


भारत सरकार
Government of India


रकेश कुमार डबरिया
Rakesh Kumar Dabariya
 जन्म तिथि / DOB: 13/01/1992
 पुरुष / Male



~~9229~~ **2469** 6718

मेरा आधार, मेरी पहचान

Rakesh

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


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O: कालू राम डबरिया, 110, शेखावटी नगर, मार्ग न 6, वी के आई, मुरलीपुरा, मुरलीपुरा, जयपुर, राजस्थान, 302039

Address: S/O: Kalu Ram Dabariya, 110, shekhavati nagar, road NO 6, V K I, Murlipura, Murlipura, Jaipur, Rajasthan, 302039



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General Physical Examination

Date of Examination: 14/10/23

Name: RAKESH KUMAR DABARIYA Age: 31 YRS DOB: 13/01/1992 Sex: Male

Referred By: BANK OF BARODA

Photo ID: AADHAR CARD ID #: 6718

Ht: 173 (cm)

Wt: 81 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 96 (cm)

Blood Pressure: 120/80 mm Hg

PR: 78 / min

RR: 18 / min

Temp: Afebrile

BMI 27.1

Eye Examination: with glass
R/E - G/G, N/G, N/CB
L/E - G/G, N/G, N/CB

Other: No

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

Signature Of Examinee: Rakesh

Name of Examinee: RAKESH KUMAR DABARIYA

Signature Medical Examiner: [Signature]
MBBS, DMRD (Radiologist)
RMC No.-037041

Name Medical Examiner: DR. P. YASH GOYAL



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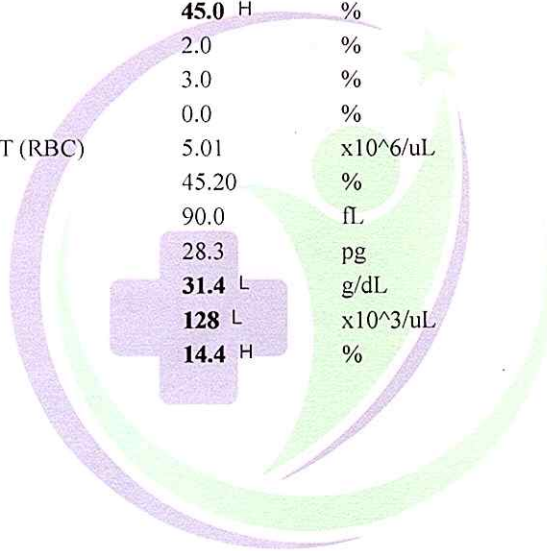
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|--|--------------------------------|--------------------|----------|
| NAME :- Mr. RAKESH KUMAR DABARIYA | Patient ID :-412233729 | Date :- 14/10/2023 | 10:22:57 |
| Age :- 31 Yrs 9 Mon 1 Days | Ref. By Doctor:-BANK OF BARODA | | |
| Sex :- Male | Lab/Hosp :- | | |
| | Company :- Mr.MEDIWHEEL | | |

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HAEMOGARAM

HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--|---------------|------------------|-------------------------|
| FULL BODY HEALTH CHECKUP BELOW 40 MALE | | | |
| HAEMOGLOBIN (Hb) | 14.2 | g/dL | 13.0 - 17.0 |
| TOTAL LEUCOCYTE COUNT | 4.10 | /cumm | 4.00 - 10.00 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL | 50.0 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 45.0 H | % | 20.0 - 40.0 |
| EOSINOPHIL | 2.0 | % | 1.0 - 6.0 |
| MONOCYTE | 3.0 | % | 2.0 - 10.0 |
| BASOPHIL | 0.0 | % | 0.0 - 2.0 |
| TOTAL RED BLOOD CELL COUNT (RBC) | 5.01 | $\times 10^6/uL$ | 4.50 - 5.50 |
| HEMATOCRIT (HCT) | 45.20 | % | 40.00 - 50.00 |
| MEAN CORP VOLUME (MCV) | 90.0 | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 28.3 | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 31.4 L | g/dL | 31.5 - 34.5 |
| PLATELET COUNT | 128 L | $\times 10^3/uL$ | 150 - 410 |
| RDW-CV | 14.4 H | % | 11.6 - 14.0 |



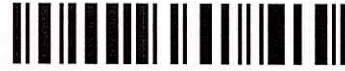
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Page No: 1 of 18



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Sex :- Male

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)

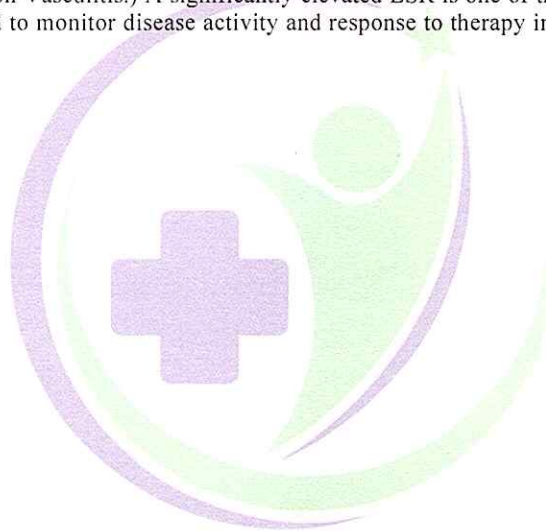
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mm in 1st hr

00 - 15

Method:- Westergreen

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



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Page No. 2 of 18



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(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance, and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan





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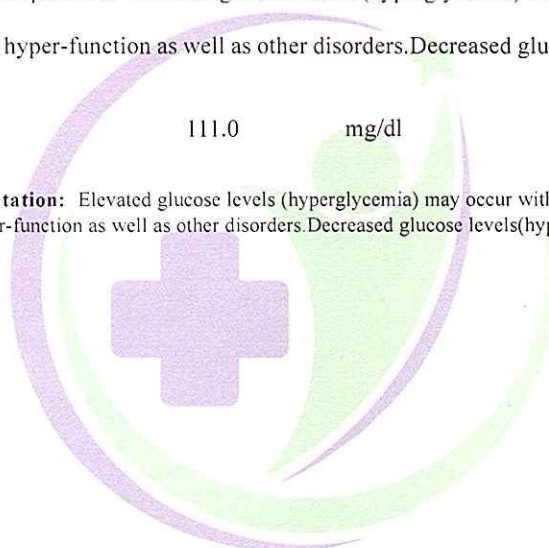
BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|-----------------|-------|-------------------------|
| FASTING BLOOD SUGAR (Plasma) Method:- GOD POD | 93.1 | 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 | 111.0 | mg/dl | 70.0 - 140.0 |
|---|-------|-------|--------------|

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



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Page No: 4 of 18



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HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--|-------|-------|---|
| GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- CAPILLARY with EDTA | 5.8 | % | Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5 |
| MEAN PLASMA GLUCOSE Method:- Calculated Parameter | 114 | 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 4-6 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 glyceimic control test like fructosamine or glycated albumin may be performed instead.

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Page No. 5 of 18



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HAEMATOLOGY

2 Hemoglobin HPLC screen to analyze abnormal hemoglobin variant



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Page No: 6 of 18



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HAEMATOLOGY

BLOOD GROUP ABO
Method:- Haemagglutination reaction

"O" POSITIVE



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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|--------|-------|--|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL Method:- CHOD-PAP methodology | 154.00 | 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 | 109.00 | mg/dl | Normal <150 Borderline high 150-199 High 200-499 Very high >500 |
| InstrumentName: Ranox 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 | 40.00 | mg/dl | MALE- 30-70 FEMALE - 30-85 |
| Instrument Name: Rx Daytona plus Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods. | | | |
| LDL CHOLESTEROL Method:- Calculated Method | 95.83 | mg/dl | Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190 |
| VLDL CHOLESTEROL Method:- Calculated | 21.80 | mg/dl | 0.00 - 80.00 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated | 3.85 | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO Method:- Calculated | 2.40 | | 0.00 - 3.50 |
| TOTAL LIPID Method:- CALCULATED | 476.02 | 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. | | | |

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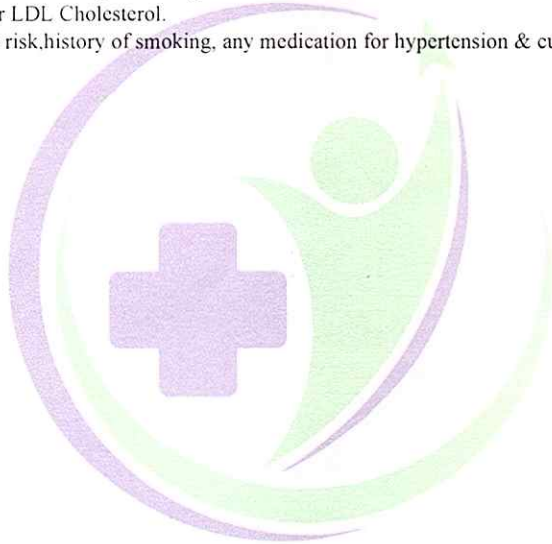
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BIOCHEMISTRY

2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended
3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

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



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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 | 49.5 H | U/L | 0.0 - 40.0 |
| SGPT Method:- IFCC | 84.2 H | U/L | 0.0 - 40.0 |
| SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE | 84.60 | U/L | 53.00 - 141.00 |
| SERUM GAMMA GT Method:- Szasz methodology Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis. | 32.20 | U/L | 10.00 - 45.00 |
| SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent | 6.32 | g/dl | 6.00 - 8.40 |
| SERUM ALBUMIN Method:- Bromocresol Green | 4.12 | g/dl | 3.50 - 5.50 |
| SERUM GLOBULIN Method:- CALCULATION | 2.20 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.87 | | 1.30 - 2.50 |

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.

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Technologist
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Page No. 10 of 18



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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA 32.60 mg/dl 10.00 - 50.00
Method:- Urease/GLDH

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

SERUM CREATININE 1.23 mg/dl Males : 0.6-1.50 mg/dl
Method:- Jaffe's Method Females : 0.6 -1.40 mg/dl

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

SERUM URIC ACID 5.23 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 142.2 mmol/L 135.0 - 150.0
Method:- ISE
Interpretation:

Electrolytes are minerals that are found in body tissues and blood in the form of dissolved salts. As electrically charged particles, electrolytes help move nutrients into and wastes out of the body's cells, maintain a healthy water balance, and help stabilize the body's acid/base (pH) level. The electrolyte panel measures the blood levels of the main electrolytes in the body: •

* **Sodium**—most of the body's sodium is found in the fluid outside of the body's cells, where it helps to regulate the amount of water in the body. •

POTASSIUM 4.12 mmol/L 3.50 - 5.50
Method:- ISE

* **Potassium**—this electrolyte is found mainly inside the body's cells. A small but vital amount of potassium is found in the plasma, the liquid portion of the blood. Potassium plays an important role in regulating muscle contraction. Monitoring potassium is important as small changes in the potassium level can affect the heart's rhythm and ability to contract

CHLORIDE 99.5 mmol/L 94.0 - 110.0
Method:- ISE

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Technologist
VIKARAN SINGH
Page No. 11 of 18



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☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



| | | | |
|--|--------------------------------|--------------------|----------|
| NAME :- Mr. RAKESH KUMAR DABARIYA | Patient ID :-12233729 | Date :- 14/10/2023 | 10:22:57 |
| Age :- 31 Yrs 9 Mon 1 Days | Ref. By Doctor:-BANK OF BARODA | | |
| Sex :- Male | Lab/Hosp :- | | |
| | Company :- Mr.MEDIWHEEL | | |

Final Authentication : 16/10/2023 12:08:52

BIOCHEMISTRY

* **Chloride**—this electrolyte moves in and out of the cells to help maintain electrical neutrality (concentrations of positively charged cations and negatively charged anions must be equal) and its level usually mirrors that of sodium. Due to its close association with sodium, chloride also helps to regulate the distribution of water in the body

SERUM CALCIUM 9.63 mg/dL 8.80 - 10.20
Method:- Arsenazo III Method

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

SERUM TOTAL PROTEIN 6.32 g/dl 6.00 - 8.40
Method - Direct Biuret Reagent

SERUM ALBUMIN 4.12 g/dl 3.50 - 5.50
Method:- Bromocresol Green

SERUM GLOBULIN 2.20 gm/dl 2.20 - 3.50
Method:- CALCULATION

A/G RATIO 1.87 1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR .in urine, it can remove the need for 24-hourcollections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the bloodincreases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare; they almost always reflect low muscle mass.

