


भारत सरकार
GOVERNMENT OF INDIA


राम लम्बा
Raman Lamba
जन्म तिथि/DOB: 07-02-1996
पुरुष/MALE



8860

मेरा आधार, मेरी पहचान

Raman Lamba


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आधार
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P.O. Box No. 1947,
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Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No. 937041



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: 24/02/24

Name: RAMAN LAMBA Age: 38 YRS DOB: 07/09/1986 Sex: Male

Referred By: DANU OF BARODA

Photo ID: AADHAR CARD ID #: 8860

Ht: 174 (cm)

Wt: 80 (Kg)

Chest (Expiration): 36 (cm)

Abdomen Circumference: 90 (cm)

Blood Pressure: 100/80 mm Hg PR: 83/min RR: 18/min Temp: Afebrile

BMI 26.4

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

Other: NO

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

Signature Of Examinee: Raman Lamba Name of Examinee: RAMAN LAMBA

Signature Medical Examiner: Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist) RMC No. 037041 Name Medical Examiner: DR. PIYUSH GOYAL



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NAME :- Mr. RAMAN LAMBA

Age :- 28 Yrs 17 Days

Sex :- Male

Patient ID :-12234684

Date :- 24/02/2024

10:20:21

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

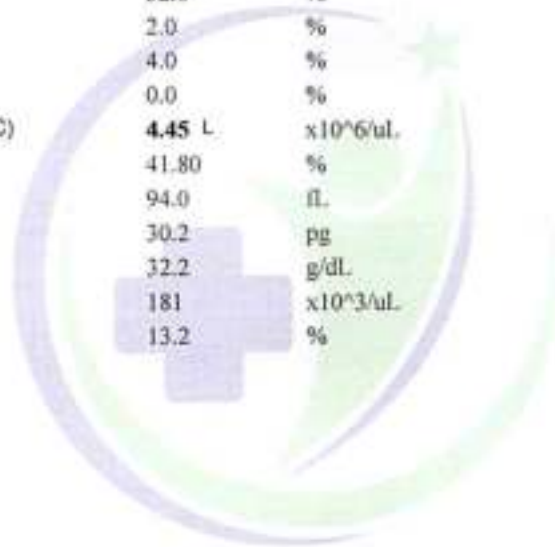
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Final Authentication : 24/02/2024 17:05:44

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGLOBIN (Hb)	13.5	g/dl.	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.10	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	62.0	%	40.0 - 80.0
LYMPHOCYTE	32.0	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.45 L	$\times 10^6/\mu\text{L}$	4.50 - 5.50
HEMATOCRIT (HCT)	41.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	94.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.2	g/dL	31.5 - 34.5
PLATELET COUNT	181	$\times 10^3/\mu\text{L}$	150 - 410
RDW-CV	13.2	%	11.6 - 14.0



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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)

Westgren

11

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 Florescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan.





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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method - GOD POD	85.2	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

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

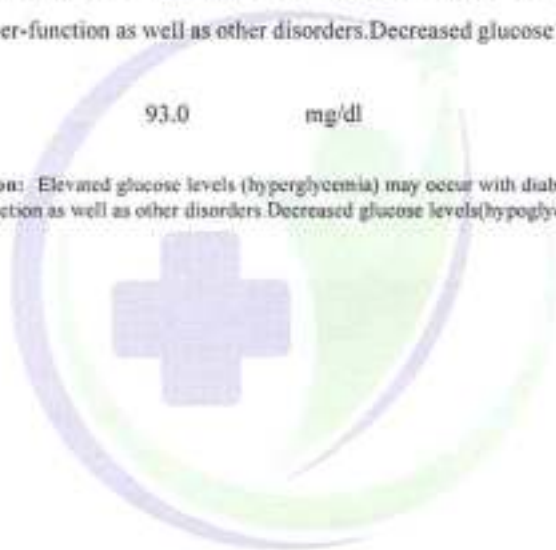
BLOOD SUGAR PP (Plasma)
Method - GOD PAP

93.0

mg/dl

70.0 - 140.0

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



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method - CAPILLARY with EDTA	5.2	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	102	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 - 8-12 weeks) and therefore provides much more reliable information for glycemia monitoring than its 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 intracellular pH

- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH

4. Erythrocyte destruction

- Increased HbA1c: increased erythrocyte life span, Splenectomy

- Decreased HbA1c: 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 aspirin use, chronic renal failure

- Decreased HbA1c: hypothyroidism, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, splenomegaly, rheumatoid arthritis or drugs

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HAEMATOLOGY

BLOOD GROUP ABO

Method - Haemagglutination reaction

"O" POSITIVE



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

TOTAL CHOLESTEROL
Method - CHOD-PAP methodology

127.00 mg/dl

Desirable <200
Borderline 200-239
High > 240

InstrumentName MISPA PLUS Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders

TRIGLYCERIDES
Method - GPO-PAP

89.00 mg/dl

Normal <150
Borderline high 150-199
High 200-499
Very high >500

InstrumentName Randox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDL CHOLESTEROL
Method - Direct clearance Method

35.60 mg/dl

MALE- 30-70
FEMALE - 30-85

Instrument Name Rx Daytona plus Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods

LDL CHOLESTEROL
Method - Calculated Method

76.57 mg/dl

Optimal <100
Near Optimal/above optimal 100-129
Borderline High 130-159
High 160-189
Very High > 190

VLDL CHOLESTEROL
Method - Calculated

17.80 mg/dl

0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO
Method - Calculated

3.57

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO
Method - Calculated

2.15

0.00 - 3.50

TOTAL LIPID
Method - CALCULATED

394.73 L mg/dl

400.00 - 1000.00

1. Measurements in the same patient can show physiological/analytical variations. Three serum samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol

2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is

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BIOCHEMISTRY

recommended

3 Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues



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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method - DMSO/Diazo	0.63	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method - DMSO/Diazo	0.20	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method - Calculated	0.43	mg/dl	0.30-0.70
SGOT Method - IFCC	23.6	U/L	0.0 - 40.0
SGPT Method - IFCC	29.4	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method - DGKC - SCE	100.00	U/L	53.00 - 141.00
SERUM GAMMA GT Method - Scaiz methodology Instrument Name Radco Rx level Interpretation: Elevations in GGT levels exceeds earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and retrograde colicomas. It may reach 5 to 20 times normal levels in extra- or peri- hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 3 times normal) are observed with infectious hepatitis.	32.30	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method - Direct Buret Reagent	6.96	g/dl	6.00 - 8.40
SERUM ALBUMIN Method - Bromocresol Green	4.25	g/dl	3.50 - 5.50
SERUM GLOBULIN Method - CALCULATION	2.71	gm/dl	2.20 - 3.50
A/G RATIO	1.57		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 fastenonality (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 interacting the person's liver.

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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Method - Urease/GLDH	38.90	mg/dl	10.00 - 50.00
------------------------------------	-------	-------	---------------

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

SERUM CREATININE Method - Jaffe's Method	1.08	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	5.23	mg/dl	2.40 - 7.00
-----------------	------	-------	-------------

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

SODIUM Method - ISE	140.7	mmol/L	135.0 - 150.0
------------------------	-------	--------	---------------

POTASSIUM Method - ISE	4.44	mmol/L	3.50 - 5.50
---------------------------	------	--------	-------------

CHLORIDE Method - ISE	100.4	mmol/L	94.0 - 110.0
--------------------------	-------	--------	--------------

SERUM CALCIUM Method - Arsenazo III Method	9.10	mg/dL	8.80 - 10.20
---	------	-------	--------------

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

SERUM TOTAL PROTEIN Method - Direct Bistest Reagent	6.96	g/dl	6.00 - 8.40
--	------	------	-------------

SERUM ALBUMIN Method - Bromocresol Green	4.25	g/dl	3.50 - 5.50
---	------	------	-------------

SERUM GLOBULIN Method - CALCULATION	2.71	gm/dl	2.20 - 3.50
--	------	-------	-------------

A/G RATIO	1.57		1.30 - 2.50
-----------	------	--	-------------

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

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BIOCHEMISTRY

bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR. In urine, it can remove the need for 24-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.

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



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CLINICAL PATHOLOGY

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil



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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)	5.5		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
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		ABSENT

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📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
📞 +91 141 4824885 📧 maxcarediagnostics1@gmail.com



NAME:	MR. RAMAN LAMBA	AGE	28 YRS/M
REF.BY	BANK OF BARODA	DATE	24/02/2024

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. SHALINI GOEL

M.B.B.S, D.N.B (Radiodiagnosis)

RMC No.: 21954





P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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MR. RAMAN LAMBA	28 Y/M
Registration Date: 24/02/2024	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (128 mm). Echo-texture is normal. 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. 100 mm.

Left kidney is measuring approx. 98 mm.

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

Prostate is normal in size with normal echotexture and outline.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pelvis.

IMPRESSION: No significant abnormality is detected.

