बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम भरत चौधरी
Name BHARAT CHOUDHARY
कर्मचारी फ़ूट क्र.
E.C. No. 185650

निर्गमकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

General Physical Examination

Date of Examination: 11/11/23

Name: BHARAT CHOUDHARY Age: 33YRS DOB: 26/07/1990 Sex: Male

Referred By: BANK OF BARODA

Photo ID: ID CARD ID #: 185650

Ht: 173 (cm) Wt: 76 (Kg)

Chest (Expiration): 97 (cm) Abdomen Circumference: 90 (cm)

Blood Pressure: 120/80 mm Hg PR: 79 / min RR: 18 / min Temp: Afebrile

BMI 24

Eye Examination: RE-EMC, NIG'NCB
LE-EMC, NIG'NCB

Other: NO

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

Signature Of Examine : ..... Name of Examinee: BHARAT CHOUDHARY

Signature Medical Examiner : ..... Name Medical Examiner DR.PIYUSH GOYAL

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

P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY
Age :- 33 Yrs 3 Mon 18 Days
Sex :- Male

Patient ID :-12233938 Date :- 11/11/2023 08:40:22
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGLOBIN (Hb)	14.6	g/dl.	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	8.70	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	53.0	%	40.0 - 80.0
LYMPHOCYTE	39.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	5.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.16	x10^6/ul.	4.50 - 5.50
HEMATOCRIT (HCT)	46.20	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	89.0	fl.	83.0 - 101.0
MEAN CORP HB (MCH)	28.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.6	g/dL	31.5 - 34.5
PLATELET COUNT	208	x10^3/ul.	150 - 410
RDW-CV	13.8	%	11.6 - 14.0

Technologist
VIKARANT JI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-42233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR) Method:- Westergren	11	mm in 1st hr	00 - 15

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein.ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis.This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as

Technologist
VIKARANT(9)

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

P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-12233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

(CBC): Methodology: TLC,DLC Fluorescem 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

VIKARANT JI

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-12233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:12:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD POD	94.0	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	124.2	mg/dl	70.0 - 140.0

Instrument Name: HORIBA Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases

Technologist
VIKARANT SI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY
Age :- 33 Yrs 3 Mon 18 Days
Sex :- Male

Patient ID :-12233938 Date :- 11/11/2023 08:40:22
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- CAPILLARY with EDTA	5.0	mg%	Non-Diabetic < 6.0 Good Control 6.0-7.0 Weak Control 7.0-8.0 Poor control > 8.0
MEAN PLASMA GLUCOSE Method:- Calculated Parameter	101	mg/dl.	68 - 125

INTERPRETATION
AS PER AMERICAN DIABETES ASSOCIATION (ADA)
Reference Group HbA1c in %
Non diabetic adults >=18 years < 5.7
At risk (Prediabetes) 5.7 - 6.4
Diagnosing Diabetes >= 6.5

CLINICAL NOTES
In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia.The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx. 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-8 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
Some of the factors that influence HbA1c and its measurement (Adapted from Gallagher et al.)

1. Erythropoiesis
- Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.
- Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.

2. Altered Haemoglobin Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.

3. Glycation
- Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic pH.
- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH.

4. Erythrocyte destruction
- Increased HbA1c: increased erythrocyte life span. Splenectomy.
- Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals: ribavirin & dapsone.

5. Others
- Increased HbA1c: hyperbilirubinemia: carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use,chronic renal failure.
- Decreased HbA1c: hypertriglyceridemia,reticulocytosis, chronic liver disease, aspirin, vitamin C and E,splenomegaly, rheumatoid arthritis or drugs.

Note:
1.Shortened RBC life span –HbA1c test will not be accurate when a person has a condition that affects the average lifespan of red blood cells (RBCs), such as hemolytic anemia or blood loss. When the lifespan of RBCs in circulation is shortened, the A1c result is falsely low and is an unreliable measurement of a person's average glucose over time.
2.Abnormal forms of hemoglobin – The presence of some hemoglobin variants, such as hemoglobin S in sickle cell anemia, may affect certain methods for measuring A1c. In these cases, fructosamine can be used to monitor glucose control.

Advised:
1.To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead.
2.Hemoglobin HPLC screen to analyse abnormal hemoglobin variant.

Technologist
VIKARANJI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-12233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

HAEMATOLOGY

BLOOD GROUP ABO Method - Haemagglutination reaction	"O" POSITIVE

Technologist
VIKRANT JI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-12233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- CHOD-PAP methodology	151.00	mg/dl	Desirable <200 Borderline 200-239 High> 240
InstrumentName:MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES Method:- GPO-PAP	101.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
InstrumentName:Randox Rx Imola **Interpretation** Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	42.10	mg/dl	MALE- 30-70 FEMALE - 30-85
Instrument Name:Rx Daytona plus **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
LDL CHOLESTEROL Method:- Calculated Method	92.07	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	20.20	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.59		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.19		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	461.21	mg/dl	400.00 - 1000.00

1. Measurements in the same patient can show physiological& analytical variations. Three serialsamples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status.Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is

Technologist
VIKARAN JI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-12233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

BIOCHEMISTRY

recommended
3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated fromperipheral tissues

Comments: 1- ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol – HDL Cholesterol) as an indicator of all atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterolis cited as a secondary target of therapy in persons with triglycerides >=200 mg/dL. The goal for Non HDL Cholesterol is those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol
2 -For calculation of CHD risk,history of smoking, any medication for hypertension & current B.P. levels are required -

Technologist
VIKARAN JI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY	Patient ID :-12233938	Date :- 11/11/2023	08:40:22
Age :- 33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 11/11/2023 16:07:19

BIOCHEMISTRY

LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL.) Method:- DMSO/Diazo	0.62	mg/dl.	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.21	mg/dl.	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.41	mg/dl	0.30-0.70
SGOT Method:- IFCC	33.1	U/L	0.0 - 40.0
SGPT Method:- IFCC	34.2	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	126.00	U/L	80.00 - 306.00

InstrumentName:MISPA PLUS **Interpretation**:Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease

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 markers in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.	21.50	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	6.27	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- Bromocresol Green	3.98	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.29	gm/dl	2.20 - 3.50
A/G RATIO	1.74		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., transaminases), 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

Technologist
VIKRANT JI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-12233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Method - Urease/GLDH	22.10	mg/dl	10.00 - 50.00

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

SERUM CREATININE Method - Jaffe's Method	0.99	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl

Interpretation :
Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

SERUM URIC ACID	6.26	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 Method - ISE	139.1	mmol/L	135.0 - 150.0
POTASSIUM Method - Ion-Selective Electrode with Serum	4.40	mmol/L	3.50 - 5.10
CHLORIDE Method - Ion-Selective Electrode with Serum	97.7	mmol/L	94.0 - 110.0 98 - 106
SERUM CALCIUM Method - Arsenazo III Method	9.74	mg/dL	8.80 - 10.20

InstrumentName:MISPA PLUS **Interpretation**: Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia. Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN Method - Direct Biuret Reagent	6.27	g/dl	6.00 - 8.40
SERUM ALBUMIN Method - Bromocresol Green	3.98	g/dl	3.50 - 5.50
SERUM GLOBULIN Method - CALCULATION	2.29	gm/dl	2.20 - 3.50
A/G RATIO	1.74		1.30 - 2.50

Technologist
VIKRANT JI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-42233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

BIOCHEMISTRY

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.

