

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

(Radio-Diagnosis)

GOYAL
DIAGNOSTICS

4-D ULTRASOUND * COLOUR DOPPLER

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

NAME- Mr. MukeshSankhla

AGE- 36 yrs

DATE— 10-12-22

REF.BY --

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR
CARDIAC SIZE IS WITHIN NORMAL LIMITS
BOTH LUNG FIELDS ARE CLEAR

NAD IN HEART AND LUNGS

Dr. DEVENDRA GOYAL (M.B.B.S.)
RMC No. :- 004250/15000
Consultant Radiologist
And Sonologist

Senior Radiologist & Sonologist

Roopa Goyal

Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

USG ABDOMEN-PELVIS

NAME – Mr. Mukesh Sankhla

AGE – 36 Yrs

Date – 10-12-22

REF BY –

LIVER: is normal in size 12.9 cm and shows homogeneous echotexture.
No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.
The portal vein and common bile duct show normal caliber.

GALL BLADDER: distended and shows smooth walls. Wall thickness appears normal.
No evidence of sludge/ calculus . No evidence of pericholecystic collection.

SPLEEN: normal in size and shows normal echopattern.

PANCREAS: Normal in size , shape and position.
Parenchyma is homogenous.

KIDNEYS: Both the kidneys are normal in size , shape and location. Both show normal cortico-medullary differentiation.

Right Kidney:-- 9.2 x 4.4 cm

Left Kidney :-- 9.7 x 4.7 cm

No evidence of hydronephrosis or calculus.

URINARY BLADDER: is distended with smooth walls.
No evidence of diverticulum or calculus

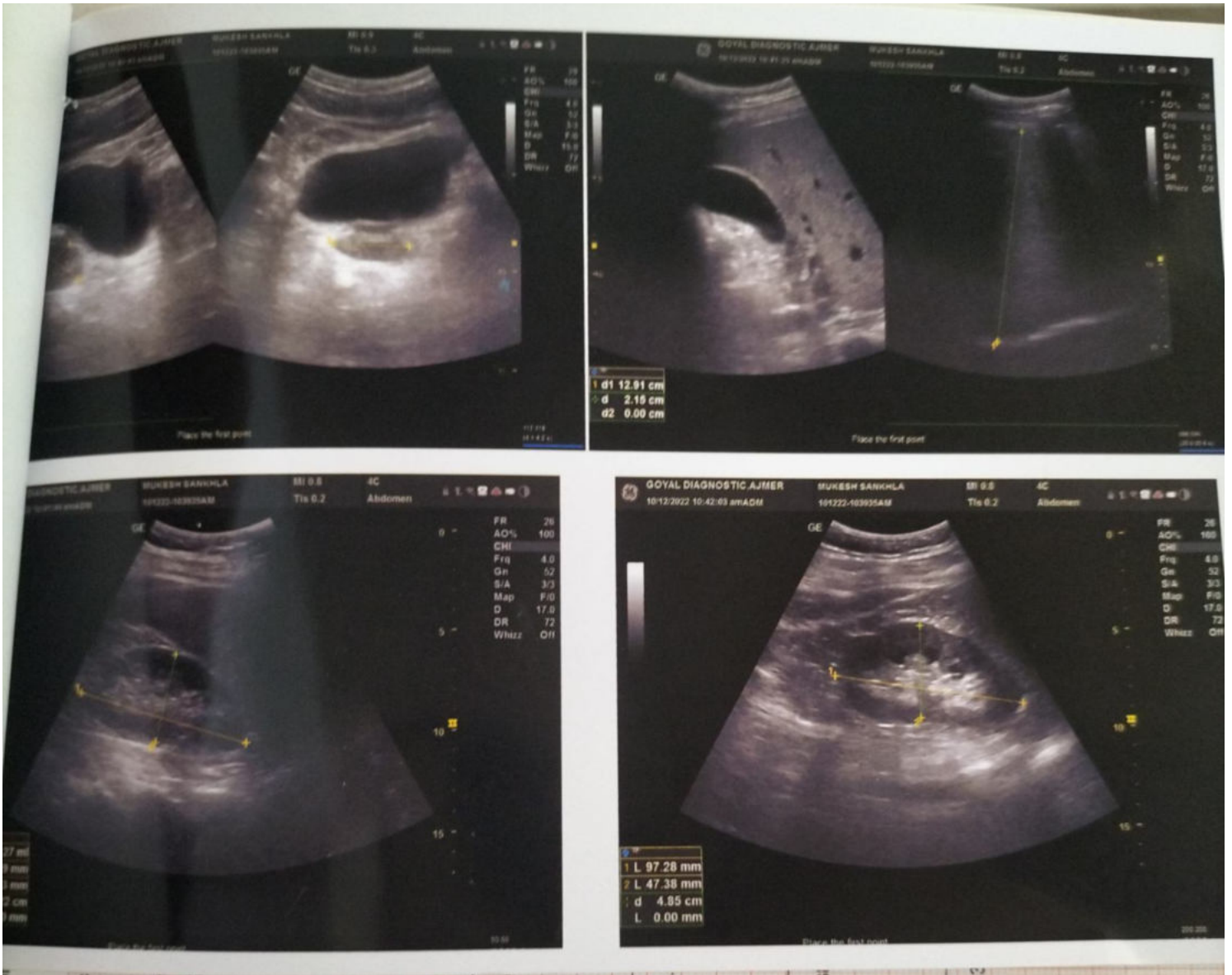
PROSTATE: is normal in size 17.2 cc and shows normal homogeneous echotexture

No evidence of ascites / pleural effusion.

IMPRESSION: – **ABDOMINAL ORGANS ARE WITHIN NORMAL LIMITS .**

(Adv- clinical correlation , further evaluation)

DR. DEVENDRA GOYAL (M.D.)
RMC No.: 004250/15000
Consultant Radiologist
And Sonologist



