

Dr. Goyal's

Path Lab & Imaging Centre

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



General Physical Examination

Date of Examination: 10-12-2022

Name: NIRDOSH Age: 31 Sex: Male

DOB: 12-09-1991

Referred By: BOB / Mediwheel

Photo ID: AADHAR ID #: attached

Ht: 172 (cm)

Wt: 100 (Kg)

Chest (Expiration): 110 (cm)

Abdomen Circumference: 112 (cm)

Blood Pressure: 130/90 mm Hg PR: 74 / min RR: 15 / min Temp: Afebrile

BMI 33.8

Eye Examination: Vision Normal C/G, N/G (B/l eyes)

Normal color vision

Other: Not significant

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

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

Signature Medical Examiner : [Signature] Name Medical Examiner _____

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



भारत सरकार
Government of India



आधार

Download Date: 04/05/2021



Nirdosh
Date of Birth/DOB: 12/09/1991
Male/ MALE

Issue Date: 14/04/2017

8936 1083 2567

VID : 9103 6932 3396 8920

मेरा आधार, मेरी पहचान

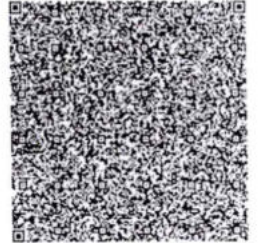


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



AADHAAR

Address:
S/O Satyanarayan Sharma, near modi tiraha,
khranja road kothi, Dhaulpur, Dhaulpur,
Rajasthan - 328001



8936 1083 2567

VID : 9103 6932 3396 8920

1947

help@uidai.gov.in

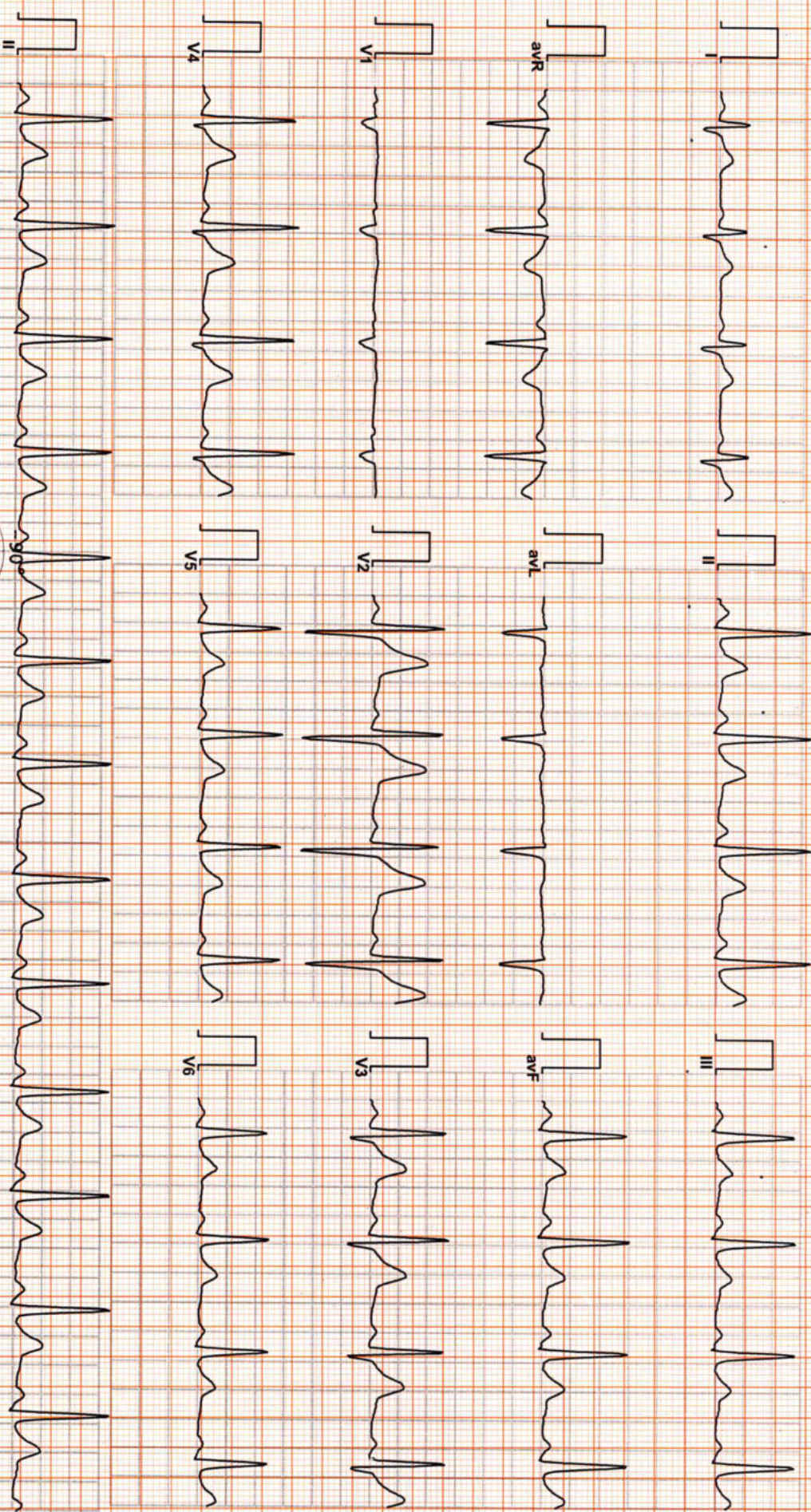
www.uidai.gov.in

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

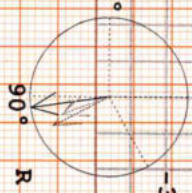
DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

ECG

3054 / MR NIRDOSH / 31 Yrs / M/ Non Smoker
Heart Rate : 80 bpm / Tested On : 10-Dec-22 13:10:26 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Vent Rate : 80 bpm
PR Interval : 156 ms
QRS Duration : 98 ms
QT/QTc Int : 368/403 ms
P-QRS-T axis : 70.00° 82.00° 63.00°



Allergers ECG (P/Scses)(P/IS218210312)

Dr. Reported By: **T. Mohan**
RMC No. 35703
MBBS, D.P. CARDIO (ESCORTS)
D.E.M (RCGP-UK)

DR. GOYALS PATH LAB & IMAGING CENTER

JAIPUR Email:

Report



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg
Date: 10 / 12 / 2022

Refd By : BOB

MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:29	0:29	01.1	00.0	01.0	087	46%	130/86	113	00	
Standing	00:39	0:10	01.1	00.0	01.0	088	47%	130/86	114	00	
HV	01:08	0:29	01.1	00.0	01.0	102	54%	130/86	132	00	
ExStart	02:15	1:07	01.1	00.0	01.0	109	58%	130/86	141	00	
BRUCE Stage 1	05:15	3:00	01.7	10.0	04.7	131	69%	140/86	183	00	
BRUCE Stage 2	08:15	3:00	02.5	12.0	07.1	157	83%	150/90	235	00	
PeakEx	10:04	1:49	03.4	14.0	09.0	179	95%	160/90	286	00	
Recovery	11:04	1:00	00.0	00.0	01.2	152	80%	160/90	243	00	
Recovery	12:04	2:00	00.0	00.0	01.0	130	69%	150/90	195	00	
Recovery	13:04	3:00	00.0	00.0	01.0	120	63%	150/90	180	00	
Recovery	14:04	4:00	00.0	00.0	01.0	115	61%	130/86	149	00	
Recovery	15:04	5:00	00.0	00.0	01.0	112	59%	130/86	145	00	
Recovery	15:20	5:16	00.0	00.0	01.0	116	61%	130/86	150	00	

FINDINGS :

Exercise Time : 07:49
 Max HR Attained : 179 bpm 95% of Target 189
 Max BP Attained : 160/90 (mm/Hg)
 Max Workload Attained : 9 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

The TMT is negative for QTTG

Dr. Neeraj Kumar Mohanka
 MD, General Physician
 RMC No. 357/13
 Allergens

MBBS, DIP. CARDIO (ESCORTS)

D.E.M. (RCGP-UK)



