



Pintu Lal Meena
Pintu Lal Meena
जन्म तिथि/DOB: 1993
पुरुष/ MALE

8710 6714 2906
VID : 9176 9067 0458 4378

मेरा आधार, मेरी पहचान

पिंटू लाल मीना

पता:
S/O Ramji Lal Meena, village-post-
mahariya, Teh.lalsot, Mahariya, Dausa,
Rajasthan - 303504

Address:
S/O Ramji Lal Meena, village-post-
mahariya, Teh.lalsot, Mahariya, Dausa,
Rajasthan - 303504



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Dr. Goyal's

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



Date :- 30/10/2021 10:22:29
NAME :- Mr. PINTU LAL MEENA
Sex / Age :- Male 27 Yrs.
Company :- MediWheel

Patient ID :-122124982
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 30/10/2021 10:33:26

Final Authentication : 30/10/2021 13:16:49

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.28	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	49.5	%	40.0 - 80.0
LYMPHOCYTE	36.7	%	20.0 - 40.0
EOSINOPHIL	10.2 H	%	1.0 - 6.0
MONOCYTE	3.3	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.11	10 ³ /uL	1.50 - 7.00
LYMPH#	2.31	10 ³ /uL	1.00 - 3.70
EO#	0.64 H	10 ³ /uL	0.00 - 0.40
MONO#	0.20	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.18	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	43.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	84.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.3	g/dL	31.5 - 34.5
PLATELET COUNT	440 H	x10 ³ /uL	150 - 410
RDW-CV	13.3	%	11.6 - 14.0
MENTZER INDEX	16.33		

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

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	02	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 (CBC); Methodology: FLC, DxC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance, and

or Connective tissue disease. MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

Technologist

BANWARI

Page No. 3 of 14

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HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- HPLC

5.7

%

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

112

mg/dL

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

Technologist

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Date - 30/10/2021 10:22:29

Patient ID :-122124982

NAME :- Mr. PINTU LAL MEENA

Ref. By Dr:- BOB

Sex / Age :- Male 27 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type - EDTA, PLAIN/SERUM, URINE, ~~SERUM~~ Collected Time 30/10/2021 13:04:19

Final Authentication : - 30/10/2021 13:58:47

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A"NEGATIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	9.4	mg/dl	0.0 - 23.0

*** End of Report ***

Technologist

BANWARI, POOJABOHRA, SURENDRAKHANGA

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MC - 2300



Date :- 30/10/2021 10:22:29

Patient ID :-122124982

NAME :- Mr. PINTU LAL MEENA

Ref. By Dr:- BOB

Sex / Age :- Male 27 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na BIPHOSPHATE-PAN SERUM

Final Authentication : 30/10/2021 14:05:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	96.7	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)		111 - 125 mg/dL	
Diabetes Mellitus (DM)		> 126 mg/dL	
<p>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.</p>			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	117.8	mg/dl	70.0 - 140.0
<p>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.</p>			
SERUM CREATININE Method:- Colorimetric Method	1.19	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.28	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

Technologist

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Sample Type - PLAIN/SERUM

Sample Collected Time 30/10/2021 10:33:26

Final Authentication : 30/10/2021 11:41:23

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	162.24	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	69.73	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	13.95	mg/dl	0.00 - 80.00

Technologist

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	44.83	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	105.79	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	3.62		0.00 - 4.90
L:DL /HDL CHOLESTEROL RATIO Method:- Calculated	2.36		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	455.46	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments 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 etiologies including obesity, 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 to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

Technologist

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 Sex / Age - Male 27 Yrs. Lab/Hosp :-
 Company :- MediWheel

Sample Type :- PLAIN/SERUM Sample Collected Time 30/10/2021 10:33:26 Final Authentication :- 30/10/2021 11:41:23

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.54	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1 month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	20.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	30.8	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- ANP Buffer	34.20	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.59	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.45	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.14	gm/dl	2.20 - 3.50
A/G RATIO	1.42		1.30 - 2.50

Technologist

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.15	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.39	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCU	46.40	U/L	11.00 - 50.00

Total Bilirubin (Total Bilirubin): 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 chronic 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 (i.e. regenerating).

AST (Aspartate Aminotransferase): Methodology: IFCU. 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: IFCU. 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: Bimetric. 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: Bimetric. InstrumentName: Randox Rx Imola. Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver, kidneys, globulin & ASV and in calculating.

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 20 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.

Technologist

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 30/10/2021 10:33:26

Final Authentication : 30/10/2021 12 11:11

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	1.160	μ IU/mL	0.465 - 4.680

Technologist

ANANDSHARMA

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Page No. 6 of 14

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Sample Collected Time 30/10/2021 10:33:26

Final Authentication : 30/10/2021 12:11:11

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3

1.280

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

8.370

ug/dl

5.530 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

InstrumentName: VITROS EC1 **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 EC1 **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 EC1 **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

ANANDSHARMA

Page No: 5 of 14

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Sex / Age - Male 27 Yrs Lab/Hosp :-
Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 30/10/2021 10:33:26

Final Authentication : 30/10/2021 11:31:05

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	1.020		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

POOJABOHRA

Page No. 11 of 14

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Sex / Age :- Male 27 Yrs

Company :- Medi/Wheel

Patient ID :-122124982

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- URINE

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Final Authentication : 30/10/2021 11:31:05

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		

Technologist

POOJABOHRA

Page No: 10 of 14

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

Dr. Goyal's

HEALTHCARE PVT. LTD.

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangner Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 30/10/2021 10:22:29
NAME :- Mr. PINTU LAL MEENA
Sex / Age :- Male 27 Yrs
Company :- MediWheel

Patient ID :-122124982
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 30/10/2021 11:36:31

BOB PACKAGE < 40MALE

X RAY CHEST PA VIEW:

Rotation towards right side.

