



भारत सरकार
GOVERNMENT OF INDIA



शिव कुमार मेनिया
Shiv Kumar Meena
संग प्रभु/DOB: 01/03/2000
गण/ MALE

8607 6605 9372

भारत आवास, भेरी परवान

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Shiv Kumar Meena
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मेरा आधार, मेरी पहचान

Shiv

Dr. PIYUSH GOYAL
MBBS, DM (Radiologist)
FMC No. 037041

भारतीय विधिगत पहचान प्राधिकरण
INDIAN LEGISLATIVE IDENTIFICATION AUTHORITY OF INDIA



पता:
C/O हरी नारायण मीना, विलेज - बगवाडा, तहसील -
अमेर, जयपुर, राजस्थान - 303805

Address:
C/O Hari Narayan Meena, Village - Bagwada,
Tehsil - Amer, Bagwada, Jaipur,
Rajasthan - 303805



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(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
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General Physical Examination

Date of Examination: 09/12/2023

Name: Shiv Kumar Meena Age: 23 DOB: 01/03/2000 Sex: Male

Referred By: Bank of Baroda

Photo ID: Adhar Card ID #: 9372

Ht: 175 (cm)

Wt: 75 (Kg)

Chest (Expiration): 87 (cm)

Abdomen Circumference: 85 (cm)

Blood Pressure: 120/80 mm Hg PR: 78 / min RR: 18 / min Temp: Afebrile

BMI 24.5

Eye Examination: R/E, 6/6, N/6, NCB
L/E, 6/6, N/6, NCB

Other: No

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

Signature Of Examinee: [Signature] Name of Examinee: Shiv Kumar Meena

Signature Medical Examiner: [Signature] Name Medical Examiner: Dr. Piyush Goyal
DR. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041



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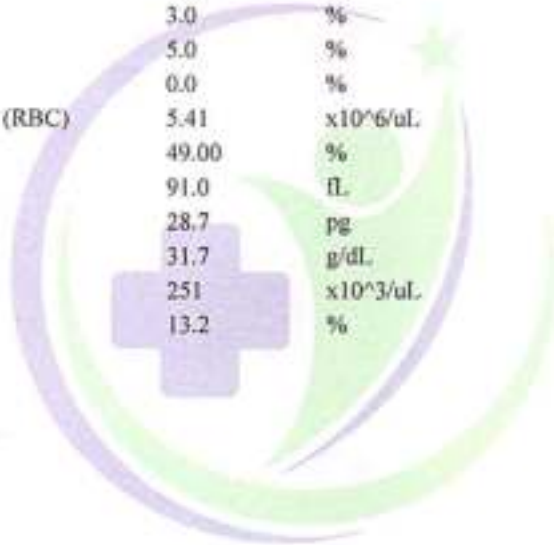
NAME :- Mr. SHIV KUMAR MEENA	Patient ID :-42234089	Date :- 09/12/2023	08:22:19
Age :- 23 Yrs 9 Mon 9 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 10/12/2023 10:42:01

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGLOBIN (Hb)	15.5	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	8.60	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	62.0	%	40.0 - 80.0
LYMPHOCYTE	30.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	5.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.41	$\times 10^6/\mu\text{L}$	4.50 - 5.50
HEMATOCRIT (HCT)	49.00	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	91.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.7	g/dL	31.5 - 34.5
PLATELET COUNT	251	$\times 10^3/\mu\text{L}$	150 - 410
RDW-CV	13.2	%	11.6 - 14.0



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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)

12

mm in 1st hr

00 - 15

Method:- Westergren

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein. ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as



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Sex :- Male

Patient ID :-12234089

Date :- 09/12/2023 08:22:19

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

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





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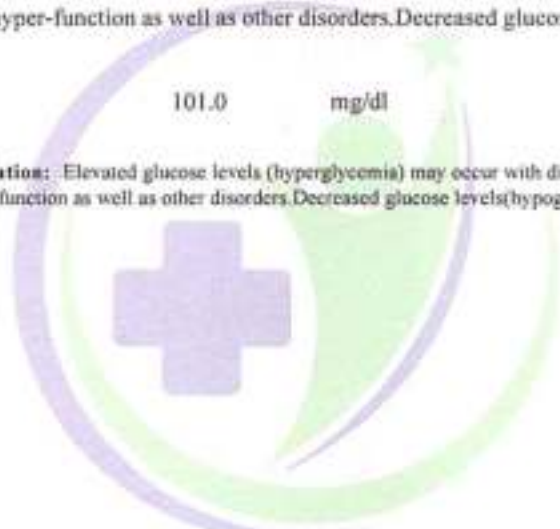
BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD POD	86.2	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

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

BLOOD SUGAR PP (Plasma) Method:- GOD PAP	101.0	mg/dl	70.0 - 140.0
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Instrument Name: HORIBA Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method- CAPILLARY with EDTA	5.3	mg%	Non-Diabetic < 6.0 Good Control 6.0-7.0 Weak Control 7.0-8.0 Poor control > 8.0
MEAN PLASMA GLUCOSE Method- Calculated Parameter	104	mg/dL	68 - 125

INTERPRETATION

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %

Non diabetic adults >=18 years < 5.7

At risk (Prediabetes) 5.7 - 6.4

Diagnosing Diabetes >= 6.5

CLINICAL NOTES

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al.]

1. Erythropoiesis

- Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.

- Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.

2. Altered Haemoglobin-Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.

3. Glycation

- Increased HbA1c: alcoholism, chronic renal failure, decreased intracellular pH.

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

4. Erythrocyte destruction

- Increased HbA1c: increased erythrocyte life span: Splenectomy.

- Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as acetaminophen, ribavirin & dapsone.

5. Others

- Increased HbA1c: hyperbilirubinemia, carbonylated hemoglobin, alcoholism, large doses of aspirin, chronic spine use, chronic renal failure.

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

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HAEMATOLOGY

BLOOD GROUP ABO
Method - Haemagglutination reaction

"AB" NEGATIVE

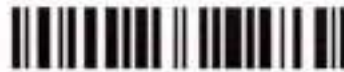


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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method - CHOD-PAP methodology	119.00	mg/dl	Desirable <200 Borderline 200-239 High > 240
<i>InstrumentName: MISPA PLUS Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</i>			
TRIGLYCERIDES Method - GPO-PAP	122.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<i>InstrumentName: Randox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</i>			
DIRECT HDL CHOLESTEROL Method - Direct clearance Method	39.60	mg/dl	30.00 - 70.00 MALE- 30-70 FEMALE - 30-85
<i>Instrument Name: Rx Daytona plus Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</i>			
LDL CHOLESTEROL Method - Calculated Method	59.07	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method - Calculated	24.40	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method - Calculated	3.01		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method - Calculated	1.49		0.00 - 3.50
TOTAL LIPID Method - CALCULATED	409.57	mg/dl	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

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BIOCHEMISTRY

recommended

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



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NAME :- Mr. SHIV KUMAR MEENA	Patient ID :-12234089	Date :- 09/12/2023	08:22:19
Age :- 23 Yrs 9 Mon 8 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL.) Method:- DMSO/Diaz	0.56	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diaz	0.15	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.41	mg/dl	0.30-0.70
SGOT Method- IFCC	19.5	U/L	0.0 - 40.0
SGPT Method- IFCC	21.1	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method- DGKC - SCE	96.50	U/L	53.00 - 141.00
SERUM GAMMA GT Method - Spectro methodology Instrument Name Rando Rx 500 Interpretation: Elevations in GGT levels are less sensitive and more pronounced than those with other liver enzymes in cases of obstructive jaundice and nontoxic etiologies. It may reach 5 to 30 times normal levels in extra- or post- hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 3 times normal) are observed with infectious hepatitis.	29.50	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method- Direct Biuret Reagent	6.86	g/dl	6.00 - 8.40
SERUM ALBUMIN Method- Bromocresol Green	4.56	g/dl	3.50 - 5.50
SERUM GLOBULIN Method- CALCULATION	2.30	gm/dl	2.20 - 3.50
A/G RATIO	1.98		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 usually, 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 Method:- Urease/GLDH	32.20	mg/dl	10.00 - 50.00
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InstrumentName: HORIBA CA 60 Interpretation : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE Method - Jaffe's Method	1.05	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	4.21	mg/dl	2.40 - 7.00
-----------------	------	-------	-------------

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

SODIUM Method - ISE	140.2	mmol/L	135.0 - 150.0
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POTASSIUM Method - ISE	4.21	mmol/L	3.50 - 5.50
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CHLORIDE Method - ISE	101.2	mmol/L	94.0 - 110.0
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SERUM CALCIUM Method - Arsenazo III Method	9.99	mg/dL	8.80 - 10.20
---	------	-------	--------------

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

SERUM TOTAL PROTEIN Method - Direct Biuret Reagent	6.86	g/dl	6.00 - 8.40
---	------	------	-------------

SERUM ALBUMIN Method - Bromocresol Green	4.56	g/dl	3.50 - 5.50
---	------	------	-------------

SERUM GLOBULIN Method - CALCULATION	2.30	gm/dl	2.20 - 3.50
--	------	-------	-------------

A/G RATIO	1.98		1.30 - 2.50
-----------	------	--	-------------

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

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BIOCHEMISTRY

bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

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

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

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



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CLINICAL PATHOLOGY

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil



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TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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THYROID-TRIiodothyronine T3

1.28

ng/mL

0.70 - 2.04

Method:- ECLIA

NOTE-TSH levels are subject to circadian variation,reacting 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 measured 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(TRAbs) +ve seen in patients with Graves disease 3.Low TSH/high FT4 and TSH receptor antibody(TRAbs) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter 4.HighTSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto's thyroiditis 5.HighTSH,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 10.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 : 0.35-3.00 uIU/mL. The production, circulation, and distribution 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

THYROID-THYROXINE (T4)

2.64

µIU/mL

5.10 - 14.10

Method:- ECLIA

NOTE-TSH levels are subject to circadian variation,reacting 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 measured 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(TRAbs) +ve seen in patients with Graves disease 3.Low TSH/high FT4 and TSH receptor antibody(TRAbs) -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.HighTSH,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 10.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

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TSH

1.909

µIU/mL

0.350 - 5.500

Method:- ECLIA

NOTE-TSH levels are subject to circadian variation,reacting 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 measured 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

Tanu

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

Technologist
VIKARANTSHI
Page No: 15 of 16



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

NAME :- Mr. SHIV KUMAR MEENA	Patient ID :-12234089	Date :- 09/12/2023	08:22:19
Age :- 23 Yrs 9 Mon 9 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 10/12/2023 10:42:01

IMMUNOASSAY

evaluating differential diagnosis

INTERPRETATION-Ultra Sensitive 4th generation assay

- 1.Primary hypothyroidism is accompanied by raised 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.HighTSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto's thyroiditis
- 5.HighTSH,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 & raised 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 levels indicates T4 Thyrotoxicosis (problem is conversion of T4 to T3)
- 10.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 Hypothyroidism.
- 13.Slightly ↑ T3 levels may be found in pregnancy and in estrogen therapy while ↓ levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propranolol.
- 14.Although ↑ TSH levels are nearly always indicative of Primary Hypothyroidism ,rarely they can result from TSH secreting pituitary tumours.