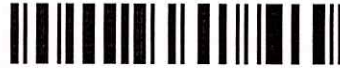
DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226

Technologist
VIKARANTSI
Page No. 12 of 18



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CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--------------------------------------|-------------|------|-------------------------|
| Urine Routine | | | |
| <u>PHYSICAL EXAMINATION</u> | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| APPEARANCE | Clear | | Clear |
| <u>CHEMICAL EXAMINATION</u> | | | |
| REACTION(PH) | 5.0 | | 5.0 - 7.5 |
| SPECIFIC GRAVITY | 1.015 | | 1.010 - 1.030 |
| PROTEIN | NIL | | NIL |
| SUGAR | NIL | | NIL |
| BILIRUBIN | NEGATIVE | | NEGATIVE |
| UROBILINOGEN | NORMAL | | NORMAL |
| KETONES | NEGATIVE | | NEGATIVE |
| NITRITE | NEGATIVE | | NEGATIVE |
| <u>MICROSCOPY EXAMINATION</u> | | | |
| 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 | | ABSENT |

Tanu Rungta

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Page No. 13 of 18



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Age :- 31 Yrs 9 Mon 1 Days

Sex :- Male

Patient ID :-12233729

Date :- 14/10/2023

10:22:57

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

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Final Authentication : 16/10/2023 12:08:52

CLINICAL PATHOLOGY

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil



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TOTAL THYROID PROFILE

IMMUNOASSAY

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

THYROID-TRIiodothyronine T3
Method:- ECLIA

1.05 ng/mL

0.70 - 2.04

NOTE-TSH levels are subject to circadian 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 levels 8.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis 9.Normal or ↑ T3 & ↑ T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism 10.Normal T3 & T4 along with ↑ TSH indicate Mild / Subclinical Hypo

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-THYRONINE (T4)
Method:- ECLIA

8.26 uIU/mL

5.10 - 14.10

NOTE-TSH levels are subject to circadian 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 levels 8.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis 9.Normal or ↑ T3 & ↑ T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism 10.Normal T3 & T4 along with ↑ TSH indicate Mild / Subclinical Hypo

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TSH

3.080 uIU/mL

0.350 - 5.500

Method:- ECLIA

4th Generation Assay, Reference ranges vary between laboratories

Tanu

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IMMUNOASSAY

. 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.

NOTE-TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result.

INTERPRETATION

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

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

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

. **Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018)**

Test performed by Instrument : Beckman coulter Dxi 800

. **Note** : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with 4th Generation Assay, Reference ranges vary between laboratories

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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 clinical data for interpretation.

*** End of Report ***



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MD (Pathology)

RMC No. 17226

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Page No: 18 of 18



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| | | | |
|--------|---------------------------|------|------------|
| NAME: | MR. RAKESH KUMAR DABARIYA | AGE | 31 YRS/M |
| REF.BY | BANK OF BARODA | DATE | 14/10/2023 |

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

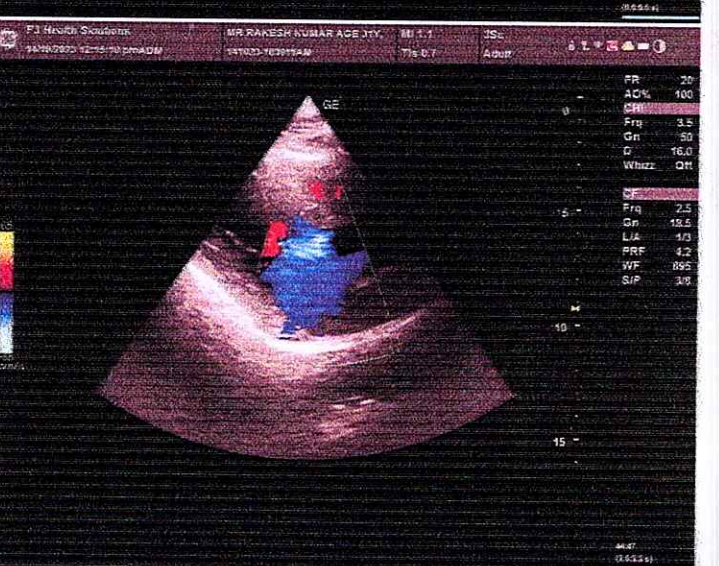
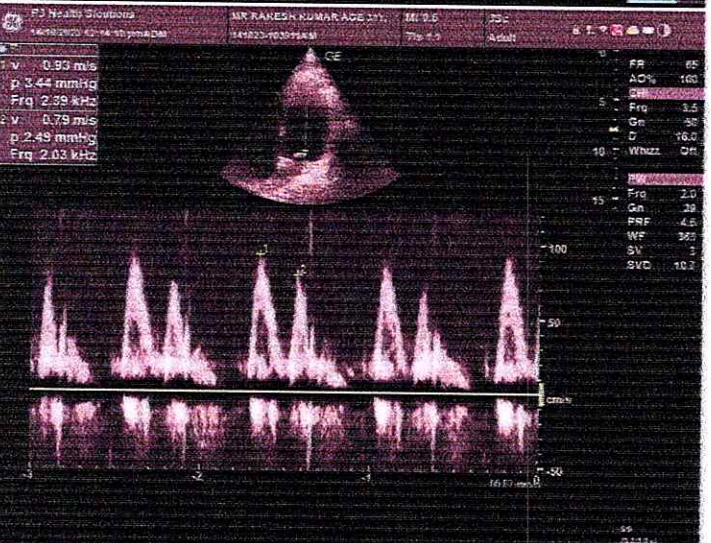
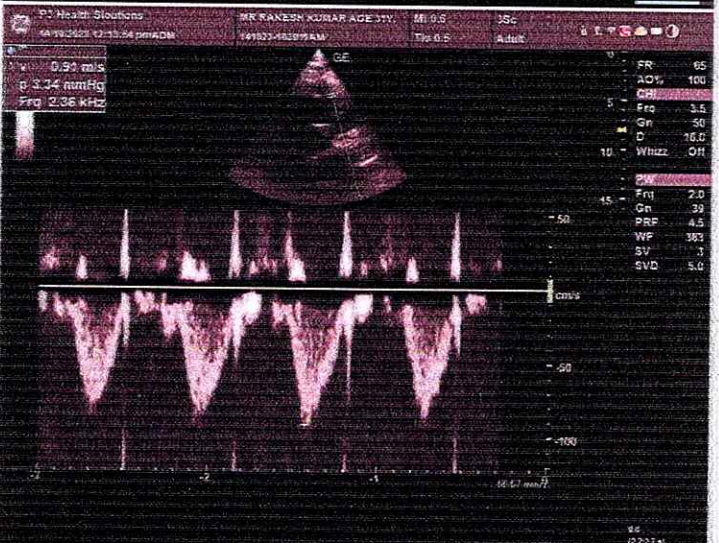
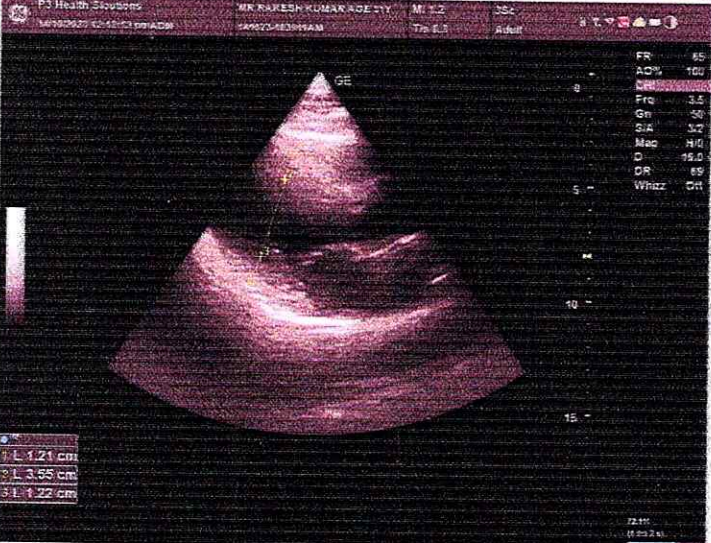
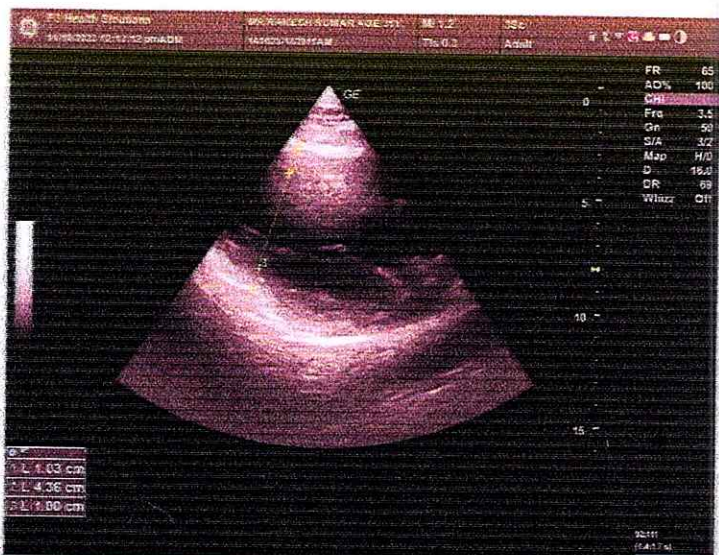
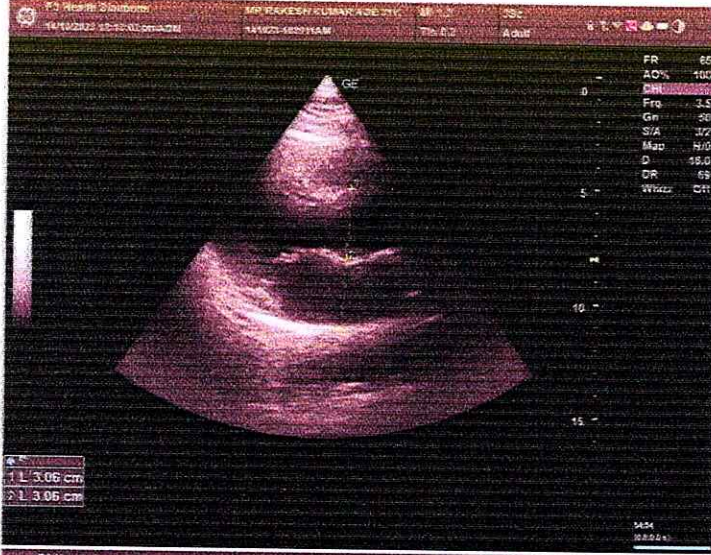
Cardiothoracic ratio is normal.

