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



General Physical Examination

Date of Examination: 20 5 20 2
Name: Raikierras Rathone. Age: 57 DOB: 15/06/1963 Sex: Male
Address: Jack Sanal Madhofeen
Referred By: BOB.
Identification Marks:
Photo ID: Emp-ID ID#: attached Ht: 173 (cm) Wt: 73 (Kg)
Chest (Expiration/Inspiration): 95 / 98 (cm) Abdomen Circumference: 98 (cm)
Present History: Mol Significal -
Past History: cheek had goose for augi ogaphy (agn. agod Dr. Cr. C. Sharos
Personal History: NOL Significant-
Personal History: NOL Significant-
General Appearance:
0
Vitals:
Blood Pressure: 180/105 mm Hg PR: 80 / min RR: 17 / min Temp: Afebrate
HEENT: Lange
Neck:

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Systemic Examinations		
Cardiovascular System:	Cornal	
Respiratory System:	Doorel	
Per Abdomen:	Domal	
Nervous System:	Dornal	
Extremities:	Uomal	
10h.	ornected by specs. (+1,25 Blue	eyes)
Blood Investigation (If Abnor	mal and significant value): x port effected.	
Advice (if Any):	No.	
On examination he/she appe	ears physically and mentally fit: Yes No	
Signature of Examinee:	Name of Examinee:	
Signature Medical Examiner:	Dr. Pryush GOYAL MBBS (MKO Padiologist) Name Medical Examiner: Dr. GOYAL'S Dr. GOYAL'S Path Led & Imaging Center, Jaipur	
	Potn co.	



Anu Name

Raj Kumar Rathore

कर्मचारी कूट क्र. E.C. No. 37700

जारीकर्ता प्राधिकारी Issuing Authority



Dr. Goya

Path Lab & Imaging Centre

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 $Website: www.drgoyalspathlab.com \mid E\text{-mail}: drgoyalpiyush@gmail.com\\$







Date

:- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

MediWheel

Sex / Age :- Male

Sample Type :- EDTA

Company :-

58 Yrs

Sample Collected Time 20/05/2021 12:00:20

Final Authentication: 20/05/2021 13:19:40

HAEMATOLOGY

Patient ID :-1221577

Ref. By Dr:- BOB

Lab/Hosp :-

Test Name	Value	Unit	Biological Ref Interval	
HAEMOGARAM				
HAEMOGLOBIN (Hb)	13.6	g/dL	13.0 - 17.0	
TOTAL LEUCOCYTE COUNT	10.71 H	/cumm	4.00 - 10.00	
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	70.6	%	40.0 - 80.0	
LYMPHOCYTE	21.5	%	20.0 - 40.0	
EOSINOPHIL	2.1	%	1.0 - 6.0	
MONOCYTE	5.0	%	2.0 - 10.0	
BASOPHIL	0.8	%	0.0 - 2.0	
NEUT#	7.56 H	10^3/uL	1.50 - 7.00	
LYMPH#	2.30	10^3/uL	1.00 - 3.70	
EO#	0.22	10^3/uL	0.00 - 0.40	
MONO#	0.54	10^3/uL	0.00 - 0.70	
BASO#	0.09	10^3/uL	0.00 - 0.10	
TOTAL RED BLOOD CELL COUNT (RBC)	5.00	x10^6/uL	4.50 - 5.50	
HEMATOCRIT (HCT)	43.20	%	40.00 - 50.00	
MEAN CORP VOLUME (MCV)	86.4	fL	83.0 - 101.0	
MEAN CORP HB (MCH)	27.2	pg	27.0 - 32.0	
MEAN CORP HB CONC (MCHC)	31.5	g/dL	31.5 - 34.5	
PLATELET COUNT	199	x10^3/uL	150 - 410	
RDW-CV	13.7	%	11.6 - 14.0	
MENTZER INDEX	17.28		20	

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

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

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Sex / Age :- Male

Sample Type :- EDTA

58 Yrs

Company:- MediWheel

Sample Collected Time 20/05/2021 12:00:20

Final Authentication: 20/05/2021 13:19:40

HAEMATOLOGY

Test Name

Interpretation

Value

Unit

Patient ID :-1221577

Ref. By Dr:- BOB

Lab/Hosp :-

Biological Ref Interval

Erythrocyte Sedimentation Rate (ESR)

26 H

mm/hr.

