

<b>Visit ID</b> : MBAR35277	Registration : 03/Feb/2023 11:52AM
UHID/MR No : ABAR.0000035265	Collected : 03/Feb/2023 12:00PM
<b>Patient Name</b> : Mr.DINESH SHARMA	Received : 03/Feb/2023 12:01PM
Age/Gender : 49 Y 0 M 0 D /M	Reported : 03/Feb/2023 12:57PM
Ref Doctor : Dr.NITIN AGARWAL	Status : Final Report
Client Name : MODERN PATH SERVICES, BAREILLY	Client Code : 2423
Client Add : 240,Sanjay Nagar Bareilly (UP)	Barcode No : a3575743

## DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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## THYROID PROFILE (T3,T4,ULTRASENSITIVE TSH)

Sample Type : SERUM

T3	1.22	ng/ml	0.61-1.81	CLIA
T4	10.6	ug/dl	5.01-12.45	CLIA
Ultrasensitive TSH	2.3	uIU/mL	0.55-4.78	CLIA

## INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

## 9. REFERENCE RANGE:

PREGNANCY	Ultrasensitive TSH in uIU/mL
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

( Reference range recommended by the American Thyroid Association)

## Comments :

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

\*\*\* End Of Report \*\*\*



 Dr. Miti Gupta  
 DNB ; MD [Pathology]


<b>Visit ID</b> : MBAR35277	Registration : 03/Feb/2023 11:52AM
UHID/MR No : ABAR.0000035265	Collected : 03/Feb/2023 12:00PM
<b>Patient Name</b> : Mr.DINESH SHARMA	Received : 04/Feb/2023 07:43AM
Age/Gender : 49 Y 0 M 0 D /M	Reported : 04/Feb/2023 09:08AM
Ref Doctor : Dr.NITIN AGARWAL	Status : Final Report
Client Name : MODERN PATH SERVICES, BAREILLY	Client Code : 2423
Client Add : 240,Sanjay Nagar Bareilly (UP)	Barcode No : a3575743

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	0.94	ng/mL	0-4	CLIA
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**INTERPRETATION:**

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertatation (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

\*\*\* End Of Report \*\*\*

*Kanika*

**Dr. KANIKA YADAV**  
MBBS ; DCP; MD Pathology  
Consultant Pathologist





APPLE CARDIAC CARE

A-3 Ekta Nagar (Opp. Care Hospital), Stadium Road, Bareilly

1743 / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg Date: 03-Feb-2023

Definite Angina / Hypercholesterolemia / Diabetic / Positive Estrogen / Non Athlete

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	HRP	PvC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	085	50%	125/75	106	00	
Standing	00:36	0:32	00.0	00.0	01.0	083	40%	125/75	103	00	
HV	00:50	0:14	00.0	00.0	01.0	079	46%	125/75	098	00	
ExStart	01:09	0:19	00.0	00.0	01.0	074	43%	125/75	092	00	
BRUCE Stage 1	04:09	3:00	01.7	10.0	04.7	136	80%	130/80	178	00	
BRUCE Stage 2	07:09	3:00	02.5	12.0	07.1	152	89%	135/85	205	00	
BRUCE Stage 3	10:09	3:00	03.4	14.0	10.2	170	99%	140/90	238	00	
PeakEx	10:20	0:11	04.2	16.0	10.4	167	98%	140/90	233	00	
Recovery	11:20	1:00	00.0	00.0	04.2	147	86%	135/85	198	00	
Recovery	12:20	2:00	00.0	00.0	01.0	117	68%	130/80	152	00	
Recovery	13:20	3:00	00.0	00.0	01.0	100	62%	125/75	132	00	
Recovery	13:37				00.0	000	0%	---	000	00	

Findings :

- Exercise Time : 09:11
- Max HR Attained : 170 bpm 99% of Target 171
- Max BP Attained : (Sys) 140/90
- Max WorkLoad Attained : 10.4 Good response to induced stress
- Max ST Dep Lead & Avg ST Value : avL & -2.3 mm in Recovery
- Duke Treadmill Score : 08.6
- Test Objective : GHDFEWASFSAFD ASSAS
- Test End Reasons : Test Complete, Heart Rate Acheived, Test Complete, Heart Rate Acheived

Doctor : DR. NITIN AGARWAL



Date: 03-Feb-2023 03:39:32 PM METS: 1.0/ 85 bpm 50% of THR BP: 125/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



APPLE CARDIAC CARE

STANDING ( 00:32 )

