



101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 94

Date: 24 - 06 - 2023 01:09:38 AM METS: 1.0/ 94 bpm 50% of THR BP: 120/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



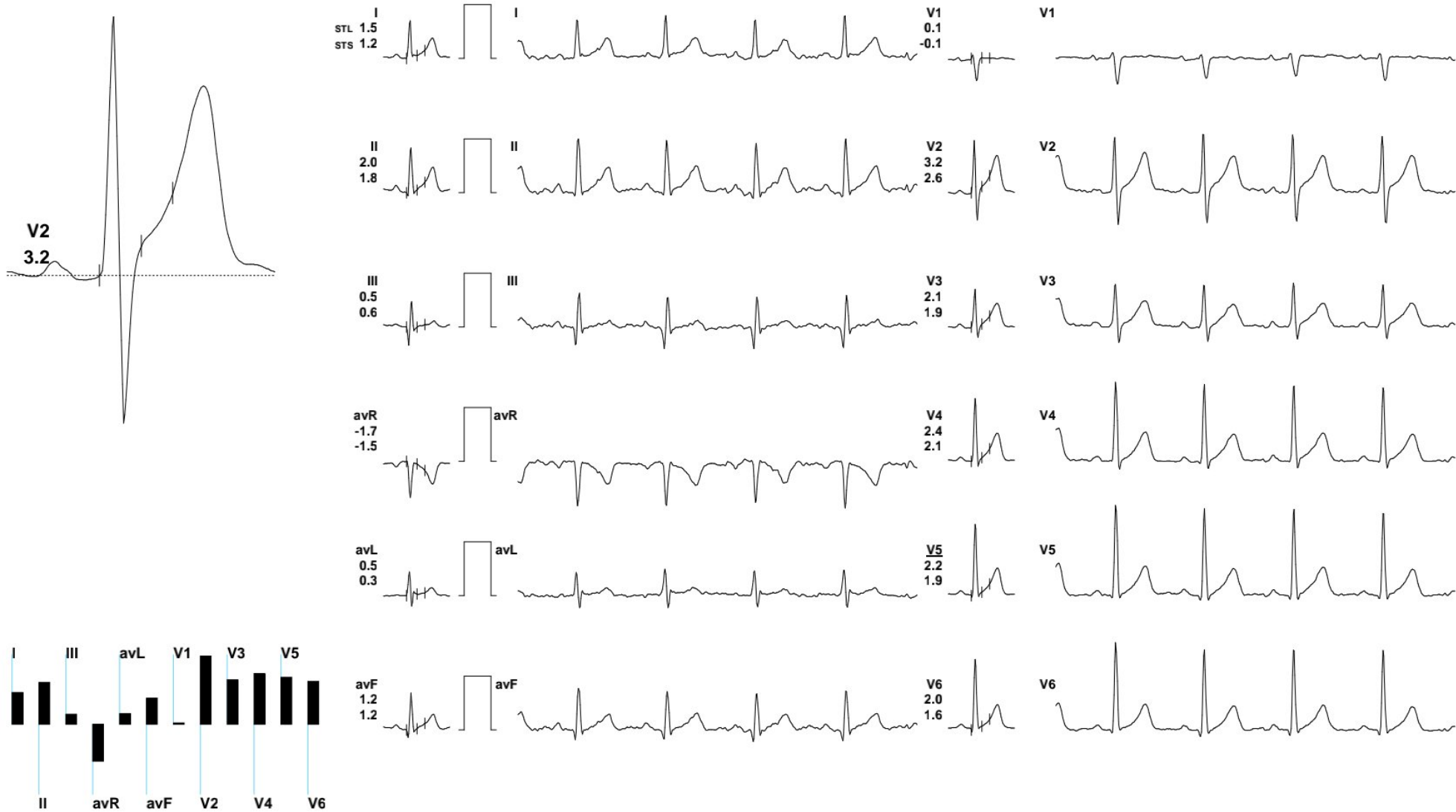
101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 84

Date: 24 - 06 - 2023 01:09:38 AM METS: 1.0/ 84 bpm 44% of THR BP: 120/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers





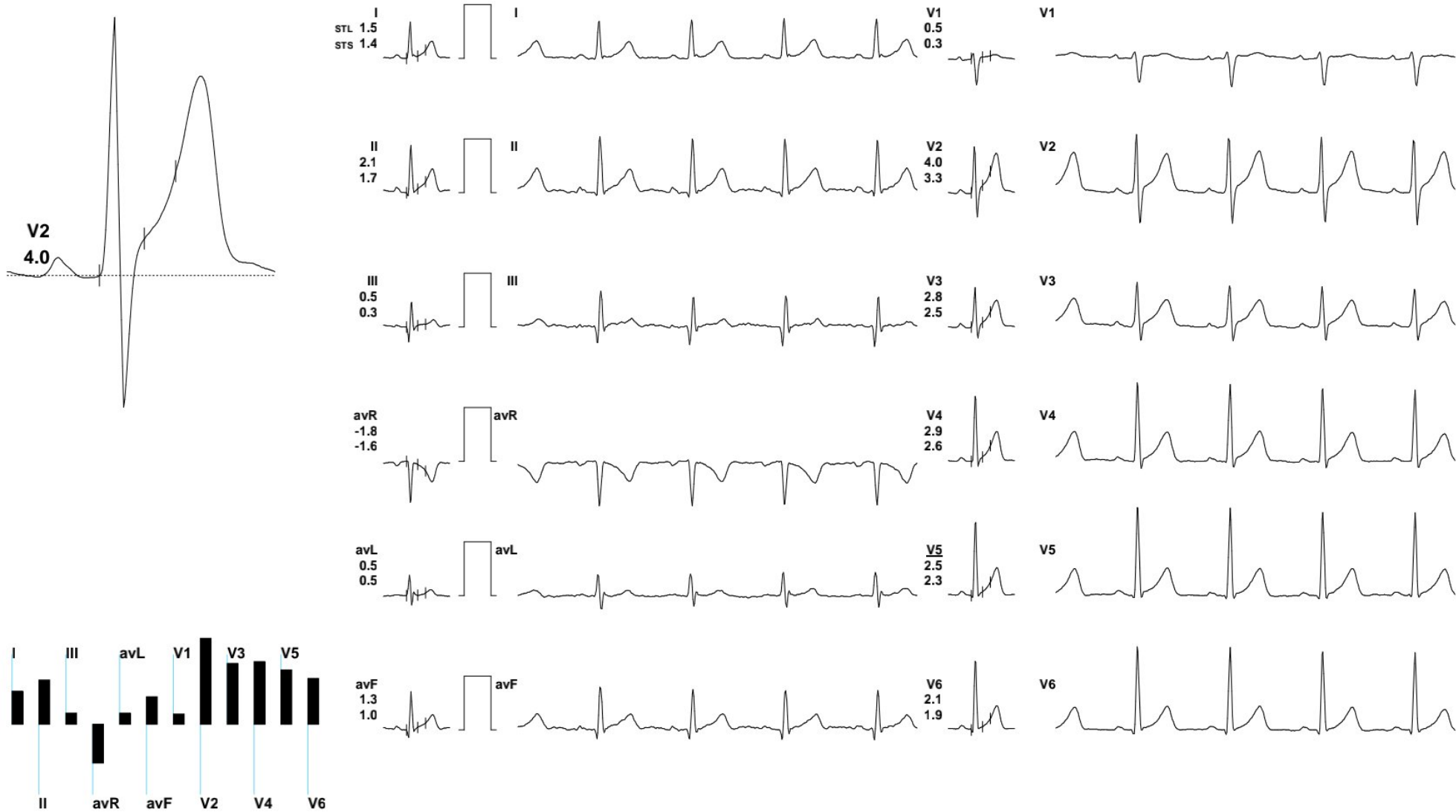
101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 89

