

भारत सरकार
Government of India

अशोक कुमार फांडिया
Ashok Kumar Fandiya
जन्म तिथि / DOB : 05/10/1985
पुरुष / MALE

16/03/2015

3433 3356 4113

मेरा आधार, मेरी पहचान

Dr. Piyush Goyal
M.B.B.S., D.M.F.L.
RMC Reg. No. - 17910

भारत सरकार
Government of India

पता: आत्मज: माला राम फांडिया, गांव-शहरपुर,
साररपुर(16), महेंद्रगढ़, हरियाणा, 123001

Address: S/O: Mala Ram Fandiya,
village-saharpur, Sarepur(168),
Mahendragarh, Haryana, 123001

3433 3356 4113

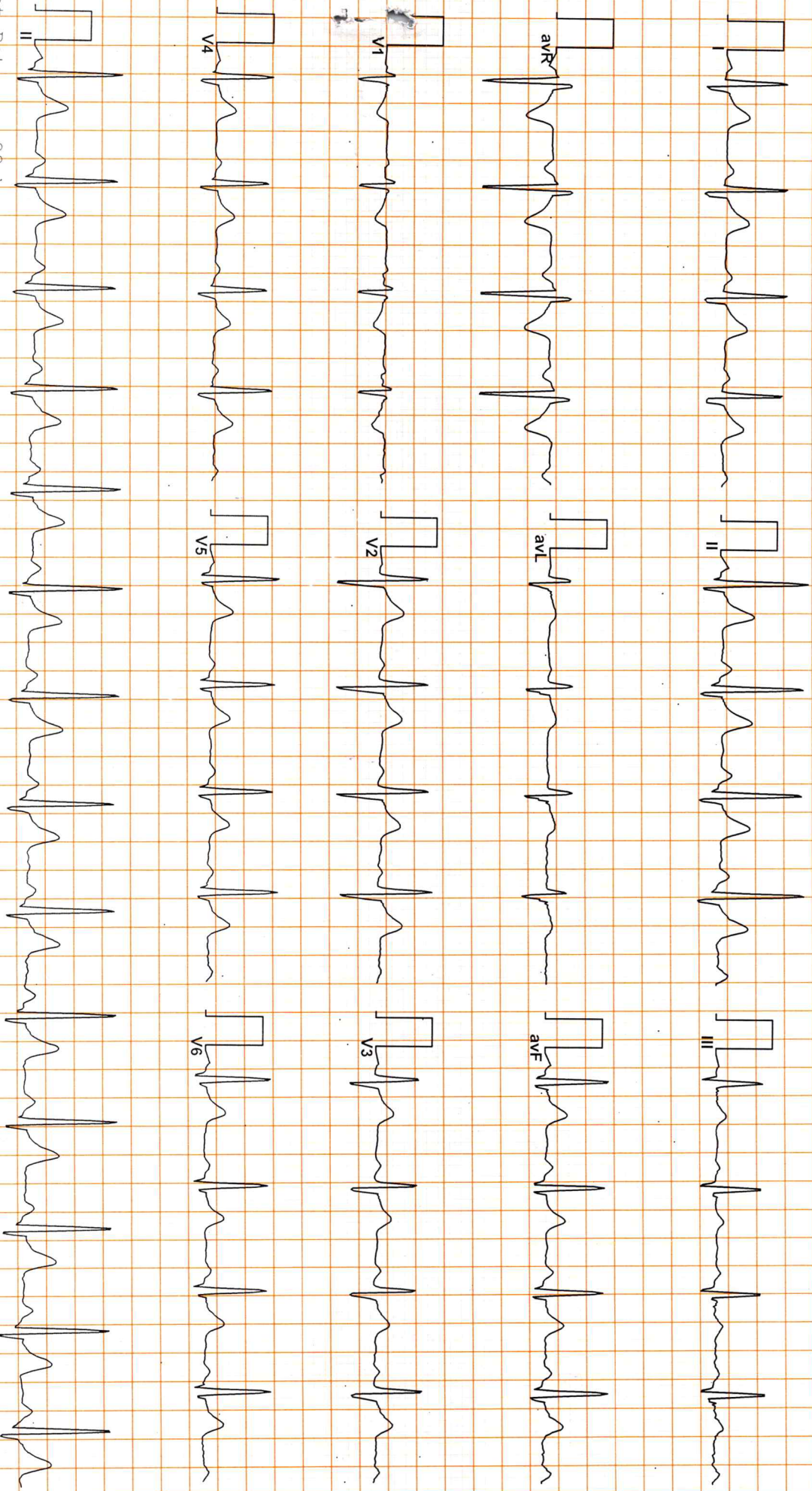
1947 help@uidai.gov.in www.uidai.gov.in

DR. GOYALS PATH LAB & IMAGING CENTRE

100 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 169Cms. / 74Kgs. / Non Smoker

Heart Rate : 82 bpm / Tested On : 27-Mar-22 12:46:26 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB

ECG



Vent Rate : 82 bpm
PR Interval : 150 ms
QRS Duration: 92 ms
QT/QTc Int : 358/397 ms
P-QRS-T axis: 60.00 • 54.00 • 50.00

Allengers ECG (Piscas)(PIS215190517)

Handwritten signature

Handwritten signature

Dr. Ashok Kumar Mohanka
MBBS, DIP. CARDIO (ESCORTS)
D.E.M. (REGP-UK)

29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg Date: 27-Mar-2022 Refd By : BOB Examined By:

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	00:16	0:15	01.1	00.0	01.0	081	44%	120/80	097	00	
Standing	00:35	0:19	01.1	00.0	01.0	083	45%	120/80	099	00	
HV	00:44	0:09	01.1	00.0	01.0	083	45%	120/80	099	00	
ExStart	01:58	1:14	01.1	00.0	01.0	098	53%	120/80	117	00	
BRUCE Stage 1	04:58	3:00	01.7	10.0	04.7	128	70%	130/80	166	00	
BRUCE Stage 2	07:58	3:00	02.5	12.0	07.1	153	83%	140/86	214	00	
PeakEx	09:48	1:50	03.4	14.0	09.0	165	90%	150/90	247	00	
Recovery	10:47	1:00	00.0	00.0	01.2	136	74%	150/90	204	00	
Recovery	11:47	2:00	00.0	00.0	01.0	120	65%	140/90	168	00	
Recovery	12:47	3:00	00.0	00.0	01.0	116	63%	130/86	150	00	
Recovery	13:47	4:00	00.0	00.0	01.0	114	62%	130/80	148	00	
Recovery	14:47	5:00	00.0	00.0	01.0	112	61%	125/80	140	00	
Recovery	14:57	5:09	00.0	00.0	01.0	111	60%	125/80	138	00	

Findings :

Exercise Time : 07:50
 Max HR Attained : 165 bpm 90% of Target 184
 Max BP Attained : (Sys) 150/90
 Max Workload Attained : 9 Good response to induced stress
 Max ST Dep Lead & Value : V1 & -1.1 mm In Stage 1 mm
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

Test negative for RWT

[Signature]

Dr. Naresh Kumar Mohanka
 RMC No. 9010 (R/RTS)
 MBBS, DIP. CARDIO (RCGP/UK)
 D.E.M. (RCGP/UK)

(GEM241904031/R/Allengers)

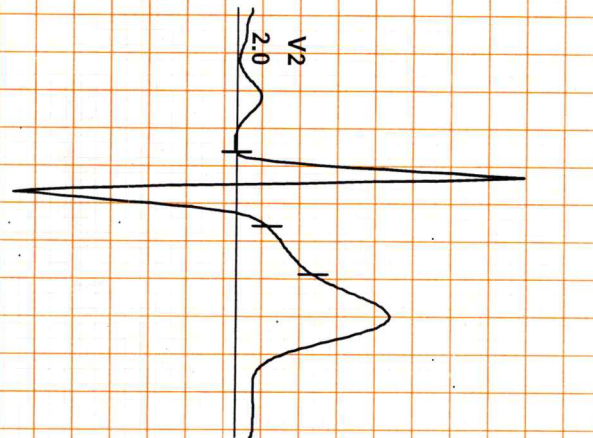
29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg / HR : 81

Date: 27-Mar-2022 12:47:34 PM METS: 1.0/ 81 bpm 44% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:15 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec - 1.0 Cm/mV



