

Patient Name : MR. ASHOK JHARWAL
Age / Sex : 31 years / Male
LCID No : 323081036
UID No : 93651

Reference : SELF **Organization** : Mediwheel **Org ID** : NA

 Registered On
 : Aug 26, 2023, 09:10 a.m.

 Collected On
 : Aug 26, 2023, 10:10 a.m.

 Reported On
 : Aug 26, 2023, 04:16 p.m.

Specimen Type: EDTA

BLOOD GROUP LC

Test Description Value(s) Unit(s) Reference Range

SEROLOGY

ABO Group

BySLIDE/TUBE Method

Rh (Factor)
Positive

 $By SLIDE/TUBE\ Method$

Remark

Test done by : Agglutination Forward & Reverse Method (Whole Blood & Serum)

*: Rechecked

END OF REPORT



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Specimen Type: Plasma

Blood sugar fasting LC

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Blood Sugar Fasting	-		
Glucose value By Hexokinase method	84	mg/dl	70 - 110

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : >= 126 mg/dl

OR

2 Hr Post Glucose: >= 200 mg/dl

OR

HbA1c >= 6.5 %

OR

Random Blood Glucose : >= 200 mg/dl

END OF REPORT



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Specimen Type: Plasma

Blood sugar post prandial

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Blood sugar post prandial By Hexokinase method	81	mg/dl	70 - 140

Remark

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : >= 126 mg/dl

OR

2 Hr Post Glucose : >= 200 mg/dl

OR

HbA1c >= 6.5 %

OR

Random Blood Glucose : >= 200 mg/dl

END OF REPORT



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Specimen Type: EDTA

Glycosylated HB A1c

Test Description	Value(s)	Unit(s)	Reference Range	
BIOCHEMISTRY				
Glycosylated HBA1C	5.0	%		
AVERAGE BLOOD GLUCOSE LEVEL	96.80	mg/dl		

Reference Values: Glyco HB A1c

Non Diabetic: 4.0 - 6.0

Good Diabetic Control: 6.0 - 7.0 Fair Diabetic Control: 7.0 - 8.0 Poor Diabetic Control: > 8.0

Maintaining HbA1c levels to less than 7% will reduce risk of long term complications of Diabetes.

Method: Ion Exchange HIGH Pressure Liquid Chromatography (HPLC), on Fully Automated Biorad D10 analyser.

INFORMATION: Glycosylated Haemoglobin accumulates within the red blood cells & exists in this form throughout the lifespan of red cells. Thus a single HbA1c value taken every 2-3 months

serves over those months. The measurement of HbA1c has been used as an index of metabolic control of diabetes during the preceding 2 - 3 months providing physician with an objective look at patient~s diabetes control. HbA1c is not affected by factors like intake of carbohydrates, timing of antidiabetes drugs, daily activities.

Test done on BIORAD D10.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd.

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose: >= 126 mg/dl

OR

 $2\;Hr\;Post\;Glucose:>=200\;mg/dl$

OR

HbA1c >= 6.5 % OR

Random Blood Glucose : >= 200 mg/dl

END OF REPORT





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Specimen Type: Serum

T3 T4 TSH

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOASSAY			
T3	128.17	ng/dl	60 - 181
T4	12.5	ug/dl	3.2 - 12.6
T.S.H (ULTRA SENSITIVE)	2.722	uIU/ml	0.55 - 4.78

ByCLIA

Method: By CMIA Sample Type: Serum

Remark:

- 1. Decreased value of T3(T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism
- 2. Total T3 and T4 value may also be altered in other condition due to change in serum proteins or binding sites pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases free T3 and free T4 give corrected values.
- $3. \ \ \textit{Total T3 may decrease by <25} percent in healthy older individual.$

Remark:

- 1. TSH values may be transiently altered because of non thyrodial illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc
- 2. Drugs that decrease TSH values e.g.L-dopa, Glucocorticoids Drugs that increase TSH values e.g. Iodine, Lithium, Amiodaron

