

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: 15/04/2022

Name: Rajesh Bunkhey Age: 34 DOB: 6/9/1987 Sex: Male

Referred By: _____

Photo ID: AADHAR ID #: attached

Ht: 171 (cm)

Wt: 79 (Kg)

Chest (Expiration): 99 (cm)

Abdomen Circumference: 94 (cm)

Blood Pressure: 132/98 mm Hg

PR: 76 /min

RR: _____ /min

Temp: Afebrile

BMI 27.0

Eye Examination: vision normal (with spec)
G/B, N/G

NO colorblindness

Other: not significant

On examination he/she appears physically and mentally fit: Yes / No

Signature of Examinee: [Signature] Name of Examinee: _____

Signature Medical Examiner: _____ Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., D.M.P.C.
RMC Reg. No. - 017656



भारत सरकार
Government of India



भारतीय विशिष्ट पहचान प्राधिकरण
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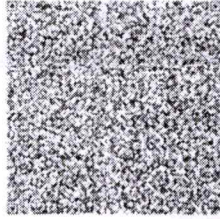
नामांकन क्रम/ Enrolment No.: 0648/00140/58883

Download Date: 02/05/2021

To
राजेश बुन्कर
Rajesh Bunker
S/O Gopal Lal Bunker
53
SURYA NAGAR
GOPALPURA BYE PASS
Jaipur
Gandhi Nagar
Jaipur Rajasthan - 302015
9680144313

Issue Date: 24/10/2019

Signature Not Verified
Date: 24/10/2019
Time: 10:08:01
IP: 192.168.1.100



आपका आधार क्रमांक / Your Aadhaar No. :

5916 7740 4225

VID : 9184 5758 0592 4842

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Download Date: 02/05/2021



राजेश बुन्कर
Rajesh Bunker
जन्म तिथि/DOB: 06/09/1987
पुरुष/ MALE

Issue Date: 24/10/2019

*21/12/1987
ID for medical
15/1/22*

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VID : 9184 5758 0592 4842

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- स्मार्ट QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
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- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।
- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



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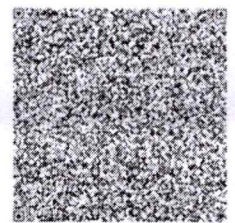


पता:

S/O गोपाल लाल बुन्कर, 53, सूर्य नगर, गोपालपुरा बाई पास, जयपुर, जयपुर, राजस्थान - 302015

Address:

S/O Gopal Lal Bunker, 53, SURYA NAGAR, GOPALPURA BYE PASS, Jaipur, Jaipur, Rajasthan - 302015



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1947 | help@uidai.gov.in | www.uidai.gov.in

*Dr. Piyush Goyal
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JMC Reg. No.-017996*