Patient Name: Mr. MUKESH 36/M

HR : 74 bpm

BP : 0 / 0 mmHg

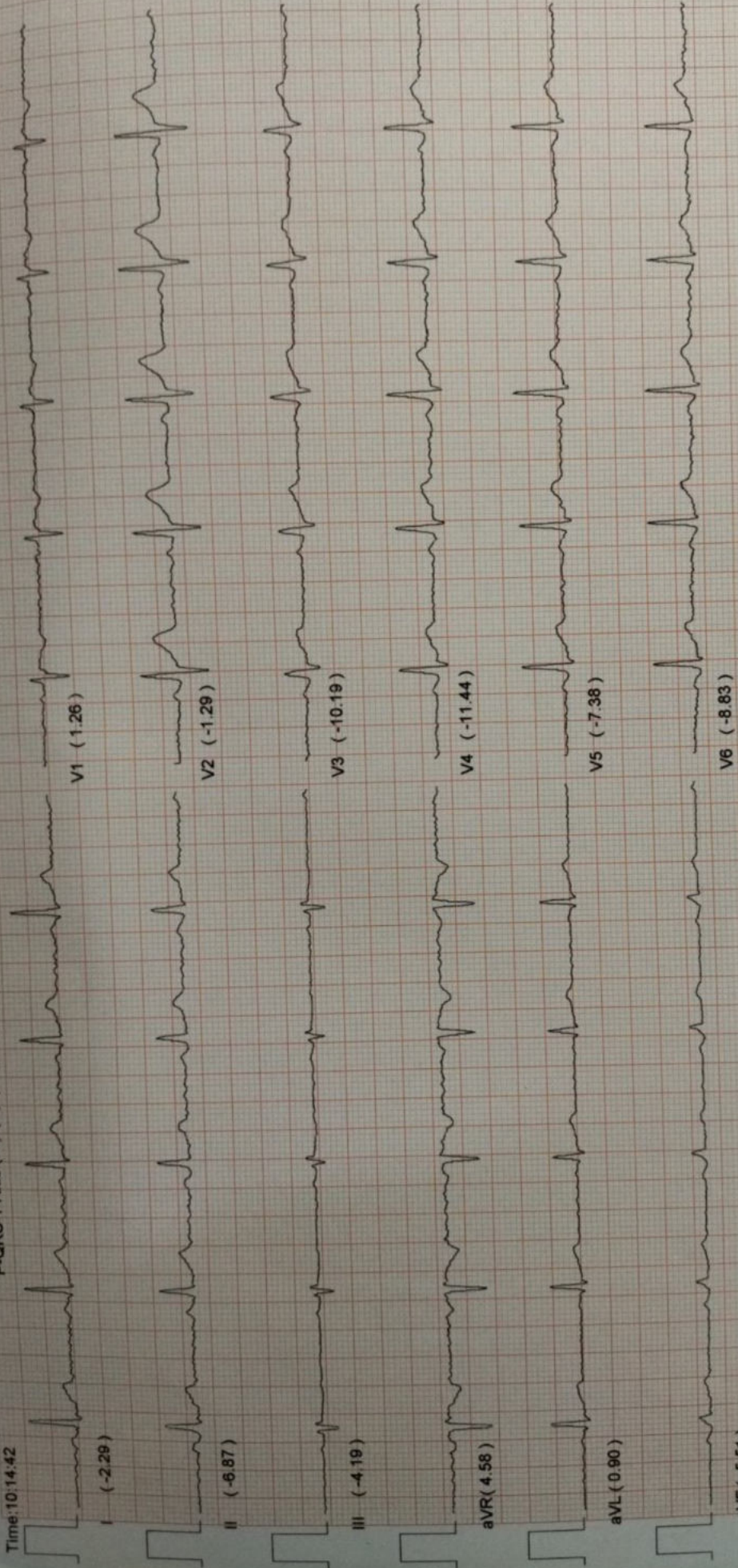
December 10, 2022

RR Interval: 0.80 sec

PR Interval: 0.09 sec

QRS Duration: 0.036 Sec

P-QRS-T Axis (74) (-7) (-101) deg



INTERPRETATION

Sinus Rhythm, Normal QRS Width, Normal QT interval, QRS Axis is normal.
 PR is short, T wave inversion in Lead I, aVR, aVL, V1, V2.
 ECG not normal

DR
MD

*Unconfirmed Reporting, Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/1 13

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 11:33 a.m.

Sample ID :



223440014



Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
<u>LIPID PROFILE</u>			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	210.12	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	237.03	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	42.02	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	47.41	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	120.69	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	5.00		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.87		0.5-3.4

END OF REPORT

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

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 11:33 a.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINESCENCE	1.48	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	10.5	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	1.86	uIU/mL	0.35 - 5.50

Interpretation:

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

****END OF REPORT****

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

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 11:07 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

6.0

%

> 8% Action Suggested

BLOOD

7 - 8 % Good Control

Method : Nephelometry Methodology

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

Instrument: Mispa i2

Clinical Information:

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

AVERAGE BLOOD GLUCOSE

125.50

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

END OF REPORT

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 12:07 p.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY

RENAL FUNCTION TEST

Urea Method : Uricase	21.10	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.76	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	4.95	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.11	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	141	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.8	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	102	mmol/L	98 - 106

END OF REPORT

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)



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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 11:34 a.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	14.5	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	4.67	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	41	%	42 - 52
Mean Cell Volume (MCV)	87.9	FL	78 - 100
Mean Cell Haemoglobin (MCH)	31.1	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	35.4	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.2	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6960	Cell/cu.mm	4000 - 10000
Neutrophils	64	%	40 - 80
Lymphocytes	30	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	03	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	9.7	fL	7.2 - 11.7
PCT	0.31	%	0.2 - 0.5
Platelet Count	318	10 ³ /ul	150 - 450

END OF REPORT

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 12:17 p.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY

IRON - SERUM	107	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	374	ug/dL	228 - 428
FERRITIN	71.3	ng/mL	Male:22-322 Female:10-291
TRANSFERRIN SATURATION %	28.61	%	16 - 50

Method : Serum CLIA

Method : Calculated

INTERPRETATION

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

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

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

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

Decreased Levels

-Iron deficiency anemia

Dr. Nishi Prasad

M.D. (Patho.)

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 12:17 p.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

END OF REPORT

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

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 11:33 a.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY

C-Reactive Protein; CRP, SERUM	2.89	mg/L	0.0-6.0
--------------------------------	------	------	---------

Interpretation :

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

****END OF REPORT****

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 11:33 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.58	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.22	mg/dL	0.00 - 0.3
Bilirubin - Indirect	0.36	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	32.17	U/L	5.0-40
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	39.46	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	110.14	U/L	MALE & FEMALE
Method : IFCC with Serum			4-15 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	6.86	g/dL	6.0 - 8.0
Method : Biuret, with Serum			
Albumin	4.59	g/dL	3.4 - 5.5
Method : Tech; BCG with Serum			
Globulin	2.27	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	2.02		1.5 - 2.5
Method : Calculated			

END OF REPORT

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPL

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 12:17 p.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY

Gamma GT	24	U/L	8-61
----------	----	-----	------

Method : G-Glutamyl-Carboxy-Nitroanilide

Interpretation

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

END OF REPORT

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 12:30 p.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

HAEMATOLOGY

ESR	25	mm	0 - 20
-----	----	----	--------

END OF REPORT

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 12:06 p.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

Medical Remark :

'B' POSITIVE

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

****END OF REPORT****

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 11:33 a.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

IMMUNOLOGY

PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL 0.60 ng/mL 0 - 4.0

Method : Serum, CLIA

SUMMARY AND EXPLANATION

Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

****END OF REPORT****

Dr. Nishi Prasad

M.D. (Patho.)

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 12:30 p.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

CLINICAL PATHOLOGY

General Examination

Colour	Yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.025		1.005 - 1.030

Chemical Examination

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

Microscopic Examination

Pus cells (WBCs)	1-2	/hpf	0-9
Epithelial cells	2-3	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : MR. MUKESH SANKHLA

Age / Gender : 36 years / Male

Endo ID : 98692

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Dec 10, 2022, 10:41 a.m.

Reported Date & Time : Dec 10, 2022, 11:33 a.m.

Sample ID :



223440014

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY

Glucose fasting	91.66	mg/dL	70.0-110.0
-----------------	-------	-------	------------

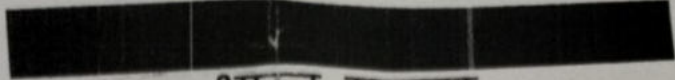
Method : Fluoride Plasma-F, Hexokinase

****END OF REPORT****

Dr. Nishi Prasad

M.D. (Patho.)





