

भारत सरकार Government of India







अरुण गोयल Arun Goyal जन्म तिथि / DOB : 11/09/1986 प्रष / Male





4647 3509 9545

मेरा आधार, मेरी पहचान





Dr. NITIN AGARWAL

Regn. No. DMC-R-1436



भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India



पताः सतपाल गोयल, हाउस न 132 दूसरा फ्लोर, कोहट एन्क्लेव, पीतमपुरा, उत्तर पश्चिमी दिल्ली, दिल्ली, 110034 Address: SATPAL GOYAL, HOUSE NO 132 2ND FLOOR, KOHAT ENCLAVE, Pitampura, 8 North West Delhi, Delhi, 110034



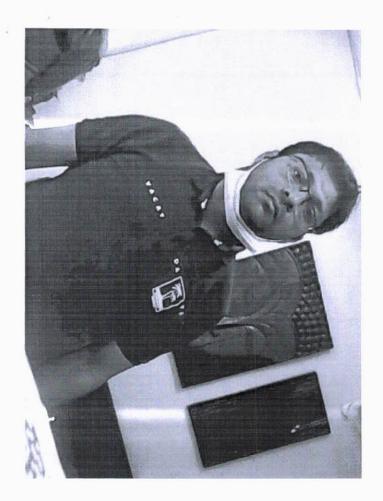
4647 3509 9545







ONEPLUS ULTRASOUND LAB 47, Haish Whar, Pitam Bura, Delhi-110034 Ph. 011-42480101, 9599913051 E-mail: oneplusul@gmail.com



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J. Y.

Dr. NITIN AGARWAL MBBS, MD Regn. No. DMC-R-1436



Date

Pathologist & Director Ex. Sr. Res. MAMC & Lok Nayak Hospital Ex. Chief of Lab Dr. Lal Path Labs.

Dr. Nitin Agarwal | Dr. Pooja (Garg) Agarwal

Radiologist & Director MAMC & Lok Nayak Hospital

: Mr. ARUN GOYAL Name : Dr. MEDIWHEEL Ref. By

: 11-Nov-2021

Age/Sex Lab No

: 35 YRS/Male : 012111110004

: LSHHI87004 Patient ID

ULTRASOUND EXAMINATION----WHOLE ABDOMEN

<u>Liver</u> is normal in size (14.2 cm) and normal in outline with altered echopattern. Diffuse increase in echogenicity of liver parenchyma is noted, suggestive of fatty infiltration (grade I). Intrahepatic biliary radicles are not dilated. No abscess or mass lesion seen. Hepatic veins, portal vein, IVC and aorta are normal. CBD is normal (5.7 mm) in caliber.

Gall bladder is well distended with anechoic lumen . Wall thickness is normal.

Both kidneys are normal in size, shape, position, outline and echopattern. Corticomedullary differentiation is maintained. No pelvicalyceal dilation or mass lesion is seen.

Spleen is normal in size and echotexture. No mass lesion seen.

Pancreas is normal in size, outline and echotexture.

<u>Urinary bladder</u> is normal in shape and position. No evidence of intravesical stone or mass seen.

Prostate is normal in size, shape and echopattern.

Prostate measures 3.6 x 2.5 x 4.2 cm. Weight of prostate is 19.2 grams.

No abnormal bowel wall thickening seen in right iliac fossa. No free fluid seen anywhere in abdomen.

IMPRESSION:

Fatty infiltration of liver (grade I) with no hepatomegaly.

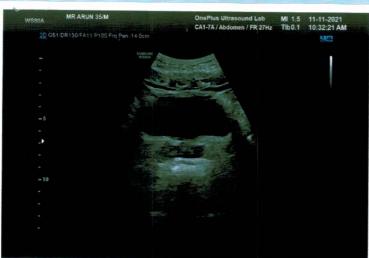
DR. POOJA GARG RADIOLOGIST

REG NO- DMC R 03398

Dr. POOJA GARG M.B.B.S., D.M.R.D. Reg. No. DMC/R/03398 Radiologist

Type By: pooja

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Name

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Dr. Pooja (Garg) Agarwal

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: Mr. ARUN GOYAL : Dr. MEDIWHEEL

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X-ray-Chest PA view

Bony cage and soft tissues are normal.

Cardiothoracic ratio is normal.

Mediastinum is normal.

Both hila are normal.

Both costophrenic angles are clear.

Both domes of diaphragm are normal.

Lung fields are clear. No parenchymal lesion seen.

IMPRESSION: Normal Study.

