

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302011
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

General Physical Examination



Date of Examination: 24-07-2022

Name: MANOJ KUMAR MAURYA Age: 41 DOB: 12-06-1981 Sex: Male

Referred By: BOB

Identification Marks: _____

Photo ID: AADHAR ID #: attached

Ht: 161 (cm)

Wt: 87 (Kg)

Chest 107 (cm)

Abdomen Circumference: 110 (cm)

Blood Pressure: 20/70 mm Hg

PR: 72 / min

RR: 17 / min

Temp: Afebrile

Eye Examination: _____

vision normal G/G, N/G, No color blindness

Other: not significant

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

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

Signature Medical Examiner: _____ Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
(MC Reg. No.-017936)

भारत सरकार
GOVERNMENT OF INDIA

मनोज कुमार मौर्य
Manoj Kumar Maurya
जन्म तिथि/DOB: 12/06/1981
पुरुष/ MALE

4439 4930 3596

मेरा आधार मेरी पहचान

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

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O सोरन सिंह, प्लॉट .न.39, नॉर्थ पार्ट गोपी
नगर 9 दुकान कालवाड़ रोड, 80 फूट मार्ग के
पास, जयपुर, जयपुर,
राजस्थान - 302012

Address :
S/O Soran Singh, plot .no.39, north part gopi
nagar 9 dukan kalwar road, near 80 fut road,
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Date :- 24/07/2022 08:18:14
NAME :- Mr. MANOJ KUMAR MAURYA
 Sex / Age :- Male 41 Yrs 1 Mon 11 Days
 Company :- MediWheel

Patient ID :- 12221417
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 24/07/2022 08:38:05

Final Authentication : 24/07/2022 11:38:42

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BÖB PACKAGE ABOVE 40MALE			
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.0	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

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

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic 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

97 mg/dL

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

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Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	16.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.74	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	47.6	%	40.0 - 80.0
LYMPHOCYTE	39.9	%	20.0 - 40.0
EOSINOPHIL	7.9 H	%	1.0 - 6.0
MONOCYTE	4.4	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	2.34	10 ³ /uL	1.50 - 7.00
LYMPH#	2.69	10 ³ /uL	1.00 - 3.70
EO#	0.45 H	10 ³ /uL	0.00 - 0.40
MONO#	0.25	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.30	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	47.20	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	88.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.9	g/dL	31.5 - 34.5
PLATELET COUNT	249	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	16.77		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	08	mm/hr.	00 - 13

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

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

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

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

The "3-figure ESR" $\times > 100$ 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

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	186.87	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	88.35	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	17.67	mg/dl	0.00 - 80.00

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	34.21	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	137.93	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	5.46	H	0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.03	H	0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	529.99	mg/dl	400.00 - 1000.00

TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

TRIGLYCERIDES InstrumentName:Radox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDL CHOLESTEROL InstrumentName:Radox 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:Radox 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

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.89	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	20.4	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	32.6	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	67.10	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.00	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.47	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.53	gm/dl	2.20 - 3.50
A/G RATIO	1.77		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.31	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.58	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	30.80	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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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.980	μ IU/mL	0.550 - 4.780

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.300	ng/ml	0.970 - 1.690
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SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.670	ug/dl	5.530 - 11.000
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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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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	0-1	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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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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Sample Type :- KOx/Na FLUORIDE-F, PLAIN/Serum Collected Time 24/07/2022 08:38:05

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	96.6	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

Instrument Name: Radox 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
Method:- Colorimetric Method

0.92 mg/dl

Men - 0.6-1.30
Women - 0.5-1.20

SERUM URIC ACID
Method:- Enzymatic colorimetric

5.82 mg/dl

Men - 3.4-7.0
Women - 2.4-5.7

SKSHARMA

Page No: 12 of 16



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

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur - 302019
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 24/07/2022 08:18:14
NAME :- Mr. MANOJ KUMAR MAURYA
Sex / Age :- Male 41 Yrs 1 Mon 11 Days
Company :- MediWheel

Patient ID :- 12221417
Ref. By Dr:- BOB
Lab/Hosp :-



HAEMATOLOGY

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

BANWARI, BILAL, C.L.SAINI, POOJABOHRA, SKSHARMA

Page No: 13 of 16



Dr. Goyal's

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Tele : 0141-2293346, 4049787, 9887049787
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Date :- 24/07/2022 08:18:14
NAME :- Mr. MANOJ KUMAR MAURYA
Sex / Age :- Male 41 Yrs 1 Mon 11 Days
Company :- MediWheel

Patient ID :- 12221417
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA, URINE

Sample Collected Time 24/07/2022 08:38:05

Final Authentication : 24/07/2022 11:38:42

HAEMATOLOGY

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

BANWARI, POOJABOHRA
Technologist

Page No: 14 of 16



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

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



Date :- 24/07/2022 08:18:14
NAME :- Mr. MANOJ KUMAR MAURYA
Sex / Age :- Male 41 Yrs 1 Mon 11 Days
Company :- MediWheel

Patient ID :- 12221417
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/07/2022 08:38:05

Final Authentication : 24/07/2022 11:13:06

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.5	mg/dl	0.0 - 23.0

SKSHARMA

Page No: 15 of 16



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

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



Date :- 24/07/2022 08:18:14
NAME :- Mr. MANOJ KUMAR MAURYA
Sex / Age :- Male 41 Yrs 1 Mon 11 Days
Company :- MediWheel

Patient ID :- 12221417
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/07/2022 08:38:05

Final Authentication : 24/07/2022 10:37:22

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	0.740	ng/ml	0.000 - 4.000

Instrument Name: ADVIA CENTAUR CP **Interpretation :** Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

