



### General Physical Examination

Date of Examination: 08-10-2022

Name: LAXMAN PRASAD SHARMA Age: 32 DOB: 01-01-1990 Sex: Male

Referred By: BOB (Mediwheel)

Photo ID: AADHAR ID #: attached.

Ht: 168 (cm)

Wt: 87 (Kg)

Chest (Expiration): 106 (cm)

Abdomen Circumference: 107 (cm)

Blood Pressure: 140/92 mm Hg PR: 67 / min RR: 15 / min Temp: Afebrile

BMI 30.8

Eye Examination: vision normal 6/6, N/G (B/C eyes)

Normal color vision

Other: NOT significant

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

Signature Of Examinee: [Signature]

Name of Examinee: [Signature]

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

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

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

भारत सरकार  
Government of India

लक्ष्मण प्रसाद शर्मा  
Laxman Prasad Sharma  
जन्म तिथि/ DOB: 01/01/1990  
पुरुष / MALE

2506 1917 2180

मेरा आधार, मेरी पहचान

आधार  
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O: भगवान शर्मा, मेठी मौहला,  
हकिम जी का कटरा, डीग, भरतपुर,  
राजस्थान - 321203

Address:  
S/O: Bhagwan Sharma, methi  
mohalla, hakim ji ka katra, Deeg,  
Bharatpur,  
Rajasthan - 321203

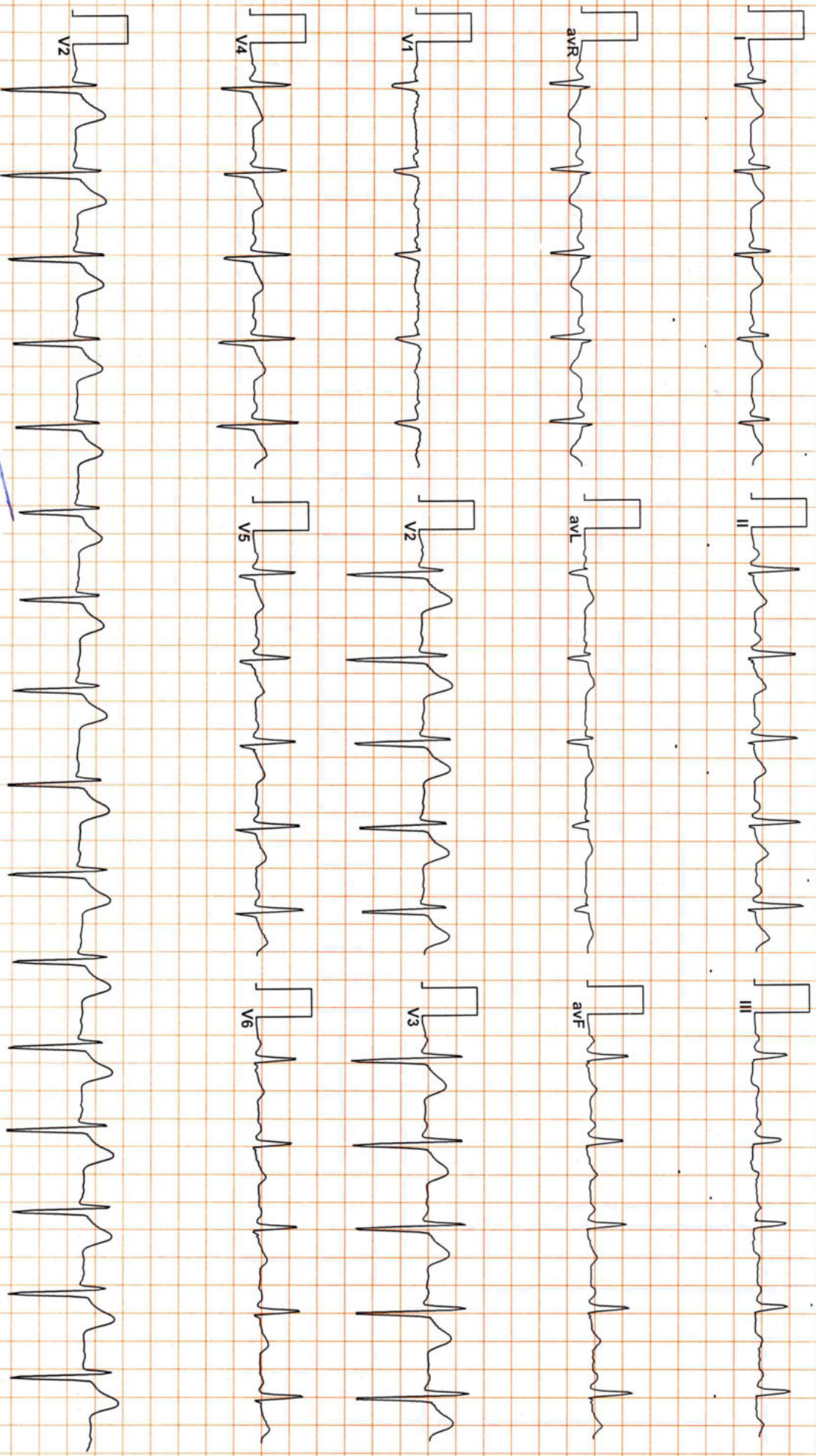
2506 1917 2180

1847  
help@uidai.gov.in  
www.uidai.gov.in

*Laxman*

Dr. P. K. Goyal  
M.B.B.S., D.M.R.D.  
RME Reg. No.-017996

102220584 / MR LAXMAN PRASAD SHARMA / 32 Yrs / F/ Non Smoker  
Heart Rate : 97 bpm / / Refd By.: BOB / Tested On : 08-Oct-22 10:50:31 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



*Turn*

Dr. Naresh Kumar Mohanka  
RMC No. 35703

MBBS D.R. CARDIO (ESCORTS)  
M.D. (RCGP-UK)

*Varshana*

*75*

Allengers ECG (Piscas)(PIS212160118)

2118 / MR LAXMAN PRASAD SHARMA / 32 Yrs / M / 0 Cms / 0 Kg Date: 08-Oct-2022 Refd By : BOB

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:13	0:01	01.1	00.0	01.0	98	120/80	117	00	
Standing	00:27	0:01	01.1	00.0	01.0	103	120/80	123	00	
HV	00:43	0:01	01.1	00.0	01.0	102	120/80	122	00	
Warm Up	01:04	0:01	01.0	00.0	01.0	103	120/80	123	00	
ExStart	02:30	0:07	01.7	10.0	01.1	123	120/80	147	00	
BRUCE Stage 1	05:30	3:00	01.7	10.0	04.7	130	125/80	162	00	
BRUCE Stage 2	08:30	3:00	02.5	12.0	07.1	139	135/85	187	00	
BRUCE Stage 3	11:30	3:00	03.4	14.0	10.2	154	140/90	215	00	
PeakEx	11:39	0:09	04.2	16.0	10.4	161	140/90	225	00	
Recovery	12:38	1:00	00.0	00.0	04.3	134	140/90	187	00	
Recovery	13:38	2:00	00.0	00.0	01.0	124	135/85	167	00	
Recovery	15:38	4:00	00.0	00.0	01.0	129	125/85	161	00	
Recovery	16:15	4:36	00.0	00.0	01.0	117	125/85	146	00	

**Findings :**

Exercise Time : 09:10  
 Max HR Attained : 164 bpm 87% of Target 188  
 Max BP Attained : 140/90  
 Max Workload Attained : 10.4 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**Report :**

