

Dr. Goyal's

Path Lab & Imaging Centre

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



General Physical Examination

Date of Examination: 11/02/2023

Name: DEVENDRA Sindal Age: 31 DOB: 28/11/1991 Sex: M

Referred By: BoB

Photo ID: Aadhar ID #: Attached

Ht: 182 (cm)

Wt: 82 (Kg)

Chest (Expiration): 82 (cm)

Abdomen Circumference: 79 (cm)

Blood Pressure: 122/76 mm Hg

PR: 72 / min

RR: 16 / min

Temp: Alebiale

BMI 24.8

Eye Examination: Dis vision 6/6, Near vision N/G

No Color blindness

Other: Not Significant

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

Signature Of Examinee : Devendra Name of Examinee: _____

Signature Medical Examiner : _____ Name Medical Examiner _____

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



भारत सरकार
GOVERNMENT OF INDIA



देवेन्द्र जिंदेल
Devendra Jindel
जन्म तिथि/DOB: 28/11/1991
पुरुष / MALE



4631 5565 3734

मेरा आधार, मेरी पहचान



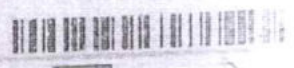
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: Address

S/O: घन्श्याम जिंदेल, 31
सत्येन्द्र कॉलोनी, सोडाला के
पास, अजमेर रोड, जयपुर,
राजस्थान - 302006

S/O: Ghanshyam
Jindel, 31, satyendra
colony, near sodala,
Ajmer Road, Jaipur,
Rajasthan - 302006

4631 5565 3734



1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

PO Box 10
Bangalore

Devendra Jindel

Devendra

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



Permanant Account Number Card

AMWPJ4265E

DEVENDRA JINDEL

Father's Name
GHANSHYAM JINDEL

28/11/1991



Devendra Jindel

In case this card is lost / found, kindly inform / return to:
Income Tax PAN Services Unit, UTTISL,
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/वापस करें:
आयकर पैन सेवा युनिट, UTTISL,
प्लॉट नं: 3, सेक्टर 11, सीडी बेलपुर,
नवी मुंबई-400 614.

Devendra Jindel

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



Date :- 11/02/2023 08:42:22
NAME :- Mr. DEVENDRA JINDEL
Sex / Age :- Male 31 Yrs 2 Mon 16 Days
Company :- MediWheel

Patient ID :- 122229488
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 11/02/2023 12:18:13

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1

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

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

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

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

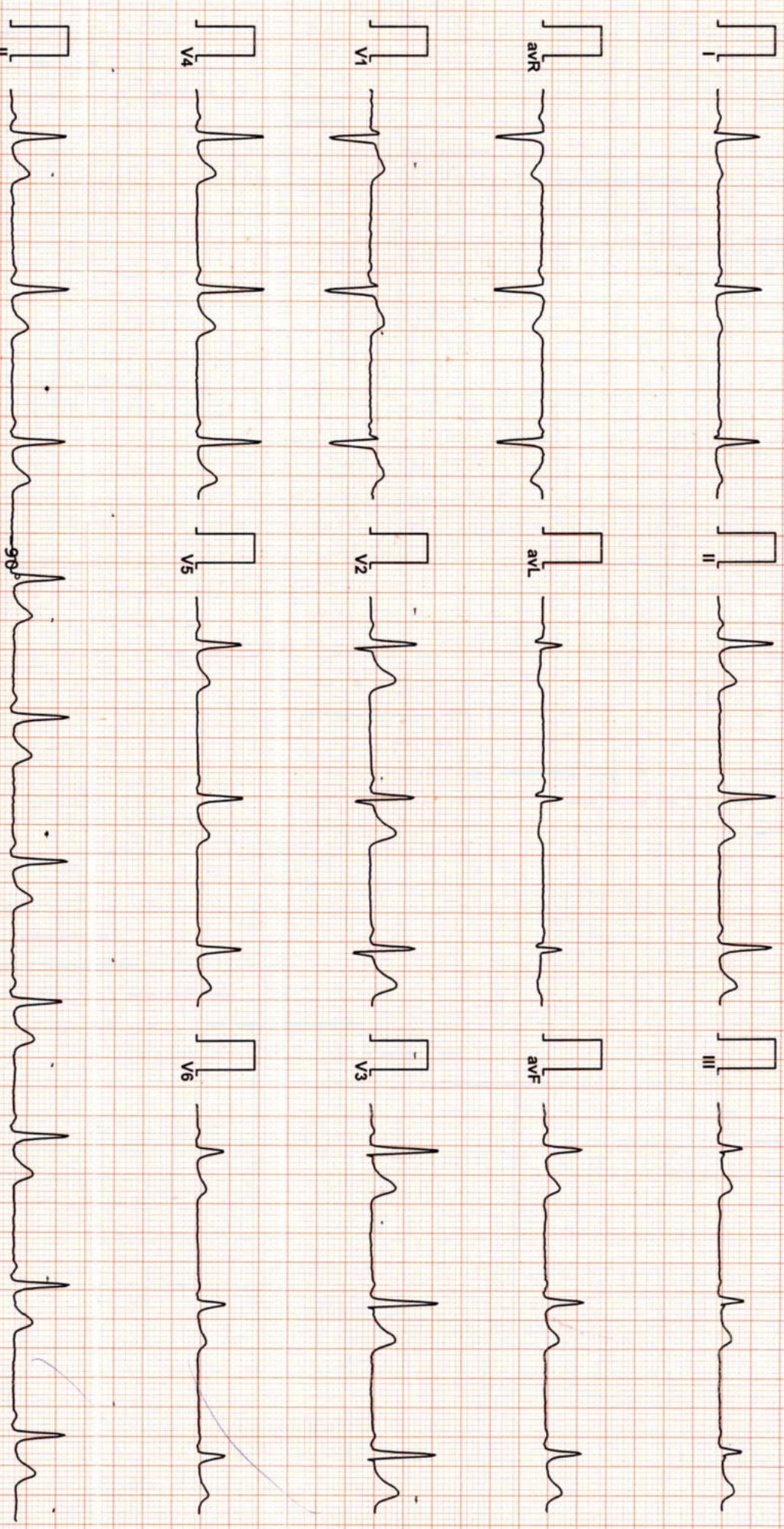
Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Transcript by.

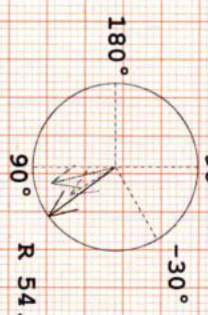
DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

ECG

3668 / MR DEVENDRA Jindal / 31 Yrs / M/ Non Smoker
Heart Rate : 60 bpm / Tested On : 11-Feb-23 09:40:05 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Vent Rate : 60 bpm
PR Interval : 130 ms
QRS Duration: 82 ms
QT/QTc Int : 386/386 ms
P-QRS-T axis: 59.00° 54.00° 76.00°



Normal

Dr. Naresh Kumar Mohanka

RMC No. 35703

KBS& DIP, CARDIO (ESCORTS)

D.E.M (RCGP-UK)

Reported By:



MR DEVENDRA JINDAL / 31 Yrs / F / 0 Cms / 0 Kg
 Date: 11 / 02 / 2023 Refd By : BOB MEDIWHEEL Examined By :

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:44	0:44	01.1	00.0	01.0	067	35%	126/86	084	00	
Standing	01:17	0:33	01.1	00.0	01.0	064	34%	126/86	080	00	
HV	01:43	0:26	01.1	00.0	01.0	070	37%	126/86	088	00	
Warm Up	01:51	0:08	01.1	00.0	01.0	066	35%	126/86	083	00	
ExStart	02:26	0:35	01.1	00.0	01.0	088	47%	126/86	110	00	
BRUCE Stage 1	05:26	3:00	01.7	10.0	04.7	125	66%	136/90	170	00	
BRUCE Stage 2	08:26	3:00	02.5	12.0	07.1	160	85%	146/90	233	00	
PeakEx	10:08	1:42	03.4	14.0	08.9	178	94%	156/90	277	00	
Recovery	11:08	1:00	00.0	00.0	01.2	146	77%	156/90	227	00	
Recovery	12:08	2:00	00.0	00.0	01.0	124	66%	150/90	186	00	
Recovery	13:08	3:00	00.0	00.0	01.0	113	60%	136/86	153	00	
Recovery	14:08	4:00	00.0	00.0	01.0	109	58%	130/86	141	00	
Recovery	15:08	5:00	00.0	00.0	01.0	101	53%	126/86	127	00	
Recovery	15:21	5:13	00.0	00.0	01.0	102	54%	126/86	128	00	

