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

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General Physical Examination

Date of Examination: 28/12/2023

Name: Vikash Dhayal Age: 40 DOB: 30/07/1983 Sex: Male

Referred By: Bank of Baroda

Photo ID: Adhar Card ID #: 3905

Ht: 173 (cm) Wt: 83 (Kg)

Chest (Expiration): 100 (cm) Abdomen Circumference: 96 (cm)

Blood Pressure: 120/80 mm Hg PR: 78 / min RR: 18 / min Temp: Afebrile

BMI 27.7

Eye Examination: With glass
R/E, 6/6, N/6, NCB
L/E 6/6 N/6 NCB

Other:
NO

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

Signature Of Examine : ..... Name of Examinee: Vikash Dhayal

Signature Medical Examiner : ..... Name Medical Examiner: Dr. Piyush Goyal

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NAME :- Mr. VIKAS DHAYAL	Patient ID :-12234221	Date :- 23/12/2023	10:49:40
Age :- 40 Yrs 4 Mon 26 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 23/12/2023 17:28:54

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP ABOVE 40 MALE			
HAEMOGLOBIN (Hb)	14.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.60	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	48.0	%	40.0 - 80.0
LYMPHOCYTE	**47.0** H	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	3.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.89	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	45.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	94.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.2	g/dL	31.5 - 34.5
PLATELET COUNT	179	x10^3/uL	150 - 410
RDW-CV	13.0	%	11.6 - 14.0

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR) Method:- Westergreen	12	mm in 1st hr	00 - 15

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

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

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method - GOD POD	96.7	mg/dl	70.0 - 115.0

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

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

BLOOD SUGAR PP (Plasma) Method - GOD PAP	104.0	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)			
Method:- CAPILLARY with EDTA	5.5	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	108	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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HAEMATOLOGY

BLOOD GROUP ABO Method:- Haemagglutination reaction	"A" NEGATIVE

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method - CHOD-PAP methodology	140.00	mg/dl	Desirable <200 Borderline 200-239 High> 240
InstrumentName MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES Method - GPO-PAP	110.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
InstrumentName Randox Rx Imola **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDL CHOLESTEROL Method - Direct clearance Method	36.50	mg/dl	MALE- 30-70 FEMALE - 30-85
Instrument Name Rx Daytona plus **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies.Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
LDL CHOLESTEROL Method - Calculated Method	85.17	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method - Calculated	22.00	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method - Calculated	3.84		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method - Calculated	2.33		0.00 - 3.50
TOTAL LIPID Method - CALCULATED	445.24	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

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BIOCHEMISTRY

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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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method:- DMSO/Diazo	0.58	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.14	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.44	mg/dl	0.30-0.70
SGOT Method:- IFCC	**57.9** H	U/L	0.0 - 40.0
SGPT Method:- IFCC	**70.2** H	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	74.60	U/L	53.00 - 141.00
SERUM GAMMA GT Method:- Szasz methodology Instrument Name Rendox Rx Imola Interpretation : Elevations in GGT levels increase 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 tumour post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.	25.20	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	6.45	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- Bromocresol Green	4.12	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.33	gm/dl	2.20 - 3.50
A/G RATIO	1.77		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

RFT / KFT WITH ELECTROLYTES

SERUM UREA Method:- Urease/GLDH	42.30	mg/dl	10.00 - 50.00

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

SERUM CREATININE Method:- Jaffe's Method	1.46	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl

Interpretation :
Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

SERUM URIC ACID	6.87	mg/dl	2.40 - 7.00

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

SODIUM Method:- ISE	139.3	mmol/L	135.0 - 150.0
POTASSIUM Method:- ISE	4.33	mmol/L	3.50 - 5.50
CHLORIDE Method:- ISE	101.2	mmol/L	94.0 - 110.0
SERUM CALCIUM Method:- Arsenazo III Method	9.87	mg/dl.	8.80 - 10.20

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

SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	6.45	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- Bromocresol Green	4.12	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.33	gm/dl	2.20 - 3.50
A/G RATIO	1.77		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of dis [illegible] liver, kidney and

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BIOCHEMISTRY

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.

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

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IMMUNOASSAY

TOTAL THYROID PROFILE

THYROID-TRIIODOTHYRONINE T3	0.78	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 8-10 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 hypothyroidism is accompanied by ↓serum T3 & T4 values along with ↑ TSH level.2.Low TSH,High FT4 and TSH receptor antibody(TRAb) +ve seen in patients with Graves disease 3.Low TSH,High FT4 and TSH receptor antibody(TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter 4.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 Thyrotoxicosis9.Normal or ↑ 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 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, clearance 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-THYRONINE (T4)	6.61	µg/dl	5.10 - 14.10

Method:- ECLIA

NOTE-TSH levels are subject to circadian variation,reaching peak levels between 2-4 AM and min between 8-10 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

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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 Thyrotoxicosis9.Normal or ↑ 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 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, clearance 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.

