


भारत सरकार
GOVERNMENT OF INDIA



रामलाल मीणा
Ramlal Meena
 जन्म तिथि / DOB: 11/09/1965
 पुरुष / MALE -
 Mobile No.: 9269999000



8485 1136 5258

मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आधार
 पता: S/O रामचंद्र मीणा, ग्राम-लदवला खुर्द, पोस्ट-तुमिल का बास
 थ-चाकसु, लदना खुर्द, जयपुर,
 राजस्थान - 303901

Download Date: 23/09/2019

Address:
 S/O Ramchandra Meena, gram-ladana
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 Khurd, Jaipur, Rajasthan - 303901





GENERATION DATE: 09/09/2019

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Path Lab & Imaging Centre

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



Date :- 29/08/2021 10:00:19
NAME :- Mr. RAMLAL MEENA
Sex / Age :- Male 55 Yrs 11 Mon 18 Days
Company :- MediWheel

Patient ID :-12211979
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 29/08/2021 10:06:52

Final Authentication : 29/08/2021 13:44:14

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.5	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	10.11 H	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	65.5	%	40.0 - 80.0
LYMPHOCYTE	27.2	%	20.0 - 40.0
EOSINOPHIL	2.3	%	1.0 - 6.0
MONOCYTE	4.8	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	6.63	10 ³ /uL	1.50 - 7.00
LYMPH#	2.75	10 ³ /uL	1.00 - 3.70
EO#	0.23	10 ³ /uL	0.00 - 0.40
MONO#	0.48	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.12	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	44.20	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	86.4	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
PLATELET COUNT	281	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	16.88		

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

C.L.SAINI

Page No: 2 of 16

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MBBS.MD (Path)
RMC NO. 21021/008037

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	40 H	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" >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

Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE MALE			
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.9	%	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

MEAN PLASMA GLUCOSE Method:- Calculated Parameter	116	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Sex / Age :- Male 55 Yrs 11 Mon 18 Days Lab/Hosp :-
Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM, URINE, ~~SAMPLE~~ Collected Time 29/08/2021 12:35:04 Final Authentication : 29/08/2021 15:57:40

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"AB"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)	22.5	mg/dl	0.0 - 23.0

Technologist

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Company :- MediWheel

Patient ID :- 12211979
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Fluoride
ICMR/2012/1235/2021 12:35:09

Final Authentication : 29/08/2021 15:57:40

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	101.1	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	160.1 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	0.99	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	7.78 H	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

Technologist

SURENDRAXHANGA, SURESHSAINI

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Sex / Age :- Male 55 Yrs 11 Mon 18 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 29/08/2021 10:06:52

Final Authentication : 29/08/2021 15:57:40

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	247.72 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	210.62 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	42.12	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	36.06	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	211.00 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	6.87 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	5.85 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	790.39	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 Trigly ceride 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 HDLCHOLESTEROL 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			

Technologist

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Sex / Age :- Male 55 Yrs 11 Mon 18 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 29/08/2021 10:06:52

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.85	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	24.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	37.0	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	69.50	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.45	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.83	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	1.62 L	gm/dl	2.20 - 3.50
A/G RATIO	2.98 H		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.18	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.67	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	45.50	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 releasing.

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 assess 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.

Technologist

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Sample Collected Time 29/08/2021 10:06:52

Final Authentication : 29/08/2021 11:58:37

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	3.140	μIU/mL	0.465 - 4.680

Technologist

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 1.220 ng/ml 0.970 - 1.690
Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 7.400 ug/dl 5.530 - 11.000
Method:- Chemiluminescence(Competitive immunoassay)

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 T4 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

ANANDSHARMA

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA	1.470	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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Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 29/08/2021 10:06:52

Final Authentication : 29/08/2021 14:21:20

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)	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

KHUSHBU

Page No: 11 of 16

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



Date :- 29/08/2021 10:00:19
NAME :- Mr. RAMLAL MEENA
Sex / Age :- Male 55 Yrs 11 Mon 18 Days
Company :- MediWheel

Patient ID :-12211979
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 29/08/2021 10:06:52

Final Authentication : 29/08/2021 12:28:09

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	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

KHUSHBU

Page No: 10 of 16

Dr. Chandrika Gupta
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RMC NO. 21021/008037

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Path Lab & Imaging Centre

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



Date :- 29/08/2021 10:00:19 Patient ID :-12211979
NAME :- Mr. RAMLAL MEENA Ref. By Dr:- BOB
Sex / Age :- Male 55 Yrs 11 Mon 18 Days Lab/Hosp :-
Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 29/08/2021 11:07:12

Final Authentication : 29/08/2021 14:21:20

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	1-2	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	ABSENT		
Collected Sample Received			

Technologist

KHUSHBU

Page No: 12 of 16

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

Dr. Goyal's

HEALTHCARE PVT. LTD.

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Tele: 0141-2293346, 4049787, 9887443311, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 29/08/2021 10:00:19
NAME :- Mr. RAMLAL MEENA
Sex / Age :- Male .55 Yrs 11 Mon .18 Days
Company :- MediWheel

Patient ID :-12211979
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 29/08/2021 11:40:51

BOB PACKAGE MALE

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)

DR. UMA MATHURIA
MD RADIO DIAGNOSIS
RMC NO. 22541

*** End of Report ***

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

Page No: 1 of 1

Dr. Piyush Goyal
MBBS, DMRD

Dr. Poonam Gupta
MD (Radiologist)

Dr. Ankita Gupta
MD, DNB. (Radio Diagnosis)

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

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

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



Date - 29/08/2021 10:00:19

NAME :- Mr. RAMLAL MEENA

Sex / Age - Male 55 Yrs 11 Mon 18 Days

Company :- MedWheel

Patient ID :- 12211979

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 29/08/2021 13:53:57

BOB PACKAGE MALE

USG WHOLE ABDOMEN

Liver is enlarged in size (18.7 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 enlarge in size (27 gms) with normal echo-texture and outline.