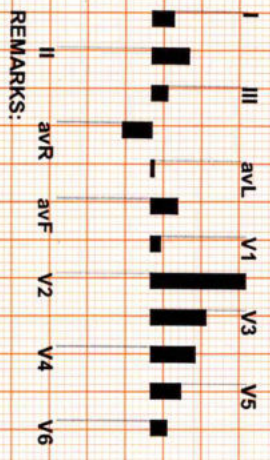
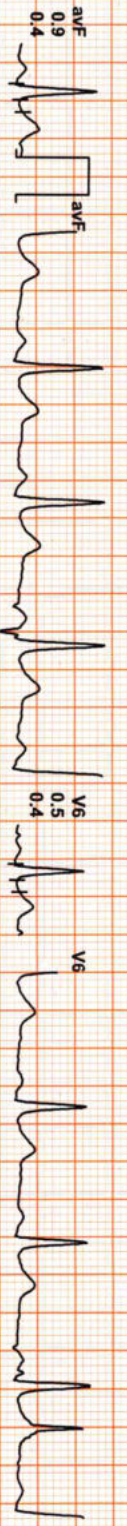
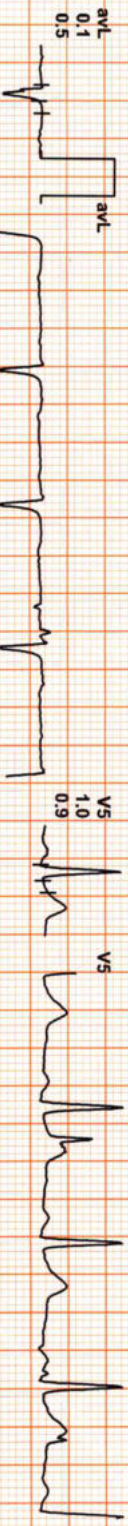
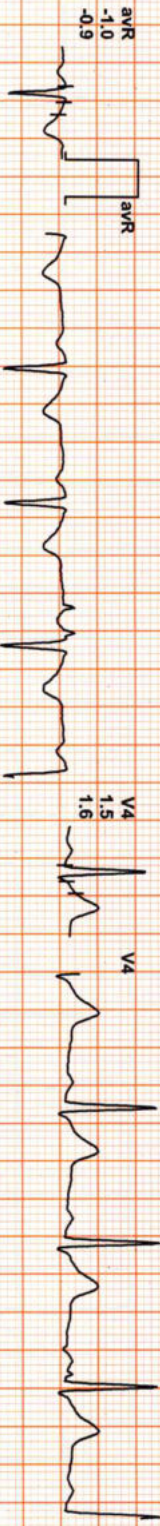
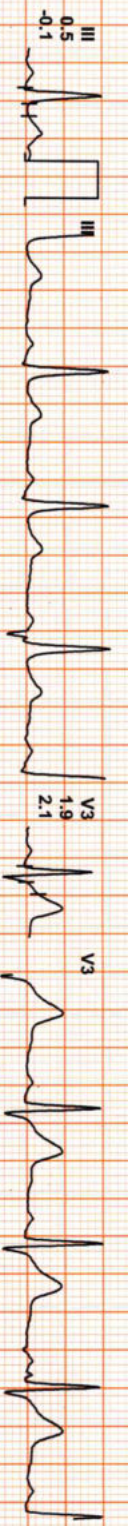
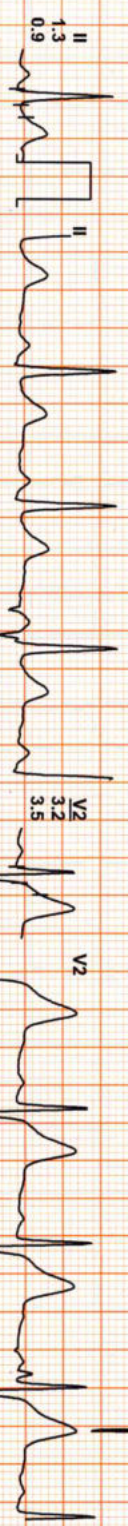
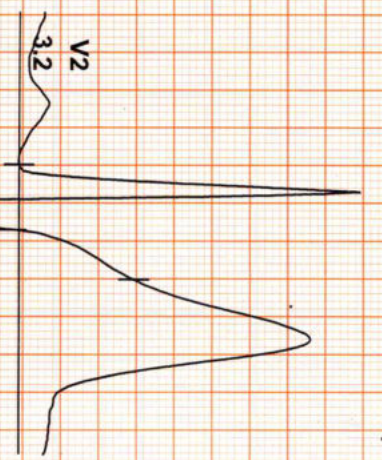
Date: 10 / 12 / 2022

METS: 1.0/ 87 bpm 46% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 88

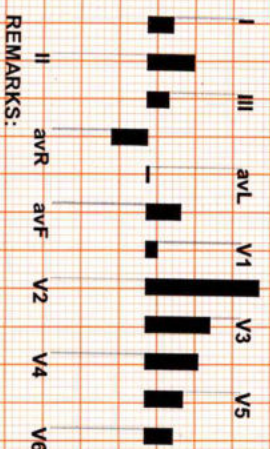
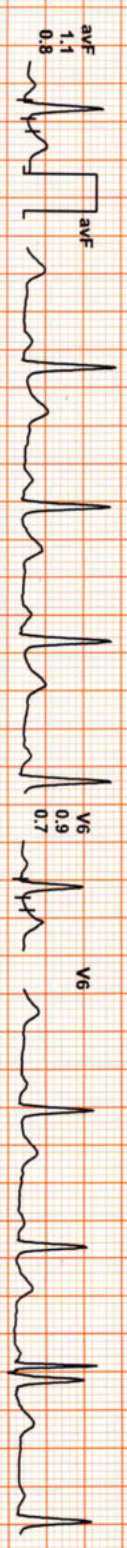
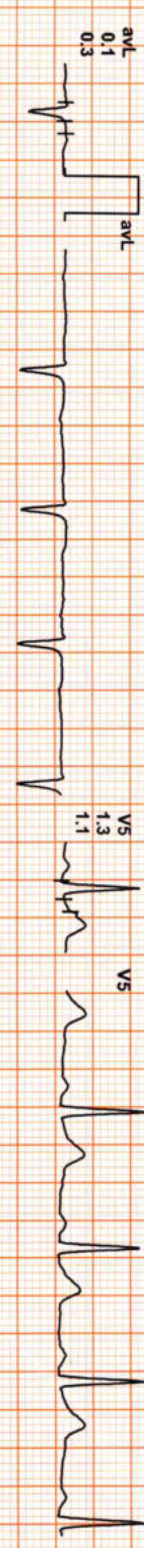
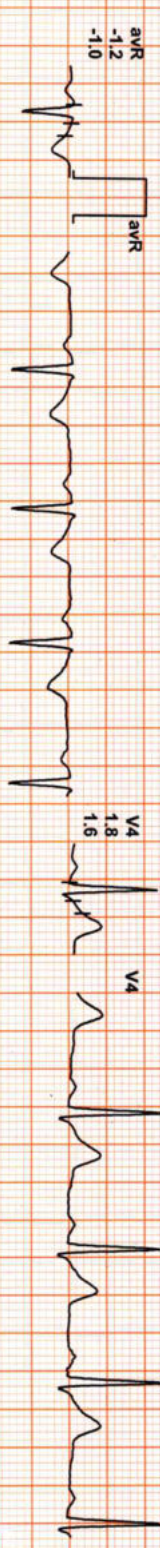
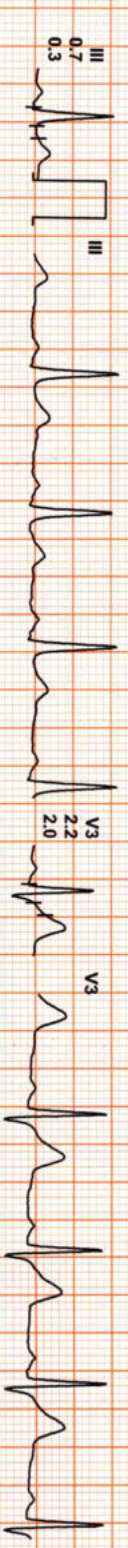
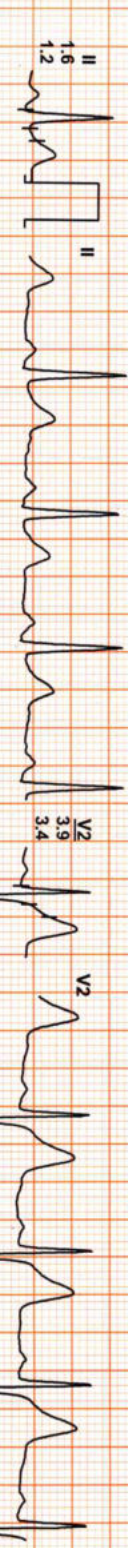
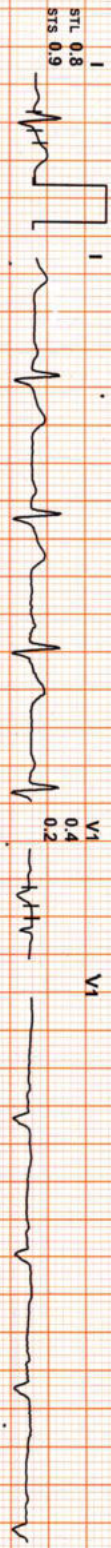
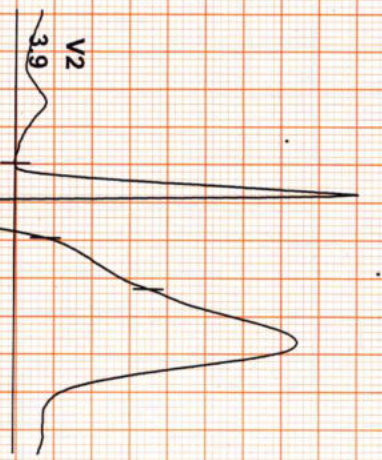
Date: 10 / 12 / 2022

