



General Physical Examination

Date of Examination: 08-10-2022

Name: ROSHAN JAIN Age: 34 DOB: 29/04/1988 Sex: M.

Referred By: BOB. (Mediowheel)

Photo ID: AADHAR ID #: attached.

Ht: 172 (cm)

Wt: 83 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 93 (cm)

Blood Pressure: 130/86 mm Hg

PR: 80 / min

RR: 18 / min

Temp: afebrile

BMI 28.1

Eye Examination: Dis vision 6/6 (with specs all eyes), near vision
N/6, Normal color vision

Other: Not significant

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

Signature Of Examinee : _____

Name of Examinee : _____

Dr. Piyush Goyal

M.B.B.S., D.M.R.D.

RMC Reg. No.-017996

Signature Medical Examiner : _____

Name Medical Examiner : _____

भारत सरकार
GOVERNMENT OF INDIA

रोशन जैन
Roshan Jain
जन्म वर्ष / Year of Birth : 1988
पुरुष / Male

6361 5319 6631

आधार - आम आदमी का अधिकार

Dr. Mohanraj

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O शान्ति लाल जैन, ३२/२१,
स्वर्ण पथ, मानसरोवर, जयपुर, राजस्थान,
302020

Address: S/O Shanti Lal Jain,
32/21, SWARN PATH.,
MANSAROVAR, Jaipur,
Mansarovar, Rajasthan, 302020

Dr. Piyush Goyal

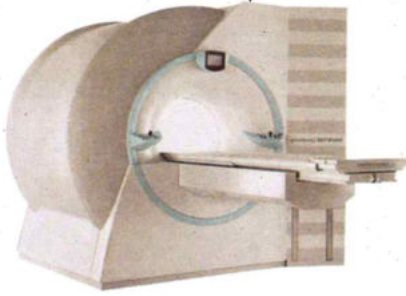
1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

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

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



Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 08/10/2022 08:38:10	Patient ID :- 12222710
NAME :- Mr. ROSHAN JAIN	Ref. By Doctor:-BOB
Sex / Age :- Male 34 Yrs 5 Mon 11 Days	Lab/Hosp :-
Company :- MediWheel	

BOB PACKAGE BELOW 40MALE

Final Authentication : 08/10/2022 11:02:52

USG WHOLE ABDOMEN

Liver is enlarged in size (15.3cm). 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. **Multiple (4-5) echogenic foci with distal acoustic shadowing, largest measuring approx 9.6 mm** are seen in GB lumen. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary bladder is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Prostate is normal in size with normal echo-texture and outline.
 No enlarged nodes are visualised. No retro-peritoneal lesion is identified
 No significant free fluid is seen in peritoneal cavity.

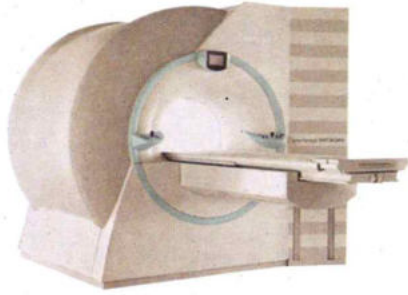
IMPRESSION:

*Mild hepatomegaly with Grade I fatty changes.

*Cholelithiasis.

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



Date :- 08/10/2022 08:38:10

NAME :- Mr. ROSHAN JAIN

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Company :- MediWheel

Patient ID :- 12222710

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 08/10/2022 10:23:42

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

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

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. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
RMC No. 17163

Transcript by.

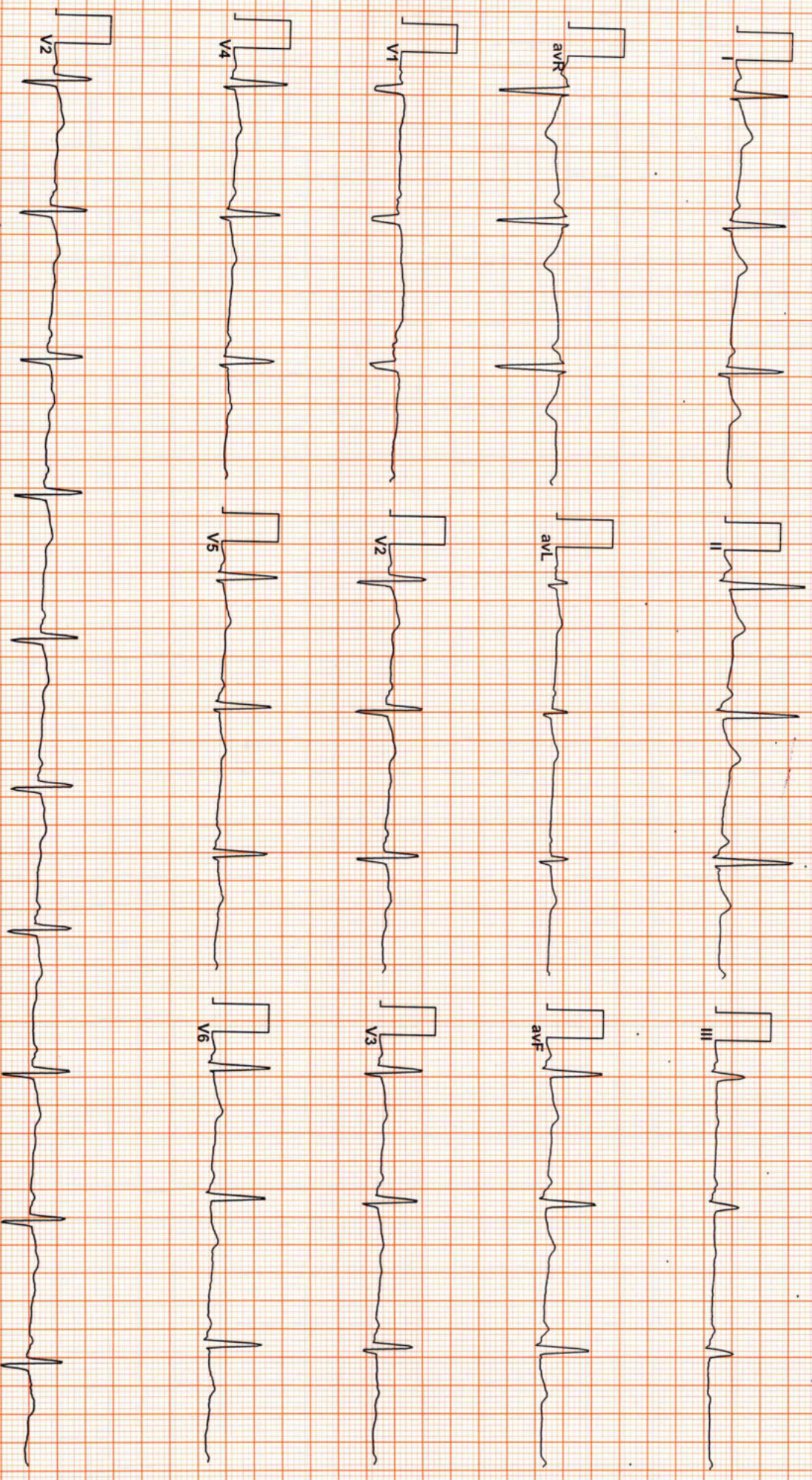
DR. GOYALS PATH LAB & IMAGING CENTER

ECG

102220583 / MR ROSHAN JAIN / 34 Yrs / M/ Non Smoker
Heart Rate : 59 bpm / / Refd By: MEDICAL

WHEEL

/ Tested On : 08-Oct-22 09:44:16 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Dr. Naresh Kumar Mohanka

RMC No. 35703

MBBS, DIP. CARDIO (ESCORTS)
PIS 12/16049 (UK)

Allengers ECG (Piscas)

WHEEL

Roshan Jain

WHEEL



2117 / MR ROSHAN JAIN / 34 Yrs / M / 0 Cms / 0 Kg Date: 08-Oct-2022 Refd By : MEDI ASSIST