भारत सरकार
Unique Identification Authority of India

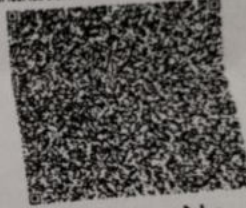
नामांकन क्रम / Enrollment No.: 2091/50205/02676

To,
मुकेश सांखला
Mukesh Sankhla
S/O Murli Manohar Sankhla
641/28
singar chowri
behari ganj Ajmer
Ajmer Ajmer
Rajasthan 305001
8823943676

Ref: 40 / 31X / 9333 / 9354 / P



SB831190496FH



Mukesh Sankhla

आपका आधार क्रमांक / Your Aadhaar No. :

3389 5903 9619

मेरा आधार, मेरी पहचान



मुकेश सांखला
Mukesh Sankhla
जन्म तिथि / DOB : 09/02/1986
पुरुष / Male



3389 5903 9619

मेरा आधार, मेरी पहचान

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No.-004507/15600



GOYAL DIAGNOSTIC

AJMER

554 **MUKESH SANKHLA**
36 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM

Speed: -- mph Hr: 91 Target Hr: 49 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: -- % Mets: 1 Ex Time: -- min:sec BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: --/-- mmHg Curr Time: 00:08 NotchOn Median Sweep 25 mm/S

Linked Medians
Pre Ex

Post J: 74 mS





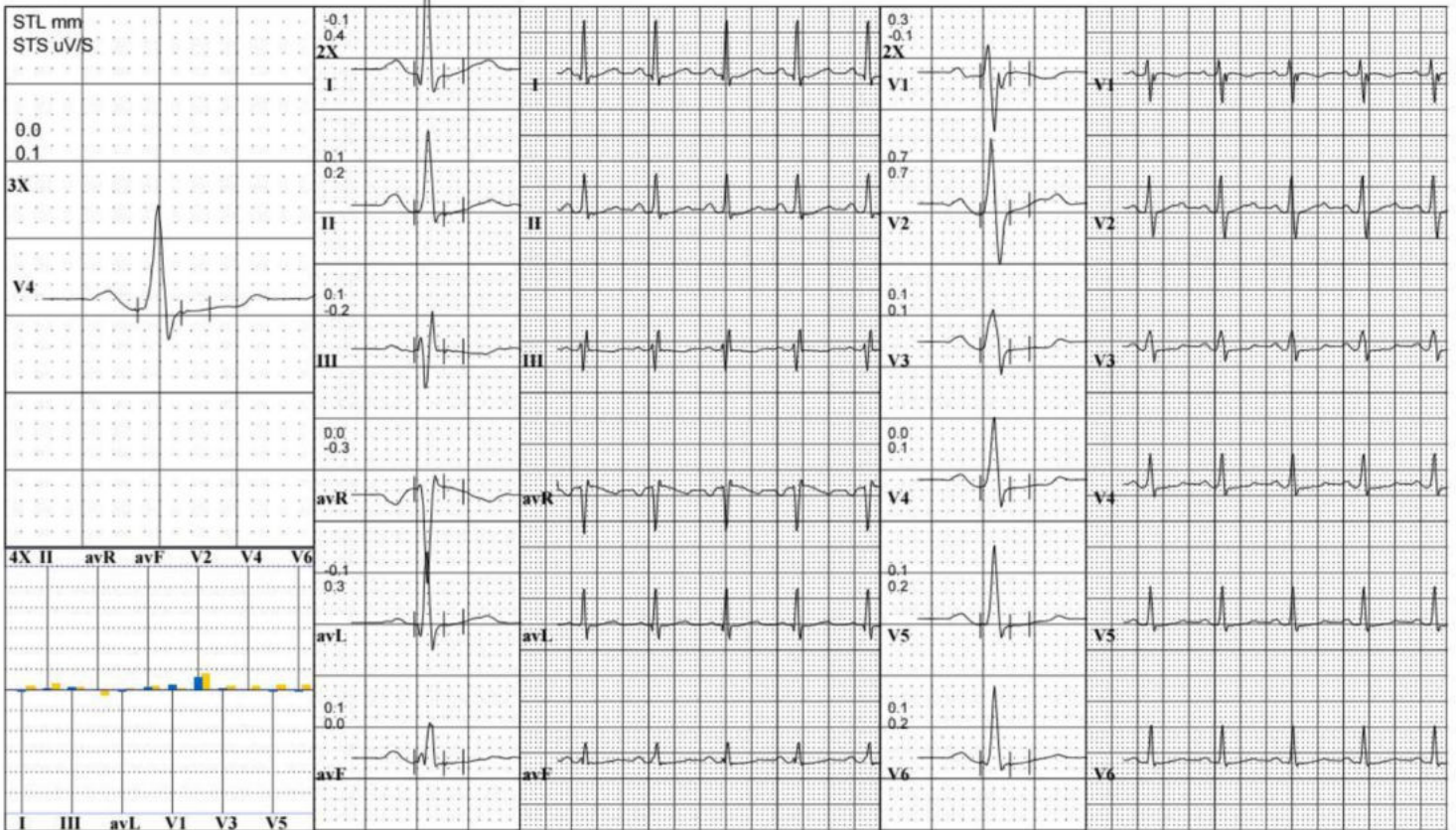
GOYAL DIAGNOSTIC
AJMER

554 **MUKESH SANKHLA**
36 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM

Speed: 1.7 mph Hr: 110 Target Hr: 59 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: 10 % Mets: 4.8 Ex Time: 03:00 BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 130/84 mmHg Curr Time: 03:50 NotchOn Median Sweep 25 mm/S

