


 भारत सरकार
 Government of India



आवेद नसरीन
 Aved Nasreen
 जन्म तिथि / DOB : 26/06/1985
 महिला / Female



3777 4973 0260

आधार - आम आदमी का अधिकार


 भारतीय विशिष्ट पहचान प्राधिकरण
 Unique Identification Authority of India

पता:
 W/O: अजहर हुसैन, क्यामसर,
 जंजुनू, धनूरी, राजस्थान, 333011

Address:
 W/O: Azhar Hussain, Kyamsar,
 Jhunjhunun, Dhanuri, Rajasthan,
 333011

3777 4973 0260

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in


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

Aved Nasreen



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



General Physical Examination

Date of Examination: 16/08/2022

Name: AVED NASREEN Age: 37 DOB: 26/06/1985 Sex: Female

Referred By: BANK OF BARODA

Photo ID: ADHAR ID #: 0260

Ht: 154 (cm)

Wt: 65 (Kg)

Chest (Expiration): 89 (cm)

Abdomen Circumference: 90 (cm)

Blood Pressure: 125/82 mm Hg PR: 74 / min RR: 18 / min Temp: Afebrile

BMI 27.4

Eye Examination: R/E - 6/6, NCB, N/G

L/E - 6/6, NCB, N/G

Other: NO

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

Signature Of Examinee: Aved Nasreen Name of Examinee: AVED NASREEN

Signature Medical Examiner: [Signature] Name Medical Examiner: Dr U. C. Gupta

Dr. U. C. GUPTA
MBBS, MD (Physician)
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P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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NAME :- Mrs. AVED NASREEN

Patient ID :-12221704

Date :- 16/08/2022

10:09:34

Age :- 37 Yrs 1 Mon 20 Days

Ref. By Doctor:-BANK OF BARODA

Sex :- Female

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 16/08/2022 18:00:16

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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FULL BODY HEALTH CHECKUP BELOW 40 FEMAL

HAEMOGARAM

HAEMOGLOBIN (Hb)

11.9 L

g/dl.

12.0 - 15.0

TOTAL LEUCOCYTE COUNT

5.40

/cumm

4.00 - 10.00

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHIL

64.0

%

40.0 - 80.0

LYMPHOCYTE

29.0

%

20.0 - 40.0

EOSINOPHIL

3.0

%

1.0 - 6.0

MONOCYTE

4.0

%

2.0 - 10.0

BASOPHIL

0.0

%

0.0 - 2.0

TOTAL RED BLOOD CELL COUNT (RBC)

4.37

$\times 10^6/\mu\text{L}$

3.80 - 4.80

HEMATOCRIT (HCT)

38.00

%

36.00 - 46.00

MEAN CORP VOLUME (MCV)

87.0

fL

83.0 - 101.0

MEAN CORP HB (MCH)

27.1

pg

27.0 - 32.0

MEAN CORP HB CONC (MCHC)

31.2 L

g/dl.

31.5 - 34.5

PLATELET COUNT

130 L

$\times 10^3/\mu\text{L}$

150 - 410

RDW-CV

14.6 H

%

11.6 - 14.0

MENTZER INDEX

19.91 H

0.00 - 13.00

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 -

*Hematoerit (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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Technologist

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DR.TANU RUNGTA

MD (Pathology)

RMC No. 17226



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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)

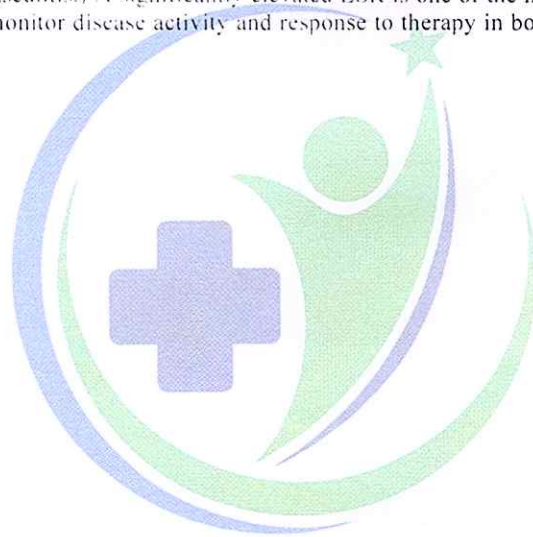
15

mm in 1st hr

00 - 20

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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Company :- Mr.MEDIWHEEL

(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	80.4	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.

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO
Method:- Haemagglutination reaction

"O" POSITIVE



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BIOCHEMISTRY

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

FULL BODY HEALTH CHECKUP BELOW 40 FEMAL

BLOOD SUGAR PP (Plasma)
Method - GOD PAP

97.4

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

*** End of Report ***



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BIOCHEMISTRY

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

LIPID PROFILE

TOTAL CHOLESTEROL 215.00 mg/dl
Desirable <200
Borderline 200-239
High > 240
Method - CHOD-PAP methodology

InstrumentName MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders

TRIGLYCERIDES 85.00 mg/dl
Normal <150
Borderline high 150-199
High 200-499
Very high >500
Method - GPO-TOPS methodology

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 57.00 mg/dl
Male 35-80
Female 42-88
Method - Selective inhibition Method

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 143.83 mg/dl
Optimal <100
Near Optimal/above optimal 100-129
Borderline High 130-159
High 160-189
Very High > 190
Method - Calculated Method

VLDL CHOLESTEROL 17.00 mg/dl
0.00 - 80.00
Method - Calculated

T.CHOLESTEROL/HDL CHOLESTEROL RATIO 3.77
0.00 - 4.90
Method - Calculated

LDL - HDL CHOLESTEROL RATIO 2.52
0.00 - 3.50
Method - Calculated

TOTAL LIPID 590.49 mg/dl
400.00 - 1000.00
Method - CALCULATED

1 Measurements in the same patient can show physiological & analytical variations. Three serial samples 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 from peripheral tissues.

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

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Tanu Rungta

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BIOCHEMISTRY

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



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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method - DMSO/Diazo	0.78	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method - DMSO/Diazo	0.30	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method - Calculated	0.48	mg/dl	0.30-0.70
SGOT Method - IFCC	24.0	U/L	Men- Up to - 37.0 Female - Up to - 31.0
SGPT Method - IFCC	28.6	U/L	Men- Up to - 40.0 Female- Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method - DGKC - SCE	74.50	U/L	64.00 - 306.00

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

SERUM GAMMA GT Method - Szasz methodology Instrument Name Random Rx Imola Interpretation Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and	21.40	U/L	5.00 - 32.00
--	-------	-----	--------------

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 Method - Direct Biuret Reagent	6.45	g/dl	5.10 - 8.00
SERUM ALBUMIN Method - Bromocresol Green	3.74	g/dl	2.80 - 4.50
SERUM GLOBULIN Method - CALCULATION	2.71	gm/dl	2.20 - 3.50
A/G RATIO	1.38		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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Tanu

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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA 24.50 mg/dl 10.00 - 50.00
Method - Urease/GLDH

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

SERUM CREATININE 0.95 mg/dl Males : 0.6-1.50 mg/dl
Females : 0.6 -1.40 mg/dl
Method - Jaffe's Method

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 2.90 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 137.0 mmol/L 135.0 - 148.0
Method - ISF

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 4.12 mmol/L 3.50 - 5.10
Method - Ion-Selective Electrode with Serum

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

CHLORIDE 101.0 mmol/L 98.0 - 107.0
Method - Ion-Selective Electrode with Serum

Interpretation: Used for Electrolyte monitoring.

SERUM CALCIUM 8.95 mg/dL 8.80 - 10.20
Method - Arsenazo III Method

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

SERUM TOTAL PROTEIN 6.84 g/dl 5.10 - 8.00
MGR Method - Direct Biuret Reagent

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BIOCHEMISTRY

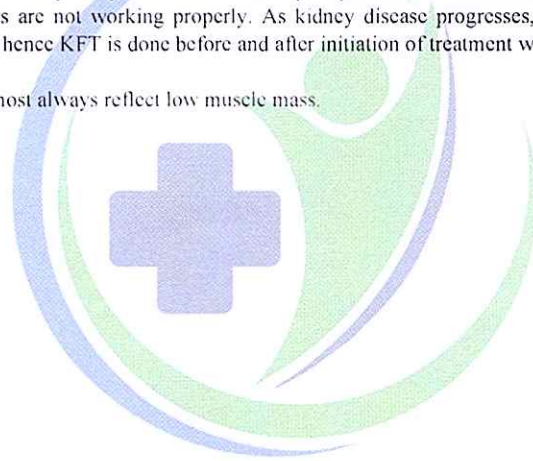
SERUM ALBUMIN Method - Bromocresol Green	3.74	g/dl	2.80 - 4.50
SERUM GLOBULIN Method - CALCULATION	2.71	gm/dl	2.20 - 3.50
A/G RATIO	1.38		1.30 - 2.50

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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TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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THYROID-TRIiodOTHYRONINE T3 1.05 ng/m 0.60 - 1.81 ng/ml

Method - 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 addition, 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,TSII levels are significantly elevated,while in secondary and tertiary hypothyroidism,TSII 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) 8.35 ug/dl 4.50 - 10.90 ug/dl

Method - Chemiluminescence

InstrumentName VITROS EC1 **Interpretation** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99 % 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 1.020 µIU/ml. 0-3 days 1.0-20.0
3 days-30 days 0.5-6.5
1month -18 years 0.5-6.0

Method - Chemiluminescence

Clinical Information

The levels of thyroid hormone (T3 & T4) are low in case of Primary, Secondary and Tertiary hypothyroidism and sometimes 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 variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM.