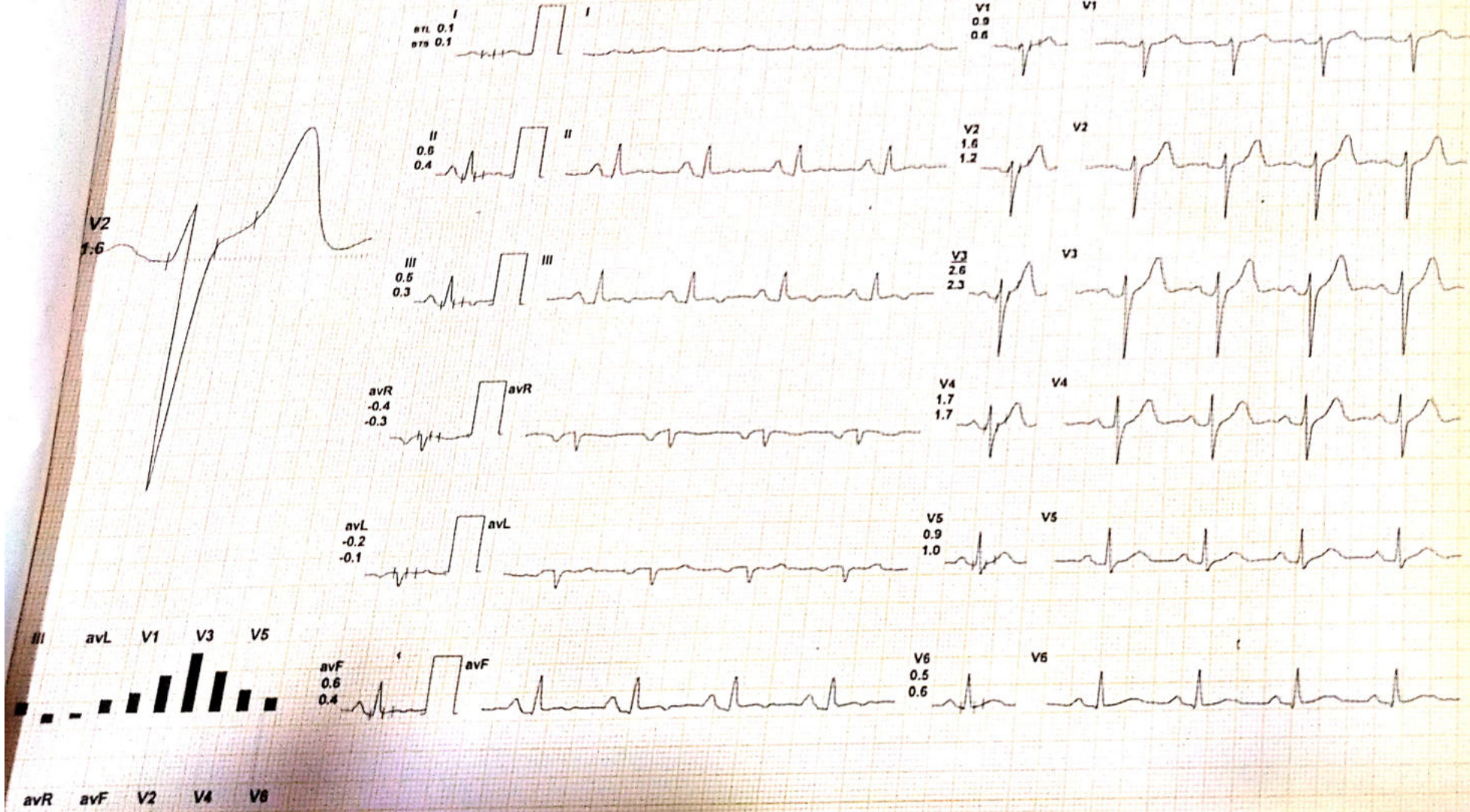


1743 / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg / HR : 83

Date: 03-Feb-2023 03:39:32 PM METS: 1.0/ 83 bpm 49% of THR BP: 125/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



S:

(GEM214191125)(A)Allengers



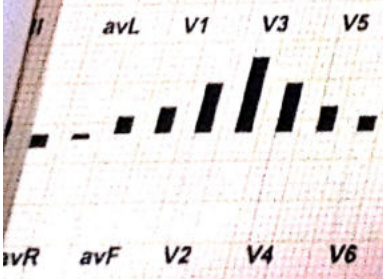
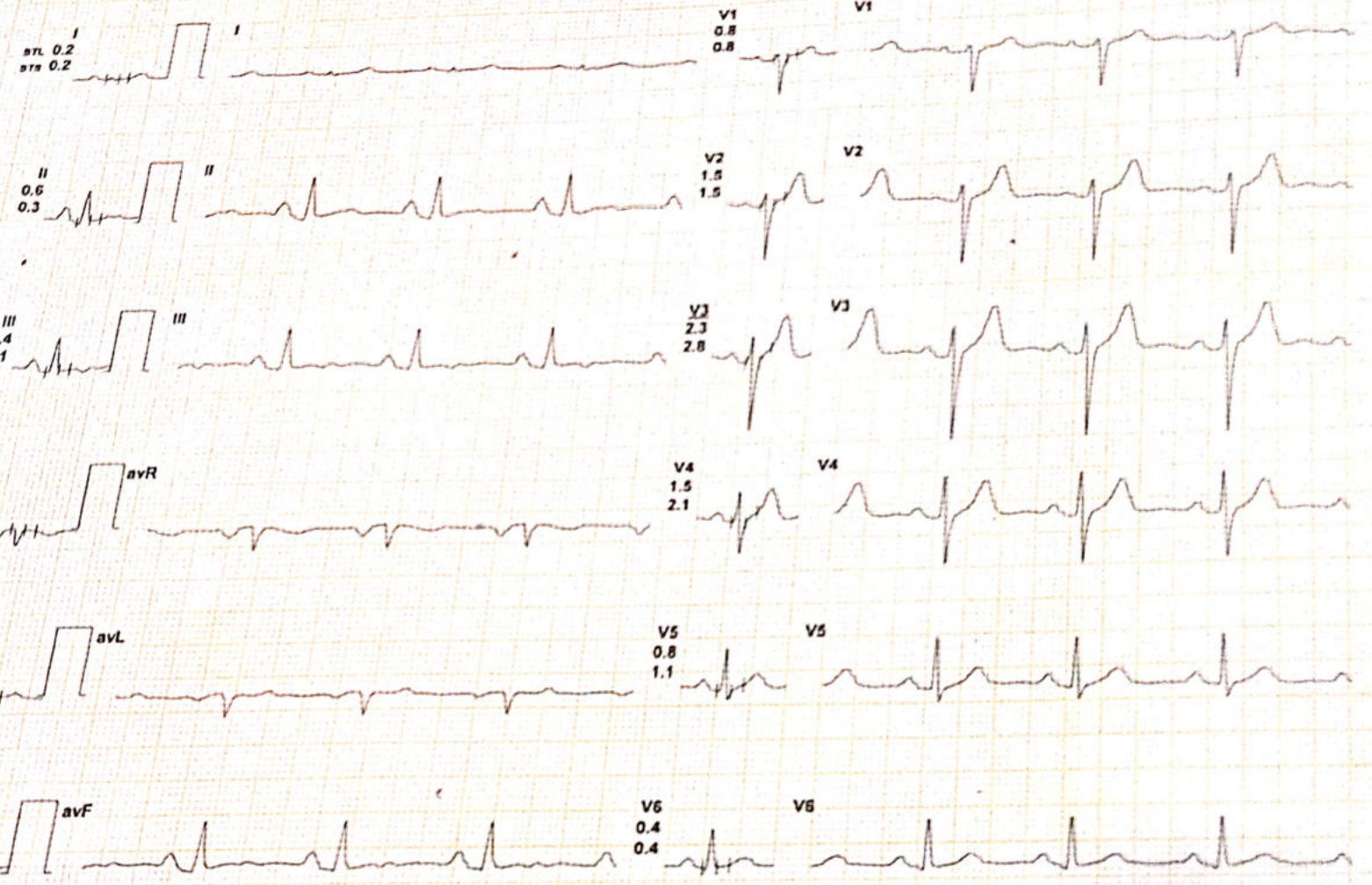
PLE CARDIAC CARE

3 / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg / HR : 79

03-Feb-2023 03:39:32 PM METS: 1.0/79 bpm 46% of THR BP: 125/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

