

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



General Physical Examination

Date of Examination: 10.12.2022

Name: NARESH AGARWAL Age: 33 Sex: Male

DOB: 21.08.1989

Referred By: BOB (Mediowheel)

Photo ID: AADHAR ID #: attached

Ht: 175 (cm)

Wt: 89 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 95 (cm)

Blood Pressure: 140/88 mm Hg

PR: 75/min

RR: 17/min

Temp: Afebrile

BMI 29.1

Eye Examination: Normal Normal G/G N/G Ble eyes

Normal color vision

Other: Not significant

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

Signature Of Examinee: Narish Agarwal Name of Examinee: _____

Signature Medical Examiner: Dr Piyush Goyal Name Medical Examiner: _____

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

भारत सरकार
Government of India

नरेश अग्रवाल
Naresh Agrawal
जन्म तिथि/DOB: 21/08/1989
पुरुष/ MALE

4402 9660 3910

मेरा आधार, मेरी पहचान



Naresh Agrawal

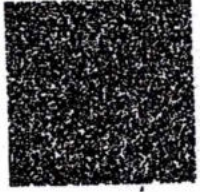
आयुक्त विदेशी पहचान अधिकरण
Unique Identification Authority of India

पता:
S/O कैलाश नाथ अग्रवाल, बी-3, उमा पथ राम नगर, सोडला,
जयपुर, जयपुर,
राजस्थान - 302019

Address:
S/O Kailash Nath Agrawal, b-3, uma path ram nagar,
sodala, Jaipur, Jaipur,
Rajasthan - 302019

4402 9660 3910

QR Code with Photograph



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

DR. GOYALS PATH LAB & IMAGING CENTER

JAIPUR Email:

Report



MR NARESH AGARWAL / 33 Yrs / M / 0 Cms / 0 Kg
 Date: 10/12/2022 Refd By: BOB MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:20	0:20	01.1	00.0	01.0	076	41%	130/86	098	00	
Standing	00:35	0:15	01.1	00.0	01.0	072	39%	130/86	093	00	
HV	00:50	0:15	01.1	00.0	01.0	077	41%	130/86	100	00	
ExStart	01:39	0:49	01.1	00.0	01.0	095	51%	130/86	123	00	
BRUCE Stage 1	04:39	3:00	01.7	10.0	04.7	131	70%	140/86	183	00	
BRUCE Stage 2	07:39	3:00	02.5	12.0	07.1	151	81%	150/90	226	00	
PeakEx	09:37	1:58	03.4	14.0	09.1	179	96%	160/90	286	00	
Recovery	10:37	1:00	00.0	00.0	01.2	149	80%	160/90	238	00	
Recovery	11:37	2:00	00.0	00.0	01.0	116	62%	150/90	174	00	
Recovery	12:37	3:00	00.0	00.0	01.0	113	60%	140/90	158	00	
Recovery	13:37	4:00	00.0	00.0	01.0	110	59%	136/90	149	00	
Recovery	14:37	5:00	00.0	00.0	01.0	100	53%	130/86	130	00	
Recovery	14:42	5:05	00.0	00.0	01.0	099	53%	130/86	128	00	

FINDINGS :

Exercise Time : 07:58
 Max HR Attained : 179 bpm 96% of Target 187
 Max BP Attained : 160/90 (mm/Hg)
 Max Workload Attained : 9.1 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

TMT is negative for MI.

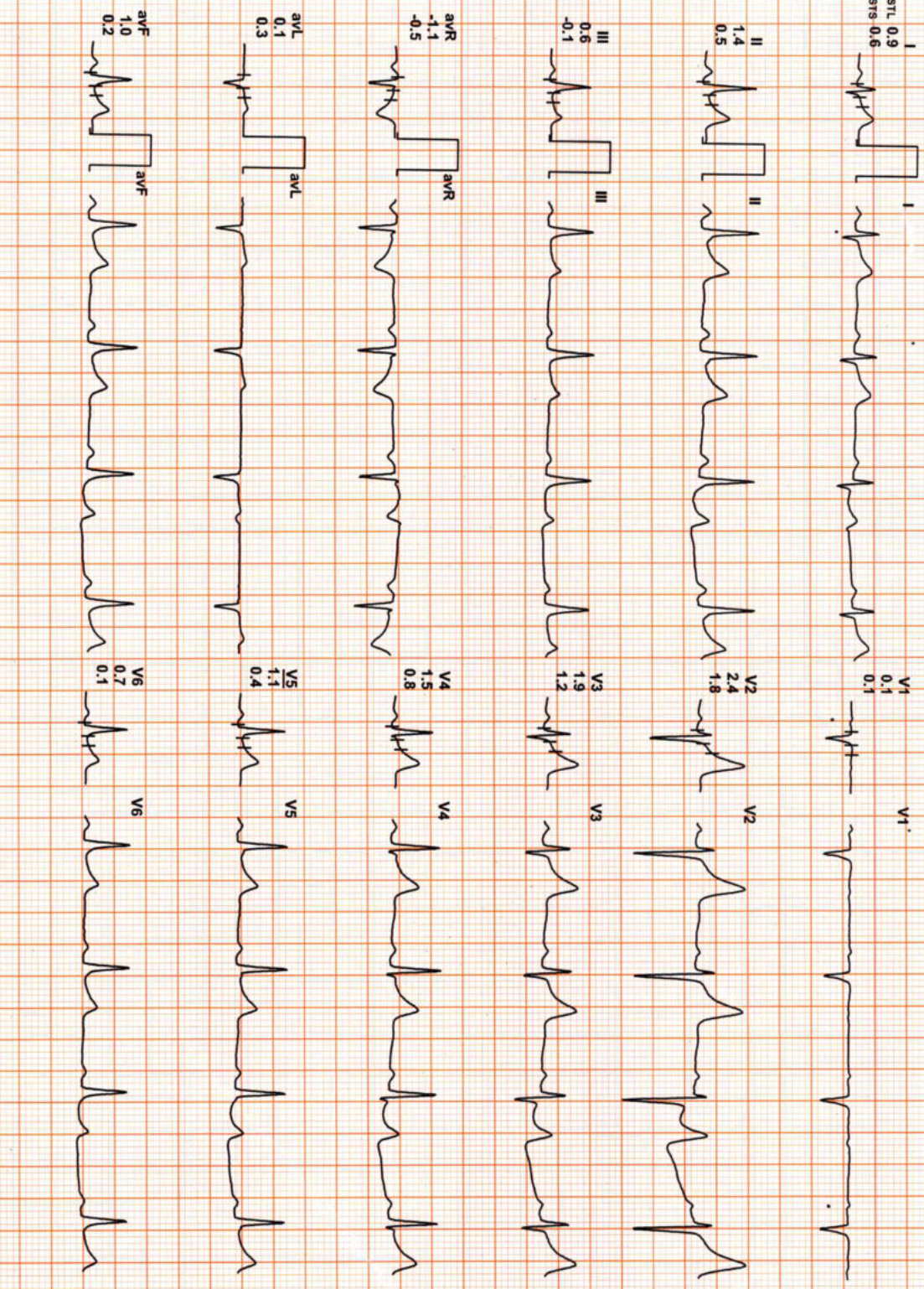
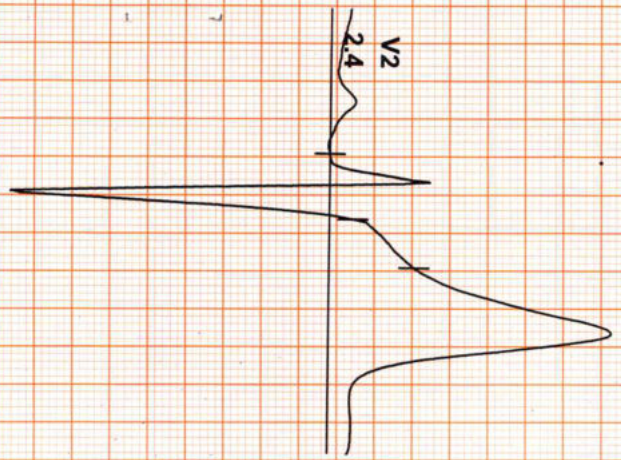
Dr. Nareesh Kumar Mohantaras
 RMC No. 35103
 MBBS, DIP. CARDIO (ESCORTS)
 D.E.M (RCGP-UK)



