

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: Goyal@drpathlab.com

General Physical Examination

Date of Examination: 10-09-2023

Name: ASHOK KUMAR KULHARI Age: 34 Sex: Male

DOB: 06-08-1989

Referred By: BOB

Photo ID: Nadham ID #: attached

Ht: 174 (cm)

Wt: 78 (Kg)

Chest (Expiration): 95 (cm)

Abdomen Circumference: 92 (cm)

Blood Pressure: 132/82 mm Hg

PR: 70 / min

RR: 16 / min

Temp: Afebrile

BMI 25.8

Eye Examination: Disvision left eye - 6/24, right eye 6/6
Nearvision N/6 left eye, N/24 Right

Other: eye. no colour blindness
not significant

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

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

Signature Medical Examiner : _____ Name Medical Examiner _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017006

भारत सरकार
Government of India

अशोक कुमार कुल्हरी
Ashok Kumar Kulhari

जन्म तिथि/DOB: 06/08/1989
पुरुष / Male

9197 1074 9276

आधार - आम आदमी का अधिकार



आधार
Unique Identification Authority of India

पता: S/O: रामेश्वर लाल, उदंसर
गंगयासर, सीकर, राजस्थान, 332301

Address: S/O: Rameshwar
Lal, Udansar, Gangiasar,
Sikar, Rajasthan, 332301

9197 1074 9276

1800 300 1947 help@uidai.gov.in www.uidai.gov.in

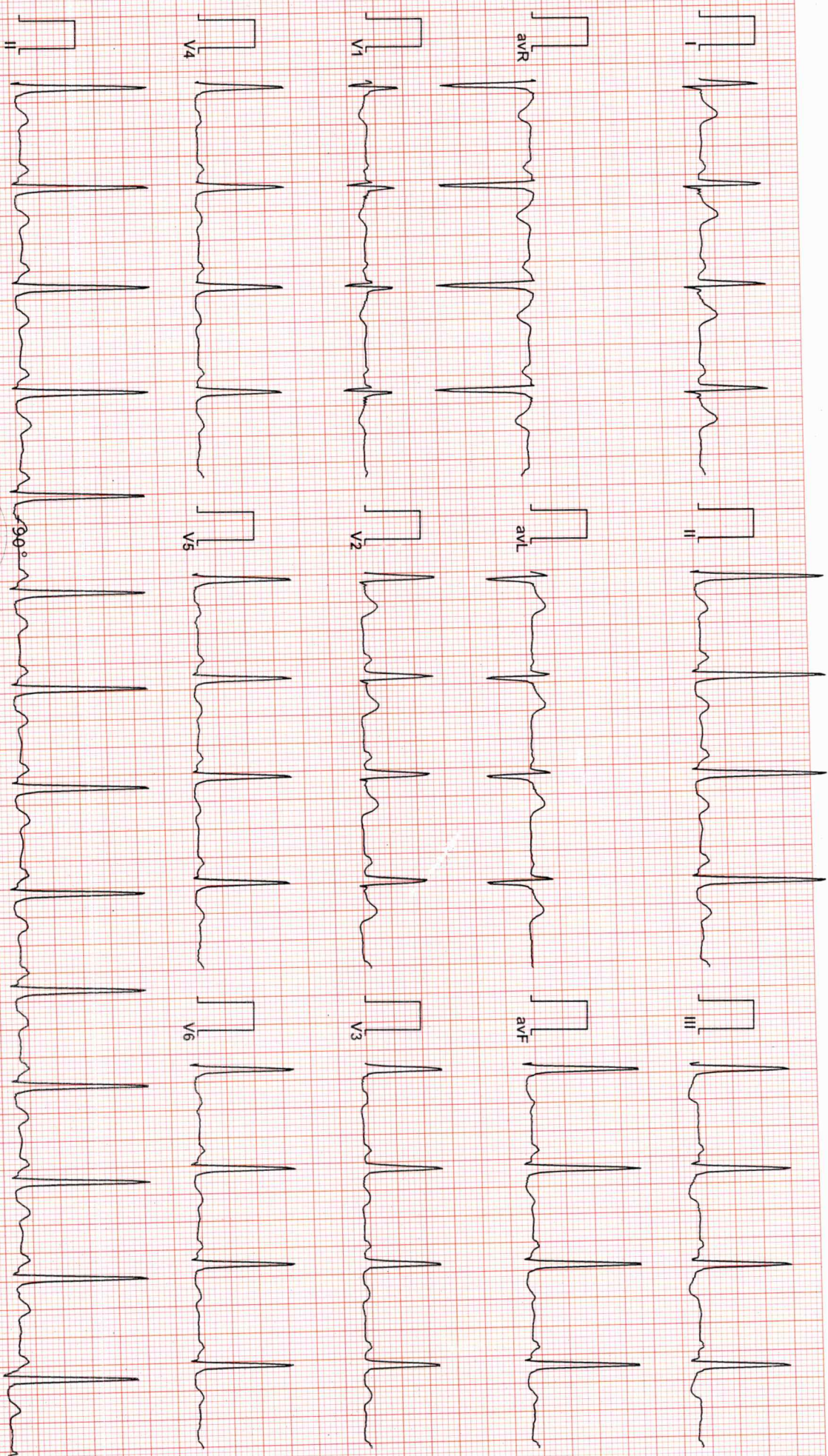
Ashok Kumar

Piyush Goyal
M.B.S., D.M.R.D.
RMC Reg. No.-017

DR. GOYALS PATH LAB & IMAGING CENTER

ECG

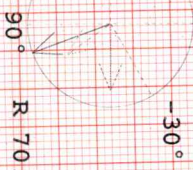
102223156 / MR ASHOK KUMAR KULHARI / 34 Yrs / M/ Non Smoker
Heart Rate : 84 bpm / Tested On : 10-Sep-23 10:00:39 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Reid By.: BOB



Vent Rate : 84 bpm
PR Interval : 136 ms
QRS Duration : 84 ms

QT/QTc Int : 347/384 ms
P-QRS-T axis : 55.00° / 70.00° / 180°

D/ Narash Kumar Mohanka
RMC No / 35703
MBBS, DIPLOMA IN CARDIO (ESCORTS)
DEEM (RCGP-UK)



Axis
R 70.00°
T 0.00°
P 55.00°

Reported By:

Atiengers ECG (P/ises)(P/IS218210312)



2875 / MR ASHOK KUMAR KULHARI / 34 Yrs / M / 0 Cms / 0 Kg / NonSmoker
 Date: 10 / 09 / 2023 10:01:21 AM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	01.1	00.0	01.0	092	49 %	120/80	110	00	
Standing	01:00	0:54	01.1	00.0	01.0	082	44 %	120/80	098	00	
HV	01:44	0:44	01.1	00.0	01.0	086	46 %	120/80	103	00	
Warm Up	02:08	0:24	01.1	00.0	01.0	087	47 %	120/80	104	00	
ExStart	03:10	1:02	01.0	00.0	01.0	103	55 %	120/80	123	00	
BRUCE Stage 1	06:10	3:00	01.7	10.0	04.7	145	78 %	125/85	181	00	
BRUCE Stage 2	09:10	3:00	02.5	12.0	07.1	167	90 %	135/85	225	00	
PeakEx	11:09	1:59	03.4	14.0	09.2	181	97 %	140/90	253	00	
Recovery	12:09	1:00	00.0	00.0	01.2	143	77 %	140/90	200	00	
Recovery	13:09	2:00	00.0	00.0	01.0	125	67 %	135/85	168	00	
Recovery	15:09	4:00	00.0	00.0	01.0	107	58 %	125/80	133	00	
Recovery	15:38	4:30	00.0	00.0	01.0	106	57 %	125/80	132	00	

FINDINGS :

Exercise Time : 07:59
 Max HR Attained : 181 bpm 97% of Target 186
 Max BP Attained : 140/90 (mm/Hg)
 Max Workload Attained : 9.2 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Base line show with there is
 st + changes seen during exercise
 in inforo st leads which
 reverted to base line within 1min
 of recovery recovery.

THT positive for RMI.
 Correlate with ECG 1.