The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.

InstrumentName VITROS EC1 **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

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NAME :- Mrs. AVED NASREEN	Patient ID :-12221704	Date :- 16/08/2022	10:09:34
Age - 37 Yrs 1 Mon 20 Days	Ref. By Doctor:-BANK OF BARODA		
Sex - Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 16/08/2022 18:00:16

IMMUNOASSAY

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 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 EC1 **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 EC1 **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 that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal 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 ***

MGR

Technologist
Page No: 13 of 13

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)



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 +91 141 4824885 maxcarediagnostics1@gmail.com



NAME :- Mrs. AVED NASREEN	Patient ID :-12221704	Date :- 16/08/2022	10:09:34
Age - 37 Yrs 1 Mon 20 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 16/08/2022 18:23:14

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 FEMAL			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil



MGR

Technologist
 Page No. 1 of 1

Tanu

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

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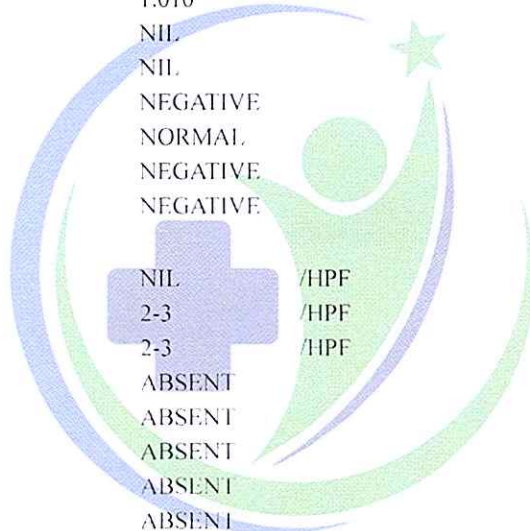


NAME :- Mrs. AVED NASREEN	Patient ID :-12221704	Date :- 16/08/2022	10:09:34
Age - 37 Yrs 1 Mon 20 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 16/08/2022 18:00:16

CLINICAL PATHOLOGY

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



MGR

Technologist
Page No 10 of 13

Tanu

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



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(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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NAME:	MRS. AVED NASREEN	AGE	37 YRS/F
REF.BY	BANK OF BARODA	DATE	16/08/2022

CHEST X RAY (PA VIEW)

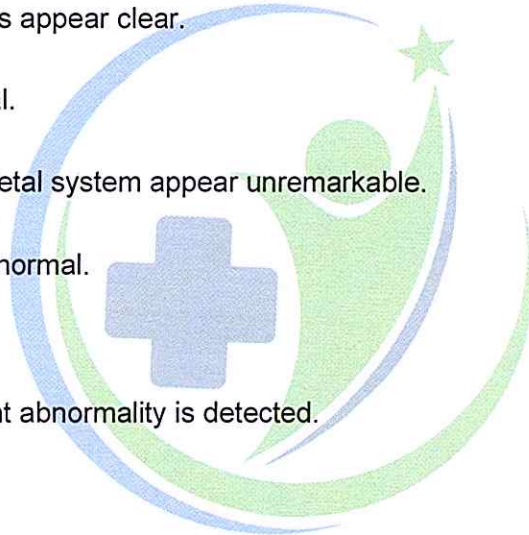
Bilateral lung fields appear clear.

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



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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
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MRS. AVED NASREEN	Age: 37 Y/Female
Registration Date: 16/08/2022	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (13.2 cm). 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 (9.9 cm). Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Right kidney is measuring approx. 10.1 x 4.9 cm.

Left kidney is measuring approx. 11.0 x 5.1 cm.

Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size (measuring approx. 7.7 x 3.8 x 3.2 cm).

Myometrium shows normal echo -pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 9.6 mm.

Both ovaries are visualized and are normal. No adnexal mass is seen.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.

No significant free fluid is seen in pouch of Douglas.

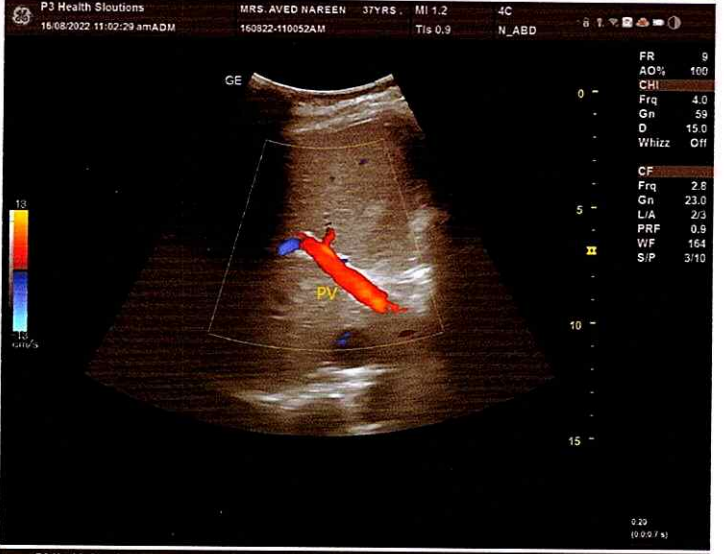
IMPRESSION:

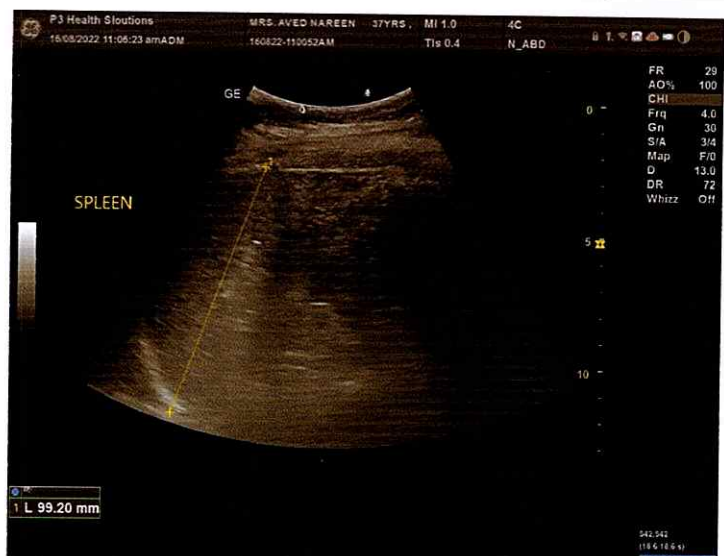
- Normal Study.

DR. SHALINI GOEL

M.B.B.S, D.N.B (Radiodiagnosis)