80 mS Post J



PLE CARDIAC CARE

B / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg / HR : 74

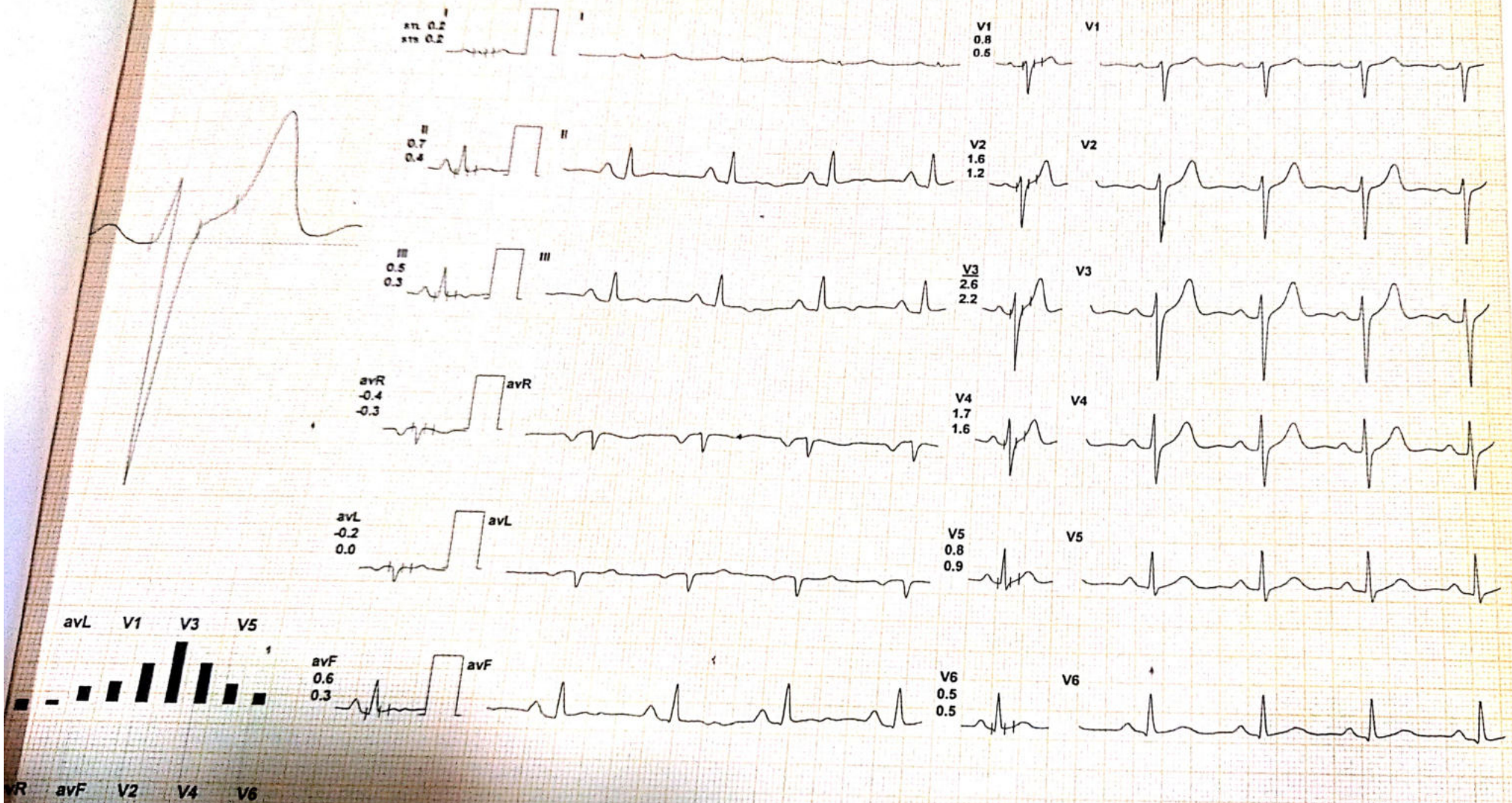
05-Feb-2023 03:39:32 PM METS: 1.0/ 74 bpm 43% of THR BP: 125/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

50 mS Post J

ExStrt



ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



(GEM214191125)(A)Allengers

PPLE CARDIAC CARE

43 / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg / HR : 136

BRUCE : Stage 1 ( 03:00 )

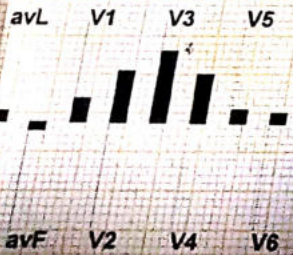
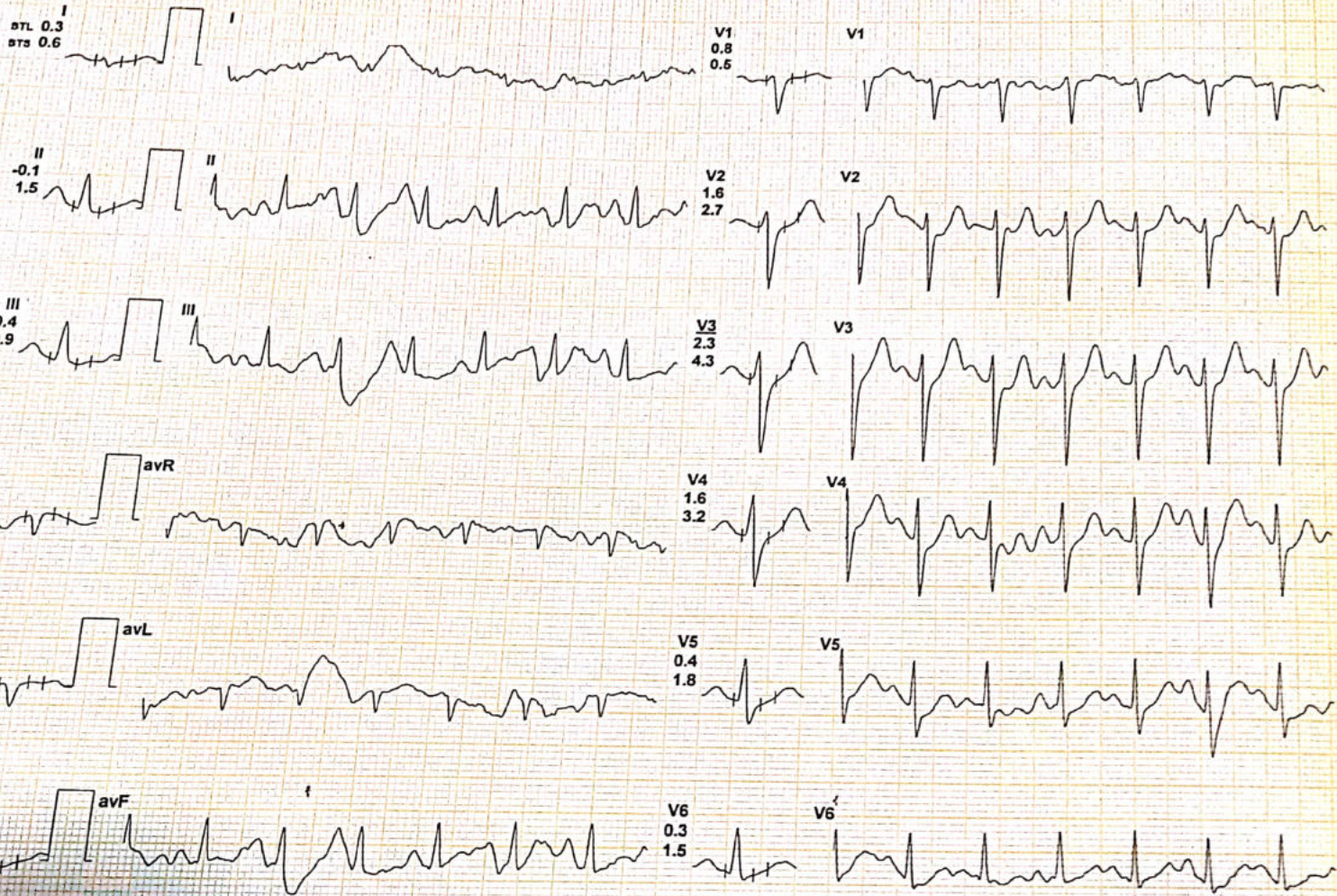


03-Feb-2023 03:39:32 PM

METS: 4.7/ 136 bpm 80% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 03:00 1.7 mph, 10.0%  
25 mm/Sec. 1.0 Cm/mV

