

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Jangpeth Corner, New Sanganer Road, Jaipur-302019
Tele : 0141-2293346, 4049787, 9887049787
Website : www.dr.goyalpathlab.com | E-mail : dr.goyal@pathlab.com

General Physical Examination

Date of Examination: 26-11-2023

Name: Hemuman Sahay Meena Age: 31 Sex: Male

DOB: 05-06-1992

Referred By: BOB

Photo ID: Aadhar ID #: attached

Ht: 174 (cm)

Wt: 78 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 98 (cm)

Blood Pressure: 120/80 mm Hg PR: 72 min

BMI 25.8

Eye Examination: VISION Normal O/S N/G.

No Glaucoma or blindness.

Other: Not significant.

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

Signature Of Examinee :  Name of Examinee: _____

Signature Medical Examiner : _____ Name Medical Examiner _____


Dr. Piyush Goyal
M.B.B.S. D.M.R.D.
R.C.C. Reg. No.-011998

भारत सरकार
आधार



हनुमान सहय मीना
Hanuman Sahay Meena
जन्म तिथि/DOB: 05/06/1992
पुरुष/ MALE
Mobile No: 7290826595
7127 8603 9670
VID : 9192 2488 9594 4275

मेरा आधार, मेरी पहचान

भारत सरकार
आधार प्राधिकरण
भारत सरकार
आधार

पता:
S/O: टेका राम मीना, खतीपुर, सांगनेर गोनर रोड,
दांतली, जयपुर,
राजस्थान - 303012

Address :
S/O: Teka Ram Meena, khatipura,
sanganer goner road, Dantli, Jaipur,
Rajasthan - 303012



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

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

MC- 5509

Date :- 26/11/2023 09:03:17
NAME :- Mr. HANUMAN SAHAY MEENA
Sex / Age :- Male 31 Yrs 5 Mon 22 Days
Company :- MediWheel

Patient ID :-12234408
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 26/11/2023 09:09:01

Final Authentication : 26/11/2023 11:58:50

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.8 %

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

120 mg/dL

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

MUKESH SINGH
Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.30	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	56.3	%	40.0 - 80.0
LYMPHOCYTE	35.7	%	20.0 - 40.0
EOSINOPHIL	4.7	%	1.0 - 6.0
MONOCYTE	3.1	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	2.99	$10^3/uL$	1.50 - 7.00
LYMPH#	1.90	$10^3/uL$	1.00 - 3.70
EO#	0.24	$10^3/uL$	0.00 - 0.40
MONO#	0.16	$10^3/uL$	0.00 - 0.70
BASO#	0.01	$10^3/uL$	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.94	$\times 10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	47.20	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	95.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.8	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.2 L	g/dL	31.5 - 34.5
PLATELET COUNT	229	$\times 10^3/uL$	150 - 410
RDW-CV	12.8	%	11.6 - 14.0
MENTZER INDEX	19.35		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	04	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" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Sample Type > PLAIN/SERUM

Sample Collected Time 26/11/2023 09:09:01

Final Authentication : 26/11/2023 11:08:06

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	213.96 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	131.68	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	46.01	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	146.00	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	26.34	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.65		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.17		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	634.81	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

SURENDRAKHANGA

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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/11/2023 09:09:01

Final Authentication : 26/11/2023 11:08:06

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.49	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	0.12	mg/dL	Adult - Up to 0.25 Newborn - <0.6 > 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.37	mg/dl	0.30-0.70
SGOT Method:- IFCC	37.7 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	54.4 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	102.50	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	15.00	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.98	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.76	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.22	gm/dl	2.20 - 3.50
A/G RATIO	2.14		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method **Instrument Name:** Randox **Rx Incls:** 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 babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

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

Alkaline Phosphatase Methodology: AMP Buffer **Instrument Name:** Randox **Rx Incls:** 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 **Instrument Name:** Randox **Rx Incls:** Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of disease involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

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

Instrument Name: Randox **Rx Incls:** Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasia. It may reach 5 to 10 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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Patient ID :- 12234408
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 Lab/Hosp :-



Sample Type -> PLAIN/SERUM

Sample Collected Time 26/11/2023 09:09:01

Final Authentication : 26/11/2023 10:49:40

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3 <i>Method:- Chemiluminescence(Competitive immunoassay)</i>	1.290	ng/ml	0.970 - 1.690
SERUM TOTAL T4 <i>Method:- Chemiluminescence(Competitive immunoassay)</i>	9.300	ug/dl	5.530 - 11.000
SERUM TSH ULTRA <i>Method:- Enhanced Chemiluminescence Immunoassay</i>	2.173	µIU/mL	0.350 - 5.500

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

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

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

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN 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

AJAYKUMAR
Technologist

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Sex / Age :- Male 31 Yrs 5 Mon 22 Days
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Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 26/11/2023 09:09:01

Final Authentication : 26/11/2023 11:00:46

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)	6.0		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromothymol 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 Nitroprusside) Rother'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

VIJENDRAMEENA
Technologist

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Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Fluoride-F, DMW/26/11/2023 09:08:01

Final Authentication : 26/11/2023 13:06:53

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	107.8	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	110.1	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	1.00	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.10	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

SURENDRAKHANGA

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HAEMATOLOGY

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

MUKESH SINGH, VIJENDRAMEENA
Technologist

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Sample Collected Time 26/11/2023 09:09:01

Final Authentication : 26/11/2023 11:05:06

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.1	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

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Final Authentication : 26/11/2023 10:35:03

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.) BILAL

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Transcript by.

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017995

Dr. Ashish
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Fetal Medicine Consultant
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RMC No. 21667

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

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



Date :- 26/11/2023 09:03:17
NAME :- Mr. HANUMAN SAHAY MEENA
Sex / Age :- Male 31 Yrs 5 Mon 22 Days
Company :- MedWheel

Patient ID :- 12234408
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 26/11/2023 12:11:29

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. 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 mildly enlarged in size (~ 13.1 cm) 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.

Few (2-3) renal calculi of size ~ 8.9 mm in lower calyx and ~ 4.7 mm & ~ 4.6 mm in mid calyx of right kidney.

A small calculus of size ~ 4.4 mm is seen in mid calyx of left kidney.

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 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:

- Mild splenomegaly.
- Bilateral renal calculi.

Needs clinical correlation.

*** End of Report ***

Page No: 1 of 1

AHSAN
Transcript by.