TSH	1.961	µIU/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 8-10 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

Technologist
VIKARANT

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

P3 HEALTH SOLUTIONS LLP
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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com

NAME :- Mr. VIKAS DHAYAL		Patient ID :12234221	Date :- 23/12/2023 10:49:40
Age :-	40 Yrs 4 Mon 26 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 23/12/2023 17:28:54

IMMUNOASSAY

INTERPRETATION-Ultrasensitive 4th generation assay
1.Primary hyperthyroidism is characterised by ↑serum T3 & T4 values along with ↓ TSH level.
2.Low TSH,High FT4 and T3 - Thyroid stimulating antibody(TRAb) +ve seen in patients with Graves disease
3.Low TSH,High FT4 and T3 - Thyroid stimulating antibody(TRAb) +ve seen in patients with Toxic adenoma/Toxic Multinodular goiter
4.HighTSH,Low FT4 and T3 - Thyroid microsomal antibody increased seen in patients with Hashimotos thyroiditis
5.HighTSH,Low FT4 and T3 - Thyroid microsomal antibody normal seen in patients with Iodine deficiency/Congenital T4 synthesis deficiency
6.Low TSH,Low FT4 and TH - Suppression test -Delayed response seen in patients with Tertiary hypothyroidism
7.Primary hypothyroidism is characterised 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 - Isolated 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 seen in pregnancy and in estrogen therapy while ↓ levels may be encountered in severe illness, malnutrition , renal failure and during therapy with drugs like propanolol.
14.Although ↑ TSH levels are usually always indicative of Primary Hypothroidism ,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/
2nd Trimester : 0.20-3.00 uIU/
3rd Trimester : 0.30-3.00 uIU/
The production, circulation, and degradation 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 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 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 function.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 changes with age or an increasing proportion of unrecognized thyroid disease in the elderly.

*** End of Report ***

Technologist
VIKARANJI
Page No. 17 of 17

DR.TANU RUNGTA
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NAME :- Mr. VIKAS DHAYAL		Patient ID :-12234221	Date :- 23/12/2023 10:49:40
Age :-	40 Yrs 4 Mon 26 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Male	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 23/12/2023 17:28:54

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
PSA (PROSTATE SPECIFIC ANTIGEN) -TOTAL Method - Methodology: CLIA	0.477	ng/mL	0.00-4.00

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

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

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

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

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

Clinical Use

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

NOTE

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

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

Technologist
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NAME :- Mr. VIKAS DHAYAL	Patient ID :-12234221	Date :- 23/12/2023	10:49:40
Age :- 40 Yrs 4 Mon 26 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

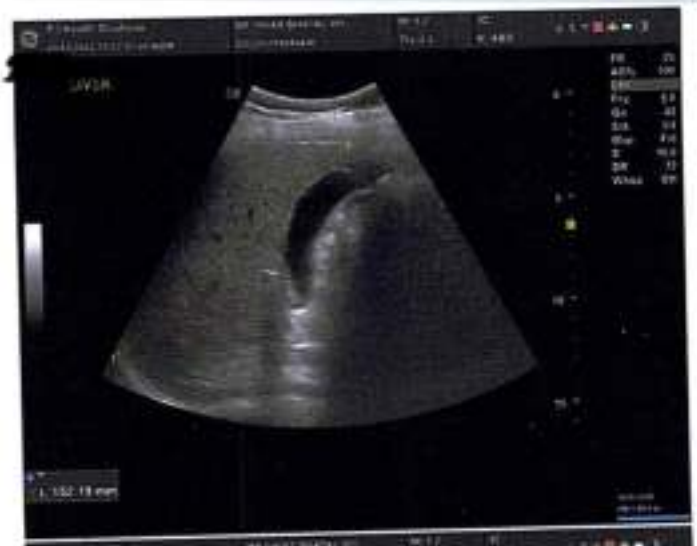
Final Authentication : 23/12/2023 17:28:54

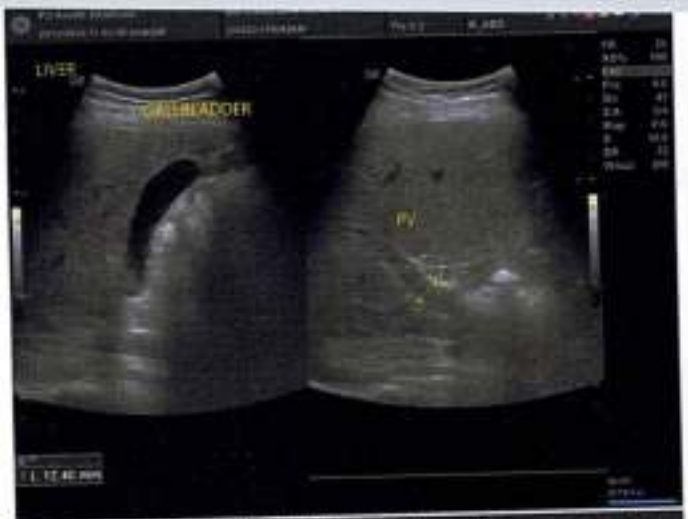
CLINICAL PATHOLOGY

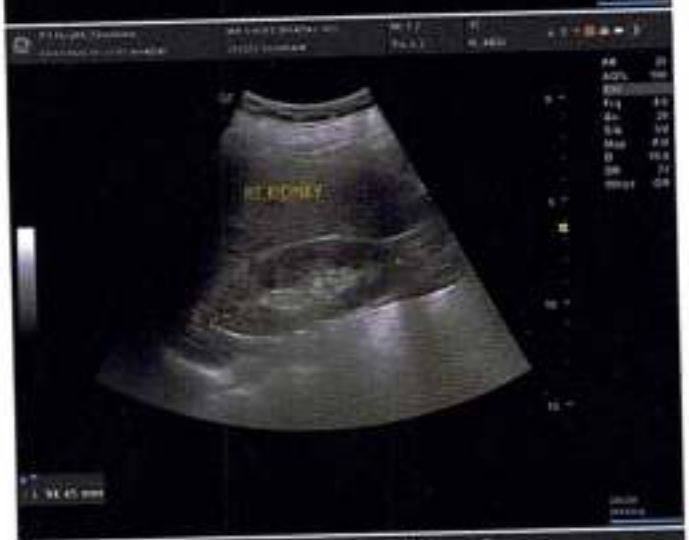
Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	5.0		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	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		