Date: 24 - 06 - 2023 01:09:38 AM METS: 1.0/ 89 bpm 47% of THR BP: 120/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 91

Date: 24 - 06 - 2023 01:09:38 AM METS: 1.0/ 91 bpm 48% of THR BP: 120/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



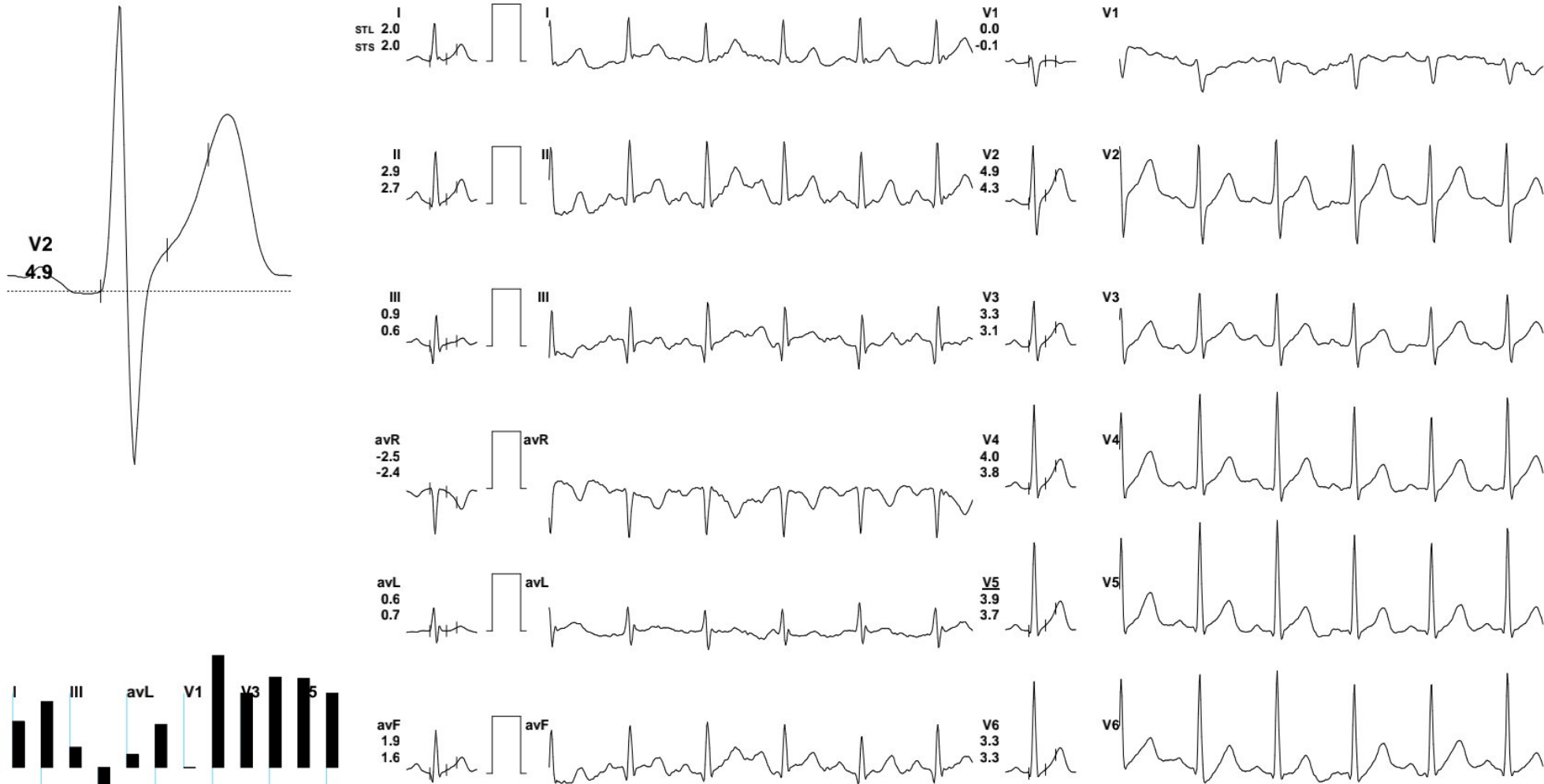
101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 108

Date: 24 - 06 - 2023 01:09:38 AM METS: 1.0/ 108 bpm 57% of THR BP: 120/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



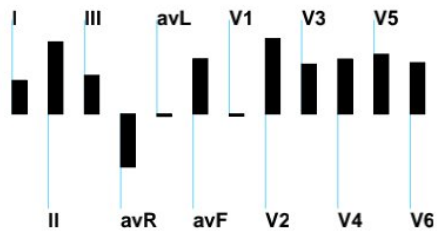
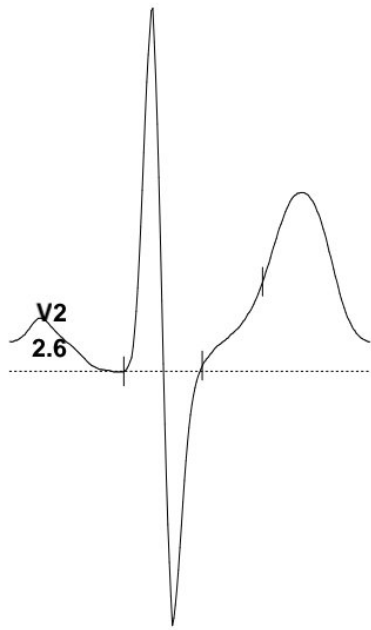
101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 126

