



भारत सरकार

Government of India



शिवम कूलवाल

Shivam Koolwal

जन्म तिथि / DOB : 21/10/1999

पुरुष / Male



3760 0643 0159

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: राकेश कूलवाल, 18 मिलाप नगर,  
टॉक रोड, दुर्गापुरा, जयपुर, दुर्गा पुरा,  
राजस्थान, 302018

Address:

S/O: Rakesh Koolwal, 18 Milap  
Nagar, Tonk Road, Durgapura,  
Jaipur, Durgapura, Rajasthan,  
302018

**3760 0643 0159**



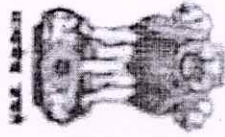
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पुरुष / Male

*Shivam*

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



0159



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# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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## General Physical Examination

Date of Examination: 03/07/2017

Name: SHIVAM KODWAL Age: 24 YRS DOB: 01/10/1993 Sex: Male

Referred By: BANKO FARUDA

Photo ID: ADHAR CARD ID #: 0153

Ht: 174 (cm)

Wt: 80 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 83 (cm)

Blood Pressure: 121/80 mm Hg

PR: 73 /min

RR: 18 /min

Temp: Alebole

BMI 26.4

Eye Examination: R/E - GIG, NIG, NCB  
L/E - GIG, NIG, NCB

Other: NO

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

Signature Of Examinee: Shivam

Name of Examinee: SHIVAM KODWAL

Signature Medical Examiner: [Signature]  
MBBS, DMRD (Radiologist)  
RMC No. - 37041

Name Medical Examiner: DR. PIYUSH GOYAL





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<b>Patient ID</b> 122456	Patient Mob No.9982204666	Registered On	09/04/2024 11:35:37
<b>NAME</b> Mr. SHIVAM KOOLWAL		Collected On	09/04/2024 13:49:01
Age 24 Yrs 56.00 on 20/04/2000		Authorized On	09/04/2024 17:12:33
Ref. By BANK OF BARODA		Printed On	09/04/2024 17:12:40
Lab/Hosp Mr.MEDIWHEEL			

## HAEMOGARAM

Test Name	Value	Unit	Biological Ref Interval
Mediwheel Full Body Standard Plus			
<b>HAEMOGLOBIN (Hb)</b>	16.3	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	6.90	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	80.0	%	40.0 - 80.0
LYMPHOCYTE	17.0 L	%	20.0 - 40.0
EOSINOPHIL	1.0	%	1.0 - 6.0
MONOCYTE	2.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.85	$\times 10^6/\mu\text{L}$	4.50 - 5.50
HEMATOCRIT (HCT)	48.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	100.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	33.7 H	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	13.7 L	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	238	$\times 10^3/\mu\text{L}$	150 - 410
RDW-CV	13.5	%	11.6 - 14.0

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<b>NAME</b> Mr. SHIVAM KOOLWAL		Collected On	09/04/2024 13:49:01
Age	24 Yrs 55 <sup>th</sup> on 20/10/2023	Authorized On	09/04/2024 17:12:33
Ref. By	BANK OF BARODA	Printed On	09/04/2024 17:12:40
Lab/Hosp	Mr.MEDIWHEEL		

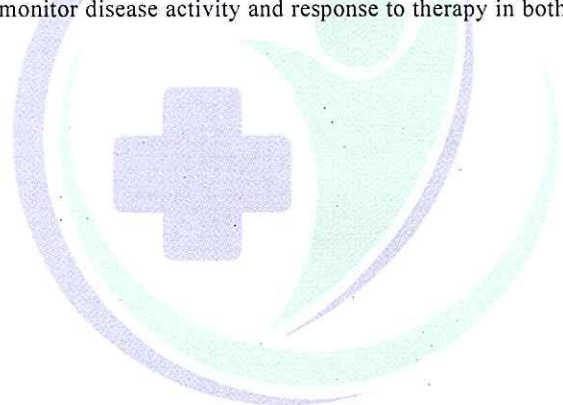
## HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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<b>Erythrocyte Sedimentation Rate (ESR)</b>	13	mm in 1st hr	00 - 15
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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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<b>NAME</b>	<b>Mr. SHIVAM KOOLWAL</b>			
Age	24 Yrs	Sex	M	Days
Ref. By	BANK OF BARODA			Printed On
Lab/Hosp	Mr.MEDIWHEEL			09/04/2024 17:12:40