FINDINGS :

Exercise Time : 07:42
 Max HR Attained : 178 bpm 94% of Target 189
 Max BP Attained : 156/90 (mm/Hg)
 Max Workload Attained : 8.9 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

TMT is negative for AHI

Dr. Narash Kumar Malviyanka
 RMC No. 35103
 MBBCh, DIP, CARDIO (ESCORTIS)
 MBBCh, DIP, (RCGP-UK)
 Doctor : P



MR DEVENDRA JINDAL / 31 Yrs / F / 0 Cms / 0 Kg / HR : 67

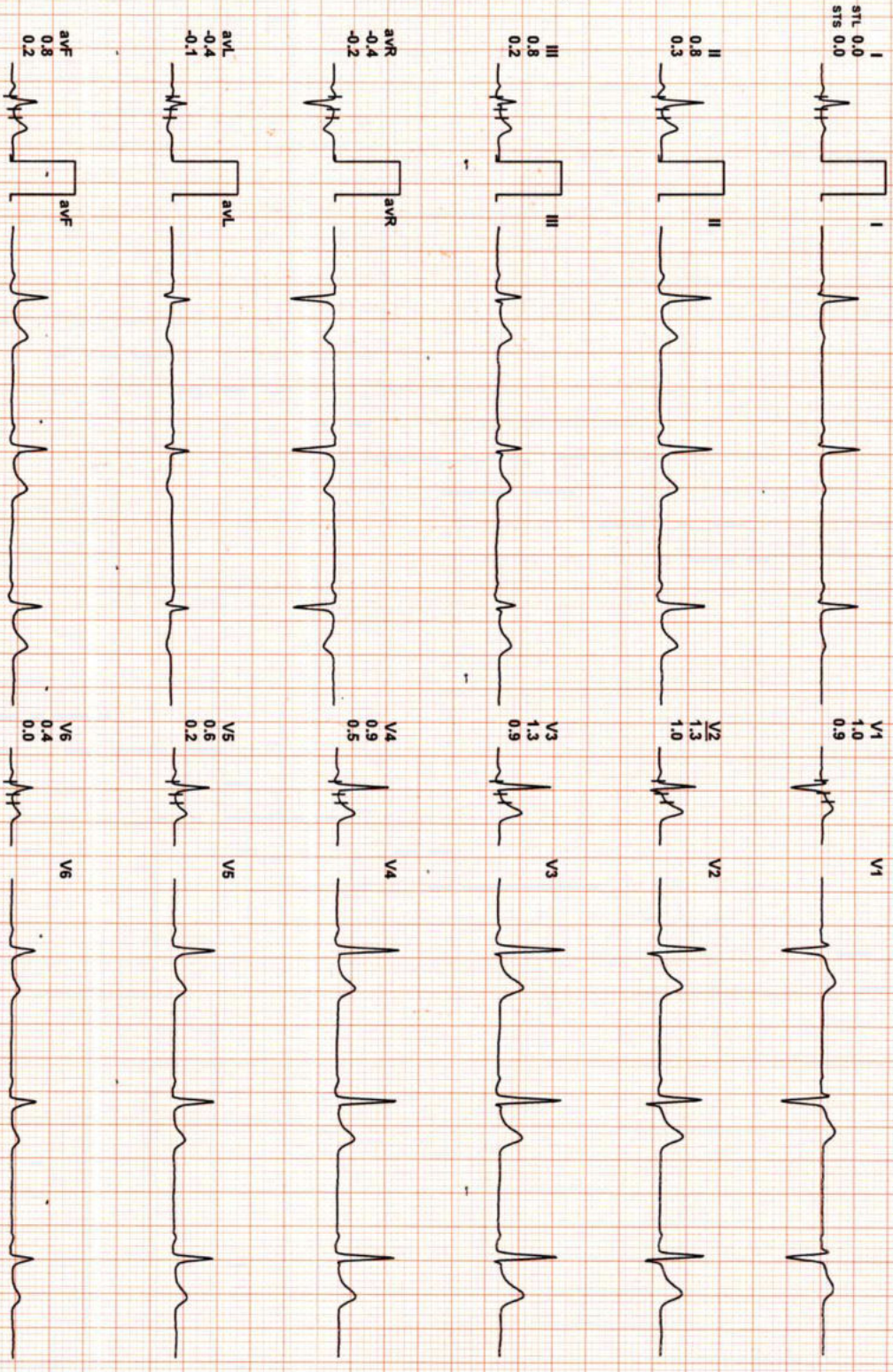
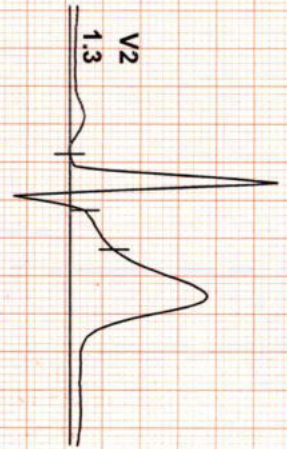
Date: 11 / 02 / 2023

METS: 1.0/ 67 bpm 35% of THR BP: 126/86 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 DEVENDRA JINDAL / 31 Yrs / F / 10 Cms / 10 Kg / HR : 64

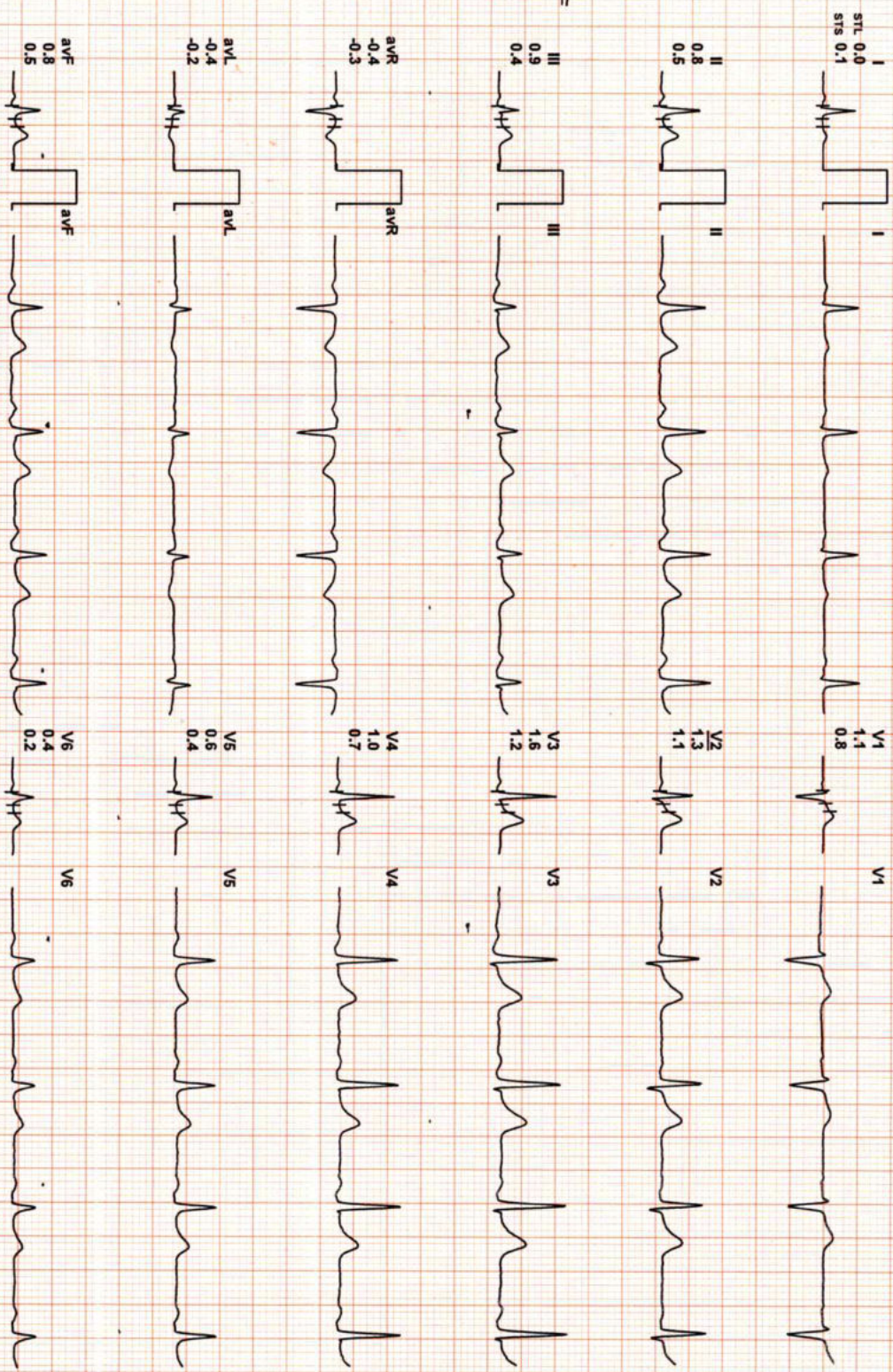
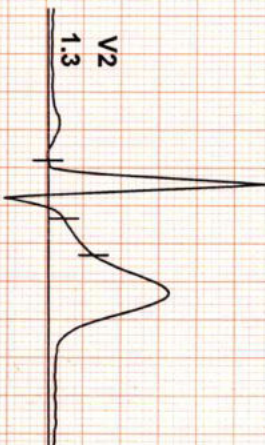
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METS: 1.0/ 64 bpm 34% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



