

## General Physical Examination

Date of Examination: 18-May-2023

Name: Vishal Singh Gaur Age: 39 Sex: male

DOB: 15.01-1984

Referred By: BOB

Photo ID: AADHAR ID #: attached.

Ht: 191 (cm)

Wt: 91 (Kg)

Chest (Expiration): 102 (cm)

Abdomen Circumference: 92 (cm)

Blood Pressure: 140/90 mm Hg

PR: 76 / min

RR: 18 / min

Temp: Afebrile


BMI 24.9

Eye Examination: vision: Normal 6/6, N/6 B/L 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.P.D  
RMC Reg No. 21723



भारत सरकार  
विशाल सिंह गौड़  
Vishal Singh Gaur  
जन्म वर्ष / Year of Birth : 1984  
पुरुष / Male



9526 2604 3522

आधार - आम आदमी का अधिकार

भारतीय विहित पहचान प्राधिकरण  
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पता: S/O: नागेन्द्र सिंह गौड़, 927,  
हनुमान विहार कॉलोनी, बालवीर हनुमान  
मंदिर के पास, बी. के कौल नगर, अजमेर,  
अजमेर, राजस्थान, 305001

Address: S/O: Nagendra Singh  
Gaur, 927, Hanuman vihar colony,  
Near Balveer Hanuman Mandir, B.  
K Kaul Nagar, Ajmer, Ajmer,  
Ajmer, Rajasthan, 305001

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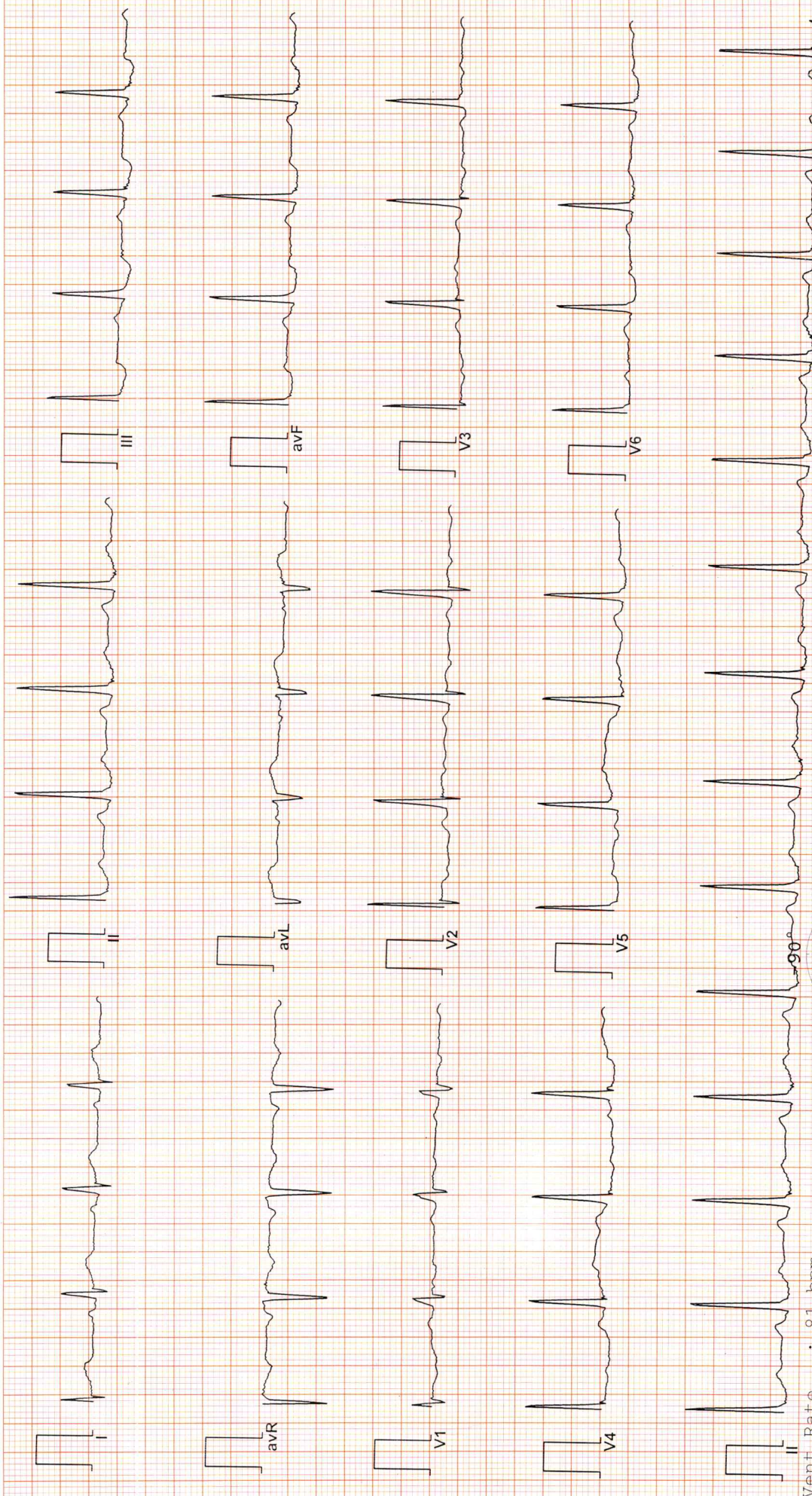
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P.O. Box No.1947,  
Bengaluru-560 001