Date: 10 / 12 / 2022
4X 80 ms Post J

METS: 1.0 / 76 bpm 41% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



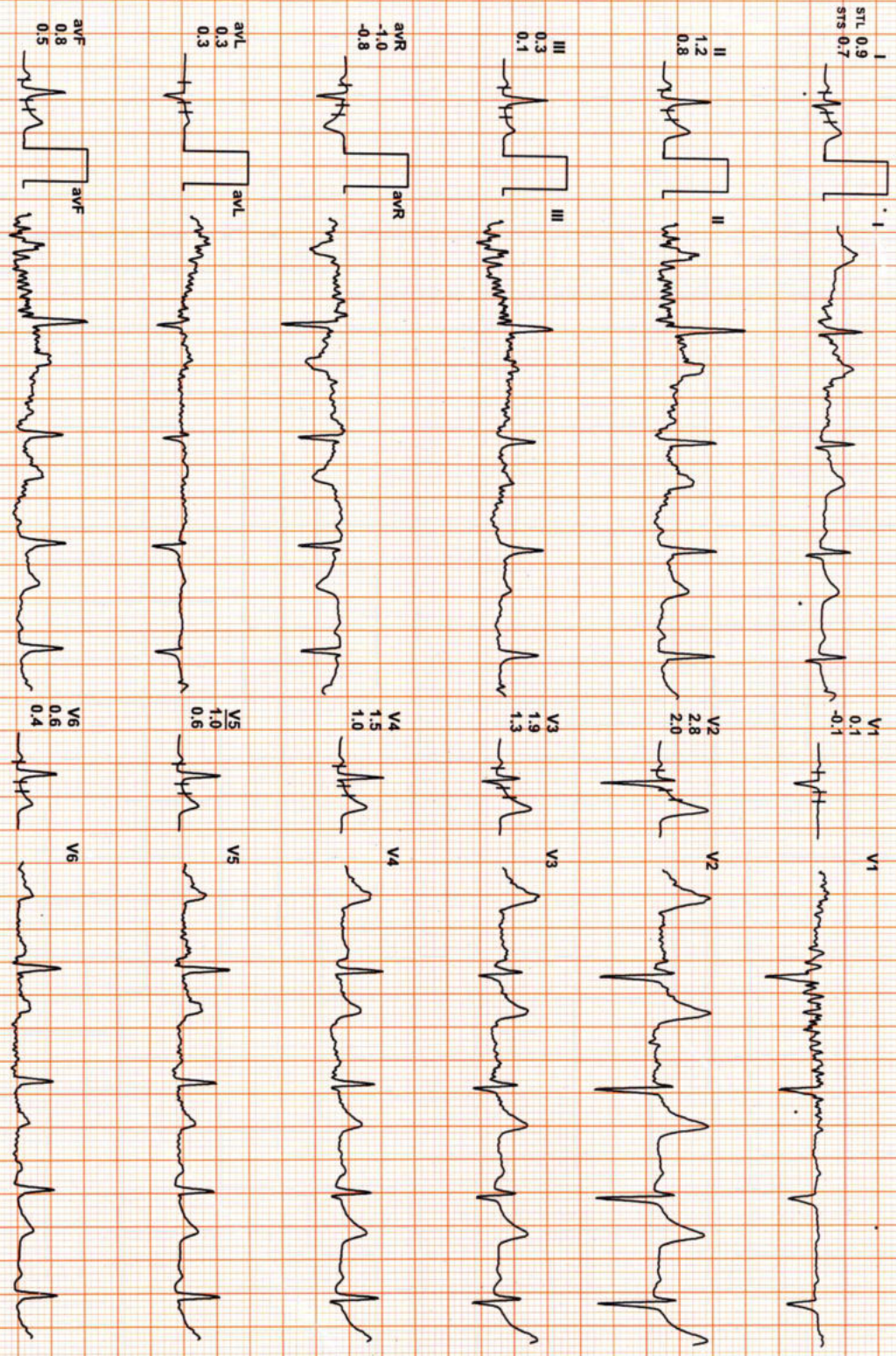
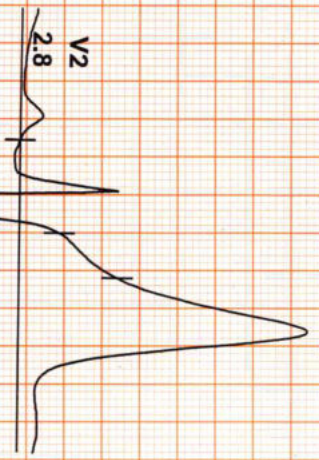
REMARKS:



Date: 10 / 12 / 2022
4X 80 ms Post U

METS: 1.0 / 72 bpm 39% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



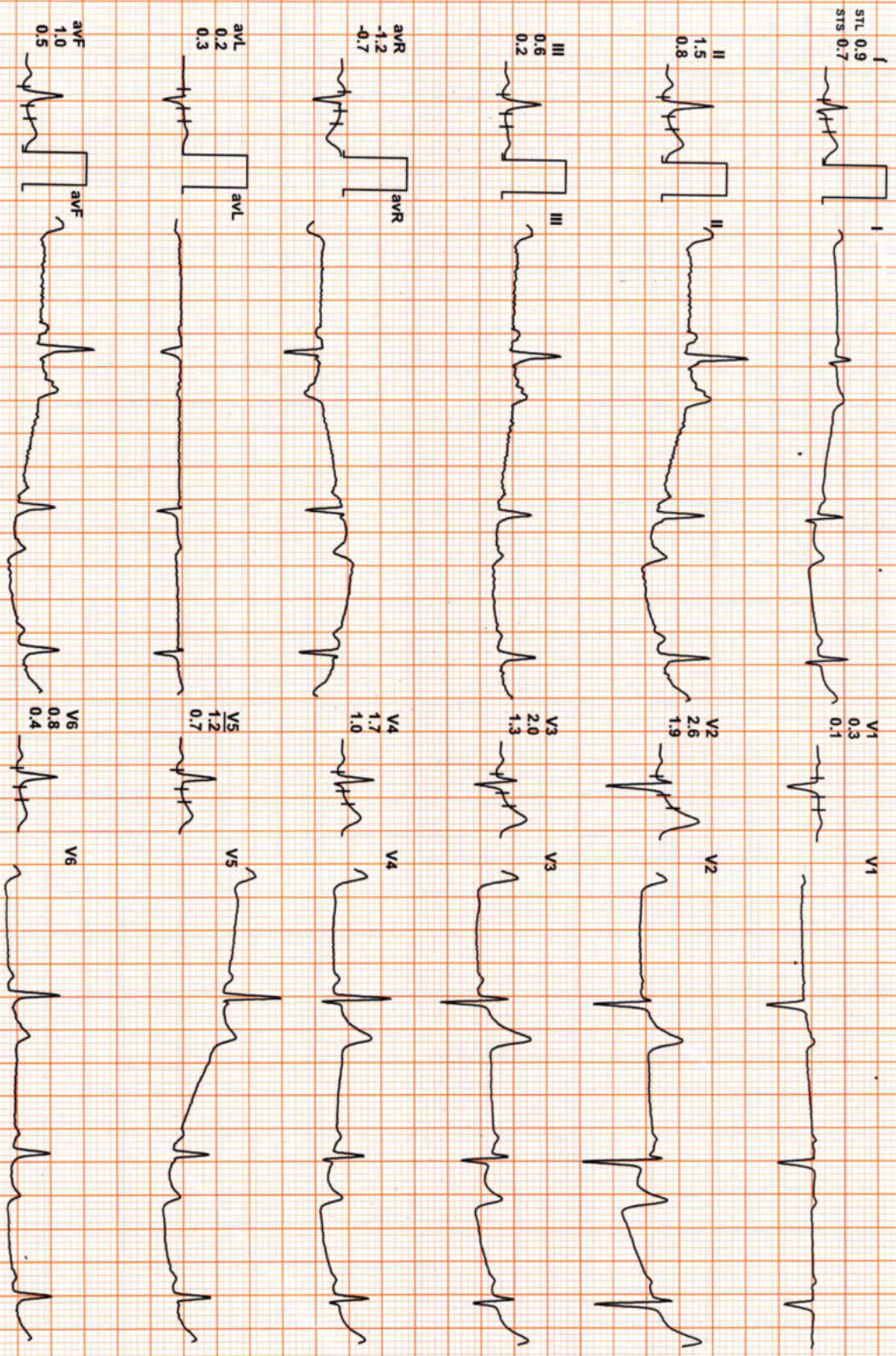
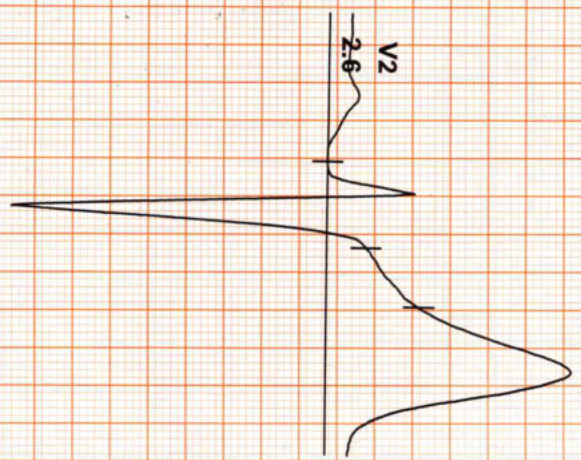
REMARKS:



Date: 10/12/2022
4X 80 ms Post J

METS: 1.0/77 bpm 41% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



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

DR. GOYALS PATH LAB & IMAGING CENTER

MR NARESH AGARWAL / 33 Yrs / M / 0 Cms / 0 Kg / HR : 95

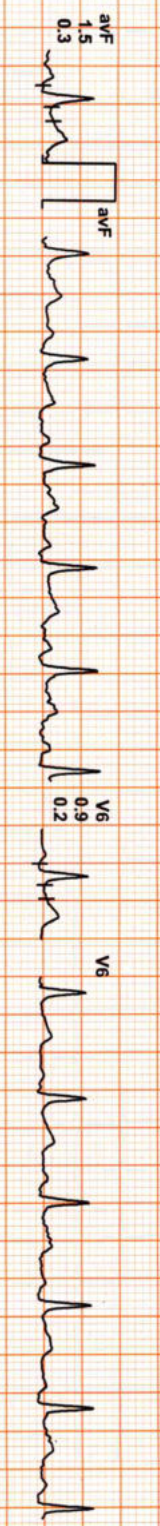
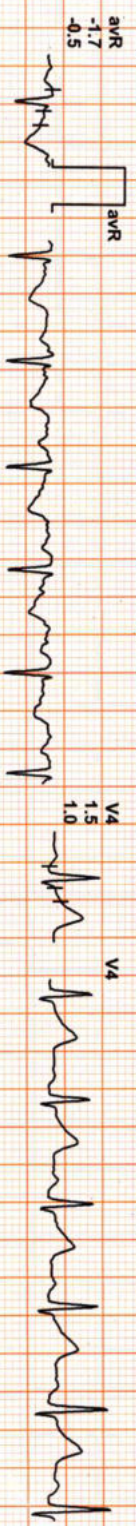
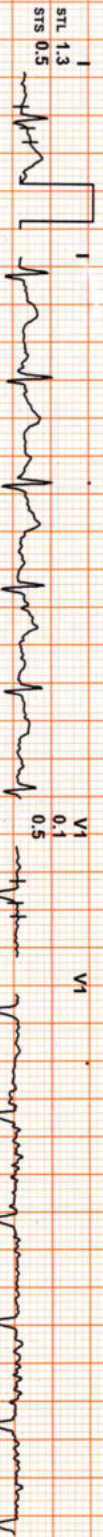
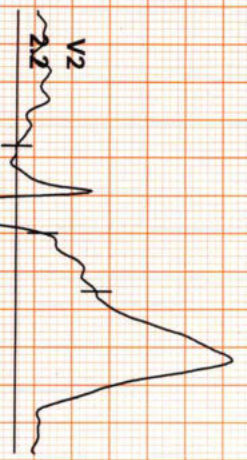
ExStart



