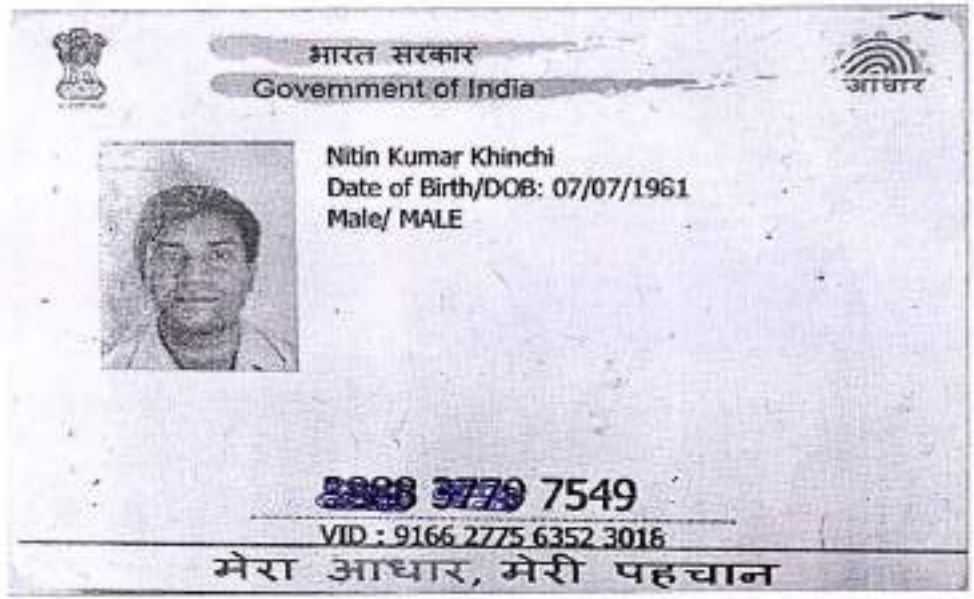
भारत सरकार
Government of India

Nitin Kumar Khinchi
Date of Birth/DOB: 07/07/1981
Male/ MALE

3888 3779 7549

VID : 9166 2775 6352 3018

मेरा आधार, मेरी पहचान



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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

General Physical Examination

Date of Examination: 14/10/23

Name: NITTIN KUMAR KHINCHI Age: 43 YRS DOB: 07/07/1980 Sex: Male

Referred By: BANK OF BARODA

Photo ID: AADHAR CARD ID #: 7543

Ht: 171 (cm) Wt: 90 (Kg)

Chest (Expiration): 119 (cm) Abdomen Circumference: 110 (cm)

Blood Pressure: 120/80 mm Hg PR: 83 / min RR: 18 / min Temp: Afebrile

BMI 30.8

Eye Examination: RE- CIC, NIC, NCD
LE- CIC, NIC, NCD

Other: No

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

Signature Of Examine : ..... Name of Examinee: NITTIN KUMAR KHINCHI

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

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NAME :- Mr. NITIN KUMAR KHINCHI
Age :- 42 Yrs 3 Mon 9 Days
Sex :- Male

Patient ID :-12233727 Date :- 14/10/2023 09:54:37
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 15/10/2023 10:22:00

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP ABOVE 40 MALE			
HAEMOGLOBIN (Hb)	16.3	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	8.00	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	67.0	%	40.0 - 80.0
LYMPHOCYTE	28.0	%	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)	**6.03** H	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	**51.00** H	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	85.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.0	g/dL	31.5 - 34.5
PLATELET COUNT	275	x10^3/uL	150 - 410
RDW-CV	13.0	%	11.6 - 14.0

Technologist
VIKARANT JI

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)	11	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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(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	**152.0** H	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	**251.0** H	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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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C)			
Method:- CAPILLARY with EDTA	9.0	mg%	Non-Diabetic < 6.0 Good Control 6.0-7.0 Weak Control 7.0-8.0 Poor control > 8.0
MEAN PLASMA GLUCOSE Method:- Calculated Parameter	**212** H	mg/dl.	68 - 125

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

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

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

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

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

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

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

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

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

Technologist
VIKARANT SJ

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HAEMATOLOGY

BLOOD GROUP ABO Method - Haemagglutination reaction	"B" POSITIVE

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method - CHOD-PAP methodology	214.00	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	135.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
InstrumentName:Randox Rx Imola **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDL CHOLESTEROL Method - Direct clearance Method	53.00	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	138.50	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method - Calculated	27.00	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method - Calculated	4.04		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method - Calculated	2.61		0.00 - 3.50
TOTAL LIPID Method - CALCULATED	638.22	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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Sex :-	Male	Lab/Hosp :-	
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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 fromperipheral tissues.

Comments: 1- ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol – HDL Cholesterol) as an indicator of all atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterolis 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.

Technologist
VIKARANT

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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method:- DMSO/Diazo	0.63	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.27	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.36	mg/dl	0.30-0.70
SGOT Method:- IFCC	32.5	U/L	0.0 - 40.0
SGPT Method:- IFCC	**55.9** H	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	96.30	U/L	53.00 - 141.00
SERUM GAMMA GT Method:- Szasz methodology Instrument Name: Randox Rx limola Interpretation: Elevations in GGT levels increase earlier and more prominently 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) normalize observed with infectious hepatitis.	32.30	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	6.63	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- Bromocresol Green	4.23	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.40	gm/dl	2.20 - 3.50
A/G RATIO	1.76		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.

Technologist
VIKARANT SJ

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MD (Pathology)
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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Method - Urease/GLDH	35.60	mg/dl	10.00 - 50.00

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

SERUM CREATININE Method - Jaffe's Method	1.14	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	4.56	mg/dl	2.40 - 7.00

InstrumentName:HORIBA YUMIZEN CA60 Daytona plus **Interpretation**: **Elevated Urate**:High purine diet,Alcohol• Renal insufficiency,Drugs , Polycythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome,Metabolic syndrome, Pregnancy,Gout.

SODIUM Method - ISE	143.5	mmol/L	135.0 - 150.0

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 Method - ISE	4.64	mmol/L	3.50 - 5.50

* 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 Method - ISE	100.2	mmol/L	94.0 - 110.0

Technologist
VIKARANT SI

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* 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 Method:- Arsenazo III Method	10.20	mg/dL	8.80 - 10.20

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

SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	6.63	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- Bromocresol Green	4.23	g/dl	3.50 - 5.50
SERUM GLOBULIN Method - CALCULATION	2.40	gm/dl	2.20 - 3.50
A/G RATIO	1.76		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
PSA (PROSTATE SPECIFIC ANTIGEN) -TOTAL Method:- Methodology: CLIA	0.302	ng/mL	0.00-4.00

CLINICAL NOTES:- Prostate-specific antigen (PSA)is a 34-kD glycoprotein produced almost exclusively by the prostate gland.

PSA is normally present in the blood at very low levels. Increased levels of PSA may suggest the presence of prostate cancer.

1.Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not
recommended as they falsely elevate levels

2. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical
findings and other investigations

3. Physiological decrease in PSA level by 18% has been observed in sedentary patients either due to supine position or suspended sexual activity

Clinical Use

- An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more
affected first degree relatives.
- Follow up and management of Prostate cancer patients
- Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer

NOTE

PSA levels can be also increased by prostatitis, irritation, benign prostatic hyperplasia (BPH), and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA. However, the effect is clinically insignificant, since DRE causes the most substantial
increases in patients with PSA levels already elevated over 4.0 ng/mL.

Obesity has been reported to reduce serum PSA levels. Delayed early detection may partially explain worse outcomes in obese men with early prostate cancer. Aftertreatment, higher BMI also correlates to higher risk of recurrence.

