

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

General Physical Examination

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

Date of Examination: 24/03/2024

Name: Suresh Kumar BUNKEY Age: 52 Sex: M

DOB: 30/6/1971

Referred By: medinhal.

Photo ID: Aashan ID #: attached

Ht: 165 (cm)

Wt: 61 (Kg)

Chest (Expiration): 91 (cm)

Abdomen Circumference: 87 (cm)

Blood Pressure: 107/72 mm Hg PR: 78 /min

BMI 22.4

Eye Examination: Dist vision 6/6, Near vision N/6 with specs
NO colour blindness

Other: Not significant.

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

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

Signature Medical Examiner: [Signature] Name Medical Examiner: _____
Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017205

भारत सरकार
Government of India

आधार

सुरेश कुमार बुनकर
Suresh Kumar Bunker
जन्म तिथि/DOB: 30/06/1971
पुरुष/ MALE

Issue Date: 24/01/2013

2343 1323 9860
VID : 9169 8895 3030 8338

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

पता:
S/O माली राम बुनकर, 43 ग्रीन कुंज, नंगल जैसा बोहरा,
झोतवाड़ा, जयपुर,
राजस्थान - 302012

Address:
S/O Mali Ram Bunker, 43 GREEN KUNJ,
NANGAL JAISA BOHARA, JHOTWARA,
Jhotwara, Jaipur,
Rajasthan - 302012

Download Date: 19/07/2022

2343 1323 9860
VID : 9169 8895 3030 8338

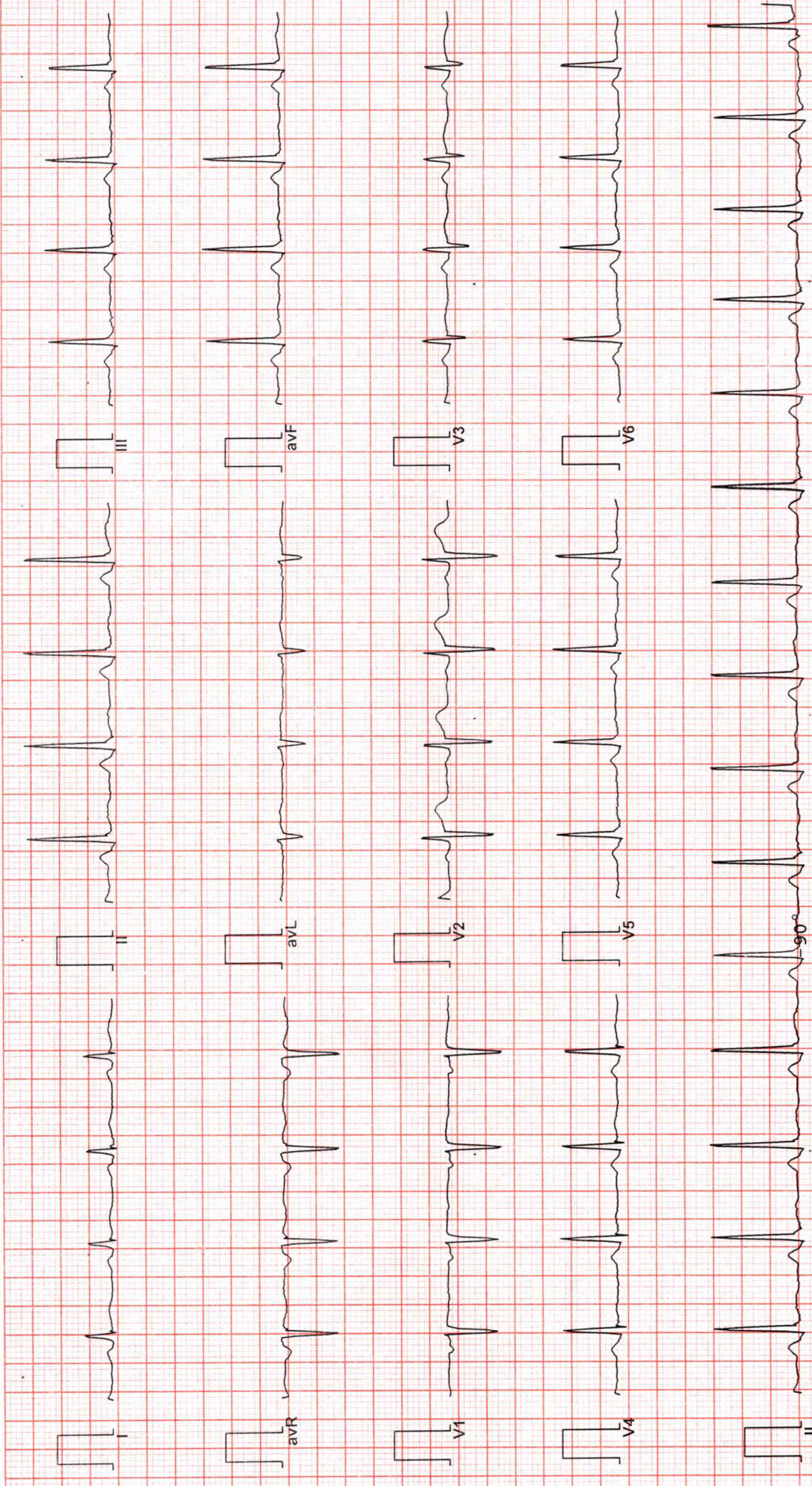
1947 | help@uidai.gov.in | www.uidai.gov.in

M. B. B. S. D. M. R. U.
Reg. No. - 017996

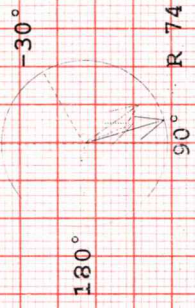
Suresh Kumar Bunker

DR. GOYALS PATH LAB & IMAGING CENTER
 102337583 / MR SURESH KUMAR BUNKER / 52 Yrs / M/ Non Smoker
 Heart Rate : 91 bpm / Tested On : 24-Mar-24 11:56:38 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
 / Refd By.: BOB

ECG



Vent Rate : 91 bpm
 PR Interval : 148 ms
 QRS Duration : 78 ms
 QT/QTc Int : 310/364 ms
 P-QRS-T axis: 68.00 • 74.00 • 55.00



Handwritten signature

Dr. Naresh Kumar Mohanka
 Axis RMC No. 36703
 MESS DIP CARDIO (ESCORT'S)
 D.E.M. (RCGP-UK)

Reported By:

151 GANESH NAGAR, JAIPUR EMAIL:

192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / NonSmoker
 Date: 24 / 03 / 2024 11:57:40 AM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	01.1	00.0	01.0	093	55 %	126/82	117	00	
standing	00:31	0:20	01.1	00.0	01.0	091	54 %	126/82	114	00	
IV	01:03	0:32	01.1	00.0	01.0	094	56 %	126/82	118	00	
Warm Up	01:23	0:20	01.1	00.0	01.0	090	54 %	126/82	113	00	
MaxStart	02:16	0:53	01.0	00.0	01.0	102	61 %	126/82	128	00	
IRUCE Stage 1	05:16	3:00	01.7	10.0	04.7	120	71 %	134/84	160	00	
IRUCE Stage 2	08:16	3:00	02.5	12.0	07.1	133	79 %	140/90	186	00	
PeakEx	09:56	1:40	03.4	14.0	08.8	144	86 %	146/90	210	00	
recovery	10:56	1:00	00.0	00.0	01.2	125	74 %	146/90	182	00	
recovery	11:56	2:00	00.0	00.0	01.0	112	67 %	142/90	159	00	
recovery	13:56	4:00	00.0	00.0	01.0	105	62 %	138/88	144	00	
recovery	13:58	4:02	00.0	00.0	01.0	105	62 %	138/88	144	00	

FINDINGS :

- Exercise Time : 07:40
- Max HR Attained : 144 bpm 86% of Target 168
- Max BP Attained : 146/90 (mm/Hg)
- Max WorkLoad Attained : 8.8 Fair response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :
 Dr. Naresh Kumar Moharva
 RMO No. 35103
 DR. NARESH KUMAR MOHARVA
 MESS. DIP. CARDIO (ESCORTS)
 MESS. DIP. (RCC-2-UK)
 D.E.M. (RCC-2-UK)