Test done on Abbott Architech i1000

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Specimen Type : Serum

LIPID PROFILE LC

Test Description	Value(s)	Unit(s)	Reference Range	
BIOCHEMISTRY				
Triglycerides ByEnzymatic GPO/PAP Method	55	mg/dl	Less than 150	
Total Cholesterol ByCHOD-PAP Method	189	mg/dl	UPTO 200	
HDL Cholesterol By Enzymatic Method	83	mg/dl	40 - 60	
VLDL Cholesterol	11	mg/dl	6 - 38	
LDL Cholesterol	95	mg/dl	Upto 100	
Cholesterol: HDL Cholesterol Ratio	2.28		Upto - 5	
LDL Cholesterol/HDL Cholesterol Ratio	1.14		Upto 4	

Total Cholesterol :	HDL-Cholesterol:
Desirable : Less than 200 mg% Borderline High : 200 - 239 mg% High : More than 239 mg%	Desirable : More than 40 mg% Low : Less than 40 mg%
LDL-Cholesterol (Non-protective cholesterol) :	Triglycerides:
Optimal: Less than 100 mg% NearOptimal: 100 - 129 mg% Borderline High: 130 - 159 mg% High: 160 - 189 mg% Very High: More than 189 mg%	Normal : Less than 150 mg% Borderline : 150 - 199 mg% High : 200 - 499 mg% Very High : More than 499 mg%

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Specimen Type : Serum

LIVER FUNCTION TEST (LFT) LC

Test Description	Value(s)	Unit(s)	Reference Range	
BIOCHEMISTRY				
Serum Bilirubin (Total) ByDiazo Method	0.87	mg/dl	0.2 - 1.0	
Serum Bilirubin (Direct) ByDiazo Method	0.20	mg/dl	0.0 - 0.2	
Serum Bilirubin (Indirect) Calculated	0.67	mg/dl	upto 0.90	
S.G.O.T (AST) BySerum By Enzymatic Method IFCC	46	U/L	15 - 37	
S.G.P.T BySerum by Enzymatic Method	99	U/L	16 - 63	
Serum GGTP ByEnzymatic Method	60	U/L	15 - 85	
Alkaline Phosphatase	144	U/L	46-116	
Serum Proteins ByBiuret Method	7.9	g/dl	6.4 - 8.2	
S. Albumin ByBromocresol purple Method	4.0	g/dl	3.4 - 5.0	
Serum Globulin	3.90	gm/dl	1.8 - 3.6	
A/G Ratio	1.03		1.5 - 3.5	
Remark				

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Specimen Type : Serum

Blood Urea/BUN

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Serum Urea ByUrease Method	24.40	mg/dl	10 - 38.5
BUN BySerum By Urease with GLDH	11.4	mg/dl	5 - 18
Remark:			

END OF REPORT



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 Registered On
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 Collected On
 : Aug 26, 2023, 10:11 a.m.

 Reported On
 : Aug 26, 2023, 05:04 p.m.



Specimen Type : EDTA

COMPLETE BLOOD COUNT (CBC) LC

HEMATOLOGY Haemoglobin (Mod.Cyanmethemoglobin) R.B.C Count (Impedence)	112				
	14.0				
R.B.C Count (Impedence)	14.2	gms%	13 - 17		
	4.45	x10^6/cmm	4.5 - 5.5		
PCV (Conductivity)	41.6	%	40 - 50		
MCV (Calculated)	93.48	fL	83 - 101		
MCH(Calculated)	31.91	Pg	27 - 32		
MCHC(Calculated)	34.13	gms%	31.5 - 34.5		
W.B.C. Count(Impedence)	6.71	x10^3/cmm	4 - 10		
RDW(Calculated)	17.1	%	11.6 - 14.0		
MPV(Calculated)	11.1	fL	6 - 11		
Platelet Count(Impedence)	2.12	x10^5/cmm	1.50 - 4.10		
DIFFERENTIAL COUNT (Impedence,Light Absor	bance)				
Neutrophils	51	%	40 - 80		
Lymphocytes	35	%	20 - 40		
Eosinophils	06	%	1 - 6		
Monocytes	08	%	2 - 10		
Basophils	0	%	0 - 2		
RBC Morphology Staining & Microscopy	Anisocytosis +				
WBC Morphology Staining & Microscopy	Normal	Normal			
PLATELETS Staining & Microscopy	Adequate on smo	Adequate on smear.			
Other	-				

