

भारत सरकार  
Government of India

आधार

उदित शर्मा  
Udit Sharma  
जन्म तिथि / DOB : 15/08/1992  
पुरुष / Male

Issue Date: 12/02/2017

2398 9465 1219

मेरा आधार, मेरी पहचान

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

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

आधार

पता: आत्मज, अभय शर्मा, एस 3 बी 50  
विनायक अपार्टमेंट, मंगलम सिटी कालवाड रोड,  
हथोड, जयपुर, राजस्थान, 302012  
Address: S/O: Abhay Sharma, s 3 b 50  
vinayak apartment, Manglam City kalwar  
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Print Date: 08/01/2023

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**General Physical Examination**

Date of Examination: 09/09/23

Name: UDIT SHARMA Age: 31 YRS DOB: 15/08/1992 Sex: Male

Referred By: BANK OF BARODA

Photo ID: AADHAR CARD #: 1019

Ht: 187 (cm)

Wt: 98 (Kg)

Chest (Expiration): 110 (cm)

Abdomen Circumference: 113 (cm)

Blood Pressure: 117/83 mm Hg

PR: 81 / min

RR: 18 / min

Temp: Afebrile

BMI 28

Eye Examination: R/E - GIG, NIG, NCB  
L/E - GIG, NIG, NCB

Other: No

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

Signature Of Examinee: [Signature] Name of Examinee: UDIT SHARMA

Signature Medical Examiner: [Signature] Name Medical Examiner: DR. PIYUSH GOYAL

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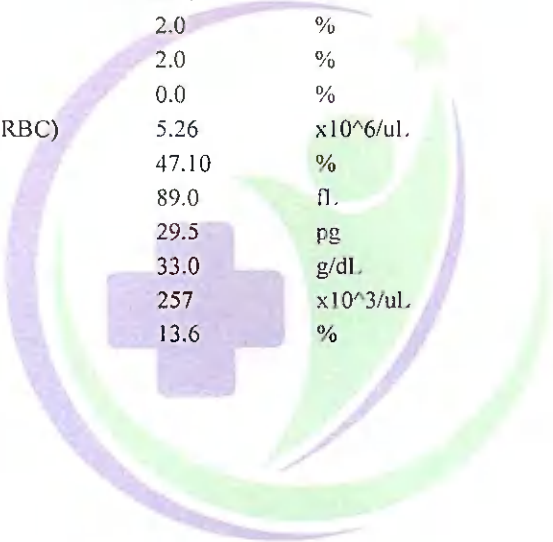
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<b>NAME :- Mr. UDIT SHARMA</b>	Patient ID :-12233424	Date :- 09/09/2023	10:06:08
Age :- 31 Yrs 25 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 09/09/2023 17:47:10

**HAEMATOLOGY**

Test Name	Value	Unit	Biological Ref Interval
<b>FULL BODY HEALTH CHECKUP BELOW 40 MALE</b>			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	15.5	g/dl.	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	8.60	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	68.0	%	40.0 - 80.0
LYMPHOCYTE	28.0	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	2.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.26	$\times 10^6/\text{ul.}$	4.50 - 5.50
HEMATOCRIT (HCT)	47.10	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	89.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.0	g/dl.	31.5 - 34.5
<b>PLATELET COUNT</b>	257	$\times 10^3/\text{ul.}$	150 - 410
RDW-CV	13.6	%	11.6 - 14.0



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**HAEMATOLOGY**

**Erythrocyte Sedimentation Rate (ESR)**  
Method:- Westergren

12

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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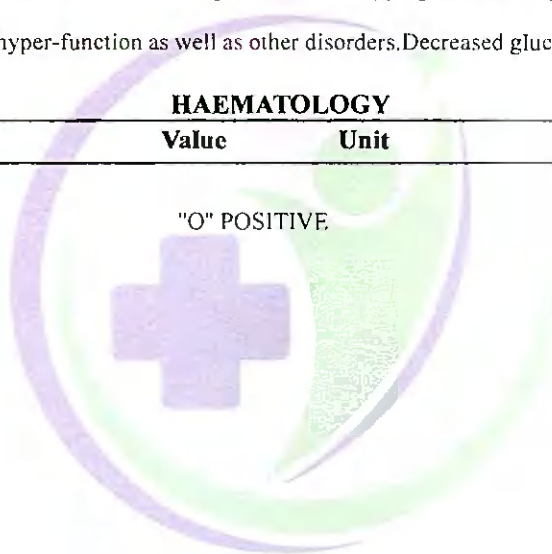
**BIOCHEMISTRY**

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

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

**HAEMATOLOGY**

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO Method:- Haemagglutination reaction	"O" POSITIVE		



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**BIOCHEMISTRY**

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- CHOD-PAP methodology	197.00	mg/dl	Desirable <200 Borderline 200-239 High > 240
<b>InstrumentName:MISPA PLUS Interpretation:</b> Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES Method:- GPO-PAP	133.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<b>InstrumentName:Randox Rx Imola Interpretation :</b> 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	50.00	mg/dl	MALE- 30-70 FEMALE - 30-85
<b>Instrument Name:Rx Daytona plus Interpretation:</b> 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.			
I.DL CHOLESTEROL Method:- Calculated Method	124.83	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	26.60	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.94		0.00 - 4.90
I.DL / HDL CHOLESTEROL RATIO Method:- Calculated	2.50		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	597.63	mg/dl	400.00 - 1000.00
I. Measurements in the same patient can show physiological& analytical variations. Three serialsamples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.			

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**BIOCHEMISTRY**

**LIVER PROFILE WITH GGT**

SERUM BILIRUBIN (TOTAL) Method:- DMSO/Diazo	0.60	mg/dl.	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.21	mg/dL.	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.39	mg/dl	0.30-0.70
SGOT Method:- IFCC	<b>40.1</b> H	U/L.	0.0 - 40.0
SGPT Method:- IFCC	<b>44.2</b> H	U/L.	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	89.50	U/L.	53.00 - 141.00
SERUM GAMMA GT Method:- Szasz methodology Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen 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.	31.20	U/L.	10.00 - 45.00
SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	6.53	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- Bromocresol Green	4.21	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.32	gm/dl	2.20 - 3.50
A/G RATIO	1.81		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 42.30 mg/dl 10.00 - 50.00  
Method:- Urease/GLDH

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

SERUM CREATININE 1.49 mg/dl Males : 0.6-1.50 mg/dl  
Method:- Jaffe's Method 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 6.12 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 syndromc, Pregnancy,Gout.

SODIUM 142.8 mmol/L 135.0 - 150.0  
Method:- ISE  
**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 5.48 mmol/L 3.50 - 5.50  
Method:- ISE

\* **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 101.2 mmol/L 94.0 - 110.0  
Method:- ISE

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### BIOCHEMISTRY

\* **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	8.93	mg/dl.	8.80 - 10.20
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Method:- Arsenazo III Method

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

SERUM TOTAL PROTEIN	6.53	g/dl	6.00 - 8.40
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Method:- Direct Biuret Reagent

SERUM ALBUMIN	4.10	g/dl	3.50 - 5.50
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Method:- Bromocresol Green

SERUM GLOBULIN	2.32	gm/dl	2.20 - 3.50
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Method:- CALCULATION

A/G RATIO	1.81		1.30 - 2.50
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**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-hourecollections 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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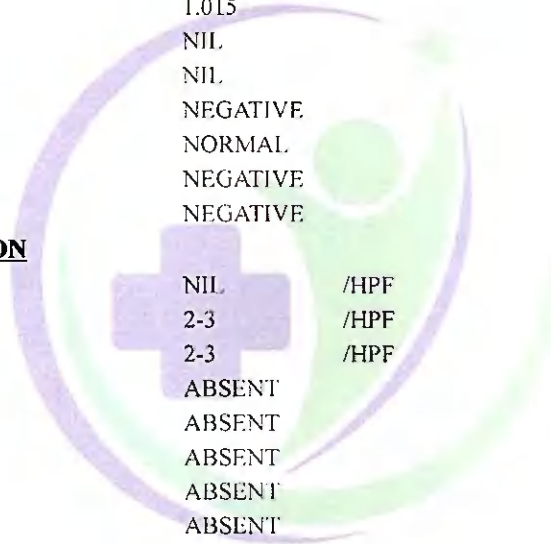


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**CLINICAL PATHOLOGY**

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.015		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT



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**TOTAL THYROID PROFILE**

**IMMUNOASSAY**

Test Name	Value	Unit	Biological Ref Interval
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<b>THYROID-TRIIODOTHYRONINE T3</b> Method:- ECLIA	0.78	ng/ml.	0.70 - 2.04
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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. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions, simultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis

INTERPRETATION-Ultra Sensitive 4th generation assay 1 Primary hyperthyroidism is accompanied by ↑ serum T3 & T4 values along with ↓ TSH level 2 Low TSH, high FT4 and TSH receptor antibody (TRAb) -ve seen in patients with Graves disease 3. Low TSH, high FT4 and TSH receptor antibody (TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter 4. High TSH, Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto's thyroiditis 5. High TSH, Low FT4 and Thyroid microsomal antibody normal seen in patients with Iodine deficiency/Congenital T4 synthesis deficiency 6. Low TSH, Low FT4 and TRH stimulation test -Delayed response seen in patients with Tertiary hypothyroidism 7. Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑ serum TSH levels 8. Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis 9. Normal or ↑ T3 & ↑ T4, Normal T3 & T4 along with ↑ TSH indicate mild / Subclinical Hyperthyroidism 10. Normal T3 & ↑ T4 along with ↓ TSH is seen in Hypothyroidism 12 Normal T3 & T4 levels with ↓ TSH indicate Mild / Subclinical Hypoth

DURING 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.

