

भारत सरकार
Government of India



प्रदीप कुमार वर्मा
Predeep Kumar Verma
जन्म तिथि/DOB: 10/10/1987
पुरुष/ MALE



6403 0697 3000

मेरा आधार, मेरी पहचान

Predeep

Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No. F037041

एकमात्र विश्वव्यापी पहचान प्राधिकरण
Unique Identification Authority of India

Address: पता:
S/O Mool Chand Verma, ward n S/O मूल चन्द वर्मा, वार्ड नं ३, रामदेवजी के
3, ramdevji ke mandir ke pas, मंदिर के पास, बगरियावास, सीकर,
Bagarlyavas, Sikar, राजस्थान - 332715
Rajasthan - 332715

6403 0697 3000

help@uidai.gov.in www.uidai.gov.in



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



General Physical Examination

Date of Examination: 13/01/2024

Name: Pradeep Kumar Verma Age: 36 DOB: 10/10/1987 Sex: Male

Referred By: Bank of Baroda

Photo ID: Adhar Card ID #: 3000

Ht: 169 (cm)

Wt: 67 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 87 (cm)

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

BMI 23.5

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

Other: NO

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

Signature Of Examinee: [Signature]

Name of Examinee: Pradeep Kumar Verma

Dr. PIYUSH GOYAL

Signature Medical Examiner: [Signature]

Name Medical Examiner: Dr. Piyush Goyal

RMC No.-037041



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA

Age :- 36 Yrs 3 Mon 5 Days

Sex :- Male

Patient ID :42234372

Date :- 13/01/2024

09:05:48

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/01/2024 17:13:29

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGLOBIN (Hb)	14.6	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.60	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	49.0	%	40.0 - 80.0
LYMPHOCYTE	42.0 H	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	6.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.73	$\times 10^6/\mu\text{L}$	4.50 - 5.50
HEMATOCRIT (HCT)	44.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	95.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.8	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.5	g/dL	31.5 - 34.5
PLATELET COUNT	191	$\times 10^3/\mu\text{L}$	150 - 410
RDW-CV	13.4	%	11.6 - 14.0

Technologist
VIKARANTU
Page No. 1 of 15

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA

Age :- 36 Yrs 3 Mon 5 Days

Sex :- Male

Patient ID :-12234372

Date :- 13/01/2024

09:05:48

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MED/WHEEL

Final Authentication : 13/01/2024 17:13:29

HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)

08

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



Technologist
VIKARANU SI
Page No. 2 of 15

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA

Age :- 36 Yrs 3 Mon 5 Days

Sex :- Male

Patient ID :-12234372

Date :- 13/01/2024

09:05:48

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





P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA	Patient ID :-42234372	Date :- 13/01/2024	09:05:48
Age :- 38 Yrs 3 Mon 5 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 13/01/2024 17:13:28

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method - GOD POD	95.3	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 .



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

Technologist
VIKARAN 13
Page No. 4 of 15



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA

Age :- 36 Yrs 3 Mon 5 Days

Sex :- Male

Patient ID :42234372

Date :- 13/01/2024 09:05:48

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/01/2024 17:13:29

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- CAPILLARY with EDTA	5.3	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5
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. - 8-9 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, hemocytosis, chronic liver disease

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

3. Glycation

- Increased HbA1c: alcoholism, chronic renal failure, decreased intracellular pH
- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH

4. Erythrocyte destruction

- Increased HbA1c: increased erythrocyte life span: Splenectomy
- Decreased HbA1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antineoplastic, ritavirin & dapsone

5. Others

- Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use, chronic renal failure
- Decreased HbA1c: hyperglycemia, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, splenomegaly, rheumatoid arthritis or drugs

Technologist
VIKARAJI
Page No: 5 of 15

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA

Age :- 36 Yrs 3 Mon 5 Days

Sex :- Male

Patient ID :-12234372

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Date :- 13/01/2024 09:05:48

Final Authentication : 13/01/2024 17:13:29

HAEMATOLOGY

BLOOD GROUP ABO

Method - Haemagglutination reaction

"B" POSITIVE



Technologist
VIKARANTSI
Page No. 5 of 15

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA

Age :- 36 Yrs 3 Mon 5 Days

Sex :- Male

Patient ID :-12234372

Date :- 13/01/2024

09:05:48

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/01/2024 17:13:29

BIOCHEMISTRY

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

LIPID PROFILE

TOTAL CHOLESTEROL
Method - CHOD-PAP methodology

187.00 mg/dl

Desirable <200
Borderline 200-239
High > 240

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

TRIGLYCERIDES
Method - GPO-PAP

156.00 H mg/dl

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

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

DIRECT HDL CHOLESTEROL
Method - Direct clearance Method

47.50 mg/dl

MALE- 30-70
FEMALE - 30-85

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

LDL CHOLESTEROL
Method - Calculated Method

113.50 mg/dl

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

VLDL CHOLESTEROL
Method - Calculated

31.20 mg/dl

0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO
Method - Calculated

3.94

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO
Method - Calculated

2.39

0.00 - 3.50

TOTAL LIPID
Method - CALCULATED

597.93 mg/dl

400.00 - 1000.00

1. Measurements on the same patient can show physiological & analytical variations. Three serialsingles 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

Technologist
VIKARAN TIJI
Page No: 7 of 15

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA

Age :- 36 Yrs. 3 Mon 5 Days

Sex :- Male

Patient ID :-12234372

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Date :- 13/01/2024

09:05:48

Final Authentication : 13/01/2024 17:13:29

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



Technologist
VIKARAN (3)
Page No: 8 of 15

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA

Age :- 36 Yrs 3 Mon 5 Days

Sex :- Male

Patient ID :-12234372

Date :- 13/01/2024

09:05:48

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/01/2024 17:13:29

BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL)

Method- DMSO/Diaz

0.61 mg/dL

Infants : 0.2-8.0 mg/dL

Adult - Up to - 1.2 mg/dL

SERUM BILIRUBIN (DIRECT)

Method- DMSO/Diaz

0.23 mg/dL

Up to 0.40 mg/dL

SERUM BILIRUBIN (INDIRECT)

Method- Calculated

0.38 mg/dl

0.30-0.70

SGOT

Method- IFCC

30.8 U/L

0.0 - 40.0

SGPT

Method- IFCC

34.3 U/L

0.0 - 40.0

SERUM ALKALINE PHOSPHATASE

Method- DGKC - SCE

127.00 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- Sraz methodology

Instrument: Nava Reader Ks levela

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 extra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

23.50 U/L

10.00 - 45.00

SERUM TOTAL PROTEIN

Method- Direct Biamt Reagent

6.79 g/dl

6.00 - 8.40

SERUM ALBUMIN

Method- Bromocresol Green

3.94 g/dl

3.50 - 5.50

SERUM GLOBULIN

Method- CALCULATION

2.85 gm/dl

2.20 - 3.50

A/G RATIO

1.38

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, parasitosis, 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

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

Technologist
VIKARAN (S)
Page No. 9 of 15



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA	Patient ID :-42234372	Date :- 13/01/2024	09:05:48
Age :- 36 Yrs 3 Mon 5 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 13/01/2024 17:13:29

BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Method - Urease GLDH	24.90	mg/dl	10.00 - 50.00
------------------------------------	-------	-------	---------------

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

SERUM CREATININE Method - Jaffe's Method	1.26	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	4.85	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, Down's syndrome, Metabolic syndrome, Pregnancy, Gout.

SODIUM Method - ISE	139.8	mmol/L	135.0 - 150.0
------------------------	-------	--------	---------------

POTASSIUM Method - ISE	4.69	mmol/L	3.50 - 5.50
---------------------------	------	--------	-------------

CHLORIDE Method - ISE	100.0	mmol/L	94.0 - 110.0
--------------------------	-------	--------	--------------

SERUM CALCIUM Method - Arsenazo III Method	9.98	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 hypercalcaemia. Hypocalcaemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN Method - Direct Buret Reagent	6.79	g/dl	6.00 - 8.40
--	------	------	-------------

SERUM ALBUMIN Method - Bromocresol Green	3.94	g/dl	3.50 - 5.50
---	------	------	-------------

SERUM GLOBULIN Method - CALCULATION	2.85	gm/dl	2.20 - 3.50
--	------	-------	-------------

A/G RATIO	1.38		1.30 - 2.50
-----------	------	--	-------------

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

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

Technologist
VIKARANTSI
Page No. 10 of 15



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA	Patient ID :-12234372	Date :- 13/01/2024	09:05:48
Age :- 36 Yrs 3 Mon 5 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 13/01/2024 17:13:29

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 analyses 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.