Date: 24 - 06 - 2023 01:09:38 AM METS: 4.7/ 126 bpm 67% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



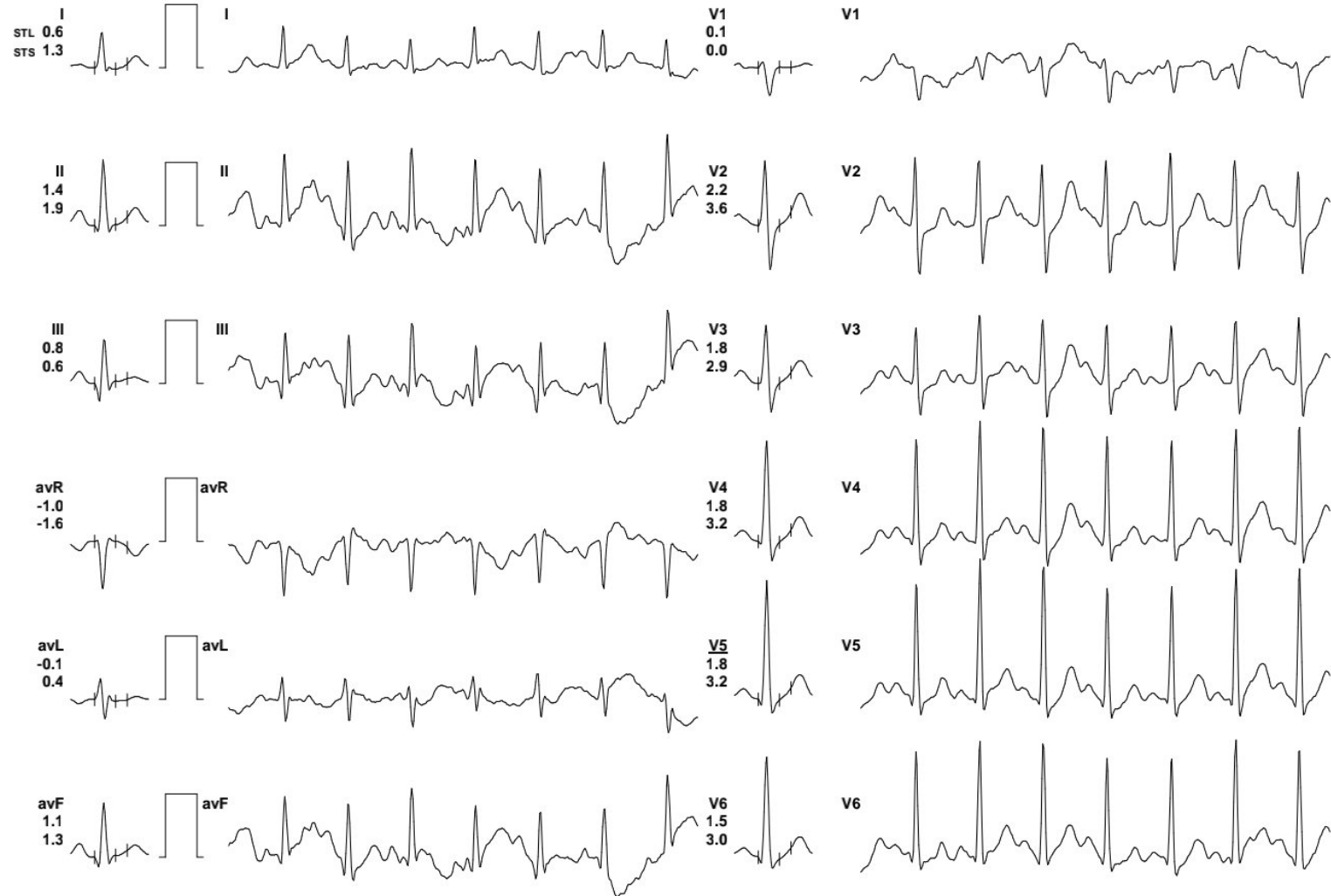
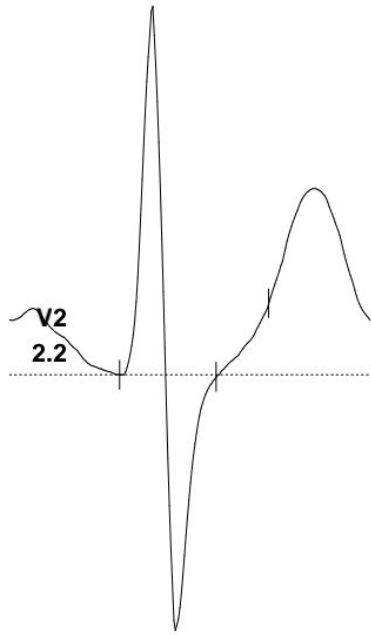
101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 148

Date: 24 - 06 - 2023 01:09:38 AM METS: 7.1/ 148 bpm 78% of THR BP: 140/84 mmHg Raw ECG/ BLC On/ Notch 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:

(ADX_GEM217220330)(R)Allengers



101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 184

Date: 24 - 06 - 2023 01:09:38 AM METS: 10.2/ 184 bpm 97% of THR BP: 150/88 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:00 3.4 mph, 14.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



