

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 988704978

General Physical Examination

Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date of Examination: 17/03/2024

Name: Aditya Tulsyan Age: 38 Sex: m.

DOB: 4/12/1985

Referred By: mediwheel.

Photo ID: Aadhar ID #: Attached.

Ht: 176 (cm)

Wt: 79 (Kg)

Chest (Expiration): 103 (cm)

Abdomen Circumference: 99 (cm)

Blood Pressure: 119/79 mm Hg PR: 78 /min

BMI 25.5

Eye Examination: dis vision 6/6 with specs, near vision N/G

no colour blindness

Other: not significant.

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

Signature Of Examinee: Aditya Tulsyan

Name of Examinee: ADITYA TULSYAN

Signature Medical Examiner: Piyush Goyal

Name Medical Examiner: _____

Piyush Goyal
M.B.B.S. - M.R.D.
RMC Reg. No. - 017996



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No 1207/91544/02899

To
अदिति तुलस्यान
Aditya Tulsyan
S/O Pavan Tulsyan

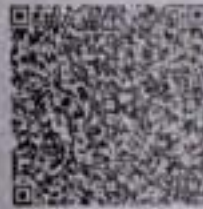
15/05/2012

3
SHIV MARG
BEHIND RAJ BHAWAN CIVIL LINES
Jaipur
Jaipur R.S. Jaipur
Rajasthan 302006
9828398500

Ref: 520 / 09F / 439426 / 439984 / P



UE566101697IN



आपका आधार क्रमांक / Your Aadhaar No. :

2598 5461 5443

आधार – आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA



अदिति तुलस्यान
Aditya Tulsyan
जन्म वर्ष / Year of Birth : 1985
पुरुष / Male



2598 5461 5443

आधार – आम आदमी का अधिकार

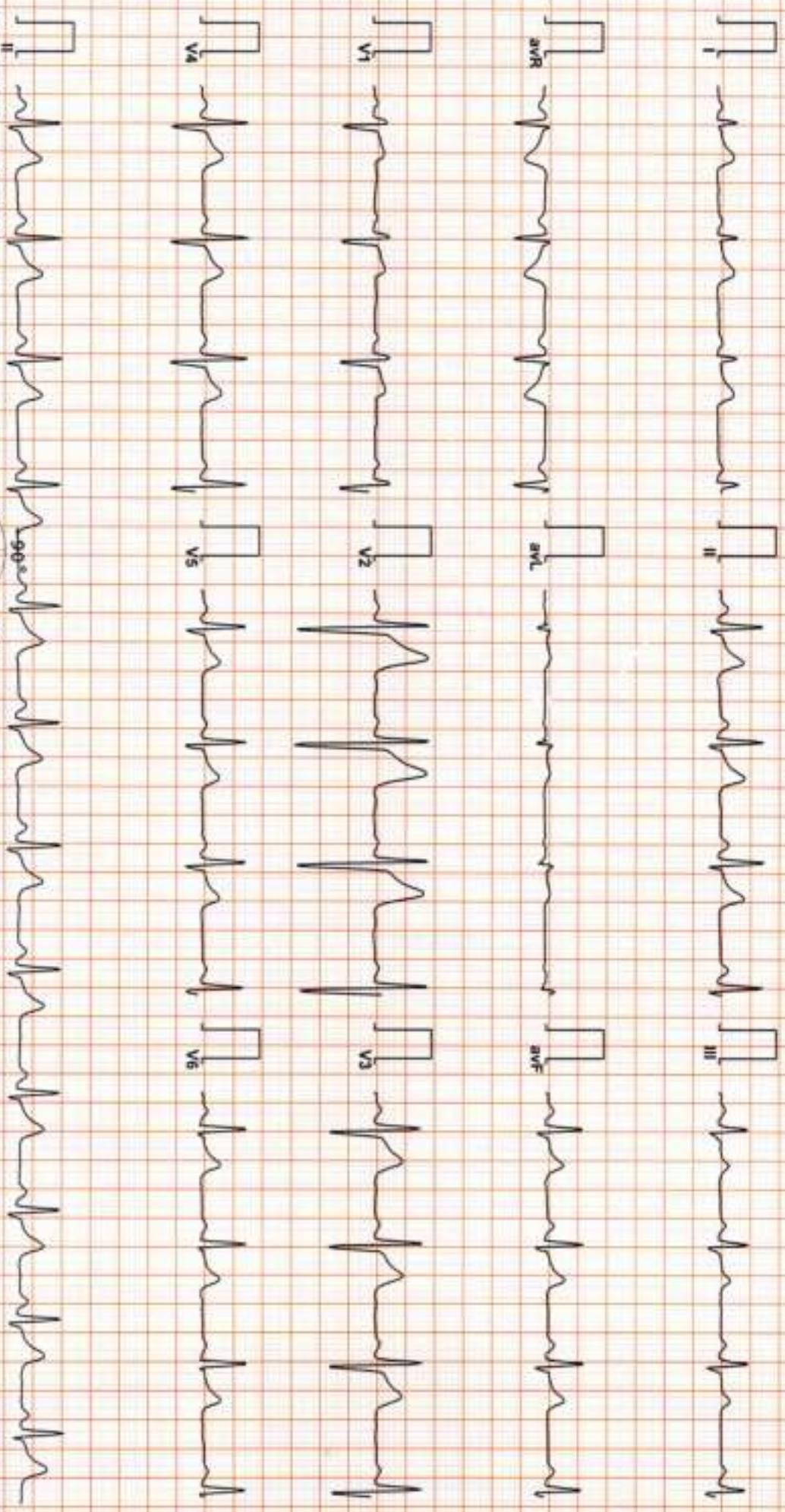
Aditya Tulsyan

Piplah Govt
M.B.S.S., D.M.
C Reg. No.-01/189

DR. GOYAL PATH LAB

4825 / MR ADITYA TULSYAN / 38 Yrs / M/ Non Smoker
Heart Rate : 72 bpm / Tested On : 17-Mar-24 13:49:48 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB

ECG



Vent Rate : 72 bpm
PR Interval : 142 ms
QRS Duration: 90 ms
QT/QTc Int : 370/391 ms

P-QRS-T axis: 71.00°
5 RMO Kod 52083

Kumar Mohan
Kumar Mohan



Axis
R 58.00°
T 53.00°
P 71.00°

ME S. DIP. CARDIO (ESCORTS)
Allergens ECG (Pices)/PIS2182103/PE M. (RCGP-UK)

Reported By:



873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / 0 Cms / 3 Kg / NonSmoker
Date: 17 / 03 / 2024 01:50:28 PM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	01.1	00.0	01.0	000	0%	120/80	000	00	
Standing	00:54	0:47	01.1	00.0	01.0	074	41%	120/80	088	00	
HV	01:24	0:30	01.1	00.0	01.0	073	40%	120/80	087	00	
Warm Up	02:09	0:45	01.1	00.0	01.0	075	41%	120/80	090	00	
ExStart	03:14	1:05	01.0	00.0	01.0	080	49%	120/80	108	00	
BRUCE Stage 1	06:14	3:00	01.7	10.0	04.7	115	63%	125/85	143	00	
BRUCE Stage 2	09:14	3:00	02.5	12.0	07.1	125	69%	135/85	168	00	
PeakEx	10:53	1:39	03.4	14.0	08.8	163	90%	140/90	228	00	
Recovery	11:53	1:00	00.0	00.0	01.2	117	64%	140/90	163	00	
Recovery	12:53	2:00	00.0	00.0	01.0	106	58%	135/85	143	00	
Recovery	13:53	3:00	00.0	00.0	01.0	100	55%	125/85	125	00	
Recovery	14:53	4:00	00.0	00.0	01.0	105	58%	125/80	131	00	
Recovery	15:22	4:30	00.0	00.0	01.0	098	54%	125/80	122	00	

FINDINGS :

Exercise Time : 07:39
 Max HR Attained : 163 bpm 90% of Target 182
 Max BP Attained : 140/90 (mmHg)
 Max Workload Attained : 8.8 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

TNT PD Negative for RHI

Narash Kumar Mohanka
 RMC No. 35103
 RMC (ESCORTS)
 M.F.S. DIP. CARDIO (UK)
 G.E.M. (REGP-UK)