No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

*Hepatomegaly with fatty changes

*Mild prostatomegaly

Needs clinical correlation for further evaluation

*** End of Report ***


DR. UMA MATHURIA
M.B.B.S., M.D.
RMC REG. No. 22541
SAVITA

Page No: 1 of 1

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. 07996

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. 32616

Dr. Ankita Gupta
M.D., D.N.B. (Radio Diagnosis)
RMC Reg. No. 32638

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

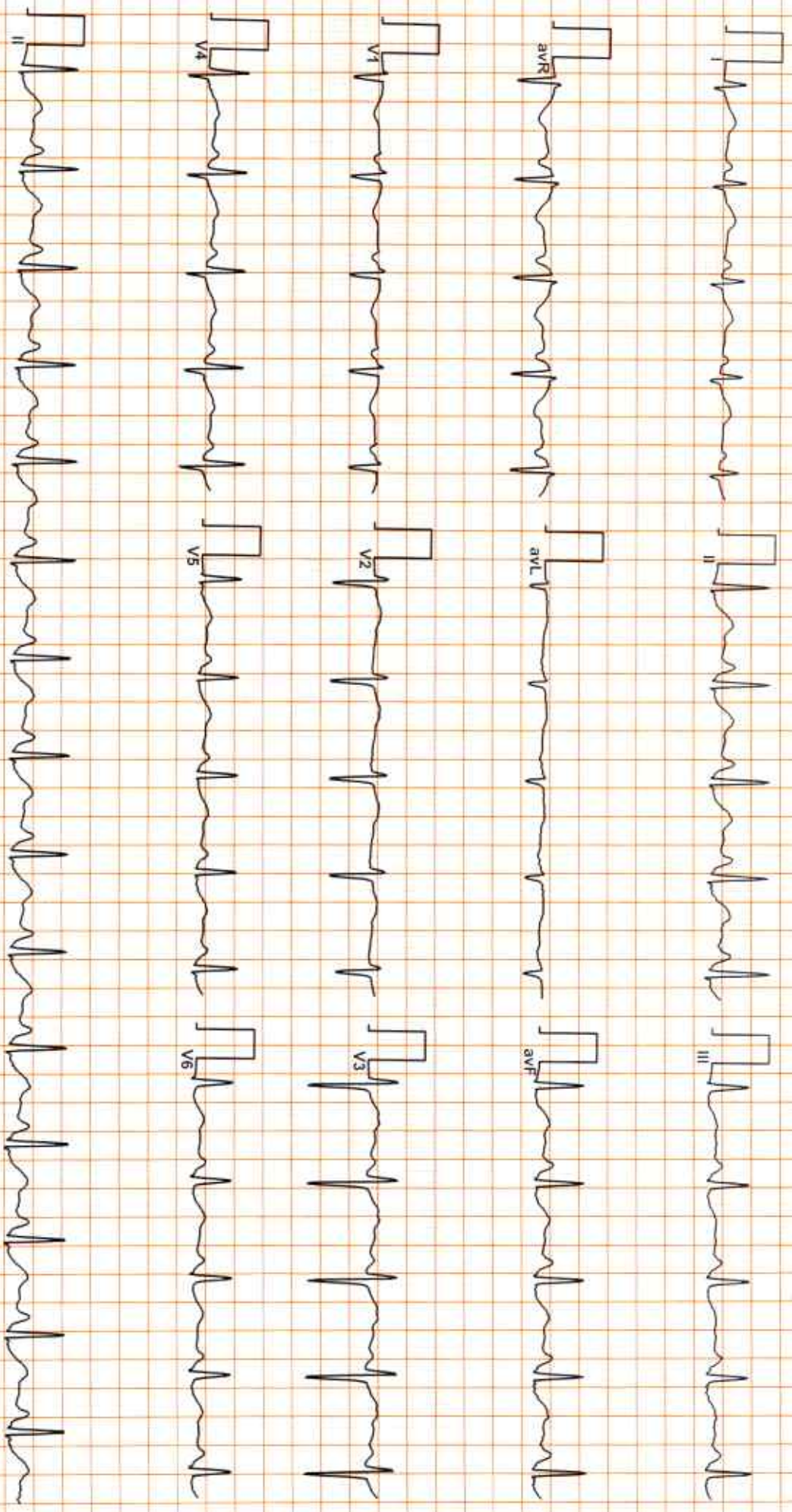
Transcript by:



8515 / MR. RAM LAL MEENA / 55 Yrs / M / Non Smoker

Heart Rate : 89 bpm / / Refd By: BANK OF BARODA / Tested On : 29-Aug-21 11:19:55 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG/DL



1240 / MR. RAM LAL MEENA / 55 Yrs / M / 0 Cms / 0 Kg Date: 29-Aug-2021 Refd By : BANK OF BARODA

(GEM210151123) Gemini A-DX by Allengers

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:12	0:01	01.1	00.0	01.0	102	120/80	122	00	
Standing	00:17	0:01	01.1	00.0	01.0	102	120/80	122	00	
HV	00:22	0:01	01.1	00.0	01.0	102	120/80	122	00	
ExStart	00:57	0:07	01.7	10.0	01.1	104	120/80	124	00	
BRUCE Stage 1	03:57	3:00	01.7	10.0	04.7	130	120/80	156	00	
BRUCE Stage 2	06:57	3:00	02.5	12.0	07.1	148	130/82	192	00	
PeakEx	07:43	0:46	03.4	14.0	07.9	155	130/82	201	00	
Recovery	08:42	1:00	00.0	00.0	01.1	120	130/82	156	00	
Recovery	09:42	2:00	00.0	00.0	01.0	106	150/90	158	00	
Recovery	11:42	4:00	00.0	00.0	01.0	100	136/86	136	00	
Recovery	11:53				00.0	000	---	000	00	

Findings :

Exercise Time : 06:47
 Max HR Attained : 157 bpm 95% of Target 165
 Max BP Attained : 150/90
 Max Workload Attained : 7.9 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

