

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

भारत सरकार  
GOVERNMENT OF INDIA

बनवारी लाल जाट  
Banwari Lal Jat  
जन्म तिथि/ DOB: 01/01/1973  
पुरुष / MALE

9655 3563 0963

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
S/O: गोपी राम जाट,  
रोलानिया भवन, छोटा गुडा,  
जयपुर,  
राजस्थान - 303602

Address:  
S/O: Gopi Ram Jat, rolaniya bhawan,  
Chhota Gudha, Jaipur,  
Rajasthan - 303602

9655 3563 0963

Aadhaar-Aam Admi ka Adhikar



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: 22/10/22

Name: BANWARI LAL JAT Age: 49 DOB: 01-01-1973 Sex: M

Referred By: BANK of BARODA

Photo ID: VOTAR CARD ID #: 0963

Ht: 181 (cm)

Wt: 89 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 103 (cm)

Blood Pressure: 125/83 mm Hg

PR: 78 / min

RR: 17 / min

Temp: Afebrile

BMI 27.2

With Glasses R/E } G/G, M/G, NCB  
Eye Examination: U/E } G/G, M/G, NCB

Other: N/A

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

Signature Of Examinee : \_\_\_\_\_

Name of Examinee: Banwari Lal Jat

Signature Medical Examiner : \_\_\_\_\_

Name Medical Examiner: Dr. U.C. Gupta

**Dr. U. C. GUPTA**  
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# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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<b>NAME :- Mr. BANWARI LAL JAT</b>	Patient ID :-12222298	Date :- 22/10/2022	08:51:04
Age :- 49 Yrs 9 Mon 21 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 22/10/2022 17:12:35

## HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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### FULL BODY HEALTH CHECKUP ABOVE 40 MALE

#### HAEMOGARAM

<b>HAEMOGLOBIN (Hb)</b>	<b>12.0</b> L	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.20	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	59.0	%	40.0 - 80.0
LYMPHOCYTE	34.0	%	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
<b>TOTAL RED BLOOD CELL COUNT (RBC)</b>	<b>4.33</b> L	$\times 10^6/\mu\text{L}$	4.50 - 5.50
<b>HEMATOCRIT (HCT)</b>	<b>38.60</b> L	%	40.00 - 50.00
<b>MEAN CORP VOLUME (MCV)</b>	89.0	fL	83.0 - 101.0
<b>MEAN CORP HB (MCH)</b>	27.1	pg	27.0 - 32.0
<b>MEAN CORP HB CONC (MCHC)</b>	<b>30.4</b> L	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	215	$\times 10^3/\mu\text{L}$	150 - 410
<b>RDW-CV</b>	<b>15.0</b> H	%	11.6 - 14.0
<b>MENTZER INDEX</b>	<b>20.55</b> H		0.00 - 0.00

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

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

- \*Red Blood Cells (RBC), which carry oxygen -
- \*White Blood Cells (WBC), which help in fighting against infections -
- \*Hemoglobin, which is the oxygen carrying protein in the red blood cells -
- \*Hematocrit (HCT), the proportion of RBC to the fluid component, or plasma present in blood -
- \*Platelets, which aid in blood clotting

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

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



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Date :- 22/10/2022

08:51:04

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Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 23/10/2022 08:58:34

## HAEMATOLOGY

### Erythrocyte Sedimentation Rate (ESR)

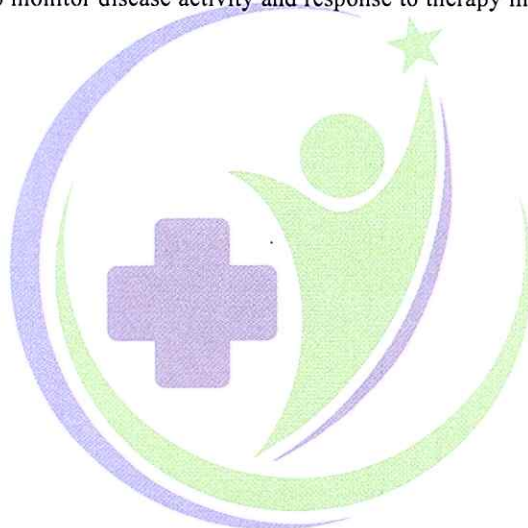
13

mm in 1st hr

00 - 15

Method:- Westergreen

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein. ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as



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(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan



ADIYTA, VIKARANTJI

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**BIOCHEMISTRY**

Test Name	Value	Unit	Biological Ref Interval
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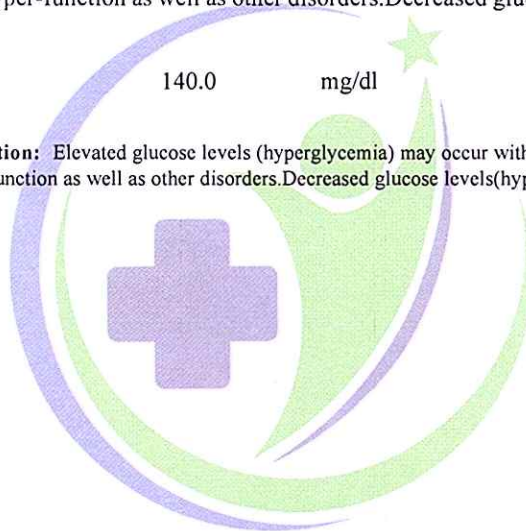
FASTING BLOOD SUGAR (Plasma) Method:- GOD POD	<b>137.0</b> H	mg/dl	70.0 - 115.0
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Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

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

BLOOD SUGAR PP (Plasma) Method:- GOD PAP	140.0	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
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**GLYCOSYLATED HEMOGLOBIN (HbA1C)**

Method:- CAPILLARY with EDTA

8.1 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

186 H mg/dL

68 - 125

**INTERPRETATION**

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %

Non diabetic adults >=18 years < 5.7

At risk (Prediabetes) 5.7 - 6.4

Diagnosing Diabetes >= 6.5

**CLINICAL NOTES**

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 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:**

- 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.
- 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:**

- To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead.
  - 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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<b>NAME :- Mr. BANWARI LAL JAT</b>	Patient ID :-42222298	Date :- 22/10/2022	08:51:04
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## HAEMATOLOGY

BLOOD GROUP ABO  
Method:- Haemagglutination reaction

"A" POSITIVE



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## BIOCHEMISTRY

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

TOTAL CHOLESTEROL  
Method:- CHOD-PAP methodology

250.00 H mg/dl

Desirable <200  
Borderline high 200-239  
High > 240

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

TRIGLYCERIDES  
Method:- GPO-TOPS methodology

220.00 H mg/dl

Normal <150  
Borderline high 150-199  
High 200-499  
Very high >500

InstrumentName:MISPA PLUS Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDL CHOLESTEROL  
Method:- Selective inhibition Method

54.00 mg/dl

Male 35-80  
Female 42-88

Instrument Name:MISPA PLUS Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

LDL CHOLESTEROL  
Method:- Calculated Method

159.33 H mg/dl

Optimal <100  
Near Optimal/above optimal 100-129  
Borderline High 130-159  
High 160-189  
Very High > 190

Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

VLDL CHOLESTEROL  
Method:- Calculated

44.00 mg/dl

0.00 - 80.00

T. CHOLESTEROL/HDL CHOLESTEROL RATIO  
Method:- Calculated

4.63

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO  
Method:- Calculated

2.95

0.00 - 3.50

TOTAL LIPID  
Method:- CALCULATED

804.94 mg/dl

400.00 - 1000.00

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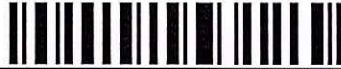
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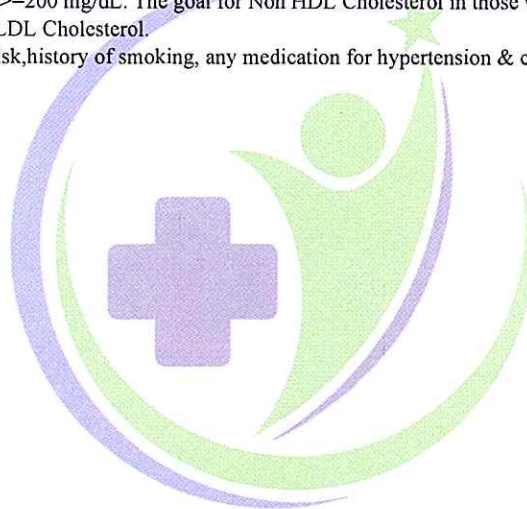
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## BIOCHEMISTRY

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 atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterol is used as a secondary target of therapy in persons with triglycerides  $\geq 200$  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	0.69	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.11	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.58	mg/dl	0.30-0.70
SGOT Method:- IFCC	<b>39.1</b> H	U/L	Men- Up to - 37.0 Female - Up to - 31.0
SGPT Method:- IFCC	<b>52.9</b> H	U/L	Men- Up to - 40.0 Female- Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	62.20	U/L	53.00 - 141.00
SERUM GAMMA GT Method:- Szasz methodology Instrument Name Randox 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 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.	19.80	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	7.21	g/dl	5.10 - 8.00
SERUM ALBUMIN Method:- Bromocresol Green	4.15	g/dl	2.80 - 4.50
SERUM GLOBULIN Method:- CALCULATION	3.06	gm/dl	2.20 - 3.50
A/G RATIO	1.36		1.30 - 2.50

**Interpretation :** Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

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

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## BIOCHEMISTRY

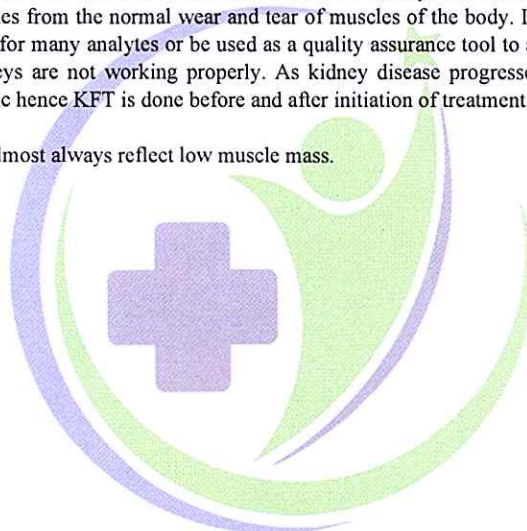
SERUM ALBUMIN Method:- Bromocresol Green	4.15	g/dl	2.80 - 4.50
SERUM GLOBULIN Method:- CALCULATION	3.06	gm/dl	2.20 - 3.50
A/G RATIO	1.36		1.30 - 2.50

**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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**BIOCHEMISTRY**

**RFT / KFT WITH ELECTROLYTES**

SERUM UREA 25.70 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  
Method:- Jaffe's Method 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 6.05 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 135.0 mmol/L 135.0 - 150.0  
Method:- ISE

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 3.96 mmol/L 3.50 - 5.50  
Method:- ISE

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

CHLORIDE 100.7 mmol/L 94.0 - 110.0  
Method:- ISE

Interpretation: Used for Electrolyte monitoring.

