

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele: 0141-2293346, 4049787, 9887049787

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

General Physical Examination

Date of Examination: 22-07-2023

Name: Sanjay chawla Age: 35 Sex: Male

DOB: 17-11-1987

Referred By: BOB (Med/wheel)

Photo ID: AADHAR ID #: attached.

Ht: 175 (cm)

Wt: 98 (Kg)

Chest (Expiration): 105 (cm)

Abdomen Circumference: 113 (cm)

Blood Pressure: 122/86 mm Hg PR: 82/min RR: 16/min Temp: Afebrile

BMI 32.0

Eye Examination: vision Normal G/G, N/G B/c eyes

Normal Color vision

Other: Not significant

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

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

Signature Medical Examiner: [Signature] Name Medical Examiner _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017998

 भारत सरकार
GOVERNMENT OF INDIA


 संजय चावला
Sanjay Chawla
जन्म तिथि / DOB : 17/11/1987
पुरुष / MALE



3971 8403 0654

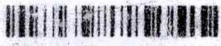
मेरा आधार, मेरी पहचान

Sanjay

 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address
S/O: Roopkishor Chawla 66
heeranagar visar ajmer
road 200 feet by paes
Jaipur Heerapura Jaipur
Rajasthan - 302021

पता :
S/O: रूपकिशोर चावला 66
विस्तार, अजमेर रोड 200 फीट बाई पास
जयपुर, जयपुर,
राजस्थान - 302021



1947 1800 300 1947 help@uidai.gov.in www.uidai.gov.in P.O. Box No. 1947, Bengaluru-560 001

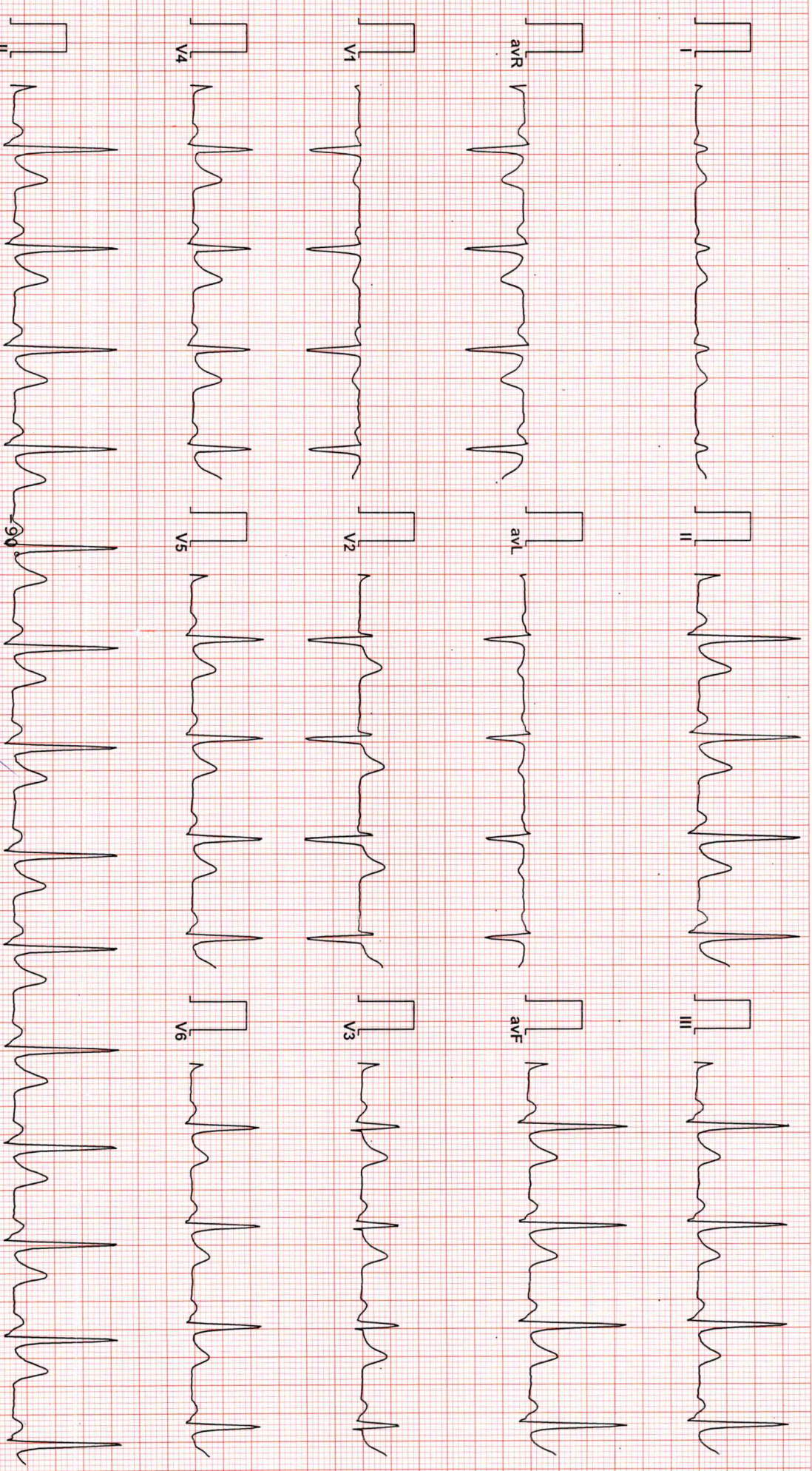
Dr. Piyush Goyal
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RMC Reg. No. - 017998

DR. GOYAL PATH LAB

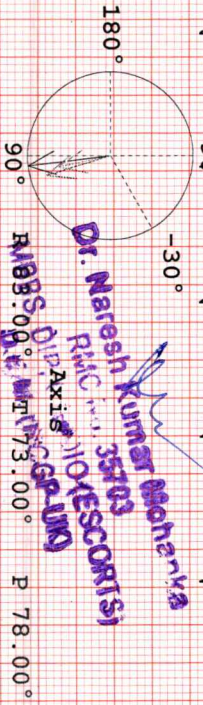
986 / MR SANJAY CHAWLA / 35 Yrs / M / Non Smoker

Heart Rate : 84 bpm / Tested On : 22-Jul-23 12:30:06 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: BOB

ECG



Vent Rate : 84 bpm
PR Interval : 146 ms
QRS Duration: 100 ms
QT/QTc Int : 348/390 ms
P-QRS-T axis: 78.00° 83.00° 73.00°



Dr. Naresh Kumar (Maha-Rita)
Rite no. 35103
110 ESCORTS
110 ESCORTS
110 ESCORTS

[Handwritten signature]

Reported By:



175 / MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / NonSmoker
Date: 22 / 07 / 2023 12:32:27 PM Refd By : BOB Examined By :

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:35	0:35	01.1	00.0	01.0	088	48%	126/86	110	00	
Standing	01:12	0:37	01.1	00.0	01.0	087	47%	126/86	109	00	
HV	01:21	0:09	01.1	00.0	01.0	098	53%	126/86	123	00	
Warm Up	01:26	0:05	01.0	00.0	01.0	101	55%	126/86	127	00	
ExStart	02:04	0:38	01.0	00.0	01.0	111	60%	126/86	139	00	
BRUCE Stage 1	05:04	3:00	01.7	10.0	04.7	144	78%	136/86	195	00	
BRUCE Stage 2	08:04	3:00	02.5	12.0	07.1	165	89%	146/90	240	00	
PeakEx	09:42	1:38	03.4	14.0	08.8	179	97%	156/90	279	00	
Recovery	10:42	1:00	00.0	00.0	01.2	163	88%	156/90	254	00	
Recovery	11:42	2:00	00.0	00.0	01.0	137	74%	150/90	205	00	
Recovery	12:42	3:00	00.0	00.0	01.0	124	67%	140/90	173	00	
Recovery	13:42	4:00	00.0	00.0	01.0	117	63%	130/86	152	00	
Recovery	14:42	5:00	00.0	00.0	01.0	119	64%	126/86	149	00	
Recovery	14:56	5:14	00.0	00.0	01.0	116	63%	126/86	146	00	

FINDINGS :

Exercise Time : 07:38
 Max HR Attained : 179 bpm 97% of Target 185
 Max BP Attained : 156/90 (mm/Hg)
 Max Workload Attained : 8.8 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

FTF 1/3 Negative for QRS

*Dr. Naresh Kumar Mohanika
 RMC No. 35703
 MBBS, DIP. CARDIO-RESCORTS
 D.E.M. (FCGP-UK)*