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

Technologist
VIKARAN TSI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY	Patient ID :-12233938	Date :- 11/11/2023	08:40:22
Age :- 33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 11/11/2023 16:07:19

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		

Technologist
VIKARAN [3]

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-12233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

CLINICAL PATHOLOGY

URINE SUGAR (FASTING) Collected Sample Received	Nil	Nil

Technologist
VIKARANTJI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-12233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

CLINICAL PATHOLOGY

STOOL ANALYSIS		
PHYSICAL EXAMINATION		
MUCUS		
BLOOD		
MICROSCOPIC EXAMINATION		
RBC's		/HPF
WBC/HPF		/HPF
OVA		
CYSTS		
OTHERS		

Collected Sample Received

Technologist
VIKRANT DI
Page No. 14 of 16

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-12233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3 Method - ECLIA	1.18	ng/mL	0.70 - 2.04

NOTE-TSH levels are subject to circardian variation reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions,simultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis

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

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

REMARK-Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved.TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age..and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly. ***

THYROID-THYROXINE (T4) Method - ECLIA	9.68	µg/dL	5.10 - 14.10

NOTE-TSH levels are subject to circardian variation reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions,simultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis

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

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

REMARK-Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved.TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age..and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly.

TSH Method - ECLIA	1.414	µIU/mL	0.350 - 5.500

4th Generation Assay,Reference ranges vary between laboratories

Technologist
VIKARANTSI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. BHARAT CHOUDHARY		Patient ID :-12233938	Date :- 11/11/2023 08:40:22
Age :-	33 Yrs 3 Mon 18 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 11/11/2023 16:07:19

IMMUNOASSAY

PREGNANCY - REFERENCE RANGE for TSH IN ulU/mL (As per American Thyroid Association)
1st Trimester : 0.10-2.50 ulU/mL
2nd Trimester : 0.20-3.00 ulU/mL
3rd Trimester : 0.30-3.00 ulU/mL
The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.
NOTE-TSH levels are subject to circardian variation,reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result.

INTERPRETATION
1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
2.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels
3.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
4.Normal or↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3)
5.Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism

. **COMMENTS**: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.

Disclaimer-TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly

. **Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018**
Test performed by Instrument : Beckman coulter Dxi 600

. **Note** : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with

**** End of Report ****

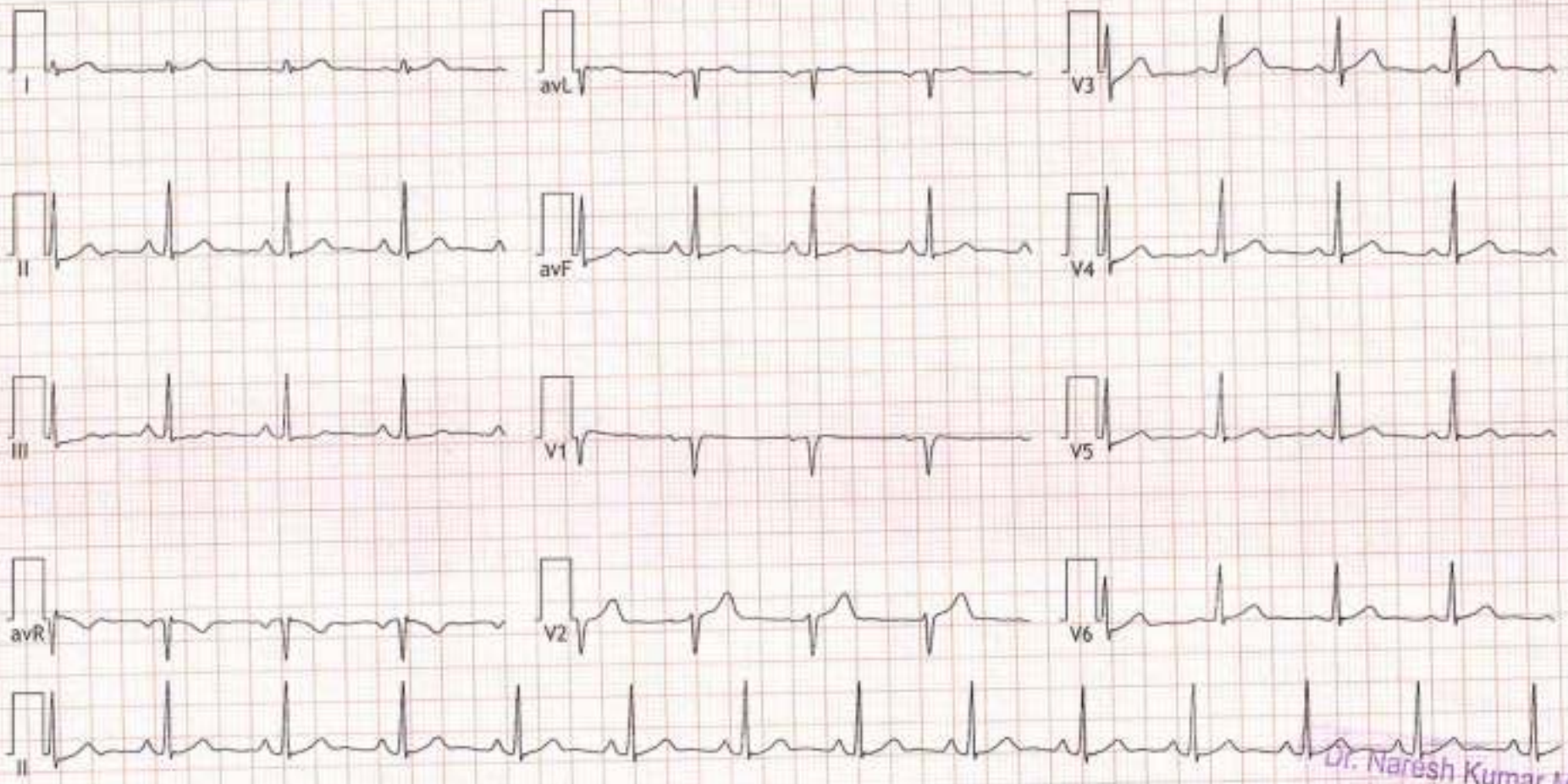
Technologist
VIKRANT SI

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

Tems (P) Ltd
#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar , Jaipur
1234569101/Mr Bharat Choudhary 33Yrs/Male Kgs/ Cms BP: ___/___ mmHg
Ref.: BANK OF BARODA Test Date: 11-Nov-2023(1:34:17 P) Notch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

HR: 79 bpm

PR Interval: 140 ms
QRS Duration: 94 ms
QT/QTc: 337/388ms
P-QRS-T Axis: 80 - 78 - 42 (Deg)