Dr. Piyush Goyal  
M.B.S. D.M.R.D  
MNC Reg No - 017999



**ECG**



*Sinus rhythm with mild ST depression in lead III and aVF*

Vent Rate : 81 bpm  
 PR Interval : 162 ms  
 QRS Duration : 80 ms  
 QT/QTc Int : 348/385 ms  
 P-QRS-T axis: 62.00 • 76.00 • 10.00°

*Dr. Narsish Kumar Mohanta*  
 RMC No. 35703  
 M.D. CARDIO (ESC) (RIS)  
 U.S.M. (R.C.S. - U.K.)

Allergis ECG (Piscas)(PIS218210312)

Reported By:





Date :- 18/05/2023 08:48:19  
**NAME :- Mr. VISHAL SINGH GAUR**  
Sex / Age :- Male 39 Yrs 4 Mon 3 Days  
Company :- MediWheel

Patient ID :- 1223759  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 18/05/2023 12:11:30

BOB PACKAGE BELOW 40MALE

**USG WHOLE ABDOMEN**

**Liver** is of normal size. **Echo-texture is bright.** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is contracted (Postmeal). 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 (~16cc) with normal echo-texture and outline. No enlarged nodes are visualised. No retro-peritoneal lesion is identified. No significant free fluid is seen in peritoneal cavity.

**IMPRESSION:**

**\* Grade I fatty liver.**

*Needs clinical correlation for further evaluation*

\*\*\* End of Report \*\*\*



# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur  
Tele : 0141-2293346, 4049787, 9887049787  
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



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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 \*\*\*

Page No: 1 of 1

AHSAN

**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

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

Transcript by.

FMF ID - 260517 | RMC No 22430

This report is not valid for medico-legal purpose.



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Final Authentication : 18/05/2023 11:05:23

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	25	mm	LA	31	Mm	IVS-D	8	mm
IVS-S	14	mm	LVID	42	Mm	LVSD	26	mm
LVPW-D	10	mm	LVPW-S	17	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	68%		RWMA			ABSENT		

#### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

#### COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.85	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.93	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION		ABSENT		
AORTIC VALVE				
PEAK VELOCITY	1.4	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION		ABSENT		
TRICUSPID VALVE				
PEAK VELOCITY	0.46	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION		ABSENT		
PULMONARY VALVE				
PEAK VELOCITY	0.90	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION		ABSENT		

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### IMPRESSION--

1. LV DIASTOLIC DYSFUNCTION GRADE I.
2. NORMAL LV SIZE & CONTRACTILITY.
3. NO RWMA, LVEF 68%.
4. NORMAL CARDIAC CHAMBER.
5. NORMAL VALVE.
6. NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

  
(CARDIOLOGIST)

\*\*\* End of Report \*\*\*





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Sample Type :- EDTA

Sample Collected Time 18/05/2023 09:20:58

Final Authentication : 18/05/2023 12:57:38

### HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)  
 Method:- HPLC

7.1 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 glycated 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

157 H mg/dL

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

MUKESH SINGH  
 Technologist

Page No: 1 of 12



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





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Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	13.8	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	7.64	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	56.9	%	40.0 - 80.0
LYMPHOCYTE	35.5	%	20.0 - 40.0
EOSINOPHIL	5.2	%	1.0 - 6.0
MONOCYTE	2.2	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.35	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.72	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.39	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.16	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.44	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	42.10	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	<b>77.4 L</b>	fL	83.0 - 101.0
MEAN CORP HB (MCH)	<b>25.4 L</b>	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.8	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	196	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	14.23		

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.

MUKESH SINGH  
 Technologist

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## HAEMATOLOGY

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

11

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 or connective tissue disease.

