

भारत सरकार
Government of India

चंद्र प्रकाश सैनी
Chandra Prakash Saini
जन्म वर्ष / Year of Birth : 1989
पुरुष / Male

8144 2552 7955

आधार - आम आदमी का अधिकार

Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041
Dr. GOYAL'S
Path Lab & Imaging Center, Jaipur

आधार
Unique Identification Authority of India

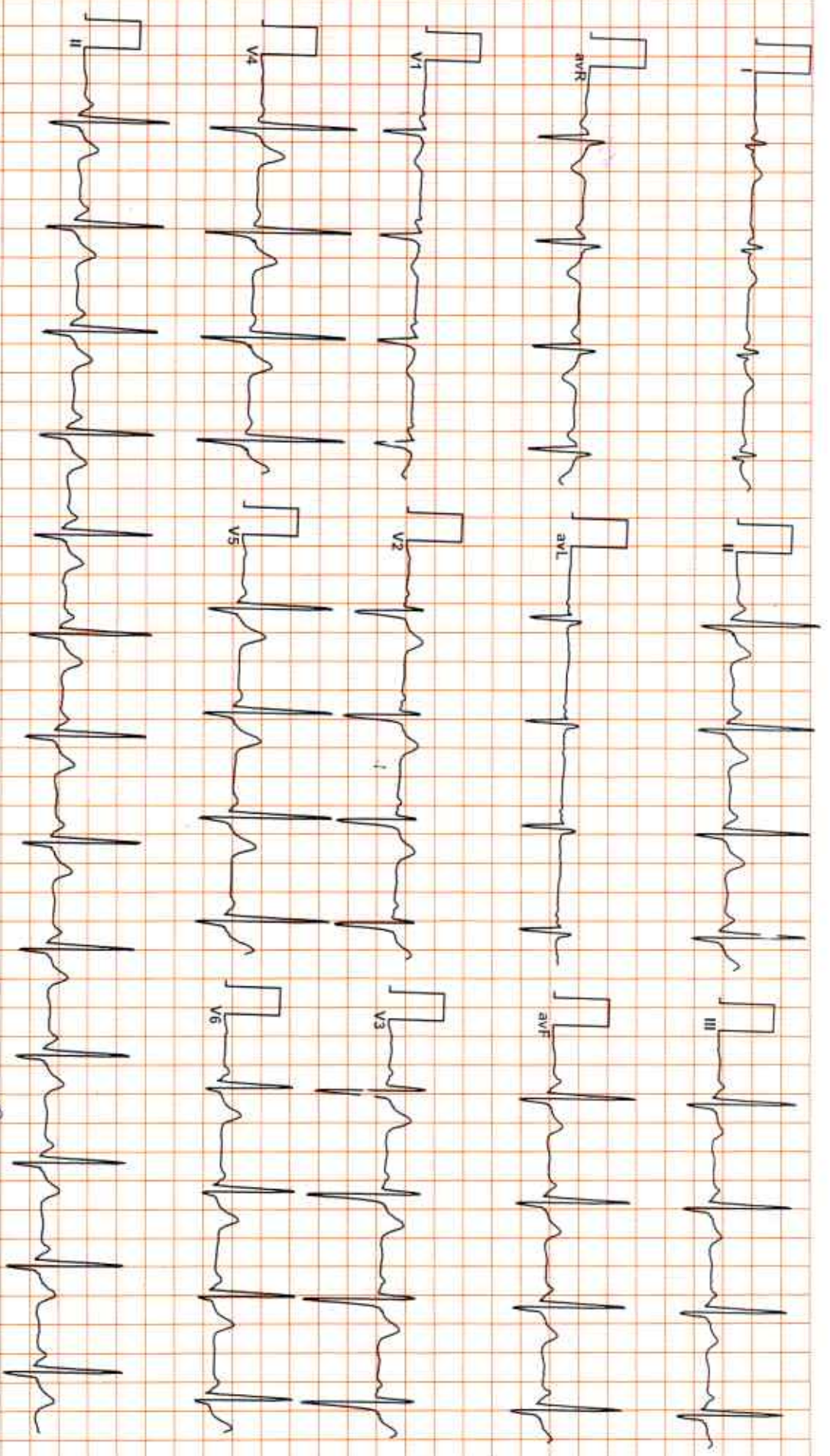
पता: S/O: मन्ना लाल सैनी, मैन रोड, मालीयो की धारी, त संगानेर, वटिका, वटिका, जयपुर, राजस्थान, 303905
Address: S/O: Manna Lal Saini, Main Road, maliyo ki dhari, th sanganer, Watika, Walika, Jaipur, Rajasthan, 303905

8144 2552 7955

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



Allengers ECG (Piscos)(P/S212160118)

rwv

Dr. PIYUSH GOYAL
MBBS, DNB (Radiologist)
RMO No. 037041
Dr. GOYAL'S
Path Lab & Imaging Center, Jaipur

Stage	Time	Duration	Best Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:04	0:01	01.1	00.0	01.0	78	120/82	093	00	
Standing	00:22	0:01	01.1	00.0	01.0	114	120/82	136	00	
HV	00:27	0:01	01.1	00.0	01.0	108	120/82	129	00	
EXStart	00:56	0:06	01.7	10.0	01.1	113	120/82	135	00	
BRUCE Stage 1	03:56	3:00	01.7	10.0	04.7	158	130/82	205	00	
BRUCE Stage 2	06:56	3:00	02.5	12.0	07.1	180	140/82	252	00	
PeakEX	08:57	2:01	03.4	14.0	09.2	194	150/85	291	00	
Recovery	09:56	1:00	00.0	00.0	01.2	163	150/85	244	00	
Recovery	10:56	2:00	00.0	00.0	01.0	142	160/85	227	00	
Recovery	12:56	4:00	00.0	00.0	01.0	120	150/85	180	00	
Recovery	13:12	4:15	00.0	00.0	01.0	120	150/85	180	00	

Findings :

Exercise Time : 08:02
 Max HR Attained : 196 bpm 104% of Target 188
 Max BP Attained : 160/85
 Max Workload Attained : 9.2 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

