

**Patient Name :** PRADEEP SUNARIYA

**Age / Gender :** 35 years / Male

**Endo ID :** 180294

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** Apr 02, 2024, 11:26 a.m.

**Reported Date & Time :** Apr 02, 2024, 03:01 p.m.

**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	11.2	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	3.13	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	34.9	%	42 - 52
Mean Cell Volume (MCV)	111.5	FL	78 - 100
Mean Cell Haemoglobin (MCH)	36.0	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	32.3	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.4	%	11.5 - 14.0
Total Leucocytes Count (WBC)	5720	Cell/cu.mm	4000 - 10000
Neutrophils	49	%	40 - 80
Lymphocytes	41	%	20 - 40
Monocytes	06	%	2 - 10
Eosinophils	04	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	8.7	fL	7.2 - 11.7
PCT	0.21	%	0.2 - 0.5
Platelet Count	238	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

Dr. Kusum Heda  
M.D.(Patho.)

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 :** PRADEEP SUNARIYA

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**HAEMATOLOGY**

ESR	20	mm	0 - 20
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\*\*END OF REPORT\*\*

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

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**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
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**CLINICAL PATHOLOGY**

**URINE ROUTINE**

**General Examination**

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.010		1.005-1.030

**Chemical Examination**

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

**Microscopic Examination**

Pus cells (WBCs)	2-3	/hpf	0-4
Epithelial cells	1-2	/hpf	0-5
Red blood cells	NIL	/hpf	NIL
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

\*\*END OF REPORT\*\*

Dr. Kusum Heda  
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**Sample ID** :



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

BLOOD GROUP ABO AND RHTYPE

'B' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

\*\*END OF REPORT\*\*

Dr. Kusum Heda  
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**Reported Date & Time :** Apr 02, 2024, 03:02 p.m.

**Sample ID :**



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

**LIPID PROFILE**

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	133.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	75.9	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	42.3	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	15.18	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	75.52	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	3.14		2.6-4.9
LDL/HDL Ratio Method : Calculated	1.79		0.5-3.4

\*\*END OF REPORT\*\*

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

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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	0.92	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.22	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.70	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	29.2	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	25.0	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	52.0	U/L	<b>MALE &amp; FEMALE</b>
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	7.25	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.84	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.41	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	2.01		1.5 - 2.5
Method : Calculated			

\*\*END OF REPORT\*\*

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

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**Sample ID :**



240930053

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

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**

5.0

%

> 8% Action Suggested

**BLOOD**

7 - 8 % Good Control

**Method : Nephelometry Methodology**

6 - 7 % Near Normal Glycemia

< 6% Normal level

**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**

96.80

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

\*\*END OF REPORT\*\*

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M.D.(Patho.)

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Test Description	Value(s)	Unit(s)	Reference Range
<b><u>IMMUNOLOGY</u></b>			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	0.86	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	6.3	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	1.55	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. Kusum Heda**  
M.D.(Patho.)

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



Consultant Radiologist & Sonologist

# Dr. Roopa Goyal

MD (Radio-Diagnosis)

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

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### BIOCHEMISTRY

<b>Urea</b> Method : Uricase	38.4	mg/dL	10.0 - 40.0
<b>CREATININE</b> Method : Serum, Jaffe	0.78	mg/dL	0.60 - 1.40

\*\*END OF REPORT\*\*

Dr. Kusum Heda  
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**BIOCHEMISTRY**

<b>Uric Acid</b>	5.0	mg/dL	3.5-7.0
Method : Uricase, Colorimetric			

\*\*END OF REPORT\*\*

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**Sample ID :**



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

Calcium Method : Arsenazo III	9.4	mg/dL	8.50 - 10.20
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\*\*END OF REPORT\*\*

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**Reported Date & Time :** Apr 02, 2024, 03:02 p.m.

**Sample ID :**



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

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	97.2	mg/dL	70.0-110.0
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\*\*END OF REPORT\*\*

Dr. Kusum Heda  
M.D.(Patho.)

