

यूनियन बैंक
ऑफ इंडिया



Union Bank
of India



नाम : पवन कुमार जांगीर

Name : PAWAN KUMAR JANGIR

पदनाम : शाखा प्रबंधक

Designation : BRANCH MANAGER

कर्मचारी क्र / Employee No : 571877

जन्म तिथि / Birth Date : 27.11.1979

रक्त समूह / Blood Group : B +ve

हस्ताक्षर / Signature

जारी करने का स्थान

Place of Issue: R.O.Vadodara(Gujarat)

जारी करने की तारीख


Date of Issue : 01.09.2015

जारीकर्ता प्राधिकारी / Issuing Authority


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of India of India



नाम : पवन कुमार जंगर
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कार्यवाही प्राधिकारी / Issuing Authority


Dr. PIYUSH GOYAL
MBBS, DMRD (S. Holr nist)
RMC No.-07041

यदि किसी को यह पत्र प्राप्त हो
तो उसे कृपया निम्न को पर लौटाने,
यूनियन बैंक ऑफ इंडिया,
क्षेत्रीय कार्यालय,
यूनियन बैंक भवन, दूसरा तल,
काला घोडा के सामने, सायजिगाना,
वाडोदरा (गुजरात)-390005
☎ : 0265-2225913
2225794

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Vadodara- 390005, Gujarat.
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(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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General Physical Examination

Date of Examination: 05/02/2024

Name: PAWAN KOMAR TANGIR Age: 44 YRS DOB: 27/11/1979 Sex: Male

Referred By: DANN O F BARODA

Photo ID: BANK ID ID #: 571877

Ht: 178 (cm)

Wt: 73 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 92 (cm)

Blood Pressure: 130/80 mm Hg PR: 89/min RR: 18/min Temp: Afebrile

BMI 24.3

Eye Examination: RIE - GIG, NIG, NCO
LEI - GIG, NIG, NCO

Other: No

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

Signature Of Examinee : [Signature] Name of Examinee: PAWAN KOMAR TANGIR

Signature Medical Examiner: [Signature] Name Medical Examiner: DR. PIYUSH GOYAL
MBBS, DMR (Radiologist) RMC No. 037041



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| | | | |
|---------------------------------------|--------------------------------|--------------------|----------|
| NAME :- Mr. PAWAN KUMAR JANGIR | Patient ID :-42234554 | Date :- 05/02/2024 | 09:23:15 |
| Age :- 44 Yrs 2 Mon 11 Days | Ref. By Doctor:-BANK OF BARODA | | |
| Sex :- Male | Lab/Hosp :- | | |
| | Company :- Mr MEDIWHEEL | | |

Final Authentication : 05/02/2024 17:58:48

HAEMOGARAM

HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------|--------------------------|-------------------------|
| FULL BODY HEALTH CHECKUP ABOVE 40 MALE | | | |
| HAEMOGLOBIN (Hb) | 13.5 | g/dl. | 13.0 - 17.0 |
| TOTAL LEUCOCYTE COUNT | 7.60 | /cumm | 4.00 - 10.00 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL | 55.0 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 40.0 | % | 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) | 4.99 | $\times 10^6/\text{ul.}$ | 4.50 - 5.50 |
| HEMATOCRIT (HCT) | 42.90 | % | 40.00 - 50.00 |
| MEAN CORP VOLUME (MCV) | 86.0 | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 27.0 | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 31.4 | g/dl. | 31.5 - 34.5 |
| PLATELET COUNT | 264 | $\times 10^3/\text{ul.}$ | 150 - 410 |
| RDW-CV | 13.3 | % | 11.6 - 14.0 |



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NAME :- Mr. PAWAN KUMAR JANGIR

Age :- 44 Yrs 2 Mon 11 Days

Sex :- Male

Patient ID :-12234554

Date :- 05/02/2024

09:23:15

Ref. By Doctor :-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 05/02/2024 17:58:48

HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)

Method :- Westergren

10

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

(CBI) Methodology: TLC, DLC, Fluorescent Flow cytometry, Hb-SLS method, FBC, PCV, PLT. Hydrated, vertically focused, impedance, and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-1, Japan





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| | Company :- Mr.MEDIWHEEL | | |

Visit Authentication : 05/02/2024 17:58:48

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|------------------|-------|-------------------------|
| FASTING BLOOD SUGAR (Plasma) Method - GOD POB | 118.0 H | 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.