Technologist
VIKARANT SI

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

NAME :- Mr. NITIN KUMAR KHINCHI	Patient ID :-12233727	Date :- 14/10/2023	09:54:37
Age :- 42 Yrs 3 Mon 9 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 15/10/2023 10:22:00

IMMUNOASSAY

TOTAL THYROID PROFILE

THYROID-TRIIODOTHYRONINE T3	1.45	ng/mL	0.70 - 2.04
Method - ECLIA			

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

INTERPRETATION-Ultra Sensitive 4th generation assay 1.Primary hypothyroidism 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 level8.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis9.Normal or ↑ T3 & ↑ T4 Normal T3 & T4 along with ↑ TSH indicate mild / Subclinical Hyperthyroidism .11.Normal T3 & ↑ T4 along with ↑ TSH is seen in Hypothyroidism .12.Normal T3 & T4 levels with ↑ TSH indicate Mild / Subclinical Hypoth

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

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

THYROID-THYRONINE (T4)	10.45	µg/dl	5.10 - 14.10
Method - ECLIA			

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

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TSH	1.669	µIU/ml.	0.350 - 5.500
Method - ECLIA			

4th Generation Assay.Reference ranges vary between laboratories

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

Technologist
VIKARANTSI

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

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IMMUNOASSAY

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INTERPRETATION
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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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Technologist
VIKARANTSI

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

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(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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*** *End of Report* ***

Technologist
VIKARANT SI

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

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(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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		Company :-	Mr.MEDIWHEEL

Final Authentication : 15/10/2023 10:22:00

CLINICAL PATHOLOGY

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

Technologist
VIKRANT(T)

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

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NAME:	MR. NITIN KUMAR KHINCHI	AGE	42 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.

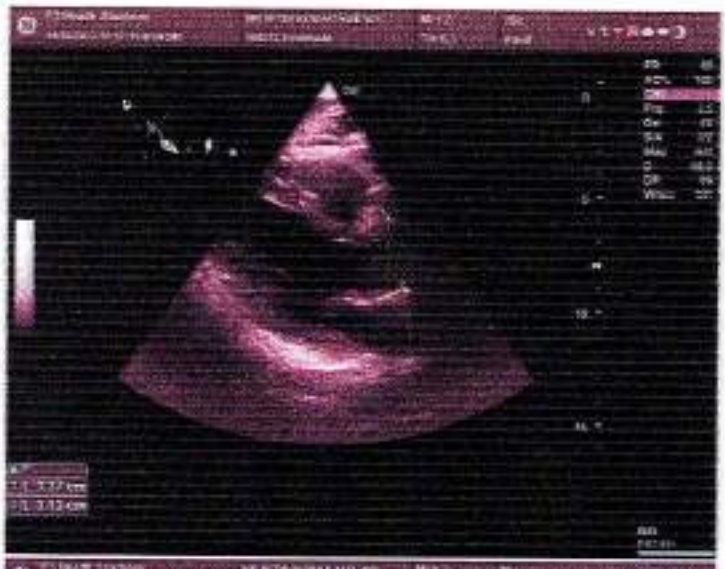
Cardiothoracic ratio is normal.

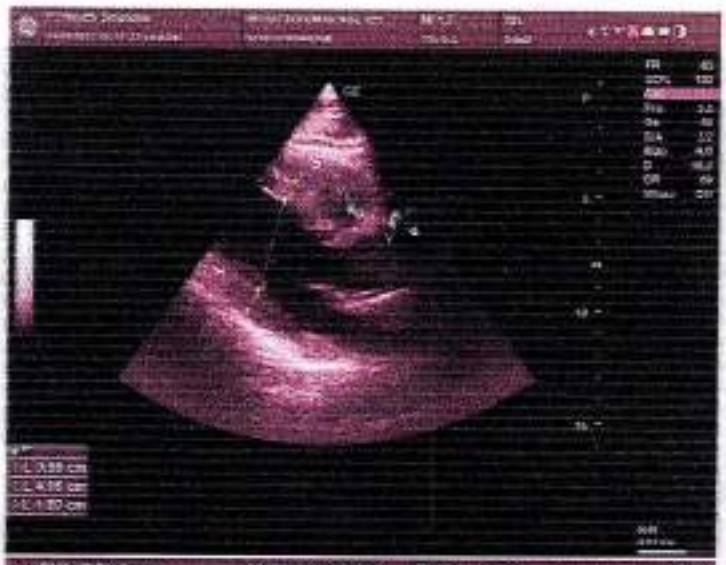
Thoracic soft tissue and skeletal system appear unremarkable.

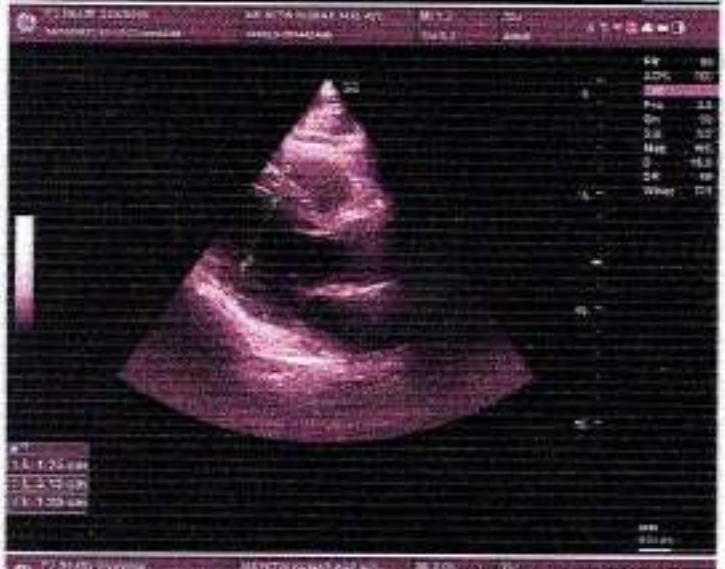
Soft tissue shadows appear normal.

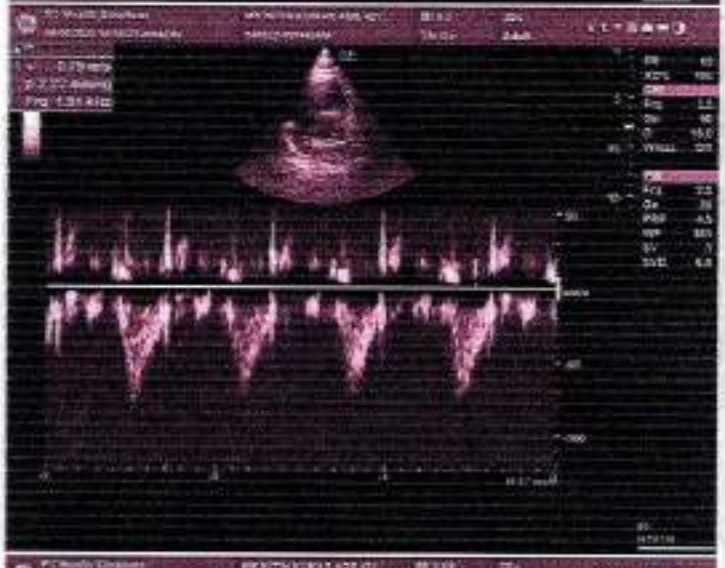
IMPRESSION: No significant abnormality is detected

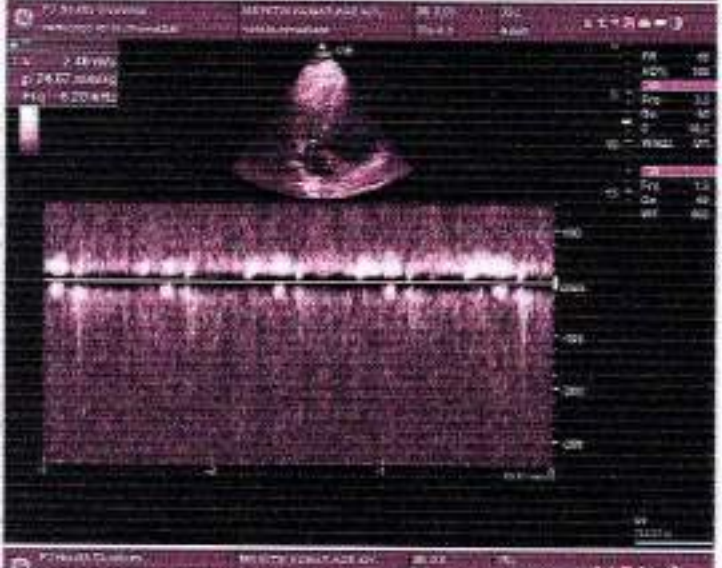
Dr. Mukesh Sharma
M.B.B.S; M.D. (Radiodiagnosis)
RMC No. 43418/17437

