

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: 08/07/23

Name: Rajesh umarwal Age: 50 Sex: male

DOB: 28/02/1973

Referred By: medi wheel (BOB)

Photo ID: Adhar ID #: attached

Ht: 166 (cm)

Wt: 69 (Kg)

Chest (Expiration): 90 (cm)

Abdomen Circumference: 88 (cm)

Blood Pressure: 146/87 mm Hg PR: 80 / min RR: 17 / min Temp: afebrile

BMI 25.0

Eye Examination: Dis vision 6/6, Near vision N/6 with spaces

No colour blindness

Other: Not significant

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

Signature Of Examinee : [Signature] Name of Examinee: _____

Signature Medical Examiner : [Signature] Name Medical Examiner _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. 01722

UNION OF INDIA Driving Licence

RJ14 19950068580

जारी करने की तिथि 07/6/1995

वैधता तिथि 12/02/2039

जन्म तिथि 28/03/1973

Blood Group Unknown

नाम / Name
RAJESH UMARWAL

पिता/पति का नाम / Son/Daughter/Wife of
PRABHATI RAM



Raj

RJ14 19950068580

MCWG 01/07/1995

LMV 13/09/2010

006305642M

Form 7, Rule 16(2)

पता / Permanent Address
153, CHAMPA NAGAR,
GOPAL PURA BY PASS,
JAIPUR - 302001

Holder's Signature

श्री अशोक कुमार
जारीकर्ता / Issuing Authority Sign
D/O Jhalana

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

| | | | |
|--------|-------------------------------|------|------------|
| NAME: | MR. RAJESH UMARWAL – 12231719 | AGE | 50 YRS |
| REF.BY | BOB | DATE | 08/07/2023 |

USG WHOLE ABDOMEN

Liver is of enlarged in size ~14.5 cm. 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 mild enlarged in size ~28 gms with normal echo-texture and outline.

IMPRESSION:

- **Hepatomegaly with fatty changes.**
- **Mild prostatomegaly.**

Needs clinical correlation for further evaluation.


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

Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Transcript by.

Dr. Goyal's

Path Lab & Imaging Centre

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Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 08/07/2023 08:26:46
NAME :- Mr. RAJESH UMARWAL
Sex / Age :- Male 50 Yrs 4 Mon 10 Days
Company :- MediWheel

Patient ID :- 12231719
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 08/07/2023 10:34:31

BOB PACKAGE ABOVE 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1

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

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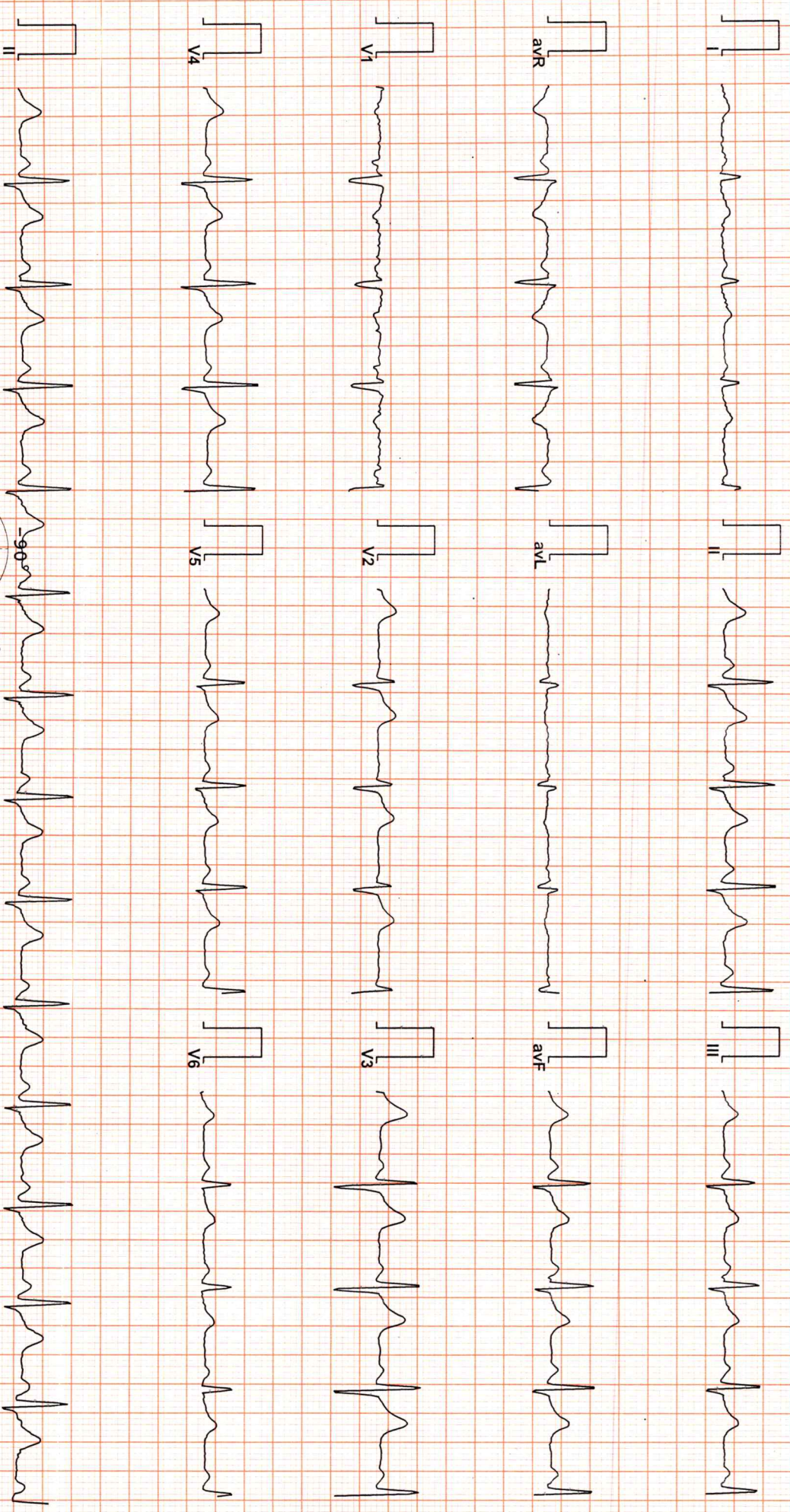
Transcript by.

DR. GOYAL PATH LAB

771 / MR RAJESH UMARWAL / 50 Yrs / M / Non Smoker

Heart Rate : 84 bpm / Tested On : 08-Jul-23 09:04:32 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: BOB

ECG



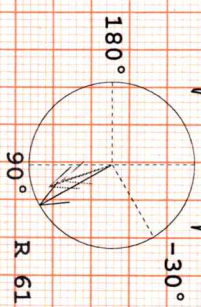
Vent Rate : 84 bpm

PR Interval : 140 ms

QRS Duration : 80 ms

QT/QTc Int : 362/404 ms

P-QRS-T axis: 72.00 • 61.00 • 71.00 •



Axis
R 61.00° T 71.00° P 72.00°

Reported By:

franc

Dr. Naresh Kumar Mohank

RAC No. 135703

M.B.S, DIP, RADIO (ESCORTS)

D.E.M (RCGP-UK)



124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / NonSmoker
Date: 08 / 07 / 2023 09:05:47 AM Refd By : BOB Examined By:

| Stage | Time | Duration | Speed(mph) | Elevation | METS | Rate | % THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|-------|--------|-----|-----|----------|
| Supine | 00:18 | 0:18 | 01.1 | 00.0 | 01.0 | 085 | 50 % | 130/86 | 110 | 00 | |
| Standing | 01:04 | 0:46 | 01.1 | 00.0 | 01.0 | 097 | 57 % | 130/86 | 126 | 00 | |
| HV | 01:18 | 0:14 | 01.1 | 00.0 | 01.0 | 093 | 55 % | 130/86 | 120 | 00 | |
| Warm Up | 01:25 | 0:07 | 01.1 | 00.0 | 01.0 | 087 | 51 % | 130/86 | 113 | 00 | |
| ExStart | 03:11 | 1:46 | 01.0 | 00.0 | 01.0 | 119 | 70 % | 130/86 | 154 | 00 | |
| BRUCE Stage 1 | 06:11 | 3:00 | 01.7 | 10.0 | 04.7 | 138 | 81 % | 140/90 | 193 | 00 | |
| BRUCE Stage 2 | 09:11 | 3:00 | 02.5 | 12.0 | 07.1 | 159 | 94 % | 150/90 | 238 | 00 | |
| PeakEX | 09:49 | 0:38 | 03.4 | 14.0 | 07.8 | 175 | 103 % | 150/90 | 262 | 00 | |
| Recovery | 10:49 | 1:00 | 00.0 | 00.0 | 01.2 | 156 | 92 % | 150/90 | 233 | 00 | |
| Recovery | 11:49 | 2:00 | 00.0 | 00.0 | 01.0 | 120 | 71 % | 146/90 | 175 | 00 | |
| Recovery | 12:49 | 3:00 | 00.0 | 00.0 | 01.0 | 113 | 66 % | 140/90 | 158 | 00 | |
| Recovery | 13:49 | 4:00 | 00.0 | 00.0 | 01.0 | 114 | 67 % | 136/86 | 155 | 00 | |
| Recovery | 14:49 | 5:00 | 00.0 | 00.0 | 01.0 | 104 | 61 % | 130/86 | 135 | 00 | |
| Recovery | 14:53 | 5:04 | 00.0 | 00.0 | 01.0 | 104 | 61 % | 130/86 | 135 | 00 | |

THF 1's negative for Q12

FINDINGS :
 Exercise Time : 06:38
 Max HR Attained : 175 bpm 103% of Target 170
 Max BP Attained : 150/90 (mm/Hg)
 Max WorkLoad Attained : 7.8 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Dr. Nareesh Kumar Moharika
 RMC No. 36703
 MBBS, DIP. CARDIO (ESCORTIS)
 D.E.M. (RCGP-UK)

