



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
 Unique Identification Authority of India
Government of India

प्रमाणन क्रम / Enrollment No. : 1211/96603/01906

26/11/2013

To
Vikrant B Meena
 विजय बी मेणा
 S/O Banwari Lal Meena
 30, Jamnapur
 Near Meena Krishi Farm
 Murlipura
 Murlipura, Jaipur
 Rajasthan - 302039
 9274774126



KL580152425FT

58015242



आपका आधार क्रमांक / Your Aadhaar No. :

7063 9892 1896

आधार - आम आदमी का अधिकार



भारत सरकार
 Government of India

विजय बी मेणा
 Vikrant B Meena



जन्म तिथि/DOB: 25/03/1981
 लिंग / Male

7063 9892 1896



आधार - आम आदमी का अधिकार

[Handwritten signature]

DR. P. YUSH GOYAL
 MBBS, DMRD (Radiologist)
 RMC No. 037041



P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023
+91 141 4824885 p3healthsolutionsllp@gmail.com



General Physical Examination

Date of Examination: 24/08/2024

Name: Vikram B Meena Age: 43 DOB: 25/09/1981 Sex: Male

Referred By: Bank of Baroda

Photo ID: Adhar Card ID #: 1896

Ht: 168 (cm)

Wt: 89 (Kg)

Chest (Expiration): 109 (cm)

Abdomen Circumference: 100 (cm)

Blood Pressure: 125/85 mm Hg PR: 79 / min RR: 18 / min Temp: Afebrile

BMI 31.5

Eye Examination: with Goggles R/E, L/E, N/E, N/B
L/E L/E N/E N/B

Other: NO

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

Signature Of Examinee: [Signature] Name of Examinee: Vikram B Meena

Signature Medical Examiner: [Signature] Name Medical Examiner: Dr. Piyush Goyal
RMC No.-037041



P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

+91 141 4824885 p3healthsolutionsllp@gmail.com



Patient ID 1224977 Patient Mob No.9558443943
NAME Mr. VIKRANT B MEENA
Age / Sex Male 43 Yrs 5 Mon 1 Days
Ref. By BANK OF BARODA
Lab/Hosp Mr.MEDIWHEEL

Registered On 24/08/2024 09:14:08
Collected On 24/08/2024 09:51:46
Authorized On 25/08/2024 09:51:26
Printed On 25/08/2024 09:51:32

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP ABOVE 40 MALE			
HAEMOGLOBIN (Hb)	15.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	8.70	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	57.8	%	40.0 - 80.0
LYMPHOCYTE	36.8	%	20.0 - 40.0
EOSINOPHIL	1.3	%	1.0 - 6.0
MONOCYTE	4.1	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.11	$\times 10^6/\mu\text{L}$	4.50 - 5.50
HEMATOCRIT (HCT)	46.70	%	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)	32.1	g/dL	31.5 - 34.5
PLATELET COUNT	178	$\times 10^3/\mu\text{L}$	150 - 410
RDW-CV	14.3	%	11.6 - 14.0

Technologist
Page No. 1 of 17

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



P3 HEALTH SOLUTIONS LLP

📍 B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

📞 +91 141 4824885 ✉️ p3healthsolutionsllp@gmail.com



Patient ID 1224977 Patient Mob No.9558443943
NAME Mr. VIKRANT B MEENA
Age / Sex Male 43 Yrs 5 Mon 1 Days
Ref. By BANK OF BARODA
Lab/Hosp Mr.MEDIWHEEL

Registered On 24/08/2024 09:14:08
Collected On 24/08/2024 09:51:46
Authorized On 25/08/2024 09:51:26
Printed On 25/08/2024 09:51:32

HAEMATOLOGY

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR) <small>Method - Westergren</small>	15	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

Technologist
Page No. 2 of 11

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



P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

+91 141 4824885 ✉ p3healthsolutionsllp@gmail.com



Patient ID 1224977 Patient Mob No.9558443943

Registered On 24/08/2024 09:14:08

NAME Mr. VIKRANT B MEENA

Age / Sex Male 43 Yrs 5 Mon 1 Days

Ref. By BANK OF BARODA

Printed On 25/08/2024 09:51:32

Lab/Hosp 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

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023
+91 141 4824885 p3healthsolutionsllp@gmail.com