Technologist
VIKARAN JI
Page No. 11 of 15

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA	Patient ID :-42234372	Date :- 13/01/2024	09:05:48
Age :- 38 Yrs 3 Mon 5 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 13/01/2024 17:13:29

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	1.025		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



Technologist
VIKARAN D
Page No. 12 of 15

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA	Patient ID :-42234372	Date :- 13/01/2024	09:05:48
Age :- 36 Yrs 3 Mon 5 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 13/01/2024 17:13:29

TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3 Method:- ECLIA	1.12	ng/mL	0.70 - 2.04 0.70-2.04

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

Reference Range (T3): Premature Infants 26-30 Weeks ,3-4 days

Full-Term Infants 1-3 days

1 Week

1- 11 Months

Prepubertal Children

Reference Ranges (T4): Premature Infants 26-30 weeks ,3-4 days

Full -Term Infants 1-3 days

1 weeks 6.00 - 15.9 ug/dl 1-11 Months

Prepubertal children 12 months-2yrs

Prepubertal children 3-9 yrs

Reference Ranges (TSH): Premature Infants 26-32 weeks ,3-4 Days

Full Term Infants 4 Days

1 - 11 Months:0.90 - 7.70 | Prepubertal children:0.60 - 5.50. Primary malfunction of the thyroid gland may result in hyper or low 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 hypo thyroidism TSH levels

THYROID-THYRONINE (T4) Secondary and tertiary hypothyroidism TSH levels may be low

Method:- ECLIA

5.10 - 14.10

5.1-14.1

NOTE-TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measure serum TSH concentration. Dose and time of drug intake also influence the test result. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions, simultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis.

INTERPRETATION Ultra Sensitive 4th generation assay 1. Primary hyperthyroidism is accompanied by ↑ serum T3 & T4 values along with ↓ TSH level. 2. Low TSH, high FT4 and TSH receptor antibody (TRAb) +ve seen in patients with Graves disease 3. Low TSH, high FT4 and TSH receptor antibody (TRAb) +ve seen in patients with Toxic adenoma/Toxic Multinodular goiter 4. High TSH, Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto's thyroiditis 5. High TSH, Low FT4 and Thyroid microsomal antibody normal seen in patients with iodine deficiency/ Congenital T4 synthesis deficiency 6. Low TSH, Low FT4 and TRH stimulation test -Delayed response seen in patients with Tertiary hypothyroidism

7. Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑ serum TSH levels. Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis. Normal or ↑ T3 & ↑ T4, Normal T3 & T4 along with ↑ TSH indicate mild / Subclinical Hyperthyroidism. 11. Normal T3 & ↑ T4 along with ↑ TSH is seen in Hypothyroidism. 12. Normal T3 & T4 levels with ↑ TSH indicate Mild / Subclinical Hypoth

DURING PREGNANCY - REFERENCE RANGE for TSH (In uIU/mL) (As per American Thyroid Association) 1st Trimester : 0.10-2.50 uIU/mL, 2nd Trimester : 0.20-3.00 uIU/mL, 3rd Trimester : 0.30-3.00 uIU/mL. The production, circulation, and degradation of thyroid hormones are altered throughout the stages of pregnancy.

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

TSH

Method:- ECLIA

3.881

uIU/mL

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

Technologist
VIKARAN JOSHI
Page No. 14 of 15



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mr. PRADEEP KUMAR VERMA

Age :- 36 Yrs 3 Mon 5 Days

Sex :- Male

Patient ID :-12234372

Date :- 13/01/2024 09:05:48

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 13/01/2024 17:13:29

IMMUNOASSAY

4th Generation Assay, Reference ranges vary between laboratories.

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

1st Trimester : 0.10-2.50 uIU/mL

2nd Trimester : 0.20-3.00 uIU/mL

3rd Trimester : 0.30-3.00 uIU/mL

The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

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

INTERPRETATION

- 1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
- 2.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels
- 3.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
- 4.Normal or ↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3)
- 5.Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism

. COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.

Disclaimer: 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.

. Reference ranges are from Teltz fundamental of clinical chemistry 8th ed (2018)

Test performed by Instrument : Beckman coulter Dxi 800

Note: The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

*** End of Report ***

Technologist
VIKARAN JI
Page No. 15 of 15

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME:	MR. PRADEEP KUMAR VERMA	AGE	36 YRS/M
REF.BY	BANK OF BARODA	DATE	13/01/2024

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected

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



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



MR. PRADEEP KUMAR VERMA	36 Y/M
Registration Date: 13/01/2024	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (143 mm). Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channels are not dilated. Portal vein diameter is normal.

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

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

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

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

Right kidney is measuring approx. 101 mm.

Left kidney is measuring approx. 97 mm.

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

Prostate is normal in size with normal echotexture and outline.

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

No significant free fluid is seen in pelvis.

IMPRESSION:- No significant abnormality is detected

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

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



Temis (P) Ltd

#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar , Jaipur

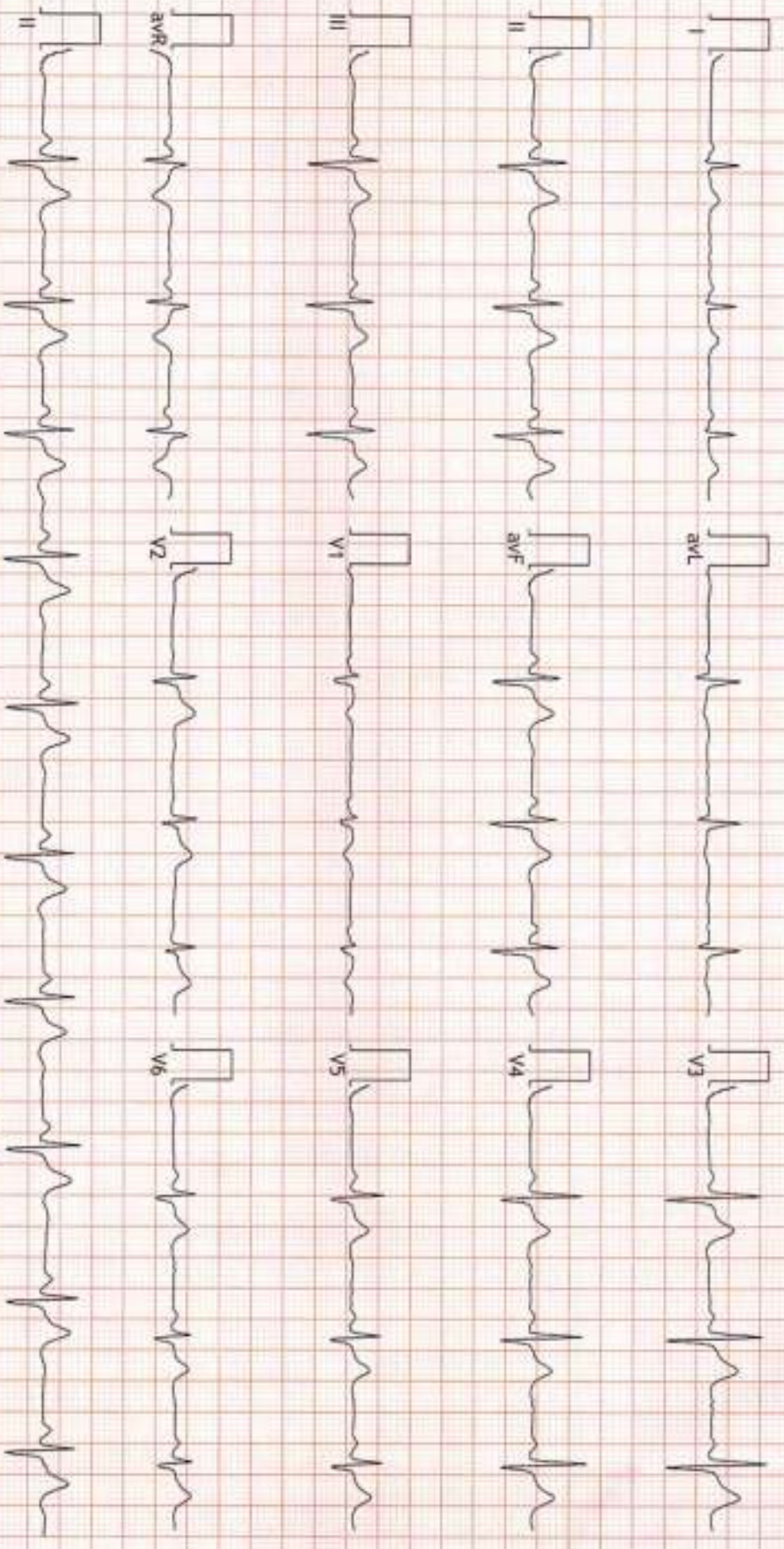
128541925460534/Mr Pradeep Kumar Verma 36Yrs-5months/Male