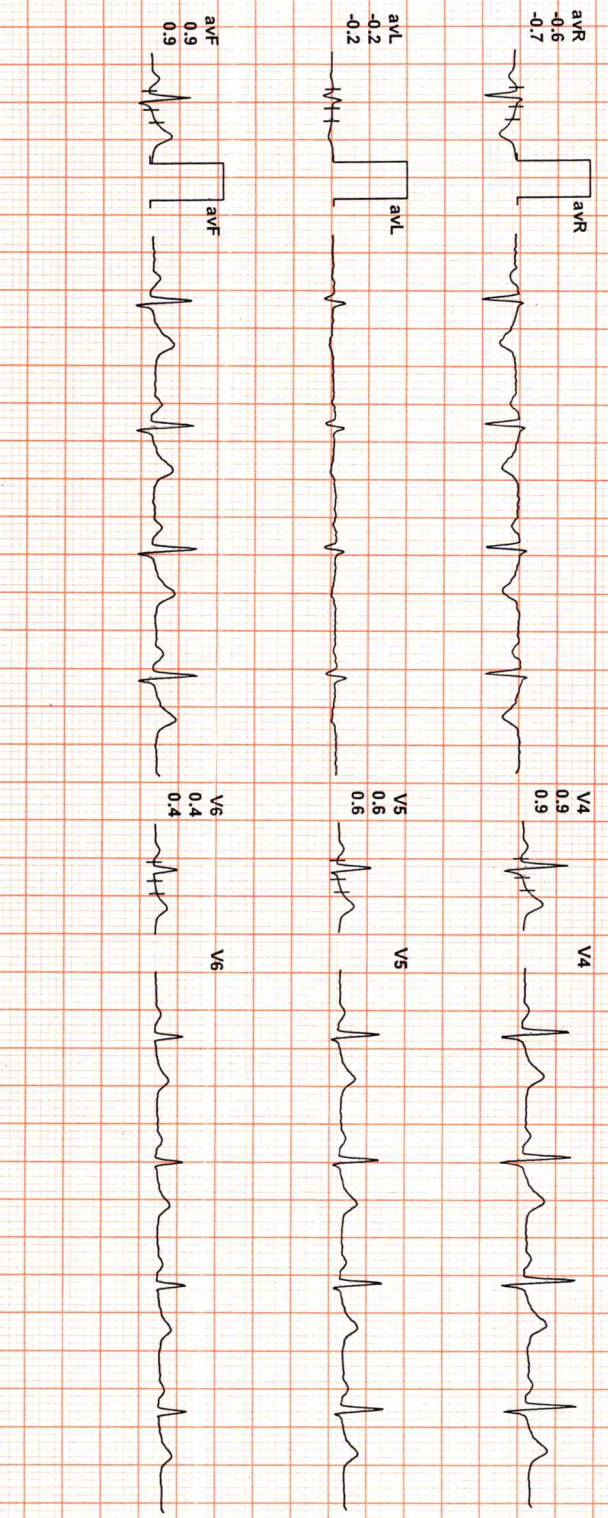
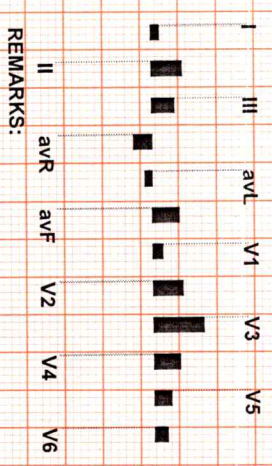
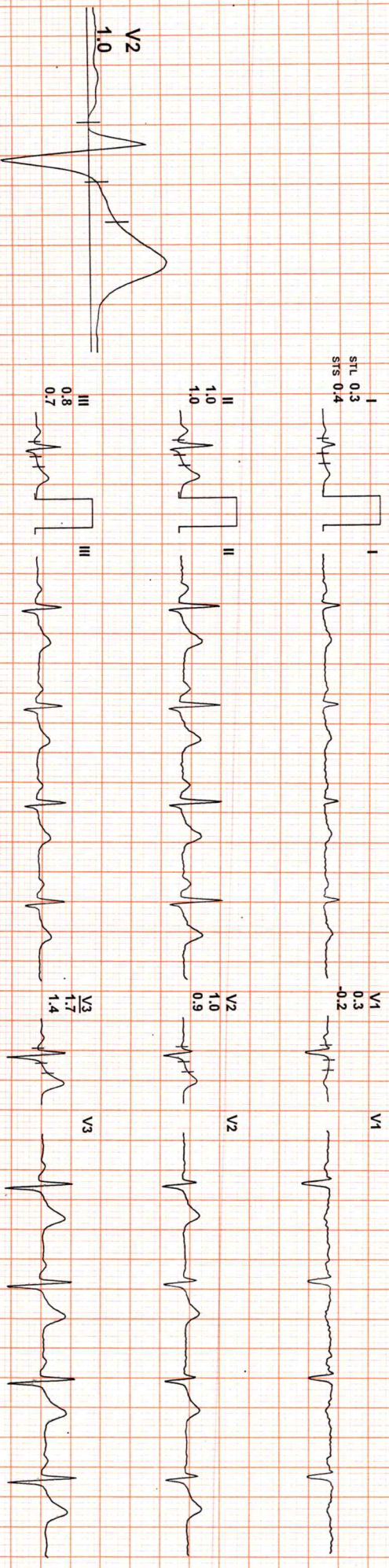


124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 85

Date: 08 / 07 / 2023 09:05:47 AM METS: 1.0/ 85 bpm 50% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

4X 80 mS Post J

ExTime: 00:00 - 1.1 mph - 0.0%
25 mm/Sec - 1.0 Cm/mV



REMARKS:

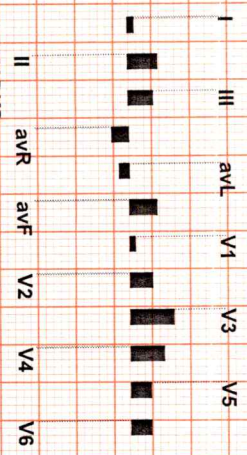
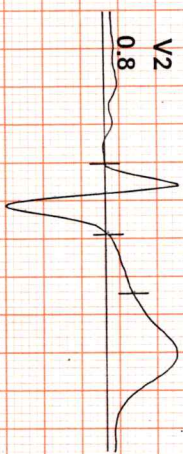
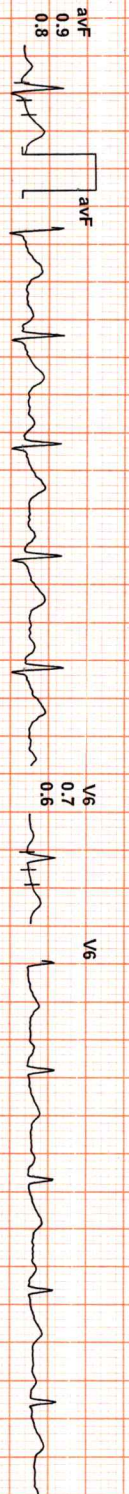
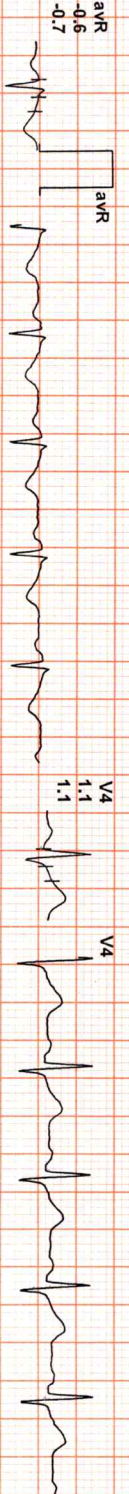
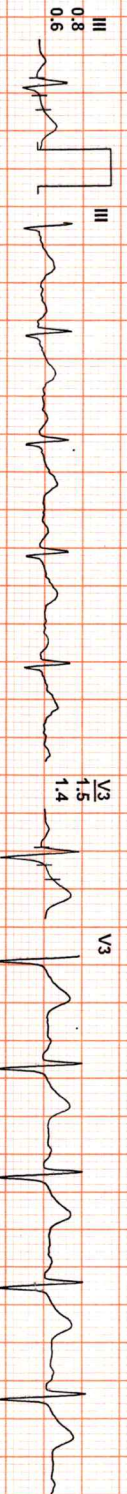
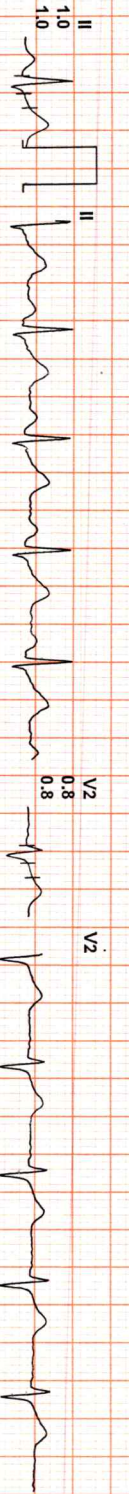
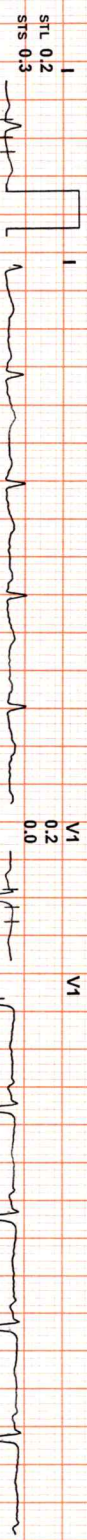


124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 97

Date: 08 / 07 / 2023 09:05:47 AM METS: 1.0 / 97 bpm 57% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