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

(ADX_GEM217220330)(R)Allengers



MR DEVENDRA JINDAL / 31 YRS / F / 0 Cms / 0 Kg / HR : 66

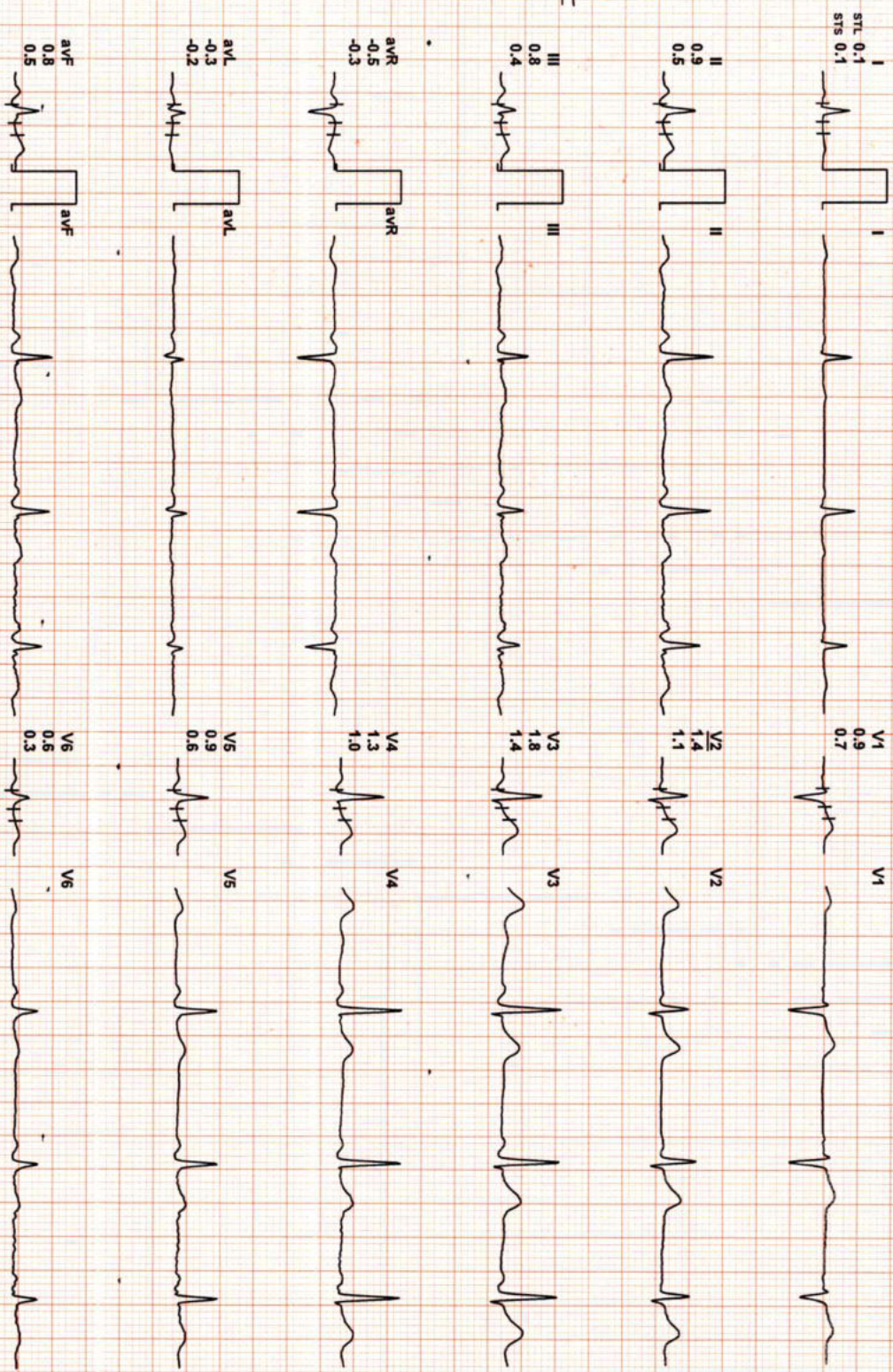
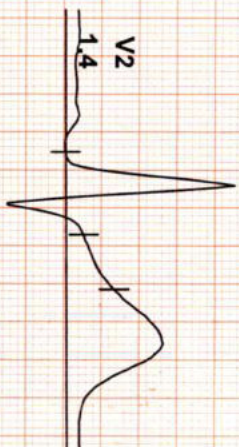
Date: 11 / 02 / 2023

METS: 1.0/ 66 bpm 35% of THR BP: 126/86 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 DEVENDRRA JINDAL / 31 Yrs / F / 10 Cms / 0 Kg / HR : 88

Date: 11 / 02 / 2023

METS: 1.0/ 88 bpm 47% of THR BP: 126/86 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 DEVENDRA JINDAL / 31 Yrs / F / 10 Cms / 0 Kg / HR : 160

