

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

General Physical Examination

Date of Examination: 24-05-2023

Name: NISHANT MALIK Age: 32 Sex: Male

DOB: 06-07-1991

Referred By: BOB (Mediwheel)

Photo ID: AADHAR ID #: attached

Ht: 170 (cm)

Wt: 71 (Kg)

Chest (Expiration): 97 (cm)

Abdomen Circumference: 94 (cm)

Blood Pressure: 130/86 mm Hg PR: 70 / min RR: 16 / min Temp: Afebrile

BMI: 24.6

Eye Examination: Distant vision L.E. 6/12 R.E. 6/9

Near vision NIG BIC eyes, Normal color vision

Other: not significant

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

Signature Of Examinee: _____ Name of Examinee: _____

Signature Medical Examiner: _____ Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. - 017998

भारत सरकार
Government of India


Nishant Malik
जन्म तिथि/ DOB: 06/07/1991
पुरुष / MALE



5051 4980-3165
मेरा आधार, मेरी पहचान


आधार

भारतीय विधि परामर्श प्राधिकरण
Unique Identification Authority of India

पता:
S/O Sudhir Kumar Malik, जी
51, बल्लभ गार्डन, विनायक विद्यालय
के पास, Mal Godam Colony,
बीकानेर, बीकानेर,
राजस्थान - 334003

Address:
S/O Sudhir Kumar Malik, G 51,
ballabh.garden, vinayak school
ke pass, Mal Godam Colony,
Bikaner, Bikaner,
Rajasthan - 334003

5051 4980 3165

1947


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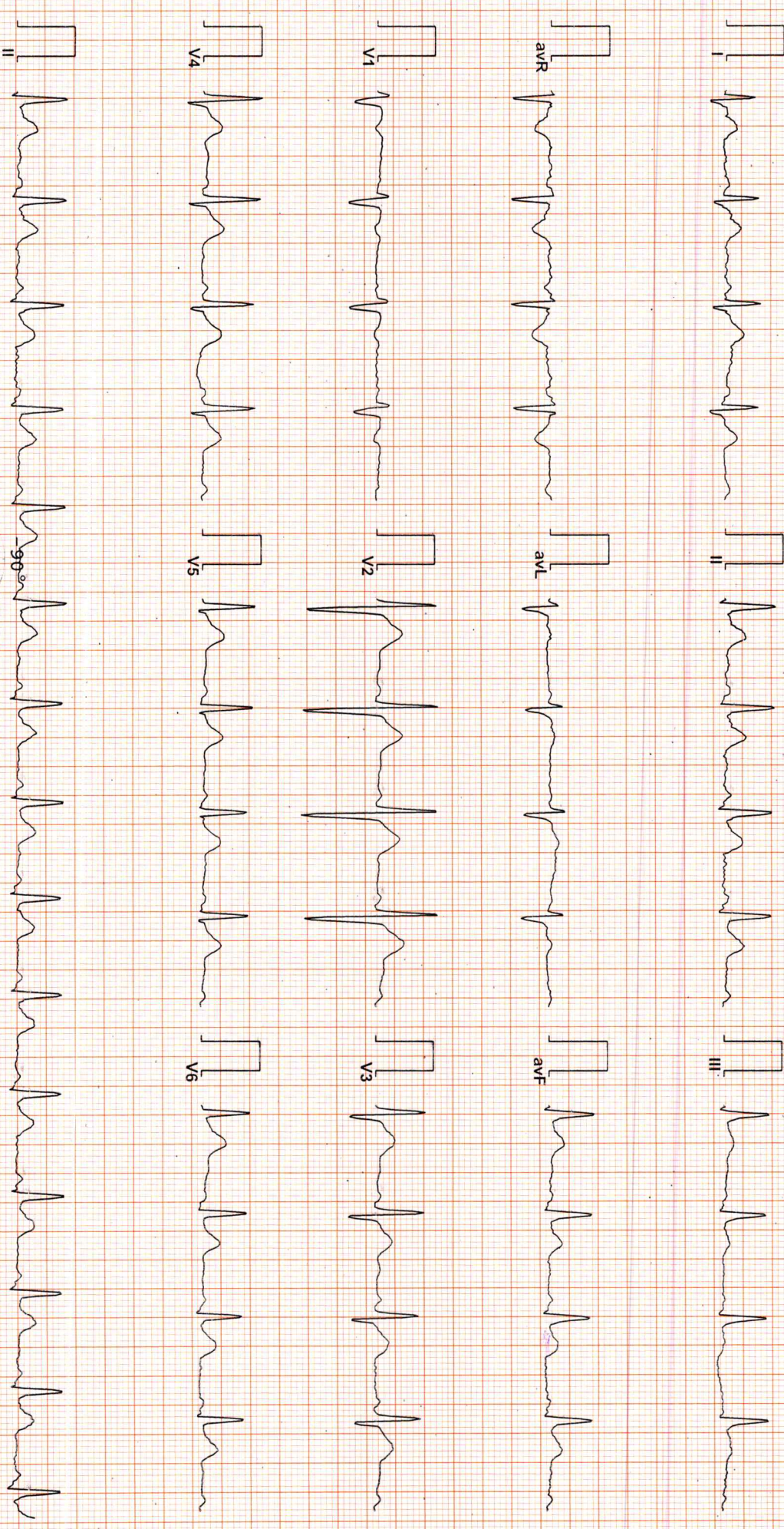
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
PMC Reg. No.-017996