60 mS Post J



(GEM214191125)(A)Allengers



PPLE CARDIAC CARE

43 / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg / HR : 152

03-Feb-2023 03:39:32 PM

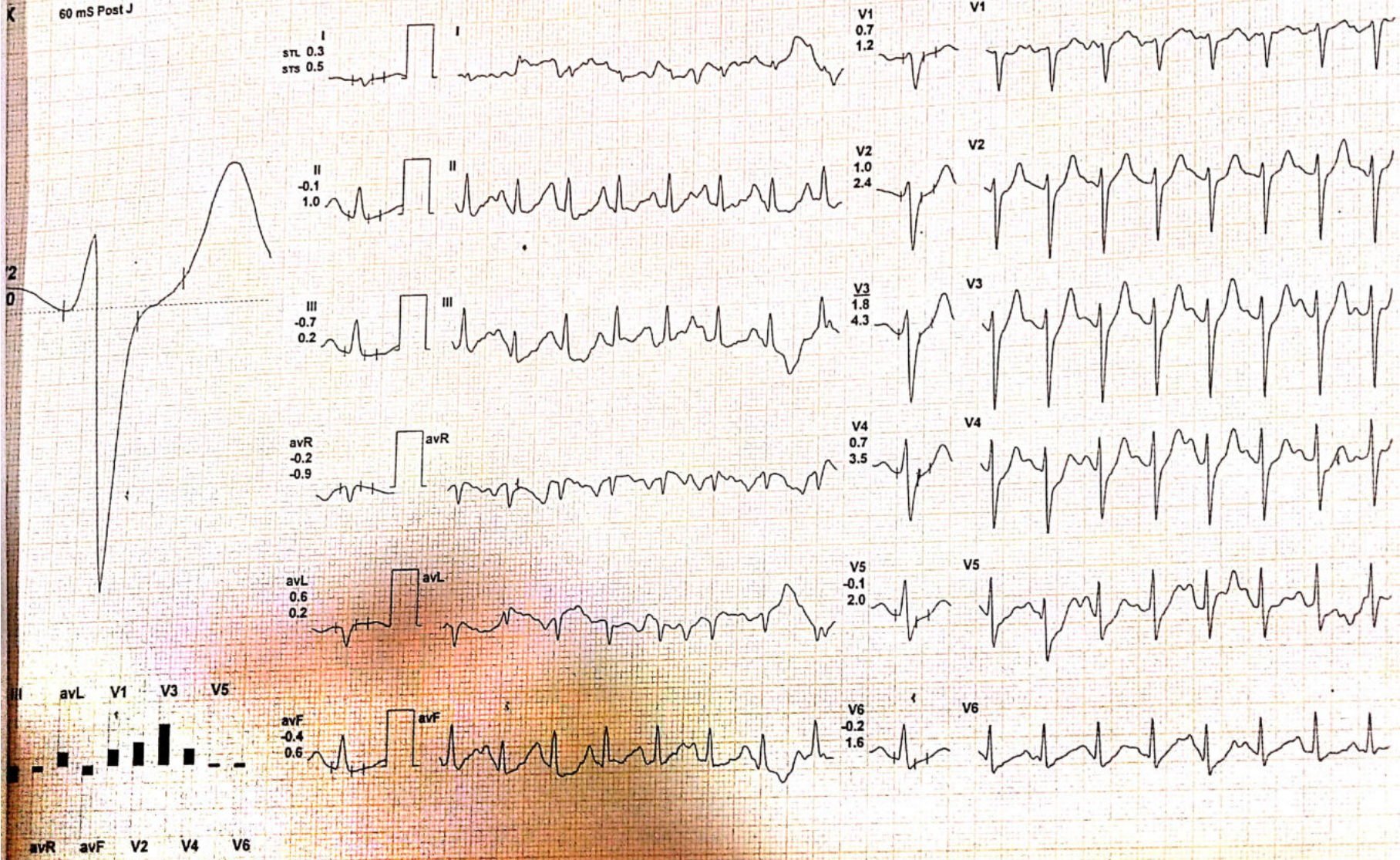
METS: 7.1/ 152 bpm 89% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

BRUCE : Stage 2 ( 03:00 )



ExTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec. 1.0 Cm/mV

60 mS Post J



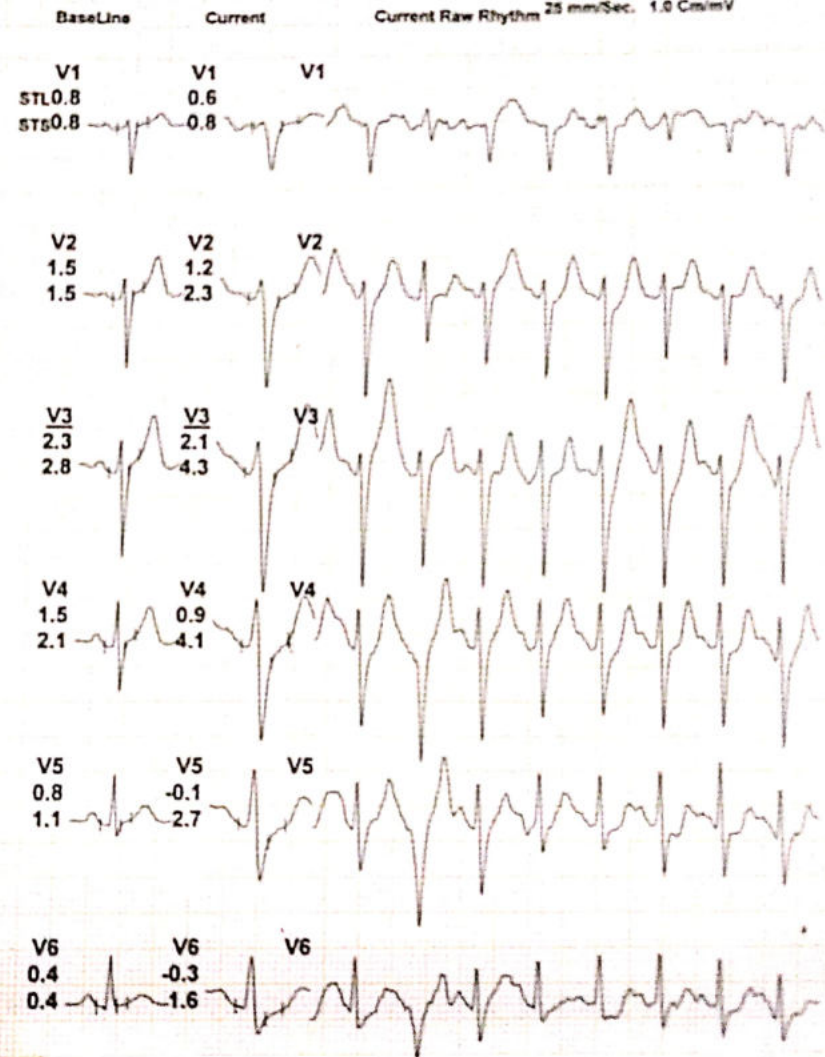
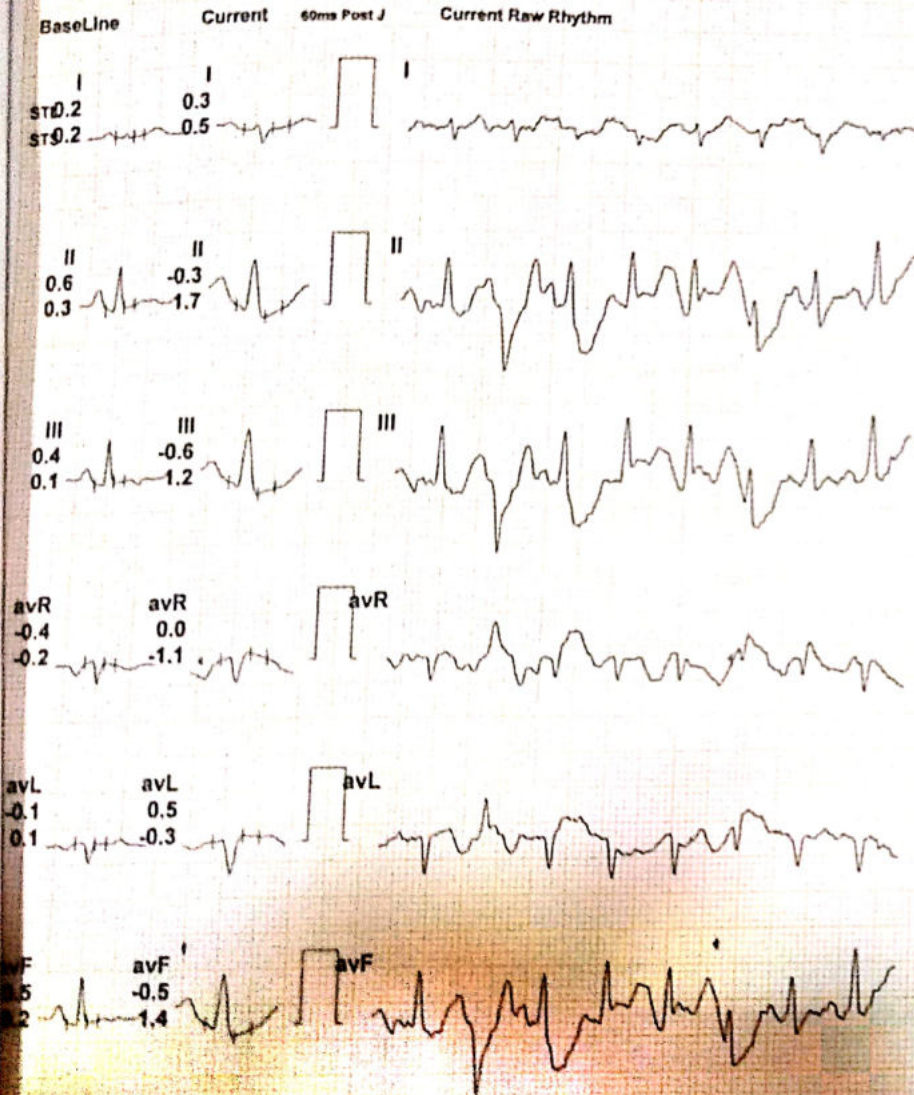
(GEM214191125)(A)Allengers



