

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangar Road, Jaipur - 302018

Tele : 0141-2293340, 4040787, 9887049787

Website : www.dr.goyalpathlab.com | E-mail : dr.goyalpiyush@gmail.com

### General Physical Examination



Date of Examination: 27/08/2022

Name: DEEPAJ KANUMGO Age: 28 DOB: 08/11/1994 Sex: Male

Referred By: BOB

Photo ID: DIL ID #: attached.

Ht: 170 (cm)

Wt: 94 (Kg)

Chest (Expiration): 106 (cm)

Abdomen Circumference: 102 (cm)

Blood Pressure: 126/86 mm Hg

PR: 76 / min

RR: 15 / min

Temp: afebrile

BMI 32.1

Eye Examination: Vision Normal 6/6, N/6

Normal Color vision

Other: ROC significant-

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

Signature Of Examinee: Deepa

Name of Examinee: \_\_\_\_\_

Signature Medical Examiner: \_\_\_\_\_

Name Medical Examiner: \_\_\_\_\_

**Dr Piyush Goyal**  
M.B.B.S, D.M.R.D  
RMC Reg No -017966

**INDIAN UNION DRIVING LICENCE**  
**MADHYA PRADESH STATE**

Number: MP12B204607004  
 Name: NERALJ KANUNGU  
 B.O.W of Address: SARAN KANUNGU  
 RISHI PRIVATE SCHOOL  
 RAJNAGA NAGAR  
 KHANWA, MP

Issued on: 12-01-2016  
 DOS: 05-11-1994 50 yrs  
 is Licence to drive

Vehicle Class: MCWV2  
 State of issue: MP

Valid till: 12-01-2018

MINISTRY OF TRANSPORT, GOVT. OF INDIA

SUNE, KHANWA



REGISTERED BY: [Signature]  
 AUTHENTICATING: [Signature]

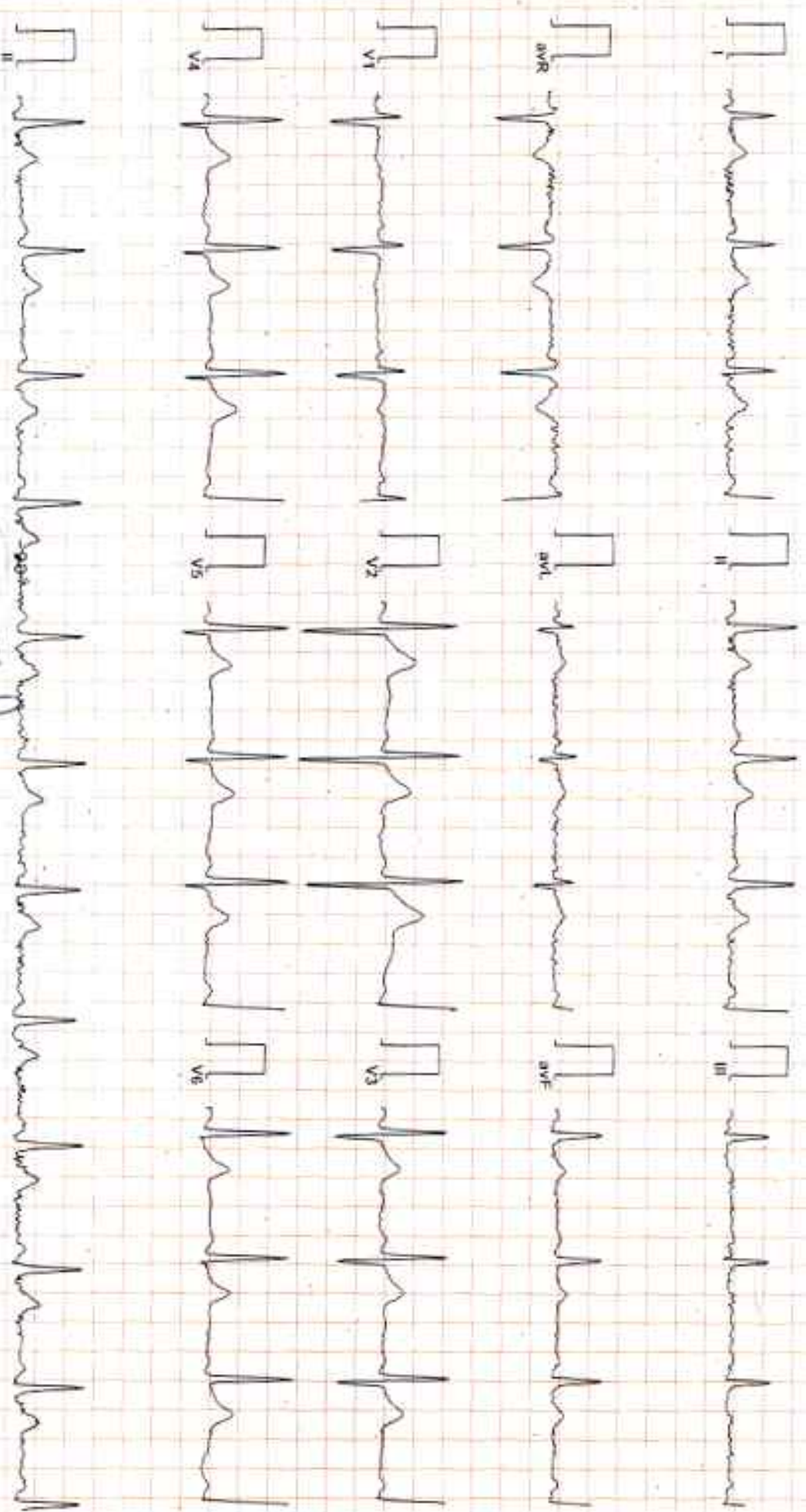
**Dr Piyush Goyal**  
**M.B.B.S, D.M.R.D**  
**RMC Reg No -017996**

