

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

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

General Physical Examination

Date of Examination: 07-04-24

Name: Deepak Phull Age: 30 Sex: Male

DOB: 17.09.1993

Referred By: BOB

Photo ID: Adhaar ID #: attached

Ht: 183 (cm)

Wt: 111 (Kg)

Chest (Expiration): 115 (cm)

Abdomen Circumference: 116 (cm)

Blood Pressure: 127/79 mm Hg PR: 97 / min

BMI 33.8 kg/m²

Eye Examination: dist vision 6/6, Near vision N/6.
No colour blindness

Other: Not significant.

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

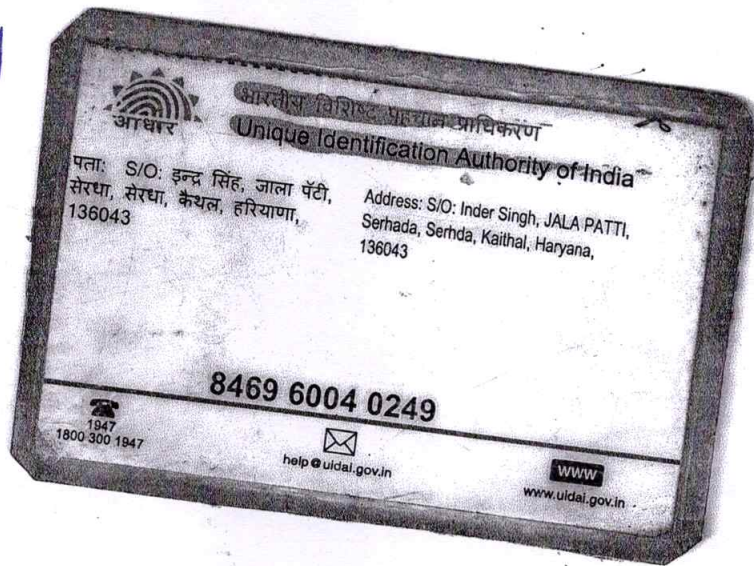
Signature Of Examinee : _____ Name of Examinee: _____

Signature Medical Examiner : _____ Name Medical Examiner _____

Piyush Goyal
M.B.B.S. D.M.R.D
RMCRAJ. NO. 017996



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07/09/2024



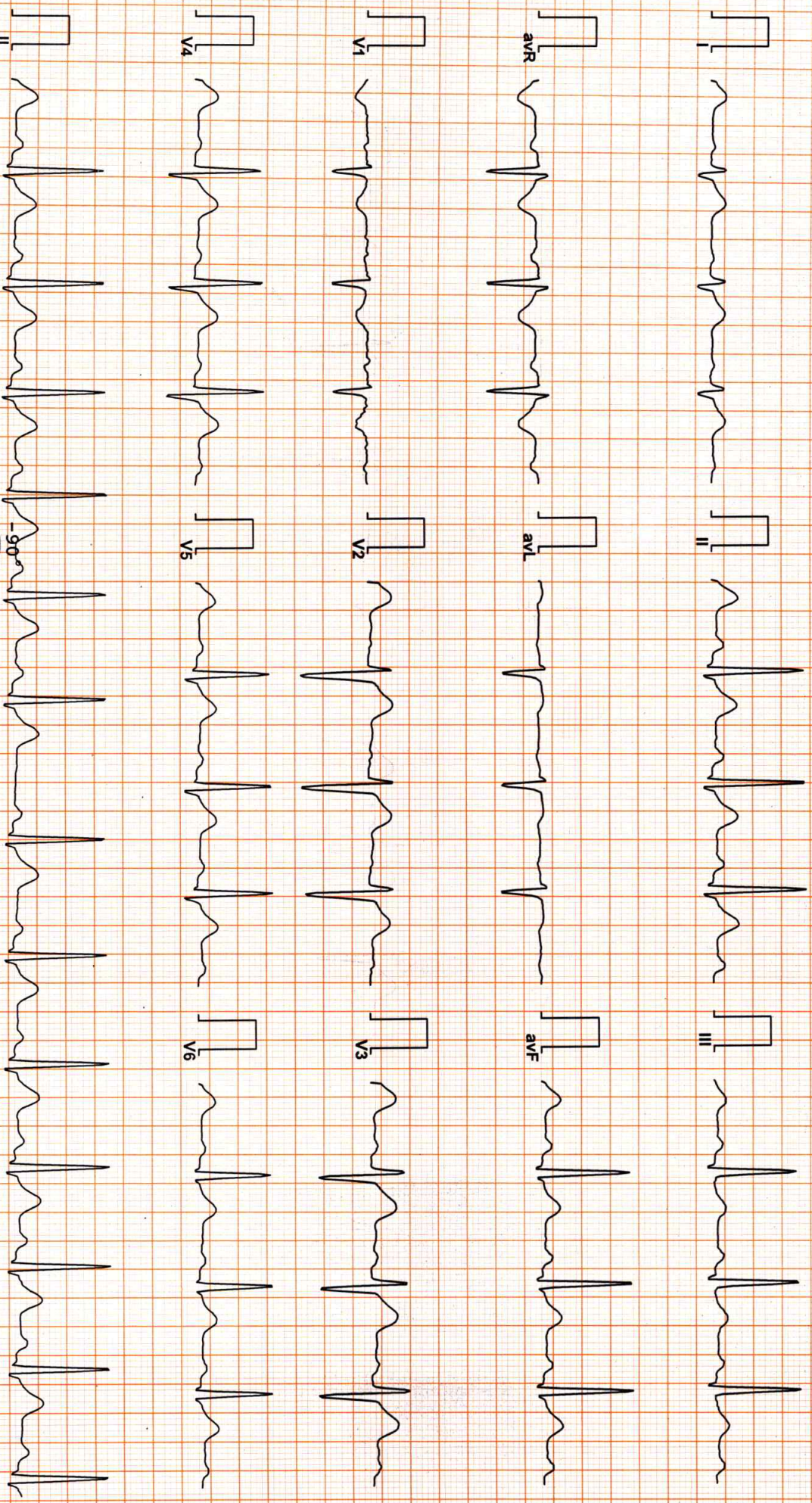
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Pirush Goya
M.B.B.S., D.M.R.D
RMC Reg. No.-017996