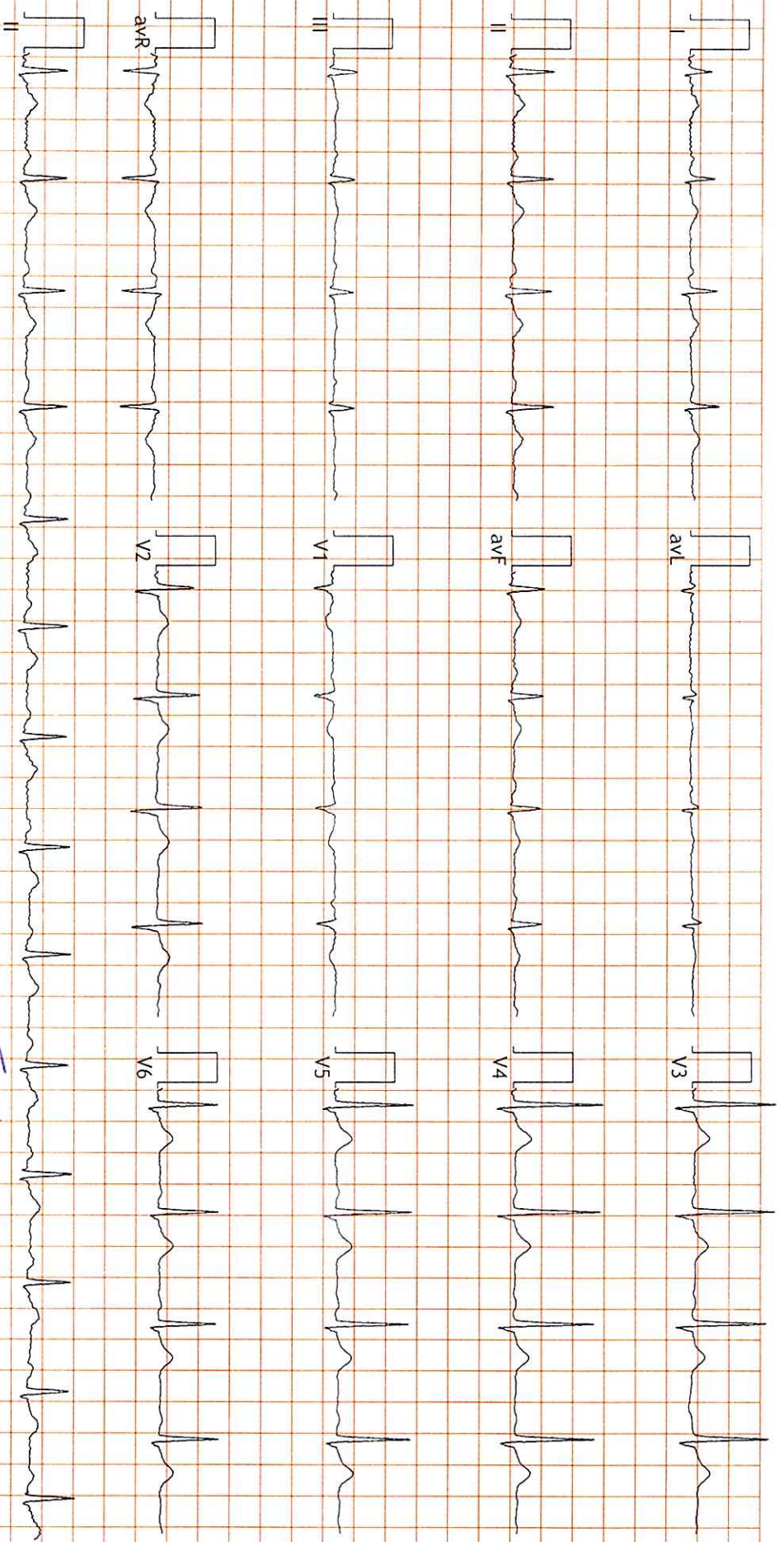
RMC no.: 21954







PR Interval: 162 ms
QRS Duration: 112 ms
QT/QTc: 359/417ms
P-QRS-T Axis: 53 - 51 - 44 (Deg)



TWNL

FINDINGS: Normal Sinus Rhythm
Vent Rate : 81 bpm; PR Interval : 162 ms; QRS Duration : 112 ms; QT/QTc Int : 359/417 ms
P-QRS-T axis: 53 • 51 • 44 • (Deg)
Comments :

Aved
Nasreen

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

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

12221710/MRS AVED NASREEN

37 Yrs / Female 0 Kg/0 Cms

Date: 16-Aug-2022 12:24:56 PM

Ref. By : MED/ WHEEL

Protocol : BRUCE
History :

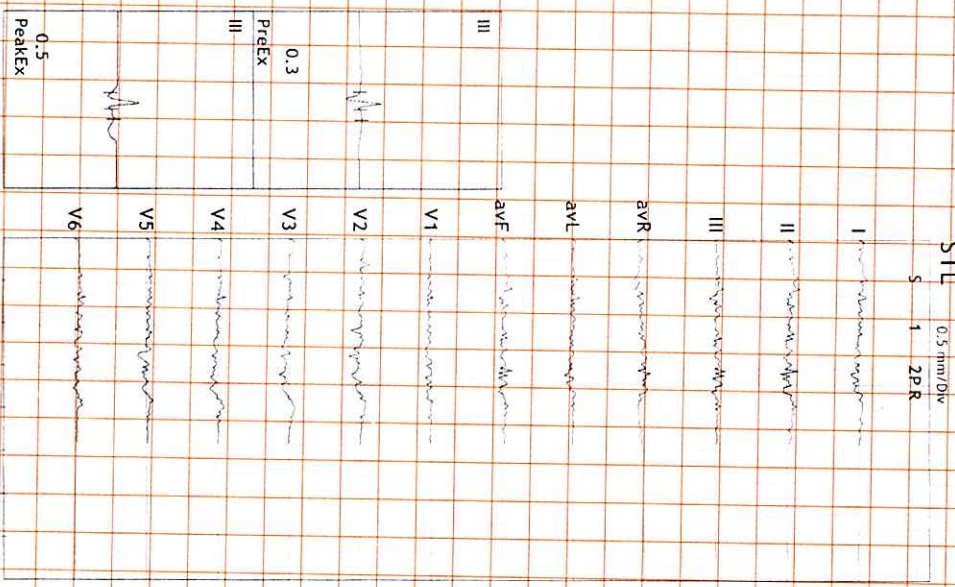
Medication :
Objective :

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	76	120/80	91	-	
Standing					1.0	76	120/80	91	-	
HV					1.0	87	120/80	104	-	
ExStart					1.0	92	120/80	110	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	124	125/85	155	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	145	130/90	188	-	
PeakEx	1:11	7:12	3.4	14.0	8.3	162	140/90	226	-	
Recovery	1:00		1.1	0.0	1.2	131	150/100	196	-	
Recovery	2:00		0.0	0.0	1.0	101	140/90	141	-	
Recovery	3:00		0.0	0.0	1.0	89	130/85	115	-	
Recovery	4:00		0.0	0.0	1.0	93	120/80	111	-	

Findings :

Exercise Time : 07:11
 Max HR Attained : 162 bpm 89% of Max Predictable HR 183
 Max BP : 150/100(mmHg)
 Max Workload attained : 8.3 (Fair Effort Tolerance)

AVed *Nasreen*



TMT is Negative

Advice/Comments:

Dr. Naresh Kumar Mehanka
 RMC No.: 35703
 MBBS, DIP. CARDIO (ESCORTS)
 D.E.M.I. (NCCP-CIN)



B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur
12221710/MRS AVED NASREEN
37 Yrs/Female
0 Kg/0 Cms
Date: 16-Aug-2022 12:24:56 PM
4X 80 ms Post T

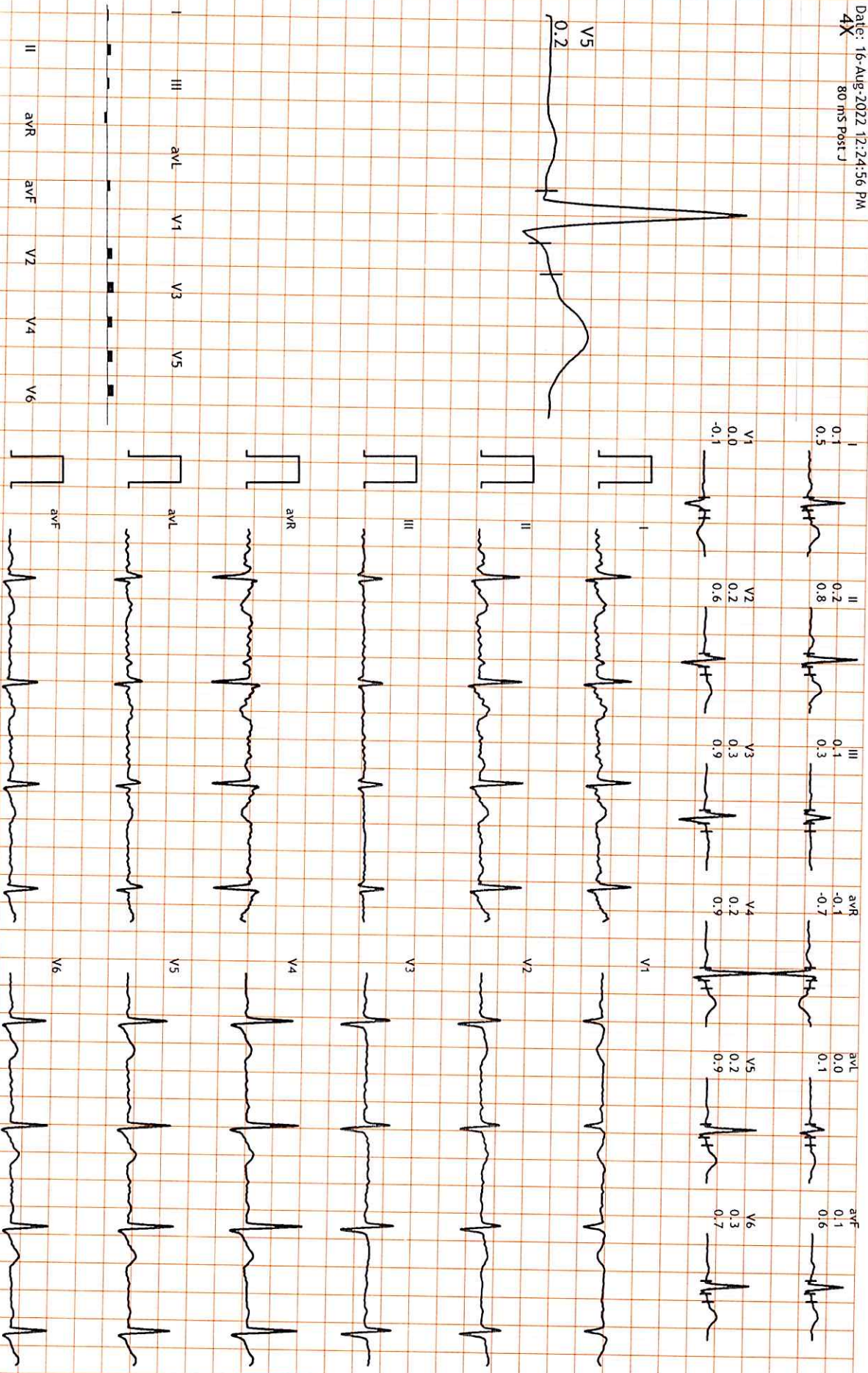
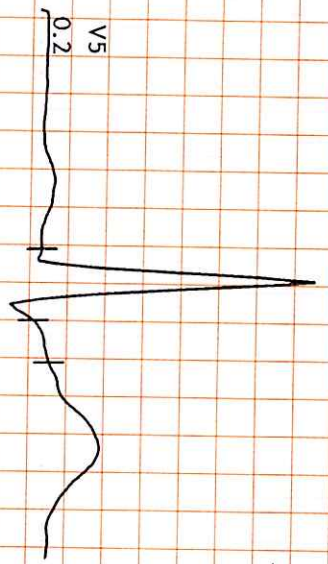
HR: 76 bpm
METS: 1.0
BP: 120/80

