



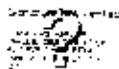
**भारत सरकार**  
Unique Identification Authority of India

संस्थापन क्रम / Enrolment No.: 2091/48753/00062

To  
श्री. मोहित सिंह सिदोदिया  
Mohit Singh Sisodiya  
S/O Kamajeet Singh Sisodiya  
Sewapur  
Sheepur  
Sheepur, Madhya Pradesh - 476337  
8109584965

Generation Date: 02/02/2014

Generation Date: 02/02/2014



आपका आधार क्रमांक / Your Aadhaar No.:

**9534 2227 7812**

मेरा आधार, मेरी पहचान



**भारत सरकार**  
Government of India



श्री. मोहित सिंह सिदोदिया  
Mohit Singh Sisodiya  
जन्म तिथि/DOB: 14/07/1991  
लिंग: MALE

**9534 2227 7812**

मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन अथॉरिटीकरण द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक रूप में बना बना हुआ पत्र है।

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- To establish identity, authenticate online.
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■ Aadhaar will be helpful in availing Government and Non-Government services in future.



**भारतीय विश्वविद्यालय पहचान परिपत्र**  
Unique Identification Authority of India

Address:

S/O Kamajeet Singh Sisodiya  
Sewapur, Sheepur,  
Madhya Pradesh - 476337

फोन:

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**9534 2227 7812**

MOHITJEC14@gmail.com

Plz send report on it

# Dr. Goyal's

## Path Lab & Imaging Centre

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 Tele: 0141-2293346, 4049787, 9887049787  
 Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 14/08/2021 12:38:23  
**NAME :- Mr. MOHIT SINGH SISODIYA**  
 Sex / Age :- Male 30 Yrs.  
 Company :- MediWheel

Patient ID :-12211788  
 Ref. By Dr:- BOB  
 Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 14/08/2021 12:42:23

Final Authentication : 14/08/2021 14:32:01

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	13.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.40	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	40.0	%	40.0 - 80.0
LYMPHOCYTE	49.4 H	%	20.0 - 40.0
EOSINOPHIL	1.5	%	1.0 - 6.0
MONOCYTE	8.9	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	1.72	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.22	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.06	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.39	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.81	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	41.60	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	86.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.9	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>			
RDW-CV	14.2 H	%	150 - 410
MENTZER INDEX	18.00		11.6 - 14.0

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.

Technologist

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

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	02	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: 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

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE MALE</b>			
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method:- HPLC	6.0	%	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 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

<b>MEAN PLASMA GLUCOSE</b> Method:- Calculated Parameter	126	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Sample Type :- PLAIN/SERUM

Sample Collected Time 14/08/2021 12:42:23

Final Authentication : 14/08/2021 14:34:53

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	214.69 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	325.87 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	65.17	mg/dl	Very high >500 0.00 - 80.00

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	32.14	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	128.24	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
TCHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.68 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.99 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	830.66	mg/dl	400.00 - 1000.00
<b>TOTAL CHOLESTEROL</b> InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.			
<b>TRIGLYCERIDES</b> 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.			
<b>DIRECT HDL CHOLESTEROL</b> 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.			
<b>DIRECT LDL-CHOLESTEROL</b> 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.			
<b>TOTAL LIPID AND VLDL ARE CALCULATED</b>			

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Sample Type :- PLAIN/SERUM

Sample Collected Time 14/08/2021 12:42:23

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.74	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	64.4 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	106.5 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	72.40	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	8.66 H	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	5.06 H	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.60 H	gm/dl	2.20 - 3.50
A/G RATIO	1.41		1.30 - 2.50

Technologist

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 14/08/2021 12:42:23

Final Authentication : 14/08/2021 14:34:53

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.21	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.53	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	23.40	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: Buret 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.

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Sex / Age :- Male 30 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 14/08/2021 12:42:23

Final Authentication : 14/08/2021 14:20:48

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	29.100 H	μIU/mL	0.465 - 4.680

**Technologist**

ANANDSHARMA

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3  
 Method:- Chemiluminescence(Competitive immunoassay) 1.230 ng/ml 0.970 - 1.690

SERUM TOTAL T4  
 Method:- Chemiluminescence(Competitive immunoassay) 6.280 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

Technologist

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Sample Type :- KOx/Na FLUORIDE-PP

Sample Collected Time 14/08/2021 12:42:23

Final Authentication : 14/08/2021 18:16:30

### BOB PACKAGE MALE

BLOOD SUGAR PP (Plasma)

139.5

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 \*\*\*

**Technologist**

SURESHSAINI

**DR. TANURUNGTA**  
M.D (Path) RMC No.-17226

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	98.5	mg/dl	75.0 - 115.0
<b>Impaired glucose tolerance (IGT)</b>	111 - 125 mg/dL		
<b>Diabetes Mellitus (DM)</b>	> 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	1.08	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	9.09 H	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

Technologist

SURESHSAINI

**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-302019  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 14/08/2021 12:38:23 Patient ID :- 12211788  
**NAME :- Mr. MOHIT SINGH SISODIYA** Ref. By Dr:- BOB  
Sex / Age :- Male 30 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM, URINE Sample Collected Time 14/08/2021 12:42:23

Final Authentication : 14/08/2021 14:50:08

### 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
BLOOD UREA NITROGEN (BUN)	12.0	mg/dl	0.0 - 23.0

**Technologist**

BANWARI, KHUSHBU, SURESHSAINI

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**NAME :- Mr. MOHIT SINGH SISODIYA** Ref. By Dr:- BOB  
Sex / Age :- Male 30 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- PLAIN/SERUM Sample Collected Time 14/08/2021 12:42:23 Final Authentication : 14/08/2021 14:20:48

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	0.085	ng/ml	0.000 - 4.000

**InstrumentName:** VITROS ECI **Interpretation :** Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

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

Technologist

ANANDSHARMA

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Date :- 14/08/2021 12:38:23 Patient ID :-12211788  
**NAME :- Mr. MOHIT SINGH SISODIYA** Ref. By Dr:- BOB  
Sex / Age :- Male 30 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- URINE, URINE-PP Sample Collected Time 14/08/2021 12:42:23 Final Authentication : 14/08/2021 18:04:58

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

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

**Technologist**

C.L.SAINI, KHUSHBU

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Page No: 3 of 3

# Dr. Goyal's

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Date :- 14/08/2021 12:38:23

Patient ID :-12211788

**NAME :- Mr. MOHIT SINGH SISODIYA**

Ref. By Dr:- BOB

Sex / Age :- Male 30 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 14/08/2021 12:42:23

Final Authentication : 14/08/2021 18:04:58

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

**Technologist**

C.L.SAINI

Page No: 2 of 3

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**NAME :- Mr. MOHIT SINGH SISODIYA**  
Sex / Age :- Male 30 Yrs  
Company :- MediWheel

Patient ID :- 12211788  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 14/08/2021 12:42:23

Final Authentication : 14/08/2021 18:04:58

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE MALE</b>			
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
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

**Technologist**

C.L.SAINI

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Date :- 14/08/2021 12:38:23

NAME :- **Mr. MOHIT SINGH SISODIYA**

Sex / Age :- Male 30 Yrs

Company :- MediWheel

Patient ID :- 12211788

Ref. By Doctor :- BOB

Lab/Hosp :-

Final Authentication 14/08/2021 16:10:38

BOB PACKAGE MALE

### X RAY CHEST PA VIEW:

Expiratory film.