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

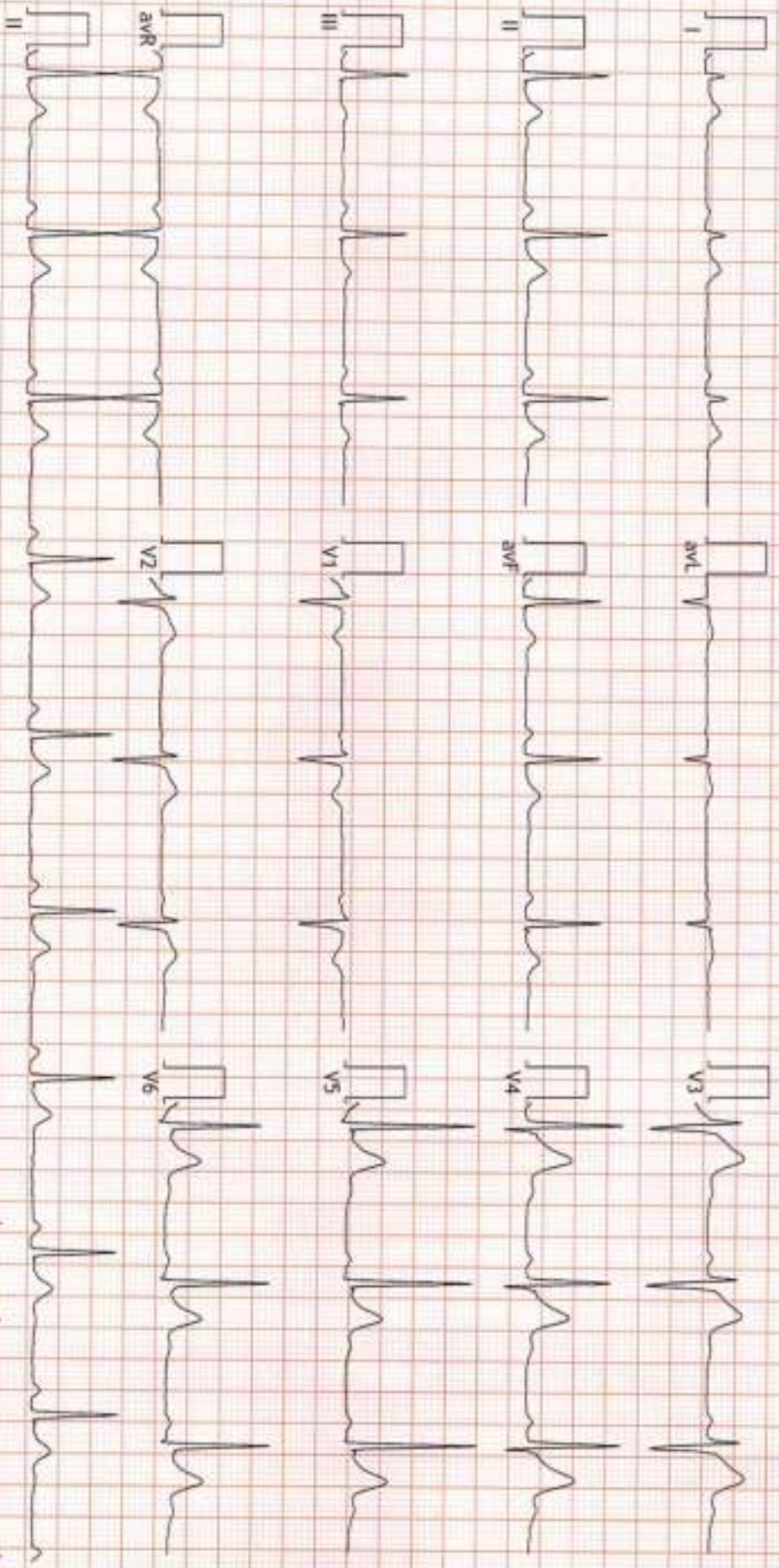
Tems (P) Ltd

#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar, Jalpur
128541925460941 / Mr Raman Lamba 28Yrs/Male Kgs/ Cms BP: / mmHg

Ref.: BANK OF BARODA Test Date: 24-Feb-2024:12:58:35 MACH: 50HZ 0.05mV - 39Hz 10mm/mV 25mm/Sec

HR: 54 bpm

PR Interval: 174 ms
QRS Duration: 106 ms
QT/QTc: 371/352ms
P-QRS-T Axis: 60 - 70 - 39 (Deg)



FINDINGS: Abnormal ECG, with indication of Sinus Bradycardia and Possibly AMI (Anterior)
Vent Rate : 54 bpm; PR Interval : 174 ms; QRS Duration: 106 ms; QT/QTc Int : 371/352 ms
P-QRS-T axis: 60 - 70 - 39 (Deg)
Comments :

Borderline sinus bradycardia

Dr. Naresh Kumar Mehanka

RMC No.: 35703
MBBS, DIPLOMA IN ELECTROCARDIOGRAPHY
D.E.M. (RCGP-UK)

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

12224675/88 RAJANI LALITA 28 Yrs/Male 0 kg/0 Cms

Date: 24-Feb-2024 01:00:33 PM

Ref. By : BANK OF BARDOA

Medication : Nil

Objective :

Protocol : BRUCE
History : Nil

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (km/hr)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. (b/min)	PVC	Comments
Supine					1.0	61	120/80	73	-	
Standing					1.0	67	120/80	80	-	
HV					1.0	73	120/80	87	-	
ExStart					1.0	83	120/80	99	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	108	130/80	140	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	132	140/85	184	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	153	150/85	229	-	
PeakEx	0:45	9:46	4.2	16.0	11.0	164	150/85	246	-	
Recovery	1:00		0.0	0.0	4.3	120	150/85	180	-	
Recovery	2:00		0.0	0.0	1.0	102	160/90	163	-	
Recovery	3:00		0.0	0.0	1.0	102	150/85	153	-	
Recovery	4:00		0.0	0.0	1.0	96	140/85	134	-	

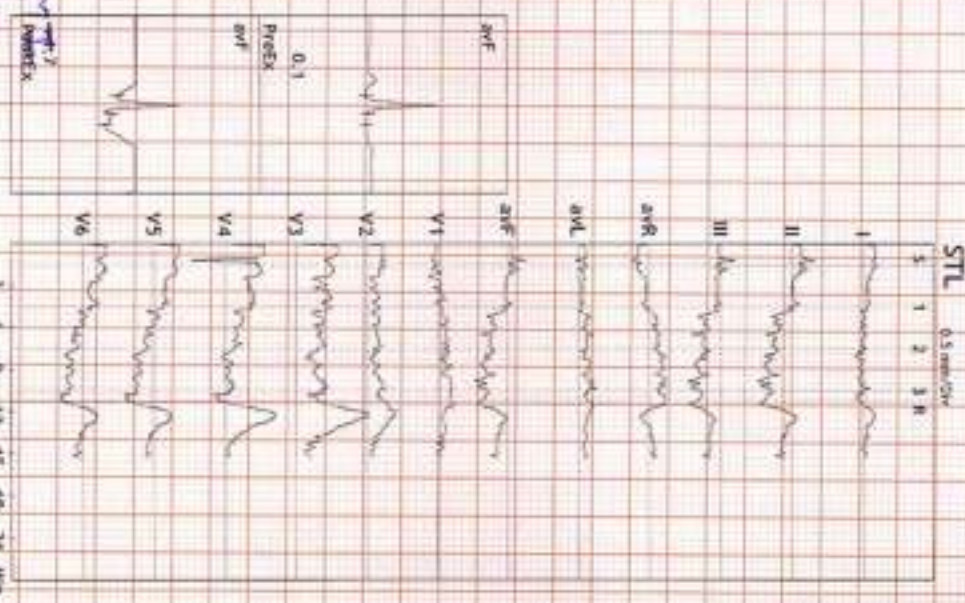
Findings :

Exercise Time : 09:45
 Max HR Attained : 164 bpm 85% of Max Predictable HR 192
 Max BP : 160/90(mmHg)
 Max Workload attained : 11 (Good Effort Tolerance)

TRT is Negative for PMT's

Advice/Comments:

[Handwritten Signature]



Dr. Naresh Kumar Mohanka

REGIC No. 35703

IBS DIP CARDIO (ESCORT'S)
 DENT. (RCGP-UK)



