

# 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.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

### General Physical Examination

Date of Examination: 24/05/23

Name: Laxminarayam Nawaria Age: 41 Sex: male

DOB: 3/10/1981

Referred By: medi wheel

Photo ID: Adhar ID #: attached

Ht: 172 (cm)

Wt: 58 (Kg)

Chest (Expiration): 88 (cm)

Abdomen Circumference: 81 (cm)

Blood Pressure: 130/90 mm Hg PR: 80 / min RR: 18 / min Temp: Afebrile

BMI 19.6

Eye Examination: Dis vision 6/6, Near vision N/G

no colour blindness

Other: Not Significant

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

Signature Of Examinee : Laxminarayam Nawaria

Name of Examinee: Dr. Piyush Goyal  
M.B.B.S. M.R.D.  
RMC Reg No - 017996

Signature Medical Examiner : \_\_\_\_\_

Name Medical Examiner \_\_\_\_\_

भारत सरकार  
Government of India

लक्ष्मी नारायण नावरिया  
Laxmi Narayan Nawaria  
जन्म तिथि/DOB: 03/11/1981  
पुरुष/ MALE

Download Date: 03/12/2019

Issue Date: 03/12/2019

**2849 4840 1750**  
VID : 9195 2619 6992 2164

मेरा आधार, मेरी पहचान

*Laxmi Narayan*

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
बृज मोहन नावरिया, 37ए वेदविला बस्ती डी, जयपुर,  
स्वेज फार्म रामनगर विस्तार, जयपुर, जयपुर,  
राजस्थान - 302019

Address:  
C/O BRIJ MOHAN NAWARIA, 37A  
VEDVILLA COLONY D, Jaipur, SWEJ FARM  
RAMNAGAR EXTENSION, Jaipur, Jaipur,  
Rajasthan - 302019

**2849 4840 1750**  
VID : 9195 2619 6992 2164

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

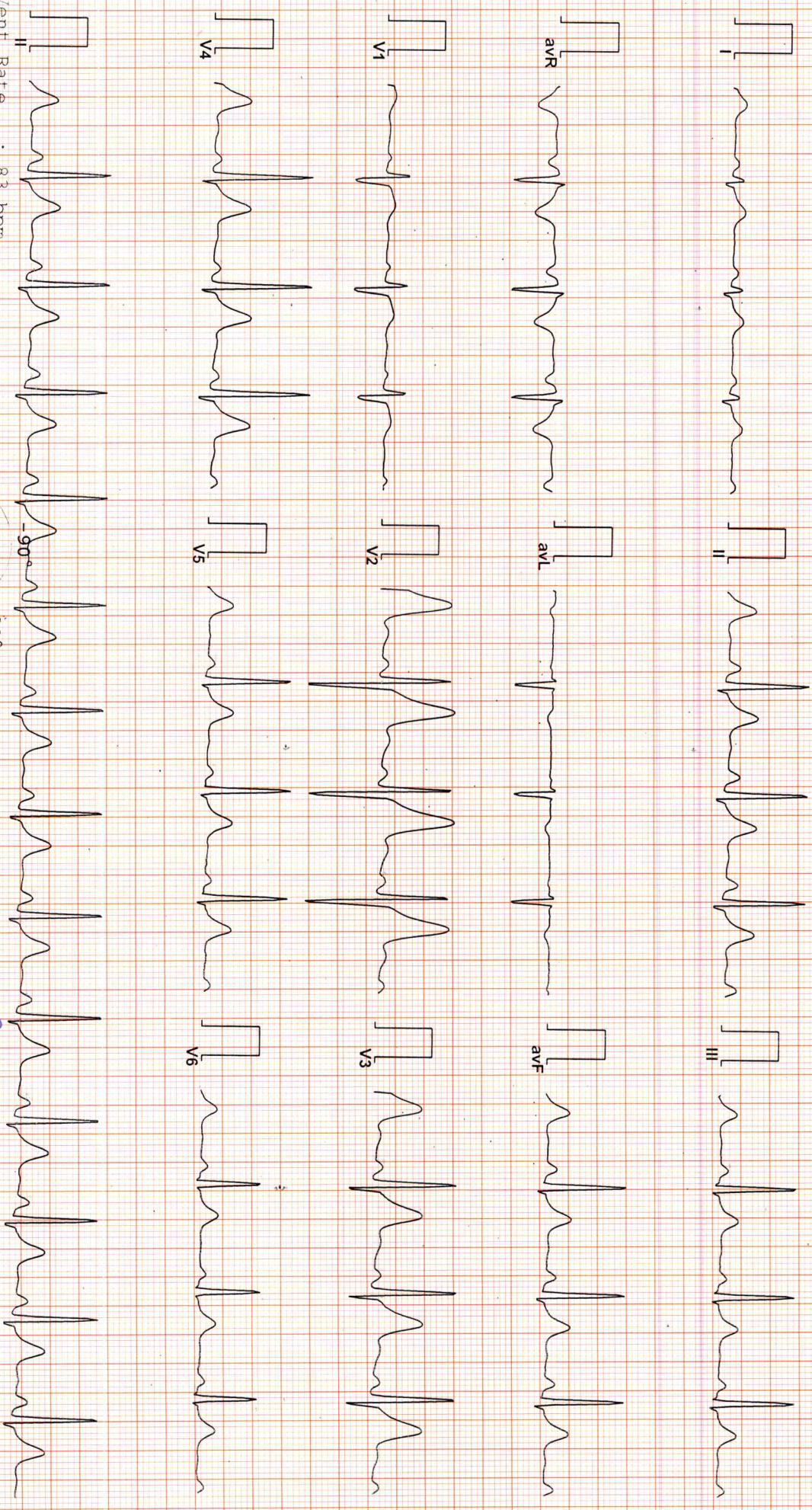
Dr. Piyush Goyal  
M.B.S. & H.R.D.  
RMC Reg No. 17986

**DR. GOYAL PATH LAB**

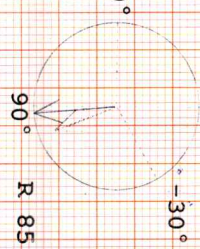
52 / MR. LAXMINARAYAN NAWARIA / 41 Yrs / M/ Non Smoker

Heart Rate : 83 bpm / Tested On : 24-May-23 09:42:25 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: BOB

**ECG**



Vent Rate : 83 bpm  
PR Interval : 132 ms  
QRS Duration: 84 ms  
QT/QTc Int : 352/392 ms  
P-QRS-T axis: 67.00° 85.00° 68.00°



*TuNK*

**Dr. Harish Kumar Mohanrao**  
RMO (135703)  
Allengers Path Lab (ESCCO) Ltd  
Gurgaon (PGCILX)

Allengers ECG (Piscas)\PLS218210312)

Reported By:

RHO

DR. GOYALS PATH LAB & IMAGING CENTRE  
SODALA JAIPUR RAJ. Email:

Report

16 / MR. LAXMINARAYAN NAWARIA / 41 Yrs / M / 0 Cms / 0 Kg / NonSmoker  
Date: 24 / 05 / 2023 09:43:16 AM Refd By : BOB Examined By:



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	01.1	00.0	01.0	088	49%	130/80	114	00	
Standing	00:23	0:15	01.1	00.0	01.0	105	59%	130/80	136	00	
HV	00:39	0:16	01.1	00.0	01.0	110	61%	130/80	143	00	
ExStart	01:04	0:25	01.1	00.0	01.0	109	61%	130/80	141	00	
BRUCE Stage 1	04:04	3:00	01.7	10.0	04.7	112	63%	136/80	152	00	
BRUCE Stage 2	07:04	3:00	02.5	12.0	07.1	137	77%	140/80	191	00	
BRUCE Stage 3	10:04	3:00	03.4	14.0	10.2	161	90%	150/80	241	00	
PeakEx	10:12	0:08	04.2	16.0	10.4	163	91%	150/80	244	00	
Recovery	11:12	1:00	00.0	00.0	04.3	137	77%	150/80	205	00	
Recovery	12:12	2:00	00.0	00.0	01.0	115	64%	156/80	179	00	
Recovery	13:12	3:00	00.0	00.0	01.0	112	63%	146/80	163	00	
Recovery	14:12	4:00	00.0	00.0	01.0	108	60%	140/80	151	00	
Recovery	15:02	4:50	00.0	00.0	01.0	110	61%	130/80	143	00	

**FINDINGS :**

Exercise Time : 09:08  
 Max HR Attained : 163 bpm 91% of Target 179  
 Max BP Attained : 156/80 (mm/Hg)  
 Max Workload Attained : 10.4 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