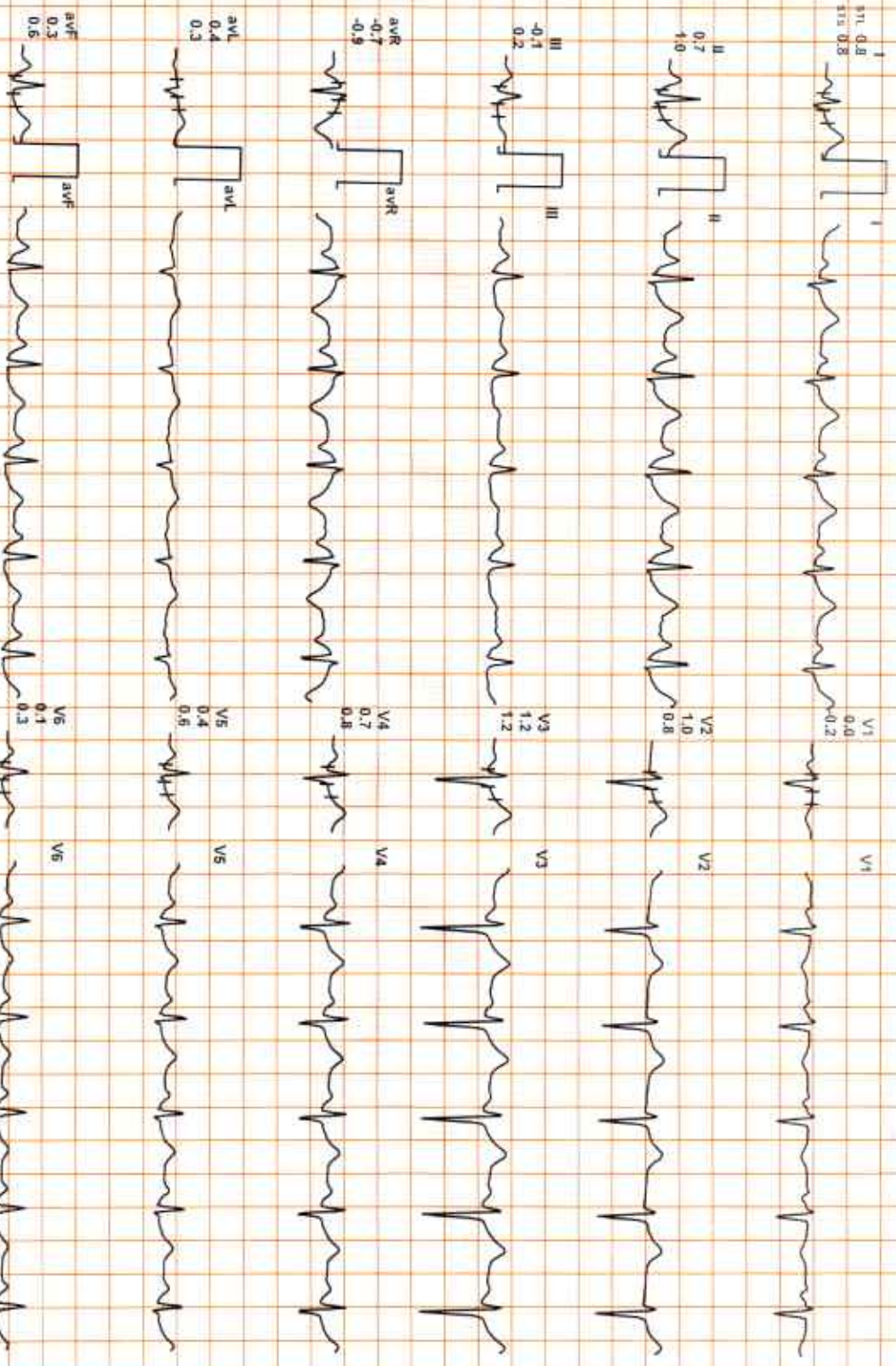
Report :

Test Negative for AIT of Peak Exercise.

Date: 29-Aug-2021 11:21:58 AM METS: 1.0/102 bpm 61% of THR BP: 120/80 mmHg Raw ECG: BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

EXTime: 00:13 1.1 mph, 0.0% 25 mm/Sec, 1.0 Cal/Div



I III aVL V1 V3 V5
 II aVR aVF V2 V4 V6

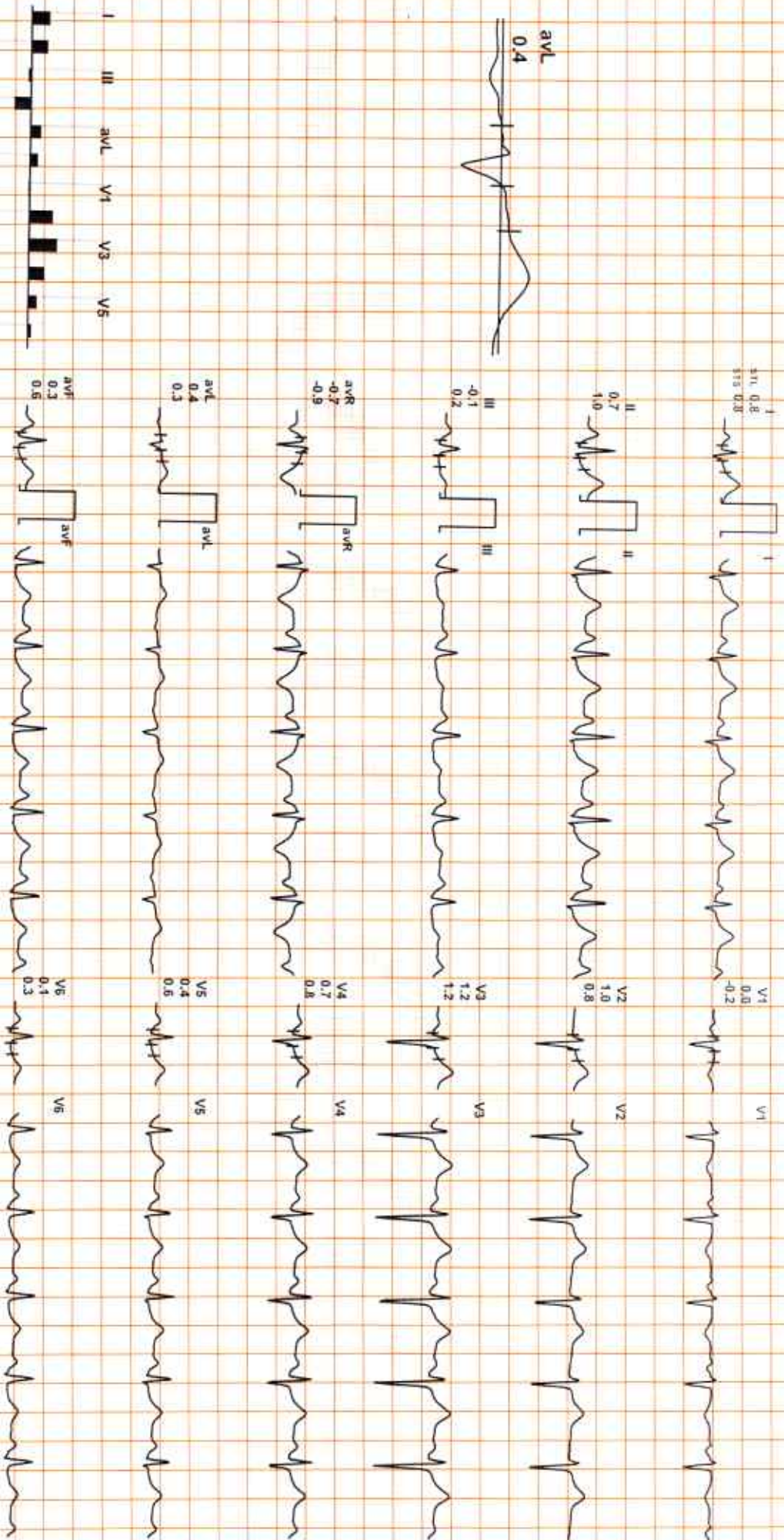
REMARKS:



Date: 29-Aug-2021 11:21:58 AM
4X 80 ms Post J

METS: 1.0/ 102 bpm 61% of THR BP: 120/80 mmHg Raw ECG/BLG ON/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExtTime: 00:18 4.1 mph 0.0%
25 mm/Sec. 1.0 Cm/ly



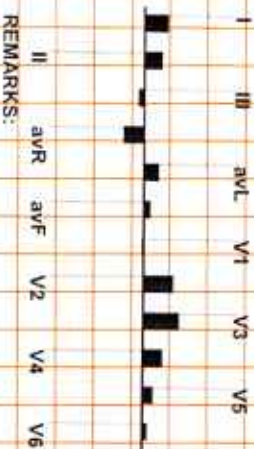
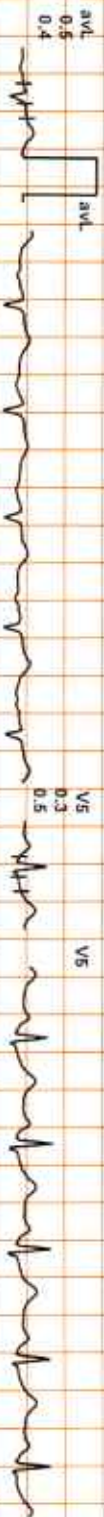
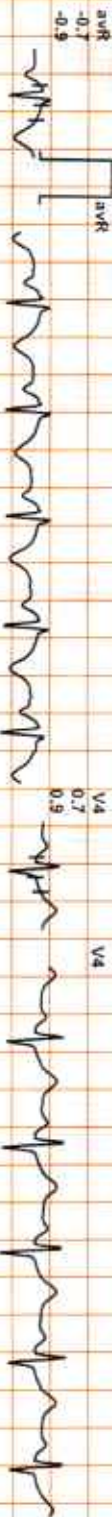
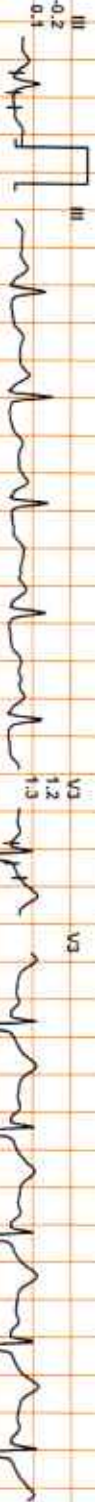
REMARKS:

(GEM210151123)Gemini A-DX by Allergens

Date: 29-Aug-2021 11:21:58 AM METS: 1.0/ 102 bpm 61% of THR BP: 120/80 mmHg Raw ECG BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:23 1.1 mph 0.0% 25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J