Ref: BANK OF BARODA Test Date: 13-Jan-2024(K):10:42 PJ Notch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

Kgs/ Cms BP: ___/___ mmHg

HR: 62 bpm

PR Interval: 160 ms
QRS Duration: 92 ms
QT/QTc: 367/374ms
P-QRS-T Axis: 62° -41° -68° (Deg)



FINDINGS: Normal Sinus Rhythm

Vent Rate : 62 bpm; PR Interval : 160 ms; QRS Duration: 92 ms; QT/QTc Int : 367/374 ms

P-QRS-T axis: 62° -41° -68° (Deg)

Comments :

Pradeep Kumar Verma

Dr. Naresh Kumar Mohanka

RMC No.: 35703

M.B.B.S., D.I.P. CARDIO (ESCORTS)

D.E.M. (RCGP-UK)

DR. NARESH MOHINKA

B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
 12234375/AR PRADEEP KUMAR VERMA 36 Yrs/Male 0 Kg/10 Cms
 Date: 13-Jan-2024 01:12:47 PM

Ref By : BANK DE BAROJA
 Medication : Nil
 Objective :

Protocol : BRUCE
 History : Nil

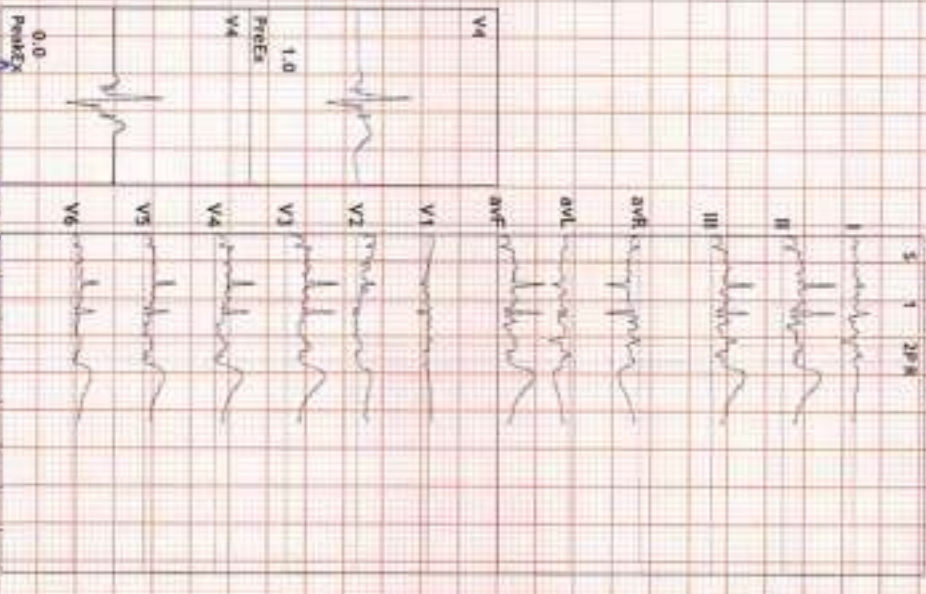
Stage	StageTime	PhaseTime	Speed	Grade	METS	H.R.	B.P.	R.P.P.	PVC	Comments
	min:sec	min:sec	mph	%		b/min	mmHg	x100		
Supine					1.0	70	120/80	84	-	
Standing					1.0	69	120/80	82	-	
HV					1.0	75	120/80	90	-	
ExStart					1.0	95	120/80	114	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	116	130/80	150	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	147	140/80	205	-	
PeakEx	1:09	7:10	3.4	14.0	8.3	167	150/85	250	-	
Recovery	1:00		0.0	0.0	1.2	129	150/85	193	-	
Recovery	2:00		0.0	0.0	1.0	110	160/85	176	-	
Recovery	3:00		0.0	0.0	1.0	104	150/85	156	-	
Recovery	4:00		0.0	0.0	1.0	95	140/80	133	-	

Findings :

Exercise Time : 07:09
 Max HR Attained : 167 bpm 91% of Max Predictable HR 184
 Max BP : 160/85(mmHg)
 Max Workload attained : 8.3(Fair Effort Tolerance)

[Handwritten Signature]

Tmt is negative for RHT



STL 6.3 sec/10s

Advice/Comments:

[Handwritten Signature]

Dr. Naresh Kumar Mohanka
 RMC No.: 35703
 MBBS, DIP. CARDIO (ESCORTS)
 D. ERNAPRESBANDHANKA