Patient ID 1224977	Patient Mob No. 9558443943	Registered On	24/08/2024 09:14:08
NAME Mr. VIKRANT B MEENA		Collected On	24/08/2024 09:51:46
Age / Sex	Male 43 Yrs 5 Mon 1 Days	Authorized On	25/08/2024 09:51:26
Ref. By	BANK OF BARODA	Printed On	25/08/2024 09:51:32
Lab/Hosp	Mr.MEDIWHEEL		

BIOCHEMISTRY

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

FASTING BLOOD SUGAR (Plasma) Method: GLUCOSE OXIDASE/PEROXIDASE	100.3	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.

Technologist

Page No. 4 of 17

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



P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

+91 141 4824885 p3healthsolutionsllp@gmail.com



Patient ID 1224977 Patient Mob No.9558443943
NAME Mr. VIKRANT B MEENA
Age / Sex Male 43 Yrs 5 Mon 1 Days
Ref. By BANK OF BARODA
Lab/Hosp Mr.MEDIWHEEL

Registered On 24/08/2024 09:14:08
Collected On 24/08/2024 09:51:46
Authorized On 25/08/2024 09:51:26
Printed On 25/08/2024 09:51:32

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- CAPILLARY with EDTA

5.1 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

100 mg/dL

68 - 125

INTERPRETATION

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %

Non-diabetic adults ≥ 18 years = 5.7

At risk (Prediabetes) 5.7 - 6.4

Diagnosing Diabetes ≥ 6.5

CLINICAL NOTES

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 8-12 weeks) and therefore provides much more reliable information for glycemia monitoring than 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 Hemoglobin-Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.

3. Glycation

- Increased HbA1c: alcoholism, chronic renal failure, decreased ultrafiltration 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 antiretrovirals, stavirin & dapsone.

5. Others

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

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

Technologist
Page No. 5 of 17

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



P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

+91 141 4824885 p3healthsolutionsllp@gmail.com



Patient ID 1224977 Patient Mob No.9558443943

Registered On 24/08/2024 09:14:08

NAME Mr. VIKRANT B MEENA

Collected On 24/08/2024 09:51:46

Age / Sex Male 43 Yrs 5 Mon 1 Days

Authorized On 25/08/2024 09:51:26

Ref. By BANK OF BARODA

Printed On 25/08/2024 09:51:32

Lab/Hosp Mr.MEDIWHEEL

HAEMATOLOGY

HAEMATOLOGY

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

BLOOD GROUP ABO
Method:- Haemagglutination reaction

"B" POSITIVE



Technologist

Page 103 of 117

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



P3 HEALTH SOLUTIONS LLP

📍 B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023
📞 +91 141 4824885 ✉ p3healthsolutionsllp@gmail.com



Patient ID 1224977 **Patient Mob No.** 9558443943

Registered On 24/08/2024 09:14:08

NAME Mr. VIKRANT B MEENA

Collected On 24/08/2024 09:51:48

Age / Sex Male 43 Yrs 5 Mon 1 Days

Authorized On 25/08/2024 09:51:26

Ref. By BANK OF BARODA

Printed On 25/08/2024 09:51:32

Lab/Hosp Mr.MEDIWHEEL

BIOCHEMISTRY

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

LIPID PROFILE

SERUM TOTAL CHOLESTEROL
Method - CHOLESTEROL OXIDASE/PEROXIDASE

207.00 mg/dl

Desirable <200
Borderline 200-239
High > 240

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

SERUM TRIGLYCERIDES
Method - GLYCEROL PHOSPHATE OXIDASE/PEROXIDASE

166.10 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

30.80 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.