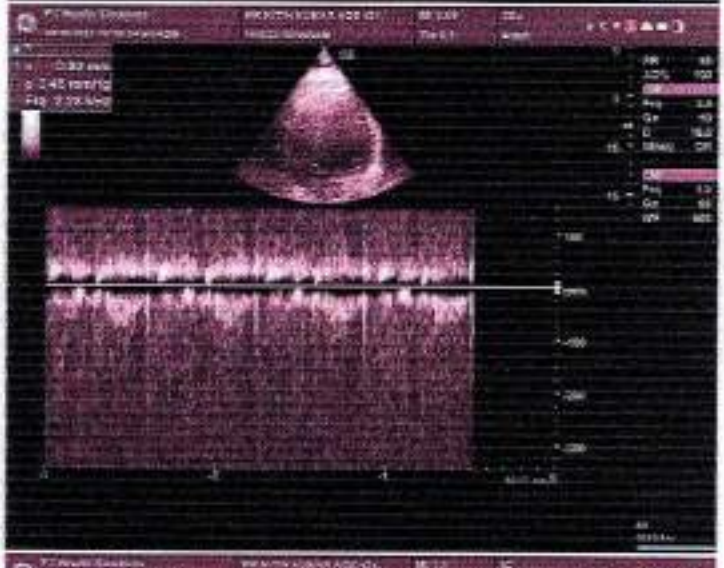


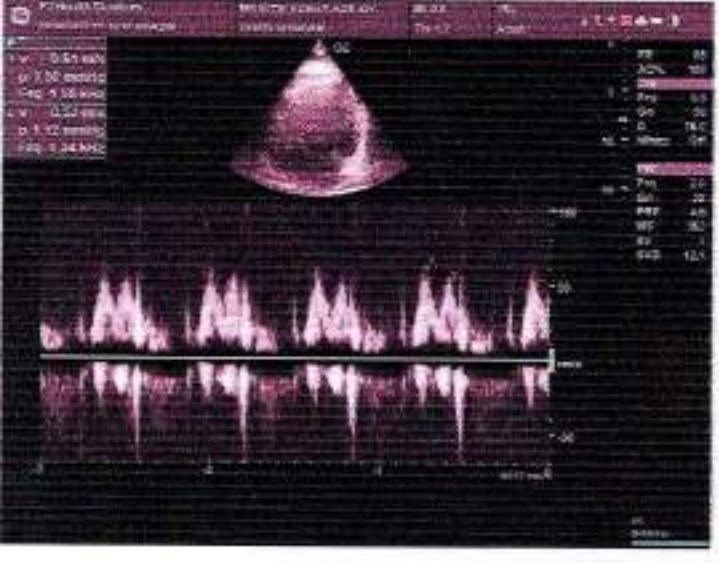


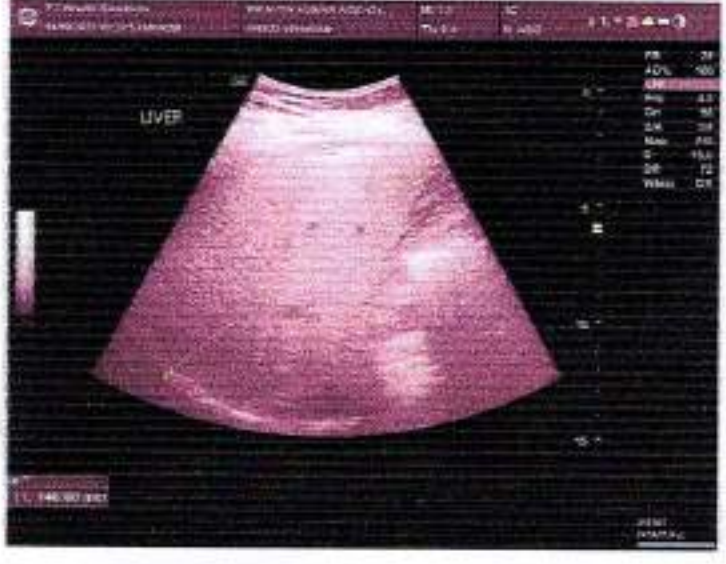











LIVER

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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

MR. NITIN KUMAR KHINCHI	Age:- 43 Y/M
Registration date: 14/10/2023	Ref. By: DR. BANK OF BARODA

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARIDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMITATION:

AO	3.3	cm	LA	3.1	cm	IVS-D	0.9	cm
IVS-S	1.2	cm	LVID	4.1	cm	LVSD	3.1	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	0.61	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.53	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			ABSENT		

AORTIC VALVE					
PEAK VELOCITY	0.93	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION			ABSENT		

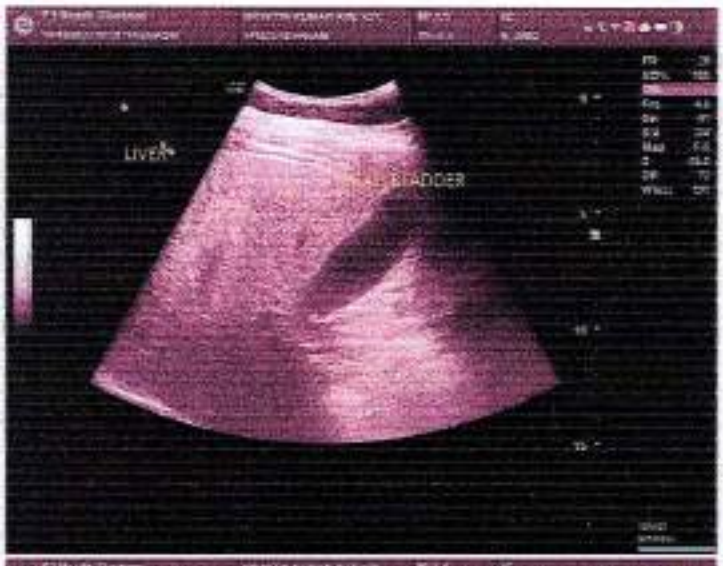
TRICUSPID VALVE					
PEAK VELOCITY		m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION			MILD		

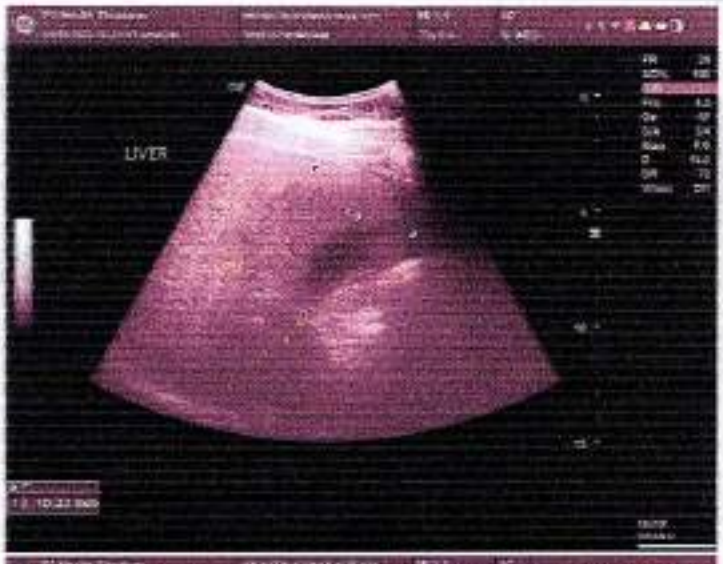
PULMONARY VALVE					
PEAK VELOCITY	0.75	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VALOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION			ABSENT		