METS: 1.0/ 88 bpm 47% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



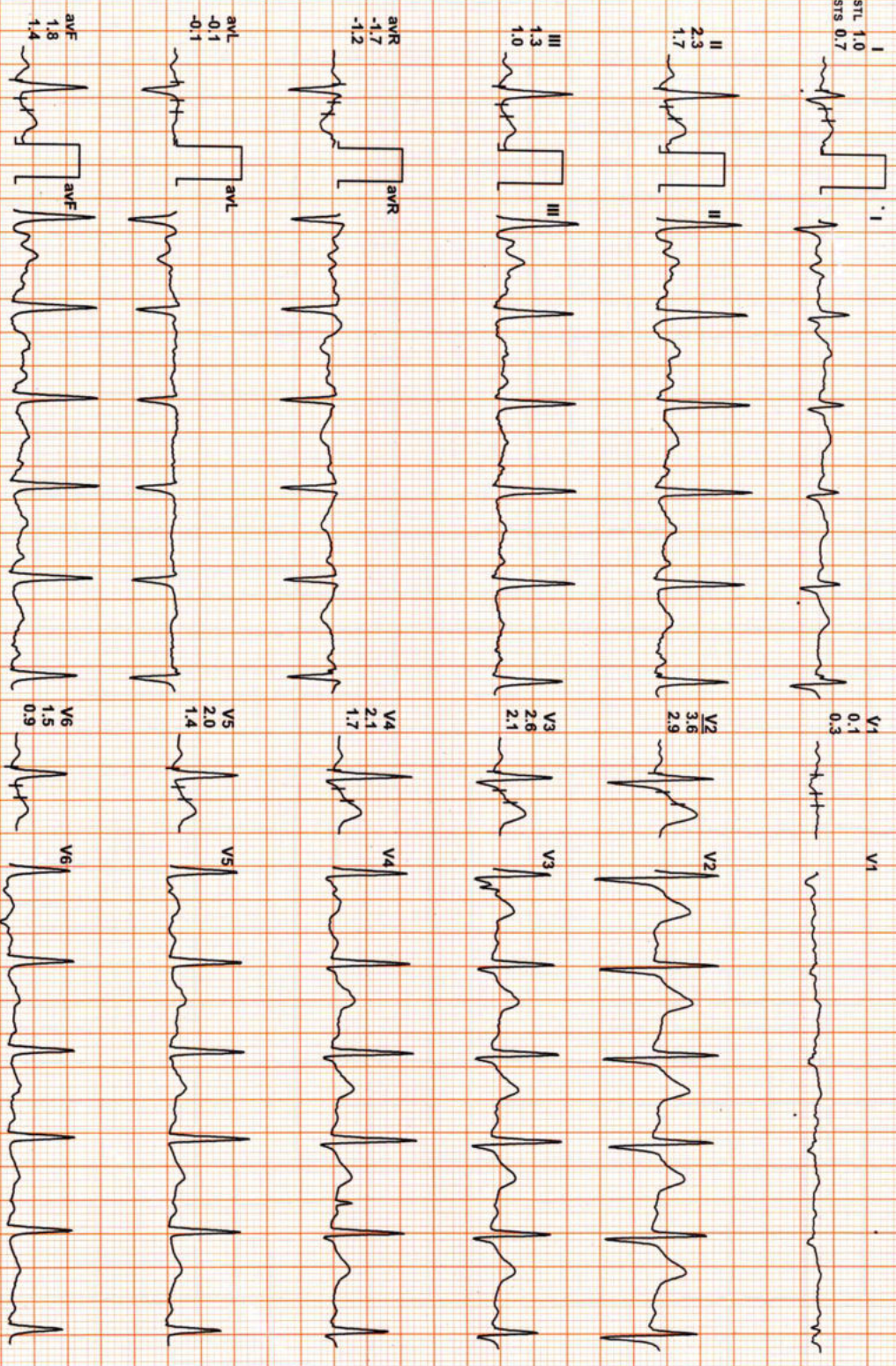
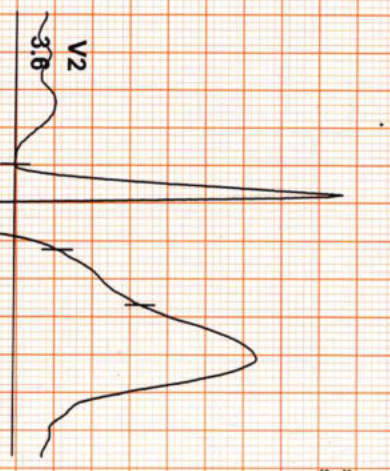
REMARKS:

(ADX_GEM217220330)(R)Allergens

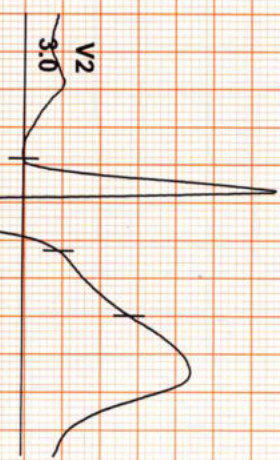


4X 80 ms Post J

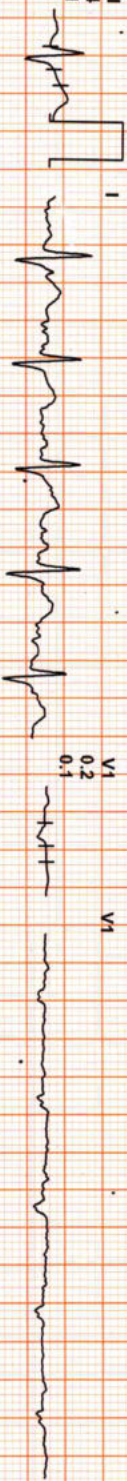
EXTIME: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



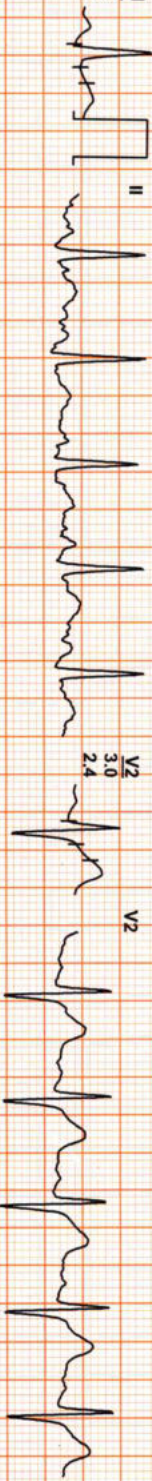
REMARKS:



STL 1.4
STS 1.1



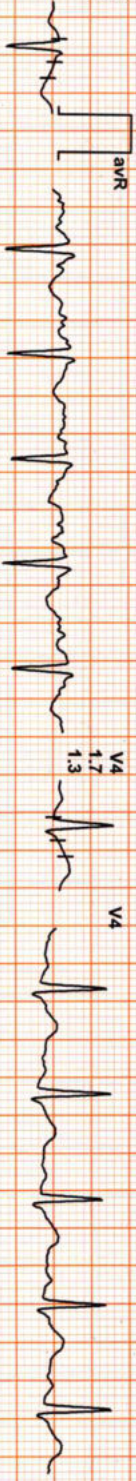
II
1.7
1.1



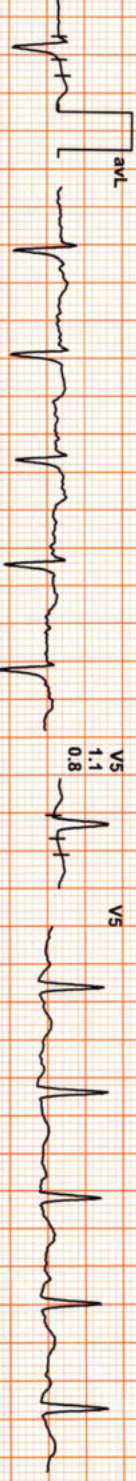
III
0.4
0.0



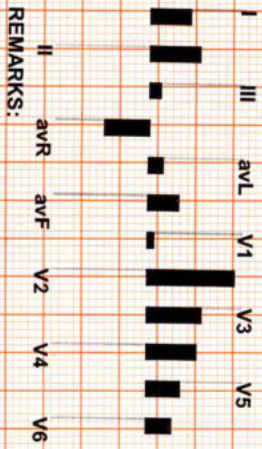
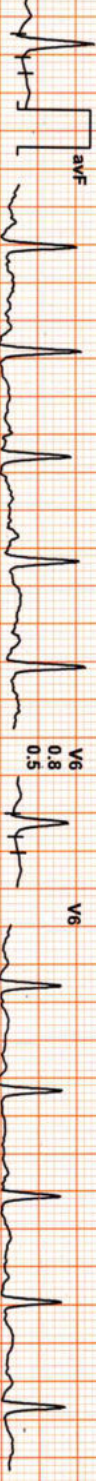
avR
-1.5
-1.1



avL
0.5
0.6



avF
1.0
0.5



REMARKS:



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 131

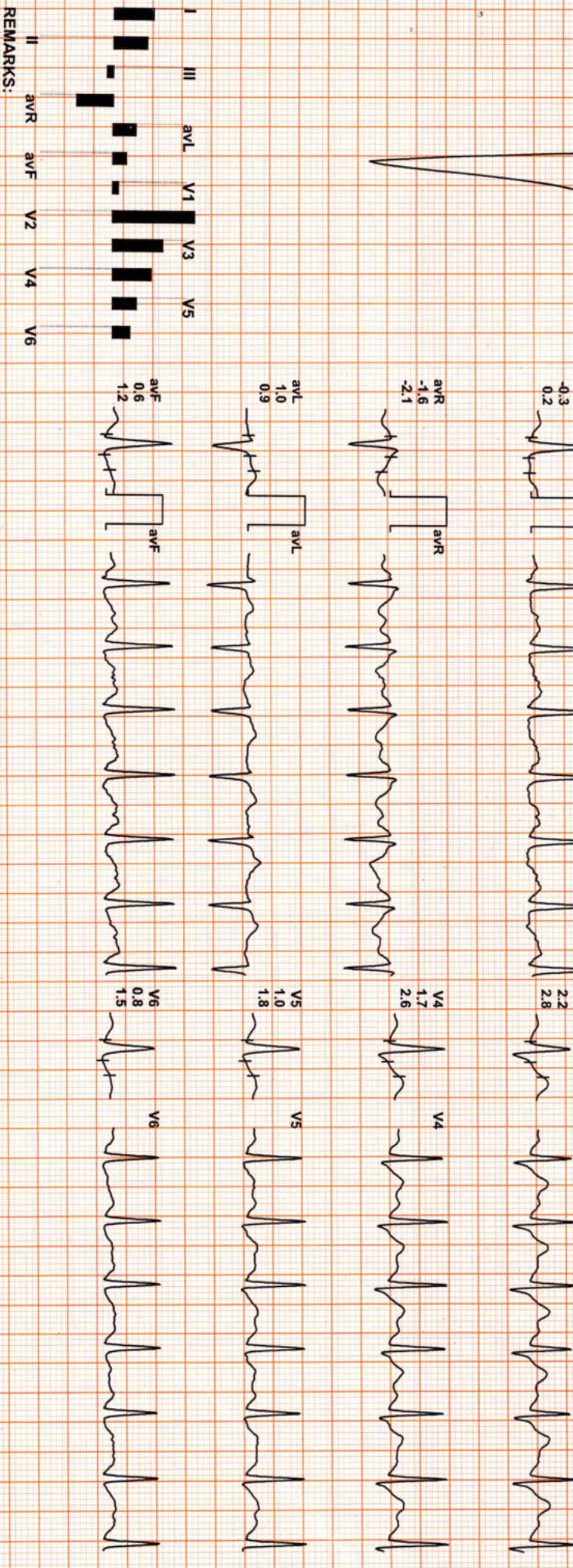
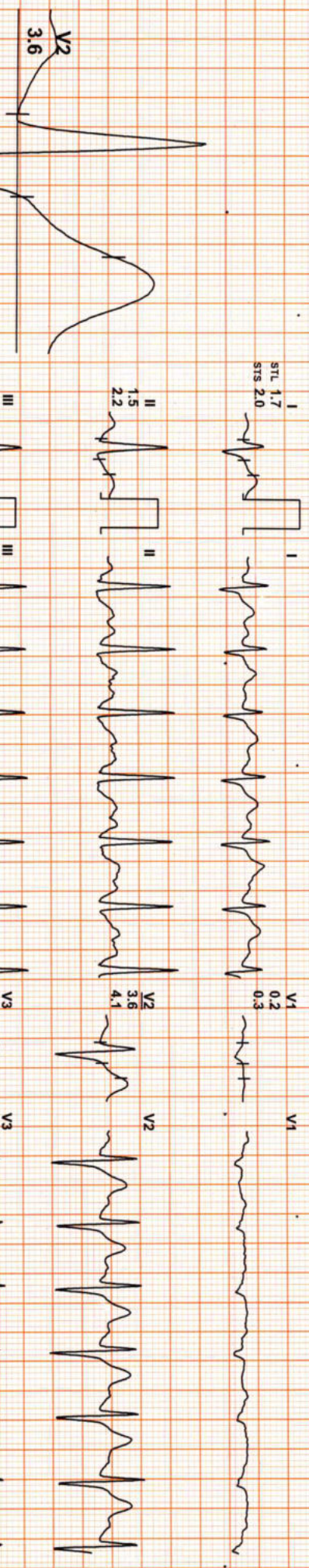
Date: 10 / 12 / 2022

METS: 4.7 / 131 bpm 69% of THR BP: 140/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 03:00 1.7 mph, 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM21722030)(R)Allergers



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 157

Date: 10 / 12 / 2022

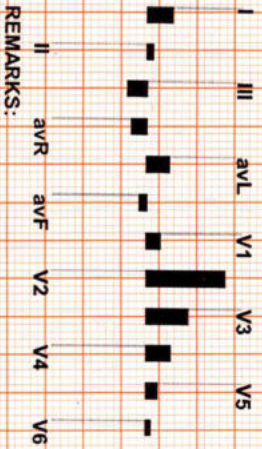
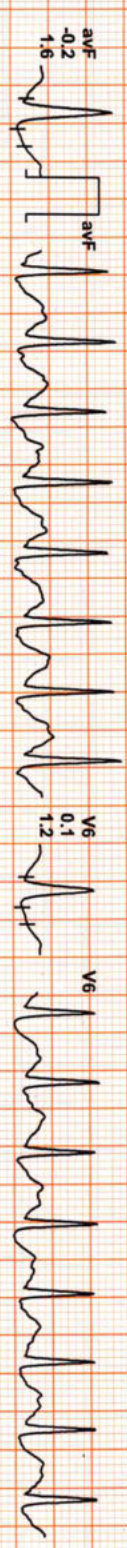
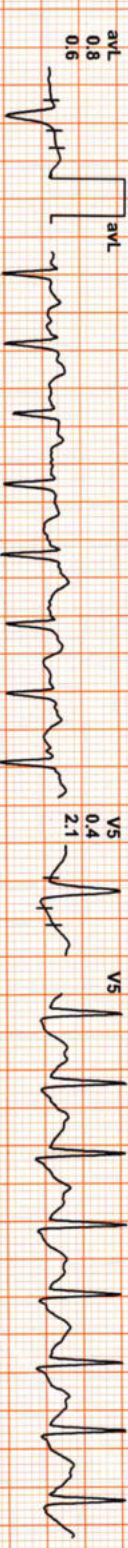
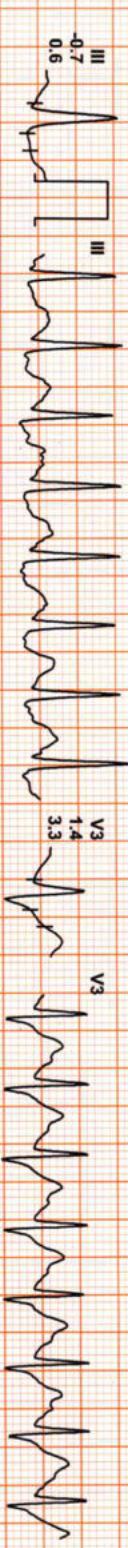
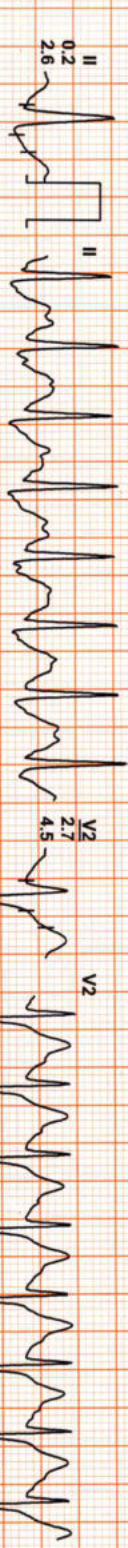
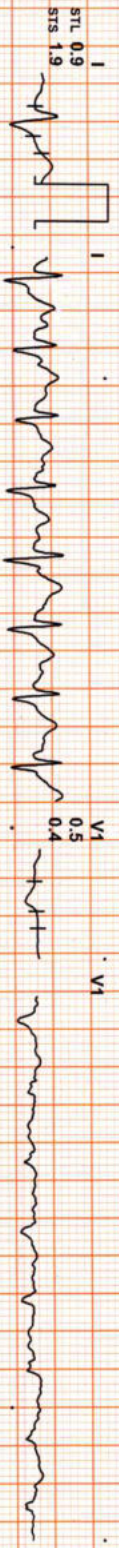
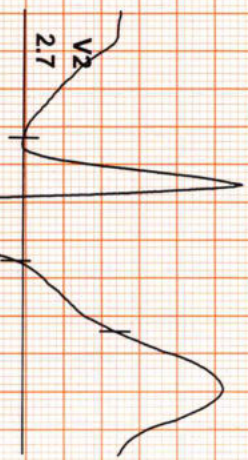
METS: 7.1 / 157 bpm 83% of THR

BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 60 mts Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allergens



