

Dr. Goyal's

Path Lab & Imaging Centre

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



General Physical Examination

Date of Examination: 24-12-2022

Name: RAJESH KUMAR KUMAWAT Age: 43 Sex: Male

DOB: 05-07-1979

Referred By: BOB (Mediawheel)

Photo ID: AADHAR ID #: attached

Ht: 162 (cm)

Wt: 62 (Kg)

Chest (Expiration): 87 (cm)

Abdomen Circumference: 84 (cm)

Blood Pressure: 123/76 mm Hg PR: 80 / min RR: 17 / min Temp: Afebrile

BMI 23.6

Eye Examination: Dist vision L.E. 6/6, 6/9 with specs.
Near vision N/G. (BIL eyes). Normal Color vision

Other: not significant

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

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

Signature Medical Examiner : [Signature] Name Medical Examiner _____

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

भारत सरकार

राजेश कुमार कुमावत
Rajesh Kumar Kumawat

जन्म वर्ष / Year of Birth : 1979
पुरुष / Male

2799 3897 8091

आधार – आम आदमी का अधिकार

भारतीय विचार पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O बोदुराम कुमावत, गवर्नमेंट
सेकेंडरी स्कूल के पास, ग्राम/पोस्ट- हार्दिया,
हार्दिया, हार्दिया, झुंझुनूं, राजस्थान,
332716

Address: S/O Boduram Kumawat,
GOVERNMENT SECONDARY
SCHOOL KE PASS,
GRAM/POST- HARDIYA, Hardiya,
Hardia, Jhunjhunun, Rajasthan,
332716

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

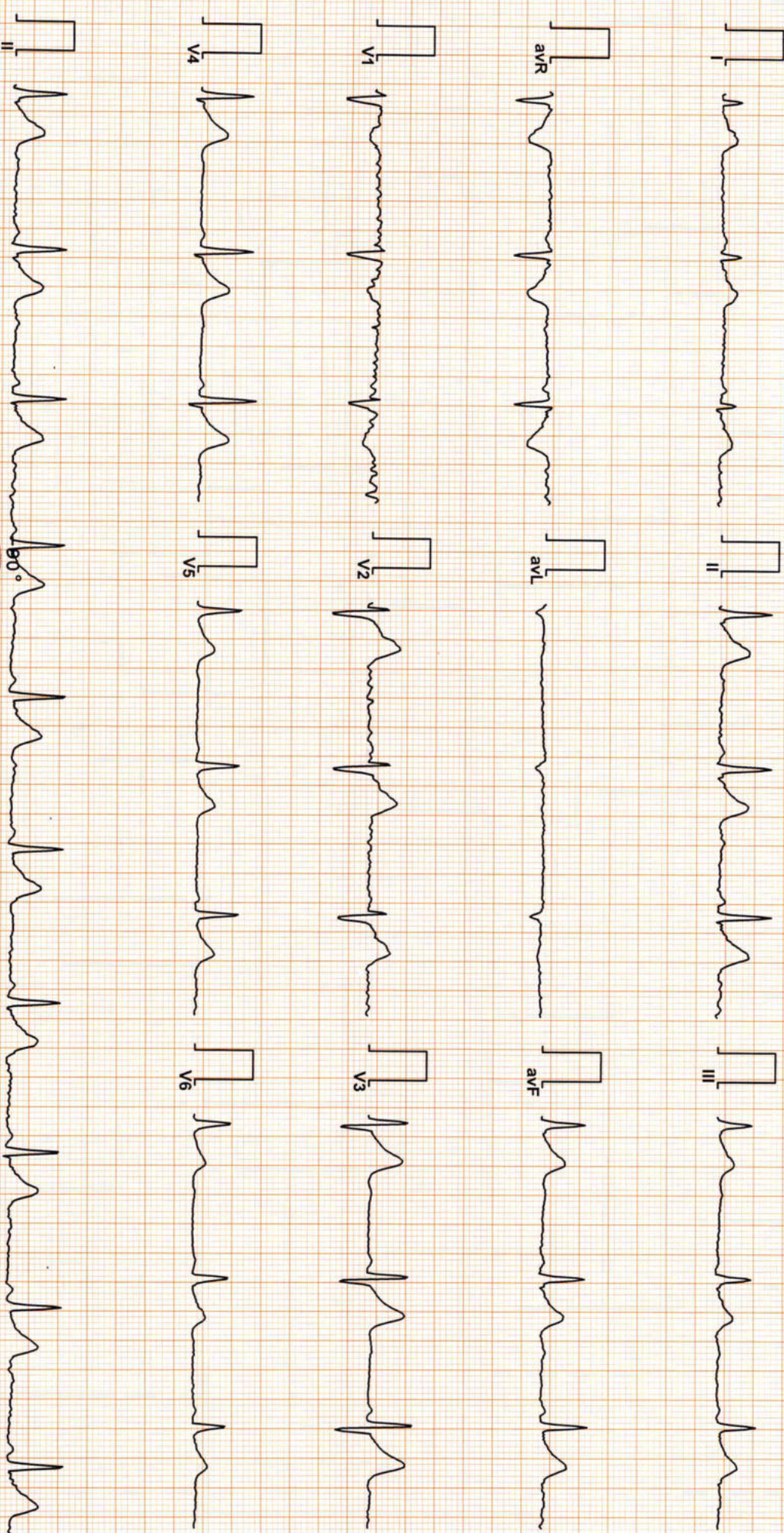
Bh Kumar

Dr Piyush Goyal
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RMC Reg No -017996

DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

ECG

3169 / MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / Non Smoker
Heart Rate : 58 bpm / Tested On : 24-Dec-22 09:39:28 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By.: BOB



Borderline sinus bradycardia

Dr. Naresh Kumar Mohanka

Allengers ECG (Piscas)(PIS218210312)

Reported By:

MBBS, DIP, CARDIO (ESCORTS)
D.E.M (RCGP-UK)

DR. GOYALS PATH LAB & IMAGING CENTER

JAIPUR Email:

Report



MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 0 Kg
 Date: 24 / 12 / 2022 Refd By : BOB MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	01.1	00.0	01.0	060	34 %	126/86	075	00	
Standing	01:05	0:51	01.1	00.0	01.0	071	40 %	126/86	089	00	
HV	01:17	0:12	01.1	00.0	01.0	077	44 %	126/86	097	00	
ExStart	02:25	1:08	01.1	00.0	01.0	100	56 %	126/86	126	00	
BRUCE Stage 1	05:25	3:00	01.7	10.0	04.7	113	64 %	136/90	153	00	
BRUCE Stage 2	08:25	3:00	02.5	12.0	07.1	137	77 %	146/90	200	00	
PeakEx	10:10	1:45	03.4	14.0	08.9	175	99 %	156/90	273	00	
Recovery	11:10	1:00	00.0	00.0	01.2	144	81 %	156/90	224	00	
Recovery	12:10	2:00	00.0	00.0	01.0	100	56 %	150/90	150	00	
Recovery	13:10	3:00	00.0	00.0	01.0	101	57 %	140/90	141	00	
Recovery	14:10	4:00	00.0	00.0	01.0	096	54 %	130/86	124	00	
Recovery	15:10	5:00	00.0	00.0	01.0	104	59 %	126/86	131	00	
Recovery	15:27	5:17	00.0	00.0	01.0	095	54 %	126/86	119	00	

FINDINGS :

Exercise Time : 07:45
 Max HR Attained : 175 bpm 99% of Target 177
 Max BP Attained : 156/90 (mm/Hg)
 Max Workload Attained : 8.9 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Test for STP, negative

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



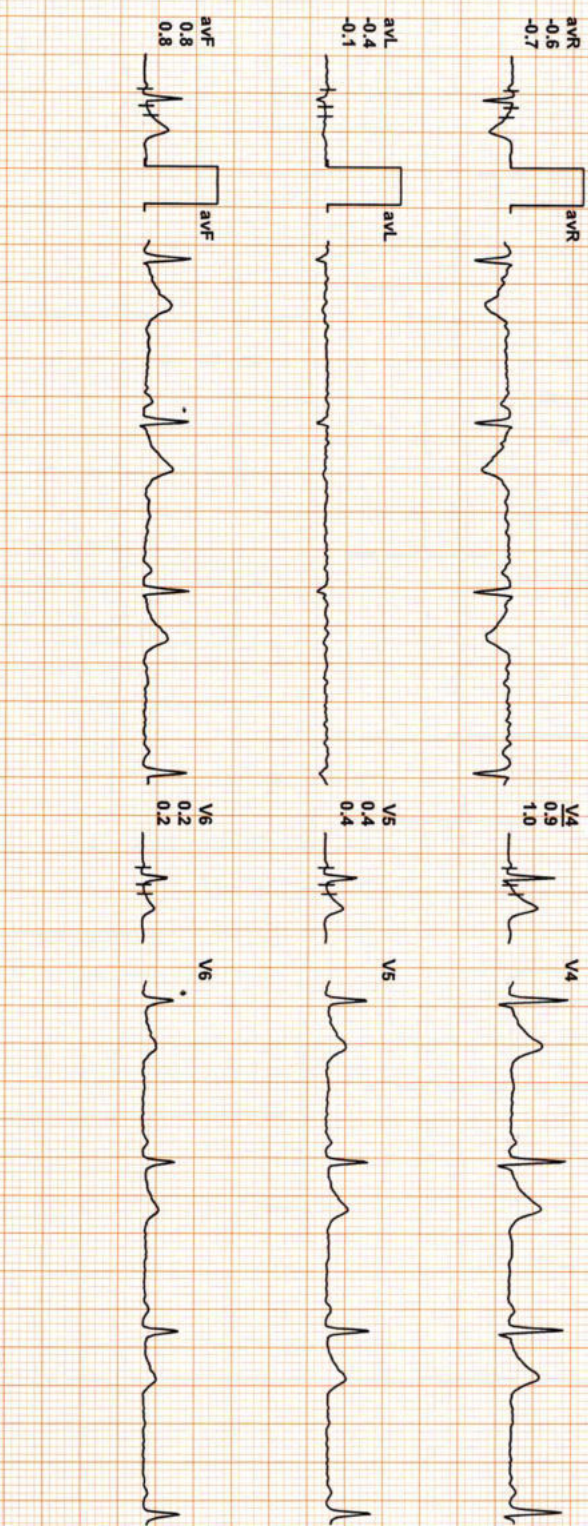
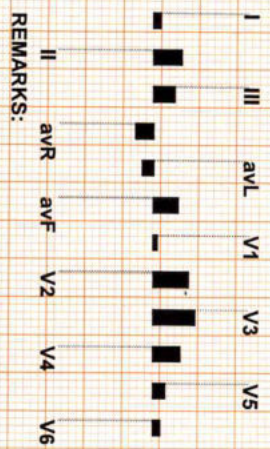
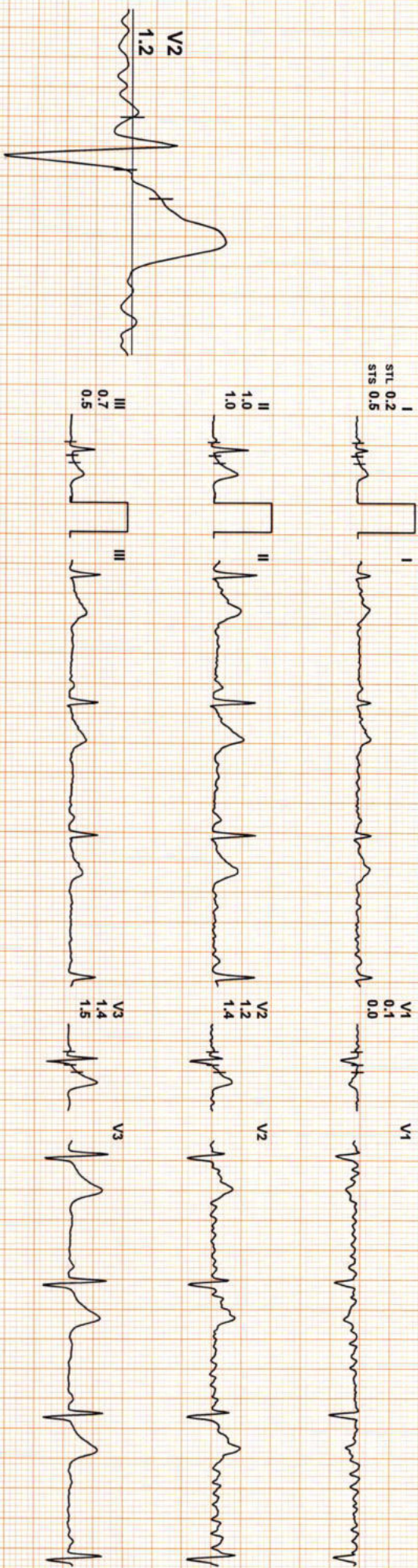
MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 10 Kg / HR : 60