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

**Anita sharma**

Checked by ANITASHARMA

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

**Dr. Poonam Gupta**  
M.B.B.S, MD (Radio Diagnosis)  
RMC Reg. No. 32495

**Dr. Aman Mamodia**  
M.B.B.S, D.M.R.D, D.N.B. (Radio Diagnosis)  
RMC Reg. No. 32618

**Dr. Ankita Gupta**  
M.D, D.N.B. (Radio Diagnosis)  
RMC Reg. No. 32838

**Dr. Hitesh Kumar Sharma**  
M.B.B.S, D.M.R.D.  
RMC Reg. No. 27380

Transcript by:

# Dr. Goyal's

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Ph.: 0141-2293346, 4049787, 9887049787

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Date :- 14/08/2021 12:38:23  
**NAME :- Mr. MOHIT SINGH SISODIYA**  
Sex / Age - Male 30 Yrs  
Company :- MediWheel

Patient ID :- 12211788  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 14/08/2021 14:10:51

BOB PACKAGE MALE

### USG WHOLE ABDOMEN

**Liver is enlarged size 15.3 cm . 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 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.

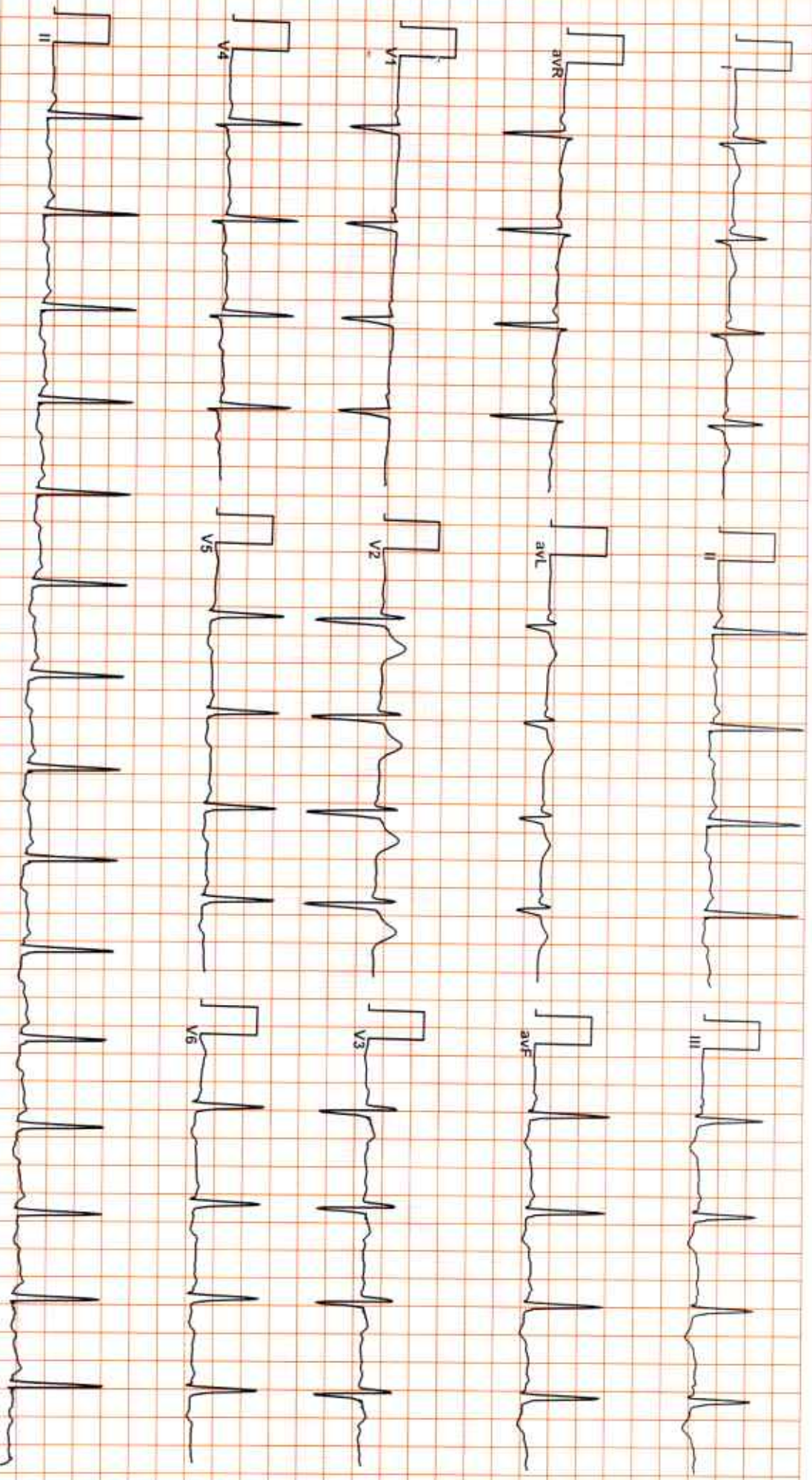
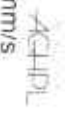
#### IMPRESSION:

\*Mild hepatomegaly with grade II fatty changes.  
Needs clinical correlation for further evaluation

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

DR. UMA MATI JARIA  
M.B.B.S.  
RMC REG. No. 22549

6109 / MR. MOHIT SINGH SISODIYA / 30 Yrs / M/ Non Smoker  
Heart Rate : 93 bpm / / Ref'd By : BANK OF BARODA / Tested On : 14-Aug-21 15:12:16 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Allengers ECG (Piscas)(PIS212160118)

*Normal*

1211 / MR. MOHIT SINGH SISODIYA / 30 Yrs / M / 0 Cms / 0 Kg Date: 14-Aug-2021 Refd By : BANK OF BARODA

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Supine	00:18	0:01	01.1	00.0	01.0	102	130/80	132	00	
Standing	00:32	0:01	01.1	00.0	01.0	122	130/80	158	00	
HV	00:37	0:01	01.1	00.0	01.0	124	130/80	161	00	
ExStart	01:04	0:06	01.7	10.0	01.1	126	130/80	163	00	
BRUCE Stage 1	04:04	3:00	01.7	10.0	04.7	154	130/80	200	00	
BRUCE Stage 2	07:04	3:00	02.5	12.0	07.1	176	140/82	246	00	
BRUCE Stage 3	10:04	3:00	03.4	14.0	10.2	199	140/82	278	00	
PeakX	10:14	0:10	04.2	16.0	10.4	200	140/82	280	00	
Recovery	11:13	1:00	00.0	00.0	04.3	170	140/82	238	00	
Recovery	12:13	2:00	00.0	00.0	01.0	138	150/90	207	00	
Recovery	14:13	4:00	00.0	00.0	01.0	137	136/86	186	00	
Recovery	14:36	4:22	00.0	00.0	01.0	135	136/86	183	00	