4X 80 mS Post J

EXTime: 00:00 - 1.1 mph - 0.0%
25 mm/Sec - 1.0 Cm/mV



REMARKS:



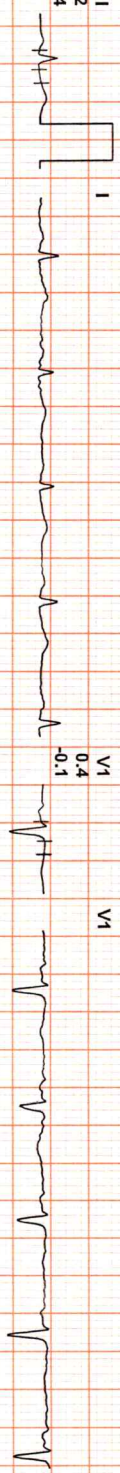
124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 93

Date: 08 / 07 / 2023 09:05:47 AM METS: 1.0/ 93 bpm 55% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 - Hz

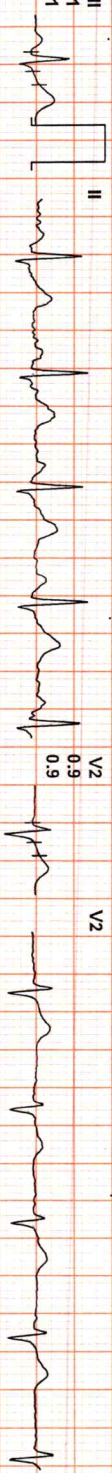
4X 80 ms Post J

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

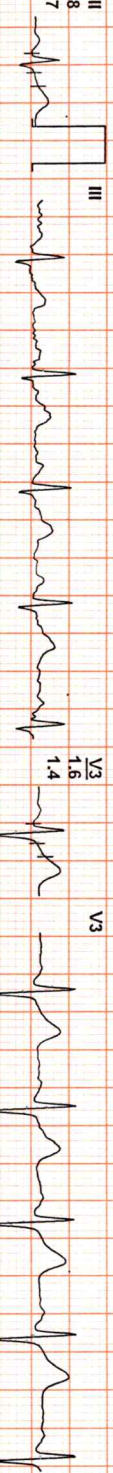
I
STL 0.2
STS 0.4



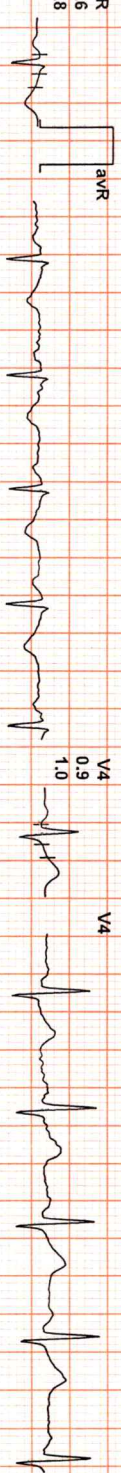
II
1.1
1.1



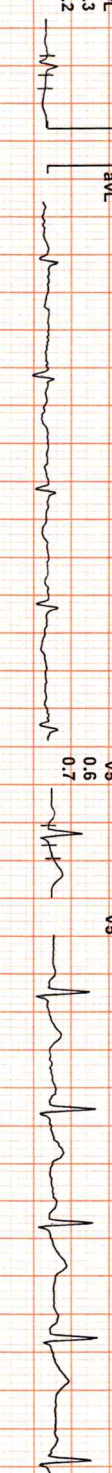
III
0.8
0.7



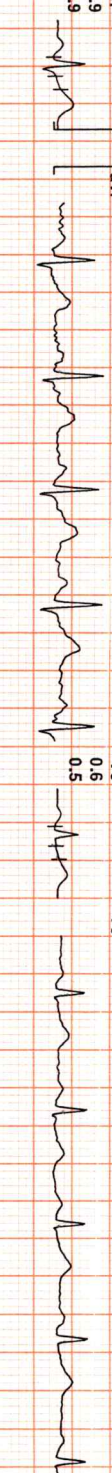
aVR
-0.6
-0.8



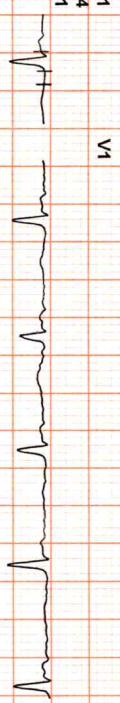
aVL
-0.3
-0.2



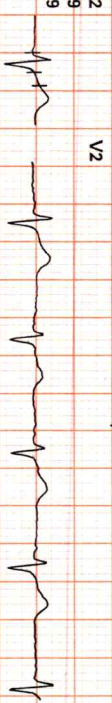
aVF
0.9
0.9



V1
-0.1
0.4



V2
0.9
0.9



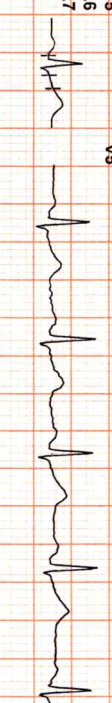
V3
1.6
1.4



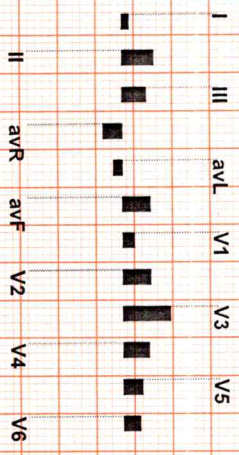
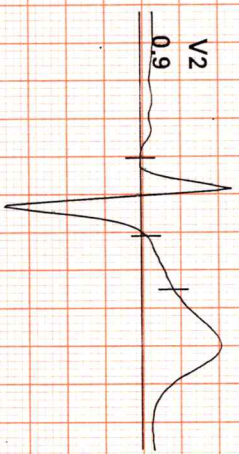
V4
0.9
1.0



V5
0.6
0.7



V6
0.6
0.5



REMARKS:

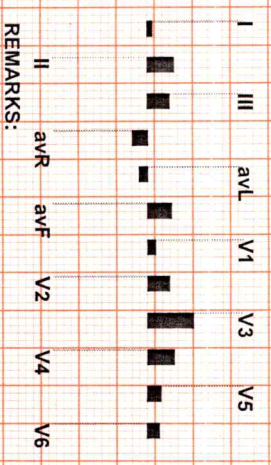
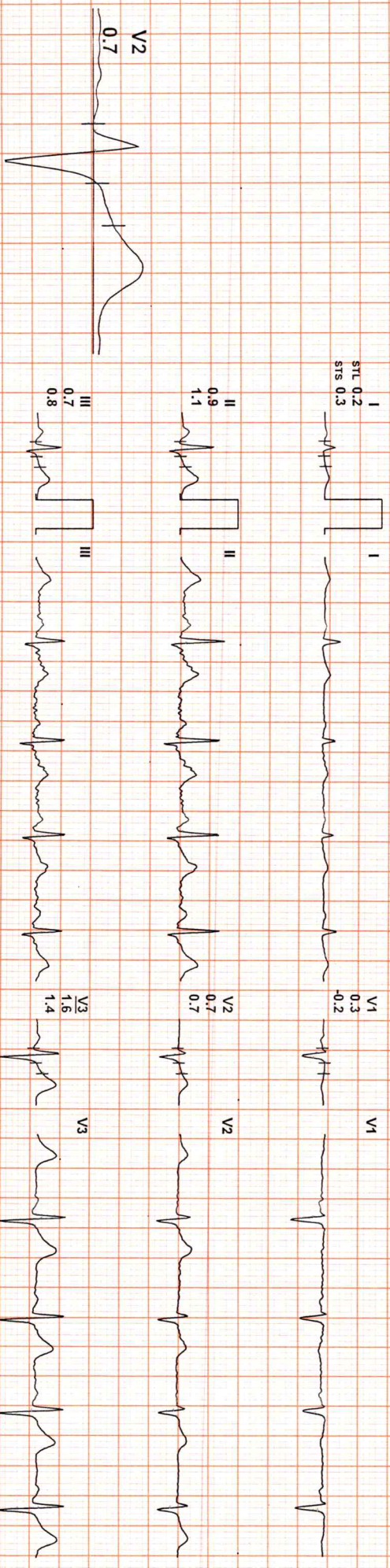


124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 87

Date: 08 / 07 / 2023 09:05:47 AM METS: 1.0 / 87 bpm 51% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

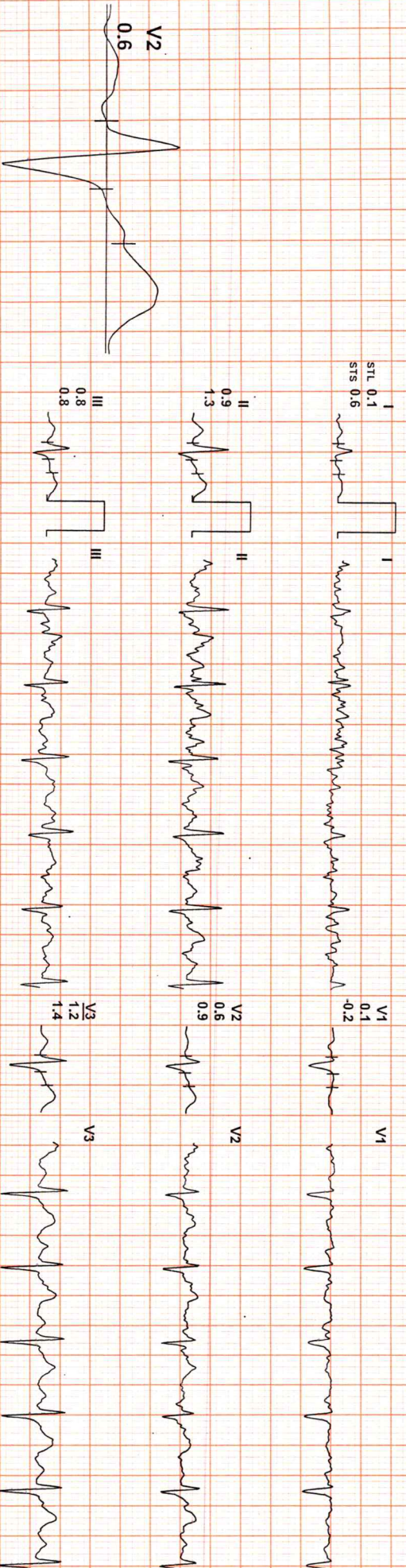
EXTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

