

UNION OF INDIA Driving Licence **RJ NT**

RJ13 20200007072

जारी करने की तिथि / Date of Issue: 05/08/2020



वैधता / Validity: 04/08/2030

जन्म तिथि / Date of Birth: 30/11/1988

Blood Group: B+

नाम / Name: PUNIT KUMAR TIWARI

पिता/पत्नी का नाम / Son/Daughter/Wife of: MAHAVIR PRASAD TIWARI

U.C.G.
Dr. U. C. GUPTA
 MBBS, MD (Physician)
 RMC No. 281

RJ13 20200007072 D04285711M

MCWG LMV
 05/08/2020 05/08/2020

पता / Permanent Address:
 S'L B'KE SAMANE WALI GALI ME WARD NO-07
 NEAR JHILMIL GARMENTS
 Raisinghnagar, Ganganagar, RJ - 335051

Holder's Signature: *[Signature]*

जारीकर्ता / Issuing Authority Sign: *[Signature]*
 DTO GANGANAGAR

RJ

Form 7 Rule 16(2)



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: 13/08/22
Name: PUNIT KUMAR TIWARI Age: 33 Yrs DOB: 30/11/1988 Sex: Male
Referred By: BANK OF BARODA
Photo ID: DL ID #: _____
Ht: 179.5 (cm) Wt: 70 (Kg)
Chest (Expiration): 92 (cm) Abdomen Circumference: 95 (cm)
Blood Pressure: 120/80 mm Hg PR: 75 / min RR: 18 / min Temp: Afebrile

BMI 21.8
with Glass. R/E G/B, N/B, NCB
Eye Examination: L/E G/B, N/B, NCB
Other: NA

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

Signature Of Examinee : [Signature] Name of Examinee: PUNIT KUMAR TIWARI

Signature Medical Examiner : [Signature] Name Medical Examiner : Dr. U.C. GUPTA

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



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NAME :- Mr. PUNIT KUMAR TIWARI	Patient ID :-12221671	Date :- 13/08/2022	08:46:50
Age :- 33 Yrs 8 Mon 13 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 13/08/2022 18:22:11

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	16.2	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.00	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	59.0	%	40.0 - 80.0
LYMPHOCYTE	34.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.53 H	$\times 10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	50.90 H	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	92.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.8	g/dL	31.5 - 34.5
PLATELET COUNT	225	$\times 10^3/uL$	150 - 410
RDW-CV	14.5 H	%	11.6 - 14.0
MENTZER INDEX	16.64 H		0.00 - 0.00

A complete blood picture (CBP) is a kind of blood test that is done to assess a person's overall health and diagnose a wide range of health disorders like leukemia, anemia and other infections.

A complete blood count (CBC) is a complete blood test that diagnose many components and features of a persons blood which includes -

- *Red Blood Cells (RBC), which carry oxygen -
- *White Blood Cells (WBC), which help in fighting against infections -
- *Hemoglobin, which is the oxygen carrying protein in the red blood cells -
- *Hematocrit (HCT), the proportion of RBC to the fluid component, or plasma present in blood -
- *Platelets, which aid in blood clotting

(CBC): Methodology: TLC,TRBC,PCV,PLT Impedance method, HB Calorimetric method, and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: MINDRAY BC-3000 Plus 3 part automatic analyzer,

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Tanu

DR.TANU RUNGTA

MD (Pathology)

RMC No. 17226



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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)

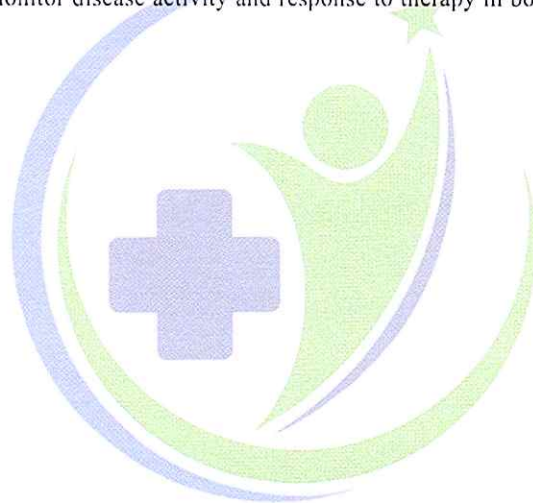
Method:- Westergreen

09

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



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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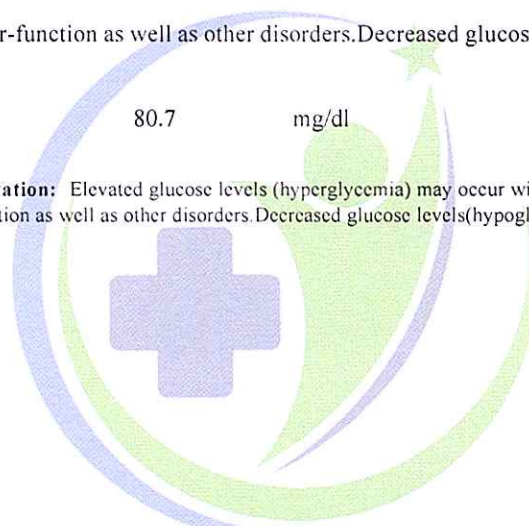
FASTING BLOOD SUGAR (Plasma) Method:- GOD POD	79.7	mg/dl	70.0 - 115.0
--	------	-------	--------------

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	80.7	mg/dl	70.0 - 140.0
---	------	-------	--------------

Instrument Name: MISPA PLUS 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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HAEMATOTOLOGY

Test Name	Value	Unit	Biological Ref Interval
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GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- CAPILLARY with EDTA

5.2 mg%

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

102 mg/dL

Interpretation:

Hemoglobin A1c %	Degree of Glucose Control
< 6.0	Normal level
6.0 - 7.0	Near normal glycemia
7.0 - 8.0	Good control
> 8.0	Action suggested

Clinical Information:

Hemoglobin is the oxygen-carrying pigment that gives blood its red color and is also the predominant protein in red blood cells. About 90% of hemoglobin is hemoglobin A. Although one chemical component accounts for 92% of hemoglobin A, approximately 8% of hemoglobin A is made up of minor components that are chemically slightly different. These minor components include hemoglobin A1c, A1b, A1a1, and A1a2. Hemoglobin A1c (HbA1c) is a minor component of hemoglobin to which glucose is bound. HbA1c also is sometimes referred to as Glycosylated or Glycosylated Hemoglobin or Glycohemoglobin. In addition to random fasting blood glucose levels, HbA1c levels are routinely measured in the monitoring of people with diabetes. Levels of HbA1c are not influenced by daily fluctuations in the blood glucose concentration but reflect the average glucose levels over the prior six to eight weeks. Therefore, HbA1c is a useful indicator of how well the blood glucose level has been controlled in the recent past (over two to three months) and may be used to monitor the effects of diet, exercise, and drug therapy on blood glucose in people with diabetes.

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HAEMATOLOGY

BLOOD GROUP ABO

Method:- Haemagglutination reaction

"B" POSITIVE



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BIOCHEMISTRY

atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterol is used as a secondary target of therapy in persons with triglycerides ≥ 200 mg/dL. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.

2 -For calculation of CHD risk, history of smoking, any medication for hypertension & current B.P. levels are required.



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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method:- DMSO/Diazo	0.57	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.18	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.39	mg/dl	0.30-0.70
SGOT Method:- IFCC	19.6	U/L	Men- Up to - 37.0 Female - Up to - 31.0
SGPT Method:- IFCC	21.7	U/L	Men- Up to - 40.0 Female- Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCF	89.00	U/L	80.00 - 306.00

InstrumentName:MISPA PLUS **Interpretation:**Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

SERUM GAMMA GT 29.00 U/L 10.00 - 45.00

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.

SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	6.89	g/dl	5.10 - 8.00
SERUM ALBUMIN Method:- Bromocresol Green	3.91	g/dl	2.80 - 4.50
SERUM GLOBULIN Method:- CALCULATION	2.98	gm/dl	2.20 - 3.50
A/G RATIO	1.31		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

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

TOTAL CHOLESTEROL 210.00 mg/dl
Desirable <200
Borderline 200-239
High > 240
Method:- CHOD-PAP methodology

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

TRIGLYCERIDES 103.00 mg/dl
Normal <150
Borderline high 150-199
High 200-499
Very high >500
Method:- GPO-TOPS methodology

InstrumentName:MISPA PLUS **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 52.50 mg/dl
Male 35-80
Female 42-88
Method:- Selective inhibition Method

Instrument Name:MISPA 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 140.33 mg/dl
Optimal <100
Near Optimal/above optimal 100-129
Borderline High 130-159
High 160-189
Very High > 190
Method:- Calculated Method

VLDL CHOLESTEROL 20.60 mg/dl
0.00 - 80.00
Method:- Calculated

T.CHOLESTEROL/HDL CHOLESTEROL RATIO 4.00
0.00 - 4.90
Method:- Calculated

LDL / HDL CHOLESTEROL RATIO 2.67
0.00 - 3.50
Method:- Calculated

TOTAL LIPID 597.14 mg/dl
400.00 - 1000.00
Method:- CALCULATED

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 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.

Comments: 1- ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol – HDL Cholesterol) as an indicator of all MGR

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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA	29.00	mg/dl	10.00 - 50.00
Method:- Urease/GLDH			

InstrumentName: MISPA PLUS Interpretation : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE	1.35	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl
Method:- Jaffe's Method			

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	4.80	mg/dl	2.40 - 7.00
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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	134.0 L	mmol/L	135.0 - 148.0
Method:- Ion-Selective Electrode with Serum			

Interpretation: Decreased sodium - Hyponatraemia Causes include: fluid or electrolyte loss, Drugs, Oedematous states, Legionnaire's disease and other chest infections, pseudonatremia, Hyperlipidaemias and paraproteinaemias, endocrine diseases, SIADH.

POTASSIUM	5.58 H	mmol/L	3.30 - 5.50
Method:- Ion-Selective Electrode with Serum			

Interpretation: A. Elevated potassium (hyperkalaemia)• Artefactual, Physiologic elevation, Drugs, Pathological states, Renal failure Adrenocortical insufficiency, metabolic acidoses, very high platelet or white cell counts B. Decreased potassium (hypokalaemia) Drugs, Liqueuric, Diarrhoea and vomiting, Metabolic alkalosis, Corticosteroid excess, Oedematous state. Anorexia nervosa/bulimia

CHLORIDE	98.0	mmol/L	95.0 - 106.0
Method:- Ion-Selective Electrode with Serum			

Interpretation: Used for Electrolyte monitoring.

SERUM CALCIUM	9.87	mg/dl	8.80 - 10.20
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	6.89	g/dl	5.10 - 8.00
Method:- Direct Biuret Reagent			

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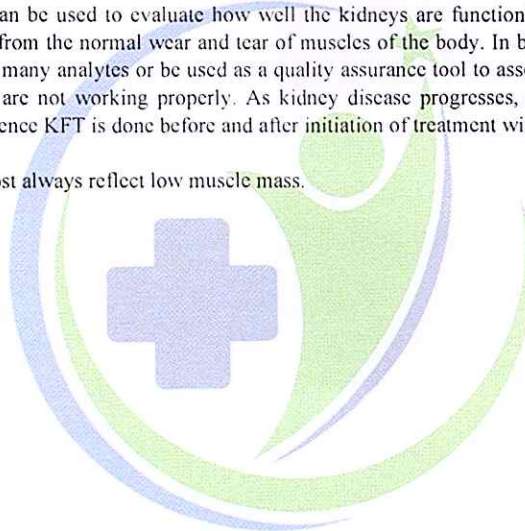
SERUM ALBUMIN Method:- Bromocresol Green	3.91	g/dl	2.80 - 4.50
SERUM GLOBULIN Method:- CALCULATION	2.98	gm/dl	2.20 - 3.50
A/G RATIO	1.31		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR .in urine, it can remove the need for 24-hourcollections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the bloodincreases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare; they almost always reflect low muscle mass.



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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

THYROID-TRIODOOTHYRONINE T3

Method:- Chemiluminescence

Reference Range (T3)

1.15

ng/m

0.60 - 1.81 ng/ml

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/m
Full-Term Infants 1-3 days	0.89 - 4.05 ng/m
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/m
Prepubertal Children	1.19 - 2.18 ng/ml

NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.

Clinical Information Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function,malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood,in Primary hypothyroidism,TSH levels are significantly elevated,while in secondary and tertiary hypothyroidism,TSH levels may be low.IN addition,In Euthyroid sick Syndrom,multiple alterations in serum thyroid function test findings have been recognized in patient with a wide variety of nonthyroid illness (NTI) serum without evidence of preexisting thyroid or hypothalamic- pituitary disease .

THYROID - THYROXINE (T4)

Method:- Chemiluminescence

InstrumentName: VITROS ECI **Interpretation :**The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

8.35

ug/dl

4.50 - 10.90 ug/dl

TSH

Method - Chemiluminescence

1.700

μIU/mL

0.35 - 5.5 >20 Years

Clinical Information

The levels of thyroid hormone (T3 & T4) are low in case of Primary, Secondary and Tertiary hypothyroidism and sometimes in nonthyroidal illness also. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism. In Pregnancy - Level Total T3 (ng/mL) Total T4 (ug/dl) TSH (μIU/ml)

1st Trimester 0.81-1.90 6.6-12.4 0.1-2.5

2nd Trimester 1.0-2.6 6.6-15.5 0.2-3.0

3rd Trimester 1.0-2.6 6.6-15.5 0.3-3.0

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM

The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.

InstrumentName: VITROS ECI **Interpretation** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease.T3 concentrations may be altered in some conditions, such as

MGR

Technologist

Page No: 14 of 15

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



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(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PUNIT KUMAR TIWARI

Age :- 33 Yrs 8 Mon 13 Days

Sex :- Male

Patient ID :-12221671

Date :- 13/08/2022

08:46:50

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/08/2022 18:22:11

IMMUNOASSAY

pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation :**The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation :**TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

*** End of Report ***

MGR

Technologist
Page No: 15 of 15

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



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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com



NAME :- Mr. PUNIT KUMAR TIWARI	Patient ID :-12221671	Date :- 13/08/2022	08:46:50
Age :- 33 Yrs 8 Mon 13 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 13/08/2022 18:31:38

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
URINE SUGAR PP Collected Sample Received	Nil		Nil

*** End of Report ***



MGR

Technologist
Page No: 1 of 1

Tanu

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



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- ☎ +91 141 4824885 ✉ maxcarediagnostics1@gmail.com



NAME :- Mr. PUNIT KUMAR TIWARI	Patient ID :-12221671	Date :- 13/08/2022	08:46:50
Age :- 33 Yrs 8 Mon 13 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 13/08/2022 18:22:11

CLINICAL PATHOLOGY

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil



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Technologist
Page No: 13 of 15

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



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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com



NAME :- Mr. PUNIT KUMAR TIWARI

Patient ID :-12221671

Date :- 13/08/2022

08:46:50

Age :- 33 Yrs 8 Mon 13 Days

Ref. By Doctor:-BANK OF BARODA

Sex :- Male

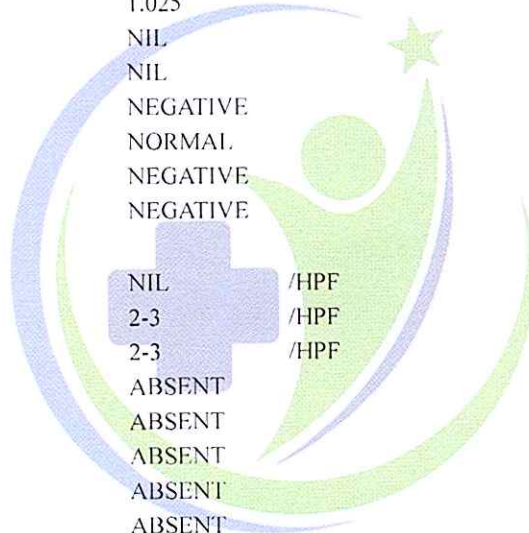
Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/08/2022 18:22:11

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
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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Technologist

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DR.TANU RUNGTA

MD (Pathology)
RMC No. 17226



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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
- ☎ +91 141 4824885 ✉ maxcarediagnostics1@gmail.com

NAME:	MR. PUNIT KUMAR TIWARI	AGE	33 YRS/M
REF.BY	BANK OF BARODA	DATE	13/08/2022

CHEST X RAY (PA VIEW)

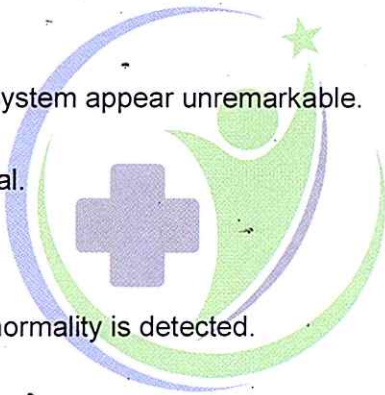
Bilateral lung fields appear clear.

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.

Shalini

DR. SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC No.: 21954



MR. PUNIT KUMAR TIWARI	33 Y/Male
Registration Date: 13/08/2022	Ref. by: Dr. BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (14.3 cm). 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 partially distended. 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 (9.0 cm) 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. 10.9 x 4.2 cm.

Left kidney is measuring approx. 11.1 x 5.0 cm.

Urinary bladder 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.

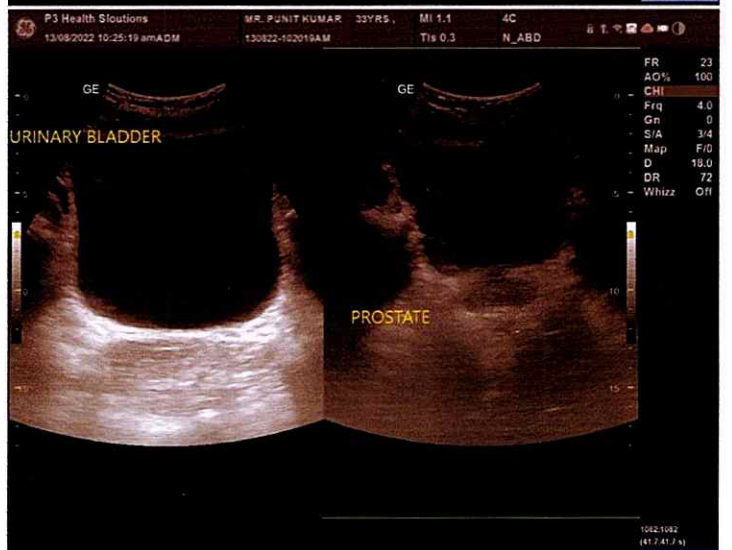
No significant free fluid is seen in pelvis.

