



बैंक ऑफ बड़ोदा  
Bank of Baroda



नाम  
Name

**Ajit Kumar Jha**

कार्यकारी कूट क्र. 81650

E.C. No.

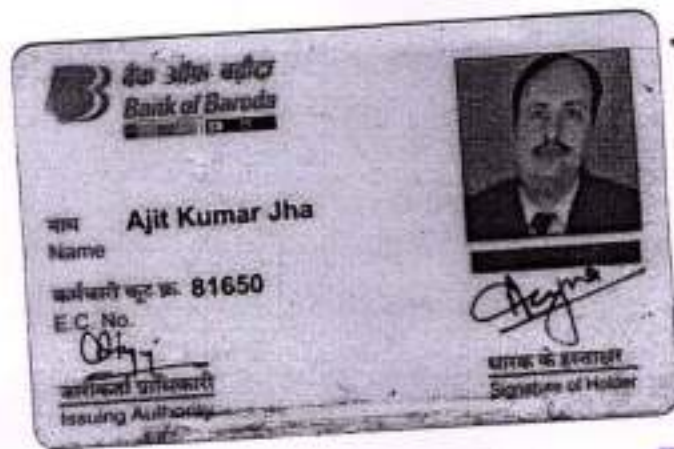
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**Dr. PIYUSH GOYAL**  
MBBS, DMRD (Radiologist)  
RMC No.-037041

*Ajit*



# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



## General Physical Examination

Date of Examination: 22/11/2023

Name: AJIT KUMAR JHA Age: 46 YRS DOB: 01/10/1977 Sex: Male

Referred By: DANN O F BARODA

Photo ID: IDCARD ID #: 81650

Ht: 168 (cm)

Wt: 105 (Kg)

Chest (Expiration): 105 (cm)

Abdomen Circumference: 107 (cm)

Blood Pressure: 130/80 mm Hg PR: 89 / min RR: 17 / min Temp: Afebrile

BMI 44.0

Eye Examination: with glass  
R I E - G I G, N I G, N C B

L I E - G I G, N I G, N C B

Other: No

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

Signature Of Examinee: [Signature]

Name of Examinee: AJIT KUMAR JHA

Signature Medical Examiner: [Signature]

Name Medical Examiner: DR. PIYUSH GOYAL

**Dr. PIYUSH GOYAL**  
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RMC No.-037041



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**NAME :- Mr. AJIT KUMAR JHA**

Age :- 46 Yrs 9 Mon 21 Days

Sex :- Male

Patient ID :-12234190

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Date :- 20/12/2023

08:42:54

Final Authentication : 20/12/2023 10:10:46

## HAEMOGARAM

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP ABOVE 40 MALE			
HAEMOGLOBIN (Hb)	15.3	g/dl.	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	9.10	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	71.0	%	40.0 - 80.0
LYMPHOCYTE	22.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.83 H	$\times 10^6/\mu\text{L}$	4.50 - 5.50
HEMATOCRIT (HCT)	48.10	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	83.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.2 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.7	g/dL	31.5 - 34.5
PLATELET COUNT	253	$\times 10^3/\mu\text{L}$	150 - 410
RDW-CV	14.4 H	%	11.6 - 14.0

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Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 20/12/2023 16:10:46

## HAEMATOLOGY

### Erythrocyte Sedimentation Rate (ESR)

Method:- Westergren

09

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 POO	104.0	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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## BIOCHEMISTRY

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

BLOOD SUGAR PP (Plasma)

114.0

mg/dl

70.0 - 140.0

Method:- GOD PAP

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 .

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



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## HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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### 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

111 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 glycaemia. 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 glycaemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-8 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 haemoglobin, haemoglobinopathies, HbF, methaemoglobin, may increase or decrease HbA1c.

