

Dr. Goyal's

Path Lab & Imaging Centre

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



General Physical Examination

Date of Examination: 11/02/23

Name: Lakhera Ghanshyam Age: 36 DOB: 03/08/1986 Sex: Male

Referred By: BOB

Photo ID: Aadhar ID #: attached

Ht: 178 (cm)

Wt: 72 (Kg)

Chest (Expiration): 98 (cm)

Abdomen Circumference: 93 (cm)

Blood Pressure: 115/80 mm Hg PR: 74 / min RR: 18 / min Temp: Afebrile

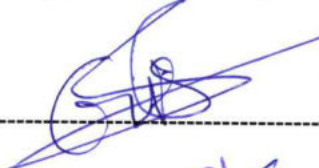
BMI 22.7

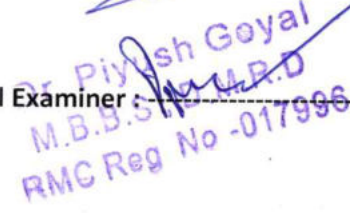
Eye Examination: vision normal S/G N/G

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. M.D.
RMG Reg No -017996

SHYAMLAKHERA86@GMAIL.COM

2nd - KAUSITA LAKSHKAR



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम/ Enrolment No.: 2019/15092/00006

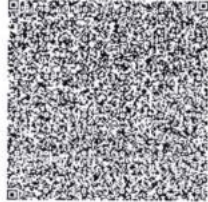
To
घनश्याम लखेरा
Ghanshyam Lakhera
S/O: Krishan Kumar Lakhera
shivaji nagar,dudu,teh.dudu
narayana road
Dudu
Dudu
Jaipur Rajasthan - 303008
9983224445

Download Date: 03/11/2019

Generation Date: 01/12/2011

Validity unknown

Digital Signature
AUTHORITY
Date: 03/11/2019
10:38:19
IST



QR Code with Photograph

आपका आधार क्रमांक / Your Aadhaar No. :

9892 8995 0894

VID : 9148 9393 7402 6308

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India

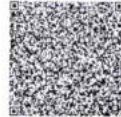


घनश्याम लखेरा
Ghanshyam Lakhera
जन्म तिथि/DOB: 03/08/1986
पुरुष/ MALE

9892 8995 0894

VID : 9148 9393 7402 6308

मेरा आधार, मेरी पहचान



Government of India



AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं |
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें |
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है |

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

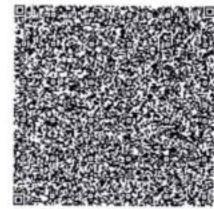
- आधार देश भर में मान्य है ।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा ।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: कृष्ण कुमार लखेरा, नारायणा मार्ग, शिवजी नगर,
दुदु, तेह दुदु, जयपुर,
राजस्थान - 303008

Address:
S/O: Krishan Kumar Lakhera, narayana
road, shivaji nagar,dudu,teh.dudu, Dudu,
Jaipur,
Rajasthan - 303008