*** End of Report ***

C.L.SAINI
Technologist

Page No: 16 of 16



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

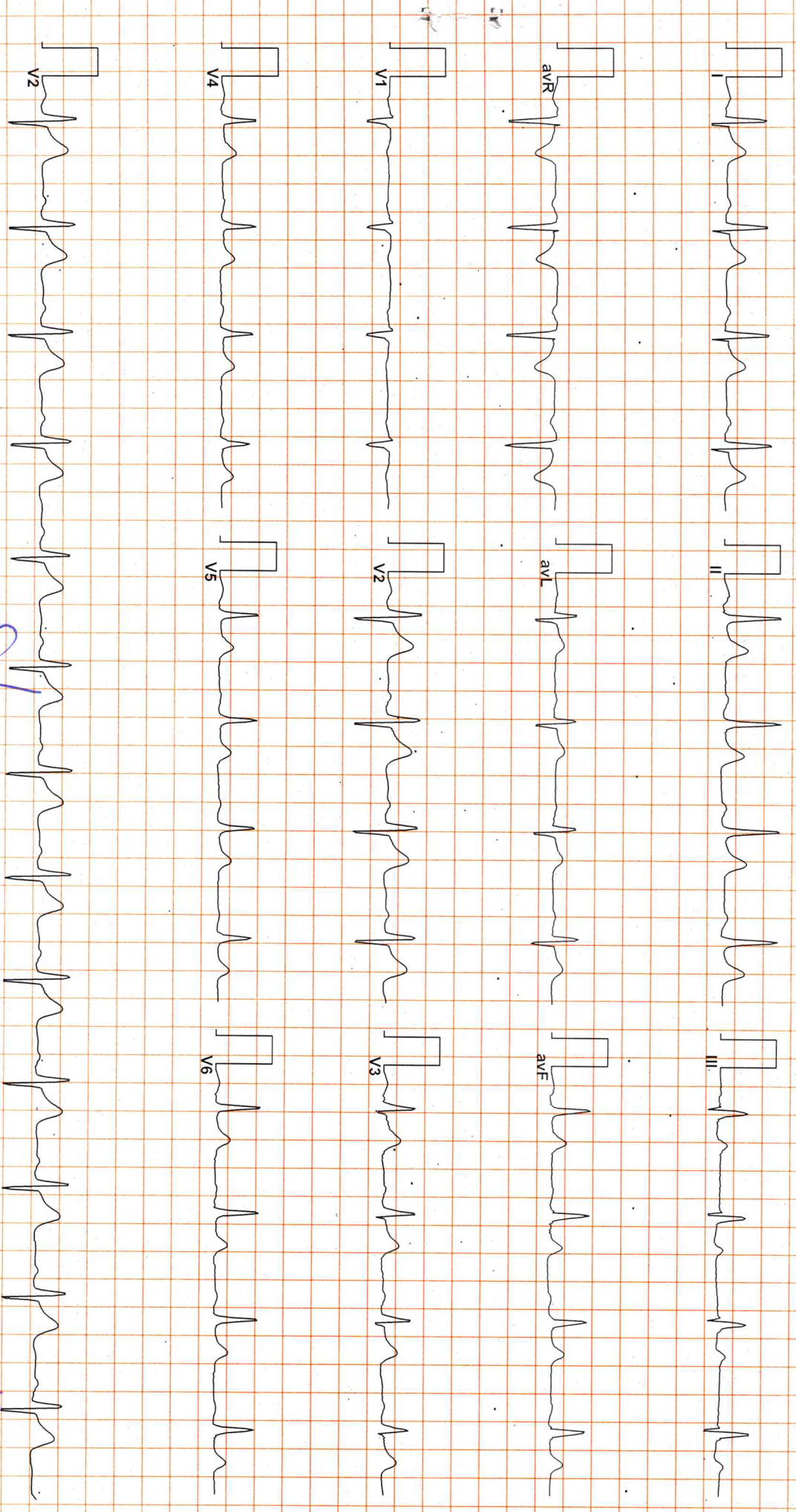
DR. GOYALS PATH LAB & IMAGING CENTER

ECG

11833 / MR MANOJ KUMAR MAURYA / 41 Yrs / M/ Non Smoker

Heart Rate : 79 bpm / / Refd By: BOB / Tested On : 24-Jul-22 11:32:12 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ACIPL



8/1

Normal

MS

Dr. Nareesh Kumar Mohanta
RMC No. 35702

MBBS, DIP. CARDIO (SCORTS)
D. M. (ECG-PJK)

Allengers ECG (Piscas)(PIS212160118)

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Supine	00:12	0:01	01.1	00.0	01.0	76	120/80	091	00	
Standing	00:24	0:01	01.1	00.0	01.0	82	120/80	098	00	
HV	00:42	0:01	01.1	00.0	01.0	092	120/80	110	00	
Warm Up	01:00	0:01	01.0	00.0	01.0	102	120/80	122	00	
ExStart	02:35	0:07	01.7	10.0	01.1	102	120/80	122	00	
BRUCE Stage 1	05:35	3:00	01.7	10.0	04.7	127	125/80	158	00	
BRUCE Stage 2	08:35	3:00	02.5	12.0	07.1	143	135/80	193	07	
PeakEx	10:34	2:00	03.4	14.0	09.2	162	140/90	226	00	
Recovery	11:33	1:00	00.0	00.0	01.2	126	140/90	176	00	
Recovery	12:33	2:00	00.0	00.0	01.0	114	135/85	153	00	
Recovery	14:33	4:00	00.0	00.0	01.0	108	125/80	135	00	
Recovery	15:20	4:46	00.0	00.0	01.0	104	125/80	130	00	

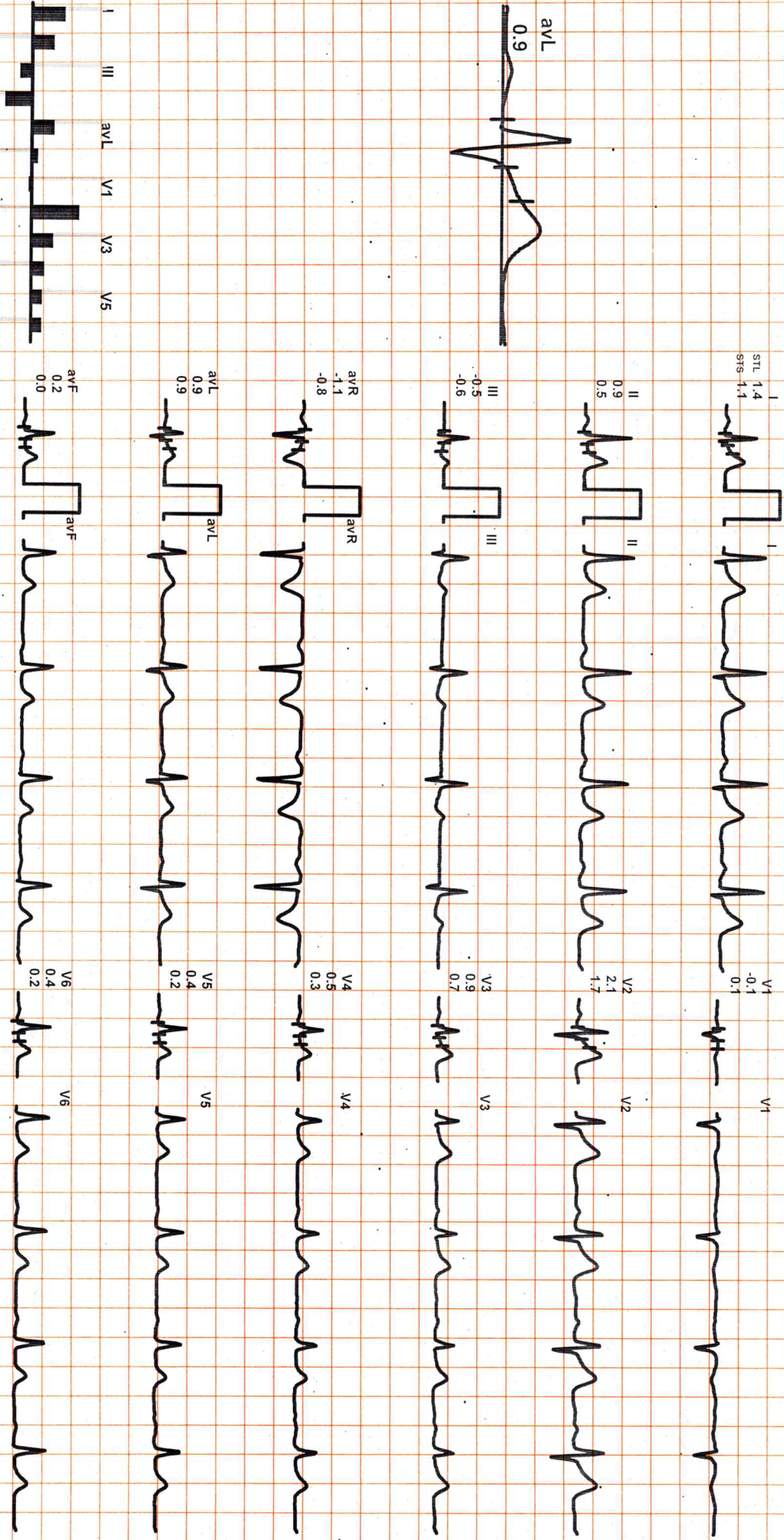
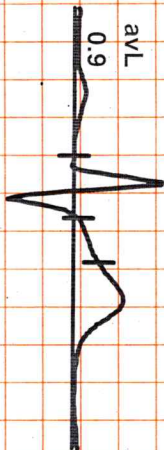
Findings :

Exercise Time : 08:00
 Max HR Attained : 164 bpm 92% of Target 179
 Max BP Attained : 140/90
 Max Workload Attained : 9.2 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

Final
RMV negative for RMV
Reddy

Dr. Nareesh Kumar Mohanta
 RMC No/35702
 (MBS, DDP, CASH, ESCORTS)
 DEM (COOP-UK)