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

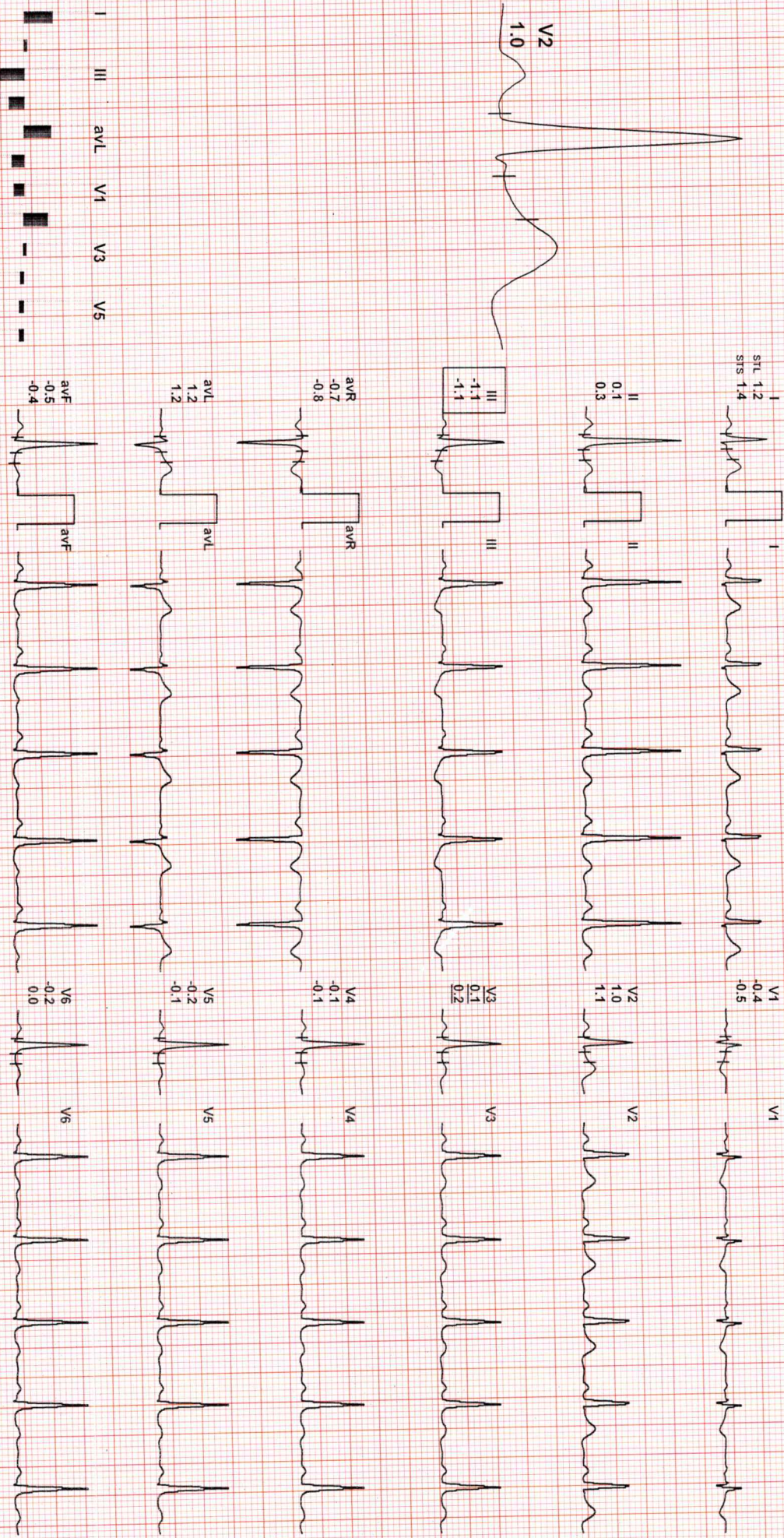


2875 / MR ASHOK KUMAR KULHARI / 34 Yrs / M / 0 Cms / 0 Kg / HR : 92

Date: 10 / 09 / 2023 10:01:21 AM METS: 1.0/ 92 bpm 49% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 H2/LF 100 Hz

4X 80 ms Post J

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



REMARKS:
II aVR aVF V2 V4 V6

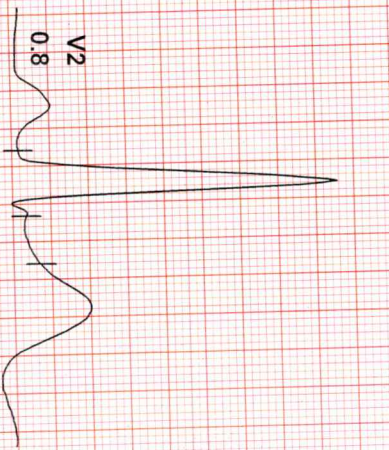


2875 / MR ASHOK KUMAR KULHARI / 34 Yrs / M / 0 Cms / 0 Kg / HR : 82

Date: 10 / 09 / 2023 10:01:21 AM METS: 1.0 82 bpm 44% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

ExTime: 00:00 - 1.1 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV



I
STL 0.7
STS 0.8

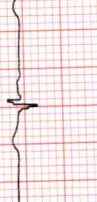
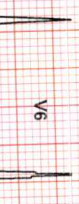
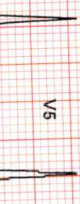
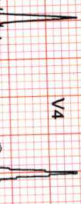
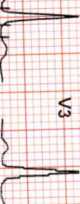
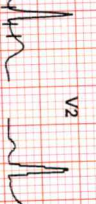
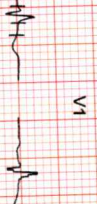
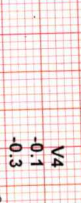
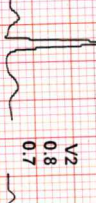
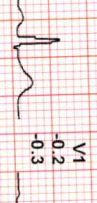
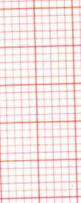
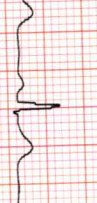
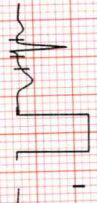
II
0.0
-0.3