**Findings :**

Exercise Time : 09:11  
 Max HR Attained : 200 bpm 109% of Target 184  
 Max BP Attained : 150/90  
 Max Workload Attained : 10.4 Good response to induced stress  
 Test End Reasons : Test Complete. Heart Rate Achieved

**Report :**

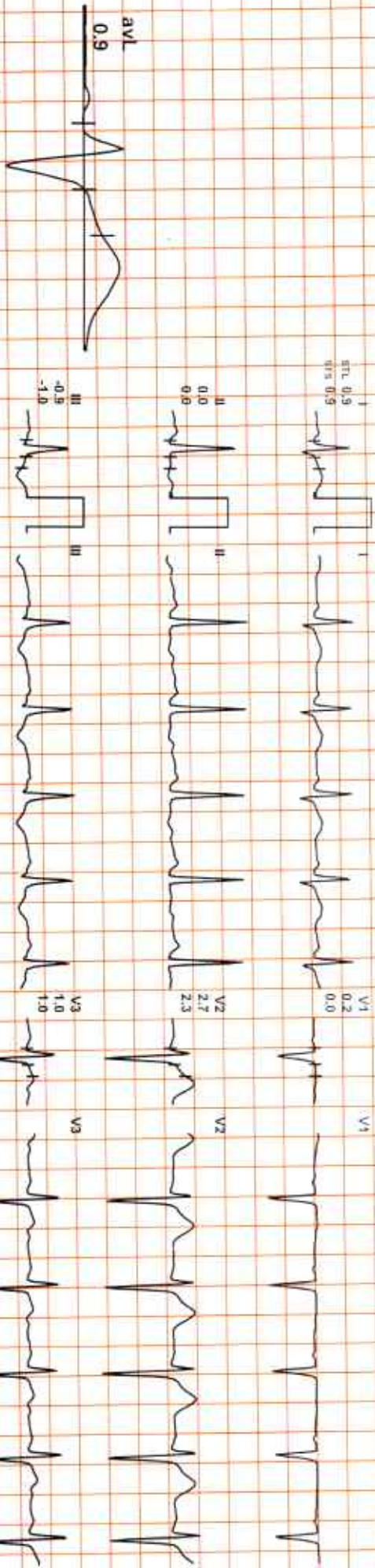
*— TMT Negative for KMI of Peak Exercise*

Date: 14-Aug-2021 03:12:49 PM METS: 1.0/ 102 bpm 55% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

ExTime: 00:18 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

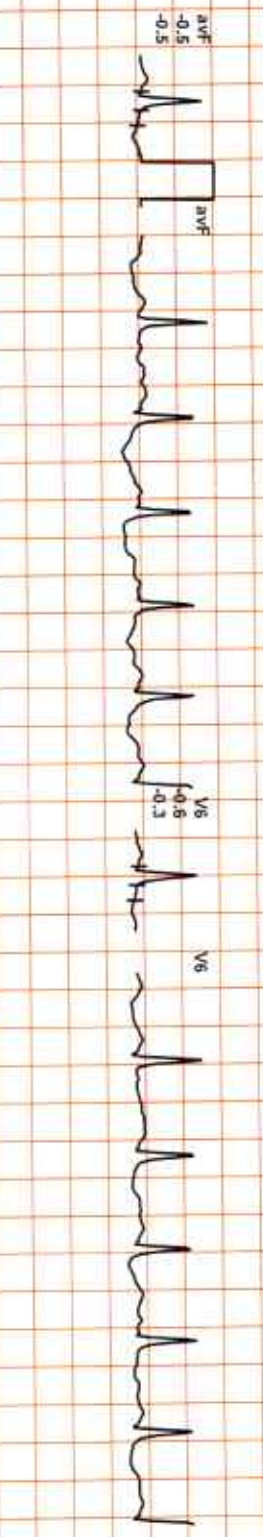
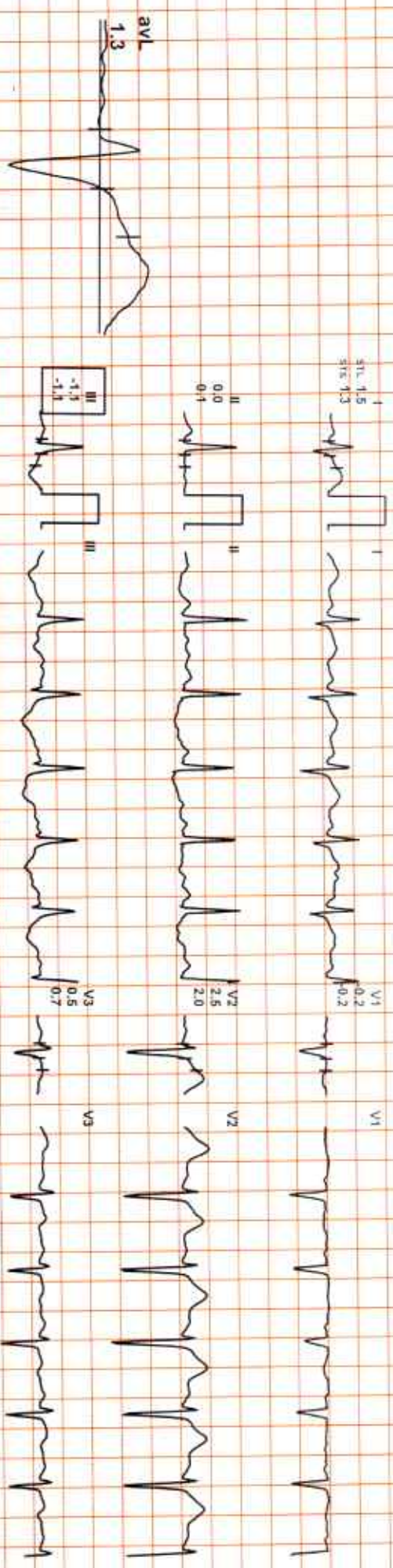
(GEM210151123)Gemini A-DX by Allergens

Date: 14-Aug-2021 03:12:49 PM METS: 1.0/ 122 bpm 66% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 00:32 1.1 mph 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