DR. GOYAL PATH LAB

106 / MR NISHANT MALIK / 32 Yrs / M/ Non Smoker

Heart Rate : 87 bpm / Tested On : 27-May-23 13:33:51 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: MEDI WHEEL

ECG



Vent Rate : 87 bpm
PR Interval : 116 ms
QRS Duration : 88 ms
QT/QTc Int : 344/391 ms
P-QRS-T axis : 44.00° 74.00° 46.00°

180°
90°
-30°
Axis

Handwritten signature
T 20 ML

DR. HARSH KUMAR SHARMA
RAC AS 3473
MBBS, B.P. CARDIOL (0000013)
DEA (PCGP 1X)

Reported By:



Date :- 27/05/2023 10:50:27
 NAME :- Mr. NISHANT MALIK
 Sex / Age :- Male 32 Yrs
 Company :- MediV/heel

Patient ID :- 1223941
 Ref. By Dr:- BOB
 Lab/Hosp :-

Sample Type :- EDTA Sample Collected Time 27/05/2023 11:07:58 Final Authentication : 27/05/2023 15:25:28

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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HAEMOGARAM	14.3	g/dL	13.0 - 17.0
HAEMOGLOBIN (Hb)	8.11	/cumm	4.00 - 10.00
TOTAL LEUCOCYTE COUNT	64.0	%	40.0 - 80.0
NEUTROPHIL	28.4	%	20.0 - 40.0
LYMPHOCTE	4.1	%	1.0 - 6.0
MONOCYTE	3.2	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	5.20	10 ³ /uL	1.50 - 7.00
LYMPH#	2.31	10 ³ /uL	1.00 - 3.70
EO#	0.33	10 ³ /uL	0.00 - 0.40
MONO#	0.25	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.81	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	43.40	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	90.3	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.8	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.0	g/dL	31.5 - 34.5
PLATELET COUNT	216	x10 ³ /uL	150 - 410
RDW-CV	12.8	%	11.6 - 14.0
MENTZER INDEX	18.77		

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.

[Signature]
 Dr. Rashmi Bakshi
 MBBS, MD (Path)
 RMC No. 17975/008828





Date :- 27/05/2023 10:50:27
 NAME :- Mr. NISHANT MALIK
 Sex / Age :- Male 32 Yrs
 Company :- MediWHEEL

Patient ID :- 1223941
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 Lab/Hosp :-

Sample Type :- EDTA
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HAEMATOLOGY

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

BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

5.1

%

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 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.

