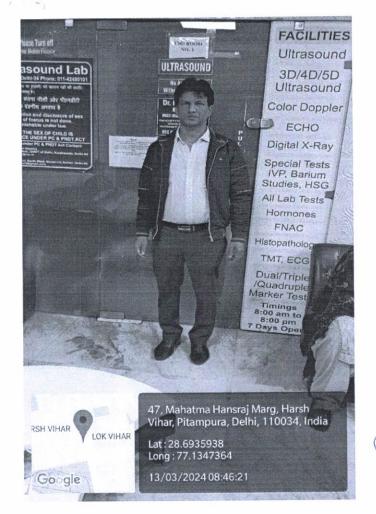


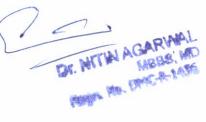


Literday Kiner

Dr. NITH AGARVAVI.
IARBE, MO
INCA-MAS

ONEPLUS ULTRASOUNDALABA 47 Harsh Vihar, Pitam Pulaba Delhi-110034 Ph. 011-42480101, 9599913051 E-mail oneplusul@gmail.com





Liverdy Kmr

ONEPLUS ULTRASOUND LAB
47 Harsh Vihar, Pitam Pura,
Delhi-110034
Delhi-110034
Ph. 011-42480101, 9599913051
E-mail oneplusul@gmail.com

ONEPLUS ULTRASOUND LAB

Treadmill Exercise Test Consent Form

Patient Name: JITENDRA KUMAR
Patient Date of Birth: 15-09-1982
The treadmill exercise test includes walking and/or jogging on a moving belt for the purpose of testing the functional performance of your heart, blood vessels, and especially the coronary arteries. Preparation for the test includes shaving the chest (if warranted), rubbing the chest area with alcohol and an abrasive material. This may cause slight skin irritation.
During your treadmill exercise test, your blood pressure and electrocardiogram will be monitored. There exists the possibility of certain changes occurring during the test which include: abnormal blood pressure, fainting, disorders of the heartbeat, and in very rare instances, a heart attack (less than 1 in 10,000).
Such occurrences may require the administration of various medications, the use of needles, or other treatments and procedures as needed.
I recognize that unforeseen conditions arising during the course of the procedure listed above may necessitate additional procedures or an extension of those procedures set forth.
I have read, understand and agree to all of the above statements. I have had an opportunity to ask questions about the exercise test, and feel that the test, its risks and benefits have been adequately explained to me. I, for myself, or for the patient named above, give consent for the exercise test to be performed at the facilities of Personalized Physicians.
Date
Lisan Kour
Signature of Patient
Witness



Pathologist & Director MBBS, MD, FAGE Ex. Chief of Lab Dr. Lal Path labs.

Dr. Pooja (Garg) Agarwal

Radiologist & Director
MBBS (MAMC) DMRD (MAMC)
Imaging Expert In Fetal And Maternal Medicine
University of Barcelona, Spain
Fetal Medicine Foundation (UK) Accreditation

10,

Mediwheel

Subject - TMT Trest

Sty/ many

Due to high B.P. TMT Jest has not

been dong.

Listerdy Kmer

Dr. NITIN AGARVIAL MBBS. MD

ONEPLUS ULTRASOUNU LAB ONEPLUS ULTRASOUNU LAB 47 Harsh Vihar, Pitam Pura, Delhi-110034 Delhi-110034 Delhi-110034 Delhi-110034 Delhi-110034 Delhi-110034 Delhi-110034 Oneplusul@gmail.com

47, Harsh Vihar, Pitampura, Delhi-34 @ 011-4248 0101, 9599913051

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NABL MC - 6036

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NAME

:Mr. JITENDRA KUMAR

AGE/GENDER

:41 YRS/Male

PATIENT ID

:131796

REFERRED BY CENTRE NAME :Dr. MEDIWHEEL

:ONEPLUS ULTRASOUND LAB

Barcode No

SPECIMEN DATE

SPECIMEN RECEIVED

REPORT DATE

LAB NO.