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Supine	00:13	0:01	01.1	00.0	01.0	62	120/80	074	00	
Standing	00:26	0:01	01.1	00.0	01.0	66	120/80	079	00	
HV	00:40	0:01	01.1	00.0	01.0	072	120/80	086	00	
Warm Up	01:05	0:01	01.0	00.0	01.0	070	120/80	084	00	
ExStart	02:47	0:07	01.7	10.0	01.1	090	120/80	108	00	
BRUCE Stage 1	05:47	3:00	01.7	10.0	04.7	092	125/80	115	00	
BRUCE Stage 2	08:47	3:00	02.5	12.0	07.1	098	130/85	127	00	
BRUCE Stage 3	11:47	3:00	03.4	14.0	10.2	116	135/85	156	00	
BRUCE Stage 4	14:47	3:00	04.2	16.0	13.5	144	140/90	201	00	
PeakEx	15:53	1:06	05.0	18.0	14.0	167	140/90	233	00	
Recovery	16:52	1:00	00.0	00.0	07.6	112	145/90	162	00	
Recovery	17:52	2:00	00.0	00.0	01.6	096	140/90	134	00	
Recovery	19:52	4:00	00.0	00.0	01.0	096	135/85	129	00	
Recovery	20:31	4:38	00.0	00.0	01.0	092	135/85	124	00	

Findings :

Exercise Time : 13:07
 Max HR Attained : 167 bpm 90% of Target 186
 Max BP Attained : 145/90
 Max WorkLoad Attained : 14 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

THE TEST IS DEEPTIVE FOR RHT

Dr. Naresh Kumar Mohanka
 RMC No. 35703
 MBBS, D.P. CARDIO (ESCORTS)
 D.E.M (RCGP-UK)



4X 80 ms Post J

Date: 08-Oct-2022 09:45:42 AM

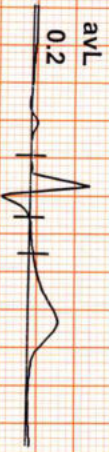
METS: 1.0/ 62 bpm 33% of THR

BP: 120/80 mmHg

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

ExTime: 00:13 1.1 mph 0.0%

25 mm/Sec. 1.0 Cm/mV



I
STL 0.5
STS 0.4

II
0.8
0.4

III
0.2
0.0

avR
-0.6
-0.4

avL
0.2
0.2

avF
0.5
0.2

V1
0.2
0.0

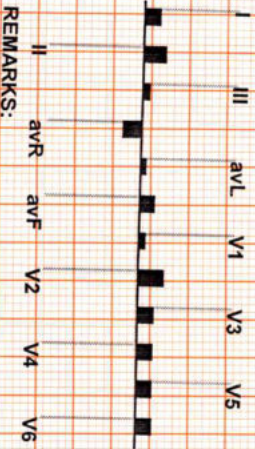
V2
0.9
0.7

V3
0.5
0.4

V4
0.5
0.3

V5
0.5
0.3

V6
0.5
0.2



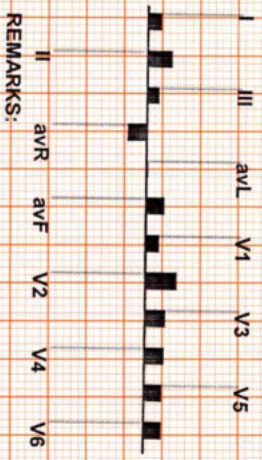
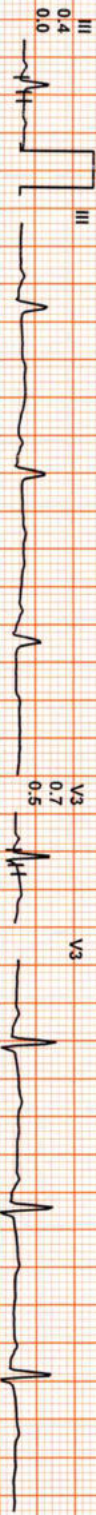
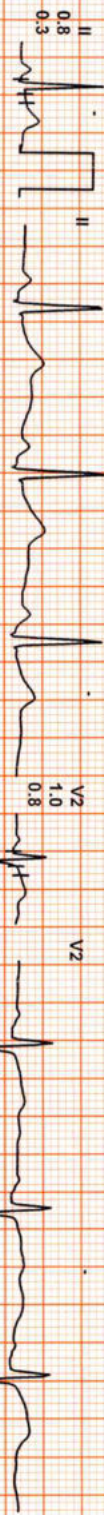
REMARKS:



Date: 08-Oct-2022 09:45:42 AM METS: 1.0/ 66 bpm 35% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:26 1.1 mph 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



Date: 08-Oct-2022 09:45:42 AM

METS: 1.0/ 72 bpm 38% of THR

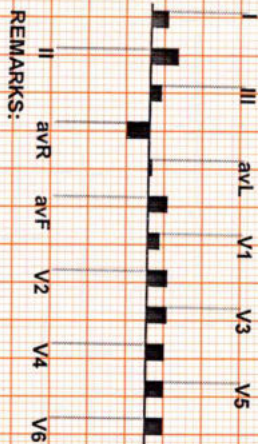
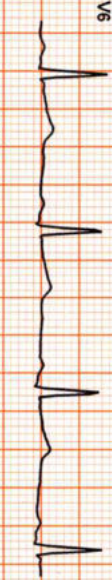
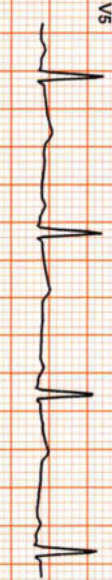
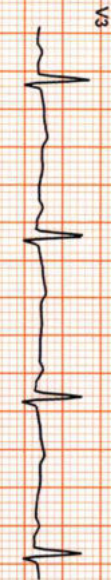
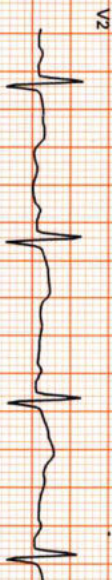
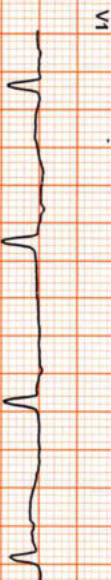
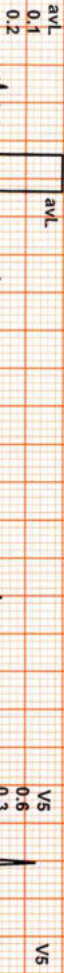
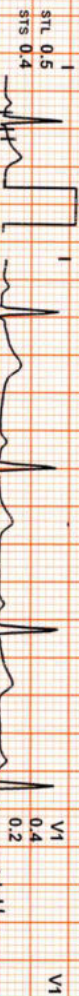
BP: 120/80 mmHg