REMARK-Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radioiodine scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved. TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age, and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly. \*\*\* 5.10 - 14.10

<b>THYROID-THYRONINE (T4)</b> Method:- ECLIA	0.86	µIU/ml.	5.10 - 14.10
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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. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions, simultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis

INTERPRETATION-Ultra Sensitive 4th generation assay 1 Primary hyperthyroidism is accompanied by ↑ serum T3 & T4 values along with ↓ TSH level 2 Low TSH, high FT4 and TSH receptor antibody (TRAb) -ve seen in patients with Graves disease 3. Low TSH, high FT4 and TSH receptor antibody (TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter 4. High TSH, Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto's thyroiditis 5. High TSH, Low FT4 and Thyroid microsomal antibody normal seen in patients with Iodine deficiency/Congenital T4 synthesis deficiency 6. Low TSH, Low FT4 and TRH stimulation test -Delayed response seen in patients with Tertiary hypothyroidism 7. Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑ serum TSH levels 8. Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis 9. Normal or ↑ T3 & ↑ T4, Normal T3 & T4 along with ↑ TSH indicate mild / Subclinical Hyperthyroidism 11. Normal T3 & ↑ T4 along with ↓ TSH is seen in Hypothyroidism 12 Normal T3 & T4 levels with ↓ TSH indicate Mild / Subclinical Hypoth

DURING 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.

REMARK-Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radioiodine scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved. TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age, and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly.

<b>TSH</b> Method:- ECLIA	0.959	µIU/ml.	0.350 - 5.500
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4th Generation Assay, Reference ranges vary between laboratories

Technologist  
VIKARANTSI  
Page No: 13 of 15

*Tanu Rungta*

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

Print Copy



# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME:	MR. UDIT SHARMA	AGE	31 YRS/M
REF.BY	BANK OF BARODA	DATE	09/09/2023

## 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 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



MR. UDIT SHARMA	31 Y/M
Registration Date: 09/09/2023	Ref. by: BANK OF BARODA

## ULTRASOUND OF WHOLE ABDOMEN

**Liver** is of normal size (146 mm) with **bright parenchymal echotexture**. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is well distended and **shows a polyp measuring 4.1 x 3.9 mm**. 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 (105 mm) and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size. Cortico-medullary echoes are normal. **Areas of cortical scarring are noted in left kidney – possibly due to previous pyelonephritis**. Collecting system does not show any calculus or dilatation.

**Right kidney** is measuring approx. 108 mm.

**Left kidney** is measuring approx. 98 mm.

Urinary bladder is sub-optimally 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.

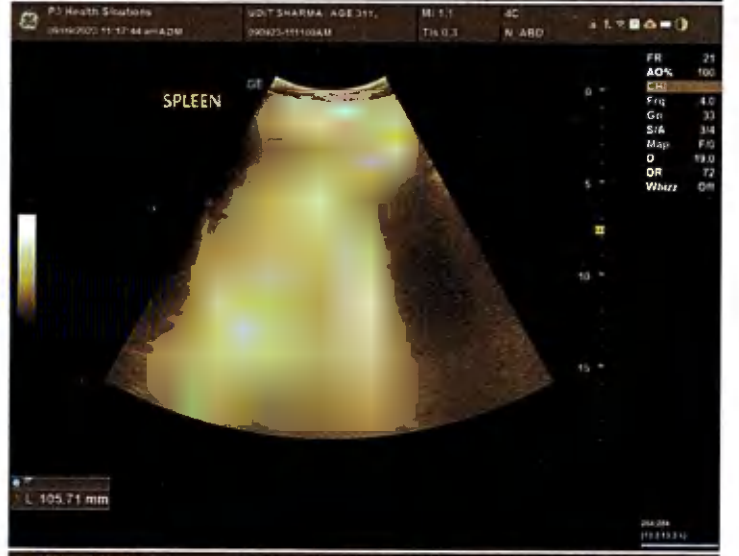
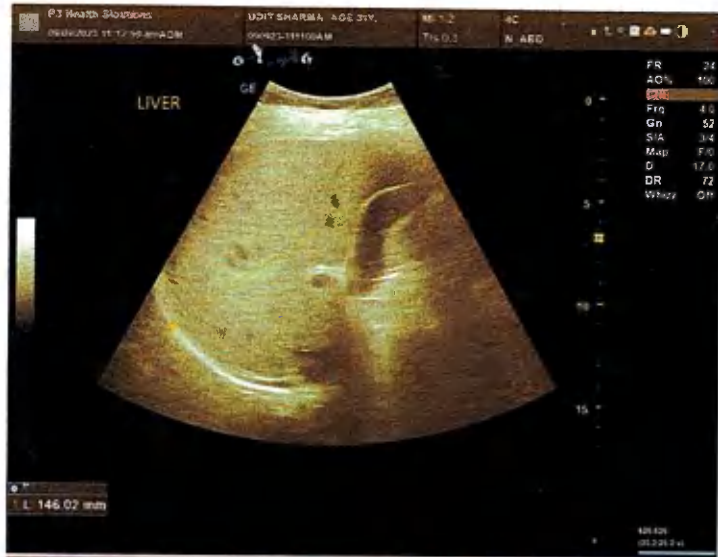
No significant free fluid is seen in pelvis.

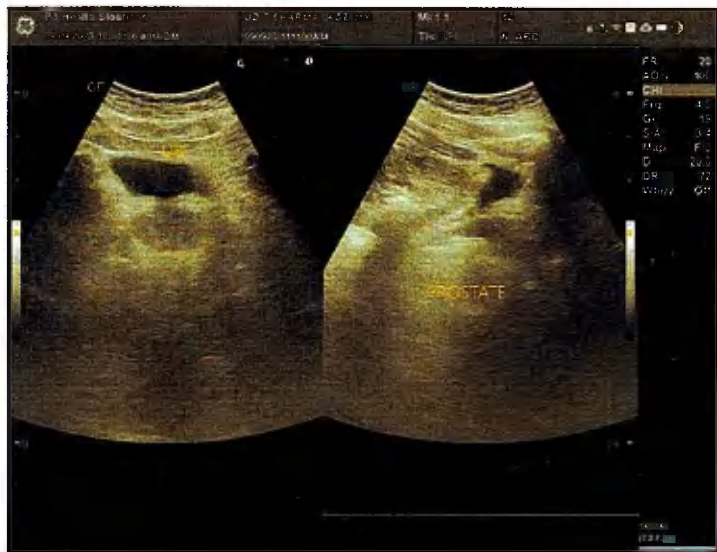
### IMPRESSION:

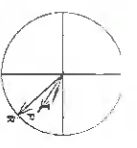
- Grade I hepatic steatosis.
- Gall bladder polyp.
- Areas of focal cortical scarring in left kidney – likely sequelae of previous pyelonephritis
- No free fluid or lymphadenopathy.

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

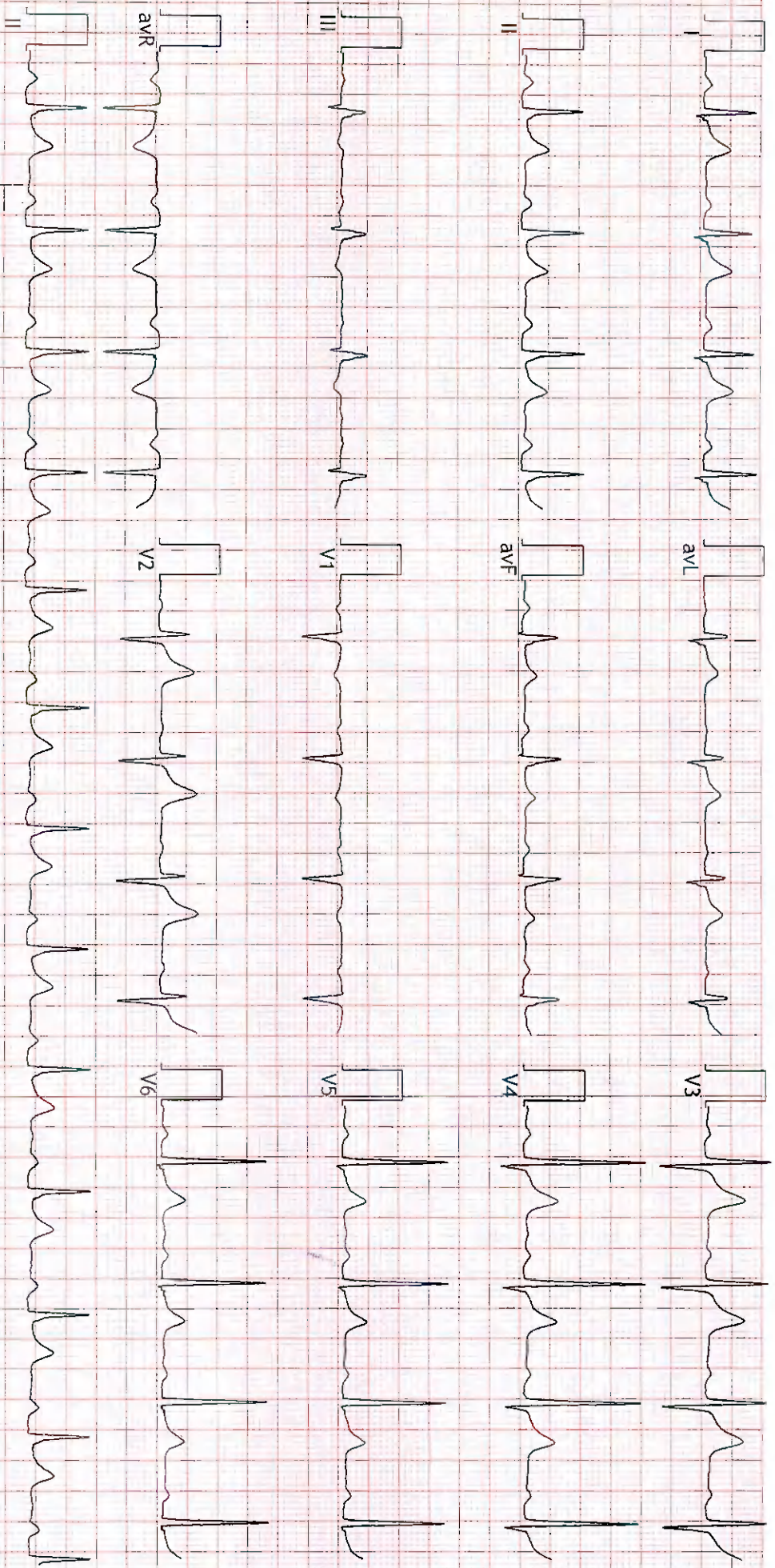
DR. MUKESH SHARMA  
B.B.S., M.D.(Radiodiagnosis)  
RMC No. : 43418/17437  
P3 Health Solutions LLP