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





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| | |
|-------------------------------|-------------------------|
| MR. RAKESH KUMAR | 31 Y/M |
| Registration Date: 14/10/2023 | Ref. by: BANK OF BARODA |

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:
FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

| | | | |
|--------------|--------|-----------------|--------|
| MITRAL VALVE | NORMAL | TRICUSPID VALVE | NORMAL |
| AORTIC VALVE | NORMAL | PULMONARY VALVE | NORMAL |

M.MODE EXAMINATION:

| | | | | | | | | |
|--------|-----|----|--------|-----|----|--------|-----|----|
| AO | 3.0 | Cm | LA | 3.0 | cm | IVS-D | 1.0 | cm |
| IVS-S | 1.2 | cm | LVID | 4.3 | cm | LVSD | 3.5 | cm |
| LVPW-D | 1.0 | cm | LVPW-S | 1.2 | cm | RV | | cm |
| RVWT | | cm | EDV | | ml | LVVS | | ml |
| LVEF | 60% | | RWMA | | | ABSENT | | |

CHAMBERS:

| | | | |
|-------------|--------|--------|--------|
| LA | NORMAL | RA | NORMAL |
| LV | NORMAL | RV | NORMAL |
| PERICARDIUM | | NORMAL | |

COLOUR DOPPLER:

| | | | | |
|-------------------------|------|--------|-------------------|-------|
| MITRAL VALVE | | | | |
| E VELOCITY | 0.93 | m/sec | PEAK GRADIENT | Mm/hg |
| A VELOCITY | 0.79 | m/sec | MEAN GRADIENT | Mm/hg |
| MVA BY PHT | | Cm2 | MVA BY PLANIMETRY | Cm2 |
| MITRAL REGURGITATION | | | ABSENT | |
| AORTIC VALVE | | | | |
| PEAK VELOCITY | 1.03 | m/sec | PEAK GRADIENT | mm/hg |
| AR VMAX | | m/sec | MEAN GRADIENT | mm/hg |
| AORTIC REGURGITATION | | | ABSENT | |
| TRICUSPID VALVE | | | | |
| PEAK VELOCITY | | m/sec | PEAK GRADIENT | mm/hg |
| MEAN VELOCITY | | m/sec | MEAN GRADIENT | mm/hg |
| VMax VELOCITY | | | | |
| TRICUSPID REGURGITATION | | | MILD | |
| PULMONARY VALVE | | | | |
| PEAK VELOCITY | 0.91 | M/sec. | PEAK GRADIENT | Mm/hg |
| MEAN VELOCITY | | | MEAN GRADIENT | Mm/hg |
| PULMONARY REGURGITATION | | | ABSENT | |

Impression—

- NORMAL LV SIZE & CONTRACTILITY.
- NO RWMA, LVEF 60%.
- MILD TR/ PAH (RVSP 30 MMHG+ RAP).
- NORMAL DIASTOLIC FUNCTION.
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

Dr. JYOTI AGARWAL
(Cardiologist)
M.B.B.S., PGDCC (Cardiologist)
RMC No.- 27255



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| | |
|-------------------------------|-------------------------|
| MR. RAKESH KUMAR | 31 YEARS/Male |
| Registration Date: 14/10/2023 | Ref. by: BANK OF BARODA |

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (139 mm) with **bright parenchymal echotexture**. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

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

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

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. Collecting system does not show any calculus or dilatation.

Right kidney is measuring approx. 101 mm.

Left kidney is measuring approx. 105 mm.

Urinary bladder is normally distended and shows normal wall thickness. No 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.**
- **No free fluid or lymphadenopathy**

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

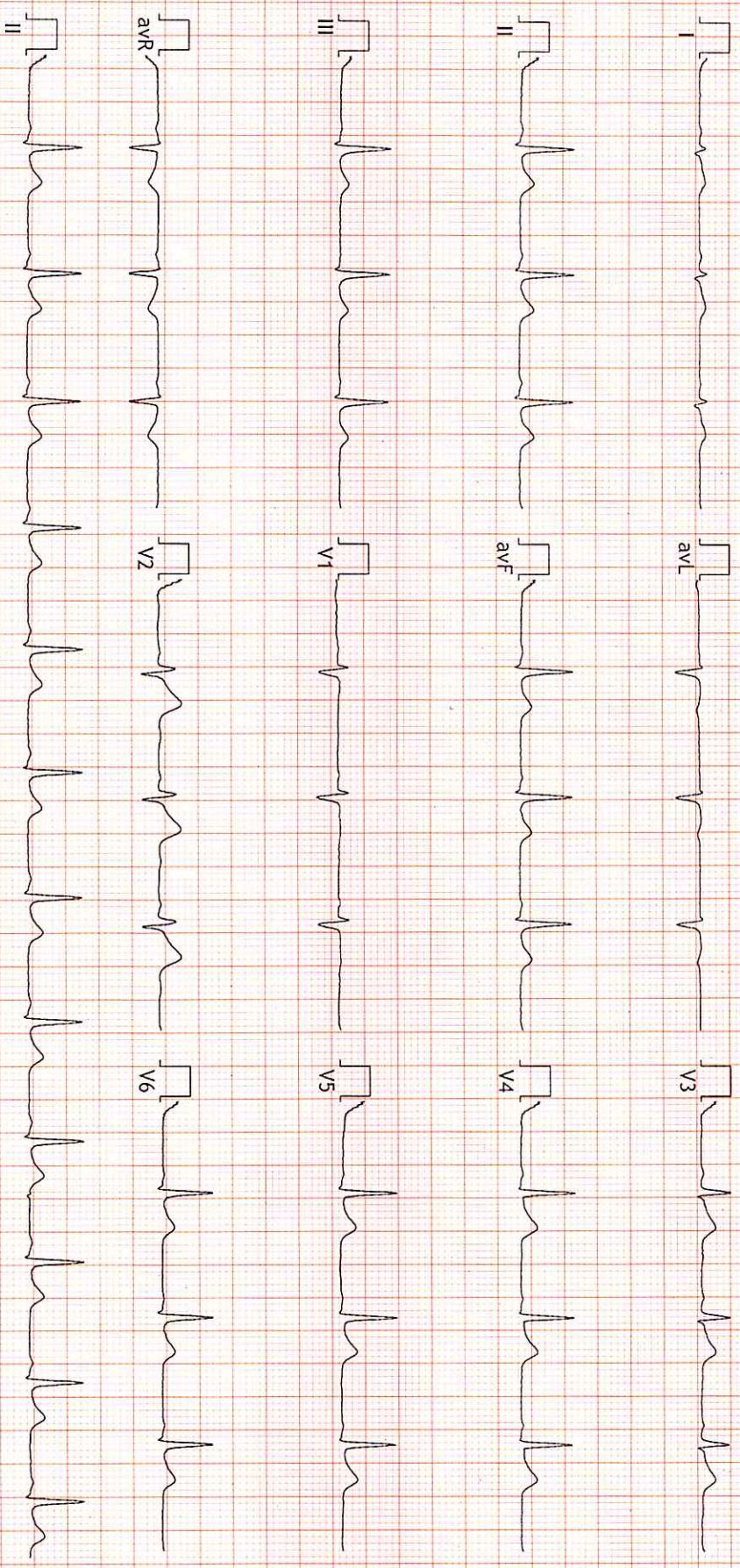
Dr. MUKESH SHARMA
M.B.B.S., M.D.(Radiodiagnosis)
RMC No. : 43418/17437
P3 Health Solutions LLP

Tems (P) Ltd

#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar , Jaipur
122233728/Mr Rakesh Kumar Dabariya 31 Yrs/Male Kgs/ Cms BP: / / mmHg
Ref.: BANK OF BARODA Test Date: 14-Oct-2023(12:34:10) Notch: 50Hz 0.05Hz - 35Hz 5mm/mV 25mm/Sec

HR: 73 bpm

PR Interval: 130 ms
QRS Duration: 96 ms
QT/QTc: 347/383ms
P-QRS-T Axis: 54 - 87 - 56 (Deg)



FINDINGS: Normal Sinus Rhythm
Vent Rate : 73 bpm; PR Interval : 130 ms; QRS Duration: 96 ms; QT/QTc Int : 347/383 ms
P-QRS-T axis: 54 • 87 • 56 • (Deg)
Comments :

T UNIL

Rakesh

Dr. Naresh Kumar Mohanka
RMC No. 3703
IBBS, D.T. CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

Dr. NARESH MOHINKA

Date: 14-Oct-2023 12:36:17 PM
 Ref. By : BANK OF BARODA
 Medication : Nil
 Objective :

Protocol : BRUCE
 History : Nil

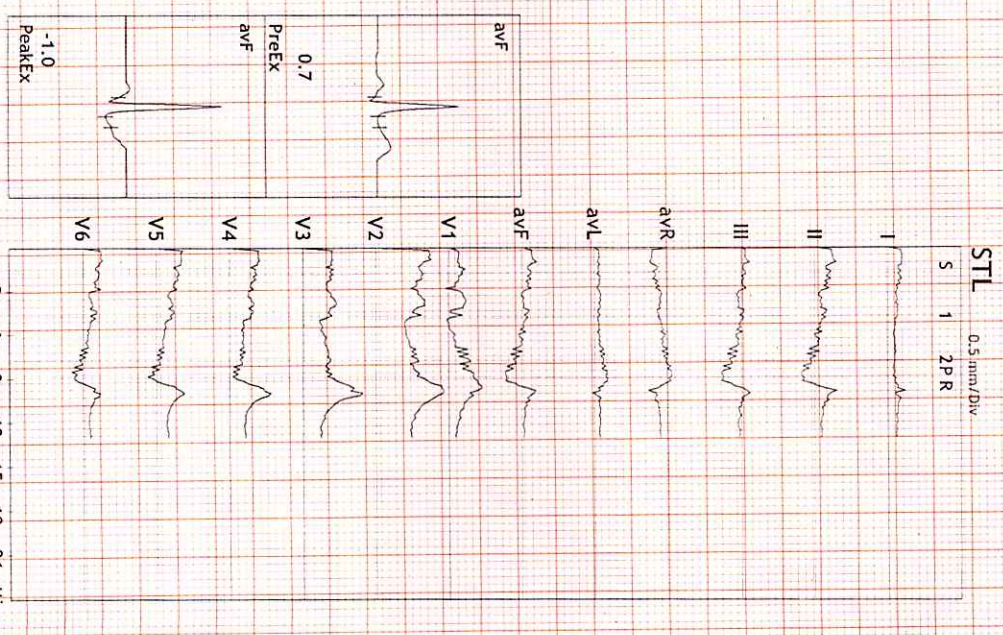
| Stage | StageTime (Min:Sec) | PhaseTime (Min:Sec) | Speed (mpH) | Grade (%) | METs | H.R. (bpm) | B.P. (mmHg) | R.P.P. (x100) | PVC | Comments |
|----------|---------------------|---------------------|-------------|-----------|------|------------|-------------|---------------|-----|----------|
| Supine | | | | | 1.0 | 75 | 120/80 | 90 | - | |
| Standing | | | | | 1.0 | 78 | 120/80 | 93 | - | |
| HV | | | | | 1.0 | 95 | 120/80 | 114 | - | |
| EXStart | | | | | 1.0 | 95 | 120/80 | 114 | - | |
| Stage 1 | 3:01 | 3:02 | 1.7 | 10.0 | 4.7 | 123 | 130/80 | 159 | - | |
| Stage 2 | 3:01 | 6:02 | 2.5 | 12.0 | 7.1 | 148 | 140/85 | 207 | - | |
| PeakEX | 1:11 | 7:12 | 3.4 | 14.0 | 8.3 | 162 | 150/90 | 243 | - | |
| Recovery | 1:00 | | 0.0 | 0.0 | 1.2 | 119 | 150/90 | 178 | - | |
| Recovery | 2:00 | | 0.0 | 0.0 | 1.0 | 98 | 140/85 | 137 | - | |
| Recovery | 3:00 | | 0.0 | 0.0 | 1.0 | 97 | 130/85 | 126 | - | |
| Recovery | 4:00 | | 0.0 | 0.0 | 1.0 | 92 | 120/85 | 110 | - | |

Findings :

Exercise Time : 07:11
 Max HR Attained : 162 bpm 86% of Max Predictable HR 189
 Max BP : 150/90(mmHg)
 Max Workload attained : 8.3(Fair Effort Tolerance)

Rakesh D.

