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+91 141 4824885 maxcarediagnostics@gmail.com

General Physical Examination

Date of Examination: 19/07/2022

Name: Vijendra singh Age: 42 DOB: 09/12/1979 Sex: male

Referred By: _____

Photo ID: ADHAR CARD ID #: - - - - 1349

Ht: 171 (cm) Wt: 85 (Kg)

Chest (Expiration): 108 (cm) Abdomen Circumference: 105 (cm)

Blood Pressure: 128/86 mm Hg PR: 75 / min RR: 18 / min Temp: Afebrile

BMI 29

Eye Examination: 6/6 R/E, L/E - 6/6, N/6

NCB. (No Colour Vision)

Other: N/A

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

Signature Of Examine : ---------- **Name of Examinee:** Vijendra singh

Signature Medical Examiner : ---------- **Name Medical Examiner** Dr. U.C GUPTA

Dr. U.C. GUPTA
MBBS, MD (Physician)
RMC No. 291

भारत सरकार
GOVERNMENT OF INDIA

Vijendra Singh
जन्म तिथि / DOB: 09/12/1979
पुरुष / MALE
Mobile No.: 9091832755

[redacted] 1349

मेरा आधार, मेरी पहचान

Dr. U.C. GUPTA
MBBS, MD (Physician)
RMC No. 291

आधार
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

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NAME :- Mr. VIJENDRA SINGH	Patient ID :-12221427	Date :- 19/07/2022	09:08:12
Age :- 42 Yrs 7 Mon 11 Days	Ref. By Doctor:-		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 19/07/2022 17:02:28

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP ABOVE 40 MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.5	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	9.50	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	70.0	%	40.0 - 80.0
LYMPHOCYTE	25.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	2.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.55	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	40.90	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	**104.5** H	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.6	g/dL	31.5 - 34.5
PLATELET COUNT	356	x10^3/uL	150 - 410
RDW-CV	13.2	%	11.6 - 14.0
MENTZER INDEX	**26.66** H		0.00 - 0.00

A complete blood picture (CBP) is a kind of blood test that is done to assess a person's overall health and diagnose a wide range of health disorders like leukemia, anemia and other infections.

A complete blood count (CBC) is a complete blood test that diagnose many components and features of a persons blood which includes: -

***Red Blood Cells (RBC),** which carry oxygen -

***White Blood Cells (WBC),** which help in fighting against infections -

***Hemoglobin,** which is the oxygen carrying protein in the red blood cells -

***Hematocrit (HCT),** the proportion of RBC to the fluid component, or plasma present in blood -

***Platelets,** which aid in blood clotting

(CBC): Methodology: TLC,TRBC,PCV,PLT Impedance method, HB Calorimetric method,. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName: MINDRAY BC-3000 Plus 3** part automatic analyzer,

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR) Methord:- Westergreen	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

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Methord:- GOD POD	80.2	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) Methord:- GOD PAP	98.0	mg/dl	70.0 - 140.0

Instrument Name: MISPA PLUS 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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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Methord:- Nephelometry methodology	**7.6** H	%	Reference normal value (NGSP) :- 4.6 % - 6.2 % HbA1c ADA recommended reference range :- 5.7 %- 6.4 % HbA1c (High risk group) Above 6.5 % HbA1c (Diabetics)
MEAN PLASMA GLUCOSE Methord:- Calculated Parameter	**171** H	mg/dL	

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base.It is the major fraction,constituting approximately 80% of HbA1c.Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose overthe period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasmaglucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHbdepends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb.High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measureof the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to themean of HbA1C.Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1cmeasurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

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HAEMATOLOGY

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

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Methord:- CHOD-PAP methodology	153.60	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 Methord:- GPO-TOPS methodology	130.40	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
InstrumentName:MISPA PLUS **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 Methord:- Selective inhibition Method	38.60	mg/dl	Male 35-80 Female 42-88
Instrument Name:MISPA 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 Methord:- Calculated Method	93.27	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Methord:- Calculated	26.08	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Methord:- Calculated	3.98		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Methord:- Calculated	2.42		0.00 - 3.50
TOTAL LIPID Methord:- CALCULATED	496.52	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.

