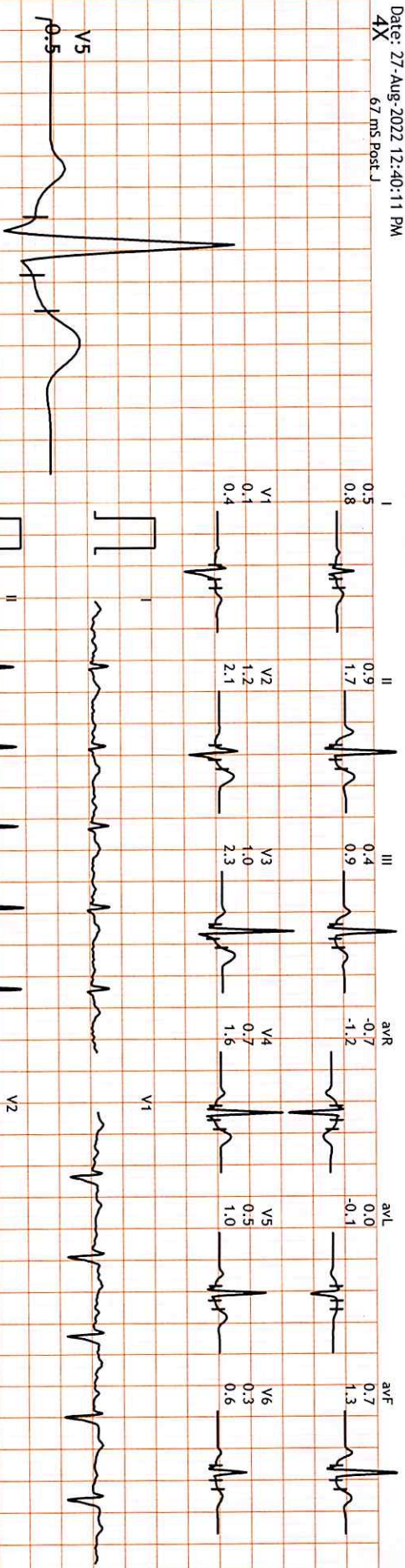
BLC : On

Notch : On

Recovery(2:00)

10.0 mm/mV

25 mm/Sec.



B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur
12221728/MR NITESH KUMAR AGARWAL
31 Yrs/Male
0 Kg/0 Cms

