

 भारत सरकार
GOVERNMENT OF INDIA

 रजनीश कुमार
Rajneesh Kumar
जन्म तिथि/ DOB: 06/04/1993
पुरुष / MALE



3433 3978 3219

आधार-आम आदमी का अधिकार

Signature
13/9/24

 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O: जोगेन्द्र सिंह, गोठडा
नूनिया, झुंझुनू,
राजस्थान - 333026

Address:
S/O: Jogendra Singh, Gohra
Nooniya, Jhunjhunun,
Rajasthan - 333026

Aadhaar-Aam Admi® ka Adhikar

Dr. PIYUSH 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 ✉ maxcarediagnostics1@gmail.com



General Physical Examination

Date of Examination: 19/03/24

Name: RAJNEESH KUMAR Age: 31 YRS DOB: 06/04/1993 Sex: Male

Referred By: BANK OF BARODA

Photo ID: AADHAR CARD ID #: 3013

Ht: 165 (cm)

Wt: 77 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 94 (cm)

Blood Pressure: 100/80 mm Hg PR: 75/min RR: 18/min Temp: Afebrile

BMI 28.3

Eye Examination: R/E/GIG, NIG, NCB
L/E/GIG, NIG, NCB

Other: NO

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

Signature Of Examinee: [Signature]
13/5/24

Name of Examinee: RAJNEESH KUMAR

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

Name Medical Examiner: DR. PIYUSH GOYAL



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Patient ID 12241175 Patient Mob No.8078610703

Registered On 13/09/2024 10:34:46

NAME Mr. RAJNEESH KUMAR

Collected On 13/09/2024 11:38:30

Age / Sex Male 31 Yrs 5 Mon 9 Days

Authorized On 13/09/2024 16:42:12

Ref. By BANK OF BARODA

Printed On 13/09/2024 16:42:18

Lab/Hosp Mr.MEDIWHEEL

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGLOBIN (Hb)	13.4	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	8.50	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	70.9	%	40.0 - 80.0
LYMPHOCYTE	25.3	%	20.0 - 40.0
EOSINOPHIL	1.1	%	1.0 - 6.0
MONOCYTE	2.7	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.00	$\times 10^6/\mu\text{L}$	4.50 - 5.50
HEMATOCRIT (HCT)	41.10	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	82.0 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.8 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.6	g/dL	31.5 - 34.5
PLATELET COUNT	353	$\times 10^3/\mu\text{L}$	150 - 410
RDW-CV	12.8	%	11.6 - 14.0

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RMC No. 17226



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HAEMATOLOGY

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)

12

mm in 1st hr

00 - 15

Method:- Westergren

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

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





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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)
Method:- GLUCOSE OXIDASE/PEROXIDASE

130.6 H mg/dl

70.0 - 115.0

Impaired glucose tolerance (IGT)

111 - 125 mg/dL

Diabetes Mellitus (DM)

> 126 mg/dL

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

BLOOD SUGAR PP (Plasma)
Method:- GLUCOSE OXIDASE/PEROXIDASE

144.6 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.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- CAPILLARY with EDTA

5.8 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

120 mg/dL

68 - 125

INTERPRETATION

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %

Non diabetic adults >=18 years < 5.7

At risk (Prediabetes) 5.7 - 6.4

Diagnosing Diabetes >= 6.5

CLINICAL NOTES

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

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

1. Erythropoiesis

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

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

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

3. Glycation

- Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic 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, ribavirin & dapsone.

5. Others

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

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

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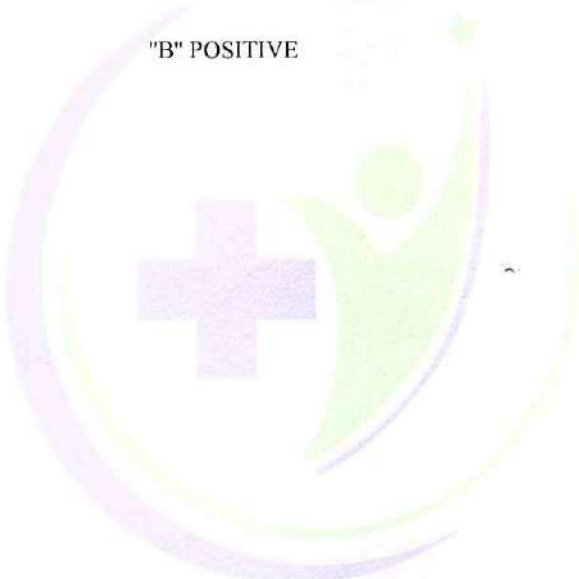
HAEMATOLOGY