Date: 10 / 12 / 2022
4X 80 ms Post J

METS: 1.0/ 95 bpm 51% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

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



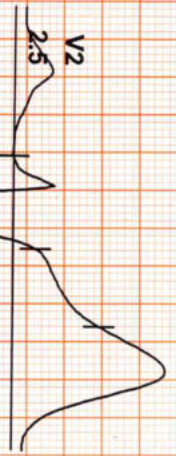
REMARKS:
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



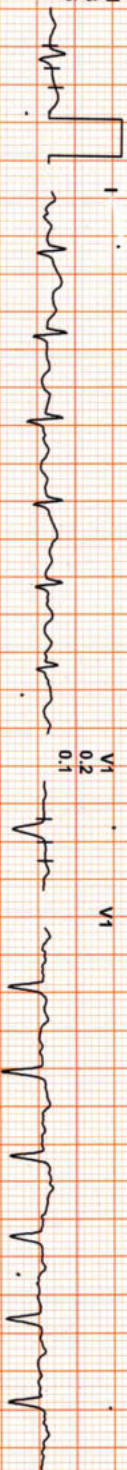
Date: 10/12/2022
4X 80 ms Post J

METS: 4.7/131 bpm 70% of THR BP: 140/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 3S Hz

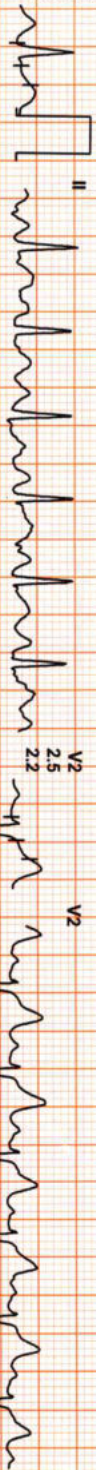
EXTime: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mv



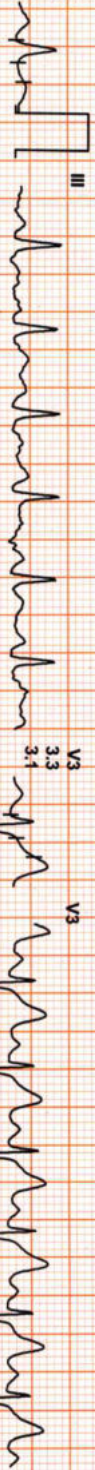
I
STL 0.8
STS 0.6



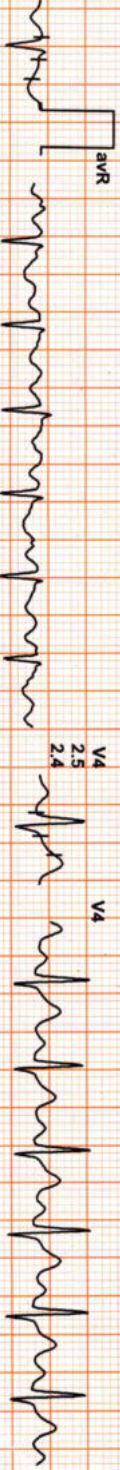
II
1.9
1.7



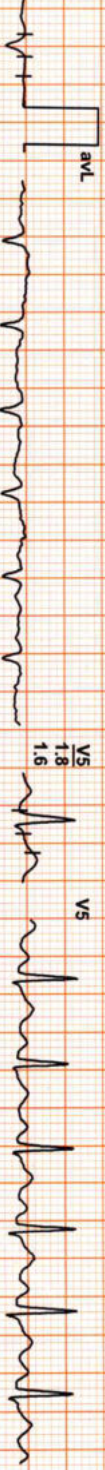
III
1.1
1.0



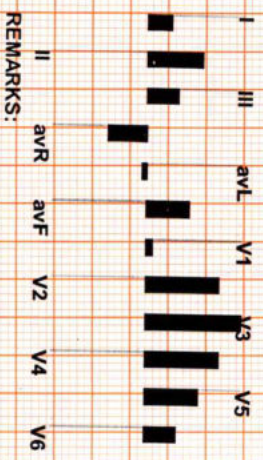
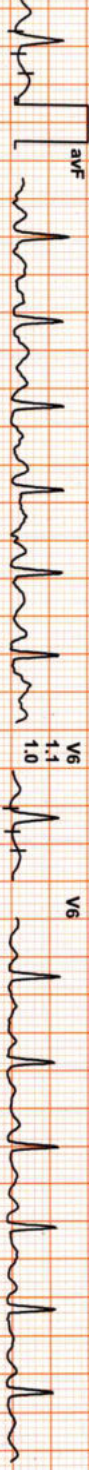
avR
-1.3
-1.1



avL
-0.1
-0.2



avF
1.5
1.3



REMARKS:

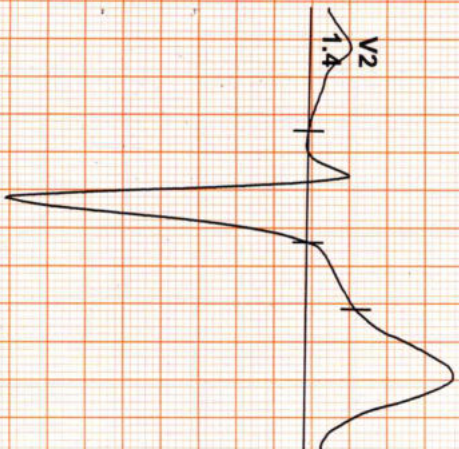


Date: 10/12/2022

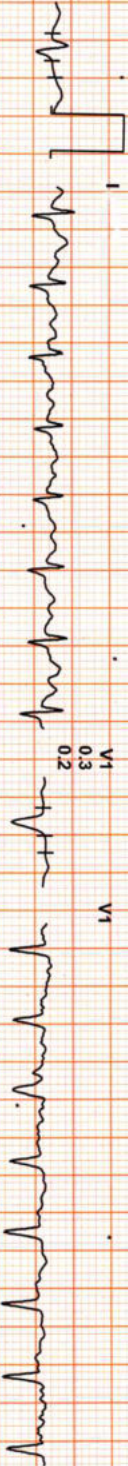
METS: 7.1/151 bpm 81% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

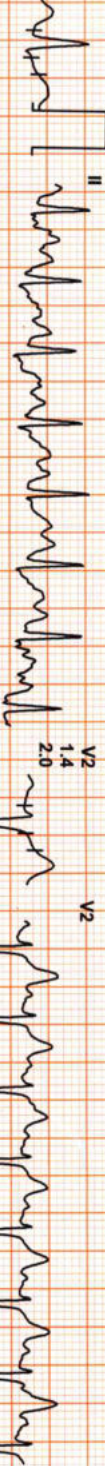
EXTime: 06:00 2.5 mph, 12.0%
25 mm/Sec. 1.0 Cm/mv



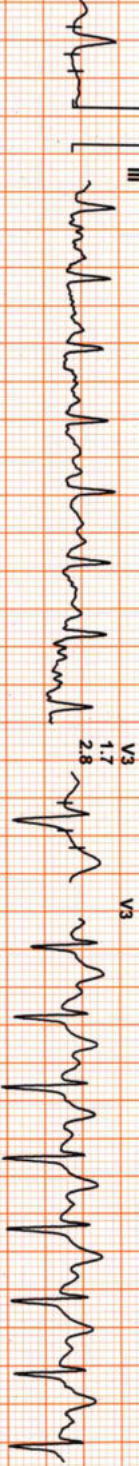
I
STL 0.4
STs 0.8



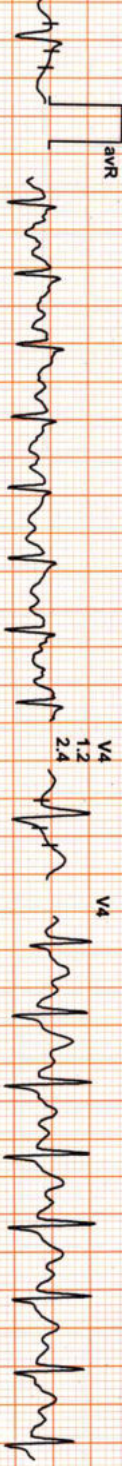
II
0.7
1.7



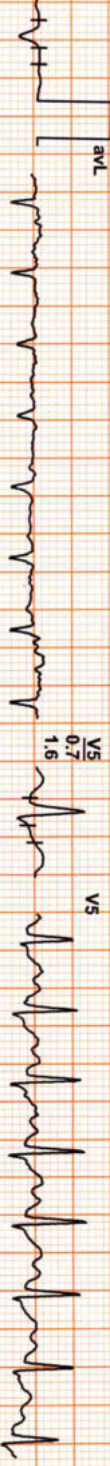
III
0.3
0.9



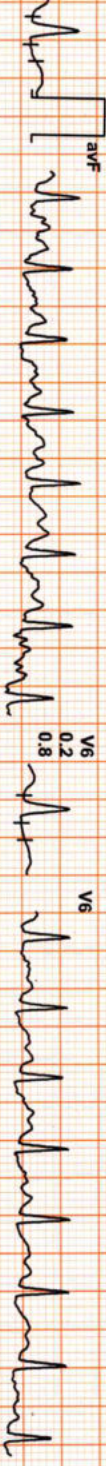
aVR
-0.6
-1.3



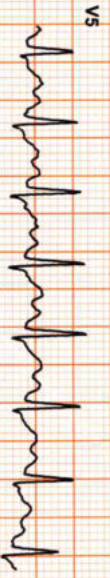
aVL
0.1
0.0



aVF
0.5
1.3



V5
0.7
1.6



V6
0.2
0.8



V3
1.7
2.8



V4
1.2
2.4



REMARKS:

Date: 10/12/2022

METS: 9.1/179 bpm 96% of THR

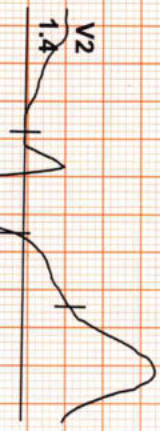
BP: 160/90 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

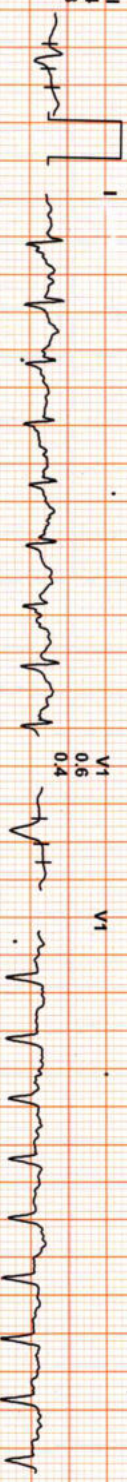
4X

60 ms Post J

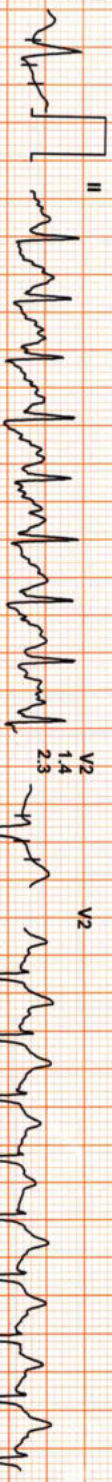
ExTime: 07:58 3.4 mph, 14.0%
25 mm/Sec. 1.0 Cm/mv



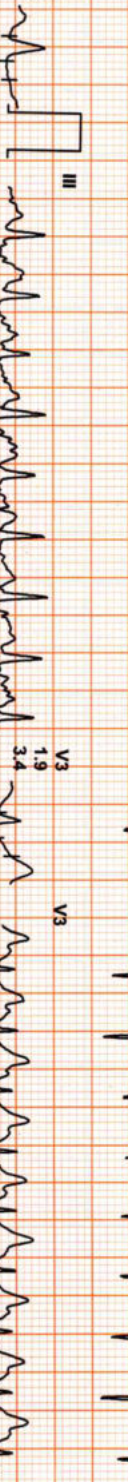
I
STL 0.4
STS 0.8



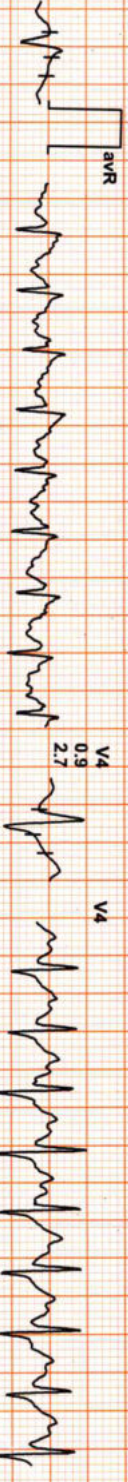
II
0.5
1.5



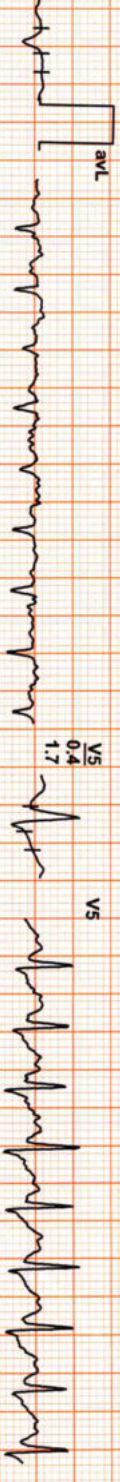
III
0.1
0.7



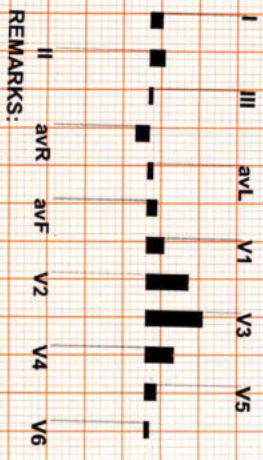
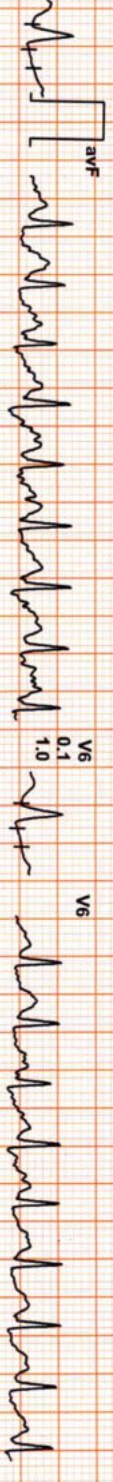
aVR
-0.4
-1.2



aVL
0.1
0.1



aVF
0.3
1.1



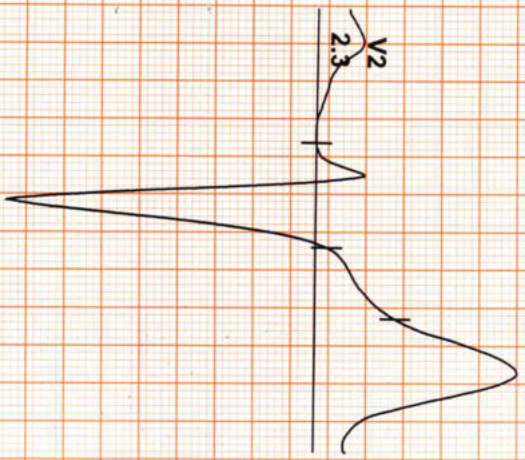
REMARKS:



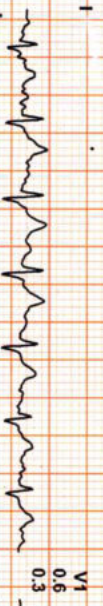
Date: 10/12/2022
4X 60 mS Post J

METS: 1.2/149 bpm 80% of THR BP: 160/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:58 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



I
STL 0.7
STS 1.2



V1
0.6
0.3



II
1.6
3.0



V2
2.3
3.1



III
0.9
1.8



V3
3.3
4.8



aVR
-1.1
-2.1



V4
2.3
4.0



aVL
-0.1
-0.3



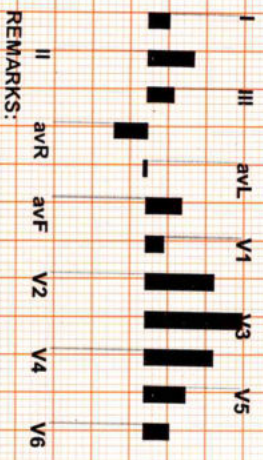
V5
1.4
2.8



aVF
1.2
2.4



V6
0.8
1.8



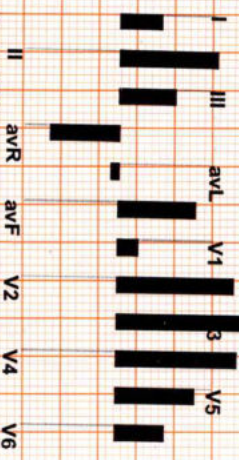
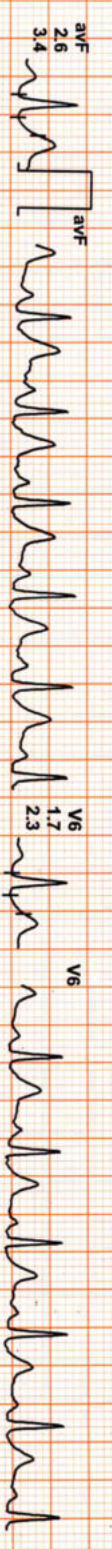
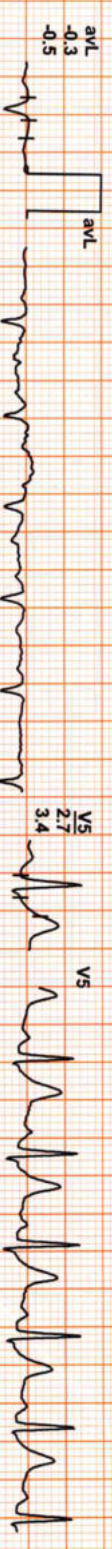
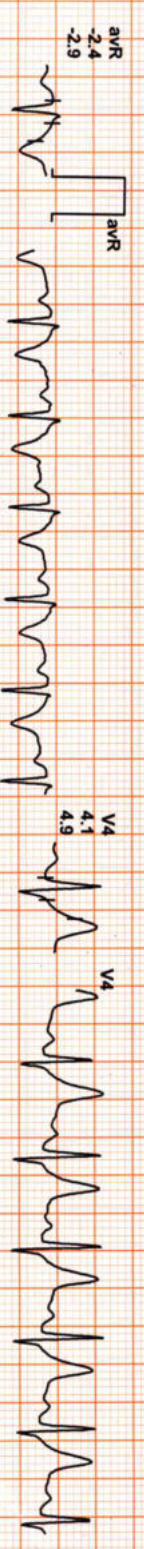
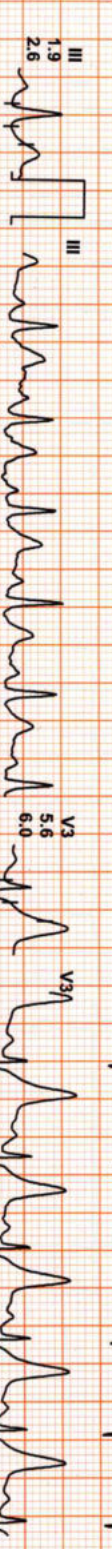
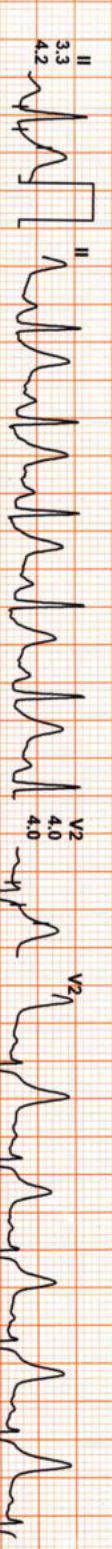
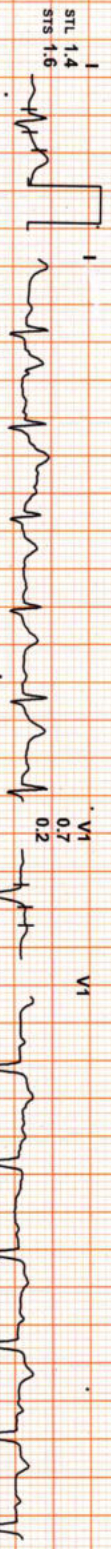
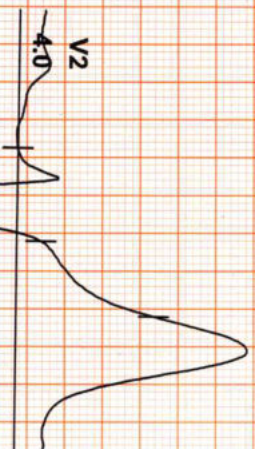
REMARKS:



Date: 10/12/2022
4X 80 ms Post U

METS: 1.0/116 bpm 62% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:58 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mv

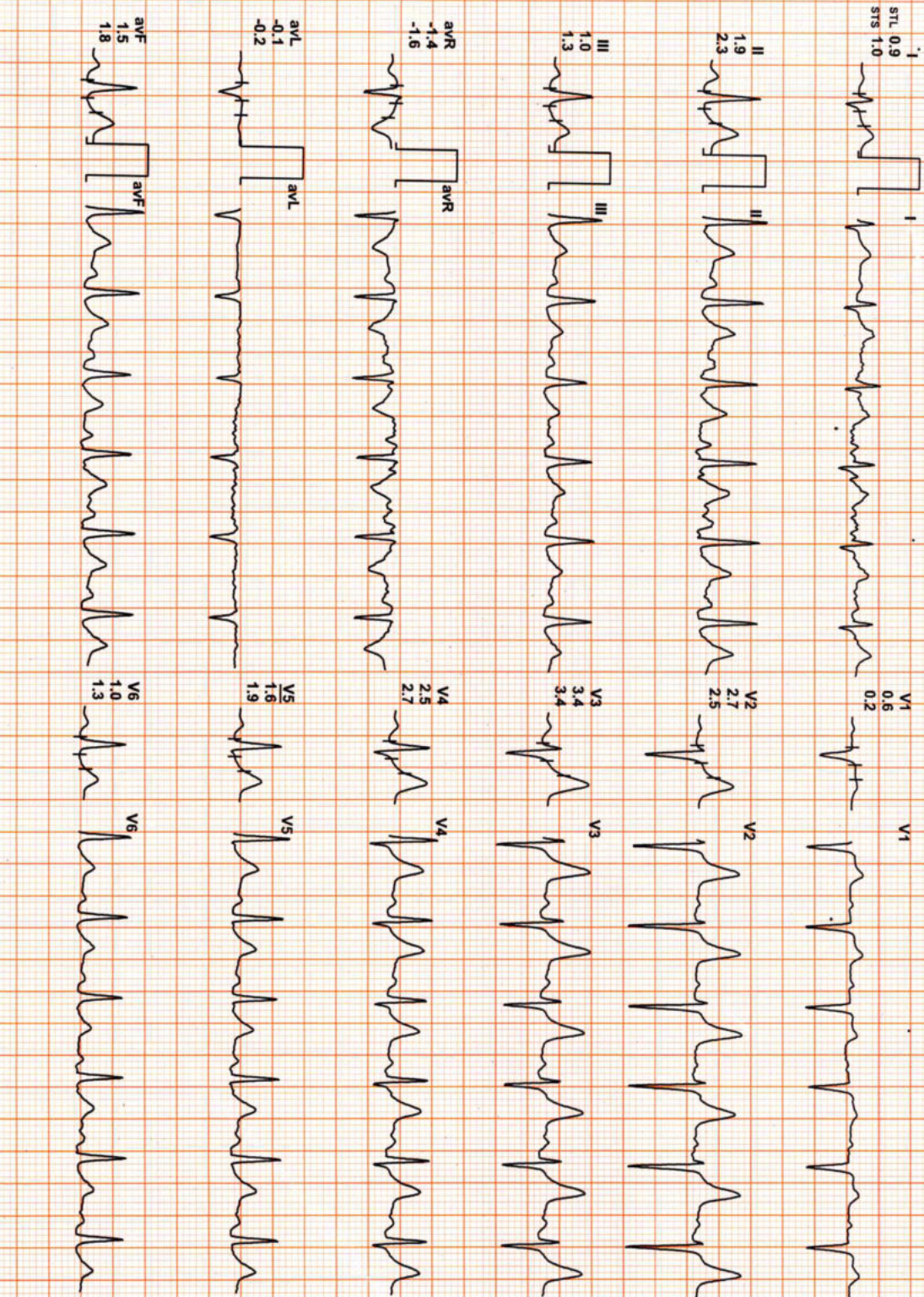
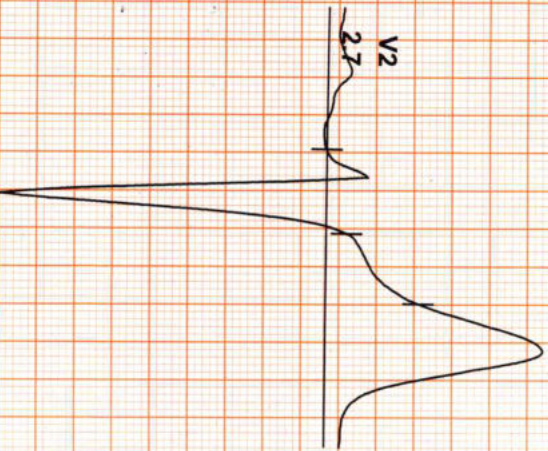


REMARKS:

Date: 10 / 12 / 2022
4X 80 ms Post J

METS: 1.0 / 113 bpm 60% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:58 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mv



REMARKS:
II avR avF V2 V4 V6
III avL V1 V3 V5



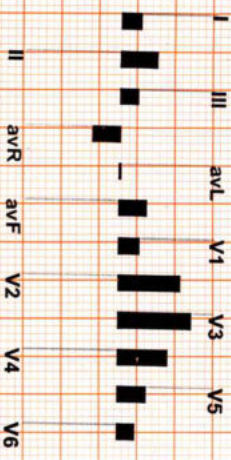
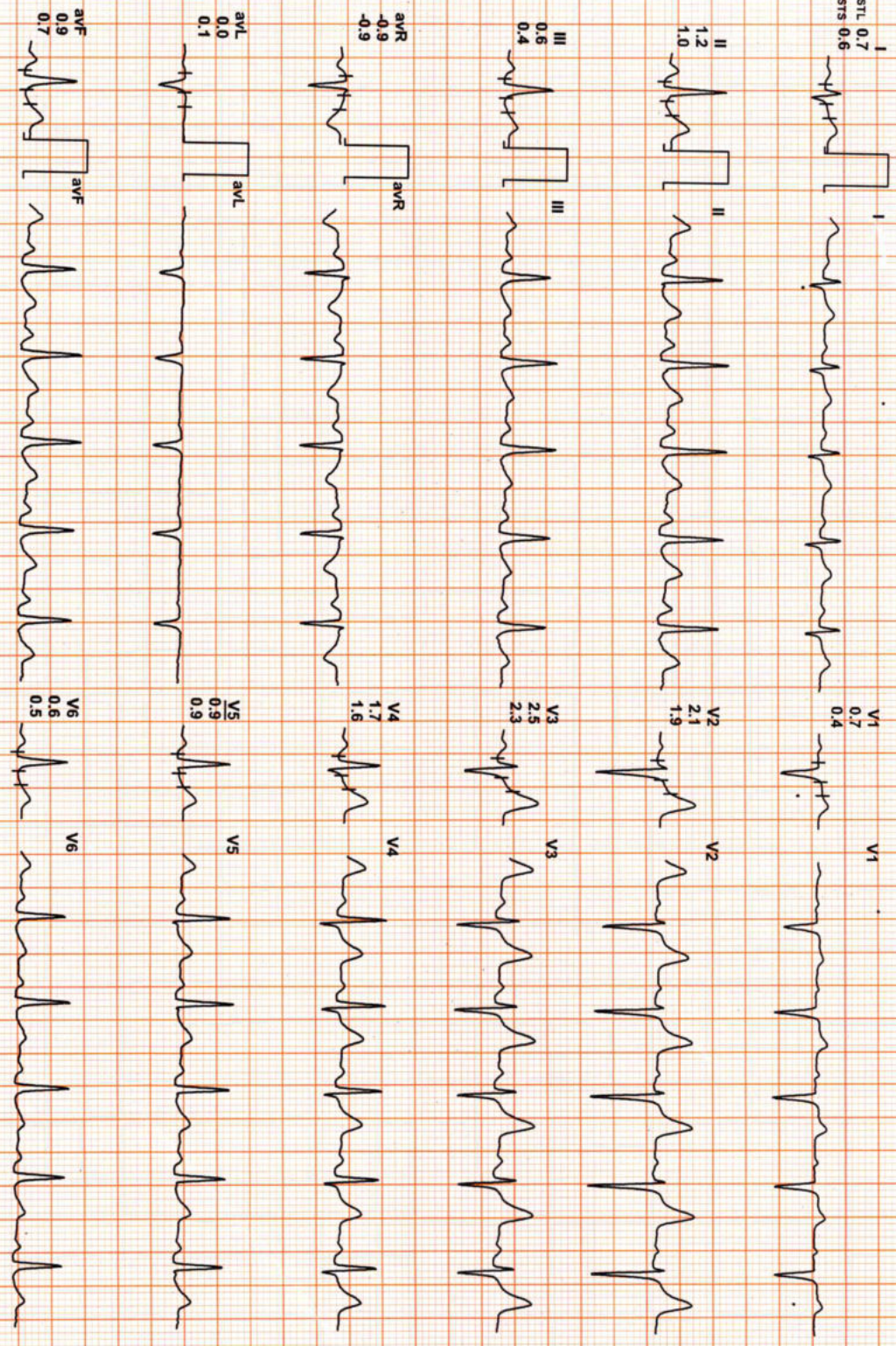
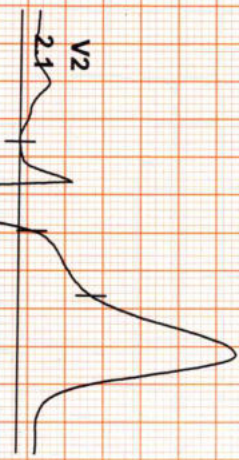
MR NARESH AGARWAL / 33 Yrs / M / 0 Cms / 0 Kg / HR : 110