SERUM CALCIUM 9.10 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 7.21 g/dl 5.10 - 8.00  
ADHYTA Direct Biuret Reagent

**Technologist**

Page No: 10 of 17

*Tanu Rungta*

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



# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



**NAME :- Mr. BANWARI LAL JAT**

Age :- 49 Yrs 9 Mon 21 Days

Sex :- Male

Patient ID :-12222298

Date :- 22/10/2022

08:51:04

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 22/10/2022 17:12:35

## CLINICAL PATHOLOGY

URINE SUGAR (FASTING)  
Collected Sample Received

Nil

Nil



ADIYTA

**Technologist**  
Page No: 13 of 17

**DR.TANU RUNGTA**  
MD (Pathology)  
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Age :- 49 Yrs 9 Mon 21 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 22/10/2022 17:12:35

**IMMUNOASSAY**

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

PSA (PROSTATE SPECIFIC ANTIGEN) -TOTAL Method:- Methodology: CLIA	0.509	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. After treatment, higher BMI also correlates to higher risk of recurrence.

ADIYTA

**Technologist**  
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Age :- 49 Yrs 9 Mon 21 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 22/10/2022 17:12:35

**IMMUNOASSAY**

**TOTAL THYROID PROFILE**

**THYROID-TRIIODOTHYRONINE T3**

1.17 ng/mL

0.70 - 2.04

Method:- ECLIA

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. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions, simultaneous measurement of TSH with free T4 is useful in evaluating differential 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 & \* T4 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

**THYROID-THYRONINE (T4)**

6.98 uIU/mL

5.10 - 14.10

Method:- ECLIA

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. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions, simultaneous measurement of TSH with free T4 is useful in evaluating differential 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 & \* T4 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

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**TSH**

2.174 uIU/mL

0.350 - 5.500

Method:- ECLIA

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. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions, simultaneous measurement of TSH with free T4 is useful in evaluating differential 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

**Technologist**

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*Tanu Rungta*

**DR.TANU RUNGTA**

MD (Pathology)  
RMC No. 17226





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Age :- 49 Yrs 9 Mon 21 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 22/10/2022 17:12:35

### IMMUNOASSAY

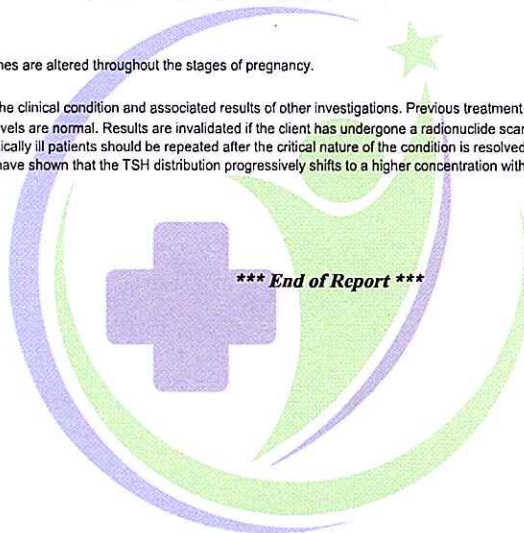
- 3.Low TSH,high FT4 and TSH receptor antibody(TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter
- 4.HighTSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimotos thyroiditis
- 5.HighTSH,Low FT4 and Thyroid microsomal antibody normal seen in patients 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 levels
- 8.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
- 9.Normal or ↑ T3 & ↑T4 levels Indicate T4 Thyrotoxicosis ( problem is conversion of T4 to T3)
- 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 Hypothyroidism .
- 13 Slightly ↑ T3 levels may be found in pregnancy and in estrogen therapy while ↓ levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propranolol.
- 14.Although ↑ TSH levels are nearly always indicative of Primary Hypothyroidism ,rarely they can result from TSH secreting pituitary tumours.

#### 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



ADIYTA

**Technologist**  
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*Jana*

**DR.TANU RUNGTA**  
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RMC No. 17226



# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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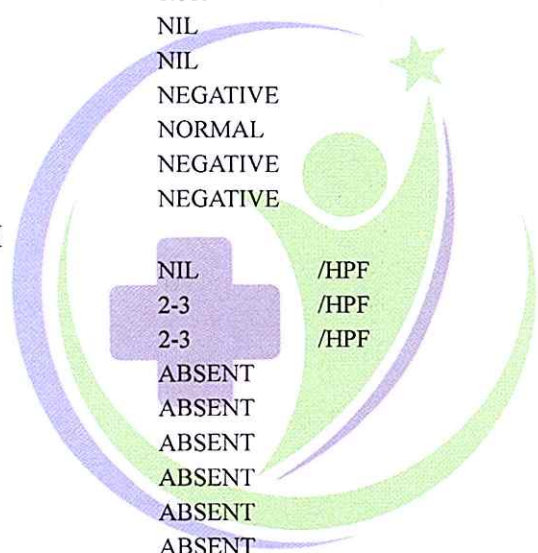


<b>NAME :- Mr. BANWARI LAL JAT</b>	Patient ID :-12222298	Date :- 22/10/2022	08:51:04
Age :- 49 Yrs 9 Mon 21 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 22/10/2022 17:12:35

## CLINICAL PATHOLOGY

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	1.015		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



ADIYTA

**Technologist**

Page No: 12 of 17

**DR.TANU RUNGTA**

MD (Pathology)

RMC No. 17226





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(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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NAME:	MR. BANWARI LAL JAT	AGE	49 YRS/M
REF.BY	BANK OF BARODA	DATE	22/10/2022

## CHEST X RAY (PA VIEW)

- A small, well-defined radio-opacity is noted overlying right anterior 3rd rib. DD  
includes benign rib/parenchymal lesion.

Otherwise, 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.

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



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MR. BANWARI LAL JAT	49 Y/Male
Registration Date: 22/10/2022	Ref. by: BANK OF BARODA

**ULTRASOUND OF WHOLE ABDOMEN**

**Liver** is of normal size (14.5 cm). **Echo-texture is increased.** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder:** Few echogenic foci are noted in anterior and posterior walls with mildly thickened walls and comet-tail artifacts – *likely suggestive of adenomyomatosis.* No 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 (11.0 cm) and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. Collecting system does not show any calculus or dilatation.

**Right kidney** is measuring approx. 11.2 x 4.5 cm.

**Left kidney** is measuring approx. 11.7 x 5.4 cm.

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

**Prostate** is normal in size (measuring approx. 3.0 x 4.6 x 3.4 cm, volume 25-26 cc) 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:**

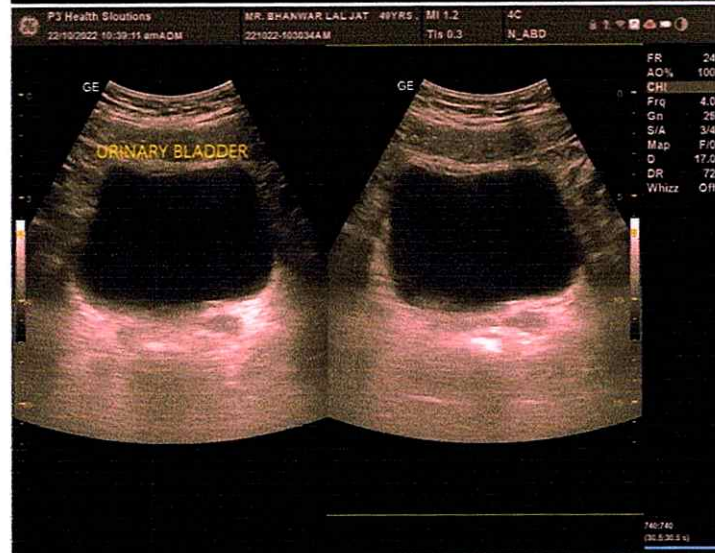
- Features suggestive of gall bladder adenomyomatosis as described above.
- Grade 1 fatty liver.

