

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: 14-08-22

Name: Umesh Kumar Kanwade Age: 33 DOB: 28-01-89 Sex: Male

Referred By: BOB

Photo ID: DIC ID #: attached.

Ht: 167 (cm)

Wt: 63 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 83 (cm)

Blood Pressure: 104/73 mm Hg

PR: 95 / min

RR: 16 / min

Temp: Afebrile

BMI 22.6

Eye Examination: vision abnormal o/e, n/e.
no colour blindness.

Other: not significant

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

Signature Of Examinee : 

Name of Examinee: _____


Signature Medical Examiner : _____

Name Medical Examiner _____

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

**CENTRAL MOTOR VEHICLES
RULES 1989
FORM 7(See Rule 16(2))
DRIVING LICENCE**

D/L NO : RJ-14/DLC/09/ 824753 Date : 12/10/2009
 Name : UMESH KUMAR KANWADIA
 Son of : JAGDISH PRASAD KANWADIA
 Address : C-29, BAL NAGAR KARTARPURA
 JAIPUR



is licenced to drive throughout India a vehicle
of the following description:
MCY WITH GEAR, LIGHT MOTOR VEH.

The licence to drive other than transport
vehicle is valid
From : 12/10/2009 To : 11/10/2029


Kanwadia
Holder's Sign/Thumb Impression

[Signature]
Licencing Authority, Jaipur

[Handwritten signature]

Dr. of first issue of DL/Class of vehicle :
Name/Designation of the testing authority : SHALINI SINGH / MVSJ

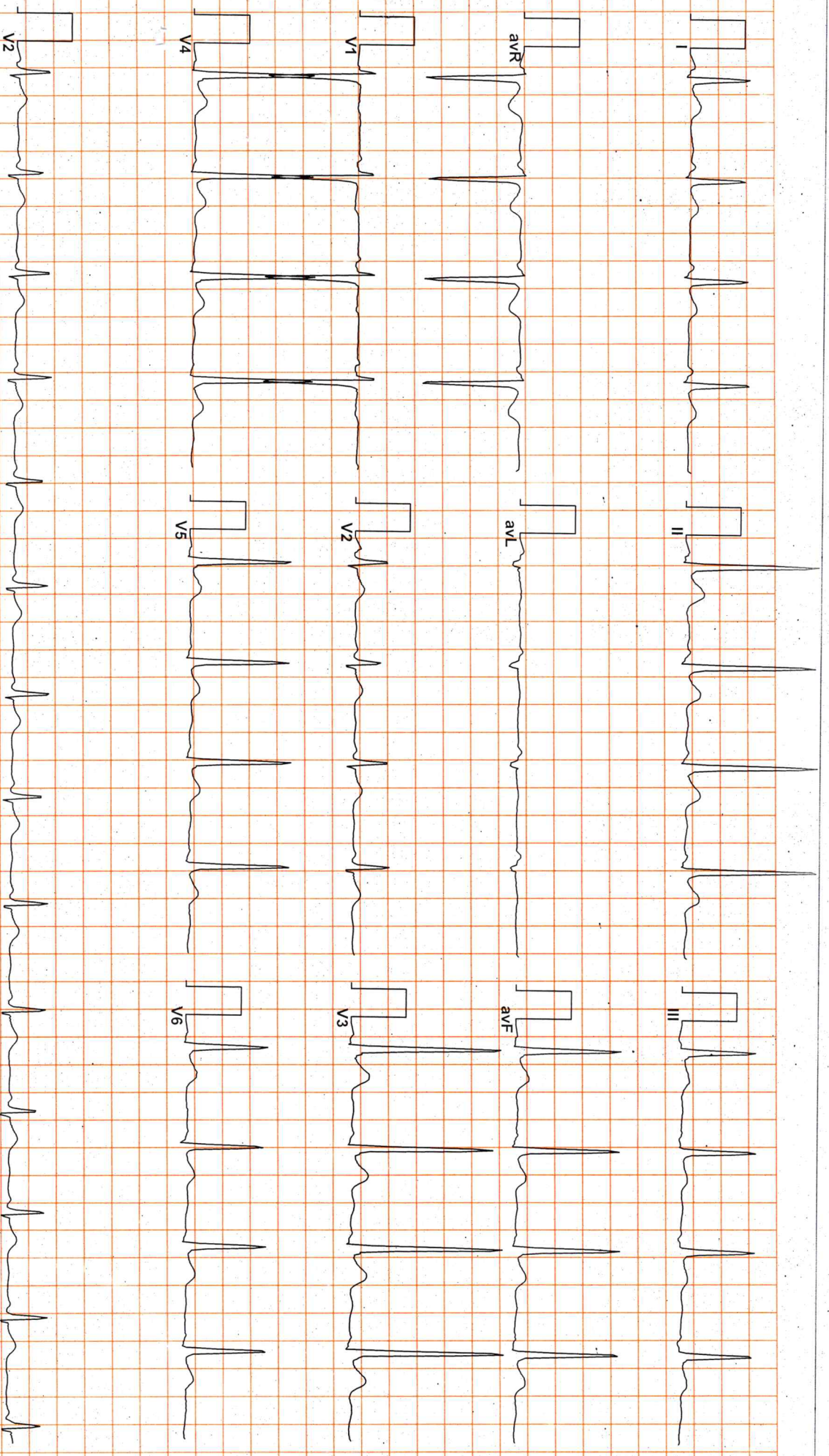
Badge No. and **Authorisation Date to drive transport vehicle.**
Badge Detail :
DOB : 28/01/1969 **Blood Group :** **Tel. No. : 9785786053**
Citizenship: INDIAN



DON'T DRINK & DRIVE

DRIVING OFFENCES: ● ● ● ● ●

[Handwritten signature]
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
MC Reg. No.-017996



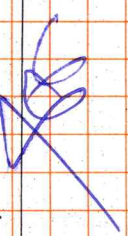
Normal

Dr. Anuresh Kumar Mohanka

FMCG No. 35703

MBBS, DIP CARDIO (ESCORTS)

DEPARTMENT OF CARDIOLOGY





1976 / MR UMESH KUMAR KANWADIA / 33 Yrs / M / 0 Cms / 0 Kg Date: 14-Aug-2022 Refd By : MEDI WHEEL

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:09	0:01	01.1	00.0	01.0	79	120/80	094	00	
Standing	00:27	0:01	01.1	00.0	01.0	78	120/80	093	00	
HV	00:41	0:01	01.1	00.0	01.0	082	120/80	098	00	
Warm Up	00:58	0:01	01.0	00.0	01.0	082	120/80	098	00	
ExStart	02:57	0:07	01.7	10.0	01.1	099	120/80	118	00	
BRUCE Stage 1	05:57	3:00	01.7	10.0	04.7	114	125/80	142	00	
BRUCE Stage 2	08:57	3:00	02.5	12.0	07.1	122	135/85	164	00	
BRUCE Stage 3	11:57	3:00	03.4	14.0	10.2	144	140/90	201	00	
PeakEx	13:56	2:00	04.2	16.0	12.4	178	145/90	258	00	
Recovery	14:55	1:00	00.0	00.0	04.3	121	145/90	175	00	
Recovery	15:55	2:00	00.0	00.0	01.0	107	135/90	144	00	
Recovery	17:55	4:00	00.0	00.0	01.0	100	125/85	125	00	
Recovery	19:02	5:06	00.0	00.0	01.0	102	125/85	127	00	

Findings :

Exercise Time : 11:00
 Max HR Attained : 180 bpm 96% of Target 187
 Max BP Attained : 145/90
 Max Workload Attained : 12.4 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

Base line ECG Show mild ST + changes seen during exercise in infero lat leads which reverted to base line within 10 seconds of recovery.

Test mildly positive for Rm1.

Conclude clinically.

AS

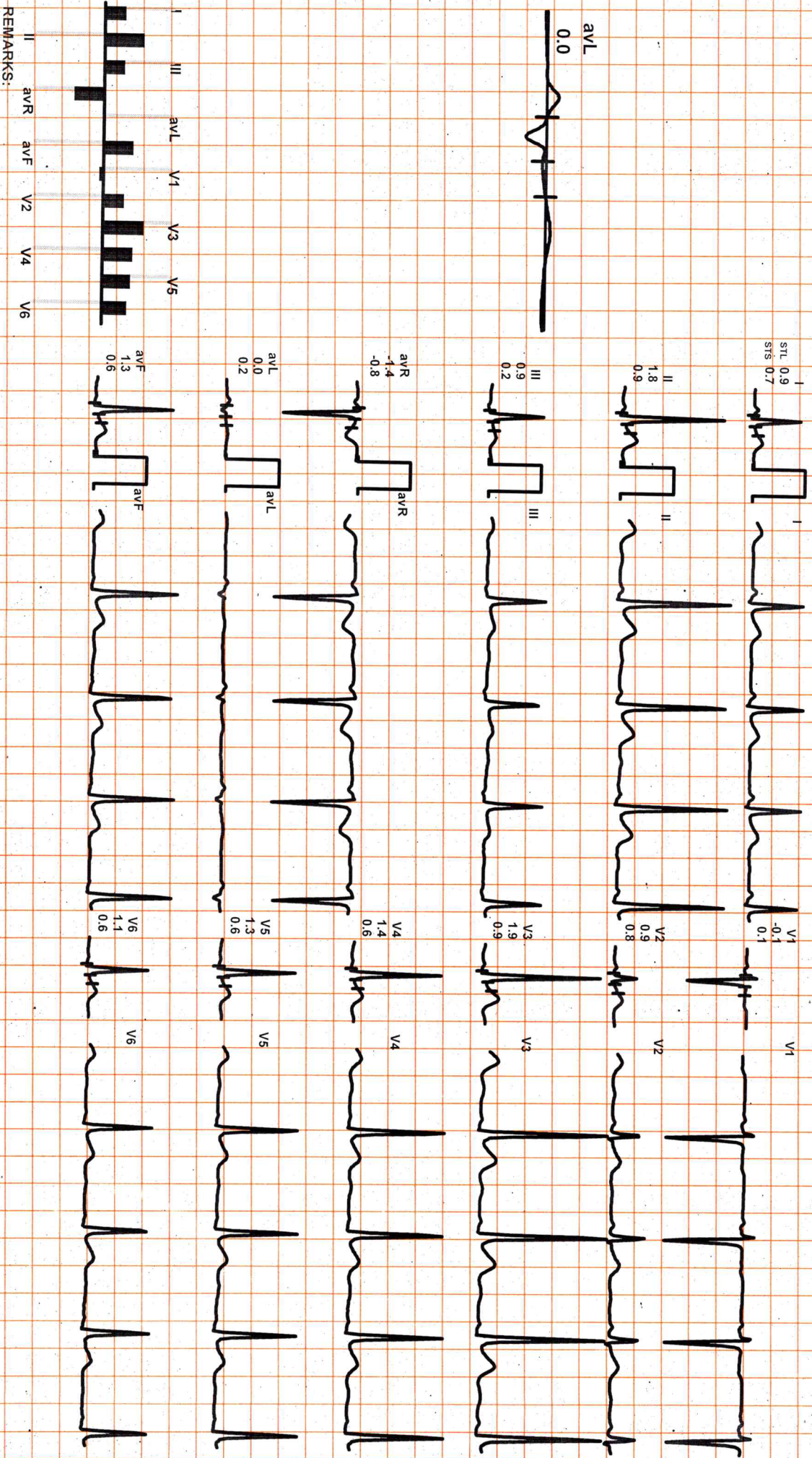
Dr. Umesh Kumar Mohanka
 RMC No. 36708
 MBBS, DIPLOMA IN ESCORTS
 M.D. (EM) (UK)