TRT is negative for RND

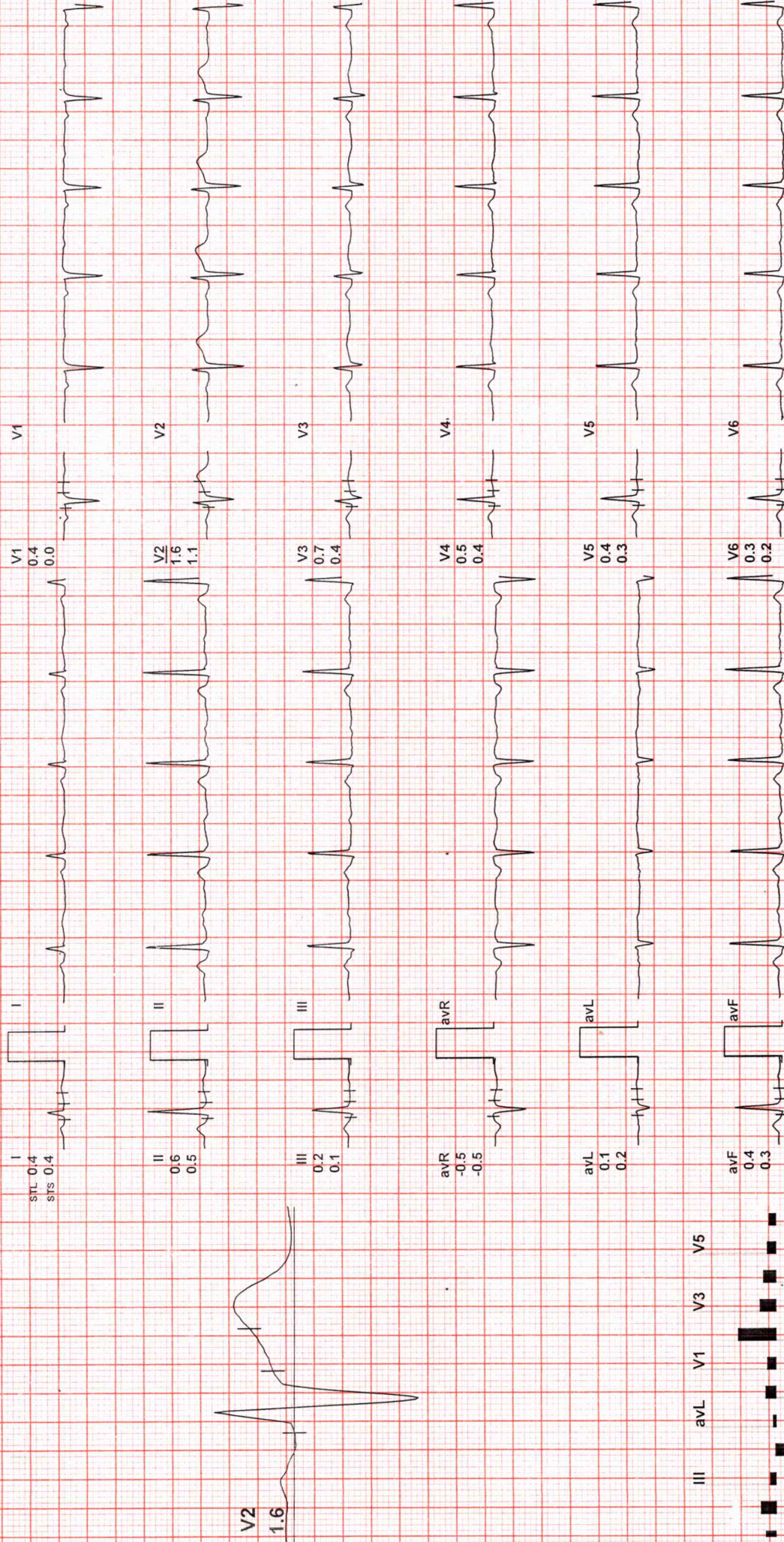
192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 93

ate: 24 / 03 / 2024 11:57:40 AM METS: 1.0 / 93 bpm 55% of THR BP: 126/82 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.1 mph, 0.0%

IX 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

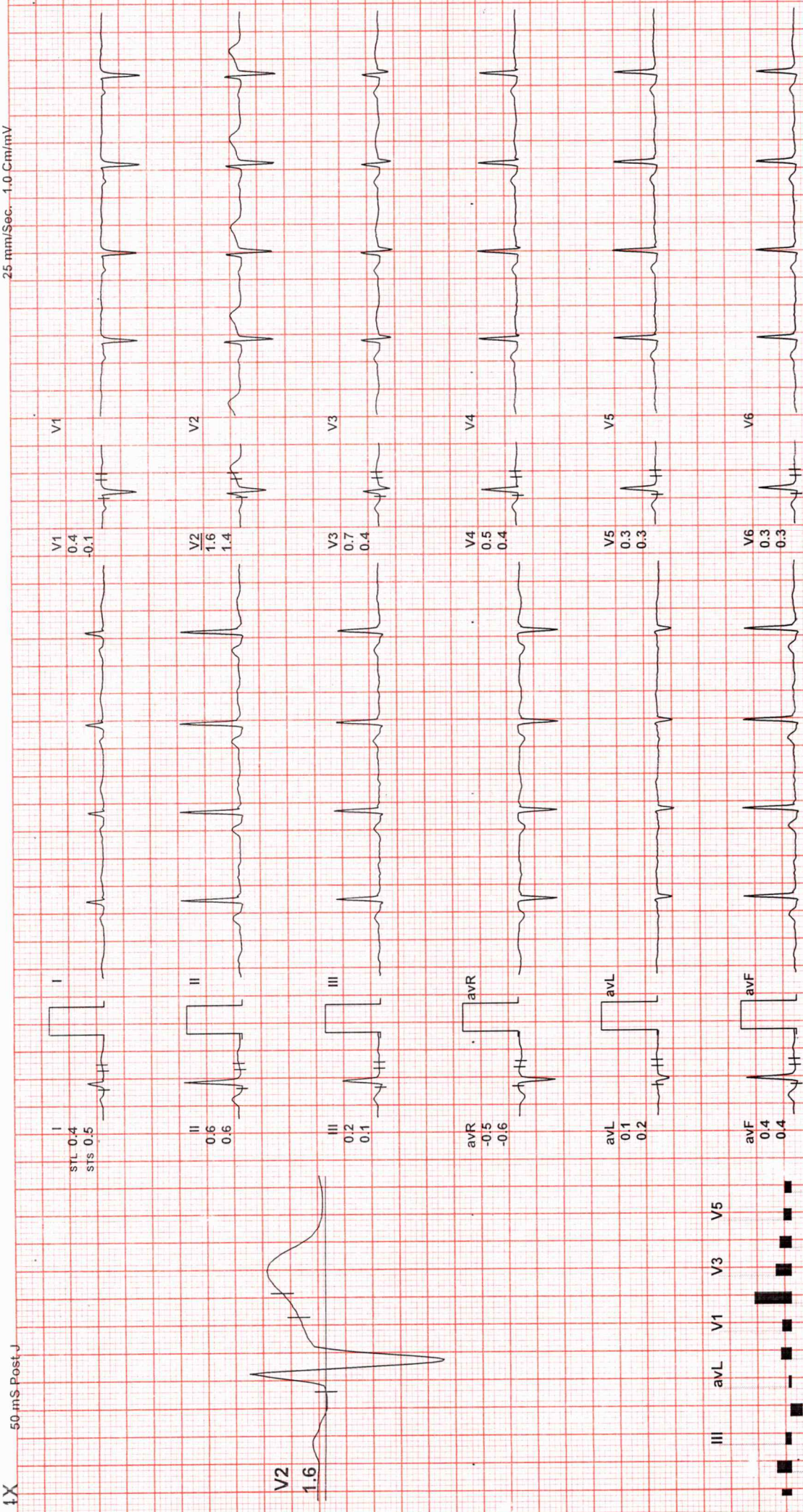


II aVR avF V2 V4 V6
REMARKS:

192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 91

ate: 24 / 03 / 2024 11:57:40 AM METS: 1.0/ 91 bpm 54% of THR BP: 126/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.1 mph, 0.0%