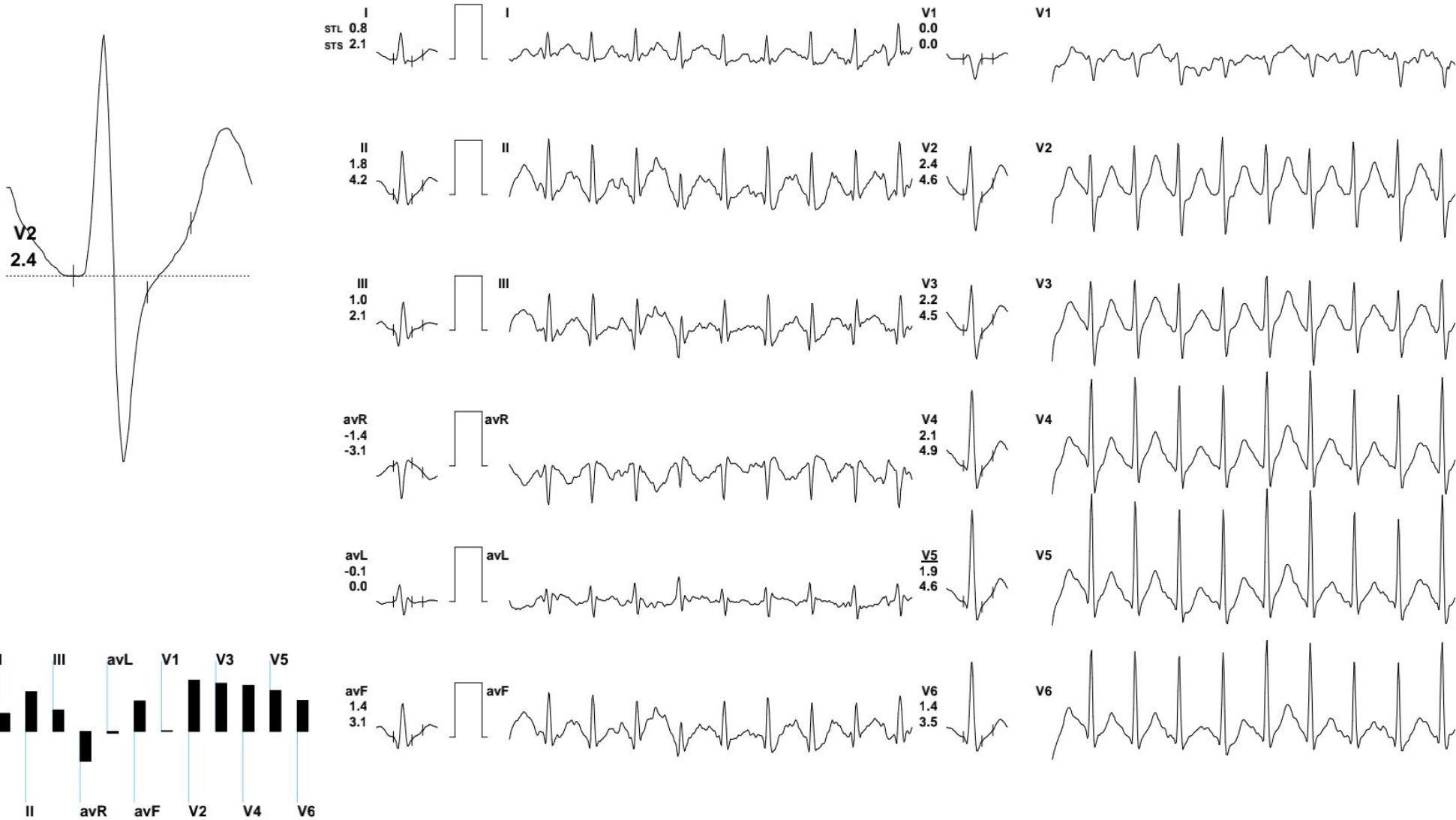
101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 184

Date: 24 - 06 - 2023 01:09:38 AM METS: 10.3/ 184 bpm 97% of THR BP: 150/88 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:06 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



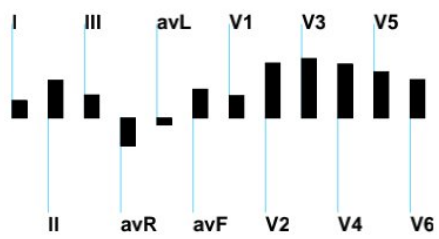
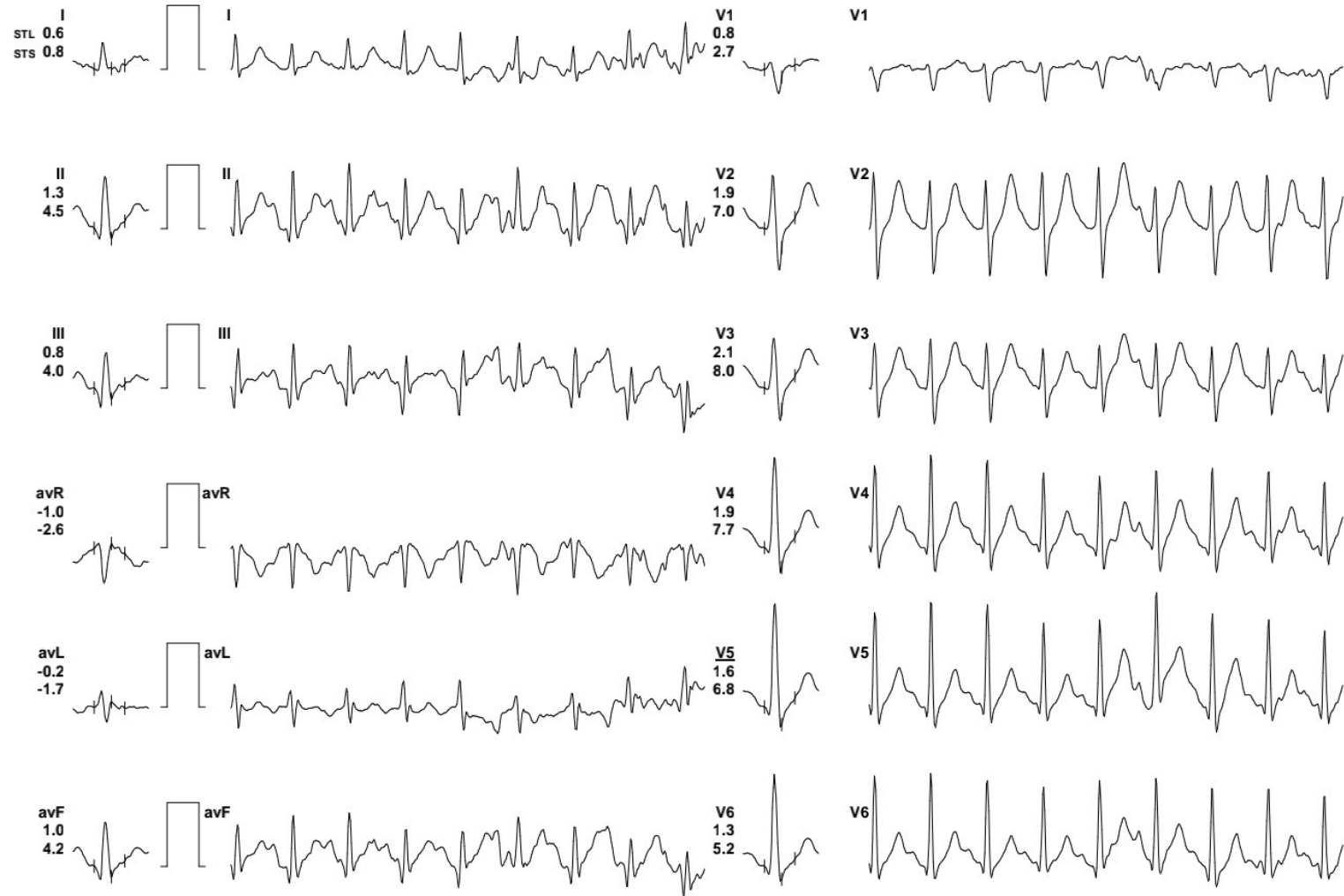
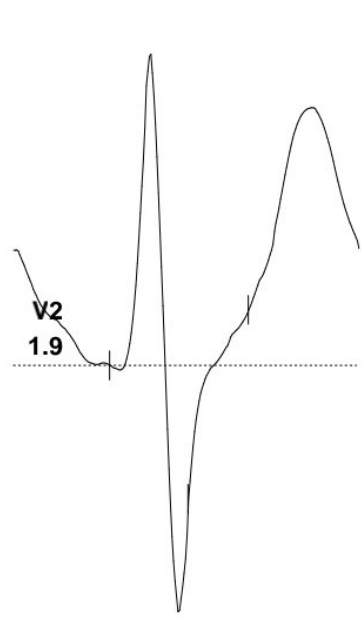
101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 169