AMPR: 41% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time: 00:41
BLC: On
Notch: On

Supine
10.0 mm/mV
25 mm/Sec.



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

12221710/MRS AVED NASREEN

37 Yrs/Female

0 Kg/0 Cms

Date: 16-Aug-2022 12:24:56 PM
4X 80 ms Post J

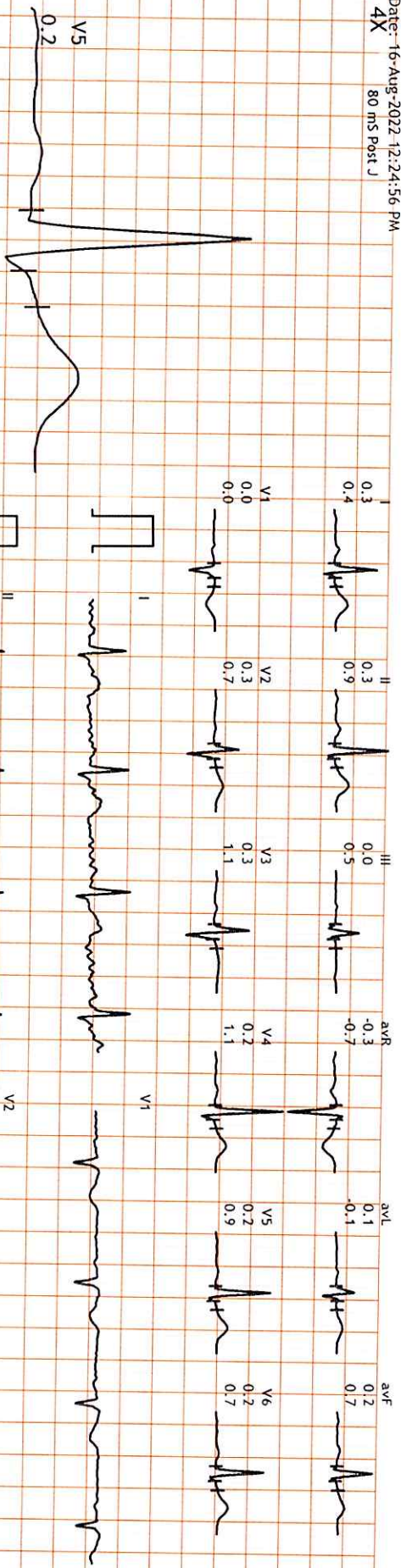
HR: 76 bpm
METs: 1.0
BP: 120/80

MPHR: 41% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 00:52
BLC : On
Notch : On

Standing
10.0 mm/mV
25 mm/Sec.



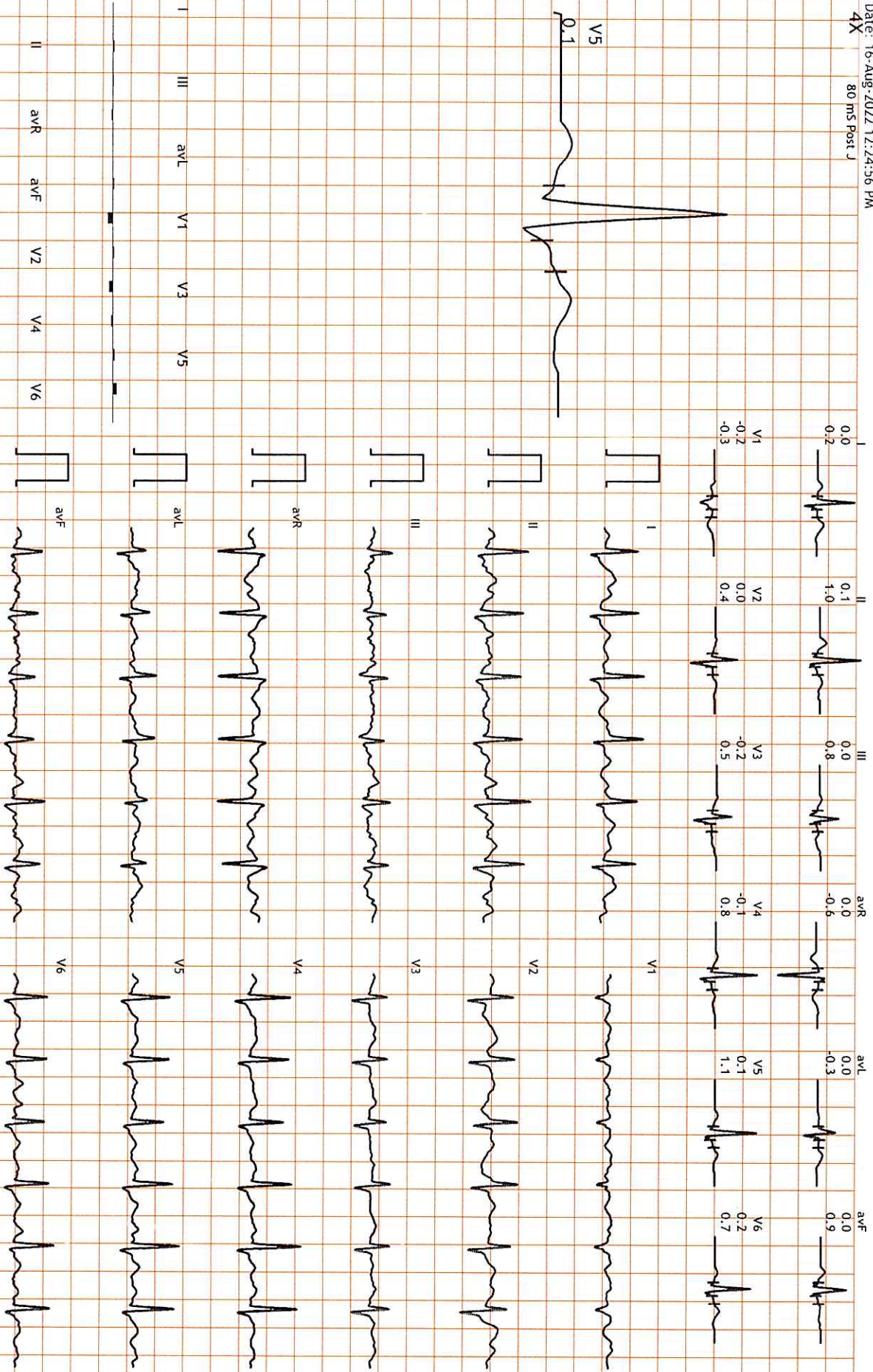
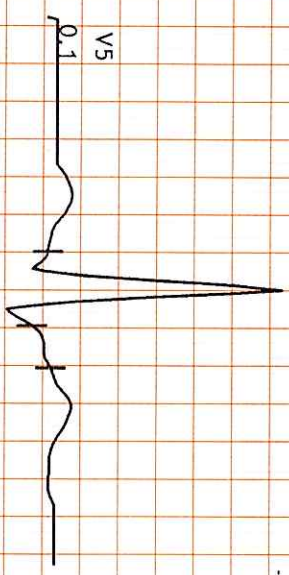
HR: 125 bpm
METTS: 4.7
BP: 125/85