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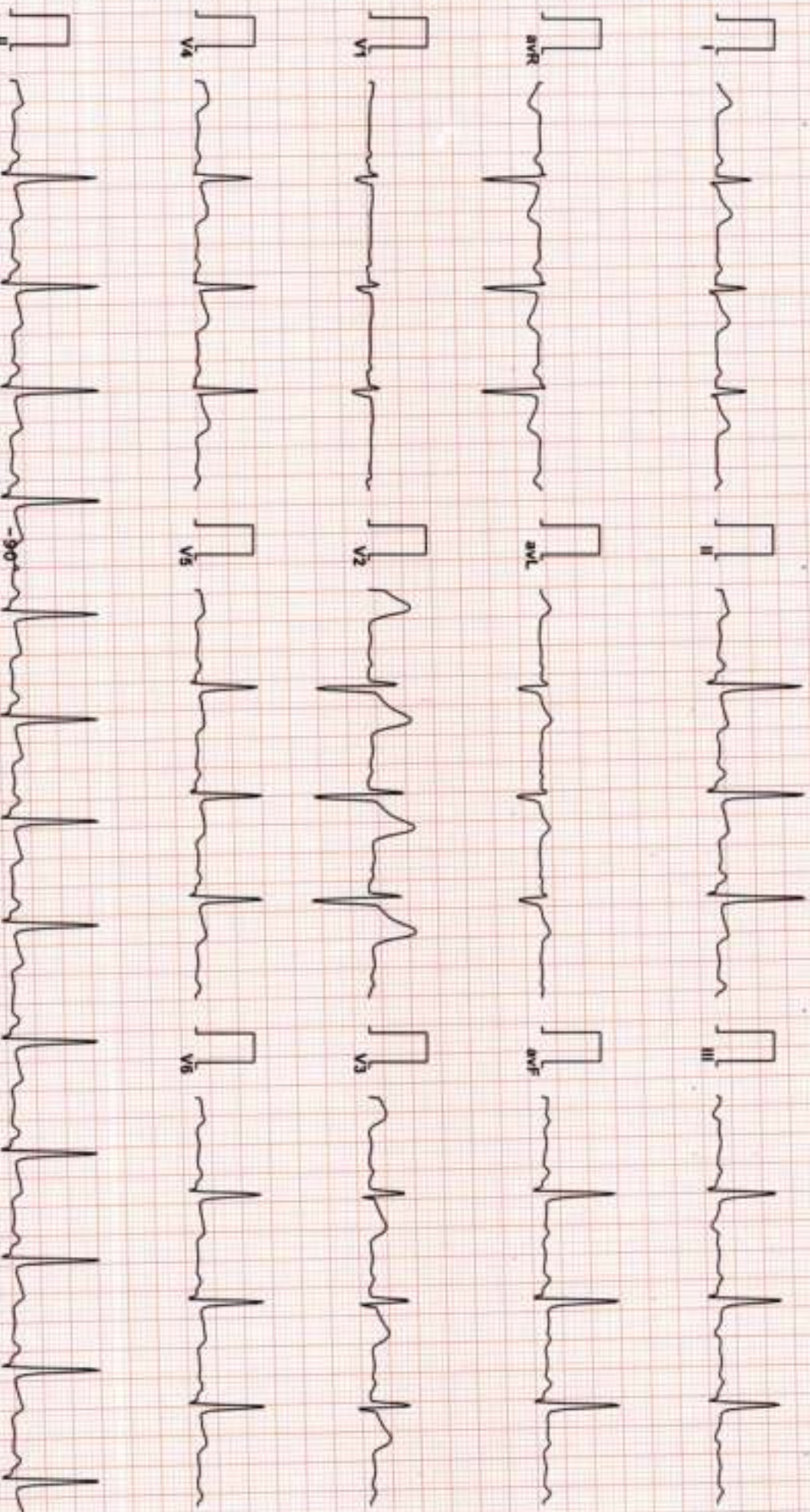
Dr. Poorvi Malik
MBBS, MD, DNB (Radio Diagnosis)
RMC No. 21505

DR. GOYAL PATH LAB

2806 / MR HANUMAN SAHAY MEENA / 31 Yrs / M / Non Smoker

Heart Rate : 80 bpm / Tested On : 26-Nov-23 10:38:19 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Reled By: BOB

ECG



Vent Rate : 80 bpm

PR Interval : 148 ms

QRS Duration: 86 ms

QT/QTc Int : 372/407 ms

P-QRS-T axis: 63.00° 71.00° 71.00°

Dr. Naresh K. N. Motiani
RMC No. 35768
MBBS Dip. CARDIO (EGCGRTS)
DE M. (CARDIOLN)

Axis
R 71.00° T 24.00° P 63.00°

Reported By:

Allergens ECG (Pulses)(PIS218210312)



474 (112) / MR HANUMAN SAHAY MEENA / 31 Yrs / M / 0 Cms / 0 Kg / NonSmoker
 Date: 26 / 11 / 2023 10:39:04 AM Refd By: BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	01.1	00.0	01.0	090	48%	120/80	108	00	
Standing	00:23	0:18	01.1	00.0	01.0	083	44%	120/80	099	00	
HV	00:43	0:20	01.1	00.0	01.0	086	46%	120/80	103	00	
Warm Up	01:06	0:23	01.1	00.0	01.0	080	42%	120/80	096	00	
ExStart	01:58	0:52	01.0	00.0	01.0	106	56%	120/80	127	00	
BRUCE Stage 1	04:58	3:00	01.7	10.0	04.7	142	75%	125/85	177	00	
PeakEx	07:46	2:48	02.5	12.0	07.0	170	90%	135/85	229	00	
Recovery	08:46	1:00	00.0	00.0	01.0	141	75%	140/90	197	00	
Recovery	09:46	2:00	00.0	00.0	01.0	108	57%	135/85	145	00	
Recovery	10:46	3:00	00.0	00.0	01.0	105	56%	125/85	131	00	
Recovery	11:46	4:00	00.0	00.0	01.0	094	50%	125/85	117	00	
Recovery	12:15	4:30	00.0	00.0	01.0	101	53%	125/85	126	00	

FINDINGS :

- Exercise Time : 05:48
- Max HR Attained : 170 bpm 90% of Target 189
- Max BP Attained : 140/90 (mmHg)
- Max Workload Attained : 7 Fair response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Base line ECG shows mild ST
 + changes seen during exercise in infero
 lat leads which reverted to base line
 within min of recovery. Again
 appears during late recovery.

TTT positive for RMI.

Coronary Clinically!

Dr. Naresh Kumar Motanka
 RMC No. 35703
 MBBS, DIP. CARDIO (ESCORTS)
 DEM (RCGP-UK)

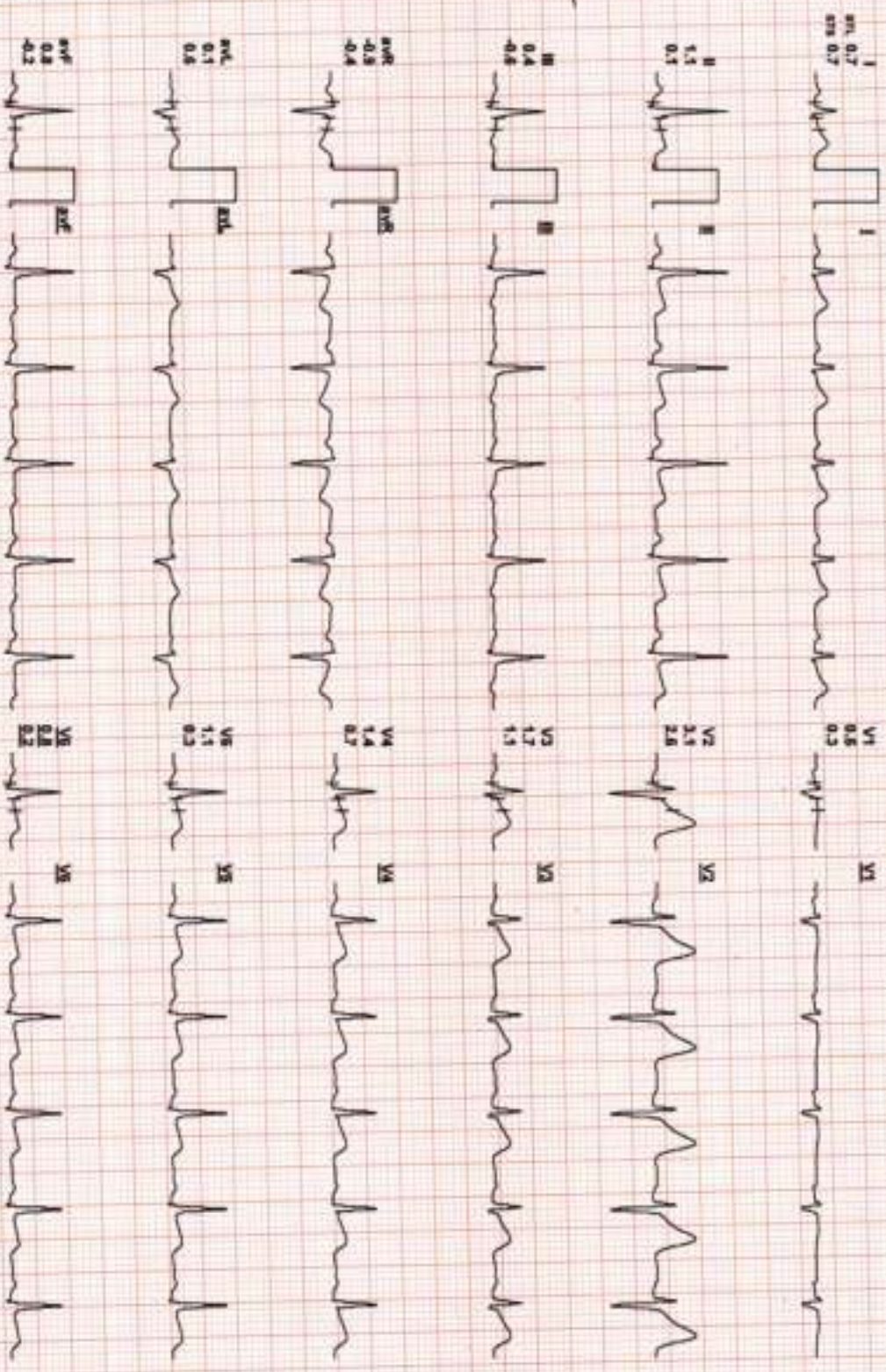


474 (112) / MR HANUMAN SAHAY MEENA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 90