:10166974

:13/Mar/2024 08:39AM

:13/Mar/2024 09:37AM

:13/Mar/2024 01:33PM

:012403130003

Test Name

Result

Unit

Ref. Range

HAEMATOLOGY

MediWheel Health Checkup >40 Male

Sample Type: EDTA Blood

Glycosylated Hemoglobin (HbA1c)

6.2

%

Non Diabetic adults <5.7 Prediabetic (at risk) 5.7-6.4

Diabetes >6.4

Estimated average blood glucose (eag)

131

CALCULATED

Reference range (mg/dl):

90 - 120:Excellent control, 121 - 150:Good Control, 151 - 180:Average Control, 181 - 210:Action Suggested

>211:Panic value

Checked By.

DE NITH AGARMAL

RESENTE DE NITH AGARWAL

DE NITH AGARWAL

MBBS,MD(PATHOLOGIST)

47, marsh vinar, Pitampura, Deini-34 @ 011-4248 0101, 9099915001

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:012403130003

Test Name

Result

Unit

Ref. Range

HAEMATOLOGY

BLOOD GROUP (ABO)

Forward and Reverse grouping (Slide & Tube)

Rh typing

0

POSITIVE

NOTE:

Checked By.

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

MINITIAN AGARIM

DR. NITIN AGARWAL MBBS,MD(PATHOLOGIST)

47, marsh vinar, Pitampura, Deini-34 🔠 טבו-4248 טבטב, שמששבנטבב

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Г	P	S	t	N	a	m	6

	u		

Unit

Ref. Range

lest Name	11000111		
3.	HAEMATOLOG	<u>Y</u>	
	CBC		
Haemoglobin	14.1	g/dl	13.0-17.0
Non cyanide Hb analysis Total Leucocyte Count	7300	/cumm	4000-10000
Electrical Impedance			
Differential leucocyte count		0/	40-80
Neutrophils Electrical Impedance & Microscopic	62.9	%	1.5. 5.5.
Lymphocyte Electrical Impedance & Microscopic	31.30	%	20-40
Monocytes	3.00	%	2-10
Electrical Impedance & Microscopic Eosinophils	2.0	%	1-6
Electrical Impedance & Microscopic Basophils	0.8	%	0-2
Electrical Impedance & Microscopic RBC Count	5.20	million/cumm	4.5 - 5.5
Electrical Impedance	43.8	%	40-50
Hematocrit(PCV) Flow Cytometry			83-101
MCV Calculated	84.2	fl	
MCH	27.1	pg	27-32
Calculated MCHC	32.2	g/dL	31.5-34.5
Calculated RDW-CV	14.8	%	11.4-14.0
Calculated Platelet count	162000	/cumm	150000-410000
Electrical Impedance	BIOCHEMIST	RY	
	BIOCHEMIOT	IXI.	
Sample Type:Fluoride F	400	mg/dl	70-100 mg/dl
Blood sugar fasting GOD-POD	129		AGARWAL
necked By.		Regn. No.	MEDS MD SOFT AND IN AGARWAL MD(PATHOLOGIST)

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47, marsh vinar, Pitampura, Deini-34 Till U11-4248 U1U1, 9099913U01