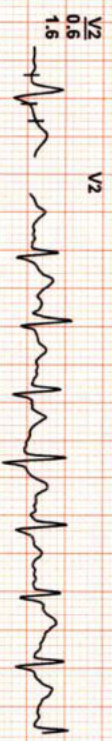
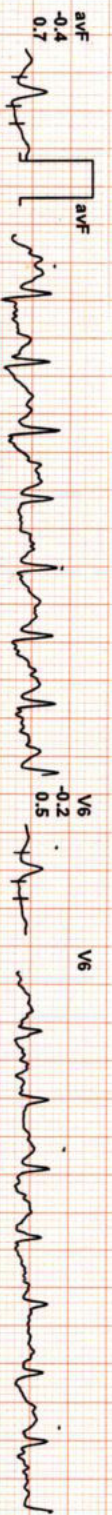
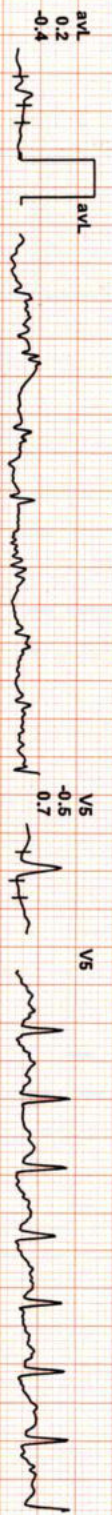
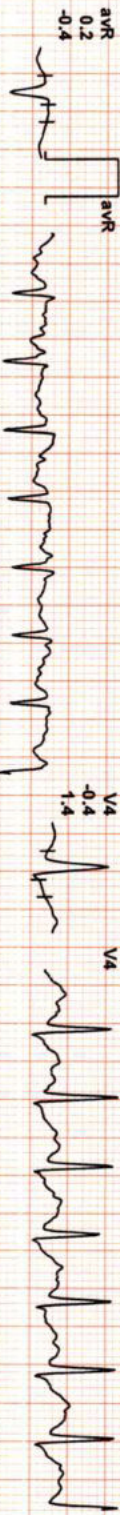
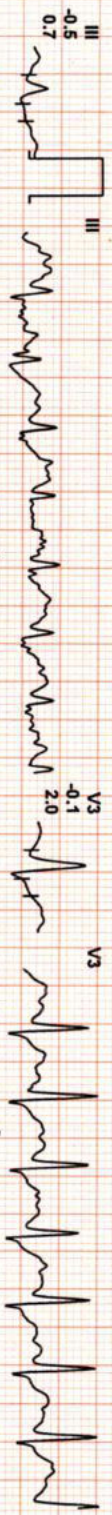
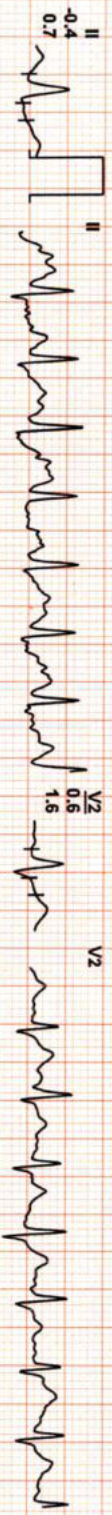
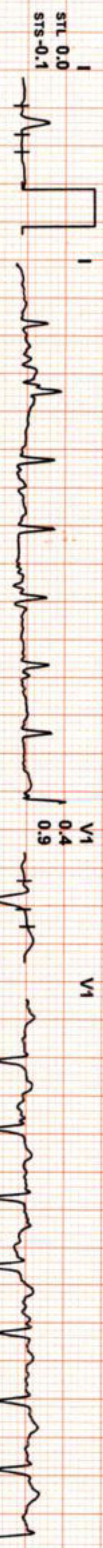
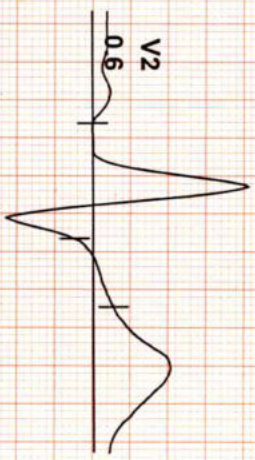
Date: 11 / 02 / 2023

METS: 7.1/ 160 bpm 85% of THR BP: 146/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 2.5 mph, 12.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



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

REMARKS:

(ADX_GEM217220330)(R)Allergers



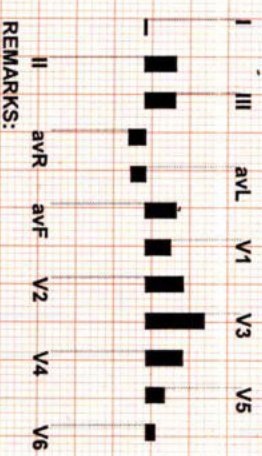
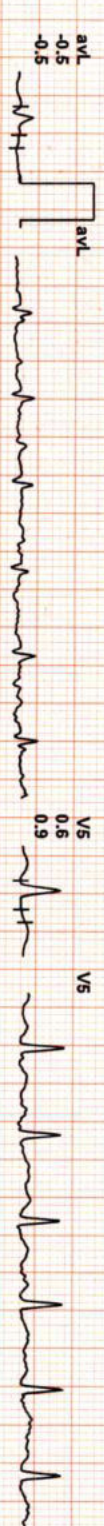
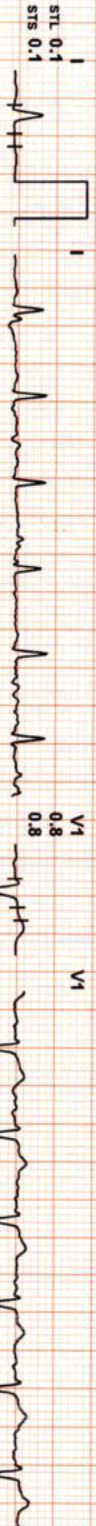
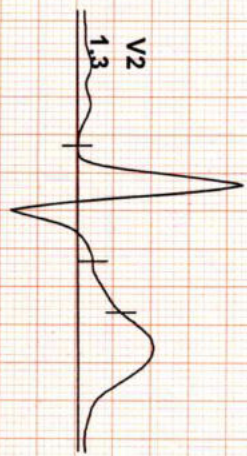
MR DEVENDRA JINDAL / 37 YRS / F / 0 Cms / 0 Kg / HR : 125

Date: 11 / 02 / 2023

METS: 4.71 125 bpm 66% of THR BP: 136/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

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



REMARKS:

(ADX_GEM217220330)(R)Allergers



MR DEVENDRA JINDAL / 31 Yrs / F / 0 Cms / 0 Kg / HR : 178

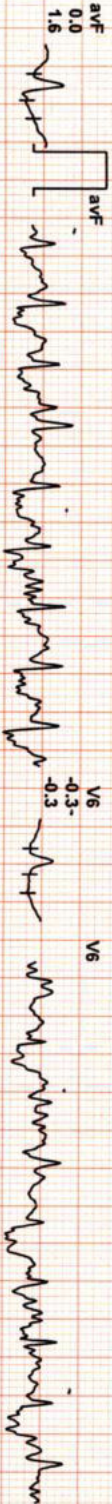
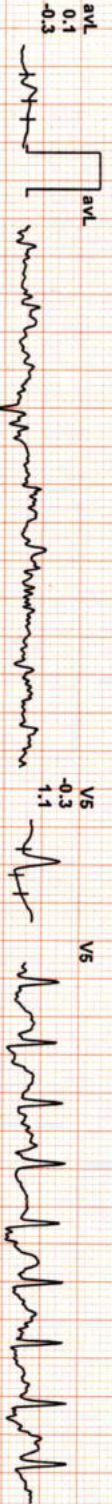
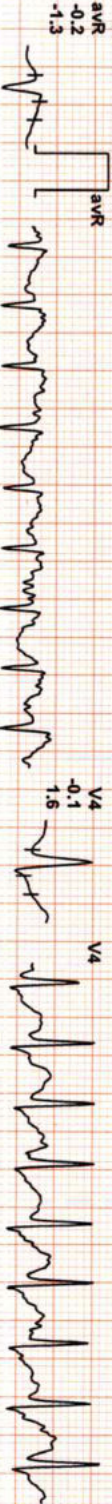
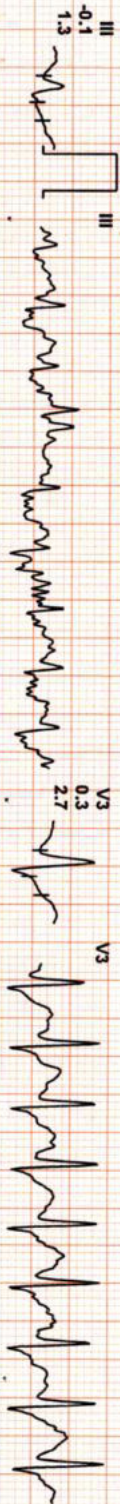
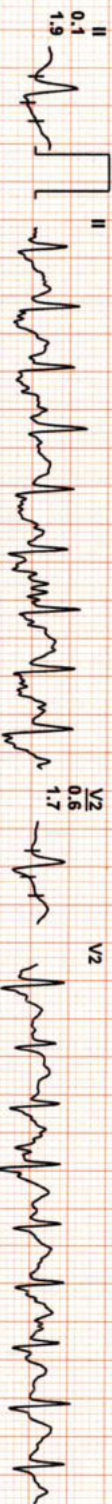
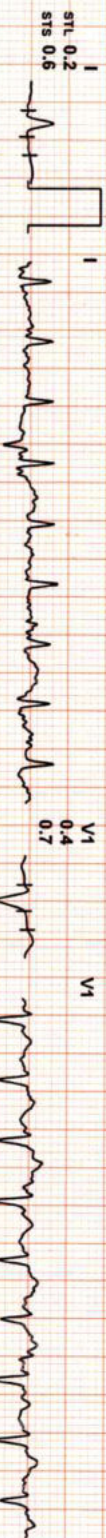
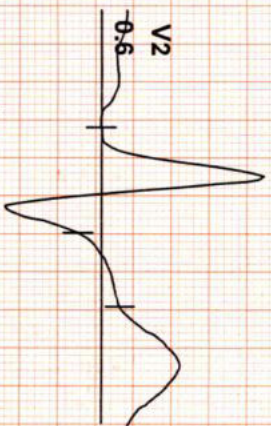
Date: 11 / 02 / 2023