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

FINDINGS: Normal Sinus Rhythm
Vent Rate : 79 bpm; PR Interval : 140 ms; QRS Duration: 94 ms; QT/QTc Int : 337/388 ms
P-QRS-T axis: 80• 78• 42• (Deg)
Comments :

Sinus Rhythm with Poor r progression
in Lead V_1 V_2

Dr. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12233873/MR BHARAT CHOUDHARY 33 Yrs/Male 0 Kg/0 Cms

Date: 11-Nov-2023 01:36:40 PM

Ref.By : BANK OF BARODA

Medication : Nil

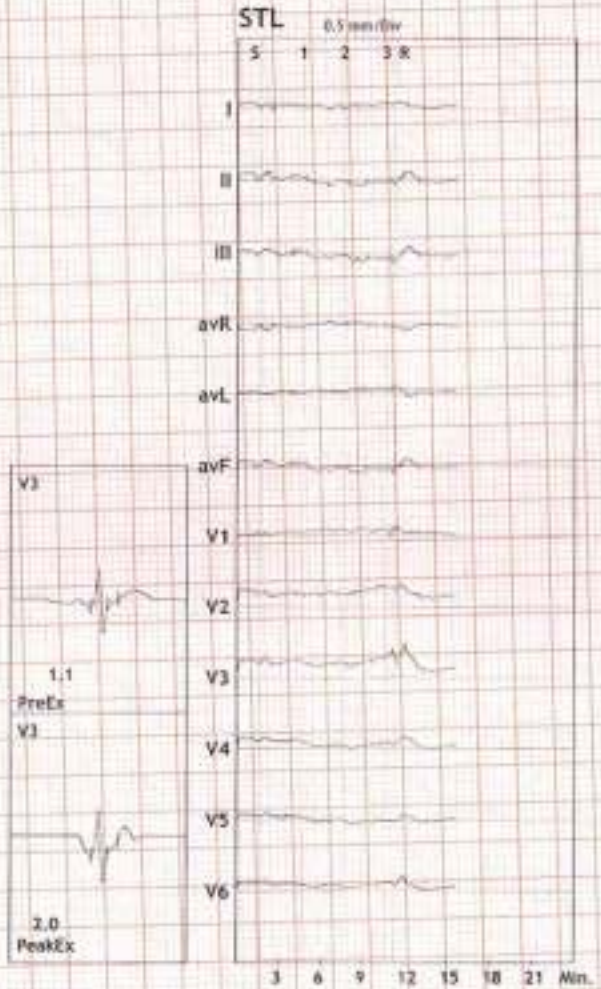
Objective :

Summary

Protocol : BRUCE

History : Nil

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	83	120/80	99	-	
Standing					1.0	82	120/80	98	-	
HV					1.0	100	120/80	120	-	
ExStart					1.0	100	120/80	120	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	113	130/80	146	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	135	140/85	189	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	156	150/85	233	-	
PeakEx	0:40	9:41	4.2	16.0	10.9	164	150/85	246	-	
Recovery	1:00		0.0	0.0	4.3	99	150/85	148	-	
Recovery	2:00		0.0	0.0	1.0	88	160/90	140	-	
Recovery	3:00		0.0	0.0	1.0	86	150/85	129	-	
Recovery	4:00		0.0	0.0	1.0	88	140/85	123	-	



Findings :

Exercise Time :09:40

Max HR Attained :164 bpm 88% of Max Predictable HR 187

Max BP : 160/90(mmHg)

Max WorkLoad attained :10.9(Good Effort Tolerance)

TMT is Negative for RMI

Advice/Comments:

Dr. Naresh Kumar Mohanka
Regd No.- 35703
MBBS, [illegible] CARDIO (ESCORTS)

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

12 Lead + Median

HR: 84 bpm
METS: 1.0
BP: 120/80

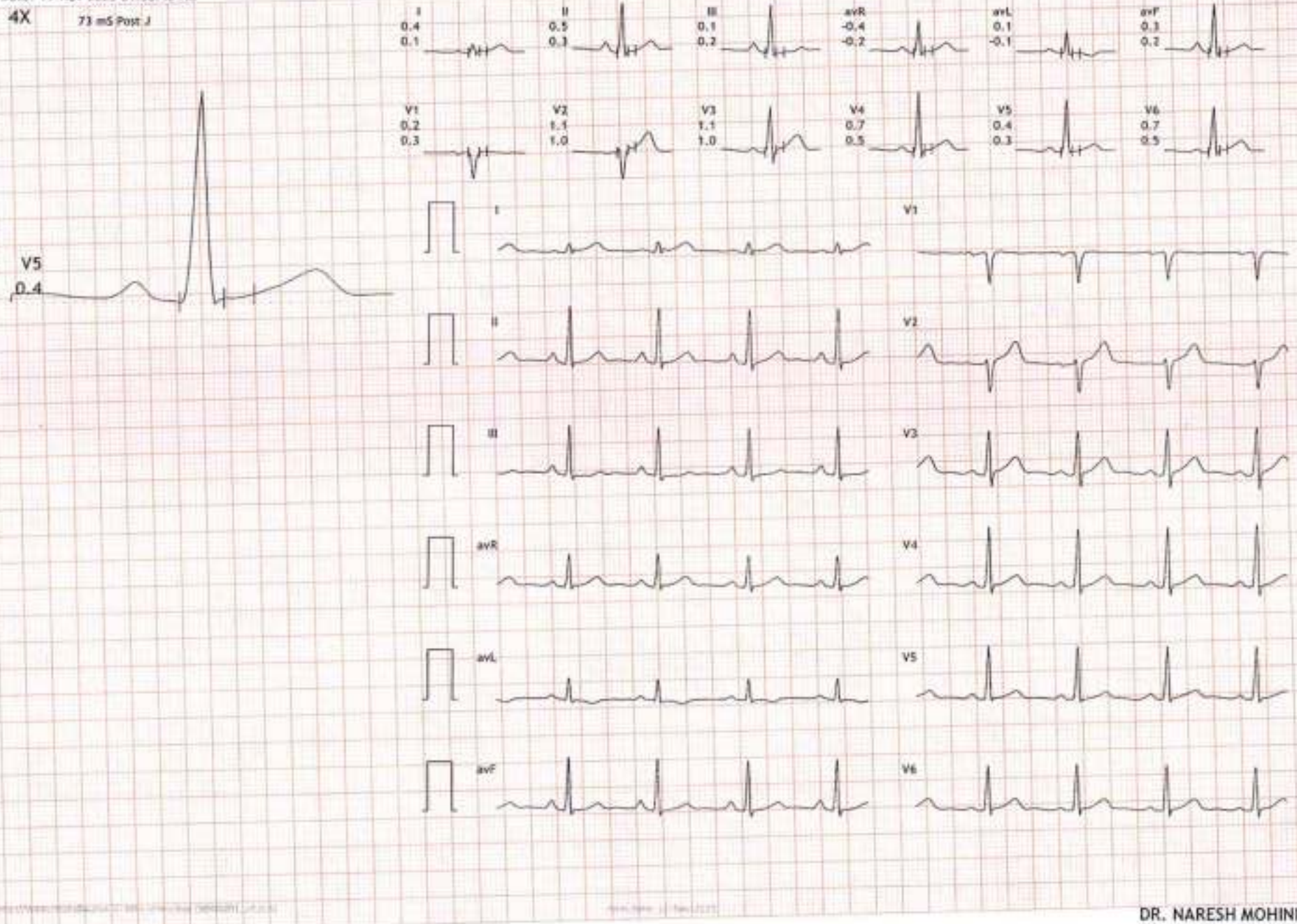
MPHR:44% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:32
BLC :On
Notch :On

Supine
10.0 mm/mV
25 mm/Sec.

