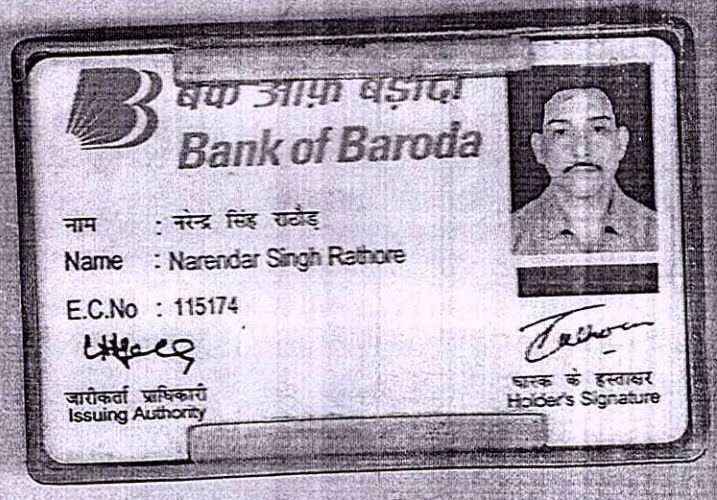


Dr. U. C. GUPTA
MBBS, MD (Physician)
RMC No. 29

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# General Physical Examination

**Date of Examination:** 11/03/2023

Name: Narendar Singh Rathore Age: 42 DOB: 01/07/1980 Sex: Male

Referred By: Bank of baroda

Photo ID: Bank ID ID #: 115174

Ht: 170 (cm) Wt: 86 (Kg)

Chest (Expiration): 107 (cm) Abdomen Circumference: 112 (cm)

Blood Pressure: 125/85 mm Hg PR: 78 / min RR: 18 / min Temp: Afebrile

BMI 29

eye vision

**Eye Examination:** R/E - 6/6 N/6 WCB

L/E - 6/6 N/6 WCB

**Other:** WNL

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

**Signature Of Examine :** ---------- **Name of Examinee:** Narendar Sing Rathore

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

Dr. U. C. GUPTA
M.S, MD (Physician)
MC No. 291

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**NAME :- Mr. NARENDAR SINGH RATHORE**
Age :- 42 Yrs 8 Mon 10 Days
Sex :- Male

Patient ID :-12223331 Date :- 11/03/2023 10:43:02
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 12/03/2023 14:44:18

## HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| FULL BODY HEALTH CHECKUP ABOVE 40 MALE | | | |
| **HAEMOGARAM** | | | |
| **HAEMOGLOBIN (Hb)** | 15.4 | g/dL | 13.0 - 17.0 |
| **TOTAL LEUCOCYTE COUNT** | 6.90 | /cumm | 4.00 - 10.00 |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | |
| NEUTROPHIL | 65.0 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 28.0 | % | 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) | 5.29 | x10^6/uL | 4.50 - 5.50 |
| HEMATOCRIT (HCT) | 48.30 | % | 40.00 - 50.00 |
| MEAN CORP VOLUME (MCV) | 91.0 | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 29.1 | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 31.8 | g/dL | 31.5 - 34.5 |
| **PLATELET COUNT** | 196 | x10^3/uL | 150 - 410 |
| RDW-CV | 13.7 | % | 11.6 - 14.0 |

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## HAEMATOLOGY

| | | | |
|---|---|---|---|
| **Erythrocyte Sedimentation Rate (ESR)** | 13 | mm in 1st hr | 00 - 15 |
| Methord:- 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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## BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| FASTING BLOOD SUGAR (Plasma)<br>Methord:- GOD POD | 97.9 | 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)<br>Methord:- GOD PAP | 123.0 | mg/dl | 70.0 - 140.0 |

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

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## HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **GLYCOSYLATED HEMOGLOBIN (HbA1C)** | | | |
| Methord:- CAPILLARY with EDTA | 6.3 | mg% | Non-Diabetic < 6.0<br>Good Control 6.0-7.0<br>Weak Control 7.0-8.0<br>Poor control > 8.0 |
| MEAN PLASMA GLUCOSE | **134** H | mg/dL | 68 - 125 |
| Methord:- Calculated Parameter | | | |

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

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

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

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

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

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

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

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

Advised:
1.To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead.
2.Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.
estimated Average Glucose (eAG) : based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria

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## HAEMATOLOGY

| | |
|---|---|
| BLOOD GROUP ABO<br>Methord:- Haemagglutination reaction | "B" POSITIVE |

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## BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **LIPID PROFILE** | | | |
| TOTAL CHOLESTEROL<br>Methord:- CHOD-PAP methodology | 206.00 | mg/dl | Desirable <200<br>Borderline 200-239<br>High> 240 |
| **InstrumentName**:MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders. | | | |
| TRIGLYCERIDES<br>Methord:- GPO-TOPS methodology | 129.00 | mg/dl | Normal <150<br>Borderline high 150-199<br>High 200-499<br>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<br>Methord:- Selective inhibition Method | 72.00 | mg/dl | Male 35-80<br>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<br>Methord:- Calculated Method | 112.50 | mg/dl | Optimal <100<br>Near Optimal/above optimal 100-129<br>Borderline High 130-159<br>High 160-189<br>Very High > 190 |
| VLDL CHOLESTEROL<br>Methord:- Calculated | 25.80 | mg/dl | 0.00 - 80.00 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO<br>Methord:- Calculated | 2.86 | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO<br>Methord:- Calculated | 1.56 | | 0.00 - 3.50 |
| TOTAL LIPID<br>Methord:- CALCULATED | 614.06 | 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 VIKARANTJI

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## BIOCHEMISTRY

### LIVER PROFILE WITH GGT

| | | | |
|---|---|---|---|
| SERUM BILIRUBIN (TOTAL)<br>Methord:- DMSO/Diazo | 0.60 | mg/dL | Infants : 0.2-8.0 mg/dL<br>Adult - Up to - 1.2 mg/dL |
| SERUM BILIRUBIN (DIRECT)<br>Methord:- DMSO/Diazo | 0.19 | mg/dL | Up to 0.40 mg/dL |
| SERUM BILIRUBIN (INDIRECT)<br>Methord:- Calculated | 0.41 | mg/dl | 0.30-0.70 |
| SGOT<br>Methord:- IFCC | **210.0** H | U/L | Men- Up to - 37.0<br>Female - Up to - 31.0 |

PLEASE CORRELATE CLINICALLY

| | | | |
|---|---|---|---|
| SGPT<br>Methord:- IFCC | **188.0** H | U/L | Men- Up to - 40.0<br>Female- Up to - 31.0 |

PLEASE CORRELATE CLINICALLY

| | | | |
|---|---|---|---|
| SERUM ALKALINE PHOSPHATASE<br>Methord:- DGKC - SCE | 64.70 | U/L | 53.00 - 141.00 |
| SERUM GAMMA GT<br>Methord:- Szasz methodology<br>Instrument Name Randox Rx Imola | 26.70 | 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<br>Methord:- Direct Biuret Reagent | 7.10 | g/dl | 5.10 - 8.00 |
| SERUM ALBUMIN<br>Methord:- Bromocresol Green | 4.80 | g/dl | 3.50 - 5.50 |
| SERUM GLOBULIN<br>Methord:- CALCULATION | 2.30 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 2.09 | | 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

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## BIOCHEMISTRY

### RFT / KFT WITH ELECTROLYTES

| | | | |
|---|---|---|---|
| SERUM UREA<br>Methord:- Urease/GLDH | 18.80 | 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<br>Methord:- Jaffe's Method | 0.76 | mg/dl | Males : 0.6-1.50 mg/dl<br>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 | 6.62 | 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<br>Methord:- ISE | 135.7 | mmol/L | 135.0 - 150.0 |

**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<br>Methord:- ISE | 3.75 | mmol/L | 3.50 - 5.50 |

**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<br>Methord:- ISE | 97.1 | mmol/L | 94.0 - 110.0 |

**Interpretation**: Used for Electrolyte monitoring.

| | | | |
|---|---|---|---|
| SERUM CALCIUM<br>Methord:- Colorimetric method | 10.20 | mg/dl | 8.10 - 11.50 |

**InstrumentName**:Rx Daytona 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<br>Methord:- Biuret Reagent | 7.10 | g/dl | 5.10 - 8.00 |

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## BIOCHEMISTRY

| | | | |
|---|---|---|---|
| SERUM ALBUMIN<br>Methord:- Bromocresol Green | 4.80 | g/dl | 3.50 - 5.50 |
| SERUM GLOBULIN<br>Methord:- CALCULATION | 2.30 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 2.09 | | 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

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **Urine Routine** | | | |
| **PHYSICAL EXAMINATION** | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| APPEARANCE | Clear | | Clear |
| **CHEMICAL EXAMINATION** | | | |
| REACTION(PH) | 6.0 | | 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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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com


**NAME :- Mr. NARENDAR SINGH RATHORE**
Age :- 42 Yrs 8 Mon 10 Days
Sex :- Male

Patient ID :-12223331 Date :- 11/03/2023 10:43:02
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 12/03/2023 14:44:18

## IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| PSA (PROSTATE SPECIFIC ANTIGEN) -TOTAL<br>Methord:- Methodology: CLIA | 1.123 | 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.