Date: 14-Aug-2022 10:02:39 AM
4X 80 ms Post J

METS: 1.0/79 bpm 42% of THR BP: 120/80 mmHg

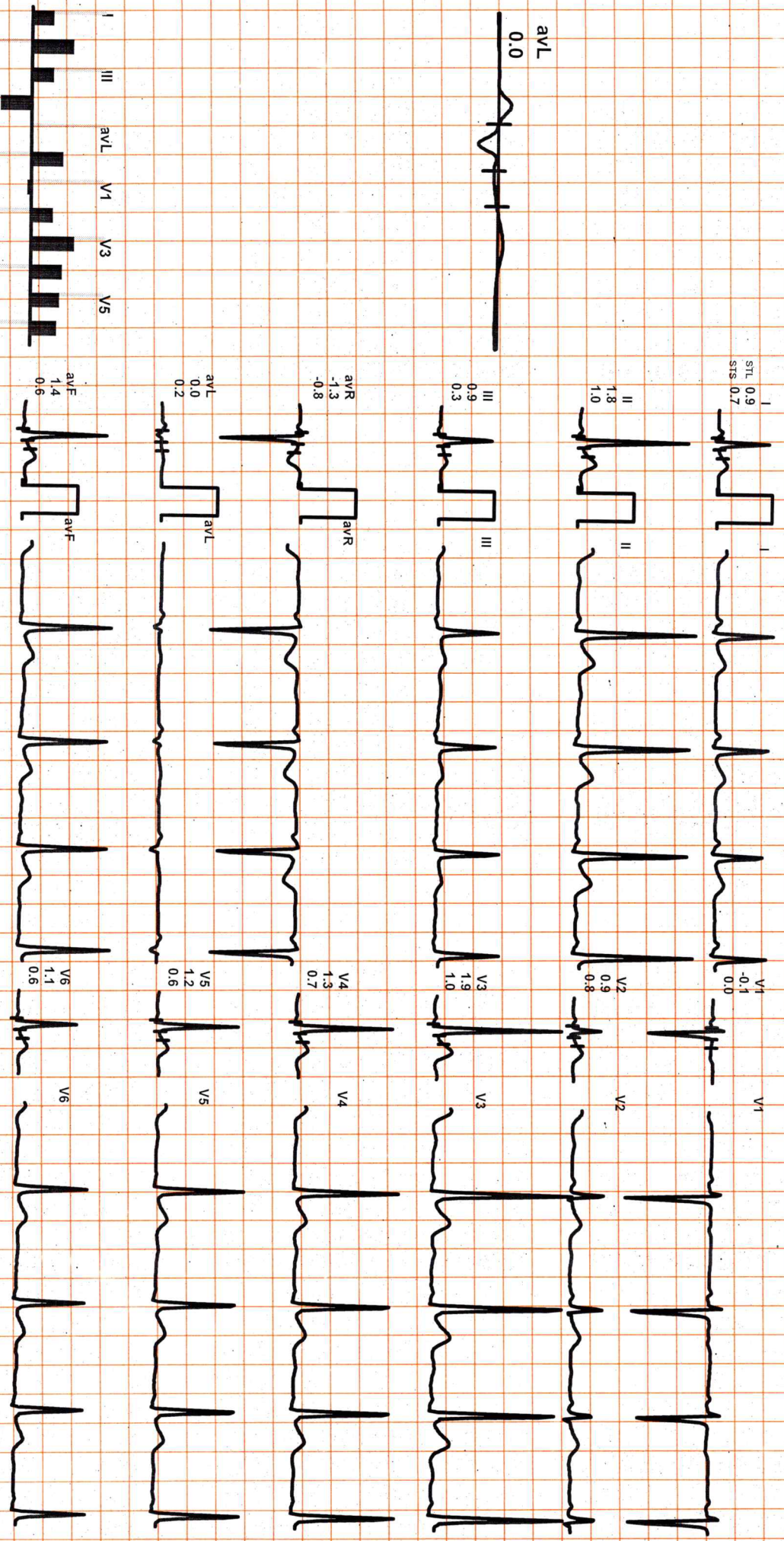
Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:09 1.1 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



Date: 14-Aug-2022 10:02:39 AM METS: 1.0/75 bpm 41% of THR BP: 120/80 mmHg Raw ECG/ BLC Oh/ Noich Oh/ HF 0.05 Hz/LF 100 Hz
 4X 80 ms Post J

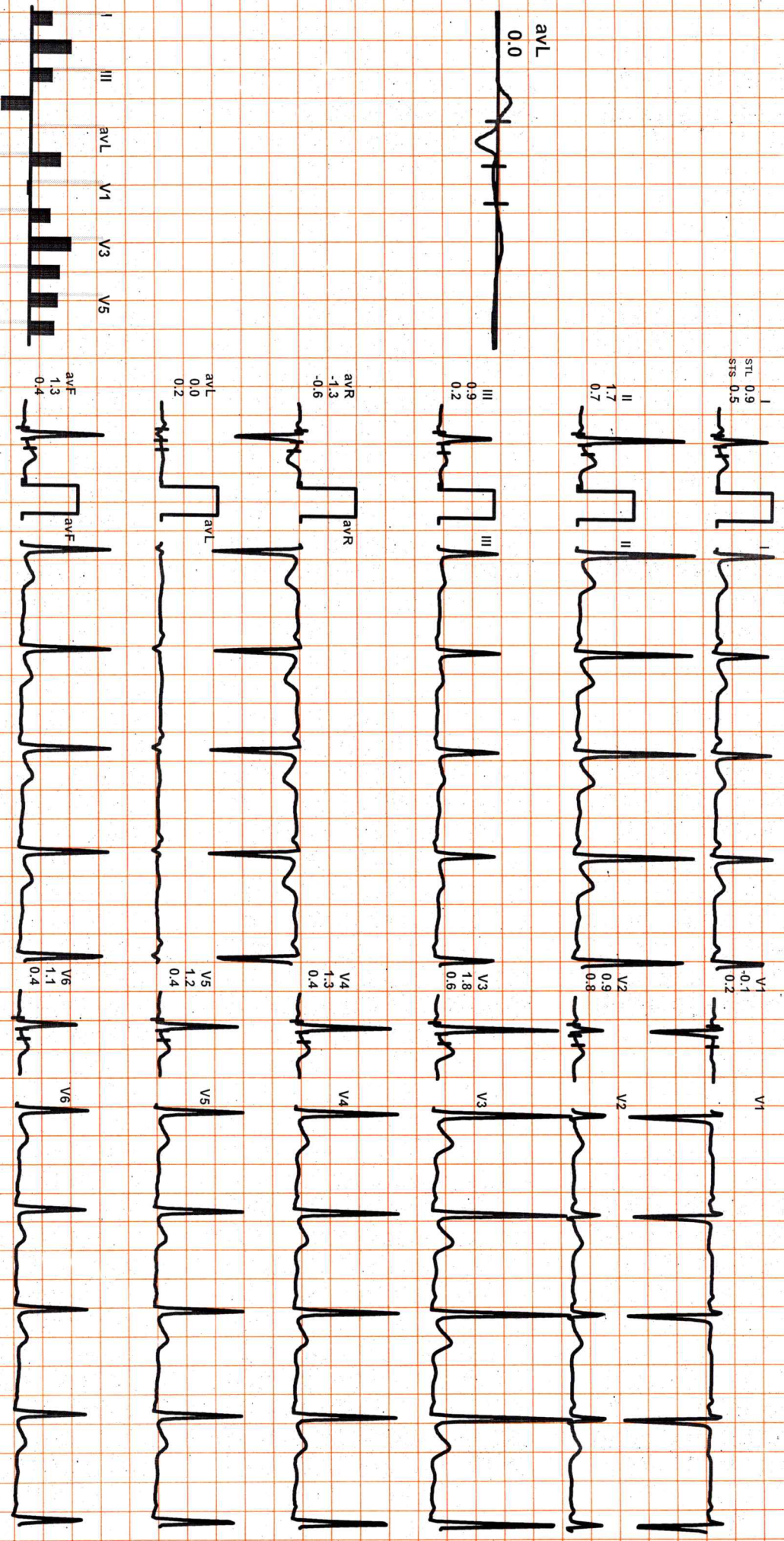
EXTime: 00:27 1.1 mph, 0.0%
 .25mm/Sec. 1.0 Cm/mv



