

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 : MANISH KUMAR RATHORIA

Age / Gender : 34 years / Male

Endo ID : 160906

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Dec 09, 2023, 11:29 a.m.

Reported Date & Time : Dec 09, 2023, 12:31 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	15.4	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.38	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	44.3	%	42 - 52
Mean Cell Volume (MCV)	82.4	FL	78 - 100
Mean Cell Haemoglobin (MCH)	28.6	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	34.7	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.8	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7900	Cell/cu.mm	4000 - 10000
Neutrophils	69	%	40 - 80
Lymphocytes	20	%	20 - 40
Monocytes	06	%	2 - 10
Eosinophils	05	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	7.1	fL	7.2 - 11.7
PCT	0.15	%	0.2 - 0.5
Platelet Count	216	10 ³ /ul	150 - 450

END OF REPORT

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M.D.(Patho.)

Dr. Nishi Prasad
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233430047

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HAEMATOLOGY

ESR	10	mm	0 - 20
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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.010		1.005-1.030

Chemical Examination

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

Microscopic Examination

Pus cells (WBCs)	3-4	/hpf	0-4
Epithelial cells	3-4	/hpf	0-5
Red blood cells	NIL	/hpf	NIL
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

****END OF REPORT****

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Sample ID :



233430047

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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

Medical Remark :

'B' POSITIVE

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

****END OF REPORT****

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BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	256.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	153.3	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	53.2	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	30.66	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	172.14	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	4.81		2.6-4.9
LDL/HDL Ratio Method : Calculated	3.24		0.5-3.4

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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.75	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.24	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.51	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	30.4	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	46.9	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	69.0	U/L	MALE & FEMALE
Method : IFCC with Serum			
4-19 YEAR: 54-369 U/L			
20-59 YEAR: 42-98 U/L			
>60 YEAR: 53-141 U/L			
Total Protein	7.12	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.37	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.75	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.59		1.5 - 2.5
Method : Calculated			

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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.5

%

> 8% Action Suggested

7 - 8 % Good Control

6 - 7 % Near Normal Glycemia

< 6% Normal level

BLOOD

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

111.15

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

****END OF REPORT****

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Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINESCENCE	0.83	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	5.8	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	3.15	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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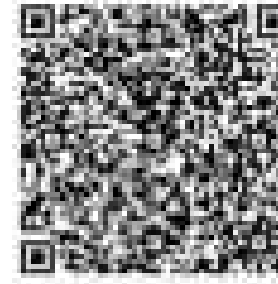
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BIOCHEMISTRY

Urea

20.1

mg/dL

10.0 - 40.0

Method : Uricase

CREATININE

0.79

mg/dL

0.60 - 1.40

Method : Serum, Jaffe

END OF REPORT

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BIOCHEMISTRY

Uric Acid

8.1

mg/dL

3.5-7.0

Method : Uricase, Colorimetric

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BIOCHEMISTRY

Gamma GT	54.2	U/L	8-61
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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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BIOCHEMISTRY