END OF REPORT





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Specimen Type : EDTA

ERYTHROCYTE SEDIMENTATION RATE (E.S.R) LC

Test Description	Value(s)	Unit(s)	Reference Range
HEMATOLOGY E.S.R.	15	mm	0 - 15
ByWhole Blood Modified Westergren Method			

ESR done on fully automated Easyrate analyzer.

END OF REPORT



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 Registered On
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 Collected On
 : Aug 26, 2023, 12:52 p.m.

 Reported On
 : Aug 26, 2023, 04:49 p.m.

Specimen Type : Serum

Renal Function Test

mg/d mg/d mg/d		5
mg/d		5
	il 5 - 18	
mg/d		
, and the second	dl 0.7 - 1.3	i
mg/d	11 2.6 - 6.0)
mg/d	8.5 - 10	.1
mg/d	11 2.5 - 4.9)
mEq/	/L 135 - 14	15
mEq/	/1 3.5 - 5.5	j
mEq/	/L 96 - 109)
g/dl	6.4 - 8.2	!
g/dl	3.4 - 5	
g/dl	1.8 - 3.6	j
	1.5 - 3.5	
	mEq g/dl g/dl	g/dl 3.4 - 5 g/dl 1.8 - 3.6

END OF REPORT





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Specimen Type: Blood

BUN / Creatinine Ratio

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY BUN / Creatinine Ratio Calculation	13.3		10:1 - 20:1

END OF REPORT



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Org ID : NA

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 Collected On
 : Aug 26, 2023, 04:57 p.m.

 Reported On
 : Aug 26, 2023, 06:29 p.m.



Specimen Type : Urine

Urine Routine LC

Test Description	Value(s)	Unit(s)	Reference Range	
CLINICAL PATHOLOGY				
Physical Examination				
Quantity	30	ml	-	
Colour ByVisual Examination	Pale yellow			
Appearance	Slightly Hazy			
Specific Gravity ByIon Concentration / Color Indicator	1.005		1.000 - 1.035	
Reaction (pH) ByColor Indicator	6.5		5.0 - 8.0	
Chemical Examination				
Proteins ByTurbidometric Method	Absent		Absent	
Bile salts	Absent		Absent	
Bile Pigments ByDiazo / Fouchets	Absent			
Occult Blood ByOxidation / Microscopy	Absent		Absent	
Glucose ByEnzymatic,GOD,POD & Benedicts Test	Absent		Absent	
Ketones	Absent		Absent	
Urobilinogen ByDiozo/p-amino Benzaldehyde react	Normal		Normal	
Microscopic Examination (per H.P.F.)				
Epithelial Cells	0 - 1	/hpf	3 - 5	
Leucocytes	0 - 1	/hpf	0 - 5	
Red Blood Cells	Absent	/hpf	0 - 2	
Casts	Absent			
Crystals	Absent			
Trichomonas vaginalis	Absent			
Yeast	Absent			
Spermatozoa ByManual Microscopy	Absent			
CHEMICAL EXAMINATION DONE BY MULTISTIX.SG (SIEMENS)	!			

END OF REPORT





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Specimen Type: Blood

Fasting urine sugar

Value(s) Unit(s) Reference Range

CLINICAL PATHOLOGY

Fasting urine sugar Absent Urine dipstik method Absent

END OF REPORT

Test Description



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Specimen Type: Blood

Post Prandial Urine Sugar

Test Description

Value(s)

Unit(s)

Reference Range

CLINICAL PATHOLOGY

Post Prandial Urine Sugar

Absent

Absent

Absent

END OF REPORT



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 : Aug 26, 2023, 06:29 p.m.