Comments: 1- ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol – HDL Cholesterol) as an indicator of all

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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Methord:- DMSO/Diazo	0.67	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Methord:- DMSO/Diazo	0.15	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Methord:- Calculated	0.52	mg/dl	0.30-0.70
SGOT Methord:- IFCC	21.4	U/L	Men- Up to - 37.0 Female - Up to - 31.0
SGPT Methord:- IFCC	29.7	U/L	Men- Up to - 40.0 Female- Up to - 31.0
SERUM ALKALINE PHOSPHATASE Methord:- DGKC - SCE	79.50	U/L	53.00 - 141.00
SERUM GAMMA GT Methord:- Szasz methodology Instrument Name Randox Rx Imola	27.80	U/L	10.00 - 45.00

Interpretation: Elevations in GGT levels areseen 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.

SERUM TOTAL PROTEIN Methord:- Direct Biuret Reagent	6.90	g/dl	5.10 - 8.00
SERUM ALBUMIN Methord:- Bromocresol Green	4.05	g/dl	2.80 - 4.50
SERUM GLOBULIN Methord:- CALCULATION	2.85	gm/dl	2.20 - 3.50
A/G RATIO	1.42		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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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Methord:- Urease/GLDH	21.40	mg/dl	10.00 - 50.00

InstrumentName: MISPA PLUS **Interpretation** : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE Methord:- Jaffe's Method	1.30	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	3.68	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 Methord:- ISE	137.5	mmol/L	135.0 - 148.0

Interpretation: Decreased sodium - Hyponatraemia Causes include: fluid or electrolyte loss,Drugs,Oedematous states,Legionnaire's disease and other chest infections,pseudonatremia, Hyperlipidaemias and paraproteinaemias,endocrine diseases ,SIADH.

POTASSIUM Methord:- Ion-Selective Electrode with Serum	4.05	mmol/L	3.50 - 5.10

Interpretation: A. Elevated potassium (hyperkalaemia)• Artefactual,Physiological elevation,Drugs, Pathological states,Renal failure Adrenocortical insufficiency, metabolic acidoses, very high platelet or white cell counts B. Decreased potassium (hypokalaemia)Drugs, Liquoric,Diarrhoea and vomiting,Metabolic alkalosis,Corticosteroid excess, Oedematous state,Anorexia nervosa/bulimia

CHLORIDE Methord:- Ion-Selective Electrode with Serum	101.5	mmol/L	98.0 - 107.0

Interpretation: Used for Electrolyte monitoring.

SERUM CALCIUM Methord:- Arsenazo III Method	9.80	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 Methord:- Direct Biuret Reagent	7.04	g/dl	5.10 - 8.00

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BIOCHEMISTRY

SERUM ALBUMIN Methord:- Bromocresol Green	4.05	g/dl	2.80 - 4.50
SERUM GLOBULIN Methord:- CALCULATION	2.85	gm/dl	2.20 - 3.50
A/G RATIO	1.42		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.

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CLINICAL PATHOLOGY

URINE SUGAR (FASTING) Collected Sample Received	Nil	Nil

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Methord:- Chemiluminescence	0.140	ng/ml	Normal < 4 ng/mL Borderline - 4 to 10 ng/mL High > 10 ng/mL

Distribution of PSA assay Values:

A prostate-specific antigen (PSA) test measures the amount of prostate-specific antigen in the blood. PSA is released into a man's blood by his prostate gland . Healthy men have low amounts of PSA in the blood. The amount of PSA in the blood normally increases as a man's prostate enlarges with age. PSA may increase because of inflammation of the prostate gland (prostatitis) or prostate cancer . An injury, a digital rectal exam, or sexual activity (ejaculation) may also briefly raise PSA levels.

