

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur - 302019

Tele : 0141-2293346, 4049787, 9887049787

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



General Physical Examination

Date of Examination: 11-06-2022

Name: VIKAS CHOPRA Age: 38 DOB: 07-06-1983 Sex: Male

Referred By: BOB

Photo ID: AADHAR ID #: attached

Ht: 164.5 (cm) Wt: 84 (Kg)

Chest (Expiration): 100 (cm) Abdomen Circumference: 97 (cm)

Blood Pressure: 130/70 mm Hg PR: 79 / min RR: 16 / min Temp: Afebrile

BMI 31.0

Eye Examination: Dist vision 6/6 (with spec) R/L

Color vision normal

Other: not significant

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

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

Signature Medical Examiner: _____ Name Medical Examiner: _____

[Signature]
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. -017896



ಭಾರತ ಸರ್ಕಾರ
Government of India



ವಿಕಾಸ್ ಚೋಪ್ರಾ
Vikas Chopra
ಜನ್ಮ ದಿನಾಂಕ / DOB : 07/06/1983
ಪುರುಷ / Male



3083 3341 0364

ಆಧಾರ್ - ಶ್ರೀನಾಮಾನ್ಯನ ಅಧಿಕಾರ

Vikas

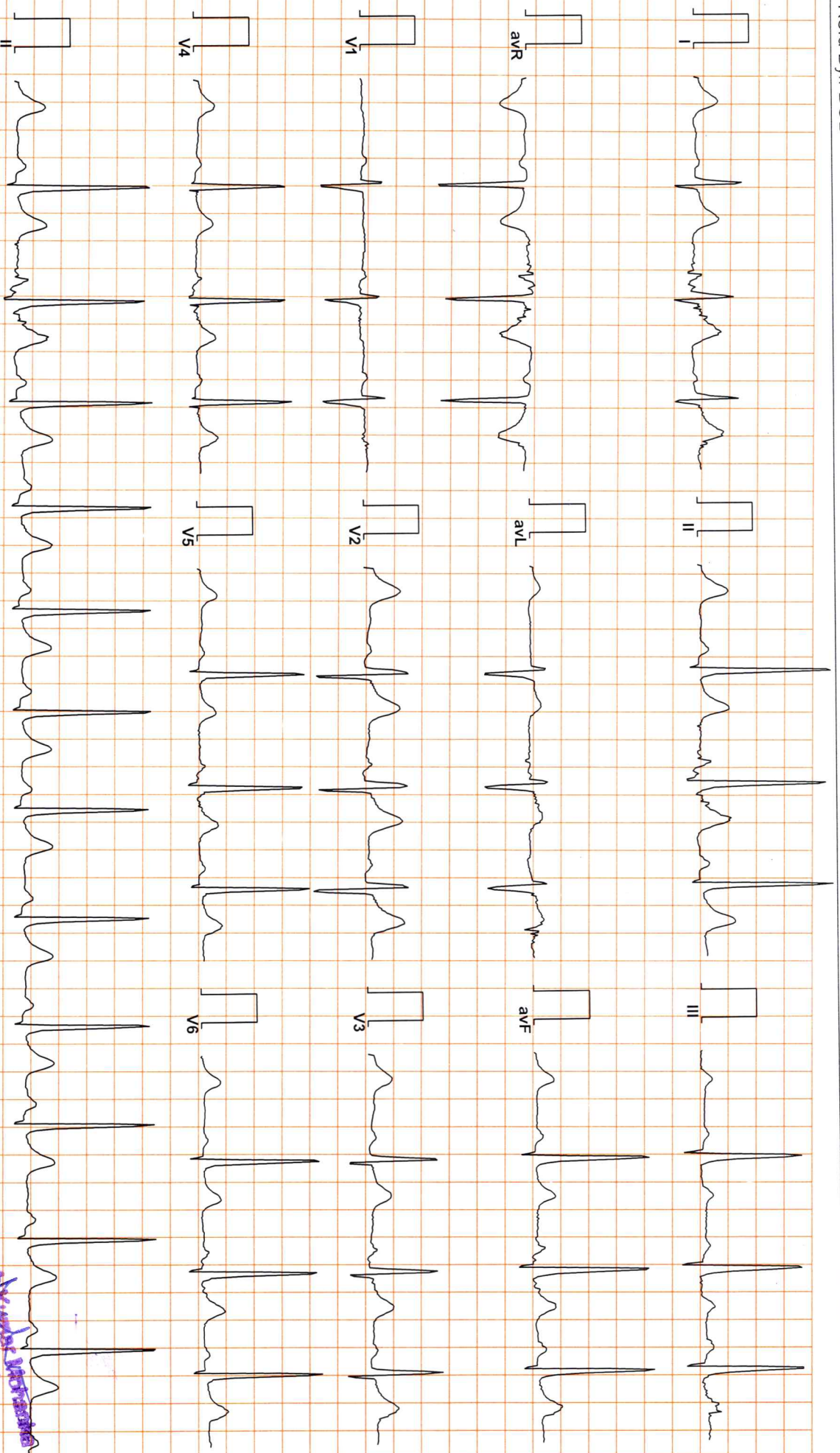
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017996

ECCG

DR GOYLS PATH LAB & IMAGING CENTRE JAIPUR

17223476 / MR VIKAS CHOPRA / 38 Yrs / M/ Non Smoker

Heart Rate : 79 bpm / Tested On : 11-Jun-22 12:16:48 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Reported By:

Dr. Manoj Kumar Sharma
RMD No. 35703
RMD CARDIO (ESCORTS)
MBBS, D.P.M. (NCC, P.J.K)



MR VIKAS CHOPRA / 38 Yrs / M / 0 Cms / 0 Kg
 Date: 11 / 06 / 2022 12:18:12 PM Refd By : BOB Examined By :

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:19	0:19	01.1	00.0	01.0	082	45%	120/80	098	00	
Standing	00:30	0:11	01.1	00.0	01.0	071	39%	120/80	085	00	
HV	00:44	0:14	01.1	00.0	01.0	075	41%	120/80	090	00	
Warm Up	00:54	0:10	01.1	00.0	01.0	072	40%	120/80	086	00	
ExStart	01:55	1:01	01.0	00.0	01.0	082	45%	120/80	098	00	
BRUCE Stage 1	04:55	3:00	01.7	10.0	04.7	122	67%	125/85	152	00	
BRUCE Stage 2	07:55	3:00	02.5	12.0	07.1	149	82%	135/90	201	00	
PeakEx	10:24	2:29	03.4	14.0	09.7	183	101%	140/90	256	00	
Recovery	11:24	1:00	00.0	00.0	01.2	144	79%	140/90	201	00	
Recovery	12:24	2:00	00.0	00.0	01.0	118	65%	135/90	159	00	
Recovery	13:24	3:00	00.0	00.0	01.0	097	53%	125/85	121	00	
Recovery	14:24	4:00	00.0	00.0	01.0	098	54%	120/80	117	00	
Recovery	14:57	4:33	00.0	00.0	01.0	096	53%	120/80	115	00	

FINDINGS :

Exercise Time : 08:29
 Max HR Attained : 183 bpm 101% of Target 182
 Max BP Attained : 140/90 (mm/Hg)
 Max Workload Attained : 9.7 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.8 mm in ExStart
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Test negative for PMT

[Signature]
 Dr. Naveen Kumar Mishra
 RNC No- 35703
 RNC CARDIO (ESCCORTS)
 MBBS, DIP. CARDIO (RCGP,UK)
 D.El.M. (RCGP,UK)