*This TMT is Negative for RHTG*

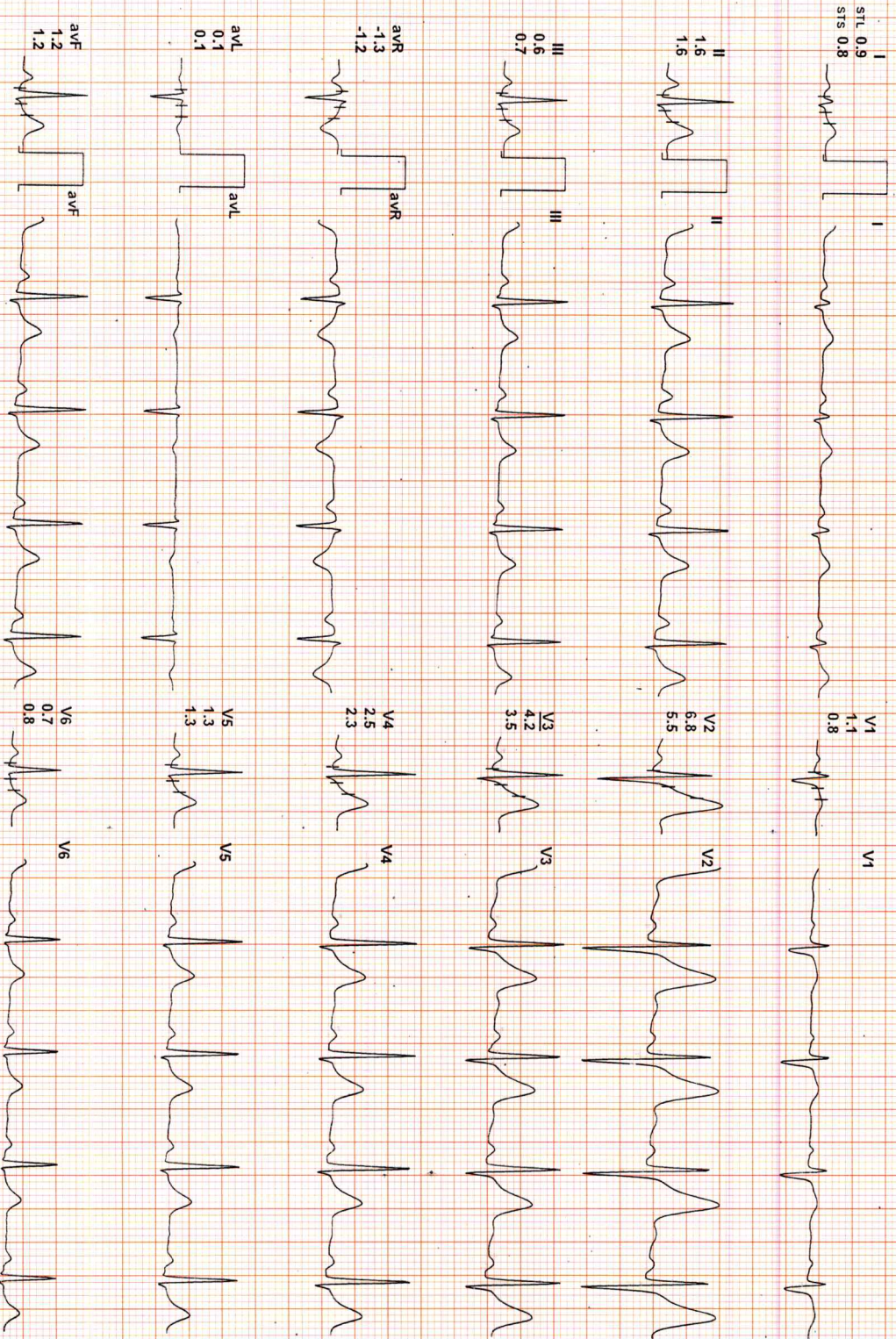
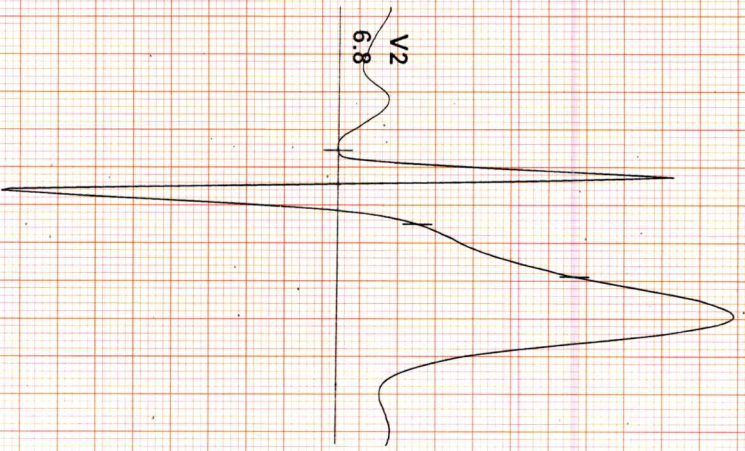
**Dr. Parash Kumar Mohanty**  
 RMO No. 35703  
 M.D., D.P., C.A.K.D.I.C (ESCORTS)  
 F.I.M. (RCCP-UK)



Date: 24 / 05 / 2023 09:43.16 AM METS: 1.0/ 88 bpm 49% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35. HZ

4X 80 mS Post J

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



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





16 / MR. LAXMINARAYAN NAWARIA / 41 Yrs / M / O Cms / 0 Kg / HR : 110

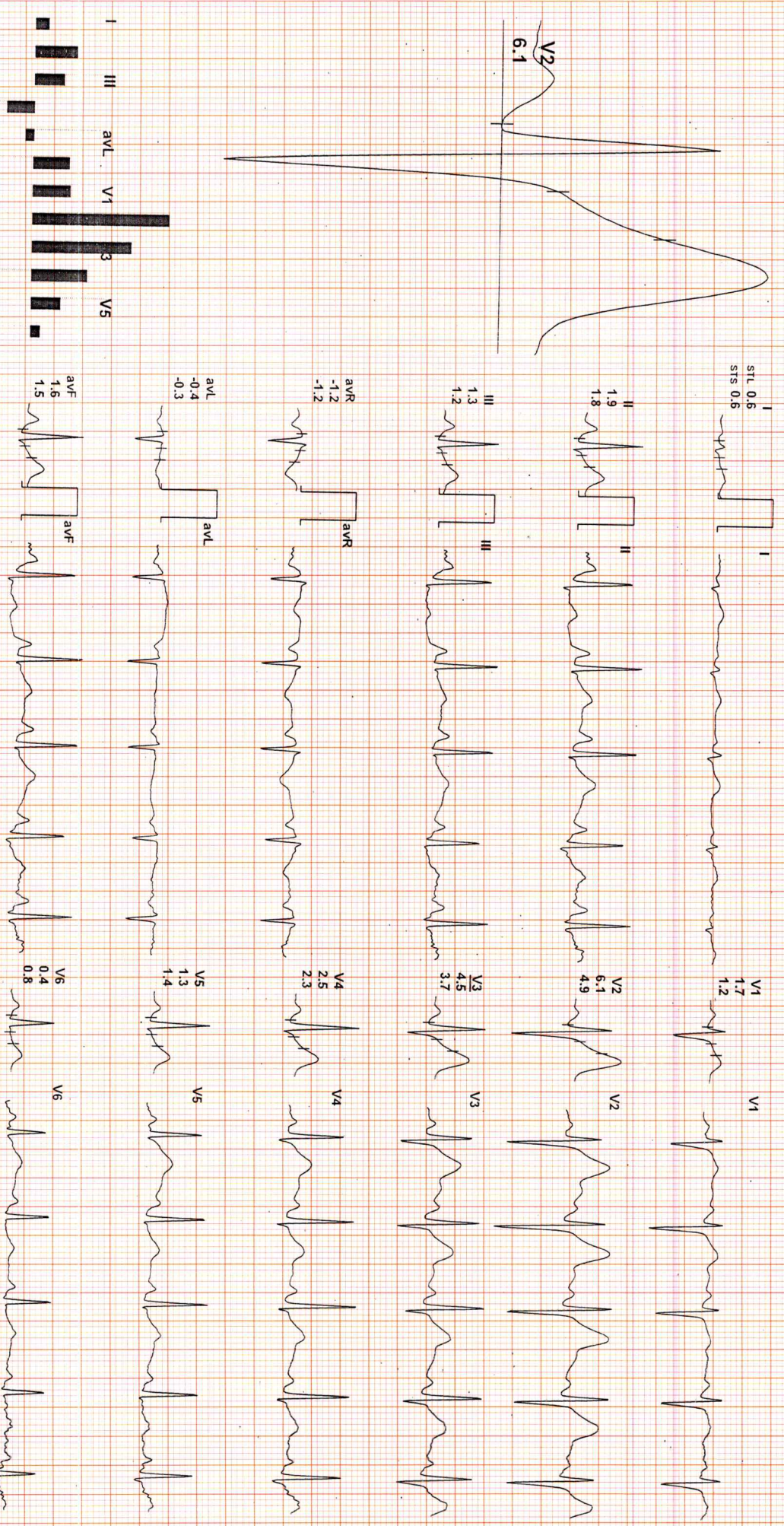
Date: 24 / 05 / 2023 09:43:16 AM

METS: 1.0/ 110 bpm 61% of THR

BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 00:00 1.1 mph 0.0%  
25 mm/Sec - 1.0 Cm/mv



