भारत निर्वाचन आयोग
पहचान पत्र

ELECTION COMMISSION OF INDIA
IDENTITY CARD

XZW/0471672

निर्वाचक का नाम	:	मुकेश यादव
Elector's Name	:	MUKESH YADAV
पिता का नाम	:	रामलाल
Father's Name	:	RAM LAL
लिंग / Sex	:	पुरूष / Male
जन्म की तारीख / Date of Birth	:	xx/xx/1992

XZW/0471672

पता : 2, शैराली ढाणी, शुभरामपुरा, त. आमेर, जिला जयपुर

Address : 2, SHAIRALI DHANI, SHUBHARAMAPURA, Th. AMER, Dist. JAIPUR

047 – आमेर
निर्वाचन क्षेत्र के निर्वाचक रजिस्ट्रीकरण अधिकारी के हस्ताक्षर की अनुकृति

Facsimile Signature of
Electoral Registration Officer for
047 - AMER Constituency

स्थान : जयपुर दिनांक : 28/12/2011
Place : JAIPUR Date : 28/12/2011

पता बदलने पर नये पते पर अपना नाम निर्वाचक नामावली में दर्ज करवाने तथा उस पते पर इसी नम्बर का कार्ड पाने के लिए सम्बंधित फार्म में यह कार्ड नम्बर अवश्य लिखें
In case of change in address, mention this Card No. in the relevant Form for including your name in the roll at the changed address and to obtain the card with same number.

074 / 488

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

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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: 08/07/23

Name: MUKESH YADAV Age: 31YRS DOB: 25/02/1992 Sex: Male

Referred By: BANK OF BARODA

Photo ID: ELECTION ID CARD ID #: XZN1047167

Ht: 168 (cm) Wt: 79 (Kg)

Chest (Expiration): 100 (cm) Abdomen Circumference: 102 (cm)

Blood Pressure: 140/92 mm Hg PR: 79 / min RR: 18 / min Temp: Afebrile

BMI 28

Eye Examination: RE] GIG, NIG, NCB
LE] GIG, NIG, NCB

Other: No

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

Signature Of Examine : ---------- Name of Examinee: MUKESH YADAV

Signature Medical Examiner ~~Dr. U.C. GUPTA~~ Name Medical Examiner DR. U.C. GUPTA
MBBS, MD (Physician)
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NAME :- Mr. MUKESH YADAV
Age :- 31 Yrs 4 Mon 13 Days
Sex :- Male

Patient ID :-1223636 Date :- 08/07/2023 08:59:36
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 08/07/2023 17:32:39

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.9	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.10	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	61.0	%	40.0 - 80.0
LYMPHOCYTE	34.0	%	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)	**5.66** H	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	49.20	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	87.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.3	g/dL	31.5 - 34.5
PLATELET COUNT	**141** L	x10^3/uL	150 - 410
RDW-CV	**14.2** H	%	11.6 - 14.0

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)	05	mm in 1st hr	00 - 15

Methord:- 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

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Methord:- GOD POD	97.8	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) Methord:- GOD PAP	110.0	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)			
Methord:- 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 Methord:- 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.

Note:
1.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.
2.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:
1.To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead.
2.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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HAEMATOLOGY

BLOOD GROUP ABO Methord:- Haemagglutination reaction	"O" POSITIVE

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Methord:- CHOD-PAP methodology	149.00	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 Methord:- GPO-PAP	112.00	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 Methord:- Direct clearance Method	38.00	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 Methord:- Calculated Method	92.33	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Methord:- Calculated	22.40	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Methord:- Calculated	3.92		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Methord:- Calculated	2.43		0.00 - 3.50
TOTAL LIPID Methord:- CALCULATED	467.67	mg/dl	400.00 - 1000.00

1. Measurements in the same patient can show physiological& analytical variations. Three serialsamples 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

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BIOCHEMISTRY

transport, the process by which cholesterol is eliminated fromperipheral 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 Cholesterolis used as a secondary target of therapy in persons with triglycerides >=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) Methord:- DMSO/Diazo	0.64	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Methord:- DMSO/Diazo	0.22	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Methord:- Calculated	0.42	mg/dl	0.30-0.70
SGOT Methord:- IFCC	33.9	U/L	0.0 - 40.0
SGPT Methord:- IFCC	36.8	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Methord:- DGKC - SCE	53.40	U/L	53.00 - 141.00
SERUM GAMMA GT Methord:- Szasz methodology Instrument Name Randox Rx Imola	19.50	U/L	10.00 - 45.00

Interpretation: Elevations in GGT levels areseen 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.