VIKARANTJI

**Technologist**

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

# P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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| | | | |
|---|---|---|---|
| **NAME :- Mr. NARENDAR SINGH RATHORE** | Patient ID :-12223331 | Date :- 11/03/2023 | 10:43:02 |
| Age :- 42 Yrs 8 Mon 10 Days | Ref. By Doctor:-BANK OF BARODA | | |
| Sex :- Male | Lab/Hosp :- | | |
| | Company :- Mr.MEDIWHEEL | | |

Final Authentication : 12/03/2023 14:44:18

## IMMUNOASSAY

### TOTAL THYROID PROFILE

| | | | |
|---|---|---|---|
| **THYROID-TRIIODOTHYRONINE T3** | 1.20 | ng/mL | 0.70 - 2.04 |

Methord:- 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 differantial diagnosis

INTERPRETATION-Ultra Sensitive 4th generation assay 1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ˜ TSH level 2.Low TSH,high FT4 and TSH receptor antibody(TRAb) +ve seen in patients with Graves disease 3.Low TSH,high FT4 and TSH receptor antibody(TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter 4.HighTSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimotos thyroiditis 5.HighTSH,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 levels8.Normal T4 levels accompanied by ˜ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis9.Normal or˜ T3 & ˜T 10.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 unrecognized thyroid disease in the elderly.

| | | | |
|---|---|---|---|
| **THYROID- THYROXINE (T4)** | 10.14 | µIU/ml | *** 5.10 - 14.10 |

Methord:- 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 differantial diagnosis

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| | | | |
|---|---|---|---|
| **TSH** | 1.558 | µIU/mL | 0.350 - 5.500 |

Methord:- 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 differantial diagnosis

INTERPRETATION-Ultra Sensitive 4th generation assay
1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
2.Low TSH,high FT4 and TSH receptor antibody(TRAb) +ve seen in patients with Graves disease

VIKARANTJI

**Technologist**



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

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+91 141 4824885 maxcarediagnostics1@gmail.com


| NAME: | MR. NARENDRA SINGH RATHORE | AGE/SEX | 42 YRS/M |
|---|---|---|---|
| REF.BY | BANK OF BARODA | DATE | 11/03/2023 |

## CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

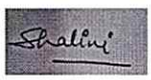
Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

**IMPRESSION:** No significant abnormality is detected.



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

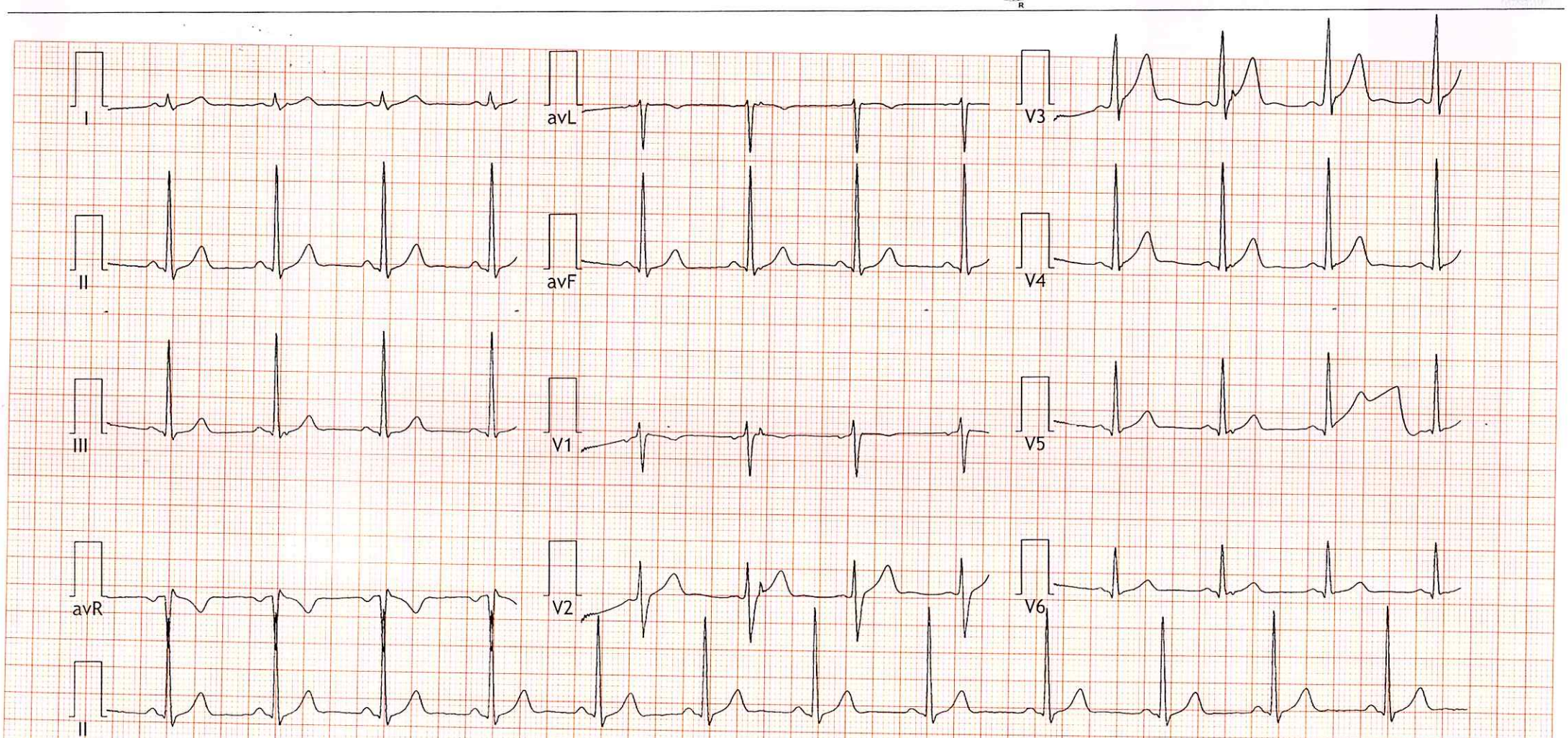
-3 HEALTH SOLUTIONS LLP
3-14, Vidhyanagar Nagar, Enclave, Phase-2, Jaipur

12229451323158/Mr Narendra 22Yrs/Male Kgs/ Cms BP: ___/___ mmHg

Ref.: SELF Test Date: 03-Mar-2023(1:33:13 P) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

HR: 73 bpm

PR Interval: 124 ms
QRS Duration: 110 ms
QT/QTc: 352/390ms
P-QRS-T Axis: 56 - 84 - 58 (Deg)




FINDINGS: Normal Sinus Rhythm

Vent Rate : 73 bpm; PR Interval : 124 ms; QRS Duration: 110 ms; QT/QTc Int : 352/390 ms