Glucose fasting	102.1	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

****END OF REPORT****

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

Patient Name: Mr. MANISH KUMAR RATHORIA 33/M

5 Seconds ECG Report

December 09, 2023

Time: 09:56:52

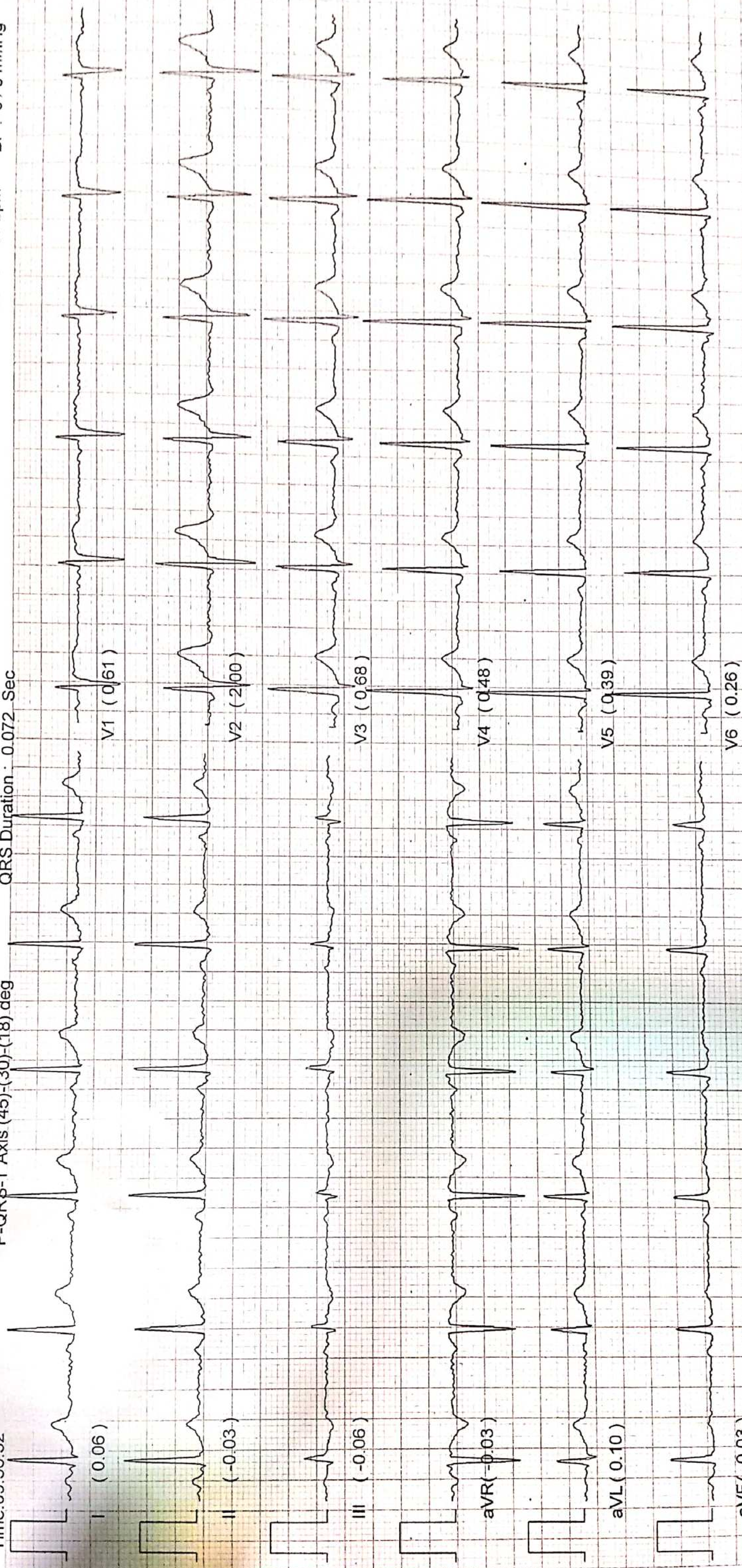
P-QRS-T Axis (45)-(30)-(18) deg

PR Interval: 0.15 sec

RR Interval: 0.89 sec

QRS Duration: 0.072 Sec

HR : 67 bpm BP : 0/0 mmHg



INTERPRETATION

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

DR MD

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
 Consultant Radiologist & Sonologist
 RMC No. 107/15600

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

*Unconfirmed Reporting, Refer to Clinician

USG ABDOMEN-PELVIS

NAME -- Mr . Manish Rathoria	AGE -- 33 yrs	Date -- 09-12-2023
REF BY -- Mediwheel		

LIVER : is Enlarged and bright 15.0 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. 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 homogeneous.

RT.KIDNEY- Normal in size, shape and position . Measures :-- 10.0 x 3.7 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen .

LT. KIDNEY- Normal in size, shape and position. Measures :-- 10.7 x 4.5 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen .

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

PROSTATE: is normal in size 9.1 Gms and shows normal homogeneous echotexture

IMPRESSION:-

- Enlarged fatty Liver .
- No evidence of any calculus is Seen .
- Rest of the abdominal organs are within normal limits.

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

(Adv- clinical correlation , further evaluation)
Please note :-- This is professional opinion only and not the final diagnosis as science of radiology is based on interpretation of various shadows produced by both normal and abnormal structures . Dissimilar diverse diseases may produce similar shadows and vice versa , hence no us finding is path genomic .
All findings are only S/O , hence advice These findings are observations at the time of study.
Findings can change any time. In case of any disparity between clinical and sonography, X ray findings. Please send patient again for review Free of Cost
This report is not valid for medico-legal purpose subject to Ajmer and jurisdiction only .

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NAME - Mr Manish Kumar Rathoria

AGE- 33 Yrs

DATE - 09-12-2023

REF BY- Mediwheel

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

LUNG FIELDS ARE CLEAR

NAD IN HEART AND LUNGS .

Dr. ROOPA GOYAL (M.B.B.S. M.D.)
Consultant Radiologist
RMC No. 00450745600

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

TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNA
FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE

Consultant

Dr. A

MD (Radio-)

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NAME : MR MANISH RATHORIA **DATE** : 09-12-2023
AGE : 33 YEARS
SEX : MALE **REF BY** :

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . TRACE TR
- . RVSP 20 MM HG
- . NO RWMA : LVEF 60 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM .
- . SIZE OF MAIN PULMONARY ARTERY 22 MM .

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

LVID d	47.1	LVEDV	
LVID s	30.1	LVESV	
RVID(d)	---	SV	-
IVS d	10.9	F.S	32%
IVS S	14.6	EF	60%
LVPW d	10.2	C.O	-
LVPWS	14.3	MITRAL VALVE	-
AORTIC ROOT	24.5	EF SLOPE	-
LEFT ATRIUM	28.8	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- 98 A- 82	-	NIL
TRICUSPID VALVE	NORMAL	159	-	TRACE
PUL VALVE	NORMAL	101	-	NIL
AORTIC VALVE	NORMAL	136	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 20 MM HG	MVA

Dr. ROOP GOYAL (M.B.B.S., M.D.)
Consultant Cardiologist
Raj. No. 100424/15020

... .. आगम्य है। हमकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

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Referral : SELF

Collected Date & Time : Dec 09, 2023, 12:37 p.m.

Reported Date & Time : Dec 09, 2023, 01:06 p.m.

Sample ID :



233430068



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

Blood Glucose-Post Prandial

128.7

mg/dL

70 - 140

Method : Hexokinase

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