

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



### General Physical Examination

Date of Examination: 31-02-2023

Name: TANWAR DAULAT RAHOTA Age: 36 DOB: 18-09-85 Sex: Male

Referred By: BOB (Medi'wheel)

Photo ID: AADHAR ID #: attached

Ht: 175 (cm)

Wt: 86 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 103 (cm)

Blood Pressure: 142/98 mm Hg PR: 76 / min RR:      / min Temp: Afebrile

BMI 28.1

Eye Examination: D's Vision L.E. 6/9 R.E. 6/6. Near vision N/6

Both eyes. Partially color blindness

Other: not significant -

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

Signature Of Examinee: [Signature]


Name of Examinee: \_\_\_\_\_

Signature Medical Examiner: [Signature]

Name Medical Examiner \_\_\_\_\_

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

भारत सरकार



दौलत तंवर  
**Daulat Tanwar**  
 जन्म तिथि / DOB : 18-09-1985  
 पुरुष / MALE  
 Mobile No. 9173676360  
**7956 9514 6704**  
 VID : 9196 3229 2106 5647

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
 UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता:  
 C/O तंवर रामलाल, प्लॉट न 105 ए, कतेवा नगर गुर्जर  
 की थडी नई सांगानेर रोड जयपुर, जयपुर, जयपुर,  
 राजस्थान - 302019

**Address**  
 C/O Tanwar Ramlal plot no 105 a katewa nagar gurjar ki  
 thadi new sanganer road jaipur Jaipur Shyam Nagar Jaipur  
 Rajasthan - 302019

**7956 9514 6704**

1947 1800 300 1947 help@uidai.gov.in www.uidai.gov.in P.O. Bdx No.1947, Bengaluru-560 001

*Daulat*

Dr. Ravish Goyal  
 M.B.B.S, D.M.R.D  
 RMC Reg No -017996

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Date :- 11/02/2023 11:41:28 Patient ID :-122229514  
**NAME :- Mr. DAULAT TANWAR** Ref. By Dr:- BOB  
Sex / Age :- Male 37 Yrs 4 Mon 26 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 11/02/2023 12:11:20

Final Authentication : 11/02/2023 15:07:30

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	14.9	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.42	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	55.2	%	40.0 - 80.0
LYMPHOCYTE	38.6	%	20.0 - 40.0
EOSINOPHIL	3.7	%	1.0 - 6.0
MONOCYTE	2.2	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.00	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.09	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.20	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.11	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.23	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	42.90	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	<b>82.1</b>	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.1	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	241	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.8	%	11.6 - 14.0
MENTZER INDEX	15.70		

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.

MUKESH SINGH  
Technologist

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**Dr. Rashmi Bakshi**  
MBBS, MD ( Path )  
RMC No. 17975/00882X

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Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 11/02/2023 12:11:20 Final Authentication : 11/02/2023 15:37

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	10	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: FLC, 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

MUKESH SINGH  
Technologist

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Sample Type :- EDTA, KOx/Na FLUORIDE-F, K<sub>2</sub>EDTA, CUCURBITURIPROBE FROM 2023 12:11:20 Final Authentication : 11/02/2023 18:01:2

### HAEMATOLOGY

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

**BLOOD GROUP ABO Methodology :** Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) 108.0 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) 120.1 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 .

URINE SUGAR (FASTING) Nil Nil  
**Collected Sample Received**

MUKESH SINGH, VIJENDRAMEENA  
**Technologist**

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Dr. Piyush Goyal  
 (D.M.R.D.)  
 Dr. Rashmi Bakshi  
 Dr. Chandrika Gupta

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Sample Type :- PLAIN/SERUM Sample Collected Time 11/02/2023 12:11:20 Final Authentication : 11/02/2023 18:01:25

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
<b>TOTAL CHOLESTEROL</b> Method:- Enzymatic Endpoint Method	165.77	mg/dl	Desirable <200 Borderline 200-239 High > 240
<b>TRIGLYCERIDES</b> Method:- GPO-PAP	87.22	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<b>DIRECT HDL CHOLESTEROL</b> Method:- Direct clearance Method	34.20	mg/dl	Low < 40 High > 60
<b>DIRECT LDL CHOLESTEROL</b> Method:- Direct clearance Method	117.03	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
<b>VLDL CHOLESTEROL</b> Method:- Calculated	17.44	mg/dl	0.00 - 80.00
<b>T.CHOLESTEROL/HDL CHOLESTEROL RATIO</b> Method:- Calculated	4.85		0.00 - 4.90
<b>LDL / HDL CHOLESTEROL RATIO</b> Method:- Calculated	3.42		0.00 - 3.50
<b>TOTAL LIPID</b> Method:- CALCULATED	480.96	mg/dl	400.00 - 1000.00

**TOTAL CHOLESTEROL InstrumentName:**Radox Rx Imola **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

**TRIGLYCERIDES InstrumentName:**Radox 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:**Radox 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:**Radox 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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**Dr. Rashmi Bakshi**  
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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.70	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	0.28	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.42	mg/dl	0.30-0.70
SGOT Method:- IFCC	20.4	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	33.5	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	56.30	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	28.50	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.10	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.35	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.75	gm/dl	2.20 - 3.50
A/G RATIO	1.58		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method InstrumentName:Randox Rx Imola 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 rhesus 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 InstrumentName:Randox Rx Imola 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 InstrumentName:Randox Rx Imola 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 transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology:AMP Buffer InstrumentName:Randox Rx Imola 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:Biuret Reagent InstrumentName:Randox Rx Imola 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 InstrumentName:Randox Rx Imola 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 Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

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Sample Type :- PLAIN/SERUM

Sample Collected Time 11/02/2023 12:11:20

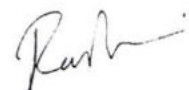
Final Authentication : 11/02/2023 18:01:25

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.92	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.12	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM Sample Collected Time 11/02/2023 12:11:20 Final Authentication . 11/02/2023 15:07

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.2	mg/dl	0.0 - 23.0

MUKESH SINGH

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 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 11/02/2023 12:11:20 Final Authentication : 11/02/2023 15:07:33

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	6.1	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 glycated 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	128	H mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Technologist

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Sample Type :- URINE Sample Collected Time 11/02/2023 12:11:20 Final Authentication : 11/02/2023 18:27:11

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		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 ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	1-2	/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**

Page No: 10 of 11



**Dr. Chandrika Gupta**  
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 RMC NO. 21021/008057

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Sample Type :- PLAIN/SERUM Sample Collected Time 11/02/2023 12:11:20 Final Authentication : 11/02/2023 16:29

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.215	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.131	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.390	μIU/mL	0.400 - 4.649

**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

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

AJAYKUMAR  
Technologist

Page No: 11 of 11



Dr. Chandrika Gupta  
MBBS.MD ( Path )  
RMC NO. 21021/008037

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur  
Tele : 0141-2293346, 4049787, 9887049787  
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 11/02/2023 11:41:28	Patient ID :-122229514
<b>NAME :- Mr. DAULAT TANWAR</b>	Ref. By Doctor:-BOB
Sex / Age :- Male 37 Yrs 4 Mon 26 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 11/02/2023 14:50:08

BOB PACKAGE BELOW 40MALE

### X RAY CHEST PA VIEW:

**Bronchovascular markings are prominent.**  
Otherwise lung fields are clear.  
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.

(Please correlate clinically and with relevant further investigations.)

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

Page No: 1 of 1

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

**Dr. Piyush Goyal**  
M.B.B.S., D.M.R.D.  
RMC Reg No. 017996

**Dr. Poonam Gupta**  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

**Dr. Ashish Choudhary**  
MBBS, MD (Radio Diagnosis)  
Fetal Medicine Consultant  
FMF ID - 260517 | RMC No 22430

**Dr. Abhishek Jain**  
MBBS, DNB, (Radio-Diagnosis)  
RMC No. 21687

Transcript by.



Date :- 11/02/2023 11:41:28

NAME :- Mr. DAULAT TANWAR

Sex / Age :- Male 37 Yrs 4 Mon 26 Days

Company :- MediWheel

Patient ID :- 122229514

Ref. By Doctor :- BOB

Lab/Hosp :-

BOB PACKAGE BELOW 40MALE

Final Authentication : 11/02/2023 14:35:27

## USG WHOLE ABDOMEN

**Liver** is of normal size. **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. 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 empty. **Patient refused to hold more urine.**