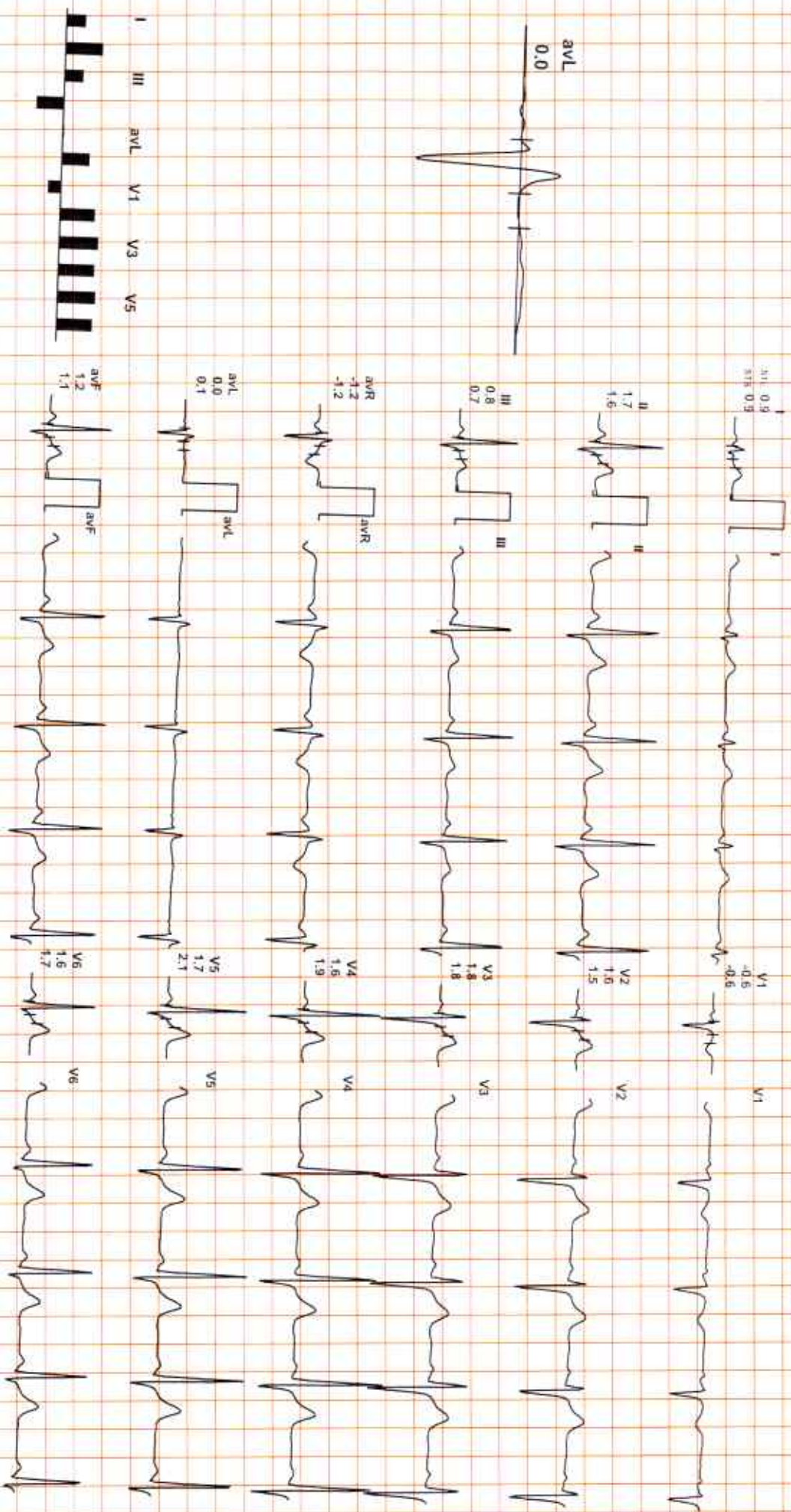
TMT is Negative at peak exercise

Dr. Piyush Goyal
 MBBS, DMRD (Radiologist)
 RMC No.-027041
 Dr. GOYAL'S
 Path Lab & Imaging Center, Jaipur

Date: 10-Jan-2022 03:16:25 PM METS: 1.01 78 bpm 41% of THR BP: 120/82 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 100 Hz

Ex Time: 00:04 1.1 mph 0.0%

25mm/Sec: 1.0 Calibrv



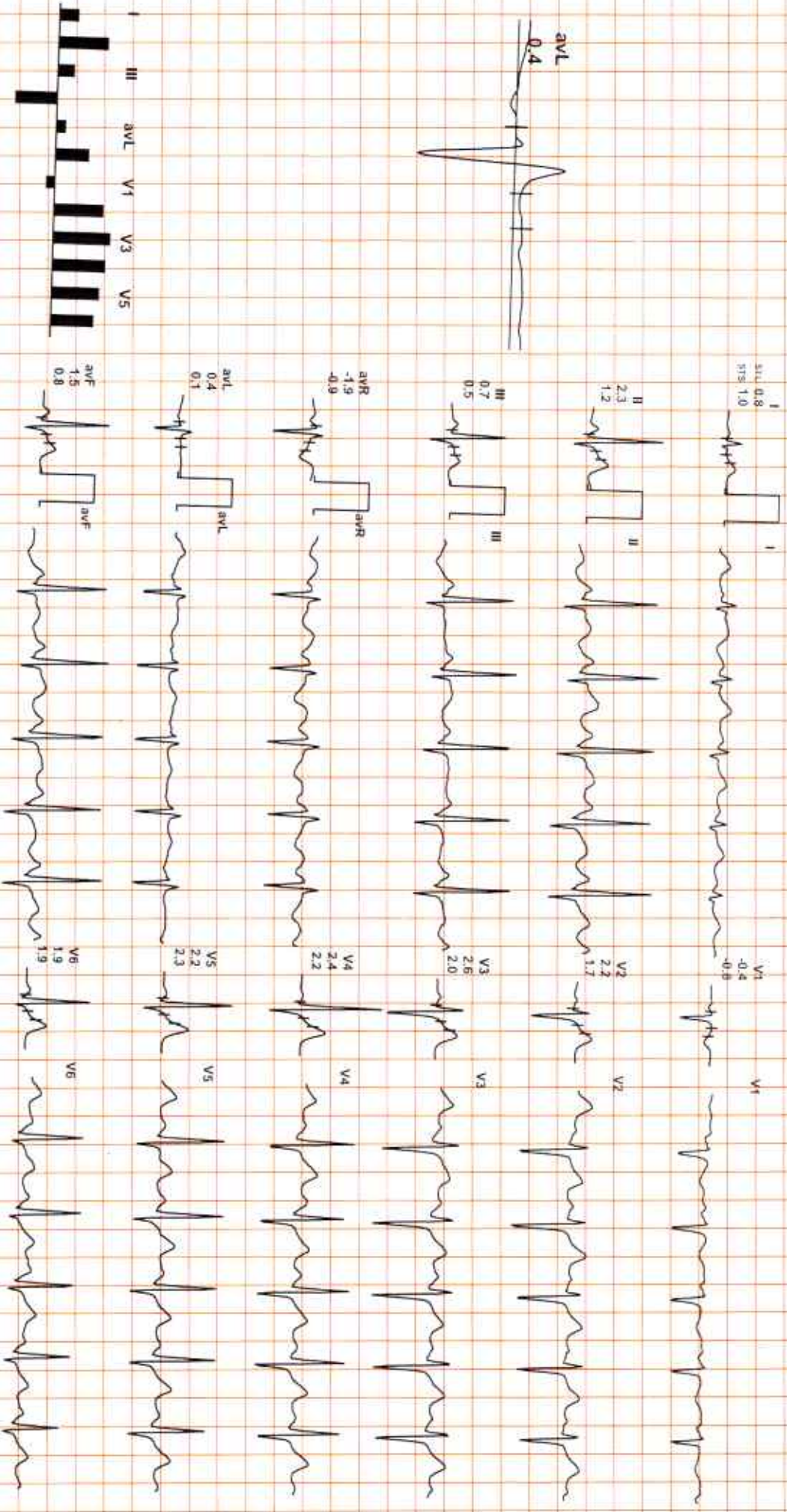
REMARKS:

Date: 10-Jan-2022 03:18:25 PM METS: 1.0/ 114 bpm 60% of THR BP: 120/82 mmHg Raw ECG/ BLC ON Nooh ON/ HF 0.05 Hz/ LF 100 Hz

