

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

General Physical Examination

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

Date of Examination: 20.03.2024.

Name: Raj Kumar Sihwar. Age: 38 Sex: Male

DOB: 06.06.1985

Referred By: BOB

Photo ID: Aadhar. ID #: attached.

Ht: 172 (cm)

Wt: 81 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 98 (cm)

Blood Pressure: 121/85 mm Hg PR: 80 / min

BMI 27.4.

Eye Examination: D/R vision 6/6 N/C/N vision N/G with spec
NO Glaucoma keratitis

Other: not significant.

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

Signature Of Examinee :  Name of Examinee: _____

Signature Medical Examiner : M.B.B.S. D.M.B.D. Name Medical Examiner _____

Dr. Piyush Goyal
RMC Reg. No. -017996



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

ભારત સરકાર
Unique Identification Authority of India
Government of India

ભાગીદાર ક્રમ નંબર / Enrolment No. : XXXX/XXXXX/XXXXX

To
રાજ કુમાર સિંઘ
Raj Kumar Sinwar
S/O Birbal Ram Sinwar
72
Aguna Mohala
Pichakarae Teeba
Churu Rajasthan-331403

Download Date: 01/08/2023

Generation Date: 03/07/2023



તમારો આધાર નંબર / Your Aadhaar No. :

XXXX XXXX 1866

મારો આધાર, મારી ઓળખ



ભારત સરકાર
Government of India



રાજ કુમાર સિંઘ
Raj Kumar Sinwar
જન્મ તારીખ: DOB: 06/06/1985
સ્પૃશ: MALE

XXXX XXXX 1866

મારો આધાર, મારી ઓળખ



સુચના

- આધાર ઓળખાણનું પ્રમાણ છે, નાગરિકતાનું નહિ.
- ઓળખાણનું પ્રમાણ ઓનલાઇન ઓથેન્ટિકેશન દ્વારા પ્રાપ્ત કરો.
- આ ઇલેક્ટ્રોનિક પ્રક્રિયા દ્વારા જનરેટ થયેલ દસ્તાવેજ છે.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- આધાર દેશભરમાં માન્ય છે.
- આધાર ભવિષ્યમાં સરકારી અને બિન-સરકારી સેવાઓનો લાભ મેળવવામાં ઉપયોગી થશે.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

Address: S/O Birbal Ram Sinwar, 72, Aguna Mohala, Pichakarae Teeba, Churu, Rajasthan, 331403

સરનામું : S/O રાજ કુમાર સિંઘ, ૭૨, અગુણ મોહલા, પીચકારાઈ ટીબા, ચુરુ, રાજસ્થાન, ૩૩૧૪૦૩

XXXX XXXX 1866

Handwritten signature

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



Date :- 20/03/2024 08:40:22

Patient ID :- 12236454



NAME :- Mr. RAJ KUMAR SINWAR

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 9 Mon 15 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 20/03/2024 08:45:46

Final Authentication : 20/03/2024 12:15:03

HAEMATOLOGY

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

BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.5

%

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

111

mg/dL

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

Method:- Calculated Parameter

AJAYSINGH
Technologist

Page No: 1 of 12



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



Date :- 20/03/2024 08:40:22

Patient ID :-12236454



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HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|-------------------------------------|--------|----------------------|-------------------------|
| HAEMOGARAM | | | |
| HAEMOGLOBIN (Hb) | 14.3 | g/dL | 13.0 - 17.0 |
| TOTAL LEUCOCYTE COUNT | 4.89 | /cumm | 4.00 - 10.00 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL | 47.1 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 45.9 H | % | 20.0 - 40.0 |
| EOSINOPHIL | 3.3 | % | 1.0 - 6.0 |
| MONOCYTE | 3.5 | % | 2.0 - 10.0 |
| BASOPHIL | 0.2 | % | 0.0 - 2.0 |
| NEUT# | 2.31 | 10 ³ /uL | 1.50 - 7.00 |
| LYMPH# | 2.24 | 10 ³ /uL | 1.00 - 3.70 |
| EO# | 0.16 | 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) | 4.79 | x10 ⁶ /uL | 4.50 - 5.50 |
| HEMATOCRIT (HCT) | 44.00 | % | 40.00 - 50.00 |
| MEAN CORP VOLUME (MCV) | 91.8 | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 29.8 | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 32.5 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT | 156 | x10 ³ /uL | 150 - 410 |
| RDW-CV | 13.7 | % | 11.6 - 14.0 |
| MENTZER INDEX | 19.16 | | |

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--------------------------------------|-------|--------|-------------------------|
| Erythrocyte Sedimentation Rate (ESR) | 12 | 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" >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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NAME :- Mr. RAJ KUMAR SINWAR