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

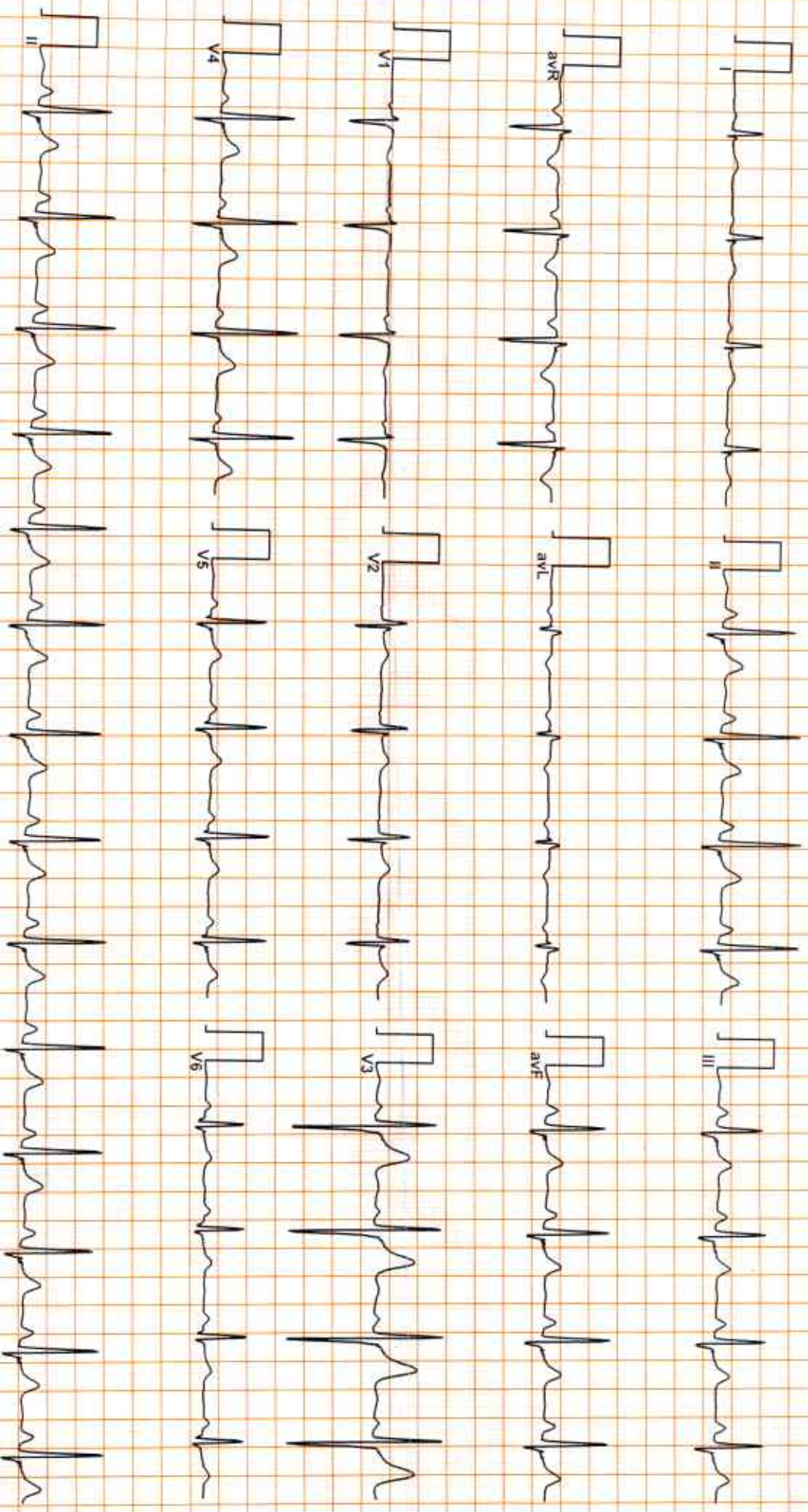
Dr. Piyush Goyal
(D.M.R.D.)

Dr.Poonam Gupta
MD (Radiodiagnosis)

Dr. Shankar Tejwani
(M.D. Radiodiagnosis)

Dr. Uma Mathuria
(M.D. Radiodiagnosis)

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



Allengers ECG (Piscas)/PIS212160118)

Normal





1425 / MR.PINTU LAL MEENA / 27 Yrs / M / 0 Cms / 0 Kg Date: 30-Oct-2021 Refd By : BANK OF BARODA

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:14	0:01	01.1	00.0	01.0	80	130/80	104	00	
Standing	00:48	0:01	01.1	00.0	01.0	78	130/80	101	00	
HV	00:54	0:01	01.1	00.0	01.0	090	130/80	117	00	
ExStart	01:29	0:06	01.7	10.0	01.1	099	130/80	128	00	
BRUCE Stage 1	04:29	3:00	01.7	10.0	04.7	129	130/80	167	00	
BRUCE Stage 2	07:29	3:00	02.5	12.0	07.1	159	140/82	222	00	
BRUCE Stage 3	10:29	3:00	03.4	14.0	10.2	196	140/82	274	00	
PeakX	10:40	0:11	04.2	16.0	10.4	196	140/82	274	00	
Recovery	11:39	1:00	00.0	00.0	04.3	156	140/82	218	00	
Recovery	12:39	2:00	00.0	00.0	01.0	134	150/90	201	00	
Recovery	14:39	4:00	00.0	00.0	01.0	118	136/86	160	00	
Recovery	15:02	4:22	00.0	00.0	01.0	122	136/86	165	00	

Findings :

- Exercise Time : 09:12
- Max HR Attained : 197 bpm 102% of Target 193
- Max BP Attained : 150/90
- Max Workload Attained : 10.4 Good response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

Report :