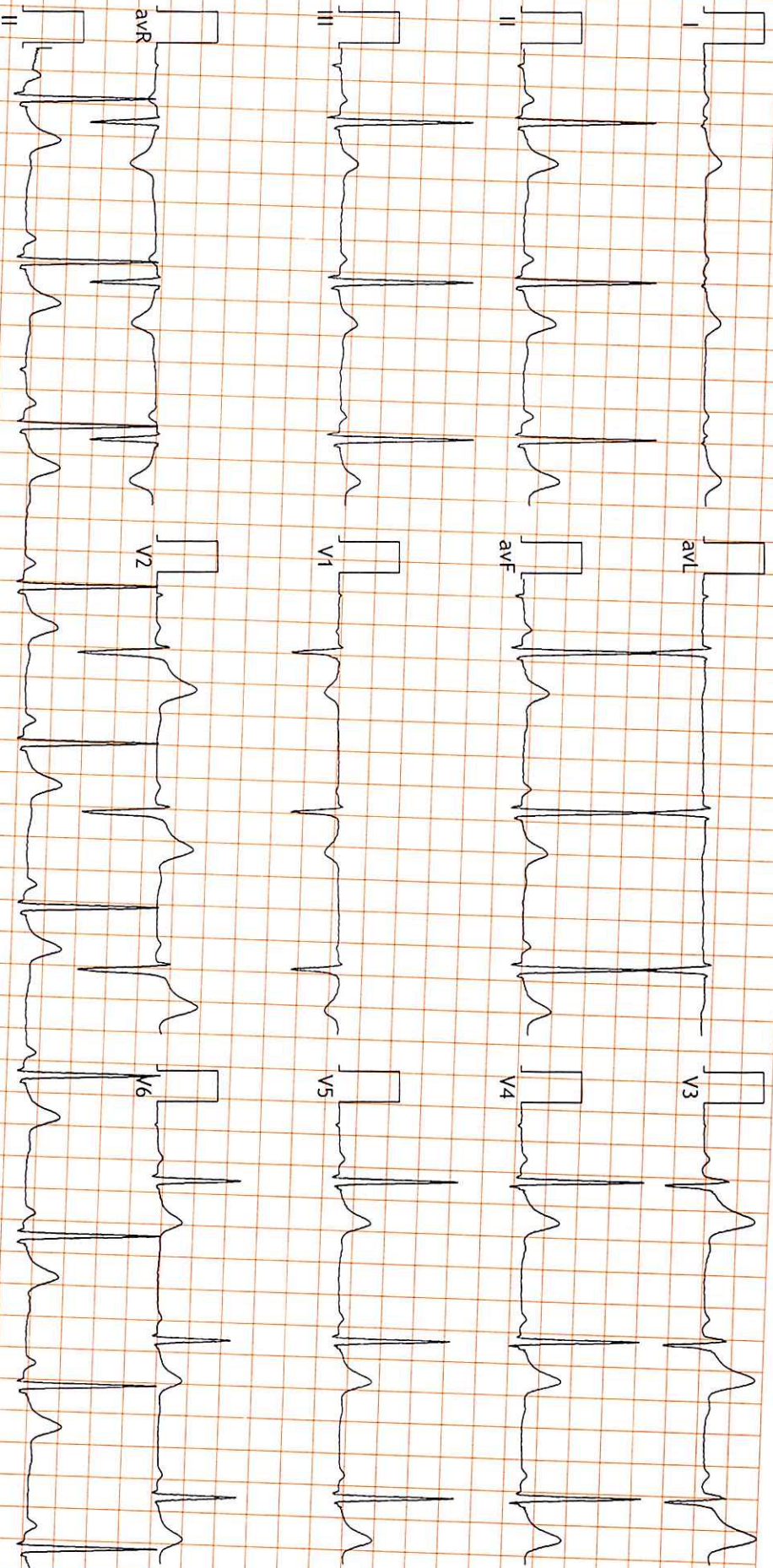
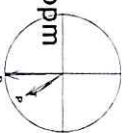
IMPRESSION: Normal study.

DR. SHALINI GOEL

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

RMC no.: 21954





FINDINGS: Abnormal ECG with Indication of Sinus Bradycardia
Vent Rate : 56 bpm; PR Interval : 154 ms; QRS Duration : 98 ms; QT/QTc Int : 395/384 ms
P-QRS-T axis: 59 • 88 • 53 • (Deg)
Comments :

(P) sinus

Sinus rhythm with poor R progression in lead V1 V3

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

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

122168/MR PUNIT KUMAR TIWARI

33 Yrs/Male 0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

Ref. By : BARK OF BARODA

Medication :

Protocol : BRUCE
History :



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	82	125/80	102	-	
EXStart					1.0	84	125/80	105	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	104	135/80	140	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	123	145/85	178	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	157	155/85	243	-	
PeakEX	0:28	9:29	4.2	16.0	10.7	162	155/85	251	-	
Recovery	1:00		0.0	0.0	4.3	110	155/85	170	-	
Recovery	2:00		0.0	0.0	1.0	69	165/90	113	-	
Recovery	3:00		0.0	0.0	1.0	82	155/85	127	-	
Recovery	4:00		0.0	0.0	1.0	87	145/85	126	-	

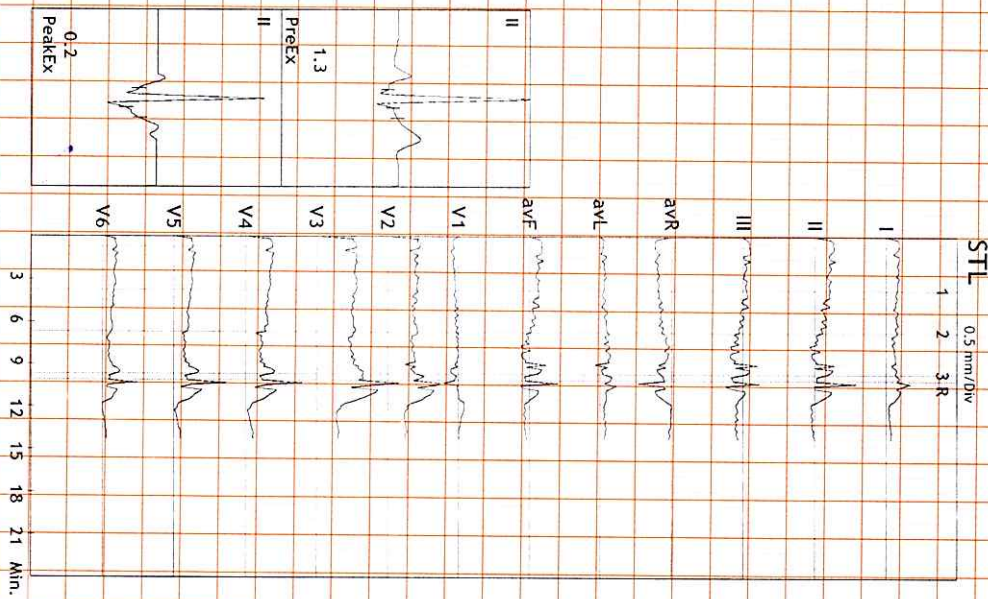
Findings :

Exercise Time : 09:28
 Max HR Attained : 162 bpm 87% of Max Predictable HR 187
 Max BP : 165/90(mmHg)
 Max Workload attained : 10.7(Good Effort Tolerance)

TM is Negative

Advice/Comments:

Ref. from



B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur
122168/MR PUNIT KUMAR TIWARI
33 Yrs/Male
0 Kg/0 Cms

HR: 84 bpm
METTS: 1.0
BP: 125/80

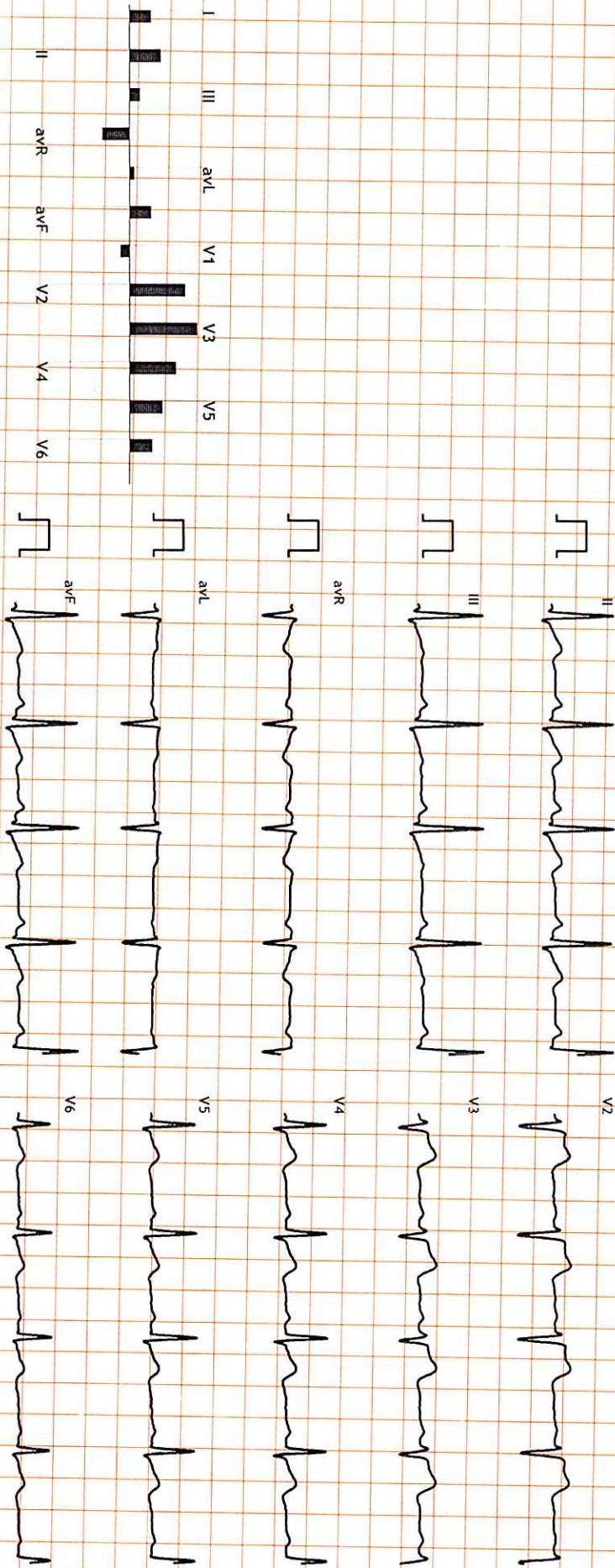
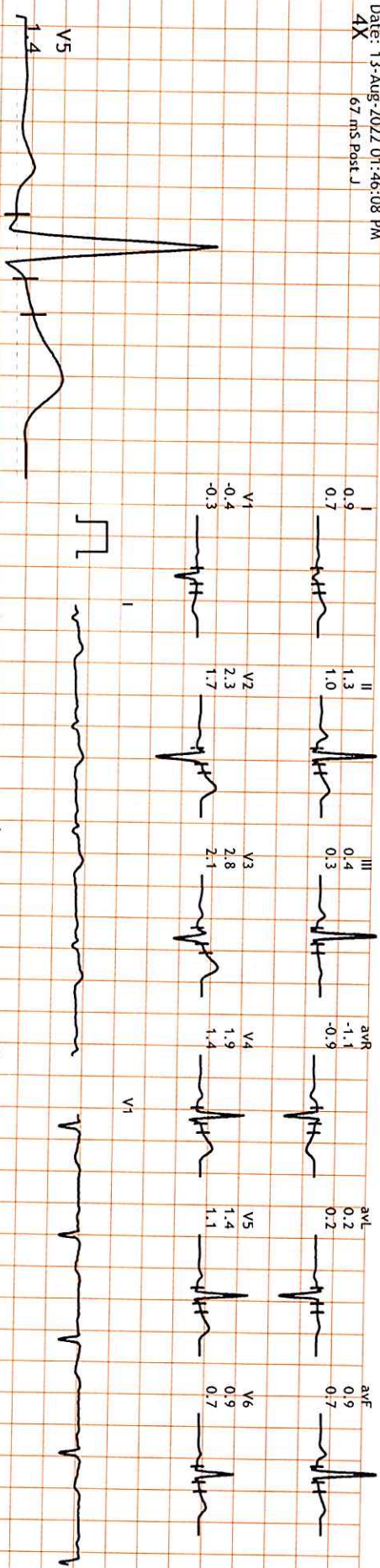
APHR: 44% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 00:30
BLC :On
Notch : On

Supine
5.0 mm/mV
25 mm/Sec.

Date: 13-Aug-2022 01:46:08 PM
4X 67 ms Post J



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

122168/MR PUNIT KUMAR TIWARI
33 Yrs/Male
0 Kg/0 Cms
Date: 13-Aug-2022 01:46:08 PM
4X 67 MS Post J

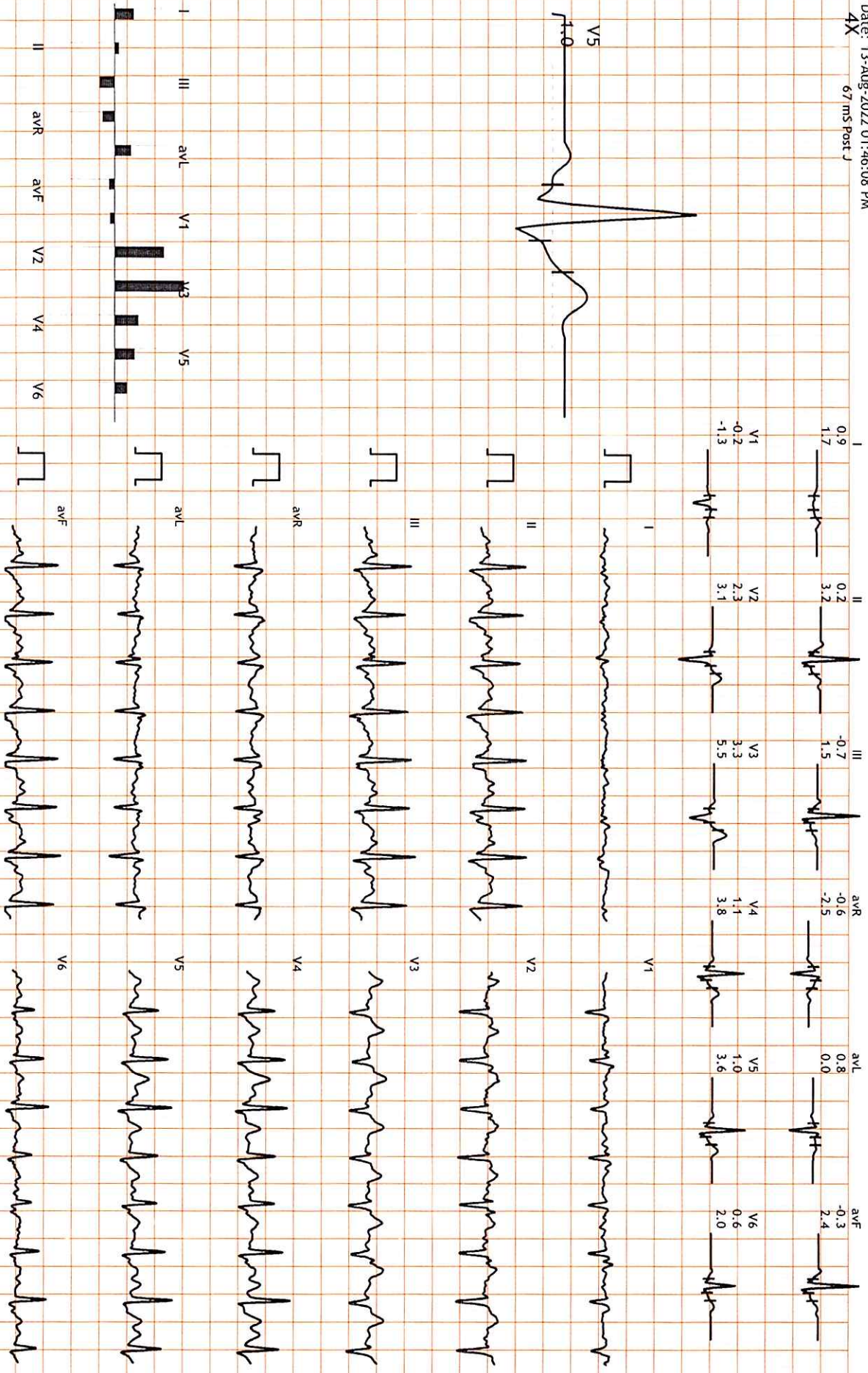
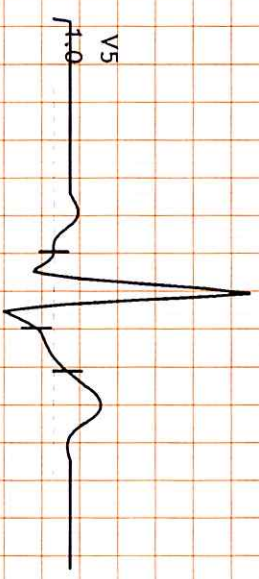
HR: 162 bpm
METs: 10.7
BP: 155/85

MPHR: 86% of 187
Speed: 4.2 mph
Grade: 16.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:26
BLC: On
Notch: On

BRUCE: PeakEx(0:26)
5.0 mm/mV
25 mm/Sec.