*TNT is Negative for PMS*

*[Signature]*

**Dr. Naresh Kumar Motanka**

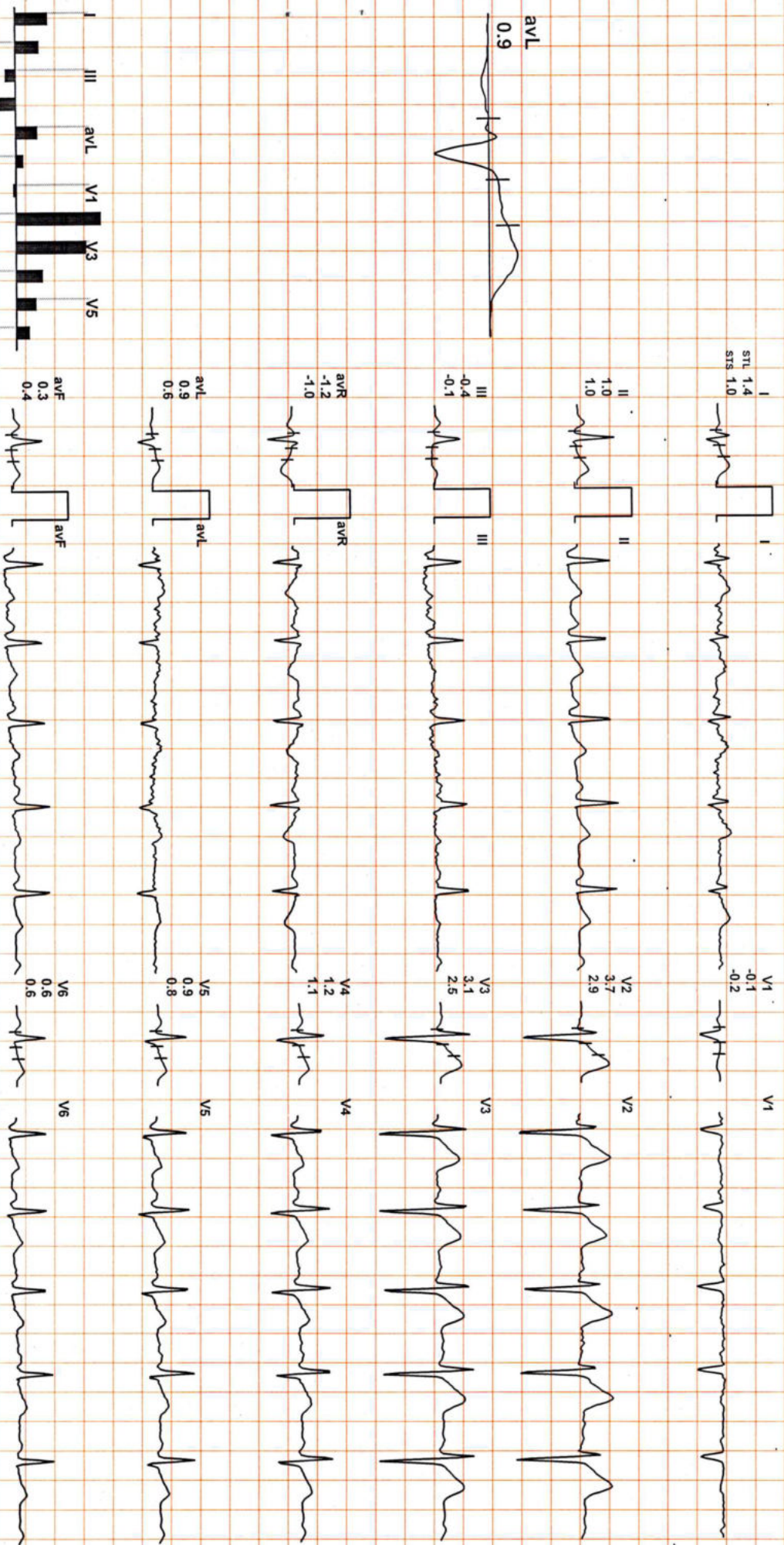
*[Signature]*

**M.B.B.S, D.I.P. CARDIO (ESCORTS)**  
**D.E.M (RCGP-UK)**

Date: 08-Oct-2022 10:52:34 AM METS: 1.0/ 98 bpm 52% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:13 1.1 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



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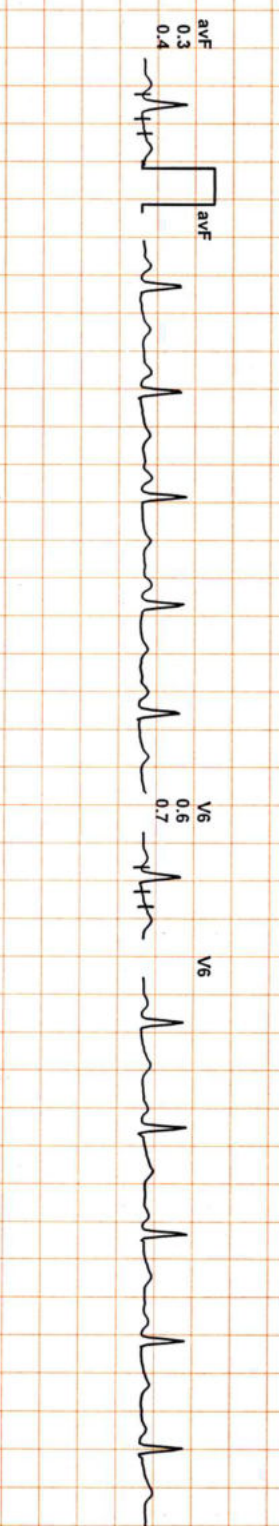
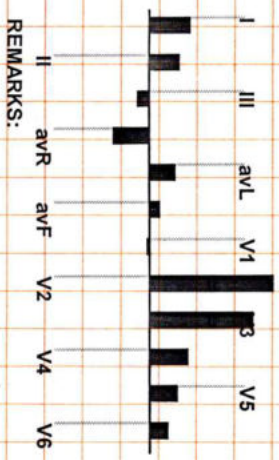
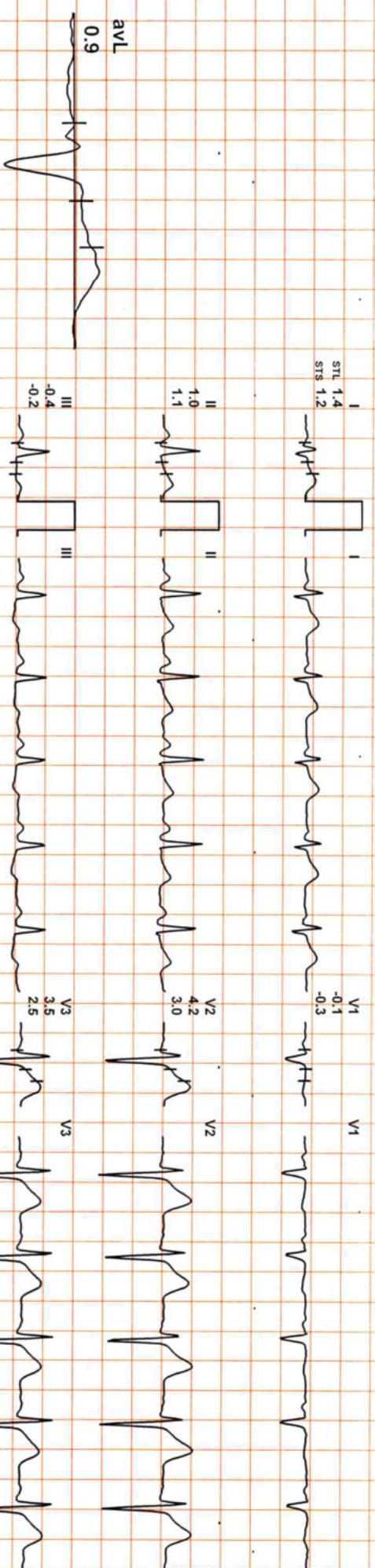


Date: 08-Oct-2022 10:52:34 AM METS: 1.0/ 103 bpm 54% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:27 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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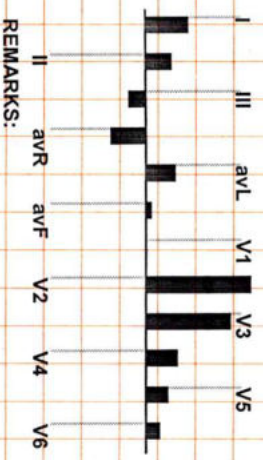
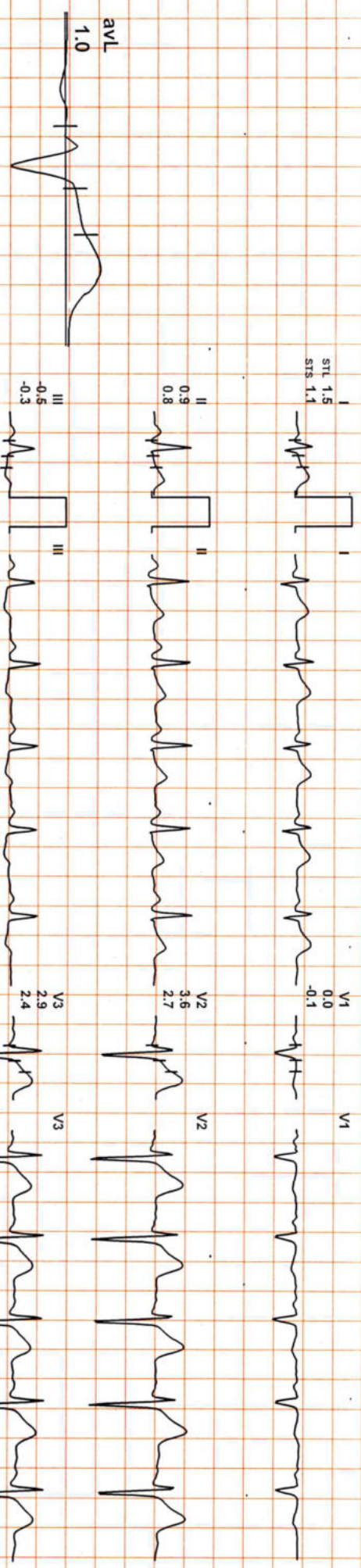
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Date: 08-Oct-2022 10:52:34 AM METS: 1.0/ 102 bpm 54% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:43 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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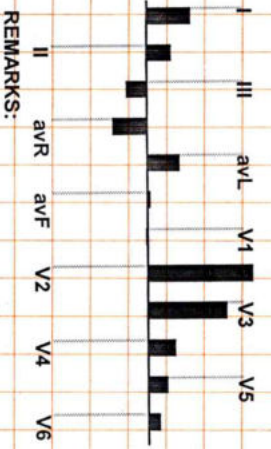
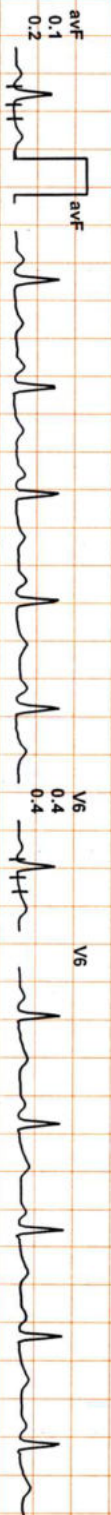
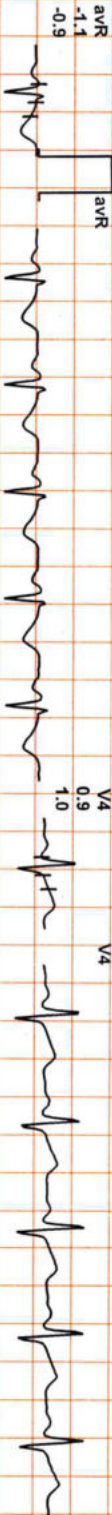
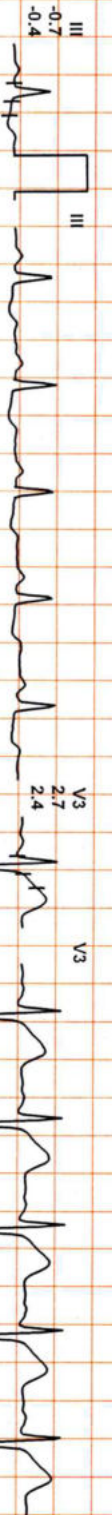
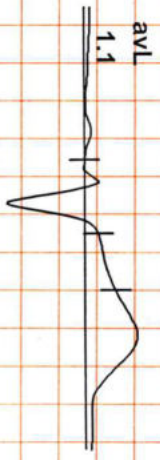