SERUM TOTAL PROTEIN Methord:- Direct Biuret Reagent	7.74	g/dl	6.00 - 8.40
SERUM ALBUMIN Methord:- Bromocresol Green	4.62	g/dl	3.50 - 5.50
SERUM GLOBULIN Methord:- CALCULATION	3.12	gm/dl	2.20 - 3.50
A/G RATIO	1.48		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 Methord:- Urease/GLDH	36.10	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 Methord:- Jaffe's Method	1.13	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	5.73	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 Methord:- Ion-Selective Electrode with Serum	143.4	mmol/L	135 - 150

Interpretation:

Electrolytes are minerals that are found in body tissues and blood in the form of dissolved salts. As electrically charged particles, electrolytes help move nutrients into and wastes out of the body's cells, maintain a healthy water balance, and help stabilize the body's acid/base (pH) level. The electrolyte panel measures the blood levels of the main electrolytes in the body: •

* Sodium—most of the body's sodium is found in the fluid outside of the body's cells, where it helps to regulate the amount of water in the body. •

POTASSIUM Methord:- Ion-Selective Electrode with Serum	4.68	mmol/L	3.5 - 5.5

* Potassium—this electrolyte is found mainly inside the body's cells. A small but vital amount of potassium is found in the plasma, the liquid portion of the blood. Potassium plays an important role in regulating muscle contraction. Monitoring potassium is important as small changes in the potassium level can affect the heart's rhythm and ability to contract

CHLORIDE Methord:- Ion-Selective Electrode with Serum	107.3	mmol/L	98 - 106

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* Chloride—this electrolyte moves in and out of the cells to help maintain electrical neutrality (concentrations of positively charged cations and negatively charged anions must be equal) and its level usually mirrors that of sodium. Due to its close association with sodium, chloride also helps to regulate the distribution of water in the body

SERUM CALCIUM Methord:- Colorimetric method	8.10	mg/dl	8.10 - 11.50

InstrumentName:Rx Daytona 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 Methord:- Direct Biuret Reagent	7.74	g/dl	6.00 - 8.40
SERUM ALBUMIN Methord:- Bromocresol Green	4.62	g/dl	3.50 - 5.50
SERUM GLOBULIN Methord:- CALCULATION	3.12	gm/dl	2.20 - 3.50
A/G RATIO	1.48		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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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		

VIKARANTJI

Technologist

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 4824883 maxcarediagnostics1@gmail.com

NAME :- Mr. MUKESH YADAV
Age :- 31 Yrs 4 Mon 13 Days
Sex :- Male

Patient ID :-1223636 Date :- 08/07/2023 08:59:36
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 08/07/2023 17:32:39

CLINICAL PATHOLOGY

URINE SUGAR (FASTING) Collected Sample Received	Nil	Nil

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TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3 Methord:- Chemiluminescence	1.19	ng/m	0.87 - 1.78
THYROID - THYROXINE (T4) Methord:- Chemiluminescence	9.54	ug/dl	4.82 -15.65
TSH Methord:- Chemiluminescence	2.170	uIU/ml	0.380 - 5.330

4th Generation Assay,Reference ranges vary between laboratories

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester : 0.10-2.50 uIU/mL
2nd Trimester : 0.20-3.00 uIU/mL
3rd Trimester : 0.30-3.00 uIU/mL
The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.
NOTE-TSH levels are subject to circardian variation,reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result.

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

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

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

. Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018
Test performed by Instrument : Beckman coulter Dxi 800

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.
4th Generation Assay,Reference ranges vary between laboratories

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester : 0.10-2.50 uIU/mL
2nd Trimester : 0.20-3.00 uIU/mL

VIKARANTJI

Technologist

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

NAME :- Mr. MUKESH YADAV
Age :- 31 Yrs 11 Mon 13 Days
Sex :- Male

Patient ID :-1223636 Date :- 08/07/2023 08:59:36
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 08/07/2023 17:32:39

3rd Trimester : 0.30-3.00 uIU/mL

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

NOTE-TSH levels are subject to circardian 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.

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

Test performed by Instrument : Beckman coulter Dxi 800

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

**** End of Report ****

VIKARANTJI

Technologist

DR.TANU RUNGTA
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B-14, Vidhyadhar Enclave - II, Near Axis Bank
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+91 141 4824885 maxcarediagnostics1@gmail.com

NAME:	MR. MUKESH YADAV	AGE/SEX	31 YRS/M
REF.BY	BANK OF BARODA	DATE	08/07/2023

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.