REMARKS:

Date: 14-Aug-2022 10:02:39 AM METS: 1.0 / 92 bpm 43% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz
4X 80 mS Post J

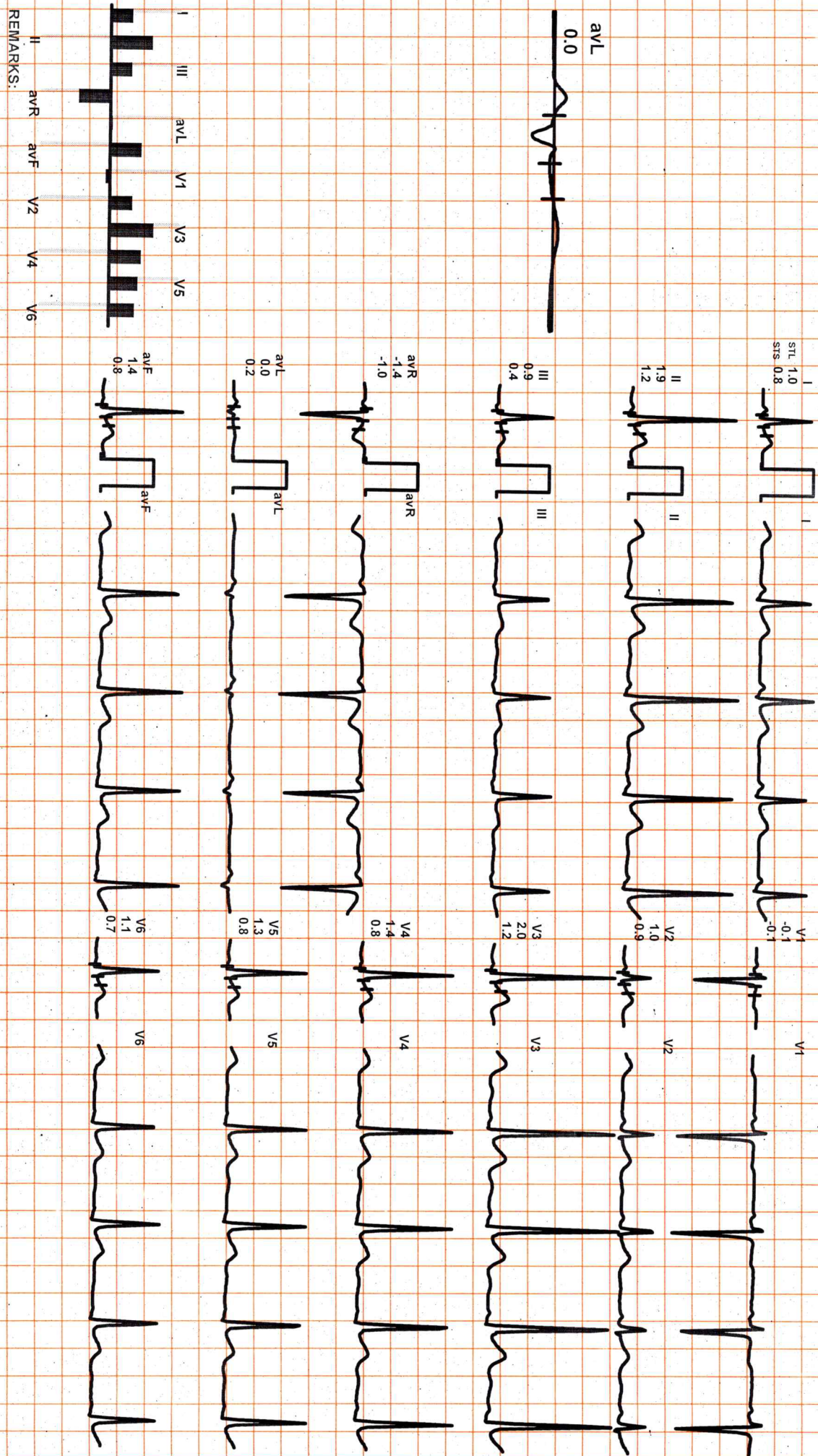
EXTime: 00:41 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



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

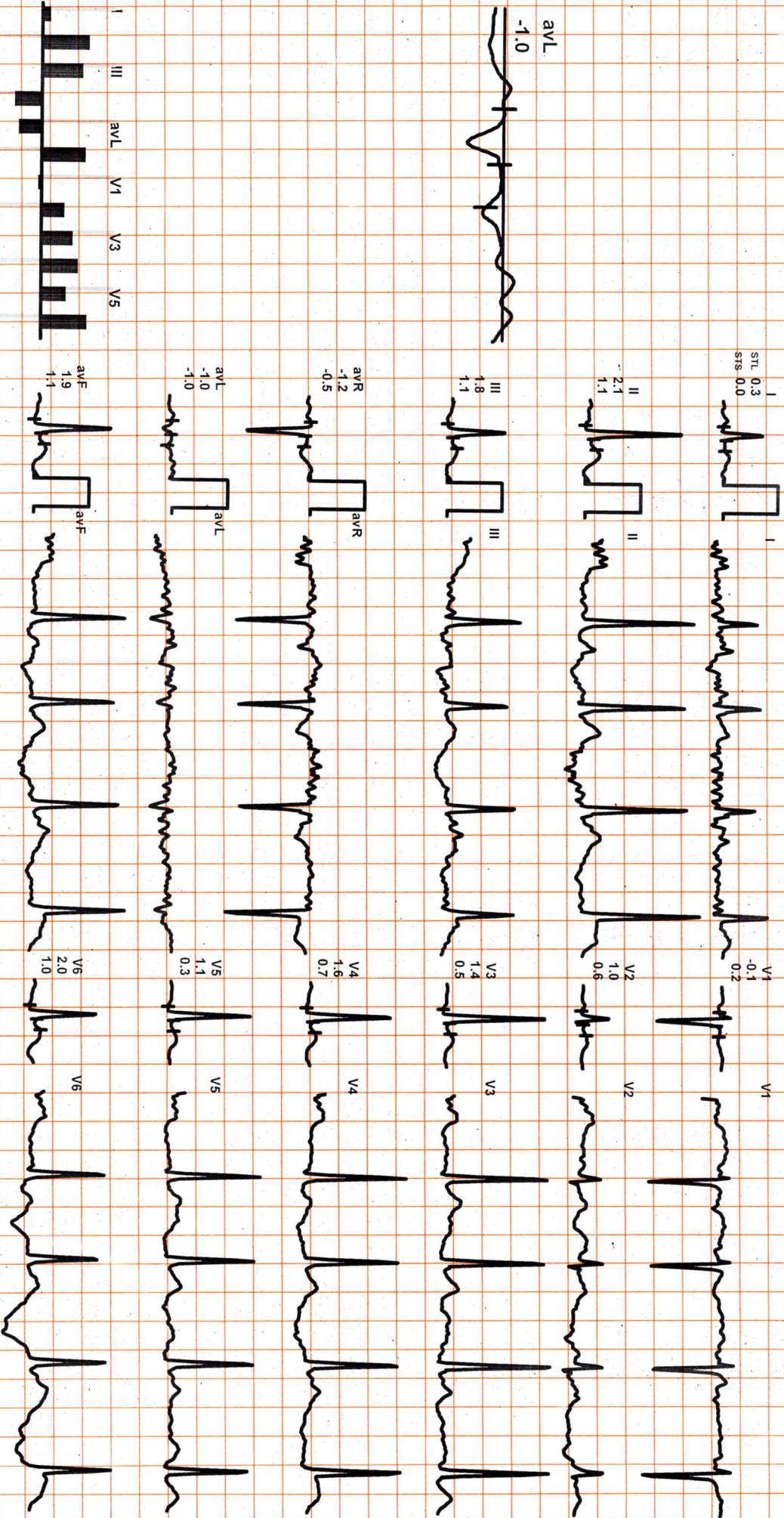
Date: 14-Aug-2022 10:02:39 AM METS: 1.0/ 82 bpm 43% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LE 100 Hz 4X 80 mS Post J

EXTime: 00:58 1.0 mph 0.0% 25 mm/Sec. 1.0 Cm/mV



Date: 14-Aug-2022 10:02:39 AM METS: 1.1/99 bpm 52% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J
ExtTime: 00:07 4.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mV

