


B बैंक ऑफ बड़ोदा
Bank of Baroda

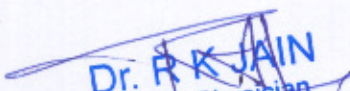
नाम
Name पवन कुमार
Pawan Kumar
समस्या नंबर
E.C. No. 080093




जारीकर्ता प्राधिकारी
Issuing Authority

पवन कुमार
धारक के हस्ताक्षर
Signature of Holder




Dr. R. K. JAIN
MBBS Physician
RMC No. : 7039



SSDBC SHYAM DIAGNOSTIC LLP

PARTICIPATING IN BIO-RAD "EQUAS" INTERNAL AND EXTERNAL QUALITY CONTROL PROGRAM (NABL CRITERIA)

Associated With **ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.**

NABL ACCREDITED IN PROCESS



General Physical Examination

Date of Examination: 9/11/2024

Name: PAWAN KUMAR Age: 42 DOB: 15/3/1982 Sex: M

Referred By: BANK OF BARODA

Photo ID: ID CARD ID #: 20095

Ht: 157 (cm)

Wt: 75 (Kg)

Chest (Expiration): 97 (cm)

Abdomen Circumference: 101 (cm)

Blood Pressure: 154/96 mm Hg PR: 72 / min RR: 17 / min Temp: Afebrile

BMI _____

with Glasses

Eye Examination:

R/E } 6/6, N/G NCR.
L/E } 6/6, N/G

Other: _____

N/A

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

Signature of Examinee: _____

Name of Examinee: PAWAN KUMAR

Dr. R K JAIN

MBBS, Physician

Signature Medical Examiner: _____

RMC No. : 7039

Name Medical Examiner: Dr. R. K. Jain



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PATIENT TEST REPORT

Patient Name **Mr. PAWAN KUMAR**
 Patient ID **1724660**
 Gender / Age **Male 42 Yrs 7 Mon 28 Days**
 Ref. Doctor **BANK OF BARODA**
 Client Name **MEDIWHEEL ARCOFEMI HEALTHCARE**



Registered On **09/11/2024 10:19:02**
 Collected On **09/11/2024 11:49:02**
 Authorized On **09/11/2024 17:02:38**
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 LIS Number **1724660-01**


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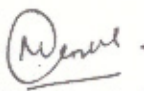
Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH ANNUAL PLUS TMT			
COMPLETE BLOOD COUNT			
Haemoglobin (HB)	15.7	g/dL	13.0 - 17.0
Total Leucocyte Count(TLC)	9.60	ths/ul	4.00 - 11.00
Differential Leucocyte Count (DLC)			
Neutrophil	40	%	45 - 75
Lymphocyte	55.00	%	20.00 - 45.00
Eosinophil	4.00	%	1.00 - 6.00
Monocyte	1.00	%	1.00 - 10.00
Basophil	00	%	00 - 01
Total Red Blood Cell Count (RBC)	5.11	x10 ⁶ /ul	4.50 - 5.50
Hematocrit (HCT)	46.9	%	36.0 - 50.0
Mean Corp. Volume (MCV)	91.8	fL	80.0 - 101.0
Mean Corp. Hb (MCH)	30.7	pg	27.0 - 32.0
Mean Corp. Hb Con. (MCHC)	33.5	g/dL	31.0 - 37.0
Total Platelet Count	30.00	x10 ³ /uL	150.00 - 450.00

Interpretation

A complete blood count (CBC) is a blood test. It's used to look at overall health and find a wide range of conditions, including anemia, infection and leukemia. A complete blood count test measures the following: Red blood cells, which carry oxygen White blood cells, which fight infection Hemoglobin, the oxygen-carrying protein in red blood cells. Hematocrit, the amount of red blood cells in the blood Platelets, which help blood to clot Blood


Technologist


Dr Maryem Ansari
 M.D. Pathologist
 Reg. No. 26558 / 43507


Dr. Menka Kapil
 Consultant Pathologist
 Reg No. 22180/009021

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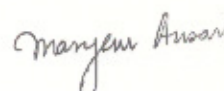