STL 1.8
STS 1.4

I 2.3
II 1.8

III 0.6
aVR 0.3

aVR -2.1
-1.6

aVL 0.6
0.5

aVF 1.4
1.1

V1 -0.8
-0.6

V2 2.0
1.5

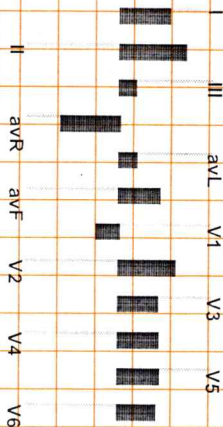
V3 1.4
1.1

V4 1.4
1.1

V5 1.4
1.1

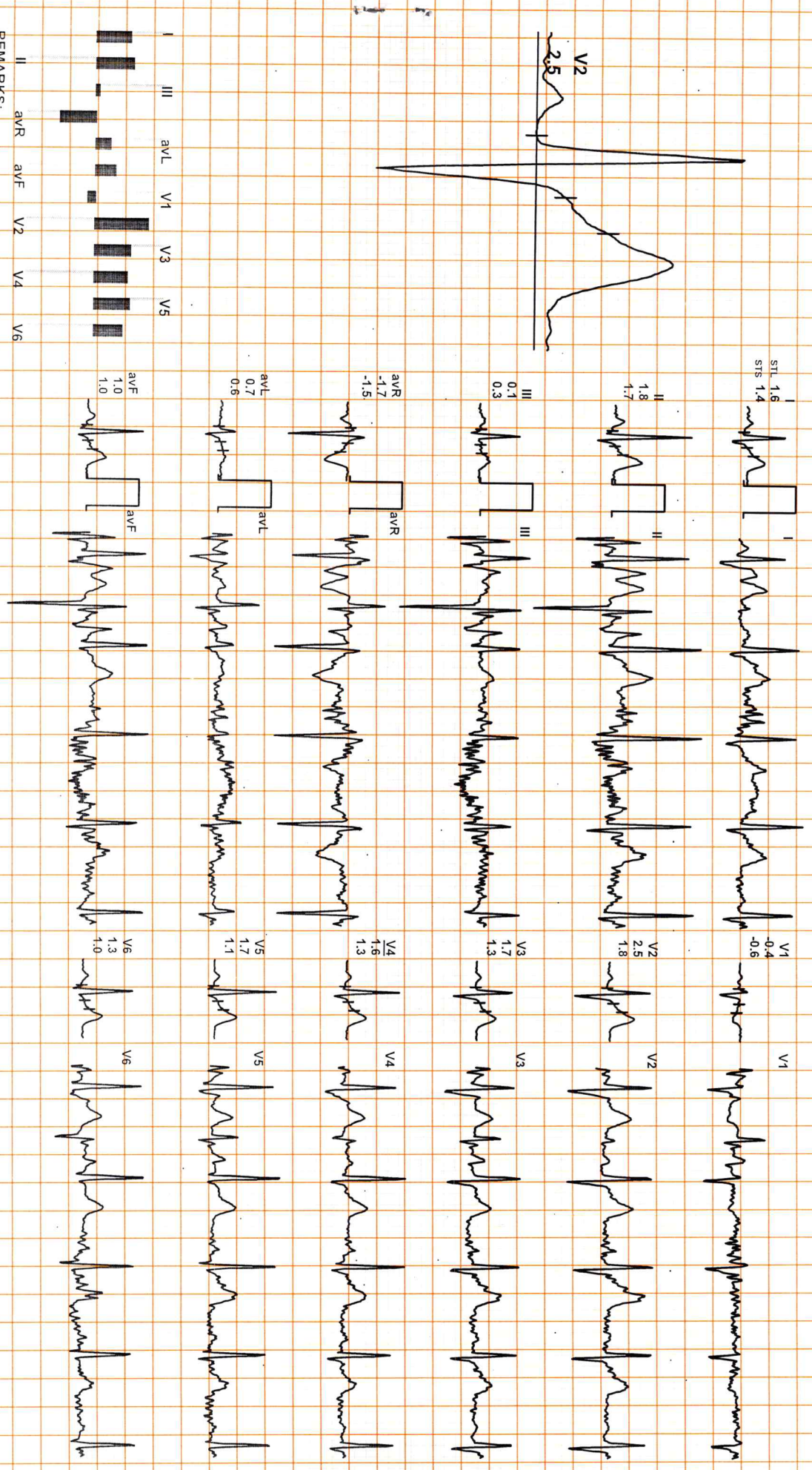
V6 1.3
1.0

REMARKS:



I 2.3
II 1.8
III 0.6
aVR 0.3
aVL 0.6
aVF 1.4
V1 -0.8
V2 2.0
V3 1.4
V4 1.4
V5 1.4
V6 1.3

(GEM214190403)(R)Allengers



REMARKS:



29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg / HR : 83

Date: 27-Mar-2022 12:47:34 PM

METS: 1.0/ 83 bpm 45% of THR

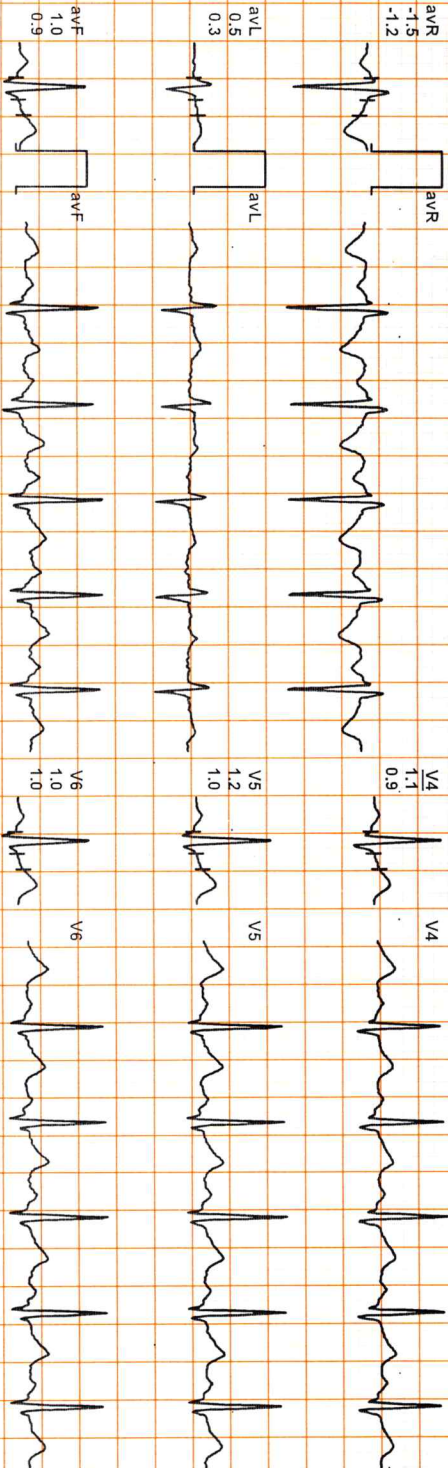
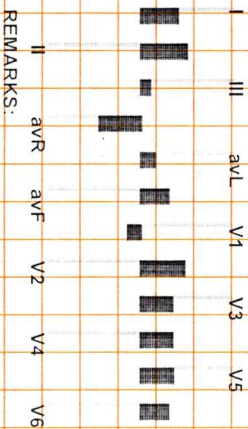
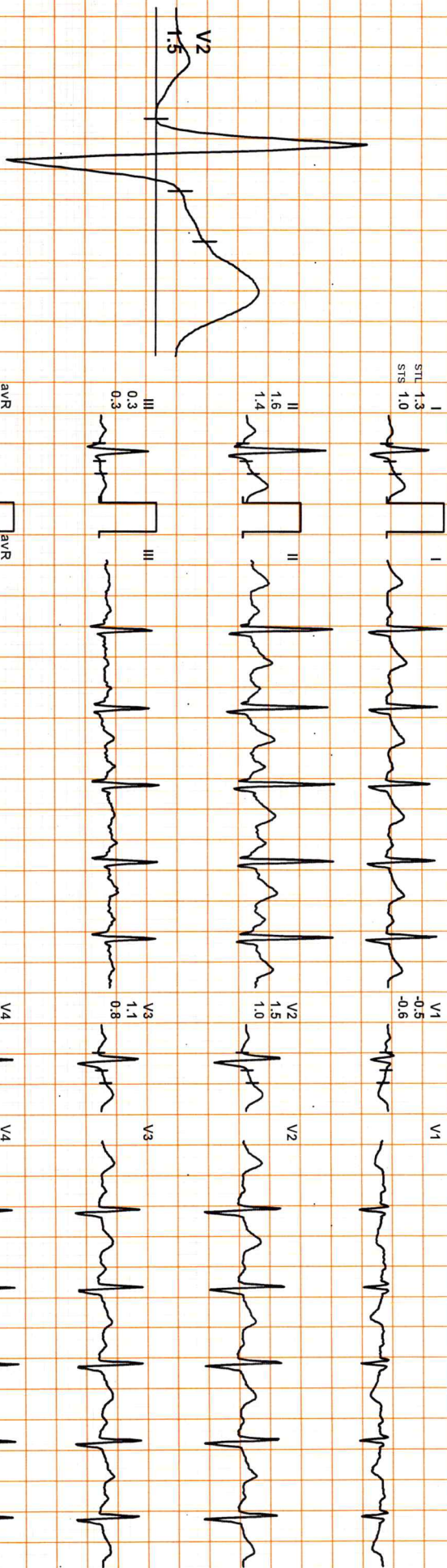
BP: 120/80 mmHg