50 mS Post-J

REMARKS: II avR avF V2 V4 V6

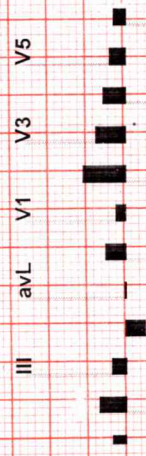
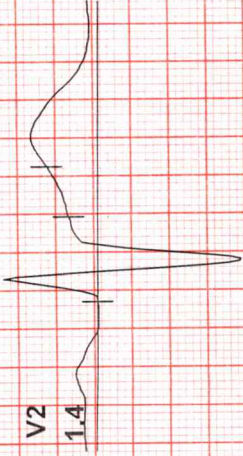
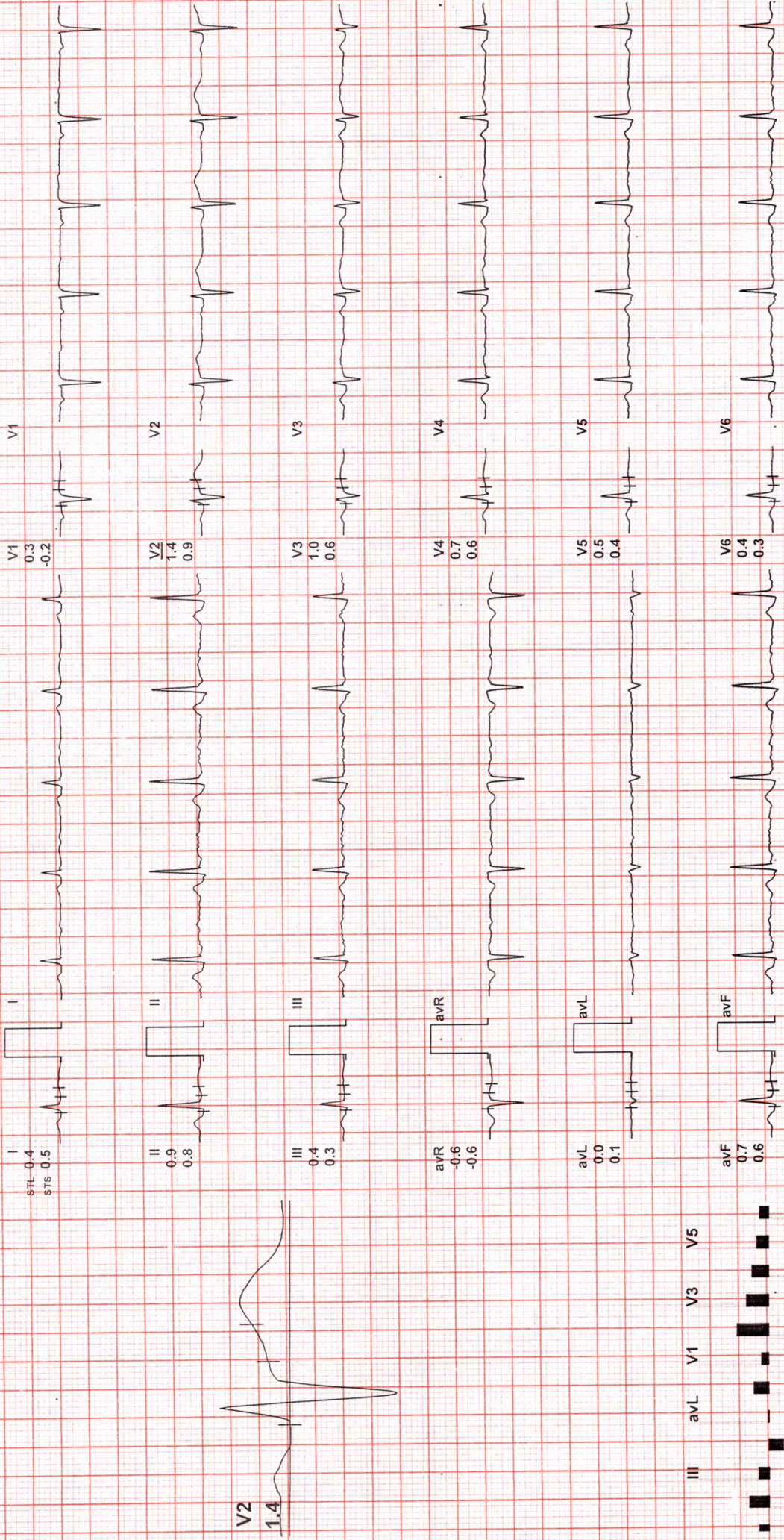
192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 94

ate: 24/03/2024 11:57:40 AM METS: 1.0/ 94 bpm 56% of THR BP: 126/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.1 mph, 0.0%

70 mS Post.J

25 mm/Sec. 1.0 Cm/mV



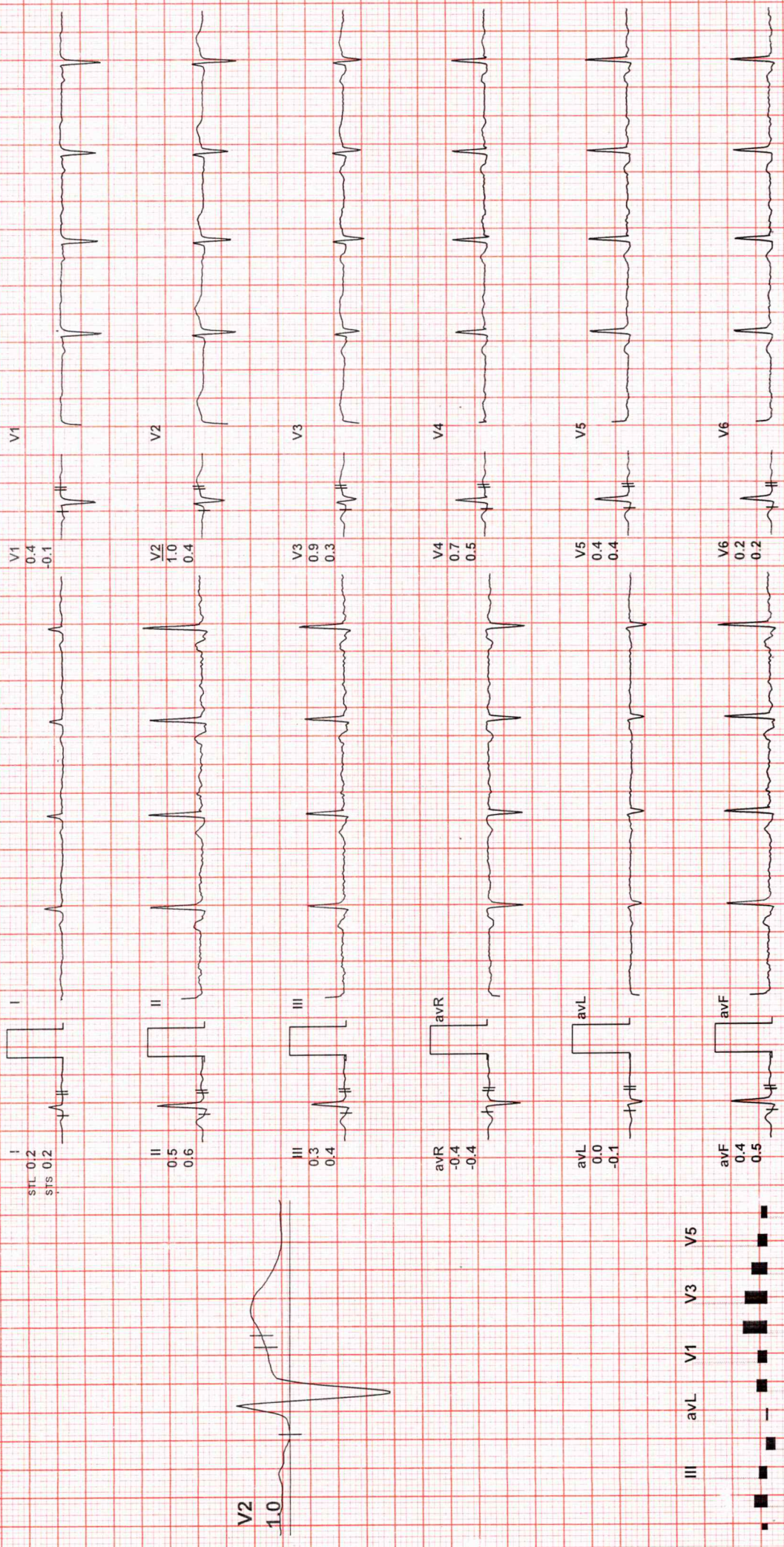
REMARKS:

192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 90

ate: 24/03 / 2024 11:57:40 AM METS: 1.0/ 90 bpm 54% of THR BP: 126/82 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