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Test Name	Result	Unit	Ref. Range	
Sample Type:Fluoride PP				
Blood sugar pp GOD-POD	170	mg/dL	70.0-140.0	
Sample Type:Serum				
Bun (blood urea nitrogen) Calculated	12.10	mg/dl	8.9-21.6	
Uricase- PAP	4.6	mg/dl	3.5-7.2	
Creatinine, serum Enzymatic	0.8	mg/dl	0.71-1.16	
	LFT(LIVER FUNC	TION TEST)		
Bilirubin Total Modified tab	0.58	mg/dl	0.2-1.1	
Bilirubin Conjugated Diazotied sulfanilic acid	0.23	mg/dL	0.11-0.42	
Bilirubin Unconjugated Calculated	0.35	mg/dl	up to 0.7	
SGOT (AST) Tris buffer	22	U/L	0-46	
SGPT (ALT) Tris buffer	48	U/L	0-49	
Alkaline phosphatase Amp buffer	94	U/L	40-129	
GAMMA GT Szasz Method	26	U/L	10-45	
Total Protein Bluret	6.9	gm/dl	6.60 - 8.70	
Albumin serum BCG	3.8	g/dL	3.0-5.2	
Globulin Calculated	3.10	gm/dl	1.8-3.4	
Albumin/Globulin Ratio	1.23		1.10 - 2.50	
	LIPID PRO	OFILE		
Cholesterol CHOD-PAP	143	mg/dl	50-200	

Checked By.

Dr. NITIN AGARWAL
MBBS, MD
MBBS, MD
DR. NITIN AGARWAL
DR. NITIN AGARWAL

MBBS,MD(PATHOLOGIST)

47, marsh vinar, Pitampura, Deini-34 📧 U11-4248 U1U1, 9099913U01

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CENTRE NAME : ONEFLOS	OLITA BOOT IS		
	Result	Unit	Ref. Range
Test Name		mg/dL	25-150
Triglycerides GPO-PAP	107	mg/dL	40 - 60
HDL Cholesterol Selective Inhibition	48	mg/dL	<100
LDL cholesterol	74 21.4	mg/dL	5-40
VLDL cholesterol Calculated	3.0		Low Risk 3.3-4.97 Average Risk 4.4-7.1
Cholesterol/HDL Ratio			Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio	1.5		0 - 3.55
Calculated			

Calculated	Total Cholesterol	HDL Cholestero
LDL Cholesterol	<200 Desirable	<40 Low
<100 Optimal		>60 High
100-129 Near optimal	200-239 Borderline high	001118-
130-159 Borderline high	>240 High	
160-189 High		
>190 Very high		

According to NCEP, ATP-III Guidelines

BUN/Creatinine ratio

	BUN/Creatinine	ratio	
LIDEA	26.00	mg/dl	15-45
UREA UREASE-GLDH Bun (blood urea nitrogen)	12.15	mg/dl	8.9-21.6
Calculated	0.80	mg/dl	0.30-1.10
CREATININE ENZYMATIC	15.19		10.0 - 20.0
Bun/Creatinine Ratio	10.10		

Checked By.

Dr. NITIN AGARWAL MBBS. MD DMC-R-1436

DR. NITIN AGARWAL MBBS,MD(PATHOLOGIST)

47, marsh vinar, Pitampura, Deini-34 🔠 UII-4248 UIUI, 9399913051

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AGE/GENDER PATIENT ID

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·41 YRS/Male

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:012403130003

Test Name

Result

Unit

Ref. Range

ENDOCRINOLOGY

PSA TOTAL

Prostatic specific antigen, Total

1.00

ng/ml

<4.0

< 40 years	0.21 to 1.72 ng/ml	
40 - 49	0.27 to 2.19 ng/ml	
50 - 59	0.27 to 3.42 ng/ml	
60 - 69	0.22 to 6.16 ng/ml	
> 69	0.21 to 6.77 ng/ml	

Notes:

PSA is principally produced by the glandular epithelium of the prostate, and is secreted in the seminal fluid. PSA is also present in urine and blood. PSA acts on seminal fluid to fluidify and increase sperm mobility. PSA levels rise in prostatic pathologies such as benign prostatic hyperplasia (BPH) or prostate cancer.