Program for Recovery

D

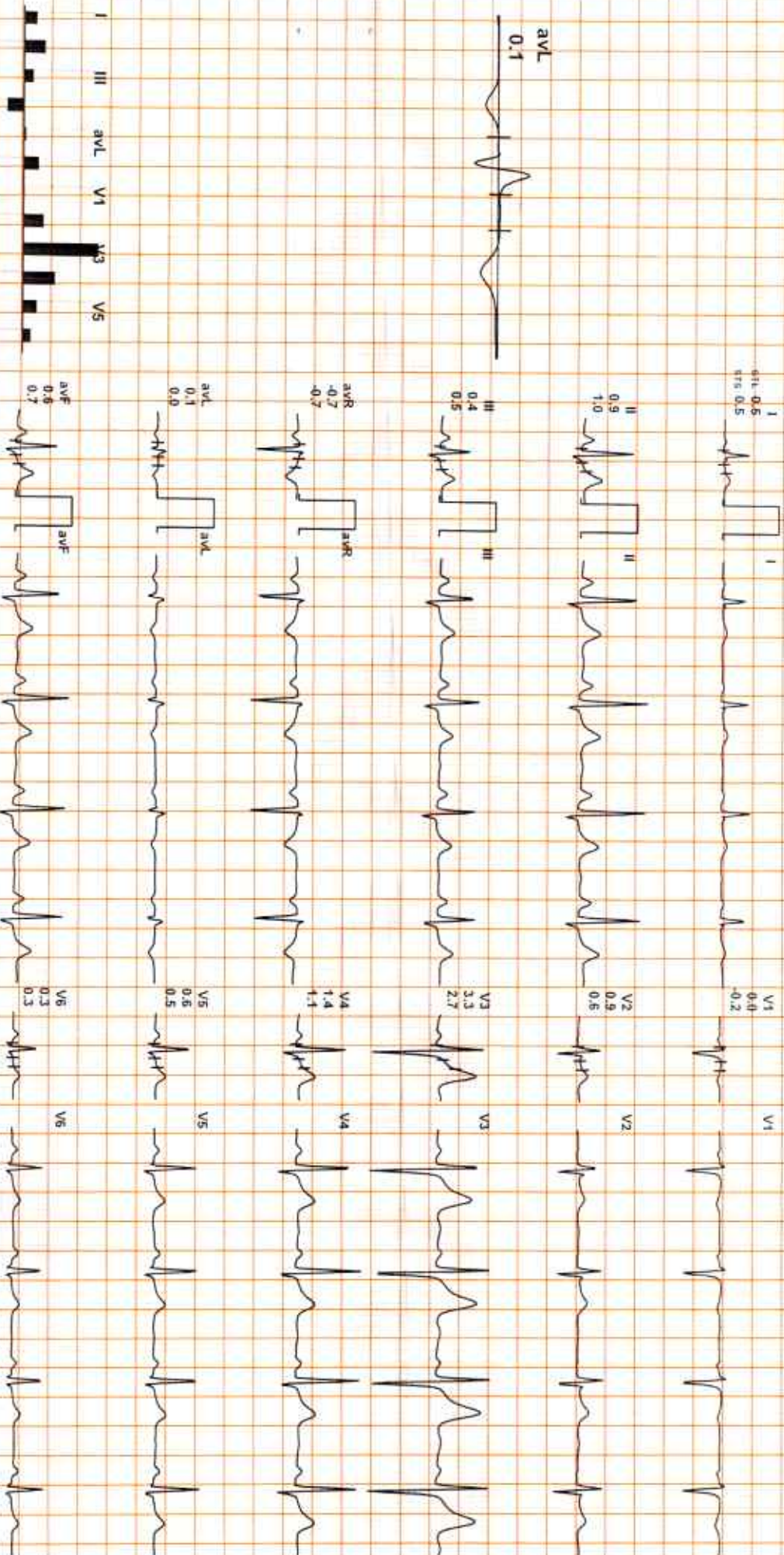


Date: 30-Oct-2021 11:02:47 AM METS: 1.0/ 80 bpm 41% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/ LF 100 Hz

ExTime: 00:14 1.1 mph 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: 30-Oct-2021 11:02:47 AM

MEETS: 140/78 bpm 40% of THR BP: 130/80 mmHg

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

ExTime: 00:48 1.1 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



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

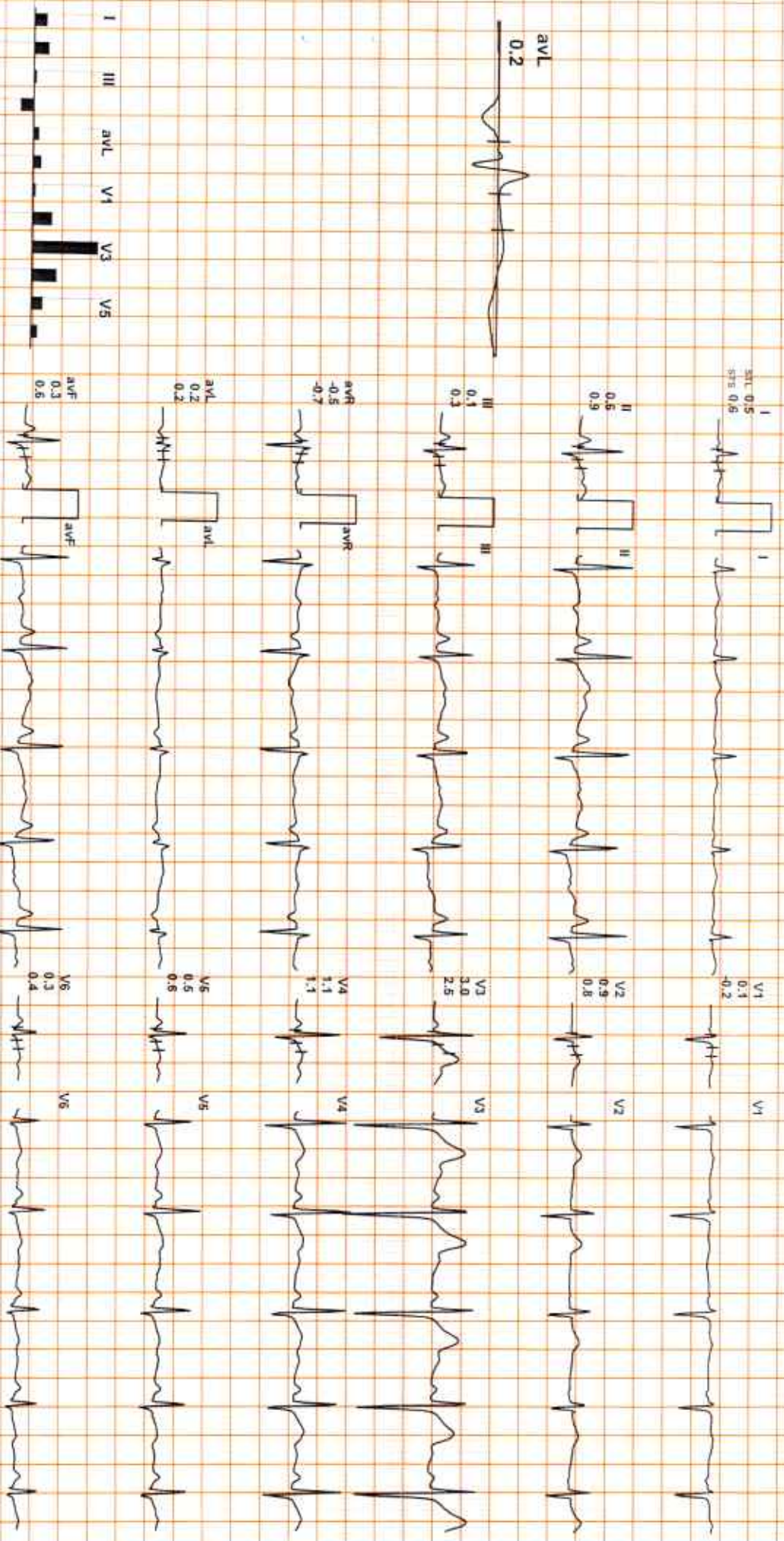


1425 / MR. PINTU LAL MEENA / 27 YRS / M

Date: 30-Oct-2021 11:02:47 AM METS: 1.0/ 90 bpm: 46% of THR BP: 130/80 mmHg Raw ECG/ BLC GM Notch GM HF 0.95 Hz/ LF 100 Hz

