

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganeer Road,  
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 988704978

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

### General Physical Examination

Date of Examination: 28/07/2024

Name: ANJ Choudhary Age: 32 Sex: male

DOB: 9/04/1991

Referred By: medhikal

Photo ID: Ankur ID #: attached

Ht: 178 (cm) Wt: 77 (Kg)

Chest (Expiration): 94 (cm) Abdomen Circumference: 85 (cm)

Blood Pressure: 112/73 mm Hg PR: 67 / min

BMI 24.3

Eye Examination: no vision 6/6, near vision NB.

No colour blindness

Other: no colour blindness.

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 \_\_\_\_\_  
RMC Reg No. 017503



*[Handwritten signature]*

Dr. Piyush Choudhary  
M.B.B.S., D.M.M.  
RMC Reg. No.-017360

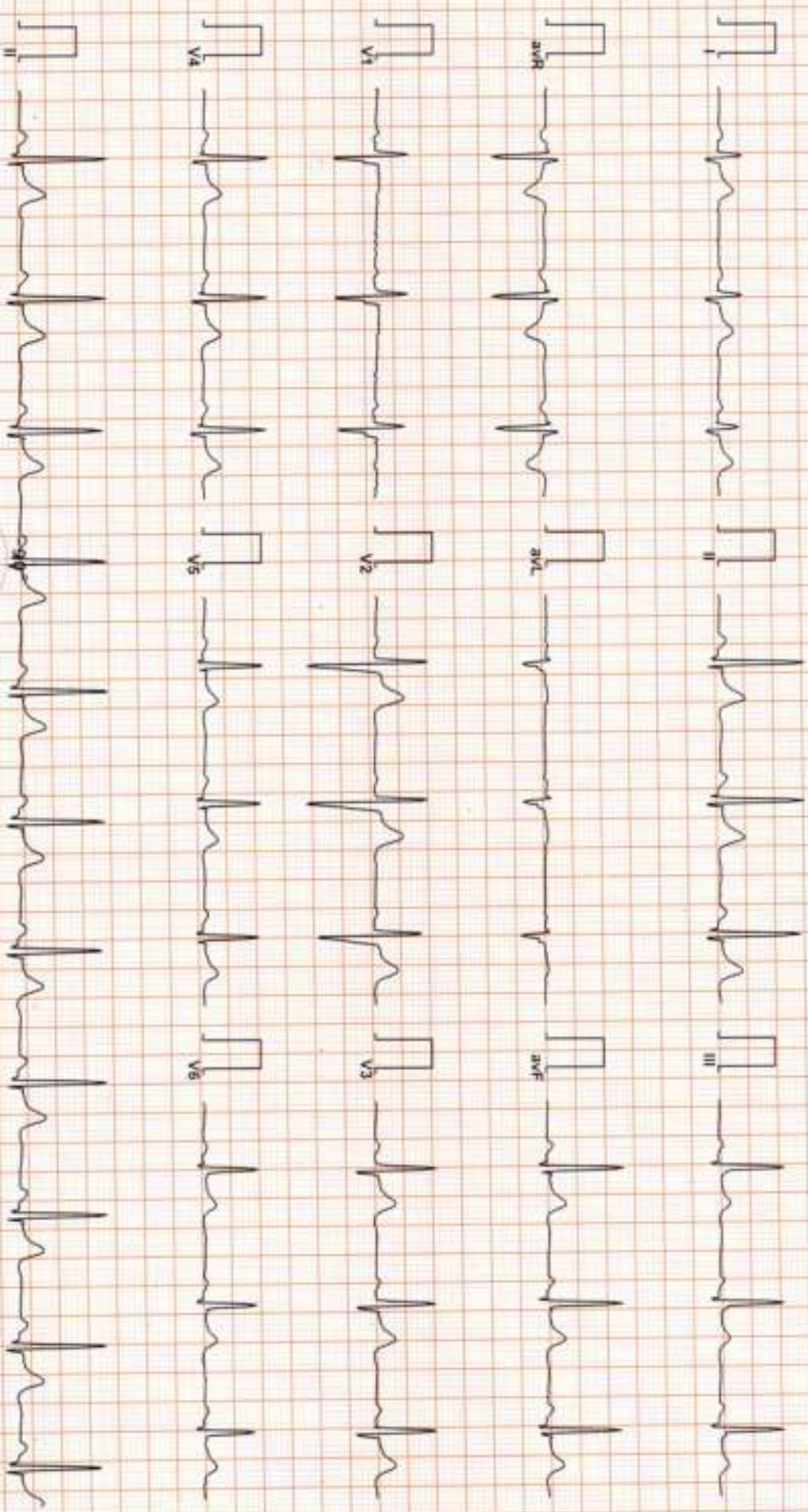




**DR. GOYALS PATH LAB & IMAGING CENTER**

**ECG**

102337202 / MR ANUJ CHOUDHARY / 32 Yrs / M/ Non Smoker  
Heart Rate : 66 bpm / Tested On : 28-Jan-24 13:27:59 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ ReId By: BOB



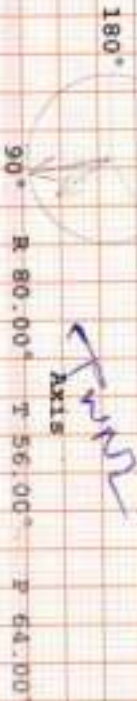
Heart Rate : 66 bpm

PR Interval : 154 ms

QRS Duration : 96 ms

QT/QTc Int : 378/389 ms

P-QRS-T axis: 64.00° 80.00° 56.00°



**D. Nareesh Kumar** / 28/03/2024

**MEBS, D. ESCORTIO (ESCORT)**

**D.E.M. (RCGP-UK)**



DR. GOYALS PATH LAB & IMAGING CENTER

Report

B-51 GANESH NAGAR, JAIPUR Email:



3096 / MR ANUJ CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / NonSmoker  
 Date: 28 / 01 / 2024 01:30:00 PM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPE	PVC	Comments
Supine	00:33	0:33	01.1	00.0	01.0	071	38 %	126/86	089	00	
Standing	01:40	1:07	01.1	00.0	01.0	070	37 %	126/86	088	00	
HV	02:43	1:03	01.1	00.0	01.0	065	35 %	126/86	081	00	
Warm Up	04:12	1:29	01.1	00.0	01.0	089	47 %	126/86	112	00	
ExStart	04:16	0:04	01.7	10.0	01.1	093	49 %	126/86	117	00	
BRUCE Stage 1	07:16	3:00	01.7	10.0	04.7	119	63 %	136/86	161	00	
BRUCE Stage 2	10:16	3:00	02.5	12.0	07.1	149	79 %	156/90	232	00	
PeakEx	12:18	2:02	03.4	14.0	09.2	172	91 %	166/90	285	00	
Recovery	13:18	1:00	00.0	00.0	01.2	131	70 %	160/90	209	00	
Recovery	14:18	2:00	00.0	00.0	01.0	097	52 %	160/90	155	00	
Recovery	16:18	4:00	00.0	00.0	01.0	092	49 %	140/90	128	00	
Recovery	17:51	5:33	00.0	00.0	01.0	095	51 %	126/86	119	00	

FINDINGS :

Exercise Time : 08:02  
 Max HR Attained : 172 bpm 91% of Target 188  
 Max BP Attained : 166/90 (mm/Hg)  
 Max Workload Attained : 9.2 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

