

# 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, 9887049788

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

### General Physical Examination

Date of Examination: 15/04/24.

Name: Darshit Tanwar. Age: 38. Sex: Male.

DOB: 18-09-1985

Referred By: B.O.B.

Photo ID: Adhar. ID #: attached

Ht: 177 (cm)

Wt: 92, (Kg)

Chest (Expiration): 105 (cm)

Abdomen Circumference: 107, (cm)

Blood Pressure: 122/80 mm Hg PR: 81 / min

BMI 29.4 kg/m<sup>2</sup>

Eye Examination: Dist vision R. & L. 6/6, 2. & 6/9. Near.


vision N/G. NO colour blindness.


Other: not significant.

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

Signature Of Examinee: Darshit Name of Examinee: -----

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

 भारत सरकार  
GOVERNMENT OF INDIA



दौलत तंवर  
**Daulat Tanwar**  
जन्म तिथि / DOB : 18-09-1985  
पुरुष / MALE  
Mobile No. 9173676360  
**7956 9514 6704**  
VID : 9196 9229 2106 5647

मेरा आधार, मेरी पहचान

 आधार  
भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
C/O तंवर रामलाल, प्लॉट न 105 ए, कतेवा नगर गुर्जर  
की थडी नई सागानेर रोड जयपुर, जयपुर,  
राजस्थान - 302019

**Address**  
C/O Tanwar Ramlal plot no 105 a katewa nagar gurjar ki  
thadi new sanganer road jaipur Jaipur Shyam Nagar Jaipur  
Rajasthan - 302019

**7956 9514 6704**



1947 1800 300 1947 help@uidai.gov.in www.uidai.gov.in P.O. Box No.1947, Bengaluru-560 001

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

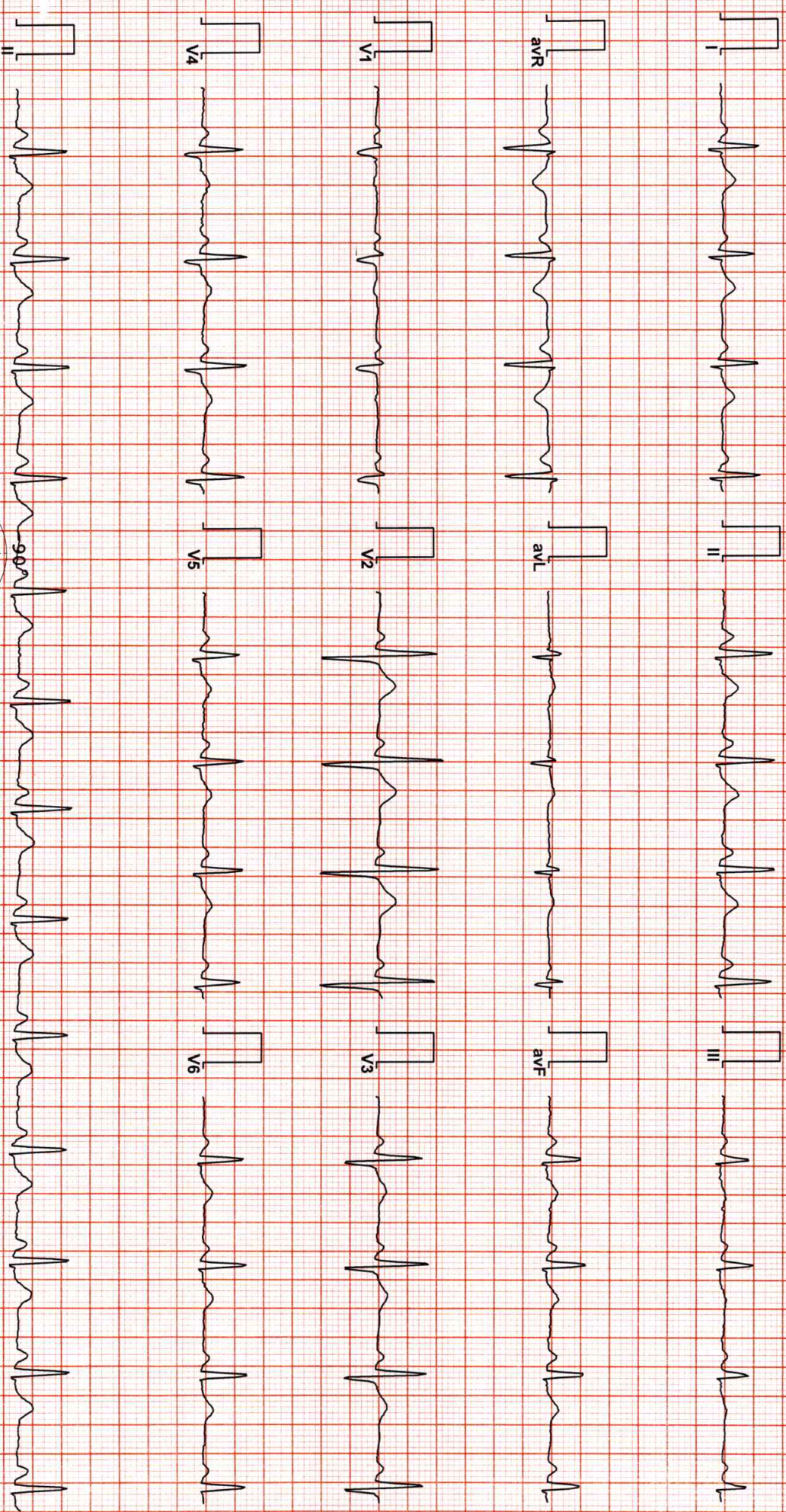
*Daulat*

**DR. GOYAL PATH LAB**

5313 / MR DAULAT RAM LALA TANWAR / 38 Yrs / M

Heart Rate : 78 bpm / Tested On : 15-Apr-24 09:54:32 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mms / Refd By: BOB

**ECG**



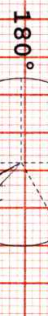
Vent Rate : 78 bpm

PR Interval : 122 ms

QRS Duration : 88 ms

QT/QTc Int : 368/400 ms

P-QRS-T axis : 61.00° • 63.00° • 44.00°



Axis

R 63.00° T 44.00° P 61.00°

Allegers ECG (Piscce)(PIS218210312)

*Handwritten signature:* Dr. Nitesh Kumar Mishra

MES. DIP, CARDIO (ECG) (M)  
RMS No: 35703  
Reported By: (RCGF-UN)



1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / NonSmoker  
Date: 15 / 04 / 2024 09:55:21 AM Refd By : BOB Examined By :

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	01.1	00.0	01.0	080	44 %	120/80	096	00	
Standing	01:09	1:02	01.1	00.0	01.0	080	44 %	120/80	096	00	
HV	01:49	0:40	01.1	00.0	01.0	085	47 %	120/80	102	00	
Warm Up	02:18	0:29	01.1	00.0	01.0	082	45 %	120/80	098	00	
ExStart	04:32	2:14	01.0	00.0	01.0	109	60 %	120/80	130	00	
BRUCE Stage 1	07:32	3:00	01.7	10.0	04.7	135	74 %	125/85	168	00	
BRUCE Stage 2	10:32	3:00	02.5	12.0	07.1	153	84 %	135/85	206	00	
PeakEx	12:10	1:38	03.4	14.0	08.8	167	92 %	140/90	233	00	
Recovery	13:10	1:00	00.0	00.0	01.2	134	74 %	140/90	187	00	
Recovery	14:10	2:00	00.0	00.0	01.0	114	63 %	135/85	153	00	
Recovery	15:10	3:00	00.0	00.0	01.0	118	65 %	125/85	147	00	
Recovery	16:10	4:00	00.0	00.0	01.0	112	62 %	120/80	134	00	
Recovery	16:36	4:26	00.0	00.0	01.0	111	61 %	120/80	133	00	

**FINDINGS :**

Exercise Time : 07:38  
 Max HR Attained : 167 bpm 92% of Target 182  
 Max BP Attained : 140/90 (mm/Hg)  
 Max Workload Attained : 8.8 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

Base line ECG shows mild ST T changes seen during exercise in infero lead leads which reverted to base line within. Twin of recovery.

DR. NARASH KUMAR MISHRA  
 MBBS, D.D. (ACCIO) (ESCCOR)  
 D.L.M. (RCGP-UK)  
 THT Negative for AHT.  
 Associated Clinically.