Date: 24 / 12 / 2022

MEETS: 1.0/ 60 bpm 34% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 1.1 mph 0.0% 25 mm/Sec. 1.0 Cm/mv



REMARKS:

(ADX_GEM217220330)(R)Allengers



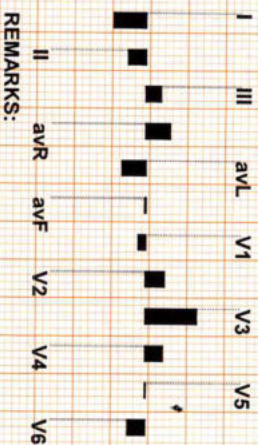
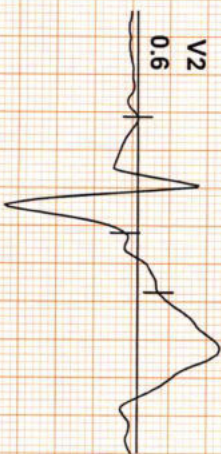
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Date: 24 / 12 / 2022

METS: 1.0 / 100 bpm 56% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

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

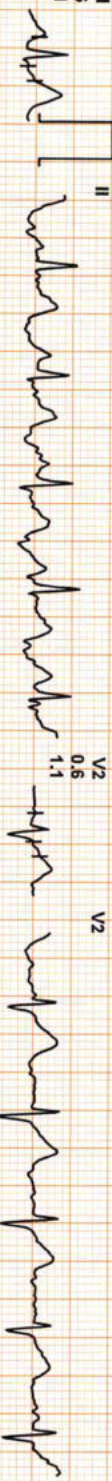
4X 80 ms Post J



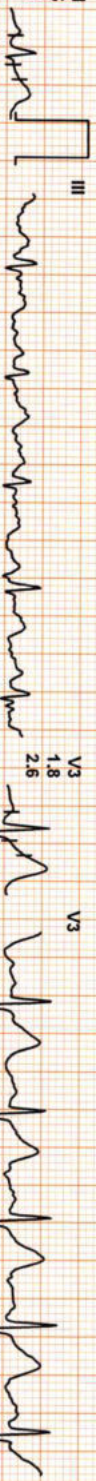
I
sR -1.1
sL -1.1
sT 0.1



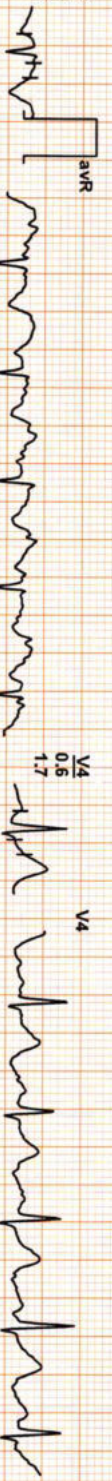
II
-0.6
1.1



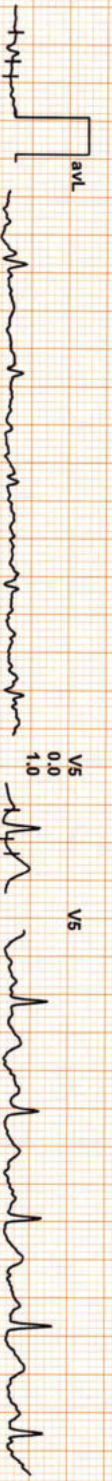
III
0.5
1.1



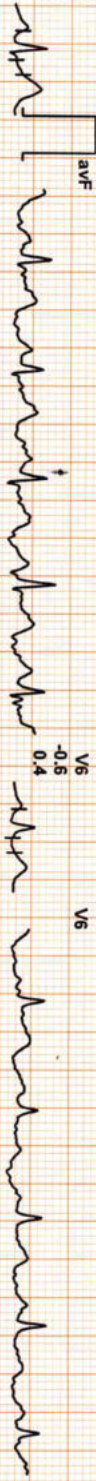
aVR
0.8
-0.6



aVL
-0.8
-0.5



aVF
0.0
1.1



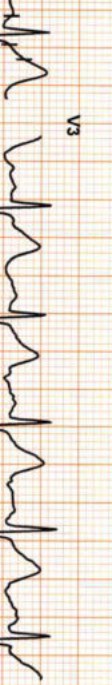
V1
-0.2
-0.2



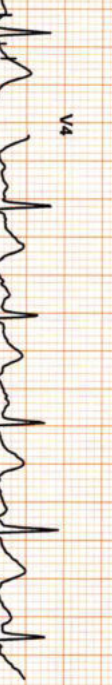
V2
0.6
1.1



V3
1.8
2.6



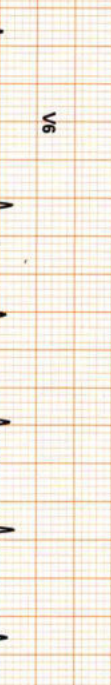
V4
0.6
1.7



V5
0.0
1.0



V6
-0.6
0.4



REMARKS:

(ADX_GEM217220330)(R)Allengers



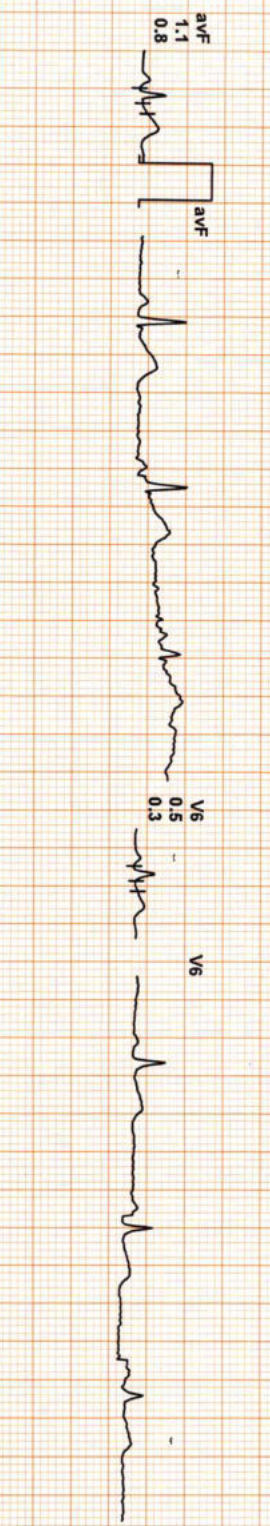
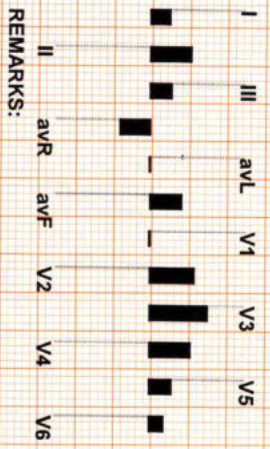
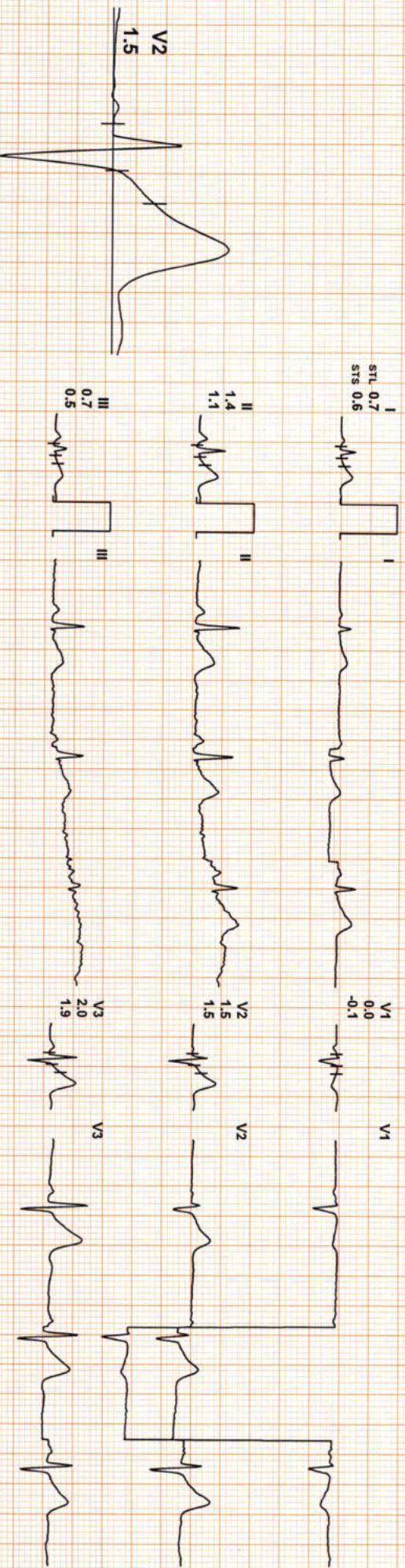
MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 0 Kg / HR : 77

