

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND \* COLOUR DOPPLER

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

Patient Name : RAHUL SISODIYA

Age / Gender : 31 years / Male

Endo ID : 109702

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Feb 25, 2023, 10:58 a.m.

Reported Date & Time : Feb 25, 2023, 11:47 a.m.

Sample ID :



230560025

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

Glucose fasting

90.75

mg/dL

70.0-110.0

Method : Fluoride Plasma-F, Hexokinase

**\*\*END OF REPORT\*\***

**Dr. Nishi Prasad**

M.D. (Patho.)



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**BIOCHEMISTRY**

**LIPID PROFILE**

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	228.2	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	85.5	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	49.5	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	17.10	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	161.60	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
HDL/HDL Ratio Method : Calculated	4.61		2.6-4.9
VLDL/HDL Ratio Method : Calculated	3.26		0.5-3.4

\*\*END OF REPORT\*\*

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M.D. (Patho)



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**IMMUNOLOGY**

T3-Triiodothyronine Method : CHEMILUMINOSCECE	0.86	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	7.2	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	2.18	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\*\***

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**HAEMATOLOGY**

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**  
BLOOD

5.6 %

> 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**

114.02

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\*\*

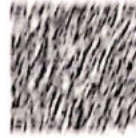
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Patient Name : RAHUL BIBODIYA  
 Age / Gender : 31 years / Male  
 Radio ID : 109703  
 Organisation : Goyal Diagnostics Profile  
 Referral : MEDWHEEL



Collected Date & Time : Feb 25, 2023, 10:58 a.m.

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**BIOCHEMISTRY**

**RENAL FUNCTION TEST**

Urea Method: Urinary	22.3	mg/dL	10 - 45
Creatinine Method: Serum, Jaffe	0.73	mg/dL	0.6 - 1.4
Uric Acid Method: Serum, Urinary	5.31	mg/dL	3.0 - 7.0
Calcium Method: ASSAY/ABC with serum	9.07	mg/dl	8.6 - 10.2
Sodium Method: Ion-Selective Electrode with serum	141	mmol/L	135 - 145
Potassium Method: Ion-Selective Electrode with serum	4.3	mmol/L	3.50 - 5.00
Chloride Method: Ion-Selective Electrode with serum	104	mmol/L	98 - 106

\*\*END OF REPORT\*\*

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<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	14.5	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.07	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	<b>41.6</b>	%	42 - 52
Mean Cell Volume (MCV)	82.1	FL	78 - 100
Mean Cell Haemoglobin (MCH)	28.6	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	34.9	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.8	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6900	Cell/cu.mm	4000 - 10000
Neutrophils	54	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytes	04	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	11.4	fL	7.2 - 11.7
PCT	<b>0.16</b>	%	0.2 - 0.5
Platelet Count	<b>147</b>	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

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### BIOCHEMISTRY

IRON - SERUM	94.9	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	340	ug/dL	228 - 428
FERRITIN	51.6	ng/mL	Male:22-322 Female:10-291
Method : Serum CLIA			
TRANSFERRIN SATURATION %	27.91	%	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

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**Test Description**

**Value(s)**

**Unit(s)**

**Reference Range**

Decreased Levels

-Iron deficiency anemia

**\*\*END OF REPORT\*\***

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**BIOCHEMISTRY**

C-Reactive Protein; CRP, SERUM	1.20	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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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	0.65	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.19	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.46	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST) 34.8		U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT) 26.1		U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase 68.5		U/L	<b>MALE &amp; FEMALE</b> 4-15 YEAR: 54-369 U/L 20-59 YEAR: 42-98 U/L >60 YEAR: 53-141 U/L
Method : IFCC with Serum			
Total Protein 7.14		g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin 4.52		g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin 2.62		g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio 1.73			1.5 - 2.5
Method : Calculated			

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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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**HAEMATOLOGY**

