

भारत  
आधार

Issue Date : 16/06/2013



युवराज भारती  
Yuvraj Bharti  
जन्म तिथि / DOB : 28/11/1990  
पुरुष / Male

9270 7141 6907

मेरा आधार, मेरी पहचान

*Y. Bharti*

Dr. PIVUSH GOYAL  
MBBS, DM (Pathologist)  
RMC  
Dr. Pivush Goyal  
Path Lab & Imaging Center, Jaipur

भारत  
आधार

पता: द्वारा: कैलाश चन्द भारती, डी-103, सूर्य  
नगर, साफिया अस्पताल के पीछे, अलवर,  
राजस्थान, 301001

Print Date : 29/12/2021

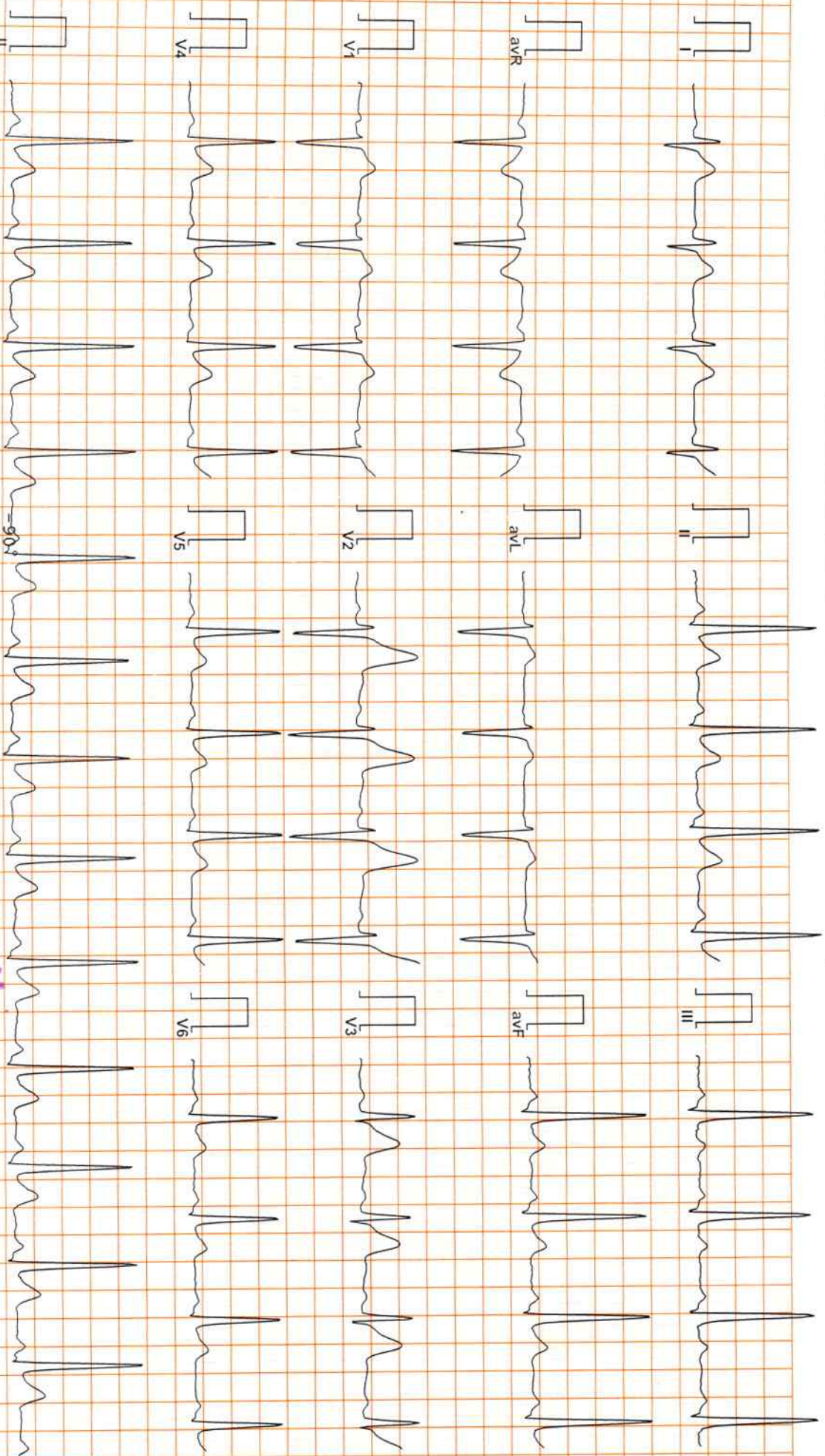
Address: C/O: Kailash Chand Bharti,  
D-103, Surya Nagar, Behind Safia  
Hospital, Alwar, Rajasthan, 301001



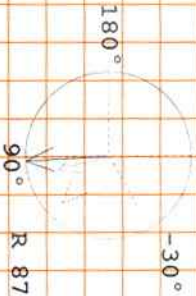
9270 7141 6907

1947 help@uidai.gov.in www.uidai.gov.in





Vent Rate : 82 bpm  
PR Interval : 150 ms  
QRS Duration: 102 ms  
QT/QTc Int : 338/377 ms  
P-QRS-T axis: 76.00 • 87.00 • 45.00 •



Axis  
R 87.00° T 45.00°  
P 76.00°

**DR. PINKI GOYAL**  
MD, FMRCP (C), DNB (C)  
MRCP (UK), MRCP (I),  
MRCP (UK), MRCP (I),  
MRCP (UK), MRCP (I)  
Dr. Goyal, Director, Jaipur  
Path Lab & Imaging Center

*WJ*

Reported By:





263 / MR. YUVRAJ BHARTI / 31 Yrs / M / 0 Cms / 0 Kg Date: 26-Feb-2022 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	MEts	Rate	%THR	BP	RPP	FVC	Comments
Supine	00:06	0:06	01.1	00.0	01.0	082	43%	140/90	114	00	
Standing	00:25	0:19	01.1	00.0	01.0	106	56%	140/90	148	00	
HV	00:33	0:08	01.1	00.0	01.0	106	56%	140/90	148	00	
ExStart	01:26	0:53	01.1	00.0	01.0	114	60%	140/90	159	00	
BRUCE Stage 1	04:26	3:00	01.7	10.0	04.7	130	69%	150/80	195	00	
BRUCE Stage 2	07:26	3:00	02.5	12.0	07.1	145	77%	160/90	232	00	
BRUCE Stage 3	10:26	3:00	03.4	14.0	10.2	172	91%	170/90	292	00	
PeakEx	10:44	0:18	04.2	16.0	10.5	176	93%	170/90	299	00	
Recovery	11:44	1:00	00.0	00.0	04.3	149	79%	170/90	253	00	
Recovery	12:44	2:00	00.0	00.0	01.0	130	69%	200/90	260	00	
Recovery	13:44	3:00	00.0	00.0	01.0	113	60%	180/90	203	00	
*Recovery	14:44	4:00	00.0	00.0	01.0	111	59%	160/90	177	00	
Recovery	15:33	4:49	00.0	00.0	01.0	108	57%	150/90	162	00	

**FINDINGS :**

Exercise Time : 09:18  
 Max HR Attained : 176 bpm 93% of Target 189  
 Max BP Attained : 200/90  
 Max Workload Attained : 10.5 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

*PPV negative for RMT*

*DR. PANKAJ*  
 MBBS, DMR  
 P.M.C. N  
 Dr. Goyals Path Lab & Imaging Centre  
 Jaipur





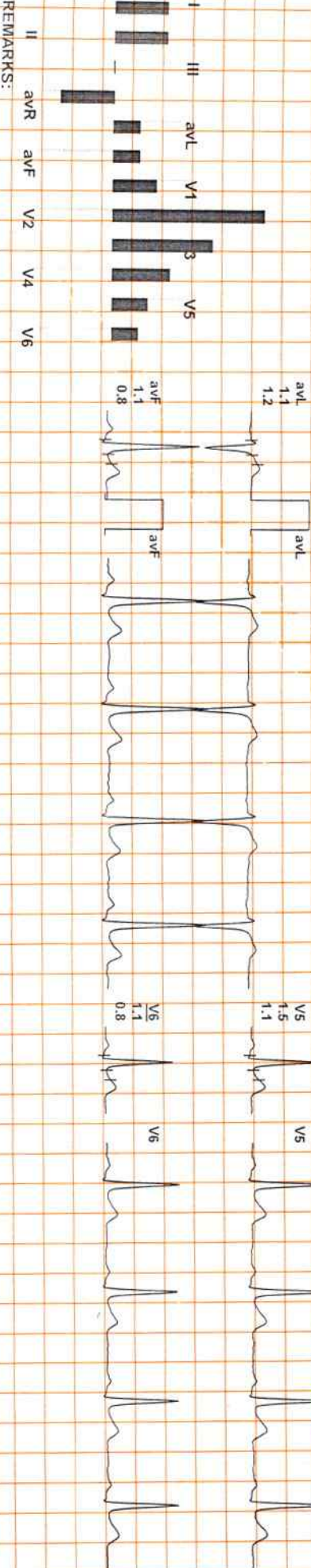
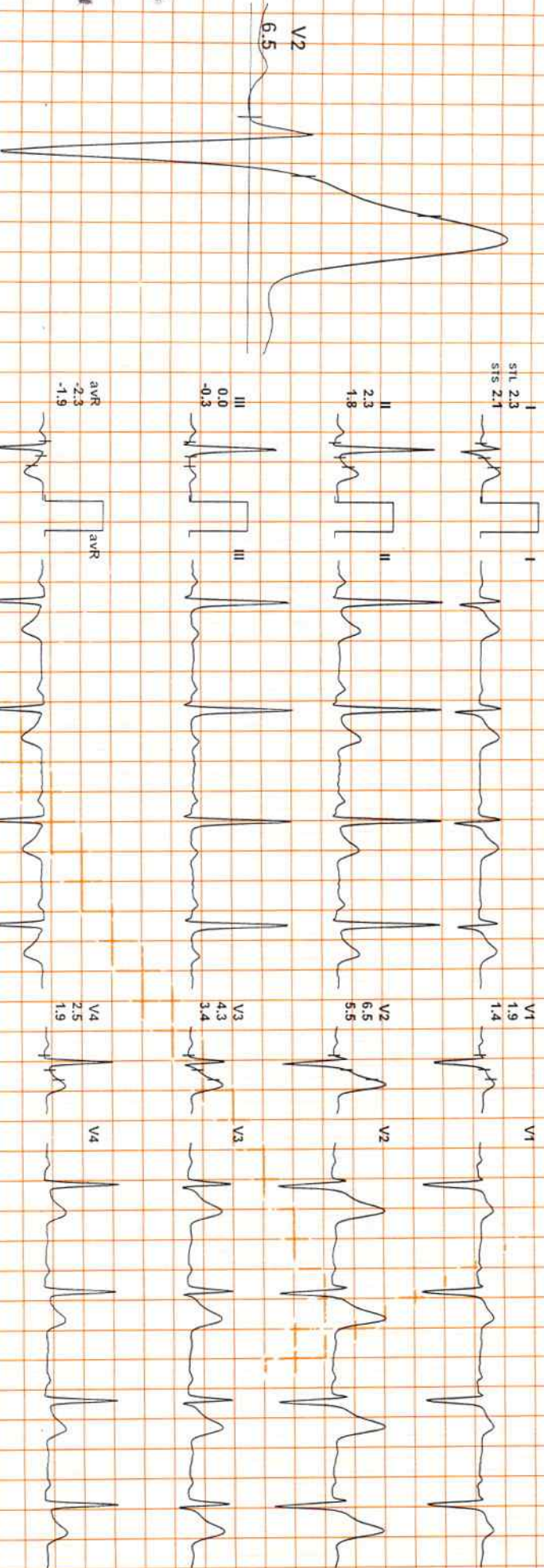
263 / MR. YUVRAJ BHARTI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 82