Date: 27-Aug-2022 12:40:11 PM
4X
67 ms Post J

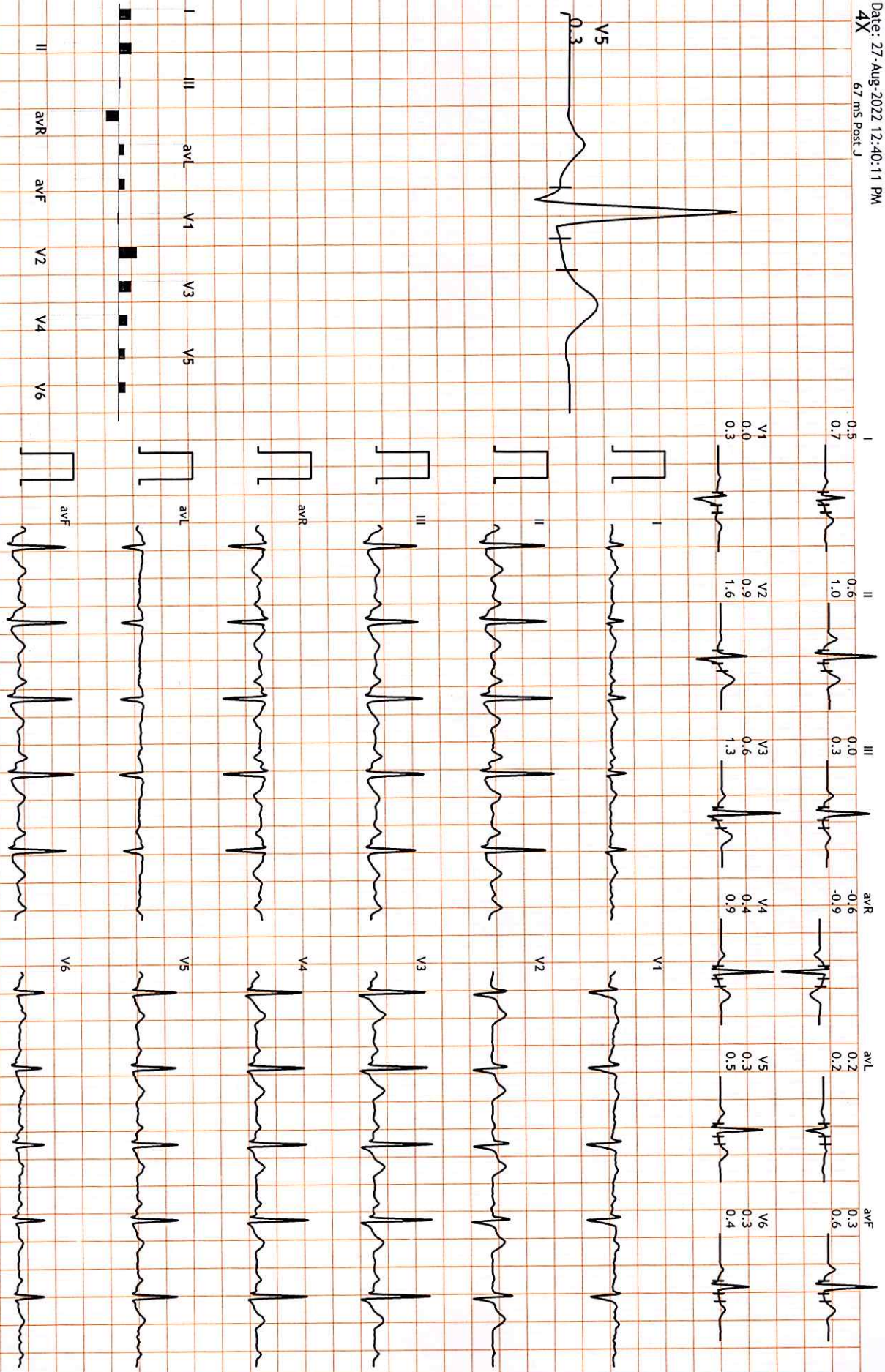
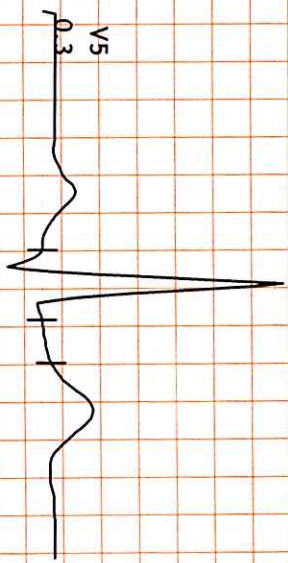
HR: 104 bpm
METs: 1.0
BP: 140/80

MPHR: 55% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 06:45
BLC : On
Notch : On