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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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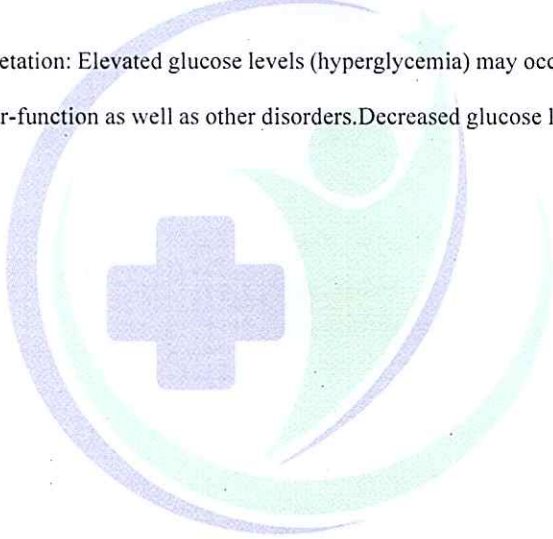
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<b>NAME</b> Mr. SHIVAM KOOLWAL		Collected On	09/04/2024 13:49:01
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Ref. By BANK OF BARODA		Printed On	09/04/2024 17:12:40
Lab/Hosp Mr.MEDIWHEEL			

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GLUCOSE OXIDASE/PEROXIDASE	74.2	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases.



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**Patient ID** 122456 Patient Mob No.9982204666  
**NAME** Mr. SHIVAM KOOLWAL  
Age 24 Yrs Sex M on 20/04/24  
Ref. By BANK OF BARODA  
Lab/Hosp Mr.MEDIWHEEL

Registered On 09/04/2024 11:35:37  
Collected On 09/04/2024 13:49:01  
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Test Name	Value	Unit	Biological Ref Interval
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TEST

BLOOD GROUP ABO

"O" POSITIVE



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Test Name	Value	Unit	Biological Ref Interval
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### GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- CAPILLARY with EDTA

5.2 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

102 mg/dL

68 - 125

### INTERPRETATION

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %

Non diabetic adults >=18 years < 5.7

At risk (Prediabetes) 5.7 - 6.4

Diagnosing Diabetes >= 6.5

### CLINICAL NOTES

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

Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al]

#### 1. Erythropoiesis

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

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

#### 3. Glycation

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

#### 4. Erythrocyte destruction

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

#### 5. Others

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

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Lab/Hosp Mr.MEDIWHEEL			

Test Name	Value	Unit	Biological Ref Interval
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### LIPID PROFILE

SERUM TOTAL CHOLESTEROL Method:- CHOLESTEROL OXIDASE/PEROXIDASE	163.00	mg/dl	Desirable <200 Borderline 200-239 High > 240
SERUM TRIGLYCERIDES Method:- GLYCEROL PHOSPHATE OXIDASE/PREOXIDASE	103.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	41.20	mg/dl	30.00 - 70.00
LDL CHOLESTEROL Method:- Calculated Method	104.63	mg/dl	MALE- 30-70 FEMALE - 30-85 Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	20.60	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.96		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.54		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	490.45	mg/dl	400.00 - 1000.00

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.

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Age 24 Yrs 5M 20D 2W		Authorized On	09/04/2024 17:12:33
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Lab/Hosp Mr.MEDIWHEEL			

## BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER FUNCTION TEST</b>			
SERUM BILIRUBIN (TOTAL) Method:- DIAZOTIZED SULFANILIC	0.98	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DIAZOTIZED SULFANILIC	0.21	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.77	mg/dl	0.30-0.70
SGOT Method:- IFCC	18.6	U/L	0.0 - 40.0
SGPT Method:- IFCC	22.1	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	85.60	U/L	53.00 - 141.00
SERUM TOTAL PROTEIN Method:- BIURET	6.85	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- BRÖMOCRESOL GREEN	4.35	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.50	gm/dl	2.20 - 3.50
A/G RATIO	1.74		1.30 - 2.50

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.