Specimen Type: Stool

Stool Routine

Absent

Value(s) Unit(s) Reference Range

CLINICAL PATHOLOGY

Physical Examination

Test Description

COLOUR Brownish
CONSISTENCY Semi Solid
MUCUS Absent
Frank Blood
ByVisual Examination
Brownish
Absent

CHEMICAL EXAMINATION

REACTION (pH)

ByColor Indicator

Acidic 6.5

OCCULT BLOOD

PARASITES

Absent ByPeroxidase Reaction

Microscopic Examination (per H.P.F.)

PUS CELLS Occasional Red Blood Cells Absent MACROPHAGES Absent Absent EPITHELIAL CELLS Occasional Fat Globules Absent STARCH Absent UNDIGESTED PARTICLES Absent ByManual Microscopy **Parasites** TROPHOZOITE Absent **CYSTS** Absent

END OF REPORT

Absent

OVA

Remark





भारत सरकार Government of India

भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

नामांकन ऋम/ Enrolment No.: 0013/12007/13875

To अशोक झारवाल Ashok Jharwal S/O Kailash Chandra Meena 116 Shyam puri Near Kanta 1hotwara Jaipur Jaipur Rajasthan - 302012 9782469667





आपका आधार क्रमांक / Your Aadhaar No. :

8288 6389 2927 VID: 9196 7102 9771 1080

मेरा आधार, मेरी पहचान



भारत सरकार Government of India





अशोक झारवाल Ashok Jharwal जन्म तिथि/DOB: 12/07/1992 परुष/ MALE

8288 6389 2927 VID: 9196 7102 9771 1080

मेरा आधार, मेरी पहचान







सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- आधार विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान सत्यापित करें।
- आधार के सभी रूप जैसे आधार पत्र, पीवीसी काई, ई-आधार और एम-आधार समान रूप से मान्य हैं। १२ अंकों की आधार संख्या के स्थान पर आभासी (वर्चुअल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।
- १० साल में कम से कम एक बार आधार अपडेट जरुर करें।
- आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं /सेवाओं का लाभ उठाने में मदद करता है।
- आधार में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग स्रक्षा स्निश्चित करने के लिए करें।
- आधार (पत्र/ नंबर) चाहुने वाली संस्थायों को उचित सहमति लेने के तिए बाध्य किया गया है।
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.



भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India



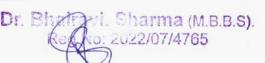
पता: \$/O केलाश चंद्र मीणा, ११६, श्याम पूरी, कांटा के पास, झोटबाड़ा, जयपुर, जयपुर, राजस्थान - 302012

Address: S/O Kailash Chandra Meena, 116, Shyam puri, Near Kanta, Jhotwara, Jaipur, Jaipur, Rajasthan - 302012



