



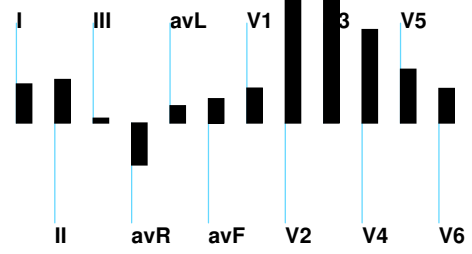
PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 95

Date: 15 / 04 / 2023 10:43:52 AM METS: 1.0/ 95 bpm 52% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 94

Date: 15 / 04 / 2023 10:43:52 AM METS: 1.0/ 94 bpm 51% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



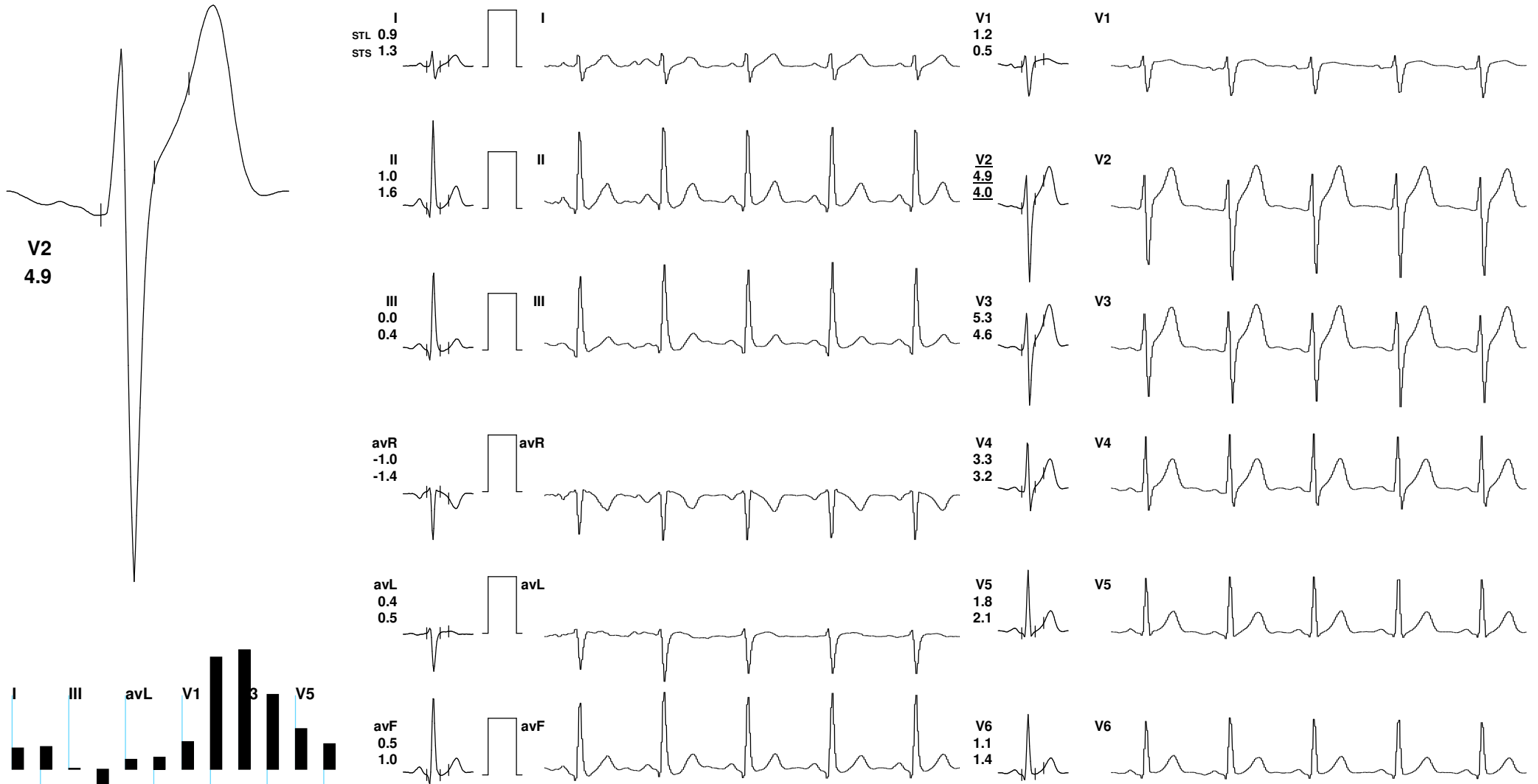
PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 90

Date: 15 / 04 / 2023 10:43:52 AM METS: 1.0/ 90 bpm 49% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 84

Date: 15 / 04 / 2023 10:43:52 AM METS: 1.0/ 84 bpm 46% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



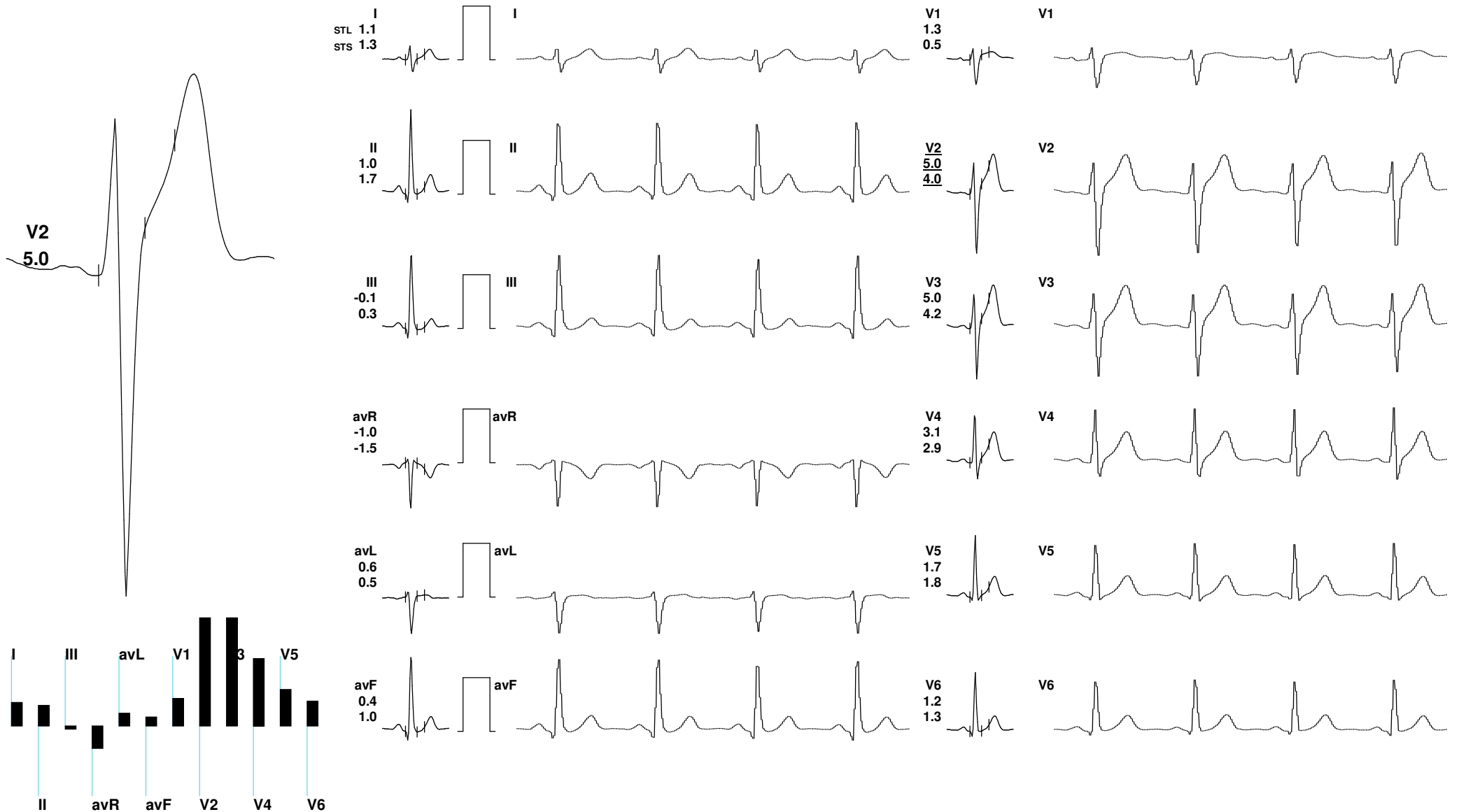
PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 81