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<b>NAME</b> Mr. SHIVAM KOOLWAL		Collected On	09/04/2024 13:49:01
Age 24 Yrs 5M 20D 14Ys		Authorized On	09/04/2024 17:12:33
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Test Name	Value	Unit	Biological Ref Interval
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## TOTAL THYROID PROFILE

### THYROID-TRIIODOTHYRONINE T3

Method:- ECLIA

0.98

ng/mL

0.70 - 2.04

### THYROID - THYROXINE (T4)

Method:- ECLIA

8.01

ug/dl

5.10 - 14.10

### TSH

Method:- ECLIA

1.650

μIU/mL

0.350 - 5.500

4th Generation Assay,Reference ranges vary between laboratories

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

1st Trimester : 0.10-2.50 uIU/mL

2nd Trimester : 0.20-3.00 uIU/mL

3rd Trimester : 0.30-3.00 uIU/mL

The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

NOTE-TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result.

### INTERPRETATION

- 1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
- 2.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels
- 3.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
- 4.Normal or ↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis ( problem is conversion of T4 to T3)
- 5.Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism

. **COMMENTS:** Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.

. **Disclaimer:** TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age, and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly

. **Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018)**

Test performed by Instrument : Beckman coulter Dxi 800

. **Note :** The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

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Lab/Hosp Mr.MEDIWHEEL			

Test Name	Value	Unit	Biological Ref Interval
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### RFT / KFT WITH ELECTROLYTES

SERUM UREA Method:- UREASE / GLUTAMATE DEHYDROGENASE	36.50	mg/dl	10.00 - 50.00
SERUM CREATININE Method:- JAFFE	0.93	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl
SERUM URIC ACID Method:- URICASE/PEROXIDASE	4.21	mg/dl	2.40 - 7.00
SODIUM Method:- ISE <b>Interpretation:</b> 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: • * <b>Sodium</b> —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. •	142.3	mmol/L	135.0 - 150.0
POTASSIUM Method:- ISE * <b>Potassium</b> —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	4.21	mmol/L	3.50 - 5.50
CHLORIDE Method:- ISE * <b>Chloride</b> —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	100.2	mmol/L	94.0 - 110.0
SERUM CALCIUM Method:- Arsenazo III Method	9.85	mg/dL	8.80 - 10.20
SERUM TOTAL PROTEIN Method:- BIURET	6.85	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- BROMOCRESOL GREEN	4.35	g/dl	3.50 - 5.50

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*Tanu*

**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



**Patient ID** 122456 Patient Mob No.9982204666  
**NAME** Mr. SHIVAM KOOLWAL  
Age 24 Yrs Sex M on 20/08/2024  
Ref. By BANK OF BARODA  
Lab/Hosp Mr.MEDIWHEEL

Registered On 09/04/2024 11:35:37  
Collected On 09/04/2024 13:49:01  
Authorized On 09/04/2024 17:12:33  
Printed On 09/04/2024 17:12:40

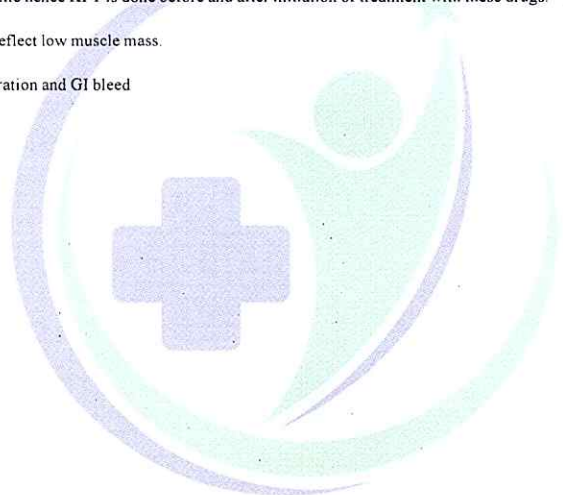
## BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM GLOBULIN Method:- CALCULATION	2.50	gm/dl	2.20 - 3.50
A/G RATIO <u>INTERPRETATION</u>	1.74		1.30 - 2.50

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-hour collections 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 blood increases. 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.