#### 3. Glycation

- Increased HbA1c: alcoholism, chronic renal failure, decreased intracellular 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:- Electromagnetic reaction

"B" POSITIVE



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## BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
<b>TOTAL CHOLESTEROL</b> Method- CHOD-PAP methodology	157.00	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.			
<b>TRIGLYCERIDES</b> Method- GPO-PAP	87.30	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.			
<b>DIRECT HDL CHOLESTEROL</b> Method- Direct clearance Method	41.90	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 presence/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.			
<b>LDL CHOLESTEROL</b> Method- Calculated Method	100.55	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
<b>VLDL CHOLESTEROL</b> Method- Calculated	17.46	mg/dl	0.00 - 80.00
<b>T.CHOLESTEROL/HDL CHOLESTEROL RATIO</b> Method- Calculated	3.75		0.00 - 4.90
<b>LDL / HDL CHOLESTEROL RATIO</b> Method- Calculated	2.40		0.00 - 3.50
<b>TOTAL LIPID</b> Method- CALCULATED	461.13	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

- 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	0.66	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method- DMSO/Diazo	0.21	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method- Calculated	0.45	mg/dl	0.30-0.70
SGOT Method- IFCC	26.3	U/L	0.0 - 40.0
SGPT Method- IFCC	22.5	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method- DGKC - SCE	126.00	U/L	80.00 - 306.00

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

SERUM GAMMA GT Method- Szasz methodology Instrument Name: Randox Rx Incia Interpretation: Elevations in GGT levels occur earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 50 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.	21.80	U/L	10.00 - 45.00
---	-------	-----	---------------

SERUM TOTAL PROTEIN Method- Direct Biuret Reagent	6.89	g/dl	6.00 - 8.40
SERUM ALBUMIN Method- Bromocresol Green	3.98	g/dl	3.50 - 5.50
SERUM GLOBULIN Method- CALCULATION	2.91	gm/dl	2.20 - 3.50
A/G RATIO	1.37		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, parasitosis, 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

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## BIOCHEMISTRY

### RFT / KFT WITH ELECTROLYTES

SERUM UREA 21.80 mg/dl 10.00 - 50.00  
Method - Urease/GLDH

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

SERUM CREATININE 1.19 mg/dl Males : 0.6-1.50 mg/dl  
Females : 0.6 -1.40 mg/dl  
Method - Jaffe's Method

#### Interpretation :

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

SERUM URIC ACID 6.53 mg/dl 2.40 - 7.00

InstrumentName: HORIBA YUMIZEN CA60 Dayona 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 136.7 mmol/L 135.0 - 150.0  
Method - ISE

POTASSIUM 4.40 mmol/L 3.50 - 5.50  
Method - ISE

CHLORIDE 96.1 mmol/L 94.0 - 110.0  
Method - ISE

SERUM CALCIUM 9.78 mg/dL 8.80 - 10.20  
Method - Arsenazo III Method

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

SERUM TOTAL PROTEIN 6.89 g/dl 6.00 - 8.40  
Method - Direct Biuret Reagent

SERUM ALBUMIN 3.98 g/dl 3.50 - 5.50  
Method - Bromocresol Green

SERUM GLOBULIN 2.91 gm/dl 2.20 - 3.50  
Method - CALCULATION

A/G RATIO 1.37 1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of disorders of the 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 measure 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.

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



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## 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	1.030		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

Technologist  
VIKARAN TSI  
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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



<b>NAME :- Mr. AJIT KUMAR JHA</b>	Patient ID :-42234190	Date :- 20/12/2023	08:42:54
Age :- 46 Yrs 9 Mon 21 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 20/12/2023 18:10:46

## IMMUNOASSAY

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

PSA (PROSTATE SPECIFIC ANTIGEN) -TOTAL <small>Method:- Methodology: CLIA</small>	0.670	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.

Technologist  
VIKARAN JOSHI  
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NAME :- Mr. AJIT KUMAR JHA

Age :- 46 Yrs 9 Mon 21 Days

Sex :- Male

Patient ID :-12234190

Date :- 20/12/2023

08:42:54

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company > Mr.MEDIWHEEL

Final Authentication : 20/12/2023 16:10:46

## IMMUNOASSAY

### TOTAL THYROID PROFILE

#### THYROID-TRIiodothyronine T3

Method- ECLIA

1.28

ng/mL

0.70 - 2.04

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 measured 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.High TSH, Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto's thyroiditis 5.High TSH, 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) Normal T4 levels accompanied by \* T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis Normal or \* T3 & T4 10 Normal T3 & T4 along with \* TSH indicate mild / Subclinical Hyperthyroidism ; T1 Normal T3 & \* T4 along with \* TSH is seen in Hypothyroidism ; T2 Normal T3 & T4 levels with \* TSH indicate Mild / Subclinical Hypo