Date: 10 / 12 / 2022

METS: 1.0 / 110 bpm 59% of THR BP: 136/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

4X 80 ms Post U

EXTime: 07:58 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mv



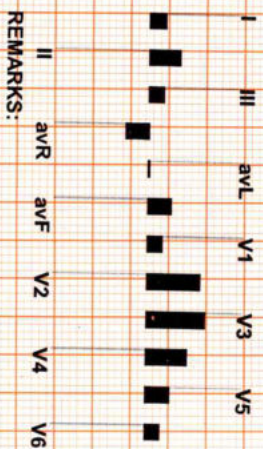
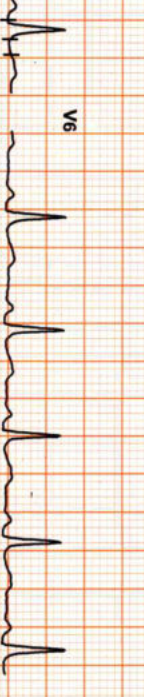
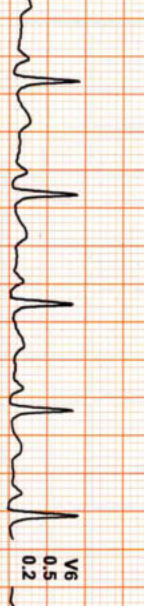
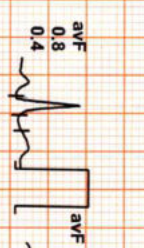
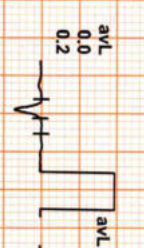
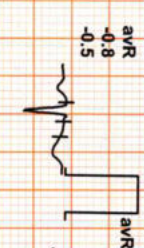
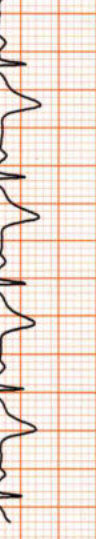
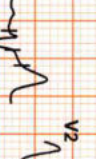
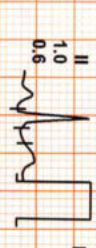
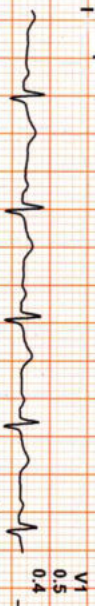
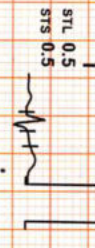
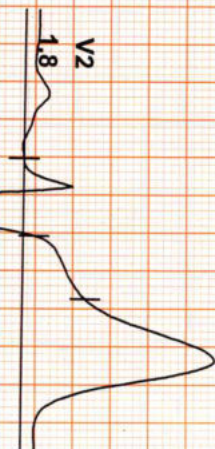
REMARKS:

Date: 10/12/2022

METS: 1.0/100 bpm 53% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:58 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



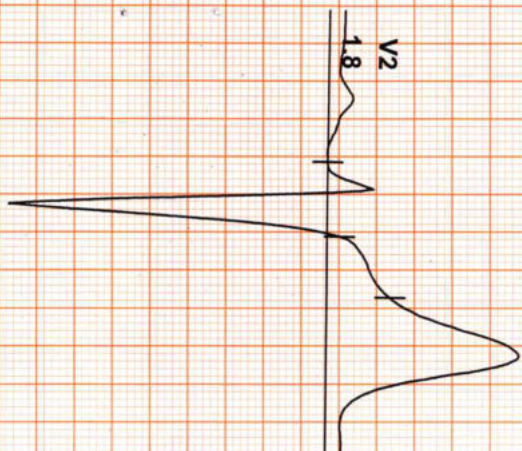
REMARKS:



Date: 10/12/2022
4X 80 ms Post J

METS: 1.0/99 bpm 53% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:58 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mv



I
STL 0.5
STS 0.5

II
1.1
0.6

III
0.6
0.2

avR
-0.8
-0.6

avL
0.0
0.1

avF
0.8
0.4

V1
0.5
0.4

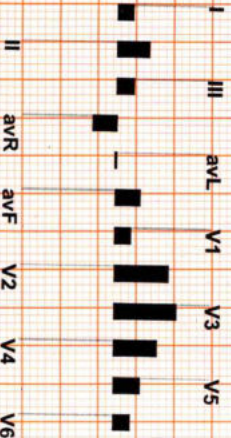
V2
1.8
1.6

V3
2.1
1.8

V4
1.4
1.2

V5
0.9
0.6

V6
0.5
0.2



REMARKS:

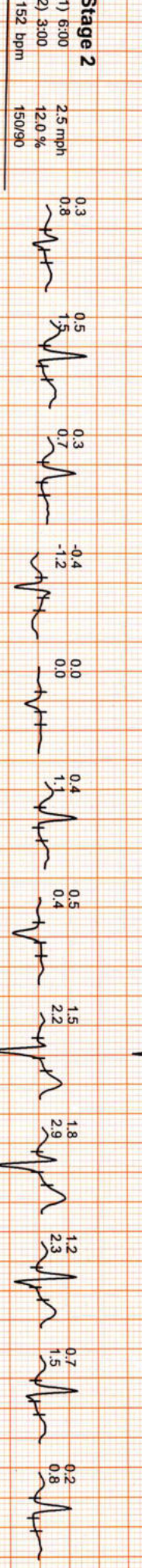
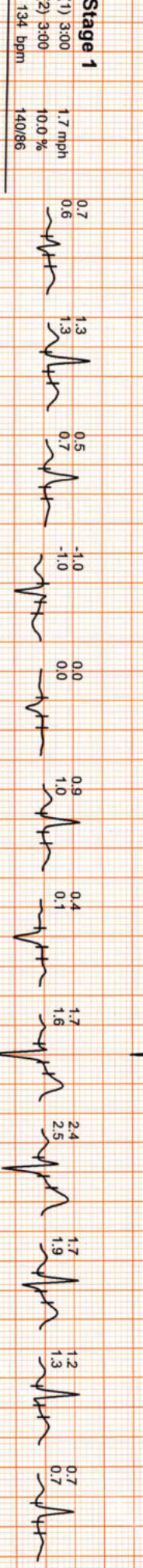
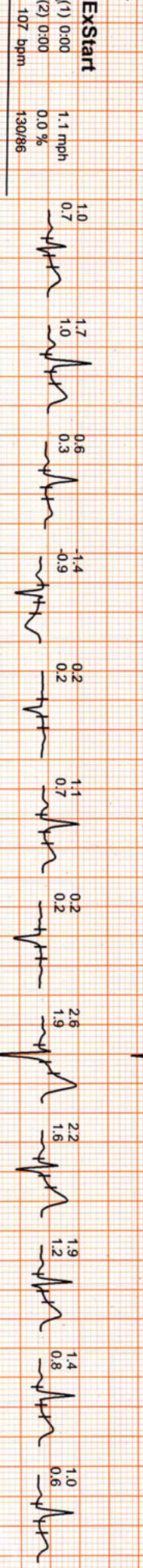
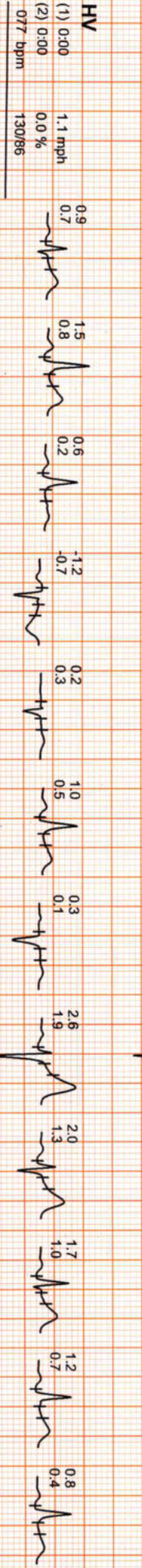
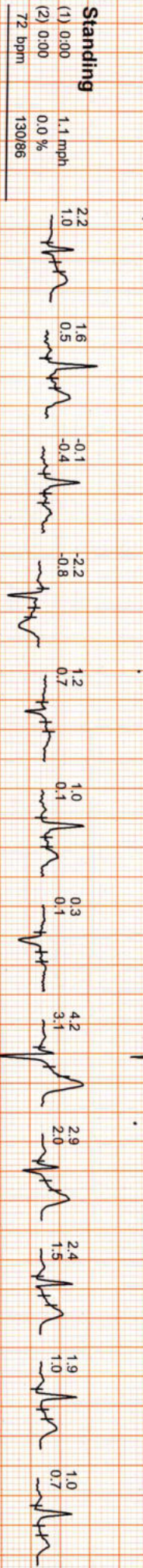
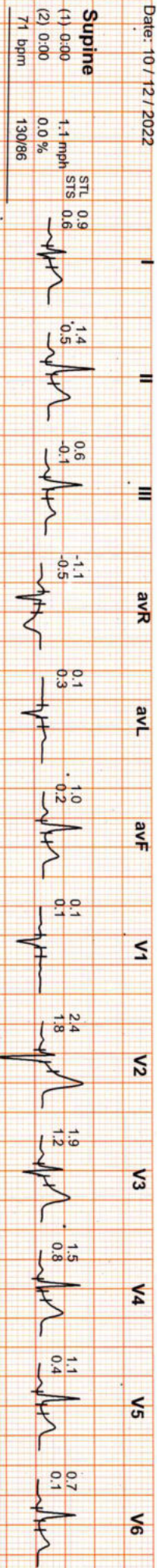
DR. GOYALS PATH LAB & IMAGING CENTER