REMARKS:
II avR avF V2 V4 V6

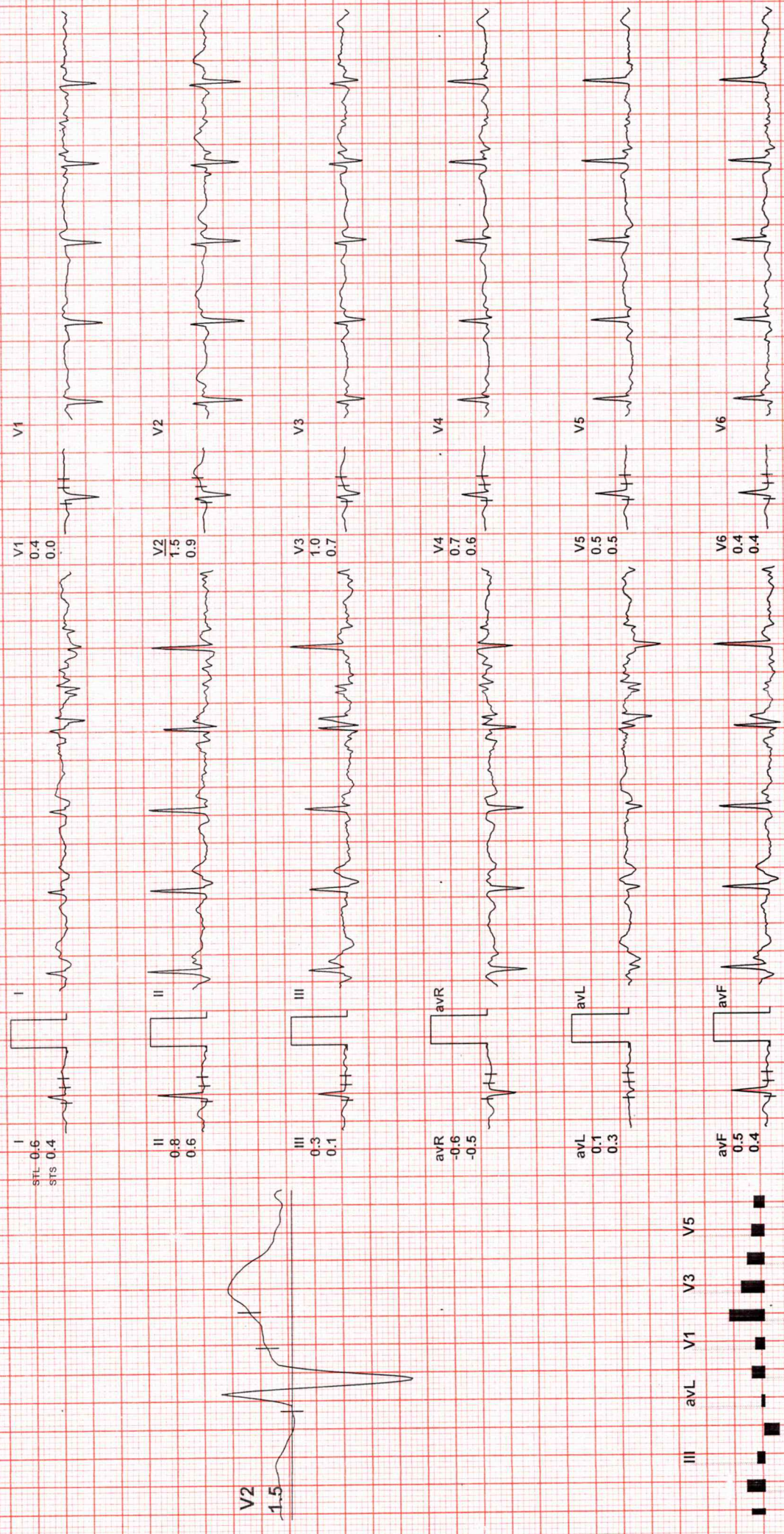
192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 102

ate: 24 / 03 / 2024 11:57:40 AM METS: 1.0 / 102 bpm 61% of THR BP: 126/82 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.0 mph, 0.0%

70 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

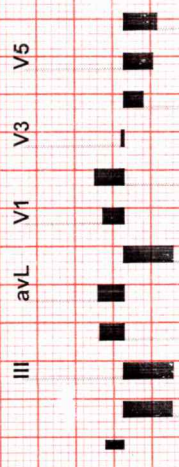
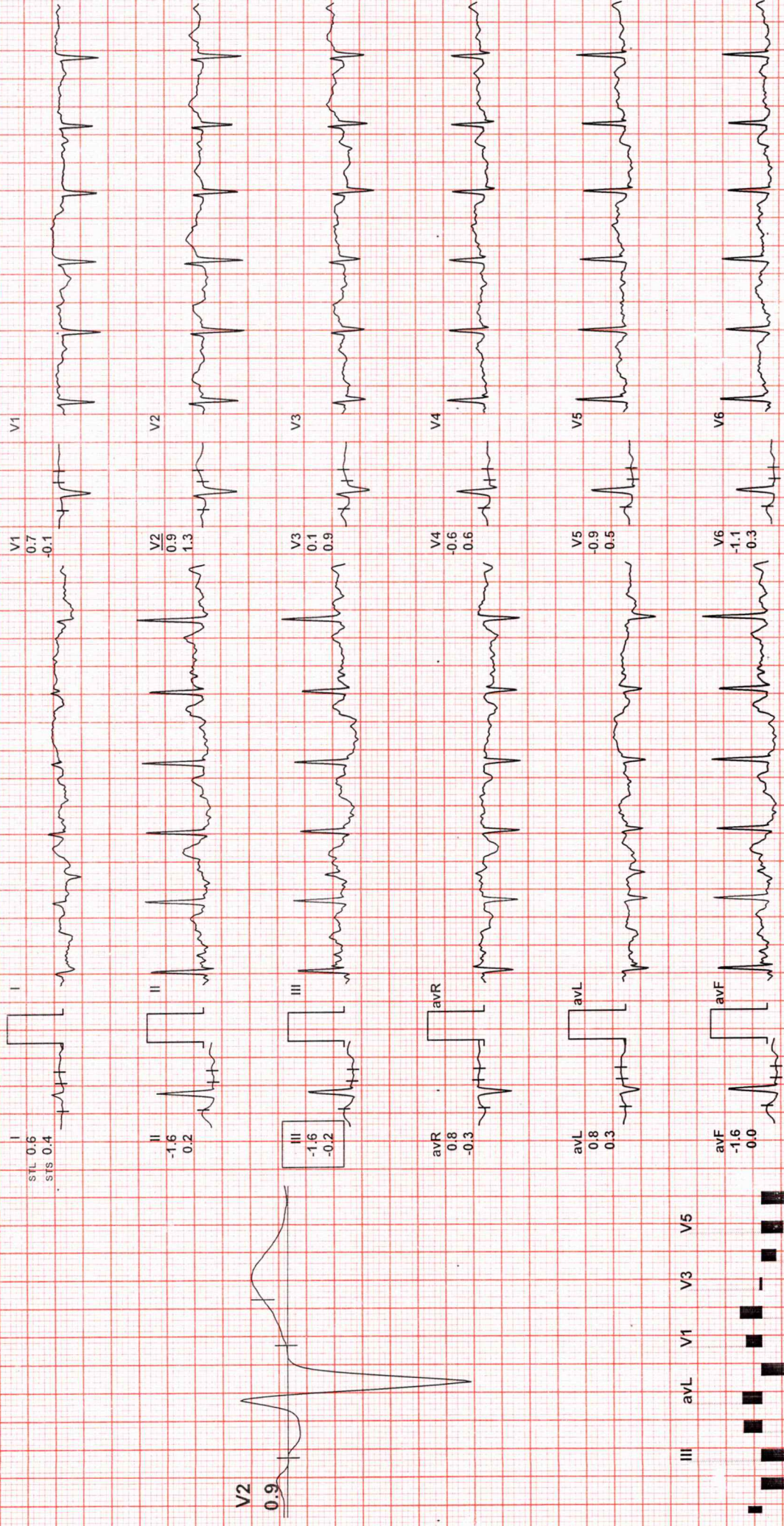
192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 120

ate: 24 / 03 / 2024 11:57:40 AM METS: 4.7/ 120 bpm 71% of THR BP: 134/84 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%

IX 70 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

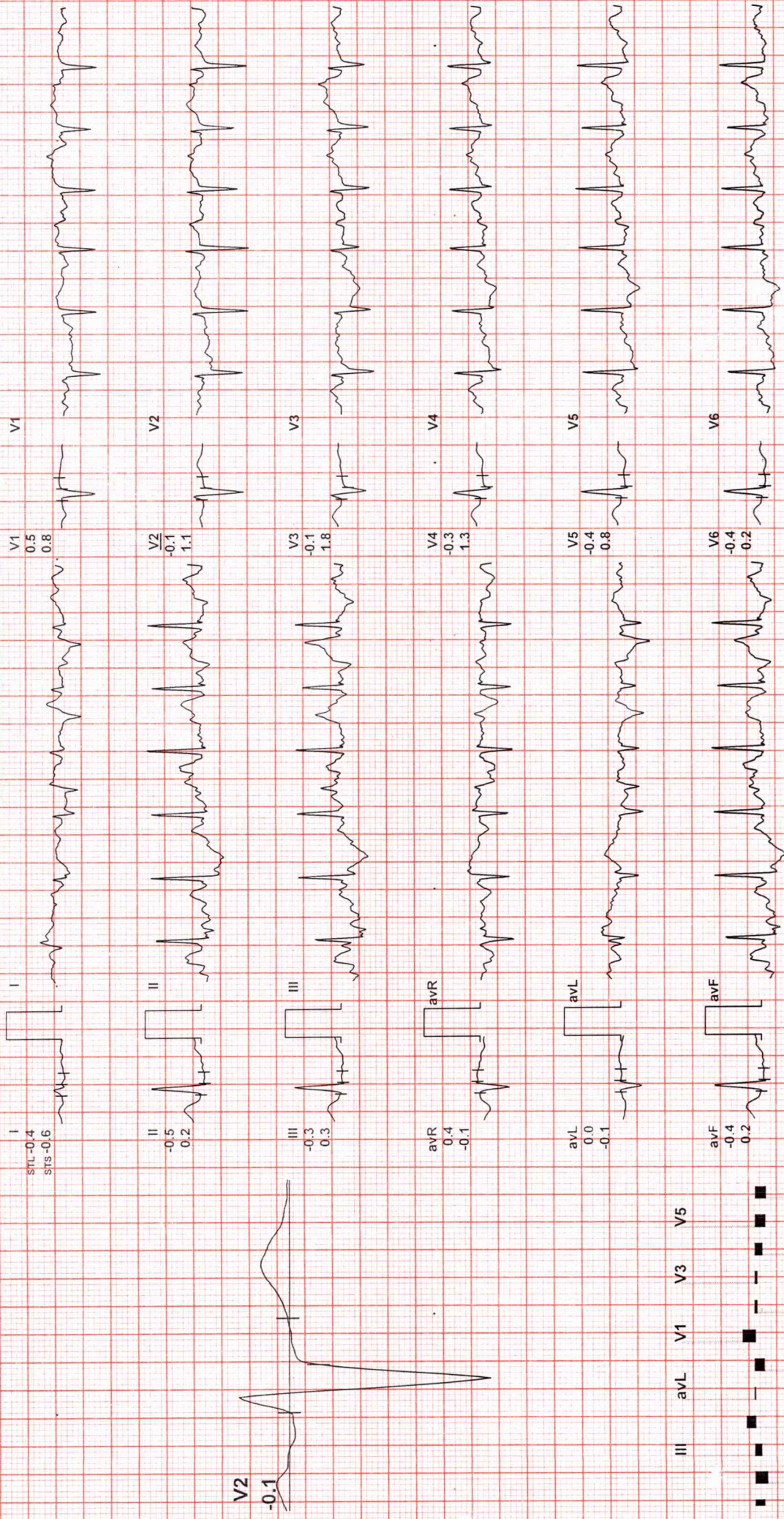
192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 133