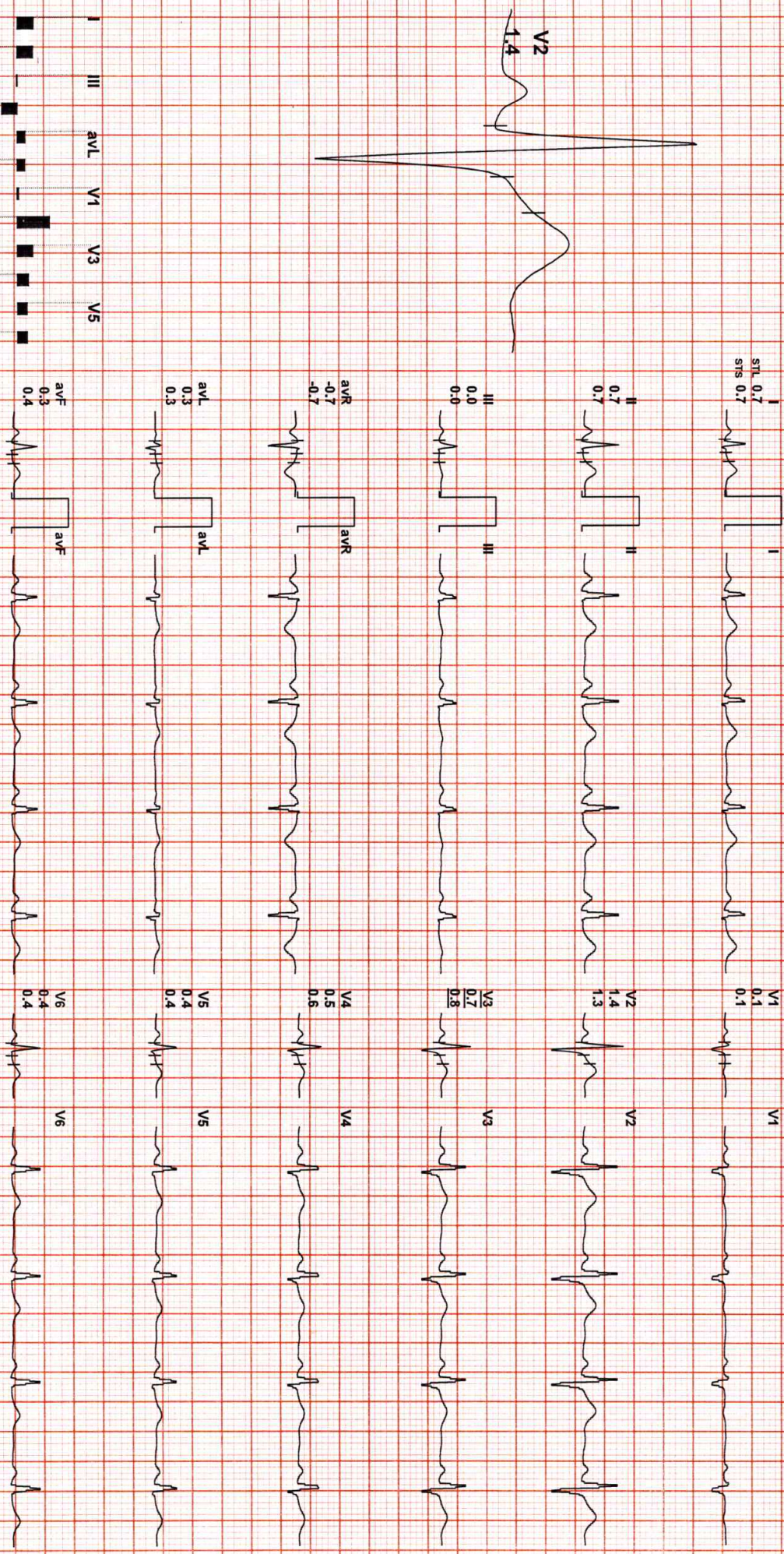
1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 80

Date: 15 / 04 / 2024 09:55:21 AM METS: 1.0/ 80 bpm 44% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

ExTime: 00:00 1.1 mph 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



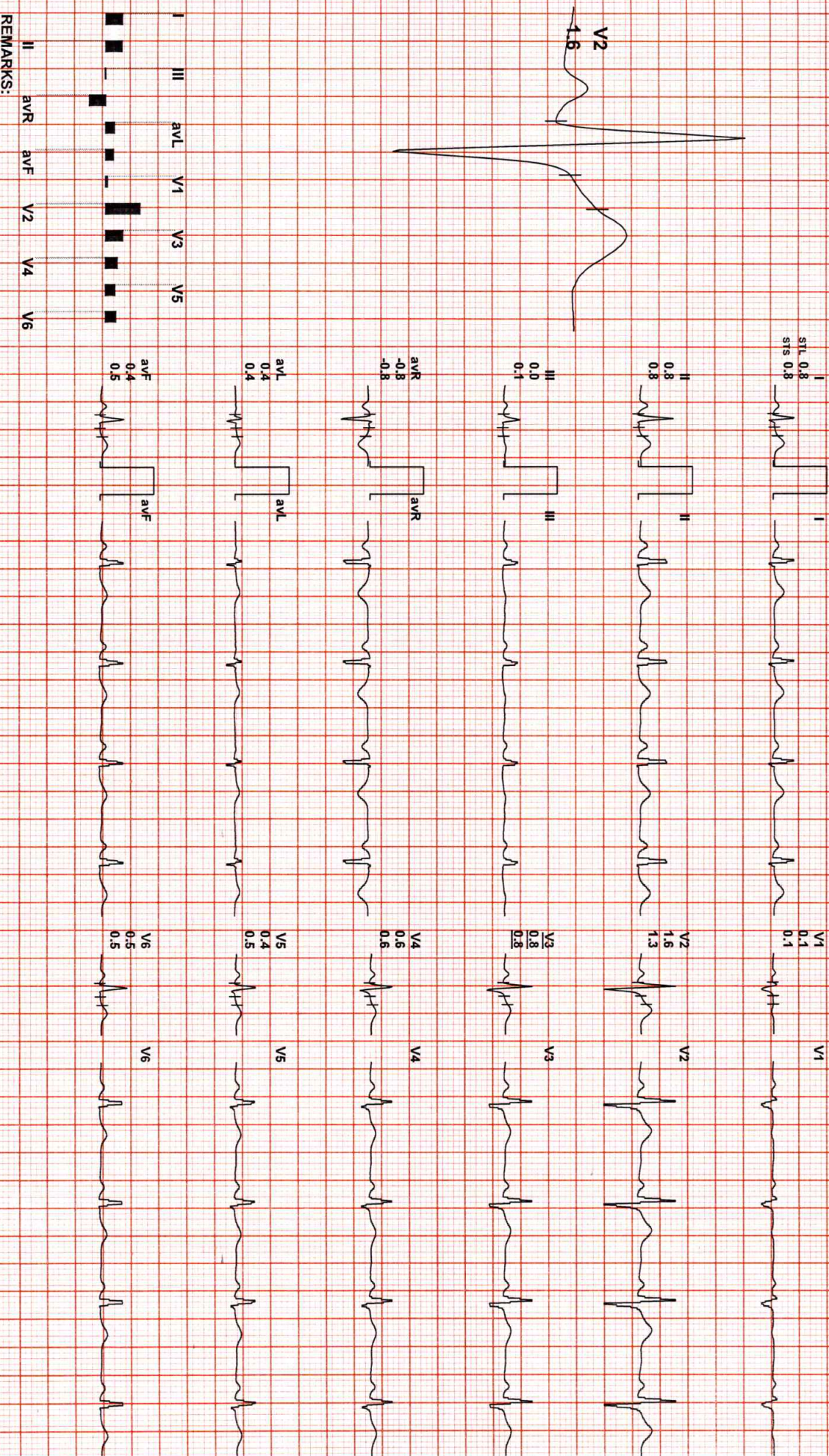
1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 80

Date: 15 / 04 / 2024 09:55:21 AM METS: 1.0/ 80 bpm 44% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