B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur
 122168/MR PUNIT KUMAR TIWARI
 33 Yrs/Male
 0 Kg/0 Cms
 Date: 13-Aug-2022 01:46:08 PM
 4X 67 ms Post J

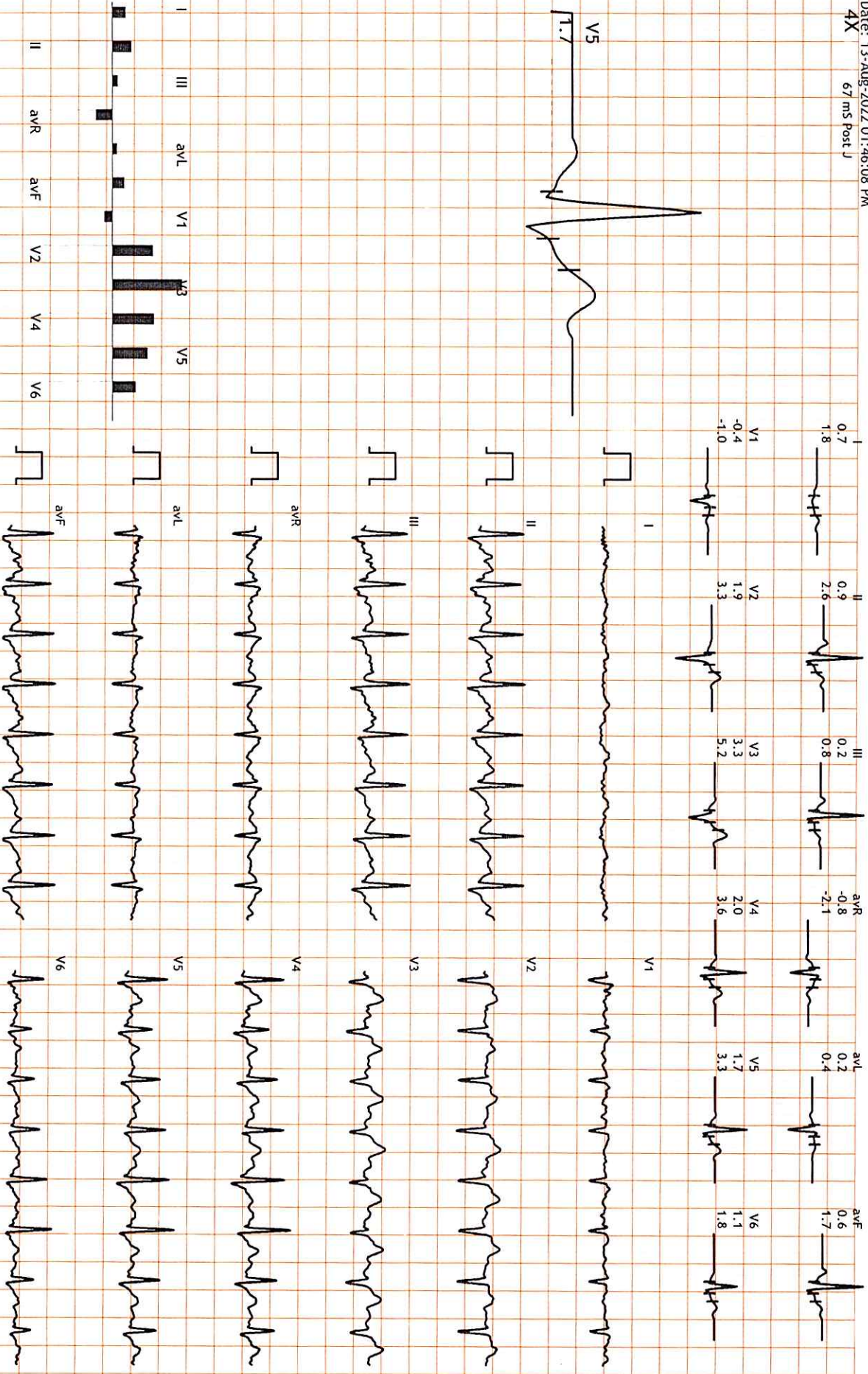
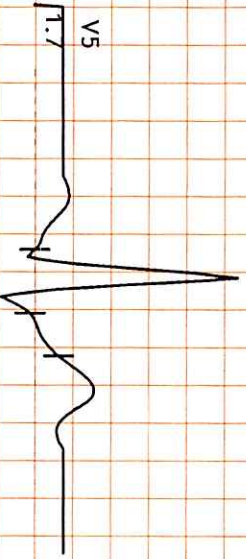
HR: 157 bpm
 METS: 10.2
 BP: 155/85

MPHR: 83% of 187
 Speed: 3.4 mph
 Grade: 14.0%

Raw ECG
 BRUCE

Ex Time 08:59
 BLC : On
 Notch : On

BRUCE: Stage 3(3:00)
 5.0 mm/mV
 25 mm/Sec.



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

122168/MR PUNIT KUMAR TIWARI

33 Yrs/Male

0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

4X

67 ms Post J

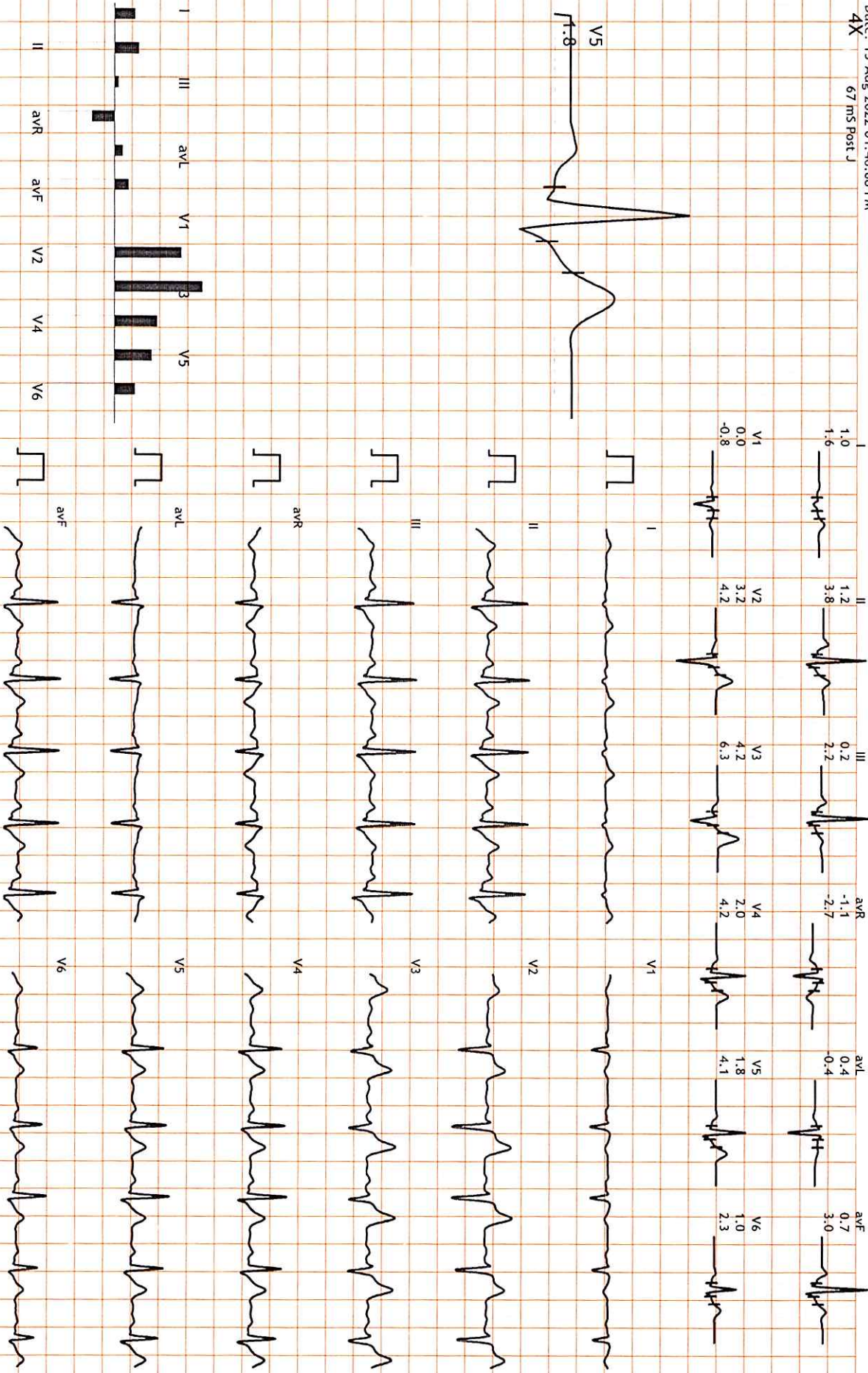
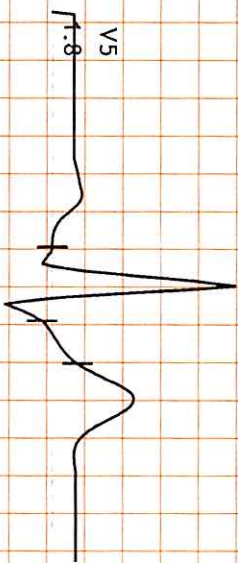
HR: 104 bpm
METs: 4.4
BP: 155/85

MPHR: 55% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:28
BLC : On
Notch : On

Recovery(1:100)
5.0 mm/mv
25 mm/Sec.



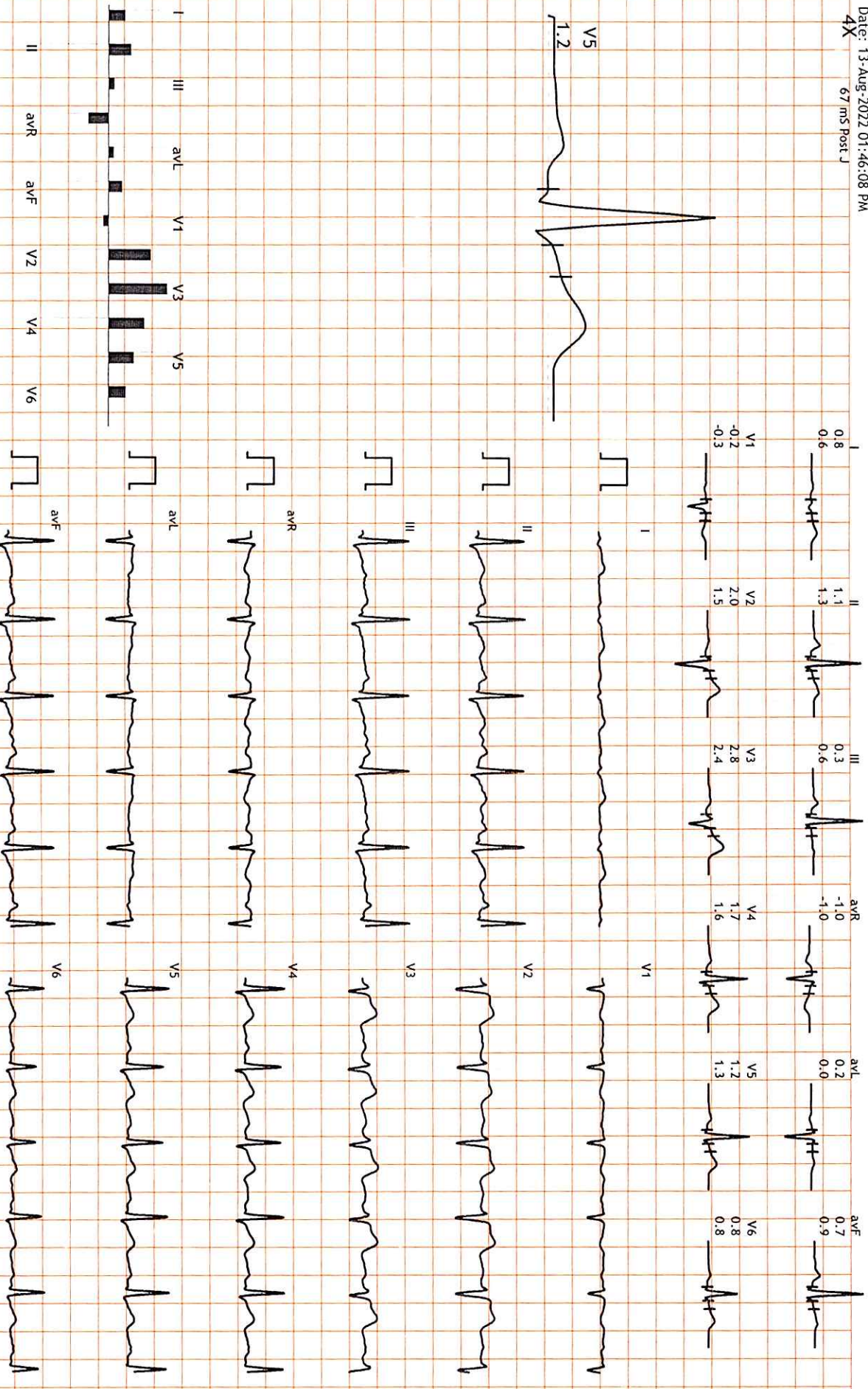
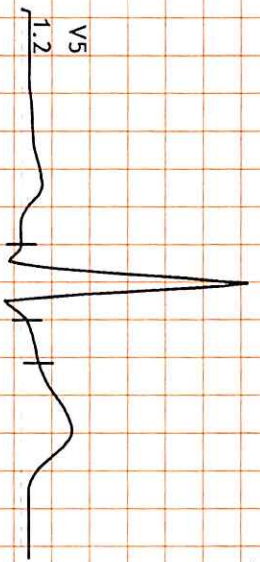
HR: 103 bpm
METs: 4.7
BP: 135/80

MpHR: 55% of 187
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 02:59
BLC :On
Notch :On

BRUCE: Stage 1(3:00)
5.0 mm/mV
25 mm/Sec.



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

122168/MR PUNTI KUMAR TIWARI

33 Yrs/Male

0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

4X

67 ms Post J

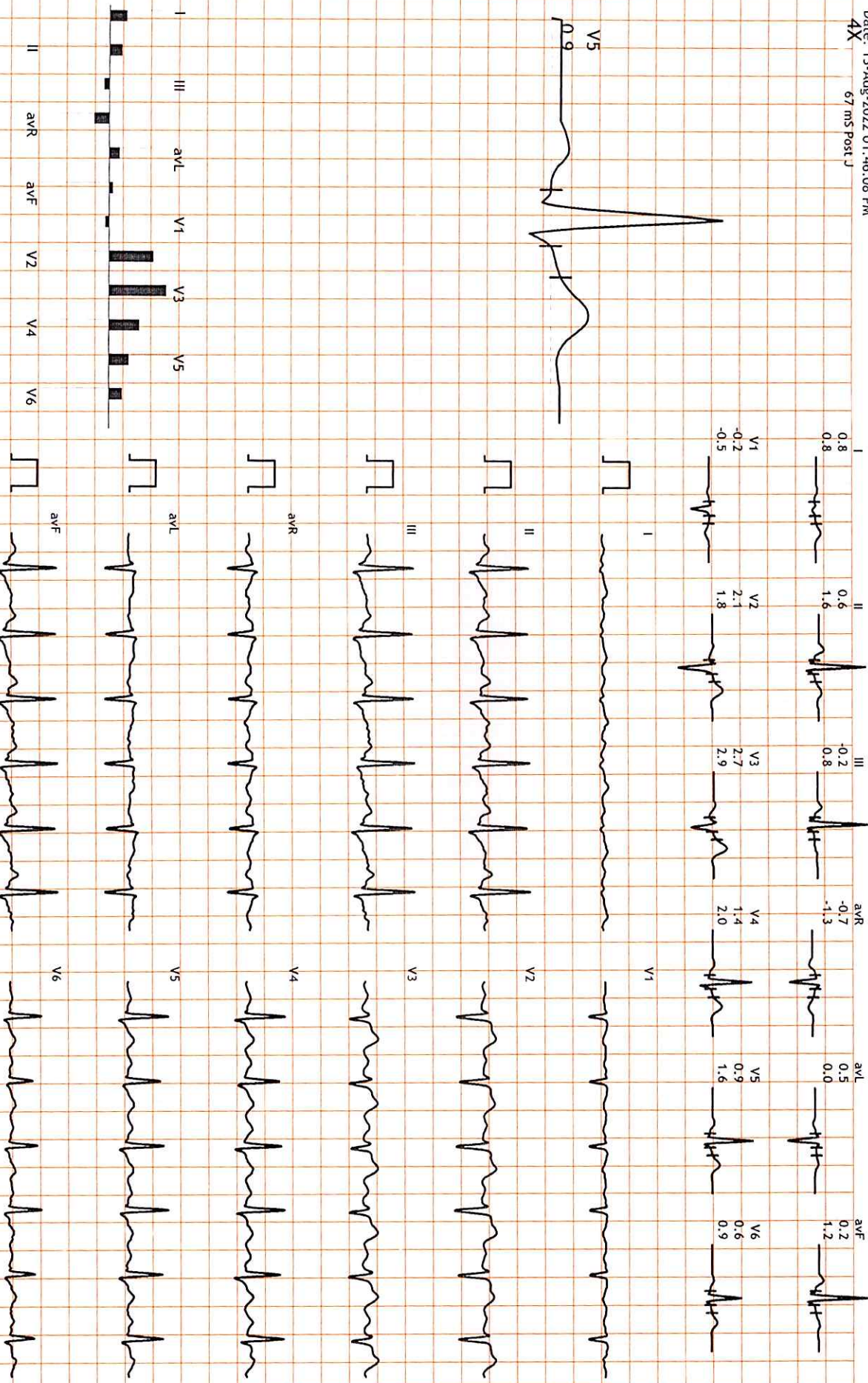
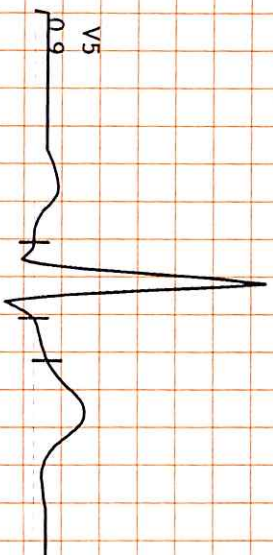
HR: 122 bpm
METs: 7.1
BP: 145/85

MPHR: 65% of 187
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 05:59
BLC: On
Notch: On

BRUCE: Stage 2(3:00)
5.0 mm/mV
25 mm/Sec.