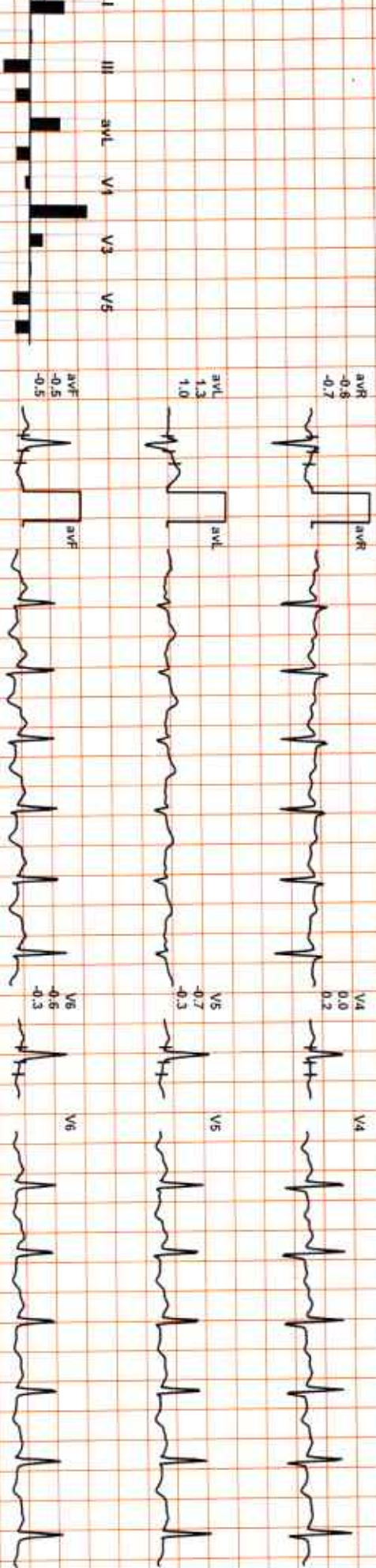
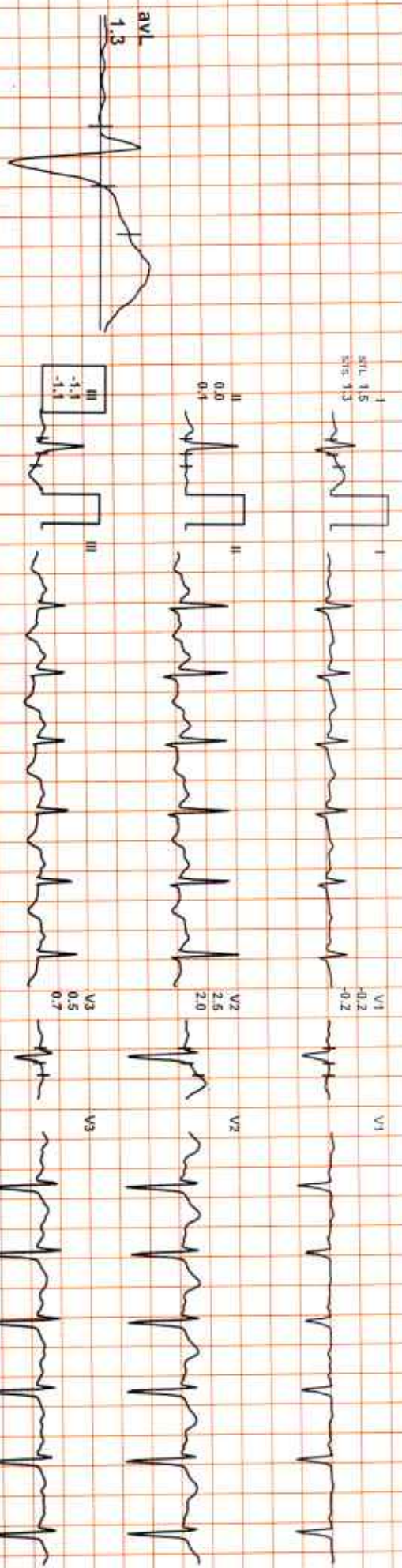
REMARKS:

(GEM210151123)Gemini A-DX by Allergers

Date: 14-Aug-2021 03:12:49 PM METS: 1.0/ 124 bpm 67% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

4X 80 ms Post J

EXTime: 00:37 1.1 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

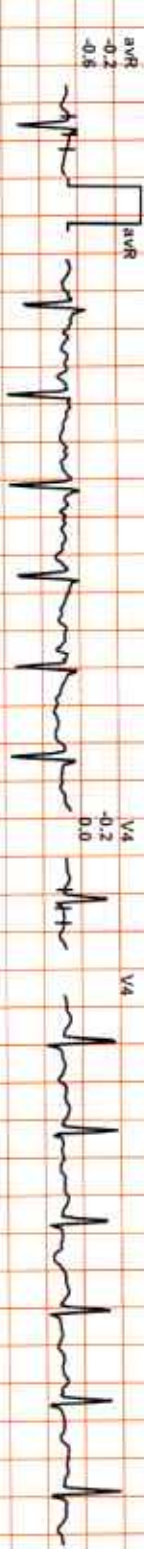
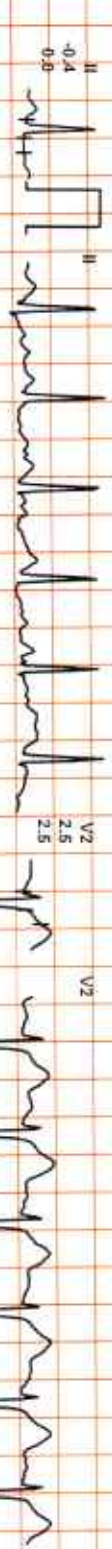
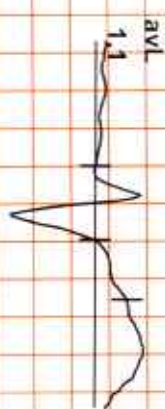
(SEM210151123)Semim A-DX by Allengers



Date: 14-Aug-2021 03:12:49 PM METS: 1.1/ 126 bpm 68% of THR BP: 130/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LE 100 Hz

EXTime: 00:06 1.7 mph 10.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



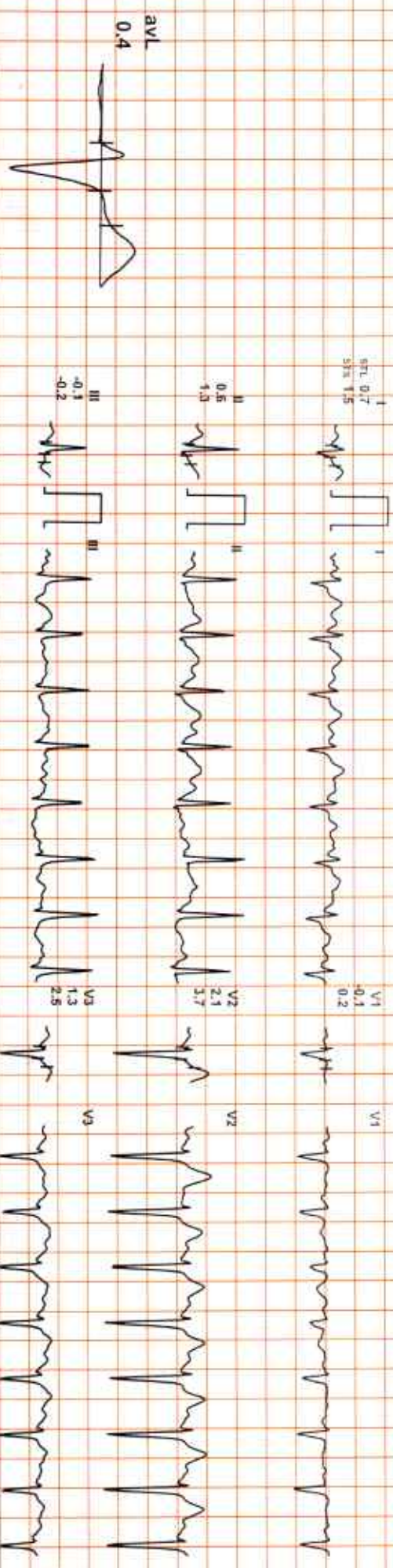
REMARKS:

(GEM210151123)Gemin A-DX by Allengers.