PR Interval: 218 ms  
 QRS Duration: 88 ms  
 QT/QTc: 353/395ms  
 P-QRS-T Axis: 33 - 48 - 20 (Deg)



FINDINGS: Normal Sinus Rhythm  
 Vent Rate : 75 bpm; PR Interval : 218 ms; QRS Duration: 88 ms; QT/QTc Int : 353/395 ms  
 P-QRS-T axis: 33 • 48 • 20 • (Deg)  
 Comments :

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



P3 HEALTH SOLUTIONS LLP  
 B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur  
 12233424/MR UDIT SHARMA 31 Yrs/Male 0 Kg/0 Gms  
 Date: 09-Sep-2023 11:56:41 AM  
 Ref. By : BANK OF BARODA  
 Medication : Nil

Protocol : BRUCE  
 History : Nil

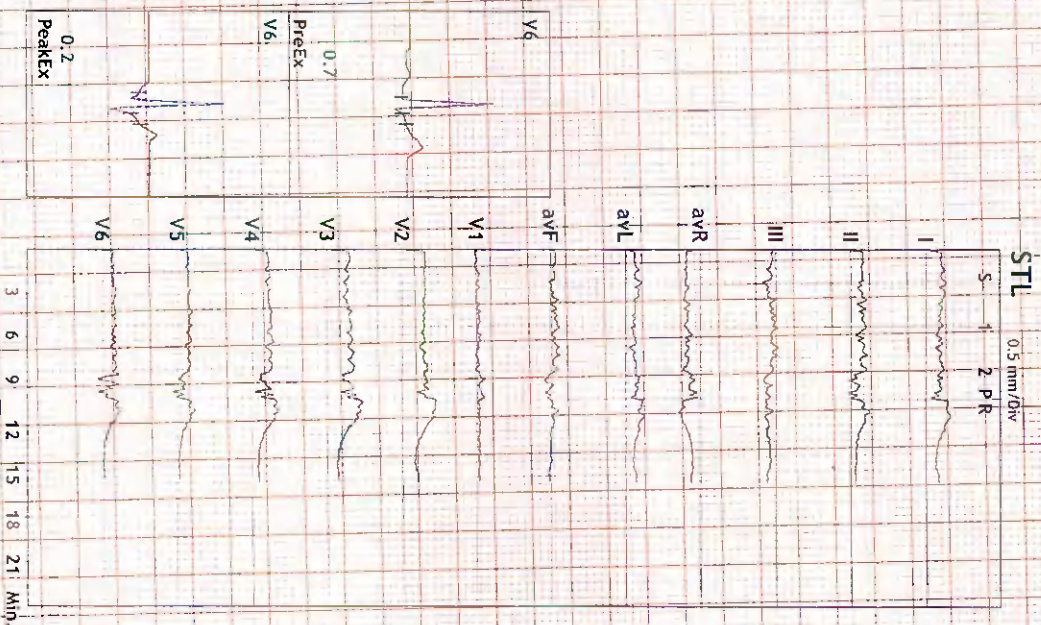
Objective :

Stage	StageTime (min:Sec)	PhaseTime (min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. (x100)	PVC	Comments
Supine					1.0	76	120/80	91		
Standing					1.0	93	120/80	111		
HV					1.0	96	120/80	115		
ExStart					1.0	103	120/80	123		
Stage 1	3:01	3:02	1.7	10.0	4.7	104	130/80	135		
Stage 2	3:01	6:02	2.5	12.0	7.1	151	140/85	211		
PeakEx	1:53	7:54	3.4	14.0	9.0	178	150/85	267		
Recovery	1:00		0.0	0.0	1.2	142	150/85	213		
Recovery	2:00		0.0	0.0	1.0	120	160/90	192		
Recovery	3:00		0.0	0.0	1.0	111	150/85	166		
Recovery	4:00		0.0	0.0	1.0	103	140/85	144		
Recovery	5:00		0.0	0.0	1.0	102	130/80	132		

Findings :

Exercise Time : 07:53  
 Max HR Attained : 178 bpm 94% of Max Predictable HR 189  
 Max BP : 160/90(mmHg)  
 Max Workload attained : 9(Good Effort Tolerance)

*Tim is Negative*



*[Signature]*

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

Advice/Comments:



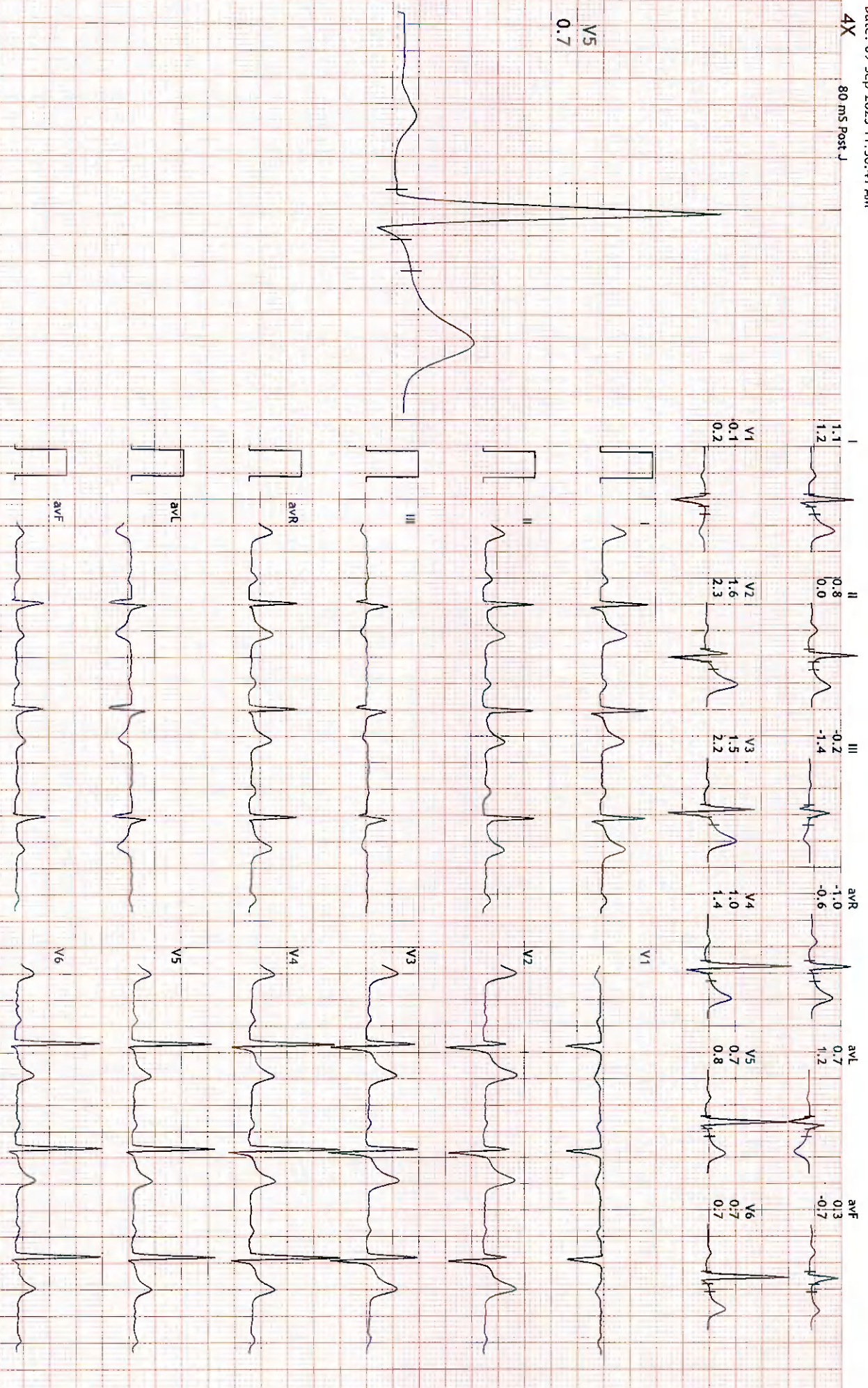
HR: 76 bpm  
METs: 1.0  
BP: 120/80

MPHR: 40% of 189  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 00:30  
BLC :On  
Notch :On

Supine  
10.0 mm/mV  
25 mm/Sec.



