

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road,  
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalspathlab.com | E-mail: dr.goyalpathlab@gmail.com

### General Physical Examination

Date of Examination: 17/03/2024

Name: Rajendra Singh Age: 39 Sex: male

DOB: 26/05/1984

Referred By: Mediwheel

Photo ID: Aadhar ID #: attached

Ht: 170 (cm)

Wt: 86 (Kg)

Chest (Expiration): 102 (cm)

Abdomen Circumference: 101 (cm)

Blood Pressure: 114/81 mm Hg PR: 78 / min

BMI 29.8

Eye Examination: dist vision 6/9, Near vision N/G.

NO colour blindness

Other: not significant

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

Signature Of Examinee:  Name of Examinee: \_\_\_\_\_

Signature Medical Examiner:  Name Medical Examiner: \_\_\_\_\_

**Dr. Goyal**  
M.B.B.S., D.M.R.D.  
RMC Reg. No. 017998



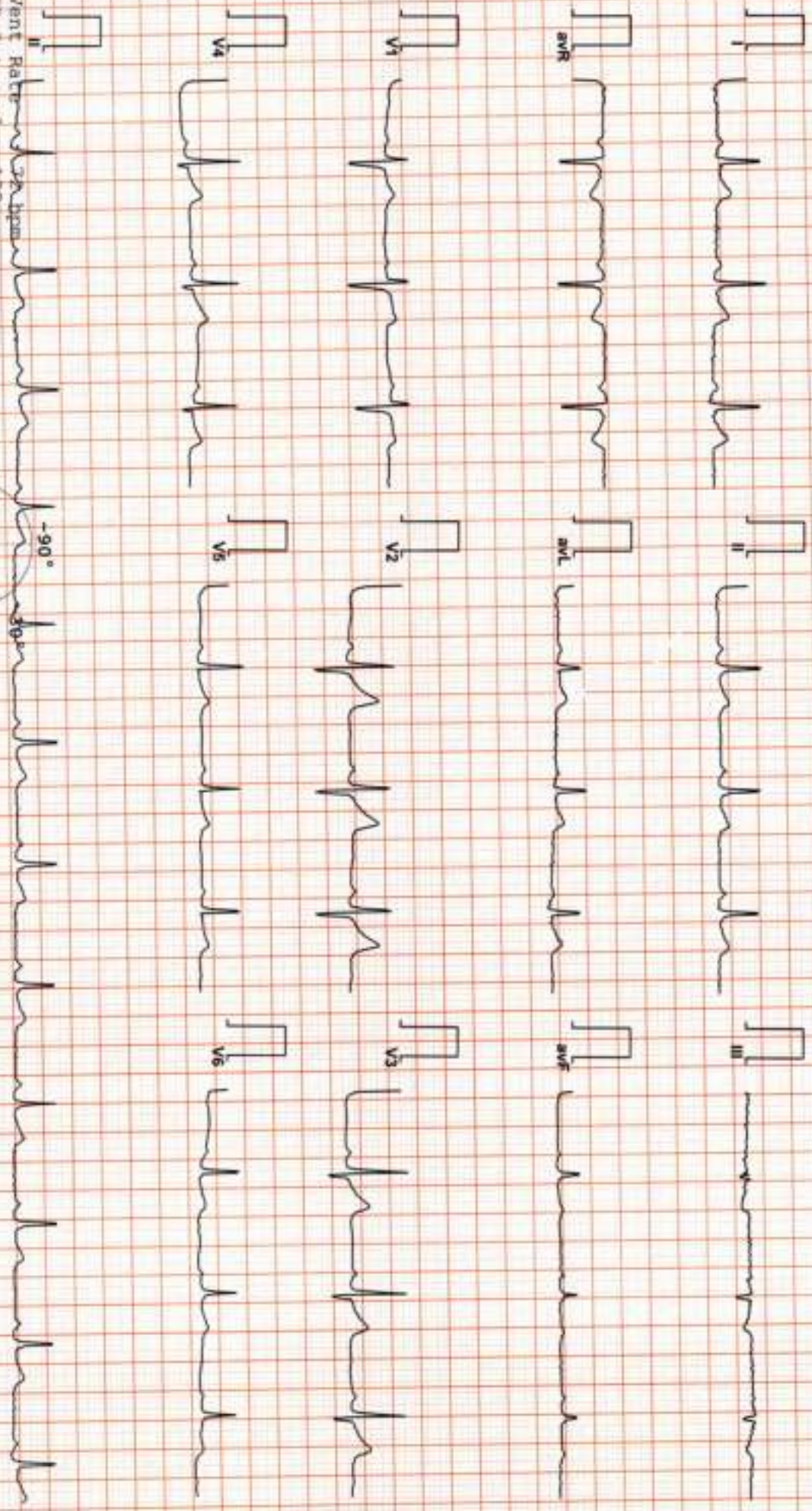
**Vijay Goyal**  
M.B.B.S., D.M.R.D.  
M.C. Reg. No.-017998



