

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019

Tele : 0141-2293346, 4049787, 9987049787

Website : www.dr.goyalspathlab.com | E-mail :

General Physical Examination

Date of Examination: 05-11-2023

Name: Gulab Chand Age: 58 Sex: Male

DOB: 15-05-1965

Referred By: BOB

Photo ID: Aadhav ID #: attached

Ht: 168 (cm)

Wt: 73 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 93 (cm)

Blood Pressure: 139/86 mm Hg PR: 84 / min

BMI 25.9 Kg/m²

Eye Examination: vision normal 6/6 N/G

no colour blindness

Other: not significant

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

Signature Of Examinee : 

Name of Examinee: Gulab Chand

Signature Medical Examiner : 

Name Medical Examiner : _____

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

भारत सरकार
Government of India



गुलाब चंद बारोलिया
Gulab Chand Baroliya
जन्म तिथि / DOB : 15/05/1966
पुरुष / Male



3725 2547 4914

आधार - आम आदमी का अधिकार

(Handwritten signature)

आधार
Unique Identification Authority of India

पता:
S/O: त्रिलोक चंद, ए-12 बैंक बस्ती,
गजसिंह पुरा अजमेर रोड, जयपुर,
वैशाली नगर, राजस्थान, 302021

Address:
S/O: Trilok Chand, a-12 bank
colony, gajasingh pura ajmer road,
Jaipur, Vaishali Nagar, Rajasthan,
302021

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Dr. *(Signature)* Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017996

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

Date :- 05/11/2023 09:21:52

Patient ID :- 12234080

NAME :- Mr. GULAB CHAND

Ref. By Dr:- BOB

Sex / Age :- Male 58 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 05/11/2023 09:32:12

Final Authentication : 05/11/2023 12:13:56

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.1	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.08	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	50.7	%	40.0 - 80.0
LYMPHOCYTE	43.9 H	%	20.0 - 40.0
EOSINOPHIL	1.2	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.61	10 ³ /uL	1.50 - 7.00
LYMPH#	3.13	10 ³ /uL	1.00 - 3.70
EO#	0.05	10 ³ /uL	0.00 - 0.40
MONO#	0.28	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.99	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	44.40	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	88.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.8	g/dL	31.5 - 34.5
PLATELET COUNT	285	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	17.82		

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

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HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

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

Ref by ADA 2020

MEAN PLASMA GLUCOSE
Method:- Calculated Parameter

226 H mg/dL

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

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	33 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" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia

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

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

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Sample Type > PLAIN/SERUM Sample Collected Time 05/11/2023 09:32:12 Final Authentication : 05/11/2023 11:44:00

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	131.41	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	54.50	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.06	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	85.27	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	10.90	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.55		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.30		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	370.24 L	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders</p> <p>TRIGLYCERIDES InstrumentName Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction</p> <p>DIRECT HDL CHOLESTEROL InstrumentName Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</p> <p>DIRECT LDL CHOLESTEROL InstrumentName Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

SURENDRAXHANGA

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 Company :- MediWheel

Sample Type :- PLAIN/SERUM Sample Collected Time 05/11/2023 09:32:12 Final Authentication : 05/11/2023 11:44:00

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.64	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	0.14	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.50	mg/dl	0.30-0.70
SGOT Method:- IFCC	27.8	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	29.6	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	68.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	11.00	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.17	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.13	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.04	gm/dl	2.20 - 3.50
A/G RATIO	1.36		1.30 - 2.50

Total Bilirubin/Methodology: Colorimetric method Instrument/Name: Randox Rs India Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in chronic incompatible haemolytic. 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 Instrument/Name: Randox Rs India 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 Instrument/Name: Randox Rs India 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase/Methodology: AMP Buffer Instrument/Name: Randox Rs India 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 Instrument/Name: Randox Rs India 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 Instrument/Name: Randox Rs India 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 Rs India 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).

SURENDRAKHANGA

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Patient ID :-12234080

NAME :- Mr. GULAB CHAND

Ref. By Dr:- BOB

Sex / Age :- Male 58 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 05/11/2023 09:32:12

Final Authentication : 05/11/2023 11:16:56

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3

1.290

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

6.830

ug/dl

5.530 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA

3.070

μIU/mL

0.350 - 5.500

Method:- Enhanced Chemiluminescence Immunoassay

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 μIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

AJAYKUMAR
Technologist

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Date :- 05/11/2023 09:21:52 Patient ID :- 12234080
NAME :- Mr. GULAB CHAND Ref. By Dr:- BOB
Sex / Age :- Male 58 Yrs 5 Mon 23 Days Lab/Hosp :-
Company :- MediWheel
Sample Type :- URINE Sample Collected Time 05/11/2023 09:32:12 Final Authentication : 05/11/2023 10:56:48

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		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 Nitroprusside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
RBC Method:- Reagent Strip (Peroxidase like activity)	NIL		NIL
MICROSCOPY EXAMINATION			
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
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Lab/Hosp :-



Sample Type -> STOOL

Sample Collected Time 05/11/2023 09:32:12

Final Authentication : 05/11/2023 11:24:59

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	0 - 1	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

VIJENDRAMEENA
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Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Bile, URIC ACID, BUN, CR, UREA, BILIRUBIN, ALB, HEMOGRAM
Final Authentication : 05/11/2023 15:55:20

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) **132.4** H 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) 139.4 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.

SERUM CREATININE 0.94 mg/dl Men - 0.6-1.30
Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 4.95 mg/dl Men - 3.4-7.0
Method:- Enzymatic colorimetric Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

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Sample Type :- EDTA, URINE, URINE-PP Sample Collected Time 05/11/2023 09:32:12 Final Authentication : 05/11/2023 16:04:20

HAEMATOLOGY

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

MUKESH SINGH, VIJENDRAMEENA
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RMC No. 17975/008828
Dr. Chandrika Gupta

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Patient ID :-12234080

NAME :- Mr. GULAB CHAND

Ref. By Dr:- BOB

Sex / Age :- Male 58 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- Medi/Wheel



Sample Type > PLAIN/SERUM

Sample Collected Time 05/11/2023 09:32:12

Final Authentication : 05/11/2023 11:44:00

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.1	mg/dl	0.0 - 23.0

SURENDRAKHANGA

Page No: 12 of 13



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

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangar Road, Jaipur-302019

Tele : 0141-2293348, 4049787, 9897049787

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

Date :- 05/11/2023 09:21:52

Patient ID :- 12234080



NAME :- Mr. GULAB CHAND

Ref. By Dr:- BOB

Sex / Age :- Male 58 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 05/11/2023 09:32:12

Final Authentication : 05/11/2023 11:16:56

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	3.070	ng/ml	0.000 - 4.000

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

*** End of Report ***

AJAYKUMAR
Technologist

Page No: 13 of 13



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

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 05/11/2023 09:21:52
NAME :- Mr. GULAB CHAND
Sex / Age :- Male 58 Yrs 5 Mon 23 Days
Company :- MediWheel

Patient ID :- 12234080
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 05/11/2023 13:13:50

BOB PACKAGE ABOVE 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.


Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)


Dr. NAVNEET AGARWAL (MD,DNB)
(RADIO-DIAGNOSIS)
(RMC No. 33613 / 14911)

*** End of Report ***

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



Date :- 05/11/2023 09:21:52
NAME :- Mr. GULAB CHAND
Sex / Age :- Male 58 Yrs 5 Mon 23 Days
Company :- MediWheel

Patient ID :- 12234080
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 05/11/2023 11:15:08

BOB PACKAGE ABOVE 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. **Few (2-3) echogenic foci are seen in the lumen and neck region largest measuring approx. 11.7 mm in GB lumen.** Common bile duct is not dilated.