BLUOOD SUGAR PP (Plasma)
Method - GOD POB

136.0 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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| Sex :- Male | Lab/Hosp :- | | |
| | Company :- | M: MEDIWHEEL | |

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HAEMATOLOGY

BLOOD GROUP ABO

Method : Immunofluorescence

"B" POSITIVE



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

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|----------|-------|--|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL Method - CHOD-PAP (rifluorimetry) | 198.00 | mg/dl | Desirable <200 Borderline 200-239 High > 240 |
| InstrumentName MESA PLUS Interpretation Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders. | | | |
| TRIGLYCERIDES Method - GPO-PAP | 190.20 H | mg/dl | Normal <150 Borderline high 150-199 High 200-499 Very high >500 |
| InstrumentName Randox Rx Inola 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 | 48.50 | mg/dl | MALE- 30-70 FEMALE - 30-85 |
| InstrumentName Rx Direct plus Interpretation An inverse relationship between HDL-cholesterol (HDL-C) and the risk of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance in low risk patients, patient risk from CHD. Direct measurement gives accurate accuracy and reproducibility when compared to precipitation methods. | | | |
| LDL CHOLESTEROL Method - Calculated Method | 117.80 | mg/dl | Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190 |
| VLDL CHOLESTEROL Method - Calculated | 38.01 | mg/dl | 0.00 - 80.00 |
| TOTAL CHOLESTEROL/HDL CHOLESTEROL RATIO Method - Calculated | 4.08 | | 0.00 - 4.90 |
| LDL/HDL CHOLESTEROL RATIO Method - Calculated | 2.43 | | 0.00 - 3.50 |
| TOTAL LIPID Method - CALCULATED | 657.10 | mg/dl | 400.00 - 1000.00 |

1. Measurements in the same patient can show physiological daily total variations. These variations are very small and are considered 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. Patients with atherosclerosis or diseases of the same of 2 years with a family history of coronary or vascular disease or those with at least one parent with total cholesterol > 240.

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| Age :- 44 Yrs 2 Mon 11 Days | Ref. By Doctor :- BANK OF BARODA | | |
| Sex :- Male | Lab/Hosp :- | | |
| | Company :- Mr. MELIWHEEL | | |

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BIOCHEMISTRY

▶ **NOTE:** Results are valid only if received from the laboratory. Results may vary due to individual differences. Results are not to be used for clinical diagnosis without the physician's review.



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| NAME :- Mr. PAWAN KUMAR JANGIR | Patient ID :-42234554 | Date :- 05/02/2024 | 09:23:15 |
| Age :- 44 Yrs 2 Mon 11 Days | Ref. By Doctor:-BANK OF BARODA | | |
| Sex :- Male | Lab/Hosp :- | | |
| | Company :- | Mr ML/D/WHEEL | |

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BIOCHEMISTRY

LIVER PROFILE WITH GGT

| | | | |
|--|-------|-------|--|
| SERUM BILIRUBIN (TOTAL) Method :- ICHIM-Duazo | 0.54 | mg/dl | Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL |
| SERUM BILIRUBIN (DIRECT) Method :- ICHIM-Duazo | 0.12 | mg/dl | Up to 0.40 mg/dL |
| SERUM BILIRUBIN (INDIRECT) Method :- Calculated | 0.41 | mg/dl | 0.30-0.70 |
| SGOT Method :- ITC | 19.5 | U/L | 0.0 - 40.0 |
| SGPT Method :- ITC | 22.0 | U/L | 0.0 - 40.0 |
| SERUM ALKALINE PHOSPHATASE Method :- ITC-SCT | 99.80 | U/L | 53.00 - 141.00 |
| SERUM GAMMA GT Method :- Spectrophotometry Involves a color reaction by using Isonitrocein. Disruption of GGT levels occurs earlier and more pronounced than those with other liver pathologies. It is a sensitive parameter for alcoholic symptoms. It may reach 7 to 10 times normal levels in alcohol abuse. Elevated levels of alkaline phosphatase indicate elevation of the enzyme level 17 to 7 times normal due to obstruction of bile ducts. | 25.00 | U/L | 10.00 - 45.00 |
| SERUM TOTAL PROTEIN Method :- Direct Bistat Range | 7.12 | g/dl | 6.00 - 8.40 |
| SERUM ALBUMIN Method :- Immunochemical | 1.50 | g/dl | 3.50 - 5.50 |
| SERUM GLOBULIN Method :- DIFFERENTIATION | 2.50 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.78 | | 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.