**DR. GOYAL PATH LAB**

4813 / MR RAJENDRA SINGH / 39 Yrs / M/ Non Smoker  
Heart Rate : 72 bpm / Tested On : 17-Mar-24 10:11:51 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Reid By: BOB

**ECG**



Vent Rate: 72 bpm  
PR Interval: 152 ms  
QRS Duration: 82 ms  
QT/QTc Int: 356/377 ms  
P-QRS-T axis: 21.00° • 23.00° • 23.00°

180°  
Rajesh Kumar Mohanaka  
RMC No. 35703

Axis  
R 23.00° T 9.00° P 21.00°  
Reported By: *TSM*  
Allergens ECG (Papers)(PIS21821031Z)  
RS, DIP, CARDIO (ESGQRTS) R 23.00° T 9.00° P 21.00°  
EM (P (P-UK))



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Tele : 0141-2293346, 4049787, 9887049787  
Website: www.drgoalspathlab.com | E-mail: drgoalspiyush@gmail.com

Date :- 17/03/2024 09:16:14

Patient ID :- 12236390



NAME :- Mr. RAJENDRA SINGH

Ref. By Dr:- BOB

Sex / Age :- Male 39 Yrs 9 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 09:22:14

Final Authentication : 17/03/2024 12:06:15

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)  
Method:- HPLC

6.2 H %

Non-diabetic: < 5.7  
Pre-diabetics: 5.7-6.4  
Diabetics: = 6.5 or higher  
ADA Target: 7.0  
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

131 H mg/dL

Non Diabetic < 100 mg/dL  
Prediabetic 100- 125 mg/dL  
Diabetic 126 mg/dL or Higher

AJAYSINGH  
Technologist

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**Dr. Rashmi Bakshi**  
MBBS, MD ( Path )  
RMC No. 17975/008828

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Final Authentication : 17/03/2024 12:06:15

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	13.9	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.72	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	54.3	%	40.0 - 80.0
LYMPHOCYTE	39.1	%	20.0 - 40.0
EOSINOPHIL	2.9	%	1.0 - 6.0
MONOCYTE	3.5	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.11	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.24	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.16	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.20	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.98	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	43.10	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	86.4	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.3	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	177	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.2	%	11.6 - 14.0
MENTZER INDEX	17.35		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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Technologist

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 09:22:14

Final Authentication : 17/03/2024 12:06:15

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	36 H	mm/hr.	00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC) Methodology: TJC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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 Company :- MediWheel



Sample Type -> PLAIN/SERUM Sample Collected Time 17/03/2024 09:22:14 Final Authentication : 17/03/2024 11:22:52

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	175.24	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	95.12	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	34.99	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	124.40	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	19.02	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	<b>5.01</b> H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	<b>3.56</b> H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	510.36	mg/dl	400.00 - 1000.00
<p><b>TOTAL CHOLESTEROL</b> InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.</p> <p><b>TRIGLYCERIDES</b> 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.</p> <p><b>DIRECT HDL CHOLESTEROL</b> InstrumentName:Randox Rx Imola 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.</p> <p><b>DIRECT LDL CHOLESTEROL</b> InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</p> <p><b>TOTAL LIPID AND VLDL ARE CALCULATED</b></p>			