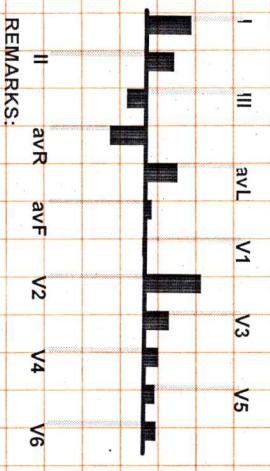
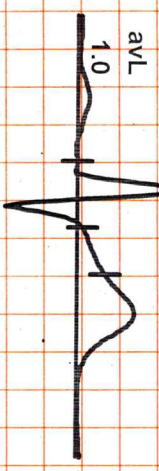


REMARKS:

Date: 24-Jul-2022 11:33:06 AM
4X 80 mS Post J

MET S: 1.0/ 92 bpm 45% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:24 1.1 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



STL 1.5
SRS 1.2

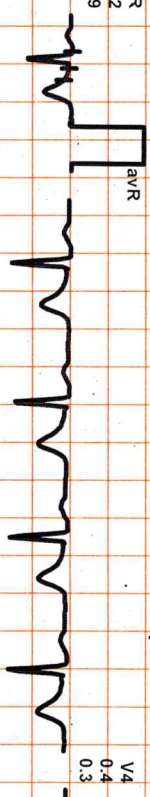
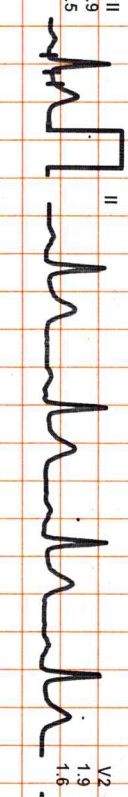
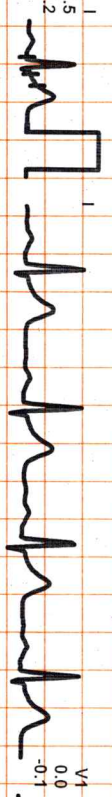
II 0.9
0.5

III -0.6
-0.7

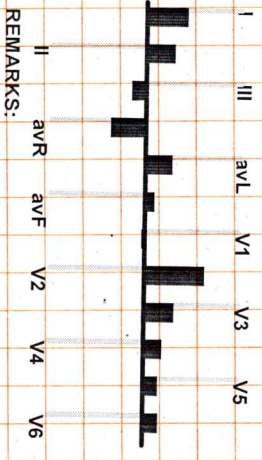
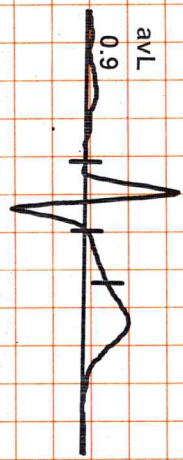
aVR -1.2
-0.9

aVL 1.0
1.0

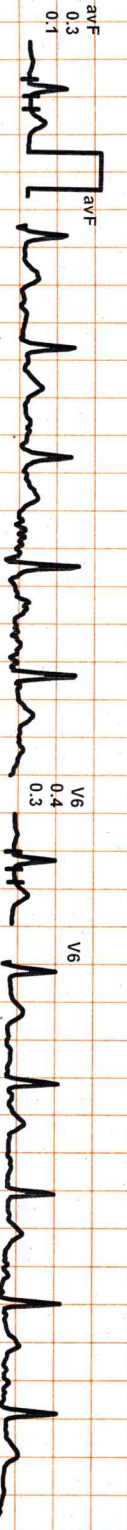
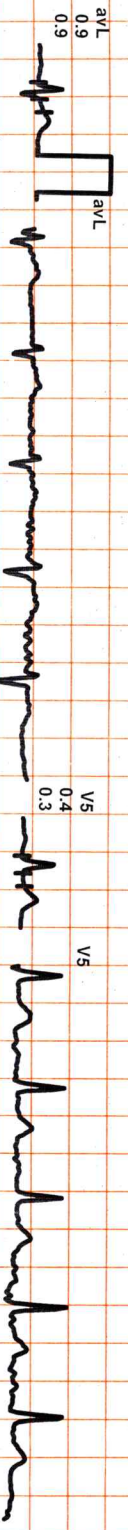
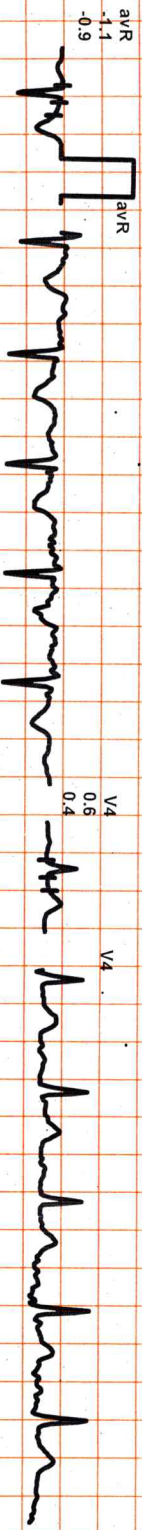
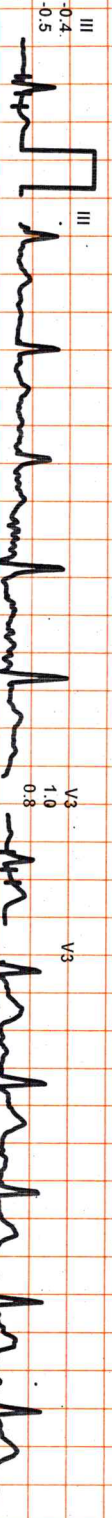
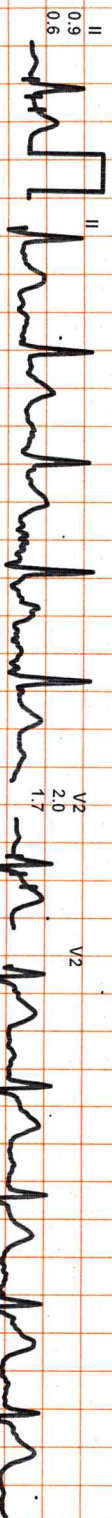
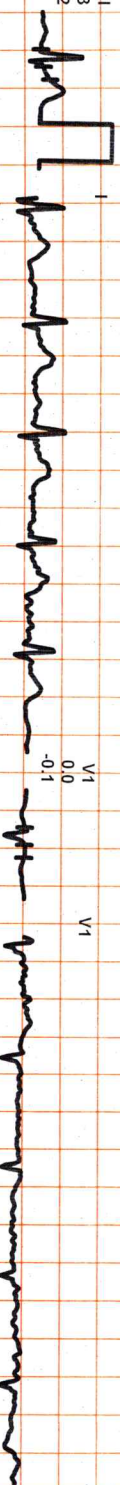
aVF 0.2
-0.1



REMARKS:



STL 1.3
STS 1.2



V1
0.0

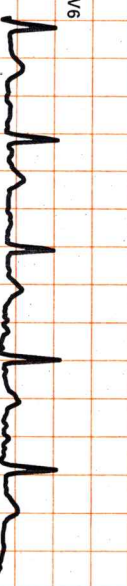
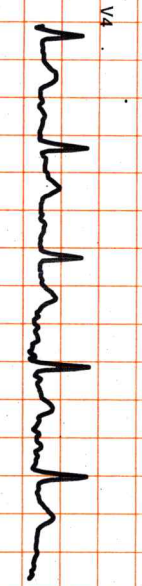
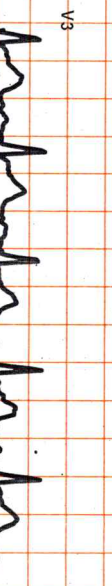
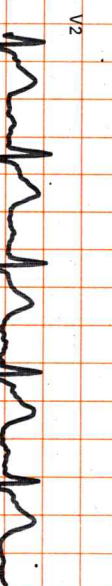
V2
2.0

