



General Physical Examination

Date of Examination: 24-09-2022

Name: RAMAKANT PARAIWA Age: 35 DOB: 05-05-1987 Sex: Male

Referred By: BOB

Photo ID: DIC ID #: Attached

Ht: 178 (cm) Wt: 65 (Kg)

Chest (Expiration): 82 (cm) Abdomen Circumference: 81 (cm)

Blood Pressure: 128/72 mm Hg PR: 76 / min RR: 16 / min Temp: Afebrile

BMI 20.5

Eye Examination: vision normal 6/6, N/6

Normal color vision

Other: not significant

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

Signature Of Examinee: Ramakant Paraiwa


Name of Examinee: _____

Signature Medical Examiner: Piyush Goyal

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

Name Medical Examiner: _____

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



D/L NO : RJ-14/DLC/07/718538 Date : 27/12/2007
 Name : RAMAKANT PARAIWA
 Son of : GOPAL LAL
 Address : 405-CHAR DARWAJA,
 MANDI KHATIKAN, JAIPUR
 is licenced to drive throughout India a vehicle
 of the following description.
 MCY WITH GEAR.

The licence to drive other than transport
 vehicle is valid
 from : 27/12/2007 To : 26/12/2027

Ramakant
 Holder's Sign/Thumb Impression

[Signature]
 Licencing Authority, Jaipur

Ramakant

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

Date of first issue of DL/Class of vehicle :
 Name of the person at the issuing authority : RAJESH SWAMI / MYSI

Badge No. : and Authorisation Date to drive transport vehicle :
 Badge Detail :
 DOB : 05/05/1987 Blood Group : B Tel. No. : 9314683158

DON'T DRINK & DRIVE

DRIVING OFFENCES: ● ● ● ● ● ● ● ● ● ●

www.eSuchi.com 2368624

MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg
Date: 24 / 09 / 2022 Refd By: BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:31	0:31	01.1	00.0	01.0	072	39%	128/76	092	00	
Standing	01:01	0:30	01.1	00.0	01.0	089	48%	128/76	113	00	
HV	01:12	0:11	01.1	00.0	01.0	108	58%	128/76	138	00	
ExStart	03:01	1:49	01.1	00.0	01.0	099	54%	128/76	126	00	
BRUCE Stage 1	06:01	3:00	01.7	10.0	04.7	147	79%	130/80	191	00	
BRUCE Stage 2	09:01	3:00	02.5	12.0	07.1	169	91%	140/90	236	00	
PeakEx	09:13	0:12	03.4	14.0	07.3	170	92%	140/90	238	00	
Recovery	10:13	1:00	00.0	00.0	01.2	160	86%	140/90	224	00	
Recovery	11:13	2:00	00.0	00.0	01.0	129	70%	140/90	180	00	
Recovery	12:13	3:00	00.0	00.0	01.0	113	61%	136/90	153	00	
Recovery	13:13	4:00	00.0	00.0	01.0	102	55%	120/80	122	00	
Recovery	14:13	5:00	00.0	00.0	01.0	103	56%	120/76	123	00	
Recovery	14:20	5:07	00.0	00.0	01.0	108	58%	120/76	129	00	

FINDINGS :

Exercise Time : 06:12
 Max HR Attained : 170 bpm 92% of Target 185
 Max BP Attained : 140/90 (mm/Hg)
 Max WorkLoad Attained : 7.3 Fair response to induced stress
 Test End Reasons : Test Complete. Heart Rate Achieved

REPORT :

Base line ECG show conL. There are mid ST T changes seen during exercise in infero lat leads. which reverted to base line within 1 min of recovery. THT mildly positive for RHD

Correlate Chemically

Dr. Nareesh Kumar Mohanka
 RUC No. 35703
 MBBS, DIP. CARDIO (ESCORTS)
 D.E.N. (MCC) (UK)

DR. GOYALS PATH LAB & IMAGING CENTRE

MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 72

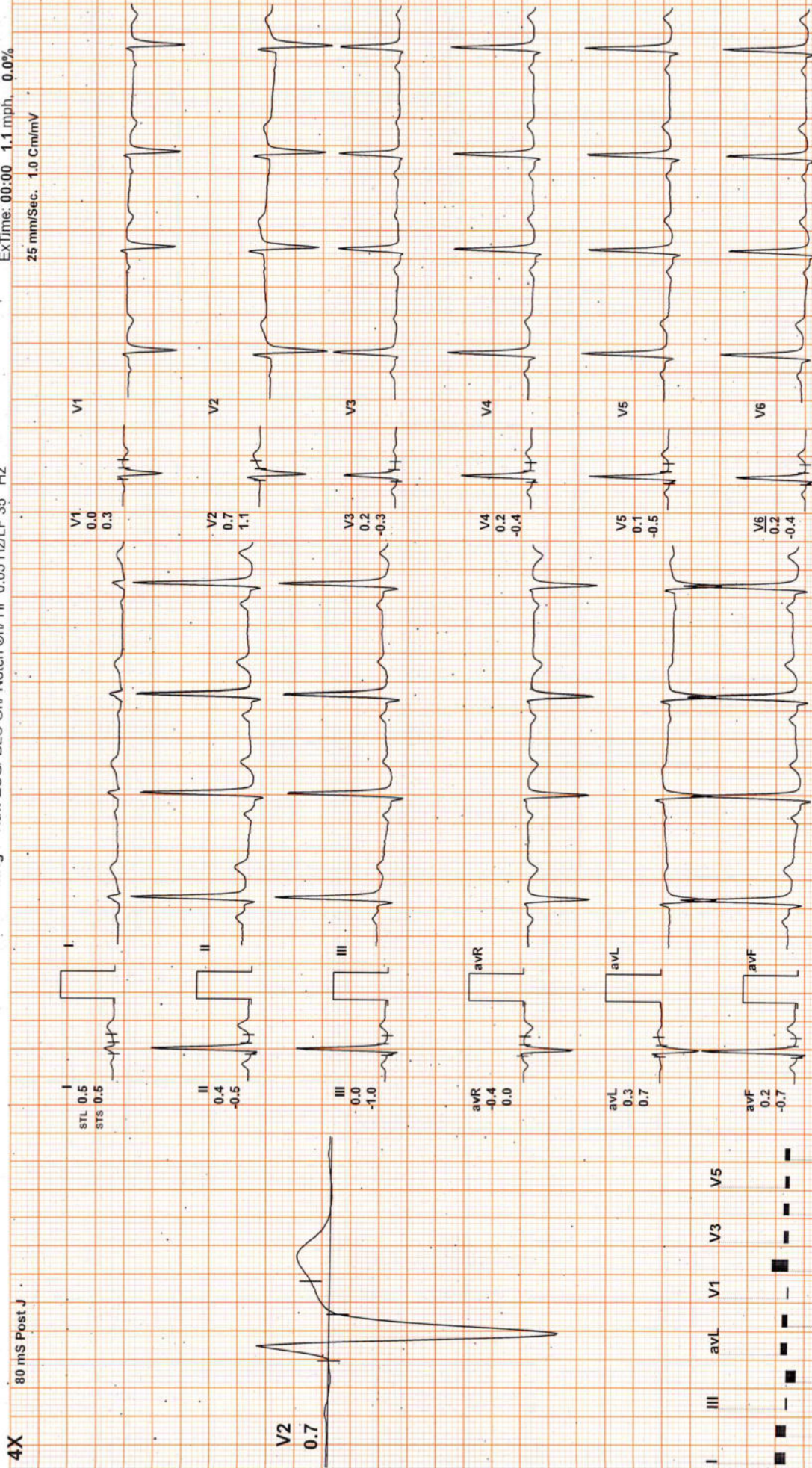
BRUCE:Supine(0:31)



Date: 24 / 09 / 2022

METS: 1.0/72 bpm 39% of THR BP: 128/76 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



4X 80 mS Post J

I
STL 0.5
STS 0.5

II
0.4
-0.5

III
0.0
-1.0

aVR
-0.4
0.0

aVL
0.3
0.7

aVF
0.2
-0.7

V1
0.0
0.0
0.3

V2
0.7
0.7
1.1

V3
0.2
0.2
-0.3

V4
0.2
0.2
-0.4

V5
0.1
0.1
-0.5

V6
0.2
0.2
-0.4

V2
0.7

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

REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

MR RAMAKANT PARAIWA / 35 Yrs / M / O Cms / 0 Kg / HR : 89

BRUCE: Standing (0:30)

