

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

Website: www.drgoyalspathlab.com | E-mail: drgoyalphysic@gmail.com

General Physical Examination



Date of Examination: 05/04/2022

Name: NITIN KUMARWAT Age: 31 DOB: 07/03/1991 Sex: M

Referred By: BOB. (Mediwheel)

Photo ID: Pan ID #: attached

Ht: 166 (cm)

Wt: 77 (Kg)

Chest (Expiration): 96 (cm)

Abdomen Circumference: 90 (cm)

Blood Pressure: 130/80 mm Hg

PR: 67 / min

RR: 16 / min

Temp: Afebrile

BMI 27.3.

Eye Examination: vision normal 6/6, N/G. No color blindness.

Other: not significant

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

Signature of Examinee: [Signature] Name of Examinee: _____

Signature Medical Examiner: _____ Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., M.D.
REG. N. C. - 1016

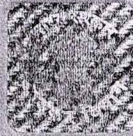
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



EALPK3596Q

नाम/ Name
NITIN KUMAWAT


पिता का नाम/ Father's Name
RAMESHWAR PRASAD KUMAWAT

जन्म की तारीख/ Date of Birth
07/03/1991


हस्ताक्षर/ Signature



25052017


DR. PIYUSH GOYAL
M.B.B.S., D.M.T.C.
RMC R.J. J.C. - 1-0-06



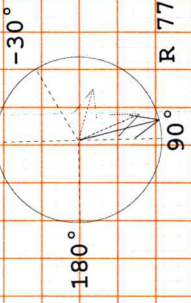
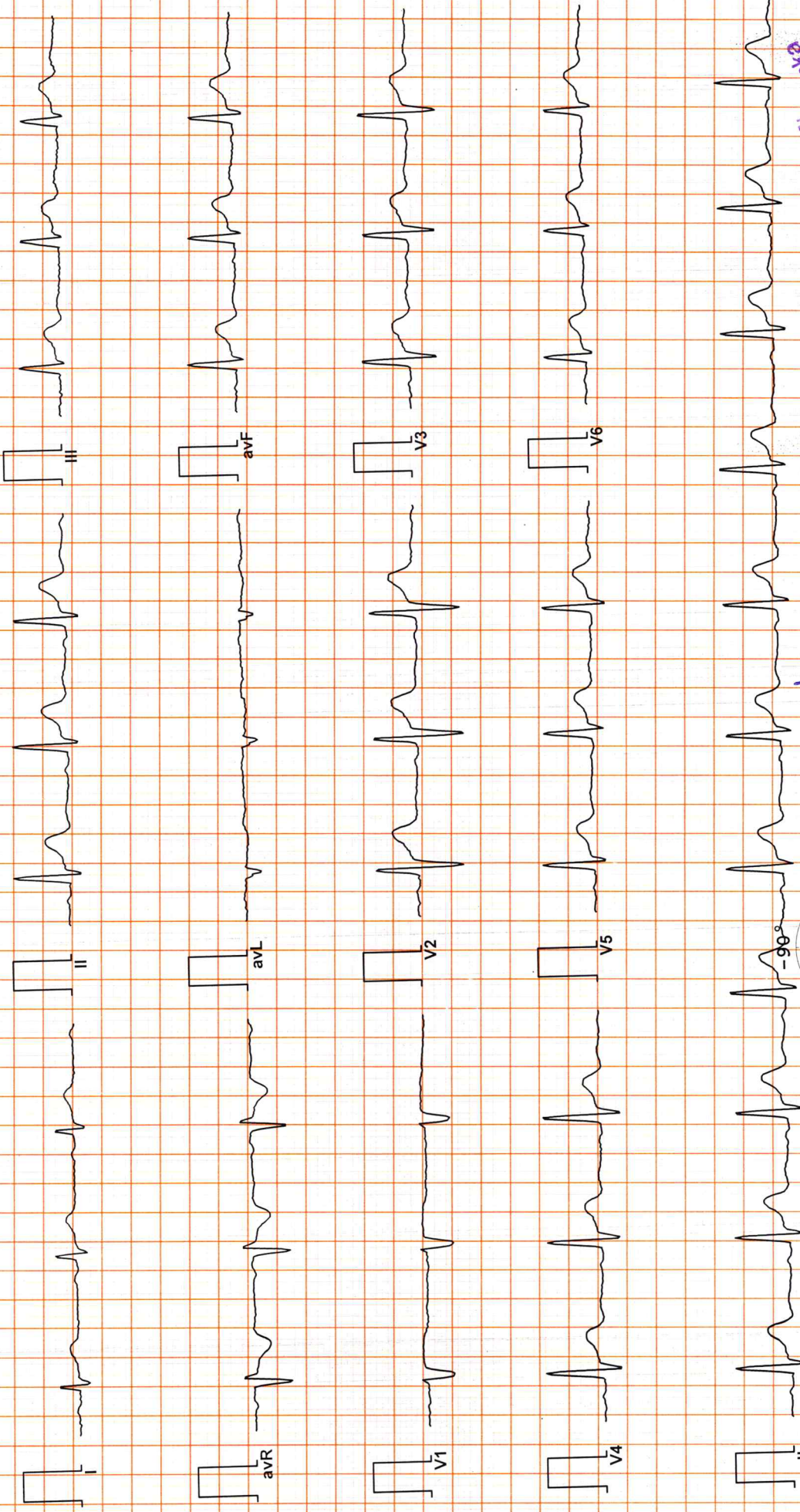
ECG

DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

1314 / MR NITIN KUMAWAT / 31 Yrs / M / Non Smoker

Heart Rate : 67 bpm / Tested On : 05-Apr-22 11:00:38 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

/ Refd By.: BOB



Vent Rate : 67 bpm
 PR Interval : 116 ms
 QRS Duration: 94 ms
 QT/QTc Int : 386/398 ms
 P-QRS-T axis: 17.00 • 77.00 • 68.00 •

Tweak

[Signature]

Dr. Naresh Kumar Mahapatra
 MBBS, DPM, FRCR (UK)
 Director, AGIPL
 AGIPL
 Reported By:



313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg Date: 05-Apr-2022 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:18	0:18	01.1	00.0	01.0	069	37%	126/80	086	00	
Standing	00:44	0:26	01.1	00.0	01.0	075	40%	126/80	094	00	
HV	00:58	0:14	01.1	00.0	01.0	080	42%	126/80	100	00	
ExStart	01:50	0:52	01.1	00.0	01.0	094	50%	126/80	118	00	
BRUCE Stage 1	04:50	3:00	01.7	10.0	04.7	117	62%	130/86	152	00	
BRUCE Stage 2	07:50	3:00	02.5	12.0	07.1	150	79%	140/86	210	00	
PeakEx	09:29	1:39	03.4	14.0	08.8	172	91%	150/86	258	00	
Recovery	10:29	1:00	00.0	00.0	01.2	130	69%	150/86	195	00	
Recovery	11:29	2:00	00.0	00.0	01.0	119	63%	140/86	166	00	
Recovery	12:29	3:00	00.0	00.0	01.0	107	57%	130/86	139	00	
Recovery	13:29	4:00	00.0	00.0	01.0	105	56%	130/80	136	00	
Recovery	14:29	5:00	00.0	00.0	01.0	098	52%	126/80	123	00	
Recovery	14:37	5:08	00.0	00.0	01.0	098	52%	126/80	123	00	

FINDINGS :

Exercise Time : 07:39
 Max HR Attained : 172 bpm 91% of Target 189
 Max BP Attained : 150/86
 Max WorkLoad Attained : 8.8 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Base line eeg show + inversion in infero lat leads. There is no any significant + changes seen during exercise & recover. + test negative for RMI. correlate clinically.

REPORT :

[Signature]

Dr. Naresh Kumar
 RMC
 MBBS, D.I.C
 MBBs, D.E.M.



BRUCE:Supine(0:18)