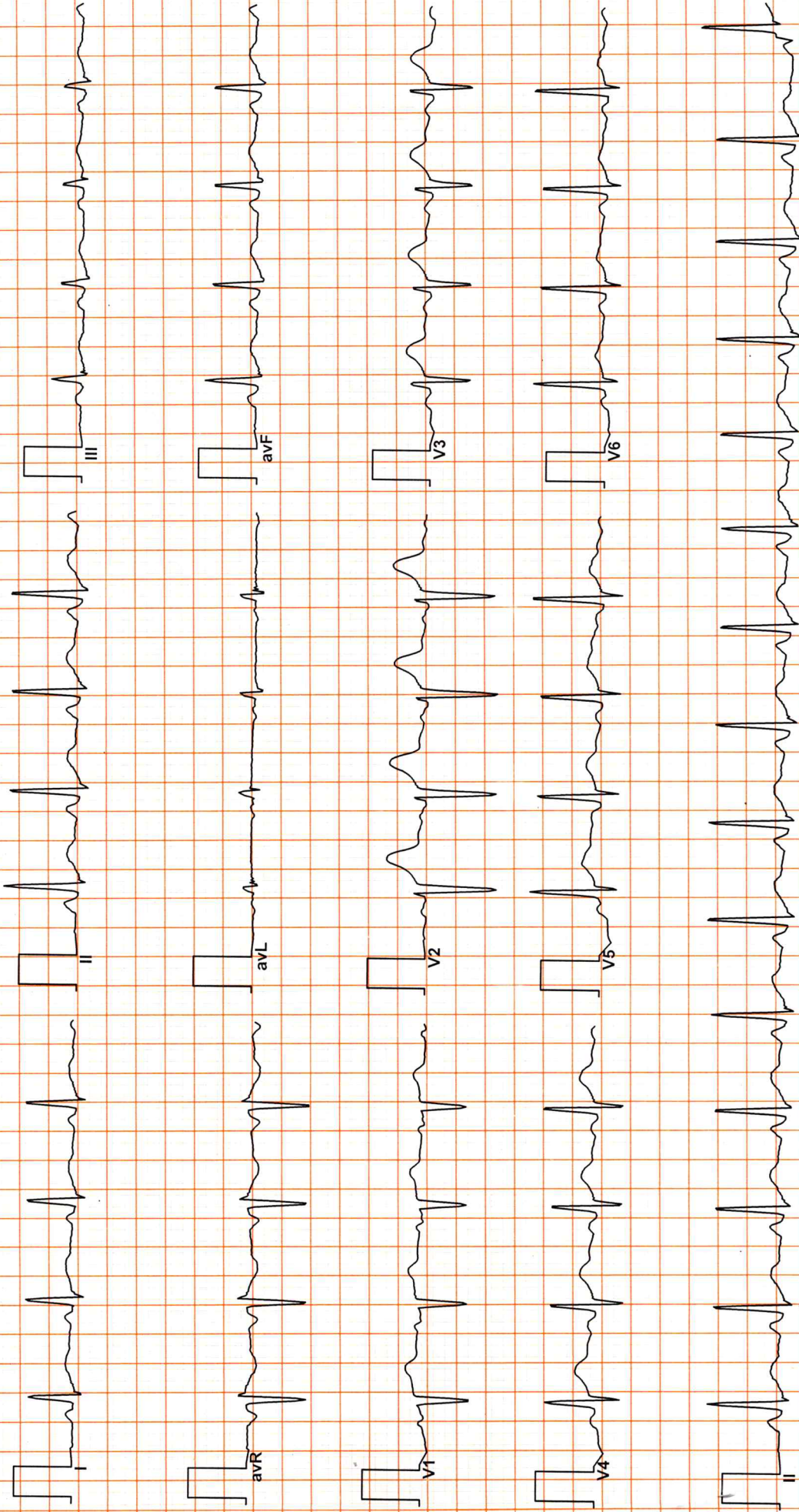
DR. GOYALS PATH LAB & IMAGING CENTRE

1222194 / MR. RAJESH BUNKAR / 34 Yrs / M/ Non Smoker

Heart Rate : 89 bpm / Tested On : 15-Apr-22 10:30:24 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

/ Refd By.: BOB

ECG



Vent Rate : 89 bpm
PR Interval : 148 ms
QRS Duration : 76 ms
QT/QTc Int : 358/409 ms
P-QRS-T axis : 62.00 • 57.00 • 61.00 •

Allergers ECG (Pisces)(PIS215190517)

Dr. Nareesh Kumar
Dr. Nareesh Kumar
RMC No. 30/103
RMC GARDHO (ESCORTA)
MBBS, D.I.C. (RCP),
D.E.M. (RCP),
D.E.M. (RCP)

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Date :- 15/04/2022 09:24:25 Patient ID :-1222195
NAME :- Mr. RAJESH BUNKER Ref. By Dr:- BOB
 Sex / Age :- Male 34 Yrs 7 Mon 10 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 15/04/2022 09:29:20

Final Authentication : 15/04/2022 12:56:43

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.8	%	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	120	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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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.9	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.73	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	40.6	%	40.0 - 80.0
LYMPHOCYTE	51.2 H	%	20.0 - 40.0
EOSINOPHIL	2.3	%	1.0 - 6.0
MONOCYTE	5.6	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.74	10 ³ /uL	1.50 - 7.00
LYMPH#	3.45	10 ³ /uL	1.00 - 3.70
EO#	0.15	10 ³ /uL	0.00 - 0.40
MONO#	0.37	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.72 H	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	47.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	83.7	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.3	g/dL	31.5 - 34.5
PLATELET COUNT	202	x10 ³ /uL	150 - 410
RDW-CV	15.3 H	%	11.6 - 14.0
MENTZER INDEX	14.63		