8288 6389 2927

VID: 9196 7102 9771 1080 help@uidai.gov.in | # www.uidai.gov.in













MEDICAL EXAMINATION REPORT Name: Ashok Tharwal Date of Birth 1217 92 Age: Sex: N Referred by: Medunhoo) Proof of Identification : And Im PLEASE TICK THE RELEVANT BOXES Yes No PLEASE TICK THE RELEVANT BOXES Yes No 1) GENERAL APPEARANCE: RESPIRATORY SYSTEM: Is there any abnormalities in general appearance a. Are there any abnormality in air entry and breath sounds? & built up of the Examinee? b. Are there any abnormalities in the chest wall? b. is there any evidence/ history of abnormality or disease 1) DETAILS OF PHYSICAL EXAMINATION: of the respiratory system like breathlessness, wheezing, a. Height persistent cough, chronic bronchitis, emphysema, asthma, TB. Pneumonia? b. Weight kg. c. Blood Pressure mm Hg. CARDIO VASCULAR SYSTEM: d Pulse Rate /min a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep. 3) WHETHER IN THE PAST THE EXAMINEE b. History of any peripheral vascular disorder? a. Has been hospitalized? (If YES, please give details) c. Is there any abnormality in heart sound? b. Was involved in any accident? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable c. Underwent Surgery? d. Is the examinee currently under any medication? d. Any history of CABG, Open Heart |Surgery, Angiography e. Has there been any recent weight gain or weight loss? PTCA, other intervention. 4) FAMILY HISTORY: Has any of the examinee's immediate family members a. Any evidence of psoriasis, eczema, burn marks, rashes (natural only) ever suffered or is suffering from heart disease and varicose veins or xanthelasma? kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify) b. Any history of allergy? 5) ENT. EYE & ORAL CAVITY: 10) GI SYSTEM: a. Is there any evidence/histroy disease of liver, gall blader a. Are there any abnormalities in oral cavity? pancreas, stomach, intestines? b. Are there any tobacco stains? b. is there any evidence of enlargement of liver or spleen or c. Is there any history or evidence of abnormality in eyes any other organ in abdomen & pelvis? error of refraction etc.? c. Any history of plies or fistula? d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing) d. Any history of Jaundice e. Is there any abnormality found on examination of nose and throat? Active nose bleed 11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/ 6) NERVOUS SYSTEM: Ureter / Bladder disease / Stones or any other urinary disease? a. Is there any evidence/histroy of disease of Central or 12) MUSCULOSKELETAL SYSTEM: Peripheral Nervous Systems (including cranial nerves)? a. Is there any back, spine, joint muscle or bone disorder? b. Is there any evidence or history of paralysis, seizures b. Any history of bone fracture or joint replacement or gout? (focal or generalized), peripheral neuritis, fainting, frequent if yes, give details? headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?



OPHTHALMIC REPORT

NAME: Ashok Tharwal

AGE: 31/10

DATE: 26 8 23

Distance Vision	Right Eye	Left Eye	Both Eyes	
Without Glasses			· · ·	
With Glasses	66	66	64	

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses			
With Glasses	12	12	No

	Right Eye	Left Eye
Colour Vision	(N
Anterio Segment	_	
External Eye Exam	(0)	(2)
Intra ocular tension		_
Fundus		

Advise:

Dr. Bhairavi. Storma (M.B.B.S). Reg No: 2002/07/4765

OPTOMETRIST





Patient Name

: MR. ASHOK JHARWAL

: 31 years / Male

Age / Sex LCID No UID No

: 323081036 : 93651

Reference

: SELF Organization : Mediwheel

: NA

Org ID

Registered On

: Aug 26, 2023, 09:10 a.m.

Collected On Reported On

: Aug 26, 2023, 09:10 a.m. : Aug 26, 2023, 12:13 p.m.



X-RAY CHEST PA

X RAY

The visualised lung fields appear clear.

Both costo-phrenic angles appear clear.

Both hila appear normal.

Heart and aortic shadow appear normal.

Both domes of diaphragm are normal.

Visualised bones appear normal.

IMPRESSION:

No significant abnormality detected.

Correlate clinically.

END OF REPORT

Dr. M. Aamir Usmani MBBS, DMRE **Consultant Radiologist**













Patient Name

: MR. ASHOK JHARWAL

Age / Sex

: 31 years / Male : 323081036

LCID No UID No

: 93651

Reference

: SELF

: Mediwheel

Organization Org ID

: NA

Registered On : Aug 26, 2023, 09:10 a.m.

Collected On Reported On : Aug 26, 2023, 09:10 a.m. : Aug 27, 2023, 12:26 p.m.



ECG

CARDIOLOGY COMMENT:

- SINUS RHYTHM
- WITHIN NORMAL LIMITS

END OF REPORT



Dr.Anirban Chowdhury M.B.B.S Reg.No.2015/149/526











PLEASE TICK THE RELEVANT BOXES	Yes No	PLEASE TICK THE RELEVANT BOXES	Yes	No
OTHERS a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P? b. Is there any enlargement of Thyroid?		15) Has the examinee or his/her spouse received medical advice counceling or treatment in connection with HIVAIDS or STD eg. syphils, gonorrhoea)	at 2 S	70
c. Is there any suspicion of any other Endocrine disorder		16) FEMALE APPLICANTS ONLY:		
d. Is hernia present? If yes, give details.			-	-
e. Are there any abnormalities in testes? If yes, give deta		a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?		
 f. Is there any history or evidence suggestive of cancer, turn growth or cyst? g. Was the examinee treated for any psychiatric ailment? 		b. Have you suffered from irregular or painful or unusually heavy mensturation, fibroids, cysts or any other disorder		
so, give details about meditation given. h. History of anxiety / stress / depression / sleep disorder.		of the female organs? c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?		
14) HABITS & ADDICTIONS Does the examinee consume tobacco/alcohol.drugs/ narcotics in any form? If yes, please ascertain the type quantity, duration and frequency of consumption.	. 0	d. Are you now pregnant? If yes, how many months?		
Please mention details:				
Q. NO. Please provide details of all answers	marked as	'yes'		
Chest paus of Childha Chest paus of Remarks on present health status: Alcoho Recommendations (if any):	Crash	month.		
		The above statements and answers made to the medical examiner(s) are comp	olete and	d true.
Dr. Bhair Sharma (M.B.B.S). Reg 10022/07/4765 Name & Signature of Doctor		Signature of Examinee		
		Date Place		
NOTES:				
· ·	Life	Care		
Main Centre: 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala Central Laboratory: 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P R Versova Branch: 10, 11, First Floor, Silver Streak, Near Bus Depot, Y Worli Branch: B-101, Trade World, Kamala Mills, Senapati Bapat Mumbai: Versova Lokhandwala Goregaon Kandiv E-mail: admin@lifecarediagnostics.com feedback@life	oad, Andheri (V ari Road, Versov Marg, Lower F ali Dahisar	N), Mumbai. Tel.: 26372527 va, Andheri (W), Mumbai. Tel.: 26399210 Parel West, Lower Parel, Mumbai- 400013. Tel: 9167223844 Worli Pune: Aundh Chinchwad Gujrat: Vadodra		
NOTE: General physical examination & investigation included in the hea asymptomatic disease. Hence any new symptoms arising after the medic				



NAME: MR. ASHOK JHARWAL

AGE: 31/F

REQUESTING DOCTOR : Mediwheel

DATE 26 /08 /2023

2D-ECHO & COLOUR DOPPLER STUDIES REPORT

IMPRESSION: Normal LV & RV Systolic Function,

LVEF- 55-60 %(Modified Simpson) No LVDD . LV Filling Pressure not raised

No PAH.

Clinical Symptoms: No H/O HTN, DM, IHD.

2D ECHO & CFL,

Normal Chamber Size. . Normal LV systolic function. IV-

No RWMA. Preserved LV thickness

No LVH/BSH.

Normal chamber size. Normal RV systolic function RV-

Normal size. And function. LA

Normal size. And function. RA

Valves, - Mitral Valve - Normal size, thickness, mobility.

Normal MV annulus.

No evidence of calcium Or MAC.

No evidence of Significant MR. No MS

Aortic Valve - Normal structure, mobility, opening Av Tricuspid.

No Evidence of AR/AS

No significant calcium

Tricuspid Valve - Normal size, structure, mobility, thickness. Trivial TR

Pulmonary Valve- Normal size and function

No suggestion of PAH

IAS- Intact. No Shunt.

IVS - Intact. No Shunt.

Grate Arteries - Aorta & Pulmonary Arteries Normal.

LA/LAA/LV Valves. -No Clot, Or Vegetation or mass.

IVC- Normal Size 18 mm. Collapsing> 50%.

Pericardium - Normal. No Effusion













Name: ASHOK JHARWAL

vame: Aon	On	OLIMITATALE
2D Echo.	M	Mode & Doppler Measurements
Mary and the state of the		The state of the s