HR: 61 bpm

HRFS: 1.0

RR: 120/80

Speed: 31% of 192

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

10.05-100JHz

EC Time: 00:30

BIC: On

Meach: On

Supine

10.0 mm/1V

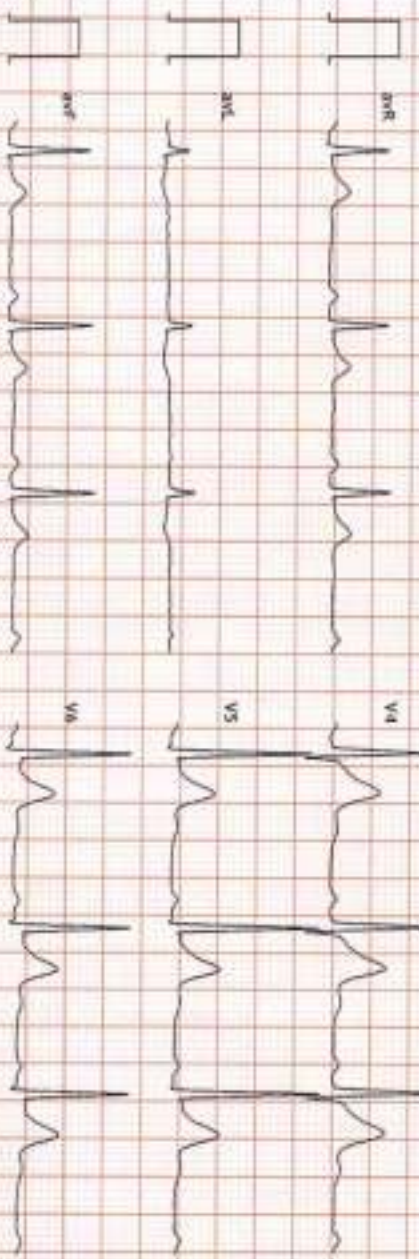
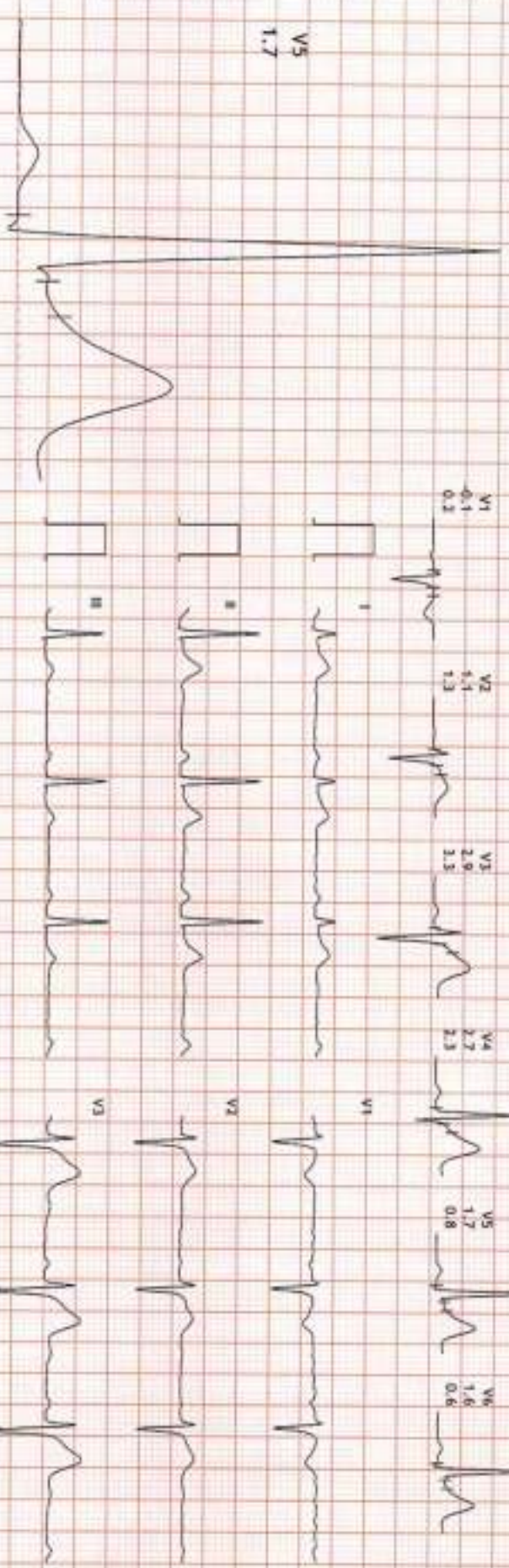
25 mm/Sec



Lead	AVL	AVR	AVF
I	0.8	0.7	0.4
II	0.2	0.2	0.2
III	-0.1	-0.2	-0.2
aVL	-0.8	-0.3	0.3
aVR	0.5	0.3	0.3
aVF	0.3	0.3	0.6

Lead	V1	V2	V3	V4	V5	V6
V1	0.2	1.3	2.9	2.3	1.7	1.6
V2	-0.1	1.1	2.9	2.7	1.7	1.6
V3	0.2	1.3	2.9	2.3	1.7	1.6
V4	0.2	1.3	2.9	2.3	1.7	1.6
V5	0.2	1.3	2.9	2.3	1.7	1.6
V6	0.2	1.3	2.9	2.3	1.7	1.6