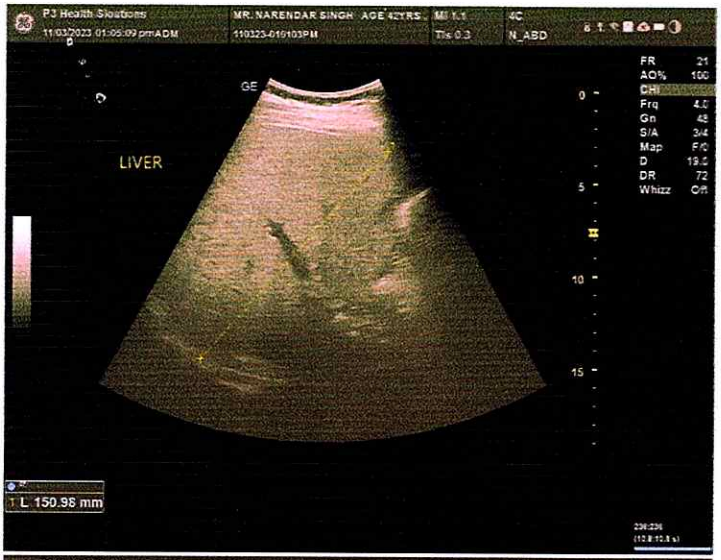
P-QRS-T axis: 56• 84• 58• (Deg)

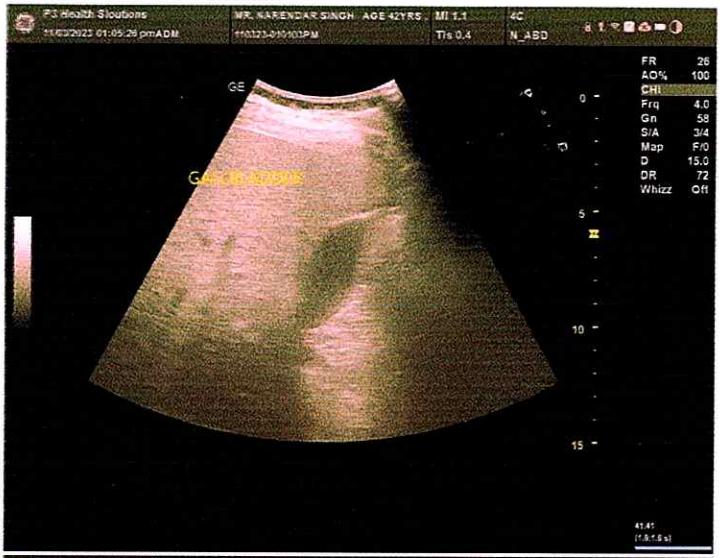
Comments :

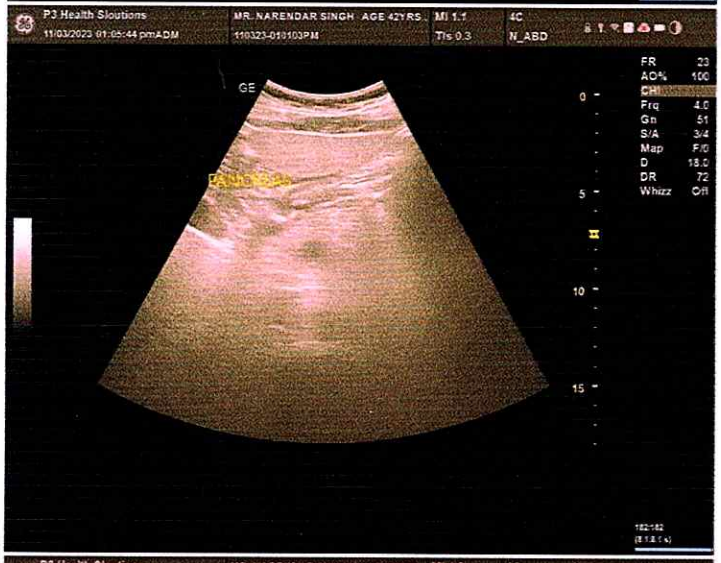
TWL

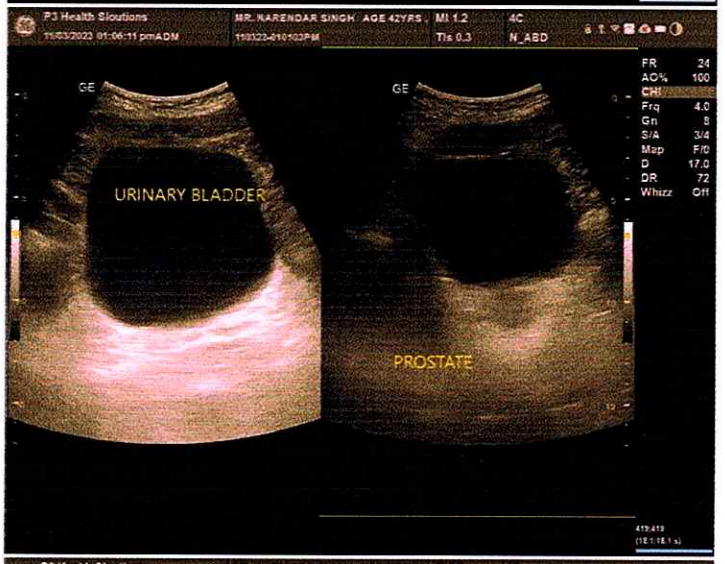
Dr. Naresh Kumar Mohanka
RMC No.: 35703
MBBS, DIP. CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

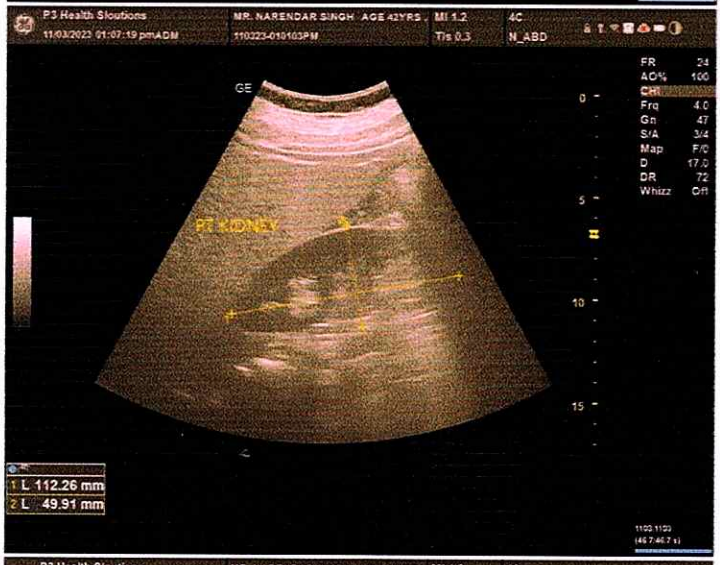
RHQ

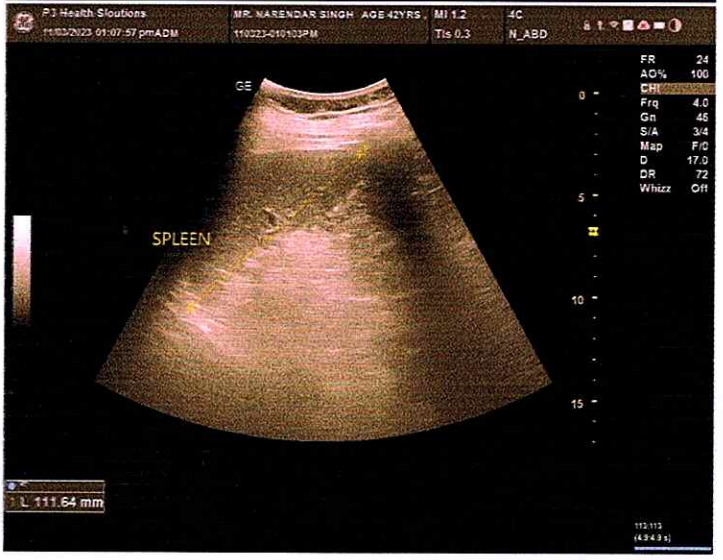

P3 Health Sloutions
11/03/2023 01:05:09 pmADM
MR. NARENDAR SINGH AGE 42YRS
110323-010103PM
MI 1.1
TIs 0.3
4C
N_ABD
LIVER
L 150.98 mm