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

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

A calculus of size ~ 4.2 mm is seen in mid calyx of right kidney.

A calculus of size ~ 4.0 mm is seen in mid calyx of left kidney.

Urinary bladder is well distended and showing. **Wall is thickened (~ 5.4 mm).** Urinary bladder does not show any calculus or mass lesion.

Pre void:- 153 ml. Post void:- 43 ml (insignificant).

Prostate is enlarged in size (~ 54 gms) with heterogenous echo-texture with focal prostatic calcification noted.

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.
- * Cholelithiasis.
- * Bilateral renal calculus.
- * Thickened UB wall - Cystitis (Adv. Urine R/M).
- * Prostatomegaly grade III with heterogenous echotexture. (Adv. PSA correlation).

*** End of Report ***

Page No: 1 of 1

NIKITAPATWA

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017906

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. 21887

Dr. Navneet Agarwal
MD, DNB (Radio Diagnosis)
RMC No. 33613/14911

Dr. Poorvi Malik
MBBS, MD, DNB (Radio Diagnosis)
RMC No. 21505

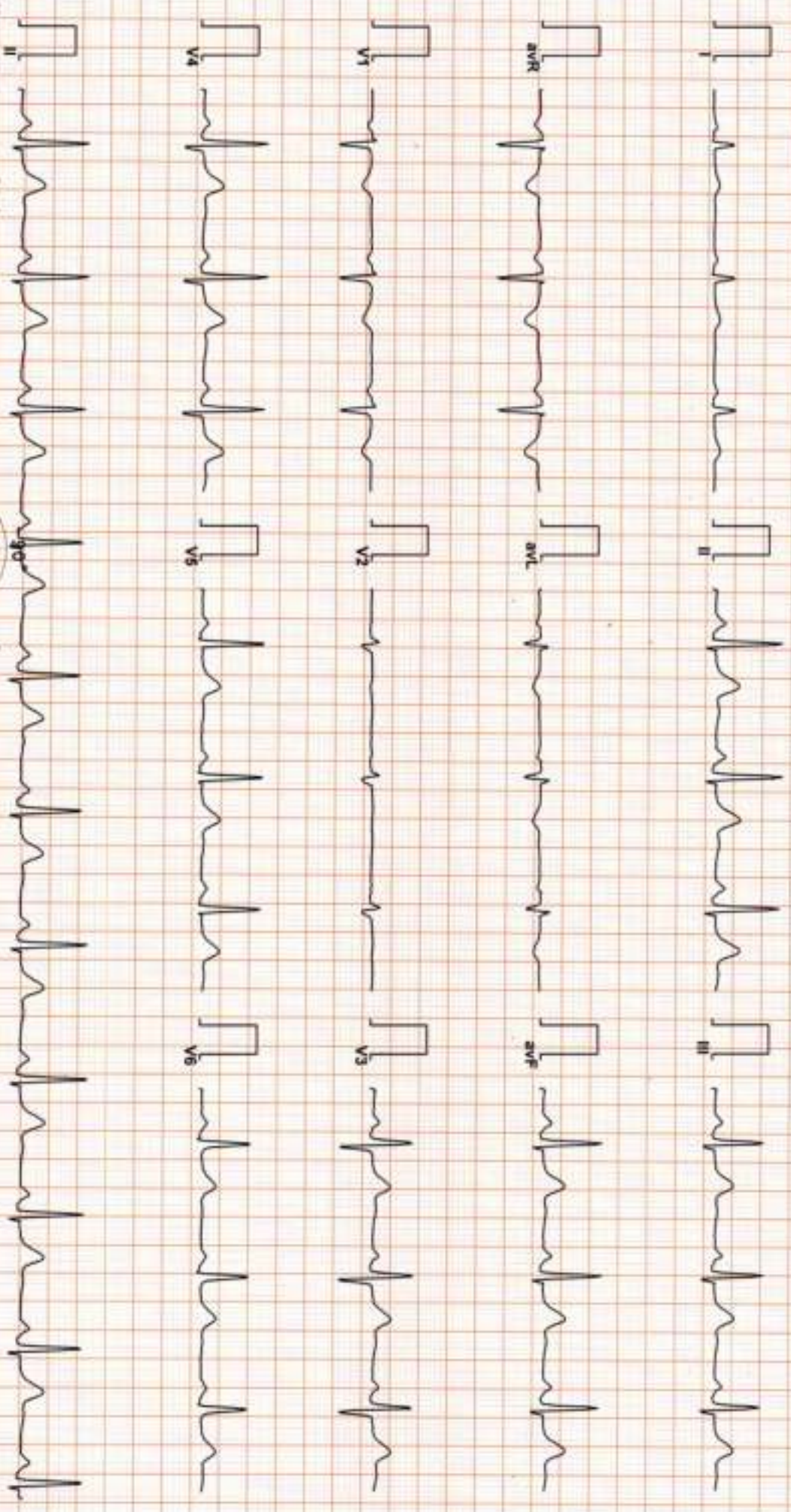
Transcript by.



DR. GOYAL PATH LAB

2531 / MR GULAB CHAND / 58 Yrs / M/ Non Smoker
Heart Rate : 64 bpm / Tested On : 05-Nov-23 11:02:13 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Reid By: BOB

EKG



Vent Rate : 64 bpm
PR Interval : 160 ms
QRS Duration: 84 ms
QT/QTc Int : 422/429 ms
P-QRS-T axis: 76.00° 68.00° 78.00°



Axis
R 68.00°
T 78.00°
P 76.00°

Amr

Reported By: **Dr. Naresh Kumar Mohanka**
RMC No. 35703
MBBS, DIP. CARDIO (ESCORTS)
D E M (RCGP-UK)

DR. GOYALS PATH LAB & IMAGING CENTRE

SODALA JAIPUR RAJ. Email:

Report



412 / MR GULAB CHAND / 58 Yrs / M / 0 Cms / 0 Kg / NonSmoker
 Date: 05 / 11 / 2023 11:03:44 AM Refd By : BOB Examined By :

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:58	0:58	01.1	00.0	01.0	060	37%	126/86	075	00	
Standing	01:25	0:27	01.1	00.0	01.0	062	38%	126/86	078	00	
HV	01:54	0:29	01.1	00.0	01.0	076	47%	126/86	095	00	
Warm Up	02:58	1:04	01.1	00.0	01.0	083	51%	126/86	104	00	
ExStart	03:05	0:07	01.0	00.0	01.0	084	52%	126/86	105	00	
BRUCE Stage 1	06:05	3:00	01.7	10.0	04.7	114	70%	136/86	155	00	
BRUCE Stage 2	09:05	3:00	02.5	12.0	07.1	129	80%	150/90	193	00	
PeakEx	11:59	2:54	03.4	14.0	10.1	149	92%	160/90	238	00	
Recovery	12:59	1:00	00.0	00.0	01.2	123	76%	160/90	196	00	
Recovery	13:59	2:00	00.0	00.0	01.0	082	51%	150/90	123	00	
Recovery	14:59	3:00	00.0	00.0	01.0	082	51%	150/90	123	00	
Recovery	15:59	4:00	00.0	00.0	01.0	085	52%	130/86	110	00	
Recovery	16:59	5:00	00.0	00.0	01.0	079	49%	126/86	099	00	
Recovery	17:17	5:18	00.0	00.0	01.0	079	49%	126/86	099	00	

FINDINGS :