MEAN PLASMA GLUCOSE
 Method:- Calculated Parameter

100

mg/dL

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

MUKESHSHINGH
 Technologist

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Dr. Rashmi Bakshi
 MBBS, MD (Path)
 RMC No. 17975/008828

Date :- 27/05/2023 10:50:27
 NAME :- Mr. NISHANT MALIK

Sex / Age :- Male 32 Yrs

Company :- MedilVheel

Lab/Hosp :-

Ref. By Dr:- BOB
 Patient ID :- 1223941

Sample Type :- EDTA
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HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)

12

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" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (of BCG), Multiple Myeloma, JLG, DLG, PLG, PLT Hydrodynamically focused impedance, and MICHA, MICV, MCHC, MENZLER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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 Technologist

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Date :- 27/05/2023 10:50:27
 NAME :- Mr. NISHANT MALIK
 Sex / Age :- Male 32 Yrs
 Company :- MediVheel

Patient ID :- 1223941
 Ref. By Dr.- BOB
 Lab/Hosp :-

Sample Type :- PLAIN/SERUM
 Sample Collected Time: 27/05/2023 11:07:58
 Final Authentication : 27/05/2023 16:05:41

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

LIPID PROFILE

TOTAL CHOLESTEROL
 Method:- Enzymatic Endpoint Method
 220.76 H mg/dl
 Desirable <200
 Borderline High >240

TRIGLYCERIDES
 Method:- GPO-PAP
 117.57 mg/dl
 Normal <150
 Borderline high 150-199
 High 200-499
 Very high >500

DIRECT HDL CHOLESTEROL
 Method:- Direct clearance Method
 41.62 mg/dl
 Low < 40
 High > 60

DIRECT LDL CHOLESTEROL
 Method:- Direct clearance Method
 159.54 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
 23.51 mg/dl
 0.00 - 80.00

T. CHOLESTEROL/HDL CHOLESTEROL RATIO
 Method:- Calculated
 5.30 H
 0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO
 Method:- Calculated
 3.83 H
 0.00 - 3.50

TOTAL LIPID
 Method:- CALCULATED
 636.14 mg/dl
 400.00 - 1000.00

disorders
 TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid 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

MUKESHSHINGH

Page No: 4 of 12



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

Dr. Goyal's Path Lab & Imaging Centre



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Date: 27/05/2023 10:50:27
 NAME: MR. NISHANT MALIK
 Sex / Age: Male 32 Yrs
 Company: MediV/heel

Patient ID: 1223941
 Ref. By: Dr. BOB
 Lab/Hosp: -

Sample Type: PLAIN/SERUM

Sample Collected Time: 27/05/2023 11:07:58

Final Authentication: 27/05/2023 16:05:41

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIVER PROFILE WITH GGT
 SERUM BILIRUBIN (TOTAL)
 Method: Colorimetric method

0.83 mg/dl
 Up to - 1.0 Cord blood < 2
 Premature < 6 days < 16
 Full-term < 6 days = 12
 1 month - < 12 months < 2
 1-19 years < 1.5
 Adult - Up to - 1.2
 Ref (ACCP 2020)
 Adult - Up to 0.25
 Newborn - < 0.6
 > - 1 month - < 0.2

SERUM BILIRUBIN (INDIRECT)
 Method: Calculated

0.60 mg/dl

SGOT
 Method: IFCC

47.0 H U/L
 Men - Up to - 37.0
 Women - Up to - 31.0

SGPT
 Method: IFCC

88.1 H U/L
 Men - Up to - 40.0
 Women - Up to - 31.0

SERUM ALKALINE PHOSPHATASE
 Method: AMP Buffer

125.70 H IU/L
 30.00 - 120.00

SERUM GAMMA GT
 Method: IFCC

50.10 H U/L
 11.00 - 50.00

SERUM TOTAL PROTEIN
 Method: Buret Reagent

7.36 g/dl
 6.40 - 8.30

SERUM ALBUMIN
 Method: Bromocresol Green

4.59 g/dl
 3.80 - 5.00

SERUM GLOBULIN
 Method: CALCULATION

2.77 gm/dl
 2.20 - 3.50

A/G RATIO

1.66
 1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method. Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatic disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and metastatic disease.
TOTAL PROTEIN Methodology: Buret Reagent Instrument Name: 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 Instrument Name: 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)