Date: 15 / 04 / 2023 10:43:52 AM METS: 1.0/ 81 bpm 44% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



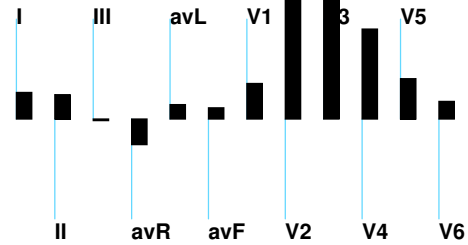
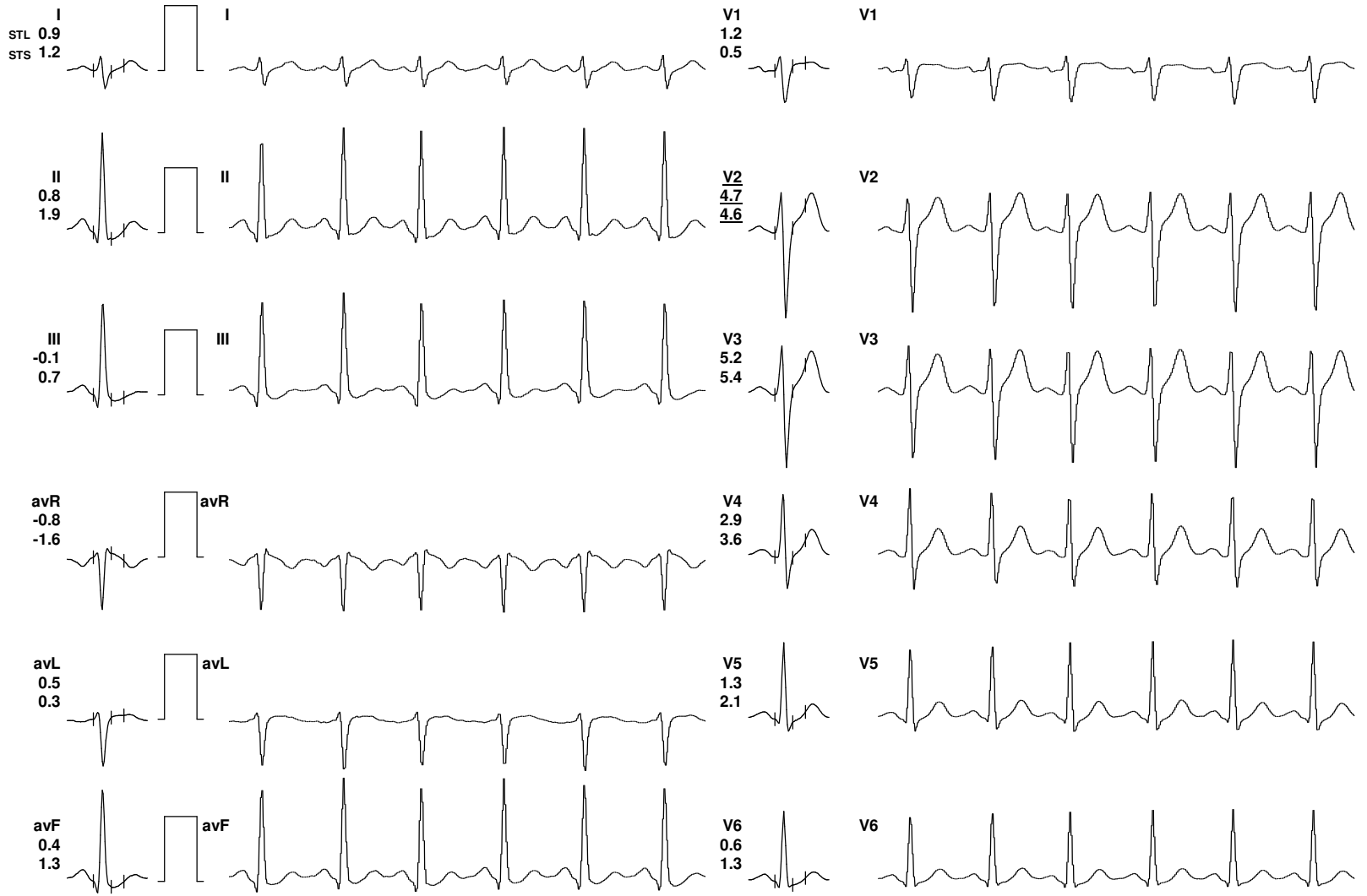
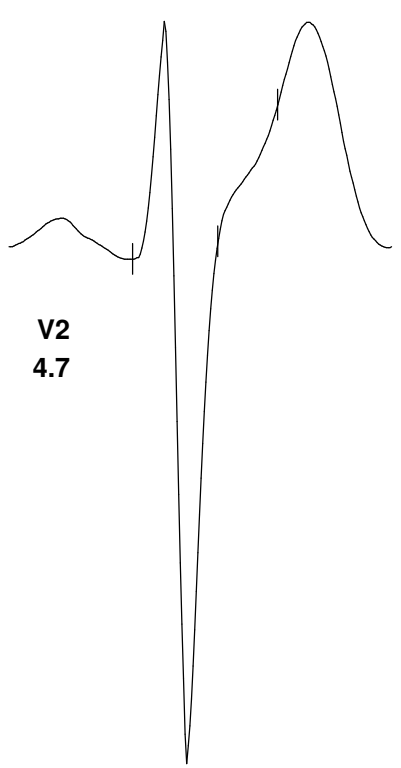
PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 118

Date: 15 / 04 / 2023 10:43:52 AM METS: 4.7/ 118 bpm 64% of THR BP: 140/82 mmHg Combined Medians/ 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:



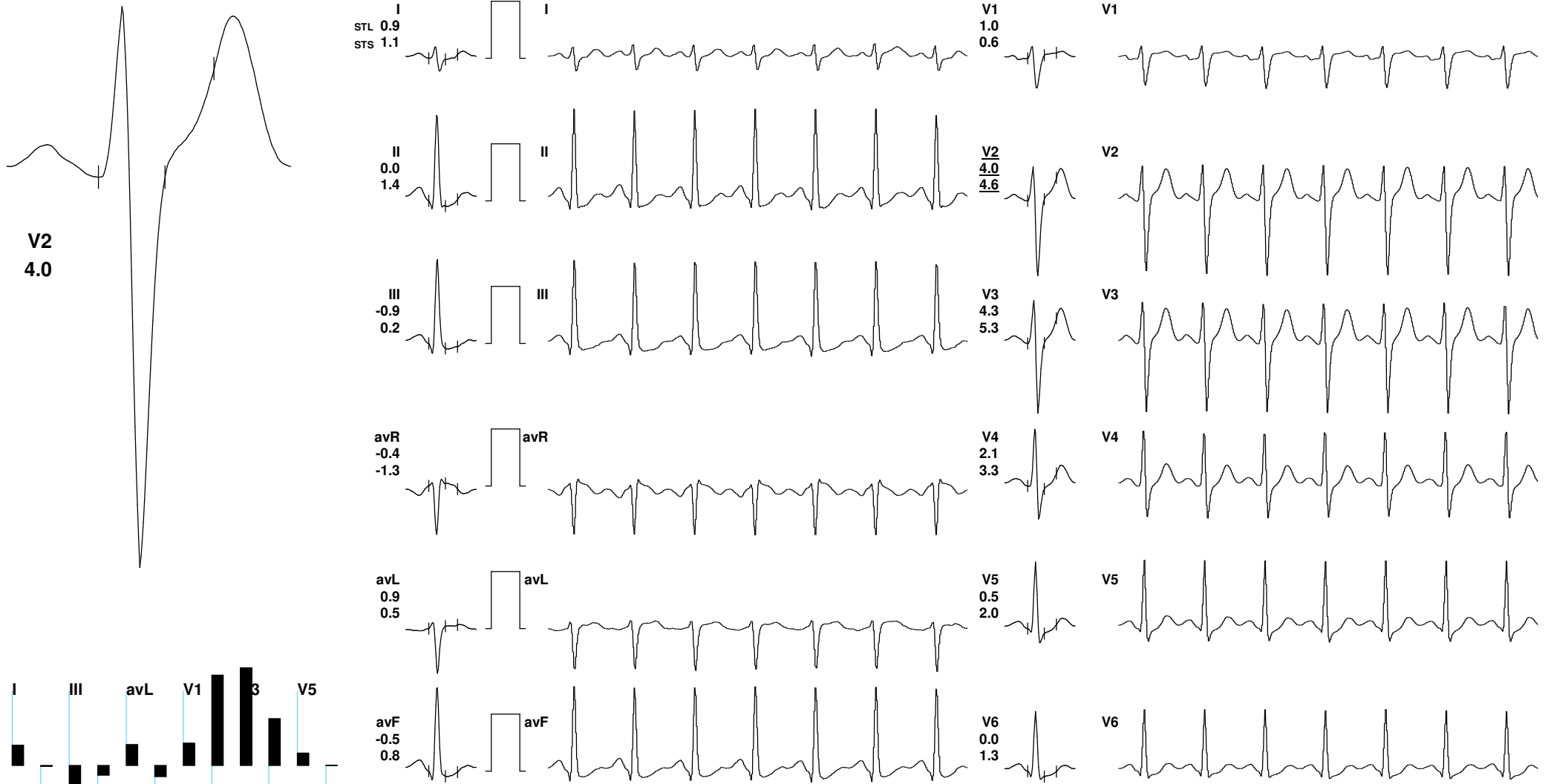
PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 129

Date: 15 / 04 / 2023 10:43:52 AM METS: 7.1/ 129 bpm 70% of THR BP: 155/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

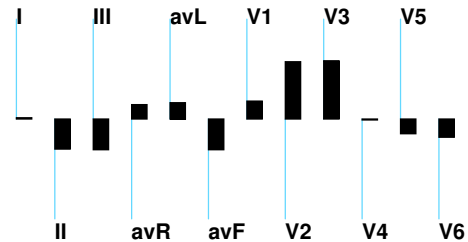
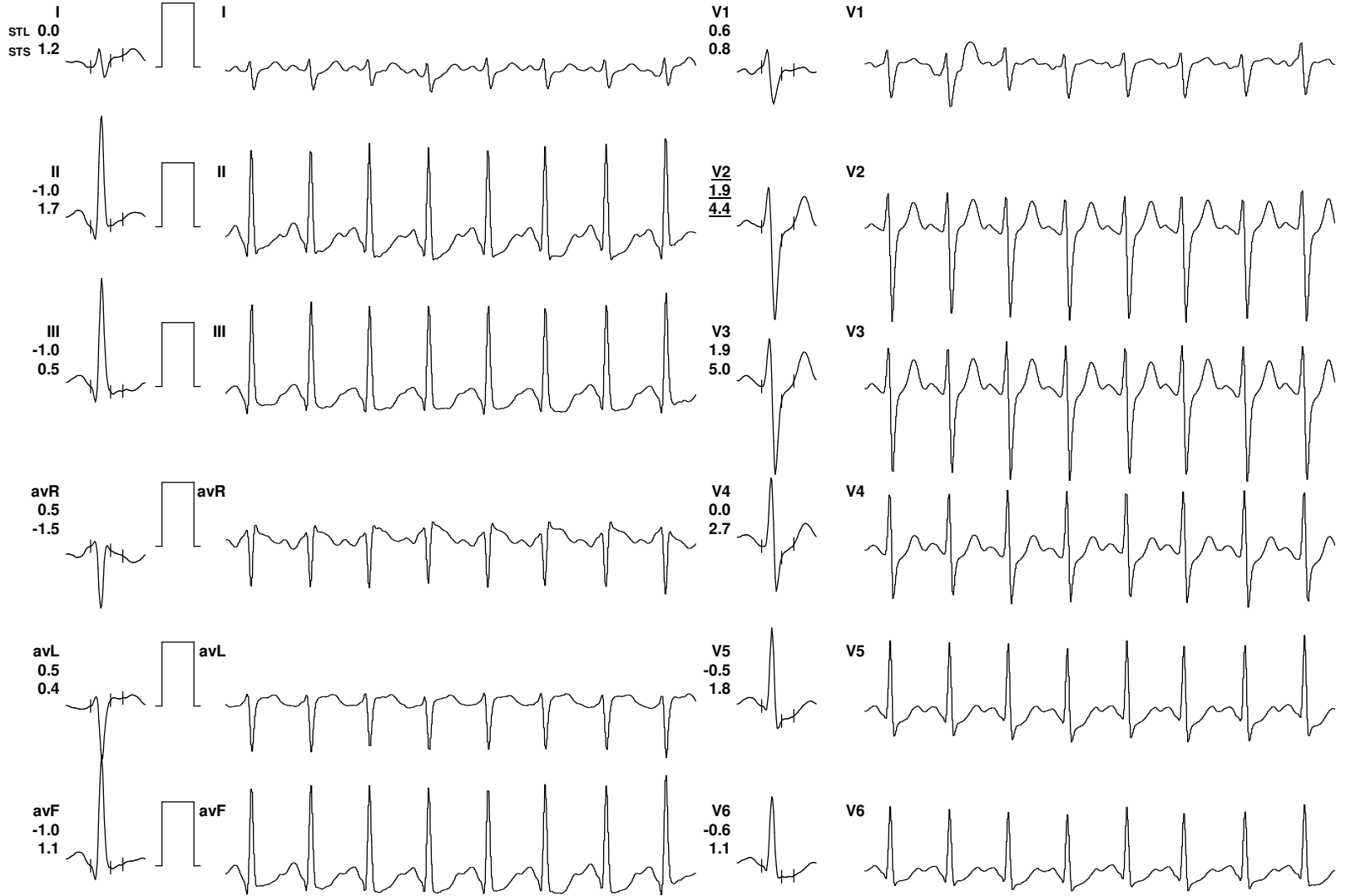
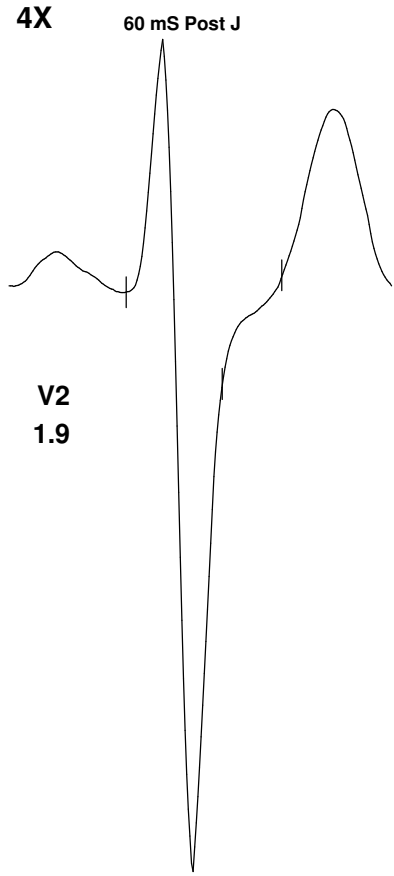


PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 153

Date: 15 / 04 / 2023 10:43:52 AM METS: 10.2/ 153 bpm 84% of THR BP: 170/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:00 3.4 mph, 14.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:





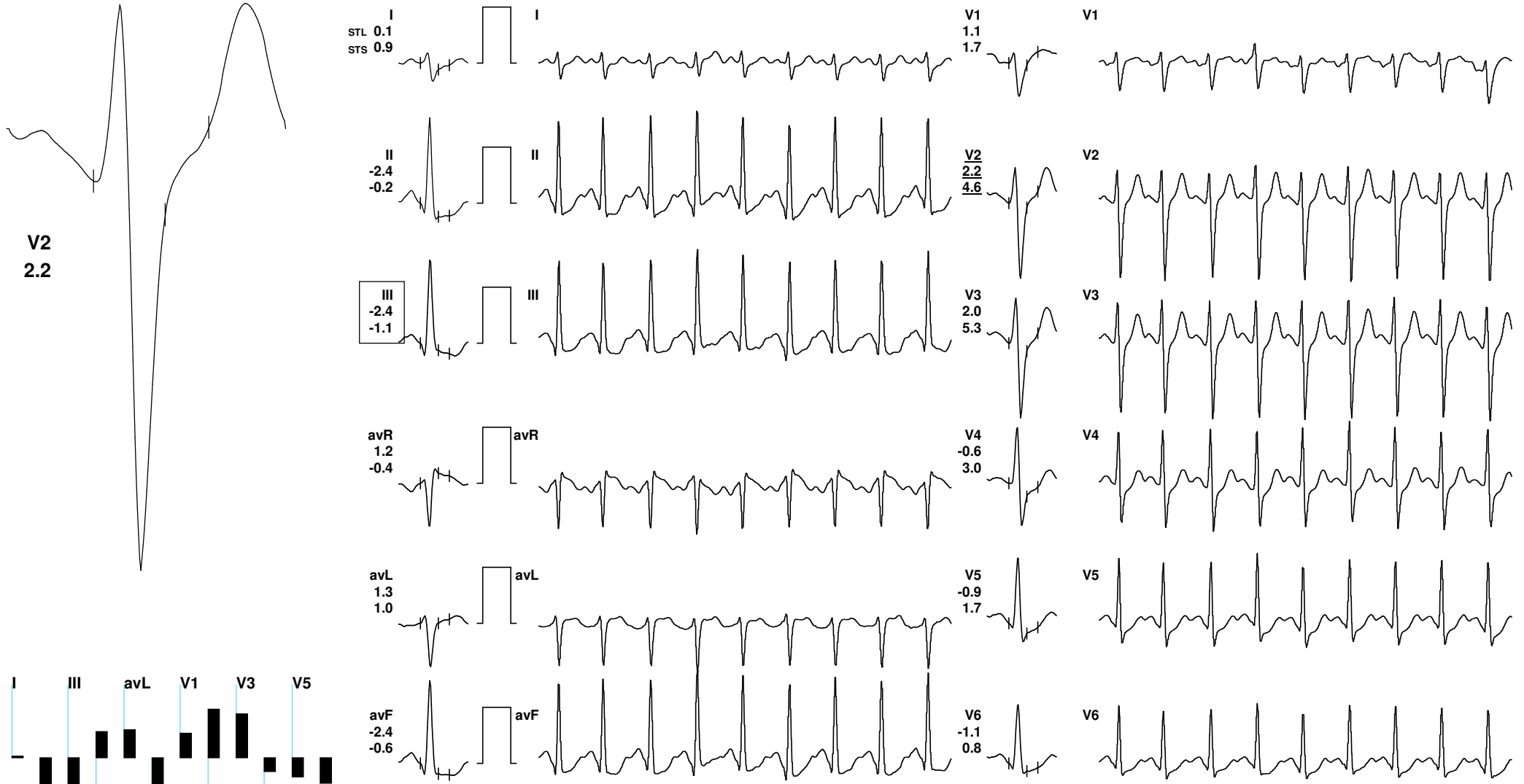
PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 160

Date: 15 / 04 / 2023 10:43:52 AM METS: 11.2/ 160 bpm 87% of THR BP: 170/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:52 4.2 mph, 16.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



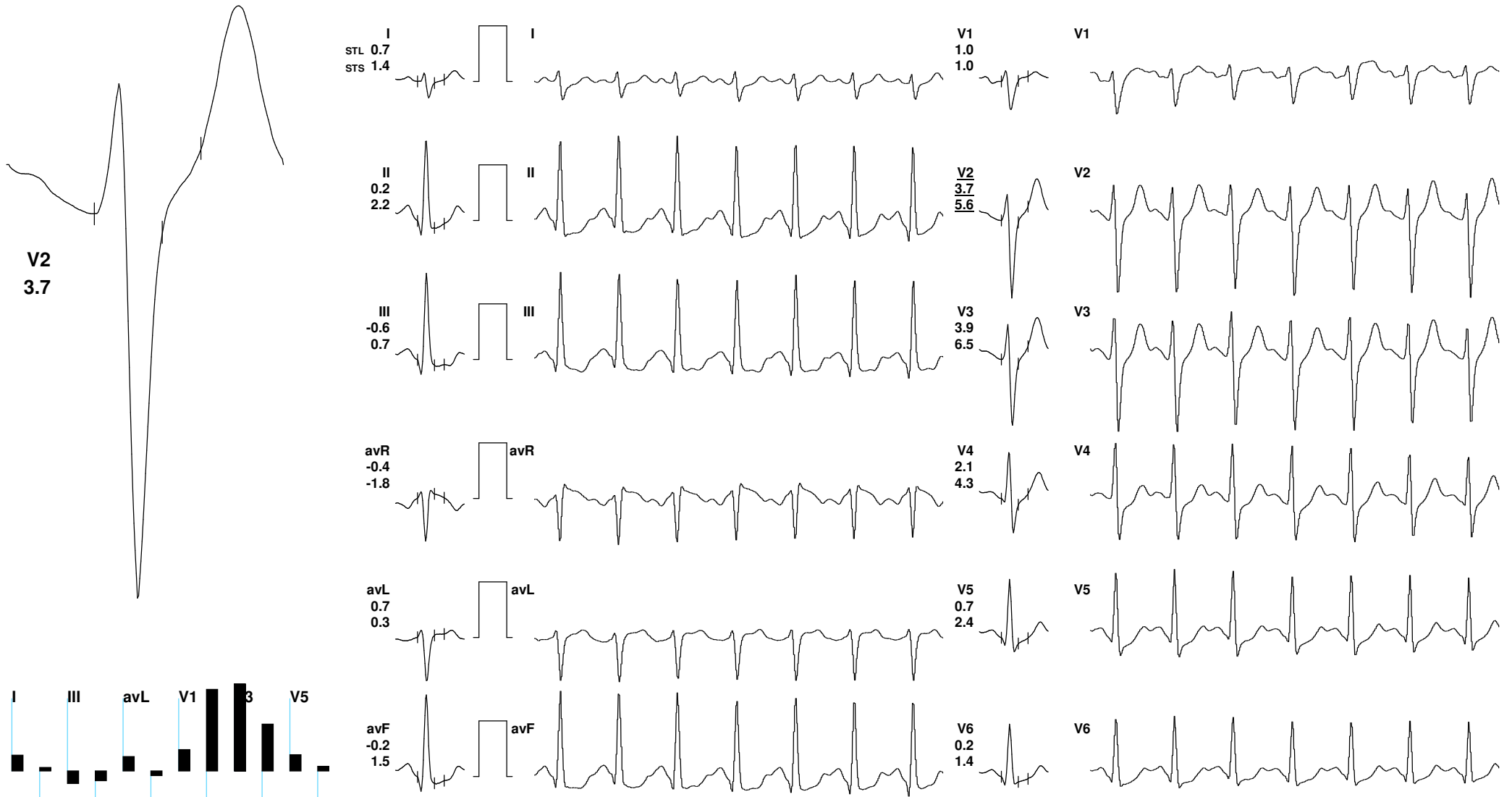
PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 133