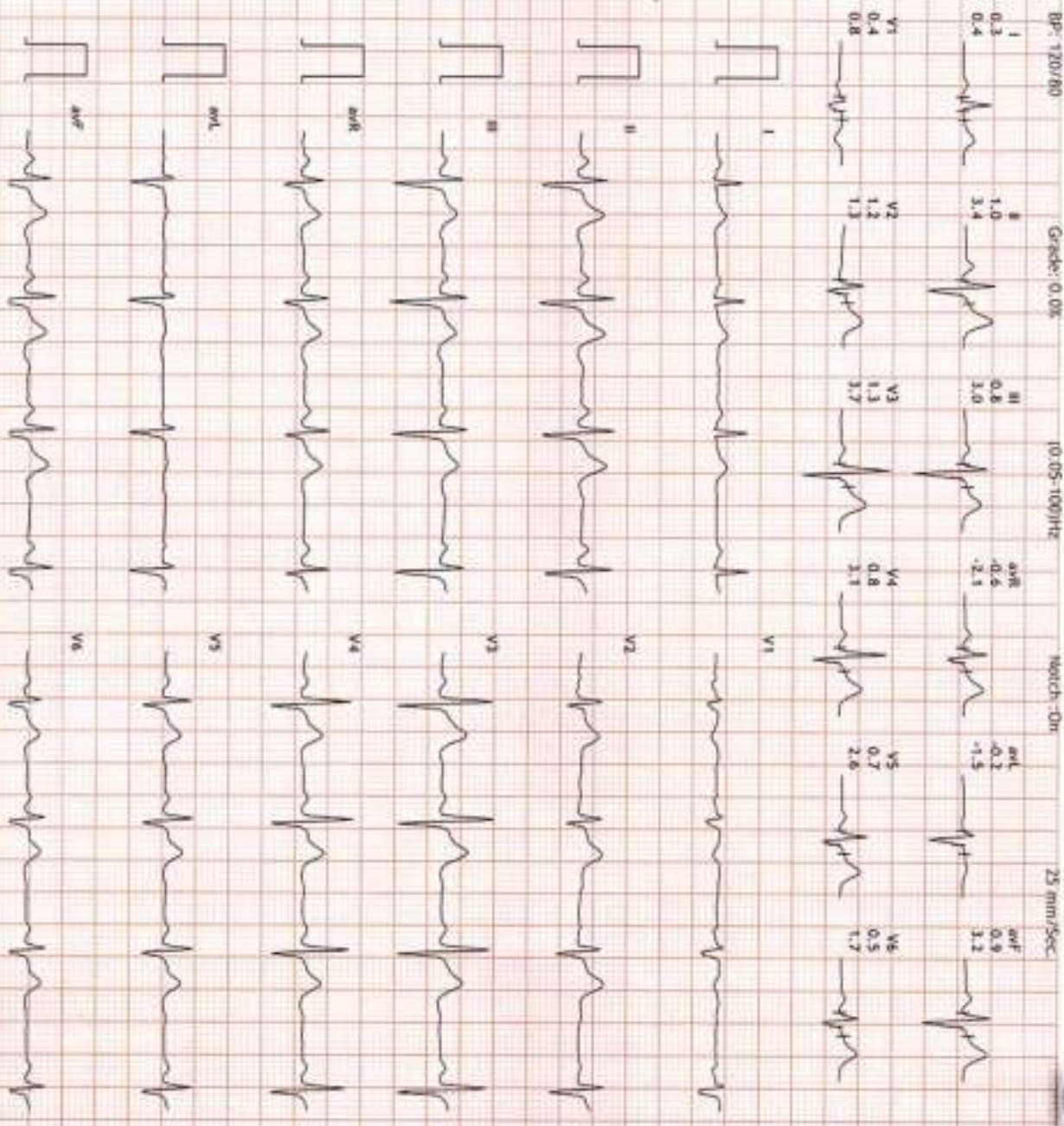
HR: 70 bpm
MEFS: 1.0
BP: 120/70

MPHR: 38% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
10:05-10:07Hz

Ex Time 00:30
BLC: 0h
Watch: 0h

Supine
10.0 mm/1mV
25 mm/Sec



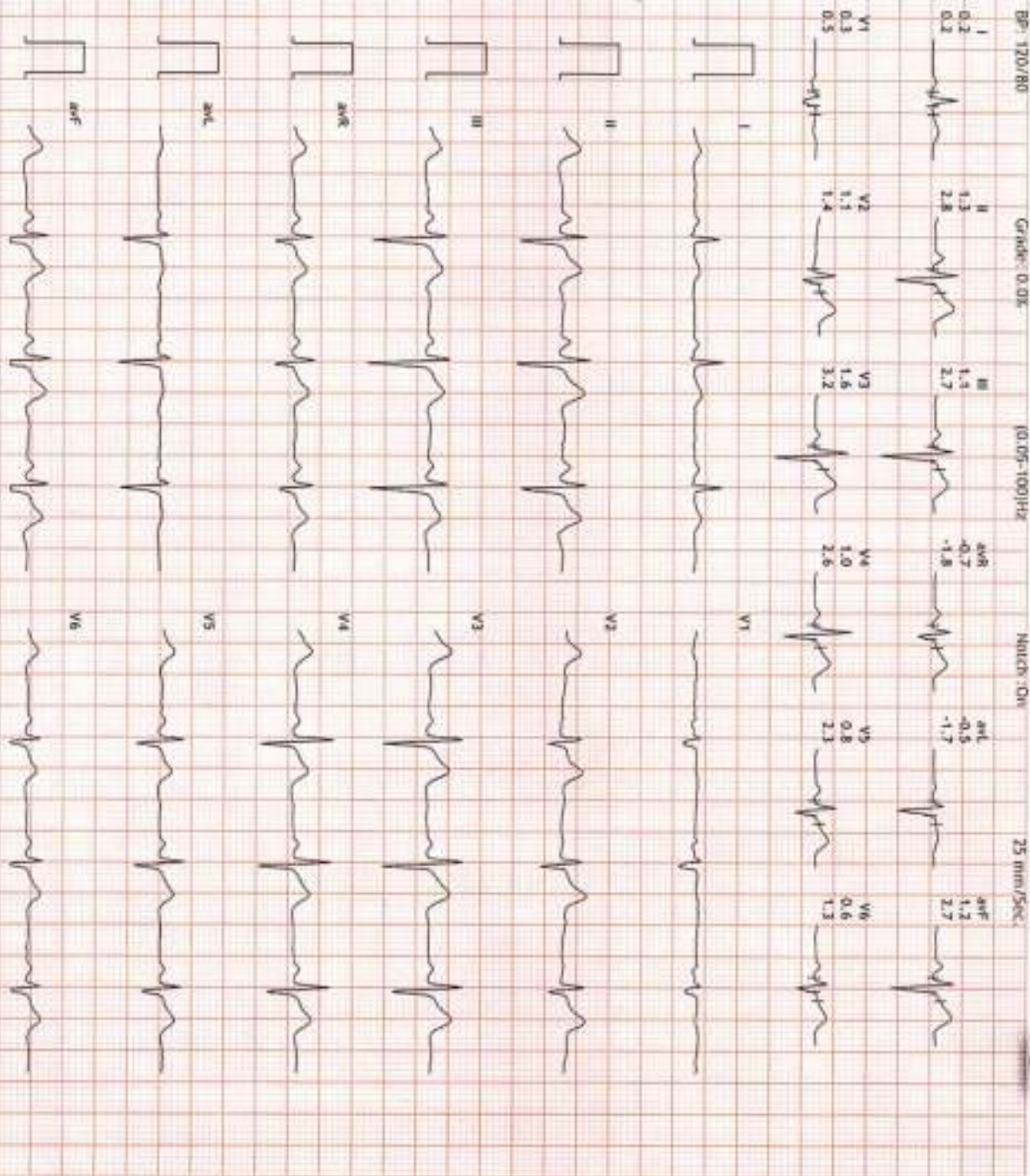
HR: 69 bpm
MET5: 1.0
BP: 120/80

MPHR: 37% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
10.05-100Hz

Ex Time 01:16
BLC :On
MURDR :On

Standing
10.0 mm/mV
25 mm/Sec



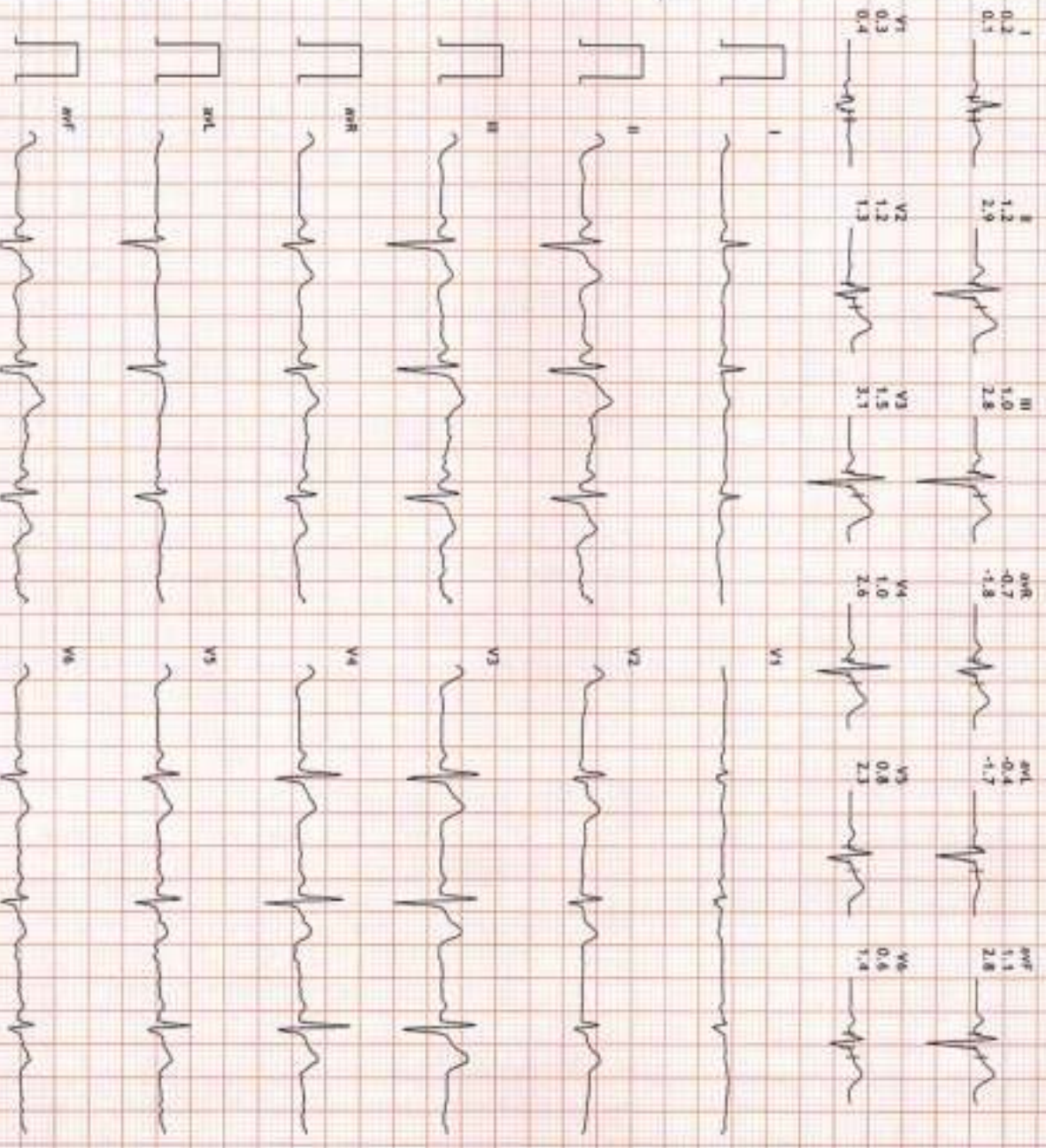
HR: 76 bpm
METS: 1.0
BP: 120/80

APHR:41% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
SHUCE
10.05-1001Hz

Ex Time 01:28
BLC :On
Modct: :On

HV
10.0 mm/mV
25 mm/Sec