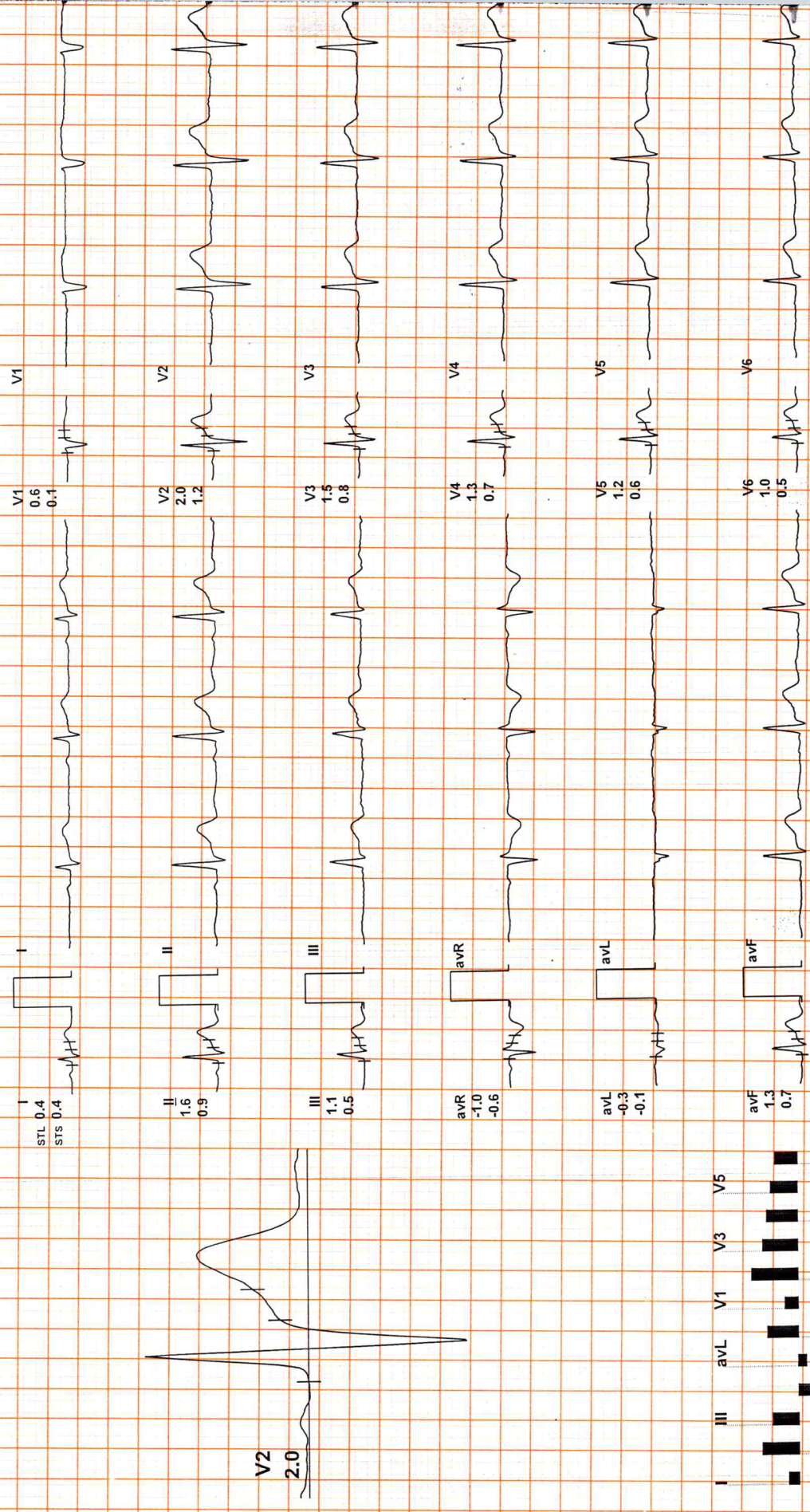
DR. GOYALS PATH LAB & IMAGING CENTRE

313 / MR NITIN KUMAWAT / 31 Yrs / M / O Cms / 30 Kg / HR : 69

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

Date: 05-Apr-2022 11:01:34 AM METS: 1.0/ 69 bpm 37% of THR BP: 126/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post-J



REMARKS:

(ADX_GEN/216201125)(R)/Allengers

BRUCE:Standing(0:26)



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313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg / HR : 75

ExTime: 00:00 1.1 mph, 0.0%

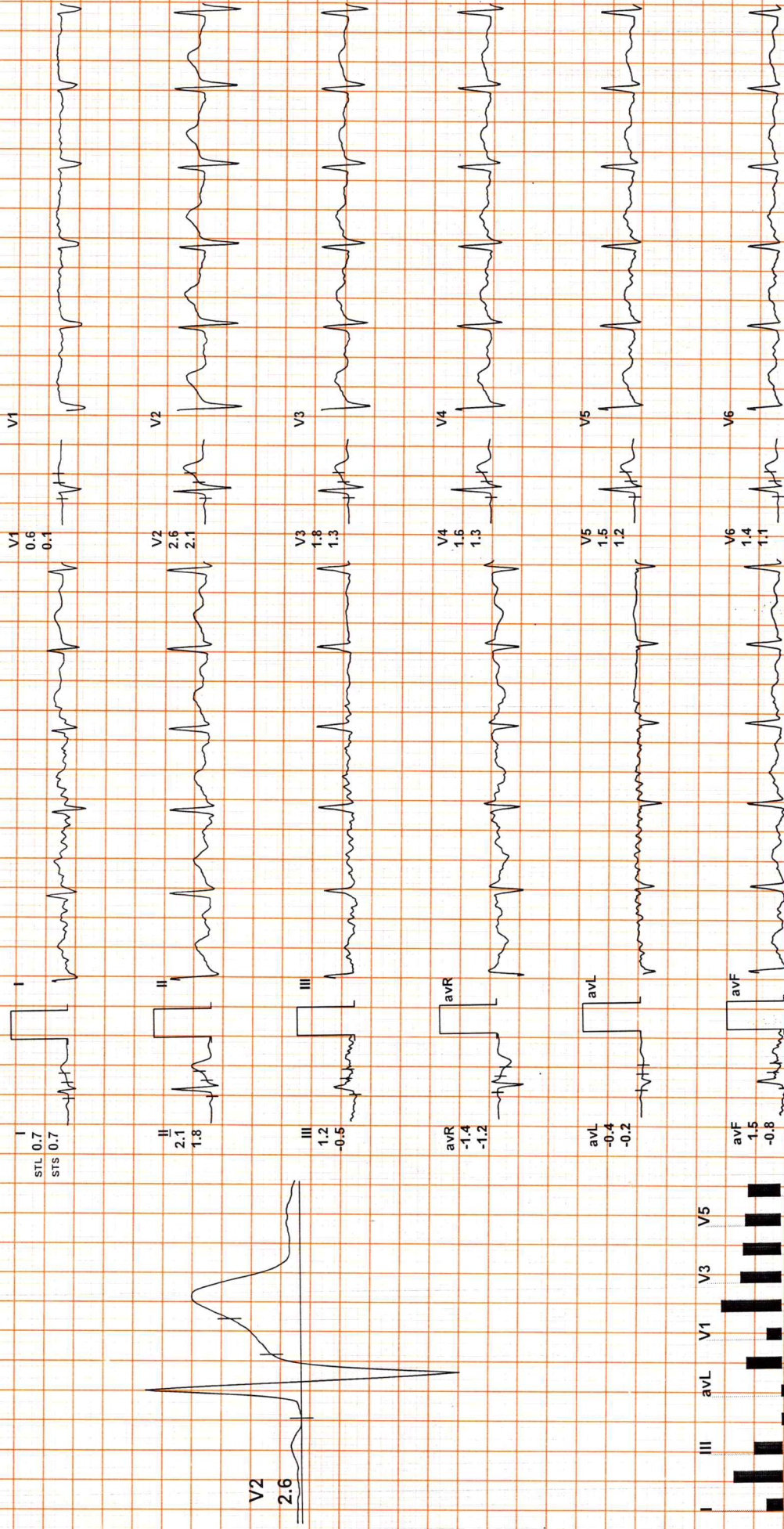
Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

BP: 126/80 mmHg

METS: 1.0/ 75 bpm 40% of THR

Date: 05-Apr-2022 11:01:34 AM

4X 70 mS Post J



REMARKS:



BRUCE:HV(0:14)

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313 / MR NITIN KUMAWAT / 31 Yrs / M / O Cms / 30 Kg / HR : 80

Date: 05-Apr-2022 11:01:34 AM

METS: 1.0/ 80 bpm 42% of THR BP: 126/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 80 mS Post J

I
STL 0.6
STS 0.5

II
1.0
0.6

III
0.4
0.1

avR
-0.8
-0.5

avL
0.1
0.2

avF
0.7
0.4

V1

V1
0.4
0.2

V2

V2
1.5
0.9

V3

V3
1.0
0.6

V4

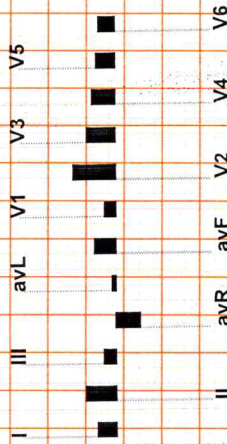
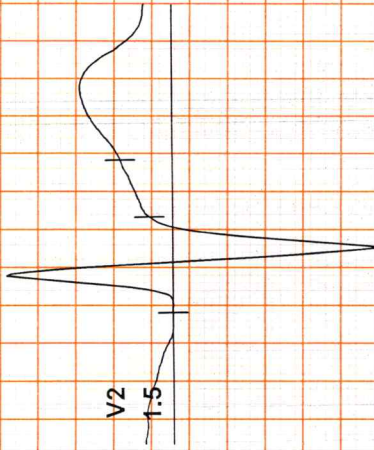
V4
0.8
0.5

V5

V5
0.7
0.4

V6

V6
0.6
0.3



REMARKS:

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313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg / HR : 94

ExTime: 00:00 1.1 mph, 0.0%

Raw ECG/BLC Om/ HF 0.05 Hz/LF 35 Hz

METS: 1.0/ 94 bpm 50% of THR BP: 126/80 mmHg

Date: 05-Apr-2022 11:01:34 AM

4X 80 mS Post J

V1
0.4
0.1

I
STL 0.7
STS 0.5

V2
0.0
0.1

II
1.4
0.8

V3
1.3
0.9

III
0.7
0.3

V4
1.4
0.8

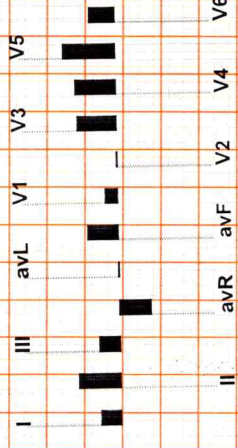
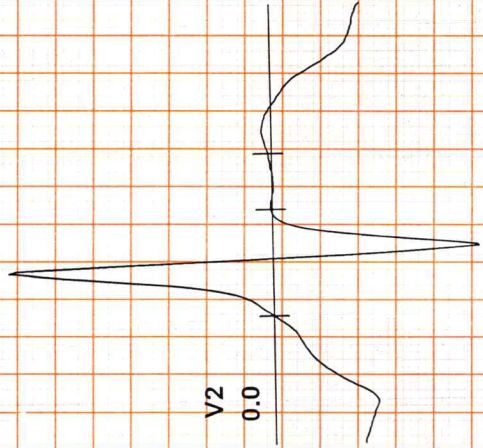
avR
-1.1
-0.6

V5
1.8
1.0

avL
0.0
0.1

V6
0.9
0.6

avF
1.0
0.5



REMARKS:



BRUCE: Stage 1 (3:00)