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



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

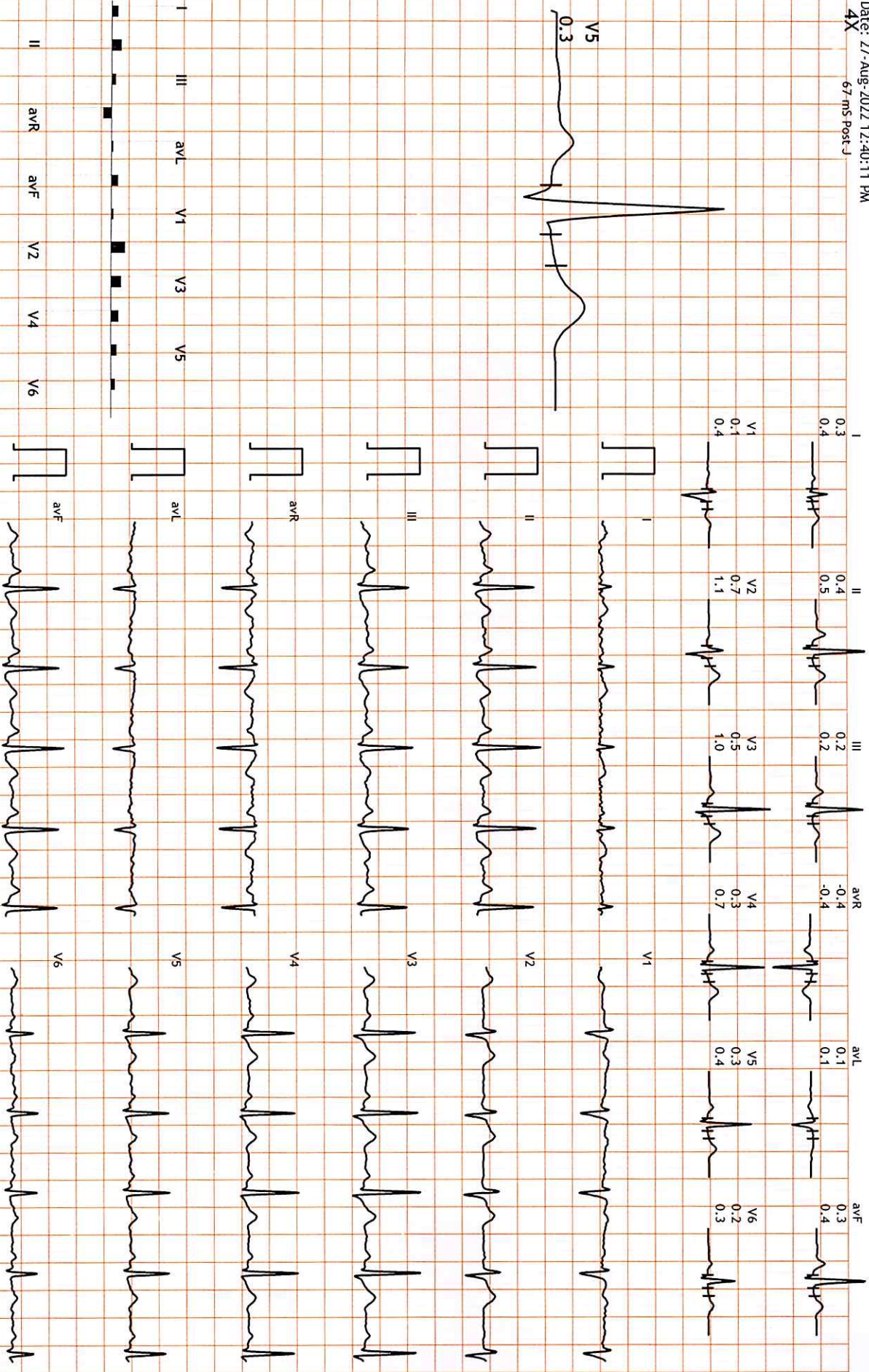
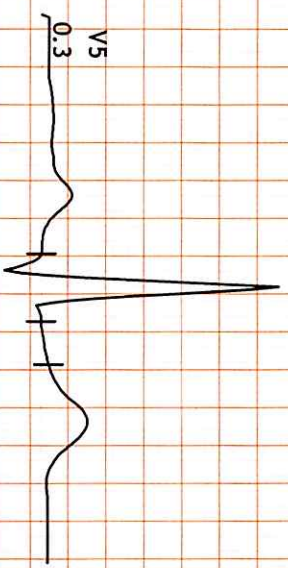
12221728/MR NITESH KUMAR AGARWAL
31 Yrs/Male
0 Kg/0 Cms
Date: 27-Aug-2022 12:40:11 PM
4X 67-ms Post-J

HR: 101 bpm
MET5: 1.0
BP: 130/80
MPHR: 53% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)HZ