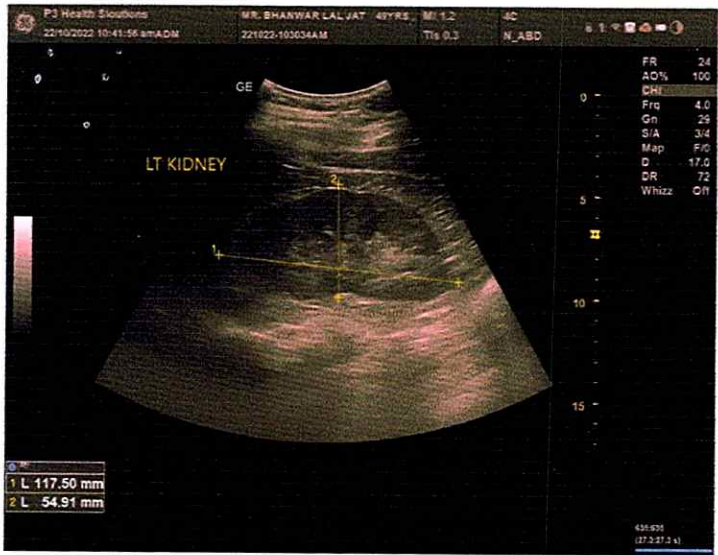
**DR.SHALINI GOEL**

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

RMC no.: 21954





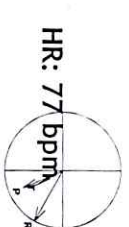




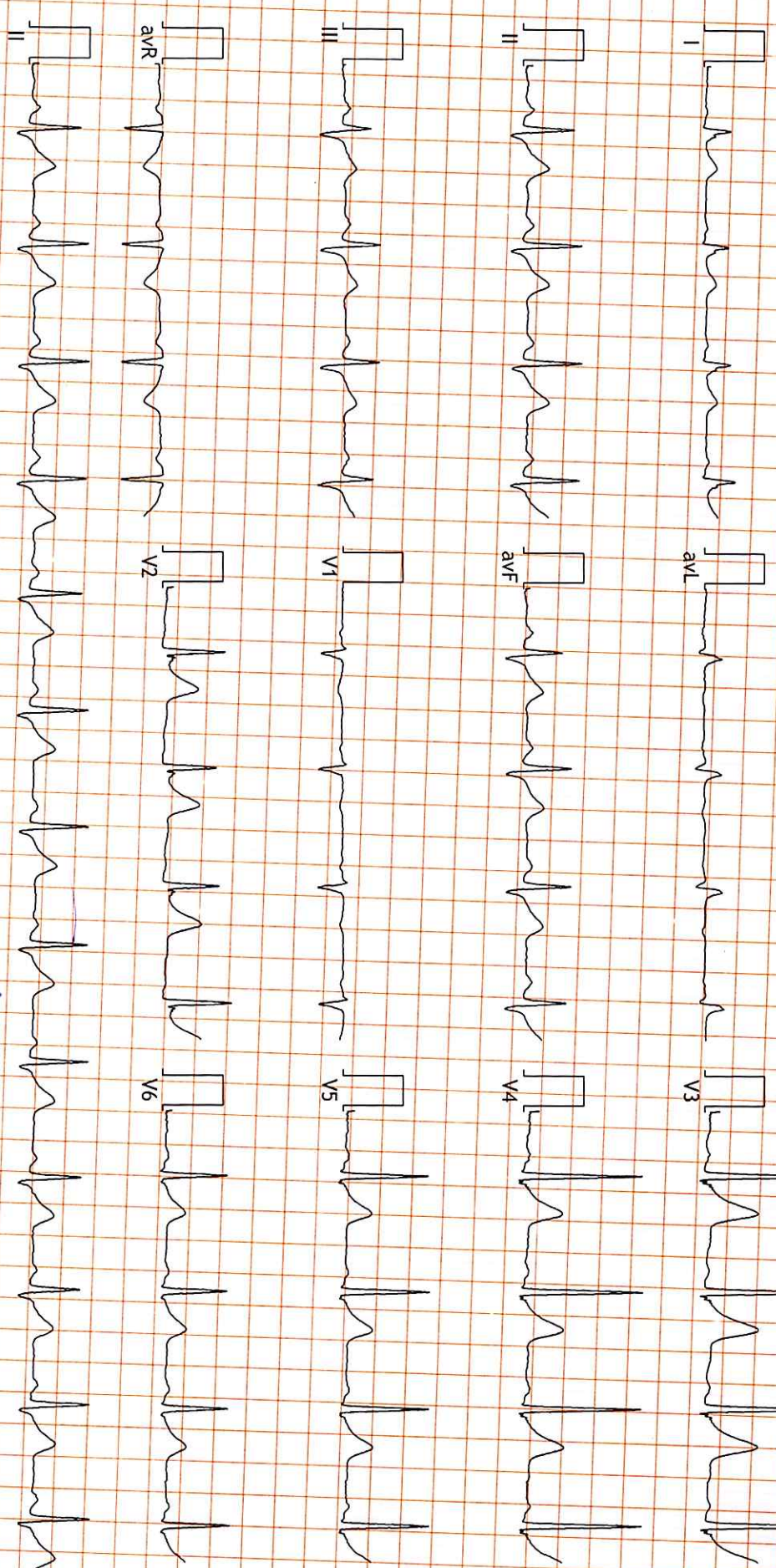
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R-14, Vidyanagar Nagar, Enclave, Phase-2, Jaipur  
12229451322317/Mr banwarl Lal Jat 49Yrs-11Months/Male

Ret.: BANK OF BARODA Test Date: 22-Oct-2022(11:52:34) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec



PR Interval: 150 ms  
QRS Duration: 118 ms  
QT/QTc: 365/416ms  
P-QRS-T Axis: 66 - p9 - 61 (Deg)



FINDINGS: Normal Sinus Rhythm

Vent Rate : 77 bpm; PR Interval : 150 ms; QRS Duration : 118ms; QT/QTc Int : 365/416 ms  
P-QRS-T axis: 66 • 29 • 61 • (Deg)

Comments :

Dr. Naresh Kumar Mohanka

RMC No.: 35703

/BBS, DIP. CARDIO (ESCORTS)

Dr. M. V. S. D. J. K.



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

49 Yrs/Male 0 Kg/0 Cms

1322169/MR BANWARI LAL JAT  
Date: 22-Oct-2022 11:54:08 AM  
Ref. By : BANK OF BARODA

Protocol : BRUCE

History :

Objective :

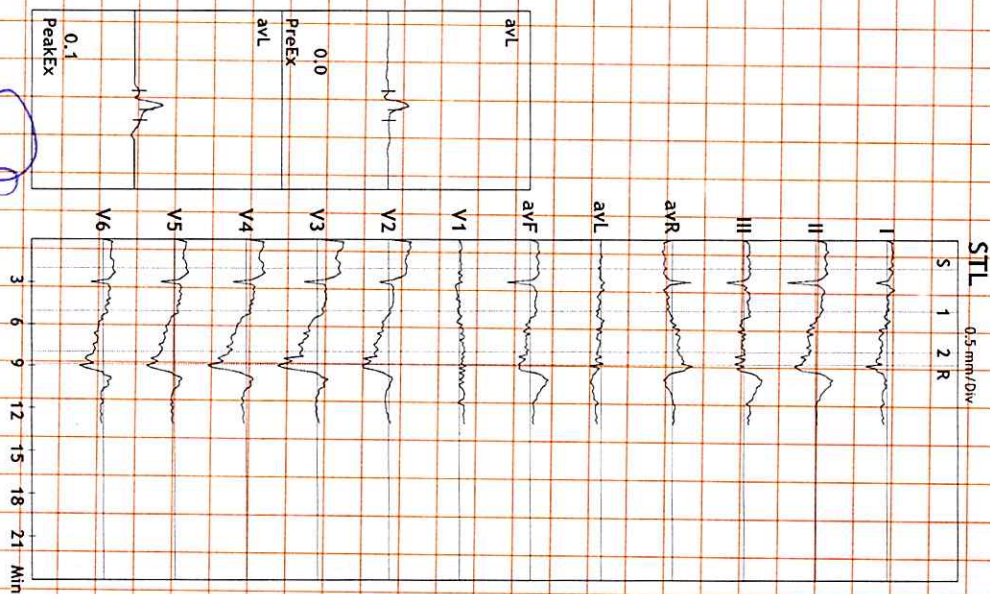
Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	75	125/85	93	-	
Standing					1.0	86	125/85	107	-	
HV					1.0	87	125/85	108	-	
EXStart					1.0	96	125/85	120	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	130	135/85	175	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	157	145/85	227	-	
PeakEx	0:56	6:57	3.4	14.0	8.1	171	145/85	247	-	
Recovery	1:00		0.0	0.0	1.2	138	145/85	200	-	
Recovery	2:00		0.0	0.0	1.0	110	145/85	159	-	
Recovery	3:00		0.0	0.0	1.0	106	145/85	153	-	
Recovery	4:00		0.0	0.0	1.0	95	135/85	128	-	

Findings :

Exercise Time : :06:56  
 Max HR Attained : :171 bpm 100% of Max Predictable HR 171  
 Max BP : 145/85(mmHg)  
 Max Workload attained : 8.1 (Fair Effort Tolerance)

*TMT is NEGATIVE for AMI*

Advice/Comments:



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





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

1322169/MR BAWWARI LAL JAT

49 Yrs/Male

0 Kg/0 Cms

Date: 22-Oct-2022 11:54:08 AM

4X

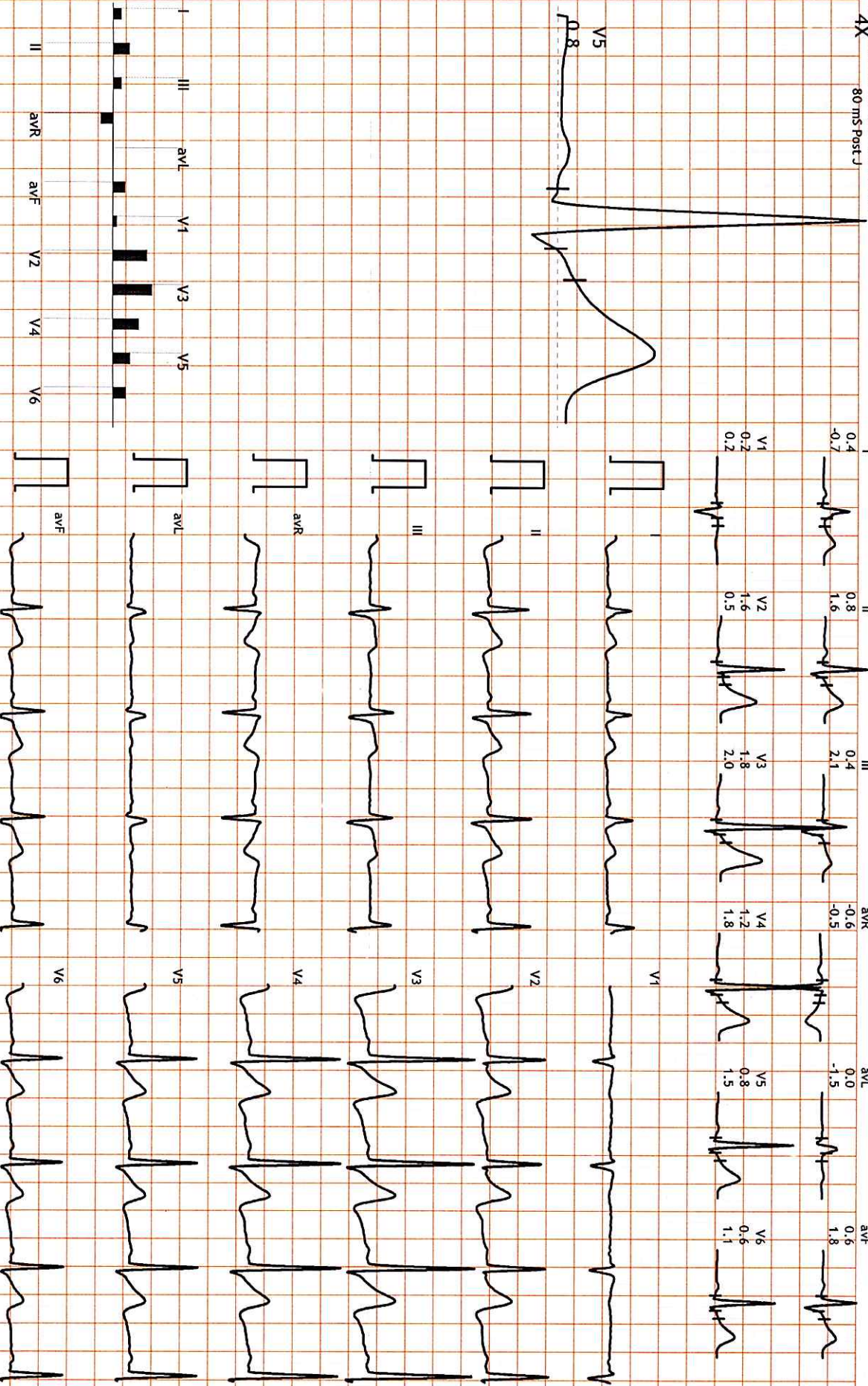
HR: 75 bpm  
METs: 1.0  
BP: 125/85

MPHR: 43% of 171  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 00:30  
BLC : On  
Notch : On

Supine  
10.0 mm/mV  
25 mm/Sec.