Date: 08-Oct-2022 10:52:34 AM METS: 1.0/ 103 bpm 54% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 01:04 1.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



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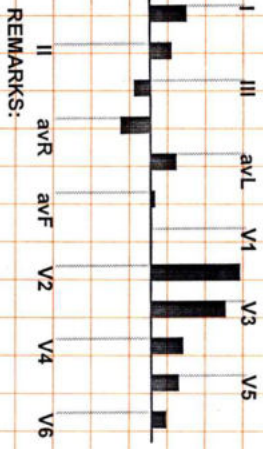
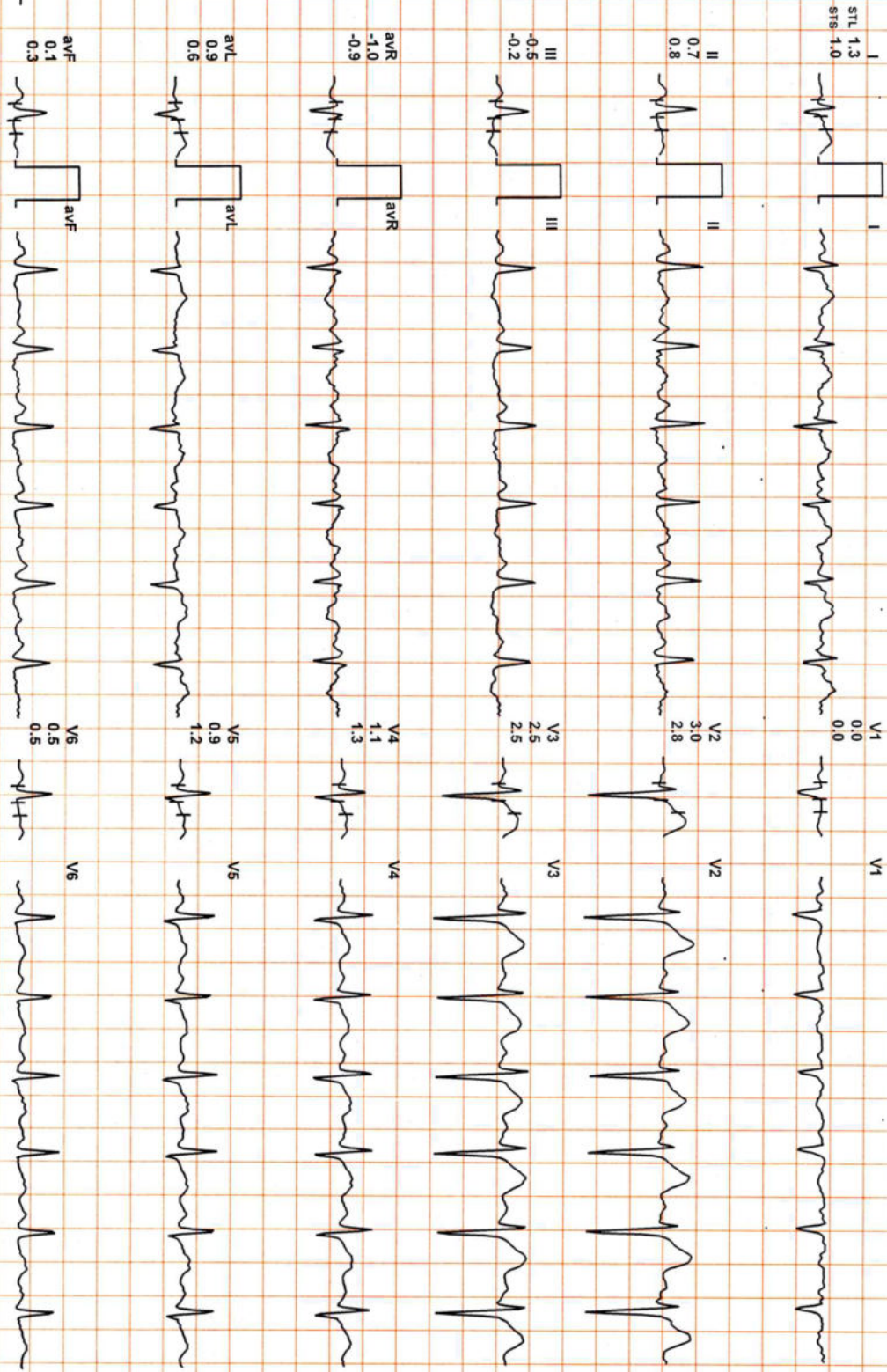
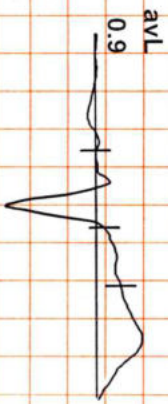


Date: 08-Oct-2022 10:52:34 AM METS: 1.1/123 bpm 65% of THR BP: 120/80 mmHg Raw ECG: BLC On/ Naich On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:07 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