RMS



DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

12 Lead + Median

HR: 82 bpm
METS: 1.0
BP: 120/80

MPHR:43% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:40
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec.

RMS

4X 73 mS Post J

I	II	III	aVR	aVL	aVF
0.5	0.5	0.0	-0.5	0.2	0.2
0.2	0.4	0.2	-0.3	-0.1	0.3

V1	V2	V3	V4	V5	V6
0.1	1.3	1.3	0.7	0.4	0.7
0.2	1.1	1.1	0.6	0.4	0.5

V5
0.4

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

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

12 Lead + Median

HR: 97 bpm
METS: 1.0
BP: 120/80

MPHR:51% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:23
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec

RMS

4X 73 mS Post J

V5
0.3

I	II	III	aVR	aVL	aVF
0.3	0.1	-0.2	-0.2	0.3	-0.1
0.2	0.2	-0.1	-0.2	0.1	0.0

V1	V2	V3	V4	V5	V6
0.2	1.0	1.1	0.6	0.3	0.7
0.2	0.8	1.0	0.5	0.3	0.5

I
II
III
aVR
aVL
aVF

V1
V2
V3
V4
V5
V6

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

HR: 100 bpm
METS: 1.0
BP: 120/80

MPHR:53% of 187
Speed: 0.0 mph
Grade: 0.0%

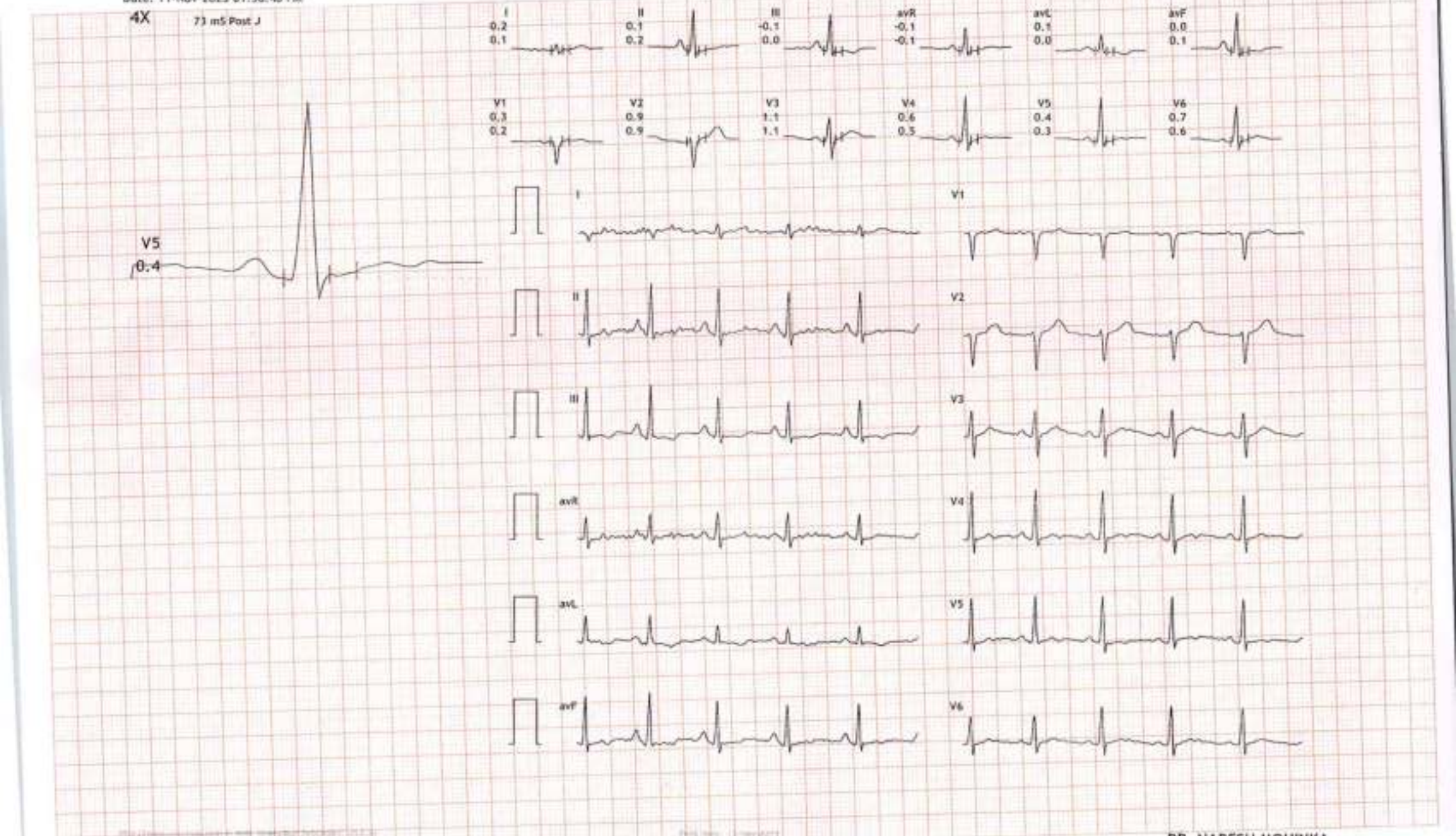
Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:35
BLC :On
Notch :On

ExStart
10.0 mm/mV
25 mm/Sec.

12 Lead + Median

RMS



DR. NARESH [illegible]

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

HR: 113 bpm
METS: 4.7
BP: 130/80

MPHR:60% of 187
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 02:59
BLC :On
Notch :On

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

RMS

4X

73 mS Post J

V5
0.3

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

V1	V2	V3	V4	V5	V6
0.3 0.1	0.9 1.0	1.2 1.8	0.6 1.2	0.3 0.8	0.5 1.0

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

P3 HEALTH SOLUTIONS LLP
8-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

12 Lead + Median

HR: 135 bpm
METS: 7.1
BP: 140/85

MPHR:72% of 187
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 05:59
BLC :On
Notch :On