Linked Medians
S1

Post J: 74 mS





GOYAL DIAGNOSTIC

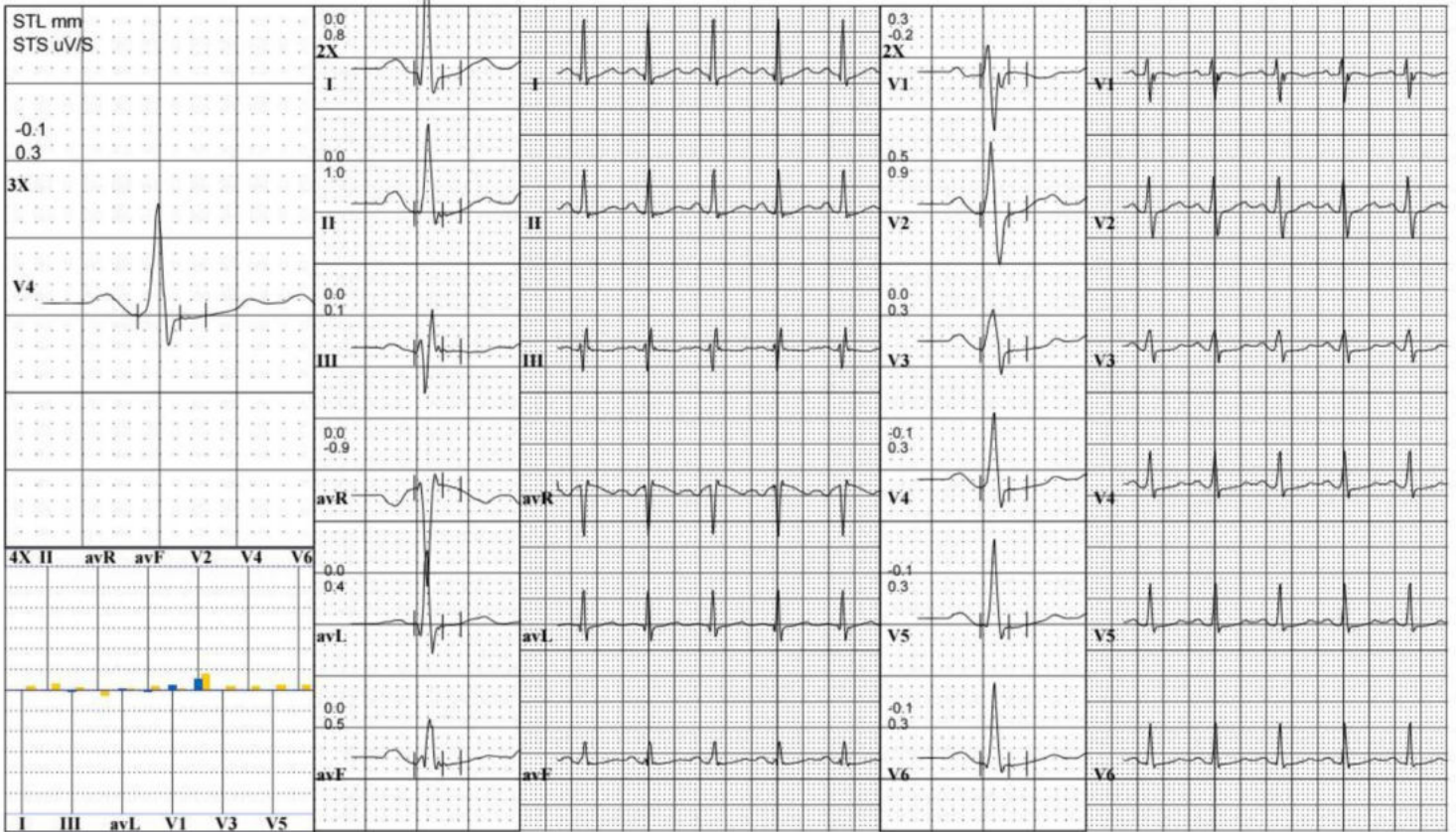
AJMER

554 **MUKESH SANKHLA**
36 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM

Speed: 2.5 mph Hr: 120 Target Hr: 65 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: 12 % Mets: 6.9 Ex Time: 06:00 BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 140/84 mmHg Curr Time: 06:50 NotchOn Median Sweep: 25 mm/S

Linked Medians
S2

Post J: 69 mS





GOYAL DIAGNOSTIC

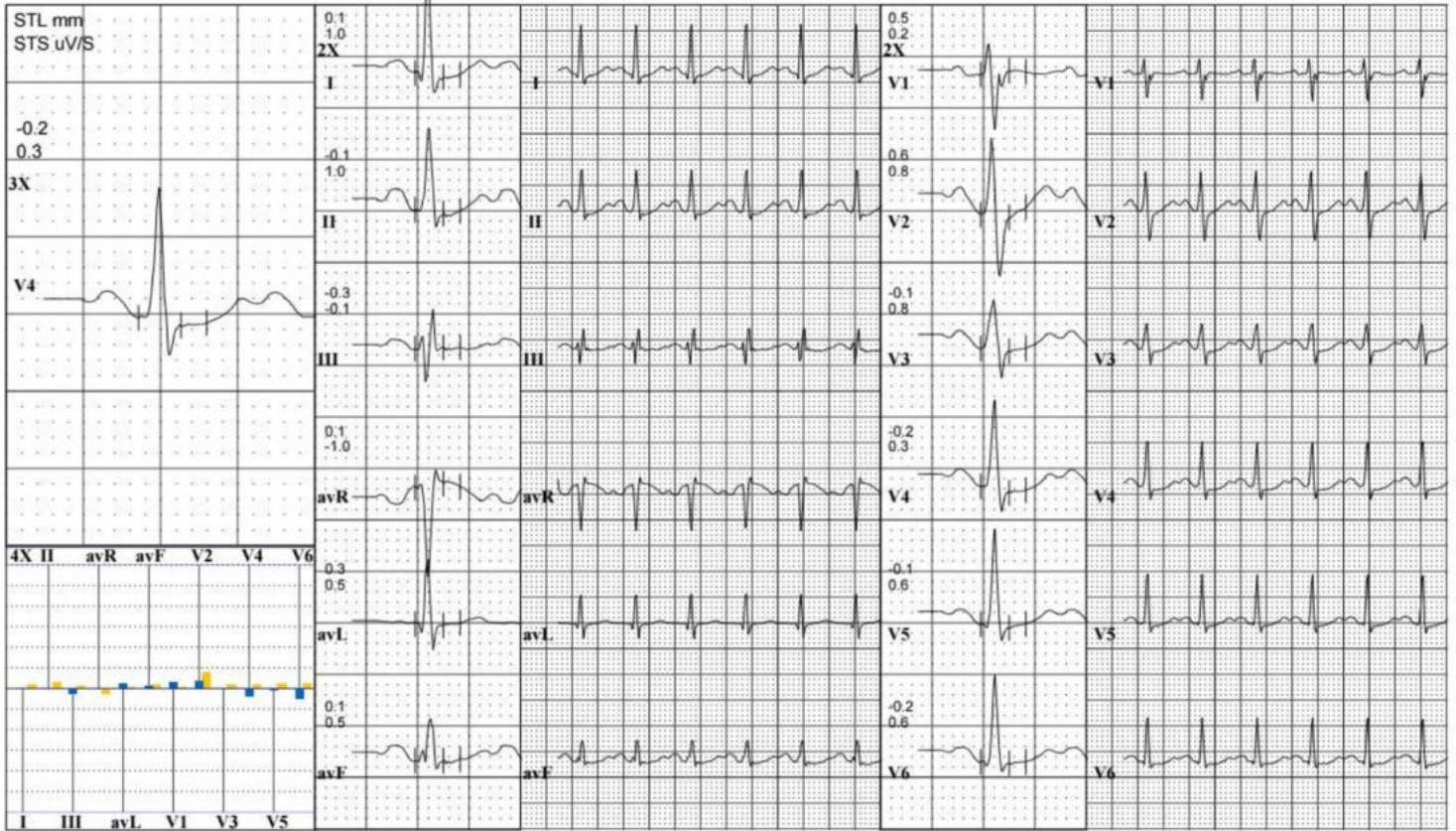
AJMER

554 **MUKESH SANKHLA**
36 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM

Speed: 3.4 mph Hr: 141 Target Hr: 76 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: 14 % Mets: 9.5 Ex Time: 09:00 BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 150/92 mmHg Curr Time: 09:50 NotchOn Median Sweep 25 mm/S