4X 80 ms Post-J

ExTime: 00:54 1.1 mpt, 0.0%
25 mm/Sec, 1.0 Cm/mV



REMARKS:

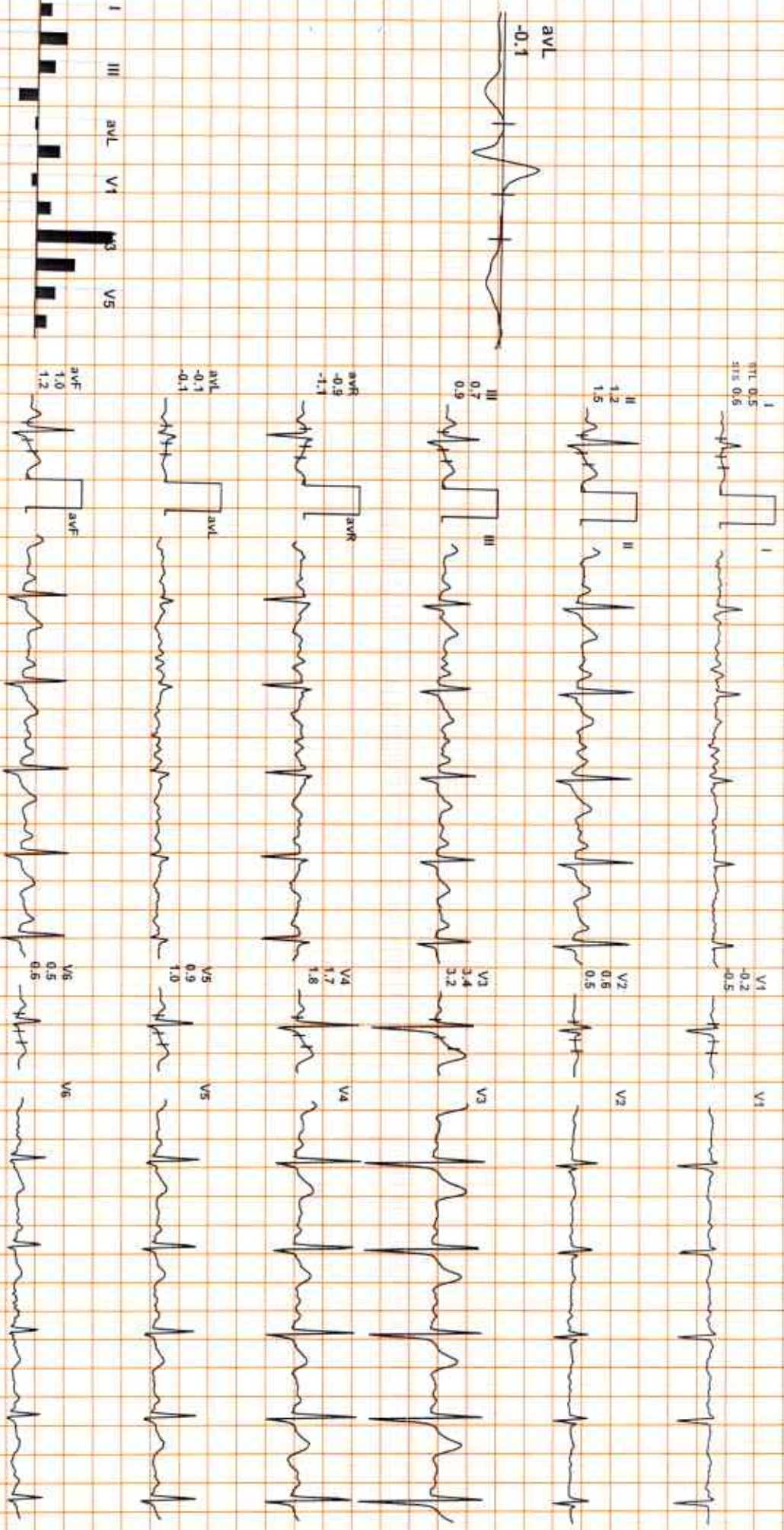


1425 / MR. PINTU LAL MEENA / 27 YRS / M

Date: 30-Oct-2021 11:02:47 AM MEIS: 1.1/ 99 bpm 51% of IHR BP: 130/80 mmHg Raw ECG: BLC-0w Natch-0w HF: 0.05 Hz/1.00 Hz

4X 80 ms Post V

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



REMARKS:

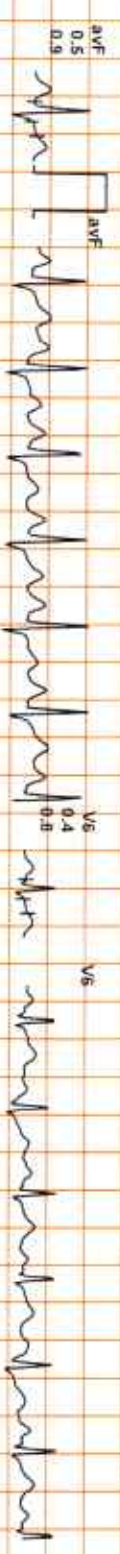
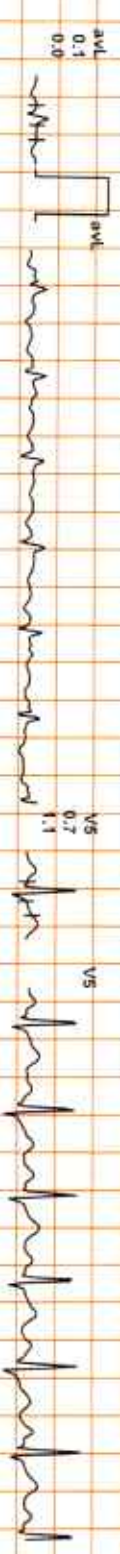
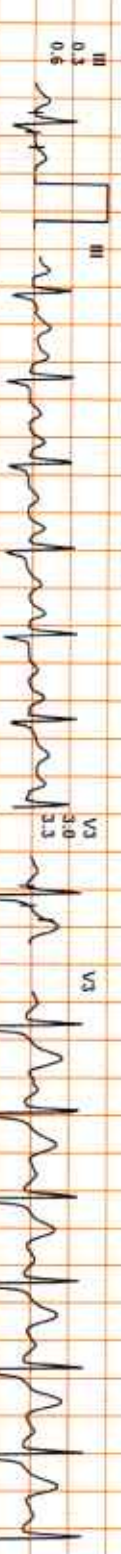
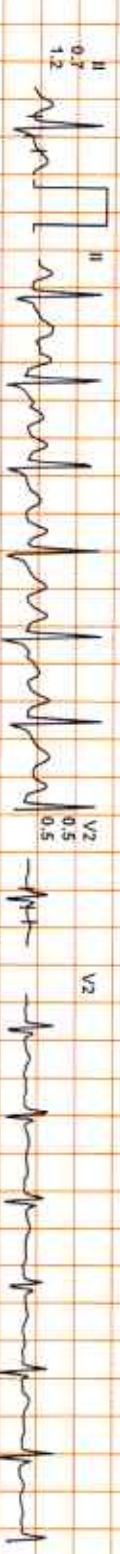
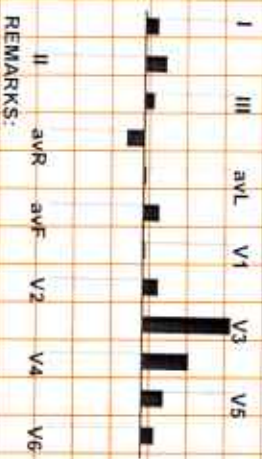


