

# Dr. Goyal's

## Path Lab & Imaging Centre

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



### General Physical Examination

Date of Examination: 16/01/2023

Name: DIVESH Batura. Age: 31 Sex: Male.

DOB: 12/05/1991.

Referred By: ROB. (Medibuddy)

Photo ID: Adhar. ID #: attached

Ht: 176. (cm)

Wt: 80. (Kg)

Chest (Expiration): 95 (cm)

Abdomen Circumference: 94. (cm)

Blood Pressure: 140/87 mm Hg PR: 99/min RR: 16/min Temp: Afebrile.

BMI 25.8

Eye Examination: vision Normal 6/6 N/G.  
NO colour blindness.

Other: Not significant.

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

Signature Of Examinee : \_\_\_\_\_ Name of Examinee: \_\_\_\_\_

Signature Medical Examiner: Dr Piyush Goyal  
M.B.B.S., D.M.R.D  
RMC Reg No -017996 Name Medical Examiner \_\_\_\_\_

भारत सरकार  
दिवेश बत्रा  
Divesh Batra  
जन्म तिथि/DOB: 12/05/1991  
पुरुष / MALE

7821 7010 3667

मेरा आधार, मेरी पहचान

DAPS

भारतीय पहचान प्राधिकरण  
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पता: S/O मदन लाल बत्रा, 395,  
नज़दीक नई बस स्टैंड,  
सीकरी चक नो. १, भरतपुर,  
राजस्थान - 321024

Address: S/O Madan Lal Batra, 395, near  
new bus stand, Seekri Chak No.  
1, Bharatpur,  
Rajasthan - 321024

7821 7010 3667

MERA AADHAAR, MERI PEHACHAN

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

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Date :- 16/01/2023 10:22:29  
**NAME :- Mr. BATRA DIVESH**  
Sex / Age :- Male 31 Yrs  
Company :- MediWheel

Patient ID :- 122229043  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 16/01/2023 10:28:18

Final Authentication : 16/01/2023 12:15:34

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE BELOW 40MALE</b>			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	16.2	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.79	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	67.8	%	40.0 - 80.0
LYMPHOCYTE	28.1	%	20.0 - 40.0
EOSINOPHIL	1.1	%	1.0 - 6.0
MONOCYTE	2.6	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	3.93	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.63	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.10	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.16	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	<b>5.70</b> H	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	45.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	<b>80.4</b> L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	<b>35.3</b> H	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	155	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.9	%	11.6 - 14.0
MENTZER INDEX	14.11		

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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Sample Type :- EDTA

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### HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)	17 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 or connective tissue disease.  
**(CBC) Methodology**: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and MCH,MCV,MCHC,MENTZER INDEX are calculated. **InstrumentName**: Sysmex 6 part fully automatic analyzer XN-L,Japan

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Sex / Age :- Male 31 Yrs

Company :- MediWheel

Patient ID :- 122229043

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K<sub>2</sub>EDTA-FLUORIDE, URINE

Final Authentication : 16/01/2023 14:09:31

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "B" POSITIVE

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

FASTING BLOOD SUGAR (Plasma) 98.2 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) 109.8 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.

URINE SUGAR (FASTING) Nil Nil  
Collected Sample Received

AJAYSINGH, MUKESH SINGH, SURESH SAINI, VIJENDRAMEENA  
**Technologist**

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**Dr. Piyush Goyal**  
(D.M.R.D.)  
**Dr. Chandrika Gupta**

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Sample Type :- STOOL

Sample Collected Time 16/01/2023 10:28:18

Final Authentication : 16/01/2023 13:36:52

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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#### STOOL ANALYSIS

#### PHYSICAL EXAMINATION

MUCUS

BLOOD

#### MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA  
Technologist

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Sample Type :- PLAIN/SERUM Sample Collected Time 16/01/2023 10:28:18 Final Authentication : 16/01/2023 13:22:13

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	254.96 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	142.23	mg/dl	Normal <150 Borderline high 150-189 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	40.28	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	190.98 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	28.45	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.33 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.74 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	738.43	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
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.			
DIRECT HDLCHOLESTERO 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.			
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.			
TOTAL LIPID AND VLDL ARE CALCULATED			

SURESHSAINI

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.88	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	0.23	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.65	mg/dl	0.30-0.70
SGOT Method:- IFCC	30.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>58.8</b> H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	90.90	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	42.10	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.62	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.76	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.86	gm/dl	2.20 - 3.50
A/G RATIO	1.66		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

**AST Aspartate Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

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

**TOTAL PROTEIN** Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB)** Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**Instrument Name** Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

SURESHSAINI

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.83	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.81	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM

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### BIOCHEMISTRY

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

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Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 16/01/2023 10:28:18

Final Authentication : 16/01/2023 12:15:34

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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**GLYCOSYLATED HEMOGLOBIN (HbA1C)**  
Method:- HPLC

4.9

%

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

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb has been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

**MEAN PLASMA GLUCOSE**  
Method:- Calculated Parameter

94

mg/dL

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

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Sex / Age :- Male 31 Yrs  
Company :- MediWheel

Patient ID :- 122229043  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 16/01/2023 10:28:18

Final Authentication : 16/01/2023 13:36:52

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.020		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA  
Technologist

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Sex / Age :- Male 31 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

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### IMMUNOASSAY

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

SERUM TOTAL T3

1.193

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

7.812

ug/dl

5.530 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA

1.750

μIU/mL

0.550 - 4.780

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

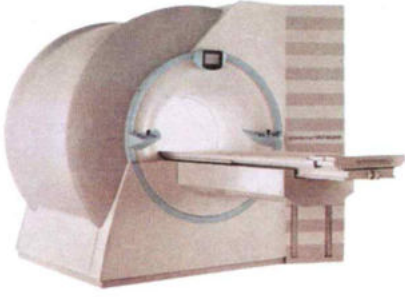
\*\*\* End of Report \*\*\*

KAUSHAL  
Technologist

Page No: 11 of 11



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



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 16/01/2023 10:22:29  
**NAME :- Mr. BATRA DIVESH**  
Sex / Age :- Male 31 Yrs  
Company :- MediWheel

Patient ID :- 122229043  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 16/01/2023 12:00:46