P3 Health Sloutions
11/03/2023 01:05:26 pmADM
MR. NARENDAR SINGH AGE 42YRS
110323-010103PM
MI 1.1
TIs 0.4
4C
N_ABD


P3 Health Sloutions
11/03/2023 01:05:44 pmADM
MR. NARENDAR SINGH AGE 42YRS
110323-010103PM
MI 1.1
TIs 0.3
4C
N_ABD


P3 Health Sloutions
11/03/2023 01:06:11 pmADM
MR. NARENDAR SINGH AGE 42YRS
110323-010103PM
MI 1.2
TIs 0.3
4C
N_ABD
URINARY BLADDER
PROSTATE


P3 Health Sloutions
11/03/2023 01:07:19 pmADM
MR. NARENDAR SINGH AGE 42YRS
110323-010103PM
MI 1.2
TIs 0.3
4C
N_ABD
RT KIDNEY
L 112.26 mm
L 49.91 mm


P3 Health Sloutions
11/03/2023 01:07:57 pmADM
MR. NARENDAR SINGH AGE 42YRS
110323-010103PM
MI 1.2
TIs 0.3
4C
N_ABD
SPLEEN
L 111.64 mm


P3 Health Sloutions
11/03/2023 01:08:12 pmADM
MR. NARENDAR SINGH AGE 42YRS
110323-010103PM
MI 1.2
TIs 0.3
4C
N_ABD

**P3. HEALTH SOLUTIONS LLP**
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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+91 141 4824885 maxcarediagnostics1@gmail.com

| MR. NARENDAR SINGH RATHORE | 42 Y/Male |
|---|---|
| Registration Date: 11/03/2023 | Ref. by: BANK OF BARODA |

## ULTRASOUND OF WHOLE ABDOMEN

**Liver** is of normal size (15.0 cm). **Echotexture is increased obscuring periportal echogenicity.** 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 (11.1 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. Collecting system does not show any calculus or dilatation.
**Right kidney** is measuring approx. 11.2 x 4.9 cm.
**Left kidney** is measuring approx. 12.3 x 5.5 cm.

**Urinary bladder** does not show any calculus or mass lesion.

**Prostate** is normal in size with normal echotexture and outline.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pelvis.

**IMPRESSION:**

- **Grade 2 fatty liver.**
- **Rest no significant abnormality is detected.**

**DR.SHALINI GOEL**

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

**RMC no.: 21954**

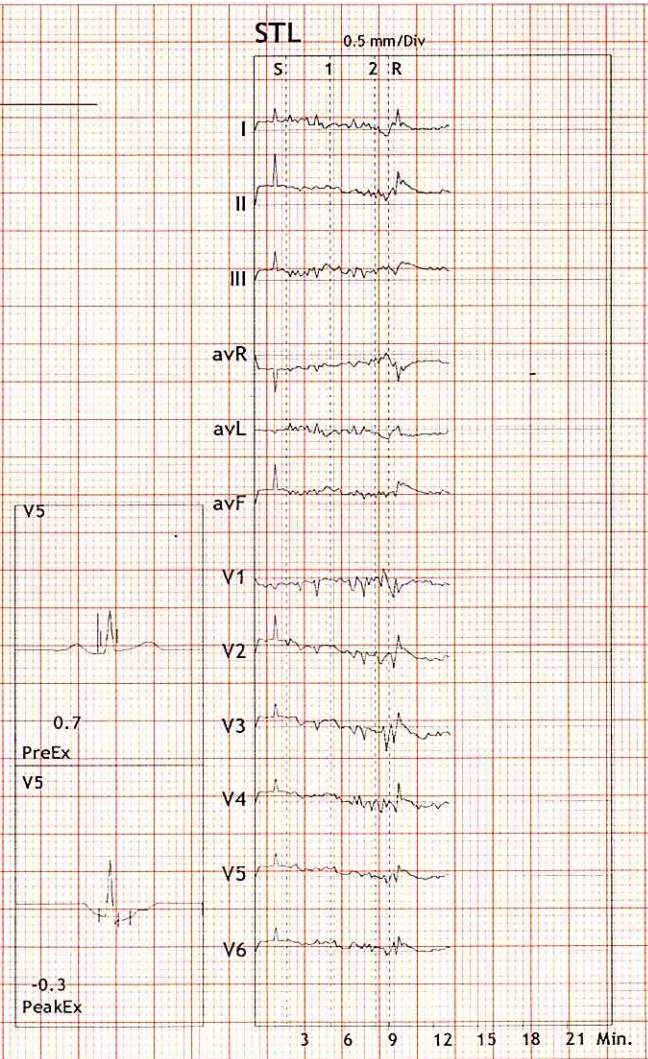
'3 HEALTH SOLUTIONS LLP
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

Summary

1322467/MR NARENDAR SINGH RATHORE 42 Yrs/Male 0 Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM
Ref.By : BANK OF BARODA
Medication :
Objective :

Protocol : BRUCE
History :

| 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 | 86 | 125/85 | 107 | - | |
| Standing | | | | | 1.0 | 93 | 125/85 | 116 | - | |
| HV | | | | | 1.0 | 99 | 125/85 | 123 | - | |
| ExStart | | | | | 1.0 | 100 | 125/85 | 125 | - | |
| Stage 1 | 3:01 | 3:02 | 1.7 | 10.0 | 4.7 | 124 | 135/85 | 167 | - | |
| Stage 2 | 3:01 | 6:02 | 2.5 | 12.0 | 7.1 | 144 | 145/90 | 208 | - | |
| PeakEx | 1:00 | 7:01 | 3.4 | 14.0 | 8.1 | 150 | 145/90 | 217 | - | |
| Recovery | 1:00 | | 0.0 | 0.0 | 1.2 | 118 | 145/90 | 171 | - | |
| Recovery | 2:00 | | 0.0 | 0.0 | 1.0 | 102 | 155/90 | 158 | - | |
| Recovery | 3:00 | | 0.0 | 0.0 | 1.0 | 101 | 145/90 | 146 | - | |
| Recovery | 4:00 | | 0.0 | 0.0 | 1.0 | 103 | 135/85 | 139 | - | |




**Findings :**

Exercise Time :07:00
Max HR Attained :150 bpm 84% of Max Predictable HR 178
Max BP : 155/90(mmHg)
Max WorkLoad attained :8.1(Fair Effort Tolerance)

TMT is Negative for RMI

Dr. Naresh Kumar Mohanka
RMC No.: 35703
MBBS, DIP. CARDIO (ESCORTS)
DELHI (NCCP-UK)

Advice/Comments:

RHQ

'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322467/NARENDAR SINGH RATHORE
42 Yrs/Male
0 Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM

HR: 85 bpm
METS: 1.0
BP: 125/85

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

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 00:33
BLC :On
Notch :On

Supine
10.0 mm/mV
25 mm/Sec.

4X 70 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| 0.6<br>0.6 | 1.3<br>0.7 | 0.7<br>0.1 | -0.9<br>-0.7 | 0.0<br>0.3 | 1.0<br>0.4 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| -0.4<br>-0.4 | 0.9<br>1.1 | 0.7<br>0.7 | 0.7<br>0.5 | 0.7<br>0.5 | 0.7<br>0.5 |

V5-
0.7

I III avL V1 V3 V5

II avR avF V2 V4 V6

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

RHQ

?3 HEALTH SOLUTIONS LLP
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

I322467/MR NARENDAR SINGH RATHORE
42 Yrs/Male
) Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM

HR: 91 bpm
METS: 1.0
BP: 125/85

MPHR:51% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 01:02
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec.