2D Echo, M Mo	de &	Doppler M	easurements		Planimetry
ıA	39 36	mm	MVA AVA	5	Sqem
V. Automoti	11 50 10 35	mm	RVIDD Mid RV MID RA		mm
EPSS LVOT	33	mm	LVEDVol. LVESVol.		ml ml
TAPSE MAPSE	23	mm	LAESVol 4CH LAESVol 2CH LA(ESVIndex)(BP)		ml ml ml/sq.m
Doppler Studies					
Mitral Valve					m/sec
E velocity DCT E/A E' (Medial) E/E' e' E/e' Average E/e'	.8 144 1.6 8 8.8	m/sec ms em/sec em/sec	A Velocity MV PG/MG MVA(PHT)		mmhg sqcm
AV Velocity AV PG/MG AV VTI	1 4	m/see m/sec	AVA(VTI) AIPHT		sqcm msec
LVOT Velocity LVOT PG/MG LVOT VTI	.6 2	mmhg mmhg sqcm			ELIC
Tricuspid Valve			Pulmonary	Valve	
TR Velocity		m/sec	PV Velocity	4	m/sec mmhg
TRPG	18	mmhg	PV PG PV PAT		msec

DR. KAVERI . V M.B.B.S. D.N.B Medicine Consultant Non Invasive Cardiology IAE Accredited Echocardiographer Life Member IAE-LI373 MMC Reg NO- 65845