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122168/MR PUNIT KUMAR TWMARI

33 Yrs/Male

0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

4X

67 ms Post J

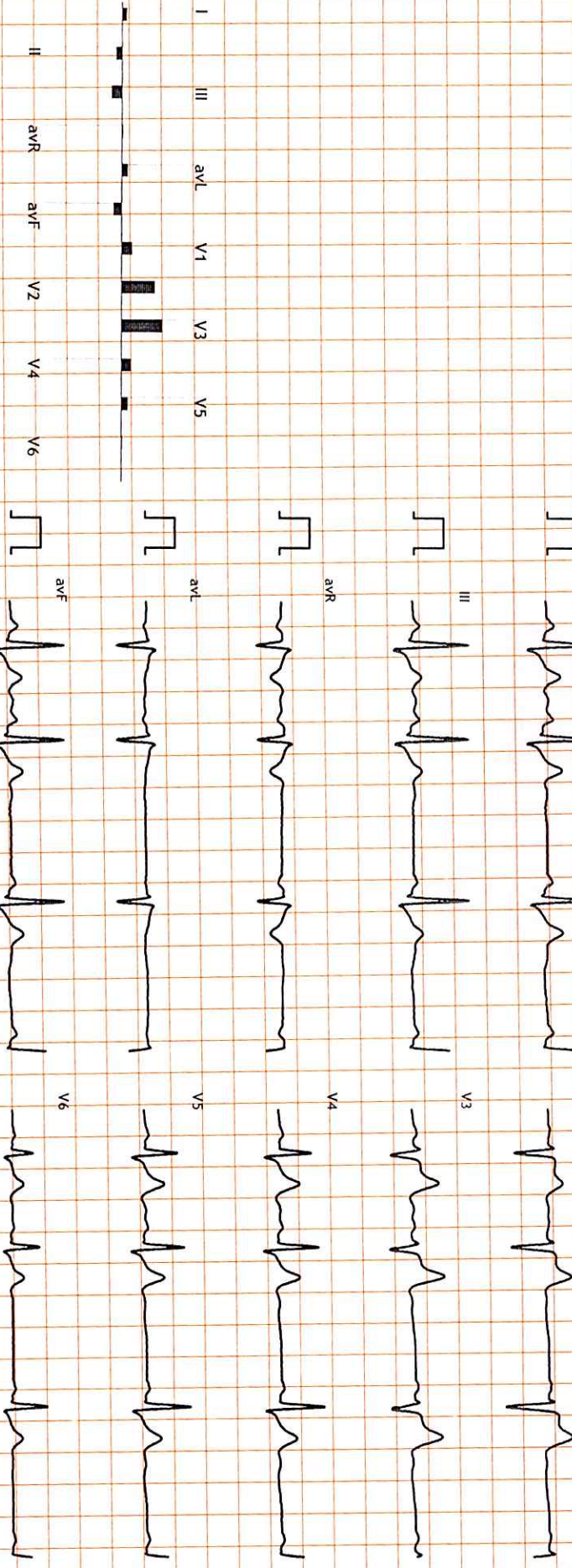
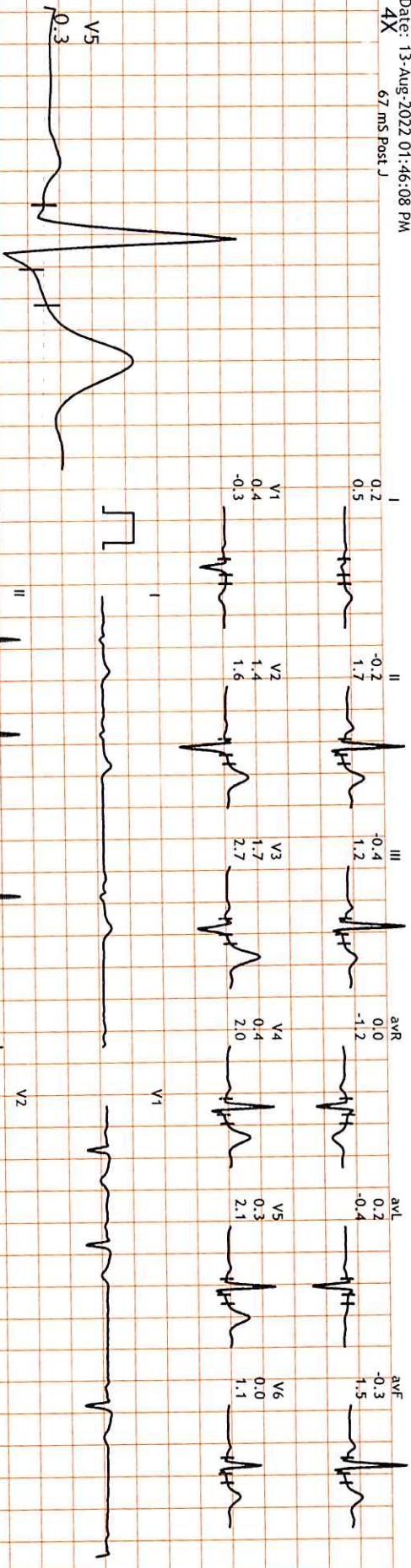
HR: 66 bpm
METTS: 1.0
BP: 165/90

APHR: 35% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:28
BLC :On
Notch :On

Recovery(2:00)
5.0 mm/mV
25 mm/Sec.



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122168/MR PUNIT KUMAR TIWARI

33 Yrs/Male

0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

4X 67 ms Post J

12 Lead + Median

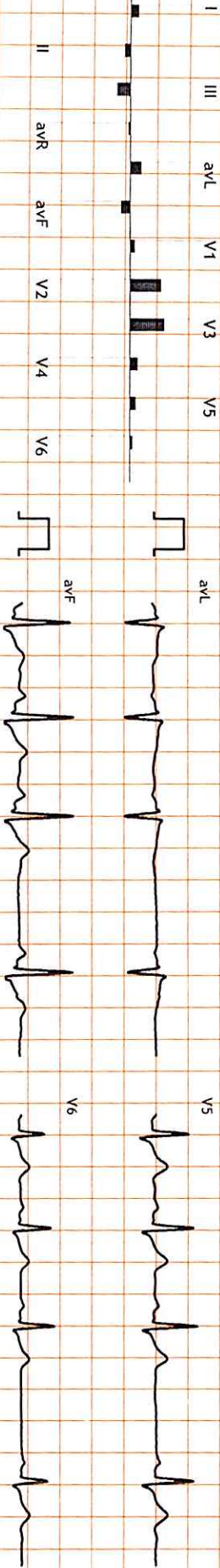
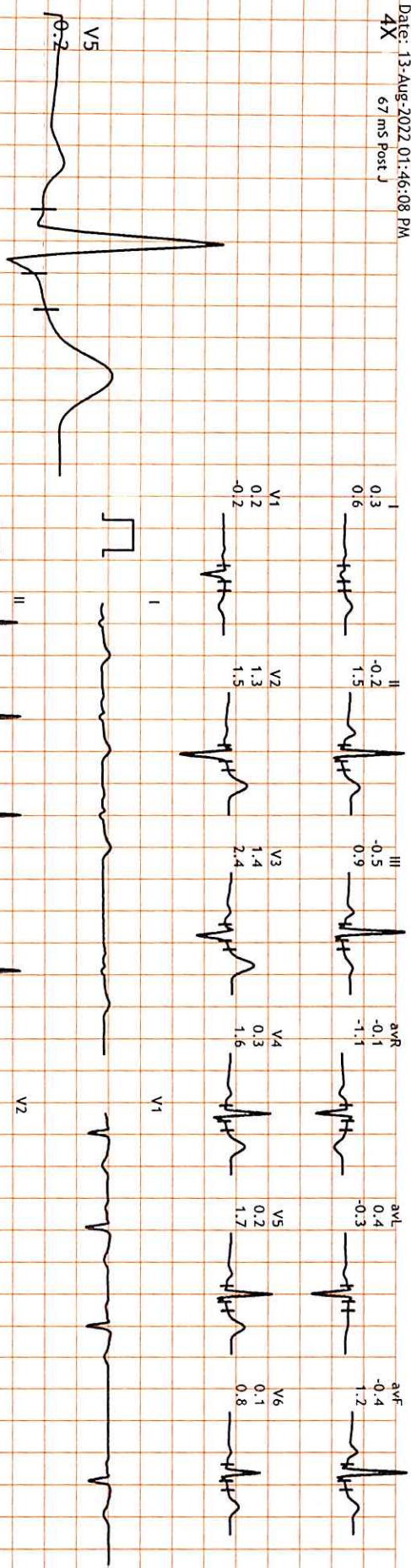
HR: 84 bpm
METs: 1.0
BP: 155/85

MPHR: 44% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:28
BLC : On
Notch : On

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



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122168/MR PUNIT KUMAR TIWARI
33 Yrs/Male
0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM
4X 67 ms Post J

12 Lead + Median

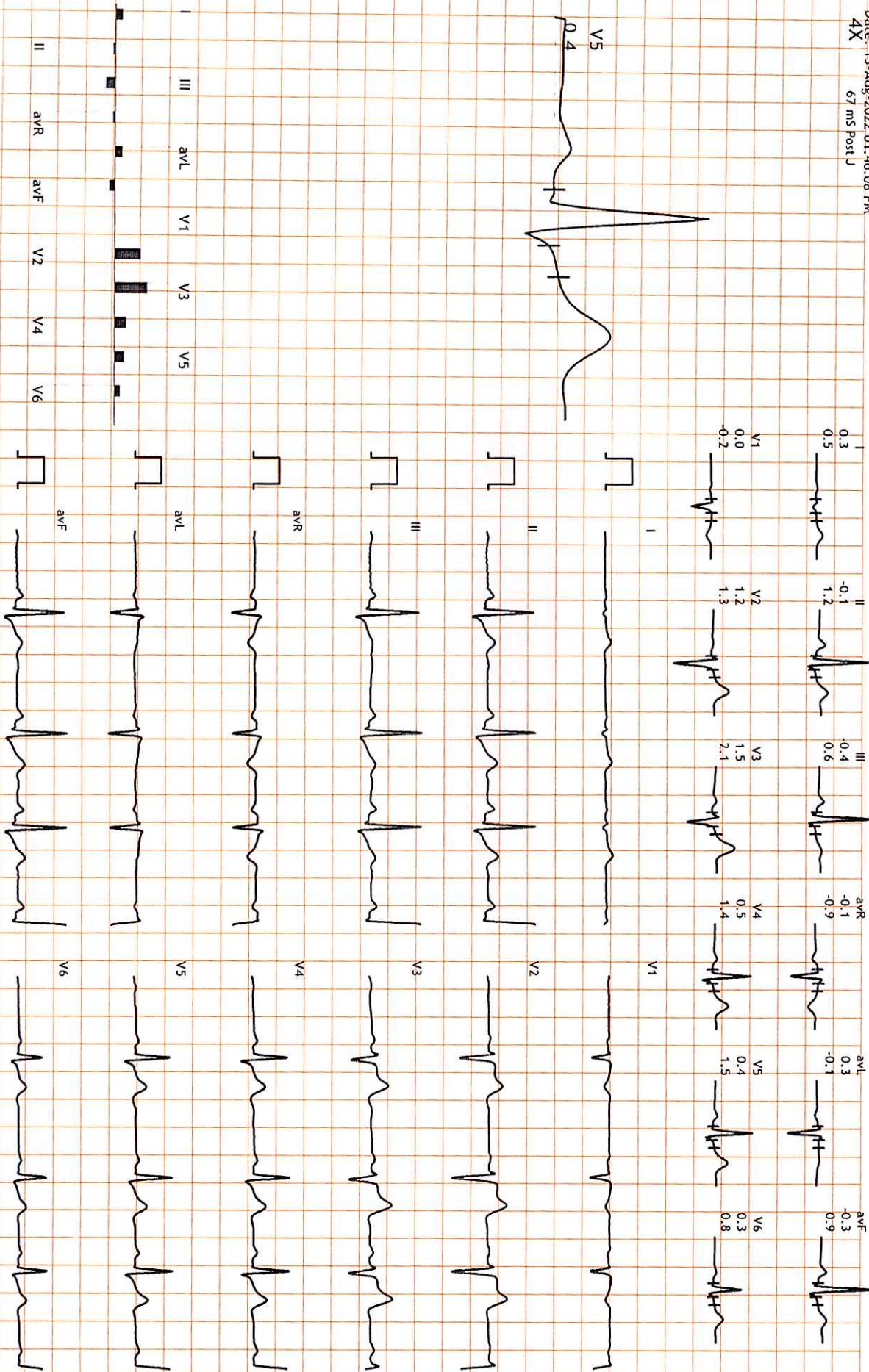
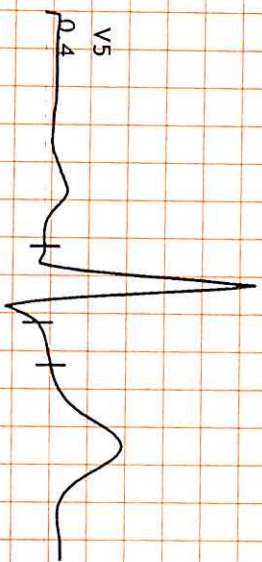
HR: 86 bpm
METTS: 1.0
BP: 145/85

MPHR: 45% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:28
BLC : On
Notch : On

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



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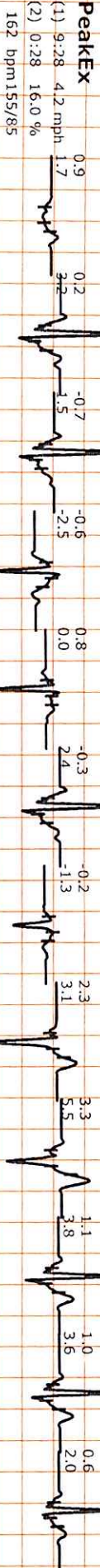
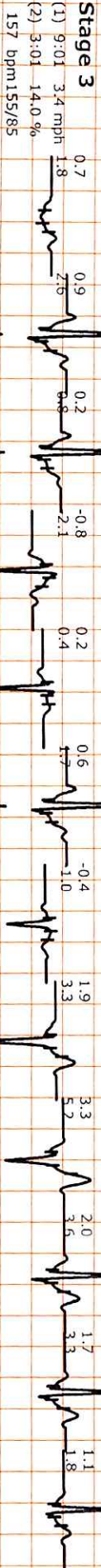
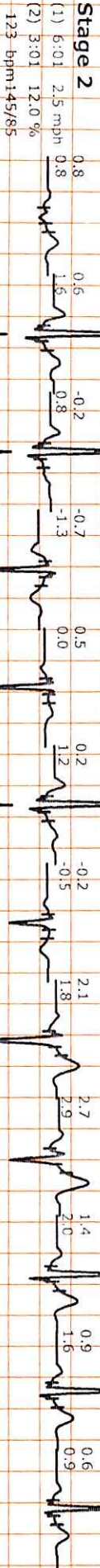
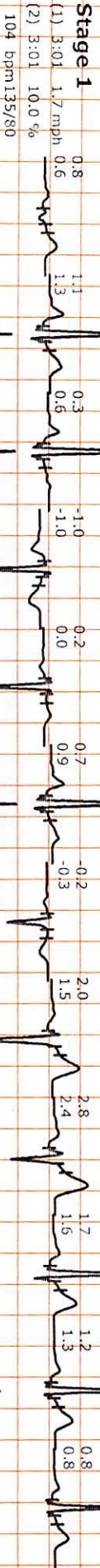
B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

122168/MR PUNIT KUMAR TIWARI 33 Yrs/Male 0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

Average

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

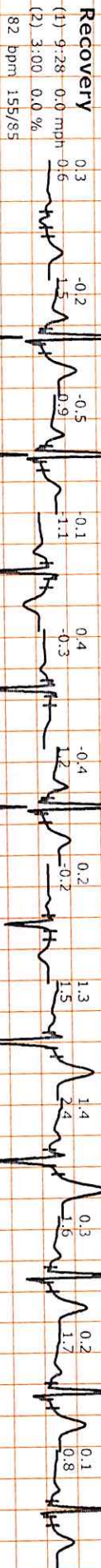
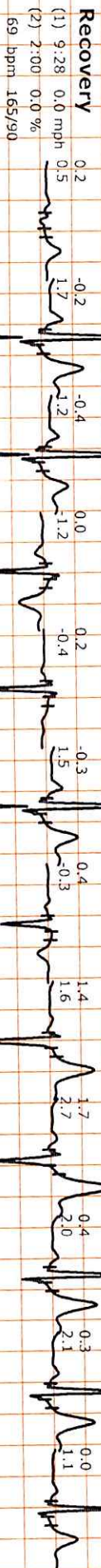
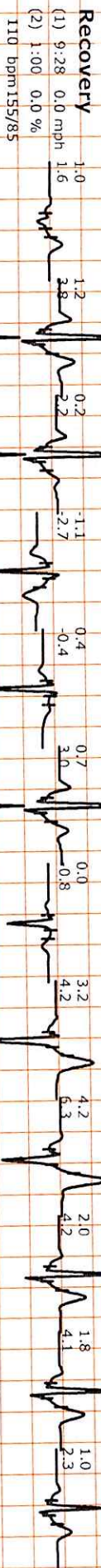


B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

122168/MR PUNIT KUMAR TIWARI

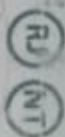
33 Yrs/Male 0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM





UNION OF INDIA **Driving Licence**



RJ13 20200007072



जारी करने की तिथि
Date of Issue

05/08/2020

वैधता तिथि
Validity

04/08/2030

जन्म तिथि
Date of Birth

30/11/1988

Blood Group

B+

नाम / Name

PUNIT KUMAR TIWARI

पति/पत्नी या पुत्र / Son/Daughter/Wife of

MAHAVIR PRASAD TIWARI



UNION OF INDIA Driving Licence **RJ NT**

RJ13 20200007072

जारी करने की तिथि / Date of Issue: 05/08/2020



वैधता / Validity: 04/08/2030

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Blood Group: B+

नाम / Name: PUNIT KUMAR TIWARI

पिता/पत्नी का नाम / Son/Daughter/Wife of: MAHAVIR PRASAD TIWARI

U.C.G.
Dr. U. C. GUPTA
 MBBS, MD (Physician)
 RMC No. 281

RJ13 20200007072 D04285711M

MCWG LMV
 05/08/2020 05/08/2020

पता / Permanent Address:
 S'L B KE SAMANE WALI GALI ME WARD NO-07
 NEAR JHIL MIL GARMENTS
 Raisinghnagar, Ganganagar, RJ - 335051

Holder's Signature: *[Signature]*

जारीकर्ता / Issuing Authority Sign: *[Signature]*
 DTO GANGANAGAR

RJ

Form 7 Rule 16(2)



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General Physical Examination

Date of Examination: 13/08/22
Name: PUNIT KUMAR TIWARI Age: 33 Yrs DOB: 30/11/1988 Sex: Male
Referred By: BANK OF BARODA
Photo ID: DL ID #: _____
Ht: 179.5 (cm) Wt: 70 (Kg)
Chest (Expiration): 92 (cm) Abdomen Circumference: 95 (cm)
Blood Pressure: 120/80 mm Hg PR: 75 / min RR: 18 / min Temp: Afebrile

BMI 21.8
with Glass. R/E G/B, N/B, NCB
Eye Examination: L/E G/B, N/B, NCB
Other: NA

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

Signature Of Examinee : [Signature] Name of Examinee: PUNIT KUMAR TIWARI

Signature Medical Examiner : [Signature] Name Medical Examiner : Dr. U.C. GUPTA

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



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NAME :- Mr. PUNIT KUMAR TIWARI	Patient ID :-12221671	Date :- 13/08/2022	08:46:50
Age :- 33 Yrs 8 Mon 13 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 13/08/2022 18:22:11

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	16.2	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.00	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	59.0	%	40.0 - 80.0
LYMPHOCYTE	34.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.53 H	$\times 10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	50.90 H	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	92.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.8	g/dL	31.5 - 34.5
PLATELET COUNT	225	$\times 10^3/uL$	150 - 410
RDW-CV	14.5 H	%	11.6 - 14.0
MENTZER INDEX	16.64 H		0.00 - 0.00

A complete blood picture (CBP) is a kind of blood test that is done to assess a person's overall health and diagnose a wide range of health disorders like leukemia, anemia and other infections.