BRUCE:Stage 2(3:00)
10.0 mm/mV
25 mm/Sec

RMS

4X

73 ms Post J

V5
0.0

I	II	III	avR	avL	avF
0.2	-0.1	-0.3	0.0	0.3	-0.2
0.5	1.2	0.7	-0.8	-0.1	0.9

V1	V2	V3	V4	V5	V6
0.5	1.0	1.0	0.2	0.0	0.4
0.1	1.3	2.6	1.8	1.3	1.5

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

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

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

HR: 156 bpm
METS: 10.2
BP: 150/85

MPHR:83% of 187
Speed: 3.4 mph
Grade: 14.0%

12 Lead + Median

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 08:59
BLC :On
Notch :On

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

RMS

4X 73 mS Post J

I 0.3 0.8
II -0.1 2.0
III -0.3 1.1
aVR -0.1 -1.4
aVL 0.3 -0.1
aVF -0.2 1.5
V1 0.5 0.1
V2 1.5 2.0
V3 1.3 3.3
V4 0.4 2.5
V5 -0.1 1.8
V6 0.6 2.2

V5
-0.1

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

HR: 164 bpm
METS: 10.9
BP: 150/85

MPHR:87% of 187
Speed: 4.2 mph
Grade: 16.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:38
BLC :On
Notch :On

BRUCE:PeakEx(0:38)
10.0 mm/mV
25 mm/Sec

RMS

4X 73 mS Post J

V5
0.0

I	II	III	avR	avL	avF
0.5	-0.3	-0.8	-0.1	0.6	-0.5
1.1	2.3	1.2	-1.8	-0.1	1.8

V1	V2	V3	V4	V5	V6
0.8	1.4	2.0	0.3	0.0	0.7
0.8	1.1	2.8	2.3	1.9	2.1

I V1

II V2

III V3

avR V4

avL V5

avF V6

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

HR: 99 bpm
METS: 4.4
BP: 150/85

MPHR:52% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:40
BLC :On
Notch :On

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

RMS

4X 73 mS Post J

I	II	III	avR	avL	avF
0.2	0.6	0.4	-0.4	-0.1	0.5
0.6	2.5	1.9	-1.5	-0.6	2.2

V1	V2	V3	V4	V5	V6
0.2	1.1	1.8	0.8	0.3	0.6
-0.3	1.5	3.9	2.8	1.8	1.8

V5
0.3

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

HR: 88 bpm
METS: 1.0
BP: 160/90

MPHR:47% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:40
BLC :On
Notch :On

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

RMS

4X 73 mS Post J

V5
0.1

I	II	III	avR	avL	avF
0.1	0.0	-0.1	-0.1	0.1	-0.1
0.3	1.3	0.9	-0.8	-0.3	1.1

V1	V2	V3	V4	V5	V6
0.3	0.6	0.7	0.1	-0.1	0.1
-0.1	0.7	1.9	1.4	0.9	0.9

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

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

HR: 85 bpm
METS: 1.0
BP: 150/85

MPHR:45% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:40
BLC :On
Notch :On

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

RMS

4X 73 mS Post J

V5
0.1

I	II	III	avR	avL	avF
0.1	-0.1	-0.2	0.0	0.2	-0.2
0.1	0.7	0.6	-0.4	-0.3	0.6

V1	V2	V3	V4	V5	V6
0.3	0.7	0.5	0.0	-0.1	0.1
0.1	0.8	1.3	0.9	0.6	0.7

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

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233873/MR BHARAT CHOUDHARY
33 Yrs/Male
0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

HR: 89 bpm
METS: 1.0
BP: 140/85

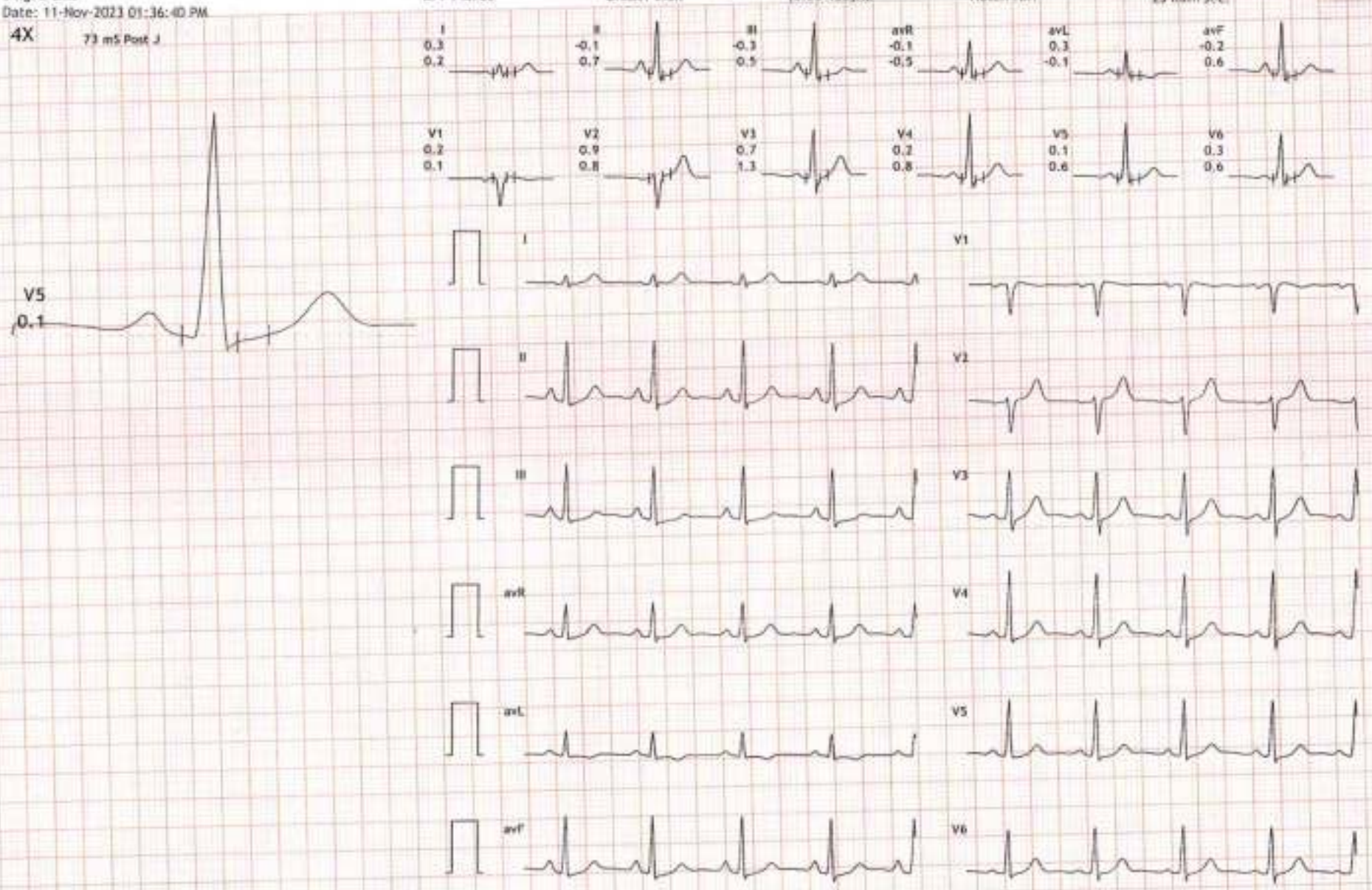
MPHR:47% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:40
BLC :On
Notch :On