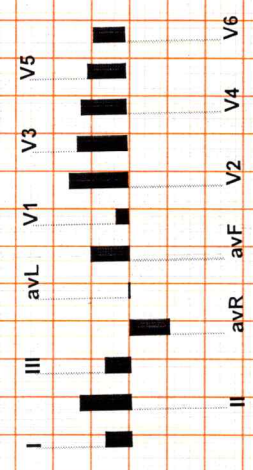
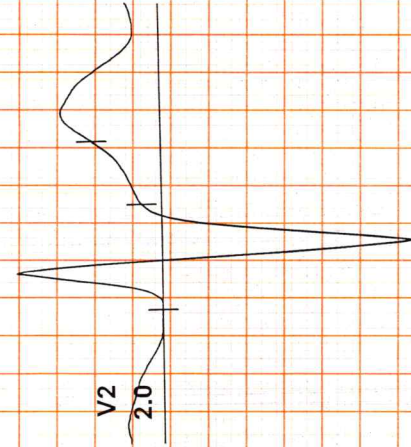
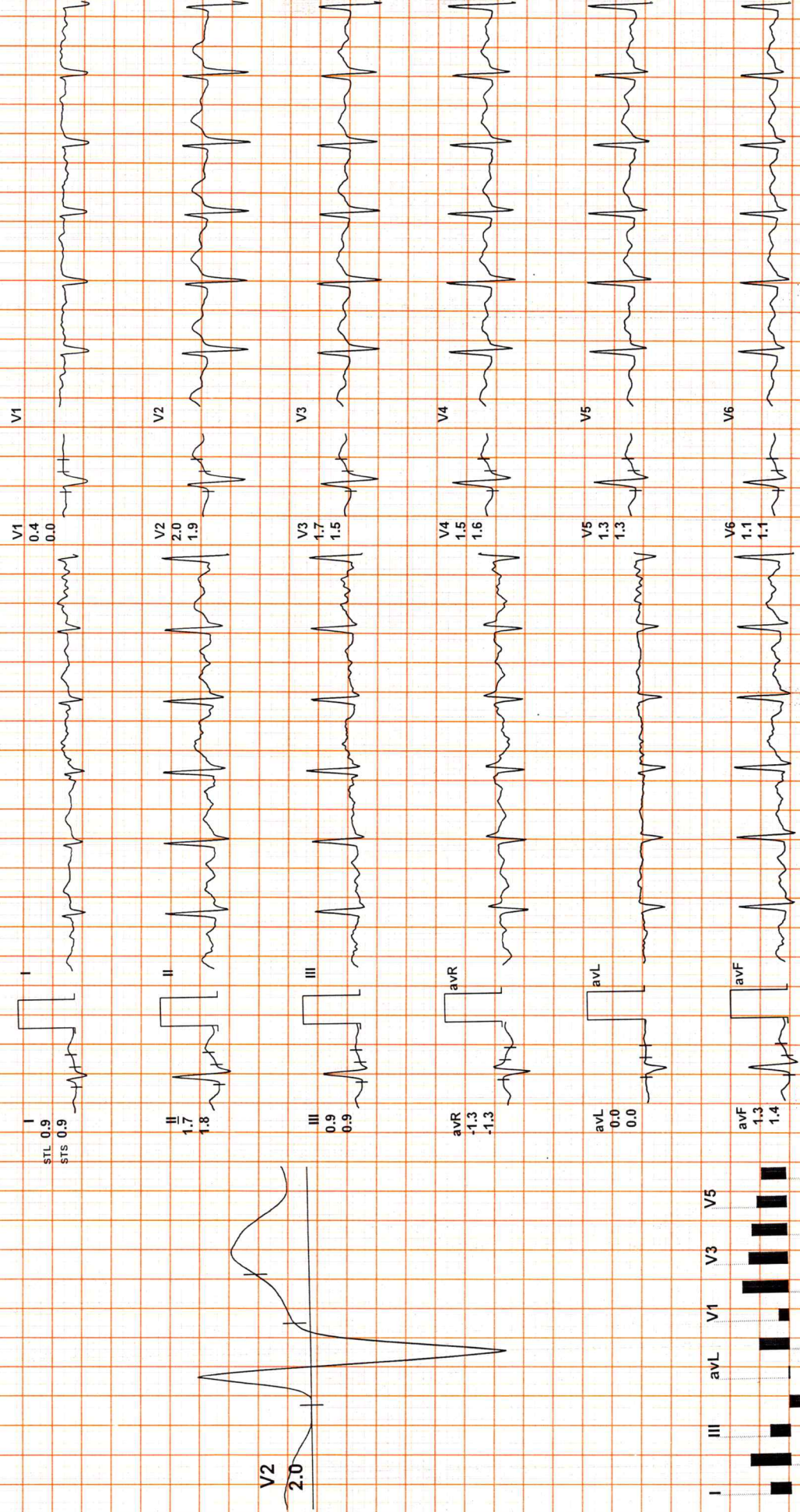
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313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg / HR : 117

ExTime: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.9 Cm/mV

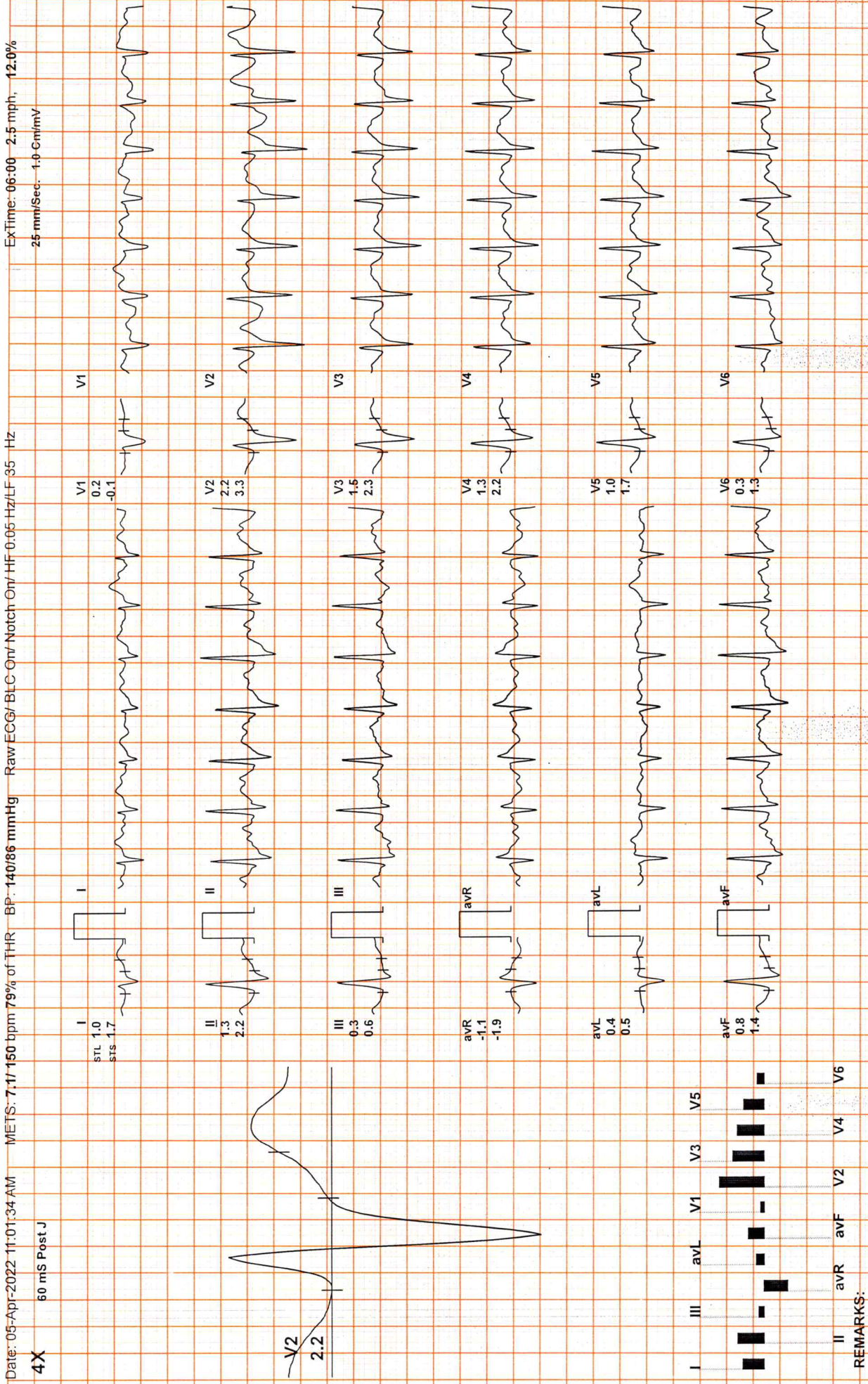
Date: 05-Apr-2022 11:01:34 AM METS: 4.71 117 bpm 62% of THR BP: 130/86 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 70 mS Post J



REMARKS:

(ADX_GEM216201125)(R)Allengers



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313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg / HR : 172