*TTT is Negative for RVT*

Dr. Nareesh Kumar Mohan - -K9  
 MBBS, DNB (Cardiology),  
 D.I.P.M. (Res. Sp. - UJ)  
 RMC (Sports)  
 RMC (ESC/CRTS)



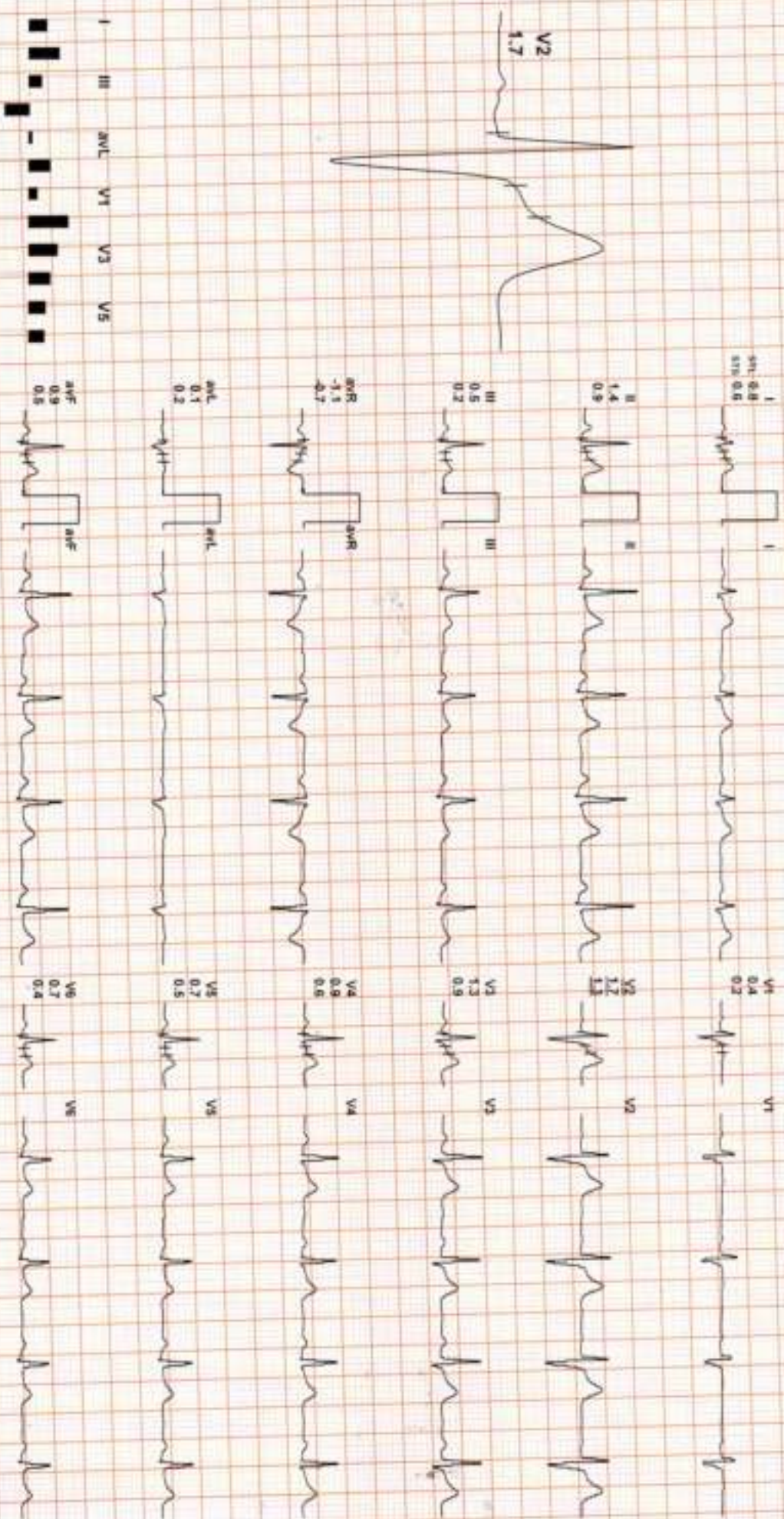


3096 / MR ANJU CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 71

Date: 28 / 01 / 2024 01:30:00 PM METS: 1.60 71 bpm 38% of THR BP: 126/86 mmHg Combined Medians/ BLC Ovr Noich Ovr HF: 0.05 kcal/L 100 Hz

4X 80 ms Post J

ExTime: 00:00 1.1 mph 0.0%  
25 emSec 1.8 Cm/mV



REMARKS:





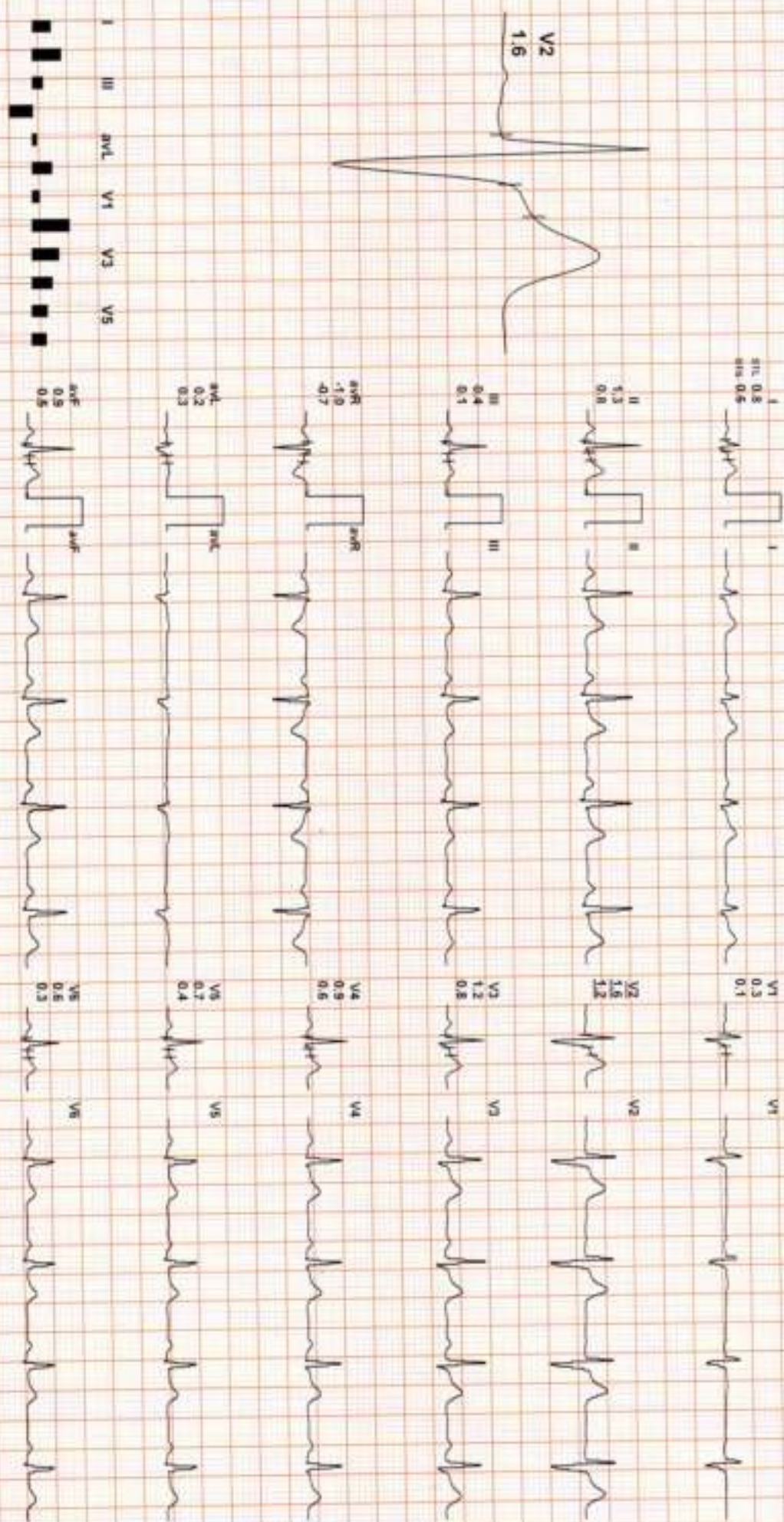
3096 / MR ANUJ CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 70