A complete blood count (CBC) is a complete blood test that diagnose many components and features of a persons blood which includes -

- *Red Blood Cells (RBC), which carry oxygen -
- *White Blood Cells (WBC), which help in fighting against infections -
- *Hemoglobin, which is the oxygen carrying protein in the red blood cells -
- *Hematocrit (HCT), the proportion of RBC to the fluid component, or plasma present in blood -
- *Platelets, which aid in blood clotting

(CBC): Methodology: TLC,TRBC,PCV,PLT Impedance method, HB Calorimetric method, and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: MINDRAY BC-3000 Plus 3 part automatic analyzer,

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Tanu

DR.TANU RUNGTA

MD (Pathology)

RMC No. 17226



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	Company :- Mr.MEDIWHEEL		

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)

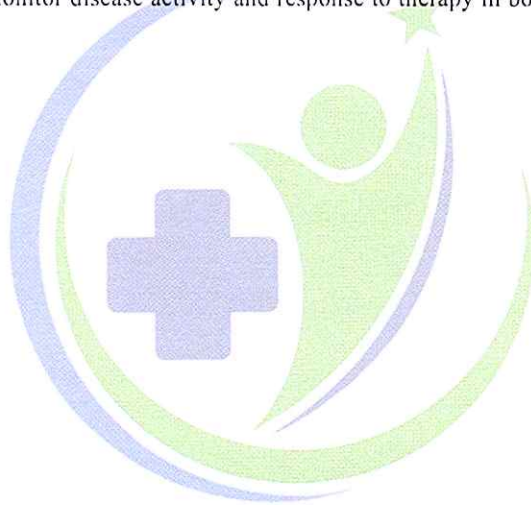
Method:- Westergreen

09

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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Age :- 33 Yrs 8 Mon 13 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

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



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NAME :- Mr. PUNIT KUMAR TIWARI	Patient ID :-12221671	Date :- 13/08/2022	08:46:50
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Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 13/08/2022 18:22:11

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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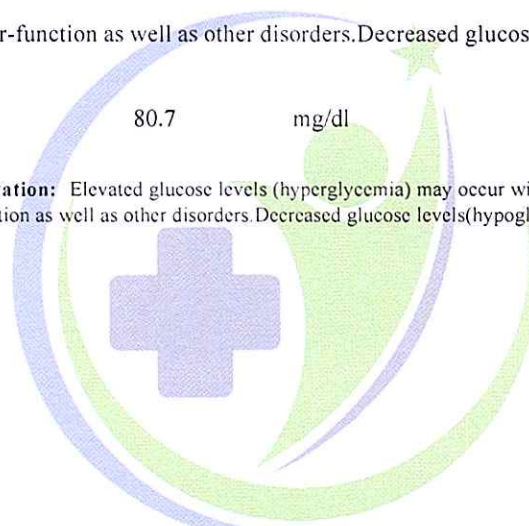
FASTING BLOOD SUGAR (Plasma) Method:- GOD POD	79.7	mg/dl	70.0 - 115.0
--	------	-------	--------------

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	80.7	mg/dl	70.0 - 140.0
---	------	-------	--------------

Instrument Name: MISPA PLUS 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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NAME :- Mr. PUNIT KUMAR TIWARI

Age :- 33 Yrs 8 Mon 13 Days

Sex :- Male

Patient ID :-12221671

Date :- 13/08/2022

08:46:50

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/08/2022 18:22:11

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- CAPILLARY with EDTA

5.2 mg%

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

102 mg/dL

Interpretation:

Hemoglobin A1c %	Degree of Glucose Control
< 6.0	Normal level
6.0 - 7.0	Near normal glycemia
7.0 - 8.0	Good control
> 8.0	Action suggested

Clinical Information:

Hemoglobin is the oxygen-carrying pigment that gives blood its red color and is also the predominant protein in red blood cells. About 90% of hemoglobin is hemoglobin A. Although one chemical component accounts for 92% of hemoglobin A, approximately 8% of hemoglobin A is made up of minor components that are chemically slightly different. These minor components include hemoglobin A1c, A1b, A1a1, and A1a2. Hemoglobin A1c (HbA1c) is a minor component of hemoglobin to which glucose is bound. HbA1c also is sometimes referred to as Glycosylated or Glycosylated Hemoglobin or Glycohemoglobin. In addition to random fasting blood glucose levels, HbA1c levels are routinely measured in the monitoring of people with diabetes. Levels of HbA1c are not influenced by daily fluctuations in the blood glucose concentration but reflect the average glucose levels over the prior six to eight weeks. Therefore, HbA1c is a useful indicator of how well the blood glucose level has been controlled in the recent past (over two to three months) and may be used to monitor the effects of diet, exercise, and drug therapy on blood glucose in people with diabetes.

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DR. TANU RUNGTA

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Sex :- Male

Patient ID :-12221671

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08:46:50

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

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HAEMATOLOGY

BLOOD GROUP ABO

Method:- Haemagglutination reaction

"B" POSITIVE



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BIOCHEMISTRY

atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterol is used as a secondary target of therapy in persons with triglycerides ≥ 200 mg/dL. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.

2 -For calculation of CHD risk, history of smoking, any medication for hypertension & current B.P. levels are required.



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	Company :- Mr.MEDIWHEEL		

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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method:- DMSO/Diazo	0.57	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.18	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.39	mg/dl	0.30-0.70
SGOT Method:- IFCC	19.6	U/L	Men- Up to - 37.0 Female - Up to - 31.0
SGPT Method:- IFCC	21.7	U/L	Men- Up to - 40.0 Female- Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCF	89.00	U/L	80.00 - 306.00

InstrumentName:MISPA PLUS **Interpretation:**Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

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	29.00	U/L	10.00 - 45.00
--	-------	-----	---------------

metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	6.89	g/dl	5.10 - 8.00
SERUM ALBUMIN Method:- Bromocresol Green	3.91	g/dl	2.80 - 4.50
SERUM GLOBULIN Method:- CALCULATION	2.98	gm/dl	2.20 - 3.50
A/G RATIO	1.31		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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NAME :- Mr. PUNIT KUMAR TIWARI

Patient ID :-12221671

Date :- 13/08/2022

08:46:50

Age :- 33 Yrs 8 Mon 13 Days

Ref. By Doctor:-BANK OF BARODA

Sex :- Male

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/08/2022 18:22:11

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

LIPID PROFILE

TOTAL CHOLESTEROL

210.00

mg/dl

Method:- CHOD-PAP methodology

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

103.00

mg/dl

Method:- GPO-TOPS methodology

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

InstrumentName:MISPA PLUS **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

52.50

mg/dl

Method:- Selective inhibition Method

Male 35-80
Female 42-88

Instrument Name:MISPA 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

140.33

mg/dl

Method:- Calculated Method

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

VLDL CHOLESTEROL

20.60

mg/dl

Method:- Calculated

0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO

4.00

Method:- Calculated

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO

2.67

Method:- Calculated

0.00 - 3.50

TOTAL LIPID

597.14

mg/dl

Method:- CALCULATED

400.00 - 1000.00

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

Comments: 1- ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol - HDL Cholesterol) as an indicator of all MGR

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Sex :- Male	Lab/Hosp :-		
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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Method:- Urease/GLDH	29.00	mg/dl	10.00 - 50.00
------------------------------------	-------	-------	---------------

InstrumentName: MISPA PLUS Interpretation : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE Method:- Jaffe's Method	1.35	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	4.80	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:- Ion-Selective Electrode with Serum	134.0 L	mmol/L	135.0 - 148.0
---	---------	--------	---------------

Interpretation: Decreased sodium - Hyponatraemia Causes include: fluid or electrolyte loss, Drugs, Oedematous states, Legionnaire's disease and other chest infections, pseudonatremia, Hyperlipidaemias and paraproteinaemias, endocrine diseases, SIADH.

POTASSIUM Method:- Ion-Selective Electrode with Serum	5.58 H	mmol/L	3.30 - 5.50
--	--------	--------	-------------

Interpretation: A. Elevated potassium (hyperkalaemia) Artefactual, Physiological elevation, Drugs, Pathological states, Renal failure Adrenocortical insufficiency, metabolic acidoses, very high platelet or white cell counts B. Decreased potassium (hypokalaemia) Drugs, Liqueuric, Diarrhoea and vomiting, Metabolic alkalosis, Corticosteroid excess, Oedematous state, Anorexia nervosa/bulimia

CHLORIDE Method:- Ion-Selective Electrode with Serum	98.0	mmol/L	95.0 - 106.0
---	------	--------	--------------

Interpretation: Used for Electrolyte monitoring.

SERUM CALCIUM Method:- Arsenazo III Method	9.87	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 MGR Method:- Direct Biuret Reagent	6.89	g/dl	5.10 - 8.00
---	------	------	-------------

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- +91 141 4824885 maxcarediagnostics1@gmail.com



NAME :- Mr. PUNIT KUMAR TIWARI

Age :- 33 Yrs 8 Mon 13 Days

Sex :- Male

Patient ID :-12221671

Date :- 13/08/2022 08:46:50

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/08/2022 18:22:11

BIOCHEMISTRY

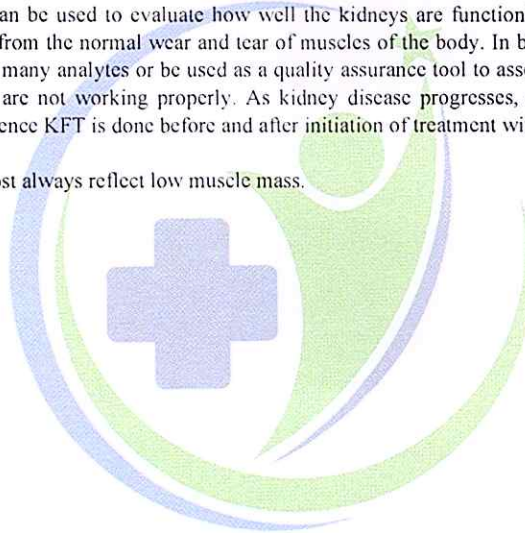
SERUM ALBUMIN Method:- Bromocresol Green	3.91	g/dl	2.80 - 4.50
SERUM GLOBULIN Method:- CALCULATION	2.98	gm/dl	2.20 - 3.50
A/G RATIO	1.31		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

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



MGR

Technologist

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DR. TANU RUNGTA

MD (Pathology)

RMC No. 17226



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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
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NAME :- Mr. PUNIT KUMAR TIWARI	Patient ID :-12221671	Date :- 13/08/2022	08:46:50
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Sex :- Male	Lab/Hosp :-		
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Final Authentication : 13/08/2022 18:22:11

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

TOTAL THYROID PROFILE

THYROID-TRIODOETHYRONINE T3

Method:- Chemiluminescence

Reference Range (T3)

1.15

ng/m

0.60 - 1.81 ng/ml

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/m
Full-Term Infants 1-3 days	0.89 - 4.05 ng/m
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/m
Prepubertal Children	1.19 - 2.18 ng/ml

NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.

Clinical Information Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function,malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood,in Primary hypothyroidism,TSH levels are significantly elevated,while in secondary and tertiary hypothyroidism,TSH levels may be low.IN addition,In Euthyroid sick Syndrom,multiple alterations in serum thyroid function test findings have been recognized in patient with a wide variety of nonthyroid illness (NTI) serum without evidence of preexisting thyroid or hypothalamic- pituitary disease .

THYROID - THYROXINE (T4)

Method:- Chemiluminescence

InstrumentName: VITROS ECI **Interpretation :**The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

8.35

ug/dl

4.50 - 10.90 ug/dl

TSH

Method - Chemiluminescence

1.700

μIU/mL

0.35 - 5.5 >20 Years

Clinical Information

The levels of thyroid hormone (T3 & T4) are low in case of Primary, Secondary and Tertiary hypothyroidism and sometimes in nonthyroidal illness also. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism. In Pregnancy - Level Total T3 (ng/mL) Total T4 (ug/dl) TSH (μIU/ml)
1st Trimester 0.81-1.90 6.6-12.4 0.1-2.5
2nd Trimester 1.0-2.6 6.6-15.5 0.2-3.0
3rd Trimester 1.0-2.6 6.6-15.5 0.3-3.0

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.

InstrumentName: VITROS ECI **Interpretation** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease.T3 concentrations may be altered in some conditions, such as

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



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NAME :- Mr. PUNIT KUMAR TIWARI	Patient ID :-12221671	Date :- 13/08/2022	08:46:50
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Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 13/08/2022 18:22:11

IMMUNOASSAY

pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

*** End of Report ***

MGR

Technologist
Page No: 15 of 15

DR.TANU RUNGTA
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NAME :- Mr. PUNIT KUMAR TIWARI	Patient ID :-12221671	Date :- 13/08/2022	08:46:50
Age :- 33 Yrs 8 Mon 13 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 13/08/2022 18:31:38

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
URINE SUGAR PP Collected Sample Received	Nil		Nil

*** End of Report ***



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Page No: 1 of 1

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



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NAME :- Mr. PUNIT KUMAR TIWARI	Patient ID :-12221671	Date :- 13/08/2022	08:46:50
Age :- 33 Yrs 8 Mon 13 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 13/08/2022 18:22:11

CLINICAL PATHOLOGY

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil



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DR. TANU RUNGTA
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NAME :- Mr. PUNIT KUMAR TIWARI

Patient ID :-12221671

Date :- 13/08/2022

08:46:50

Age :- 33 Yrs 8 Mon 13 Days

Ref. By Doctor:-BANK OF BARODA

Sex :- Male

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/08/2022 18:22:11

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
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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DR.TANU RUNGTA

MD (Pathology)

RMC No. 17226



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NAME:	MR. PUNIT KUMAR TIWARI	AGE	33 YRS/M
REF.BY	BANK OF BARODA	DATE	13/08/2022

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.

Shalini

DR. SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC No.: 21954



MR. PUNIT KUMAR TIWARI	33 Y/Male
Registration Date: 13/08/2022	Ref. by: Dr. BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (14.3 cm). 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 partially distended. 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 (9.0 cm) 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. 10.9 x 4.2 cm.

Left kidney is measuring approx. 11.1 x 5.0 cm.

Urinary bladder 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.

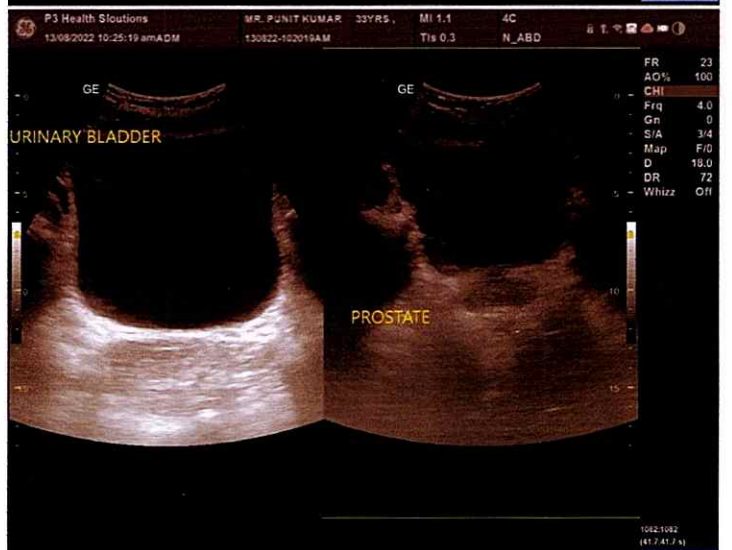
No significant free fluid is seen in pelvis.