L.DL CHOLESTEROL
Method - Calculated Method

148.52 mg/dl

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

VLDL CHOLESTEROL
Method - Calculated

33.22 mg/dl

0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO
Method - Calculated

6.72 H

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO
Method - Calculated

4.82 H

0.00 - 3.50

TOTAL L.LIPID
Method - CALCULATED

653.43 mg/dl

400.00 - 1000.00

Technologist
Page No. 7 of 17

Tanu

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



P3 HEALTH SOLUTIONS LLP

📍 B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023
☎ +91 141 4824885 ✉ p3healthsolutionsllp@gmail.com



Patient ID **1224977** Patient Mob No.9558443943

Registered On 24/08/2024 09:14:08

NAME **Mr. VIKRANT B MEENA**

Collected On 24/08/2024 09:51:48

Age / Sex Male 43 Yrs 5 Mon 1 Days

Authorized On 25/08/2024 09:51:28

Ref. By **BANK OF BARODA**

Printed On 25/08/2024 09:51:32

Lab/Hosp **Mr.MEDIWHEEL**

BIOCHEMISTRY

BIOCHEMISTRY

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

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



Technologist

Page No. 6 of 17

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



P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

+91 141 4824885 p3healthsolutionslp@gmail.com



Patient ID 1224977 Patient Mob No.9558443943
NAME Mr. VIKRANT B MEENA
Age / Sex Male 43 Yrs 5 Mon 1 Days
Ref. By BANK OF BARODA
Lab/Hosp Mr.MEDIWHEEL

Registered On 24/08/2024 09:14:08
Collected On 24/08/2024 09:51:46
Authorized On 25/08/2024 09:51:26
Printed On 25/08/2024 09:51:32

BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method- DIAZOTIZED SULFANILIC	0.56	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method- DIAZOTIZED SULFANILIC	0.12	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method- Calculated	0.44	mg/dl	0.30-0.70
SGOT Method- IFCC	112.9 H	U/L	0.0 - 40.0
SGPT Method- IFCC	70.9 H	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method- DGKC - SCE	74.00	U/L	53.00 - 141.00
SERUM GAMMA GT Method- Szasz methodology Instrument Name Random Ra 1000a Interpretation: Elevations in GGT levels are less earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and necrotic 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.	21.30	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method- BIURET	7.29	g/dl	6.00 - 8.40
SERUM ALBUMIN Method- BROMOCRESOL GREEN	4.74	g/dl	3.50 - 5.50
SERUM GLOBULIN Method- CALCULATION	2.55	gm/dl	2.20 - 3.50
A/G RATIO	1.86		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.,

Technologist

Page No. 9 of 17

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



P3 HEALTH SOLUTIONS LLP

📍 B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

☎ +91 141 4824885 ✉ p3healthsolutionsllp@gmail.com



Patient ID **1224977** Patient Mob No. 9558443943

NAME **Mr. VIKRANT B MEENA**

Age / Sex **Male** 43 Yrs 5 Mon 1 Days

Ref. By **BANK OF BARODA**

Lab/Hosp **Mr. MEDIWHEEL**

Registered On **24/08/2024 09:14:08**

Collected On **24/08/2024 09:51:46**

Authorized On **25/08/2024 09:51:26**

Printed On **25/08/2024 09:51:32**

BIOCHEMISTRY

BIOCHEMISTRY

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

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



Technologist

Page No. 10 of 17

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



P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

+91 141 4824885 p3healthsolutionsllp@gmail.com



Patient ID 1224977 Patient Mob No.9558443943

Registered On 24/08/2024 09:14:08

NAME Mr. VIKRANT B MEENA

Collected On 24/08/2024 09:51:46

Age / Sex Male 43 Yrs 5 Mon 1 Days

Authorized On 25/08/2024 09:51:26

Ref. By BANK OF BARODA

Printed On 25/08/2024 09:51:32

Lab/Hosp Mr.MEDIWHEEL

BIOCHEMISTRY

BIOCHEMISTRY

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

RFT / KFT WITH ELECTROLYTES

SERUM UREA Method- UREASE / GLUTAMATE DEHYDROGENASE	25.80	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	0.85	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 Method- URICASE/PEROXIDASE	5.40	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- Ion-Selective Electrode with Serum	138.0	mmol/L	135.0 - 145.0
--	-------	--------	---------------

POTASSIUM Method- Ion-Selective Electrode with Serum	4.39	mmol/L	3.50 - 5.00
---	------	--------	-------------

CHLORIDE Method- Ion-Selective Electrode with Serum	96.7 L	mmol/L	97.0 - 107.0
--	--------	--------	--------------

SERUM CALCIUM Method- Arsenazo III Method	10.10	mg/dL	8.80 - 10.20
--	-------	-------	--------------