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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Page No: 2 of 16



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	23 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" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.
Methodology: TLC, 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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Page No: 3 of 16



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Patient ID :-1222195
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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/04/2022 09:29:20

Final Authentication : 15/04/2022 11:50:30

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	195.56	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	143.07	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	28.61	mg/dl	0.00 - 80.00

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Page No: 4 of 16



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Sample Collected Time 15/04/2022 09:29:20

Final Authentication : 15/04/2022 11:50:30

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	25.38	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	146.34	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	7.71	H	0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	5.77	H	0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	604.44	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Radox 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:Radox 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:Radox 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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Page No: 5 of 16



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.70	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	45.6 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	86.0 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	66.40	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.68	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.79	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.89	gm/dl	2.20 - 3.50
A/G RATIO	1.66		1.30 - 2.50

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Page No: 6 of 16



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.24	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.46	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	43.60	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: 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 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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Page No: 7 of 16



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Final Authentication : 15/04/2022 11:27:57

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TSH ULTRA	2.8610	μ IU/mL	0.4001 - 4.0490
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Method:- Enhanced Chemiluminescence Immunoassay

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Page No: 8 of 16



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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
 Method:- Chemiluminescence(Competitive immunoassay) 1.260 ng/ml 0.970 - 1.690

SERUM TOTAL T4
 Method:- Chemiluminescence(Competitive immunoassay) 10.800 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

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Page No: 9 of 16



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Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 15/04/2022 09:29:20

Final Authentication : 15/04/2022 11:37:57

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	1-2	/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

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Page No: 10 of 16



Dr. Goyal's

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



Date :- 15/04/2022 09:24:25 Patient ID :- 1222195
NAME :- Mr. RAJESH BUNKER Ref. By Dr:- BOB
 Sex / Age :- Male 34 Yrs 7 Mon 10 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- URINE Sample Collected Time 15/04/2022 09:29:20 Final Authentication : 15/04/2022 11:37:57

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

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Technologist

Page No: 11 of 16



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Date :- 15/04/2022 09:24:25
NAME :- Mr. RAJESH BUNKER
 Sex / Age :- Male 34 Yrs 7 Mon 10 Days
 Company :- MediWheel

Patient ID :-1222195
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 15/04/2022 09:29:20

Final Authentication : 15/04/2022 11:37:57

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	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

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Page No: 12 of 16



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Date :- 15/04/2022 09:24:25 Patient ID :-1222195
NAME :- Mr. RAJESH BUNKER Ref. By Dr:- BOB
 Sex / Age :- Male 34 Yrs 7 Mon 10 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-F, UREA, URIC ACID, SERUM, URIC ACID, SERUM
 Sample ID :- P150422130134 Final Authentication : 15/04/2022 15:01:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	101.0	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
<p>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 .</p>			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	106.9	mg/dl	70.0 - 140.0
<p>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 .</p>			
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	5.76	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

C.L.SAINI

Page No: 13 of 16



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Date :- 15/04/2022 09:24:25 Patient ID :- 1222195
NAME :- Mr. RAJESH BUNKER Ref. By Dr:- BOB
Sex / Age :- Male 34 Yrs 7 Mon 10 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA, URINE, URINE-PP Sample Collected Time 15/04/2022 13:02:52 Final Authentication : 15/04/2022 13:35:57

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

AJAYSINGH, SAPNA
Technologist

Page No: 15 of 16



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Date :- 15/04/2022 09:24:25

Patient ID :- 1222195

NAME :- Mr. RAJESH BUNKER

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 7 Mon 10 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/04/2022 09:29:20

Final Authentication : 15/04/2022 11:50:30

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.3	mg/dl	0.0 - 23.0

*** End of Report ***

C.L.SAINI

Page No: 16 of 16



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Date :- 15/04/2022 09:24:25

NAME :- Mr. RAJESH BUNKER

Sex / Age :- Male 34 Yrs 7 Mon 10 Days

Company :- MediWheel

Patient ID :-1222195

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 15/04/2022 11:12:11

BOB PACKAGE BELOW 40MALE

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)

*** End of Report ***

Page No: 1 of 1

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Patient ID :-1222195

NAME :- Mr. RAJESH BUNKER

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Sex / Age :- Male 34 Yrs 7 Mon 10 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :-