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

1322169/MR BANWARI LAL JAT

49 Yrs/Male

0 Kg/0 Cms

Date: 22-Oct-2022 11:54:08 AM

4X

80 ms Post J

HR: 130 bpm

METS: 4.7

BP: 135/85

APHR: 76% of 171

Speed: 1.7 mph

Grade: 10.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 02:59

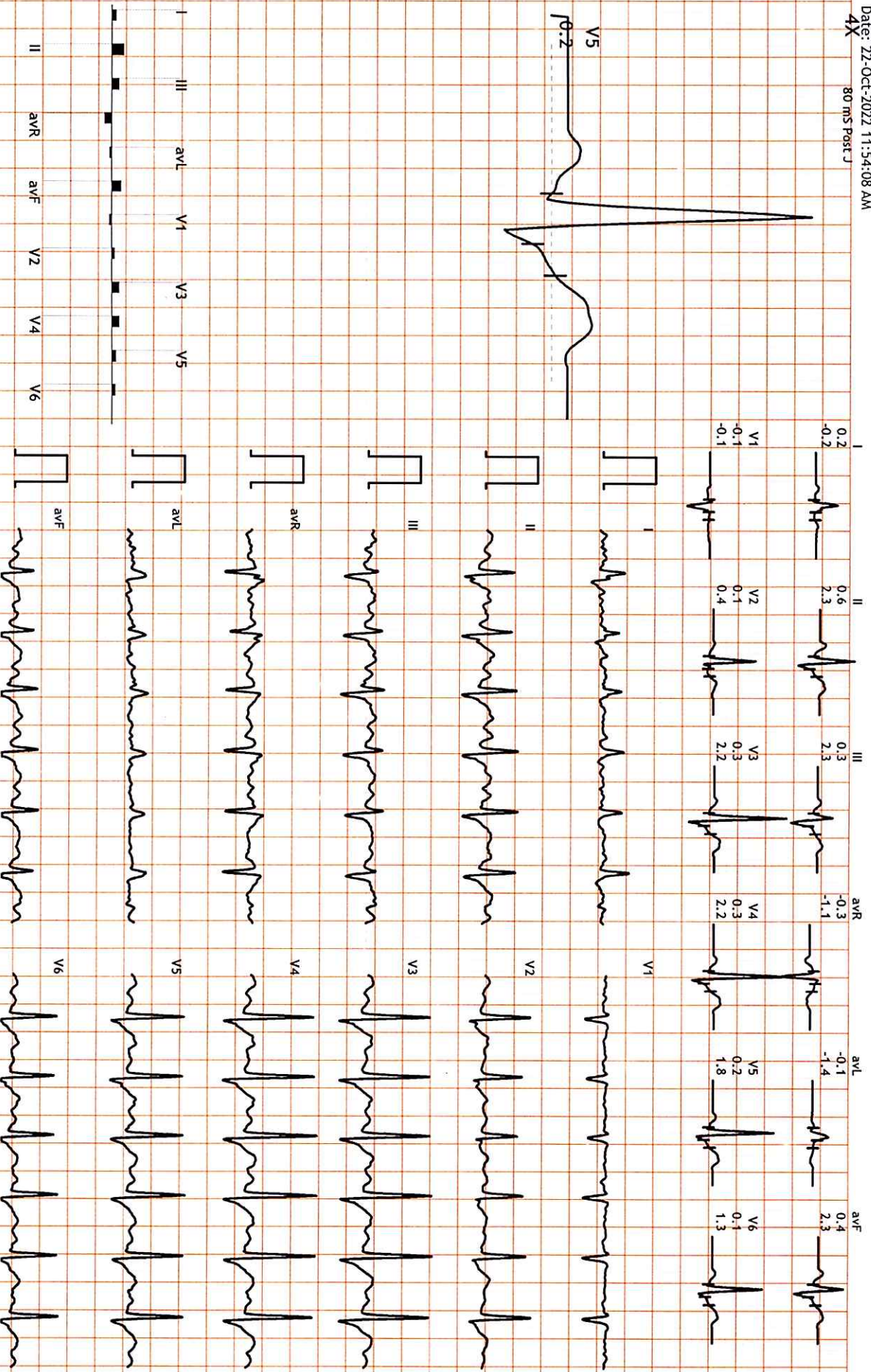
BLC :On

Notch : On

BRUCE: Stage 1(3:00)

10.0 mm/mV

25 mm/Sec.





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

1322169/MR BANWARI LAL JAT

49 Yrs/Male

0 Kg/0 Cms

Date: 22-Oct-2022 11:54:08 AM

4X 80 ms Post J

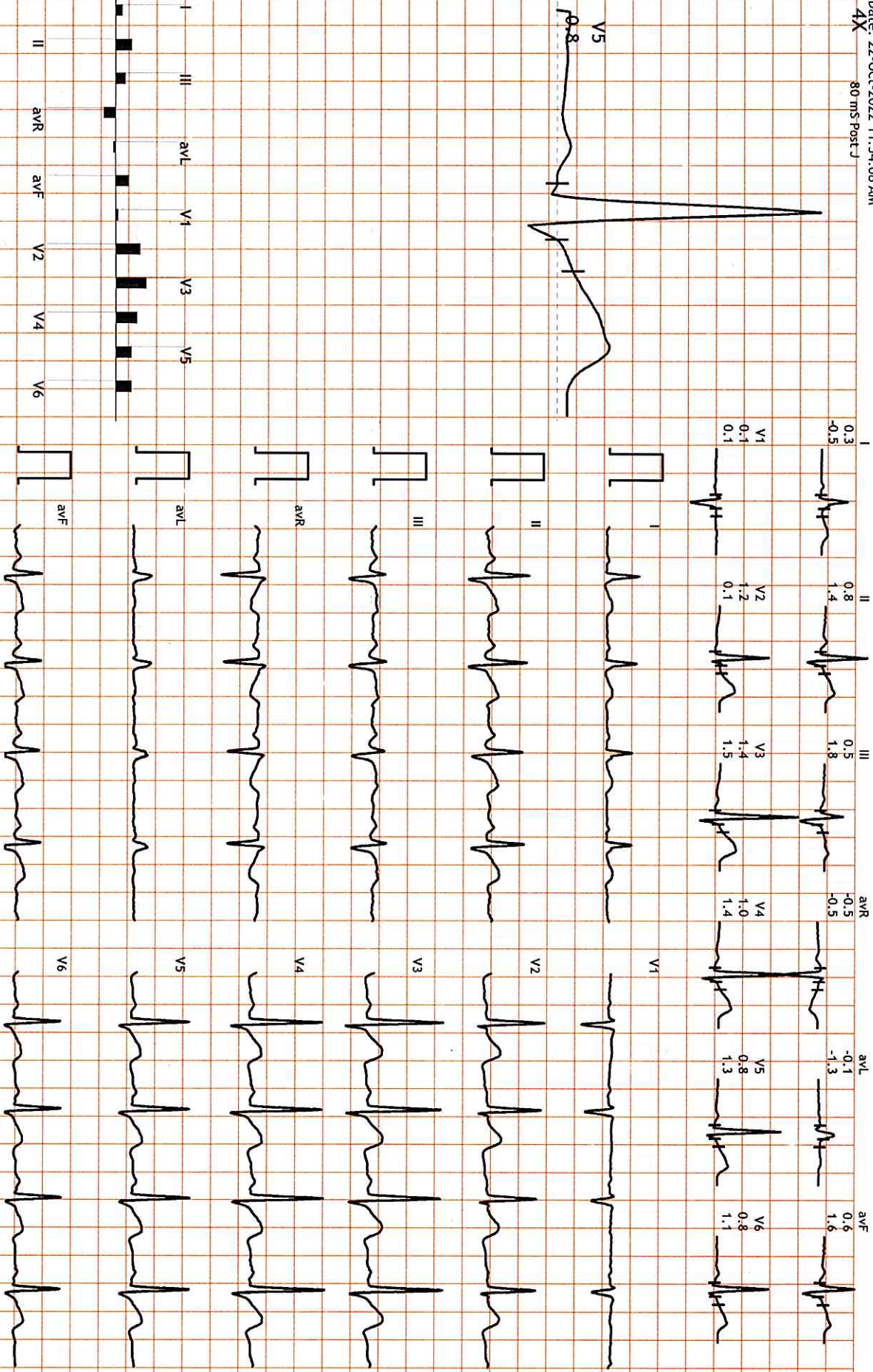
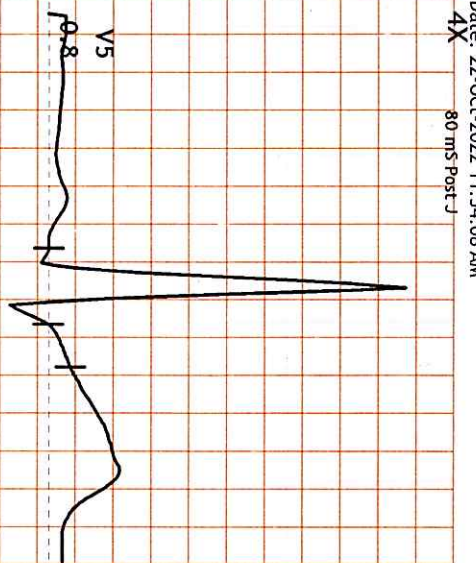
HR: 89 bpm  
METs: 1.0  
BP: 125/85

MPHR: 52% of 171  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 01:31  
BLC : On  
Notch : On

HV  
10.0 mm/mV  
25 mm/Sec.