*Neyaj*

DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

ECG

1998 / MR NEERAJ KANUNGO / 28 Yrs / M / Non Smoker  
Heart Rate : 68 bpm / Tested On : 27-Aug-22 11:13:40 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Reid By: BOB



Vent Rate : 68 bpm  
PR Interval : 144 ms  
QRS Duration : 84 ms  
QT/QTc Int : 386/400 ms  
P-QRS-T Axis : 44.00° 55.00° 11.00°

180°

-30°

Dr. Neeraj Kanungo (MCh) MD  
FACCT No. 25703  
Senior Cardiol (Resident)  
TDBL (Rajasthan)  
E 44.00°

*Neeraj*

Reported By:

*Neeraj*



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



Date :- 27/08/2022 09:05:36  
**NAME :- Mr. NEERAJ KANUNGO**  
 Sex / Age :- Male 28 Yrs  
 Company :- MediWheel

Patient ID :- 12221895  
 Ref By Dr :- BOB  
 Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 27/08/2022 10:00:16

Final Authentication : 27/08/2022 13:30:15

### HAEMATOLOGY

### Biological Ref Interval


Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE BELOW 40MALE</b>			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	14.1	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.54	/cumm.	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	62.0	%	40.0 - 80.0
LYMPHOCYTE	28.7	%	20.0 - 40.0
EOSINOPHIL	5.6	%	1.0 - 6.0
MONOCYTE	3.4	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.44	$10^3/\mu\text{L}$	1.50 - 7.00
LYMPH#	1.59	$10^3/\mu\text{L}$	1.00 - 3.70
EO#	0.31	$10^3/\mu\text{L}$	0.00 - 0.40
MONO#	0.18	$10^3/\mu\text{L}$	0.00 - 0.70
BASO#	0.02	$10^3/\mu\text{L}$	0.00 - 0.10
<b>TOTAL RED BLOOD CELL COUNT (RBC)</b>	<b>4.42</b>	$\times 10^6/\mu\text{L}$	4.50 - 5.50
<b>HEMATOCRIT (HCT)</b>	43.00	%	40.00 - 50.00
<b>MEAN CORP VOLUME (MCV)</b>	97.3	fL	83.0 - 101.0
<b>MEAN CORP HB (MCH)</b>	31.9	Pg	27.0 - 32.0
<b>MEAN CORP HB CONC (MCHC)</b>	32.8	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	271	$\times 10^3/\mu\text{L}$	150 - 410
<b>RDW-CV</b>	13.1	%	11.6 - 14.0
<b>MENTZER INDEX</b>	22.01		

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.

AJAYSINGH  
**Technologist**

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

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Date :- 27/08/2022 09:05:30  
**NAME :- Mr. NEERAJ KANUNGO**  
 Sex / Age :- Male 28 Yrs  
 Company :- MediWheel

Patient ID :- 12221895  
 Ref. By Dr:- BOB  
 Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 27/08/2022 10:00:16

Final Authentication 27/08/2022 13:30:15

### HAEMATOLOGY

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

(ESR) Methodology : Measurement of ESR by cells aggregation

Instrument Name : Independent from 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 hyperfibrinogenemia.