V5
1.7



HR: 68 bpm

MEFS: 1.0

BP: 120/80

APHR: 15% of 192

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time: 00:38

BLC: On

Method: O1

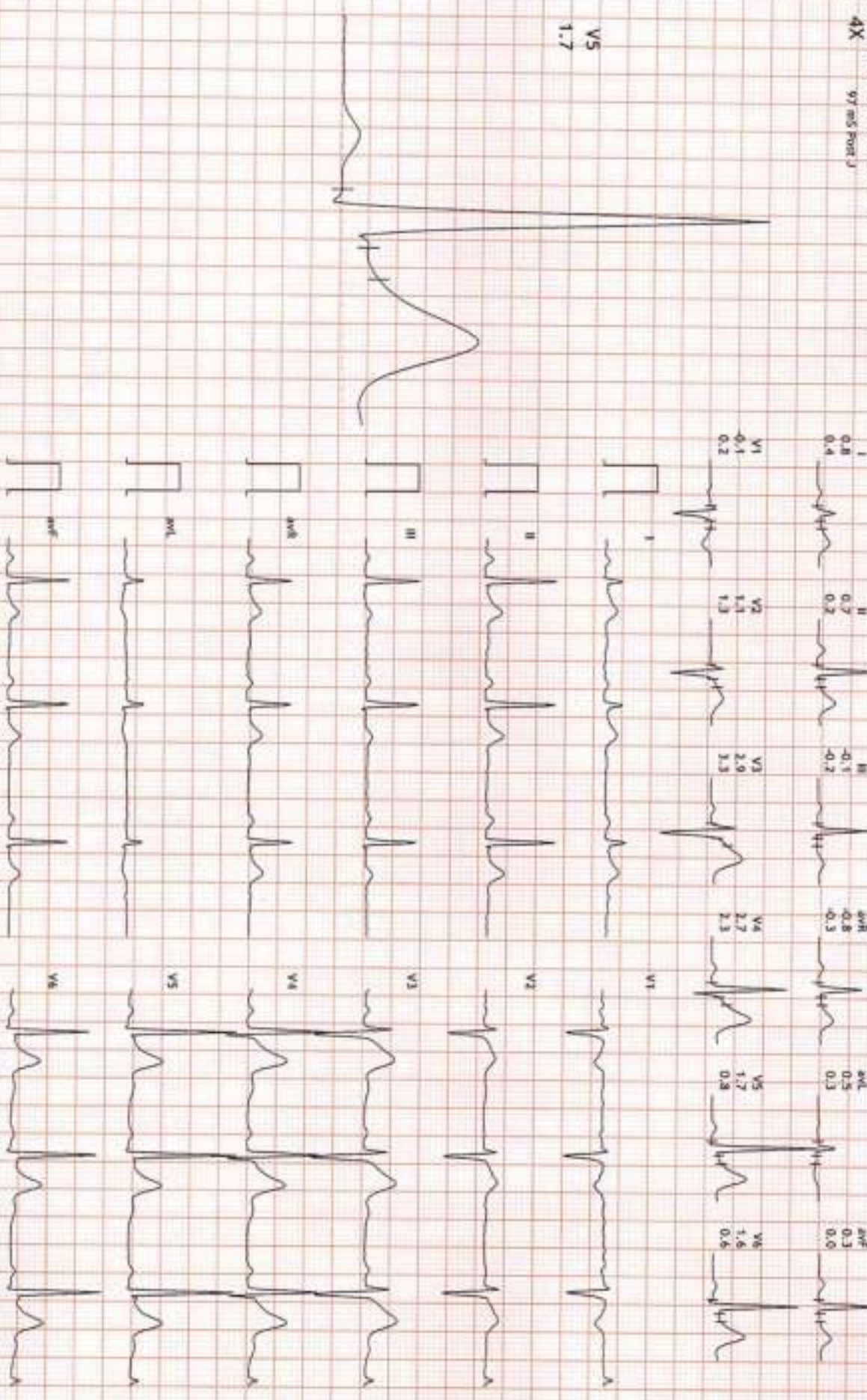
Standing

10.0 mm/mV

25 mm/5sec



V5
1.7



P3 HEALTH SOLUTIONS LLP

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

12214675/MR RUMAN LAMBA

28 Yrs/Male

0 Kg/0 Cms

Date: 24-Feb-2024 01:00:23 PM

4X 97 ms Post J

12 Lead + Median

HR: 71 bpm

MEETS: 1.0

BP: 120/80

MPHR: 16% of 192

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

10.05-100Hz

EA Time 01:26

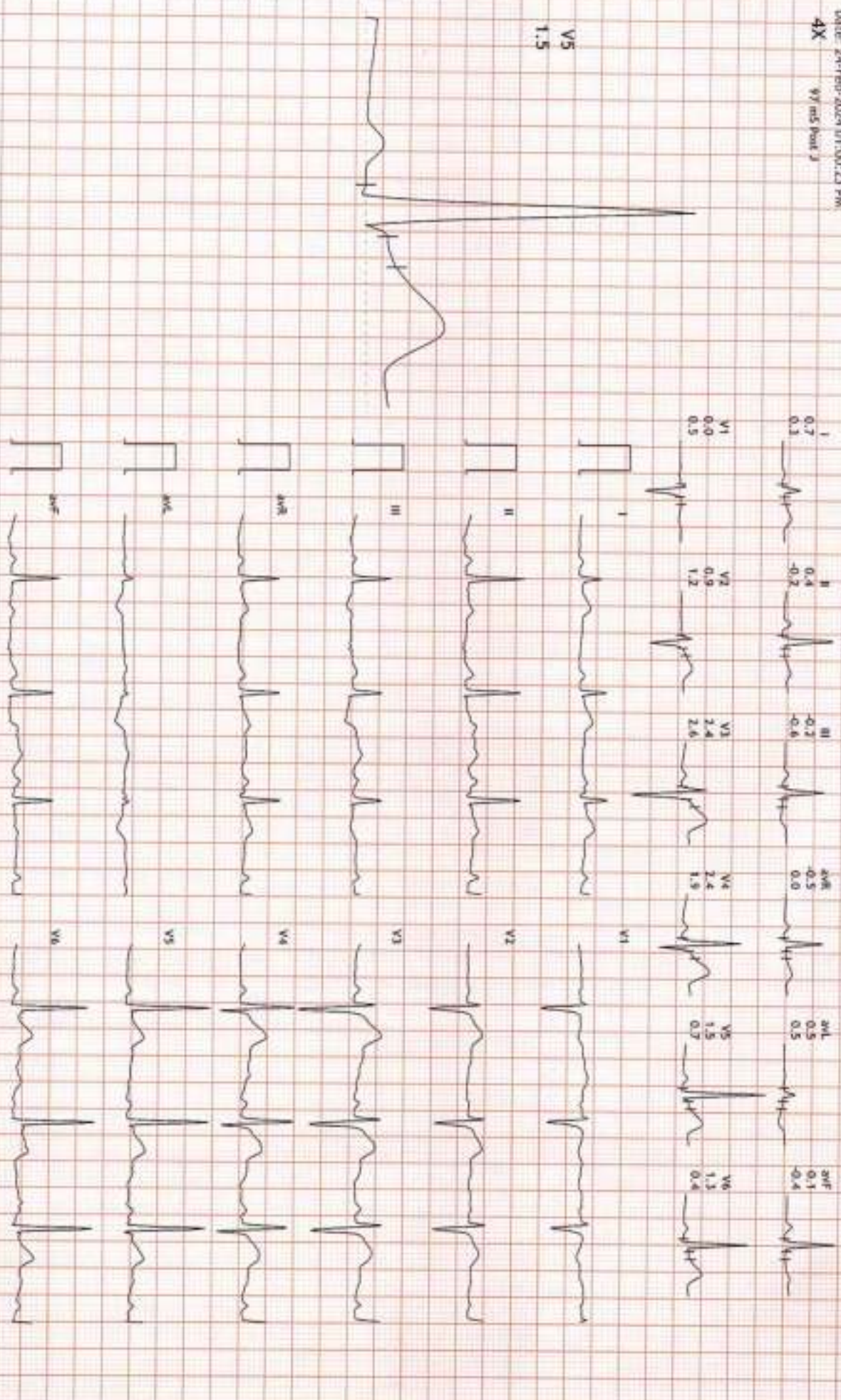
BIC :On

Notch :On

HV

10.0 mm/mV

25 mm/Sec



V5
1.5

HR: 82 bpm

MEETS: 1.0

BP: 120/80

MEHR-QS of 192

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

10.05-100/Hz

Ex Time 01:29

BLC On

Match On

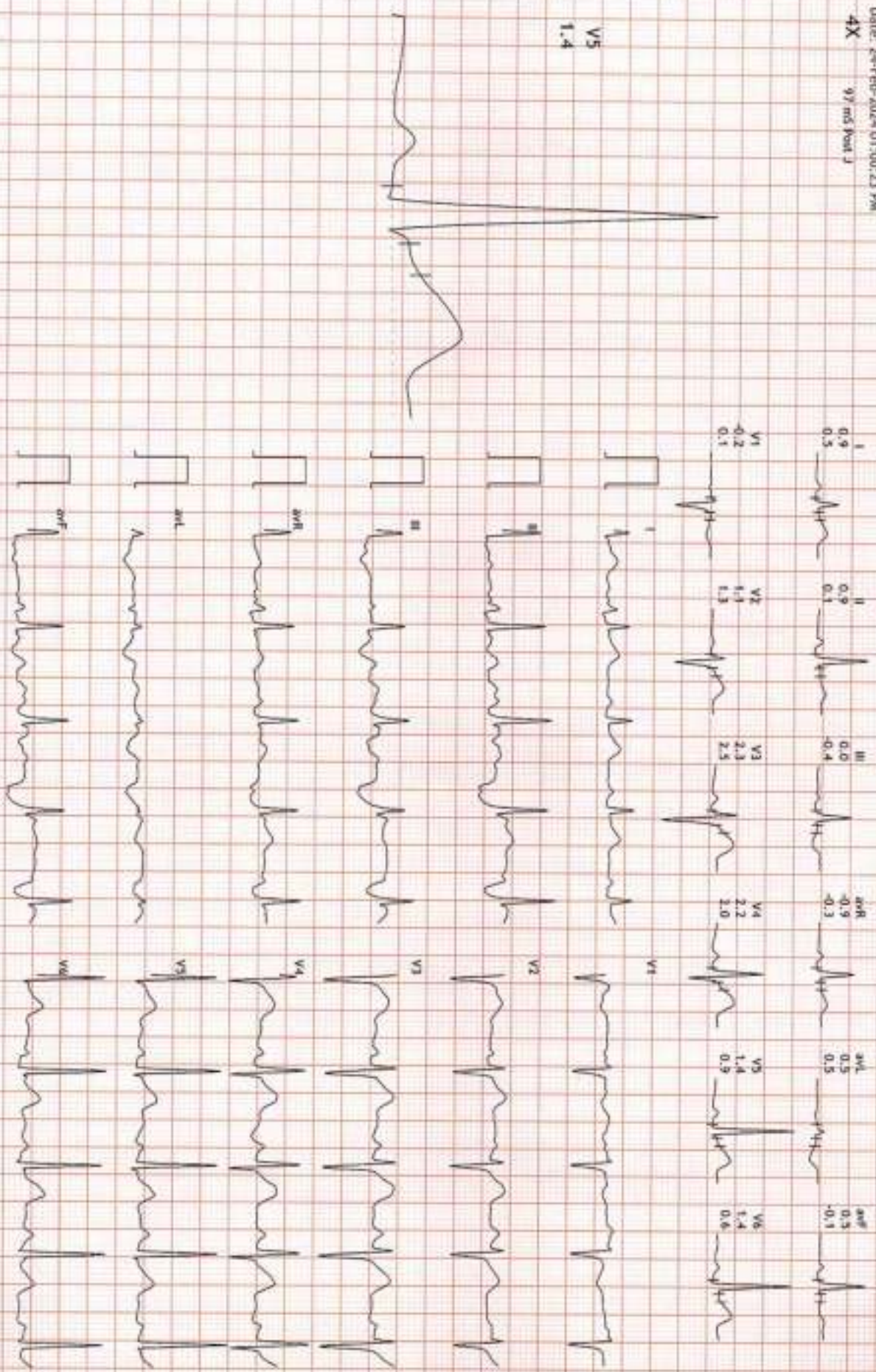
ExStart

10.0 mm/mV

25 mm/Sec



V5
1.4



P3 HEALTH SOLUTIONS LLP
 B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
 12224675/HR RAMAN LMBGA
 28 Yrs/Male