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



REMARKS:

(GEM214190403)(R)/Allengers



29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg / HR : 98

Date: 27-Mar-2022 12:47:34 PM

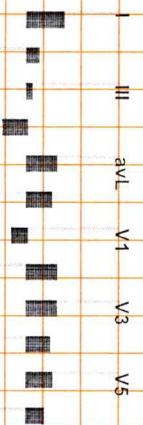
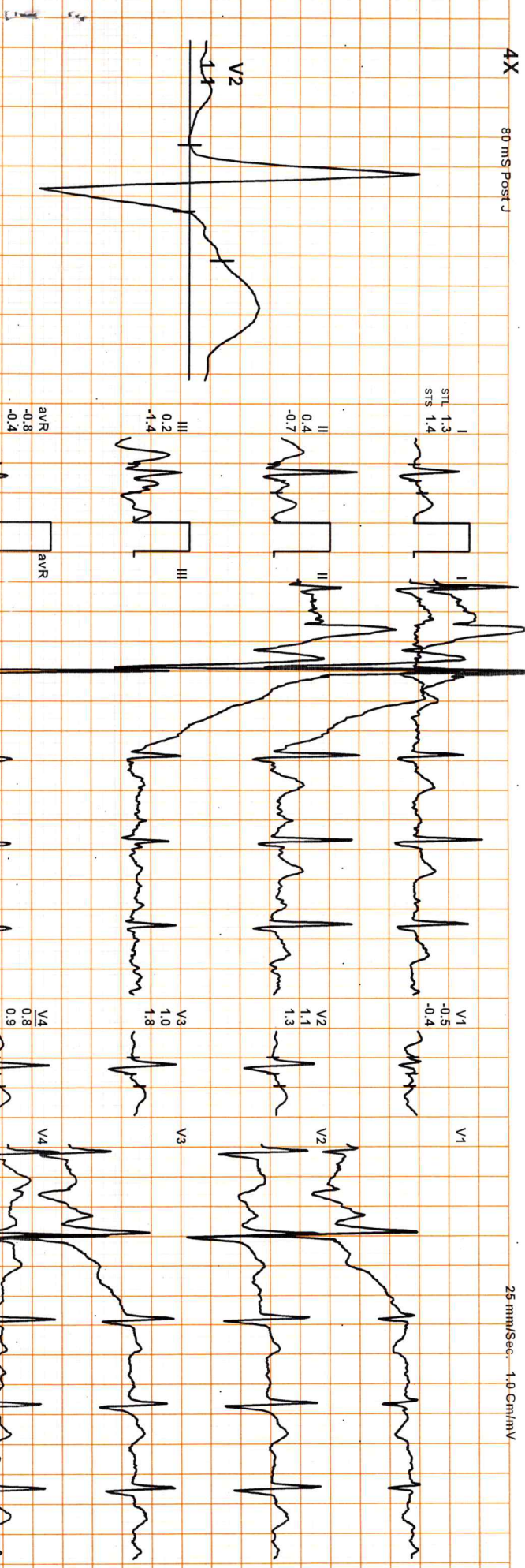
METS: 1.0 98 bpm 53% of THR

BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec - 1.0 Cm/mV



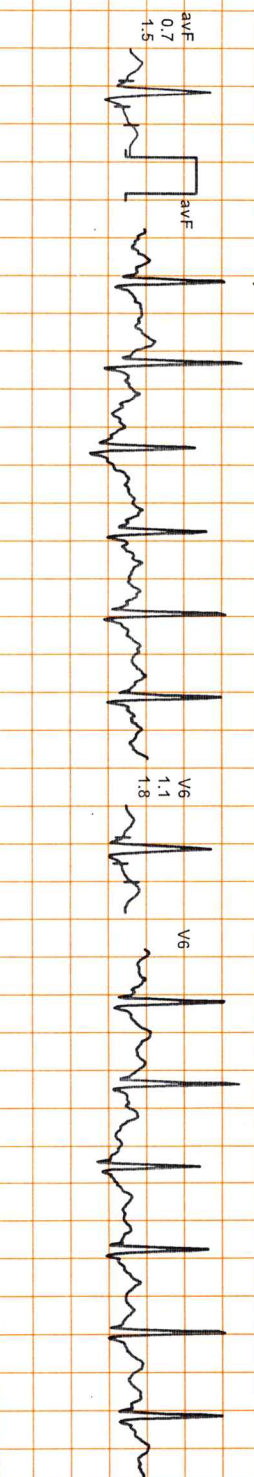
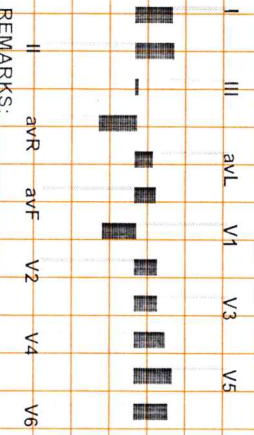
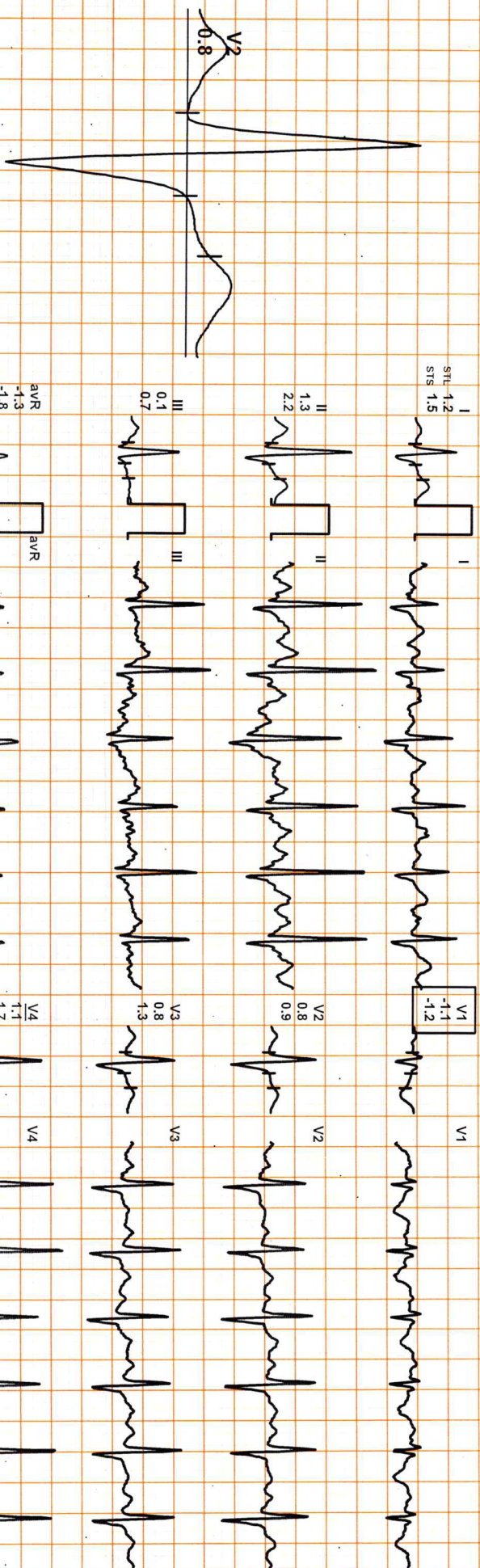
REMARKS:

(GEM214190403)(R)Allengers



4X 80 ms Post J

25 mm/Sec - 1.0 Cm/mV



REMARKS:



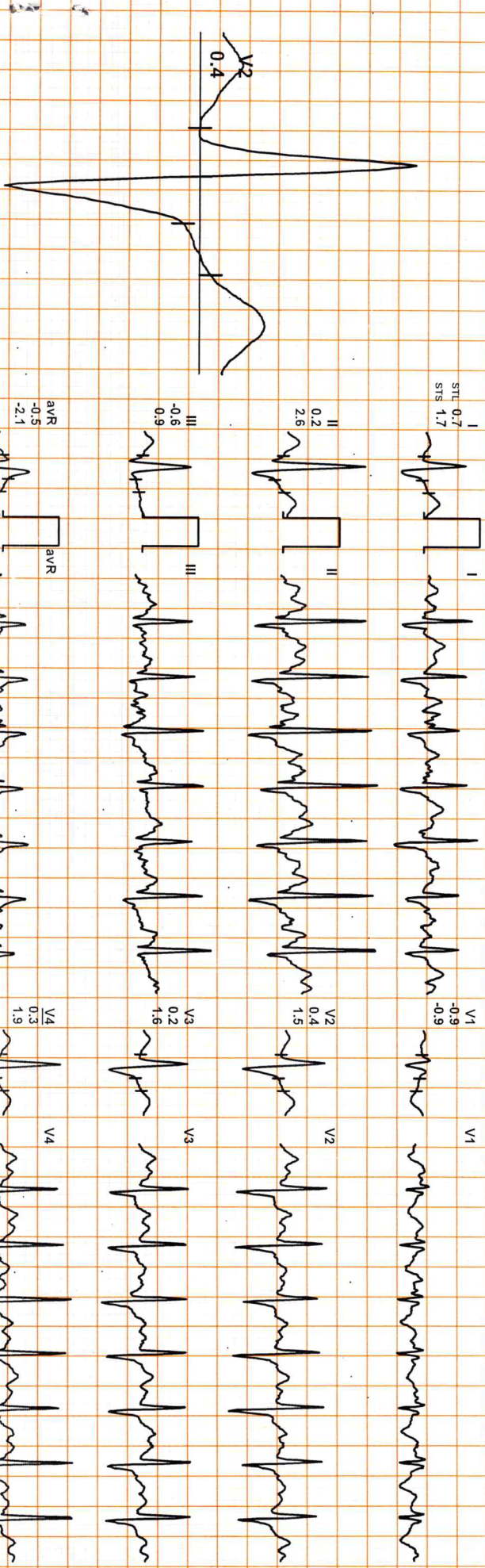
29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg / HR : 153

Date: 27-Mar-2022 12:47:34 PM METS: 7.1 / 153 bpm 83% of THR BP: 140/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

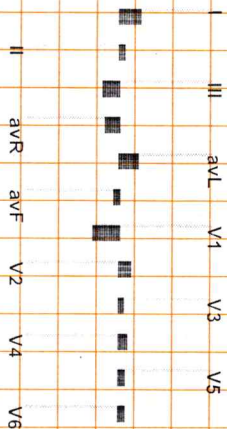
EXTime: 06:00 2.5 mph, 12.0%

4X 60 ms Post J

25 mm/Sec - 1.0 Cm/mV



REMARKS:



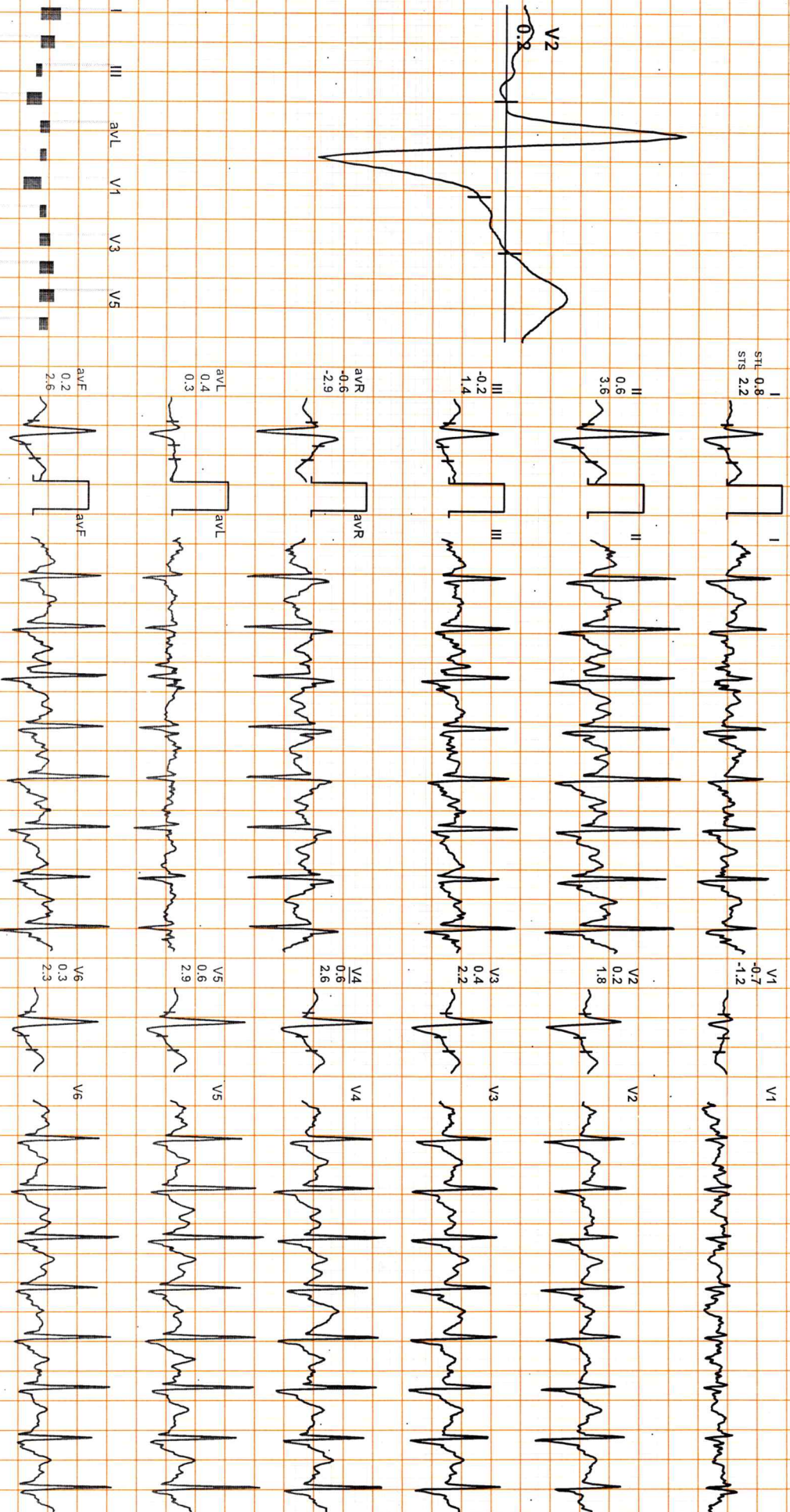
(GEM214190403)(R)Allengers

29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg / HR : 165

Date: 27-Mar-2022 12:47:34 PM METS: 9.0 / 165 bpm 89% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HzLF 100 Hz