REG NO- DMC/R/03398

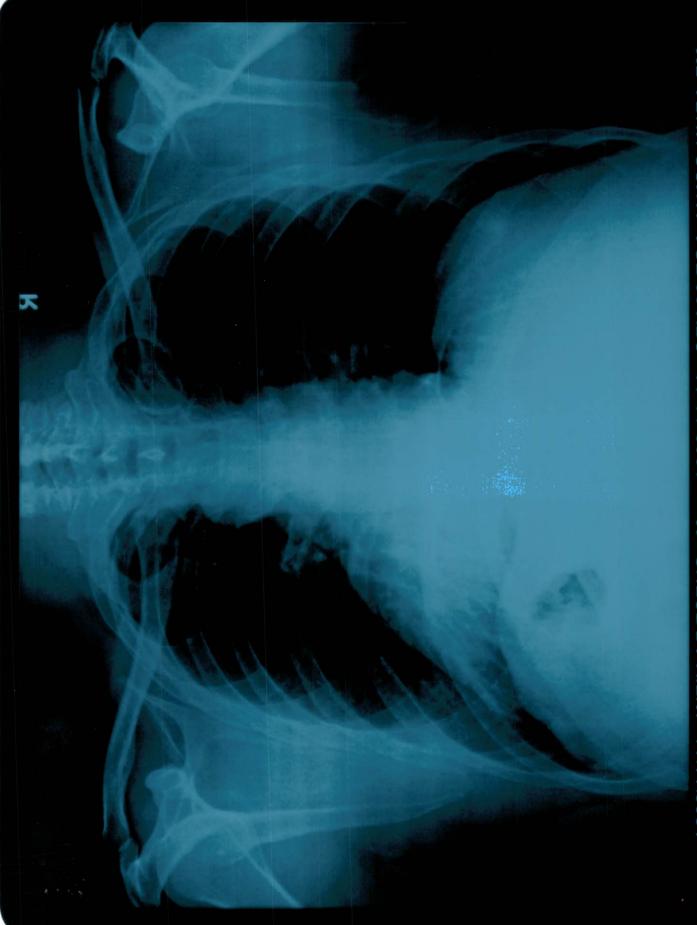
Dr. POOJA GARG M.B.B.S., D.M.R.D. Reg No. DMC/R/03398

Radiologist

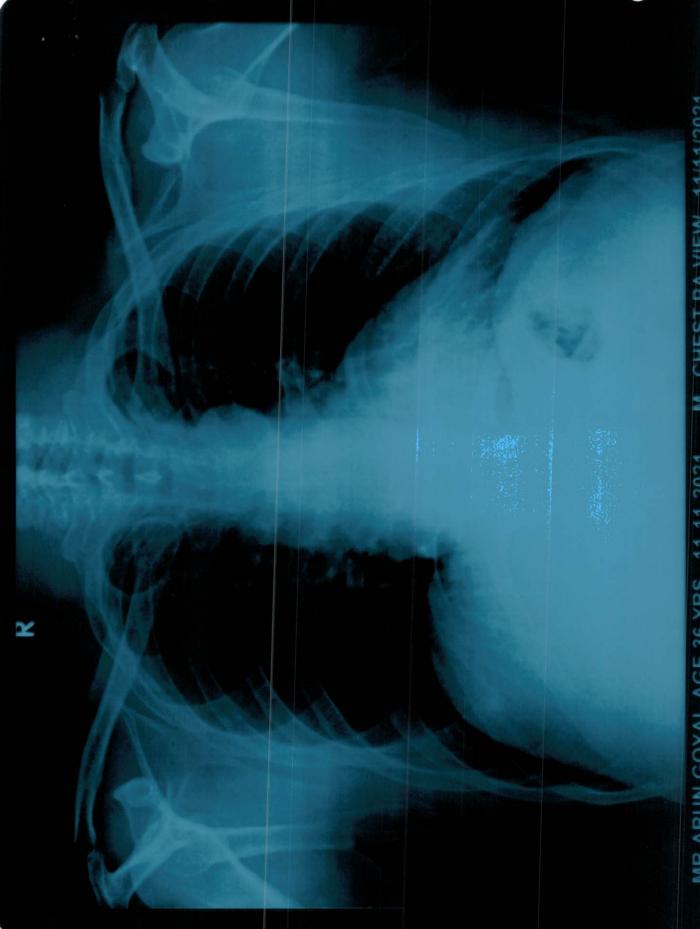
Type By: pooja tripathi

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MR ARUN GOYAL AGE 36 YRS 11-11-2021 M CHEST PA VIEW 11/11/2021 ONEPLUS ULTRASOUND LAB,47-HARSH VIHAR,PITAMPURA



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Dr. Pooja (Garg) Agarwal

Radiologist & Director MAMC & Lok Nayak Hospital

NAME

:Mr. ARUN GOYAL

AGE/GENDER PATIENT ID

:87004

:35 YRS/Male

REFERRED BY CENTRE NAME :87004 :Dr. MEDIWHEEL

ONEPLUS ULTRASOUND LAB

Barcode No

SPECIMEN DATE

SPECIMEN RECEIVED REPORT DATE

LAB NO.