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



5 Seconds ECG Report

Patient Name: Mr. PRADEEP SUNARIYA 35/M

April 02, 2024

Time: 09:56:46

HR : 76 bpm

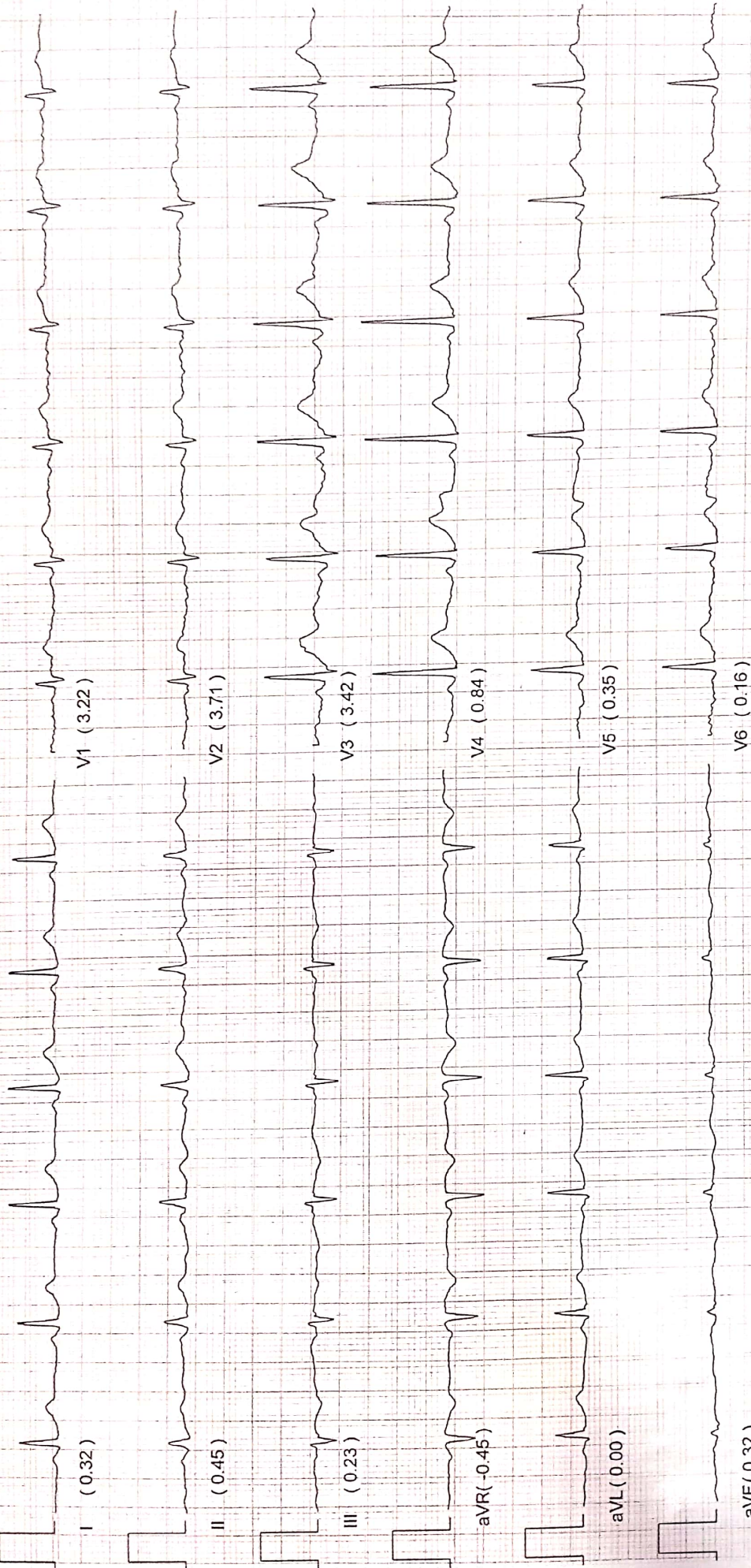
RR Interval: 0.78 sec

PR Interval: 0.15 sec

P-QRS-T Axis (13)-(11)-(12) deg

BP : 0 / 0 mmHg

QRS Duration : 0.076 Sec



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal, T wave inversion in Lead III, Otherwise Normal ECG

DR  
MD

\*Unconfirmed Reporting, Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/1.13

NAME :-- Mr Pradep Sunariya      AGE :-- 35 Yrs      Date:-- 02-Apr-24  
REF BY :- BOB

**SKIAGRAM CHEST PA VIEW**

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

LUNG FIELDS ARE CLEAR

**NAD IN HEART AND LUNGS**

Dr. ROOPA GOYAL  
Consultant Radiologist & Sonologist  
RMC No. 4507/15600  
M.B.B.S., M.D.

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

TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.



**USG ABDOMEN-PELVIS**

NAME – Pradeep Sunariya

AGE-- 35Yrs

Date -- 02-Apr-24

REF BY – BOB

**LIVER :** is enlarged and bright 14.5 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

**GALL BLADDER :** distended and shows smooth walls. Wall thickness appears normal. No evidence of sludge/ calculus . No evidence of pericholecystic collection.