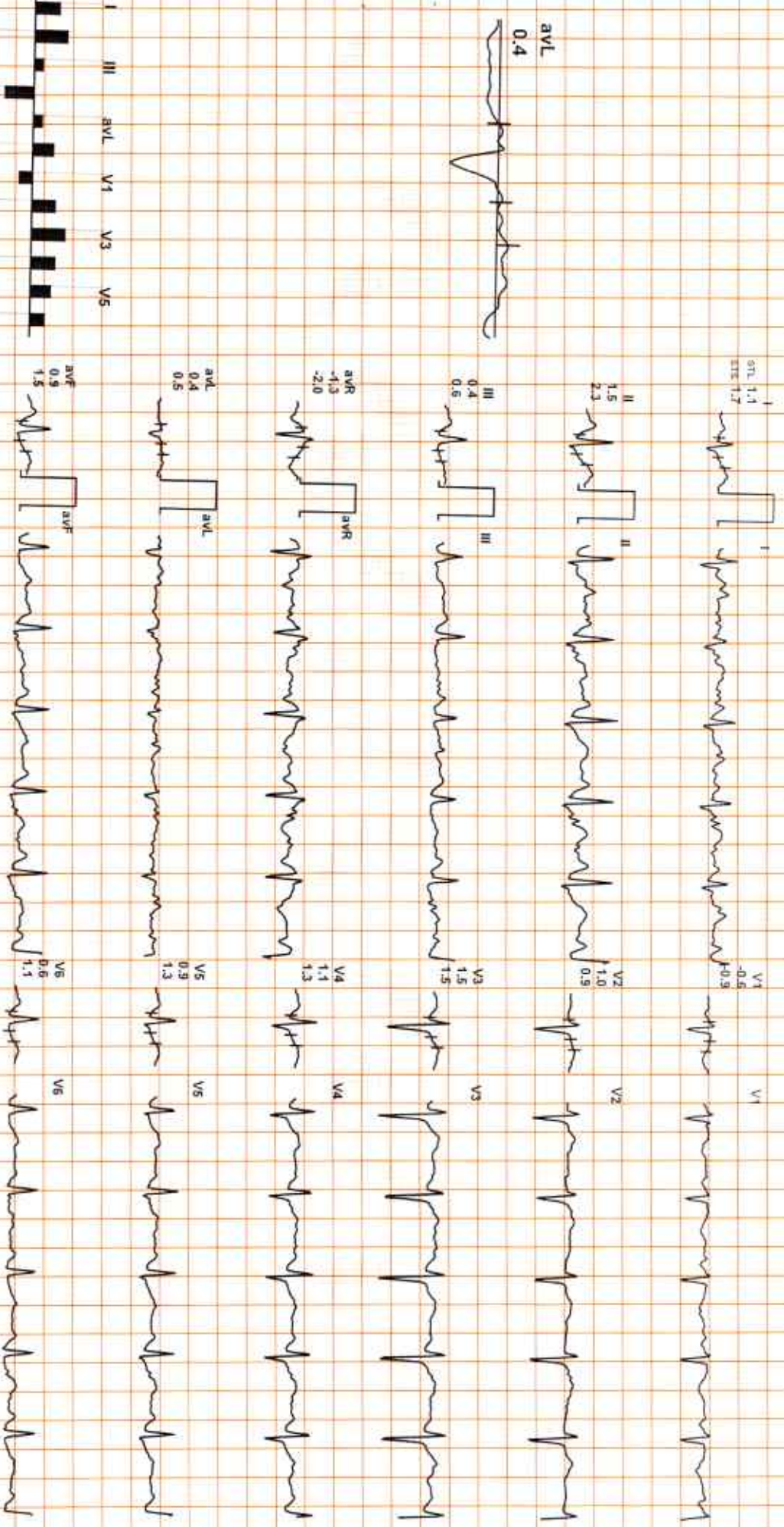


REMARKS:

Date: 29-Aug-2021 11:21:58 AM METS: 4.4/ 104 bpm 63% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/ LF 100 Hz

ExTime: 00:07 1.7 mph 10.0%
25 mm/Sec. 1.0 cm/mV

4X 40 ms Post J



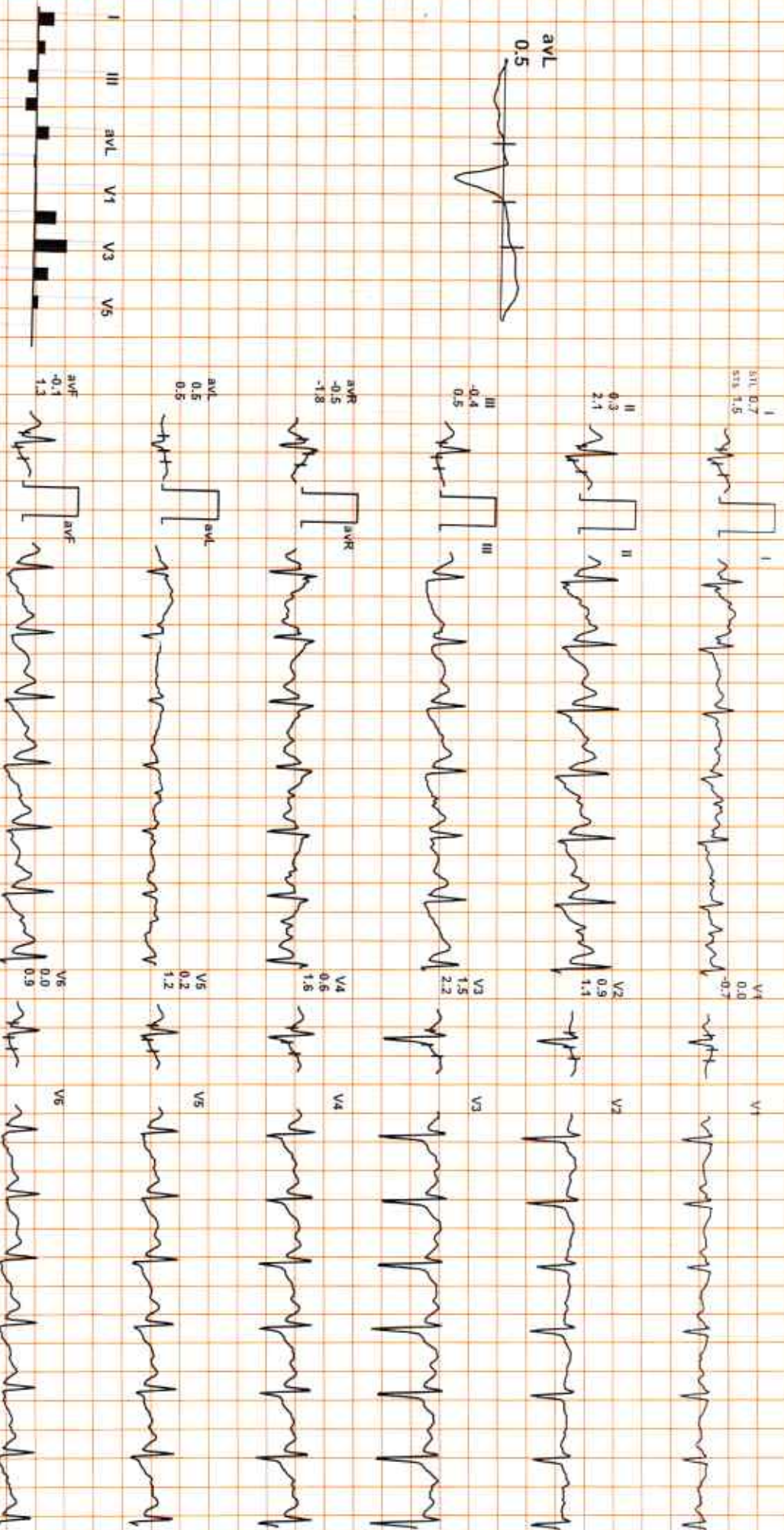
REMARKS:

Date: 28-Aug-2021 11:21:58 AM METS: 4.7/ 130 bpm 78% of THR BP: 120/80 mmHg Raw ECG/ B.L.C. Over Notch Onv HF 0.05 Hz/ LF 100 Hz

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

4X

30 uS Post-J



REMARKS:

Date: 29-Aug-2021 11:21:59 AM

METS: 7.1 / 148 bpm 89% of THR

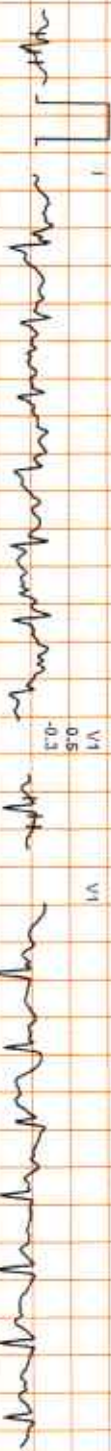
BP: 130/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 06:00 2.5 mph, 12.0%