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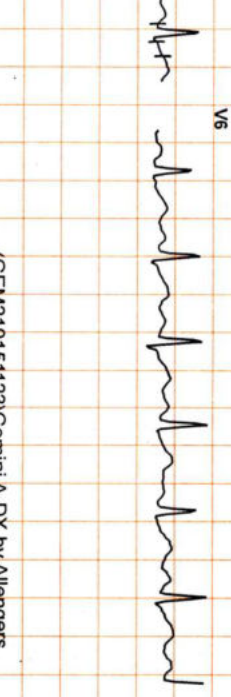
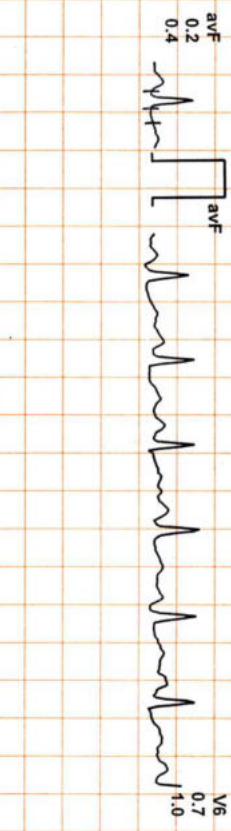
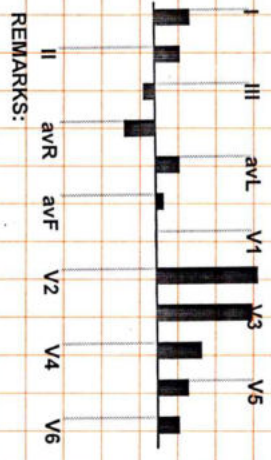
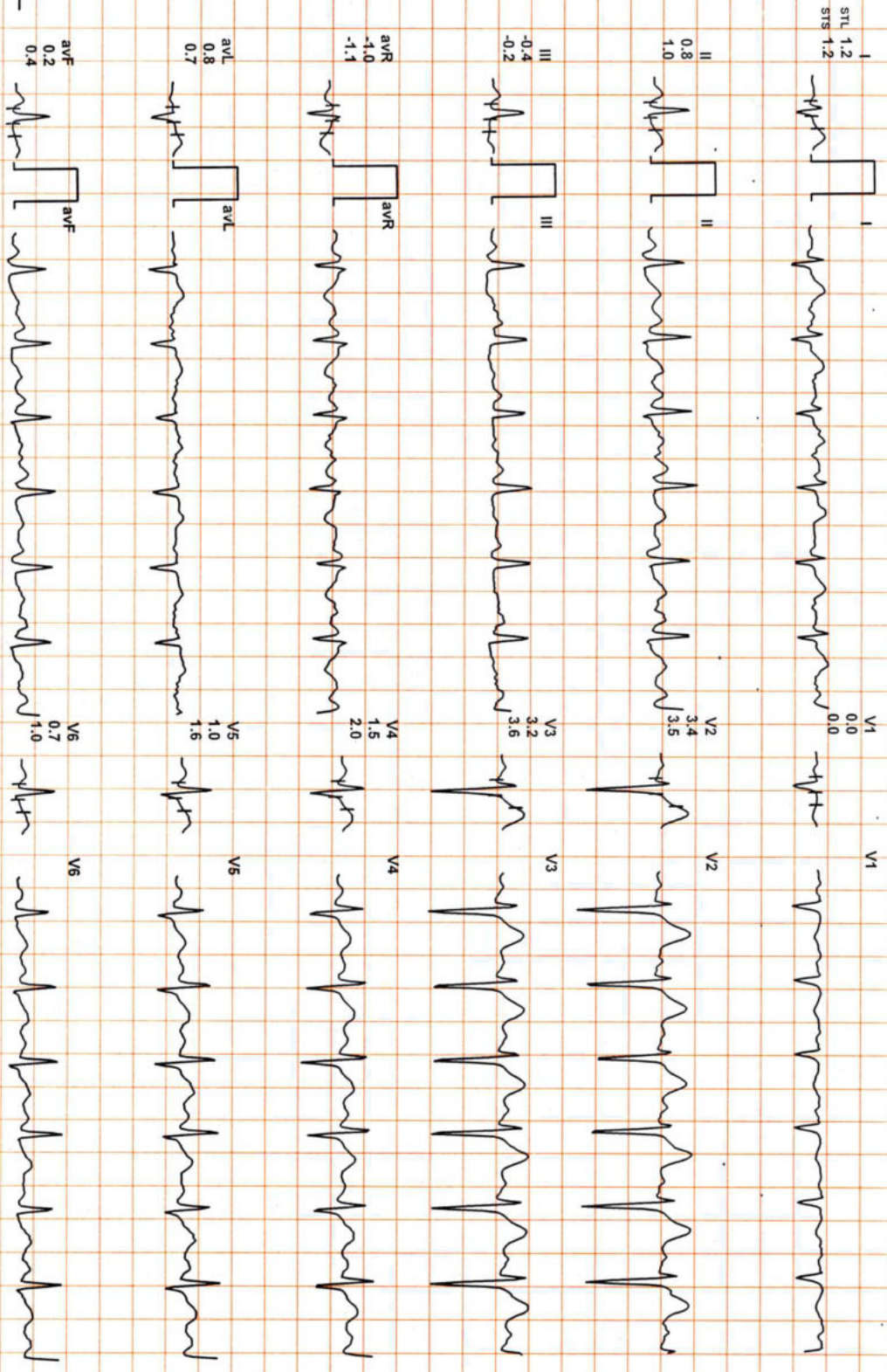
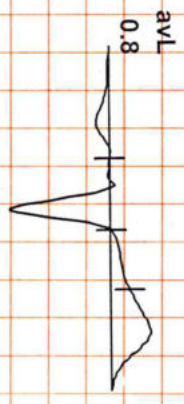
2118 / MR LAXMAN PRASAD SHARMA / 32 Yrs / M

Date: 08-Oct-2022 10:52:34 AM METS: 4.71 130 bpm 69% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



(GEM210151123)Gemini A-DX by Allengers

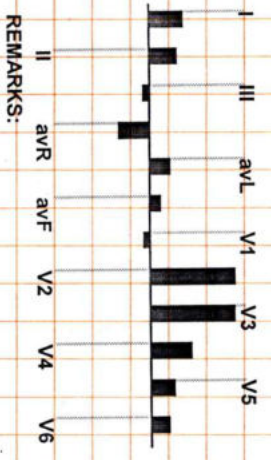
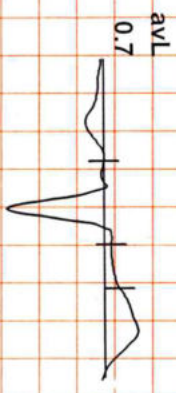


Date: 08-Oct-2022 10:52:34 AM METS: 7.1/139 bpm 73% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

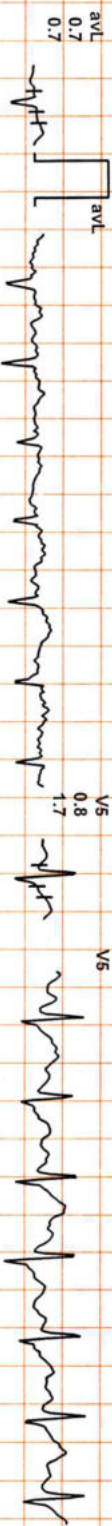
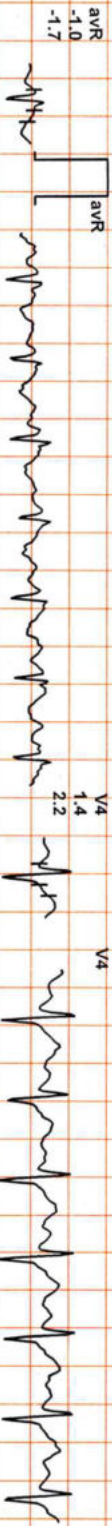
EXTime: 06:00 2.5 mph, 12.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



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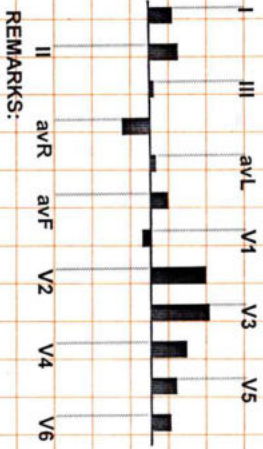
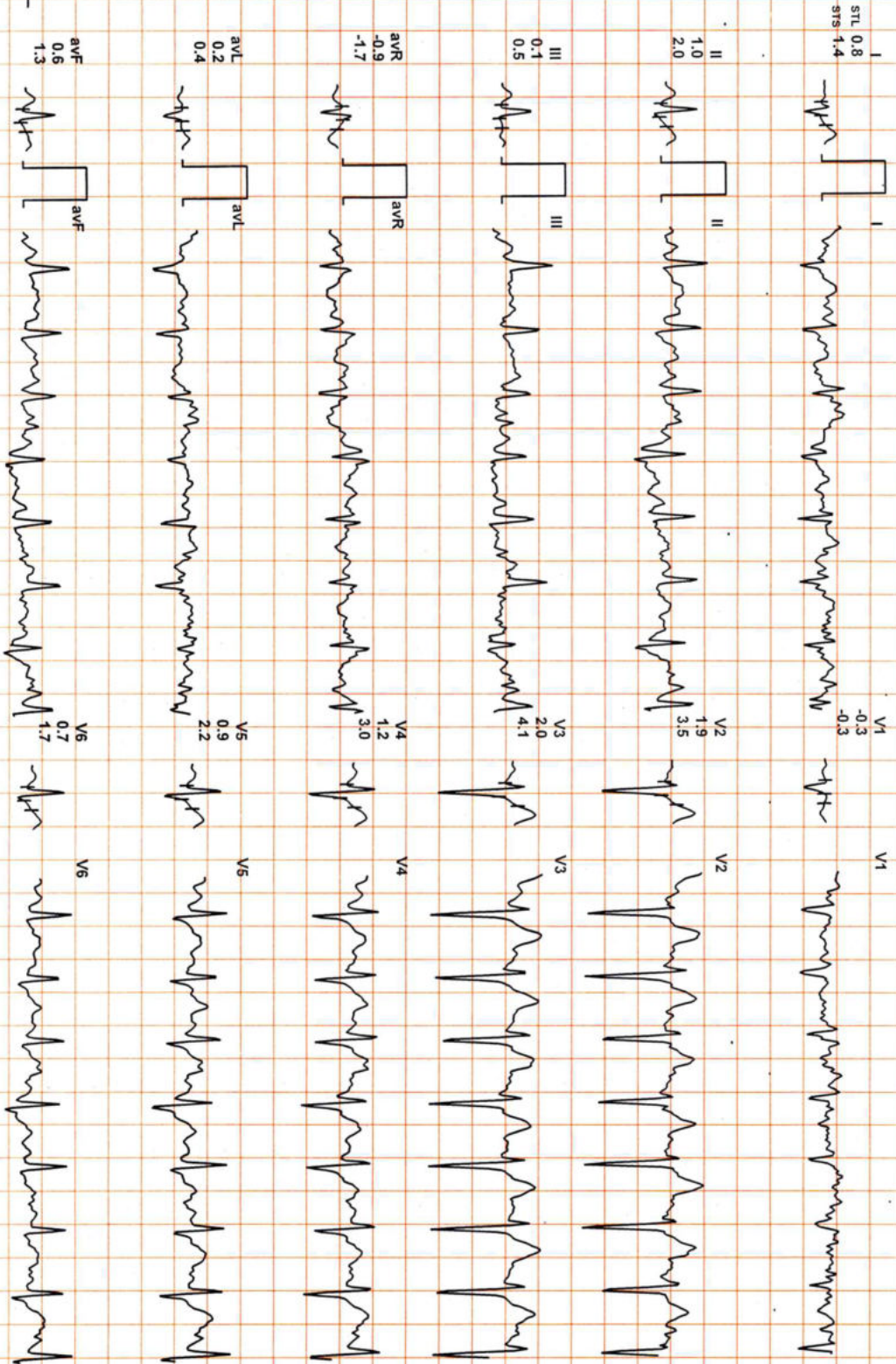
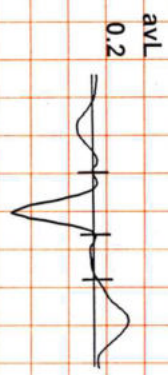
2118 / MR LAXMAN PRASAD SHARMA / 32 Yrs / M