SURENDRAKHANGA

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 17/03/2024 09:22:14 Final Authentication : 17/03/2024 11:22:52

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.63	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.22	mg/dL	Adult - Up to 0.25 Newborn - <0.6 > 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.41	mg/dl	0.30-0.70
SGOT Method:- IFCC	<b>62.0</b> H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>123.7</b> H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	93.40	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	<b>63.20</b> H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Buret Reagent	7.09	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.09	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.00	gm/dl	2.20 - 3.50
A/G RATIO	1.36		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method Instrument Name Random Rx Insula Interpretation An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in those incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

**AST Aspartate Aminotransferase** Methodology: IFCC Instrument Name Random Rx Insula Interpretation Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase** Methodology: IFCC Instrument Name Random Rx Insula Interpretation The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer Instrument Name Random Rx Insula 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.

**TOTAL PROTEIN** Methodology: Buret Reagent Instrument Name Random Rx Insula Interpretation Measurements obtained by this method are used in the diagnosis and treatment of a variety of disease involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB)** Methodology: Bromocresol Green Instrument Name Random Rx Insula Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**Instrument Name** Random Rx Insula 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).

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 Company :- MediWHEEL

Patient ID :- 12236390  
 Ref. By Dr.- BOB  
 Lab/Hosp :-



Sample Type - PLAIN/SERUM

Sample Collected Time 17/03/2024 09:22:14

Final Authentication : 17/03/2024 10:45:30

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.110	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.890	ug/dl	6.530 - 13.210
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.010	μIU/mL	0.350 - 5.500

**Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

**Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

#### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN μIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

MUKESH SINGH  
 Technologist

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Sex / Age :- Male 39 Yrs 9 Mon 22 Days  
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Patient ID :-12236390  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 17/03/2024 09:22:14

Final Authentication : 17/03/2024 11:10:19

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.015		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rother's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotification reaction)	NEGATIVE		NEGATIVE
<b>MICROSCOPY EXAMINATION</b>			
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

VIJENDRAMEENA  
Technologist

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Patient ID :- 12236390



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Sex / Age :- Male 39 Yrs 9 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type > STOOL

Sample Collected Time 17/03/2024 09:22:14

Final Authentication : 17/03/2024 11:10:19

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>STOOL ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
<b>MICROSCOPIC EXAMINATION</b>			
RBC's	NIL	/HPF	
WBC/HPF	NIL	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

VIJENDRAMEENA  
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Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sulfate, Urea, Creatinine, Glucose, HbA1c, Lipid Profile, Vitamin D, Vitamin B12, Vitamin E, Vitamin K, Vitamin C, Vitamin B6, Vitamin B12, Vitamin E, Vitamin K, Vitamin C, Vitamin B6  
 Final Authentication : 17/03/2024 16:08:02

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 108.8 mg/dl 75.0 - 115.0  
 Method:- GOD PAP

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

**Instrument Name:** Randox Rx Imola **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) 123.4 mg/dl 70.0 - 140.0  
 Method:- GOD PAP

**Instrument Name:** Randox Rx Imola **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.

SERUM CREATININE 1.12 mg/dl Men - 0.6-1.30  
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 8.23 H mg/dl Men - 3.4-7.0  
 Method:- Enzymatic colorimetric Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

**Dr. Rashmi Bakshi**  
 MBBS, MD ( Path )  
 RMC No. 17975/008828





# Dr. Goyal's

## Path Lab & Imaging Centre

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Website: [www.drgoyalpathlab.com](http://www.drgoyalpathlab.com) | E-mail: [drgoyalpiyush@gmail.com](mailto:drgoyalpiyush@gmail.com)

Date :- 17/03/2024 09:16:14

Patient ID :-12236390



NAME :- Mr. RAJENDRA SINGH

Ref. By Dr:- BOB

Sex / Age :- Male 39 Yrs 9 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AHSAN, AJAYSINGH, ANITASHARMA, MUKESH SINGH, SURENDRAKHANGA, VIJENDRAMEENA