Ex Time 06:45
BLC :On
Notch :On

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



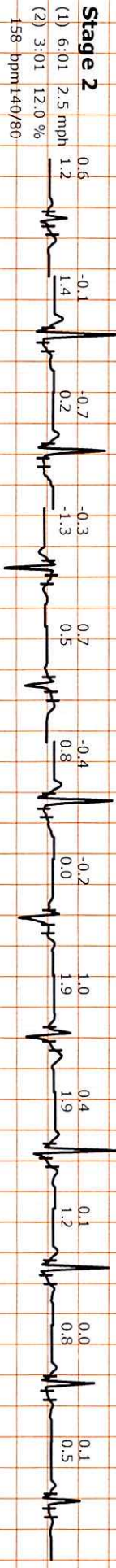
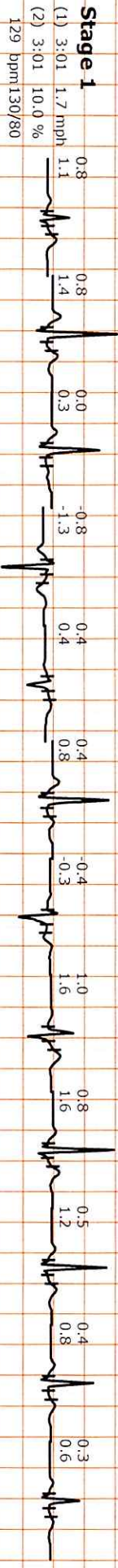
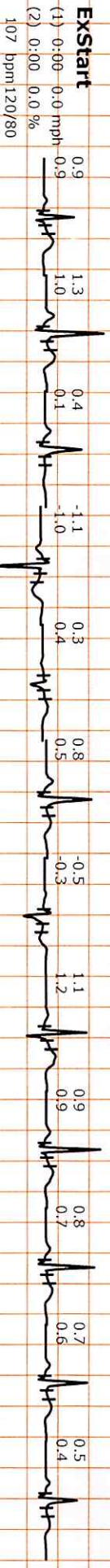
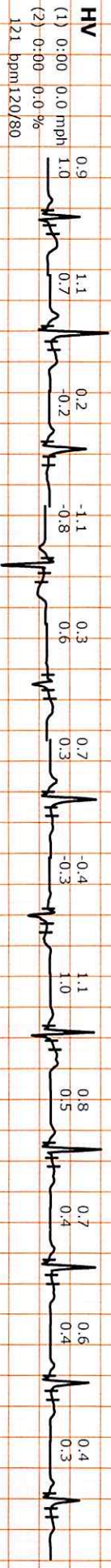
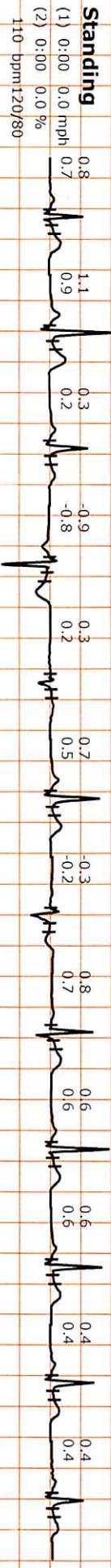
B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

12221728 /MR NITESH KUMAR AGARWAL

31 Yrs/Male 0 Kg/0 Cms

Date: 27-Aug-2022 12:40:11 PM

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

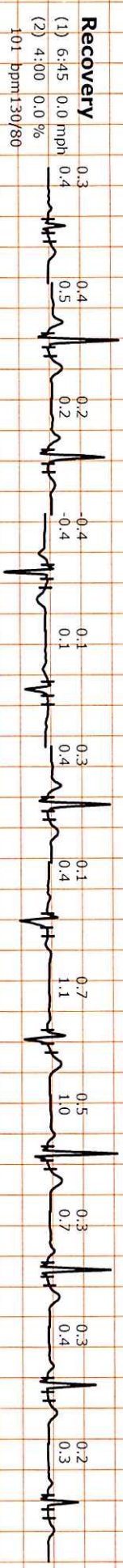
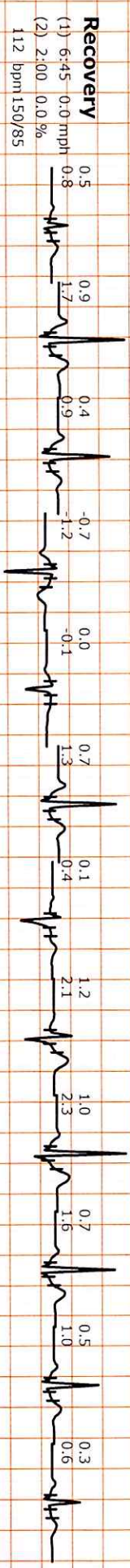
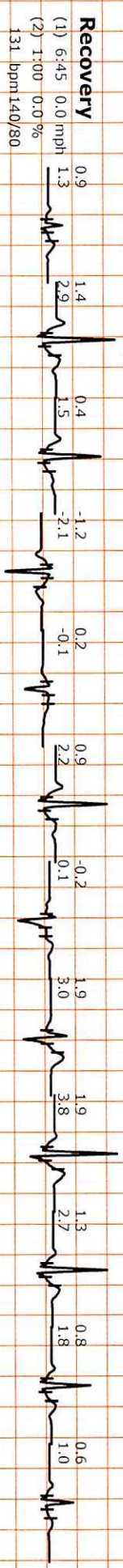
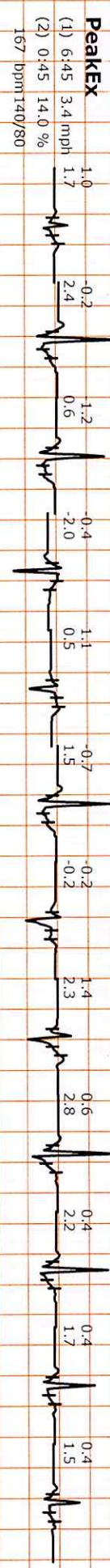


