

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

Patient Name : MR. RAVI KUMAR

Age / Gender : 33 years / Male

Endo ID : 116401

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:31 p.m.

Reported Date & Time : Apr 08, 2023, 04:18 p.m.

Sample ID :



230980144



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

LIPID PROFILE

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	154.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	139.6	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	44.1	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	27.92	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	81.98	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	3.49		2.6-4.9
LDL/HDL Ratio Method : Calculated	1.86		0.5-3.4

END OF REPORT

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

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Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	0.87	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	7.0	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	2.11	uIU/mL	0.35 - 5.50

Interpretation:

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

****END OF REPORT****

Dr. Nishi Prasad
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Collected Date & Time : Apr 08, 2023, 02:31 p.m.

Reported Date & Time : Apr 08, 2023, 02:51 p.m.

Sample ID :



230980144

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

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.2

%

> 8% Action Suggested

BLOOD

7 - 8 % Good Control

Method : Nephelometry Methodology

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

Instrument: Mispa i2

Clinical Information:

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

AVERAGE BLOOD GLUCOSE

102.54

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

END OF REPORT

Dr. Nishi Prasad

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Collected Date & Time : Apr 08, 2023, 02:31 p.m.

Reported Date & Time : Apr 08, 2023, 04:15 p.m.

Sample ID :



230980144

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

RENAL FUNCTION TEST

Urea Method : Uricase	26.4	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.76	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	4.4	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.15	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	138	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.1	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	102	mmol/L	98 - 106

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	11.9	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	6.46	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	40.7	%	42 - 52
Mean Cell Volume (MCV)	63.0	FL	78 - 100
Mean Cell Haemoglobin (MCH)	18.4	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	29.2	g/dl	32 - 36
Red Cell Distribution Width (RDW)	16.0	%	11.5 - 14.0
Total Leucocytes Count (WBC)	8700	Cell/cu.mm	4000 - 10000
Neutrophils	55	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	10.9	fL	7.2 - 11.7
PCT	0.24	%	0.2 - 0.5
Platelet Count	223	10 ³ /ul	150 - 450

END OF REPORT

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BIOCHEMISTRY

IRON - SERUM	104.5	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	344	ug/dL	228 - 428
FERRITIN	120.0	ng/mL	Male:22-322 Female:10-291
TRANSFERRIN SATURATION %	30.38	%	16 - 50

Method : Serum CLIA

Method : Calculated

INTERPRETATION

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

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

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

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

Decreased Levels

-Iron deficiency anemia

END OF REPORT

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BIOCHEMISTRY

C-Reactive Protein; CRP, SERUM	1.2	mg/L	0.0-6.0
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Interpretation :

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

****END OF REPORT****

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

LIVER FUNCTION TEST

Bilirubin - Total	0.91	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.27	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.64	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	28.2	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	20.9	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	69.1	U/L	MALE & FEMALE
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.11	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.42	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.69	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.64		1.5 - 2.5
Method : Calculated			

END OF REPORT

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Collected Date & Time : Apr 08, 2023, 02:31 p.m.

Reported Date & Time : Apr 08, 2023, 04:16 p.m.

Sample ID :



230980144

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

Gamma GT	28	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitoanilide

Interpretation

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

END OF REPORT

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

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Collected Date & Time : Apr 08, 2023, 02:31 p.m.

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Sample ID :



230980144

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

BLOOD GROUP ABO AND RHTYPE

'O' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

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

END OF REPORT

Dr. Nishi Prasad

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Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:31 p.m.

Reported Date & Time : Apr 08, 2023, 03:45 p.m.

Sample ID :



230980144



Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.015		1.005 - 1.030

Chemical Examination

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

Microscopic Examination

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

END OF REPORT

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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Age / Gender : 33 years / Male

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Referral : MEDIWHEEL



Collected Date & Time : Apr 08, 2023, 02:31 p.m.

Reported Date & Time : Apr 08, 2023, 04:04 p.m.

Sample ID :



230980144

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

Glucose fasting	101.73	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

END OF REPORT

Dr. Nishi Prasad

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GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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Referral : MEDIWHEEL



Collected Date & Time : Apr 08, 2023, 03:59 p.m.

Reported Date & Time : Apr 08, 2023, 04:26 p.m.