TNT is Negative for RMI.



Advice/Comments:

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



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

12233718/MR RAKESH KUMAR DHABARIYA

31 Yrs/Male

0 Kg/0 Cms

Date: 14-Oct-2023 12:36:17 PM

HR: 75 bpm
METTS: 1.0
BP: 120/80

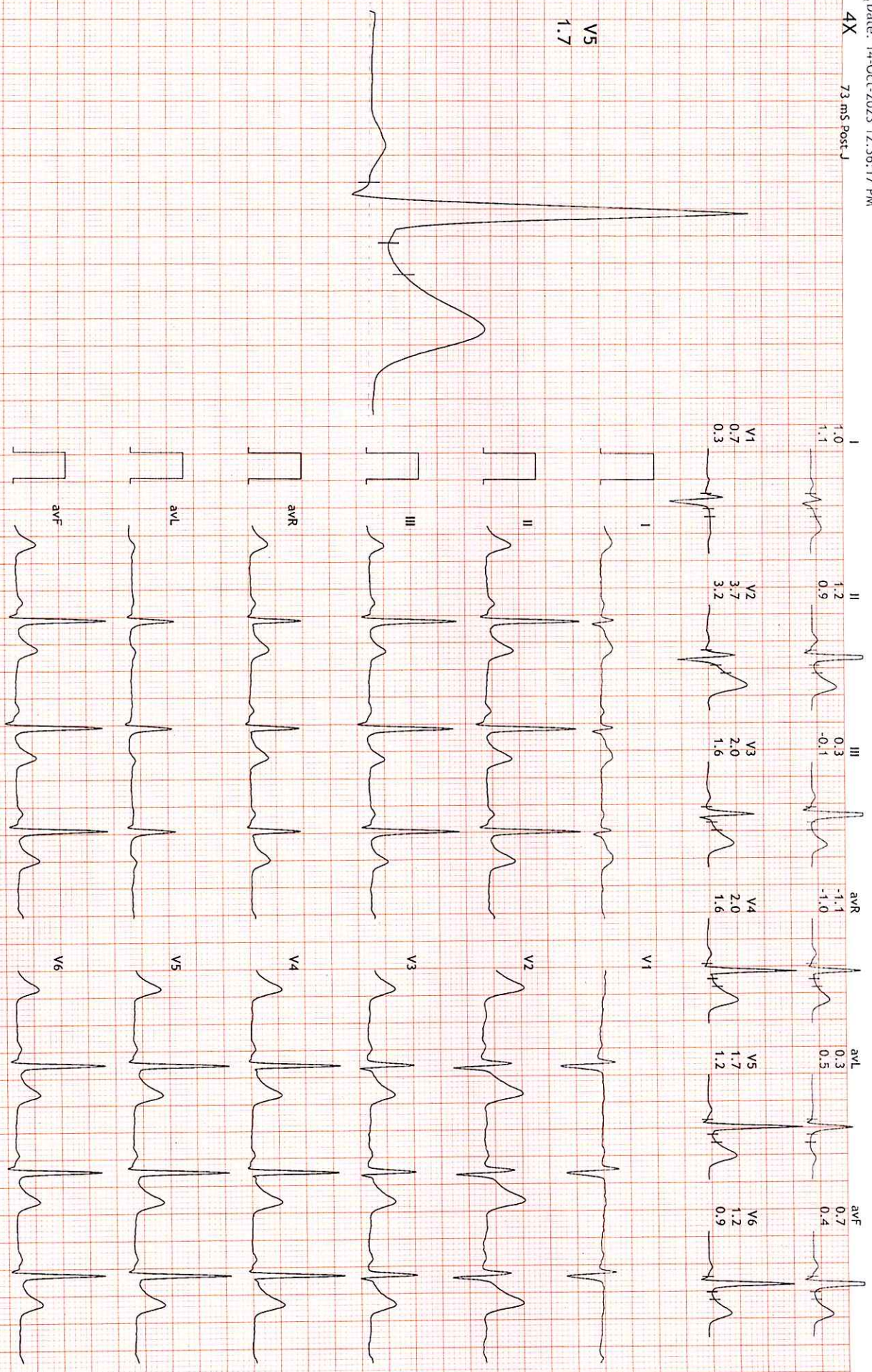
MPHR: 39% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:30
BLC : On
Notch : On

Supine
10.0 mm/mV
25 mm/Sec.

4X 73 ms Post-J



HR: 79 bpm
METs: 1.0
BP: 120/80

MPHR: 41% of 189
Speed: 0.0 mph
Grade: 0.0%

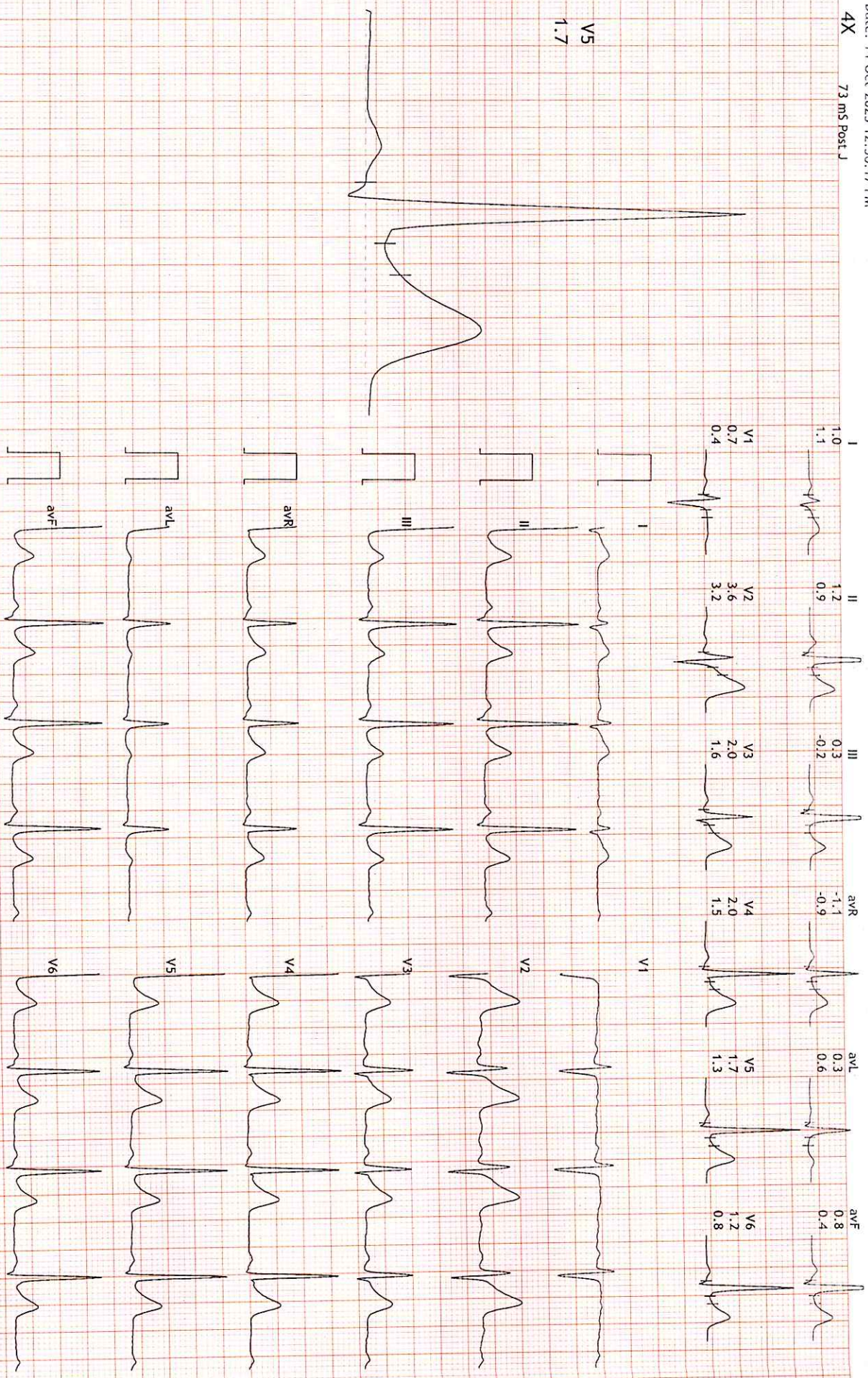
Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:40
BLC : On
Notch : On

Standing
10.0 mm/mV
25 mm/Sec.