Page No: 10 of 12



# Dr. Goyal's

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Sex / Age :- Male 39 Yrs 9 Mon 22 Days  
Company :- MediWheel

Patient ID :-12236390  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA, URINE

Sample Collected Time 17/03/2024 09:22:14

Final Authentication : 17/03/2024 12:06:15

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil

AJAYSINGH, VIJENDRAMEENA  
Technologist

Page No: 11 of 12



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Date :- 17/03/2024 09:16:14

Patient ID :- 12236390



NAME :- Mr. RAJENDRA SINGH

Ref. By Dr.- BOB

Sex / Age :- Male 39 Yrs 9 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 09:22:14

Final Authentication : 17/03/2024 11:22:52

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.2	mg/dl	0.0 - 23.0

\*\*\* End of Report \*\*\*

SURENDRAXHANGA

Page No: 12 of 12



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Sex / Age :- Male 39 Yrs 9 Mon 22 Days  
Company :- Med/Wheel

Patient ID :- 12236390  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 17/03/2024 11:43:35

BOB PACKAGE BELOW 40MALE

### X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

**Impression :- Normal Study**

(Please correlate clinically and with relevant further investigations)



Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)  
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI  
(RMC No. 33613 / 14911)

\*\*\* End of Report \*\*\*

**Dr. Piyush Goyal**  
(D.M.R.D.) ANITASHARMA

Page No: 1 of 1

Transcript by.

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Dr. Poorvi Malik  
MBBS, MD, DNB (Radio Diagnosis)  
RMC No. 21505





Date :- 17/03/2024 09:16:14  
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Sex / Age :- Male 39 Yrs 9 Mon 22 Days  
Company :- Medi/Wheel

Patient ID :- 12236390  
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Final Authentication : 17/03/2024 11:12:42

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver is enlarged in size (~ 15.7 cm). Echo-texture is bright** 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 of normal size. Wall is not thickened. Multiple (3 in number) echogenic foci with distal acoustic shadowing are seen in the GB lumen, largest measuring approx. 13 mm.** 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. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary bladder** is partially distended. Urinary bladder does not show any calculus or mass lesion.

**Prostate** is grossly normal.

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

No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

- \* Mild hepatomegaly with grade I fatty changes.
- \* Cholelithiasis.

Needs clinical correlation.

\*\*\* End of Report \*\*\*

Page No: 1 of 1

AHSAN

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RMC No. 21505



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Sex / Age :- Male 39 Yrs 9 Mon 22 Days  
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Patient ID :- 12236390  
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Lab/Hosp :-

Final Authentication : 17/03/2024 12:27:59

BOB PACKAGE BELOW 40MALE  
2D ECHO OPTION TMT (ADULT/CHILD)

**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	26	mm	LA	32	Mm	IVS-D	10	mm
IVS-S	15	mm	LVID	48	Mm	LVSD	33	mm
LVPW-D	10	mm	LVPW-S		Mm	RV		mm
RVWT		mm	EDV		Ml	LVVS		ml
LVEF	60%		RWMA			ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.65	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.51	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION				ABSENT
AORTIC VALVE				
PEAK VELOCITY		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				Trace
PULMONARY VALVE				
PEAK VELOCITY		M/sec.	PEAK GRADIENT	Mm/hg
MEAN VALOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION				ABSENT

AHSAN

Transcript by

Page No: 1 of 2

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Final Authentication : 17/03/2024 12:27:59

### Impression--

1. Grade I LV diastolic dysfunction.
2. Trace TR - PASP 20 mmHg.
3. Normal LV size & contractility
4. No RWMA, LVEF 60 %.
5. Normal cardiac chamber.
6. Normal valve
7. No clot, no vegetation, no pericardial effusion.

  
(Cardiologist)

\*\*\* End of Report \*\*\*





# Dr. Goyal's Path Lab

Name **MR. RAJENDRA SINGH**  
Patient Id **MR. R05\_05239**

Date **03/17/2024**  
Diagnosis Dr.

