

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

Patient Name : ANIL KUMAR

Age / Gender : 47 years / Male

Endo ID : 174563

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Mar 02, 2024, 10:20 a.m.

Reported Date & Time : Mar 02, 2024, 11:41 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	14.5	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	6.09	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	48.7	%	42 - 52
Mean Cell Volume (MCV)	80.0	FL	78 - 100
Mean Cell Haemoglobin (MCH)	23.9	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	29.9	g/dl	32 - 36
Red Cell Distribution Width (RDW)	14.1	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7570	Cell/cu.mm	4000 - 10000
Neutrophils	75	%	40 - 80
Lymphocytes	21	%	20 - 40
Monocytes	02	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	8.4	fl.	7.2 - 11.7
PCT	0.24	%	0.2 - 0.5
Platelet Count	287	10 ³ /ul	150 - 450

END OF REPORT

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

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



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Collected Date & Time : Mar 02, 2024, 10:20 a.m.

Reported Date & Time : Mar 02, 2024, 01:11 p.m.

Sample ID :



240620014

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

ESR	18	mm	0 - 20
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END OF REPORT

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Collected Date & Time : Mar 02, 2024, 10:20 a.m.

Reported Date & Time : Mar 02, 2024, 11:51 a.m.

Sample ID :



240620014

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

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	S.Turbid		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.015		1.005-1.030

Chemical Examination

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

Microscopic Examination

Pus cells (WBCs)	3-4	/hpf	0-4
Epithelial cells	10-12	/hpf	0-5
Red blood cells	0-1	/hpf	NIL
Crystals	NIL		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	+		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

END OF REPORT

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Collected Date & Time : Mar 02, 2024, 10:20 a.m.

Reported Date & Time : Mar 02, 2024, 12:19 p.m.

Sample ID :



240620014

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

BLOOD GROUP ABO AND RH TYPE

Method : Gel Technique & Tube Agglutination

'B' POSITIVE

Medical Remark :

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

END OF REPORT

Dr. Kusum Heda
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Age / Gender : 47 years / Male

Endo ID : 174563

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Mar 02, 2024, 10:20 a.m.

Reported Date & Time : Mar 02, 2024, 11:42 a.m.

Sample ID :



240620014

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

LIPID PROFILE

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - PGD	220.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	181.1	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	36.3	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	36.22	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	147.48	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	6.06		2.6-4.9
LDL/HDL Ratio Method : Calculated	4.06		0.5-3.4

END OF REPORT

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Collected Date & Time : Mar 02, 2024, 10:20 a.m.

Reported Date & Time : Mar 02, 2024, 11:43 a.m.

Sample ID :



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

LIVER FUNCTION TEST

Bilirubin - Total	1.63	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.45	mg/dL	0.00 - 0.30
Bilirubin - Indirect	1.18	mg/dL	0.1 - 1.0

Method : Calculated

ASPARTATE AMINO TRANSFERASE (SGOT-AST)	21.2	U/L	5.0-40.0
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Method : IFCC with Serum

ALANINE AMINO TRANSFERASE (SGPT-ALT)	17.5	U/L	5.0 - 40.0
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Method : IFCC with PGD Serum

Alkaline Phosphatase	83.0	U/L	
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Method : IFCC with Serum

MALE & FEMALE

4-19 YEAR: 54-369 U/L

20-59 YEAR: 42-98 U/L

>60 YEAR: 53-141 U/L

Total Protein	7.13	g/dL	6.00 - 8.00
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Method : Biuret, with Serum

Albumin	4.04	g/dL	3.40 - 5.50
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Method : Tech; BCG with Serum

Globulin	3.09	g/dL	1.5 - 3.5
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Method : Calculated

A/G Ratio	1.31		1.5 - 2.5
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Method : Calculated

****END OF REPORT****

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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.2

%

> 8% Action Suggested

BLOOD

7 - 8 % Good Control

Method : Nephelometry Methodology

6 - 7 % Near Normal Glycemia

< 6% Normal level

Instrument: Miasa 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

102.54

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

END OF REPORT

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Collected Date & Time : Mar 02, 2024, 10:20 a.m.

Reported Date & Time : Mar 02, 2024, 11:55 a.m.

Sample ID :



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

T3-Triiodothyronine Method : CHEMILUMINESCENCE	1.32	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	9.8	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	1.20	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.