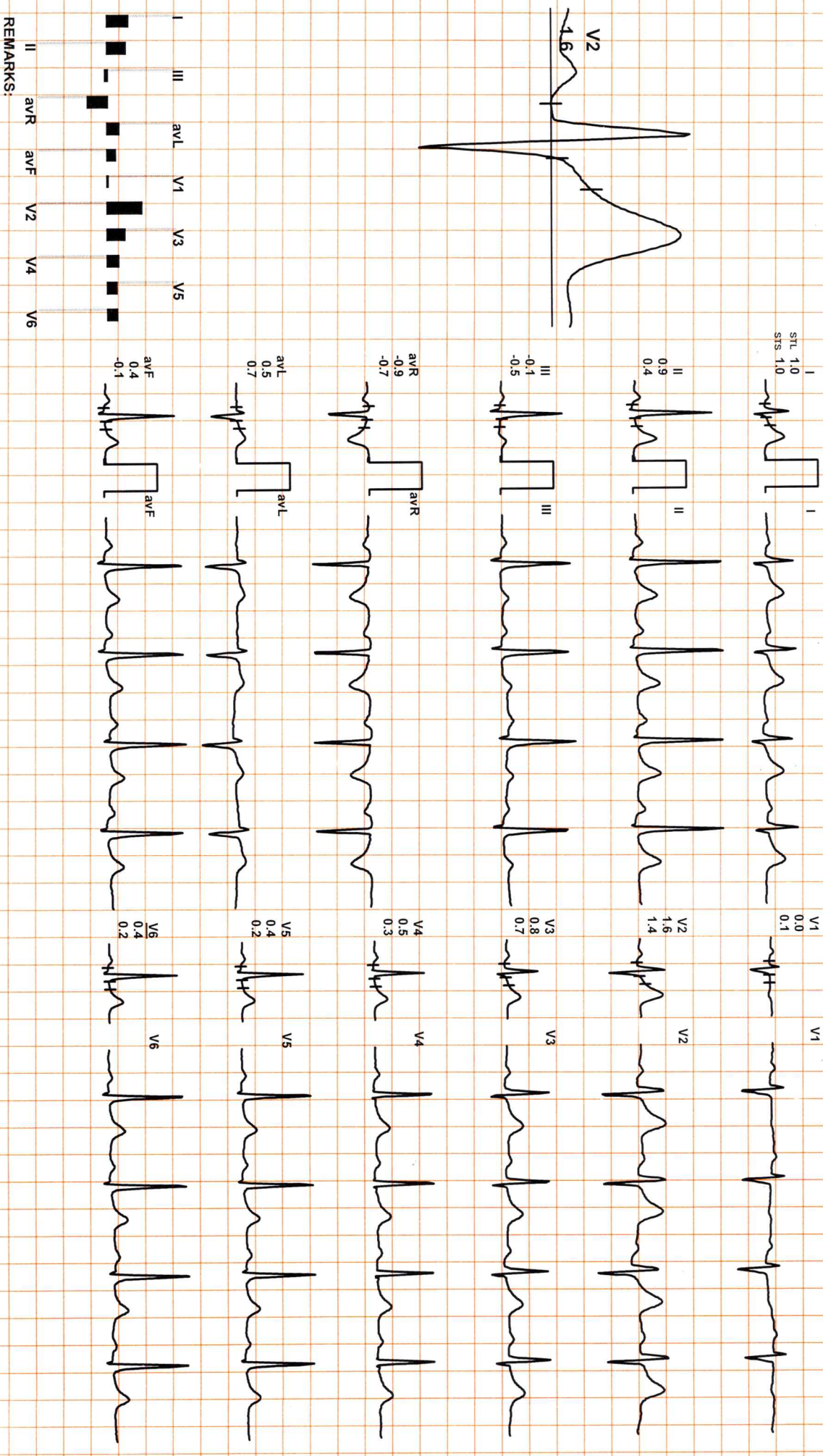


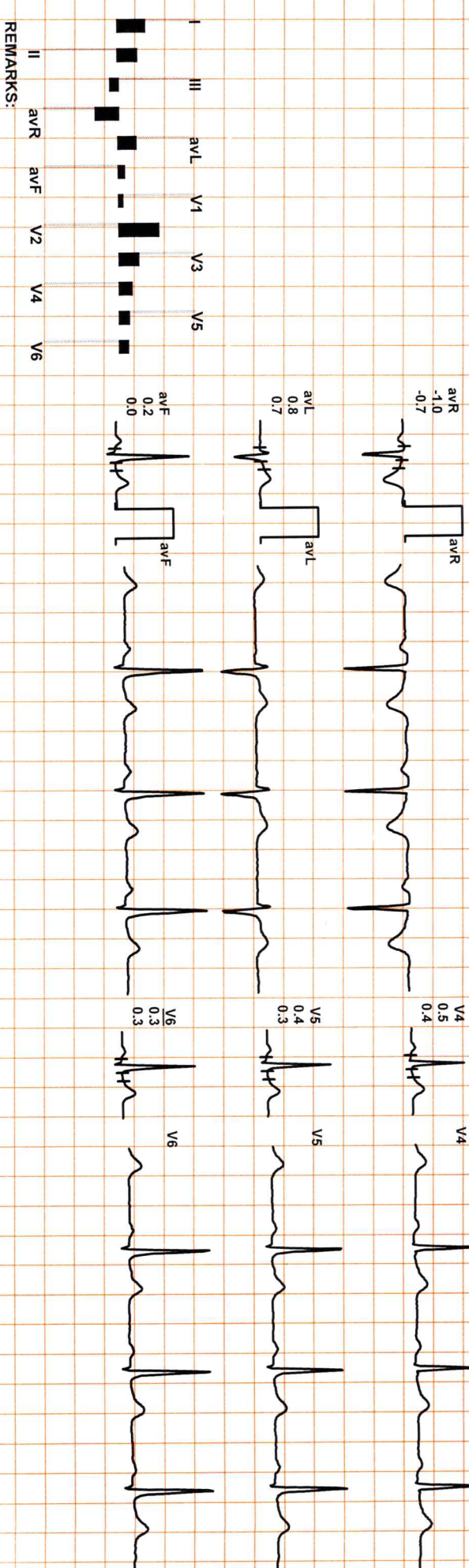
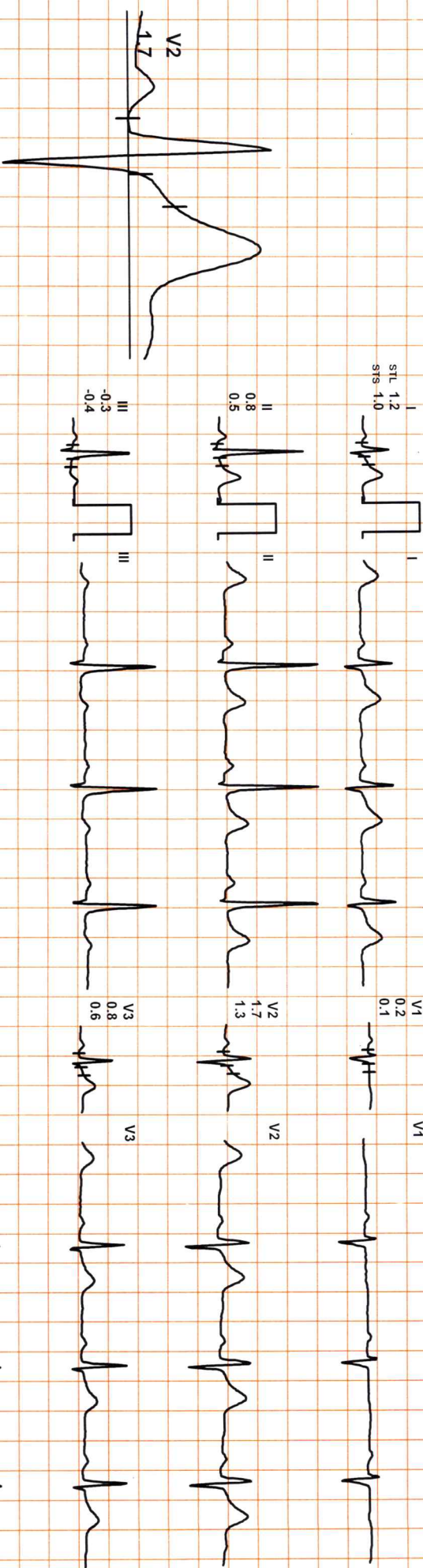
MR VIKAS CHOPRA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 82

Date: 11 / 06 / 2022 12:18:12 PM METS: 1.0/ 82 bpm 45% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

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

4X 80 mS Post J





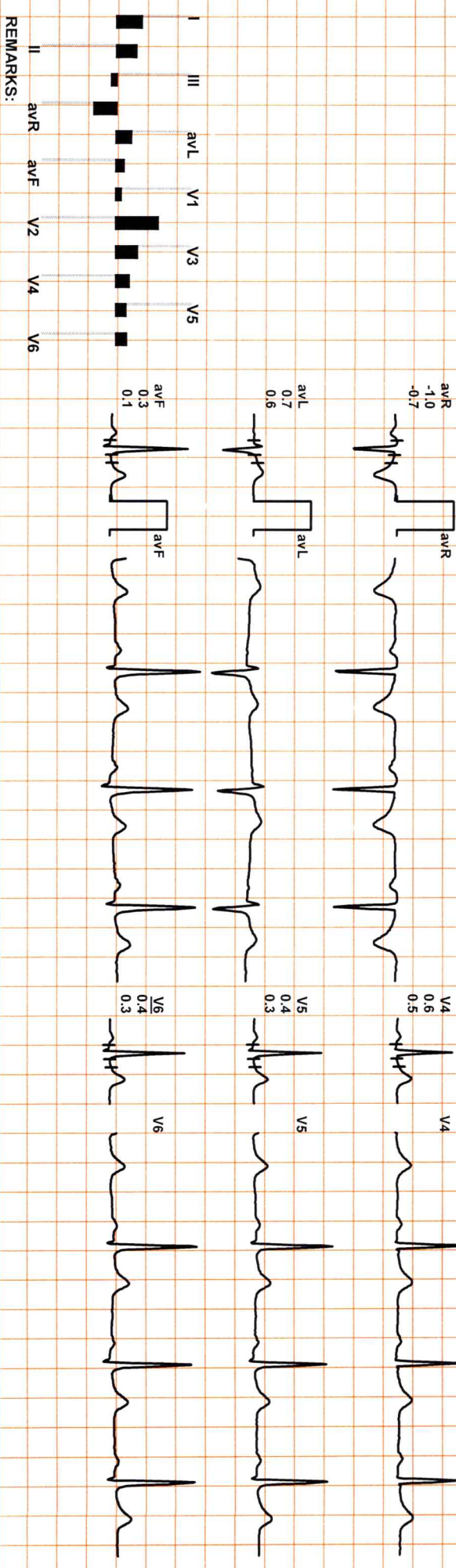
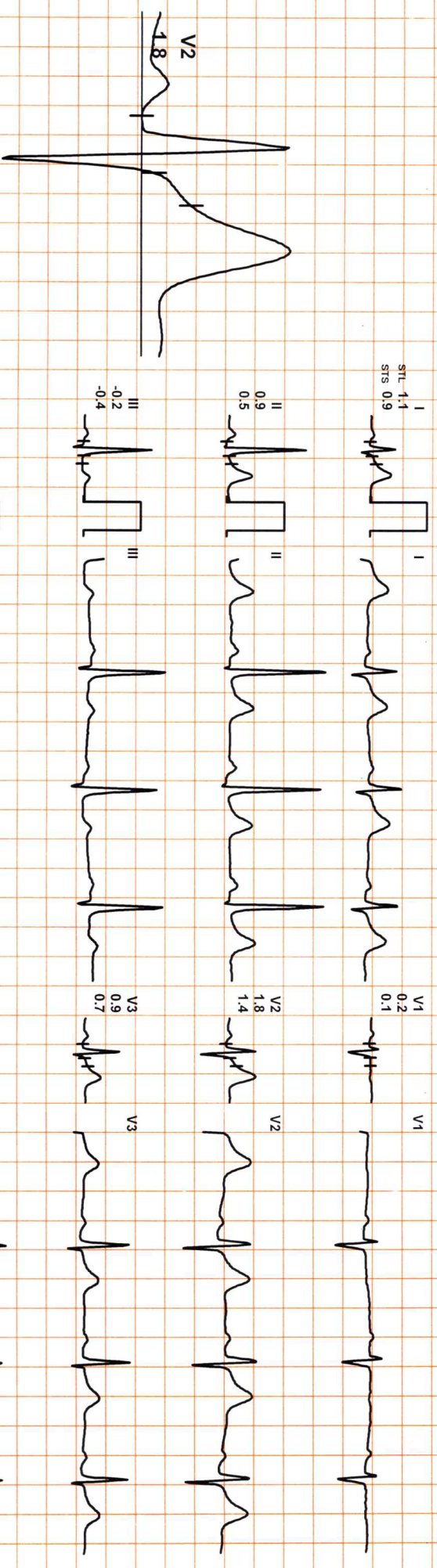