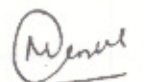
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Test Name	Value	Unit	Biological Ref Interval
ESR-ERYTHROCYTE SEDIMENTATION RATE	12	mm/1st hr.	00 - 20


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Test Name	Value	Unit	Biological Ref Interval
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HAEMOGLOBIN GLYCOSYLATED BLOOD (HBA1C)

HAEMOGLOBIN GLYCOSYLATED BLOOD 6.3 %
 Method : HPLC

<4.5 - 6.5 % Non-Diabetic
 6.50 - 7.00 Very Good Control
 7.10 - 8.00 Adequate Control
 8.10 - 9.00 Suboptimal Control
 9.10 - 10.00 Diabetic Poor
 > 10.00 Very Poor Control

AVERAGE BLOOD GULCOSE 134

90 - 120 Very Good Control
 121 - 150 Adequate Control
 151 - 180 Suboptimal Control
 181 - 210 Poor Control
 > 211 Very Poor Control

Methodology : Ion exchange H.P.L.using
 Instrument :ARKRAY-HB A1C - HPLC ANALYZER

Clinical Information:

Glycated hemoglobin testing is recommended for both (a) checking blood sugar control in people who might be pre-diabetic and (b) monitoring blood sugar control in patients with more elevated levels, termed diabetes mellitus. The American Diabetes Association guidelines suggest that the glycosylated hemoglobin test be performed at least two times a year in patients with diabetes that are meeting treatment goals (and that have stable glycemic control) and quarterly in patients with diabetes whose therapy has changed or that are not meeting glycemic goals.

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy) such as sickle-cell disease and other conditions, as well as those that have donated blood recently, are not suitable for this test.

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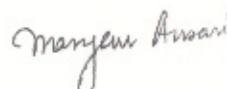


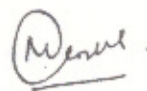
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Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUPING A.B.O. AND Rh TYPE	'O' POSITIVE		A/B/O/AB Rh Negative/Positive


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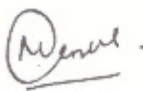
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Test Name	Value	Unit	Biological Ref Interval
BLOOD GLUCOSE (FASTING) Method : GOD-POD WITH PLASMA	173.5	mg/dl	70.0 - 110.0
BLOOD GLUCOSE (PP) Method : GOD-POD WITH PLASMA	311.5	mg/dl	80.0 - 140.0


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Test Name	Value	Unit	Biological Ref Interval
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THYROID PROFILE

THYROID-TRIiodOTHYRONINE (T3)

Method : Chemiluminescence

1.20

ng/dl

0.60 - 1.81

THYROID - THYROXINE (T4)

Method : Chemiluminescence

8.70

ug/dl

4.50 - 10.90

TSH (ULTRA)

Method : CHEMILUMINESCENCE WITH SERUM

SampleType (HARMONS)

14.65

mIU/L

(1-24 months) 0.87-6.15
 (2-12 years) 0.67-4.16
 (13-20 years) 0.48-4.17
 Euthyroid Adults 0.55-4.78

Reference Range (T3)

Premature Infants 26-30 Weeks ,3-4 days

0.24 - 1.32 ng/ml

Full-Term Infants 1-3 days

0.89 - 4.05 ng/ml

1 Week

0.91 - 3.00 ng/ml

1- 11 Months

0.85 - 2.50 ng/ml

Prepubertal Children

1.19 - 2.18 ng/ml

Reference Ranges (T4):

Premature Infants 26-30 weeks ,3-4 days

2.60 - 14.0 ug/dl

Full -Term Infants 1-3 days

8.20 - 19.9 ug/dl

1 weeks

6.0 - 15.9 ug/dl

1-11 Months

6.1 - 14.9 ug/dl

Prepubertal children 12 months-2yrs

6.8 - 13.5 ug/dl

prepubertal children 3-9 yrs

5.5 - 12.8 ug/dl

Reference Ranges (TSH)

Premature Infants 26-32 weeks ,3-4 Days

0.8 - 6.9 uIU/ml

Full Term Infants 4 Days

1.36 - 16 uIU/ml

Newborns : TSH surges within the first 15-60 Minutes of life reaching

peak levels between 25- 60 uIU/ml at about 30 minutes.