4X

ExTime: 00:22 1.1 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

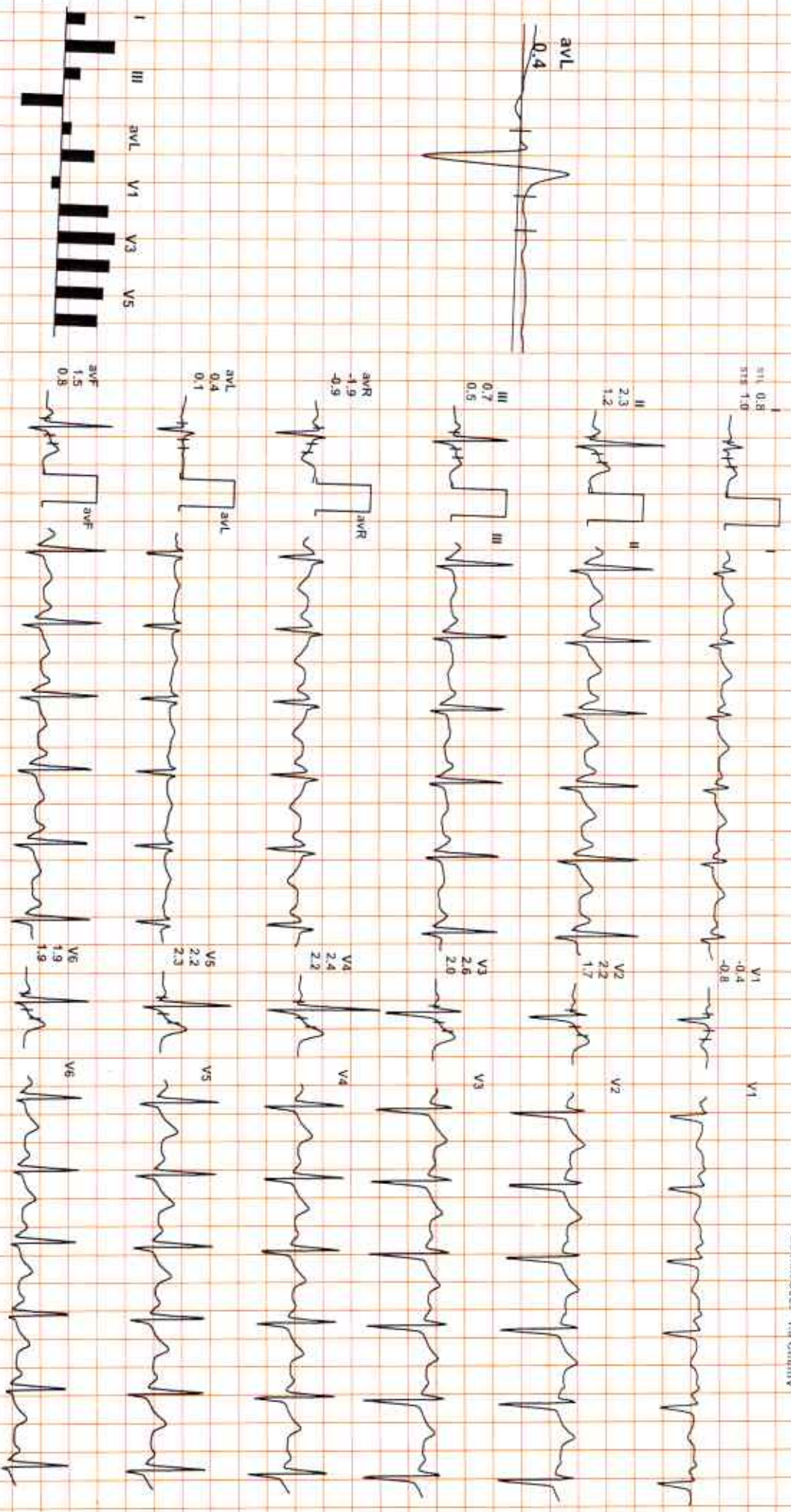


REMARKS: II aVR aVF V2 V4 V6

Date: 10-Jan-2022 03:18:25 PM METS: 1.0/ 108 bpm 57% of THR BR: 120/82 mmHg Raw ECG/ BLC Div Notch On/ HF 0.05 Hz/ LF 100 Hz

ExtTime: 00:27 1.1 mmh. 0.0%

25 mm/Sec 1.0 Cm/mV

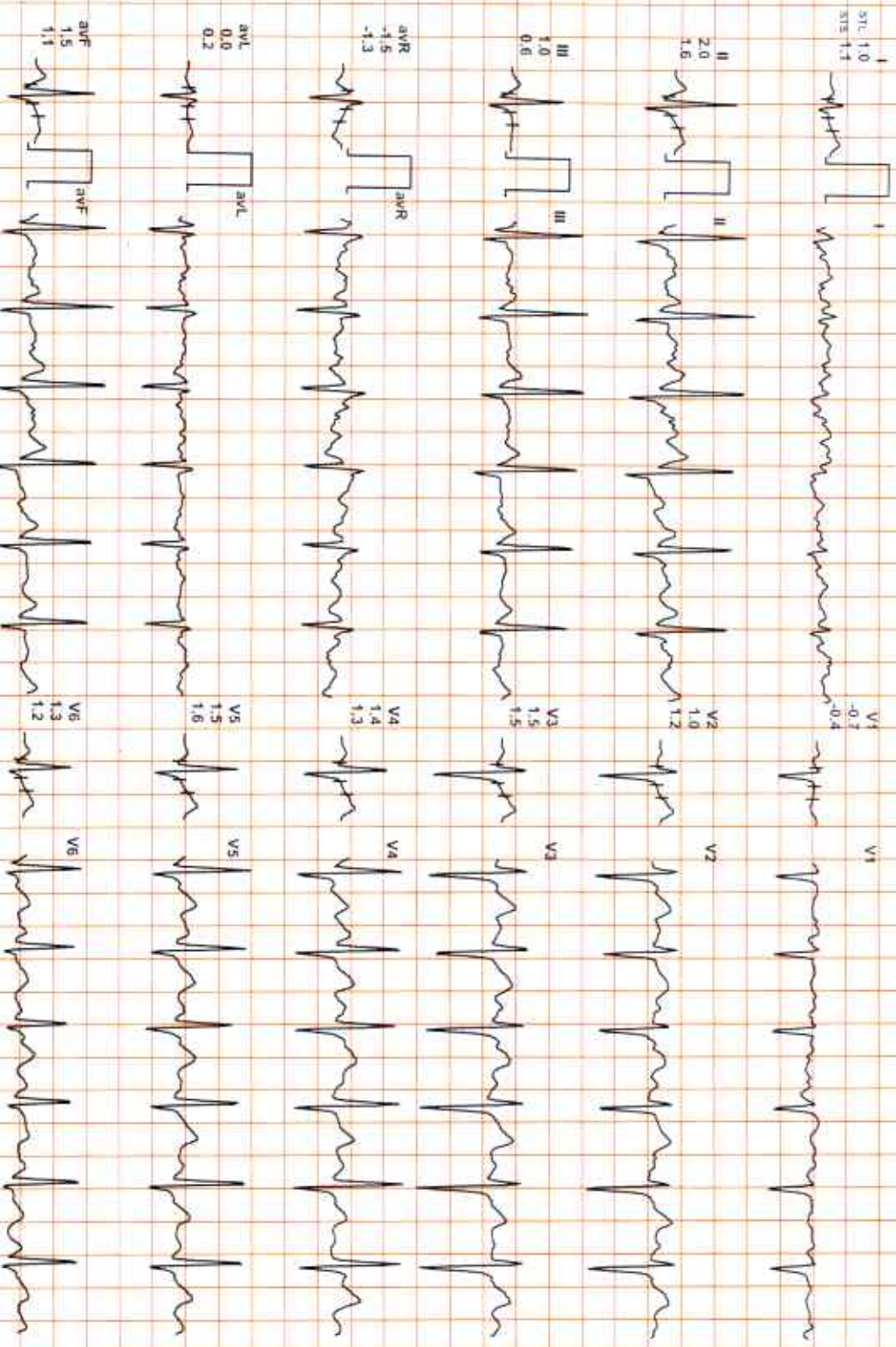
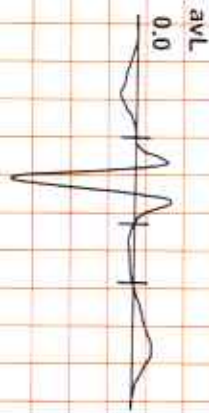


REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

Date: 10-Jan-2022 03:48:25 PM METS: 1.1/ 113 bpm 60% of THR BP: 120/82 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/LF 100 Hz

ExTime: 00:06 1.7 mph 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 MS Post J



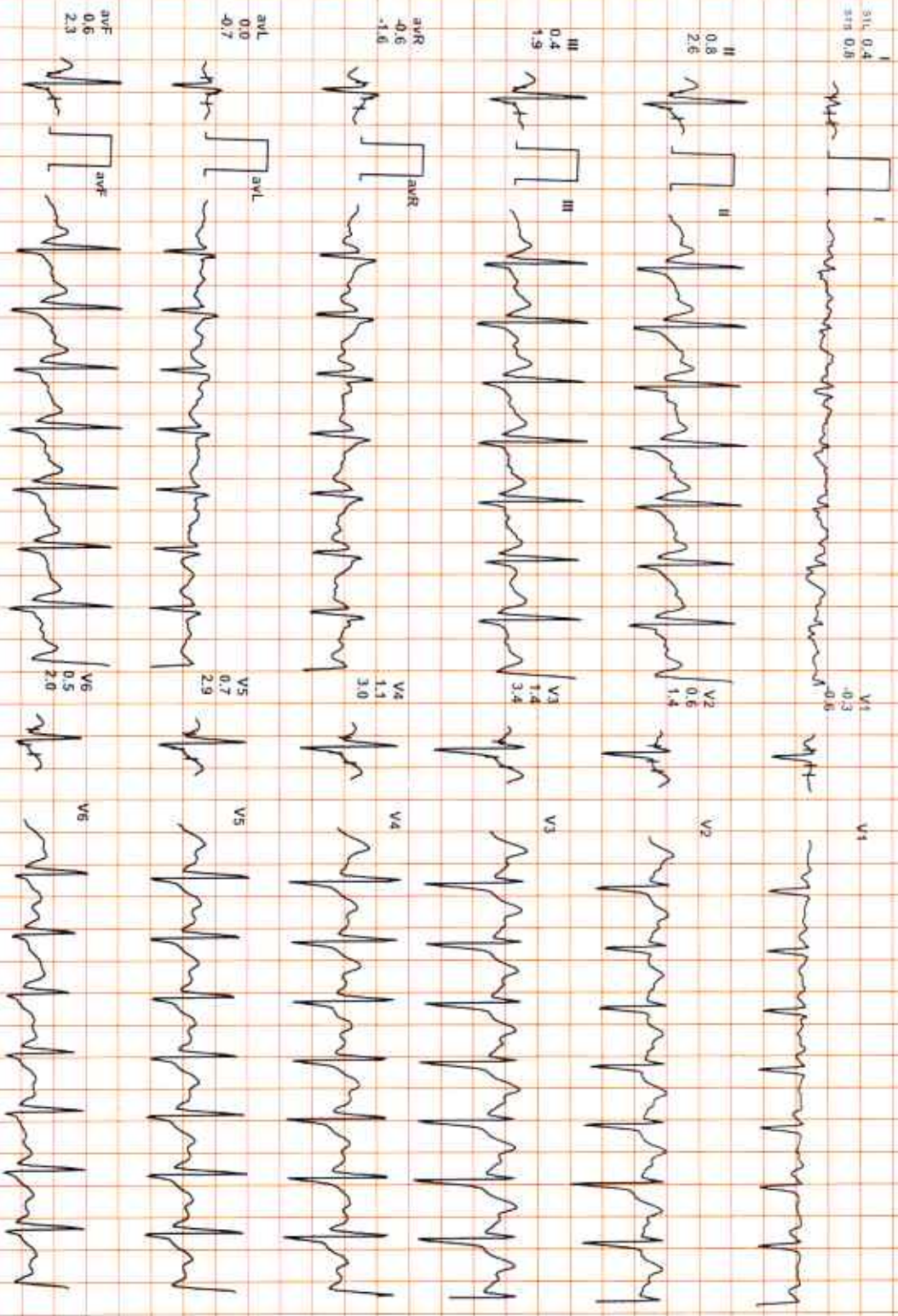
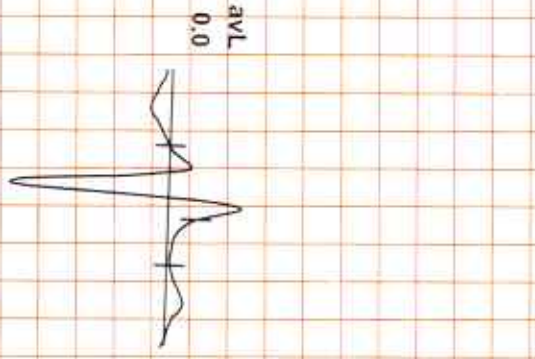
REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

Date: 10-Jan-2022 03:18:25 PM METS: 4.71 158 bpm 84% of THR BP: 130/82 mmHg RAW ECG/ BLC On/ Natch On/ HE 0.05 Hz/ LF 100 Hz

EXTime: 03:00 1.7 mph, 10.0%

25 mm/Sec: 1.0 Cm/mV

4X 60 ms Post J



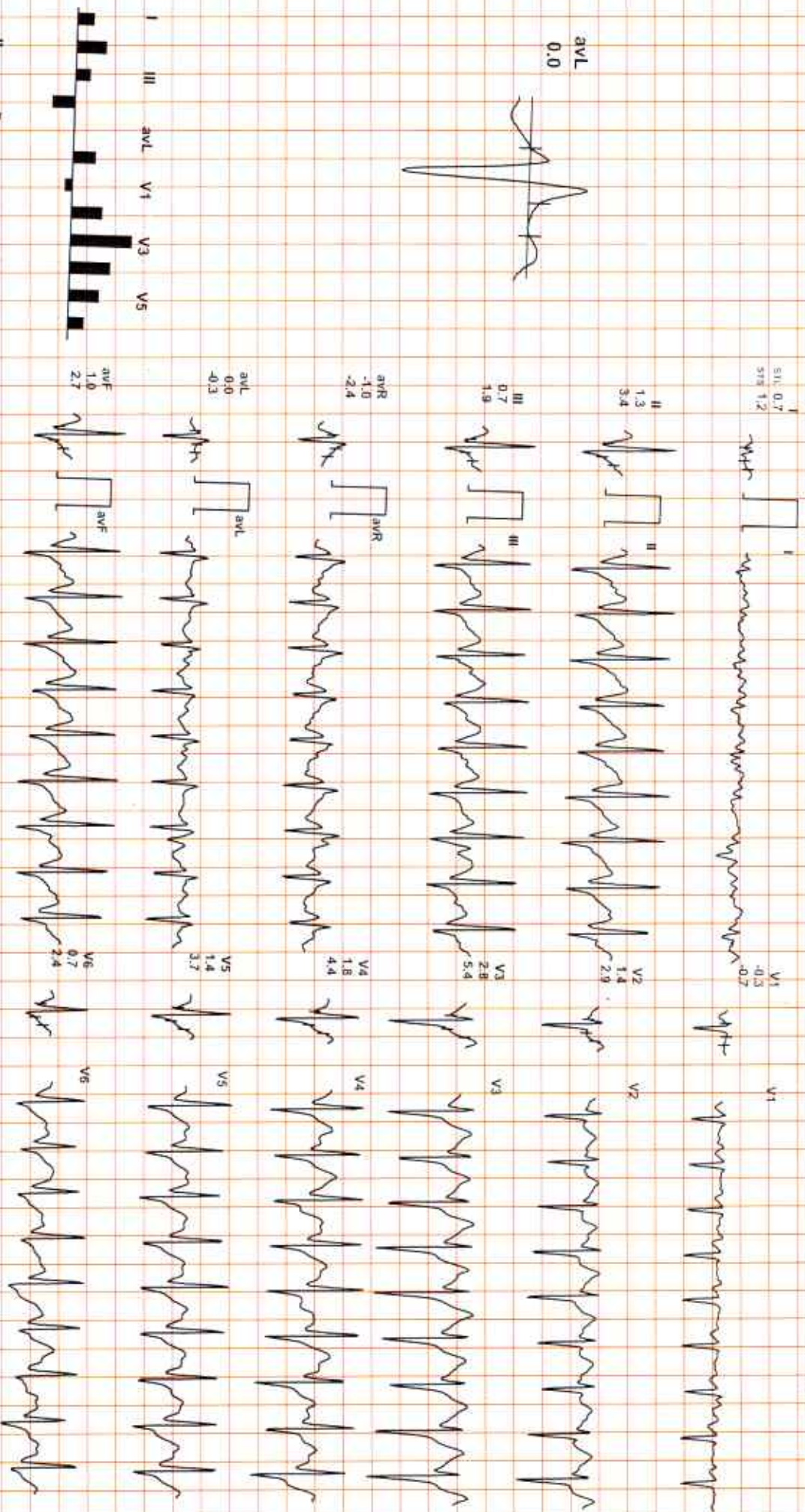
REMARKS:

Date: 10-Jan-2022 03:18:25 PM METS: 7.1/ 180 bpm 95% of THR BP: 140/82 mmHg Raw ECG/ BLC ON: Niche ON: HF: 0.05 HEALF: 100 Hz

EX Time: 06:00 2.5 mph 12.0%

4X 60 MS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

1628 / MR CHANDRA PRAKASH SAINI / 32 Yrs / M

Date: 10-Jan-2022 03:18:25 PM

METS: 9.2/ 194 bpm 103% of THR

BP: 150/85 mmHg

RAW ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz

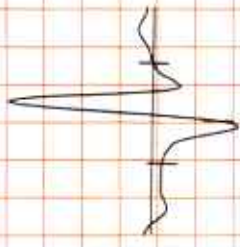
ExTime: 08:01 3.4 min, 14.0%

25 mm/Sec, 1.0 cm/mV

4X

60 ms Post J

avL 0.2



I 0.0
S1: 0.0
S2: 0.1



V1 0.0
0.0



II 0.5
8.5



V2 0.0
1.6



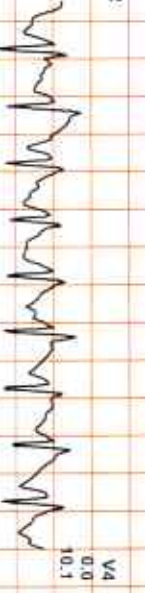
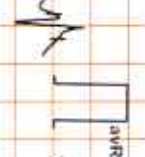
III 0.5
8.6



V3 0.4
9.2



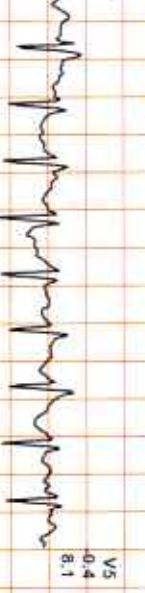
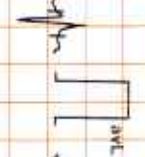
avR 0.3
4.2



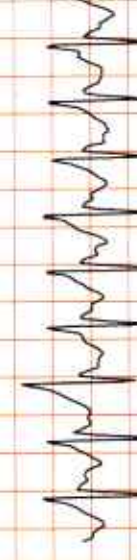
V4 0.0
10.1



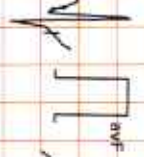
avL 0.2
4.4



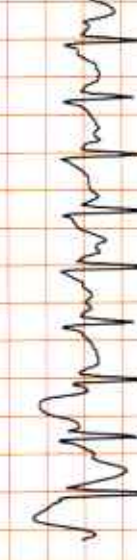
V5 0.4
8.1



avF 0.5
8.5



V6 0.3
5.5



REMARKS:
I II avR avF V1 V2 V3 V4 V5 V6

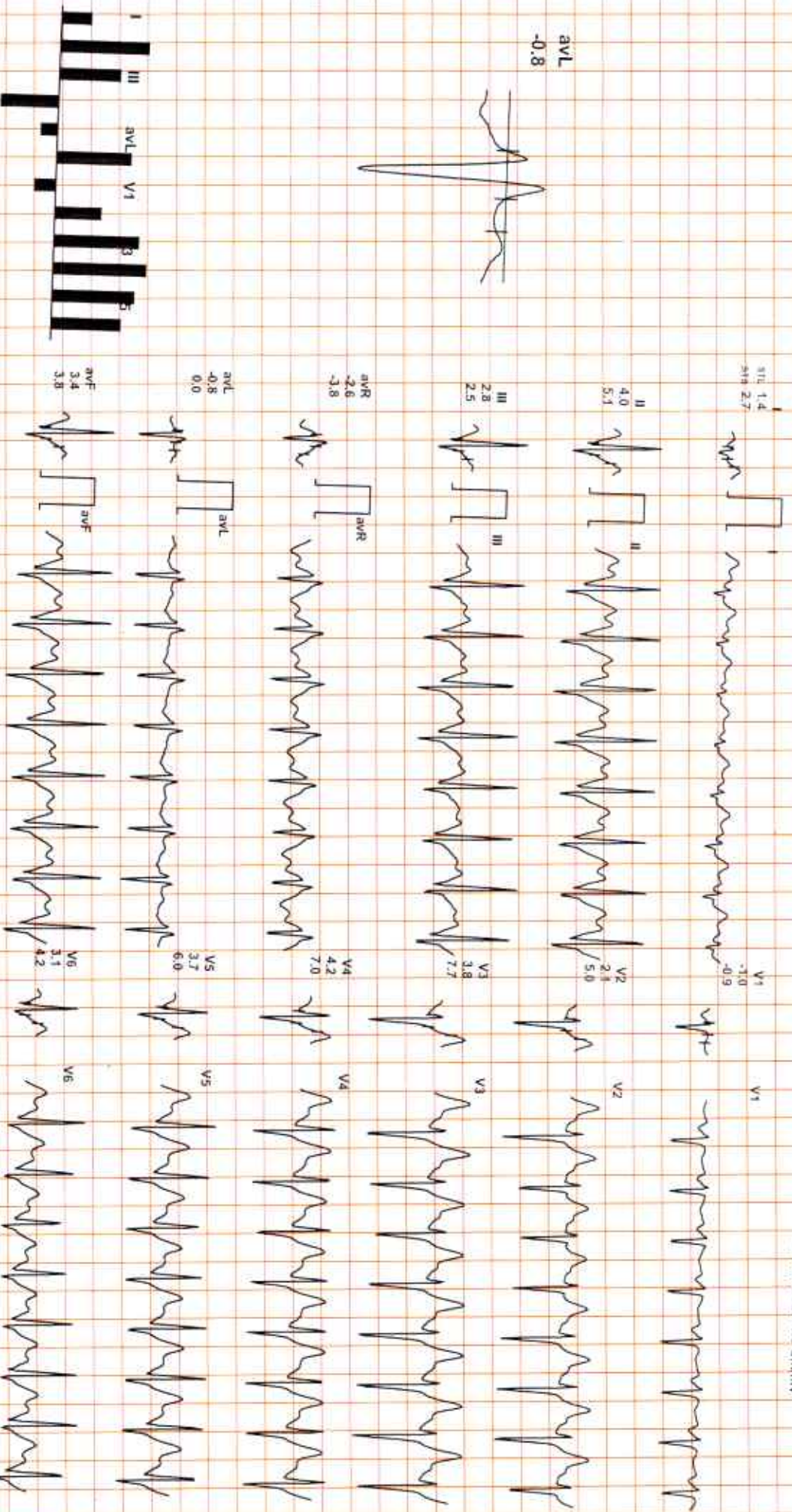
Date: 10-Jan-2022 03:18:25 PM METS: 1.2/ 163 bpm 86% of THR BP: 150/85 mmHg Raw ECG/ BLC Orig Notch Orig HF 0.05 Hz/LF 100 Hz