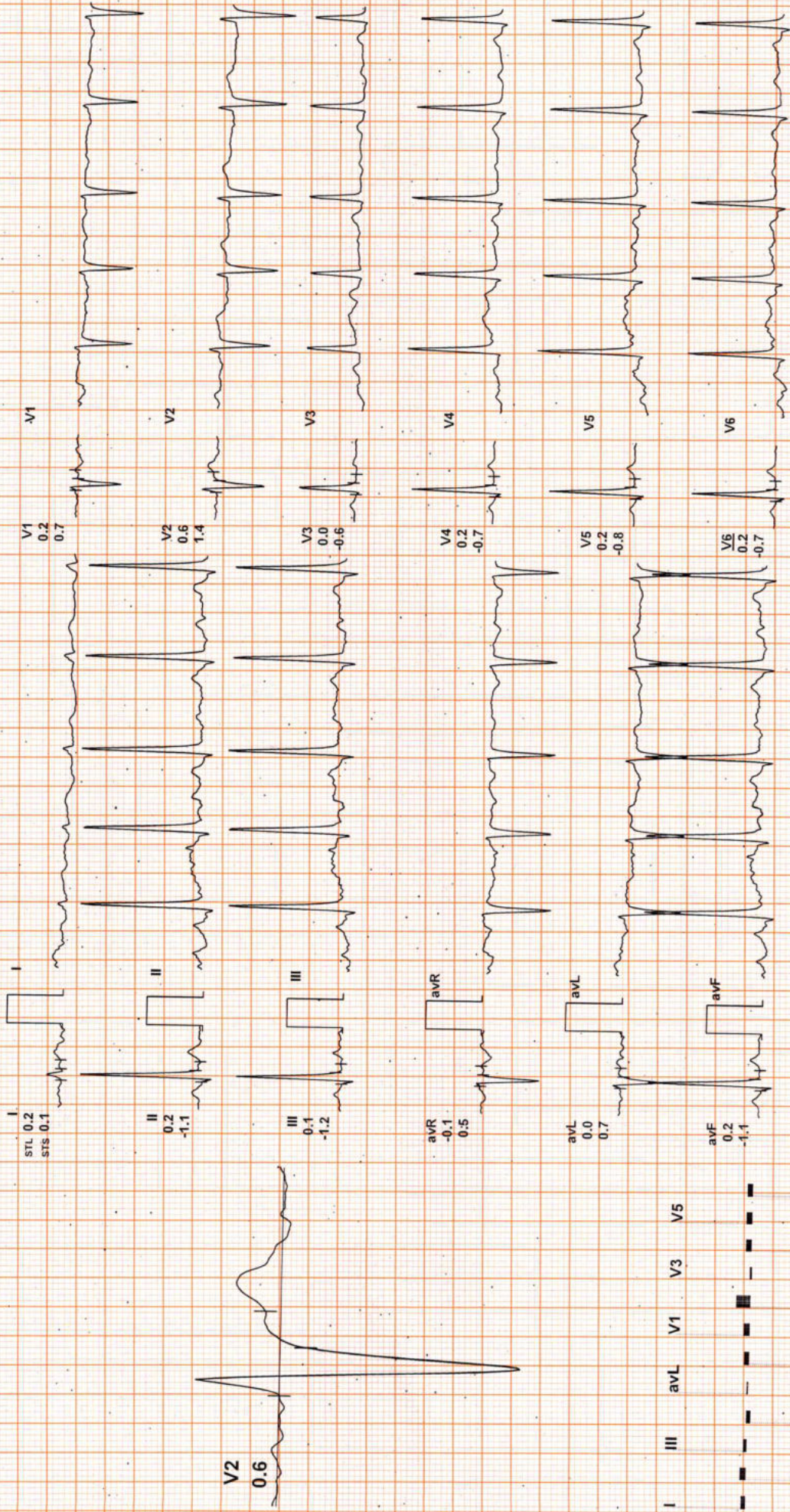


Date: 24 / 09 / 2022

MEETS: 1.0 / 89 bpm 48% of THR BP: 128/76 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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



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



BRUCE:HV(0:11)

DR. GOYALS PATH LAB & IMAGING CENTRE

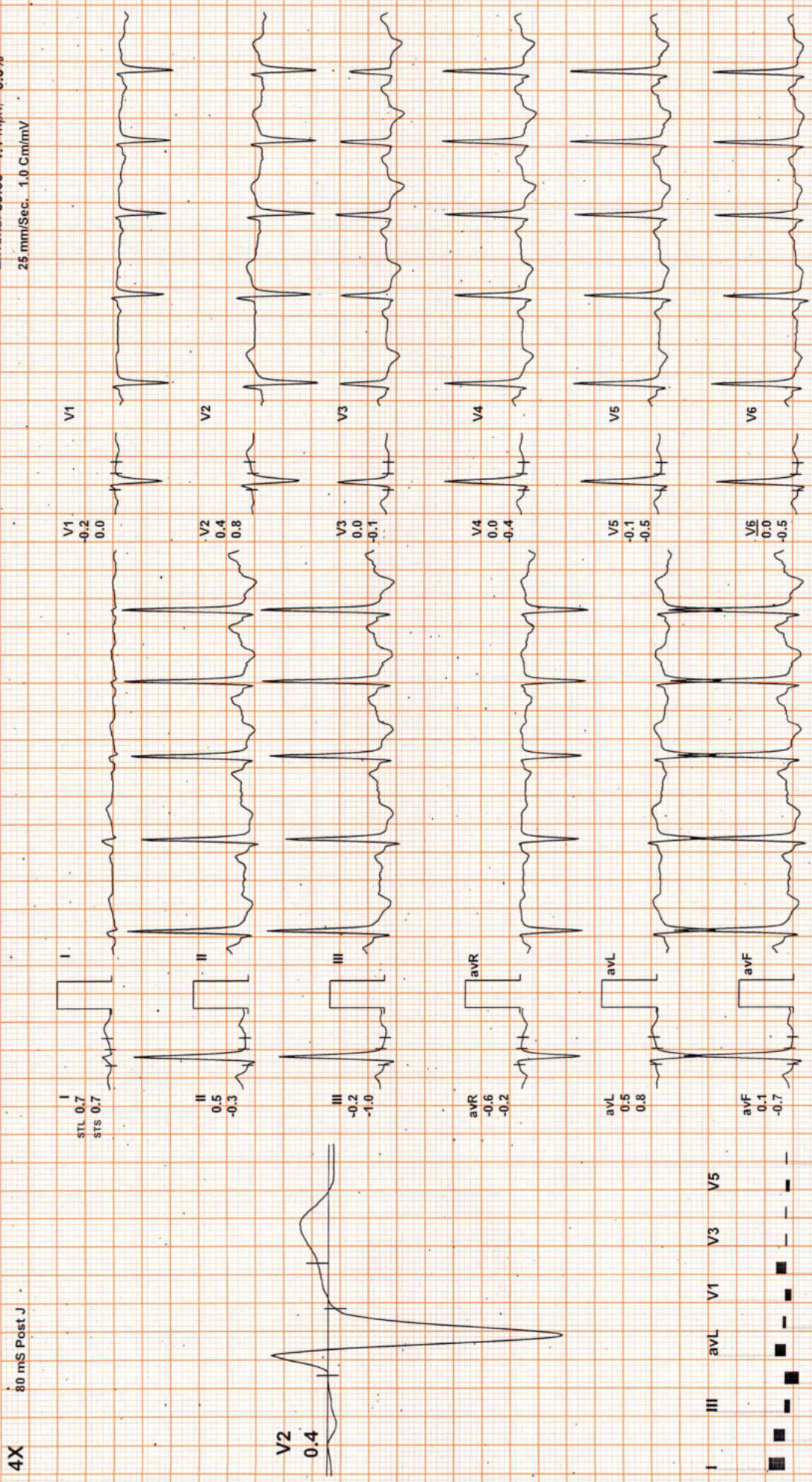
MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 108

Date: 24 / 09 / 2022

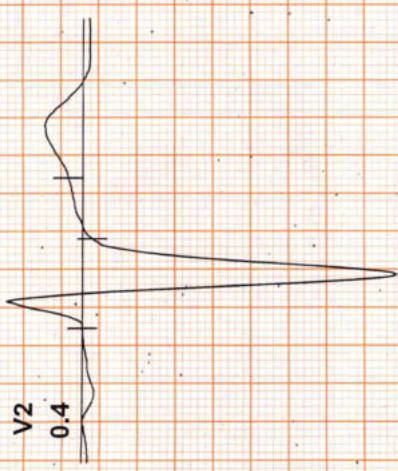
METS: 1.0 / 108 bpm 58% of THR BP: 128/76 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



4X 80 mS Post J



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

REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 99

ExStart

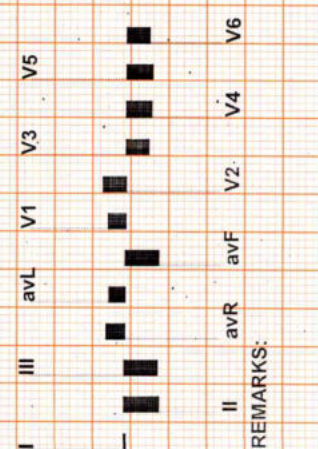
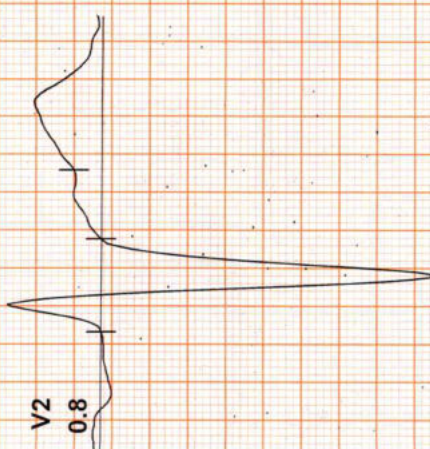
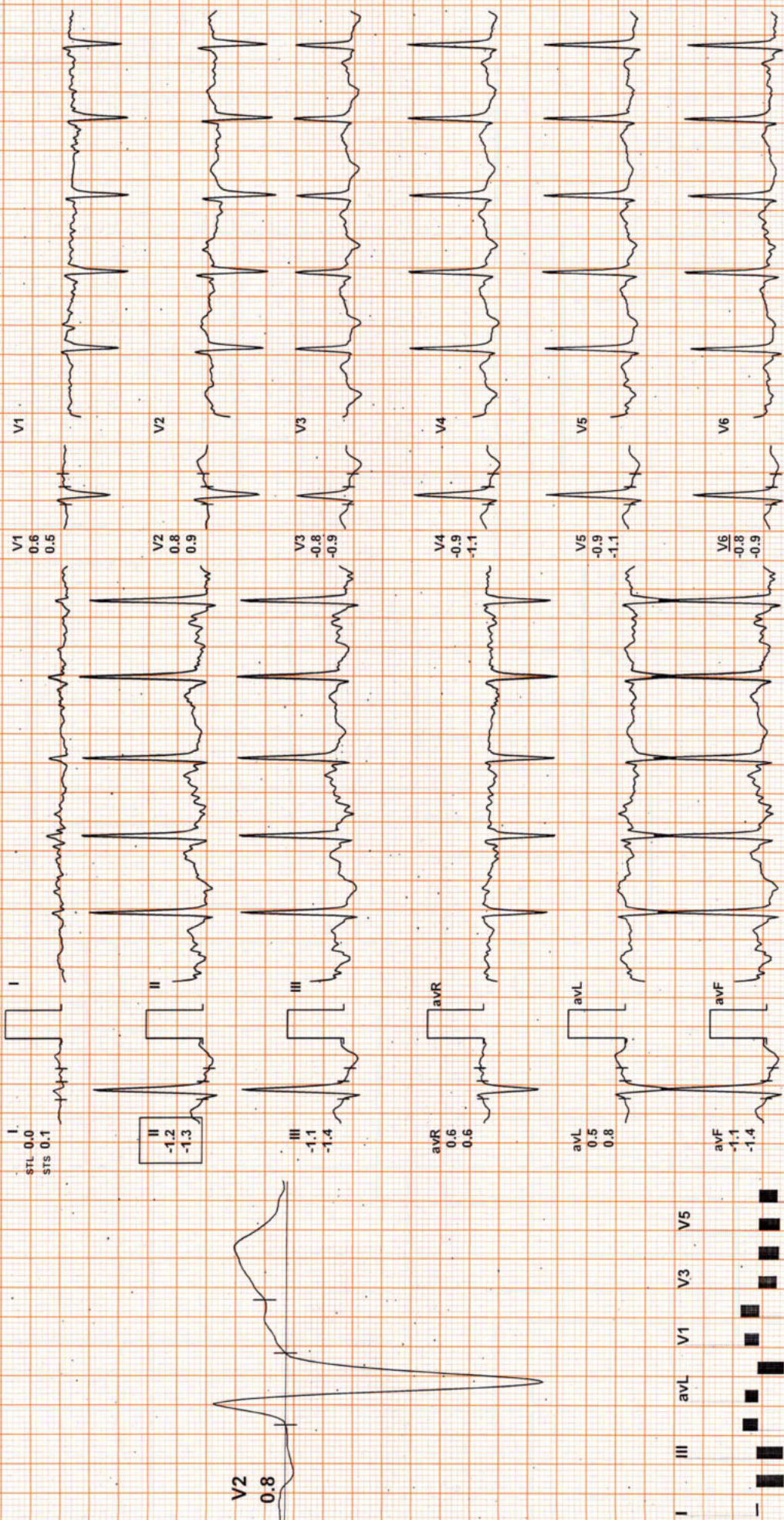