Date: 24 - 06 - 2023 01:09:38 AM METS: 7.3/ 169 bpm 89% of THR BP: 150/88 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:05 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 135

Date: 24 - 06 - 2023 01:09:38 AM METS: 4.3/ 135 bpm 71% of THR BP: 155/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:05 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



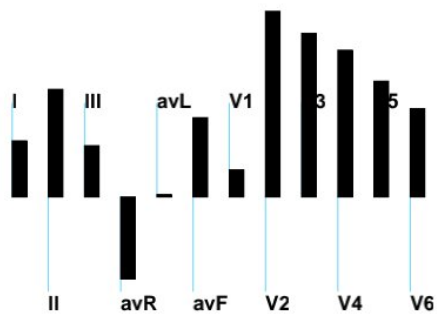
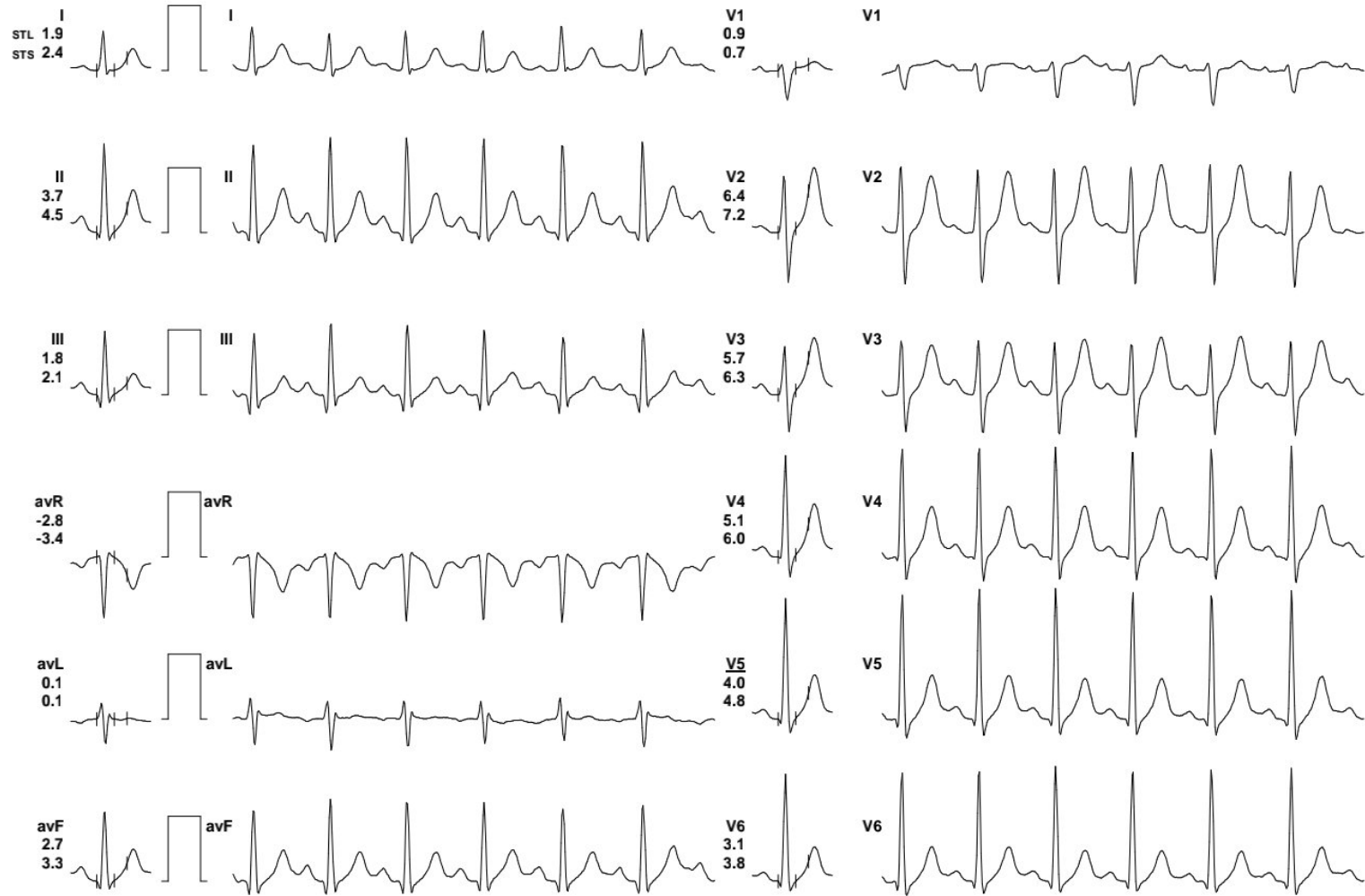
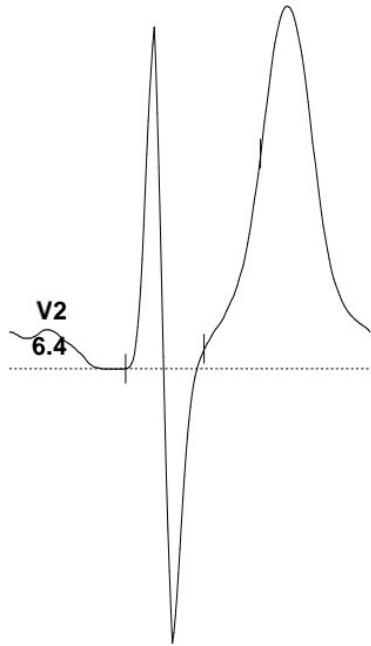
101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 124