Date: 24 / 12 / 2022

METS: 1.0/ 77 bpm 44% of THR BP: 126/86 mmHg Raw ECG/ BLC ON/ Notch ON/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



REMARKS:

(ADX_GEM217220330)(R)Allergens

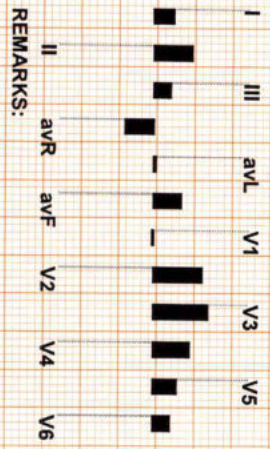
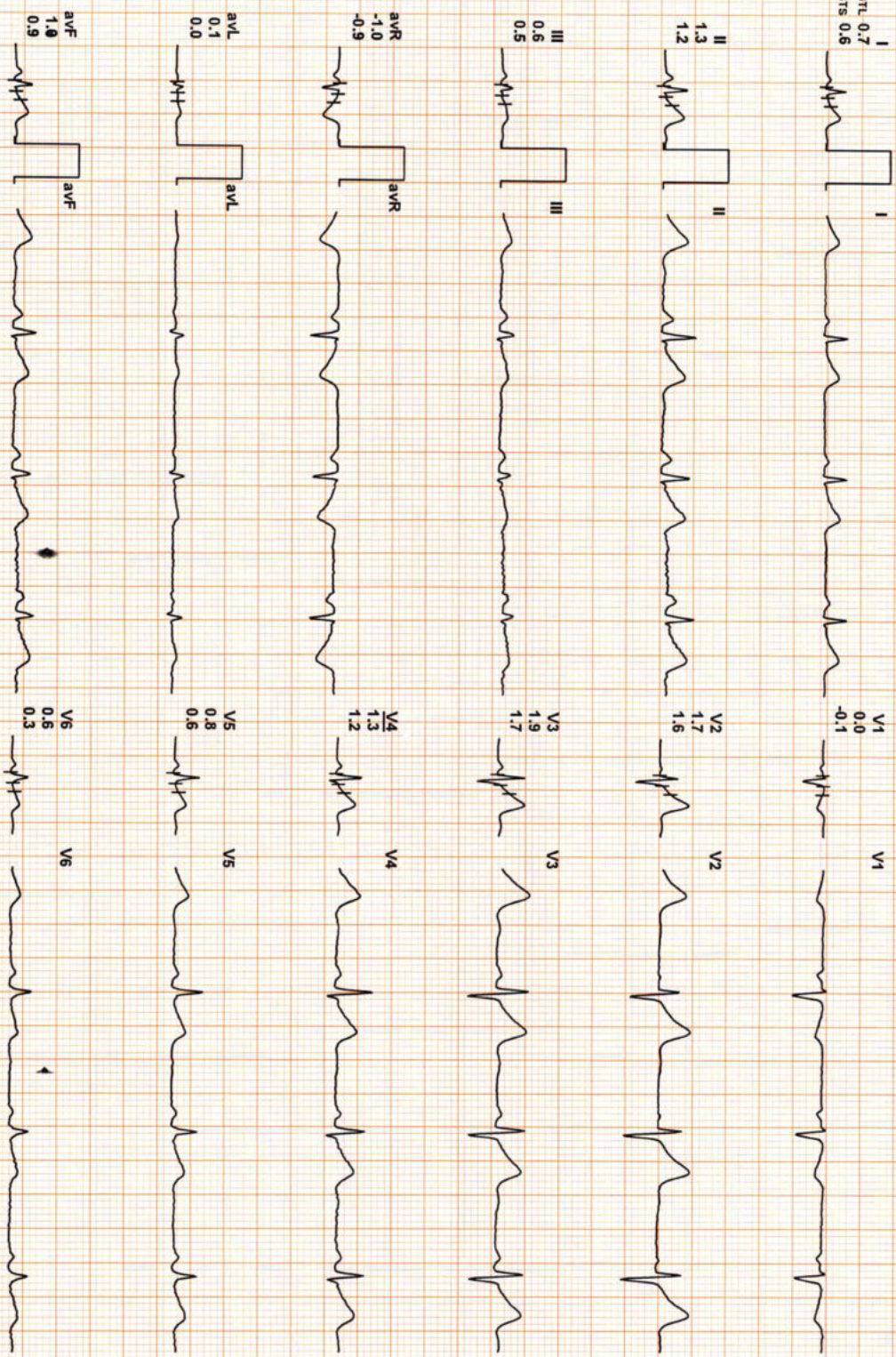
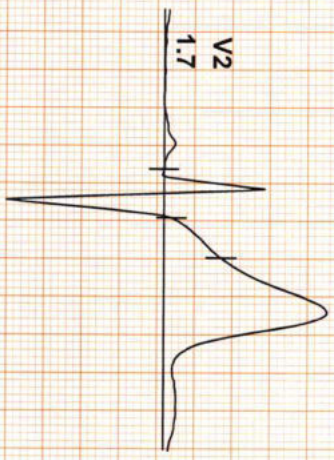


Date: 24 / 12 / 2022

METS: 1.0/ 71 bpm 40% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



REMARKS:

(ADX_GEM217220330)(R)Allengers

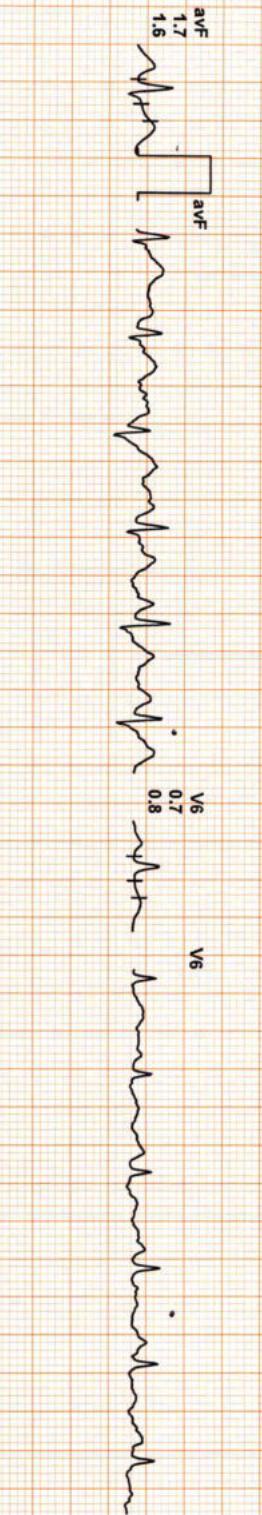
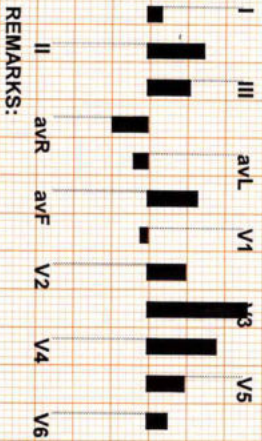
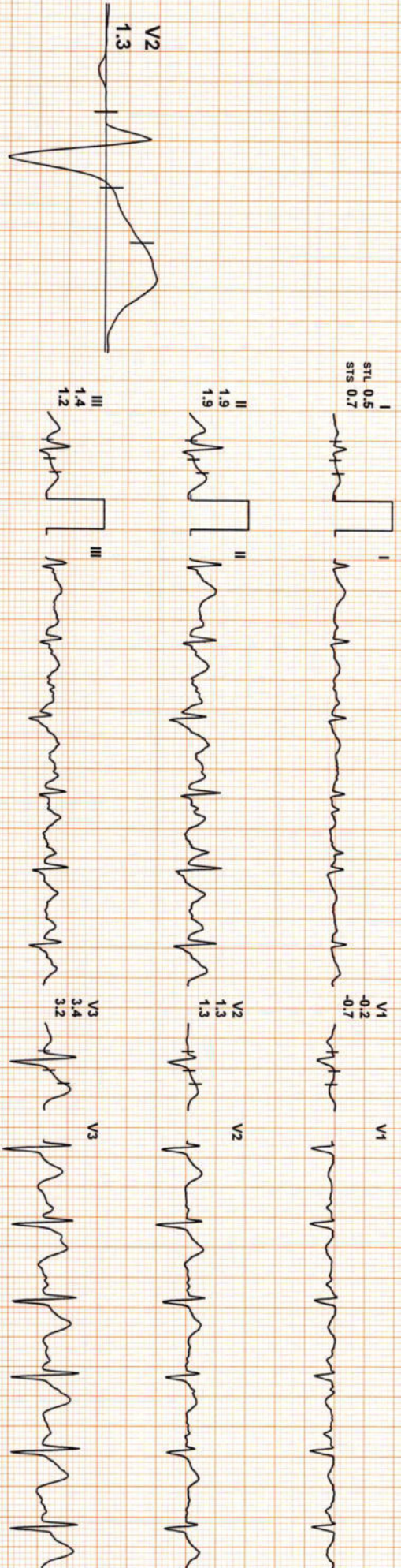


MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 0 Kg / HR : 113

Date: 24 / 12 / 2022 METS: 4.7 / 113 bpm 64% of THR BP: 136/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



REMARKS:

(ADX_GEM217220330)(R)Allengers

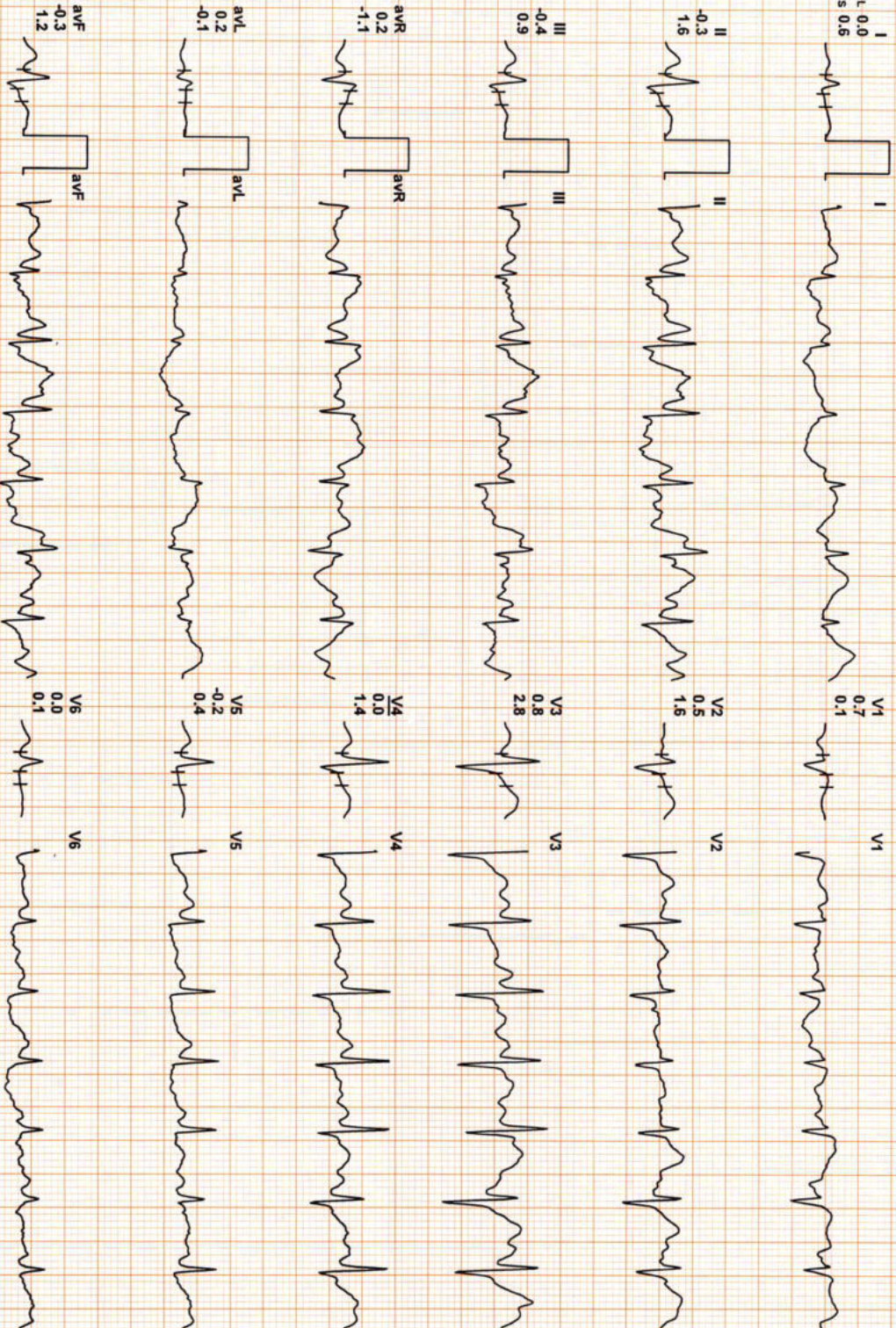
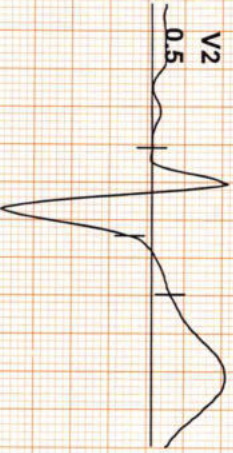


MR RAJESH KUMAR KUMAWAT 743 Yrs/M/10 Cms/10 Kg/HR: 137

Date: 24 / 12 / 2022
4X 60 ms Post J

METS: 7.1/137 bpm 77% of THR BP: 146/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



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

(ADX_GEM217220330)(R)Allergens



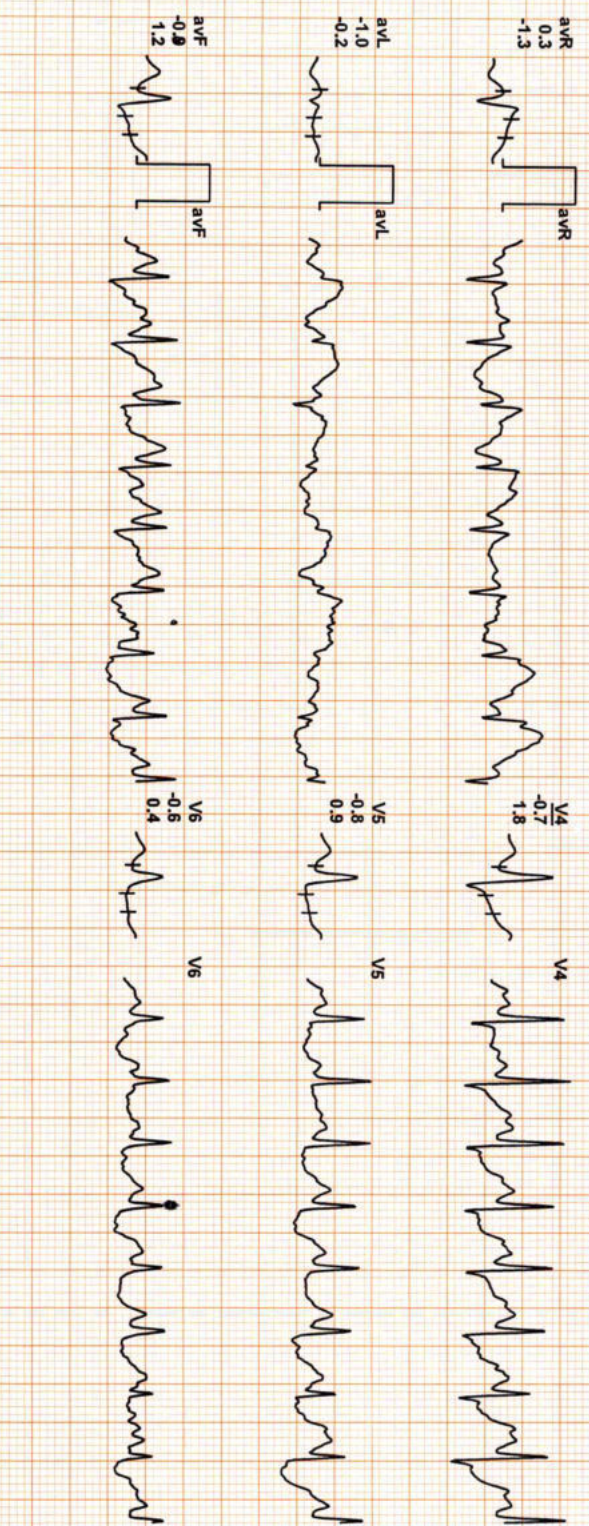
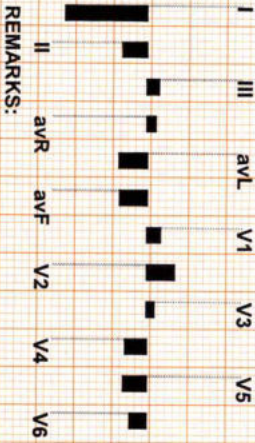
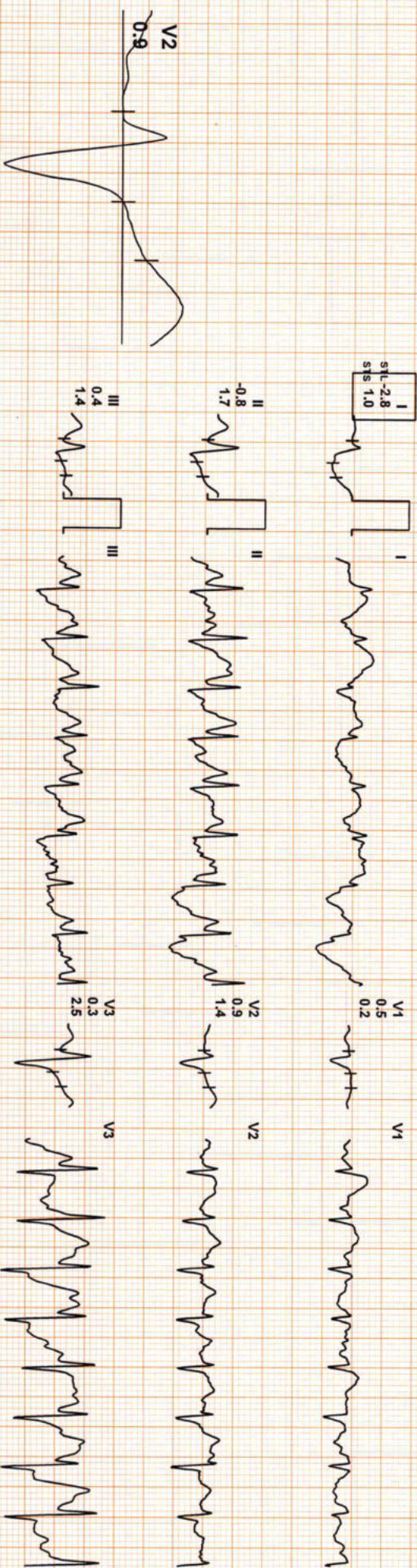
Date: 24 / 12 / 2022

METS: 8.9 / 175 bpm 99% of THR BP: 156/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:45 3.4 mph 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