4X 73 ms Post J

V5
1.7



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

12333718/MR RAKESH KUMAR DHABARIYA

31 Yrs/Male

0 Kg/0 Cms

Date: 14-Oct-2023 12:36:17 PM

HR: 91 bpm

METS: 1.0

BP: 120/80

MpHR: 48% of 189

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 01:33

BLC: On

Notch: On

HV

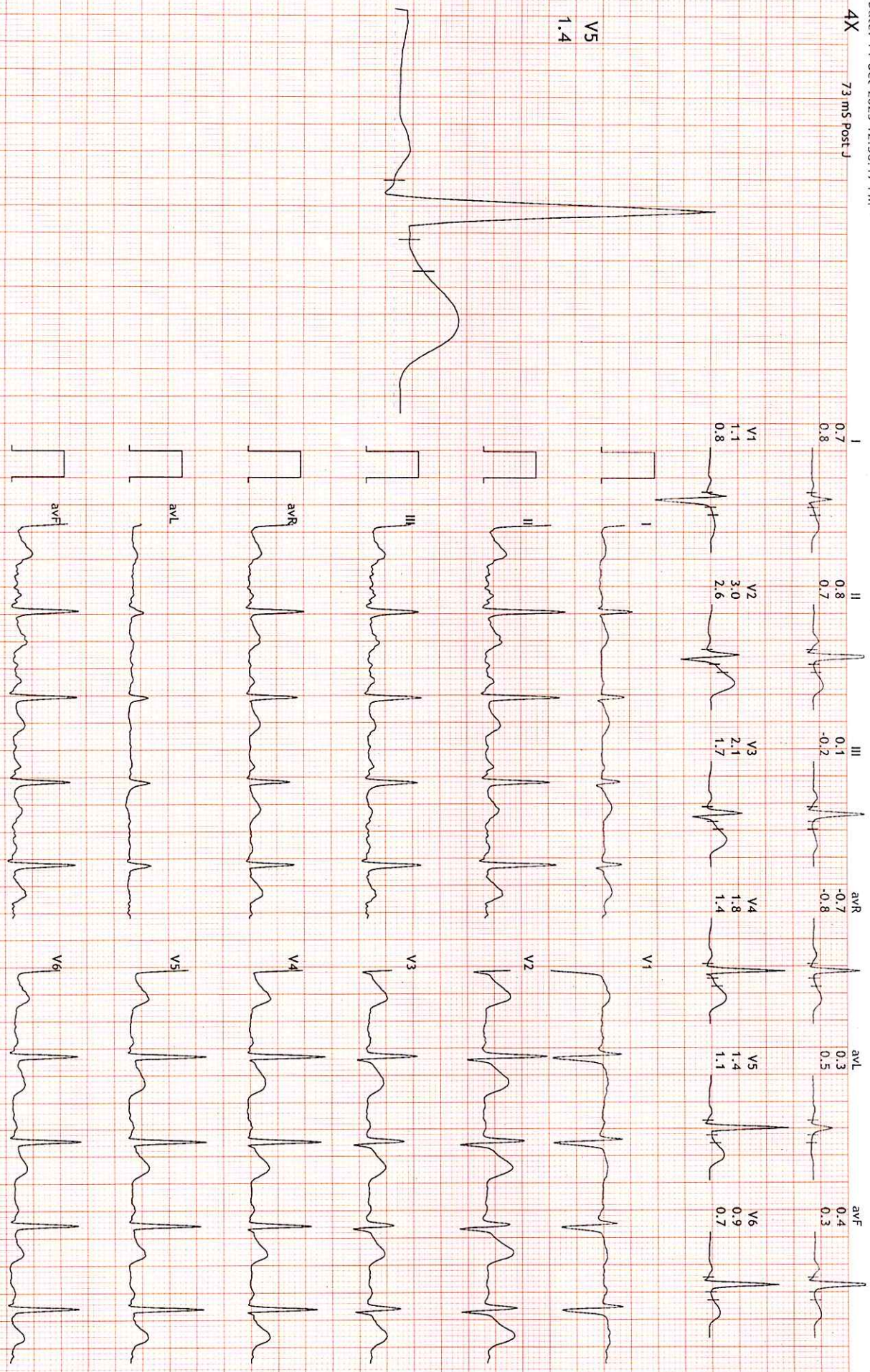
10.0 mm/mV

25 mm/Sec.



4X 73 ms Post J

V5
1.4



HR: 99 bpm
METs: 1.0
BP: 120/80

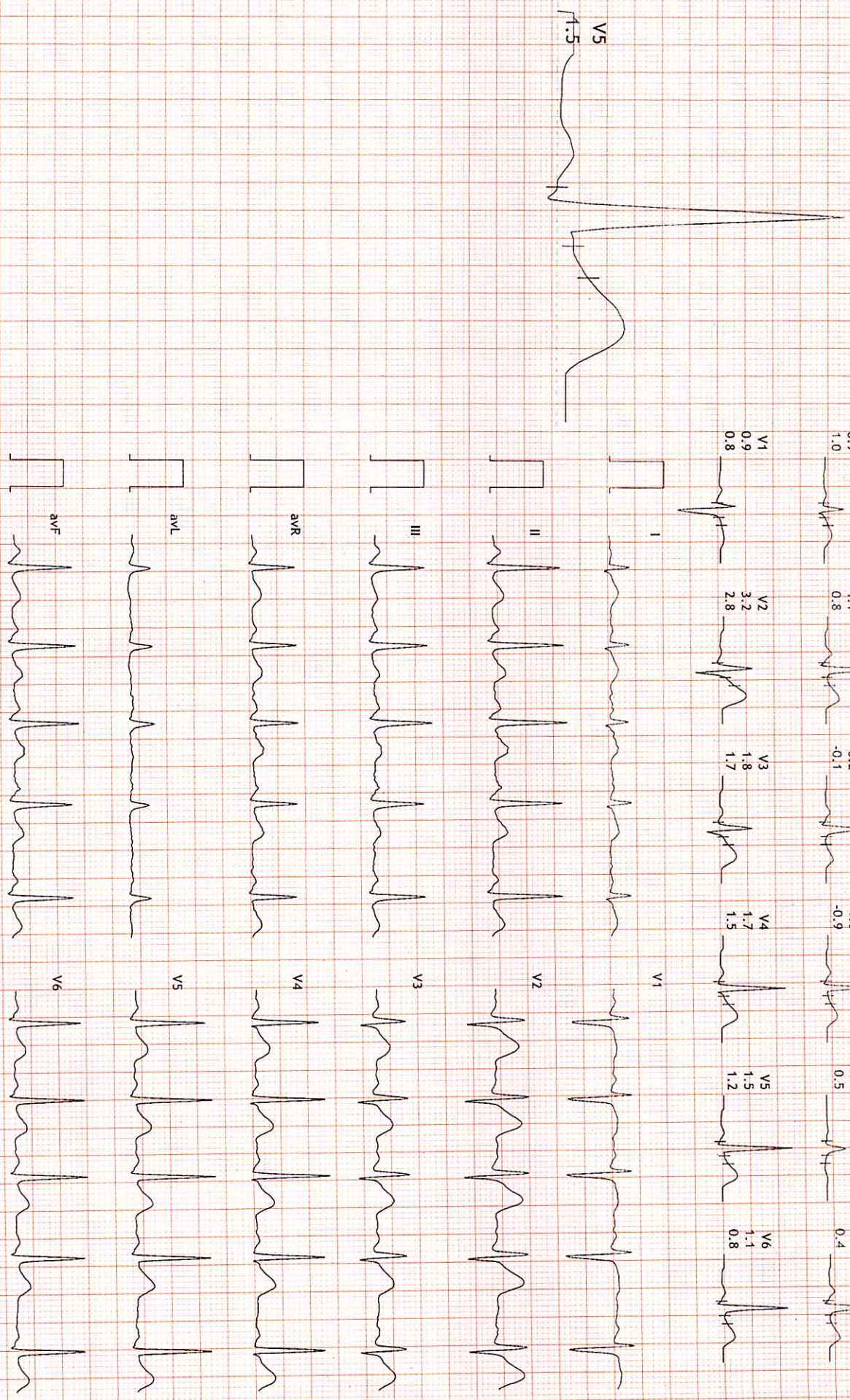
APHR: 52% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:44
BLC : On
Notch : On

EXStart
10.0 mm/mV
25 mm/Sec.

4X 73 ms Post J



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

12233718/MR RAKESH KUMAR DHABARIYA

31 Yrs/Male

0 Kg/0 Cms

Date: 14-Oct-2023 12:36:17 PM

HR: 122 bpm

METS: 4.7

Bp: 130/80

MPHR: 54% of 189

Speed: 1.7 mph

Grade: 10.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 02:59

BLC :On

Notch :On

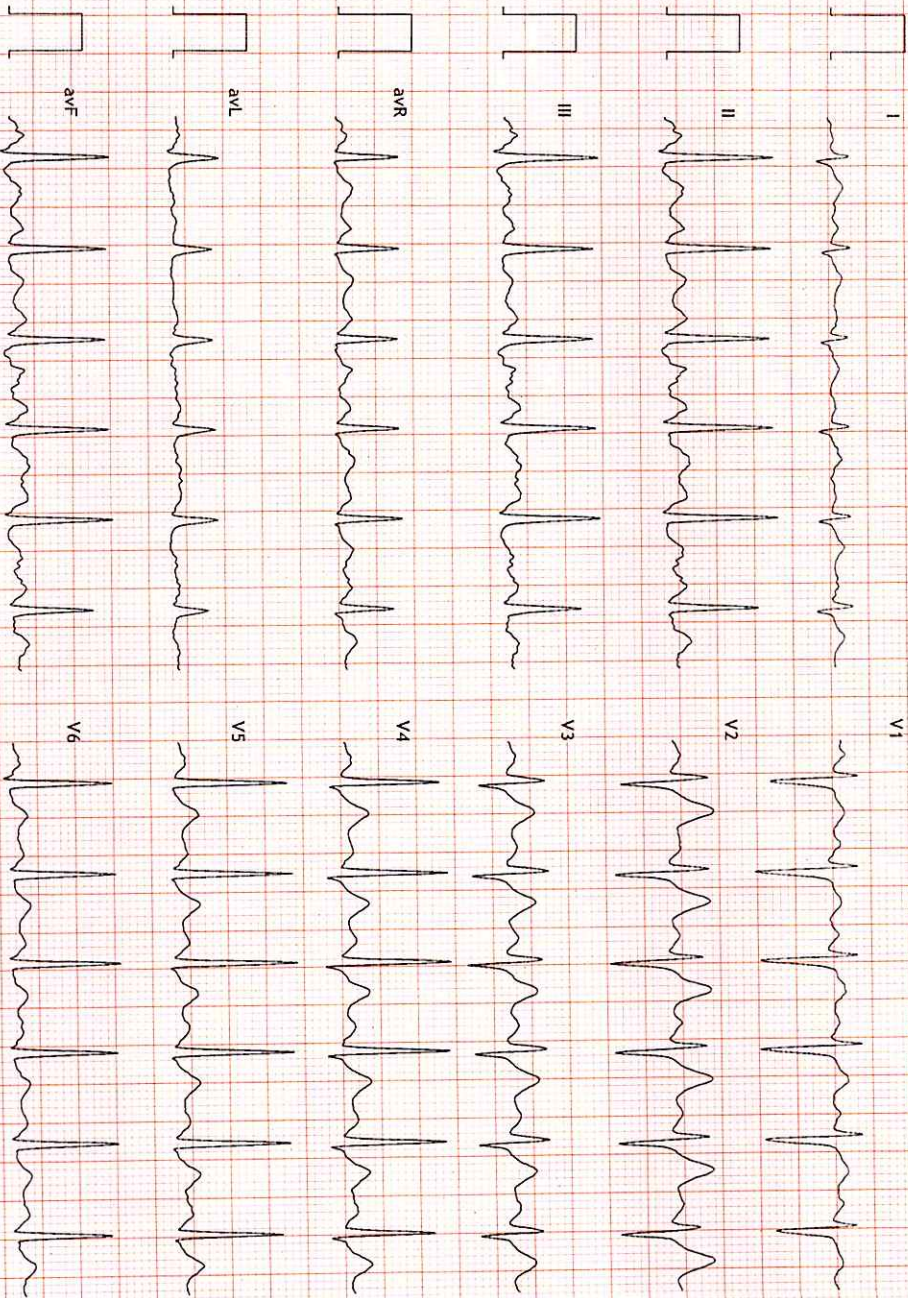
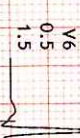
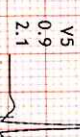
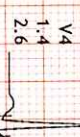
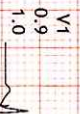
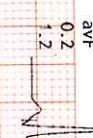
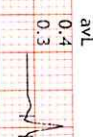
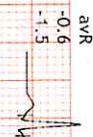
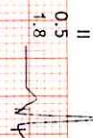
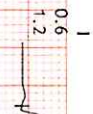
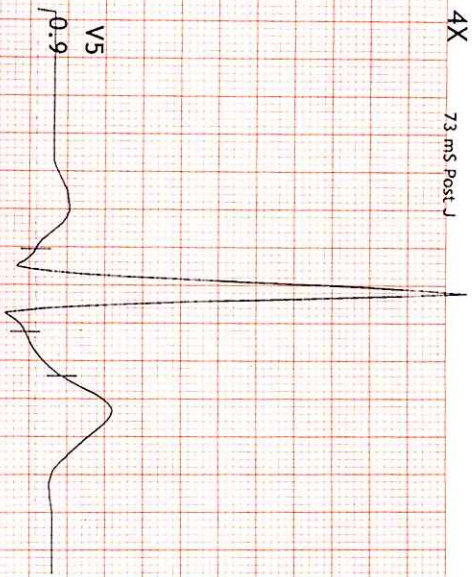
BRUCE:Stage 1(3:00)

10.0 mm/mV

25 mm/Sec.