QR Code with Photograph

9892 8995 0894

VID : 9148 9393 7402 6308

1947

help@uidai.gov.in

www.uidai.gov.in

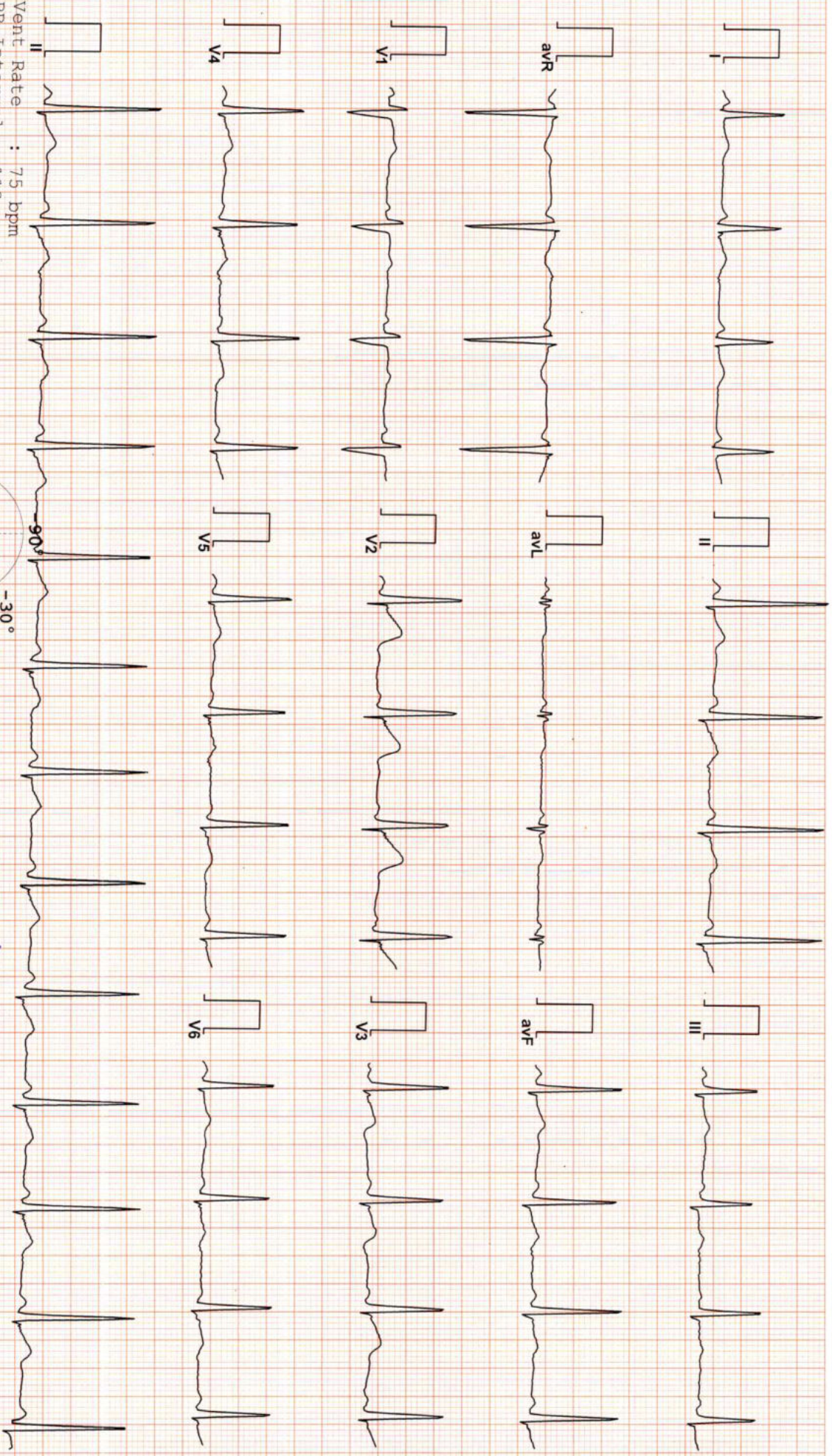
Dr Piyush
M.B.B.S., D.M.R.D
RMC Reg No -017996

DR. GOYALS PATH LAB & IMAGING CENTER

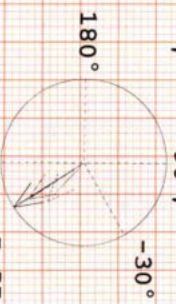
102221588 / MR LAKHERA GHANSHYAM / 36 Yrs / M / Non Smoker

Heart Rate : 75 bpm / Tested On : 11-Feb-23 14:59:26 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



Vent Rate : 75 bpm
 PR Interval : 118 ms
 QRS Duration: 84 ms
 QT/QTc Int : 382/410 ms
 P-QRS-T axis: 43.00° 57.00° 56.00°



Axis
 R 57.00° T 56.00° P 43.00°

Normal

Allenge's ECG (Piscos)(PIS218210312)

Reported By:

RHO

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Date :- 11/02/2023 11:11:34 Patient ID :-122229512
NAME :- Mr. LAKHERA GHANSHYAM Ref. By Dr:- BOB
Sex / Age :- Male 36 Yrs Lab/Hosp :-
Company :- Medi Assist Healthcare Services Pvt. Ltd.



Sample Type :- EDTA

Sample Collected Time 11/02/2023 11:14:47

Final Authentication : 11/02/2023 14:29:46

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.10	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	57.6	%	40.0 - 80.0
LYMPHOCYTE	36.6	%	20.0 - 40.0
EOSINOPHIL	1.7	%	1.0 - 6.0
MONOCYTE	3.9	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.52	10 ³ /uL	1.50 - 7.00
LYMPH#	2.24	10 ³ /uL	1.00 - 3.70
EO#	0.10	10 ³ /uL	0.00 - 0.40
MONO#	0.23	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.53	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	41.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	91.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.2	g/dL	31.5 - 34.5
PLATELET COUNT	246	x10 ³ /uL	150 - 410
RDW-CV	13.6	%	11.6 - 14.0
MENTZER INDEX	20.09		

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.

MUKESH SINGH
Technologist

Page No: 1 of 11



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

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Lab/Hosp :-

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Sample Type :- EDTA

Sample Collected Time 11/02/2023 11:14:47

Final Authentication : 11/02/2023 14:29:48

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	10	mm/hr.	00 - 13

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

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

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

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

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR " $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

(CBC) Methodology: TLC, DLC, Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and

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

MUKESH SINGH
Technologist

Page No: 2 of 11



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 Company :- Medi Assist Healthcare Services Pvt. Ltd.