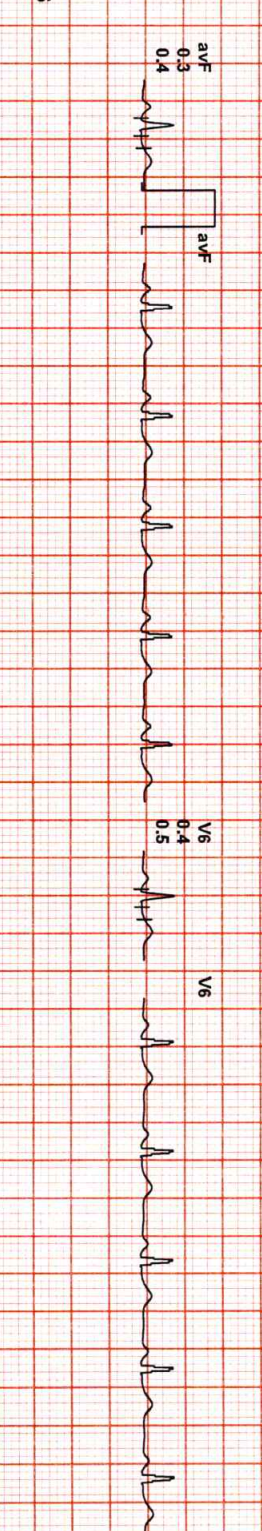
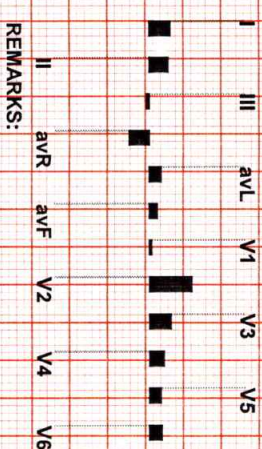
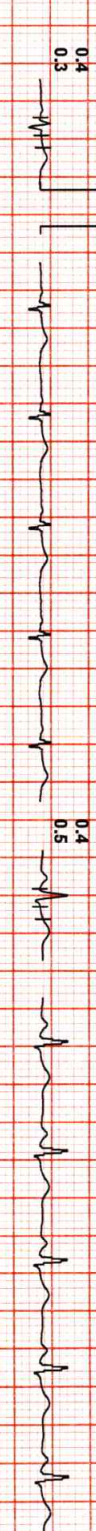
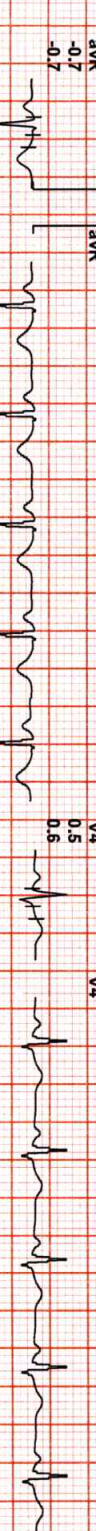
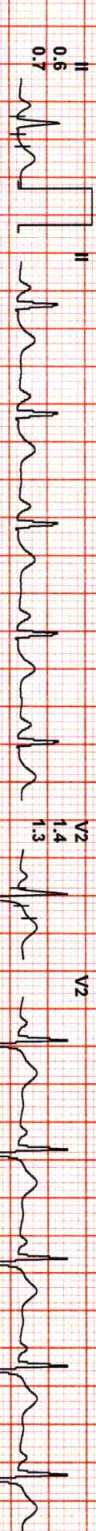
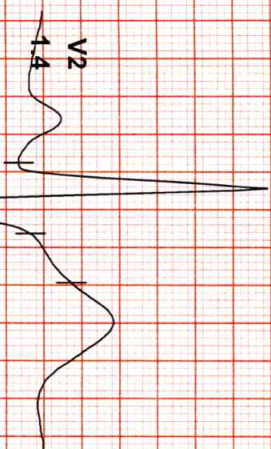
1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 85

Date: 15 / 04 / 2024 09:55:21 AM METS: 1.0/ 85 bpm 47% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



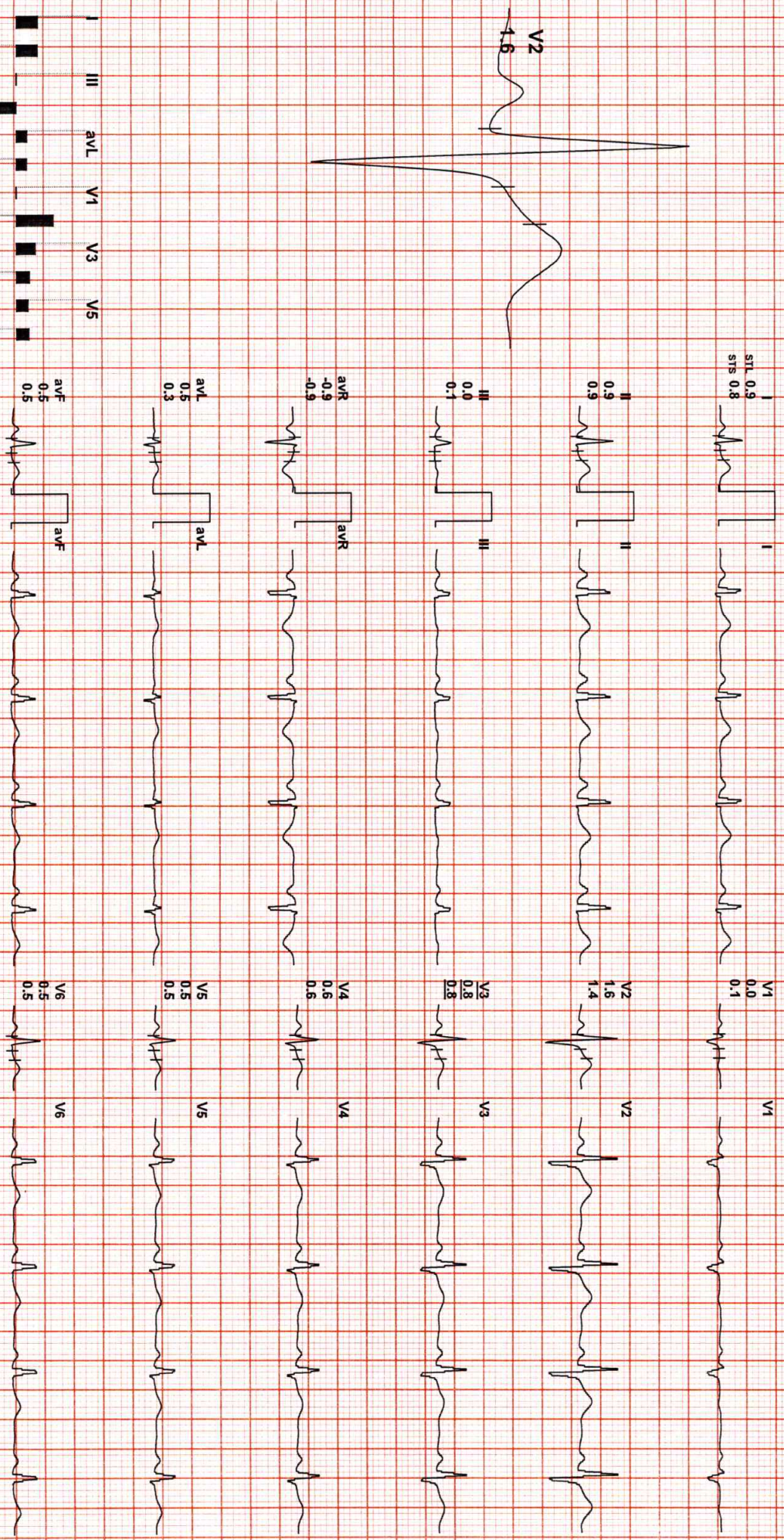
1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 82

Date: 15 / 04 / 2024 09:55:21 AM METS: 1.0/ 82 bpm 45% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/ LF 35 HZ

EXTime: 00:00 1.1 mph, 0.0%

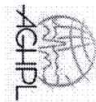
4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