4X 70 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| 0.6<br>0.6 | 1.3<br>0.7 | 0.7<br>0.1 | -0.9<br>-0.6 | 0.0<br>0.2 | 1.0<br>0.4 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| -0.4<br>-0.3 | 0.9<br>1.1 | 0.7<br>0.6 | 0.7<br>0.5 | 0.7<br>0.5 | 0.7<br>0.4 |

V5
0.7

I III avL V1 V3 V5

II avR avF V2 V4 V6

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

RHQ

'3 HEALTH SOLUTIONS LLP
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

1322467/ NARENDAR SINGH RATHORE
42 Yrs/Male
) Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM

HR: 100 bpm
METS: 1.0
BP: 125/85

MPHR:56% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

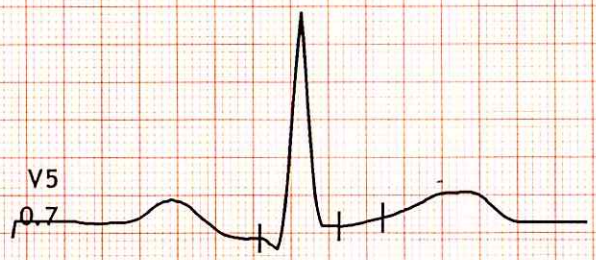
Ex Time 01:30
BLC :On
Notch :On

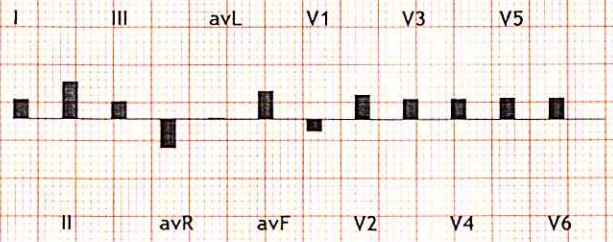
HV
10.0 mm/mV
25 mm/Sec.

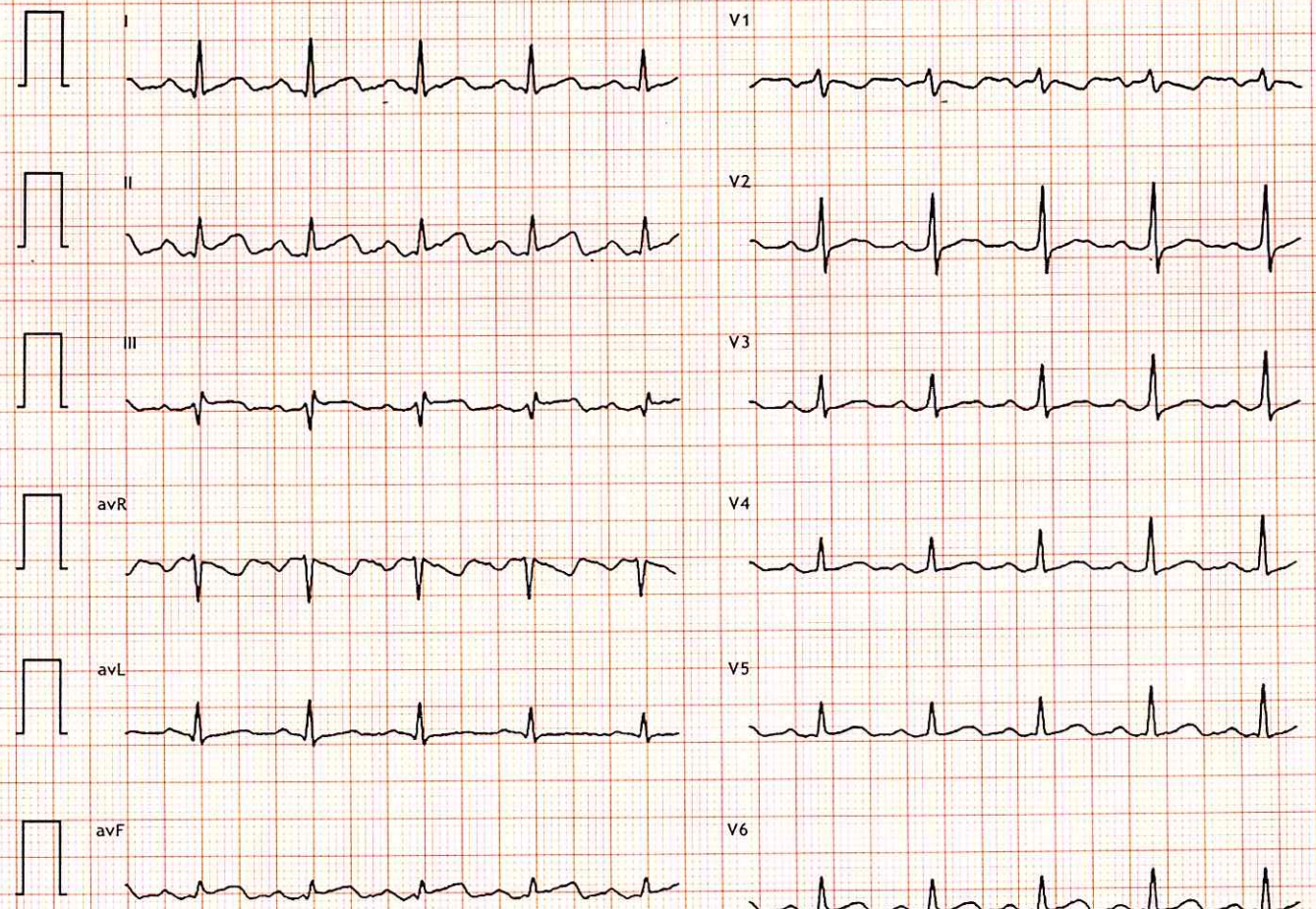
4X 70 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| 0.7<br>0.6 | 1.2<br>0.7 | 0.6<br>0.1 | -1.0<br>-0.7 | 0.0<br>0.2 | 0.9<br>0.4 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| -0.4<br>-0.4 | 0.8<br>0.9 | 0.7<br>0.6 | 0.7<br>0.5 | 0.7<br>0.5 | 0.7<br>0.4 |




RHQ

'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322467/ NARENDAR SINGH RATHORE
42 Yrs/Male
0 Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM

HR: 124 bpm
METS: 4.7
BP: 135/85

MPHR:69% of 178
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.

RMS

4X 70 mS Post J

V5
0.5

I
III
avL
V1
V3
V5

II
avR
avF
V2
V4
V6

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| 0.3<br>1.2 | 1.2<br>1.8 | 1.0<br>0.5 | -0.8<br>-1.5 | -0.3<br>0.3 | 1.1<br>1.2 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| -0.1<br>-0.3 | 0.4<br>1.0 | 0.4<br>0.9 | 0.5<br>0.9 | 0.5<br>0.9 | 0.5<br>0.8 |

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

RHQ

'3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

1322467/ NARENDAR SINGH RATHORE
42 Yrs/Male
0 Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM

HR: 144 bpm
METS: 7.1
BP: 145/90

MPHR:80% of 178
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-35)Hz

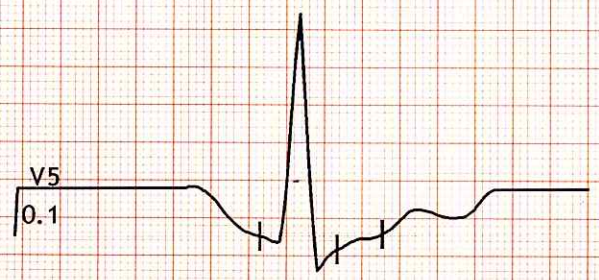
Ex Time 05:59
BLC :On
Notch :On

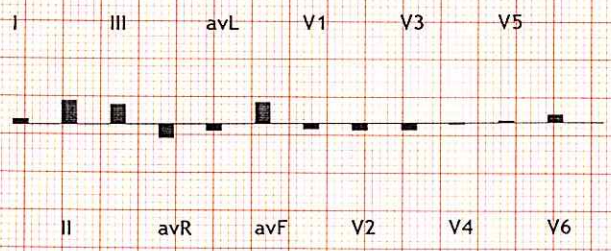
BRUCE:Stage 2(3:00)
10.0 mm/mV
25 mm/Sec.