DURING PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

- 1st Trimester : 0.10-2.50 uIU/mL
- 2nd Trimester : 0.25-3.00 uIU/mL
- 3rd Trimester : 0.30-3.00 uIU/mL

The production, circulation, and distribution 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 radioliodine 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.

*** End of Report ***

Tanu



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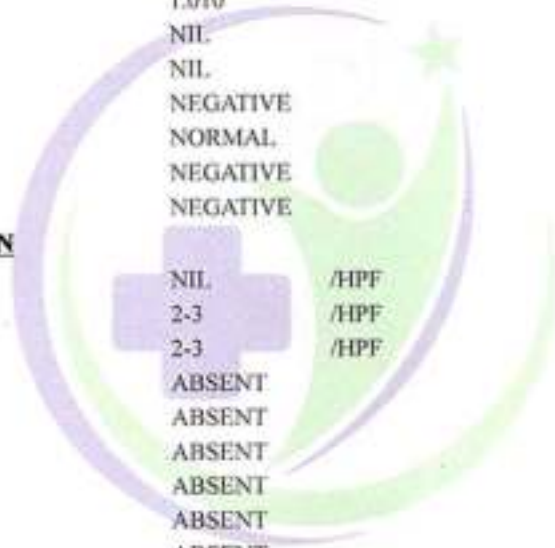
📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com

NAME :- Mr. SHIV KUMAR MEENA	Patient ID :-12234089	Date :- 09/12/2023	08:22:19
Age :- 23 Yrs 9 Mon 9 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 10/12/2023 10:42:01

CLINICAL PATHOLOGY

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



Tanu Rungta

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

Technologist
VIKARAN (S)
Page No. 12 of 18



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(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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NAME:	MR. SHIV KUMAR MEENA	AGE	23 YRS/M
REF.BY	BANK OF BARODA	DATE	09/12/2023

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.SHALINI GOEL

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

RMC No.: 21954



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



MR. SHIV KUMAR MEENA	23 Y/M
Registration Date: 09/12/2023	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (145 mm). Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. Collecting system does not show any calculus or dilatation.

Right kidney is measuring approx. 106 mm.

Left kidney is measuring approx. 108 mm.

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

Prostate is normal in size with normal echotexture and outline.

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

IMPRESSION:-

- No significant abnormality is detected.

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

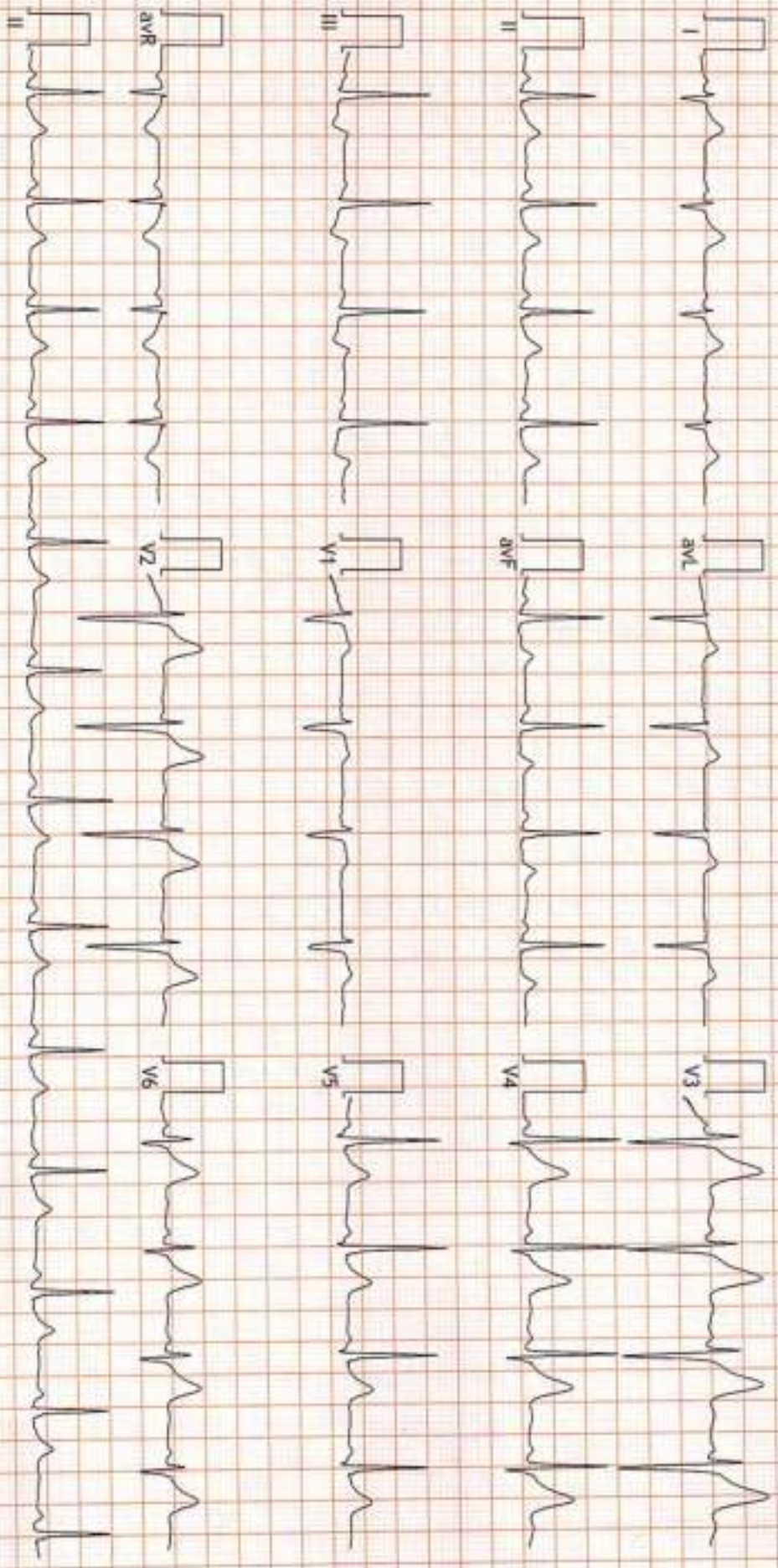
Dr. MUKESH SHARMA
B.S., M.D.(Radiodiagnosis)
RMC No. : 43418/17437
Health Solutions LLP

Toms (P) Ltd
#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar, Jaipur
1234569237/Mr Shiv Kumar Meena 23Yrs/Male Kgs/ Cms BP: ___/___ mmHg
Ref.: BANK OF BARODA Test Date: 09-Dec-2023/11:27:07 Noch: 50Hz 0.05Hz . 35Hz 10mm/mV 25mm/Sec

HR: 75 bpm



PR Interval: 108 ms
QRS Duration: 138 ms
QT/QTc: 383/429ms
P-QRS-T Axis: 51 - 99 - 15 (Deg)



FINDINGS: Normal Sinus Rhythm
Vent Rate : 75 bpm; PR Interval : 108 ms; QRS Duration: 138 ms; QT/QTc Int : 383/429 ms
P-QRS-T axis: 51 • 99 • 15 • (Deg)
Comments :

T UNL

Dr. Narsh Mohanika
RMC No. 35708
ABBS. DIP (CARDIOLOGISTS)
DR. NARSH MOHANIKA

B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
 12244063/MB SHIV KUMAR MEENA 23 Yrs/Male 0 Kg/70 Cms
 Date: 09-Dec-2023 11:29:16 AM
 Ref. By : BAWK OF BARODA
 Medication : Nil
 Objective : Nil

Protocol : BRUCE
 History : Nil

Stage	Stage Time (min:sec)	Phase Time (min:sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. (/100)	PVC	Comments
Supine					1.0	72	120/80	86	-	
Standing					1.0	84	120/80	100	-	
HV					1.0	85	120/80	102	-	
EXStart					1.0	90	120/80	108	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	116	130/80	150	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	142	140/85	198	-	
PeakEX	1:27	7:28	3.4	14.0	8.6	168	150/85	251	-	
Recovery	1:00		0.0	0.0	1.2	127	150/85	190	-	
Recovery	2:00		0.0	0.0	1.0	105	160/85	168	-	
Recovery	3:00		0.0	0.0	1.0	93	150/85	139	-	
Recovery	4:00		0.0	0.0	1.0	91	140/80	127	-	