V3
1.0

V4
0.6

V5
0.4

V6
0.4



REMARKS:

1922 / MR MANOJ KUMAR MAURYA / 41 YRS / M

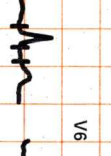
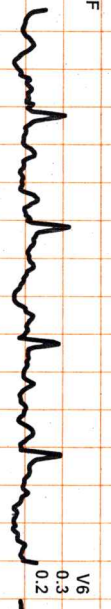
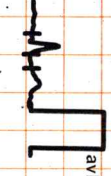
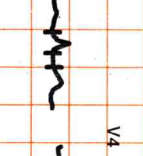
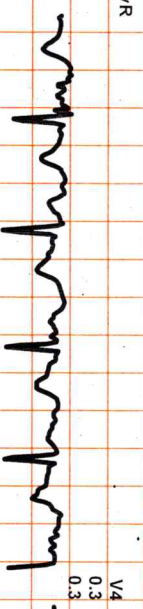
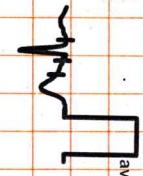
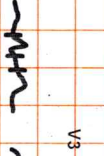
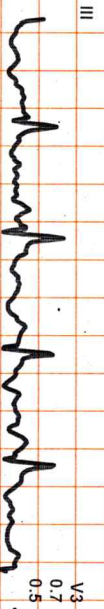
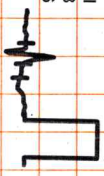
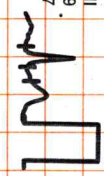
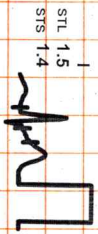
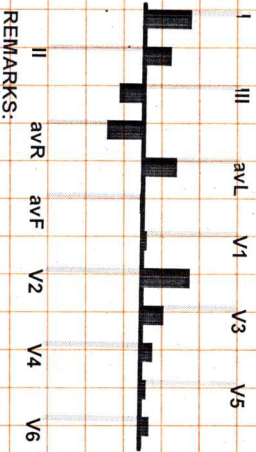
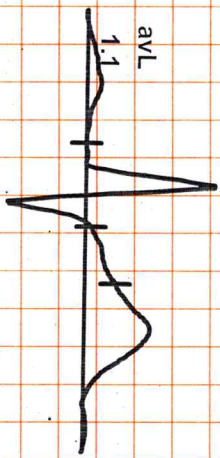
Date: 24-Jul-2022 11:33:05 AM
4X 80 ms Post J

METS: 1.1 / 102 bpm 56% of THR

BP: 120/80 mmHg

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

ExTime: 00:07 1.7 mph 10.0%
25 mm/Sec. 1.0 Cm/mv



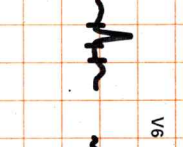
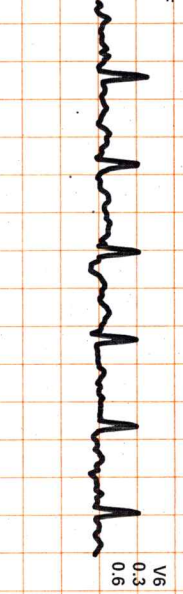
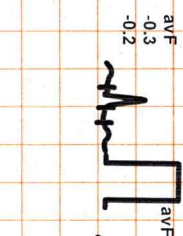
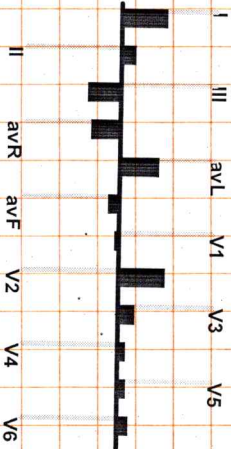
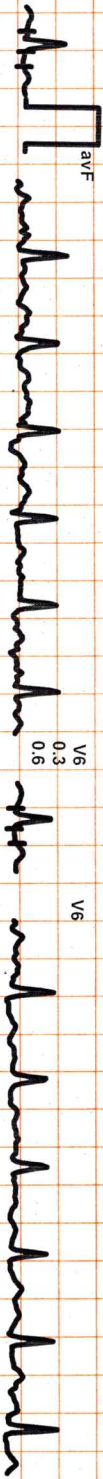
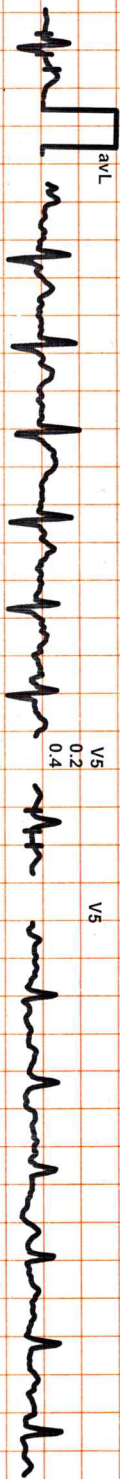
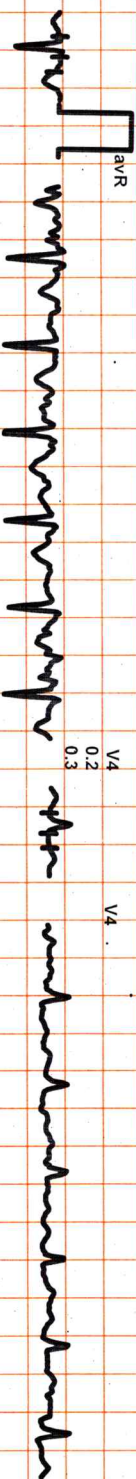
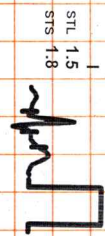
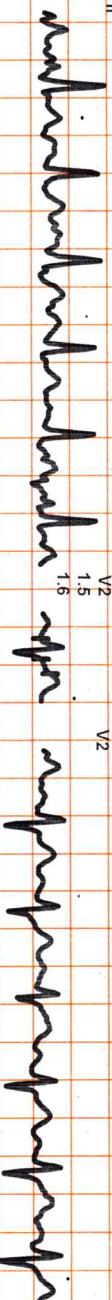
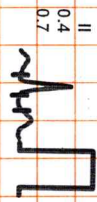
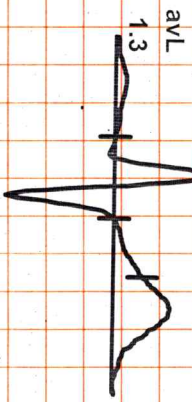
REMARKS:

Date: 24-Jul-2022 11:33:05 AM
4X 80 mS Post J

METS: 4.7 / 127 bpm 79% of THR BP: 125/80 mmHg

Raw ECG/ BLO Cn/ Natch On HF 0.05 Hz/LF 100 Hz

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



REMARKS:

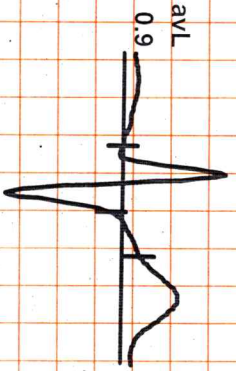
Date: 24-Jul-2022 11:33:06 AM
4X 60 ms Post J