Date: 24 / 09 / 2022

METS: 1.0/ 99 bpm 54% of THR. BP: 128/76 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 80 mS Post J



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

MR RAMAKANT, PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 147

BRUCE: Stage 1(3:00)

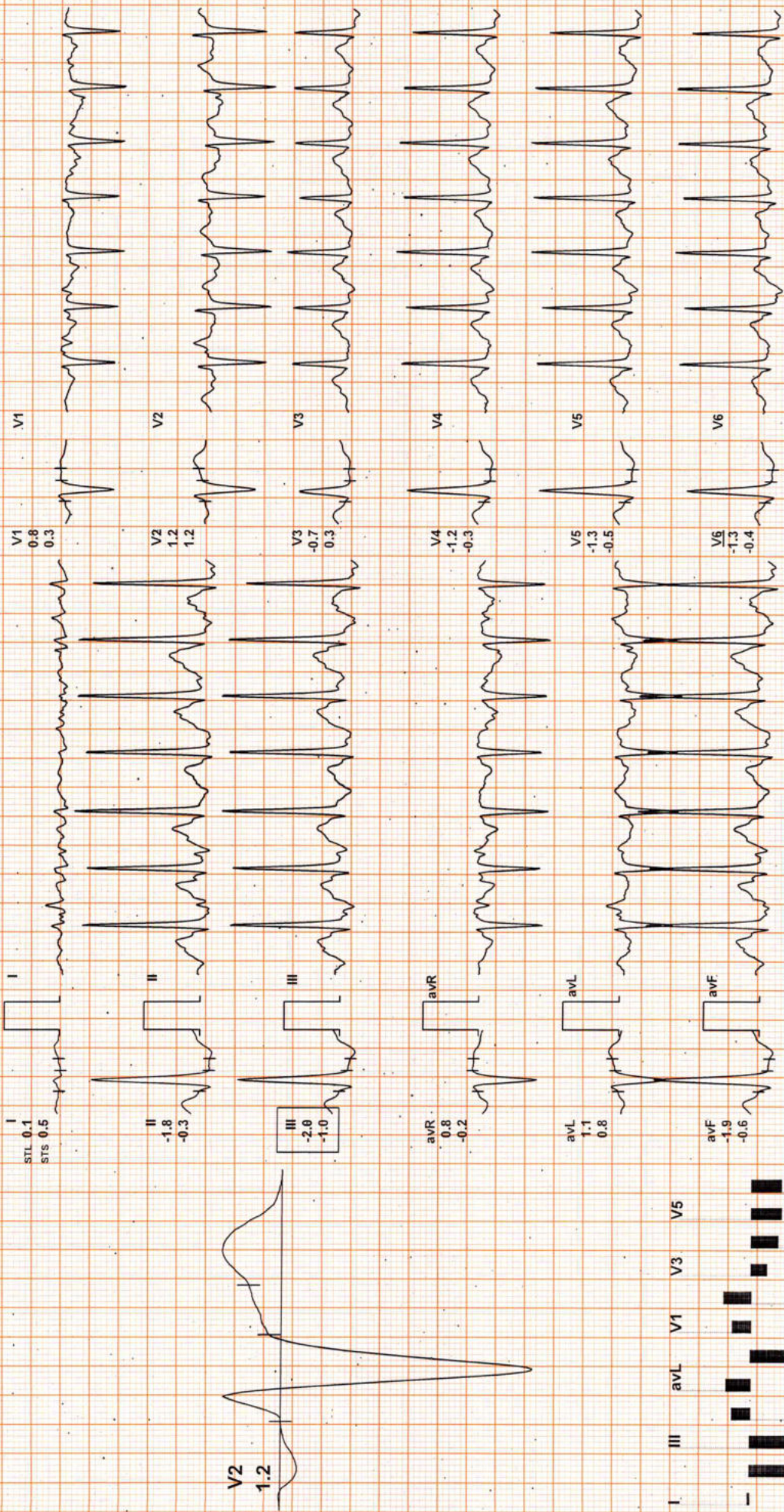


Date: 24 / 09 / 2022

METS: 4.71 147 bpm 79% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

Ex Time: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:
I III avL avF V1 V2 V3 V4 V5 V6

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MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 169



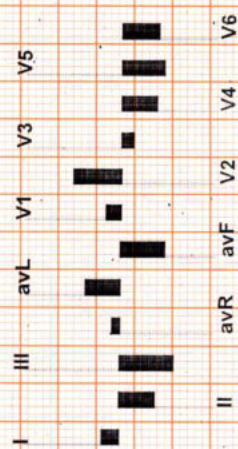
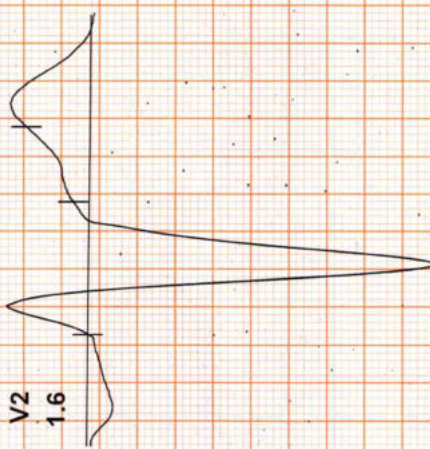
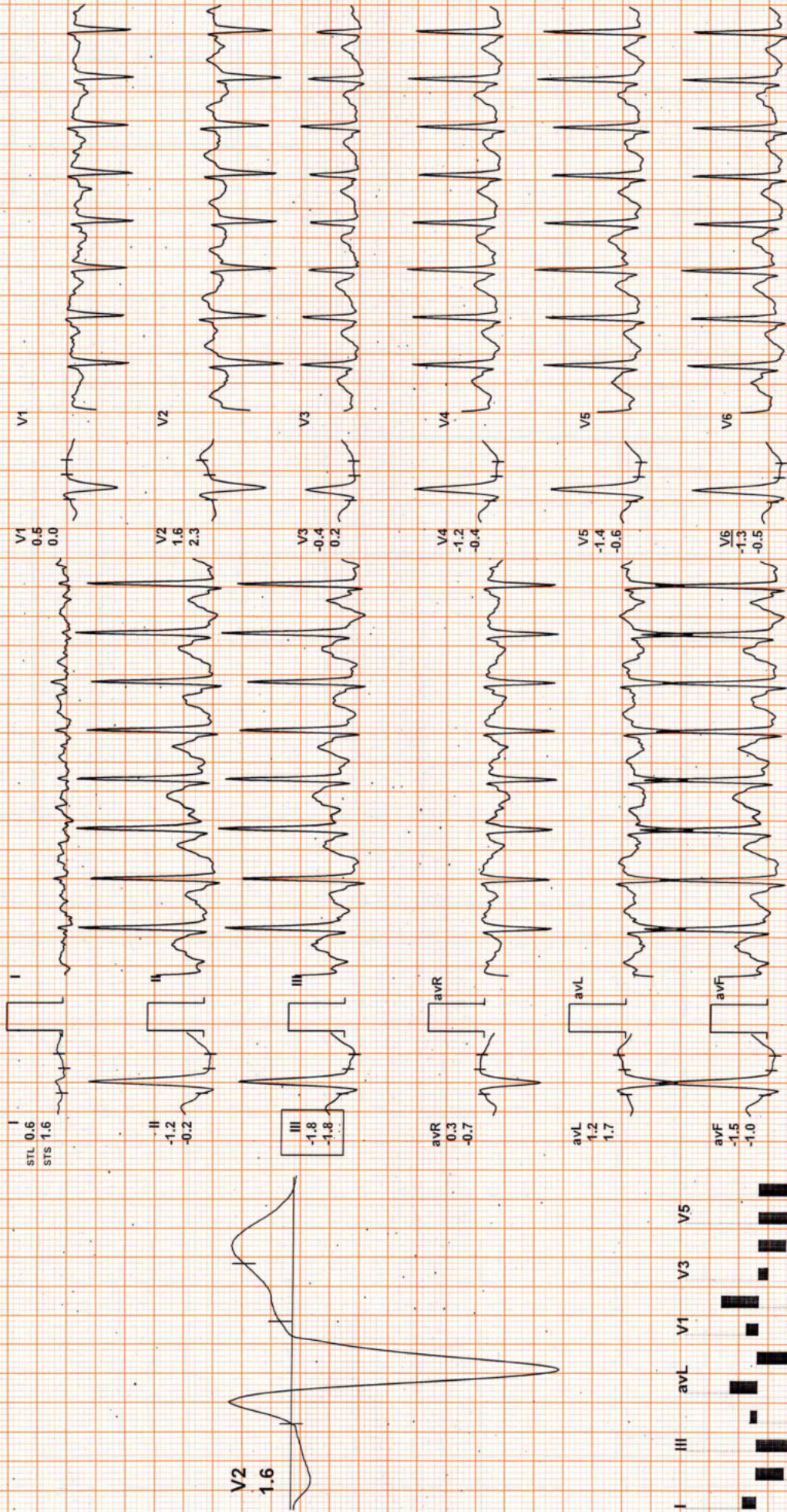
BRUCE: Stage 2(3:00)