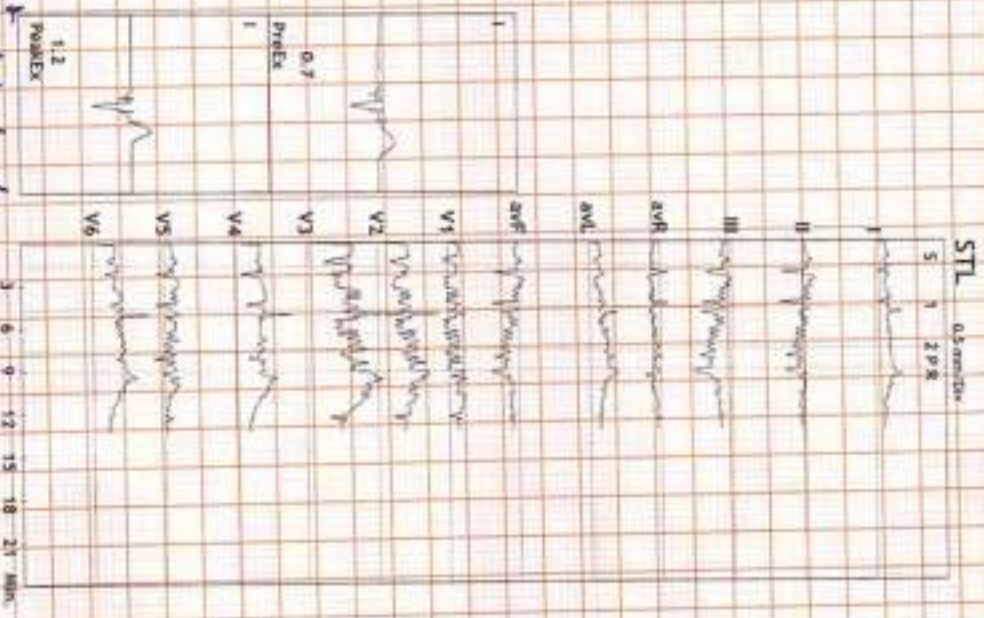
Findings :

Exercise Time : 07:27
 Max HR Attained : 168 bpm 85% of Max Predictable HR 197
 Max BP : 160/85(mmHg)
 Max Workload attained : 8.6(Fair Effort Tolerance)

Advice/Comments

Bruce

Base line ECG show 1st degree AV block. There is mild ST depression seen during exercise in inferior leads which reversed to base line within 1min of Recovery.



Dr. Naresh Kumar Mohanka

RMC No.: 35705

MBBS, DIP CARDIO (ESCORTS)

DR. NARESH MOHANKA



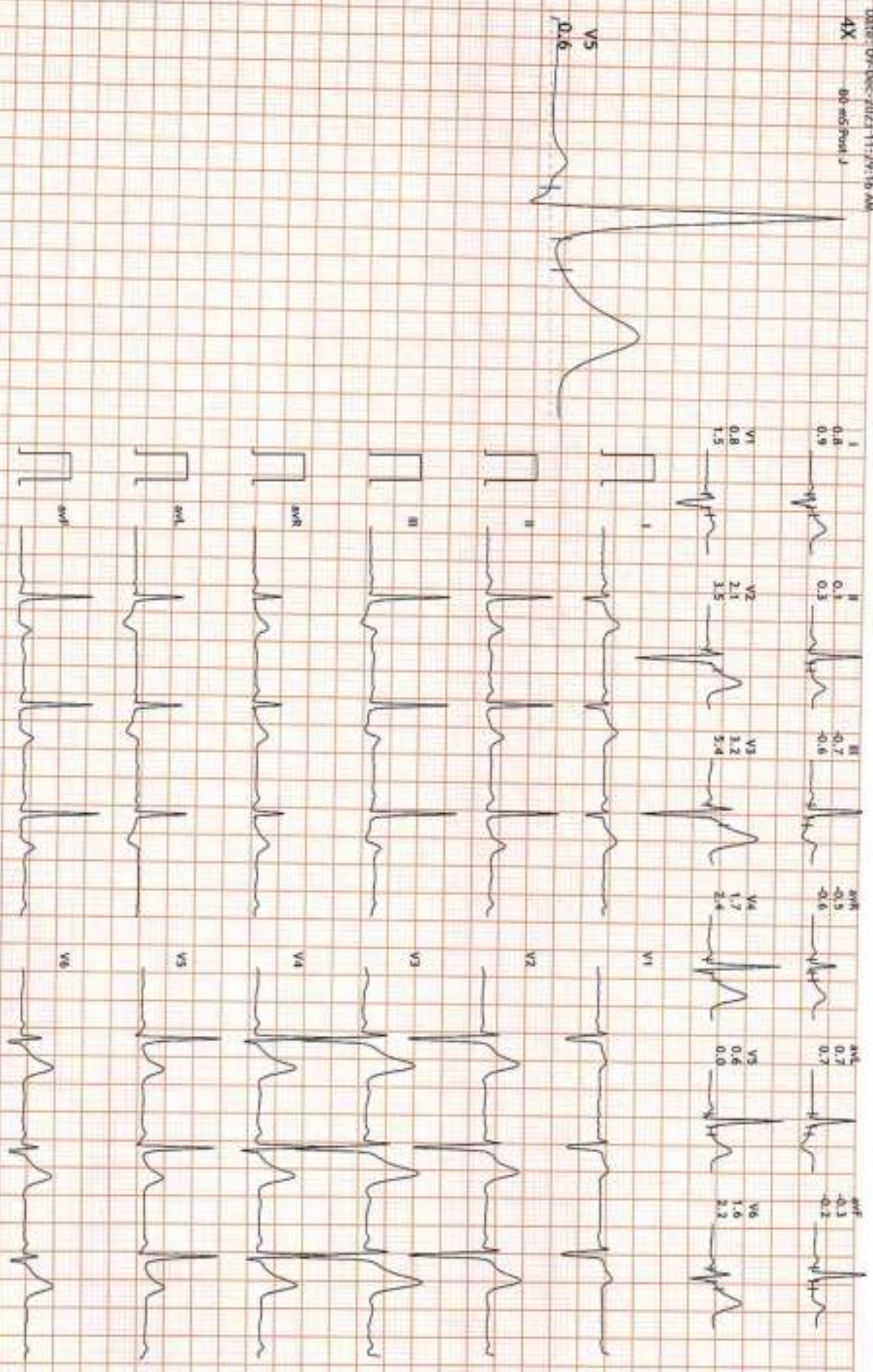
HR: 72 bpm
METs: 1.0
BP: 120/80

ADHR: 36% of 197
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:32
BLC :On
Notch :On

Supine
10.0 mm/mV
25 mm/Sec.



HR: 84 bpm
METs: 1.0
BP: 120/80

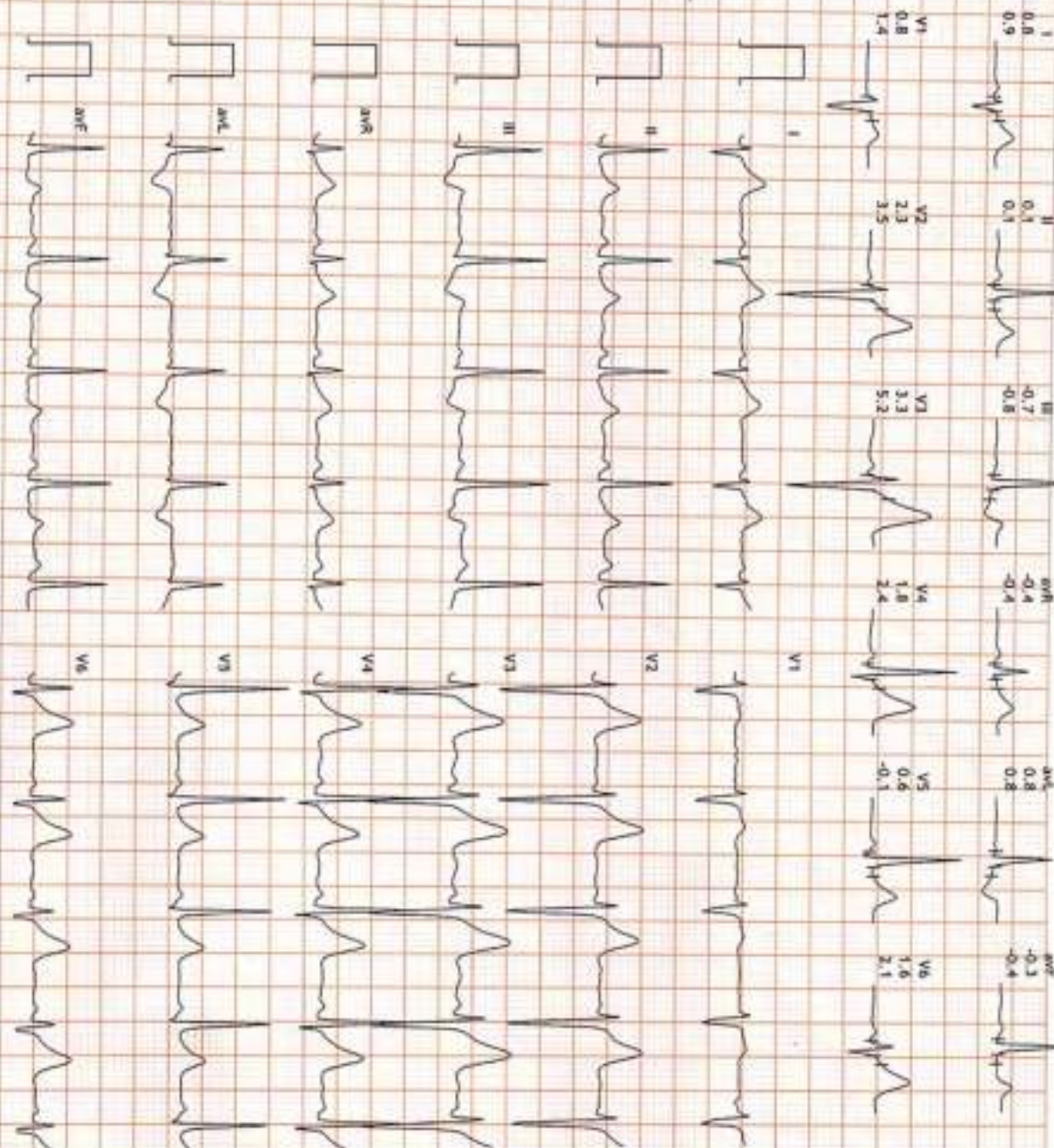
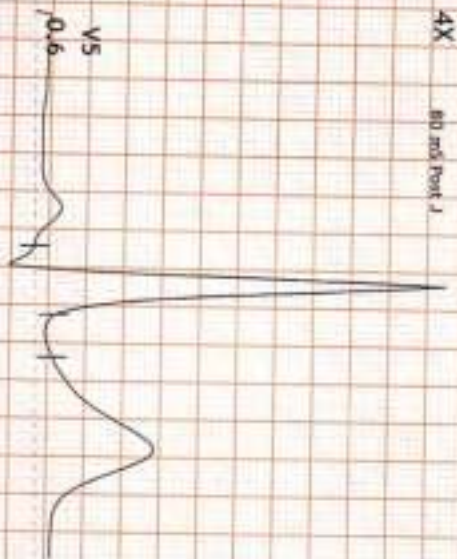
MPHR: 42% of 197
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
10.05-100/Hz

Ex Time 00:41
BLC -On
Notch -On

Standing
10.0 mm/mV
25 mm/Sec.