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

SERUM TOTAL PROTEIN Method- BIURET	7.29	g/dl	6.00 - 8.40
---------------------------------------	------	------	-------------

SERUM ALBUMIN Method- BROMOCRESOL GREEN	4.74	g/dl	3.50 - 5.50
--	------	------	-------------

Technologist,

Page No. 1 of 17

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



P3 HEALTH SOLUTIONS LLP

📍 B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

☎ +91 141 4824885 ✉ p3healthsolutionsllp@gmail.com



Patient ID 1224977 Patient Mob No.9558443943

Registered On 24/08/2024 09:14:08

NAME Mr. VIKRANT B MEENA

Collected On 24/08/2024 09:51:46

Age / Sex Male 43 Yrs 5 Mon 1 Days

Authorized On 25/08/2024 09:51:26

Ref. By BANK OF BARODA

Printed On 25/08/2024 09:51:32

Lab/Hosp Mr.MEDIWHEEL

BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM GLOBULIN Method- CALCULATION	2.55	gm/dl	2.20 - 3.50
A/G RATIO	1.86		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.

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

Technologist
Page No. 12 of 17

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



P3 HEALTH SOLUTIONS LLP

📍 B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023
☎ +91 141 4824885 ✉ p3healthsolutionsllp@gmail.com



Patient ID 1224977 **Patient Mob No.** 9558443943
NAME Mr. VIKRANT B MEENA
Age / Sex Male 43 Yrs 5 Mon 1 Days
Ref. By BANK OF BARODA
Lab/Hosp Mr.MEDIWHEEL

Registered On 24/08/2024 09:14:08
Collected On 24/08/2024 09:51:46
Authorized On 25/08/2024 09:51:26
Printed On 25/08/2024 09:51:32

CLINICAL PATHOLOGY

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

Technologist,
Page No. 1 of 17

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



P3 HEALTH SOLUTIONS LLP

📍 B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

☎ +91 141 4824885 ✉ p3healthsolutionsllp@gmail.com



Patient ID 1224977 **Patient Mob No.** 9558443943

Registered On 24/08/2024 09:14:08

NAME Mr. VIKRANT B MEENA

Collected On 24/08/2024 09:51:46

Age / Sex Male 43 Yrs 5 Mon 1 Days

Authorized On 25/08/2024 09:51:26

Ref. By BANK OF BARODA

Printed On 25/08/2024 09:51:32

Lab/Hosp. Mr.MEDIWHEEL

IMMUNOASSAY

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

PSA (PROSTATE SPECIFIC ANTIGEN) -TOTAL 0.530 ng/mL 0.00-4.00

Method- Methodology: CLIA

CLINICAL NOTES:- Prostate-specific antigen (PSA) is a 34-kD glycoprotein produced almost exclusively by the prostate gland.

PSA is normally present in the blood at very low levels. Increased levels of PSA may suggest the presence of prostate cancer.

1. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels

2. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and other investigations

3. Physiological decrease in PSA level by 18% has been observed in sedentary patients either due to supine position or suspended sexual activity

Clinical Use

• An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.

• Follow up and management of Prostate cancer patients

• Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer

NOTE

PSA levels can be also increased by prostatitis, irritation, benign prostatic hyperplasia (BPH), and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA. However, the effect is clinically insignificant, since DRE causes the most substantial increases in patients with PSA levels already elevated over 4.0 ng/mL.

Obesity has been reported to reduce serum PSA levels. Delayed early detection may partially explain worse outcomes in obese men with early prostate cancer. After treatment, higher BMI also correlates to higher risk of recurrence.

Technologist,

Page No. 19 of 17

DR. TANU RUNGTA

MD (Pathology)

RMC No. 17226



P3 HEALTH SOLUTIONS LLP

📍 B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023
☎ +91 141 4824885 ✉ p3healthsolutionsllp@gmail.com



Patient ID 1224977 **Patient Mob No.** 9558443943

Registered On 24/08/2024 09:14:08

NAME Mr. VIKRANT B MEENA

Collected On 24/08/2024 09:51:46

Age / Sex Male 43 Yrs 5 Mon 1 Days

Authorized On 25/08/2024 09:51:26

Ref. By BANK OF BARODA

Printed On 25/08/2024 09:51:32

Lab/Hosp Mr.MEDIWHEEL

IMMUNOASSAY

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
THYROID-TRIODOXYRONINE T3 Method- Chemiluminescence	1.32	ng/ml	0.69 - 2.15
THYROID - THYROXINE (T4) Method- Chemiluminescence	6.52	ug/dl	5.20 - 12.70
TSH Method- Chemiluminescence	4.280	μIU/mL	0.470 - 4.680

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. 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.