Values then decline rapidly and after one week are within the adult normal range.

1 - 11 Months

0.90 - 7.70 uIU/ml

Prepubertal children

0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, In Euthyroid sick Syndrom, multiple alterations in serum thyroid function test findings have been recognized.

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Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

CHOLESTEROL TOTAL Method : CHOD -PAP with serum	179	mg/dl	Desirable level <200 Borderline 200-239 High >240 Children :- Desirable level <170 Borderline 170-199 High >199
TRIGLYCERIDES Method : GPO - Trinder with serum	132	mg/dl	Normal < : 150 Borderline line High: 150-199 Hypertriglycerdemic: 200-499 Very high :> 499
CHOLESTEROL HDL Method : PEG-CHOL with serum	44	mg/dl	30 - 70
LDL CHOLESTROL Method : Tech:Enzymatic with serum	109	mg/dl	80 - 130
VLDL Cholesterol	26	mg/dl	0 - 35
TOTAL LIPID Method : Calculated	622	mg/100 ml	400 - 1000
Cholesterol Total / HDL Ratio	4.07		0.00 - 4.90
Cholesterol LDL / HDL Ratio	2.48		0.00 - 3.50

Interpretation:


The National Cholesterol Education Program (NCEP) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in adults ages 18 and up: (Units in : mg/dL)

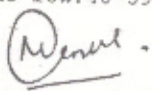
TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable:<200 Bdr-line high:200-239 High: > or =240	Normal:<150 Bdr-line high:150-199 High:200-499 Very high: > or =500	Low(removed HDL):<40 Normal:40-60 High: >60	Optimal: <100 Near Optimal:100-129 Bdr-line high:130-159 High: 160-189 Very high: > or =190

The National Cholesterol Education Program (NCEP) and National Health and Nutrition Examination Survey (NHANES) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in children ages 2 - 17 : (Units in : mg/dL)

TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable: <170 Bdr-line high:170-199	Normal: <90 Bdr-line high:90-129	Low HDL: <40 Bdr-line low:40-59	Desirable: <110 Bdr-line high:110-129


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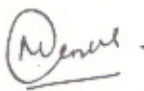
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Test Name	Value	Unit	Biological Ref Interval
High: > or =200	High: > or =130	Normal: > or =60	High: > or =130


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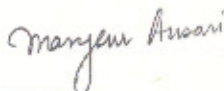


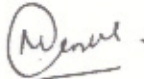
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Test Name	Value	Unit	Biological Ref Interval
LIVER FUNCTION TEST (LFT) GGT			
Bilirubin-Total Method : Diazo with serum	0.51	mg/dl	Adults 0.3-1.2 Cord < 2 0-1 day premature: <8.0 0-1 day full term: 1.4-8.7 1-2 days Premature 1-2 days Full term 3.4-11.5 3-5 days Premature < 16 3-5 days Full term 1.5-12
Bilirubin-Direct Method : Diazo with serum	0.12	mg/dl	Adults < 0.4
Bilirubin-Indirect Method : Calculated	0.39	mg/dl	0.12 - 1.00
Aspartate Amino Transferase (SGOT) Method : IFCC with PDP serum	203.9	U/L	5.0 - 37.0
Alanine Amino Transferase (SGPT) Method : IFCC with PDP serum	172.9	U/L	5.0 - 41.0


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Test Name	Value	Unit	Biological Ref Interval
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GAMMA GT Method : Glupa C with serum	41.00	U/L	
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Interpretation:-


Normal Range :-

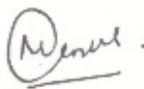
MAN:-	11-61 U/L
WOMEN:-	09-39 U/L

CLINICAL SUMMARY

A gamma-glutamyl transferase (GGT) test measures the level of GGT in your blood and can help indicate liver damage or disease. Here are some things to consider when interpreting GGT test results


Technologist


Dr. Maryem Ansari
M.D. Pathologist
Reg. No. 26558 / 43507


Dr. Menka Kapil
Consultant Pathologist
Reg No. 22180/009021

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 Test(s) performed on collected sample(s) received. please correlate with clinical finding & other related investigation.