ExtTime 08:02 0.0 msh, 0.0%

4X

60 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

Date: 10-Jan-2022 03:18:25 PM

METS 1.0/ 142 bpm 75% of THR

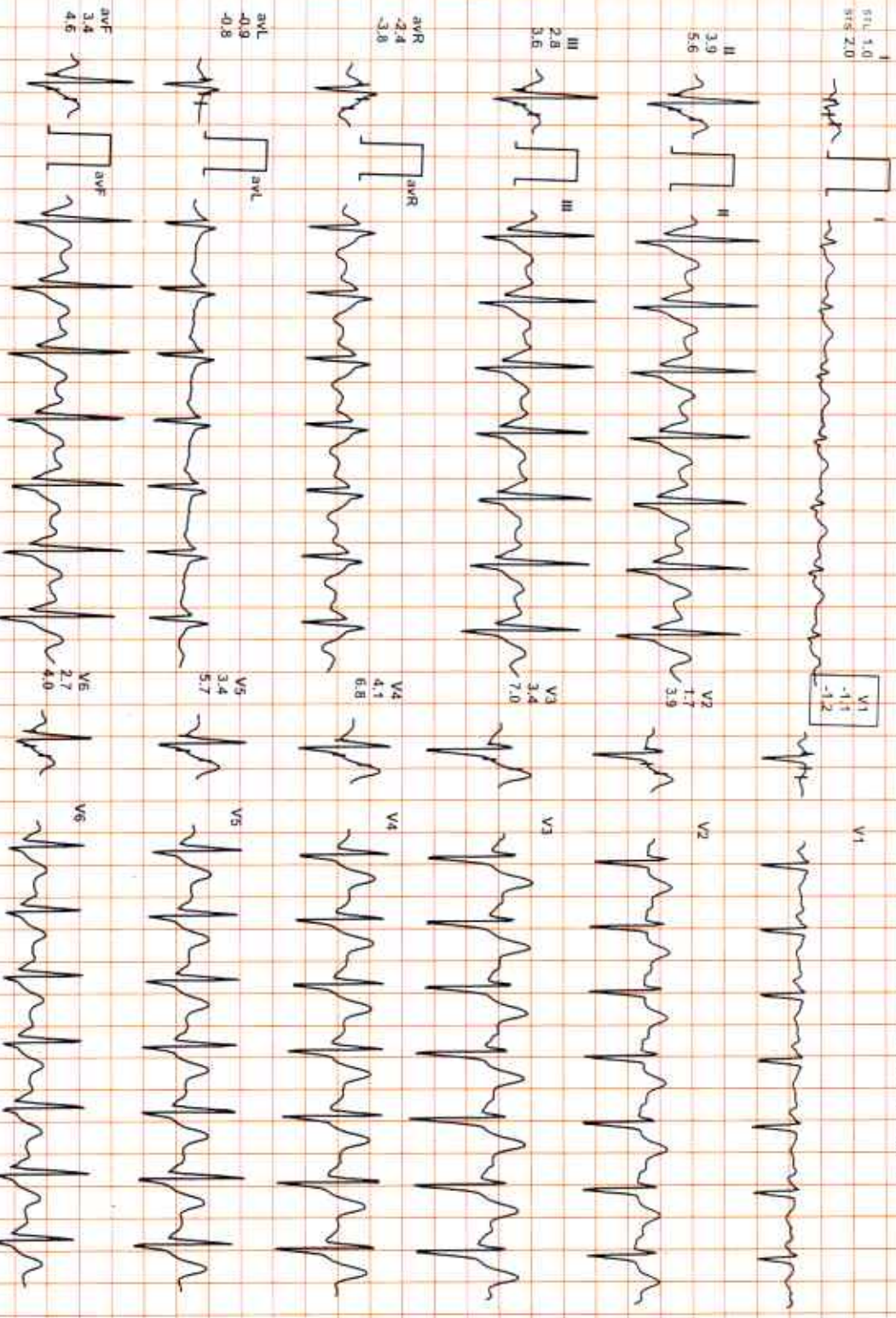
BP: 160/85 mmHg

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

ExTime: 08:02 0.0 mph 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



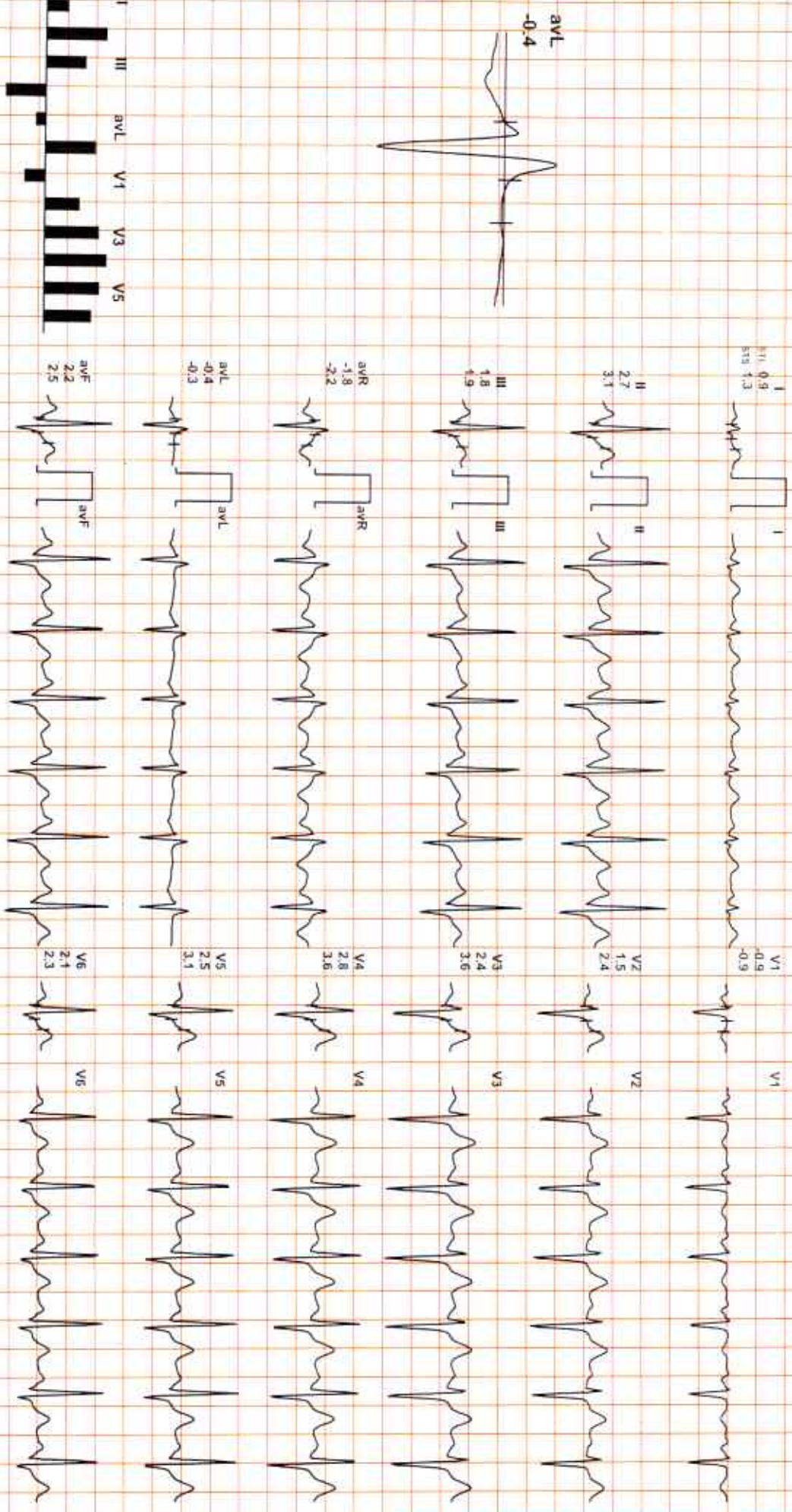
REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6