*Pelvic organ could not be commented.*

### IMPRESSION:

\* **Grade I fatty liver.**

Needs clinical correlation for further evaluation

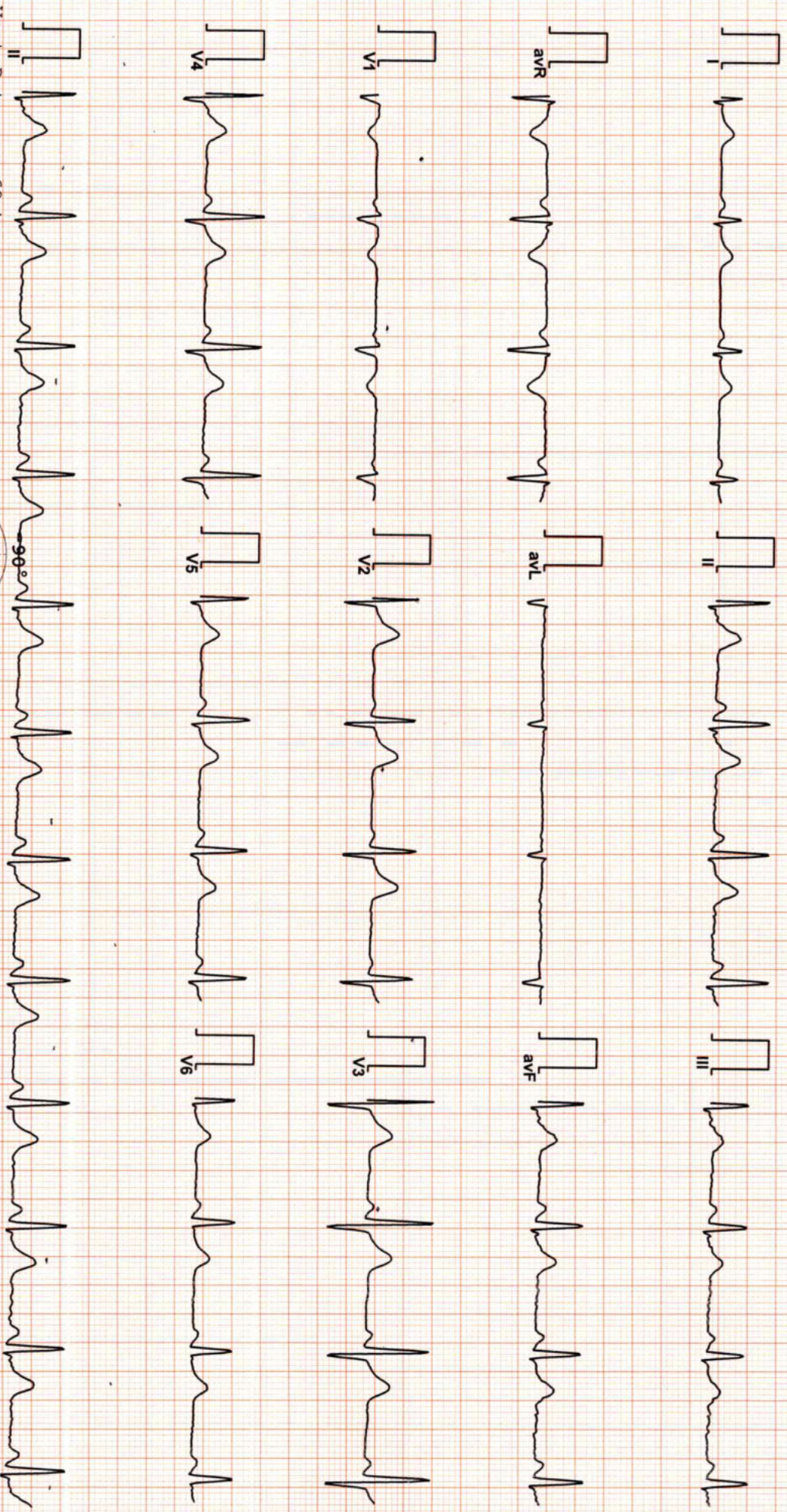
\*\*\* End of Report \*\*\*



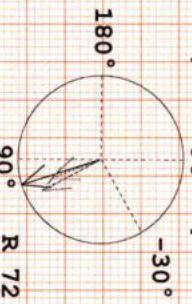
**DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR**

**ECG**

3671 / MR DAULAT TANWAR / 35 Yrs / M/ Non Smoker  
Heart Rate : 69 bpm / Tested On : 11-Feb-23 12:31:52 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Reid By: QHC



Vent Rate : 69 bpm  
PR Interval : 124 ms  
QRS Duration: 82 ms  
QT/QTc Int : 390/406 ms  
P-QRS-T axis: 69.00° • 72.00° • 62.00°



Axis

R 72.00° T 62.00° P 69.00°

*TwPL*

Dr. Naresh Kumar Mohanka  
RMC No. 35703  
MBBS, DIP. CARDIO (ESCORTS)  
Reported By: DEM (RCGP-UK)

Allengers ECG (Piscas)(PISZ18210312)

RHO



# DR GOYAL'S PATH LAB & IMAGING CENTRE

Report



MR DAULAT TANWAR / 36 Yrs / M / 0 Cms / 0 Kg  
 Date: 11/02/2023 Refd By : BOB MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	02:50	2:50	01.1	00.0	01.0	073	40%	130/86	094	00	
Standing	03:50	1:00	01.1	00.0	01.0	096	52%	130/86	124	00	
HV	04:09	0:19	01.1	00.0	01.0	088	48%	130/86	114	00	
Warm Up	04:16	0:07	01.1	00.0	01.0	088	48%	130/86	114	00	
ExStart	05:03	0:47	01.1	00.0	01.0	098	53%	130/86	127	00	
BRUCE Stage 1	08:03	3:00	01.7	10.0	04.7	118	64%	140/90	165	00	
BRUCE Stage 2	11:03	3:00	02.5	12.0	07.1	147	80%	150/90	220	00	
PeakEx	13:19	2:16	03.4	14.0	09.5	161	88%	160/90	257	00	
Recovery	14:19	1:00	00.0	00.0	01.2	142	77%	160/90	227	00	
Recovery	15:19	2:00	00.0	00.0	01.0	112	61%	150/90	168	00	
Recovery	16:19	3:00	00.0	00.0	01.0	115	62%	140/90	161	00	
Recovery	17:19	4:00	00.0	00.0	01.0	104	57%	136/86	141	00	
Recovery	18:19	5:00	00.0	00.0	01.0	107	58%	130/86	139	00	
Recovery	18:29	5:10	00.0	00.0	01.0	108	59%	130/86	140	00	

**FINDINGS :**

Exercise Time : 08:16  
 Max HR Attained : 161 bpm 88% of Target 184  
 Max BP Attained : 160/90 (mm/Hg)  
 Max Workload Attained : 9.5 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

TMT is negative for RMI

Dr. Naresh Kumar Motanka  
 RMC No. 35703  
 MBBS, DIP, (ARPIO (ESCORTS))  
 D.E.M. (PRACTICE)  
 Doctor : P



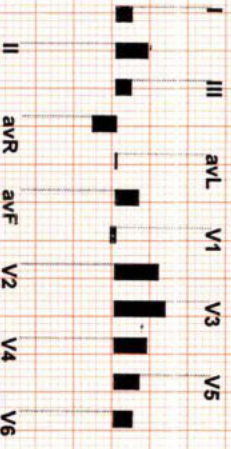
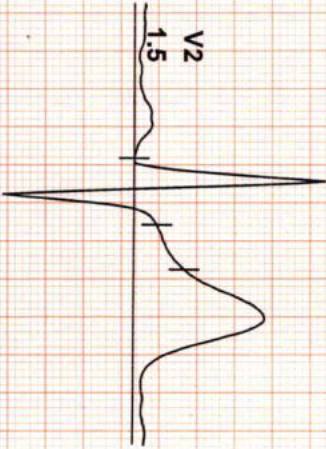
Date: 11 / 02 / 2023

METS: 1.0/ 73 bpm 40% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

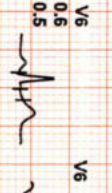
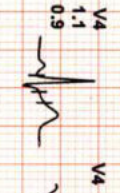
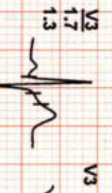
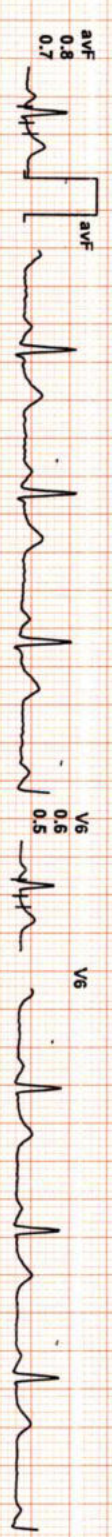
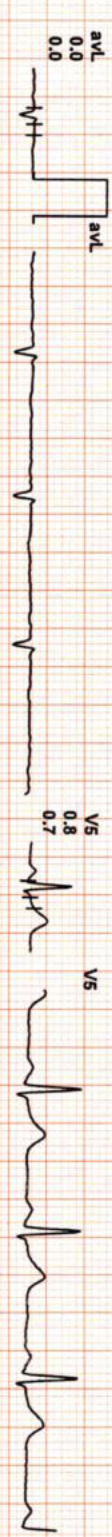
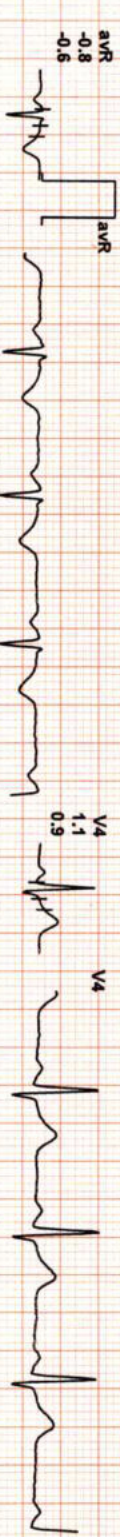
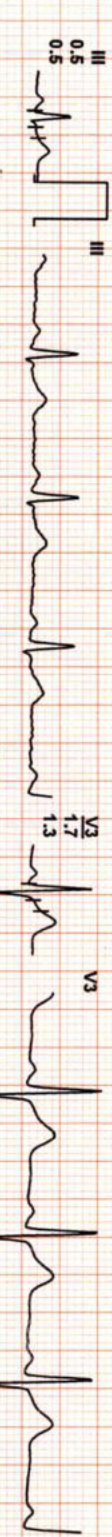
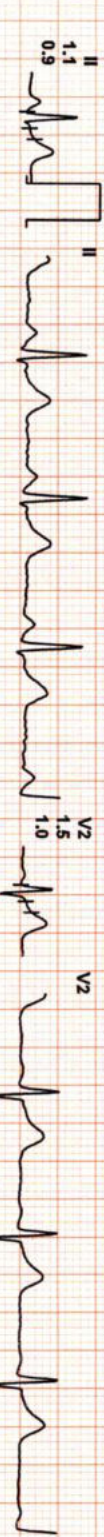
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25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:





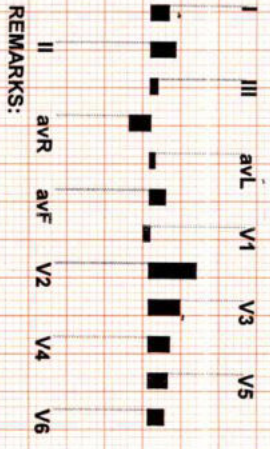
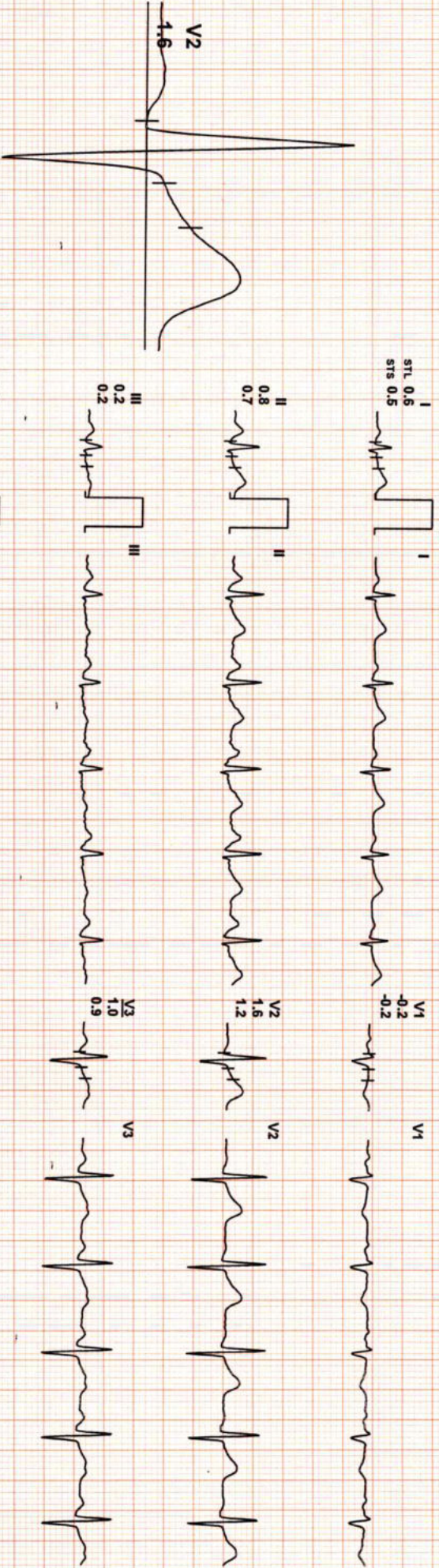
Date: 11 / 02 / 2023

