

5 Seconds ECG Report

Time: 13:12:48

P-QRS-T Axis (79)-(67)-(57) deg

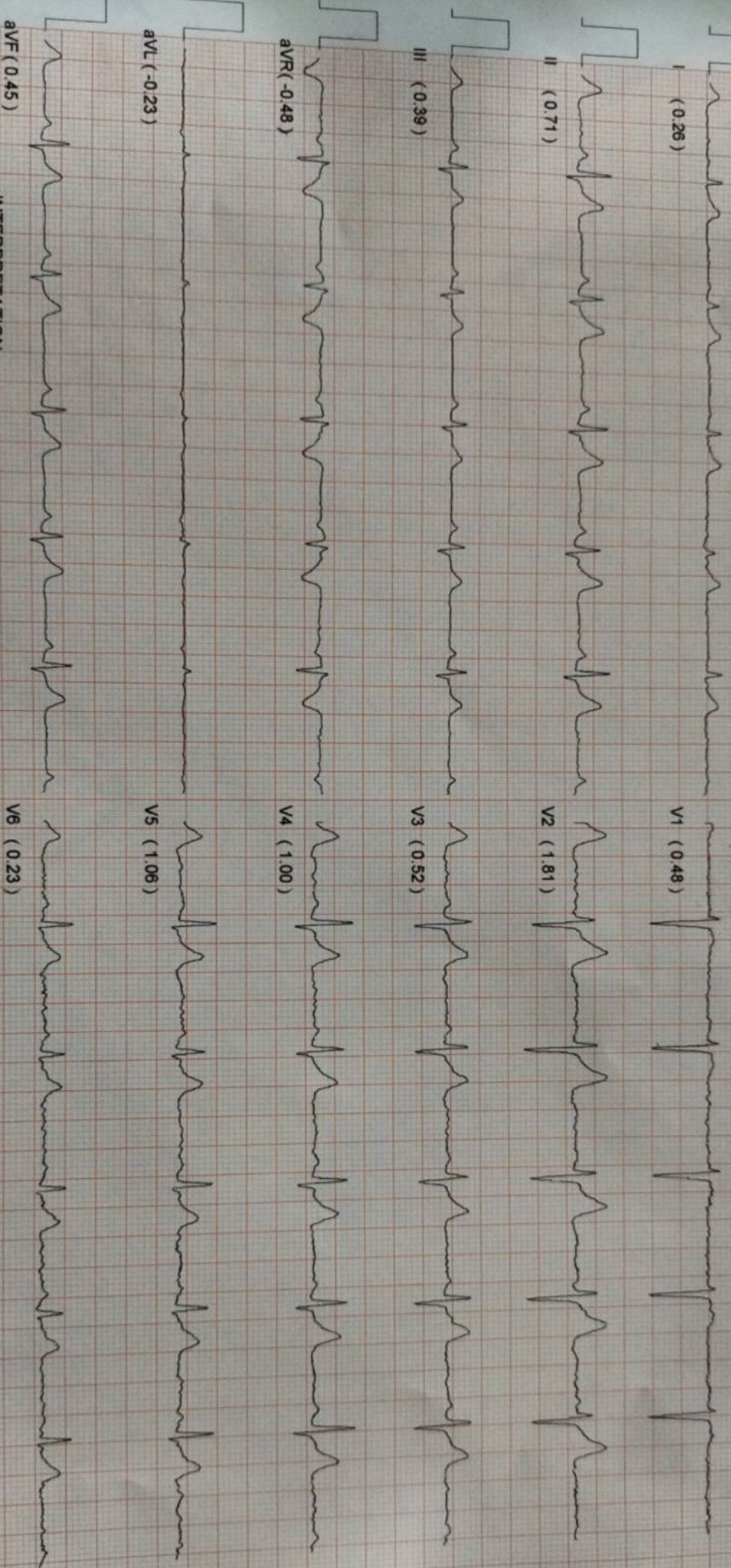
PR Interval: 0.15 sec

QRS Duration: 0.056 Sec

RR Interval: 0.78 sec

HR : 76 bpm

BP : 0 / 0 mmHg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal, T wave inversion in Lead aVL, V1, Otherwise Normal ECG

DR
MD

*Unconfirmed Reporting, Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/1.13

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)



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

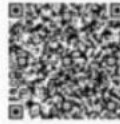
Patient Name : MR. SUNIL BOHRA

Age / Gender : 32 years / Male

Endo ID : 98723

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 01:32 p.m.