Date: 26 / 01 / 2024 01:30:00 PM METS- 1.0/ 70 bpm 37% of THR BP- 126/86 mmHg Combined Medianu BLC Ov Notch Ov HF 0.05 HOLF 100 Hz

ExTime: 00:00 1.1 mph 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

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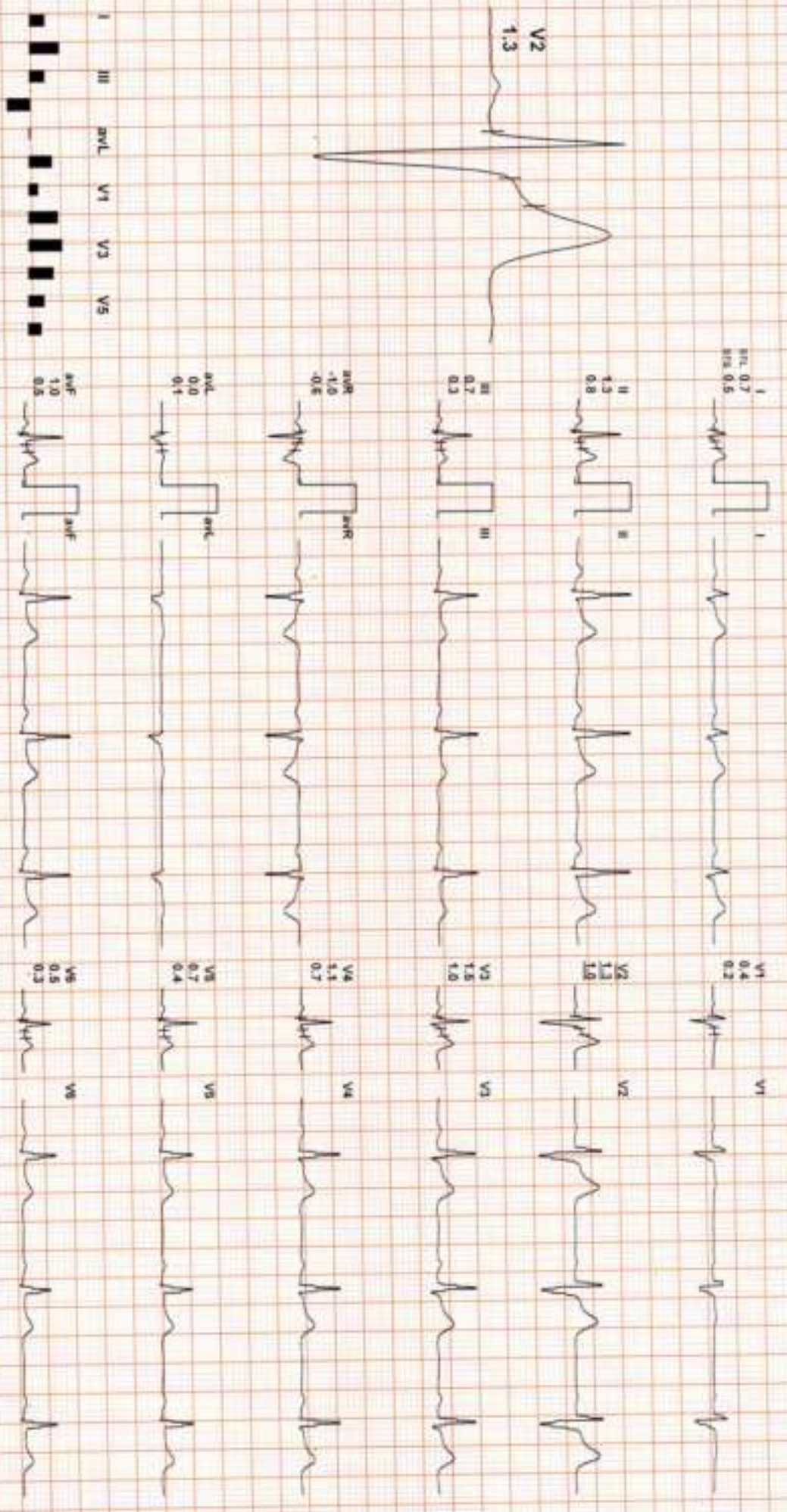


3096 / MR ANUJ CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 65

Date: 28 / 01 / 2024 01:30:00 PM METS: 1.00 65 bpm 35% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Nocti On/ HF 0.05 Hz/LF 100 Hz