DR. GOYAL PATH LAB

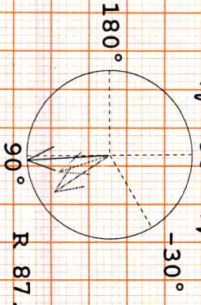
/ MR DEEPAK DHULL / 55 Yrs / M

5205
Heart Rate : 81 bpm / Tested On : 07-Apr-24 13:08:25 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd. By: BOB / MEDI WHEEL

ECCG



Vent Rate : 81 bpm
PR Interval : 190 ms
QRS Duration : 102 ms
QT/QTc Int : 388/421 ms
P-QRS-T axis : 72.00° 87.00° 57.00°



Axis
P 72.00°
QRS 87.00°
T 57.00°

Twink

Reported By:

D Nresh Kumar Mohanka
RMC No. 35703
MBBS, DIP, CARDIO (ESCORTS)
D.E.M. (RCGP-UK)



1019 (113) / MR DEEPAK DHULL / 30 Yrs / F / 0 Cms / 0 Kg / NonSmoker
Date: 07 / 04 / 2024 01:09:59 PM Refd By : BOB MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	MEts	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:59	0:59	01.1	00.0	01.0	085	45%	126/86	107	00	
Standing	01:47	0:48	01.1	00.0	01.0	090	47%	126/86	113	00	
HV	02:29	0:42	01.1	00.0	01.0	098	52%	126/86	123	00	
Warm Up	03:11	0:42	01.1	00.0	01.0	098	52%	126/86	123	00	
ExStart	03:16	0:05	01.7	10.0	01.1	105	55%	126/86	132	00	
BRUCE Stage 1	06:16	3:00	01.7	10.0	04.7	119	63%	136/86	161	00	
BRUCE Stage 2	09:16	3:00	02.5	12.0	07.1	140	74%	150/90	210	00	
PeakEx	12:11	2:55	03.4	14.0	10.1	172	91%	160/90	275	00	
Recovery	13:11	1:00	00.0	00.0	01.2	143	75%	160/90	228	00	
Recovery	14:11	2:00	00.0	00.0	01.0	119	63%	150/90	178	00	
Recovery	15:11	3:00	00.0	00.0	01.0	115	61%	140/90	161	00	
Recovery	16:11	4:00	00.0	00.0	01.0	109	57%	130/86	141	00	
Recovery	17:11	5:00	00.0	00.0	01.0	101	53%	126/86	127	00	
Recovery	17:28	5:17	00.0	00.0	01.0	101	53%	126/86	127	00	

FINDINGS :

Exercise Time : 08:55
 Max HR Attained : 172 bpm 91% of Target 190
 Max BP Attained : 160/90 (mm/Hg)
 Max Workload Attained : 10.1 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

TMT is Negative for RVI

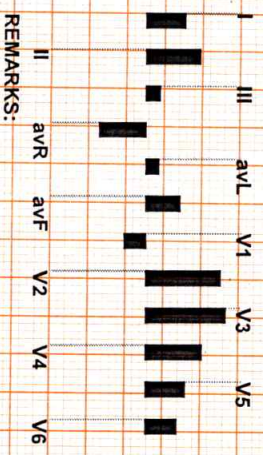
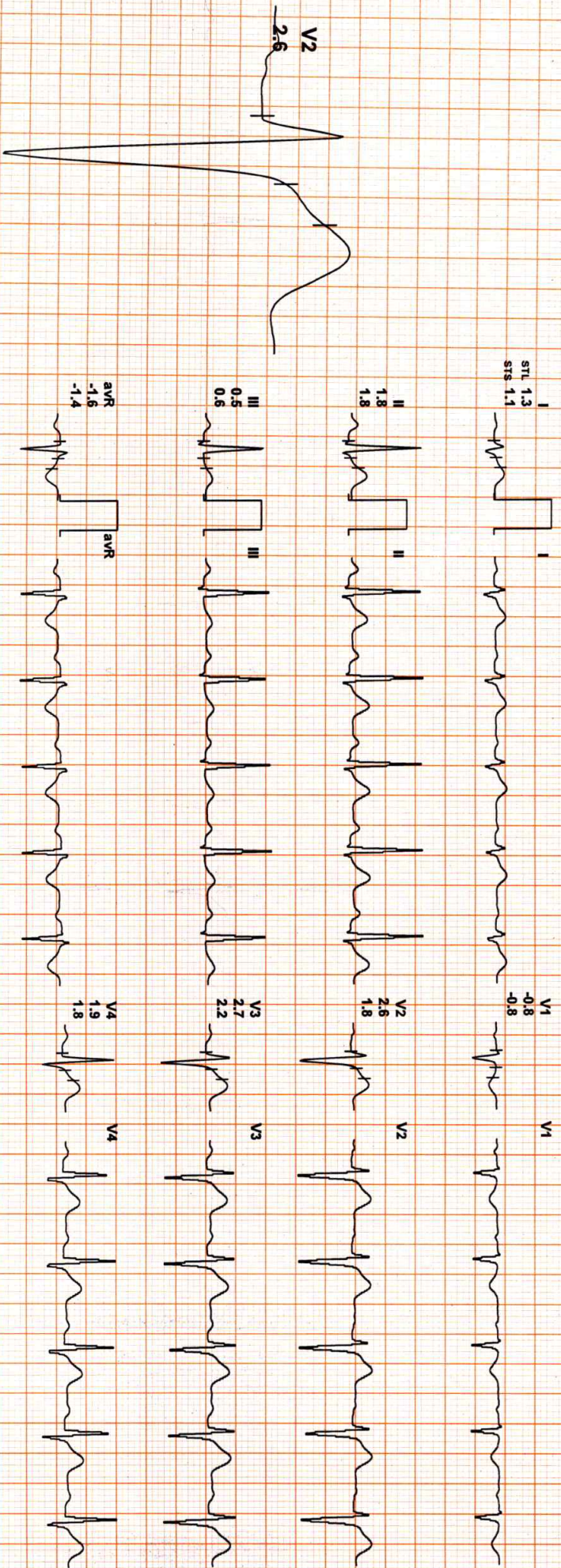
D. Naresh Kumar Moharika
 RMC No. 35703
 MBBS, DIP, CARDIO (ESCORTS)
 D.E.M. (RCGP-UK)