Date: 08-Oct-2022 10:52:34 AM METS: 10.2/154 bpm 81% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 09:00 3.4 mph, 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



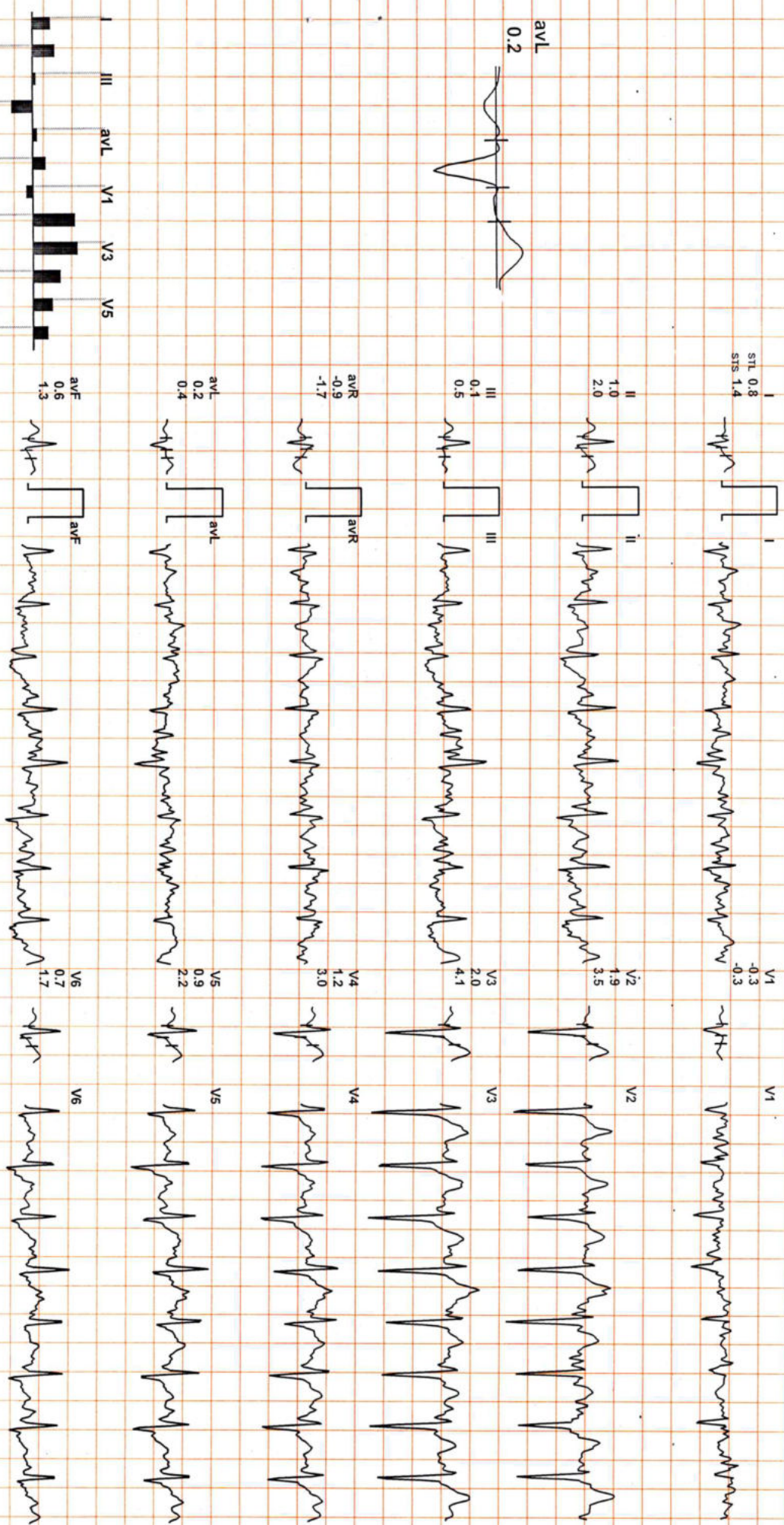
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4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



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Date: 08-Oct-2022 10:52:34 AM

METS: 4.3/ 134 bpm 71% of THR

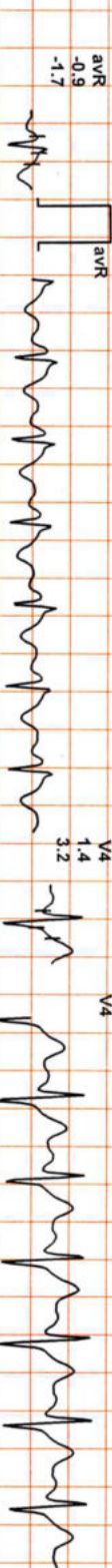
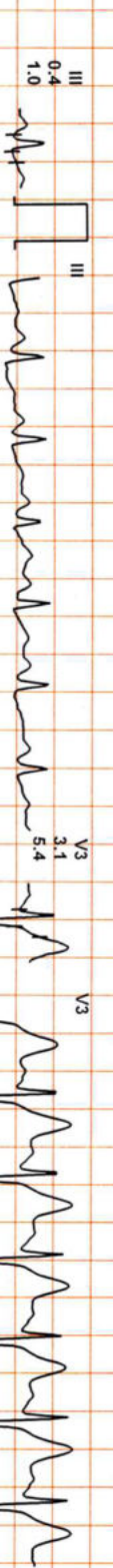
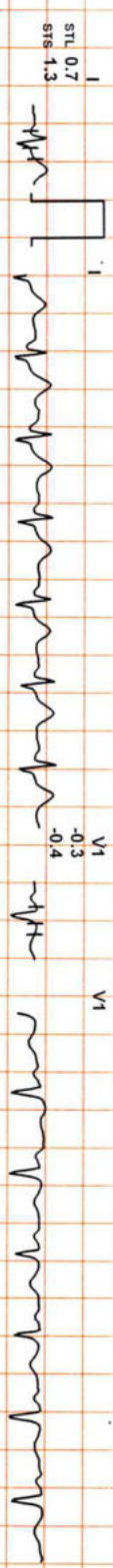
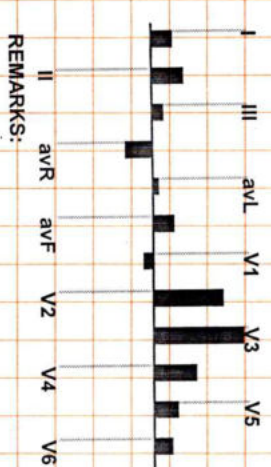
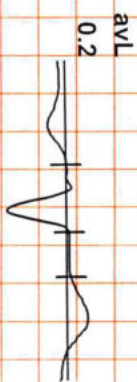
BP: 140/90 mmHg

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

EXTime: 09:10 0.0 mph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



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Date: 08-Oct-2022 10:52:34 AM

METS: 1.0/ 124 bpm 65% of THR

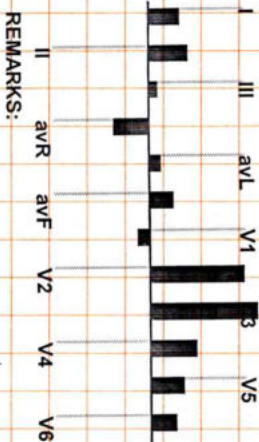
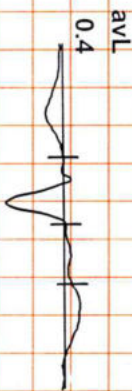
BP: 135/85 mmHg