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Sex / Age :- Male 38 Yrs 9 Mon 15 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type > PLAIN/SERUM

Sample Collected Time 20/03/2024 08:45:46

Final Authentication : 20/03/2024 11:06:03

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|----------|-------|--|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method | 198.87 | mg/dl | Desirable <200 Borderline 200-239 High > 240 |
| TRIGLYCERIDES Method:- GPO-PAP | 261.59 H | mg/dl | Normal <150 Borderline high 150-199 High 200-499 Very high >500 |
| DIRECT HDL CHOLESTEROL Method:- Direct clearance Method | 29.24 | mg/dl | Low < 40 High > 60 |
| DIRECT LDL CHOLESTEROL Method:- Direct clearance Method | 126.03 | mg/dl | Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190 |
| VLDL CHOLESTEROL Method:- Calculated | 52.32 | mg/dl | 0.00 - 80.00 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated | 6.80 H | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO Method:- Calculated | 4.31 H | | 0.00 - 3.50 |
| TOTAL LIPID Method:- CALCULATED | 730.47 | mg/dl | 400.00 - 1000.00 |
| <p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.</p> <p>TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</p> <p>DIRECT HDL CHOLESTEROL 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>DIRECT LDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p> | | | |

SURENDRAKHANGA

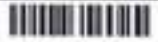
Dr. Rashmi Bakshi
 MBBS, MD (Path)
 RMC No. 17975/008828





Date :- 20/03/2024 08:40:22

Patient ID :- 12236454



NAME :- Mr. RAJ KUMAR SINWAR

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 9 Mon 15 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 20/03/2024 08:45:46

Final Authentication : 20/03/2024 11:06:03

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|--------|-------|--|
| LIVER PROFILE WITH GGT | | | |
| SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method | 0.67 | 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 | 0.21 | mg/dL | Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2 |
| SERUM BILIRUBIN (INDIRECT) Method:- Calculated | 0.46 | mg/dl | 0.30-0.70 |
| SGOT Method:- IFCC | 23.2 | U/L | Men- Up to - 37.0 Women - Up to - 31.0 |
| SGPT Method:- IFCC | 33.2 | U/L | Men- Up to - 40.0 Women - Up to - 31.0 |
| SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer | 100.30 | IU/L | 30.00 - 120.00 |
| SERUM GAMMA GT Method:- IFCC | 17.70 | U/L | 11.00 - 50.00 |
| SERUM TOTAL PROTEIN Method:- Biuret Reagent | 6.98 | g/dl | 6.40 - 8.30 |
| SERUM ALBUMIN Method:- Bromocresol Green | 4.31 | g/dl | 3.80 - 5.00 |
| SERUM GLOBULIN Method:- CALCULATION | 2.67 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.61 | | 1.30 - 2.50 |

Total Bilirubin Methodology: Colorimetric method Instrument Name: Randox Rx Ixla 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 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 Instrument Name: Randox Rx Ixla 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 Ixla 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 Instrument Name: Randox Rx Ixla 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 renal disease.

TOTAL PROTEIN Methodology: Biuret Reagent Instrument Name: Randox Rx Ixla 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 Ixla 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 Ixla **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).

SURENDRAKHANGA

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Rashmi

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



Date :- 20/03/2024 08:40:22
NAME :- Mr. RAJ KUMAR SINWAR
Sex / Age :- Male 38 Yrs 9 Mon 15 Days
Company :- MediWheel

Patient ID :- 12236454
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/03/2024 08:45:46

Final Authentication : 20/03/2024 10:51:56

IMMUNOASSAY

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

TOTAL THYROID PROFILE

| | | | |
|---|-------|--------|----------------|
| SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay) | 1.250 | ng/ml | 0.970 - 1.690 |
| SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay) | 8.370 | ug/dl | 6.530 - 13.210 |
| SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay | 2.887 | µIU/mL | 0.350 - 5.500 |

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

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

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

INTERPRETATION

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

NARENDRAKUMAR
Technologist

Page No: 8 of 12



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



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Patient ID :- 12236454

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Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 9 Mon 15 Days