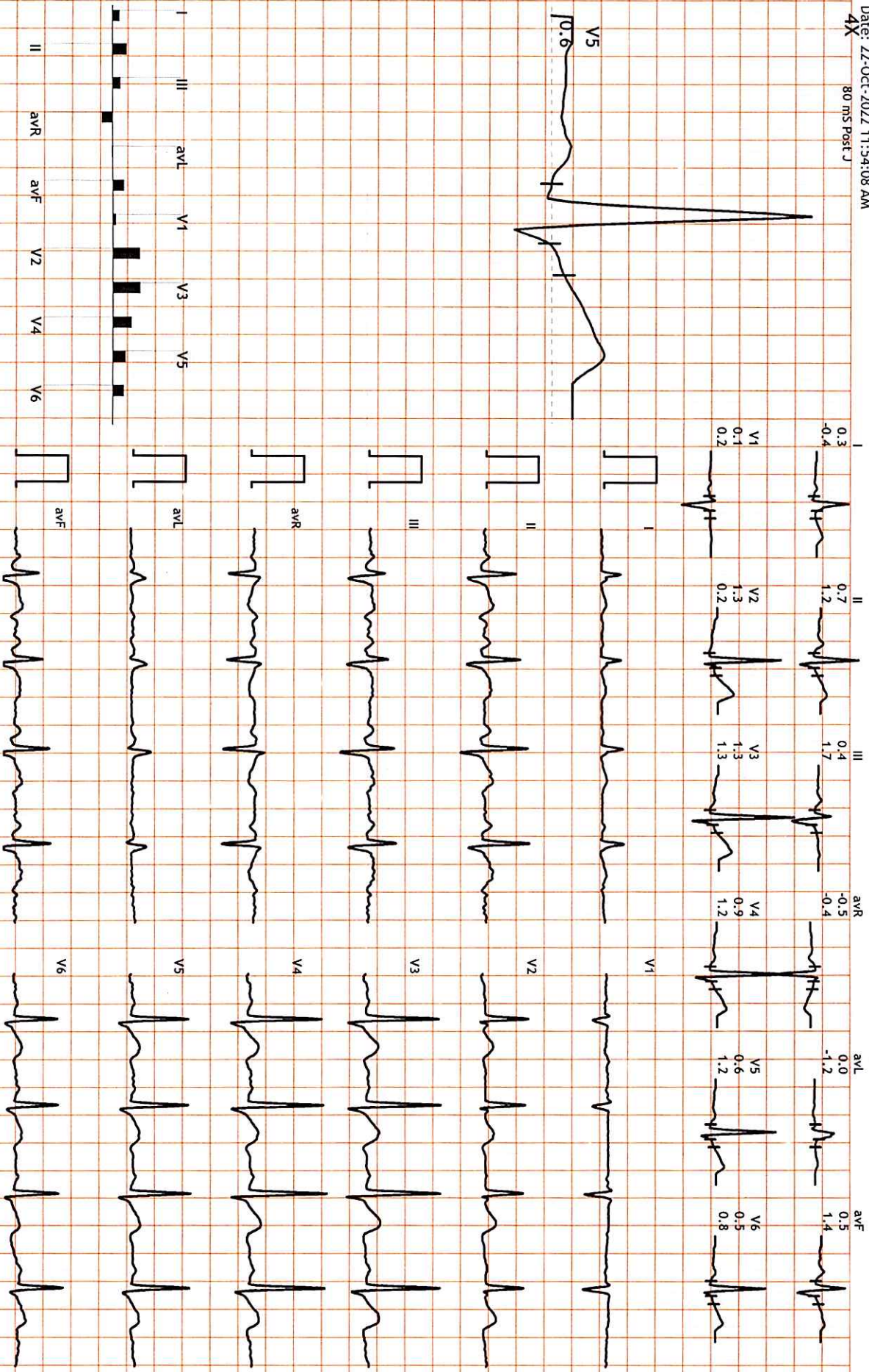
HR: 90 bpm  
 METS: 1.0  
 BP: 125/85

MPHR: 52% of 171  
 Speed: 0.0 mph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (1.0-35)Hz

Ex Time 01:20  
 BLC : On  
 Notch : On

Standing  
 10.0 mm/mV  
 25 mm/Sec.





HR: 171 bpm

METS: 8.1

BP: 145/85

MPHR: 100% of 171

Speed: 3.4 mph

Grade: 14.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 06:54

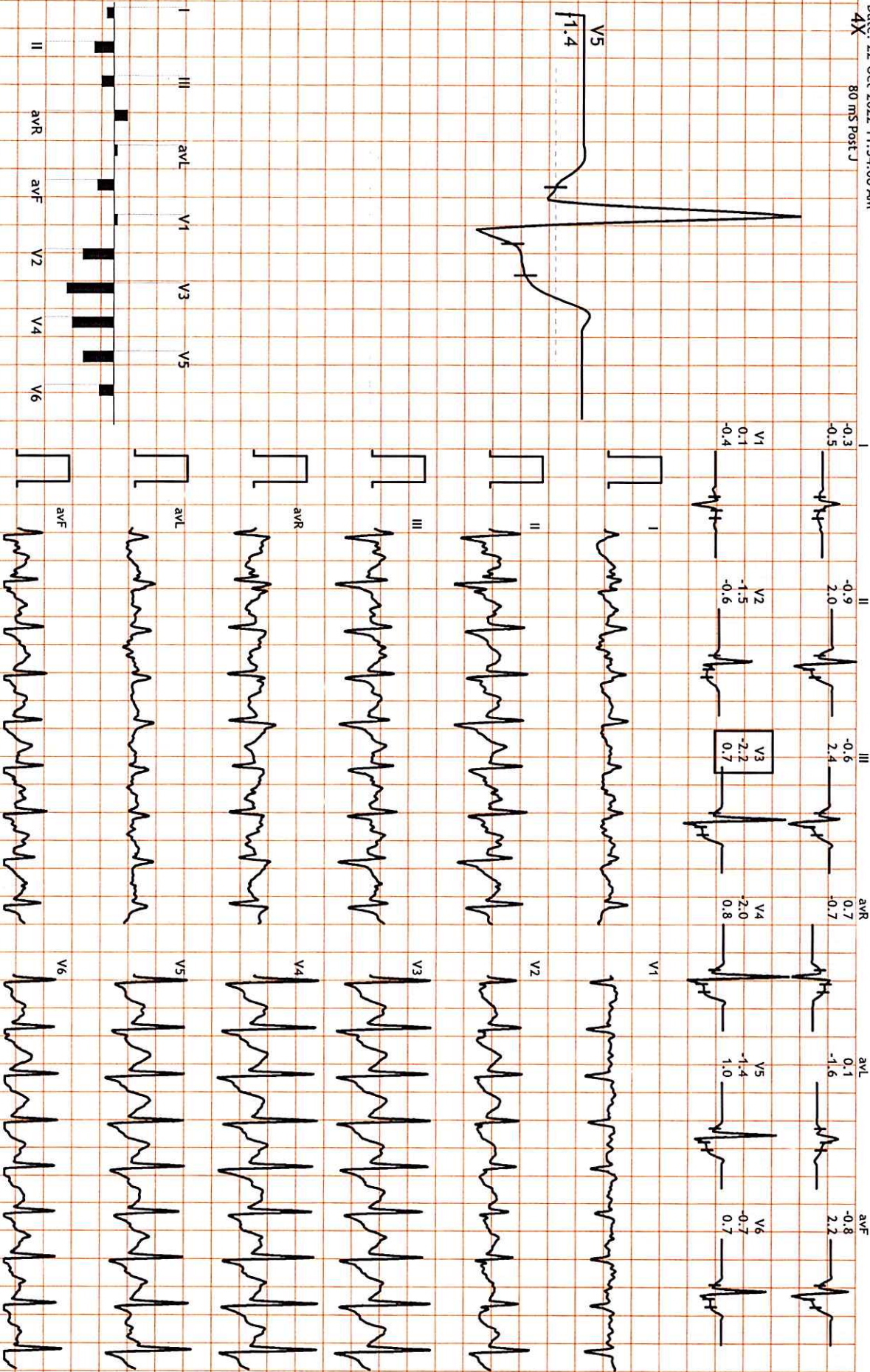
BLC :On

Notch :On

BRUCE:PeakEx(0:54)

10.0 mm/mV

25 mm/Sec.





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

1322169/MR BANWARI LAL JAT

49 Yrs/Male

HR: 139 bpm  
METs: 1.3  
BP: 145/85

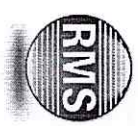
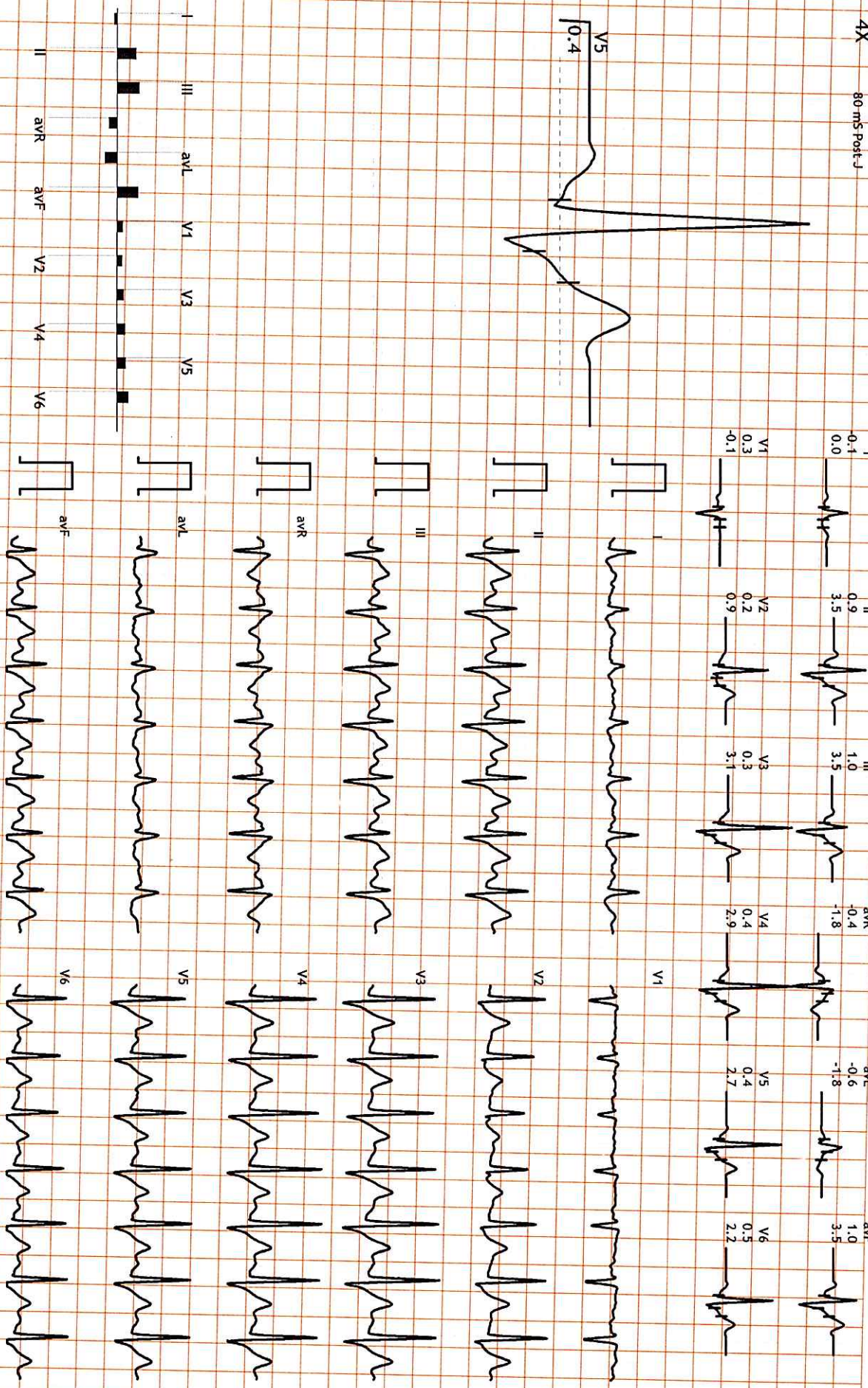
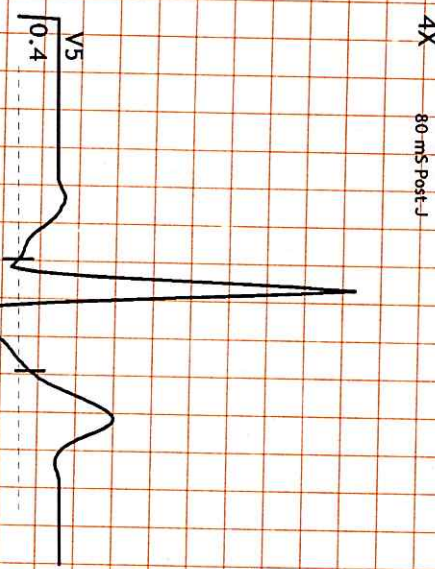
MPHR: 81% of 171  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 06:56  
BLC : On  
Notch : On