METS: 8.9 / 178 bpm 94% of THR BP: 156/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:42 3.4 mph, 14.0%

4X 60 ms Post J

25 mm/Sec 1.0 Crd/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



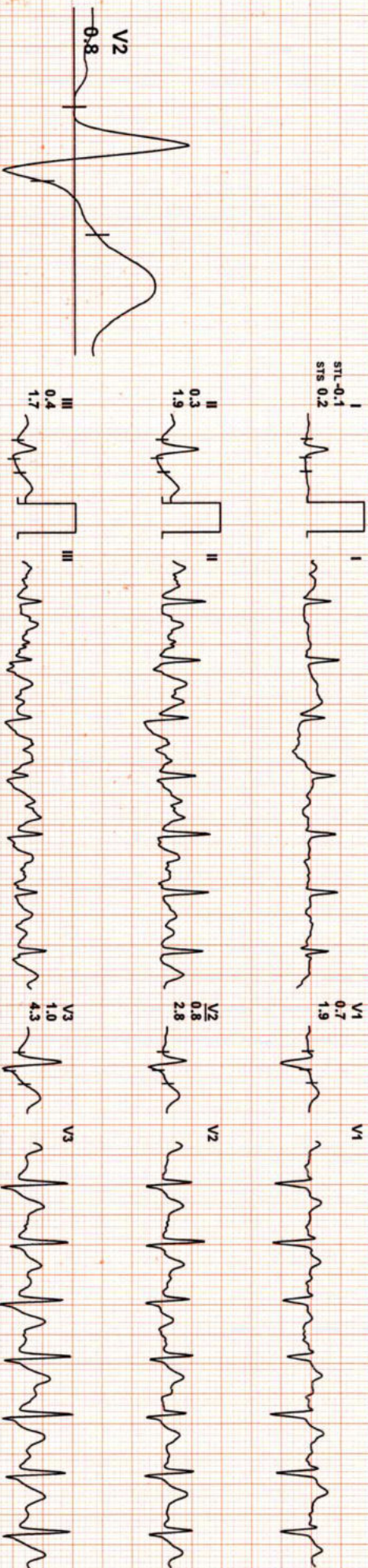
MR DEVENDRA JINDAL / 31 YRS / F / 0 Cms / 70 Kg / HR : 146

Date: 11 / 02 / 2023

METS: 1.2/ 146 bpm 77% of THR BP: 156/90 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/LF 35 Hz

4X 60 mS Post J

ExTime: 07:42 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



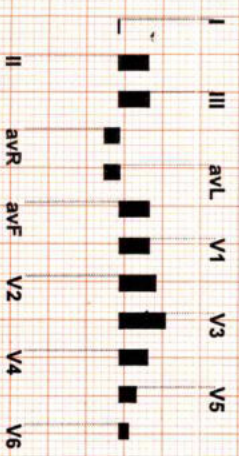
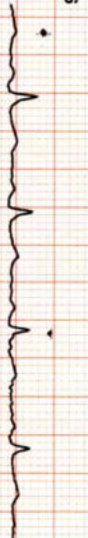
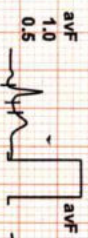
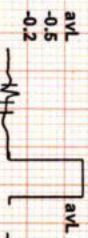
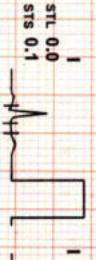
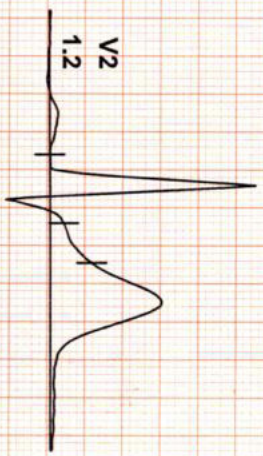
MR DEVENDRA JINDAL / 31 Yrs / F / 10 Cms / 0 Kg / HR : 70

Date: 11 / 02 / 2023

METS: 1.0/ 70 bpm 37% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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



REMARKS:

(ADX_GEM217220330)(R)Allengers



MR DEVENDRA JINDAL / 31 YRS / F / 0 Cms / 0 Kg / HR : 124

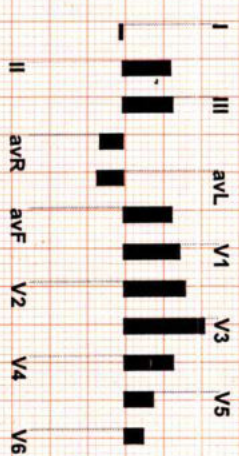
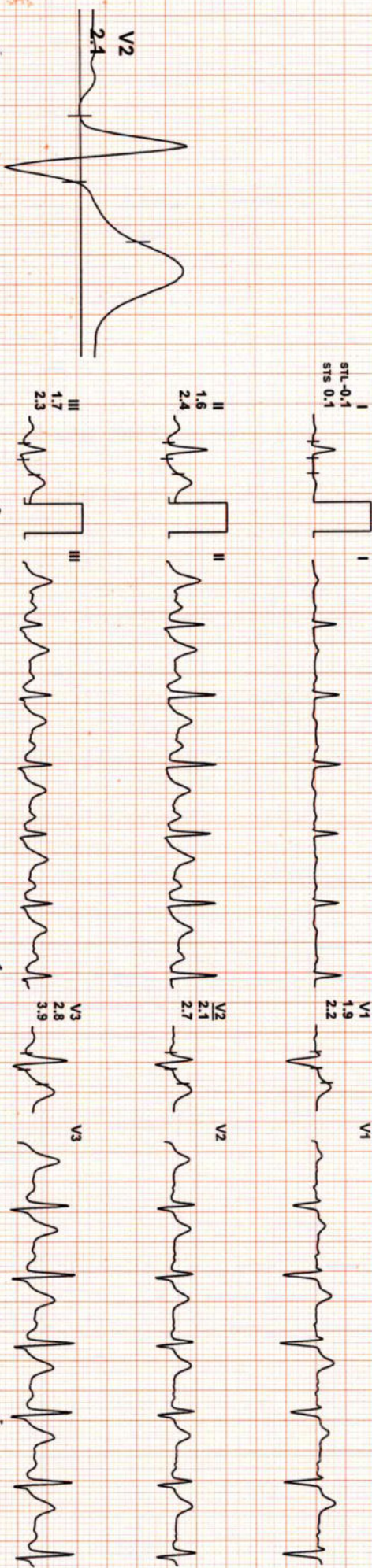
Date: 11 / 02 / 2023

METS: 1.0/ 124 bpm 66% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:42 0.0 mph 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)/Allergens