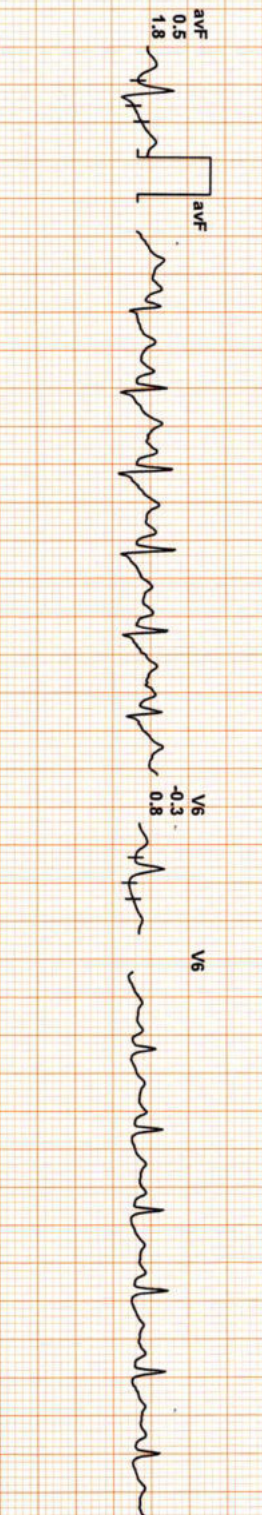
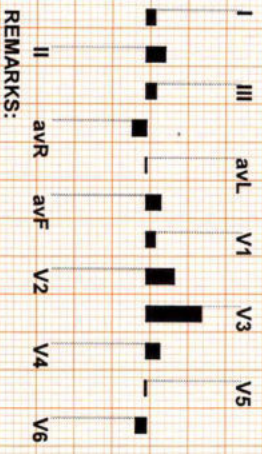
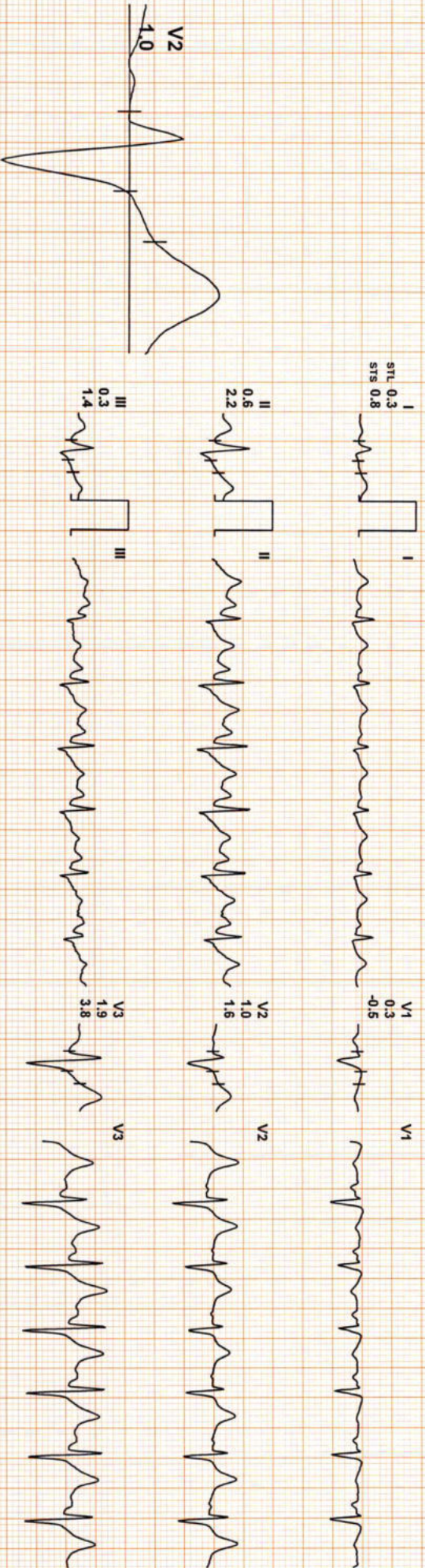
MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 0 Kg / HR : 144

Date: 24 / 12 / 2022

METS: 1.2/ 144 bpm 81% of THR BP: 156/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

EXTime: 07:45 0.0 mph, 0.0%
25 mm/Sec, 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

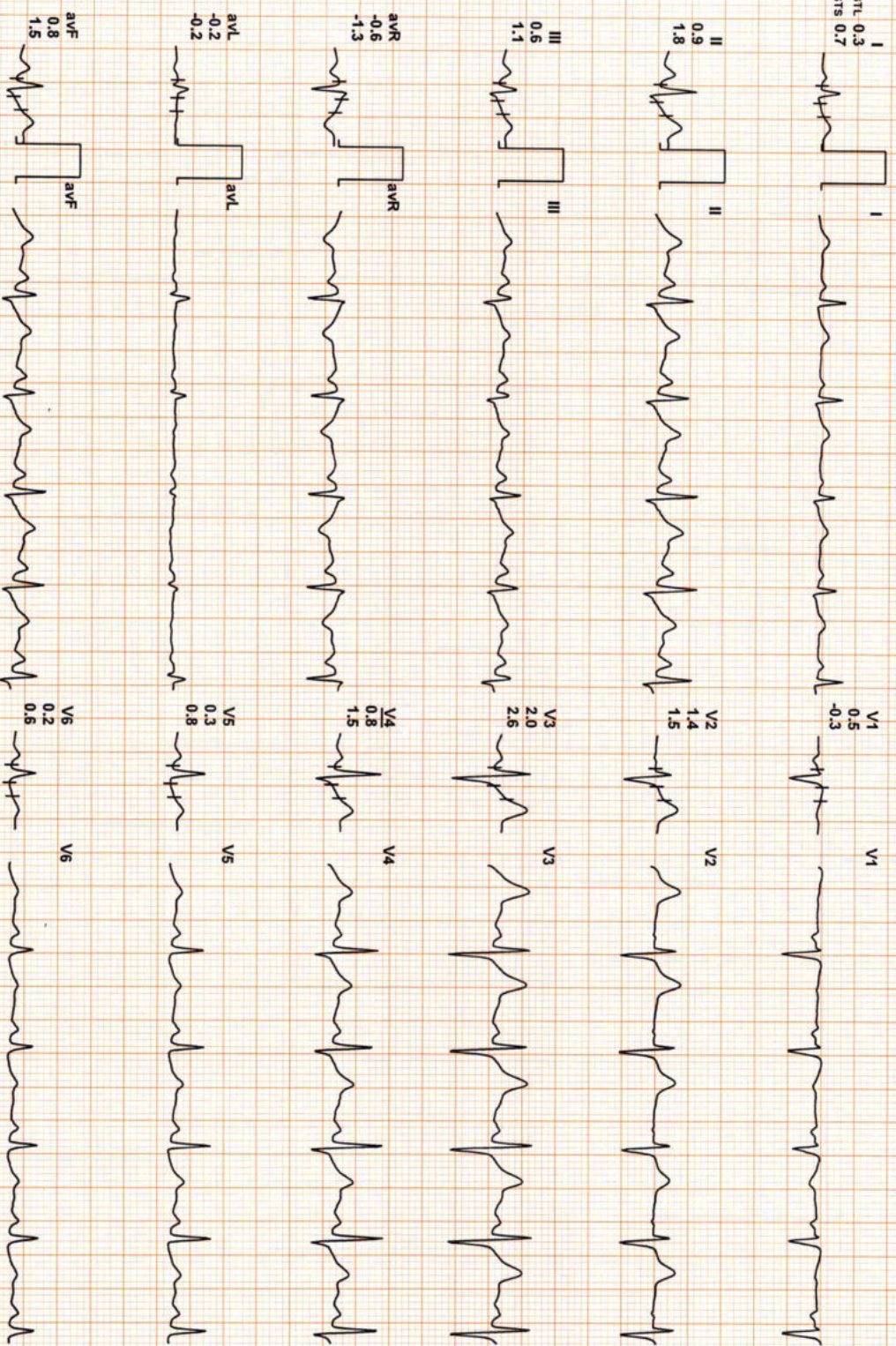
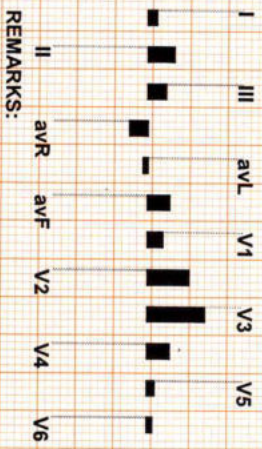
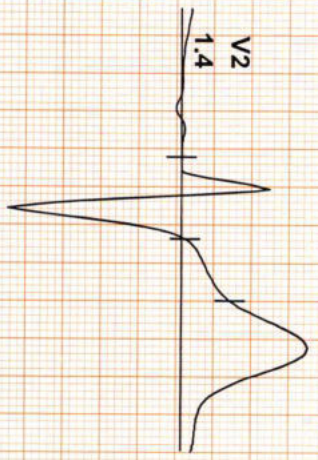


MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 0 Kg / HR : 100

Date: 24 / 12 / 2022
4X 80 ms Post J

METS: 1.0/ 100 bpm 56% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

EXTime: 07:45 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mv



REMARKS:

(ADX_GEM217220330)(R)Allergens



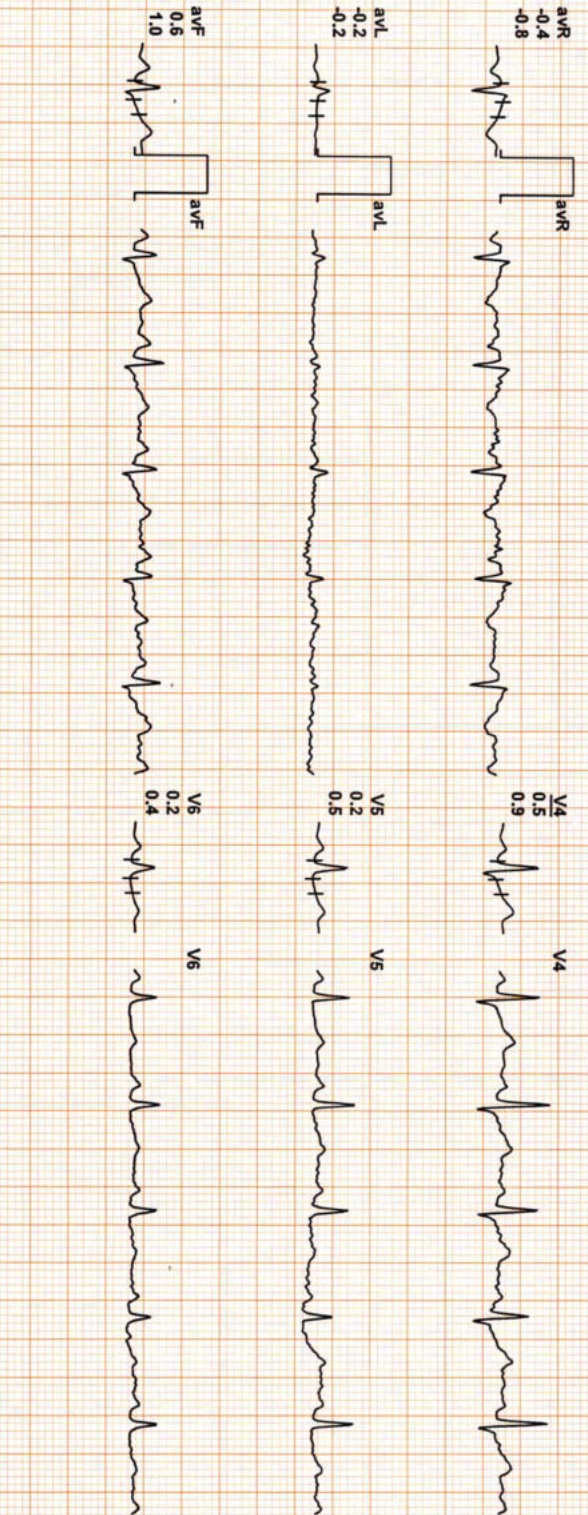
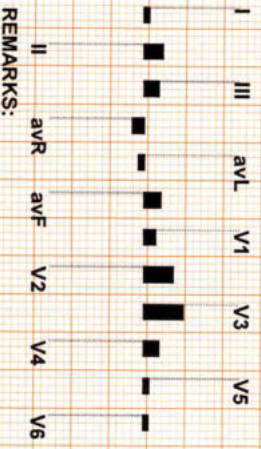
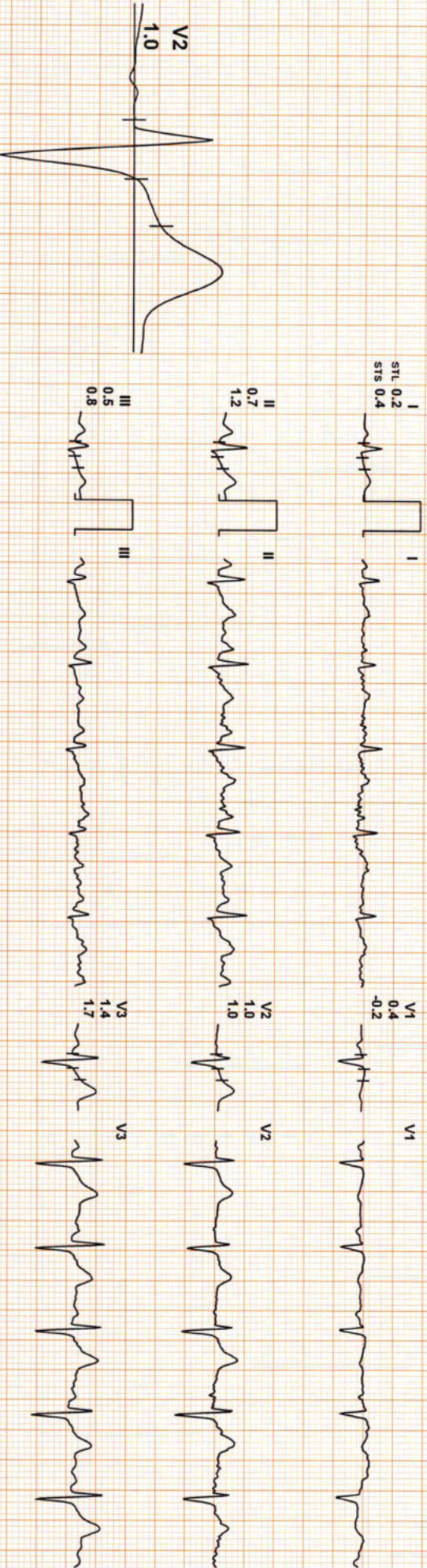
MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 0 Kg / HR : 101

Date: 24 / 12 / 2022

METS: 1.0/ 101 bpm 57% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

EXTime: 07:45 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allergers



MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 10 Kg / HR : 96

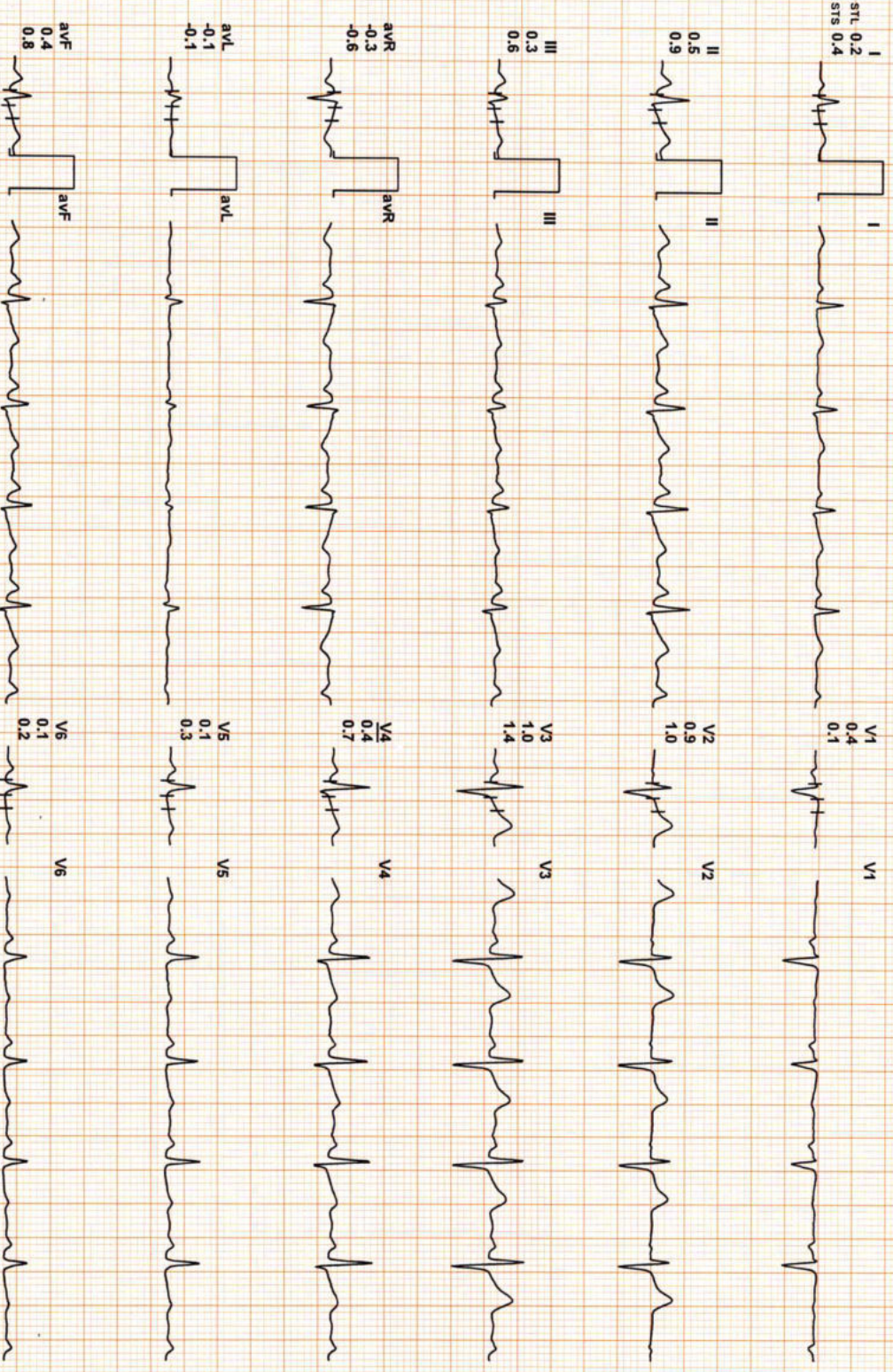
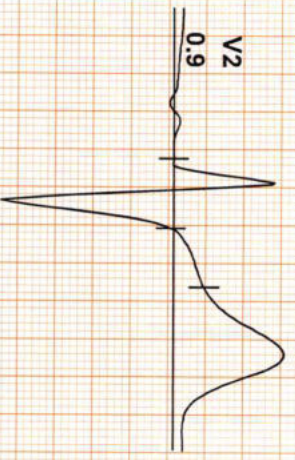
Date: 24 / 12 / 2022

METS: 1.0/ 96 bpm 54% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:45 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