HR: 89 bpm  
METS: 1.0  
BP: 120/80

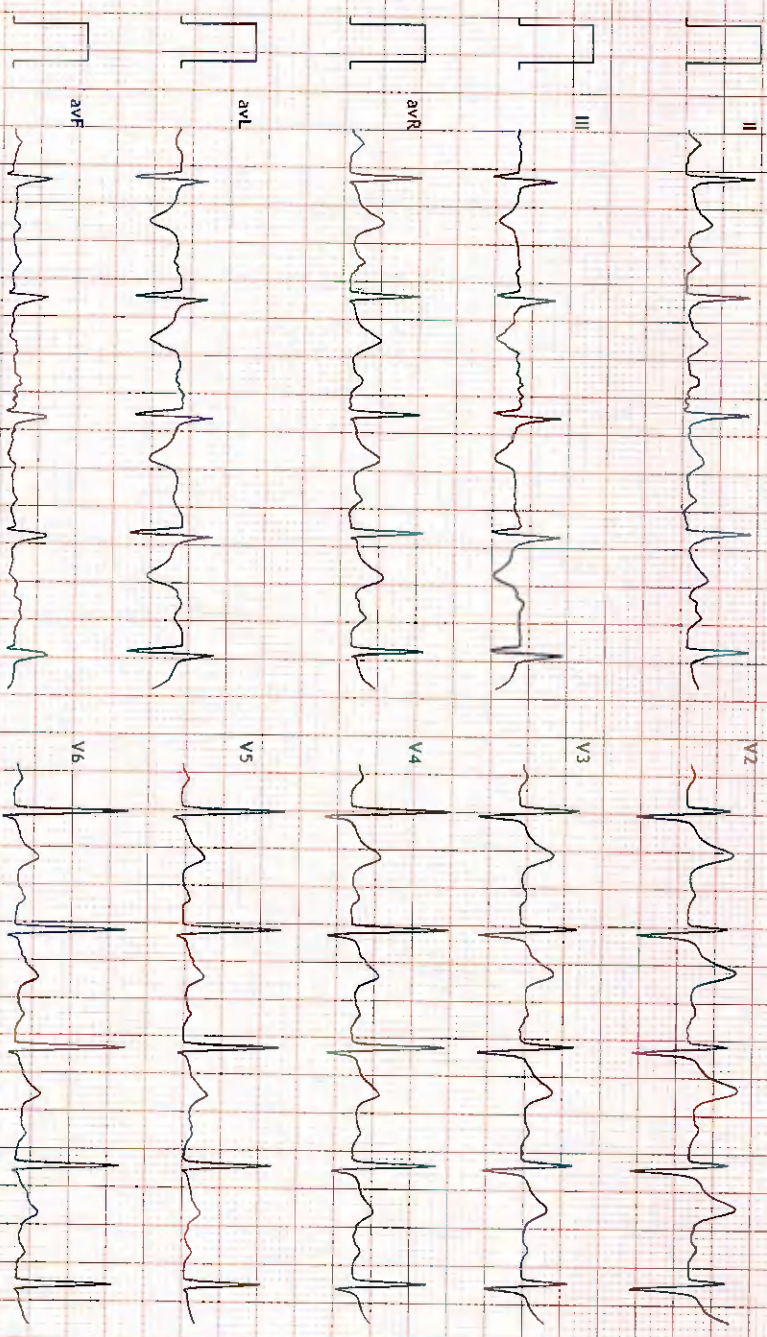
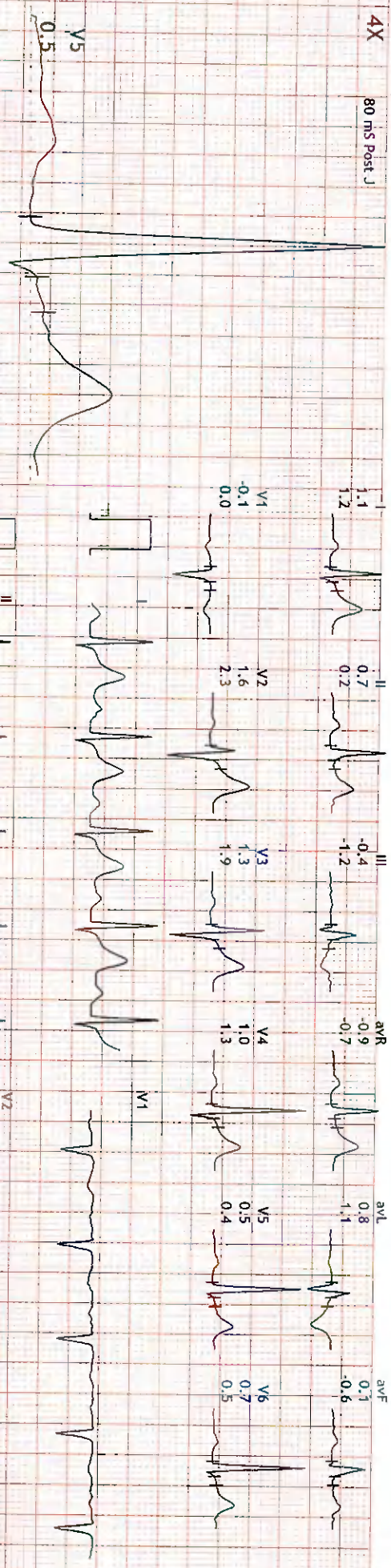
MPHR: 47% of 189  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 01:14  
BLC: On  
Notch: On

Standing  
10.0 mm/mV  
25 mm/Sec.

4X 80 ms Post J



HR: 95 bpm  
METs: 1.0  
BP: 120/80

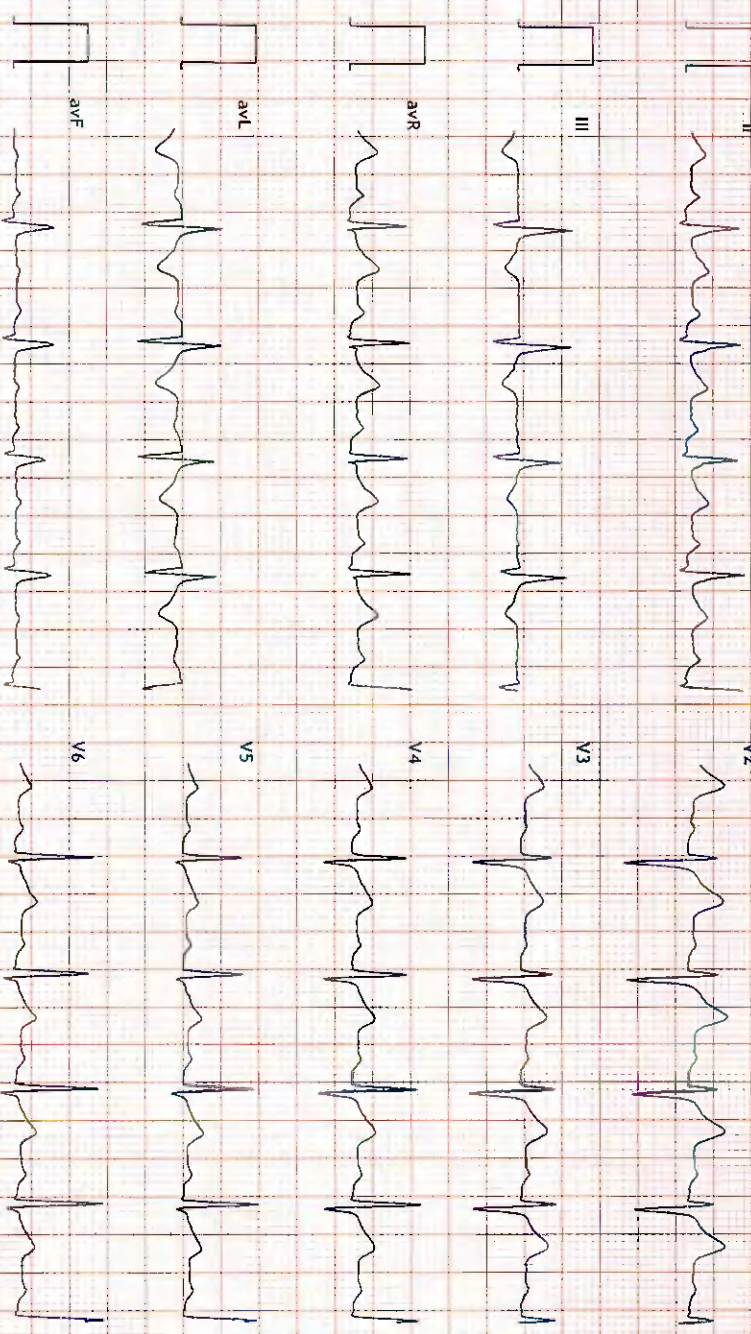
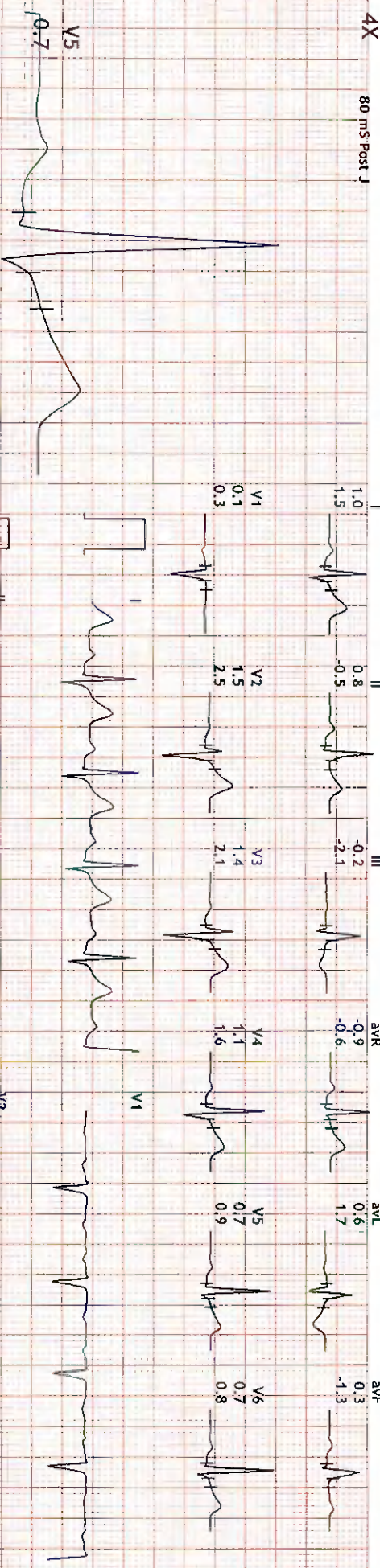
MPHR: 50% of 189  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 01:56  
BLC : On  
Notch : On

HV  
10.0 mm/mV  
25 mm/Sec.