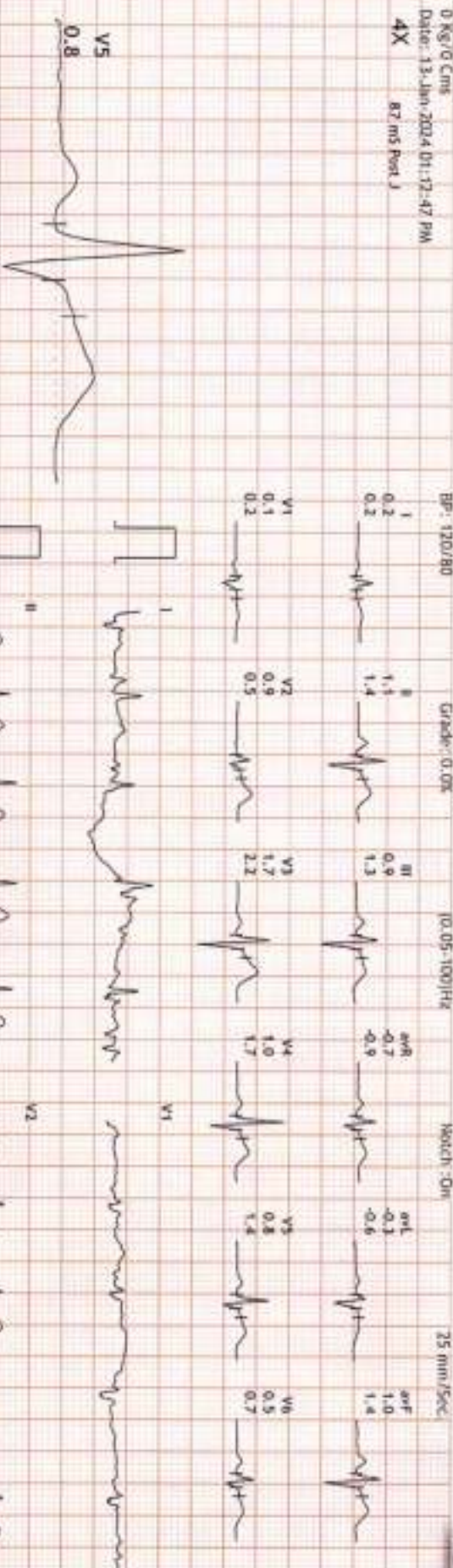
HR: 97 bpm
METs: 1.0
BP: 120/80

MPHR: 52% of 184
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
10.05-100/FHz

Ex Time 01:48
BLC -On
Medch -On

ExStart
10.0 mm/any
25 mm/5c



HR: 111 bpm

MEETS: 4.7

BP: 130/80

APHR: 60% of 184

Speed: 1.7 mph

Grade: 10.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 02:59

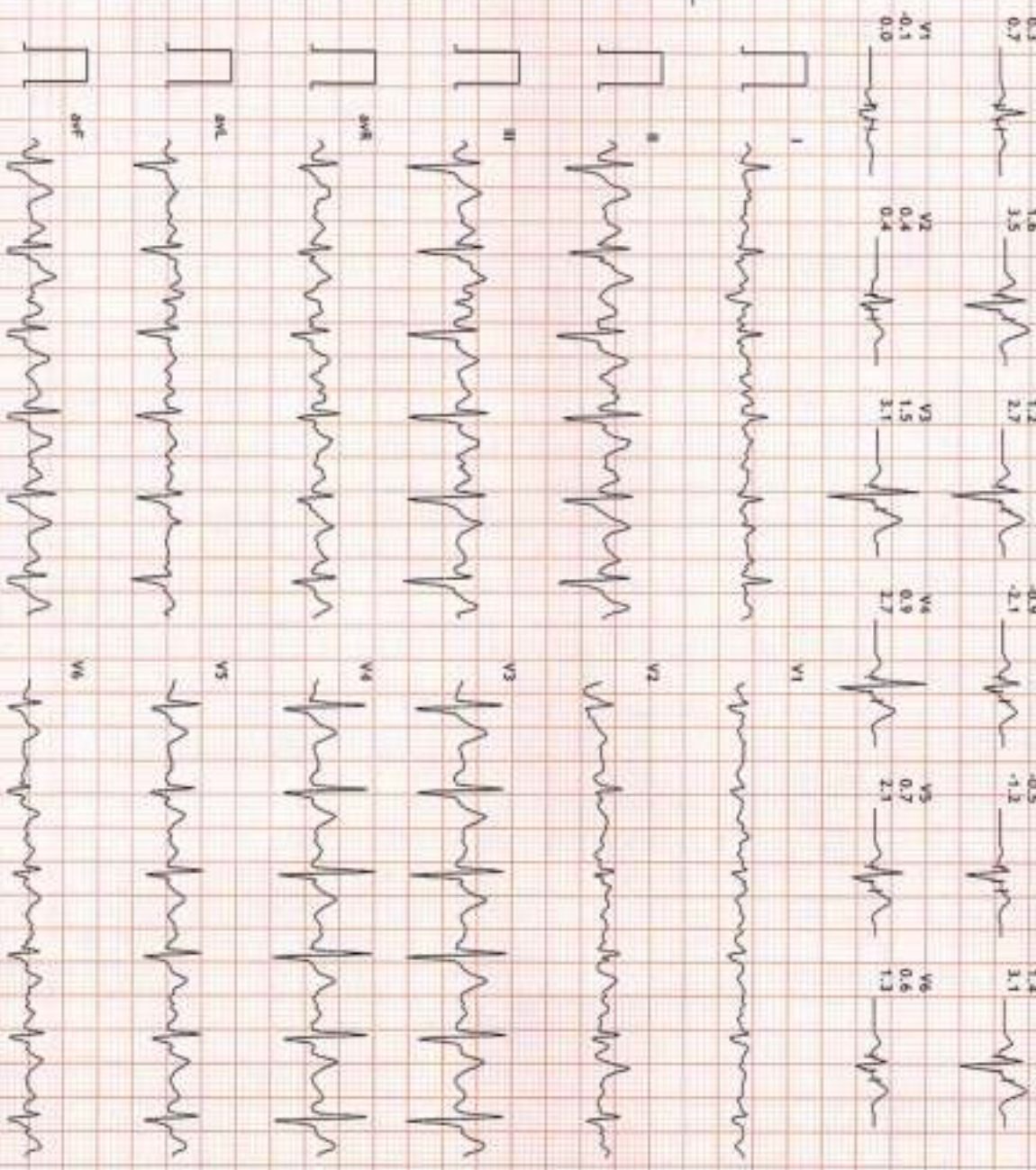
ELC :On

Notch :On

BRUCE:Stage 1(3:00)

10.0 mm/mV

25 mm/5sec



B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
12234375/MR PRADEEP KUMAR VERMA
36 Yrs/Male

HR: 146 bpm

JAPH: 79% of 184

Raw ECG

Ex Time 05:59

BRUCE: Stage 2(3:00)