METS: 1.0/ 96 bpm 52% of THR BP: 130/86 mmHg Raw ECG/ BLC ON/ Notch ON/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers



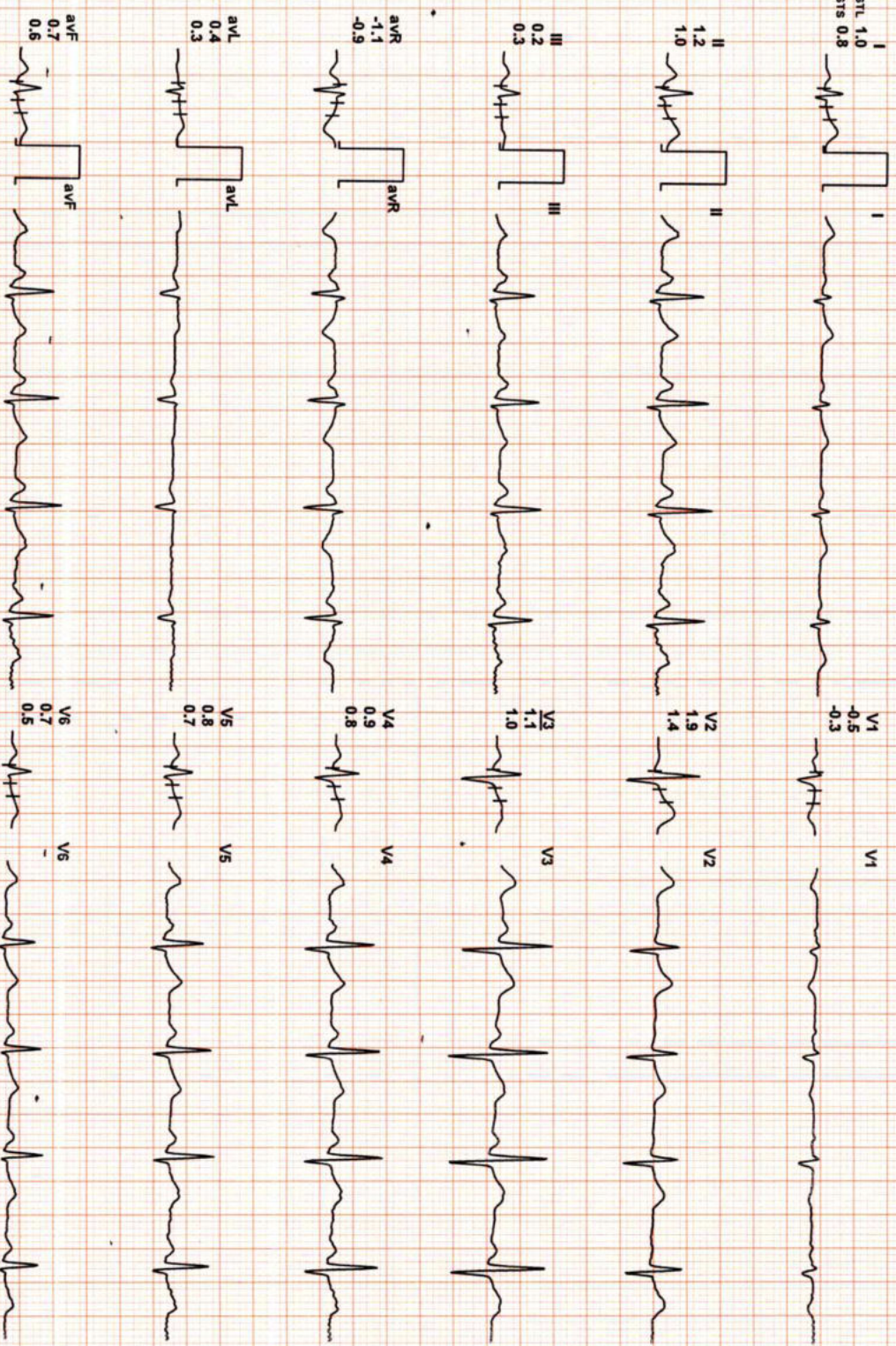
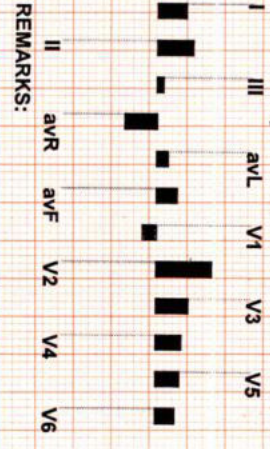
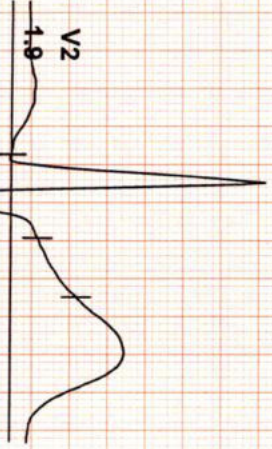
Date: 11 / 02 / 2023

METS: 1.0/ 88 bpm 48% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS P6st J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

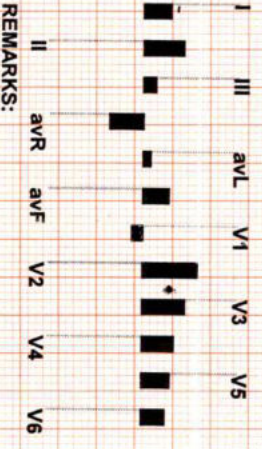
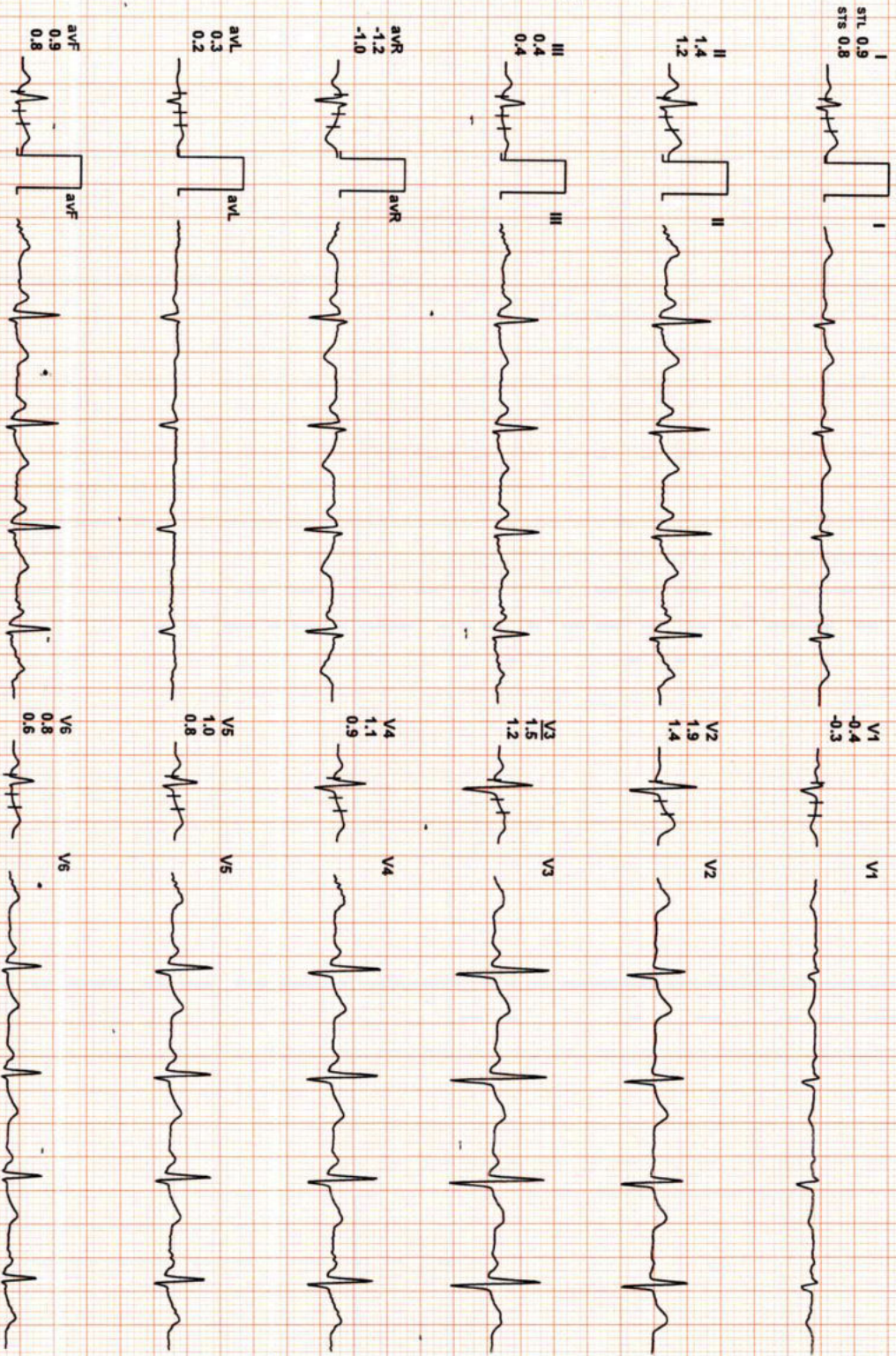
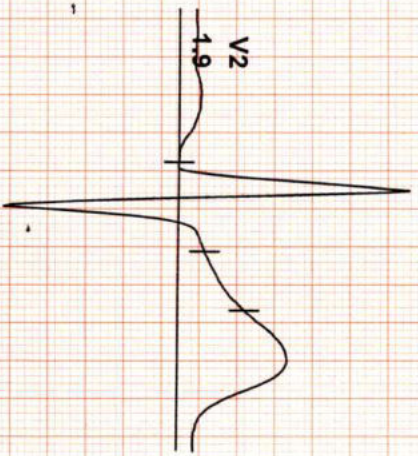