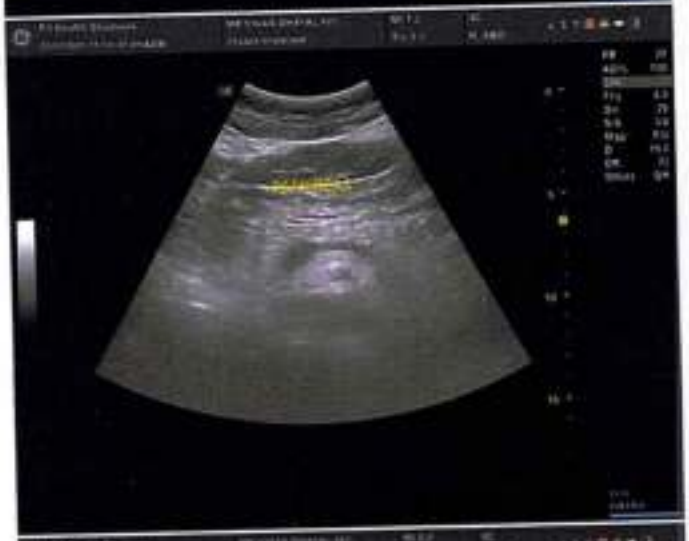
Technologist
VIKARANT(T)

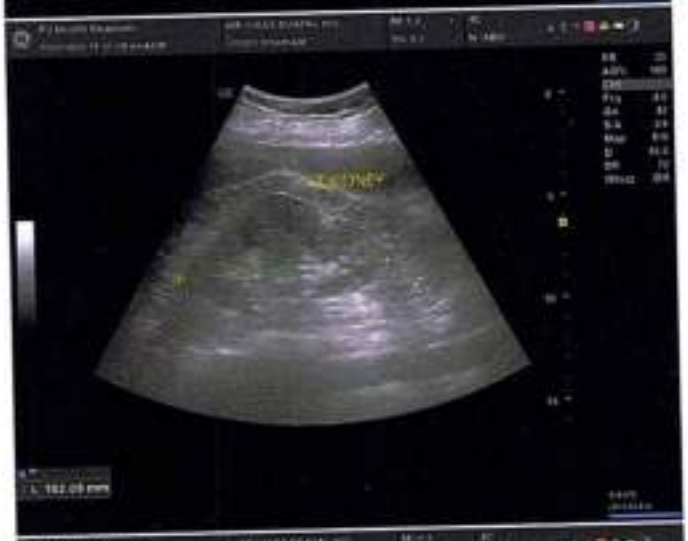
DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226


LIVER


LIVER
GALLBLADDER
PV


RT.KIDNEY

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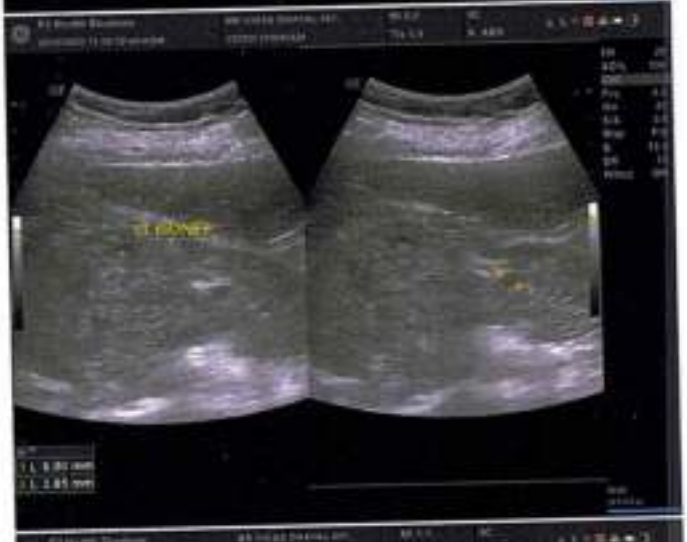
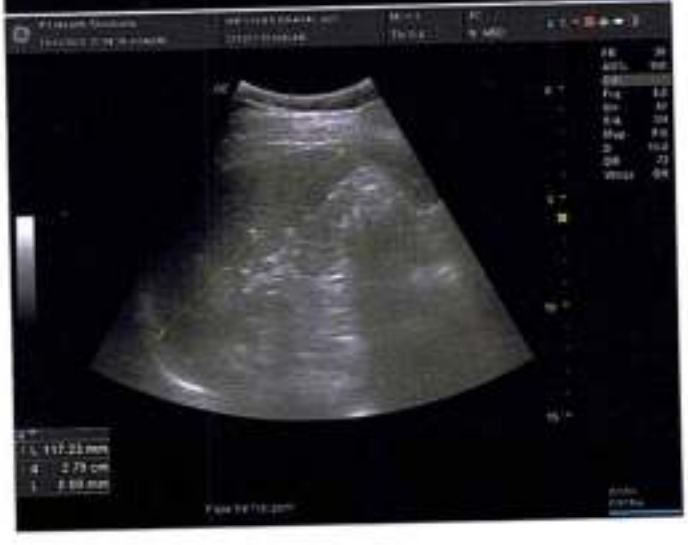
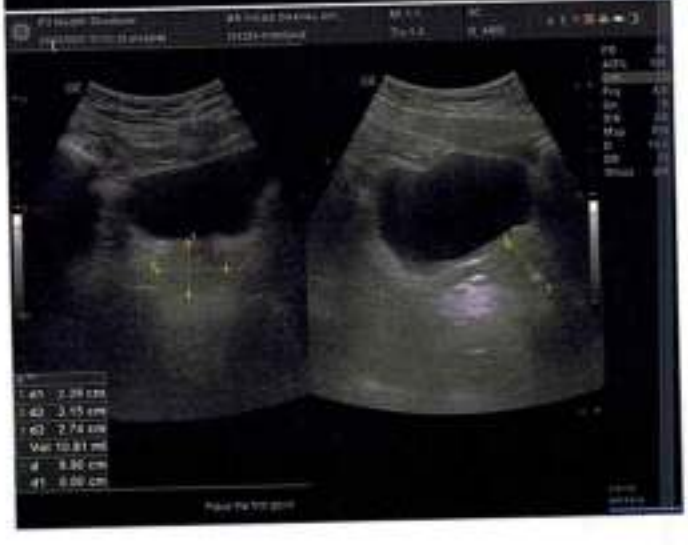