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

ExTime: 00:40 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J

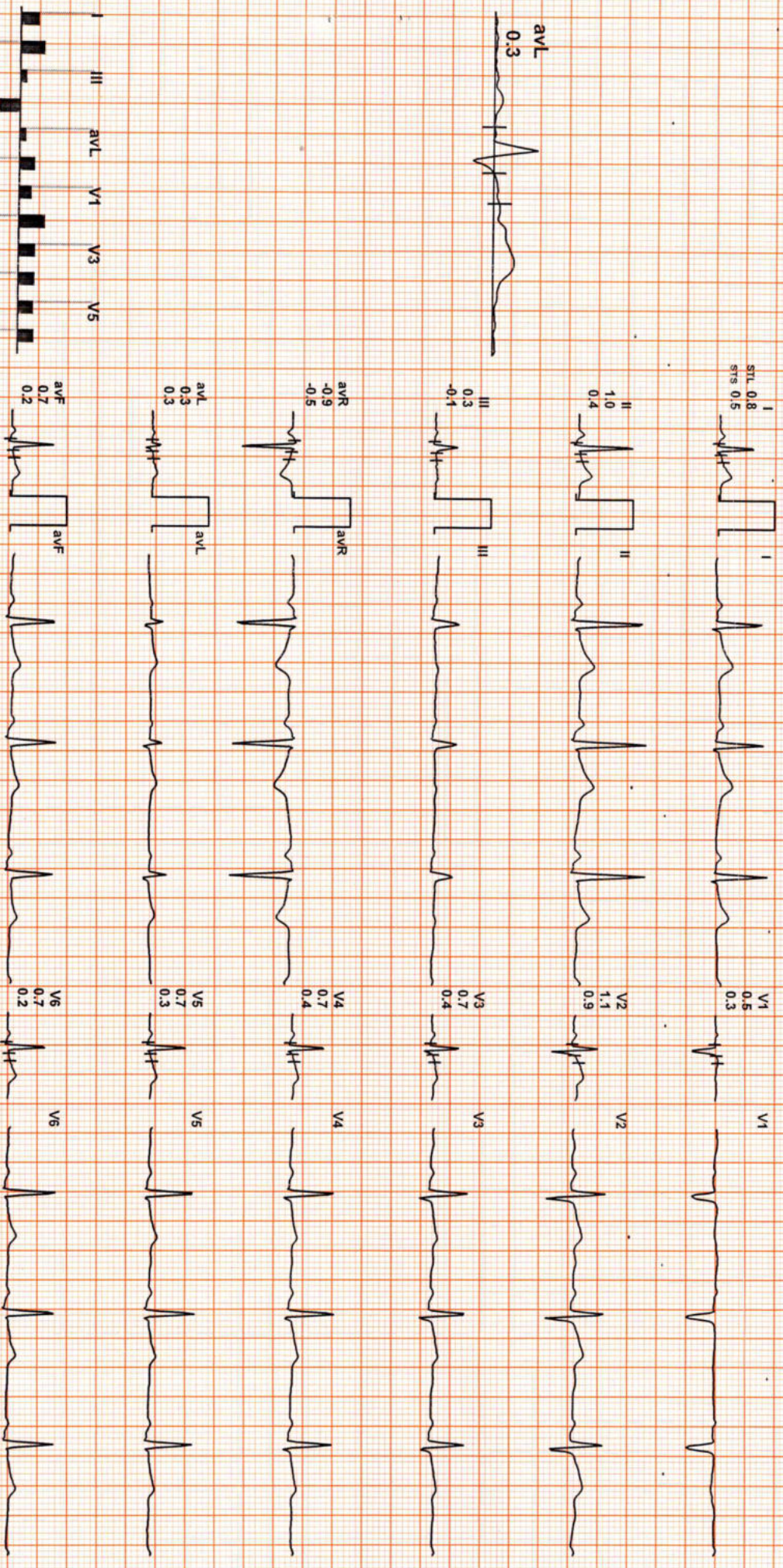


REMARKS:



Date: 08-Oct-2022 09:45:42 AM METS: 1.0/ 70 bpm 37% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

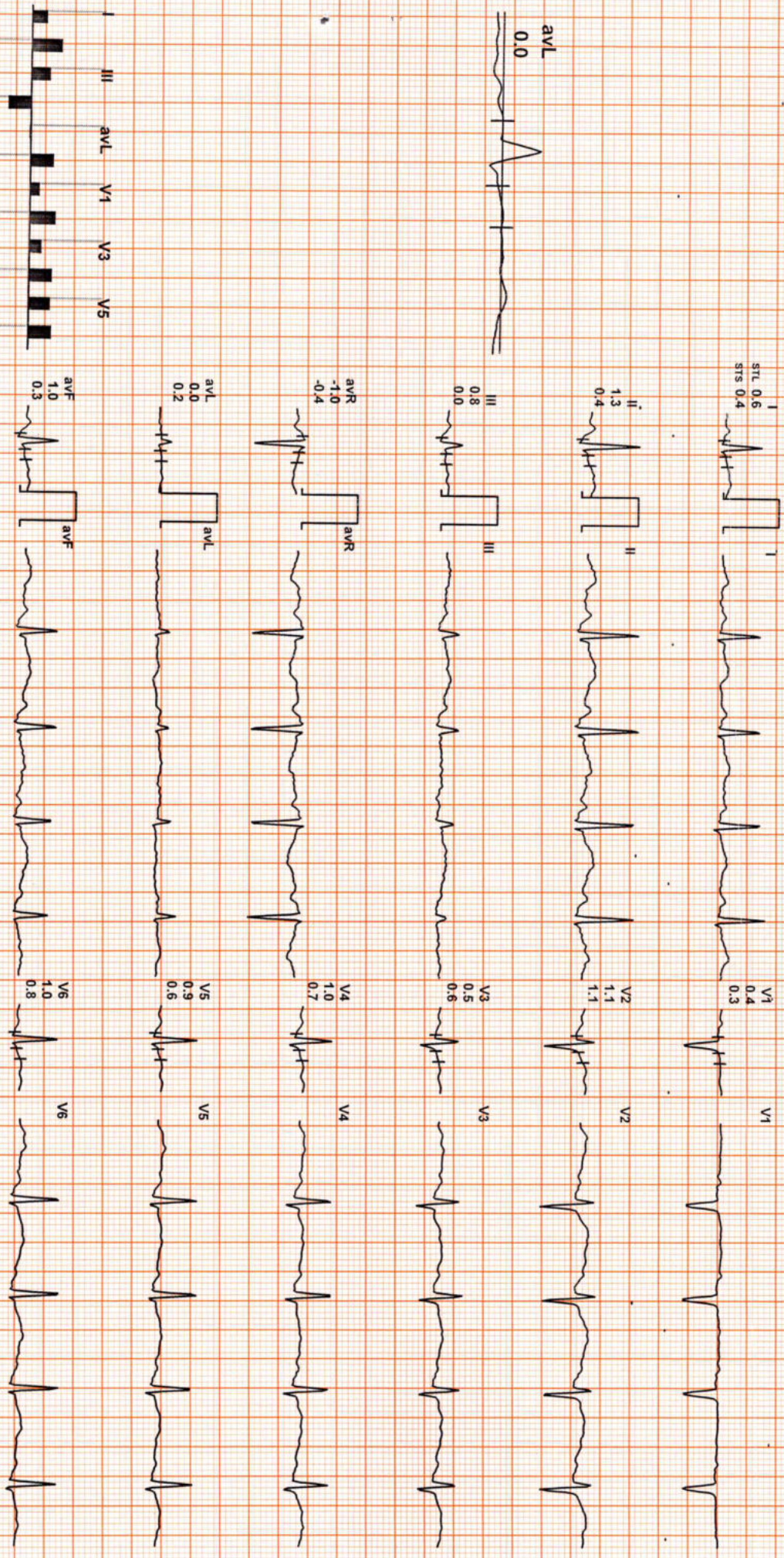
EXTime: 01:05 1.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

Date: 08-Oct-2022 09:45:42 AM METS: 1.1/ 90 bpm 48% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:07 1.7 mph 10.0%
25 mm/Sec. 1.0 Cm/mV