4X 80 ms Post J



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

12233424/MR UDIT SHARMA

31 Yrs/Male

0 Kg/0 Cms

Date: 09-Sep-2023 11:56:41 AM

4X 80 ms Post J

HR: 104 bpm

METS: 1.0

BP: 120/80

MPHR: 55% of 189

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 02:12

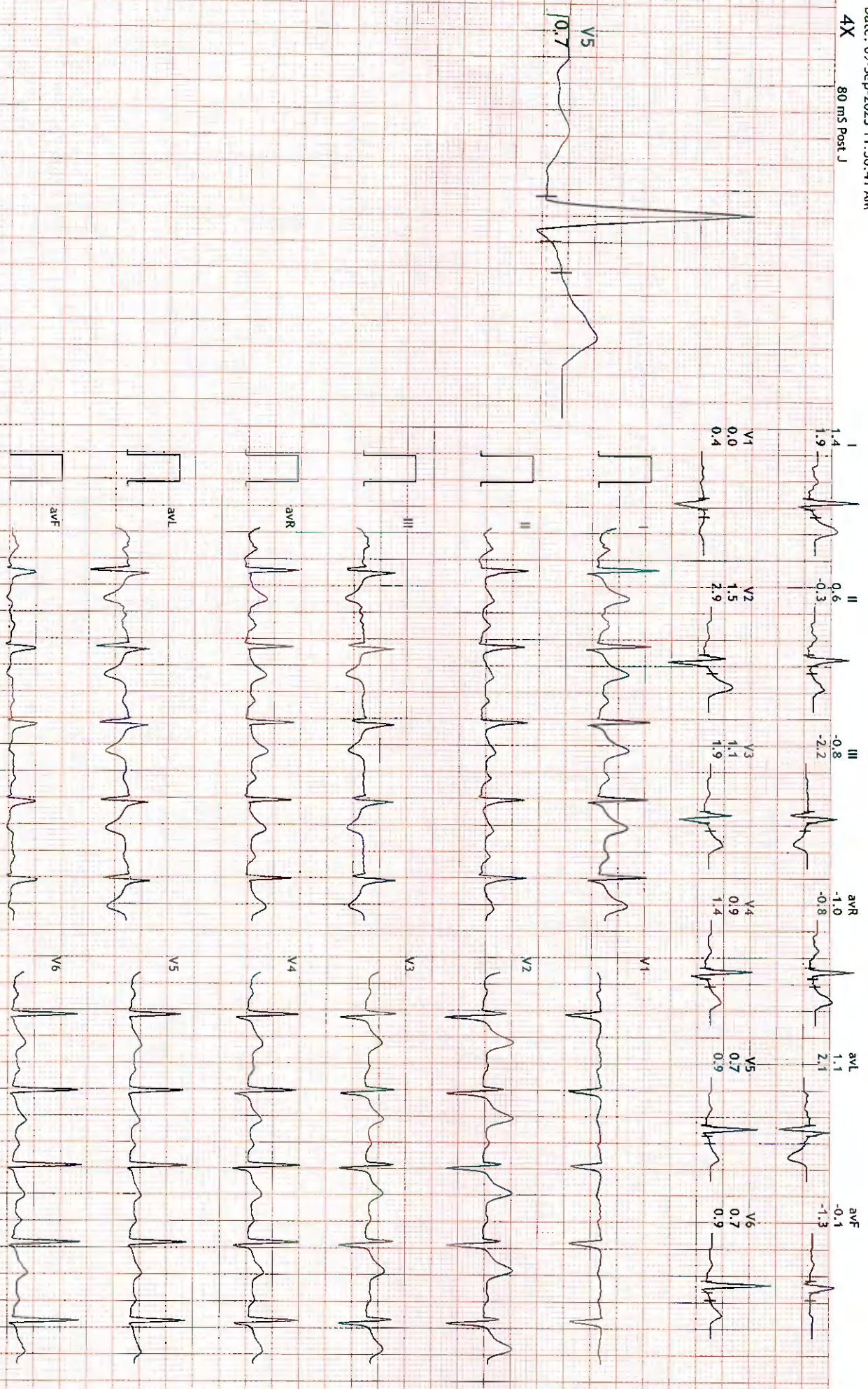
BLC : On

Notch : On

ExStart

10.0 mm/mV

25 mm/Sec.



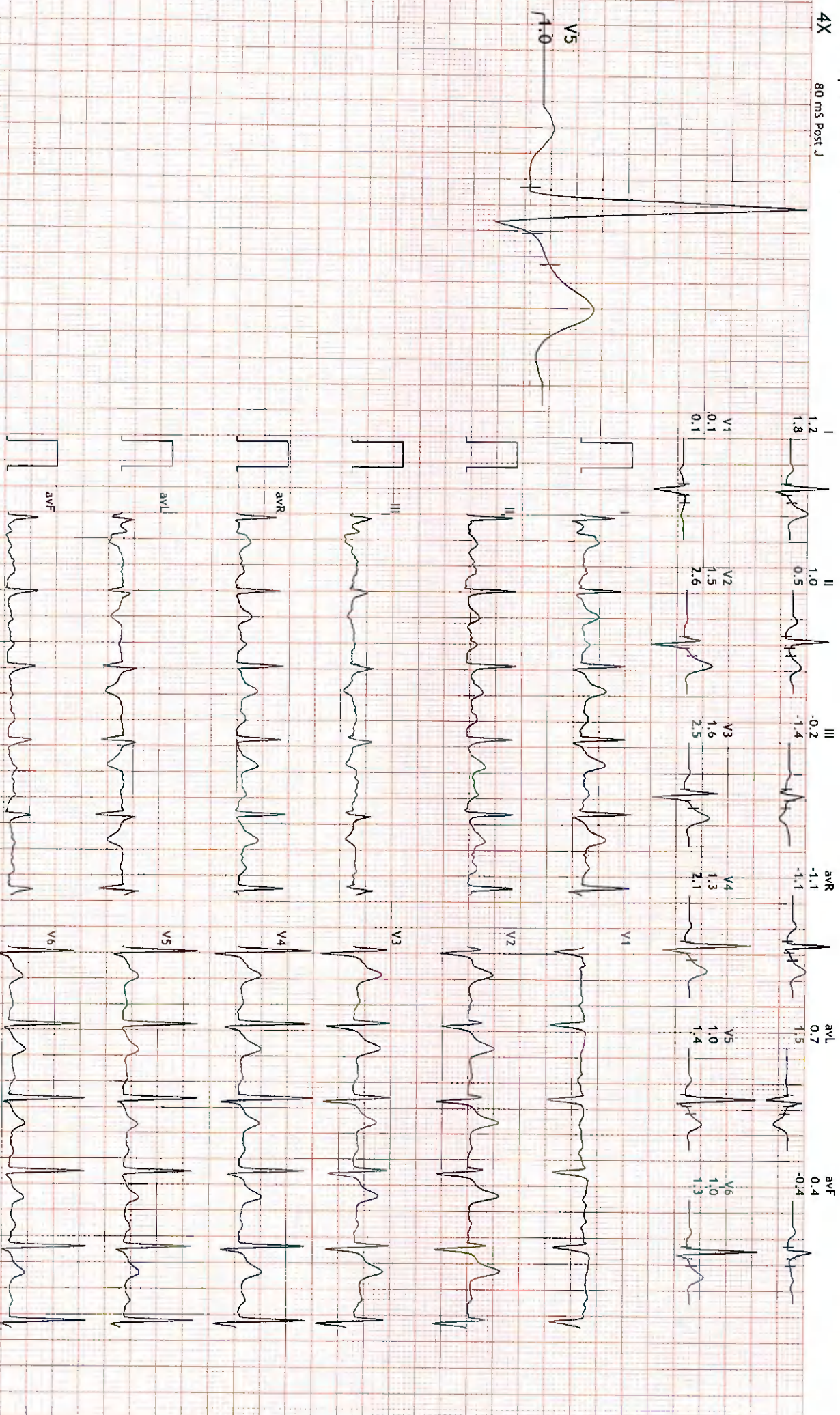
HR: 107 bpm  
METs: 4.7  
BP: 130/80

MPHR: 56% of 189  
Speed: 1.7 mph  
Grade: 10.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 02:59  
BLC :On  
Notch :On

BRUCE:Stage 1(3:00)  
10.0 mm/mv  
25 mm/Sec.



P3 HEALTH SOLUTIONS LLP  
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur  
12233424/MR UDIT SHARMA  
31 Yrs/Male  
0 Kg/0 Cms  
Date: 09-Sep-2023 11:56:41 AM

HR: 150 bpm  
METS: 7.1  
BP: 140/85

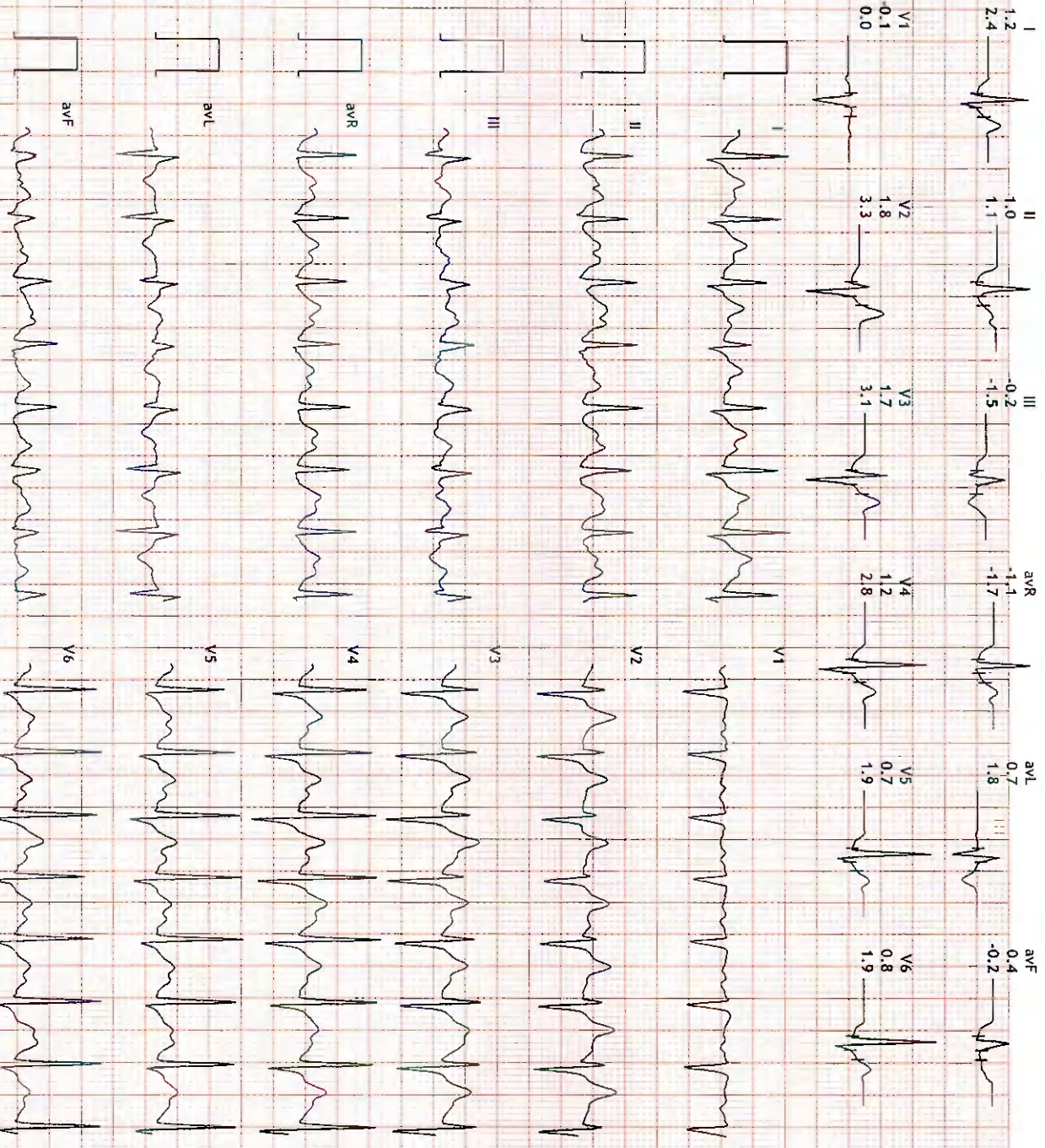
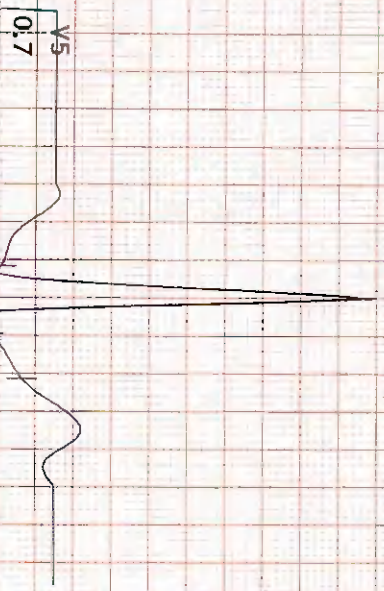
MPHR: 79% of 189  
Speed: 2.5 mph  
Grade: 12.0%