1743 / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg / HR : 168

Date 03-Feb-2023 03:39:32 PM METS: 10.2/ 168 bpm 98% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 08:58 3.4 mph. 14.0%



APPLE CARDIAC CARE

1743 / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg / HR : 108

Date: 02-Feb-2023 03:39:32 PM

METS: 10.31 / 108 bpm 98% of THR

BP: 140/90 mmHg

Raw ECG/BLC On/Off

Baseline

Baseline

Current

Lead I

Current Flow Rhythm

Baseline

Current

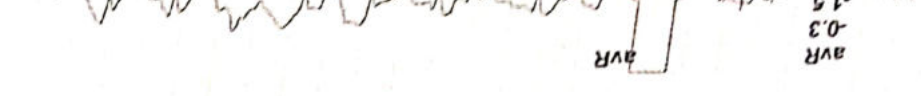
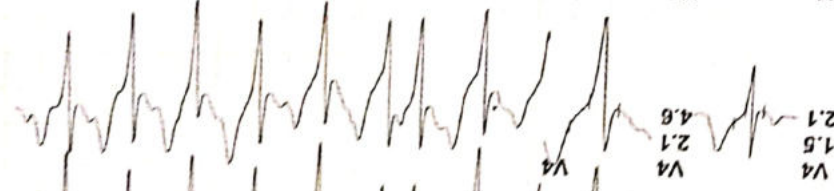
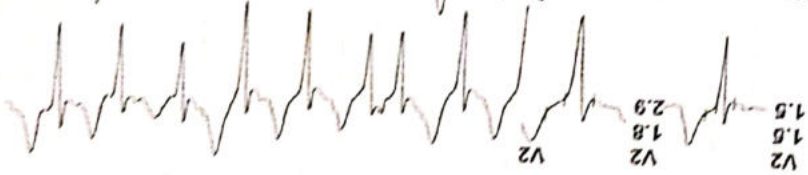
Lead V1

Current Flow Rhythm

25 mm/sec, 1.5 Channel

EXTREM: 09:04 4.2 min, 15.0%

BRUCE PAKEX (00:04)



(GEM214191125)(R)Allengers

RMS:

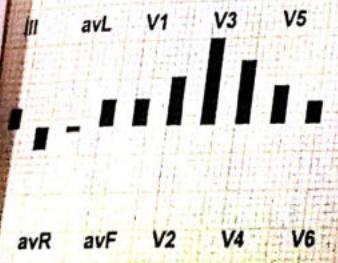
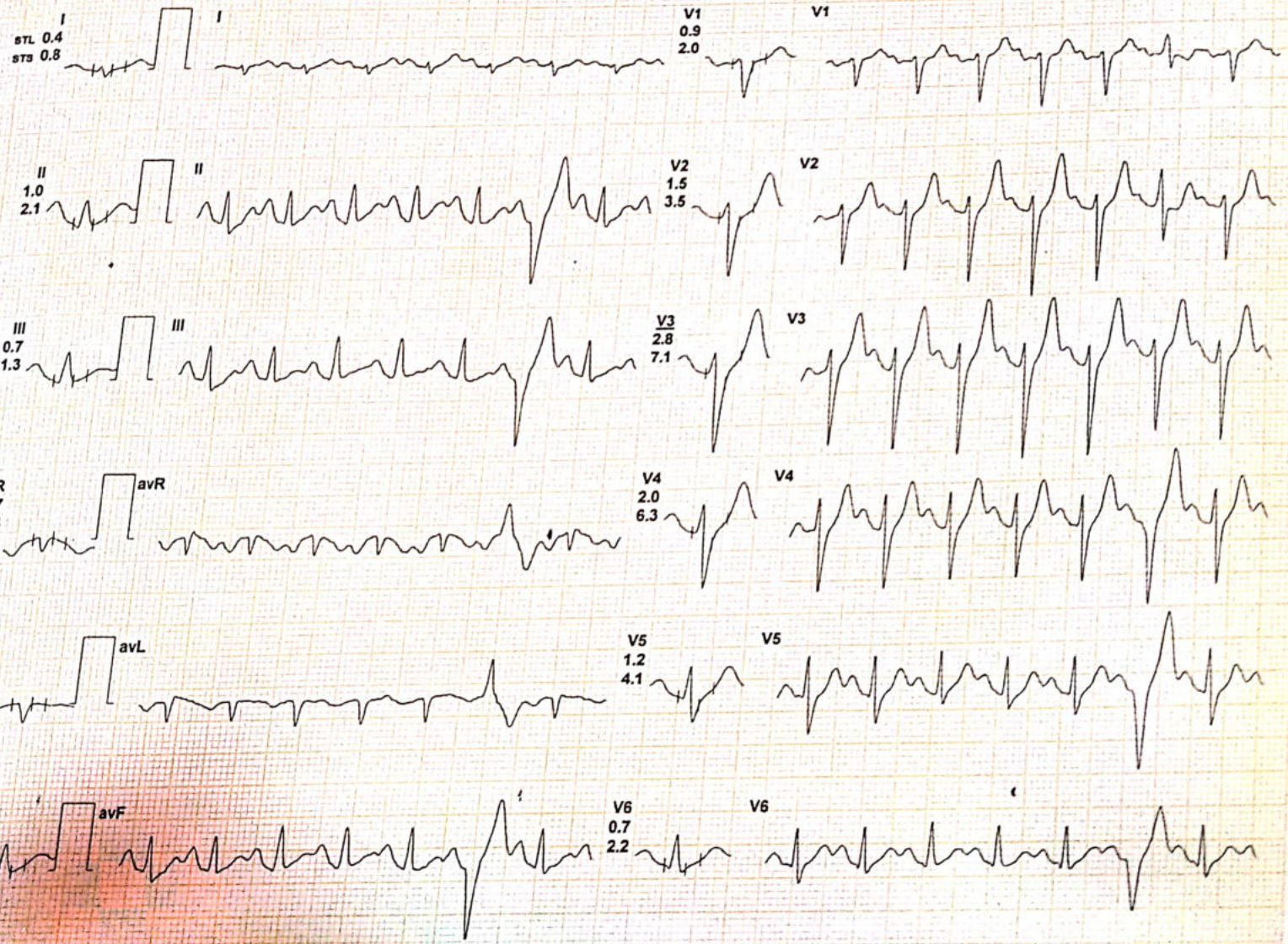
743 / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg / HR : 147