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





Date :- 27/05/2023 10:50:27
 NAME :- Mr. NISHANT MALIK
 Sex / Age :- Male 32 Yrs
 Company :- MediVheel

Patient ID :- 1223941
 Ref. By Dr.- BOB
 Lab/Hosp :-

Sample Type :- PLAIN/SERUM
 Sample Collected Time 27/05/2023 11:07:58
 Final Authentication : 27/05/2023 12:22:40

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3
 Method:- Chemiluminescence(Competitive immunoassay)
 1.410 ng/ml 0.970 - 1.690

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

SERUM TSH ULTRA
 Method:- Enhanced Chemiluminescence Immunoassay
 2.520 uIU/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 T4 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 thyroxine 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.

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

INTERPRETATION

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





Date : 27/05/2023 10:50:27
NAME : Mr. NISHANT MALIK

Sex / Age : Male 32 Yrs

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 27/05/2023 11:07:58

Final Authentication : 27/05/2023 11:54:11

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Urine Routine

PHYSICAL EXAMINATION

COLOUR

APPEARANCE

CHEMICAL EXAMINATION

REACTION(PH)

Method:- Reagent Strip(Double indicator blue reaction)

SPECIFIC GRAVITY

Method:- Reagent Strip(bromthymol blue)

PROTEIN

Method:- Reagent Strip (Sulphosalicylic acid test)

GLUCOSE

Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)

BILIRUBIN

Method:- Reagent Strip (Azo-coupling reaction)

UROBILINOGEN

Method:- Reagent Strip (Modified ehrlich reaction)

KETONES

Method:- Reagent Strip (Sodium Nitroprusside) Rothera's

NITRITE

Method:- Reagent Strip (Diazotization reaction)

MICROSCOPY EXAMINATION

RBC/HPF

WBC/HPF

EPITHELIAL CELLS

CRYSTALS/HPF

CAST/HPF

AMORPHOUS SEDIMENT

BACTERIAL FLORA

YEAST CELL

OTHER

PALE YELLOW

Clear

6.5

1.015

NIL

NIL

NEGATIVE

NORMAL

NEGATIVE

NEGATIVE

NIL /HPF

2-3 /HPF

2-3 /HPF

ABSENT

ABSENT

ABSENT

ABSENT

ABSENT

ABSENT

PALE YELLOW

Clear

5.0 - 7.5

1.010 - 1.030

NIL

NIL

NEGATIVE

NORMAL

NEGATIVE

NEGATIVE

NIL

2-3

2-3

ABSENT

ABSENT

ABSENT

ABSENT

ABSENT

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Date :- 27/05/2023 10:50:27
 NAME :- Mr. NISHANT MALIK

Sex / Age :- Male 32 Yrs
 Company :- MediWheel

Patient ID :- 1223941
 Ref. By Dr:- BOB
 Lab/Hosp :-

Sample Type :- KOX/Na FLUORIDE-F, KOX/Na BIPROVIDOLONE/DMW/STB/2023 11:07:58
 Final Authentication : 27/05/2023 16:05:41

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)
 Method:- GOD PAP

Impaired glucose tolerance (GT)	111 - 125 mg/dL	> 126 mg/dL
---------------------------------	-----------------	-------------

Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hypothyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

116.0 mg/dl 70.0 - 140.0

Method:- GOD PAP Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hypothyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