Date: 26-Feb-2022 12:34:39 PM METS: 1.0/ 82 bpm 43% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

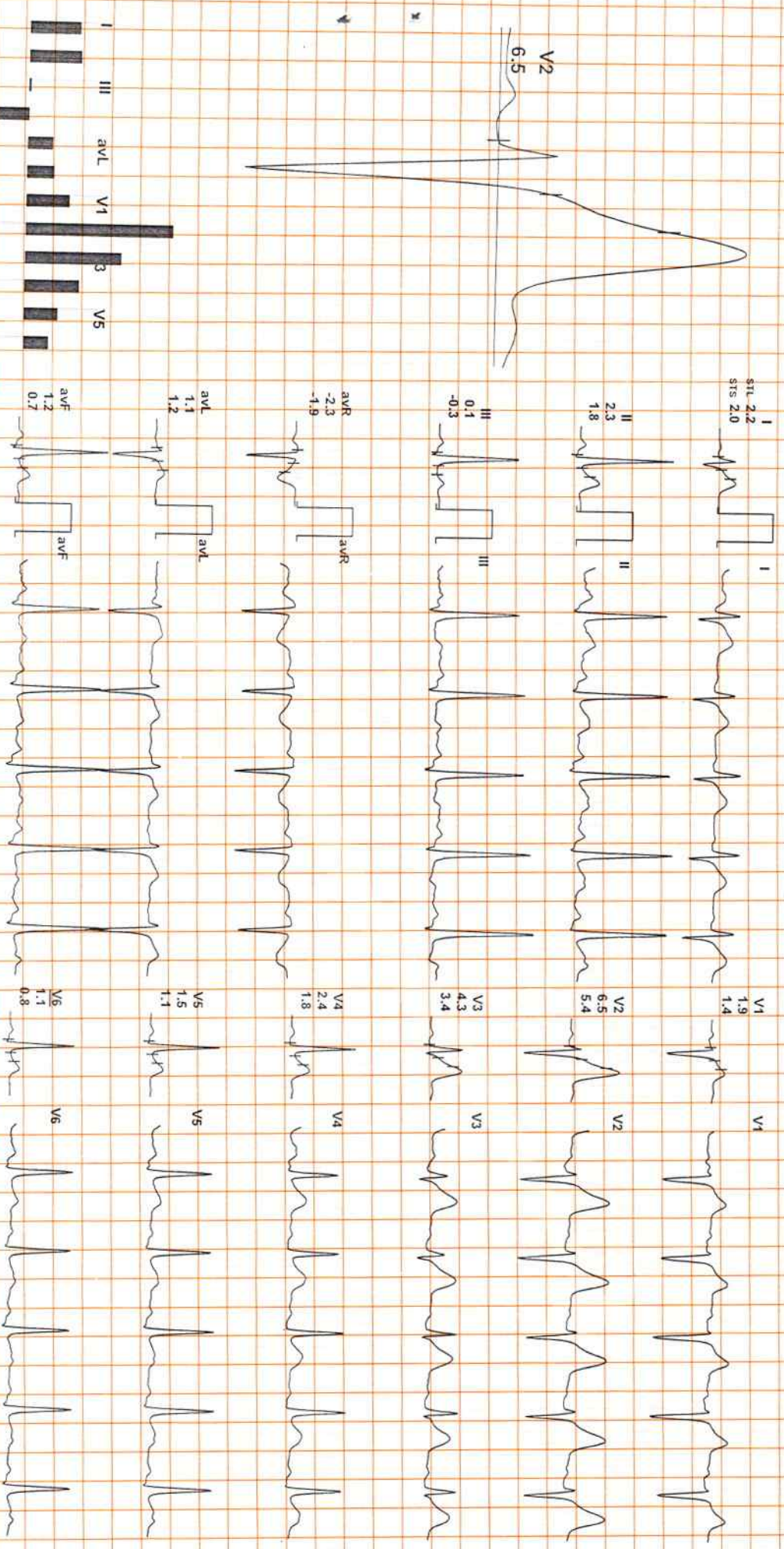
(ADX\_GEM216201125)(R)Allergens





Date: 26-Feb-2022 12:34:39 PM METS: 1.0/ 106 bpm 56% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.95 Hz/ LF 35 Hz

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



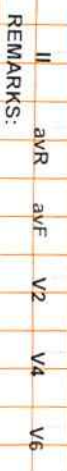
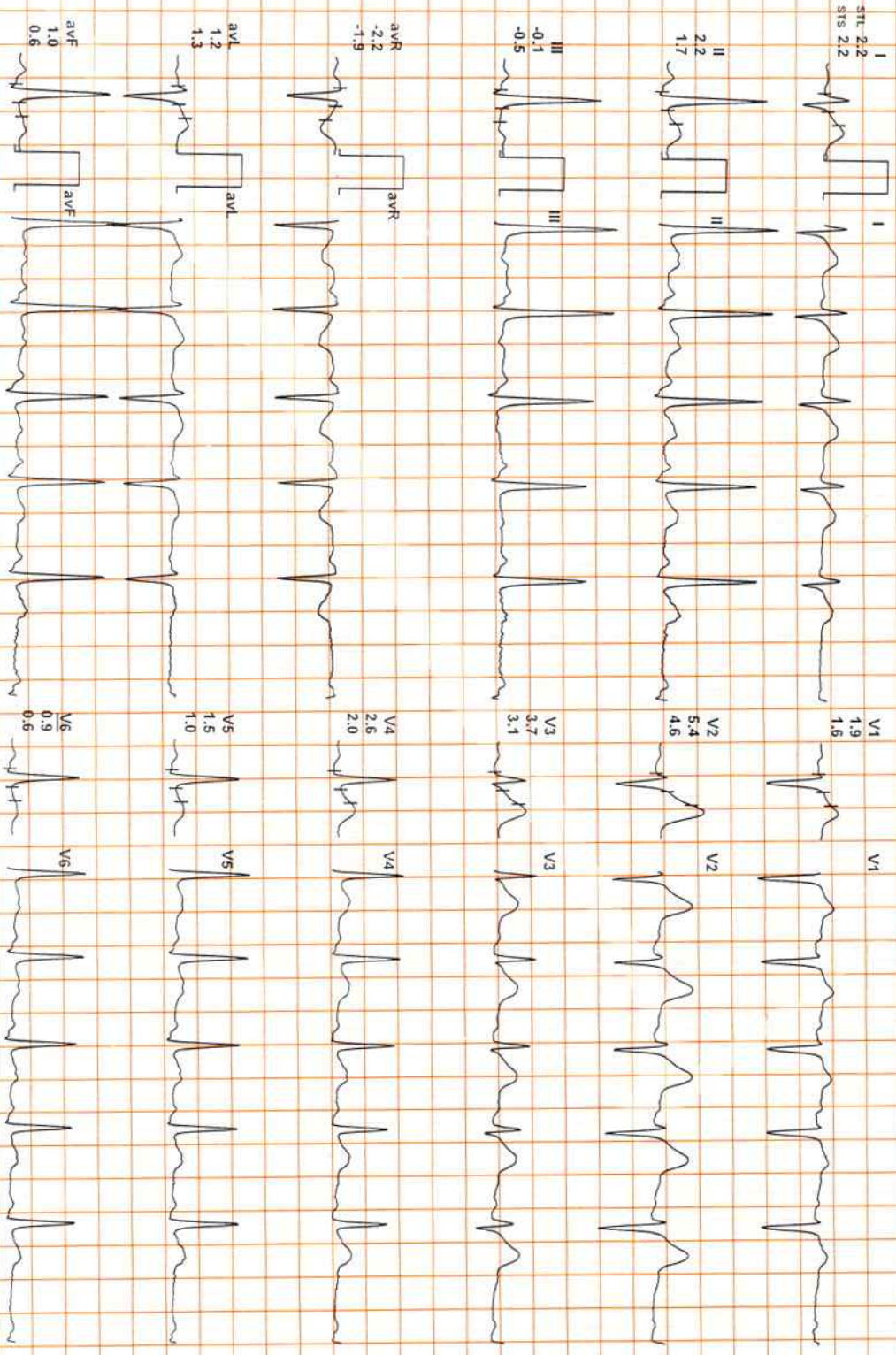
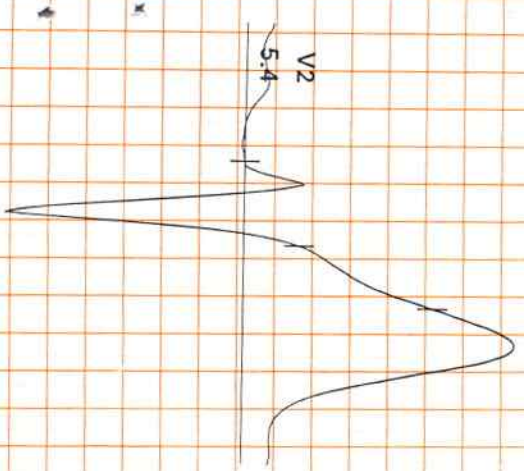
REMARKS:





Date: 26-Feb-2022 12:34:39 PM METS: 1.0 / 106 bpm 56% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Natch On/ HF: 0.05 Hz/LF: 35 Hz