Sample ID :



230980171

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

Blood Glucose-Post Prandial

114.91

mg/dL

70 - 140

Method : Hexokinase

END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)

CENTRAL MOTOR VEHICLES
RULES 1989
FORM 7(See Rule 16(2))
DRIVING LICENCE



D/L NO : RJ-01/DLC/12/ 187103 Date :28/05/2012

Name : RAVI KUMAR ...

Son of : NARAYAN LAL

Address : 533 CHUNA BHATTA KE PASS
TOPDARA W NO 31 AJMER

is licenced to drive throughout India a vehicle
of the following description.

MCY WITH GEAR, LIGHT MOTOR VEH,

The licence to drive other than transport
vehicle is valid

From : 28/05/2012 To : 28/05/2032

Handwritten signature of the license holder.

Holder's Sig./Thumb Impression

Official stamp and signature of the Licensing Authority, Ajmer.

Co

229

Date of first issue of DL/Class of vehicle :

Designation of the testing authority : JAGDISH MEENA / MVSJ

Badge No.

Badge Detail :

DOB : 03/09/1980

Citizenship: INDIAN

and Authorisation Data to drive transport vehicle.

Blood Group :

Tel. No. : 89551-34283

DON'T DRINK & DRIVE

DRIVING OFFENCES:



Punjab Software, Jaipur 235824

ellne

tal JL

ookir

ck

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

NAME- Ravi Kumar AGE- 33 yrs DATE - 8-04-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

**Both cp angles are clear.
Cardiac size is within normal limits.
Bronchovascular Markings are exaggerated**

CHR BRONCHITIS

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

Consultant Radiologist

Dr. Ravi Kumar

MD (Radio-Diagnosis)

GOYAL

DIAGNOSTICS

4-D ULTRASOUND • COLOUR DOPPLER

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

NAME	: MR . RAVI KUMAR	DATE	: 08-04-2023
AGE	: 31 YRS	REF BY	:
SEX	: MALE		

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR
- . RVSP 30 MM HG
- . NO RWMA : LVEF 60 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	45.6	LVEDV	
LVID s	31.0	LVESV	
RVID(d)	---	SV	-
IVS d	9.0	F.S	32%
IVS S	13.0	EF	60%
LVPW d	8.7	C.O	-
LVPWS	13.0	MITRAL VALVE	-
AORTIC ROOT	29.3	EF SLOPE	-
LEFT ATRIUM	31.4	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 74 A- 63	-	NIL
TRICUSPID VALVE	NORMAL	229	-	MILD
PUL VALVE	NORMAL	120	-	NIL
AORTIC VALVE	NORMAL	101	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 30 MM HG	MVA

DR. DEVENDRA GOYAL
RMC No.: 004250/1
Consultant Radiologist
And Sonologist

GOYAL DIAGNOSTICS

Patient Name: Mr. RAVI KUMAR 31/M

April 08, 2023

Time: 10:49:28

5 Seconds ECG Report

HR : 73 bpm BP : 0/10 mmHg

RR Interval: 0.81 sec

PR Interval: 0.15 sec

QRS Duration: 0.112 Sec

P-QRS-T Axis (33)-(22)-(29) deg



INTERPRETATION
Sinus Rhythm, PR is normal, Normal QT interval, QRS Axis is normal.
Wide QRS, T wave inversion in Lead V1.
ECG not normal

DR
MD

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/1.13

*Unconfirmed Reporting, Refer to Clinician

USG ABDOMEN-PELVIS

NAME - Ravi Kumar

AGE - 31 yrs

Date - 08-04-2023

REF BY -

LIVER: is Enlarged and bright 15.0 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

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

SPLEEN: normal in size and shows normal echopattern.

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

KIDNEYS : Both the kidneys are normal in size , shape and location. Both show normal cortico-medullary differentiation.
No evidence of hydronephrosis or calculus.

Right kidney - measures :- 10.3 x 4.5 cm
Left kidney - measures :- 10.3 x 4.3 cm

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

PROSTATE: is normal in size and shows normal homogeneous echotexture
No evidence of ascites / pleural effusion.

IMPRESSION:-

- Enlarged Fatty Liver
- Rest of the abdominal organs are within normal limits.

(Adv- clinical correlation , further evaluation)

DR. ROOPA GOYAL (M.D.)
M.C.No.: 004250/1500
Consultant Radiologist
And Sonologist

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सक