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 179

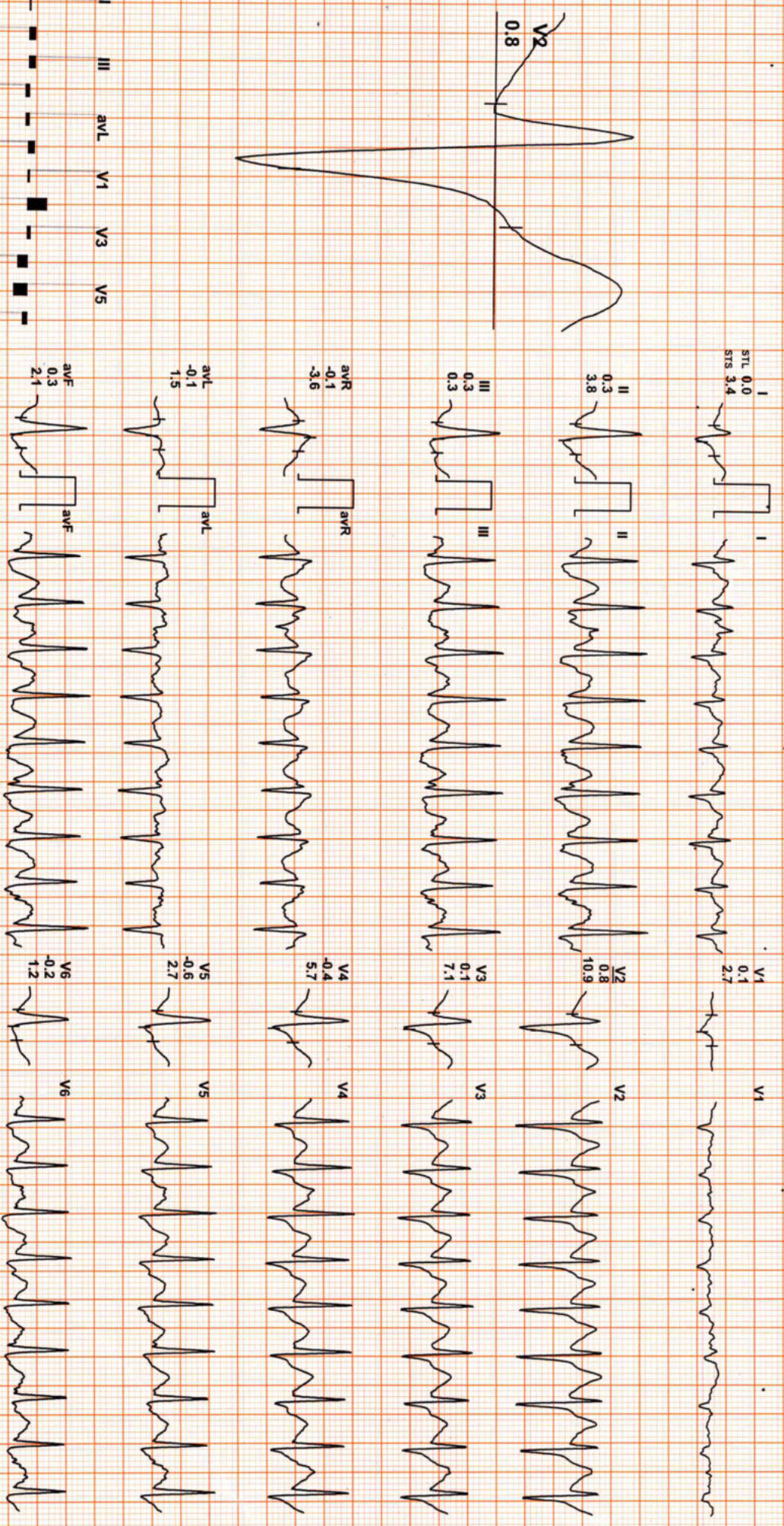
Date: 10 / 12 / 2022

METS: 9.0/ 179 bpm 95% of THR BP: 160/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

EXTime: 07:49 3.4 mph, 14.0%

4X 60 MS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 152

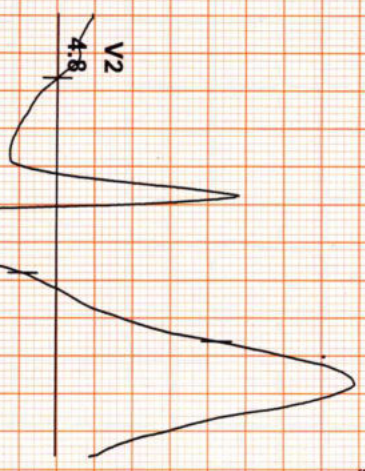
Date: 10 / 12 / 2022

METS: 1.2/ 152 bpm 80% of THR BP: 160/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:49 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



STL 1.2
STS 3.2

I 0.0
II 5.7

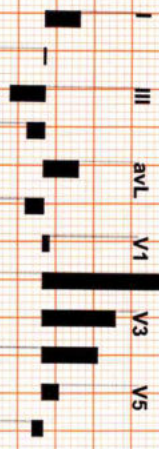
III -1.2
aVL -2.2
aVF 2.6

avR -0.6
aVL 1.2
aVF 4.2

V1 0.2
V2 0.8

V3 2.5
V4 1.9
V5 0.5
V6 -0.3

V1 0.2
V2 0.8
V3 2.5
V4 1.9
V5 0.5
V6 -0.3



REMARKS:

(ADX_GEM217220330)(R)Allengers



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 130

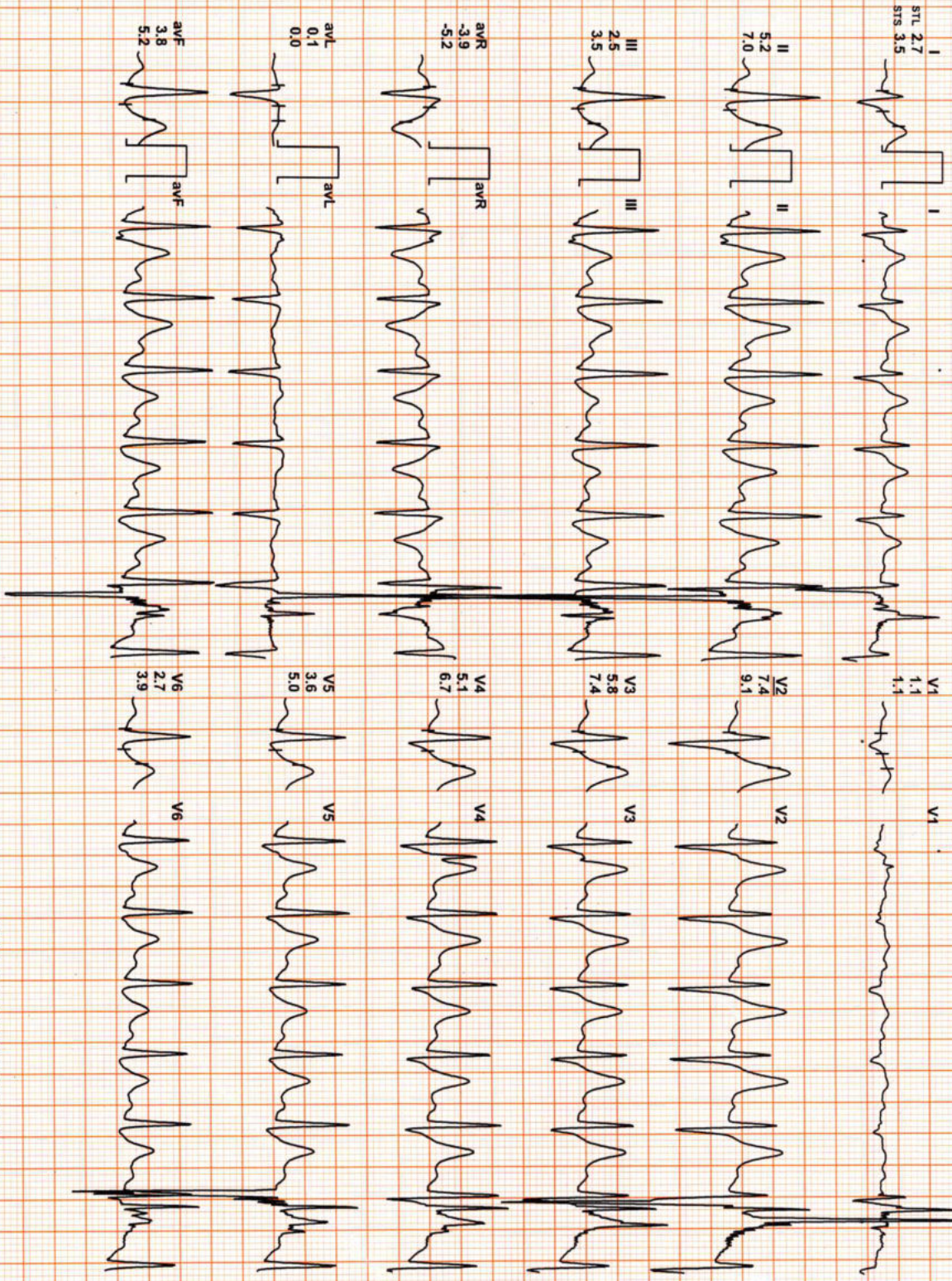
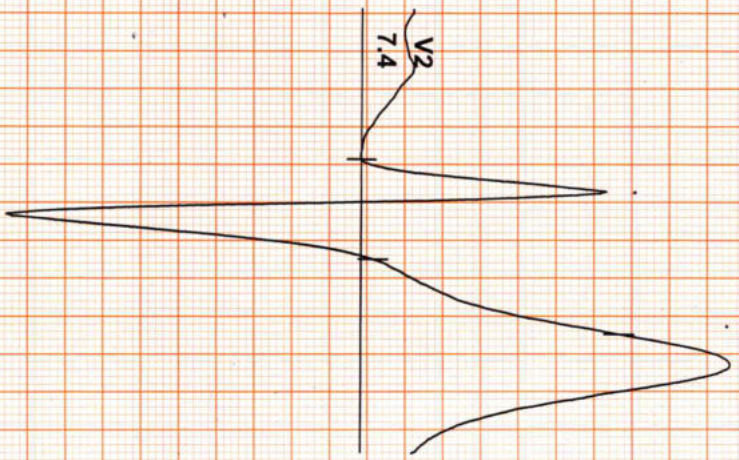
Date: 10 / 12 / 2022