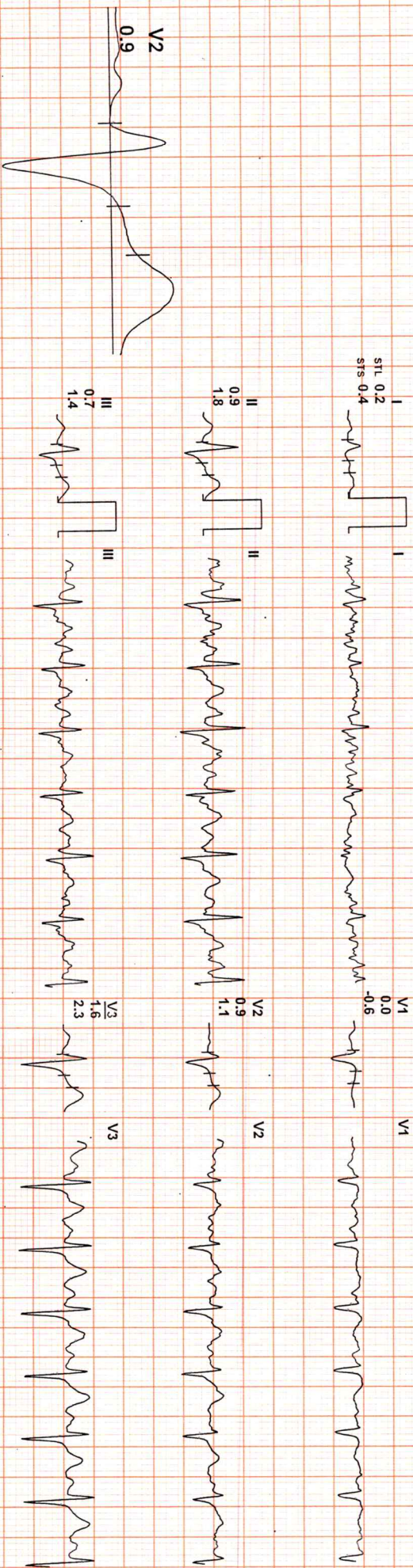


124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 138

Date: 08 / 07 / 2023 09:05:47 AM METS: 4.71 138 bpm 81% of THR BP: 140/90 mmHg Raw ECG: BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



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

REMARKS:

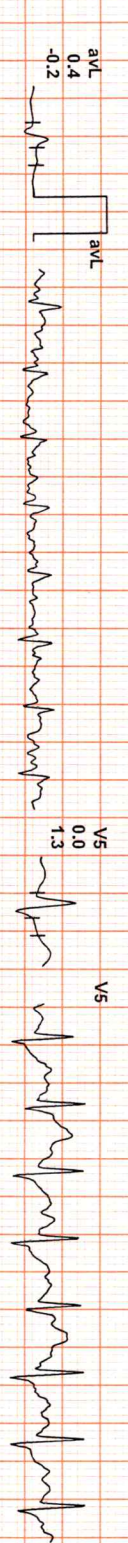
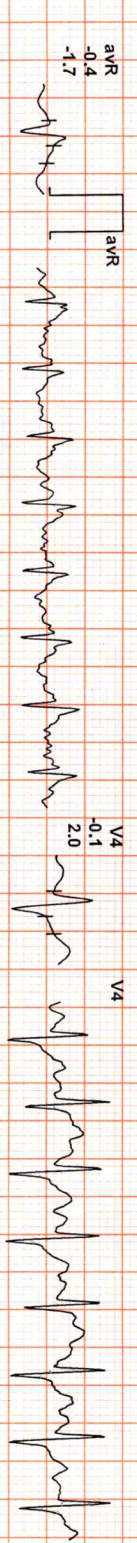
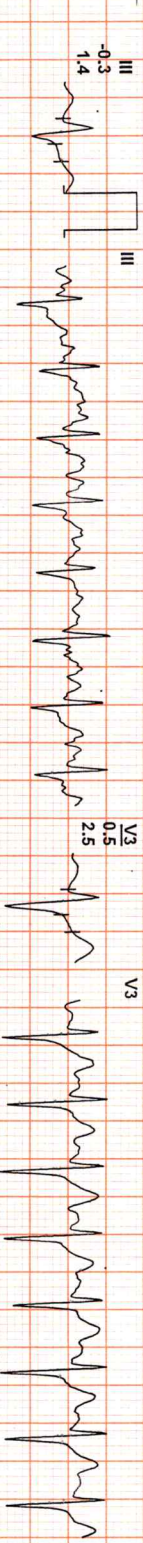
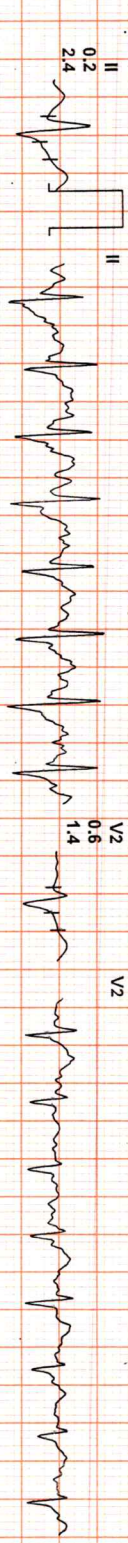
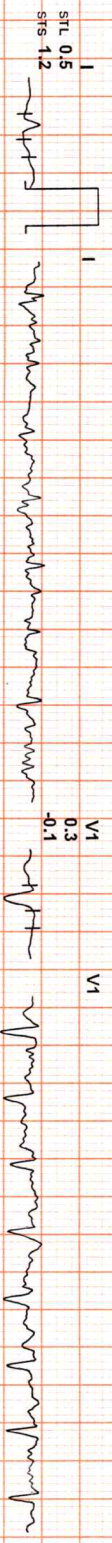
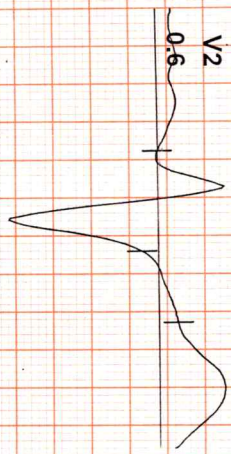


124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 159

Date: 08 / 07 / 2023 09:05:47 AM METS: 7.1 / 159 bpm 94% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

ExTime: 06:00 2.5 mph, 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

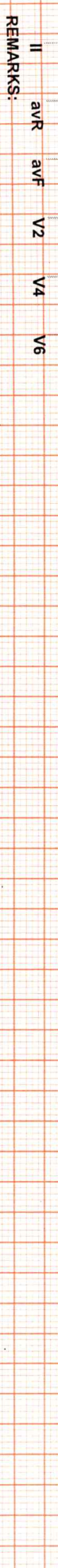
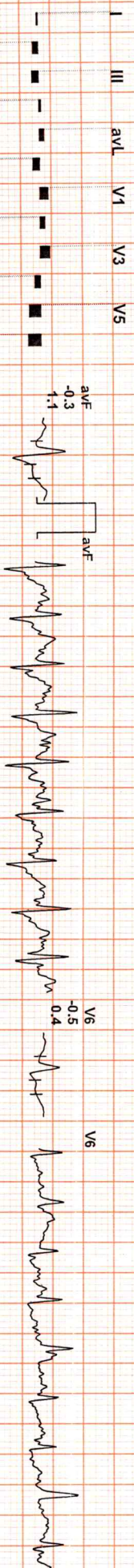
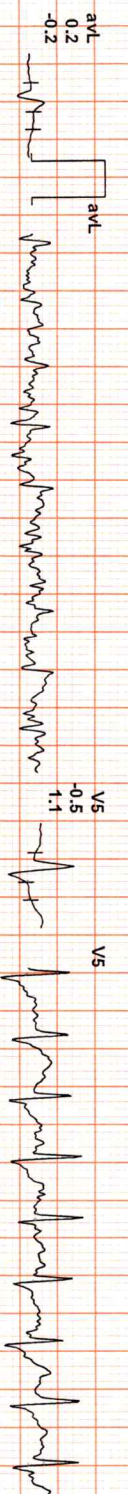
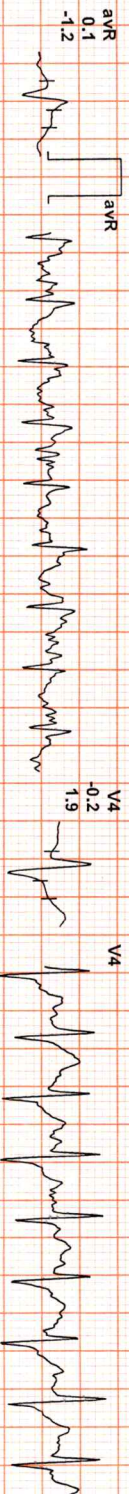
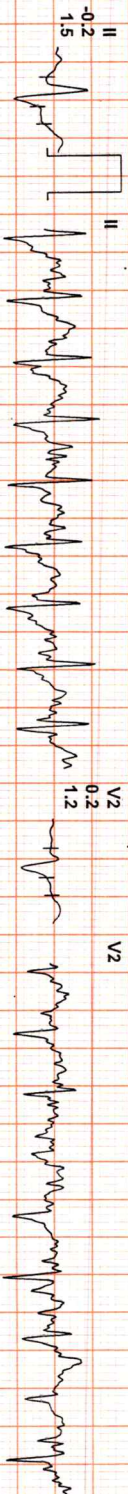
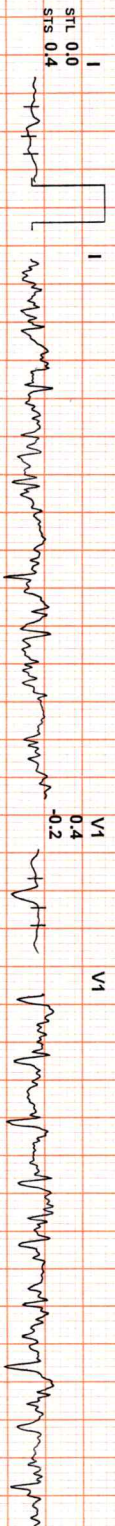