MR NARESH AGARWAL / 33 Yrs / M / 0 Cms / 0 Kg / HR : 77

Average



Date: 10/12/2022



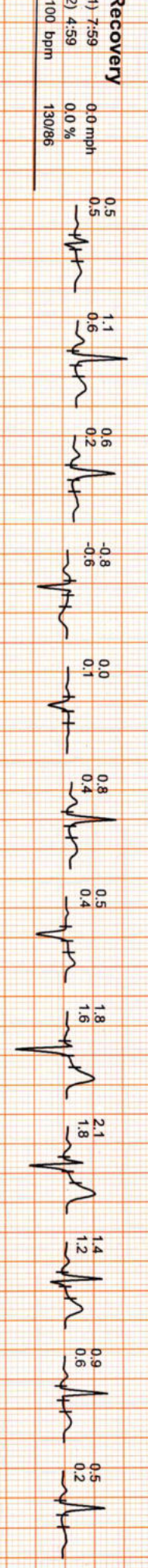
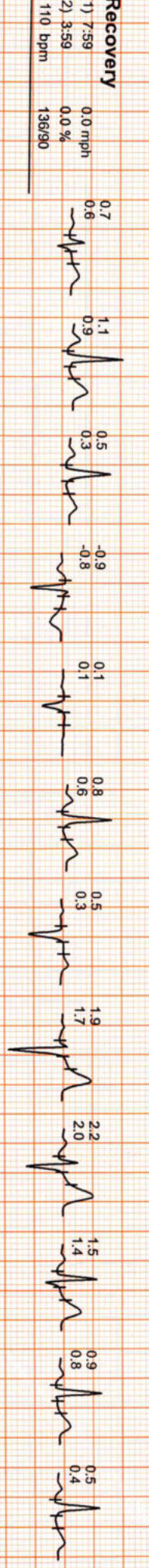
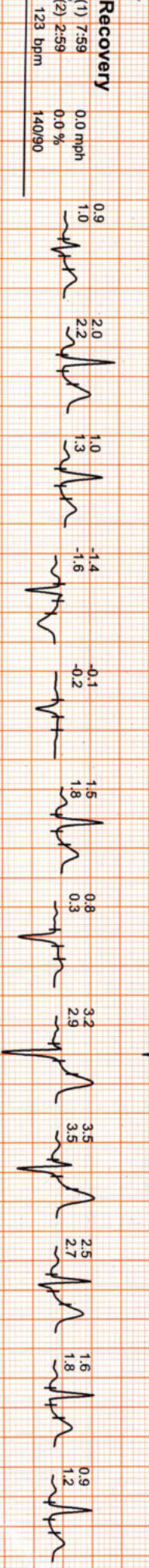
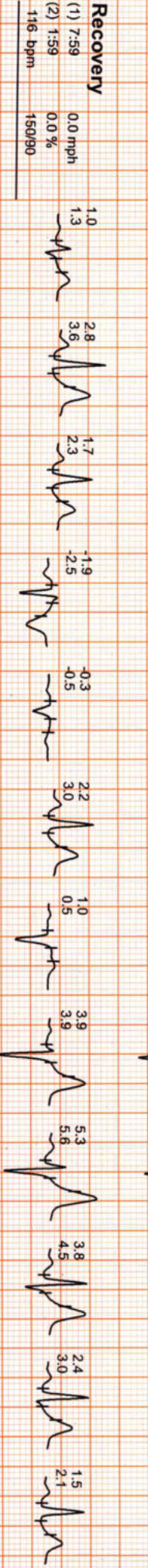
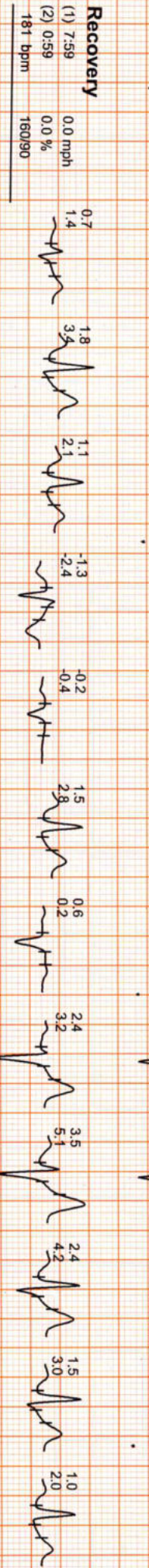
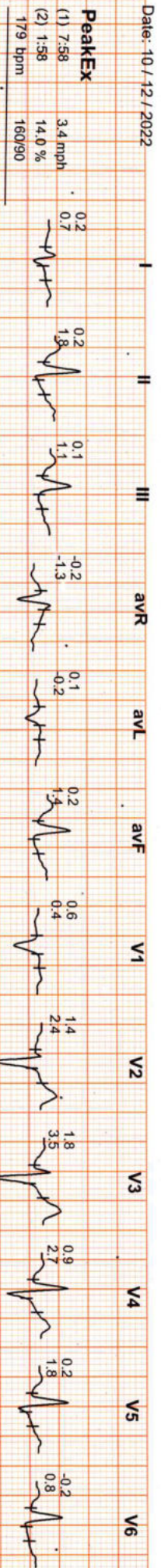
DR. GOYALS PATH LAB & IMAGING CENTER

MR NARESH AGARWAL / 33 Yrs / M / 0 Cms / 0 Kg / HR : 77

Average



Date: 10/12/2022



DR. GOYALS PATH LAB & IMAGING CENTER

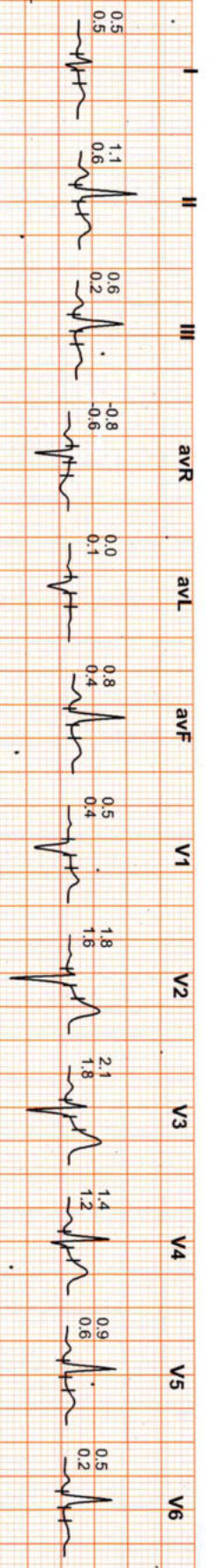
MR NARESH AGARWAL / 33 Yrs / M / 0 Cms / 0 Kg / HR : 77

Average



Date: 10 / 12 / 2022

Recovery
(1) 7:59 0.0 mph
(2) 5:05 0.0 %
99 bpm 130/86



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Date :- 10/12/2022 10:23:46 Patient ID :- 122228498
NAME :- Mr. NARESH AGARWAL Ref. By Dr:- BOB
Sex / Age :- Male Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 10/12/2022 10:25:32

Final Authentication : 10/12/2022 15:26:54

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.97	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	53.1	%	40.0 - 80.0
LYMPHOCYTE	40.0	%	20.0 - 40.0
EOSINOPHIL	3.5	%	1.0 - 6.0
MONOCYTE	3.1	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.71	10 ³ /uL	1.50 - 7.00
LYMPH#	2.80	10 ³ /uL	1.00 - 3.70
EO#	0.23	10 ³ /uL	0.00 - 0.40
MONO#	0.21	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.12	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	42.00	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	82.1 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.3	g/dL	31.5 - 34.5
PLATELET COUNT	206	x10 ³ /uL	150 - 410
RDW-CV	13.1	%	11.6 - 14.0
MENTZER INDEX	16.04		

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.