Date: 26 / 11 / 2023 10:39:04 AM METS: 1.00 90 bpm 48% of THR BP: 120/80 mmHg Combined Mediane/ BLC DM Notch DM HF: 0.05 Hz/LF 35 Hz

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

4X 80 ms Post J



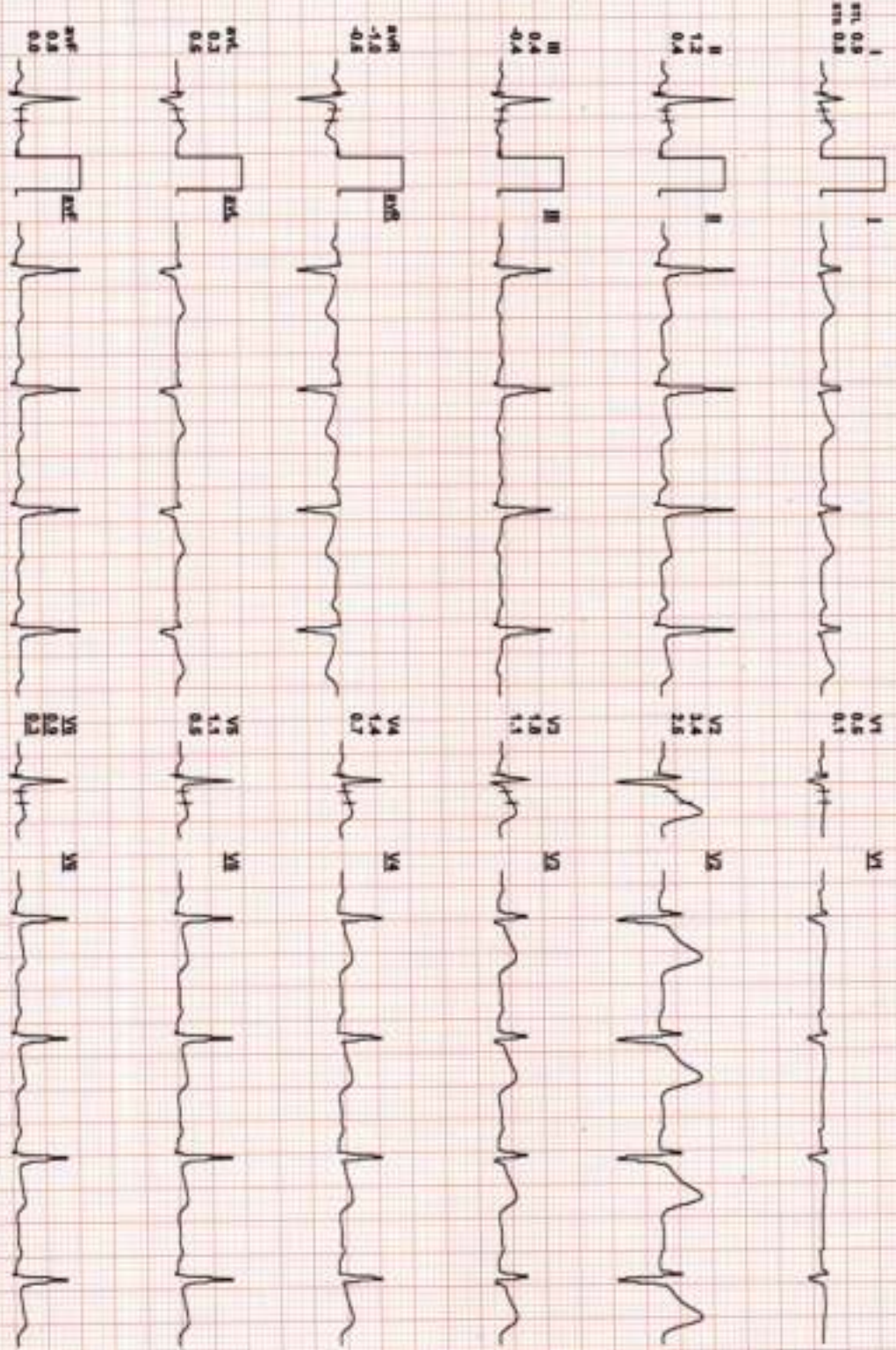
REMARKS:

474 (112) / MR HANUMAN SAHAY MEENA / 31 Yrs / M / O Cms / 0 Kg / HR : 83

Date: 26 / 11 / 2023 10:39:04 AM METS: 1.60 83 bpm 44% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

AX 30 ms Post J

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



REMARKS:

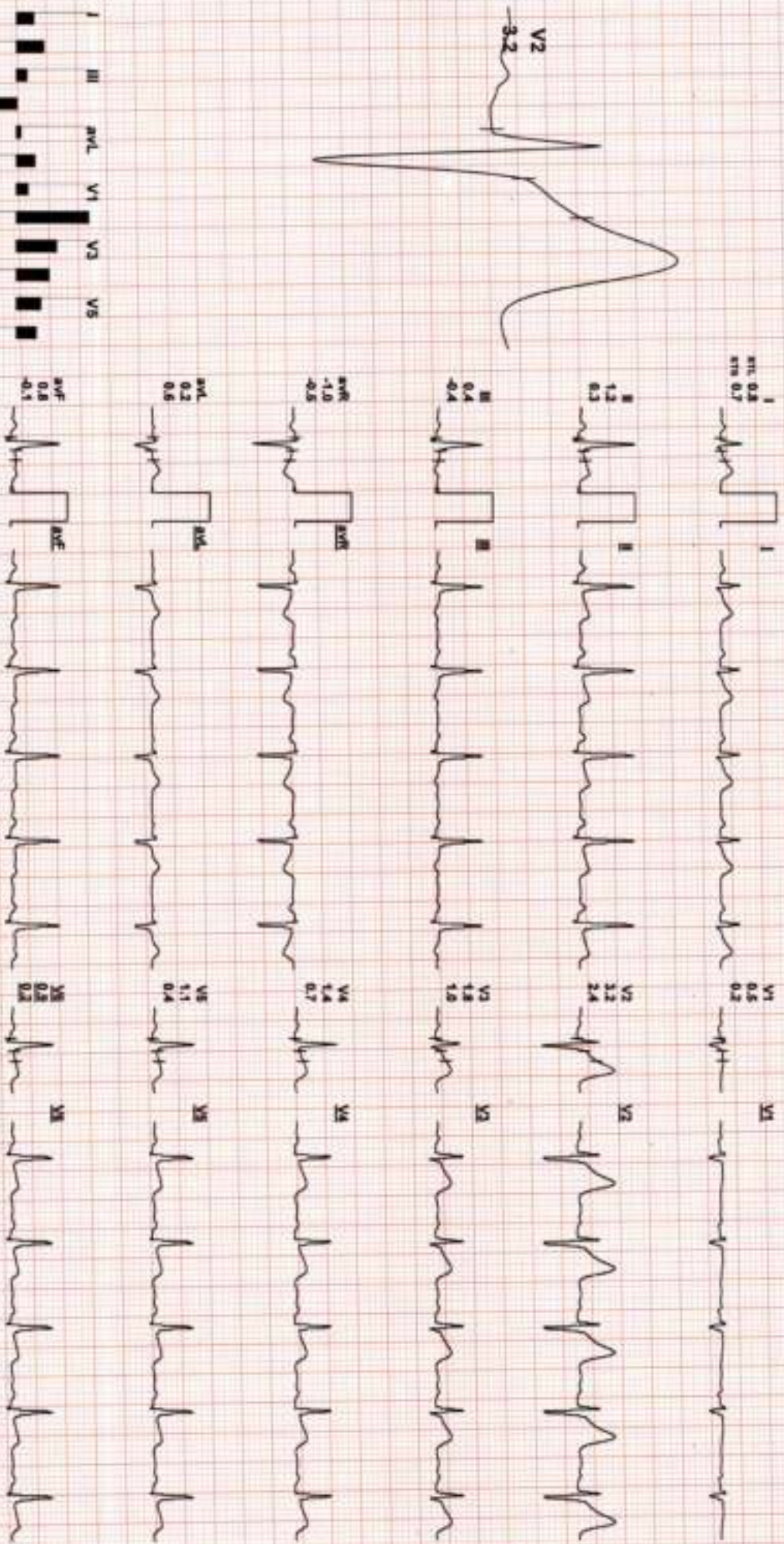


474 (112) / MR HANUMAN SAHAY MEENA / 31 YRS / M / O Cms / 0 Kg / HR : 86

Date: 26 / 11 / 2023 10:39:04 AM METS: 1.6W 86 bpm 46% of THR BP: 120/80 mmHg Combined Medians/ SLC OV Neck OV HF 0.05 Hz/ LF 35 Hz

4X 80 ms Post J

ExTime: 00:00 4.1 mph 0.0%
25 mm/sec. 1.0 Cm/mV



REMARKS:

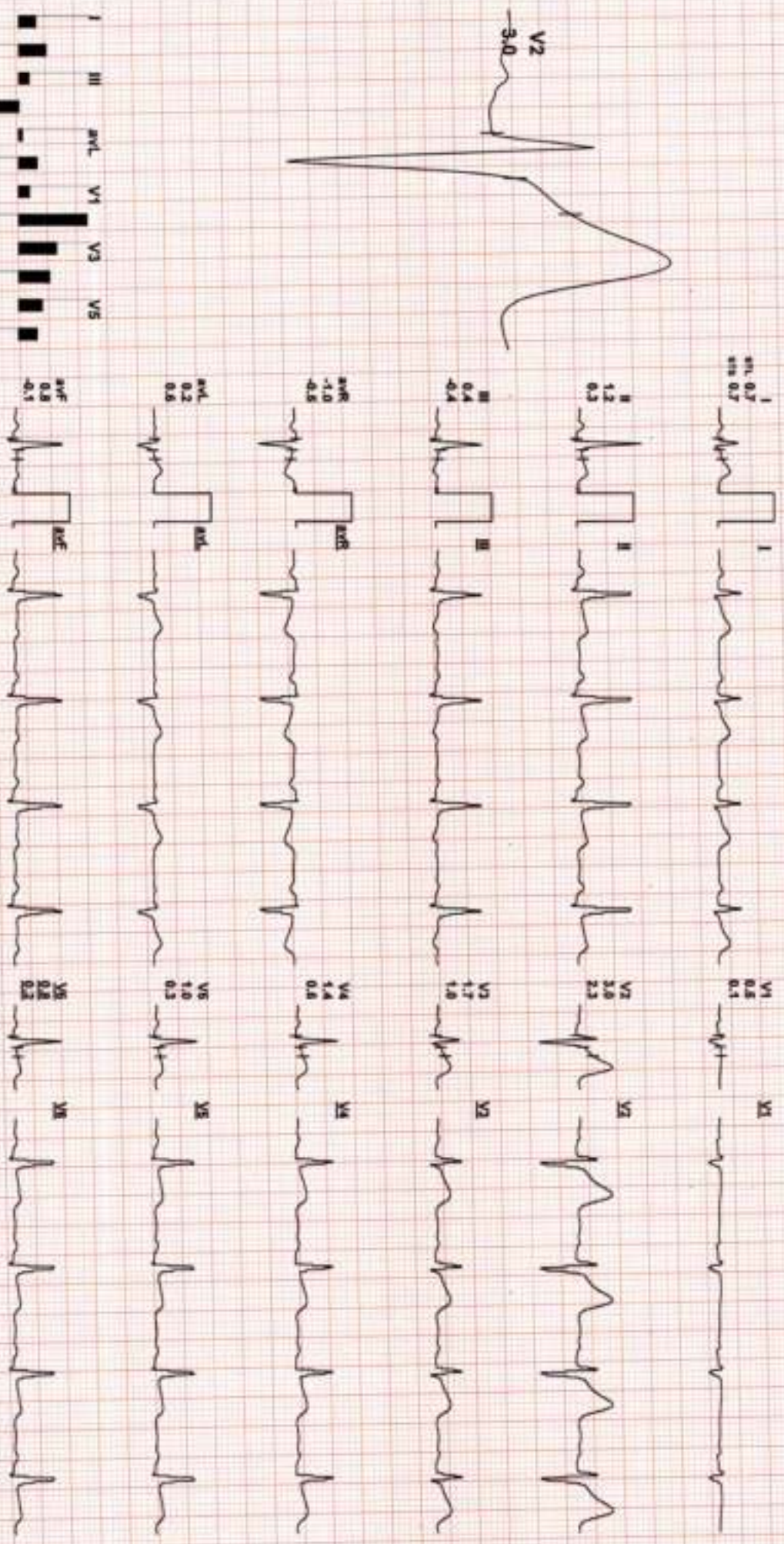


474 (112) / MR HANUMAN SAHAY MEENA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 80

Date: 26 / 11 / 2023 10:39:04 AM METS: 1.0/ 80 bpm 42% of THR BP: 120/80 mmHg Combined Mediana/ BLC Qv Notch Qv 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:

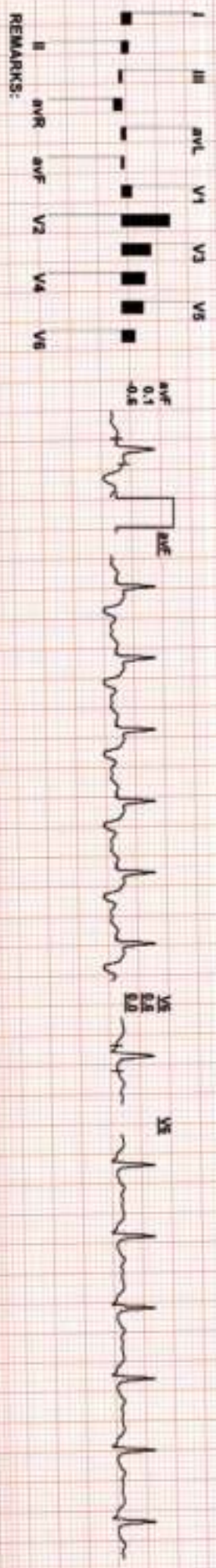
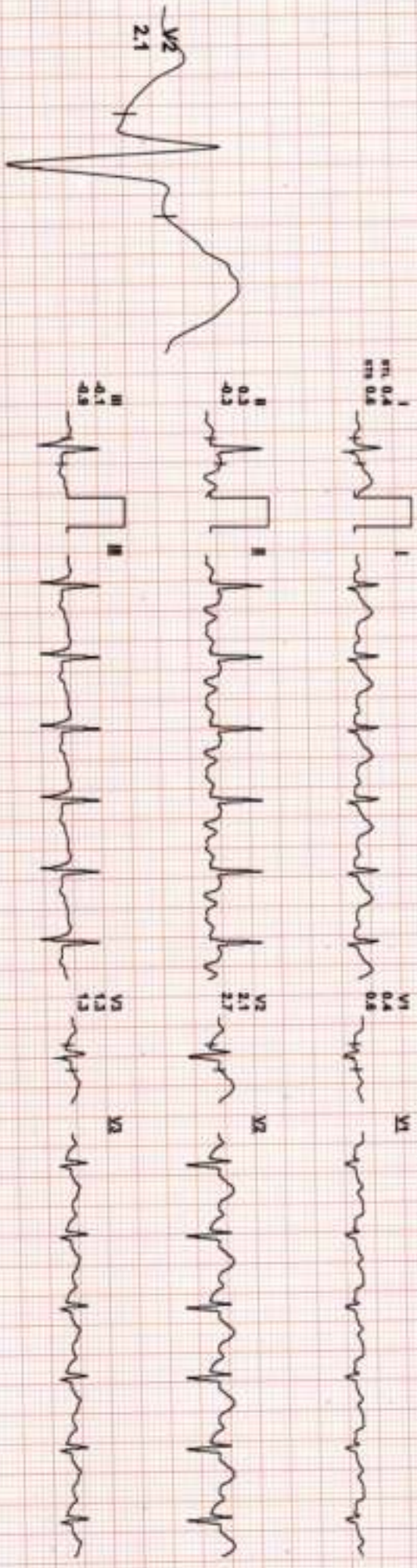