Notes - These are groups of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, assess the extent of known liver damage, and monitor the response to treatment. While liver disorders cause only mild to moderate increases, but these disorders also can be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular injury (e.g., transaminases), and some with conditions related to the biliary tract (e.g., alkaline phosphatase and gamma glutamyl transaminase). Conditions with elevated levels of ALT and AST indicate hepatitis A, B, C, parasitosis, toxicity, or several disorders of bile are related to the evaluation and management of patients with hepatic dysfunction. None or all of these components are also carried out usually about liver at risk for certain reasons. Some individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely affecting the patient's liver.

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NAME :- Mr. PAWAN KUMAR JANGIR

Age :- 44 Yrs 2 Mon 11 Days

Sex :- Male

Patient ID :-12234554

Ref. By Doctor :-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Date :- 05/02/2024 09:23:15

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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

| | | | |
|--|-------|-------|---------------|
| SERUM UREA Method :- Enzymatic Method | 39.50 | mg/dl | 10.00 - 50.00 |
|--|-------|-------|---------------|

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

| | | | |
|--|------|-------|---|
| SERUM CREATININE Method :- Jaffe's Method | 1.10 | 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 | 5.90 | 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, Diuretic therapy, Metabolic acidosis, Pregnancy, Gout.

| | | | |
|-------------------------|-------|--------|---------------|
| SODIUM Method :- ISE | 139.1 | mmol/L | 135.0 - 150.0 |
|-------------------------|-------|--------|---------------|

| | | | |
|----------------------------|------|--------|-------------|
| POTASSIUM Method :- ISE | 4.54 | mmol/L | 3.50 - 5.50 |
|----------------------------|------|--------|-------------|

| | | | |
|---------------------------|------|--------|--------------|
| CHLORIDE Method :- ISE | 98.0 | mmol/L | 91.0 - 110.0 |
|---------------------------|------|--------|--------------|

| | | | |
|---|------|-------|--------------|
| SERUM CALCIUM Method :- Atomic Absorbance Method | 9.56 | mg/dl | 8.80 - 10.20 |
|---|------|-------|--------------|

InstrumentName: MINIPA PL1 N 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 hypercalcaemia. Hypocalcaemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

| | | | |
|--|------|------|-------------|
| SERUM TOTAL PROTEIN Method :- Direct Bimetric Reagent | 7.12 | g/dl | 6.00 - 8.40 |
|--|------|------|-------------|

| | | | |
|---|------|------|-------------|
| SERUM ALBUMIN Method :- Bismuthsul Green | 4.56 | g/dl | 3.50 - 5.50 |
|---|------|------|-------------|

| | | | |
|--------------------------------------|------|-------|-------------|
| SERUM GLOBULIN Method :- ALBUCLON | 2.56 | gm/dl | 2.20 - 3.50 |
|--------------------------------------|------|-------|-------------|

| | | | |
|-----------|------|--|-------------|
| A/G RATIO | 1.78 | | 1.30 - 2.50 |
|-----------|------|--|-------------|

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

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Sex :- Male

Patient ID :-42234554

Ref By Doctor :-BANK OF BARODA

Lab/Hosp :-

Company :- MI MLDIWHEEL

Date :- 05/02/2024

09:23:15

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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. Kidney tests can be used to check the amount of 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 ESR. In urine, it can be used to check for protein. Creatinine is 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. In kidney disease progression, the level of creatinine and urea in the blood increases. Control drugs are performed before 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.