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

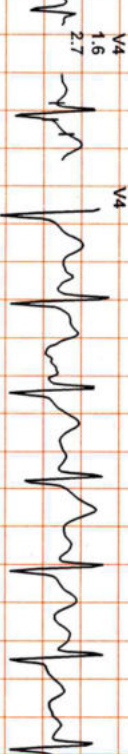
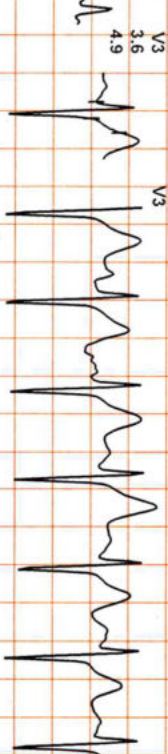
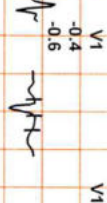
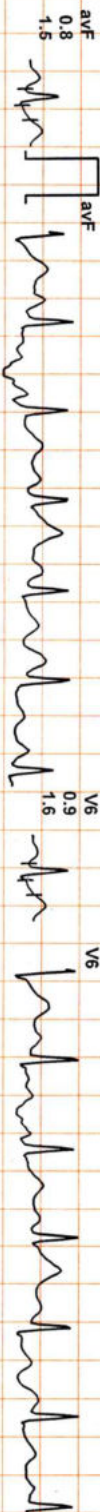
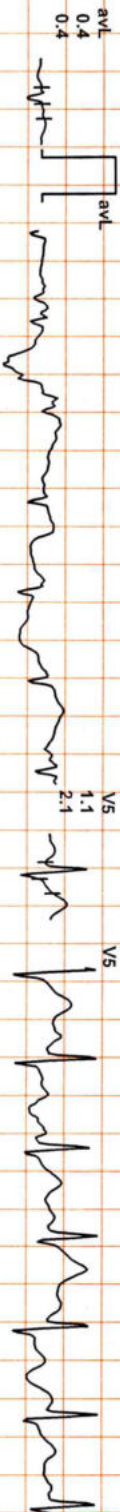
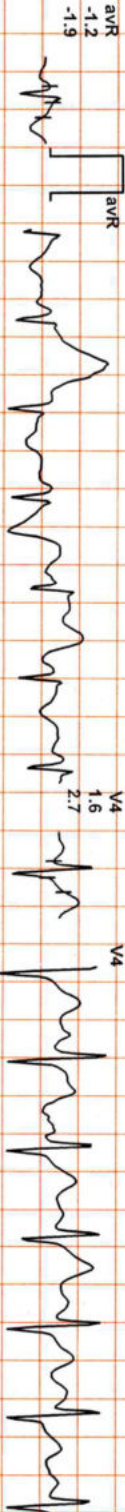
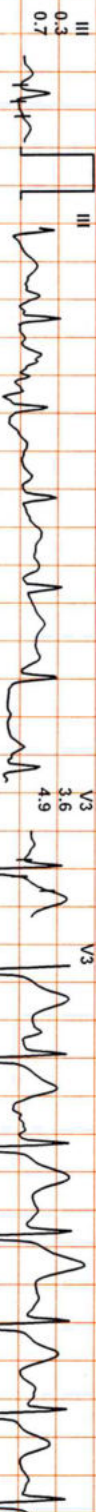
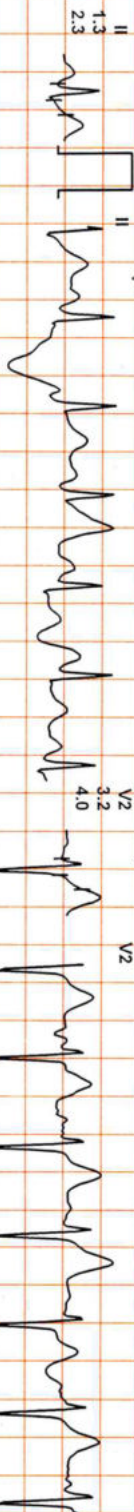
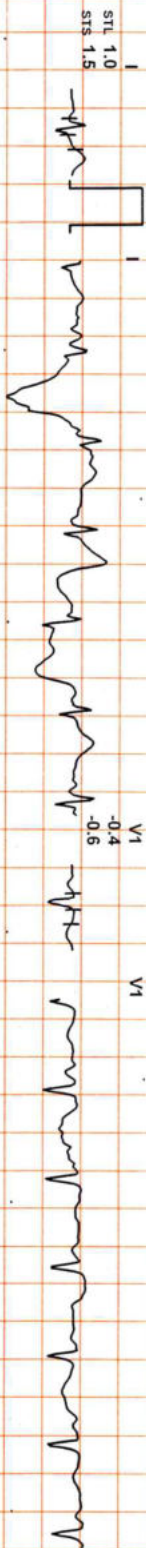
4X 80 ms Post J

ExTime: 09:10 0.0 mph, 0.0%

25 mm/Sec, 1.0 Cm/mV



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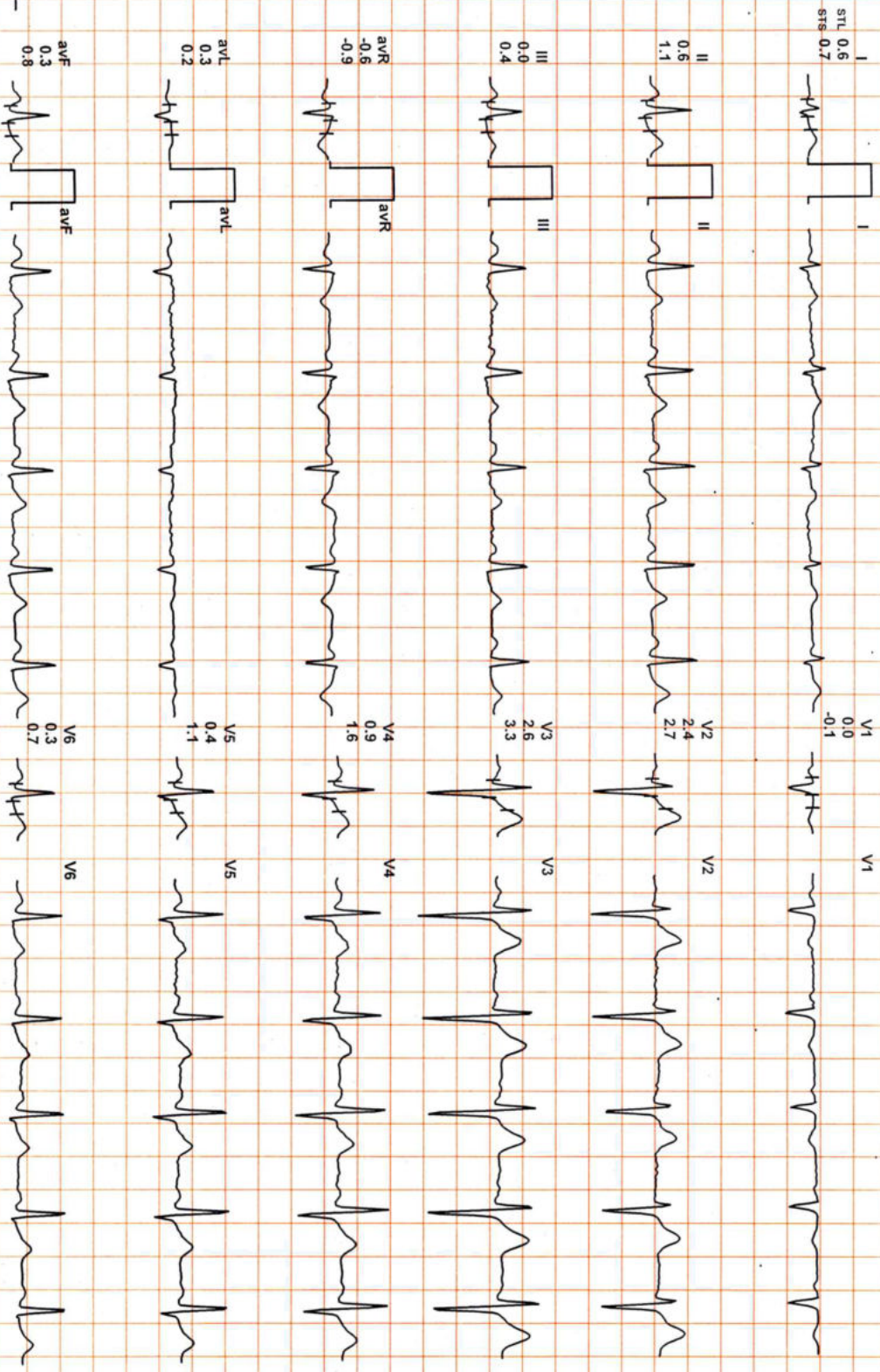
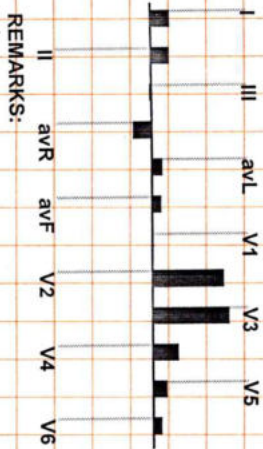
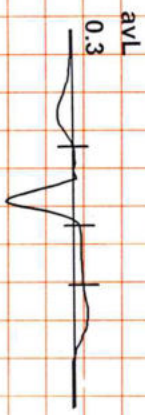