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, CHLORIDE, PREPARED, URINE, URINE-PPA7 Final Authentication : 11/02/2023 15:17:56

HAEMATOLOGY

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

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

FASTING BLOOD SUGAR (Plasma) 93.5 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) 110.3 mg/dl 70.0 - 140.0
Method:- GOD PAP

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

URINE SUGAR (FASTING) Nil Nil
 Collected Sample Received

URINE SUGAR PP Nil Nil
 Collected Sample Received

KAUSHAL, MUKESH SINGH, VIJENDRAMEENA
Technologist

Page No: 3 of 11



Dr. Piyush Goyal
 (D.M.R.D.)
Dr. Rashmi Bakshi
Dr. Chandrika Gupta

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Sex / Age :- Male 36 Yrs Lab/Hosp :-
Company :- Medi Assist Healthcare Services Pvt. Ltd.



Sample Type :- STOOL

Sample Collected Time 11/02/2023 11:14:47

Final Authentication : 11/02/2023 14:53:05

CLINICAL PATHOLOGY

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

VIJENDRAMEENA
Technologist

Page No: 4 of 11



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NAME :- Mr. LAKHERA GHANSHYAM Ref. By Dr:- BOB
Sex / Age :- Male 36 Yrs Lab/Hosp :-
Company :- Medi Assist Healthcare Services Pvt. Ltd.



Sample Type :- PLAIN/SERUM

Sample Collected Time 11/02/2023 11:14:47

Final Authentication : 11/02/2023 13:43:22

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	228.66 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	224.68 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	38.54	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	152.67 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	44.94	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.93 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.96 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	761.18	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 HDLCHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

KAUSHAL

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Company :- Medi Assist Healthcare Services Pvt. Ltd.

Patient ID :-122229512

Ref. By Dr:- BOB

Lab/Hosp :-



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Sample Collected Time 11/02/2023 11:14:47

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.58	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.19	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
SGOT Method:- IFCC	34.7	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	71.5 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	47.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	38.90	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.18	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.61	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.57	gm/dl	2.20 - 3.50
A/G RATIO	1.79		1.30 - 2.50

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

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

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

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

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

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

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

KAUSHAL

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Final Authentication : 11/02/2023 13:43:35

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.90	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.87	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

KAUSHAL

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Patient ID :-122229512

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 11/02/2023 11:14:47

Final Authentication : 11/02/2023 13:45

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	6.3	mg/dl	0.0 - 23.0

KAUSHAL

Page No: 8 of 11



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Sample Type :- EDTA Sample Collected Time 11/02/2023 11:14:47 Final Authentication : 11/02/2023 14:29:47

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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 glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE Method:- Calculated Parameter	117	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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MUKESH SINGH
Technologist

Page No: 9 of 11



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

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 :- 11/02/2023 11:11:34 Patient ID :-122229512
NAME :- Mr. LAKHERA GHANSHYAM Ref. By Dr:- BOB
 Sex / Age :- Male 36 Yrs Lab/Hosp :-
 Company :- Medi Assist Healthcare Services Pvt. Ltd.



Sample Type :- URINE

Sample Collected Time 11/02/2023 11:14:47

Final Authentication : 11/02/2023 14:53:01

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.010		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA
Technologist

Page No: 10 of 11



Dr. Rashmi Bakshi
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Date :- 11/02/2023 11:11:34 Patient ID :-122229512
NAME :- Mr. LAKHERA GHANSHYAM Ref. By Dr:- BOB
 Sex / Age :- Male 36 Yrs Lab/Hosp :-
 Company :- Medi Assist Healthcare Services Pvt. Ltd.



Sample Type :- PLAIN/SERUM Sample Collected Time 11/02/2023 11:14:47 Final Authentication : 11/02/2023 15:09:54

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.365	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.264	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.750	μIU/mL	0.550 - 4.780

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

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

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

INTERPRETATION

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

*** End of Report ***

AJAYKUMAR
Technologist

Page No: 11 of 11



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



Date :- 11/02/2023 11:11:34	Patient ID :- 122229512
NAME :- Mr. LAKHERA GHANSHYAM	Ref. By Doctor:-BOB
Sex / Age :- Male 36 Yrs	Lab/Hosp :-
Company :- Medi Assist Healthcare Services Pvt. Ltd.	

Final Authentication : 11/02/2023 11:54:17

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Positional rotation present.

Old healed fracture of 8th posterior rib on left side.
Few small calcified radio opacities with linear fibrotic bands are seen
right upper lung zone - suggestive of old infective etiology,

Rest o lung fields appears clear.

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.