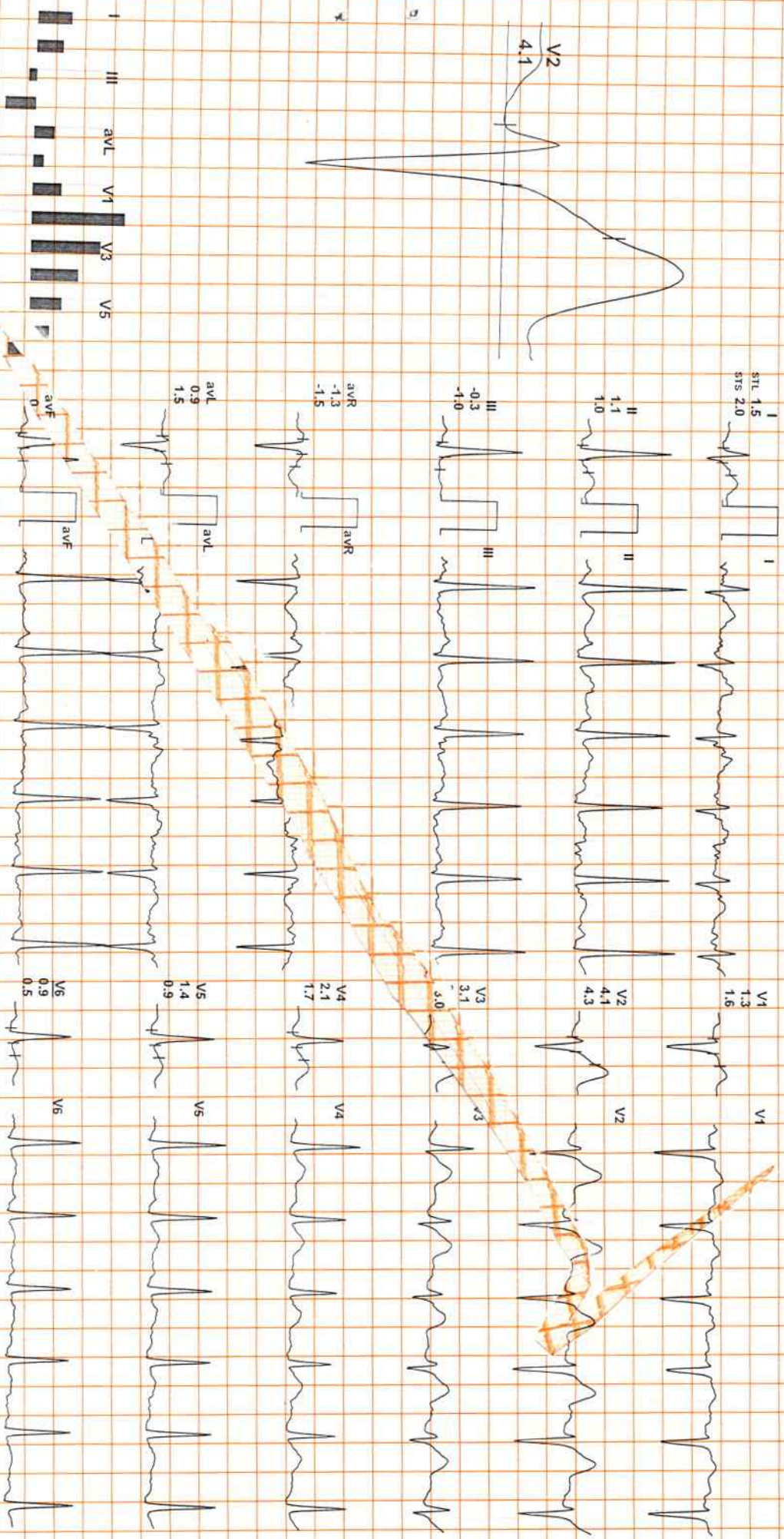
EXTime: 00:00 1.1 rpph, 0.0%  
25 mm/Sec: 1.0 Cm/mV



REMARKS:

(ADX\_GEM216201125)(R)Allergies





REMARKS:

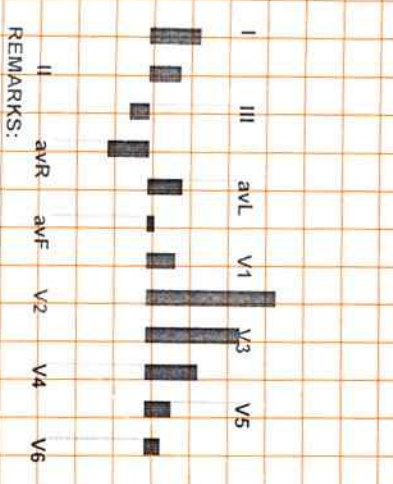
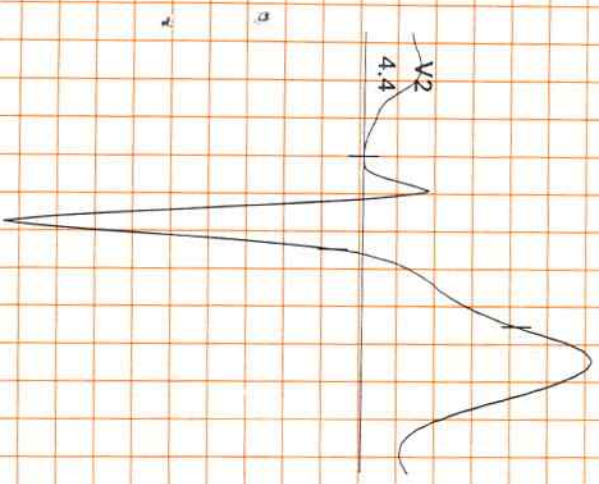




263 / MR. YUVRAJ BHARTI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 130

Date: 26-Feb-2022 12:34:39 PM METS: 4.71 130 bpm 69% of THR BP: 150/80 mmHg Raw ECG/BLG 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



I  
STL 1.7  
STS 2.4

II  
1.1  
1.3

III  
-0.5  
-1.1

aVR  
-1.4  
-1.9

aVL  
1.2  
1.7

aVF  
0.2  
0.1

V1  
1.0  
1.7

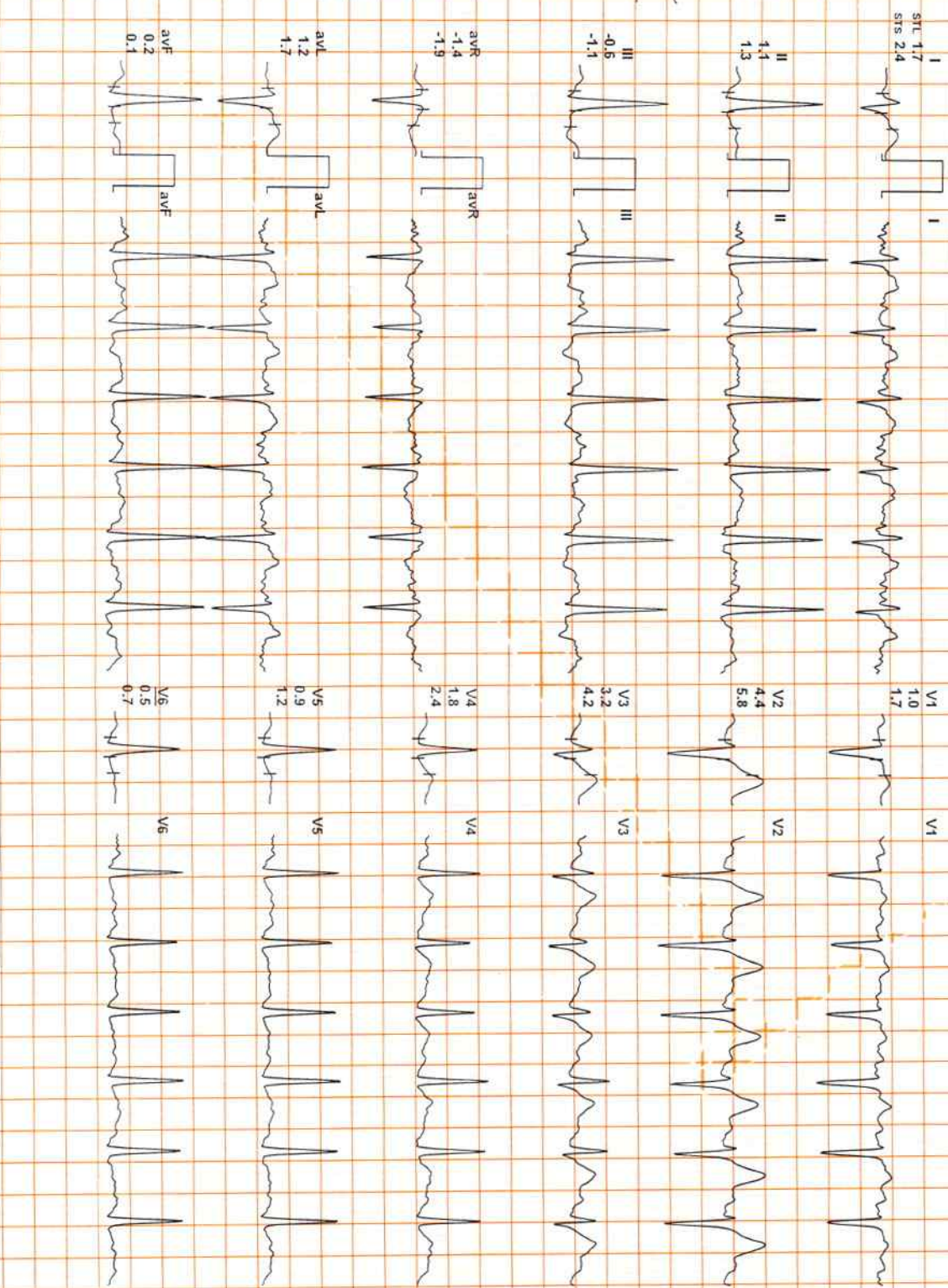
V2  
4.4  
5.8

V3  
3.2  
4.2

V4  
1.8  
2.4

V5  
0.9  
1.2

V6  
0.5  
0.7



REMARKS:

(ADX\_GEM216201125)(R)Allergens

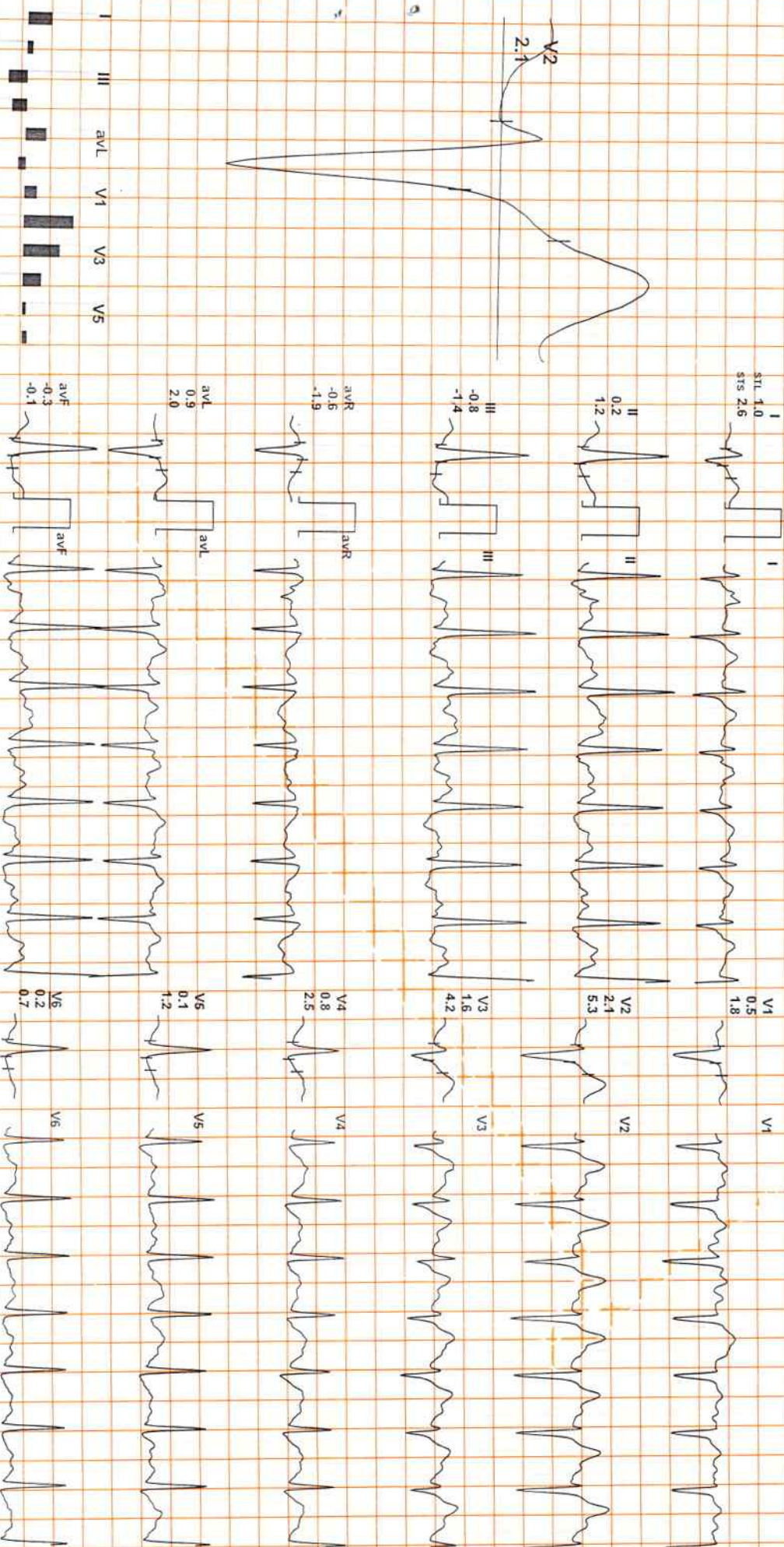




Date: 26-Feb-2022 12:34:39 PM METS: 7.1 / 145 bpm 77% of THR BP: 160/90 mmHg Raw ECG/BLG On/ Notch On/ HF 0.05 Hz/LF 35-Hz

4X 60 ms Post J

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



REMARKS:

(ADX\_GEM216201125)(R)Allergens





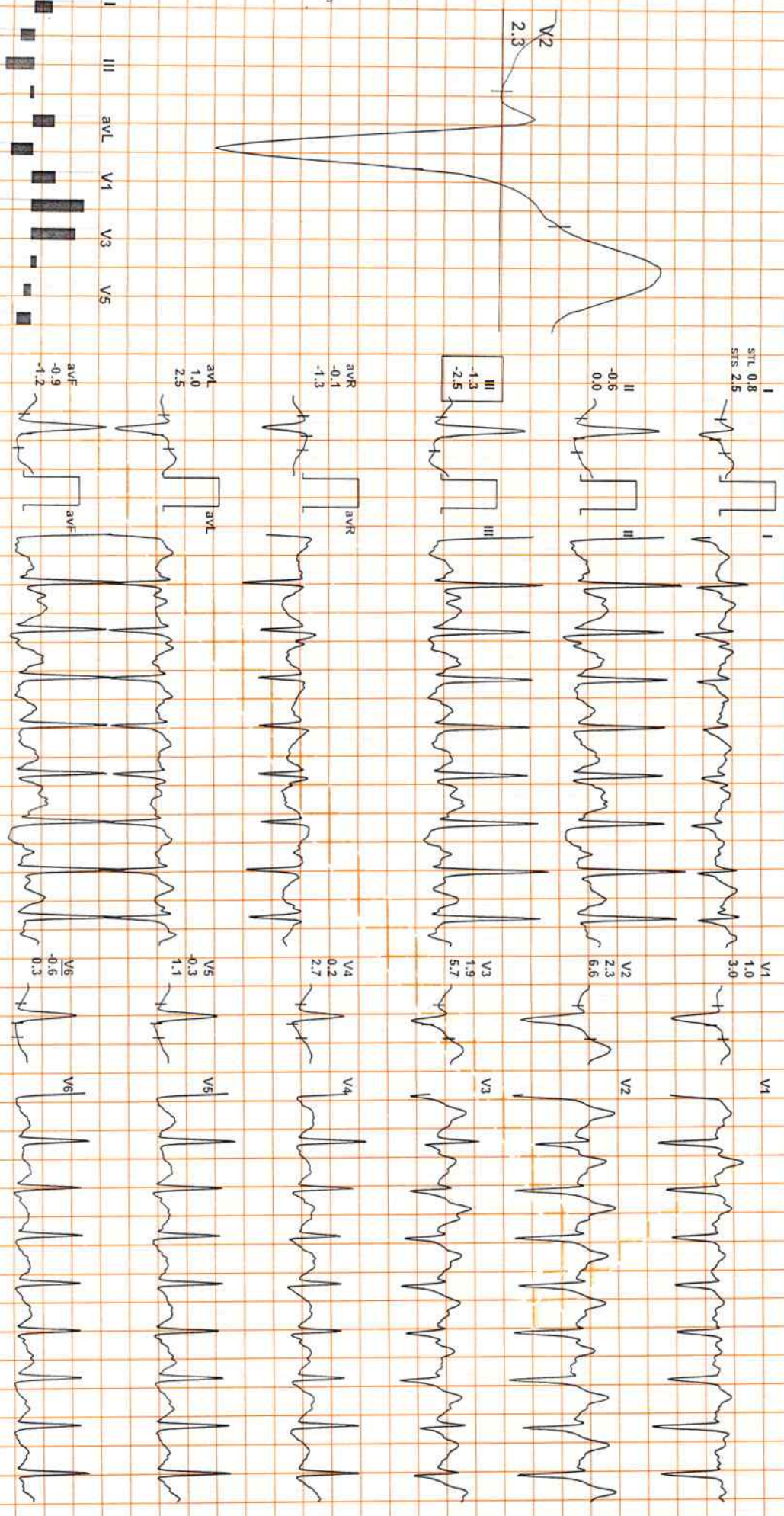
263 / MR. YUVRAJ BHARTI / 31 Yrs / M / O Cms / 0 Kg / HR : 172

Date: 26-Feb-2022 12:34:39 PM METS: 10.2/ 172 bpm 91% of THR BP: 170/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 09:00 3.4 mph, 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



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

(ADX\_GEM216201125)(R)PathEngis

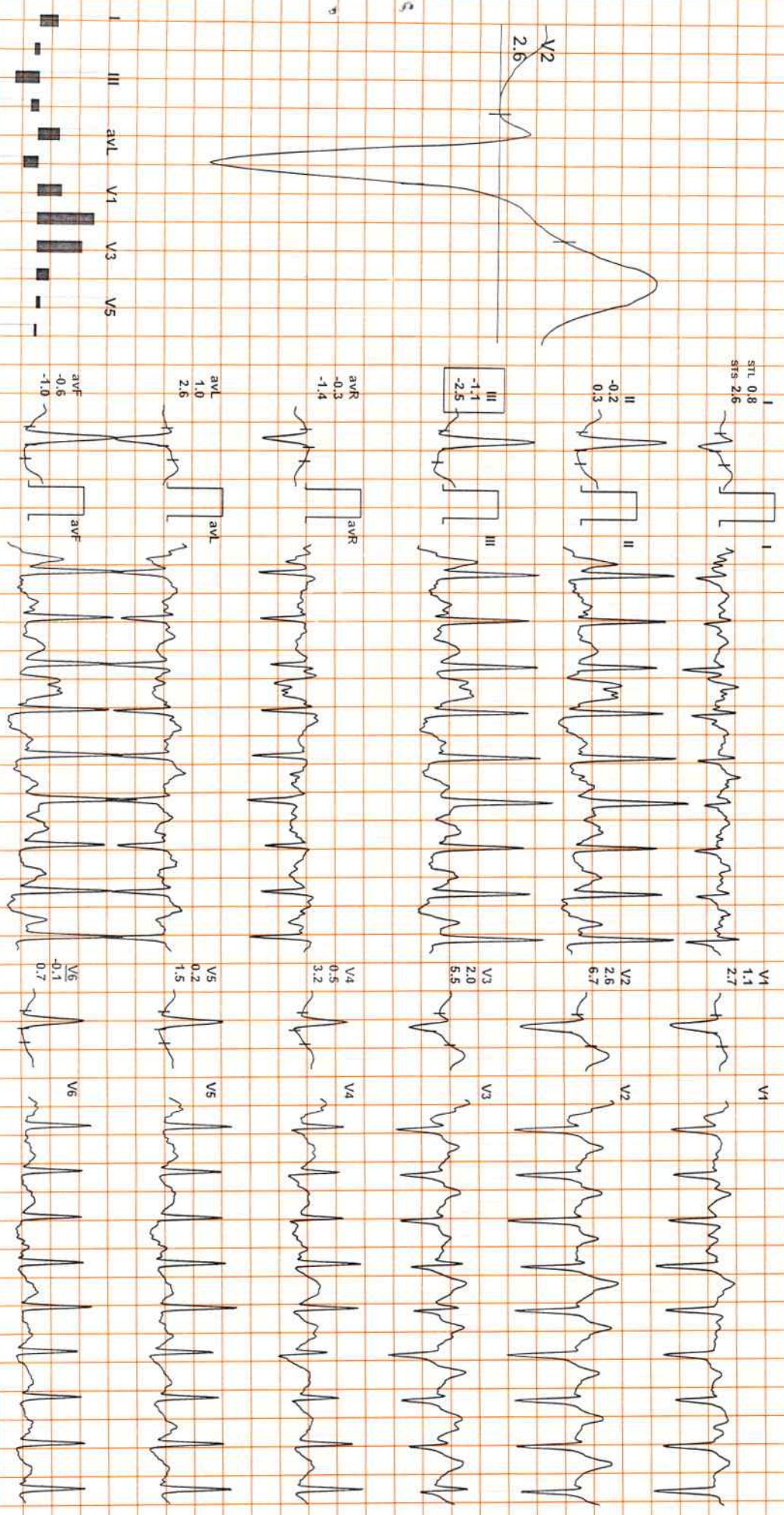


Date: 26-Feb-2022 12:34:39 PM METS: 10.5/ 176 bpm 93% of THR BP: 170/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 09:18 4.2 mph, 16.0%