THYROID PROFILE(T3,T4,TSH)

			The second second
Triiodothyronine total [t3]	0.68	ng/dl	0.52-1.9
ECLIA	6.40	μg/dl	4.4 - 10.8
Thyroxine total [t4]	2.50	μIÜ/ml	0.25-5.0
TSH (Thyroid Stimulating Hormone) Enzyme linked fluorescent assay	2.00		

AGE WISE VARIATION IN TSH

AGE 1-4 weeks 1-12 mths 1-5 yrs 6-10 yrs	TSH(μlU/ml) 1.00 - 19.0 1.70 - 9.1 0.80 - 8.2 0.25 - 5.0	AGE 16-20 yrs 21 - 80 yrs Ist trimester II nd trimester II rd trimester	TSH(µIU/mI) 0.25 - 5.0 0.25 - 5.0 0.25 - 5.0 0.50 - 5.0 0.4 - 6.0
11-15 yrs	0.25 - 5.0	IIra trimester	0.4 - 0.0

Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

Checked By.

MBBS,MD(PATHOLOGIST)

47, marsh vinar, Pitampura, Deini-34 📧 UII-4248 UIUI, 9099913001

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Test Name

Result

Unit

Ref. Range

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.

2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.

3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.

4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis

Checked By.

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PALE YELLOW

1.005-1.030

CLEAR

5.0-8.0

ACIDIC

NIL

NIL

0 - 2

NIL

NIL

NIL

NIL

TIN AGARWAL

NEGATIVE

NEGATIVE

NORMAL

Test Name

Result

Unit

Ref. Range

CLINICAL PATHOLOGY URINE ROUTINE (Strip/microscopy)

Sample Type:Urine

Physical	examination
----------	-------------

PALE YELLOW Colour CLEAR Transparency 1.015 Sp.gravity BROMOTHYMOL BLUE 6.00

Double Indicators Test

Reaction

Chemical examination

Urine protein Protein Ionization

Urine sugar Oxidation Reaction Bilirubin, urine

Pus cells. Microscopy

R.B.C. Microscopy

Casts

Microscopy

Crystals

Microscopy

Bacteria Microscopy

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Epithelial cells Microscopy

Urobilinogen P-Aminobenzoic Acid and Phenazopyridine Reaction

Acetoacetate and Dicholorobenzene Reaction Microscopic examination

NIL

NIL

1-2

1-2

NIL

NIL

NIL

NIL

ACIDIC

NEGATIVE NORMAL

NEGATIVE

/HPF

/HPF /HPF

/HPF /HPF

/HPF

A. No. DMCR-1436 DR. NITIN AGARWAL MBBS,MD(PATHOLOGIST)

47, marsh vinar, Mitampura, Deini-34 🔠 ענוביצעכע ענען, איז איז פענבעכע פווויס

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Test Name

Result

Unit

Ref. Range

Others.

NIL

NIL

NIL

STOOL ROUTINE(MANUAL METHOD/MICROSCOPY)

Sample Type:Stool

Physical examination

Colour

Blood

BROWNISH

Consistency

SEMI LOOSE

ABSENT

ABSENT

Semi Formed

Absent

Absent

Mucus Chemical examination, stool

Double Indicators Test

6.00

0-1

NIL

NIL

NIL

NIL

5.0-8.0

Microscopic examination

Pus cells

Microscopy

R.B.C.

Microscopy

Ova Microscopy

Cysts

Microscopy

Bacteria Microscopy Others

PRESENT

/HPF

/HPF

NIL

NIL

NIL

/HPF

NIL

*** End Of Report ***

Checked By.

DR. NITIN AGARWAL MBBS,MD(PATHOLOGIST)

Dr. NITIN AGARMAL

Regn. No. DMC-R-1436

MBBS, MD

47, marsh vinar, Pitampura, Deini-34 🔠 UII-4248 UIUI, 9099913001

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 Name
 : Mr. JITENDRA KUMAR
 Age/Sex
 : 41 YRS/Male

 Ref. By
 : Dr. MEDIWHEEL
 Lab No
 : 012403130003

 Date
 : 13-Mar-2024
 Patient ID
 : LSHHI131796

ULTRASOUND EXAMINATION----WHOLE ABDOMEN

<u>Liver</u> is normal in size (13.1 cm) and outline with normal altered echopattern. **Diffuse increase in echogenicity of liver parenchyma is noted, suggestive of fatty infiltration (grade I).** No abscess or mass lesion seen. Hepatic veins, portal vein, IVC and aorta are normal.Intrahepatic biliary radicles are not dilated. CBD is normal in caliber (3.8 mm).