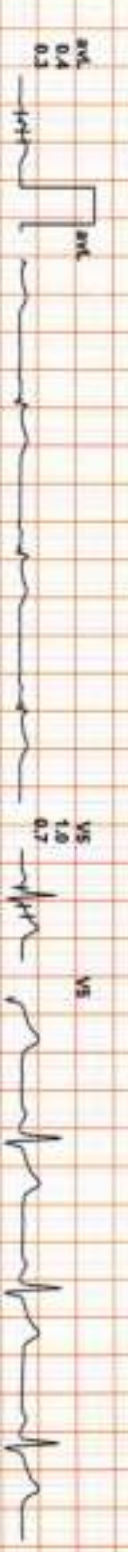
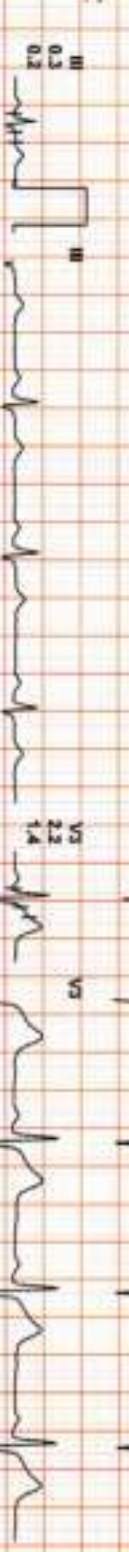
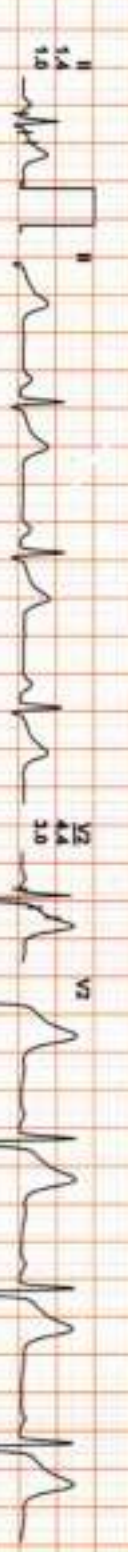
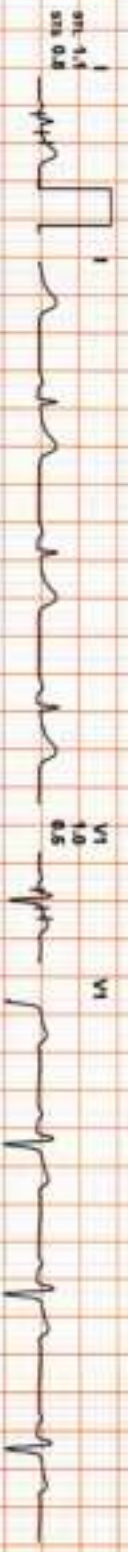
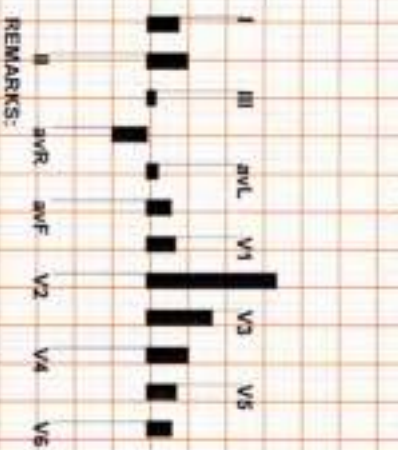
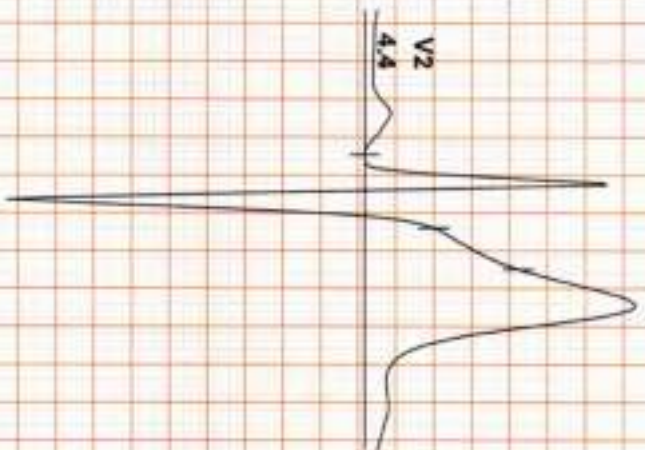


873 (113) / MR ADITYA TULSYAN / 38 YRS / M / 0 CMS / 3 Kg / HR : 0

Date: 17 / 03 / 2024 01:50:28 PM METS: 1.00 0 bpm 0% of THR BP: 120/80 mmHg Raw ECG BLC ON Notch ON HF 0.05 Hz/LF 35 Hz

4X 80 mm Post J

EXTIME: 00:00 1.1 mph, 0.0%
25 mm/Sec, 1.0 cm/mV



REMARKS:

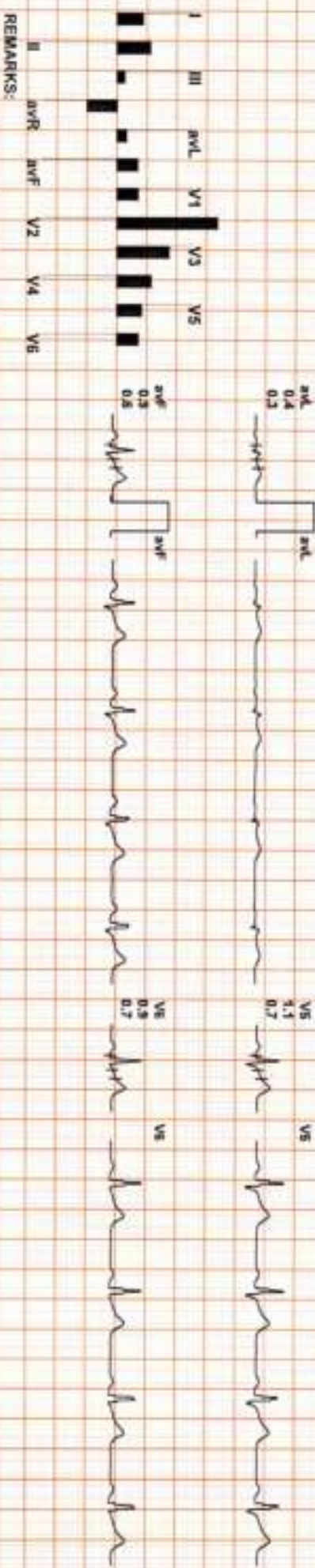
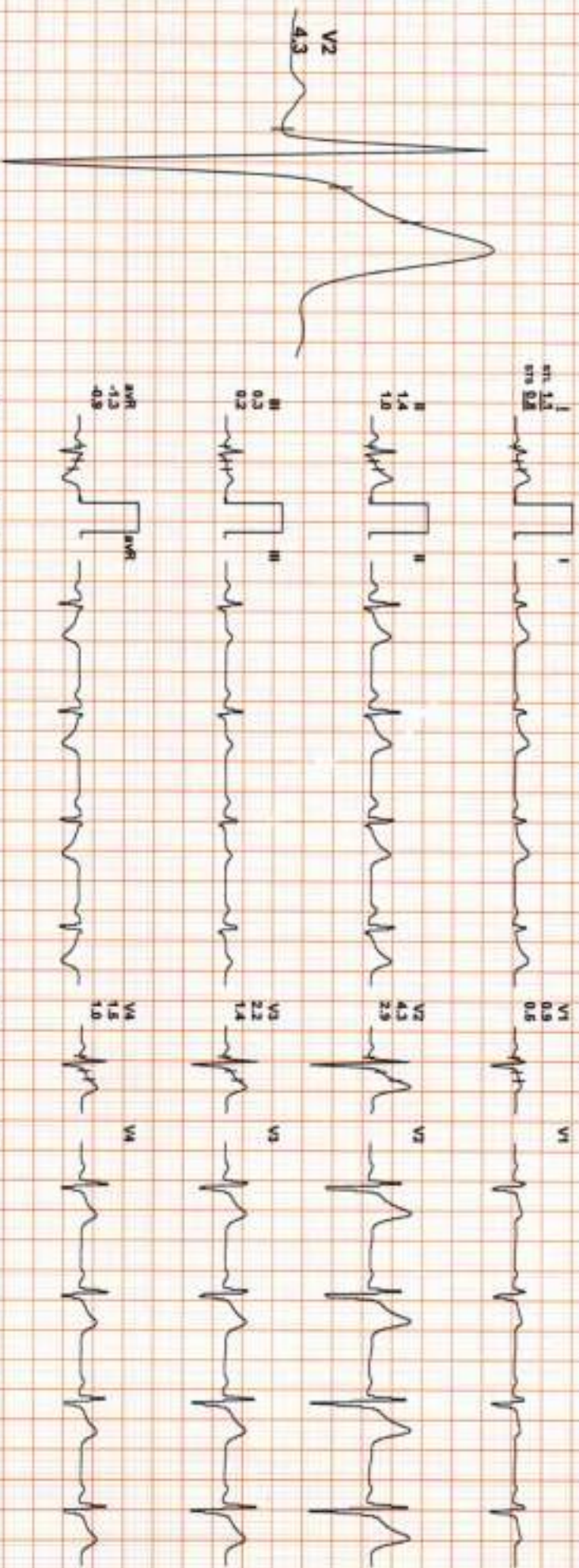


873 (113) / MRADITYA TULSYAN / 38 Yrs / M / O CMS / 3 Kg / HR : 74

Date: 17 / 03 / 2024 01:50:28 PM METS: 1.0/ 74 bpm 41% of THR BP: 120/80 mmHg Combined Medicns/ BLC Oxy Satch Oxy HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.8 Cm/mV



REMARKS:

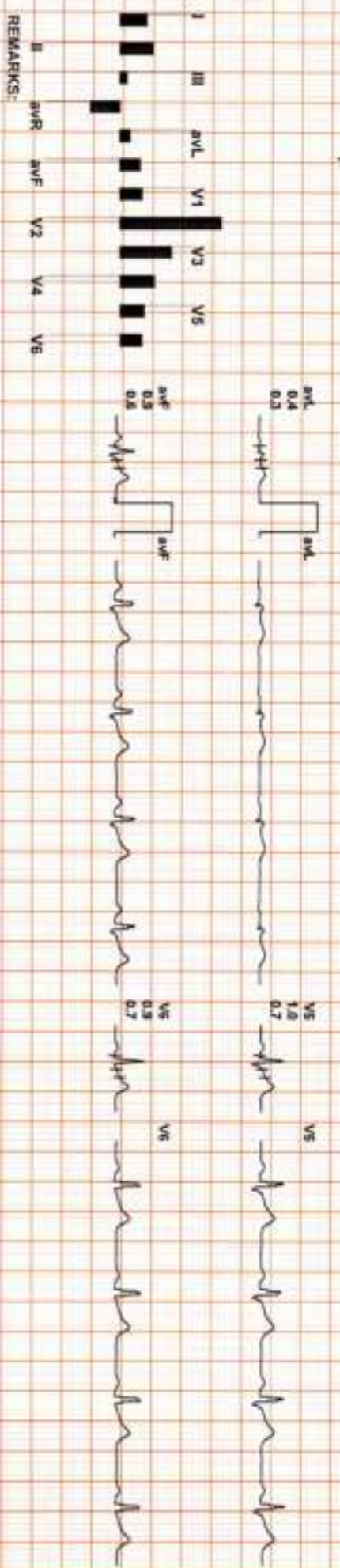
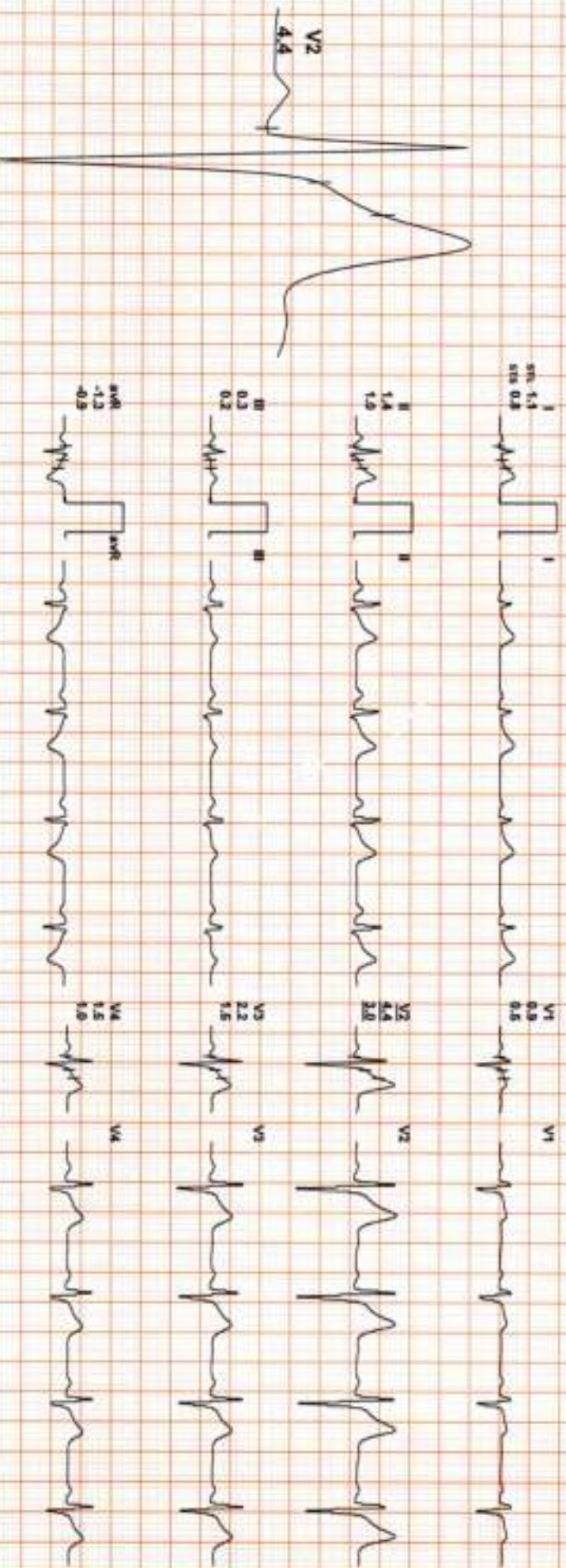


873 (113) / MRADITYA TULSYAN / 38 Yrs / M / 0 Cms / 3 Kg / HR : 73

Date: 17 / 03 / 2024 01:50:28 PM METS: 1.0/ 73 bpm 40% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On HF: 0.05 HzLF 35 Hz

4X 80 ms Post J

ExTime: 00:00 1.1 mph, 0.0% 25 mm/Sec, 1.0 Cm/mV



REMARKS:

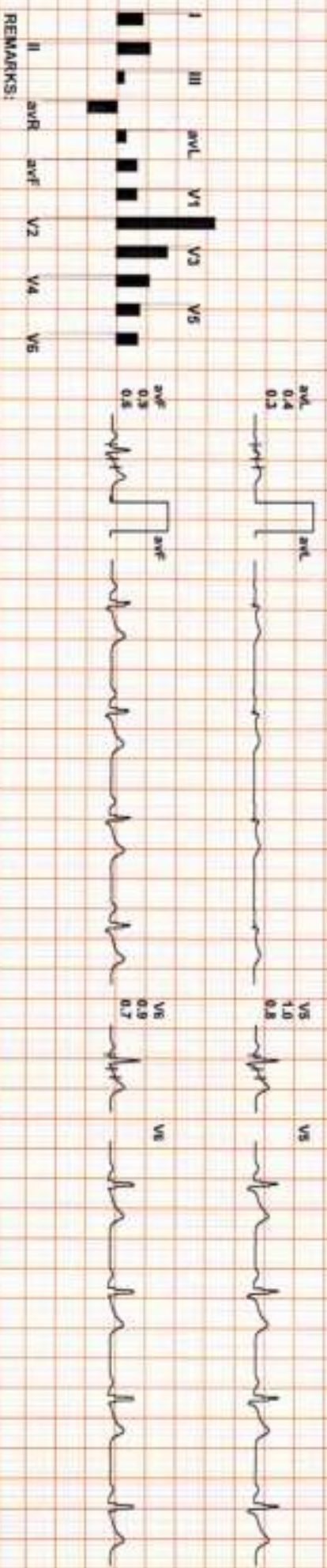
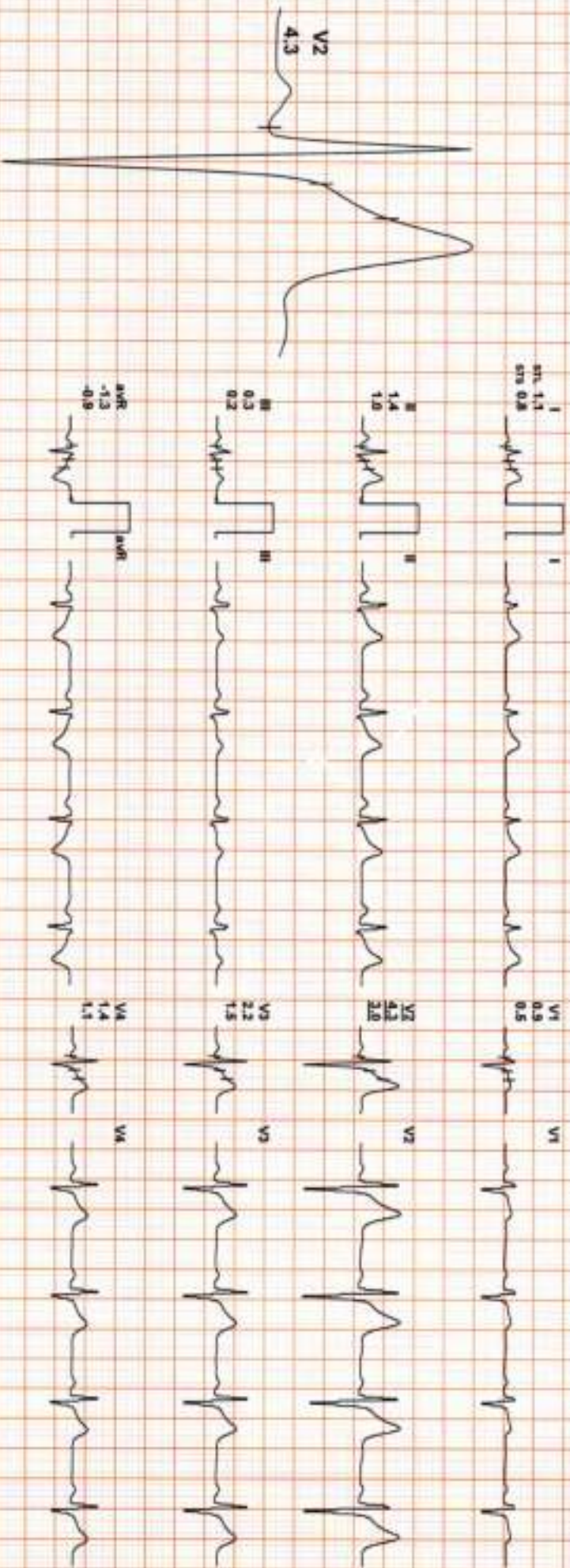


873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / O CMS / 3 Kg / HR : 75

Date: 17 / 03 / 2024 01:50:29 PM METS: 1.0/ 75 bpm 41% of THR BP: 120/80 mmHg Combined Mediana/ BLC OW Notch OW HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 1.1 mph, 0.0% 25 mmSec. 1.8 Cm/mV



REMARKS:

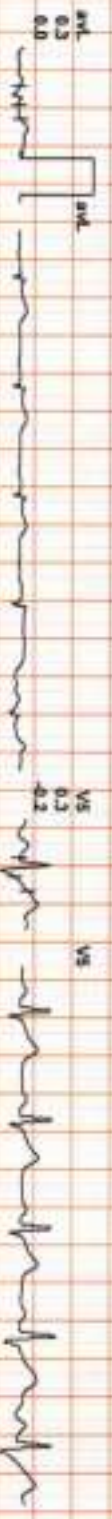
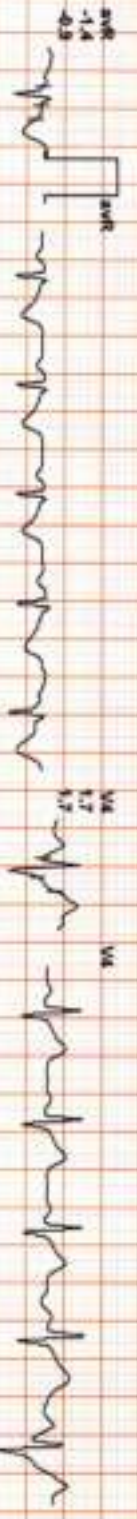
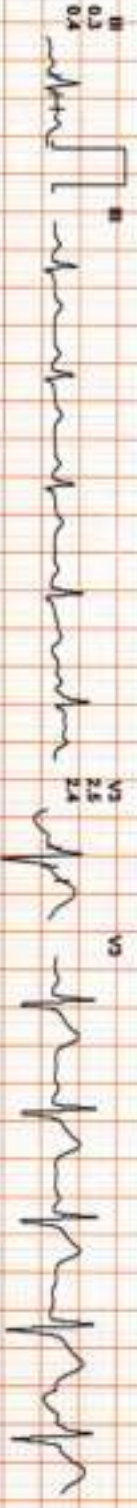
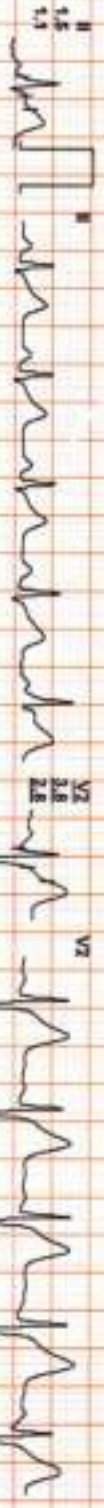
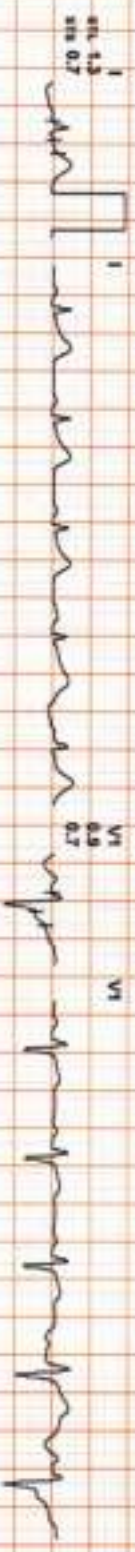
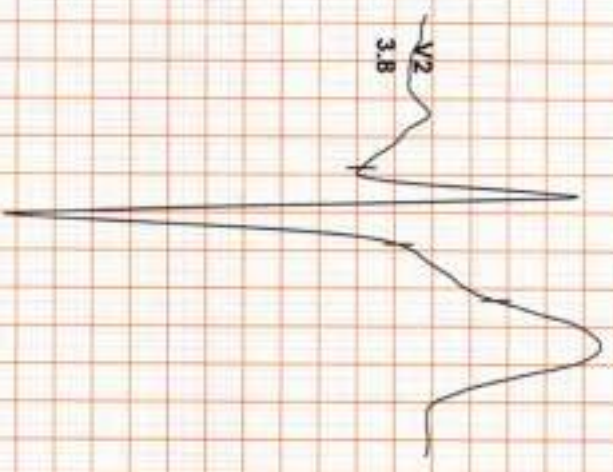


873 (113) / MR ADITYA TULSYAN / 38 YRS / M / O Cms / 3 Kg / HR : 90

Date: 17 / 03 / 2024 01:50:28 PM METS: 1.0/ 90 bpm 49% of THR BP- 120/80 mmHg Combined Medians/ BLC Ov Notch Ov HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 1.0 mph, 0.0%
25 mm/Sec, 1.0 Cm/mV



REMARKS:

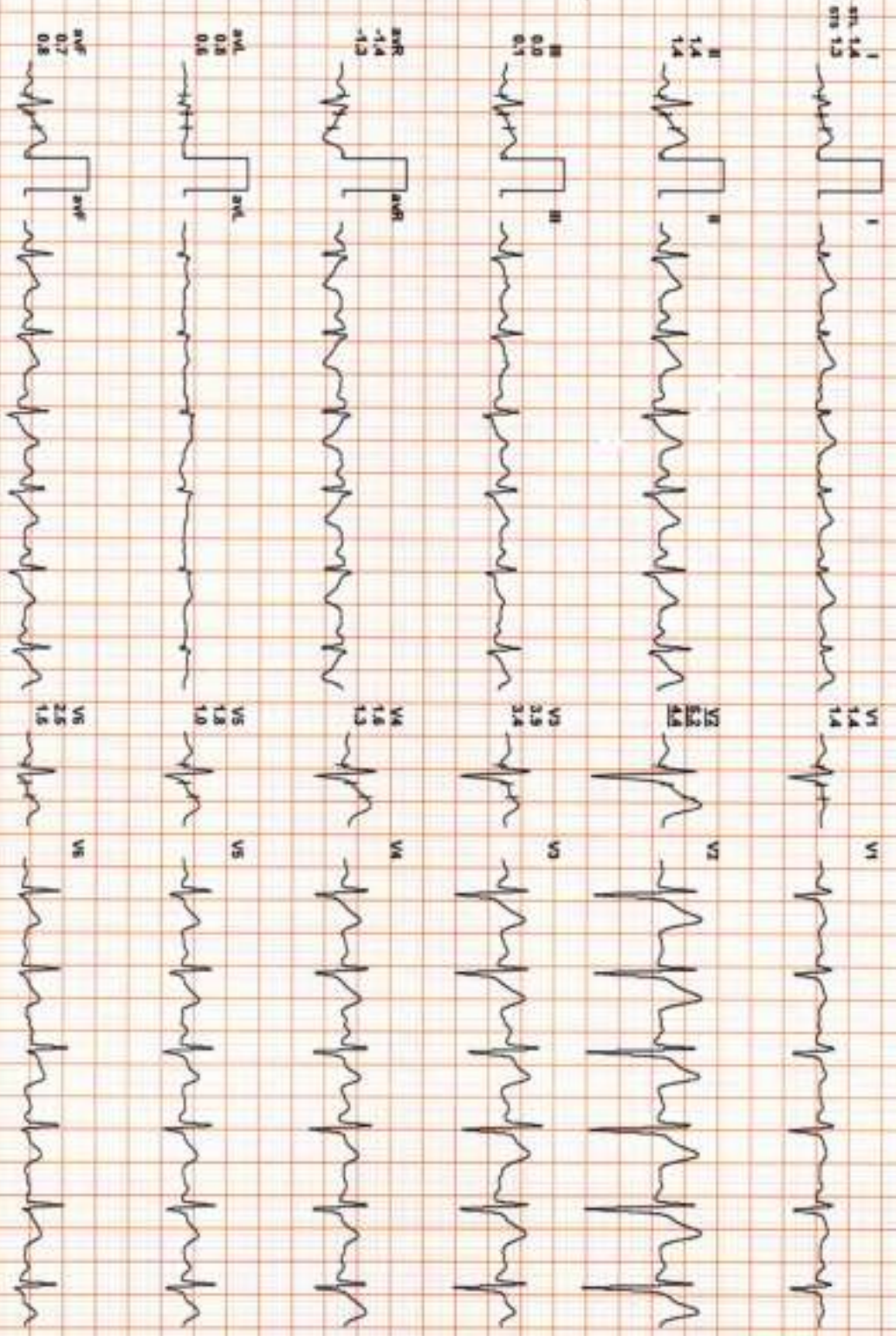


873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / O CMS / 3 Kg / HR : 115

Date: 17 / 03 / 2024 01:50:28 PM METS: 4.71 115 bpm 63% of THR BP: 125/85 mmHg Combined Mediana/ BLC On/ Nois On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



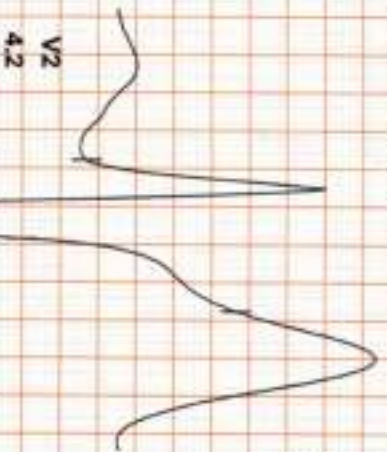
873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / 0 Cms / 3 Kg / HR : 125

Date: 17 / 03 / 2024 01:50:28 PM METS: 7.1/ 125 bpm 69% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Noth On/ HF 0.05 Hz/L F 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 80 ms Post J

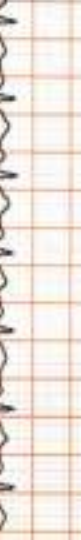
25 mm/Sec. 1.8 Cm/mV



I
RI 1.2
RII 0.8



VI
RI 0.8
RII 2.0



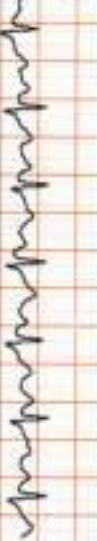
II
RI 1.8
RII 2.1



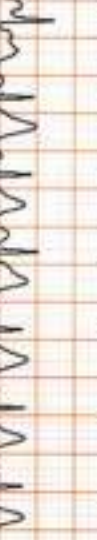
V2
RI 4.3
RII 8.3



III
RI 0.8
RII 1.5



V3
RI 2.5
RII 4.4



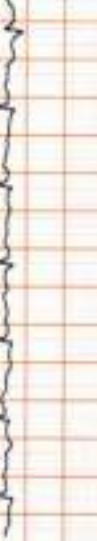
aVR
RI -1.4
RII -1.4



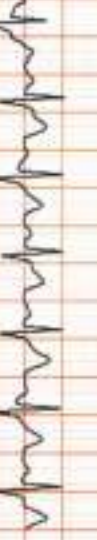
V4
RI 2.4
RII 4.8



aVL
RI 0.3
RII -0.4



V5
RI 0.8
RII 2.0



aVF
RI 1.1
RII 1.8



V5
RI 0.3
RII 1.9



REMARKS:

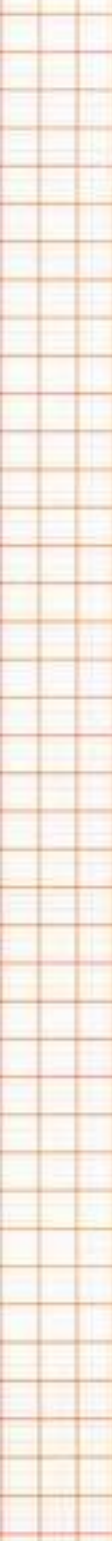
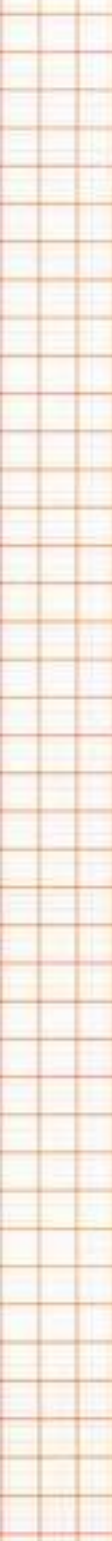
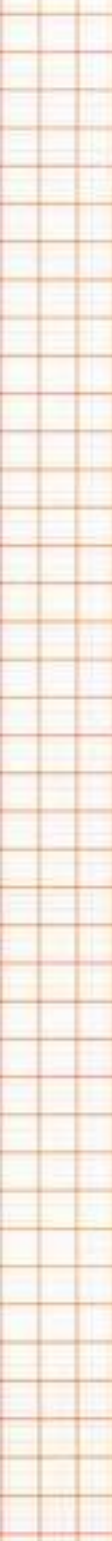
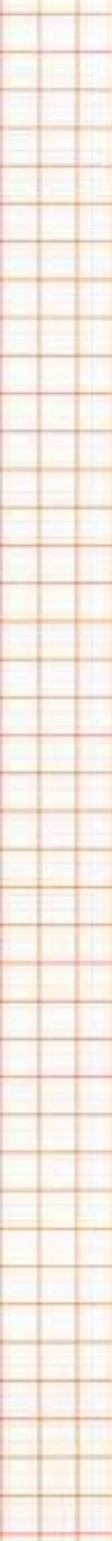
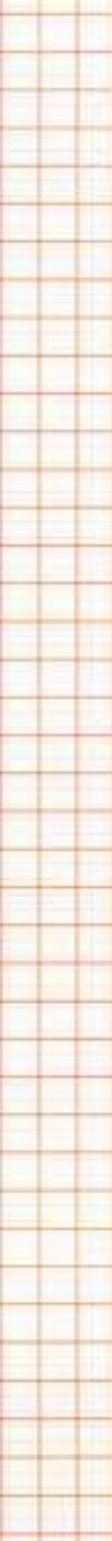
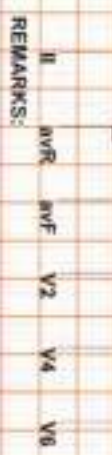
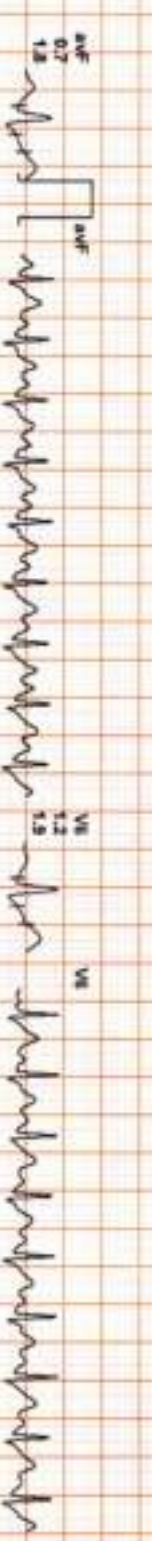
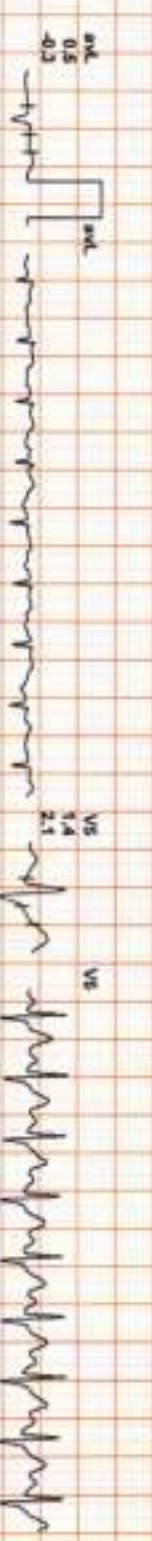
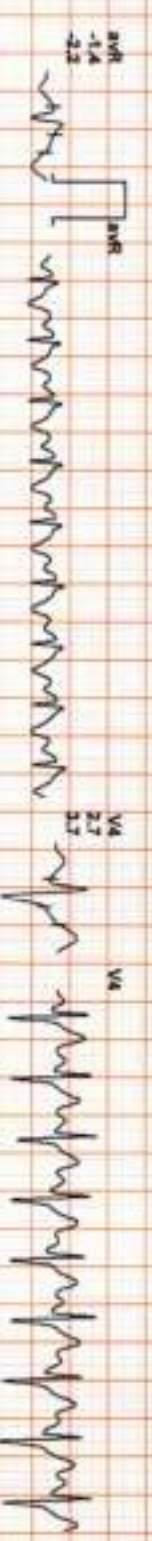
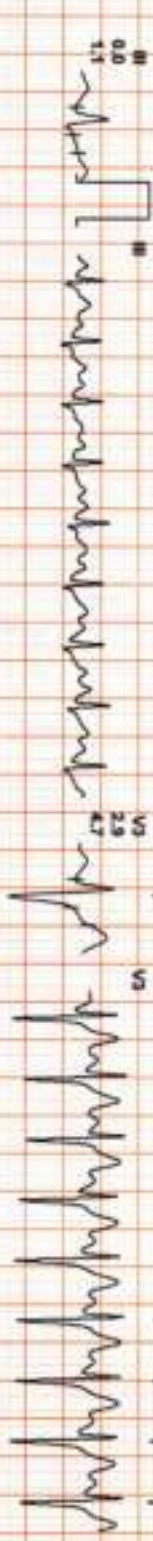
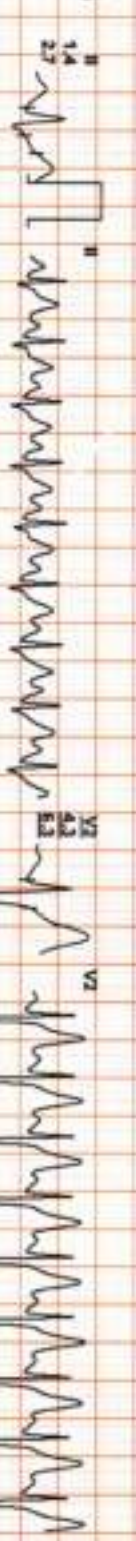
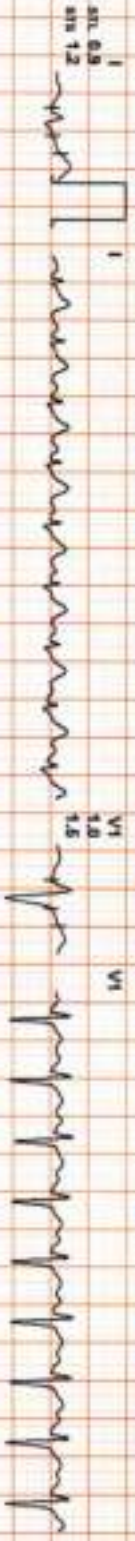
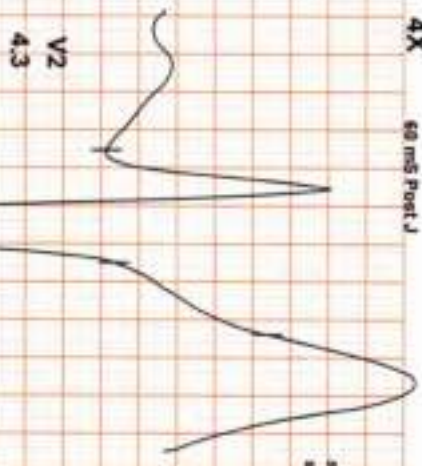


873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / 0 Cms / 3 Kg / HR : 163

Date: 17 / 03 / 2024 01:50:28 PM METS: 8.8/ 163 bpm 90% of THR BP: 140/90 mmHg Combined Medians/ BLC Ov Notch Ov HF 0.05 HzLF 35 Hz