4X 60 mS Post J

25 mmSec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM216201125)(R)Allergers





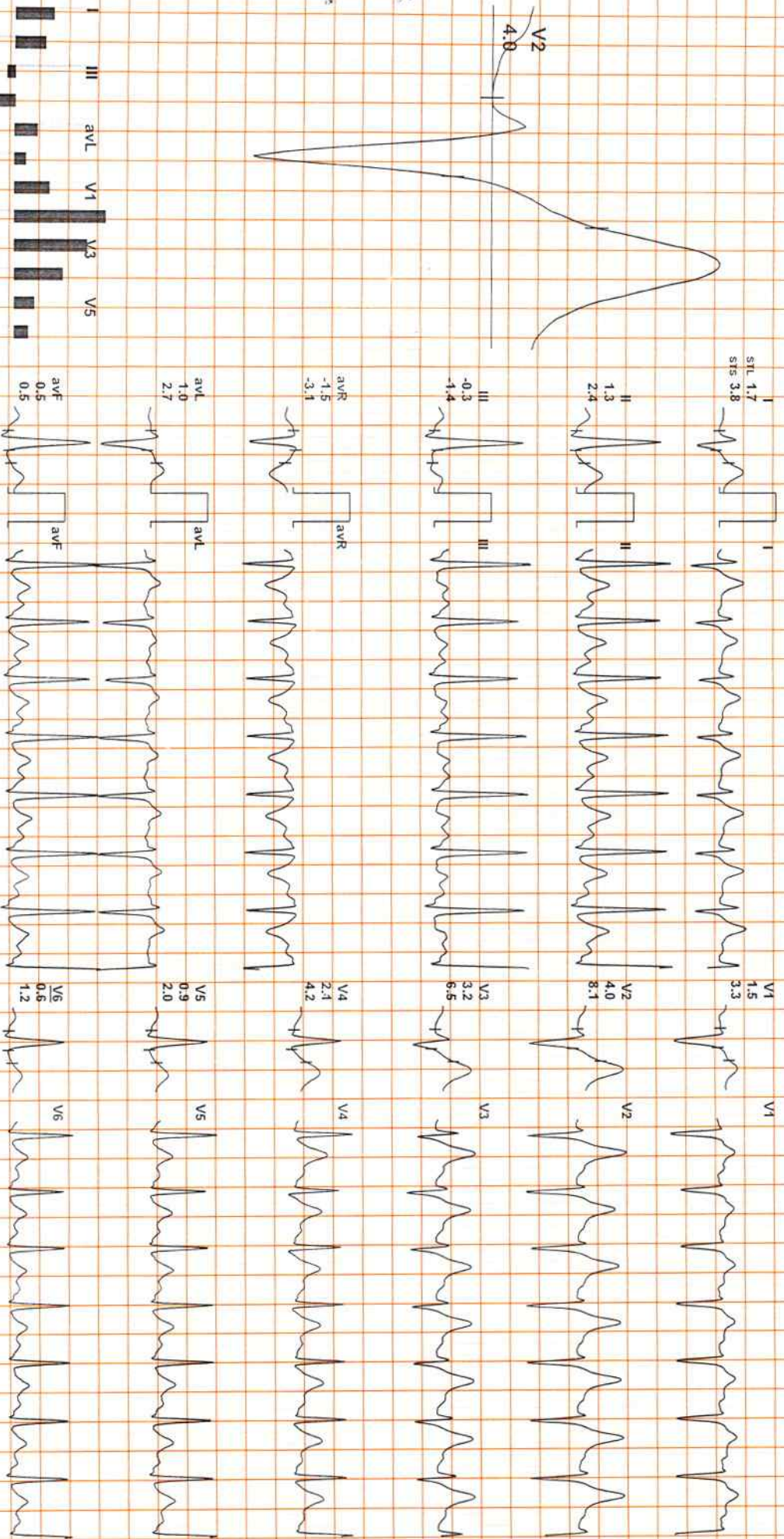
263 / MR. YUVRAJ BHARTI / 31 YRS / M / 0 Cms / 0 Kg / HR : 149

Date: 26-Feb-2022 12:34:39 PM METS: 4.3/ 149 bpm 79% of THR BP: 170/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 09:18 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM216201125)(R)Allengers





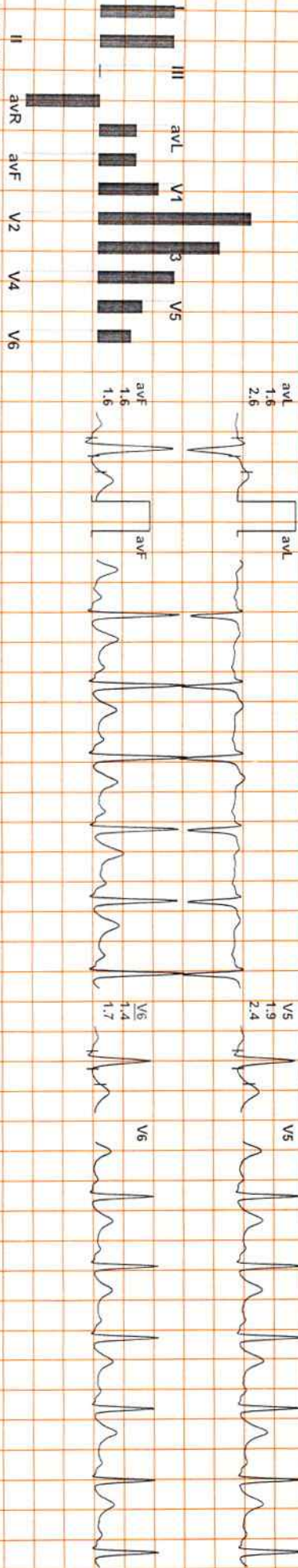
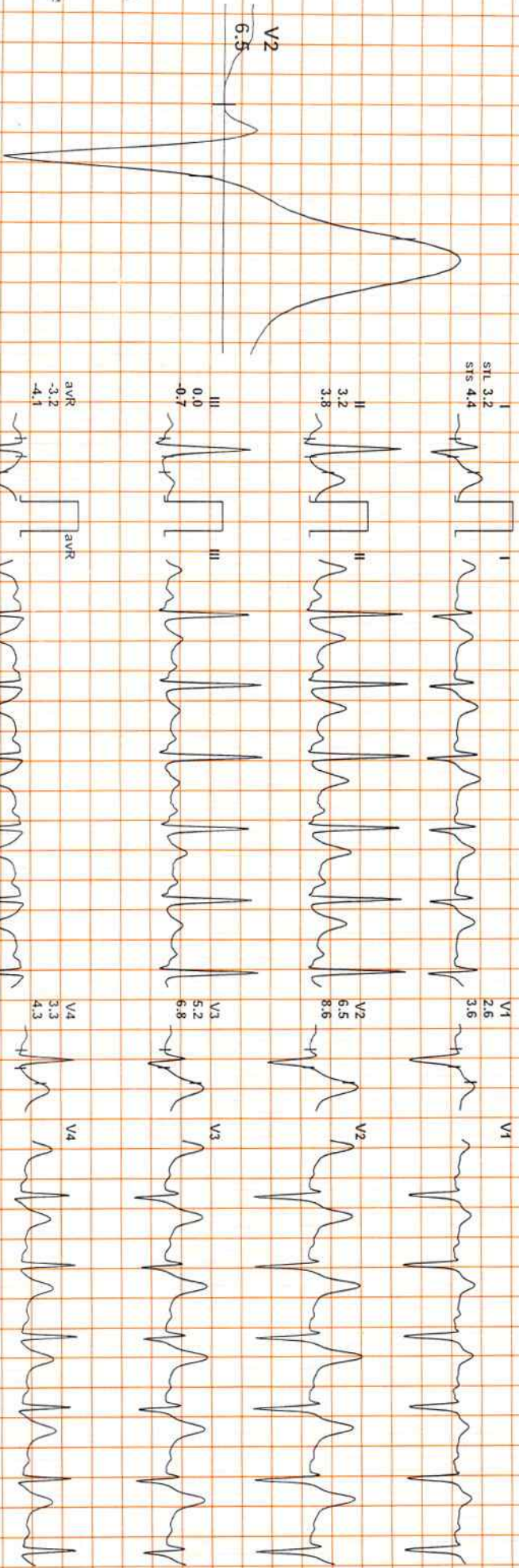
263 / MR. YUVRAJ BHARTI / 31 Yrs / M / O Cms / 0 Kg / HR : 130

Date: 26-Feb-2022 12:34:39 PM METS: 1.0/ 130 bpm 69% of THR BP: 200/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:18 0.0 mpm, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM216201125)(R)Allengers