These tests have their own limitations, The result of the test is not diagnostic in itself. They should be interpreted in relation to clinical findings
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SSDBC SHYAM DIAGNOSTIC LLP

PARTICIPATING IN BIO-RAD "EQUAS" INTERNAL AND EXTERNAL QUALITY CONTROL PROGRAM (NABL CRITERIA)



Auth. **ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.**



PATIENT TEST REPORT

Patient Name Mr. PAWAN KUMAR
Patient ID 1724660
Gender / Age Male 42 Yrs 7 Mon 28 Days
Ref. Doctor BANK OF BARODA
Client Name MEDIWHEEL ARCOFEMI HEALTHCARE




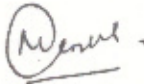
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LIS Number 1724660-03

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Test Name	Value	Unit	Biological Ref Interval
Alkaline Phosphatase Method : AMP with serum	688	IU/L	Child (4 -20 yr) :54 -369 Adult(20 -60 yr) :53 - 128
Protien-Total Method : Biuret with serum	6.88	gm/dl	Children (3 Years) - Adults 6.0 - 8.3 Children (1-3 Years) 5.5 - 7.5 Children (7 days-1 Years) 4.4 - 7.5 Infant (0-7 days) 4.6 - 7.0
Albumin Method : Tech:BCG with serum	4.78	gm/dl	0-4 days:2.8-4.4 4d-14yrs: 3.8-5.4 14y-18y : 3.2-4.5 20-60 yrs: 3.5-5.2 > 60 yrs: 3.2-4.6
Globulin Method : Calculation	2.10	gm/dl	2.0 to 3.50
A/G Ratio Method : Calculated	2.28		1.50 to 2.50


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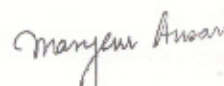


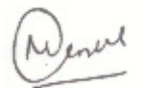
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Test Name	Value	Unit	Biological Ref Interval
CREATININE Method : Enzymatic with serum	0.95	mg/dl	Males (Adult) : 0.7 - 1.3 mg/dL Females (Adult) : 0.6 - 1.1 mg/dL Newborn : 0.3 - 1.0 mg/dL Infant : 0.2 - 0.4 mg/dL child : 0.3 - 0.7 mg/dL Adolescent : 0.5 - 1.0 mg/dL
URIC ACID Method : Uricase - Trinder with serum	4.12	mg/dl	Adults male: 3.5-7.2 Adults female: 2.6-6.0
BLOOD UREA NITROGEN BUN BUN / CREATININE Ratio	7.41 4.07	mg/dl	Serum/Plasma - 6-20 0.00 - 4.90


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Test Name	Value	Unit	Biological Ref Interval
URINE GLUCOSE (FASTING)	ABSANT		
URINE R/E ROUTINE EXAMINATION URINE			
URE PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
QUANTITY	10	ML	
URE CHEMICAL EXAMINATION			
SPECIFIC GRAVITY	1.010		
PH	6.0		
PROTEIN	NIL		
GLUCOSE	NIL		
URE MICROSCOPY EXAMINATION			
PUS CELLS	1-2	/HPF	
EPITHELIAL CELLS	2-3	/HPF	
RBC'S	NIL	/HPF	
CASTS	ABSENT		
CRYSTALS	ABSENT		
OTHERS	NIL		

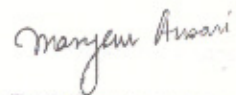
[Methodology :strip Method. Microscopy with urin]

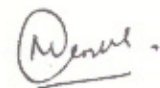
Interpretation of Urine Sugar:

Normal	< 100	mg/dL
Trace	100 - 250	mg/dL
1+	250 - 500	mg/dL
2+	500 - 1000	mg/dL
3+	1000 - 2000	mg/dL
4+	> 2000	mg/dL

*** End of Report ***


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Auth.
ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.



MR. PAWAN KUMAR	AGE/SEX: 42 Y/M
REGISTRATION DATE: 09/11/2024	REF. BY: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN (ABDOMEN AND PELVIS)

Liver is mildly enlarged in size (170 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. Echo-texture 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. 96.9 x 38.5 mm.

Left kidney is measuring approx. 108.6 x 42.7 mm.

Urinary bladder is partially distended.