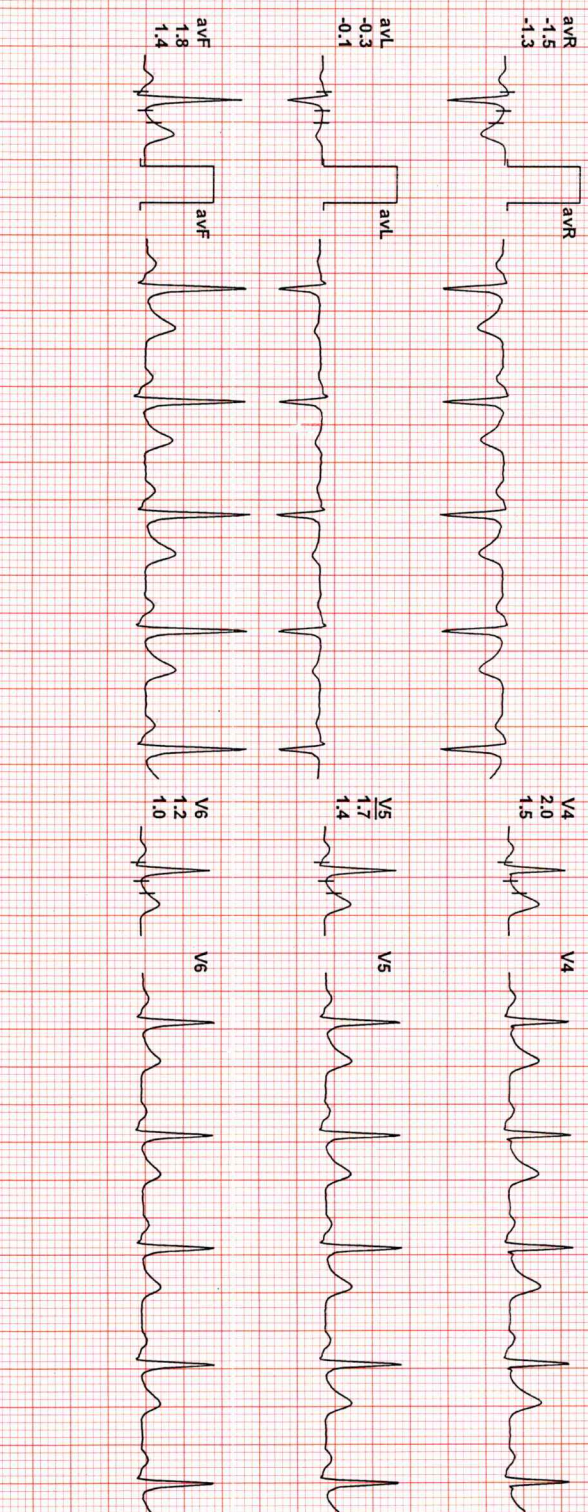
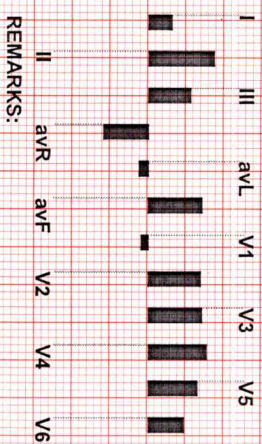
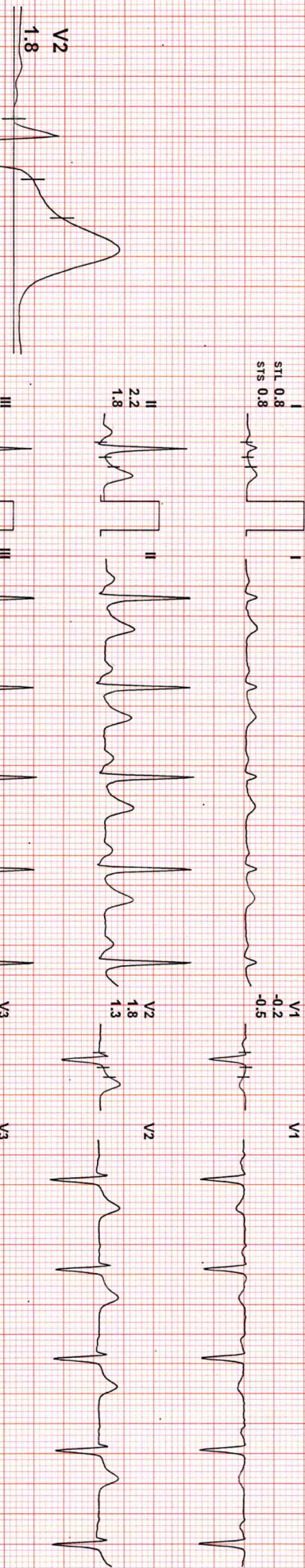
175 / MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 88

Date: 22 / 07 / 2023 12:32:27 PM METS: 1.0/ 88 bpm 48% of THR BP: 126/86 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:

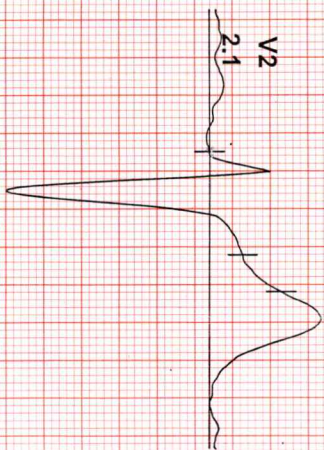


175 /MR SANJAY CHAWLA / 35 Yrs /M /O Cms / 0 Kg /HR : 87

Date: 22 / 07 / 2023 12:32:27 PM METS: 1.0/ 87 bpm 47% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

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



I
STL 0.9
STS 0.8

V1
-0.5
-0.7

II
3.4
3.3

V2
2.1
2.1

III
2.6
2.4

V3
2.6
2.6

aVR
-2.1
-2.1

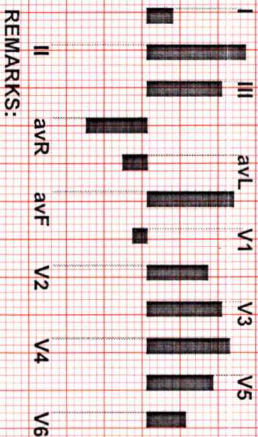
V4
2.8
2.8

aVL
-0.8
-0.8

V5
2.2
2.3

aVF
3.0
2.9

V6
1.3
1.5



REMARKS:



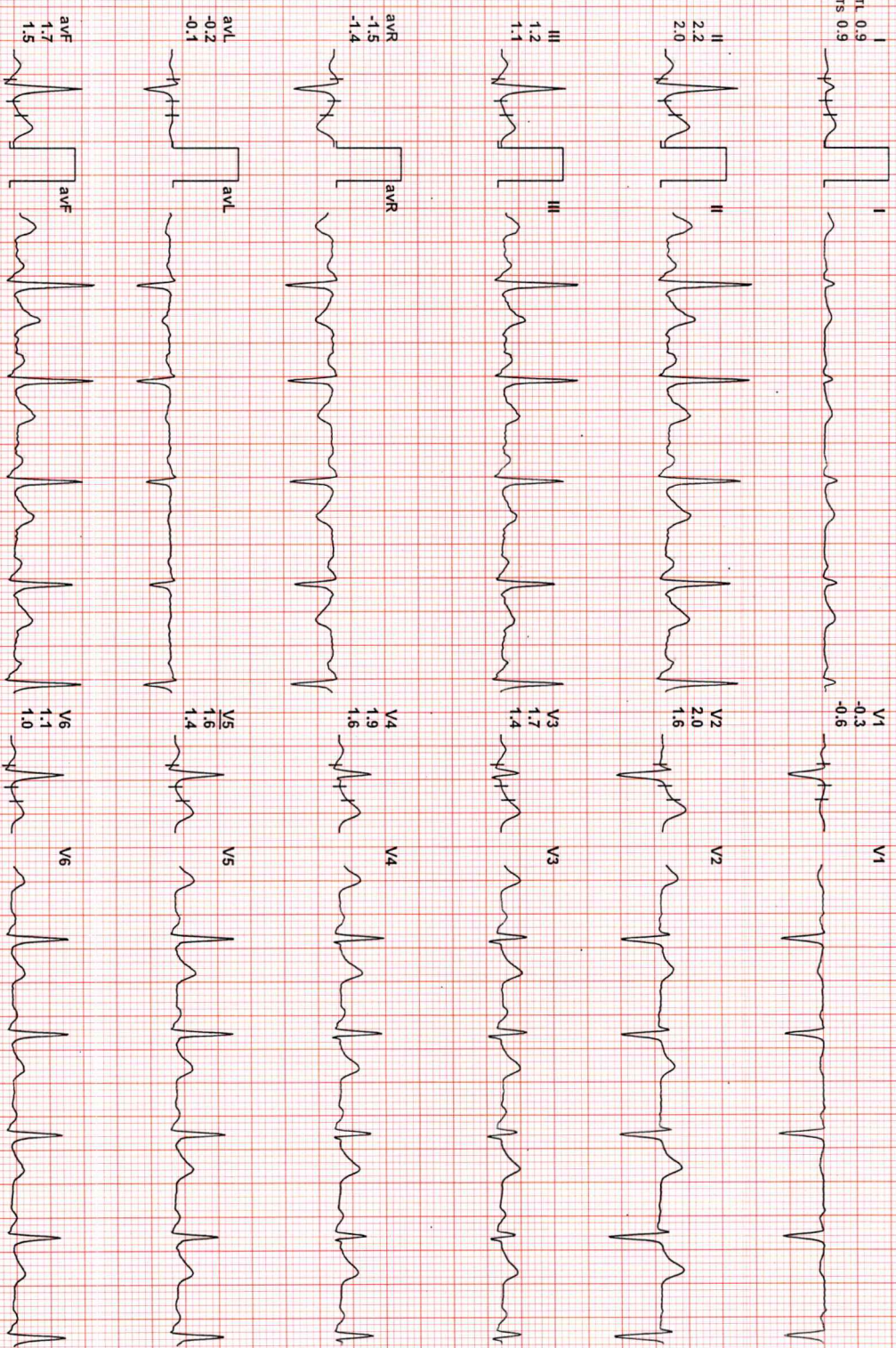
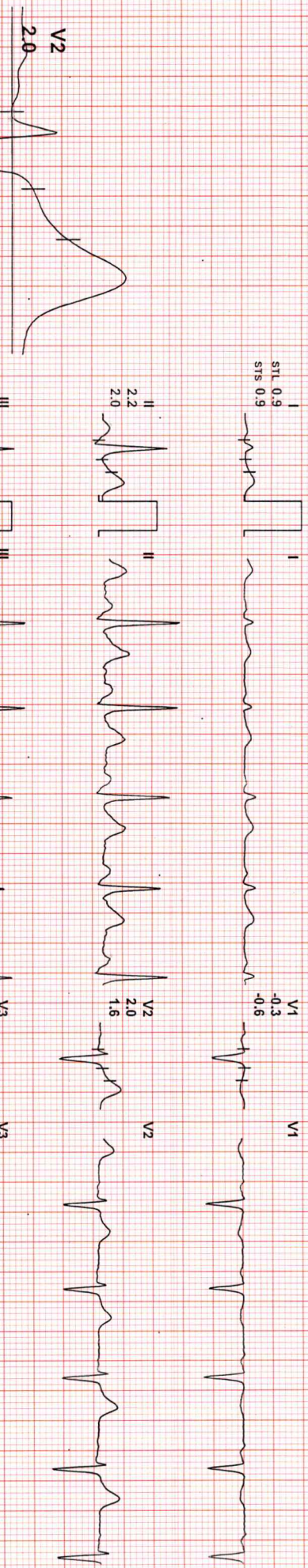
175 / MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 98