4X 80 ms Post J



HR: 85 bpm

MEFS: 1.0

BP: 120/80

MPHR: 43% of 197

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

10.05-100Hz

EX Time 01:28

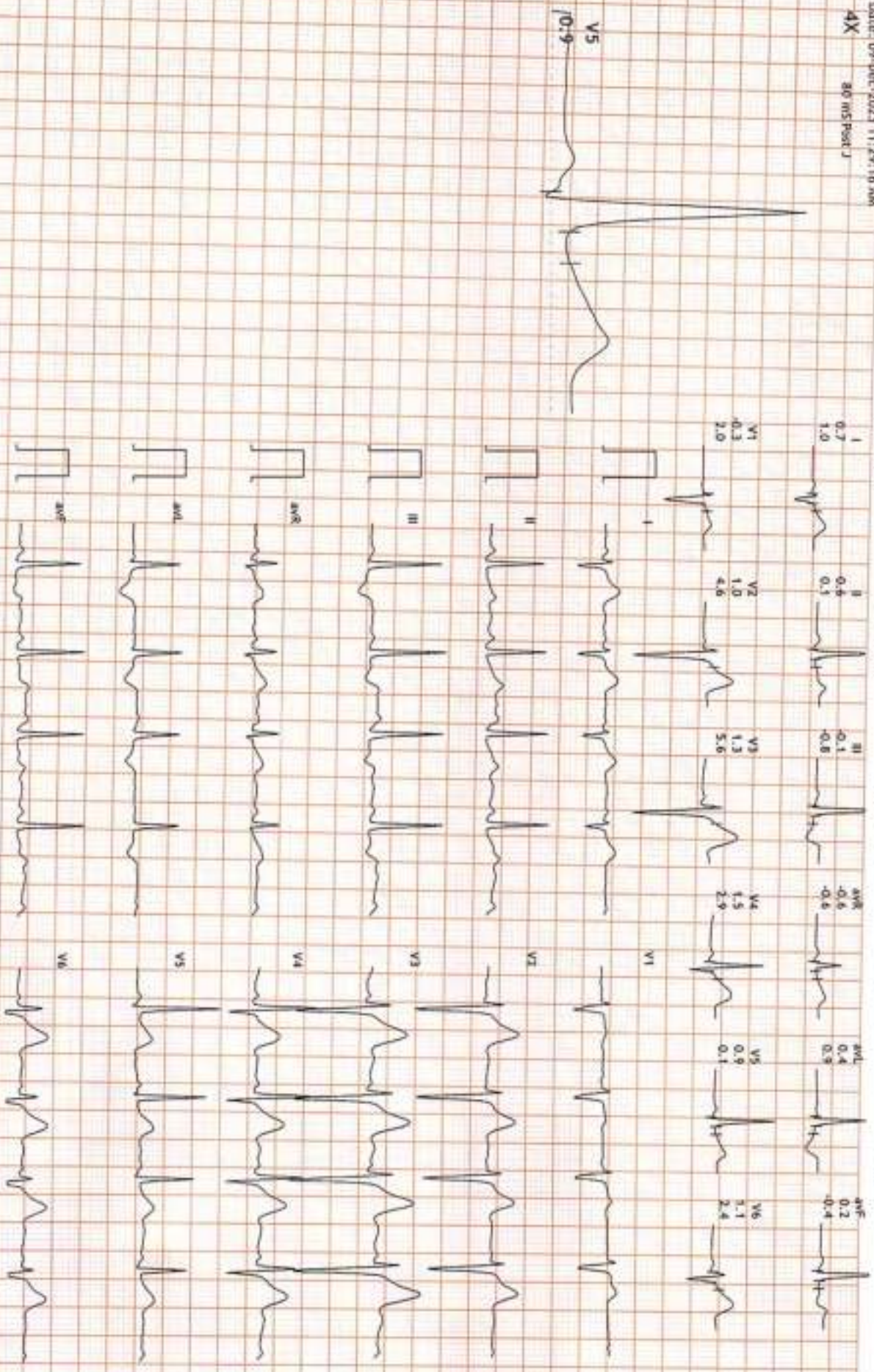
RUC :On

Notch :On

HV

10.0 mm/mV

25 mm/Sec



HR: 92 bpm
METs: 1.0
BP: 120/80

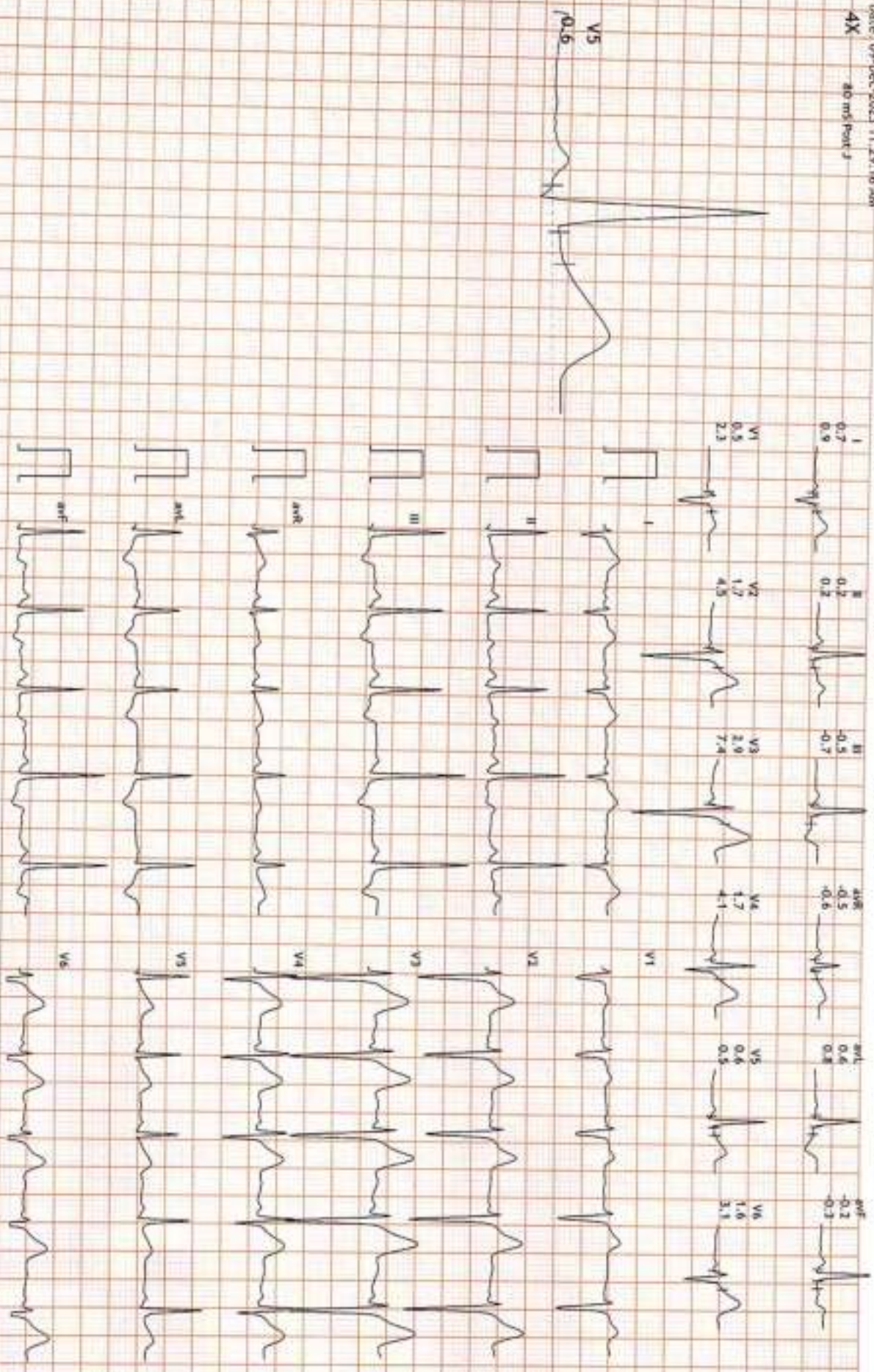
APR: 46% of 197
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
10.05-100Hz

Ex Time 01:36
SIL: On
Mech: On

ExStart
10.0 mm/mV
25 mm/Sec.