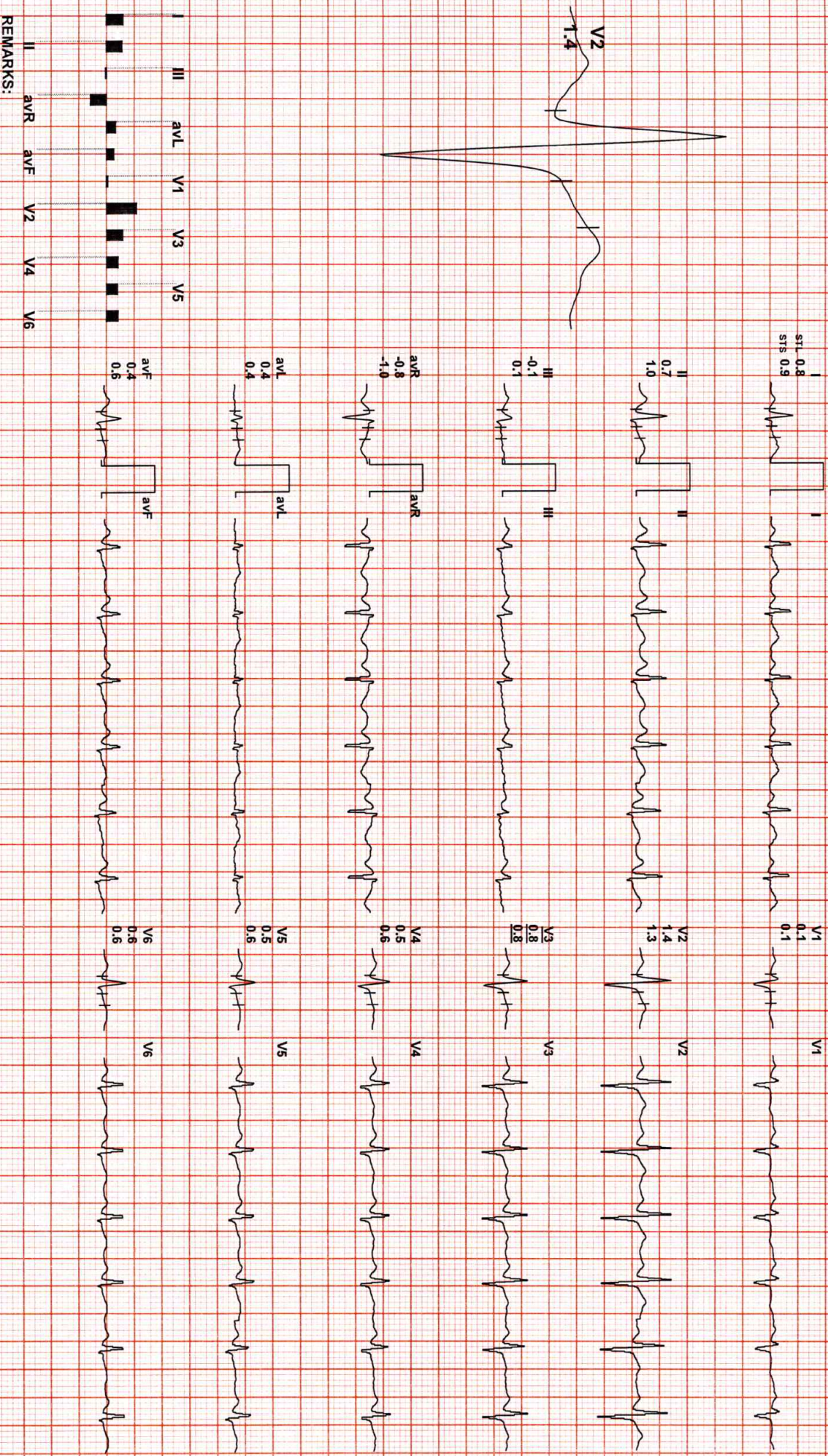


1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 109

Date: 15 / 04 / 2024 09:55:21 AM METS: 1.0/ 109 bpm 60% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



REMARKS:

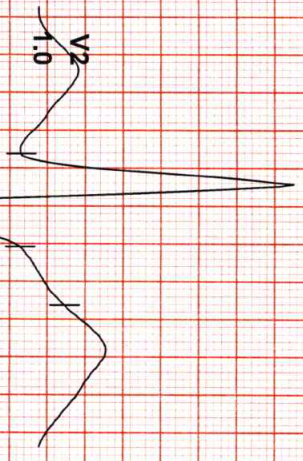


1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 10 Cms / 0 Kg / HR : 135

Date: 15 / 04 / 2024 09:55:21 AM METS: 4.71 135 bpm 74% of THR BP: 125/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

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



I  
STL 0.5  
STS 0.9

V1  
-15.4  
-23.0

V1

II  
0.3  
1.3

V2  
1.0  
2.0

V2

III  
-0.2  
-0.4

V3  
0.5  
1.4

V3

avR  
-0.4  
-1.1

V4  
0.4  
0.9

V4

avL  
0.4  
0.2

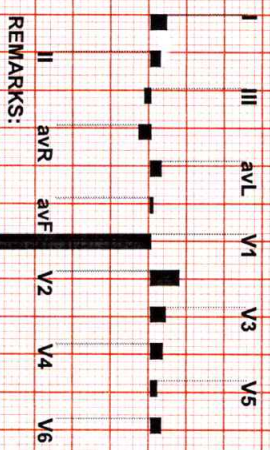
V5  
0.2  
0.9

V5

avF  
0.1  
0.9

V6  
0.3  
0.9

V6



REMARKS:

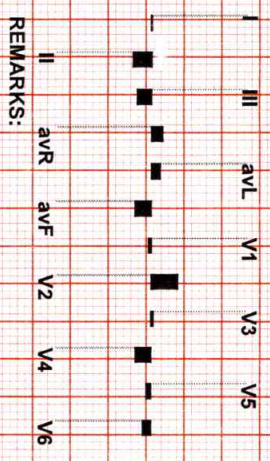
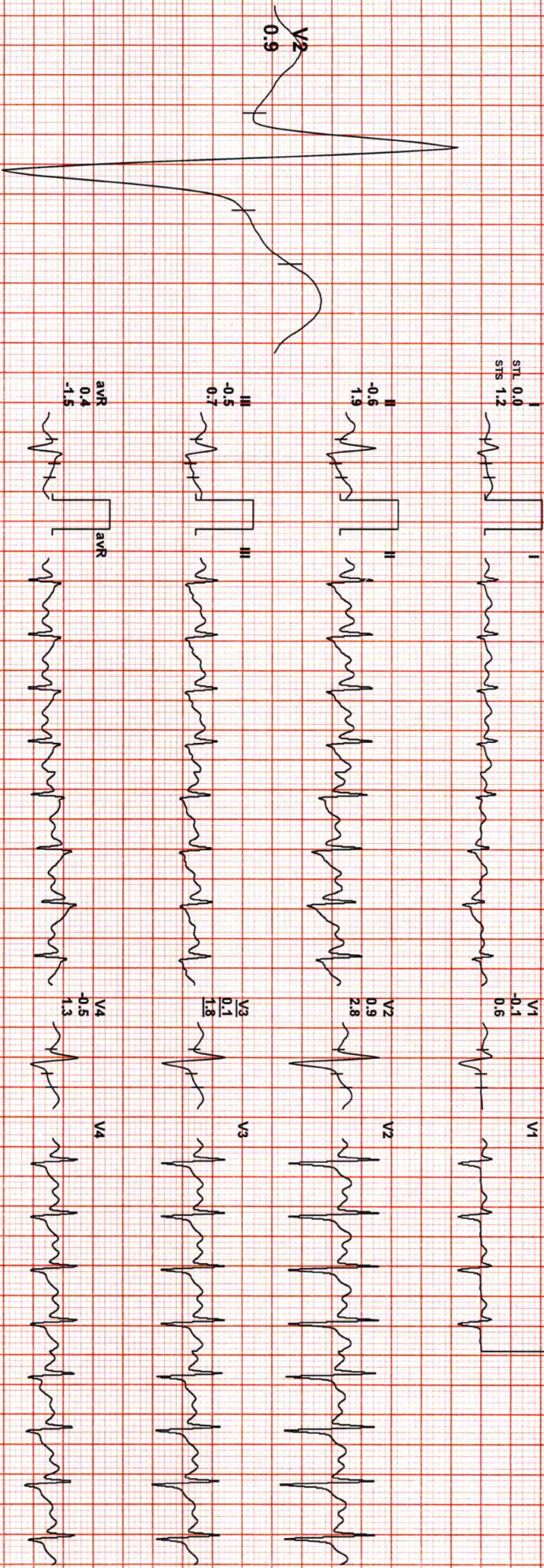


1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 153

Date: 15 / 04 / 2024 09:55:21 AM METS: 7.1/ 153 bpm 84% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 H2/LF 35 HZ

4X 60 mS Post J

EXTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec: 1.0 Cm/mV



REMARKS:

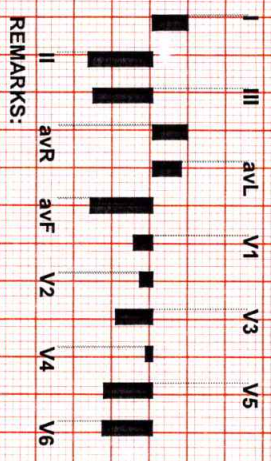
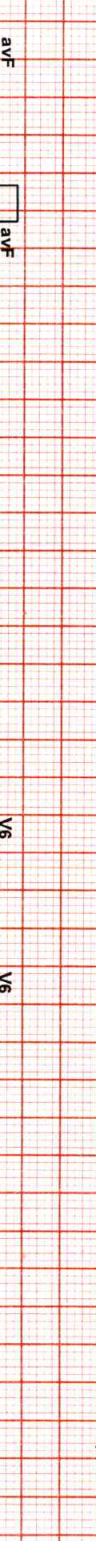
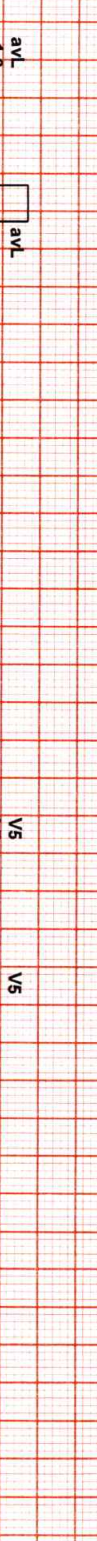
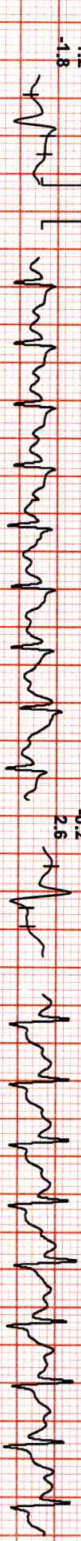
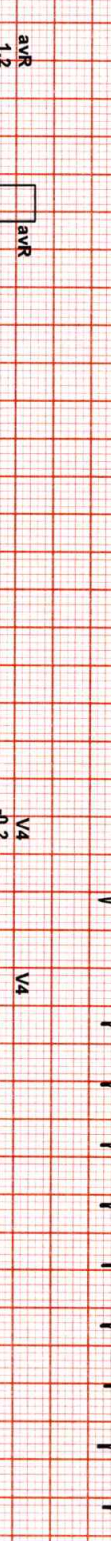
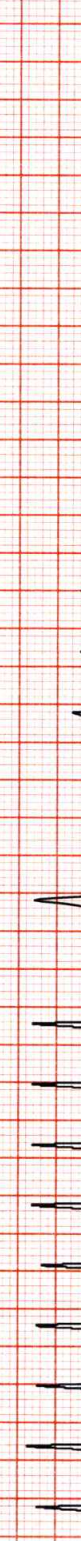
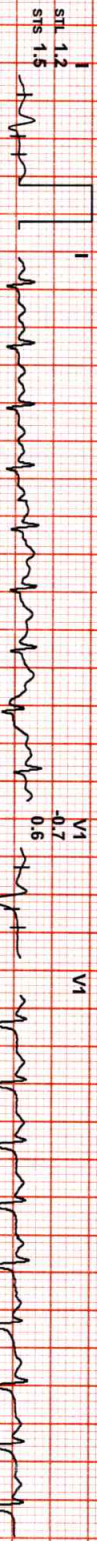
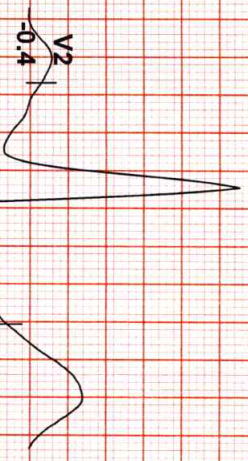


1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 167

Date: 15 / 04 / 2024 09:55:21 AM METS: 8.8/ 167 bpm 92% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 60 mS Post J



REMARKS:



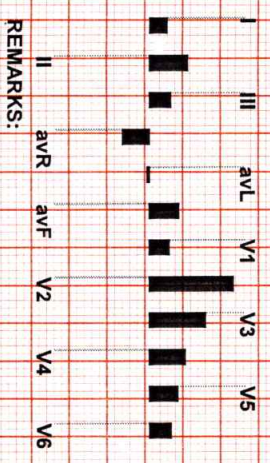
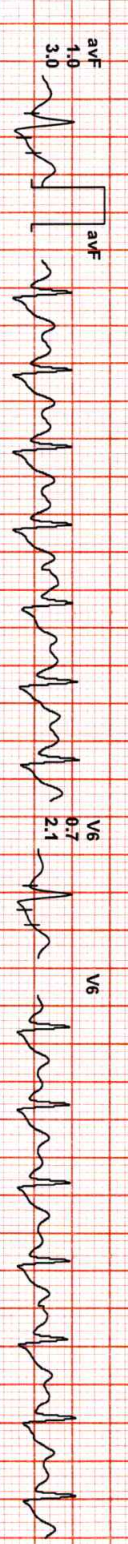
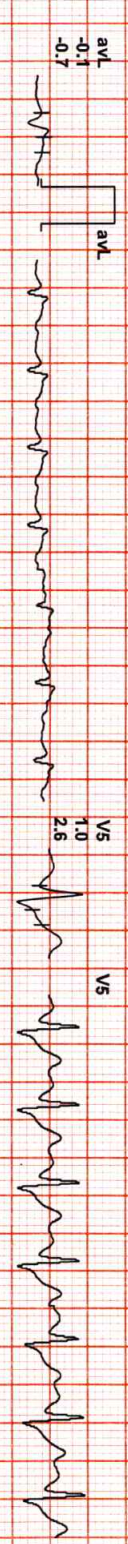
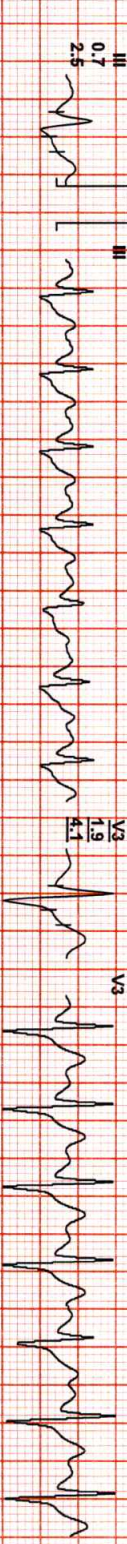
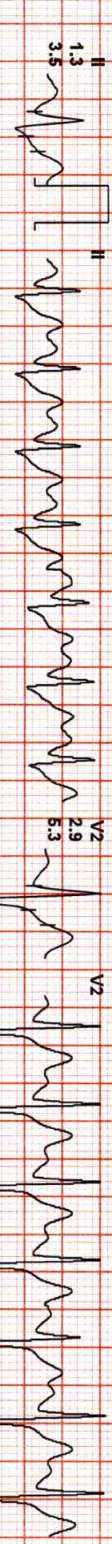
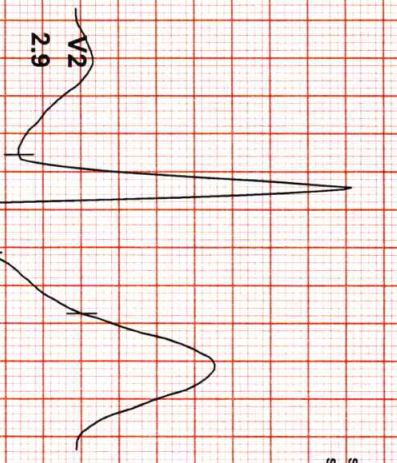
1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 134

Date: 15 / 04 / 2024 09:55:21 AM METS: 1.2/ 134 bpm 74% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:38 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



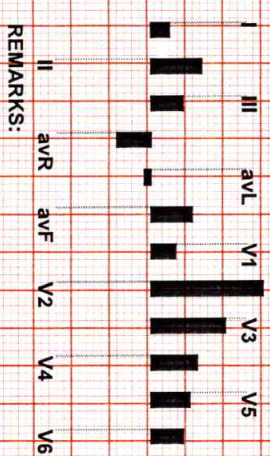
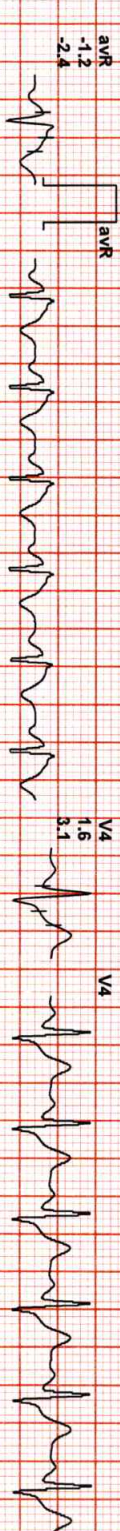
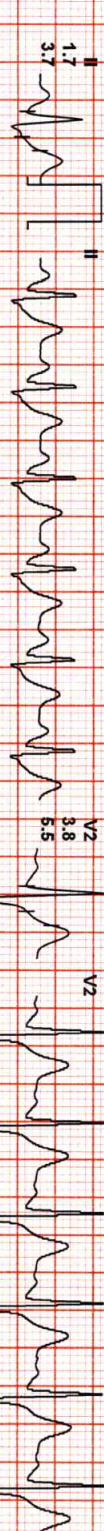
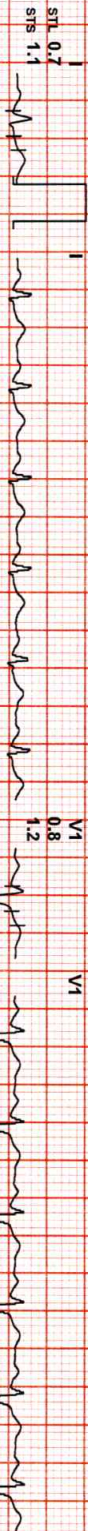
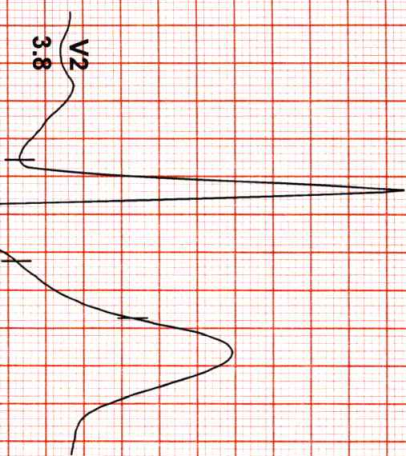
1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 114