Date: 11 / 02 / 2023

METS: 1.0/ 88 bpm 48% of THR BP: 130/86 mmHg Raw ECG/ BLC ON/ Notch ON/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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



REMARKS:

(ADX\_GEM217220330)(R)Allengers

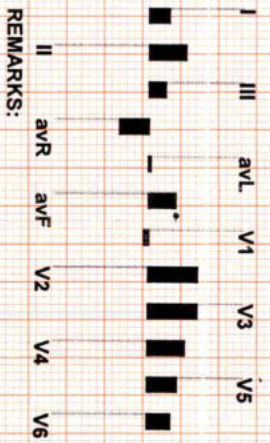
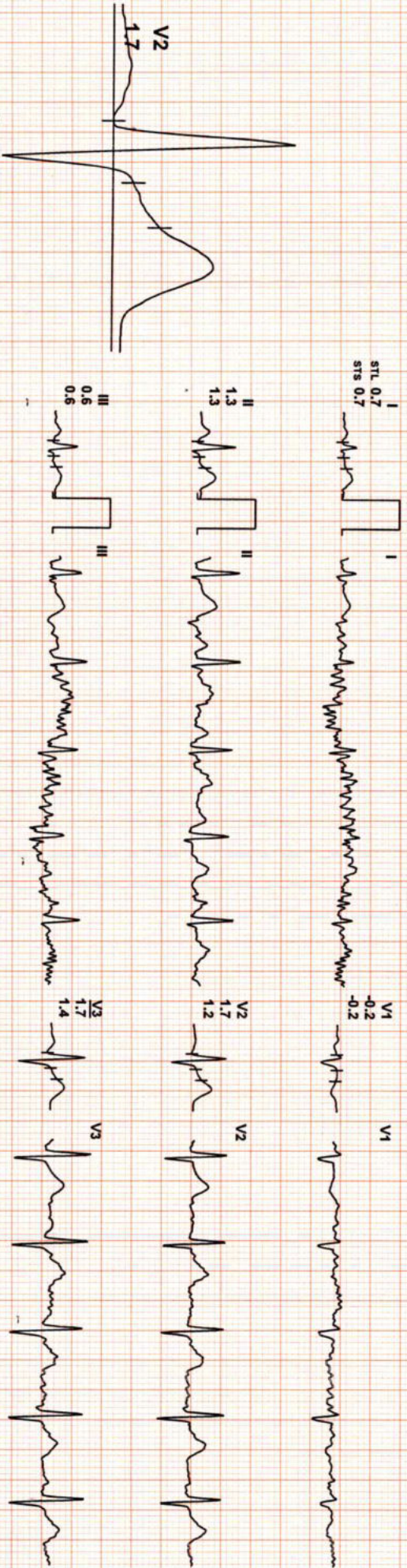
Date: 11 / 02 / 2023

METS: 1.0/ 98 bpm 53% of THR BP: 130/86 mmHg Raw ECG/ BLC ON/ Notch ON/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers



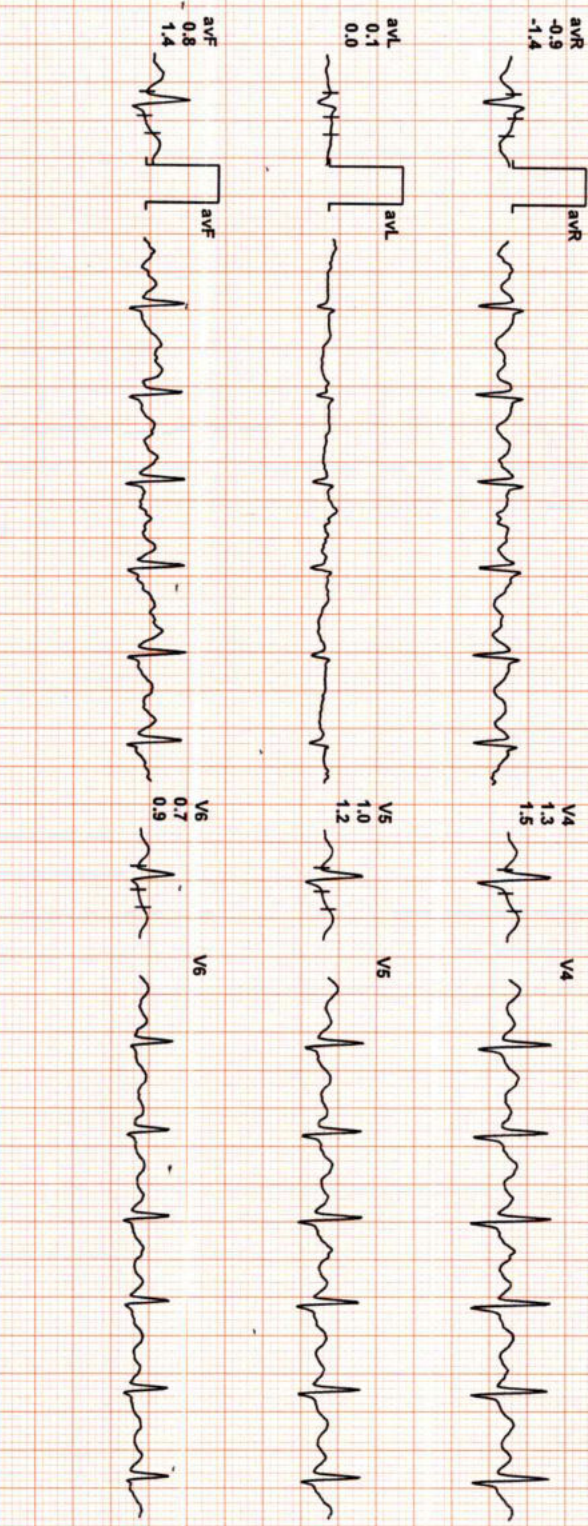
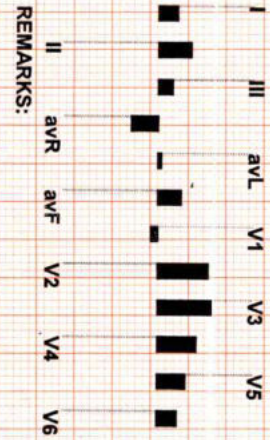
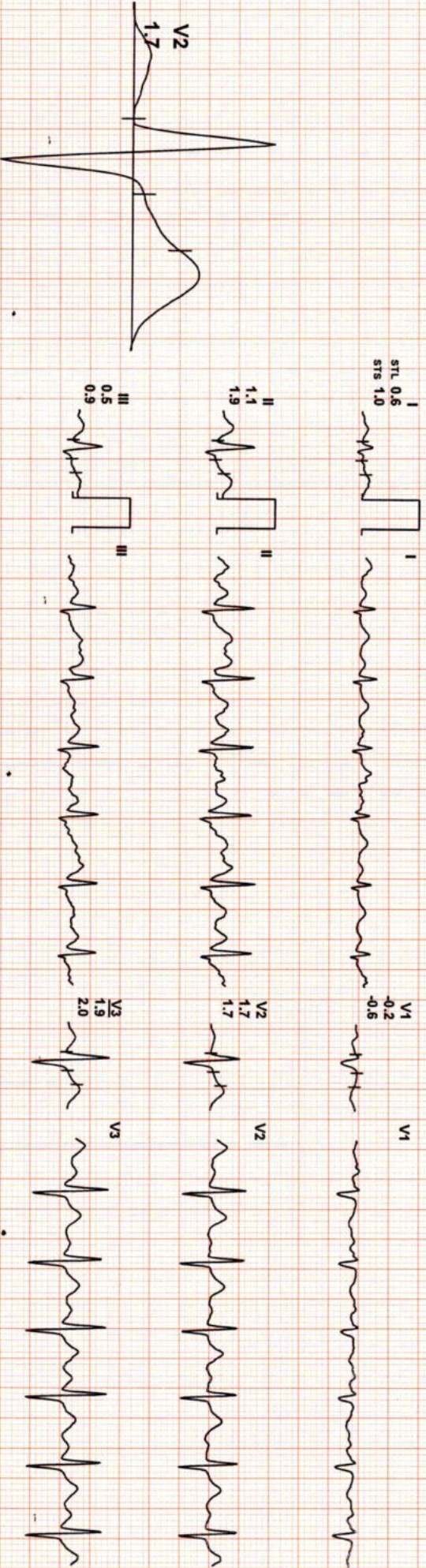
Date: 11 / 02 / 2023

METS: 4.7 / 118 bpm 64% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LE 35 Hz

EXTime: 03:00 1.7 mph, 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers



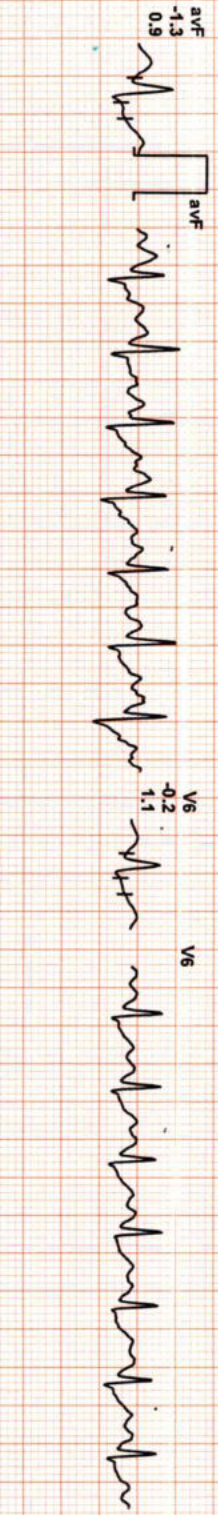
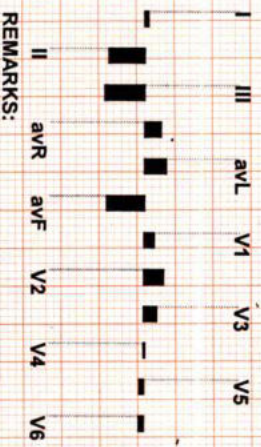
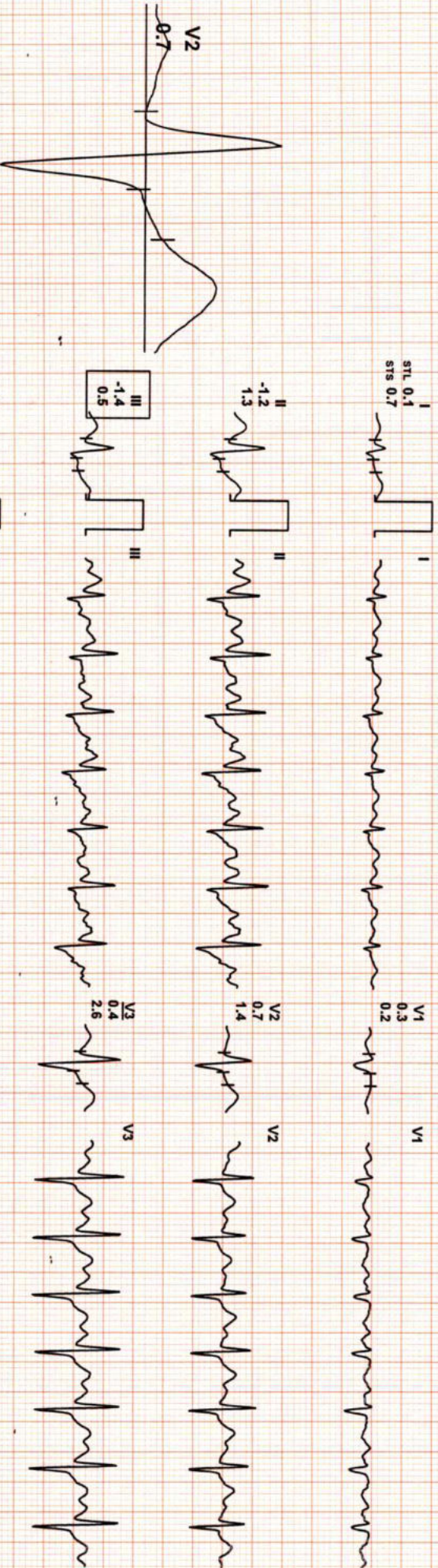
Date: 11 / 02 / 2023