Sample Collected Time

Final Authentication : 15/04/2022 14:42:08

ECHOCARDIOGRAPHY 2D (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	19	mm	LA	28	Mm	IVS-D	8	mm
IVS-S	14	mm	LVID	39	Mm	LVSD	25	mm
LVPW-D	10	mm	LVPW-S	12	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	68%		RWMA		ABSENT			

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE

E VELOCITY	0.75	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.57	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2

MITRAL REGURGITATION ABSENT

AORTIC VALVE

PEAK VELOCITY	0.47	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg

AORTIC REGURGITATION ABSENT

TRICUSPID VALVE

PEAK VELOCITY	1.19	m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg

VMax VELOCITY

TRICUSPID REGURGITATION ABSENT

PULMONARY VALVE

PEAK VELOCITY	1.1	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VELOCITY			MEAN GRADIENT		Mm/hg

PULMONARY REGURGITATION ABSENT

TANVI

Page No: 1 of 2



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Date :- 15/04/2022 09:24:25

Patient ID :-1222195

NAME :- Mr. RAJESH BUNKER

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 7 Mon 10 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :-

Sample Collected Time

Final Authentication : 15/04/2022 14:42:08

Impression--

1. Normal LV size & contractility.
2. No RWMA, LVEF 68%.
3. Normal cardiac chamber.
4. Normal valve.
5. No clot, no vegetation, no pericardial effusion.

(Cardiologist)