00 - 13

(ESR) Methodology: Measurment of ESR by cells aggregation.

Instrument Name : Indepedent form Hematocrit value by Automated Analyzer (Roller-20)

: ESR test is a non-specific indicator ofinflammatory disease and abnormal protein states.

The test in used to detect, follow course of a certain disease (e.g.-tuberculosis, rheumatic fever, myocardial infarction

Levels are higher in pregnency due to hyperfibrinogenaemia.

The "3-figure ESR " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC) the thought of the control of the con

Technologist

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Date :- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male

58 Yrs

Company :- MediWheel

Patient ID :-1221577 Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type: - KOx/Na FLUORIDE-F, KOx/Na SabbioRio Elle Rel LTXIN SER5/2021 14:41:32

Final Authentication: 20/05/2021 16:32:57

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	168.4 H	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 -	125 mg/dL	
Diabetes Mellitus (DM)	> 126	mg/dL	

Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma)

Method:- GOD PAP

220.3 H

mg/dl

70.0 - 140.0

Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

SERUM CREATININE
Method:- Colorimetric Method
SERUM URIC ACID
Method:- Enzymatic colorimetric

1.21

mg/dl

Men - 0.6-1.30 Women - 0.5-1.20

6.79 mg/dl

Men - 3.4-7.0 Women - 2.4-5.7

Technologist

CMKUMAWAT, SURENDRAKHANGA

Page No: 13 of 16

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Date :- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male

58 Yrs

Company :- MediWheel

Patient ID :-1221577

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- EDTA, PLAIN/SERUM, URINE, SURMINE-PBIlected Time 20/05/2021 12:00:20

Final Authentication: 20/05/2021 16:43:29

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)

17.1

mg/dl

0.0 - 23.0

Technologist

BANWARI, CHHOTU, SURENDRAKHANGA, SURESHSAINI

Page No: 15 of 16

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:- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male

58 Yrs

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 20/05/2021 12:00:20

Final Authentication: 20/05/2021 13:19:40

HAEMATOLOGY

Test Name

Value

Unit

Biological Ref Interval

BOB PACKAGE MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- HPLC

10.1 H

Patient ID :-1221577

Ref. By Dr:- BOB

Lab/Hosp:-

Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4

Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

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

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose overthe 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 plasmaglucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHbdepends 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 themean of HbA1C.Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1cmeasurements. The effects vary depending on the specific Hb vatiant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

242 H

mg/dL

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

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Page No: 1 of 16

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:- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male

58 Yrs

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Ref. By Dr:- BOB

Lab/Hosp :-

Patient ID :-1221577

Sample Collected Time 20/05/2021 11:52:41

Final Authentication: 20/05/2021 12:58:34

BIOCHEMISTRY

	DIOCHEMIA	JIKI	
Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	215.84 H	mg/dl	Desirable <200 Borderline 200-239 High> 240
TRIGLYCERIDES Method:- GPO-PAP	399.45 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
· .			Very high >500
VLDL CHOLESTEROL Method:- Calculated	79.89	mg/dl	0.00 - 80.00
第			

Technologist

SURENDRAKHANGA

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:- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male 58 Yrs

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 20/05/2021 11:52:41

Final Authentication: 20/05/2021 12:58:34

BIOCHEMISTRY

Patient ID: -1221577

Ref. By Dr:- BOB

Lab/Hosp:-

BIOCHEMISTRI				
Test Name	Value	Unit	Biological Ref Interval	
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	27.45	mg/dl	Low < 40 High > 60	
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	121.82	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	7.86 H		0.00 - 4.90	
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.44 H		0.00 - 3.50	
TOTAL LIPID Method:- CALCULATED	906.85	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