Date: 08-Oct-2022 10:52:34 AM METS: 1.0/ 129 bpm 68% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 09:10 0.0 mph, 0.0%  
25 mmSec. 1.0 Cm/mV

4X 80 ms Post J



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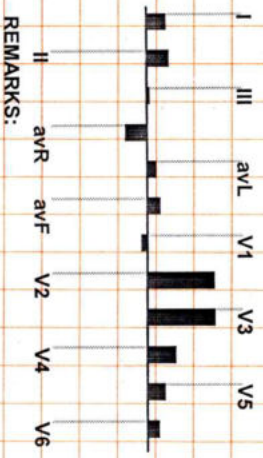
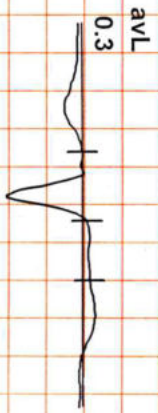


Date: 08-Oct-2022 10:52:34 AM METS: 1.0/ 117 bpm 62% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 09:10 0.0 mph, 0.0%

4X 80 ms PostU

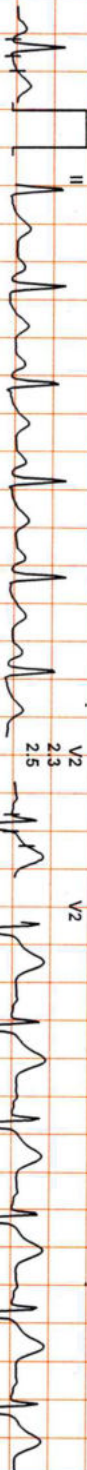
25 mm/Sec. 1.0 Cm/mV



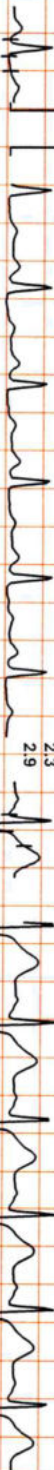
I  
STL 0.7  
STS 0.6



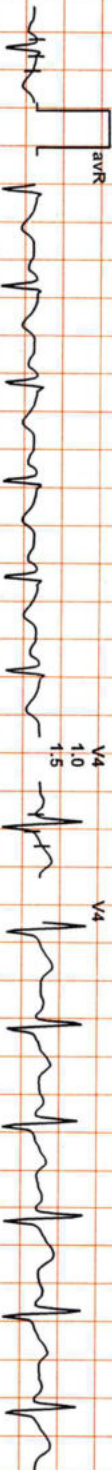
II  
0.7  
1.0



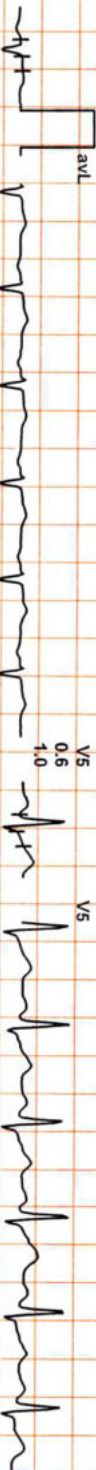
III  
0.1  
0.4



aVR  
-0.7  
-0.8



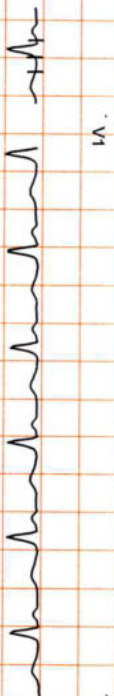
aVL  
0.3  
0.1



aVF  
0.4  
0.7



V1  
-0.2  
-0.1



V2  
2.3  
2.5



V3  
2.3  
2.9



V4  
1.0  
1.5



V5  
0.6  
1.0

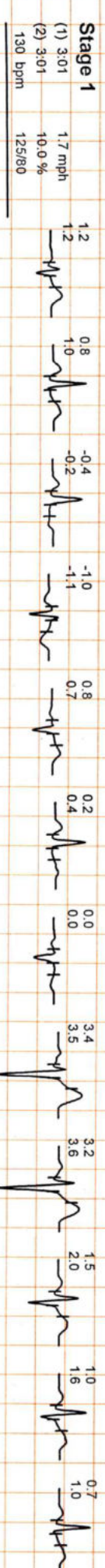
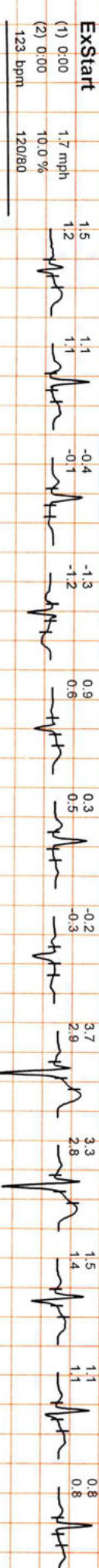
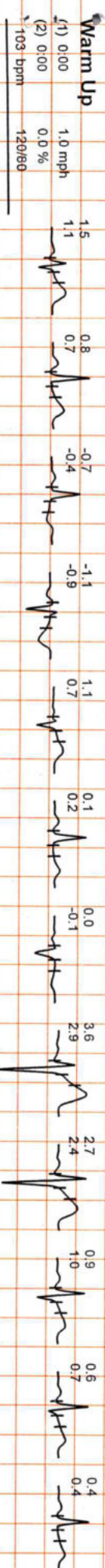
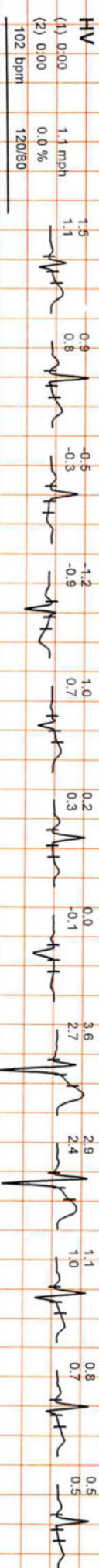
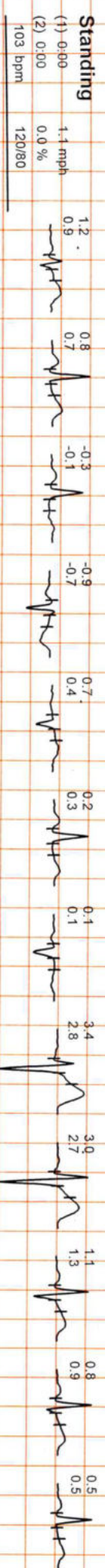
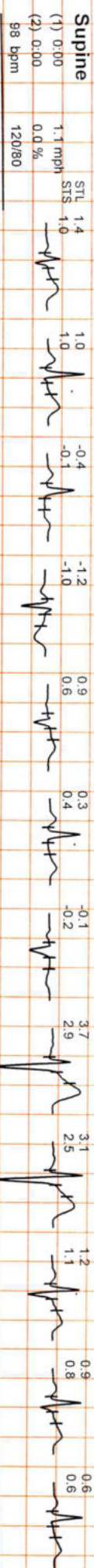