ESP	15	mm	0 - 20
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\*\*END OF REPORT\*\*

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**HAEMATOLOGY**

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

'O' POSITIVE

Medical Remark :

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

\*\*END OF REPORT\*\*

*N.P.*

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**CLINICAL PATHOLOGY**

**General Examination**

Colour	Yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.025		1.005 - 1.030

**Chemical Examination**

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

**Microscopic Examination**

Pus cells (WBCs)	2-3	/hpf	0-9
Epithelial cells	3-4	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Colloids	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

**\*\*END OF REPORT\*\***

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**BIOCHEMISTRY**

Glucose fasting

90.75

mg/dL

70.0-110.0

Method : Fluoride Plasma-F, Hexokinase

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NAME- Mr . Rahul Sisodia

AGE- 30 yrs

DATE – 25-02-2023

REF.BY -

**SKIAGRAM CHEST PA VIEW**

Both cp angles are clear.  
Cardiac size is within normal limits.  
Both lungs fields are clear.

**NAD IN HEART AND LUNGS.**

Dr. DEVIENDRA GOYAL (M.L.)  
RMS No. 004250/15500  
RMS No. 004250/15500  
RMS No. 004250/15500  
RMS No. 004250/15500

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।



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NAME : MR . RAHUL SISODIA  
AGE : 30 YRS  
SEX : MALE  
DATE : 25-02-2023  
REF BY : MEDIWHEEL

### INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR
- . RVSP 30 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

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

LVID d	44.3	LVEDV	
LVID s	28.5	LVESV	
RVID(d)	---	SV	-
IVS d	8.4	F.S	35%
IVS S	12.7	EF	65%
LVPW d	9.0	C.O	-
LVPWS	13.3	MITRAL VALVE	-
AORTIC ROOT	29.6	EF SLOPE	-
LEFT ATRIUM	31.5	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- 105 A- 70	-	NIL
TRICUSPID VALVE	NORMAL	225	-	MILD
PUL VALVE	NORMAL	105	-	NIL
AORTIC VALVE	NORMAL	147	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 30 MM HG	MVA

Dr. DEVEN... (M.D.)  
Rt: ...  
Consultant Radiologist

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE...

**USG ABDOMEN-PELVIS**

NAME – Mr . Rahul Sisodia	AGE – 30 yrs	Date -- 25-02-2023
REF BY –		

**LIVER :** is Enlarged in size 14.3 cm and shows homogeneous echotexture.  
No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.  
The portal vein and common bile duct show normal caliber.

**GALL BLADDER :** distended and shows smooth walls. Wall thickness appears normal.  
No evidence of sludge/ calculus . No evidence of pericholecystic collection.

**SPLEEN:** normal in size and shows normal echopattern.

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

**KIDNEYS :** Both the kidneys are normal in size , shape and location. Both show normal cortico-medullary differentiation.  
No evidence of hydronephrosis or calculus.

Right kidney – measures :-- 9.7 x 4.0 cm  
Left kidney – measures :-- 10.2 x 4.4 cm

**URINARY BLADDER :** is distended with smooth walls.  
No evidence of diverticulum or calculus.

**PROSTATE:** is normal in size 10.4 cc and shows normal homogeneous echotexture  
No evidence of ascites / pleural effusion.

**IMPRESSION:--**

- Mild Hepatomegaly .
- Rest of the abdominal organs are within normal limits.

(Adv- clinical correlation , further evaluation)

Dr. R. Goyal  
25-02-2023

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

5 Seconds ECG Report

Patient Name: Mr. RAMUL 30M

February 28, 2023

Time: 08:10:14

P-QRS-T Axis (20) (71) (34) (60)

PR Interval: 0.16 sec

QRS Duration: 0.084 Sec

RR Interval: 0.83 sec

HR : 72 bpm

SpO2 : 97.0 mmHg



INTERPRETATION

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

DR MD

\*Unconfirmed Reporting Refer to Clinician