12 Lead + Median



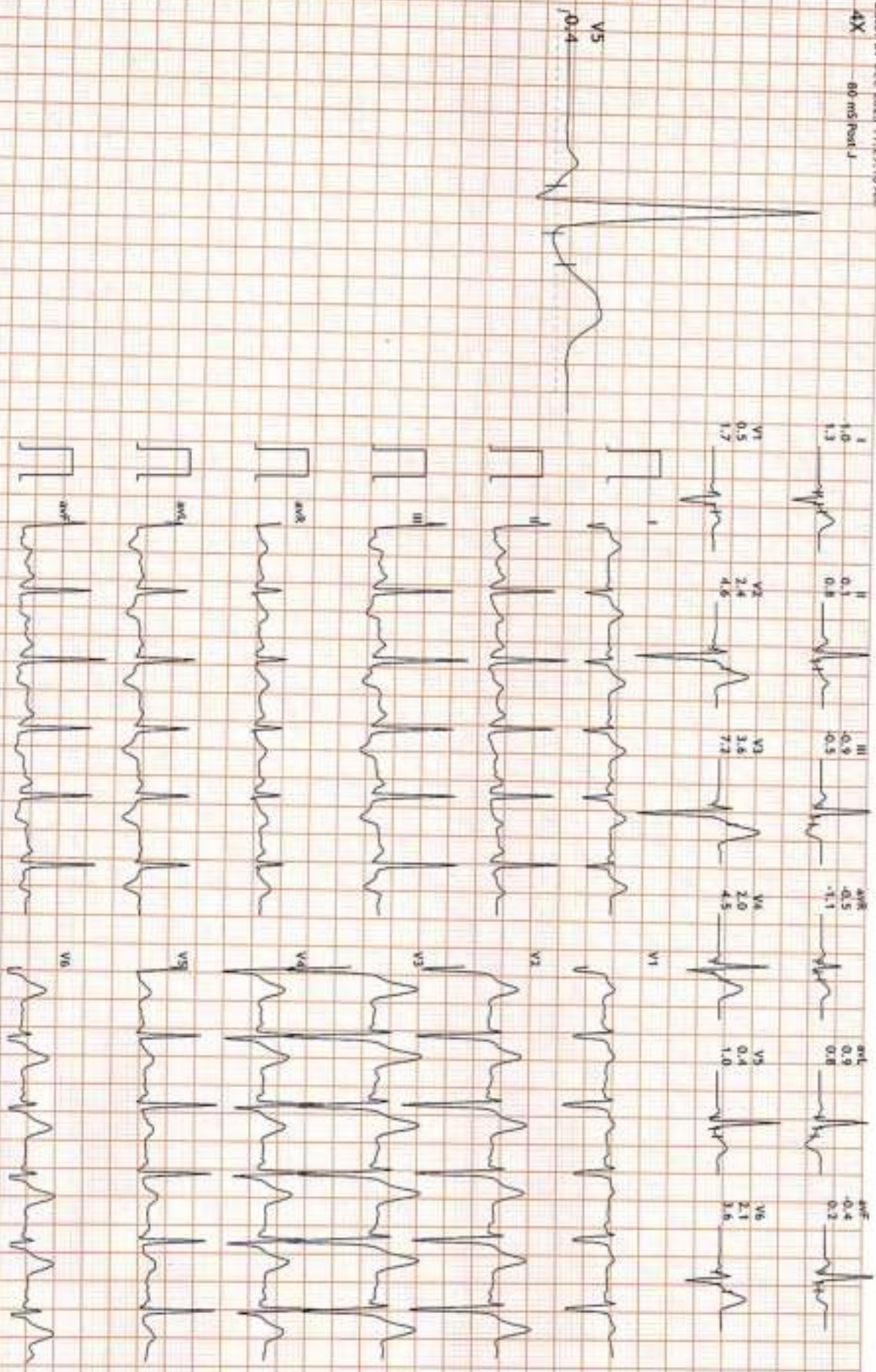
HR: 115 bpm
METs: 4.7
BP: 120/80

MPHR: SRG of 197
Speed: 1.7 mpt
Grade: 10.0%

Raw ECG:
BRUCE
10.05-100Hz

Ex Time 02:59
BLC :On
Watch :On

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



HR: 142 bpm
METs: 7.1
BP: 140/85

MPHR: 73% of 197
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
10.05-100Hz

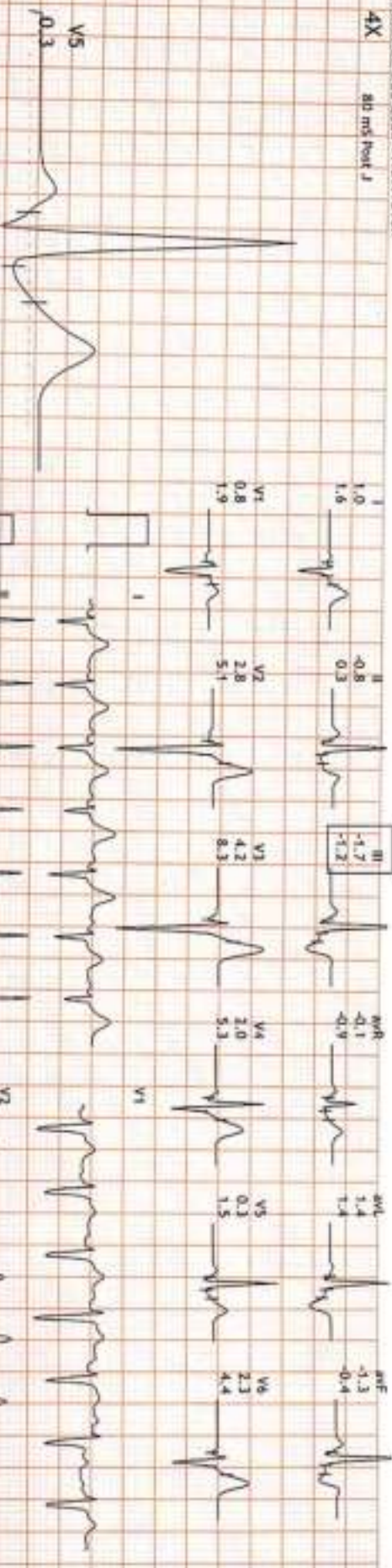
Ex Time 05:59
RLC :On
Notch :On

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



4X

all med Post J



HR: 168 bpm
AET5: 8.6
BP: 150/85

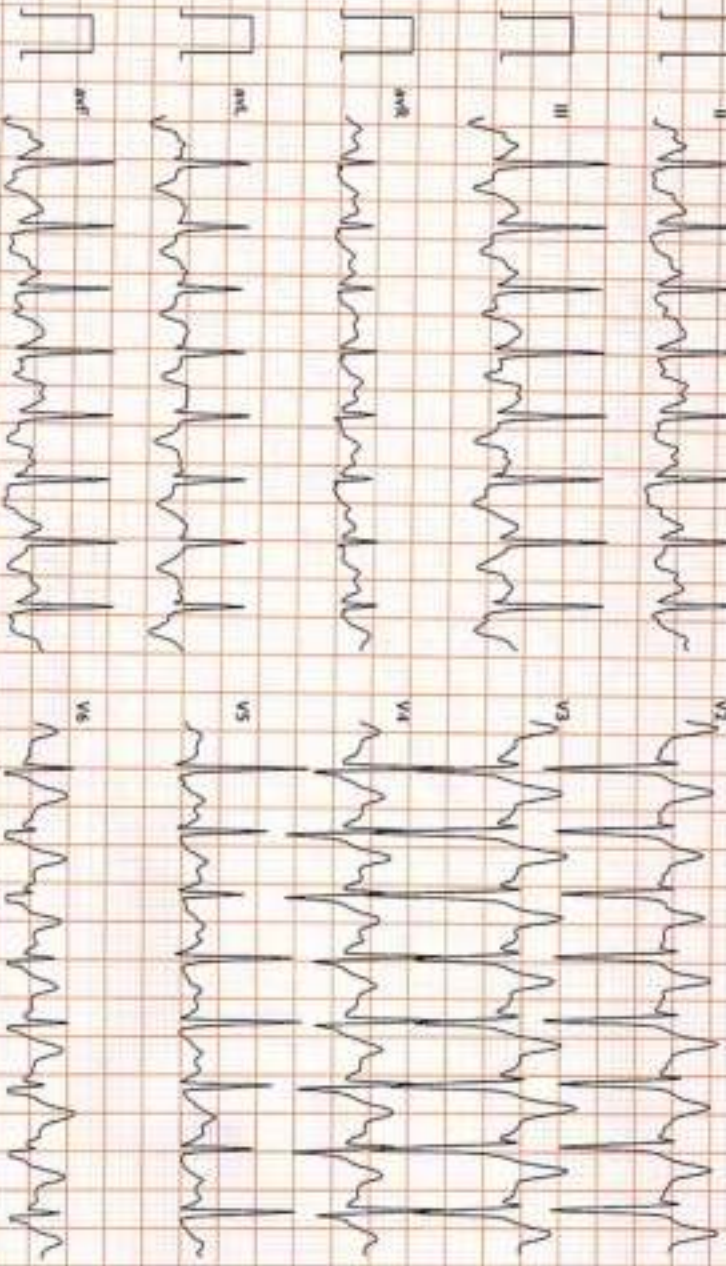
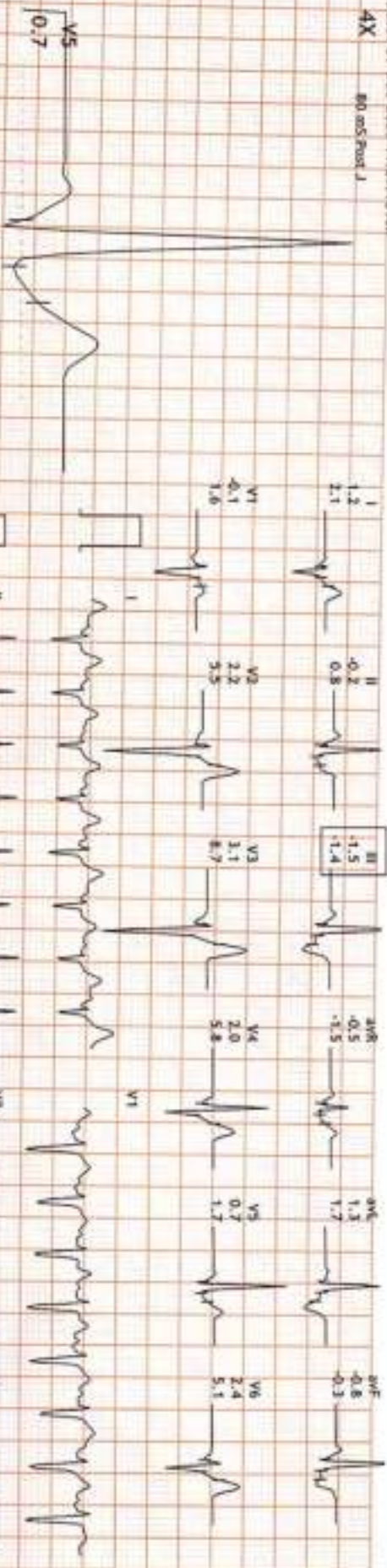
APR: 85% of 197
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
10.05-100/Hz