Date: 24 / 09 / 2022

METS: 7.1/ 169 bpm 91% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph - 12.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:



PeakEx

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MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 170

Date: 24 / 09 / 2022
4X 60 mS Post J

METS: 7.3/ 170 bpm 92% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

I
STL 0.1
STS 0.9

II
0.4
-2.5

III
0.3
-3.4

V2
0.0

V1
-0.1
1.5

V2
0.0
3.0

V3
0.3
0.6

avR
-0.2
0.7

avL
-0.1
1.9

avF
0.4
-2.9

V4
-0.1
-1.4

V5
0.0
-2.1

V6
0.2
-1.6

V1

V2

V3

V4

V5

V6

I

II

III

avR

avL

avF

I II III avL avF V1 V2 V3 V4 V5 V6

REMARKS:



Recovery(1:00)

DR. GOYALS PATH LAB & IMAGING CENTRE

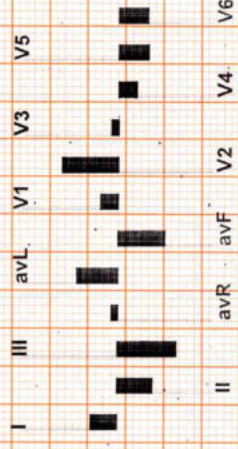
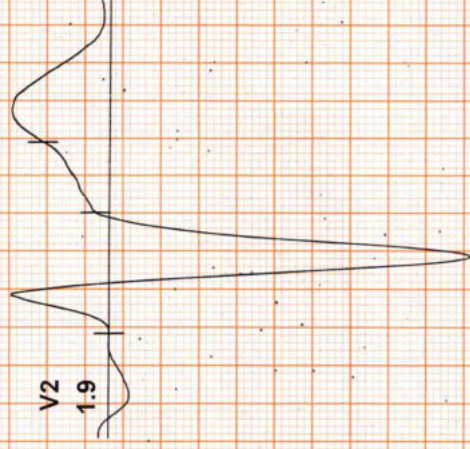
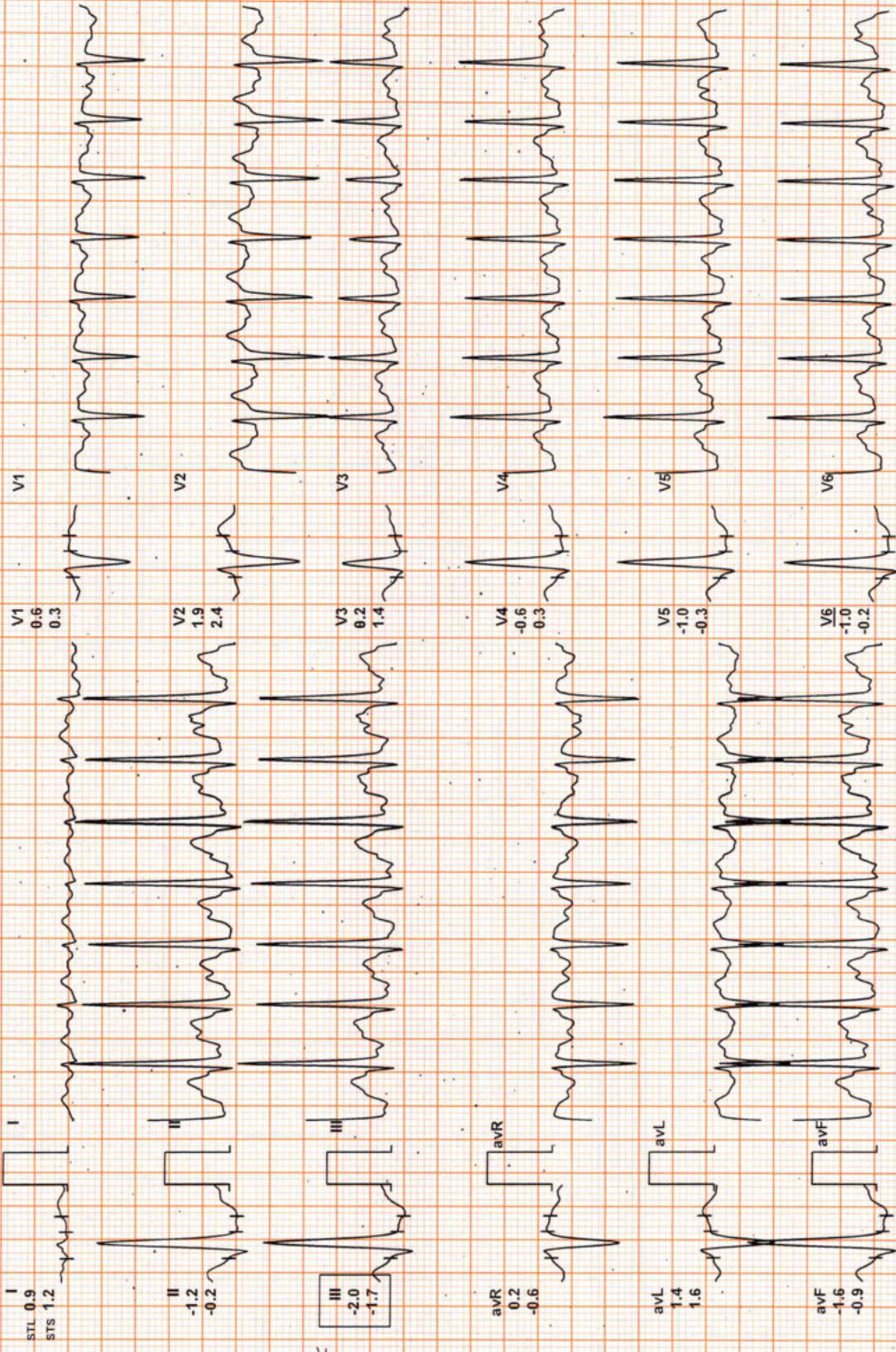
MR RAMAKANT PARAIWA / 35 Yrs / M / O Cms / O Kg / HR : 160

Date: 24 / 09 / 2022

METS: 1.2/ 160 bpm 86% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35. Hz

ExTime: 06:12 0.0 mph, 0.0%
25 mm/Sec., 1.0 Cm/mV

4X 60 mS Post J



REMARKS:



Recovery(2:00)

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MR RAMAKANT PARAIWA / 35 Yrs / M / O Cms / 0 Kg / HR : 129

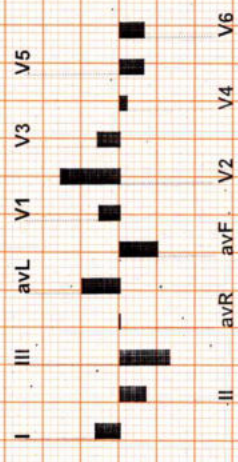
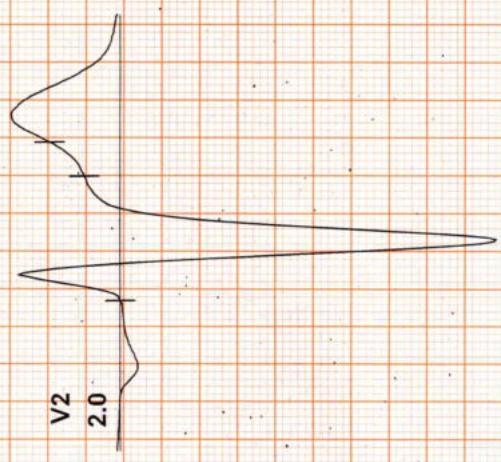
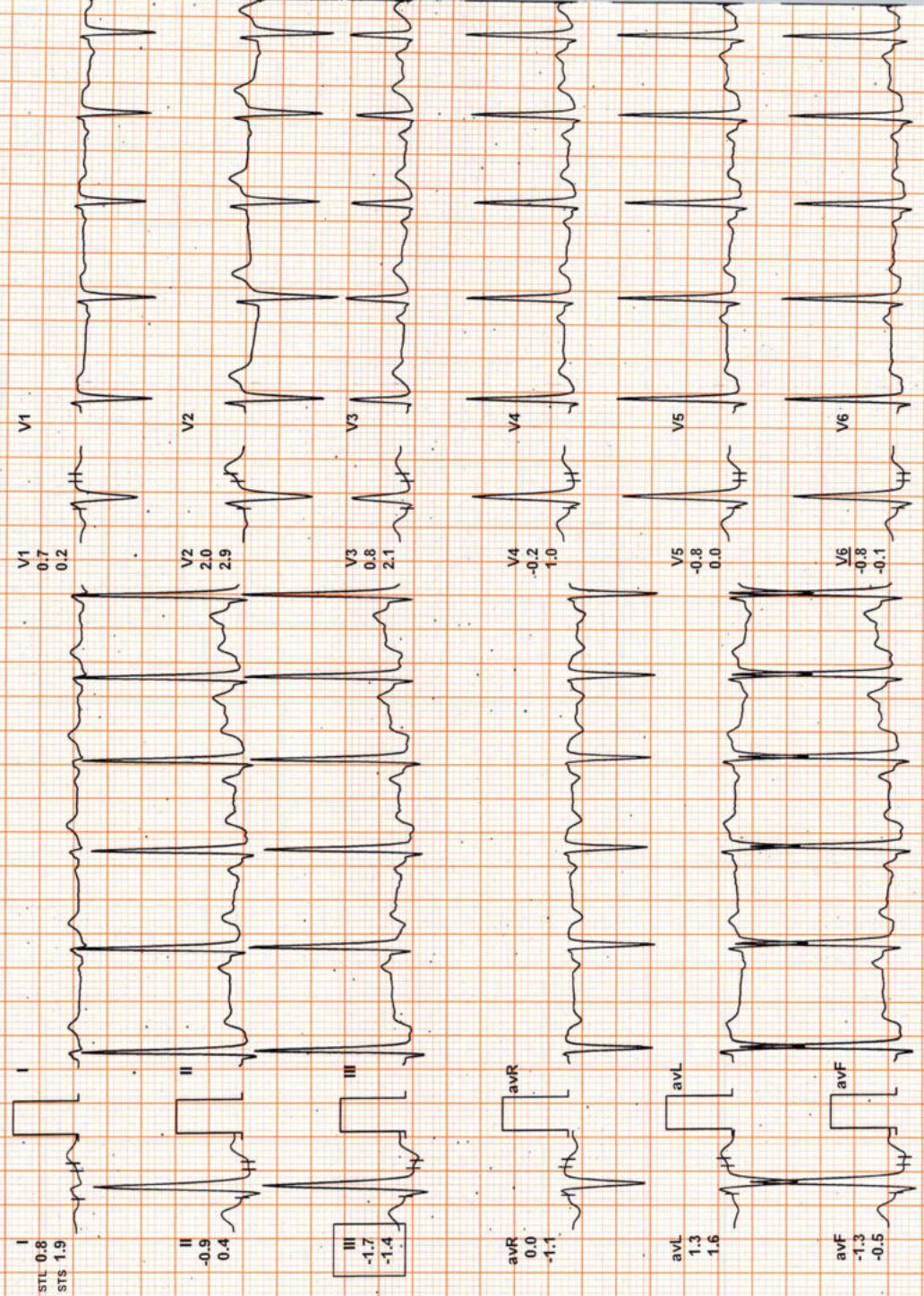
ExTime: 06:12 . 0.0 mph . 0.0%