Raw ECG  
BRUCE  
(0.05-100)HZ

Ex Time 05:59  
BLC : On  
Notch : On

BRUCE: Stage 2(3:00)  
10.0 mm/mv  
25 mm/Sec.

4X 80 MS Post J



F3 HEALTH SOLUTIONS LLP  
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur  
12233424/MR UDIT SHARMA  
31 Yrs/Male  
0 Kg/0 Cms  
Date: 09-Sep-2023 11:56:41 AM

HR: 178 bpm  
METS: 9.0  
BP: 150/85

MPHR: 94% of 189  
Speed: 3.4 mph  
Grade: 14.0%

Raw ECG  
BRUCE  
(0.05-100)HZ

Ex Time 07:51  
BLC : On  
Notch : On

BRUCE: PeakEx(1:51)  
10.0 mm/mV  
25 mm/Sec.

4X 80 ms Post J





4X 80 ms Post J

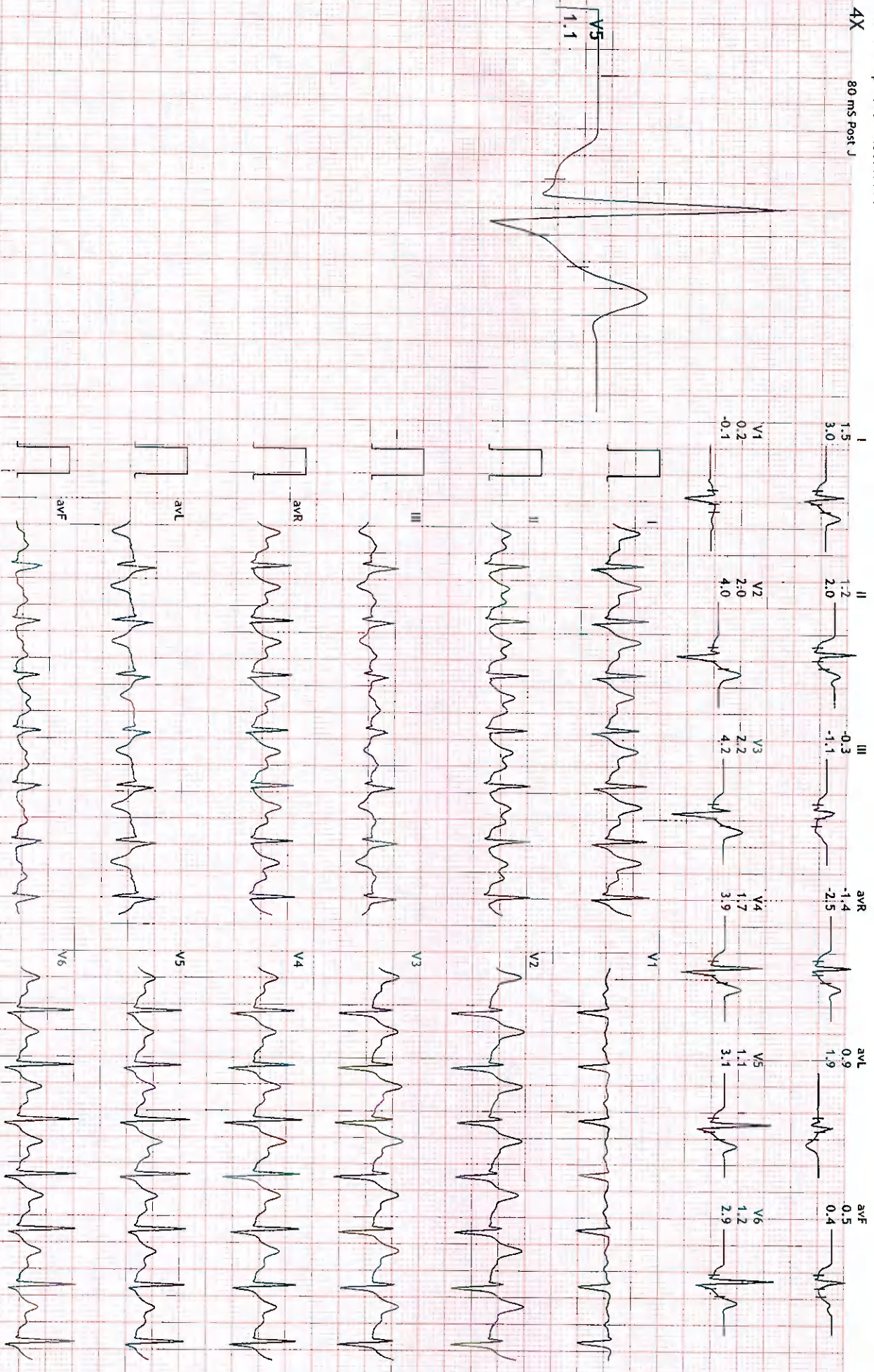
HR: 143 bpm  
METs: 1.3  
BP: 150/85

MPPR: 75% of 189  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 07:53  
BLC: On  
Notch: On

Recovery(1:00)  
10.0 mm/mV  
25 mm/Sec.



P-3 HEALTHY SOLUTIONS LLP  
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur  
12233424/MR UDIT SHARMA  
31 Yrs/Male  
0 Kg/0 Cms  
Date: 09-Sep-2023 11:56:41 AM

12 Lead + Median

HR: 119 bpm  
METs: 1.0  
BP: 160/90

MPPR: 62% of 189  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

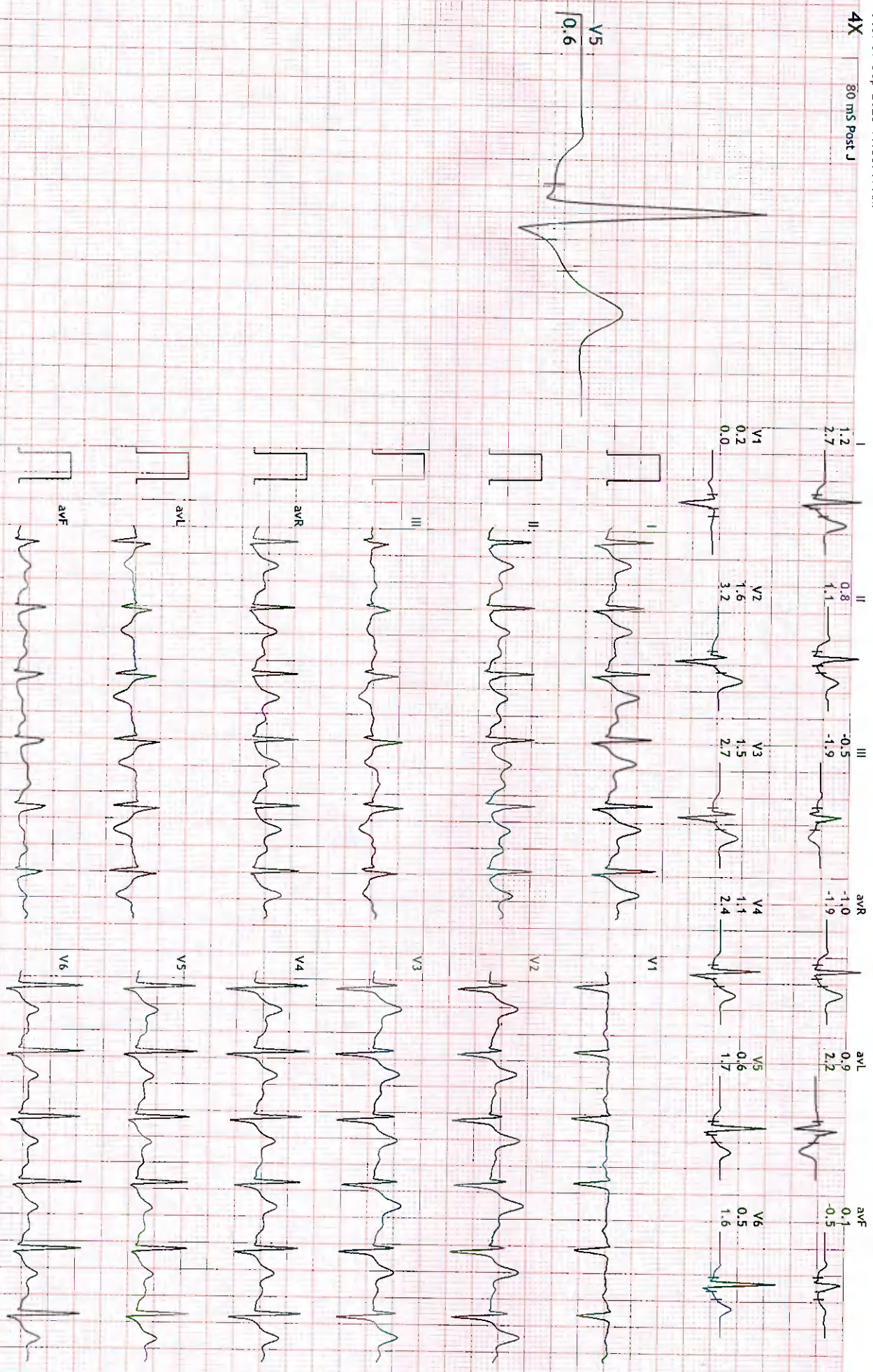
Ex Time 07:53  
BLC : On  
Notch : On

Recovery(2:00)  
10.0 mm/mv  
25 mm/Sec.



