भारत सरकार

GOVERNMENT OF INDIA

सौरभ कुमार जैन

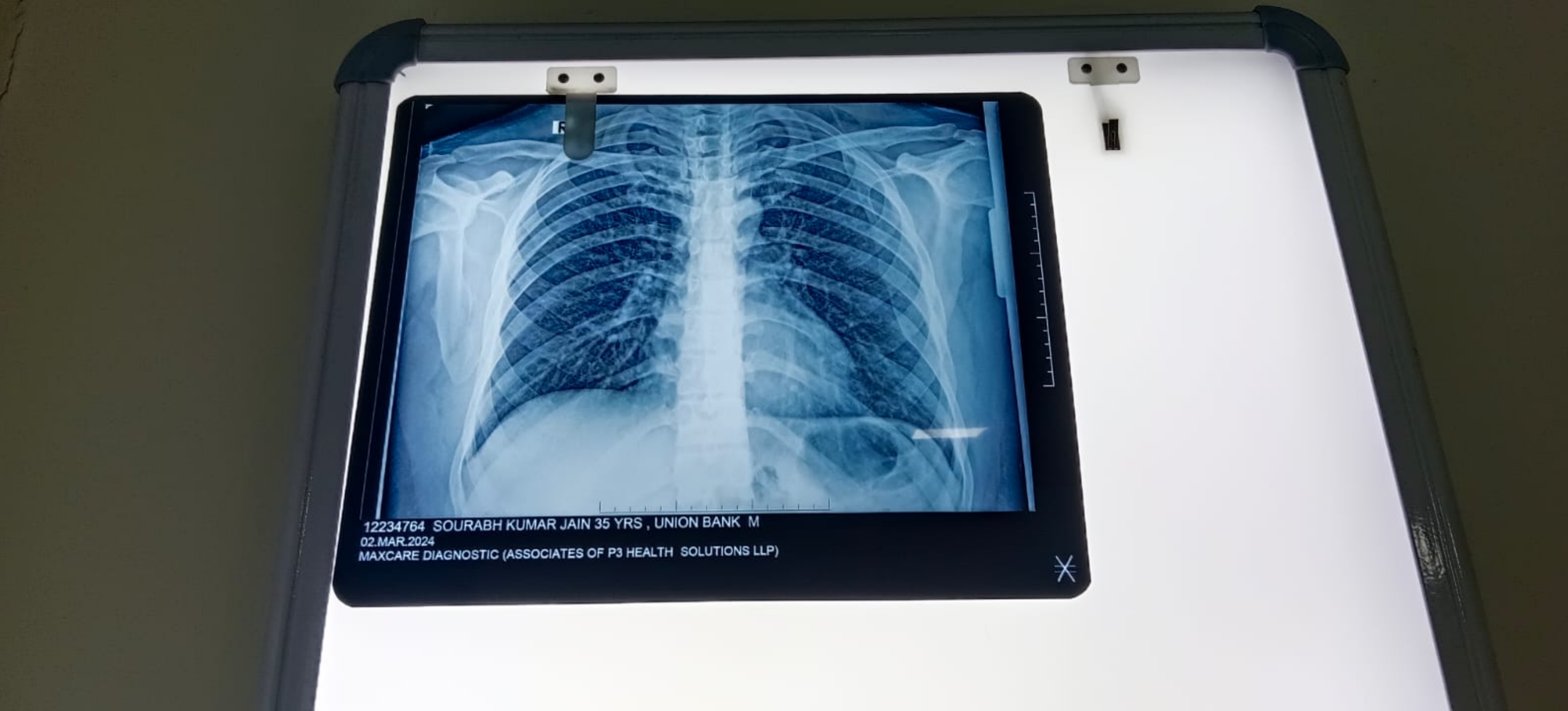
Sourabh Kumar Jain

जन्म तिथि/ DOB: 27/11/1988

पुरुष /MALE

9952 3964 0383

मेरा आधार, मेरी पहचान


12234764 SOURABH KUMAR JAIN 35 YRS , UNION BANK M
02.MAR.2024
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

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UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आधार

पता:	Address :
S/O नरेन्द्र कुमार जैन, भगत सिंह सर्कल जैन भवन, बस स्टैंड, लक्ष्मणगढ़, अलवर, राजस्थान - 321607	S/O Narendra Kumar Jain, bhagat singh circle jain bhawan, bus stand, Laxmangarh, Alwar, Rajasthan - 321607

Date: 28/07/2018

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

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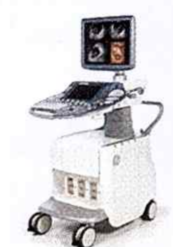