III
-0.8
-1.0

aVR
-0.3
-0.3

aVL
0.8
0.9

aVF
-0.4
-0.6



REMARKS:
II avR avF V2 V4 V6
I III aVL V1 V3 V5

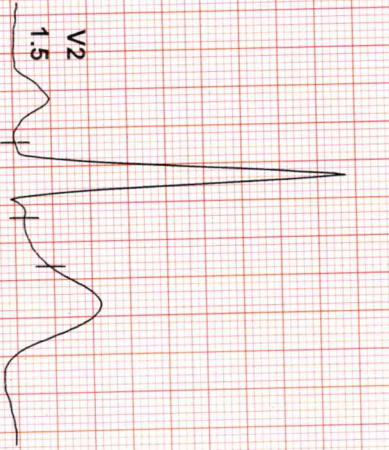


2875 / MR ASHOK KUMAR KULHARI / 34 Yrs / M / 0 Cms / 0 Kg / HR : 86

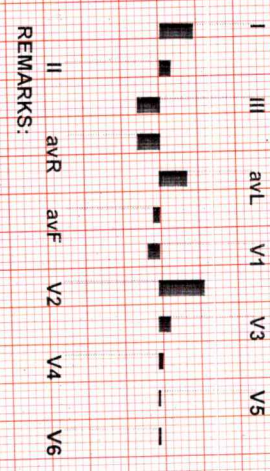
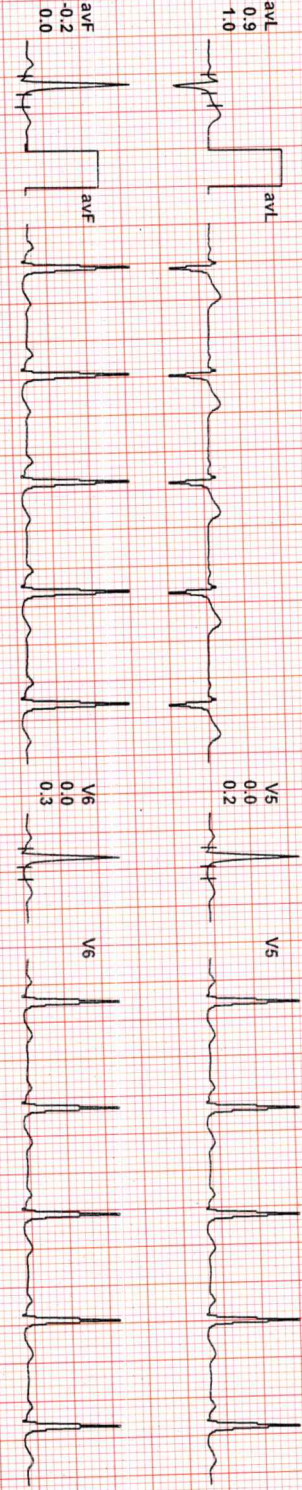
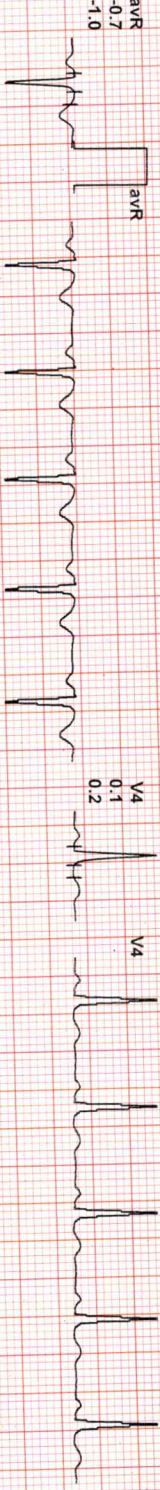
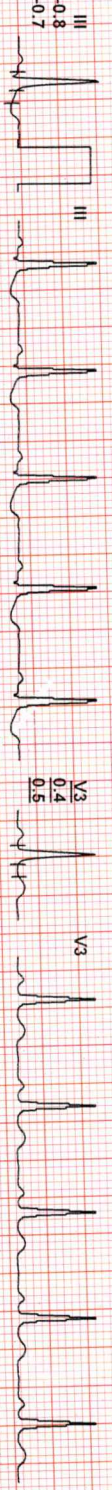
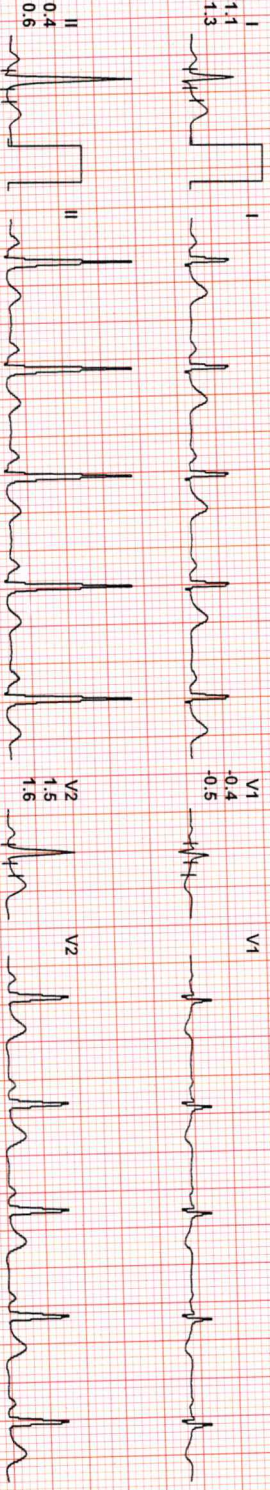
Date: 10 / 09 / 2023 10:01:21 AM METS: 1.0/ 86 bpm 46% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

ExTime: 00:00 1.1 mph 0.0%
25 mm/Sec 1.0 Cm/mV



STL 1.1
STS 1.3



REMARKS:

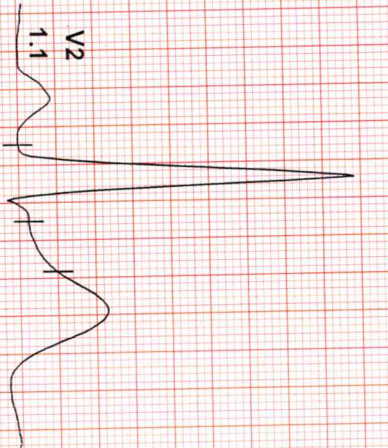


2875 / MR ASHOK KUMAR KULHARI / 34 Yrs / M / 0 Cms / 0 Kg / HR : 87

Date: 10 / 09 / 2023 10:01:21 AM METS: 1.0 / 87 bpm 47% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