Apart from renal failure Blood Urea can increase in dehydration and GI bleed



Technologist  
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Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPY EXAMINATION</u></b>			
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		ABSENT

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

Technologist  
Page No: 12 of 12

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NAME:	MR. SHIVAM KOOLWAL	AGE	24 YRS/M
REF.BY	BANK OF BARODA	DATE	09/04/2024

## CHEST X-RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

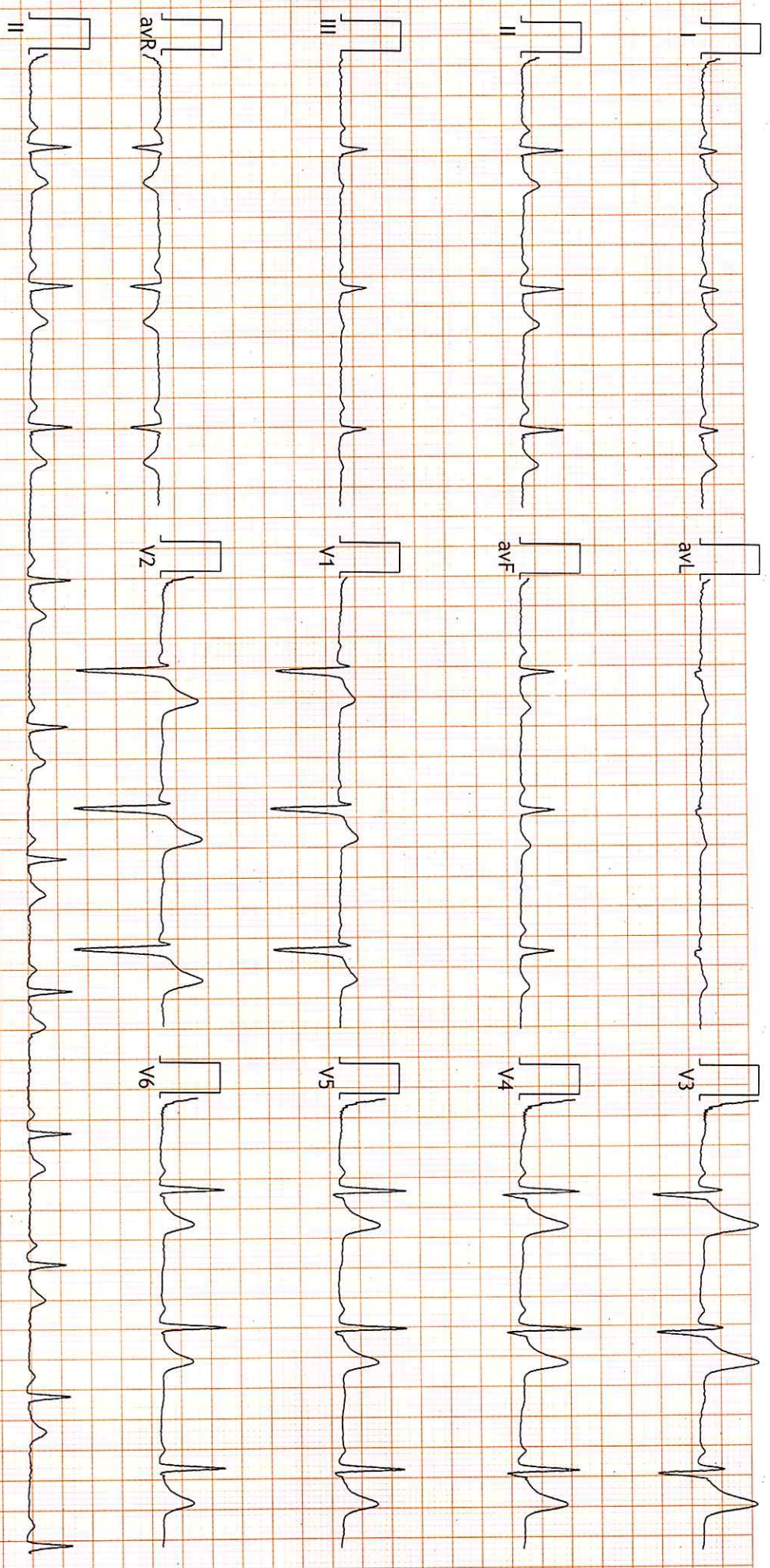
Thoracic soft tissue and skeletal system appear unremarkable.