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

RMS

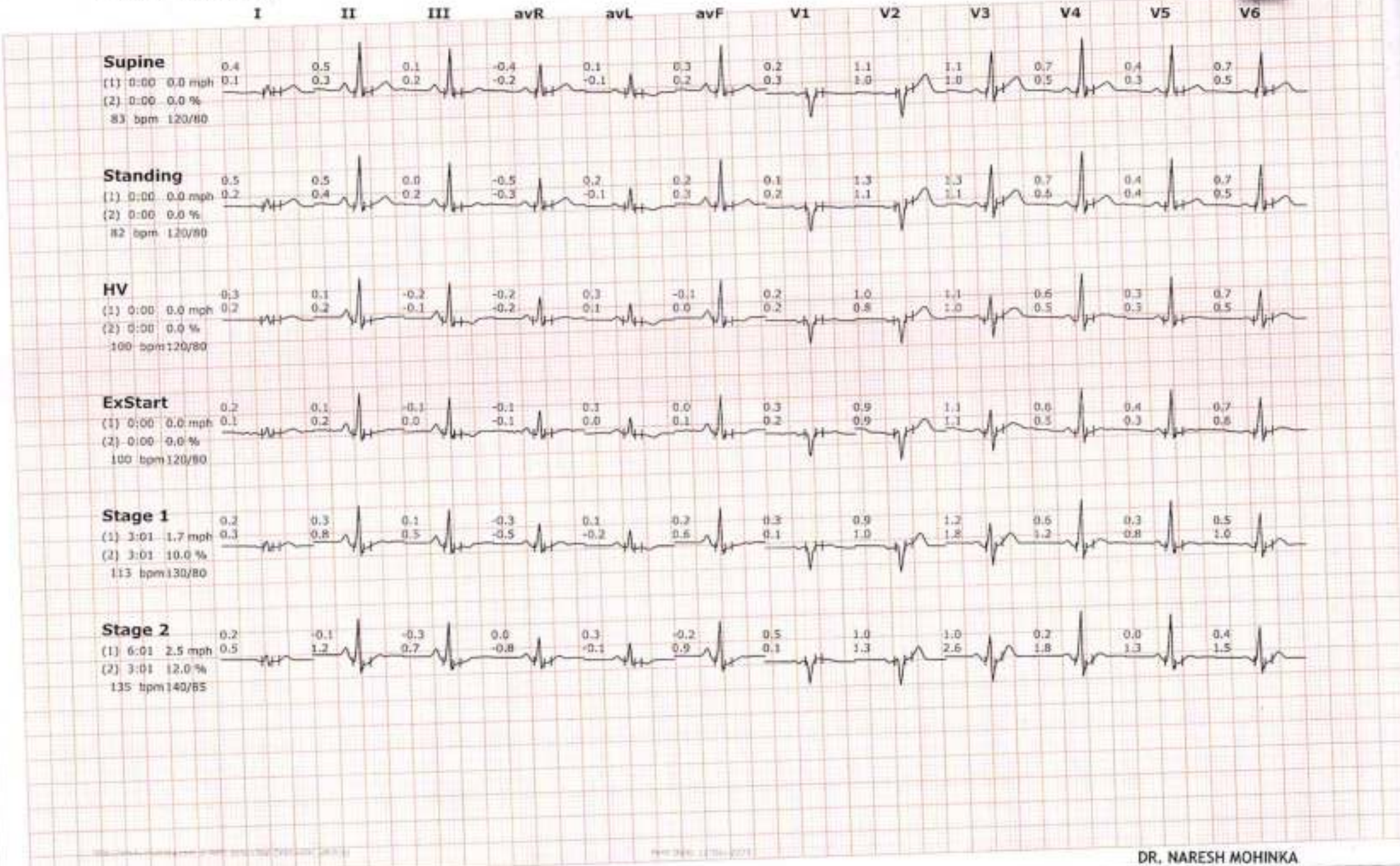


DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
12233873/MR BHARAT CHOUDHARY 33 Yrs/Male 0 Kg/0 Cms
Date: 11-Nov-2023 01:36:40 PM

Average

RMS



DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

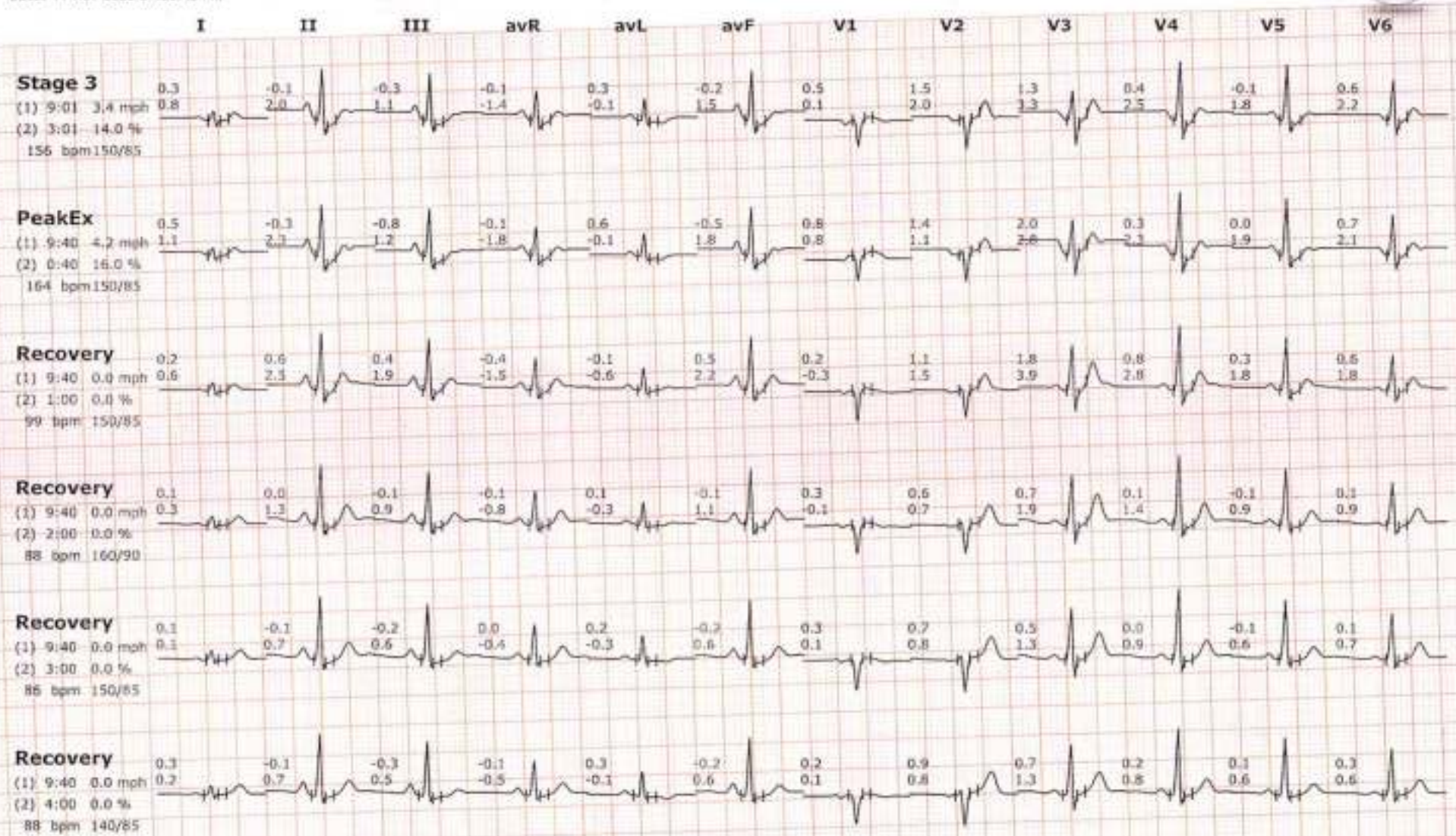
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12233873/MR BHARAT CHOUDHARY 33 Yrs/Male 0 Kg/0 Cms