**SPLEEN:** normal in size and shows normal echopattern.

**PANCREAS:** Normal in size , shape and position. Parenchyma is homogenous.

**RT.KIDNEY-** Normal in size, shape and position . Measures :--9.6 x 4.0cm  
Cortex is homogeneous. Corticomedullary differentiation is maintained  
pelvicalyceal system is not dilated.  
No evidence of any calculus is Seen

**LT. KIDNEY-** Normal in size, shape and position. Measures :--9.9 x 5.2ccm  
Cortex is homogeneous. Corticomedullary differentiation is maintained.  
pelvicalyceal system is not dilated.  
No evidence of any calculus is Seen

**URINARY BLADDER :** is distended with smooth walls .  
No evidence of diverticulum or calculus is Seen

**PROSTATE:** is Normal in size 10.7 cm and shows normal homogeneous echotexture

**IMPRESSION:-**

- Enlarged fatty liver.
- Rest of the abdominal organs are within normal limits.

**(Adv- clinical correlation , further evaluation)**

Please note :- This is professional opinion only and not the final diagnosis as science of radiology is based on interpretation of various shadows produced by both normal and abnormal structures . Dissimilar diverse diseases may produce similar shadows and vice versa , hence no us finding is path genomic . All findings are only S/O , hence advice These findings are observations at the time of study.  
Findings can change any time. In case of any disparity between clinical and sonography, X ray findings. Please send patient again for review Free of Cost  
This report is not valid for medico-legal purpose subject to Ajmer and jurisdiction only .

Dr. ROOPA GOYAL (M.B.B.S., M.D.)  
Consultant Radiologist & Sonologist  
RMC No.-004507115600

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

ER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.

NAME : PRADEEEP SUNARIYA      DATE : 02-Apr-24  
 AGE : 35 YRS      REF BY : BOB  
 SEX : MALE

**INTERPRETATION SUMMARY**

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR, TRACE MR
- . RVSP 25 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM .
- . SIZE OF MAIN PULMONARY ARTERY 16 MM

**M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)**

LVID d	41.9	LVEDV	
LVID s	27.0	LVESV	
RVID(d)	---	SV	-
IVS d	10.2	F.S	35%
IVS S	14.3	EF	65%
LVPW d	9.6	C.O	-
LVPWS	13.6	MITRAL VALVE	-
AORTIC ROOT	29.6	EF SLOPE	-
LEFT ATRIUM	31.9	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

**DOPPLER MEASUREMENTS & CALCULATIONS:**

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 133 A- 78	-	TRACE
TRICUSPID VALVE	NORMAL	198	-	MILD
PUL VALVE	NORMAL	112	-	NIL
AORTIC VALVE	NORMAL	124	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE      25 MM HG	MVA

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

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

TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
 THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.



(Calculated)  
MCHC  
(Calculated)

भारत सरकार  
GOVERNMENT OF INDIA

प्रदीप सुनारिया  
Pradeep Sunariya

जन्म वर्ष / Year of Birth : 1989  
पुरुष / Male

7455 0078 4353

आधार - आम आदमी का अधिकार



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

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O भीम सिंह सुनारिया, एफ-१२  
यू.आई.टी. कॉलोनी, धोलामाटा, अजमेर,  
अजमेर, राजस्थान, 305001

Address: S/O Bhim Singh  
Sunariya, F-12 u.i.t. colony,  
dholabhata, Ajmer, Ajmer,  
Rajasthan, 305001

1947  
1800 180 1947

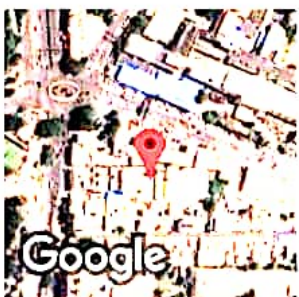
help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947,  
Bangaluru-560 001



 **GPS Map Camera**



Ajmer, Rajasthan, India  
8, Kala Bagh Gali, near Bajranggarh Chauraha, Kala  
Bagh, Ajmer, Rajasthan 305001, India  
Lat 26.469869°  
Long 74.633992°  
02/04/24 10:07 AM GMT +05:30

Consultant Radiologist & Sonologist

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**GOYAL**  
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**Patient Name :** PRADEEP SUNARIYA

**Age / Gender :** 35 years / Male

**Endo ID :** 180294

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 02, 2024, 03:42 p.m.

**Reported Date & Time :** Apr 02, 2024, 04:10 p.m.

**Sample ID :**



240930154

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

Blood Glucose-Post Prandial

122.2

mg/dL

70 - 140

Method : Hexokinase

**\*\*END OF REPORT\*\***

**Dr. Kusum Heda**  
M.D.(Patho.)

**Dr. Nishi Prasad**  
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