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NAME:	MR. VIJENDRA SINGH	AGE	42YRS/M
REF.BY	MEDIWHEEL	DATE	19/07/2022

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

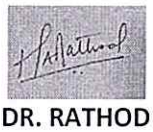
Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected.



DR. RATHOD HETALI AMRUTLAL
MD RADIO DIAGNOSIS
RMC NO. 17163

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IMMUNOASSAY

TOTAL THYROID PROFILE

THYROID-TRIIODOTHYRONINE T3	1.20	ng/m	0.60 - 1.81 ng/ml

Methord:- Chemiluminescence

Reference Range (T3)

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/m
Full-Term Infants 1-3 days	0.89 - 4.05 ng/m
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/m
Prepubertal Children	1.19 - 2.18 ng/ml

NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.

Clinical Information Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In additional, as TSH directly affect thyroid function,malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood,in Primary hypothyroidism,TSH levels are significantly elevated,while in secondary and tertiary hypothyrodism,TSH levels may be low.IN addition,In Euthyroid sick Syndrom,multiple alterations in serum thyroid function test findings have been recognized in patient with a wide variety of nonthyroid illness (NTI) serum without evidence of preexisting thyroid or hypothalamic- pituitary disease .

THYROID - THYROXINE (T4)	8.75	ug/dl	4.50 - 10.90 ug/dl

Methord:- Chemiluminescence

InstrumentName: VITROS ECI **Interpretation** :The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

TSH	1.860	µIU/mL	0-3 days 1.0-20.0 3 days-30 days 0.5-6.5 1month -18 years 0.5-6.0

Methord:- Chemiluminescence

Clinical Informaton:

The levels of thyroid hormone (T3 & T4) are low in case of Primary, Secondary and Tertary hypothyroidism and sometmes in nonthyroidal illness also.
Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism. In Pregnancy - Level Total T3 (ng/mL) Total T4 (µg/dl) TSH (µIU/ml)
1st Trimester 0.81-1.90 6.6-12.4 0.1-2.5
2nd Trimester 1.0-2.6 6.6-15.5 0.2-3.0
3rd Trimester 1.0-2.6 6.6-15.5 0.3-3.0
Note: TSH levels are subject to circadian variaton, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM.
The variaton is of the order of 50%. Hence tme of the day has infuence on the measured serum TSH concentratons.

InstrumentName: VITROS ECI **Interpretation**: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease.T3 concentrations may be altered in some conditions, such as

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Technologist

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RMC No. 17226

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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com

NAME :- Mr. VIJENDRA SINGH	Patient ID :-12221427	Date :- 19/07/2022	09:08:12
Age :- 42 Yrs 7 Mon 11 Days	Ref. By Doctor:-		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 19/07/2022 17:02:28

IMMUNOASSAY

pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration.Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation** :The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation** :TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations t hat occur in subclinical hyperthyroidism. The performance of this assay has not been established forneonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

*** End of Report ***

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NAME :- Mr. VIJENDRA SINGH	Patient ID :-12221427	Date :- 19/07/2022	09:08:12
Age :- 42 Yrs 7 Mon 11 Days	Ref. By Doctor:-		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 19/07/2022 17:02:28

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)	6.5		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		