4X 80 mB Page 2

ExTime: 00:00 1.1 mph 0.0% 35 mm/sec 1.0 Cm/mV



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

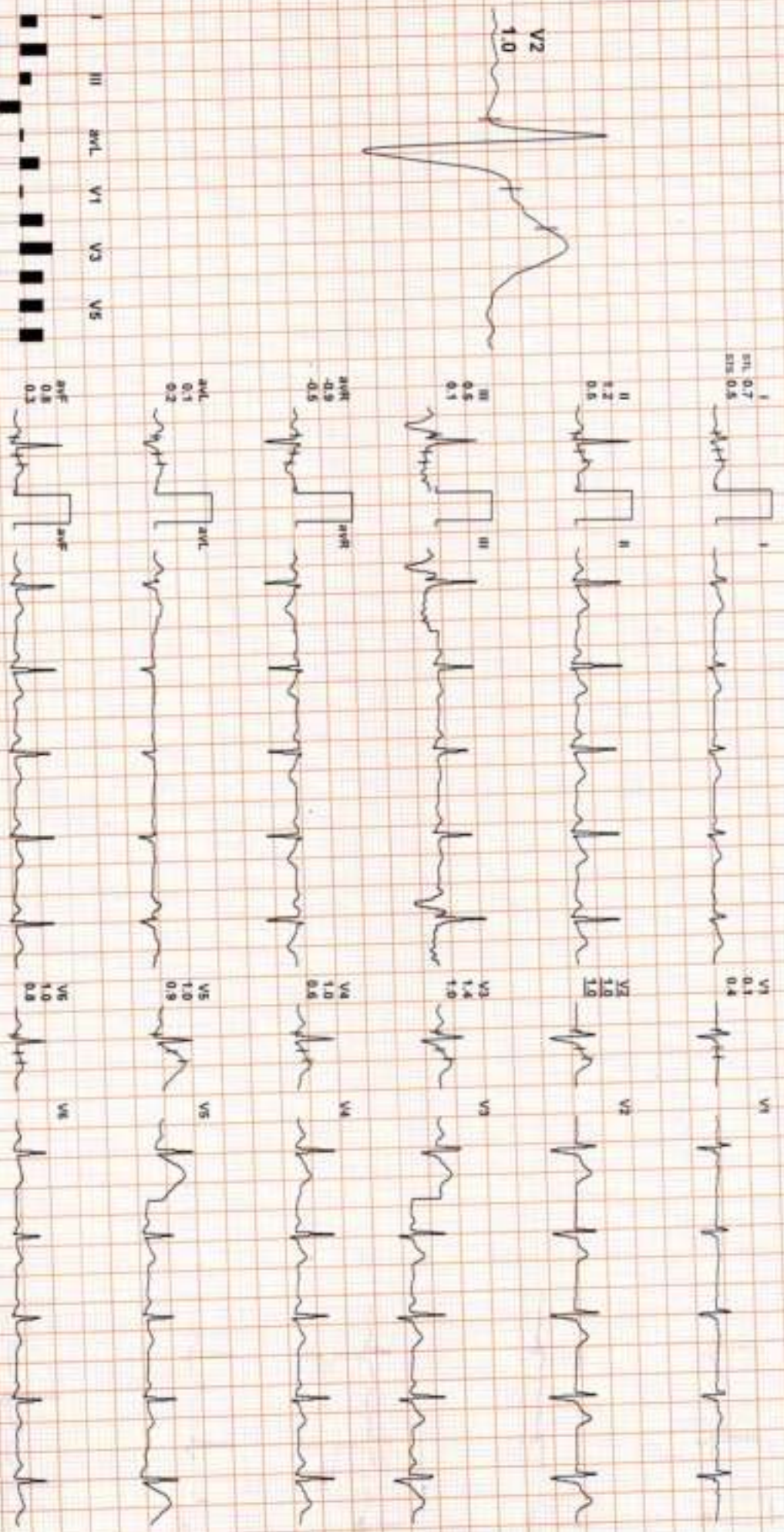


3096 / MR ANJU CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 89

Date: 28 / 01 / 2024 01:30:00 PM METS: 1.0/ 89 bpm 47% of THR BP: 126/86 mmHg Combined Median/ BL/C Div Notch Div HF: 0.05 Hz/LF: 100 Hz

4X 49 ms Post J

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



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



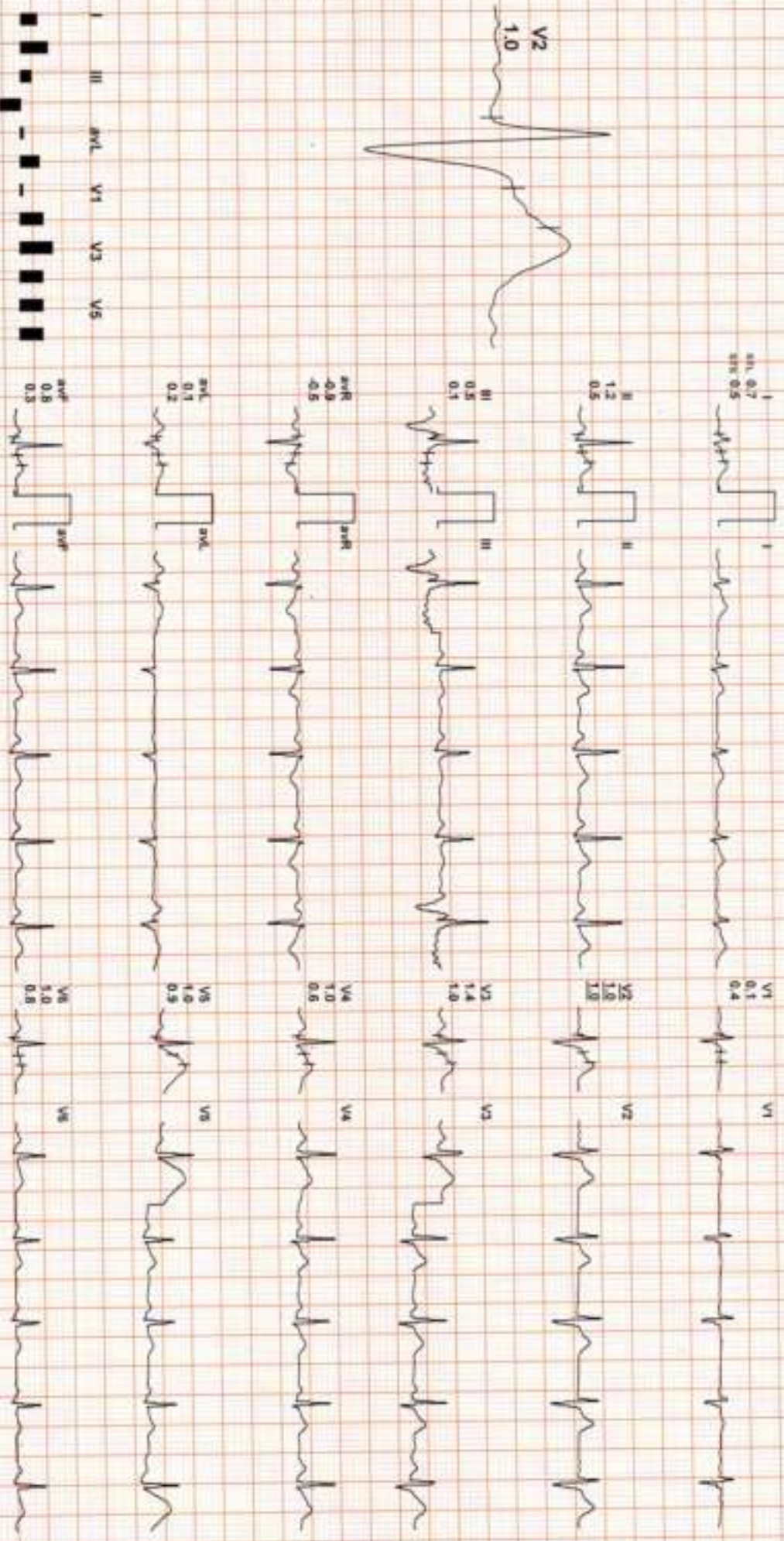


3096 / MR ANUJ CHOUDHARY / 32 YRS / M / 0 Cms / 0 Kg / HR : 93

Date: 28 / 01 / 2024 01:30:00 PM IEC TS: 1.1/ 93 bpm 49% of THR BP: 126/86 mmHg Combined Medians/ ELC On/ Natch On/ HF: 0.03 HEALF: 100 Hz

4X 60 ms Post J

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



REMARKS:



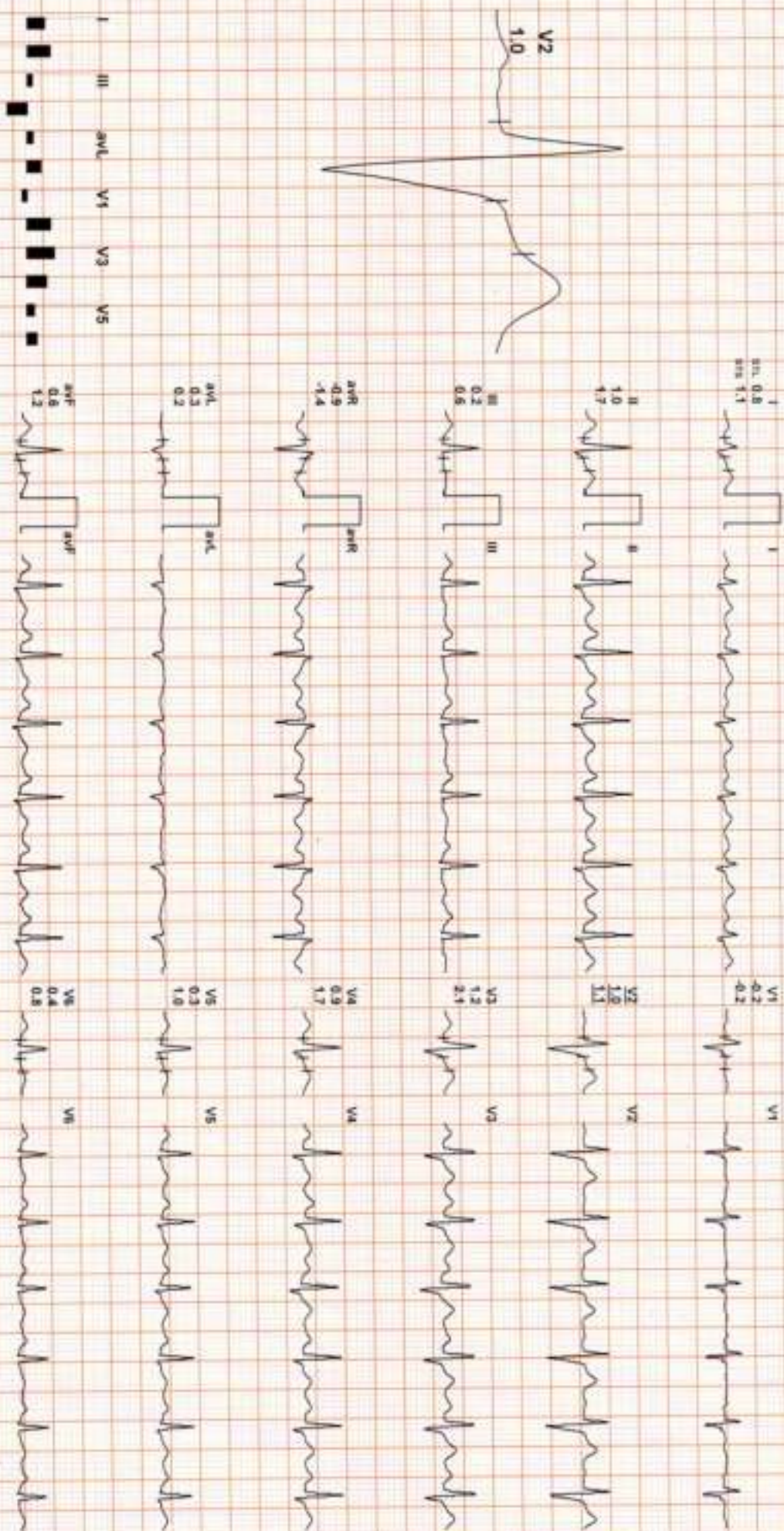


3096 / MR ANNU CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 119

Date: 28 / 01 / 2024 01:30:00 PM METS: 4.71 119 bpm 63% of Ther BP: 136/86 mmHg Combined Mediana/ B/C On/ Notch On/ HF: 0.05 Hx/V/E: 100 Hz

4X 40 ms Paper J

ExTime: 03:00 1.7 mph 10.0% 25 msec/Sec 1.0 Cm/mV



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







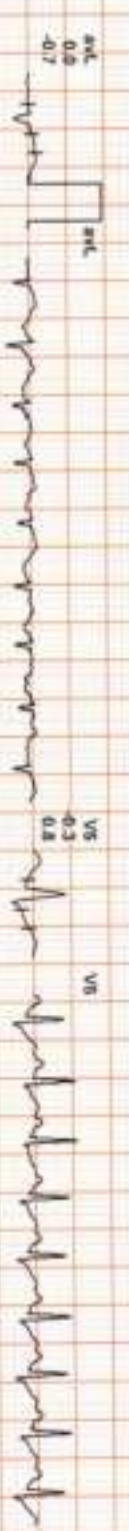
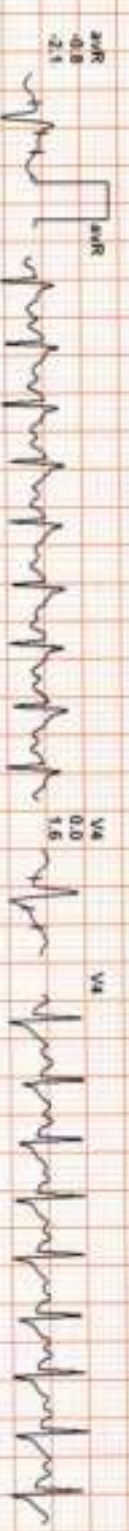
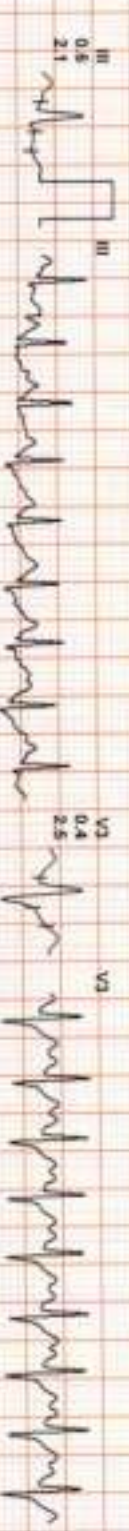
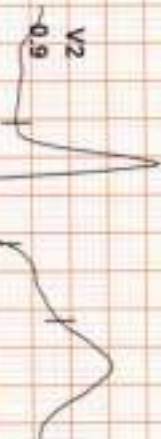


3096 / MR ANJU CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 172

Date: 28 / 01 / 2024 01:30:00 PM METS: 9.2 / 72 bpm 91% of THR BP: 166/90 mmHg Combined Median/ BL C Onv Notch Onv HF 0.05 HzLF 100 Hz

4X 60 mm Post J

ExTime: 08:02 3.4 mph 14.0% 28 mm/Sec 1.0 CalmV



REMARKS:



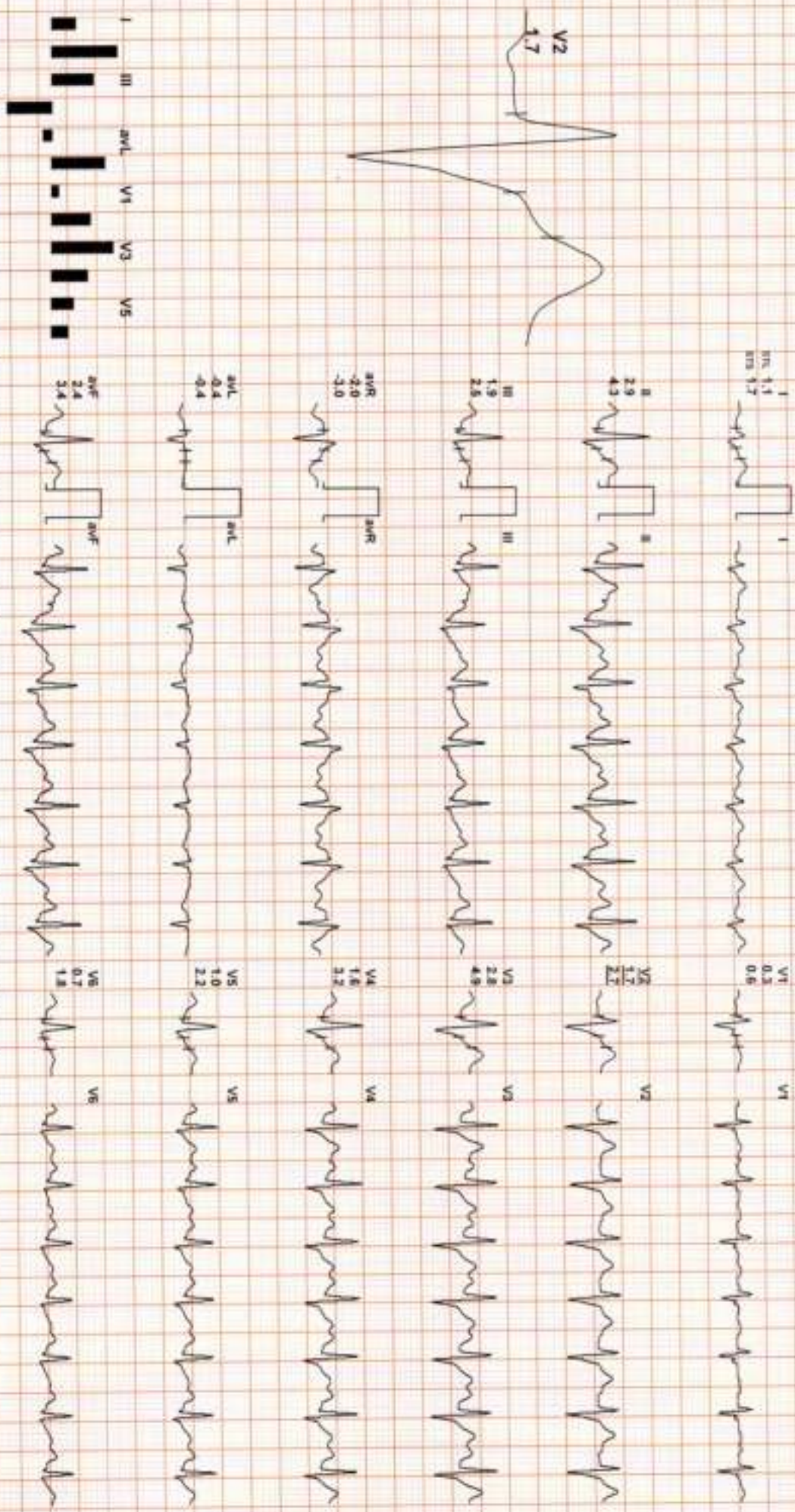


3096 / MR ANJU CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 131

Date: 28 / 01 / 2024 01:30:00 PM METS: 1.2/ 131 bpm 70% of THR BP: 160/90 mmHg Combined Median/ BLC Qw Match Qw HF: 0.0% HoLF: 100 Hz

4X 60 mS Post J

EXTime: 08:02 0.0 min 0.0% 25 min/Sec. 1.0 Cm/Div



REMARKS:



3096 / MR ANUJ CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 97

Date: 28 / 01 / 2024 01:30:00 PM METS: 1.01 97 bpm 52% of THR BP: 160/90 mmHg Combined Medicines/ BLC: ON Natch ON/ HF: 0.05 HELF: 100 Hz

4X 48 ms Post J

EXTime: 08:02 0.0 mph 0.0% 25 mm/Sec 1.8 Cm/mV



REMARKS:





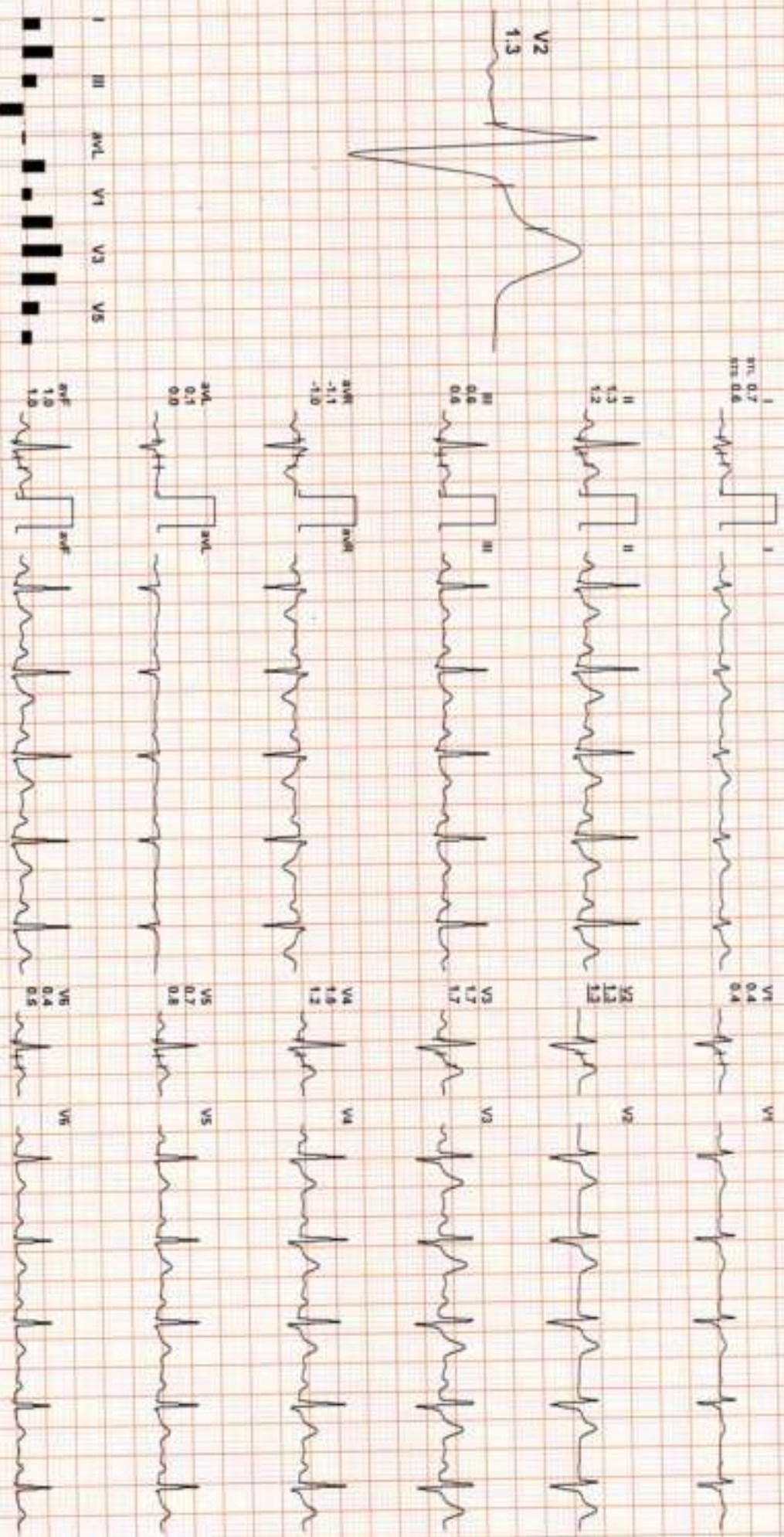


3096 / MR ANJU CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 92

Date: 28 / 01 / 2024 01:30:00 PM METS: 1.0/ 92 bpm 49% of THR BP: 140/90 mmHg Combined Medians/ BLC Qw Notch Qw HF 0.05 Hz/LF 100 Hz