4X 60 ms Post J

EXTime: 07:39 3.4 mph, 14.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

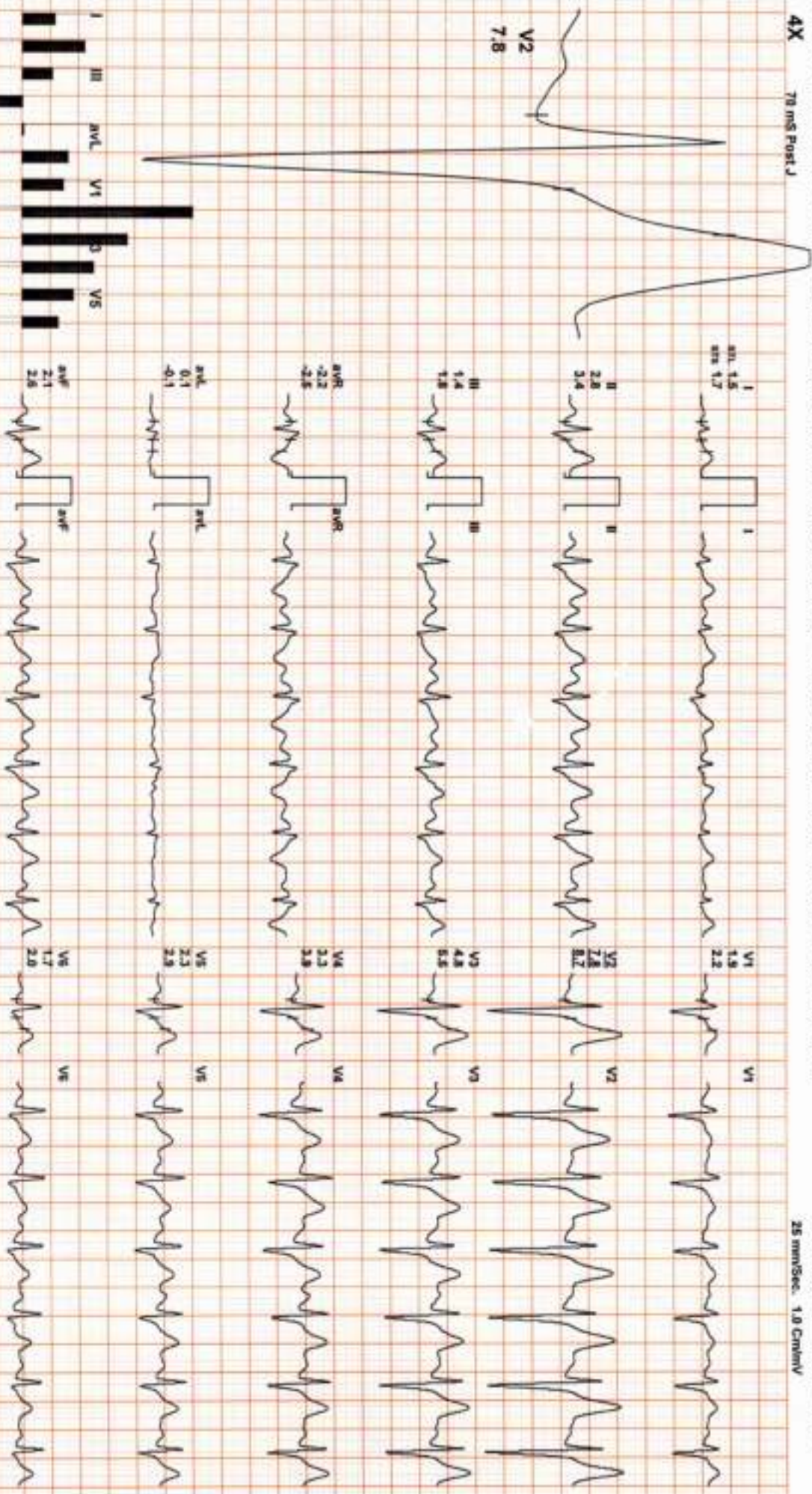


873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / 0 Cms / 3 Kg / HR : 117

Date: 17 / 03 / 2024 01:50:28 PM METS: 1.27 117 bpm 64% of THR BP: 140/90 mmHg Combined Medians/ BLC OV Notch OV HF 0.05 HzLUF 35 Hz

4X 70 ms Post J

EXTIME: 07:39 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

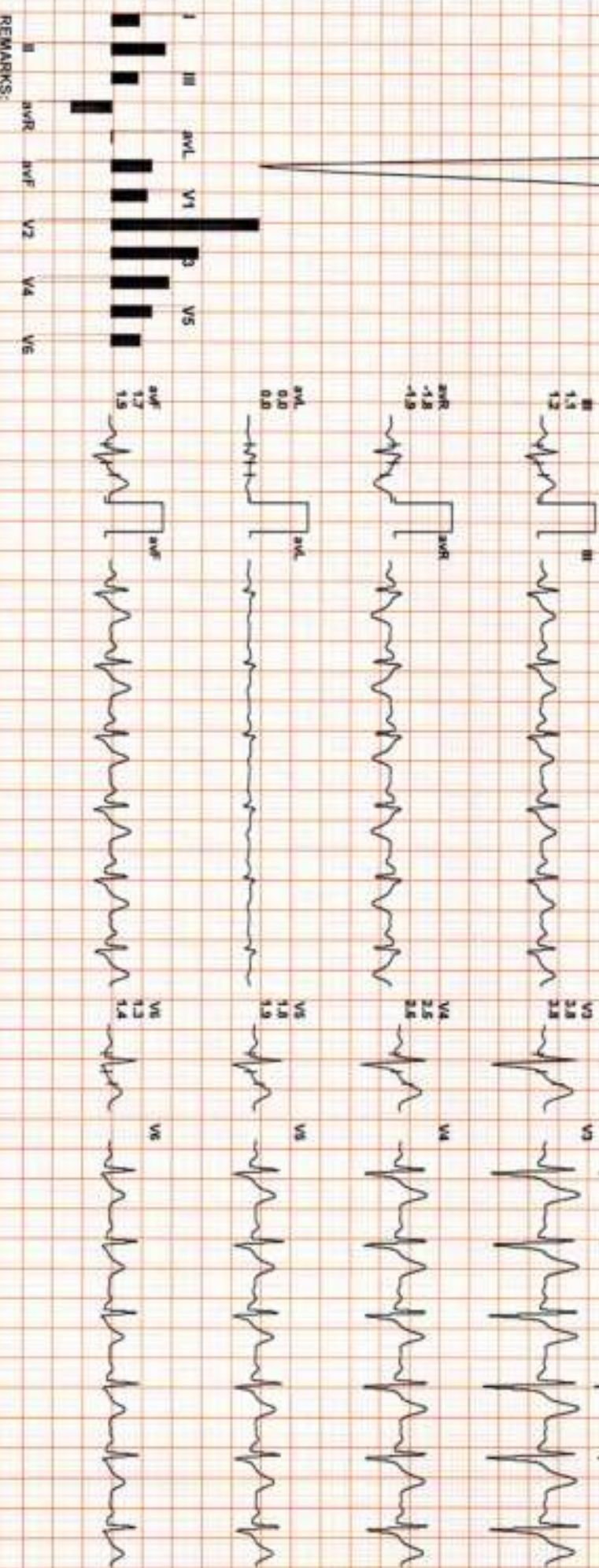
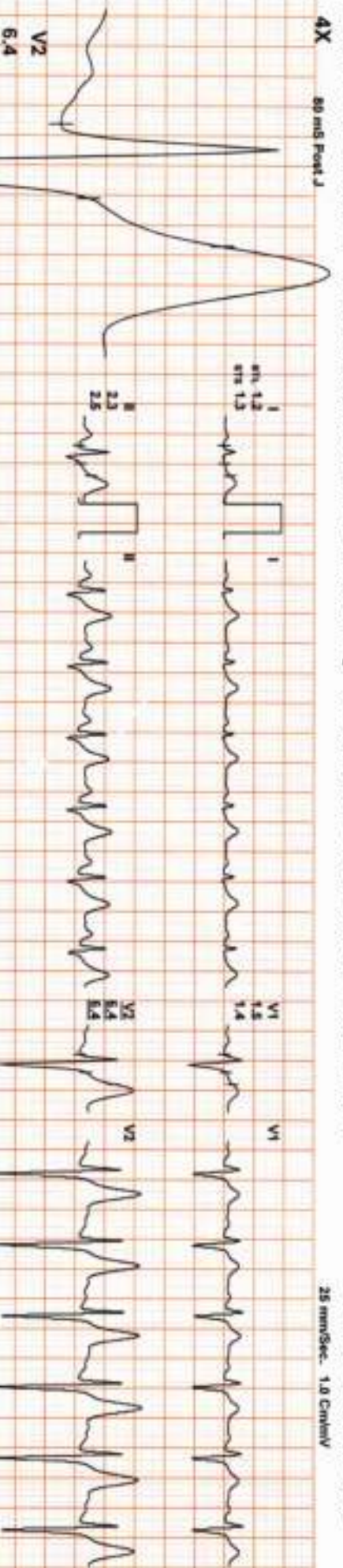


873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / O Cms / 3 Kg / HR : 106

Date: 17 / 03 / 2024 01:50:28 PM METS: 1.0/ 106 bpm 58% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 20 ms Post J

EXTime: 07:39 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/Div



REMARKS:

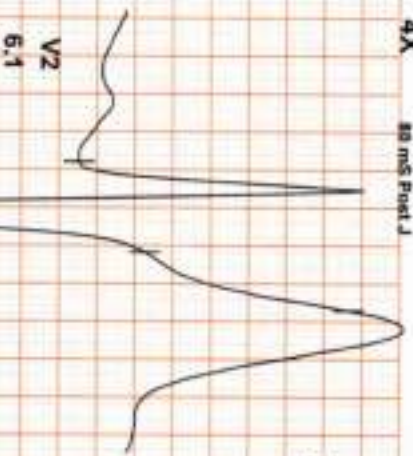


873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / 0 Crns / 3 Kg / HR : 100

Date: 17 / 03 / 2024 01:50:28 PM METS: 1.0l/ 100 bpm 55% of THR BP: 125/85 mmHg Combined Modemur/ BLC Ov Noich Ov HF 0.05 Hz/LF 35 Hz

