



1120 / MR. MOHAN LAL / 41 Yrs / M / 0 Cms / 0 Kg Date: 26-Jun-2021 Refd By : BOB

Stage	Time	Duration	Belt Speed (mph)	Elevation	MEIs	Rate	BP	RPP	PVC	Comments
Supine	00:09	0:01	01.1	00.0	01.0	82	130/90	106	00	
Standing	00:25	0:01	01.1	00.0	01.0	113	130/90	146	00	
HV	00:34	0:01	01.1	00.0	01.0	108	130/90	140	00	
ExStart	00:59	0:06	01.7	10.0	01.1	108	130/90	140	00	
BRUCE Stage 1	03:59	3:00	01.7	10.0	04.7	122	140/80	170	00	
BRUCE Stage 2	06:59	3:00	02.5	12.0	07.1	141	146/80	205	00	
BRUCE Stage 3	09:59	3:00	03.4	14.0	10.2	164	150/86	246	00	
PeakEx	10:25	0:26	04.2	16.0	10.7	175	150/86	262	00	
Recovery	11:24	1:00	00.0	00.0	04.3	130	150/86	195	00	
Recovery	12:24	2:00	00.0	00.0	01.0	125	150/86	187	00	
Recovery	14:24	4:00	00.0	00.0	01.0	098	140/86	137	00	
Recovery	14:55	4:30	00.0	00.0	01.0	110	130/86	143	00	

Findings :

Exercise Time : 09:27
 Max HR Attained : 176 bpm 98% of Target 179
 Max BP Attained : 150/86
 Max Workload Attained : 10.7 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Test negative for ECG of Peak Exercise

Dr. Krish Goyal

DR. KRISH GOYAL
 MBBS, MD (K. H. S.)
 RMO
 Path Lab & Imaging Center, Jaipur



Date: 26-Jun-2021 11:07:34 AM

METS: 1.0/ 82 bpm 45% of THR

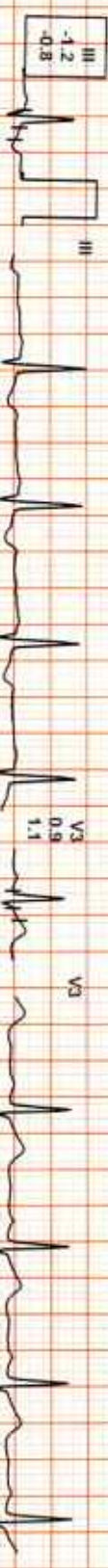
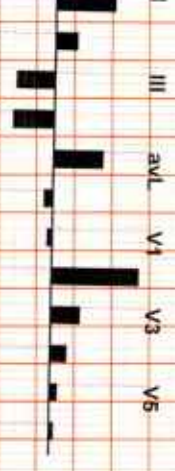
BP: 130/90 mmHg

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

EXTime: 00:09 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

Date: 26-Jun-2021 11:07:34 AM

METS: 1.0/ 113 bpm 63% of THR

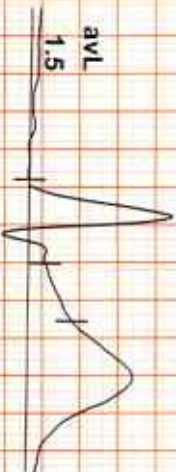
BP: 130/90 mmHg

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

ExTime: 00:25 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec: 1.0 Cm/mV



I
1.7
S1S 1.4

II
0.3
0.4

III
-1.4
-1.0

aVR
-1.0
-0.9

aVL
1.5
1.2

aVF
-0.5
-0.3

V1
0.1
0.1

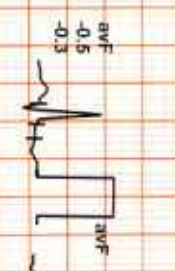
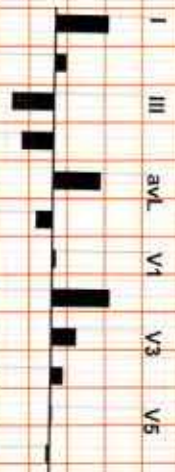
V2
1.9
1.8