DURING PREGNANCY - REFERENCE RANGE for TSH (IU/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 radioiodine 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)

Method- ECLIA

5.10 - 14.10

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 measured 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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#### TSH

Method- ECLIA

3.456

µIU/mL

0.350 - 5.500

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 measured 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  
VIKARAN JI  
Page No: 16 of 17

DR.TANU RUNGTA  
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NAME :- Mr. AJIT KUMAR JHA

Age :- 46 Yrs 9 Mon 21 Days

Sex :- Male

Patient ID :-12234190

Date :- 20/12/2023

08:42:54

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 20/12/2023 16:10:46

## IMMUNOASSAY

### INTERPRETATION-Ultra Sensitive 4th generation assay

- 1.Primary hyperthyroidism is accompanied by  $\uparrow$ serum T3 & T4 values along with  $\downarrow$  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 Hashimoto's 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  $\downarrow$  serum T3 and T4 values &  $\uparrow$ serum TSH levels
- 8.Normal T4 levels accompanied by  $\uparrow$  T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis.
- 9.Normal or  $\uparrow$  T3 &  $\uparrow$ T4 levels indicate T4 Thyrotoxicosis ( problem is conversion of T4 to T3)
- 10.Normal T3 & T4 along with  $\downarrow$  TSH indicate mild / Subclinical Hyperthyroidism .
- 11.Normal T3 &  $\downarrow$  T4 along with  $\downarrow$  TSH is seen in Hypothyroidism .
- 12.Normal T3 & T4 levels with  $\downarrow$  TSH indicate Mild / Subclinical Hypothyroidism .
- 13.Slightly  $\uparrow$  T3 levels may be found in pregnancy and in estrogen therapy while  $\downarrow$  levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propylthiouracil.
- 14.Although  $\uparrow$  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 : 0.15-2.50 uIU/mL

2nd Trimester : 0.20-3.00 uIU/mL

3rd Trimester : 0.30-3.00 uIU/mL

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 levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radioiodine 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.

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

Technologist  
VIKARAN LUI  
Page No. 17 of 17

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# P3 HEALTH SOLUTIONS LLP

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NAME:	MR. AJIT KUMAR JHA	AGE	46 YRS/M
REF.BY	BANK OF BARODA	DATE	20/12/2023

## CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

**Borderline cardiomegaly is noted.**

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

### IMPRESSION:

- No significant abnormality is detected in lung parenchyma.
- Borderline cardiomegaly.

**Adv: Echocardiography**

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

Tems (P) Ltd

#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nagar, Jaipur

123456924749/Mr Ajit Kumar Jha 42Yrs/Male Kgs/ Cms BP: \_\_\_/\_\_\_ mmHg

Ref.: BANK OF BARODA Test Date: 20-Dec-2023(10:56:59) Ncch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