The "J-figure ESR" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia

ICBC Methodology

ICBC Methodology : ILC-DIC 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-1, Japan

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Date :- 27/08/2022 09:05:36  
**NAME :- Mr. NEERAJ KANUNGO**  
 Sex / Age :- Male 28 Yrs  
 Company :- Med/Wheel  
 Patient ID :- 12221895  
 Ref. By Dr:- BOB  
 Lab/Hosp :-  
 Sample Type :- EDTA, K2Ox/Na FLUORIDE-F, UEM  
 Sample Collected Time 27/08/2022 10:00:16

Final Authentication : 27/08/2022 13:30:15

### HAEMATOLOGY

Biological Ref Interval

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)		
FASTING BLOOD SUGAR (Plasma)	97.9	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: HaeDex Rs Imvix Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases			
URINE SUGAR (FASTING)	NIL		NIL
Collected Sample Received			

AJAYSINGH, SKSHARMA, SURENDRAMEENA  
**Technologist**

Page No. 3 of 18



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 RMC No. 17975/008828  
**Dr. Chandrika Gupta**

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Date - 27/08/2022 09:05:36  
**NAME :- Mr. NEERAJ KANUNGO**  
Sex / Age - Male 28 Yrs  
Company - MediWheel  
Sample Type - STOOL

Patient ID :- 12221895  
Ref. By Dr - BOB  
Lab/Hosp :-

Sample Collected Time 27/08/2022 10:00:16

Final Authentication : 27/08/2022 12:51:40

### CLINICAL PATHOLOGY

### Biological Ref Interval

Test Name	Value	Unit	Biological Ref Interval
<b>STOOL ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	YELLOW		
MUCUS			
BLOOD			
<b>MICROSCOPIC EXAMINATION</b>			
RBC'S		/HPF	
WBC/HPF		/HPF	
OVA			
CYSTS			
OTHERS			
Collected Sample Received			

SURENDRAMEENA  
Technologist

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Date : 27/08/2022 09:05:36  
**NAME :- Mr. NEERAJ KANUNGO**  
 Sex / Age : Male 28 Yrs  
 Company :- Med/Wheel  
 Sample Type :- PLAIN/SERUM

Patient ID :-12221895  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Collected Time 27/08/2022 10:00:16

Final Authentication : 27/08/2022 11:51:53

Test Name	BIOCHEMISTRY		Biological Ref Interval
	Value	Unit	
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL <small>Method- Enzymatic Endpoint Method</small>	237.02 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES <small>Method- GPO-PAP</small>	175.38 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL <small>Method- Direct clearance Method</small>	44.52	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL <small>Method- Direct clearance Method</small>	163.27 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL <small>Method- Calculated</small>	35.08	mg/dl	0.00 - 80.00
T CHOLESTEROL/HDL CHOLESTEROL RATIO <small>Method- Calculated</small>	5.32 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO <small>Method- Calculated</small>	3.67 H		0.00 - 3.50
TOTAL LIPID <small>Method- CALCULATED</small>	730.86	mg/dl	400.00 - 1000.00
<small>TOTAL CHOLESTEROL InstrumentName Random Rx Imola Interpretation: Cholesterol measurement are used in the diagnosis and treatment of lipid disorders including atherosclerosis.</small>			
<small>TRIGLYCERIDES InstrumentName Random Rx Imola Interpretation: Triglyceride measurement are used in the diagnosis and treatment of disease involving lipid metabolism and cardiovascular disorders e.g. diabetes mellitus, nephritis and liver disorders.</small>			
<small>DIRECT HDL CHOLESTEROL InstrumentName Random Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the cardiovascular risk 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.</small>			
<small>DIRECT LDL CHOLESTEROL InstrumentName Random Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance to therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</small>			
<small>TOTAL LIPID AND VLDL ARE CALCULATED</small>			

SKSHARMA

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*Rashmi*  
**Dr. Rashmi Bakshi**  
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Date : 27/08/2022 09:05:36  
**NAME :- Mr. NEERAJ KANUNGO**  
 Sex / Age - Male 28 Yrs  
 Company - MediWheel  
 Sample Type - PLAIN/SERUM