474 (112) / MR HANUMAN SAHAY MEENA / 31 YRS / M / 0 Cms / 0 Kg / HR : 106

Date: 26 / 11 / 2023 10:28:04 AM METS: 1.0V 106 bpm 56% of THER BP- 120/80 mmHg Combined Medianv/ BLC QW Notch QW HF 0.05 Hz/LF 35 Hz

AX 80 ms Post J

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



REMARKS:

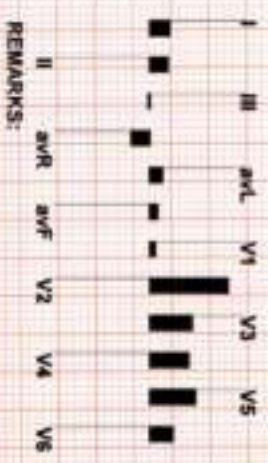
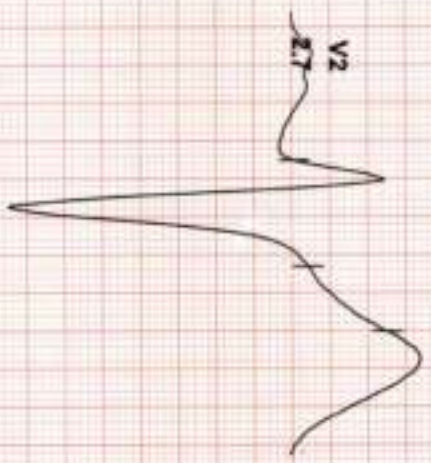
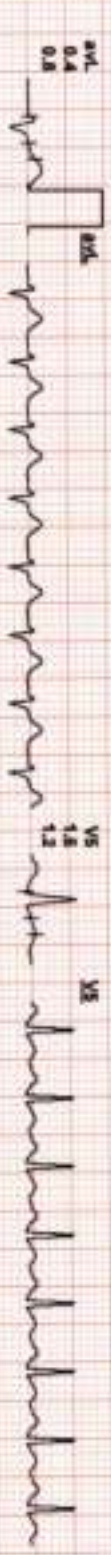
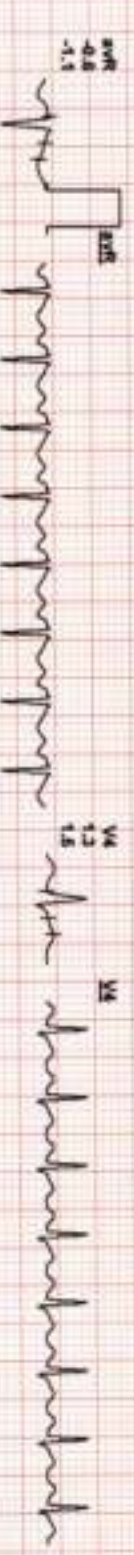
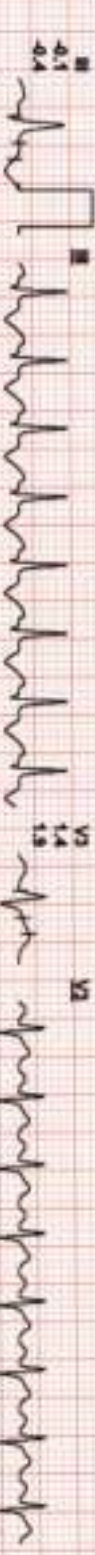
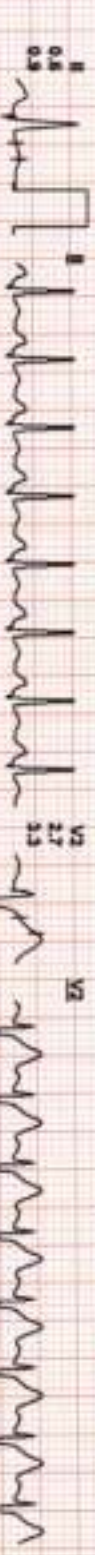
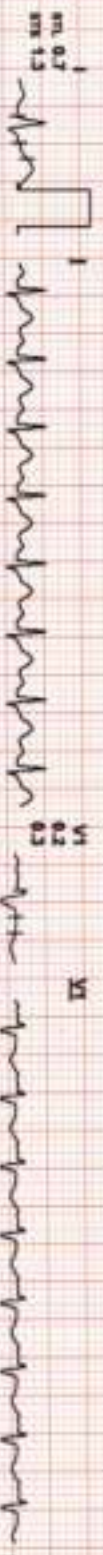


474 (112) / MR HANUMAN SAHAY MEENA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 142

Date: 26 / 11 / 2023 10:39:04 AM METS: 4.71 142 bpm 75% of THR BP: 125/85 mmHg Combined Medians/ ELC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 60 ms Post J

ExTime: 03:00 1.7 mph 10.0%
25 mm/Sec 1.8 Cm/mV



REMARKS:



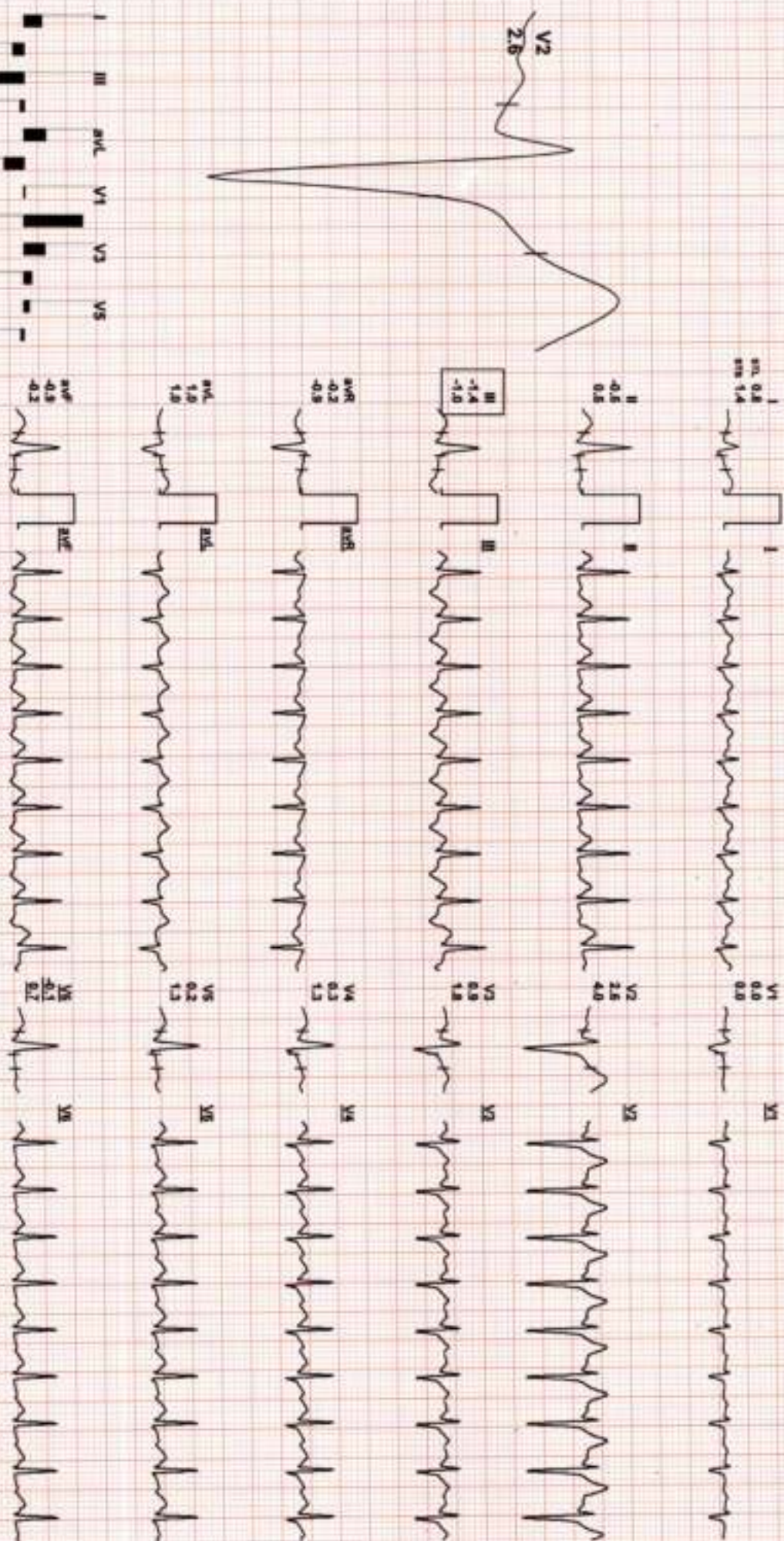
474 (112) / MR HANUMAN SAHAY MEENA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 170