Date: 14-Aug-2021 03:12:49 PM METS: 4.71 154 bpm 83% of THR BP: 130/80 mmHg Raw ECG/ BLC OW Noich OW HF: 0.05 Hz/LF 100 Hz

EXTime: 03:00 1.7 mph, 10.0% 25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



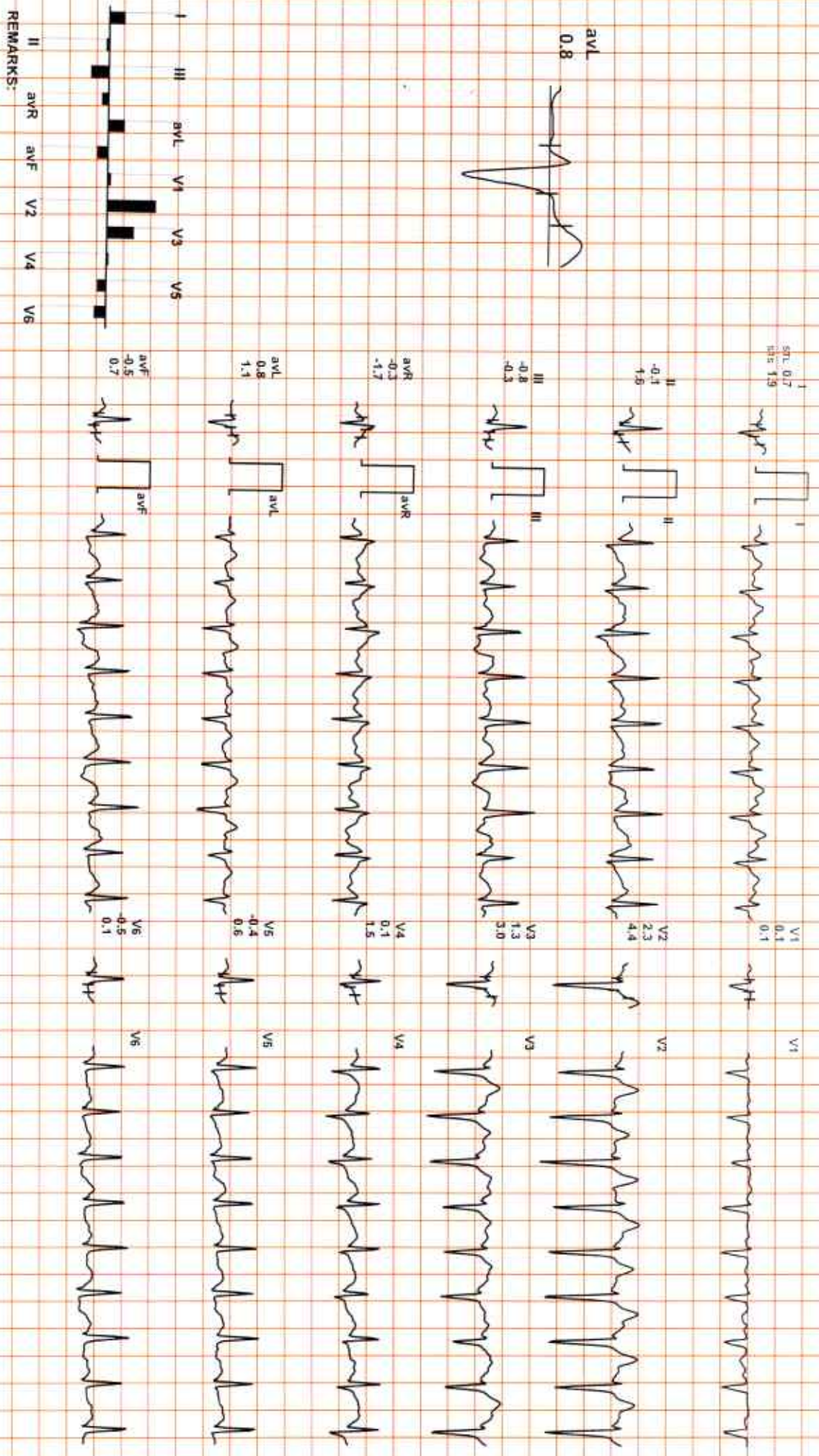
REMARKS:

(GEM210151123)Germi A-DX by Allengers



Date: 14-Aug-2021 03:12:49 PM METS: 7.1/ 176 bpm 95% of THR BP: 140/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz  
4X 50 ms Post J

ExTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Genlnt A-DX by Allengers

Date: 14-Aug-2021 03:12:49 PM METS: 10.2/ 199 bpm 108% of THR BP: 140/82 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