APHR: 68% of 183
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 02:59
BLC :On
Notch : On

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



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

12221710/MRS AVED NASREEN
37 Yrs/Female

Date: 16-Aug-2022 12:24:56 PM
4X 80 ms Post J

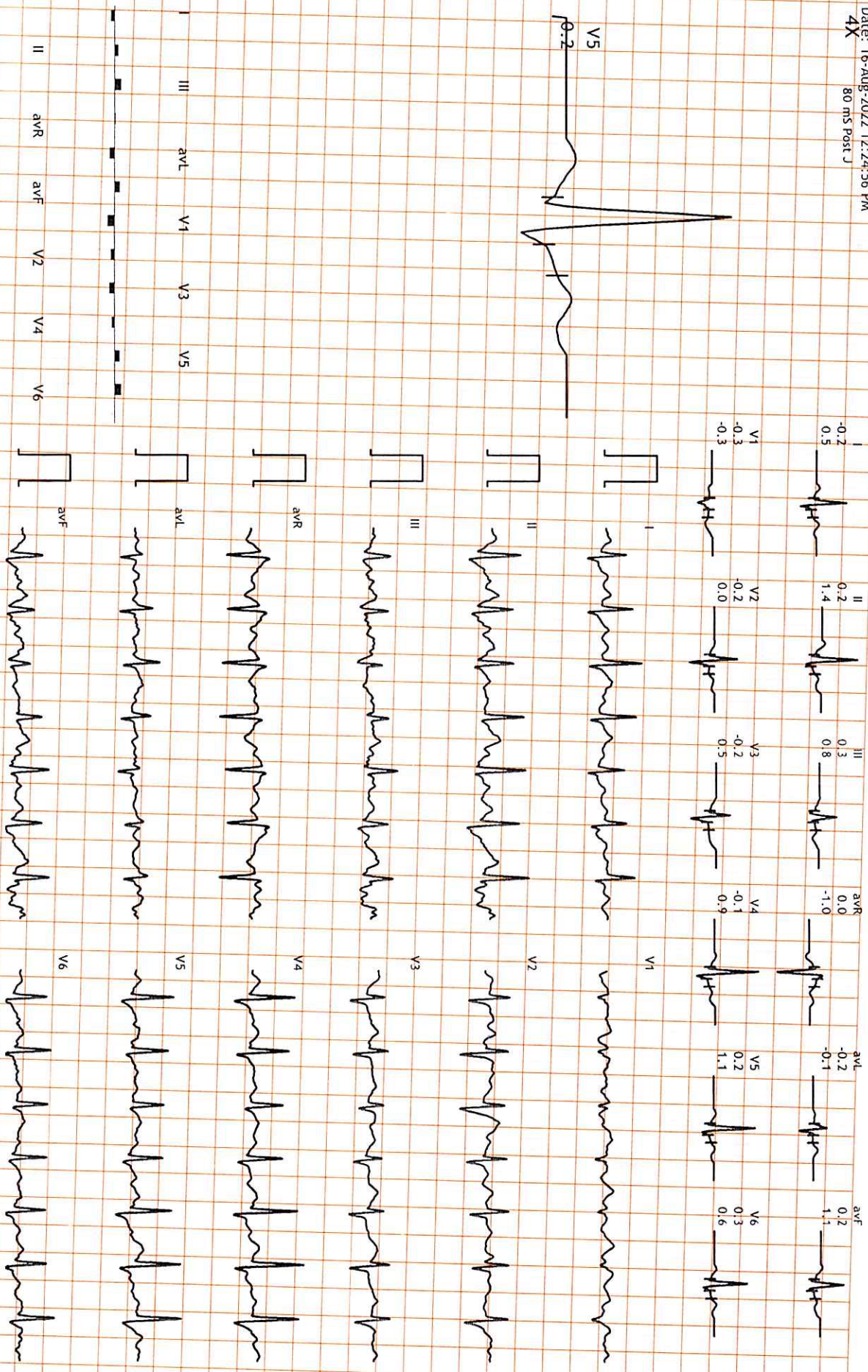
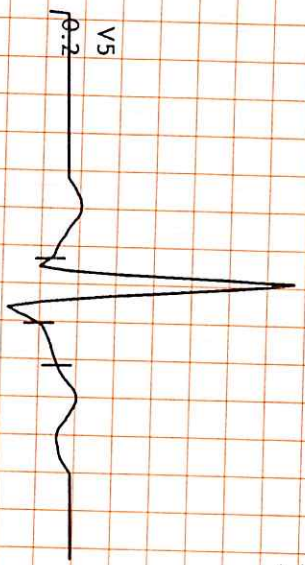
HR: 145 bpm
METs: 7.1
BP: 130/90

MPHR: 79% of 183
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
11.0-35Hz

Ex Time 05:59
BLC :On
Notch :On

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



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

12221710/MR5 AVED NASREEN

37 Yrs/Female

0 Kg/0 Cms

Date: 16-Aug-2022 12:24:56 PM
4X 80 ms Post J

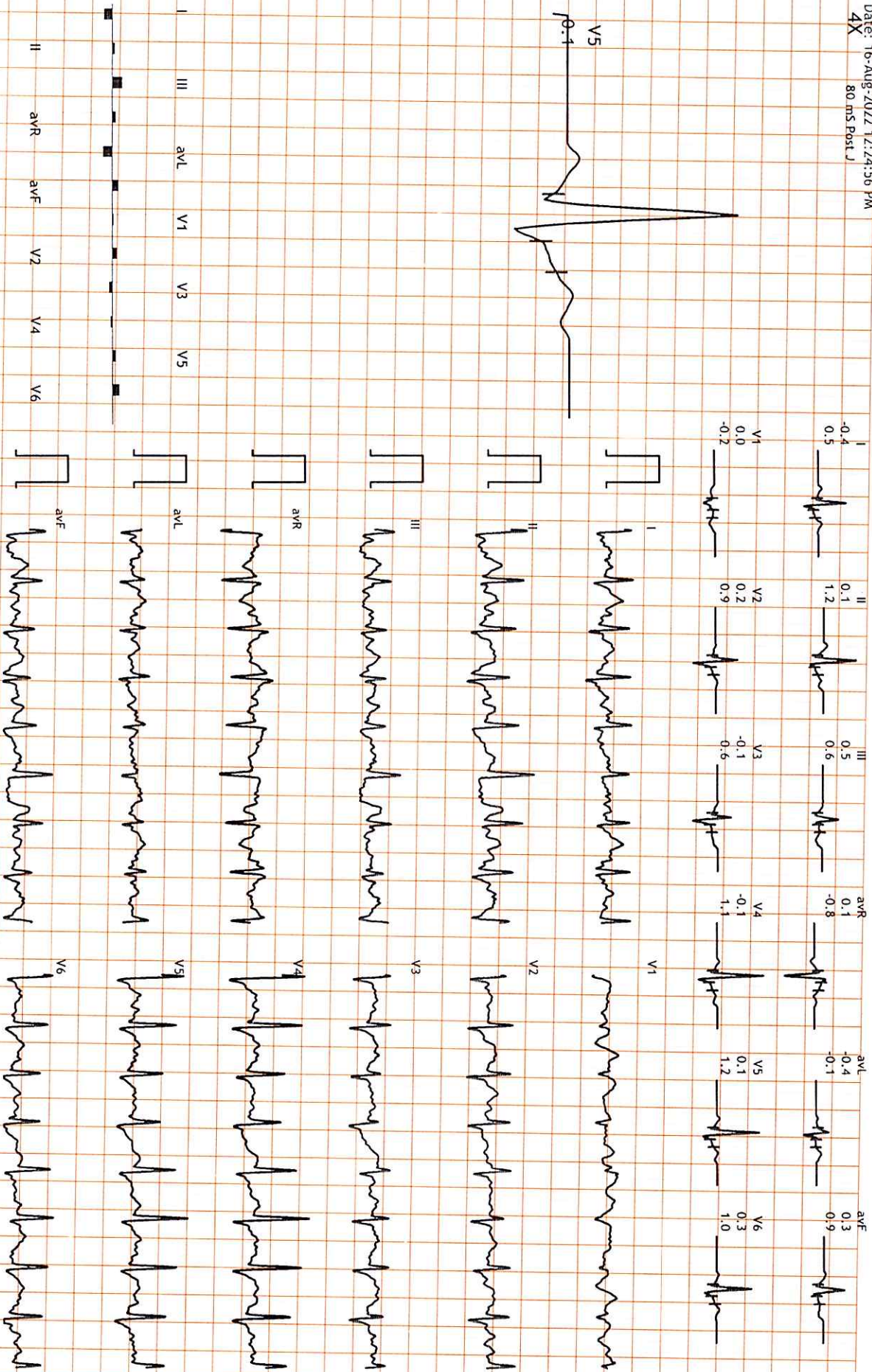
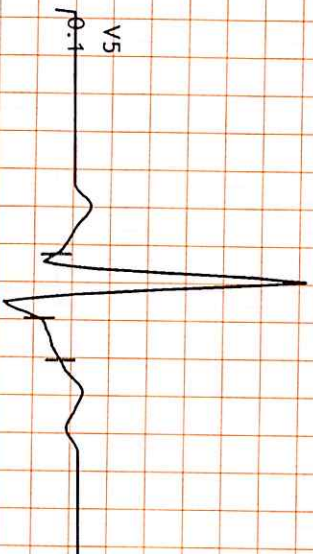
HR: 161 bpm
METs: 8.3
BP: 140/90