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

1. in infancy and early childhood

*** End of Report ***

*** End of Report ***

Technologist
Page No. 1 of 17

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



P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

+91 141 4824885 p3healthsolutionsllp@gmail.com



Patient ID 1224977 Patient Mob No.9558443943

Registered On 24/08/2024 09:14:08

NAME Mr. VIKRANT B MEENA

Collected On 24/08/2024 09:51:46

Age / Sex Male 43 Yrs 5 Mon 1 Days

Authorized On 25/08/2024 09:51:26

Ref. By BANK OF BARODA

Printed On 25/08/2024 09:51:32

Lab/Hosp Mr.MEDIWHEEL

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)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.030		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	0-1	/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		

Technologist

Page No. 1 of 17

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



P3 HEALTH SOLUTIONS LLP

📍 B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023
☎ +91 141 4824885 ✉ p3healthsolutionsllp@gmail.com



NAME:	MR. VIKRANT B. MEENA	AGE	43 YRS/M
REF. BY	BANK OF BARODA	DATE	24/08/2024

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. ROHAN GAUR
M.B.B.S, M.D (Radiodiagnosis)
RMC no. 17887





P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

+91 141 4824885 maxcarediagnostics1@gmail.com



Mr. VIKRANT B. MEENA

43 Yrs./Male

Registration Date: 24/08/2024

Ref. by: STATE BANK OF INDIA

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:
FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	3.0	Cm	LA	2.9	cm	IVS-D	0.9	cm
IVS-S	1.3	cm	LVID	4.3	cm	LVSD	3.2	cm
LVPW-D	0.9	cm	LVPW-S	1.3	cm	RV		cm
RVWT		cm	EDV		ml	LVVS		ml
LVEF	55-60%		RWMA			ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.81	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.54	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm ²	MVA BY PLANIMETRY	Cm ²
MITRAL REGURGITATION		MILD		
AORTIC VALVE				
PEAK VELOCITY	0.93	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION		ABSENT		
TRICUSPID VALVE				
PEAK VELOCITY		m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION		ABSENT		
PULMONARY VALVE				
PEAK VELOCITY	0.50	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION		ABSENT		

Impression—

- NORMAL LV SIZE & CONTRACTILITY.
- NO RWMA, LVEF 55-60%.
- MILD MR, OTHER CARDIAC VALVES ARE NORMAL.
- NORMAL DIASTOLIC FUNCTION.
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

(Cardiologist)





P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023
+91 141 4824885 maxcarediagnostics1@gmail.com



MR. VIKRANT B. MEENA	43 Y/M
Registration Date: 24/08/2024	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (14.0 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 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. 9.4 x 4.4 cm.

Left kidney is measuring approx. 9.4 x 4.1 cm.

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

Prostate is normal in size (22.0 cc) 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:-

