

भारत सरकार Government of India



रोहित अग्रवाल Rohit Agarwal जन्म तिथि/DOB: 25/08/1990 पुरुष/ MALE



भरा आधार, भेरी पहचान



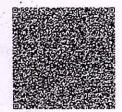


आरतीय विशिष्ट पहुंचान प्राधिकरण

Unique Identification Authority of India

पता: S/O: कृष्ण अग्रवाल, 4-डी, न्यु कॉलोनी ,सत्य नगर, जयपुर, जयपुर, राजस्थान - 302012

Address: S/O: Krishana Agarwal, 4-D, New Colony Satya Nagar, Jaipur, Jaipur, Rajasthan - 302012



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

5962

VID: 9127 9892 7596 4243

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www



- 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: 64106194	
Name: ROHITAMARWAL Age: 3378 DOB: 25/08/1996ex:	Male
Referred By: TIM FINANCE	
Photo ID: AADH ARCARD ID#: 5960	
Ht: 170 (cm) Wt: 72 (Kg)	
Chest (Expiration): <u>98</u> (cm) Abdomen Circumference: <u>91</u>	(cm)
Blood Pressure: 130 80 mm Hg PR: 89/min RR: 18/min Temp: A	Lebrille
BMI	
Eve Examination: RIF TOLO NILO NILO	
Eye Examination: RIETGIG NIG NOB LIETGIG NIG NOB	
Othory	
Other:	
On examination he/she appears physically and mentally fit: Yes/No	
Signature Of Examine: Name of Examinee: ROHT AC	19181 101
Signature of Examine:	
Dr PIVIIGH GOVAL	
Signature Medical Examiner S. DMR (Radiologist) Name Medical Examiner - DR: T.	X FORH CHONDE
RMC No037041	



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Patient Mob No.9950925652 Patient ID 1224347 Registered On 04/06/2024 09:28:07 NAME Mr. ROHIT AGARWAL Collected On 04/06/2024 10:01:31 04/06/2024 18:21:29 Age / Sex Male 33 Yrs 9 Mon 11 Days Authorized On Ref. By JM FINANCE Printed On 04/06/2024 18:21:34 Lab/Hosp Mr.MEDIWHEEL

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
JM FINANCIALS SERVICE LTD			
HAEMOGLOBIN (Hb)	17.4 H	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.60	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	61.1	%	40.0 - 80.0
LYMPHOCYTE	34.9	%	20.0 - 40.0
EOSINOPHIL	1.2	%	1.0 - 6.0
MONOCYTE	2.8	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.52 H	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	52.50 H	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	95.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.1	g/dL	31.5 - 34.5
PLATELET COUNT	257	x10^3/uL	150 - 410
RDW-CV	13.0	- %	11.6 - 14.0

Technologist



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NAME Mr.

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Age / Sex

Male

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HAEMATOLOGY

Test Name Va

Value

Unit

Biological Ref Interval

Erythrocyte Sedimentation Rate (ESR)

Methord:- Westergreen

12

mm in 1st hr

00 - 15

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

Technologist

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Lab/Hosp

Mr.MEDIWHEEL

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(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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Mr.MEDIWHEEL Lab/Hosp

Test Name	Value	Unit	Biological Ref Interv
FASTING BLOOD SUGAR (Plasma) Methord:- GLUCOSE OXIDASE/PEROXIDASE	148.0 H	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)	11	1 - 125 mg/dL	
Diabetes Mellitus (DM)	>	126 mg/dL	4

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic

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) Methord:- GLUCOSE OXIDASE/PEROXIDASE

201.0 H mg/dl 70.0 - 140.0

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

BLOOD UREA NITROGEN (BUN)	21.4	mg/dl	0.0 - 23.0
SERUM CREATININE Methord:- JAFFE	1.20	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl
SERUM BILIRUBIN (TOTAL) Methord: DIAZOTIZED SULFANILIC	0.62	mg/dL	Infants: 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SGPT Methord:- IFCC	37.0	U/L	0.0 - 40.0

Technologist

MD (Pathology) RMC No. 17226



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Test Name

Value

Unit

Biological Ref Interval

TEST

BLOOD GROUP ABO

"A" POSITIVE

*** End of Report ***

Technologist



Age / Sex

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NAME Mr. ROHIT AGARWAL

Male 33 Yrs 9 Mon 11 Days

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Test Name	Value Unit	Biological Ref Interval
Urine Routine		
PHYSICAL EXAMINATION		v ** **
COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	Slightly Hazy	Clear
CHEMICAL EXAMINATION		
REACTION(PH)	6.0	5.0 - 7.5
SPECIFIC GRAVITY	1.025	1.010 - 1.030
PROTEIN	NIL	NIL
SUGAR	NIL	NIL
BILIRUBIN	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
KETONES	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
MICROSCOPY EXAMINATION		
RBC/HPF	NIL /HPF	NIL
WBC/HPF	2-3 /HPF	2-3
EPITHELIAL CELLS	1-2 /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



(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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 ⊕ maxcarediagnostics1@gmail.com



NAME: MR. ROHIT		AGE	33 YRS/M
REF.BY JM FINANCE	* *	DATE	04/06/2024

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

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DR.SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)

RMC no.: 21954