METS: 7.1/ 143 bpm 79% of THR

BP: 135/80 mmHg

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

EXTIME: 06:00 2.5 mph 12.0%
25 mm/Sec. 1.0 Cm/mV



STL 0.9
S/S 2.0



V1 -0.3
V2 -0.3



II -0.1
1.0



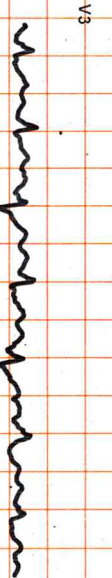
V2 0.4
1.7



III -1.0
-1.0



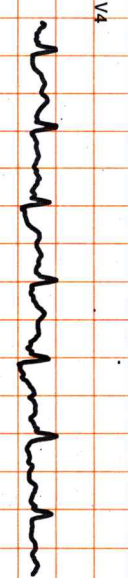
V3 -0.3
0.6



aVR -0.4
-1.5



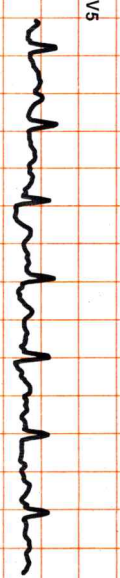
V4 -0.4
0.3



aVL 0.9
1.5



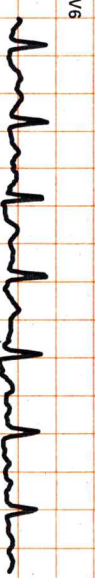
V5 -0.3
0.4



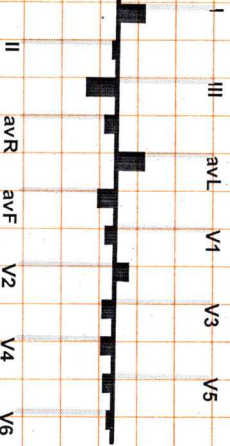
aVF -0.6
0.0



V6 -0.1
0.6



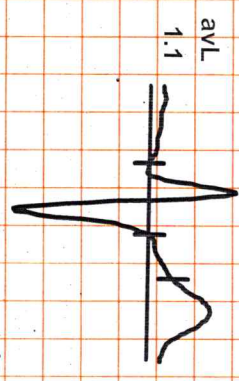
REMARKS:



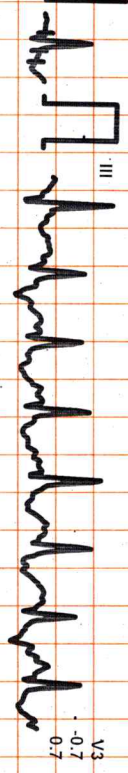
Date: 24-Jul-2022 11:33:06 AM
4X 60 mS Post J

METS: 9.2/162 bpm 90% of THR BP: 140/90 mmHg Raw ECG/ BLC Onv Natch Onv HF 0.05 Hz/LF 100 Hz

EXTime: 07:59 3.4 mph 14.0%
25 mm/Sec. 1.0 Cm/mV



III
-1.3
-0.7



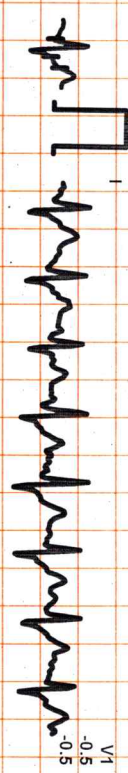
V3

II
-0.5
1.5



V2

I
STL 0.9
STS 2.2



V1

avR
-0.2
-1.8



V4

avL
1.1
1.5



V5

avF
-0.9
0.4



V6

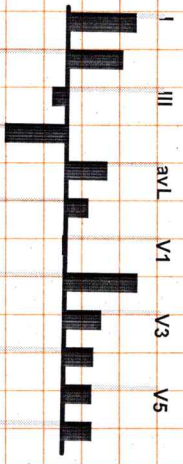
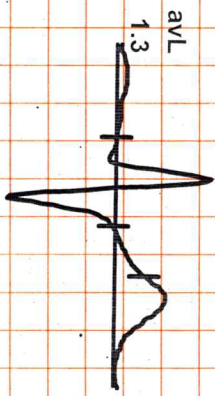
REMARKS:
I III avL V1 V3 V5
II avR avF V2 V4 V6

Date: 24-Jul-2022 11:33:06 AM
4X 70 mS Post J

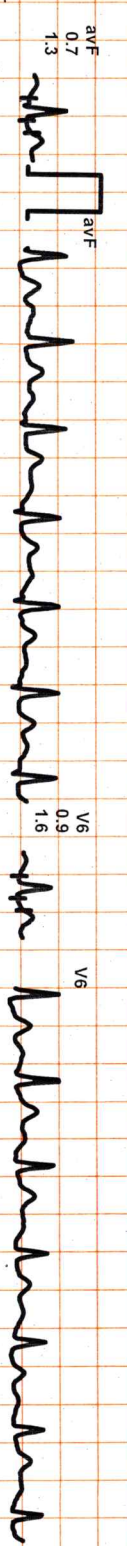
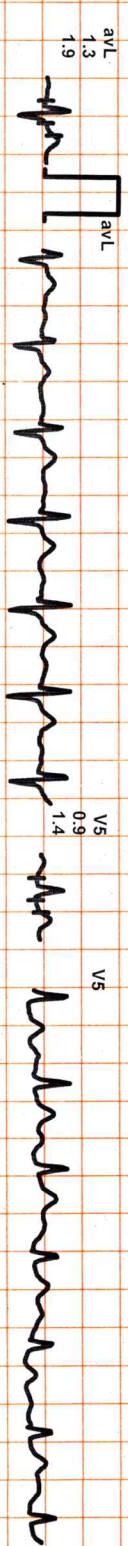
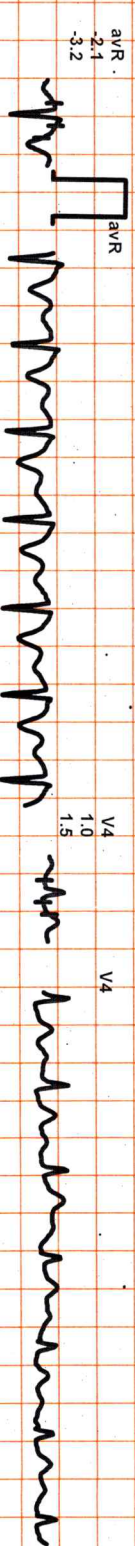
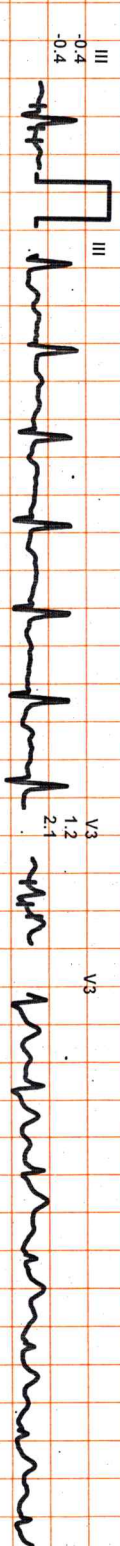
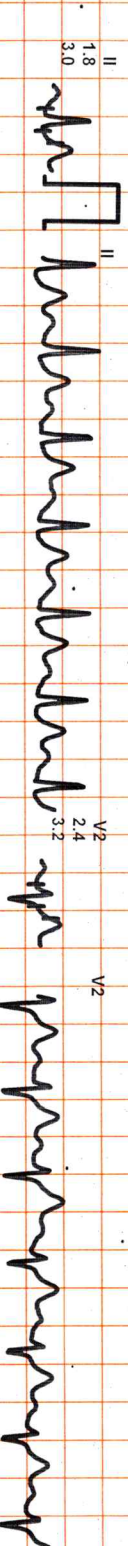
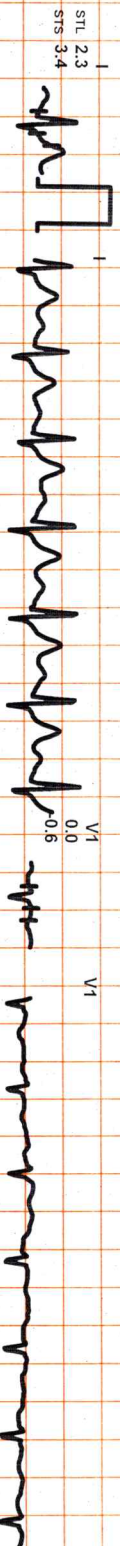
MEETS: 1.2/ 126 bpm 70% of THR BP: 140/90 mmHg