1019 (113) / MR DEEPAK DHULL / 30 Yrs / F / 0 Cms / 0 Kg / HR : 85

Date: 07/04/2024 01:09:59 PM METS: 1.0/ 85 bpm 45% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
4X 80 ms Post J

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



REMARKS:

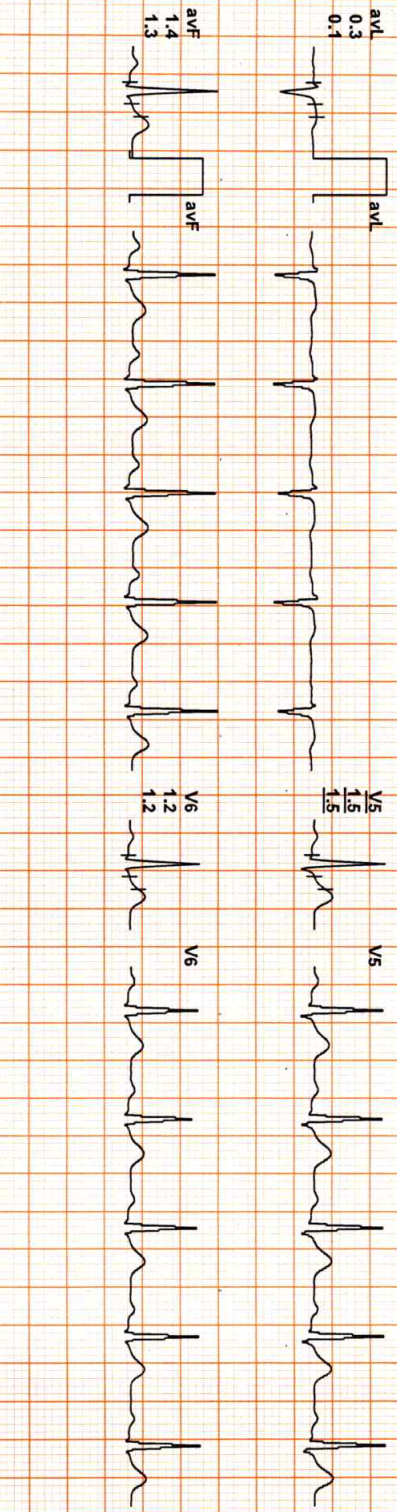
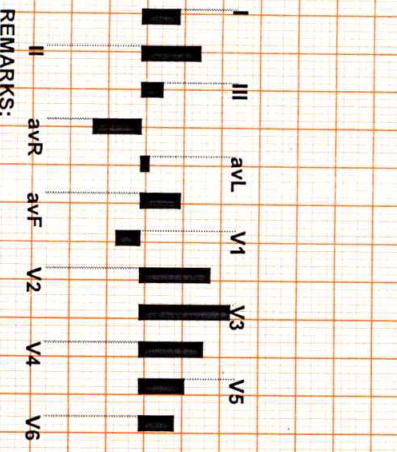
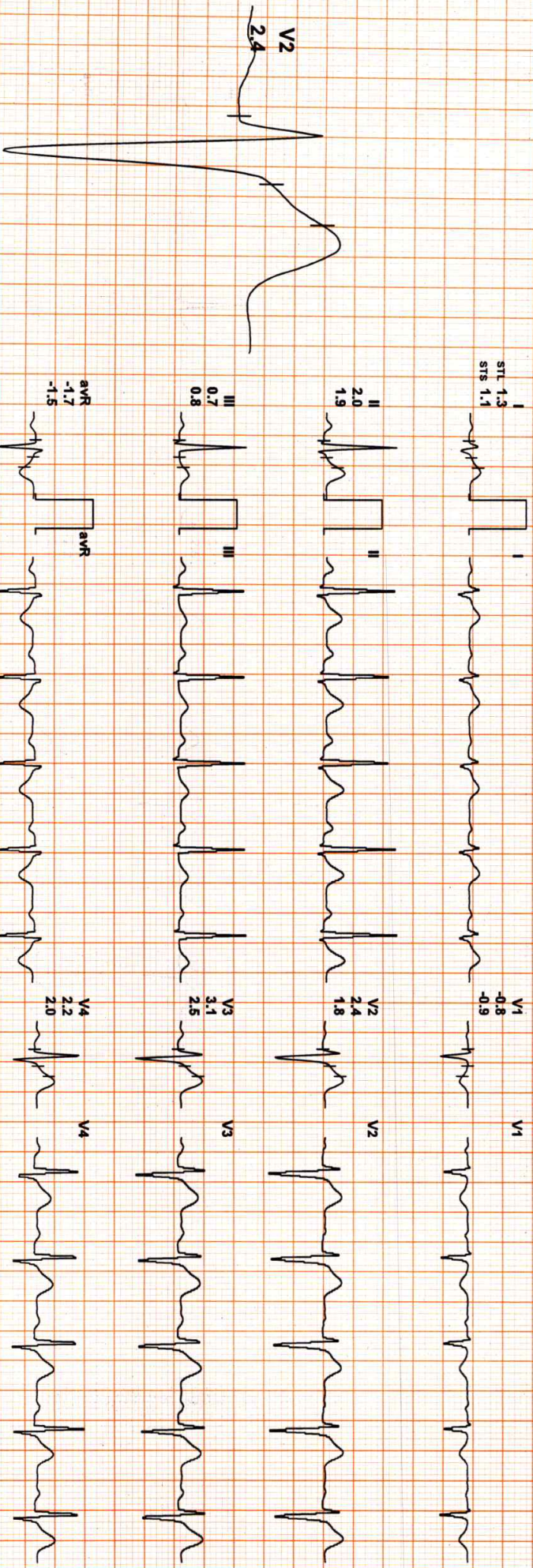