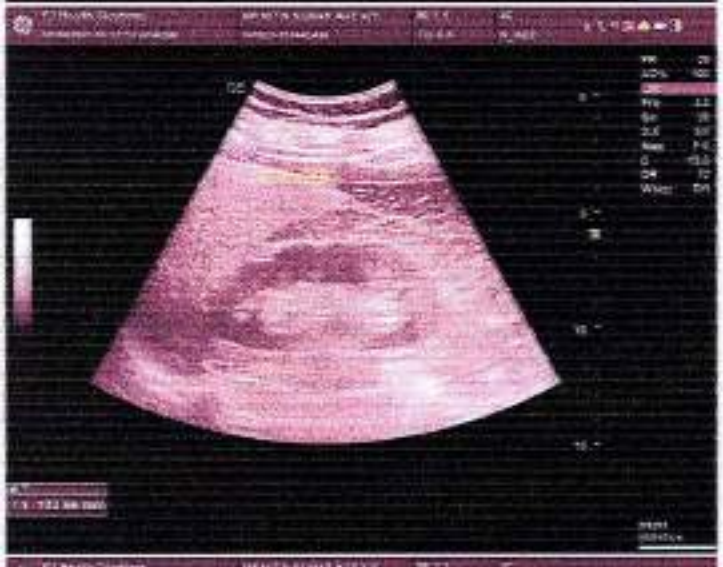
Impression—

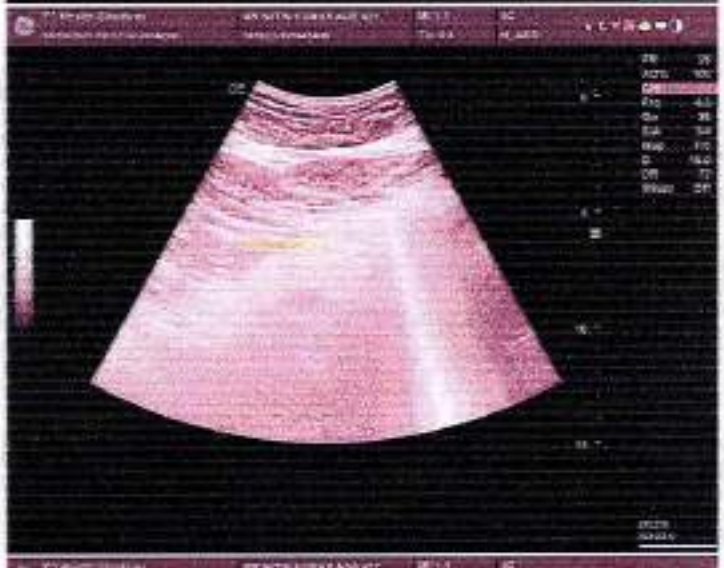
- NORMAL LV SIZE & CONTRACTILITY
- NO RWMA, LVEF 60%.
- NORMAL DIASTOLIC FUNCTION.
- MILD TR/PAH (RVSP 24 MMHG+RAP)
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

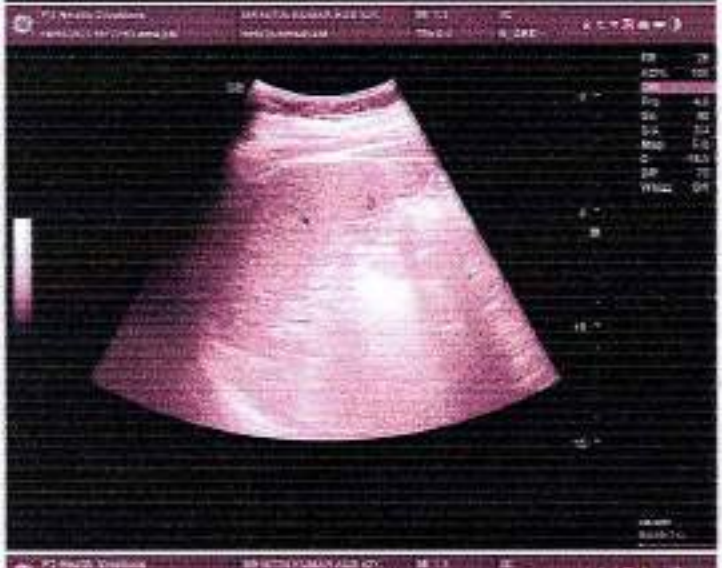
Dr. JYOTI AGARWAL
M.B.B.S, PGDCC (Cardiologist)
RMC No.- 27255
(Cardiologist)

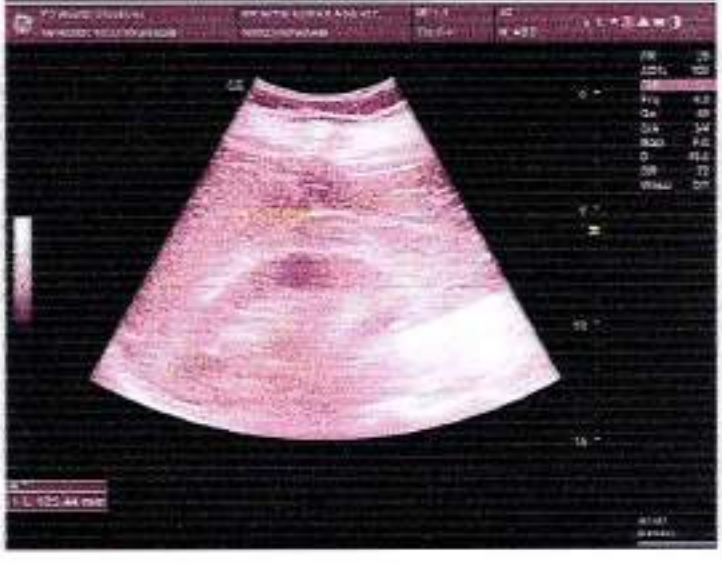

LIVER
BLADDER

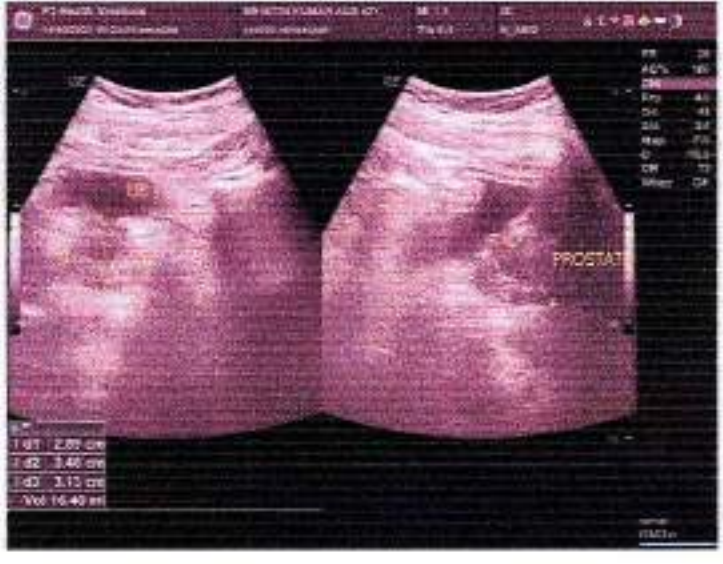

LIVER










PROSTATE

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MR. NITIN KUMAR KHINCHI	42 YEARS/Male
Registration Date- 14/10/2023	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (146 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. 103 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 volume- 16.5 ml 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 II hepatic steatosis.**
- **No free fluid or lymphadenopathy.**