ate: 24/03/2024 11:57:40 AM METS: 7.1/133 bpm 79% of THR BP: 140/90 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:00 2.5 mph, 12.0%

IX 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



II aVR aVF V2 V4 V6

REMARKS:

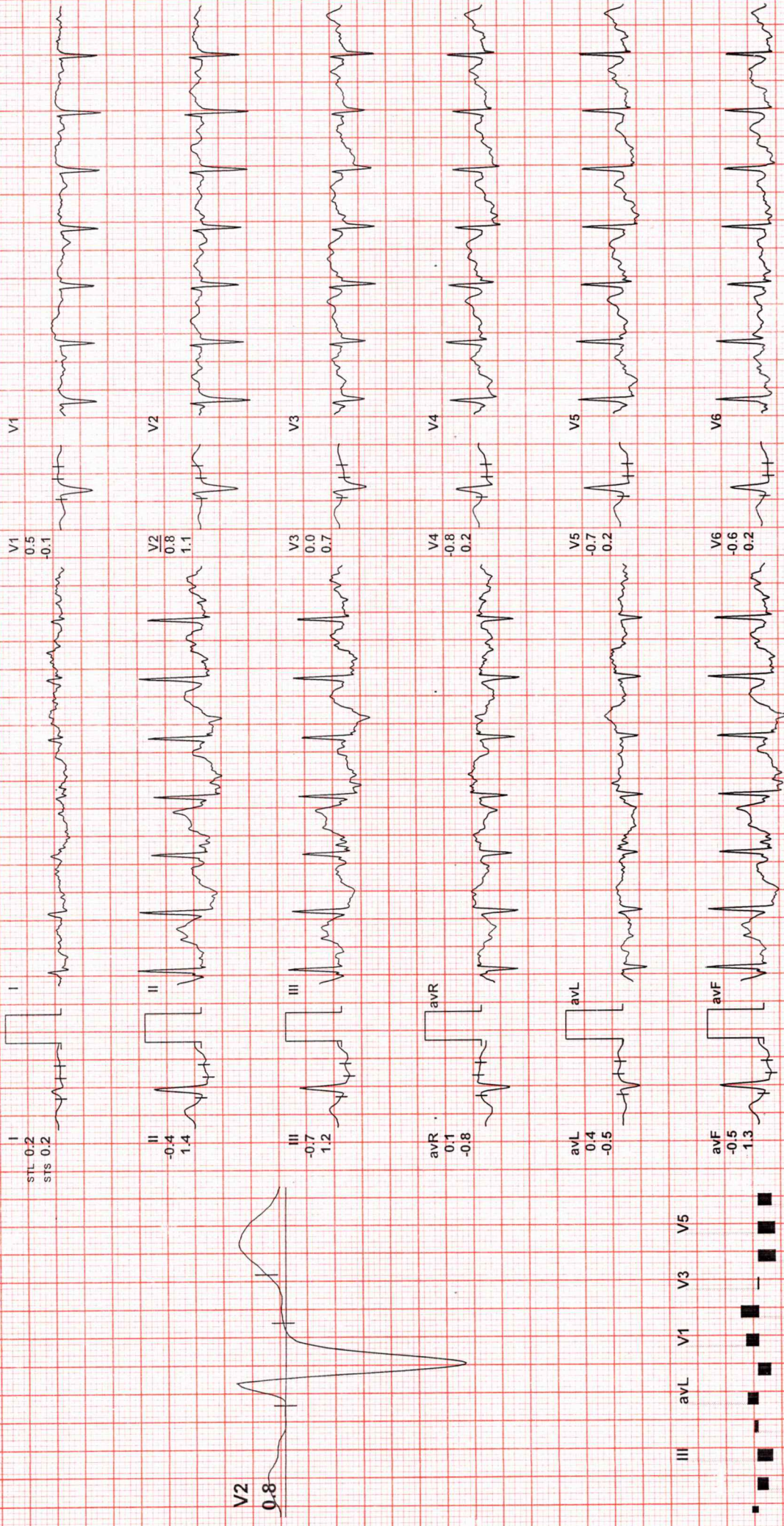
192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 144

ate: 24 / 03 / 2024 11:57:40 AM METS: 8.8 / 144 bpm 86% of THR BP: 146/90 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:40 3.4 mph, 14.0%

60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

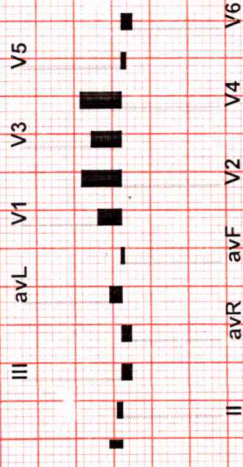
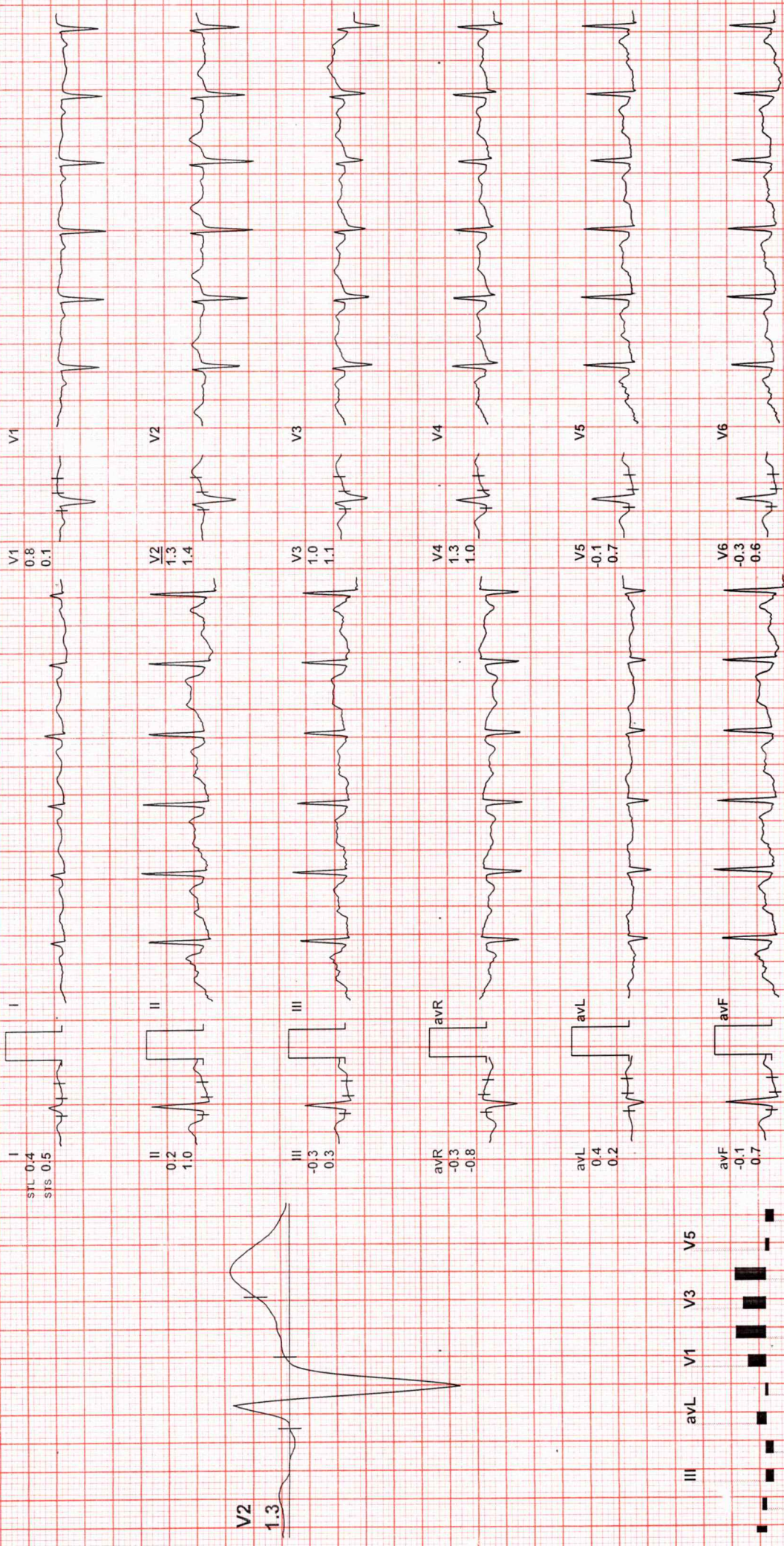
192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 125

ate: 24 / 03 / 2024 11:57:40 AM METS: 1.2/ 125 bpm 74% of THR BP: 146/90 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:40 0.0 mph, 0.0%