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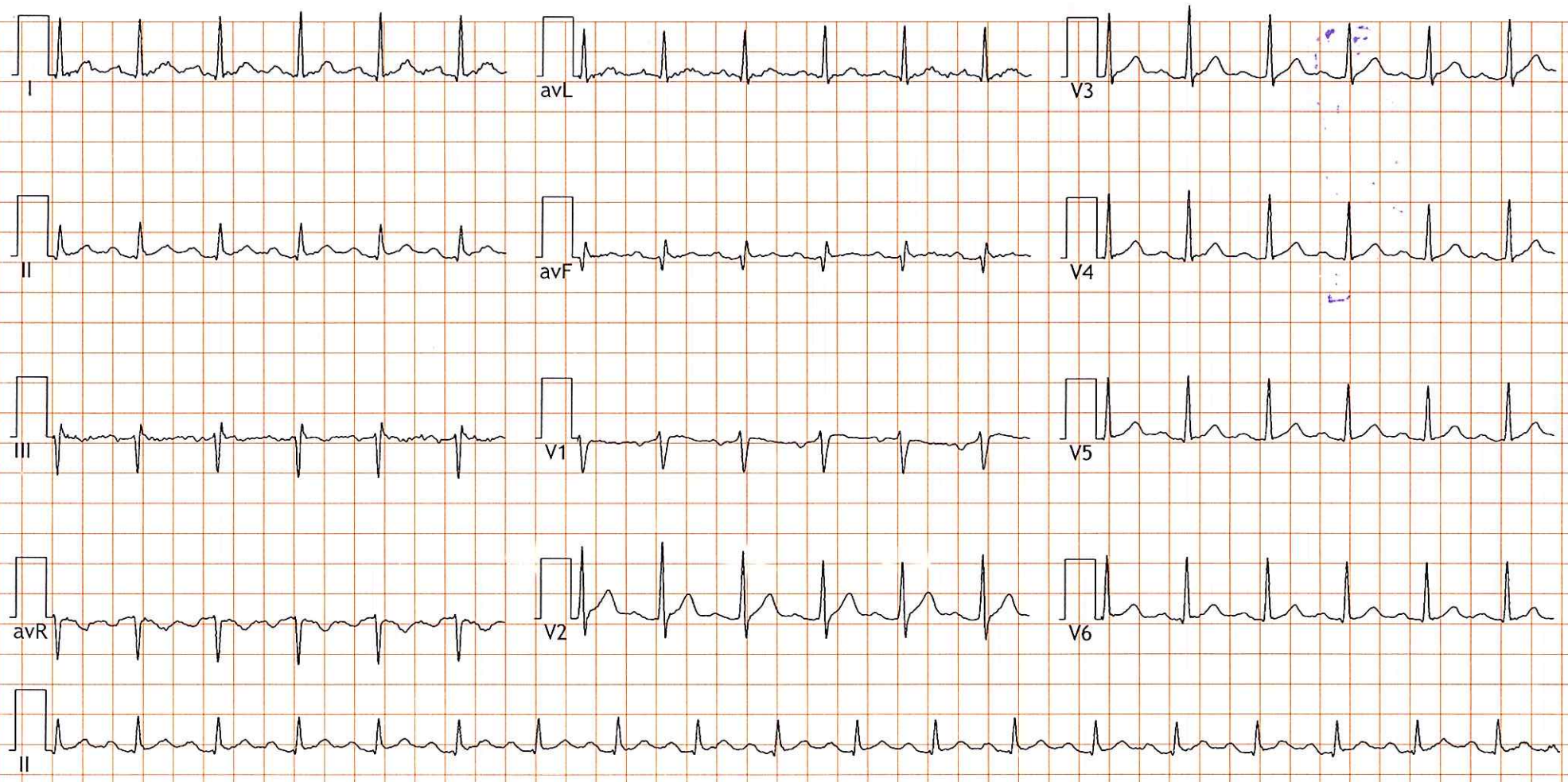
B-14, Vidhyanagar Nagar, Enclave, Phase-2, Jaipur
12229212/Mr Vijendra Singh 42Yrs/Male Kgs/31 Cms BP: ___/___ mmHg HR: 113 bpm
Ref.: BANK OF BARODA Test Date: 19-Jul-2022(9:50:14 A) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

PR Interval: 150 ms
QRS Duration: 84 ms
QT/QTc: 274/376ms
P-QRS-T Axis: 0 - 8 - 22 (Deg)



FINDINGS: Normal Sinus Rhythm
Vent Rate : 113 bpm PR Interval : ms; QRS Duration: 84 ms; QT/QTc Int : 274/376 ms
P-QRS-T axis: 0• 8• 22• (Deg)
Comments :

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

T. W. M. L

MBBS, DIP. CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

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MR. VIJENDRA SINGH	**42 Y/Male**
Registration Date: 19/07/2022	**Ref. by: MEDIWHEEL**

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. 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 of normal size. 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.