Date: 15 / 04 / 2023 10:43:52 AM METS: 4.3/ 133 bpm 73% of THR BP: 170/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:52 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



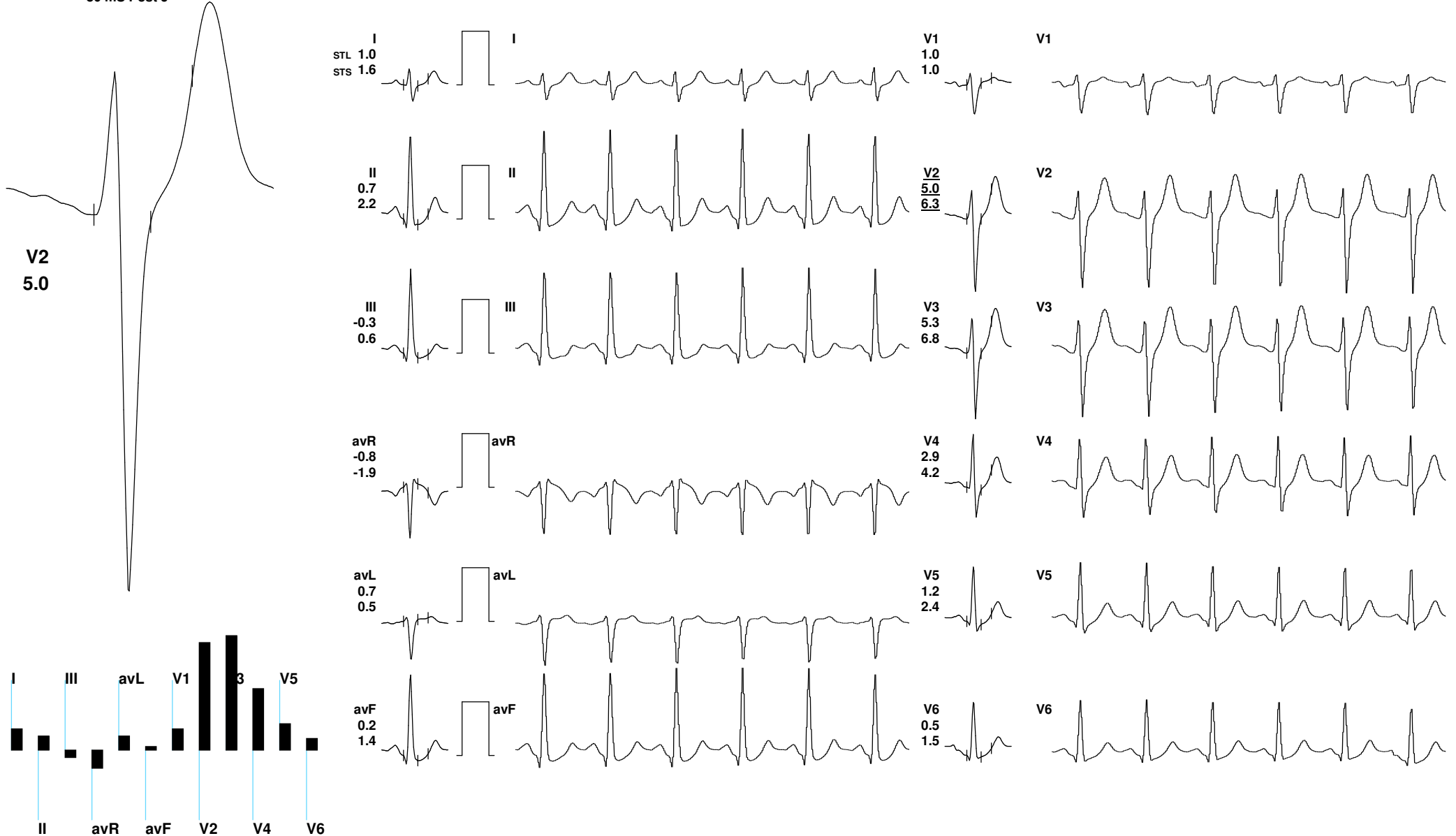
PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 118

Date: 15 / 04 / 2023 10:43:52 AM METS: 1.0/ 118 bpm 64% of THR BP: 170/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:52 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 107

Date: 15 / 04 / 2023 10:43:52 AM METS: 1.0/ 107 bpm 58% of THR BP: 180/91 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:52 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



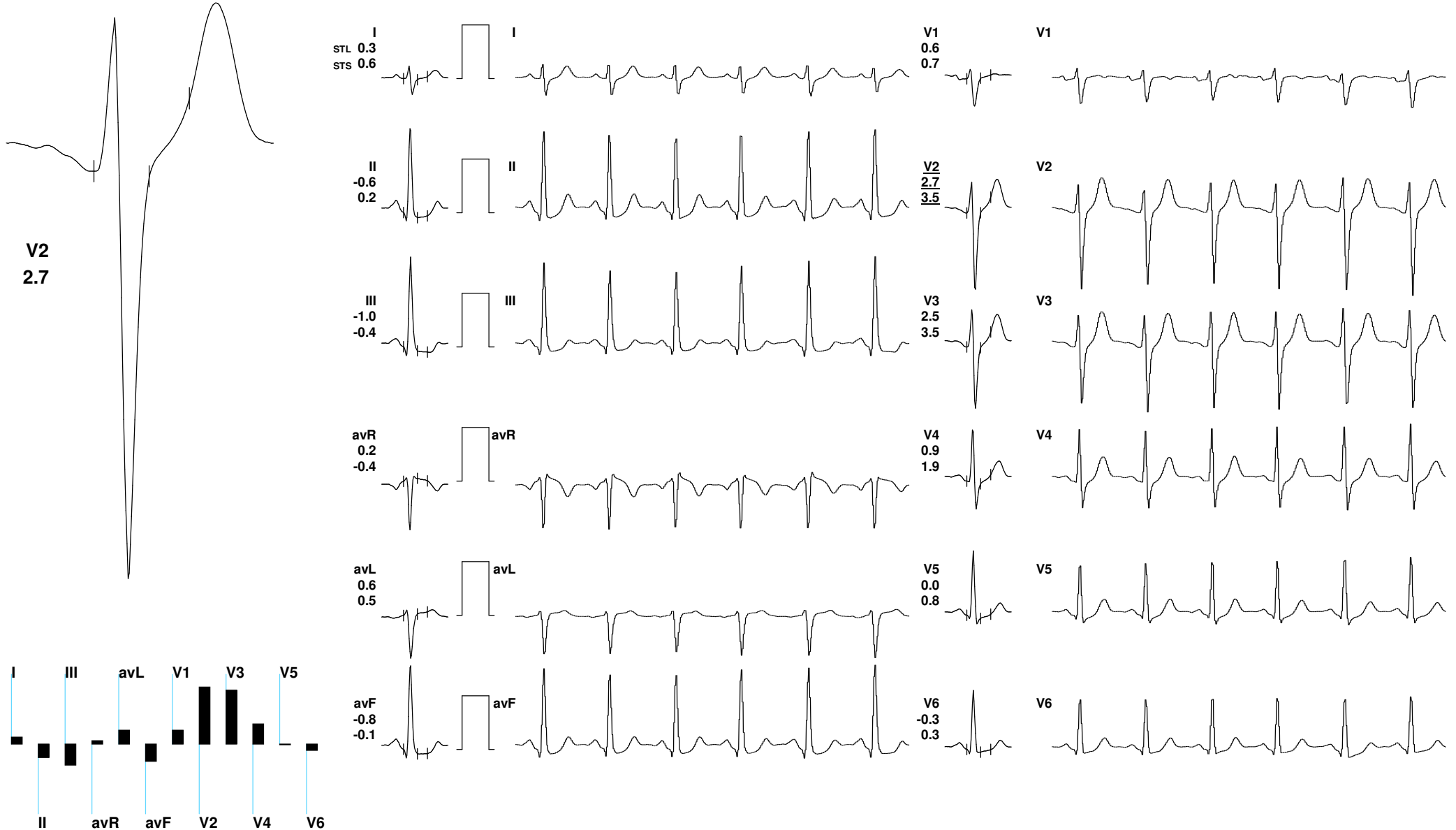
PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 111