Date: 22 / 07 / 2023 12:32:27 PM METS: 1.0/ 98 bpm 53% of THR BP: 126/86 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:

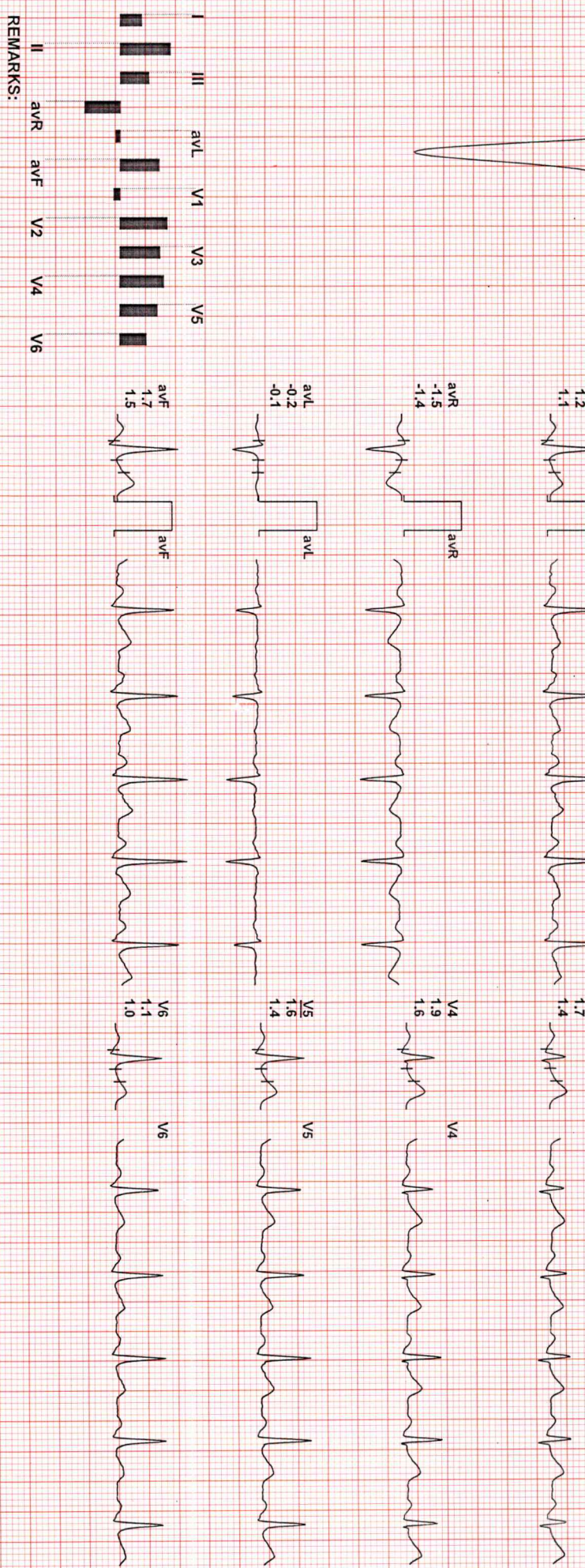
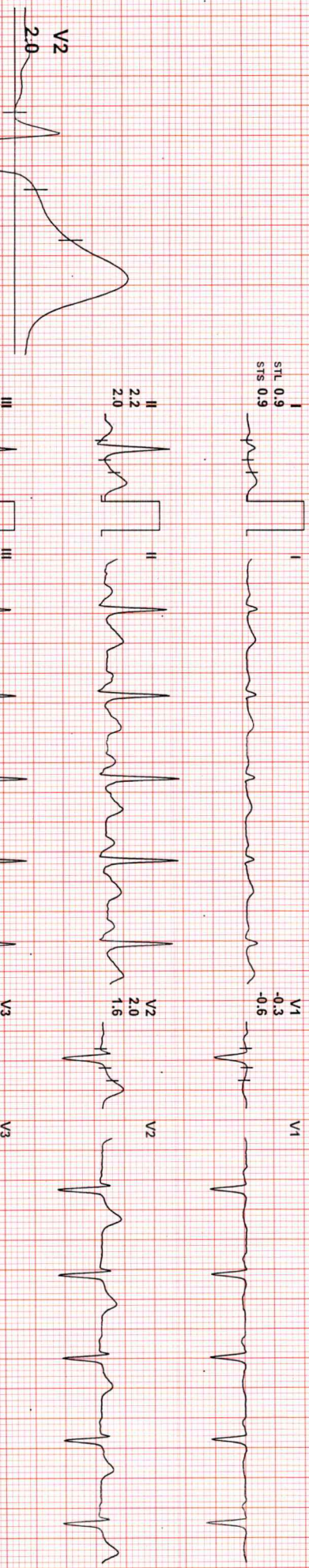


175 / MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 101

Date: 22 / 07 / 2023 12:32:27 PM METS: 1.0 / 101 bpm 55% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

4X 80 ms Post J

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



REMARKS:

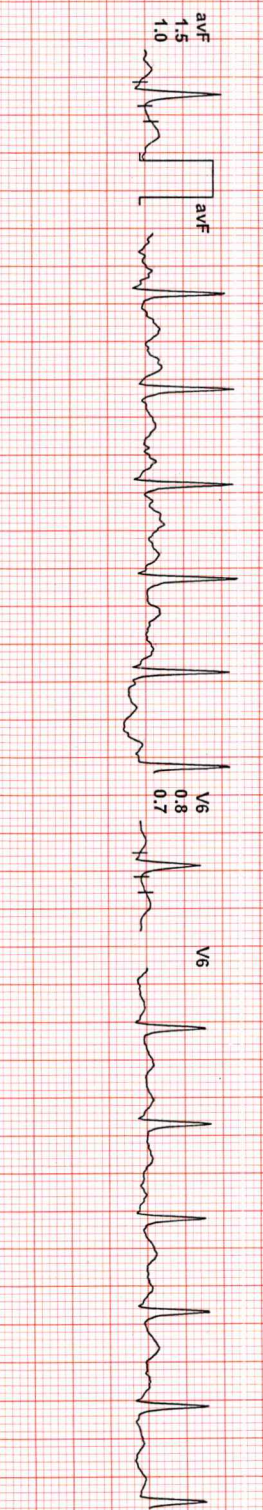
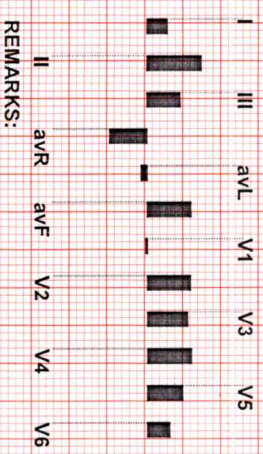
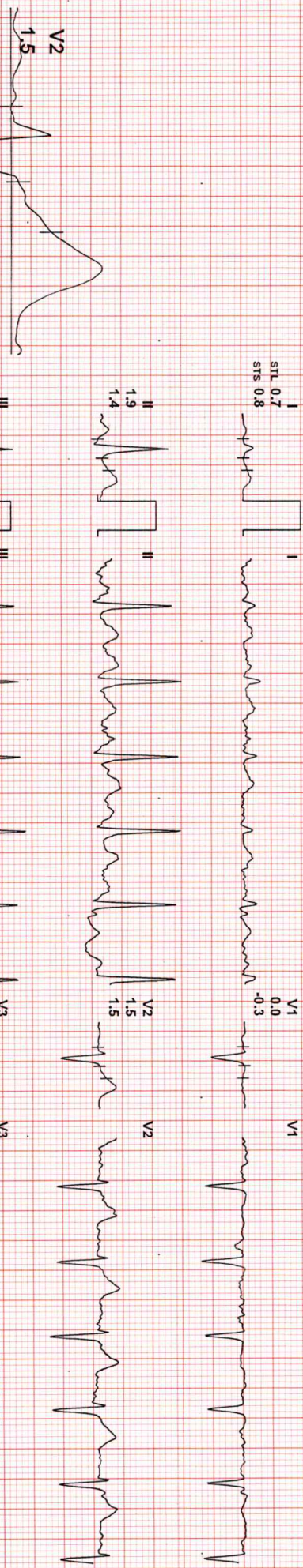


