

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : HARESH KUMAR
MANIKMALANI

Age / Gender : 59 years / Male

Endo ID : 163799

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Dec 26, 2023, 09:45 a.m.

Reported Date & Time : Dec 26, 2023, 10:55 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	15.0	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	4.94	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	43.2	%	42 - 52
Mean Cell Volume (MCV)	87.6	FL	78 - 100
Mean Cell Haemoglobin (MCH)	30.3	Pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC)	34.7	g/dl	32 - 36
Red Cell Distribution Width (RDW)	15.7	%	11.5 - 14.0
Total Leucocytes Count (WBC)	11100	Cell/cu.mm	4000 - 10000
Neutrophils	73	%	40 - 80
Lymphocytes	20	%	20 - 40
Monocytes	04	%	2 - 10
Eosinophils	03	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	7.7	fL	7.2 - 11.7
PCT	0.21	%	0.2 - 0.5
Platelet Count	273	10 ³ /ul	150 - 450

END OF REPORT

Dr. Kusum Heda
M.D.(Patho.)

Dr. Nishi Prasad
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Collected Date & Time : Dec 26, 2023, 09:45 a.m.

Reported Date & Time : Dec 26, 2023, 11:04 a.m.

Sample ID :



233600002

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

ESR	10	mm	0 - 20
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END OF REPORT

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Collected Date & Time : Dec 26, 2023, 09:45 a.m.

Reported Date & Time : Dec 26, 2023, 10:30 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.010		1.005-1.030

Chemical Examination

Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL

Microscopic Examination

Pus cells (WBCs)	1-2	/hpf	0-4
Epithelial cells	2-3	/hpf	0-5
Red blood cells	NIL	/hpf	NIL
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

Medical Remark :

'B' POSITIVE

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

****END OF REPORT****

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Collected Date & Time : Dec 26, 2023, 09:45 a.m.

Reported Date & Time : Dec 26, 2023, 10:57 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

LIPID PROFILE

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	266.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	123.3	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	45.6	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	24.66	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	195.74	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	5.83		2.6-4.9
LDL/HDL Ratio Method : Calculated	4.29		0.5-3.4

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<u>BIOCHEMISTRY</u>			
<u>LIVER FUNCTION TEST</u>			
Bilirubin - Total	0.64	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.20	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.44	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	27.2	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	24.5	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	77.3	U/L	MALE & FEMALE
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	6.67	g/dL	6.00 - 8.00
Method : Buret, with Serum			
Albumin	3.68	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.99	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.23		1.5 - 2.5
Method : Calculated			

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Collected Date & Time : Dec 26, 2023, 09:45 a.m.

Reported Date & Time : Dec 26, 2023, 10:24 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.1

%

> 8% Action Suggested

7 - 8 % Good Control

6 - 7 % Near Normal Glycemia

< 6% Normal level

BLOOD

Method : Nephelometry Methodology

Instrument: Misa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE

99.67

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

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Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINESCENCE	0.87	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	6.2	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	1.89	uIU/mL	0.35 - 5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

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Reported Date & Time : Dec 26, 2023, 10:56 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Urea Method : Uricase	21.5	mg/dL	10.0 - 40.0
CREATININE Method : Serum, Jaffe	0.74	mg/dL	0.60 - 1.40

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233800002

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Uric Acid	3.9	mg/dL	3.5-7.0
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Method : Uricase, Colorimetric

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BIOCHEMISTRY

Calcium	9.6	mg/dL	8.50 - 10.20
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Method : Arsenazo III

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IMMUNOLOGY

PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL 1.69 ng/mL 0 - 4.0

Method : Serum, CLIA

SUMMARY AND EXPLANATION

Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

****END OF REPORT****

Dr. Kusum Heda
M.D.(Patho.)

Dr. Nishi Prasad
M.D.(Patho.)

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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Sample ID :



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BIOCHEMISTRY

Glucose fasting	86.1	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

****END OF REPORT****

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Referral : MEDIWHEEL

Collected Date & Time : Dec 26, 2023, 01:28 p.m.

Reported Date & Time : Dec 26, 2023, 01:45 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Blood Glucose-Post Prandial Method : Hexokinase	126.3	mg/dL	70 - 140

END OF REPORT

Dr. Kusum Heda
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Dr. Nishi Prasad
M.D.(Patho.)