Date: 13-Jan-2024 01:12:47 PM

MEETS: 7.1

Speed: 2.5 mph

BRUCE

RLC: On

10.0 mm/mV

0 Kg/0 Cmc

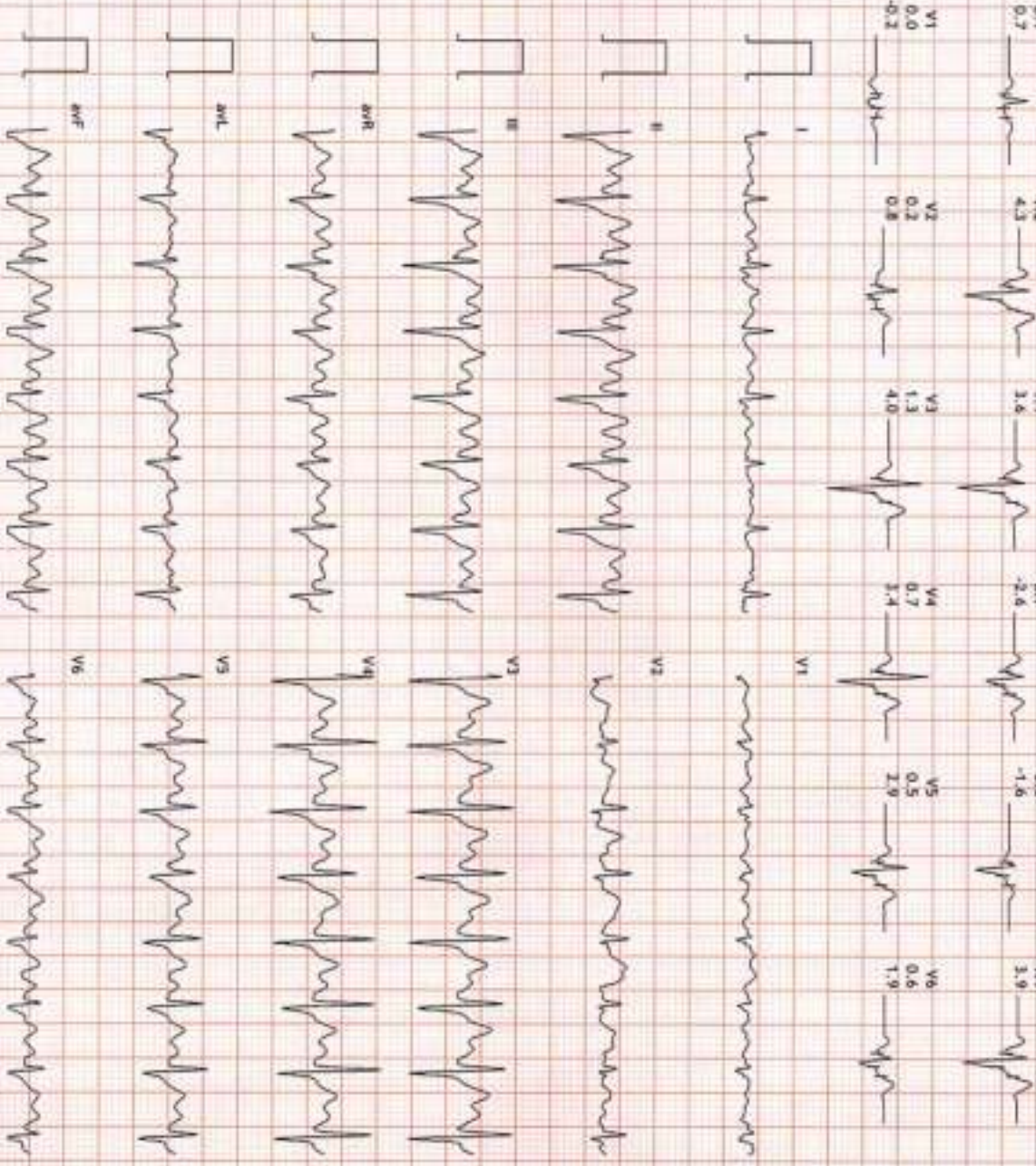
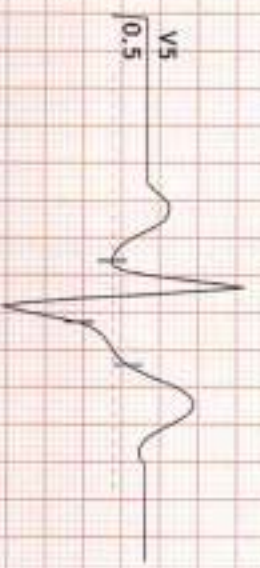
BP: 140/90

Grade: 12.0%

10.05-100/Hz

Hotch: On

25 mm/Sec



B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
12234375/MR PRADEEP KUMAR VERMA
36 Yrs/Male

0 Kg/0 Cms

Date: 13-Jan-2024 01:12:47 PM

4X

87 ms Post J

HR: 167 bpm

MEETS: 8.3

BP: 150/85

MPHR: 90% of 184

Speed: 1.4 mph

Grade: 14.0%

Raw ECG

BRUCE

10.05-100/Hz

Ex Time: 07:07

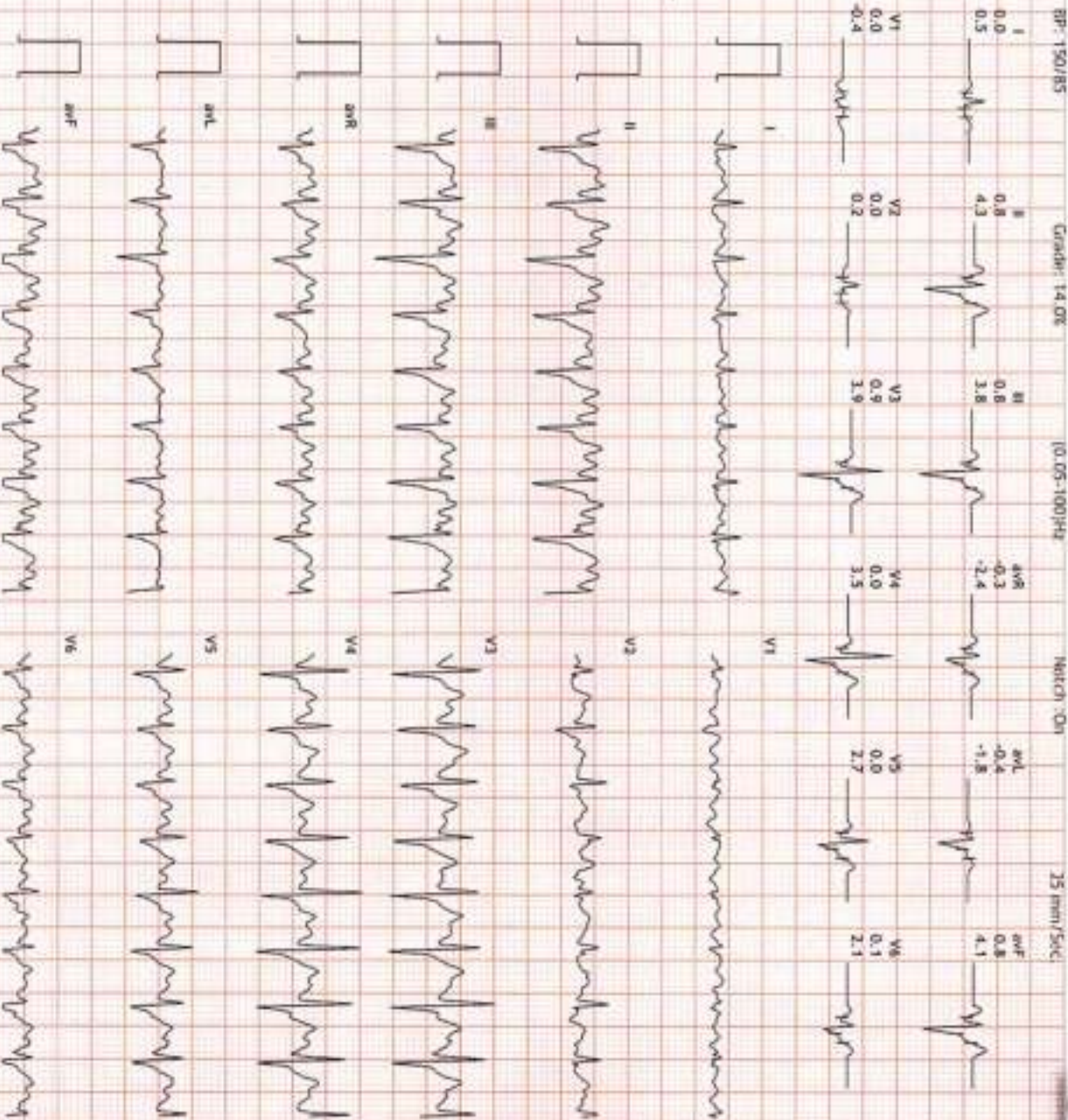
SCL: On

MediOT: On

BRUCE: PeakEx(1:07)

10.0 mm/min

25 mm/5s



B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
1224375/MR PRADEEP KUMAR VERMA
36 Yrs/Male

HR: 128 bpm

MAPR: 69% of 184

Raw ECG

Ex Time 07:09

Recovery(1:00)