Date: 03-Feb-2023 03:39:32 PM

METS: 4.2/ 147 bpm 86% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 09:11 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



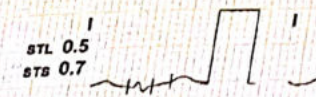
743 / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg / HR : 117

Date: 03-Feb-2023 03:39:32 PM

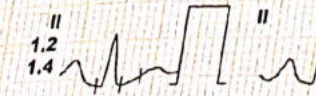
METS: 1.0/ 117 bpm 68% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 09:11 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

80 mS Post J



V1 1.8 1.8



V2 3.7 4.3



V3 5.6 6.6



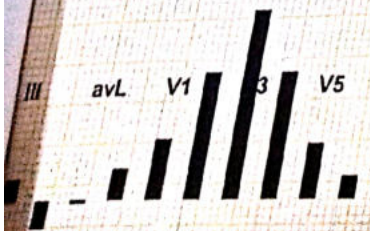
V4 3.7 4.8



V5 1.6 2.3



V6 0.7 1.1



avR avF V2 V4 V6

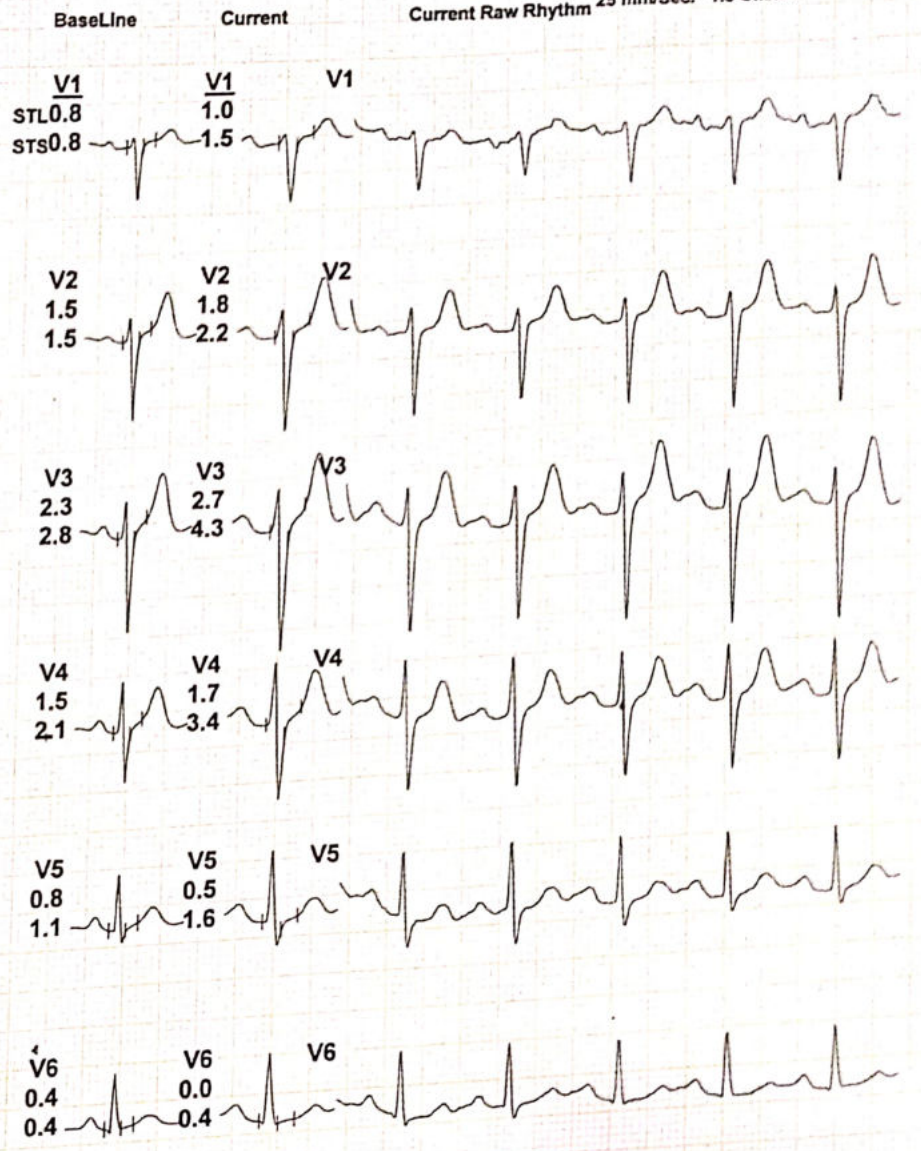
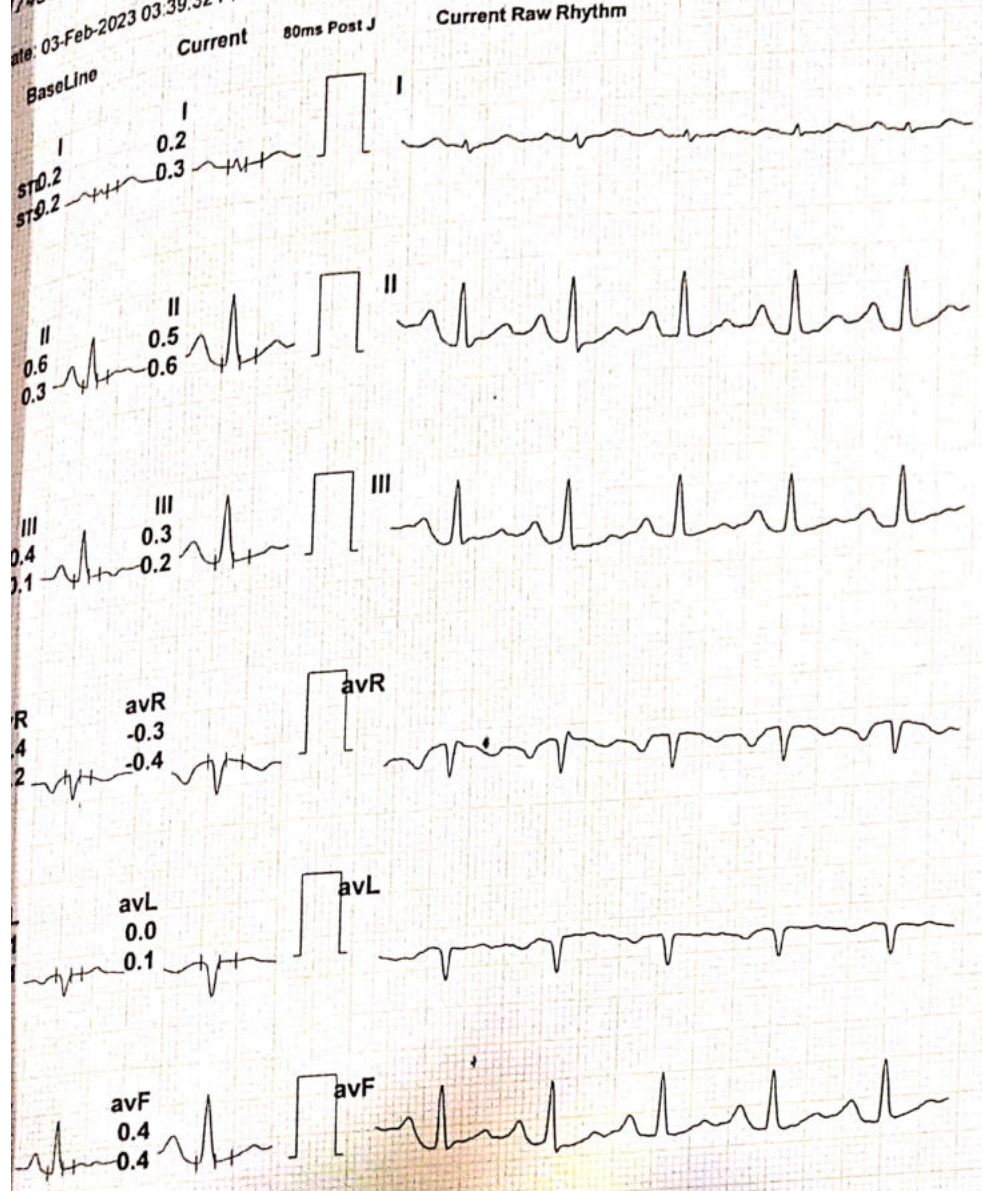
1743 / MR. DINESH KUMAR SHARMA / 49 Yrs / M / 172 Cms / 68 Kg / HR : 105