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 \*\*\*

Page No: 1 of 1

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

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

**Dr. Poonam Gupta**  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

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

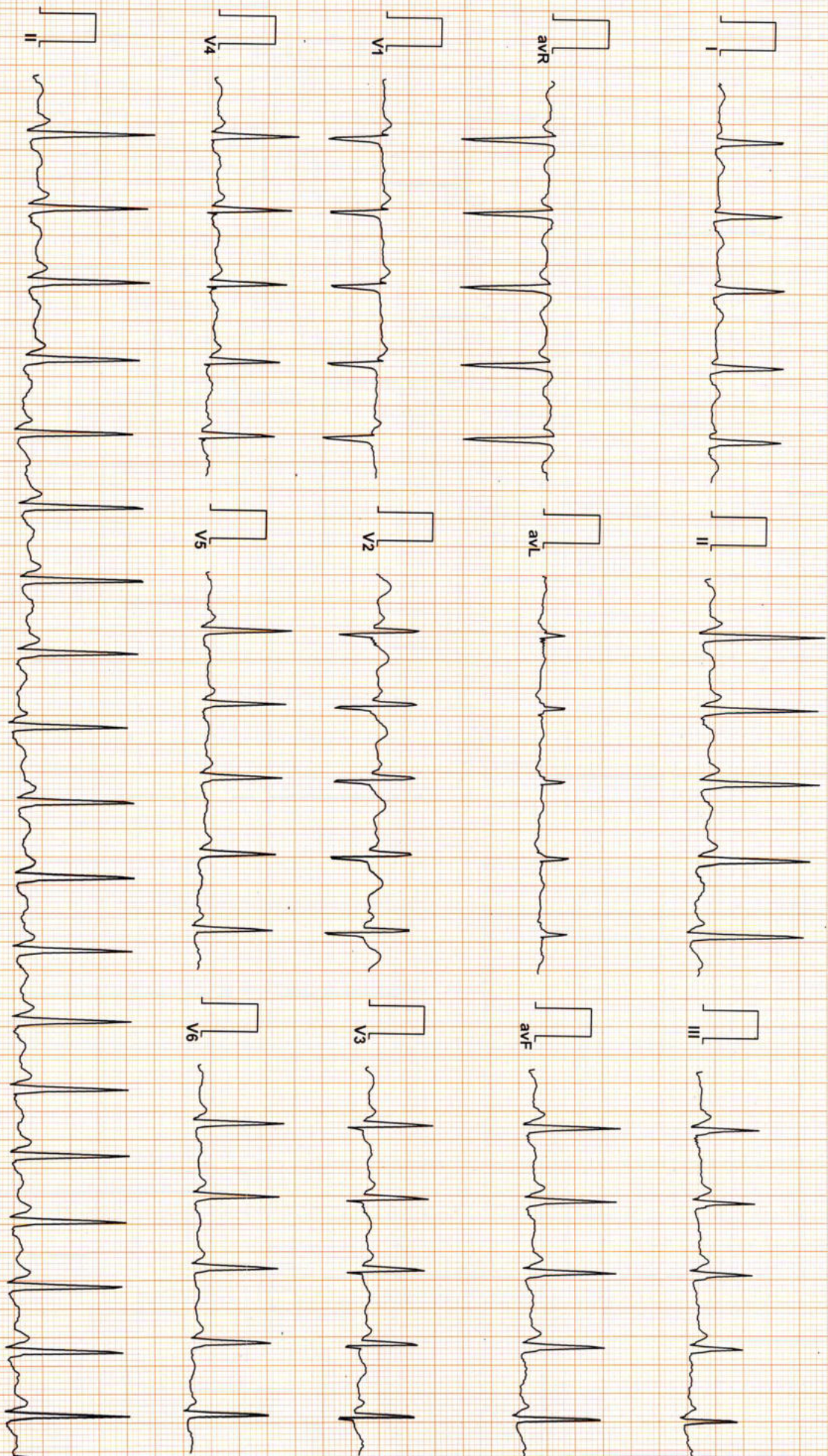
**Dr. Abhishek Jain**  
MBBS, DNB, (Radio-Diagnosis)  
RMC No. 21687

Transcript by.

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

102221350 / MR DIVESH BATRA / 31 Yrs / M/ Non Smoker  
Heart Rate : 119 bpm / Tested On : 16-Jan-23 12:36:50 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Refd By.: BOB

**ECG**



*Sinus tachycardia*

Aliengers ECG (Pisces) (PISZ18210312)

Dr. Nareni Ramani  
Reported By: E.M. (RCGP-UK)  
Specialist, Dip. Cardiol. (ESCORTS)

RHQ

**DR. GOYALS PATH LAB & IMAGING CENTER**  
**B-51 GANESH NAGAR, JAIPUR Email:**

Report



**2334 / MR DIVESH BATRA / 31 Yrs / M / 0 Cms / 0 Kg**  
**Date: 16 / 01 / 2023 Technician : BOB Examined By:**

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	01.1	00.0	01.0	111	59%	120/80	133	00	
Standing	00:24	0:18	01.1	00.0	01.0	111	59%	120/80	133	00	
HV	00:43	0:19	01.1	00.0	01.0	118	62%	120/80	141	00	
Warm Up	01:09	0:26	01.1	00.0	01.0	112	59%	120/80	134	00	
ExStart	02:02	0:53	01.0	00.0	01.0	113	60%	120/80	135	00	
BRUCE Stage 1	05:02	3:00	01.7	10.0	04.7	145	77%	125/85	181	00	
BRUCE Stage 2	08:02	3:00	02.5	12.0	07.1	174	92%	135/85	234	00	
PeakEx	09:40	1:38	03.4	14.0	08.8	189	100%	140/90	264	00	
Recovery	10:40	1:00	00.0	00.0	01.2	154	81%	140/90	215	00	
Recovery	11:40	2:00	00.0	00.0	01.0	129	68%	135/85	174	00	
Recovery	13:40	4:00	00.0	00.0	01.0	122	65%	125/85	152	00	
Recovery	13:39	4:00	00.0	00.0	01.0	122	65%	125/85	152	00	

**FINDINGS :**

Exercise Time : 07:38  
 Max HR Attained : 189 bpm 100% of Target 189  
 Max BP Attained : 140/90 (mm/Hg)  
 Max Workload Attained : 8.8 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

*Test is Negative For RMT*

**Dr. Nitesh Kumar Mohanka**  
**RMC No. 35703**  
**MBBS, D.P. CARDIO (ESCORTS)**  
**DE.M (RCGP-UK)**





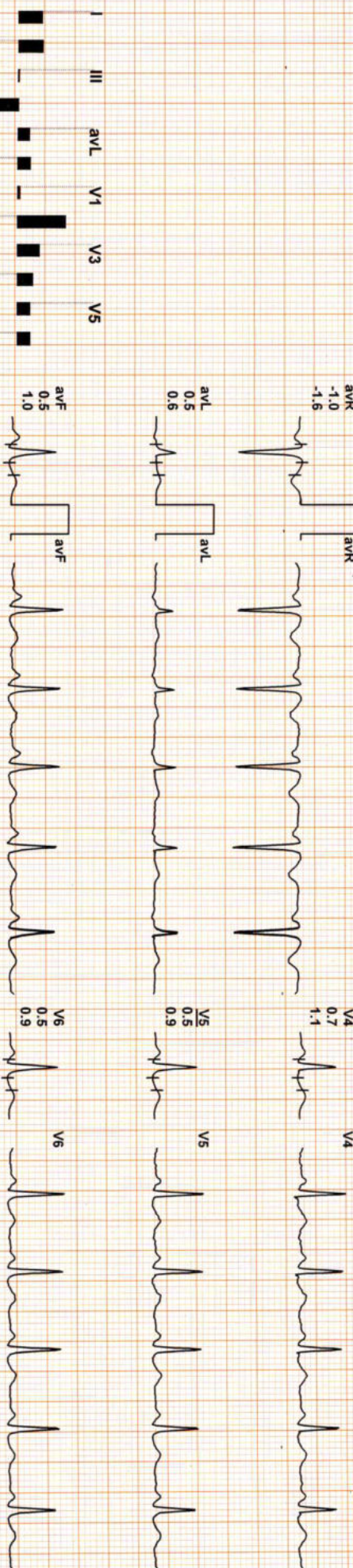
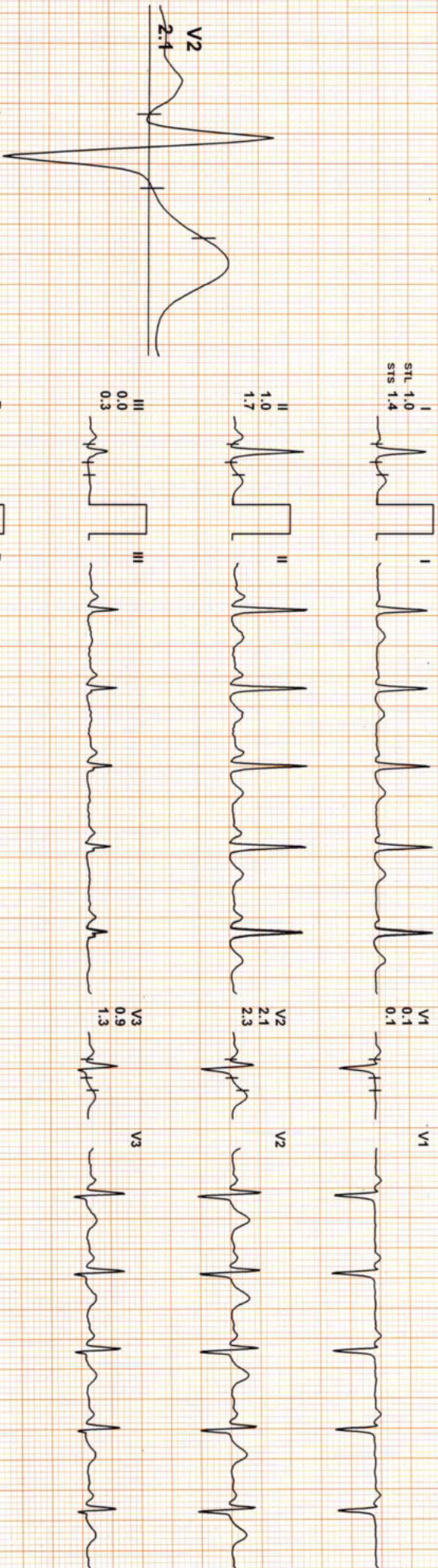
2334 / MR DIVESH BATRA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 111