1019 (113) / MR DEEPAK DHULL / 30 Yrs / F / 0 Cms / 0 Kg / HR : 90

Date: 07 / 04 / 2024 01:09:59 PM METS: 1.0/ 90 bpm 47% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 00:00 1.1 mph 0.0%
25 mm/Sec. 1.0 Cm/mv

4X 80 mS Post J



REMARKS:

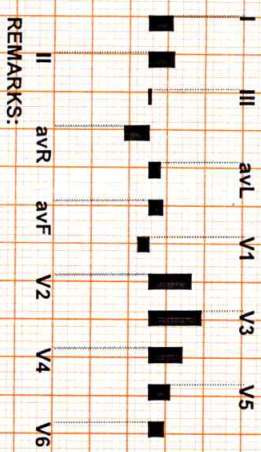
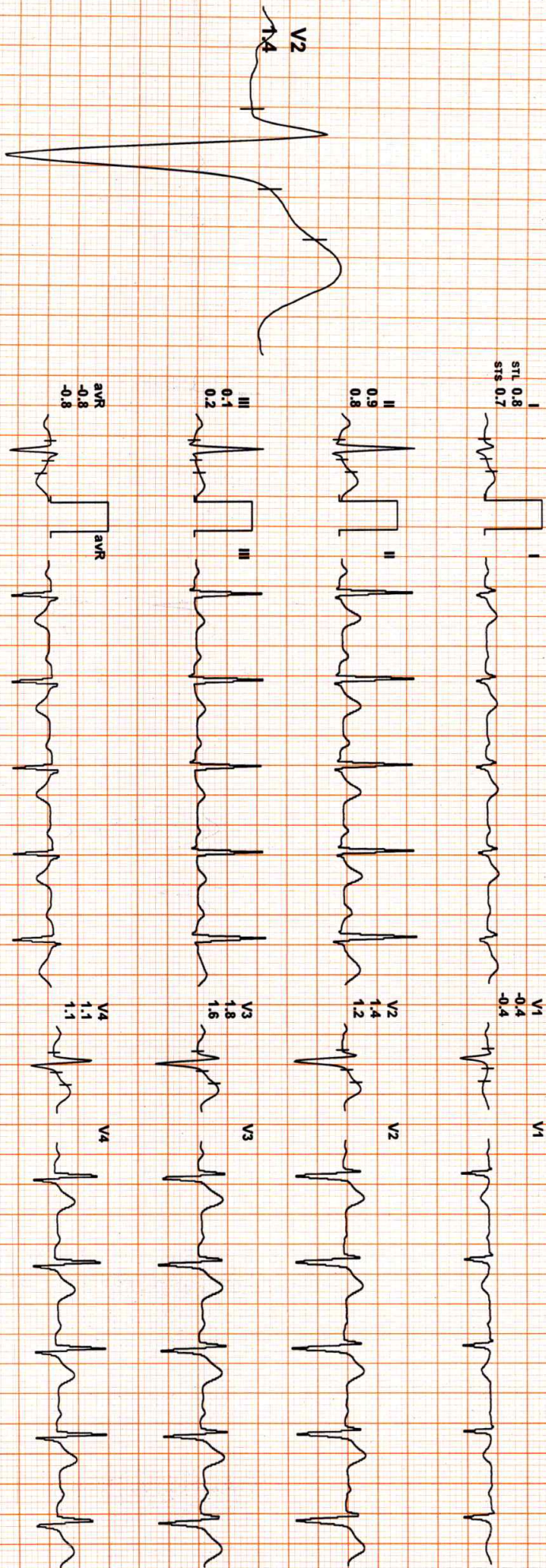


1019 (113) / MR DEEPAK DHULL / 30 Yrs / F / 0 Cms / 0 Kg / HR : 98

Date: 07 / 04 / 2024 01:09:59 PM METS: 1.0/ 98 bpm 52% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



REMARKS:

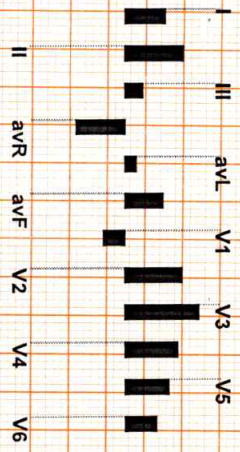
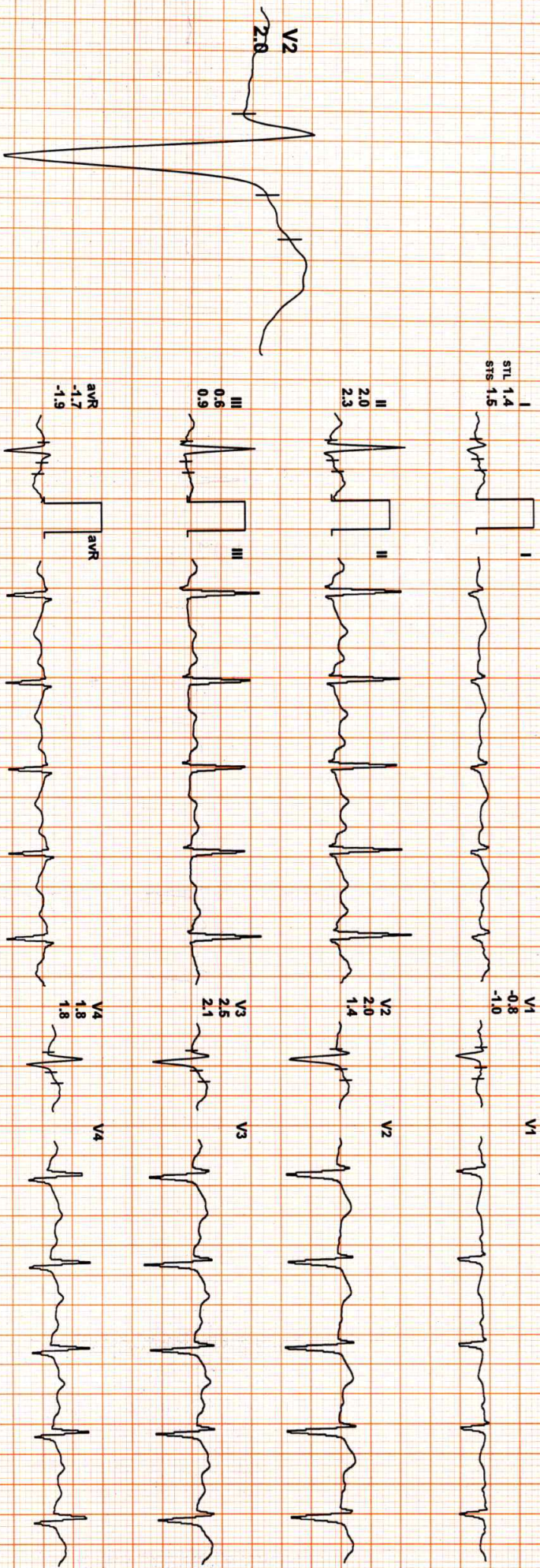


1019 (113) / MR DEEPAK DHULL / 30 YRS / F / 10 Cms / 0 Kg / HR : 98

Date: 07/04/2024 01:09:59 PM METS: 1.0/ 98 bpm 52% of THR BP: 126/86 mmHg Combined Medians/ BLG On Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 80 ms Post J



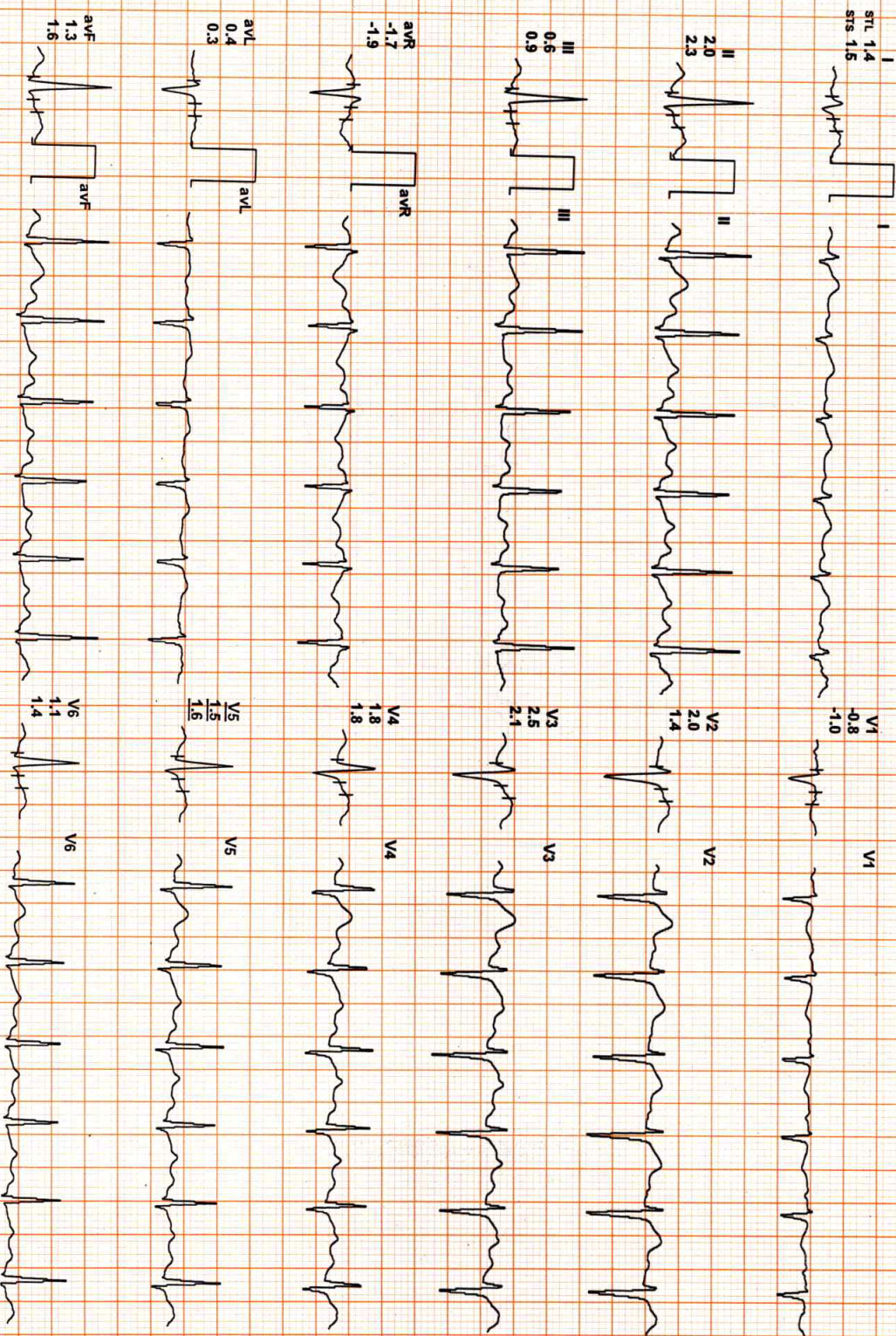
REMARKS:



Date: 07 / 04 / 2024 01:09:59 PM METS: 1.1/ 105 bpm 55% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.7 mph, 10.0%
26 mm/Sec. 1.0 Cm/mv

4X 80 ms Post J



REMARKS:

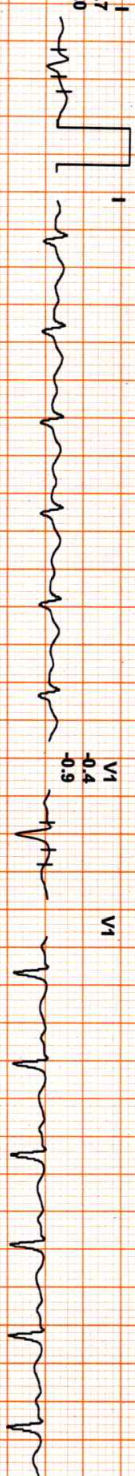


Date: 07 / 04 / 2024 01:09:59 PM METS: 4.71 119 bpm 63% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

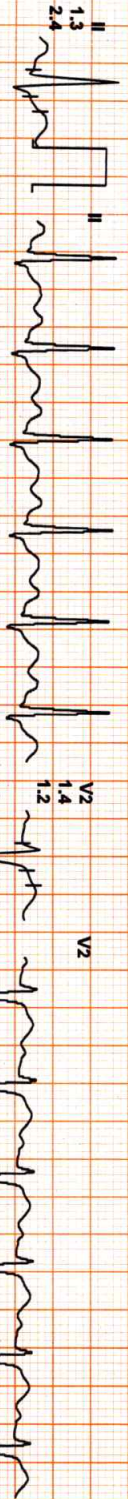
ExTime: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 70 ms Post J