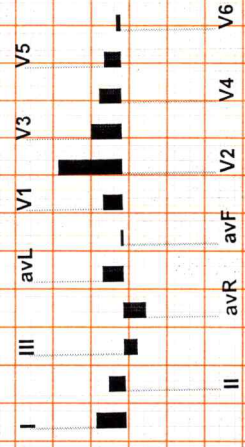
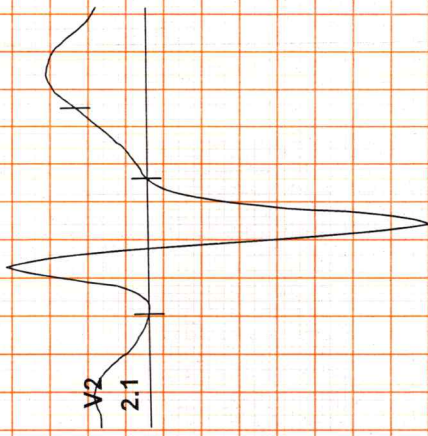
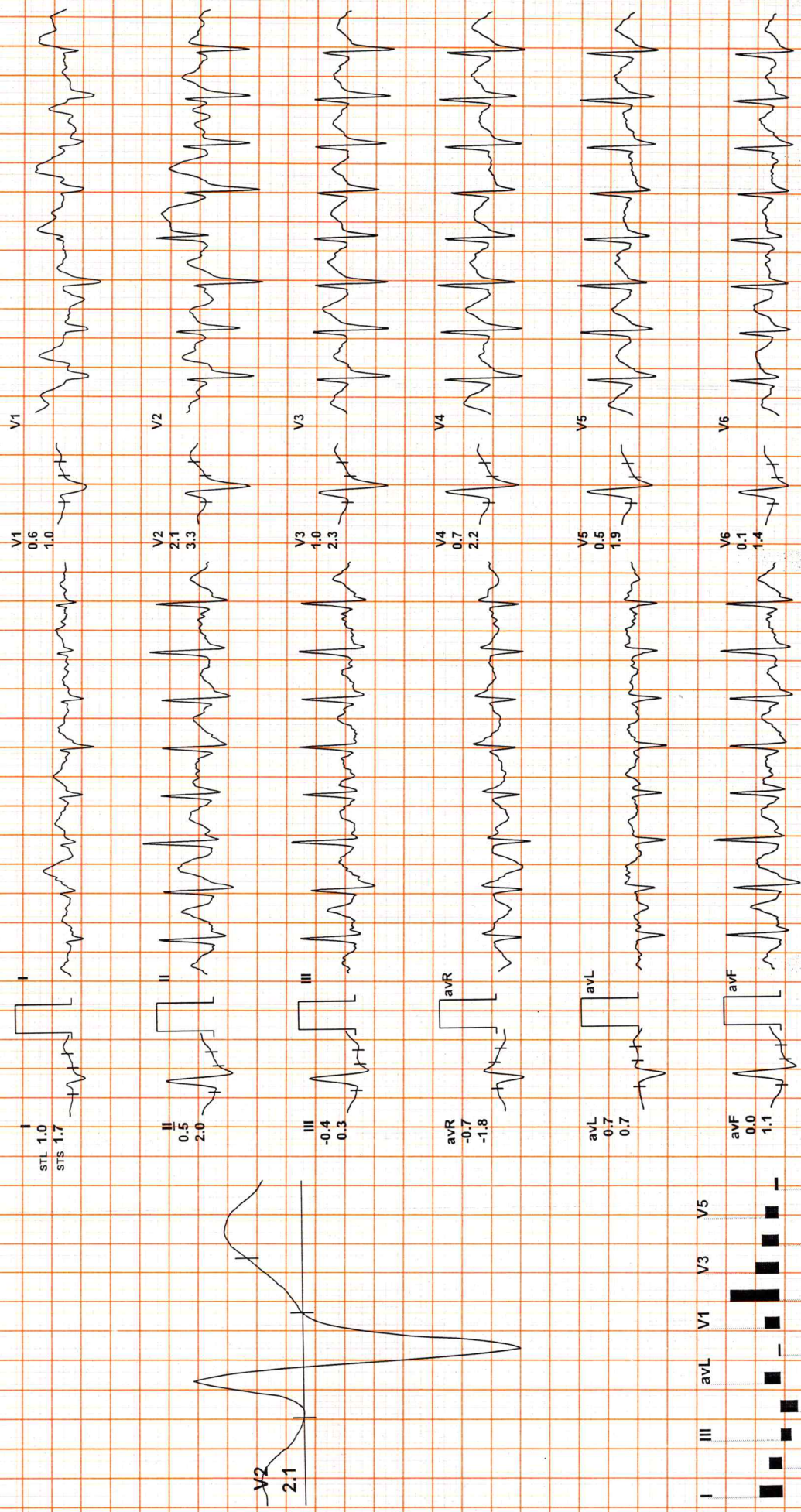
PeakEx



ExTime: 07:39 - 3.4 mph - 14.0%
25 mm/Sec. - 1.0 Cm/mV

Date: 05-Apr-2022 11:01:34 AM METS: 8.8 / 172 bpm 91% of THR BP: 150/86 mmHg Raw ECG/BLC On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J



REMARKS:

(ADX_GEM216201125)(R)Allengers

Recovery(1:00)



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313 / MR NITIN KUMAWAT / 31 Yrs / M / 70 Cms / 30 Kg / HR : 130

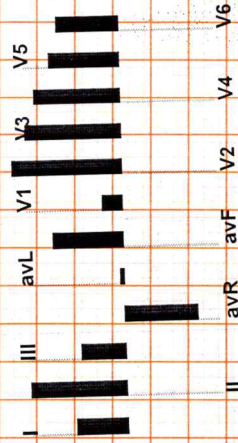
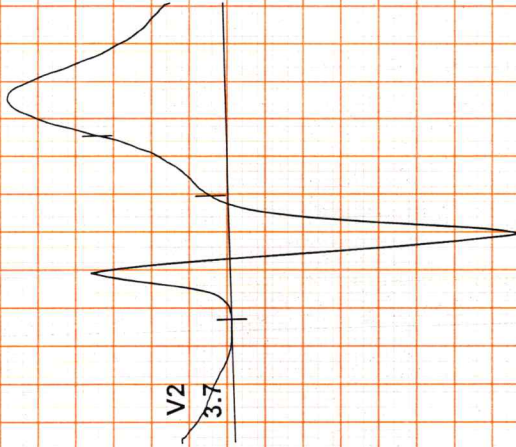
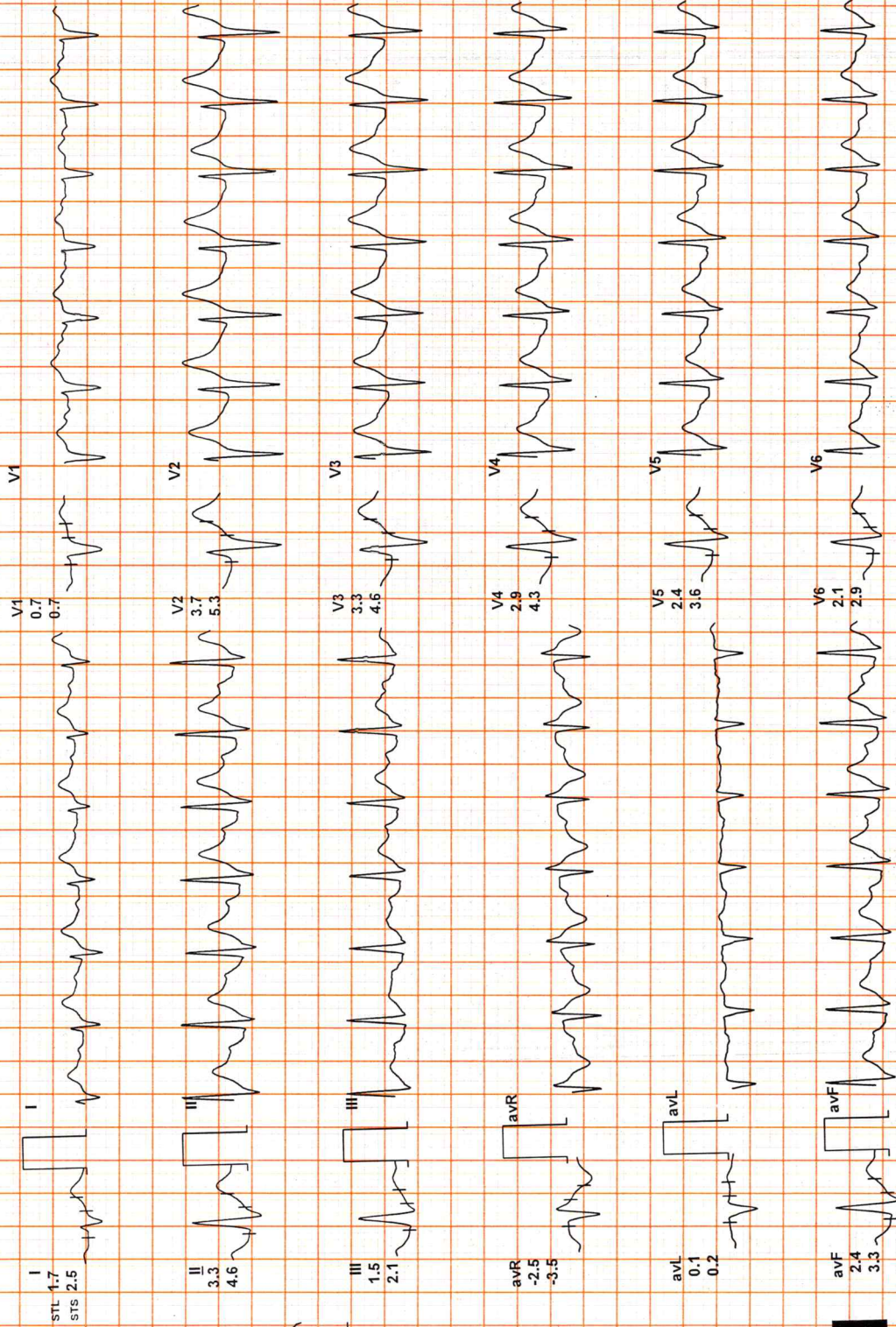
ExTime: 07:39 - 0.0 mph, -0.0%
25 mm/Sec. - 1.0 Cm/mV

Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

Date: 05-Apr-2022 11:01:34 AM

METS: 1.21 130 bpm 69% of THR BP: 150/86 mmHg

4X 60 mS Post J



REMARKS:

(ADX_GEM216201125)(R)Allengers

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313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg / HR : 119