124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 175

Date: 08 / 07 / 2023 09:05:47 AM METS: 7.8 / 175 bpm 103% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:38 3.4 mph. 14.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



REMARKS:

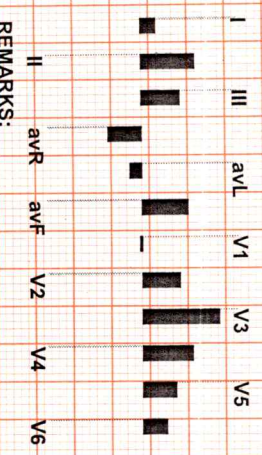
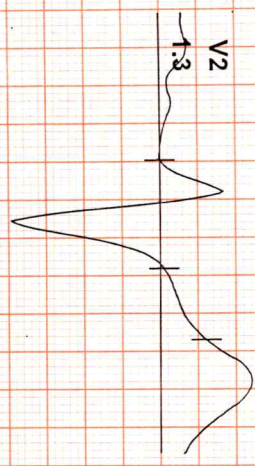
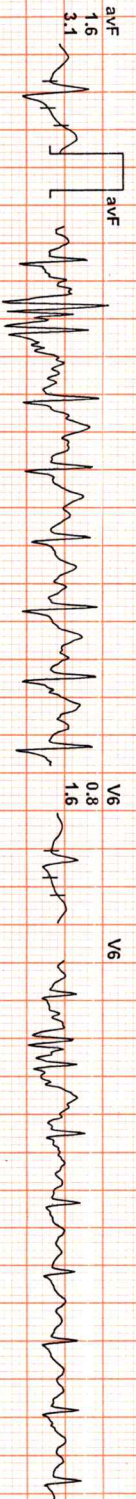
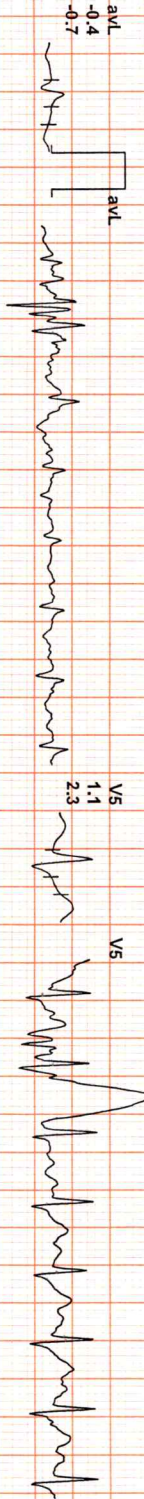
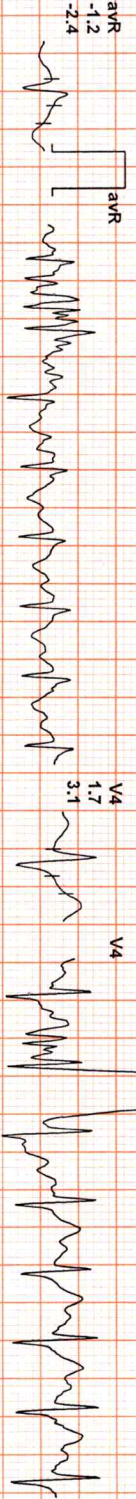
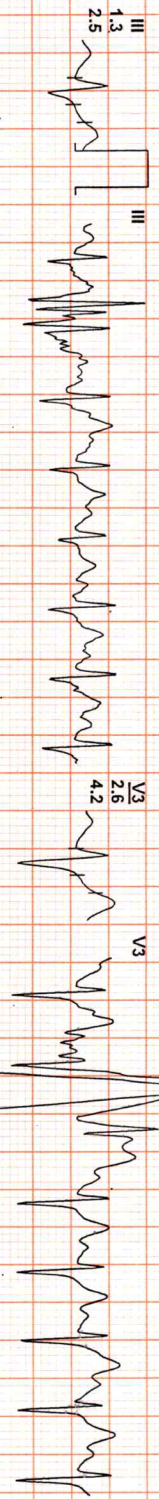
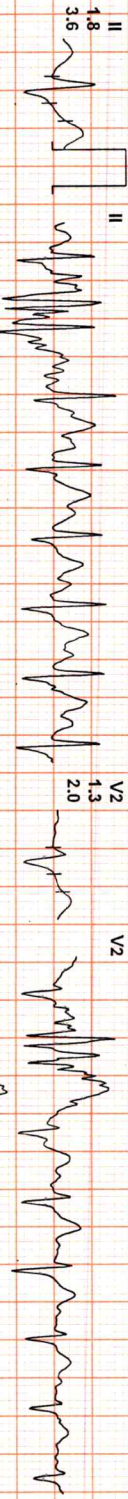


124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 156

Date: 08 / 07 / 2023 09:05:47 AM METS: 1.2/ 156 bpm 92% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 60 ms Post J

ExTime: 06:38 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mv



REMARKS:

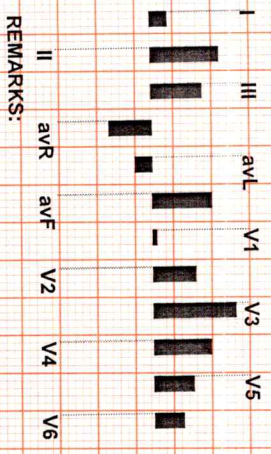
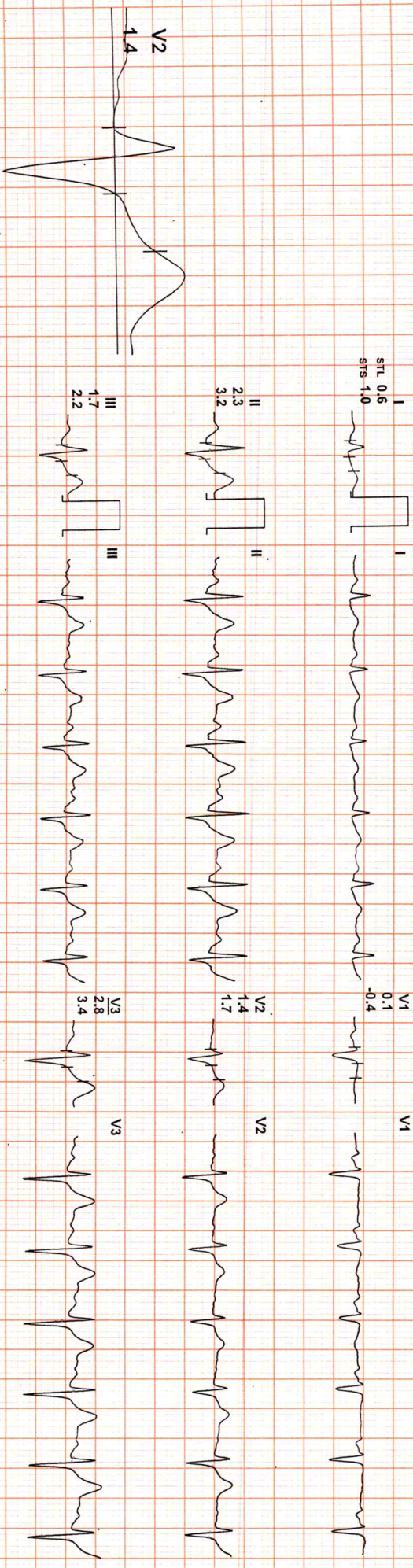


124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 120

Date: 08 / 07 / 2023 09:05:47 AM METS: 1.0 / 120 bpm 71% of THR BP: 146/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 06:38 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