Date: 24 - 06 - 2023 01:09:38 AM METS: 1.0/ 124 bpm 66% of THR BP: 145/89 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:05 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 98

Date: 24 - 06 - 2023 01:09:38 AM METS: 1.0/ 98 bpm 52% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:05 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers





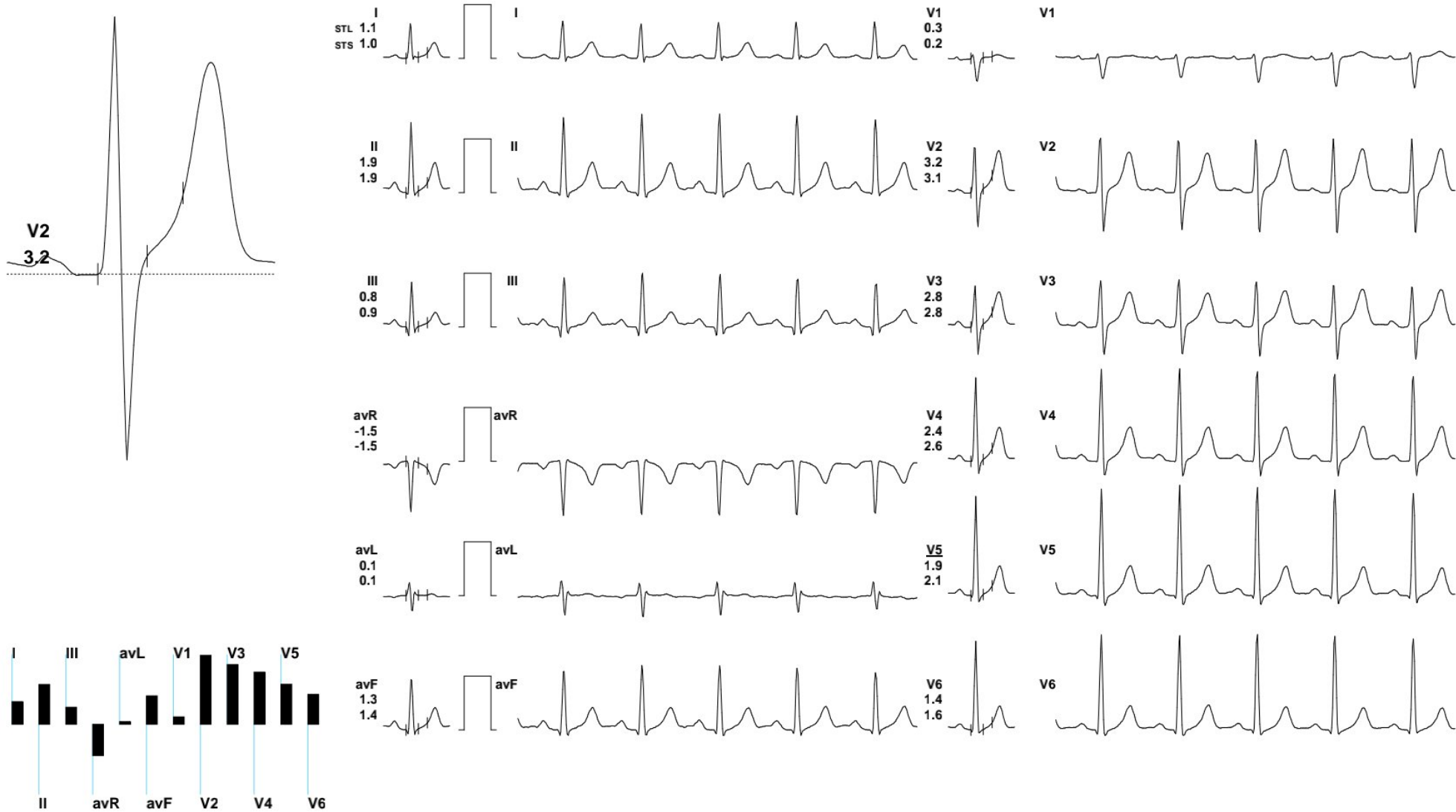
101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 102

Date: 24 - 06 - 2023 01:09:38 AM METS: 1.0/ 102 bpm 54% of THR BP: 128/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:05 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers





101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 101

Date: 24 - 06 - 2023 01:09:38 AM METS: 1.0/ 101 bpm 53% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:05 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers





101 / VIKRAM SINGH / 31 Yrs / M / 170 Cms / 78 Kg / HR : 101

Date: 24 - 06 - 2023 01:09:38 AM METS: 1.0/ 101 bpm 53% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:05 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers





Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:18	0:18	00.0	00.0	01.0	094	50 %	120/75	112	00	
Standing	00:32	0:14	00.0	00.0	01.0	084	44 %	120/75	100	00	
HV	00:42	0:10	00.0	00.0	01.0	089	47 %	120/75	106	00	
Warm Up	00:54	0:12	00.0	00.0	01.0	091	48 %	120/75	109	00	
ExStart	03:23	2:29	01.0	00.0	01.0	108	57 %	120/75	129	00	
BRUCE Stage 1	06:23	3:00	01.7	10.0	04.7	126	67 %	130/80	163	00	
BRUCE Stage 2	09:23	3:00	02.5	12.0	07.1	148	78 %	140/84	207	00	
BRUCE Stage 3	12:23	3:00	03.4	14.0	10.2	184	97 %	150/88	276	00	
PeakEx	12:28	0:05	01.1	00.0	10.3	184	97 %	150/88	276	00	
Recovery	12:58	0:30	00.0	00.0	07.3	169	89 %	150/88	253	00	
Recovery	13:28	1:00	00.0	00.0	04.3	135	71 %	155/90	209	00	
Recovery	14:28	2:00	00.0	00.0	01.0	124	66 %	145/89	179	00	
Recovery	15:28	3:00	00.0	00.0	01.0	098	52 %	135/85	132	00	
Recovery	16:28	4:00	00.0	00.0	01.0	102	54 %	128/82	130	00	
Recovery	17:28	5:00	00.0	00.0	01.0	101	53 %	125/80	126	00	
Recovery	17:27	5:00	00.0	00.0	01.0	101	53 %	125/80	126	00	