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

ExTime: 08:00 0.0 mph, 0.0%,
25 mm/Sec. 1.0 Cm/mV



REMARKS:

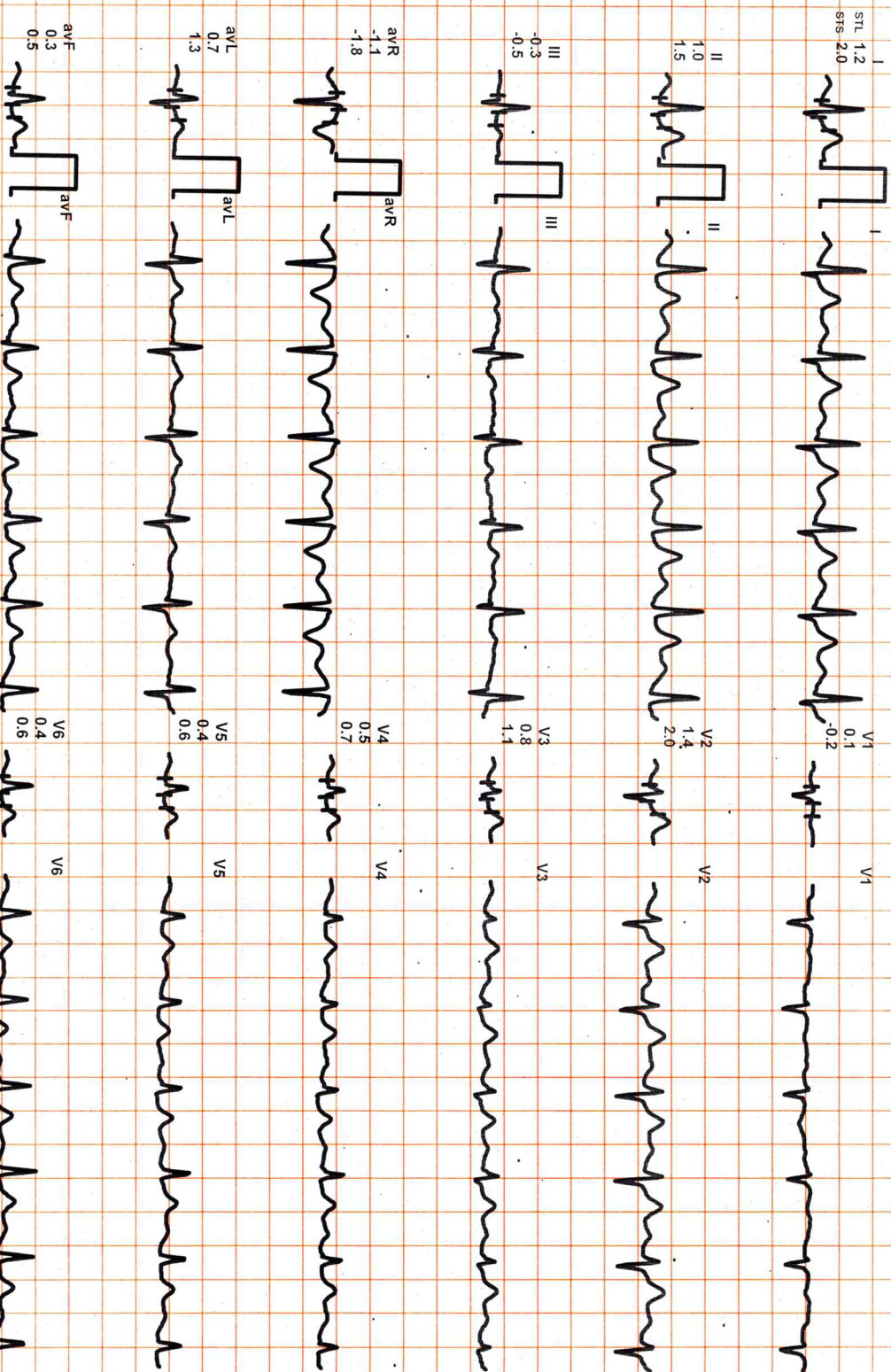
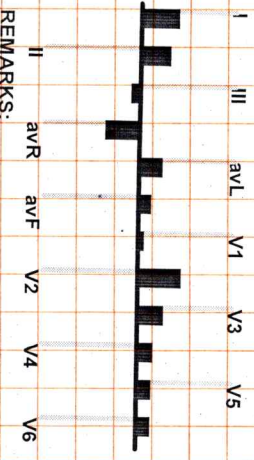
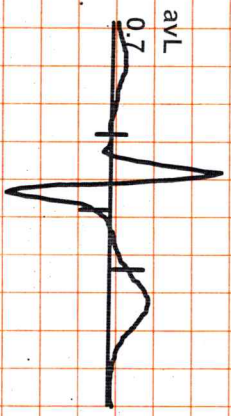


Date: 24-Jul-2022 11:33:06 AM
4X 80 MS Post J

METS: 1.0/ 114 bpm 63% of THR BP: 135/85 mmHg

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

ExTime: 08:00 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

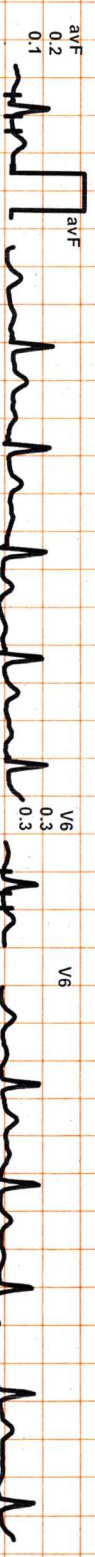
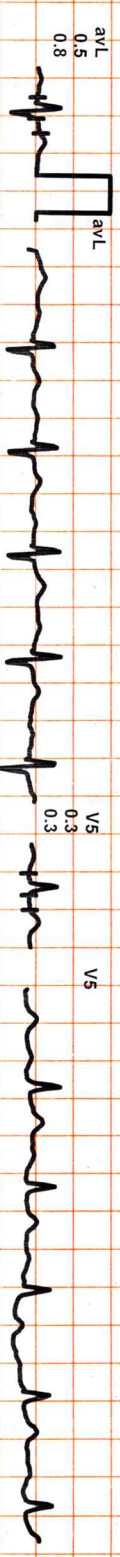
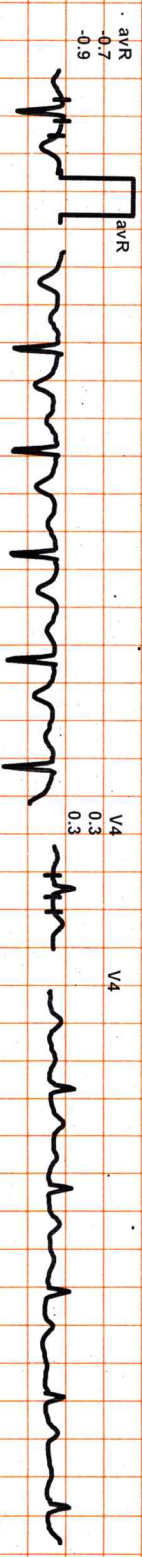
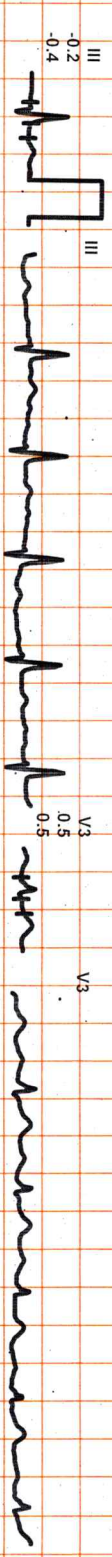
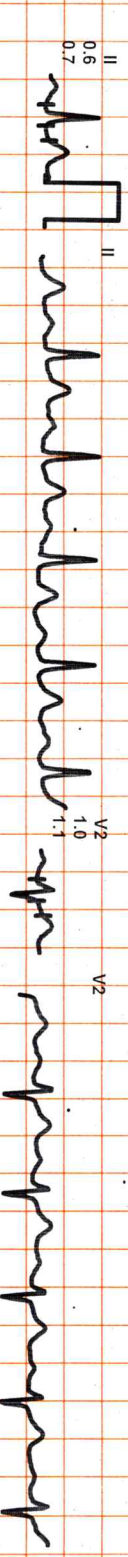
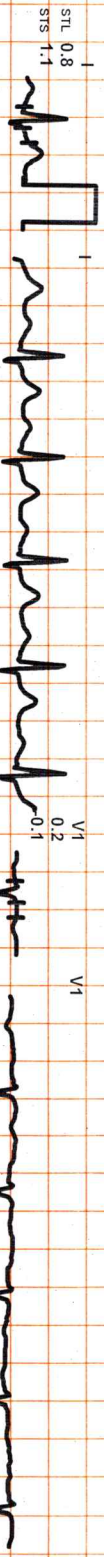
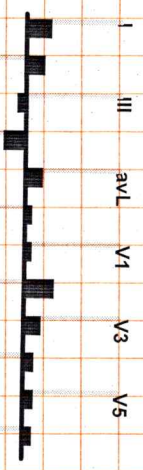
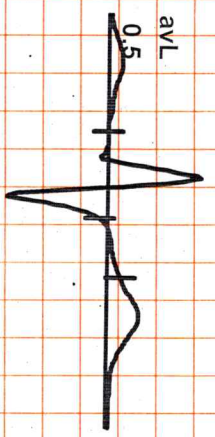