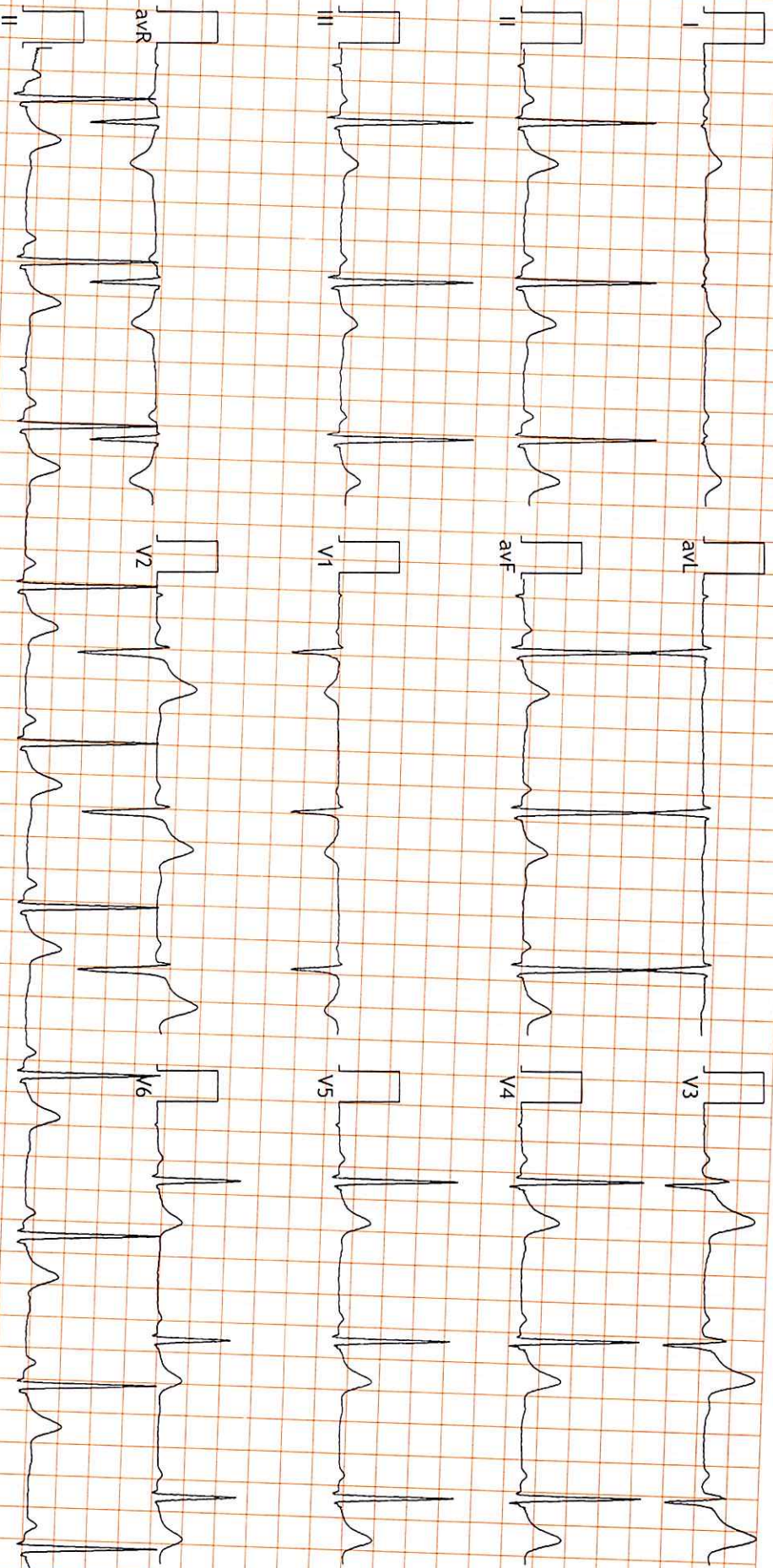
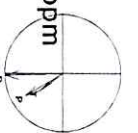
IMPRESSION: Normal study.

DR. SHALINI GOEL

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

RMC no.: 21954





FINDINGS: Abnormal ECG with Indication of Sinus Bradycardia
Vent Rate : 56 bpm; PR Interval : 154 ms; QRS Duration : 98 ms; QT/QTc Int : 395/384 ms
P-QRS-T axis: 59 • 88 • 53 • (Deg)
Comments :

(P) sinus

Sinus rhythm with poor R progression in lead V1 V3

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

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

122168/MR PUNIT KUMAR TIWARI

33 Yrs/Male 0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

Ref. By : BARK OF BARODA

Medication :

Protocol : BRUCE
History :



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	82	125/80	102	-	
EXStart					1.0	84	125/80	105	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	104	135/80	140	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	123	145/85	178	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	157	155/85	243	-	
PeakEX	0:28	9:29	4.2	16.0	10.7	162	155/85	251	-	
Recovery	1:00		0.0	0.0	4.3	110	155/85	170	-	
Recovery	2:00		0.0	0.0	1.0	69	165/90	113	-	
Recovery	3:00		0.0	0.0	1.0	82	155/85	127	-	
Recovery	4:00		0.0	0.0	1.0	87	145/85	126	-	

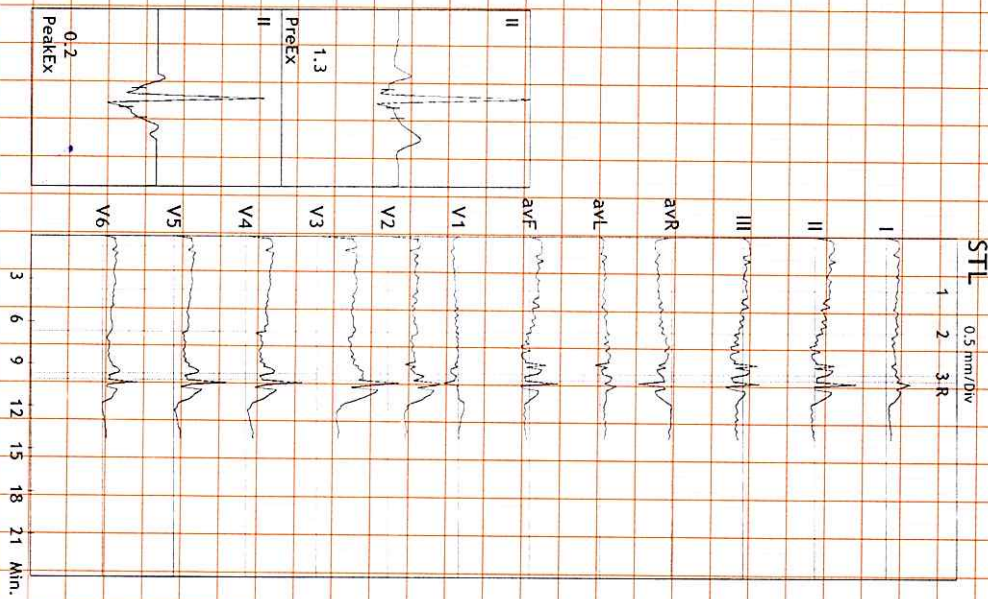
Findings :

Exercise Time : 09:28
 Max HR Attained : 162 bpm 87% of Max Predictable HR 187
 Max BP : 165/90(mmHg)
 Max Workload attained : 10.7(Good Effort Tolerance)

TM is Negative

Advice/Comments:

Ref. from



B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur
 122168/MR PUNIT KUMAR TIWARI
 33 Yrs/Male
 0 Kg/0 Cms

HR: 84 bpm
 METS: 1.0
 BP: 125/80

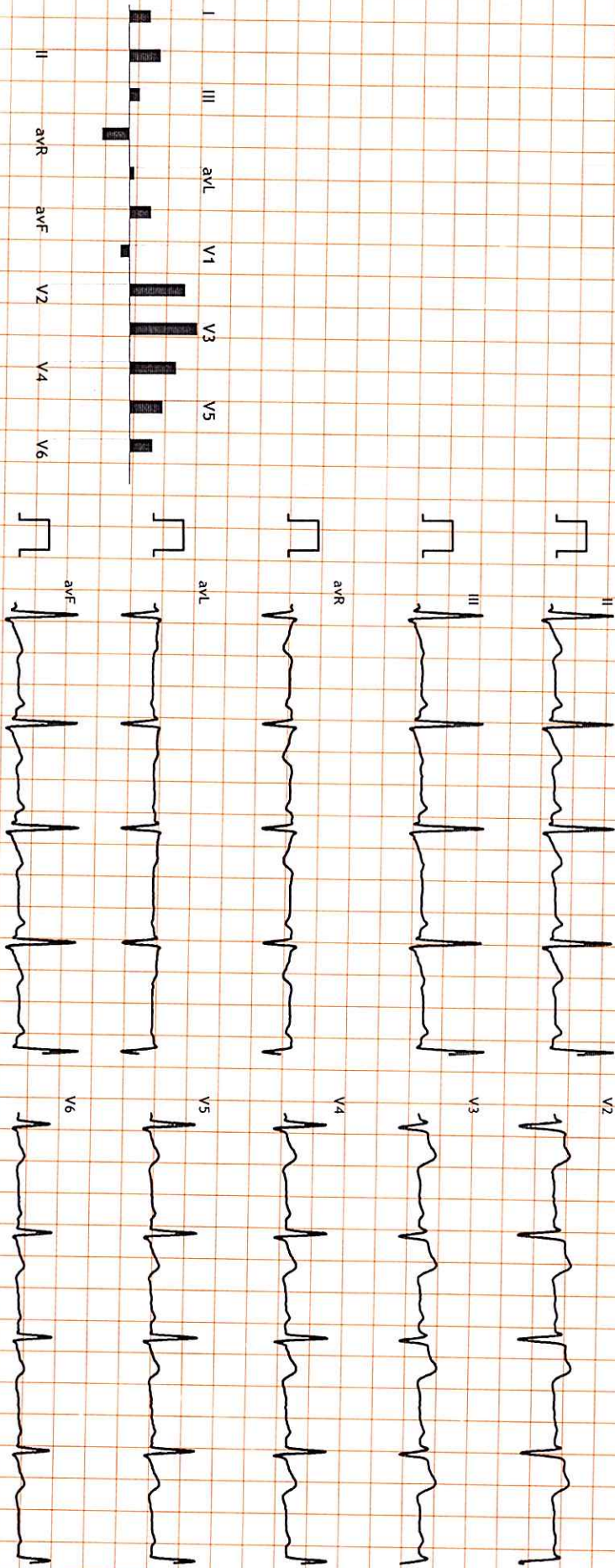
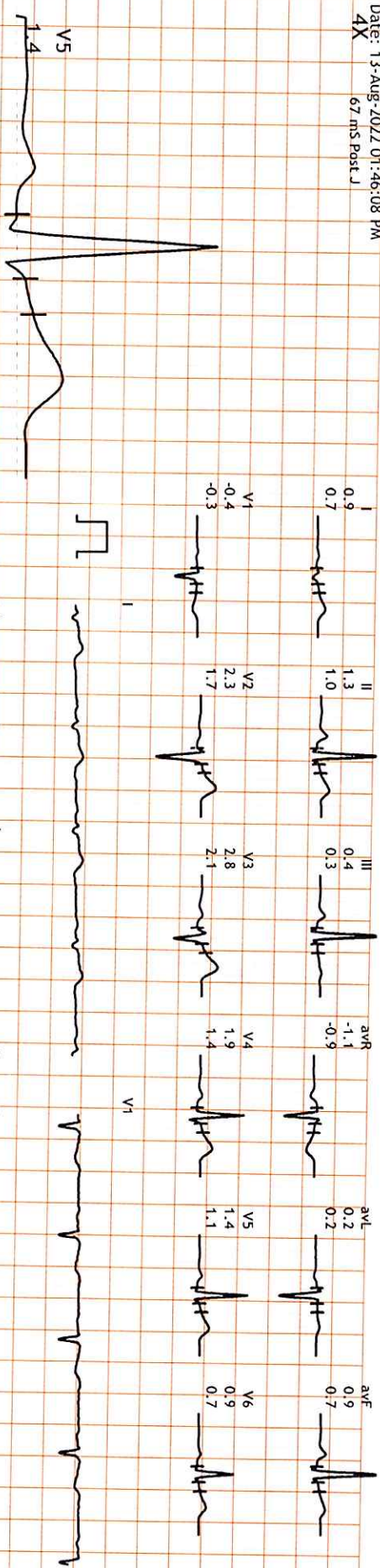
APHR: 44% of 187
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (1.0-35)Hz

Ex Time 00:30
 BLC : On
 Notch : On

Supine
 5.0 mm/mV
 25 mm/Sec.

Date: 13-Aug-2022 01:46:08 PM
 4X 67 ms Post J



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

122168/MR PUNIT KUMAR TIWARI
 33 Yrs/Male
 0 Kg/0 Cms
 Date: 13-Aug-2022 01:46:08 PM
 4X 67 MS Post J

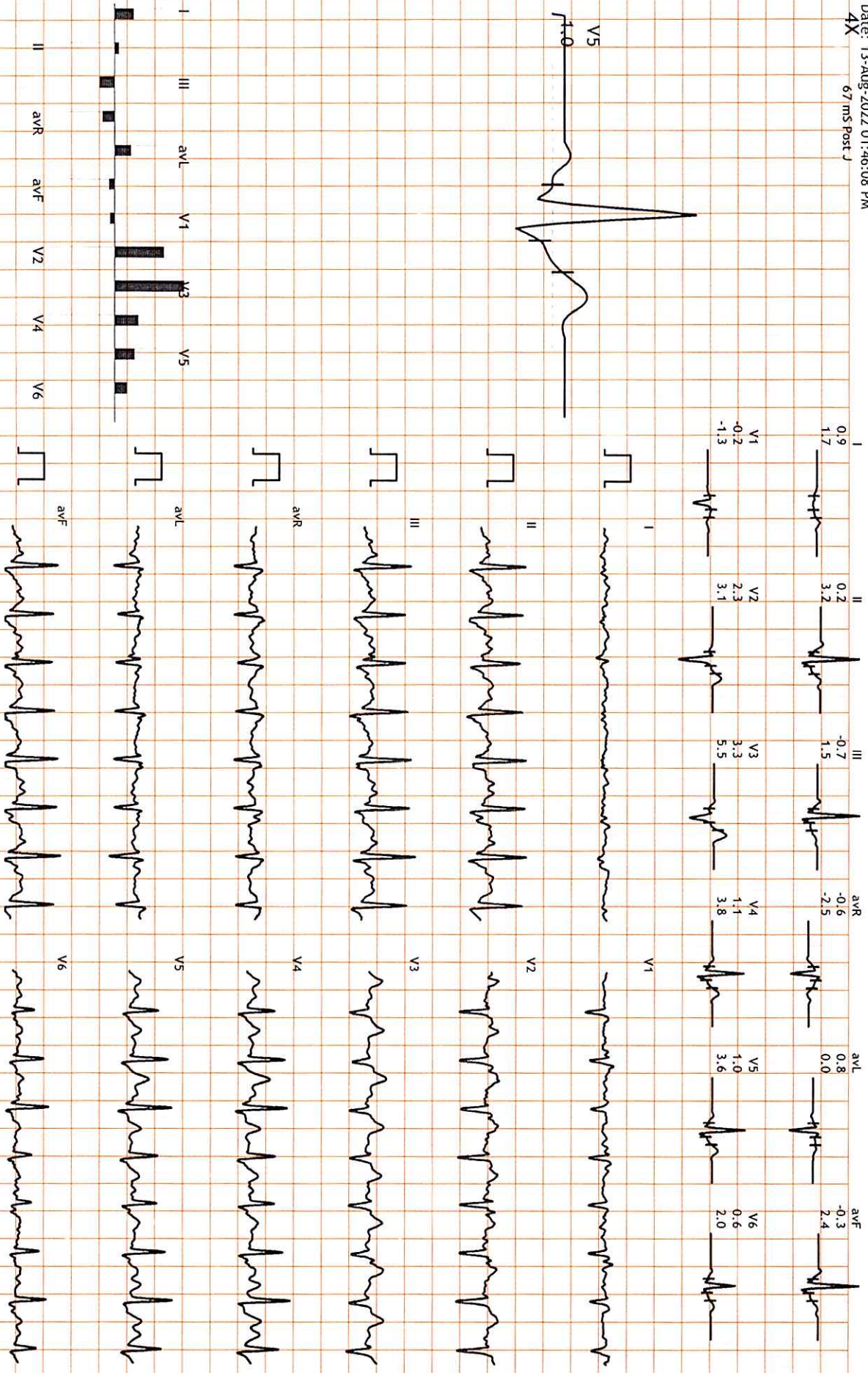
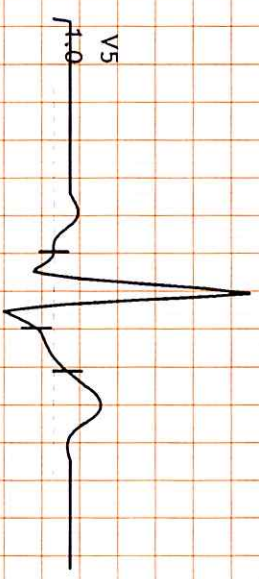
HR: 162 bpm
 METS: 10.7
 BP: 155/85

MPHR: 86% of 187
 Speed: 4.2 mph
 Grade: 16.0%

Raw ECG
 BRUCE
 (1.0-35)Hz

Ex Time 09:26
 BLC: On
 Notch: On

BRUCE: PeakEx(0:26)
 5.0 mm/mV
 25 mm/Sec.