Date: 24-Feb-2024 01:30:23 PM

0 Kg/0 Cms
 4X 97 ms Post J

12 Lead + Median

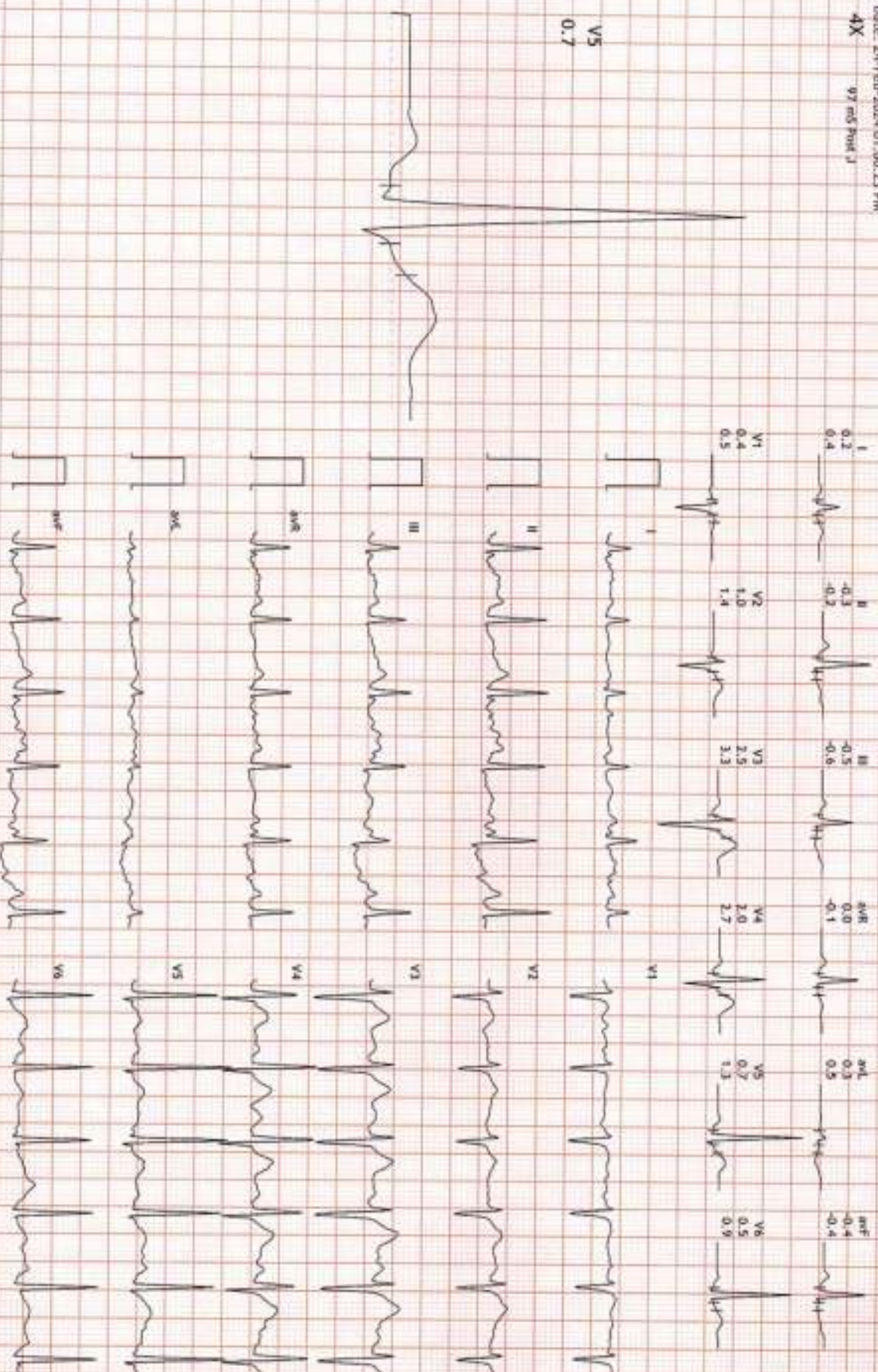
HR: 108 bpm
 METS: 4.7
 BP: 130/80

APPR: 56% of 192
 Speed: 1.7 mph
 Grade: 10.0%

Raw ECG
 BRUCE
 10.05-100.0%

Ex Time 02:59
 BLC: On
 Search: On

BRUCE: Stage 1 (3:00)
 30.0 mm/Sec
 25 mm/Sec



V5
 0.7

P3 HEALTH SOLUTIONS LLP
 B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12 Lead + Median

12234675/MR RAMAN LAMBA
 28 Yrs/Male
 0 Kg/0 Cms
 Date: 24-feb-2024 01:00:23 PM
 4X v7 m5 post J

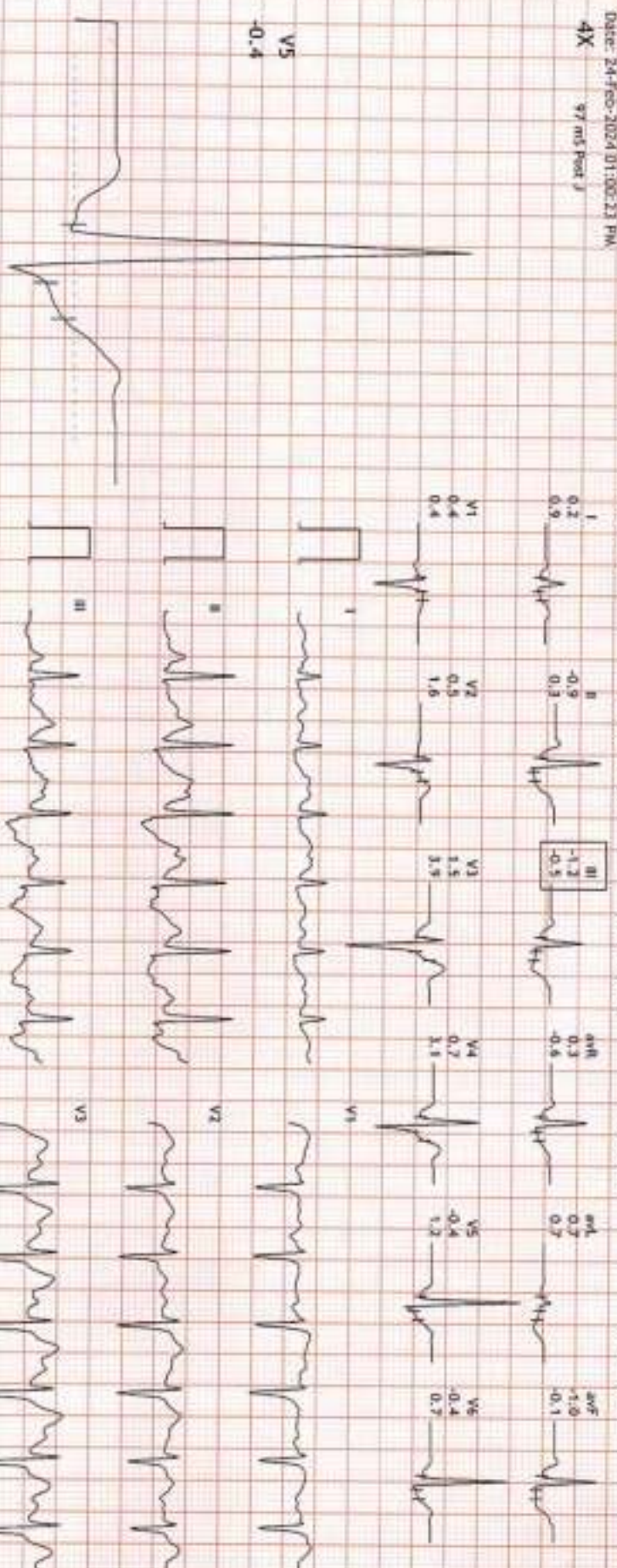
HR: 112 bpm
 MLTS: 7.1
 BP: 140/85

MPHR: 68% of 192
 Speed: 2.5 mph
 Grade: 12.0%

Raw ECG
 BRUCE
 10.0f-1000Hz

Ex Time: 05:59
 BLC: On
 Notch: On

BRUCE: Stage 2(3:00)
 10.0 mm/mV
 25 mm/5sec



V5
 -0.4

HR: 153 bpm

MEFS: 10.2

BP: 150/85

MPHR: 79% of 192

Speed: 3.4 mmh

Grade: 14.0%

Raw ECG

BRUCE

10.05-100)Hz

Ex Time: 08:59

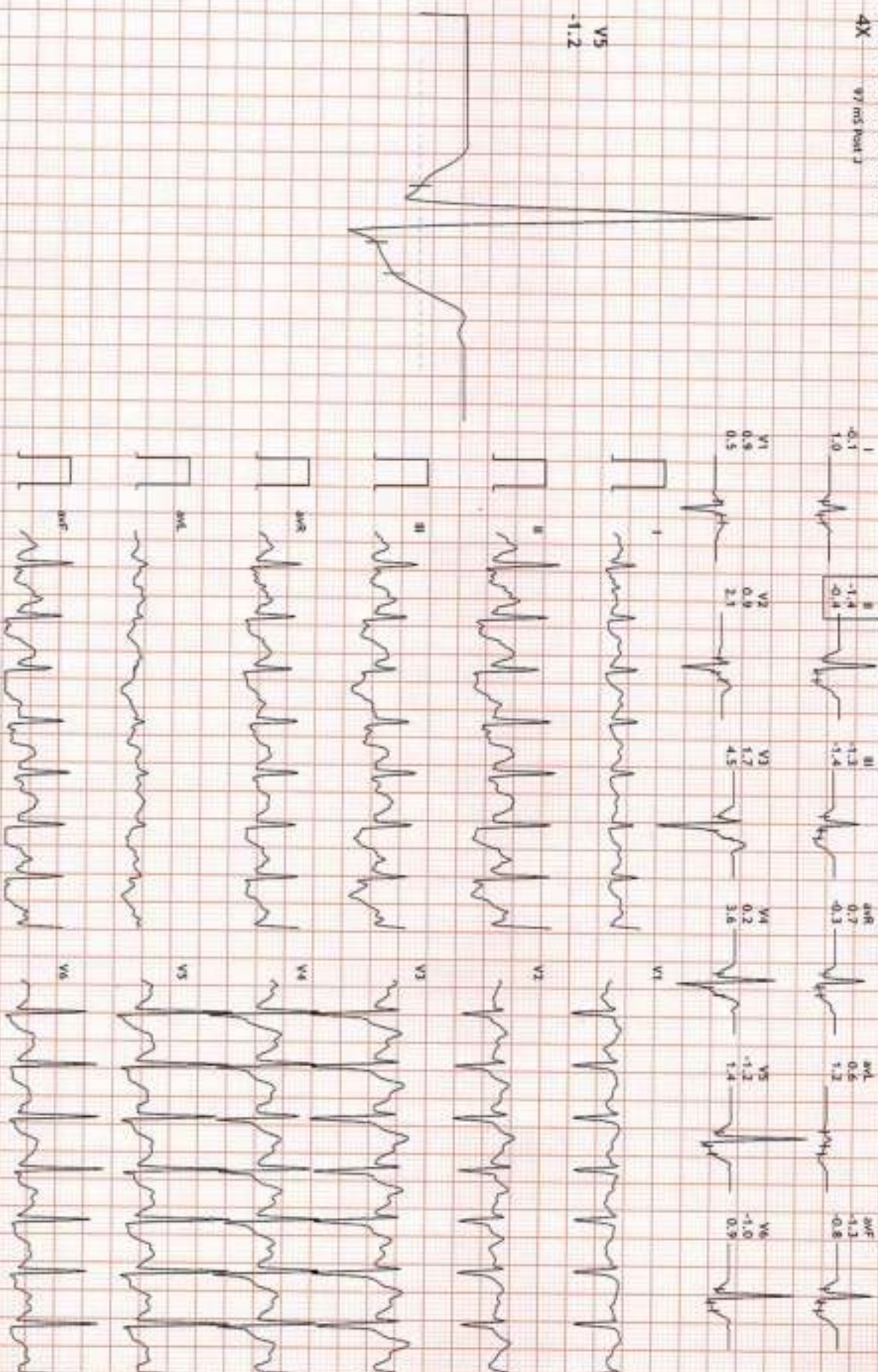
BLC: On

Notch: On

BRUCE: Stage 3(3:00)