Appt to request Fasting Blood Urea & creatinine in serum (fasting) & Blood



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Age :- 44 Yrs 2 Mon 11 Days

Sex :- Male

Patient ID -42234554

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company - Mr.MEDIWHEEL

Date - 05/02/2024 09:23:15

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CLINICAL PATHOLOGY

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil



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IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------|-------|-------------------------|
| PSA (PROSTATE SPECIFIC ANTIGEN)-TOTAL <small>Method: Metology CLIA</small> | 0.277 | 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 10% has been observed in elderly patients with loss of 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
Page No. 15 of 17

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



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| | | | |
|--------------------------------|---------------------------------|--------------------|----------|
| NAME :- Mr. PAWAN KUMAR JANGIR | Patient ID :-12234554 | Date :- 05/02/2024 | 09:23:15 |
| Age :- 41 Yrs 2 Mon 11 Days | Ref. By Doctor :-BANK OF BARODA | | |
| Sex :- Male | Lab/Hosp :- | | |
| | Company :- | MR MIDWHEEL | |

Final Authentication : 05/02/2024 17:56:48

IMMUNOASSAY

4th Generation Test/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 circadian variation, reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration Dose and time of drug intake also influence the test result.

INTERPRETATION

1. Primary hyperthyroidism is accompanied by ↑serum T3 & T4 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 Hypothyroidism

• **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 radiotracer scan within 7-14 days before the test.

• Displacement of T4 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 debated whether this is due to a real change with age or an increased prevalence of asymptomatic thyroid disease in the elderly.

• Reference ranges are from Teltz fundamental) of clinical chemistry 8th ed (2014).
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 history for interpretation.

*** End of Report ***

MS
Page No. 12 of 12

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| | | | |
|---------------------------------------|--------------------------------|--------------------|----------|
| NAME :- Mr. PAWAN KUMAR JANGIR | Patient ID :-42234554 | Date :- 05/02/2024 | 09:23:15 |
| Age :- 44 Yrs .2 Mon 11 Days | Ref. By Doctor:-BANK OF BARODA | | |
| Sex :- Male | Lab/Hosp :- | | |
| | Company :- | M. MEDIWHEEL | |

Final Authentication : 05/02/2024 17:58:48

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) | 5.5 | | 5.0 - 7.5 |
| SPECIFIC GRAVITY | 1.025 | | 1.010 - 1.030 |
| PROTEIN | NI | | NI |
| SUGAR | NI | | NI |
| BILIRUBIN | NEGATIVE | | NEGATIVE |
| UROBILINOGEN | NORMAL | | NORMAL |
| KETONES | NEGATIVE | | NEGATIVE |
| NITRITE | NEGATIVE | | NEGATIVE |
| MICROSCOPY EXAMINATION | | | |
| RBC/HPF | NI | HPF | NI |
| 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
MGR
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Tanu Rungta
DR. TANU RUNGTA
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MAXCARE

D I A G N O S T I C

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| | | | |
|--------|-----------------|------|------------|
| NAME: | MR. PAWAN KUMAR | AGE | 33 YRS/M |
| REF.BY | AGARWAL CLINIC | DATE | 05/02/2024 |

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



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| | |
|-------------------------------|-------------------------|
| MR. PAWAN KUMAR | 44 Y/M |
| Registration Date: 05/02/2024 | Ref. by: BANK OF BARODA |

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:
FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

| | | | |
|--------------|--------|-----------------|--------|
| MITRAL VALVE | NORMAL | TRICUSPID VALVE | NORMAL |
| AORTIC VALVE | NORMAL | PULMONARY VALVE | NORMAL |