Reported Date & Time : Dec 10, 2022, 03:10 p.m.

Sample ID :



223440047

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	248.6	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	83.9	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	46.32	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	16.78	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	185.50	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	5.37		2.6-4.9
LDL/HDL Ratio Method : Calculated	4.00		0.5-3.4

END OF REPORT

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

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Reported Date & Time : Dec 10, 2022, 03:11 p.m.

Sample ID :



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Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.84	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	12.8	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	0.22	uIU/mL	0.35 - 5.50

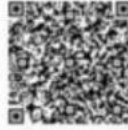
Interpretation:

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

****END OF REPORT****

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

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Age / Gender : 32 years / Male
Endo ID : 98723
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Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 01:32 p.m.

Reported Date & Time : Dec 10, 2022, 02:15 p.m.

Sample ID :



223440047

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

HbA1c (GLYCOSYLATED HEMOGLOBIN)
BLOOD

5.8 %

> 8% Action Suggested
7 - 8 % Good Control
< 7% Goal
6 - 7 % Near Normal Glycemia
< 6% Normal level

Method : Nephelometry Methodology

Instrument:Mispa i2

Clinical Information:

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

AVERAGE BLOOD GLUCOSE

119.76

90 - 120 Very Good Control
121 - 150 Adequate Control
51 - 180 Sub-optimal Control
181 - 210 Poor Control
> 211 Very Poor Control

END OF REPORT

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

Consultant Radiologist & Sonologist

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MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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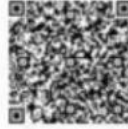
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Collected Date & Time : Dec 10, 2022, 01:32 p.m.

Reported Date & Time : Dec 10, 2022, 03:09 p.m.

Sample ID :



223440047

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

RENAL FUNCTION TEST

Urea Method : Uricase	25.04	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.99	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	6.91	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	8.61	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	-	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	-	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	-	mmol/L	98 - 106

END OF REPORT

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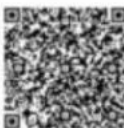
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Sample ID :



223440047



Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	13.8	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	4.31	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	39.8	%	42 - 52
Mean Cell Volume (MCV)	92.4	FL	78 - 100
Mean Cell Haemoglobin (MCH)	32.1	Pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC)	34.8	g/dl	32 - 36
Red Cell Distribution Width (RDW)	12.5	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7910	Cell/cu.mm	4000 - 10000
Neutrophils	60	%	40 - 80
Lymphocytes	34	%	20 - 40
Monocytes	04	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	10.6	fL	7.2 - 11.7
PCT	0.29	%	0.2 - 0.5
Platelet Count	271	10 ³ /ul	150 - 450

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
IRON - SERUM	129.1	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	350	ug/dL	228 - 428
FERRITIN	108.9	ng/mL	Male:22-322 Female:10-291
Method : Serum CLIA			
TRANSFERRIN SATURATION %	36.89	%	16 - 50
Method : Calculated			

INTERPRETATION

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

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

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

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

Decreased Levels

-Iron deficiency anemia

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GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPL

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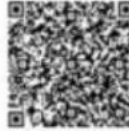
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END OF REPORT

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GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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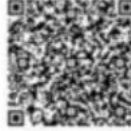
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BIOCHEMISTRY

C-Reactive Protein; CRP, SERUM	2.13	mg/L	0.0-6.0
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Interpretation :

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

END OF REPORT

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223440047



Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIVER FUNCTION TEST			
Bilirubin - Total	0.67	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.26	mg/dL	0.00 - 0.3
Bilirubin - Indirect	0.41	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	22.2	U/L	5.0-40
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	29.9	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	24.6	U/L	MALE & FEMALE
Method : IFCC with Serum			
4-15 YEAR: 54-369 U/L			
20-59 YEAR: 42-98 U/L			
>60 YEAR: 53-141 U/L			
Total Protein	6.66	g/dL	6.0 - 8.0
Method : Biuret, with Serum			
Albumin	4.17	g/dL	3.4 - 5.5
Method : Tech; BCG with Serum			
Globulin	2.49	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.67		1.5 - 2.5
Method : Calculated			

END OF REPORT

Dr. Nishi Prasad

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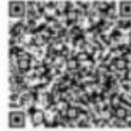
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Sample ID :



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BIOCHEMISTRY

Gamma GT

30

U/L

8-61

Method : G-Glutamyl-Carboxy-Nitroanilide

Interpretation

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

****END OF REPORT****

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Collected Date & Time : Dec 10, 2022, 01:32 p.m.