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

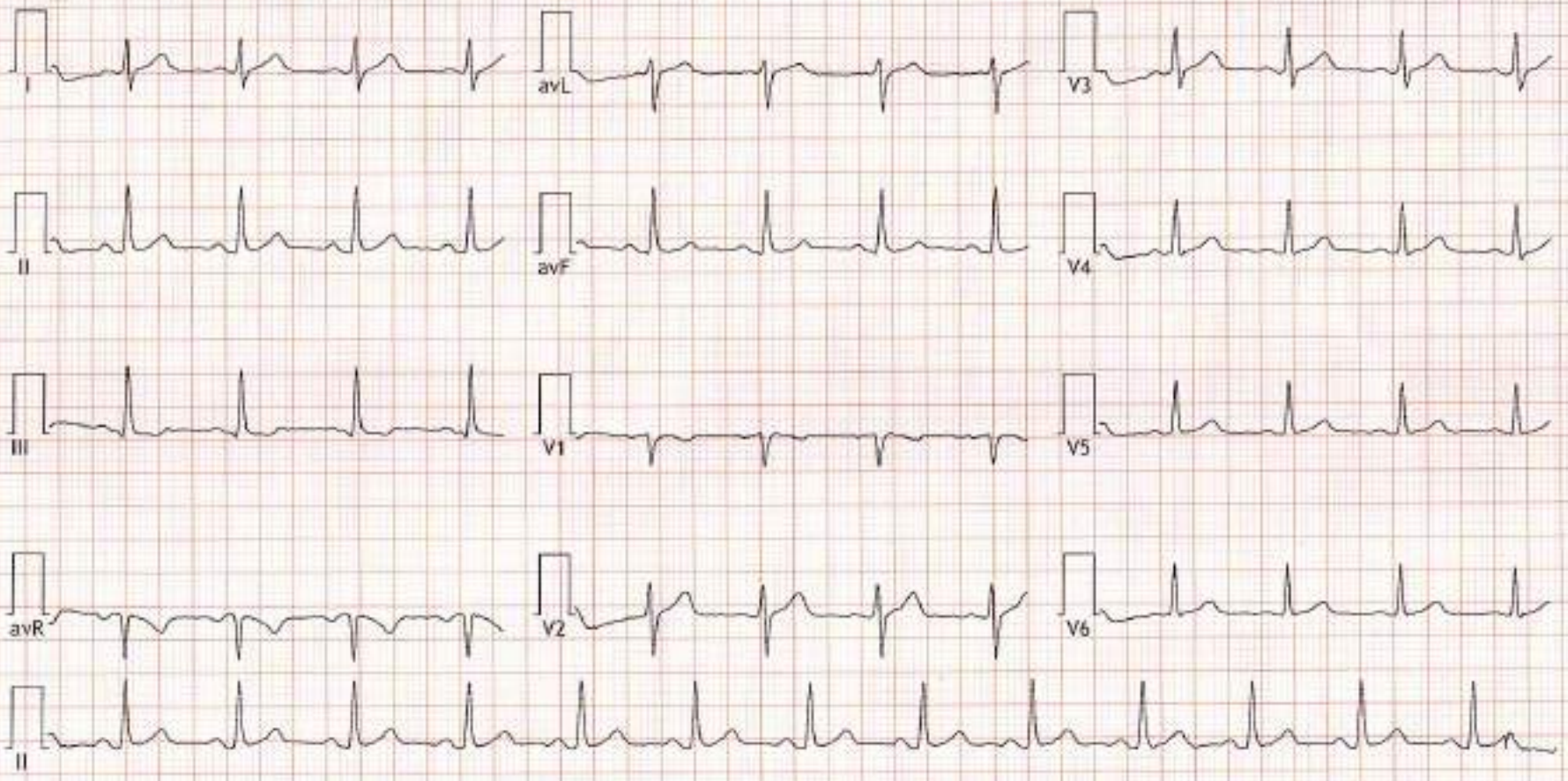
Dr. MUKESH SHARMA
M.B.B.S., M.D.(Radiodiagnosis)
RMC No. : 43418/17437
P3 Health Solutions LLP

Tems (P) Ltd
#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar , Jaipur
122233723/Mr Nitin Kumar Khinchi 42Yrs/Male Kgs/ Cms BP: ___/___ mmHg
Ref.: BANK OF BARDA Test Date: 14-Oct-2023(11:44:07) Notch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

HR: 80 bpm

PR Interval: 140 ms
QRS Duration: 124 ms
QT/QTc: 369/427ms
P-QRS-T Axis: 53 - 76 - 20 (Deg)

RMS



FINDINGS: Normal Sinus Rhythm
Vent Rate : 80 bpm; PR Interval : 140 ms; QRS Duration: 124 ms; QT/QTc Int : 369/427 ms
P-QRS-T axis: 53• 76• 20• (Deg)
Comments :

WNL

Dr. Naresh Mohinka
Reg. No. 35703
MBBS, DM CARDIO (ESCORTS)
D.M. (RCGP-UK)
DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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

12233717/MR NITIN KUMAR KHINCHI 42 Yrs/Male 0 Kg/0 Cms

Date: 14-Oct-2023 11:46:39 AM

Ref.By : BANK OF BARODA

Medication : Nil

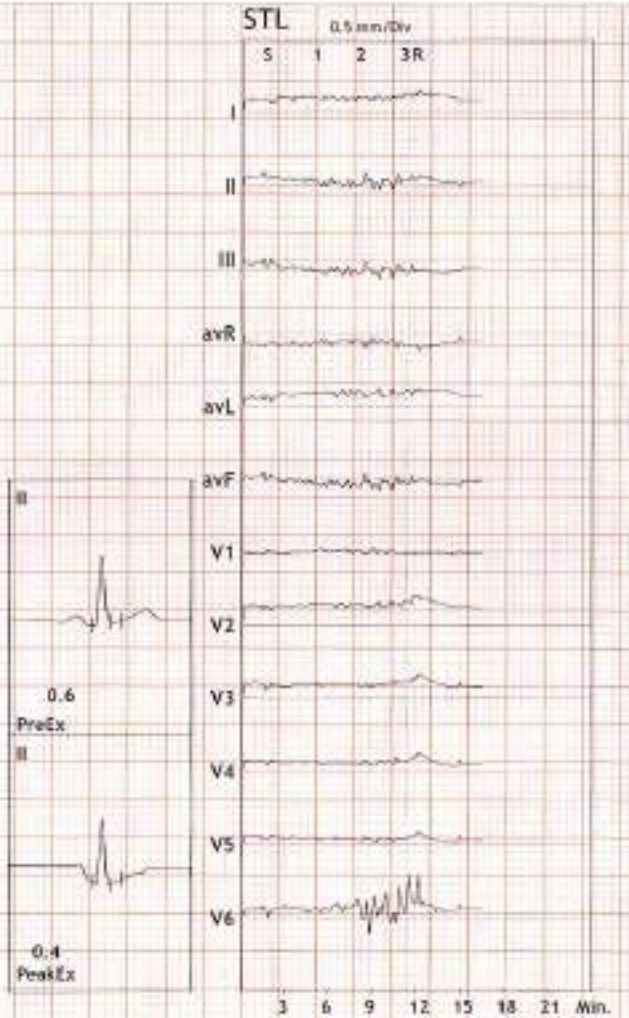
Objective :

Summary

Protocol : BRUCE

History : Nil

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	85	130/80	110	-	
Standing					1.0	85	130/80	110	-	
HV					1.0	105	130/80	136	-	
ExStart					1.0	97	130/80	126	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	115	140/80	161	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	131	150/85	196	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	152	160/85	243	-	
PeakEx	0:14	9:15	4.2	16.0	10.5	154	160/85	246	-	
Recovery	1:00		0.0	0.0	4.3	142	160/85	227	-	
Recovery	2:00		0.0	0.0	1.0	129	170/90	219	-	
Recovery	3:00		0.0	0.0	1.0	121	160/85	193	-	
Recovery	4:00		0.0	0.0	1.0	118	150/85	176	-	
Recovery	5:00		0.0	0.0	1.0	115	140/80	161	-	



Findings :

Exercise Time :09:14

Max HR Attained :154 bpm 87% of Max Predictable HR 178

Max BP : 170/90(mmHg)

Max WorkLoad attained :10.5(Good Effort Tolerance)

TMT is Negative for RMI

Advice/Comments:

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

DR. NARESH MOHINKA

P3 HEALTH SOLUTIONS LLP

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12 Lead + Median

12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

HR: 84 bpm
METS: 1.0
BP: 130/80

MPHR:47% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:50
BLC :On
Notch :On

Supine
10.0 mm/mV
25 mm/Sec.

4X 73 mS Post J

V5
0.5

I	II	III	avR	avL	avF
0.8	0.6	-0.2	-0.7	0.5	0.2
1.1	0.0	-1.1	-0.5	1.1	-0.6

V1	V2	V3	V4	V5	V6
0.0	1.3	1.0	0.8	0.5	0.6
0.0	2.0	1.5	0.9	0.5	0.7

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

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12 Lead + Median

12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

HR: 86 bpm
METS: 1.0
BP: 130/80

MPHR:48% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:57
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec

4X 73 mS Post J

V5
0.5

I	II	III	avR	avL	avF
0.8	0.6	-0.2	-0.7	0.5	0.2
1.1	0.0	-1.1	-0.5	1.1	-0.6

V1	V2	V3	V4	V5	V6
0.0	1.3	1.0	0.8	0.5	0.6
0.0	2.0	1.5	0.9	0.5	0.7

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

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12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

12 Lead + Median

HR: 104 bpm
METS: 1.0
BP: 130/80

MPHR: 58% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 02:03
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.