RT.KIDNEY





P3 HEALTH SOLUTIONS LLP
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MR. VIKAS DHAYAL	40 Y/M
Registration Date: 23/12/2023	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is mildly enlarged in size (152 mm) with bright parenchymal echotexture. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. **Few tiny category I cortical cysts are noted in the left kidney, largest measuring 8 mm.** Collecting system does not show any calculus or dilatation.
Right kidney is measuring approx. 94 mm.
Left kidney is measuring approx. 102 mm.

Urinary bladder is well distended and 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:

- **Mild hepatomegaly with grade I hepatic steatosis.**
- **Left renal category I cortical cysts.**
- **No free fluid or lymphadenopathy.**

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

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

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. MUKESH SINGH BOORI	AGE	43 YRS/M
REF.BY	STAR UNION DAIICHI LIFE INSURANCE	DATE	23/12/2023

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.

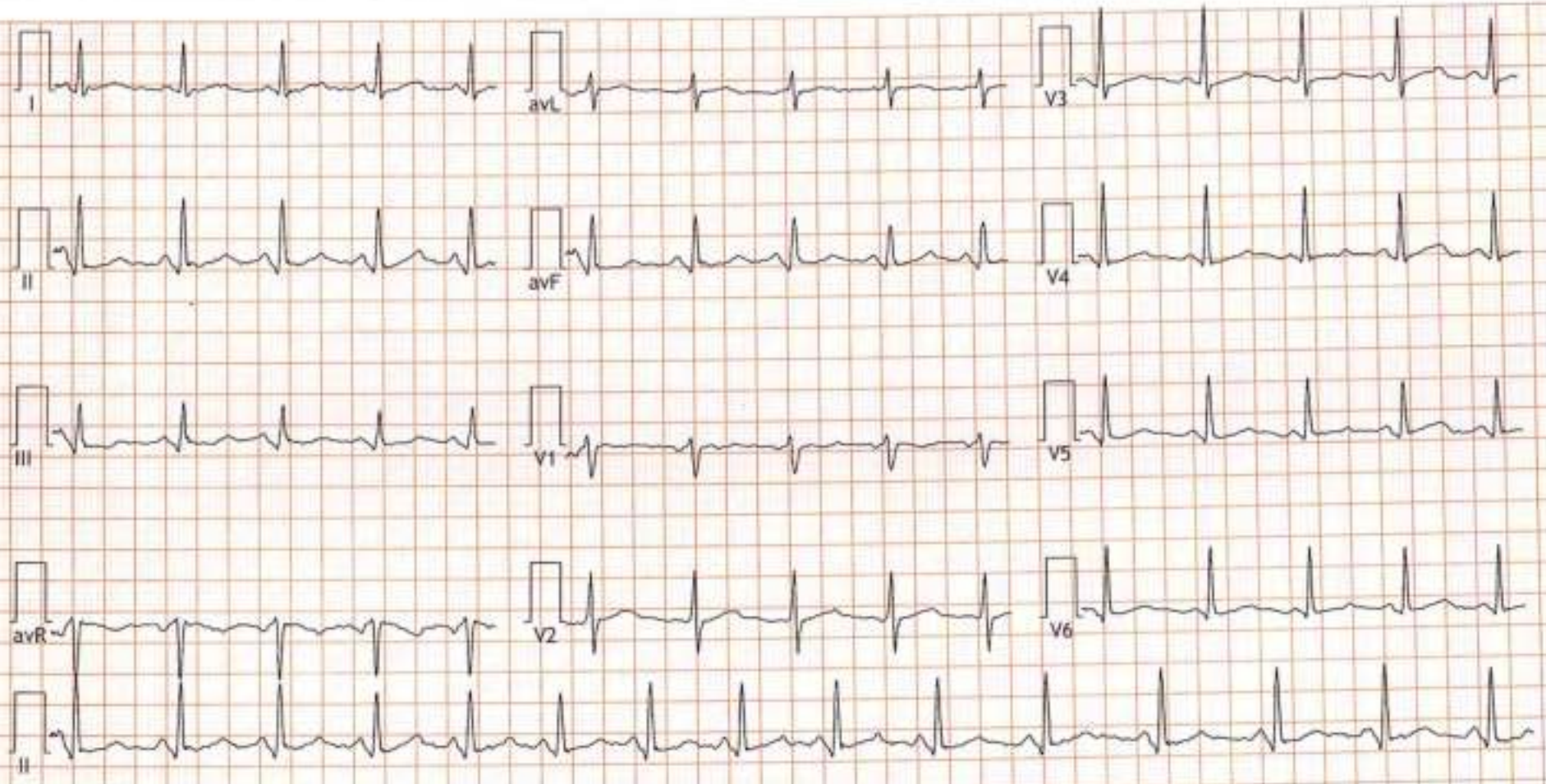
IMPRESSION: No significant abnormality is detected in lung parenchyma.