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO
Method:- Haemagglutination reaction

"B" POSITIVE



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

SERUM TOTAL CHOLESTEROL
Method:- CHOLESTEROL OXIDASE/PEROXIDASE

160.00 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/PREOXIDASE

128.10 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

31.90 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

106.75 mg/dl

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

VLDL CHOLESTEROL
Method:- Calculated

25.62 mg/dl

0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO
Method:- Calculated

5.02 H

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO
Method:- Calculated

3.35

0.00 - 3.50

TOTAL LIPID
Method:- CALCULATED

508.74 mg/dl

400.00 - 1000.00

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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- DIAZOTIZED SULFANILIC	0.40	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	0.28	mg/dl	0.30-0.70
SGOT Method:- IFCC	17.5	U/L	0.0 - 40.0
SGPT Method:- IFCC	40.1 H	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	212.00 H	U/L	53.00 - 141.00
SERUM GAMMA GT Method:- Szasz methodology Instrument Name Randox Kx Imola 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 intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.	24.30	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method:- BIURET	6.94	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- BROMOCRESOL GREEN	4.25	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.69	gm/dl	2.20 - 3.50
A/G RATIO	1.58		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.,

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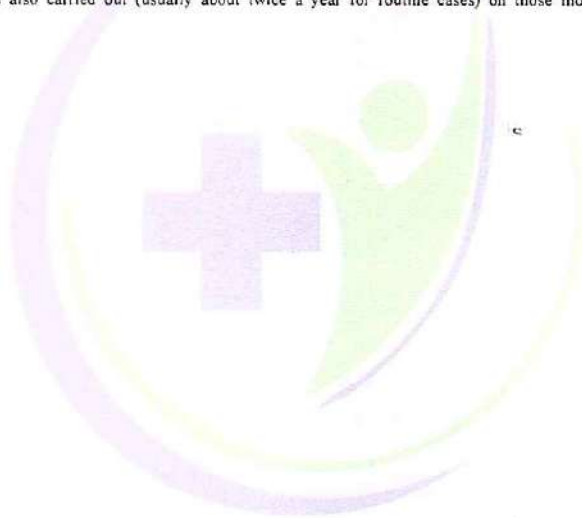
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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as



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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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RFT / KFT WITH ELECTROLYTES

SERUM UREA Method:- UREASE / GLUTAMATE DEHYDROGENASE	20.00	mg/dl	10.00 - 50.00
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InstrumentName: HORIBA CA 60 Interpretation : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE Method:- JAFFE	0.78	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl
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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	5.10	mg/dl	2.40 - 7.00
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InstrumentName:HORIBA YUMIZEN CA60 Daytona plus Interpretation: Elevated Urate:High purine diet,Alcohol• Renal insufficiency,Drugs , Polycythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome,Metabolic syndrome, Pregnancy,Gout.

SODIUM Method:- Ion-Selective Electrode with Serum	133.1	mmol/L	135 - 150
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POTASSIUM Method:- Ion-Selective Electrode with Serum	3.58	mmol/L	3.5 - 5.5
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Interpretation:

Electrolytes are minerals that are found in body tissues and blood in the form of dissolved salts. As electrically charged particles, electrolytes help move nutrients into and wastes out of the body's cells, maintain a healthy water balance, and help stabilize the body's acid/base (pH) level. The electrolyte panel measures the blood levels of the main electrolytes in the body: -

* **Potassium**—this electrolyte is found mainly inside the body's cells. A small but vital amount of potassium is found in the plasma, the liquid portion of the blood. Potassium plays an important role in regulating muscle contraction. Monitoring potassium is important as small changes in the potassium level can affect the heart's rhythm and ability to contract