IX 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

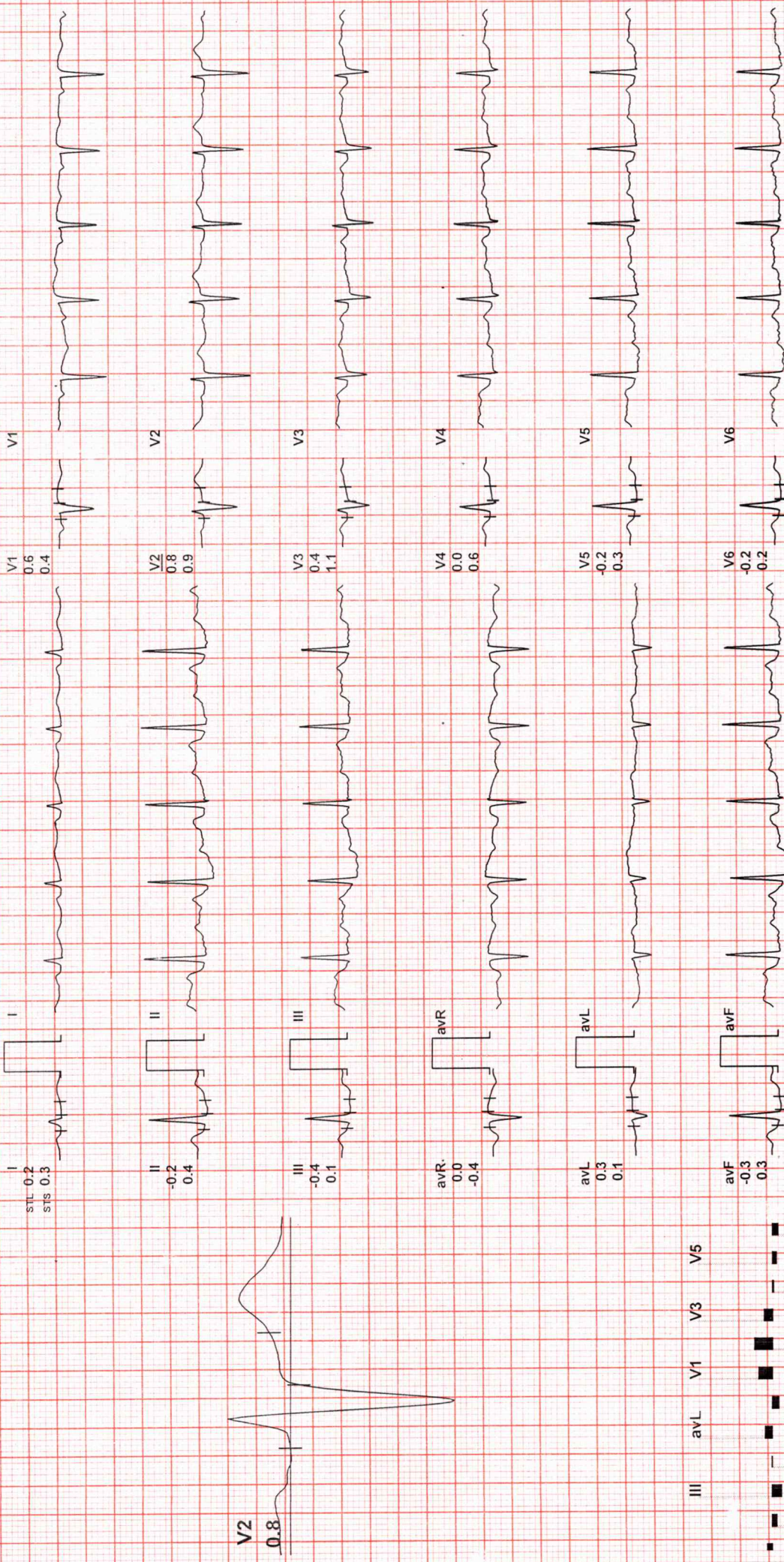
192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 112

ate: 24 / 03 / 2024 11:57:40 AM METS: 1.0 / 112 bpm 67% of THR BP: 142/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:40 0.0 mph, 0.0%

1X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



II avR avF V2 V4 V6

REMARKS:

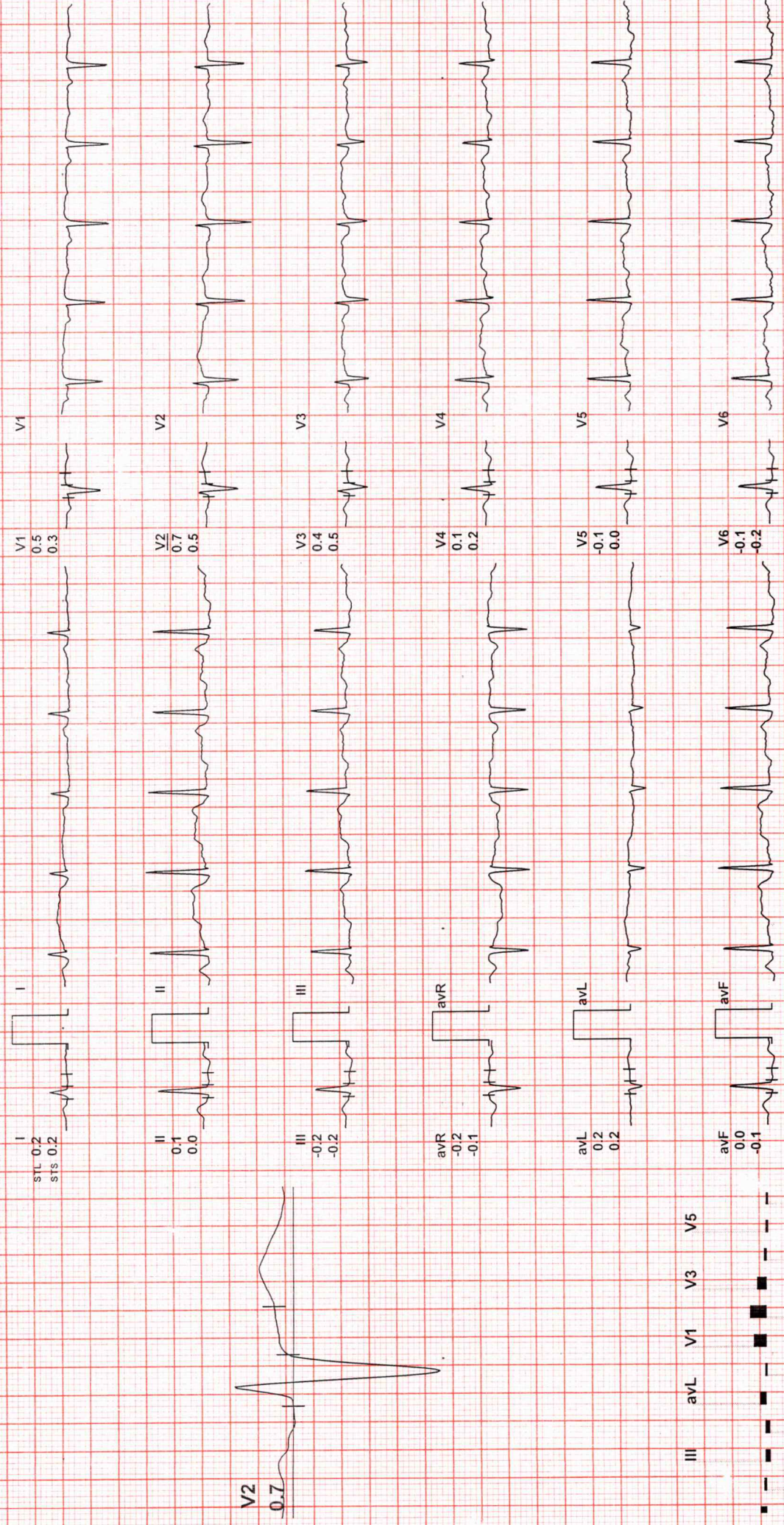
192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 105

ate: 24 / 03 / 2024 11:57:40 AM METS: 1.0/ 105 bpm 62% of THR BP: 138/88 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:40 0.0 mph, 0.0%

IX 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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

REMARKS:

192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 105

ate: 24 / 03 / 2024 11:57:40 AM METS: 1.0/ 105 bpm 62% of THR BP: 138/88 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:40 0.0 mph, 0.0%

IX 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

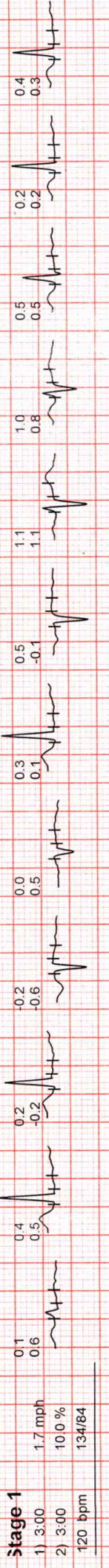
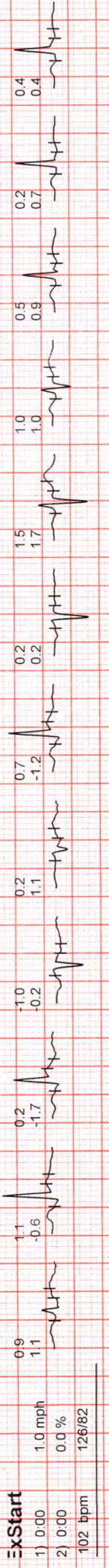
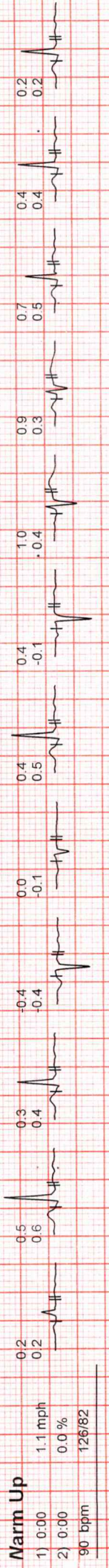
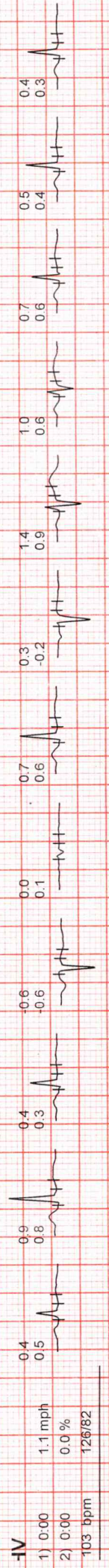
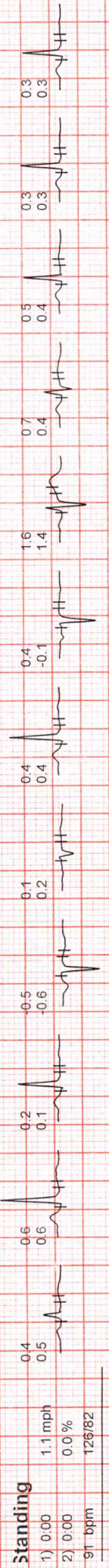
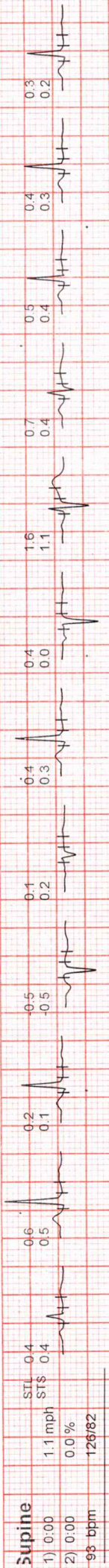


III avL avF V2 V4 V6

REMARKS:

192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 92

ate: 24 / 03 / 2024 11:57:40 AM I II III avR avL avF V1 V2 V3 V4 V5 V6



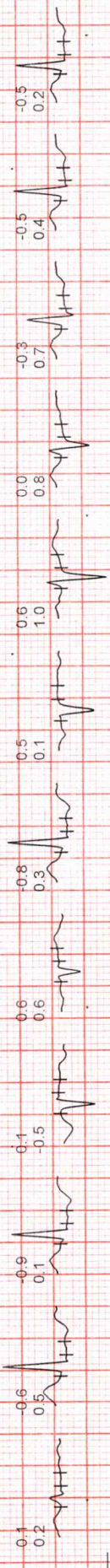
192 / MR SURESH KUMAR BUNKER / 52 Yrs / M / 0 Cms / 0 Kg / HR : 92

ate: 24 / 03 / 2024 11:57:40 AM

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

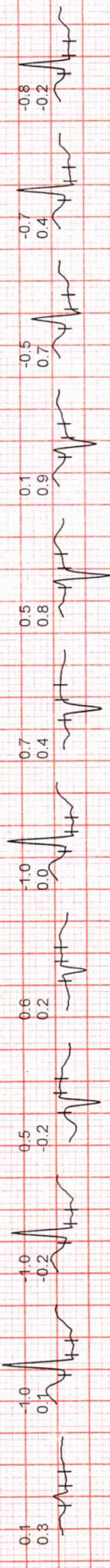
Stage 2

1) 6:00 2.5 mph
2) 3:00 12.0 %
133 bpm 140/90



PeakEx

1) 7:40 3.4 mph
2) 1:40 14.0 %
144 bpm 148/90



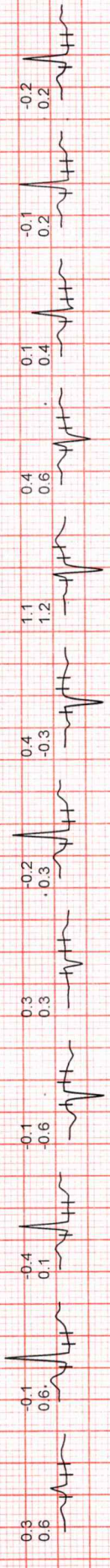
Recovery

1) 7:41 0.0 mph
2) 0:59 0.0 %
125 bpm 148/90



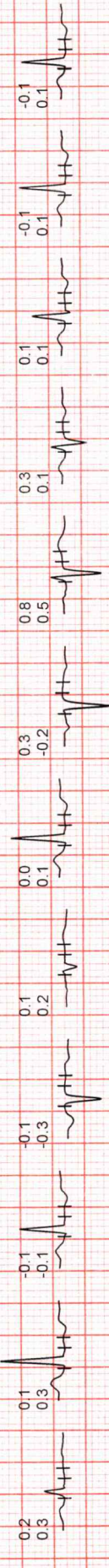
Recovery

1) 7:41 0.0 mph
2) 1:59 0.0 %
112 bpm 142/90



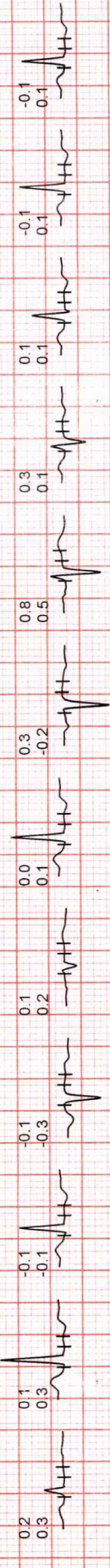
Recovery

1) 7:41 0.0 mph
2) 3:59 0.0 %
105 bpm 138/88



Recovery

1) 7:41 0.0 mph
2) 4:02 0.0 %
105 bpm 138/88



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Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 24/03/2024 09:48:10

Patient ID :- 12236583



NAME :- Mr. SURESH KUMAR BUNKER

Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 8 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 24/03/2024 10:04:49

Final Authentication : 24/03/2024 12:31:58

HAEMATOLOGY

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

BOB PACKAGE ABOVE 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)

9.5 H %

Method:- HPLC

Non-diabetic: < 5.7

Pre-diabetics: 5.7-6.4

Diabetics: = 6.5 or higher

ADA Target: 7.0

Action suggested: > 6.5

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

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of 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

226 H mg/dL

Method:- Calculated Parameter

Non Diabetic < 100 mg/dL

Prediabetic 100- 125 mg/dL

Diabetic 126 mg/dL or Higher

MUKESH SINGH
Technologist

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Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828

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Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 24/03/2024 10:04:49

Final Authentication : 24/03/2024 12:31:58



HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.16	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	53.9	%	40.0 - 80.0
LYMPHOCYTE	32.4	%	20.0 - 40.0
EOSINOPHIL	8.7 H	%	1.0 - 6.0
MONOCYTE	4.8	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.33	10 ³ /uL	1.50 - 7.00
LYMPH#	2.00	10 ³ /uL	1.00 - 3.70
EO#	0.53 H	10 ³ /uL	0.00 - 0.40
MONO#	0.29	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.91	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.10	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	93.8	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.9	g/dL	31.5 - 34.5
PLATELET COUNT	174	x10 ³ /uL	150 - 410
RDW-CV	14.2 H	%	11.6 - 14.0
MENTZER INDEX	19.10		

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

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MBBS, MD (Path)
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Final Authentication : 24/03/2024 12:31:58

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	15 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 " $x > 100$ 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 or connective tissue disease.