V3
0.8
1.0

V4
0.4
0.6

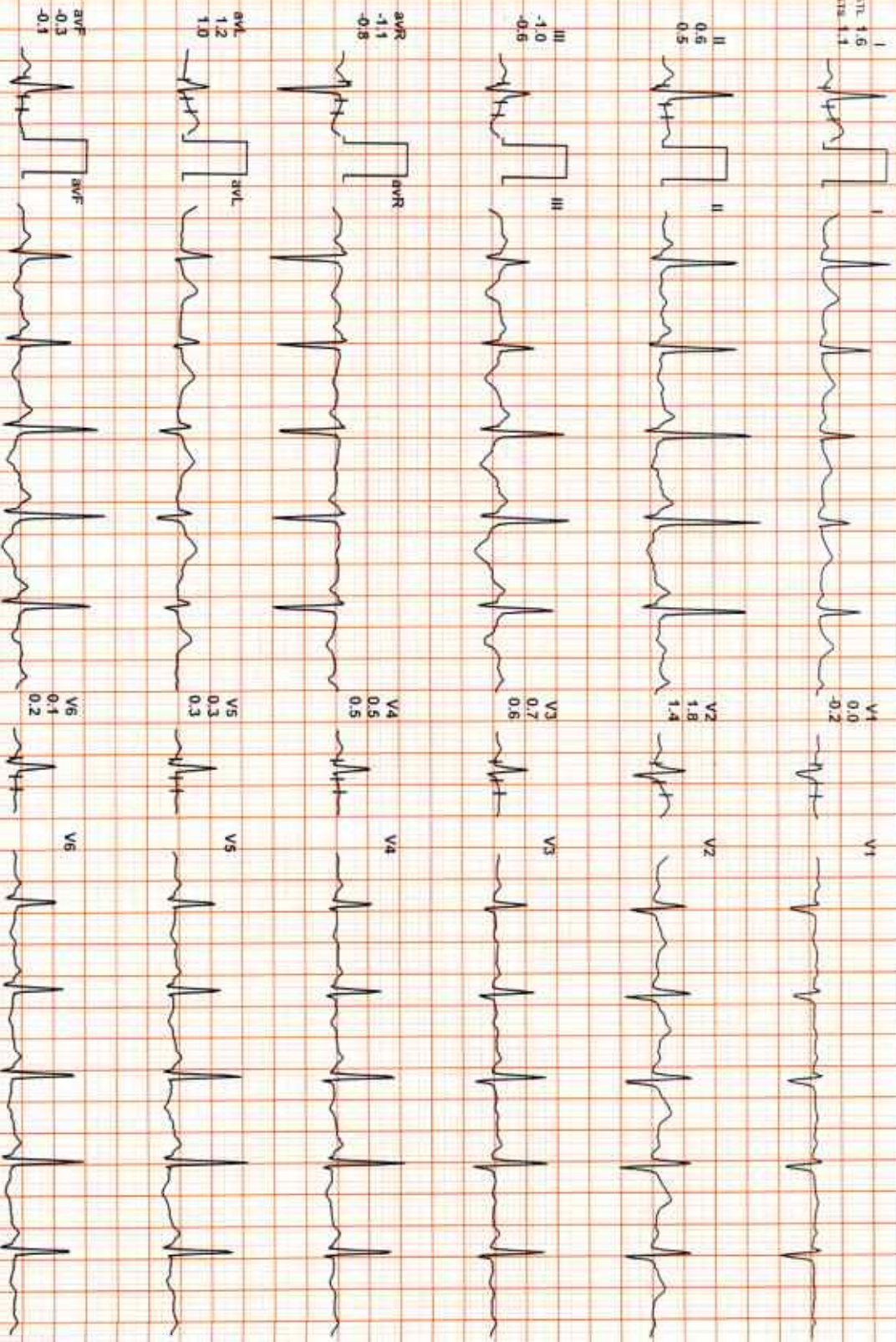
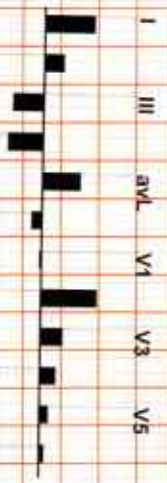
V5
0.0
0.3

V6
0.1
0.1



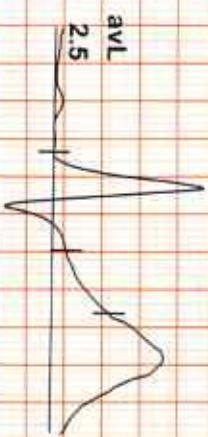
REMARKS:

Date: 26-Jun-2021 11:07:34 AM METS: 1.0/ 108 bpm 60% of THR BP- 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz
4X 79 ms Post J ExtTime: 00:34 1.1 mph 0.0%



REMARKS:

Date: 26-Jun-2021 11:07:34 AM METS: 1.1/108 bpm 60% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz EX 80 ms Post J 25 mm/Sec. 1.0 Cm/mV EXTTime: 00:06 1.7 mph, 10.0%



I 2.8
2.9



V1 -0.4
-0.5



II 0.5
0.8



V2 1.5
1.3



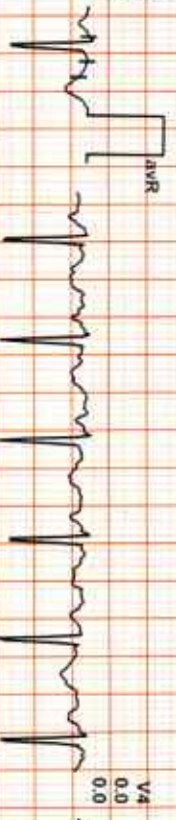
III -2.2
-2.1



V3 0.2
0.1



aVR -1.6
-1.8



V4 0.0
0.0



aVL 2.5
2.5



V5 0.3
0.2



aVF -0.8
-0.6



V6 0.2
0.1



REMARKS:

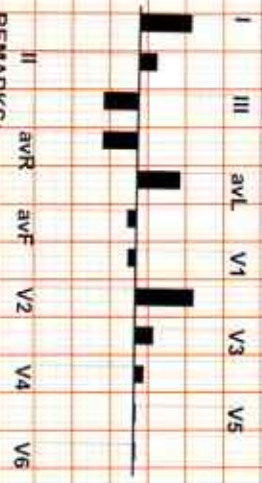


Date: 26-Jun-2021 11:07:34 AM METS: 4.7/122 bpm 68% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

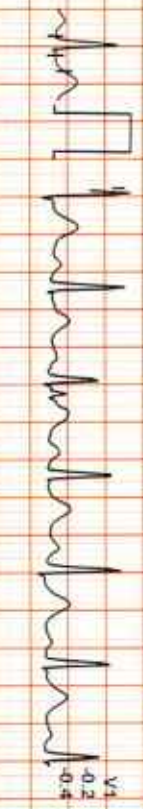
EXTime: 03:00 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 cm/mV



I
STL 1.7
STS 2.1



V1
-0.2
-0.4



II
0.5
1.4



V2
1.9
2.4



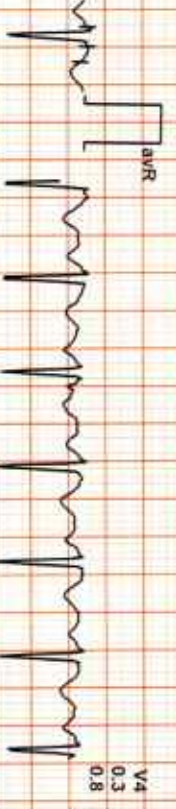
III
-1.1
-0.7



V3
0.6
1.0



aVR
-1.3
-1.7



V4
0.3
0.8



aVL
1.4
1.4



V5
0.0
0.6



aVF
-0.3
0.4



V6
0.0
0.5



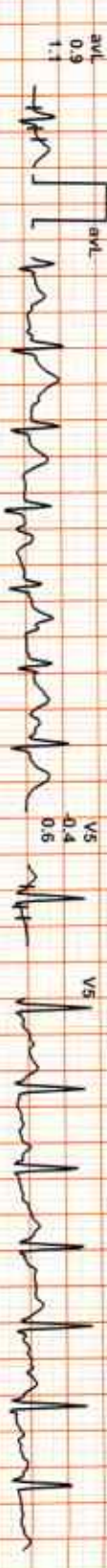
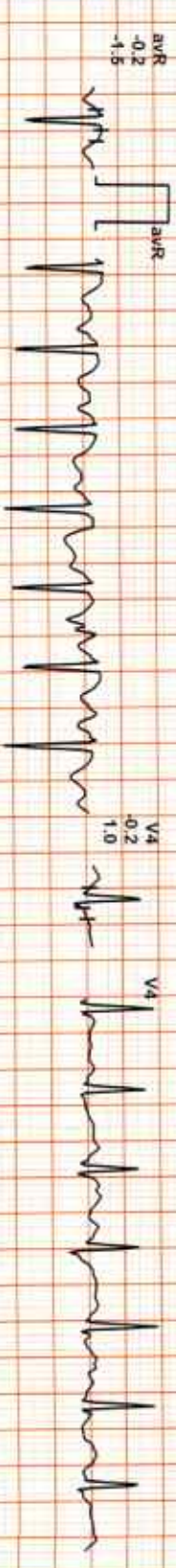
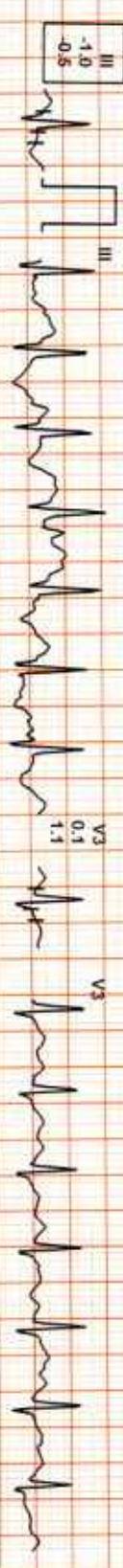
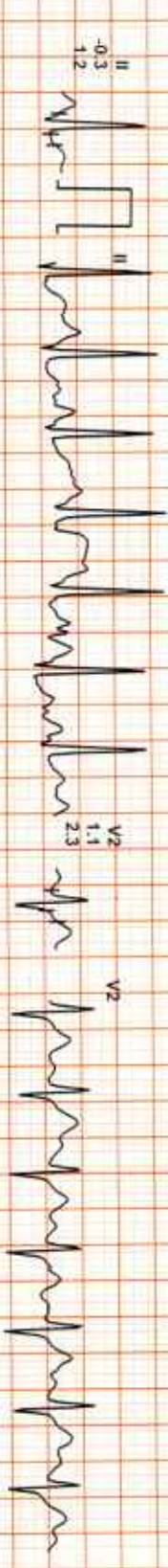
REMARKS:



Date: 26-Jun-2021 11:07:34 AM METS: 7.1/141 bpm 78% of THR BP: 146/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz EXTime: 06:00 2.5 mph, 12.0%

4X 50 mS Post-J

25 mm/Sec: 1.0 ChrmV



REMARKS:



Date: 26-Jun-2021 11:07:34 AM

METS: 10.2/ 164 bpm 91% of THR BP: 150/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 09:00 3.4 mph, 14.0%

4X 80 ms Post J

25 mm/Sec: 1.0 Cm/mV

avL 1.0



I 0.8
0.8
2.5



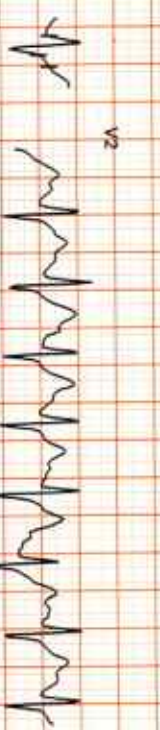
V1 -0.1
-0.7



II -0.4
2.1



V2 1.3
2.9



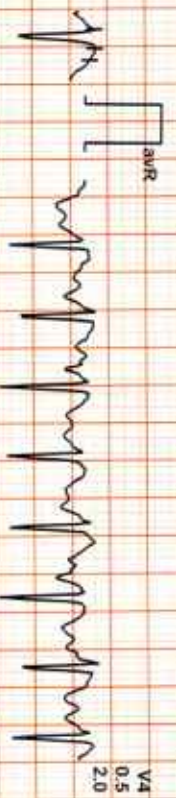
III -1.2
-0.4



V3 0.2
1.8



avR -0.2
-2.3



V4 0.5
2.0



avL 1.0
1.4



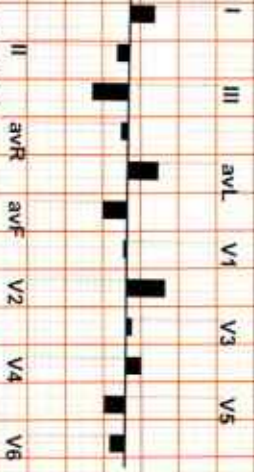
V5 -0.7
0.8



avF -0.8
0.9



V6 -0.5
1.3

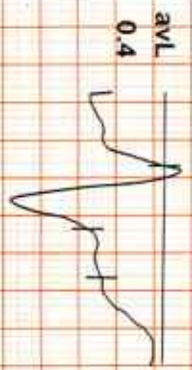


REMARKS:

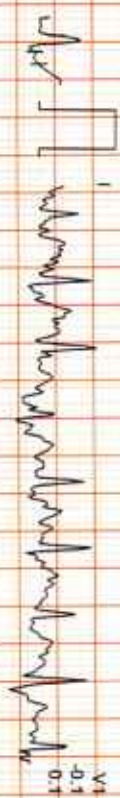
Date: 26-Jun-2021 11:07:34 AM METS: 10.7 / 175 bpm 97% of THR BP: 150/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExtTime: 09:26 4.2 mph, 16.0%