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

Tems (P) Ltd
#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar , Jaipur
1285419254562/Mr Vikas Dhayal 40Yrs/Male Kgs/ Cms BP: ___/___ mmHg
Ref.: BANK OF BARODA Test Date: 23-Dec-2023(2:03:41 P) Notch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

HR: 90 bpm

PR Interval: 134 ms
QRS Duration: 92 ms
QT/QTc: 497/609ms
P-QRS-T Axis: 63 - 57 - 43 (Deg)



T wave

FINDINGS: Normal Sinus Rhythm with Abnormal QTc Interval
Vent Rate : 90 bpm; **PR Interval :** 134 ms; **QRS Duration:** 92 ms; **QT/QTc Int :** 497/609 ms
P-QRS-T axis: 63• 57• 43• (Deg)
Comments :

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

Dr. NARESH MOHINKA

F3 HEALTH SOLUTIONS LLP

Summary

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

12234108/MR VIKASH BHAYAL 40 Yrs/Male 0 Kg/0 Cms

Date: 23-Dec-2023 02:10:03 PM

Ref.By : BANK OF BARODA

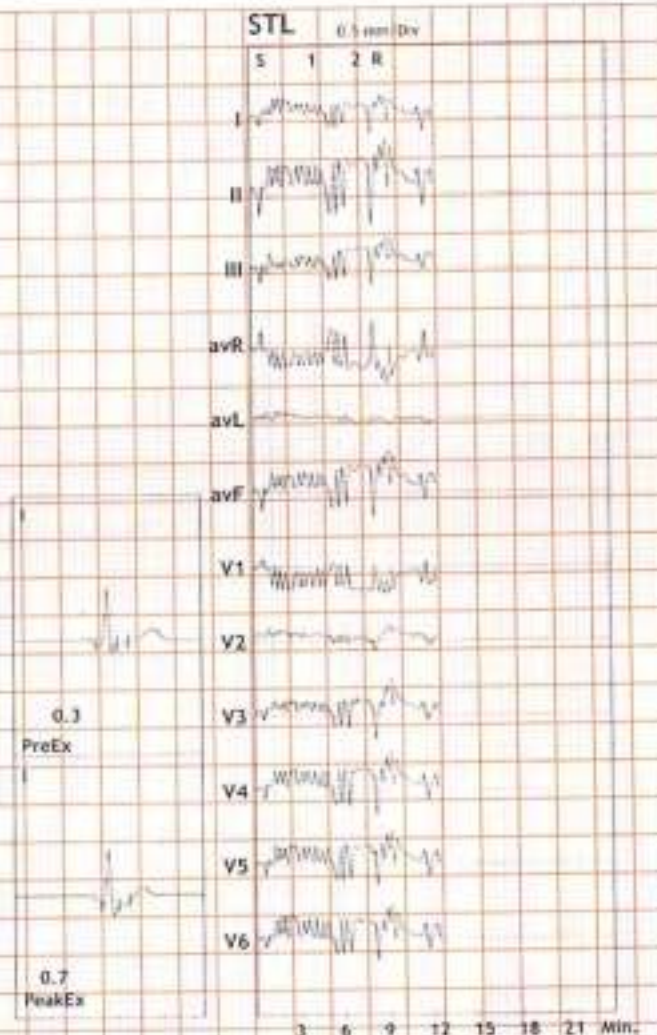
Medication : Nil

Objective :

Protocol : BRUCE

History : Nil

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. /100	PVC	Comments
Supine					1.0	92	120/80	110	-	
Standing					1.0	92	120/80	110	-	
HV					1.0	115	120/80	138	-	
ExStart					1.0	112	120/80	134	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	120	130/80	156	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	144	140/85	201	-	
PeakEx	0:50	6:51	3.4	14.0	8.0	166	140/85	232	-	
Recovery	1:00		0.0	0.0	1.2	134	140/85	187	-	
Recovery	2:00		0.0	0.0	1.0	122	150/85	183	-	
Recovery	3:00		0.0	0.0	1.0	119	140/85	166	-	
Recovery	4:00		0.0	0.0	1.0	112	130/80	145	-	



Findings :

Exercise Time :06:50

Max HR Attained :166 bpm 92% of Max Predictable HR 180

Max BP : 150/85(mmHg)

Max WorkLoad attained :8(Fair Effort Tolerance)

TMT is negative

Advice/Comments:

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

F3 HEALTH SOLUTIONS LLP

12 Lead + Medial

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

12234108/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:03 PM

HR: 91 bpm
METS: 1.0
BP: 120/80

MPHR:50% of 180
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:31
BLC :On
Notch :On