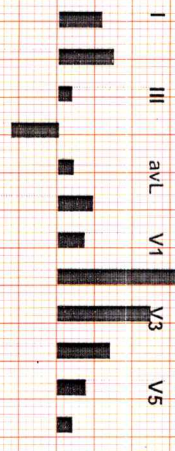
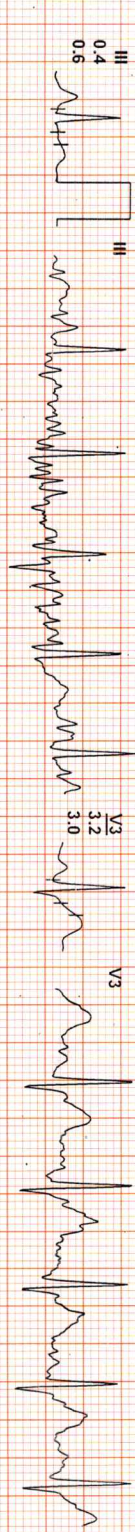
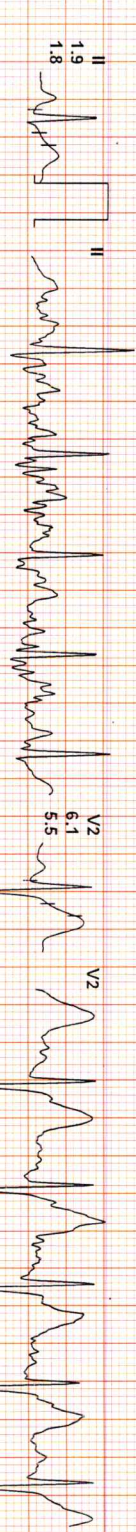
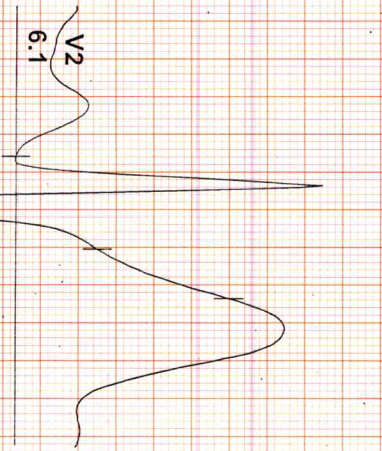
REMARKS:  
II avR avF V2 V4 V6

16 / MR. LAXMINARAYAN NAWARIA / 41 Yrs / M / 0 Cms / 10 Kg / HR : 109

Date: 24 / 05 / 2023 09:43:16 AM METS: 1.0/ 109 bpm 61% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 70 MS Post J

ExTime: 00:00 1.1 mph, 0.0%  
25 mm/Sec, 1.0 Cm/mV



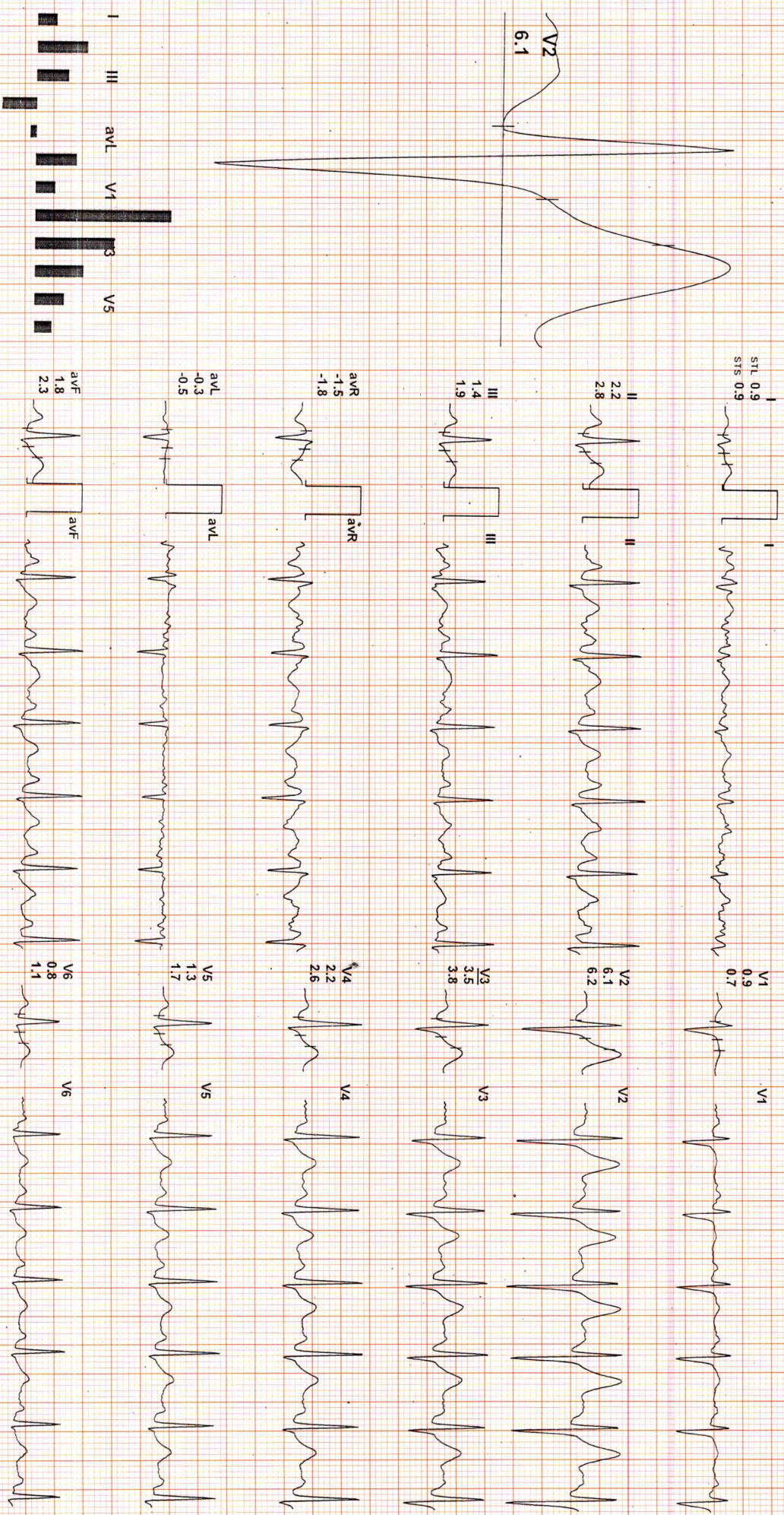
REMARKS:



Date: 24 / 05 / 2023 09:43:16 AM METS: 4.71 112 bpm 63% of THR BP: 136/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 70 mS Post J

ExTime: 03:00 1.7 mph, 10.0%  
25 mm/Sec. 1.0 Cm/mV



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

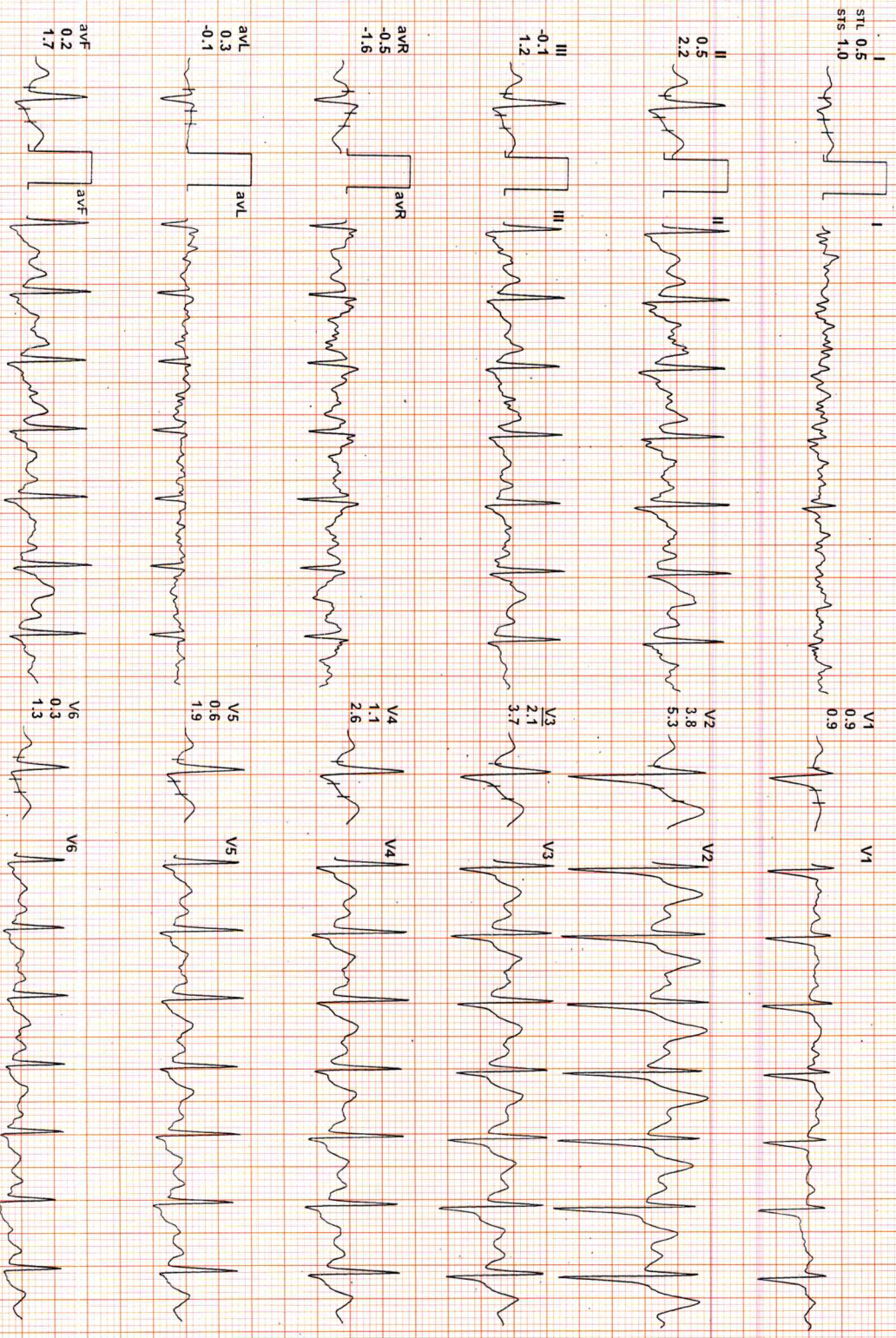
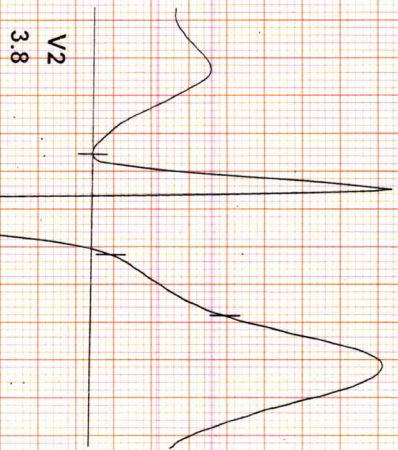