Date: 26 / 11 / 2023 10:39:04 AM METS: 7.0@ 170 bpm 90% of THR BP: 135/85 mmHg Combined Medians/ ELC Ov/ Notch Ov/ Hf: 0.05 Hz/LF 35 Hz

ExTime: 05:48 2.5 mg/12.0%

4X 60 ms Post J

25 mm/Sec. 1.8 Cm/mV

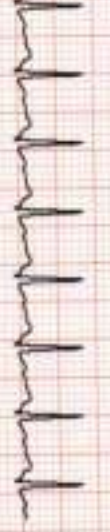
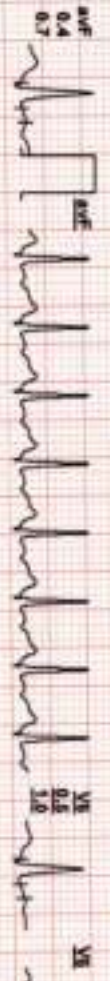
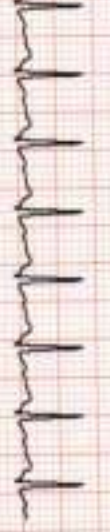
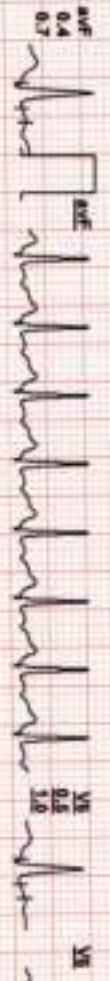
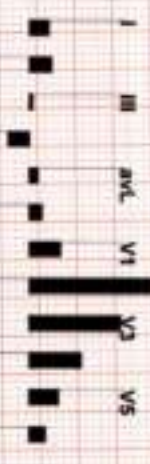
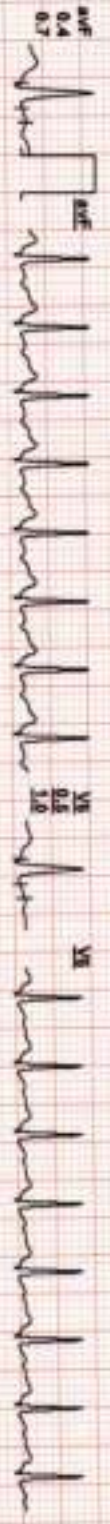
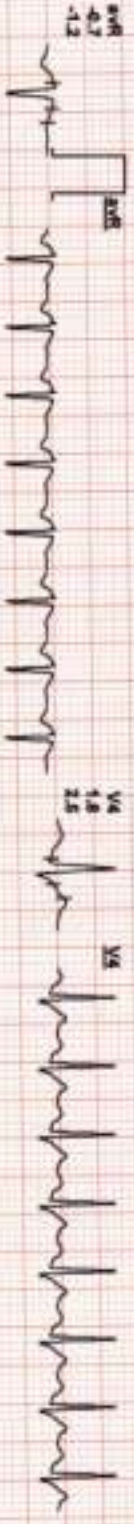
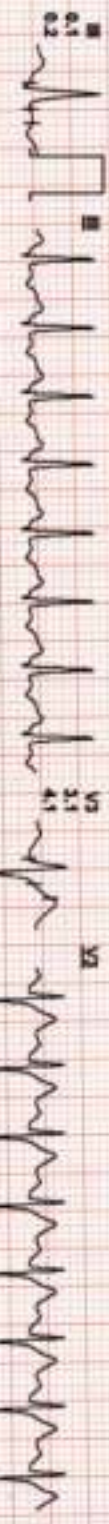
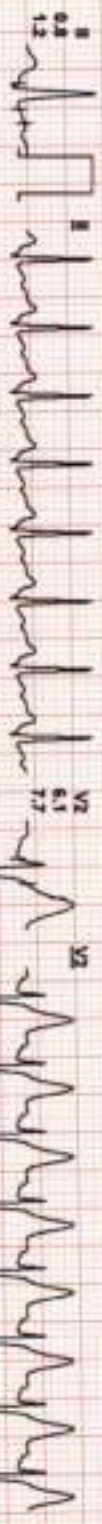


REMARKS:

474 (112) / MR HANUMAN SAHAY MEENA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 141

Date: 26 / 11 / 2023, 10:38:04 AM METS: 1.0@ 141 bpm 75% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Noct On/ HF 0.05 Hz/LF 35 Hz
 AX 60 ms Post J

EXTime: 05:48 0.0 mpm, 0.0%
 28 mm/Sec, 1.0 Cm/mV



REMARKS:



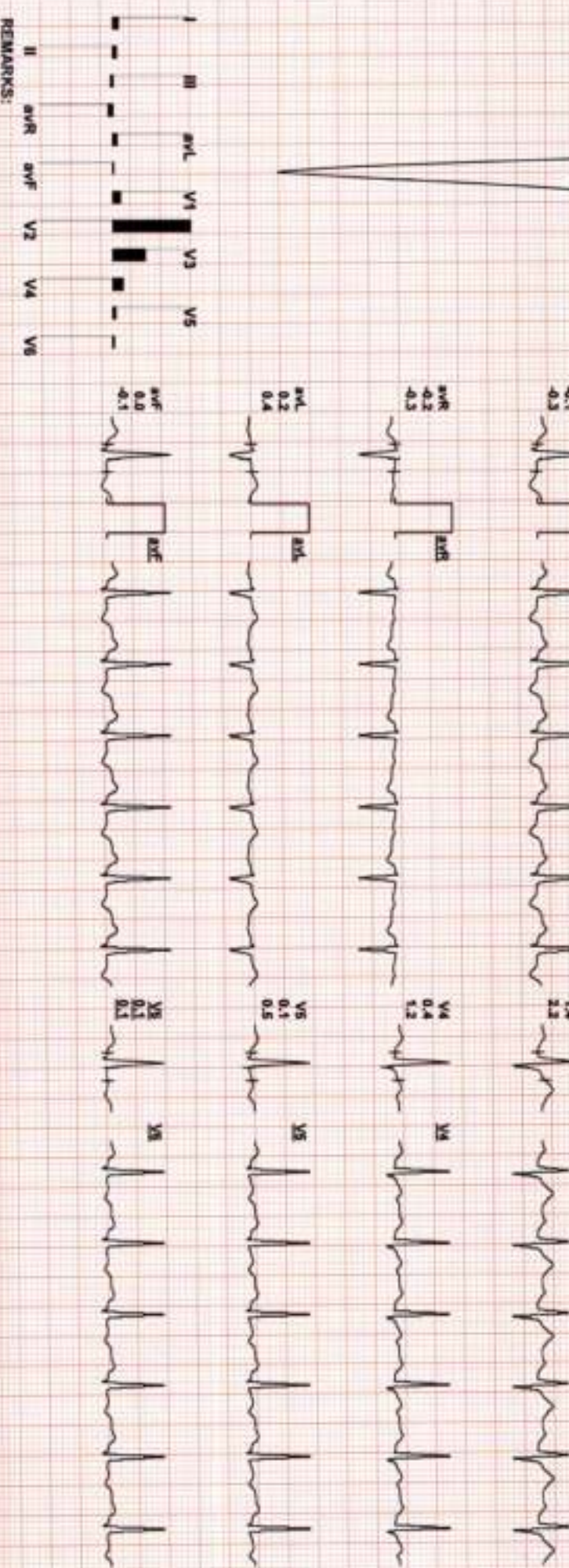
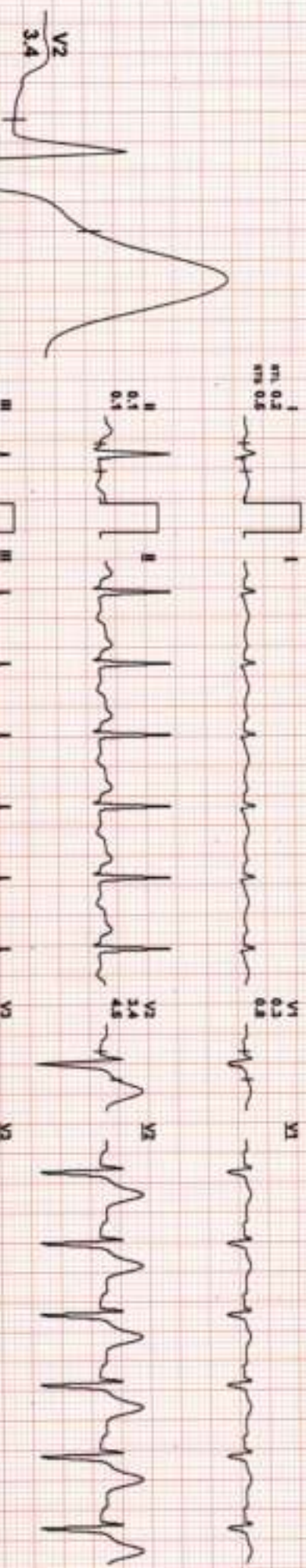


474 (112) / MR HANUMAN SAHAY MEENA / 31 YRS / M / 0 CMS / 0 Kg / HR : 108

Date: 26 / 11 / 2023 10:39:04 AM METS: 1.07 108 bpm 57% of THR BP: 135/85 mmHg Combined Medians/ BLC Chv Notch On HF 0.05 Hz LF 35 Hz

4X 80 ms Peak J

ExTime: 05:48 0.0 mph 0.0%
25 mmSec. 1.0 Cm/mV



REMARKS:

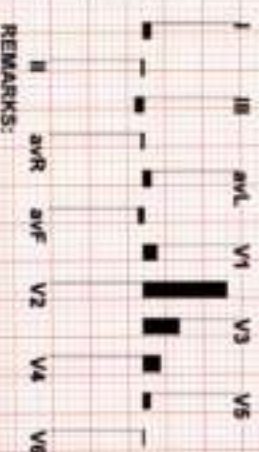
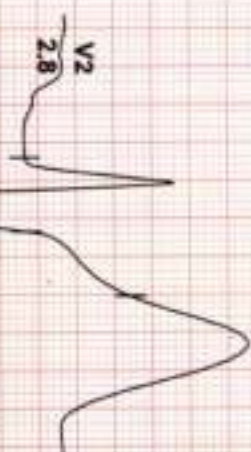
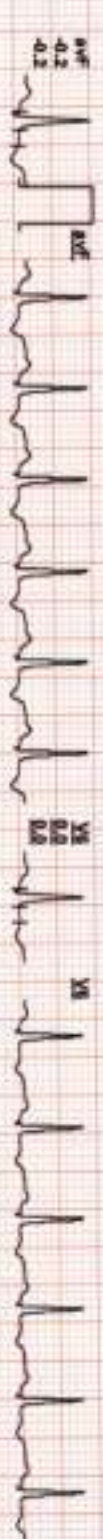
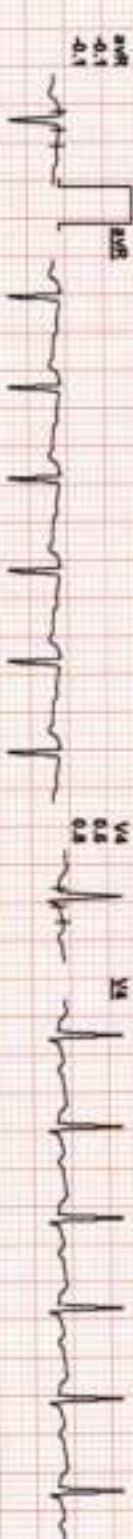
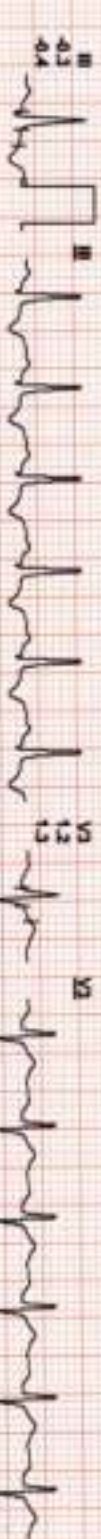
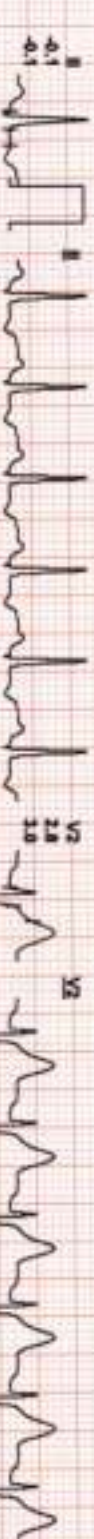
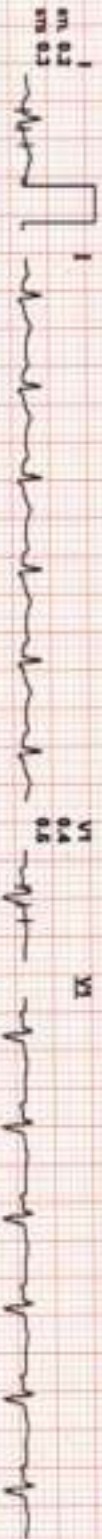


474 (112) / MR HANUMAN SAHAY MEENA / 31 YRS / M / 0 Cms / 0 Kg / HR : 105

Date: 26 / 11 / 2023 10:39:04 AM METS: 1.0/ 105 bpm 55% of THR BP: 125/85 mmHg Combined Medians/ ECG On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 05:48 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