4X 80 ms/Post J

ExTime: 08:02 0.0 mph, 0.0%  
25 mm/Sec 1.0 Cm/mV



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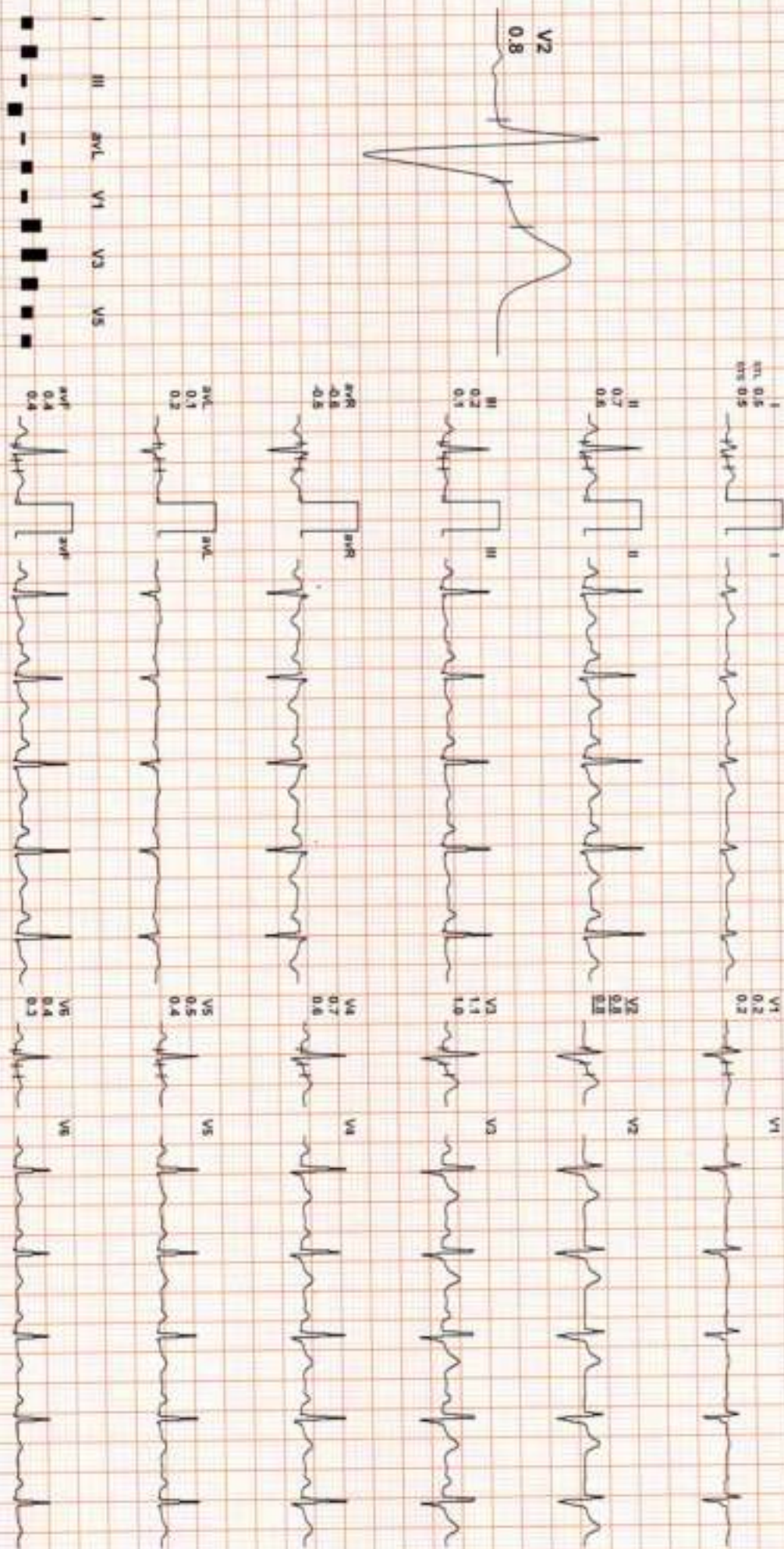


3096 / MR ANUJ CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 95

Date: 28 / 01 / 2024 01:30:00 PM METS: 1.0/ 95 bpm 55% of THR SR: 126/66 mmHg Combined Medians/ BLC QW Watch QW HF 0.05 Hz/UF 100 Hz

4X 80 mS Post J

ExTime: 08:02 0.0 mgt. 0.0% 25 mm/Sec. 1.0 Cm/mV



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





3096 / MR ANUJ CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 70

Date: 28 / 01 / 2024 01:30:00 PM

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

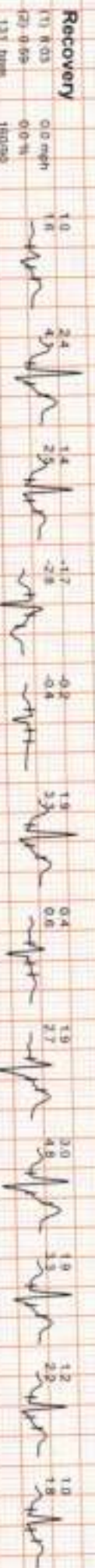






3096 / MR ANUJ CHOUDHARY / 32 Yrs / M / 0 Cms / 0 Kg / HR : 70

Date: 28 / 01 / 2024 01:30:00 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





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Sodala, Jaipur-302019  
Tele : 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 28/01/2024 10:30:46 Patient ID :-12235491  
NAME :- **Mr. ANUJ CHOUDHARY** Ref. By Dr:- BOB  
Sex / Age :- Male 32 Yrs 9 Mon 21 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 28/01/2024 10:40:59 Final Authentication : 28/01/2024 13:31:15

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	15.2	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.31	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	51.9	%	40.0 - 80.0
LYMPHOCYTE	37.8	%	20.0 - 40.0
EOSINOPHIL	5.8	%	1.0 - 6.0
MONOCYTE	4.2	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.24	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.63	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.25	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.18	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.98	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	93.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.4	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	198	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.1	%	11.6 - 14.0
MENTZER INDEX	18.86		

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 :- 28/01/2024 10:30:46

Patient ID :-12235491



**NAME :- Mr. ANUJ CHOUDHARY**

Ref. By Dr:- BOB

Sex / Age :- Male 32 Yrs 9 Mon 21 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 28/01/2024 10:40:59

Final Authentication : 28/01/2024 13:31:15

### HAEMATOLOGY

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

BOB PACKAGE BELOW 40MALE

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**

5.6

%

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

Method:- HPLC

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**

114

mg/dL

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

Method:- Calculated Parameter

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Technologist

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Sample Type :- EDTA Sample Collected Time 28/01/2024 10:40:59 Final Authentication : 28/01/2024 13:31:15

### HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR) 24 H mm/hr. 00 - 13

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

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

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

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR"  $\times > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: TLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance, and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Technologist

Page No: 3 of 12



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 Sex / Age :- Male 32 Yrs 9 Mon 21 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 28/01/2024 10:40:59 Final Authentication :- 28/01/2024 13:21:30

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	139.61	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	83.43	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	30.43	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	95.28	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	16.69	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.59		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.13		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	417.79	mg/dl	400.00 - 1000.00
<p><b>TOTAL CHOLESTEROL</b> InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid (lipoprotein) metabolism disorders.</p> <p><b>TRIGLYCERIDES</b> InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</p> <p><b>DIRECT HDL CHOLESTEROL</b> InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</p> <p><b>DIRECT LDL CHOLESTEROL</b> InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</p> <p><b>TOTAL LIPID AND VLDL ARE CALCULATED</b></p>			

SURENDRAKHANGA

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Sample Type :- PLAIN/SERUM Sample Collected Time 28/01/2024 10:40:59 Final Authentication : 28/01/2024 13:21:30

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.55	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.12	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.43	mg/dl	0.30-0.70
SGOT Method:- IFCC	23.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	25.7	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	75.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	32.30	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.86	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.33	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.53	gm/dl	2.20 - 3.50
A/G RATIO	1.71		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method Instrument Name: Randox Rx Inova 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 those incompatible with 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 Instrument Name: Randox Rx Inova 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 Instrument Name: Randox Rx Inova 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer Instrument Name: Randox Rx Inova Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteolytic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

**TOTAL PROTEIN** Methodology: Biuret Reagent Instrument Name: Randox Rx Inova 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 Instrument Name: Randox Rx Inova 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 Inova Interpretation: Elevations in GOT levels are less earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 10 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 3 times normal)

SURENDRAKHANGA

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



# Dr. Goyal's

## Path Lab & Imaging Centre



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Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 28/01/2024 10:30:46

Patient ID :- 12235491



NAME :- Mr. ANUJ CHOUDHARY

Ref. By Dr:- BOB

Sex / Age :- Male 32 Yrs 9 Mon 21 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2024 10:40:59

Final Authentication : 28/01/2024 14:46:10

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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#### TOTAL THYROID PROFILE

SERUM TOTAL T3

1.390

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

9.540

ug/dl

5.530 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA

1.512

uIU/mL

0.350 - 5.500

Method:- Enhanced Chemiluminescence Immunoassay

**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

MUKESH SINGH  
Technologist

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Dr. Rashmi Bakshi  
MBBS, MD ( Path )  
RMC No. 17975/008828



# Dr. Goyal's

## Path Lab & Imaging Centre



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Tele : 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 28/01/2024 10:30:46 Patient ID :-12235491  
NAME :- Mr. ANUJ CHOUDHARY Ref. By Dr:- BOB  
Sex / Age :- Male 32 Yrs 9 Mon 21 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type > URINE Sample Collected Time 28/01/2024 10:40:59 Final Authentication : 28/01/2024 15:25:00

### CLINICAL PATHOLOGY

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) Method:- Reagent Strip(Double indicator blue reaction)	6.0		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified shrick reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitroprusside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	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

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Technologist

Page No: 7 of 12



Dr. Chandrika Gupta  
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# Dr. Goyal's

## Path Lab & Imaging Centre

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Tele : 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 28/01/2024 10:30:46 Patient ID :-12235491  
NAME :- Mr. ANUJ CHOUDHARY Ref. By Dr:- BOB  
Sex / Age :- Male 32 Yrs 9 Mon 21 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA, URINE Sample Collected Time 28/01/2024 10:40:59 Final Authentication : 28/01/2024 15:25:00

### HAEMATOLOGY

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

AJAYSINGH, VIJENDRAMEENA  
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Patient ID :-12235491



NAME :- Mr. ANUJ CHOUDHARY

Ref. By Dr:- BOB

Sex / Age :- Male 32 Yrs 9 Mon 21 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2024 10:40:50

Final Authentication : 28/01/2024 13:21:30

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

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

SURENDRAKHANGA

Page No: 12 of 12



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Date :- 28/01/2024 10:30:46  
**NAME :- Mr. ANUJ CHOUDHARY**  
Sex / Age :- Male 32 Yrs 9 Mon 21 Days  
Company :- MediWheel

Patient ID :- 12235491  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 28/01/2024 16:16:17

BOB PACKAGE BELOW 40MALE

### X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

### Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)  
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI  
(RMC No. 33613 / 14911)


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

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

Transcript by.

Page No: 1 of 1

Dr. Piyush Goyal  
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RMC Reg No. 017996

Dr. Ashish   
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Fetal Medicine Consultant  
FMF ID - 260517 | RMC No 22430

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

Dr. Navneet Agarwal  
MD, DNB (Radio Diagnosis)  
RMC No. 33613/14911

Dr. Poorvi Malik  
MBBS, MD, DNB (Radio Diagnosis)  
RMC No. 21505





Date :- 28/01/2024 10:30:46  
**NAME :- Mr. ANUJ CHOUDHARY**  
Sex / Age :- Male 32 Yrs 9 Mon 21 Days  
Company :- MediWHEEL

Patient ID :- 12235491  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 28/01/2024 12:51:47

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver** is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

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

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

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

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

#### **IMPRESSION:**

\* No significant abnormality is noted

*Needs clinical correlation.*

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

Transcript by.

Dr. Piyush Goyal  
M.B.B.S., D.M.R.D.  
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# Dr Goyal's Path Lab, Jaipur

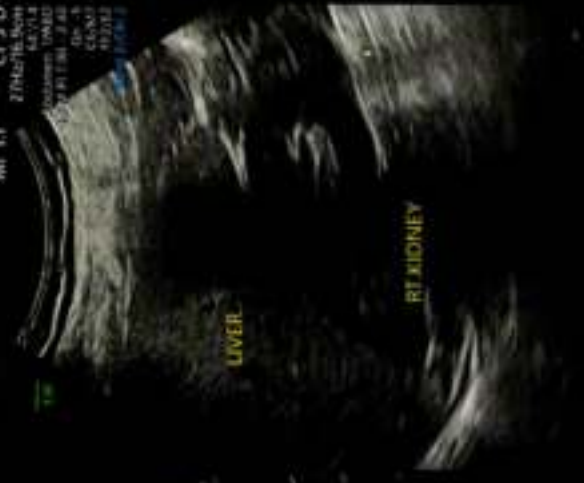
Name : ANULJ / M

28 Jan 2024

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Tlb 0.1 12:55:41 PM  
MI 1.1  
2706276.9cm  
Abdomen, UWD  
1917.80 - 2.48  
06 - 5  
C660  
19203  
19082  
ANULJ  
MI 1.1

Dr Goyal's Path Lab, Jaipur

ANULJ 32  
E61906 24 01 28 12



Tls 0.1 28.01.2024  
Tlb 0.1 12:55:41 PM  
MI 1.1  
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ANULJ 32  
E61906 24 01 28 12

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Dr Goyal's Path Lab, Jaipur

ANULJ 32  
E61906 24 01 28 12