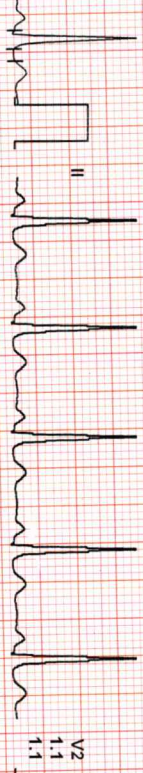
4X 80 mS Post U

EXTime: 09:00 1.1 mph, 0.0%
25 mm/Sec - 1.0 Cm/mV



STL 1.1
STRS 1.3

II 0.1
III -1.0
aVF -0.4



V1 -0.3
V2 1.1
V3 0.1
V4 -0.2
V5 -0.2
V6 -0.1



III -1.0
aVR -0.6
aVL 1.1



V3 0.1
V4 -0.2
V5 -0.2
V6 -0.1



aVR -0.6
aVL 1.1



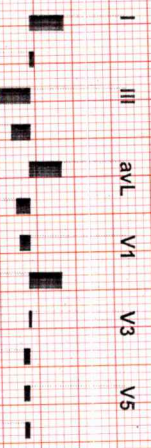
V4 -0.2
V5 -0.2
V6 -0.1



aVL 1.1



V5 -0.2
V6 -0.1



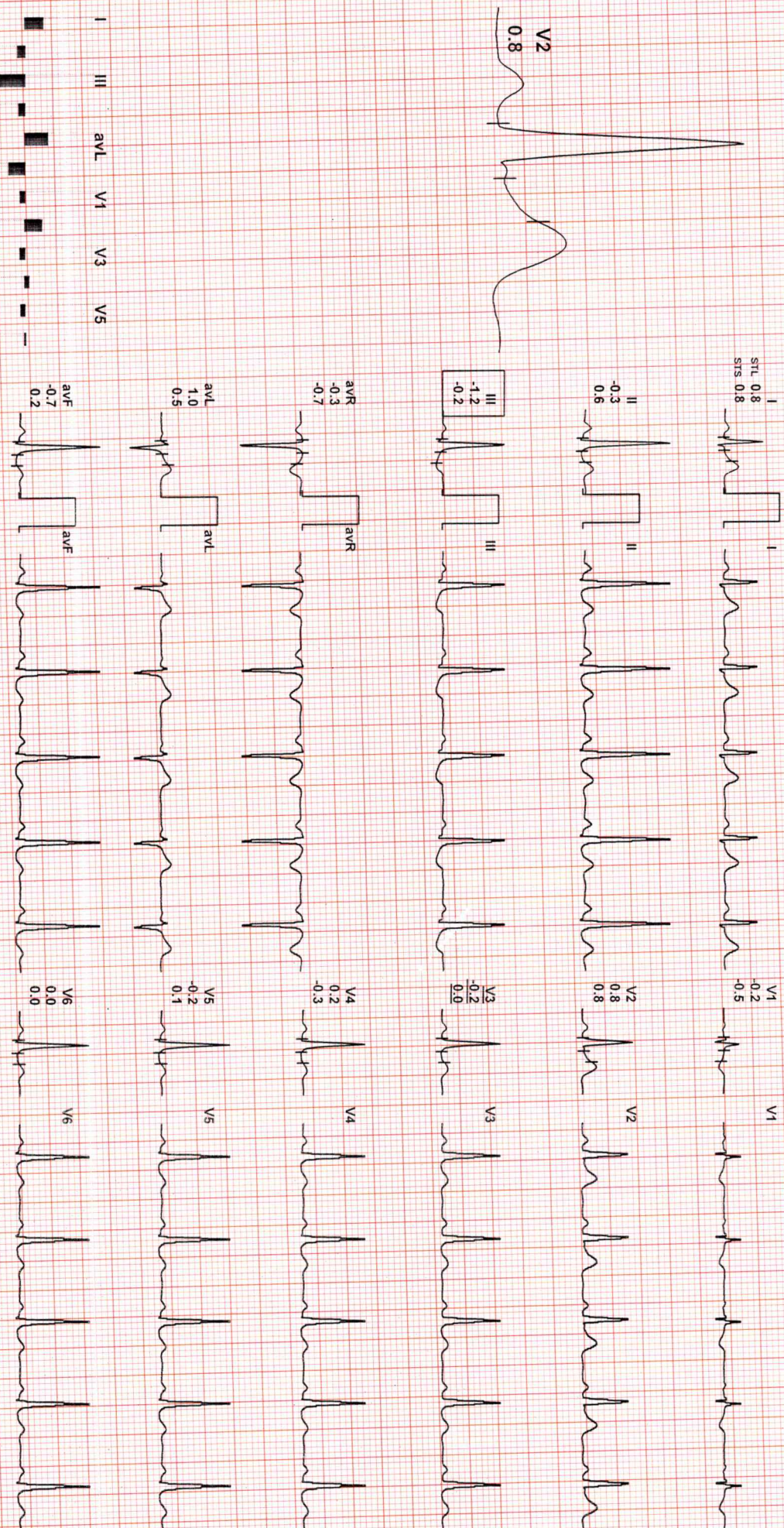
aVF -0.4
V6 -0.1



V6 -0.1



REMARKS:
II avR avF V2 V4 V6



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

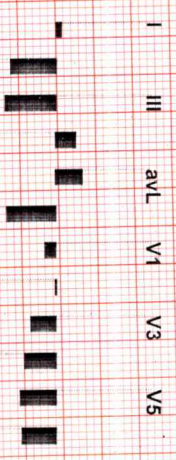
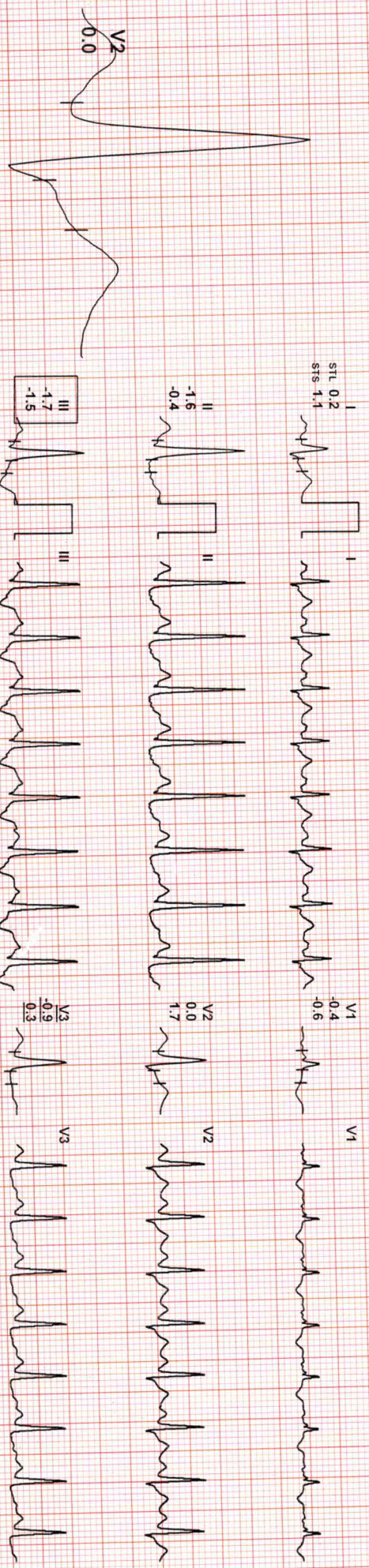


2875 / MR ASHOK KUMAR KULHARI / 34 Yrs / M / 0 Cms / 0 Kg / HR : 145

Date: 10 / 09 / 2023 10:01:21 AM METS: 4.71 145 bpm 78% of THR BP: 125/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

AX 60 MS Post J

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



II avR avF V2 V4 V6

REMARKS:

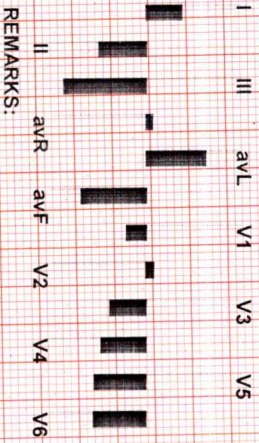
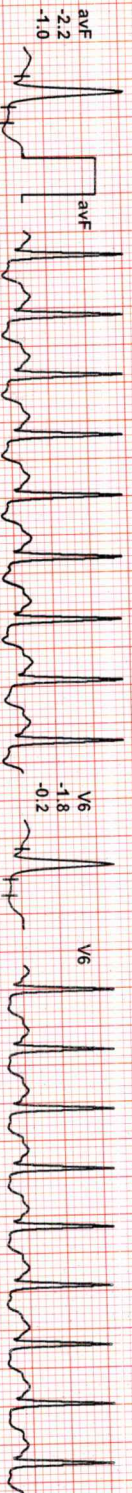
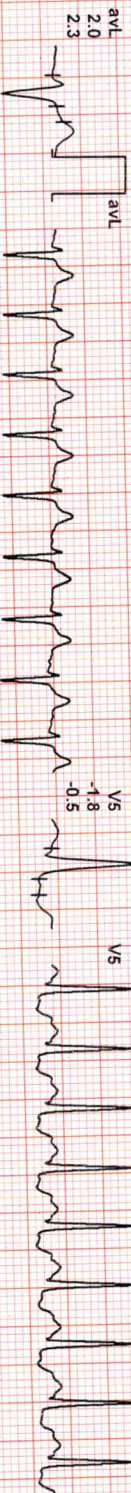
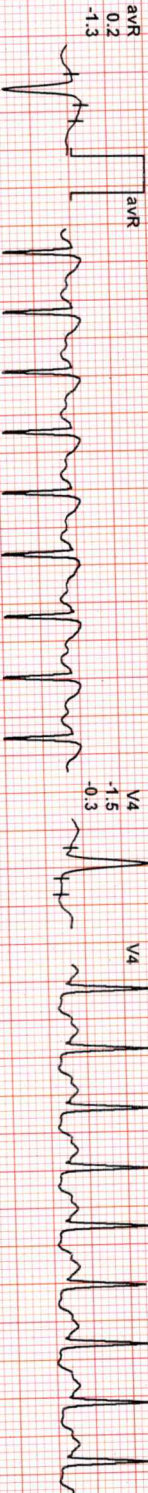
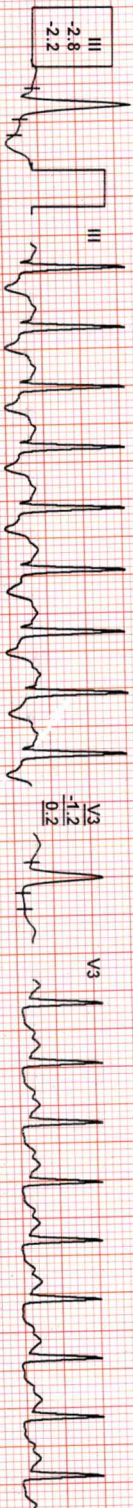
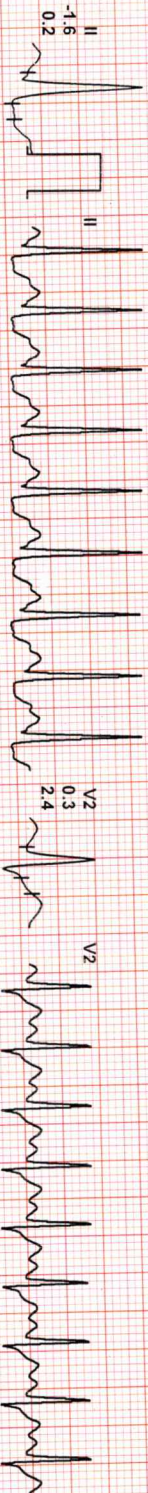
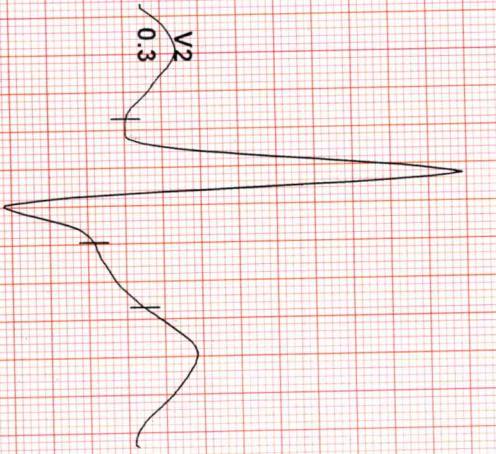


2875 / MR ASHOK KUMAR KULHARI / 34 Yrs / M / 0 Cms / 0 Kg / HR : 167

Date: 10 / 09 / 2023 10:01:21 AM METS: 7.1 / 167 bpm 90% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