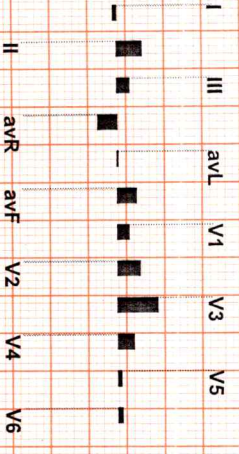
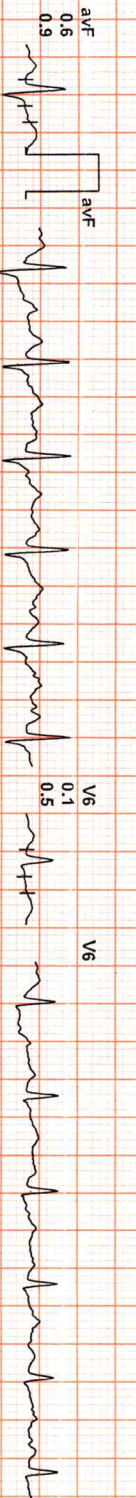
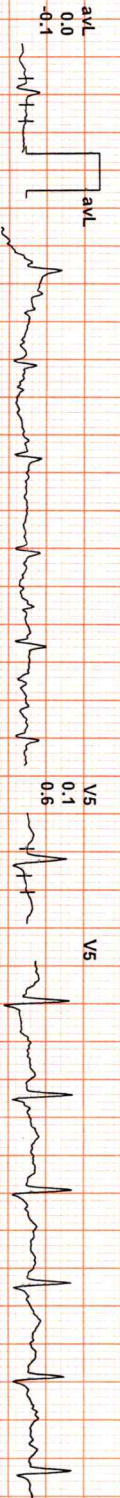
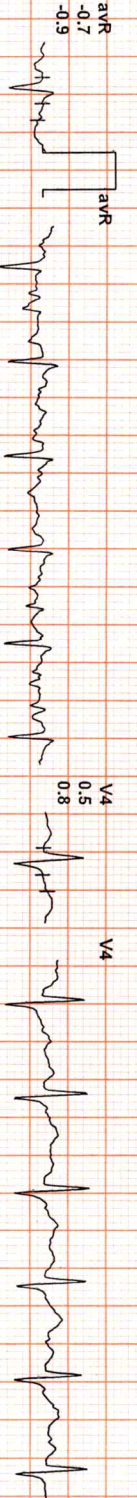
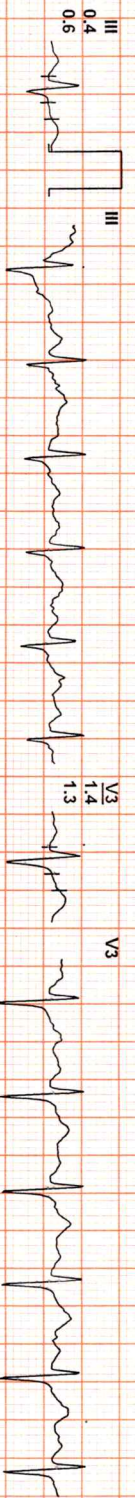
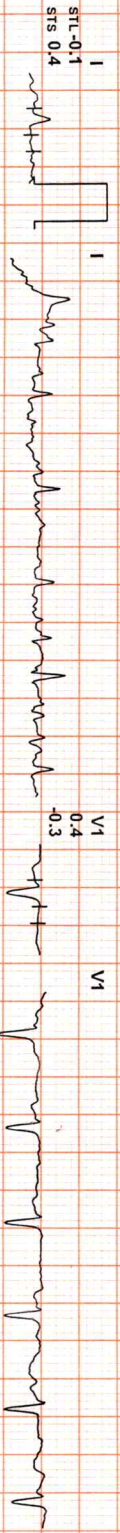


124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 114

Date: 08 / 07 / 2023 09:05:47 AM METS: 1.0/ 114 bpm 67% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/ LF 35 Hz

4X 80 ms Post J

EXTime: 06:38 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



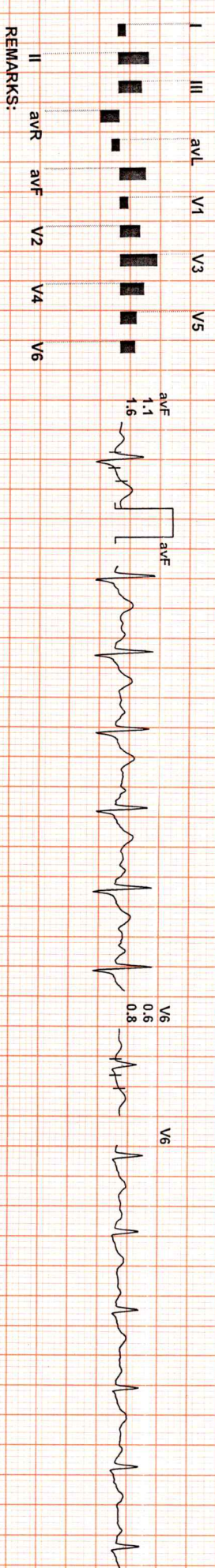
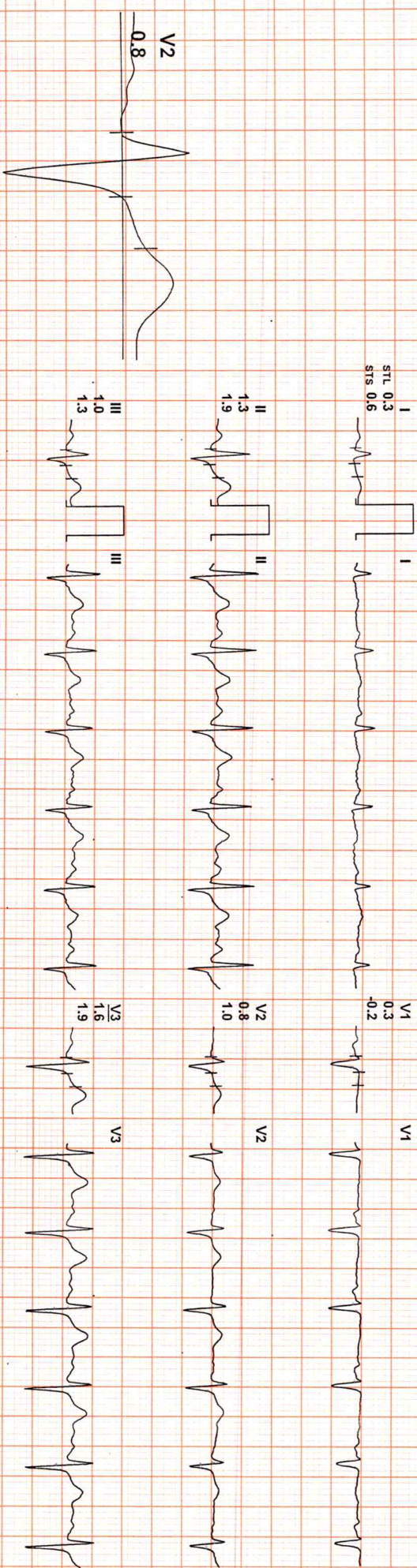
REMARKS:



124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 113

Date: 08 / 07 / 2023 09:05:47 AM METS: 1.0/ 113 bpm 66% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 06:38 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



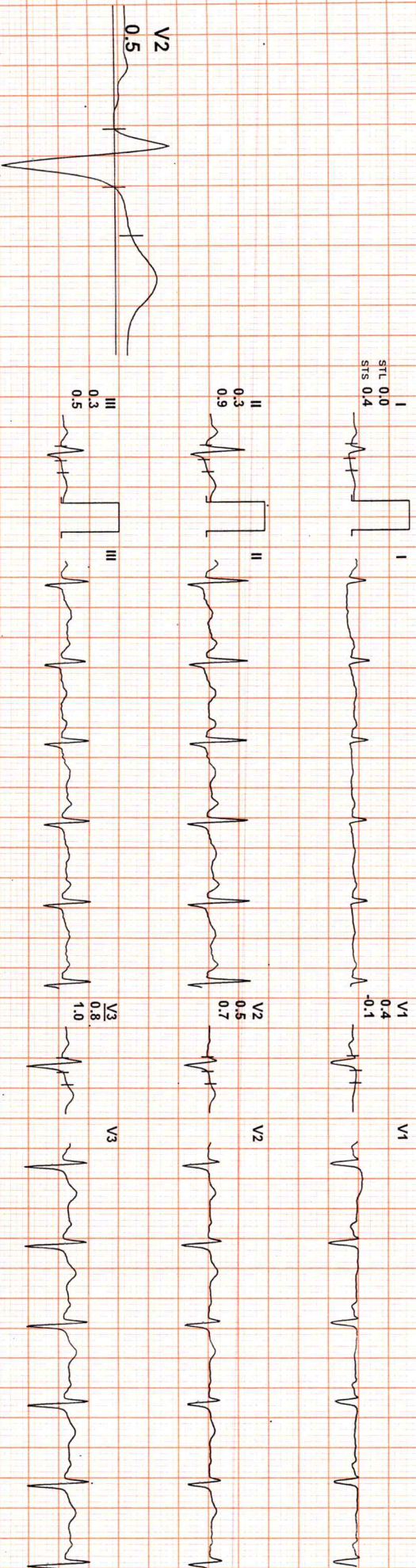


124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 104

Date: 08 / 07 / 2023 09:05:47 AM METS: 1.0/ 104 bpm 61% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 ms Post J