Date: 15 / 04 / 2024 09:55:21 AM METS: 1.0/ 114 bpm 63% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:38 0.0 mph, 0.0%

4X 70 mS Post J

24 mm/Sec. 1.0 Cm/mV



REMARKS:

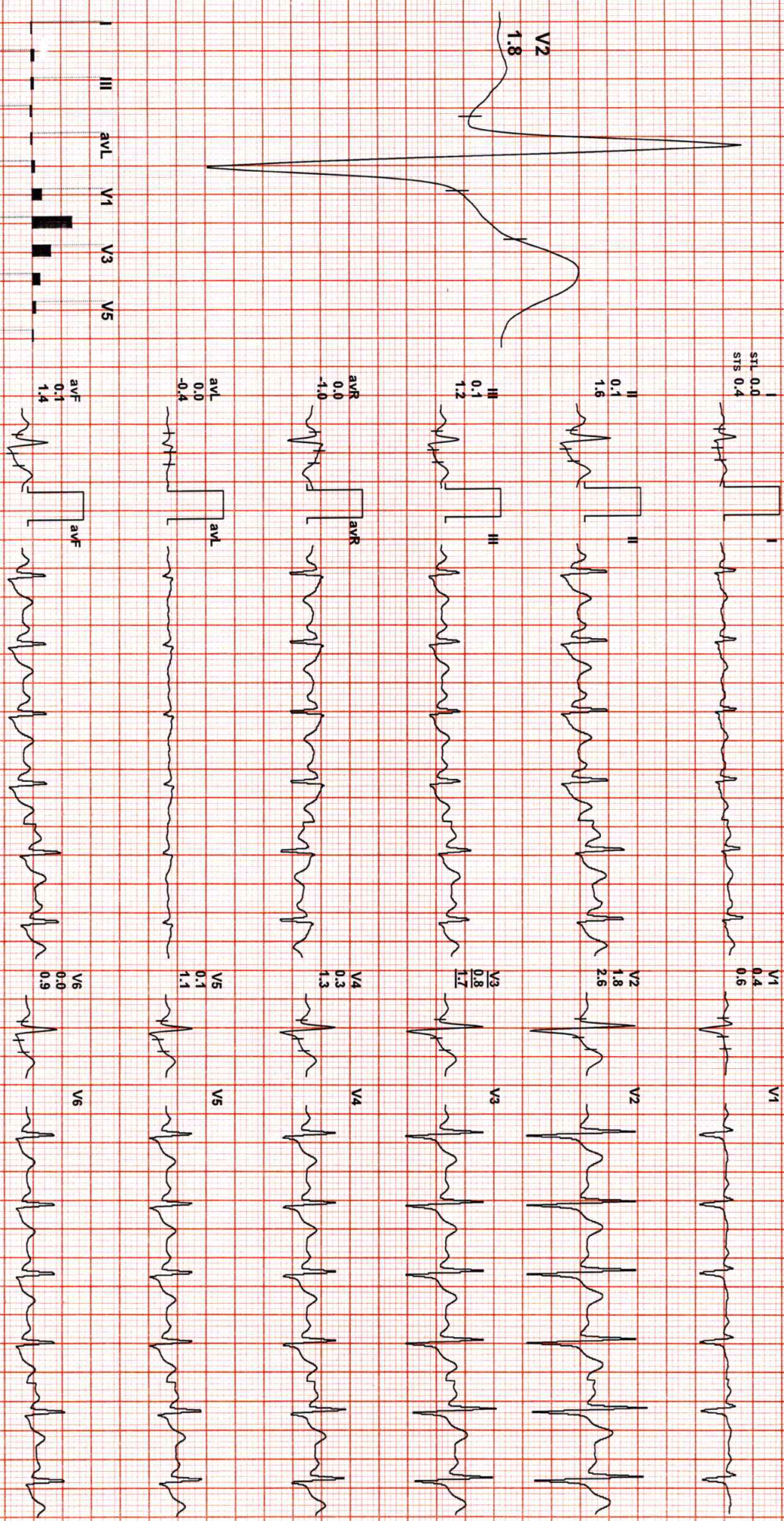


1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 118

Date: 15 / 04 / 2024 09:55:21 AM METS: 1.0/ 118 bpm 65% of THR BP: 125/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 HZ

4X 80 ms Post J

ExTime: 07:38 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:



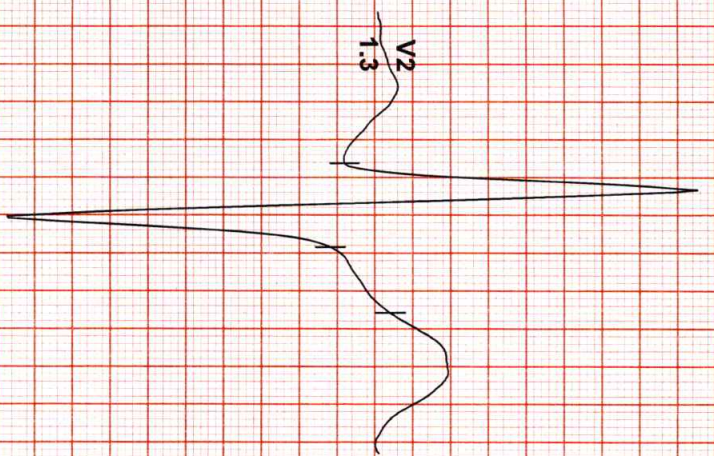
1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 112

Date: 15 / 04 / 2024 09:55:21 AM METS: 1.0/ 112 bpm 62% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:38 0.0 mph, 0.0%

4X 80 mS Post J

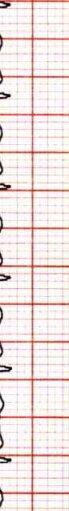
25 mm/Sec. 1.0 Cm/mV



SI 0.2  
STI 0.2  
STS 0.3



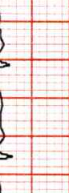
I



II 0.2  
1.0



III 0.0  
0.6



aVR -0.2  
-0.7



aVL 0.1  
0.1  
-0.2



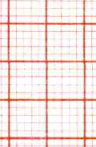
V1 0.1  
0.4



V2 1.3  
1.3  
1.9



V3 0.6  
1.2



V4 0.2  
0.8



V5 0.1  
0.1  
0.7



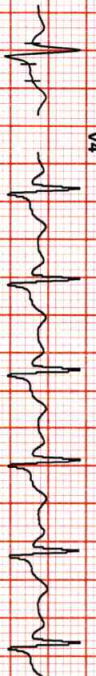
V6 0.0  
0.0  
0.4



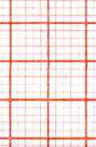
aVF 0.1  
0.1  
0.8



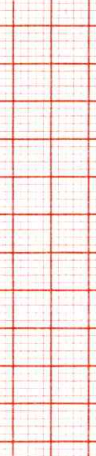
V1 0.1  
0.1



V2 0.1  
0.1



V3 0.1  
0.1



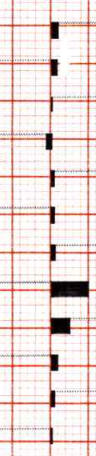
V4 0.1  
0.1



V5 0.1  
0.1



V6 0.1  
0.1



V1 0.1  
0.1



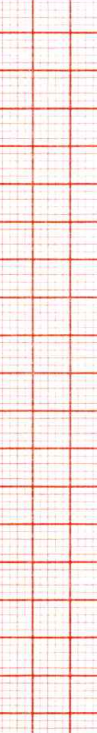
V2 0.1  
0.1



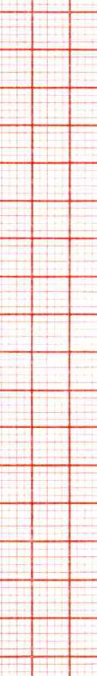
V3 0.1  
0.1



V4 0.1  
0.1



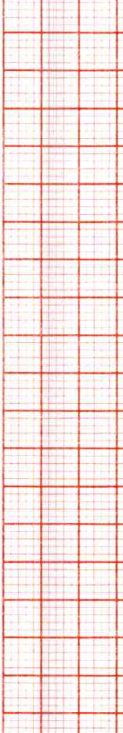
V5 0.1  
0.1



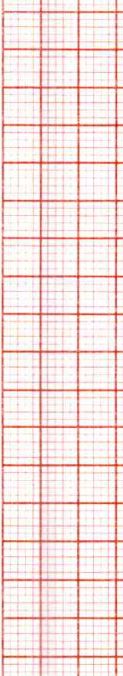
V6 0.1  
0.1



aVR -0.2  
-0.7



aVL 0.1  
0.1  
-0.2



aVF 0.1  
0.1  
0.8

REMARKS:





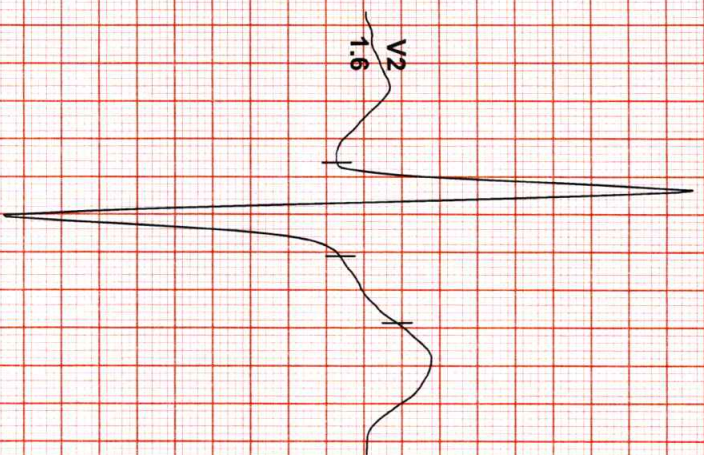
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Date: 15 / 04 / 2024 09:55:21 AM METS: 1.0/ 111 bpm 61% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

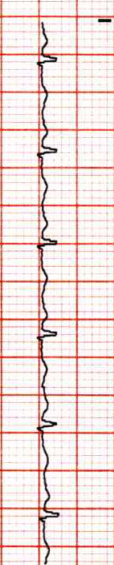
EXTime: 07:38 0.0 mph 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



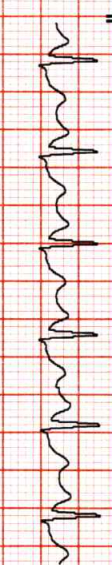
I  
STL 0.2  
STS 0.3



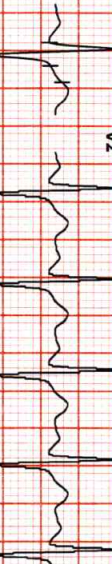
V1  
0.1  
0.3



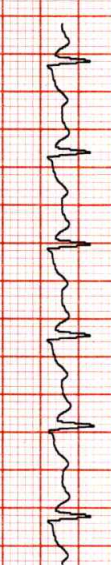
II  
0.2  
0.7



V2  
1.6  
1.9



III  
0.0  
0.4



V3  
0.6  
1.0



aVR  
-0.1  
-0.5



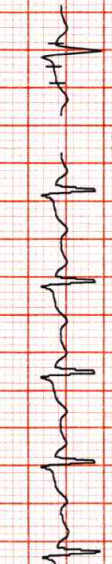
V4  
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0.4



aVL  
0.1  
0.0



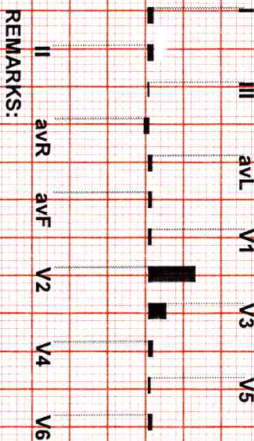
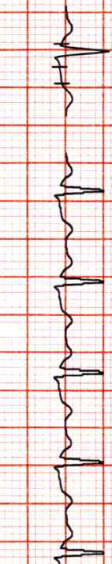
V5  
0.0  
0.3



aVF  
0.1  
0.5



V6  
0.1  
0.4



REMARKS:



1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 102

Date: 15 / 04 / 2024 09:55:21 AM I

II

III

aVR

aVL

aVF

V1

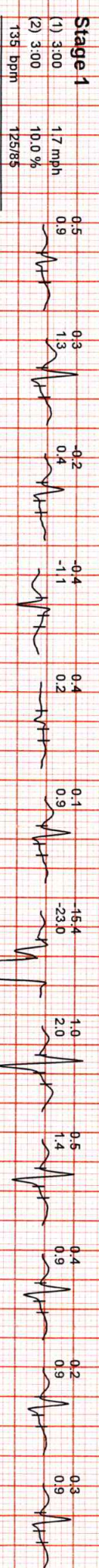
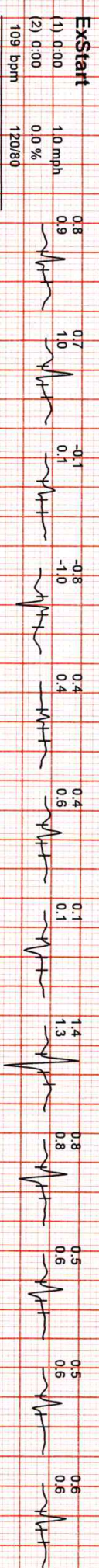
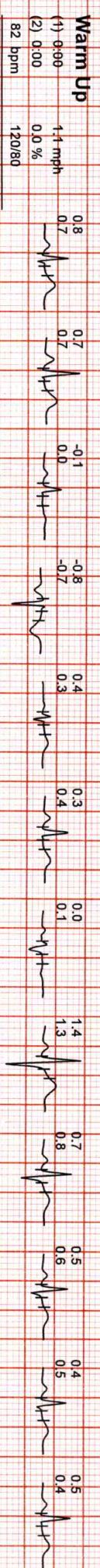
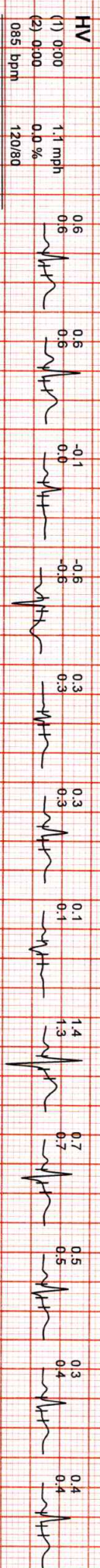
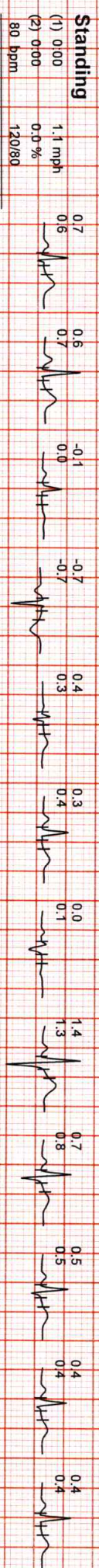
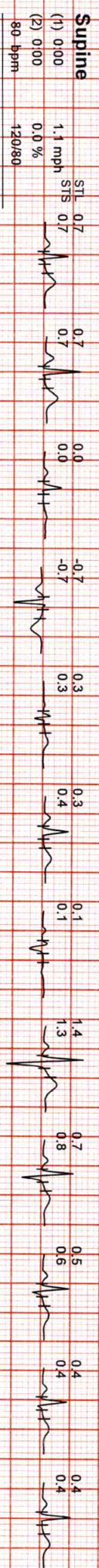
V2

V3

V4

V5

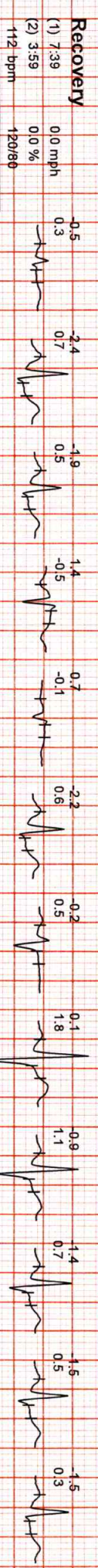
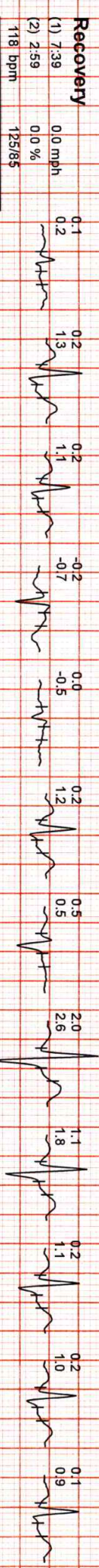
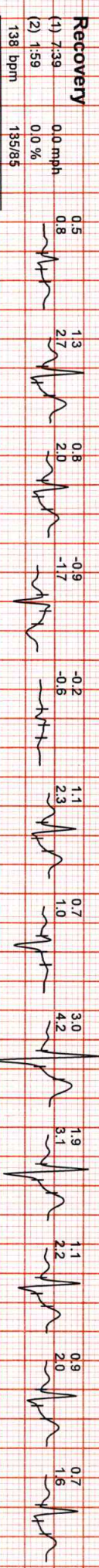
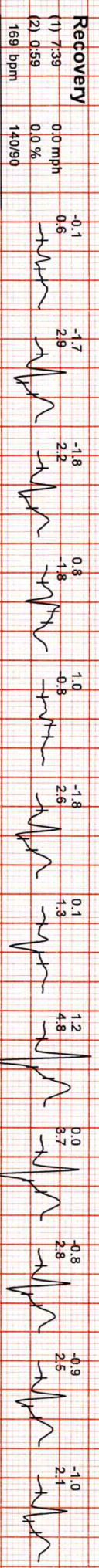
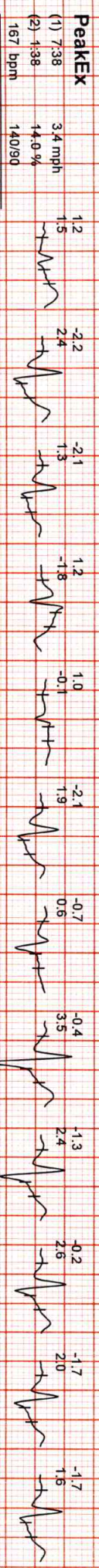
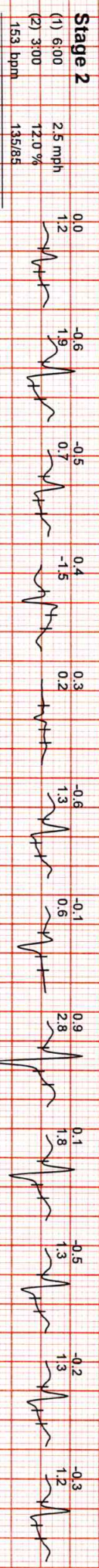
V6