Date: 03-Feb-2023 03:39:32 PM

METS: 1.0/ 105 bpm 61% of THR BP: 125/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

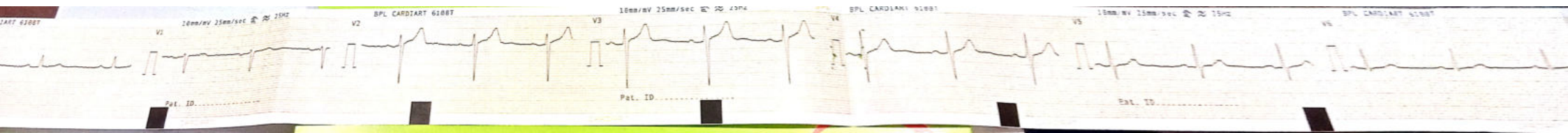
ExTime: 09:11 0.0 mph, 0.0%

Current Raw Rhythm 25 mm/Sec. 1.0 Cm/mV



(GEM214191125)(R)Allengers







**A Venture of Apple Cardiac Care**

A-3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

Reg.NO. : 536  
NAME : **Mr. DINESH KUMAR SHARMA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **03/02/2023**  
AGE : 49 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOTOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.2	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	67	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	5.09	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	43.2	%	35-54
M C V	84.9	fL	76-96
M C H	27.9	pg	27.00-32.00
M C H C	32.9	g/dl	30.50-34.50
PLATELET COUNT	1.60	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R. (Westergren Method)	09	mm/1st hr.	0 - 20
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR F.	85	mg/dl	60-100

**HAEMATOTOLOGY**

**Report is not valid for medicolegal purpose**



Reg.NO. : 536  
NAME : **Mr. DINESH KUMAR SHARMA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **03/02/2023**  
AGE : 49 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN	5.8		

**EXPECTED RESULTS :**

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

**\*ADA: American Diabetes Association**

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination. ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

**BIOCHEMISTRY**

SERUM CREATININE	1.1	mg/dL.	0.5-1.4
BLOOD UREA	24	mg/dL.	10-40

\* Low serum urea is usually associated with status of overhydration severe hepatic failure.

\* A urea level of 10-45 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious impairement of renal function. In chronic renal failure , urea correlates better with the symptoms of uremia than does serum creatinine.

\* Urine/Serum urea is more than 9 in prerenal and less than 3 in renal uremia.

URIC ACID	6.7	mg/dl	3.5-8.0
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**CLINICAL SIGNIFICANCE:**

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

**Report is not valid for medicolegal purpose**

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REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **03/02/2023**  
AGE : 49 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
SERUM SODIUM (Na)	137	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.7	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.4	mg/dl	8.5 - 10.5
<b>LIVER PROFILE</b>			
SERUM BILIRUBIN			
TOTAL	0.8	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.8	Gm/dL	6.4 - 8.3
Albumin	3.9	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.34		0.0-2.0
SGOT	32	IU/L	0-40
SGPT	27	IU/L	0-40
SERUM ALK.PHOSPHATASE	79	IU/L	00-115

**NORMAL RANGE : BILIRUBIN TOTAL**

Premature infants. 0 to 1 day: <8 mg/dL    Premature infants. 1 to 2 days: <12 mg/dL    Adults: 0.3-1 mg/dL.

Premature infants. 3 to 5 days: <16 mg/dL    Neonates, 0 to 1 day: 1.4-8.7 mg/dL

Neonates, 1 to 2 days: 3.4-11.5 mg/dL    Neonates, 3 to 5 days: 1.5-12 mg/dL    Children 6 days to 18 years: 0.3-1.2 mg/dL

**COMMENTS-**

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow -up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.