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

Date: 22-Oct-2022 11:54:08 AM  
4X 80-ms Post-J





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

1322169/MR BANWARI LAL JAT

49 Yrs/Male

0 Kg/0 Cms

Date: 22-Oct-2022 11:54:08 AM

4X

80 ms Post J

HR: 157 bpm

METS: 7.1

BP: 145/85

MPHR: 91% of 171

Speed: 2.5 mph

Grade: 12.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 05:59

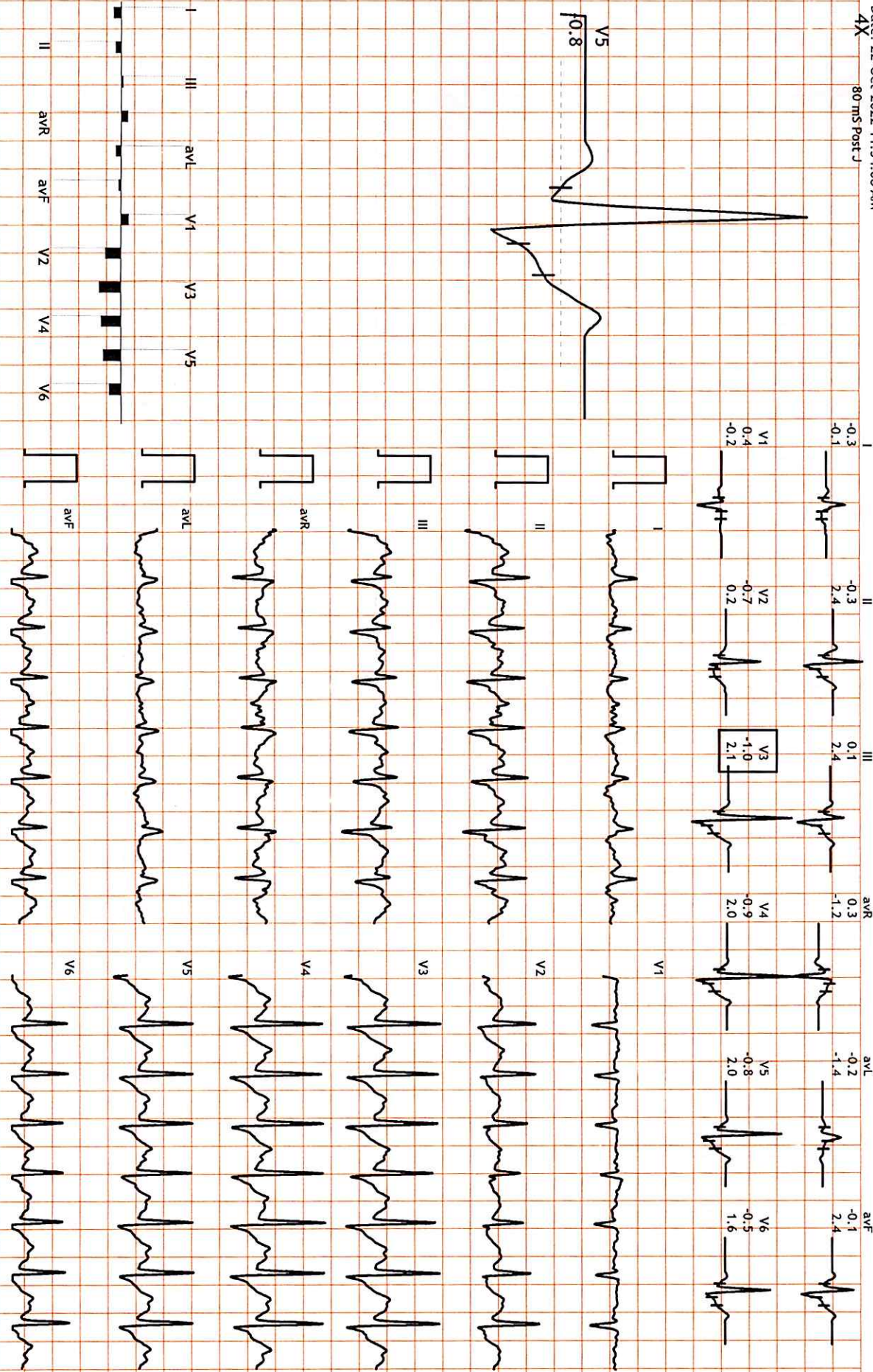
BLC :On

Notch :On

BRUCE: Stage 2(3:00)

10.0 mm/mV

25 mm/Sec.





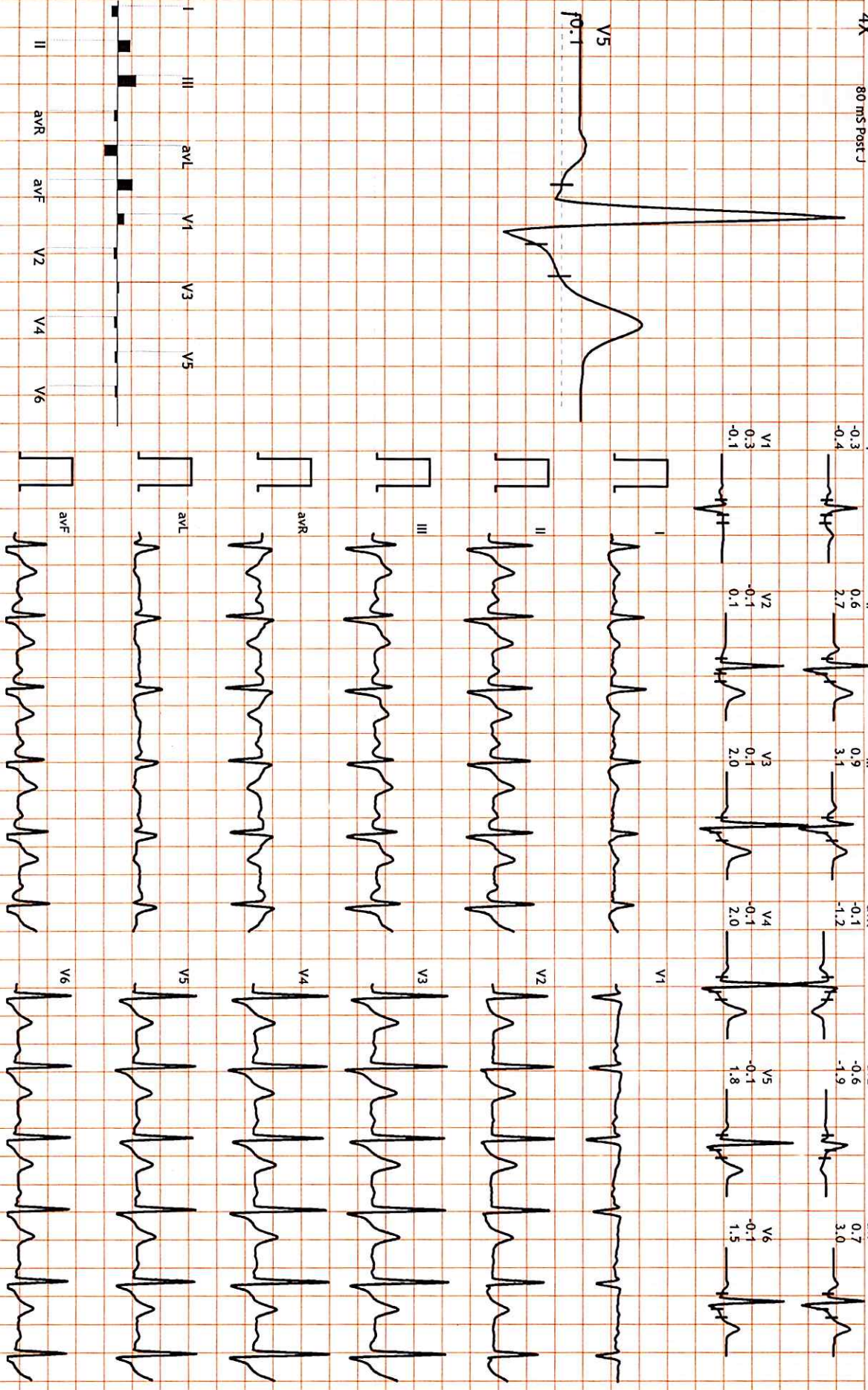
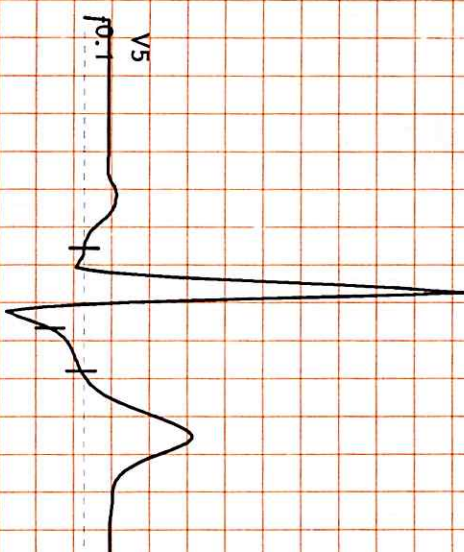
HR: 110 bpm  
METs: 1.0  
BP: 145/85

MPHR: 64% of 171  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 06:56  
BLC : On  
Notch : On