Patient ID :- 12221895  
 Ref. By Dr- BOB  
 Lab/Hosp :-

Sample Collected Time: 27/08/2022 10:00:16

Final Authentication : 27/08/2022 11:51:53

Test Name	BIOCHEMISTRY		Biological Ref Interval
	Value	Unit	
<b>LIVER PROFILE WITH GGT</b> SERUM BILIRUBIN (TOTAL) Method- Colorimetric method	0.82	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 8 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method- Colorimetric Method	0.34	mg/dL	Adult - Up to 0.25 Newborn - <0.8 mg/dL >= 1 month - <0.2 mg/dL 0.30-0.70
SERUM BILIRUBIN (INDIRECT) Method- Calculated	0.48	mg/dl	
SGOT Method- IFC	56.7 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method- IFC	82.7 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method- AMP Buffer	102.70	IU/L	30.00 - 120.00
SERUM GAMMA GT Method- IFC	35.30	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method- Biuret Reagent	7.25	g/dl	6.40 - 8.30
SERUM ALBUMIN Method- Bromocresol Green	4.29	g/dl	3.80 - 5.00
SERUM GLOBULIN Method- CALCULATION	2.96	gm/dl	2.20 - 3.50
A/G RATIO	1.45		1.30 - 2.50

**Total Bilirubin/Methodology:** Colorimetric method (Spectrophotometric Reader). Its levels interpretation: An increase in bilirubin concentration in the serum occurs in cases of excessive breakdown of the liver e.g. hepatitis B or obstruction of the bile duct and in those accompanied by high levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not correctly excreting the haemoglobin breakdown.

**AST Aspartate Aminotransferase/Methodology:** IFC (Spectrophotometric Reader) Its levels interpretation: Elevated levels of AST can signal myocardial infarction, trauma, disease, muscular dystrophy and organ damage. Although heart attacks is found in less than 20% cases of the enzyme, significant activity has also been seen in the heart, liver, gastric tissues, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase/Methodology:** IFC (Spectrophotometric Reader) Its levels 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 (and, respectively). Elevated levels of the transaminase can indicate myocardial infarction, hepatic disease, muscle trauma, and organ damage.

**Alkaline Phosphatase/Methodology:** AMP Buffer (Spectrophotometric Reader) Its levels interpretation: Measurement of alkaline phosphatase are of use in the diagnosis, treatment and monitoring of bone disease, trauma and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and endocrine disease.

**TOTAL PROTEIN/Methodology:** Biuret Reagent (Spectrophotometric Reader) Its levels interpretation: Measurement obtained by this method are used to the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone relative as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB)/Methodology:** Bromocresol Green (Spectrophotometric Reader) Its levels interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving

SKSHARMA

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*Rashmi*  
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Date : 27/08/2022 09:05:36  
NAME :- Mr. NEERAJ KANUNGO  
Sex / Age : Male 28 Yrs  
Company :- Med/Wheel

Patient ID :- 12221895  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 27/08/2022 10:00:16

Final Authentication : 27/08/2022 11:51:53

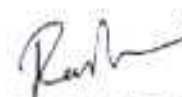
### BIOCHEMISTRY

### Biological Ref Interval

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.3	mg/dl	0.0 - 23.0

SKSHARMA

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Sex / Age :- Male 28 Yrs  
Company :- MediWheel

Patient ID :- 12221895  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 27/08/2022 10:00:16

Final Authentication: 27/08/2022 11:51:53

Test Name	BIOCHEMISTRY		Biological Ref Interval
	Value	Unit	
SERUM CREATININE Method- Colorimetric Method	1.05	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method- Enzymatic colorimetric	7.53 H	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

SKSHARMA

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Date :- 27/08/2022 09:05:36  
NAME :- Mr. NEERAJ KANUNGO  
Sex / Age :- Male 28 Yrs  
Company :- MedWheel

Patient ID :- 12221895  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time: 27/08/2022 10:00:18

Final Authentication: 27/08/2022 11:51:53

### BIOCHEMISTRY

Biological Ref Interval

Test Name

Value

Unit

Accuracy: All units in Indian, Celsius, & % are as indicated.  
Reference Range: Values by India, International. If you want to get any other unit, please contact our office. Only reference intervals in the lab are listed (1 to 2 years old) and are observed with reference intervals.

SKSHARMA

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**NAME :- Mr. NEERAJ KANUNGO**  
 Sex / Age :- Male 28 Yrs  
 Company :- Medi/Wheel  
 Sample Type :- EDTA

Patient ID :- 12221695  
 Ref. By Dr.- BOB  
 Lab/Hosp :-

Sample Collected Time: 27/08/2022 10:00:14

Final Authorization : 27/08/2022 13:30:15

Test Name	HAEMATOLOGY		Biological Ref Interval
	Value	Unit	
<b>GLYCOSYLATED HEMOGLOBIN (HbA1c)</b> Method- HPLC	5.7	%	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 31A 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 disorder 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 2026  
**MEAN PLASMA GLUCOSE**  
 Method- Calculated Parameter