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 Instrument Name: 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

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Date

:- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male

58 Yrs

Company :- MediWheel

S

Ref. By Dr:- BOB

Patient ID :-1221577

Lab/Hosp :-

and movedance as

Sample Type :- PLAIN/SERUM

Sample Collected Time 20/05/2021 11:52:41

Final Authentication: 20/05/2021 12:58:34

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.59	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	49.7 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	36.7	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	103.40	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.44	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.32	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.12	gm/dl	2.20 - 3.50
A/G RATIO	1.38		1.30 - 2.50

Technologist

SURENDRAKHANGA

Page No: 6 of 16



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Sample Type :- PLAIN/SERUM

:- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

58 Yrs

Sex / Age :- Male Company :- MediWheel

Patient ID :-1221577

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 20/05/2021 11:52:41

Final Authentication: 20/05/2021 12:58:34

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.27	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.32	mg/dI	0.30-0.70
SERUM GAMMA GT Method:- IFCC	46.10	U/L	11.00 - 50.00

Total BilirubiaMethodology: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, bepatic 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: IFCCInstrumentName: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 hepatobilary 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 enzy mes 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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:- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male

58 Yrs

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Ref. By Dr:- BOB Lab/Hosp :-

Patient ID :-1221577

Sample Collected Time 20/05/2021 11:52:41

Final Authentication: 20/05/2021 13:25:23

IMMUNOASSAY

	ANAMADITO	LOUILE	
Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	4.410	μIU/mL	0.465 - 4.680

Technologist

ANANDSHARMA

Page No: 8 of 16

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Sex / Age :- Male

58 Yrs

Company :- MediWheel

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Sample Collected Time 20/05/2021 11:52:41

Final Authentication: 20/05/2021 13:25:23

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.250	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.020	ug/dl	5.530 - 11.000

Patient ID: -1221577

Ref. By Dr:- BOB

Lab/Hosp :-

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 (FT41) 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

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ANANDSHARMA

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:- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male 58 Yrs

Company :- MediWheel Sample Type :- PLAIN/SERUM Patient ID :-1221577

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 20/05/2021 11:52:41

Final Authentication: 20/05/2021 13:25:23

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval

TOTAL PSA

0.561

ng/ml

0.000 - 4.000

Method:- Chemiluminescence

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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:- 20/05/2021 11:48:33

Sample Type :- URINE

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male

Company :- MediWheel

58 Yrs

Patient ID :-1221577

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 20/05/2021 11:52:41

Final Authentication: 20/05/2021 14:37:36

CLINICAL PATHOLOGY

NINCICAL EVAMINATION		
PHYSICAL EXAMINATION		
COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	Clear	Clear
CHEMICAL EXAMINATION		
REACTION(PH)	7.5	5.0 - 7.5
SPECIFIC GRAVITY	1.020	1.010 - 1.030
PROTEIN	NIL	NIL
SUGAR	NIL	NIL
BILIRUBIN	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
KETONES	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE

Technologist

CHHOTU

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Dr. Goyal's Path Lab & Imaging Centre

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

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







Date :- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male

58 Yrs

Company :- MediWheel

Sample Type :- URINE

Tele: 0141-2293346, 4049787, 9887049787

Patient ID :-1221577 Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 20/05/2021 11:52:41

Final Authentication: 20/05/2021 14:37:36

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interva		
Urine Routine					
MICROSCOPY EXAMINATION					
RBC/HPF	NIL	/HPF	NIL		
WBC/HPF	2-3	/HPF	2-3		
EPITHELIAL CELLS	2-3	/HPF	2-3		
CRYSTALS/HPF	ABSENT		ABSENT		
CAST/HPF	ABSENT		ABSENT		
AMORPHOUS SEDIMENT	ABSENT		ABSENT		
BACTERIAL FLORA	ABSENT		ABSENT		
YEAST CELL	ABSENT		ABSENT		
OTHER	ABSENT				