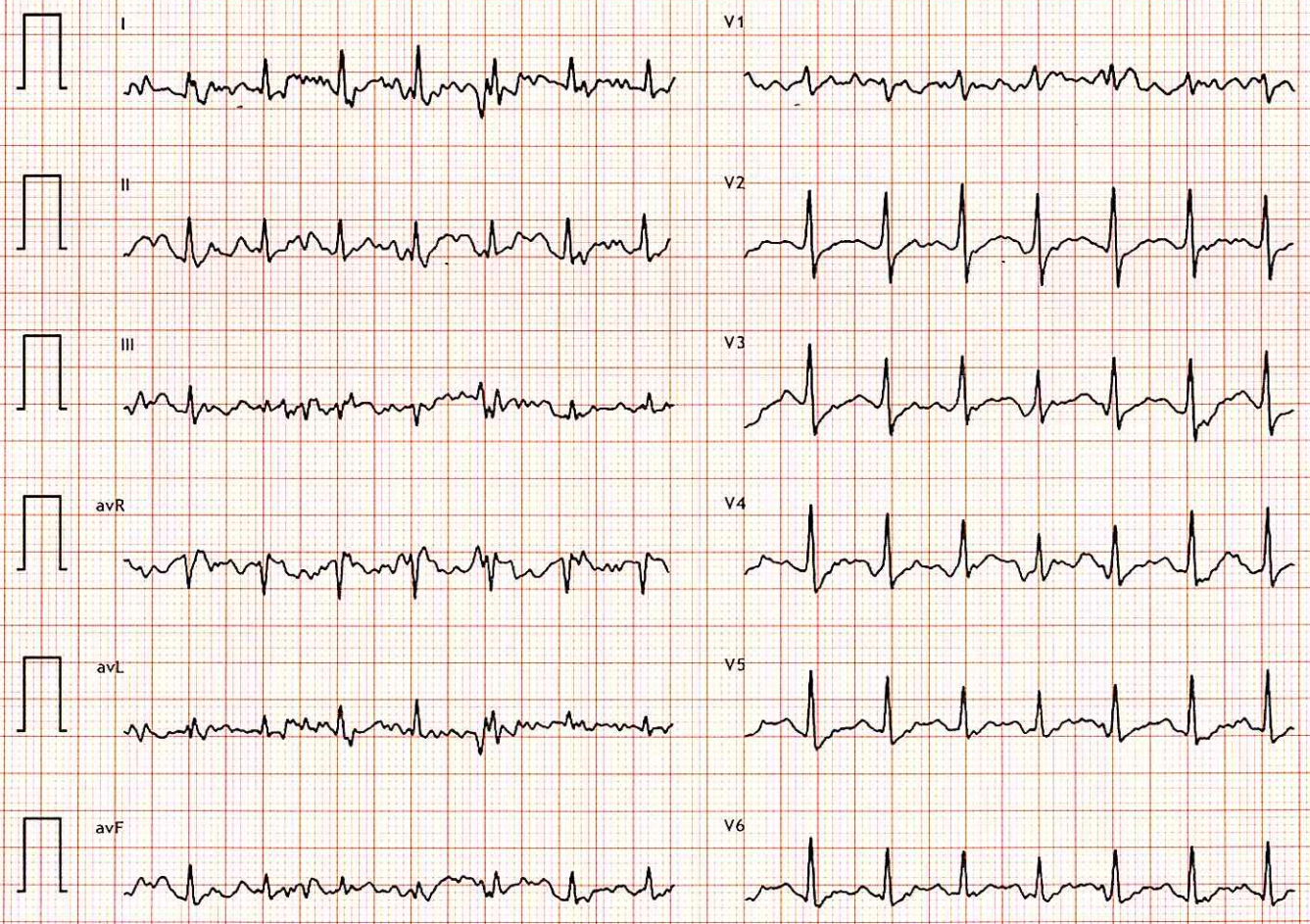
4X 70 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| 0.2 | 0.8 | 0.7 | -0.5 | -0.2 | 0.7 |
| 1.2 | 1.8 | 0.5 | -1.5 | 0.4 | 1.1 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| -0.2 | -0.2 | -0.2 | 0.0 | 0.1 | 0.3 |
| -1.0 | 0.7 | 1.1 | 1.1 | 0.8 | 0.8 |




RHQ

'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322467/ NARENDAR SINGH RATHORE
42 Yrs/Male
0 Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM

HR: 151 bpm
METS: 8.1
BP: 145/90

MPHR:84% of 178
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 06:58
BLC :On
Notch :On

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

4X

70 mS Post J

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| -0.4 | 0.5 | 0.9 | -0.1 | -0.7 | 0.8 |
| 0.6 | 1.5 | 0.9 | -1.1 | -0.2 | 1.3 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| -0.4 | -0.1 | -0.5 | 0.1 | -0.3 | 0.0 |
| -0.9 | 1.1 | 0.1 | 0.7 | 0.5 | 0.6 |

V5
-0.3

I III avL V1 V3 V5

II avR avF V2 V4 V6

I V1

II V2

III V3

avR V4

avL V5

avF V6

RHQ

'3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

1322467/ NARENDAR SINGH RATHORE
42 Yrs/Male
0 Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM

HR: 119 bpm
METS: 1.3
BP: 145/90

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

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 07:00
BLC :On
Notch :On

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

4X 70 mS Post J

V5
0.4

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| 0.5 | 1.6 | 1.2 | -1.1 | -0.3 | 1.4 |
| 0.9 | 2.0 | 1.1 | -1.5 | -0.1 | 1.6 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| -0.4 | 0.3 | 0.1 | 0.2 | 0.4 | 0.5 |
| -0.7 | 1.2 | 0.7 | 0.9 | 1.1 | 1.0 |

I III avL V1 V3 V5

II avR avF V2 V4 V6

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

RHQ

'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322467/ NARENDAR SINGH RATHORE
42 Yrs/Male
0 Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM

HR: 102 bpm
METS: 1.0
BP: 155/90

MPHR:57% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 07:00
BLC :On
Notch :On

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

4X

70 mS Post J

V5
0.1

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| 0.0<br>0.3 | 0.8<br>0.8 | 0.8<br>0.6 | -0.4<br>-0.5 | -0.4<br>-0.2 | 0.8<br>0.7 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| -0.2<br>-0.4 | -0.4<br>0.1 | -0.7<br>-0.5 | -0.5<br>-0.1 | -0.1<br>0.2 | 0.0<br>0.2 |

I III avL V1 V3 V5

II avR avF V2 V4 V6

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

RHQ

'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322467/NARENDAR SINGH RATHORE
42 Yrs/Male
0 Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM

HR: 101 bpm
METS: 1.0
BP: 145/90

MPHR:56% of 178
Speed: 0.0 mph
Grade: 0.0%

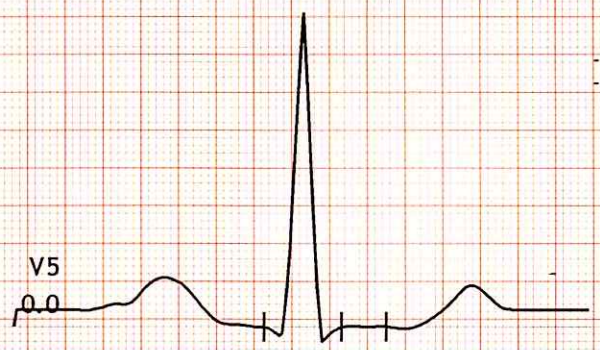
Raw ECG
BRUCE
(1.0-35)Hz

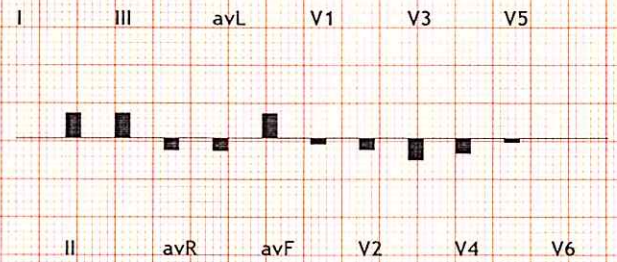
Ex Time 07:00
BLC :On
Notch :On

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

RMS

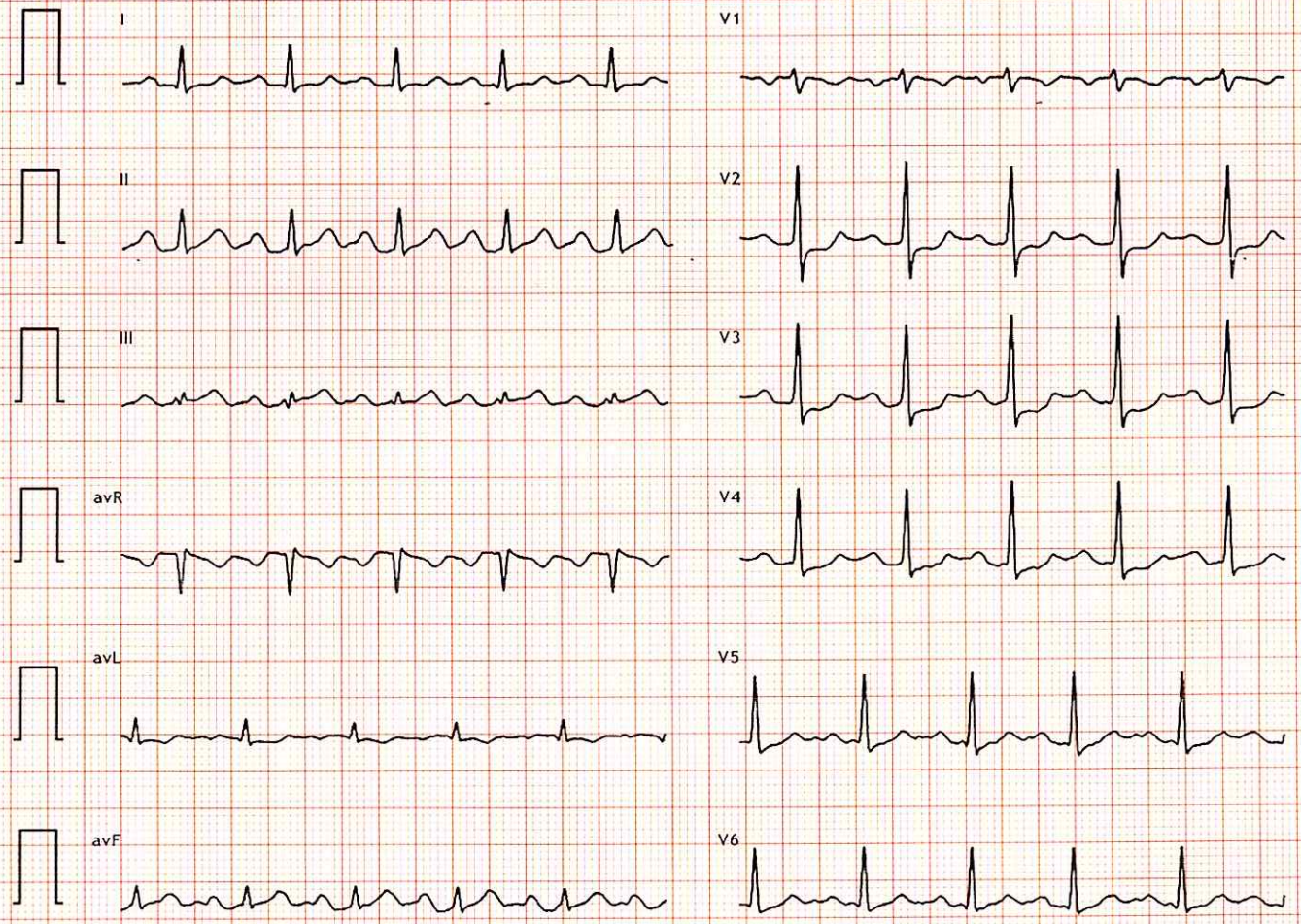
4X 70 mS Post J




| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| 0.1 | 0.8 | 0.7 | -0.4 | -0.3 | 0.7 |
| 0.2 | 0.6 | 0.4 | -0.5 | -0.1 | 0.5 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| -0.5 | -0.5 | -0.5 | -0.1 | 0.0 | 0.2 |
| -0.4 | -0.1 | -0.4 | -0.1 | 0.0 | 0.2 |




RHQ

'3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322467/ NARENDAR SINGH RATHORE
42 Yrs/Male
0 Kg/0 Cms
Date: 11-Mar-2023 04:15:08 PM

HR: 103 bpm
METS: 1.0
BP: 135/85

MPHR:57% of 178
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 07:00
BLC :On
Notch :On

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

4X 70 mS Post J

V5
0.1

| I | II | III | avR | avL | avF |
|---|---|---|---|---|---|
| 0.3 | 0.9 | 0.6 | -0.6 | -0.2 | 0.8 |
| 0.3 | 0.5 | 0.2 | -0.4 | 0.0 | 0.4 |

| V1 | V2 | V3 | V4 | V5 | V6 |
|---|---|---|---|---|---|
| -0.4 | -0.3 | -0.3 | -0.1 | 0.1 | 0.3 |
| -0.4 | 0.0 | -0.1 | 0.0 | 0.1 | 0.1 |

I III avL V1 V3 V5

II avR avF V2 V4 V6

I V1

II V2

III V3

avR V4

avL V5

avF V6

RHQ

P3 HEALTH SOLUTIONS LLP

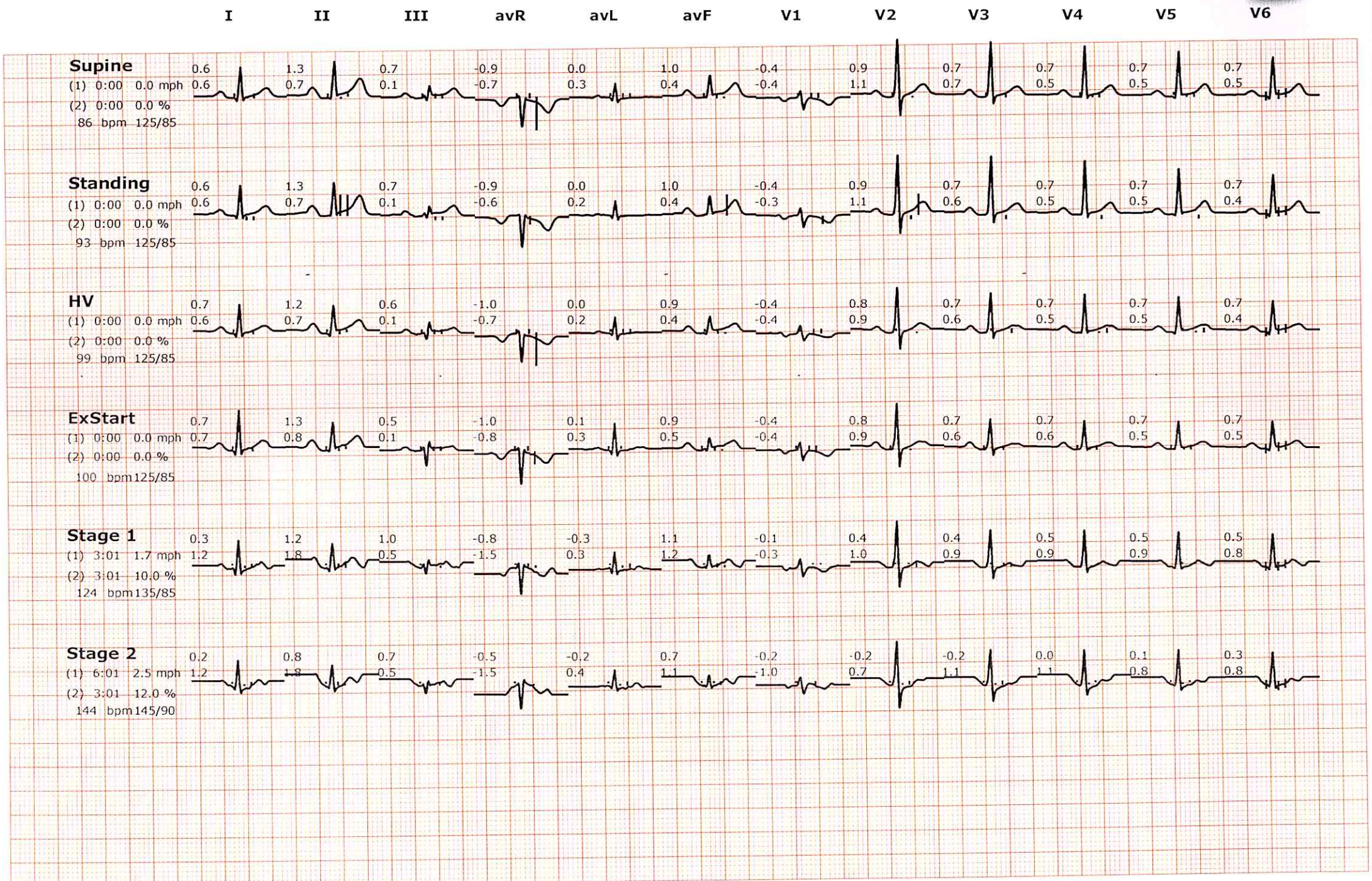
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