Linked Medians
S3

Post J: 66 mS



Clarity

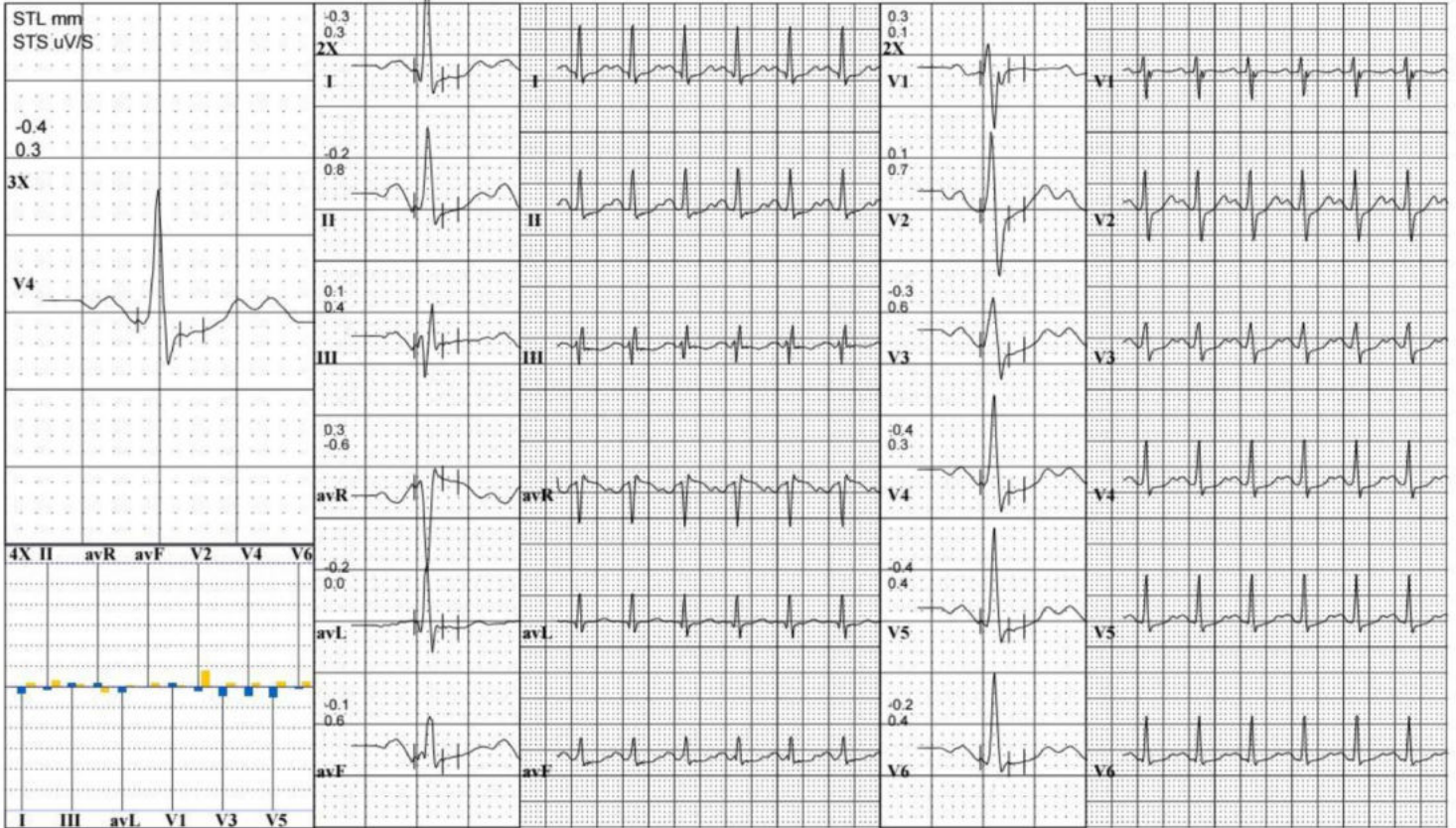
AJMER

554 **MUKESH SANKHLA**
36 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM

Speed: 4.2 mph Hr: 149 Target Hr: 80 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: 16 % Mets: 12.1 Ex Time: 09:30 BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 160/96 mmHg Curr Time: 10:20 NotchOn Median Sweep: 25 mm/S

Linked Medians
Peak Ex

Post J: 60 mS





GOYAL DIAGNOSTIC

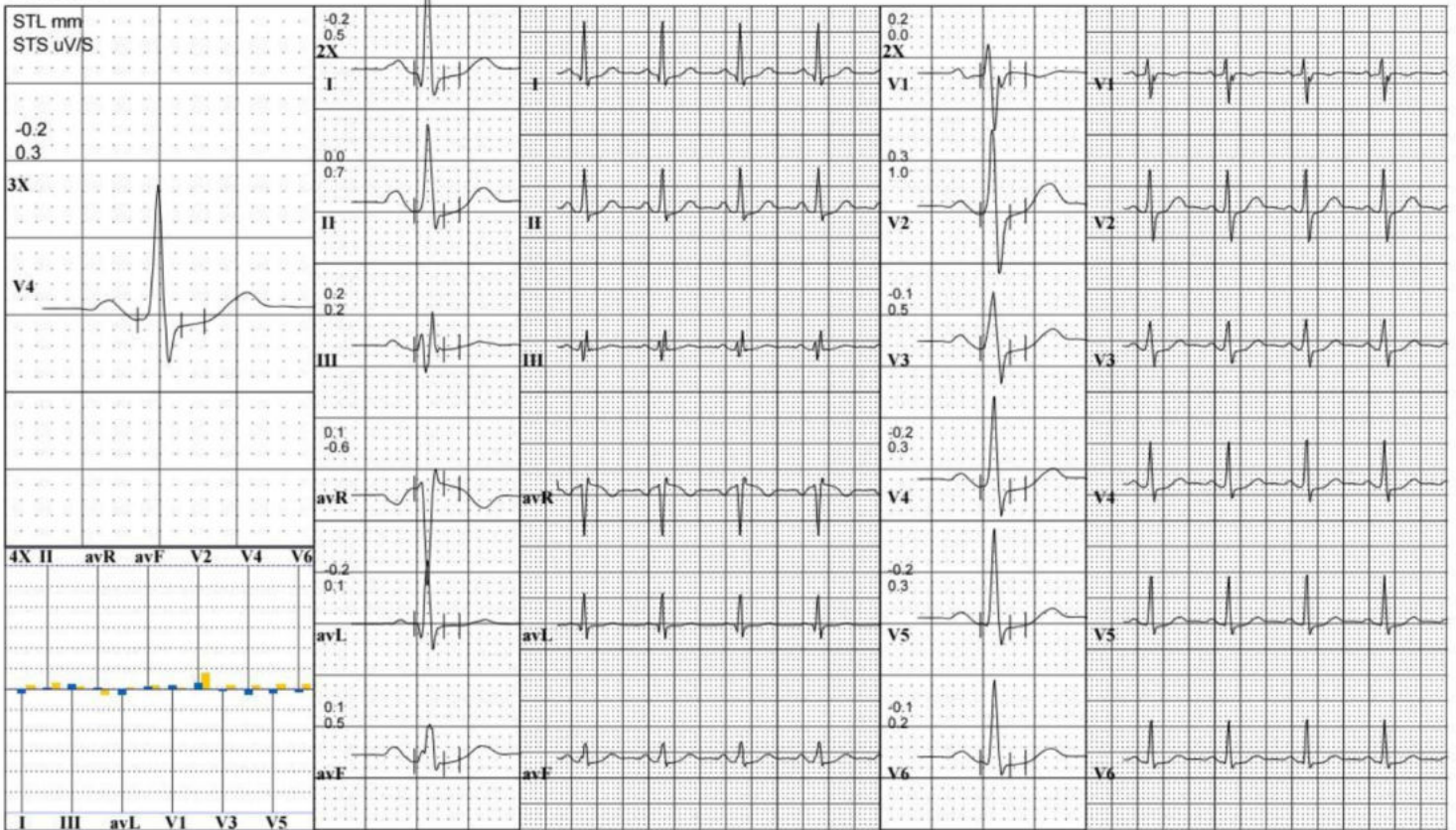
AJMER

554 **MUKESH SANKHLA**
36 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM

Speed: 4.2 mph Hr: 100 Target Hr: 54 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: 16 % Mets: 12.1 Ex Time: 09:30 BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 150/92 mmHg Curr Time: 12:20 NotchOn Median Sweep: 25 mm/S