MEIS: 1.0/ 129 bpm 70% of THR BP: 140/90 mmHg Raw ECG/BLC On/ Notch On/ HF: 0.05 Hz/L F 35 Hz

Date: 24 / 09 / 2022

4X 40 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



Recovery(3:00)

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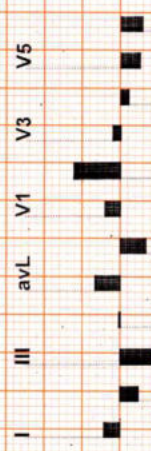
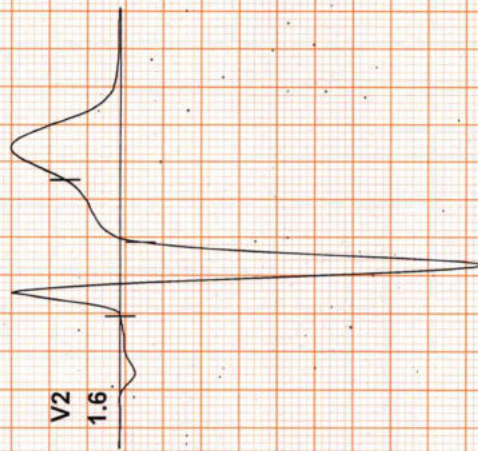
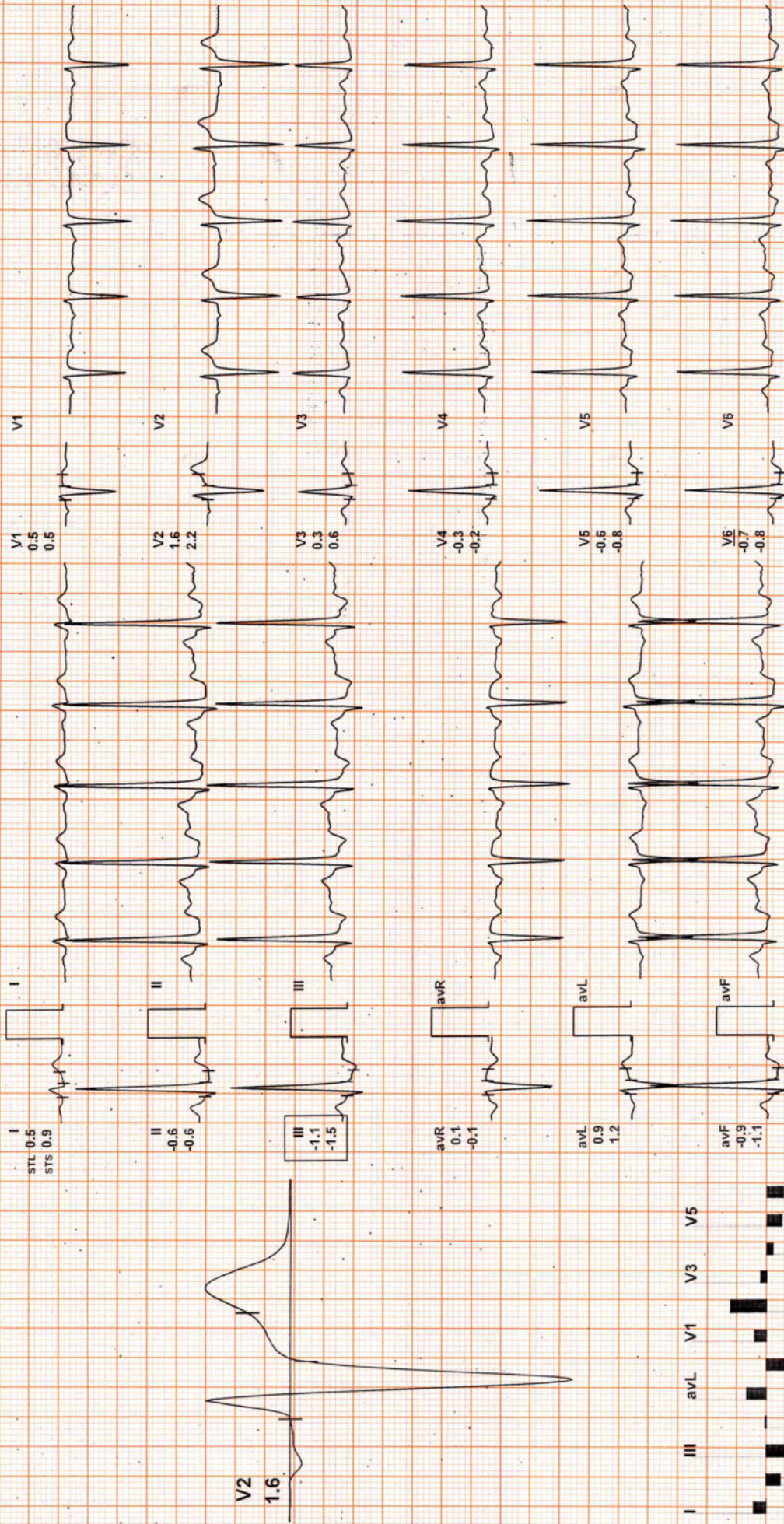
MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 113

Date: 24/09/2022

METS: 1.0/113 bpm 61% of THR BP: 136/90 mmHg Raw ECG/BLC-On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:12 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post-J



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 102

Recovery(4:00)