4X 73 mS Post J

V5
0.6

I	II	III	avR	avL	avF
0.6	0.6	0.0	-0.6	0.3	0.3
0.9	0.1	-0.8	-0.5	0.9	-0.4

V1	V2	V3	V4	V5	V6
-0.1	1.0	1.0	0.8	0.6	0.5
0.1	1.8	1.5	1.1	0.7	0.6

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

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12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

12 Lead + Median

HR: 97 bpm
METS: 1.0
BP: 130/80

MPHR:54% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 02:09
BLC :On
Notch :On

ExStart
10.0 mm/mV
25 mm/Sec.

4X 73 mS Post J

V5
0.5

I	II	III	avR	avL	avF
0.7 1.1	0.5 0.3	-0.3 -0.8	-0.6 -0.6	0.5 0.9	0.1 -0.3

V1	V2	V3	V4	V5	V6
0.0 0.0	1.1 1.6	0.9 1.2	0.7 0.7	0.5 0.3	0.7 0.6

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

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12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

HR: 115 bpm
METS: 4.7
BP: 140/80

MPHR:64% of 178
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

12 Lead + Median

RMS

4X 73 mS Post J

V5
0.3

I	II	III	avR	avL	avF
1.0 1.3	0.3 0.3	-0.8 -1.1	-0.7 -0.8	0.9 1.2	-0.2 -0.4

V1	V2	V3	V4	V5	V6
0.1 0.2	1.5 2.0	0.9 1.5	0.5 0.9	0.3 0.5	0.7 0.9

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

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12 Lead + Median

12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

HR: 131 bpm
METS: 7.1
BP: 150/85

MPHR: 73% of 178
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

I	II	III	avR	avL	avF
1.0	0.0	-0.9	-0.5	1.0	-0.4
1.7	0.5	-1.2	-1.1	1.5	-0.3

V1	V2	V3	V4	V5	V6
0.1	1.4	0.8	0.4	0.3	0.9
0.1	2.6	1.9	1.4	0.9	0.9

V5
0.3

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

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12 Lead + Median

12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

HR: 152 bpm
METS: 10.2
BP: 160/85

MPHR:85% of 178
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 08:59
BLC :On
Notch :On

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

4X 73 ms Post J

V5
0.3

I	II	III	avR	avL	avF
1.2 1.8	0.9 1.2	-0.8 -0.6	-0.9 -1.5	1.0 1.2	-0.1 0.3

V1	V2	V3	V4	V5	V6
-0.1 -0.1	1.6 2.4	1.1 2.1	0.6 1.6	0.3 1.1	0.4 1.8

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

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12 Lead + Median

12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

HR: 154 bpm
METS: 10.5
BP: 160/85

MPHR:86% of 178
Speed: 4.2 mph
Grade: 16.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:12
BLC :On
Notch :On

BRUCE:PeakEx(0:12)
10.0 mm/mV
25 mm/Sec.

4X 73 mS Post J

I	II	III	avR	avL	avF
1.3 2.2	0.4 1.5	-0.9 -0.7	-0.8 -1.8	1.1 1.4	-0.3 0.3

V1	V2	V3	V4	V5	V6
-0.1 -0.4	1.7 2.7	1.1 2.4	0.7 1.9	0.4 1.4	0.5 1.6

V5
0.4

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

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12 Lead + Median

12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

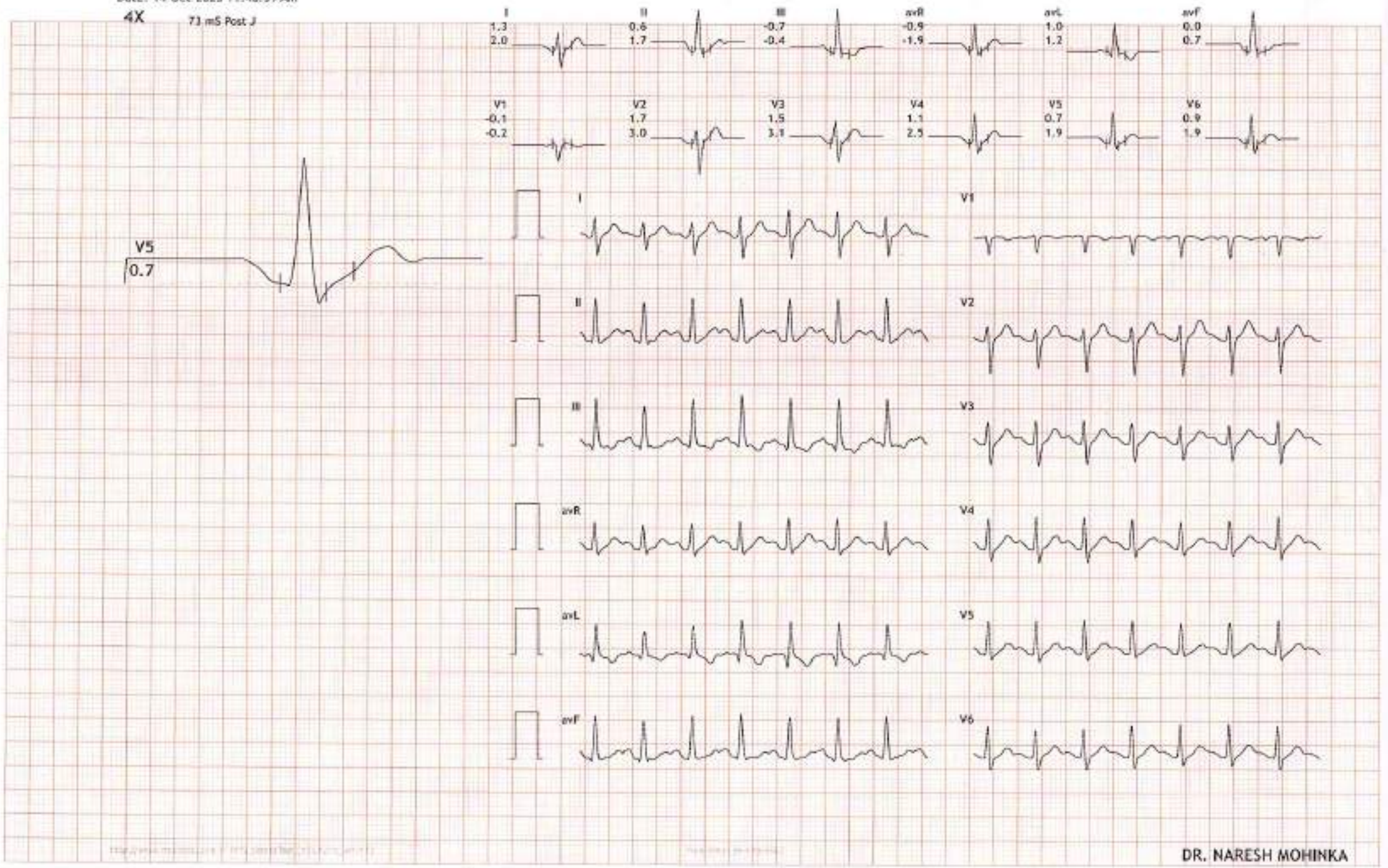
HR: 143 bpm
METS: 4.4
BP: 160/85

MPHR:80% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:14
BLC :On
Notch :On

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



DR. NARESH MOHINKA

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12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