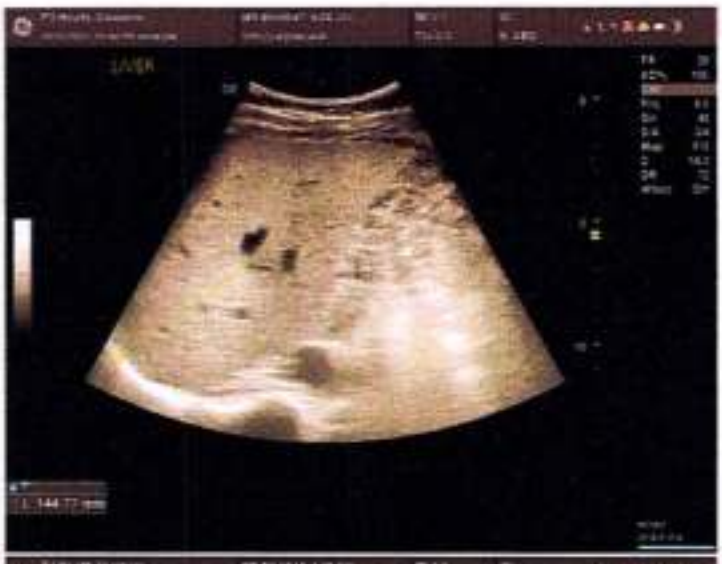
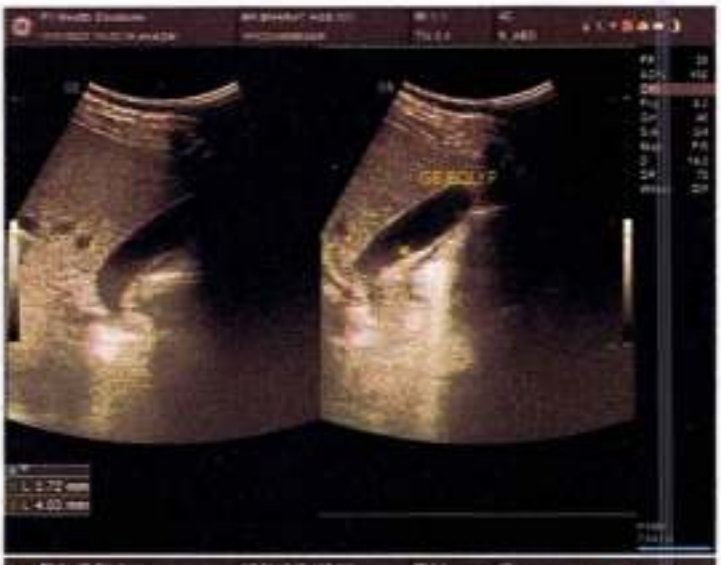
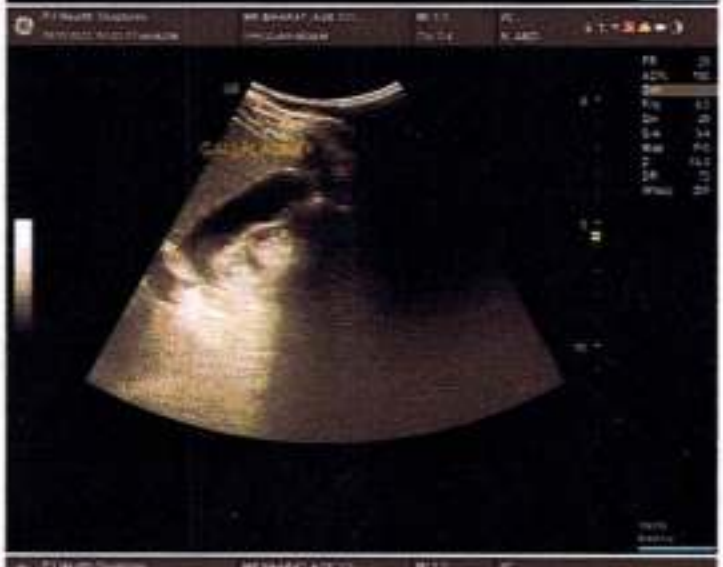
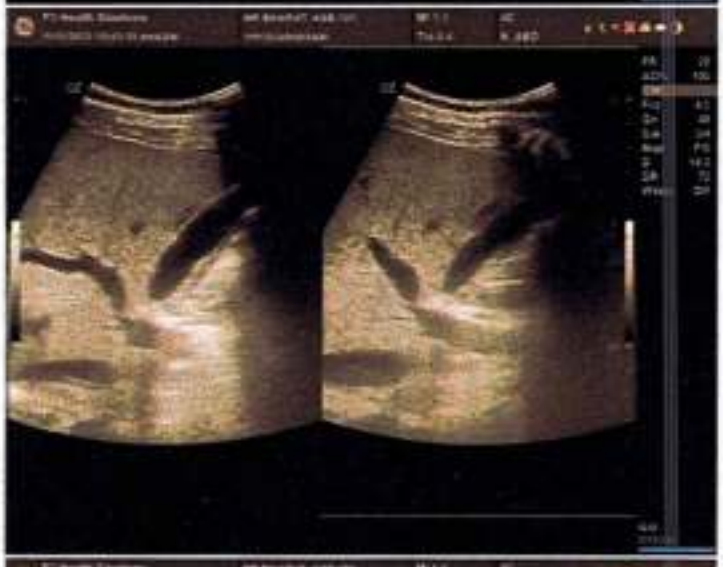
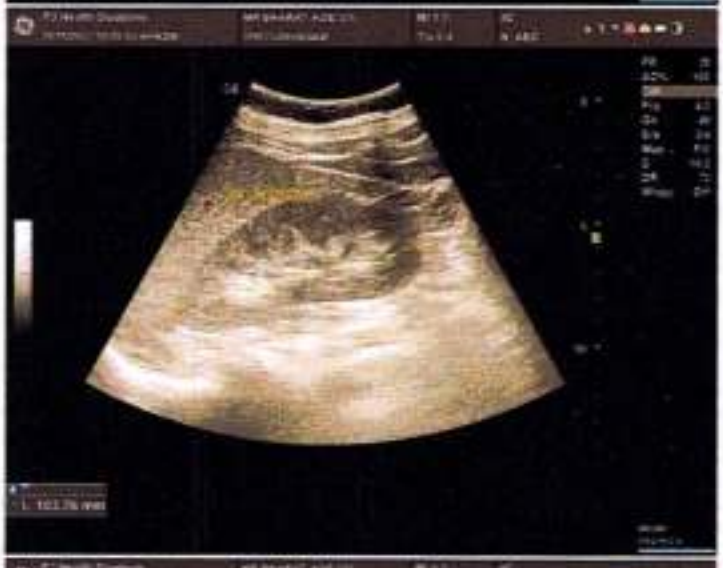
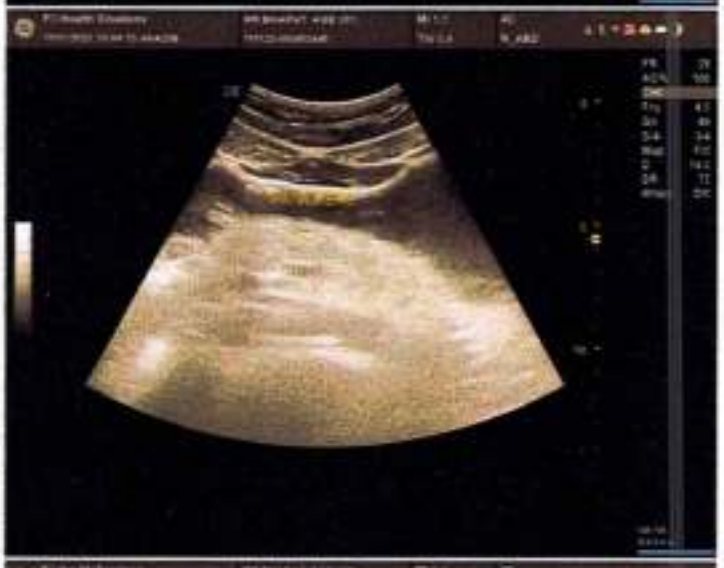
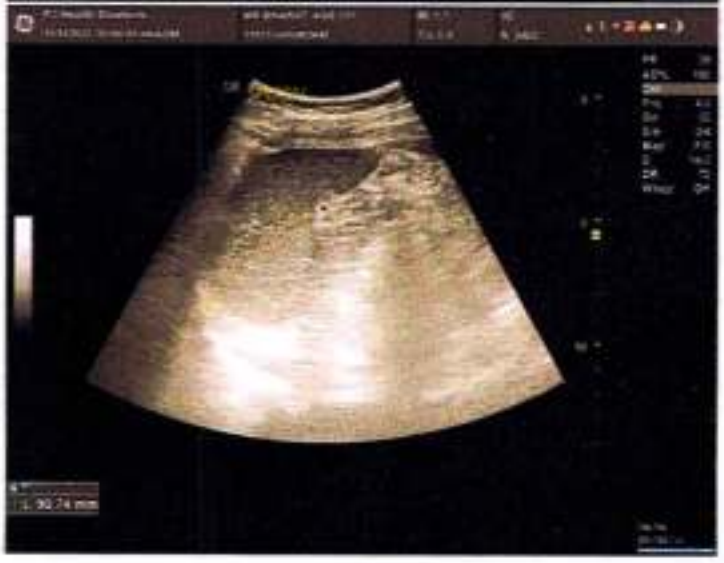
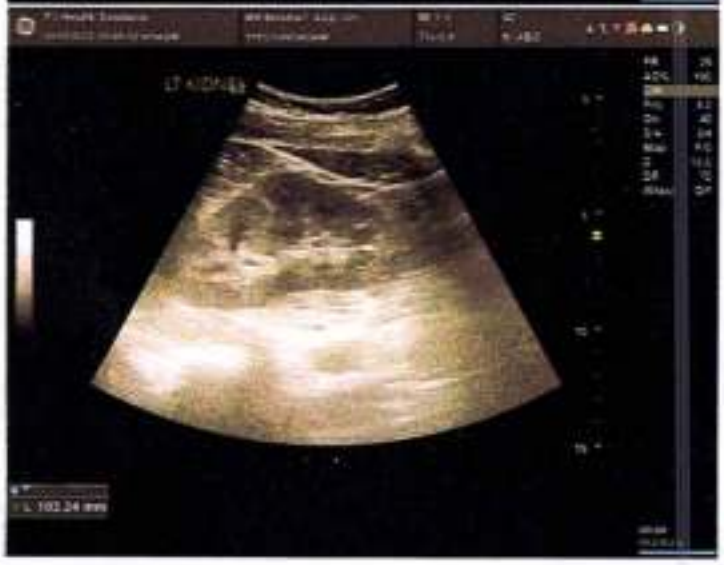
Date: 11-Nov-2023 01:36:40 PM