4X 60 ms/Post J

EXTime: 07:50 3.4 mph, 14.0%
25 mm/Sec - 1.0 Cm/mV



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6

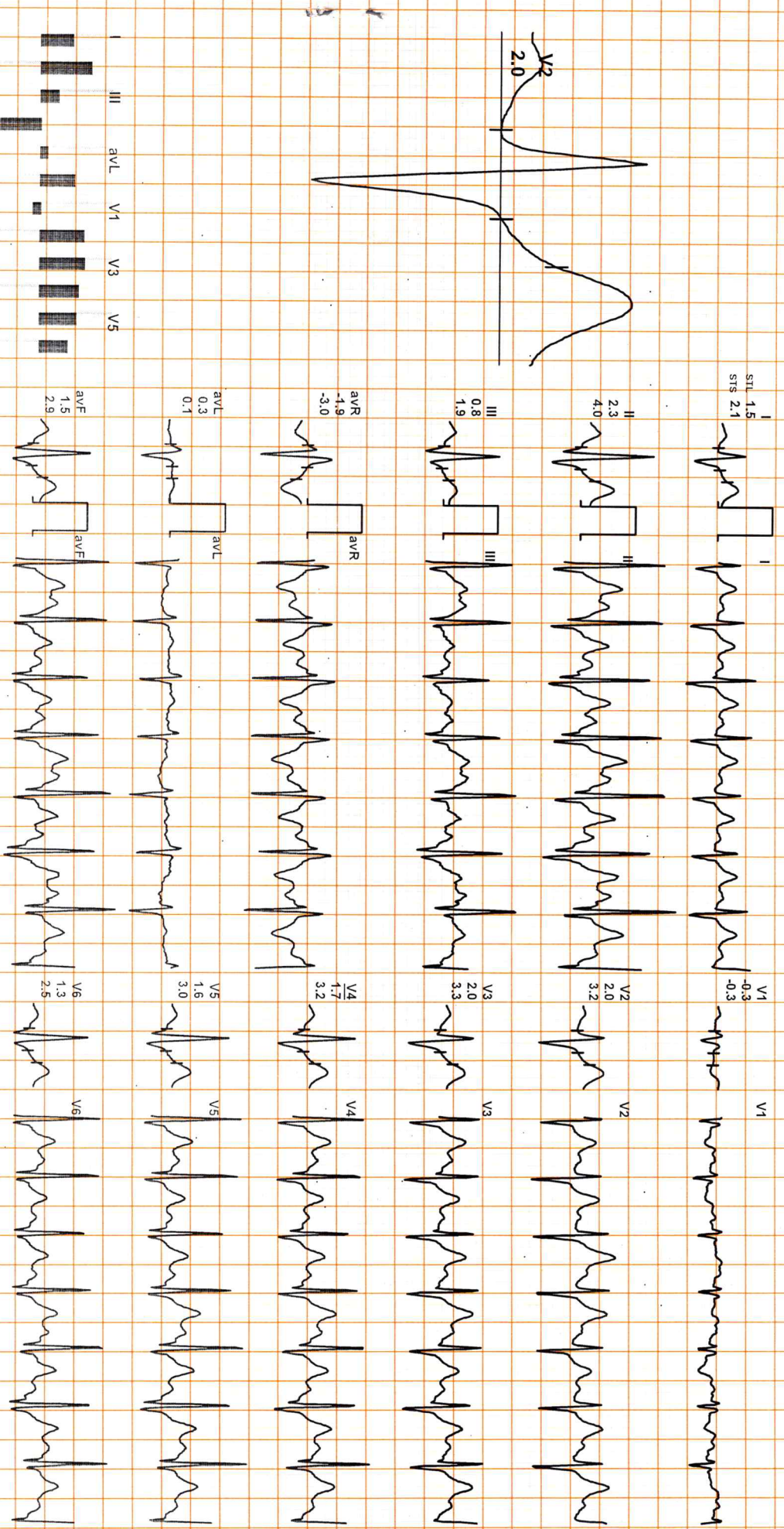


29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg / HR : 136

Date: 27-Mar-2022 12:47:34 PM METS: 1.2/ 136 bpm 73% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZLF 100 Hz

4X 60ms Post J

EXTime: 07:50 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



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

(GEM214190403)(R)Allengers

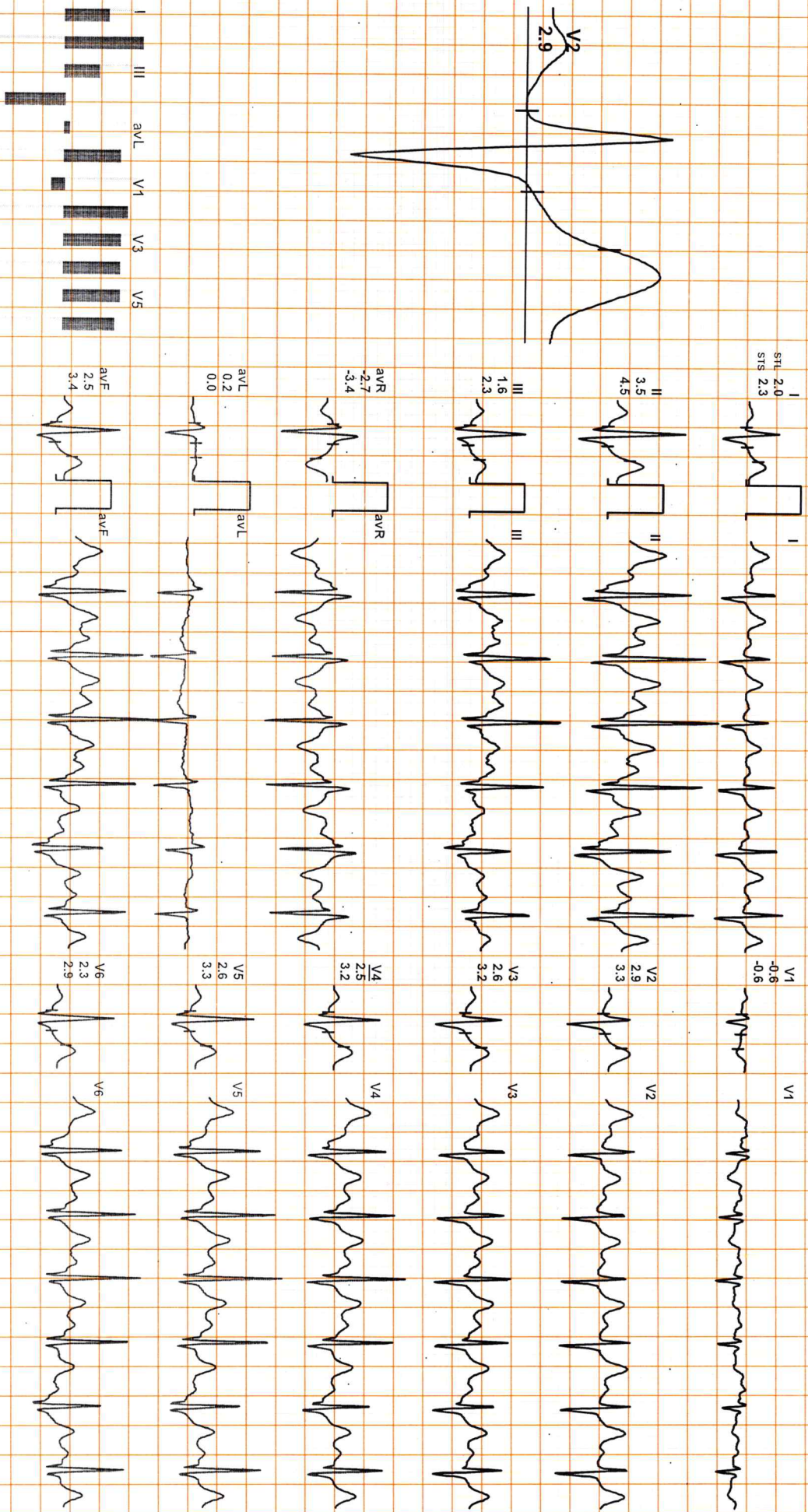


29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg / HR : 120

Date: 27-Mar-2022 12:47:34 PM METS: 1.0/ 120 bpm 65% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms/Post J

ExTime: 07:50 0.0 mph, 0.0% 25 mm/Sec-- 1.0 Cm/mV



REMARKS:

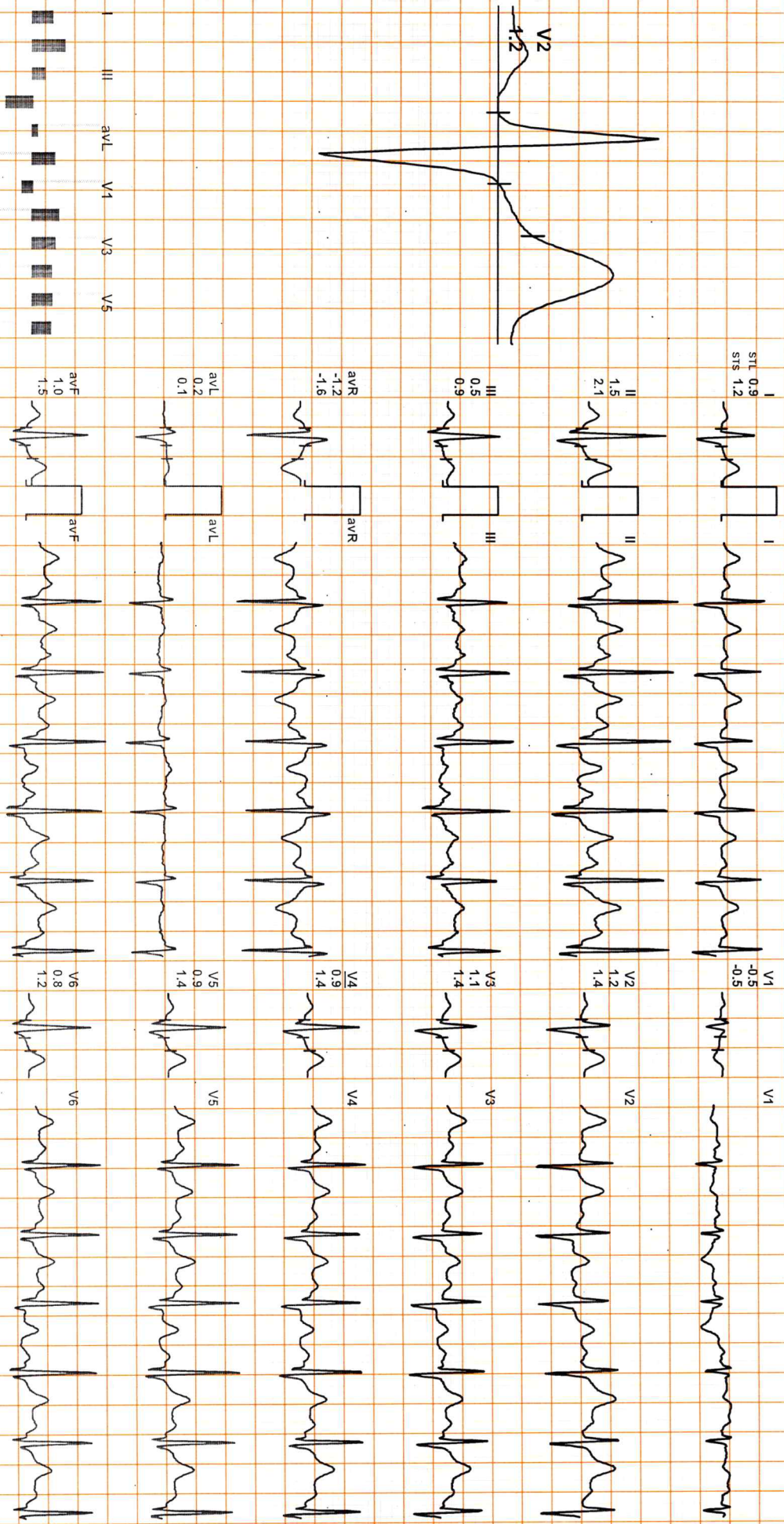
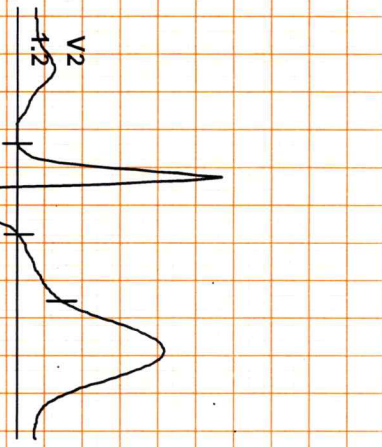


29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg / HR : 116

Date: 27-Mar-2022 12:47:34 PM METS: 1.0/116 bpm 63% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

EXTime: 07:50 0.0 mph, 0.0% 25 mm/Sec - 1.0 Cm/mV



REMARKS:

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GEM214190403(R)Allergens



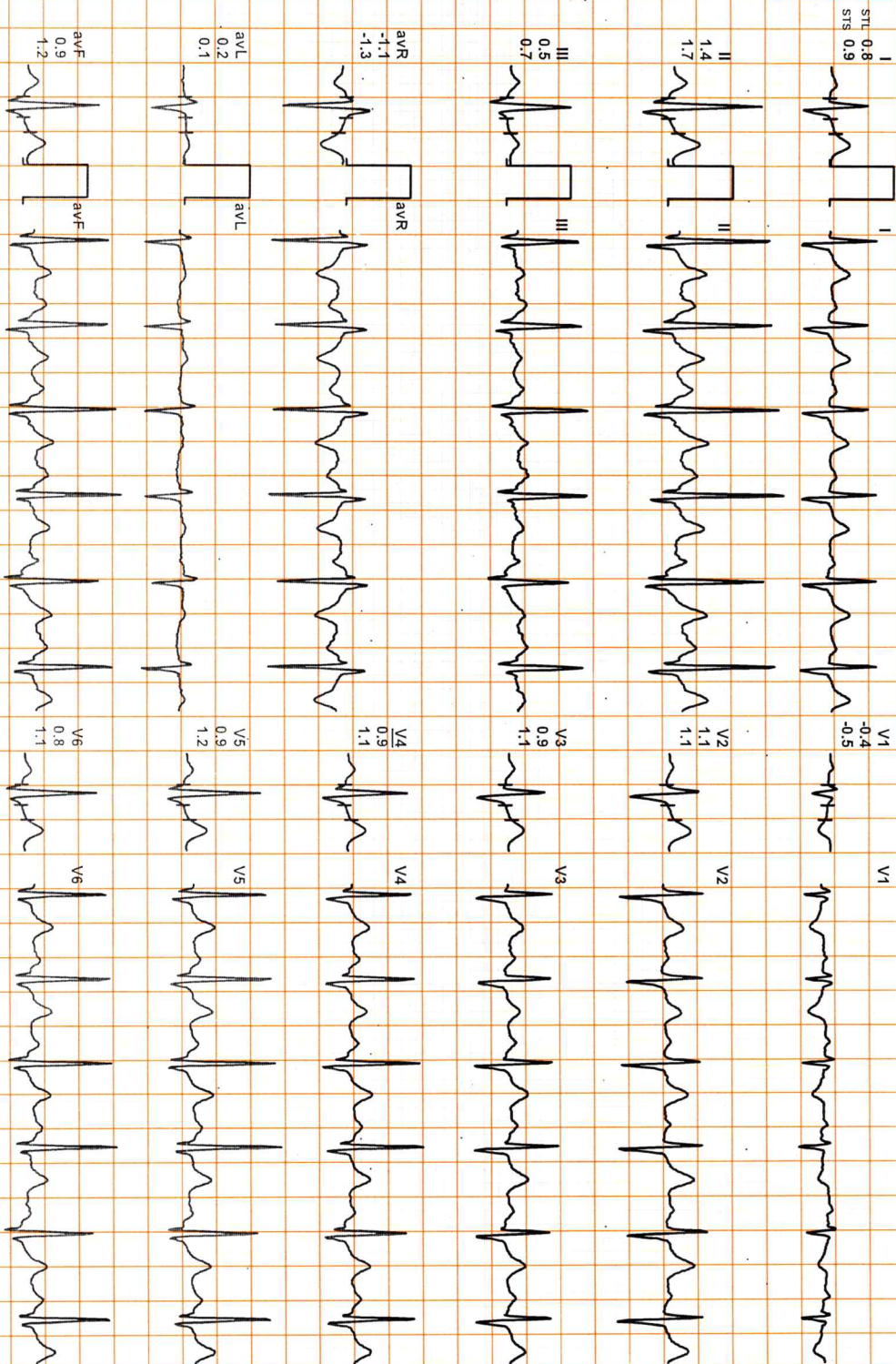
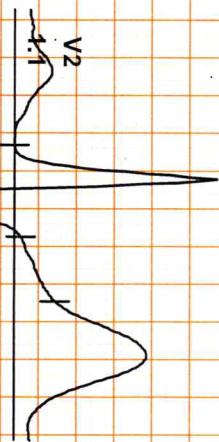
29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg / HR : 114