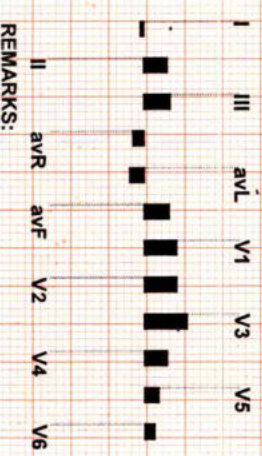
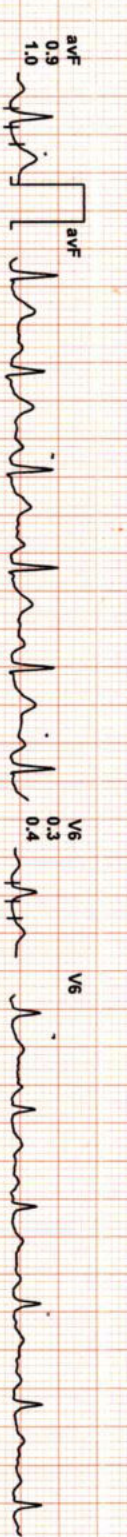
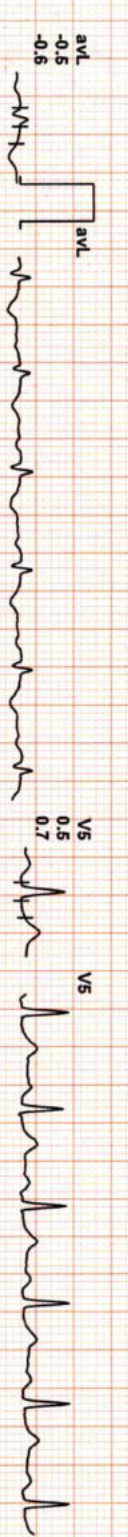
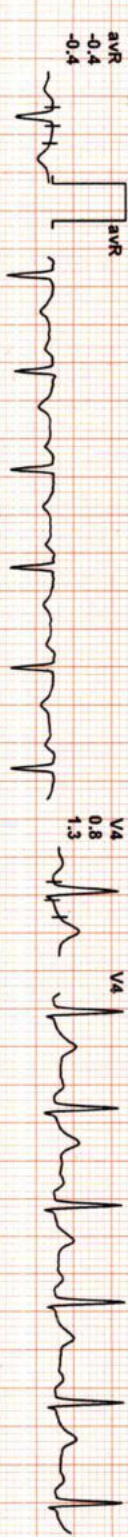
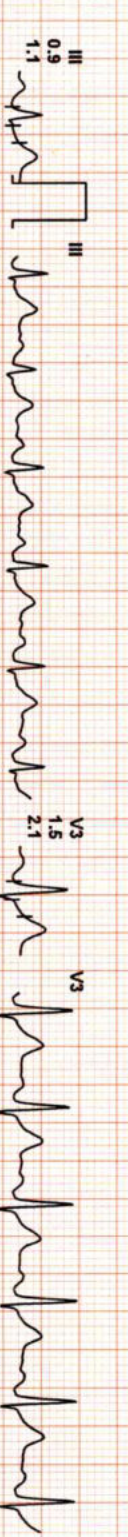
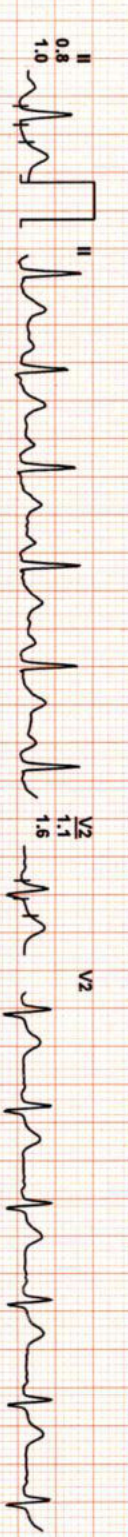
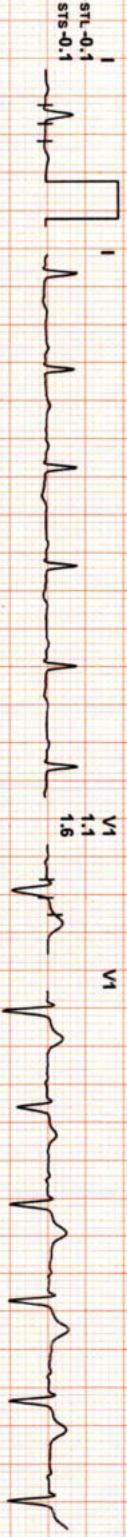
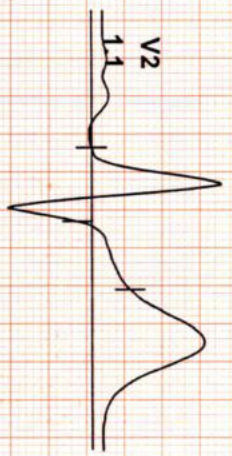


MR DEVENDRA JINDAL / 31 Yrs / F / 0 Cms / 0 Kg / HR : 113

Date: 11 / 02 / 2023 METS: 1.0/ 113 bpm 60% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 07:42 0.0 mph, 0.0% 25 mm/Sec 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



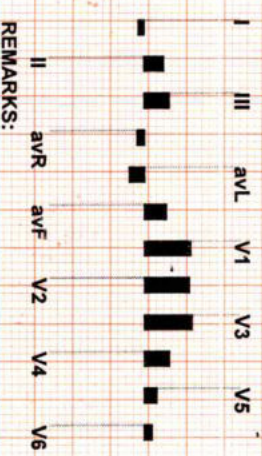
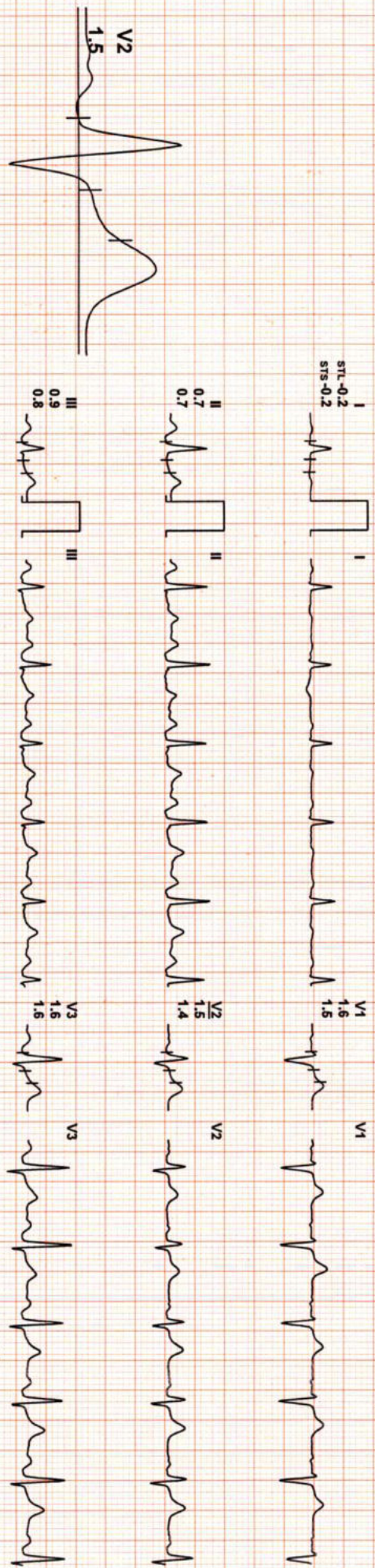
MR DEVENDRA JINDAL / 31 Yrs / F / 0 Cms / 0 Kg / HR : 109

Date: 11 / 02 / 2023

METS: 1.0 / 109 bpm 58% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 07:42 0.0 mph, 0.0%
25:mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