General Physical Examination

Date of Examination: 02/03/2024

Name: SOURABH KUMAR JAIN Age: 35 Yrs DOB: 27/11/1988 Sex: Male

Referred By: BANK OF BARODA

Photo ID: AADHAR CARD ID #: 0383

Ht: 164 (cm) Wt: 78 (Kg)

Chest (Expiration): 96 (cm) Abdomen Circumference: 95 (cm)

Blood Pressure: 130/85 mm Hg PR: 89 / min RR: 18 / min Temp: Afebrile

BMI 29

Eye Examination: With Glass
R/E 6/6, N/6, NCB
L/E 6/6 N/6 NCB

Other: NO

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

Signature Of Examine : [signature] Name of Examinee: Sourabh Kumar Jain

Signature Medical Examiner: Dr. PIYUSH GOYAL MBBS, DMRD (Radiologist) RMC No.-037041 Name Medical Examiner Dr. Piyush Goyal

NAME :- Mr. SOURABH KUMAR JAIN	Patient ID :-12234764	Date :- 02/03/2024 09:49:22
Age :- 35 Yrs 3 Mon 5 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :- Male	Lab/Hosp :-	
	Company :- Mr.MEDIWHEEL	

Final Authentication : 02/03/2024 18:00:44

HAEMATOLOGY

HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.4	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.00	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	55.0	%	40.0 - 80.0
LYMPHOCYTE	40.0	%	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)	4.87	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	44.00	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	90.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.7	g/dL	31.5 - 34.5
PLATELET COUNT	212	x10^3/uL	150 - 410
RDW-CV	13.4	%	11.6 - 14.0

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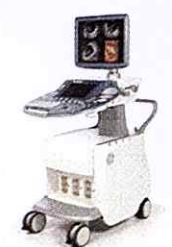

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HAEMATOLOGY

Test	Result	Unit	Reference
Erythrocyte Sedimentation Rate (ESR) Methord:- Westergreen	12	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

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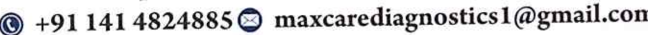

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HAEMATOLOGY

(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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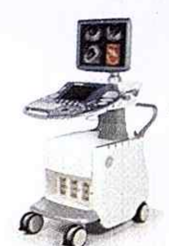

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BIOCHEMISTRY

FASTING BLOOD SUGAR (Plasma) Methord:- GOD POD	86.4	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 .

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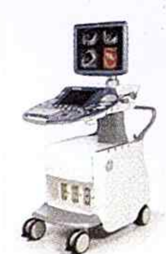

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HAEMATOLOGY

BLOOD GROUP ABO "B" POSITIVE
Methord:- Haemagglutination reaction

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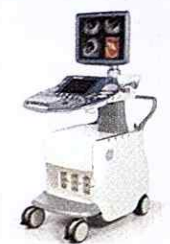

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Test Name	Value	Unit	Biological Ref Interval
RENAL PROFILE WITHOUT ELECTROLYTES			
SERUM UREA Methord:- Urease/GLDH	32.20	mg/dl	10.00 - 50.00
SERUM CREATININE Methord:- Jaffe's Method	1.07	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl
SERUM URIC ACID	5.69	mg/dl	2.40 - 7.00
SERUM CALCIUM Methord:- Arsenazo III Method	9.25	mg/dL	8.80 - 10.20
SERUM TOTAL PROTEIN Methord:- Direct Biuret Reagent	6.95	g/dl	6.00 - 8.40
SERUM ALBUMIN Methord:- Bromocresol Green	4.35	g/dl	3.50 - 5.50
SERUM GLOBULIN Methord:- CALCULATION	2.60	gm/dl	2.20 - 3.50
A/G RATIO	1.67		1.30 - 2.50

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.

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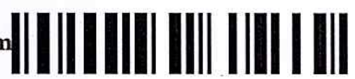

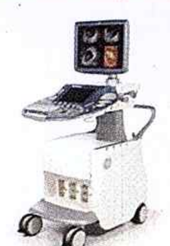

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BIOCHEMISTRY

LIPID PROFILE

Test	Result	Unit	Reference
TOTAL CHOLESTEROL Methord:- CHOD-PAP methodology	146.00	mg/dl	Desirable <200 Borderline 200-239 High> 240
TRIGLYCERIDES Methord:- GPO-PAP	123.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Methord:- Direct clearance Method	41.10	mg/dl	MALE- 30-70 FEMALE - 30-85
LDL CHOLESTEROL Methord:- Calculated Method	84.40	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Methord:- Calculated	24.60	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Methord:- Calculated	3.55		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Methord:- Calculated	2.05		0.00 - 3.50
TOTAL LIPID Methord:- CALCULATED	471.86	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 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.