16 / MR. LAXMINARAYAN NAWARIA / 41 Yrs / M / 0 Cms / 0 Kg / HR : 137

Date: 24 / 05 / 2023 09:43:16 AM METS: 7.1 / 137 bpm 77% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

EXTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec. 1.0 Cm/mV

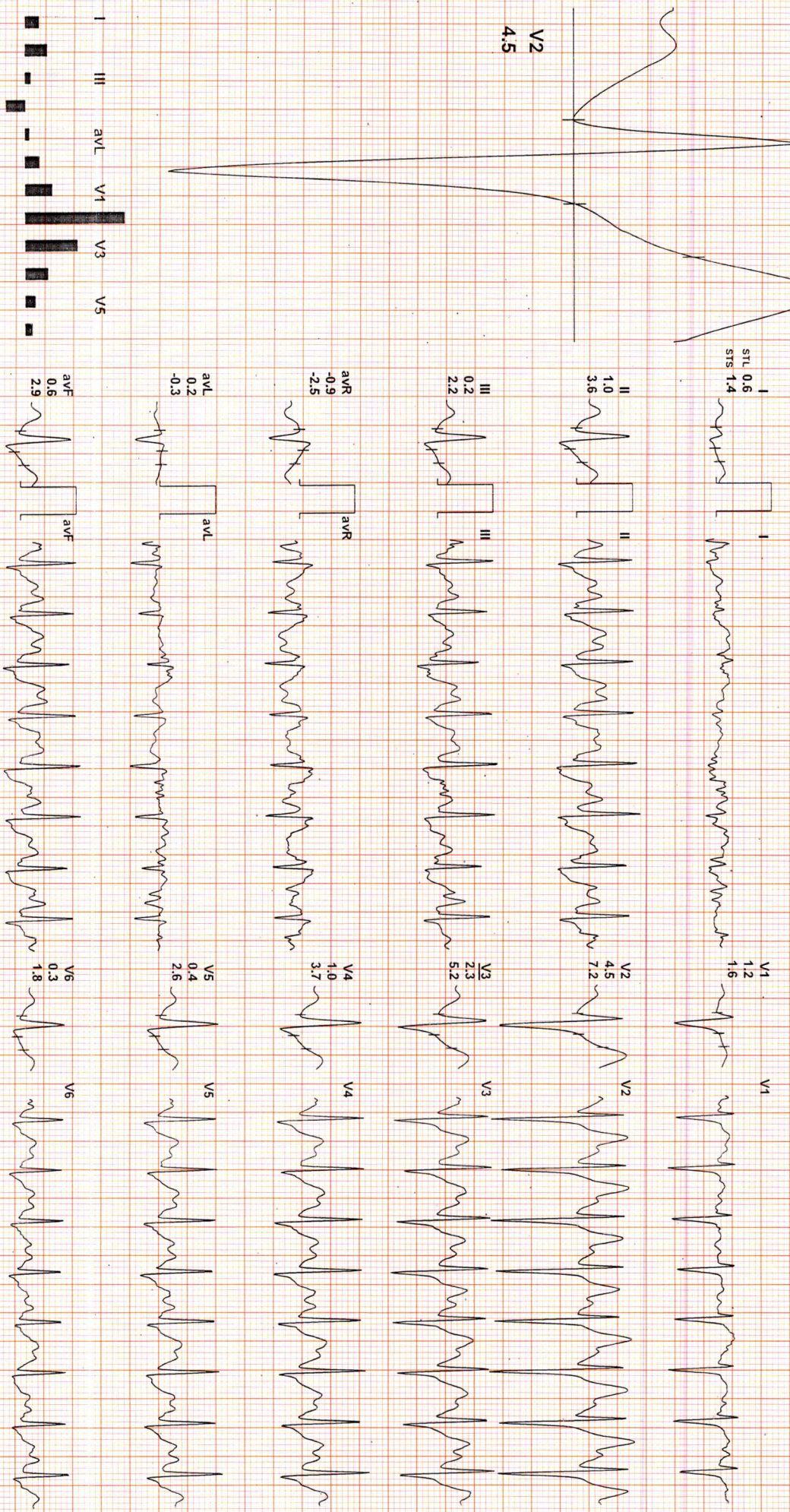
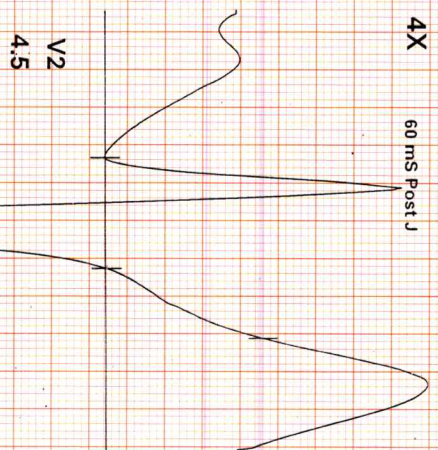


I  
II  
III  
aVR  
aVL  
aVF  
V1  
V2  
V3  
V4  
V5  
V6

REMARKS:

16 / MR. LAXMINARAYAN NAWARIA / 41 Yrs / M / 0 Cms / 0 Kg / HR : 161

Date: 24 / 05 / 2023 09:43:16 AM METS: 10.2/ 161 bpm 90% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz  
 EXTime: 09:00 3.4 mph 14.0%  
 4X 60 ms Post J 25 mm/Sec.: 1.0 Cm/mV



REMARKS:



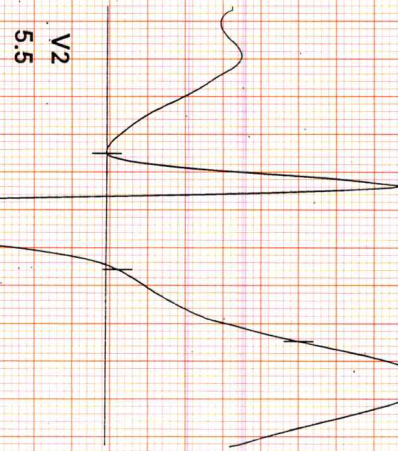


16 / MR. LAXMINARAYAN NAWARIA / 41 Yrs / M / 0 Cms / 0 Kg / HR : 163

Date: 24 / 05 / 2023 09:43:16 AM METS: 10.4 / 163 bpm 91% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

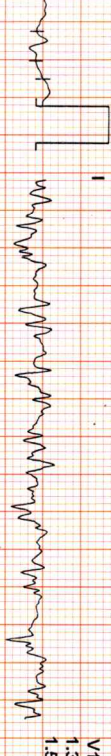
ExTime: 09:08 4.2 mph, 16.0%  
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