Gall bladder is well distended with anechoic lumen . Wall thickness is normal.

<u>Both kidneys</u> are normal in size, shape, position, outline and echopattern. Corticomedullary differentiation is maintained. No pelvicalyceal dilation or calculus or mass lesion is seen.

Renal measurements are --

Rt. kidney--- 9.4 x 4.7 cm. Lt. kidney --- 9.7 x 4.4 cm.

Spleen is normal in size (8.9 cm) and echotexture. No mass lesion seen.

Pancreas is normal in size, outline and echotexture.

<u>Urinary bladder</u> is normal in shape and position. No evidence of intravesical stone or mass seen.

Prostate is normal in size, shape and echopattern.

Prostate measures 4.2 x 2.9 x 2.7 cm. Weight of prostate is 18.1 grams.

No abnormal bowel wall thickening seen in right iliac fossa.

No free fluid seen anywhere in abdomen.

IMPRESSION: Fatty infiltration of liver (grade I) with no hepatomegaly.

DR. RASHMI BANSAL RADIOLOGIST REG. NO. DMC/R/10067

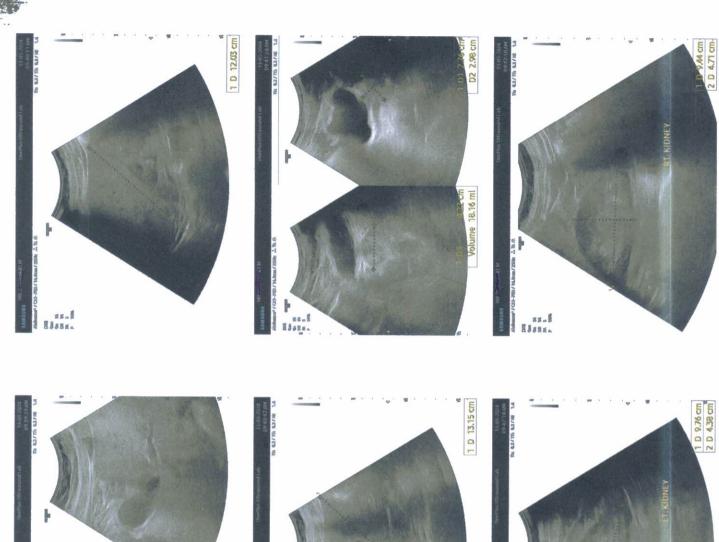
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Type By: sangeeta

47, Harsh Vihar, Pitampura, Delhi-34 👚 011-4248 0101, 9599913051

All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.

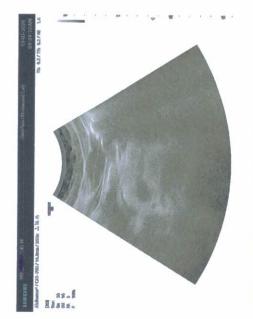
Clinical correlation is essential for final diagnosis.
 If test results are unsatisfactory please contact personally or on phone.
 This report is for perusal of doctors only.
 All disputes are subject to Delhi jurisdiction only.
 Not for medico legal case.



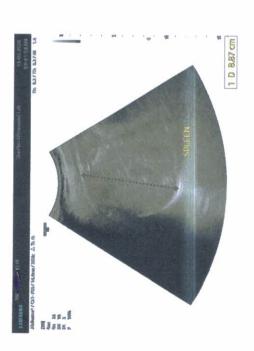














Pathologist & Director MBBS, MD, FAGE Ex. Chief of Lab Dr. Lal Path labs.