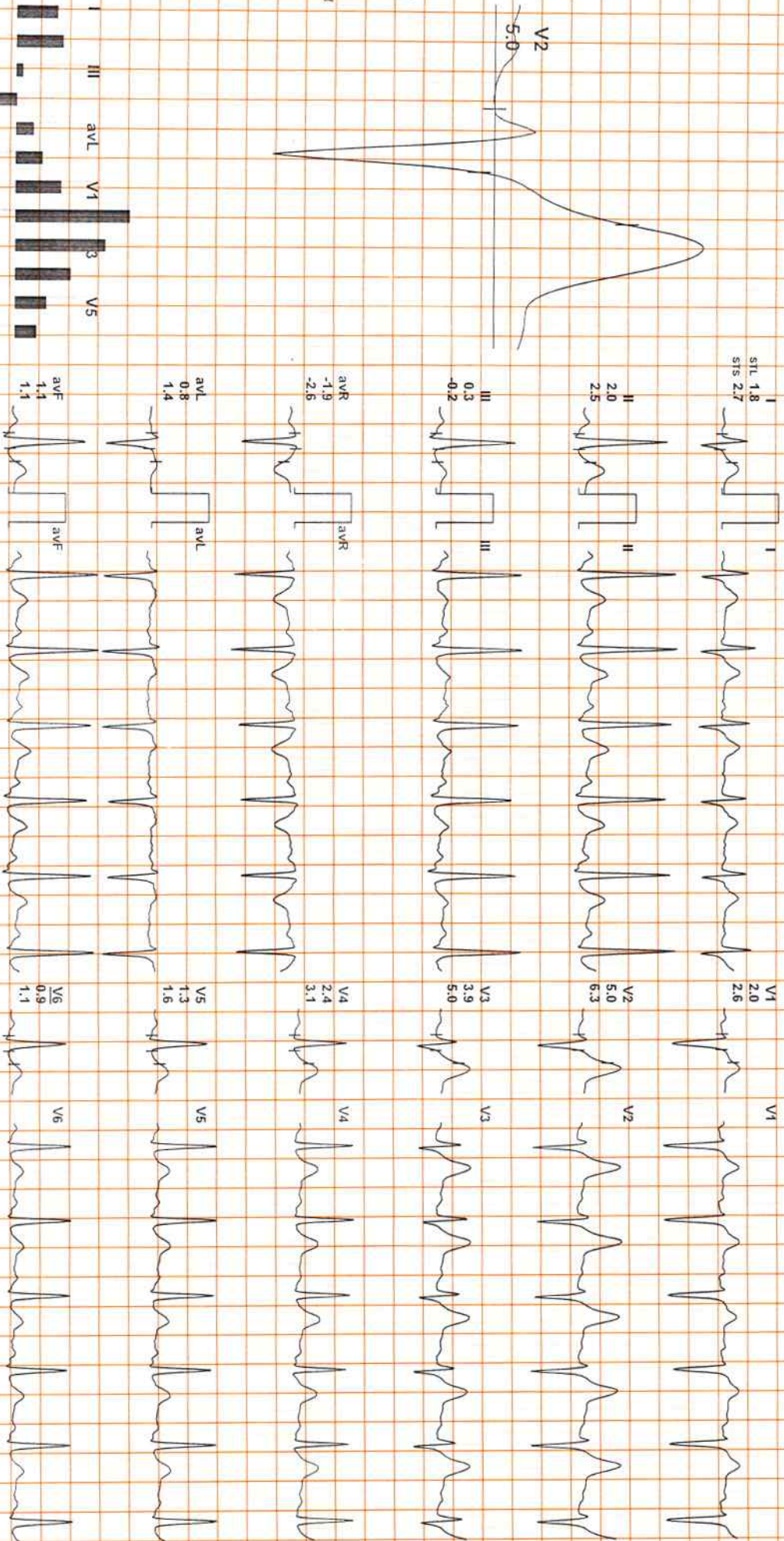
263 / MR. YUVRAJ BHARTI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 113

Date: 26-Feb-2022 12:34:39 PM METS: 1.0/ 113 bpm 60% of THR BP: 180/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:18 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM216201125)(R)Allengers



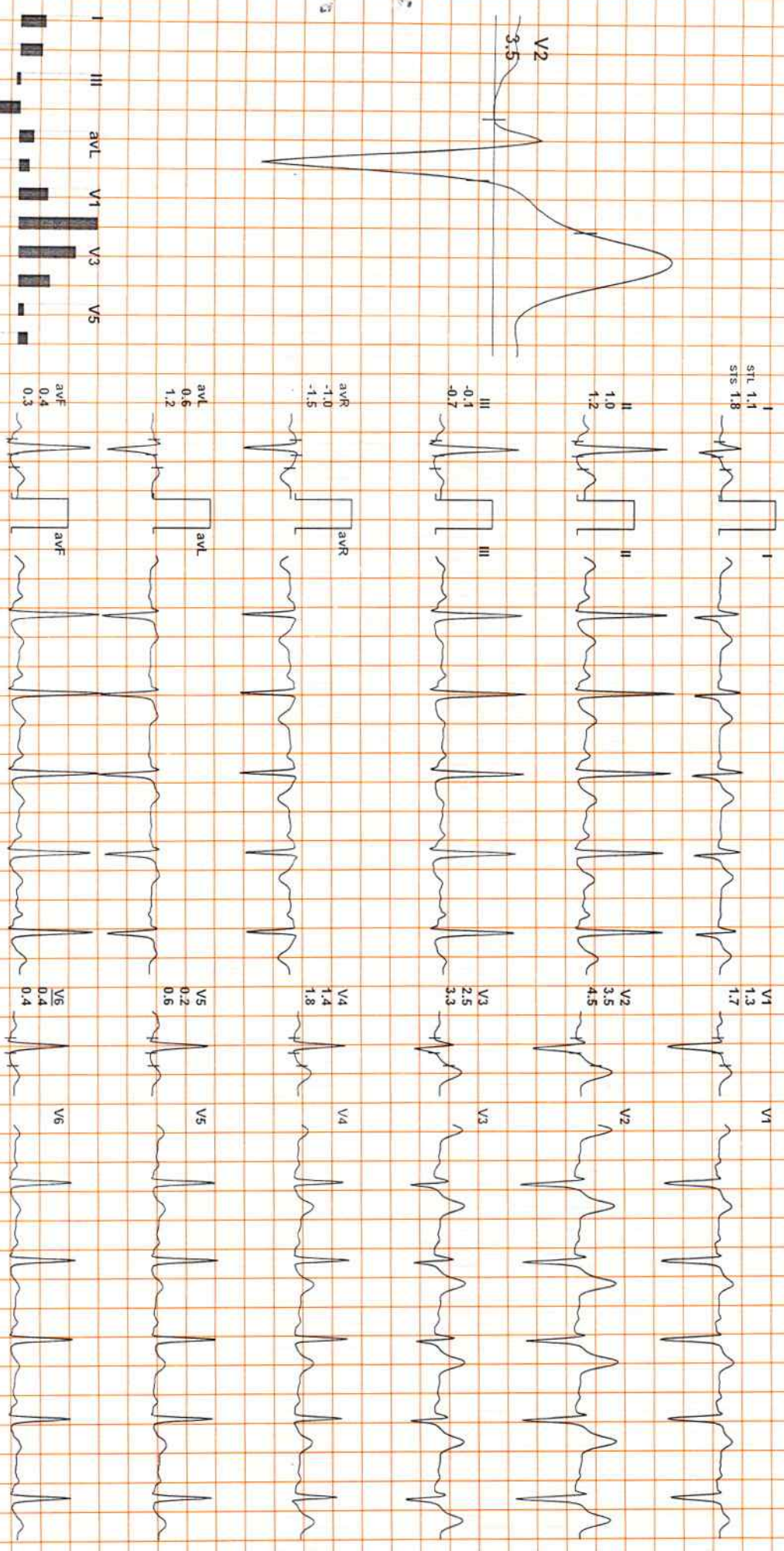


263 / MR. YUVRAJ BHARTI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 111

Date: 26-Feb-2022 12:34:39 PM METS: 1.0/ 111 bpm 59% of THR BP: 160/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 09:18 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM216201125)(R)Allengers





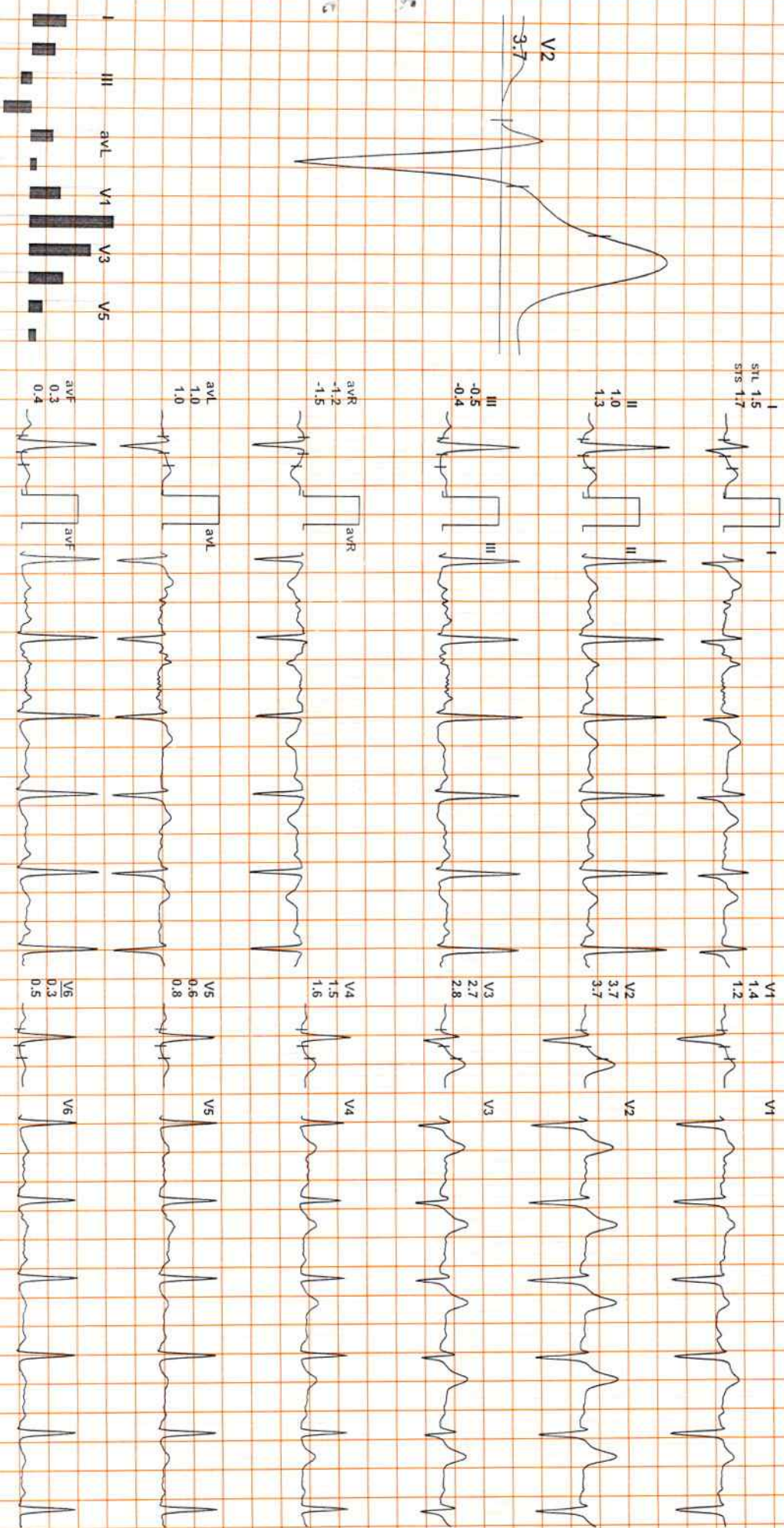
263 / MR. YUVRAJ BHARTI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 108

Date: 26-Feb-2022 12:34:39 PM METS: 1.0/ 108 bpm 57% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 09:18 0.0 mph, 0.0%