MCH, MCV, MCHC, MENTZER INDEX are calculated. **Instrument Name**: Sysmex 6 part fully automatic analyzer XN-L, Japan

MUKESH SINGH
Technologist

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

Date :- 24/03/2024 09:48:10

Patient ID :- 12236583



NAME :- Mr. SURESH KUMAR BUNKER

Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 8 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 24/03/2024 10:04:49

Final Authentication : 24/03/2024 11:55:00

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

TOTAL CHOLESTEROL
Method:- Enzymatic Endpoint Method

219.78 H mg/dl

Desirable <200
Borderline 200-239
High > 240

TRIGLYCERIDES
Method:- GPO-PAP

193.84 H mg/dl

Normal <150
Borderline high 150-199
High 200-499
Very high >500

DIRECT HDL CHOLESTEROL
Method:- Direct clearance Method

46.42 mg/dl

Low < 40
High > 60

DIRECT LDL CHOLESTEROL
Method:- Direct clearance Method

141.05 mg/dl

Optimal <100
Near Optimal/above optimal
100-129
Borderline High 130-159
High 160-189
Very High > 190

VLDL CHOLESTEROL
Method:- Calculated

38.77 mg/dl

0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO
Method:- Calculated

4.73

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO
Method:- Calculated

3.04

0.00 - 3.50

TOTAL LIPID
Method:- CALCULATED

710.18 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 HDLCHOLESTEROL 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

SURENDRAKHANGA

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Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 8 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/03/2024 10:04:49

Final Authentication : 24/03/2024 11:55:00

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.66	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	0.20	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.46	mg/dl	0.30-0.70
SGOT Method:- IFCC	25.0	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	31.1	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	64.30	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	32.90	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.36	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.51	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.85	gm/dl	2.20 - 3.50
A/G RATIO	1.58		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)

SURENDRAXHANGA

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Date :- 24/03/2024 09:48:10 Patient ID :- 12236583

NAME :- Mr. SURESH KUMAR BUNKER Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 8 Mon 25 Days Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/03/2024 10:04:49

Final Authentication : 24/03/2024 11:30:15

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3 1.180 ng/ml 0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 9.420 ug/dl 6.530 - 13.210

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA 5.065 μ IU/mL 0.350 - 5.500

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

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Technologist

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Date :- 24/03/2024 09:48:10

NAME :- Mr. SURESH KUMAR BUNKER

Sex / Age :- Male 52 Yrs 8 Mon 25 Days

Company :- MediWheel

Patient ID :- 12236583

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 24/03/2024 10:04:49

Final Authentication : 24/03/2024 12:05:27

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.0		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)-	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
RBC Method:- Reagent Strip (Peroxidase like activity)	NIL		NIL
MICROSCOPY EXAMINATION			
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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Date :- 24/03/2024 09:48:10

Patient ID :- 12236583

NAME :- Mr. SURESH KUMAR BUNKER

Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 8 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 24/03/2024 10:04:49

Final Authentication : 24/03/2024 14:13:22

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

MANOJCHOUDHARY, MUKESH SINGH
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Date :- 24/03/2024 09:48:10 Patient ID :-12236583

NAME :- Mr. SURESH KUMAR BUNKER

Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 8 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/03/2024 10:04:49

Final Authentication : 24/03/2024 11:55:00

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.8	mg/dl	0.0 - 23.0

SURENDRAKHANGA

Page No: 11 of 12



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Patient ID :-12236583



NAME :- Mr. SURESH KUMAR BUNKER

Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 8 Mon 25 Days

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 24/03/2024 10:04:49

Final Authentication : 24/03/2024 11:30:15

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	0.457	ng/ml	0.000 - 4.000

InstrumentName: VITROS ECI **Interpretation :** Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

*** End of Report ***

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Sex / Age :- Male 52 Yrs 8 Mon 25 Days
Company :- MediWheel

Patient ID :- 12236583
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 24/03/2024 13:44:35

BOB PACKAGE ABOVE 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 ***

Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI
(RMC No. 33613 / 14911)

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Dr. Poorvi Malik
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RMC No. 21505



Date :- 24/03/2024 09:48:10
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Sex / Age :- Male 52 Yrs 8 Mon 25 Days
Company :- MediWheel

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Lab/Hosp :-

Final Authentication : 24/03/2024 11:13:27

BOB PACKAGE ABOVE 40MALE

USG WHOLE ABDOMEN

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

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

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

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

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

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

Prostate is normal in size with normal echo-texture and outline.
No enlarged nodes are visualised. No retro-peritoneal lesion is identified
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* Grade I fatty liver.

Needs clinical correlation for further evaluation

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CONSULTANT RADIOLOGIST
RMC REG NO. 017996

*** End of Report ***

Page No: 1 of 1

AHSAN
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Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

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

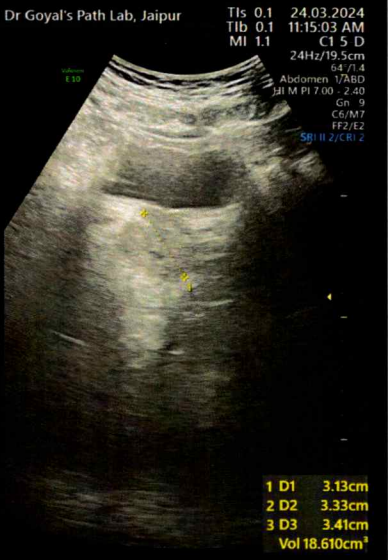
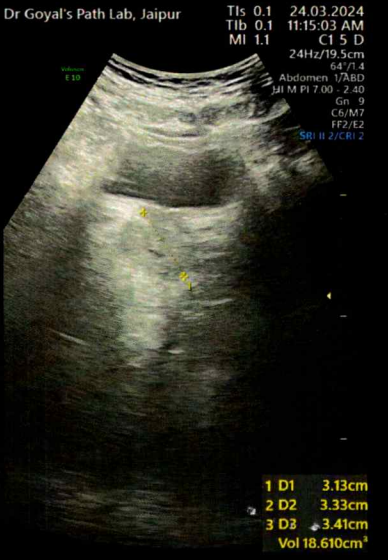
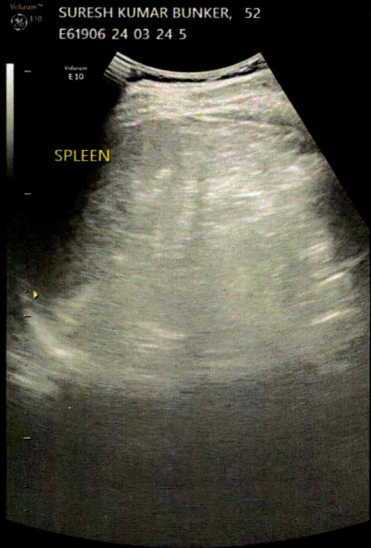
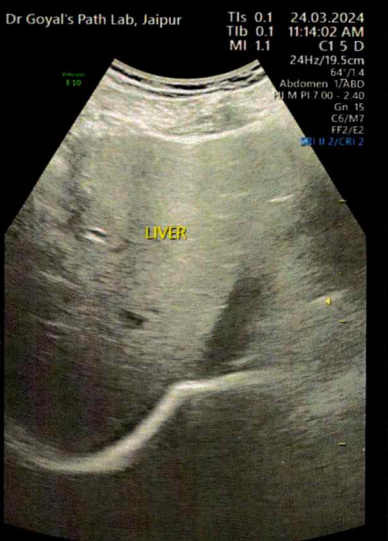
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RMC No. 33613/14911

Dr. Poorvi Malik
MBBS, MD, DNB (Radio Diagnosis)
RMC No. 21505

Dr Goyal's Path Lab, Jaipur

Name : SURESH KUMAR BUNKER / M

24 Mar 2024



SURESH KUMAR BUNKER, 52
E61906 24 03 24 5
Dr Goyal's Path Lab, Jaipur
TIs 0.1 24.03.2024
Tib 0.1 11:13:38 AM
MI 1.1 C1 5 D
27Hz/16.9cm
64/7/4
Abdomen 1/ABD
Hi M Pl 7.00 - 2.40
Gn 10
C6/M7
FF2/E2
SRI II 2/CRI 2

SURESH KUMAR BUNKER, 52
E61906 24 03 24 5
Dr Goyal's Path Lab, Jaipur
TIs 0.1 24.03.2024
Tib 0.1 11:14:32 AM
MI 1.1 C1 5 D
24Hz/19.5cm
64/7/4
Abdomen 1/ABD
Hi M Pl 7.00 - 2.40
Gn 10
C6/M7
FF2/E2
SRI II 2/CRI 2

SURESH KUMAR BUNKER, 52
E61906 24 03 24 5
Dr Goyal's Path Lab, Jaipur
TIs 0.1 24.03.2024
Tib 0.1 11:15:03 AM
MI 1.1 C1 5 D
24Hz/19.5cm
64/7/4
Abdomen 1/ABD
Hi M Pl 7.00 - 2.40
Gn 9
C6/M7
FF2/E2
SRI II 2/CRI 2