(CBC): Methodology: FLC, DLC 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

MUKESH SINGH  
Technologist

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Sample Type :- PLAIN/SERUM

Sample Collected Time 18/05/2023 09:20:58

Final Authentication : 18/05/2023 10:27:22

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	185.61	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	103.91	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	47.51	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	120.78	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	20.78	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.91		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.54		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	542.69	mg/dl	400.00 - 1000.00
<p><b>TOTAL CHOLESTEROL</b> InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p><b>TRIGLYCERIDES</b> InstrumentName:Radox 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.</p> <p><b>DIRECT HDL CHOLESTEROL</b> InstrumentName:Radox 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.</p> <p><b>DIRECT LDL CHOLESTEROL</b> InstrumentName:Radox 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.</p> <p><b>TOTAL LIPID AND VLDL ARE CALCULATED</b></p>			

SURENDRAKHANGA

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Sample Type :- PLAIN/SERUM

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.69	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	0.26	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.43	mg/dl	0.30-0.70
SGOT Method:- IFCC	21.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	34.2	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	76.70	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	18.90	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.93	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.03	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.90	gm/dl	2.20 - 3.50
A/G RATIO	1.39		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)

SURENDRAKHANGA



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Sample-Type :- PLAIN/SERUM

Sample Collected Time 18/05/2023 09:20:58

Final Authentication : 18/05/2023 10:19:07

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.490	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.140	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.390	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

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Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 18/05/2023 09:20:58

Final Authentication : 18/05/2023 13:00:10

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION(PH)	5.5		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.025		1.010 - 1.030
Method:- Reagent Strip(bromthymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphosalicylic acid test)			
GLUCOSE	NIL		NIL
Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)			
BILIRUBIN	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Azo-coupling reaction)			
UROBILINOGEN	NORMAL		NORMAL
Method:- Reagent Strip (Modified chrlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitropruside) Rothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
<b>MICROSCOPY EXAMINATION</b>			
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

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



Date :- 18/05/2023 08:48:19  
**NAME :- Mr. VISHAL SINGH GAUR**  
Sex / Age :- Male 39 Yrs 4 Mon 3 Days  
Company :- MediWheel

Patient ID :-1223759  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 18/05/2023 09:20:58

Final Authentication : 18/05/2023 13:00:10

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>STOOL ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
MUCUS			
BLOOD			
<b>MICROSCOPIC EXAMINATION</b>			
RBC's		/HPF	
WBC/HPF		/HPF	
OVA			
CYSTS			
OTHERS			
Collected Sample Received			

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Technologist

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**Dr. Chandrika Gupta**  
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Date :- 18/05/2023 08:48:19  
**NAME :- Mr. VISHAL SINGH GAUR**  
 Sex / Age :- Male 39 Yrs 4 Mon 3 Days  
 Company :- MediWheel

Patient ID :- 1223759  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Oxide, Creatinine, Urea, Glucose, HbA1c  
 Date of Report :- 18/05/2023 09:20:58

Final Authentication : 18/05/2023 13:48:36

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	107.2	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)			111 - 125 mg/dL
Diabetes Mellitus (DM)			> 126 mg/dL
<p><b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> 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.</p>			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	126.5	mg/dl	70.0 - 140.0
<p><b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> 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.</p>			
SERUM CREATININE Method:- Colorimetric Method	1.00	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.00	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

SURENDRAKHANGA

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Website : [www.drgoyalspathlab.com](http://www.drgoyalspathlab.com) | E-mail : [drgoyalpiyush@gmail.com](mailto:drgoyalpiyush@gmail.com)

Date :- 18/05/2023 08:48:19  
**NAME :- Mr. VISHAL SINGH GAUR**  
Sex / Age :- Male 39 Yrs 4 Mon 3 Days  
Company :- MediWheel

Patient ID :- 1223759  
Ref. By Dr:- BOB  
Lab/Hosp :-



## HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AHSAN, AJAYKUMAR, ANITASHARMA, BILAL, MUKESH SINGH, SURENDRAKHANGA, VIJENDRAMEENA





Date :- 18/05/2023 08:48:19  
**NAME :- Mr. VISHAL SINGH GAUR**  
Sex / Age :- Male 39 Yrs 4 Mon 3 Days  
Company :- MediWheel

Patient ID :-1223759  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA, URINE

Sample Collected Time 18/05/2023 09:20:58

Final Authentication : 18/05/2023 13:00:10

## HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil

MUKESH SINGH, VIJENDRAMEENA  
Technologist

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Date :- 18/05/2023 08:48:19  
**NAME :- Mr. VISHAL SINGH GAUR**  
Sex / Age :- Male , 39 Yrs 4 Mon 3 Days  
Company :- MediWheel

Patient ID :-1223759  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 18/05/2023 09:20:58

Final Authentication : 18/05/2023 10:27:22

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.0	mg/dl	0.0 - 23.0

\*\*\* End of Report \*\*\*

SURENDRAKHANGA

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