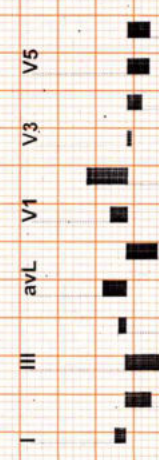
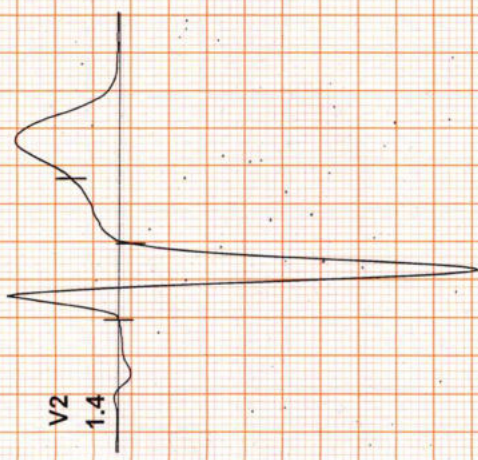
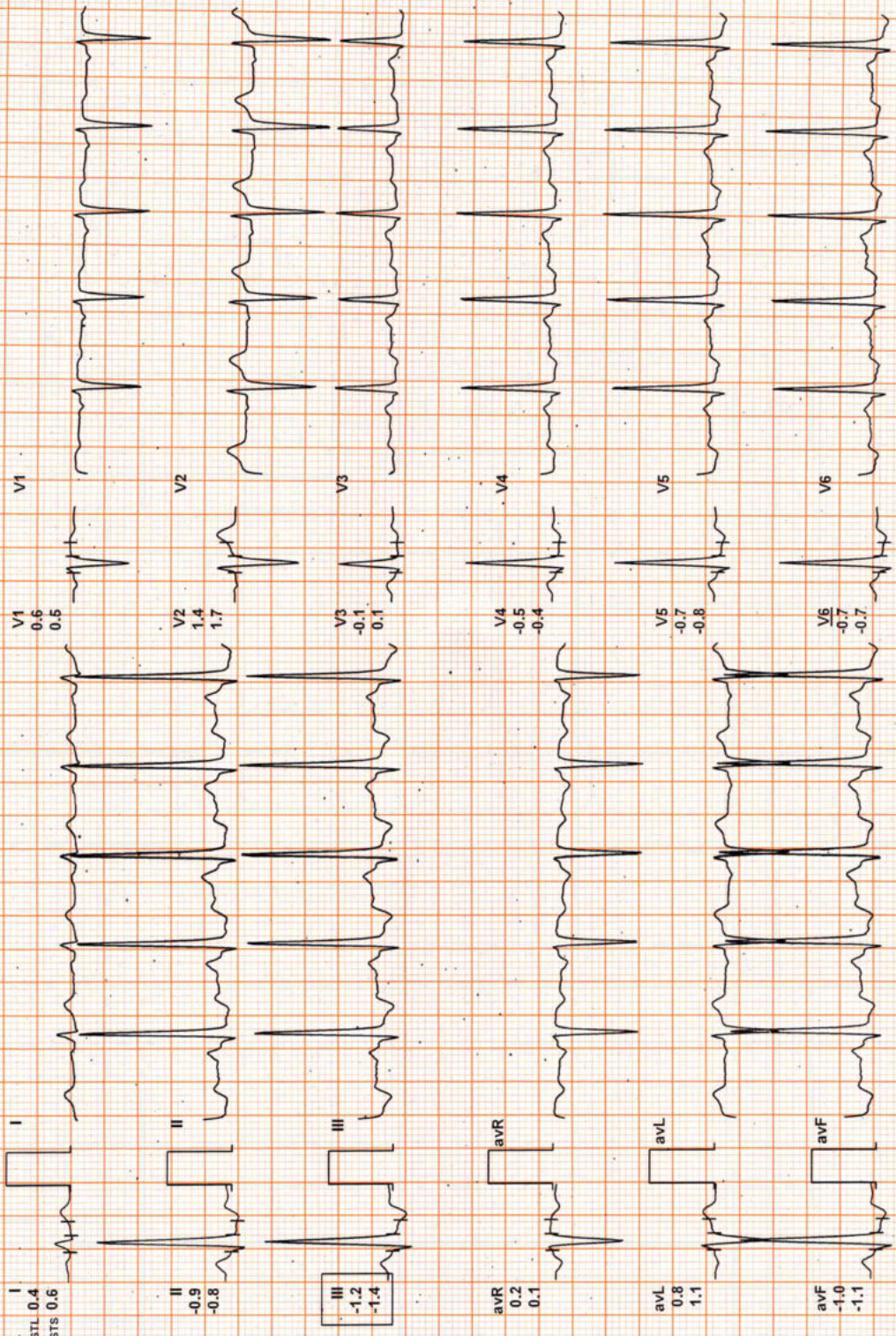


Date: 24 / 09 / 2022

METS: 1.0 / 102 bpm 55% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:12 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

MR RAMAKANT PARAIWA / 35 Yrs / M / O Cms / 0 Kg / HR : 103

Recovery(5:00)

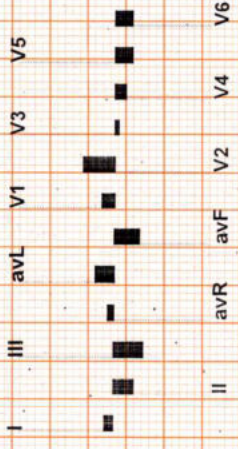
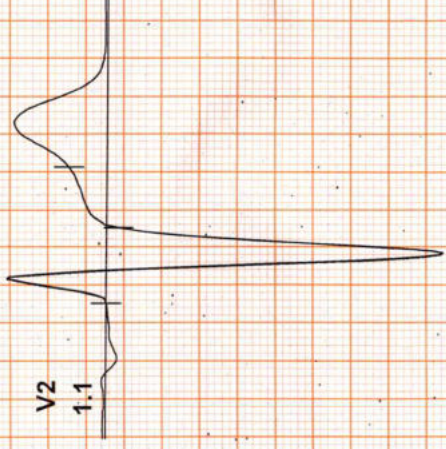
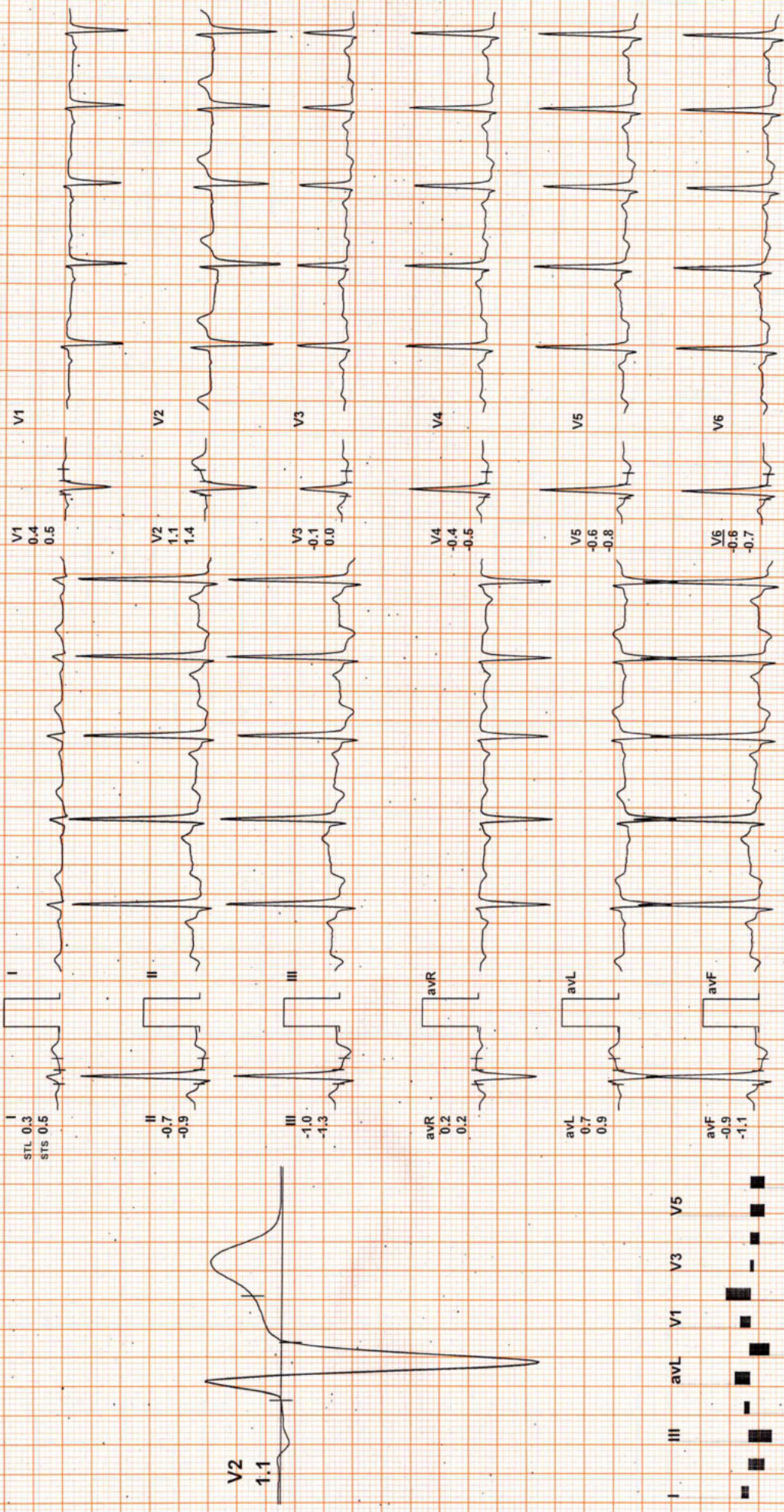


Date: 24 / 09 / 2022

METS: 1.0/ 103 bpm 56% of THR BP: 120/76 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

ExTime: 06:12 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 108

Recovery(5:07)