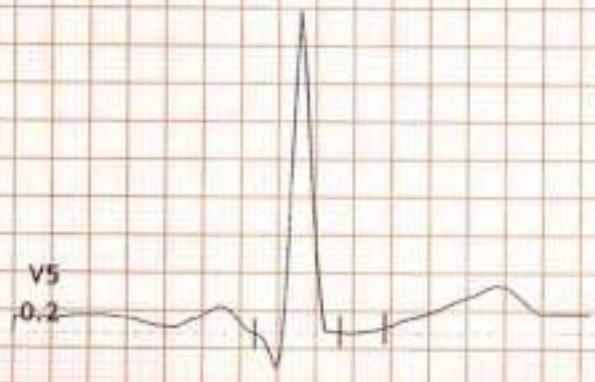
Supine
10.0 mm/mV
25 mm/Sec

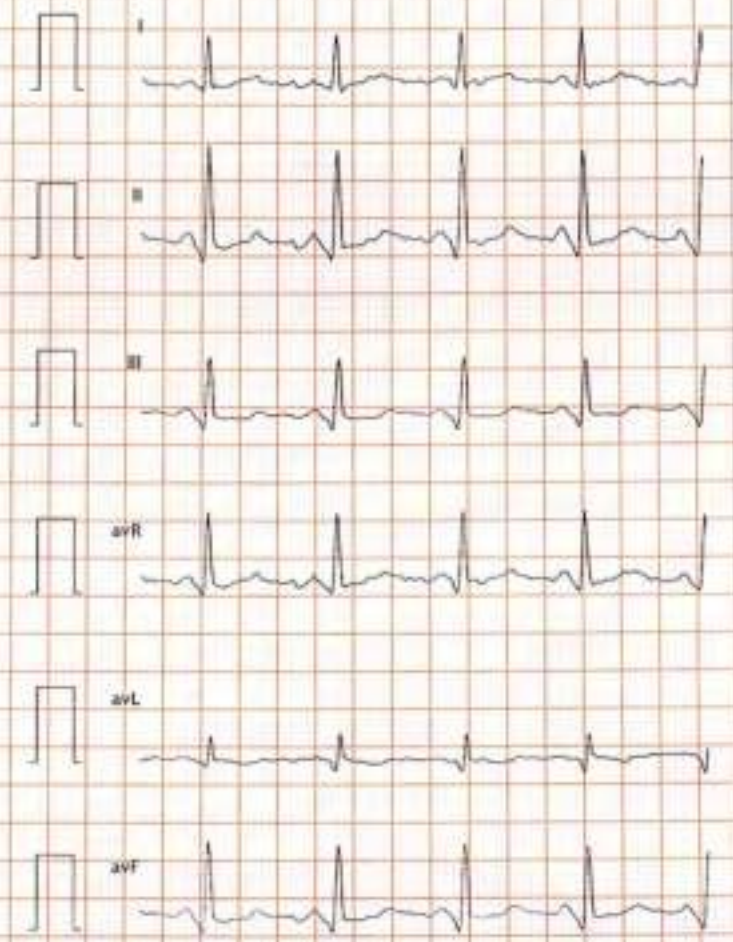
RMS

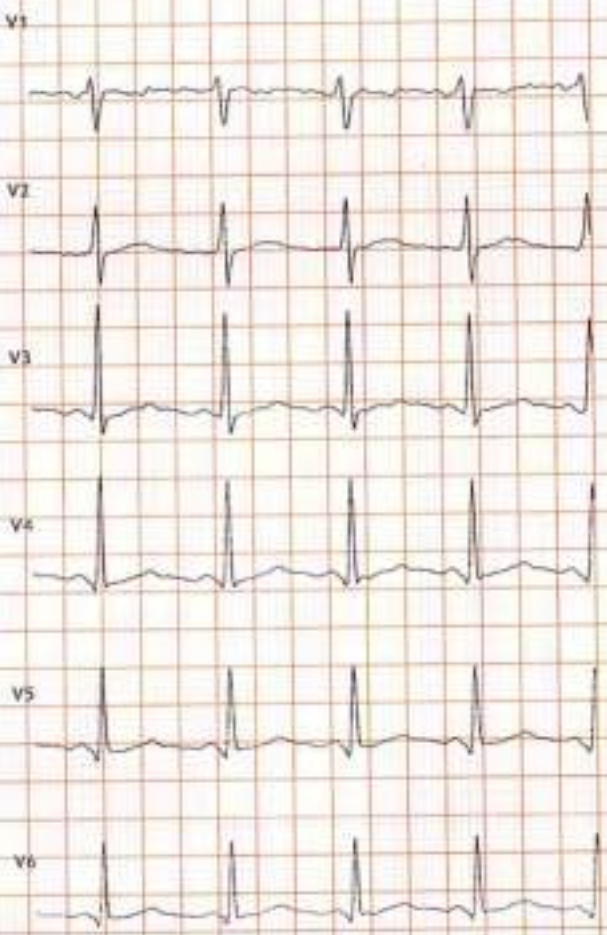
4X 70 mS Post J

I	II	III	avR	avL	avF
0.1	0.3	0.1	-0.2	0.0	0.2
0.3	0.2	-0.1	-0.2	0.2	0.1

V1	V2	V3	V4	V5	V6
0.1	0.4	0.3	0.2	0.2	0.2
0.1	0.7	0.7	0.5	0.2	0.2







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12 Lead - Median

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

12234108/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:03 PM

HR: 91 bpm
METS: 1.0
BP: 120/80

MPHR:50% of 180
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:37
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec

RMS

4X 70 mS Post J

V5
0.2

I	II	III	avR	avL	avF
0.1 0.3	0.3 0.2	0.1 -0.1	-0.2 -0.2	0.0 0.2	0.2 0.1

V1	V2	V3	V4	V5	V6
0.1 0.1	0.4 0.7	0.3 0.7	0.2 0.5	0.2 0.2	0.2 0.2

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

F3 HEALTH SOLUTIONS LLP

12 Lead - Medium

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

12234108/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:03 PM

HR: 113 bpm
METS: 1.0
BP: 120/80

MPHR:62% of 180
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:12
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.