Linked Medians
Post Ex 1

Post J: 60 mS





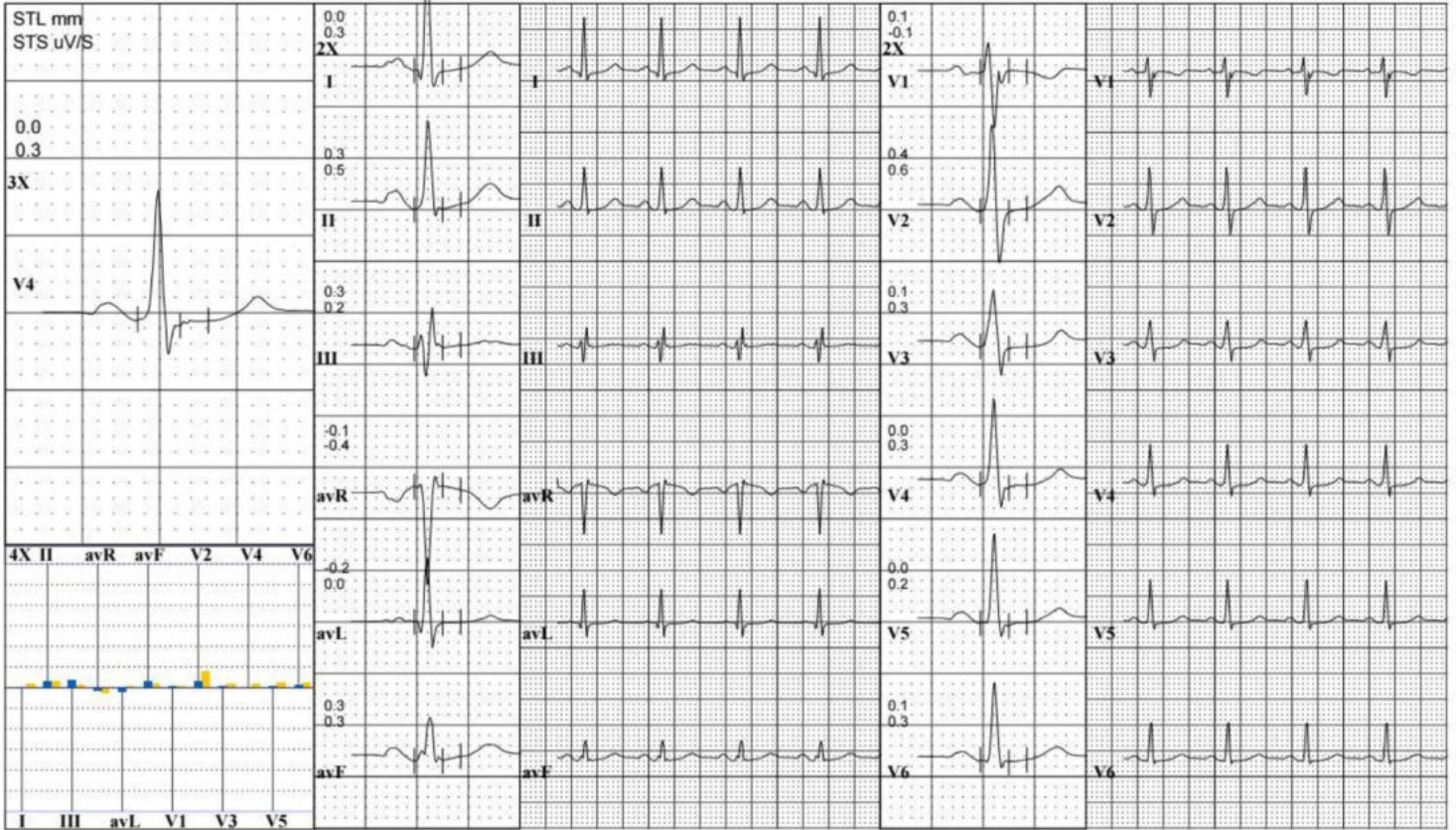
GOYAL DIAGNOSTIC
AJMER

554 **MUKESH SANKHLA**
36 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM

Speed: 4.2 mph Hr: 89 Target Hr: 48 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: 16 % Mets: 12.1 Ex Time: 09:30 BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 140/88 mmHg Curr Time: 15:20 NotchOn Median Sweep: 25 mm/S

Linked Medians
Post Ex 2

Post J: 71 mS





GOYAL DIAGNOSTIC

AJMER

554 **MUKESH SANKHLA**
36 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM

Speed: 4.2 mph Hr: 97 Target Hr: 52 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: 16 % Mets: 12.1 Ex Time: 09:30 BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 130/84 mmHg Curr Time: 16:21 NotchOn Median Sweep: 25 mm/S

Linked Medians
Post Ex 3

Post J: 73 mS





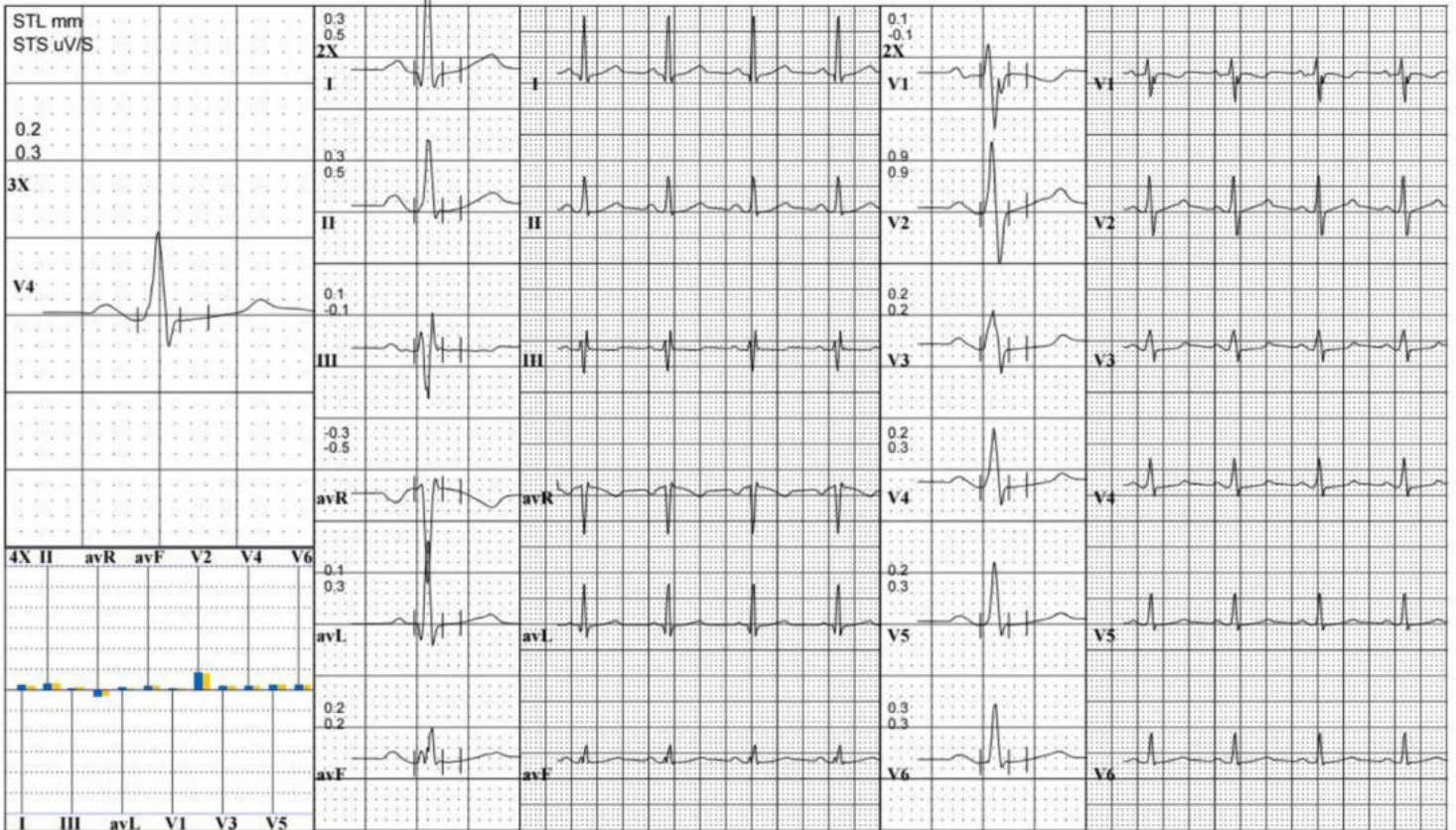
GOYAL DIAGNOSTIC

AJMER

554 **MUKESH SANKHLA**
36 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM
Post J: 73 mS

Speed: -- mph Hr: 91 Target Hr: 49 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: -- % Mets: 1 Ex Time: -- min:sec BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 120/80 mmHg Curr Time: 00:09 Notch On Median Sweep: 25 mm/S