Date: 16 / 01 / 2023

METS: 1.0/ 111 bpm 59% 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:

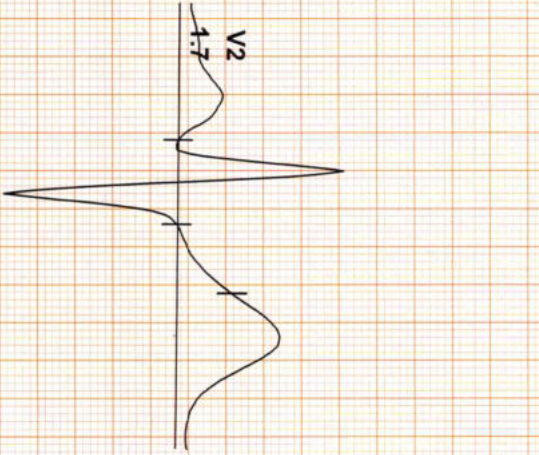


Date: 16/01/2023

METS: 1.0/ 111 bpm 59% 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



I  
STL 0.7  
STS 1.0

II  
0.6  
1.2

III  
-0.1  
0.2

avR  
-0.7  
-1.1

avL  
0.4  
0.4

avF  
0.3  
0.7



V1  
0.1  
0.3

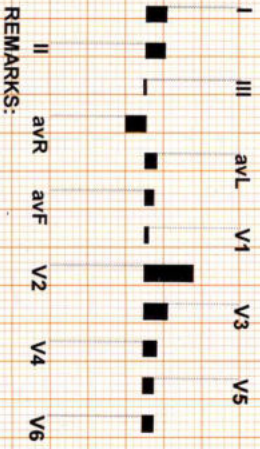
V2  
1.7  
2.0

V3  
0.8  
1.2

V4  
0.4  
0.9

V5  
0.3  
0.7

V6  
0.4  
0.7



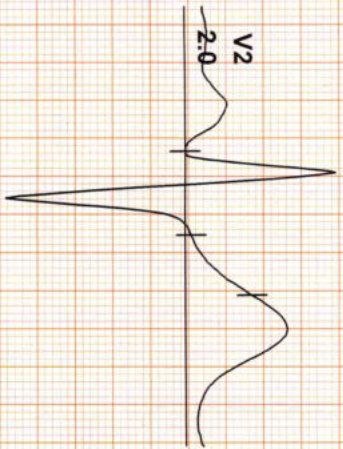
REMARKS:



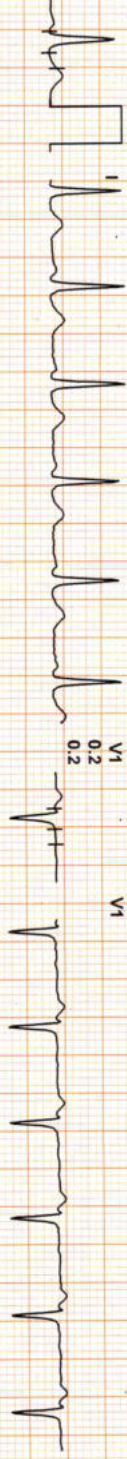
Date: 16 / 01 / 2023  
 4X 80 ms Post J

METS: 1.0 / 118 bpm 62% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

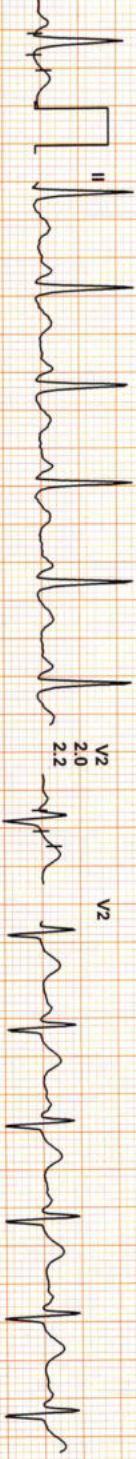
ExTime: 00:00 -1.1 mph -0.0%  
 25 mm/Sec - 1.0 Cm/mV



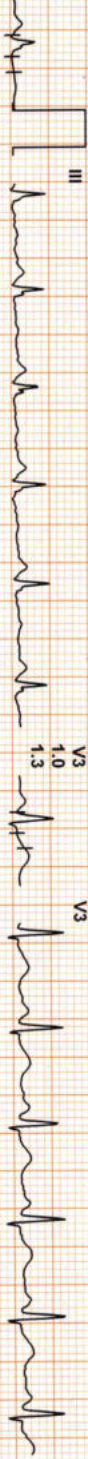
I  
 STL 1.0  
 STS 1.4



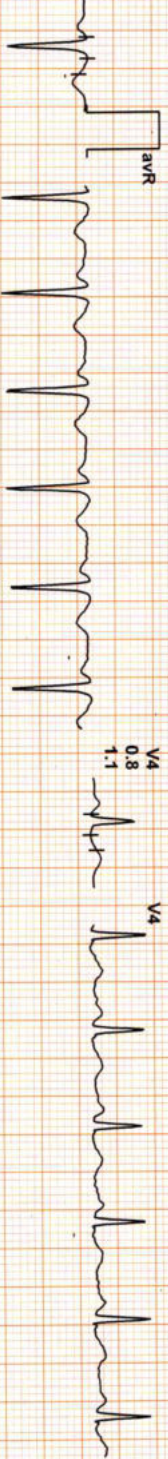
II  
 1.2  
 1.7



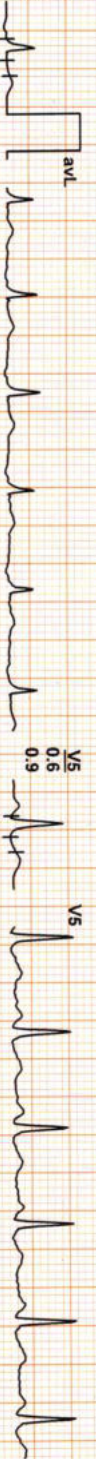
III  
 0.2  
 0.3



avR  
 -1.1  
 -1.5



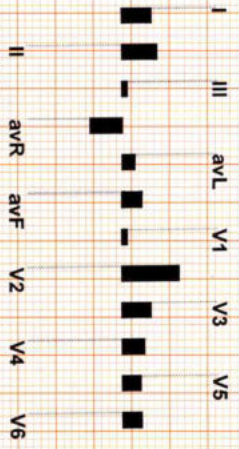
avL  
 0.4  
 0.6



avF  
 0.7  
 1.0



REMARKS:





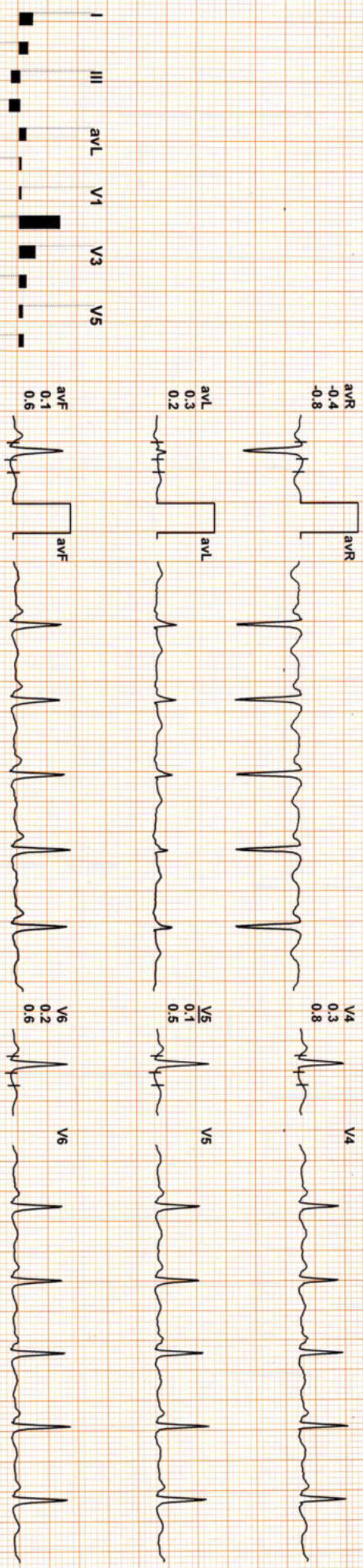
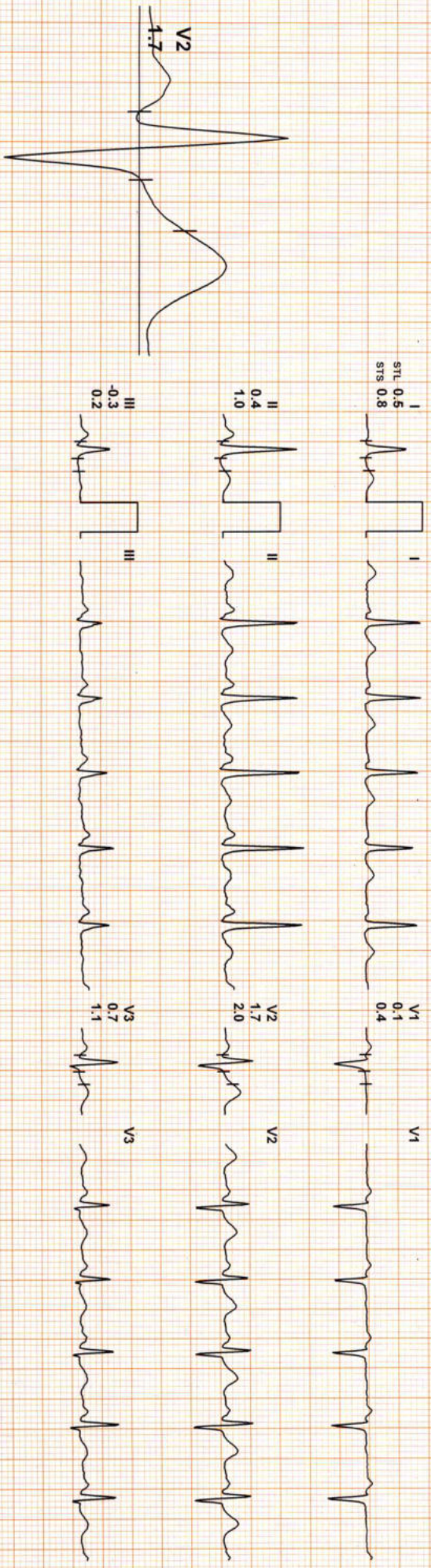
2334 / MR DIVESH BATRA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 112

Date: 16 / 01 / 2023

METS: 1.0 / 112 bpm 59% 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:

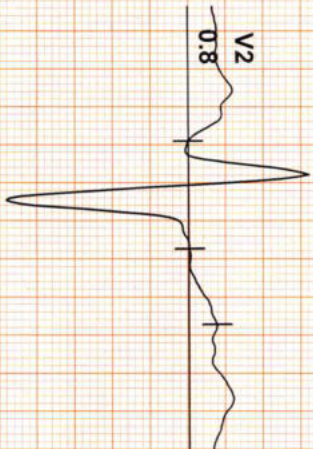


Date: 16 / 01 / 2023

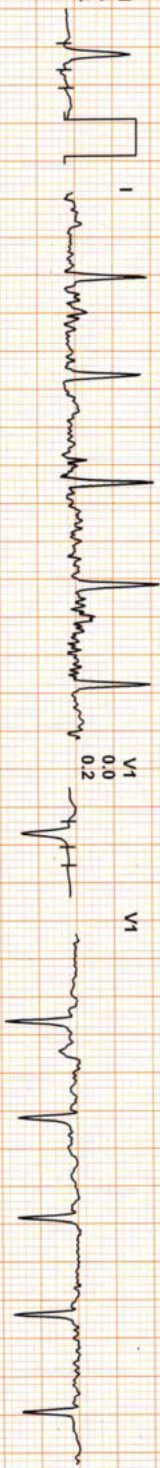
METS: 1.0/ 113 bpm 60% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

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

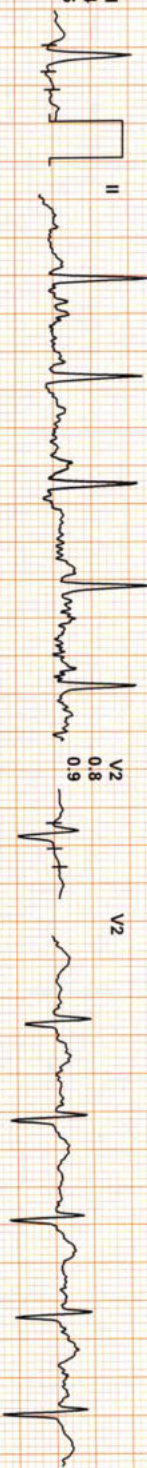
4X 80 ms Post J



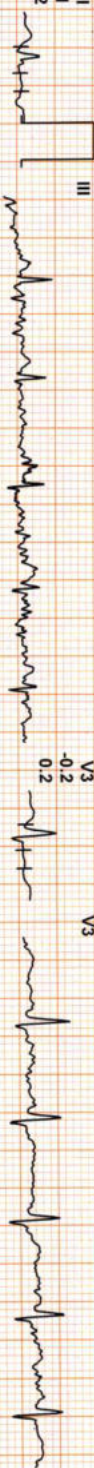
I  
STL 0.3  
STS 0.4



II  
0.4  
0.6



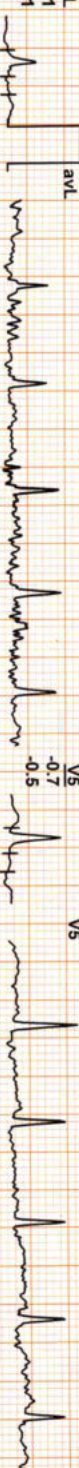
III  
0.1  
0.2



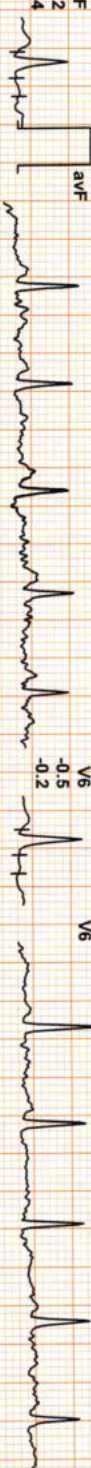
avR  
-0.3  
-0.5



avL  
0.1  
0.4



avF  
0.2  
0.4



I III avL V1 V3 V5  
II avR avF V2 V4 V6

REMARKS:



2334 / MR DIVESH BATRA / 31 Yrs / M / O Cms / 0 Kg / HR : 145

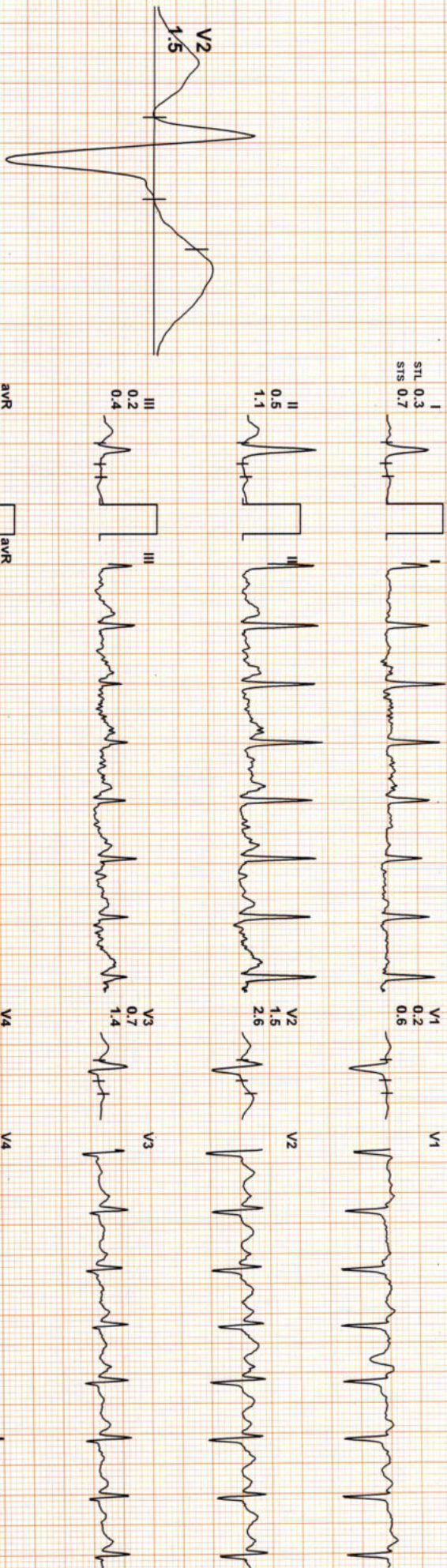
Date: 16 / 01 / 2023

METS: 4.7 / 145 bpm 77% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

I      III      aVL      V1      V3      V5

II      aVR      aVF      V2      V4      V6



2334 / MR DIVESH BATRA / 31 YRS / M / 0 Cms / 0 Kg / HR : 174

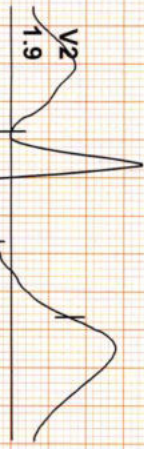
Date: 16 / 01 / 2023

METS: 7.1 / 174 bpm 92% of THR BP: 135/85 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

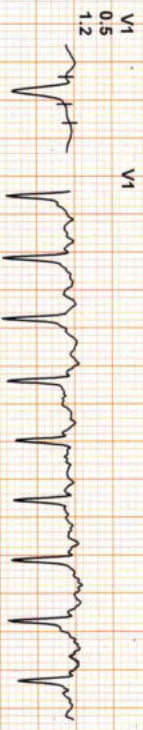
25 mm/Sec. 1.0 Cm/mv



I  
STL 0.2  
STS 0.7



V1  
0.5  
1.2



II  
-0.1  
1.7



V2  
1.9  
4.0



III  
-0.2  
1.0



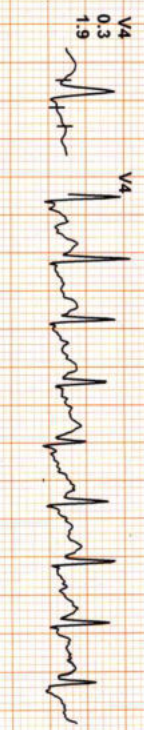
V3  
0.8  
2.4



aVR  
-0.1  
-1.2



V4  
0.3  
1.9



aVL  
0.2  
0.0



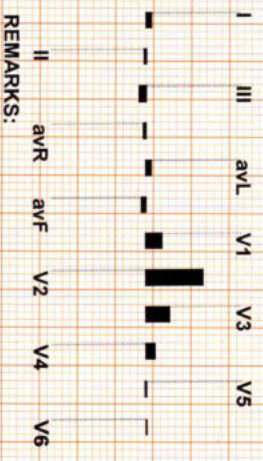
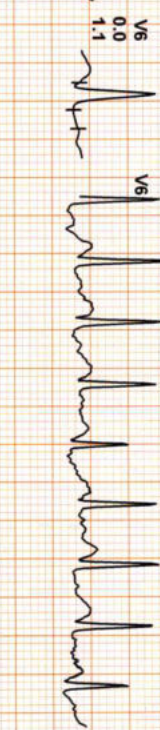
V5  
0.0  
1.2



aVF  
-0.1  
1.4



V6  
0.0  
1.1



REMARKS:



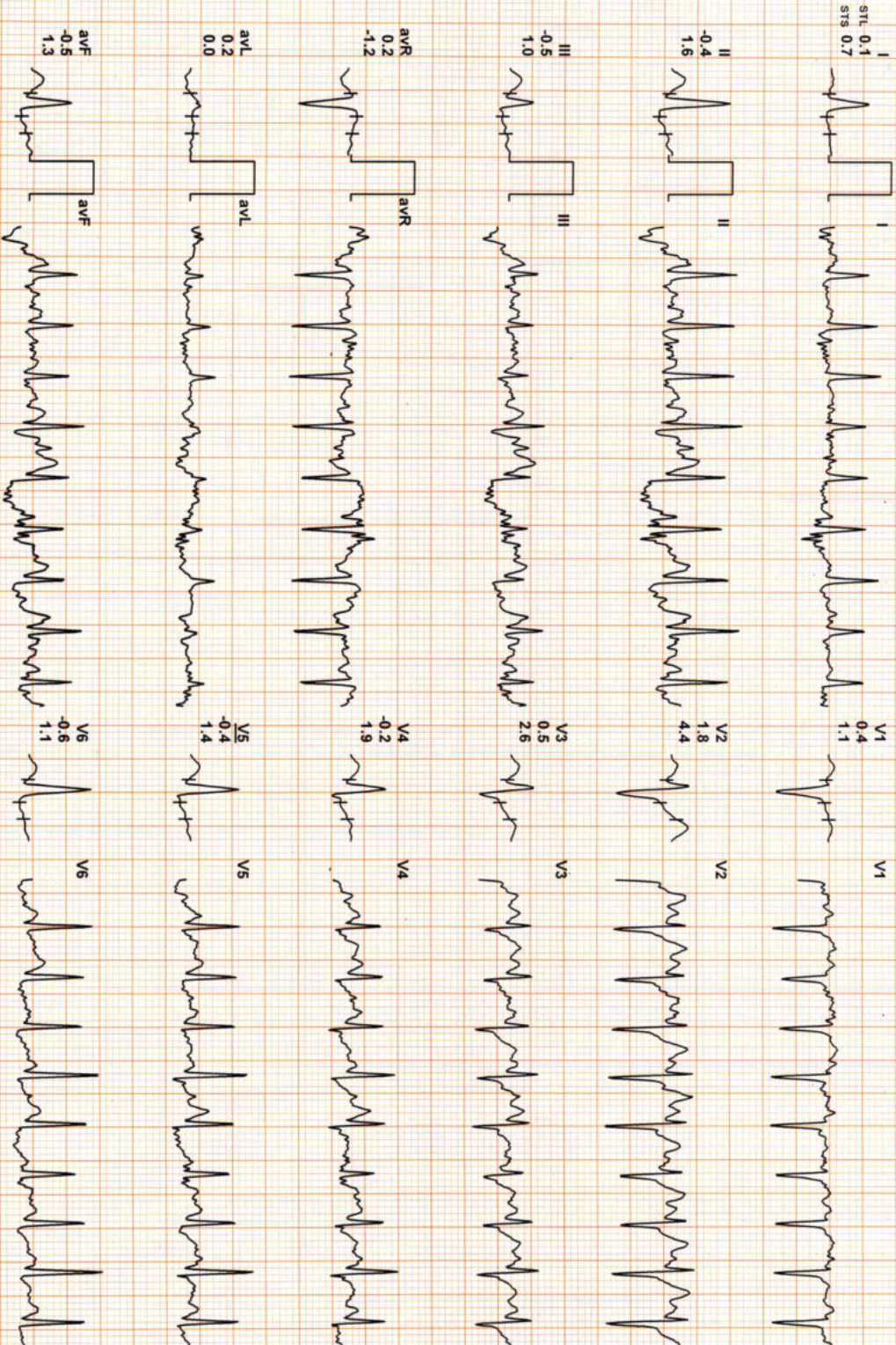
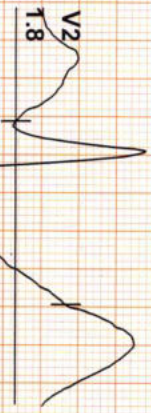
2334 / MR DIVESH BATRA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 189