1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 102

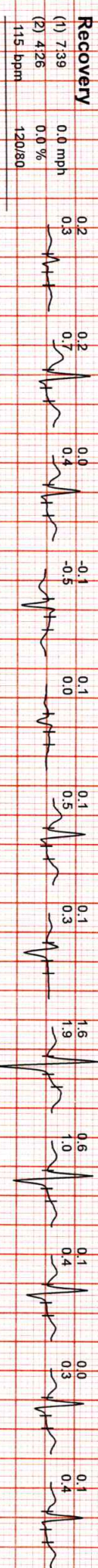
Date: 15 / 04 / 2024 09:55:21 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





1064 (113) / MR DAULAT RAMLAL TANWAR / 38 Yrs / M / 0 Cms / 0 Kg / HR : 102

Date: 15 / 04 / 2024 09:55:21 AM I



Recovery

(1) 7.39 0.0 mph  
(2) 4.26 0.0 %  
115 bpm 120/80

# Dr. Goyal's

## Path Lab & Imaging Centre



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Tele : 0141-2293346, 4049787, 9887049787

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

MC-5509

Date :- 15/04/2024 09:15:02  
**NAME :- Mr. DAULAT RAMLAL TANWAR**  
Sex / Age :- Male 38 Yrs 6 Mon 29 Days  
Company :- MediWheel

Patient ID :-122425003  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 15/04/2024 09:23:50

Final Authentication : 15/04/2024 10:47:30

### HAEMATOLOGY

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

BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)  
Method:- HPLC

6.1 H %

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

128 H mg/dL

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

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Technologist

Page No: 1 of 12



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RMC No. 17975/008828

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Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 15/04/2024 09:23:50

Final Authentication : 15/04/2024 10:47:30

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	14.3	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	8.11	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	60.2	%	40.0 - 80.0
LYMPHOCYTE	33.9	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	2.7	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.89	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.75	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.24	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.21	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.14	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	44.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	86.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.8	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.1	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	226	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.3 H	%	11.6 - 14.0
MENTZER INDEX	16.85		

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: 2 of 12



**Dr. Rashmi Bakshi**  
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RMC No. 17975/008828

# Dr. Goyal's

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

Date :- 15/04/2024 09:15:02 Patient ID :-122425003  
**NAME :- Mr. DAULAT RAMLAL TANWAR** Ref. By Dr:- BOB  
Sex / Age :- Male 38 Yrs 6 Mon 29 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 15/04/2024 09:23:50 Final Authentication : 15/04/2024 10:47:30

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	09	mm/hr.	00 - 13

**(ESR) Methodology** : Measurement of ESR by cells aggregation.

**Instrument Name** : Independent form Hematocrit value by Automated Analyzer (Roller-20)

**Interpretation** : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR"  $\times > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (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

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

Date :- 15/04/2024 09:15:02  
**NAME :- Mr. DAULAT RAMLAL TANWAR**  
Sex / Age :- Male 38 Yrs 6 Mon 29 Days  
Company :- MediWheel

Patient ID :-122425003  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/04/2024 09:23:50

Final Authentication : 15/04/2024 12:11:25

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	173.81	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	70.93	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	38.72	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	123.27	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	14.19	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.49		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.18		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	482.92	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Radox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTERO InstrumentName:Radox 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:Radox 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			

MANOJCHOUDHARY

Page No: 4 of 12



**Dr. Piyush Goyal**  
(D.M.R.D.)  
**Dr. Rashmi Bakshi**



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

MC-5509

Date :- 15/04/2024 09:15:02

Patient ID :-122425003

**NAME :- Mr. DAULAT RAMLAL TANWAR**

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 6 Mon 29 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/04/2024 09:23:50

Final Authentication : 15/04/2024 12:11:25

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.53	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	0.16	mg/dL	Adult - Up to 0.25 Newborn - <0.6 > - 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.37	mg/dl	0.30-0.70
SGOT Method:- IFCC	19.0	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>43.0 H</b>	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	54.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	25.50	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	<b>6.30 L</b>	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.28	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	<b>2.02 L</b>	gm/dl	2.20 - 3.50
A/G RATIO	2.12		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)

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Page No: 5 of 12



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Sex / Age :- Male 38 Yrs 6 Mon 29 Days  
Company :- MediWHEEL

Patient ID :- 122425003  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/04/2024 09:23:50

Final Authentication : 15/04/2024 10:22:56

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.520	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	10.600	ug/dl	6.530 - 13.210
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	0.890	μIU/mL	0.350 - 5.500

**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

NARENDRAKUMAR  
Technologist

Page No: 6 of 12



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

Date :- 15/04/2024 09:15:02  
**NAME :- Mr. DAULAT RAMLAL TANWAR**  
Sex / Age :- Male 38 Yrs 6 Mon 29 Days  
Company :- MediWheel

Patient ID :-122425003  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 15/04/2024 09:23:50

Final Authentication : 15/04/2024 13:53:29

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.0		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.015		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
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	0-1	/HPF	2-3
EPITHELIAL CELLS	NIL	/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

TRILOK  
Technologist

Page No: 7 of 12



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

# Dr. Goyal's

## Path Lab & Imaging Centre



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Date :- 15/04/2024 09:15:02

Patient ID :-122425003

**NAME :- Mr. DAULAT RAMLAL TANWAR**

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 6 Mon 29 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Chloride, UREA, SERUM

Final Authentication : 15/04/2024 13:28:43

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	109.0	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	115.2	mg/dl	70.0 - 140.0
<b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> 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 .			
SERUM CREATININE Method:- Colorimetric Method	1.00	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.02	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MANOJCHOUDHARY

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**Dr. Piyush Goyal**  
(D.M.R.D.)  
**Dr. Rashmi Bakshi**

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Date :- 15/04/2024 09:15:02

Patient ID :-122425003

**NAME :- Mr. DAULAT RAMLAL TANWAR**

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 6 Mon 29 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA, URINE

Sample Collected Time 15/04/2024 09:23:50

Final Authentication : 15/04/2024 13:54:24

### 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

MUKESH SINGH, TRILOK  
Technologist

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Date :- 15/04/2024 09:15:02

Patient ID :-122425003

**NAME :- Mr. DAULAT RAMLAL TANWAR**

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 6 Mon 29 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/04/2024 09:23:50

Final Authentication : 15/04/2024 12:11:25

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	12.3	mg/dl	0.0 - 23.0

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

MANOJCHOUDHARY

Page No: 12 of 12



**Dr. Piyush Goyal**  
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# Dr. Goyal's

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Patient ID :- 122425003  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 15/04/2024 10:46:14

BOB PACKAGE BELOW 40MALE

### X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

### Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

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

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

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

Transcript by.

Page No: 1 of 1

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# Dr. Goyal's

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**NAME :- Mr. DAULAT RAMLAL TANWAR**  
Sex / Age :- Male 38 Yrs 6 Mon 29 Days  
Company :- MediWheel

Patient ID :- 122425003  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 15/04/2024 10:57:10

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver is mildly enlarged in size (~ 15.0 cm). Echo-texture is minimal bright** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

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

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

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

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

**A calculus of size ~ 3.5 mm is seen in lower calyx of left kidney.**

**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 (vol 17 cc) with normal echo-texture and outline. No significant free fluid is seen in peritoneal cavity.

### IMPRESSION:

- \* Mild hepatomegaly with early fatty changes.
- \* Small left renal calculus.

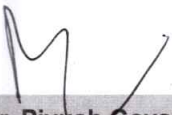
*Needs clinical correlation.*

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NIKITAPATWA

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