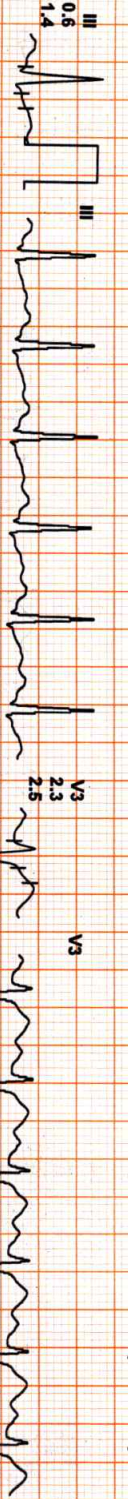
STL 0.7
STS 1.0



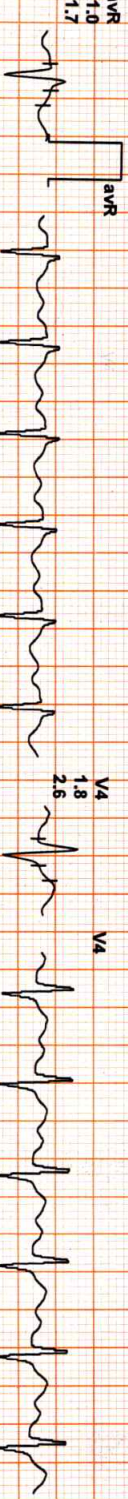
I
0.4
-0.9



II
1.3
2.4



III
0.6
1.4



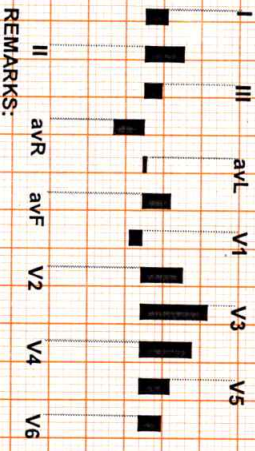
aVR
-1.0
-1.7



aVL
0.1
-0.1



aVF
0.9
1.9



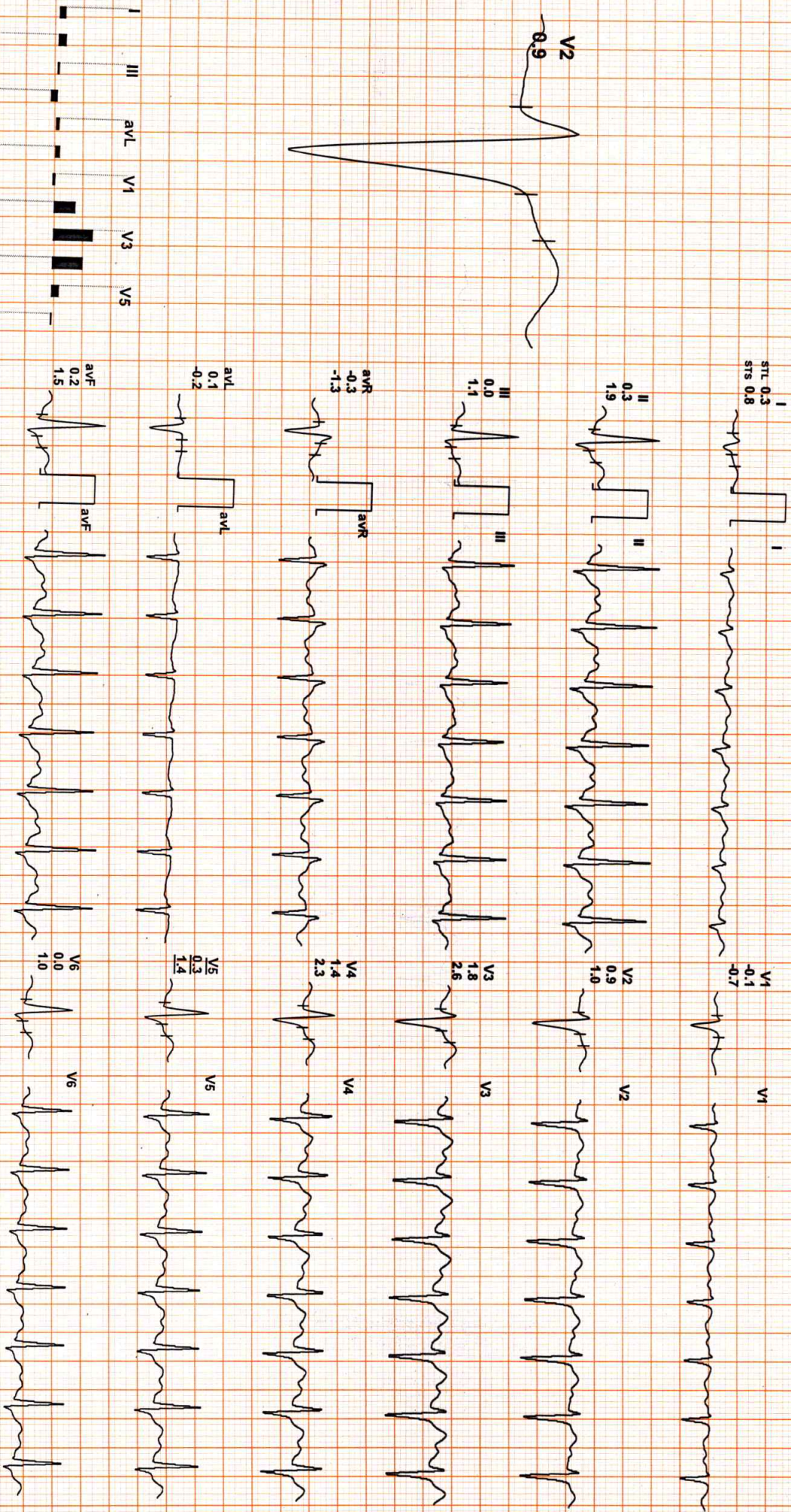
REMARKS:



Date: 07 / 04 / 2024 01:09:59 PM METS: 7.1 / 140 bpm 74% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