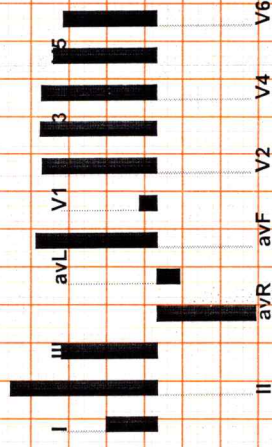
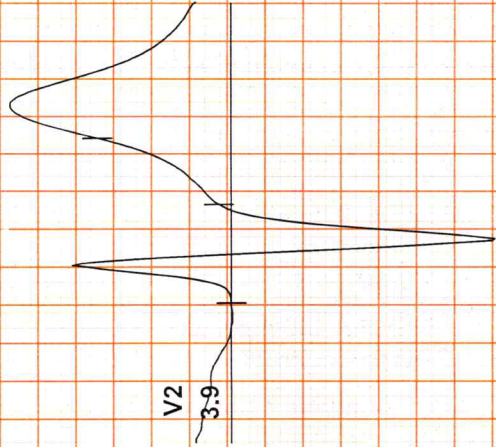
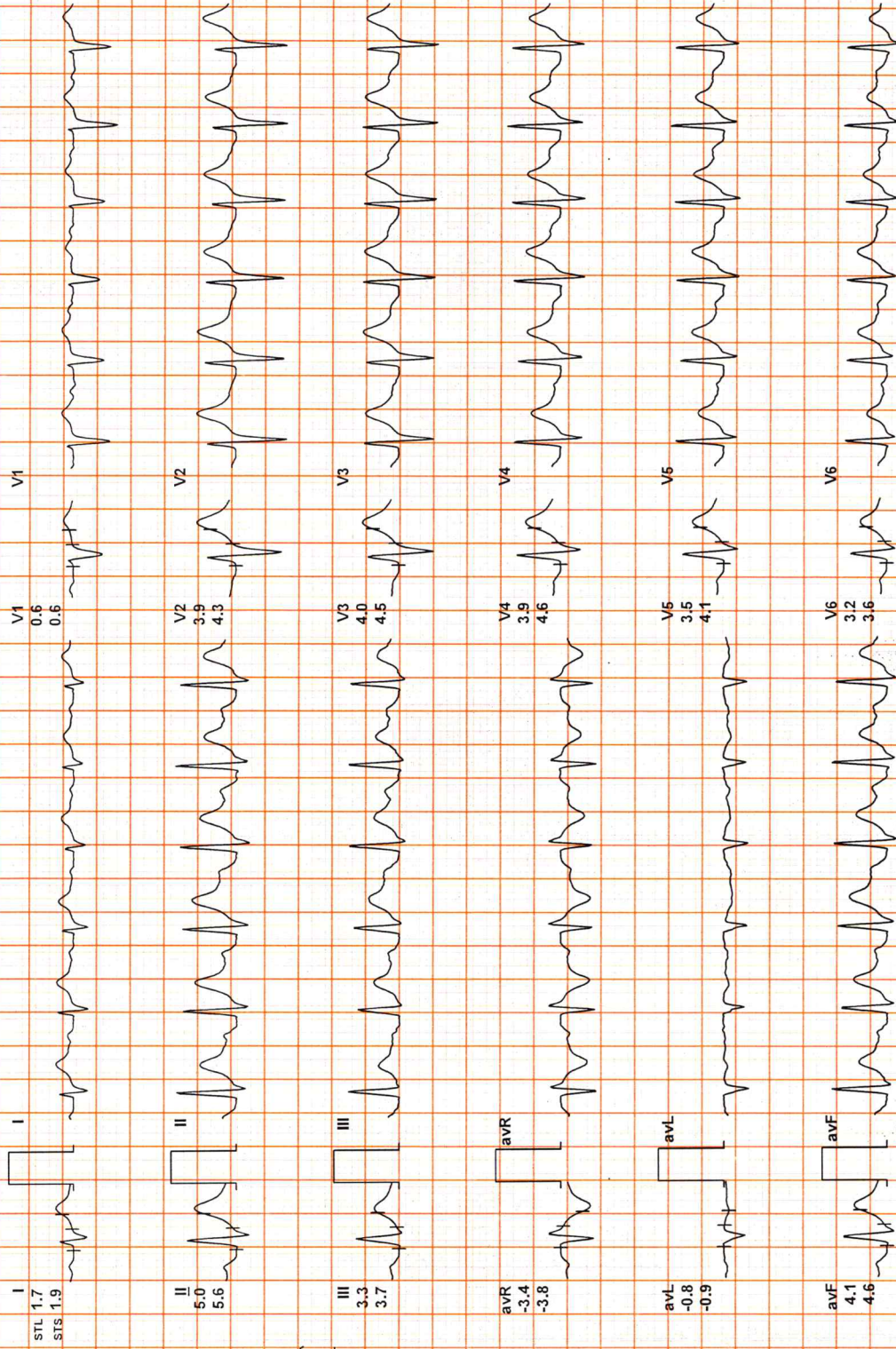
Recovery(2:00)



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

Date: 05-Apr-2022 11:01:34 AM METS: 1.0/119 bpm 63% of THR BP: 140/86 mmHg Raw EGG/BLC-On/ Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg / HR : 107

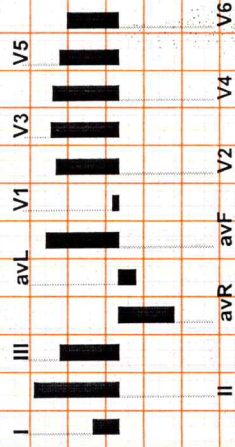
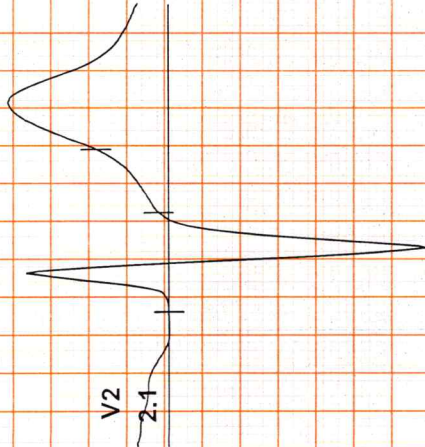
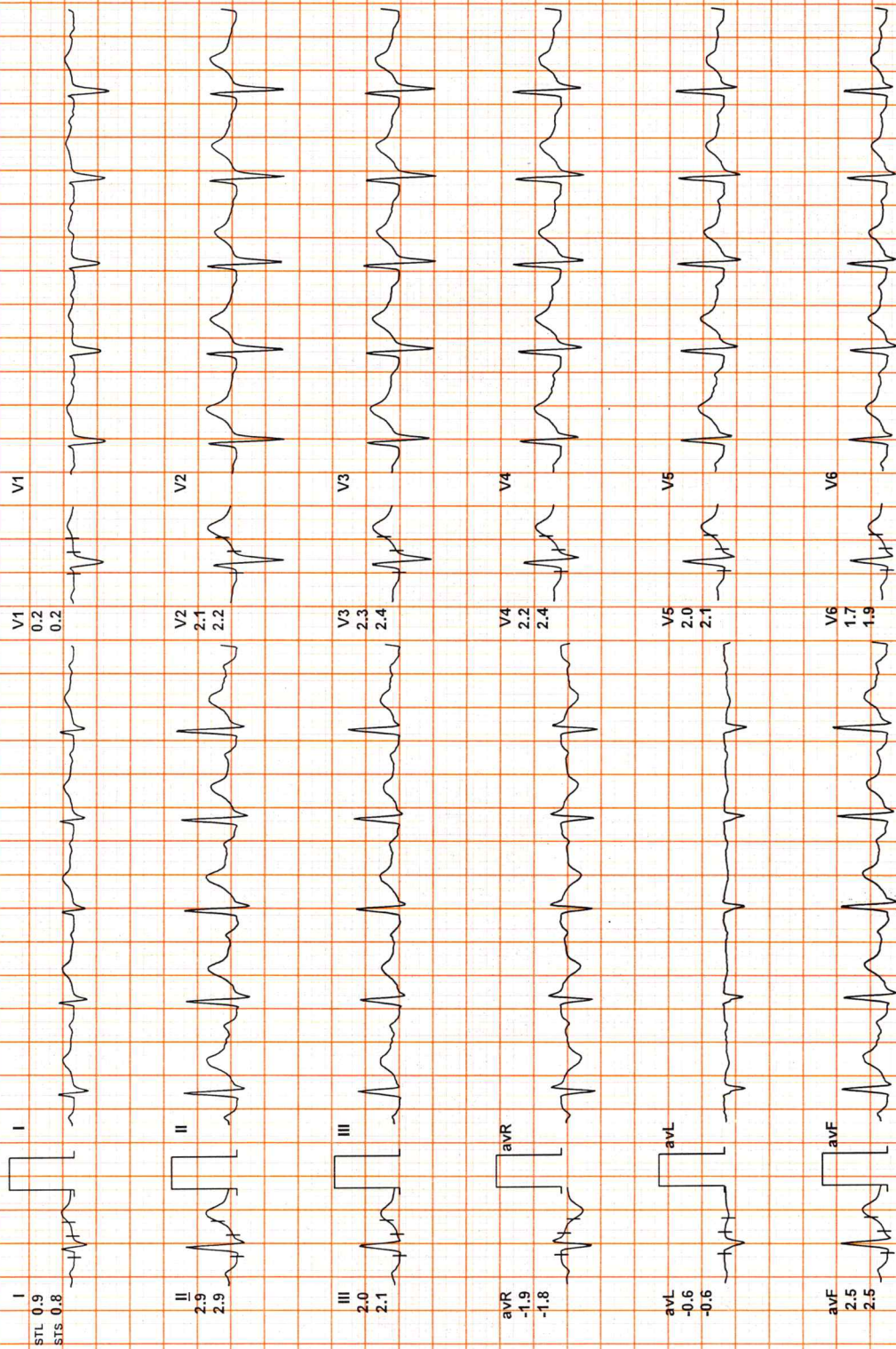
Recovery(3:00)



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

Date: 05-Apr-2022 11:01:34 AM METS: 1.0/107 bpm 57% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J



REMARKS:

Recovery(4:00)



