

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

NAME- Mohit Parikh AGE- 32 yrs DATE - 8-04-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

**Both cp angles are clear.
Cardiac size is within normal limits.
Both lungs fields are clear.**

NAD IN HEART AND LUNGS.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No.-00450715600

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

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMFAR FNAC
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL HISTORY

GOYAL DIAGNOSTICS

Patient Name: Mr. MOHIT PAREEK 32M

5 Seconds ECG Report

April 08, 2023
Time: 09:14:42

P-QRS-T Axis (31)-(32)-(-15) deg

PR Interval: 0.14 sec
QRS Duration: 0.068 Sec

RR Interval: 0.84 sec

HR : 71 bpm

BP : 0 / 0 mm



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,
T wave inversion in Lead III, aVF,
Otherwise Normal ECG

DR

USG ABDOMEN-PELVIS

NAME – Mohit Pareek

AGE – 32 yrs

Date – 08-04-2023

REF BY –

LIVER: is Normal In Size 13.6 cm and shows homogeneous echotexture.
No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.
The portal vein and common bile duct show normal caliber.

GALL BLADDER: distended and shows smooth walls. Wall thickness appears normal.
No evidence of sludge/ calculus . No evidence of pericholecystic collection.

SPLEEN: normal in size and shows normal echopattern.

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

KIDNEYS : Both the kidneys are normal in size , shape and location. Both show normal cortico-medullary differentiation.
No evidence of hydronephrosis or calculus.

Right kidney – measures :-- 9.8 x 3.8 cm
Left kidney – measures :-- 10.0 x 4.5 cm

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

PROSTATE: is normal in size **9.9 Gms** and shows normal homogeneous echotexture
No evidence of ascites / pleural effusion.

IMPRESSION:-- **Gas Filled Gut Loops are Seen All Over The Abdomen**
(Adv- clinical correlation , further evaluation)

Dr. DEVENDRA GOYAL (M.D.)
MC No. - 004250/15000
Consultant Radiologist
& Sonologist

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

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

NAME : MR . MOHIT PAREEK	DATE : 08-04-2023
AGE : 32 YRS	REF BY :
SEX : MALE	

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . TRACE TR
- . RVSP 20 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

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

LVID d	45.9	LVEDV	
LVID s	29.5	LVESV	
RVID(d)	---	SV	-
IVS d	10.2	F.S	35%
IVS S	14.0	EF	65%
LVPW d	10.5	C.O	-
LVPWS	14.3	MITRAL VALVE	-
AORTIC ROOT	26.8	EF SLOPE	-
LEFT ATRIUM	25.7	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 94 A- 66	-	NIL
TRICUSPID VALVE	NORMAL	163	-	TRACE
PUL VALVE	NORMAL	101	-	NIL
AORTIC VALVE	NORMAL	112	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 20 MM HG	MVA

Dr. DEVENDRA GOYAL (M.D.)
RMC No.: 004250/15000
Consultant Radiologist
Radio-Diagnosis

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FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE

भारत सरकार

Government of India



मोहित पारीक

Mohit Pareek

जन्म वर्ष / Year of Birth : 1991

पुरुष / Male



2659 8527 2132

आधार - आम आदमी का अधिकार

Mohit

for purpose of health checkup



व्यक्तिगत पहचान अधिकरण

Unique Identification Authority of India

पता:

S/O: ओम प्रकाश पारीक, सब्जी मंडी
मार्ग, पटेल चोव्क, नया शहर,
किशनगढ़, किशन गढ़, अजमेर,
राजस्थान, 305802

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S/O: Om Prakash Pareek, sabji
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SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MR. MOHIT PAREEK

Age / Gender : 32 years / Male

Endo ID : 116391

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 08, 2023, 02:18 p.m.

Reported Date & Time : Apr 08, 2023, 03:49 p.m.

Sample ID :



230980135

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

LIPID PROFILE

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	170.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	129.4	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	45.6	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	25.88	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	98.52	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	3.73		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.16		0.5-3.4

END OF REPORT

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

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Sample ID :



230980135

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IMMUNOLOGY

T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.70	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	10.9	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	0.45	uIU/mL	0.35 - 5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

END OF REPORT

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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.3

%

> 8% Action Suggested

BLOOD

7 - 8 % Good Control

Method : Nephelometry Methodology

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

Instrument: Mispa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE

105.41

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

END OF REPORT

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BIOCHEMISTRY

RENAL FUNCTION TEST

Urea Method : Uricase	22.9	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.75	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	6.04	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.04	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	136	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	3.7	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	99	mmol/L	98 - 106

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Collected Date & Time : Apr 08, 2023, 02:18 p.m.

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Sample ID :



230980135

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	13.6	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	4.91	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	41.3	%	42 - 52
Mean Cell Volume (MCV)	84.1	FL	78 - 100
Mean Cell Haemoglobin (MCH)	27.7	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	32.9	g/dl	32 - 36
Red Cell Distribution Width (RDW)	14.8	%	11.5 - 14.0
Total Leucocytes Count (WBC)	9500	Cell/cu.mm	4000 - 10000
Neutrophils	60	%	40 - 80
Lymphocytes	33	%	20 - 40
Monocytes	04	%	2 - 10
Eosinophils	03	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	12.6	fL	7.2 - 11.7
PCT	0.19	%	0.2 - 0.5
Platelet Count	154	10 ³ /ul	150 - 450

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BIOCHEMISTRY

IRON - SERUM	76	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	356	ug/dL	228 - 428
FERRITIN	45.0	ng/mL	Male:22-322 Female:10-291
Method : Serum CLIA			
TRANSFERRIN SATURATION %	21.35	%	16 - 50
Method : Calculated			

INTERPRETATION

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

****END OF REPORT****

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BIOCHEMISTRY

C-Reactive Protein; CRP, SERUM	1.8	mg/L	0.0-6.0
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Interpretation :

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

****END OF REPORT****

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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.85	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.16	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.69	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	28.2	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	23.6	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	95.0	U/L	MALE & FEMALE
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.34	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.28	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	3.06	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.40		1.5 - 2.5
Method : Calculated			

END OF REPORT

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BIOCHEMISTRY

Gamma GT	27	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitoanilide

Interpretation

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

END OF REPORT

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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

'B' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

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

END OF REPORT

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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.025		1.005 - 1.030

Chemical Examination

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

Microscopic Examination

Pus cells (WBCs)	2-3	/hpf	0-9
Epithelial cells	3-4	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

END OF REPORT

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BIOCHEMISTRY

Glucose fasting	87.91	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

END OF REPORT

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