175 / MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 111

Date: 22 / 07 / 2023 12:32:27 PM METS: 1.0 / 111 bpm 60% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



REMARKS:

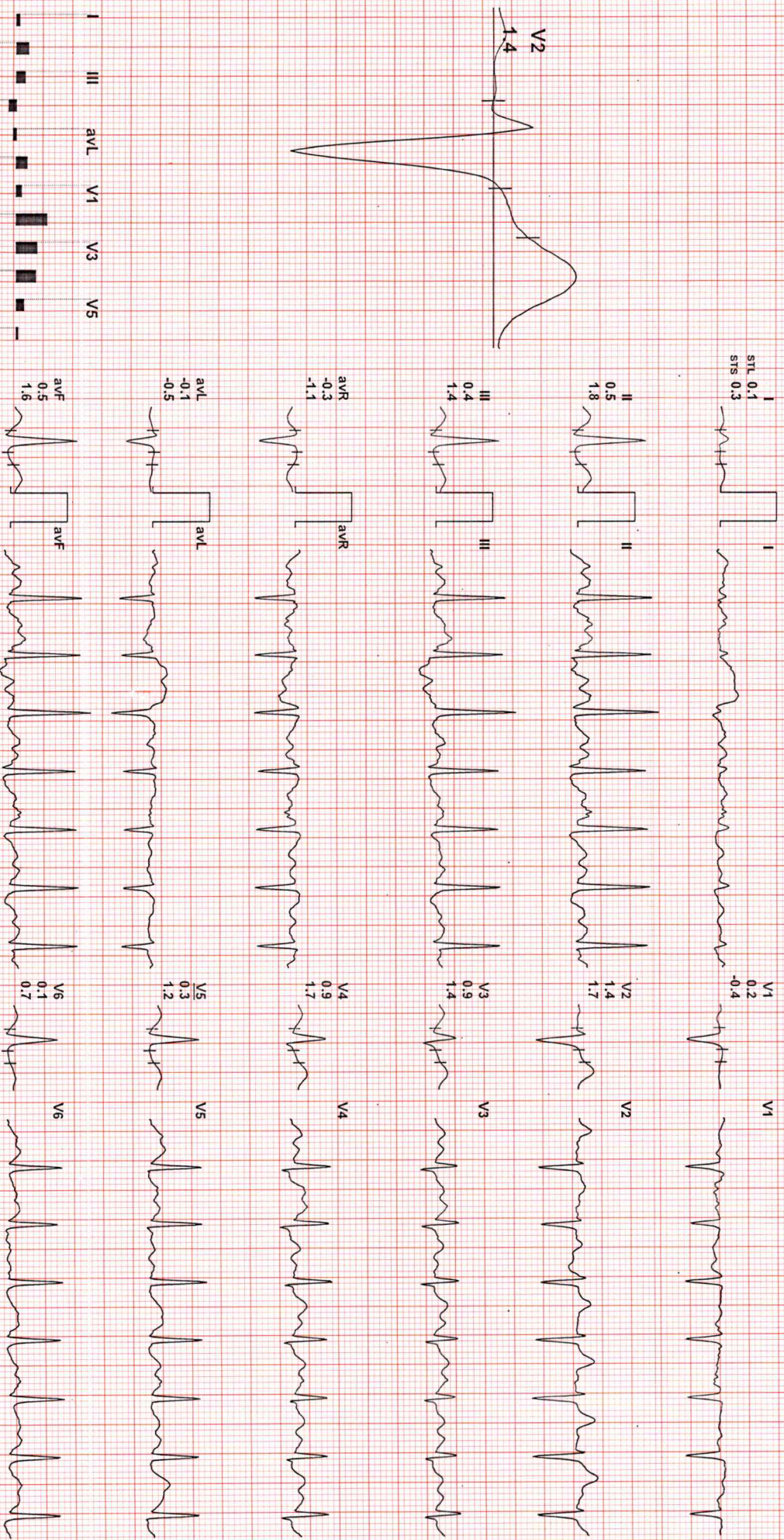


175 / MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 144

Date: 22 / 07 / 2023 12:32:27 PM METS: 4.71 144 bpm 78% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

4X 60 ms Post J

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



REMARKS:



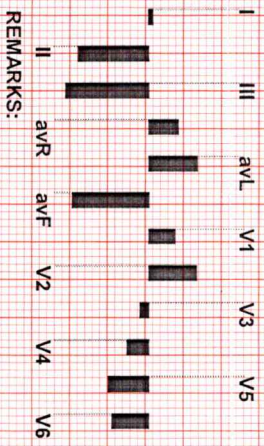
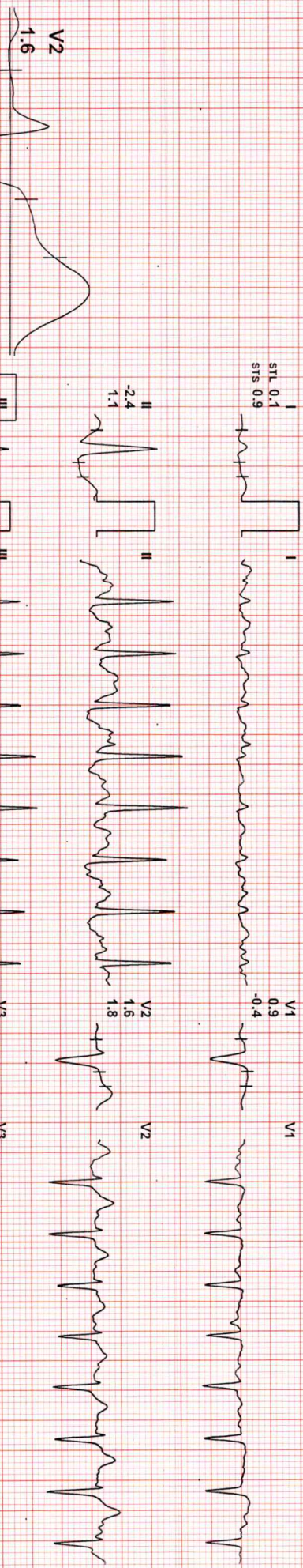
175 / MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 165

Date: 22 / 07 / 2023 12:32:27 PM METS: 7.1 / 165 bpm 89% of THR BP: 146/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 2.5 mph, 12.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

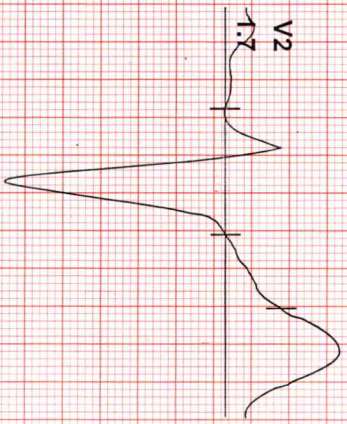


175 / MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 179

Date: 22 / 07 / 2023 12:32:27 PM METS: 8.8 / 179 bpm 97% of THR BP: 156/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

4X 60 ms Post J

EXTime: 07:38 3.4 mph, 14.0%
25 mm/Sec. 1.0 Cm/mV



I
STL 0.7
STS 1.3



V1
0.2
-0.1



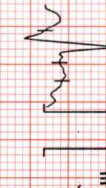
II
1.3
2.1



V2
1.7
2.7



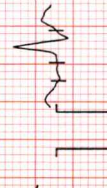
III
2.4
0.5



V3
-0.5
2.1



avR
0.2
0.2



V4
0.5
2.5



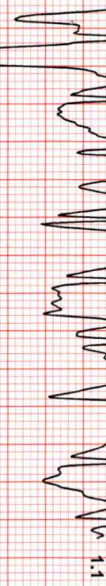
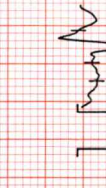
avL
-1.1
0.3



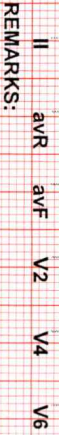
V5
0.1
1.9



avF
2.6
1.1



V6
-0.2
1.1



REMARKS:



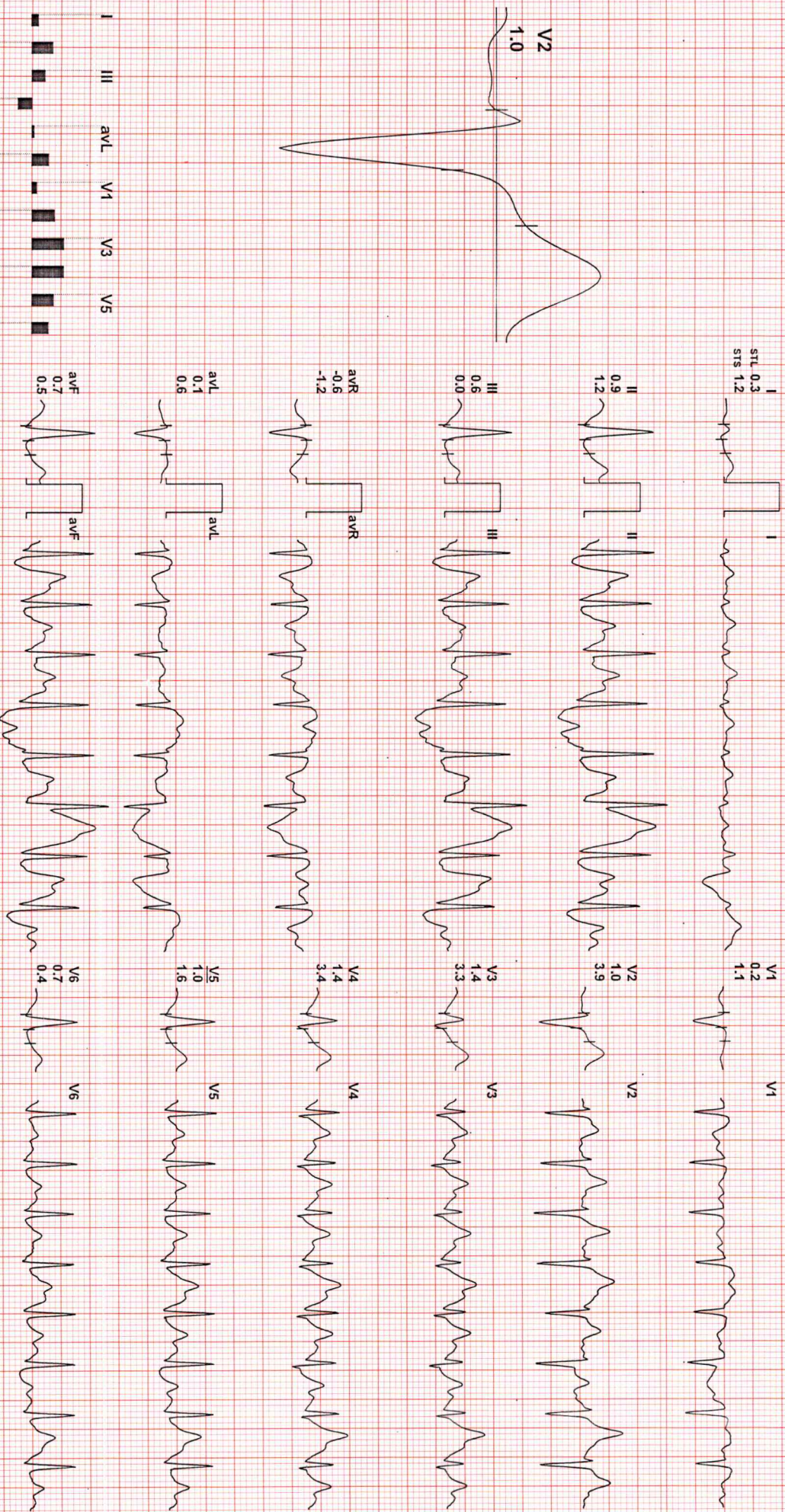
175/MR SANJAY CHAWLA / 35 Yrs/M/10 Cms/10 Kg /HR: 163

Date: 22 / 07 / 2023 12:32:27 PM METS: 1.2/ 163 bpm 88% of THR BP: 156/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X

60 ms Post J

EXTime: 07:38 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



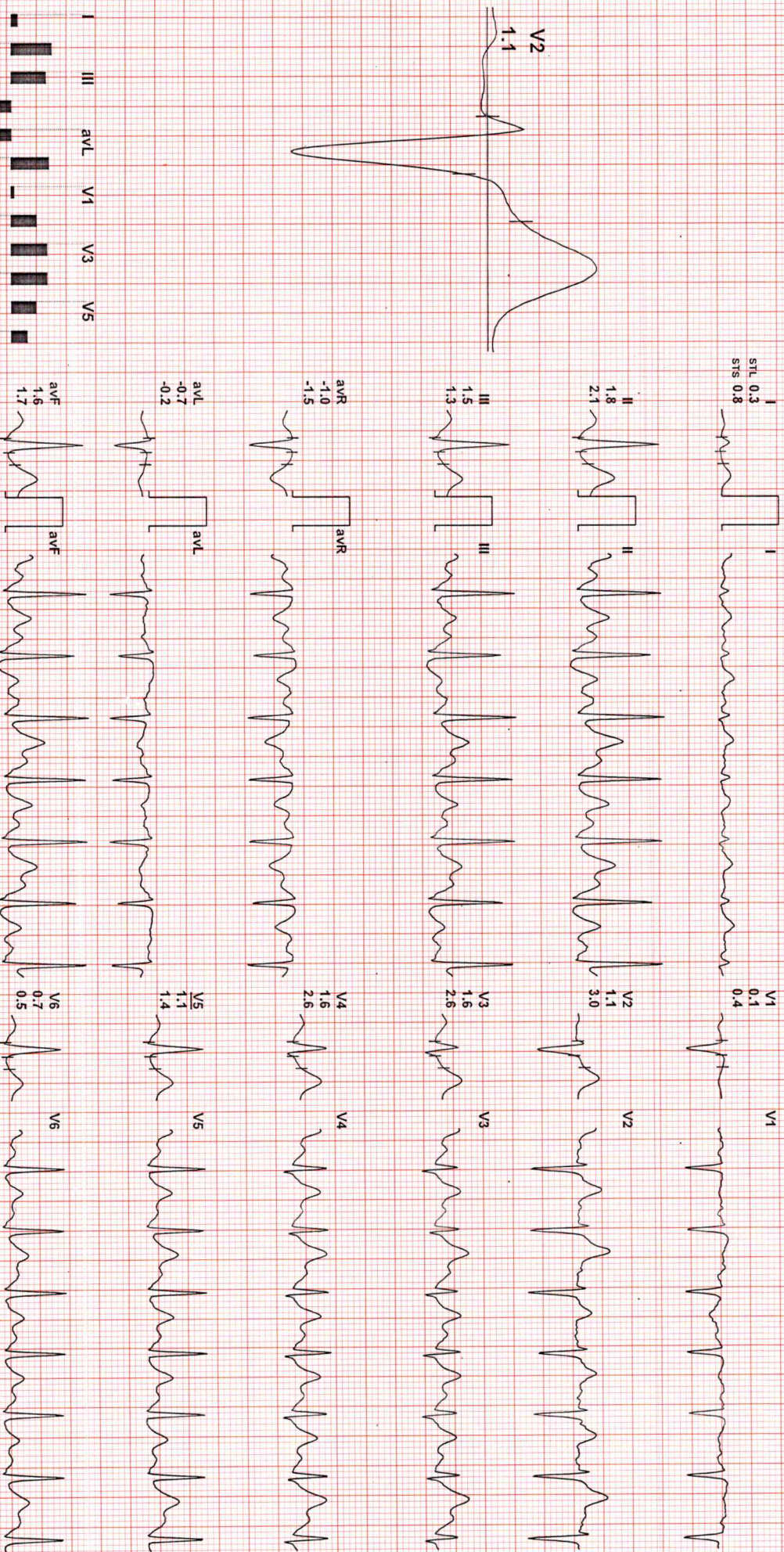
175 /MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 137

Date: 22 / 07 / 2023 12:32:27 PM METS: 1.0/ 137 bpm 74% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:38 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