:10108008

:11/Nov/2021 09:06AM :11/Nov/2021 09:17AM

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:012111110004

Test Name

Result

Unit

Ref. Range

HAEMATOLOGY

Health checkup 2 Male

Glycosylated Hemoglobin (HbA1c)

10.4

%

<6.0%

Estimated average blood glucose (eag)

252

Reference range (mg/dl):

90 - 120:Excellent control, 121 - 150:Good Control, 151 - 180:Average Control, 181 - 210:Action Suggested

>211:Panic value

REMARKS:-

In vitro quantitative determination of **HbAIC** in whole blood is utilized in long term monitoring of glycemia. The **HbAIC** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of **HbAIC** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. On testing of HbA1C by HPLC method the result shows high variant window (93.8%) & no value of HbA1C. Therefore for accurate assay of glycaemic Control Fructosamine assay & for variant analysis Hb electrophoresis should be done.

Assay done by : Bio-Rad : D-10 (HPLC)

BLOOD GROUP (ABO)

0

Rh typing

POSITIVE

NOTE:

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

CBC

Haemoglobin
Total Leucocyte Count

15.1 8340 g/dl /cumm **13.0-17.0** 4000-10000

Differential leucocyte count

Checked By.

Dr NITIN AGABANTIN AGARWAL M B B S . MCMBB; MD (PATHOLOGIST) DMC/R/01436

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Dr. Pooja (Garg) Agarwal

Radiologist & Director MAMC & Lok Nayak Hospital

NAME :Mr. ARU

AGE/GENDER

:Mr. ARUN GOYAL :35 YRS/Male

PATIENT ID :87

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Test Name	Result	Unit	Ref. Range
Neutrophils	62.3	%	40-80
Lymphocyte	30.00	%	20-40
Monocytes	4.80	%	2-10
Eosinophils	2.5	%	1-6
Basophils	0.4	%	0-2
RBC Count	5.55	million/cumm	4.5 - 5.5
PCV(Hematocrit)	46.8	%	40-50
MCV	84.3	fL	83-101
MCH	27.2	Pg	27-32
MCHC	32.3	G/dL	32-35
Platelet count	198000	/cumm	150000-450000
RDW-CV	13.1	%	11.4-14.0
ESR(WESTEGRENs METHOD)	15	mm in 1st hr	0-20
	BIOCHEMIS	TRY	
Blood sugar fasting	257	mg/dL	70-110
Blood sugar pp	342	mg/dL	70.0-140.0
Bun (blood urea nitrogen)	13.20	mg/dl	8.9-21.6
Uric acid, serum	4.2	mg/dl	3.4-7.0
Creatinine, serum	0.96	mg/dl	0.60-1.1
	LFT(LIVER FUNCT	ION TEST)	
Bilirubin Total	0.78	mg/dl	0.1-1.2
Bilirubin Conjugated	0.36	mg/dl	0-0.4
Bilirubin Unconjugated	0.42	mg/dl	up to 0.7
SGOT (AST)	54	U/L	0-35
SGPT (ALT)	74	U/L	<45.0
Alkaline phosphatase	102	U/L	40-129
Gamma glutamyl transpeptidase	28	U/L	<66
Total Protein	7.6	gm/dl	6.60 - 8.70

Checked By.

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Result	Unit	Ref. Range
4.4	g/dL	3 8-5 1
3.20	gm/dl	1.8-3.4
1.38		1.10 - 2.50
LIPID PRO	FILE	
205	mg/dl	50-200
263	mg/dL	25-150
46	mg/dL	30-70
106	mg/dL	<130
52.6	mg/dL	5-40
4.5		Low Risk 3.3-4.97 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
2.3		0 - 3.55
	4.4 3.20 1.38 LIPID PRO 205 263 46 106 52.6 4.5	4.4 g/dL 3.20 gm/dl 1.38 LIPID PROFILE 205 mg/dl 263 mg/dL 46 mg/dL 106 mg/dL 52.6 mg/dL 4.5

According to	ATP III	and NCEP	guidelines
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Parameter	Normal	Desirable	Borderline	High
Total cholesterol	<200	200)-239	240
Triglycerides	<150	150-199	200-499	500
LDL	Optimal <100 Near Optimal 100-129	130-159	160-180	190
HDL	<40 : LOW 60 : HIGH			

ENDOCRINOLOGY

PSA TOTAL

<4.0 Prostatic specific antigen, Total 1.10 ng/ml

< 40 years	0.21 to 1.72 ng/ml	
40 - 49	0.27 to 2.19 ng/ml	
50 - 59	0.27 to 3.42 ng/ml	

Checked By.