MR VIKAS CHOPRA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 75

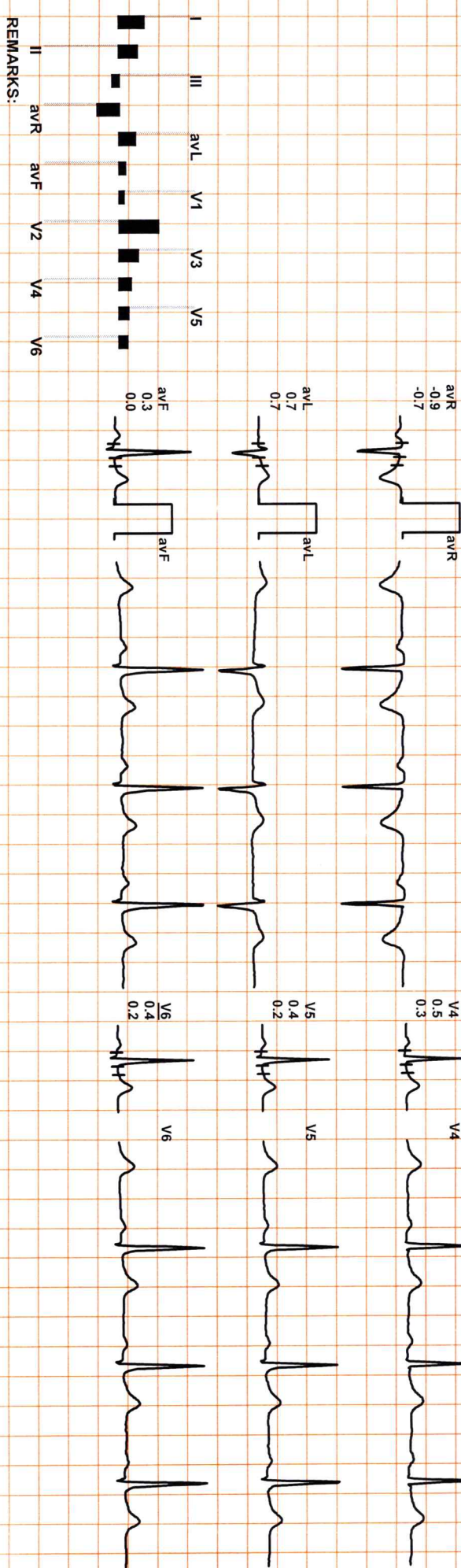
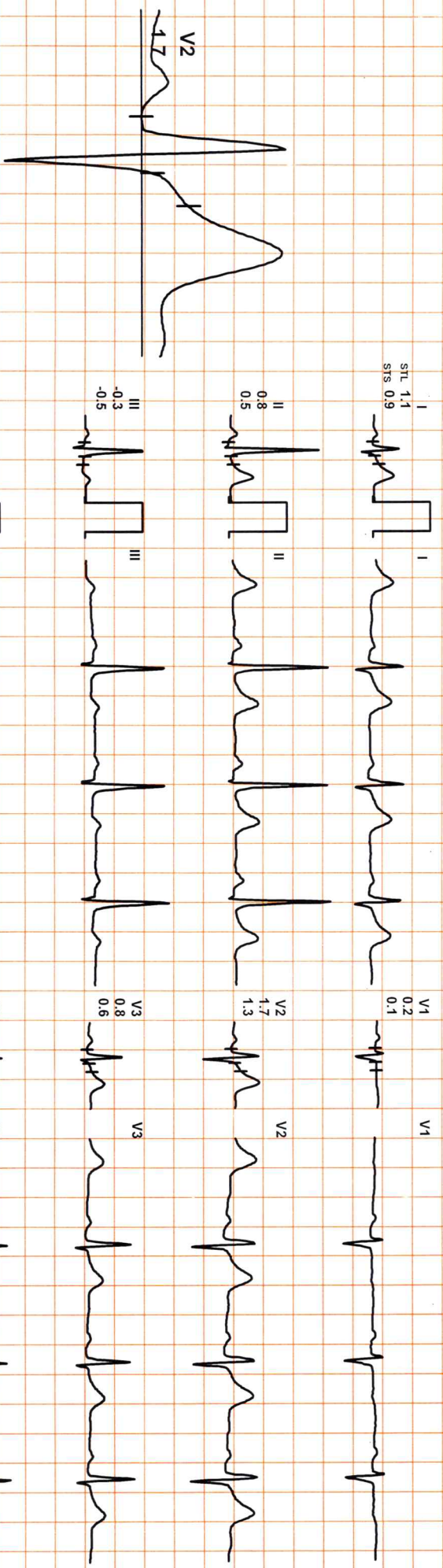
Date: 11 / 06 / 2022 12:18:12 PM METS: 1.0/ 75 bpm 41% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

4X 80 mS Post J

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

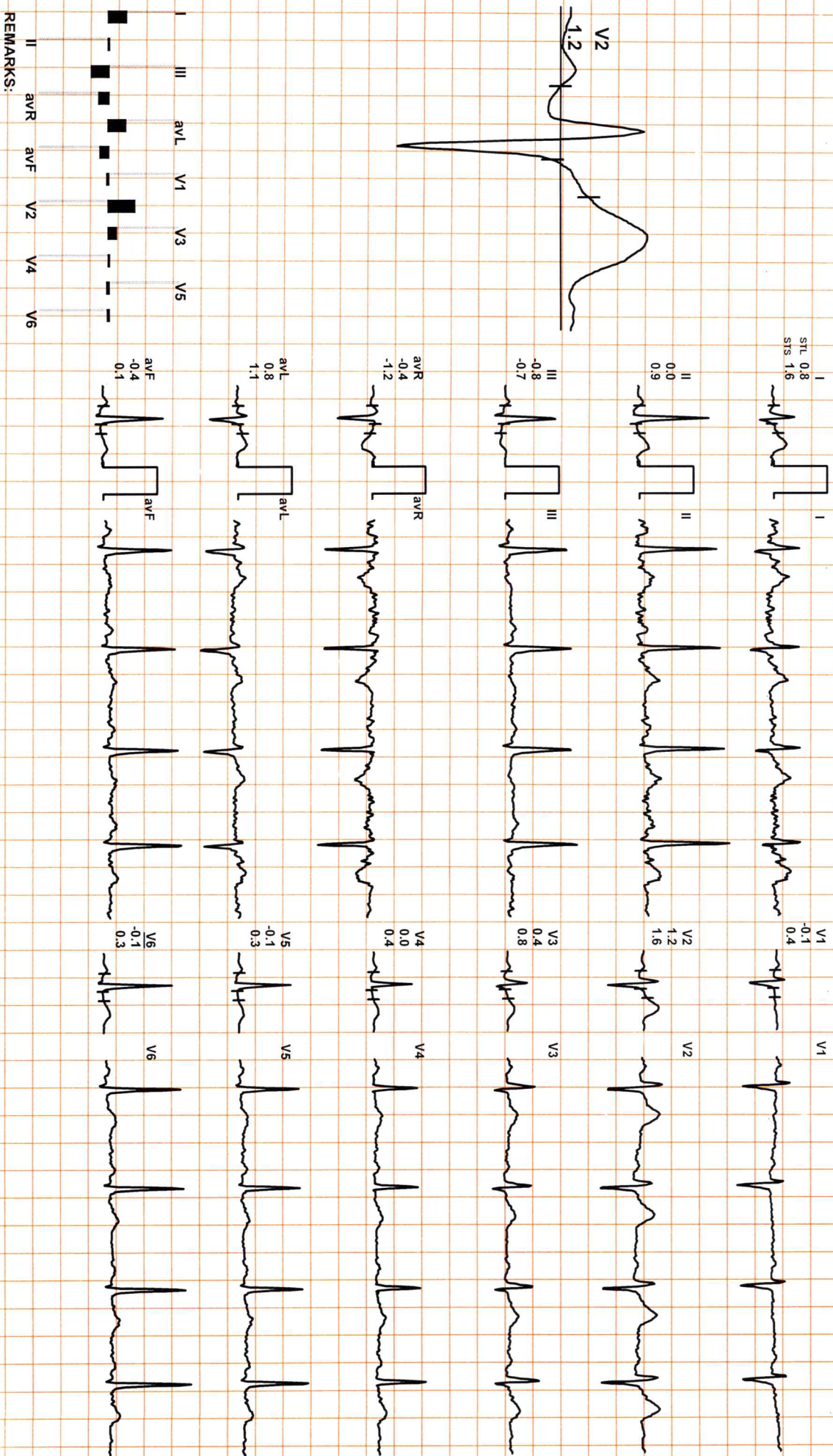


REMARKS:



REMARKS:

4X 80 mS Post J



REMARKS:



Date: 11 / 06 / 2022 12:18:12 PM

METS: 4.7 / 122 bpm 67% of THR

BP: 125/85 mmHg

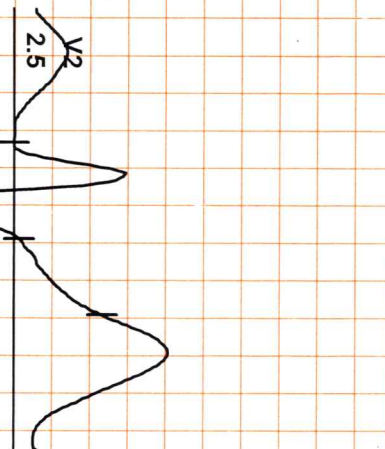
Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

4X

80 mS Post J

EXTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV



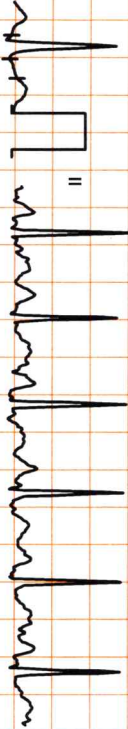
I
STL 1.4
SRS 1.7



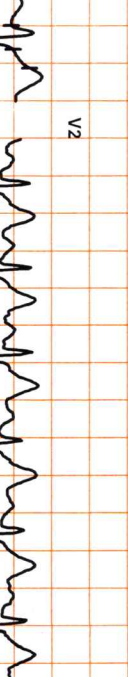
V1
0.2
0.3



II
0.7
1.2



V2
2.5
2.9



III
-0.6
-0.5



V3
1.2
1.5



aVR
-1.1
-1.4



V4
0.7
1.0



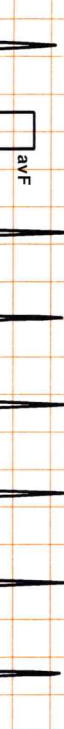
aVL
1.0
1.1



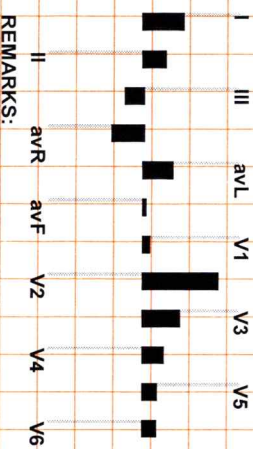
V5
0.4
0.7



aVF
0.1
0.4



V6
0.4
0.8



REMARKS:



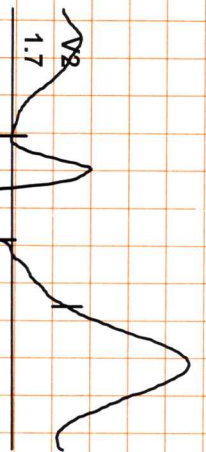
MR VIKAS CHOPRA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 149

Date: 11 / 06 / 2022 12:18:12 PM METS: 7.1/ 149 bpm 82% of THR BP: 135/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.8
STS 1.8

II
0.3
1.5

III
-0.5
-0.2

avR
-0.5
-1.6

avL
0.7
1.0

avF
-0.1
0.7

V1
0.3
0.6

V2
1.7
3.0

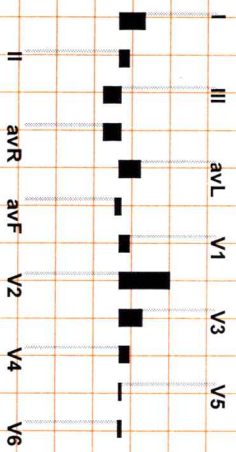
V3
0.7
1.7

V4
0.3
1.1

V5
0.0
0.8

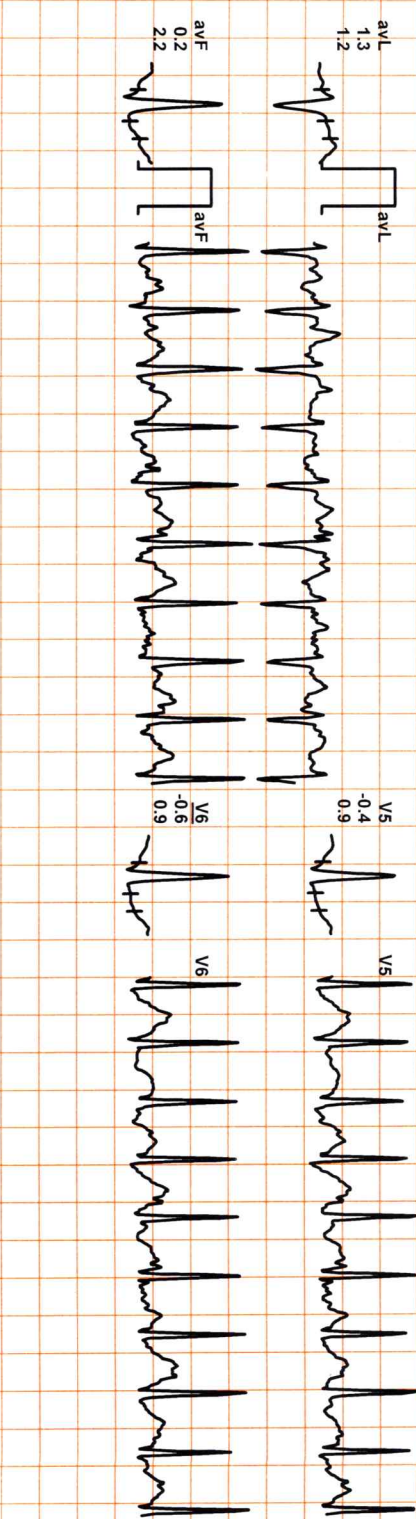
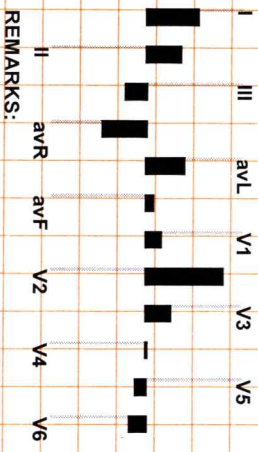
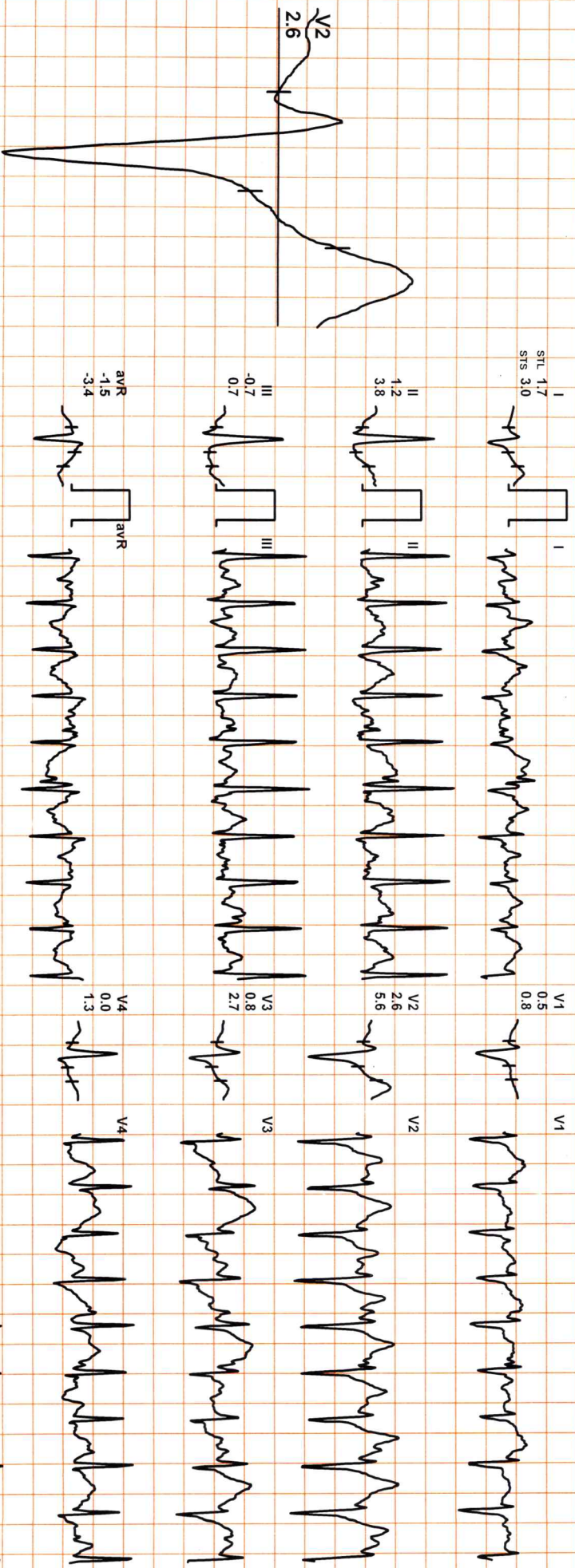
V6
-0.1
0.8