CHLORIDE Method:- Ion-Selective Electrode with Serum	98.6	mmol/L	
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SERUM CALCIUM
Method:-Arsenazo III Method

10.10 mg/dL

98 - 106
8.80 - 10.20

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

SERUM TOTAL PROTEIN
Method:- BIURET

6.94 g/dl

6.00 - 8.40

SERUM ALBUMIN
Method:- BROMOCRESOL GREEN

4.25 g/dl

3.50 - 5.50

SERUM GLOBULIN
Method:- CALCULATION

2.69 gm/dl

2.20 - 3.50

A/G RATIO

1.58

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

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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



Patient ID 12241175 Patient Mob No.8078610703
NAME Mr. RAJNEESH KUMAR
Age / Sex Male 31 Yrs 5 Mon 9 Days
Ref. By BANK OF BARODA
Lab/Hosp Mr.MEDIWHEEL

Registered On 13/09/2024 10:34:46
Collected On 13/09/2024 11:38:30
Authorized On 13/09/2024 16:42:12
Printed On 13/09/2024 16:42:18

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



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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
THYROID-TRIIODOTHYRONINE T3 Method:- Chemiluminescence	1.99	ng/ml	0.69 - 2.15
THYROID - THYROXINE (T4) Method:- Chemiluminescence	14.07 H	ug/dl	5.20 - 12.70
TSH Method:- Chemiluminescence	0.100 L	μIU/mL	0.470 - 4.680

Note:

- 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.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- in infancy and early childhood

*** End of Report ***

*** End of Report ***

Technologist
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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Slightly Hazy		Clear
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPY EXAMINATION</u>			
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

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NAME:	MR. RAJNEESH KUMAR	AGE	31 YRS/M
REF.BY	BANK OF BARODA	DATE	13/09/2024

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





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Mr. RAJNEESH KUMAR	31 Yrs./Male
Registration Date: 13/09/2024	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (13.0 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. 9.2 x 4.0 cm.

Left kidney is measuring approx. 9.6 x 4.5 cm.

Urinary bladder does not show any calculus or mass lesion.

Prostate is normal in size (13.0 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

Dr. ROHAN GAUR
M.B.B.S., M.D. (Radiodiagnosis)
RMC No. 17887
P-3 HEALTH SOLUTIONS LLP





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Mr. RAJNEESH KUMAR	31 Yrs./Male
Registration Date: 13/09/2024	Ref. by: BANK OF BARODA

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	3.1	Cm	LA	3.2	cm	IVS-D	0.9	cm
IVS-S	1.2	cm	LVID	4.2	cm	LVSD	3.2	cm
LVPW-D	0.9	cm	LVPW-S	1.2	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	0.79	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.67	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			ABSENT		
AORTIC VALVE					
PEAK VELOCITY	1.24	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	0.69	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%.
- ALL CARDIAC VALVES ARE NORMAL.
- NORMAL DIASTOLIC FUNCTION.
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

Dr. JYOTI AGARWAL
M.B.B.S, PGDCC (Cardiologist)
(Cardiologist)
RMO No.- 27255

(P3 HEALTH SOLUTION LLP)

B-14 VIDHYDHAR NAGAR, (JAIPUR)

1225543/Mr Rajneesh Kumar 31Yrs-5Months/Male

Ref.: BANK OF BARODA Test Date: 13-Sep-2024(1:06:00 P)