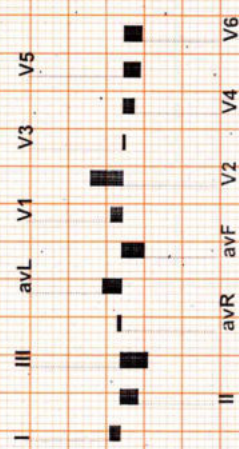
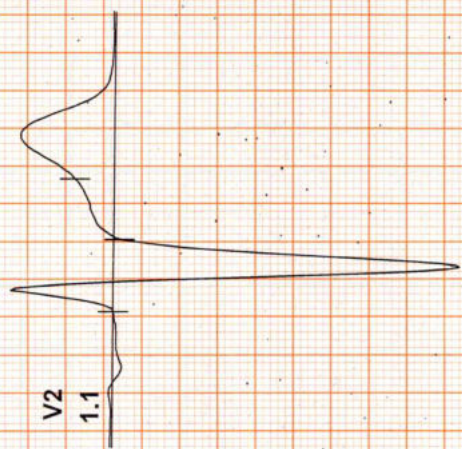
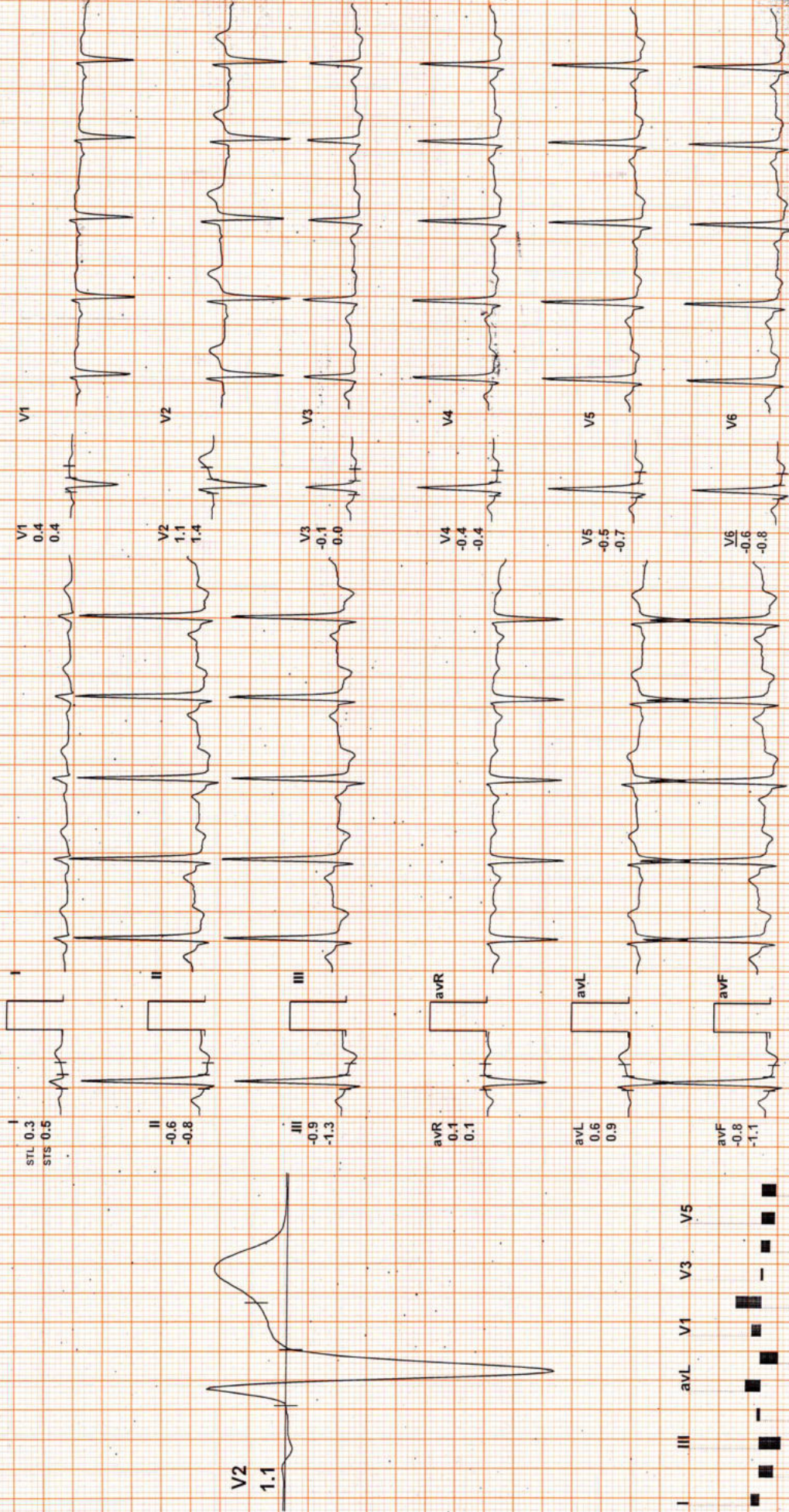


Date: 24 / 09 / 2022

METS: 1.0 / 108 bpm 58% of THR BP: 120/76 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:12 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