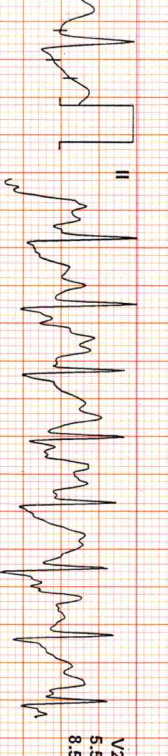
V2  
5.5

I  
STL 0.9  
STS 1.6



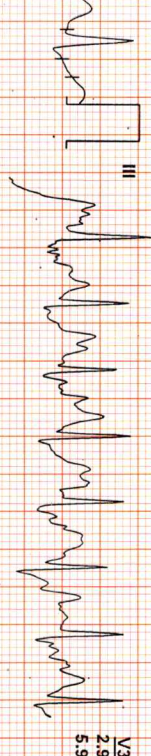
V1  
1.3  
1.5

II  
1.4  
3.9



V2  
5.5  
8.5

III  
0.7  
2.4



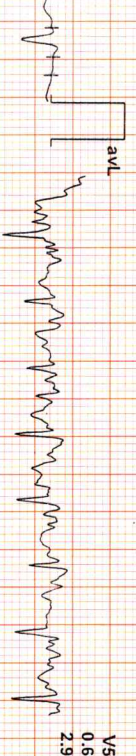
V3  
2.9  
5.9

avR  
-1.0  
-2.7



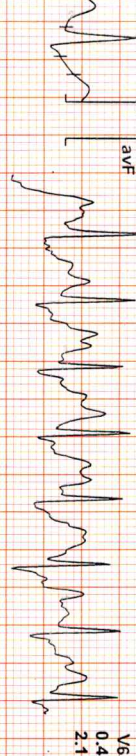
V4  
1.4  
4.2

avL  
0.0  
-0.4



V5  
0.6  
2.9

avF  
1.1  
3.1



V6  
0.4  
2.1



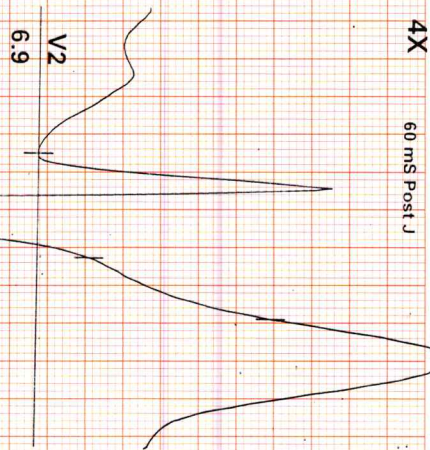
REMARKS:



Date: 24 / 05 / 2023 09:43:16 AM METS: 4.3/ 137 bpm 77% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 60 mS Post J

ExTime: 09:08 0.0 mph. 0.0%  
25 mm/Sec. 1.0 Cm/mV



I III aVL V1 V5  
II aVR aVF V2 V4 V6

REMARKS:



Date: 24 / 05 / 2023 09:43:16 AM

METS: 1.0 / 115 bpm 64% of THR

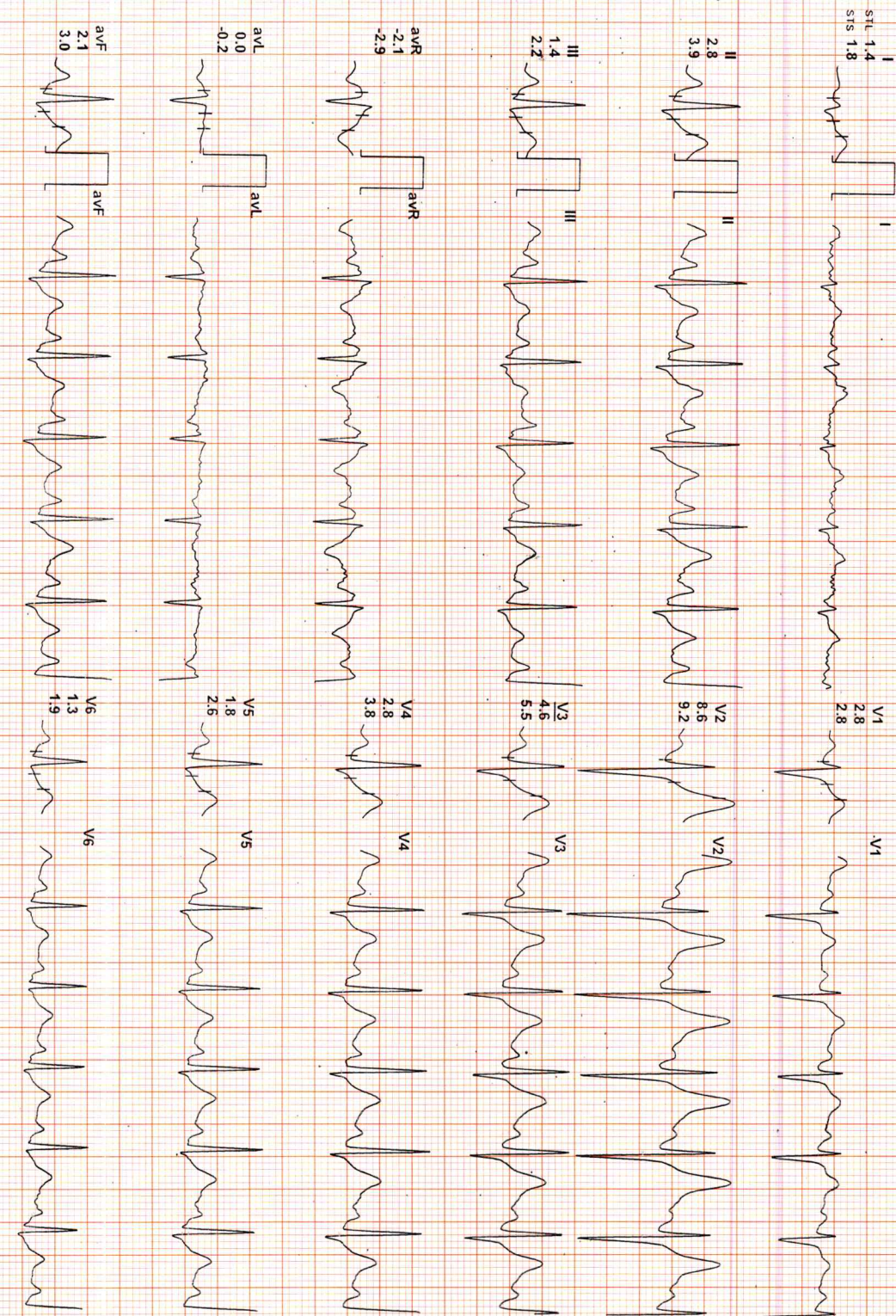
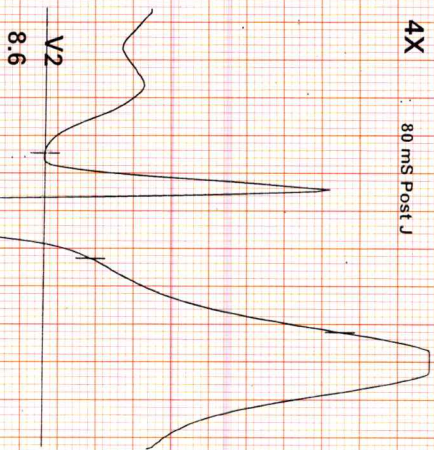
BP: 156/80 mmHg