4X 50 mS Post J

ExtTime: 06:00 - 2.5 mph - 12.0%
25 mm/Sec - 1.0 Cm/mV

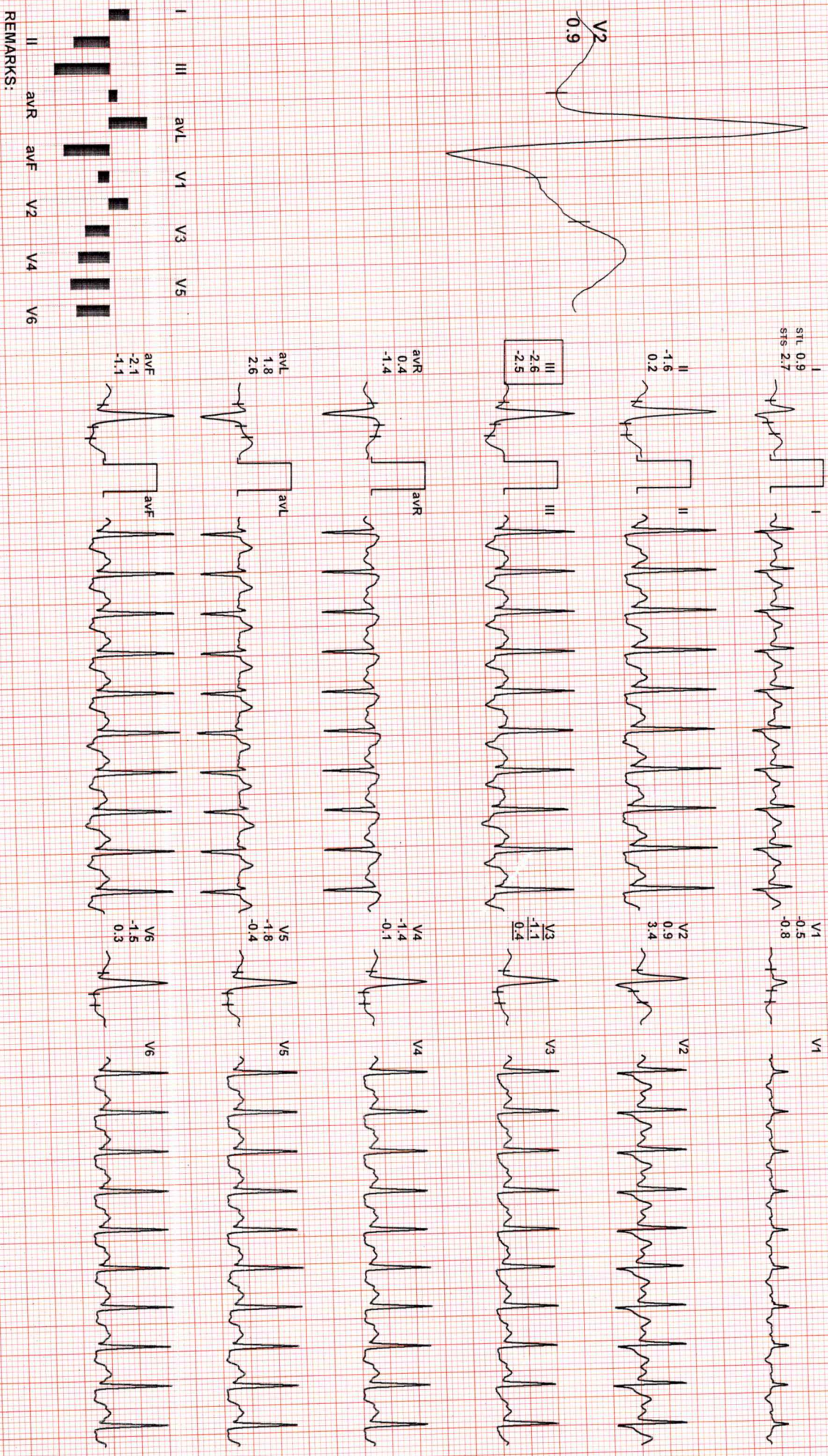
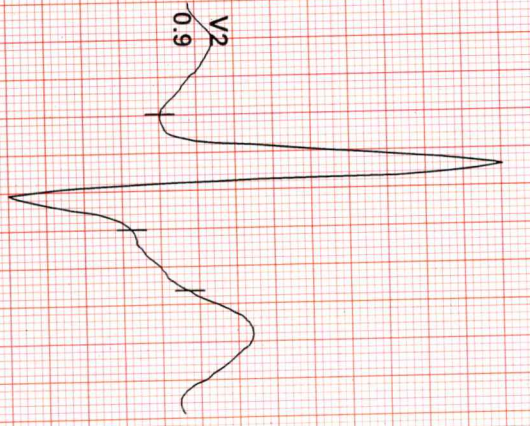


REMARKS:

Date: 10 / 09 / 2023 10:01:21 AM METS: 9.21 181 bpm 97% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 50 ms Post J

ExTime: 07:59 3.4 mph 14.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



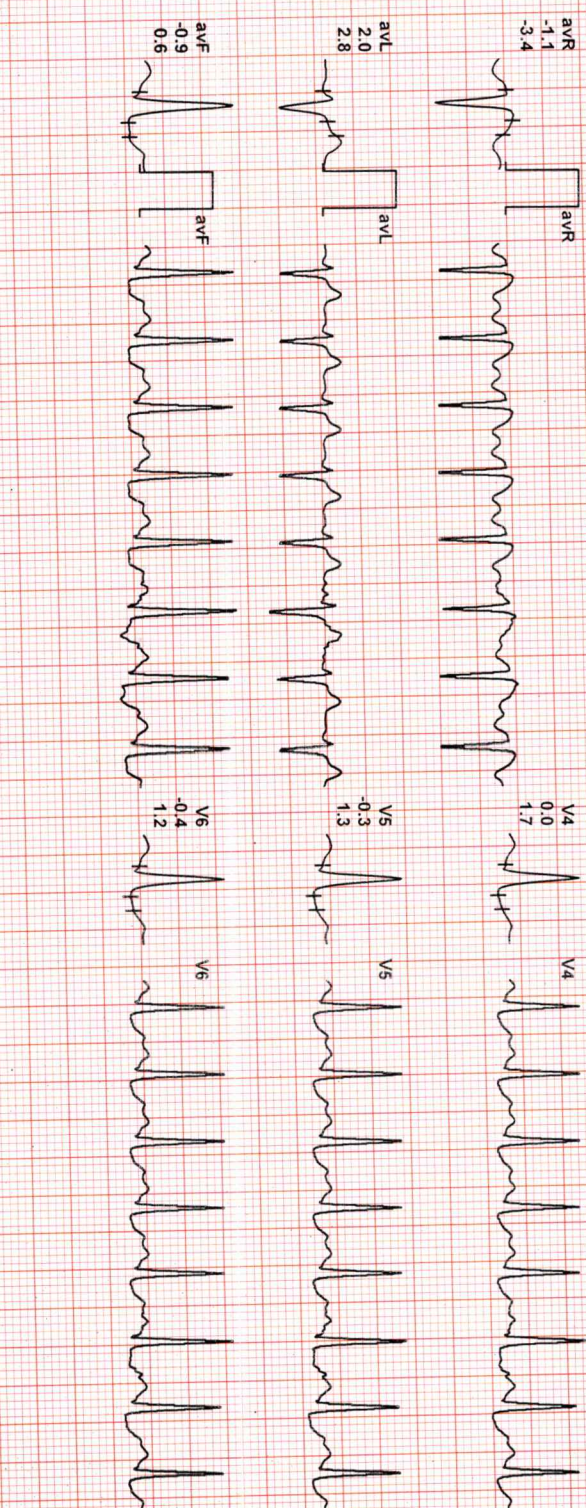
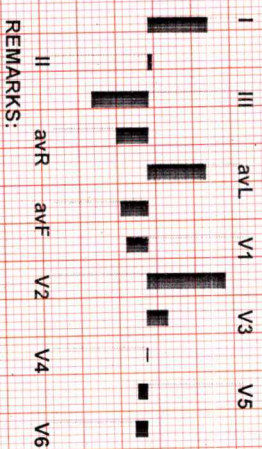
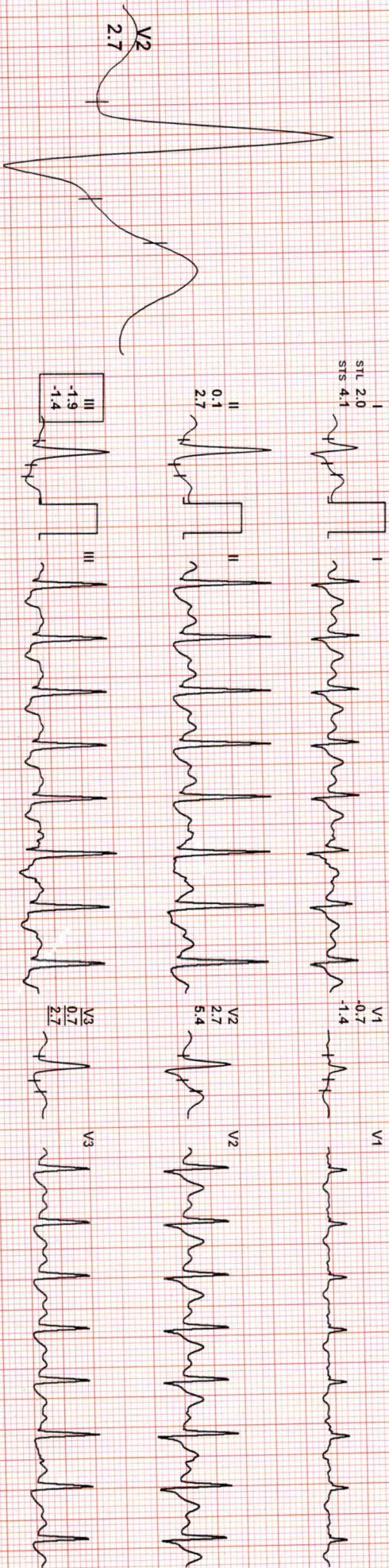
2875 / MR ASHOK KUMAR KULHARI / 34 Yrs / M / 0 Cms / 0 Kg / HR : 143