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





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

1322169/MR BANWARI LAL JAT

49 Yrs/Male

0 Kg/0 Cms

Date: 22-Oct-2022 11:54:08 AM

4X

80 ms Post J

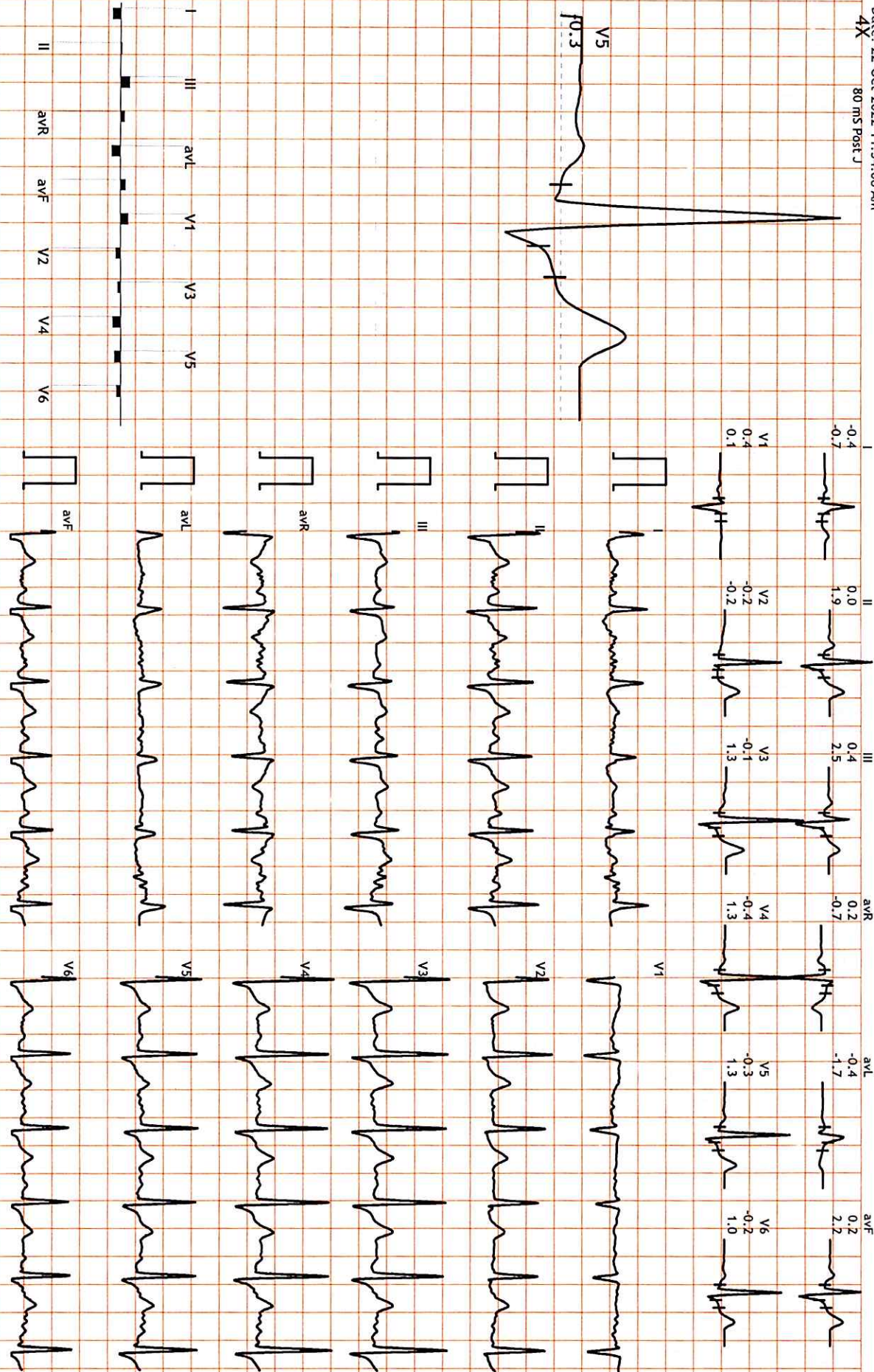
HR: 105 bpm  
METTS: 1.0  
BP: 145/85

APHR: 61% of 171  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 06:56  
BLC :On  
Notch :On

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





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

1322169/MR BANWARI LAL JAT

49 Yrs/Male

0 Kg/0 Cms

Date: 22-Oct-2022 11:54:08 AM

4X

80 ms Post J

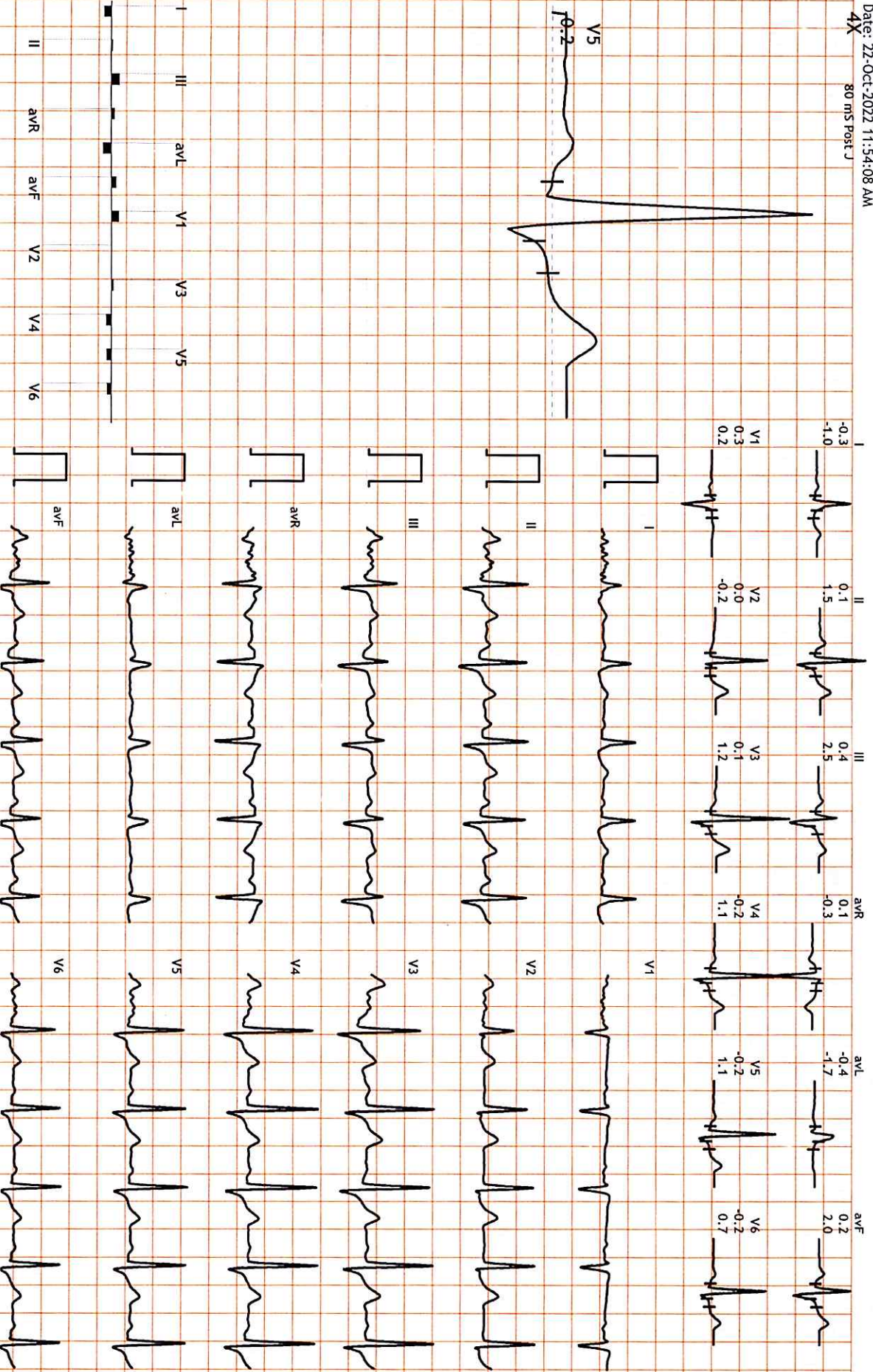
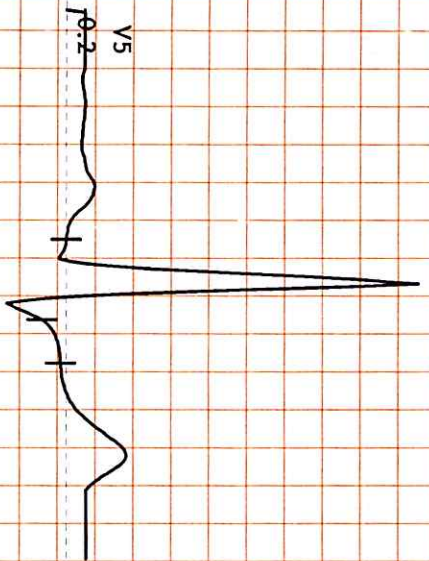
HR: 96 bpm  
METS: 1.0  
BP: 135/85

MPHR: 56% of 171  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

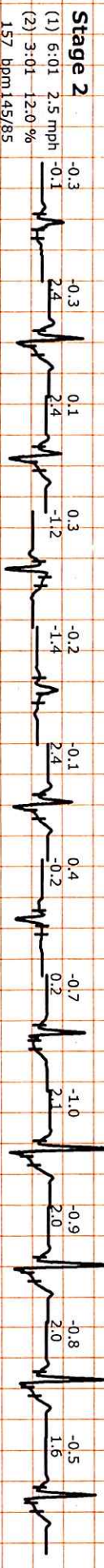
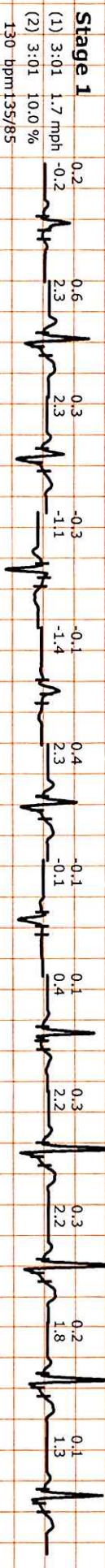
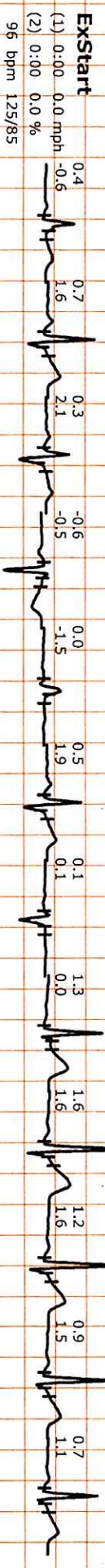
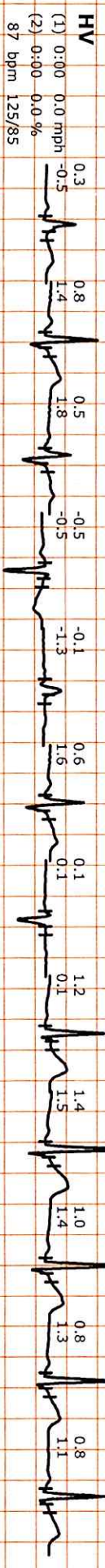
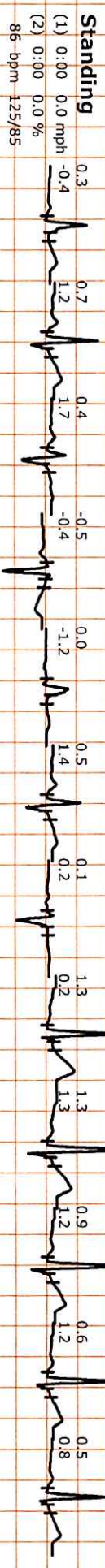
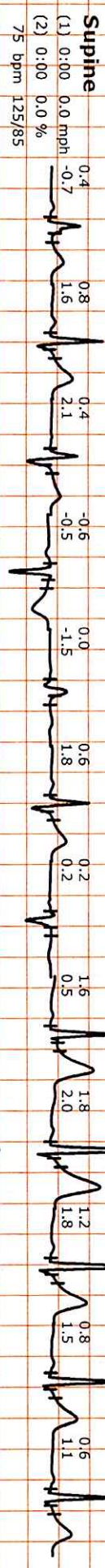
Ex Time 06:56  
BLC : On  
Notch : On