METS: 7.1/ 147 bpm 80% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

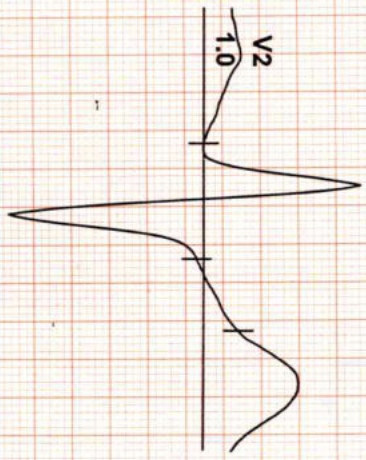
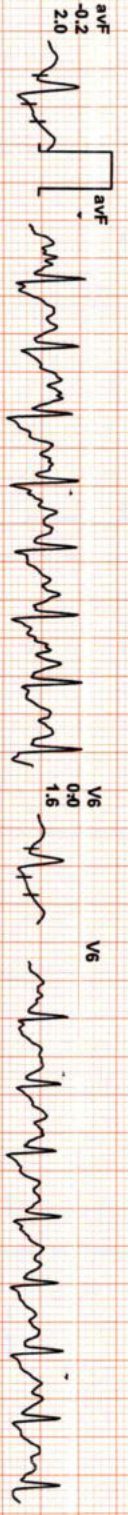
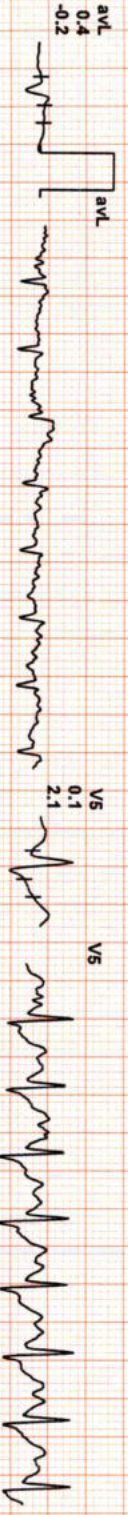
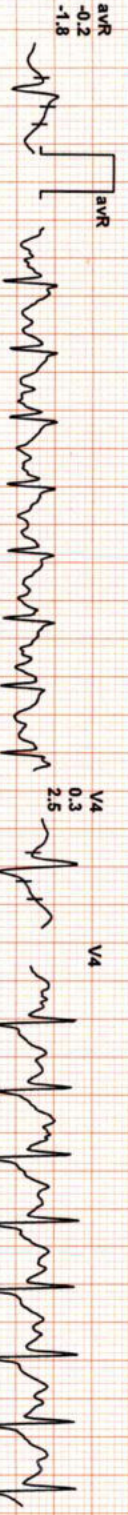
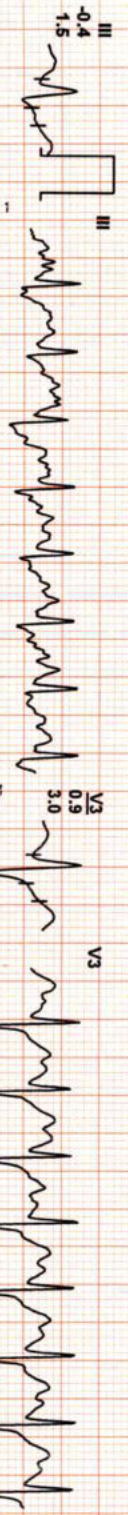
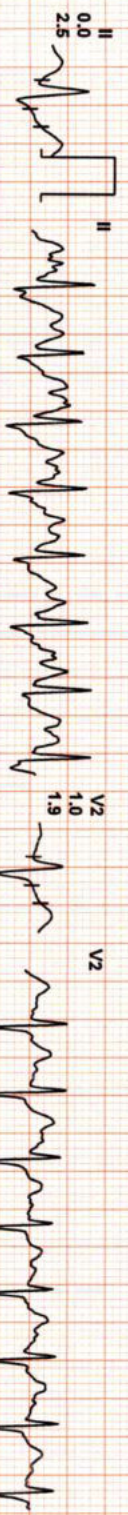
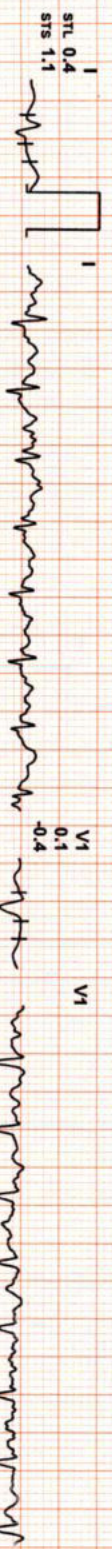


Date: 11 / 02 / 2023

METS: 9.5 / 161 bpm 88% of THR BP: 160/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 08:16 3.4 mph, 14.0%  
25 mm/Sec. 1.0 cm/mV

4X 60 mS Post J



V1  
0.1  
-0.4

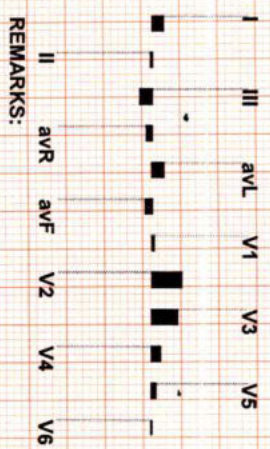
V2  
1.0  
1.9

V3  
0.9  
3.0

V4  
0.3  
2.5

V5  
0.1  
2.1

V6  
0.0  
1.5



REMARKS:

(ADX\_GEM217220330)(R)Allengers



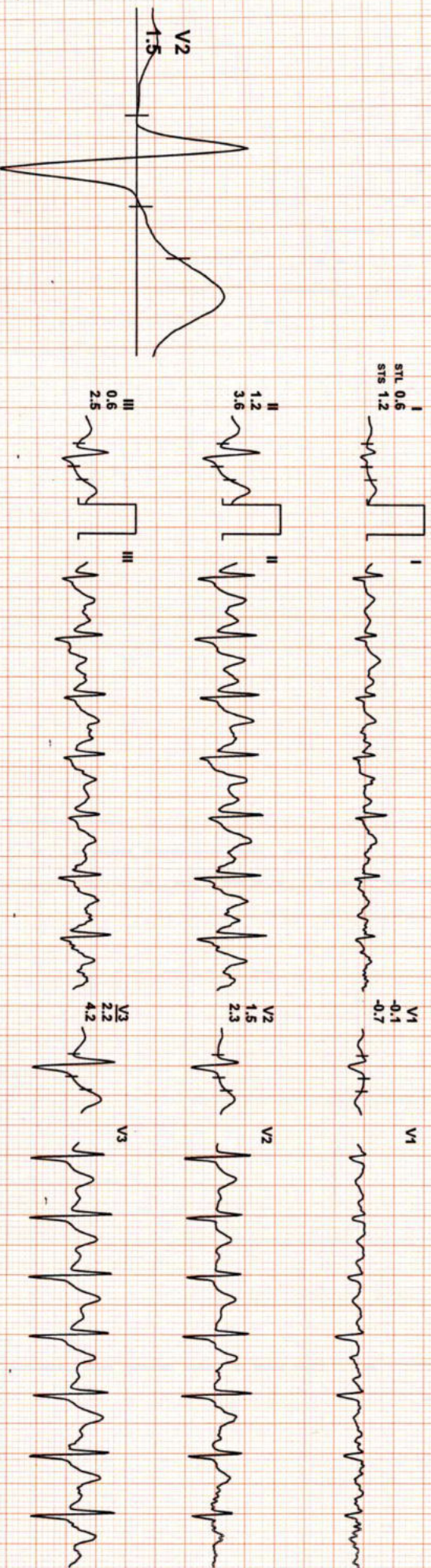
Date: 11 / 02 / 2023

METS: 1.2/142 bpm 77% of THR BP: 160/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 08:16 0.0 mph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