Ex Time 07:25
BLC :On
Notch :On

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

12 Lead + Median



HR: 126 bpm

MEETS: 1.3

BP: 150/85

APHR: 63% of 197

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

10.05-100/Hz

Ex Time 07:27

RLC :On

Notch :On

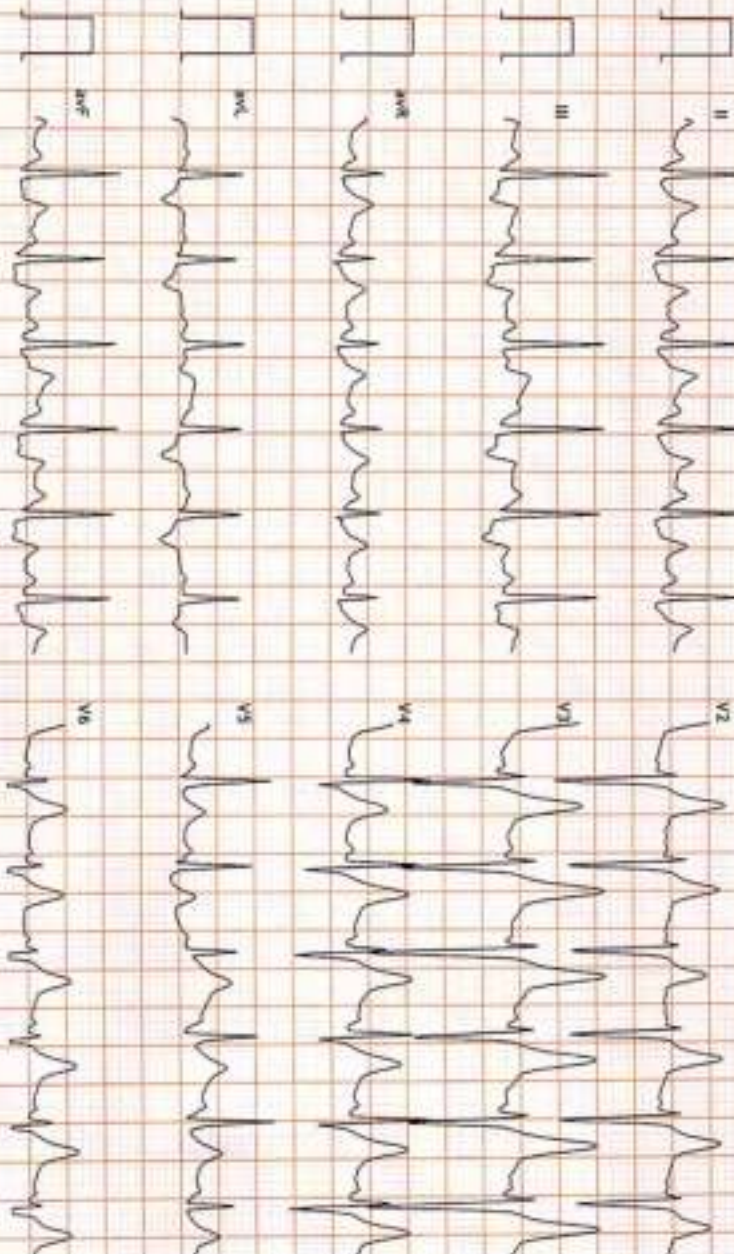
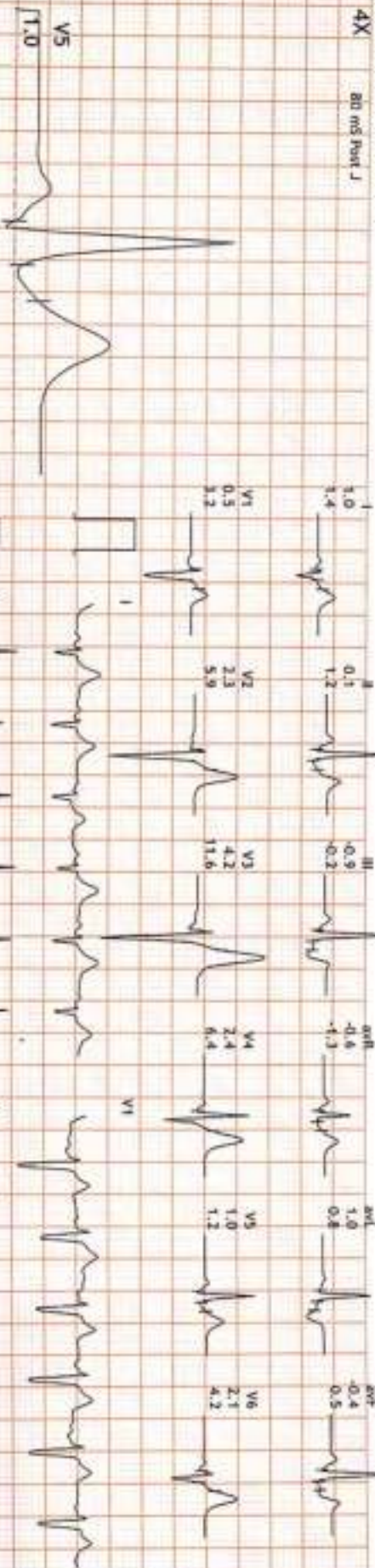
Recovery(1:00)

10.0 mm/mV

25 mm/Sec.



4X 80 ms Post J



HR: 106 bpm
METs: 1.0
BP: 160/85

JAPHB: 53% of 197
Speed: 0.0 mph
Grade: 0.0%

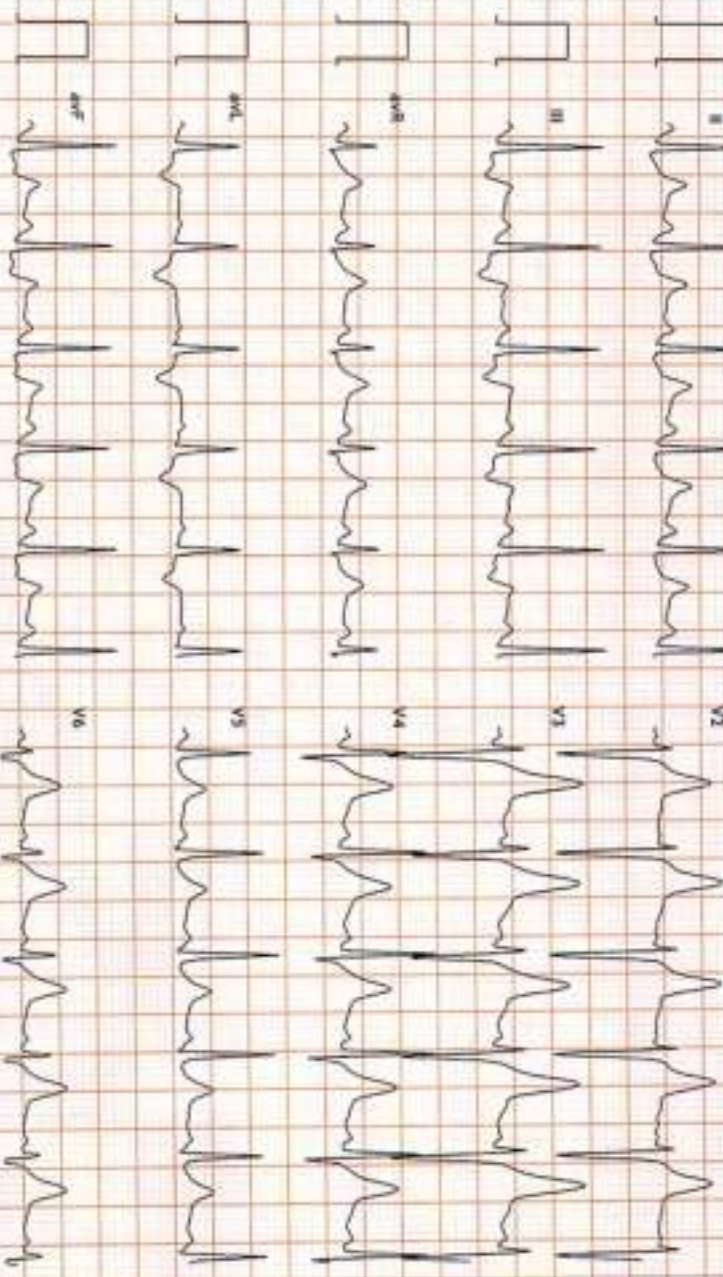
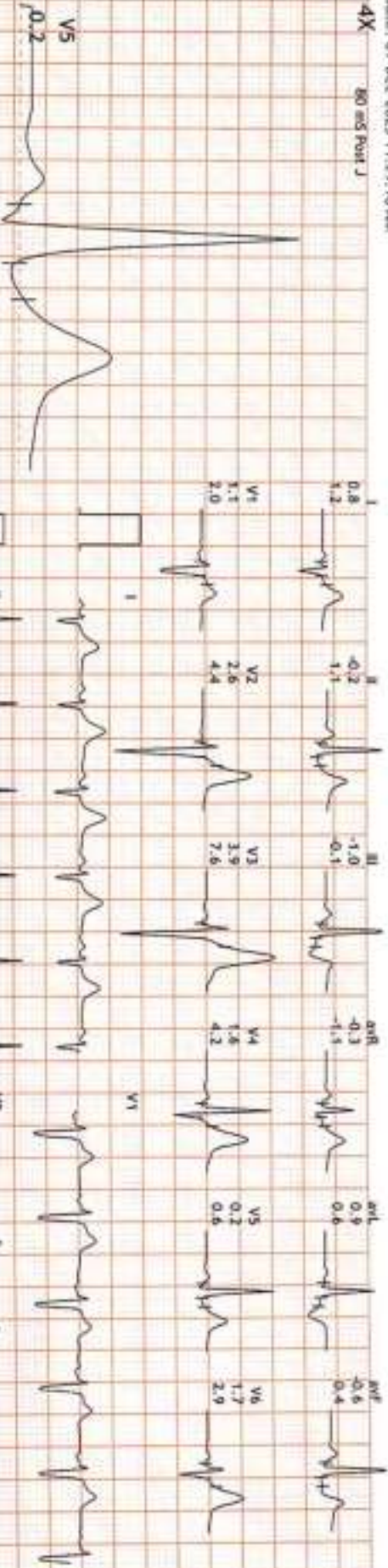
Raw ECG
BRUCE
10.05-100/Hz