FINDINGS :

Exercise Time : 09:05
Initial HR (ExStrt) : 108 bpm 57% of Target 189
Initial BP (ExStrt) : 120/75 (mm/Hg)
Max WorkLoad Attained : 10.3 Good response to induced stress
Max ST Dep Lead & Avg ST Value: avL & -0.3 mm in Recovery
Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 184 bpm 97% of Target 189

Max BP Attained 155/90 (mm/Hg)

REPORT :

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

Patient Name : MR. VIKRAM SINGH

Age / Gender : 31 years / Male

Endo ID : 130419

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Jun 24, 2023, 09:38 a.m.

Reported Date & Time : Jun 24, 2023, 11:10 a.m.

Sample ID :



231750005



Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
<u>LIPID PROFILE</u>			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	137.2	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	89.0	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	46.2	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	17.80	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	73.20	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	2.97		2.6-4.9
LDL/HDL Ratio Method : Calculated	1.58		0.5-3.4

END OF REPORT

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

Patient Name : MR. VIKRAM SINGH

Age / Gender : 31 years / Male

Endo ID : 130419

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Jun 24, 2023, 09:38 a.m.

Reported Date & Time : Jun 24, 2023, 11:09 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.13	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	8.5	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	0.59	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
M.D. (Patho.)

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

Patient Name : MR. VIKRAM SINGH

Age / Gender : 31 years / Male

Endo ID : 130419

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Jun 24, 2023, 09:38 a.m.

Reported Date & Time : Jun 24, 2023, 11:11 a.m.

Sample ID :



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

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.4

%

> 8% Action Suggested

7 - 8 % Good Control

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

BLOOD

Method : Nephelometry Methodology

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

108.28

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

M.D. (Patho.)

Patient Name : MR. VIKRAM SINGH

Age / Gender : 31 years / Male

Endo ID : 130419

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Jun 24, 2023, 09:38 a.m.

Reported Date & Time : Jun 24, 2023, 11:11 a.m.

Sample ID :



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

RENAL FUNCTION TEST

Urea Method : Uricase	23.0	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.84	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	5.1	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.1	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	139	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	101	mmol/L	98 - 106

END OF REPORT

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

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Test Description	Value(s)	Unit(s)	Reference Range
<u>HAEMATOLOGY</u>			
Hemoglobin (HB)	15.4	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.09	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	44.3	%	42 - 52
Mean Cell Volume (MCV)	87	FL	78 - 100
Mean Cell Haemoglobin (MCH)	30.2	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	34.7	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.6	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7050	Cell/cu.mm	4000 - 10000
Neutrophils	62	%	40 - 80
Lymphocytes	32	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	03	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	8.9	fL	7.2 - 11.7
PCT	0.27	%	0.2 - 0.5
Platelet Count	307	10 ³ /ul	150 - 450

END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)

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Patient Name : MR. VIKRAM SINGH

Age / Gender : 31 years / Male

Endo ID : 130419

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

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Sample ID :



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

IRON - SERUM	117.9	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	350	ug/dL	228 - 428
FERRITIN	32.9	ng/mL	Male:22-322 Female:10-291
TRANSFERRIN SATURATION %	33.69	%	16 - 50

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

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

Patient Name : MR. VIKRAM SINGH

Age / Gender : 31 years / Male

Endo ID : 130419

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Jun 24, 2023, 09:38 a.m.

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Sample ID :



231750005

Test Description	Value(s)	Unit(s)	Reference Range
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END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)



Scanned with OKEN Scanner

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

Patient Name : MR. VIKRAM SINGH

Age / Gender : 31 years / Male

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231750005

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BIOCHEMISTRY

C-Reactive Protein; CRP, SERUM	5.1	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

Dr. Nishi Prasad
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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.64	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.15	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.49	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	32.5	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	20.7	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	79.0	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	7.27	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.37	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.90	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.51		1.5 - 2.5
Method : Calculated			

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

Patient Name : MR. VIKRAM SINGH

Age / Gender : 31 years / Male

Endo ID : 130419

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Jun 24, 2023, 09:38 a.m.

Reported Date & Time : Jun 24, 2023, 11:12 a.m.

Sample ID :



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

BIOCHEMISTRY

Gamma GT	18	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitroanilide

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.)



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Collected Date & Time : Jun 24, 2023, 09:38 a.m.

Reported Date & Time : Jun 24, 2023, 11:11 a.m.

Sample ID :



231750005

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

ESR	15	mm	0 - 20
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END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)



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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	1.020		1.005 - 1.030

Chemical Examination

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

Microscopic Examination

Pus cells (WBCs)	2-3	/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

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M.D. (Patho.)

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Sample ID :



231750005



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

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	85.7	mg/dL	70.0-110.0
-----------------------------------------------------------	------	-------	------------

END OF REPORT

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



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Consultant Radiologist & Sonologist

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GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : MR. VIKRAM SINGH

Age / Gender : 31 years / Male

Endo ID : 130419

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Jun 24, 2023, 02:36 p.m.

Reported Date & Time : Jun 24, 2023, 03:38 p.m.