Date: 15 / 04 / 2023 10:43:52 AM METS: 1.0/ 111 bpm 61% of THR BP: 155/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:52 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



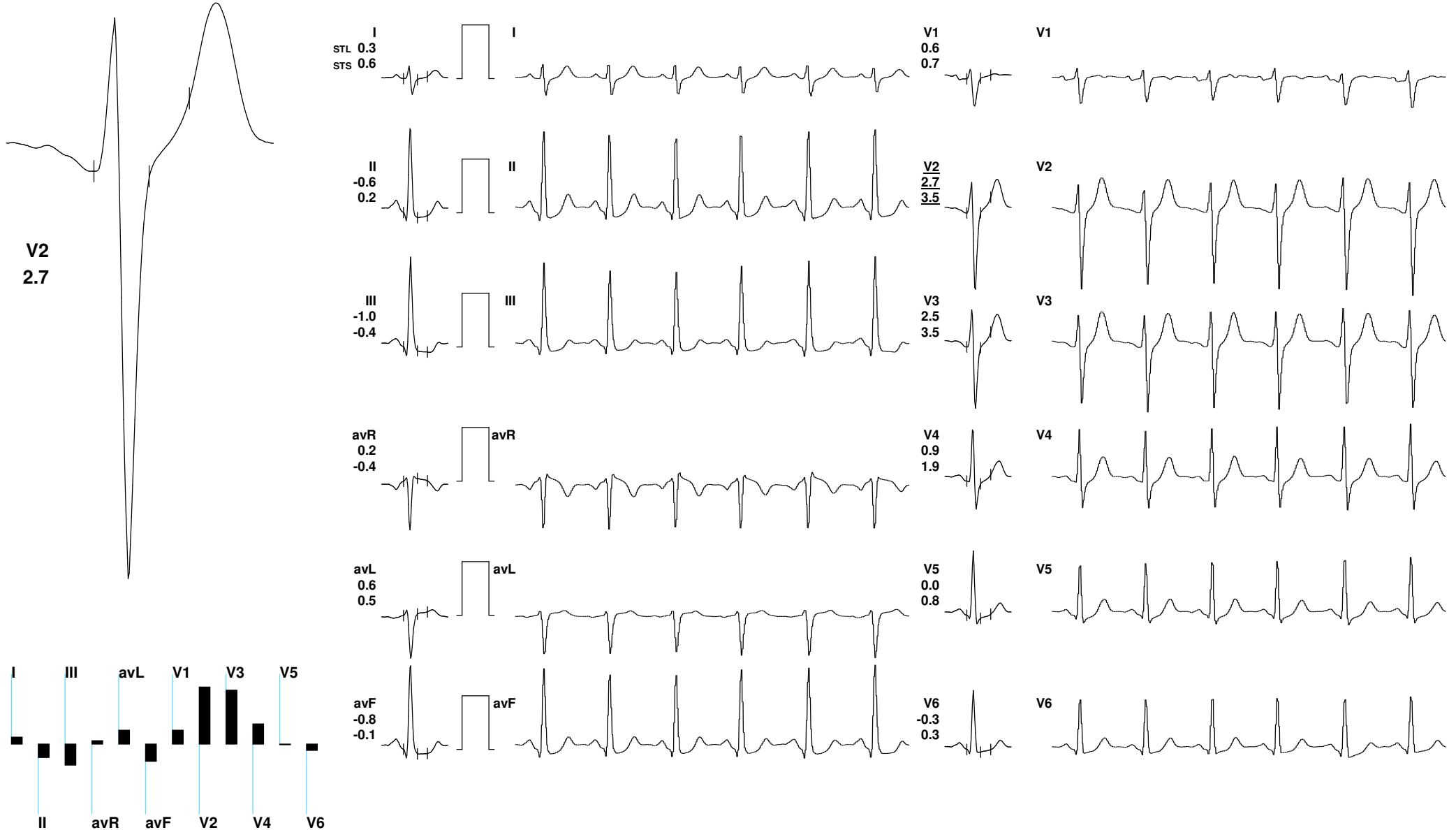
PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 111

Date: 15 / 04 / 2023 10:43:52 AM METS: 1.0/ 111 bpm 61% of THR BP: 155/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:52 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 91

Date: 15 / 04 / 2023 10:43:52 AM

Supine

(1) 0:00 0.0 mph  
(2) 0:00 0.0 %  
94 bpm 130/80

Standing

(1) 0:00 0.0 mph  
(2) 0:00 0.0 %  
94 bpm 130/80

HV

(1) 0:00 0.0 mph  
(2) 0:00 0.0 %  
098 bpm 130/80

Warm Up

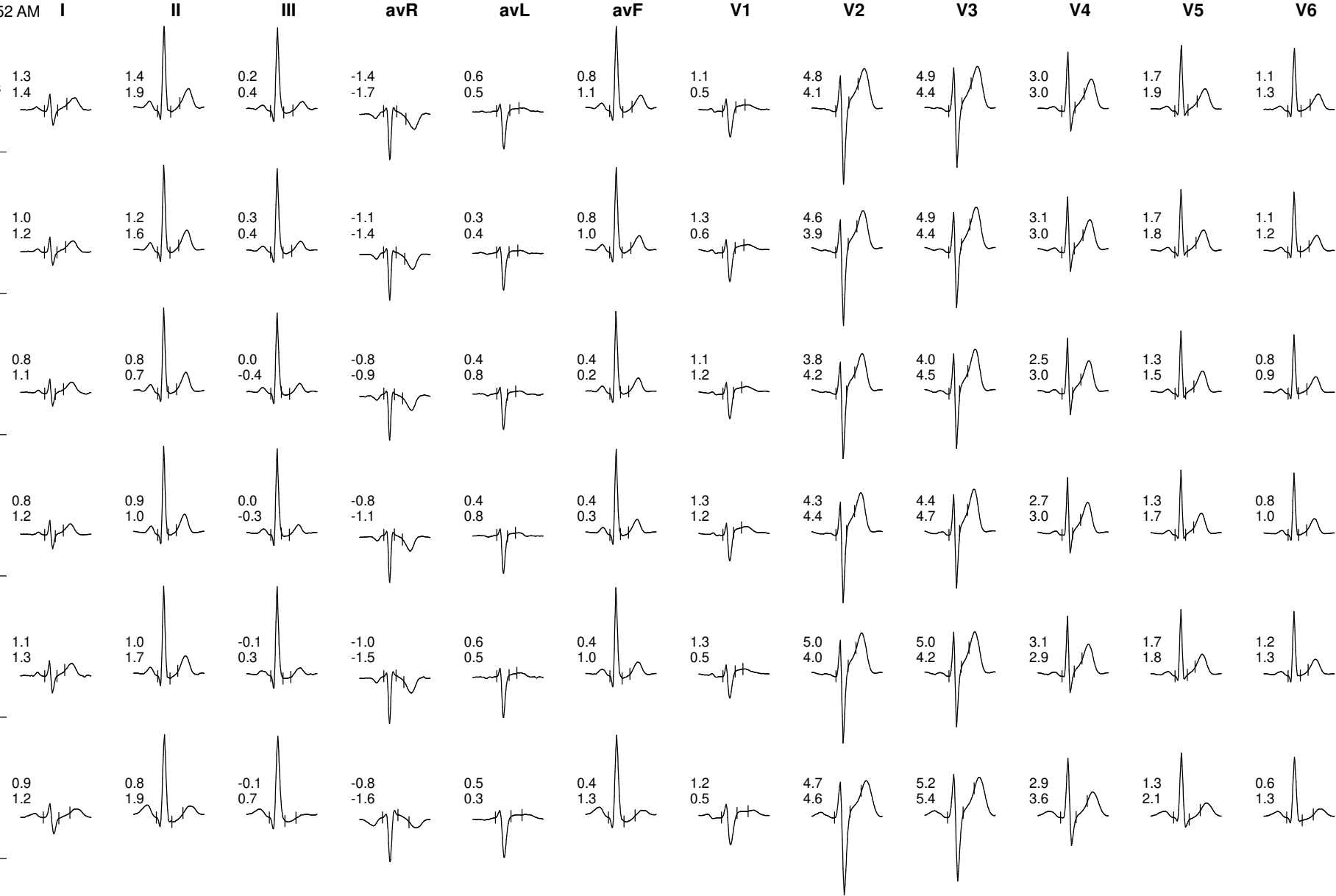
(1) 0:00 0.0 mph  
(2) 0:00 0.0 %  
84 bpm 130/80