REMARKS:

Date: 24-Jul-2022 11:33:06 AM
4X 80 mS Post J

METS: 1.0 / 108 bpm 60% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:00 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



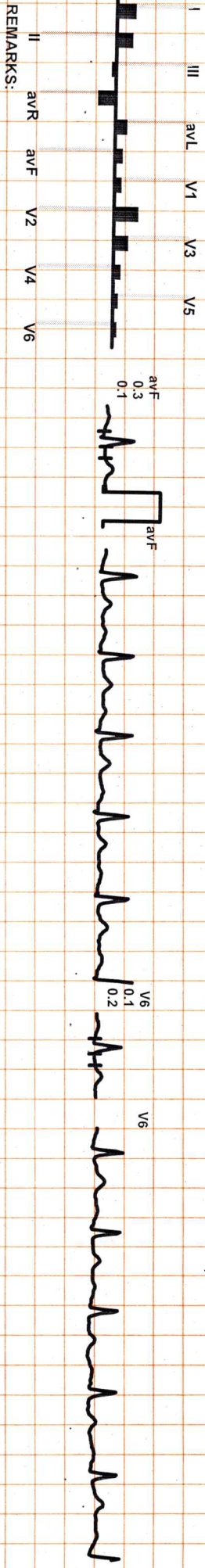
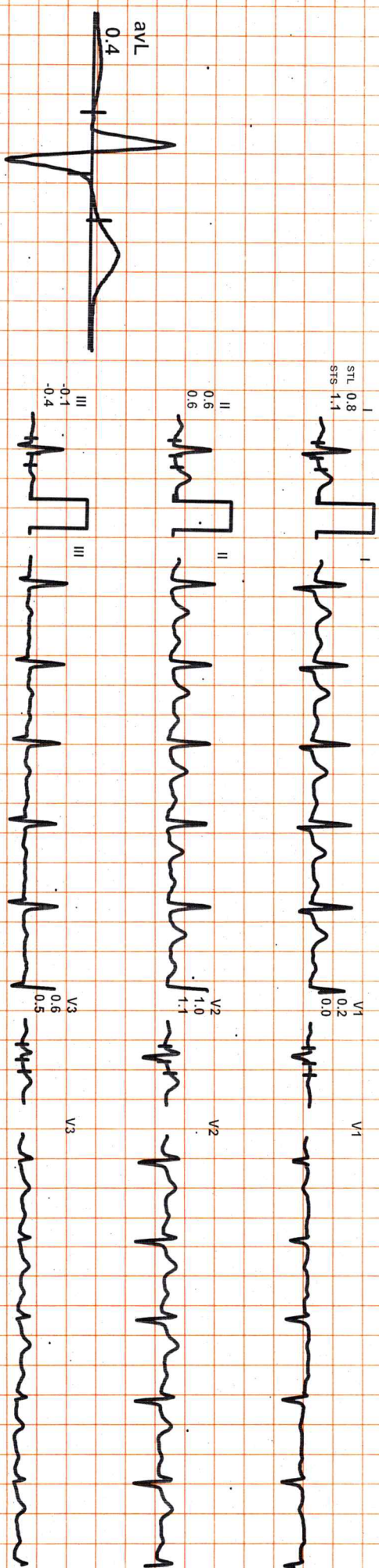
REMARKS:

Date: 24-Jul-2022 11:33:06 AM
4X 80 ms Post J

WETS: 1.0/104 bpm 58% of THR BP: 125/80 mmHg

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

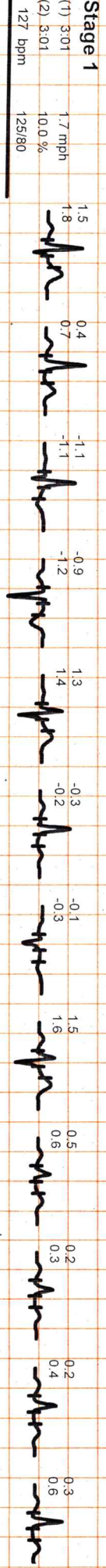
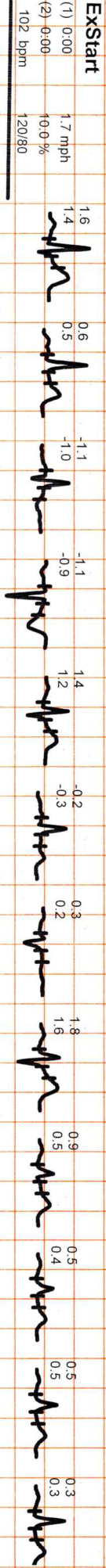
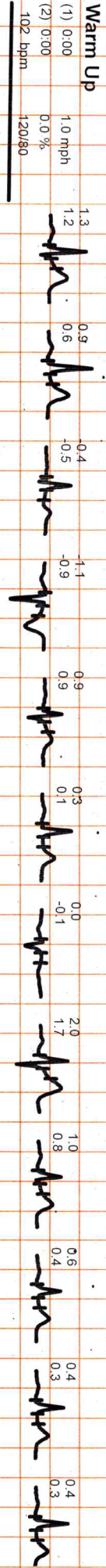
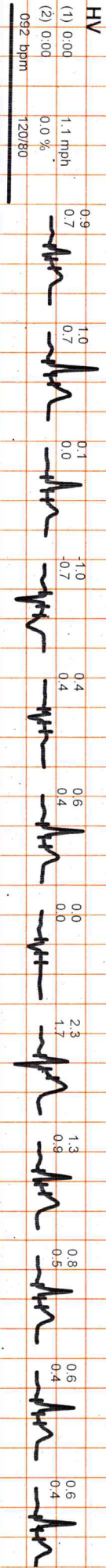
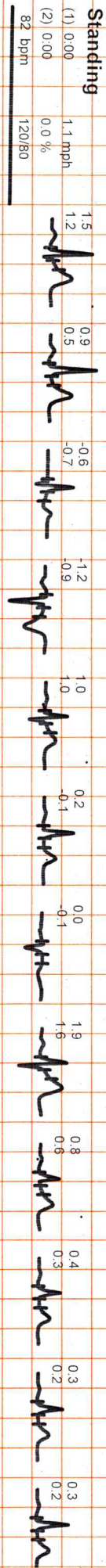
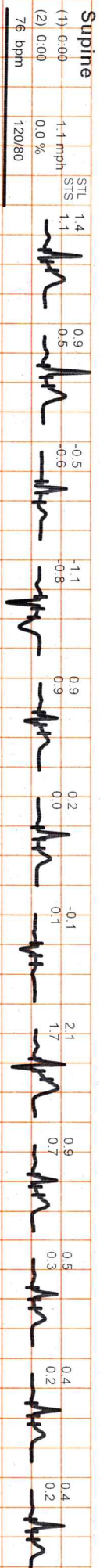
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25 mm/Sec. 1.0 Cm/mV