Date: 10 / 09 / 2023 10:01:21 AM METS: 1.21 143 bpm 77% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:59 0.0 mph 0.0%

4X 50 mS Post J

25 mm/Sec - 1.0 Cm/mV



REMARKS:

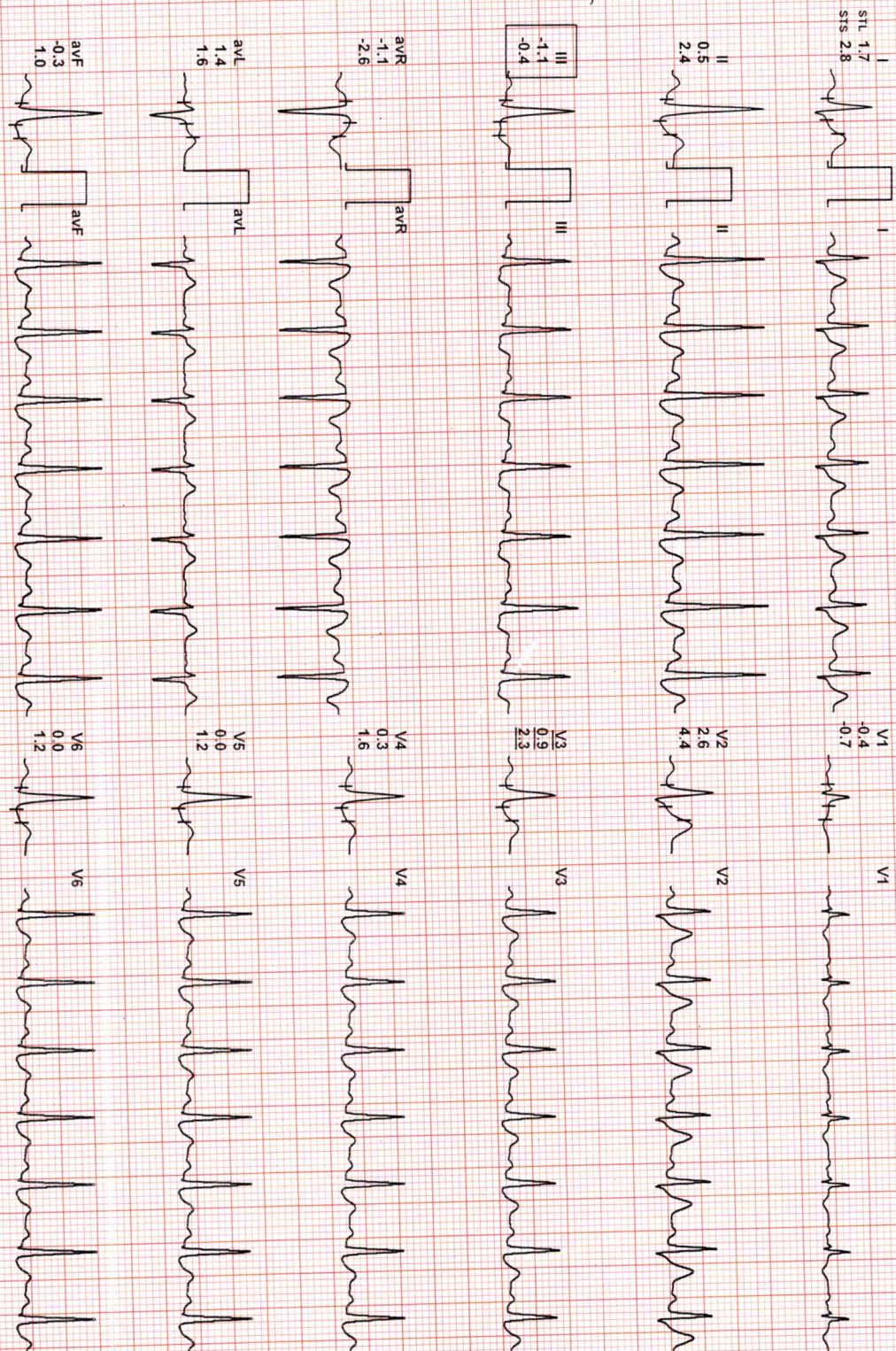


2875 / MR ASHOK KUMAR KULHARI / 34 Yrs / M / 0 Cms / 0 Kg / HR : 125

Date: 10 / 09 / 2023 10:01:21 AM METS: 1.0/ 125 bpm 67% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

4X 70 ms Post J

ExTime: 07:59 0.0 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

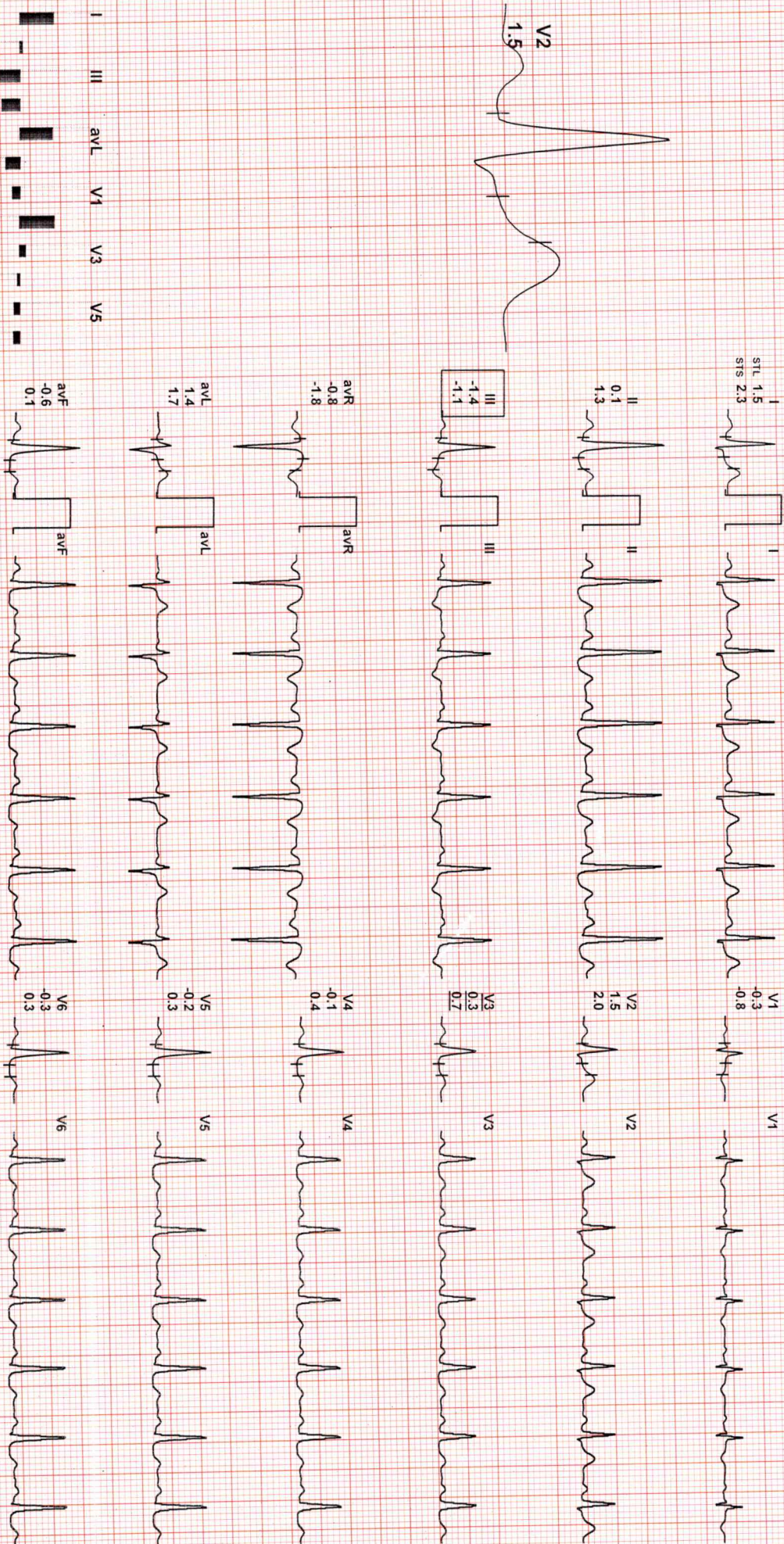


Date: 10 / 09 / 2023 10:01:21 AM METS: 1.0 / 107 bpm 58% of THR BP: 125/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:59 0.0 mph, 0.0%