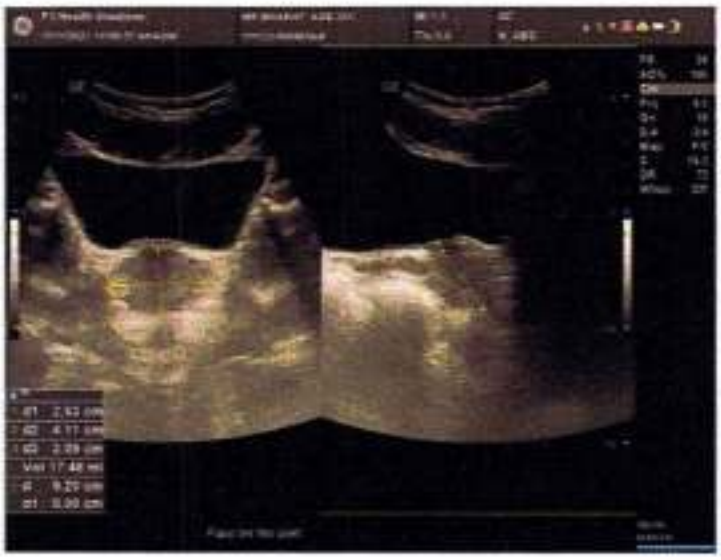
Average

RMS



DR. NARESH MOHINKA



P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

MR. BHARAT CHOUDHARY	33 Y/M
Registration Date: 11/11/2023	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (144 mm) **with bright parenchymal echotexture**. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended and shows a well defined echogenic polyp in the posterior wall measuring 3.7x4mm. Wall is not thickened. No calculus is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape .Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. Collecting system does not show any calculus or dilatation.
Right kidney is measuring approx. 103 mm.
Left kidney is measuring approx. 103 mm.

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:-

- **Grade I hepatic steatosis.**
- **GB Polyp.**
- **No free fluid or lymphadenopathy.**

Adv: Follow up.

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

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME:	MR. BHARAT CHOUDHARY	AGE	33 YRS/M
REF.BY	BANK OF BARODA	DATE	11/11/2023

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected

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