1322467/MR NARENDAR SINGH RATHORE 42 Yrs/Male 0 Kg/0 Cms

Date: 11-Mar-2023 04:15:08 PM

Average

RMS




RHQ

P3 HEALTH SOLUTIONS LLP

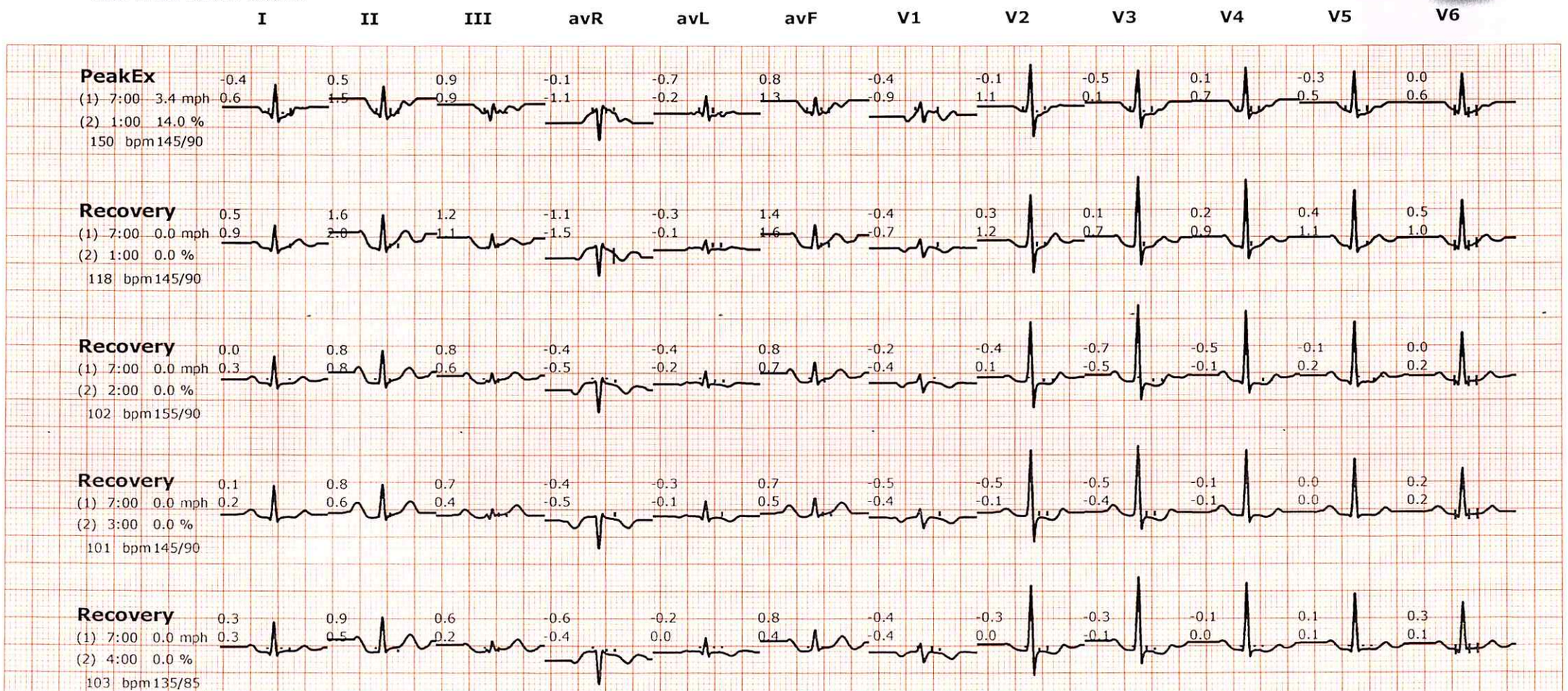
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

1322467/MR NARENDAR SINGH RATHORE 42 Yrs/Male 0 Kg/0 Cms

Date: 11-Mar-2023 04:15:08 PM

Average

RMS

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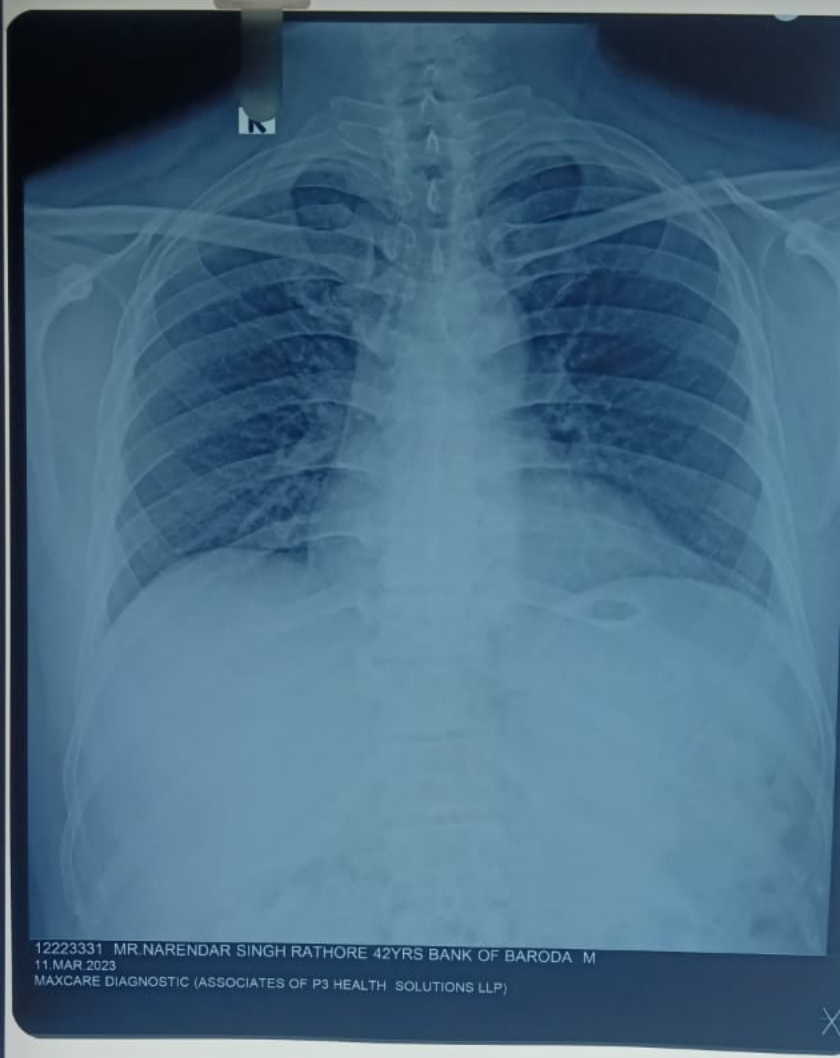
12223331 MR.NARENDAR SINGH RATHORE 42YRS BANK OF BARODA M
11.MAR.2023
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)