

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MR. KRISHNA CHAND

Age / Gender : 54 years / Male

Endo ID : 109701

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Feb 25, 2023, 12:48 p.m.

Reported Date & Time : Feb 25, 2023, 01:28 p.m.

Sample ID :



230560069



Test Description	Value(s)	Unit(s)	Reference Range
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OCHEMISTRY

Blood Glucose-Post Prandial

271.39

mg/dL

70 - 140

Method : Hexokinase

END OF REPORT

Dr. Nishi Prasad

MD (Patho.)



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Collected Date & Time : Feb 25, 2023, 10:57 a.m.

Reported Date & Time : Feb 25, 2023, 12:17 p.m.

Sample ID :



230560024



Test Description	Value(s)	Unit(s)	Reference Range
OCHEMISTRY			
PROFILE			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - OD	273.7	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	242.3	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	52.5	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
LDL Cholesterol Method : Calculated	48.46	mg/dL	6 - 38
VLDL Cholesterol Method : Calculated	172.74	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
TCHOL/HDL Ratio Method : Calculated	5.21		2.6-4.9
LDL/HDL Ratio Method : Calculated	3.29		0.5-3.4

END OF REPORT

Dr. Nishi Prasad
M.D (Patho.)



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Collected Date & Time : Feb 25, 2023, 10:57 a.m.

Reported Date & Time : Feb 25, 2023, 11:49 a.m.

Sample ID :



230560024

Test Description

Value(s) **Unit(s)** **Reference Range**

IMMUNOLOGY

TSH - Thyroid Thyronine

Method : CHEMILUMINOSCE

T4 - Thyroxine

Method : CHEMILUMINOSCE

TSH - ULTRA SENSITIVE

Method : CHEMILUMINOSCE

1.21 ng/dL 0.60-1.81

9.5 ug/dL 4.5 - 10.9

5.64 uIU/mL 0.35 - 5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapamine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

****END OF REPORT****

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Patient Name : MR. KRISHNA CHAND

Age / Gender : 54 years / Male

Endo ID : 109701

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Feb 25, 2023, 10:57 a.m.

Reported Date & Time : Feb 25, 2023, 11:52 a.m.

Sample ID :



Test Description

Value(s) Unit(s) Reference Range

HAEMATATOLOGY

HbA_{1c} (GLYCOSYLATED HEMOGLOBIN) BLOOD

8.5

%

> 8% Action Suggested
7 - 8 % Good Control
< 7% Goal
6 - 7 % Near Normal Glycemia
< 6% Normal level

Method : Nephelometry Methodology

Instrument: Mispa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS,HbC,HbE, HbD,elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia,Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state,Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE

197.25

90 - 120 Very Good Control
121 - 150 Adequate Control
51 - 180 Sub-optimal Control
181 - 210 Poor Control
> 211 Very Poor Control

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Collected Date & Time : Feb 25, 2023, 10:57 a.m.

Reported Date & Time : Feb 25, 2023, 12:43 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

RENAL FUNCTION TEST

Urea Method : Uricase	23.7	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.78	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	4.30	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.23	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	141	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.0	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	104	mmol/L	98 - 106

****END OF REPORT****

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230560024

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	16.1	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.24	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	45.3	%	42 - 52
Mean Cell Volume (MCV)	86.5	FL	78 - 100
Mean Cell Haemoglobin (MCH)	30.7	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	35.5	g/dl	32 - 36
Red Cell Distribution Width (RDW)	12.8	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7800	Cell/cu.mm	4000 - 10000
Neutrophils	55	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Platelet Volume (MPV)	11.0	fL	7.2 - 11.7
PCT	0.24	%	0.2 - 0.5
Platelet Count	217	10 ³ /ul	150 - 450

END OF REPORT

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Sample ID :



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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

SERUM	104	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	326	ug/dL	228 - 428
FERRITIN	101.2	ng/mL	Male:22-322 Female:10-291
TRANSFERRIN SATURATION %	31.90	%	16 - 50

Method : Serum CLIA

Method : Calculated

INTERPRETATION

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such

disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease



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Test Description	Value(s)	Unit(s)	Reference Range
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Decreased Levels
Iron deficiency anemia

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BIOCHEMISTRY

C-Reactive Protein; CRP, SERUM

1.05

mg/L

0.0-6.0

Interpretation :

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

****END OF REPORT****

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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.64	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.18	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.46	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	31.9	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	45.2	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	49.6	U/L	
Method : IFCC with Serum			
			MALE & FEMALE
			4-15 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.32	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.38	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.94	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.49		1.5 - 2.5
Method : Calculated			

N.P.