4X 70 mS Post J

25 mm/Sec. 1.0 Cm/mV



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

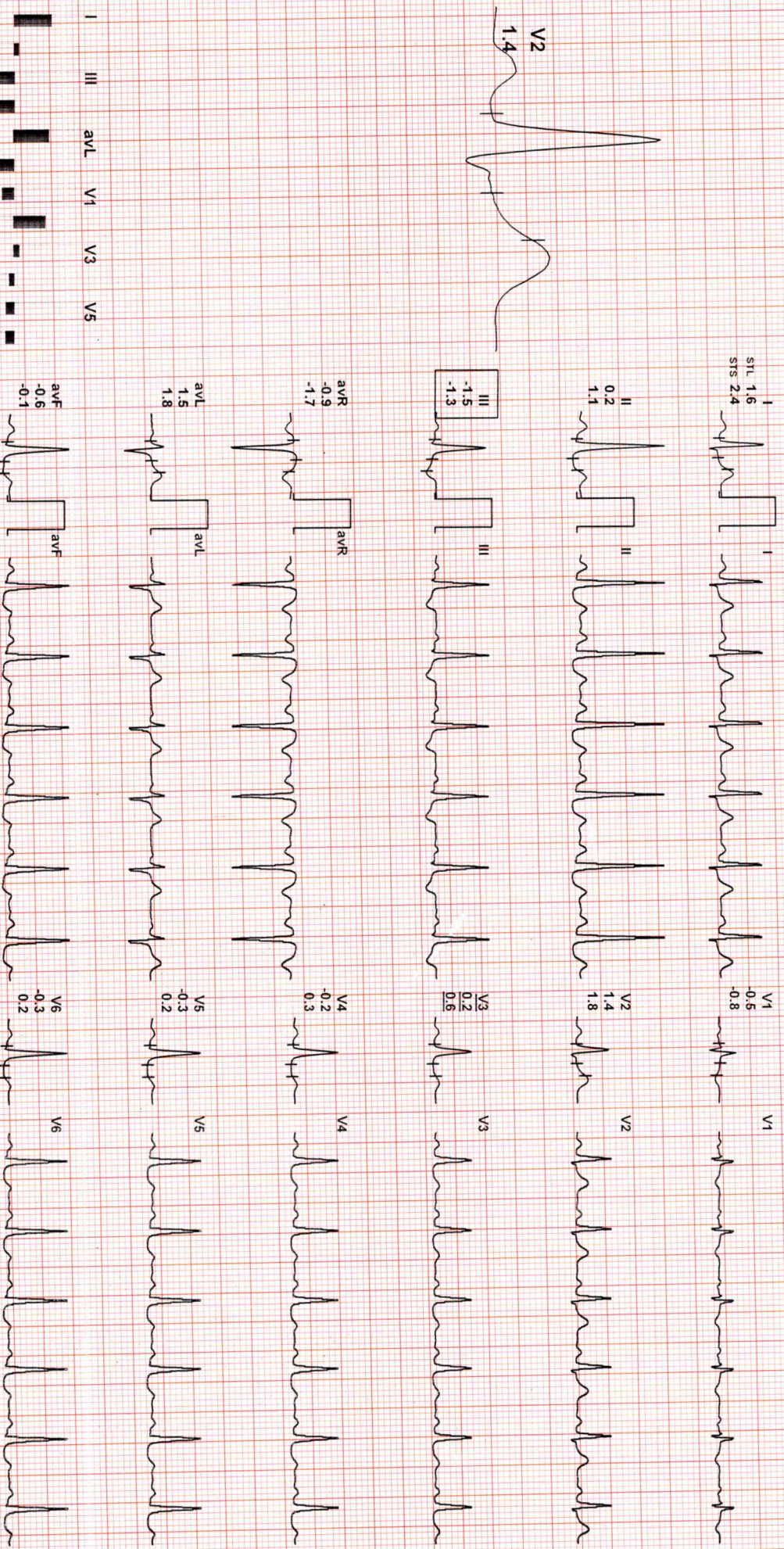


2875 / MR ASHOK KUMAR KULHARI / 34 Yrs / M / 0 Cms / 0 Kg / HR : 106

Date: 10 / 09 / 2023 10:01:21 AM METS: 1.0 / 106 bpm 57% of THR BP: 125/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

4X 80 mS Post J

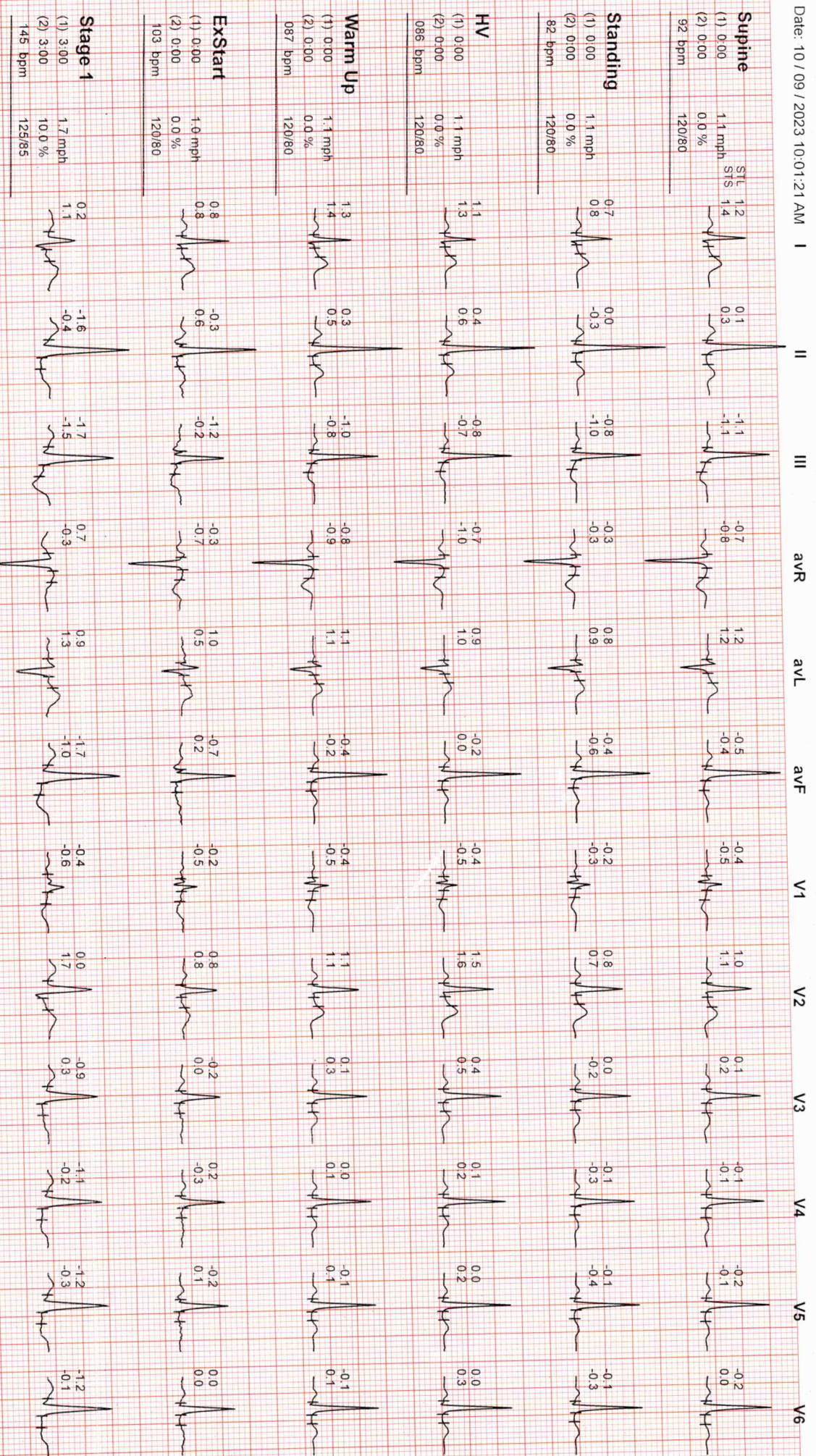
ExTime: 07:59 0.0 mph... 0.0%
25 mm/Sec - 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6