Raw ECG/ BLC On/ Notch-On/ HF: 0.05 Hz/LF: 35 Hz

EXTime: 09:08 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J

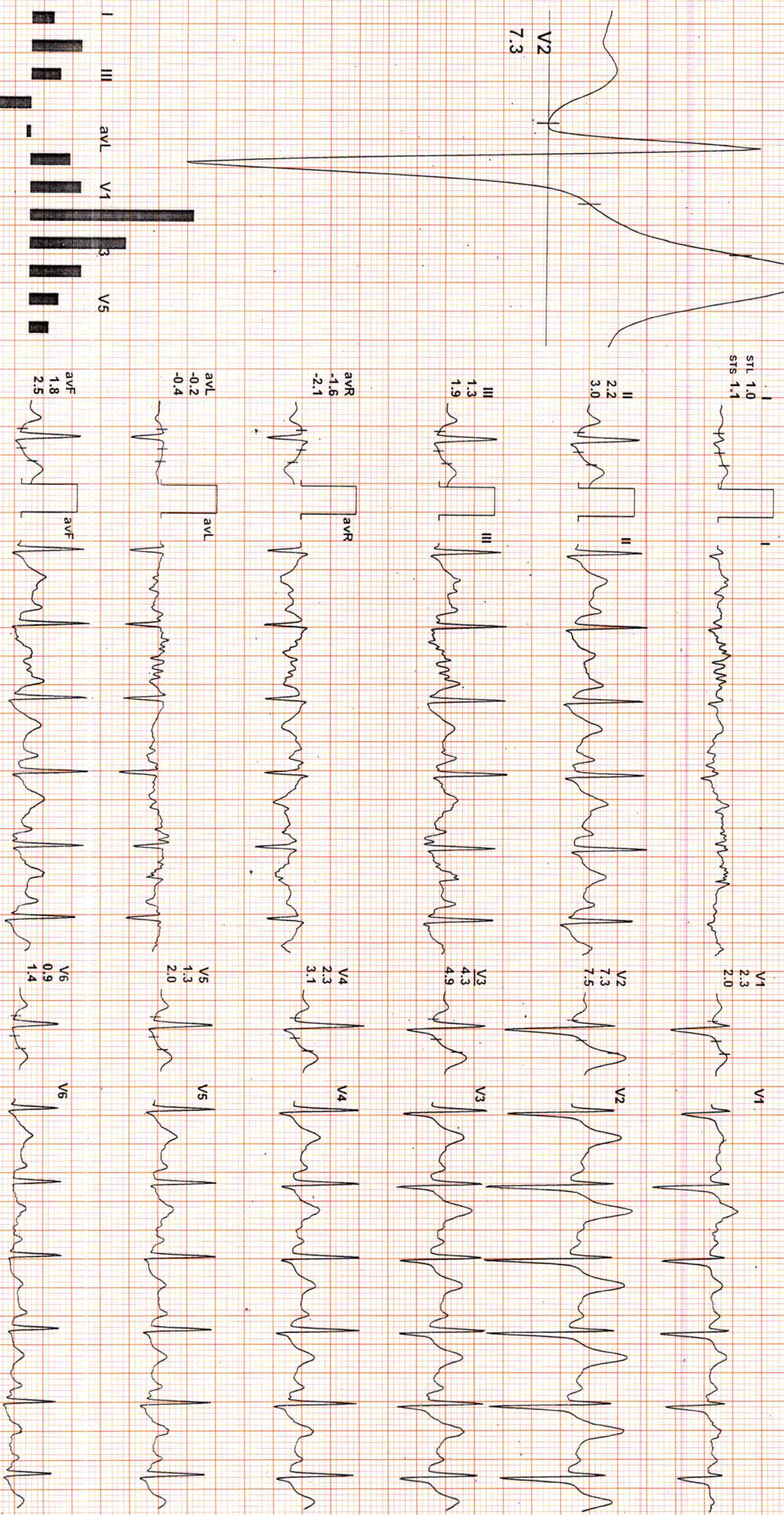
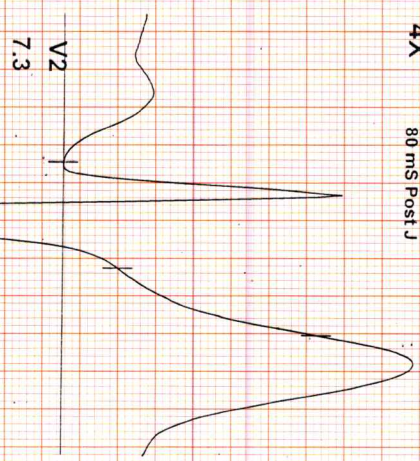


REMARKS:



Date: 24 / 05 / 2023 09:43:16 AM METS: 1.0/ 112 bpm 63% of THR BP: 148/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 35 Hz  
 4X 80 ms Post J

ExTime: 09:08 0.0 mph, 0.0%  
 25 mm/Sec. 1.0 Cm/mV



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



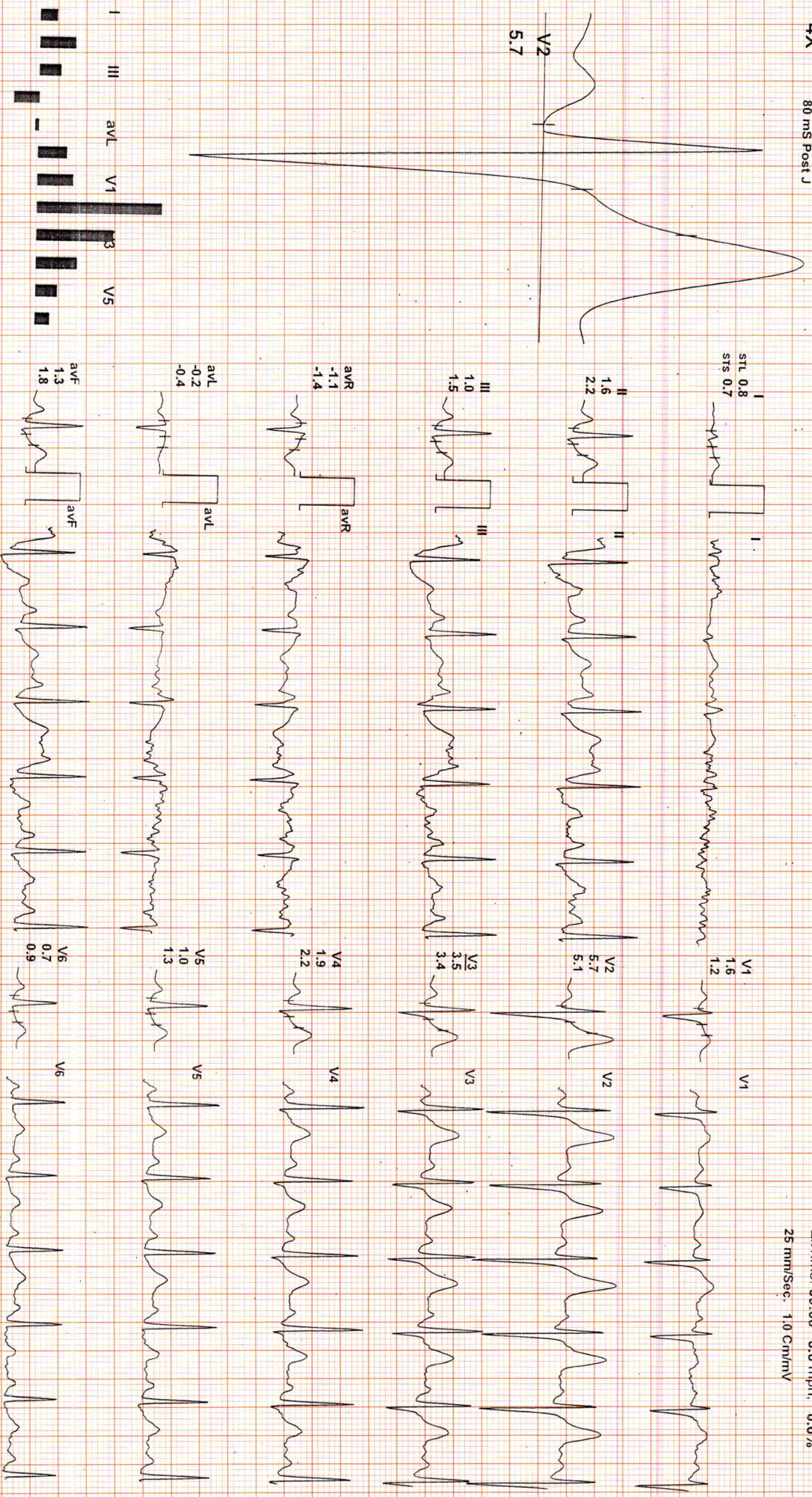
16 / MR. LAXMINARAYAN NAWARIA / 41 Yrs / M / 0 Cms / 0 Kg / HR : 108

Date: 24 / 05 / 2023 09:43:16 AM METS: 1.0/ 108 bpm 60% of THR BP: 140/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 09:08 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



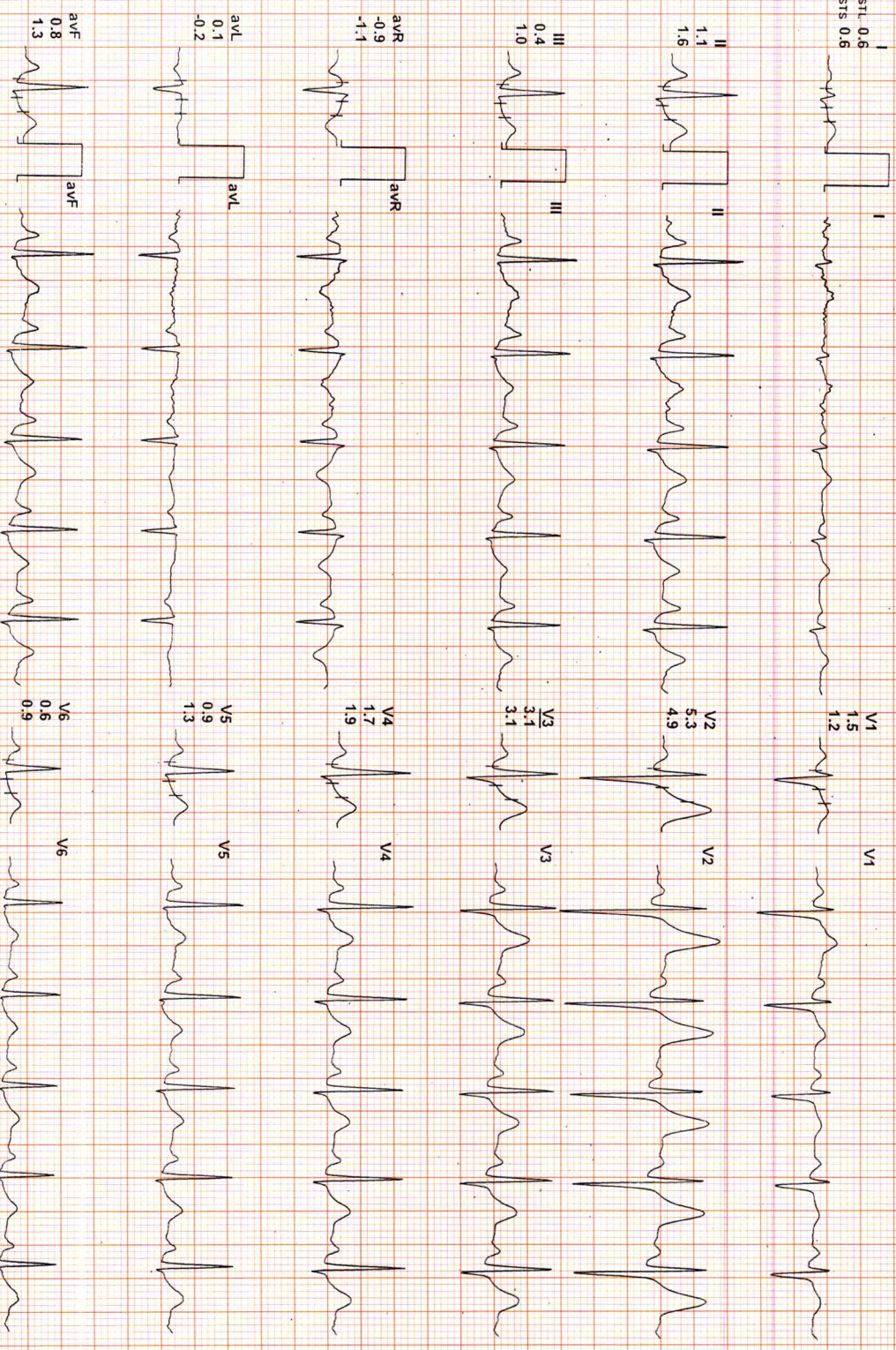
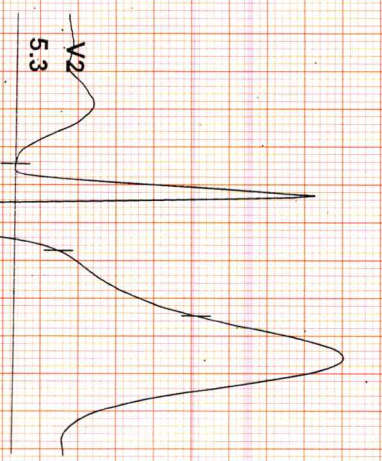
REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6