117 mg/dL

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

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 Technologist

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



Date : 27/06/2022 09:05:36 Patient ID : 12221895  
**NAME :- Mr. NEERAJ KANUNGO** Ref. By Dr:- BOB  
 Sex / Age :- Male 28 Yrs Lab/Hosp :-  
 Company :- Med/Wheel  
 Sample Type :- URINE  
 Sample Collected Time 27/06/2022 10:00:16 Final Authentication : 27/06/2022 12:51:40

### CLINICAL PATHOLOGY

### Biological Ref Interval

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION (PH)	7.5		5.0 - 7.5
SPECIFIC GRAVITY	1.020		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<b>MICROSCOPY EXAMINATION</b>			
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

SURENDRAMEENA  
 Technologist

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 RMC NO. 21021/008037

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Gannesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur - 302019  
Tele : 0141-2293346, 4049787, 9997049787  
Website : www.dr.goyalpathlab.com | E-mail : dr.goyalpiyush@gmail.com



Date :- 27/08/2022 09:05:36  
**NAME :- Mr. NEERAJ KANUNGO**  
Sex / Age :- Male 28 Yrs  
Company :- MediWheel

Patient ID :- 12221895  
Ref. By Dr :- BOB  
Lab/Hosp :-

Final Authentication : 27/08/2022 12:26:59

Sample Type :-

Sample Collected Time

### USG WHOLE ABDOMEN

**Liver** is mildly enlarged in size 15 cm. Echo-texture is minimal 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 with normal echo-texture and outline.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified.

Great vessels appear normal.

No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

Mild hepatomegaly with early fatty changes.

Needs clinical correlation for further evaluation

ANITASHARMA

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Lab/Hosp :-

Final Authentication: 27/08/2022 15:21:49

Sample Type :- Sample Collected Time

### 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.

Mild cardiomegaly is seen (Adv:- 2D echo).

Both the domes of diaphragm are normally placed.

(Please correlate clinically and with relevant further investigations)

BILAL

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



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 Company :- Medi/Wheel

Patient ID :- 12221895  
 Ref. By Dr:- BOB  
 Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time: 27/08/2022 10:00:16

Final Authentication: 27/08/2022 11:37:42

Test Name	IMMUNOASSAY		Biological Ref Interval
	Value	Unit	
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 <small>Method:- Chemiluminescent(Competitive immunoassay)</small>	1.510	ng/ml	0.600 - 1.810
SERUM TOTAL T4 <small>Method:- Chemiluminescent(Competitive immunoassay)</small>	10.200	ug/dl	4.500 - 10.900
SERUM TSH ULTRA <small>Method:- Enhanced Chemiluminescence Immunoassay</small>	1.880	μIU/mL	0.550 - 4.780

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

**Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4i) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

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

### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN 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

C. L. SAINI  
 Technologist

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**Dr. Chandrika Gupta**  
 MBBS, MD ( Path )  
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 Lab/Hosp :-

Final Authentication : 27/08/2022 12:28:59

Sample Type :- Sample Collected Time

### 2D ECHO OPTION TMT (ADULT/CHILD)

#### 2D-ECHOCARDIOGRAPHY M-MODE WITH DOPPLER STUDY:

##### PARASTERNAL LONGITUDINAL WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

##### M-MODE EXAMINATION:

AO	26	mm	LA	33	Mm	IVS-D	8	mm
IVS-S	16	mm	LVID	49	Mm	LVSD	32	mm
LVPW-D	11	mm	LVPW-S	19	Mm	RV		mm
RVWT		mm	EDV		Ml	LVVS		ml
LVEF	64%		RWMA			ABSENT		

##### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

##### COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.81	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.52	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION				ABSENT
AORTIC VALVE				
PEAK VELOCITY	1.28	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION				ABSENT
TRICUSPID VALVE				
PEAK VELOCITY	0.42	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION				ABSENT
PULMONARY VALVE				
PEAK VELOCITY	0.9	M/sec	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION				ABSENT

ANITASHARMA

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Date :- 27/06/2022 09:05:38  
**NAME :- Mr. NEERAJ KANUNGO**  
Sex / Age :- Male 28 Yrs  
Company :- Med/Wheel

Patient ID :- 12221695  
Ref. By Dr:- BOB  
Lab/Hosp :-

Final Authentication : 27/06/2022 12:28:59

Sample Type :-

Sample Collected Time

### Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 64 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion. (Cardiologist)

\*\*\* End of Report \*\*\*

ANITASHARMA

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