EXTime: 06:38 0.0 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV



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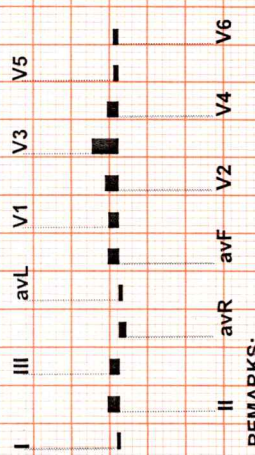
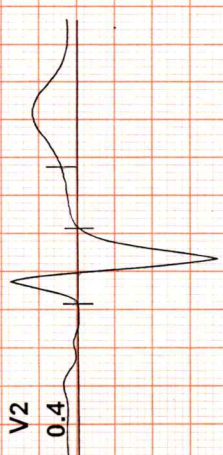
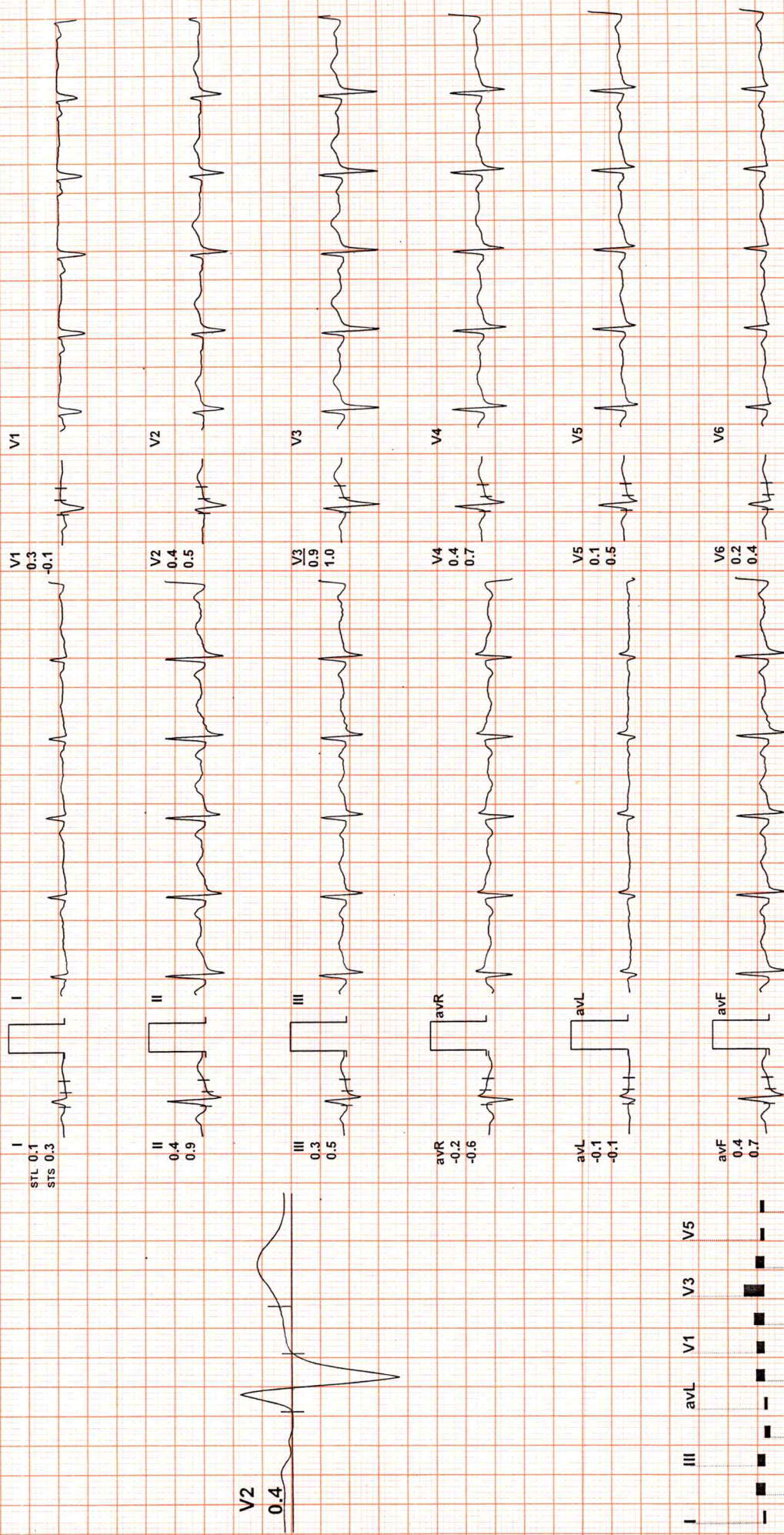
124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 104

Recovery(5:00)



Date: 08 / 07 / 2023 09:05:47 AM METS: 1.0 / 104 bpm 64% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ HE 0.05 Hz/LF 35 Hz ExTime: 06:38 0.0 mph. 0.0%

4X 80 mS Post J

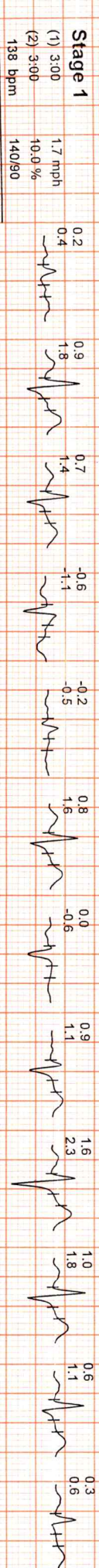
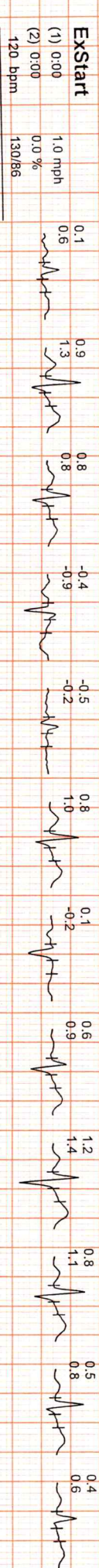
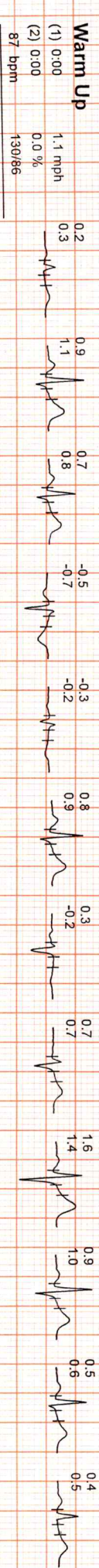
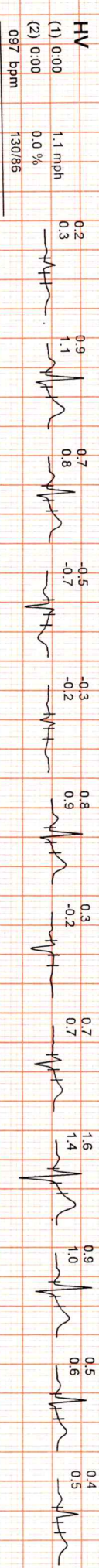
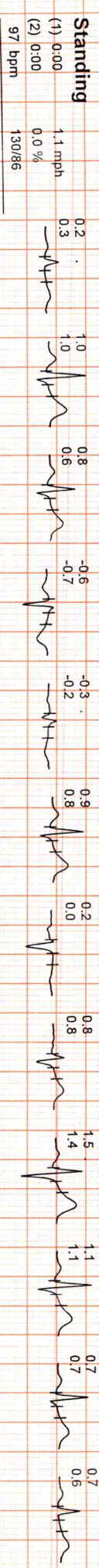
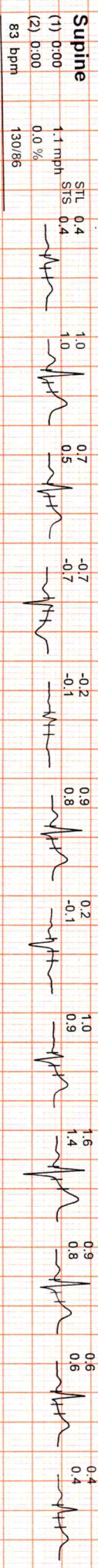


REMARKS:



124 / MR RAJESH UMARWAL / 50 Yrs / M / 10 Cms / 10 Kg / HR : 82

Date: 08 / 07 / 2023 09:05:47 AM





124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 82

Date: 08 / 07 / 2023 09:05:47 AM I

II

III

avR

avL

avF

V1

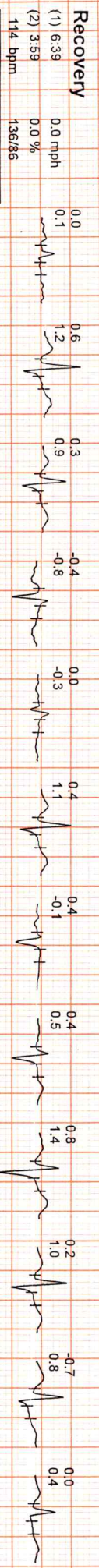
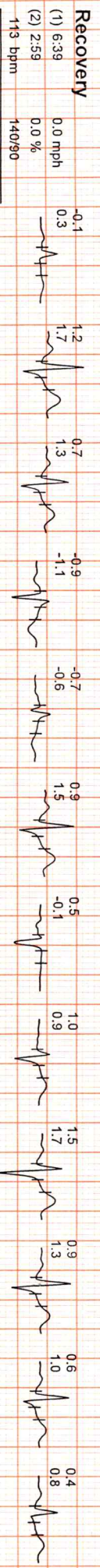
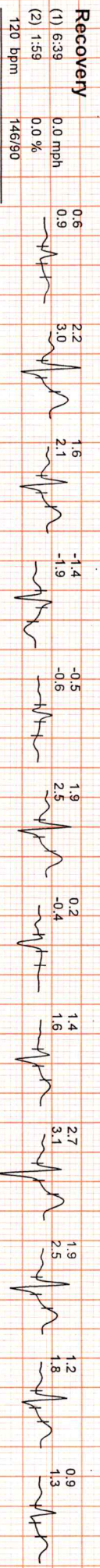
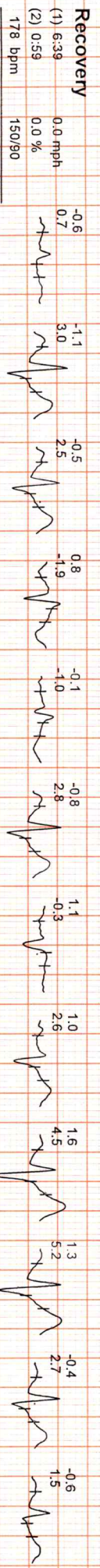
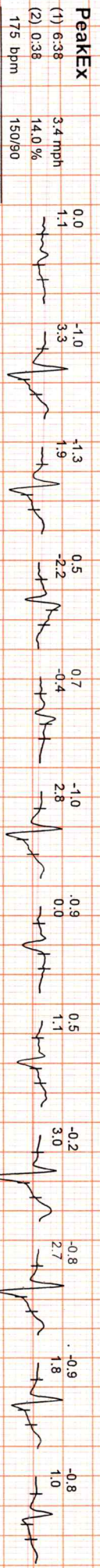
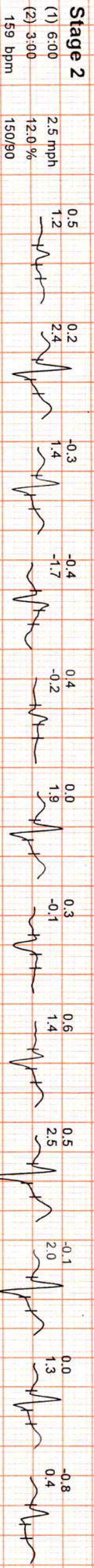
V2