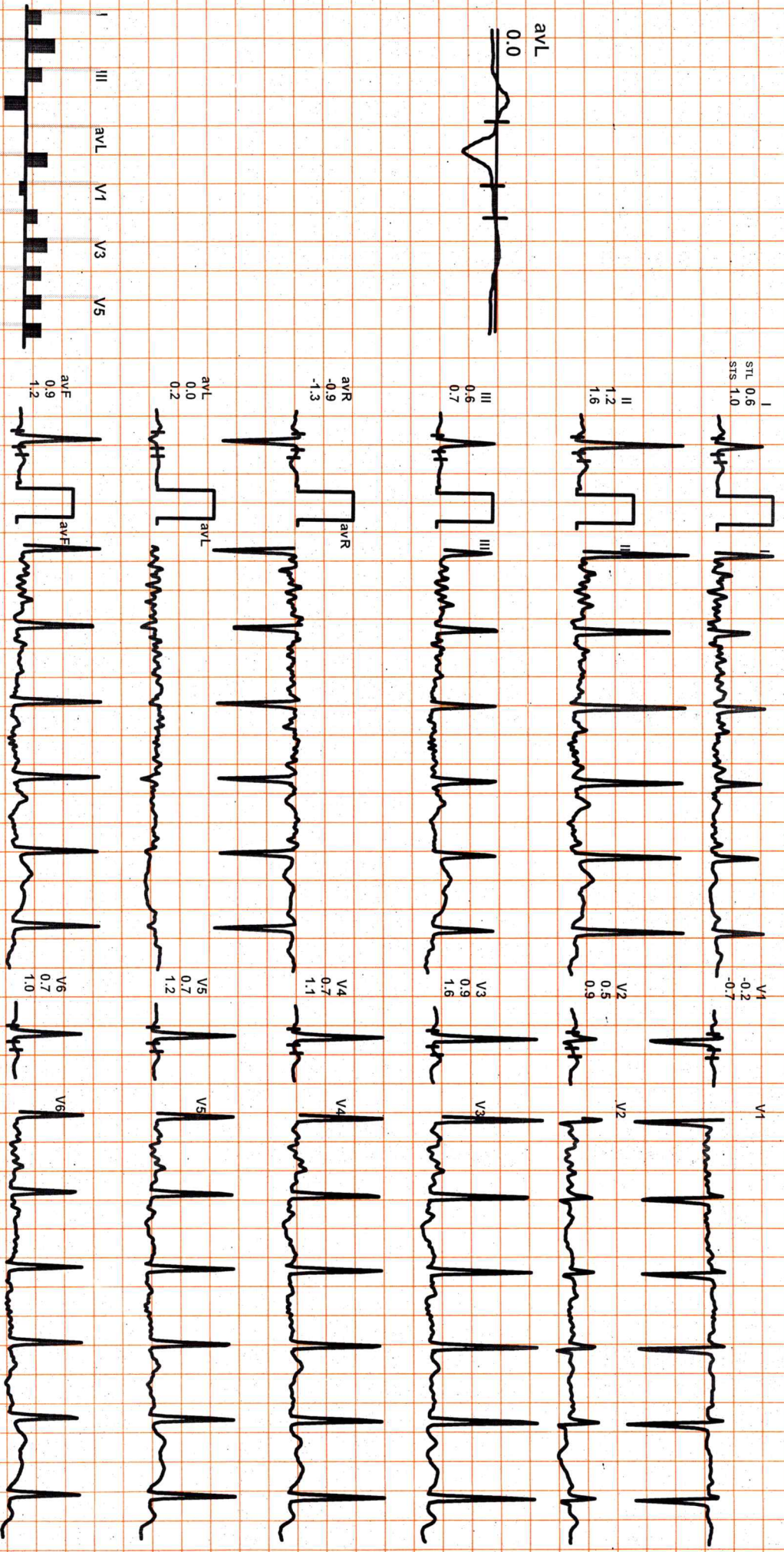


REMARKS:

Date: 14-Aug-2022 10:02:39 AM METS: 4.71/114 bpm 60% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

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

4X 60 ms Post J

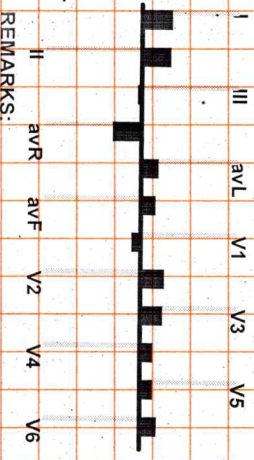


REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6

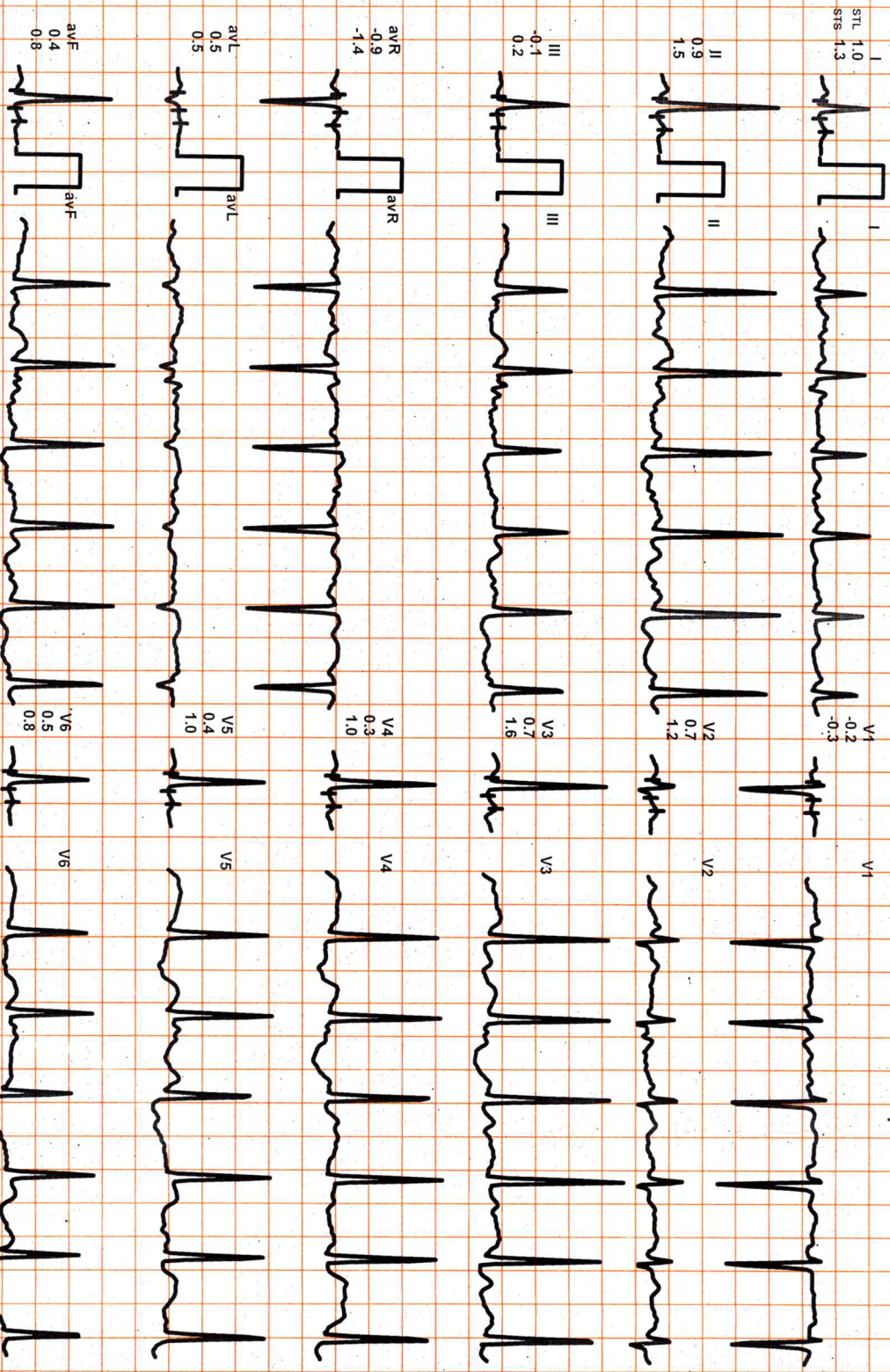
(GEM210151123)Gemini A-DX by Allengers

Date: 14-Aug-2022 10:02:39 AM METS: 7.1/122 bpm 65% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/LF 100 Hz
4X 80 ms Post J

ExTime: 05:00 2.5 mph, 12.0%
25 mm/Sec: 1.0 Cm/mV



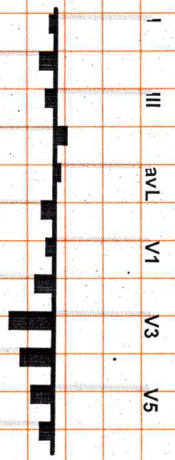
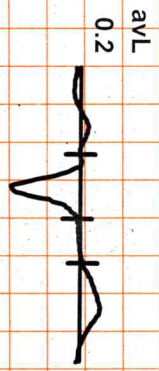
REMARKS:



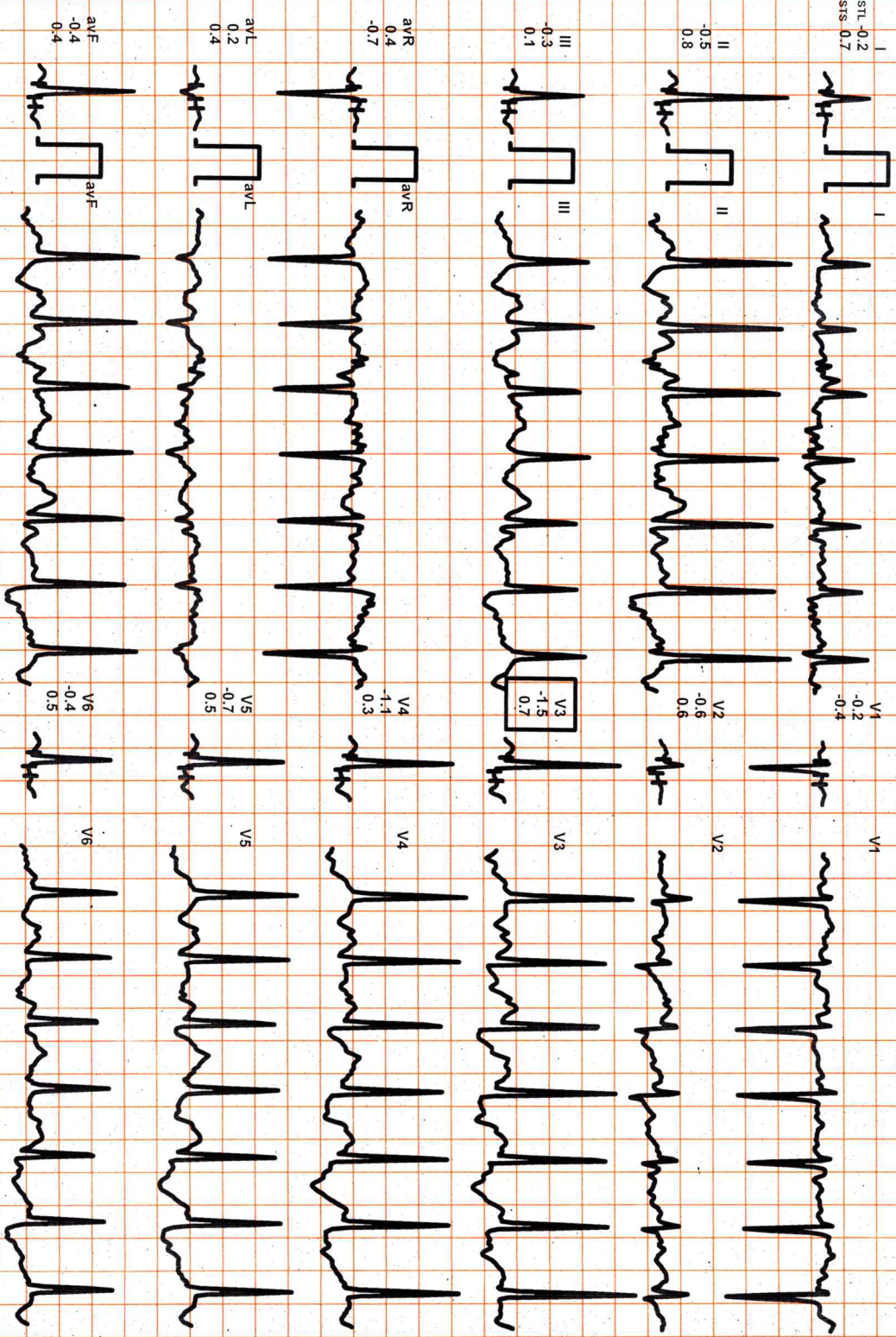
Date: 14-Aug-2022 10:02:39 AM
4X 60 ms Post J

METS: 10.2/144 bpm 77% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 09:00 3.4 mph, 14.0%
25 mm/Sec. 1.0 Cm/mV

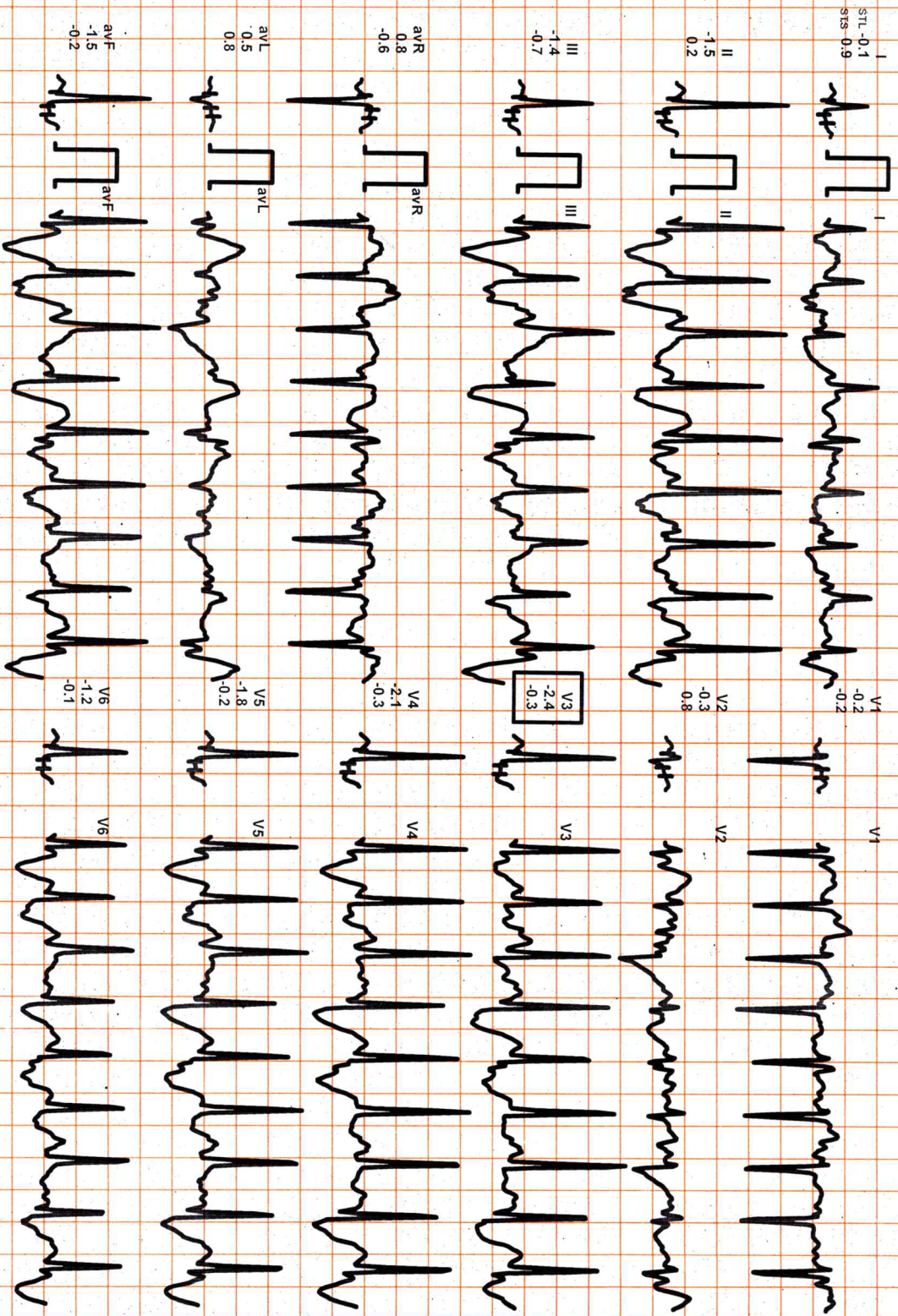
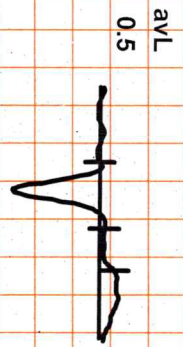


REMARKS:



Date: 14-Aug-2022 10:02:39 AM METS: 12.4/ 178 bpm 95% of THR Bp: 145/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 10:59 4.2 mph, 15.0%
25 mm/Sec. 1.0 Cm/mV



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

Date: 14-Aug-2022 10:02:39 AM

METS: 4.3/ 121 bpm 64% of THR

BP: 145/90 mmHg Raw ECG/ BLC On/ Natch On/ HF: 0.05 Hz/LF: 100 Hz

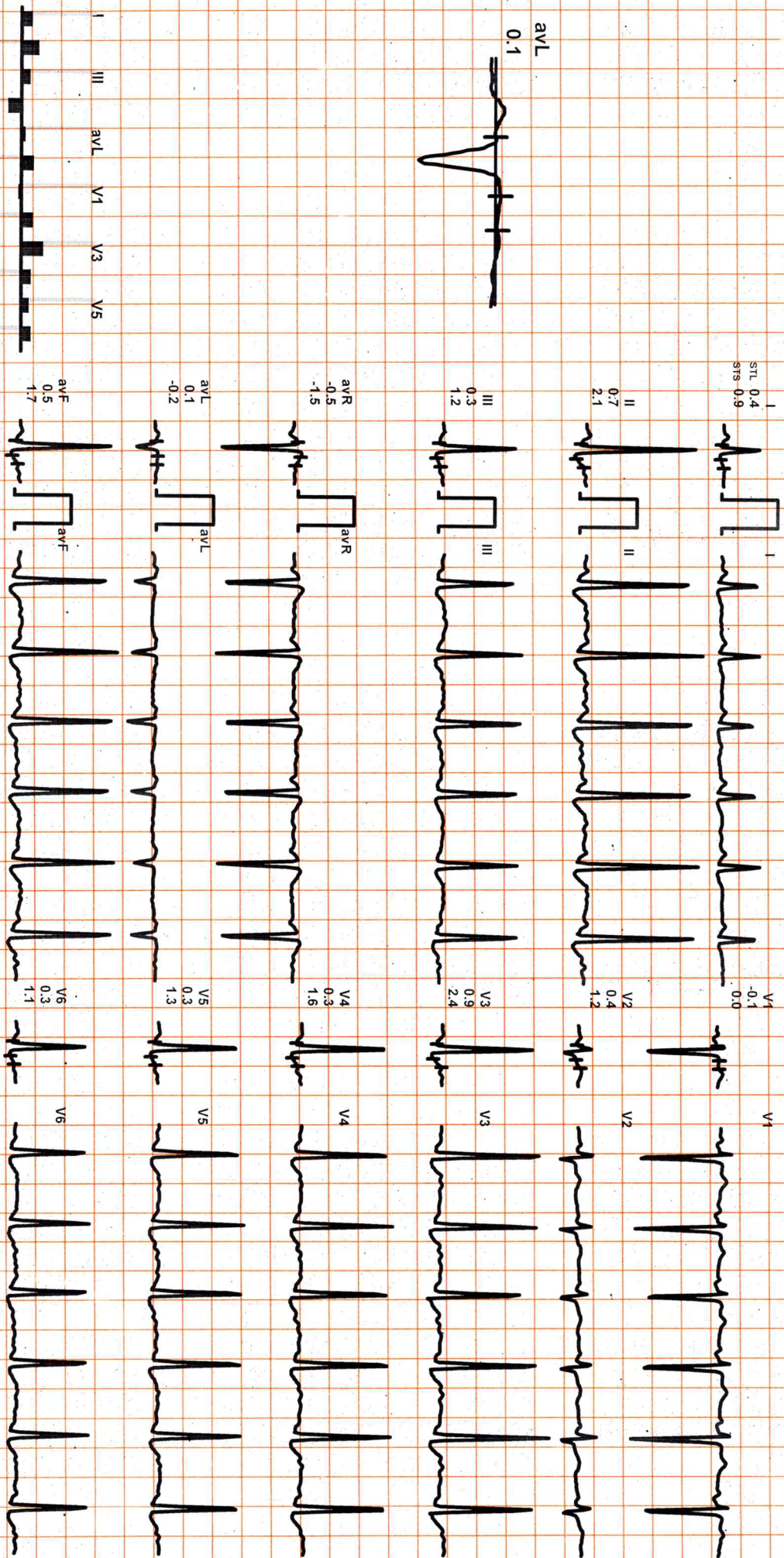
EXTime: 11:00 0.0 mpm, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV

STL 0.4
STs 0.9

avL
0.1

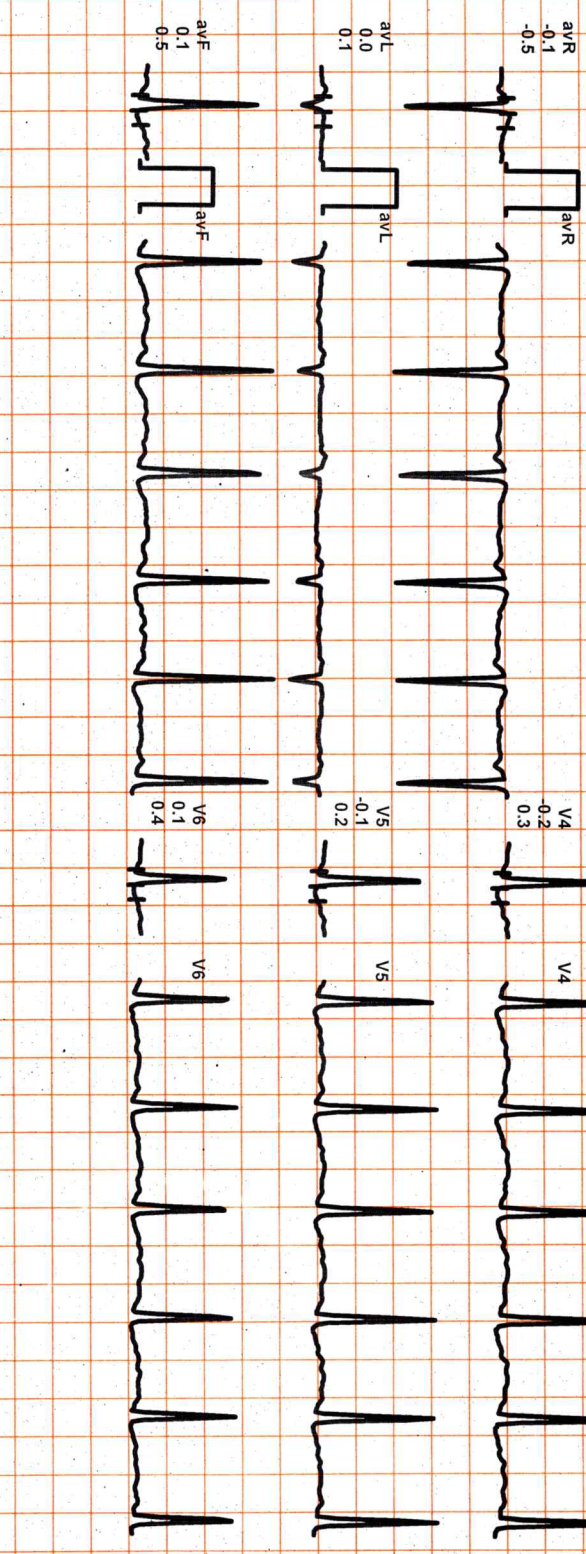
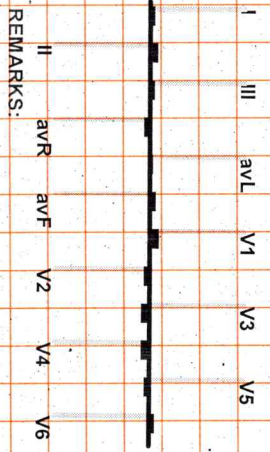
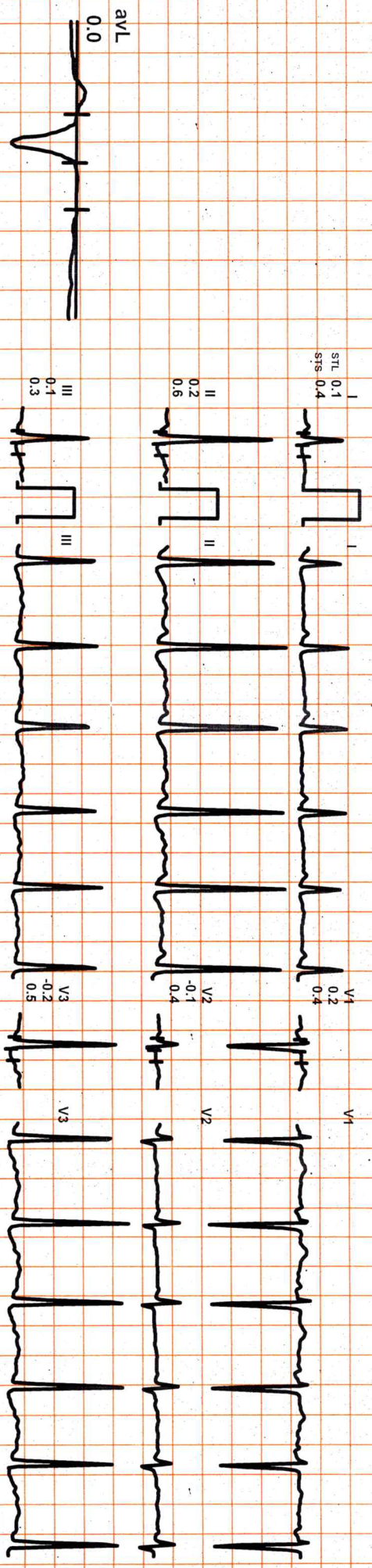


REMARKS:

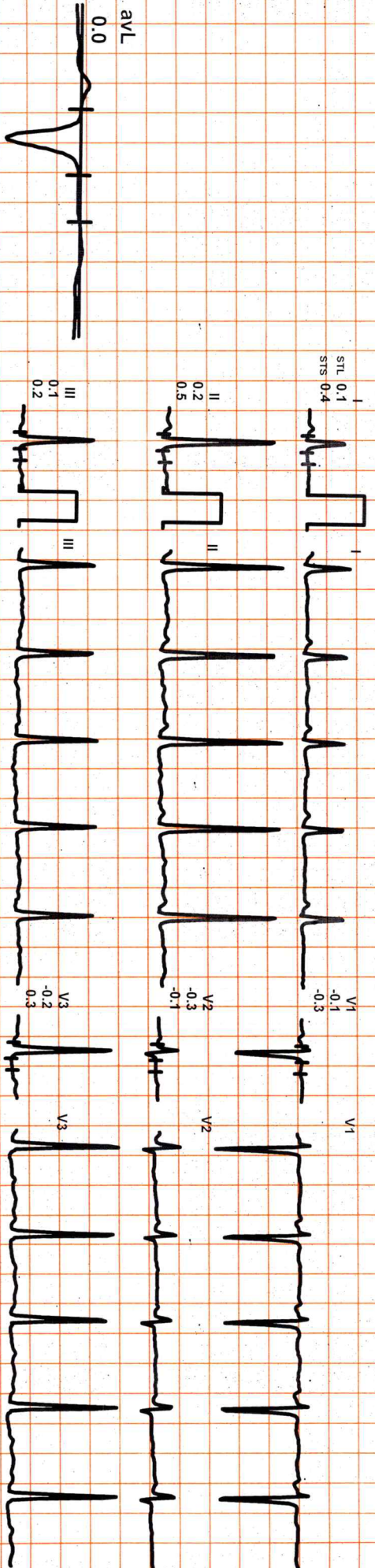
Date: 14-Aug-2022 10:02:39 AM
4X 80 ms Post J

METS: 1.0/107 bpm 57% of THR BP: 135/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