4X 20 mS Post J

V5
0.1

I	II	III	avR	avL	avF
0.3 0.4	0.5 0.4	0.2 0.0	-0.4 -0.4	0.1 0.2	0.4 0.2

V1	V2	V3	V4	V5	V6
0.0 0.2	0.5 0.7	0.4 0.6	0.4 0.5	0.1 0.2	0.2 0.2

I

II

III

avR

avL

avF

V1

V2

V3

V4

V5

V6

F3 HEALTH SOLUTIONS LLP

12 Lead - Medium

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

12234108/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:03 PM

HR: 113 bpm
METS: 1.0
BP: 120/80

MPHR:62% of 180
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:16
BLC :On
Notch :On

ExStart
10.0 mm/mV
25 mm/Sec

4X 70 mS Post J

I	II	III	avR	avL	avF
0.3 0.4	0.5 0.4	0.2 0.0	-0.4 -0.4	0.1 0.2	0.4 0.2

V1	V2	V3	V4	V5	V6
0.0 0.2	0.5 0.7	0.4 0.6	0.4 0.5	0.1 0.2	0.2 0.2

V5
0.1

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

F3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

12234108/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:03 PM

HR: 120 bpm
METS: 4.7
BP: 130/80

MPHR:66% of 180
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 02:59
B&C :On
Notch :On

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

4X 70 mS Post J

I	II	III	avR	avL	avF
0.5 1.1	0.7 0.9	0.2 -0.1	-0.6 -1.1	0.2 0.6	0.4 0.4

V1	V2	V3	V4	V5	V6
-0.3 -0.2	0.5 1.2	0.5 1.2	0.5 1.1	0.3 0.8	0.3 0.7

V5
0.3

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

P3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

12234108/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:01 PM

HR: 142 bpm
METS: 7.1
BP: 140/85

MPHR:78% of 180
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 05:59
BLC :On
Notch :On

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

RMS

4X 70 m5 Post J

V5
1.2

I	II	III	avR	avL	avF
0.8 1.2	2.1 1.6	1.4 0.3	-1.4 -1.4	-0.3 0.4	1.7 1.0

V1	V2	V3	V4	V5	V6
-1.6 -0.9	0.3 1.5	1.0 1.9	1.4 2.0	1.2 1.4	1.3 1.4

I

II

III

avR

avL

avF

V1

V2

V3

V4

V5

V6

F3 HEALTH SOLUTIONS LLP

12 Lead + Median

8-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12234108/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:03 PM

HR: 166 bpm
METS: 8.0
BP: 140/85

MPHR:92% of 180
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
10.05-100Hz

Ex Time 06:48
BLC :On
Notch :On

BRUCE:PeakEx(0:48)
10.0 mm/mV
25 mm/Sec.

RMS

4X 70 ms Post J

V5
1.0

I	II	III	aVR	aVL	aVF
0.7	1.9	1.2	-1.3	-0.2	1.5
1.2	2.1	0.9	-1.7	0.1	1.6

V1	V2	V3	V4	V5	V6
-1.5	0.0	0.5	1.0	1.0	1.0
-0.8	1.3	1.6	1.7	1.6	1.4

I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

F3 HEALTH SOLUTIONS LLP

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

12234108/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:03 PM

HR: 134 bpm
METS: 1.3
BP: 140/85

MPHR:74% of 180
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:50
BLC :On
Notch :On

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

12 Lead + Median

RMS

4X 70 ms Post J

I	II	III	avR	avL	avF
0.9 1.7	2.3 3.3	1.3 1.5	-1.6 -2.5	-0.2 0.1	1.8 2.4

V1	V2	V3	V4	V5	V6
-1.0 -1.0	0.7 1.8	1.5 2.9	1.4 2.7	1.0 1.8	1.1 2.2

V5
1.0

I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

F3 HEALTH SOLUTIONS LLP

12 Lead + Medial

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

12234108/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:03 PM

HR: 122 bpm
METS: 1.0
BP: 150/85

MPHR:67% of 180
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:50
BLC :On
Notch :On

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

RMS

4X 70 mS Post J

I	II	III	avR	avL	avF
0.6 1.5	1.2 2.7	0.7 1.2	-0.9 -2.0	-0.1 0.1	1.0 1.9

V1	V2	V3	V4	V5	V6
-0.5 -0.6	0.6 1.5	0.8 2.1	0.9 1.9	0.8 1.6	0.5 1.5

V5
0.8

I
II
III
avR
avL
avF

V1
V2
V3
V4
V5
V6

P3 HEALTH SOLUTIONS LLP

12 Lead + Medium

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

12234108/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:03 PM

HR: 118 bpm
METS: 1.0
BP: 140/85

MPHR:65% of 180
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:50
BLC :On
Notch :On

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

4X 70 mS Post J

V5
0.3

I	II	III	avR	avL	avF
0.4 0.9	0.7 1.6	0.4 0.6	-0.5 -1.2	0.0 0.1	0.6 1.1

V1	V2	V3	V4	V5	V6
-0.1 0.0	0.5 1.2	0.4 1.4	0.4 1.1	0.3 0.8	0.2 0.9

I

II

III

avR

avL

avF

V1

V2

V3

V4

V5

V6

F3 HEALTH SOLUTIONS LLP

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

12 Lead + Median

1223410B/MR VIKASH DHAYAL
40 Yrs/Male
0 Kg/0 Cms
Date: 23-Dec-2023 02:10:03 PM

HR: 108 bpm
METS: 1.0
BP: 130/80

MPHR:60% of 180
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:50
BLC :On
Notch :On