BANWARI
Technologist

Page No: 1 of 11



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Date :- 10/12/2022 10:23:46 Patient ID :-122228498
NAME :- Mr. NARESH AGARWAL Ref. By Dr:- BOB
 Sex / Age :- Male Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 10/12/2022 10:25:32 Final Authentication : 10/12/2022 15:26:54

HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)	28 H	mm/hr.	00 - 13
--------------------------------------	------	--------	---------

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

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

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

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to 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

BANWARI
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Page No: 2 of 11



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Date :- 10/12/2022 10:23:46 Patient ID :-122228498
NAME :- Mr. NARESH AGARWAL Ref. By Dr:- BOB
Sex / Age :- Male Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA-C₁₀₀ URINE Final Authentication : 10/12/2022 18:05:13

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "A" POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) **138.1** H 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) **228.8** H mg/dl 70.0 - 140.0
Method:- GOD PAP

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

URINE SUGAR (FASTING) Nil Nil
Collected Sample Received

BANWARI, KAUSHAL, RAJKUMAR, VIJENDRAMEENA
Technologist
DR.HANSA
Page No: 3 of 11



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Dr. Chandrika Gupta

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Date :- 10/12/2022, 10:23:46 Patient ID :-122228498
NAME :- Mr. NARESH AGARWAL Ref. By Dr:- BOB
Sex / Age :- Male Lab/Hosp :-
Company :- MediWheel



Sample Type :- STOOL Sample Collected Time 10/12/2022 10:25:32 Final Authentication : 10/12/2022 13:17:45

CLINICAL PATHOLOGY

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

VIJENDRAMEENA
Technologist
DR.HANSA
Page No: 4 of 11



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Date :- 10/12/2022 10:23:46

Patient ID :-122228498

NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2022 10:25:32

Final Authentication : 10/12/2022 13:38:43

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	194.26	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	77.81	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.74	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	143.55	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	15.56	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.15	H	0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.80	H	0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	536.22	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 HDLCHOLESTERO 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			

KAUSHAL

Page No: 5 of 11



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Date :- 10/12/2022 10:23:46 Patient ID :-122228498
NAME :- Mr. NARESH AGARWAL Ref. By Dr:- BOB
 Sex / Age :- Male Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2022 10:25:32

Final Authentication : 10/12/2022 13:38:43

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.63	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	0.27	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.36	mg/dl	0.30-0.70
SGOT Method:- IFCC	48.9 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	71.1 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	73.70	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	35.20	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.60	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.73	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.87	gm/dl	2.20 - 3.50
A/G RATIO	1.65		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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Page No: 6 of 11



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Date :- 10/12/2022 10:23:46
NAME :- Mr. NARESH AGARWAL
Sex / Age :- Male
Company :- MediWheel

Patient ID :- 122228498
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2022 10:25:32

Final Authentication : 10/12/2022 13:38:43

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	1.05	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.65	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

KAUSHAL

Page No: 7 of 11



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Date :- 10/12/2022 10:23:46
NAME :- Mr. NARESH AGARWAL
Sex / Age :- Male *
Company :- MediWheel

Patient ID :-122228498
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2022 10:25:32

Final Authentication : 10/12/2022 13:38:43

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	14.7	mg/dl	0.0 - 23.0

KAUSHAL

Page No: 8 of 11



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 Sex / Age :- Male Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 10/12/2022 10:25:32 Final Authentication : 10/12/2022 15:26:54

HAEMATOLOGY

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

8.5 H %

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
 Method:- Calculated Parameter

197 H mg/dL

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

BANWARI
Technologist

Page No: 9 of 11



Dr. Rashmi Bakshi
 MBBS, MD (Path)
 RMC No. 17975/008828

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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 :- 10/12/2022 10:23:46

Patient ID :-122228498



NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 10/12/2022 10:25:32

Final Authentication : 10/12/2022 13:17:45

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)	6.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA

Technologist

DR.HANSA

Page No: 10 of 11



Dr. Chandrika Gupta

MBBS.MD (Path)

RMC NO. 21021/008037

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Date :- 10/12/2022 10:23:46
NAME :- Mr. NARESH AGARWAL
Sex / Age :- Male
Company :- MediWheel

Patient ID :-12228498
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2022 10:25:32

Final Authentication : 10/12/2022 14:16:09

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.112	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.124	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.320	μIU/mL	0.550 - 4.780

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

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

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

INTERPRETATION

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

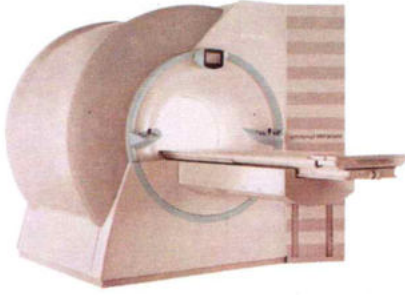
*** End of Report ***

KAUSHAL
Technologist

Page No: 11 of 11



Dr. Chandrika Gupta
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Date :- 10/12/2022 10:23:46
NAME :- Mr. NARESH AGARWAL
Sex / Age :- Male
Company :- MediWheel

Patient ID :- 122228498
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 10/12/2022 14:40:52

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.

Old healed fracture of 2nd anterior rib is noted.

Heart shadows appear normal.

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1

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

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

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

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

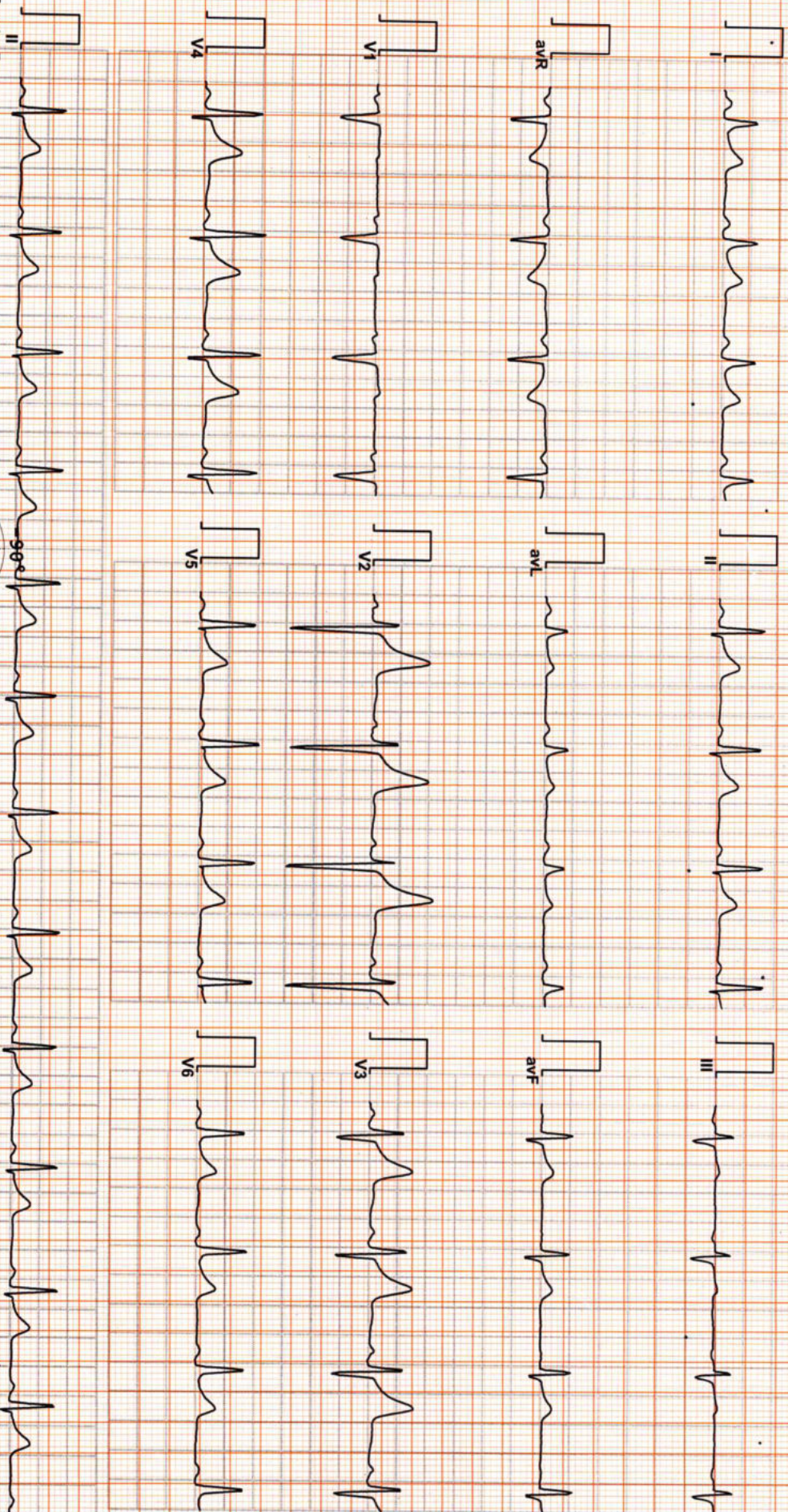
Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Transcript by.

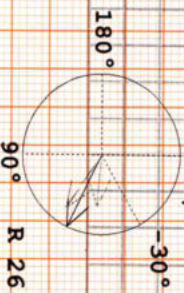
DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

ECG

3048 / MR NARESH AGARWAL / 33 Yrs / M/ Non Smoker
Heart Rate : 74 bpm / Tested On : 10-Dec-22 11:16:28 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By.: BOB

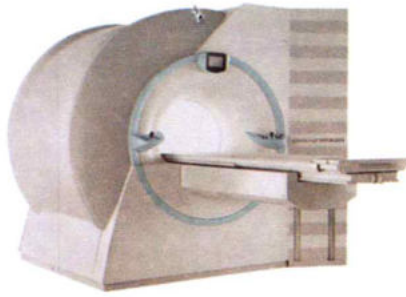


Vent Rate : 74 bpm
PR Interval : 146 ms
QRS Duration : 82 ms
QT/QTc Int : 374/399 ms
P-QRS-T axis : 5.00° 26.00° 34.00°



Allengers ECG (Piscas)(PIS218210312)

Reported By: *[Signature]*



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Company :- MediWheel

Patient ID :- 122228498
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 10/12/2022 16:55:13

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is enlarged in size (16.3 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.

Left kidney showing a calculus of size 4.0 mm at lower calyx.

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

Pre void: 350ml, Post void: Nil (insignificant)

Prostate is normal in size (20 gms) with normal echo-texture and outline. No enlarged nodes are visualised. No retro-peritoneal lesion is identified. No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

***Mild hepatomegaly with fatty changes.**

***Left renal calculus.**

- Needs clinical correlation for further evaluation.

*** End of Report ***

Page No: 1 of 1

BILAL

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Transcript by

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