4X 80 mS Post J

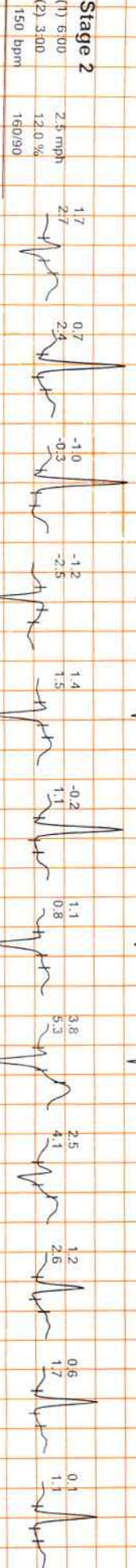
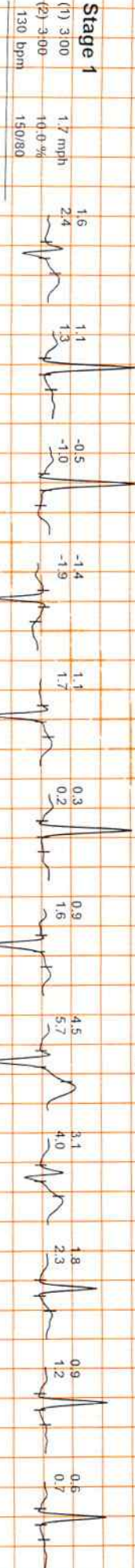
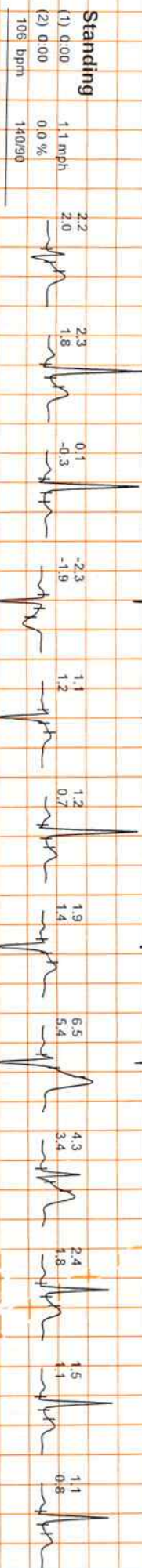
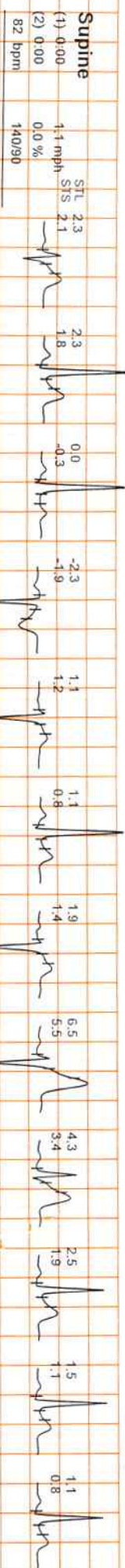
25 mm/Sec. 1.0 Cm/mV



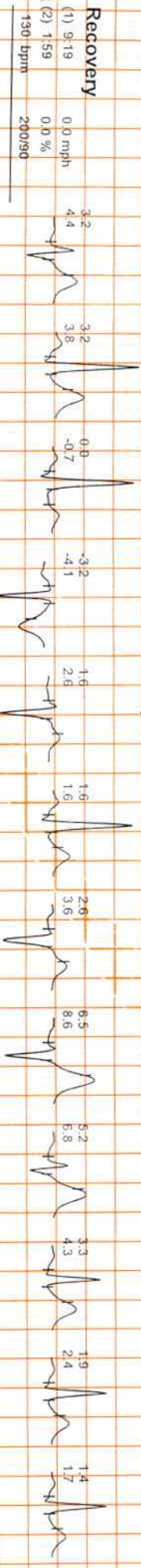
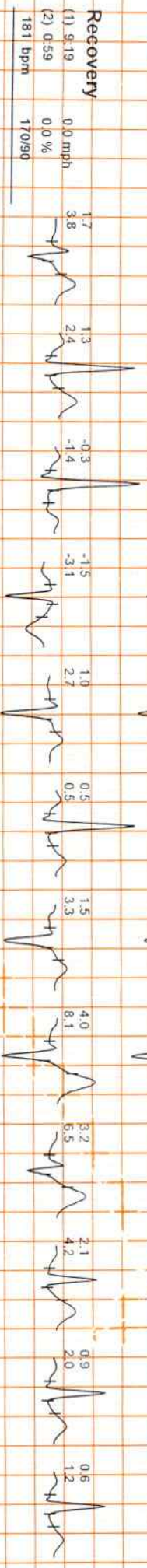
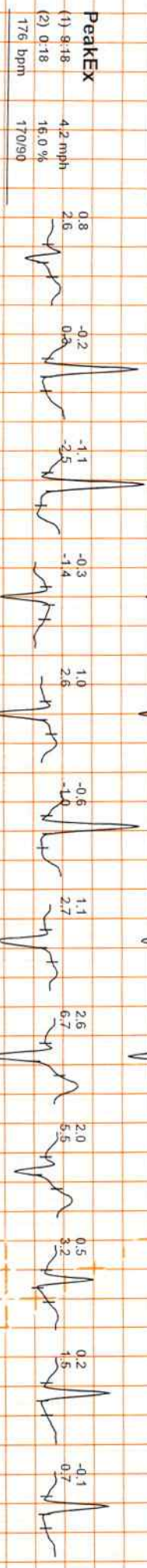
REMARKS: II aVR aVF V2 V3 V4 V6

(ADX\_GEM216201125)(R)Allengers













Date: 26-Feb-2022 12:34:39 PM



Recovery

(1) 5:19 0.0 mph  
(2) 4:49 0.0 %  
108 bpm 150/90



# 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 :- 26/02/2022 10:13:25

Patient ID :-122127257

**NAME :- Mr. YUVRAJ BHARTI**

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 26/02/2022 10:37:14

Final Authentication : 26/02/2022 15:53:53

### HAEMATOLOGY

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

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**

5.8

%

Non-diabetic: < 5.7  
Pre-diabetics: 5.7-6.4  
Diabetics: = 6.5 or higher  
ADA Target: 7.0  
Action suggested: > 6.5

Method:- HPLC

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**

120

mg/dL

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

Method:- Calculated Parameter

Technologist

AJAYSINGH

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

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“CONDITIONS OF REPORTING SEE OVER LEAF”



# Dr. Goyal's

## Path Lab & Imaging Centre

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Tele: 0141-2293346, 4049787, 9887049787  
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Date :- 26/02/2022 10:13:25  
**NAME :- Mr. YUVRAJ BHARTI**  
Sex / Age :- Male 31 Yrs  
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Patient ID :-122127257  
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Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 26/02/2022 10:37:14

Final Authentication : 26/02/2022 15:53:53

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	14.2	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.34	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	53.7	%	40.0 - 80.0
LYMPHOCYTE	38.9	%	20.0 - 40.0
EOSINOPHIL	3.5	%	1.0 - 6.0
MONOCYTE	3.7	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.41	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.47	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.22	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.23	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.26	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	43.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	<b>82.3 L</b>	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.9	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	316	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.5	%	11.6 - 14.0
MENTZER INDEX	15.65		

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.

Technologist

AJAYSINGH

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

"CONDITIONS OF REPORTING SEE OVER LEAF"



# 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 :- 26/02/2022 10:13:25  
**NAME :- Mr. YUVRAJ BHARTI**  
Sex / Age :- Male 31 Yrs  
Company :- MediWheel

Patient ID :-122127257  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 26/02/2022 10:37:14

Final Authentication : 26/02/2022 15:53:53

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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**Erythrocyte Sedimentation Rate (ESR)** 13 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 (C.B.C). 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

Technologist

AJAYSINGH

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**Dr. Chandrika Gupta**  
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RMC NO. 21021/008037

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



Date :- 26/02/2022 10:13:25  
**NAME :- Mr. YUVRAJ BHARTI**  
Sex / Age :- Male 31 Yrs  
Company :- MediWheel

Patient ID :-122127257  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/02/2022 10:37:14

Final Authentication : 26/02/2022 15:29:10

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	199.48	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	139.42	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	27.88	mg/dl	0.00 - 80.00

MUKESH SINGH

Page No: 4 of 15



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

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# 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 :- 26/02/2022 10:13:25 Patient ID :-122127257  
NAME :- Mr. YUVRAJ BHARTI Ref. By Dr:- BOB  
Sex / Age :- Male 31 Yrs Lab/Hosp :-  
Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 26/02/2022 10:37:14 Final Authentication : 26/02/2022 15:29:10

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	38.05	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	155.00 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.24 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.07 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	609.68	mg/dl	400.00 - 1000.00

**TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation:** Cholesterol measurements are used in the diagnosis and treatment 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 HDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

**DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation:** Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture

**TOTAL LIPID AND VLDL ARE CALCULATED**

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Patient ID :- 122127257



NAME :- Mr. YUVRAJ BHARTI

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs

Lab/Hosp :-

Company :- MediWHEEL

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/02/2022 10:37:14

Final Authentication : 26/02/2022 15:29:10

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.56	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	42.2 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	87.6 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	68.80	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.63	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.57	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.06	gm/dl	2.20 - 3.50
A/G RATIO	1.49		1.30 - 2.50

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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/02/2022 10:37:14

Final Authentication : 26/02/2022 15:29:10

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.24	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.32	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	<b>53.80 H</b>	U/L	11.00 - 50.00

**Total Bilirubin** Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in 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) are observed with infectious hepatitis.