B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur
 122168/MR PUNIT KUMAR TIWARI
 33 Yrs/Male
 0 Kg/0 Cms
 Date: 13-Aug-2022 01:46:08 PM
 4X 67 ms Post J

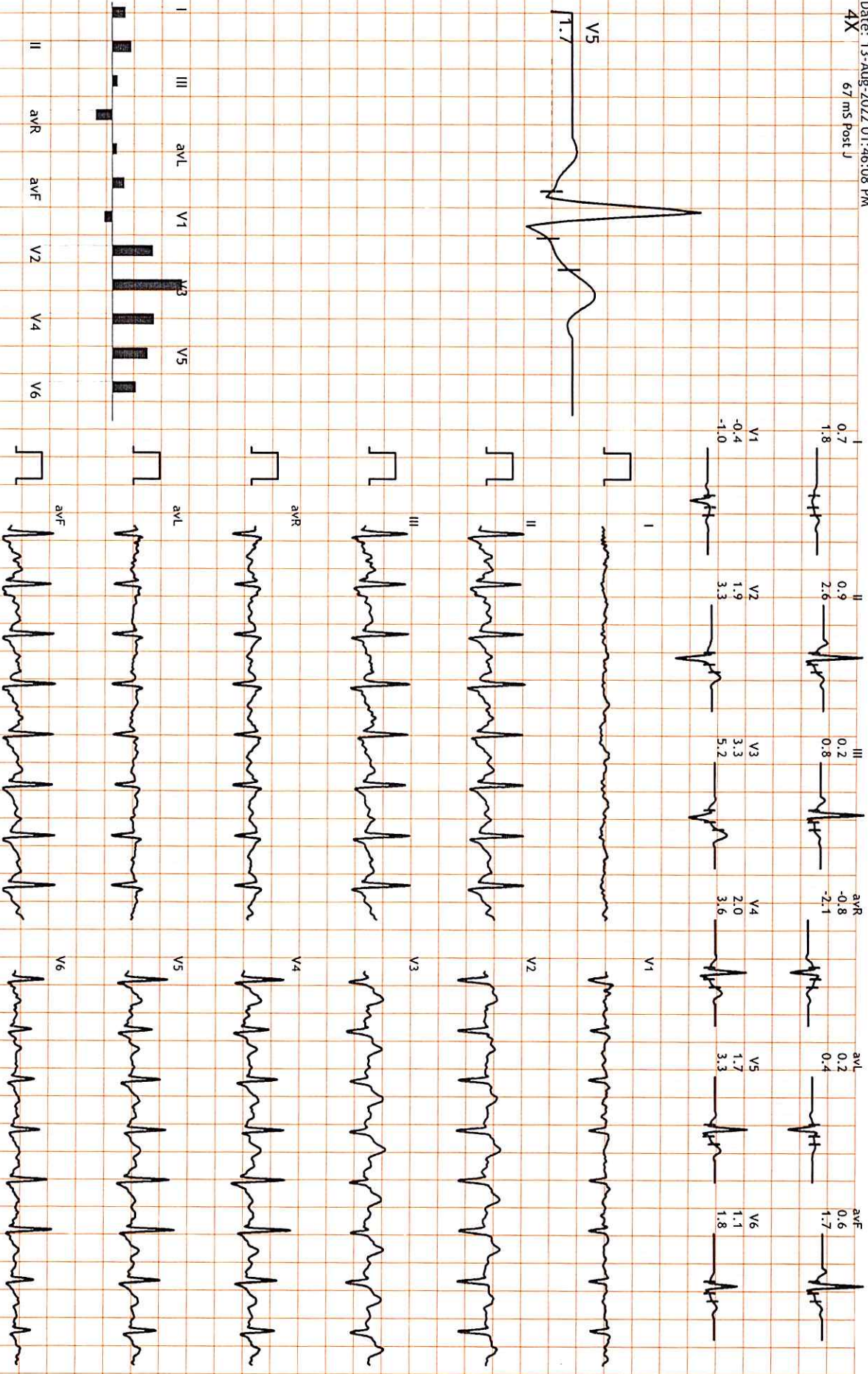
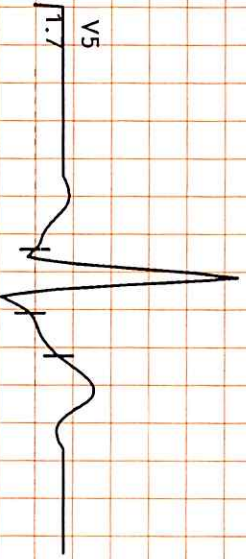
HR: 157 bpm
 METS: 10.2
 BP: 155/85

MPHR: 83% of 187
 Speed: 3.4 mph
 Grade: 14.0%

Raw ECG
 BRUCE
 (1.0-35)Hz

Ex Time 08:59
 BLC : On
 Notch : On

BRUCE: Stage 3(3:00)
 5.0 mm/mV
 25 mm/Sec.



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

122168/MR PUNIT KUMAR TIWARI

33 Yrs/Male

0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

4X

67 ms Post J

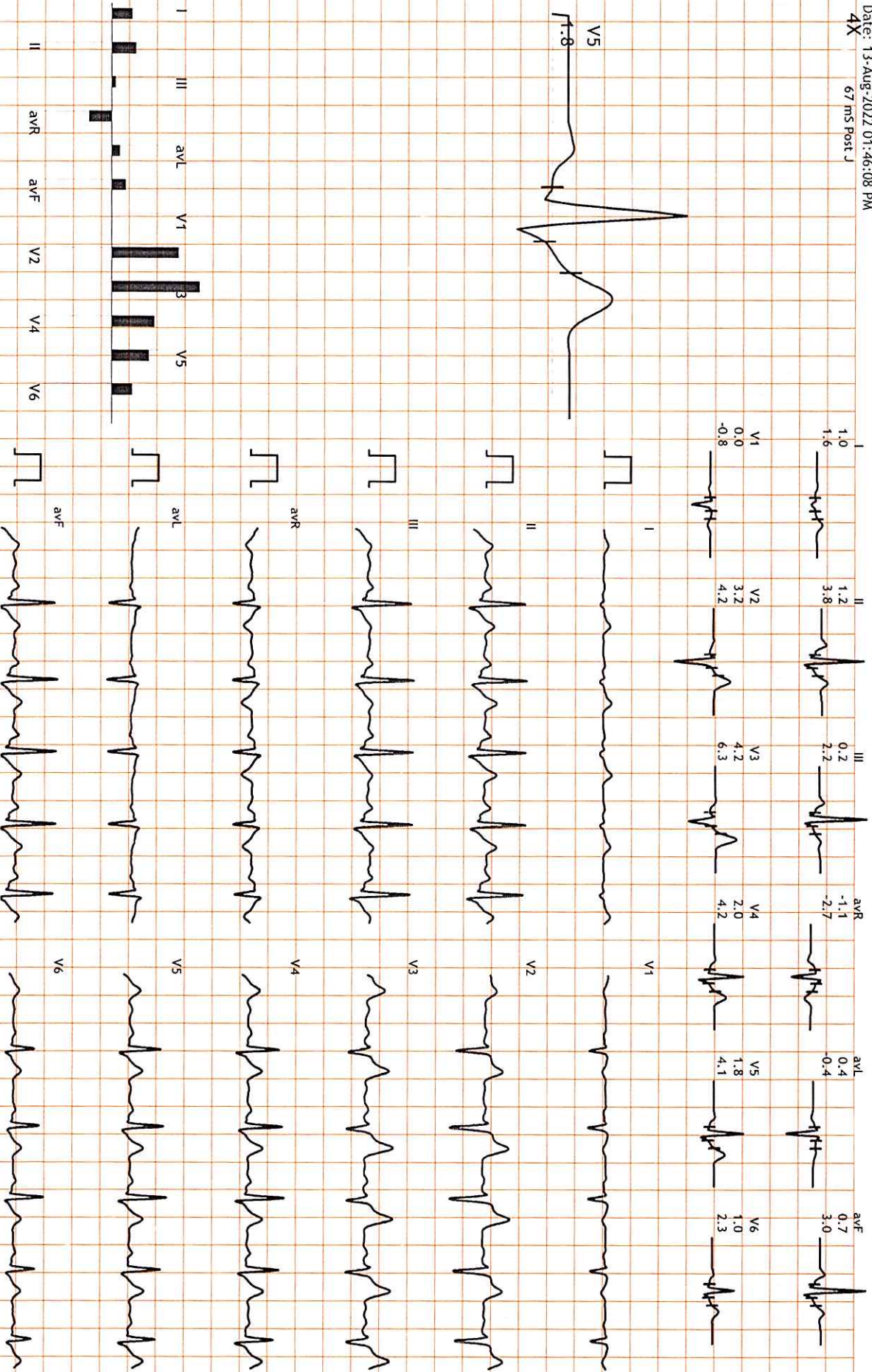
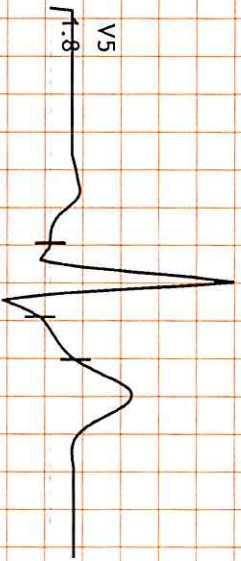
HR: 104 bpm
METS: 4.4
BP: 155/85

MPHR: 55% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:28
BLC : On
Notch : On

Recovery(1:100)
5.0 mm/mv
25 mm/Sec.



HR: 103 bpm

METS: 4.7

BP: 135/80

MpHR: 55% of 187

Speed: 1.7 mph

Grade: 10.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 02:59

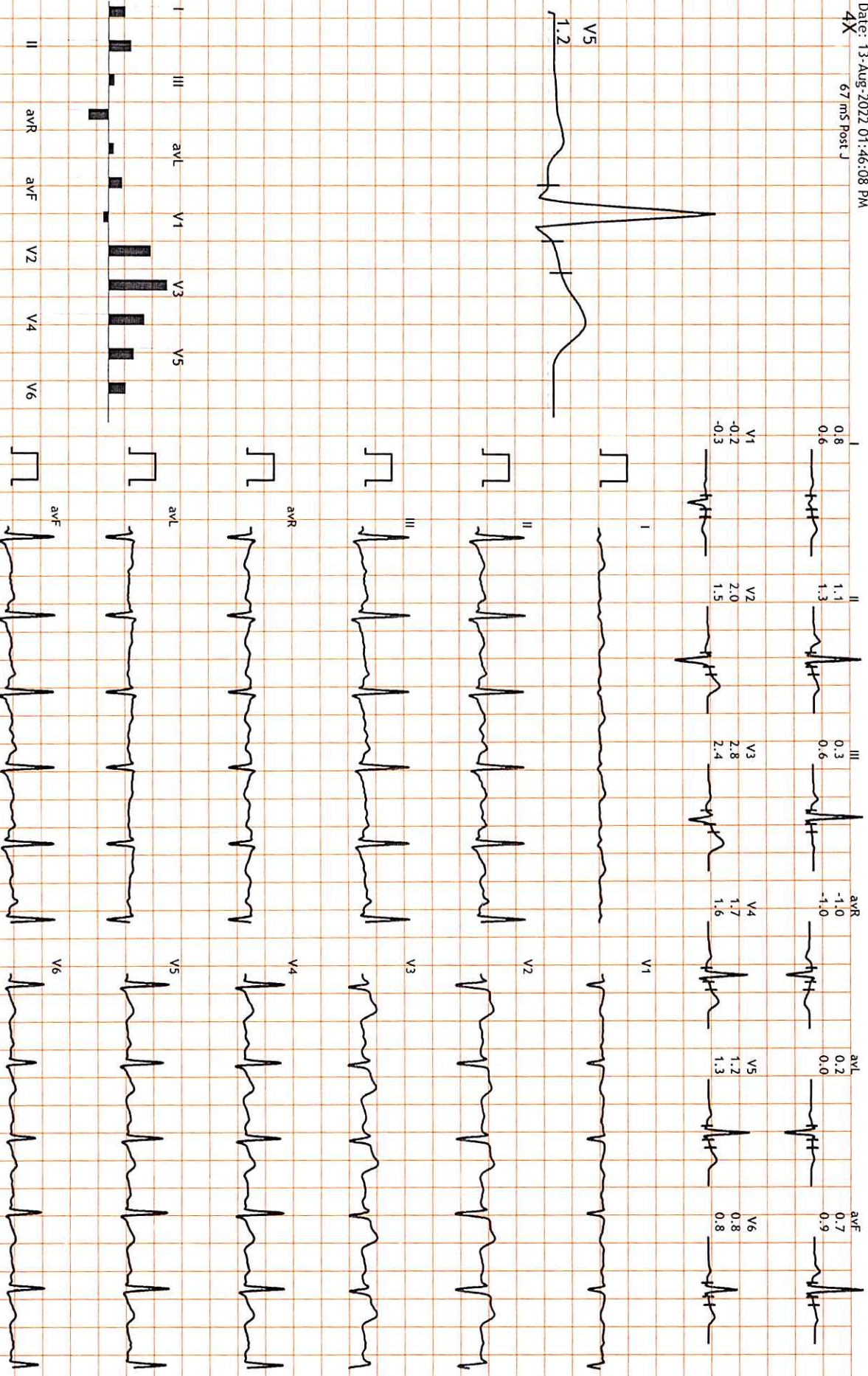
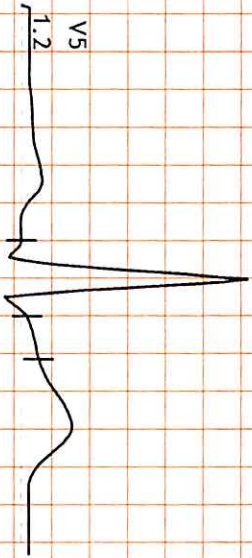
BLC :On

Notch : On

BRUCE: Stage 1(3:00)

5.0 mm/mV

25 mm/Sec.



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

122168/MR PUNTI KUMAR TIWARI

33 Yrs/Male

0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

4X

67 ms Post J

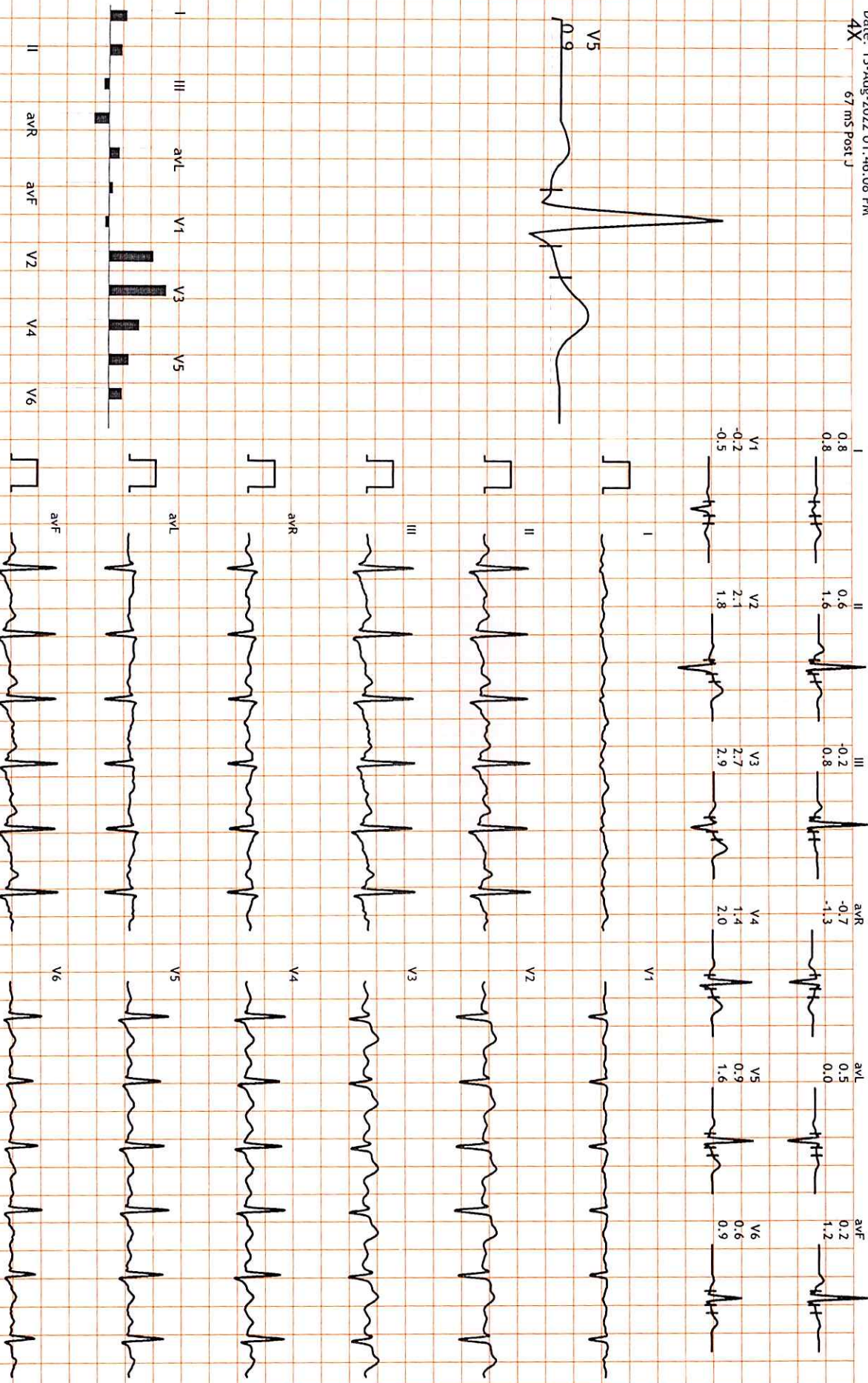
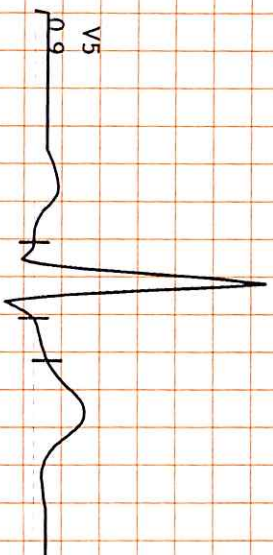
HR: 122 bpm
METs: 7.1
BP: 145/85

MPHR: 65% of 187
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 05:59
BLC: On
Notch: On

BRUCE: Stage 2(3:00)
5.0 mm/mV
25 mm/Sec.