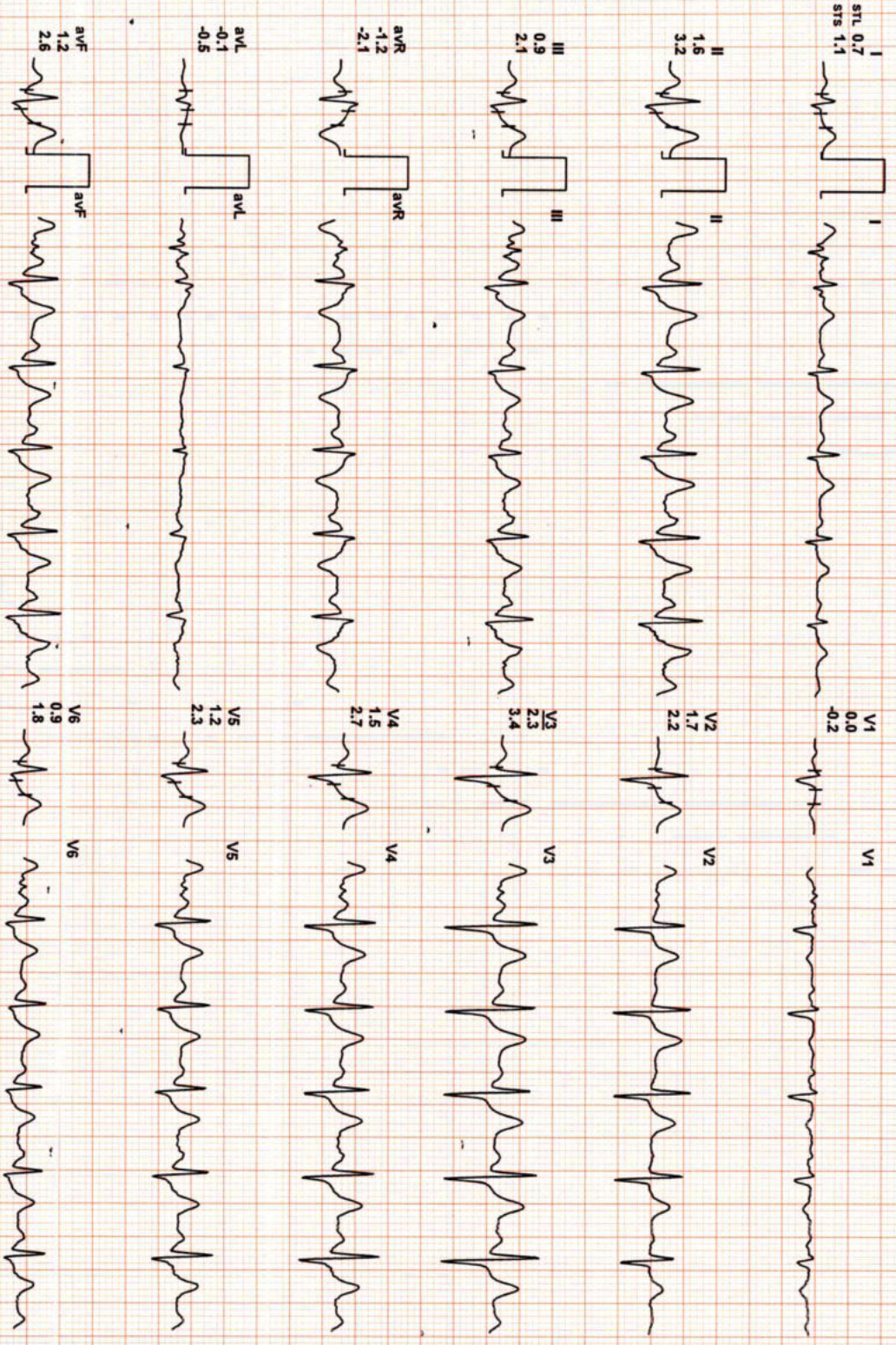
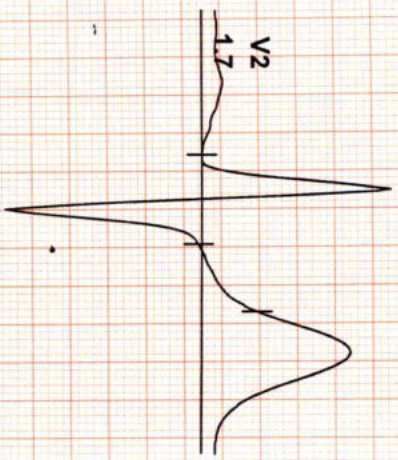


Date: 11 / 02 / 2023

METS: 1.0/ 112 bpm 61% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 08:16 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers



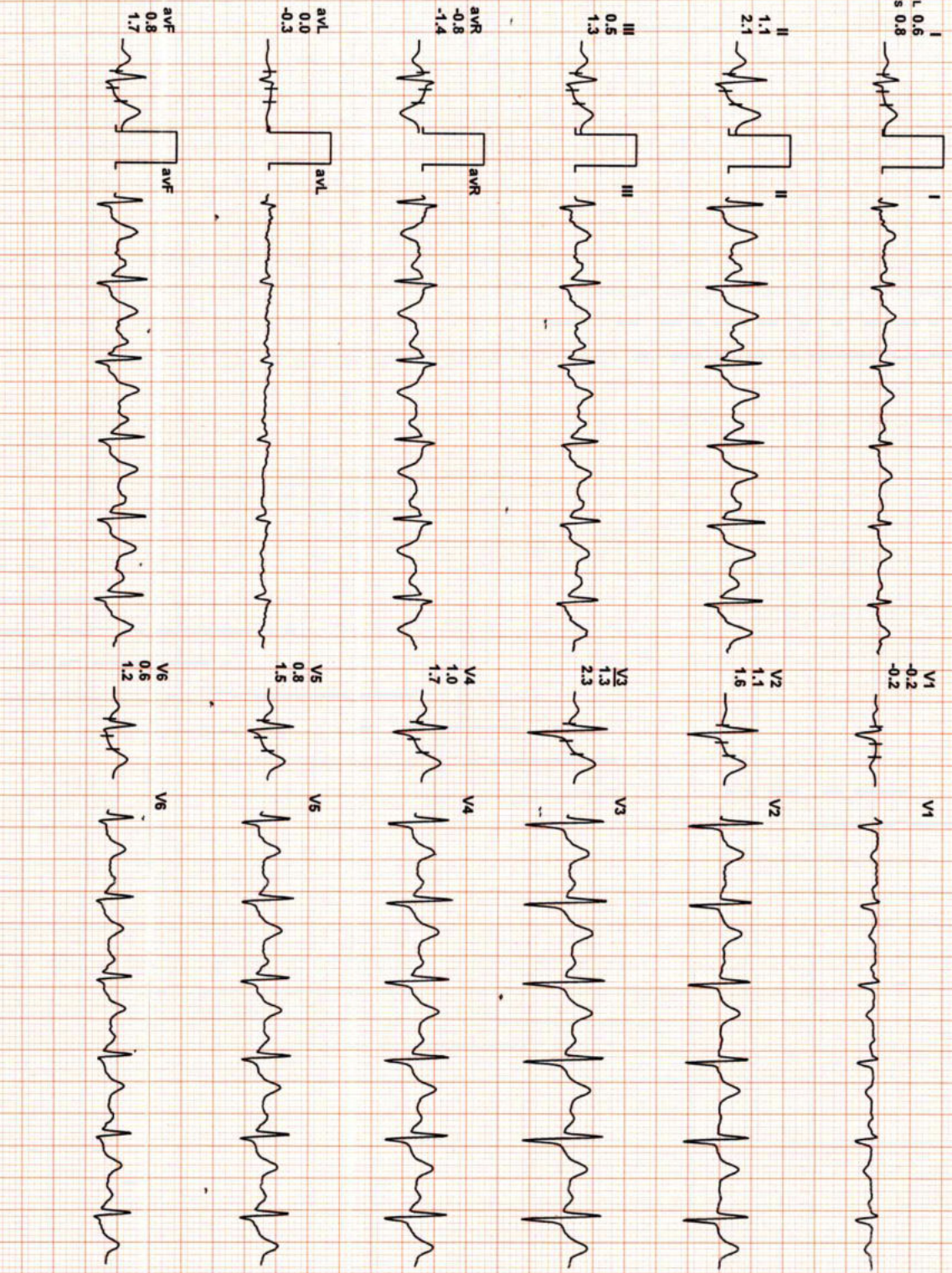
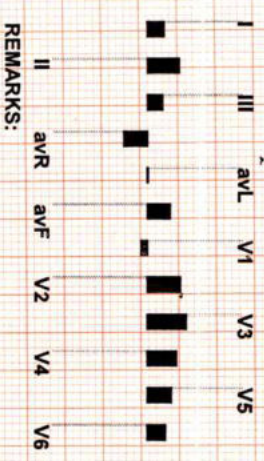
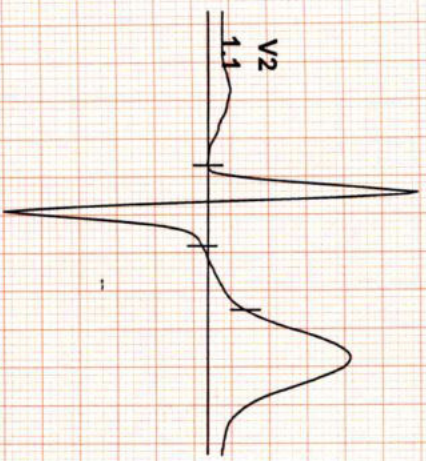
Date: 11 / 02 / 2023

METS: 1.0/ 115 bpm 62% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 08:16 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