HR: 71 bpm

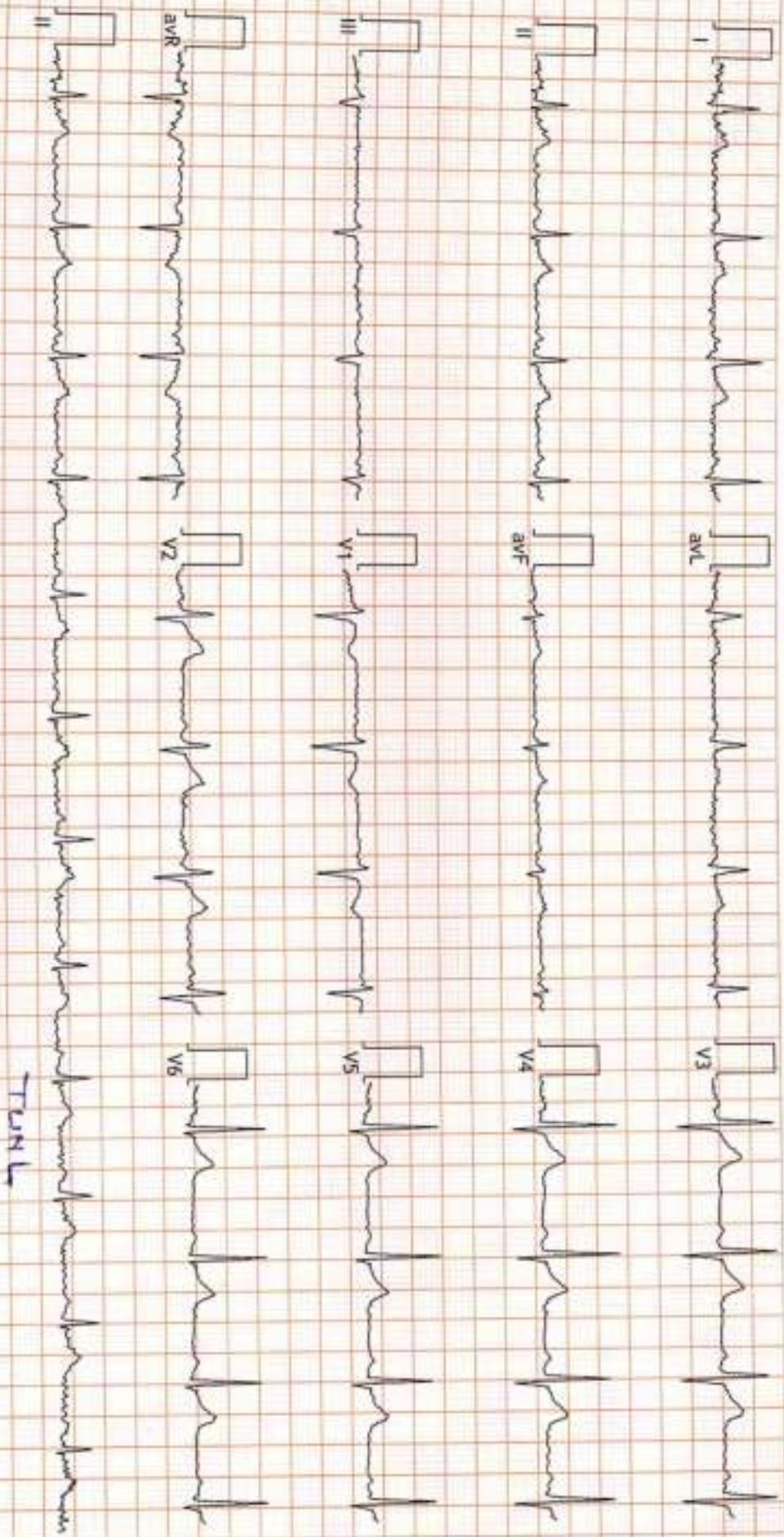


PR Interval: 140 ms

QRS Duration: 122 ms

QT/QTc: 363/397ms

P-QRS-T Axis: 29 - 9 - 27 (Deg)



FINDINGS: Normal Variant with 2 PAC/min Observed

Vent Rate : 71 bpm; PR Interval : 140 ms; QRS Duration: 122 ms; QT/QTc Int : 363/397 ms

P-QRS-T axis: 29 - 9 - 27 (Deg)

Comments :

TUNL

*Ajit*

*Nareish Mohinka*

RMT No.: 35703

DR. NARESH MOHINKA (ES,CC,RTS)

DIE M. (REGD. MD)

DR. NARESH MOHINKA



# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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MR. AJIT KUMAR JHA	46 Y/M
Registration Date: 20/12/2023	Ref. by: BANK OF BARODA

## ULTRASOUND OF WHOLE ABDOMEN

Liver is mildly enlarged in size (170 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 and shows a calculus measuring 12x8 mm in the neck region. Wall is not thickened. 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 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. 104 mm.

Left kidney is measuring approx. 117 mm.

Urinary bladder is well distended and does not show any calculus or mass lesion.

Prostate is normal in size (volume: 15.6cc) 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 II hepatic steatosis.
- Cholelithiasis.
- No free fluid or lymphadenopathy.