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Sample ID :



223440047

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

BLOOD GROUP ABO AND RHTYPE

'B' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

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

END OF REPORT

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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	S.turbid		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.015		1.005 - 1.030

Chemical Examination

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

Microscopic Examination

Pus cells (WBCs)	7-8	/hpf	0-9
Epithelial cells	3-4	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	+		Absent
Yeast cells	Absent		Absent

END OF REPORT

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GOYAL
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4-D ULTRASOUND * COLOUR DOPPLER

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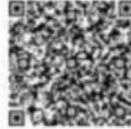
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HAEMATOLOGY

ESR	20	mm	0 - 20
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END OF REPORT

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BIOCHEMISTRY

Glucose fasting	88.4	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

****END OF REPORT****

Dr. Nishi Prasad

M.D. (Patho.)



भारत सरकार
Government of India

Download Date: 27/01/2021

सुनील बोहरा
Sunil Bohra
जन्म तिथि/DOB: 19/10/1990
पुरुष/ MALE

Issue Date: 22/01/2021

5915 8036 0963
VID : 9132 5657 1018 3636

मेरा आधार, मेरी पहचान

Sunil Bohra

भारतीय डिजिटल पहचान प्राधिकरण
Unique Identification Authority of India

पता:
द्वारा: माधु सुधीर, 1809 प्रेम सदन नियर विम्स अकेडमी
स्कूल, चौरसियावास रोड वैशाली नगर, होकरण, अजमेर,
राजस्थान - 305004

Address:
C/O: Madhu Sudhir, 1809 PREM SADAN
NEAR WINGS ACADAMEY SCHOOL,
CHOURASIYAWAS ROAD VAISHALI
NAGAR, Hokaran, Ajmer,
Rajasthan - 305004

5915 8036 0963
VID : 9132 5657 1018 3636

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Dr. ROOPA GOYAL (M)
Consultant Radiologist
RMC No. -00450

USG- ABDOMEN

NAME - Sunil Bohra	AGE 32 Yrs	Date 10-12-22
REF BY - BOB		

LIVER- RT LOBE 12 CM LT LOBE 4 CM
Normal in Size .Margins are regular.
IHBR and HV are not dilated.
No Evidence Of any Focal Lesion Seen

PORTAL VEIN AND CBD NOT DILATED.

GALL BLADDER- Normal distension of lumen is seen.
Walls are not thick.
Lumen is clear.

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

SPLEEN- Normal Parenchyma is homogenous.
Splenic vein is not dilated.

RT.KIDNEY- Normal in size, shape and position
Cortex is homogenous. Coticomedulary differentiation is maintained.
pelvicalyceal system is Not dilated.

LT. KIDNEY: Normal in size, shape and position.
Cortex is homogenous. Coticomedulary differentiation is maintained.
nelvicalyceal system is not dilated.

URINARY BLADDER: Lumen is fully distended . Walls are not thickened.
Prostate is Normal

IMPRESSION: Abdominal Organs are Normal

ADV:CLINICAL CORRELATION AND FURTHER INVESTIGATION.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No.-004507/15600

NAME	: SUNIL BOHRA	DATE	: 10-12-22
AGE	: 32 YRS	LAB NO.	: ---
SEX	: MALE	REF BY	: BOB

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS.
- . INTACT IAS/ IVS
- . NORMAL CARDIAC VALVES
- . NO RWMA : LVEF 60 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

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

LVID d	36	LVEDV	
LVID s	24	LVESV	
RVID(d)	---	SV	-
IVS d	9	F.S	
IVS S	12	EF	60 %
LVPW d	9	C.O	-
LVPWS	12	MITRAL VALVE	-
AORTIC ROOT	23	EF SLOPE	-
LEFT ATRIUM	24	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

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

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

Dr. ROOPA GOYAL
Consultant Radiologist
RMC No.-004

Consultant Radiologist & Sonologist

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GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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NAME- Sunil AGE-32 yrs DATE—10-12-2022
REF.BY --

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR
CARDIAC SIZE IS WITHIN NORMAL LIMITS
BOTH LUNG FIELDS ARE CLEAR

NAD IN HEART AND LUNGS

Dr. DEVENDRA GOYAL (MD)
RMC No. 004250/15000
Consultant Radiologist
And Sonologist