4X 73 ms Post J



B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
12233718/MR RAKESH KUMAR DHABARIYA
31 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 12:36:17 PM

HR: 149 bpm
METs: 7.1
BP: 140/85

M/PHR: 78% of 189
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(0.05-100)Hz

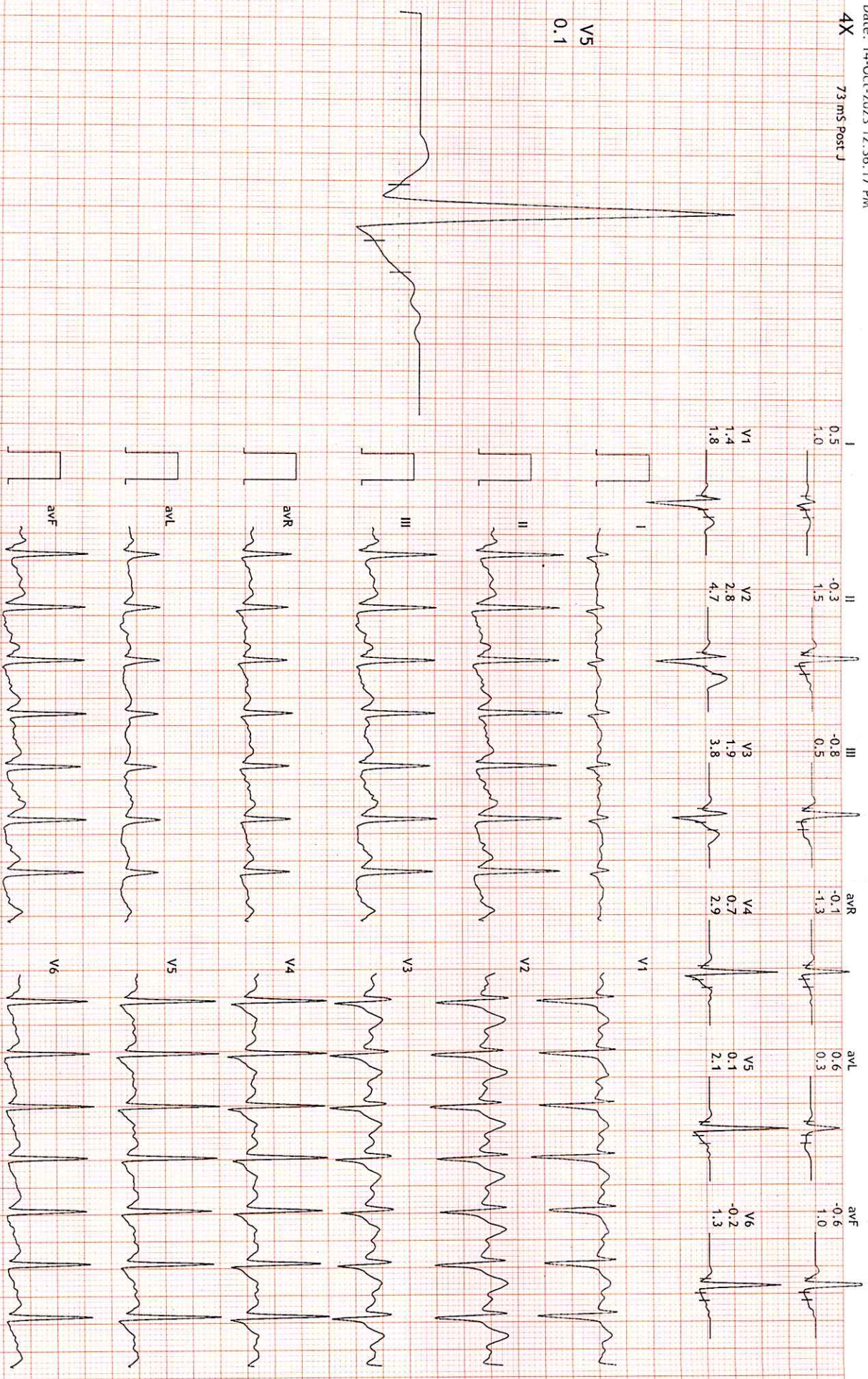
Ex Time 05:59
BLC : On
Notch : On

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



4X 73 ms Post J

V5 0.1



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

12233718/MR RAKESH KUMAR DHABARIYA

31 Yrs/Male

0 Kg/0 Cms

Date: 14-Oct-2023 12:36:17 PM

HR: 162 bpm

MEETS: 8.3

BP: 150/90

MPHR:85% of 189

Speed: 3.4 mph

Grade: 14.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 07:09

BLC : On

Notch : On

BRUCE:PeakEx(1:09)

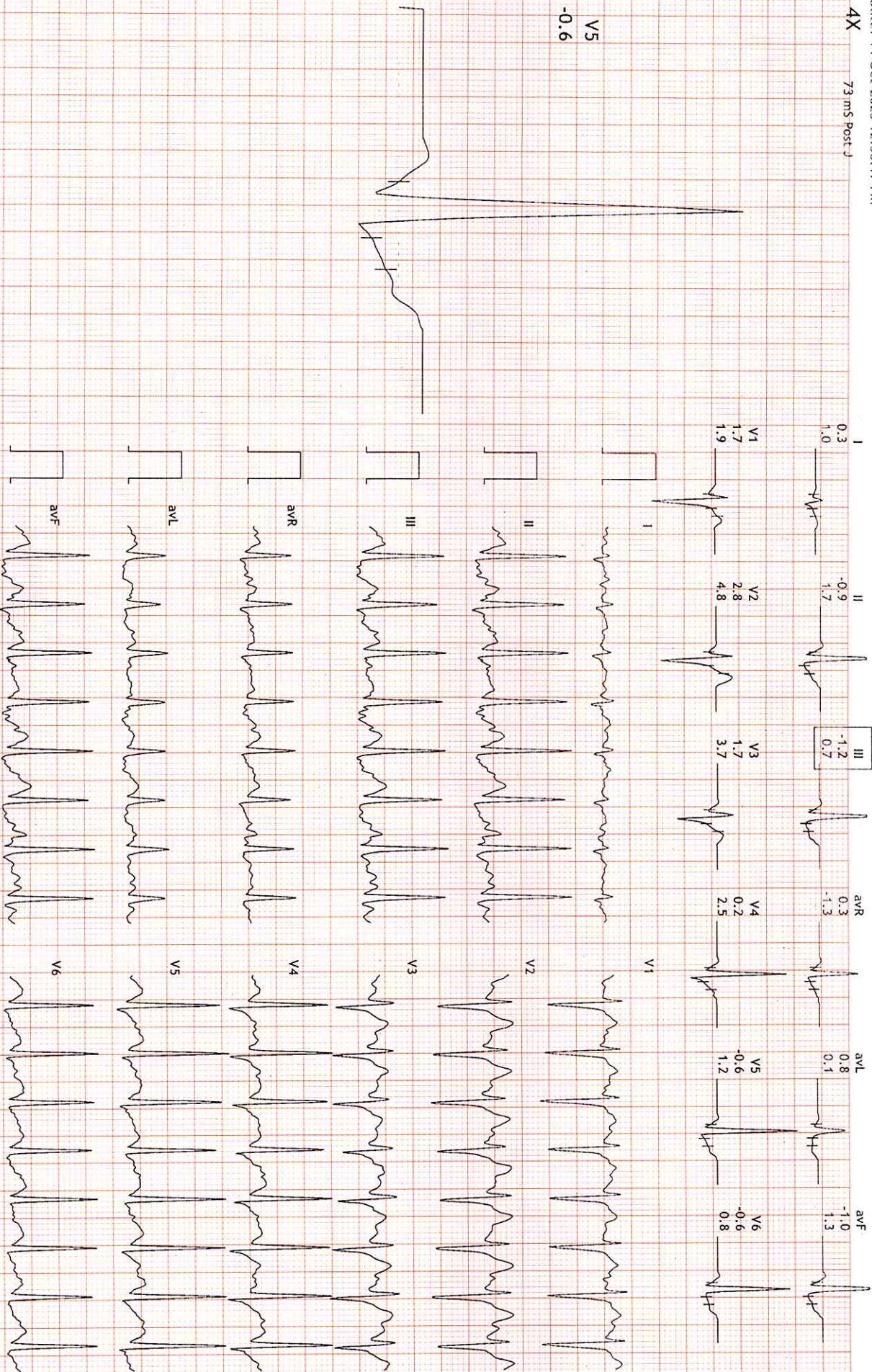
10.0 mm/mV

25 mm/Sec.



4X 73 ms Post J

V5 -0.6



MPHR:63% of 189

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 07:11

BLC :On

Notch :On

Recovery(1:00)