Prostate is normal in size with normal echo-texture and outline. No focal lesion is seen.

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

No significant free fluid is seen in pelvis.

IMPRESSION:

- **Mild hepatomegaly.**
- **Rest no significant abnormality is detected.**


Dr. S.C. GODARA
MBBS, M.D.
(RADIO-DIAGNOSIS)
R.M.C. Reg. No. 14672



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X-RAY CHEST PA VIEW:

Both lung fields are normal.

Trachea is in midline

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Both C.P. angles are normal.

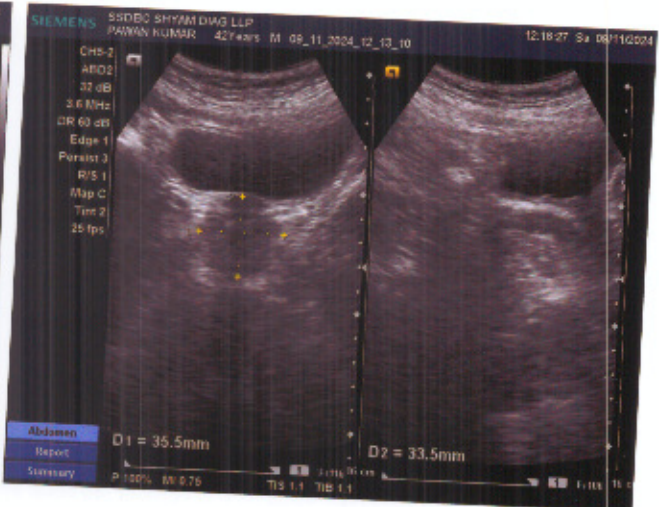
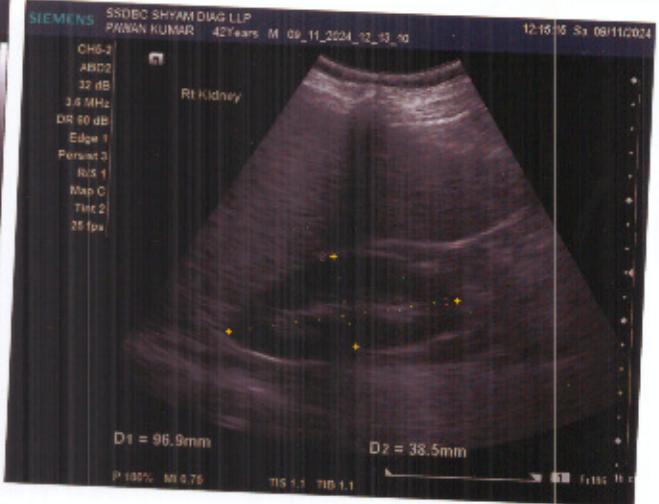
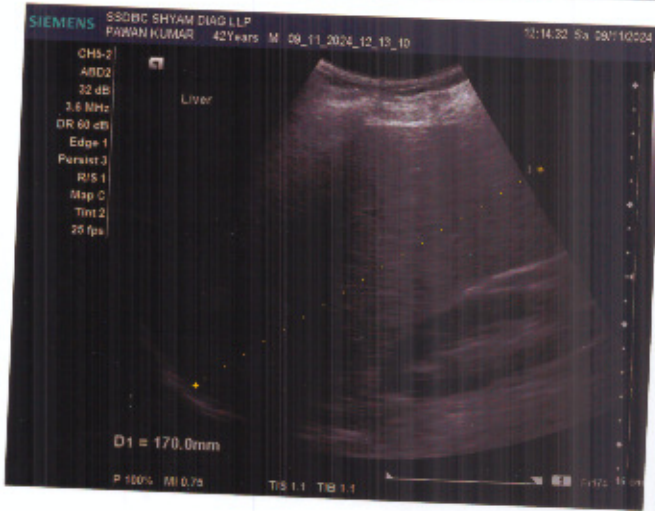
IMPRESSION: No abnormality is detected.