12 Lead + Median

HR: 129 bpm
METS: 1.0
BP: 170/90

MPHR: 72% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
@0.05-100|Hz

Ex Time 09:14
BLC :On
Notch :On

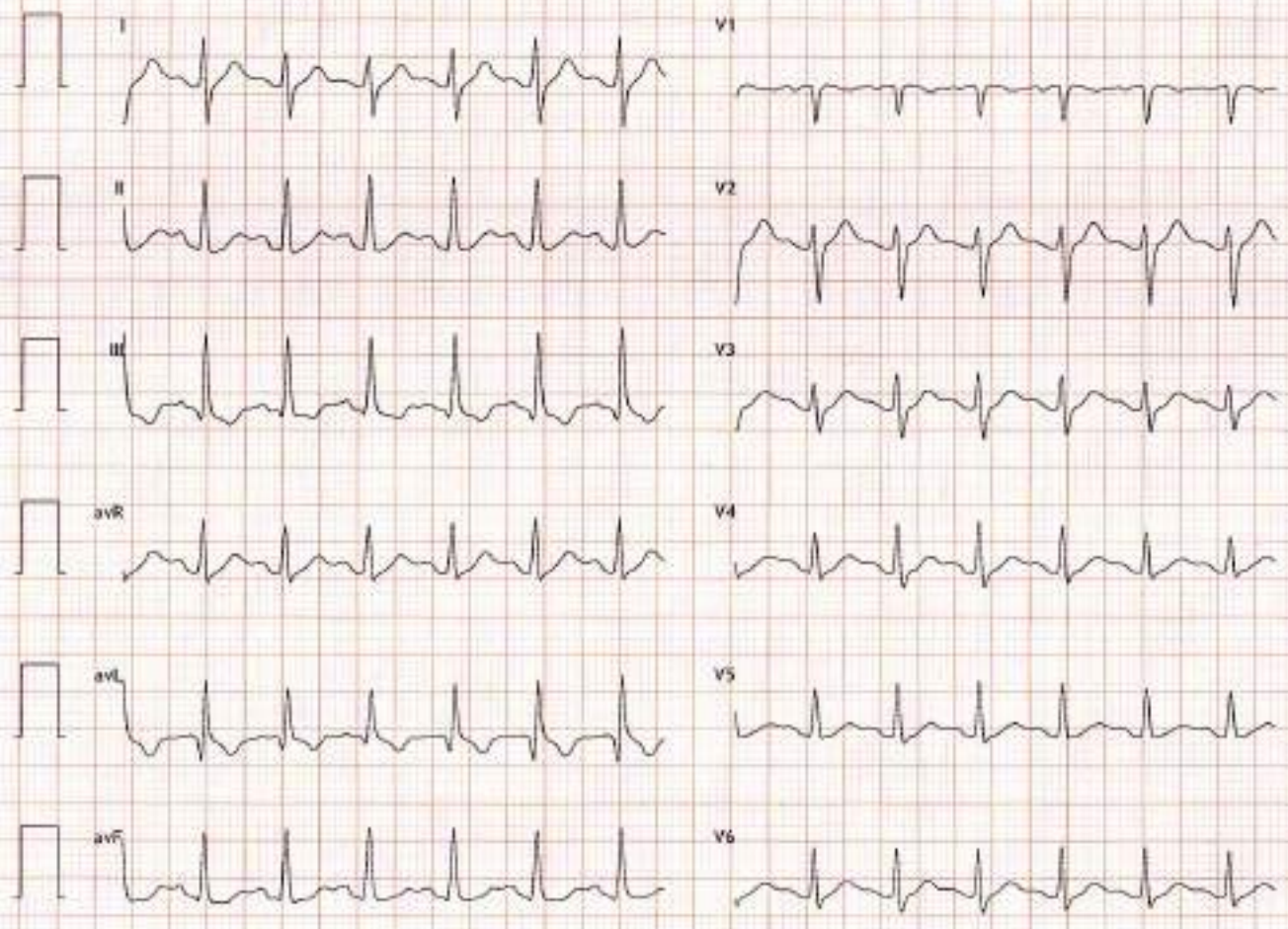
Recovery(2:00)
10.0 mm/mV
25 mm/Sec.

4X 23 mS Post J

V5
0.3

I	II	III	avR	avL	avF
1.2	0.4	-0.8	-0.8	1.0	-0.2
2.2	1.2	-1.0	-1.7	1.6	0.1

V1	V2	V3	V4	V5	V6
0.0	1.5	1.1	0.7	0.3	0.4
-0.1	2.9	2.4	1.8	1.2	1.3



DR. NARESH MOHINKA

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12 Lead + Median

12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

HR: 121 bpm
METS: 1.0
BP: 160/85

MPHR:67% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:14
BLC :On
Notch :On

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

4X 73 ms Post J

I	II	III	avR	avL	avF
1.1	0.2	-0.9	-0.7	1.0	-0.3
2.1	0.5	-1.8	-1.3	1.9	-0.6

V1	V2	V3	V4	V5	V6
-0.2	1.2	0.7	0.4	0.1	0.5
-0.2	2.5	1.7	1.2	0.6	1.2

V5
0.1

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

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P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

HR: 118 bpm
METS: 1.0
BP: 150/85

MPHR:66% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:14
BLC :On
Notch :On

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

4X 73 mS Post J

V5
0.3

I	II	III	avR	avL	avF
0.9	0.3	-0.5	-0.6	0.7	-0.1
1.7	0.2	-1.7	-1.0	1.6	-0.8

V1	V2	V3	V4	V5	V6
-0.1	1.2	0.8	0.5	0.3	0.7
-0.1	2.7	1.9	1.3	0.7	1.4

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

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

12 Lead + Median

12233717/MR NITIN KUMAR KHINCHI
42 Yrs/Male
0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

HR: 115 bpm
METS: 1.0
BP: 140/80

MPHR:64% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:14
BLC :On
Notch :On

Recovery(5:00)
10.0 mm/mV
25 mm/Sec

RMS

I	II	III	avR	avL	avF
0.8 1.6	0.3 0.0	-0.5 -1.8	-0.5 -0.8	0.7 1.6	-0.1 -0.9

V1	V2	V3	V4	V5	V6
-0.1 0.0	1.1 2.6	0.7 1.8	0.5 1.2	0.2 0.6	0.6 1.3

4X 73 mS Post J

V5
0.2

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

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B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
12233717/MR NITIN KUMAR KHINCHI 42 Yrs/Male 0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

Average

RMS

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
Supine (1) 0:00 0.0 mph (2) 0:00 0.0 % 85 bpm 130/80	0.8 1.1	0.6 0.0	-0.2 -1.1	-0.7 -0.5	0.5 1.1	0.2 -0.6	0.0 0.0	1.3 2.0	1.0 1.5	0.8 0.9	0.5 0.5	0.6 0.7
Standing (1) 0:00 0.0 mph (2) 0:00 0.0 % 85 bpm 130/80	0.8 1.1	0.6 0.0	-0.2 -1.1	-0.7 -0.5	0.5 1.1	0.2 -0.6	0.0 0.0	1.3 2.0	1.0 1.5	0.8 0.9	0.5 0.5	0.6 0.7
HV (1) 0:00 0.0 mph (2) 0:00 0.0 % 105 bpm 130/80	0.6 0.9	0.6 0.1	0.0 -0.8	-0.6 -0.5	0.3 0.9	0.3 -0.4	-0.1 0.1	1.0 1.8	1.0 1.5	0.8 1.1	0.6 0.7	0.5 0.6
ExStart (1) 0:00 0.0 mph (2) 0:00 0.0 % 97 bpm 130/80	0.7 1.1	0.5 0.3	-0.3 -0.8	-0.6 -0.6	0.5 0.9	0.1 -0.3	0.0 0.0	1.1 1.6	0.9 1.2	0.7 0.7	0.5 0.3	0.7 0.6
Stage 1 (1) 3:01 1.7 mph (2) 3:01 10.0 % 115 bpm 140/80	1.0 1.3	0.3 0.3	-0.8 -1.1	-0.7 -0.8	0.9 1.2	-0.2 -0.4	0.1 0.2	1.5 2.0	0.9 1.5	0.5 0.9	0.3 0.5	0.7 0.9
Stage 2 (1) 6:01 2.5 mph (2) 3:01 12.0 % 131 bpm 150/85	1.0 1.7	0.0 0.5	-0.9 -1.2	-0.5 -1.1	1.0 1.5	-0.4 -0.3	0.1 0.1	1.4 2.6	0.8 1.9	0.4 1.4	0.3 0.9	0.9 0.9