1425 / MR.PINTU LAL MEENA / 27 YRS / M

Date: 30-Oct-2021 11:02:47 AM METS: 4.7/129 bpm 66% of THR BP: 130/80 mmHg Raw ECG: BitC On/Notch On/ HF: 0.05 Hz/LF: 100 Hz

ExTime: 03:00 4.7 mph, 10.0%
25 mm/Sec: 1.0 Cm/IV

4X 80 ms Post J



REMARKS:

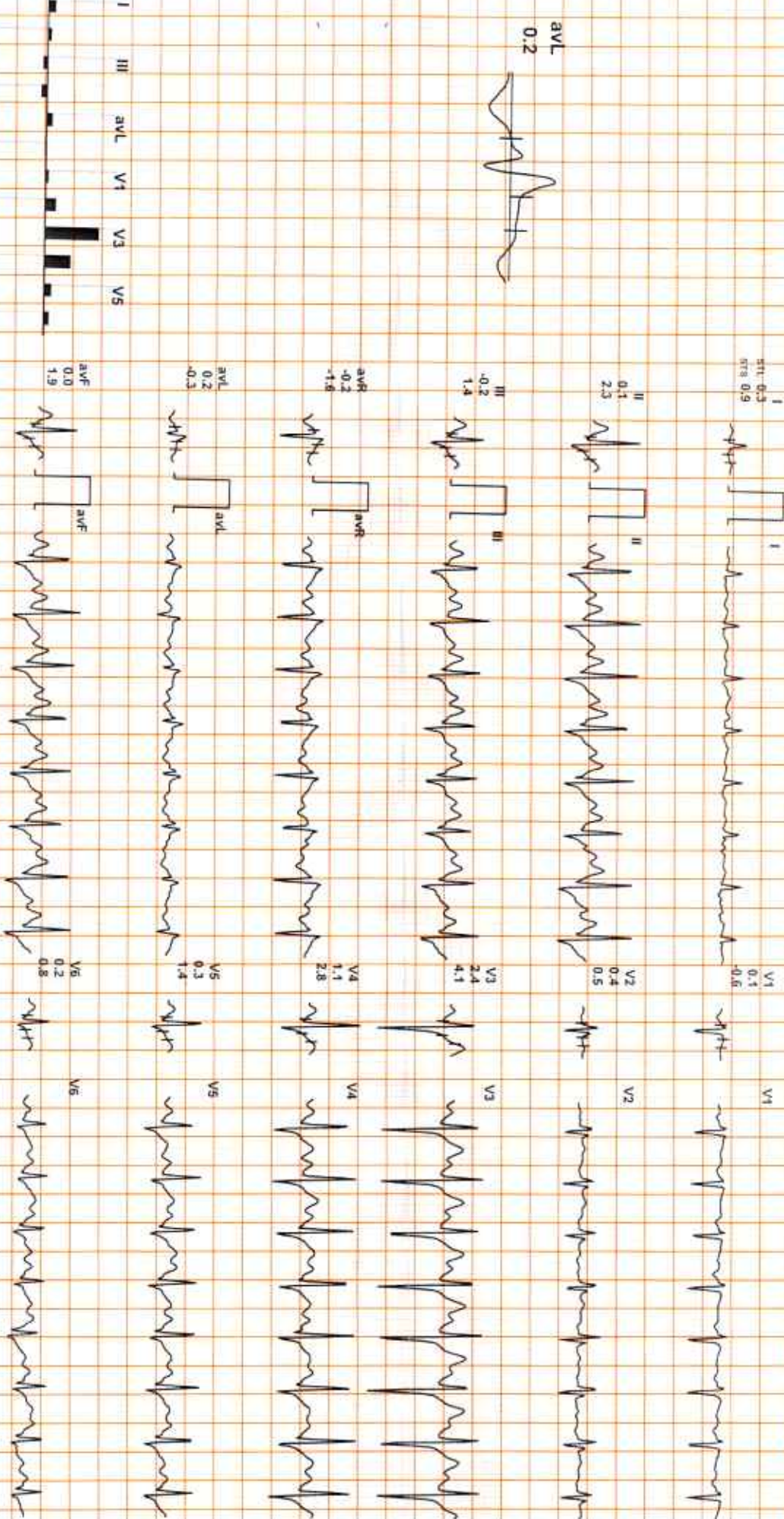


1425 / MR. PINTU LAL MEENA / 27 YRS / M

Date: 30-Oct-2021 11:02:47 AM METS: 7.11 159 bpm 82% of THR. BP: 140/82 mmHg Raw ECG: BLC-QW Notch QW HF: 0.05 Hz/LF: 100 Hz

4X 60 mS Post J

EXTIME: 05:00 2.5 mph 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 30-Oct-2021 11:02:47 AM

METS: 10.2 186 bpm 101% of THR

BP: 140/82 mmHg

RAW ECG/ BLC Dr. Natch. On/ HF 0.06 Hz/ LF 190 Hz

4X 50 MS Post J

ExTime: 09:00 3.4 mph 14.0%
25 min/Sec: 1.0 Cm/mV

avl 0.1



I 0.4
0.4
1.0



V1 -0.1
-1.8



II 0.7
3.6



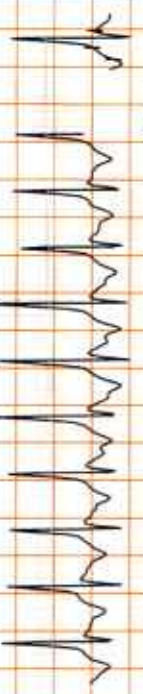
V2 0.5
0.3



III 0.4
2.7



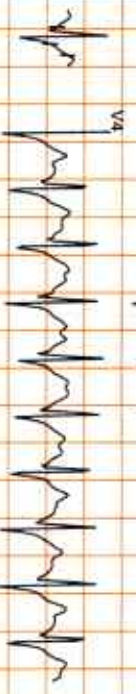
V3 2.8
4.8



aVR -0.6
-2.3



V4 1.6
3.8



aVL 0.1
-0.8



V5 0.5
2.1



aVF 0.5
2.1



V6 0.4
1.2



REMARKS:

Date: 30-Oct-2021 11:02:47 AM

MEETS: 10.4 / 196 bpm

101% of THR

BP: 140/82 mmHg

Raw ECG/ BLC On/ Match On/ HE 0.06 Hz/ F-100 Hz

4X

50 mS Pds/ J

ExTime: 09:11 4.2 min / 16.0%
25 min/Sec: 1.0 CmmV

avL
-0.2



I
0.2
0.2
0.9



V1
-0.1
-1.0



II
0.8
3.2



V2
0.4
0.4



III
0.5
2.3



V3
2.9
4.6



avR
-0.6
-2.1



V4
1.9
3.7



avL
-0.2
-0.7



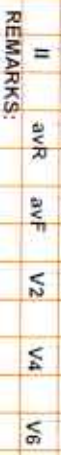
V5
0.8
2.1



avF
0.5
2.7



V6
0.4
1.4



REMARKS:



1425 / MR.PINTU LAL MEENA / 27 YRS / M

Date: 30-Oct-2021 11:02:47 AM METS: 4.31 166 bpm 80% of THR BP: 140/82 mmHg Raw ECG/ Blc Onv Notch Onv HF: 0.05 Hz/LF: 100 Hz

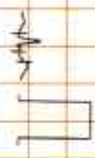
ExTime: 09:12 0.0 mph, 0.0% 25 mm/Sec: 1.0 cm/mV

4X 60 mg Post J

avL -0.7



I
S1: 0.9
S2: 1.6



V1
-0.5
-1.5



II
3.2
6.2



V2
0.8
0.9



III
2.3
4.6



V3
5.6
8.0



avR -2.1
-3.9



V4
3.4
5.6



avL -0.7
-1.5



V5
1.7
3.8



avF 2.8
5.4



V6
1.0
2.2



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



1425 / MR. PINTU LAL MEENA / 27 Yrs / M

Date: 30-Oct-2021 11:02:47 AM METS: 1.01 134 bpm 69% of THR BP: 150/90 mmHg Raw ECG: BLG-Gm Notch On: HF: 0.05 Hz LF: 100 Hz

EXTIME: 09:12 0.0 mph 0.0%
25 mm/Sec 1.0 cm/mV

4X 60 ms Post U

avL -0.7



I 1.3
III 2.0



V1 10.6
V5 1.6



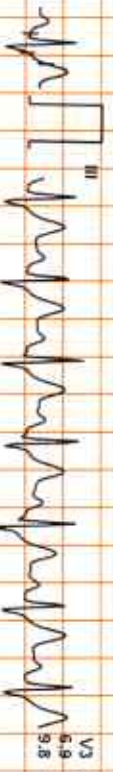
II 3.8
III 5.7



V2 1.3
V6 1.5



III 2.6
aVL 4.7



V3 5.9
V7 9.8



avR -2.6
aVL -4.4



V4 3.9
V8 5.1



avL -0.7
aVL -1.4



V5 2.0
V9 3.5



avF 3.3
aVF 5.7



V6 1.1
V10 2.0



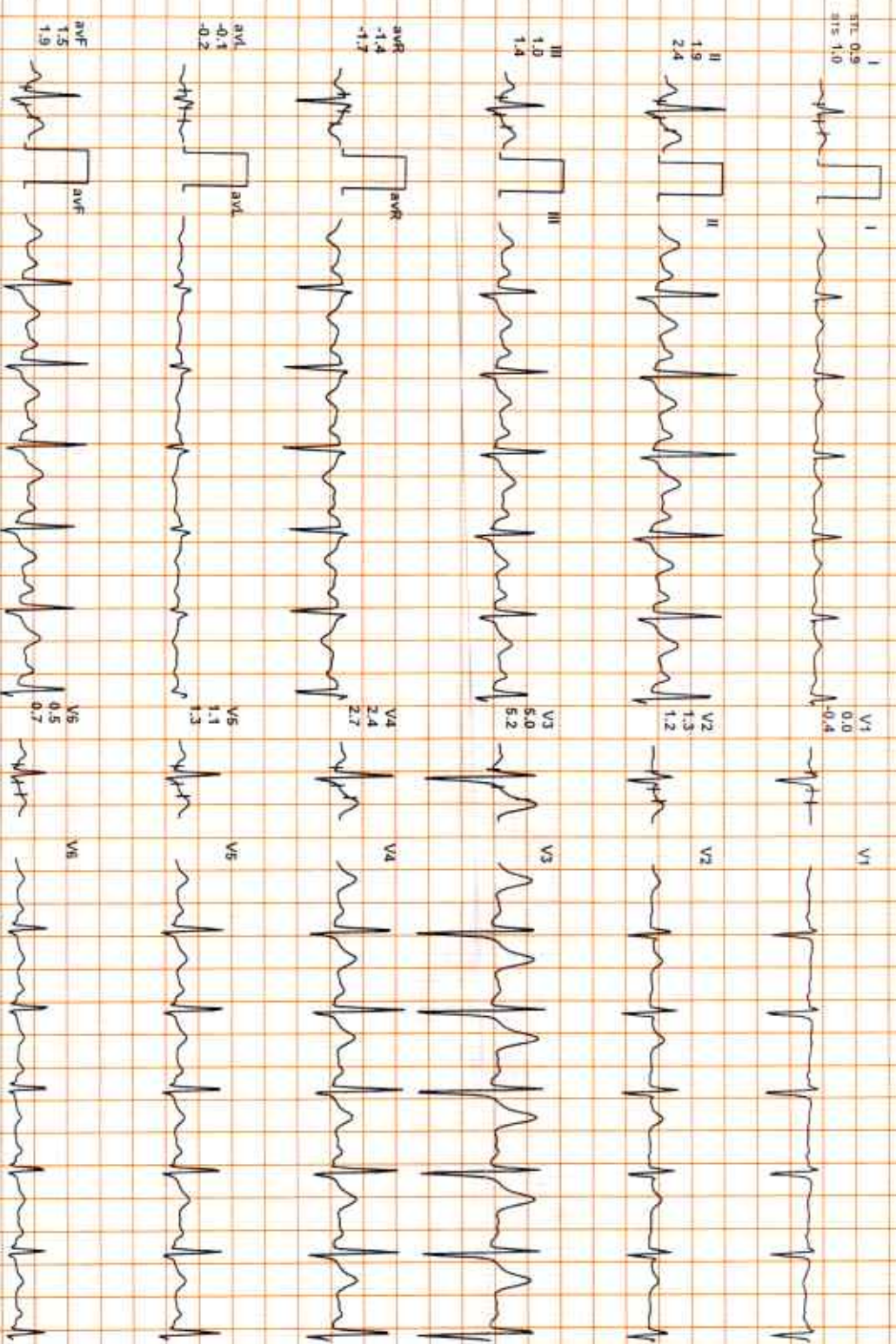
REMARKS:
I II III avR avL avF V1 V2 V3 V4 V5 V6