4X 80 mS Post-J

25 mm/Sec. 1.0 Cal/mV



I 0.8
313 2.4



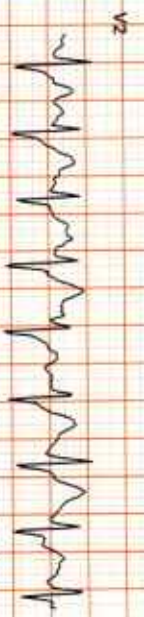
V1 -0.1
0.1



II 0.6
2.3



V2 0.9
2.9



III -0.3
0.1



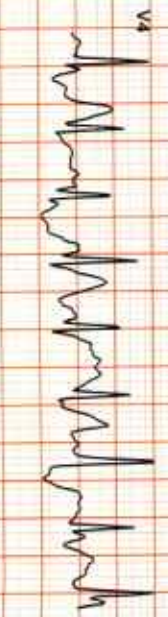
V3 0.1
1.7



aVR -0.7
-2.3



V4 -0.5
1.1



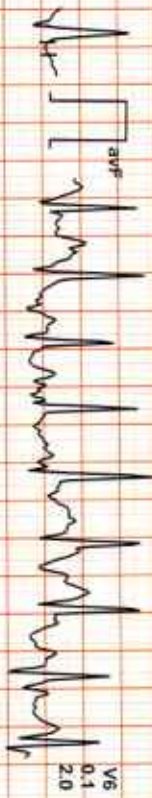
aVL 0.4
1.0



V5 -0.6
0.8



aVF 0.1
1.2



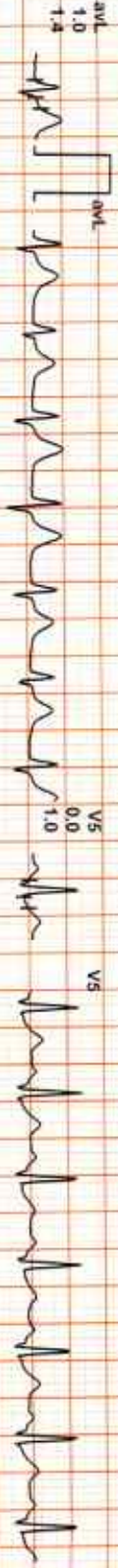
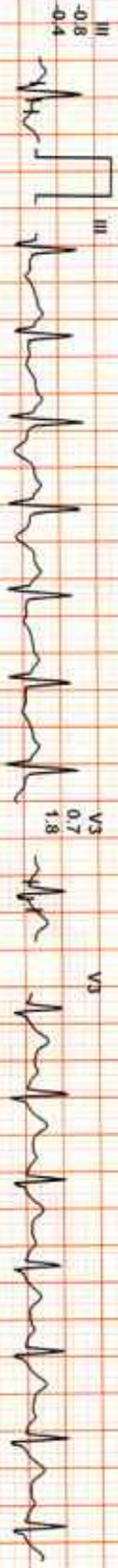
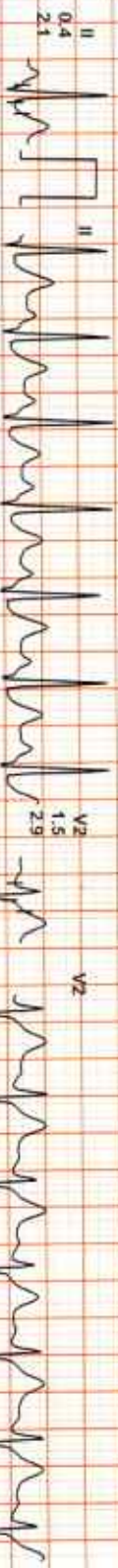
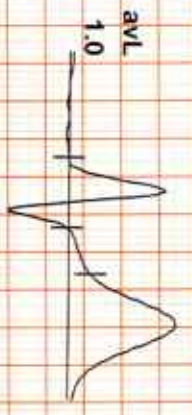
V6 0.1
2.0



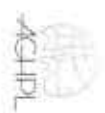
REMARKS:
I aVR aVL V1 V2 V3 V4 V5
II aVF V6



Date: 26-Jun-2021 11:07:34 AM METS: 4.3/ 130 bpm 72% of THR BP: 150/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz
4X 60 mS Post J 25 mm/Sec - 1.0 Cm/mV



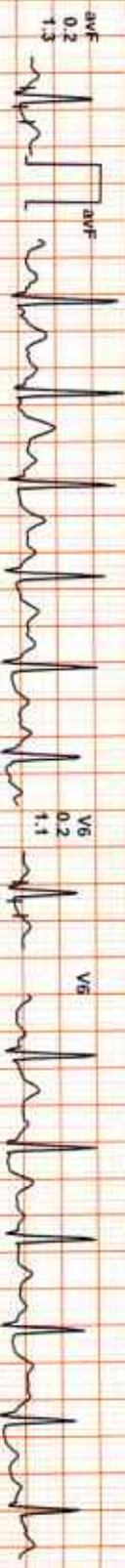
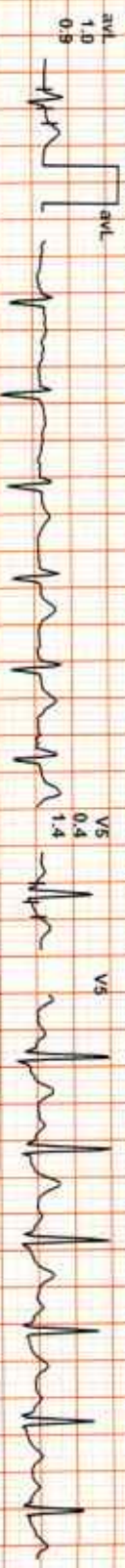
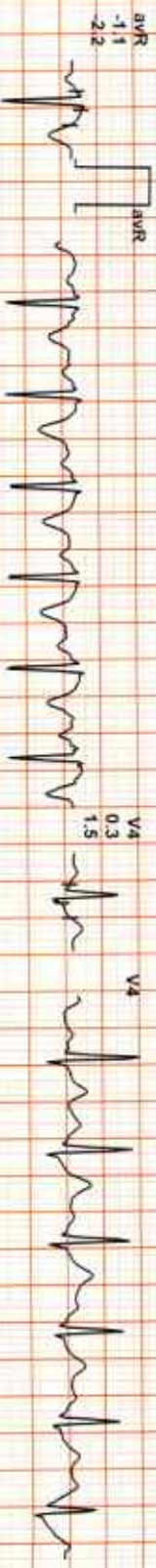
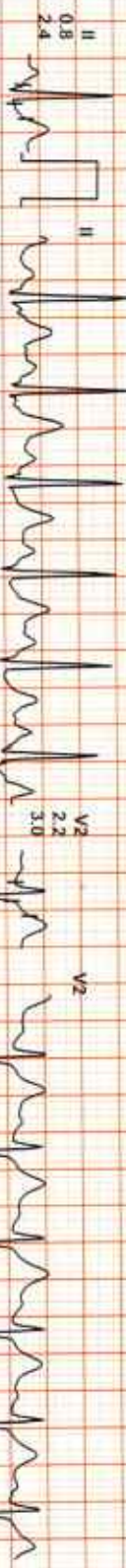
REMARKS:



Date: 26-Jun-2021 11:07:34 AM METS: 1.0/ 125 bpm 69% of THR BP: 150/86 mmHg Raw ECG: BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz EXTime: 09:27 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 CalmV



REMARKS: II aVR aVF V2 V4 V6



Date: 26-Jun-2021 11:07:34 AM METS: 1.0/ 98 bpm 54% of THR BP: 140/86 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

ExtTime: 09:27 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Ch/InV



I
rII 1.0
sIII 1.2



V1
0.0
-0.2



II
0.1
0.6



V2
1.2
1.7



III
-1.0
-0.6



V3
0.3
0.8



aVR
-0.5
-0.9



V4
0.0
0.5



aVL
1.0
0.9



V5
0.2
0.3



aVF
-0.5
0.0



V6
0.3
0.2



REMARKS:

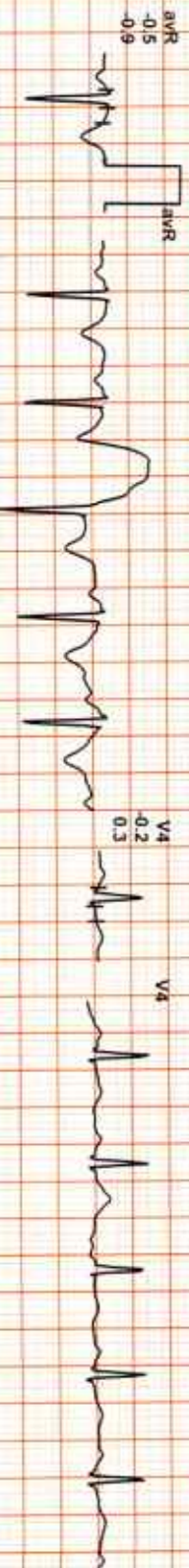
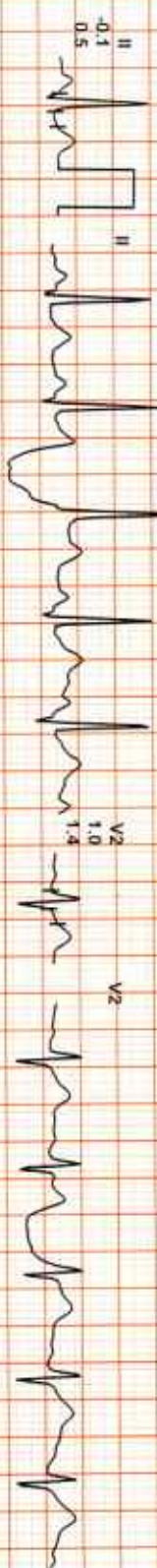
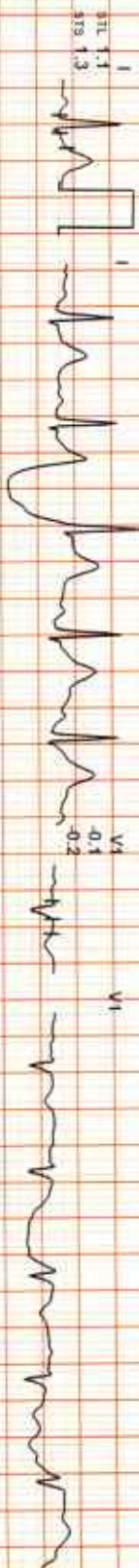


Date: 28-Jun-2021 11:07:34 AM METS: 1.0/ 110 bpm 61% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