ExtIme: 11:00 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV

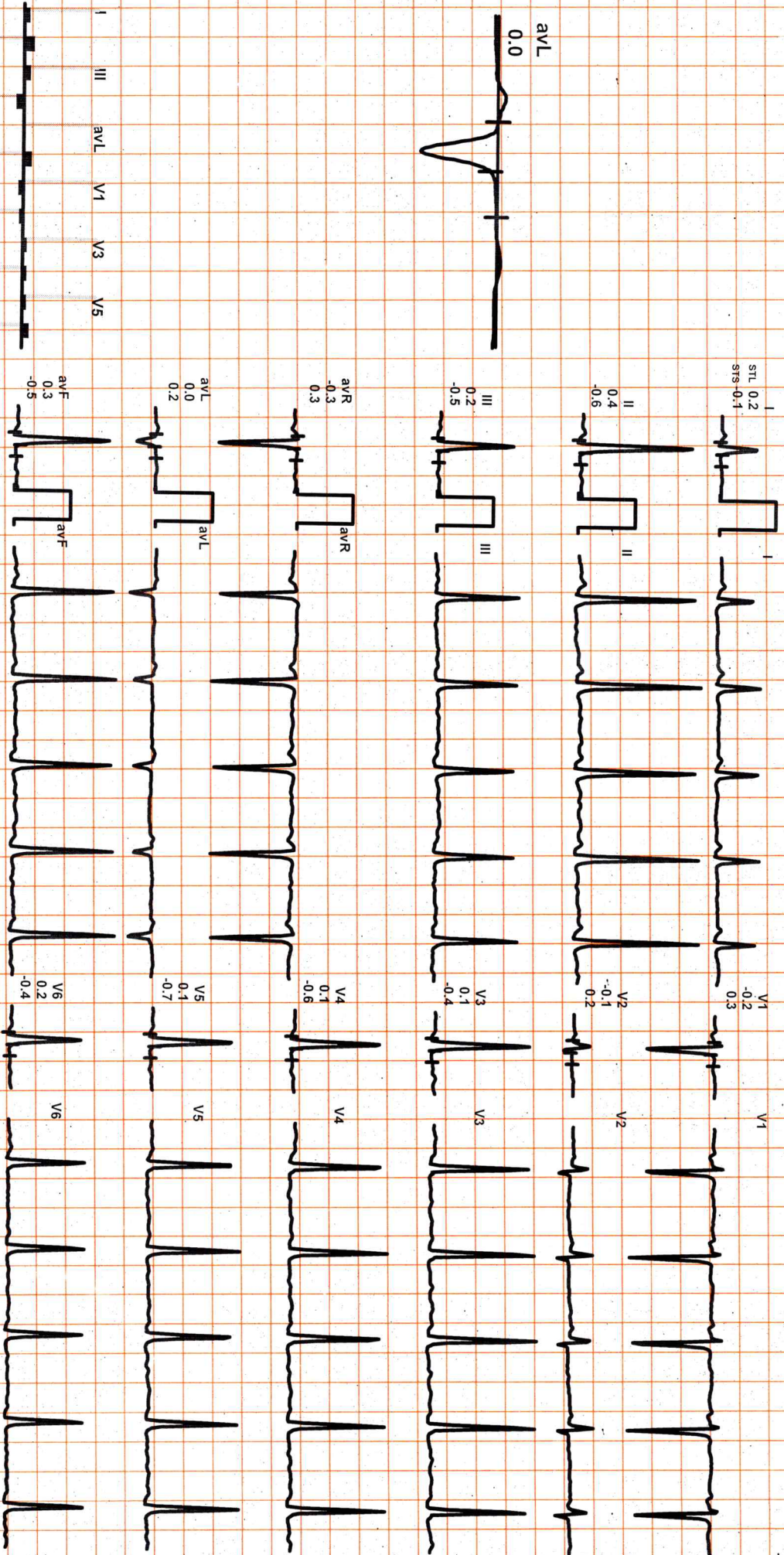


REMARKS:



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

REMARKS:

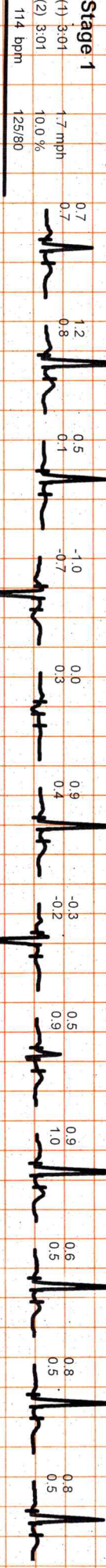
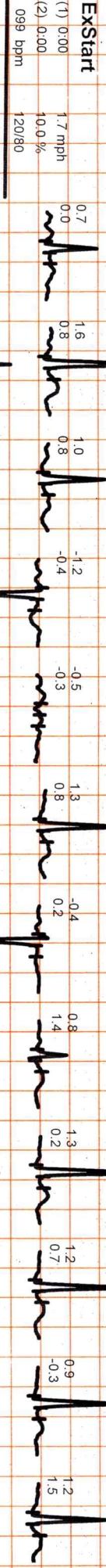
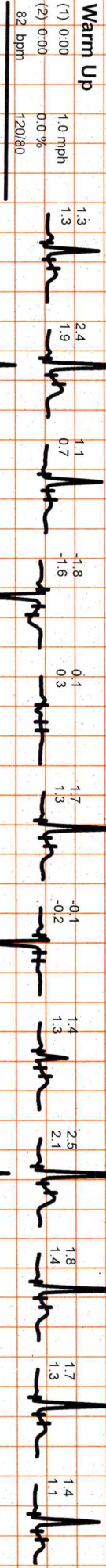
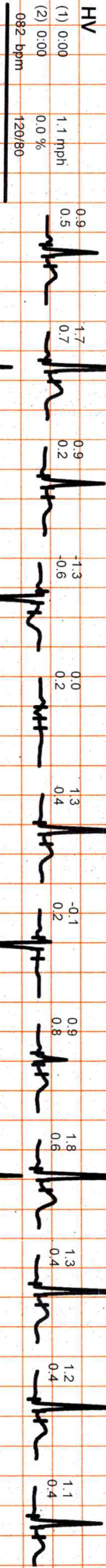
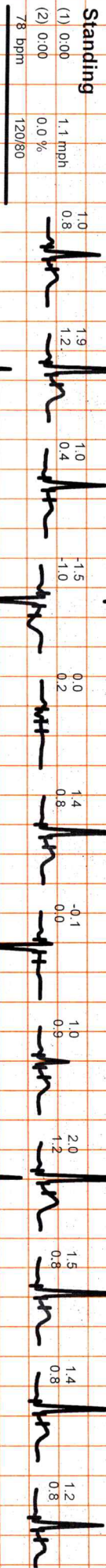
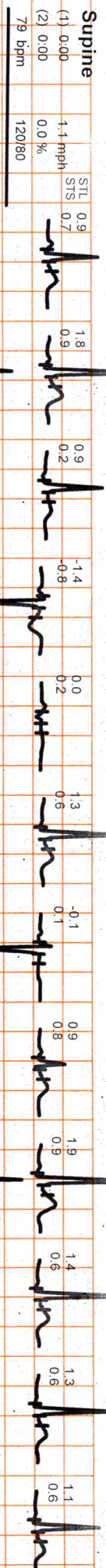


REMARKS:



Date: 14-Aug-2022 10:02:39 AM

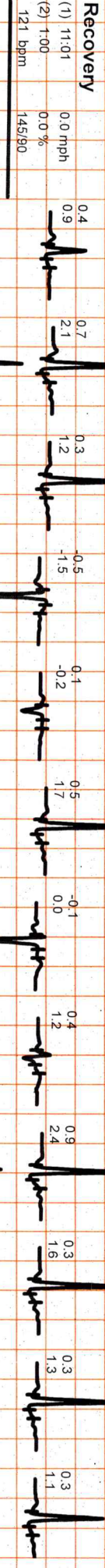
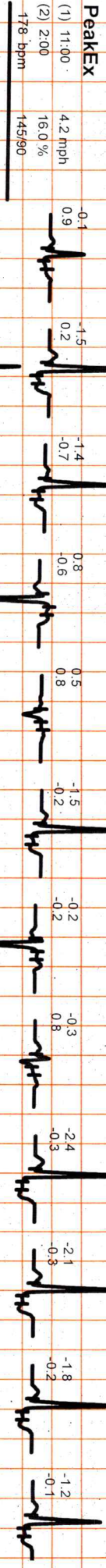
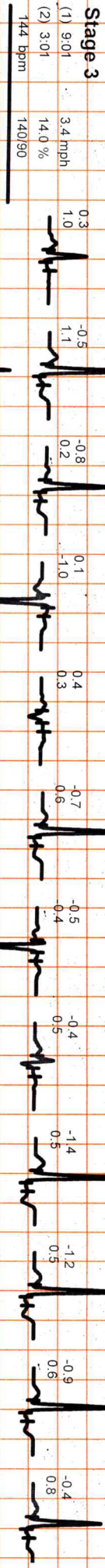
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



(GEM210151123) Gemini A-DX by Allergers

Date: 14-Aug-2022 10:02:39 AM

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



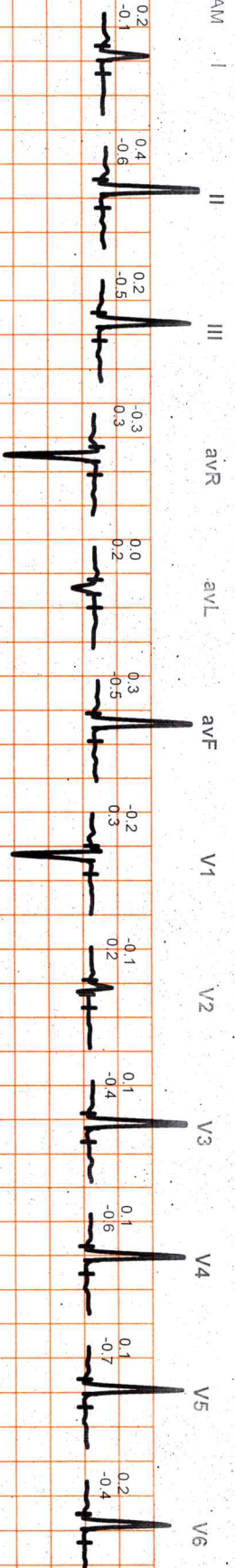
(GEM210151123) Gemini A-DX by Allengers



Date: 14-Aug-2022 10:02:39 AM

Recovery

(1) 11:01 0.0 mph
(2) 5:07 0.0 %
102 bpm 125/65



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



Date :- 14/08/2022 09:02:41 Patient ID :-12221740
NAME :- Mr. UMESH KUMAR KANWADIA Ref. By Dr:- BOB
Sex / Age :- Male 33 Yrs 6 Mon 17 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 12:10:07

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C) 5.7 %
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 117 mg/dL
Method:- Calculated Parameter

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

SURESHSAINI
Technologist

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

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Sex / Age :- Male 33 Yrs 6 Mon 17 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 13:44:06