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

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

Page No: 1 of 1

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

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

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

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

Transcript by.



Date :- 11/02/2023 11:11:34
NAME :- Mr. LAKHERA GHANSHYAM
Sex / Age :- Male 36 Yrs
Company :- Medi Assist Healthcare Services Pvt. Ltd.

Patient ID :- 122229512
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 11/02/2023 14:35:00

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size (~14.8 cm). **Echo-texture is bright.** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

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

Prostate is normal in size (~ 18 gms) with normal echo-texture and outline.

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

IMPRESSION:

***Grade I fatty liver.**

Needs clinical correlation for further evaluation

*** End of Report ***

Name : GHANSHYAM / F

11 Feb 2023

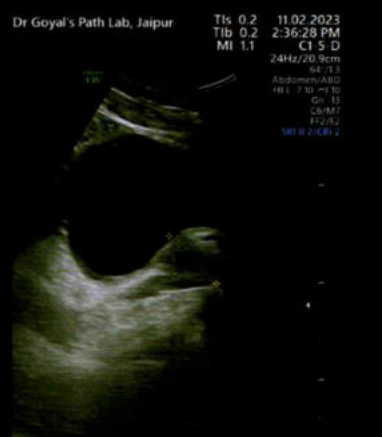


1 D 14.80cm



1 D 10.58cm
2 D 4.84cm
3 D 1.28cm

1 D 10.67cm
2 D 4.93cm
3 D 10.60cm



1 D1 2.49cm
2 D2 4.19cm
3 D3 3.47cm
Vol 18.956cm³

1 D1 2.49cm
2 D2 4.19cm
3 D3 3.47cm
Vol 18.956cm³

GHANSHYAM, 36
E61906 23.02.11.22

Dr Goyal's Path Lab, Jaipur
Tis 0.2 11.02.2023
Tib 0.2 2:34:04 PM
MI 1.1 C1 5 D
24Hz/20.9cm
64°/1.3
Abdomen/ABD
H/L 7.10 -3.10
Gr 5
C6/M7
F22/E2
SR/B 2/C/R 2

GHANSHYAM, 36
E61906 23.02.11.22

Dr Goyal's Path Lab, Jaipur
Tis 0.2 11.02.2023
Tib 0.2 2:34:24 PM
MI 1.1 C1 5 D
24Hz/20.9cm
64°/1.3
Abdomen/ABD
H/L 7.10 -3.10
Gr 8
C6/M7
F22/E2
SR/B 2/C/R 2

GHANSHYAM, 36
E61906 23.02.11.22

Dr Goyal's Path Lab, Jaipur
Tis 0.2 11.02.2023
Tib 0.2 2:34:53 PM
MI 1.1 C1 5 D
24Hz/20.9cm
64°/1.3
Abdomen/ABD
H/L 7.10 -3.10
Gr 7
C6/M7
F22/E2
SR/B 2/C/R 2

GHANSHYAM, 36
E61906 23.02.11.22

Dr Goyal's Path Lab, Jaipur
Tis 0.2 11.02.2023
Tib 0.2 2:35:37 PM
MI 1.1 C1 5 D
24Hz/20.9cm
64°/1.3
Abdomen/ABD
H/L 7.10 -3.10
Gr 4
C6/M7
F22/E2
SR/B 2/C/R 2

GHANSHYAM, 36
E61906 23.02.11.22

Dr Goyal's Path Lab, Jaipur
Tis 0.2 11.02.2023
Tib 0.2 2:36:07 PM
MI 1.1 C1 5 D
24Hz/20.9cm
64°/1.3
Abdomen/ABD
H/L 7.10 -3.10
Gr 8
C6/M7
F22/E2
SR/B 2/C/R 2

GHANSHYAM, 36
E61906 23.02.11.22

Dr Goyal's Path Lab, Jaipur
Tis 0.2 11.02.2023
Tib 0.2 2:36:19 PM
MI 1.1 C1 5 D
24Hz/20.9cm
64°/1.3
Abdomen/ABD
H/L 7.10 -3.10
Gr 11
C6/M7
F22/E2
SR/B 2/C/R 2

GHANSHYAM, 36
E61906 23.02.11.22

Dr Goyal's Path Lab, Jaipur
Tis 0.2 11.02.2023
Tib 0.2 2:36:28 PM
MI 1.1 C1 5 D
24Hz/20.9cm
64°/1.3
Abdomen/ABD
H/L 7.10 -3.10
Gr 11
C6/M7
F22/E2
SR/B 2/C/R 2

GHANSHYAM, 36
E61906 23.02.11.22

Dr Goyal's Path Lab, Jaipur
Tis 0.2 11.02.2023
Tib 0.2 2:36:28 PM
MI 1.1 C1 5 D
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