END OF REPORT

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240620014

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BIOCHEMISTRY

Urea

Method : Uriase

32.5

mg/dL

10.0 - 40.0

CREATININE

Method : Serum, Jaffe

0.77

mg/dL

0.60 - 1.40

END OF REPORT

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BIOCHEMISTRY

Uric Acid

6.3

mg/dL

3.5-7.0

Method : Uriase, Colorimetric

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BIOCHEMISTRY

Calcium

9.7

mg/dL

8.50 - 10.20

Method : Arsenazo III

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IMMUNOLOGY

PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL 0.33 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****

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BIOCHEMISTRY

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	90.0	mg/dL	70.0-110.0
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Collected Date & Time : Mar 02, 2024, 10:20 a.m.

Reported Date & Time : Mar 02, 2024, 01:58 p.m.

Sample ID :



240620014

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

Blood Glucose-Post Prandial

112.5

mg/dL

70 - 140

Method : Hexokinase

END OF REPORT

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USG ABDOMEN-PELVIS

NAME -- Anil Kumar	AGE-- 47 Yrs	Date -- 02.03.24
REF BY -- Mediwheel		

LIVER : is enlarged and bright 15.6 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 : distended and shows smooth walls. Wall thickness appears normal. No evidence of sludge/ calculus . No evidence of pericholecystic collection.

SPLEEN: normal in size and shows normal echopattern.

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

RT.KIDNEY- Normal in size, shape and position . Measures :-- 10.2 x 3.8 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained
pelvicalyceal system is not dilated.

A Calculus Of Size 8.6 mm is Seen in middle calyx

LT. KIDNEY- Normal in size, shape and position. Measures :-- 10.1 x 4.8 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.

2-3 Small Calculi are seen in Measuring 3-4 mm

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

PROSTATE: is Normal in size 13.4 gms and shows normal homogeneous echotexture

IMPRESSION:-

- Enlarged fatty Liver .
- Bilateral Renal Calculi

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No. -004507/15600

(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 us finding is path genomic . 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 .

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

Radiologist & Sonologist

Roopa Goyal

(Radio-Diagnosis)

GOYAL
DIAGNOSTICS

4-D ULTRASOUND • COLOUR DOPPLER

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

NAME -- ANIL KUMAR AGE-- 47 YRS DATE -- 02.03.24
REF. BY- MEDIWHEEL

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

BRONCHOVASCULAR MARKINGS ARE EXAGGERATED

CHR BRONCHITIS

Dr. ROOPA GOYAL (M.B.B.S., M.D)
Consultant Radiologist & Sonologist
RMC No. -004507/15600

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

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

Consultant Radiologist

Dr. Roopa Goyal

M.D (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

NAME	: ANIL KUMAR	DATE	: 02.03.24
AGE	: 47 YRS	REF BY	: MEDIWHEEL
SEX	: MALE		

INTERPRETATION SUMMARY

- CONCENTRIC LVH
- DIASTOLIC DYSFUNCTION GRADE 1
- INTACT IAS/ IVS
- ALL VALVES ARE NORMAL.
- MILD TR
- RVSP 25 MM HG
- NO RWMA : LVEF 65 %
- NO CLOT, VEGITATION.
- NO PERICARDIAL EFFUSION
- NORMAL PERICARDIUM .
- SIZE OF MAIN PULMONARY ARTERY 21 MM

M. MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	42.5	LVEDV	
LVID s	27.3	LVESV	
RVID(d)	---	SV	-
IVS d	12.1	F.S	35%
IVS S	17.4	EF	65%
LVPW d	10.9	C.O	-
LVPWS	14.6	MITRAL VALVE	-
AORTIC ROOT	30.4	EF SLOPE	-
LEFT ATRIUM	33.2	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- 133	-	NIL
TRICUSPID VALVE	NORMAL	194	-	MILD
PUL VALVE	NORMAL	93	-	NIL
AORTIC VALVE	NORMAL	142	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 25 MM HG	MVA