Ex Time 07:27
BLC: On
Notch: On

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



4X 60 mg Post J



HR: 94 bpm

MEFS: 1.0

BP: 150/85

MPHR: 47% of 197

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 07:27

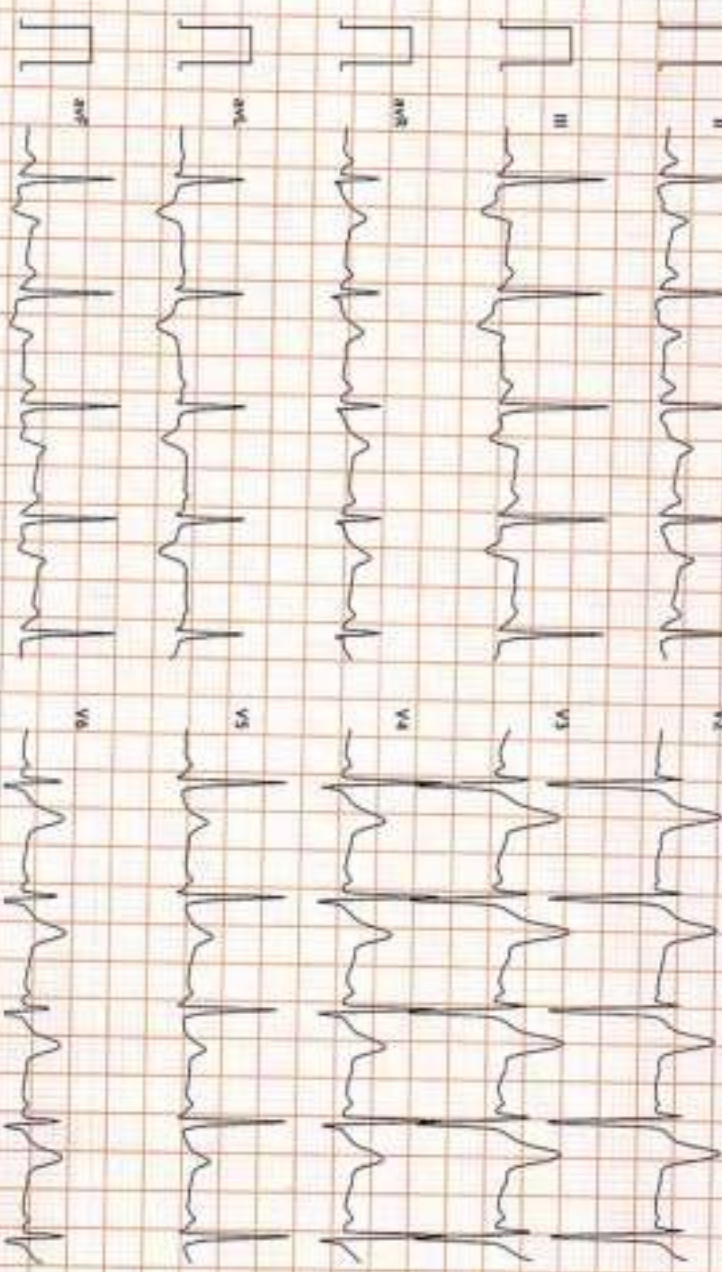
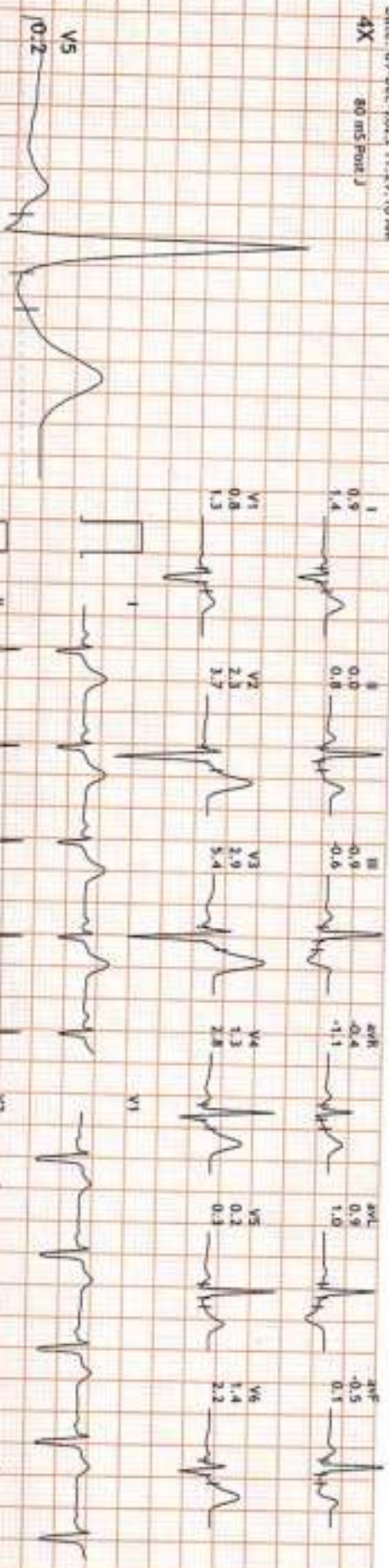
BLC :On

Notch :On

Recovery(3:00)

10.0 mm/mV

25 mm/Sec.



4X

80 ms Post J

HR: 93 bpm
METS: 1.0
EP: 140/80

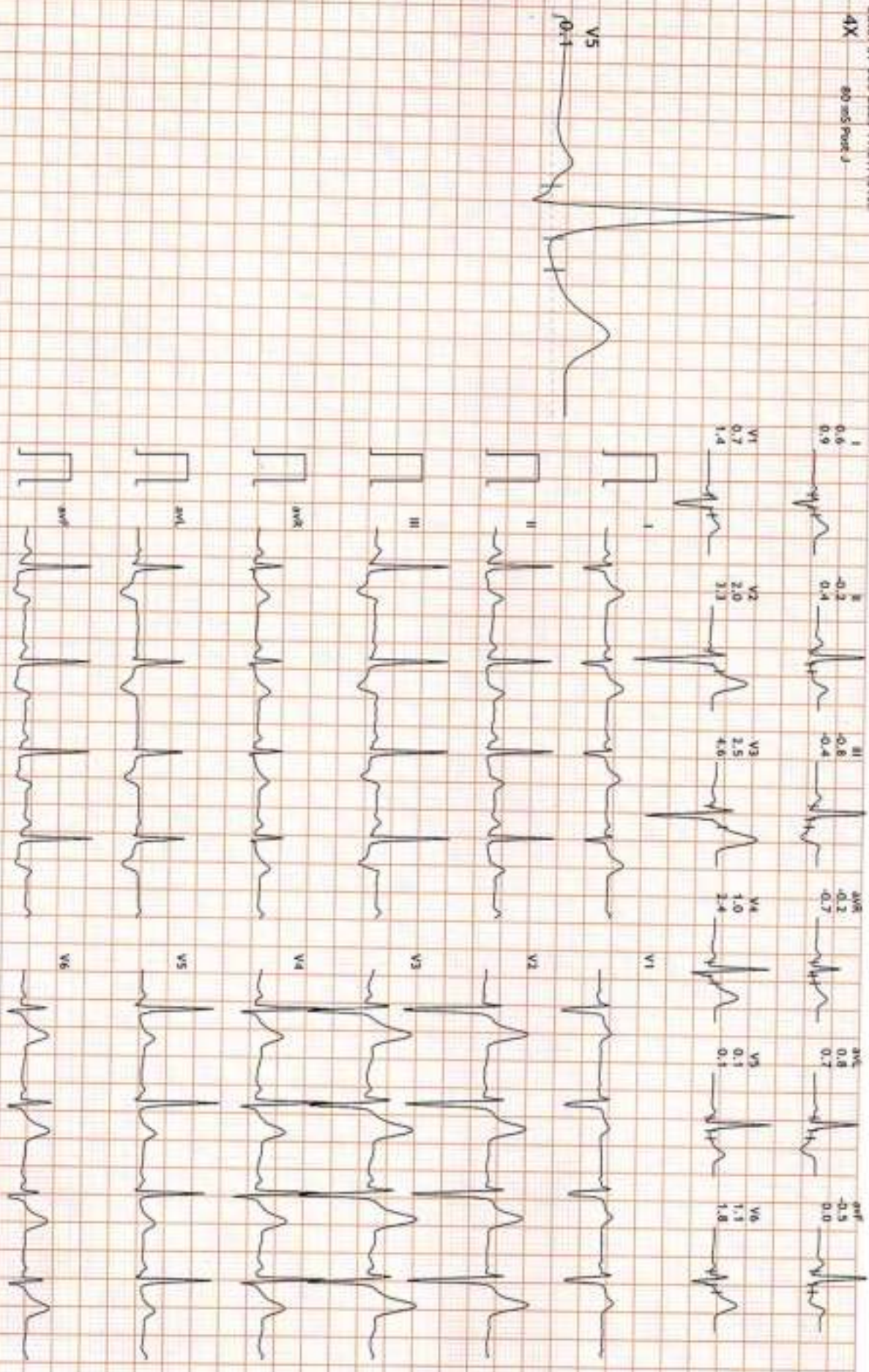
APHR: 47% of 197
Speed: 0.0 mph
Grade: 0.0%