Date: 27-Mar-2022 12:47:34 PM METS: 1.0/ 114 bpm 61% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 HZ/LF 100 HZ

EXTime: 07:50 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec - 1.0 Cm/mV



REMARKS:



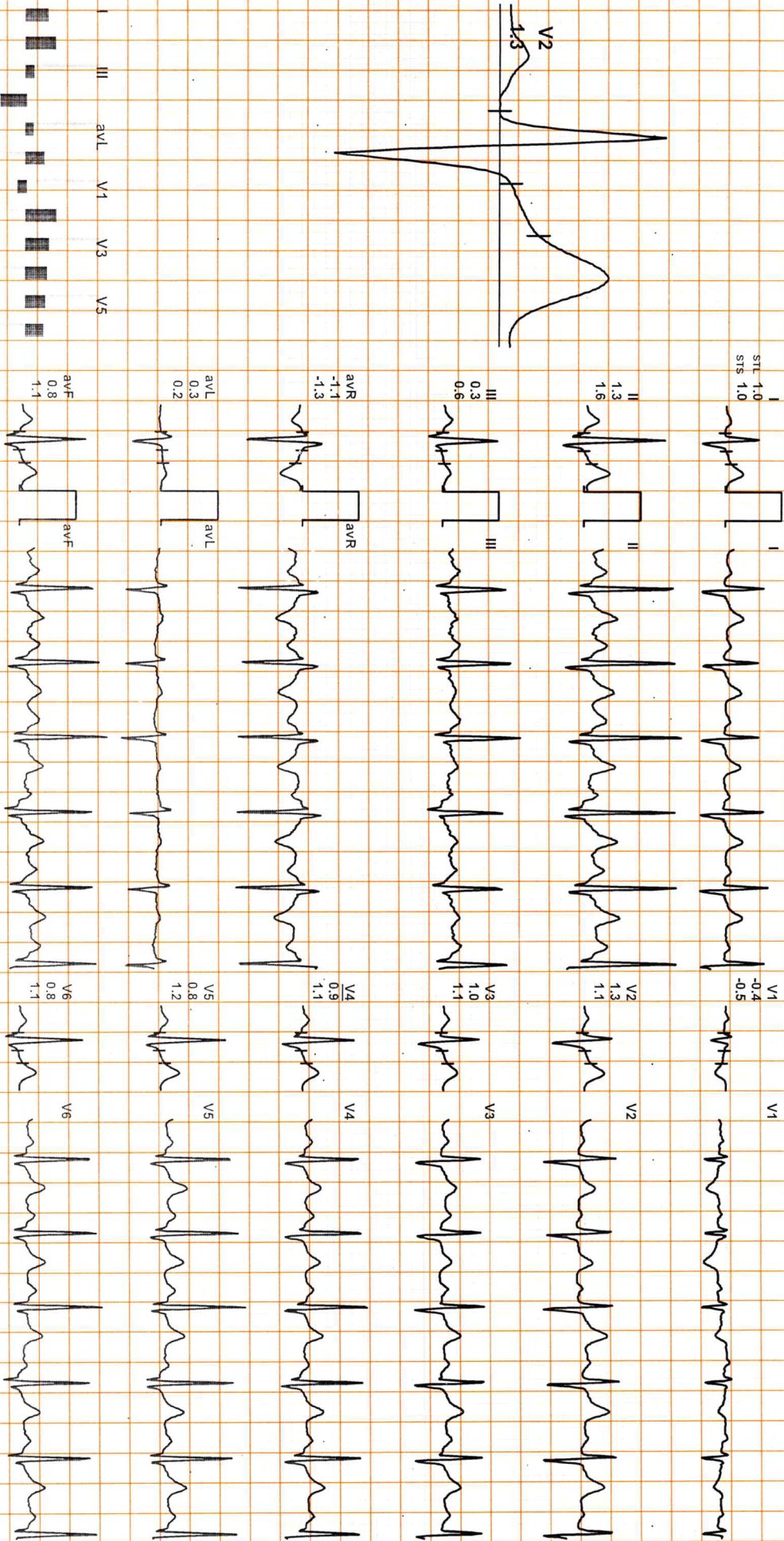
29 / MR ASHOK KUMAR FANDIYA / 36 Yrs / M / 0 Cms / 0 Kg / HR : 112

Date: 27-Mar-2022 12:47:34 PM METS: 1.0 / 112 bpm 60% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 07:50 0.0 mpm, 0.0%

4X 80 ms Post J

25 mm/Sec - 1.0 Cm/mV



REMARKS:

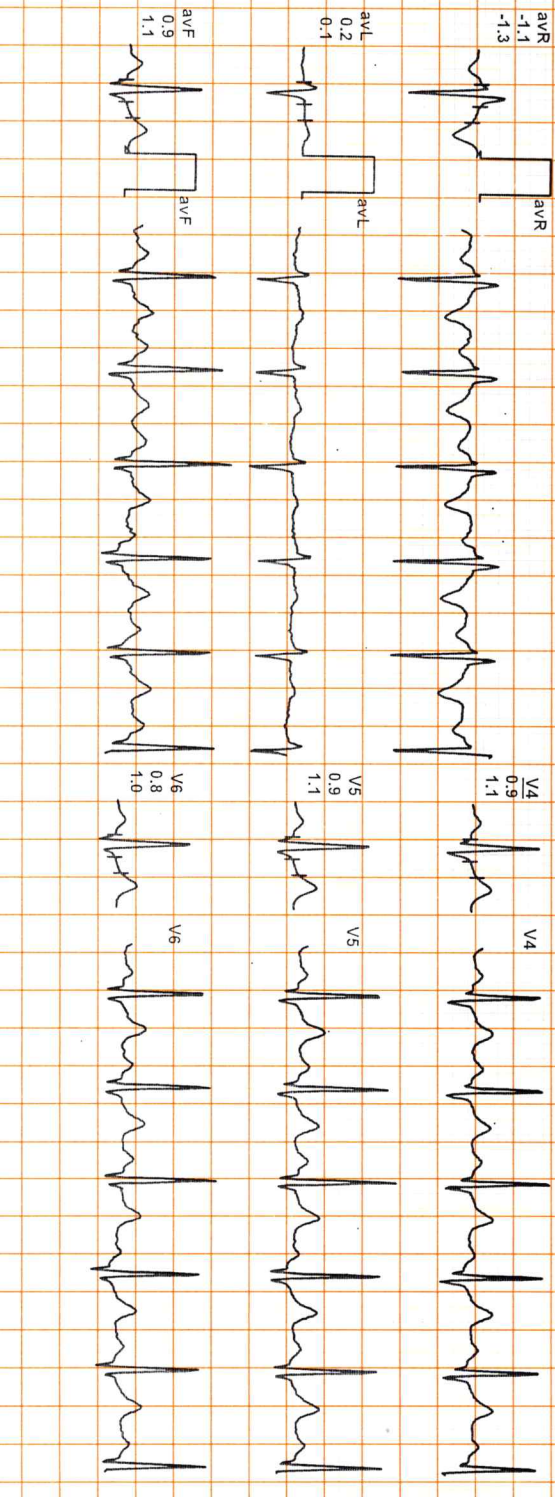
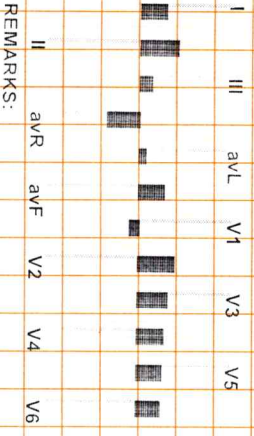
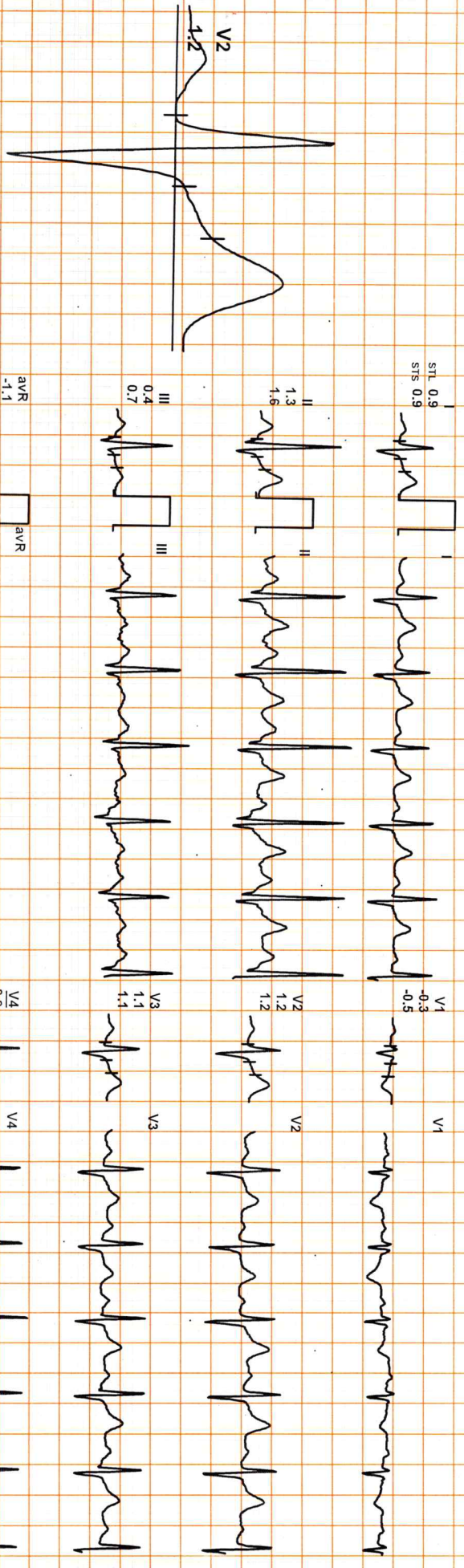
II aVR aVF V2 V4 V6