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


P3 Health Sloutions
08/07/2023 11:18:43 amADM
MR MUKESH YADAV 31Y,
080723-101926AM
MI 1.0
Tis 0.4
4C
N_ABD
LIVER
L 111.30 mm


P3 Health Sloutions
08/07/2023 11:19:22 amADM
MR MUKESH YADAV 31Y,
080723-101926AM
MI 1.1
Tis 0.4
4C
N_ABD


P3 Health Sloutions
08/07/2023 11:19:48 amADM
MR MUKESH YADAV 31Y,
080723-101926AM
MI 1.1
Tis 0.4
4C
N_ABD
L 4.59 mm
L 10.79 mm
d 10.23 cm
L 0.00 mm
Place the first point


P3 Health Sloutions
08/07/2023 11:20:14 amADM
MR MUKESH YADAV 31Y,
080723-101926AM
MI 1.1
Tis 0.4
4C
N_ABD
RT KIDNEY
L 95.33 mm


P3 Health Sloutions
08/07/2023 11:21:01 amADM
MR MUKESH YADAV 31Y,
080723-101926AM
MI 1.1
Tis 0.4
4C
N_ABD


P3 Health Sloutions
08/07/2023 11:21:16 amADM
MR MUKESH YADAV 31Y,
080723-101926AM
MI 1.1
Tis 0.4
4C
N_ABD
L 112.99 mm
d 2.68 cm
L 0.00 mm
Place the first point


P3 Health Sloutions
08/07/2023 11:21:43 amADM
MR MUKESH YADAV 31Y,
080723-101926AM
MI 1.1
Tis 0.4
4C
N_ABD
LT KIDNEY
L 106.48 mm


P3 Health Sloutions
08/07/2023 11:22:43 amADM
MR MUKESH YADAV 31Y,
080723-101926AM
MI 1.1
Tis 0.4
4C
N_ABD

P3 HEALTH SOLUTIONS LLP
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B-14, Vidhyadhar Enclave - II, Near Axis Bank
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MR. MUKESH YADAV	31 Y/M
Registration Date: 08/07/2023	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (111 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. Collecting system does not show any calculus or dilatation.
Right kidney is measuring approx. 95 mm.
Left kidney is measuring approx. 106 mm.

Urinary bladder is normally distended and shows normal wall thickness. No 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:

- **Grade I hepatic steatosis.**
- **No free fluid or lymphadenopathy.**

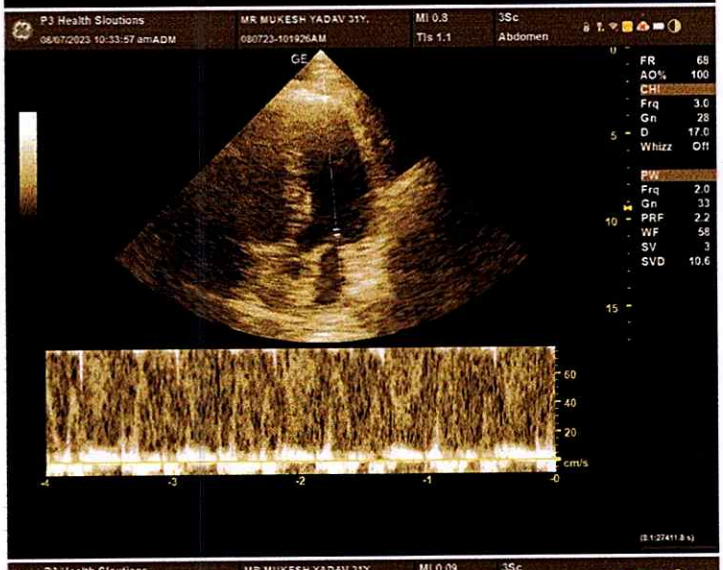
Dr. Mukesh Sharma
M.B.B.S; M.D. (Radiodiagnosis)
RMC No. 43418/17437

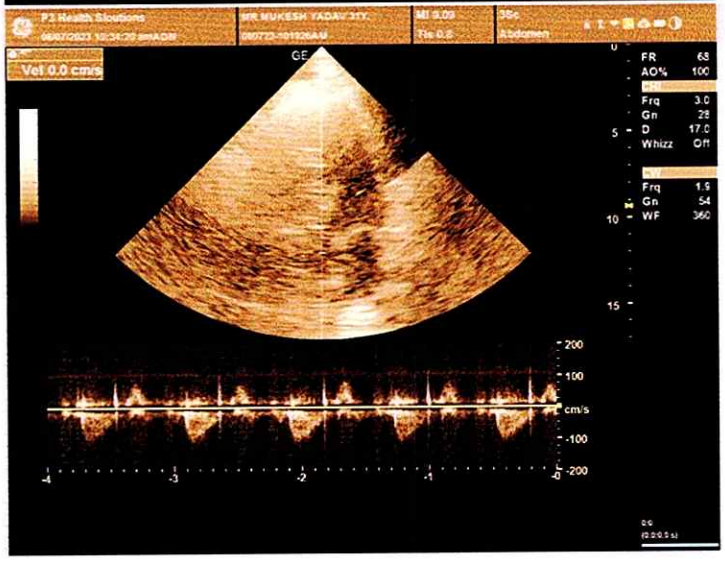
Dr. MUKESH SHARMA
M.B.B.S., M.D.(Radiodiagnosis)
RMC No. : 43418/17437
P3 Health Solutions LLP