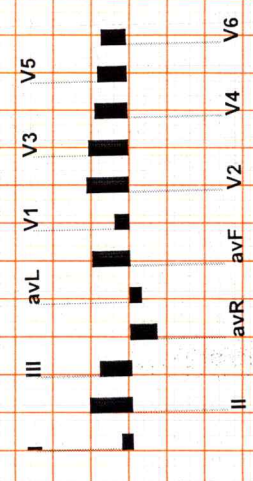
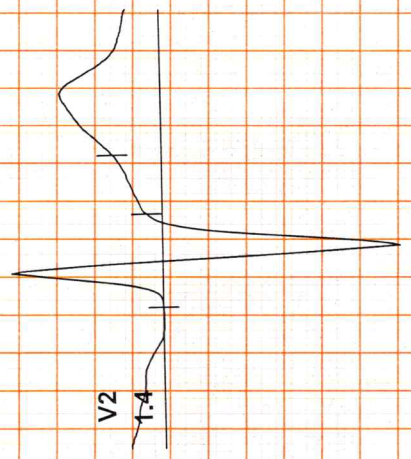
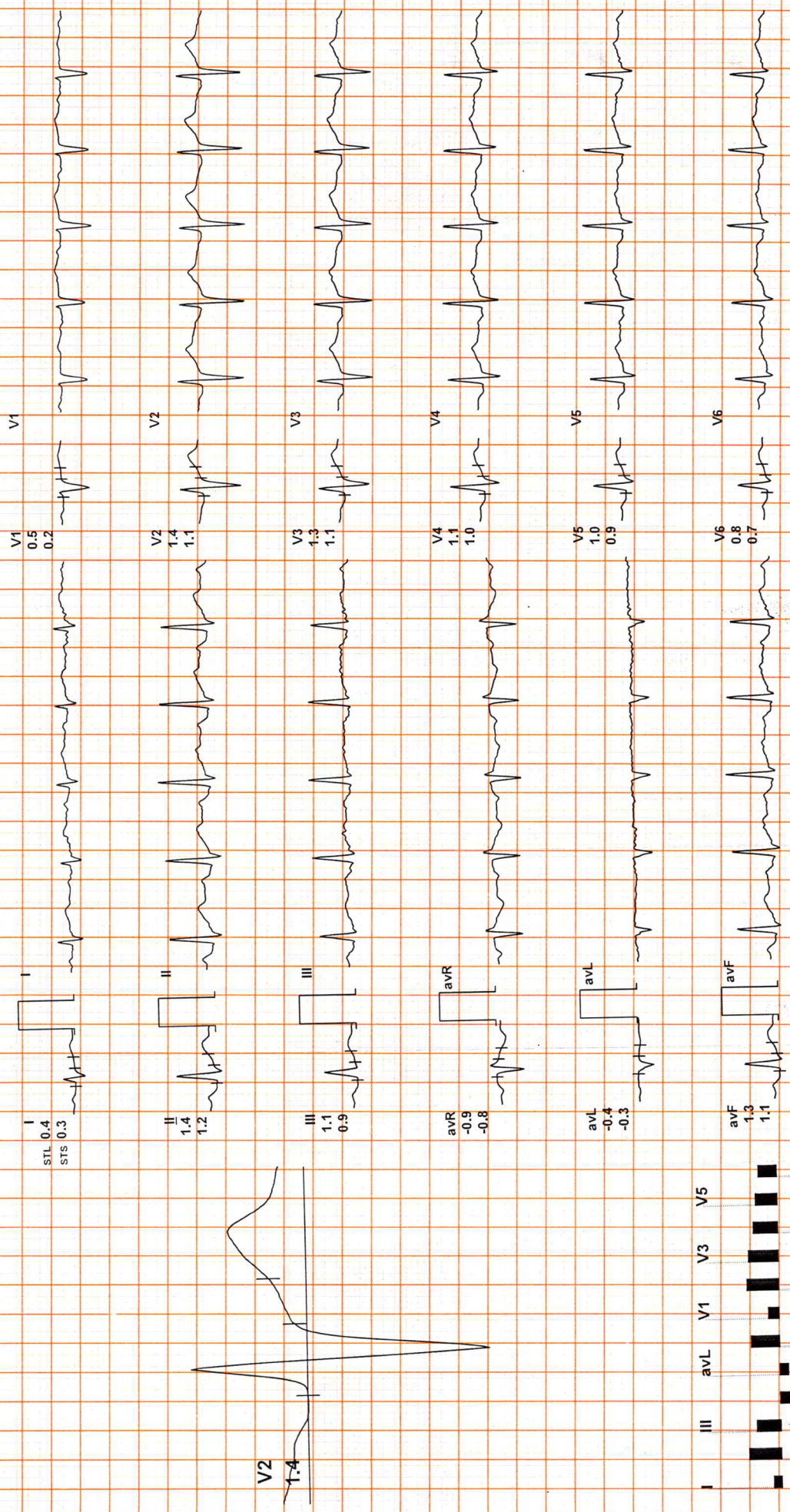
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313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg / HR : 105

Ex Time: 07:39 - 0.0 mph, -0.0%
25 mm/Sec. 1.0 Cm/mV

Date: 05-Apr-2022 11:01:34 AM METS: 1.0/ 105 bpm 56% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

4X 80-ns Post-I



REMARKS:

Recovery(5:00)



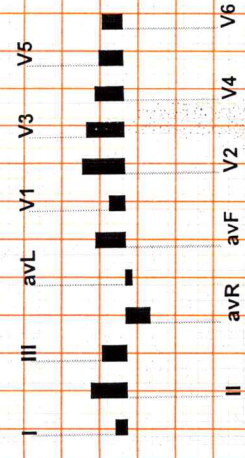
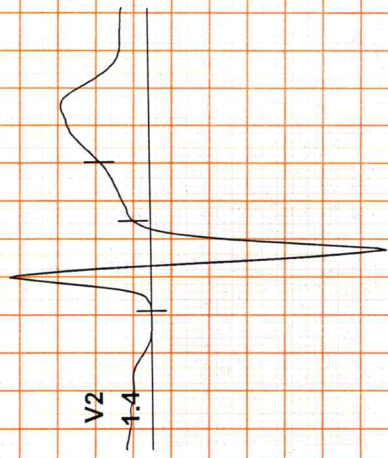
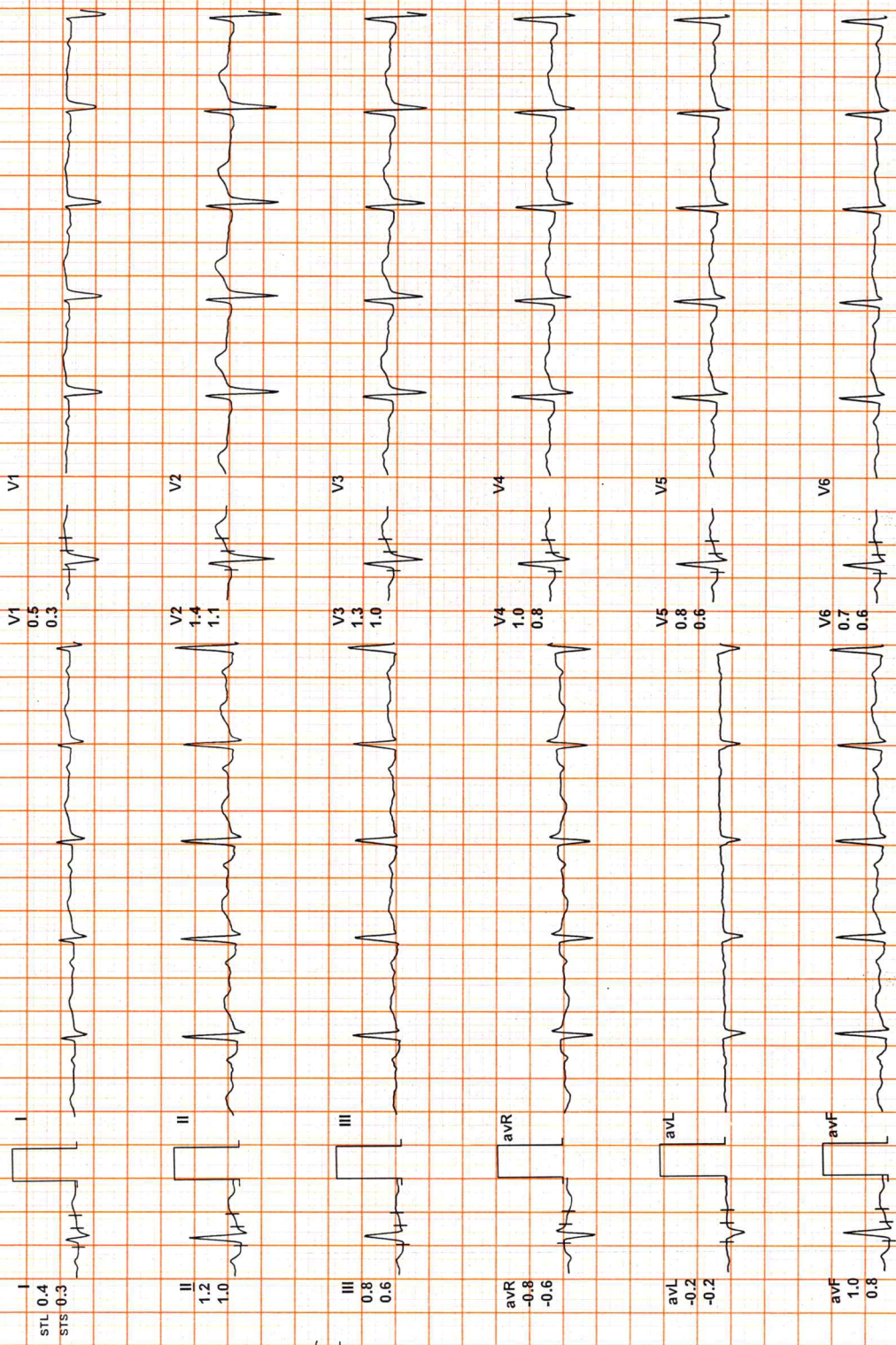
DR. GOYALS PATH LAB & IMAGING CENTRE