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Manikmalani, 5(Shivam), Nav
Vihar Colony, Gali No-1, Gulab
Bari, Ajmer, Ajmer, Rajasthan,
305001

पता: S/O: वसंत एस. माणिकमलानी,
5(शिवम), नव विहार कॉलोनी, गली नं-1,
गुलाब बारी, अजमेर, अजमेर, राजस्थान,
305001

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



भारत सरकार
GOVERNMENT OF INDIA



हरीश कुमार माणिकमलानी
Haresh Kumar Manikmalani
जन्म वर्ष / Year of Birth : 1965
पुरुष / Male



4171 0146 4058

आधार – आम आदमी का अधिकार

NOOPARAOYAL (M...)
consultant...
1200...

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS

4-D ULTRASOUND * COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME - Mr Haresh Kumar Manikamlani AGE- Yrs DATE - 26-12-2023

REF BY-

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

BRONCHOVASCULAR MARKINGS ARE EXAGGERATED

Dr. Roopa Goyal (M.D.)
RMC No. 45278/1909
Consultant Radiologist
And Sonologist

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा स

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SI
DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICC

NAME : MR HARESH KUMAR MANTIKHLANI DATE : 26-12-2023
 AGE : 59 YEARS
 SEX : MALE REF BY : MEDIVHEEL

INTERPRETATION SUMMARY

- CONCENTRIC LVH
- DIASTOLIC DYSFUNCTION GRADE 1
- LA ENLARGED
- INTACT IAS/ IVS
- ALL VALVES ARE NORMAL.
- MILD TR
- RVSP 30 MM HG
- NO RWMA : LVEF 65 %
- NO CLOT, VEGETATION.
- NO PERICARDIAL EFFUSION
- NORMAL PERICARDIUM .

SIZE OF MAIN PULMONARY ARTERY 26 MM .
 M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

PARAMETER	VALUE	UNIT	REFERENCE
LVID d	46.8	LVEDV	
LVID s	30.1	LVESV	
RVID(d)	---	SV	
IVS d	12.7	F.S	35%
IVS S	17.4	EF	65%
LVPW d	11.5	C.O	
LVPWS	15.2	MITRAL VALVE	
AORTIC ROOT	29.5	EF SLOPE	
LEFT ATRIUM	45.1	OPENING AMPLITUDE	
AORTIC CUSP OPENING	-	E.P.S.S	

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 78 A- 90	-	NIL
TRICUSPID VALVE	NORMAL	225	-	MILD
PUL VALVE	NORMAL	101	-	NIL
AORTIC VALVE	NORMAL	124	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 30 MM HG	MVA