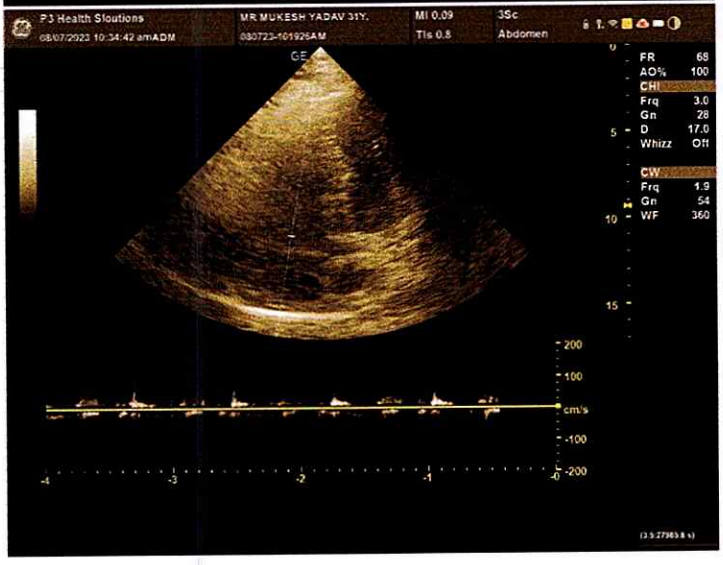

P3 Health Sloutions
MR MUKESH YADAV 31Y.
080723-101926AM
MI 1.2
TIs 0.3
3Sc
Abdomen
L 20.40 mm
L 30.54 mm


P3 Health Sloutions
MR MUKESH YADAV 31Y.
080723-101926AM
MI 1.2
TIs 0.3
3Sc
Abdomen
L 14.70 mm
L 38.69 mm
L 13.14 mm


P3 Health Sloutions
MR MUKESH YADAV 31Y.
080723-101926AM
MI 0.09
TIs 0.8
3Sc
Abdomen
Vel 0.0 cm/s
cm/s


P3 Health Sloutions
MR MUKESH YADAV 31Y.
080723-101926AM
MI 0.8
TIs 1.1
3Sc
Abdomen
cm/s


Vel 0.0 cm/s
cm/s


P3 Health Sloutions
MR MUKESH YADAV 31Y.
080723-101926AM
MI 0.09
TIs 0.8
3Sc
Abdomen
cm/s

P3 HEALTH SOLUTIONS LLP
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MR. MUKESH YADAV	31 Y/M
Registration Date: 08/07/2023	Ref. by: BANK OF BARODA

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARIDIOGRAPHIC WINDOW MORPHOLOGY:

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

M.MODE EXAMITATION:

AO	2.0	Cm	LA	3.0	cm	IVS-D	1.4	cm
IVS-S	1.6	Cm	LVID	3.9	cm	LVSD	3.4	cm
LVPW-D	1.2	cm	LVPW-S	1.3	cm	RV		cm
RVWT		cm	EDV		Ml	LVVS		ml
LVEF	60%			RWMA		ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	0.88	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.61	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			ABSENT		
AORTIC VALVE					
PEAK VELOCITY	1.10	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION			ABSENT		
TRICUSPID VALVE					
PEAK VELOCITY		m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION			ABSENT		
PULMONARY VALVE					
PEAK VELOCITY	0.80	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VALOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION			ABSENT		