0 Kg/0 Cms

RR: 150/85

Speed: 0.0 mph

BRUCE

BLC: On

10.0 mm/mV

Date: 13-Jan-2024 01:12:47 PM

MEFS: 1.3

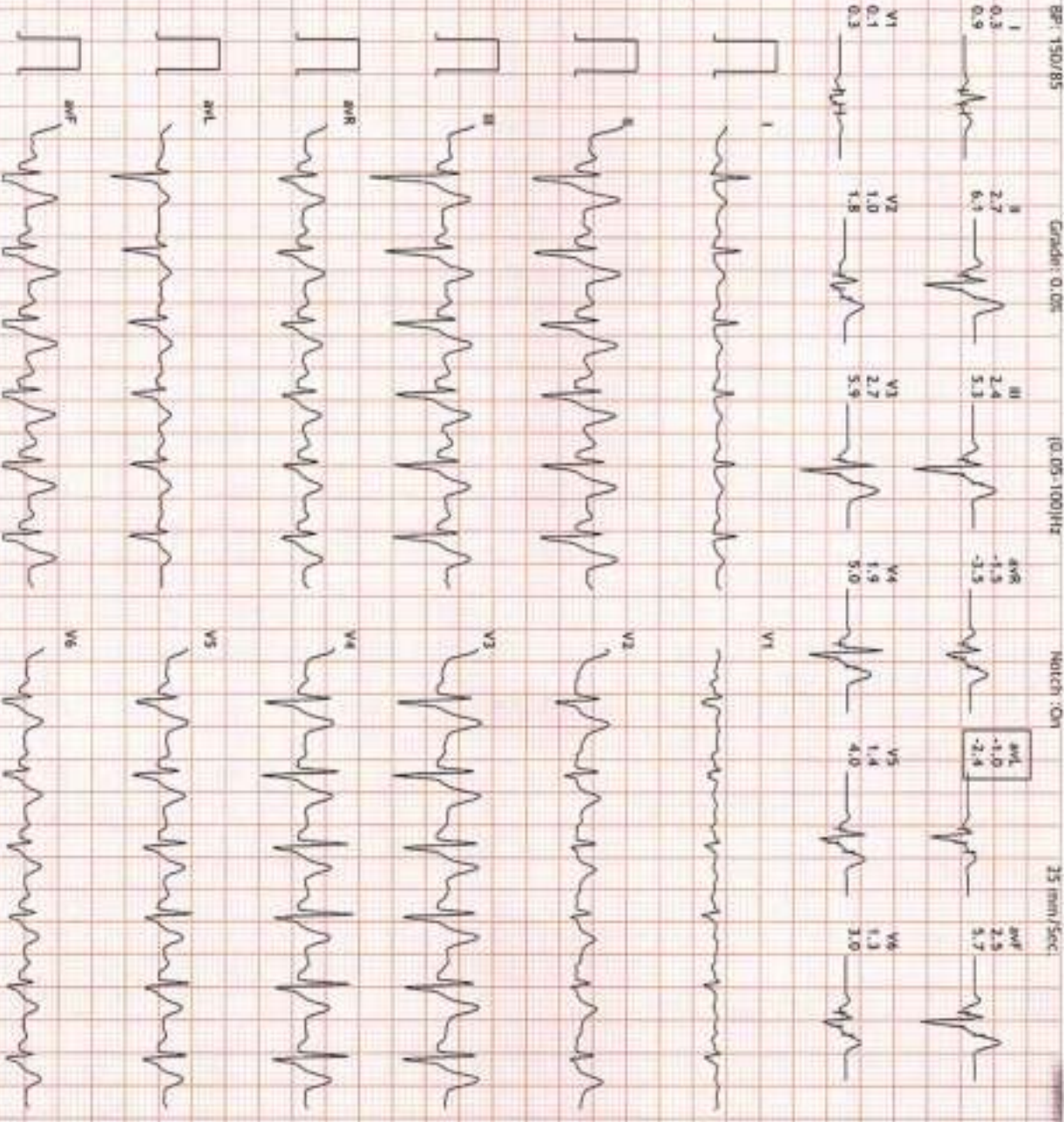
Grades: 0.0%

(0.05-100)Hz

Match: On

25 mm/5sec

4X 87 ms Post J



B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
12234375/MR PRADEEP KUMAR VERMA
36 Yrs/Male

0 Kg/0 Cms

Date: 13-Jan-2024 01:12:47 PM

4X 87 ms/beat J

HR: 109 bpm

MEETS: 1.0

BP: 160/85

MPHR: 59% of 184

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

10.05-1001Hz

Ex Time 07:09

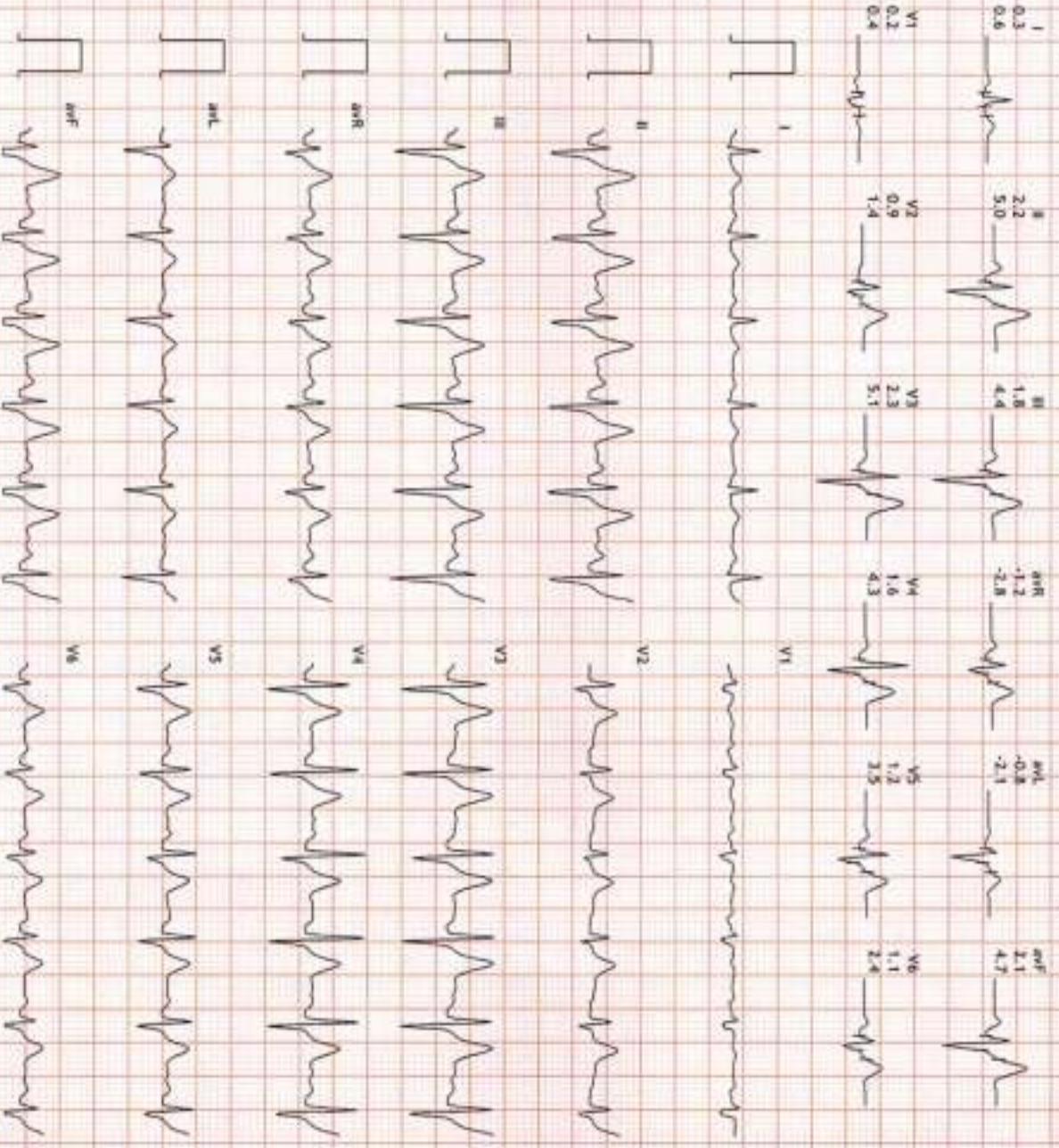
BLC: On

Notch: On

Recovery(2:00)