V3

V4

V5

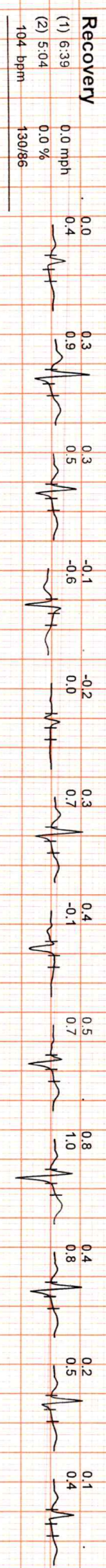
V6





124 / MR RAJESH UMARWAL / 50 Yrs / M / 0 Cms / 0 Kg / HR : 82

Date: 08 / 07 / 2023 09:05:47 AM I



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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 :- 08/07/2023 08:26:46
NAME :- Mr. RAJESH UMARWAL
Sex / Age :- Male 50 Yrs 4 Mon 10 Days
Company :- MediWheel

Patient ID :-12231719
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA, URINE

Sample Collected Time 08/07/2023 08:51:57

Final Authentication : 08/07/2023 12:09:56

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 |

AJAYSINGH, VIJENDRAMEENA
Technologist

Page No: 11 of 13



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
Tele: 0141-2293346, 4049787, 9887049787
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NAME :- Mr. RAJESH UMARWAL
Sex / Age :- Male 50 Yrs 4 Mon 10 Days
Company :- MediWheel

Patient ID :-12231719
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 08/07/2023 08:51:57

Final Authentication : 08/07/2023 12:28:51

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---------------------------|-------|-------|-------------------------|
| BLOOD UREA NITROGEN (BUN) | 7.5 | mg/dl | 0.0 - 23.0 |

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Page No: 12 of 13



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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Company :- MediWheel

Patient ID :-12231719
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 08/07/2023 08:51:57

Final Authentication : 08/07/2023 12:15:38

IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------|-------|-------------------------|
| TOTAL PSA Method:- Chemiluminescence | 0.980 | ng/ml | 0.000 - 4.000 |

InstrumentName: ADVIA CENTAUR CP **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 ***

AJAYKUMAR
Technologist

Page No: 13 of 13



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 MC- 5509
Tele: 0141-2293346, 4049787, 9887049787
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Sex / Age :- Male 50 Yrs 4 Mon 10 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- URINE Sample Collected Time 08/07/2023 08:51:57 Final Authentication : 08/07/2023 11:40:48

CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--|-------------|------|-------------------------|
| Urine Routine | | | |
| PHYSICAL EXAMINATION | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| APPEARANCE | Clear | | Clear |
| CHEMICAL EXAMINATION | | | |
| REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction) | 6.5 | | 5.0 - 7.5 |
| SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue) | 1.025 | | 1.010 - 1.030 |
| PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test) | NIL | | NIL |
| GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict) | NIL | | NIL |
| BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction) | NEGATIVE | | NEGATIVE |
| UROBILINOGEN Method:- Reagent Strip (Modified chrlich reaction) | NORMAL | | NORMAL |
| KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's | NEGATIVE | | NEGATIVE |
| NITRITE Method:- Reagent Strip (Diazotization reaction) | NEGATIVE | | NEGATIVE |
| RBC Method:- Reagent Strip (Peroxidase like activity) | NIL | | NIL |
| MICROSCOPY EXAMINATION | | | |
| 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 |

VIJENDRAMEENA
Technologist

Page No: 7 of 13



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 MC- 5509
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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 08/07/2023 08:51:57 Final Authentication : 08/07/2023 12:28:51

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|----------------|-------|--|
| LIVER PROFILE WITH GGT | | | |
| SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method | 0.50 | mg/dl | Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020) |
| SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method | 0.20 | mg/dL | Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2 |
| SERUM BILIRUBIN (INDIRECT) Method:- Calculated | 0.30 | mg/dl | 0.30-0.70 |
| SGOT Method:- IFCC | 29.1 | U/L | Men- Up to - 37.0 Women - Up to - 31.0 |
| SGPT Method:- IFCC | 67.9 H | U/L | Men- Up to - 40.0 Women - Up to - 31.0 |
| SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer | 67.70 | IU/L | 30.00 - 120.00 |
| SERUM GAMMA GT Method:- IFCC | 63.70 H | U/L | 11.00 - 50.00 |
| SERUM TOTAL PROTEIN Method:- Biuret Reagent | 6.91 | g/dl | 6.40 - 8.30 |
| SERUM ALBUMIN Method:- Bromocresol Green | 4.36 | g/dl | 3.80 - 5.00 |
| SERUM GLOBULIN Method:- CALCULATION | 2.55 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.71 | | 1.30 - 2.50 |

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving 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)

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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 MC- 5509
Tele: 0141-2293346, 4049787, 9887049787
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Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 08/07/2023 08:51:57 Final Authentication : 08/07/2023 12:15:38

IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---------|--------|-------------------------|
| TOTAL THYROID PROFILE | | | |
| SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay) | 1.100 | ng/ml | 0.970 - 1.690 |
| SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay) | 6.620 | ug/dl | 5.530 - 11.000 |
| SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay | 7.730 H | μIU/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 TT4 concentrations in vivo.

Interpretation : TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

| PREGNANCY | REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association) |
|---------------|---|
| 1st Trimester | 0.10-2.50 |
| 2nd Trimester | 0.20-3.00 |
| 3rd Trimester | 0.30-3.00 |

AJAYKUMAR
Technologist

Page No: 6 of 13



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 MC- 5509
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Date :- 08/07/2023 08:26:46
NAME :- Mr. RAJESH UMARWAL
Sex / Age :- Male 50 Yrs 4 Mon 10 Days
Company :- MediWheel

Patient ID :-12231719
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 08/07/2023 08:51:57

Final Authentication : 08/07/2023 12:09:56

HAEMATOLOGY

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

BOB PACKAGE ABOVE 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

6.2 H %

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

131 H mg/dL

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

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Technologist

Page No: 1 of 13



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 MC- 5509
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Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 08/07/2023 08:51:57

Final Authentication : 08/07/2023 12:09:56

HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|-------------------------------------|---------------|----------------------|-------------------------|
| HAEMOGARAM | | | |
| HAEMOGLOBIN (Hb) | 14.4 | g/dL | 13.0 - 17.0 |
| TOTAL LEUCOCYTE COUNT | 6.18 | /cumm | 4.00 - 10.00 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL | 57.3 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 32.3 | % | 20.0 - 40.0 |
| EOSINOPHIL | 6.1 H | % | 1.0 - 6.0 |
| MONOCYTE | 4.0 | % | 2.0 - 10.0 |
| BASOPHIL | 0.3 | % | 0.0 - 2.0 |
| NEUT# | 3.55 | 10 ³ /uL | 1.50 - 7.00 |
| LYMPH# | 2.00 | 10 ³ /uL | 1.00 - 3.70 |
| EO# | 0.37 | 10 ³ /uL | 0.00 - 0.40 |
| MONO# | 0.24 | 10 ³ /uL | 0.00 - 0.70 |
| BASO# | 0.02 | 10 ³ /uL | 0.00 - 0.10 |
| TOTAL RED BLOOD CELL COUNT (RBC) | 4.93 | x10 ⁶ /uL | 4.50 - 5.50 |
| HEMATOCRIT (HCT) | 43.80 | % | 40.00 - 50.00 |
| MEAN CORP VOLUME (MCV) | 88.9 | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 29.2 | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 32.9 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT | 155 | x10 ³ /uL | 150 - 410 |
| RDW-CV | 15.3 H | % | 11.6 - 14.0 |
| MENTZER INDEX | 18.03 | | |

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

Page No: 2 of 13



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

Tele: 0141-2293346, 4049787, 9887049787

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

Date :- 08/07/2023 08:26:46

Patient ID :-12231719

NAME :- Mr. RAJESH UMARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 50 Yrs 4 Mon 10 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 08/07/2023 08:51:57

Final Authentication : 08/07/2023 12:09:56

HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)

22 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

AJAYSINGH
Technologist

Page No: 3 of 13



Dr. Chandrika Gupta
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RMC NO. 21021/008037

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Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

MC- 5509

Tele: 0141-2293346, 4049787, 9887049787

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

Date :- 08/07/2023 08:26:46

Patient ID :-12231719

NAME :- Mr. RAJESH UMARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 50 Yrs 4 Mon 10 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 08/07/2023 08:51:57

Final Authentication : 08/07/2023 12:28:51

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|--------|-------|--|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method | 163.14 | mg/dl | Desirable <200 Borderline 200-239 High > 240 |
| TRIGLYCERIDES Method:- GPO-PAP | 79.46 | mg/dl | Normal <150 Borderline high 150-199 High 200-499 Very high >500 |
| DIRECT HDL CHOLESTEROL Method:- Direct clearance Method | 53.24 | mg/dl | Low < 40 High > 60 |
| DIRECT LDL CHOLESTEROL Method:- Direct clearance Method | 96.66 | mg/dl | Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190 |
| VLDL CHOLESTEROL Method:- Calculated | 15.89 | mg/dl | 0.00 - 80.00 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated | 3.06 | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO Method:- Calculated | 1.82 | | 0.00 - 3.50 |
| TOTAL LIPID Method:- CALCULATED | 467.23 | 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 | | | |

SURENDRAKHANGA

Page No: 4 of 13



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