REMARKS:

Date: 24-Jul-2022 11:33:05 AM

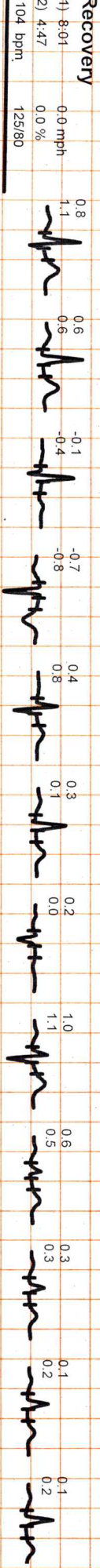
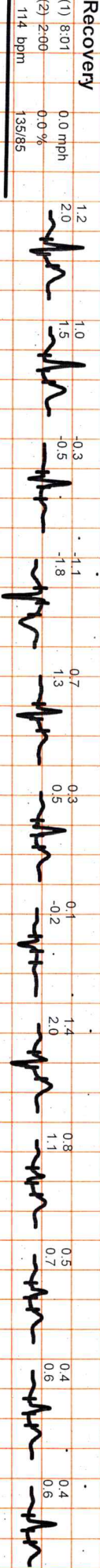
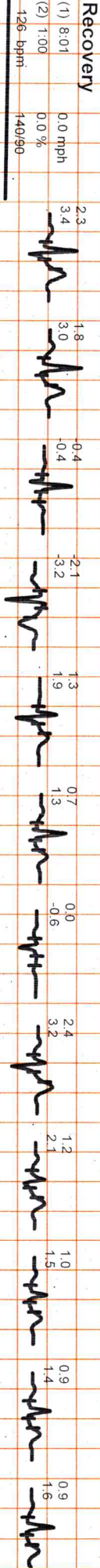
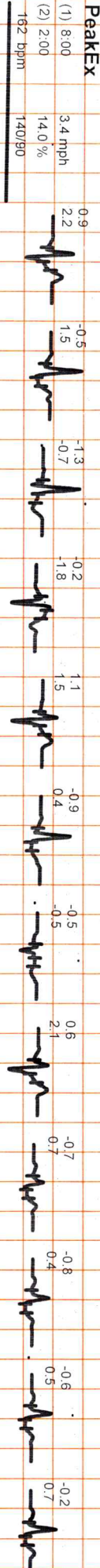
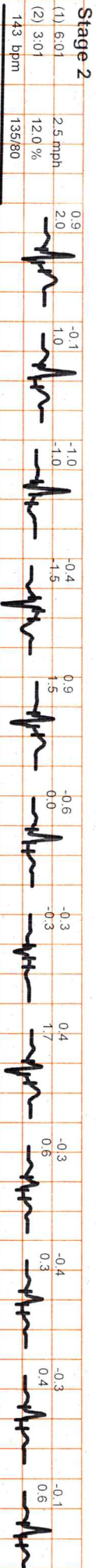
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



(GEM210151123)Gemini A-DX by Allergers

Date: 24-Jul-2022 11:33:06 AM

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



(GEM210151123)Gemini A-DX by Allengers

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Date :- 24/07/2022 08:18:14

NAME :- Mr. MANOJ KUMAR MAURYA

Sex / Age :- Male 41 Yrs 1 Mon 11 Days

Company :- MediWheel

Patient ID :- 12221417

Ref. By Doctor :- BOB

Lab/Hosp :-

Final Authentication : 24/07/2022 10:49:16

BOB PACKAGE ABOVE 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 calculus of size 4.2 mm is seen in upper calyx of right 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 enlarged in size (~28cc) 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:

*Right renal calculus.

*Mild prostatomegaly.

-Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

BILAL

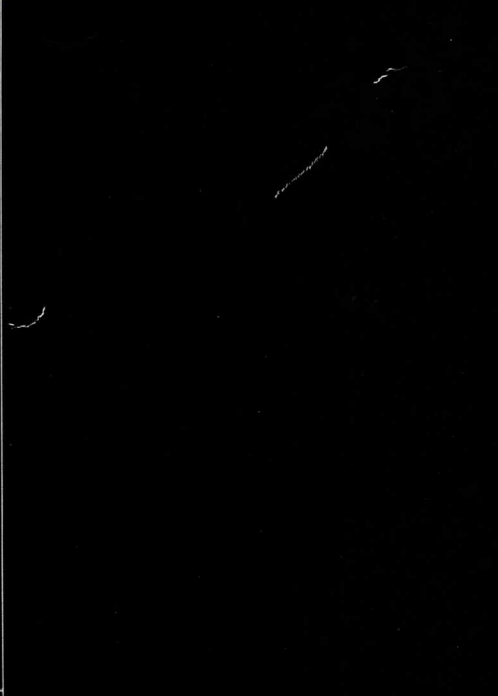
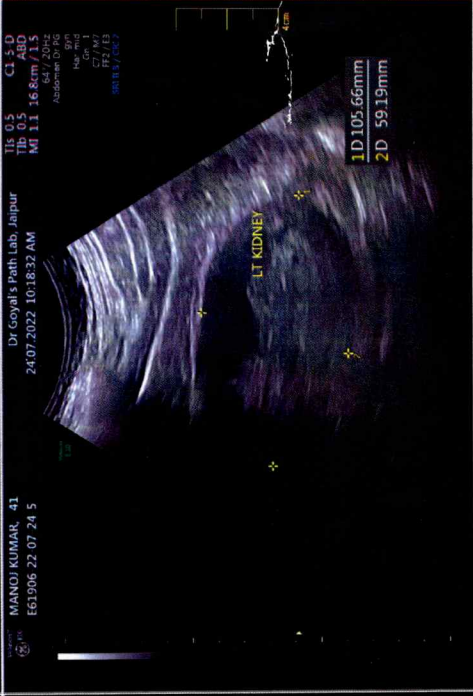
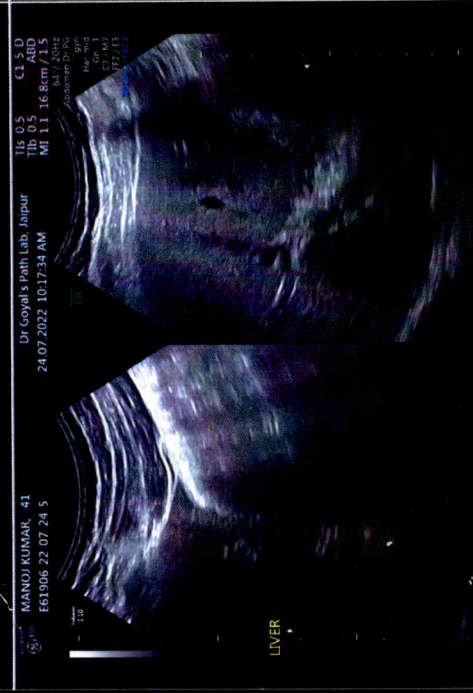
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

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MBBS, MD (Radio Diagnosis)
RMC No. 32495

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MBBS, DMRD, UCAM
Fetal Medicine Specialist
RMC No 24436 FMF ID 102534

Dr. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
RMC No. 17163

Transcript by.



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Sex / Age :- Male 41 Yrs 1 Mon 11 Days
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Patient ID :- 12221417
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 24/07/2022 10:37:58

BOB PACKAGE ABOVE 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1

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(D.M.R.D.) BILAL

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