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

4X 70 mS Post J

V5
0.8

I	II	III	avR	avL	avF
0.3 0.7	1.4 0.9	1.1 0.2	-0.8 -0.8	-0.4 0.3	1.2 0.5

V1	V2	V3	V4	V5	V6
-1.1 0.1	-0.1 1.1	0.5 0.9	0.7 0.7	0.8 0.4	0.8 0.4

I

II

III

avR

avL

avF

V1

V2

V3

V4

V5

V6

F3 HEALTH SOLUTIONS LLP

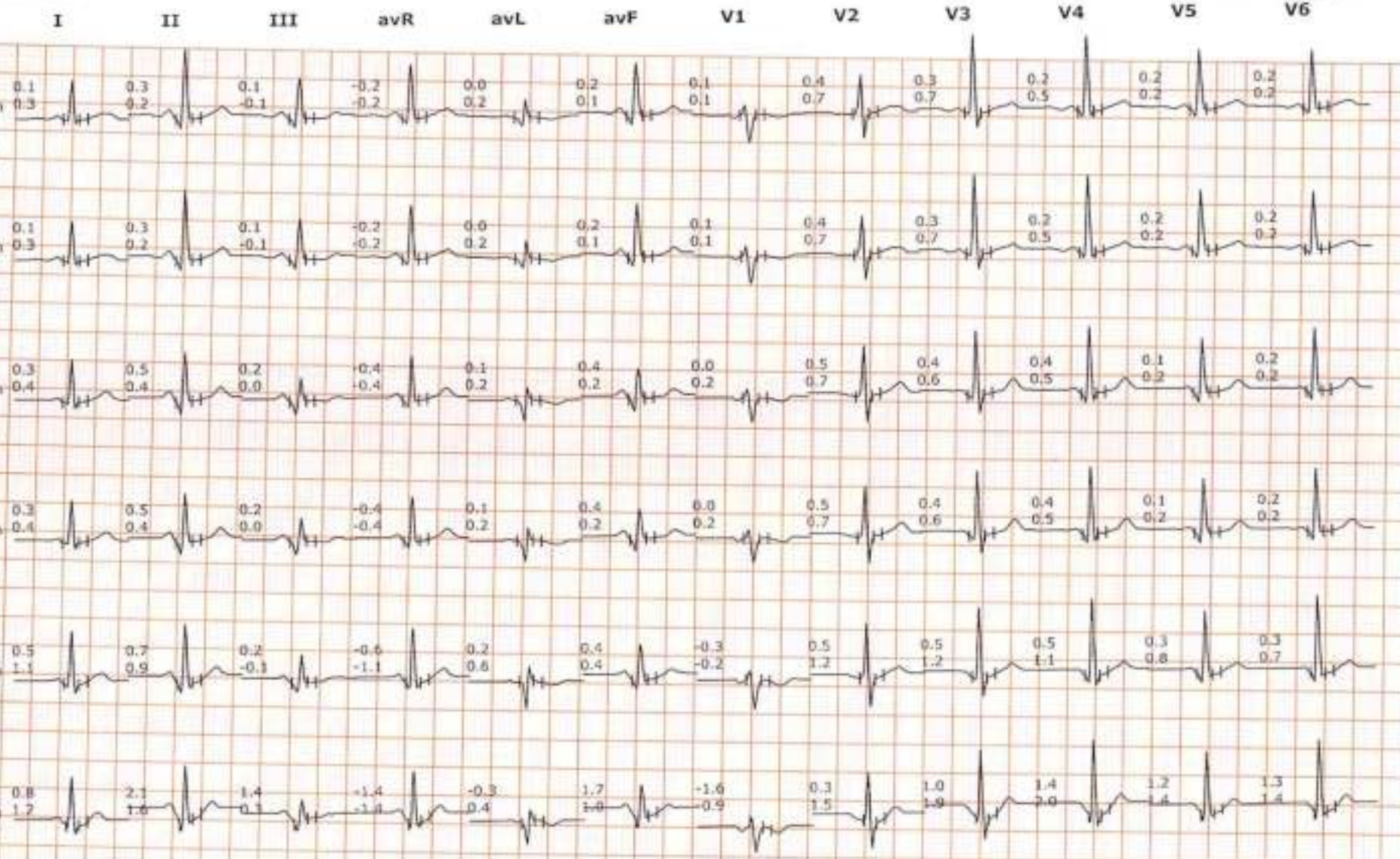
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12234108/MR VIKASH DHAYAL 40 Yrs/Male 0 Kg/0 Cms

Date: 23-Dec-2023 02:10:03 PM

Average

RMS



F3 HEALTH SOLUTIONS LLP

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

122 4108/MR VIKASH DHAYAL 40 Yrs/Male 0 Kg/0 Cms

Date: 23-Dec-2023 02:10:03 PM

Average

RMS

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

PeakEx
(1) 6:50 3.4 mph
(2) 0:50 14.0 %
166 bpm 140/85

0.7 1.9 1.2 -1.3 -0.2 1.5 -1.5 0.0 0.5 1.0 1.0 1.0
1.2 2.1 0.9 -1.7 0.1 1.6 -0.8 1.3 1.6 1.7 1.8 1.9

Recovery
(1) 6:50 0.0 mph
(2) 1:00 0.0 %
134 bpm 140/85

0.9 2.3 1.3 -1.6 -0.2 1.8 -1.0 0.7 1.5 1.4 1.0 1.1
1.7 3.3 1.5 -2.5 0.1 2.6 -1.0 1.8 2.9 2.7 1.8 2.2

Recovery
(1) 6:50 0.0 mph
(2) 2:00 0.0 %
122 bpm 150/85

0.6 1.2 0.7 -0.9 -0.1 1.0 -0.5 0.6 0.8 0.9 0.8 0.5
1.5 2.7 1.2 -2.0 0.1 1.9 -0.6 1.5 2.1 1.9 1.6 1.5

Recovery
(1) 6:50 0.0 mph
(2) 3:00 0.0 %
119 bpm 140/85

0.4 0.7 0.4 -0.5 0.0 0.6 -0.1 0.5 0.4 0.4 0.3 0.2
0.9 1.6 0.6 -1.2 0.1 1.1 0.0 1.2 1.4 1.1 0.8 0.9

Recovery
(1) 6:50 0.0 mph
(2) 4:00 0.0 %
112 bpm 130/80

0.3 1.4 1.1 -0.8 -0.4 1.2 -1.1 -0.1 0.5 0.7 0.8 0.8
0.2 0.9 0.2 -0.8 0.3 0.5 0.1 1.1 0.9 0.7 0.4 0.4