10.0 mm/mV

25 mm/Sec



HR: 164 bpm

MCSS: 11.0

BP: 150/85

APPR: 85% of 192

Speed: 4.7 mm/s

Grade: 16.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 09:43

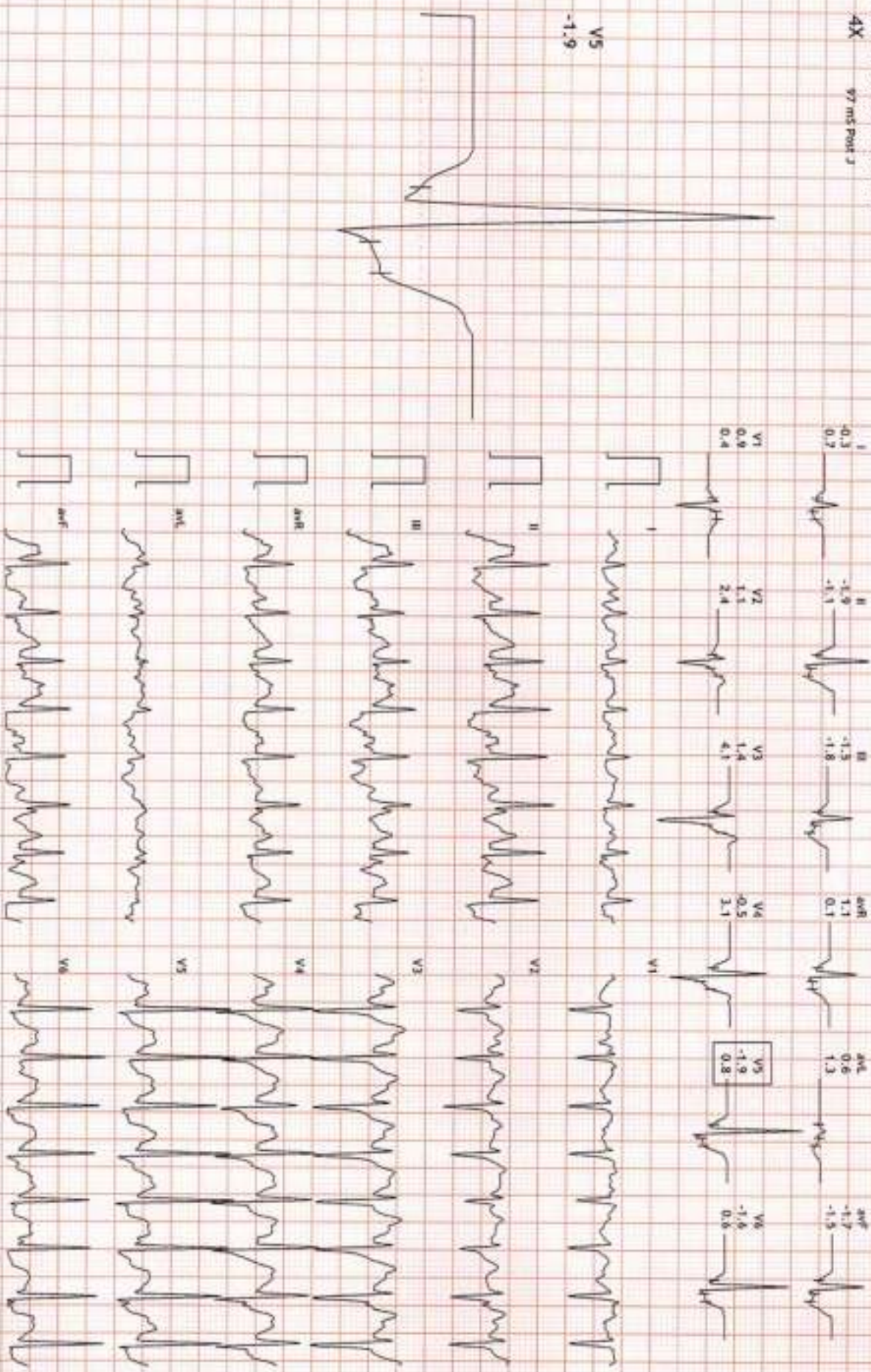
BLC : On

March : On

BRUCE: Peakx(0:43)

10.0 mm/mV

25 mm/Sec.



P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
12234675/MR RAMAN LAMBA

28 Year/Male

0 Kg/0 Cms

Date: 24 Feb 2024 01:00:23 PM

4X 97 mS Post J

12 Lead + Median

HR: 121 bpm

MEFS: 4.4

BP: 150/85

MPHR: 63% of 192

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 09:45

B/C :On

Noch :On

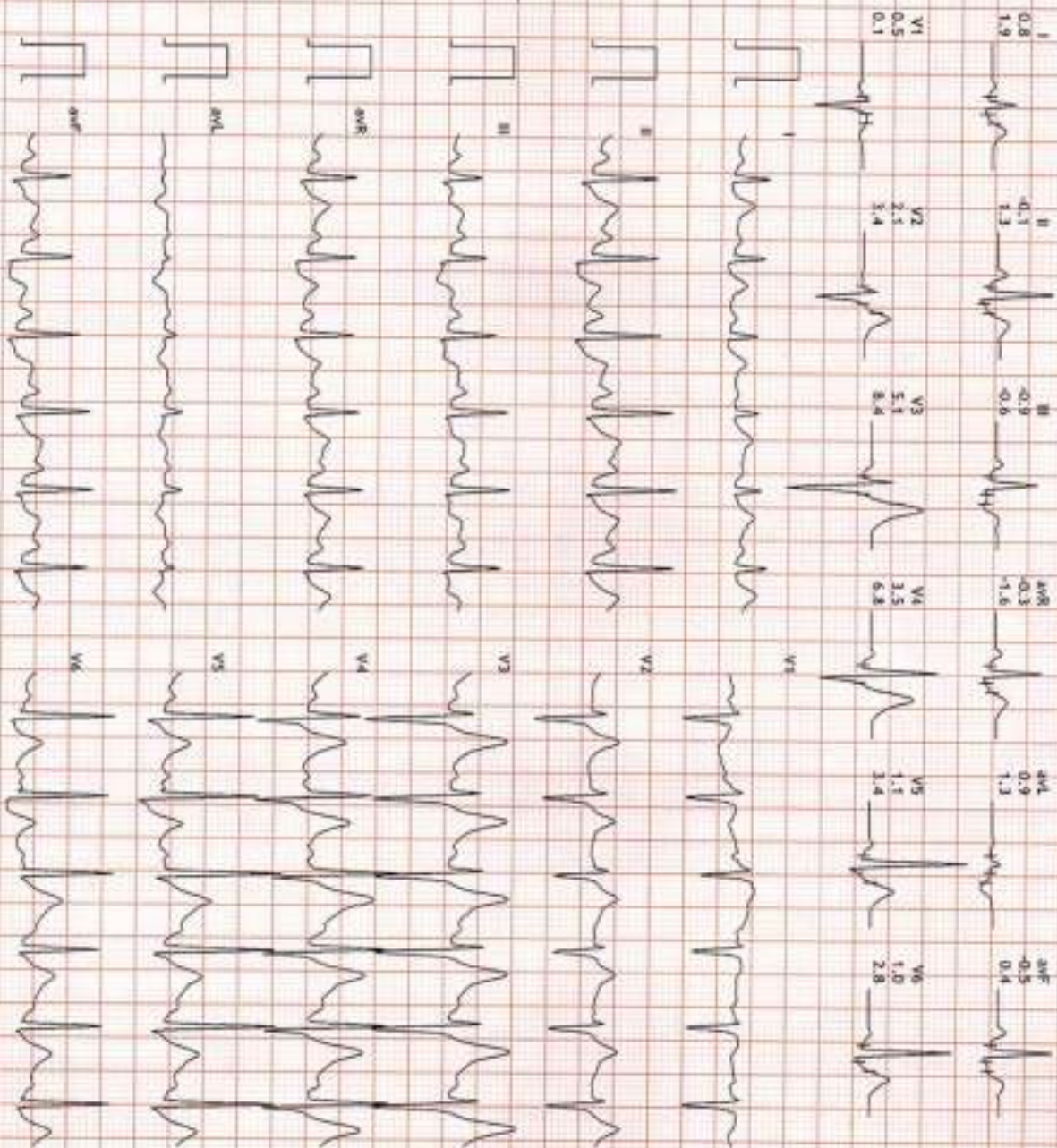
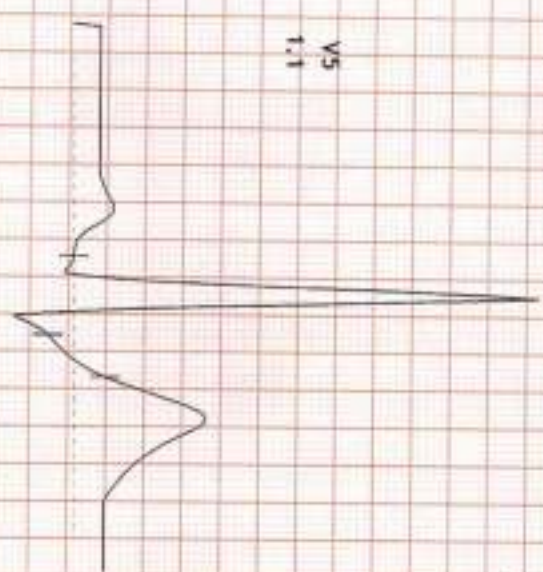
Recovery(1:00)