Sample ID :



231750098

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

Blood Glucose-Post Prandial

106.0

mg/dL

70 - 140

Method : Hexokinase

END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)

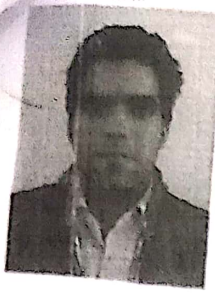


Scanned with OKEN Scanner

Sample Collected on (S)
Sample Received on (S)
Sample Released on (R)



भारत सरकार
Government of India



विक्रम सिंह
Vikram Singh
जन्म तिथि / DOB : 26/10/1991
पुरुष / Male



3382 6927 2474

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: बाबु लाल, 419/47, माली
मोहल्ला, कुंदन नगर, अजमेर,
अजमेर, राजस्थान, 305001

Address:
S/O: Babu Lal, 419/47, maali
mohalla, kundana nagar, Ajmer,
Ajmer, Rajasthan, 305001

3382 6927 2474



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

Patient Name: Mr. VIKRAM SINGH 31/M

June 24, 2023

5 Seconds ECG Report

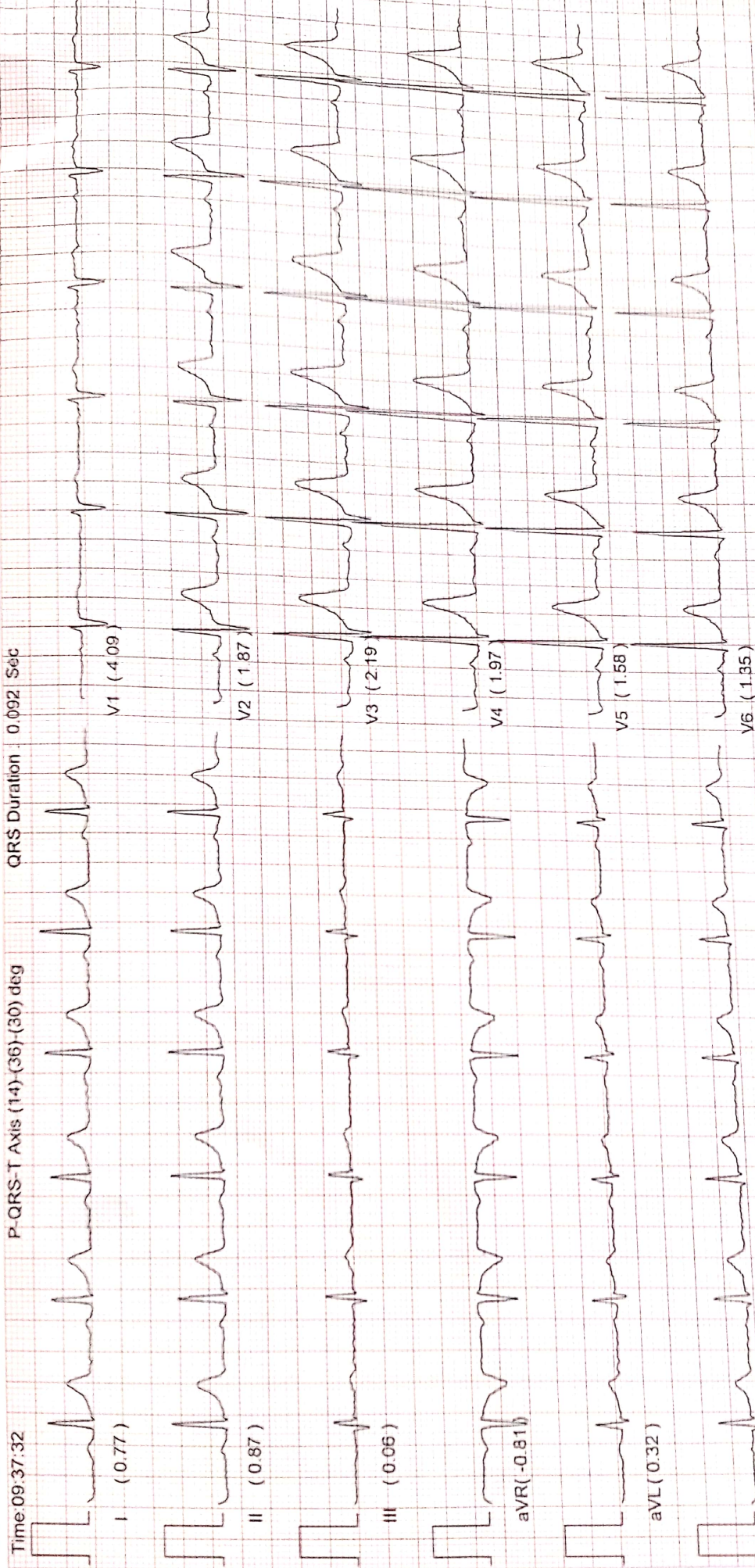
HR : 75 bpm BP : 0 / 0 mmHg

RR Interval: 0.80 sec

PR Interval: 0.14 sec

QRS Duration: 0.092 Sec

P-QRS-T Axis (14)(36)(30) deg



INTERPRETATION
Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,

Normal ECG

DR
MD

NAME- Vikram Singh AGE- 31 yrs DATE - 24-06-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

Both cp angles are clear.
Cardiac size is within normal limits.
Both lungs fields are clear.

NAD IN HEART AND LUNGS.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No. 1004507/15600

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

DR. TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SM

INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-L



NAME	Vikram	AGE-	31 yrs	DATE	24-6-23
REF.BY	-				

USG ABDOMEN

Liver is Normal In Size . Homogeneous in echotexture. Margins are smooth and regular. No focal lesion is seen. IHBRs and hepatic veins are normal in caliber. Portal vein is normal in caliber.

Rt Lobe - 14 cm

Gall bladder is distended and normal in size, shape and wall thickness. No evidence of calculus/sludge or mass lesion is noted. CBD is normal in diameter.

Pancreas is normal in size, shape and homogeneous in echotexture. No focal lesion is seen. Pancreatic duct is not dilated.

Spleen is normal in size, shape and homogeneous in echotexture.

Right kidney is normal in size, shape & echotexture, C-M differentiation is maintained. No calculus or hydronephrosis is seen.

Left kidney is normal in size, shape & echotexture, C-M differentiation is maintained. No calculus or hydronephrosis is seen.

Urinary bladder is normally distended. Walls are not thick . No evidence of calculus or mass lesion is seen.

Prostate is Normal

IMPRESSION: Abdominal Organs are Normal

ADVISE -Clinical correlation and further evaluation.

Dr. ROOPA GOYAL (I.D.)
RMC No. 004507/15600
DR. ROOPA GOYAL
C [MD RADIOLOGIST]
[RMC NO 004507/15600]

Note- 1. This report is not valid for medico legal purpose.

2. Sonography reports should be viewed in correlation with Clinical findings. If any doubt, USG may be repeated.

भ्रूण लिंग परीक्षण करवाना जघन्य अपराध है तथा इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है

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