313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg / HR : 98

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

Date: 05-Apr-2022 11:01:34 AM METS: 1.0/ 98 bpm 52% of THR BP: 126/80 mmHg Raw ECG/BLG-On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J



REMARKS:

(ADX_GEM316201125)(R)Allengers

DR. GOYALS PATH LAB & IMAGING CENTRE

313 / MR NITIN KUMAWAT / 31 Yrs / M / O Cms / 30 Kg / HR : 98

Recovery(5:08)



Date: 05-Apr-2022 11:01:34 AM MEIS: -1.0/ 98 bpm-52% of THR BP: 126/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

Ex Time: 07:39 - 0.0 mph, -0.0%
25 mm/Sec. 1.0 Cm/mV

I
STL 0.4
STS 0.3

II
1.2
0.9

III
0.8
0.6

avR
-0.8
-0.6

avL
-0.2
-0.2

avF
1.0
0.8

V1
0.5
0.2

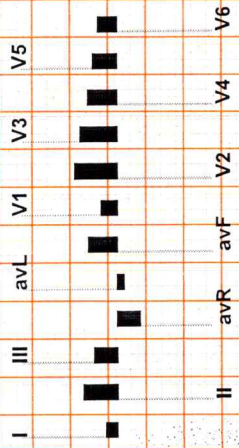
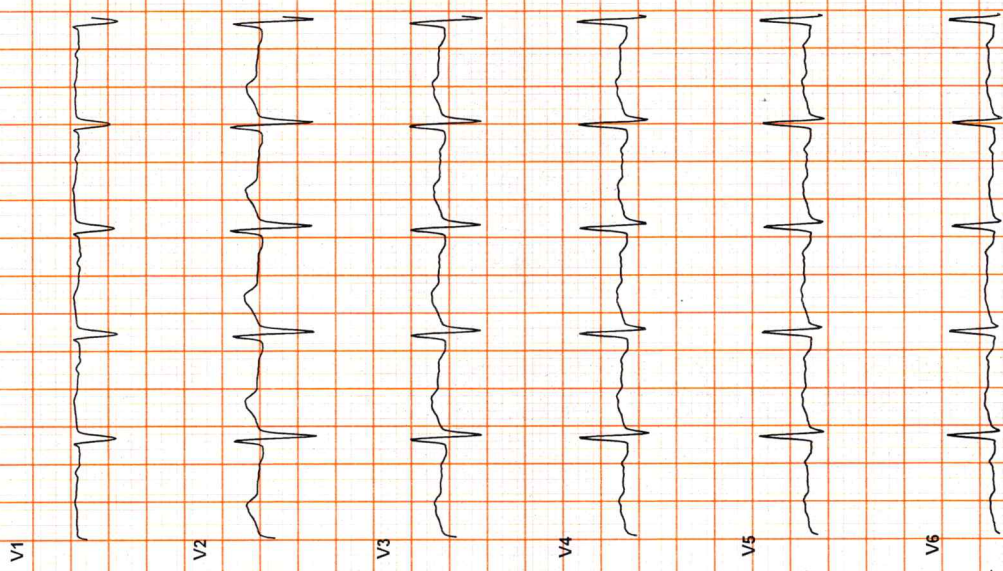
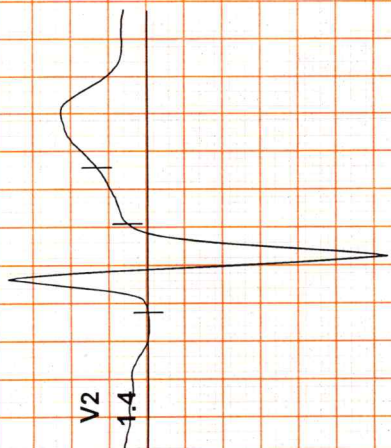
V2
1.4
1.0

V3
1.3
0.9

V4
1.0
0.8

V5
0.8
0.6

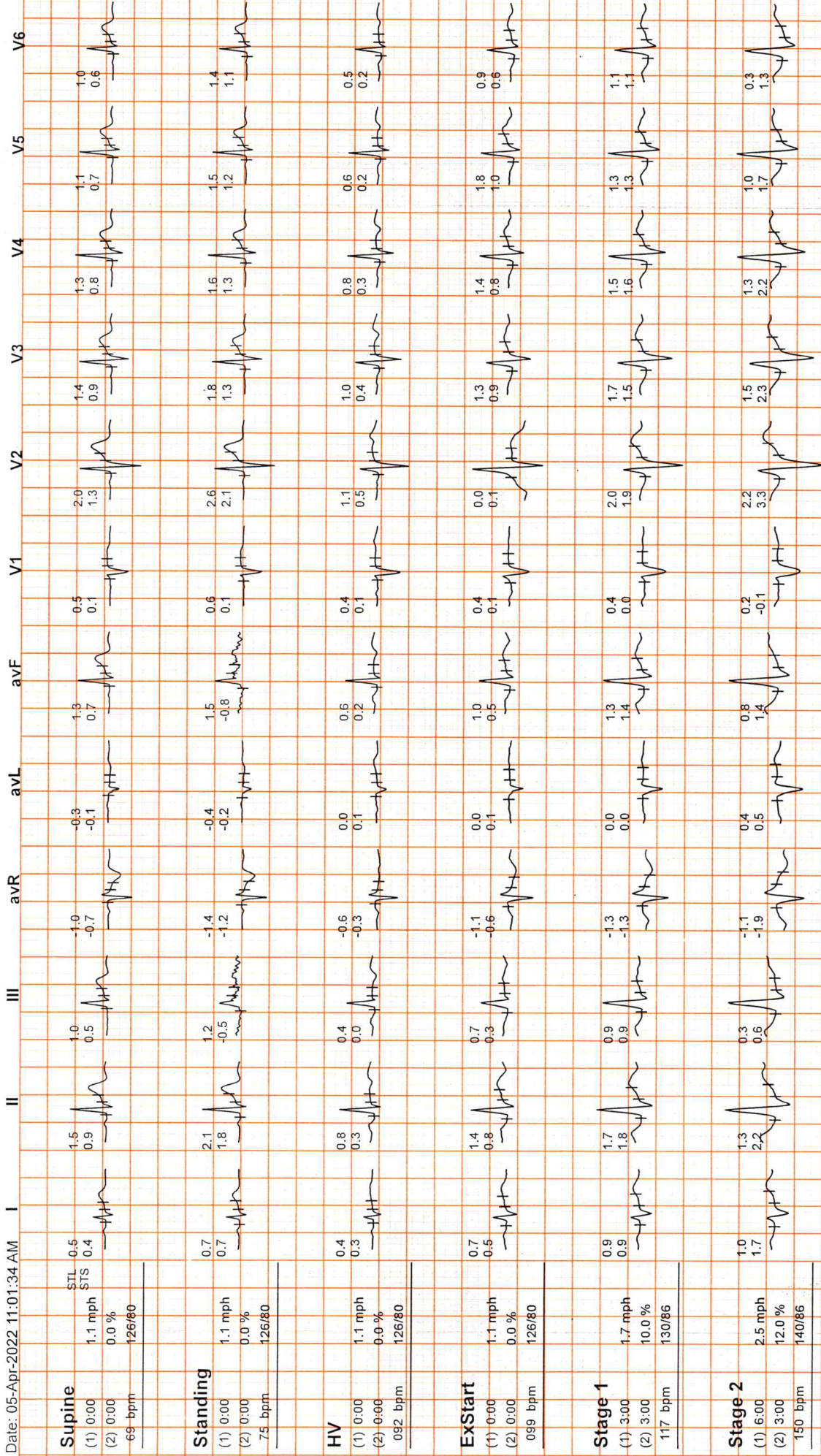
V6
0.7
0.5



REMARKS:



Date: 05-Apr-2022 11:01:34 AM



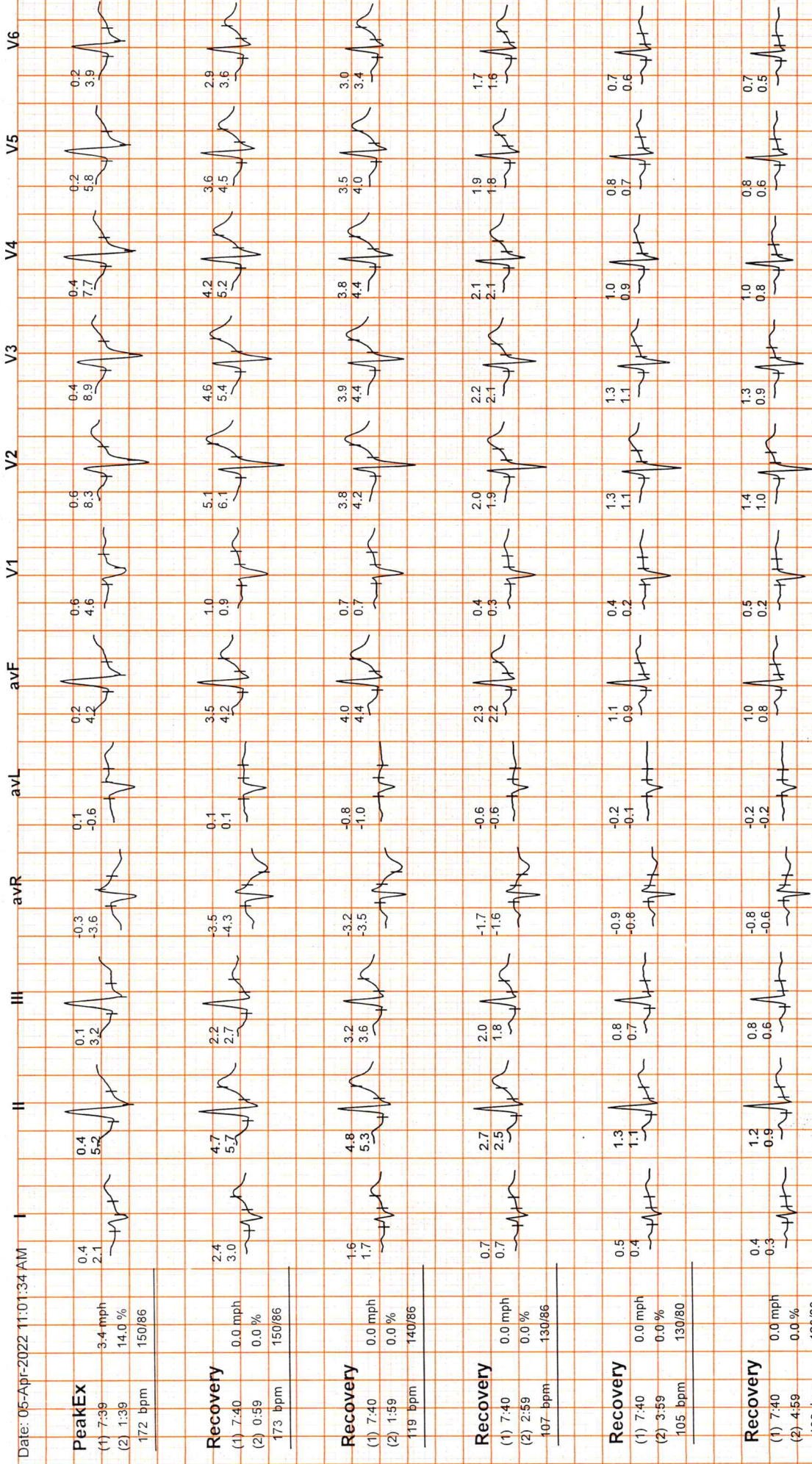


Average

DR. GOYALS PATH LAB & IMAGING CENTRE

313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg / HR : 66

Date: 05-Apr-2022 11:01:34 AM



PeakEx

(1) 7:39	3.4 mph
(2) 1:39	14.0 %
172 bpm	150/86

Recovery

(1) 7:40	0.0 mph
(2) 0:59	0.0 %
173 bpm	150/86

Recovery

(1) 7:40	0.0 mph
(2) 1:39	0.0 %
119 bpm	140/86

Recovery

(1) 7:40	0.0 mph
(2) 2:59	0.0 %
107 bpm	130/86

Recovery

(1) 7:40	0.0 mph
(2) 3:59	0.0 %
105 bpm	130/80

Recovery

(1) 7:40	0.0 mph
(2) 4:59	0.0 %
108 bpm	126/80



Average

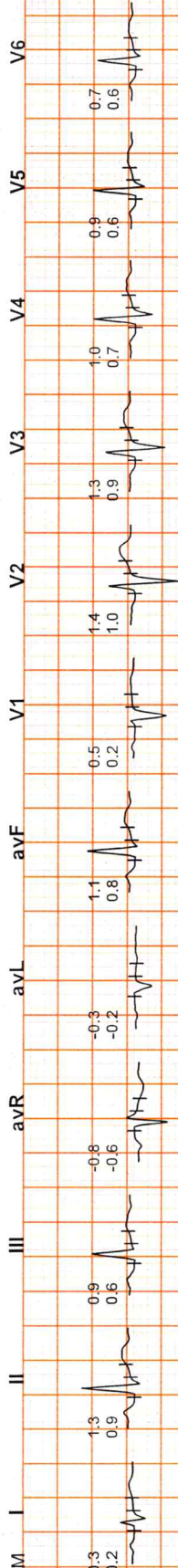
DR. GOYALS PATH LAB & IMAGING CENTRE

313 / MR NITIN KUMAWAT / 31 Yrs / M / 0 Cms / 30 Kg / HR : 66

Date: 05-Apr-2022 11:01:34 AM

Recovery

(1) 7:40	0.0 mph
(2) 5:08	0.0 %
98 bpm	126/80



Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 05/04/2022 09:19:37
NAME :- Mr. NITIN KUMAWAT
Sex / Age :- Male 31 Yrs 30 Days
Company :- MediWheel

Patient ID :-122236
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 12:37:11

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.6 %

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb has been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE
Method:- Calculated Parameter

114 mg/dL

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

BANWARI
Technologist

Page No: 1 of 14



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

Date :- 05/04/2022 09:19:37

Patient ID :- 122236

NAME :- Mr. NITIN KUMAWAT

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 12:37:11

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	17.8 H	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.67	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	44.9	%	40.0 - 80.0
LYMPHOCYTE	48.1 H	%	20.0 - 40.0
EOSINOPHIL	4.1	%	1.0 - 6.0
MONOCYTE	2.7	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.00	10 ³ /uL	1.50 - 7.00
LYMPH#	3.72 H	10 ³ /uL	1.00 - 3.70
EO#	0.27	10 ³ /uL	0.00 - 0.40
MONO#	0.18	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	6.36 H	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	52.30 H	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	82.3 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.0	g/dL	31.5 - 34.5
PLATELET COUNT	242	x10 ³ /uL	150 - 410
RDW-CV	13.5	%	11.6 - 14.0
MENTZER INDEX	12.94		

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.

BANWARI
Technologist

Page No: 2 of 14



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)

13

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 (CBC). Methodology : TLC, DLC, Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and 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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Page No: 3 of 14



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Company :- MediWheel

Patient ID :-122236
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 12:29:39

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	241.17 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	195.59 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	39.12	mg/dl	Very high >500 0.00 - 80.00

JITENDRAKUMAWAT

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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 12:29:39

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	28.21	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	180.36 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	8.55 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	6.39 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	760.49	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTERO InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

JITENDRAKUMAWAT

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Company :- MediWheel

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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 12:29:39

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.45	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	23.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	29.4	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	67.50	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.40	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.49	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	1.91 L	gm/dl	2.20 - 3.50
A/G RATIO	2.35		1.30 - 2.50

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Sex / Age :- Male 31 Yrs 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 12:29:39

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.07	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.38	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	17.50	U/L	11.00 - 50.00

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) are observed with infectious hepatitis.

JITENDRAKUMAWAT

Page No: 7 of 14

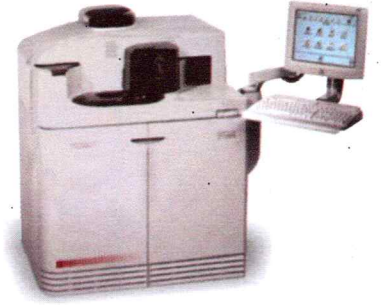


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Date :- 05/04/2022 09:19:37
NAME :- Mr. NITIN KUMAWAT
Sex / Age :- Male 31 Yrs 30 Days
Company :- MediWheel

Patient ID :-122236
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 11:14:15

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.3590	μIU/mL	0.4001 - 4.0490
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ANANDSHARMA
Technologist

Page No: 8 of 14

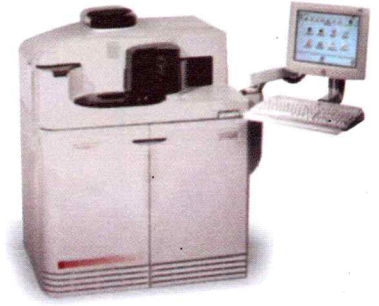


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Date :- 05/04/2022 09:19:37

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Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 11:14:15

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.260	ng/ml	0.970 - 1.690
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SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	10.300	ug/dl	5.530 - 11.000
---	--------	-------	----------------

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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

ANANDSHARMA
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Page No: 9 of 14



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Patient ID :-122236

NAME :- Mr. NITIN KUMAWAT

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Sex / Age :- Male 31 Yrs 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 10:56:05

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/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

POOJABOHRA
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Sex / Age :- Male 31 Yrs 30 Days
Company :- MediWheel

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Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 10:56:05

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

POOJABOHRA
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Page No: 11 of 14



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Patient ID :- 122236

NAME :- Mr. NITIN KUMAWAT

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Sex / Age :- Male 31 Yrs 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, PLAIN/SERUM Collected Time 05/04/2022 09:37:56

Final Authentication : 05/04/2022 12:29:39

BIOCHEMISTRY

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

106.6

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.

SERUM CREATININE
Method:- Colorimetric Method

1.03

mg/dl

Men - 0.6-1.30

Women - 0.5-1.20

SERUM URIC ACID

Method:- Enzymatic colorimetric

6.34

mg/dl

Men - 3.4-7.0

Women - 2.4-5.7

JITENDRAKUMAWAT

Page No: 12 of 14



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Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA, PLAIN/SERUM, URINE, SPINE Collected Time 05/04/2022 12:06:55

Final Authentication : 05/04/2022 12:51:51

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B"POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	10.5	mg/dl	0.0 - 23.0

*** End of Report ***

BANWARI, JITENDRAKUMAWAT, POOJABOHRA
Technologist

Page No: 14 of 14



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Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-PP

Sample Collected Time 05/04/2022 12:07:00

Final Authentication : 05/04/2022 14:51:28

BOB PACKAGE BELOW 40MALE

BLOOD SUGAR PP (Plasma)

133.7

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.

*** End of Report ***

JITENDRAKUMAWAT

Page No: 1 of 1



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Date :- 05/04/2022 09:19:37

NAME :- Mr. NITIN KUMAWAT

Sex / Age :- Male 31 Yrs 30 Days

Company :- MediWheel

Patient ID :- 122236

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 05/04/2022 11:20:05

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)

*** End of Report ***

Page No: 1 of 1

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Patient ID :- 122236

Ref. By Doctor :- BOB

Lab/Hosp :-

Final Authentication : 05/04/2022 12:16:47

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 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.

4.9 mm calculus is noted in middle 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
Great vessels appear normal.

No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

Left renal calculus.

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

ANITASHARMA

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