Linked Medians
Pre Ex
Supine



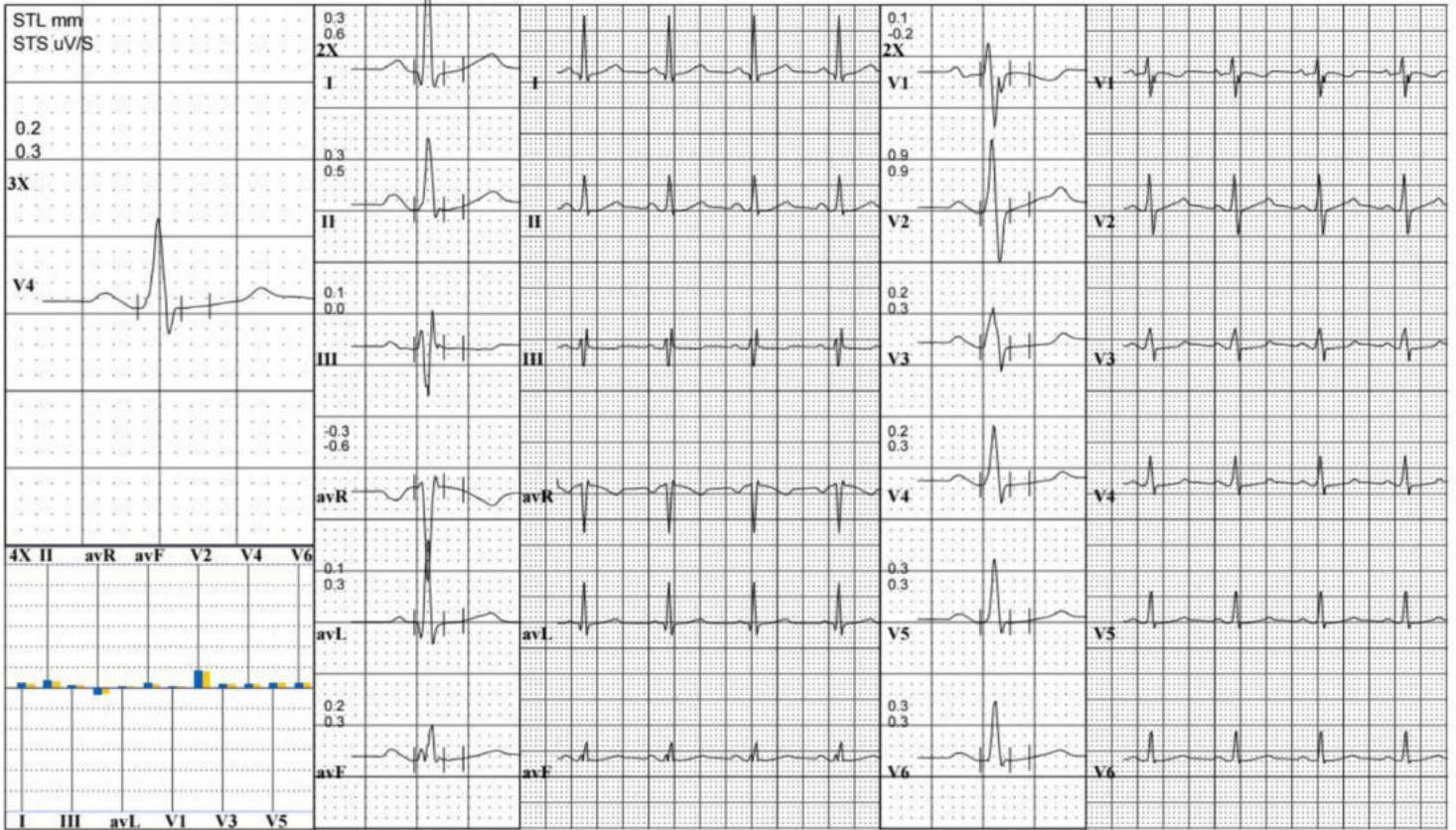


GOYAL DIAGNOSTIC
AJMER

554 **MUKESH SANKHLA**
36 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM
Post J: 74 mS

Speed: -- mph Hr: 90 Target Hr: 48 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: -- % Mets: 1 Ex Time: -- min:sec BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 120/80 mmHg Curr Time: 00:29 NotchOn Median Sweep: 25 mm/S

Linked Medians
Pre Ex
Hyp Vent





GOYAL DIAGNOSTIC
AJMER

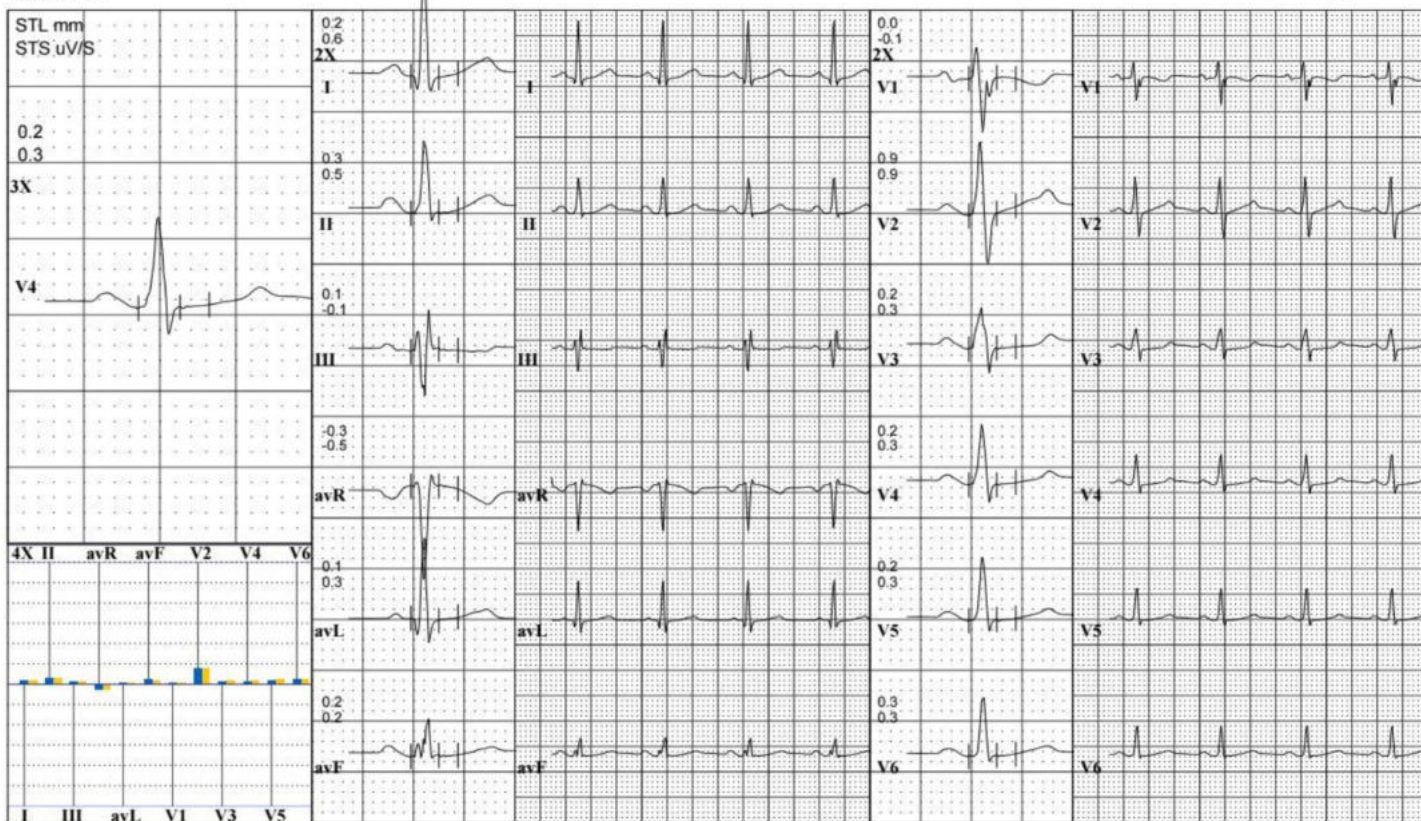
TRUST 1-2-12

554 **MUKESH SANKHLA**
36 Yrs/M Kg / Ht- cms Ref.No.:
Date: 10/12/2022 Time: 12:04 PM