10.0 mm/mV

25 mm/Sec.



V5
1.1



P3 HEALTH SOLUTIONS LLP

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

12234675/HR RAJESH LAMBA

28 Year/Male

0 kg/10 Cms

Date: 24/Feb/2024 01:00:23 PM

4X 97 ms Post J

12 Lead - Median

HR: 100 bpm

AVCS: 1.0

BP: 160/90

MPHR: 52% of 192

Speed: 0.0 mmh

Grade: 0.0%

Raw ECG

BRUCE

10.05-1001Hz

Ex Time 09:45

BLC: On

Noch: On

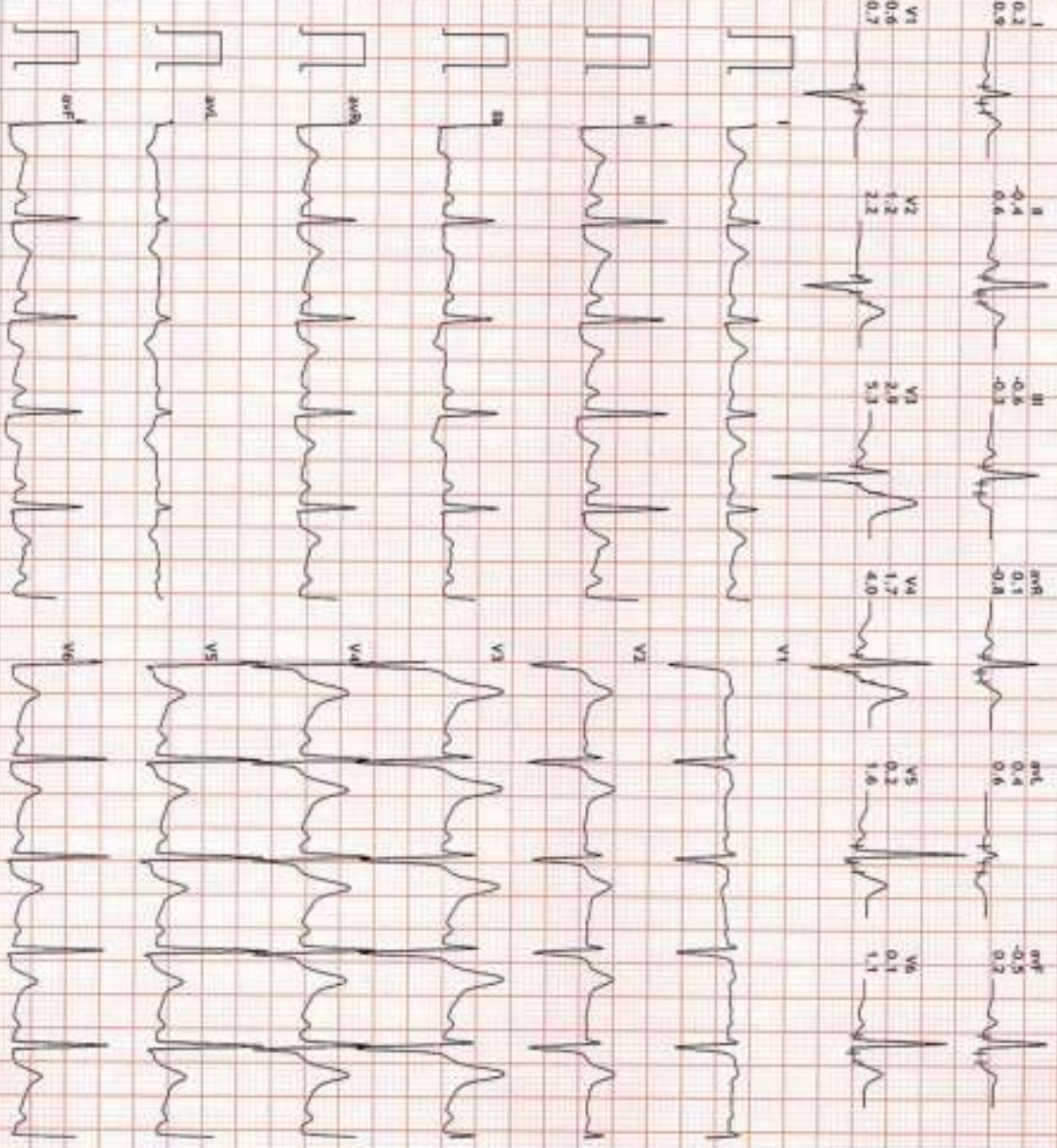
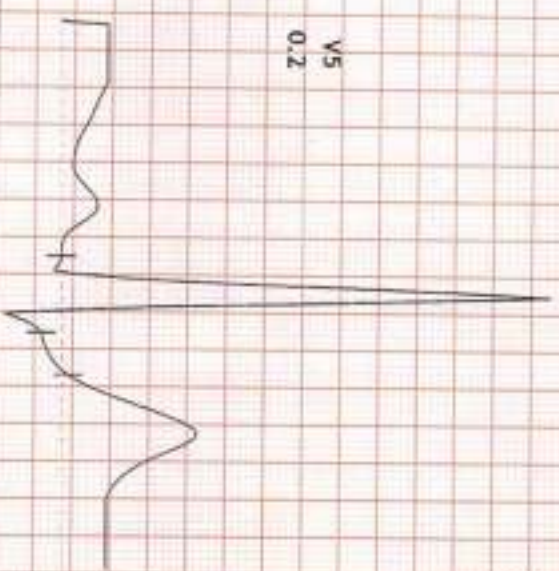
Recovery(2:00)

30.0 mm/mV

25 mm/Sec.



V5
0.2



12234675/MR RAMAN LAMBA
 28 Yrs/Male
 0 Kg/0 Cms
 Date: 24-Feb-2024 01:00:23 PM
 4X 97 mS Post J