TNT 98 Negative for AMI

Exercise Time : 08:54
 Max HR Attained : 149 bpm, 92% of Target: 162
 Max BP Attained : 160/90 (mm/Hg)
 Max Workload Attained : 10.1 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Dr. Naresh Kumar Mohanka
 RMC No. 35703
 MBBS, DIP. CARDIO (ESCORTS)
 DEM (RCGP-UK)

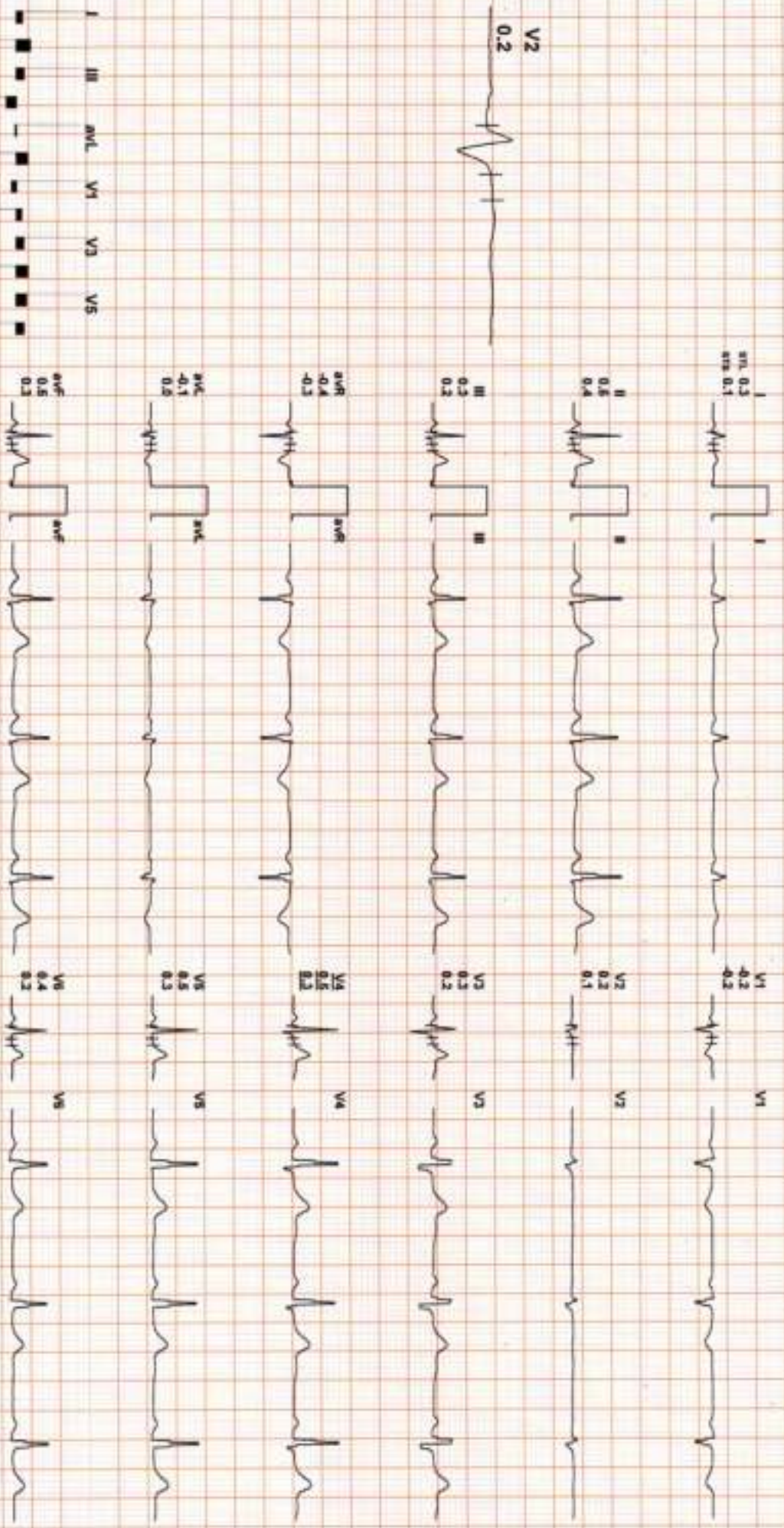


412 / MR GULAB CHAND / 59 Yrs / M / 0 Cms / 0 Kg / HR : 60

Date: 05 / 11 / 2023 11:03:44 AM METS: 1.00 60 bpm 37% of THR BP: 120/86 mmHg Combined Mediana/ BLC Ov Natch Ov HF 0.05 Hz/TF 35 Hz

4X 80 ms Post J

EXTime: 00:00 1.3 mph 0.0%
26 mm/Sec. 1.8 Cm/mV



REMARKS:



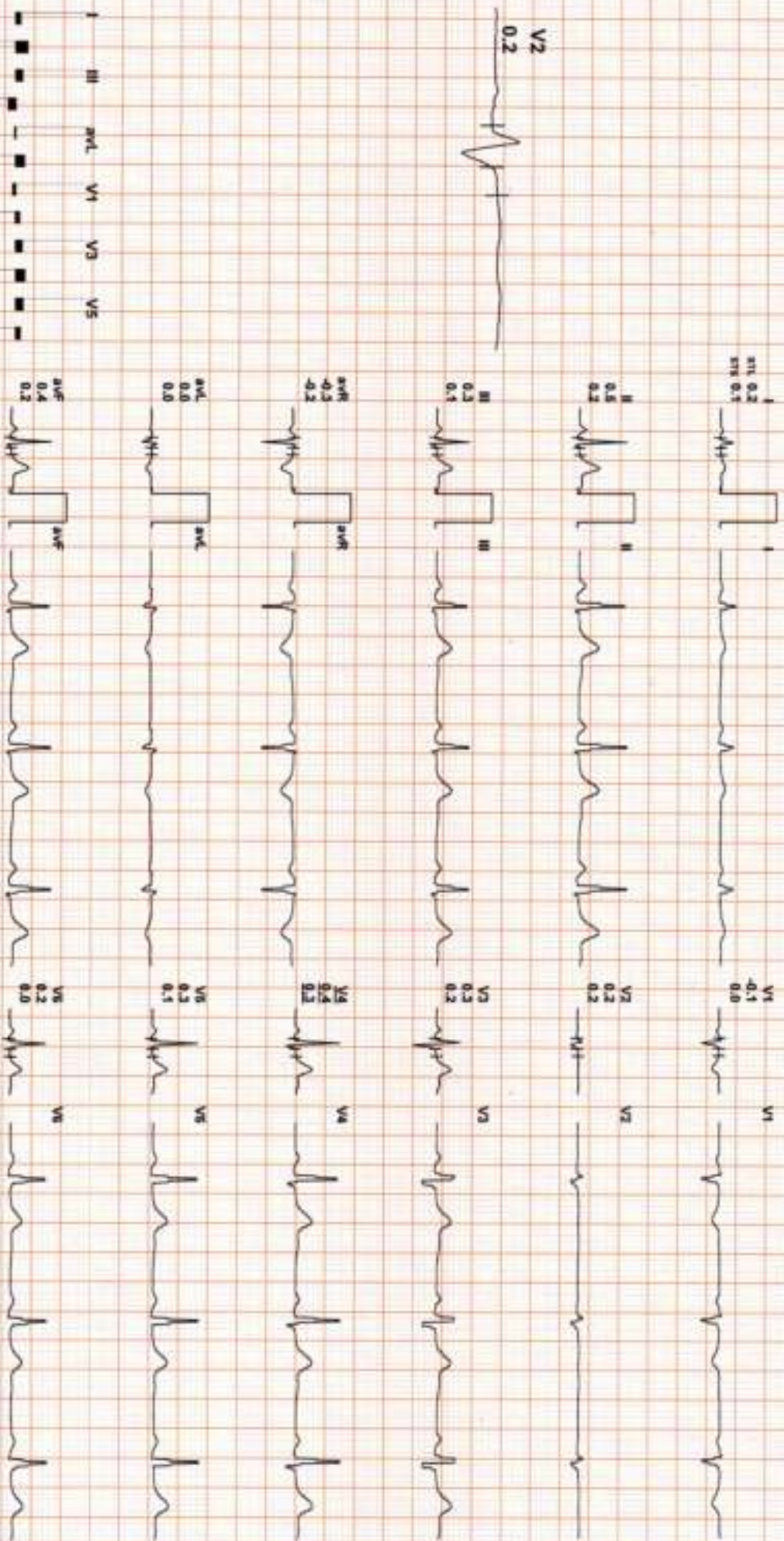
412 / MR GULAB CHAND / 58 YRS / M / 0 CMS / 0 KG / HR : 62