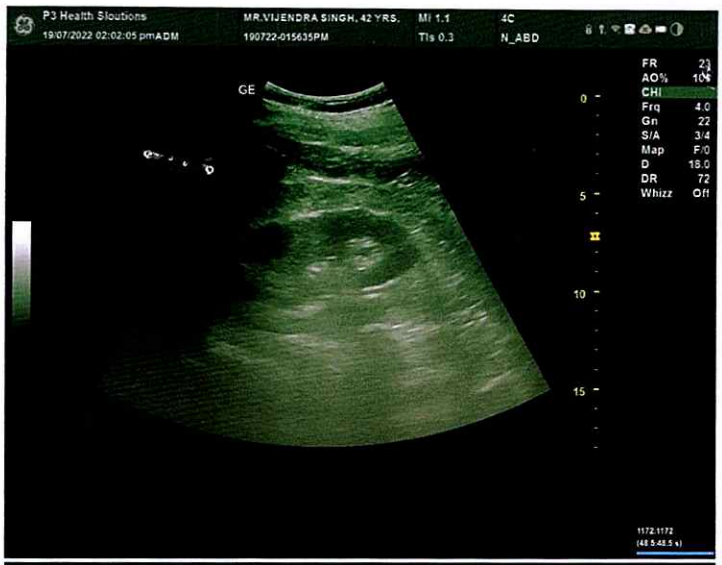
Urinary bladder is partially distended and does not show any calculus or mass lesion.

Visualized prostate is normal in size.

No significant free fluid is seen in pelvis.

IMPRESSION: Normal study.