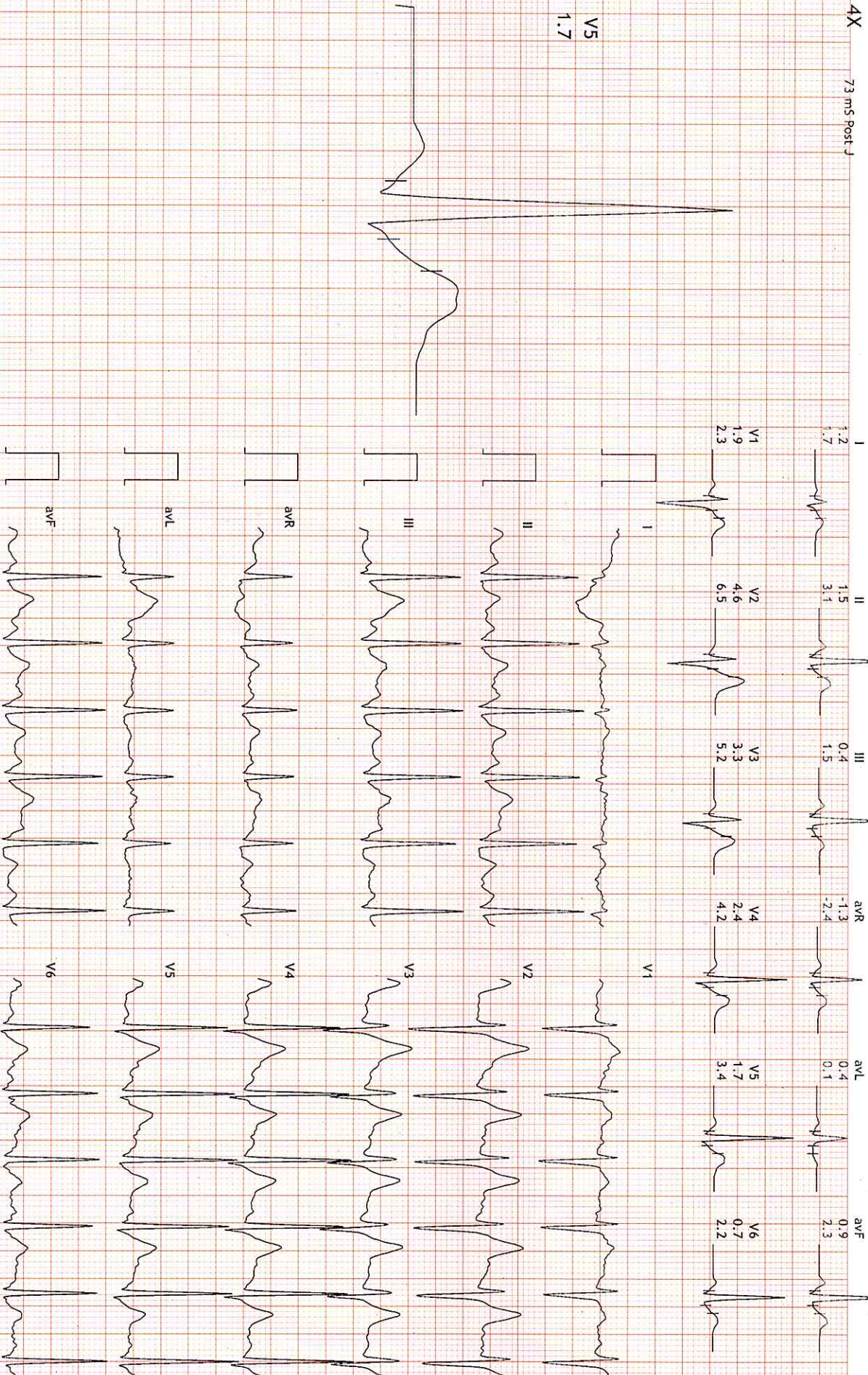
10.0 mm/mV

25 mm/Sec.

4X

73 ms Post J

V5
1.7



HR: 98 bpm

MEETS: 1.0

BP: 140/85

MPHR: 51% of 189

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

EX Time 07:11

BLC: On

Notch: On

Recovery(2:00)

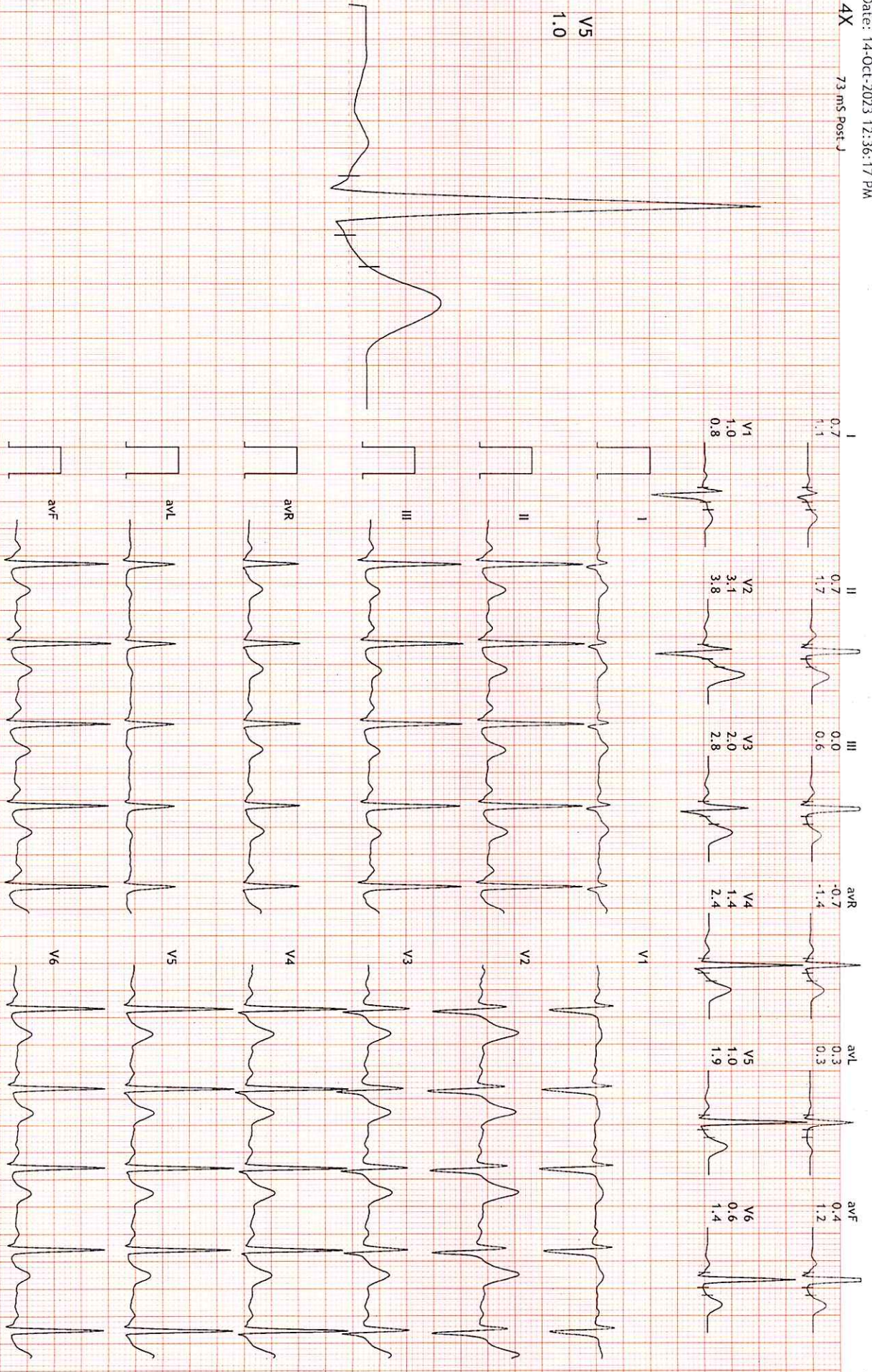
10.0 mm/mV

25 mm/Sec.



4X 73 ms Post-J

V5
1.0



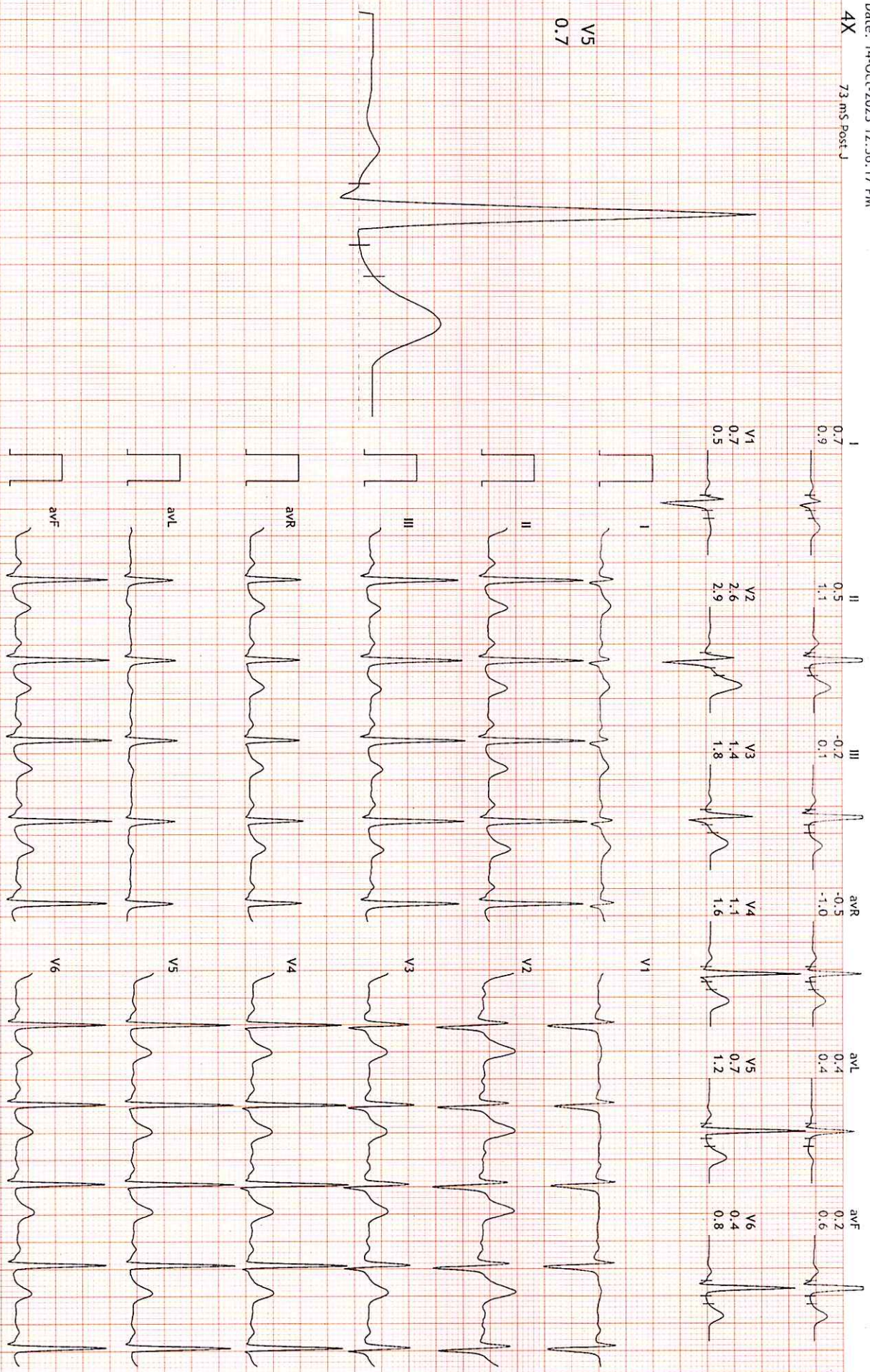
HR: 98 bpm
METS: 1.0
BP: 130/85

MPPR: 51% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 07:11
BLC : On
Notch : On