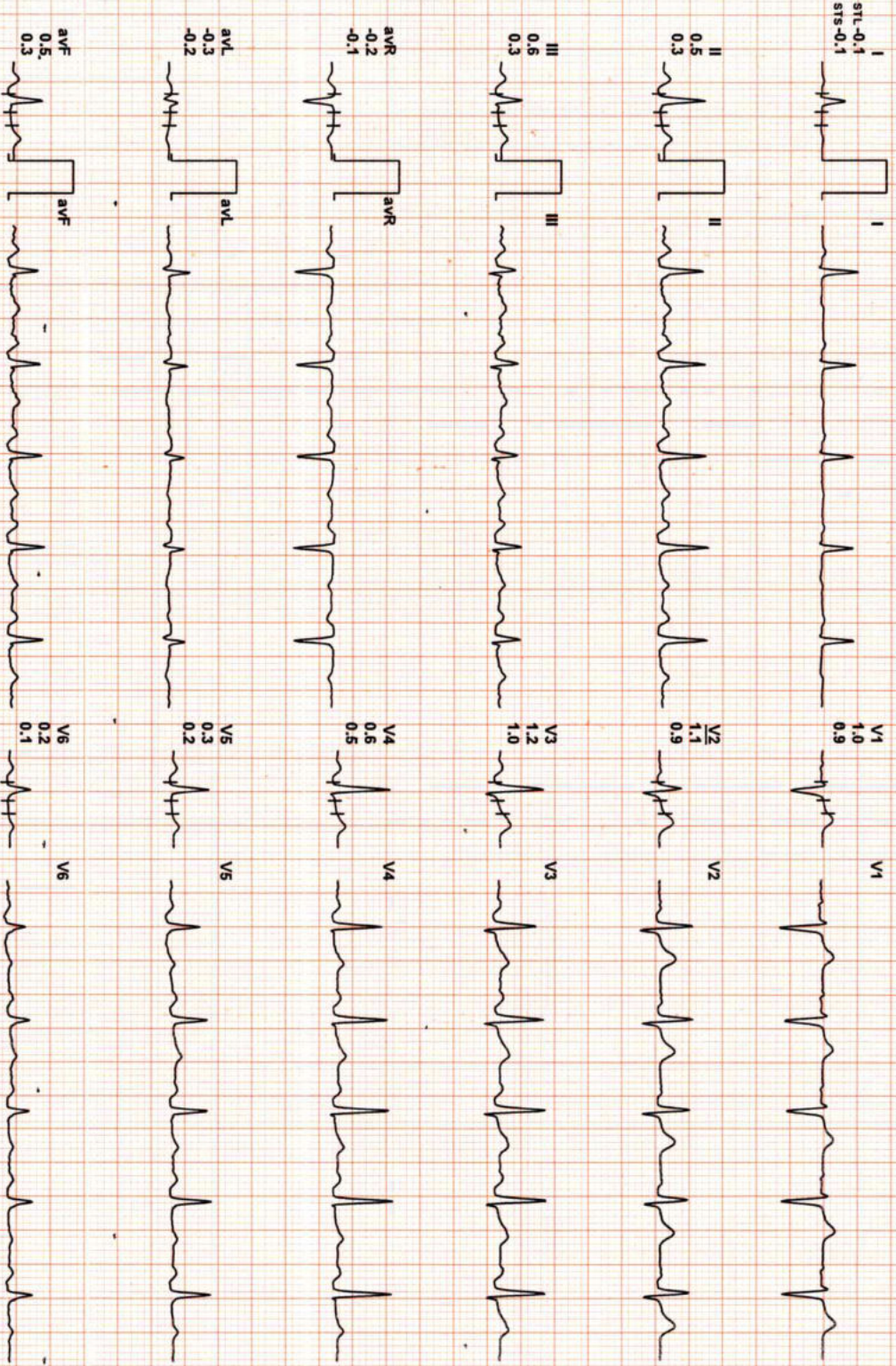
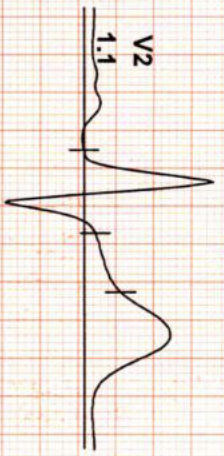
MR DEVENDRA JINDAL / 31 Yrs / F / 0 Cms / 0 Kg / HR : 101

Date: 11 / 02 / 2023

METS: 1.0/ 101 bpm 53% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 07:42 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



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

(ADX_GEM217220330)(R)Allengers



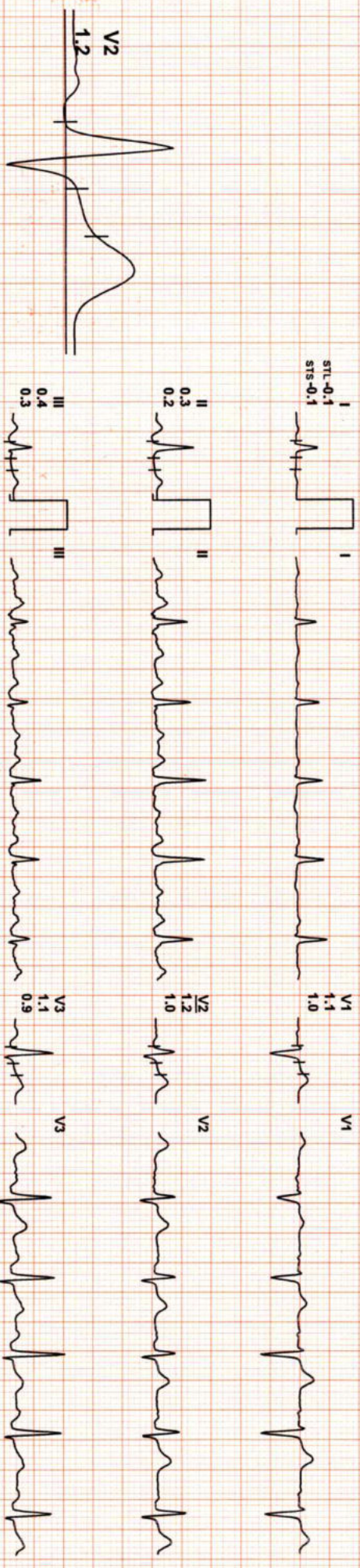
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Date: 11 / 02 / 2023

METS: 1.0/ 102 bpm 54% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 07:42 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV



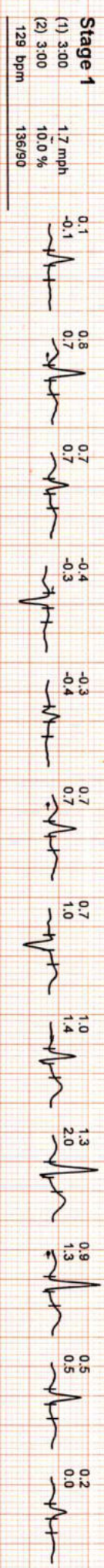
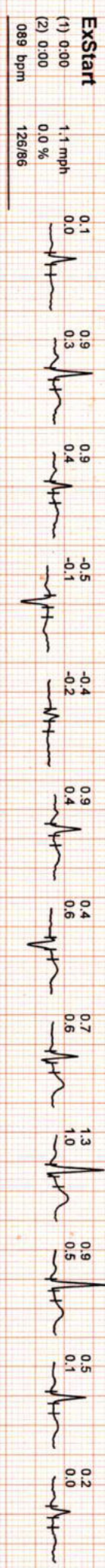
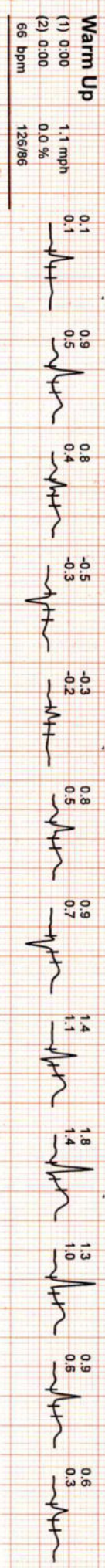
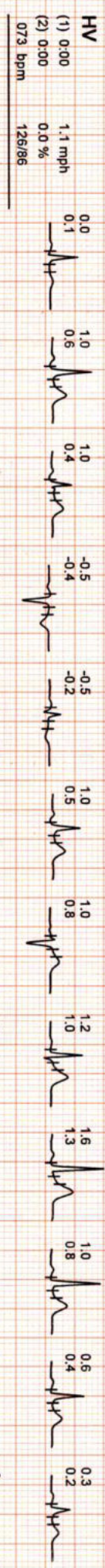
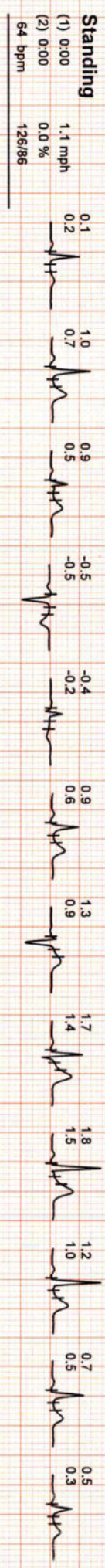
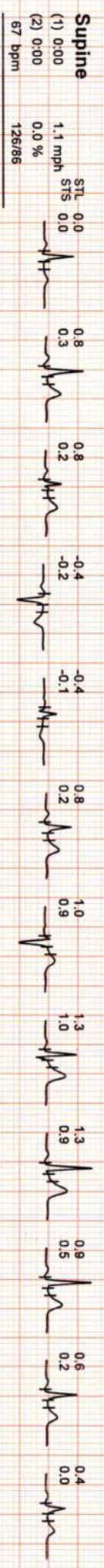
REMARKS:

(ADX_GEM217220330)(R)Allengers



MR DEVENDRA JINDAL 731 Yrs/F/10 Cms/10 Kg/HR: 67

Date: 11/02/2023



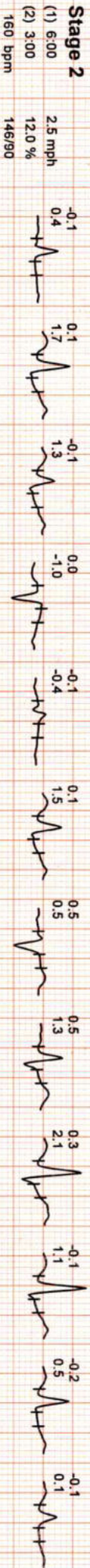
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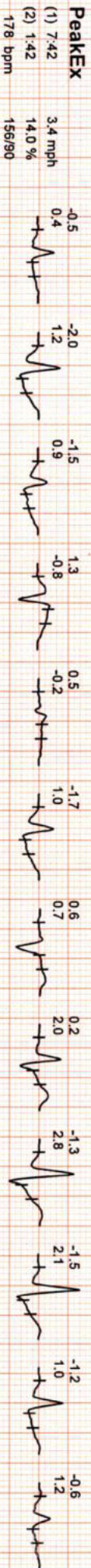
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Date: 11 / 02 / 2023

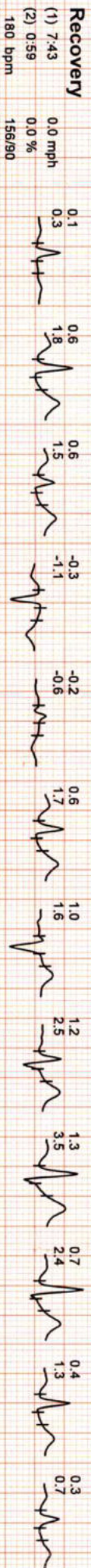
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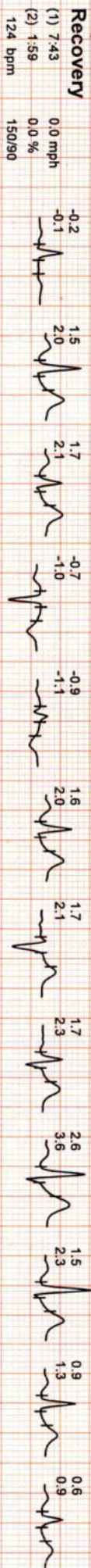
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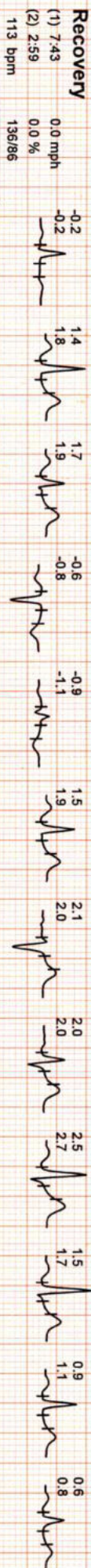
Recovery



Recovery



Recovery



Recovery



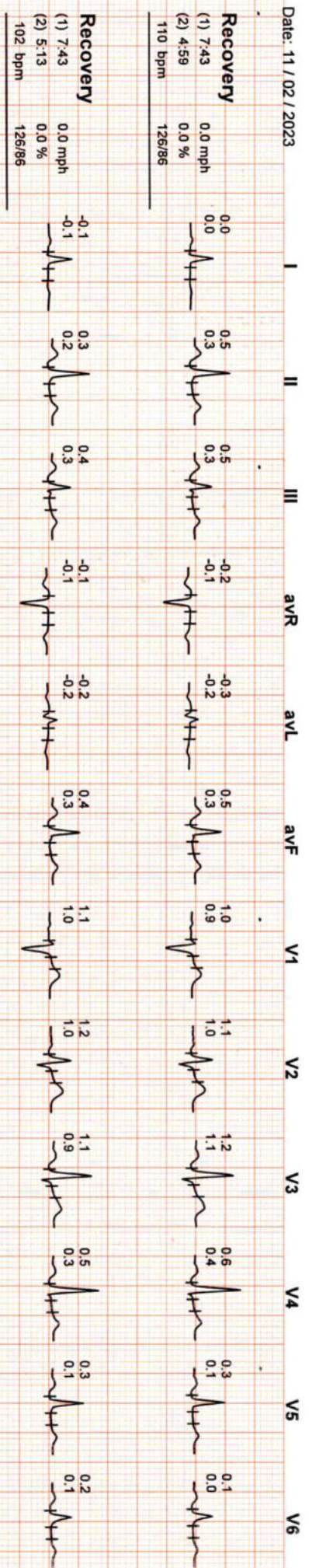
DR GOYAL'S PATH LAB & IMAGING CENTRE

Average



MR DEVENDRA JINDAL / 31 YRS / F / 10 Cms / 0 Kg / HR : 67

Date: 11 / 02 / 2023



(ADX_GEM217220330)(R)Allengers

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Date :- 11/02/2023 08:42:22

Patient ID :- 122229488

NAME :- Mr. DEVENDRA JINDEL

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 2 Mon 16 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample.Collected Time 11/02/2023 08:53:05

Final Authentication : 11/02/2023 14:31:37

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.6	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.21	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	61.3	%	40.0 - 80.0
LYMPHOCYTE	31.3	%	20.0 - 40.0
EOSINOPHIL	4.0	%	1.0 - 6.0
MONOCYTE	3.2	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.81	10 ³ /uL	1.50 - 7.00
LYMPH#	1.95	10 ³ /uL	1.00 - 3.70
EO#	0.25	10 ³ /uL	0.00 - 0.40
MONO#	0.19	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.28	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	44.90	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	85.1	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.1	g/dL	31.5 - 34.5
PLATELET COUNT	237	x10 ³ /uL	150 - 410
RDW-CV	13.6	%	11.6 - 14.0
MENTZER INDEX	16.12		

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

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

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HAEMATOLOGY

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

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

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

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

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

The "3-figure ESR" >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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NAME :- Mr. DEVENDRA JINDEL Ref. By Dr:- BOB
Sex / Age :- Male 31 Yrs 2 Mon 16 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F Sample Collected Time 11/02/2023 08:53:05 Final Authentication : 11/02/2023 14:31:37

HAEMATOLOGY

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

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

FASTING BLOOD SUGAR (Plasma) 101.5 mg/dl 75.0 - 115.0
Method:- GOD PAP

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

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

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 11/02/2023 08:53:05 Final Authentication : 11/02/2023 12:56:51

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	161.10	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	165.96 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	33.98	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	99.46	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	33.19	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.74		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.93		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	549.10	mg/dl	400.00 - 1000.00

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

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

DIRECT HDLCHOLESTERO InstrumentName:Radox Rx Imola **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

DIRECT LDL-CHOLESTEROL InstrumentName:Radox Rx Imola **Interpretation:** Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

TOTAL LIPID AND VLDL ARE CALCULATED

SURENDRAKHANGA

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.67	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	0.26	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.41	mg/dl	0.30-0.70
SGOT Method:- IFCC	22.0	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	33.4	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	42.10	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	13.20	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.60	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.77	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.83	gm/dl	2.20 - 3.50
A/G RATIO	1.69		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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Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 11/02/2023 08:53:05

Final Authentication : 11/02/2023 12:56:51

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	1.19	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	7.21 H	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM

Sample Collected Time 11/02/2023 08:53:05

Final Authentication : 11/02/2023 12:56:51

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	6.9	mg/dl	0.0 - 23.0

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Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 11/02/2023 08:53:05

Final Authentication : 11/02/2023 14:31:37

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.3

%

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

105

mg/dL

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

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Sample Type :- PLAIN/SERUM Sample Collected Time 11/02/2023 08:53:05 Final Authentication : 11/02/2023 12:20:06

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.266	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.150	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	4.080	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 T4 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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 MBBS, MD (Path)
 RMC No. 17975/008828



Date :- 11/02/2023 08:42:22
NAME :- Mr. DEVENDRA JINDEL
Sex / Age :- Male 31 Yrs 2 Mon 16 Days
Company :- MediWheel

Patient ID :- 122229488
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 11/02/2023 12:28:31

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

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

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

Prostate is normal in size (~19cc) with normal echo-texture and outline. No enlarged nodes are visualised. No retro-peritoneal lesion is identified. No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* Grade I fatty liver.

Needs clinical correlation for further evaluation

*** End of Report ***