**Report is not valid for medicolegal purpose**

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NAME : **Mr. DINESH KUMAR SHARMA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **03/02/2023**  
AGE : 49 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	189	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	105	mg/dl.	30 - 160
HDL CHOLESTEROL	46	mg/dL.	30-70
VLDL CHOLESTEROL	21	mg/dL.	15 - 40
LDL CHOLESTEROL	122	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.11	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.65	mg/dl	

#### INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis. CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol. LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

#### HAEMATOLOGY

##### BLOOD GROUP

Blood Group : B  
Rh : POSITIVE

#### URINE EXAMINATION

**Report is not valid for medicolegal purpose**



Reg.NO. : 536  
 NAME : **Mr. DINESH KUMAR SHARMA**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **03/02/2023**  
 AGE : 49 Yrs.  
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
TRANSPARENCY			
Volume	25	ml	
Colour	Light Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	1-2	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
<b>DEPOSITS</b>			
Bacteria	NIL		
Other	NIL		

**Report is not valid for medicolegal purpose**



venture of Apple Cardiac Care  
Ekta Nagar, Stadium Road,  
Opp. Care Hospital,  
Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

Reg.NO. : 536  
NAME : **Mr. DINESH KUMAR SHARMA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **03/02/2023**  
AGE : 49 Yrs.  
SEX : MALE

**TEST NAME**

**RESULTS**

**UNITS**

**BIOLOGICAL REF. RANGE**

*Shweta*

--{End of Report}--

**Dr. Shweta Agarwal, M.D.**  
(Pathologist)

**Report is not valid for medicolegal purpose**



Apple Cardiac Care  
Ekta Nagar, Stadium Road,  
Apple Care Hospital,  
Goreilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



Reg.NO. : 536  
NAME : **Mr. DINESH KUMAR SHARMA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **03/02/2023**  
AGE : 49 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	<b>BIOCHEMISTRY</b>		
BLOOD SUGAR P.P.	128	mg/dl	80-140

--{End of Report}--

**Dr. Shweta Agarwal, M.D.**  
(Pathologist)

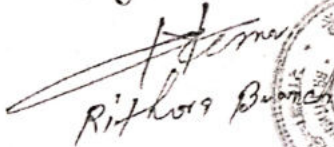
Lab. Timings : 9.00 a.m. to 8.00 p.m. Sunday : 10.00 a.m. to 2.00 p.m.  
Home Sample Collection Facility Available

To Whomsoever It May Concern

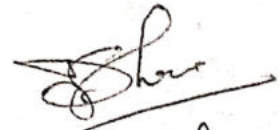
Mr. Dinesh Kumar Sharma is working at Bank of Baroda ( Rithora) as a Head Cashier since 2014. He is opting for Annual Medical Checkup with his wife Mrs. Sarita Sharma . Kindly do the needful



Regards,

  
Rithora Branch



  
Dinesh Kumar Sharma  
EC No - DS103567

रिठौरा, बरेली पीलीभीत मैन रोड पो. रिठौरा जिला बरेली 243122( उ.प्र.) भारत  
Rithora, Bareilly Pilibhit Main Road, P.O. Rithora Distt. Bareilly 243122 (U.P.) India  
फोन /Phone +91 8477009247 वेब /web: [www.bankofbaroda.com](http://www.bankofbaroda.com)  
ई-मेल /E-mail : [rithora@bankofbaroda.com](mailto:rithora@bankofbaroda.com) - Toll Free No. 1800 102 44 55, 1800 22 33 44





### सूचना

- आधार ओळखीचे प्रमाण आहे, नागरीकत्वाचे नाही .
- ओळख सिद्ध करण्यासाठी, ऑनलाईन अधिप्रमाणित करावे .

### INFORMATION

- Aadhaar is proof of identity, not of citizenship .
- To establish identity, authenticate online .

- आधारला देशभरात मान्यता आहे .
- आधार भविष्यात सरकारी व खाजगी सेवांचे फायदे मिळविण्यास उपयुक्त आहे .
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India

पत्ता S/O: बी एस शर्मा, 61, गली  
नं. 1, सैनिक कॉलनी, बरेली, इज्जत  
नगर, उत्तर प्रदेश, 243122

Address: S/O: B S Sharma, 61, GALI NO.  
1, SAINIK COLONY, Bareilly, Izzat Nagar,  
Uttar Pradesh, 243122

3385 0146 7373

1947



help@uidai.gov.in

www

www.uidai.gov.in

*Handwritten signature*



भारतीय विशिष्ट ओळख प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1027/60060/16641

To,  
दिनेश कुमार शर्मा  
Dinesh Kumar Sharma  
S/O: B S Sharma  
61, GALI NO. 1  
SAINIK COLONY  
Bareilly  
Izzat Nagar Nawabganj Bareilly  
Uttar Pradesh 243122  
9604126884

Ref: 1962 / 231 / 185821 / 185827 / P



SH325179626FT



आपला आधार क्रमांक / Your Aadhaar No. :

**3385 0146 7373**

आधार - सामान्य माणसाचा अधिकार



भारत सरकार  
Government of India



दिनेश कुमार शर्मा  
Dinesh Kumar Sharma  
जन्म वर्ष / Year of Birth : 1973  
पुरुष / Male



3385 0146 7373

आधार - सामान्य माणसाचा अधिकार



Scanned with OKEN Scanner



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<b>Visit ID</b> : MBAR35277	Registration : 03/Feb/2023 11:52AM
UHID/MR No : ABAR.0000035265	Collected : 03/Feb/2023 12:00PM
<b>Patient Name</b> : Mr.DINESH SHARMA	Received : 03/Feb/2023 12:01PM
Age/Gender : 49 Y 0 M 0 D /M	Reported : 03/Feb/2023 12:57PM
Ref Doctor : Dr.NITIN AGARWAL	Status : Final Report
Client Name : MODERN PATH SERVICES, BAREILLY	Client Code : 2423
Client Add : 240,Sanjay Nagar Bareilly (UP)	Barcode No : a3575743

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (T3,T4,ULTRASENSITIVE TSH)

Sample Type : SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
T3	1.22	ng/ml	0.61-1.81	CLIA
T4	10.6	ug/dl	5.01-12.45	CLIA
Ultrasensitive TSH	2.3	uIU/mL	0.55-4.78	CLIA

**INTERPRETATION:**

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

**9. REFERENCE RANGE:**

PREGNANCY	Ultrasensitive TSH in uIU/mL
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

( Reference range recommended by the American Thyroid Association)

**Comments :**

1. During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

\*\*\* End Of Report \*\*\*

*Miti*

Dr. Miti Gupta  
DNB ; MD [Pathology]





Quality • Compassion • Trust

Visit ID	: MBAR35277	Registration	: 03/Feb/2023 11:52AM
UHID/MR No	: ABAR.0000035265	Collected	: 03/Feb/2023 12:00PM
Patient Name	: Mr.DINESH SHARMA	Received	: 04/Feb/2023 07:43AM
Age/Gender	: 49 Y O M O D /M	Reported	: 04/Feb/2023 09:08AM
Ref Doctor	: Dr.NITIN AGARWAL	Status	: Final Report
Client Name	: MODERN PATH SERVICES, BAREILLY	Client Code	: 2423
Client Add	: 240,Sanjay Nagar Bareilly (UP)	Barcode No	: a3575743

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	0.94	ng/ml	0-4	CLIA
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INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertatation (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

\*\*\* End Of Report \*\*\*

*Kanika*

Dr. KANIKA YADAV  
MBBS ; DCP; MD Pathology  
Consultant Pathologist