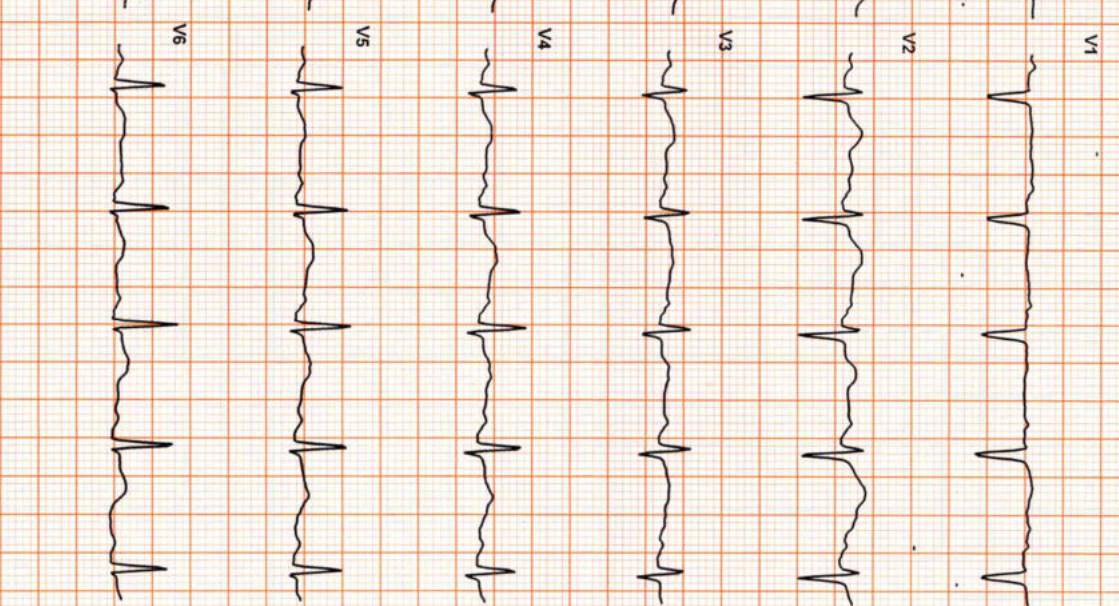
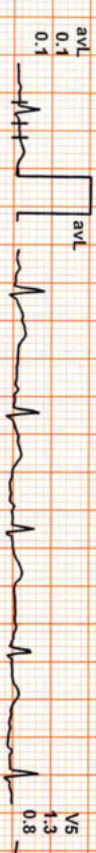
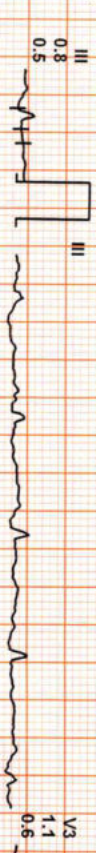
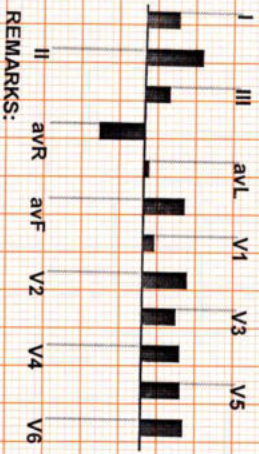
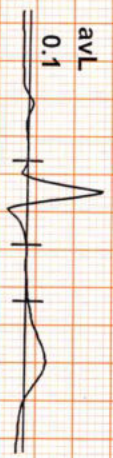
REMARKS:



Date: 08-Oct-2022 09:45:42 AM METS: 4.71 92 bpm 49% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

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

4X 80 mS Post J



REMARKS:



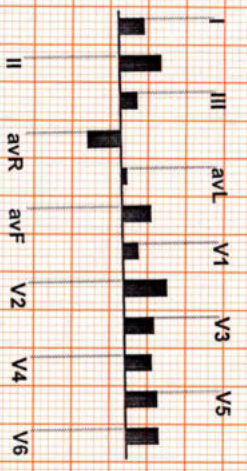
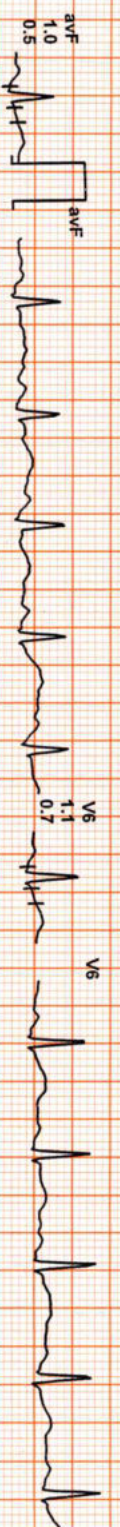
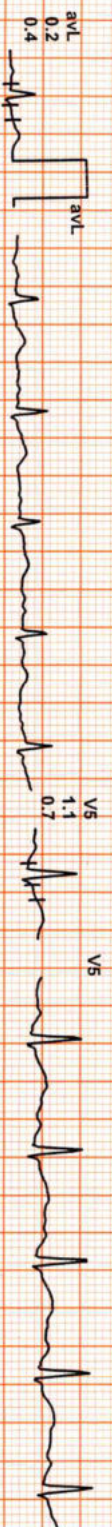
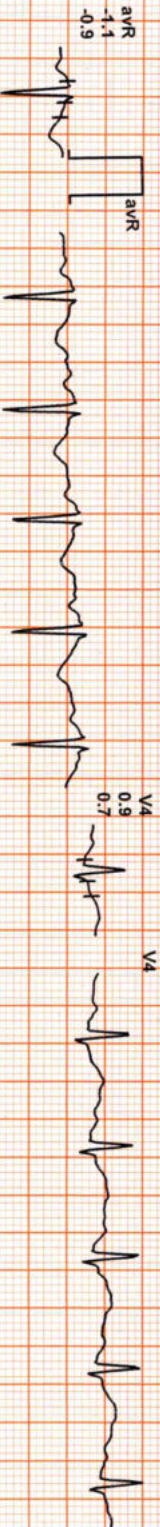
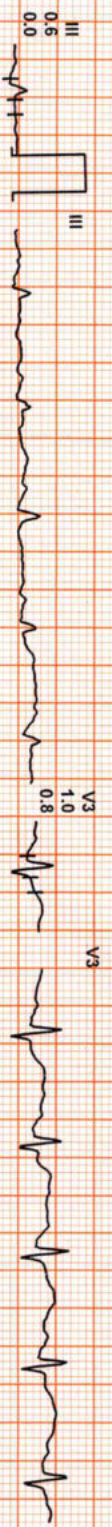
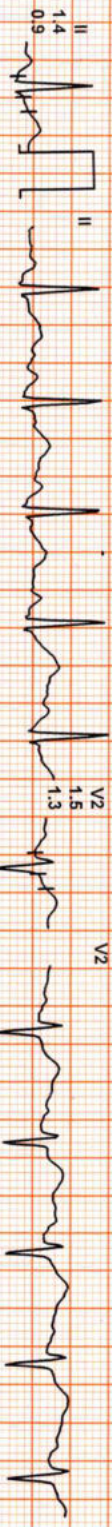
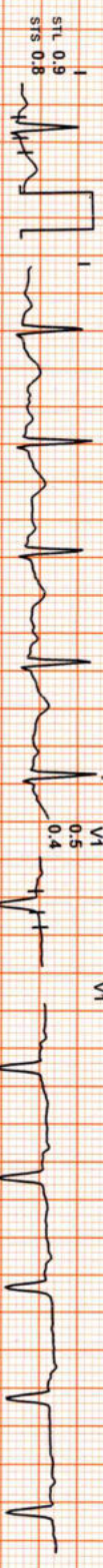
2117 / MR ROSHAN JAIN / 34 YRS / M

Date: 08-Oct-2022 09:45:42 AM METS: 7.1/98 bpm 52% of THR BP: 130/85 mmHg Raw ECG/BLC On/Notch On/HE 0.05 HZ LF 100 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 80 ms Post J

25 mm/Sec. 1.0 cm/mV



REMARKS:

(GEM210151123) Gemini A-DX by Allengers



Date: 08-Oct-2022 09:45:42 AM

METS: 10.2/ 116 bpm 62% of THR

BP: 135/85 mmHg

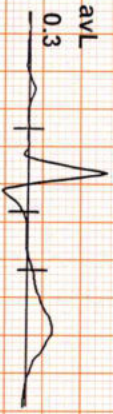
Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 09:00 3.4 mph 14.0%

4X

80 mS Post J

25 mm/Sec. 1.0 Cm/mV



STL 0.9
STS 1.1

II 1.5
I 1.4

III 0.4
aVF 0.3

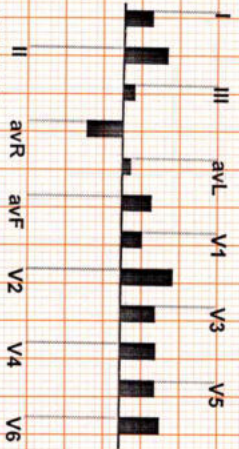
avR -1.2
-1.2

avL 0.3
0.4

V1 0.7
V2 0.4

V3 1.2
V4 1.1

V5 1.2
V6 1.4



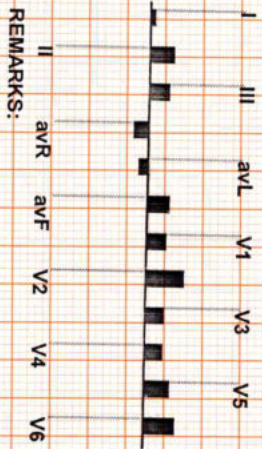
REMARKS:



Date: 08-Oct-2022 09:45:42 AM METS: 13.5/ 144 bpm 77% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 60ms Post J

ExTime: 12:00 4.2 mph 16.0%
25 mm/Sec. 1.0 Cm/mV



STL 0.1
STS 0.8
V1 0.7
V2 0.9

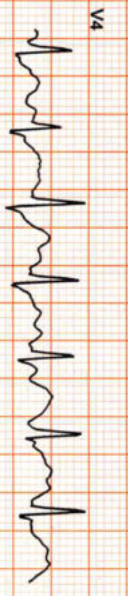
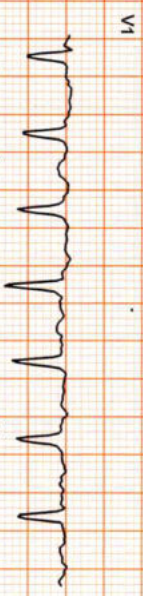
II 0.8
III 1.3
V2 1.3
V3 3.0

III 0.7
aVR -0.5
aVL -0.3
V3 0.6
V4 1.8

aVR -0.5
aVL -0.3
V4 0.6
V5 1.4

aVL -0.3
aVF 0.7
V5 0.8
V6 1.4

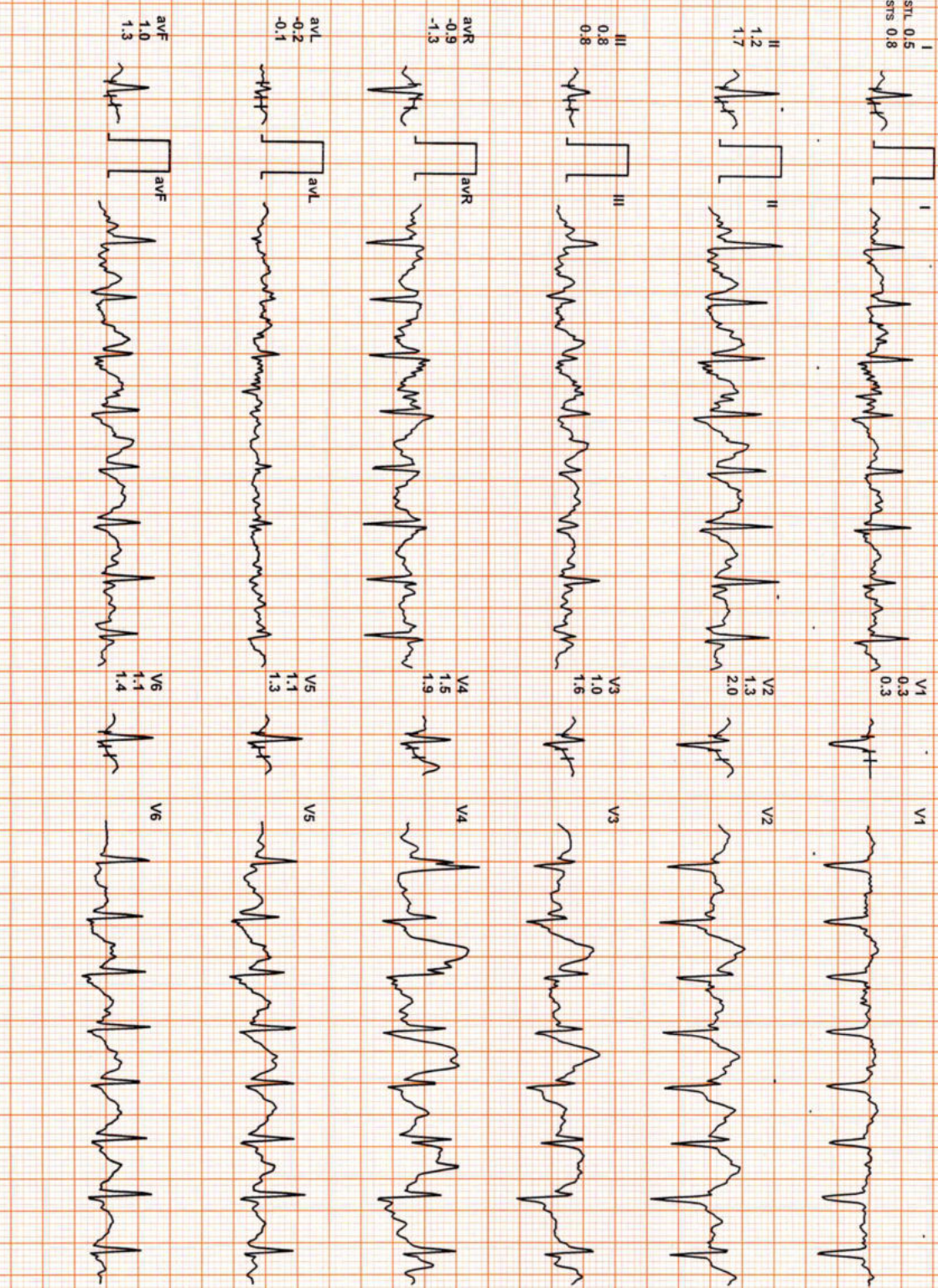
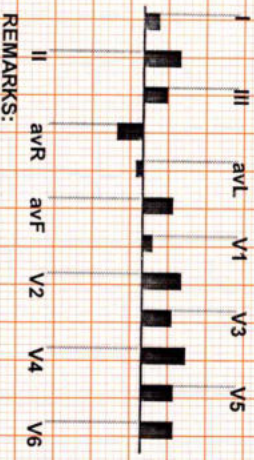
aVF 0.7
V6 1.0
V6 2.1



REMARKS:

Date: 08-Oct-2022 09:45:42 AM METS: 14.0/ 167 bpm 89% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 13:06 5.0 mph 18.0%
25 mm/Sec. 1.0 Cm/mV