APHR: 87% of 183
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
(1.0-35)Hz

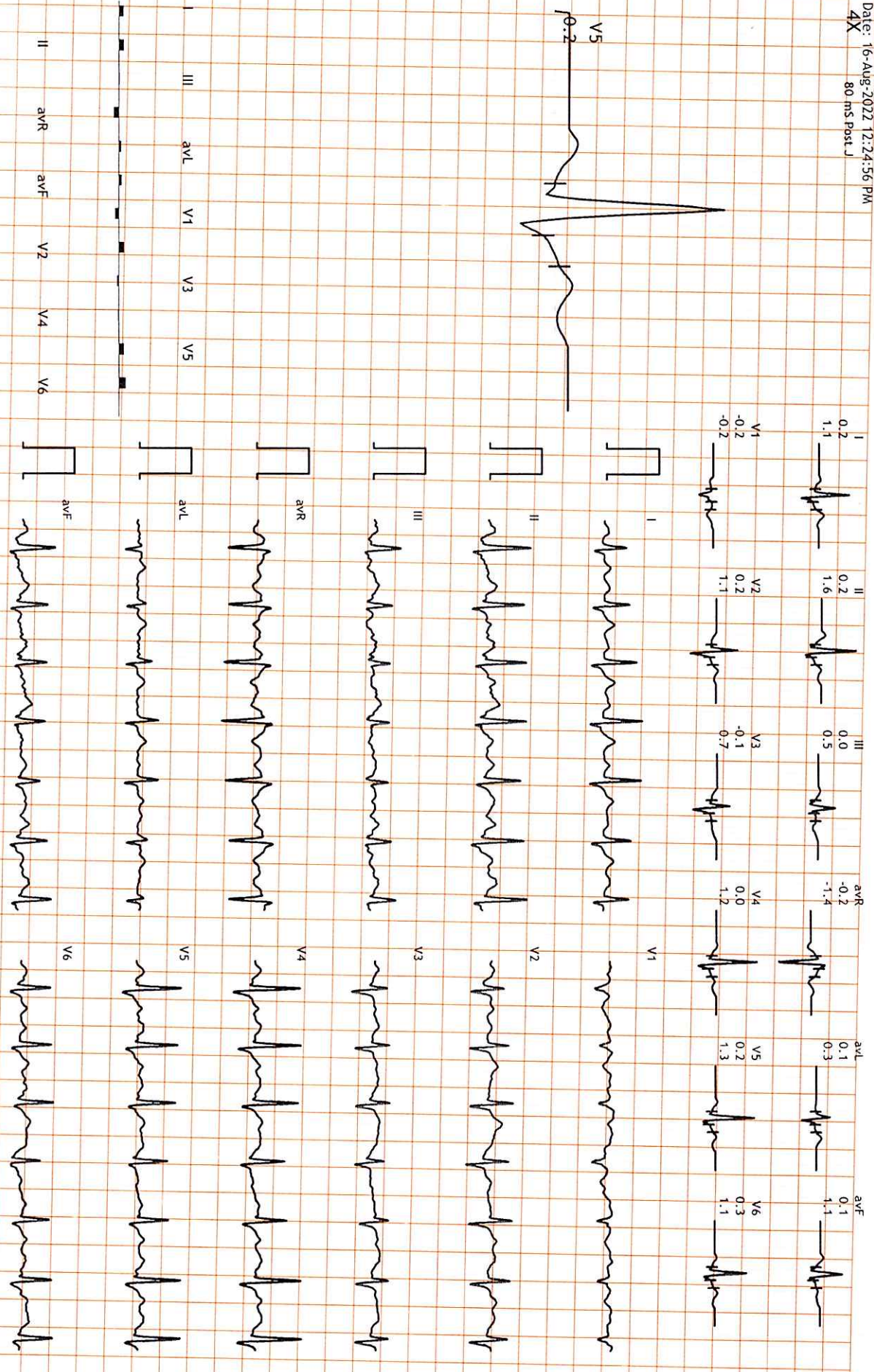
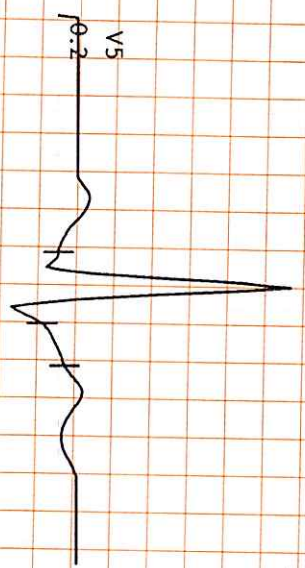
Ex Time 07:09
BLC : On
Notch : On

BRUCE: PeakEx(1:09)
10.0 mm/mv
25 mm/Sec.



B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur
 12221710/MRS AVED NASREEN
 37 Yrs/Female
 0 Kg/0 Cms
 Date: 16-Aug-2022 12:24:56 PM
 4X 80 ms Post J

HR: 133 bpm
 METS: 1.3
 BP: 150/100
 APHR: 72% of 183
 Speed: 1.1 mph
 Grade: 0.0%
 Raw ECG
 BRUCE
 (1.0-35)Hz
 Ex Time 07:11
 BLC :On
 Notch : On
 Recovery(1:00)
 10.0 mm/mV
 25 mm/Sec.



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

12221710/MRS AVED NASREEN

37 Yrs/Female

0 Kg/0 Cms

Date: 16-Aug-2022 12:24:56 PM

4X

80 ms Post J

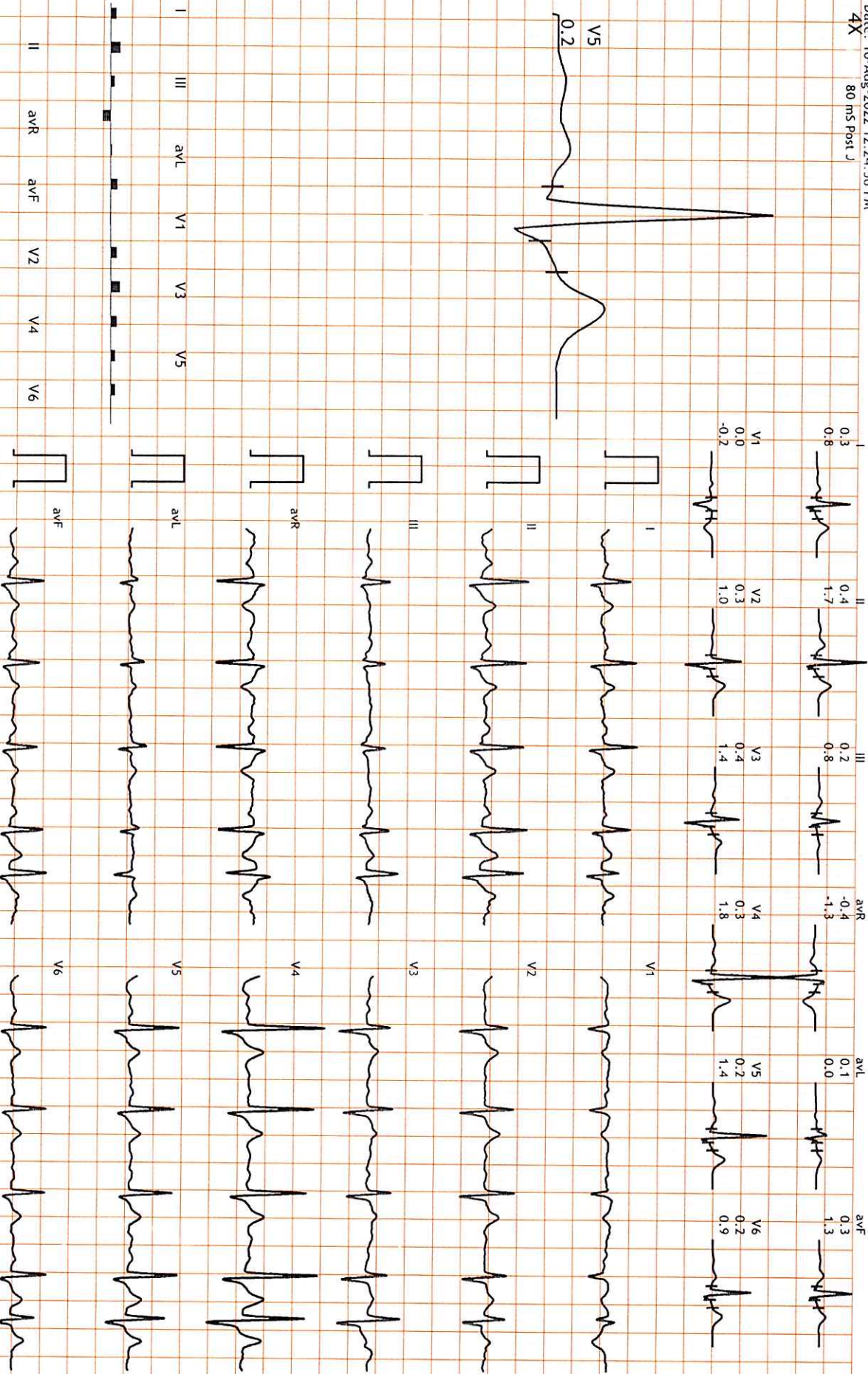
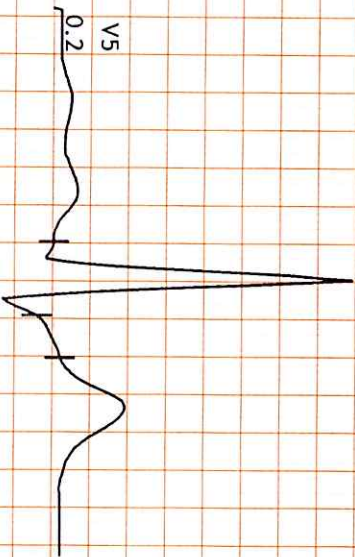
HR: 101 bpm
METs: 1.0
BP: 140/90