4X 80 ms Post J

V5 0.6



HR: 111 bpm  
 METS: 1.0  
 BP: 150/85

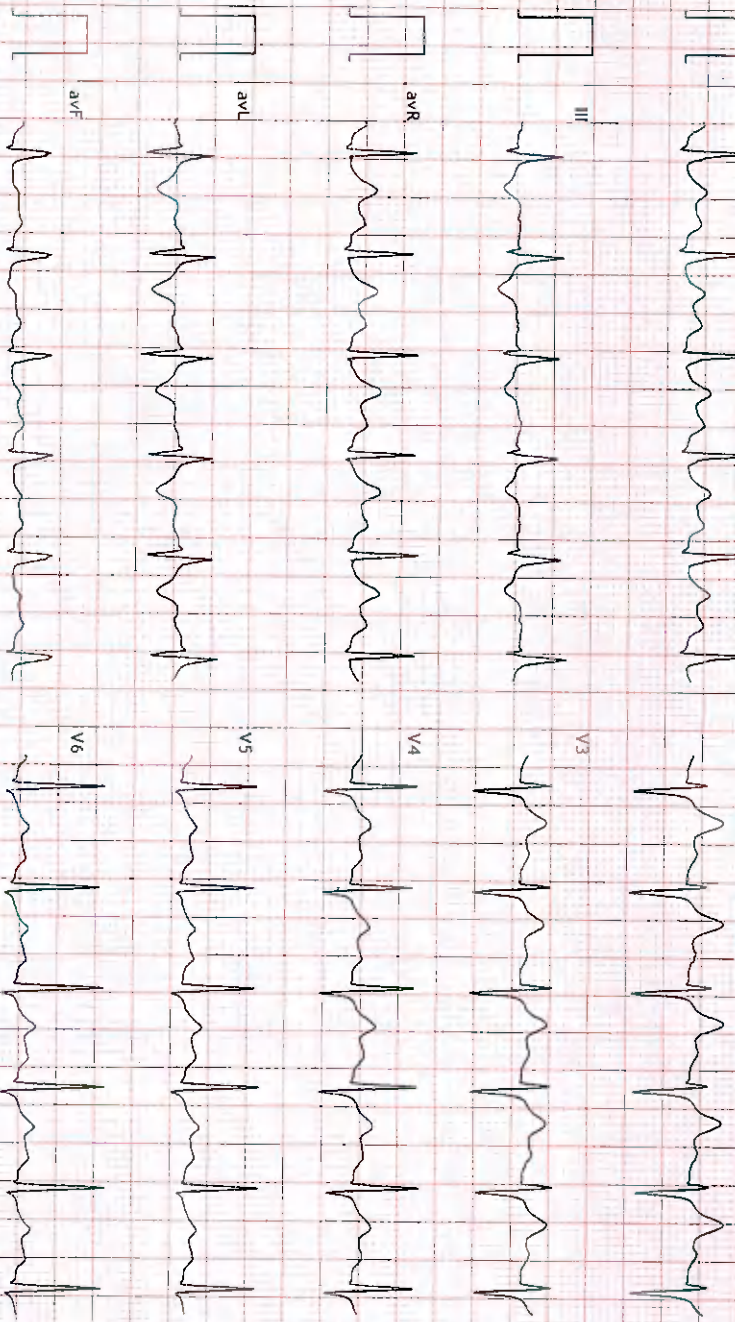
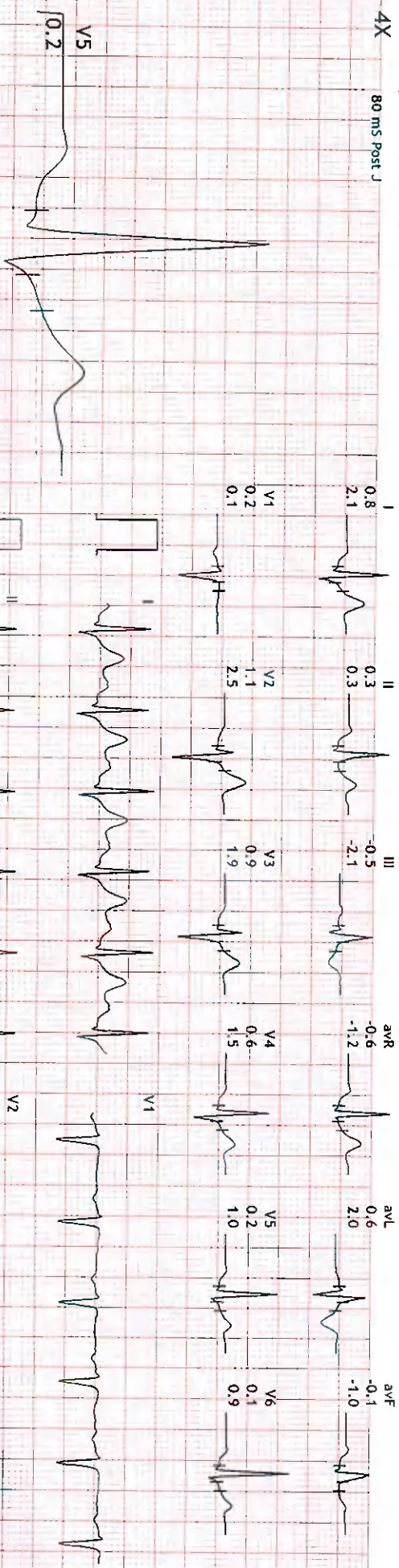
MPHR: 58% of 189  
 Speed: 0.0 mph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 07:53  
 BLC : On  
 Notch : On

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

4X 80 ms Post J



HR: 103 bpm  
 METS: 1.0  
 BP: 140/85

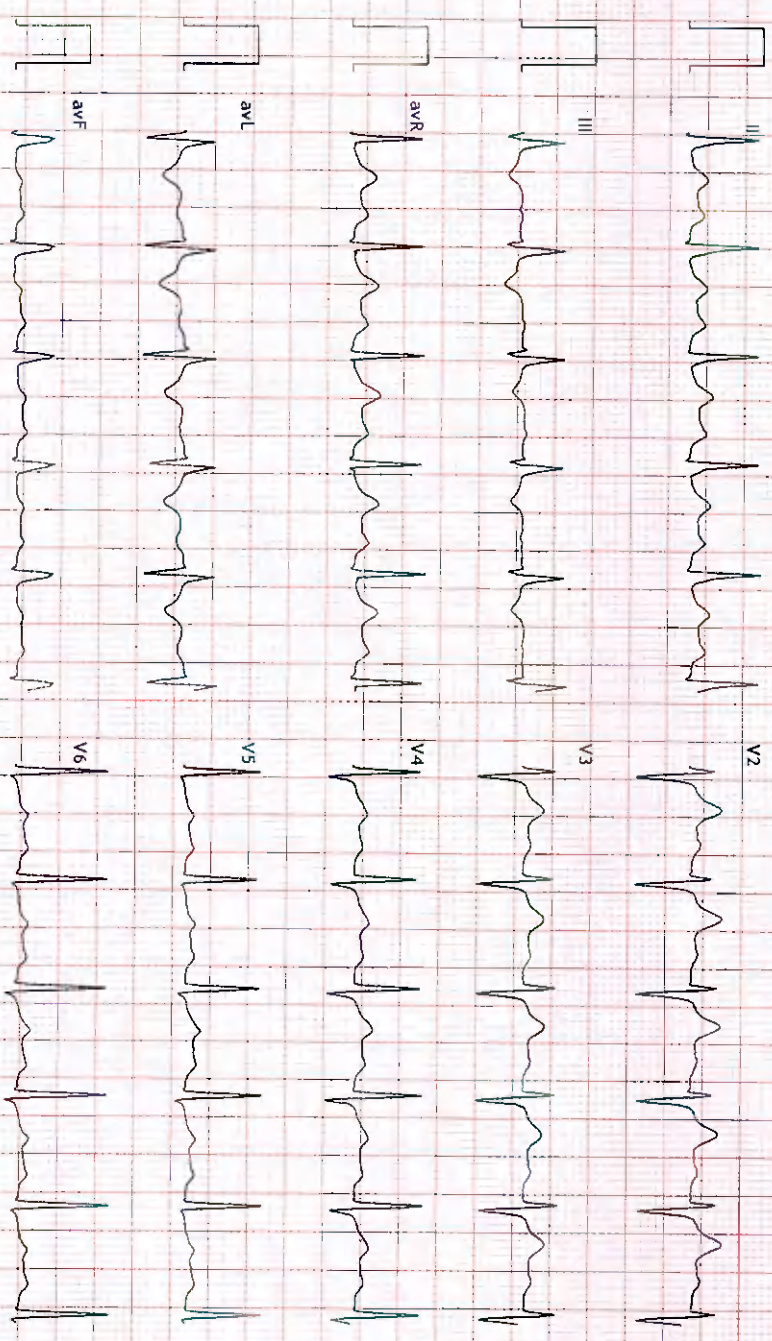
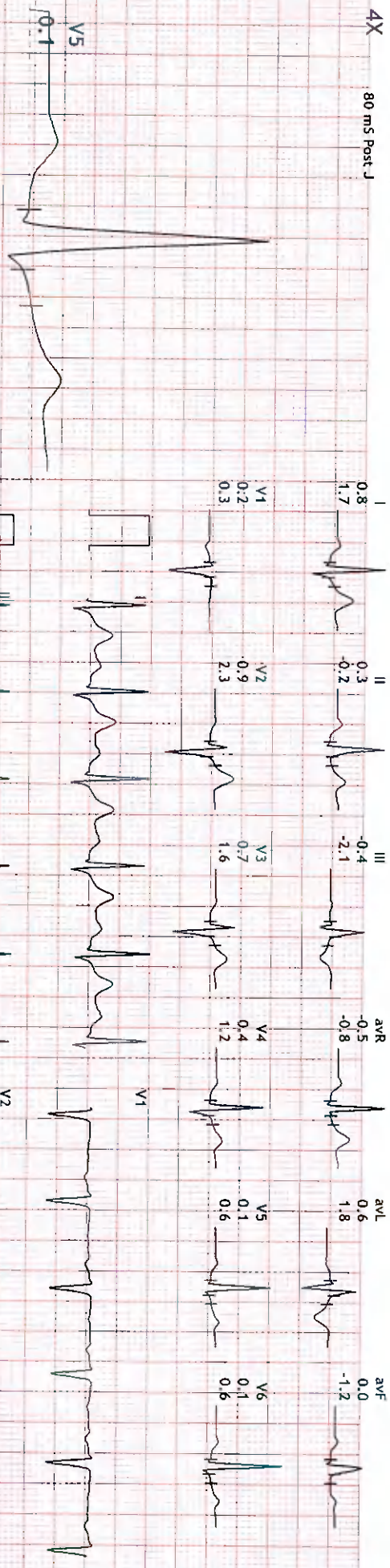
MPHR: 54% of 189  
 Speed: 0.0 mph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (0.05-100)HZ