DR. RATHOD HETALI AMRUTLAL
MD RADIO DIAGNOSIS
RMC NO. 17163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190722-015635PM
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Gn 22
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Map F/0
D 18.0
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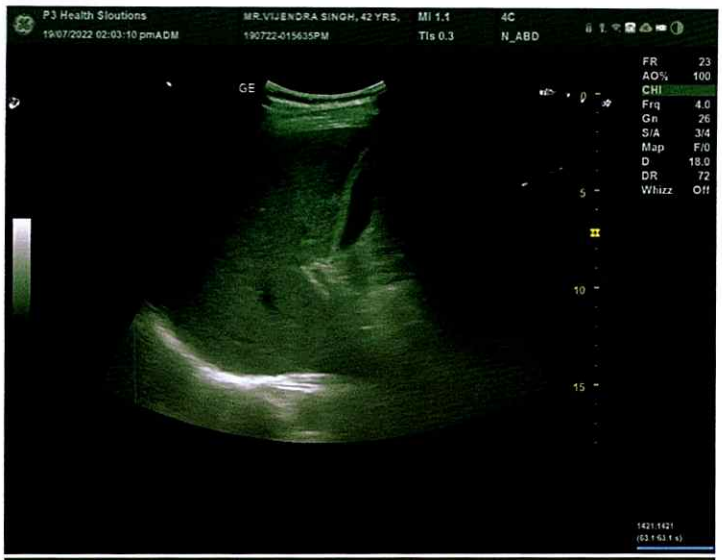
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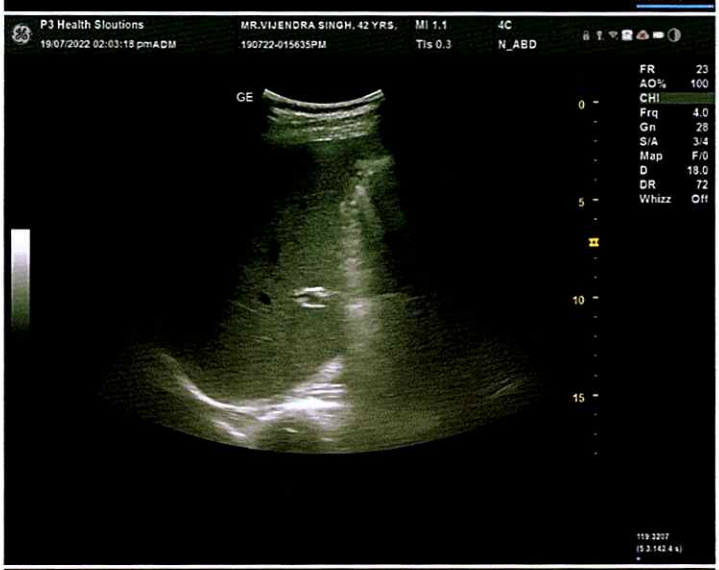
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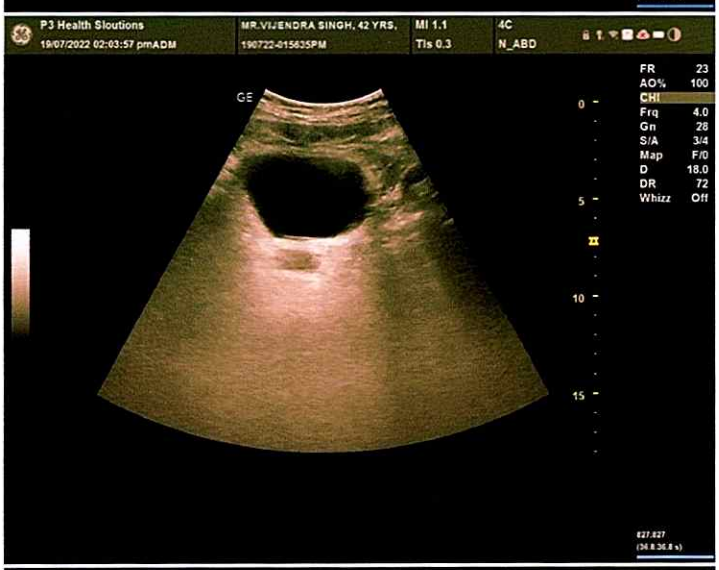
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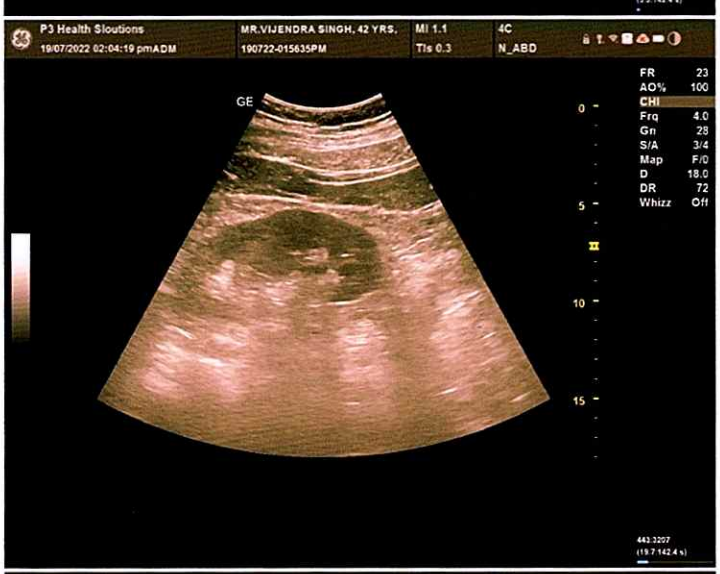