EXTime: 09:27 0.0 mph, 0.0%

4X 80.ms Post J

25 mm/Sec 1.0 Gain/V



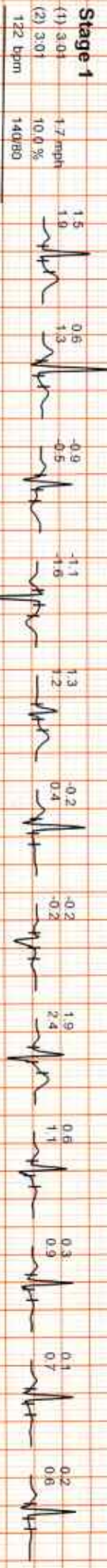
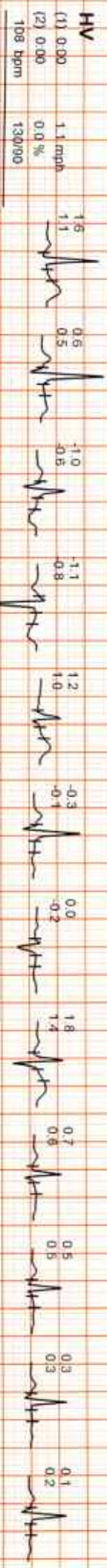
REMARKS:



1120 / MR. MOHAN LAL / 41 Yrs / M

Date: 26-Jun-2021 11:07:34 AM

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





Dr. Goyal's

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Date :- 26/06/2021 08:54:17
NAME :- Mr. MOHAN LAL MEENA
Sex / Age :- Male 41 Yrs 11 Mon 20 Days
Company :- MediWheel

Patient ID :- 1221982
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 26/06/2021 10:24:13

BOB PACKAGE MALE

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
Anita sharma

Dr. Piyush Goyal
MBBS, DMRD

Dr. Poonam Gupta
MD (Radiologist)

Dr. Ankita Gupta
MD, DNB. (Radio Diagnosis)

Dr. Parul Gupta Modi
MD, DNB. (Radiologist)

Dr. Aman Mamodia
MBBS, DMRD, DNB. (Radio Diagnosis)

Dr. Goyal's

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Date :- 26/06/2021 08:54:17

NAME :- **Mr. MOHAN LAL MEENA**

Sex / Age :- Male 41 Yrs 11 Mon 20 Days

Company :- MediWheel

Patient ID :- 1221982

Ref. By Doctor :- BOB

Lab/Hosp :-

BOB PACKAGE MALE

Final Authentication : 26/06/2021 11:00:38

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
Great vessels appear normal.

No significant free fluid is seen in peritoneal cavity.
RIF / LIF shows gas filled bowel loops.

IMPRESSION:

Fatty liver Grade I

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

ANITASHARMA

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Dr. Poonam Gupta
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RMC Reg. No. 32485

Dr. Aman Mamodia
M.B.B.S, D.M.R.D, D.N.B. (Radio Diagnosis)
RMC Reg. No. 32078

Dr. Ankita Gupta
M.D, D.N.B. (Radio Diagnosis)
RMC Reg. No. 32838

Dr. Hitesh Kumar Sharma
M.B.B.S, D.M.R.D.
RMC Reg. No. 27380

Transcript by:

Dr. Goyal's

Path Lab & Imaging Centre

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 Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 26/06/2021 08:54:17 Patient ID :- 1221982
NAME :- Mr. MOHAN LAL MEENA Ref. By Dr:- BOB
 Sex / Age :- Male 41 Yrs 11 Mon 20 Days Lab/Hosp :-
 Company :- MediWheel

Sample Type :- EDTA Sample Collected Time 26/06/2021 09:14:24 Final Authentication : 26/06/2021 13:15:22

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- HPLC

5.4

%

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

106

mg/dL

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

Technologist

BANWARI

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

Dr. Goyal's

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Tele: 0141-2293346, 4049787, 9887049787

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



MC - 2300



Date :- 26/06/2021 08:54:17

NAME :- Mr. MOHAN LAL MEENA

Sex / Age :- Male 41 Yrs 11 Mon 20 Days

Company :- MediWheel

Patient ID :- 1221982

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 26/06/2021 09:14:24

Final Authentication : 26/06/2021 13:15:22

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.6	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.77	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	70.5	%	40.0 - 80.0
LYMPHOCYTE	23.0	%	20.0 - 40.0
EOSINOPHIL	1.2	%	1.0 - 6.0
MONOCYTE	4.9	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	4.78	$10^3/uL$	1.50 - 7.00
LYMPH#	1.55	$10^3/uL$	1.00 - 3.70
EO#	0.08	$10^3/uL$	0.00 - 0.40
MONO#	0.33	$10^3/uL$	0.00 - 0.70
BASO#	0.03	$10^3/uL$	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.16 L	$\times 10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	43.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	104.2 H	fL	83.0 - 101.0
MEAN CORP HB (MCH)	35.1 H	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.7	g/dL	31.5 - 34.5
PLATELET COUNT	216	$\times 10^3/uL$	150 - 410
RDW-CV	13.7	%	11.6 - 14.0
MENTZER INDEX	25.05		

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.