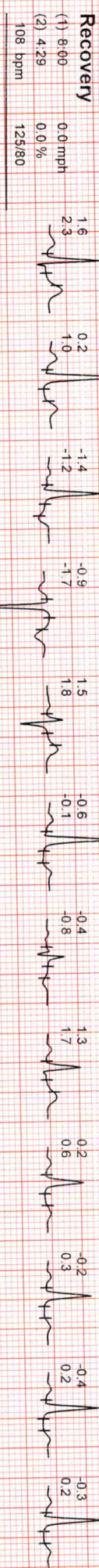
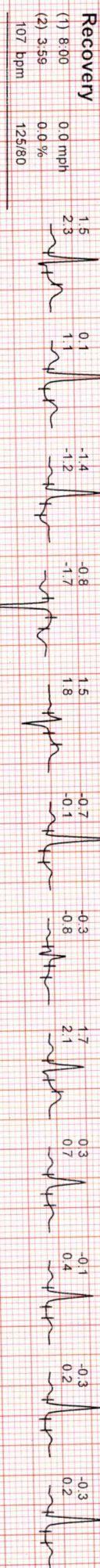
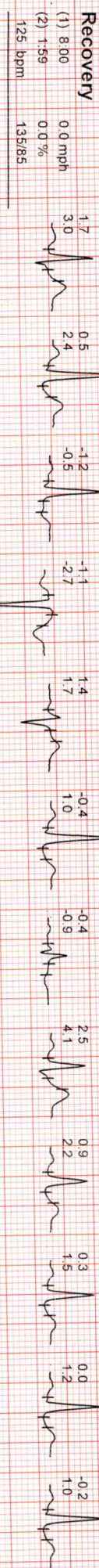
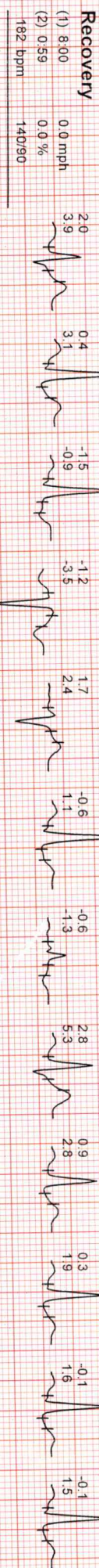
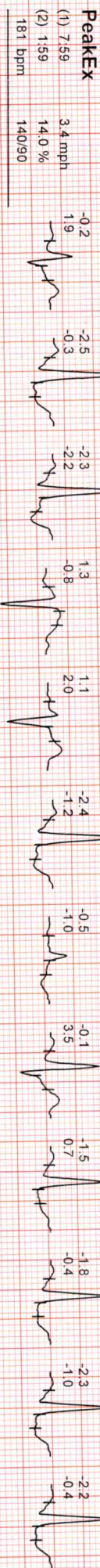
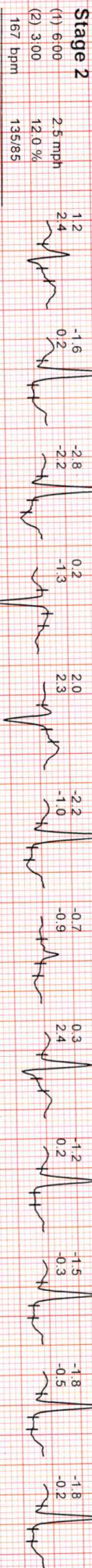
Date: 10 / 09 / 2023 10:01:21 AM





Date: 10 / 09 / 2023 10:01:21 AM

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





Date :- 10/09/2023 08:26:26	Patient ID :-12232871
NAME :- Mr. ASHOK KUMAR KULHARI	Ref. By Doctor:-BOB
Sex / Age :- Male 34 Yrs 1 Mon 4 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 10/09/2023 10:55:25

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 ***

AHSAN



Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 10/09/2023 08:26:26
NAME :- Mr. ASHOK KUMAR KULHARI
Sex / Age :- Male 34 Yrs 1 Mon 4 Days
Company :- MediWheel

Patient ID :- 12232871
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 10/09/2023 09:49:35

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. 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 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:

Normal study

Needs clinical correlation for further evaluation

*** End of Report ***

AHSAN

Page No: 1 of 1

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RMC Reg No. 017996

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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.

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MC- 5509

Date :- 10/09/2023 08:26:26
NAME :- Mr. ASHOK KUMAR KULHARI
Sex / Age :- Male 34 Yrs 1 Mon 4 Days
Company :- MediWheel

Patient ID :-12232871
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 10/09/2023 08:54:26

Final Authentication : 10/09/2023 12:51:12

HAEMATOLOGY

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

BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

8.3 H %

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

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

Test Interpretation:

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

Ref by ADA 2020

MEAN PLASMA GLUCOSE
Method:- Calculated Parameter

192 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
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.3	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.34	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	54.6	%	40.0 - 80.0
LYMPHOCYTE	37.0	%	20.0 - 40.0
EOSINOPHIL	3.1	%	1.0 - 6.0
MONOCYTE	5.1	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	2.37	10 ³ /uL	1.50 - 7.00
LYMPH#	1.61	10 ³ /uL	1.00 - 3.70
EO#	0.13	10 ³ /uL	0.00 - 0.40
MONO#	0.22	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	6.28 H	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	41.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	66.6 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	21.1 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.7	g/dL	31.5 - 34.5
PLATELET COUNT	191	x10 ³ /uL	150 - 410
RDW-CV	16.9 H	%	11.6 - 14.0
MENTZER INDEX	10.61		

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) 09 mm/hr. 00 - 13

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

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

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

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

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: 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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Page No: 3 of 12



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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/09/2023 08:54:26

Final Authentication : 10/09/2023 10:42:38

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	233.44 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	191.73 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	38.02	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	163.46 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	38.35	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.14 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.30 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	739.08	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

SURENDRAKHANGA

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 Company :- MediWheel

Patient ID :-12232871
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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/09/2023 08:54:26

Final Authentication : 10/09/2023 10:42:38

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.89	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	0.23	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.66	mg/dl	0.30-0.70
SGOT Method:- IFCC	36.2	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	77.8 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	82.10	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	15.30	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.20	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.59	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.61	gm/dl	2.20 - 3.50
A/G RATIO	1.76		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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Company :- MediWheel

Patient ID :-12232871
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/09/2023 08:54:26

Final Authentication : 10/09/2023 10:19:55

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.470	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.690	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.120	μIU/mL	0.350 - 5.500

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

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

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

INTERPRETATION

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

AJAYKUMAR
Technologist

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Sex / Age :- Male 34 Yrs 1 Mon 4 Days
Company :- MediWheel

Patient ID :- 12232871
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 10/09/2023 08:54:26

Final Authentication : 10/09/2023 12:09:51

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.0		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 Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/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 10/09/2023 08:54:26

Final Authentication : 10/09/2023 12:09:51

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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STOOL ANALYSIS

PHYSICAL EXAMINATION

MUCUS

BLOOD

MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA
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Page No: 8 of 12



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Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sulfur Dioxide, PLAIN SERUM

Final Authentication : 10/09/2023 12:41:13

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 87.5 mg/dl 75.0 - 115.0
Method:- GOD PAP

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

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

BLOOD SUGAR PP (Plasma) 91.9 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 0.97 mg/dl Men - 0.6-1.30
Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 6.67 mg/dl Men - 3.4-7.0
Method:- Enzymatic colorimetric Women - 2.4-5.7

SURENDRAKHANGA

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AHSAN, AJAYKUMAR, AJAYSINGH, SURENDRAKHANGA, VIJENDRAMEENA



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HAEMATOLOGY

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

AJAYSINGH, VIJENDRAMEENA
Technologist

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Path Lab & Imaging Centre

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Date :- 10/09/2023 08:26:26
NAME :- Mr. ASHOK KUMAR KULHARI
Sex / Age :- Male 34 Yrs 1 Mon 4 Days
Company :- MediWheel

Patient ID :-12232871
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/09/2023 08:54:26

Final Authentication : 10/09/2023 10:42:38

BIOCHEMISTRY

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

*** End of Report ***

SURENDRAKHANGA

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