MPHR: 55% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 07:11
BLC : On
Notch : On

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



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

12221710/MRS AVED NASREEN

37 Yrs/Female

0 Kg/0 Cms

Date: 16-Aug-2022 12:24:56 PM
4X 80 ms Post J

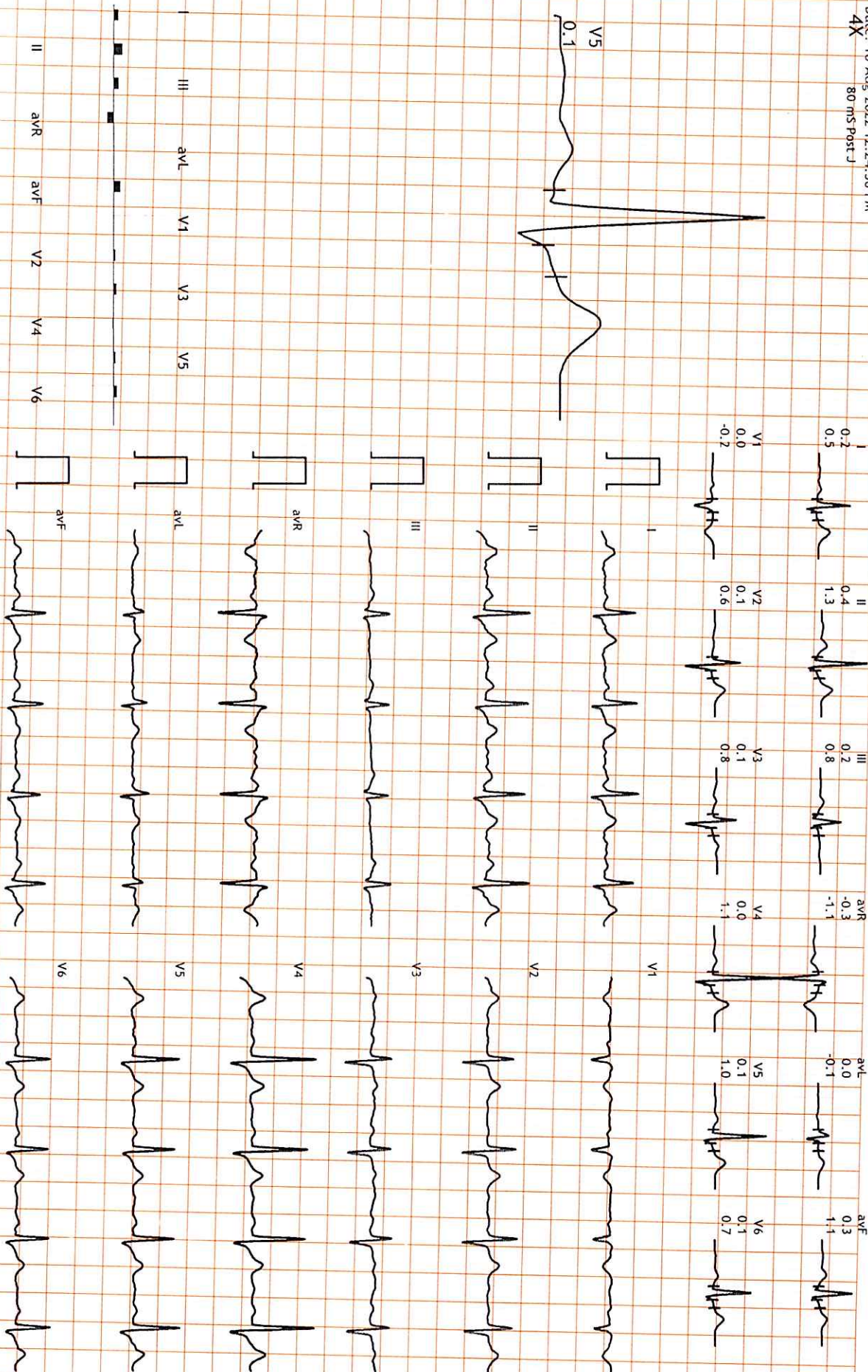
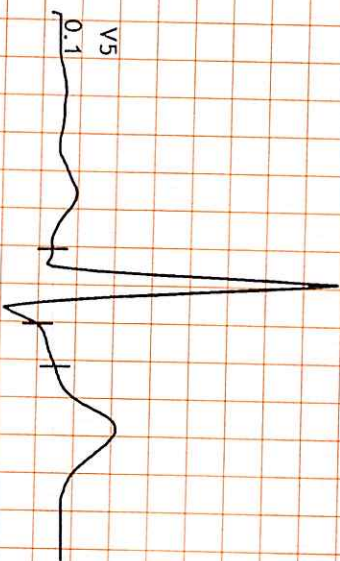
HR: 89 bpm
MET5: 1.0
BP: 130/85