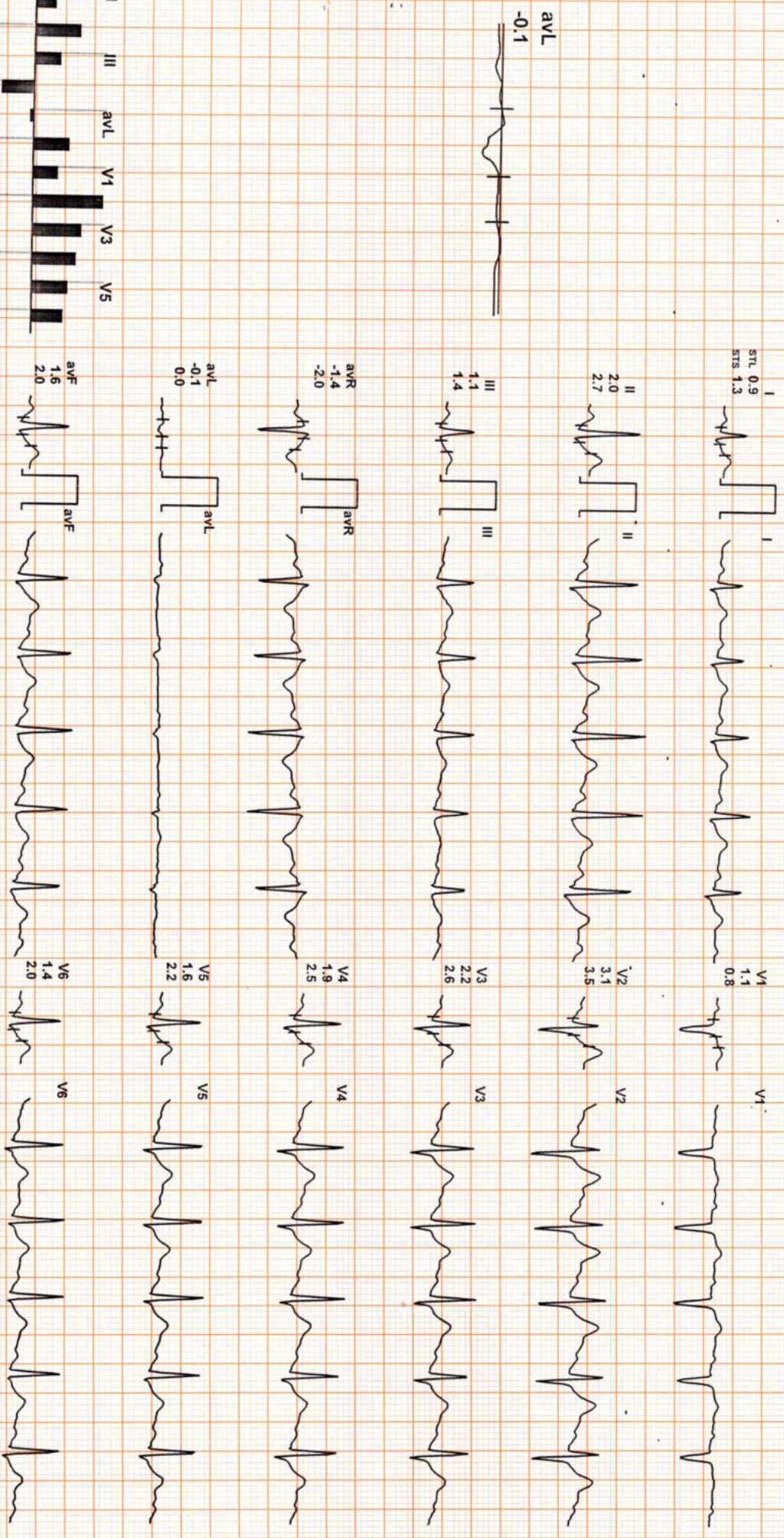


REMARKS:



Date: 08-Oct-2022 09:45:42 AM METS: 7.6/ 112 bpm 60% of THR BP: 145/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz
 4X 80 ms Post J

ExTime: 13:07 0.0 mph, 0.0%
 25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 08-Oct-2022 09:45:42 AM

METS: 1.6f 96 bpm 51% of THR

BP: 140/90 mmHg

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

ExTime: 13:07 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

avL -0.2



I
STL 0.3
STs 0.6



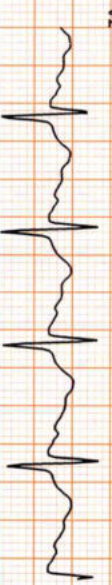
V1



II
0.9
1.1



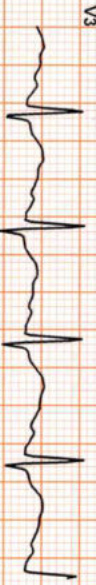
V2



III
0.6
0.5



V3



avR
-0.6
-0.9



V4



avL
-0.2
0.1



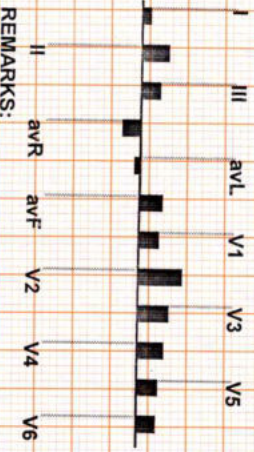
V5



avF
0.8
0.8



V6



REMARKS:

2117 / MR ROSHAN JAIN / 34 YRS / M

Date: 08-Oct-2022 09:45:42 AM METS: 1.0/ 96 bpm 51% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

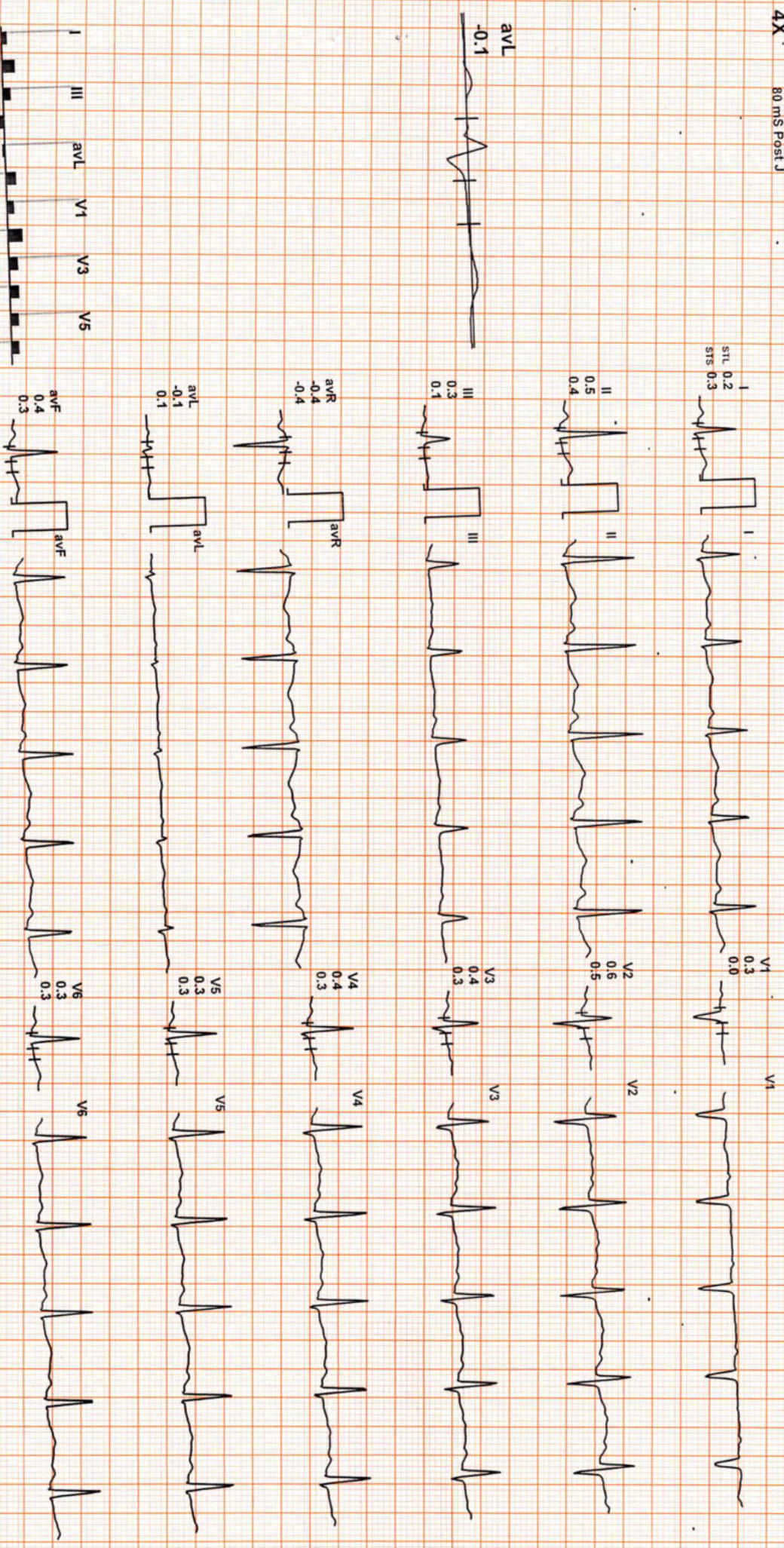
4X 80 mS Post J

Recovery(4:00)