Date: 24 / 05 / 2023 09:43:16 AM METS: 1.0/ 110 bpm 61% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

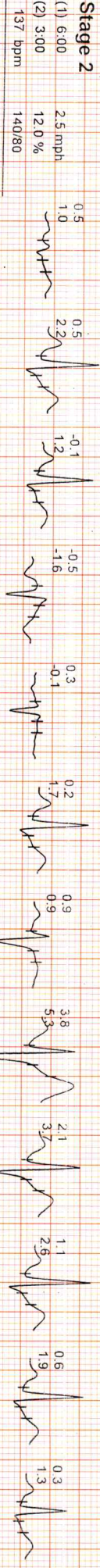
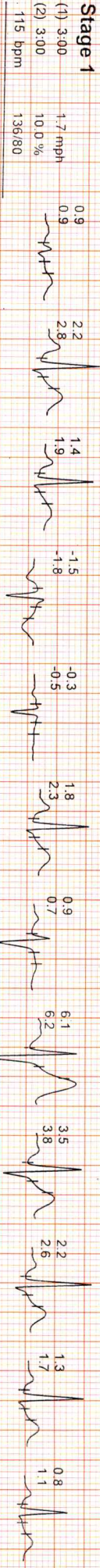
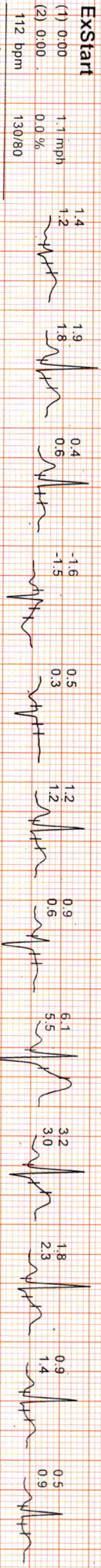
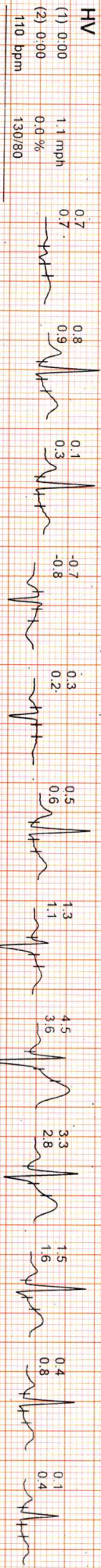
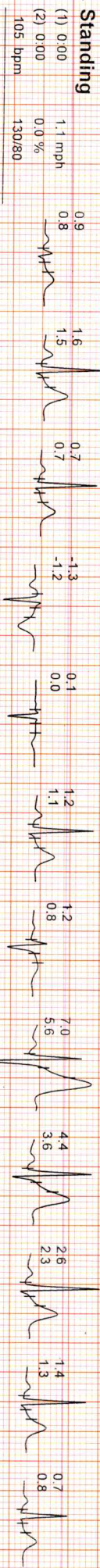
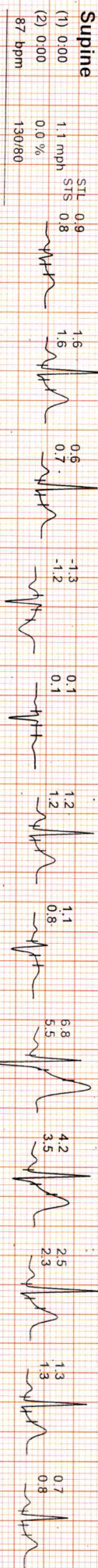
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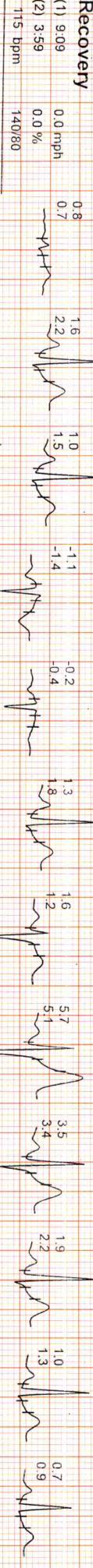
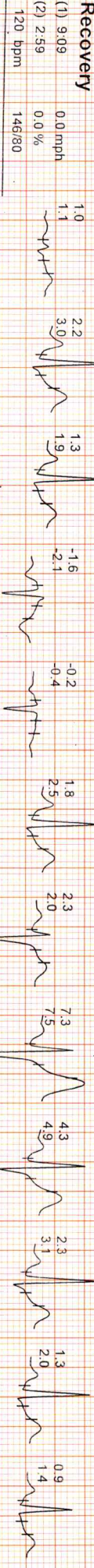
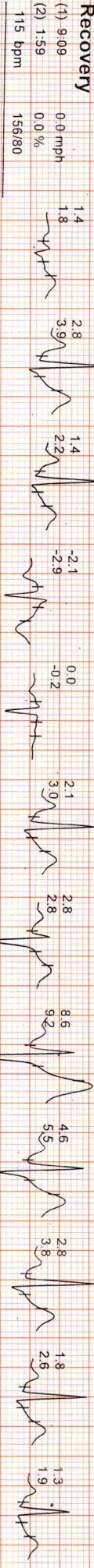
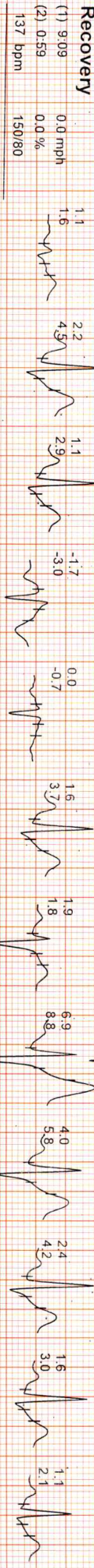
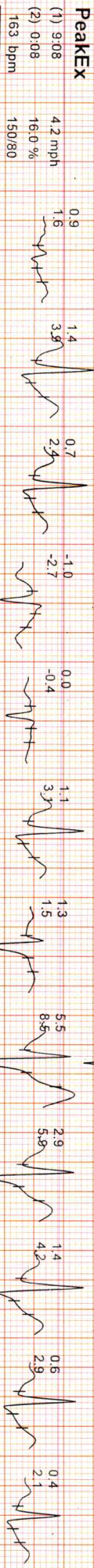
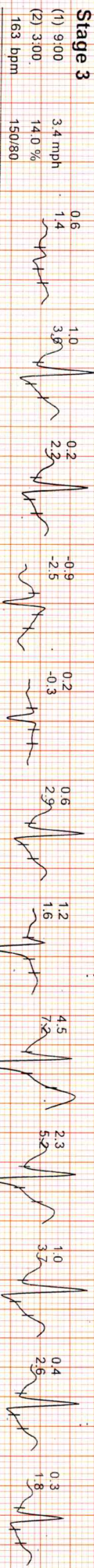
REMARKS:



Date: 24 / 05 / 2023 09:43:16 AM I



Date: 24 / 05 / 2023 09:43:16 AM I II III



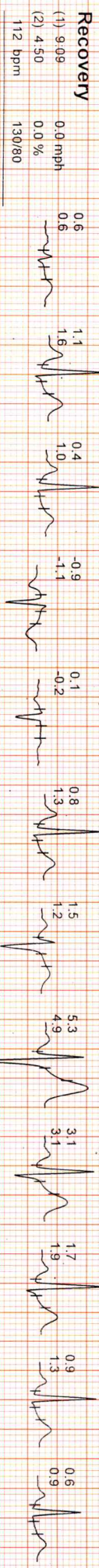
DR. GOYALS PATH LAB & IMAGING CENTRE

16 / MR LAXMINARAYAN NAWARIA / 41 Yrs / M / 0 Cms / 0 Kg / HR : 104

Average

ACHPL

Date: 24 / 05 / 2023 09:43:16 AM I



Recovery  
(1) 9:09 0.0 mph  
(2) 4:50 0.0 %  
112 bpm 130/80



Date :- 24/05/2023 . 08:52:41  
**NAME :- Mr. LAXMINARAYAN NAWARIA**  
Sex / Age :- Male 41 Yrs 6 Mon 21 Days  
Company :- MediWheel

Patient ID :-1223864  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 24/05/2023 09:00:31

Final Authentication : 24/05/2023 12:15:11

## HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	13.7	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	6.83	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	55.8	%	40.0 - 80.0
LYMPHOCYTE	37.4	%	20.0 - 40.0
EOSINOPHIL	2.2	%	1.0 - 6.0
MONOCYTE	4.4	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.82	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.55	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.15	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.30	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.95	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	42.10	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	85.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.5	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	<b>128</b> L	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	17.17		

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.


AJAYSINGH  
Technologist

Page No: 2 of 13



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



Date :- 24/05/2023 08:52:41	Patient ID :-1223864	
<b>NAME :- Mr. LAXMINARAYAN NAWARIA</b>	Ref. By Dr:- BOB	
Sex / Age :- Male 41 Yrs 6 Mon 21 Days	Lab/Hosp :-	
Company :- MediWheel		
Sample Type :- EDTA	Sample Collected Time 24/05/2023 09:00:31	Final Authentication : 24/05/2023 12:15:11

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE ABOVE 40MALE

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**  
 Method:- HPLC

5.6 %

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

114 mg/dL

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

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**Dr. Chandrika Gupta**  
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Sample Type :- EDTA Sample Collected Time 24/05/2023 09:00:31 Final Authentication : 24/05/2023 12:15:11

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

Erythrocyte Sedimentation Rate (ESR)	17 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 (CBG). **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

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 Company :- MediWheel

Patient ID :-1223864  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/05/2023 09:00:31

Final Authentication : 24/05/2023 10:59:48

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
<b>TOTAL CHOLESTEROL</b> Method:- Enzymatic Endpoint Method	201.94 H.	mg/dl	Desirable <200 Borderline 200-239 High > 240
<b>TRIGLYCERIDES</b> Method:- GPO-PAP	74.98	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<b>DIRECT HDL CHOLESTEROL</b> Method:- Direct clearance Method	64.88	mg/dl	Low < 40 High > 60
<b>DIRECT LDL CHOLESTEROL</b> Method:- Direct clearance Method	124.56	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
<b>VLDL CHOLESTEROL</b> Method:- Calculated	15.00	mg/dl	0.00 - 80.00
<b>T.CHOLESTEROL/HDL CHOLESTEROL RATIO</b> Method:- Calculated	3.11		0.00 - 4.90
<b>LDL / HDL CHOLESTEROL RATIO</b> Method:- Calculated	1.92		0.00 - 3.50
<b>TOTAL LIPID</b> Method:- CALCULATED	550.83	mg/dl	400.00 - 1000.00
<p><b>TOTAL CHOLESTEROL InstrumentName:</b>Radox Rx Imola <b>Interpretation:</b> Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p><b>TRIGLYCERIDES InstrumentName:</b>Radox Rx Imola <b>Interpretation :</b> 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.</p> <p><b>DIRECT HDL CHOLESTEROL InstrumentName:</b>Radox Rx Imola <b>Interpretation:</b> 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.</p> <p><b>DIRECT LDL CHOLESTEROL InstrumentName:</b>Radox Rx Imola <b>Interpretation:</b> 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.</p> <p><b>TOTAL LIPID AND VLDL ARE CALCULATED</b></p>			

SURENDRAXHANGA

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





Date :- 24/05/2023 08:52:41

Patient ID :-1223864



NAME :- Mr. LAXMINARAYAN NAWARIA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 6 Mon 21 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 24/05/2023 09:00:31

Final Authentication : 24/05/2023 10:59:48

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.60	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.22	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.38	mg/dl	0.30-0.70
SGOT Method:- IFCC	27.8	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	27.4	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	90.80	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	47.50	U/L	11:00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.98	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.47	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.51	gm/dl	2.20 - 3.50
A/G RATIO	1.78		1.30 - 2.50

**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)

SURENDRAKHANGA

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 Sex / Age :- Male 41 Yrs 6 Mon 21 Days  
 Company :- MediWheel

Patient ID :-1223864  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/05/2023 09:00:31

Final Authentication : 24/05/2023 10:38:37

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.210	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.140	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	<b>9.520 H</b>	μIU/mL	0.350 - 5.500

**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.

**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.

**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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 Technologist

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**Dr. Chandrika Gupta**  
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 RMC NO. 21021/008037



Date :- 24/05/2023 08:52:41  
**NAME :- Mr. LAXMINARAYAN NAWARIA**  
 Sex / Age :- Male 41 Yrs .6 Mon 21 Days  
 Company :- MediWheel

Patient ID :-1223864  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 24/05/2023 09:00:31

Final Authentication : 24/05/2023 12:35:44

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified chrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
RBC Method:- Reagent Strip (Peroxidase like activity)	NIL		NIL
<b><u>MICROSCOPY EXAMINATION</u></b>			
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

VIJENDRAMEENA  
 Technologist

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**Dr. Chandrika Gupta**  
 MBBS.MD ( Path )  
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# Dr. Goyal's

## Path Lab & Imaging Centre

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

Date :- 24/05/2023 08:52:41  
**NAME :- Mr. LAXMINARAYAN NAWARIA**  
Sex / Age :- Male 41 Yrs 6 Mon 21 Days  
Company :- MediWheel

Patient ID :-1223864  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 24/05/2023 09:00:31

Final Authentication : 24/05/2023 12:35:44

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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#### STOOL ANALYSIS

##### PHYSICAL EXAMINATION

MUCUS

BLOOD

##### MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA  
Technologist



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



Date :- 24/05/2023 08:52:41 Patient ID :-1223864  
**NAME :- Mr. LAXMINARAYAN NAWARIA** Ref. By Dr:- BOB  
 Sex / Age :- Male 41 Yrs 6 Mon 21 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Substrate BLIN/24/05/2023 09:00:31

Final Authentication : 24/05/2023 15:37:54

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	107.2	mg/dl	75.0 - 115.0
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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	118.0	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	1.01	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
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SERUM URIC ACID Method:- Enzymatic colorimetric	6.24	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7
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SURENDRAXHANGA

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**Dr. Chandrika Gupta**  
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Ref. By:Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA, URINE

Sample Collected Time 24/05/2023 09:00:31

Final Authentication : 24/05/2023 12:35:44

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil

AJAYSINGH, VIJENDRAMEENA  
Technologist

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Sample Type:- PLAIN/SERUM

Sample Collected Time 24/05/2023 09:00:31

Final Authentication : 24/05/2023 10:59:48

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.7	mg/dl	0.0 - 23.0

SURENDRAKHANGA

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Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 24/05/2023 09:00:31 Final Authentication : 24/05/2023 10:38:37

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL PSA Method:- Chemiluminescence	1.230	ng/ml	0.000 - 4.000
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**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 \*\*\*

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Technologist

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Patient ID :-1223864  
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Lab/Hosp :-

Final Authentication : 24/05/2023 11:18:03

BOB PACKAGE ABOVE 40MALE

### X RAY CHEST PA VIEW:

Bifid right 3rd anterior rib noted.  
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.

Heart shadows appear normal.

**Impression :- Normal Study**

(Please correlate clinically and with relevant further investigations)

\*\*\* End of Report \*\*\*

Page No: 1 of 1

AHSAN

**Dr. Piyush Goyal**  
M.B.B.S., D.M.R.D.  
RMC Reg No. 017996

**Dr. Poonam Gupta**  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

**Dr. Ashish Choudhary**  
MBBS, MD (Radio Diagnosis)  
Fetal Medicine Consultant

**Dr. Abhishek Jain**  
MBBS, DNB, (Radio-Diagnosis)  
RMC No. 21687

Transcript by.

FMF ID - 260517 | RMC No 22430

This report is not valid for medico-legal purpose.



Date :- 24/05/2023 08:52:41	Patient ID :- 1223864
<b>NAME :- Mr. LAXMINARAYAN NAWARIA</b>	Ref. By Doctor:-BOB
Sex / Age :- Male 41 Yrs 6 Mon 21 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 24/05/2023 11:21:04

BOB PACKAGE ABOVE 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 (~19cc) 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 \*\*\*

BILAL