METS: 1.0/ 130 bpm 69% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTIME: 07:49 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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

(ADX_GEM217220330)(R)Allengers



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 120

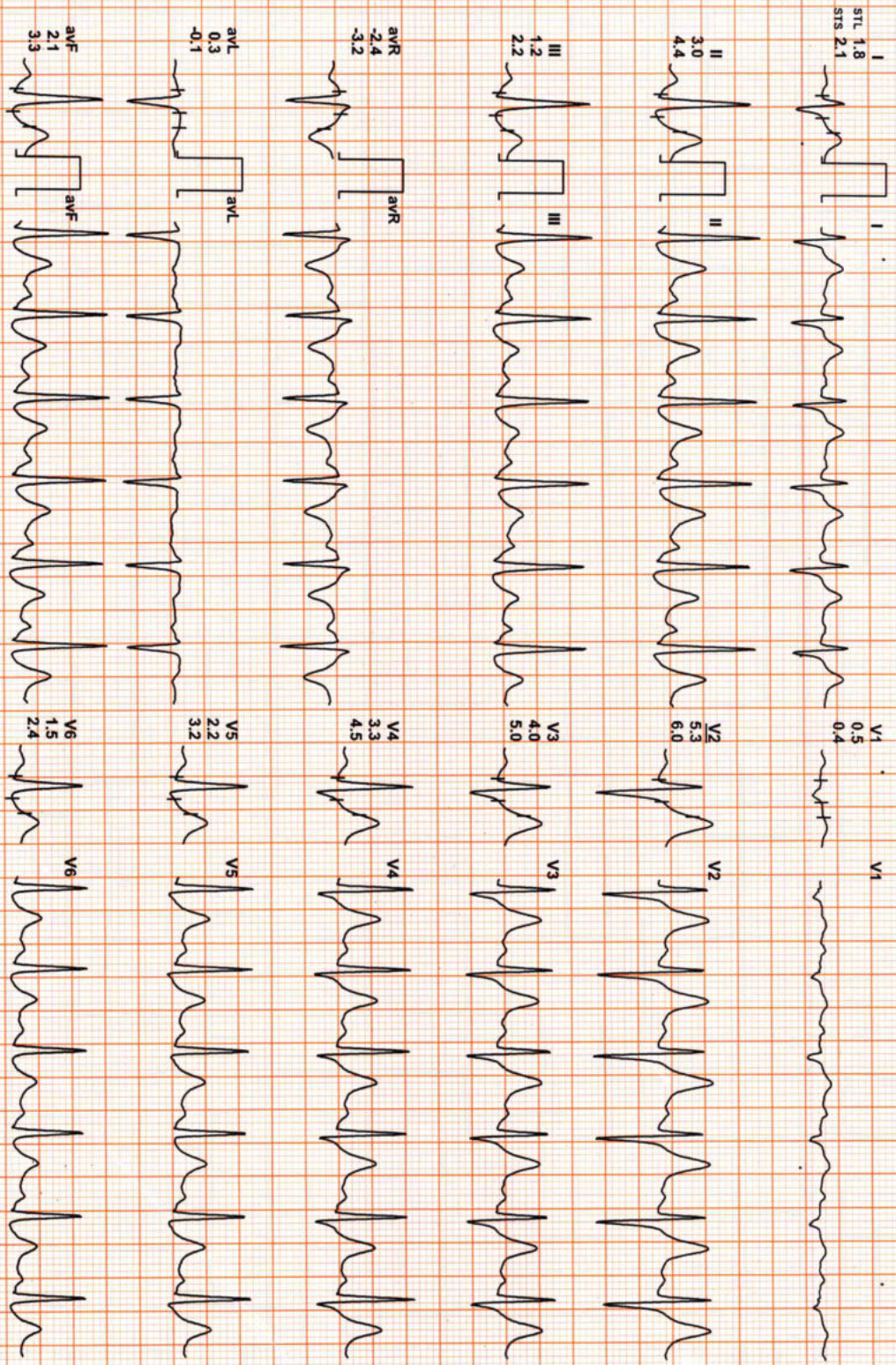
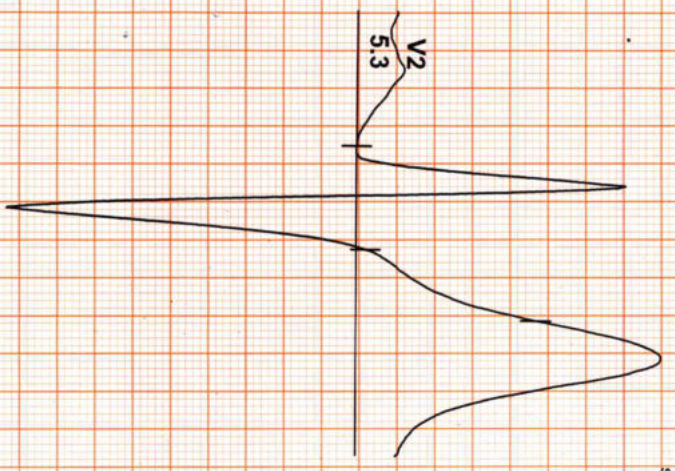
Date: 10 / 12 / 2022

METS: 1.0/ 120 bpm 63% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:49 0.0 mph, 0.0%

4X 80 mms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

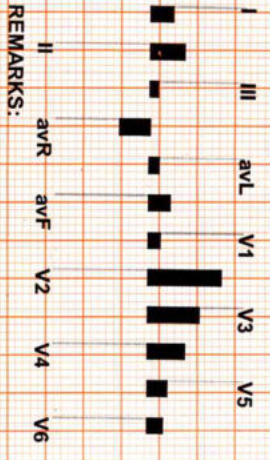
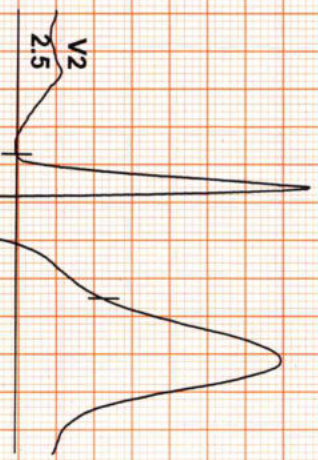


MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 115

Date: 10 / 12 / 2022 METS: 1.0/ 115 bpm 61% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mms Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.8
STS 1.7

II
1.2
1.6

III
0.3
-0.4

aVR
-1.0
-1.8

aVL
0.3
1.3

aVF
0.7
0.6

V1
0.4
1.6

V2
2.5
6.3

V3
1.7
4.1

V4
1.3
3.3

V5
0.7
1.5

V6
0.5
0.6

REMARKS:

(ADX_GEM217220330)(R)Allergens



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 112

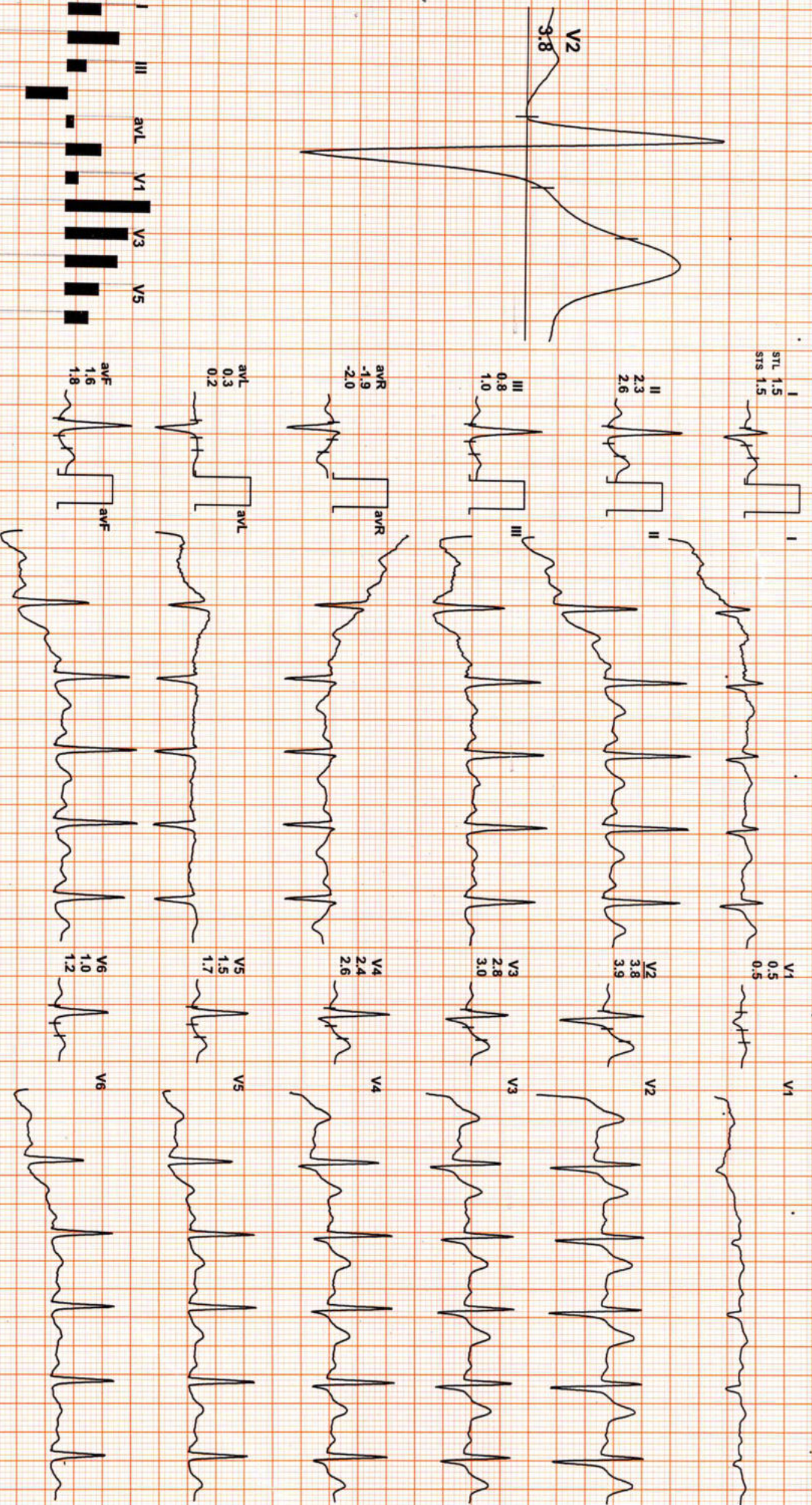
Date: 10 / 12 / 2022

METS: 1.0/ 112 bpm 59% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:49 0.0 mph, 0.0%

4X 80 MS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Aliengers



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 116

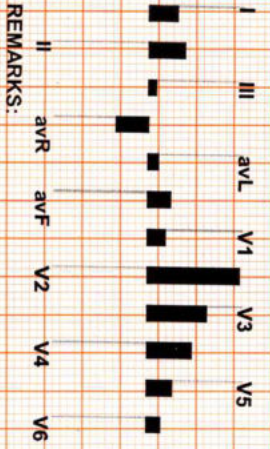
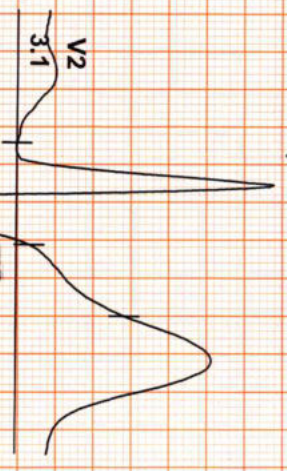
Date: 10 / 12 / 2022

METS: 1.0/ 116 bpm 61% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:49 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 1.0
STS 1.1

II
1.2
1.7

III
0.3
0.5

aVR
-1.1
-1.4

aVL
0.4
0.3

aVF
0.8
1.1

V1
0.6
0.5

V2
3.1
3.3

V3
2.0
2.4

V4
1.5
1.9

V5
0.8
1.2

V6
0.5
0.8

REMARKS:

(ADX_GEM217220330)(R)Allengers

DR. GOYALS PATH LAB & IMAGING CENTER

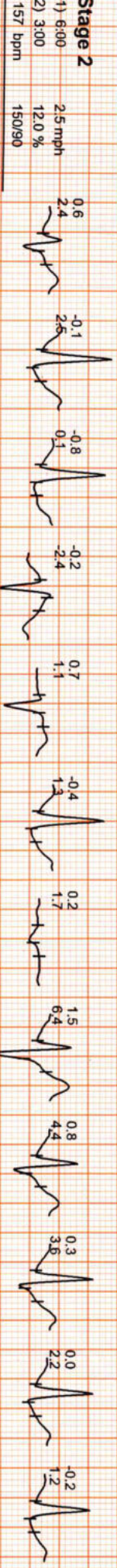
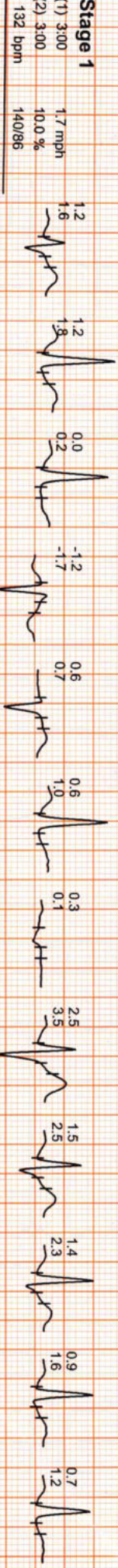
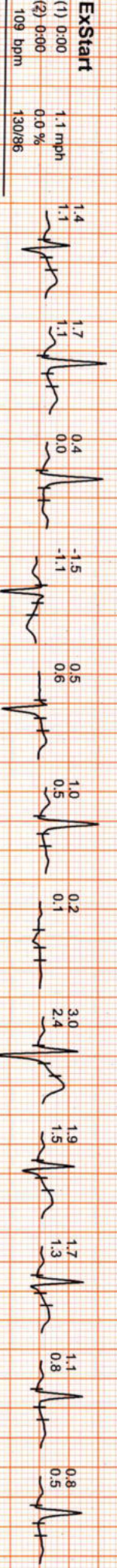
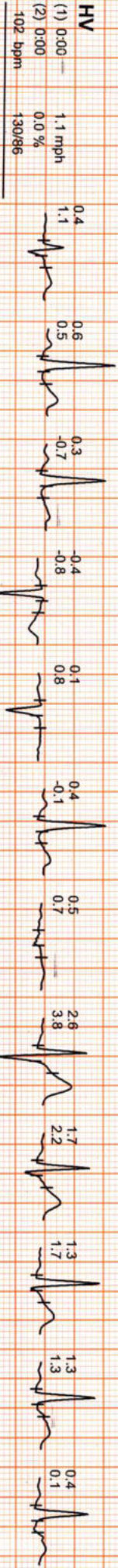
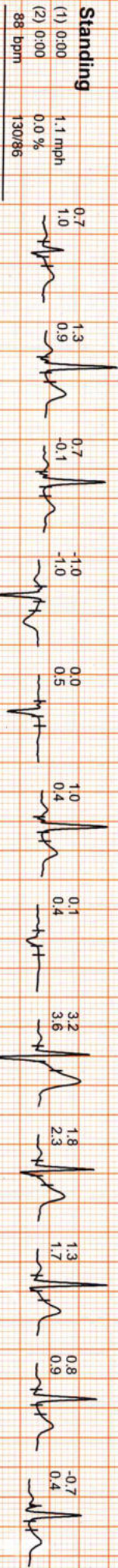
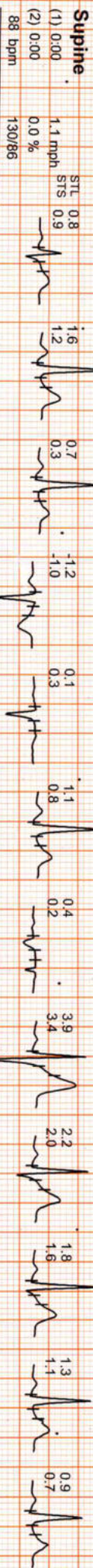
Average