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Date :- 26/06/2021 08:54:17

Patient ID :- 1221982

NAME :- Mr. MOHAN LAL MEENA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 11 Mon 20 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 26/06/2021 09:14:24

Final Authentication : 26/06/2021 13:15:22

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	04	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: FLC, D1, C 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

Technologist

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Date :- 26/06/2021 08:54:17

NAME :- **Mr. MOHAN LAL MEENA**

Sex / Age :- Male 41 Yrs 11 Mon 20 Days

Company :- MediWheel

Patient ID :- 1221982

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/06/2021 09:14:24

Final Authentication : 26/06/2021 11:56:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	183.51	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	193.67 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	38.73	mg/dl	Very high >500 0.00 - 80.00

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Lab/Hosp :-

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Sample Type :- PLAIN/SERUM

Sample Collected Time 26/06/2021 09:14:24

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	31.19	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	120.04	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	5.88 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.85 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	627.68	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: Triglycende 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

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Date :- 26/06/2021 08:54:17
NAME :- Mr. MOHAN LAL MEENA
 Sex / Age :- Male 41 Yrs 11 Mon 20 Days
 Company :- MediWheel

Patient ID :-1221982
 Ref. By Dr:- BOB
 Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/06/2021 09:14:24

Final Authentication : 26/06/2021 11:56:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.70	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	23.8	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	59.1 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	93.10	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.90	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.43	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.47	gm/dl	2.20 - 3.50
A/G RATIO	1.79		1.30 - 2.50

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Date :- 26/06/2021 08:54:17 Patient ID :- 1221982
NAME :- Mr. MOHAN LAL MEENA Ref. By Dr:- BOB
 Sex / Age :- Male 41 Yrs 11 Mon 20 Days Lab/Hosp :-
 Company :- MediWheel

Sample Type :- PLAIN/SERUM Sample Collected Time 26/06/2021 09:14:24 Final Authentication : 26/06/2021 11:56:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.22	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.48	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	41.30	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 these 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: Buret 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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Date :- 26/06/2021 08:54:17

Patient ID :-1221982

NAME :- Mr. MOHAN LAL MEENA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 11 Mon 20 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/06/2021 09:14:24

Final Authentication : 26/06/2021 11:34:29

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	1.880	μ IU/mL	0.465 - 4.680

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Date :- 26/06/2021 08:54:17 Patient ID :- 1221982
NAME :- Mr. MOHAN LAL MEENA Ref. By Dr:- BOB
 Sex / Age :- Male 41 Yrs 11 Mon 20 Days Lab/Hosp :-
 Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/06/2021 09:14:24

Final Authentication : 26/06/2021 11:34:29

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
 Method:- Chemiluminescence(Competitive immunoassay) 1.210 ng/ml 0.970 - 1.690

SERUM TOTAL T4
 Method:- Chemiluminescence(Competitive immunoassay) 7.830 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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Date :- 26/06/2021 08:54:17

NAME :- Mr. MOHAN LAL MEENA

Sex / Age :- Male 41 Yrs 11 Mon 20 Days

Company :- MediWheel

Patient ID :- 1221982

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 26/06/2021 09:14:24

Final Authentication : 26/06/2021 12:57:48

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	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

Technologist

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Date :- 26/06/2021 08:54:17

Patient ID :-1221982

NAME :- Mr. MOHAN LAL MEENA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 11 Mon 20 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 26/06/2021 09:14:24

Final Authentication : 26/06/2021 12:57:48

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	1.015		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

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Page No: 11 of 15

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Date :- 26/06/2021 08:54:17
NAME :- Mr. MOHAN LAL MEENA
 Sex / Age :- Male 41 Yrs 11 Mon 20 Days
 Company :- MediWheel

Patient ID :- 1221982
 Ref. By Dr:- BOB
 Lab/Hosp :-

Sample Type :- KOX/Na FLUORIDE-F, KOX/Na Salt
 Sample ID :- 26062021091424

Final Authentication : 26/06/2021 12:51:11

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	95.1	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

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

BLOOD SUGAR PP (Plasma)
Method:- GOD PAP

99.7	mg/dl	70.0 - 140.0
------	-------	--------------

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

SERUM CREATININE Method:- Colorimetric Method	0.94	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.18	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

Technologist

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM, URINE, ~~SERUM~~ Collected Time 26/06/2021 09:14:24

Final Authentication : 26/06/2021 13:46:24

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A" 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)	10.2	mg/dl	0.0 - 23.0

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/06/2021 09:14:24

Final Authentication : 26/06/2021 11:34:29

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA	1.710	ng/ml	0.000 - 4.000

Method:- Chemiluminescence

InstrumentName: VITROS EC1 Interpretation : Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

*** End of Report ***

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