MUKESH SINGH

Page No: 7 of 15



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Sex / Age :- Male 31 Yrs  
Company :- MediWheel

Patient ID :-122127257  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/02/2022 10:37:14

Final Authentication : 26/02/2022 14:30:43

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	2.310	$\mu$ IU/mL	0.465 - 4.680

Technologist

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Patient ID :-122127257  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/02/2022 10:37:14

Final Authentication : 26/02/2022 14:30:43

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3  
 Method:- Chemiluminescence(Competitive immunoassay) 1.370 ng/ml 0.970 - 1.690

SERUM TOTAL T4  
 Method:- Chemiluminescence(Competitive immunoassay) 7.750 ug/dl 5.530 - 11.000

**InstrumentName:** VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**InstrumentName:** VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

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

#### INTERPRETATION

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

Technologist

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Date :- 26/02/2022 10:13:25  
**NAME :- Mr. YUVRAJ BHARTI**  
Sex / Age :- Male 31 Yrs  
Company :- MediWheel

Patient ID :-122127257  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 26/02/2022 10:37:14

Final Authentication : 26/02/2022 11:51:50

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	0-1	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

Technologist

POOJABOHRA

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Date :- 26/02/2022 10:13:25  
**NAME :- Mr. YUVRAJ BHARTI**  
Sex / Age :- Male 31 Yrs  
Company :- MediWheel

Patient ID :-122127257  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 26/02/2022 10:37:14

Final Authentication : 26/02/2022 11:51:50

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
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

Technologist

POOJABOHRA

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Date :- 26/02/2022 10:13:25

Patient ID :-122127257



**NAME :- Mr. YUVRAJ BHARTI**

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 26/02/2022 10:38:37

Final Authentication : 26/02/2022 13:58:32

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>STOOL ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
<b>MICROSCOPIC EXAMINATION</b>			
RBC's	NIL	/HPF	
WBC/HPF	1-2	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL FLORA BACTERIA PRESENT		
Collected Sample Received			

Technologist

SAPNA

Page No: 12 of 15



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**NAME :- Mr. YUVRAJ BHARTI**  
 Sex / Age :- Male 31 Yrs  
 Company :- MediWheel

Patient ID :-122127257  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na S...  
 Date: 26/02/2022 13:04:23

Final Authentication : 26/02/2022 15:29:10

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	96.8	mg/dl	75.0 - 115.0
<b>Impaired glucose tolerance (IGT)</b>		111 - 125 mg/dL	
<b>Diabetes Mellitus (DM)</b>		> 126 mg/dL	
<p><b>Instrument Name:</b> Radox 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	102.0	mg/dl	70.0 - 140.0
<p><b>Instrument Name:</b> Radox 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	0.99	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.93	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Page No: 13 of 15



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Patient ID :-122127257



**NAME :- Mr. YUVRAJ BHARTI**

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs

Lab/Hosp :-

Company :- MediWheel

### HAEMATOLOGY

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

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Company :- MediWheel

Patient ID :-122127257  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA, PLAIN/SERUM, URINE, SERUM Collected Time 26/02/2022 13:04:18 Final Authentication : 26/02/2022 15:53:53

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A"POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	15.5	mg/dl	0.0 - 23.0

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

#### Technologist

AJAYSINGH, MUKESH SINGH, POOJABOHRRA, SAPNA

Dr. Piyush Goyal  
( D.M.R.D.)  
Dr. Chandrika Gupta

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Company :- MediWheel

Patient ID :- 122127257

Ref. By Doctor :- BOB

Lab/Hosp :-

Final Authentication : 26/02/2022 14:59:28

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

SAVITA

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RMC Reg No. 017996

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

Dr. Tej Prakash Gupta  
DMRD (RADIO DIAGNOSIS)  
RMC No. 24436

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

Transcript by.

This report is not valid for medico-legal purpose.



# Dr. Goyal's

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Lab/Hosp :-

Final Authentication : 26/02/2022 12:17:27

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver is mild enlarged in size (15.8 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 .

**Two calculi are seen at mid calyx measuring 5.4 mm & 3.8 mm, 4.6 mm in upper calyx , 4.6 mm in lower calyx of right kidney. A calculus of size 6.3 mm in upper calyx, 5 mm in lower calyx of left kidney.**

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

**Prostate** is normal in size with normal echo-texture and outline.

No enlarged nodes are visualised.No retro-peritoneal lesion is identified  
Great vessels appear normal.No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

**\*Mild hepatomegaly with early fatty changes**

**\*Bilateral renal calculi**

**Needs clinical correlation for further evaluation**

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

Page No: 1 of 1

SAVITA

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MBBS, MD (Radio Diagnosis)  
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**Dr. Tej Prakash Gupta**  
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RMC No. 24436

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

Transcript by.

Name : Yuvraj Bhatti

26 Feb 2022

Yuvraj Bhatti, 31  
E61906 22 02 26 15

Dr Goyal's Path Lab, Jaipur  
26.02.2022 12:06:32 PM

Tfs 0.4 C1 5 D  
Tfs 0.4 ABD  
MI 1.0 18.2cm / 1.5

65 / 19Hz  
Abdomen New  
Har mid  
Gn 5  
C7 / M7  
F3 / E2  
S823 / C821



Yuvraj Bhatti, 31  
E61906 22 02 26 15

Dr Goyal's Path Lab, Jaipur  
26.02.2022 12:06:55 PM

Tfs 0.4 C1 5 D  
Tfs 0.4 ABD  
MI 1.0 18.2cm / 1.5

65 / 19Hz  
Abdomen New  
Har mid  
Gn 5  
C7 / M7  
F3 / E2  
S823 / C821

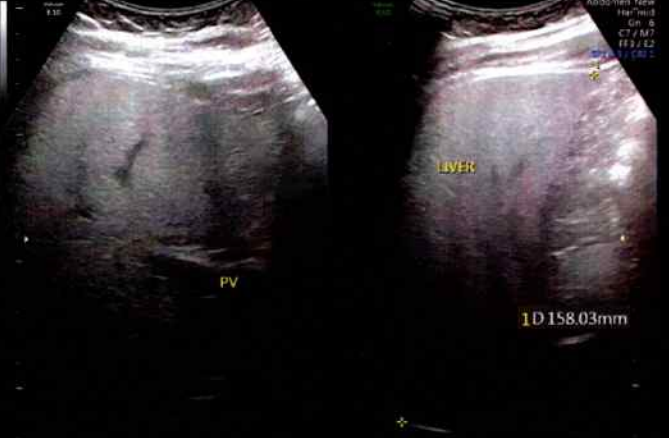


Yuvraj Bhatti, 31  
E61906 22 02 26 15

Dr Goyal's Path Lab, Jaipur  
26.02.2022 12:07:17 PM

Tfs 0.4 C1 5 D  
Tfs 0.4 ABD  
MI 1.0 18.2cm / 1.5

65 / 19Hz  
Abdomen New  
Har mid  
Gn 5  
C7 / M7  
F3 / E2  
S823 / C821



Yuvraj Bhatti, 31  
E61906 22 02 26 15

Dr Goyal's Path Lab, Jaipur  
26.02.2022 12:08:40 PM

Tfs 0.4 C1 5 D  
Tfs 0.4 ABD  
MI 1.0 18.2cm / 1.5

65 / 19Hz  
Abdomen New  
Har mid  
Gn 5  
C7 / M7  
F3 / E2  
S823 / C821

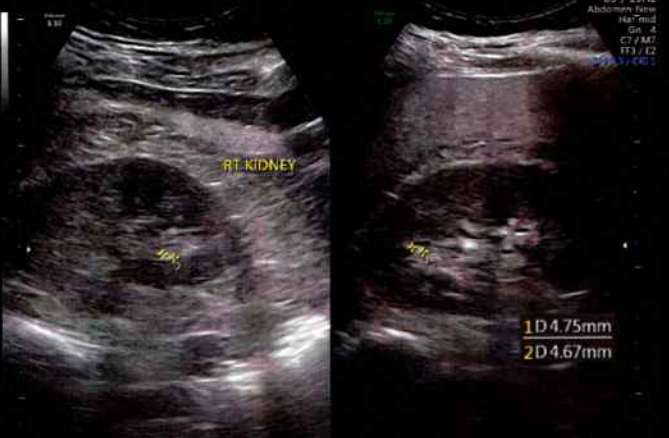


Yuvraj Bhatti, 31  
E61906 22 02 26 15

Dr Goyal's Path Lab, Jaipur  
26.02.2022 12:09:29 PM

Tfs 0.4 C1 5 D  
Tfs 0.4 ABD  
MI 1.0 18.2cm / 1.5

65 / 19Hz  
Abdomen New  
Har mid  
Gn 4  
C7 / M7  
F3 / E2  
S823 / C821

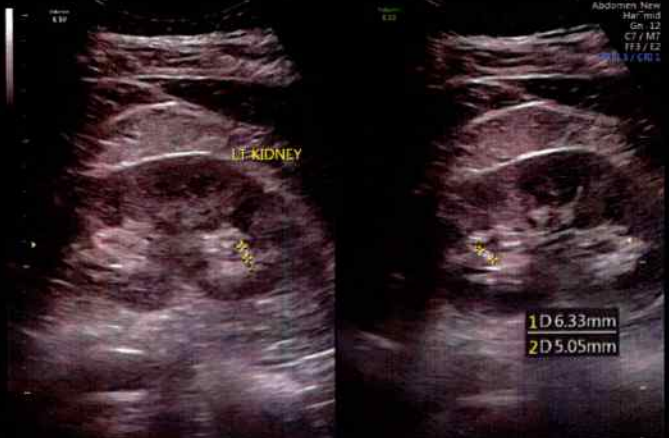


Yuvraj Bhatti, 31  
E61906 22 02 26 15

Dr Goyal's Path Lab, Jaipur  
26.02.2022 12:11:59 PM

Tfs 0.4 C1 5 D  
Tfs 0.4 ABD  
MI 1.0 18.2cm / 1.5

65 / 19Hz  
Abdomen New  
Har mid  
Gn 12  
C7 / M7  
F3 / E2  
S823 / C821

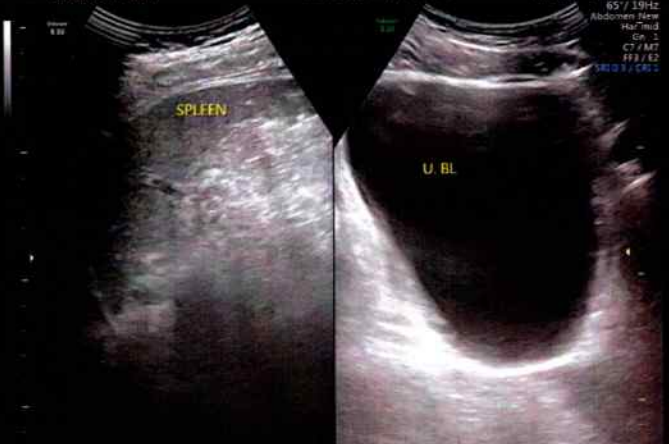


Yuvraj Bhatti, 31  
E61906 22 02 26 15

Dr Goyal's Path Lab, Jaipur  
26.02.2022 12:12:31 PM

Tfs 0.4 C1 5 D  
Tfs 0.4 ABD  
MI 1.0 18.2cm / 1.5

65 / 19Hz  
Abdomen New  
Har mid  
Gn 1  
C7 / M7  
F3 / E2  
S823 / C821



Yuvraj Bhatti, 31  
E61906 22 02 26 15

Dr Goyal's Path Lab, Jaipur  
26.02.2022 12:12:45 PM

Tfs 0.4 C1 5 D  
Tfs 0.4 ABD  
MI 1.0 18.2cm / 1.5

65 / 19Hz  
Abdomen New  
Har mid  
Gn 1  
C7 / M7  
F3 / E2  
S823 / C821