Date: 30-Oct-2021 11:02:47 AM METS: 1.0/ 118 bpm 61% of THR BP: 136/86 mmHg Raw ECG: BLG Qm Notch Qm HF 0:05 Hz/LF 100 Hz

4X 80 ms/Post J

EXTIME: 09:12 0.0 mV/Div 0.0%
25 mm/Sec: 1.0 cm/mV



REMARKS:

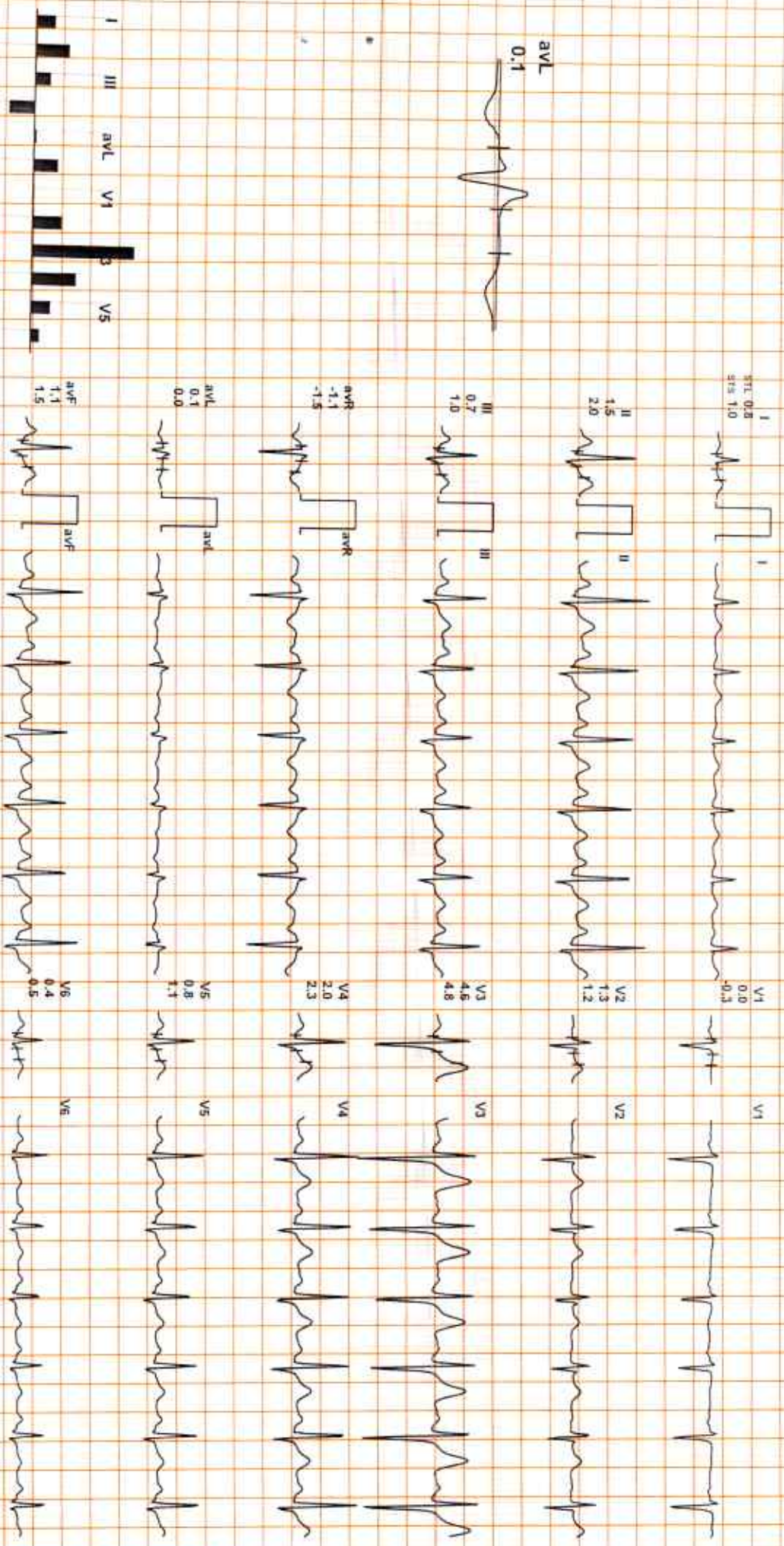
ECG shows sinus rhythm with a heart rate of 118 bpm. The ST segment is elevated in leads I, II, III, aVL, aVF, V1, V2, V3, and V4, with a maximum ST-T elevation of 5.0 mm in lead V3. The T waves are inverted in leads V1, V2, V3, V4, V5, and V6. The PR interval is 160 ms, the QRS duration is 88 ms, and the QT interval is 360 ms.



Date: 30-Oct-2021 11:02:47 AM METS: 1.0/ 122 bpm 63% of THR BP: 136/86 mmHg Raw ECG/ BLEG-Gr/ Notch Gr/ HF: 0.05 Hz/ LF: 100 Hz