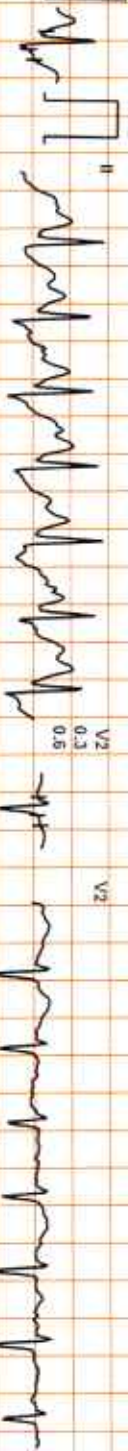
25 mm/Sec, 1.0 Cm/mV

4X 60 ms Post J

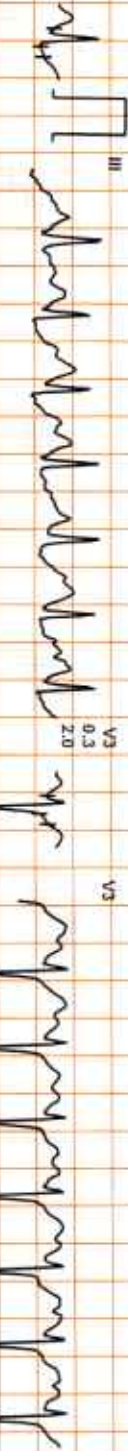
I
H1: 0.1
H2: 0.1
STs: 0.6



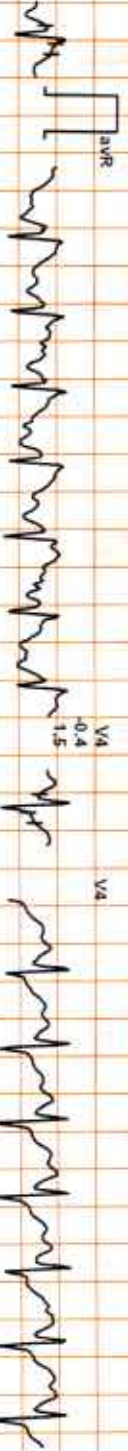
II
H1: 1.3
H2: 1.5



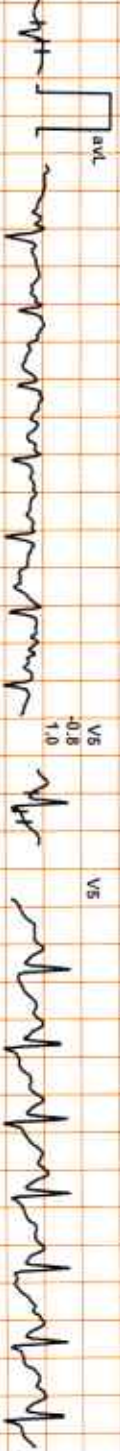
III
H1: 1.3
H2: 0.8



aVR
H1: 0.7
H2: -1.1



aVL
H1: 0.5
H2: -0.1



aVF
H1: 1.3
H2: 1.1



II aVR aVF V2 V4 V6



III aVL V1 V3 V5



II aVR aVF V2 V4 V6



II aVR aVF V2 V4 V6



II aVR aVF V2 V4 V6



II aVR aVF V2 V4 V6



REMARKS:



Date: 29-Aug-2021 11:21:58 AM

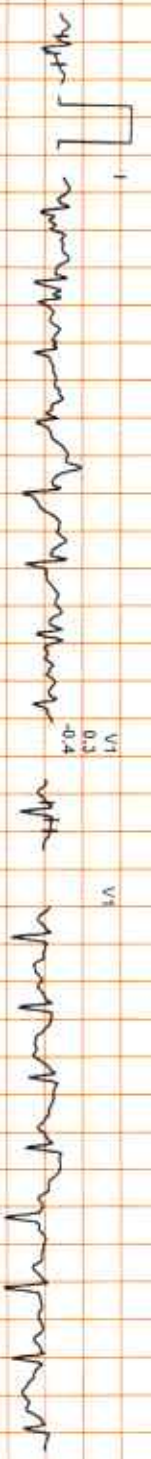
METS: 7.9 / 155 bpm 93% of THR BP: 130/82 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

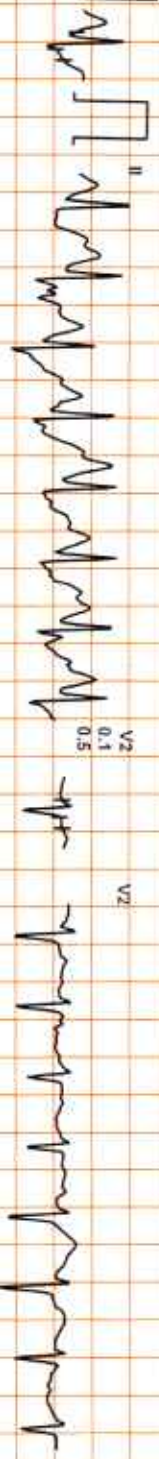
ExTime: 06:46 3.4 mph 14.0%
25 min/Sec. 1.0 Ch/minV