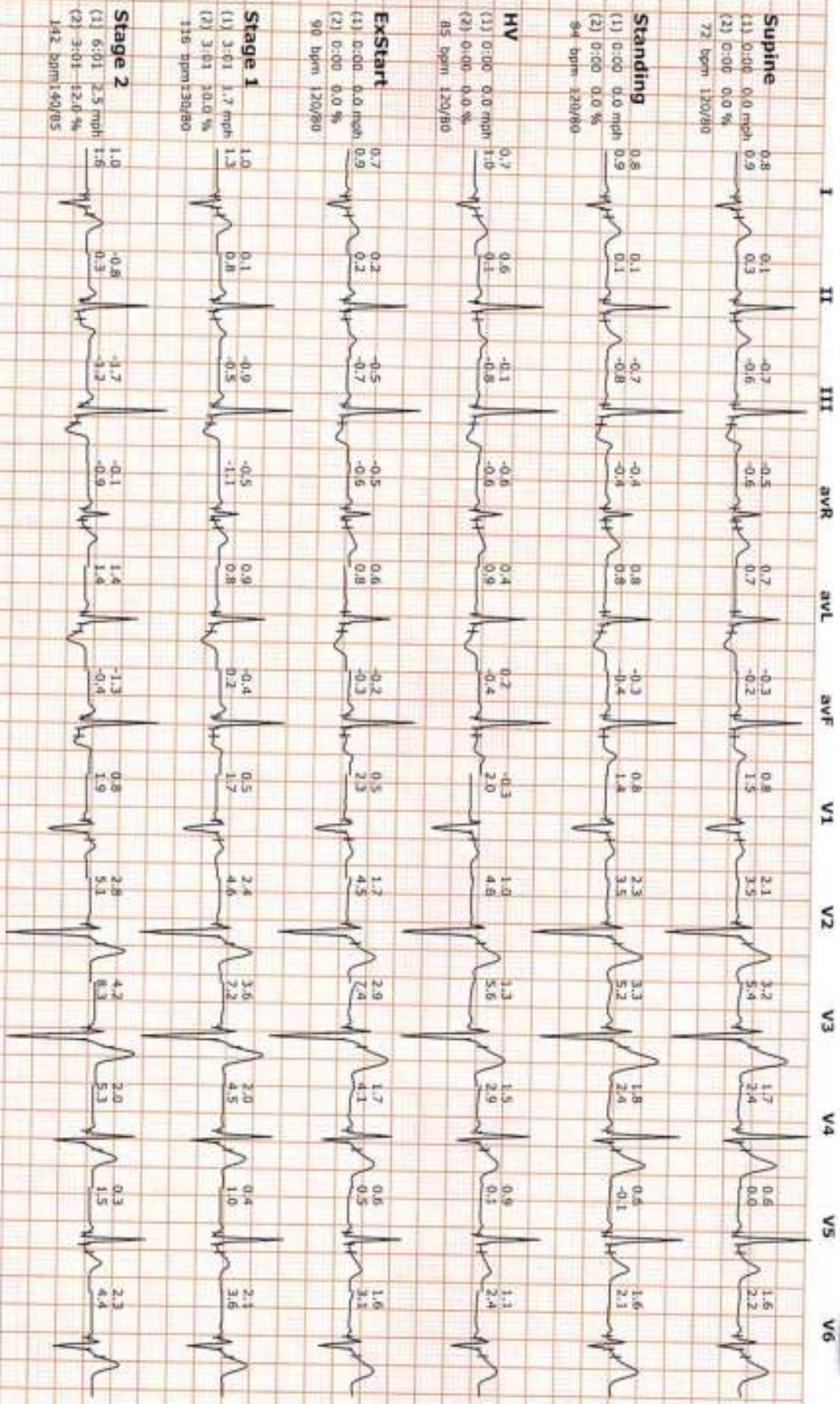
Raw ECG
BRUCE
10.05-100.0Hz

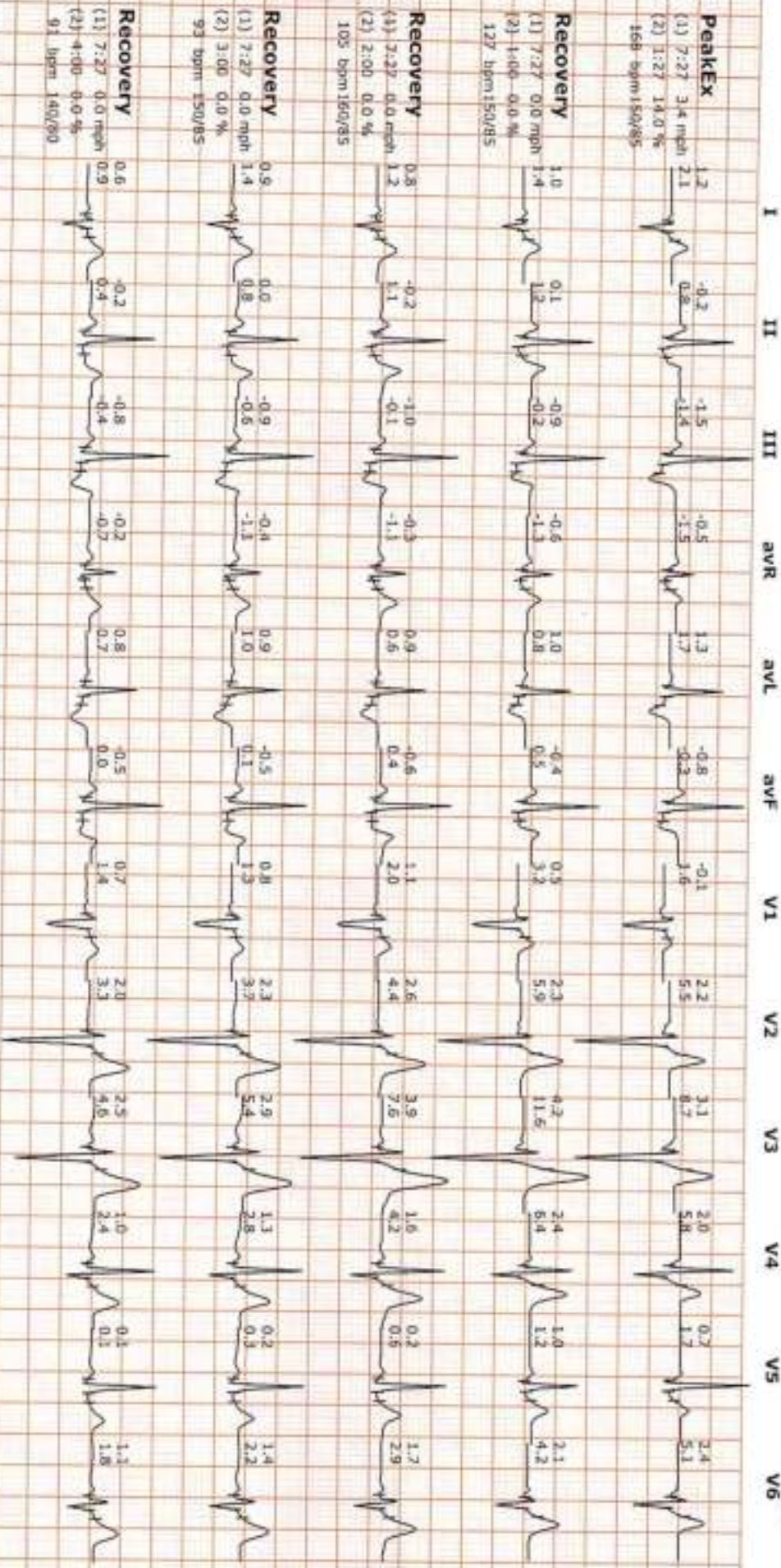
Ex Time 07:27
BLC :On
Match :On

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

12 Lead + Median










This is reserved for
every staff member.

 **GPS Map Camera**

Jaipur, Rajasthan, India
Vidhyadhar Enclave II, b 14, Sector 2 Rd, Sector 2, Central Spine,
Vidyadhar Nagar, Jaipur, Rajasthan 302039, India
Lat 26.964444°
Long 75.78257°
09/12/23 09:37 AM GMT +05:30





 **GPS Map Camera**

Jaipur, Rajasthan, India
202, 2nd floor CENTER TOWER, Sector 2 Rd, Sector 2, Central Spine,
Vidyadhar Nagar, Jaipur, Rajasthan 302039, India
Lat 26.964819°
Long 75.782323°
09/12/23 09:39 AM GMT +05:30





12224088 3P1V KUMAR MEENA 22 YRS SCB M
09 DEC 2023
MARGARE DIAGNOSTIC ASSOCIATES OF FI HEALTH SOLUTIONS LLP