EXTime: 09:00 3.4 mph 14.0%  
25 mm/sec, 1.0 Cm/ly

4X

60 ms Post J

avL 0.8



I 0.2  
S1 0.2  
S2 2.2



II -1.4  
-1.7



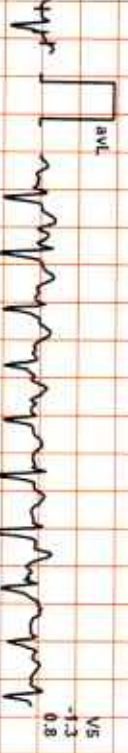
III -1.5  
-0.5



avR 0.6  
-1.9



avL 0.8  
1.6



avF -1.4  
0.6



V1 0.5



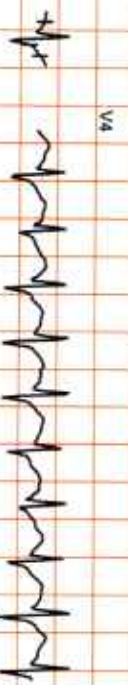
V2 1.9  
5.0



V3 0.9  
4.4



V4 -0.6  
2.3



V5 -1.3  
0.8



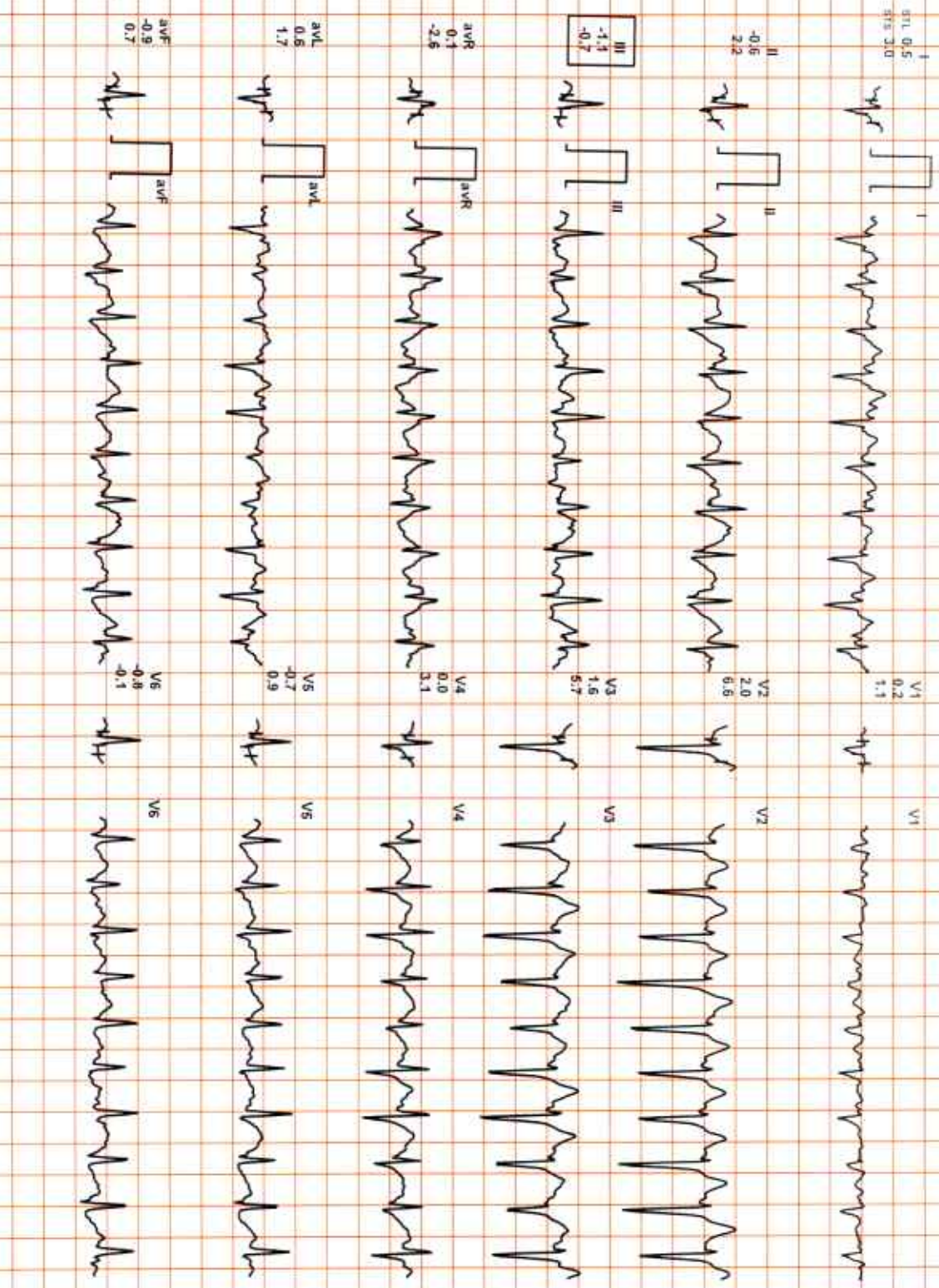
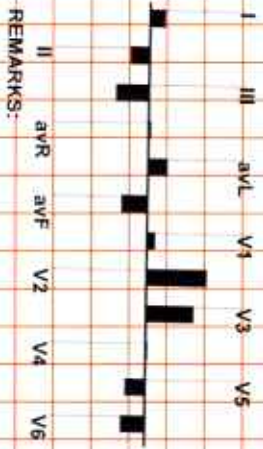
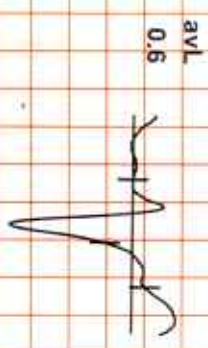
V6 -1.3  
0.2



REMARKS:  
I II III avR avF V1 V2 V3 V4 V5 V6

Date: 14-Aug-2021 03:12:49 PM METS: 10.4/ 200 bpm 108% of THR BP: 140/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz 4X 60 mS Post J

EX Time: 09:10 4.2 mph 16.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

Date: 14-Aug-2021 03:12:49 PM METS: 4.3/ 170 bpm 92% of THR BP: 140/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 09:11 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

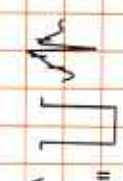
I 2.0  
S1S 3.5



V1 0.3  
-0.4



II 2.0  
4.1



V2 4.7  
7.3



III 0.0  
0.7



V3 3.8  
5.0



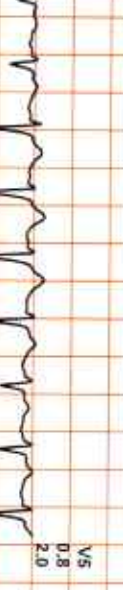
aVR -2.0  
-3.8



V4 1.7  
3.5



aVL 1.1  
1.5



V5 0.8  
2.0



aVF 1.0  
2.4



V6 0.4  
1.2

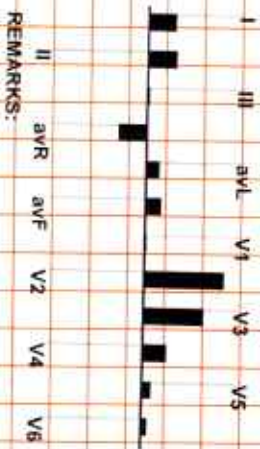


REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6

Date: 14-Aug-2021 03:12:49 PM METS: 1.0/ 138 bpm 75% of THR BP: 150/90 mmHg Raw ECG: BLC: On/ Natch On/ HF: 0.05 Hz/ LF: 100 Hz  
4X 60 MS Post J