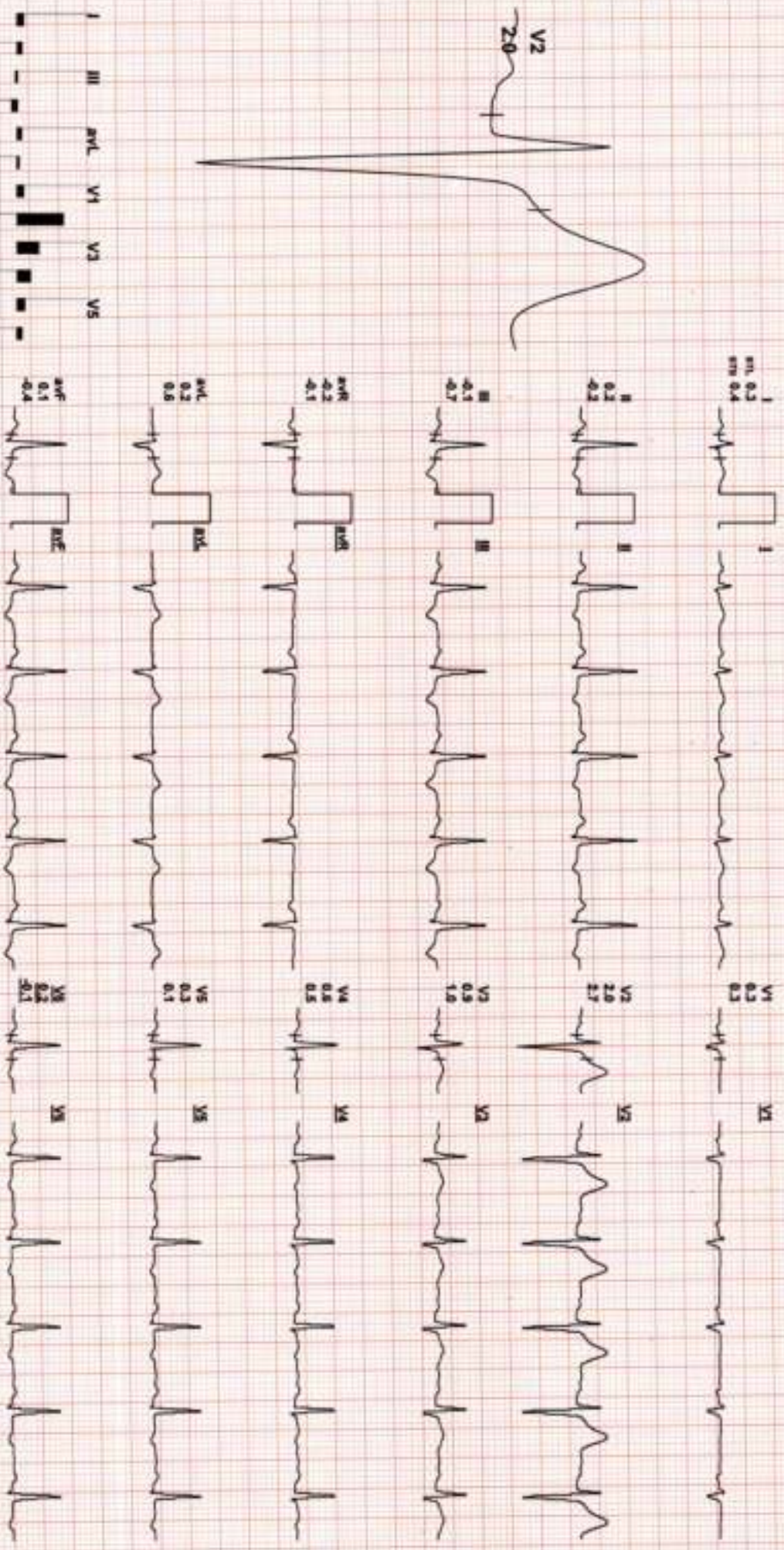


474 (112) / MR HANUMAN SAHAY MEENA / 31 Yrs / M / O Crns / 0 Kg / HR : 94

Date: 26 / 11 / 2023 10:39:04 AM METS: 1.0/ 94 bpm 50% of THR BP: 120/85 mmHg Combined Mediana/ BLC ON/ Noich ON/ HF 0.05 Hz/LF 35 Hz

4X 80 mm Post J

ExTime: 05:48 0.0 mph, 0.0%
25 mm/Sec, 1.0 Cm/mV

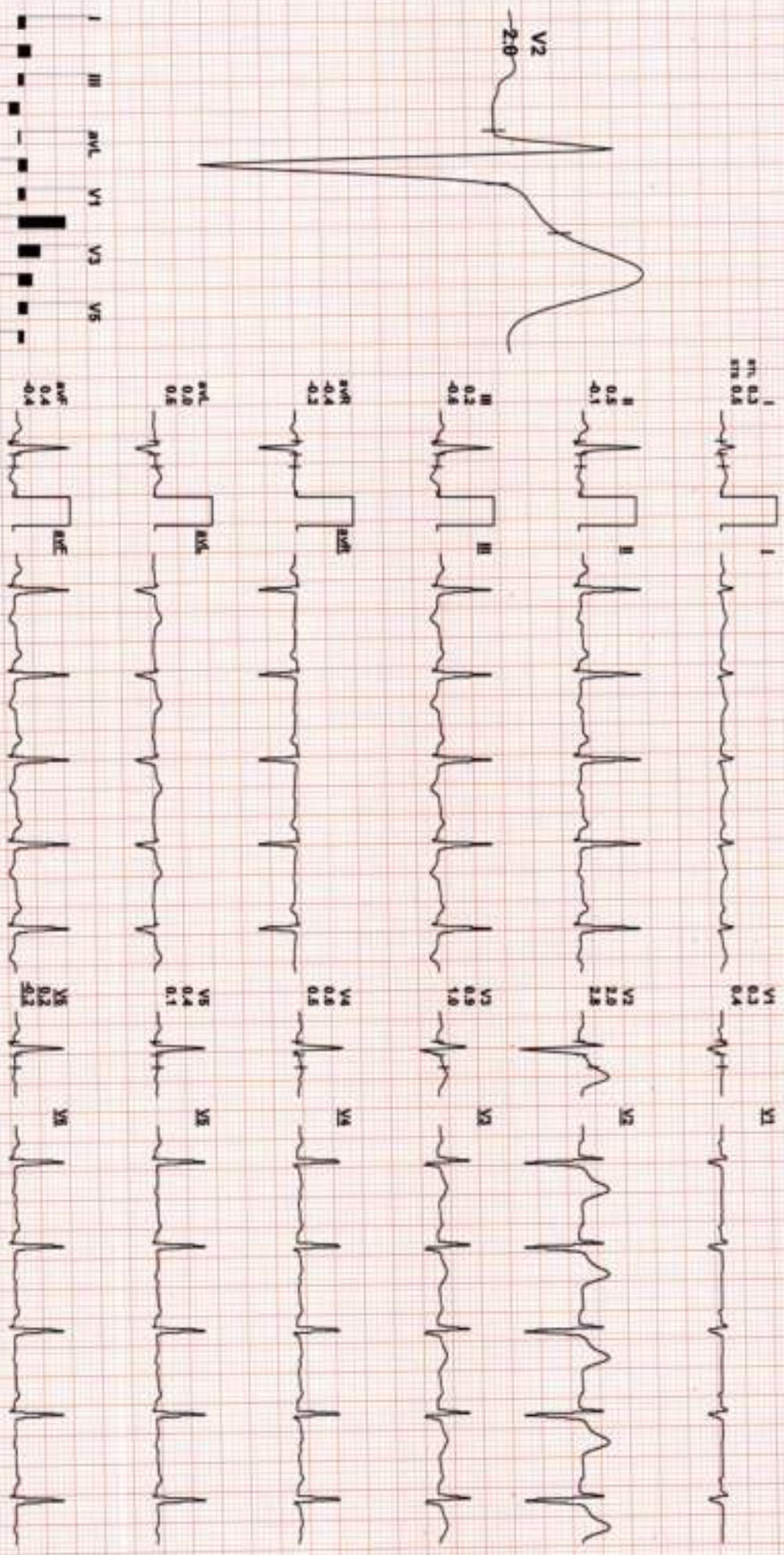


REMARKS:

474 (112) / MR HANUMAN SAHAY MEENA / 31 YRS / M / 0 Cms / 0 Kg / HR : 101

Date: 26 / 11 / 2023 10:39:04 AM METS: 1.0@ 101 bpm 83% of THR BP: 125/85 mmHg Combined Medication/ ECG ON/ Notch ON/ HF 0.05 Hz/LF 35 Hz
4X 80 ms Post J

ExTime: 05:48 0.0 min 0.0%
25 mm/sec 1.0 Cm/mV



REMARKS:





Date: 26 / 11 / 2023 10:30:04 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