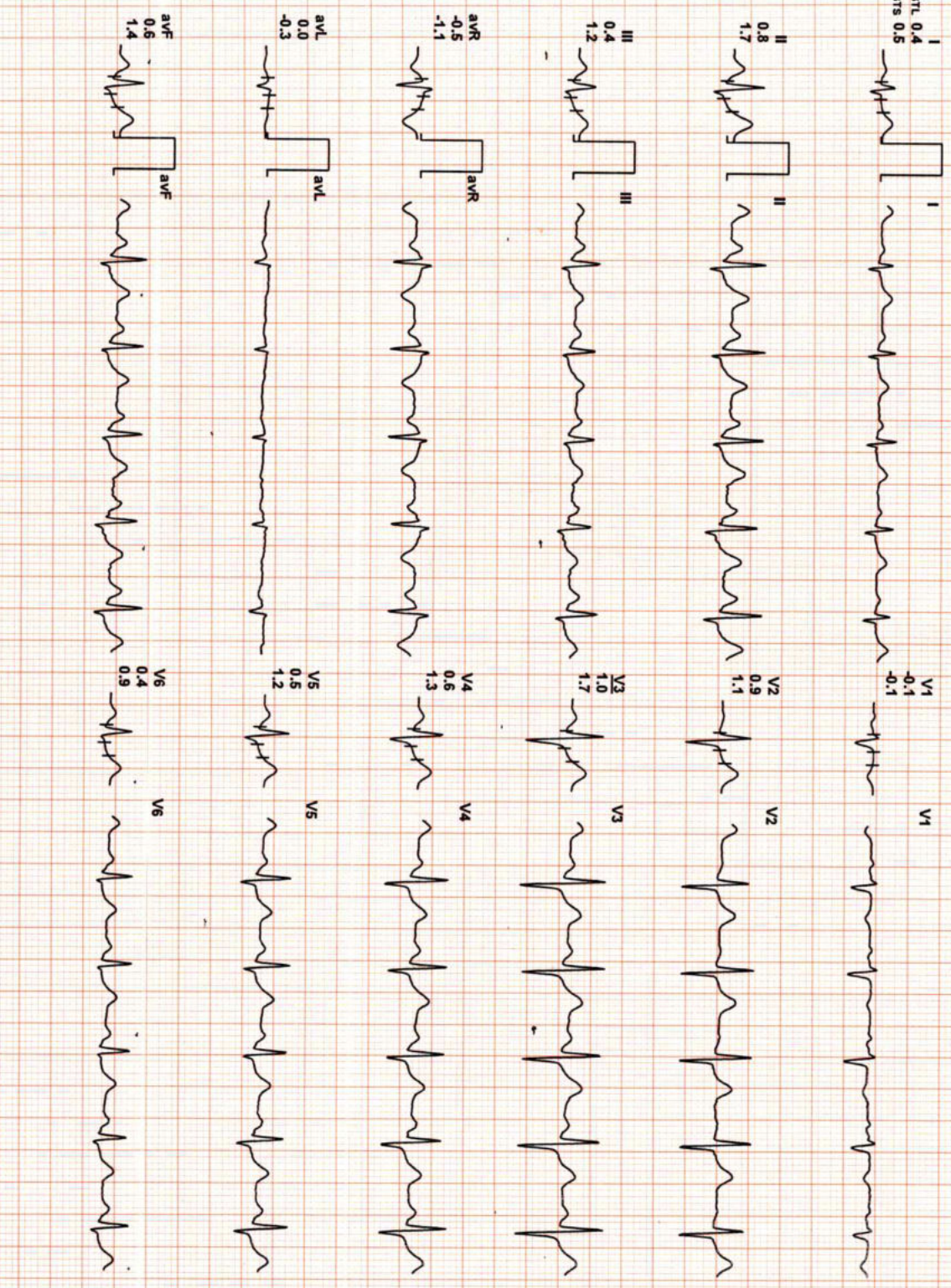
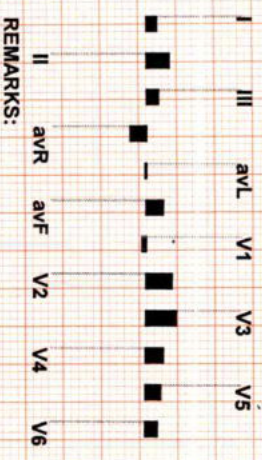
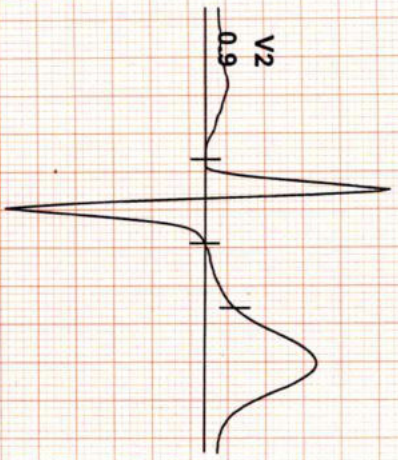


Date: 11 / 02 / 2023

METS: 1.0/ 104 bpm 57% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 08:16 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

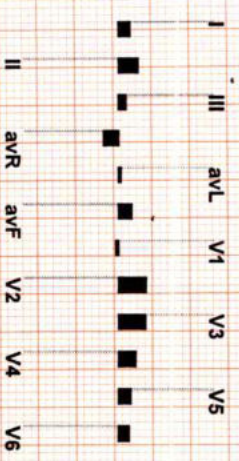
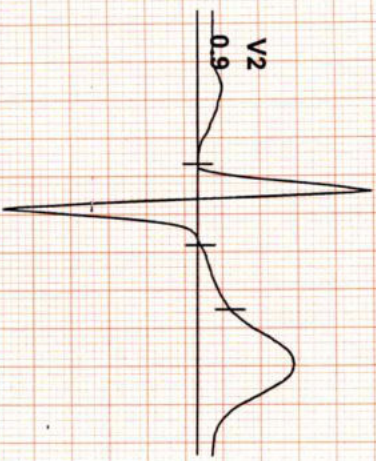


Date: 11 / 02 / 2023

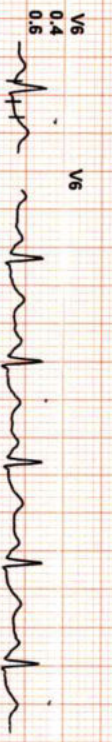
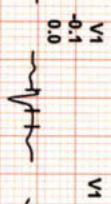
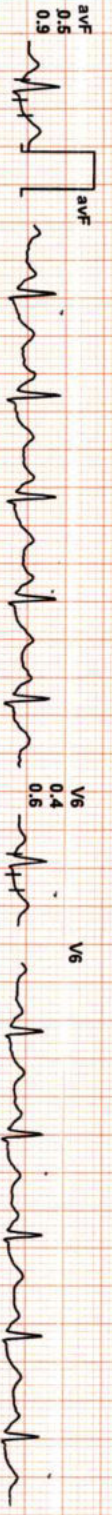
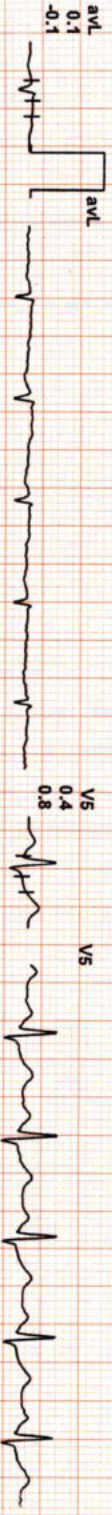
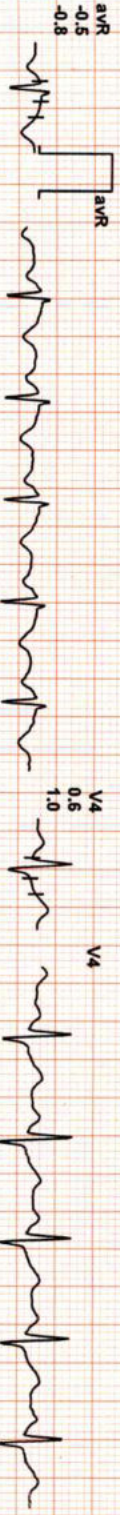
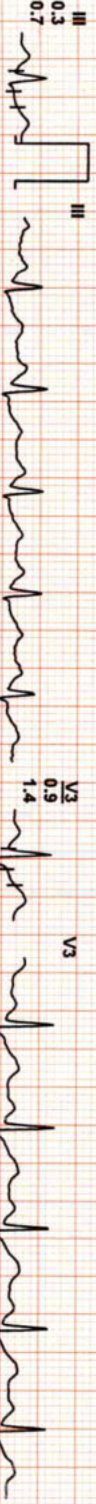
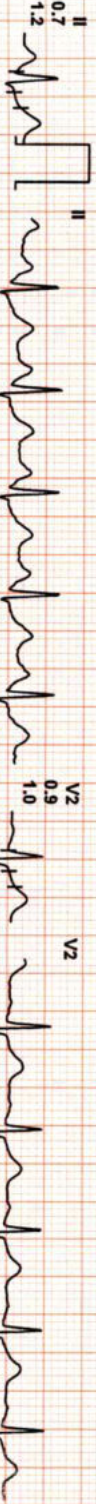
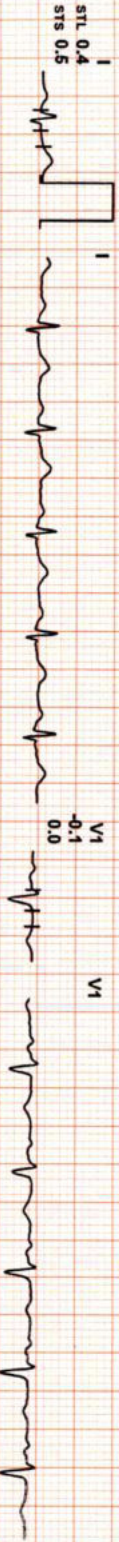
METS: 1.0 / 107 bpm 58% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 08:16 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:





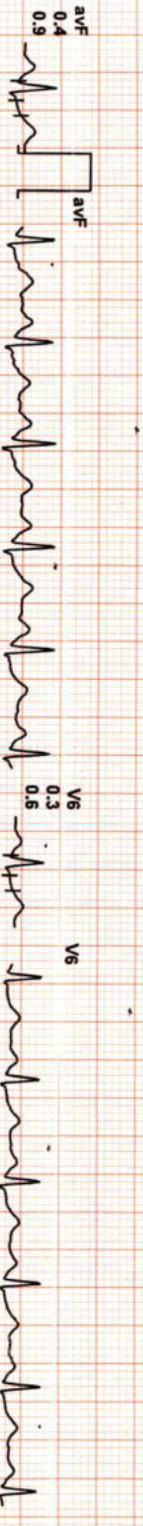
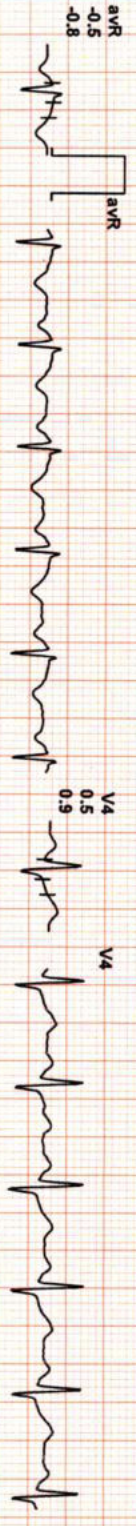
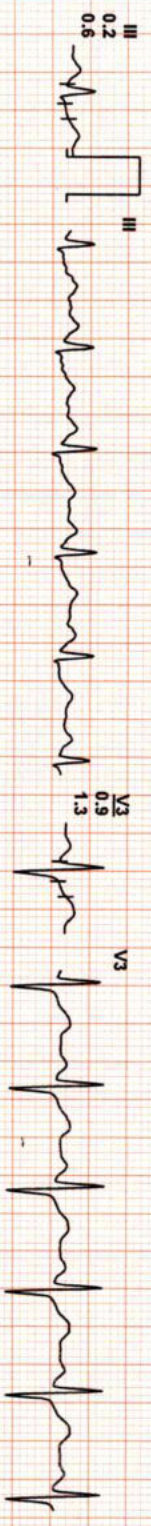
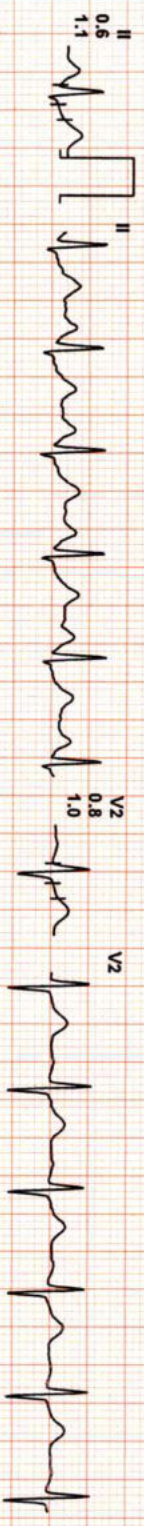
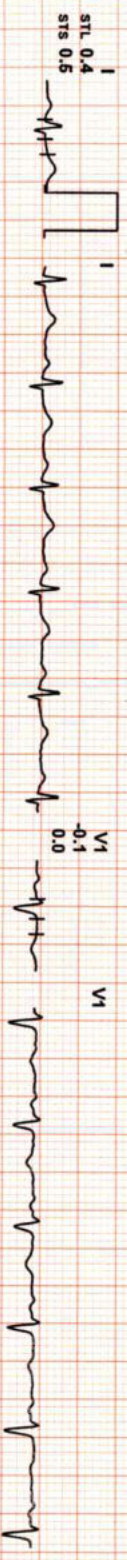
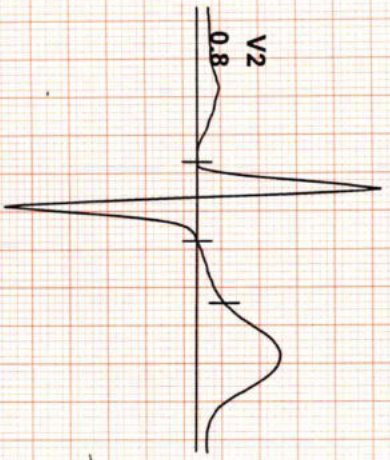
Date: 11 / 02 / 2023