Date: 16 / 01 / 2023

METS: 8.81 189 bpm 100% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 60 MS Post J

ExTime: 07:38 3.4 mph, 14.0%  
25 mm/Sec. 1.0 Cm/mV



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





2334 / MR DIVESH BATRA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 154

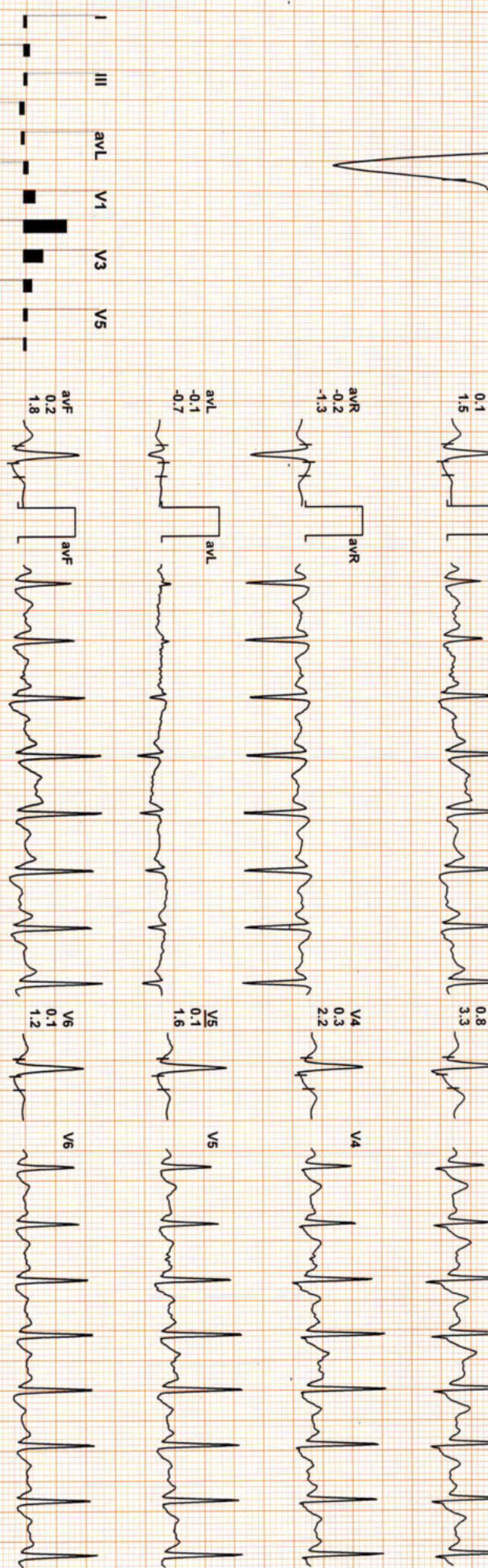
Date: 16/01/2023

MEETS: 1.2/ 154 bpm 81% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz

ExTime: 07:38 0.0 mph 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

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



2334 / MR DIVESH BATRA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 129

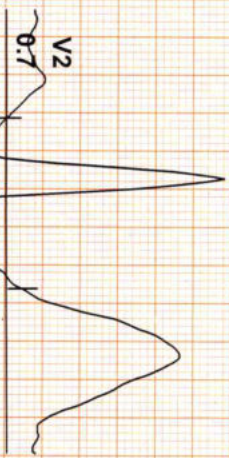
Date: 16 / 01 / 2023

METS: 1.0 / 129 bpm 68% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:38 0.0 mph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



I  
STL -0.2  
STS 0.7



V1  
-0.3  
1.7



II  
-1.1  
1.1



V2  
0.7  
4.1



III  
-1.2  
0.5



V3  
-0.3  
2.4



aVR  
0.5  
-0.8



V4  
-0.7  
1.4



aVL  
-0.2  
-0.3



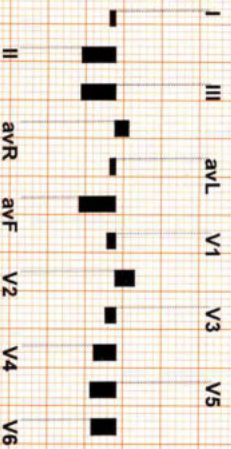
V5  
-0.9  
1.0



aVF  
-1.2  
0.8



V6  
-0.8  
0.6



REMARKS:

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

2334 / MR DIVESH BATRA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 122

Recovery(4:00)