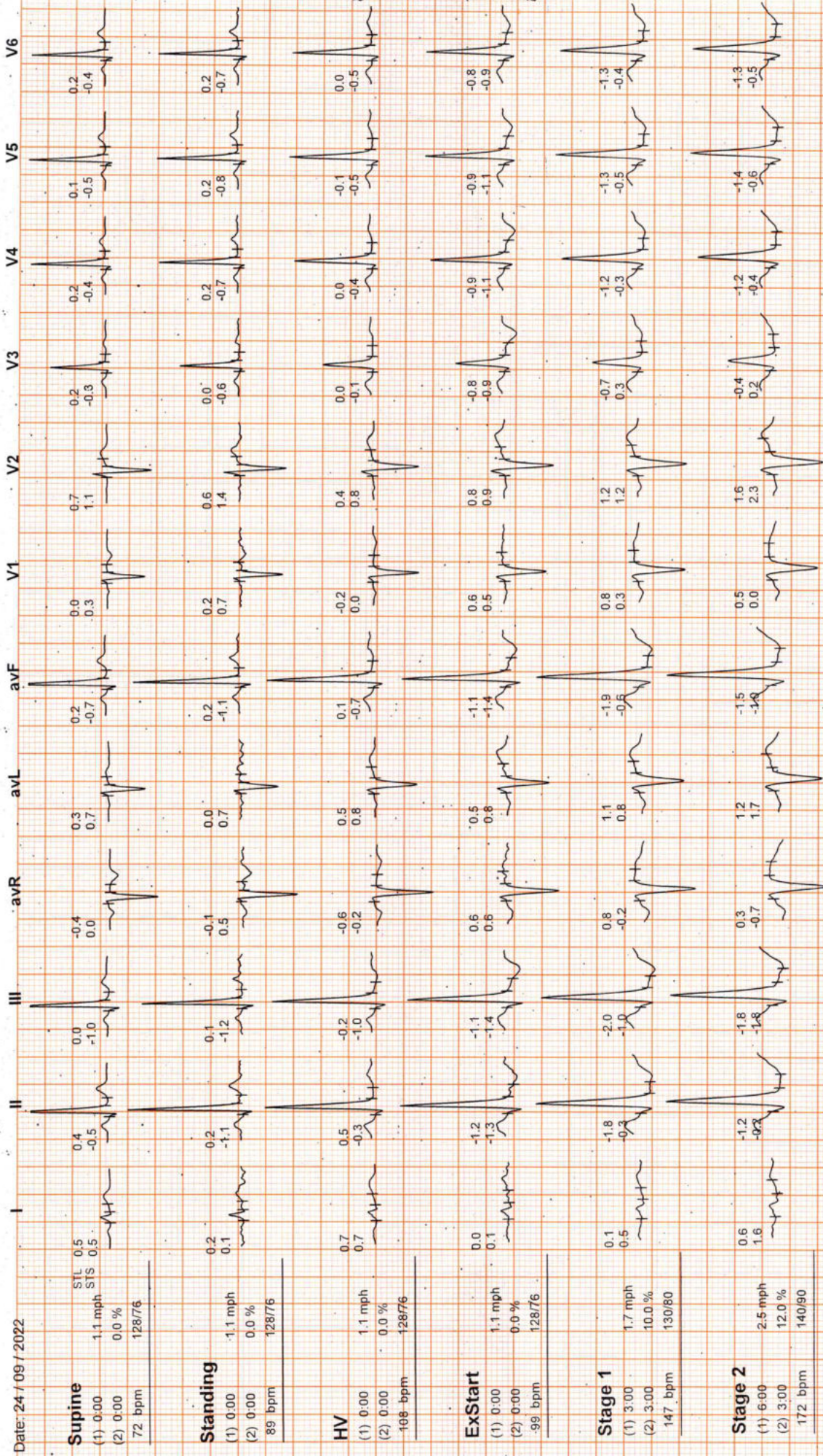


Average

DR. GOYALS PATH LAB & IMAGING CENTRE

MR RAMAKANT PARAIWA / 35-Yrs / M / 0 Cms / 0 Kg / HR : 72

Date: 24 / 09 / 2022



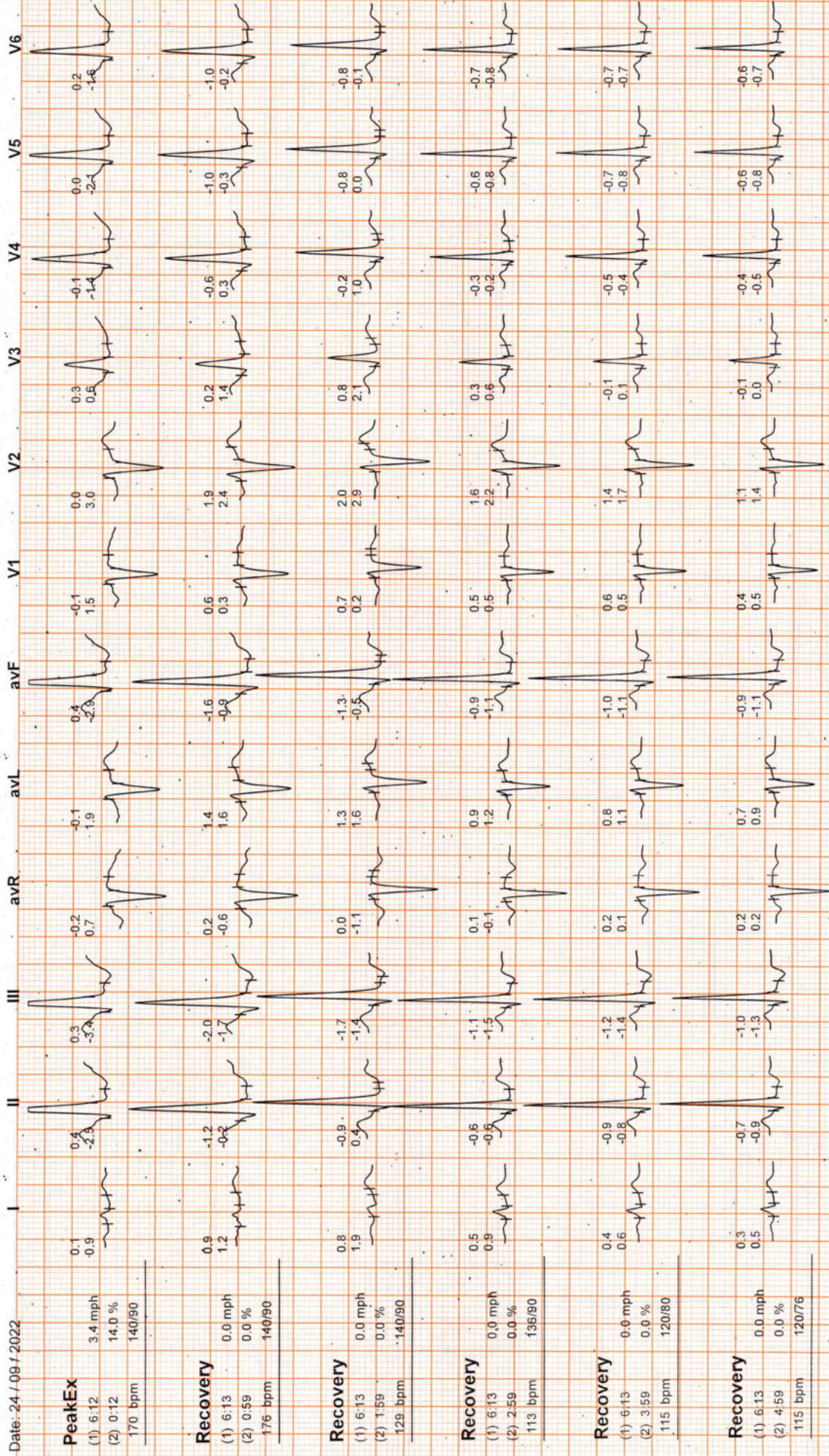


Average

DR. GOYALS PATH LAB & IMAGING CENTRE

MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 72

Date: 24 / 09 / 2022



PeakEx

(1) 6.12
 (2) 0.12
 170 bpm

Recovery

(1) 6.13
 (2) 0.59
 176 bpm

Recovery

(1) 6.13
 (2) 1.59
 129 bpm

Recovery

(1) 6.13
 (2) 2.59
 113 bpm

Recovery

(1) 6.13
 (2) 3.59
 115 bpm

Recovery

(1) 6.13
 (2) 4.59
 115 bpm

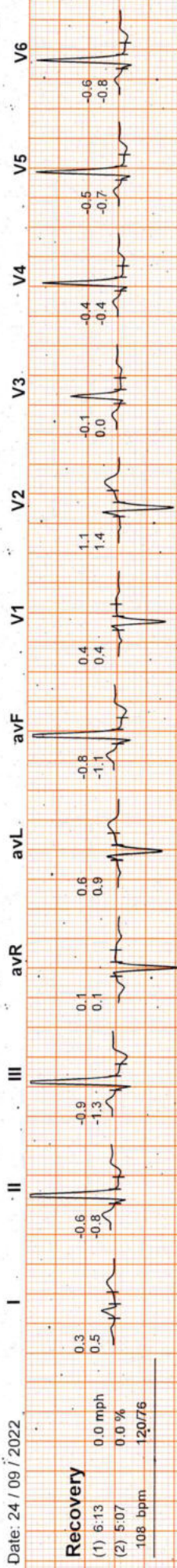


Average

DR. GOYALS PATH LAB & IMAGING CENTRE

MR RAMAKANT PARAIWA / 35 Yrs / M / 0 Cms / 0 Kg / HR : 72

Date: 24 / 09 / 2022



Recovery

(1)	5:13	0.0 mph
(2)	5:07	0.0 %
108 bpm		120/76

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.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 24/09/2022 09:14:06 Patient ID :-12222543
NAME :- Mr. RAMAKANT PARAIWA Ref. By Dr:- BOB
 Sex / Age :- Male 35 Yrs 4 Mon 22 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 24/09/2022 09:45:43 Final Authentication : 24/09/2022 12:55:18

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.3	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.07	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	53.7	%	40.0 - 80.0
LYMPHOCYTE	40.4 H	%	20.0 - 40.0
EOSINOPHIL	1.9	%	1.0 - 6.0
MONOCYTE	3.7	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.73	10 ³ /uL	1.50 - 7.00
LYMPH#	2.05	10 ³ /uL	1.00 - 3.70
EO#	0.09	10 ³ /uL	0.00 - 0.40
MONO#	0.18	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.49 L	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	40.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	89.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	35.0 H	g/dL	31.5 - 34.5
PLATELET COUNT	212	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	20.02		

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.

MUKESH SINGH
 Technologist

Page No: 1 of 12



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



Date :- 24/09/2022 09:14:06
NAME :- Mr. RAMAKANT PARAIWA
Sex / Age :- Male 35 Yrs 4 Mon 22 Days
Company :- MediWheel

Patient ID :- 12222543
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 24/09/2022 09:45:43

Final Authentication : 24/09/2022 12:55:18

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

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Date :- 24/09/2022 09:14:06 Patient ID :-12222543
NAME :- Mr. RAMAKANT PARAIWA Ref. By Dr:- BOB
 Sex / Age :- Male 35 Yrs 4 Mon 22 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, C₁₂E₈ Final Authentication : 24/09/2022 14:41:30

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "O" NEGATIVE

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

FASTING BLOOD SUGAR (Plasma) 90.6 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) 102.7 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, MKSHARMA, VIJENDRAMEENA
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HANSA YADAV
 Page No: 3 of 12



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Date :- 24/09/2022 09:14:06

Patient ID :- 12222543

NAME :- Mr. RAMAKANT PARAIWA

Ref. By Dr:- BOB

Sex / Age :- Male 35 Yrs 4 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 24/09/2022 09:45:43

Final Authentication : 24/09/2022 11:37:19



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
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HANSA YADAV
Page No: 4 of 12



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Date :- 24/09/2022 09:14:06 Patient ID :- 12222543
NAME :- Mr. RAMAKANT PARAIWA Ref. By Dr:- BOB
 Sex / Age :- Male 35 Yrs 4 Mon 22 Days Lab/Hosp :-
 Company :- MediWHEEL



Sample Type :- PLAIN/SERUM Sample Collected Time 24/09/2022 09:45:43 Final Authentication : 24/09/2022 11:59:34

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	219.47 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	115.56	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	51.01	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	149.20	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	23.11	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.30		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.92		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	631.20	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p>TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</p> <p>DIRECT HDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</p> <p>DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

MKSHARMA

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Date :- 24/09/2022 09:14:06 Patient ID :- 12222543
NAME :- Mr. RAMAKANT PARAIWA Ref. By Dr:- BOB
 Sex / Age :- Male 35 Yrs. 4 Mon 22 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/09/2022 09:45:43

Final Authentication : 24/09/2022 11:59:34

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.77	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)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.18	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.59	mg/dl	0.30-0.70
SGOT Method:- IFCC	22.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	19.8	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	56.40	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	74.50 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.51	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.88	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.63	gm/dl	2.20 - 3.50
A/G RATIO	1.86		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

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Date :- 24/09/2022 09:14:06

Patient ID :- 12222543

NAME :- Mr. RAMAKANT PARAIWA

Ref. By Dr:- BOB

Sex / Age :- Male 35 Yrs 4 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/09/2022 09:45:43

Final Authentication : 24/09/2022 11:59:34

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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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)

MKSHARMA

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Patient ID :- 12222543

NAME :- Mr. RAMAKANT PARAIWA

Ref. By Dr:- BOB

Sex / Age :- Male 35 Yrs 4 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/09/2022 09:45:43

Final Authentication : 24/09/2022 11:59:34

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.96	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.25	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MKSHARMA

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Date :- 24/09/2022 09:14:06

Patient ID :-12222543

NAME :- Mr. RAMAKANT PARAIWA

Ref. By Dr:- BOB

Sex / Age :- Male 35 Yrs 4 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/09/2022 09:45:43

Final Authentication : 24/09/2022 11:59:34

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.5	mg/dl	0.0 - 23.0

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Date :- 24/09/2022 09:14:06 Patient ID :-12222543
NAME :- Mr. RAMAKANT PARAIWA Ref. By:Dr:- BOB
 Sex / Age :- Male 35 Yrs 4 Mon 22 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 24/09/2022 09:45:43 Final Authentication : 24/09/2022 12:55:18

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.1	%	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 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 Method:- Calculated Parameter	100	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Date :- 24/09/2022 09:14:06
NAME :- Mr. RAMAKANT PARAIWA
Sex / Age :- Male 35 Yrs 4 Mon 22 Days
Company :- MediWheel

Patient ID :- 12222543
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 24/09/2022 09:45:43

Final Authentication : 24/09/2022 11:37:19

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.0		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
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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Page No: 11 of 12



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Date :- 24/09/2022 09:14:06 Patient ID :-12222543
NAME :- Mr. RAMAKANT PARAIWA Ref. By Dr:- BOB
 Sex / Age :- Male 35 Yrs 4 Mon 22 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 24/09/2022 09:45:43 Final Authentication : 24/09/2022 12:13:53

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.230	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	5.780	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.576	μIU/mL	0.400 - 4.649

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

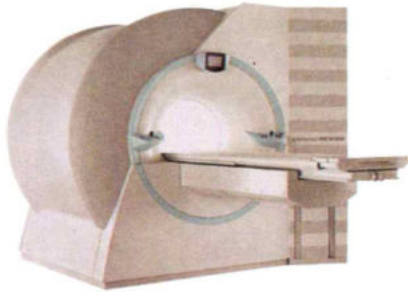
*** End of Report ***

NARENDRAKUMAR
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Date :- 24/09/2022 09:14:06	Patient ID :-1222543
NAME :- Mr. RAMAKANT PARAIWA	Ref. By Doctor:-BOB
Sex / Age :- Male 35 Yrs 4 Mon 22 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 24/09/2022 13:27:47

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

**Linear small fibro patchy opacities are seen in right upper lung zone- ?
infective etiology**

Rest of lung fields appears clear.

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.

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1

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(D.M.R.D.) BILAL

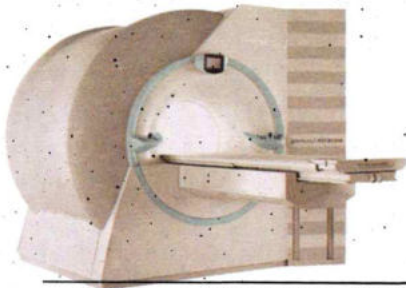
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RMC Reg No. 017996

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. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
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Transcript by.



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Date :- 24/09/2022 09:14:06
NAME :- Mr. RAMAKANT PARAIWA
Sex / Age :- Male : 35 Yrs 4 Mon 22 Days
Company :- MediWheel

Patient ID :- 12222543
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- Sample Collected Time Final Authentication : 24/09/2022 13:33:56
BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

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

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

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

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

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

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

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

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

No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

Normal study

Needs clinical correlation for further evaluation

*** End of Report ***

GEETASAINI

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