Ex Time 07:53  
 BLC : On  
 Notch : On

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

4X 80 ms Post-J



HR: 103 bpm  
METS: 1.0  
BP: 130/80

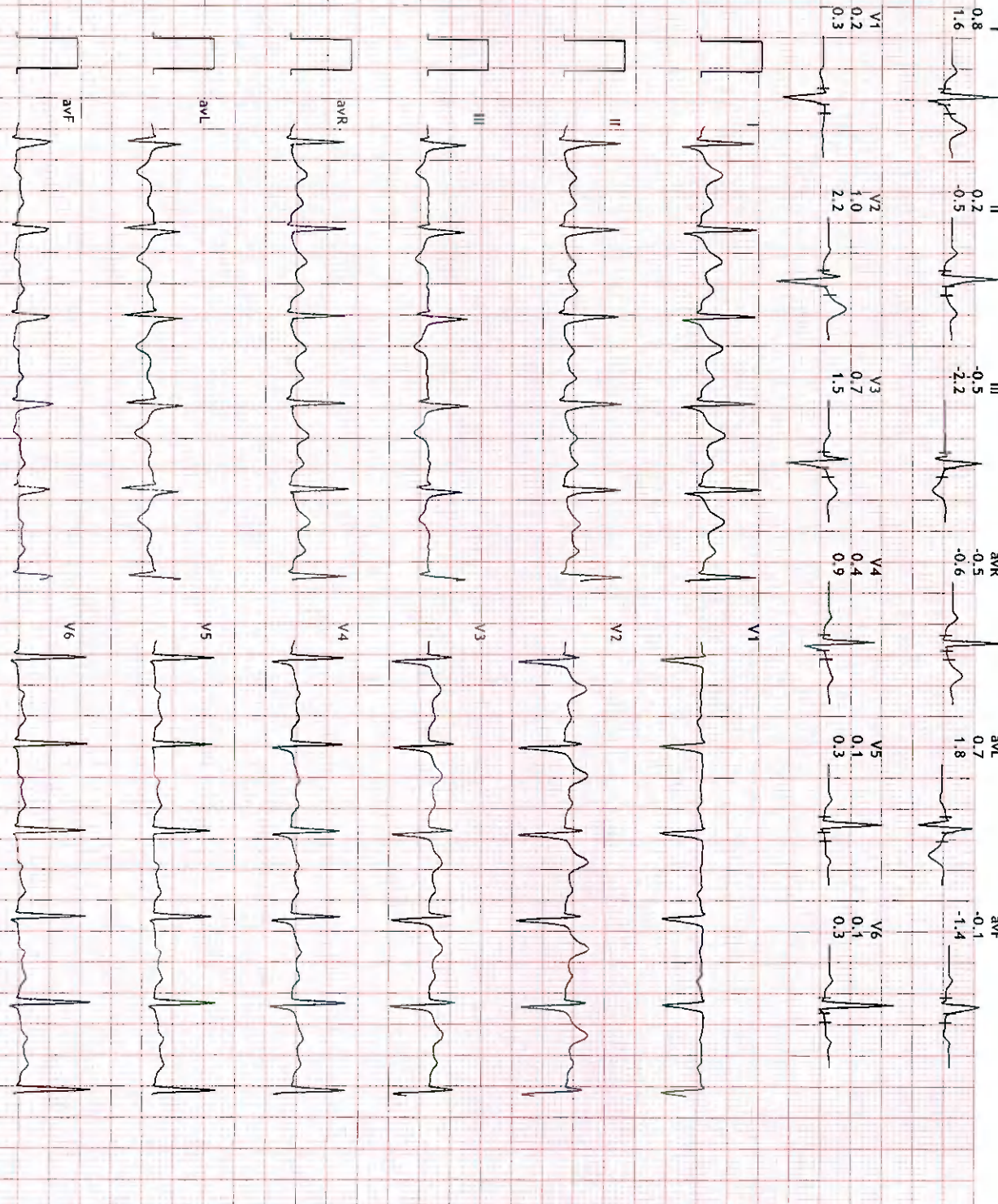
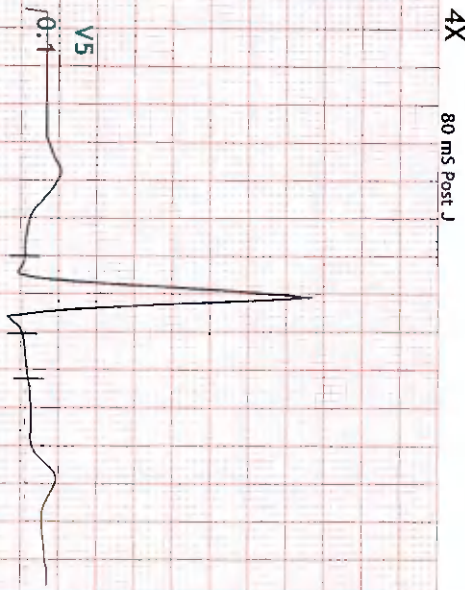
MPHR: 54% of 189  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)HZ

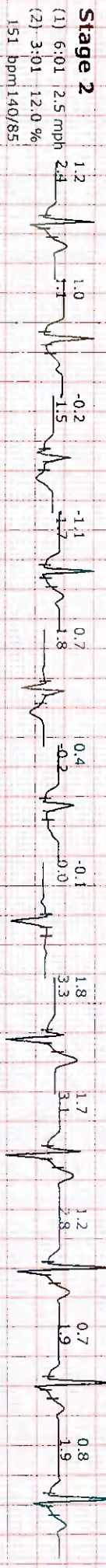
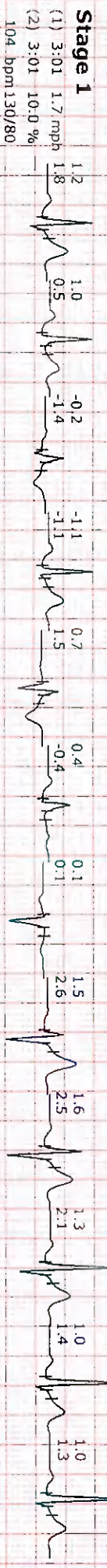
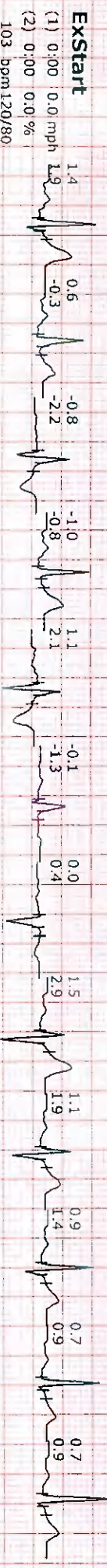
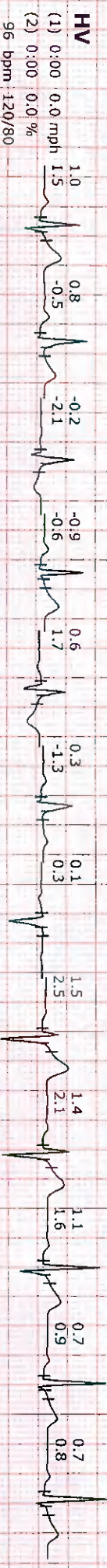
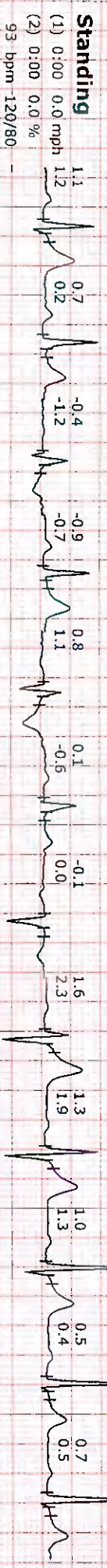
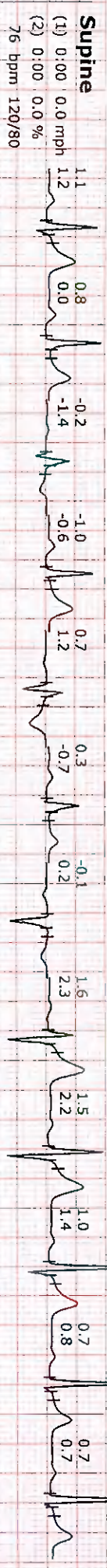
Ex Time 07:53  
BLC :On  
Notch :On

Recovery(5:00)  
10.0 mm/mV  
25 mm/Sec.

4X 80 ms Post J



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