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.6 L	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.09	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	46.0	%	40.0 - 80.0
LYMPHOCYTE	49.0 H	%	20.0 - 40.0
EOSINOPHIL	1.9	%	1.0 - 6.0
MONOCYTE	2.8	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.34	10 ³ /uL	1.50 - 7.00
LYMPH#	2.50	10 ³ /uL	1.00 - 3.70
EO#	0.09	10 ³ /uL	0.00 - 0.40
MONO#	0.14	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.08 L	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	38.60 L	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	94.5	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.8	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.6	g/dL	31.5 - 34.5
PLATELET COUNT	160	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	23.16		

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, SURESHSAINI
Technologist

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Sex / Age :- Male 33 Yrs 6 Mon 17 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 12:10:07

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	18 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" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (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

SURESHSAINI
Technologist

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Date :- 14/08/2022 09:02:41

Patient ID :-12221740



NAME :- Mr. UMESH KUMAR KANWADIA

Ref. By Dr:- BOB

Sex / Age :- Male 33 Yrs 6 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 11:50:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	177.17	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	289.30 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	57.86	mg/dl	0.00 - 80.00

SKSHARMA

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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 :- 14/08/2022 09:02:41 Patient ID :- 12221740
NAME :- Mr. UMESH KUMAR KANWADIA Ref. By Dr:- BOB
Sex / Age :- Male 33 Yrs 6 Mon 17 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 11:50:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	27.32	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	101.63	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	6.48 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.72 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	708.92	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

SKSHARMA

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Sample Type :- PLAIN/SERUM

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 11:50:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.13	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	12.2	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	21.3	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	59.30	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.86	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.42	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.44	gm/dl	2.20 - 3.50
A/G RATIO	1.81		1.30 - 2.50

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Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 11:50:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.45	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.68	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	23.50	U/L	11.00 - 50.00

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

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

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

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

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

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

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

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Sample Type :- PLAIN/SERUM

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 13:32:58

IMMUNOASSAY

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

TOTAL THYROID PROFILE

SERUM TSH ULTRA

2.233

μIU/mL

0.400 - 4.649

Method:- Enhanced Chemiluminescence Immunoassay

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Sample Type :- PLAIN/SERUM

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 13:32:58

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 1.190 ng/ml 0.970 - 1.690
Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 6.240 ug/dl 5.530 - 11.000
Method:- Chemiluminescence(Competitive immunoassay)

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

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Patient ID :-12221740

NAME :- Mr. UMESH KUMAR KANWADIA

Ref. By Dr:- BOB

Sex / Age :- Male 33 Yrs 6 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 11:24:07

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<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		

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NAME :- Mr. UMESH KUMAR KANWADIA

Ref. By Dr:- BOB

Sex / Age :- Male 33 Yrs 6 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 11:24:06

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

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Date :- 14/08/2022 09:02:41

Patient ID :-12221740

NAME :- Mr. UMESH KUMAR KANWADIA

Ref. By Dr:- BOB

Sex / Age :- Male 33 Yrs 6 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- STOOL

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 11:24:06

CLINICAL PATHOLOGY

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

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Date :- 14/08/2022 09:02:41 Patient ID :-12221740
NAME :- Mr. UMESH KUMAR KANWADIA Ref. By Dr:- BOB
 Sex / Age :- Male 33 Yrs 6 Mon 17 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-F, INH SERUM Final Authentication : 14/08/2022 11:39:18 14/08/2022 12:51:54

BIOCHEMISTRY

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

FASTING BLOOD SUGAR (Plasma) 104.9 mg/dl 75.0 - 115.0
 Method:- GOD PAP

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

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

BLOOD SUGAR PP (Plasma) 110.5 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 1.09 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 6.45 mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

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NAME :- Mr. UMESH KUMAR KANWADIA

Ref. By Dr:- BOB

Sex / Age :- Male 33 Yrs 6 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 14:19:07

HAEMATOLOGY

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

BANWARI, POOJABOHRA
Technologist

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 14/08/2022 09:12:31

Final Authentication : 14/08/2022 11:50:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.8	mg/dl	0.0 - 23.0

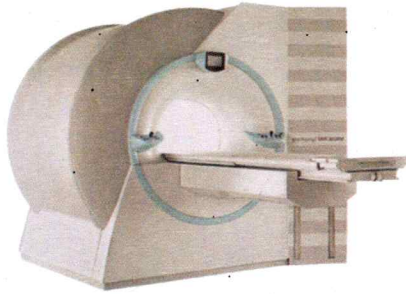
*** End of Report ***

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Company :- MediWheel

Patient ID :- 12221740
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 14/08/2022 12:55:23

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.

Pre void- 350 cc & Post void- 191 cc(significant)

Prostate is normal in size (24 cc) 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:

***Significant PVR**

Needs clinical correlation for further evaluation

*** End of Report ***

BILAL

Page No: 1 of 1

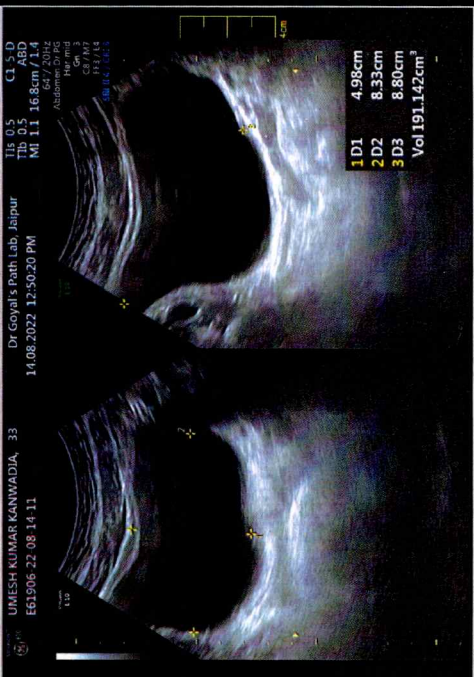
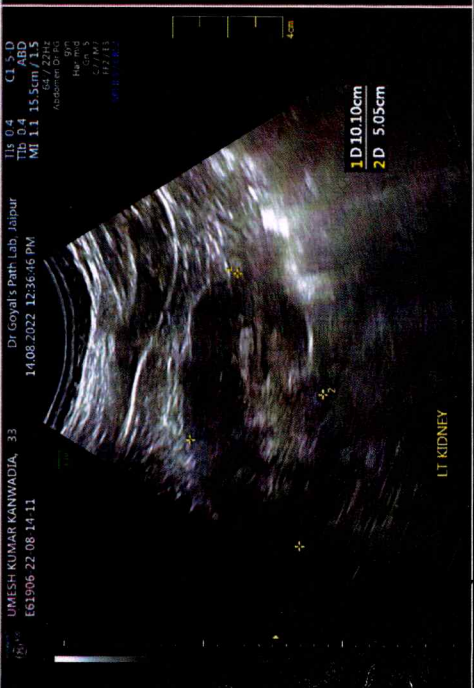
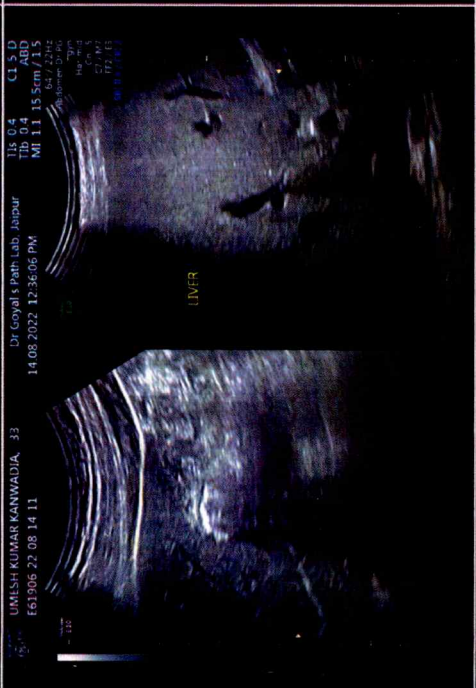
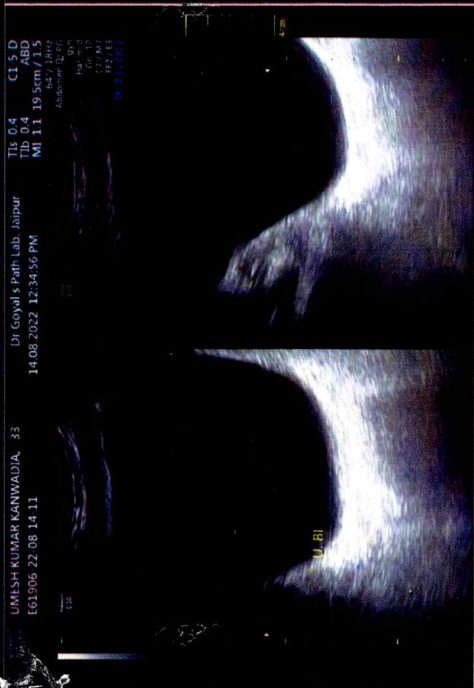
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Dr. Ashish Choudhary
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Fetal Medicine Consultant
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Dr. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
RMC No. 17163

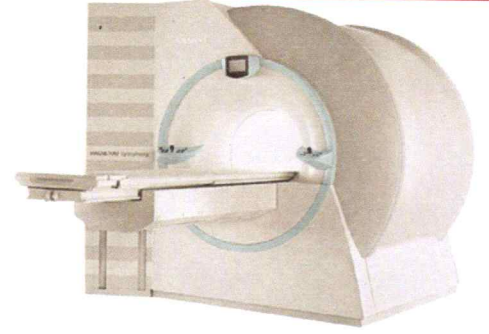
Transcript by.



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Lab/Hosp :-

Final Authentication : 14/08/2022 14:41:30

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Rotation present.

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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Dr. Shankar Tejwani
(M.D. Radiodiagnosis)

Dr. Paresh Sukhani
(M.D. Radiodiagnosis)

Dr. Rathod Hetali Amrutlal
(M.D. Radiodiagnosis)