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M.D (Patho)



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Collected Date & Time : Feb 25, 2023, 10:57 a.m.

Reported Date & Time : Feb 25, 2023, 12:44 p.m.

Sample ID :



230560024



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Gamma GT

36

U/L

8-61

Method : G-Glutamyl-Carboxy-Nitroanilide

Interpretation

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

****END OF REPORT****

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SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 242894

Patient Name : MR. KRISHNA CHAND

Age / Gender : 54 years / Male

Endo ID : 109701

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Feb 25, 2023, 10:57 a.m.

Reported Date & Time : Feb 25, 2023, 12:44 p.m.

Sample ID :



230560024

Test Description

Value(s)

Unit(s)

Reference Range

HAEMATOLOGY

10

mm

0 - 20

END OF REPORT

RR



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4-D ULTRASOUND * COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

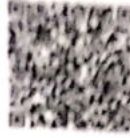
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HAEMATOLOGY

BLOOD GROUP ABO AND RH TYPE

Method : Gel Technique & Tube Agglutination

'A' POSITIVE

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

****END OF REPORT****

Dr. Nishi Prasad
M.D. (Patho.)

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CLINICAL PATHOLOGY

Physical Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.030		1.005 - 1.030

Chemical Examination

Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL

Microscopic Examination

Pus cells (WBCs)	3-4	/hpf	0-9
Epithelial cells	2-3	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

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BIOCHEMISTRY

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	144.15	mg/dL	70.0-110.0
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NAME – Mr . Krishna Chand

AGE- 54 yrs

DATE – 25-02-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

Both cp angles are clear.
Cardiac size is within normal limits.
Both lungs fields are clear.

NAD IN HEART AND LUNGS.

Jr. DEVENDRA GOYAL (M.D)
RMC No.: 004250/15000
Consultant Radiologist
& Sonologist

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC

THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE



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USG ABDOMEN-PELVIS

NAME – Krishna Chand

AGE -54 yrs

Date – 25-02-2023

REF BY --

LIVER : is Enlarged and bright 16.5 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

GALL BLADDER : distended and shows smooth walls. Wall thickness appears normal. No evidence of sludge/ calculus . No evidence of pericholecystic collection.

SPLEEN: normal in size and shows normal echopattern.

PANCREAS: Normal in size , shape and position.
Parenchyma is homogenous.

KIDNEYS : Both the kidneys are normal in size , shape and location. Both show normal cortico-medullary differentiation.
No evidence of hydronephrosis or calculus.

Right kidney – measures :-- 10.0 x 4.6 cm

Left kidney – measures :-- 11.3 x 5.2 cm

URINARY BLADDER : is distended with smooth walls.
No evidence of diverticulum or calculus.

PROSTATE: is Enlarged in size 20.7 cc and shows normal homogeneous echotexture
No evidence of ascites / pleural effusion.

IMPRESSION:--

- Enlarged Fatty Liver
- Prostatic Enlargement

Dr. DEVIKA SINGH (M.D.)
RMC No. 250/15000
Consultant Radiologist

(Adv- clinical correlation , further evaluation)

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

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NAME : MR . KRISHNA CHAND
AGE : 54 YRS
SEX : MALE
DATE : 25-02-2023
REF BY : MEDIWHEEL

INTERPRETATION SUMMARY

- . CONCENTRIC LVH
- . DIASTOLIC DYSFUNCTION GRADE 1
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . TRACE TR
- . RVSP 20 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	40.9	LVEDV	
LVID s	26.4	LVESV	
RVID(d)	---	SV	-
IVS d	12.4	F.S	35%
IVS S	16.7	EF	65%
LVPW d	10.9	C.O	-
LVPWS	14.9	MITRAL VALVE	-
AORTIC ROOT	31.0	EF SLOPE	-
LEFT ATRIUM	34.0	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 86 A- 109	-	NIL
TRICUSPID VALVE	NORMAL	163	-	TRACE
PUL VALVE	NORMAL	108	-	NIL
AORTIC VALVE	NORMAL	116	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 20 MM HG	MVA