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





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





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

1322169/MR BANWARI LAL JAT

49 Yrs/Male 0 Kg/0 Cms

Date: 22-Oct-2022 11:54:08 AM



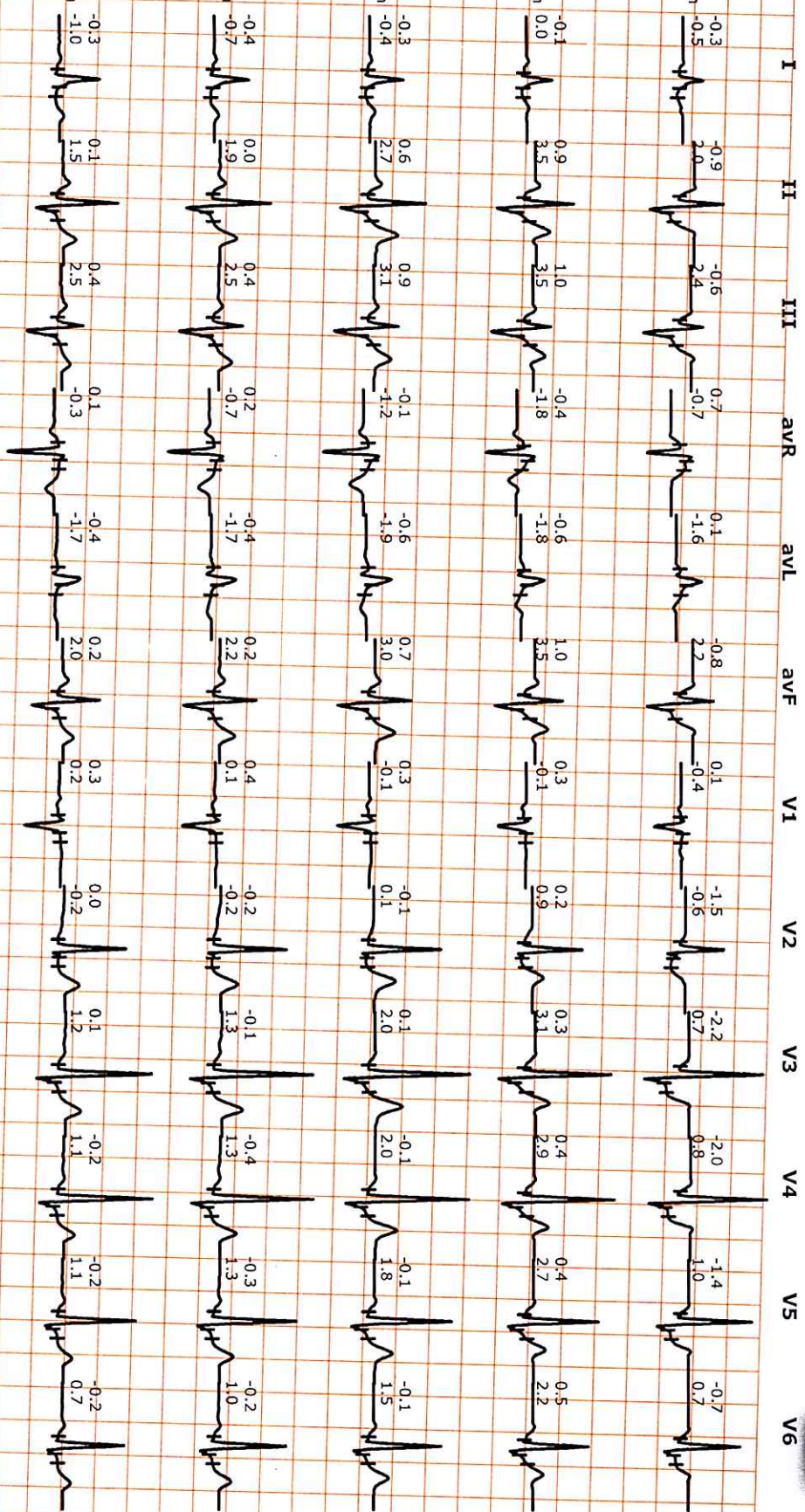
**PeakEX**  
(1) 6:56 3.4 mph  
(2) 0:56 14.0 %  
171 bpm 145/85

**Recovery**  
(1) 6:56 0.0 mph  
(2) 1:00 0.0 %  
138 bpm 145/85

**Recovery**  
(1) 6:56 0.0 mph  
(2) 2:00 0.0 %  
110 bpm 145/85

**Recovery**  
(1) 6:56 0.0 mph  
(2) 3:00 0.0 %  
106 bpm 145/85

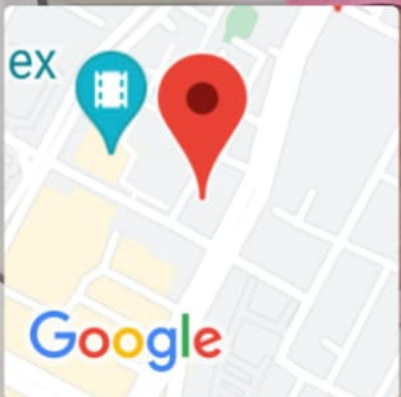
**Recovery**  
(1) 6:56 0.0 mph  
(2) 4:00 0.0 %  
95 bpm 135/85







 GPS Map Camera



## Jaipur, Rajasthan, India

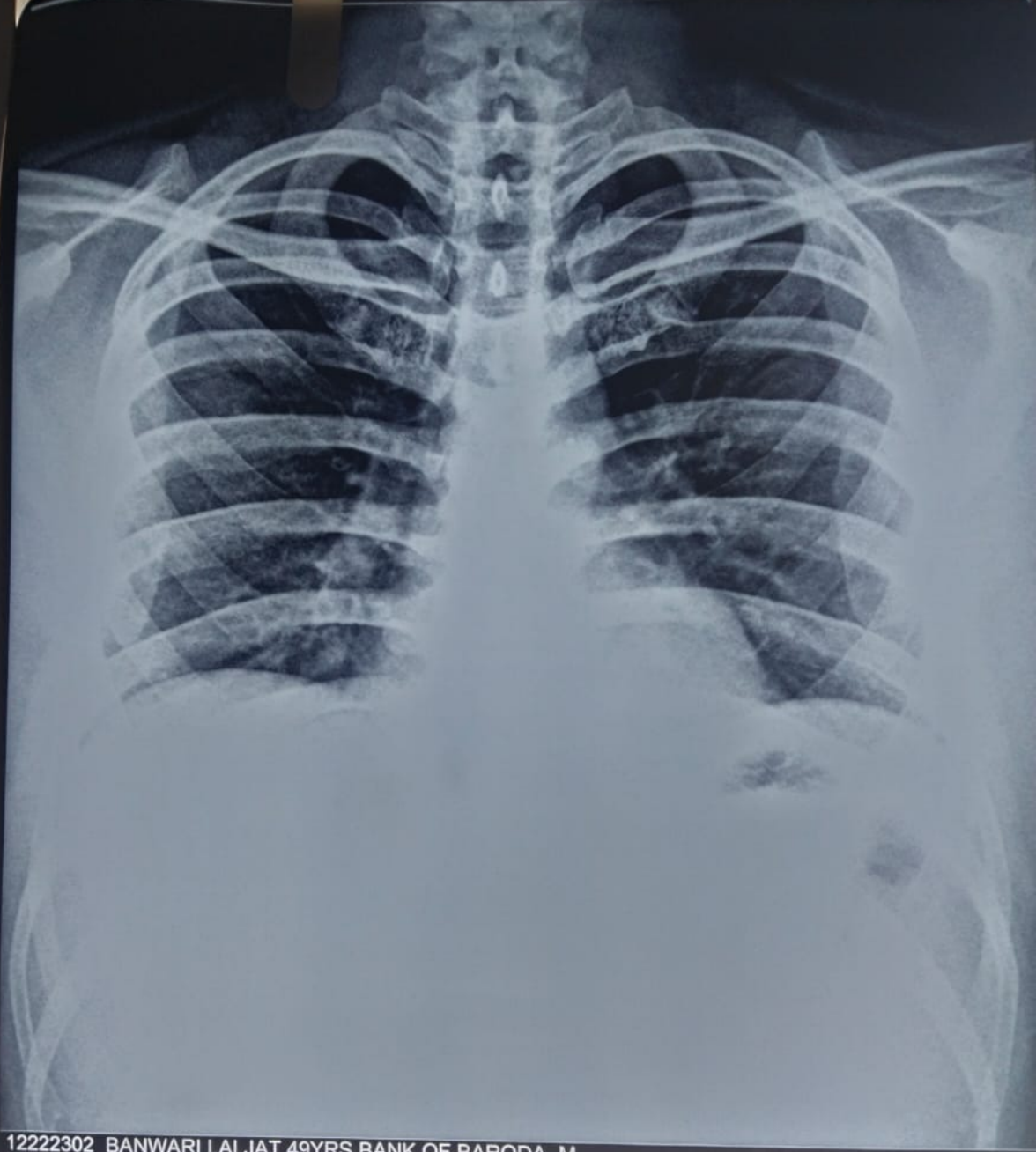
G-22 Vidhadher Enclave 14, near Cine Star, Sector 2, Central Spine, Vidyadhar Nagar, Jaipur, Rajasthan 302039, India

Lat 26.964529°

Long 75.782526°

22/10/22 09:19 AM





12222302 BANWARI LALJAT 49YRS BANK OF BARODA M

22.OCT.2022

MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)