METS: 1.0/ 108 bpm 59% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 08:16 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 cm/mV



REMARKS:

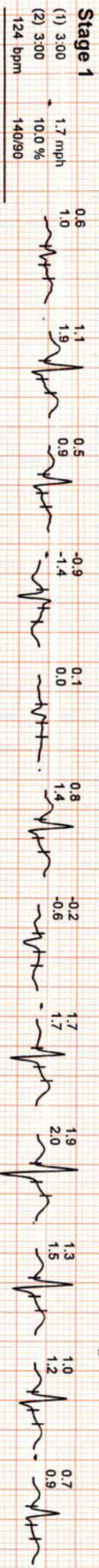
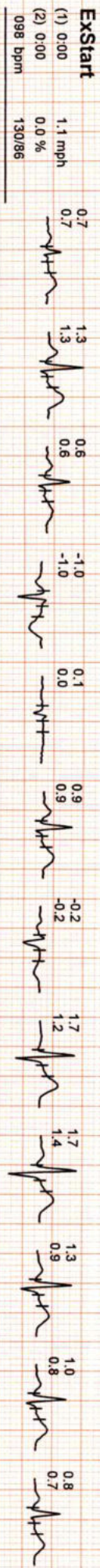
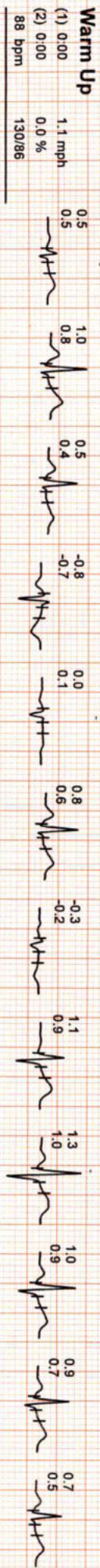
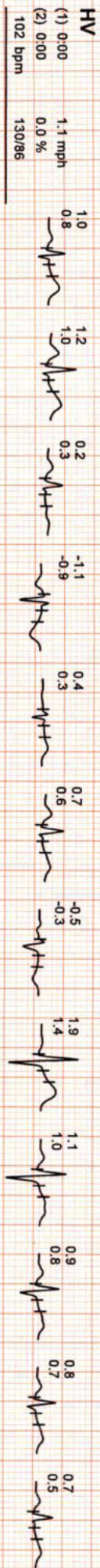
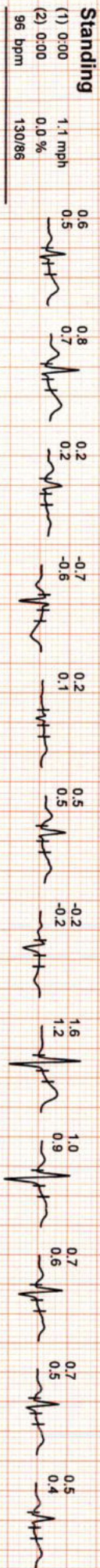
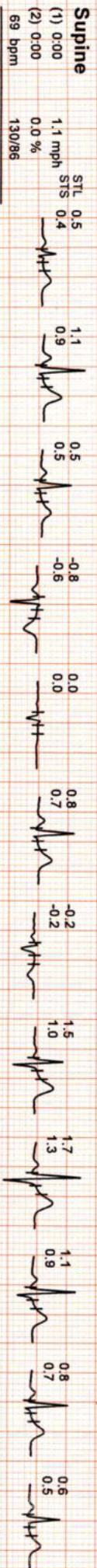
(ADX\_GEM217220330)(R)Allergers



MR DAULAT TANWAR / 36 Yrs / M / 0 Cms / 0 Kg / HR : 76

Date: 11/02/2023

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



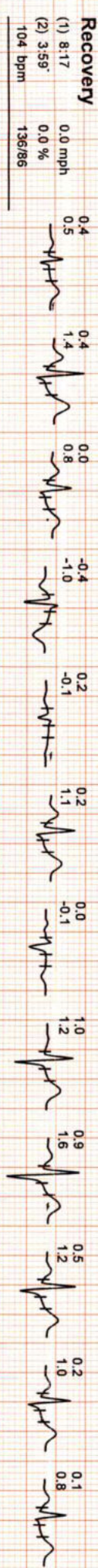
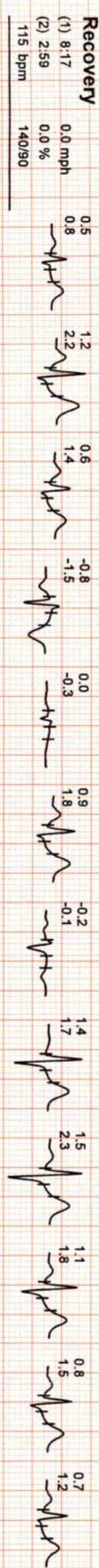
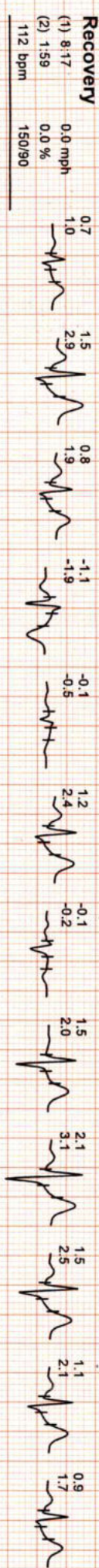
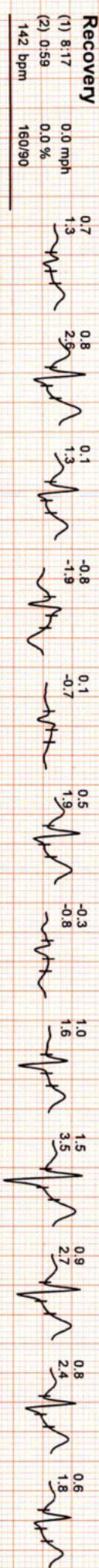
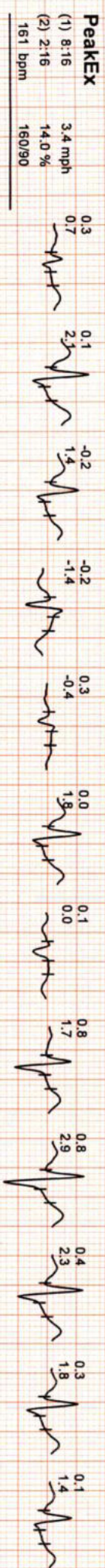
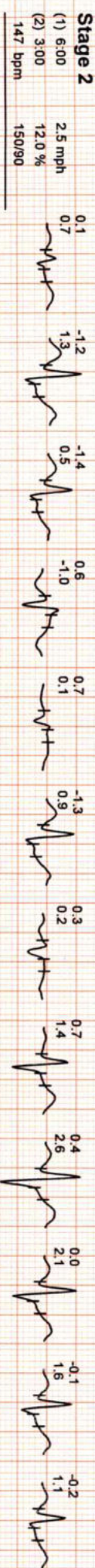
(ADX\_GEM217220330)(R)Allengers





MR DAULAT TANWAR / 36 YRS / M / O Cms / 0 Kg / HR : 76

Date: 11 / 02 / 2023



(ADX\_GEM217220330)(R)Allengers

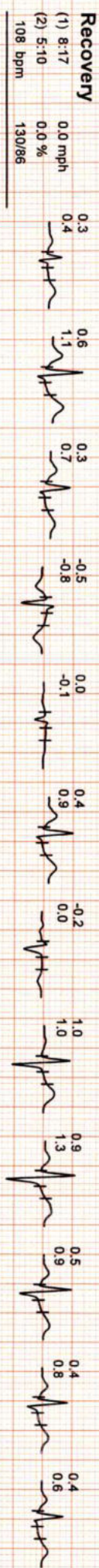
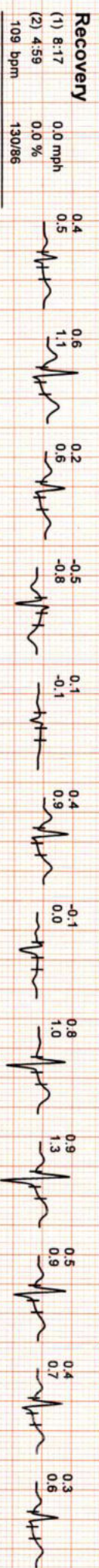
DR GOYAL'S PATH LAB & IMAGING CENTRE

MR DAULAT TANWAR / 36 YRS / M / 0 Cms / 0 Kg / HR : 76

Average



Date: 11/02/2023



(ADX\_GEM217220330)(R)Allergers

RHO