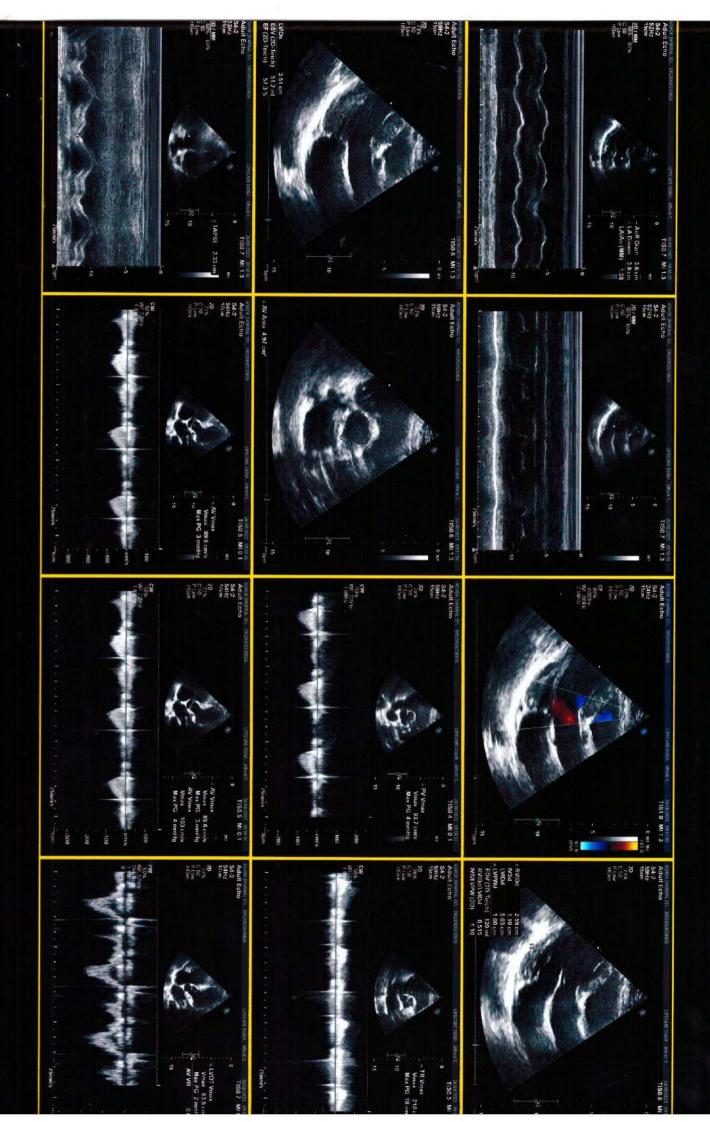


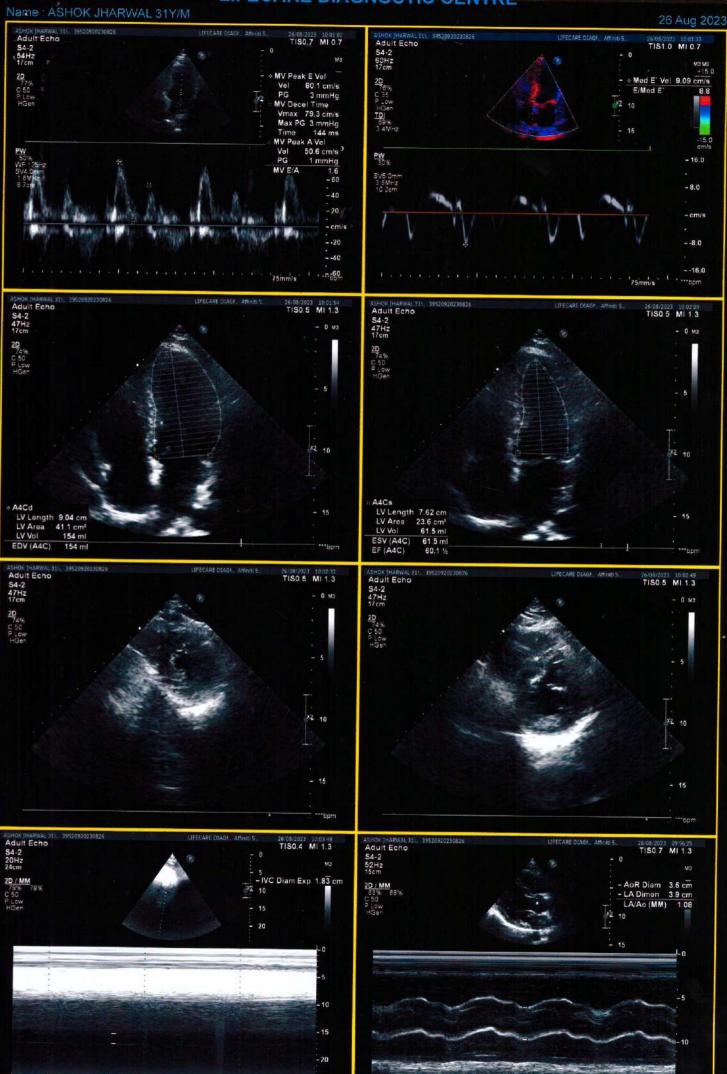






LIFECARE DIAGNOSTIC CENTRE







Patient Name

: MR. ASHOK JHARWAL

Age / Sex LCID No : 31 years / Male - 323081036

UID No

: 93651

Reference Organization : SELF

Org ID

: Mediwheel : NA Registered On

: Aug 26, 2023, 09:10 a.m.

Collected On

: 26/08/2023

Reported On

: Aug 26, 2023, 02:30 p.m.



SONOGRAPHY OF FULL ABDOMEN & PELVIS

REPORT:

<u>LIVER:</u> Liver appears normal in size, shape and shows bright echotexture. No abnormal focal lesion is seen. Intra-hepatic biliary radicals and portal venous system appears normal.

COMMON BILE DUCT & PORTAL VEIN: CBD and Portal vein appear normal in caliber.

GALL BLADDER: Gall bladder is partially distended with no evidence of abnormal intra-luminal contents. The wall thickness is normal. No pericholecystic fluid collection is noted.

<u>SPLEEN & PANCREAS:</u> Visualized spleen and pancreas appear normal in size, position and echotexture.

KIDNEYS: Right and Left kidneys measure 10.4 x 4.5 cm and 10.8 x 4.3 cm respectively. Both kidneys appear normal in size, shape, position and echotexture. Pelvicalyceal system appears normal. Normal cortico-medullary differentiation is seen. A small subcentimetric simple cortical cystis noted in left kidney midpole.

URINARY BLADDER: Urinary Bladder is well distended and shows no abnormal intraluminal contents. Bladder wall thickness appears normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 4.0 x 3.5 x 2.4 cm, volume - 18 cc. No focal lesion is seen.

No evidence of significant adenopathy or ascites is noted. Excessive bowel gases are noted.

IMPRESSION:

Grade I fatty liver.
Clinical correlation is suggested.

END OF REPORT

Dr. M. Aamir Usmani MBBS, DMRE Consultant Radiologist