*** End of Report ***

TANVI

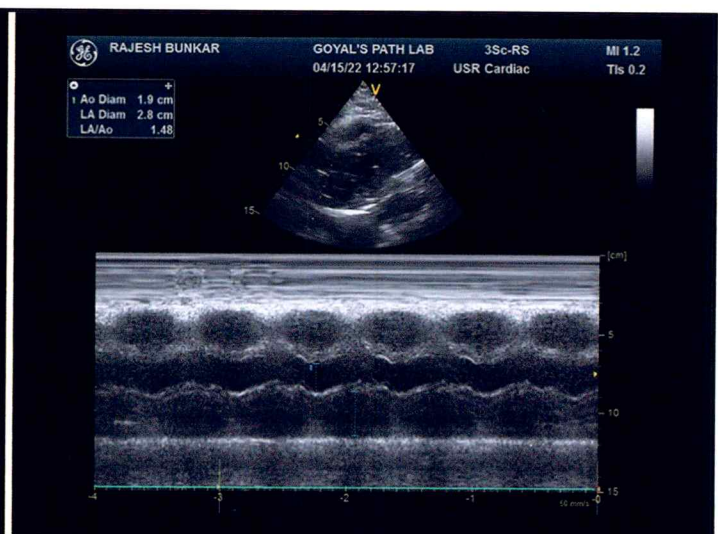
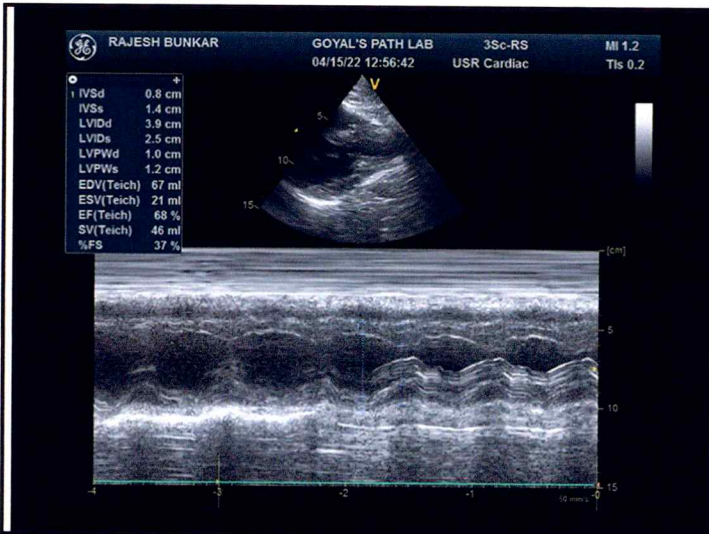
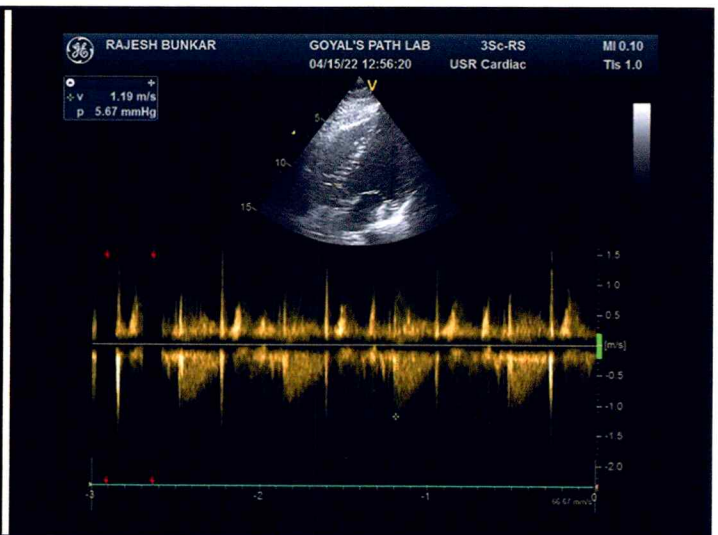
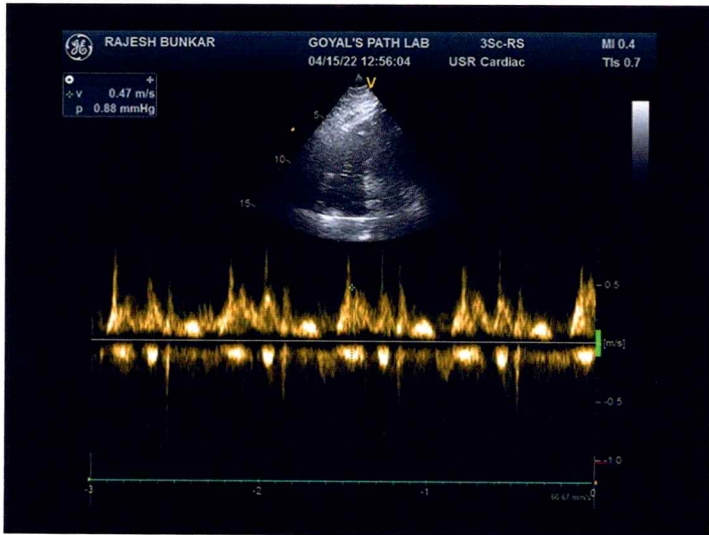
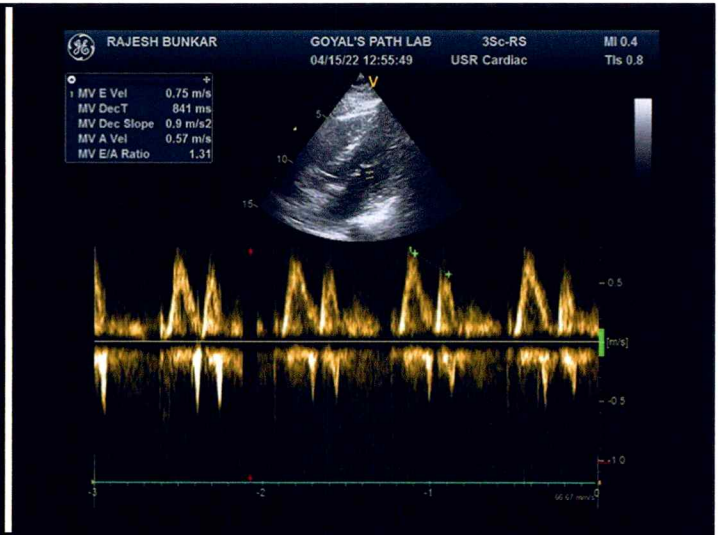
Page No: 2 of 2



Dr. Goyal's Path Lab

Name **RAJESH BUNKAR**
 Patient Id **RAJES56_56030**

Date **04/15/2022**
 Diagnosis Dr.



Dr. Goyal's

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NAME :- Mr. RAJESH BUNKER
Sex / Age :- Male 34 Yrs 7 Mon 10 Days
Company :- MediWheel

Patient ID :-1222195
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 15/04/2022 12:10:37

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. 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:

***Normal study**

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

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