APHR: 48% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

EX Time 07:11
BLC : On
Notch : On

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



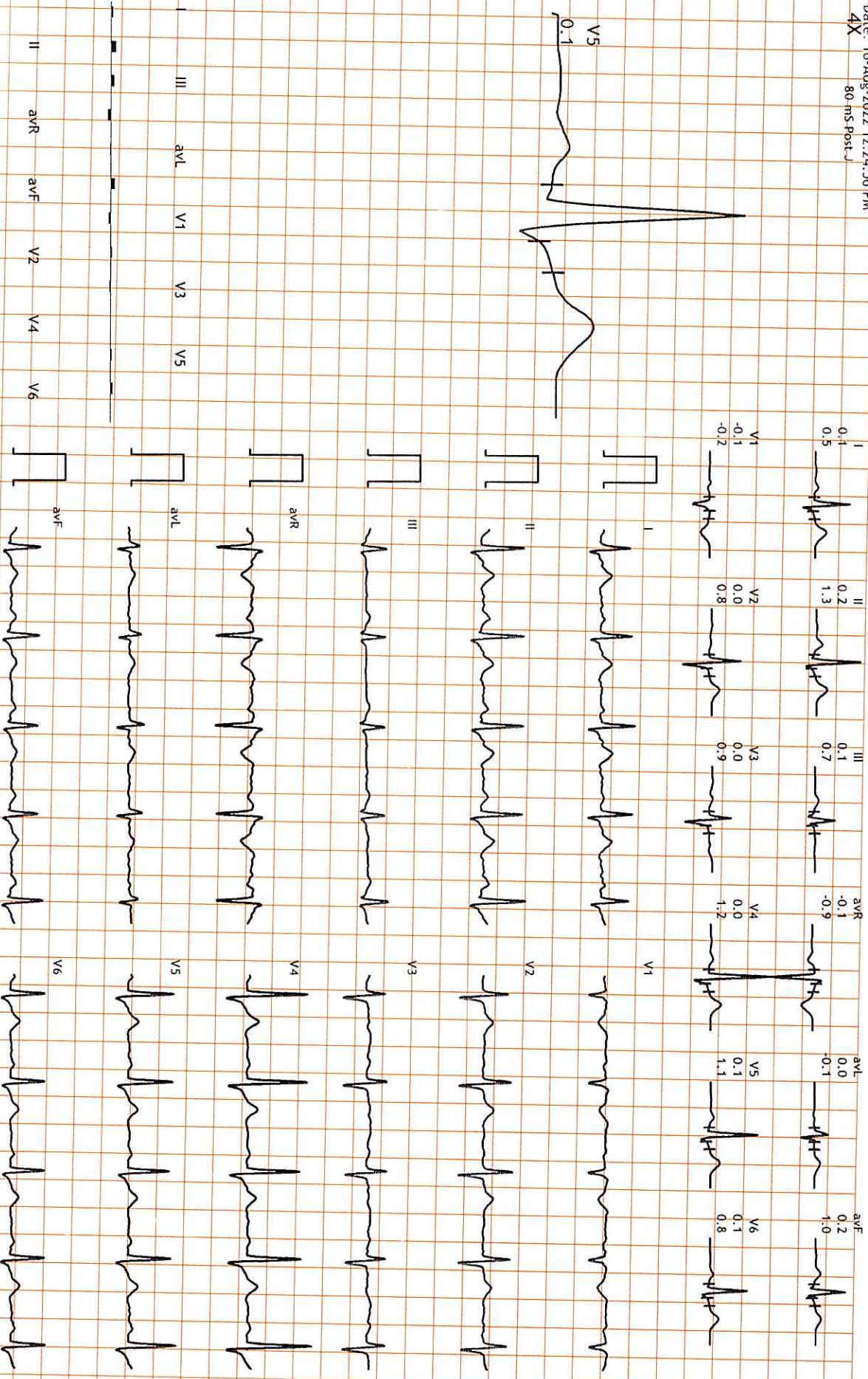
HR: 92 bpm
METS: 1.0
BP: 120/80

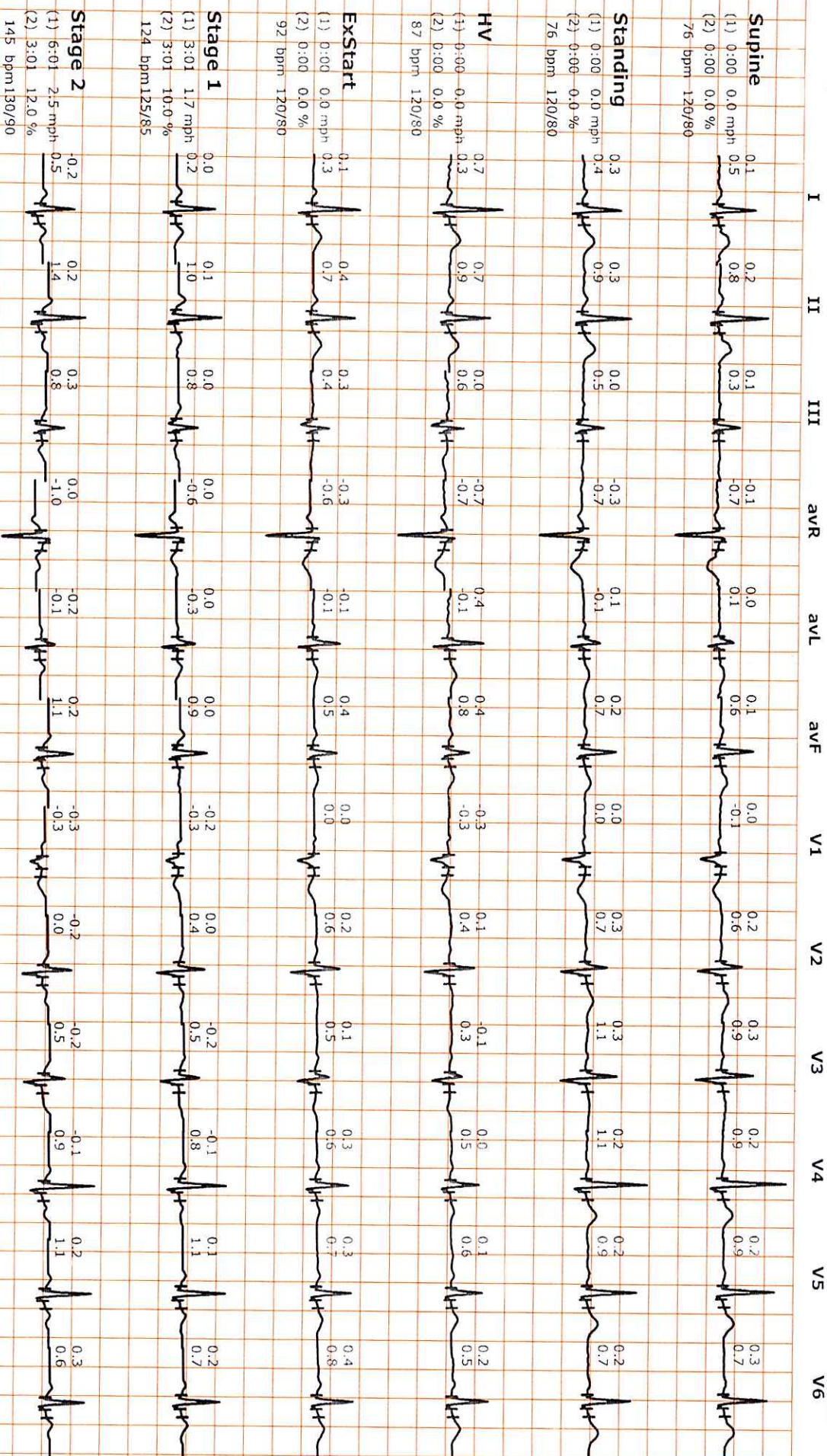
AMPR: 50% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 07:11
BLC : On
Notch : On

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





Printed on: 16/08/2022 12:24:56 PM | File Name: 12221710 | Patient Name: MRS AVEE NASREEN | Age: 37 Yrs | Sex: Female | Weight: 0 Kg | Height: 0 Cms | Heart Rate: 87 bpm | PRP: 120/80

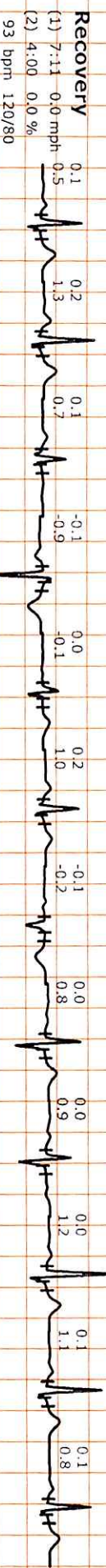
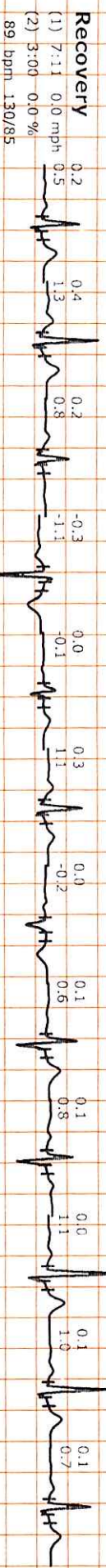
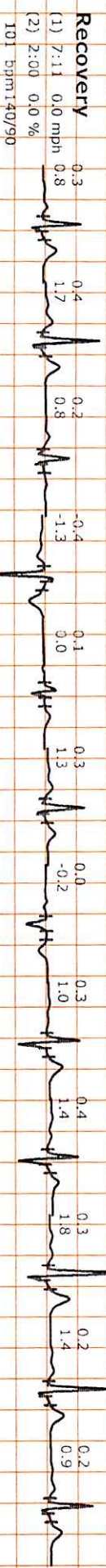
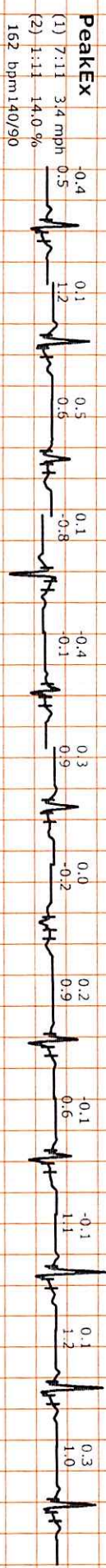
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12221710/MRS AVED NASREEN

37 Yrs / Female 0 Kg/0 Cms

Date: 16-Aug-2022 12:24:56 PM

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





12221704 AVED NASREEN 37YRS BANK OF BARODA F

16.AUG.2022

MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)



सत्यमेव जयते

भारत सरकार

Government of India



आवेद नसरीन

Aved Nasreen

जन्म तिथि / DOB : 26/06/1985

महिला / Female



3777 4973 0260

आधार - आम आदमी का अधिकार