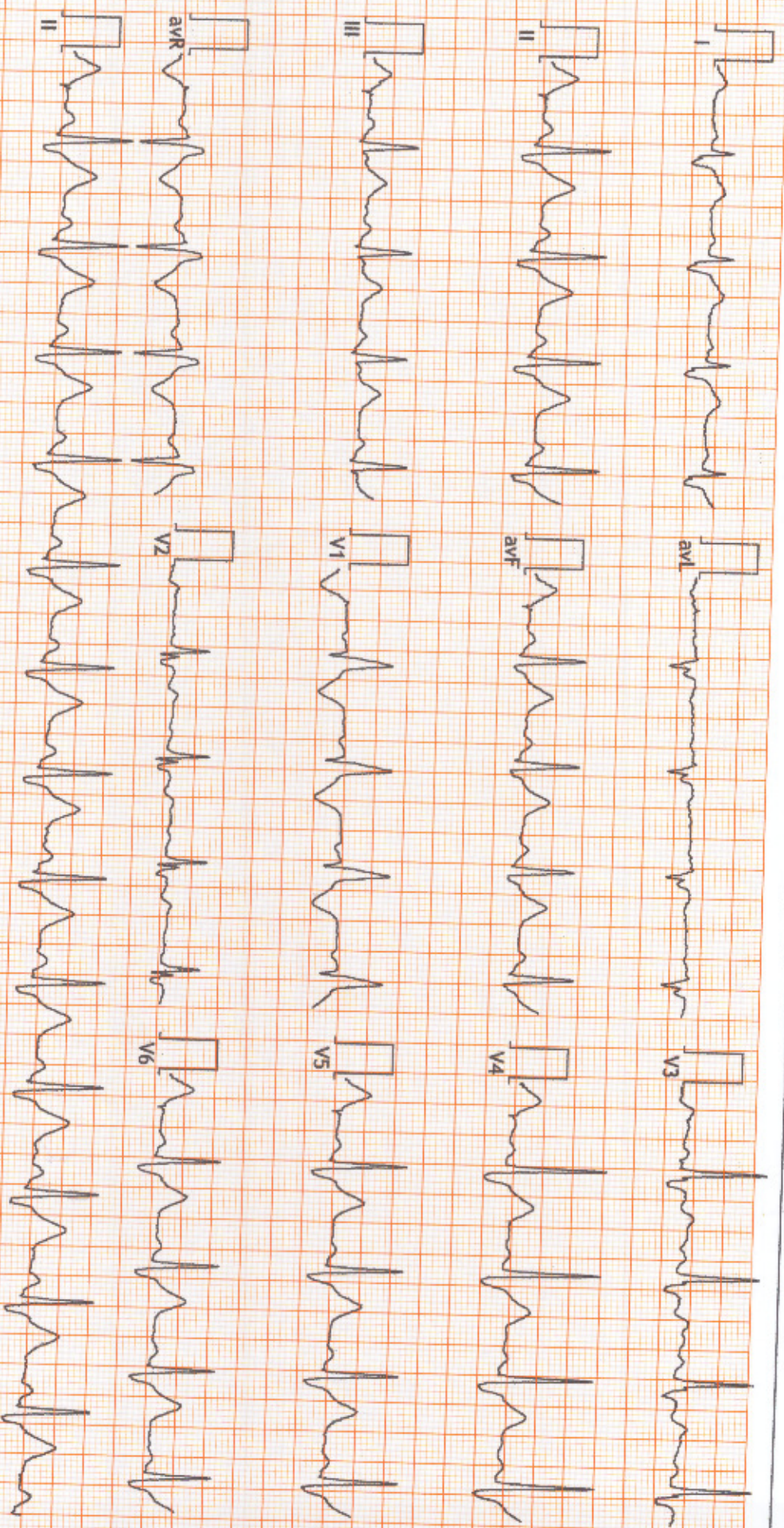
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D-6 BANI PARK JAIPUR

Abdomen Report





FINDINGS: Abnormal ECG with Indication of Right Bundle Branch Block
Vent Rate : 82 bpm; PR Interval : 150 ms; QRS Duration: 148 ms; QT/QTc Int : 414/487 ms
P-QRS-T axts: 66 - 110 - 62 (Deg)
Comments :

Right Bundle Branch Block

Dr. Naresh Mohanaka
MBBS, OP CARDIOLOGY
D. NARESH MOHANKA COURTS