EXTIME: 07:39 0.0 mgh, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



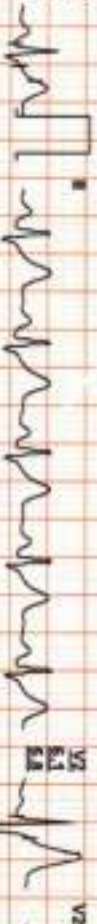
I
RI 1.2
RII 1.3
RII 1.1



VI
VI 1.3
VI 1.1



II
II 2.2
II 2.8



V2
V2 5.1
V2 5.8



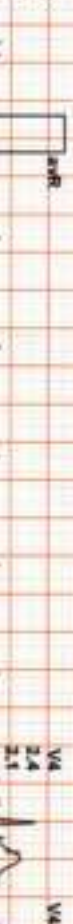
III
III 1.8
III 0.9



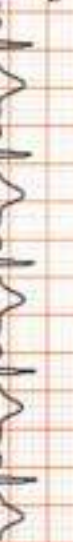
V3
V3 2.6
V3 2.2



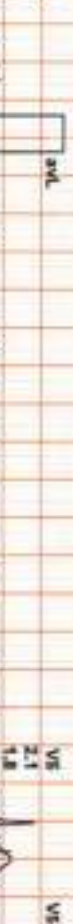
aVR
aVR -1.7
aVR -1.6



V4
V4 2.4
V4 2.1



aVL
aVL 0.2
aVL 0.1



V5
V5 2.1
V5 1.8



aVF
aVF 1.8
aVF 1.5



V6
V6 1.5
V6 1.2



REMARKS:

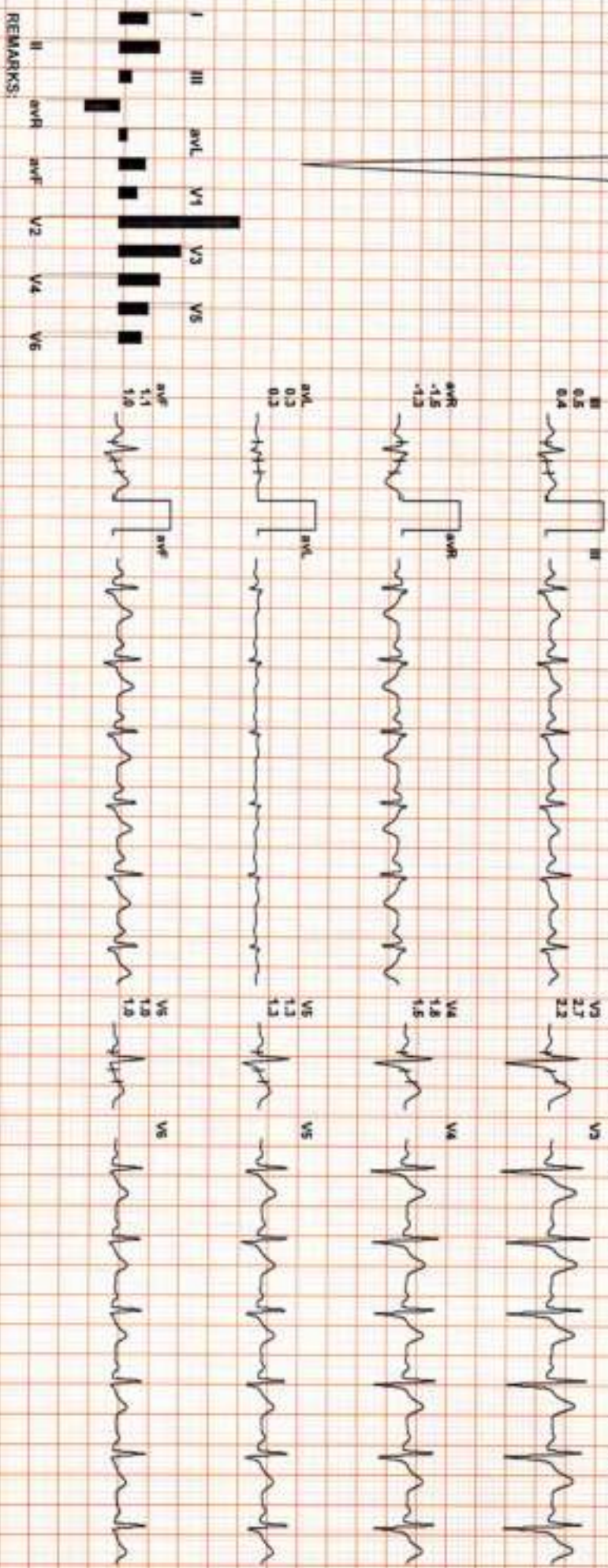


873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / O Cms / 3 Kg / HR : 105

Date: 17 / 03 / 2024 01:50:28 PM METS: 1.0/ 105 bpm 58% of THR BP: 125/80 mmHg Combined Median/ BLC Qw Neigh Qw HF 0.05 Hz/LF 35 Hz

AX 40 ms Post J

EXTime: 07:39 0.0 mph, 0.0%
25 mm/Sec. 1.8 Cm/mV



REMARKS:

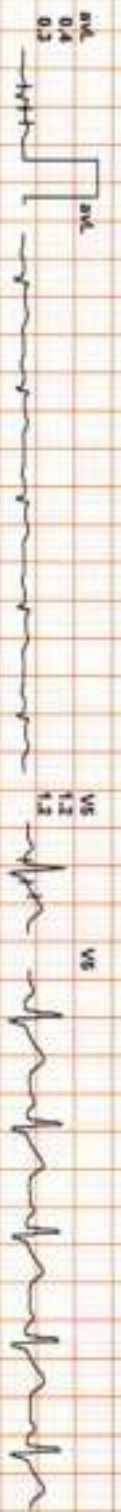
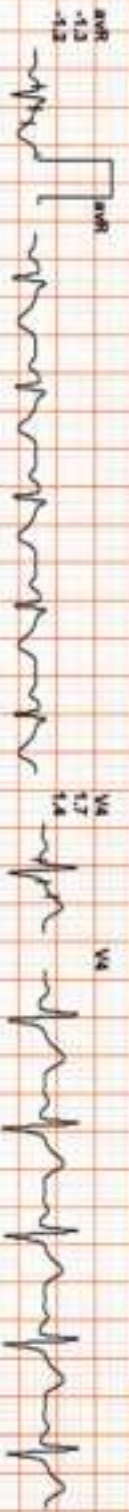
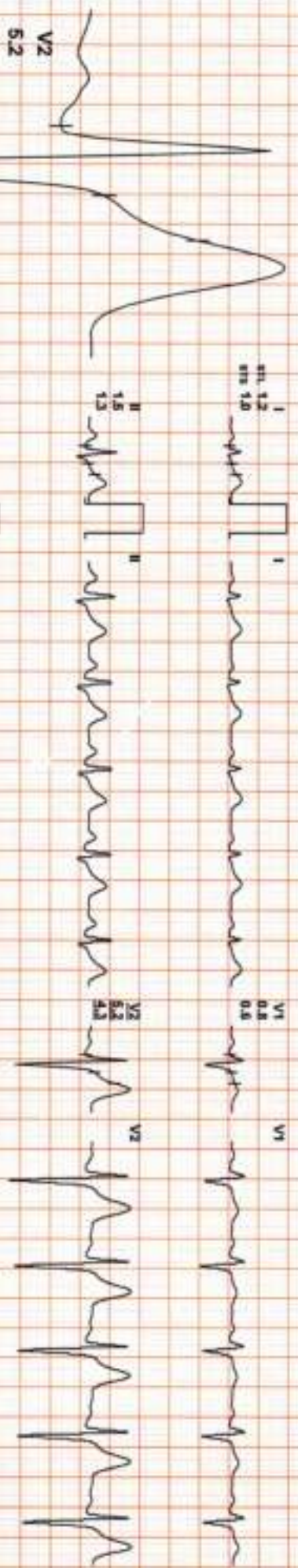


873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / 0 Cms / 3 Kg / HR : 98

Date: 17 / 03 / 2024 01:50:26 PM METS: 1.0/ 98 bpm 54% of THR BP- 125/80 mmHg Combined Mediana/ BLC Ov Notch Ov HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 07:39 0.0 mph, 0.0% 25 mmSec. 1.0 Cm/mV

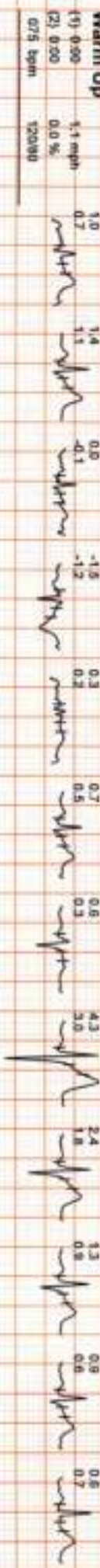
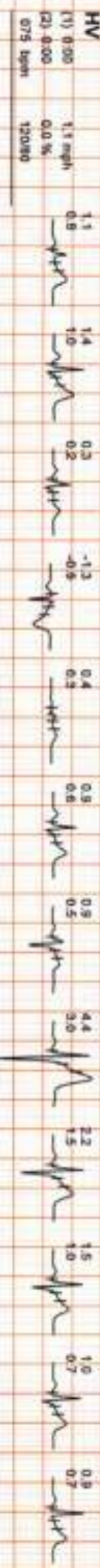
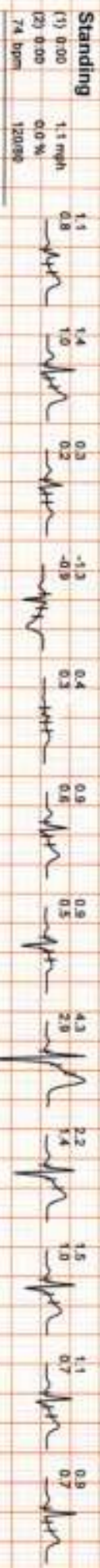


REMARKS:

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



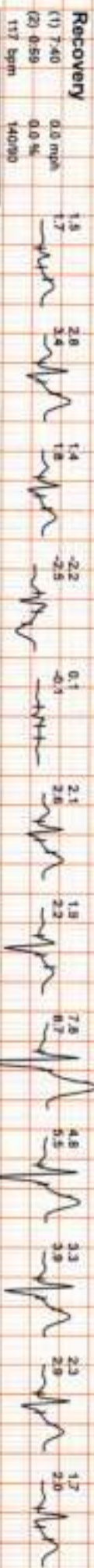
Date: 17 / 03 / 2024 01:50:26 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





873 (113) / MRADITYA TULSYAN / 38 Yrs / M / 0 Cms / 3 Kg / HR : 97

Date: 17 / 03 / 2024 01:50:28 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





873 (113) / MR ADITYA TULSYAN / 38 Yrs / M / 0 Cms / 3 Kg / HR : 97

Date: 17 / 03 / 2024 01:50:28 PM I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

Recovery
 (1) 7:40 0.0 mph 1.2
 (2) 4:29 0.0 % 1.0
 98 bpm 125/80





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Date :- 17/03/2024 09:12:29
NAME :- Mr. ADITYA TULSYAN
Sex / Age :- Male 38 Yrs 3 Mon 17 Days
Company :- MediWheel

Patient ID :-12236389
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

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

Final Authentication : 17/03/2024 12:06:35

HAEMATOLOGY

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

BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.6

%

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 has 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

114

mg/dL

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

AJAYSINGH
Technologist

Page No: 1 of 12



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Company :- Med/Wheel

Patient ID :-12236389
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

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

Final Authentication : 17/03/2024 12:08:35

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.40	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	67.0	%	40.0 - 80.0
LYMPHOCYTE	27.4	%	20.0 - 40.0
EOSINOPHIL	1.9	%	1.0 - 6.0
MONOCYTE	3.3	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	4.96	10 ³ /uL	1.50 - 7.00
LYMPH#	2.03	10 ³ /uL	1.00 - 3.70
EO#	0.14	10 ³ /uL	0.00 - 0.40
MONO#	0.24	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.53 H	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	49.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	89.8	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.6	g/dL	31.5 - 34.5
PLATELET COUNT	155	x10 ³ /uL	150 - 410
RDW-CV	15.5 H	%	11.6 - 14.0
MENTZER INDEX	16.24		

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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Date :- 17/03/2024 09:12:29

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Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 3 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

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

Final Authentication : 17/03/2024 12:08:35

HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)

09

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 : LLC-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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Date :- 17/03/2024 09:12:29

Patient ID :-12236389



NAME :- Mr. ADITYA TULSYAN

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 3 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type -> PLAIN/SERUM

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

Final Authentication : 17/03/2024 11:01:18

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	91.98	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	73.06	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	24.53	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	55.27	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	14.61	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.75		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.25		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	299.30 L	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES 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 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.			
DIRECT LDL CHOLESTEROL 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.			
TOTAL LIPID AND VLDL ARE CALCULATED			

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Date :- 17/03/2024 09:12:29
NAME :- Mr. ADITYA TULSYAN
 Sex / Age :- Male 38 Yrs 3 Mon 17 Days
 Company :- MediWheel

Patient ID :-12236389
 Ref. By Dr.- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

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

Final Authentication : 17/03/2024 11:01:18

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.97	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	0.31	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.66	mg/dl	0.30-0.70
SGOT Method:- IFCC	50.2 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	129.2 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	88.20	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	57.70 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Buret Reagent	6.56	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.20	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.36	gm/dl	2.20 - 3.50
A/G RATIO	1.78		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument Name: Randox Rx Inits 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 these incompatible labors 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: Randox Rx Inits 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: Randox Rx Inits Interpretation: The enzyme ALT has been found to be at 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: Randox Rx Inits 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: Randox Rx Inits 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.

ALBUMIN (ALB) Methodology: Bromocresol Green Instrument Name: Randox Rx Inits 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: Randox Rx Inits Interpretation: Elevations in GGT levels occur 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 3 times normal)

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Date :- 17/03/2024 09:12:29
NAME :- Mr. ADITYA TULSYAN
 Sex / Age :- Male 38 Yrs 3 Mon 17 Days
 Company :- MediWheel

Patient ID :- 12236389
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

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

Final Authentication : 17/03/2024 10:45:01

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 <i>Method:- Chemiluminescence(Competitive immunoassay)</i>	1.200	ng/ml	0.970 - 1.690
SERUM TOTAL T4 <i>Method:- Chemiluminescence(Competitive immunoassay)</i>	8.300	ug/dl	6.530 - 13.210
SERUM TSH ULTRA <i>Method:- Enhanced Chemiluminescence Immunoassay</i>	3.780	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 T4 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 uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

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Date :- 17/03/2024 09:12:29

Patient ID :-12236389



NAME :- Mr. ADITYA TULSYAN

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 3 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

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

Final Authentication : 17/03/2024 12:48:18

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) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(chromothymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphanilic 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 ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitroprusside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
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

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Date :- 17/03/2024 09:12:29

Patient ID :- 12236389

NAME :- Mr. ADITYA TULSYAN

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 3 Mon 17 Days

Lab/Hosp :-

Company :- Med/Wheel

Sample Type :- STOOL

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

Final Authentication : 17/03/2024 12:48:18



CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
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			

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Date :- 17/03/2024 09:12:29
NAME :- Mr. ADITYA TULSYAN
 Sex / Age :- Male 38 Yrs 3 Mon 17 Days
 Company :- Med/Wheel

Patient ID :-12236389
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type - KOx/Na FLUORIDE-F, KOx/Na Babb...
 Date of Test: 17/03/2024 13:00:30

Final Authentication : 17/03/2024 14:23:36

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)
 Method:- GOD PAP

88.2

mg/dl

75.0 - 115.0

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)
 Method:- GOD PAP

105.2

mg/dl

70.0 - 140.0

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
 Method:- Colorimetric Method

1.05

mg/dl

Men - 0.6-1.30
 Women - 0.5-1.20

SERUM URIC ACID
 Method:- Enzymatic colorimetric

6.97

mg/dl

Men - 3.4-7.0
 Women - 2.4-5.7

SURENDRAXHANGA

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Date :- 17/03/2024 09:12:29

Patient ID :-12236389



NAME :- Mr. ADITYA TULSYAN

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 3 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AJAYSINGH, ANITASHARMA, BILAL, MUKESHSINGH, SURENDRAKHANGA, VIJENDRAMEENA

Page No: 10 of 12



Dr. Goyal's

Path Lab & Imaging Centre

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Date :- 17/03/2024 09:12:29

Patient ID :-12236389



NAME :- Mr. ADITYA TULSYAN

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 3 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE

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

Final Authentication : 17/03/2024 12:48:18

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A" 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



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

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Date :- 17/03/2024 09:12:29

Patient ID :-12236389



NAME :- Mr. ADITYA TULSYAN

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 3 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

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

Final Authentication : 17/03/2024 11:01:18

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.2	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

Page No: 12 of 12.



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Date :- 17/03/2024 09:12:29
NAME :- Mr. ADITYA TULSYAN
Sex / Age :- Male 38 Yrs 3 Mon 17 Days
Company :- MediWheel

Patient ID :- 12236389
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 17/03/2024 11:41:37

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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M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Ashish Goyal
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant
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Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Dr. Navneet Agarwal
MD, DNB (Radio Diagnosis)
RMC No. 33613/14911

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



Date :- 17/03/2024 09:12:29
NAME :- Mr. ADITYA TULSYAN
Sex / Age :- Male 38 Yrs 3 Mon 17 Days
Company :- MediWheel

Patient ID :- 12236389
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 17/03/2024 12:39:39

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size and shows mildly raised parenchymal echogenicity. 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. 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. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary bladder is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Prostate is normal in size (~22cc) with normal echo-texture and outline. No enlarged nodes are visualised. No retro-peritoneal lesion is identified. No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* Grade I fatty liver.

Needs clinical correlation.

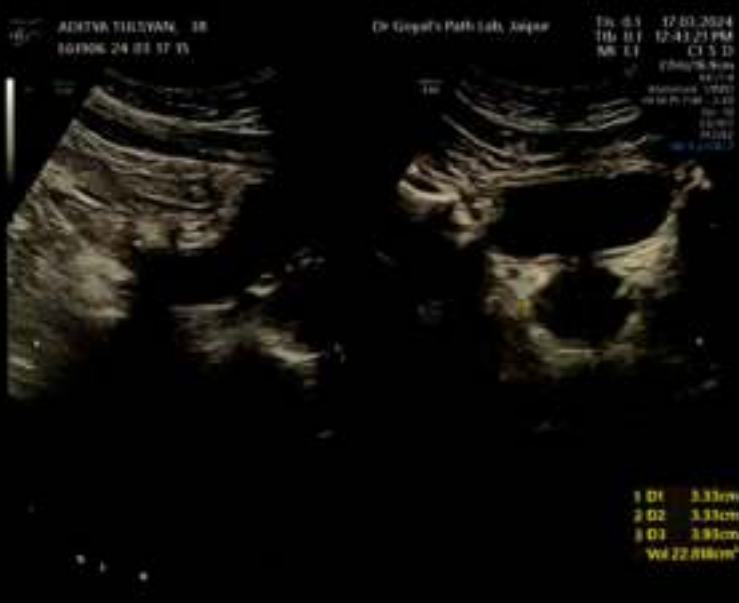
*** End of Report ***

Transcript by.

Dr Goyal's Path Lab, Jaipur

Name : ADITYA TULSYAN / M

17 Mar 2024



1 D1 3.33cm
2 D2 3.33cm
3 D3 3.93cm
Vol 22.84cm³