ExTime: 13:07 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



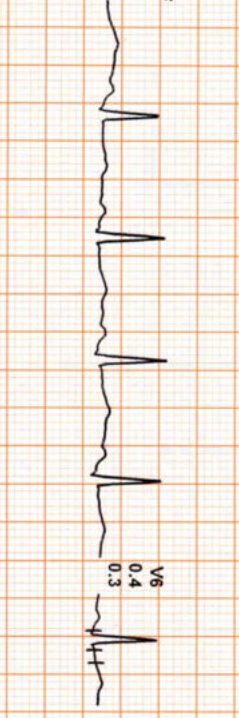
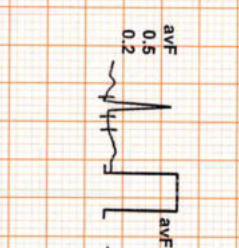
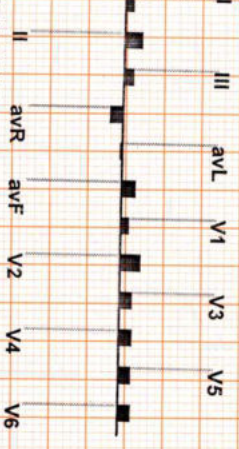
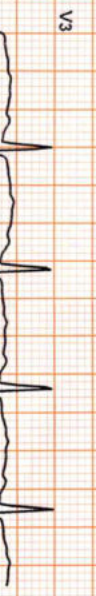
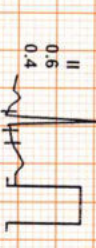
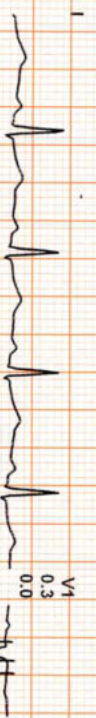
(GEN210151123)Gemini A-DX by Allengers



Date: 08-Oct-2022 09:45:42 AM METS: 1.0/ 92 bpm 49% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 13:07 0.0 mph, 0.0%

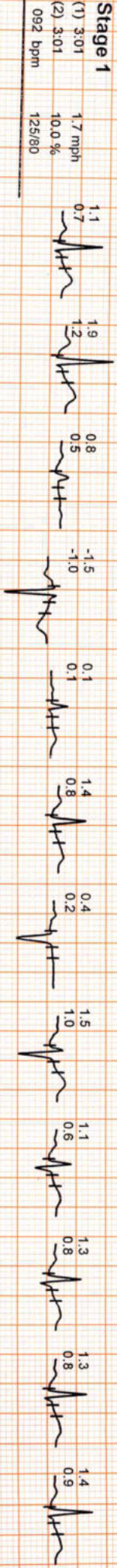
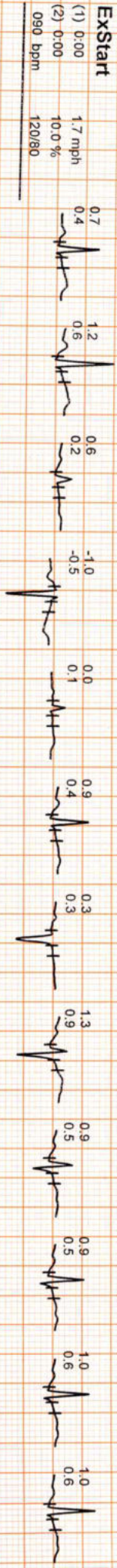
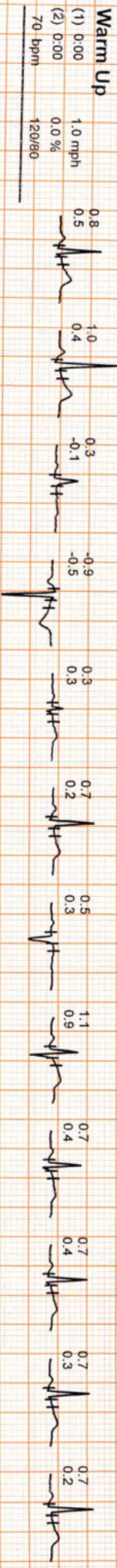
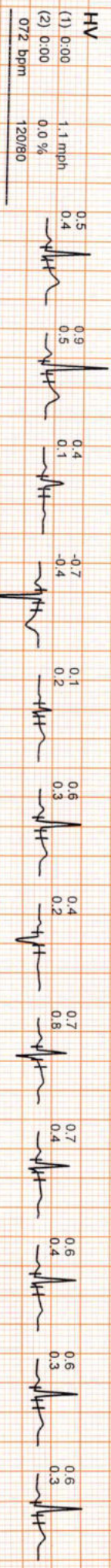
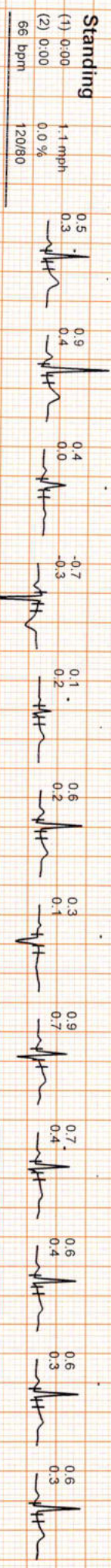
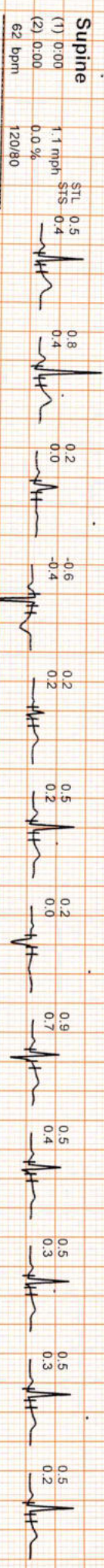
25 mm/Sec. 1.0 Cm/mV



REMARKS:

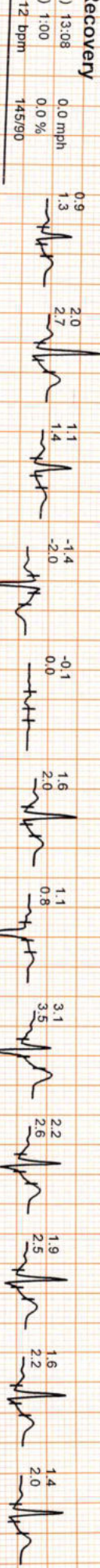
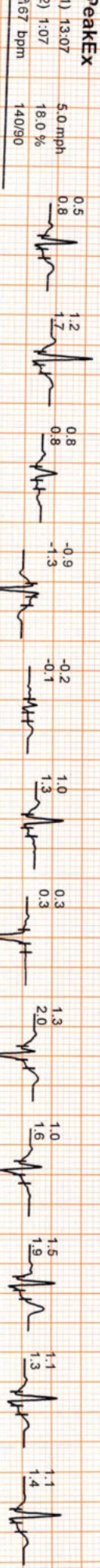
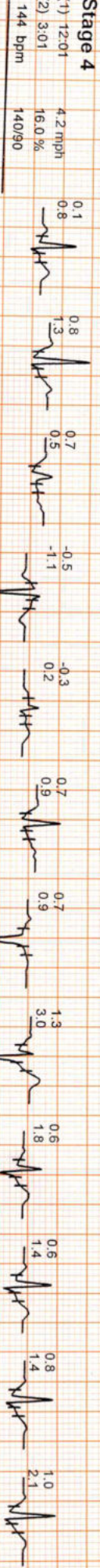
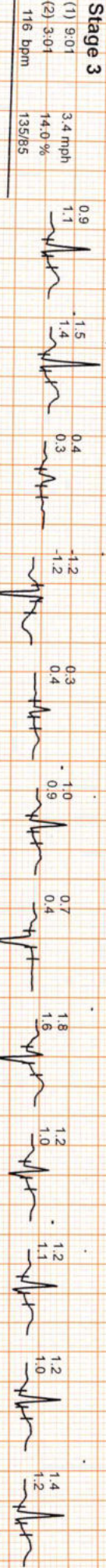
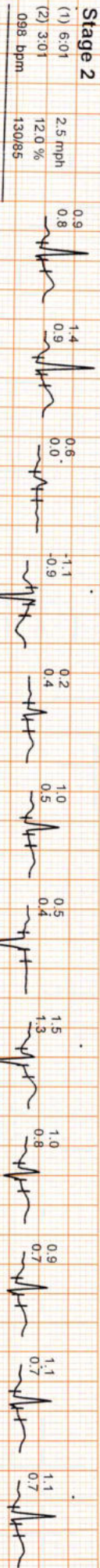