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





FINDINGS: Normal Sinus Rhythm  
Vent Rate : 64 bpm; PR Interval : 152 ms; QRS Duration: 136 ms; QT/QTc Int : 341/353 ms  
P-QRS-T axis: 37•62•26• (Deg)  
Comments :

*Shivam*

~~Dr. Ramesh Kumar Mohanka~~  
RMC No.: 35703  
DIP. CARDIO (ESCORT)  
DE.M. (RCGP-UK)

TUNE





 **GPS Map Camera**

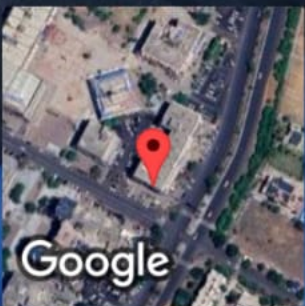
Jaipur, Rajasthan, India

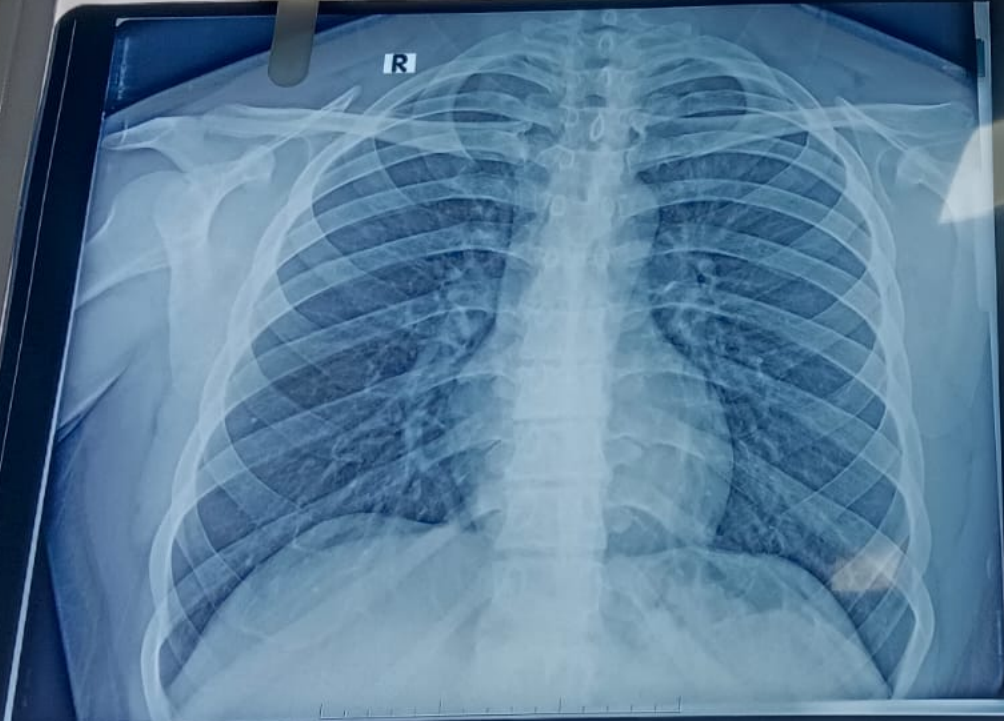
G-22 Vidhadher Enclave 14, near Cine Star, Sector 2, Central Spine, Vidyadhar Nagar, Jaipur, Rajasthan 302039, India

Lat 26.964589°

Long 75.782543°

09/04/24 12:16 PM GMT +05:30





122456 SHIVAM KOOLWAL 24 YRS , BOB M  
09 APR 2024  
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