Kgs/

Cms

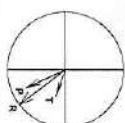
BP: ___/___

mmHg

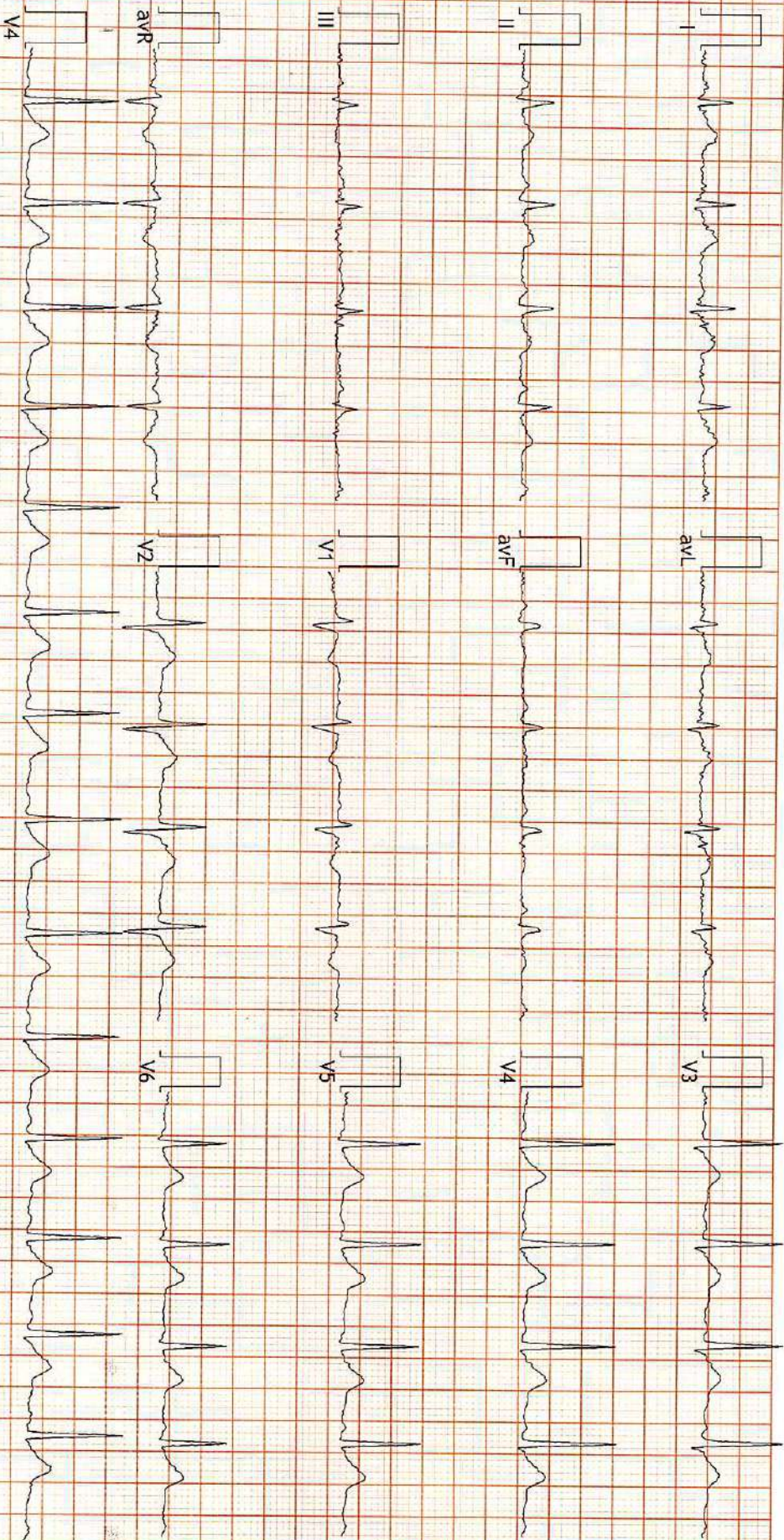
HR: 87 bpm

10mm/mV

25mm/Sec



PR Interval: 148 ms
QRS Duration: 98 ms
QT/QTc: 339/409ms
P-QRS-T Axts: 65 - 52 - 20 (Deg)



FINDINGS: Normal Sinus Rhythm

Vent Rate : 87 bpm; PR Interval : 148 ms; QRS Duration: 98 ms; QT/QTc Int : 339/409 ms

P-QRS-T axis: 65 - 52 - 20 (Deg)

Comments :

Rajneesh Kumar

Rajneesh Kumar

Dr. Rajneesh Kumar Mohanka

RMC No.: 35708

MBS, DIP. CARDIO (ESCORTS)

DR. RAJNEESH MOHANKA