I III aVL aVF V1 V2 V3 V4 V5 V6

II aVR aVF V2 V4 V6

(ADX_GEM217220330)(R)Allengers



MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 10 Kg / HR : 104

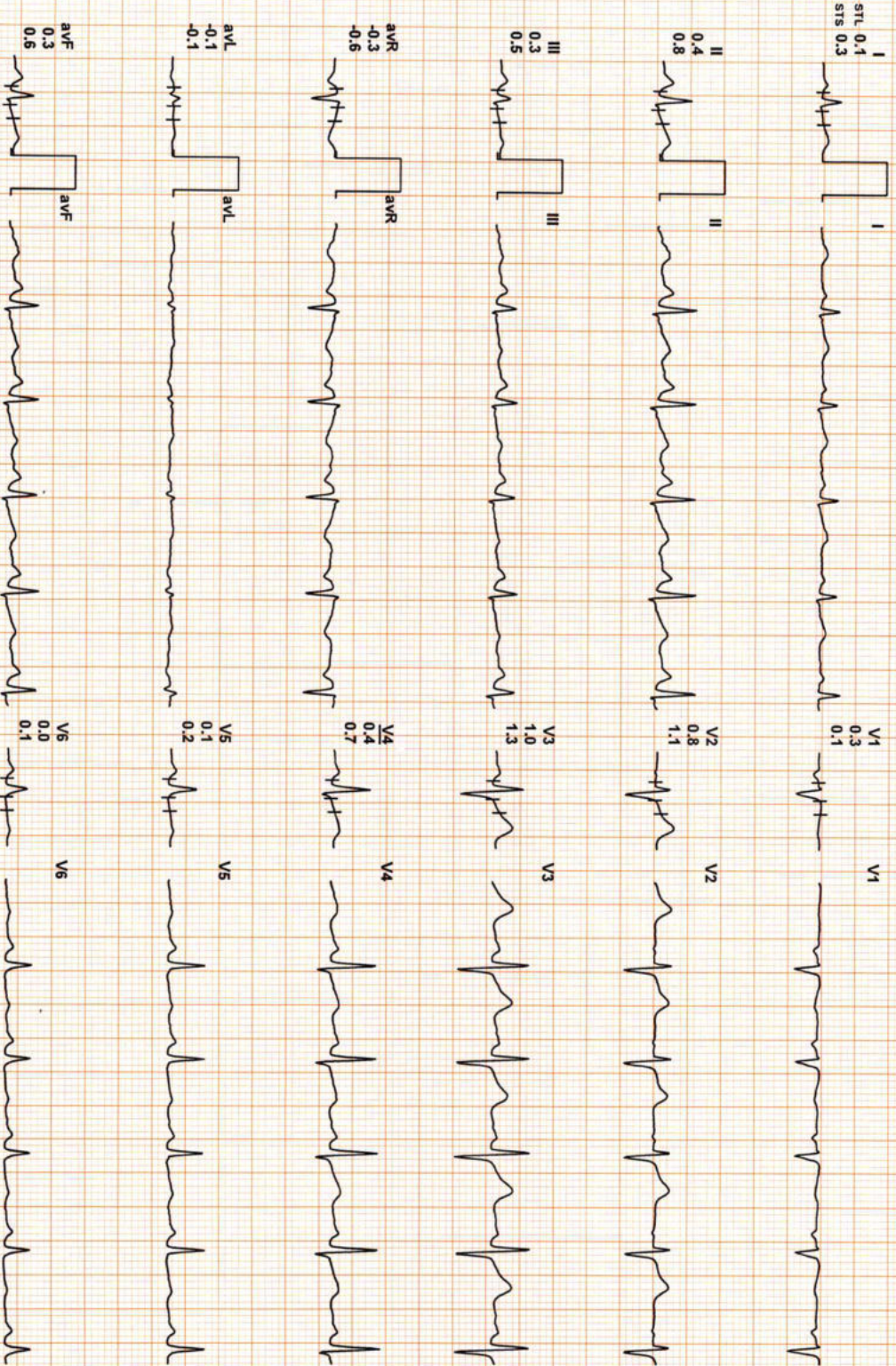
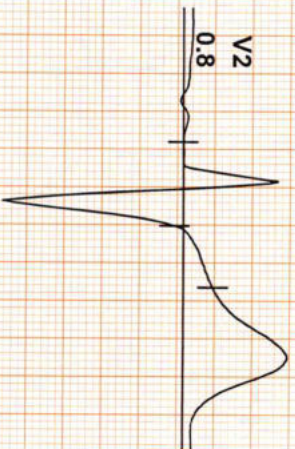
Date: 24 / 12 / 2022

METS: 1.0/ 104 bpm 59% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:45 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allergers



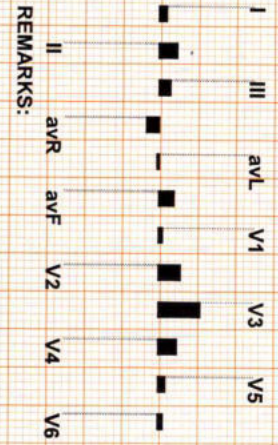
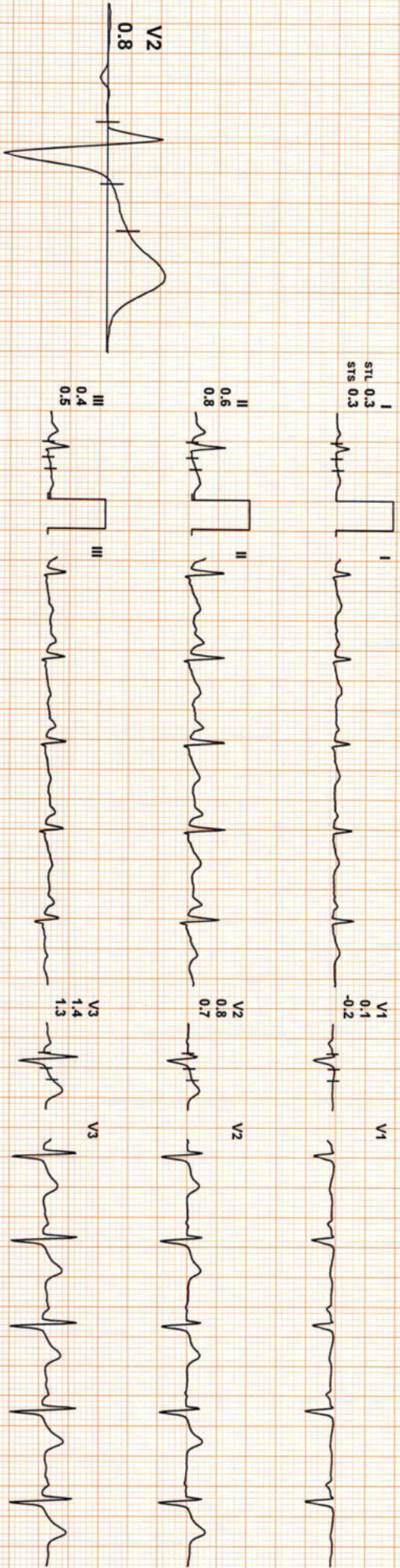
MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 0 Kg / HR : 95

Date: 24 / 12 / 2022

METS: 1.0/ 95 bpm 54% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 07:45 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

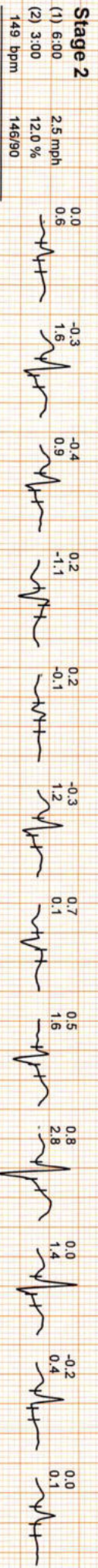
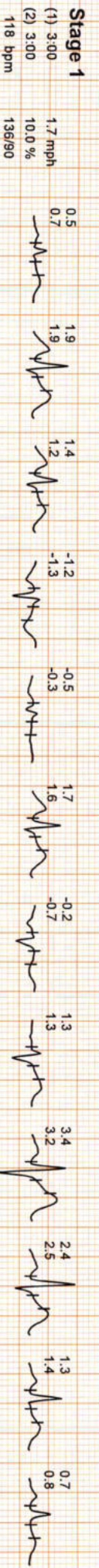
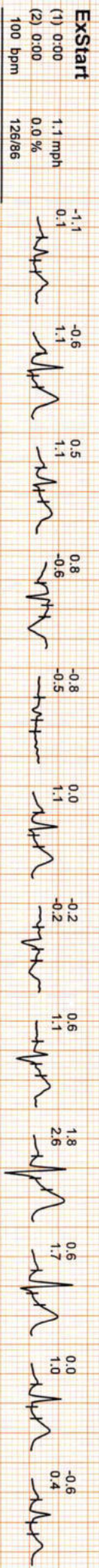
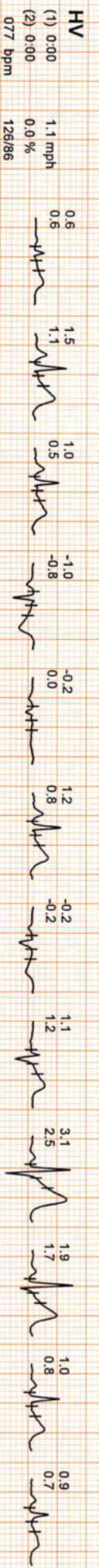
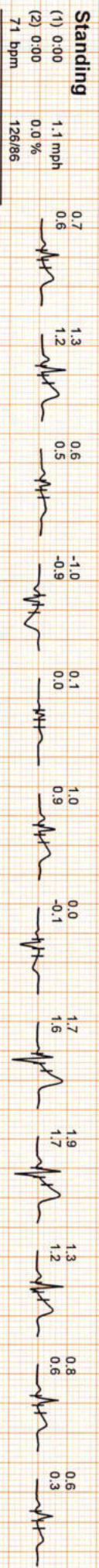
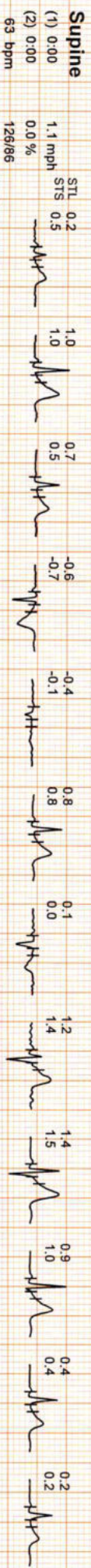
(ADX_GEM217220330)(R)Allengers



MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 0 Kg / HR : 71

Date: 24 / 12 / 2022

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



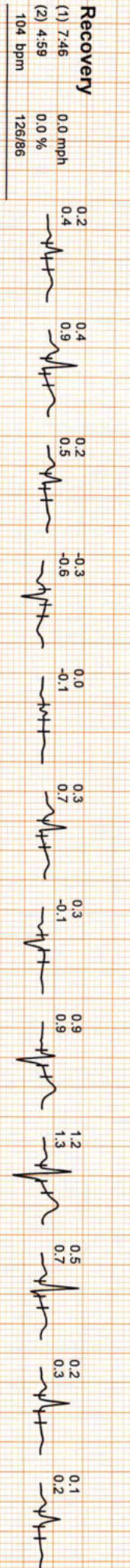
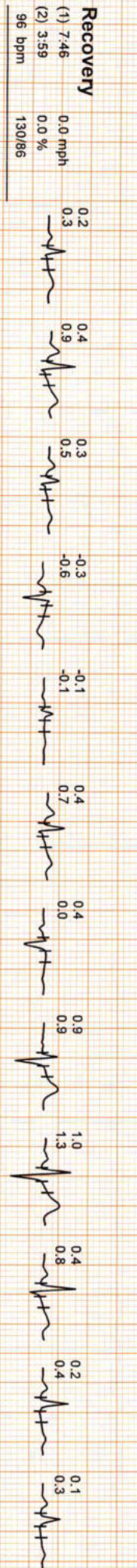
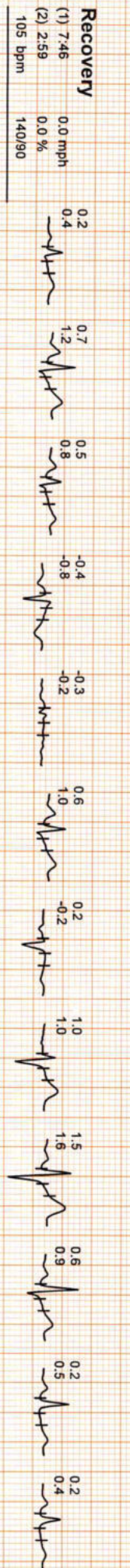
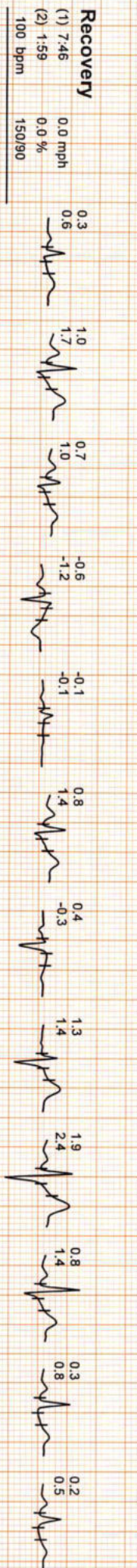
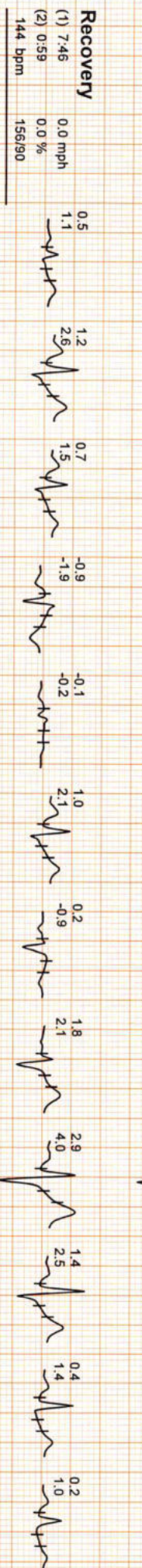
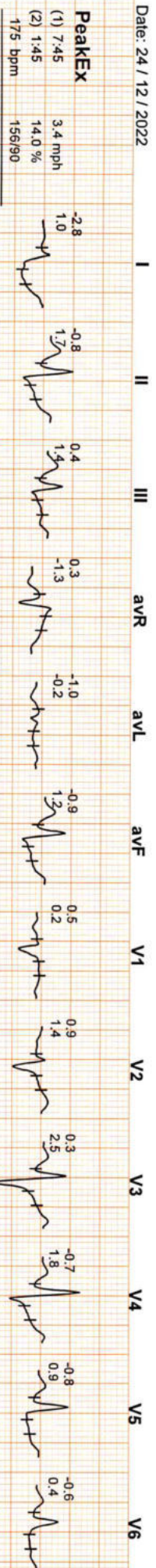
DR. GOYALS PATH LAB & IMAGING CENTER

Average



MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 10 Kg / HR : 71

Date: 24 / 12 / 2022



RHO

(ADX_GEM217220330)(R)Allengers

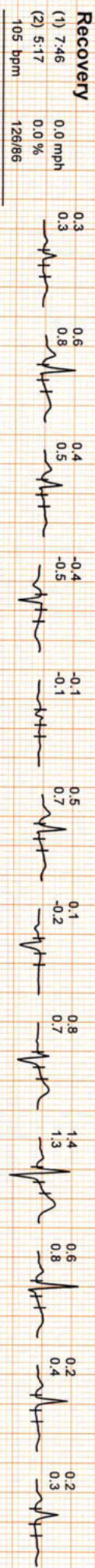
DR. GOYALS PATH LAB & IMAGING CENTER

Average

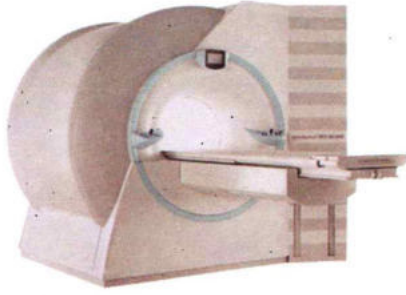


MR RAJESH KUMAR KUMAWAT / 43 Yrs / M / 0 Cms / 0 Kg / HR : 71

Date: 24 / 12 / 2022



(ADX_GEM217220330)(R)Allengers



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Date :- 24/12/2022 08:53:44
NAME :- Mr. RAJESH KUMAR KUMAWAT
Sex / Age :- Male 43 Yrs 5 Mon 21 Days
Company :- MediWheel

Patient ID :- 122228678
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 24/12/2022 11:33:45

BOB PACKAGE ABOVE 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.

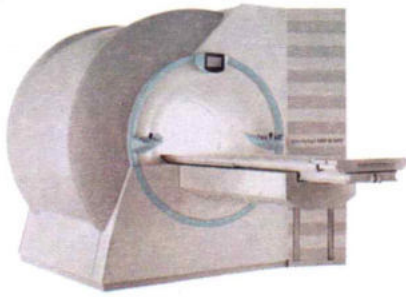
No enlarged nodes are visualised. No retro-peritoneal lesion is identified
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

Normal study

Needs clinical correlation for further evaluation

*** End of Report ***



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Date :- 24/12/2022 08:53:44

NAME :- Mr. RAJESH KUMAR KUMAWAT

Sex / Age :- Male 43 Yrs 5 Mon 21 Days

Company :- MediWheel

Patient ID :- 122228678

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 24/12/2022 13:21:02

BOB PACKAGE ABOVE 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

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RMC NO. 21687

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(D.M.R.D.) **BILAL**

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RMC Reg No. 017996

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MBBS, MD (Radio Diagnosis)
RMC No. 32495

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

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

Transcript by.

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Date :- 24/12/2022 08:53:44 Patient ID :-122228678
NAME :- Mr. RAJESH KUMAR KUMAWAT Ref. By Dr:- BOB
Sex / Age :- Male 43 Yrs 5 Mon 21 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 24/12/2022 09:12:52

Final Authentication : 24/12/2022 13:54:48

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE ABOVE 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.1	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.30	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	58.8	%	40.0 - 80.0
LYMPHOCYTE	33.7	%	20.0 - 40.0
EOSINOPHIL	3.3	%	1.0 - 6.0
MONOCYTE	3.9	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.53	10 ³ /uL	1.50 - 7.00
LYMPH#	1.45	10 ³ /uL	1.00 - 3.70
EO#	0.14	10 ³ /uL	0.00 - 0.40
MONO#	0.17	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.08 L	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	39.60 L	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	97.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	32.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.5	g/dL	31.5 - 34.5
PLATELET COUNT	205	x10 ³ /uL	150 - 410
RDW-CV	12.6	%	11.6 - 14.0
MENTZER INDEX	23.77		

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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Technologist

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Sex / Age :- Male 43 Yrs 5 Mon 21 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 24/12/2022 09:12:52 Final Authentication : 24/12/2022 13:54:48

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 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 or connective tissue disease. (CBC) Methodology: FLC, DLC, Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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NAME :- Mr. RAJESH KUMAR KUMAWAT Ref. By Dr:- BOB
Sex / Age :- Male 43 Yrs 5 Mon 21 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, C₁₂U₂ETP₂ Sample Collected Time :- 24/12/2022 09:12:52

Final Authentication : 24/12/2022 14:32:14

HAEMATOLOGY

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

BLOOD GROUP ABO "AB" POSITIVE

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

FASTING BLOOD SUGAR (Plasma) 103.3 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: Radox 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) 119.2 mg/dl 70.0 - 140.0
Method:- GOD PAP

Instrument Name: Radox 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.

URINE SUGAR (FASTING) Nil Nil
Collected Sample Received

AJAYSINGH, KAUSHAL, VIJENDRAMEENA
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Page No: 3 of 12



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Date :- 24/12/2022 08:53:44 Patient ID :-122228678
NAME :- Mr. RAJESH KUMAR KUMAWAT Ref. By Dr:- BOB
Sex / Age :- Male 43 Yrs 5 Mon 21 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- STOOL Sample Collected Time 24/12/2022 09:12:52 Final Authentication : 24/12/2022 12:30:41

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	NIL	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

VIJENDRAMEENA
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Page No: 4 of 12



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Date :- 24/12/2022 08:53:44 Patient ID :- 12228678
NAME :- Mr. RAJESH KUMAR KUMAWAT Ref. By Dr:- BOB
 Sex / Age :- Male 43 Yrs 5 Mon 21 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 24/12/2022 09:12:52 Final Authentication : 24/12/2022 14:32:14

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	191.30	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	46.67	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	47.65	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	135.87	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	9.33	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.01		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.85		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	498.36	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Radox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTERO InstrumentName:Radox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

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Date :- 24/12/2022 08:53:44 Patient ID :-122228678
NAME :- Mr. RAJESH KUMAR KUMAWAT Ref. By Dr:- BOB
 Sex / Age :- Male 43 Yrs 5 Mon 21 Days Lab/Hosp :-
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Sample Type :- PLAIN/SERUM

Sample Collected Time 24/12/2022 09:12:52

Final Authentication : 24/12/2022 14:32:14

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.62	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1 month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.20	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.42	mg/dl	0.30-0.70
SGOT Method:- IFCC	27.3	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	29.6	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	60.90	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	20.70	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.65	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.61	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.04	gm/dl	2.20 - 3.50
A/G RATIO	1.52		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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Page No: 6 of 12



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Date :- 24/12/2022 08:53:44 Patient ID :-122228678
NAME :- Mr. RAJESH KUMAR KUMAWAT Ref. By Dr:- BOB
Sex / Age :- Male 43 Yrs 5 Mon 21 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/12/2022 09:12:52

Final Authentication : 24/12/2022 14:32:14

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	1.13	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.96	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Page No: 7 of 12



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Sample Type :- PLAIN/SERUM

Sample Collected Time 24/12/2022 09:12:52

Final Authentication : 24/12/2022 14:32:14

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	12.7	mg/dl	0.0 - 23.0

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Page No: 8 of 12



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Sex / Age :- Male 43 Yrs 5 Mon 21 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 24/12/2022 09:12:52

Final Authentication : 24/12/2022 13:54:48

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.0

%

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

97

mg/dL

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

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Page No: 9 of 12



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Sex / Age :- Male 43 Yrs 5 Mon 21 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 24/12/2022 09:12:52

Final Authentication : 24/12/2022 12:12:37

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	6.5		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
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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Date :- 24/12/2022 08:53:44 Patient ID :- 122228678
NAME :- Mr. RAJESH KUMAR KUMAWAT Ref. By Dr:- BOB
 Sex / Age :- Male 43 Yrs 5 Mon 21 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/12/2022 09:12:52

Final Authentication : 24/12/2022 12:26:04

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.344	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.139	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.510	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 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

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	0.700	ng/ml	0.000 - 4.000

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

*** End of Report ***

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