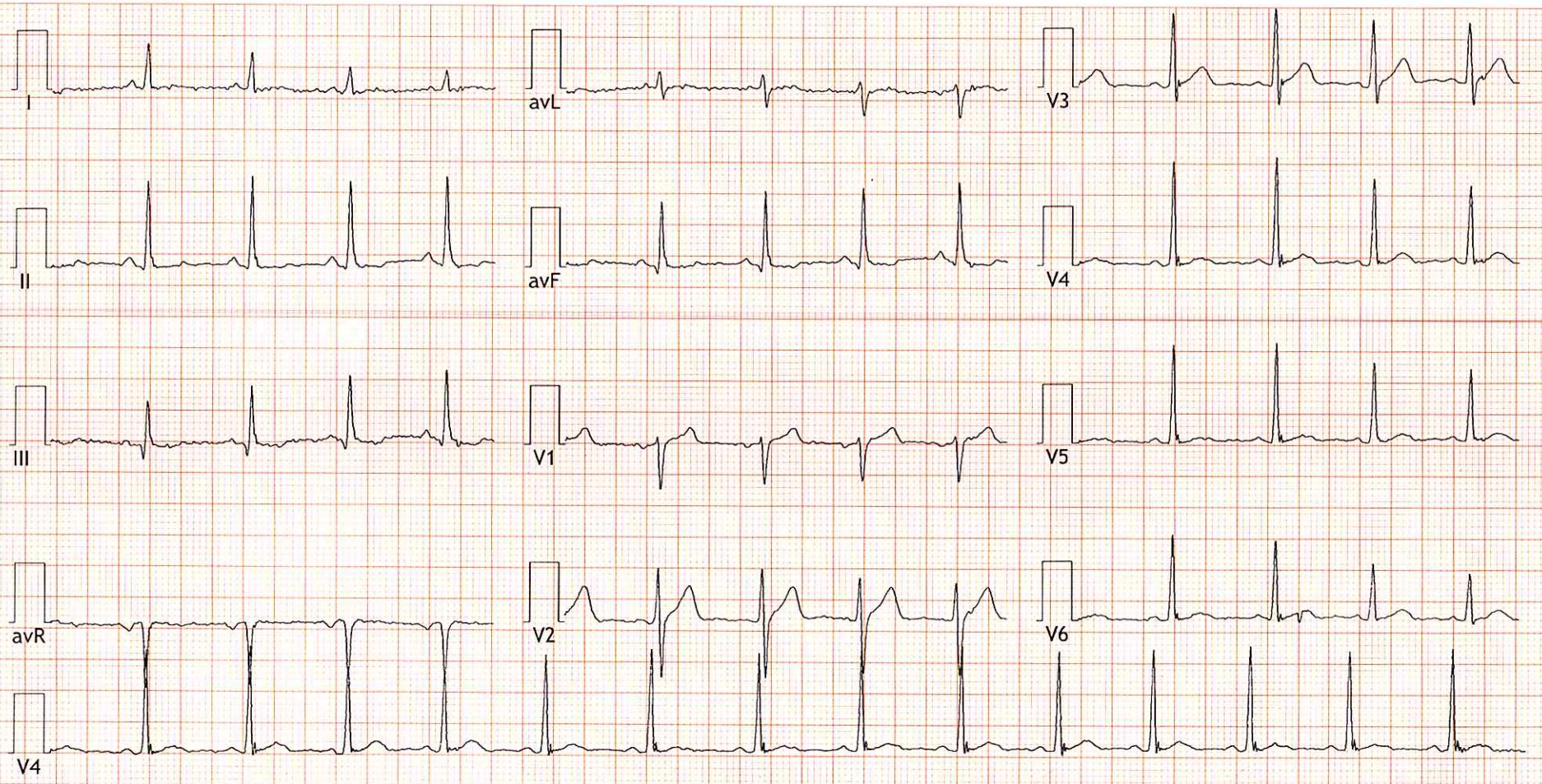
Impression—

- **CONCENTRIC LVH**
- **NO RWMA, LVEF 60%.**
- **NORMAL VALVULAR FUNCTION**
- **NORMAL DIASTOLIC FUNCTION.**
- **NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.**

(Cardiologist)

P3 HEALTH SOLUTIONS LLP
B-14, Vidhyadhar nahar Enclave-II, Jaipur.
1323634/Mr Mukesh Yadav 31Yrs-6Months/Male Kgs/ Cms BP: ___/___ mmHg **HR: 87 bpm**
Ref.: BANK OF BARODA Test Date: 08-Jul-2023(2:33:38 P) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

PR Interval: 134 ms
QRS Duration: 82 ms
QT/QTc: 313/378ms
P-QRS-T Axis: 44 - 54 - -10 (Deg)



T wave

FINDINGS: BorderLine ECG with Non Specific IVCD and Non Specific ST Changes
Vent Rate : 87 bpm; **PR Interval :** 134 ms; **QRS Duration:** 82 ms; **QT/QTc Int :** 313/378 ms
P-QRS-T axis: 44• 54• -10• (Deg)
Comments : Patient is normal Do exercise regularly Patient having milk allergy Sometimes looks unconsious

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

Dr. Naresh Mohinka

RHQ