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

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

Patient Name: Mr. ANIL KUMAR 47/M

PR Interval: 0.16 sec

RR Interval: 0.67 sec

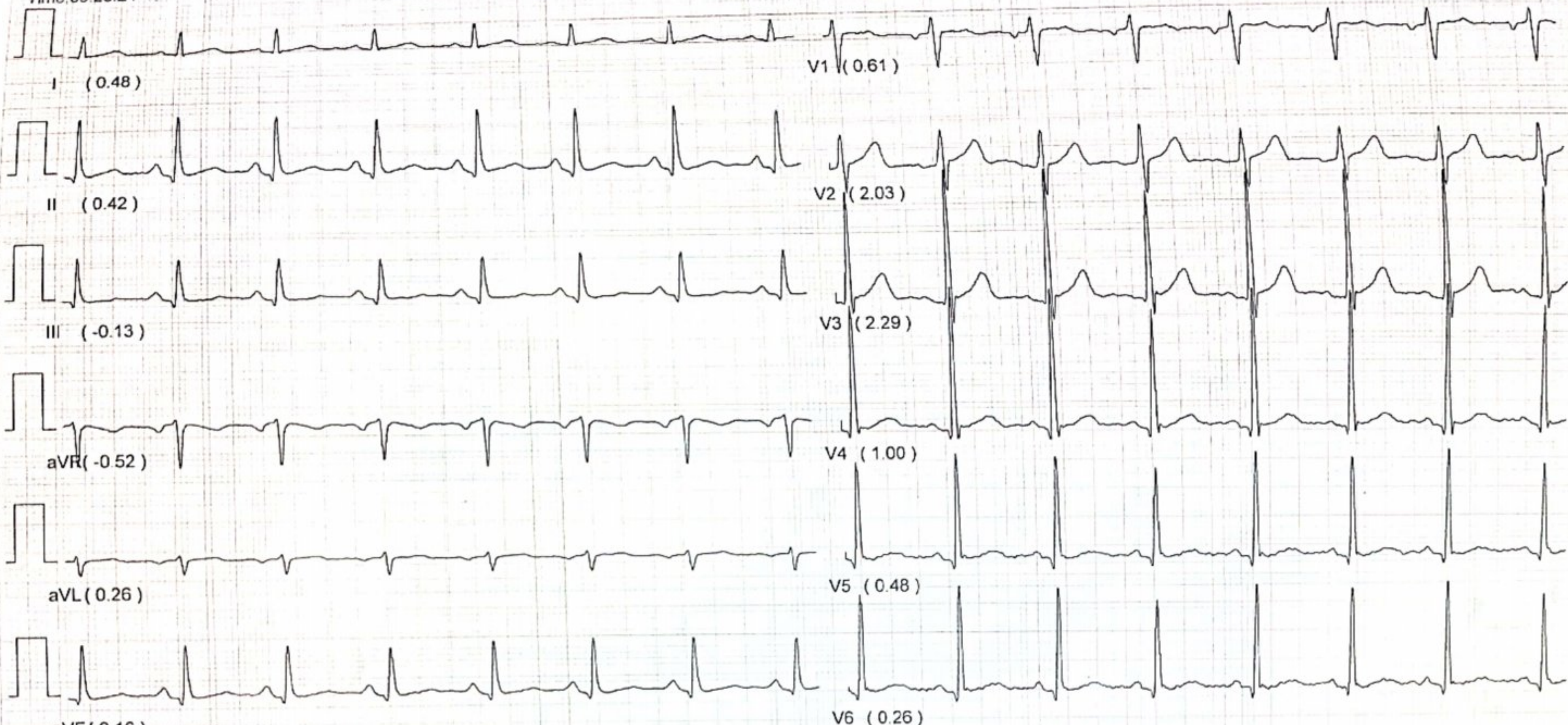
HR : 89 bpm BP : 0 / 0 mmHg

March 02, 2024

Time: 09:25:24

P-QRS-T Axis (69)-(64)-(50) deg

QRS Duration : 0.104 Sec



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QT interval, QRS Axis is normal,
 Wide QRS, T wave inversion in Lead V1,
 ECG not normal

DR
MD

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/1.13

*Unconfirmed Reporting, Refer to Clinician

भारत सरकार
India's Identity Authority of India

आपका आधार क्रमिक / Your Aadhaar No.
5640 8722 9015

मेरा आधार, मेरी पहचान

आधार क्रमिक / Aadhaar No.
5640 8722 9015

मेरा आधार, मेरी पहचान

सूचना

आधार का प्रमाण है, नागरिकता का नहीं।
आधार का प्रमाण आंतरिक सुरक्षा के लिए प्रमाणित है।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

आधार देश भर में मान्य है।
आधार सिर्फ भारत में ही मान्य है, अन्य देशों में नहीं।
Aadhaar is valid throughout the country.
Aadhaar will be helpful in availing Government and Non-Government services in future.


आधार क्रमिक / Aadhaar No.
5640 8722 9015

मेरा आधार, मेरी पहचान

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Consultant Radiologist & Sonologist
RMC No. - 004507/15600

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Consultant Radiologist & Sonologist
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 GPS Map Camera



Ajmer, Rajasthan, India

8, Kala Bagh Gall, near Bajranggarh Chauraha, Kala Bagh,
Ajmer, Rajasthan 305001, India

Lat 26.469878°

Long 74.634003°

02/03/24 01:48 PM GMT +05:30

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