4X 80 ms Post J

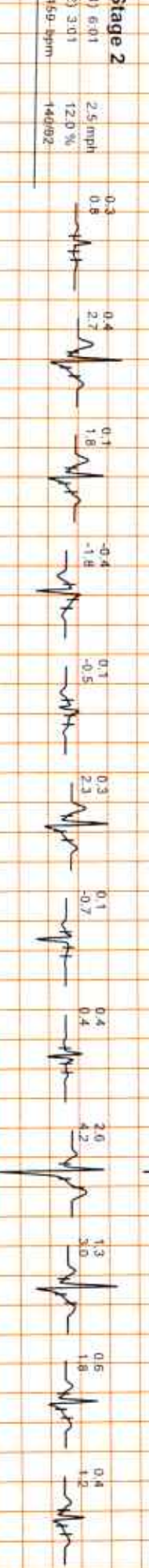
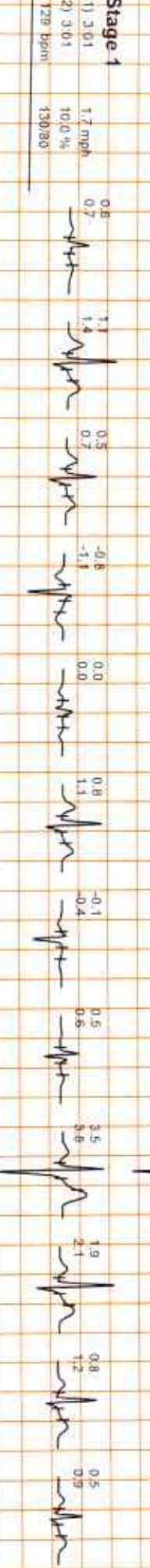
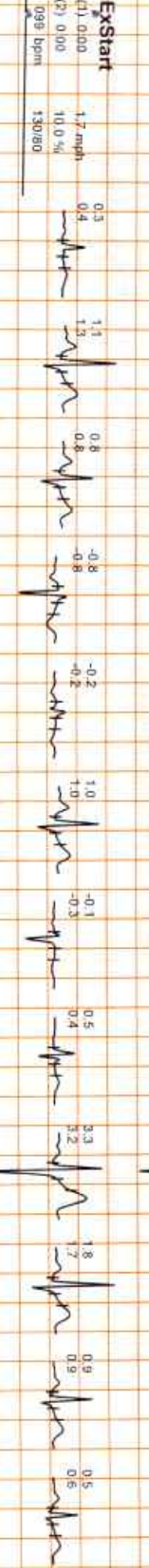
EXTIME: 09:12 0.0 msp/ 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

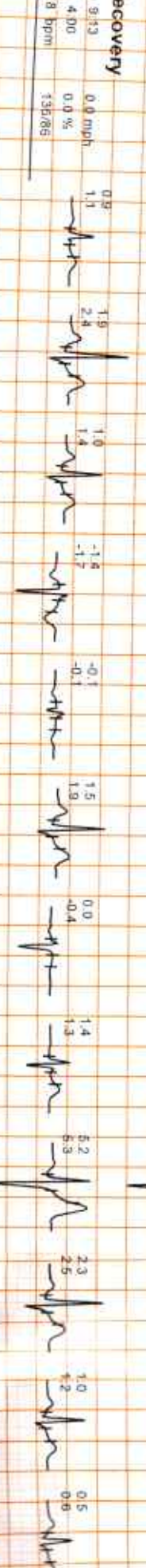
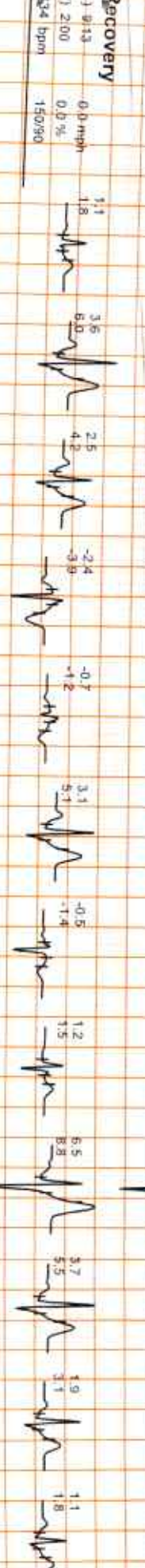
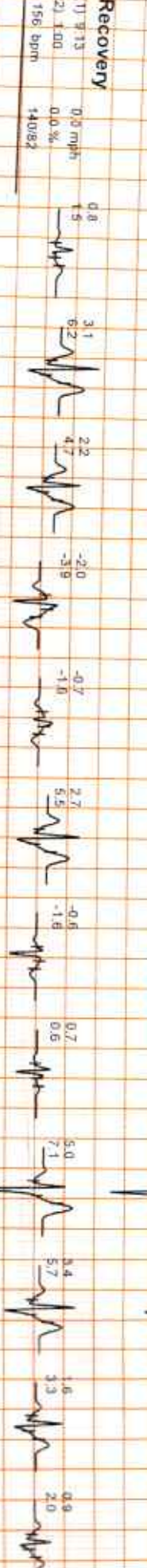
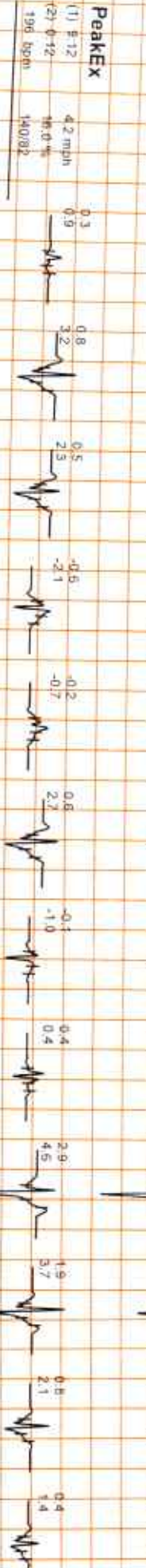
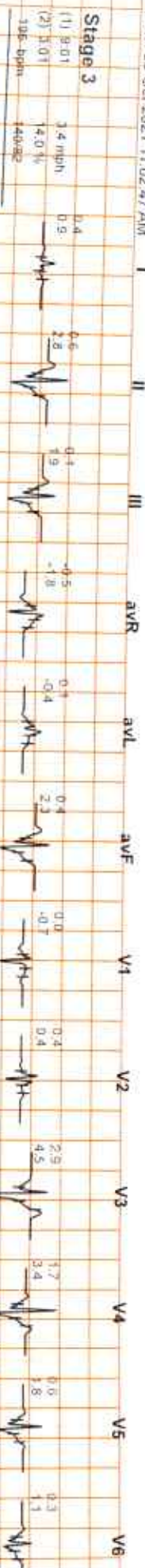


Date: 30-Oct-2021 11:02:47 AM





Date: 30-Oct-2021 11:02:47 AM



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Path Lab & Imaging Centre

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



Date :- 30/10/2021 10:22:29
NAME :- Mr. PINTU LAL MEENA
Sex / Age :- Male 27 Yrs
Company :- MediWheel

Patient ID :- 122124982
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 30/10/2021 12:27:10

BOB PACKAGE < 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 .

A small calculus of size 2.7 mm seen in the lower calyx of left kidney.

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

Prostate is normal in size (14 gms) with normal echo-texture and outline.

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

IMPRESSION:

Small left renal calculus

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

SAVITA

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Dr. Uma Mathuria
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Transcript by.