V6  
0.4  
0.7



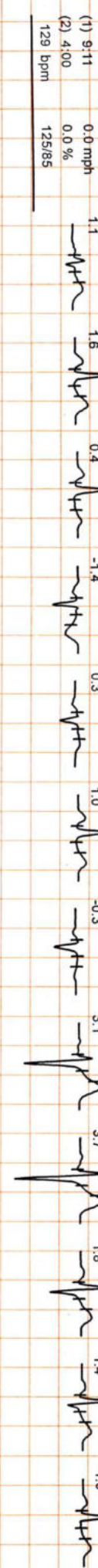
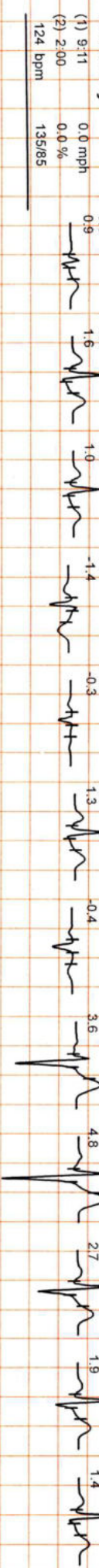
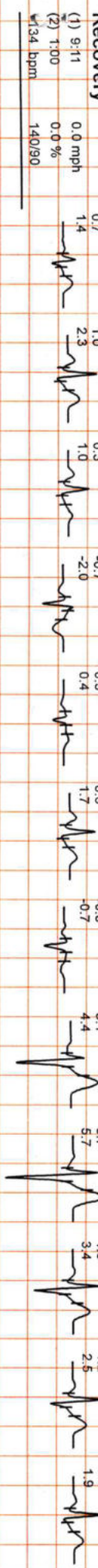
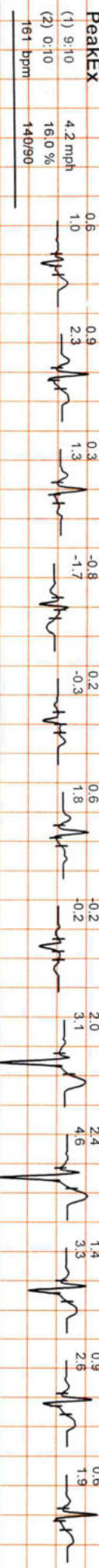
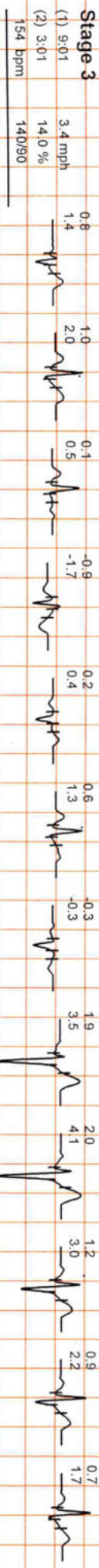
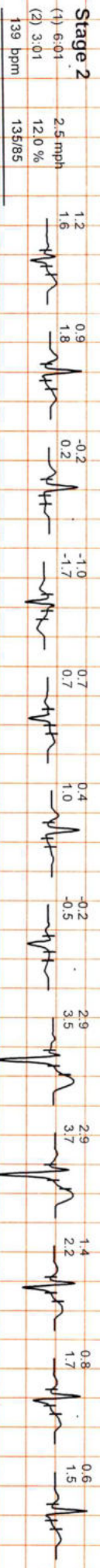
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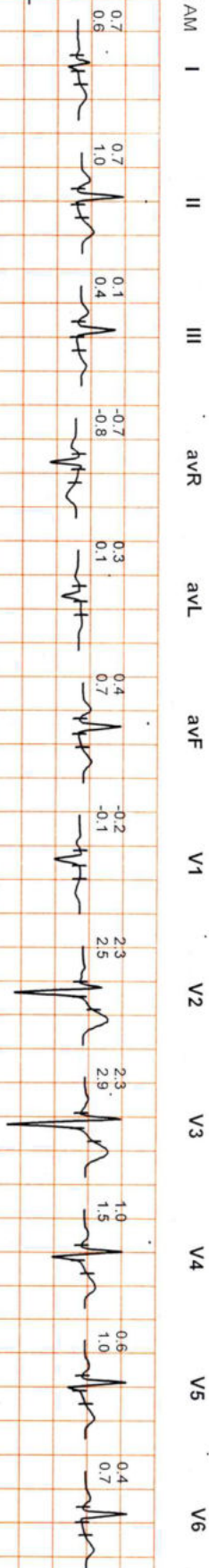


Date: 08-Oct-2022 10:52:34 AM I II III avR avL avF V1 V2 V3 V4 V5 V6





Recovery  
(1) 9:11 0.0 mpm  
(2) 4:37 0.0 %  
117 bpm 125/85



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Date :- 08/10/2022 10:07:06

Patient ID :-12222719

**NAME :- Mr. LAXMAN PRASAD SHARMA**

Ref. By Dr:- BOB

Sex / Age :- Male 32 Yrs 9 Mon 7 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 08/10/2022 10:52:46

Final Authentication : 08/10/2022 13:50:52

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE BELOW 40MALE</b>			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	16.5	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	7.29	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	44.6	%	40.0 - 80.0
LYMPHOCYTE	<b>47.6 H</b>	%	20.0 - 40.0
EOSINOPHIL	4.5	%	1.0 - 6.0
MONOCYTE	3.1	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.26	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	3.48	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.32	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.22	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
<b>TOTAL RED BLOOD CELL COUNT (RBC)</b>	<b>5.74 H</b>	x10 <sup>6</sup> /uL	4.50 - 5.50
<b>HEMATOCRIT (HCT)</b>	48.50	%	40.00 - 50.00
<b>MEAN CORP VOLUME (MCV)</b>	84.5	fL	83.0 - 101.0
<b>MEAN CORP HB (MCH)</b>	28.8	pg	27.0 - 32.0
<b>MEAN CORP HB CONC (MCHC)</b>	34.1	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	232	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	14.72		

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

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**NAME :- Mr. LAXMAN PRASAD SHARMA** Ref. By Dr:- BOB  
 Sex /Age :- Male 32 Yrs 9 Mon 7 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 08/10/2022 10:52:46 Final Authentication : 08/10/2022 13:50:32

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	16 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 (CBC); **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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 Sex / Age :- Male 32 Yrs 9 Mon 7 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K<sub>2</sub>EDTA, CUBED, ETPO, URINE 08/10/2022 10:52:46

Final Authentication : 08/10/2022 13:50:52

### HAEMATOLOGY

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

BLOOD GROUP ABO "B" POSITIVE

**BLOOD GROUP ABO Methodology :** Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) 90.7 mg/dl 75.0 - 115.0  
**Method:- GOD PAP**

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) 114.4 mg/dl 70.0 - 140.0  
**Method:- GOD PAP**

**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.

URINE SUGAR (FASTING) Nil Nil  
 Collected Sample Received

AJAYSINGH, MKSHARMA, POOJABOHR  
**Technologist**  
**DR.HANSA**  
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 (D.M.R.D.)  
**Dr. Chandrika Gupta**

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Sample Type :- PLAIN/SERUM Sample Collected Time 08/10/2022 10:52:46 Final Authentication : 08/10/2022 13:43:06

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	214.86 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	117.02	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	33.19	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	162.17 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	23.40	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.47 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.89 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	622.20	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: 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 HDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

MKSHARMA

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.34	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)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.42	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL > - 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.92	mg/dl	0.30-0.70
SGOT Method:- IFCC	33.4	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>84.1 H</b>	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	111.20	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	<b>50.10 H</b>	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.17	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.65	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.52	gm/dl	2.20 - 3.50
A/G RATIO	1.85		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

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Sex / Age :- Male 32 Yrs 9 Mon 7 Days  
Company :- MediWheel

Patient ID :- 12222719  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 08/10/2022 10:52:46

Final Authentication : 08/10/2022 13:43:06

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.96	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.39	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 08/10/2022 10:52:46 Final Authentication : 08/10/2022 13:43:06

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	11.2	mg/dl	0.0 - 23.0

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 Sex / Age :- Male 32 Yrs 9 Mon 7 Days  
 Company :- MediWheel

Patient ID :- 12222719  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 08/10/2022 10:52:46

Final Authentication : 08/10/2022 13:50:52

### HAEMATOLOGY

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

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

6.0 %

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

126 mg/dL

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

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**NAME :- Mr. LAXMAN PRASAD SHARMA**  
Sex / Age :- Male 32 Yrs 9 Mon 7 Days  
Company :- MediWheel

Patient ID :-12222719  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 08/10/2022 10:52:46

Final Authentication : 08/10/2022 12:09:42

### 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)	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
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	0-1	/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

POOJABOHR  
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**DR.HANSA**  
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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 08/10/2022 10:52:46 Final Authentication : 08/10/2022 13:03:49

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.460	ng/ml	0.600 - 1.810
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	10.100	ug/dl	4.500 - 10.900
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.000	μIU/mL	0.550 - 4.780

**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

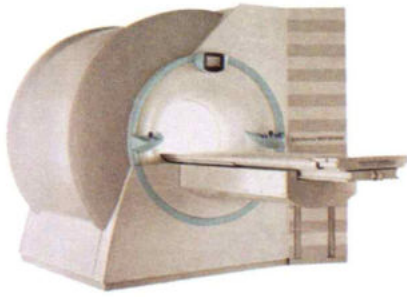
\*\*\* End of Report \*\*\*

NARENDRAKUMAR  
**Technologist**

Page No: 12 of 12



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# Dr. Goyal's

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Date :- 08/10/2022 10:07:06

**NAME :- Mr. LAXMAN PRASAD SHARMA**

Sex / Age :- Male 32 Yrs 9 Mon 7 Days

Company :- MediWheel

Patient ID :- 12222719

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 08/10/2022 14:43:56

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

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

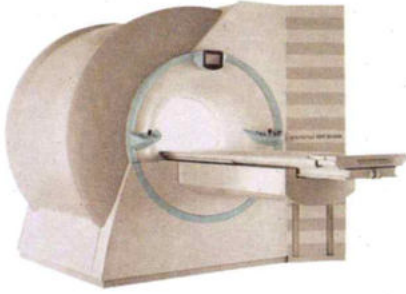
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Transcript by.



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Final Authentication : 08/10/2022 12:07:43

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver** is of normal size (~14.2cm). **Echo-texture is bright.** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary bladder** is empty. Patient refused to hold more urine.

*Pelvic organ could not be commented.*

### IMPRESSION:

\* **Grade I fatty liver.**

*-Needs clinical correlation for further evaluation*

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

Page No: 1 of 1

BILAL

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This report is not valid for medico-legal purpose.