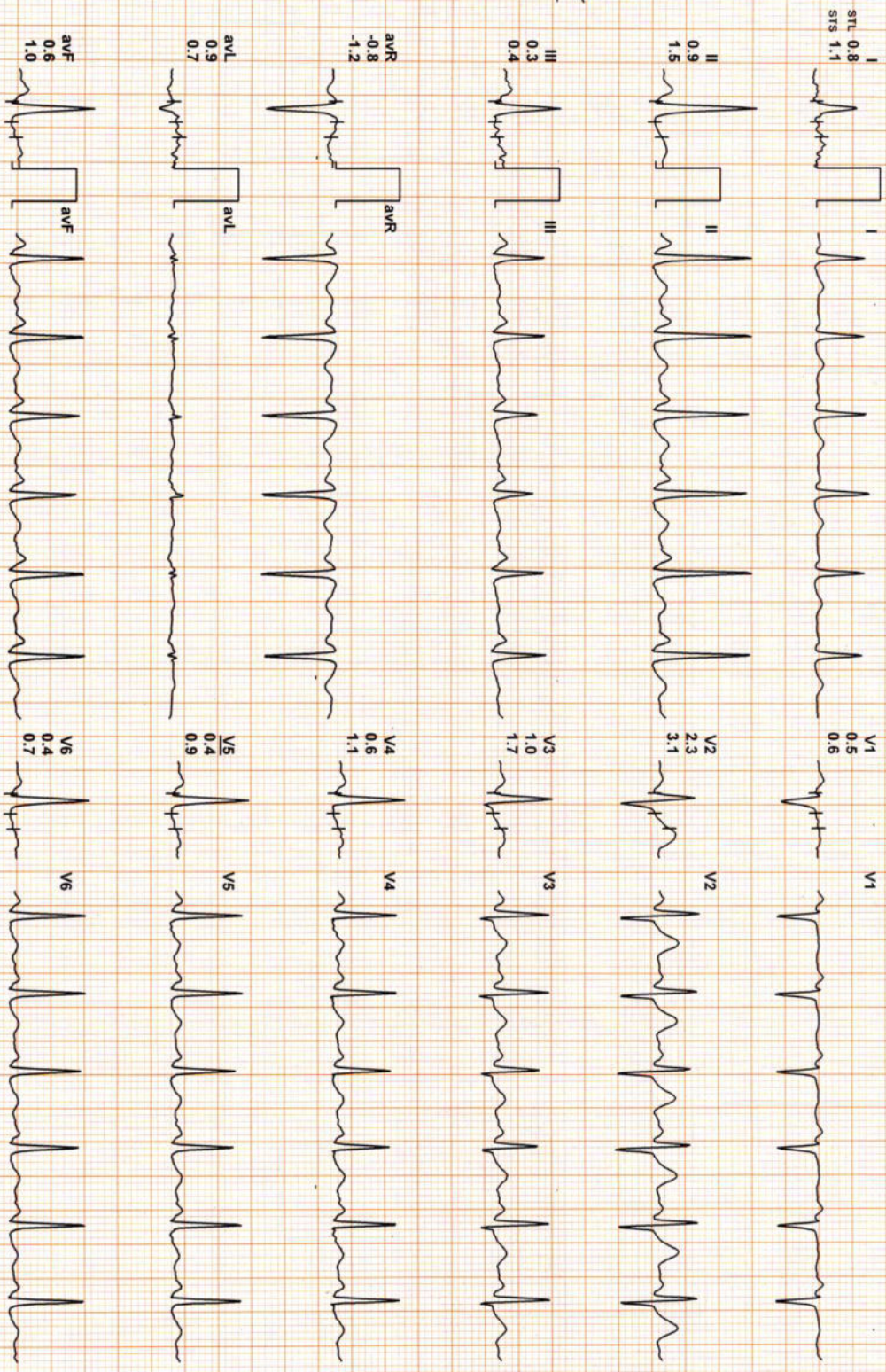
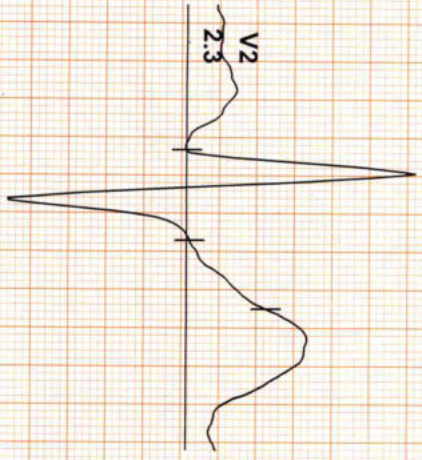
Date: 16 / 01 / 2023

METS: 1.0/ 122 bpm 65% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:38 0.0 mph 0.0%

4X 70 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



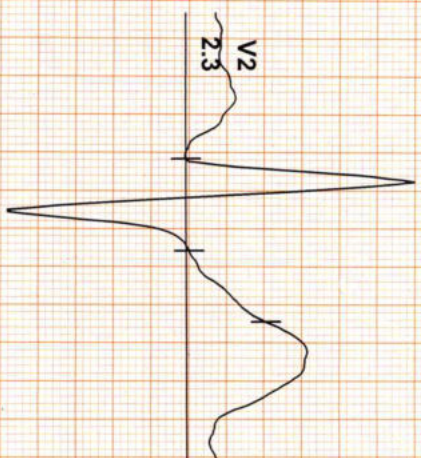
Date: 16/01/2023

MEETS: 1.0/ 122 bpm 65% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LE 100 Hz

EXTime: 07:38 0.0 mph, 0.0%

4X 70 ms Post J

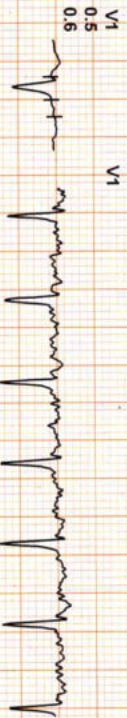
25 mm/Sec. 1.0 Cm/mV



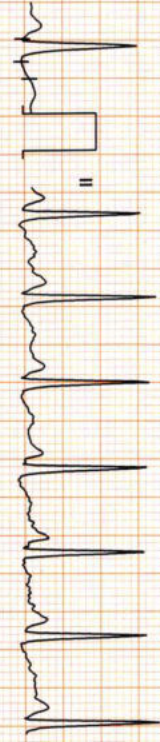
I  
STL 0.8  
STS 1.1



V1  
0.5  
0.5



II  
0.9  
1.5



V2  
2.3  
3.1



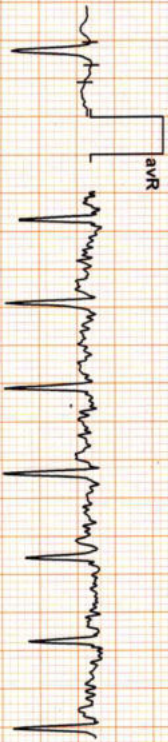
III  
0.3  
0.4



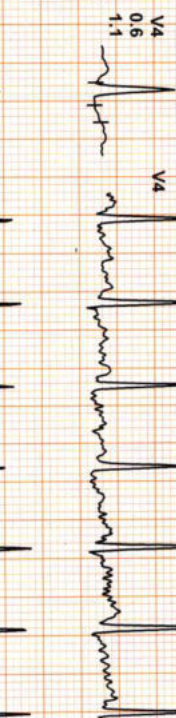
V3  
1.0  
1.7



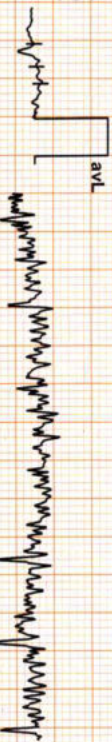
aVR  
-0.8  
-1.2



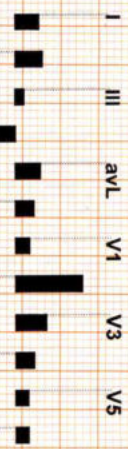
V4  
0.6  
1.1



aVL  
0.9  
0.7



V5  
0.4  
0.9



aVF  
0.6  
1.0



V6  
0.4  
0.7



REMARKS:

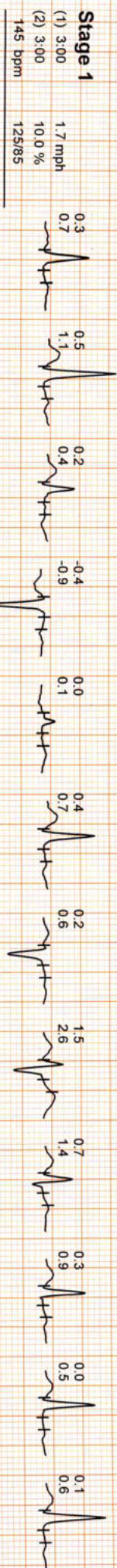
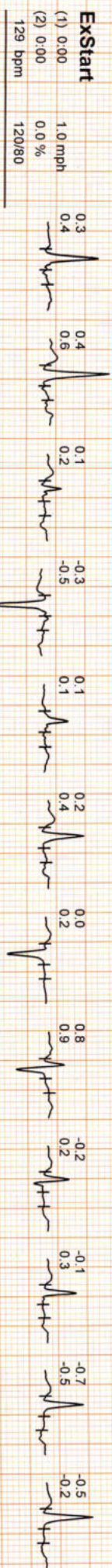
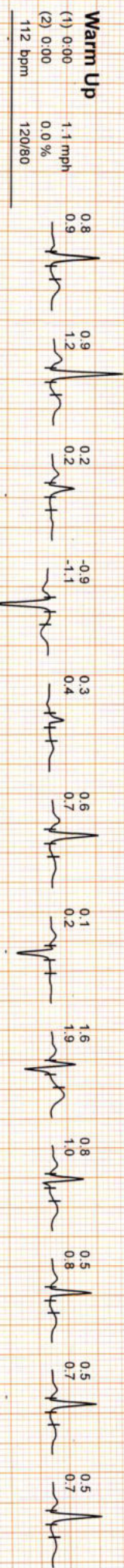
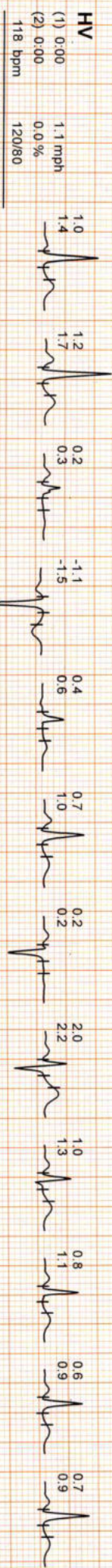
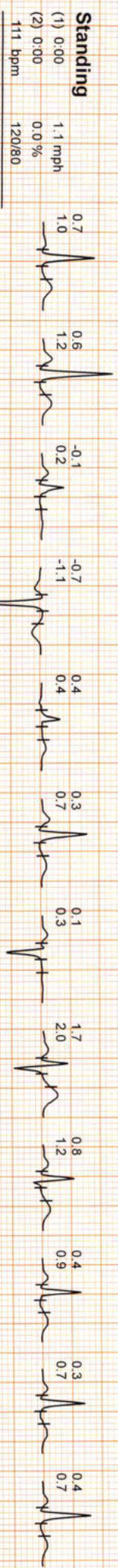
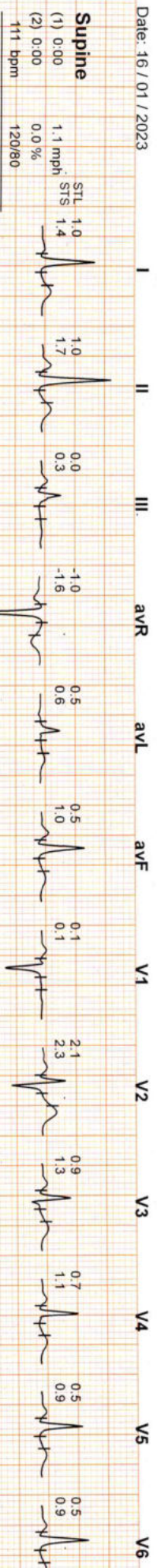
# DR. GOYALS PATH LAB & IMAGING CENTER

2334 / MR DIVESH BATRA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 115

Average



Date: 16/01/2023





2334 / MR DIVESH BATRA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 115

Date: 16/01/2023

**Stage 2**

(1) 6:00 2.5 mph  
(2) 3:00 12.0 %  
174 bpm 135/85

**PeakEx**

(1) 7:38 3.4 mph  
(2) 1:38 14.0 %  
189 bpm 140/90

**Recovery**

(1) 7:39 0.0 mph  
(2) 0:59 0.0 %  
154 bpm 140/90

**Recovery**

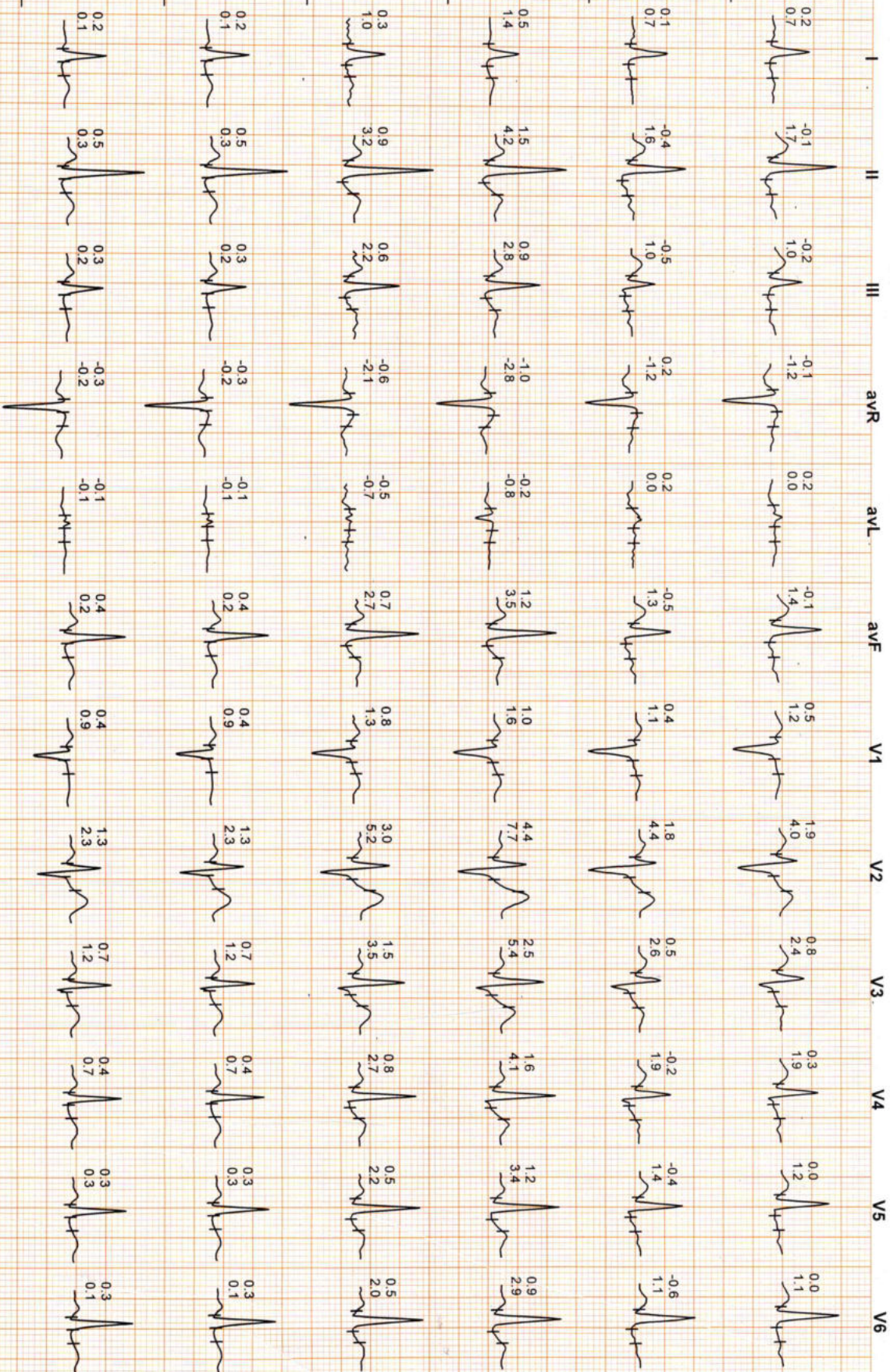
(1) 7:39 0.0 mph  
(2) 1:59 0.0 %  
129 bpm 135/85

**Recovery**

(1) 7:39 0.0 mph  
(2) 3:59 0.0 %  
134 bpm 125/85

**Recovery**

(1) 7:39 0.0 mph  
(2) 3:59 0.0 %  
122 bpm 125/85





# 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 :- 16/01/2023 10:22:29  
**NAME :- Mr. BATRA DIVESH**  
Sex / Age :- Male 31 Yrs  
Company :- MediWheel

Patient ID :- 122229043  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 16/01/2023 12:32:54

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver** is mild enlarged in size (15.4 cm). Echo-texture is minimal 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 early fatty changes.  
Needs clinical correlation for further evaluation

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

Page No. of 1

NIKITAPATWA

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Transcript by.