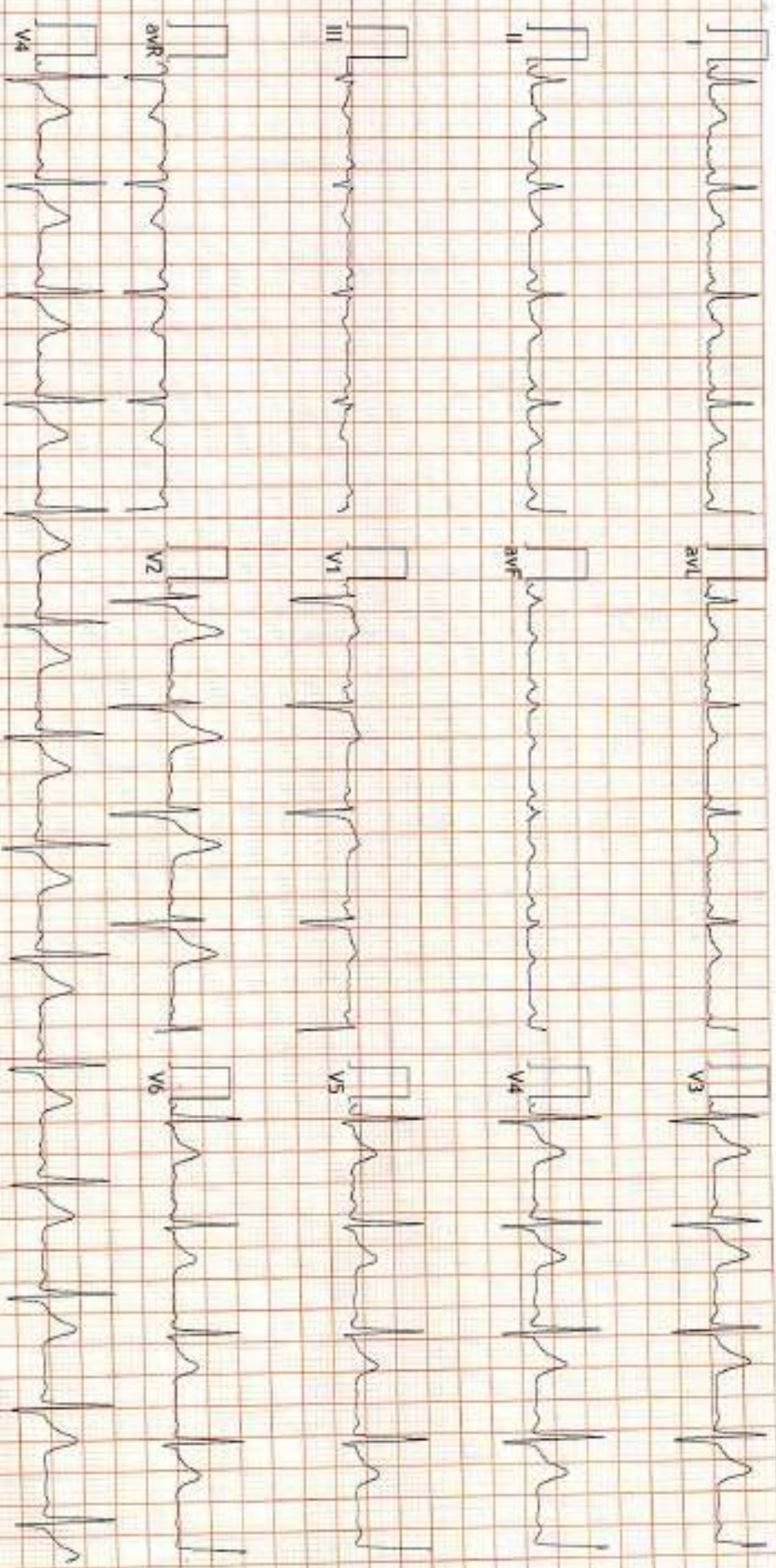
- No significant abnormality is detected.

DR. ROHAN GAUR
M.B.B.S, M.D (Radiodiagnosis)
RMC no. 17887

(P3 HEALTH SOLUTION LLP)
 B-14 VIDHYADHAR NAGAR, (JAIPUR)
 1225181 / Mr Vikrant B Meena 43Yrs-7Months/Male Kgs/ Cms BP: ___/___ mmHg HR: 80 bpm
 Ref.: BANK OF BARODA Test Date: 24-Aug-2024(11:17:41) Noch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec



PR Interval: 136 ms
 QRS Duration: 104 ms
 QT/QTc: 337/391 ms
 P-QRS-T Axis: 50 - 24 - 18 (Deg)



FINDINGS: Normal Sinus Rhythm
 Vent Rate : 80 bpm; PR Interval : 136 ms; QRS Duration: 104 msQT/QTc Int : 337/391 ms
 P-QRS-T axis: 50 - 24 - 18 (Deg)
 Comments :

TWINE

pmv

D. Naresh Kumar Mohanaka
 RMC No. 35705
 MBBS, DIP (CARDIOLOGY)
 D. NARESH MOHANKA (UK)
 G.E.M. (RCGP-UK)