ExTime: 09:11 0.0 mph 0.0%

25 mm/Sec: 1.0 Cm/mV



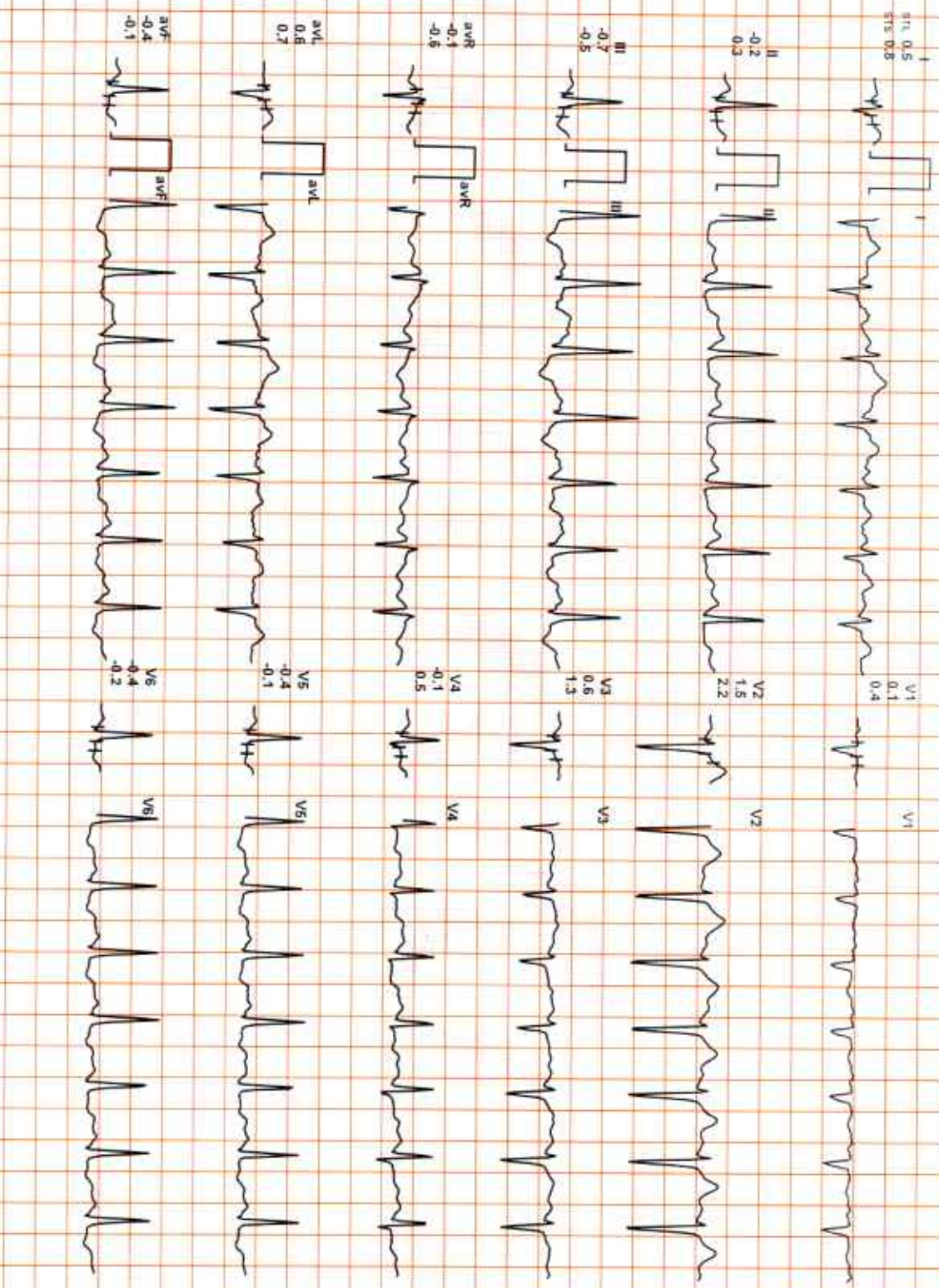
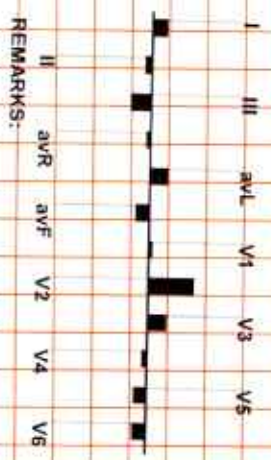
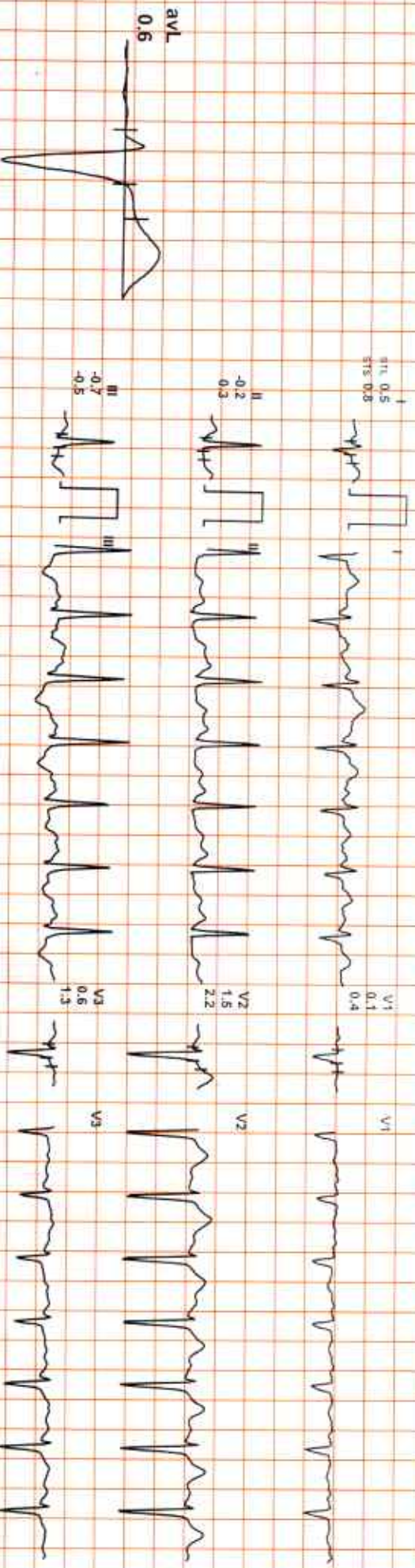
REMARKS:

Date: 14-Aug-2021 03:12:49 PM METS: 1.0/ 137 bpm 74% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 09:11 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(GEM210151123)Geminl A-DX by Allengers