0.91 mg/dl Men - 0.6-1.30 Women - 0.5-1.20

6.73 mg/dl Men - 3.4-7.0 Women - 2.4-5.7

SERUM CREATININE
 Method:- Colorimetric Method
 SERUM URIC ACID
 Method:- Enzymatic colorimetric

MUKESHSHINGH

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Dr. Chandrika Gupta
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NAME :- Mr. NISHANT MALIK Date :- 27/05/2023 10:50:27 Sex / Age :- Male 32 Yrs Company :- MediWHEEL	
Patient ID :- 1223941 Ref. By Dr:- BOB Lab/Hosp :-	
Sample Type :- EDTA, URINE, URINE-PP Sample Collected Time 27/05/2023 11:07:58 Final Authentication : 27/05/2023 15:25:28	
Test Name	Value Unit

BLOOD GROUP ABO

"B" POSITIVE

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

URINE SUGAR (FASTING)

Nil

URINE SUGAR PP

Nil

Collected Sample Received

Collected Sample Received



Date : 27/05/2023 10:50:27
NAME :- Mr. NISHANT MALIK

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Sample Type :- PLAIN/SERUM

Patient ID :- 1223941
 Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 27/05/2023 11:07:58

Final Authentication : 27/05/2023 16:12:11

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD UREA NITROGEN (BUN)

16.3

mg/dl

0.0 - 23.0

*** End of Report ***



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Sex / Age :- Male 32 Yrs

Company :- MediWHEEL

Lab/Hosp :-
 Ref. By Dr:- BOB
 Patient ID :- 1223941

BOB PACKAGE BELOW 40MALE

2D ECHO OPTION TMT (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	23	LA	30	IVS-D	6	mm
IVS-S	12	LVID	37	LVS-D	25	mm
LVPW-D	7	LVPW-S	15	RV		mm
RVWT		EDV		LVS		ml
LVEF	62%	RWMA		ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

COLOUR DOPPLER:

MITRAL VALVE			
E VELOCITY	0.72	m/sec	
A VELOCITY	0.58	m/sec	
MVA BY PHT	Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION			
ABSENT			
AORTIC VALVE			
PEAK VELOCITY	1.33	m/sec	
AR VMAX		m/sec	
AORTIC REGURGITATION			
ABSENT			
TRICUSPID VALVE			
PEAK VELOCITY	0.39	m/sec	
MEAN VELOCITY		m/sec	
Vmax VELOCITY			
TRICUSPID REGURGITATION			
ABSENT			
PULMONARY VALVE			
PEAK VELOCITY	1.2	M/sec.	
MEAN VELOCITY			
PULMONARY REGURGITATION			
ABSENT			



Date :- 27/05/2023 10:50:27
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Sex / Age :- Male 32 Yrs
Company :- MediWHEEL
Patient ID :- 1223941
Ref. By Dr:- BOB
Lab/Hosp :-
Sample Type :-
Sample Collected Time
Final Authentication : 27/05/2023 16:35:56

Impression--

1. Normal LV size & contractility.
2. No RWMA, LVEF 62 %
3. Normal cardiac chamber.
4. Normal valve.
5. No clot, no vegetation, no pericardial effusion.

(Cardiologist)

*** End of Report ***





Date :- 27/05/2023 10:50:27
NAME :- **MR. NISHANT MALIK**
Sex / Age :- Male 32 Yrs
Company :- MedivWheel

Patient ID :- 1223941
Ref. By Doctor:-BOB
Lab/Hosp :-

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 ***



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USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal.
 A well defined small anechoic cyst without septation and calcification of size ~14x13mm in right lobe & ~9.8x8.3mm in left lobe of liver.
 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 enlarged in size (~14.4cm). 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:

* Small simple hepatic cysts.
 * Splenomegaly.

-Needs clinical correlation for further evaluation

*** End of Report ***

Dr. Goyal's Path Lab

Name NISHANT MALIK 32 YRS
Patient Id NISHA30_30066

Date 05/27/2023
Diagnosis Dr.