10.0 min/mV

25 mm/5sec



HR: 105 bpm

METS: 1.0

BP: 150/85

MAPR: 57% of 184

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 07:09

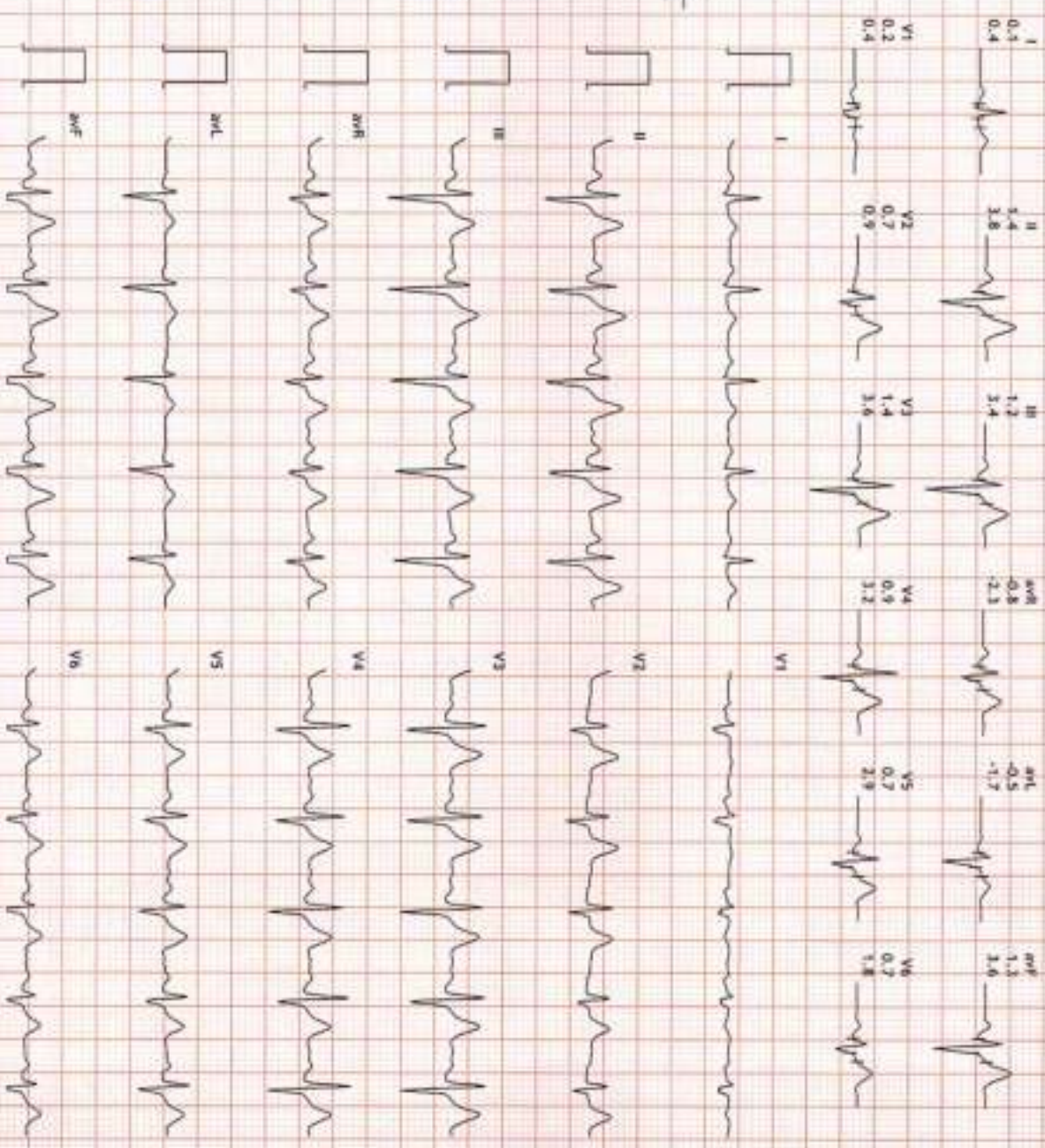
BLC :On

Rech: On

Recovery(3:00)

10.0 mm/mV

25 mm/Sec



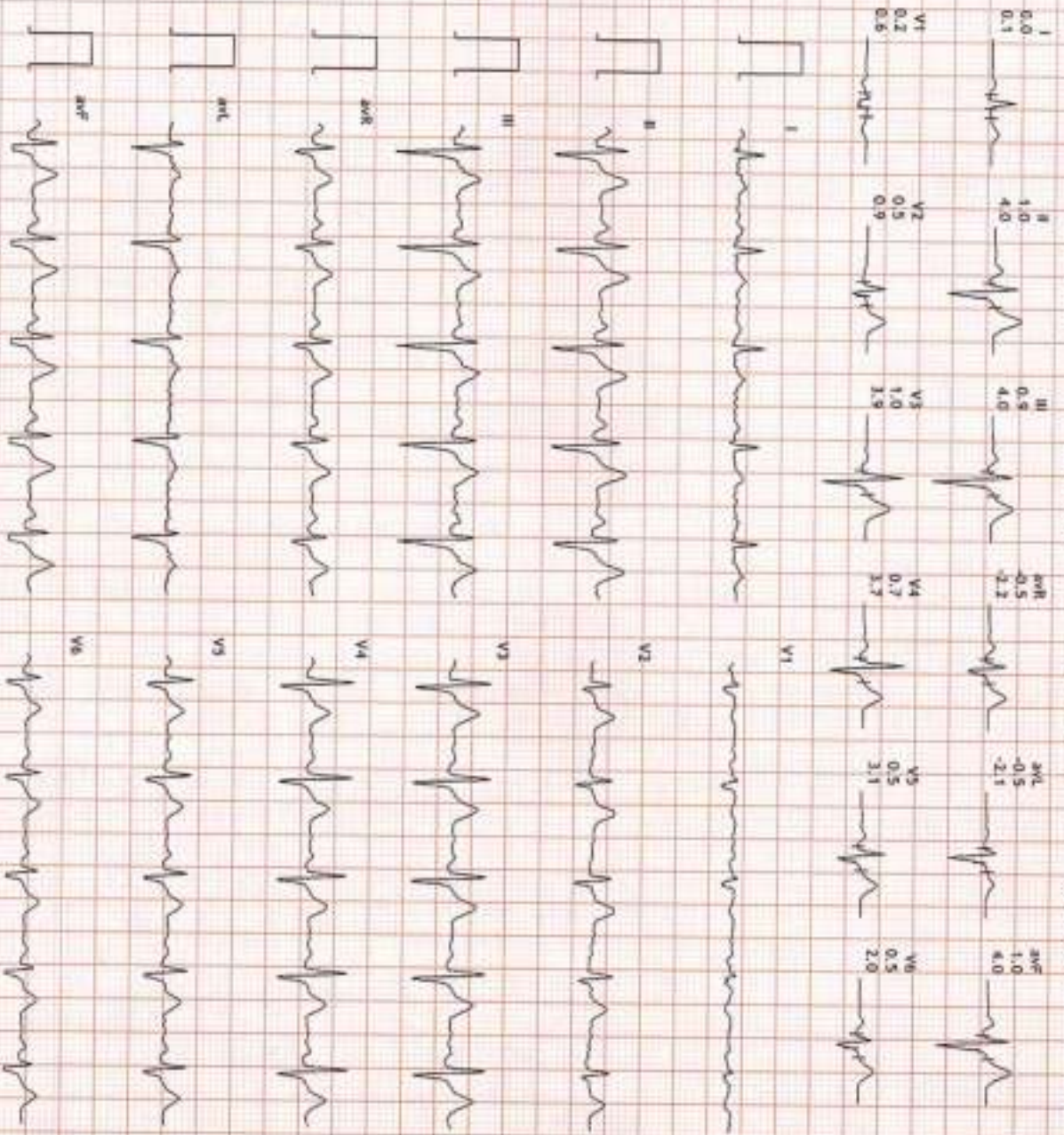
HR: 96 bpm
METs: 1.0
BP: 140/80

MPHR: 52% of 184
Speed: 0.0 mph
Grade: 0.0%

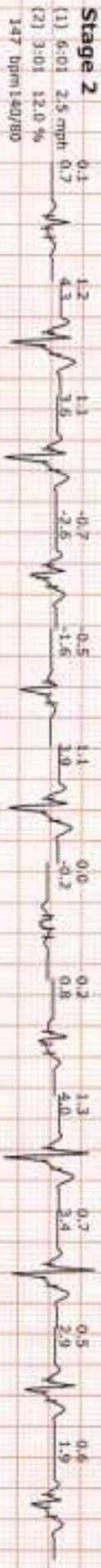
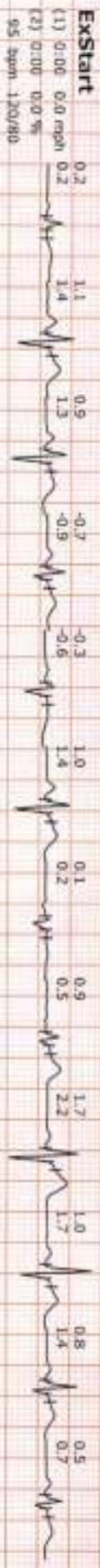
Raw ECG
BRUCE
10.05-1003Hz

Ex Time 07:09
BLC: On
Natch: On

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



B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
 1224375/MR PRADEEP KUMAR VERMA 36 Yrs/Male 0 Kg/0 Cms
 Date: 13-Jan-2024 01:12:47 PM



Average





Google


Jaipur, Rajasthan, India

G-22 Vidhadher Enclave 14, near Cine Star, Sector 2, Central Spine, Vidyadhar Nagar, Jaipur, Rajasthan 302039, India

Lat 26.964658°

Long 75.782473°

13/01/24 01:00 PM GMT +05:30

 **GPS Map Camera**



भारत सरकार

Government of India



प्रदीप कुमार वर्मा

Predeep Kumar Verma

जन्म तिथि/DOB: 10/10/1987

पुरुष/ MALE



6403 0697 3000

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

Address:

S/O Mool Chand Verma, ward n 3, ramdevji ke mandir ke pas,
Bagariyavas, Sikar, Rajasthan - 332715

पता:

S/O मूल चन्द वर्मा, वार्ड नं ३, रामदेवजी के
मंदिर के पास, बागरियावास, सीकर,
राजस्थान - 332715

6403 0697 3000



1047



help@uidai.gov.in

www

www.uidai.gov.in

R

12234372 PRADEEP KUMAR VERMA 36 YRS MEDIWHEEL M
13.JAN.2024
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