ExStart

(1) 0:00 1.0 mph  
(2) 0:00 0.0 %  
81 bpm 130/80

Stage 1

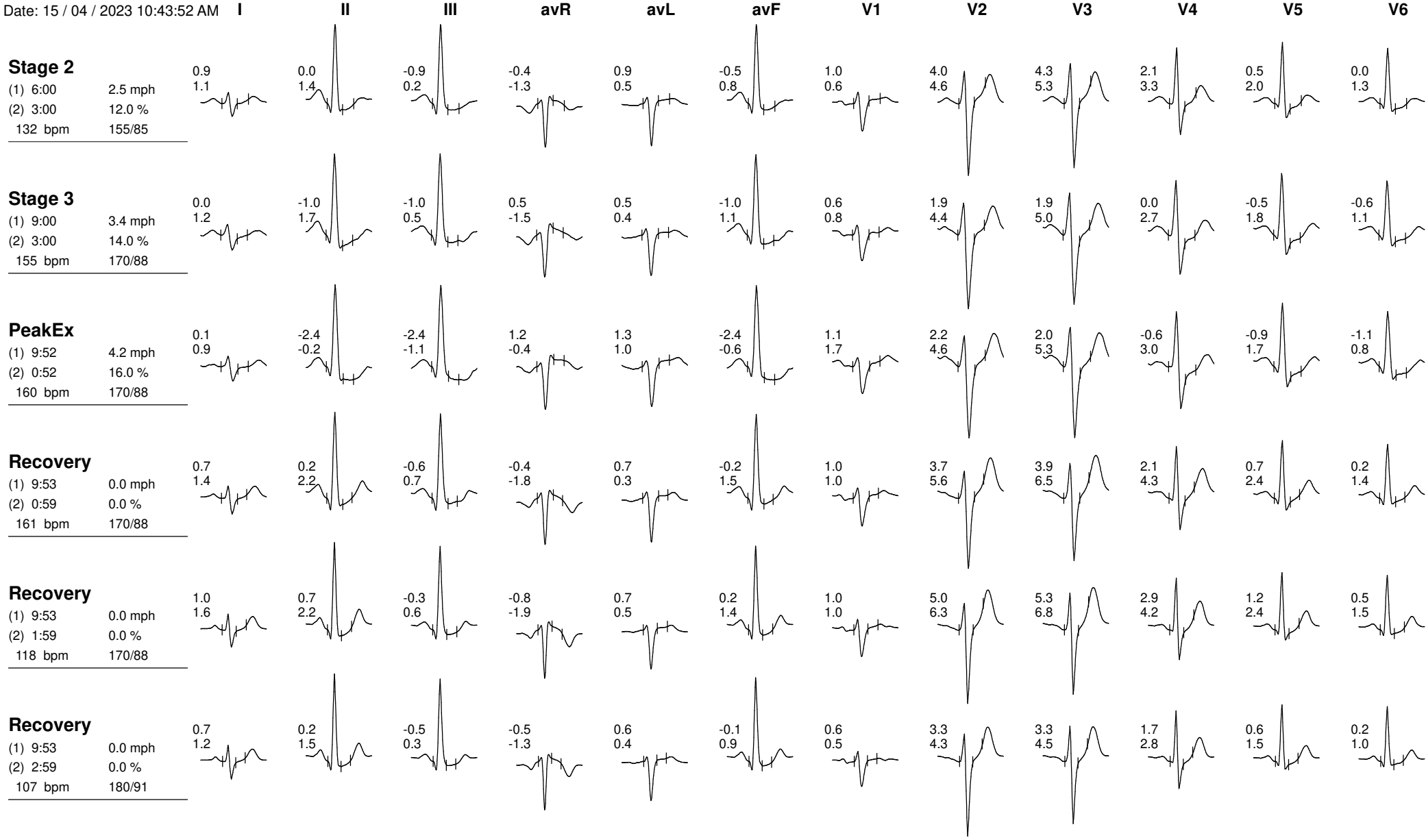
(1) 3:00 1.7 mph  
(2) 3:00 10.0 %  
120 bpm 140/82





PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 91

Date: 15 / 04 / 2023 10:43:52 AM





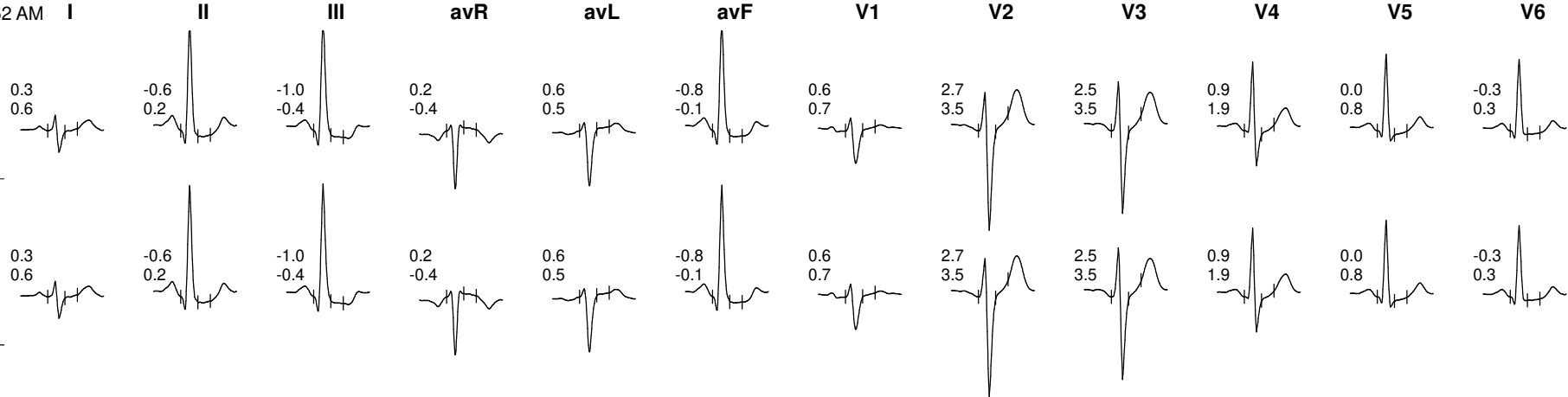


PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / HR : 91

Date: 15 / 04 / 2023 10:43:52 AM

Recovery

(1) 9:53 0.0 mph  
(2) 3:59 0.0 %  
113 bpm 155/85





PRAMOD KUMAR / 37 Yrs / M / 165 Cms / 97 Kg / Smoker

Date: 15 / 04 / 2023 10:43:52 AM Refd By : BOB Examined By:

NonCardiacPain Angina /Hypercholestromia/Diabetic/Negative Estrogen/Non-Athlete

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:50	0:50	00.0	00.0	01.0	095	52 %	130/80	123	00	
Standing	01:00	0:10	00.0	00.0	01.0	094	51 %	130/80	122	00	
HV	01:17	0:17	00.0	00.0	01.0	090	49 %	130/80	117	00	
Warm Up	01:27	0:10	00.0	00.0	01.0	084	46 %	130/80	109	00	
ExStart	01:40	0:13	01.0	00.0	01.0	081	44 %	130/80	105	00	
BRUCE Stage 1	04:40	3:00	01.7	10.0	04.7	118	64 %	140/82	165	00	
BRUCE Stage 2	07:40	3:00	02.5	12.0	07.1	129	70 %	155/85	199	00	
BRUCE Stage 3	10:40	3:00	03.4	14.0	10.2	153	84 %	170/88	260	00	
PeakEx	11:32	0:52	04.2	16.0	11.2	160	87 %	170/88	272	00	
Recovery	12:32	1:00	00.0	00.0	04.3	133	73 %	170/88	226	00	
Recovery	13:32	2:00	00.0	00.0	01.0	118	64 %	170/88	200	00	
Recovery	14:32	3:00	00.0	00.0	01.0	107	58 %	180/91	192	00	
Recovery	15:32	4:00	00.0	00.0	01.0	111	61 %	155/85	172	00	
Recovery	15:34	4:02	00.0	00.0	01.0	111	61 %	155/85	172	00	

**FINDINGS :**

**Exercise Time** : 09:52  
**Max HR Attained** : 160 bpm 87% of Target 183  
**Max BP Attained** : 180/91 (mm/Hg)  
**Max WorkLoad Attained** : 11.2 Good response to induced stress  
**Max ST Dep Lead & Avg ST Value** : III & -2.4 mm in PeakEx  
**Test End Reasons** : Test Complete, Heart Rate Achieved

**REPORT :**

Doctor : BOB

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 10:51 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>BIOCHEMISTRY</u></b>			
<b><u>LIPID PROFILE</u></b>			
Cholesterol Total Method : ENZYMATIC COLORIMETRIC METHOD CHOD - POD	171.4	mg/dL	130 -250
Triglycerides Method : ENZYMATIC COLORIMETRIC	<b>266.1</b>	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	44.6	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	<b>53.22</b>	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	73.58	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	3.84		2.6-4.9
LDL/HDL Ratio Method : Calculated	1.65		0.5-3.4

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**  
M.D. (Patho.)

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 11:37 a.m.

**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
<b><u>IMMUNOLOGY</u></b>			
T3-Triiodothyronine Method : CHEMILUMINOSCEENCE	0.89	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCEENCE	7.7	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCEENCE	1.59	uIU/mL	0.35 - 5.50

**Interpretation:**

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

**\*\*END OF REPORT\*\***

**Dr. Nishi Prasad**  
M.D. (Patho.)

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 10:46 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**

5.6

%

> 8% Action Suggested

**BLOOD**

7 - 8 % Good Control

**Method : Nephelometry Methodology**

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

**Instrument: Mispa i2**

**Clinical Information:**

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

**AVERAGE BLOOD GLUCOSE**

114.02

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**

M.D. (Patho.)

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 10:50 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**RENAL FUNCTION TEST**

Urea	21.8	mg/dL	10 - 45
Method : Uricase			
Creatinine	0.74	mg/dL	0.6 - 1.4
Method : Serum, Jaffe			
Uric Acid	6.7	mg/dL	3.0 - 7.0
Method : Serum, Uricase			
Calcium	8.7	mg/dl	8.6 - 10.2
Method : ARSENASO with serum			
Sodium	139	mmol/L	135 - 145
Method : Ion-Selective Electrode with serum			
Potassium	4.5	mmol/L	3.50 - 5.00
Method : Ion Selective Electrode with serum			
Chlorides	100	mmol/L	98 - 106
Method : Ion-Selective Electrode with serum			

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**  
M.D. (Patho.)

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 10:49 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>HAEMATOLOGY</u></b>			
<b>Hemoglobin (HB)</b>	15.0	gm/dl	13.5 - 18.0
<b>Erythrocyte (RBC) Count</b>	<b>4.25</b>	mil/cu.mm	4.7 - 6.0
<b>Packed Cell Volume (PCV)</b>	43.4	%	42 - 52
<b>Mean Cell Volume (MCV)</b>	<b>102.1</b>	FL	78 - 100
<b>Mean Cell Haemoglobin (MCH)</b>	<b>35.3</b>	Pg	27 - 31
<b>Mean Corpuscular Hb Conc. (MCHC)</b>	34.6	g/dl	32 - 36
<b>Red Cell Distribution Width (RDW)</b>	<b>14.9</b>	%	11.5 - 14.0
<b>Total Leucocytes Count (WBC)</b>	9500	Cell/cu.mm	4000 - 10000
<b>Neutrophils</b>	60	%	40 - 80
<b>Lymphocytes</b>	32	%	20 - 40
<b>Monocytes</b>	04	%	2 - 10
<b>Eosinophils</b>	04	%	1-6
<b>Basophils</b>	00	%	0-1
<b>Mean Platelet Volume (MPV)</b>	<b>12.2</b>	fL	7.2 - 11.7
<b>PCT</b>	0.20	%	0.2 - 0.5
<b>Platelet Count</b>	161	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**  
M.D. (Patho.)



**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 11:34 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
<b>BIOCHEMISTRY</b>			
<b>IRON - SERUM</b>	93.1	ug/dL	65 - 175
<b>TOTAL IRON BINDING CAPACITY(TIBC)</b>	377	ug/dL	228 - 428
<b>FERRITIN</b>	61.71	ng/mL	Male:22-322 Female:10-291
<b>Method : Serum CLIA</b>			
<b>TRANSFERRIN SATURATION %</b>	24.69	%	16 - 50
<b>Method : Calculated</b>			

**INTERPRETATION**

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

**Dr. Nishi Prasad**

M.D. (Patho.)



Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 11:34 a.m.

**Sample ID :**



231050006

**Test Description**

**Value(s)**

**Unit(s)**

**Reference Range**

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**

M.D. (Patho.)

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 10:51 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

C-Reactive Protein; CRP, SERUM	1.4	mg/L	0.0-6.0
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**Interpretation :**

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

**\*\*END OF REPORT\*\***

**Dr. Nishi Prasad**  
M.D. (Patho.)

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 10:51 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	0.52	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.20	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.32	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	32.3	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	38.6	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	120.0	U/L	<b>MALE &amp; FEMALE</b>
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	6.62	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.28	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.34	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.83		1.5 - 2.5
Method : Calculated			

\*\*END OF REPORT\*\*

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M.D. (Patho.)

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**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 11:34 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Gamma GT	22	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitroanilide

**Interpretation**

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**

M.D. (Patho.)

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 11:49 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

ESR	15	mm	0 - 20
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\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**  
M.D. (Patho.)

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 10:50 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Glucose Random	110.8	mg/dL	70.00 - 140.00
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Method : God-Pod method

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**

M.D. (Patho.)

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 11:45 a.m.

**Sample ID :**



231050006

**Test Description**

**Value(s)**

**Unit(s)**

**Reference Range**

**HAEMATOLOGY**

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

'O' POSITIVE

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**

M.D. (Patho.)

**Patient Name :** PRAMOD KUMAR BAROLIA

**Age / Gender :** 37 years / Male

**Endo ID :** 117767

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 15, 2023, 10:05 a.m.

**Reported Date & Time :** Apr 15, 2023, 11:35 a.m.

**Sample ID :**



231050006

Test Description	Value(s)	Unit(s)	Reference Range
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**CLINICAL PATHOLOGY**

**General Examination**

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.020		1.005 - 1.030

**Chemical Examination**

Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL

**Microscopic Examination**

Pus cells (WBCs)	3-4	/hpf	0-9
Epithelial cells	2-3	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**  
M.D. (Patho.)