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:10108008 Barcode No :Mr. ARUN GOYAL NAME :11/Nov/2021 09:06AM SPECIMEN DATE :35 YRS/Male AGE/GENDER :11/Nov/2021 09:17AM SPECIMEN RECEIVED :87004 PATIENT ID :11/Nov/2021 04:10PM REPORT DATE :Dr. MEDIWHEEL REFERRED BY :0121111110004 :ONEPLUS ULTRASOUND LAB LAB NO. CENTRE NAME

Test Name	Result	Unit	Ref. Range	
60 - 69	0.22 to 6.16 ng/ml			
> 69	0.21 to 6.77 ng/ml			

Notes:

PSA is principally produced by the glandular epithelium of the prostate, and is secreted in the seminal fluid. PSA is also present in urine and blood. PSA acts on seminal fluid to fluidify and increase sperm mobility. PSA levels rise in prostatic pathologies such as benign prostatic hyperplasia (BPH) or prostate cancer.

THYROID PROFILE(T3,T4,TSH)

Triiodothyronine total [t3]	0.84	ng/dl	0.52-1.9
Thyroxine total [t4]	7.64	μg/dl	4.4 - 10.8
TSH (Thyroid Stimulating Hormone)	5.40	μIU/ml	0.25-5.0

AGE WISE VARIATION IN TSH

AGE	TSH(µIU/ml)	AGE	TSH(µIU/mI)
1-4 weeks	1.00 - 19.0	16-20 yrs	0.25 - 5.0
1-12 mths	1.70 - 9.1	21 - 80 yrs	0.25 - 5.0
1-5 yrs	0.80 - 8.2	I st trimester	0.25 - 5.0
6-10 yrs	0.25 - 5.0	II nd trimester	0.50 - 5.0
11-15 vrs	0.25 - 5.0	II rd trimester	0.4 - 6.0

Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

- 1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
- 3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
- 4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis

CLINICAL PATHOLOGY
URINE ROUTINE

Physical examination

Checked By.

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Test Name	Result	Unit	Ref. Range	
Quantity	20		ML	
Colour	PALE YELLOW			
Transparency	SLIGHTLY TURBI	D	CLEAR	
Sp.gravity	1.015		1.010-1.030	
pH	6.00			
Reaction	ACIDIC		ACIDIC	
Chemical examination				
Urine protein	NIL		NIL	
Urine sugar	++		NIL	
Bilirubin, urine	NEGATIVE		NEGATIVE	
Urobilinogen	NORMAL		NORMAL	
Ketones	NEGATIVE		NEGATIVE	
Microscopic examination				
Pus cells.	2-3	/HPF	0-2	
Epithelial cells	0-1	/HPF	NIL	
R.B.C.	NIL	/HPF	NIL	
Casts	NIL	/HPF	NIL	
Crystals	NIL	/HPF	NIL	
Bacteria	NIL	/HPF	NIL	
Others.	NIL	NIL	NIL	
	STOOL ROU	ΓINE		
Physical examination				
Colour	BROWNISH			
Consistency	SEMI FORMED		Semi Formed	
Blood	ABSENT		Absent	
Mucus	ABSENT		Absent	
Chemical examination, stool				
pH .	5.50			
Microscopic examination				
mioropopio onaminationi				

Checked By.

MBBS, MD(PAT

Dr NITIN AGAF MBBS, MD (Path)

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Result	Unit	Ref. Range	
NIL	/HPF		
NIL	/HPF	NIL	
NIL		NIL	
NIL		NIL	
NIL	/HPF	NIL	
NIL			
	NIL NIL NIL NIL NIL	NIL /HPF NIL NIL NIL NIL NIL	NIL /HPF NIL /HPF NIL NIL NIL NIL /HPF NIL

*** End Of Report ***

Checked By.

DR. NITIN AGARWAL MBBS,MD(PATHOLOGIST)

DE NITIN AGARWAL

Patient Nai H. Rate P-Wave Conclusion:
Patient Name H. Rate Wave
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E.C.G. REPORT Rhythm P-R. Interval S-T Seg S-T Seg AND AND INTERVALENT AN
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Age 35 M Date Axis Axis CARDIOL CAR
OGIST DE LES
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ELECTRO CARDIO GRAPHIC OBSERVATIONS

Dated 11 2/ S. No.

Referred By DR. Name Mr. Arun Goyal

acilities:

- Outine Ultrasound
- eal Time 3D/4D/5D Ultrasound lor Doppler
- gital X-Ray
- ECG Echo TMT
- All Lab Tests
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- iniocentesis, Chorionic Villous Sampling Home Sample Collection Facility rsh Vihar, Pitampura, New Delhi-110034 | Ph.: 011-42480101, 9599913051 E-mail: oneplusul@gmail.com | Website: www.oneplusul.in