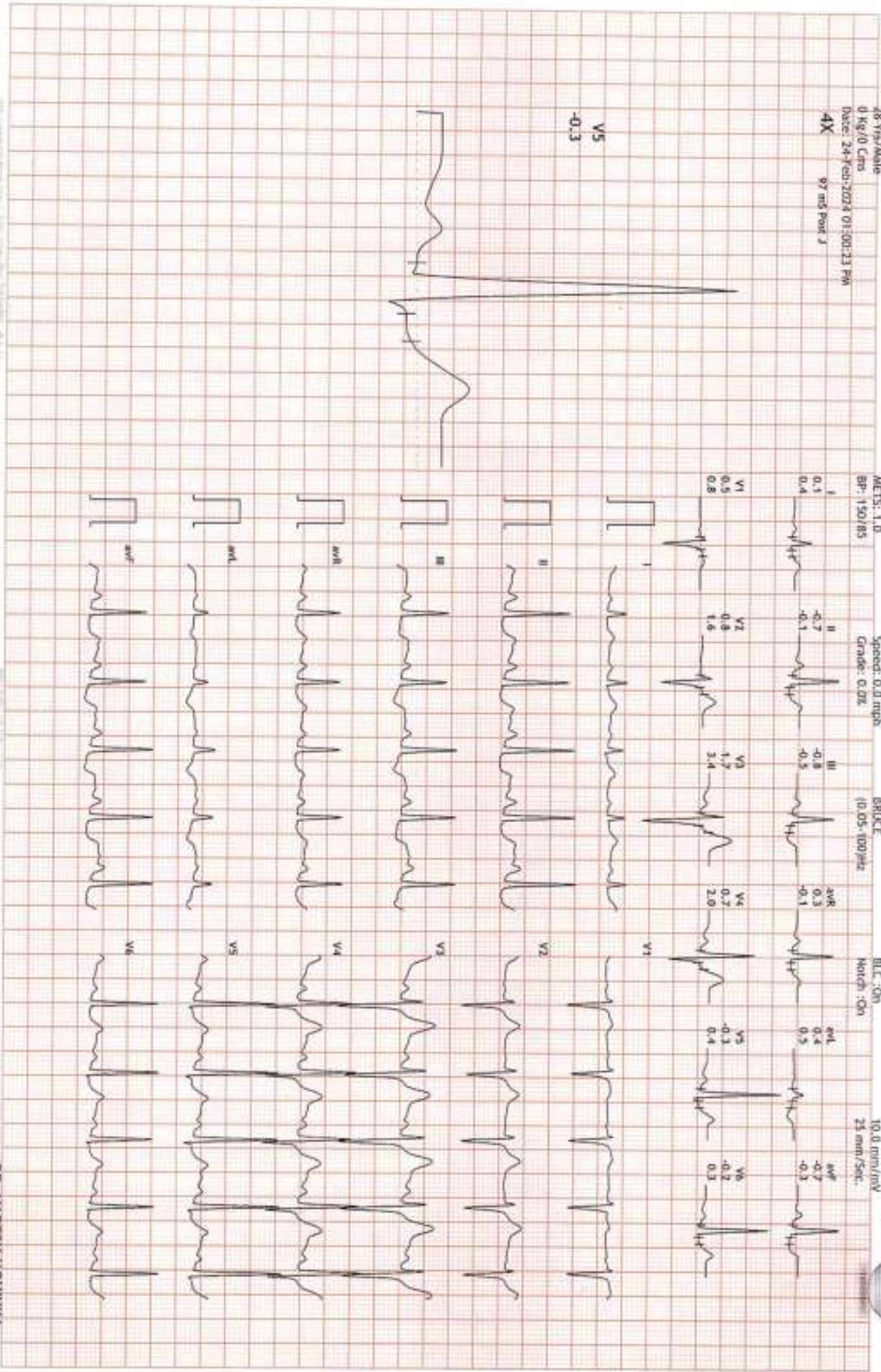
HR: 101 bpm
 MLTS: 1.0
 SP: 150/85

RRHR: 52% of 192
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)ps

Ex Time 09:45
 BLC: On
 Moch: On

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



P3 HEALTH SOLUTIONS LLP
 B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12 Lead + Median

26 Year/Male
 12234675/MR RAMAN LAMBA
 0 Kg/0 Cms
 Date: 24-Feb-2024 01:00:23 PM
 4X v7 m5 post J

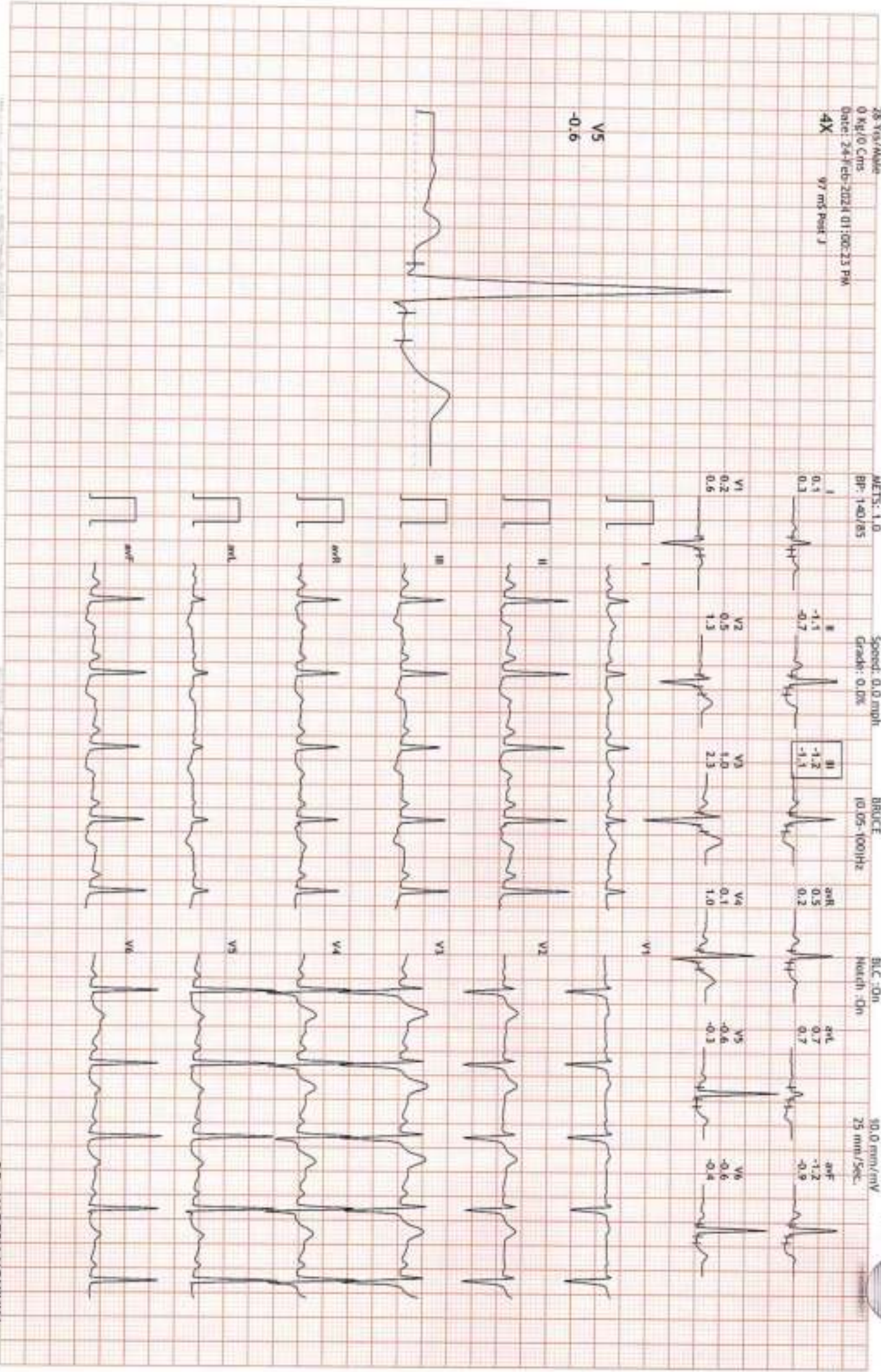
HR: 97 bpm
 METS: 1.0
 BP: 140/85

MPHR: 50% of 192
 Speed: 0.0 mph
 Grade: 0.0%

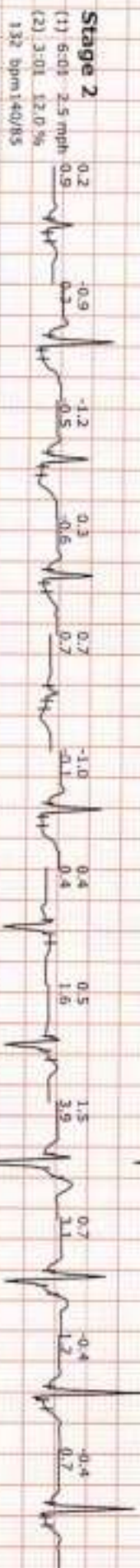
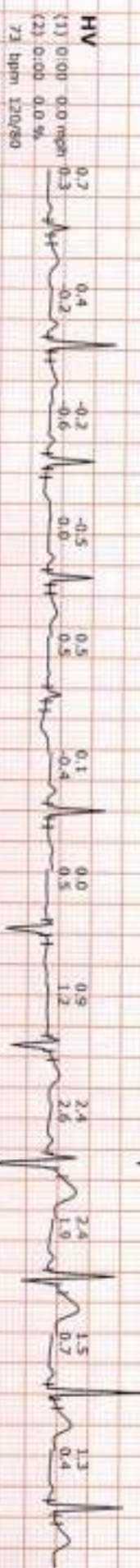
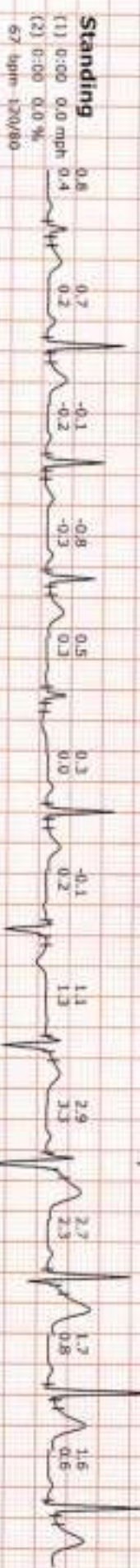
Raw ECG
 BRUCE
 10.05-1001Hz

Ex Time 09:45
 BLC -On
 Hurch -On

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



DR. NARESH MOHINKA





भारत सरकार
GOVERNMENT OF INDIA



नाम: राममान
Ramman Lamba
4-ए एफ/डॉ. 07-02-1996
पुं०/MALE

9415 0491 8860



भारत सरकार, भूरी पट्टान



 **GPS Map Camera**

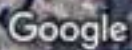
Jaipur, Rajasthan, India

G49, Vidhyadhar Enclave II, near Cinestar, Sector 2, Central Spine, Vidyadhar Nagar,
Jaipur, Rajasthan 302023, India

Lat 26.964572°

Long 75.7826°

24/02/24 11:06 AM GMT +05:30

 Google



12234684 RAMAN LAMBA 28 YRS . MEDIWHEEL M

24 FEB.2024

MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