1628 / MR CHANDRA PRAKASH SAINI / 32 Yrs / M

Date: 10-Jan-2022 03:18:25 PM METS: 1.0/120 bpm 63% of THR BP: 150/85 mmHg Raw ECG/BLG Div: Notch On/ HF: 0.05 Hz/LE: 100 Hz

4X 80 ms Post J

EXTIME: 08:02 0.0 mV, 0.0%
25 min/Sec: 1.0 Cm/mV



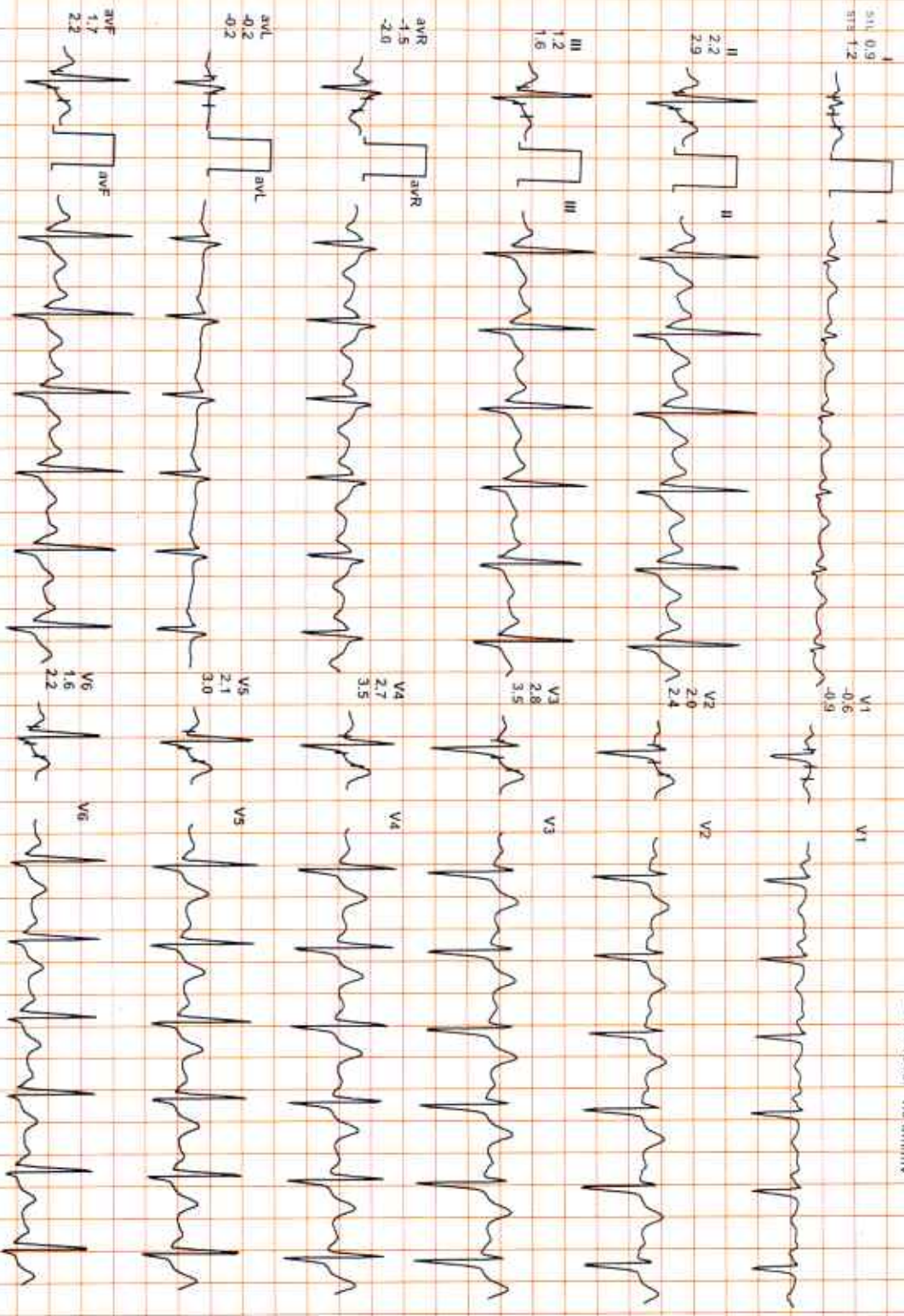
REMARKS:
II . aVR aVF V2 V4 V6

Date: 10-Jan-2022 03:18:25 PM METS: 1.0/ 120 bpm 63% of THR BP: 150/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

ExTime: 08:02 0.0 rpm 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



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

Date: 10-Jan-2022 03:18:25 PM

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

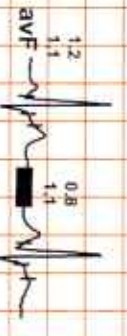
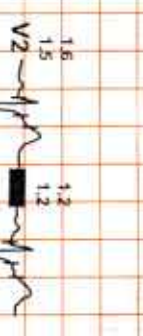
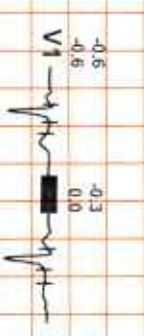


avR avL avF V1 V2 V3 V4 V5 V6



Supine : PHTime 0:04 StageTime 0:01 1.1 mph 0.0% 1.0 METs 78 bpm 120/82 @80mSec Post J
 ExStart : PHTime 0:06 StageTime 0:06 1.7 mph 10.0% 9.2 METs 123 bpm 120/82 @80mSec Post J

STL
S1S



Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangar Road, Jaipur - 302019
 Ph.: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyal'spathlab.com | 2022E-mail: dr.goyalpiyush@gmail.com



MC - 2300



NAME :- Mr. CHANDRA PRAKASH SAINI

Sex / Age :- Male 32 Yrs

Company :- Med/Wheel

Patient ID :- 122126262

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 10/01/2022 10:45:07

Final Authentication : 10/01/2022 13:58:24

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.77	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	48.0	%	40.0 - 80.0
LYMPHOCYTE	40.0	%	20.0 - 40.0
EOSINOPHIL	8.3 H	%	1.0 - 6.0
MONOCYTE	3.5	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.51	10 ³ /uL	1.50 - 7.00
LYMPH#	3.30	10 ³ /uL	1.00 - 3.70
EO#	0.67 H	10 ³ /uL	0.00 - 0.40
MONO#	0.27	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.95	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	41.60	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	83.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.7	g/dL	31.5 - 34.5
PLATELET COUNT	194	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	16.95		