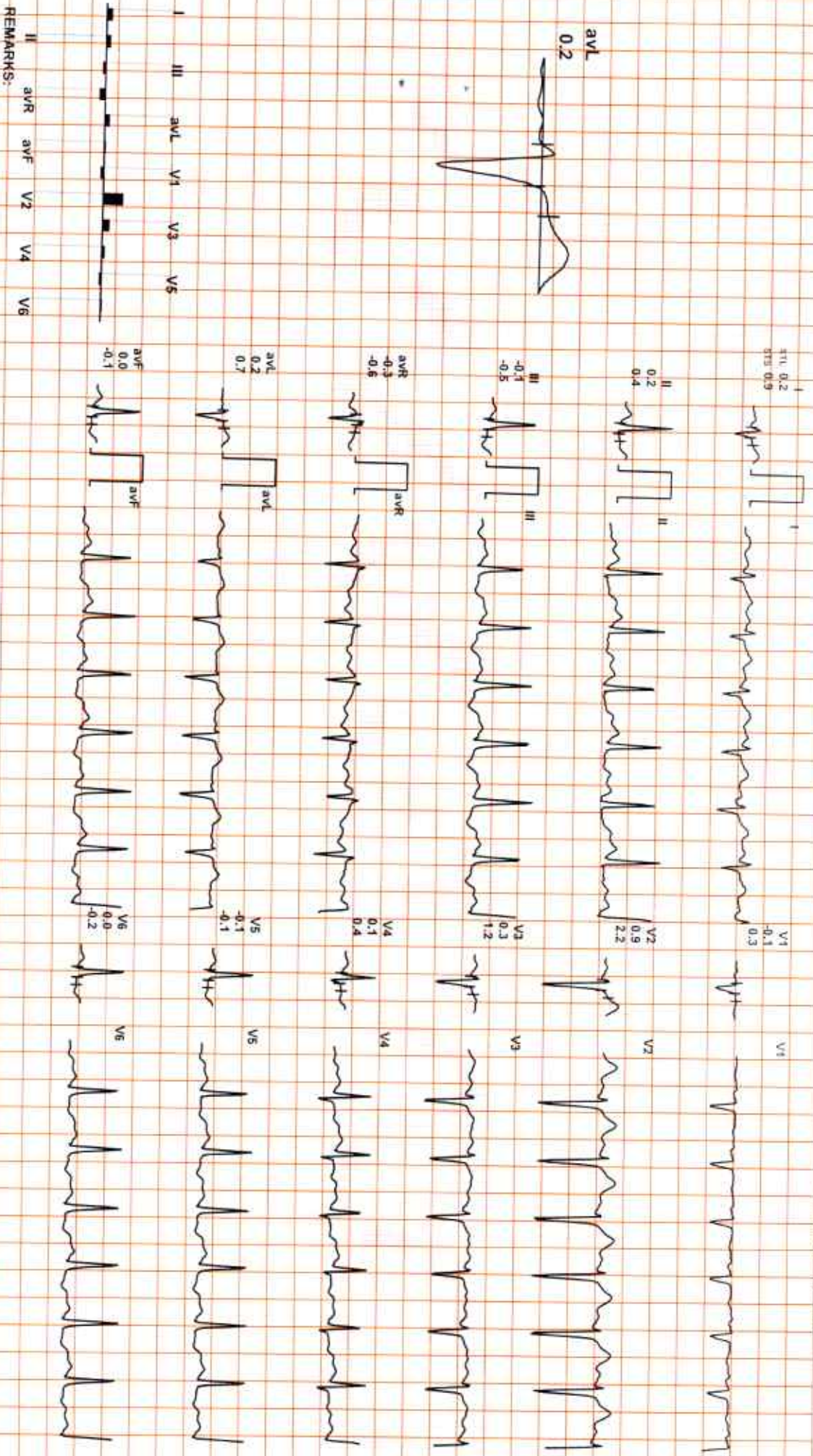


Date: 14-Aug-2021 03:12:49 PM METS: 1.00 135 bpm 73% of THR BP: 136/86 mmHg Raw ECG: BLC Onv Notch Onv HF 0.05 Hz/LF 100 Hz

EXTime: 09:14 0.0 mph, 0.0%

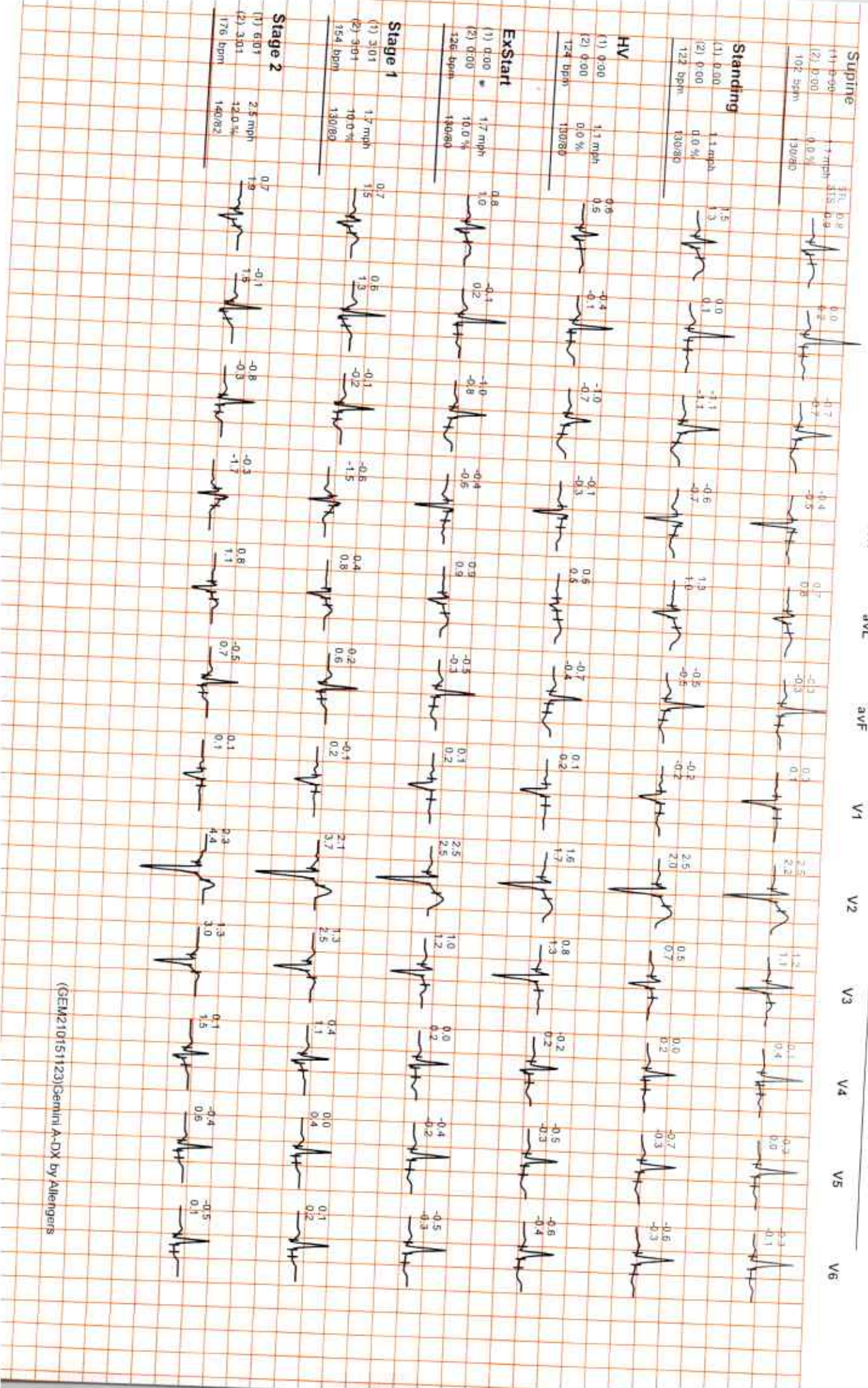
25 mm/Sec. 1.0 Cm/mV

4X 50 mS Post J



REMARKS: I II aVR aVF V2 V4 V6

(SEM210151123)Sentini A-DX by Allengers



(GEM210151123)Gemini A-DX by Allengers

avR

avL

avF

V1

V2

V3

V4

V5

V6

Average

100%  
ACADPL