(GEM214190403)(R)/Allengers



Date: 27-Mar-2022 12:47:34 PM METS: 1.0/ 111 bpm 60% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz 4X 80 mS Post J

ExTime: 07:50 0.0 mph, 0.0% 25 mm/Sec - 1.0 Cm/mV



REMARKS:

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.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 27/03/2022 10:33:47

NAME :- Mr. ASHOK KUMAR FANDIYA

Sex / Age :- Male 36 Yrs 5 Mon 22 Days

Company :- MediWheel

Patient ID :- 122127972

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 27/03/2022 10:40:10

Final Authentication : 27/03/2022 13:19:34

HAEMATOLOGY

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

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

AJAYSINGH
Technologist

Page No: 1 of 14



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

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
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Final Authentication : 27/03/2022 13:19:34

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.37	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	54.6	%	40.0 - 80.0
LYMPHOCYTE	39.5	%	20.0 - 40.0
EOSINOPHIL	2.8	%	1.0 - 6.0
MONOCYTE	2.9	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.48	10 ³ /uL	1.50 - 7.00
LYMPH#	2.52	10 ³ /uL	1.00 - 3.70
EO#	0.17	10 ³ /uL	0.00 - 0.40
MONO#	0.19	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.76 H	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	43.40	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	75.3 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	25.5 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.8	g/dL	31.5 - 34.5
PLATELET COUNT	306	x10 ³ /uL	150 - 410
RDW-CV	15.0 H	%	11.6 - 14.0
MENTZER INDEX	13.07		

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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Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 27/03/2022 10:40:10

Final Authentication : 27/03/2022 13:19:34

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	21 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

or connective tissue disease. **MCH, MCV, MCHC, MENTZER INDEX** are calculated. **Instrument Name**: Sysmex 6 part fully automatic analyzer XN-L, Japan

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NAME :- Mr. ASHOK KUMAR FANDIYA
Sex / Age :- Male 36 Yrs 5 Mon 22 Days
Company :- MediWheel

Patient ID :- 122127972
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 27/03/2022 10:40:10

Final Authentication : 27/03/2022 14:25:56

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	212.66 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	112.56	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	22.51	mg/dl	0.00 - 80.00

MUKESH SINGH

Page No: 4 of 14



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Date :- 27/03/2022 10:33:47

Patient ID :-122127972

NAME :- Mr. ASHOK KUMAR FANDIYA

Ref. By Dr:- BOB

Sex / Age :- Male 36 Yrs 5 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 27/03/2022 10:40:10

Final Authentication : 27/03/2022 14:25:56

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	36.50	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	157.40 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.83 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.31 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	612.74	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 HDLCHOLESTERO 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			

MUKESH SINGH

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Date :- 27/03/2022 10:33:47

NAME :- Mr. ASHOK KUMAR FANDIYA

Sex / Age :- Male 36 Yrs 5 Mon 22 Days

Company :- MediWheel

Patient ID :- 122127972

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 27/03/2022 10:40:10

Final Authentication : 27/03/2022 14:25:56

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.43	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)
SGOT Method:- IFCC	29.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	34.7	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	96.60	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.61	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.39	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.22	gm/dl	2.20 - 3.50
A/G RATIO	1.36		1.30 - 2.50

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Sex / Age :- Male 36 Yrs 5 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 27/03/2022 10:40:10

Final Authentication : 27/03/2022 14:25:56

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.14	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.29	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	50.10 H	U/L	11.00 - 50.00

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) are observed with infectious hepatitis.

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Sex / Age :- Male 36 Yrs 5 Mon 22 Days
Company :- MediWheel

Patient ID :- 122127972
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 27/03/2022 10:40:10

Final Authentication : 27/03/2022 12:38:22

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.1480	μIU/mL	0.4001 - 4.0490
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Sample Type :- PLAIN/SERUM

Sample Collected Time 27/03/2022 10:40:10

Final Authentication : 27/03/2022 12:38:22

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
Method:- Chemiluminescence(Competitive immunoassay)
 1.540 ng/ml 0.970 - 1.690

SERUM TOTAL T4
Method:- Chemiluminescence(Competitive immunoassay)
 10.700 ug/dl 5.530 - 11.000

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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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Sex / Age :- Male 36 Yrs 5 Mon 22 Days
Company :- MediWheel

Patient ID :-122127972
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 27/03/2022 10:40:10

Final Authentication : 27/03/2022 13:48:51

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/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

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Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 27/03/2022 10:40:10

Final Authentication : 27/03/2022 13:48:51

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
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

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Date :- 27/03/2022 10:33:47 Patient ID :-122127972
NAME :- Mr. ASHOK KUMAR FANDIYA Ref. By Dr:- BOB
 Sex /Age :- Male 36 Yrs 5 Mon 22 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Fluoride, PLINTECH/2022 13:12:09 Final Authentication : 27/03/2022 14:25:56

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 97.0 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) 109.0 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.

SERUM CREATININE 1.07 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 5.45 mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

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Date :- 27/03/2022 10:33:47

Patient ID :- 122127972



NAME :- Mr. ASHOK KUMAR FANDIYA

Ref. By Dr:- BOB

Sex / Age :- Male 36 Yrs 5 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM, URINE, SERUM Collected Time 27/03/2022 13:12:05

Final Authentication : 27/03/2022 14:31:57

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).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	12.5	mg/dl	0.0 - 23.0

*** End of Report ***

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Technologist

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NAME :- Mr. ASHOK KUMAR FANDIYA
Sex / Age :- Male 36 Yrs 5 Mon 22 Days
Company :- MediWheel

Patient ID :- 122127972
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 27/03/2022 12:57:48

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Bronchovascular marking are prominent.

Otherwise lung fields are clear.

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.

(Please correlate clinically and with relevant further investigations.)

*** End of Report ***

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RMC No. 32495

Dr. Tej Prakash Gupta
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Lab/Hosp :-

Final Authentication : 27/03/2022 12:08:32

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. **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 well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Prostate is normal in size 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:

***Grade I fatty liver changes.**
-Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

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