Dr. Pooja (Garg) Agarwal

Radiologist & Director MBBS (MAMC) DMRD (MAMC) Imaging Expert In Fetal And Maternal Medicine, University of Barcelona, Spain Fetal Medicine Foundation (UK) Accreditation

Name : Mr. JITENDRA KUMAR Age/Sex : 41 YRS/Male Ref. By : Dr. MEDIWHEEL Lab No : 012403130003 Date : 13-Mar-2024 Patient ID : LSHHI131796

X-ray-Chest PA view

Bony cage and soft tissues are normal.

Cardiothoracic ratio is normal.

Mediastinum is normal.

Both hila are normal.

Both costophrenic angles are clear.

Both domes of diaphragm are normal.

Lung fields are clear. No parenchymal lesion seen.

IMPRESSION: Normal Study.

DR. POOJA GARG RADIOLOGIST REG NO- DMC/R/03398

PA POOJA GARG MEBS, DMRD NO DWICKOBSSE

Radiologist

Type By: darshita

47, Harsh Vihar, Pitampura, Delhi-34 @ 011-4248 0101, 9599913051

Patient Name Thousand Kumar E.C.G. REPORT P-R. Interval Rhythm (N Axis (N Age 4145 Date 13/3/204



S. No.

Referred	Name
By DR	Name Jirtendx
Referred By DR	ndra
	ra kumar
	NOWN

Facilities:

Routine Ultrasound

Real Time 3D/4D/5D Ultrasound

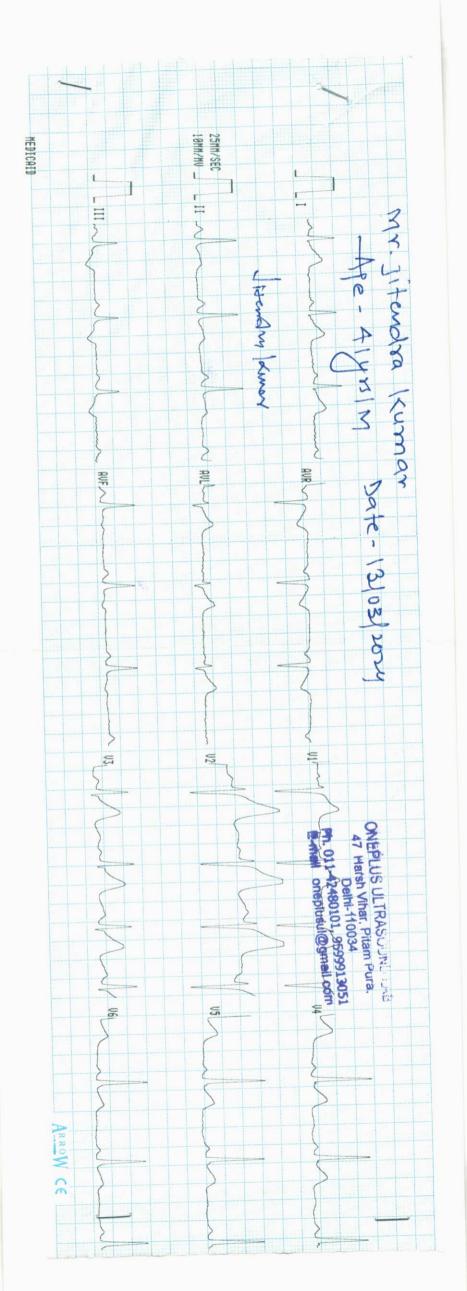
Conclusion :

225

- Digital X-Ray Color Doppler

- ECG Echo TMT
- All Lab Tests
- Fully Automated Lab Facility
- 47, Harsh Vihar, Pitampura, New Delhi-110034 | Ph.: 011-42480101, 9599913051 Amniocentesis, Chorionic Villous Sampling
 Home Sample Collection Facility Interventional Procedures

E-mail: oneplusul@gmail.com | Website: www.oneplusul.in



आयकर विमाग

INCOME TAX DEPARTMENT

JITENDRA KUMAR

SHIVJI CHOUDHARY

15/09/1982

Permanent Account Number

AWDPK4647A

Jidendra Kiman

Signature