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 83

Date: 10 / 12 / 2022

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



(ADDX_GEM2:17220330)(R)Allengers

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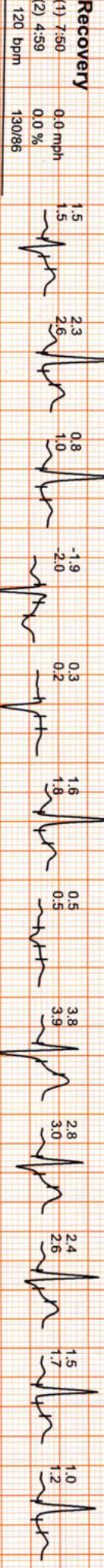
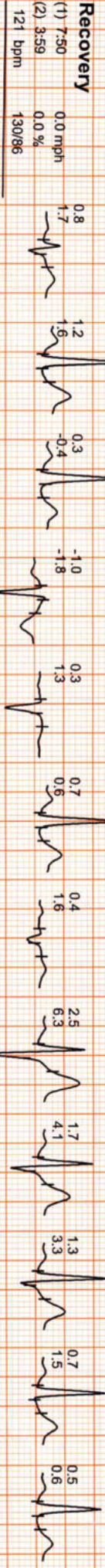
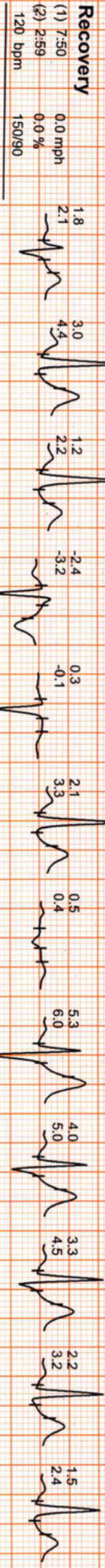
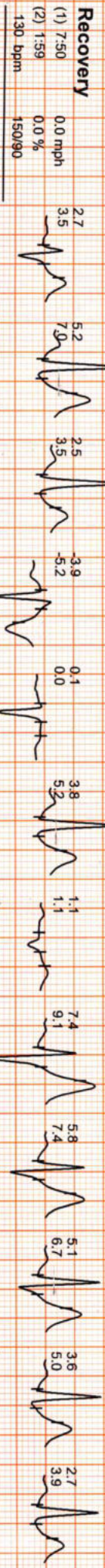
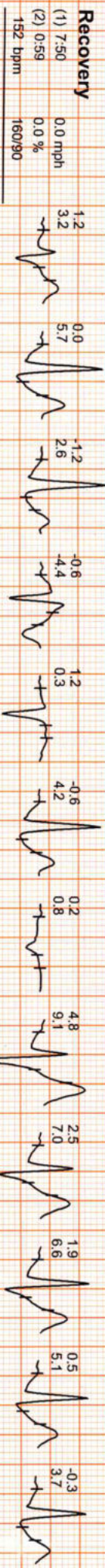
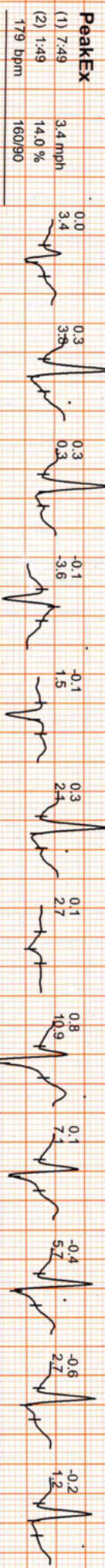
Average



MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 83

Date: 10 / 12 / 2022

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



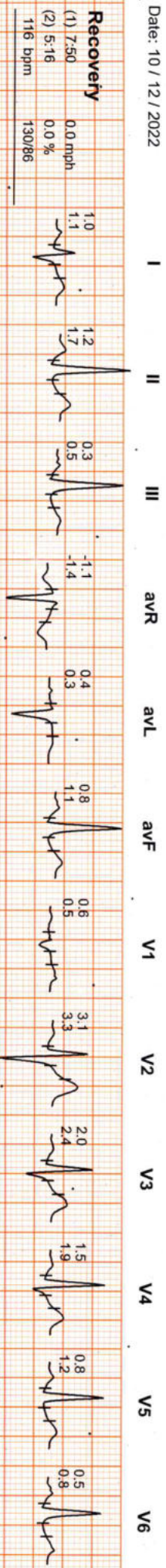
(ADX_GEM217220330)(R)Allengers

DR. GOYALS PATH LAB & IMAGING CENTER

MR NIRDOSH / 31 Yrs / M / 0 Cms / 0 Kg / HR : 83

Date: 10 / 12 / 2022

Average



Recovery

(1) 7:50 0.0 mph
(2) 5:16 0.0 %
116 bpm 130/96

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Date :- 10/12/2022 11:02:01

Patient ID :- 122228510

NAME :- Mr. NIRDOSH

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 2 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 10/12/2022 11:23:08

Final Authentication : 10/12/2022 14:41:52

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.2	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.27	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	66.5	%	40.0 - 80.0
LYMPHOCYTE	29.7	%	20.0 - 40.0
EOSINOPHIL	1.0	%	1.0 - 6.0
MONOCYTE	2.6	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.17	10 ³ /uL	1.50 - 7.00
LYMPH#	1.87	10 ³ /uL	1.00 - 3.70
EO#	0.05	10 ³ /uL	0.00 - 0.40
MONO#	0.17	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.03	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	41.60	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	82.6 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.3	g/dL	31.5 - 34.5
PLATELET COUNT	271	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	16.42		

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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Date :- 10/12/2022 11:02:01

Patient ID :- 122228510

NAME :- Mr. NIRDOSH

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 2 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 10/12/2022 11:23:08

Final Authentication : 10/12/2022 14:41:52

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	14 H	mm/hr.	00 - 13

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

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

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

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

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); **Methodology**: FLC, DLC, 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

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Date :- 10/12/2022 11:02:01

NAME :- Mr. NIRDOSH

Sex / Age :- Male 31 Yrs 2 Mon 30 Days

Company :- MediWheel

Patient ID :- 122228510

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, URINE
 Sample Collected Time: 10/12/2022 11:23:08

Final Authentication : 10/12/2022 16:07:33

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).

FASTING BLOOD SUGAR (Plasma)
 Method:- GOD PAP

119.9 H mg/dl

75.0 - 115.0

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)
 Method:- GOD PAP

141.2 H mg/dl

70.0 - 140.0

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)
 Collected Sample Received

Nil

Nil

AJAYSINGH, KAUSHAL, VIJENDRAMEENA

Technologist

DR.HANSA

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Date :- 10/12/2022 11:02:01

Patient ID :-122228510

NAME :- Mr. NIRDOSH

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 2 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- STOOL

Sample Collected Time 10/12/2022 11:23:08

Final Authentication : 10/12/2022 12:23:54

CLINICAL PATHOLOGY

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

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Date :- 10/12/2022 11:02:01

NAME :- Mr. NIRDOSH

Sex / Age :- Male 31 Yrs 2 Mon 30 Days

Company :- MediWheel

Patient ID :- 122228510

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2022 11:23:08

Final Authentication : 10/12/2022 15:07:47

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	218.17 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	197.81 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	33.94	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	151.26 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	39.56	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.43 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.46 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	710.50	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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Date :- 10/12/2022 11:02:01

Patient ID :- 122228510

NAME :- Mr. NIRDOSH

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 2 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2022 11:23:08

Final Authentication : 10/12/2022 15:07:47

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.48	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	0.12	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.36	mg/dl	0.30-0.70
SGOT Method:- IFCC	49.9 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	73.8 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	80.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	135.30 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.70	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.42	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.28	gm/dl	2.20 - 3.50
A/G RATIO	1.35		1.30 - 2.50

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

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

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

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

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

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

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

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Date :- 10/12/2022 11:02:01

Patient ID :- 122228510

NAME :- Mr. NIRDOSH

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 2 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2022 11:23:08

Final Authentication : 10/12/2022 15:07:47

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.74	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.10	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Date :- 10/12/2022 11:02:01

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Sex / Age :- Male 31 Yrs 2 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2022 11:23:08

Final Authentication : 10/12/2022 15:07:47

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	17.5	mg/dl	0.0 - 23.0

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Date :- 10/12/2022 11:02:01 Patient ID :-122228510
NAME :- Mr. NIRDOSH Ref. By Dr:- BOB
 Sex / Age :- Male 31 Yrs 2 Mon 30 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 10/12/2022 11:23:08 Final Authentication : 10/12/2022 14:41:52

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	6.3 H	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

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

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE Method:- Calculated Parameter	134 H	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
------------------------------------------------------	-------	-------	----------------------------------------------------------------------------------------

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Date :- 10/12/2022 11:02:01

Patient ID :- 122228510

NAME :- Mr. NIRDOSH

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 2 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 10/12/2022 11:23:08

Final Authentication : 10/12/2022 12:23:54

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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Date :- 10/12/2022 11:02:01
NAME :- Mr. NIRDOSH
 Sex / Age :- Male 31 Yrs 2 Mon 30 Days
 Company :- MediWheel

Patient ID :- 122228510
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2022 11:23:08

Final Authentication : 10/12/2022 14:31:35

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.325	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.034	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.680	μIU/mL	0.550 - 4.780

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

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

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

INTERPRETATION

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

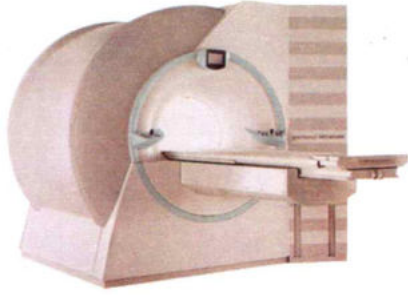
*** End of Report ***

KAUSHAL
 Technologist

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Date :- 10/12/2022 11:02:01

NAME :- Mr. NIRDOSH

Sex / Age :- Male 31 Yrs 2 Mon 30 Days

Company :- MediWheel

Patient ID :- 122228510

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 10/12/2022 13:35:38

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Expiratory film.

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.

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

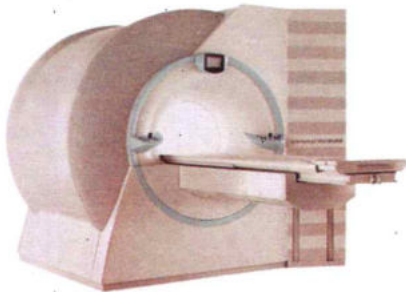
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Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 10/12/2022 12:04:33

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. **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 enlarged in size (~13cm). 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 (~14cc) 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.

* Mild splenomegaly.

- Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

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