Date: 05 / 11 / 2023 11:03:44 AM METS: 1.01 62 bpm 38% of THR BP: 126/86 mmHg Combined Mediana/ BLC On/ Notch On/ HF 0.05 Hz/UF 35 Hz

EXTime: 08:00 1.1 mph, 0.0%

4X 60 ms Post J

25 mm/Sec, 1.5 Cm/mV

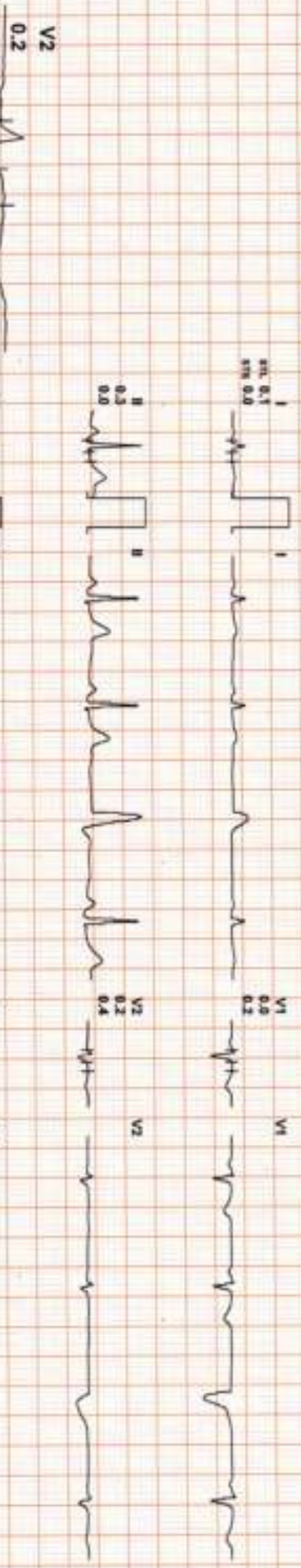


REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

Date: 05 / 11 / 2023 11:03:44 AM METS: 1.0/ 76 bpm 47% of THR BP: 126/86 mmHg Combined Mediana/ BLC Onv Notch Onv HF 0.05 Hz/ LF 35 Hz

EXTime: 00:00 1.3 mph 0.0% 25 mm/Sec 1.0 Cm/Div

4X 80 ms Post J



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

REMARKS:



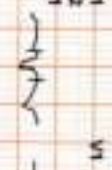


Date: 05/11/2023 11:03:44 AM METS: 1.0/ 83 bpm 51% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz
4X 80 ms Post J EXTime: 00:00 1.4 mph, 0.0%
25 mm/Sec. 1.8 Cm/mV

I
aVR 0.2
aVL 0.2
aVF 0.2



V1
-0.2
-0.1



II
0.5
0.4



V2
0.1
0.1



III
0.5
0.2



V3
0.4
0.2



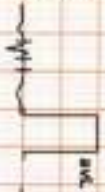
aVR
-0.5
-0.3



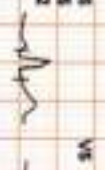
V4
0.2
0.2
0.4



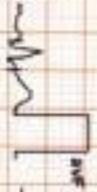
aVL
-0.2
0.0



V5
0.5
0.2



aVF
0.7
0.3



V6
0.4
0.1

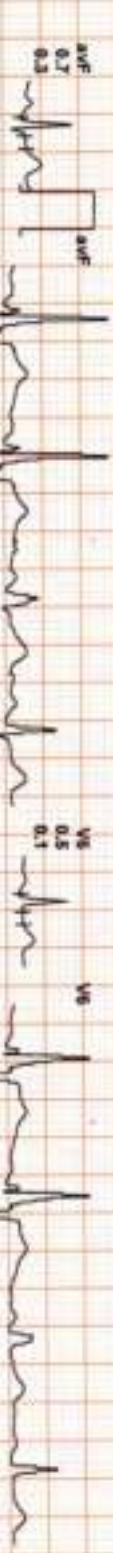
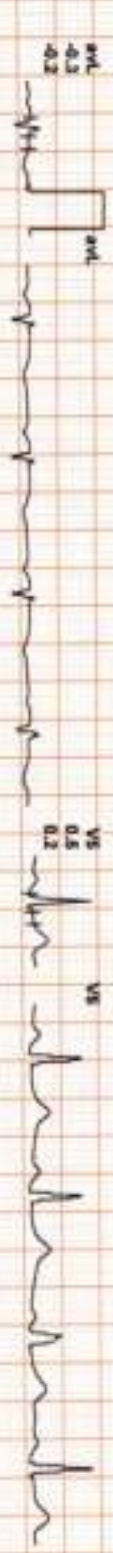


REMARKS:

Date: 06 / 11 / 2023 11:03:44 AM METS: 1.00 84 bpm 52% of THR - BP- 126/86 mmHg Combined Medians/ BLC Crv Natch Crv HF 0.05 Hz/IF 35 Hz
4X 80 ms Post J



ExTime: 00:00 1.0 mph 0.0%
25 mm/sec 1.0 Cm/mV



REMARKS:

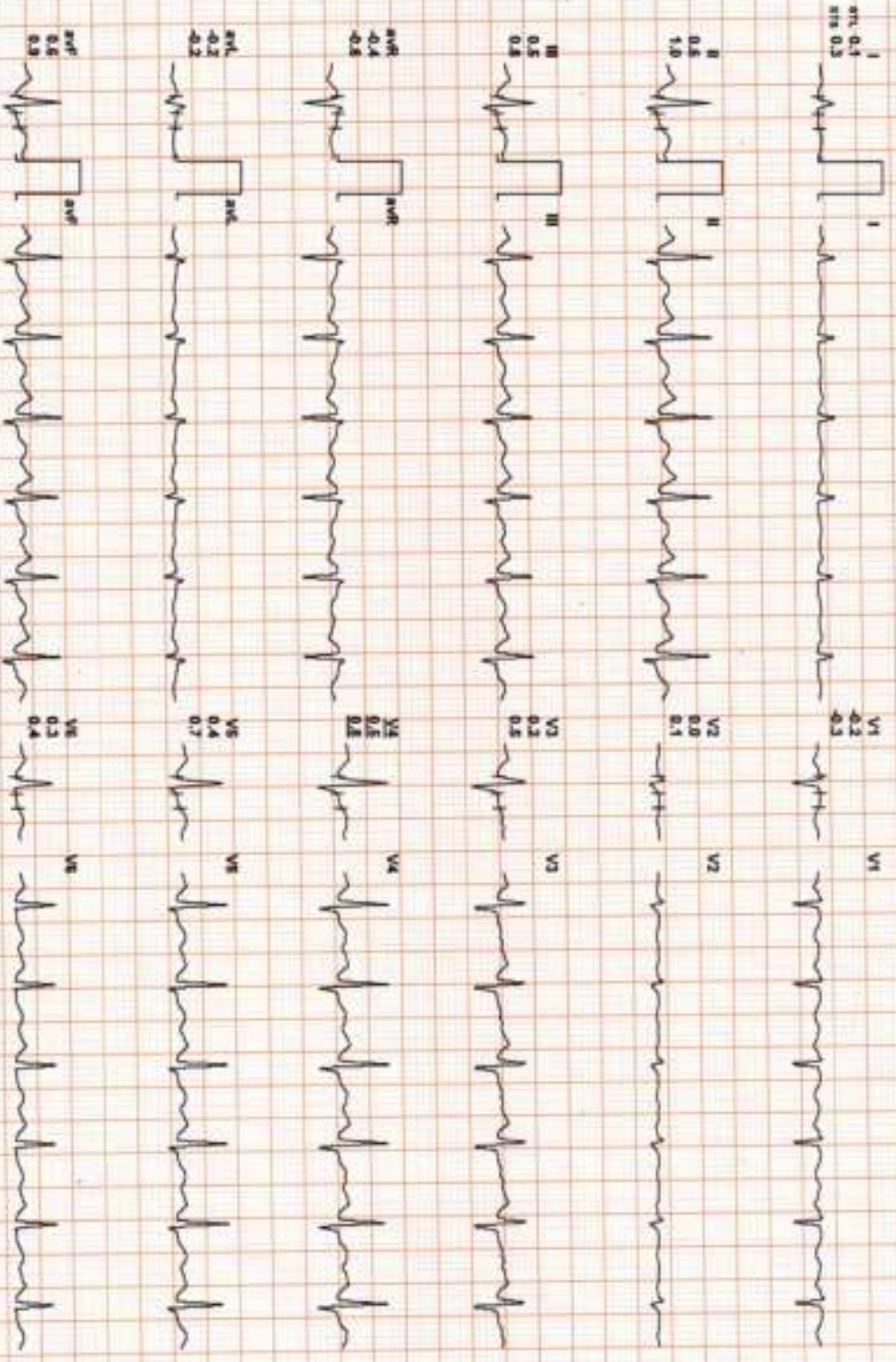


412 / MR GULAB CHAND / 58 Yrs / M / O Cms / 0 Kg / HR : 114

Date: 05 / 11 / 2023 11:03:44 AM METS: 4.71 144 bpm 70% of THR BP: 136/98 mmHg Combined Medicine/ BLC On/ Natch On/ HF: 0.05 Hz/LF: 35 Hz

AX 20 mS Post J

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



REMARKS:

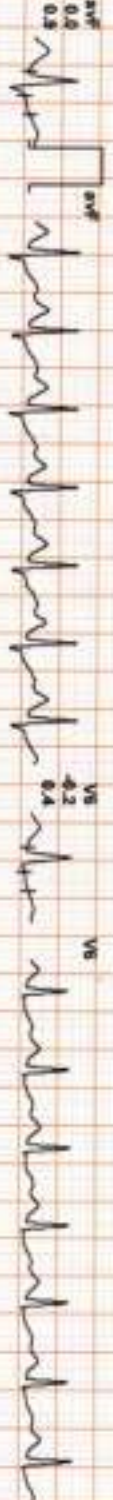
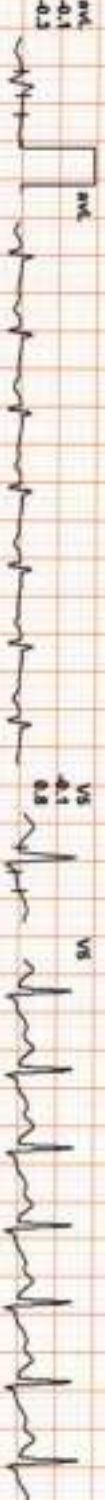
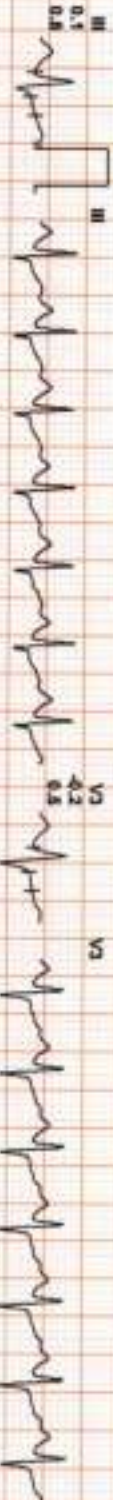
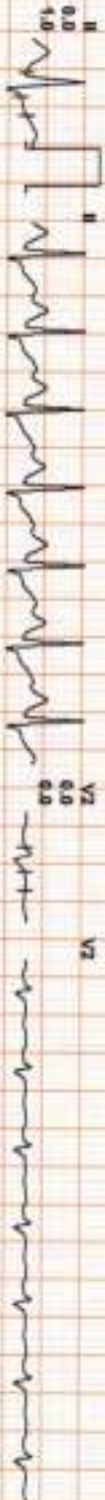
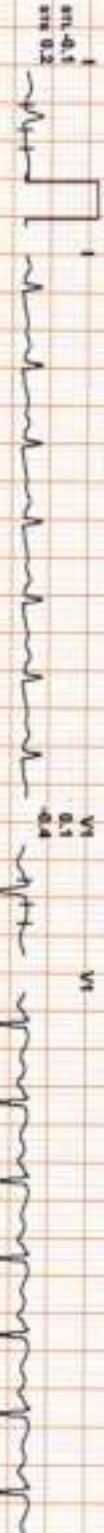


412 / MR GULAB CHAND / 58 Yrs / M / 0 Cms / 0 Kg / HR : 129

Date: 05 / 11 / 2023 11:03:44 AM METS: 7.41 129 bpm 80% of THR BP: 150/90 mmHg Combined Mediane/ BLC On/ Natch On/ HF 0.05 Hz/L F 35 Hz

4X 80 ms Post J

ExTime: 06:00 2.5 mph, 12.0% 25 mm/Sec, 1.0 Cm/mV



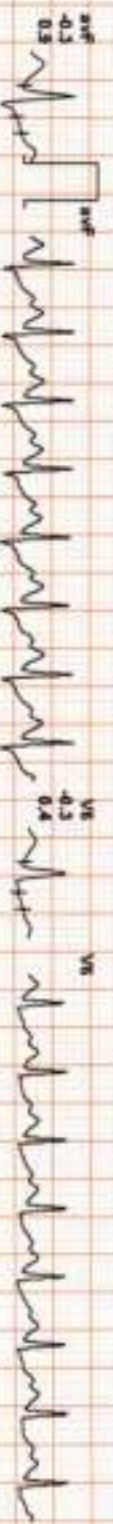
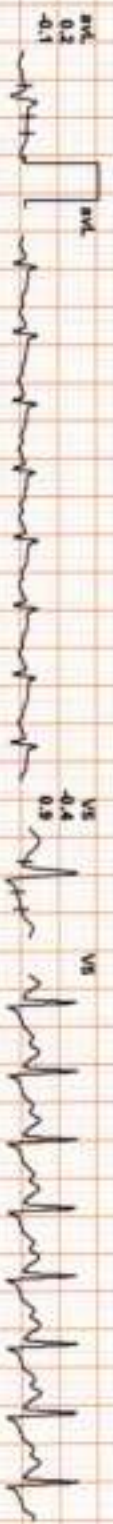
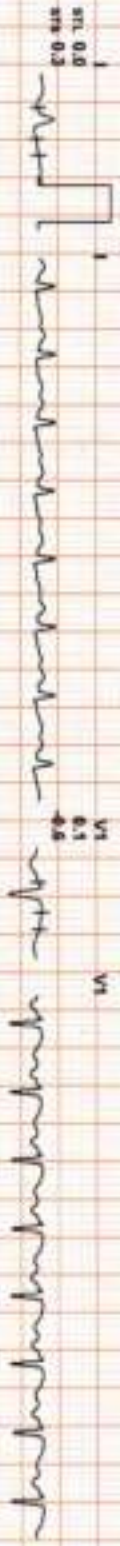
REMARKS:



Date: 05 / 11 / 2023 11:03:44 AM METS: 10.11 149 bpm 92% of THR BP: 160/90 mmHg Combined Mediana/ BLC Onv Natch Onv HF: 0.05 HzOLF: 35 Hz

4X 60 mS Post J

ExTime: 08:54 3.4 mph, 14.0% 26 mm/Sec 1.0 Cm/mV



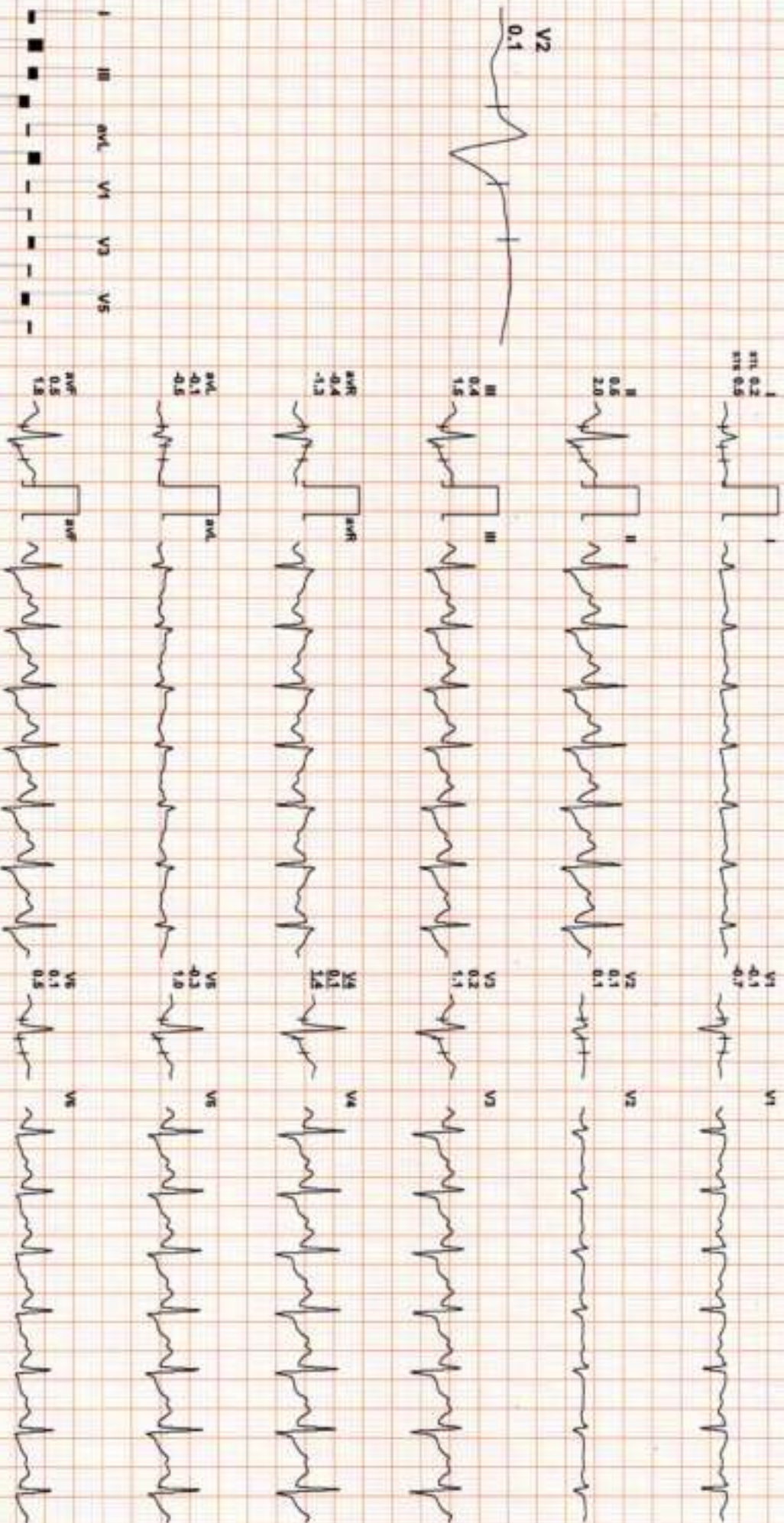
REMARKS:



Date: 05 / 11 / 2023 11:03:44 AM METS: 1.2/ 123 bpm 76% of THR BP: 160/90 mmHg Combined Medians/ BLC Onv Natch Onv HF: 0.05 HzLVF 35 Hz

4X 60 ms Post J

ExTime: 08:54 0.0 mph, 0.0% 25 mm/sec, 1.0 Cm/mV



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

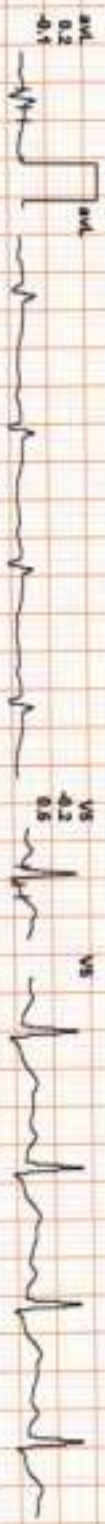
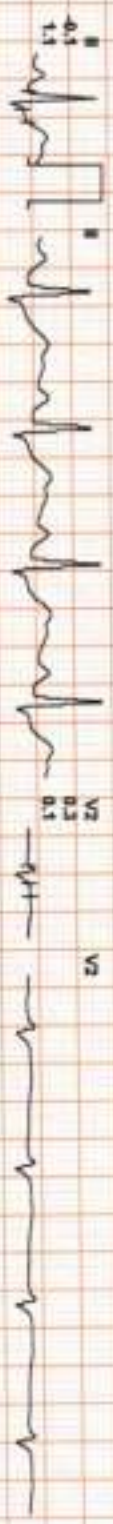
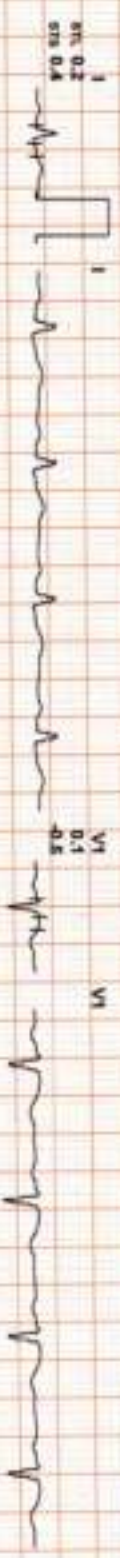


412 / MR GULAB CHAND / 58 YRS / M / 0 Cms / 0 Kg / HR : 82

Date: 05 / 11 / 2023 11:03:44 AM METS: 1.07 82 bpm 61% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Natch On/ HF: 0.05 Hz/LF 35 Hz