M.MODE EXAMINATION:

| | | | | | | | | |
|--------|--------|----|--------|-----|----|--------|-----|----|
| AO | 3.0 | Cm | LA | 3.3 | cm | IVS-D | 1.0 | cm |
| IVS-S | 1.3 | cm | LVID | 4.8 | cm | LVSD | 3.8 | cm |
| LVPW-D | 1.0 | cm | LVPW-S | 1.2 | cm | RV | | cm |
| RVWT | | cm | EDV | | ml | LVVS | | ml |
| LVEF | 55-60% | | RWMA | | | ABSENT | | |

CHAMBERS:

| | | | |
|-------------|--------|--------|--------|
| LA | NORMAL | RA | NORMAL |
| LV | NORMAL | RV | NORMAL |
| PERICARDIUM | | NORMAL | |

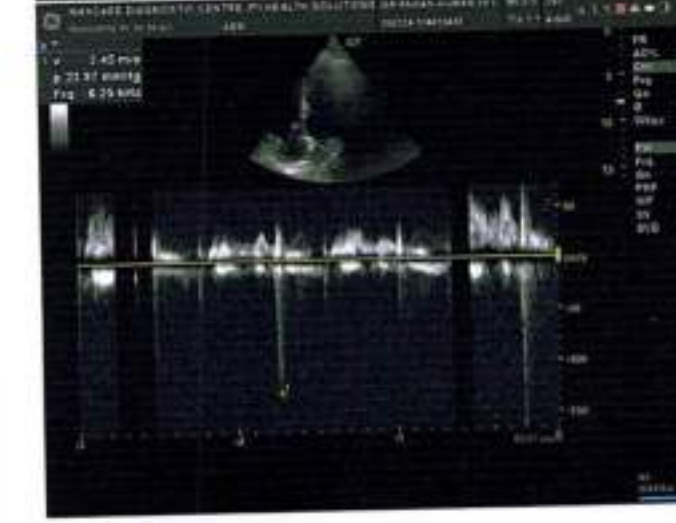
COLOUR DOPPLER:

| | | | | |
|-------------------------|------|--------|-------------------|--------|
| MITRAL VALVE | | | | |
| E VELOCITY | 0.86 | m/sec | PEAK GRADIENT | Mm/hg |
| A VELOCITY | 0.58 | m/sec | MEAN GRADIENT | Mm/hg |
| MVA BY PHT | | Cm2 | MVA BY PLANIMETRY | Cm2 |
| MITRAL REGURGITATION | | | | ABSENT |
| AORTIC VALVE | | | | |
| PEAK VELOCITY | 1.01 | 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 | 0.64 | 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%.
- ALL CARDIAC VALVES ARE NORMAL.
- NORMAL DIASTOLIC FUNCTION.
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

(Cardiologist)





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| | |
|-------------------------------|-------------------------|
| MR. PAWAN KUMAR | 44 Y/M |
| Registration Date: 05/02/2024 | Ref. by: BANK OF BARODA |

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (139 mm). Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic 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. 105 mm.

Left kidney is measuring approx. 109 mm.

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

Prostate is normal in size (16 cc) with normal echotexture and outline.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.

No significant free fluid is seen in pelvis.

IMPRESSION: No significant abnormality is detected.