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GLYCOSYLATED HEMOGLOBIN (HbA1C)

Test Name	Value	Unit	Biological Ref Interval
Methord:- CAPILLARY with EDTA	5.6	mg%	Non-Diabetic < 6.0 Good Control 6.0-7.0 Weak Control 7.0-8.0 Poor control > 8.0
MEAN PLASMA GLUCOSE Methord:- Calculated Parameter	110	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

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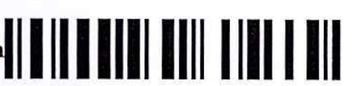

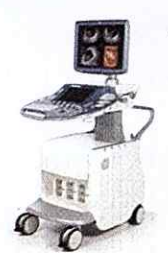

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BIOCHEMISTRY

LIVER FUNCTION TEST

Test	Result	Unit	Reference Range
SERUM BILIRUBIN (TOTAL) Methord:- DMSO/Diazo	0.69	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Methord:- DMSO/Diazo	0.19	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Methord:- Calculated	0.50	mg/dl	0.30-0.70
SGOT Methord:- IFCC	23.5	U/L	0.0 - 40.0
SGPT Methord:- IFCC	26.8	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Methord:- DGKC - SCE	89.50	U/L	53.00 - 141.00
SERUM TOTAL PROTEIN Methord:- Direct Biuret Reagent	6.95	g/dl	6.00 - 8.40
SERUM ALBUMIN Methord:- Bromocresol Green	4.35	g/dl	3.50 - 5.50
SERUM GLOBULIN Methord:- CALCULATION	2.60	gm/dl	2.20 - 3.50
A/G RATIO	1.67		1.30 - 2.50

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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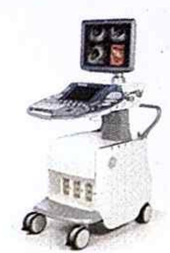

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Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
THYROID-TRIIODOTHYRONINE T3 Methord:- ECLIA	0.72	ng/mL	0.70 - 2.04
THYROID - THYROXINE (T4) Methord:- ECLIA	7.20	ug/dl	5.10 - 14.10
TSH Methord:- ECLIA	3.400	µIU/mL	0.350 - 5.500

4th Generation Assay,Reference ranges vary between laboratories

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 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 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 clinical data for interpretation.

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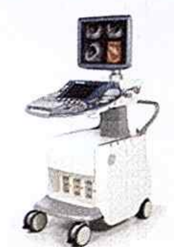


NAME :- Mr. SOURABH KUMAR JAIN		Patient ID :-12234764	Date :- 02/03/2024	09:49:22
Age :-	35 Yrs 3 Mon 5 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :-	Male	Lab/Hosp :-		
		Company :-	Mr.MEDIWHEEL	

Final Authentication : 02/03/2024 18:00:44

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	6.5		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
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		

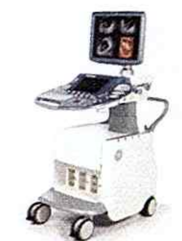
****** *End of Report* ******

Technologist
MGR

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

This Report Is Not Valid For Medico Legal Purpose

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. SOURABH KUMAR JAIN	35 Y/M
Registration Date: 02/03/2024	Ref. by: BANK OF BARODA

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected.

DR.SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC no.: 21954

This Report Is Not Valid For Medico Legal Purpose

Iems (P) Ltd
#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar , Jaipur
128541925460997/Mr Sourabh Kumar Jain 35Yrs-11Months/Male Kgs/ Cms BP: ___/___ mmHg HR: 82 bpm
Ref.: BANK BANK Test Date: 02-Mar-2024(11:42:19) Notch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

PR Interval: 150 ms
QRS Duration: 106 ms
QT/QTc: 328/384ms
P-QRS-T Axis: 56 - 53 - 20 (Deg)

RMS

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

FINDINGS: Normal Sinus Rhythm
Vent Rate : 82 bpm; **PR Interval :** 150 ms; **QRS Duration:** 106 ms; **QT/QTc Int :** 328/384 ms
P-QRS-T axis: 56• 53• 20• (Deg)
Comments :

TWNL

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

GPS Map Camera
Jaipur, Rajasthan, India
G-22 Vidhadher Enclave 14, near Cine Star, Sector 2, Central Spine, Vidyadhar Nagar, Jaipur, Rajasthan 302039, India
Lat 26.964588°
Long 75.782568°
02/03/24 11:36 AM GMT +05:30
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