EXTime: 08:54 0.0 mph 0.0% 25 mm/Sec. 1.0 Cm/mV

4X 80 ms Pect J



REMARKS:



412 / MR GULAB CHAND / 58 Yrs / M / 0 Cms / 0 Kg / HR : 82

Date: 06 / 11 / 2023 11:03:44 AM METS: 1.00 82 bpm 51% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

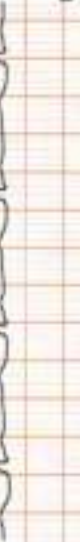
4X 80 ms Post J

ExTime: 08:54 0.0 mph. 0.0% 25 mm/sec. 1.0 Cm/mV

I
RTL -0.2
STL 0.1



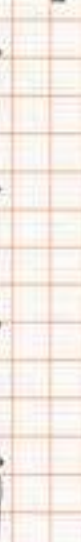
VI
0.3
0.0



II
-0.6
0.0



V2
0.1
0.1



III
-0.4
-0.1



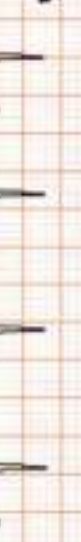
V3
-0.3
0.0



aVR
0.4
0.0



V4
0.6
0.1



aVL
0.1
0.1



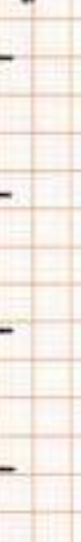
V5
-0.5
0.0



aVF
-0.5
-0.1



V6
-0.5
-0.1



REMARKS:

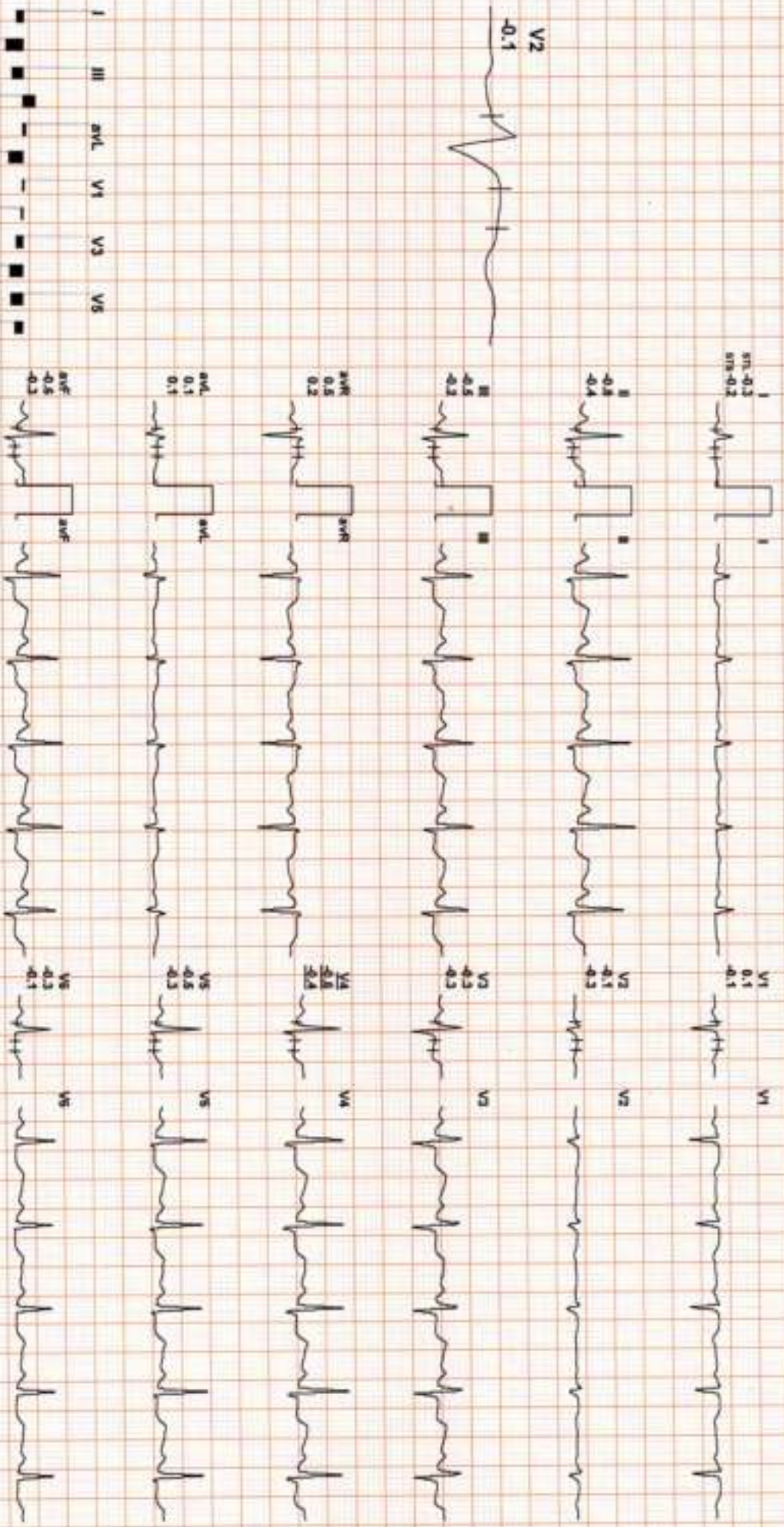


412 / MR GULAB CHAND / 58 Yrs / M / 0 Cms / 0 Kg / HR : 85

Date: 05 / 11 / 2023 11:03:44 AM METS: 1.0l 65 bpm 52% of THR BP: 130/86 mmHg Combined Medicns/ BLC Onv Natch Onv HF 0.05 Hz/UF 35 Hz