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

BANWARI

Page No: 2 of 14

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
Ph.: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyal'spathlab.com | Email: dr.goyalpiyush@gmail.com

NAME :- Mr. CHANDRA PRAKASH SAINI

Sex / Age :- Male 32 Yrs

Company :- MediWheel

Patient ID :- 122126262

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 10/01/2022 10:45:07

Final Authentication : 10/01/2022 13:58:24

HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)

08

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: 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-1, Japan

Technologist

BANWARI

Page No. 3 of 14

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 Sangner Road, Jaipur - 302019
 Ph.: 0141-2293346, 4049787, 9887049787

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



NAME :- Mr. CHANDRA PRAKASH SAINI

Sex / Age - Male 32 Yrs

Company :- MediWheel

Patient ID :- 122126262

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 10/01/2022 10:45:07

Final Authentication : 10/01/2022 13:58:24

HAEMATOLOGY

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

Technologist

BANWARI

Page No. 1 of 14

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

Ph.: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalspathlab.com E-mail: dr.goyalpiyush@gmail.com



MC - 2300



NAME :- Mr. CHANDRA PRAKASH SAINI

Sex / Age :- Male 32 Yrs

Company :- MediWheel

Patient ID :- 122126262

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/01/2022 10:45:07

Final Authentication : 10/01/2022 12:53:17

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	188.85	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	119.06	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	23.81	mg/dl	0.00 - 80.00

Technologist

C.L.SAINI

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
 Ph. : 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalspathlab.com E-mail: dr.goyalpiyush@gmail.com



NAME :- Mr. CHANDRA PRAKASH SAINI

Sex./Age :- Male 32 Yrs

Company :- MediWheel

Patient ID :- 122126262

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/01/2022 10:45:07

Final Authentication: 10/01/2022 12:53:17

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	38.39	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	130.62	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	4.92	H	0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.40		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	565.19	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName: Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment 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 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.</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 in prevent atherosclerosis or reduce its progress and in avoid plaque rupture.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED.</p>			

Technologist

C. L. SAINI

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

Page No: 5 of 14

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur - 302019
Ph.: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalspathlab.com | E-mail: dr.goyalpiyush@gmail.com



MC - 2300



NAME :- Mr. CHANDRA PRAKASH SAINI

Sex / Age :- Male 32 Yrs

Company :- MediWheel

Patient ID :- 122126262

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/01/2022 10:45:07

Final Authentication: 10/01/2022 12:53:17

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.58	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <15mg/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	26.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	43.1 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	79.80	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.62	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.77	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.85	gm/dl	2.20 - 3.50
A/G RATIO	1.67		1.30 - 2.50

Technologist

C.L.SAINI

Page No. 6 of 14

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

R-27-11-2023

Dr. Goyal's

Path Lab & Imaging Centre

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

Ph.: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyal'spathlab.com | E-mail: dr.goyalpiyush@gmail.com



NAME :- Mr. CHANDRA PRAKASH SAINI

Patient ID :- 122126262

Sex / Age :- Male 32 Yrs

Ref. By Dr:- BOB

Company :- MediWheel

Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time: 10/01/2022 10:45:07

Final Authentication: 10/01/2022 12:53:17

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.17	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.41	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	29.50	U/L	11.00 - 50.00

Total Bilirubin Methodology: Colorimetric method Instrument Name: 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 rheum 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 Instrument Name: 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 Instrument Name: 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer Instrument Name: 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 Instrument Name: 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 Instrument Name: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidney. 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 3 times normal) are observed with infectious hepatitis.

Technologist

C.L.SAINI

Page No. 7 of 14

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
Ph.: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalspathlab.com E-mail: dr.goyalpiyush@gmail.com



MC - 2300



NAME :- Mr. CHANDRA PRAKASH SAINI

Sex / Age :- Male 32 Yrs

Company :- MediWheel

Patient ID :- 122126262

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/01/2022 10:45:07

Final Authentication : 10/01/2022 13:17:47

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	2.360	$\mu\text{IU/mL}$	0.465 - 4.680

Technologist

MUKESH SINGH

Page No. 8 of 14

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 Sangar Road, Jaipur - 302019
 Ph.: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalspathlab.com E-mail: dr.goyalpiyush@gmail.com



NAME :- Mr. CHANDRA PRAKASH SAINI

Patient ID :- 122126262

Sex / Age :- Male 32 Yrs

Ref. By Dr:- BOB

Company :- MediWheel

Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/01/2022 10:45:07

Final Authentication : 10/01/2022 13:17:47

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.380	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.480	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

MUKESH SINGH

Page No. 9 of 14

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

Ph.: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalpathlab.com | Email: dr.goyalpyush@gmail.com



Date :- 10/01/2022 10:14:28

NAME :- Mr. CHANDRA PRAKASH SAINI

Sex / Age - Male 32 Yrs

Company :- MediWheel

Patient ID :- 122126262

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type - PLAIN/SERUM

Sample Collected Time 10/01/2022 10:45:07

Final Authentication 10/01/2022 12:53:17

BOB PACKAGE BELOW 40MALE

BLOOD UREA NITROGEN (BUN)

8.8

mg/dl

0.0 - 23.0

*** End of Report ***

Technologist

C.L.SAINI

Page No: 1 of 1



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

Dr. Goyal's

Path Lab & Imaging Centre

8-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur - 302019
 Ph.: 0141-2293346, 4049787, 9887049787



MC - 2300



Website: www.dr.goyal'spathlab.com | Email: dr.goyalpiyush@gmail.com

Date :- 10/01/2022 10:14:28
NAME :- Mr. CHANDRA PRAKASH SAINI
 Sex / Age :- Male 32 Yrs
 Company :- MediWheel

Patient ID :- 122126262
 Ref. By Dr:- BOB
 Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na BLOOD GLUCOSE PLAIN SERUM

Final Authentication : 10/01/2022 17:56:06

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	108.3	mg/dl	75.0 - 115.0
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) 113.6 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 0.83 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20
 SERUM URIC ACID 6.01 mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

Technologist

C.L.SAINI

Page No: 12 of 14

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

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur - 302019
Ph.: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalpathlab.com | Email: dr.goyalpiyush@gmail.com



Date :- 10/01/2022 10:14:28
NAME :- Mr. CHANDRA PRAKASH SAINI

Patient ID :- 122126262

Ref. By Dr:- BOB

Sex / Age - Male 32 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type - URINE

Sample Collected Time 10/01/2022 10:45:07

Final Authentication : 10/01/2022 14:02:28

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	8.0		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

POOJABOHRHA

Page No 11 of 14

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
Ph.: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyal'spathlab.com | Email: dr.goyalpiyush@gmail.com



MC - 2300



Date :- 10/01/2022 10:14:28
NAME :- Mr. CHANDRA PRAKASH SAINI
Sex / Age :- Male 32 Yrs
Company :- Medi/Wheel

Patient ID :- 122126262
Ref. By Dr.- BOB
Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 10/01/2022 10:45:07

Final Authentication : 10/01/2022 14:02:28

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	1-2	/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

Technologist

POOJABOHRRA

Page No: 10 of 14

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
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 10/01/2022 10:14:28
NAME :- Mr. CHANDRA PRAKASH SAINI
Sex / Age :- Male 32 Yrs
Company :- MediWheel

Patient ID :- 122126262
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication 10/01/2022 13:11:02

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. 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.

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 :- 10/01/2022 10:14:28
NAME :- Mr. CHANDRA PRAKASH SAINI
Sex / Age :- Male 32 Yrs
Company :- MediWheel

Patient ID :- 122126262
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 10/01/2022 13:28:42

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. 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:


*Normal study

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

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. 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.