Technologist

CHHOTU

Page No: 10 of 16

Dr. Goyal's

PATH LAB & IMAGING CENTRE

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NORMAL



2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARIDIOGRAPHIC WINDOW MORPHOLOGY:

TRICUSPID VALVE

MILLIVAE AVE	V L	II. Whitecome	1000000	532 (2011) (22		(942	NODAMAI	
AORTIC VALVE NOR		ORMAL P		PULMONARY VALVE			NORMAL	
			M.MODE	EXAMITATIO	ON:			
AO	25	mm	LA	33	Mm	IVS-D	10	mm
IVS-S	15	mm	LVID	42	Mm	LVSD	29	mm
LVPW-D	9	mm	LVPW-S	15	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	60%			RWMA		ABSENT		

CHAMBERS:

LA	NORMAL RA NORMAL RV		NORMAL		
LV			NORMAL		
PERICARDIUM		NORMAL			

COLOUR DOPPLER:

		10-0-0-0-0-0-0		770/			
MI	TRAL VAL	/E					
0.69	m/sec	PEAK	PEAK GRADIENT			m/hg	
0.55	m/sec	MEA	N GRADIEN	NT	M	Mm/hg	
	Cm2	MVA				Cm2	
ION			ABSENT				
	RTIC VAL	/E					
0.90	m/	sec	PEAK G	RADIENT	r	nm/hg	
	m/	sec	71				
ION	17		ABSENT				
TRIC	CUSPID VA	LVE				12	
0.5	5	m/sec	PEAK G	RADIENT		mm/hg	
		m/sec	MEAN GRADIENT			mm/hg	
TATION			ABSEN	Т			
	LMONAR	Y VALVE					
	0.90		M/sec.	PEAK GRADIENT M		Mm/hg	
			,	MEAN GRADIENT N		Mm/hg	
RGITATION				ABSENT			
	0.69 0.55 TION AC 0.90 TON TRIC	0.69	0.55	0.69	0.69	0.69	

Impression-

MITRAL VALVE

Normal LV size & contractility.

No RWMA, LVEF 60%.

Normal cardiac chamber.

Normal valve.

No clot, no vegetation, no pericardial effusion.

(CARDIOLØGIST)

NORMAL



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Date

:- 20/05/2021 11:48:33

NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male

58 Yrs

Company :-

MediWheel

Patient ID: -1221577 Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication: 20/05/2021 13:17:03

BOB PACKAGE MALE

USG WHOLE ABDOMEN

Liver is of normal size. 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 enlarged in size (34 cc) in size with heterogeneous 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:

- * Grade I fatty liver
- *Prostatomegaly Grade II.

Needs clinical correlation for further evaluation

*** End of Report ***

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

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Transcript by:

BILAL





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NAME :- Mr. RAJ KUMAR RATHORE

Sex / Age :- Male

58 Yrs

Company :- MediWheel

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Lab/Hosp:-

Final Authentication: 20/05/2021 14:53:36

BOB PACKAGE MALE

X RAY CHEST PA VIEW:

Rotation to right present.

Two oval shaped radio opacities are seen in right upper lobe - Likely old healed granuloma.

Bronchovascular marking are prominent.

Otherwise lung fields are clear.

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.

(Please correlate clinically and with relevant further investigations.)

*** End of Report ***

Page No: 1 of 1

Dr. Piyush Goyal

MBBS, DMRD

Dr. Pooham Gupta MD (Radiologist)

Dr. Ankita Gupta M.D., D.N.B. (Radio Diagnosis)

Dr. Parul Gupta Modi MD, DNB, (Radiologist)

Dr. Aman Mamodia MBBS, DMRD, DNB (Radio Diagnosis)

BILAL

Dr. Piyush Goyal (D.M.R.D.)

Anita sharma

Allengers €CG (Pisces)(PIS212160118) 5036 / MR.RAJ KUMAR RATHORE / 58 Yrs / M/ Non Smoker
Heart Rate : 84 bpm / / Refd By : BOB / Tested On : 20-May-21 12:58:25 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s DR.GOYALS PATH & IMAGING CENTER 8 avE ≡, ECG