DR. ROOPAGS (M.B.B.S., M.D.)
 CONSULTANT RADIOLOGIST & SONOLOGIST
 RAC 101/102/103/104/105/106/107/108/109/110/111/112/113/114/115/116/117/118/119/120/121/122/123/124/125/126/127/128/129/130/131/132/133/134/135/136/137/138/139/140/141/142/143/144/145/146/147/148/149/150/151/152/153/154/155/156/157/158/159/160/161/162/163/164/165/166/167/168/169/170/171/172/173/174/175/176/177/178/179/180/181/182/183/184/185/186/187/188/189/190/191/192/193/194/195/196/197/198/199/200/201/202/203/204/205/206/207/208/209/210/211/212/213/214/215/216/217/218/219/220/221/222/223/224/225/226/227/228/229/230/231/232/233/234/235/236/237/238/239/240/241/242/243/244/245/246/247/248/249/250/251/252/253/254/255/256/257/258/259/260/261/262/263/264/265/266/267/268/269/270/271/272/273/274/275/276/277/278/279/280/281/282/283/284/285/286/287/288/289/290/291/292/293/294/295/296/297/298/299/300/301/302/303/304/305/306/307/308/309/310/311/312/313/314/315/316/317/318/319/320/321/322/323/324/325/326/327/328/329/330/331/332/333/334/335/336/337/338/339/340/341/342/343/344/345/346/347/348/349/350/351/352/353/354/355/356/357/358/359/360/361/362/363/364/365/366/367/368/369/370/371/372/373/374/375/376/377/378/379/380/381/382/383/384/385/386/387/388/389/390/391/392/393/394/395/396/397/398/399/400/401/402/403/404/405/406/407/408/409/410/411/412/413/414/415/416/417/418/419/420/421/422/423/424/425/426/427/428/429/430/431/432/433/434/435/436/437/438/439/440/441/442/443/444/445/446/447/448/449/450/451/452/453/454/455/456/457/458/459/460/461/462/463/464/465/466/467/468/469/470/471/472/473/474/475/476/477/478/479/480/481/482/483/484/485/486/487/488/489/490/491/492/493/494/495/496/497/498/499/500/501/502/503/504/505/506/507/508/509/510/511/512/513/514/515/516/517/518/519/520/521/522/523/524/525/526/527/528/529/530/531/532/533/534/535/536/537/538/539/540/541/542/543/544/545/546/547/548/549/550/551/552/553/554/555/556/557/558/559/560/561/562/563/564/565/566/567/568/569/570/571/572/573/574/575/576/577/578/579/580/581/582/583/584/585/586/587/588/589/590/591/592/593/594/595/596/597/598/599/600/601/602/603/604/605/606/607/608/609/610/611/612/613/614/615/616/617/618/619/620/621/622/623/624/625/626/627/628/629/630/631/632/633/634/635/636/637/638/639/640/641/642/643/644/645/646/647/648/649/650/651/652/653/654/655/656/657/658/659/660/661/662/663/664/665/666/667/668/669/670/671/672/673/674/675/676/677/678/679/680/681/682/683/684/685/686/687/688/689/690/691/692/693/694/695/696/697/698/699/700/701/702/703/704/705/706/707/708/709/710/711/712/713/714/715/716/717/718/719/720/721/722/723/724/725/726/727/728/729/730/731/732/733/734/735/736/737/738/739/740/741/742/743/744/745/746/747/748/749/750/751/752/753/754/755/756/757/758/759/760/761/762/763/764/765/766/767/768/769/770/771/772/773/774/775/776/777/778/779/780/781/782/783/784/785/786/787/788/789/790/791/792/793/794/795/796/797/798/799/800/801/802/803/804/805/806/807/808/809/810/811/812/813/814/815/816/817/818/819/820/821/822/823/824/825/826/827/828/829/830/831/832/833/834/835/836/837/838/839/840/841/842/843/844/845/846/847/848/849/850/851/852/853/854/855/856/857/858/859/860/861/862/863/864/865/866/867/868/869/870/871/872/873/874/875/876/877/878/879/880/881/882/883/884/885/886/887/888/889/890/891/892/893/894/895/896/897/898/899/900/901/902/903/904/905/906/907/908/909/910/911/912/913/914/915/916/917/918/919/920/921/922/923/924/925/926/927/928/929/930/931/932/933/934/935/936/937/938/939/940/941/942/943/944/945/946/947/948/949/950/951/952/953/954/955/956/957/958/959/960/961/962/963/964/965/966/967/968/969/970/971/972/973/974/975/976/977/978/979/980/981/982/983/984/985/986/987/988/989/990/991/992/993/994/995/996/997/998/999/1000

शुभ लिंग परिक्षण करवाना जयन्म अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

USG ABDOMEN-PELVIS

NAME -- Haresh Kumar Manikamiani AGE - 59 yrs Date -- 26-12-2023
REF BY --

LIVER: is Enlarged and bright 15.2 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

GALL BLADDER: Not Seen (H/O operative Removal) .

SPLEEN: normal in size and shows normal echopattern.

PANCREAS: Normal in size , shape and position. Parenchyma is homogeneous.

RT. KIDNEY- Normal in size, shape and position . Measures :-- 10.1 x 5.0 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen .

LT. KIDNEY- Normal in size, shape and position. Measures :-- 9.5 x 4.2 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen .

URINARY BLADDER : is distended with Thick walls.
No evidence of diverticulum or calculus .

Pre Void - 180 cc Post Void 21 cc

PROSTATE: is Enlarged in size 28.4 Gms and shows normal homogeneous echotexture

IMPRESSION:-

- Enlarged fatty Liver .
- Prostatic Enlargement .
- Urinary bladder walls are thickened with insignificant residual Urine .
- Rest of the abdominal organs are within normal limits.

(Adv- clinical correlation , further evaluation)

Please note :- This is professional opinion only and not the final diagnosis as science of radiology is based on interpretation of various shadows produced by both normal and abnormal structures . Dissimilar diverse diseases may produce similar shadows and vice versa , hence no in finding is pathognomic . All findings are only S/O , hence advice These findings are observations at the time of study . Findings can change any time, in case of any disparity between clinical and sonography, X ray findings. Please send patient again for review free of Cost This report is not valid for medico-legal purpose subject to Ajmer and jurisdiction only .

~~GOYAL~~
~~Radiologist~~
~~1450~~

लिंग परिक्षण करवाना जघन्य अपराध है । इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती ।

ER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR F
GNOSIS. FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PU