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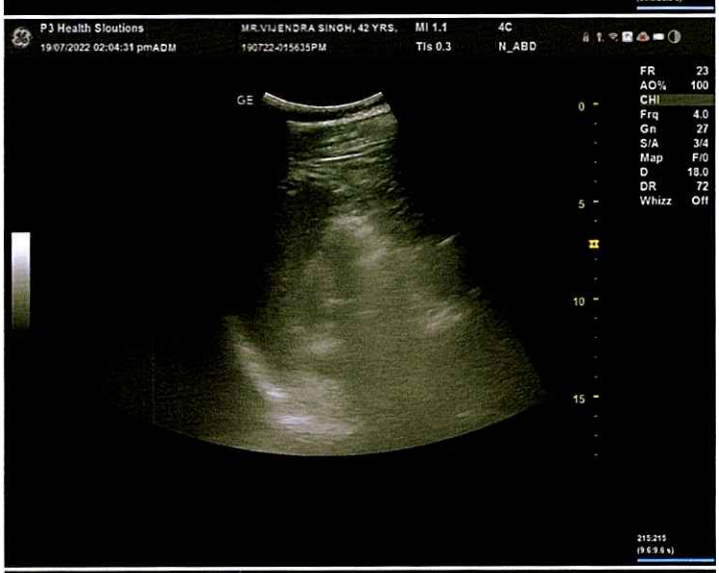
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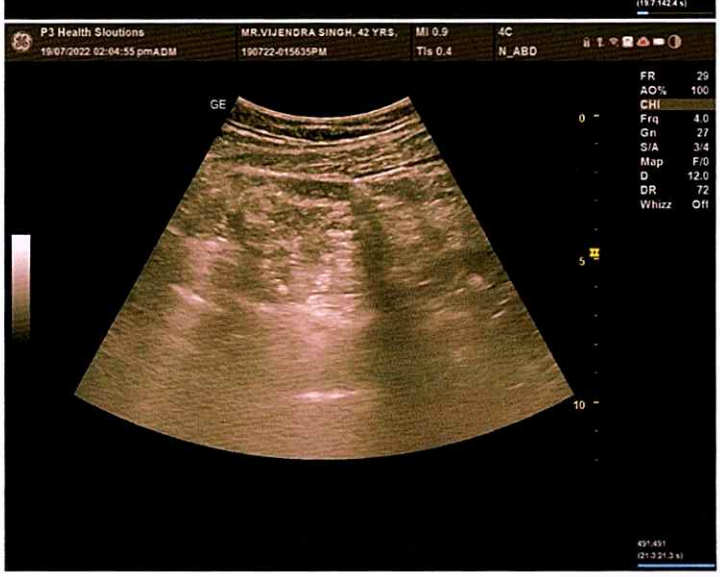
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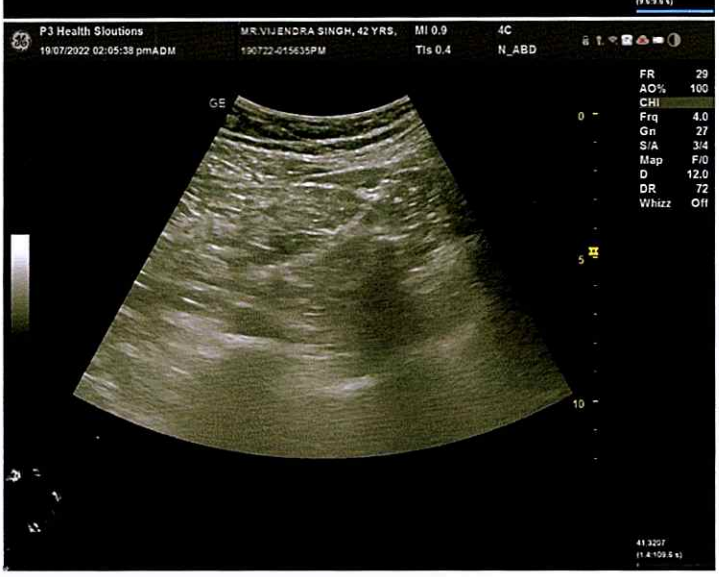
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DR 72
Whizz Off


This is informed to
every staff member.
GPS Map Camera
Jaipur, Rajasthan, India
G-22 Vidhadher Enclave 14, near Cine Star,
Sector 2, Central Spine, Vidyadhar Nagar, Jaipur,
Rajasthan 302039, India
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