*(Signature)*

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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MR. AJIT KUMAR JHA

46 Y/Male

Registration Date: 20/12/2023

Ref. by: BANK OF BARODA

**2D ECHOCARDIOGRAPHY M-MODE WITH DOPPLER STUDY:**  
**EATH TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:**

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

**M-MODE DIMENSION**

AO	3.5	cm	LA	5.5	cm	IVS-D	1.2	cm
IVS-S	1.1	cm	LVID	4.1	cm	LVID	3.9	cm
LVPW-D	1.7	cm	LVPW-S	1.5	cm	RV		cm
RWMT		cm	EDV		ml	LVS		ml
LVEF	55-60%		RWMA			ARSEN		

**CHAMBERS:**

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

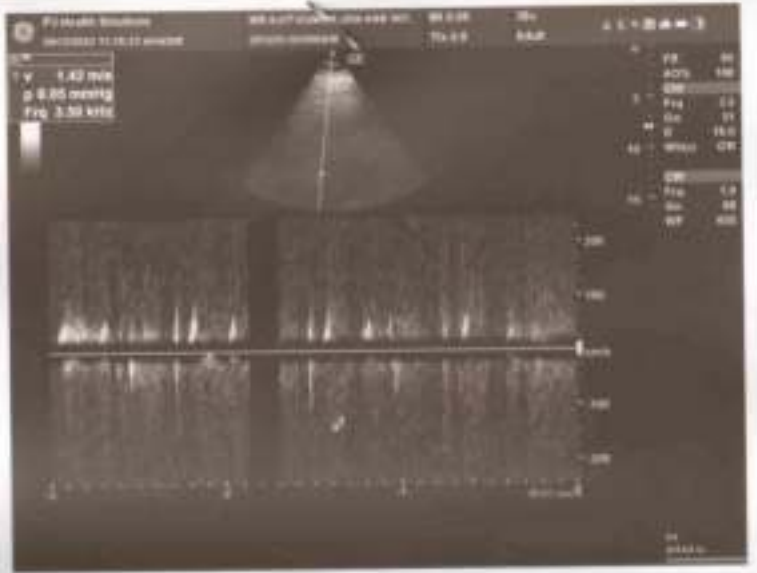
**COLOUR DOPPLER:**

<b>MITRAL VALVE</b>					
E VELOCITY	0.79	m/sec	PEAK GRADIENT		mm/hg
A VELOCITY	0.56	m/sec	MEAN GRADIENT		mm/hg
AVA BY PHT		cm <sup>2</sup>	MVA BY PLANIMETRY		cm <sup>2</sup>
MITRAL REGURGITATION					ABSENT
<b>AORTIC VALVE</b>					
PEAK VELOCITY	1.47	m/sec	PEAK GRADIENT		mm/hg
AV VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION					ABSENT
<b>TRICUSPID VALVE</b>					
PEAK VELOCITY		m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMAX VELOCITY					
TRICUSPID REGURGITATION					MILD
<b>PULMONARY VALVE</b>					
PEAK VELOCITY	0.88	M/sec.	PEAK GRADIENT		mm/hg
MEAN VELOCITY			MEAN GRADIENT		mm/hg
PULMONARY REGURGITATION					ABSENT

**Impression—**

- NORMAL LV SIZE & CONTRACTILITY.
- NO RWMA, LVEF 55-60%.
- CONCENTRIC LVH.
- MILD TR/ PAH (RVSP 24 MMHG+ RAP).
- NORMAL DIASTOLIC FUNCTION.
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

  
 (Cardiologist)






 **GPS Map Camera**

**Jaipur, Rajasthan, India**  
Unnamed Road, Sector 2, Central Spine, Vidyadhar Nagar, Jaipur,  
Rajasthan 302039, India  
Lat 26.964678°  
Long 75.781509°  
20/12/23 09:27 AM GMT +05:30





 **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 26.964474°

Long 75.782471°

20/12/23 09:31 AM GMT +05:30





10734 ONE ALST PLUMMER 244-46 TUES. 10:30 AM '12  
20 DEC 1912  
BANKERS BRANCHES ASSOCIATED OF PHOENIX (SULLIVAN 147)

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