4X 60 mS Post J

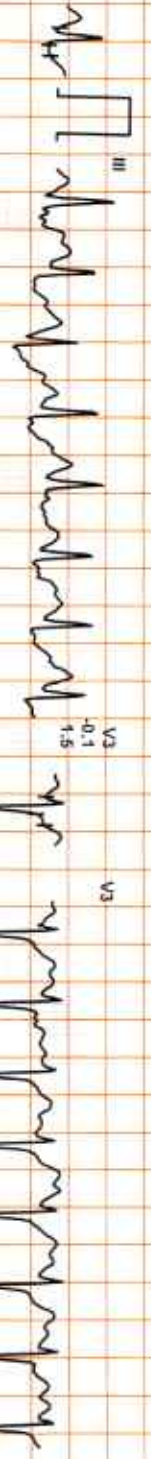
RII -0.1
RII 1.2



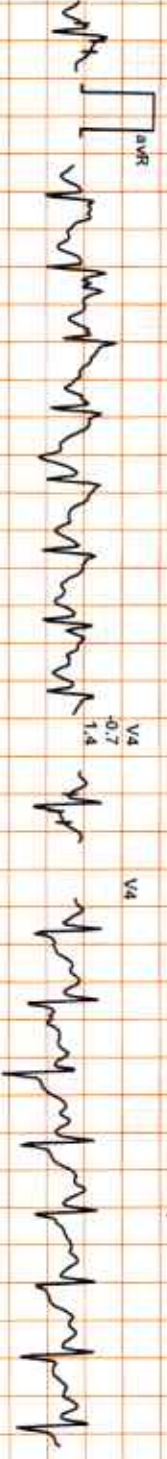
RII -1.4
RII 1.7



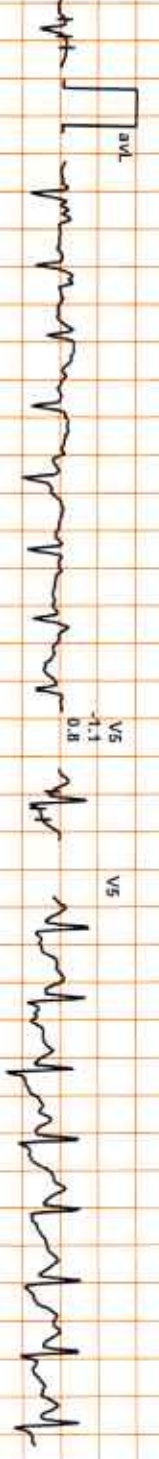
RII -1.1
RII 0.3



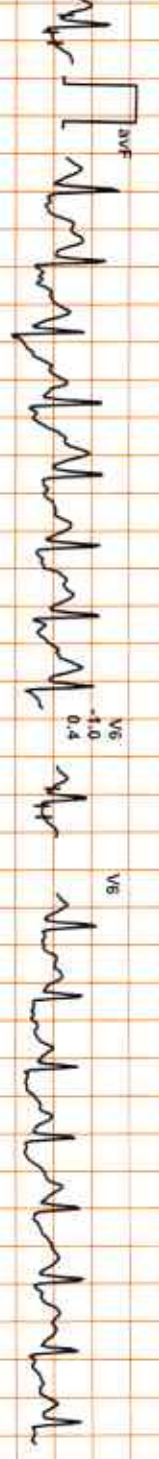
RAVR 0.9
RAVR -1.6



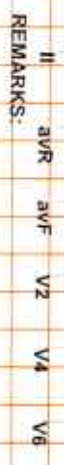
RAVL 0.3
RAVL 0.6



RAVF -1.3
RAVF 1.8



I II III aVL V1 V3 V5
II aVR aVF V2 V4 V6



REMARKS:

Date: 29-Aug-2021 11:21:58 AM METS 1.1/ 120 bpm 72% of THR BP: 130/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:47 0.0 mph, 0.0%
25 mm/Sec, 1.0 Cm/mV

4X 80 ms Post J

I
P11 0.7
S15 1.4



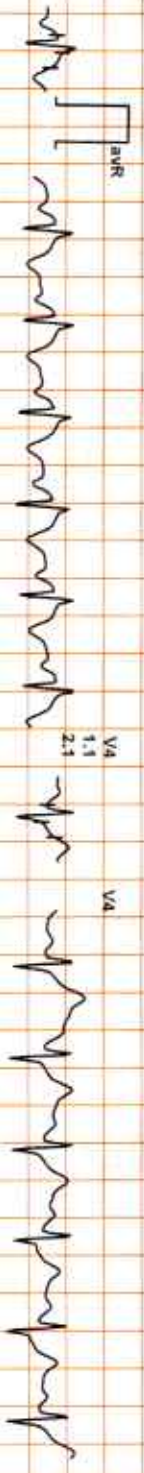
II
P10 1.0
S17 2.7



III
P02 0.2
S14 1.4



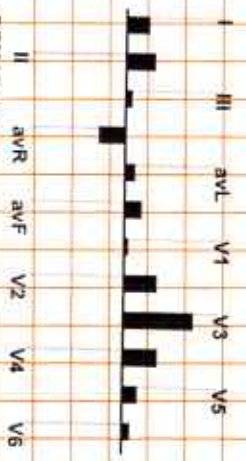
aVR
P09 -0.9
S20 -2.0



aVL
P03 0.3
S01 -0.1



aVF
P05 0.5
S20 2.0



REMARKS:

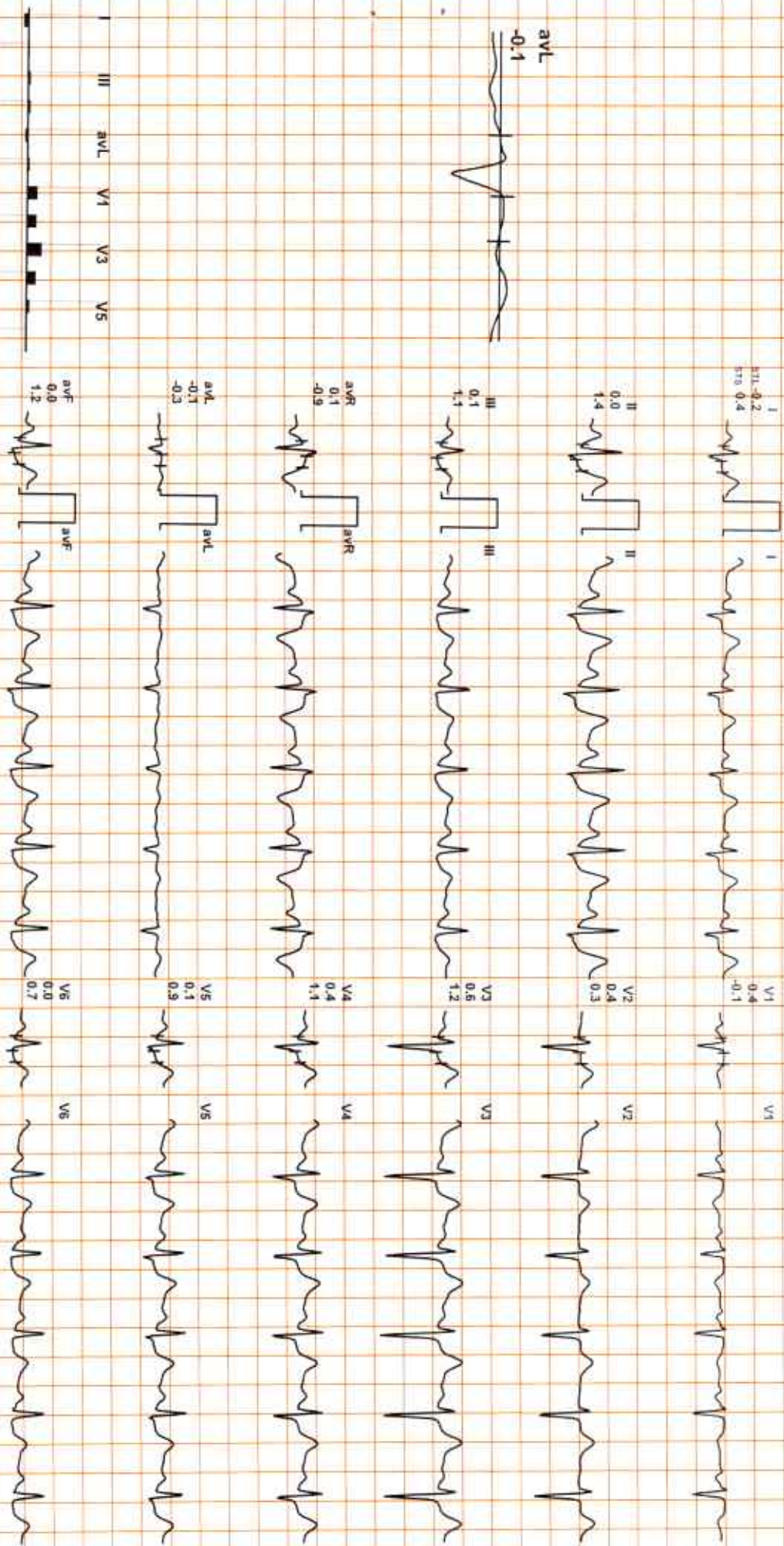


1240 / MR RAM LAL MEENA / 55 YRS / M

Date: 29-Aug-2021 11:21:58 AM METS: 1.07 106 bpm 64% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/L: 100 Hz

4X 80 ms Post J

ExTime: 06:47 0.0 mpph 0.0% 45 mm/Sec. 1.0 Cm/mV

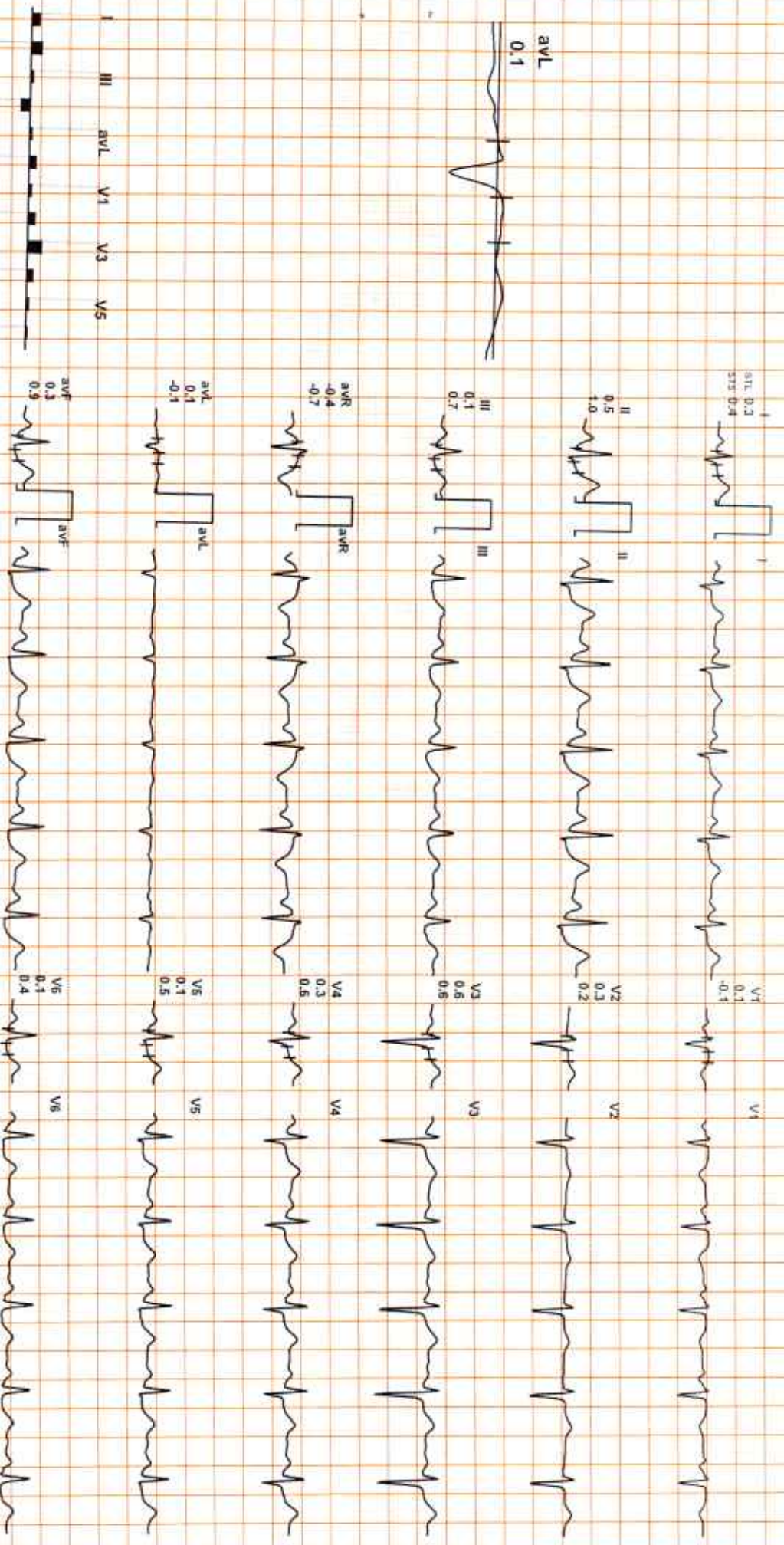


REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6

Date: 29-Aug-2021 11:21:58 AM METS: 1.0/ 100 bpm 60% of THR BP: 138/86 mmHg Raw ECG/ B.L.C. QW Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:47 0.0 mpb 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



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



Date: 29-Aug-2021 11:21:58 AM I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6



Date: 29-Aug-2021 11:21:58 AM

I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

PeakEX

(1) 0.47 2.4 mph
(2) 0.47 14.0 %
155 bpm 130/82



Recovery

(1) 6.48 0.0 mph
(2) 1.01 0.0 %
120 bpm 130/82



Recovery

(1) 6.48 0.0 mph
(2) 2.01 0.0 %
105 bpm 150/90



Recovery

(1) 6.48 0.0 mph
(2) 4.01 0.0 %
100 bpm 136/85



Recovery

(1) 0.01 0.0 mph
(2) 0.01 0.0 %
0 bpm