Date: 08-Oct-2022 09:45:42 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





Date: 08-Oct-2022 09:45:42 AM I II III avR avL avF V1 V2 V3 V4 V5 V6





Date: 08-Oct-2022 09:45:42 AM

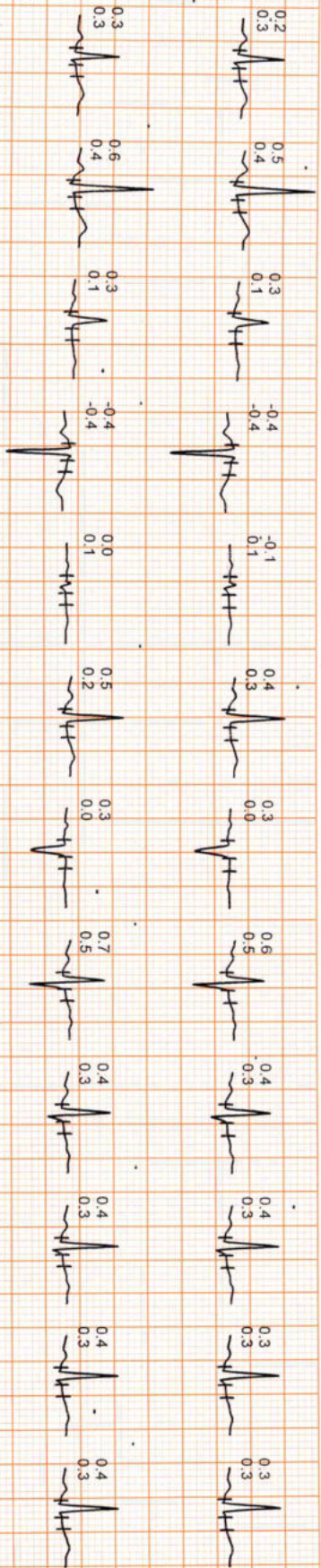
I II III AVR AVL AVF V1 V2 V3 V4 V5 V6

Recovery

(1) 13:08	0.0 mph
(2) 4:00	0.0 %
96 bpm	135/85

Recovery

(1) 13:08	0.0 mph
(2) 4:39	0.0 %
92 bpm	135/85



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



Date :- 08/10/2022 08:38:10

NAME :- Mr. ROSHAN JAIN

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Company :- MediWHEEL

Patient ID :- 12222710

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 08/10/2022 08:55:54

Final Authentication : 08/10/2022 12:11:04

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.9	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.67	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	54.4	%	40.0 - 80.0
LYMPHOCYTE	40.0	%	20.0 - 40.0
EOSINOPHIL	2.1	%	1.0 - 6.0
MONOCYTE	3.4	%	2.0 - 10.0
BASOPHIL	0.1	%	0.0 - 2.0
NEUT#	3.63	10 ³ /uL	1.50 - 7.00
LYMPH#	2.67	10 ³ /uL	1.00 - 3.70
EO#	0.14	10 ³ /uL	0.00 - 0.40
MONO#	0.22	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.71	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	40.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	86.5	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.1	g/dL	31.5 - 34.5
PLATELET COUNT	363	x10 ³ /uL	150 - 410
RDW-CV	13.7	%	11.6 - 14.0
MENTZER INDEX	18.37		

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: 1 of 12



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



Date :- 08/10/2022 08:38:10

Patient ID :-12222710

NAME :- Mr. ROSHAN JAIN

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Lab/Hosp :-

Company :- MediWHEEL



Sample Type :- EDTA

Sample Collected Time 08/10/2022 08:55:54

Final Authentication : 08/10/2022 12:11:04

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	19 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 hyperfibrinogenemia.

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 : TLC, 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

AJAYSINGH
Technologist

Page No: 2 of 12



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 Sanganeer Road, Jaipur - 302019
Tele : 0141-2293346, 4049787, 9887049787
Website : www.dr.goyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 08/10/2022 08:38:10

NAME :- Mr. ROSHAN JAIN

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Company :- MediWheel

Patient ID :-12222710

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, CUGER, ET, PP, URINE 08:55:54

Final Authentication : 08/10/2022 15:55:56

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).

FASTING BLOOD SUGAR (Plasma) 100.9 mg/dl 75.0 - 115.0
Method:- GOD PAP

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

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

BLOOD SUGAR PP (Plasma) 134.1 mg/dl 70.0 - 140.0
Method:- GOD PAP

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

URINE SUGAR (FASTING) Nil Nil
Collected Sample Received

AJAYSINGH, KAUSHAL, MKSHARMA, POOJABOHRA

Technologist

DR. HANSA

Page No: 3 of 12



Dr. Piyush Goyal

(D.M.R.D.)

Dr. Rashmi Bakshi

Dr. Chandrika Gupta

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 :- 08/10/2022 08:38:10

Patient ID :-12222710



NAME :- Mr. ROSHAN JAIN

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 08/10/2022 08:55:54

Final Authentication : 08/10/2022 11:07:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	213.64 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	139.95	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.85	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	152.46 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	27.99	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.64 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.03 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	642.36	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p>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.</p> <p>DIRECT HDLCHOLESTEROL 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.</p> <p>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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

MKSHARMA

Page No: 5 of 12



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



Date :- 08/10/2022 08:38:10

NAME :- Mr. ROSHAN JAIN

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Company :- MediWheel

Patient ID :- 12222710

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 08/10/2022 08:55:54

Final Authentication : 08/10/2022 11:07:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.81	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.25	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.56	mg/dl	0.30-0.70
SGOT Method:- IFCC	23.8	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	51.8 ^H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	97.00	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	46.80	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	4.87	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.06 ^L	gm/dl	2.20 - 3.50
A/G RATIO	2.36		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

MKSHARMA

Page No: 6 of 12



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 :- 08/10/2022 08:38:10

Patient ID :-12222710



NAME :- Mr. ROSHAN JAIN

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 08/10/2022 08:55:54

Final Authentication : 08/10/2022 11:07:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.97	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.75	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MKSHARMA

Page No: 8 of 12



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



Date :- 08/10/2022 08:38:10

Patient ID :-12222710



NAME :- Mr. ROSHAN JAIN

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 08/10/2022 08:55:54

Final Authentication : 08/10/2022 11:07:59

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	15.4	mg/dl	0.0 - 23.0

MKSHARMA

Page No: 9 of 12



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 :- 08/10/2022 08:38:10

Patient ID :-12222710

NAME :- Mr. ROSHAN JAIN

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 08/10/2022 08:55:54

Final Authentication : 08/10/2022 12:11:04

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	6.0	%	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

126

mg/dL

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

AJAYSINGH
Technologist

Page No: 10 of 12



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 :- 08/10/2022 08:38:10

Patient ID :-12222710

NAME :- Mr. ROSHAN JAIN

Ref. By Dr:- .BOB

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Lab/Hosp :-

Company :- MediWHEEL

Sample Type :- URJNE

Sample Collected Time 08/10/2022 08:55:54

Final Authentication : 08/10/2022 15:55:56



CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

POOJABOHRA
Technologist
DR.HANSA
 Page No: 11 of 12



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.dr.goyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 08/10/2022 08:38:10

Patient ID :-12222710

NAME :- Mr. ROSHAN JAIN

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 5 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 08/10/2022 08:55:54

Final Authentication : 08/10/2022 10:58:25

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.490	ng/ml	0.600 - 1.810
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	10.600	ug/dl	4.500 - 10.900
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.120	μIU/mL	0.550 - 4.780

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

*** End of Report ***

NARENDRAKUMAR
Technologist

Page No: 12 of 12



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