REMARKS:



4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



MR VIKAS CHOPRA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 144

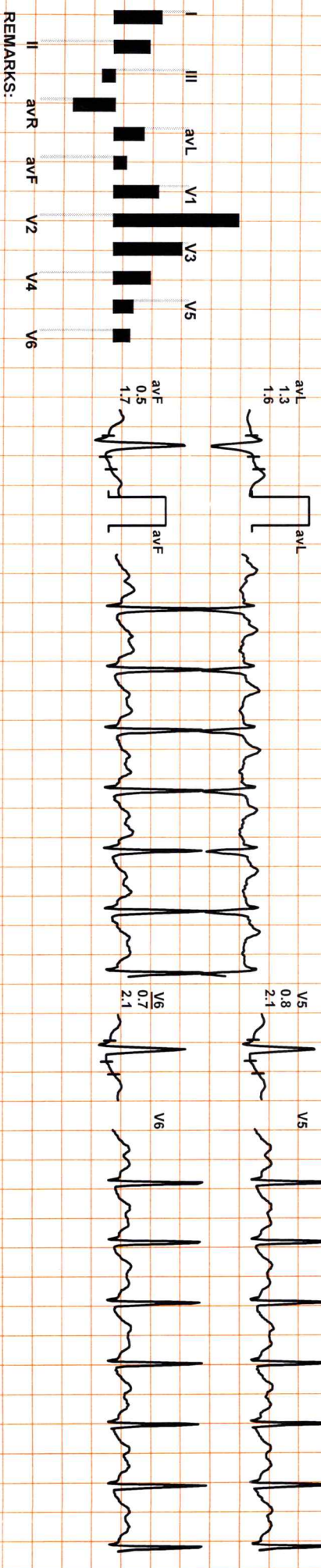
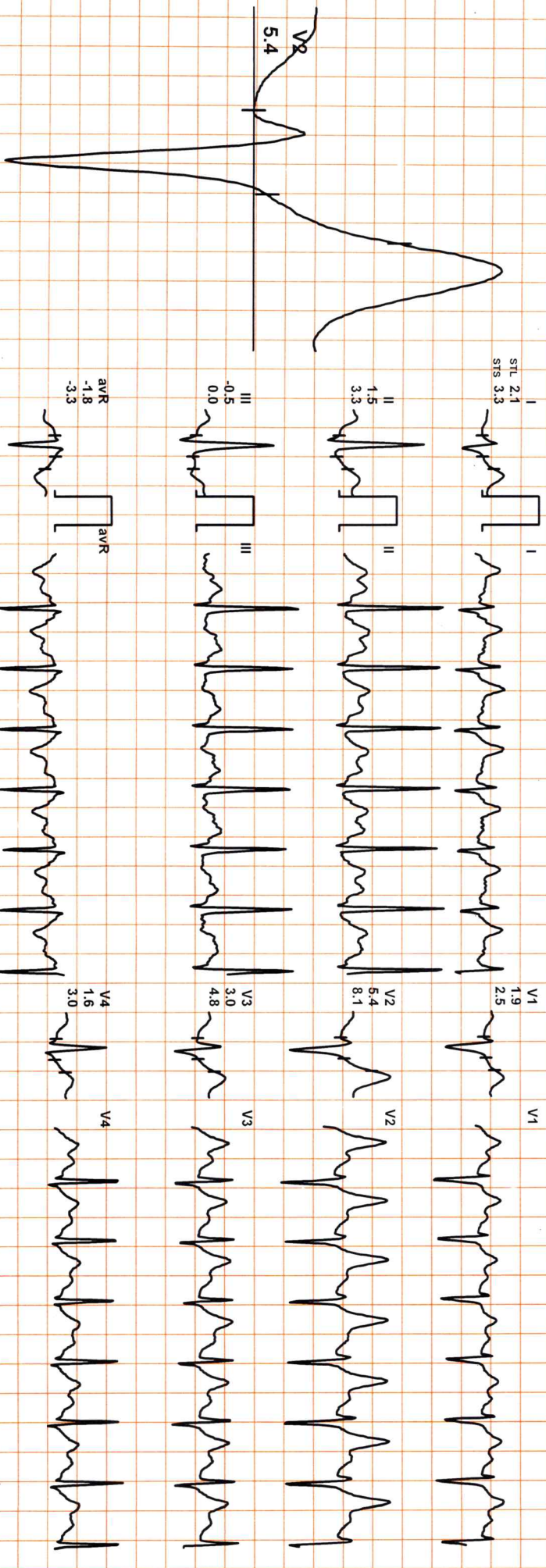
Date: 11 / 06 / 2022 12:18:12 PM METS: 1.2/ 144 bpm 79% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 08:29 0.0 mph, 0.0%

4X

60 MS Post J

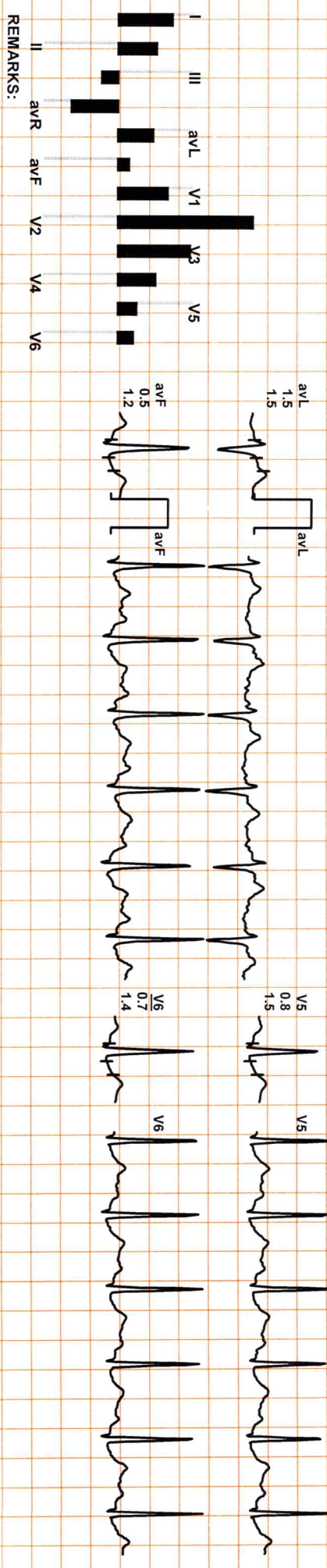
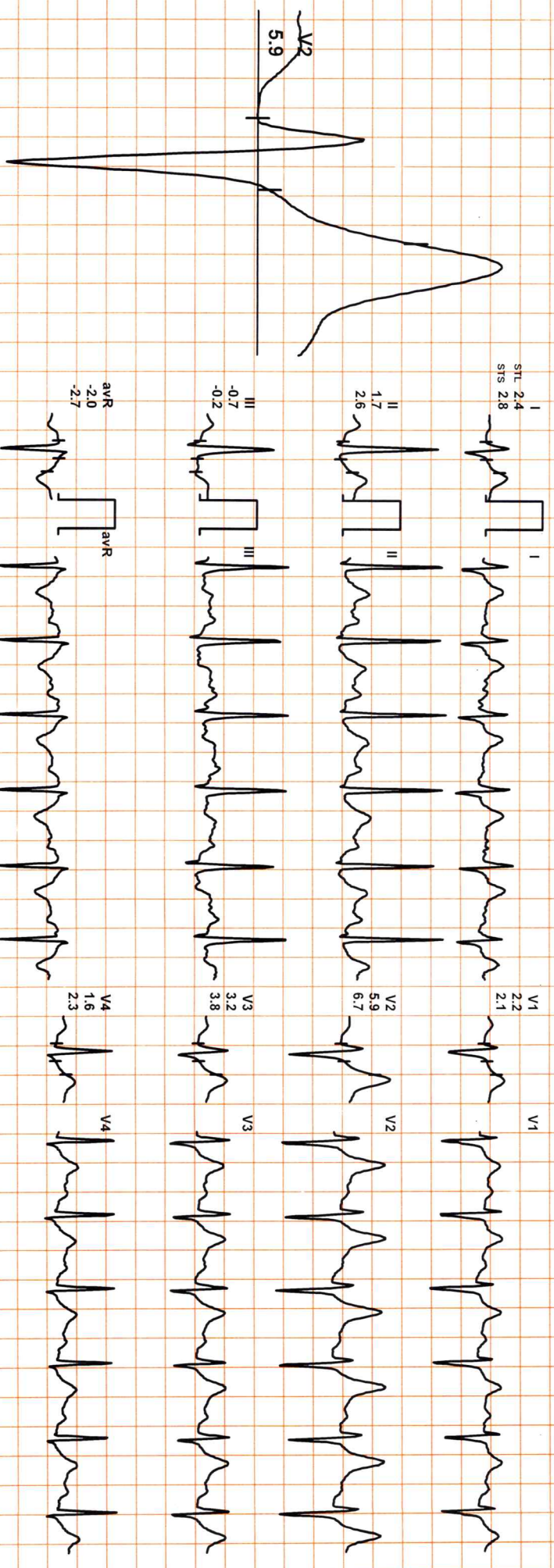
25 mm/Sec. 1.0 Cm/mV



REMARKS:



4X 80 mS Post-J





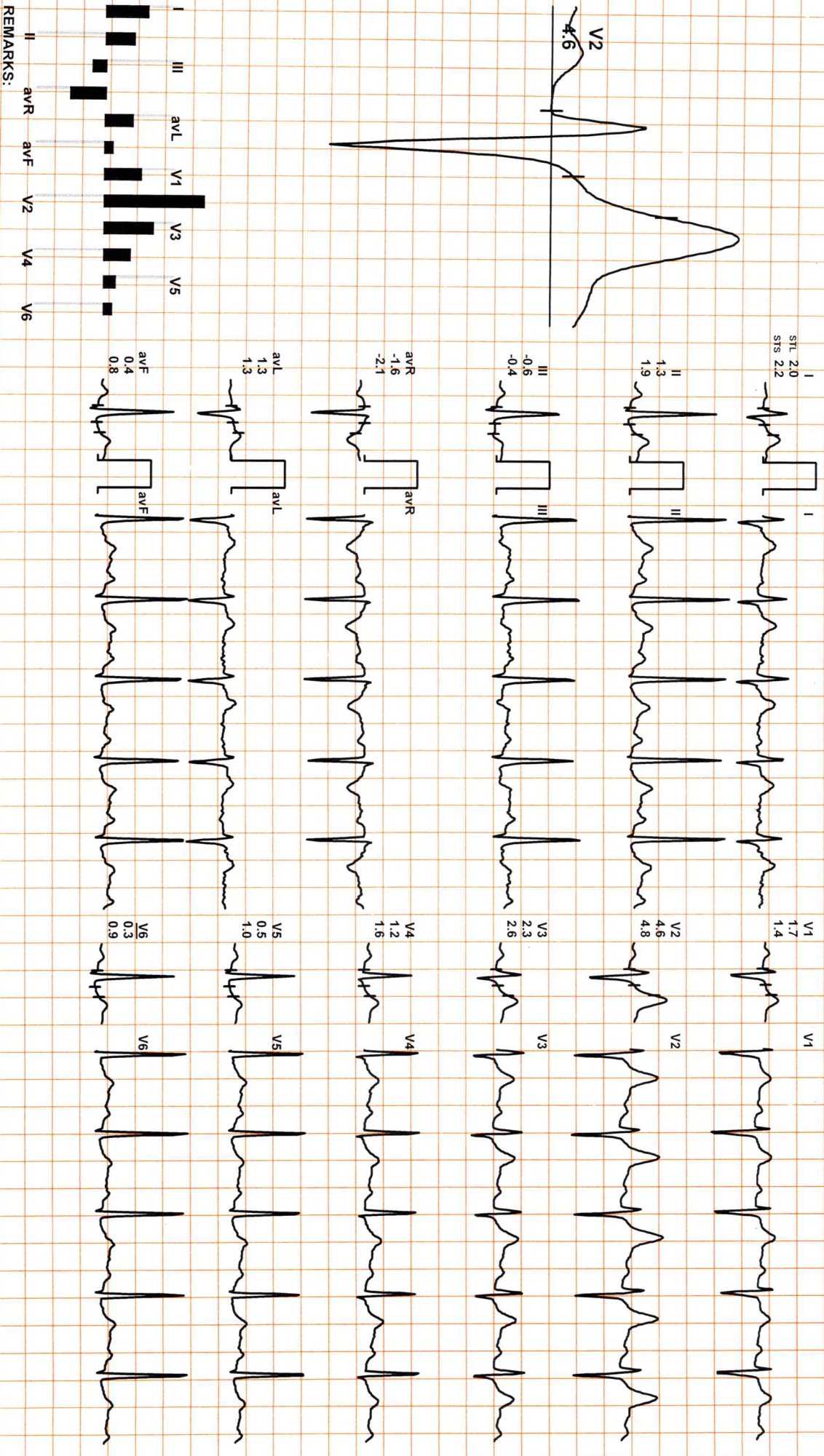
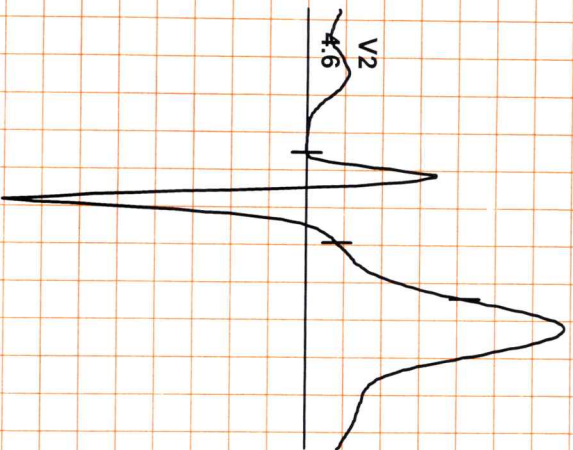
MR VIKAS CHOPRA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 97

Date: 11 / 06 / 2022 12:18:12 PM METS: 1.0/ 97 bpm 53% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

EXTime: 08:29 0.0 mph, 0.0%

4X 80ms Post J

25 mm/Sec. 1.0 Cm/mV

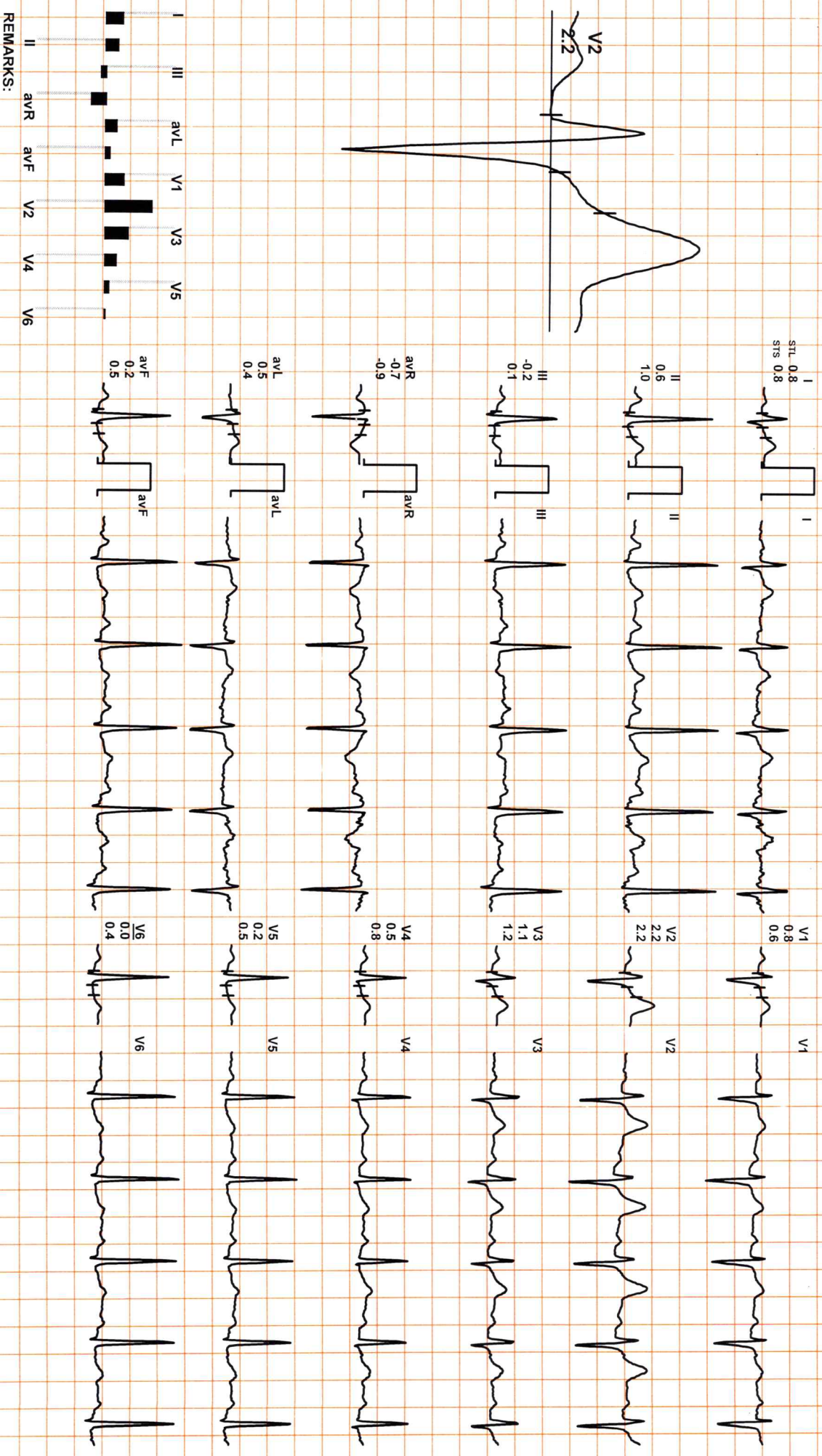
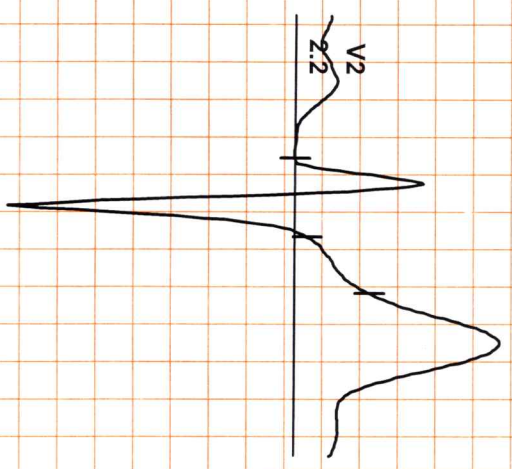


REMARKS:



4X 80 ms Post J

EXTime: 08:29 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

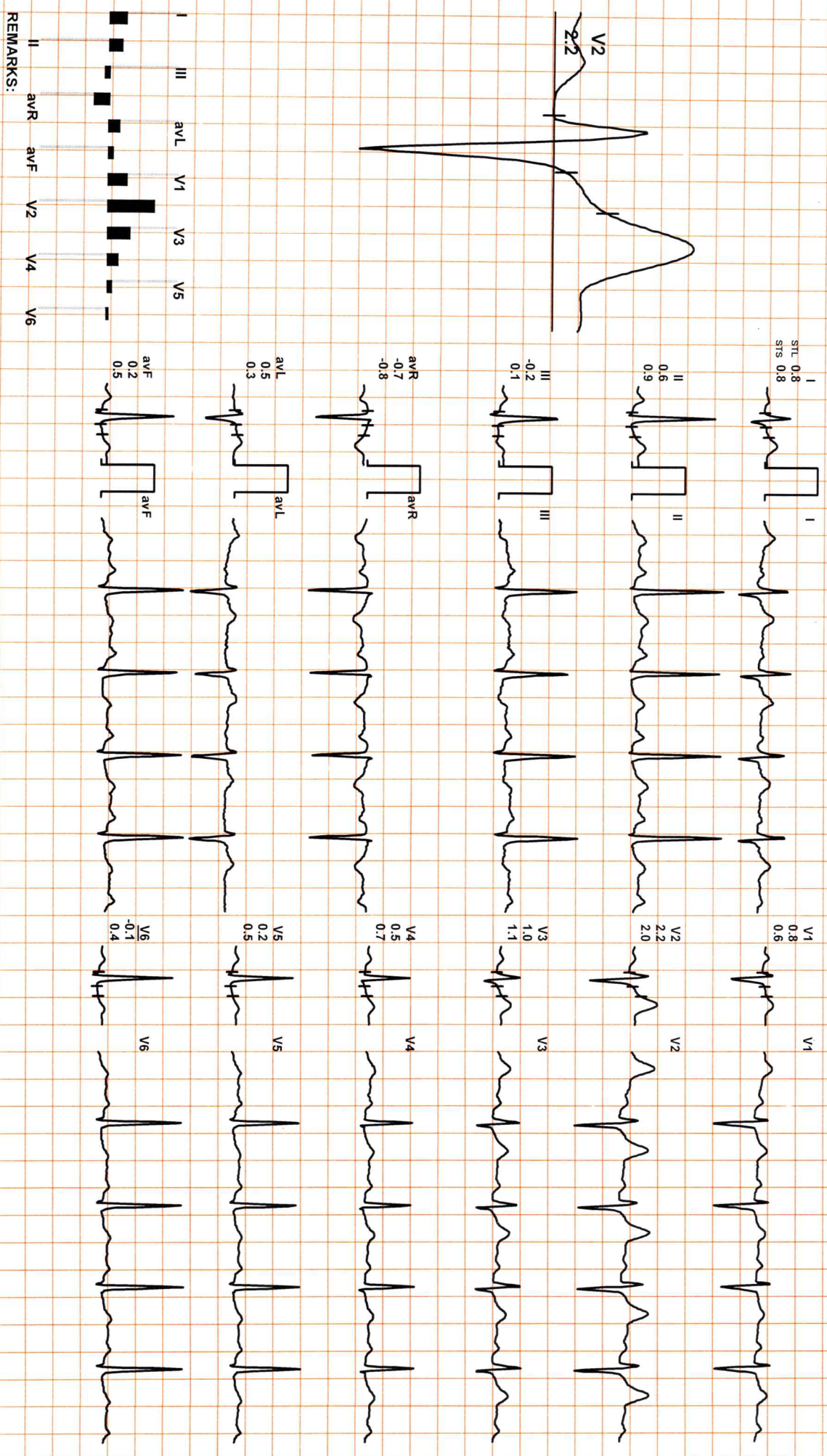


Date: 11 / 06 / 2022 12:18:12 PM METS: 1.0/ 96 bpm 53% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

4X

80 ms Post-J

ExTime: 08:29 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

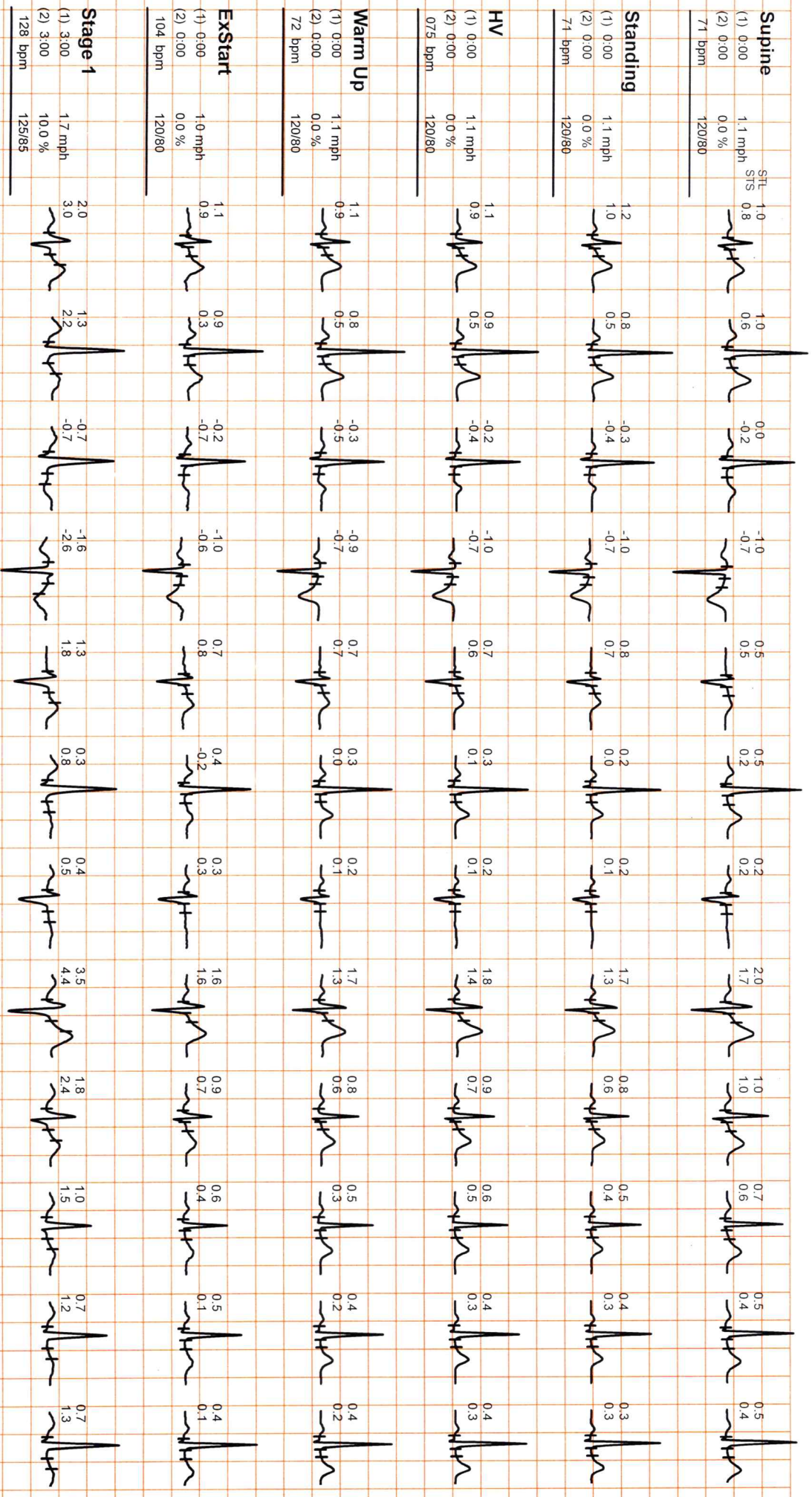


REMARKS:



MR VIKAS CHOPRA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 81

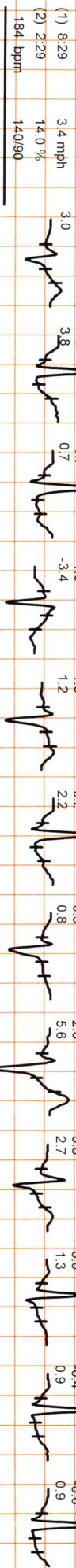
Date: 11 / 06 / 2022 12:18:12 PM



Stage 2



PeakEx



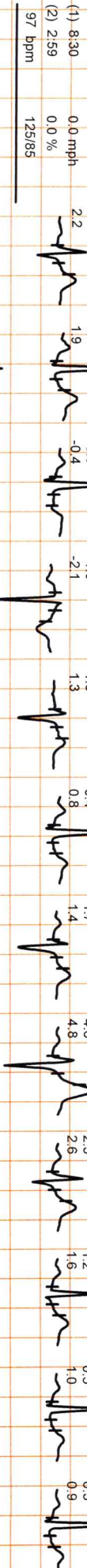
Recovery



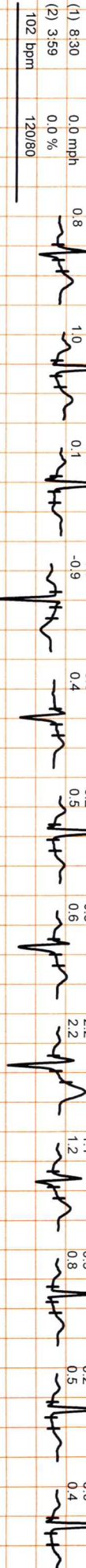
Recovery



Recovery

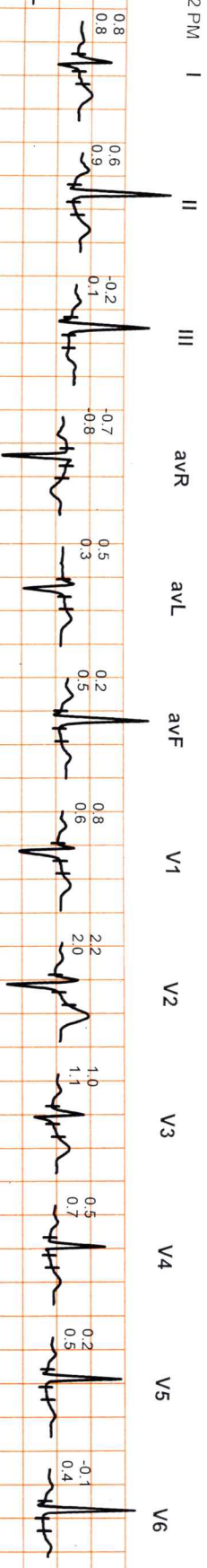


Recovery





Recovery
(1) 8:30 0.0 mph
(2) 4:33 0.0 %
106 bpm 120/80



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



Date :- 11/06/2022 09:41:42

Patient ID :-1222901

NAME :- Mr. VIKAS CHOPRA

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 13:12:53

HAEMATOTOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.6

%

Method:- HPLC

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 glycated 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

Method:- Calculated Parameter

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

AJAYSINGH
Technologist

Page No: 1 of 16



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

Dr. Goyal's

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



MC - 2300

Date :- 11/06/2022 09:41:42

Patient ID :-1222901

NAME :- Mr. VIKAS CHOPRA

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 13:12:53

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.6 L	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.42	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	72.1	%	40.0 - 80.0
LYMPHOCYTE	23.5	%	20.0 - 40.0
EOSINOPHIL	1.5	%	1.0 - 6.0
MONOCYTE	2.5	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	4.63	10 ³ /uL	1.50 - 7.00
LYMPH#	1.51	10 ³ /uL	1.00 - 3.70
EO#	0.09	10 ³ /uL	0.00 - 0.40
MONO#	0.16	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.63	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	39.20 L	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	84.7	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.3	g/dL	31.5 - 34.5
PLATELET COUNT	302	x10 ³ /uL	150 - 410
RDW-CV	14.6 H	%	11.6 - 14.0
MENTZER INDEX	18.29		

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

Page No: 2 of 16



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Date :- 11/06/2022 09:41:42 Patient ID :-1222901
NAME :- Mr. VIKAS CHOPRA Ref. By Dr:- BOB
Sex / Age :- Male 38 Yrs Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 11/06/2022 10:07:24 Final Authentication : 11/06/2022 13:12:53

HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)	29 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 or connective tissue disease. **MCH, MCV, MCHC, MENTZER INDEX** are calculated. **Instrument Name**: Sysmex 6 part fully automatic analyzer XN-L, Japan

AJAYSINGH
Technologist

Page No: 3 of 16



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Date :- 11/06/2022 09:41:42
NAME :- Mr. VIKAS CHOPRA
Sex / Age :- Male 38 Yrs
Company :- MediWheel

Patient ID :-1222901
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 16:08:44

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	205.99 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	177.15 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	35.43	mg/dl	0.00 - 80.00

SKSHARMA

Page No: 4 of 16



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



Date :- 11/06/2022 09:41:42 Patient ID :-1222901
NAME :- Mr. VIKAS CHOPRA Ref. By Dr:- BOB
Sex / Age :- Male 38 Yrs Lab/Hosp :-
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 16:08:44

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	38.28	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	138.18	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.38 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.61 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	662.19	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-CHOLESTEROLInstrumentName: 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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Page No: 5 of 16



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Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 16:08:44

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.60	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	20.7	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	37.3	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	65.20	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.21	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.42	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.79	gm/dl	2.20 - 3.50
A/G RATIO	1.58		1.30 - 2.50

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Final Authentication : 11/06/2022 16:08:44

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.24	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.36	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	26.40	U/L	11.00 - 50.00

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) are observed with infectious hepatitis.

SKSHARMA

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MC - 2300

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Sex / Age :- Male 38 Yrs
Company :- MediWheel

Patient ID :- 1222901
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 11:53:21

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.481	μIU/mL	0.400 - 4.649

NARENDRAKUMAR
Technologist

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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 11:53:21

IMMUNOASSAY

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

SERUM TOTAL T3
 Method:- Chemiluminescence(Competitive immunoassay)

1.360 ng/ml

0.970 - 1.690

SERUM TOTAL T4
 Method:- Chemiluminescence(Competitive immunoassay)

7.980 ug/dl

5.530 - 11.000

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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: 9 of 16

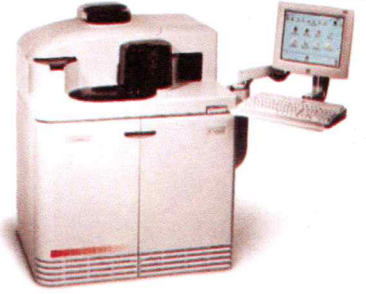


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Date :- 11/06/2022 09:41:42

NAME :- Mr. VIKAS CHOPRA

Sex / Age :- Male 38 Yrs

Company :- MediWheel

Patient ID :-1222901

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 15:24:26

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
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

POOJABOHRA
Technologist

Page No: 10 of 16



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Sex / Age :- Male 38 Yrs
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Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 15:24:26

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

POOJABOHRA
Technologist

Page No: 11 of 16



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Date :- 11/06/2022 09:41:42
NAME :- Mr. VIKAS CHOPRA
Sex / Age :- Male 38 Yrs
Company :- MediWheel

Patient ID :-1222901
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 15:24:26

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	0 - 1	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

POOJABOHRA
Technologist

Page No: 12 of 16



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MC - 2300

Date :- 11/06/2022 09:41:42 Patient ID :- 1222901
NAME :- Mr. VIKAS CHOPRA Ref. By Dr:- BOB
Sex / Age :- Male 38 Yrs Lab/Hosp :-
Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Fluoride Sample ID :- 11062022 15:50:23 Final Authentication : 11/06/2022 17:21:04

BIOCHEMISTRY

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

FASTING BLOOD SUGAR (Plasma) 99.5 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: Randox 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) 105.3 mg/dl 70.0 - 140.0
Method:- GOD PAP

Instrument Name: Randox 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 .

SERUM CREATININE 0.98 mg/dl Men - 0.6-1.30
Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 5.30 mg/dl Men - 3.4-7.0
Method:- Enzymatic colorimetric Women - 2.4-5.7

KAUSHAL, SKSHARMA

Page No: 13 of 16



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Lab/Hosp :-



HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AJAYSINGH, BILAL, KAUSHAL, NARENDRAKUMAR, POOJABOHRA, RAJKUMARI, SKSHARMA

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" CONDITIONS OF REPORTING SEE OVER LEAF"

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Patient ID :-1222901

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Sex / Age :- Male 38 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA, URINE

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 15:24:26

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, POOJABOHRA
Technologist

Page No: 15 of 16



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Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 11/06/2022 10:07:24

Final Authentication : 11/06/2022 16:08:44

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.9	mg/dl	0.0 - 23.0

*** End of Report ***

SKSHARMA

Page No: 16 of 16

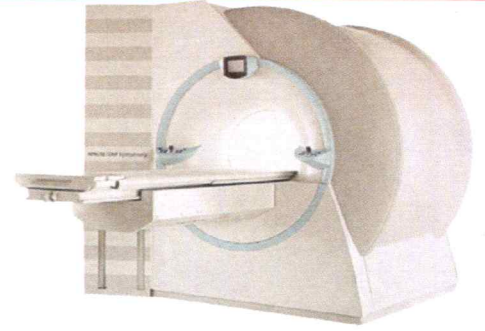


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Company :- MediWheel

Patient ID :- 1222901
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 11/06/2022 14:07:33

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. RATHOD HETALI AMRUTLAL
MD RADIO DIAGNOSIS
RMC NO. 17163

*** End of Report ***

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(D.M.R.D.) BILAL

Page No: 1 of 1

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Dr. Poonam Gupta
(M.D. Radiodiagnosis)

Dr. Shankar Tejwani
(M.D. Radiodiagnosis)

Dr. Paresh Sukhani
(M.D. Radiodiagnosis)

Dr. Rathod Hetali Amrutlal
(M.D. Radiodiagnosis)

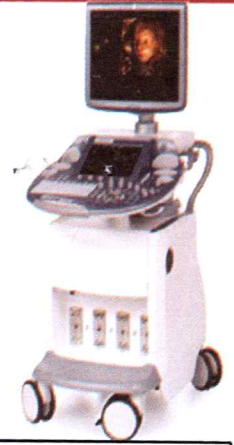
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Patient ID :- 1222901
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Lab/Hosp :-

Final Authentication : 11/06/2022 15:59:10

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is enlarged in size 17.1 cm. Echo-texture is bright. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

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

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

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

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

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

Prostate is normal in size with normal echo-texture and outline.

No enlarged nodes are visualised.No retro-peritoneal lesion is identified
Great vessels appear normal.

No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

Mild hepatomegaly with grade I fatty liver.
Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1


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RMC No. 22430

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RMC No. 32495

Dr. Tej Prakash Gupta
MBBS, DMRD, UCAM
Fetal Medicine Specialist
RMC No 24436 FMF ID 102534

Dr. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
RMC No. 17163

Transcript by.