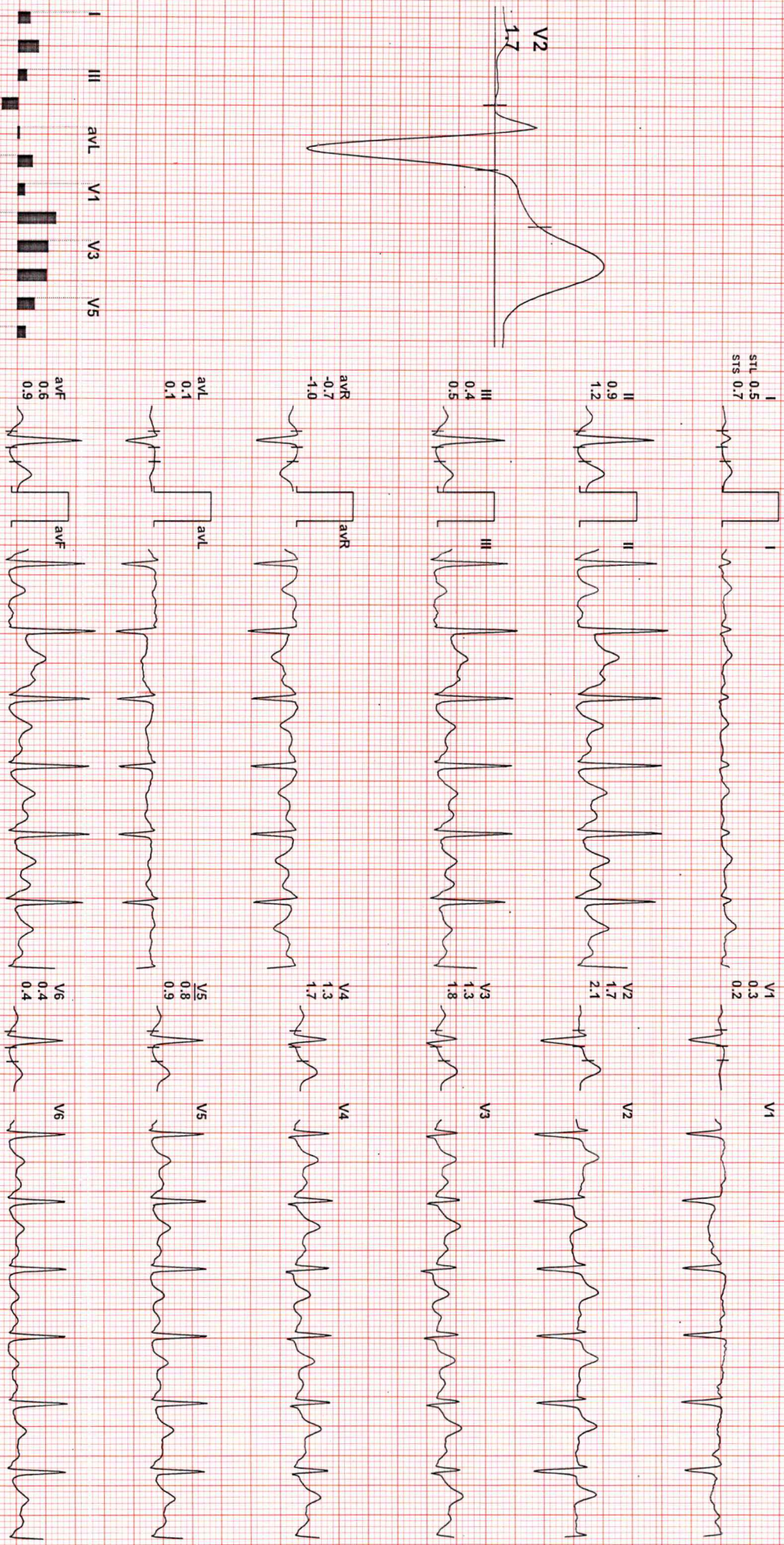


175 /MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 124

Date: 22 / 07 / 2023 12:32:27 PM METS: 1.0/ 124 bpm 67% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 07:38 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



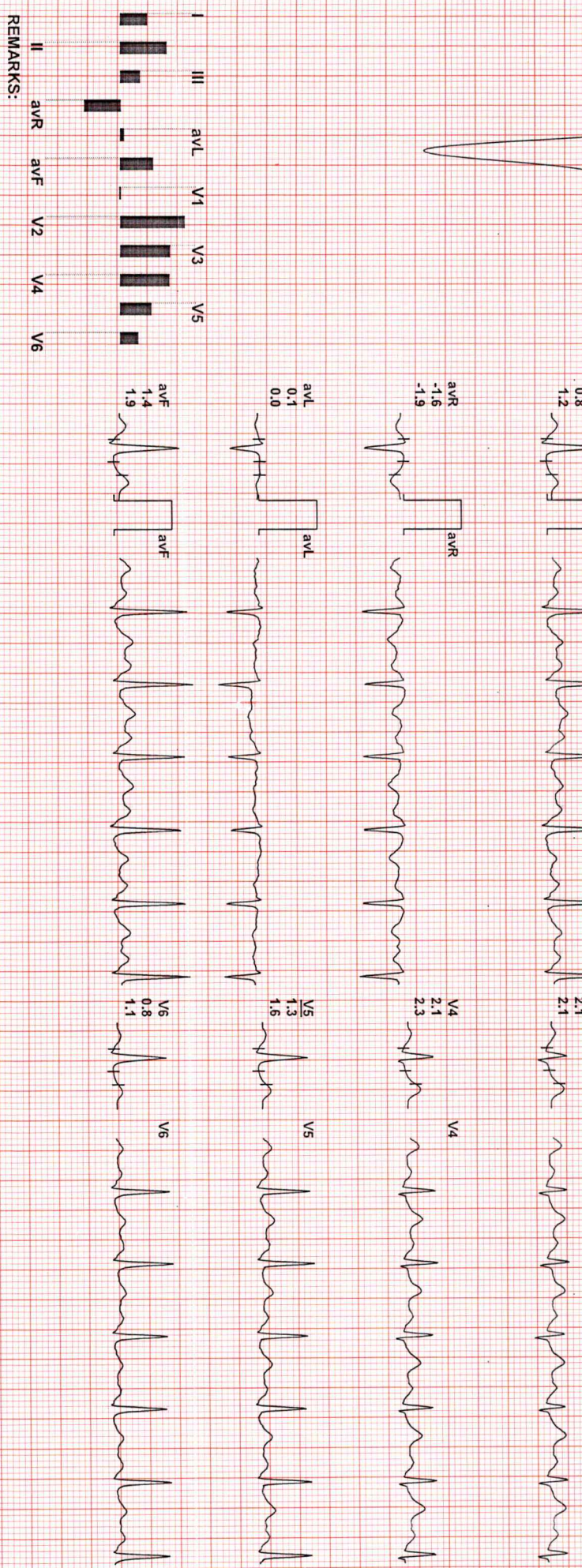
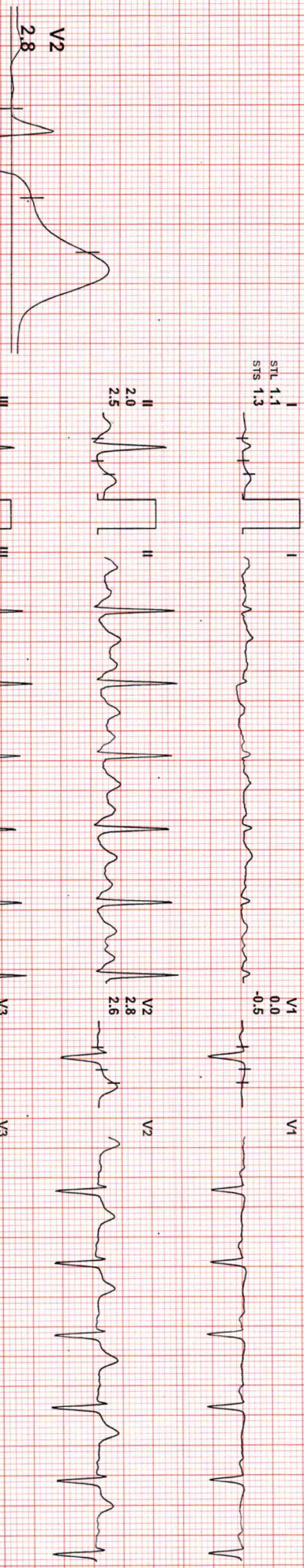
175 /MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 117

Date: 22 / 07 / 2023 12:32:27 PM METS: 1.0/ 117 bpm 63% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:38 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



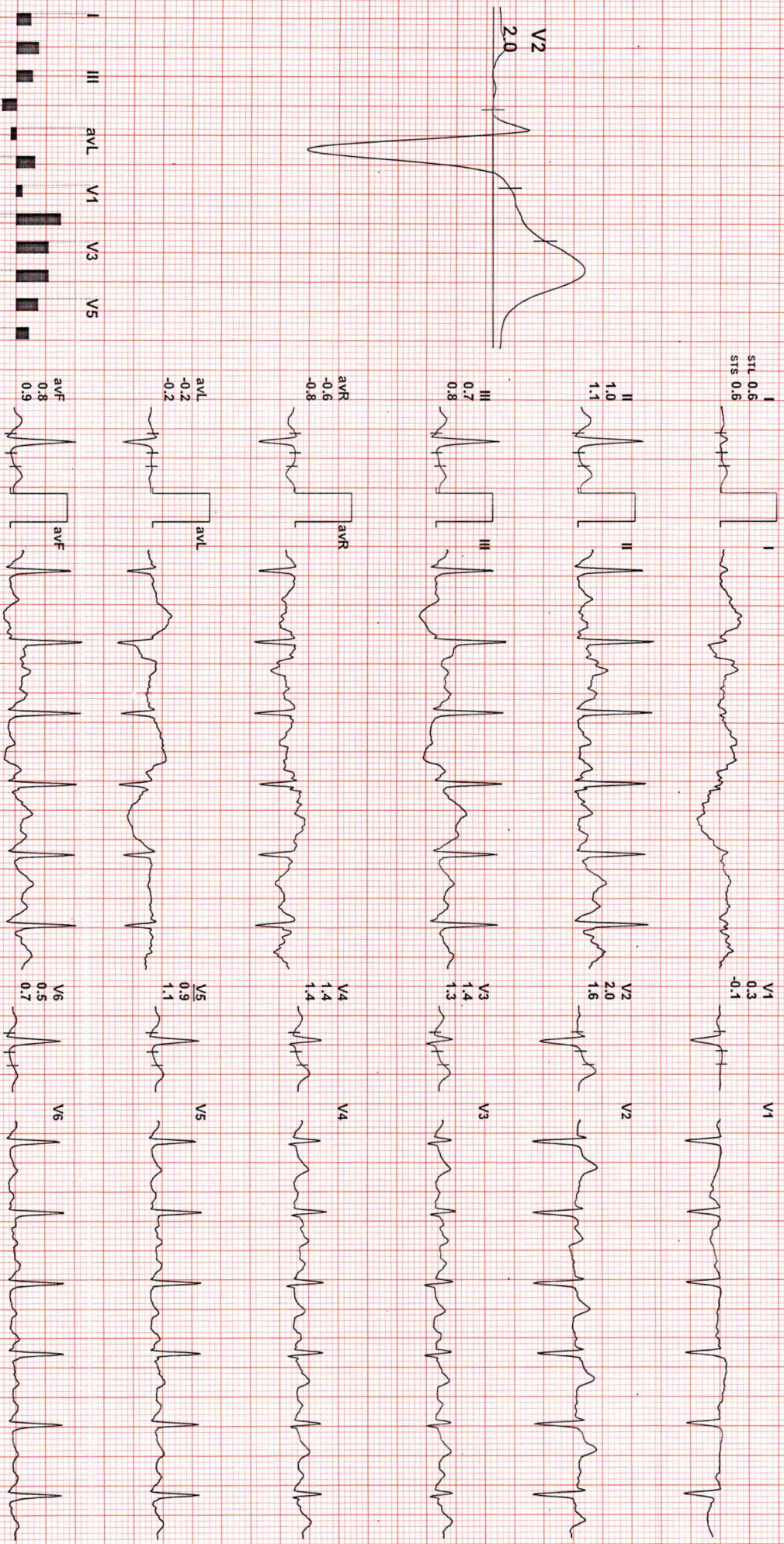
REMARKS:



Date: 22 / 07 / 2023 12:32:27 PM METS: 1.0/ 119 bpm 64% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 07:38 0.0 mph, 0.0%



REMARKS:



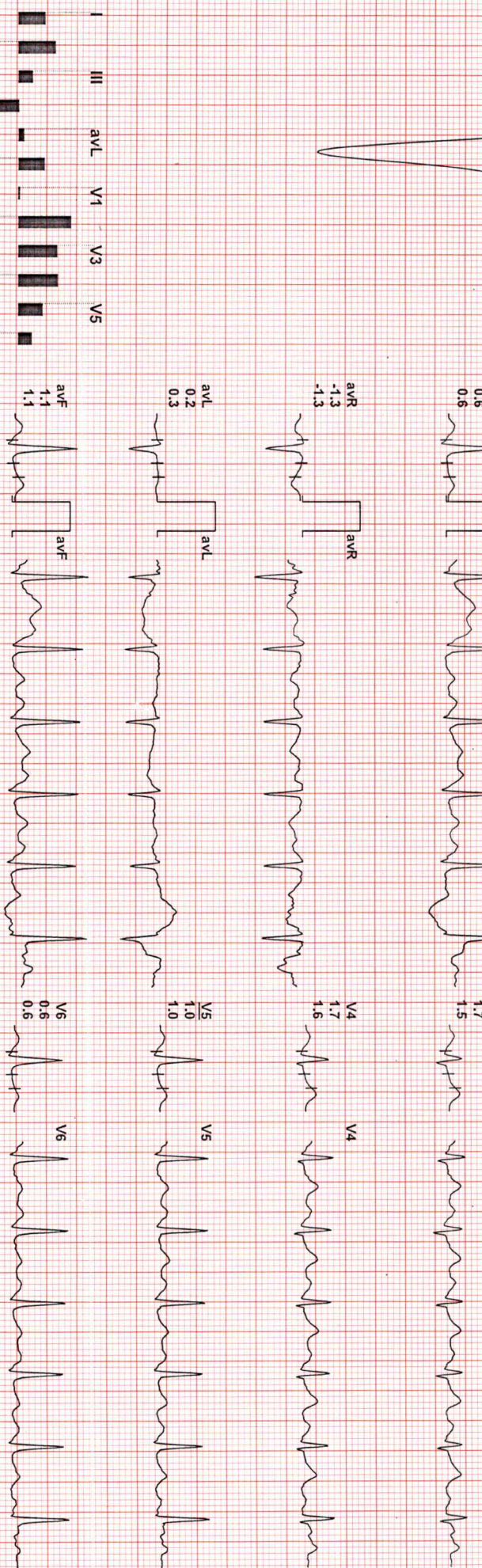
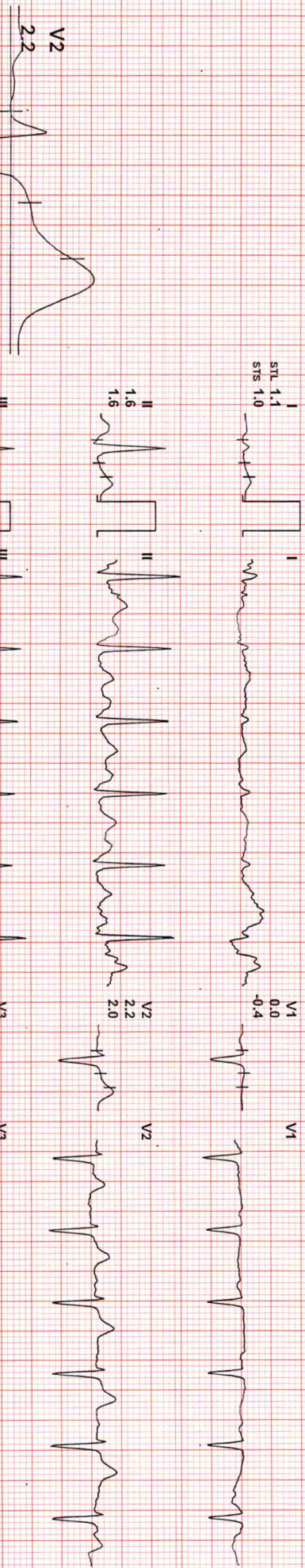
175 / MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 116

Date: 22 / 07 / 2023 12:32:27 PM METS: 1.0/ 116 bpm 63% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 HZ

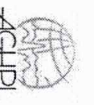
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4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

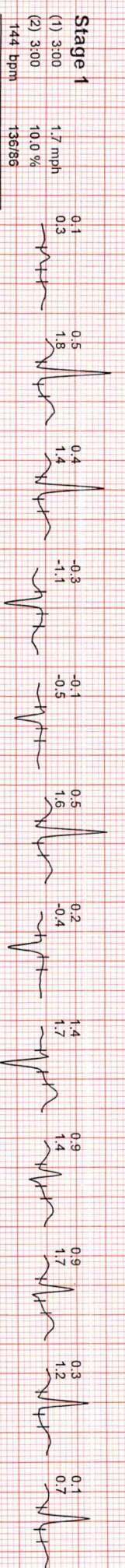
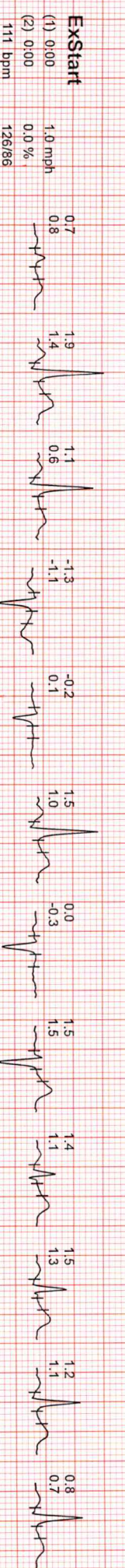
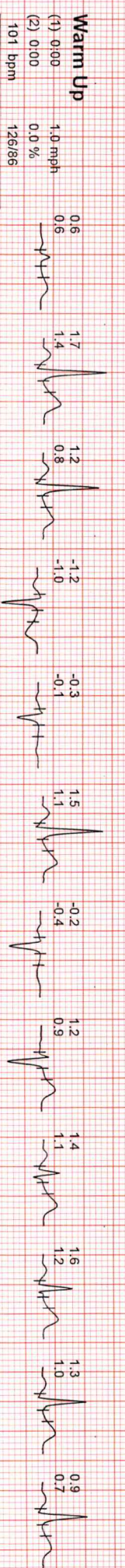
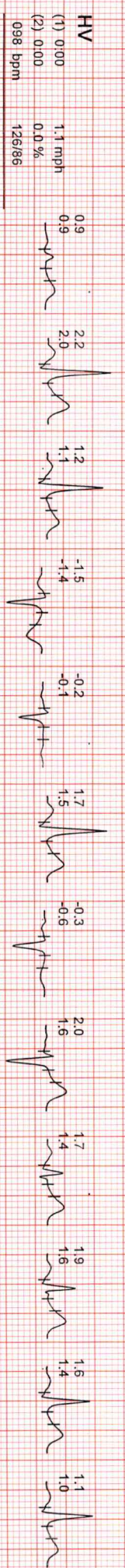
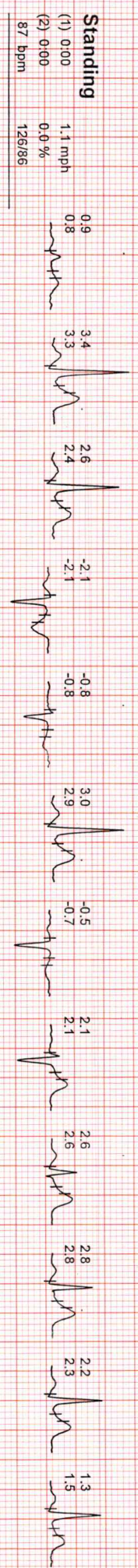
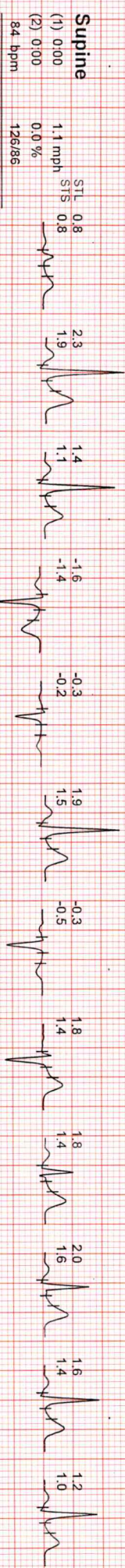


REMARKS:



175/MR SANJAY CHAWLA / 35 Yrs / M / 10 Cms / 10 Kg / HR : 83

Date: 22 / 07 / 2023 12:32:27 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