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

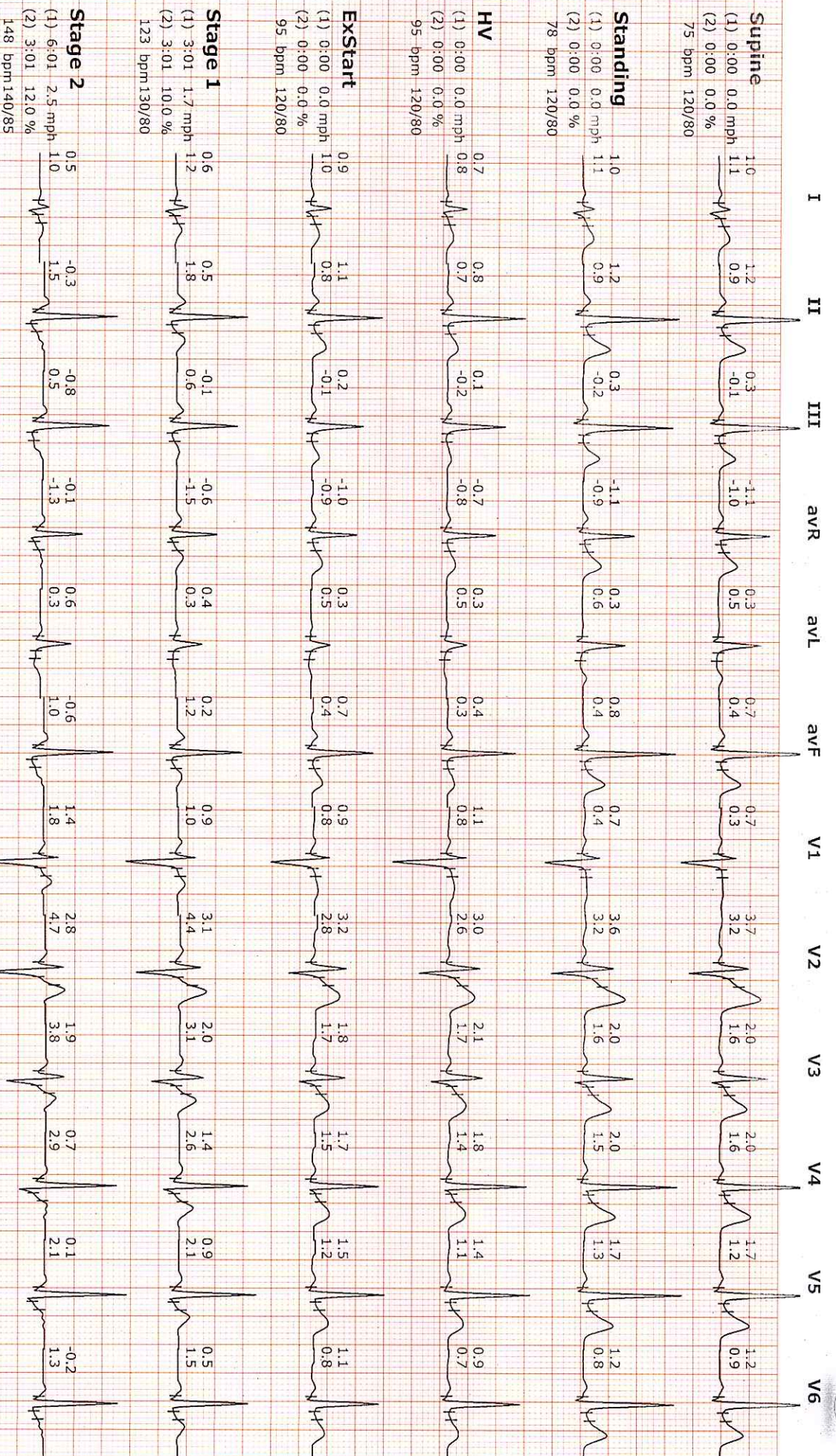


B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

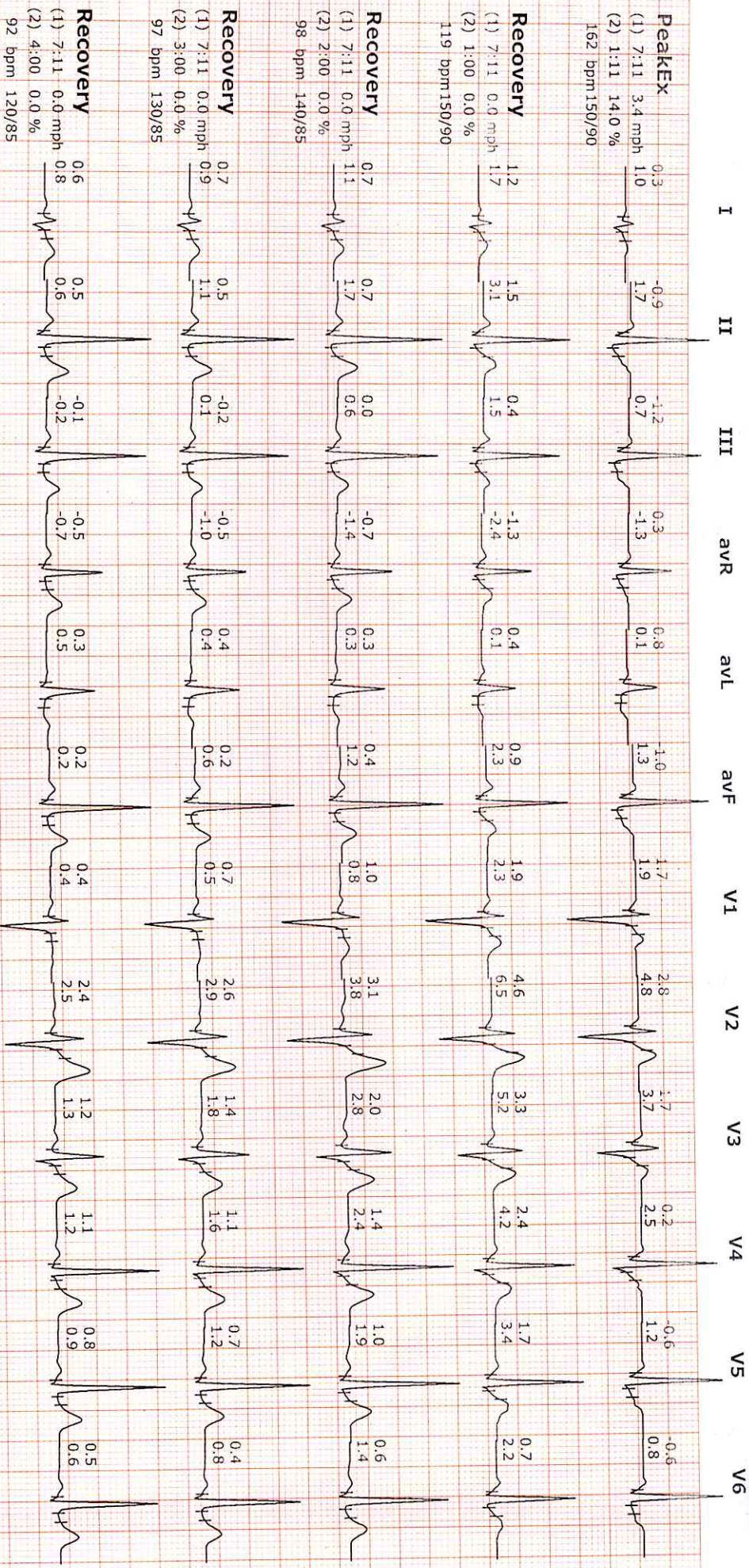
12233718/MR RAKESH KUMAR DHABARIYA

31 Yrs/Male 0 Kg/0 Cms

Date: 14-Oct-2023 12:36:17 PM



B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
12233718/MR RAKESH KUMAR DHABARIYA 31 Yrs/Male 0 Kg/0 Cms
Date: 14-Oct-2023 12:36:17 PM





भारत सरकार

Government of India

राकेश कुमार डबरिया

Rakesh Kumar Dabariya

जन्म तिथि / DOB: 13/01/1992

पुरुष / Male



92229 2469 6718



मेरा आधार, मेरी पहचान



 **GPS Map Camera**

Jaipur, Rajasthan, India

P. No. B - 14, G - 47, Vidhyadhar Enclave Iled, Central Spine Rd, Sector 2,
Central Spine, Vidyadhar Nagar, Jaipur, Rajasthan 302023, India

Lat 26.964519°

Long 75.782478°

14/10/23 11:32 AM GMT +05:30



Google



 **GPS Map Camera**

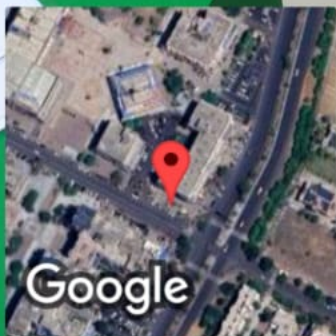
Jaipur, Rajasthan, India

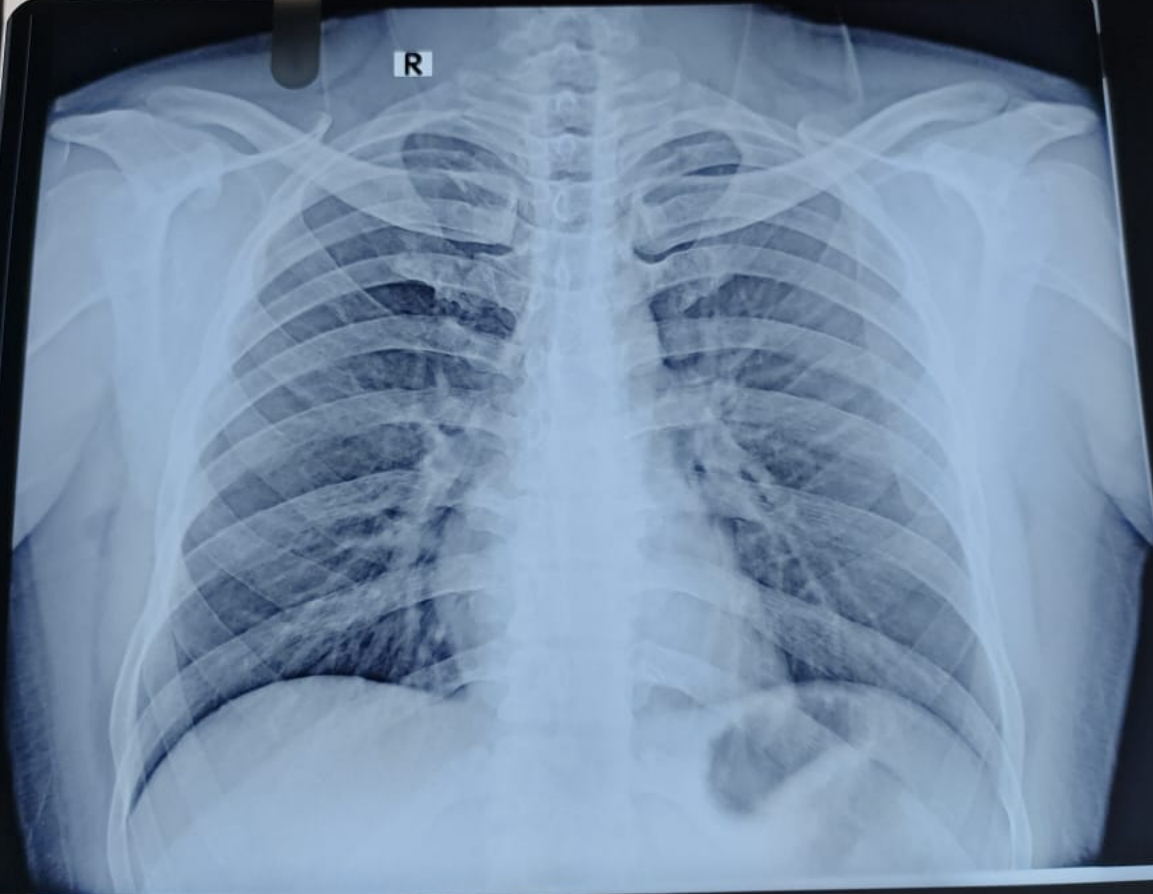
P. No. B - 14, G - 47, Vidhyadhar Enclave lled, Central Spine Rd, Sector 2,
Central Spine, Vidyadhar Nagar, Jaipur, Rajasthan 302023, India

Lat 26.964519°

Long 75.782478°

14/10/23 11:33 AM GMT +05:30





12233729 RAKESH KUMAR DABARIYA 31 YRS BOB M
14.OCT.2023
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