Dr. Roopa Goyal
MC No.: 004250/1
Consultant Radiologist
Ajmer, India

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

5 Seconds ECG Report

Patient Name: Mr. KRISHNA CHAND 54/M

February 26, 2023

Time: 09:25:57

P-QRS-T Axis (55)-(44)-(45) deg

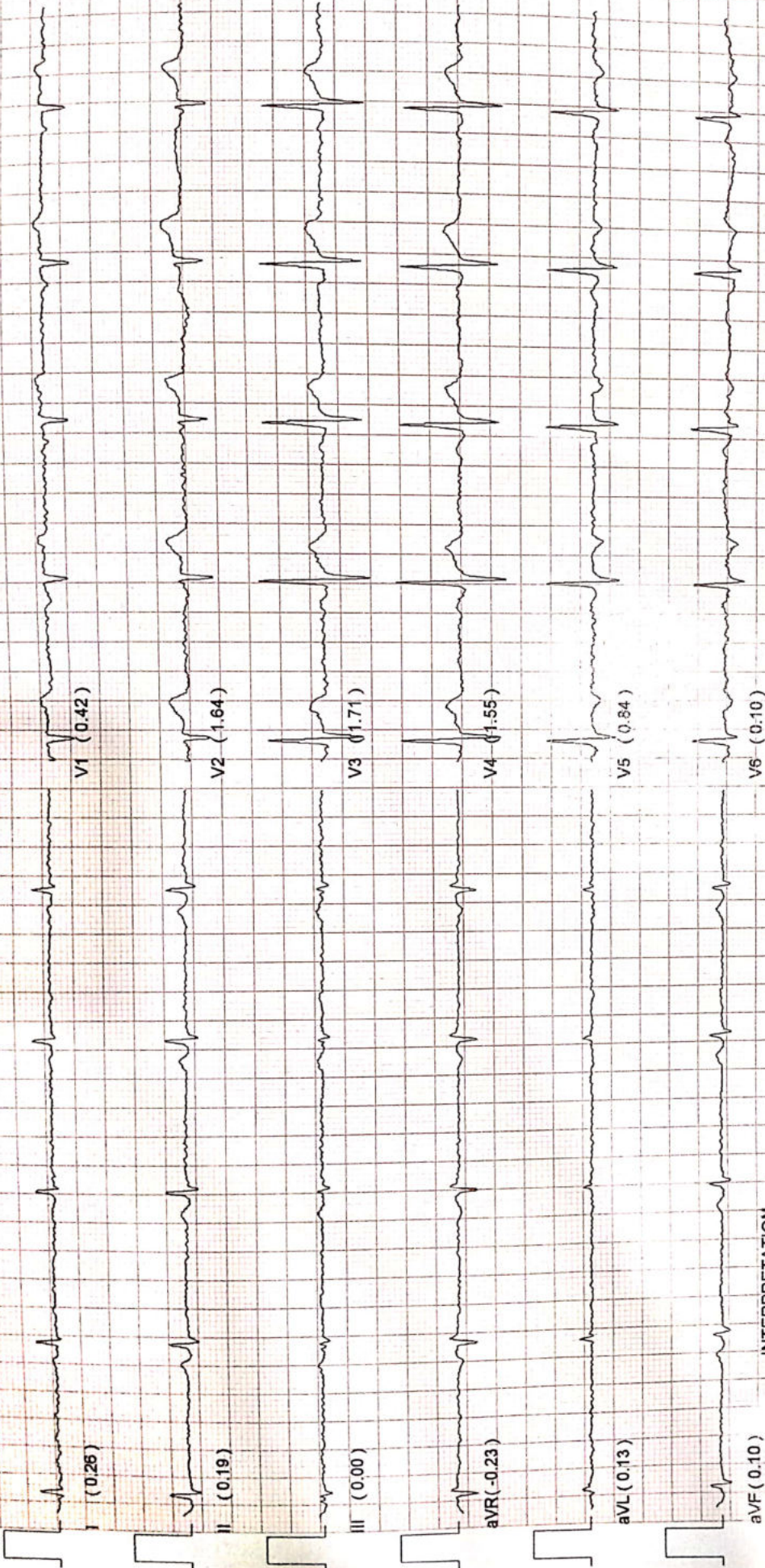
PR Interval: 0.15 sec

QRS Duration: 0.100 Sec

RR Interval: 1.00 sec

HR : 59 bpm

BP : 0 / 0 mmHg



INTERPRETATION

Sinus Bradycardia, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal.

Otherwise Normal ECG

DR
MD

*Unconfirmed Reporting, Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4 6/1.13