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

122168/MR PUNIT KUMAR TWMARI

33 Yrs/Male

0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

4X

67 ms Post J

HR: 66 bpm

METS: 1.0

BP: 165/90

APHR: 35% of 187

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 09:28

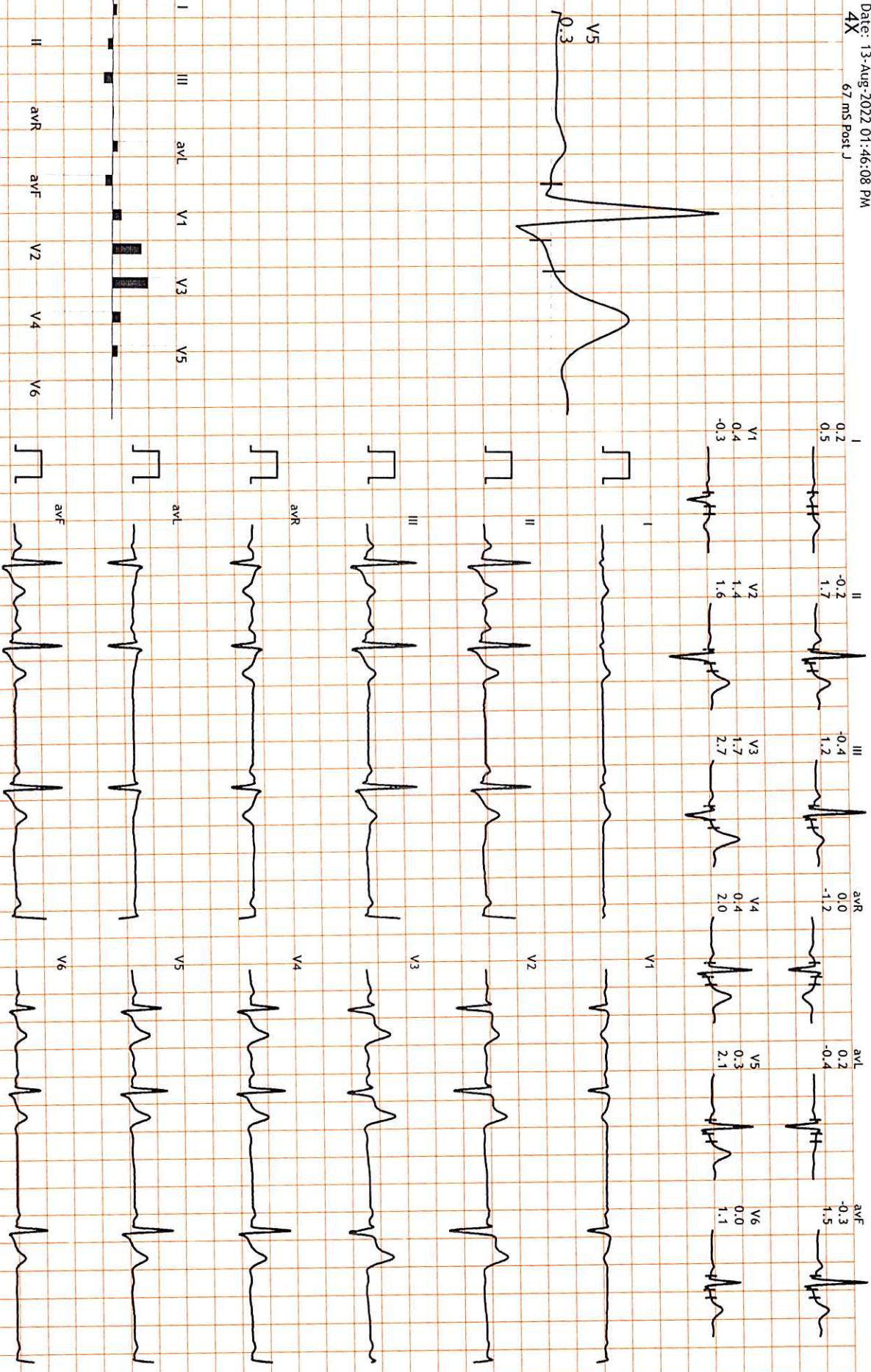
BLC :On

Notch :On

Recovery(2:00)

5.0 mm/mV

25 mm/Sec.



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

122168/MR PUNIT KUMAR TIWARI

33 Yrs/Male

0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

4X 67 ms Post J

12 Lead + Median

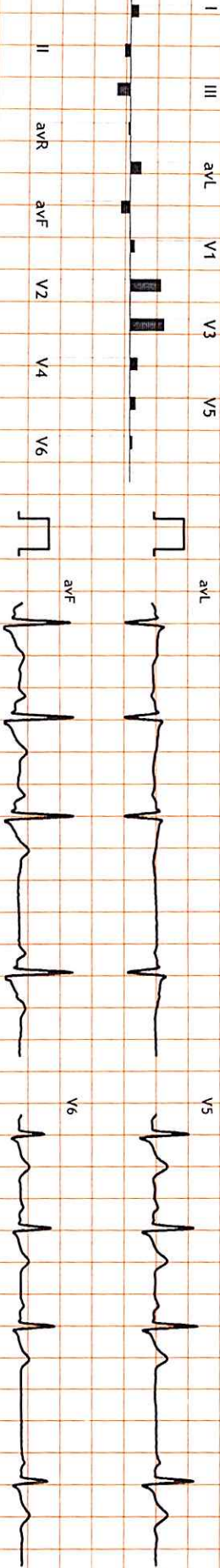
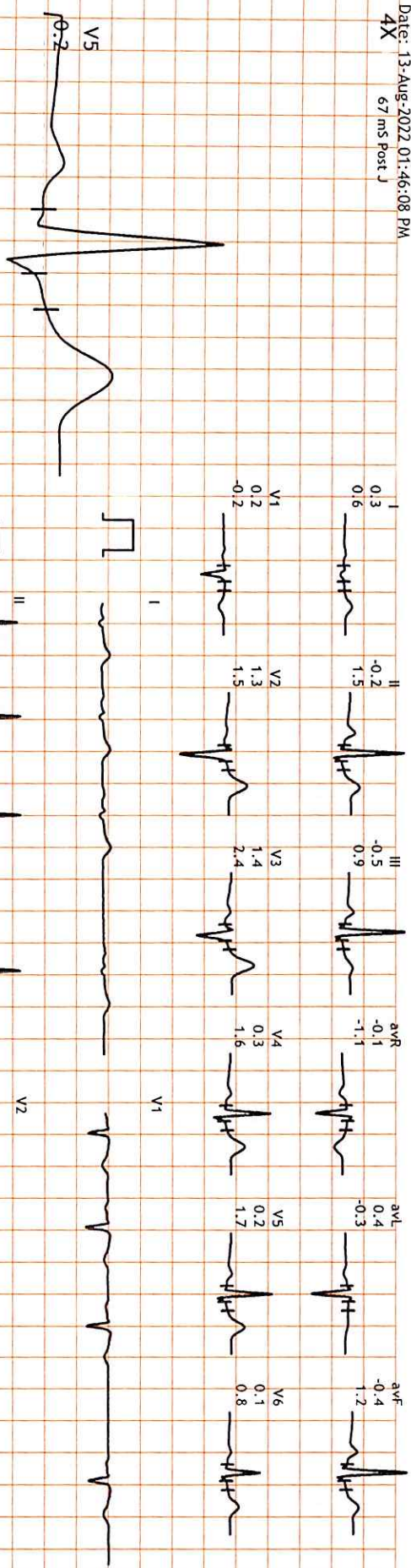
HR: 84 bpm
METs: 1.0
BP: 155/85

MPHR: 44% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:28
BLC : On
Notch : On

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



P3 HEALTH SOLUTIONS LLP

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

122168/MR PUNIT KUMAR TIWARI

33 Yrs/Male

0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM
4X 67 ms Post J

12 Lead + Median

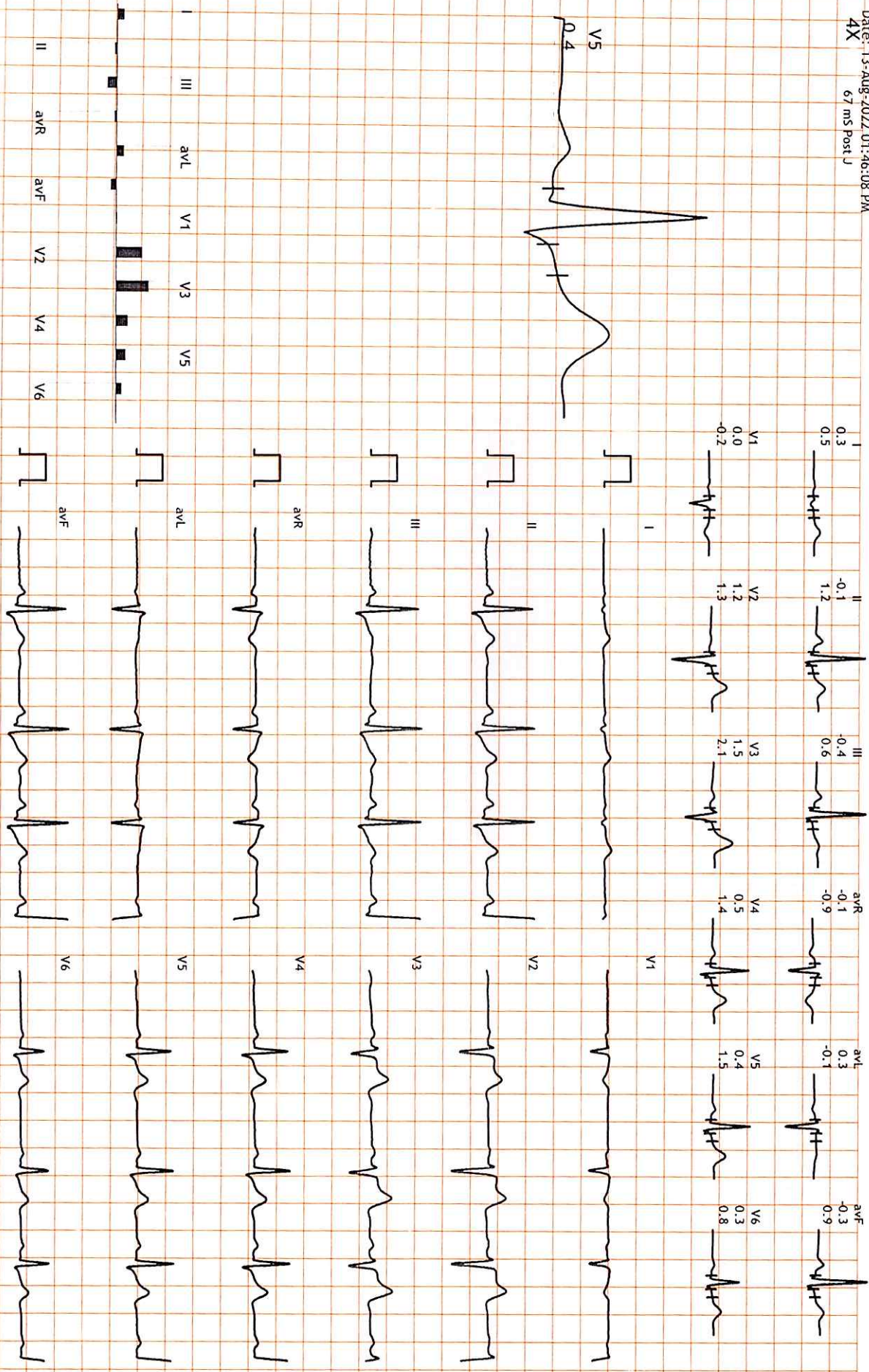
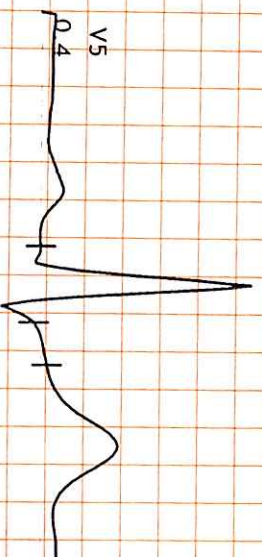
HR: 86 bpm
METTS: 1.0
BP: 145/85

MPHR: 45% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:28
BLC : On
Notch : On

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



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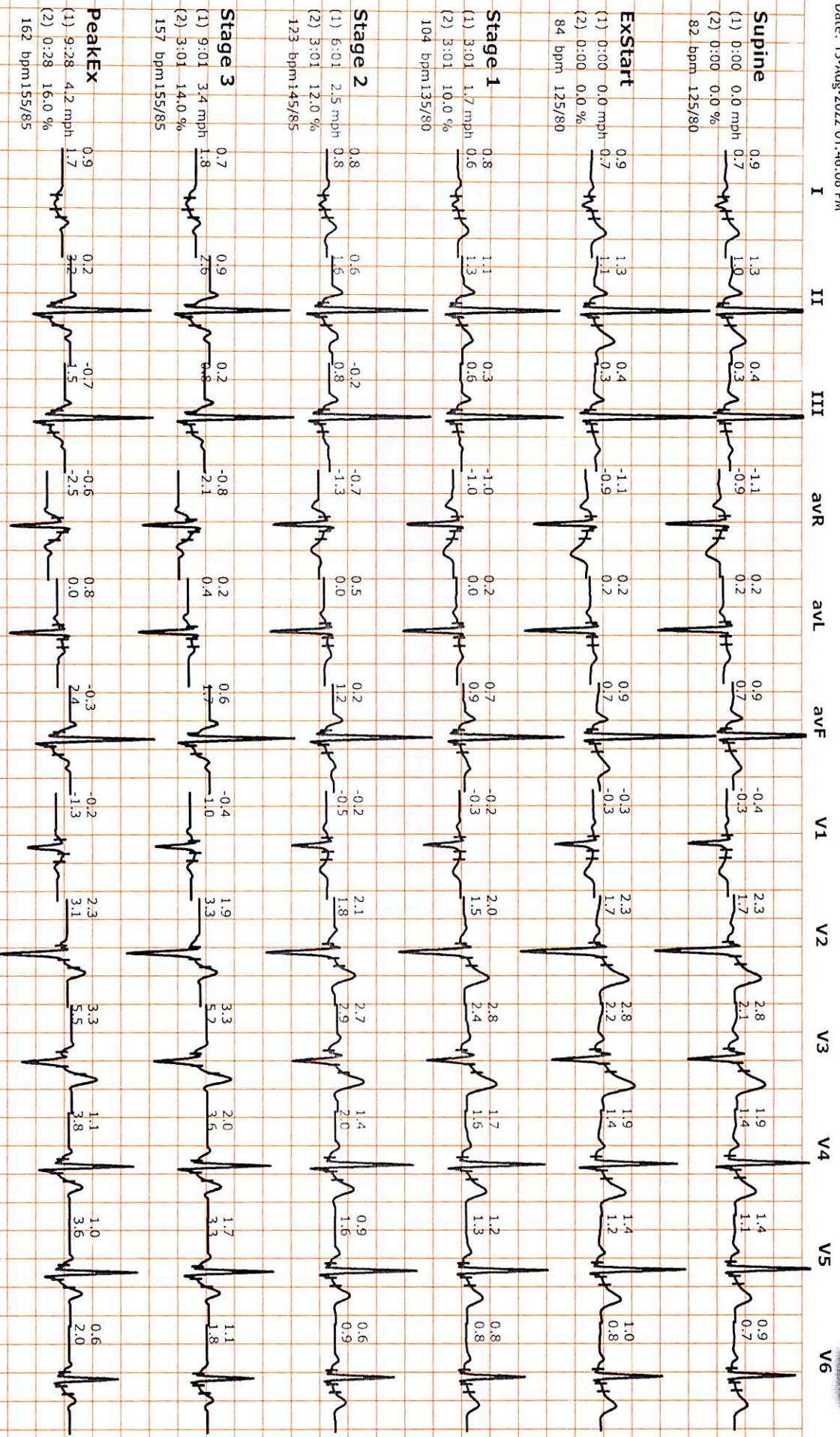
B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

122168/MR PUNIT KUMAR TIWARI

33 Yrs/Male 0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM

Average

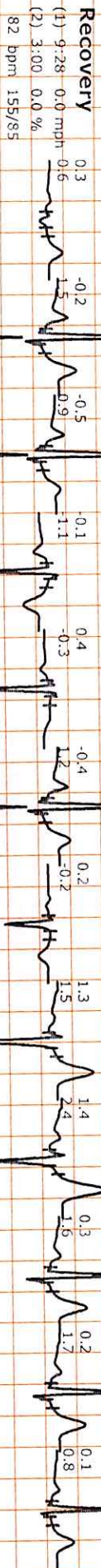
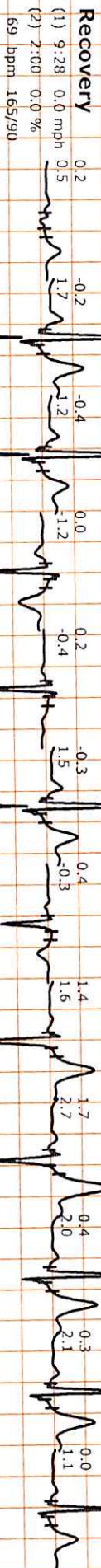
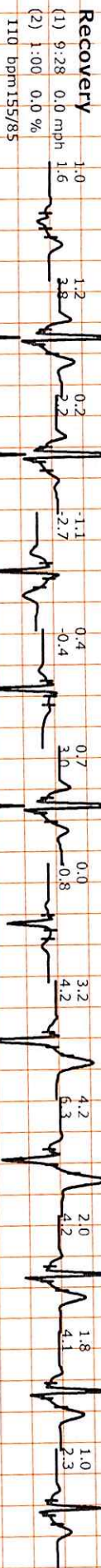


B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

122168/MR PUNIT KUMAR TIWARI

33 Yrs/Male 0 Kg/0 Cms

Date: 13-Aug-2022 01:46:08 PM



R

12221671 MR.PUNIT KUMAR TIWARI 33Y BANK OF BARODA M
13.AUG.2022
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