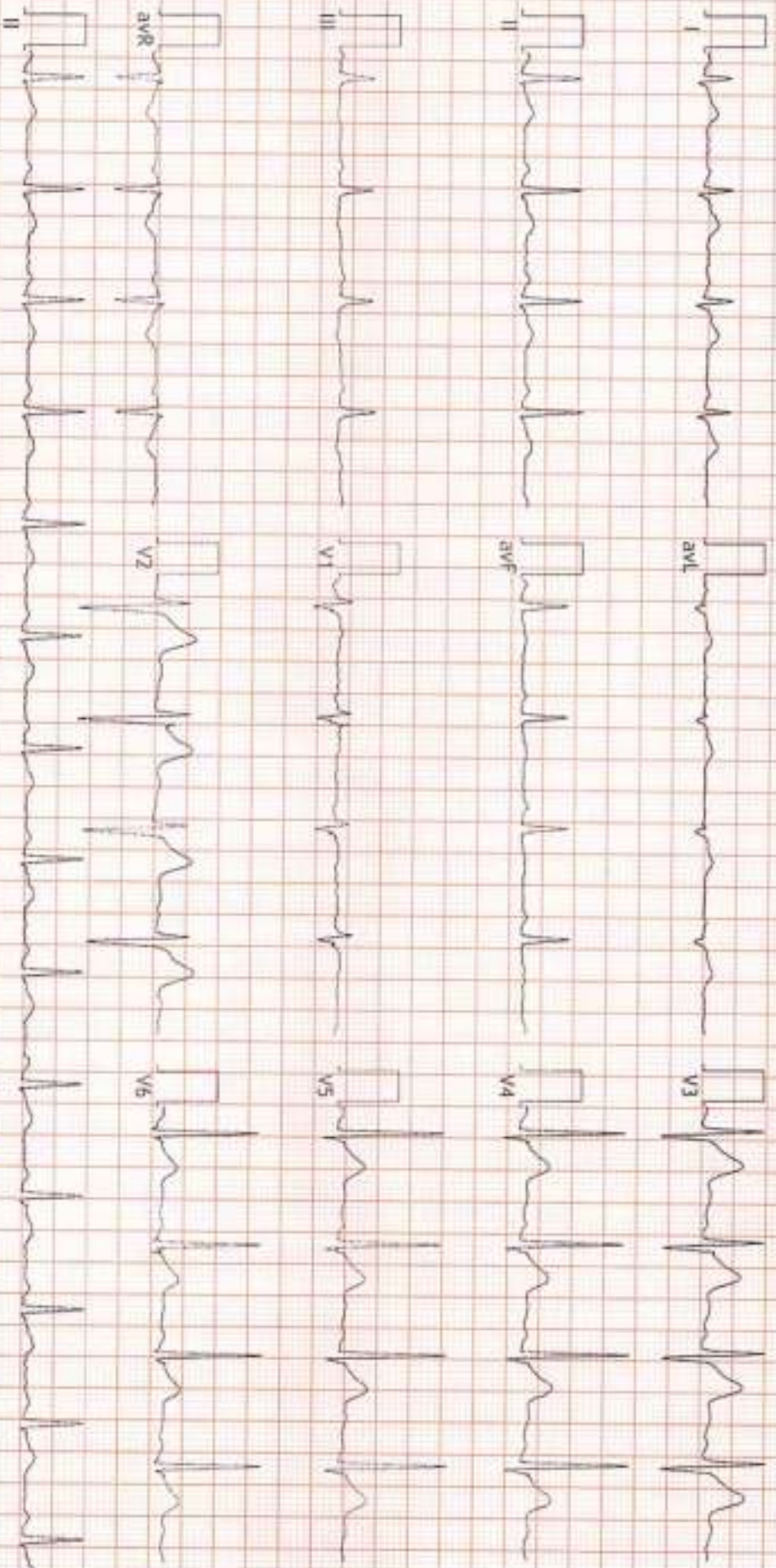
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RMC No. 43418/17437

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



HR: 80 bpm

PR Interval: 146 ms
QRS Duration: 106 ms
QT/QTc: 261/303 ms
P-QRS-T Axis: 44 - 68 - 14 (Deg)



FINDINGS: Normal Sinus Rhythm

Vent Rate : 80 bpm; PR Interval : 146 ms; QRS Duration: 106 ms; QT/QTc Int : 261/303 ms
P-QRS-T axis: 44 • 68 • 14 • (Deg)
Comments :

Dr. Naresh Kumar Mohanka

RMC No.: 35703

MBBS, D.P., Cardiology (Diploma)

D.E.M. (FRCGP-UK)



 **GPS Map Camera**

Jaipur, Rajasthan, India

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Jaipur, Rajasthan 302039, India

Lat 26.964681°

Long 75.782344°

05/02/24 10:54 AM GMT +05:30



Google

R

12234034 MR PAWAN KUMAR 44YRS BARK OF BARKODA M
04 FEB 2019
MAXCARE DIAGNOSTIC ASSOCIATES OF P&H HEALTH SOLUTIONS LLP