B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

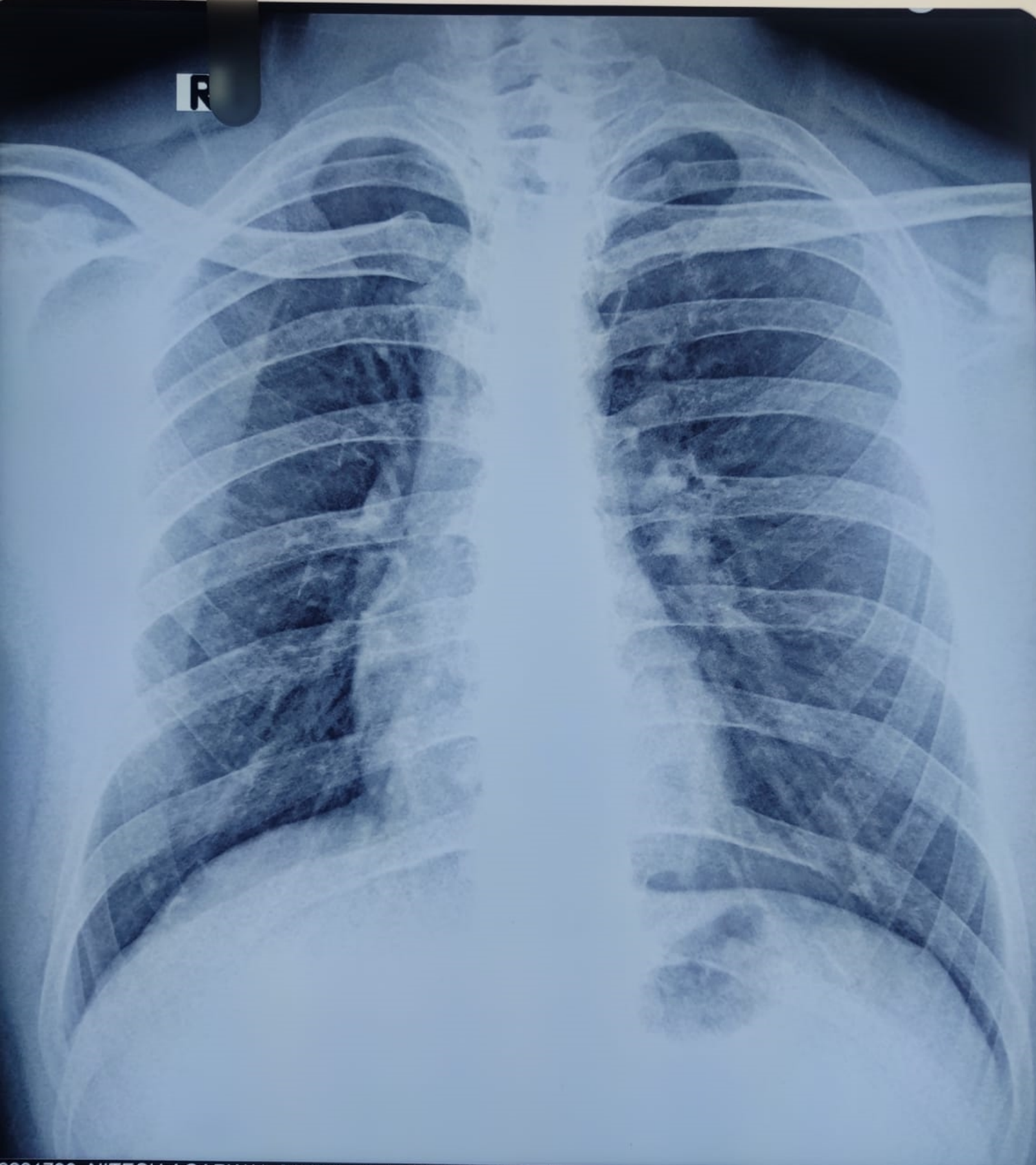
12221728/MR NITESH KUMAR AGARWAL 31 Yrs/Male 0 Kg/0 Cms

Date: 27-Aug-2022 12:40:11 PM

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







2221798 NITESH AGARWAL 31YRS BANK OF BARODA M
7.AUG.2022
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