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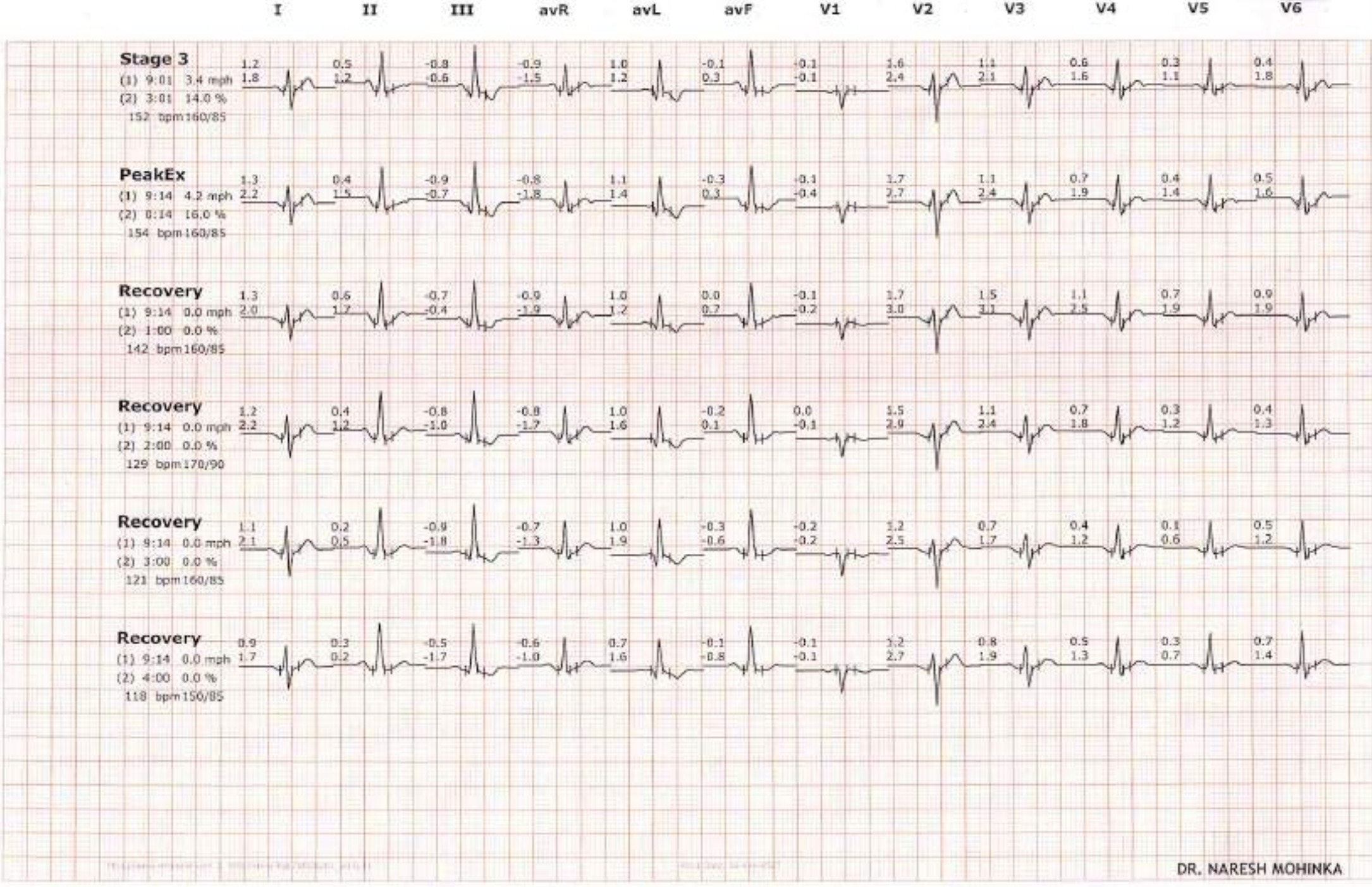
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
12233717/MR NITIN KUMAR KHINCHI 42 Yrs/Male 0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

Average

RMS



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12233717/MR NITIN KUMAR KHINCHI 42 Yrs/Male 0 Kg/0 Cms
Date: 14-Oct-2023 11:46:39 AM

Average

RMS

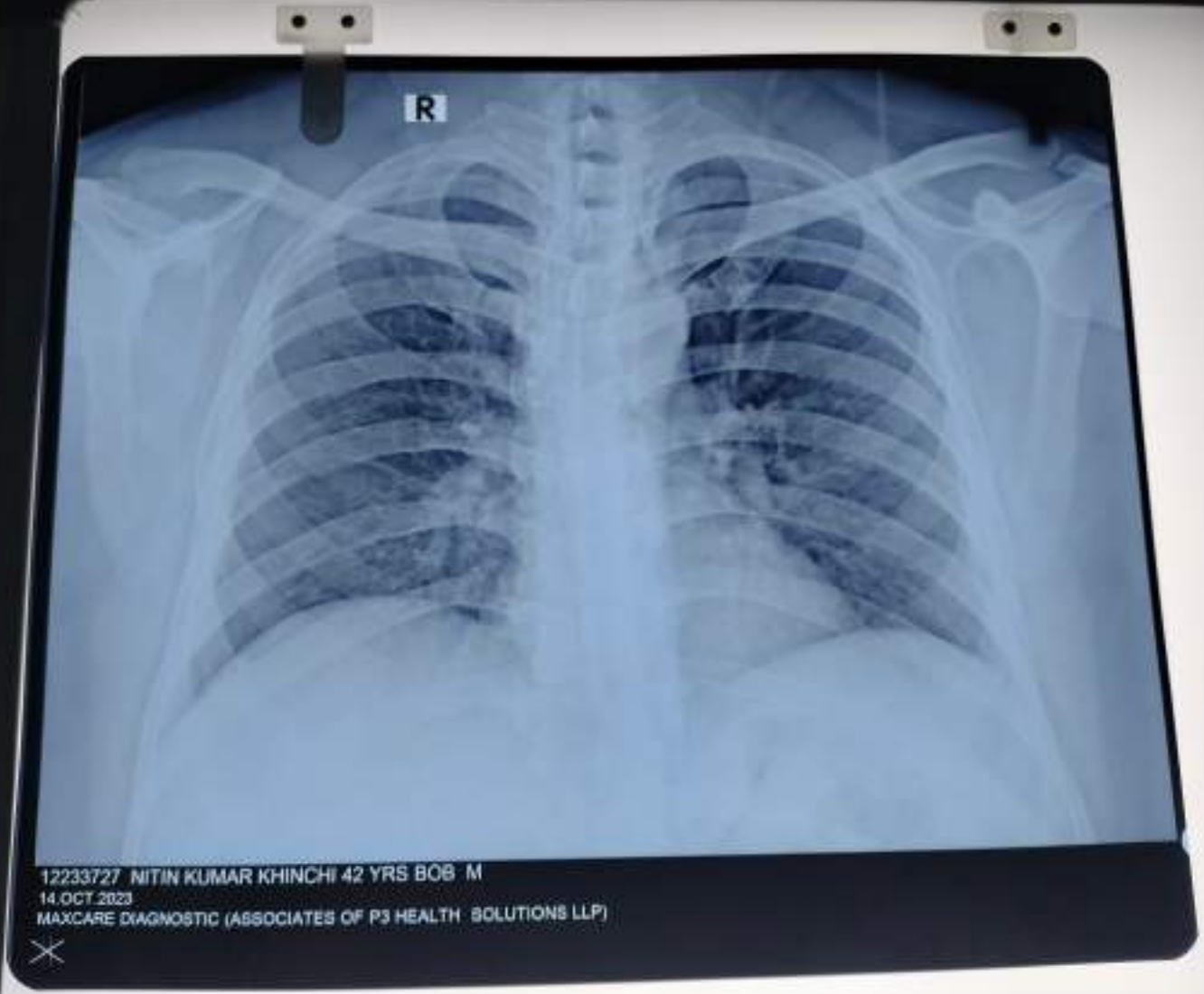
I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
0.8	0.3	-0.5	-0.5	0.7	-0.1	-0.1	1.1	0.7	0.5	0.2	0.6
1.6	0.0	-1.8	-0.8	1.6	0.9	0.0	2.6	1.8	1.2	0.6	1.3

Recovery
(1) 9:14 0.0 mph
(2) 5:00 0.0 %
115 bpm 140/80

DR. NARESH MOHINKA


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 26.964524°
Long 75.782472°
14/10/23 11:03 AM GMT +05:30
Google


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 26.964517°
Long 75.782491°
14/10/23 11:04 AM GMT +05:30
Google


R
12233727 NITIN KUMAR KHINCHI 42 YRS BOB M
14.OCT 2023
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)