Speed: -- mph Hr: 89 Target Hr: 48 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: -- % Mets: 1 Ex Time: -- min:sec BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 120/80 mmHg Curr Time: 00:50 NotchOn Median Sweep 25 mm/S

Linked Medians
Pre Ex
Standing

Post J: 75 mS



GOYAL DIAGNOSTIC

AJMER



554 **MUKESH SANKHLA**
 36 Yrs/ M Kg / Ht- cms Ref. No.:

Date: 10/12/2022 Ref By:
 Time: 12:04 PM Protocol: Bruce

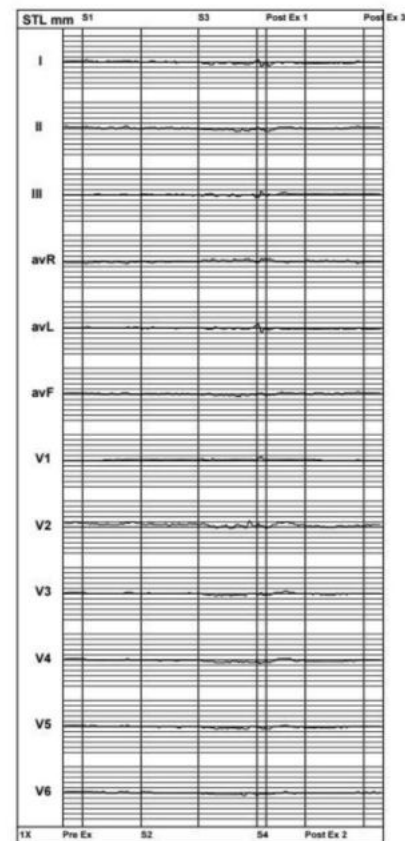
Summary

History:
 Medication:

Stage	Stg Time min:sec	Speed mph	Grade %	METs	HR bpm	BP mmHg	RPP	PVCs
Pre Ex				1	96			
Supine				1	91	120/80	109	
Hyp Vent				1	90	120/80	108	
Standing				1	89	120/80	107	
S1	03:00	1.7	10.0	4.8	110	130/84	143	2
S2	03:00	2.5	12.0	6.9	120	140/84	168	2
S3	03:00	3.4	14.0	9.5	141	150/92	212	2
Peak Ex	00:30	4.2	16.0	12.1	149	160/96	238	2
Post Ex 1	02:00	4.2	16.0	12.1	100	150/92	150	3
Post Ex 2	03:00	4.2	16.0	12.1	89	140/88	125	3
Post Ex 3	01:01	4.2	16.0	12.1	97	130/84	126	3
Finish		4.2	16.0	12.1	93	130/84	121	3

Findings: Exercise Time : 09:30 mins
 Max HR attained : 149 bpm 80 % of Target 184 bpm
 Max BP : 160/96mmHg
 Max Workload attained : 12.1 METs (Good Effort Tolerance)
 Reason for Test Termination: Patient Completed Test

No significant ST segment changes noted during exercise or recovery stages.
 No Angina / Arrhythmia / S3 / Murmur
 Final Impression : Test is negative for inducible ischaemia.





GOYAL DIAGNOSTIC

AJMER

554 **MUKESH SANKHLA**
 36 Yrs/ M Kg / Ht- cms Ref. No.:
 Date: 10/12/2022 Time: 12:04 PM

Speed: --- mph Hr: 91 Target Hr: 49 % of 184 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
 Grade: --- % Mets: 12.1 METs Ex Time: 09:30 mins BLC: On Sweep: 25 mm/S
 Protocol: Bruce BP: 160/96mmHg Curr Time: 00:01 NotchOn Median Sweep 25 mm/S

STS Values Table

STS uV/S	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	
Pre Ex	0.5	0.5	-0.1	-0.5	0.3	0.2	-0.1	0.9	0.3	0.3	0.4	0.4
Supine	0.5	0.5	-0.1	-0.5	0.3	0.2	-0.1	0.9	0.2	0.3	0.3	0.3
Hyp Vent	0.6	0.5	0.0	-0.6	0.3	0.3	-0.2	0.9	0.3	0.3	0.3	0.3
Standing	0.6	0.5	-0.1	-0.5	0.3	0.2	-0.1	0.9	0.3	0.3	0.3	0.3
S1	0.4	0.2	-0.2	-0.3	0.3	0.0	-0.1	0.7	0.1	0.1	0.2	0.2
S2	0.8	1.0	0.1	-0.9	0.4	0.5	-0.2	0.9	0.3	0.3	0.3	0.3
S3	1.0	1.0	-0.1	-1.0	0.5	0.5	0.2	0.8	0.8	0.3	0.6	0.6
Peak Ex	0.3	0.8	0.4	-0.6	0.0	0.6	0.1	0.7	0.6	0.3	0.4	0.4
Post Ex	0.5	0.7	0.2	-0.6	0.1	0.5	0.0	1.0	0.5	0.3	0.3	0.2
Post Ex	0.3	0.5	0.2	-0.4	0.0	0.3	-0.1	0.6	0.3	0.3	0.2	0.3
Post Ex	0.3	0.3	0.0	-0.3	0.1	0.2	0.0	0.7	0.3	0.2	0.2	0.2
Finish	0.3	0.4	0.0	-0.4	0.2	0.2	0.0	0.7	0.3	0.3	0.2	0.2

STL Values Table

STL mm	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
Pre Ex	0.3	0.4	0.1	-0.3	0.1	0.2	0.0	0.8	0.1	0.2	0.3	0.3
Supine	0.3	0.3	0.1	-0.3	0.1	0.2	0.1	0.9	0.2	0.2	0.2	0.3
Hyp Vent	0.3	0.3	0.1	-0.3	0.1	0.2	0.1	0.9	0.2	0.2	0.3	0.3
Standing	0.2	0.3	0.1	-0.3	0.1	0.2	0.0	0.9	0.2	0.2	0.2	0.3
S1	-0.1	0.1	0.1	0.0	-0.1	0.1	0.3	0.7	0.1	0.0	0.1	0.1
S2	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.5	0.0	-0.1	-0.1	-0.1
S3	0.1	-0.1	-0.3	0.1	0.3	0.1	0.5	0.6	-0.1	-0.2	-0.1	-0.2
Peak Ex	-0.3	-0.2	0.1	0.3	-0.2	-0.1	0.3	0.1	-0.3	-0.4	-0.4	-0.2
Post Ex	-0.2	0.0	0.2	0.1	-0.2	0.1	0.2	0.3	-0.1	-0.2	-0.2	-0.1
Post Ex	0.0	0.3	0.3	-0.1	-0.2	0.3	0.1	0.4	0.1	0.0	0.0	0.1
Post Ex	0.0	0.3	0.3	-0.2	-0.2	0.3	0.1	0.5	0.1	0.1	0.1	0.2
Finish	0.1	0.4	0.4	-0.2	-0.2	0.4	0.1	0.7	0.2	0.2	0.2	0.2