Lab/Hosp :-

Company :- Med/Wheel

Sample Type :- URINE

Sample Collected Time 20/03/2024 08:45:46

Final Authentication : 20/03/2024 11:15:27



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) Method:- Reagent Strip(Double indicator blue reaction) | 6.0 | | 5.0 - 7.5 |
| SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue) | 1.010 | | 1.010 - 1.030 |
| PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test) | NIL | | NIL |
| GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict) | NIL | | NIL |
| BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction) | NEGATIVE | | NEGATIVE |
| UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction) | NORMAL | | NORMAL |
| KETONES Method:- Reagent Strip (Sodium Nitroprusside) Rothera's | NEGATIVE | | NEGATIVE |
| NITRITE Method:- Reagent Strip (Diazotization reaction) | NEGATIVE | | NEGATIVE |
| MICROSCOPY EXAMINATION | | | |
| RBC/HPF | NIL | /HPF | NIL |
| WBC/HPF | 1-2 | /HPF | 2-3 |
| EPITHELIAL CELLS | 0-1 | /HPF | 2-3 |
| CRYSTALS/HPF | ABSENT | | ABSENT |
| CAST/HPF | ABSENT | | ABSENT |
| AMORPHOUS SEDIMENT | ABSENT | | ABSENT |
| BACTERIAL FLORA | ABSENT | | ABSENT |
| YEAST CELL | ABSENT | | ABSENT |
| OTHER | ABSENT | | ABSENT |

VIJENDRAMEENA
Technologist

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|-----------|-------|------|-------------------------|

BLOOD GROUP ABO

"O" POSITIVE

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

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil

AJAYSINGH, VIJENDRAMEENA
Technologist

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---------------------------|-------|-------|-------------------------|
| BLOOD UREA NITROGEN (BUN) | 9.1 | mg/dl | 0.0 - 23.0 |

*** End of Report ***

SURENDRAKHANGA

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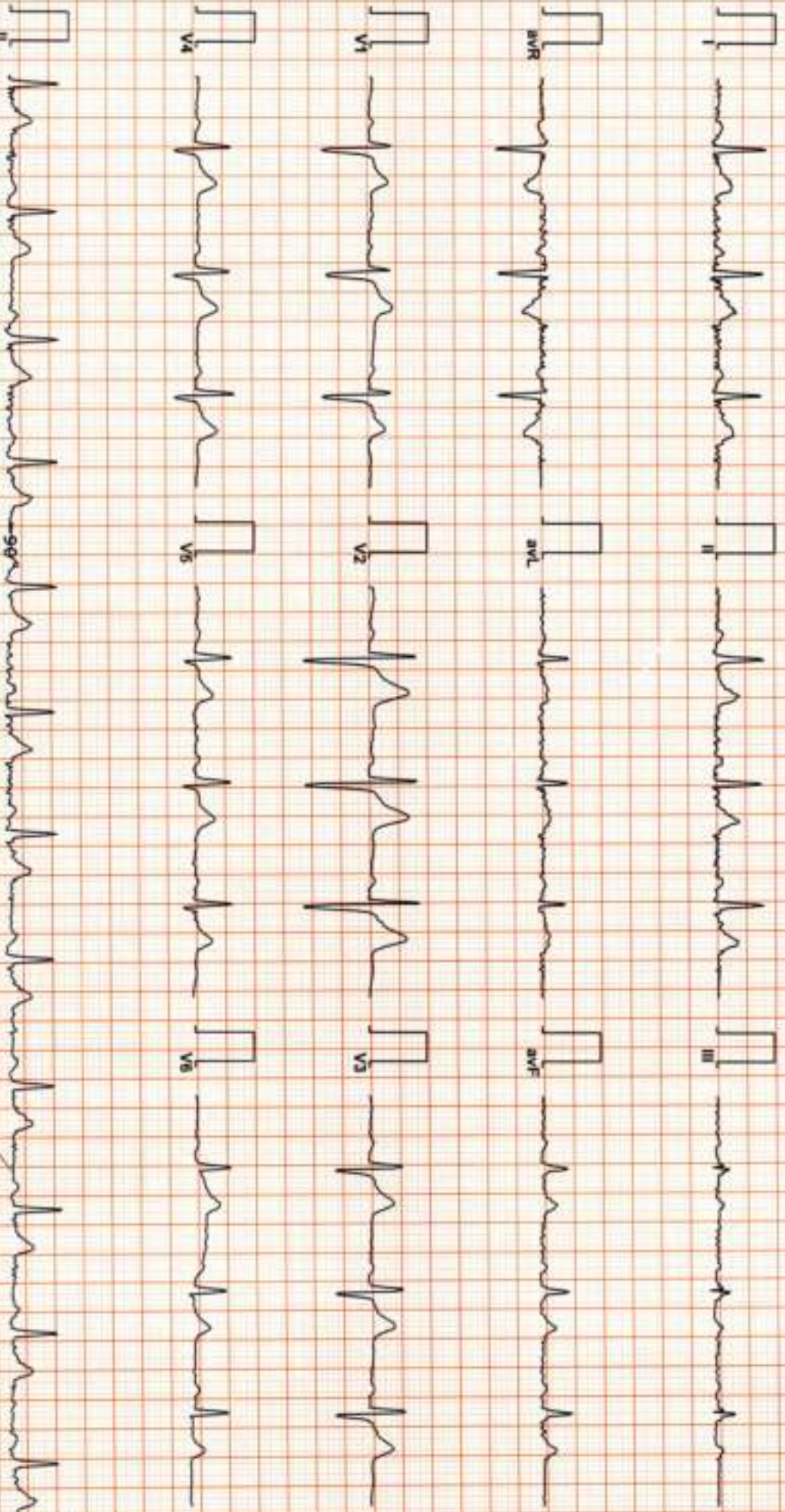


Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828

DR. GOYAL PATH LAB

ECG

4868 / MR RAJ KUMAR SINWAR / 38 Yrs / M/ Non Smoker
Heart Rate : 70 bpm / Tested On : 20-Mar-24 09:29:56 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Vent Rate : 70 bpm

PR Interval : 166 ms

QRS Duration: 92 ms

QT/QTc Int : 374/392 ms

-T-QRS-T axis: 36.00° 40.00° 39.00°



Axis

P 40.00° QRS 39.00° T 36.00°

Reported By:

KSM
Dr. Nareesh Kumar Mohanaka
MBBS, D.M. (ESC), D.I. (ESCORTIS)
Dr. Nareesh Kumar Mohanaka
MBBS, D.M. (RCGP-UK)



Date :- 20/03/2024 08:40:22
NAME :- Mr. RAJ KUMAR SINWAR
Sex / Age :- Male 38 Yrs 9 Mon 15 Days
Company :- MediWheel

Patient ID :- 12236454
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 20/03/2024 11:15:35

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.
Bronchovascular markings appear normal.
Trachea is in midline.
Both the hilar shadows are normal.
Both the C.P.angles is clear.
Both the domes of diaphragm are normally placed.
Bony cage and soft tissue shadows are normal.
Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***



DR ABHISHEK JAIN
MBBS, DNB. (RADIO DIAGNOSIS)
RMC NO. 21687

AHSAN

Page No: 1 of 1

Transcript by.

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Fetal Medicine Consultant
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RMC No. 21687

Dr. Navneet Agarwal
MD, DNB (Radio Diagnosis)
RMC No. 33613/14011

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



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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 significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* No significant abnormality is noted.
Needs clinical correlation.



DR. PIYUSH GOYAL
CONSULTANT RADIOLOGIST
RMC REG NO. 017996

*** End of Report ***

RINKUSAINI

Page No: 1 of 1

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| | |
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BOB PACKAGE BELOW 40MALE
 2D ECHO OPTION TMT (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

| | | | |
|--------------|--------|-----------------|--------|
| MITRAL VALVE | NORMAL | TRICUSPID VALVE | NORMAL |
| AORTIC VALVE | NORMAL | PULMONARY VALVE | NORMAL |

M.MODE EXAMINATION:

| | | | | | | | | |
|--------|------|----|--------|----|----|--------|----|----|
| AO | 24 | mm | LA | 29 | Mm | IVS-D | 9 | mm |
| IVS-S | 13 | mm | LVID | 40 | Mm | LVSD | 25 | mm |
| LVPW-D | 8 | mm | LVPW-S | 18 | Mm | RV | | mm |
| RVWT | | mm | EDV | | ml | LVVS | | ml |
| LVEF | 67 % | | RWMA | | | ABSENT | | |

CHAMBERS:

| | | | |
|-------------|---------|--------|--------|
| LA | NORMAL* | RA | NORMAL |
| LV | NORMAL | RV | NORMAL |
| PERICARDIUM | | NORMAL | |

COLOUR DOPPLER:

| MITRAL VALVE | | | |
|-------------------------|--------|--------|-------------------|
| E VELOCITY | 0.92 | m/sec | PEAK GRADIENT |
| A VELOCITY | 0.54 | m/sec | MEAN GRADIENT |
| MVA BY PHT | | Cm2 | MVA BY PLANIMETRY |
| MITRAL REGURGITATION | ABSENT | | |
| AORTIC VALVE | | | |
| PEAK VELOCITY | 1.1 | m/sec | PEAK GRADIENT |
| AR VMAX | | m/sec | MEAN GRADIENT |
| AORTIC REGURGITATION | ABSENT | | |
| TRICUSPID VALVE | | | |
| PEAK VELOCITY | 0.60 | m/sec | PEAK GRADIENT |
| MEAN VELOCITY | | m/sec | MEAN GRADIENT |
| VMax VELOCITY | | | |
| TRICUSPID REGURGITATION | ABSENT | | |
| PULMONARY VALVE | | | |
| PEAK VELOCITY | 0.89 | M/sec. | PEAK GRADIENT |
| MEAN VELOCITY | | | MEAN GRADIENT |
| PULMONARY REGURGITATION | ABSENT | | |

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Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 67 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion.


(Cardiologist)

*** End of Report ***

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