4X 60 ms Post J

EXTime: 06:54 0.0 mph. 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

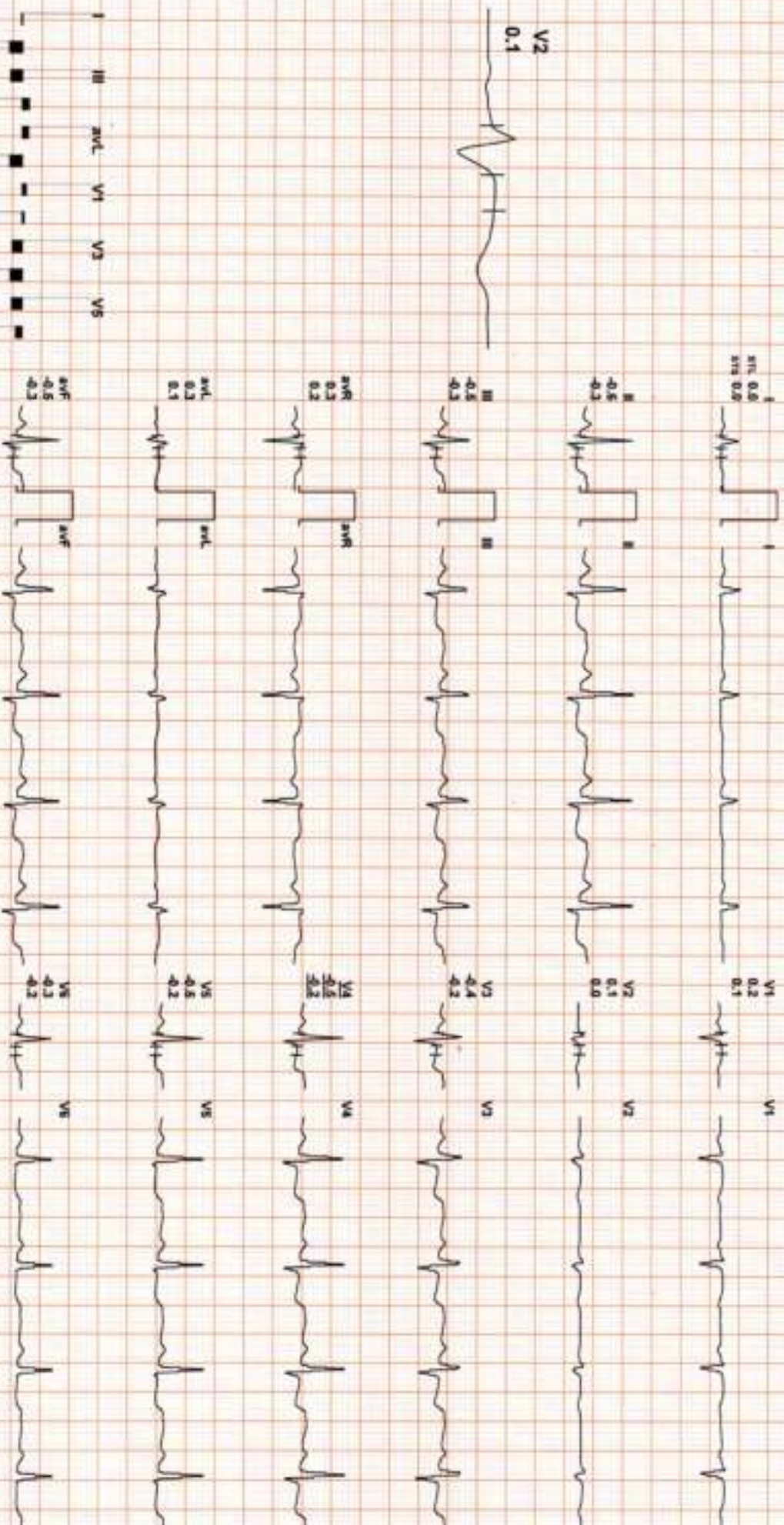


412 / MR GULAB CHAND / 58 Yrs / M / 0 Cms / 0 Kg / HR : 79

Date: 05 / 11 / 2023 11:03:44 AM METS: 1.00 79 bpm 49% of THR BP: 126/66 mmHg Combined Medication/ BLC Onv Notch Onv HF 0.05 Hz/UF 35 Hz

4X 60 ms Post J

ExTime: 08:54 0.0 mph 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

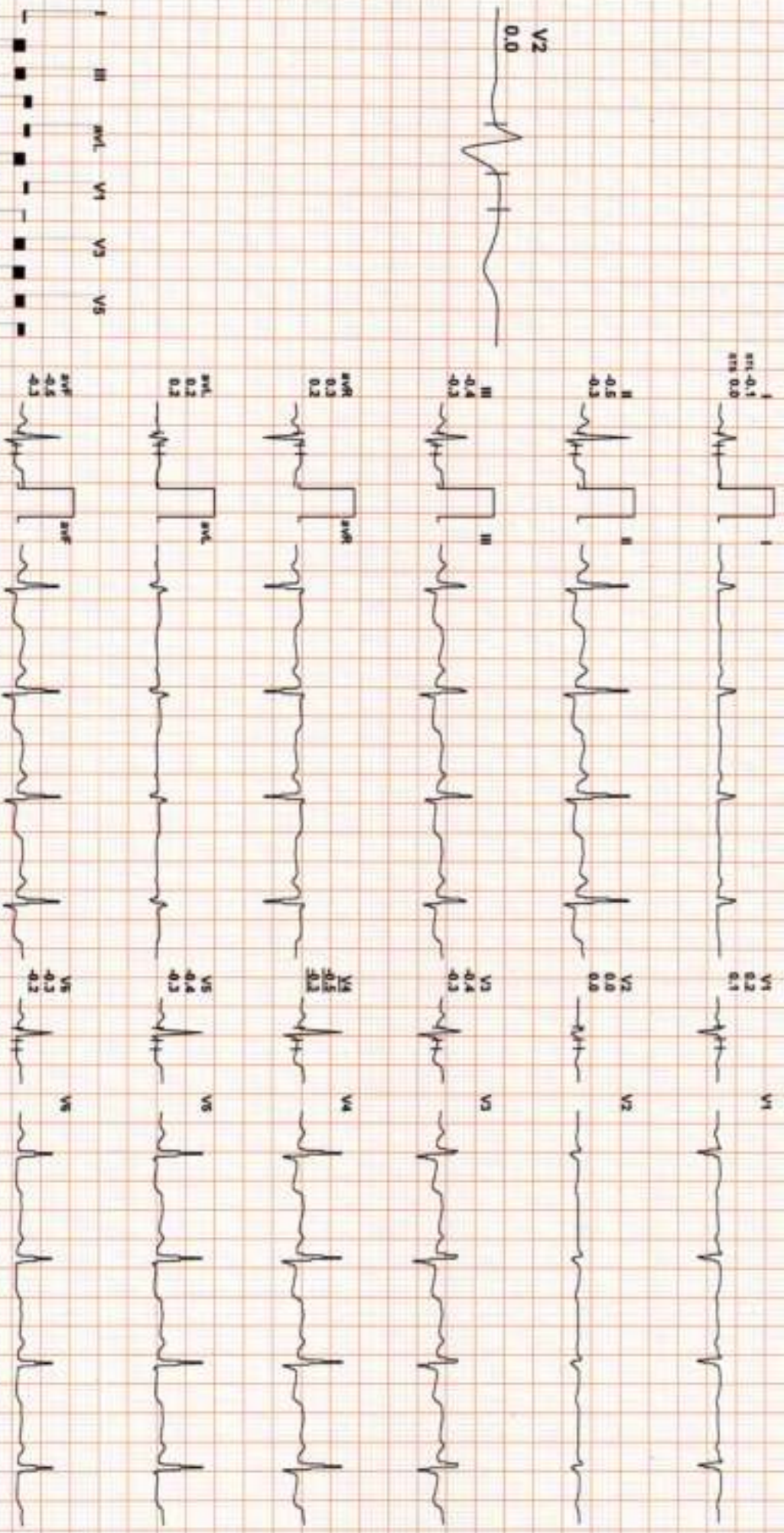


412 / MR GULAB CHAND / 58 Yrs / M / 0 Cms / 0 Kg / HR : 79

Date: 05 / 11 / 2023 11:03:44 AM METS: 1.0l 79 bpm 49% of THR BP: 126/86 mmHg Combined Modems/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

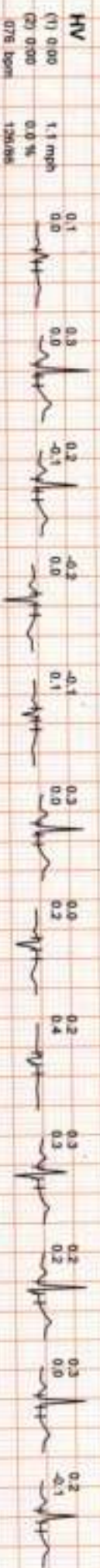
EXTime: 08:54 0.0 mph, 0.0% 25 mm/sec, 1.8 Cm/mV



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



Date: 05 / 11 / 2023 11:03:44 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



DR. GOYALS PATH LAB & IMAGING CENTRE

412 / MR GULAB CHAND / 58 Yrs / M / 0 Cms / 0 Kg / HR : 59

Date: 05 / 11 / 2023 11:03:44 AM

Average