DR . GOYALS PATH LAB & IMGING CENTRE

Average



175 / MR SANJAY CHAWLA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 83

Date: 22 / 07 / 2023 12:32:27 PM I

II

III

avR

avL

avF

V1

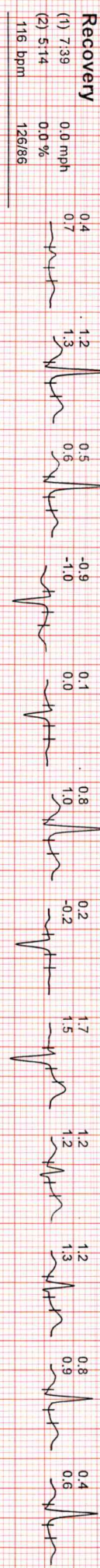
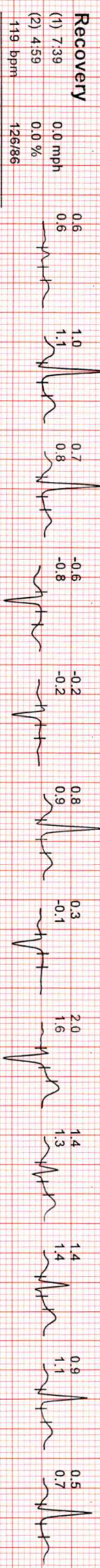
V2

V3

V4

V5

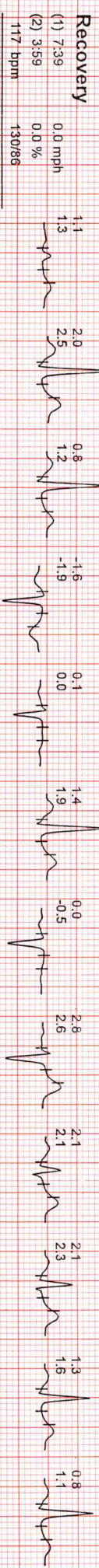
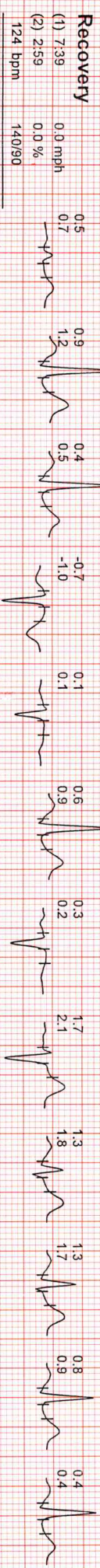
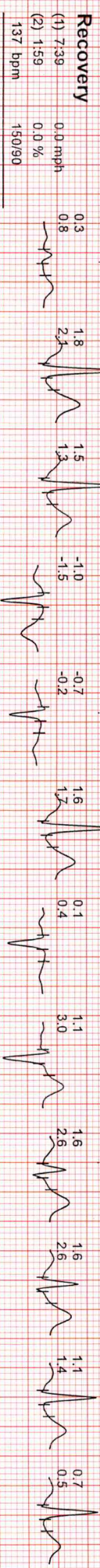
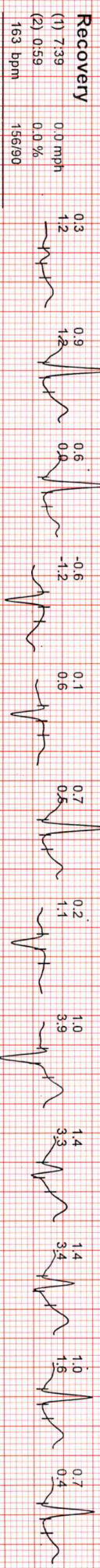
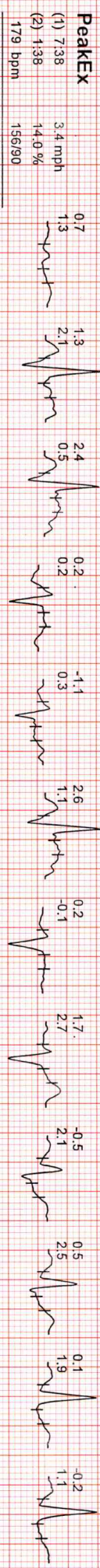
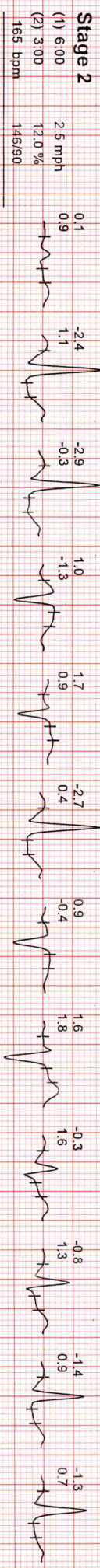
V6





175 / MR SANJAY CHAWLA / 35 Yrs / M / O Cms / O Kg / HR : 83

Date: 22 / 07 / 2023 12:32:27 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



Dr. Goyal's

Path Lab & Imaging Centre



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

MC- 5509

Date :- 22/07/2023 10:21:51
NAME :- Mr. SANJAY CHAWLA
Sex / Age :- Male 35 Yrs 8 Mon 4 Days
Company :- MediWheel

Patient ID :-12231978
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 22/07/2023 10:27:57

Final Authentication : 22/07/2023 13:01:25

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C) 5.6 %
Method:- HPLC

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

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE 114 mg/dL
Method:- Calculated Parameter

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

AJAYSINGH
Technologist

Page No: 1 of 12



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.17	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	50.9	%	40.0 - 80.0
LYMPHOCYTE	45.1 H	%	20.0 - 40.0
EOSINOPHIL	1.1	%	1.0 - 6.0
MONOCYTE	2.8	%	2.0 - 10.0
BASOPHIL	0.1	%	0.0 - 2.0
NEUT#	3.15	10 ³ /uL	1.50 - 7.00
LYMPH#	2.78	10 ³ /uL	1.00 - 3.70
EO#	0.10	10 ³ /uL	0.00 - 0.40
MONO#	0.19	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.35	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	42.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	79.5 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.5	g/dL	31.5 - 34.5
PLATELET COUNT	214	x10 ³ /uL	150 - 410
RDW-CV	14.1 H	%	11.6 - 14.0
MENTZER INDEX	14.86		

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.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR) 11 mm/hr. 00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction). Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.
CBC: Methodology: 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

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Sample Type :- PLAIN/SERUM Sample Collected Time 22/07/2023 10:27:57 Final Authentication : 22/07/2023 12:49:23

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	138.90	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	200.61 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	32.56	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	72.90	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	40.12	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.27		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.24		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	533.36	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT 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			

SURENDRAKHANGA

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Company :- MediWheel

Patient ID :-12231978

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 22/07/2023 10:27:57

Final Authentication : 22/07/2023 12:49:23

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.43	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.14	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.29	mg/dl	0.30-0.70
SGOT Method:- IFCC	27.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	40.7 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	74.20	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	23.50	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.16	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.35	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.81	gm/dl	2.20 - 3.50
A/G RATIO	1.55		1.30 - 2.50

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

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

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

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

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

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

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Company :- MediWheel

Patient ID :-12231978
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 22/07/2023 10:27:57

Final Authentication : 22/07/2023 11:55:38

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.230	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.320	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.870	μIU/mL	0.350 - 5.500

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

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

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

INTERPRETATION

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

MUKESH SINGH
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NAME :- Mr. SANJAY CHAWLA
Sex / Age :- Male 35 Yrs 8 Mon 4 Days
Company :- MediWheel

Patient ID :-12231978
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 22/07/2023 10:27:57

Final Authentication : 22/07/2023 11:12:22

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) Method:- Reagent Strip(Double indicator blue reaction)	6.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	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

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NAME :- Mr. SANJAY CHAWLA Ref. By Dr:- BOB
Sex / Age :- Male 35 Yrs 8 Mon 4 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- STOOL

Sample Collected Time 22/07/2023 10:27:57

Final Authentication : 22/07/2023 11:12:22

CLINICAL PATHOLOGY

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

VIJENDRAMEENA
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Sex / Age :- Male 35 Yrs 8 Mon 4 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Chloride SERUM Final Authentication : 22/07/2023 14:23:49

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 80.7 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) 94.2 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 .

SERUM CREATININE 0.97 mg/dl Men - 0.6-1.30
Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 6.08 mg/dl Men - 3.4-7.0
Method:- Enzymatic colorimetric Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AHSAN, AJAYSINGH, BILAL, MUKESHSINGH, SURENDRAKHANGA, VIJENDRAMEENA

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 22/07/2023 10:27:57

Final Authentication : 22/07/2023 13:54:31

HAEMATOLOGY

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

AJAYSINGH, VIJENDRAMEENA
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Final Authentication : 22/07/2023 12:49:23

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	12.1	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

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Final Authentication : 22/07/2023 14:24:29

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

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(D.M.R.D.) BILAL

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Transcript by.



Date :- 22/07/2023 10:21:51
NAME :- Mr. SANJAY CHAWLA
Sex / Age :- Male 35 Yrs 8 Mon 4 Days
Company :- MediWheel

Patient ID :- 12231978
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 22/07/2023 12:04:23

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

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

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

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

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

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

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

Prostate is 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:

* **Grade I fatty liver.**

Needs clinical correlation for further evaluation

*** End of Report ***