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

4X 60 ms Post J

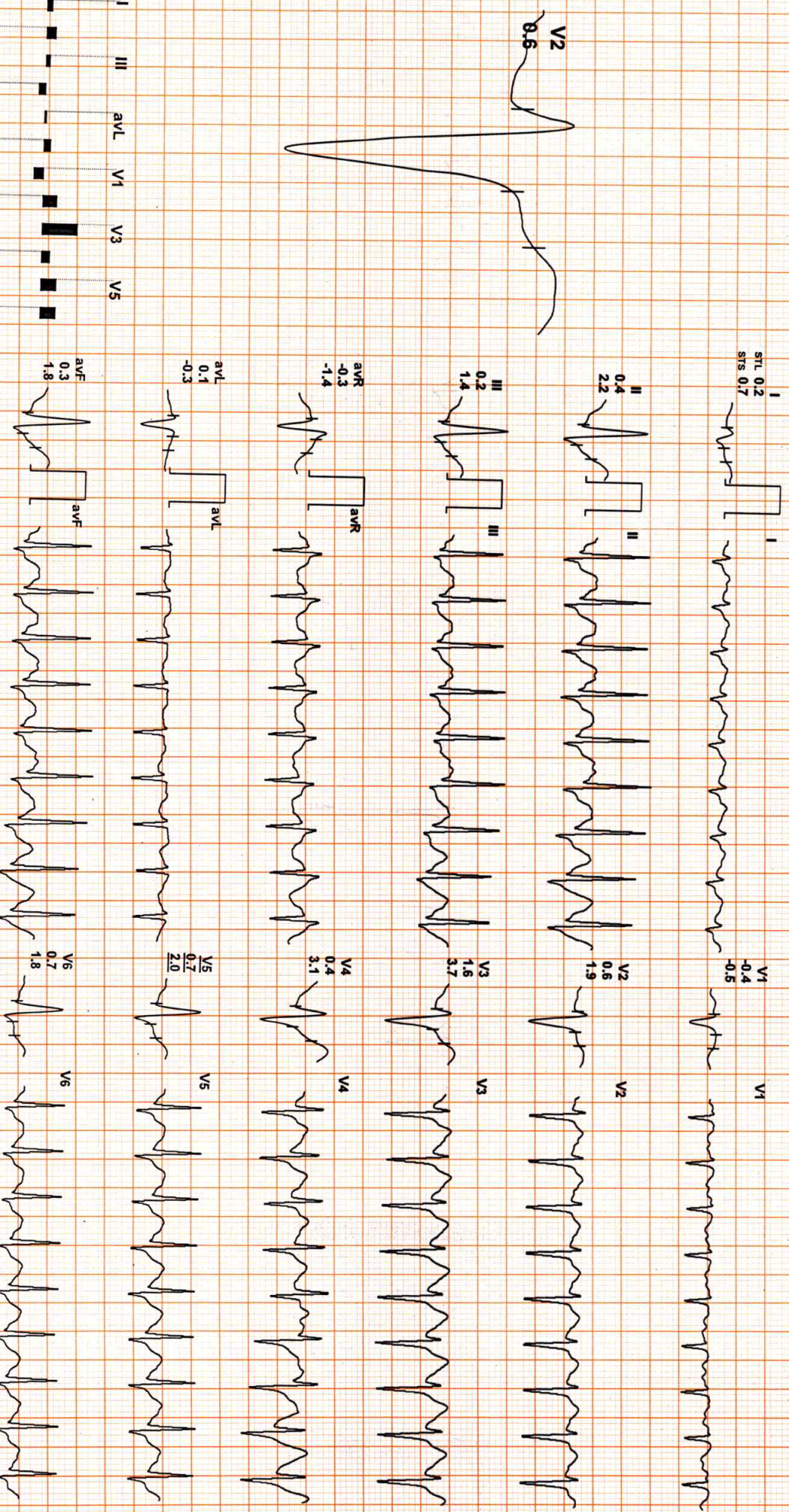


REMARKS:

Date: 07 / 04 / 2024 01:09:59 PM METS: 10.1/ 172 bpm 91% of THR BP: 160/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzL/F 35 Hz

4X 60 ms Post J

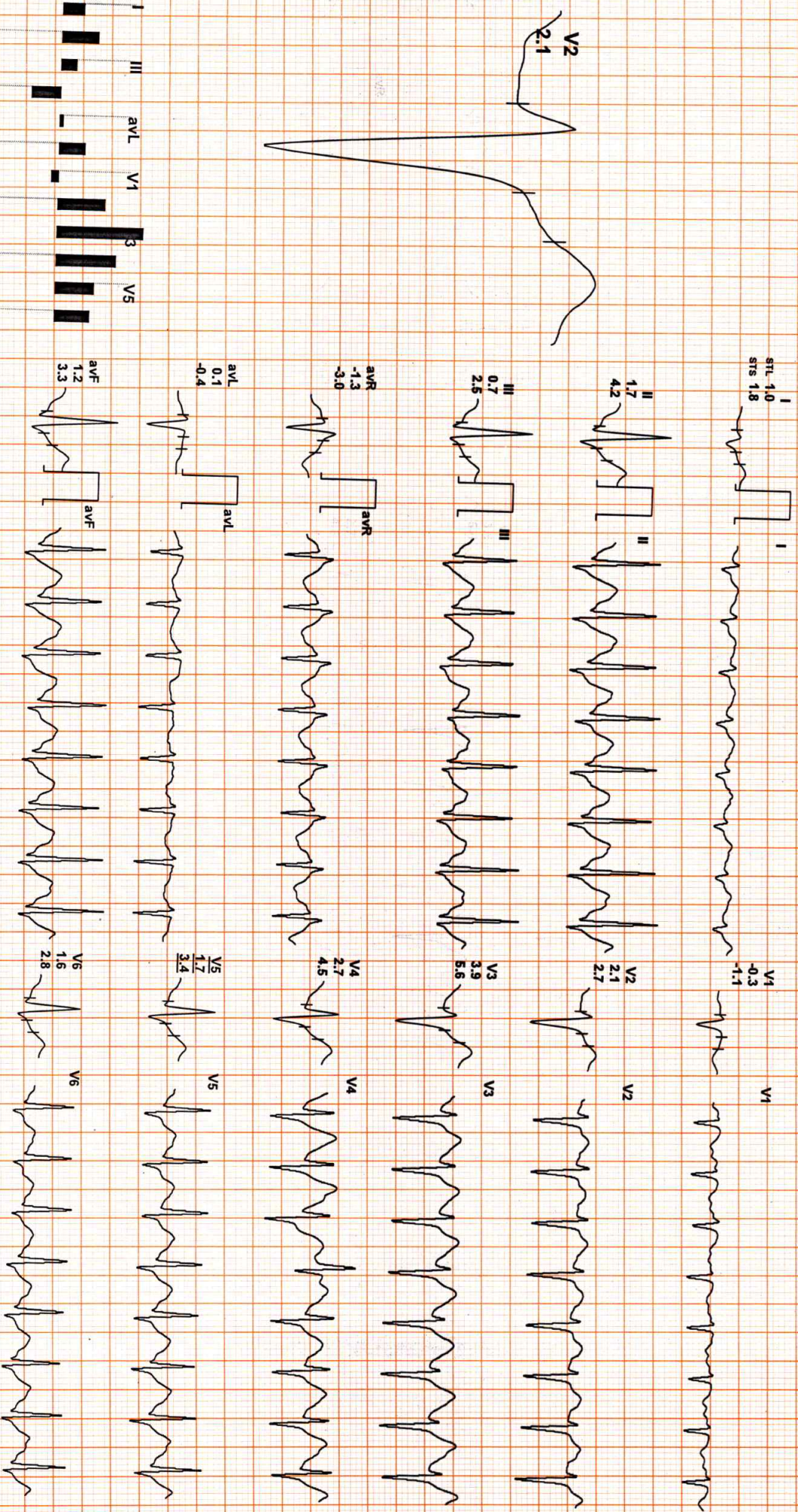
EXTime: 08:55 3.4 mph, 14.0% 25 mm/Sec. 1.0 Cm/mV



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

4X 60 ms Post J

Recovery(1:00)



REMARKS:

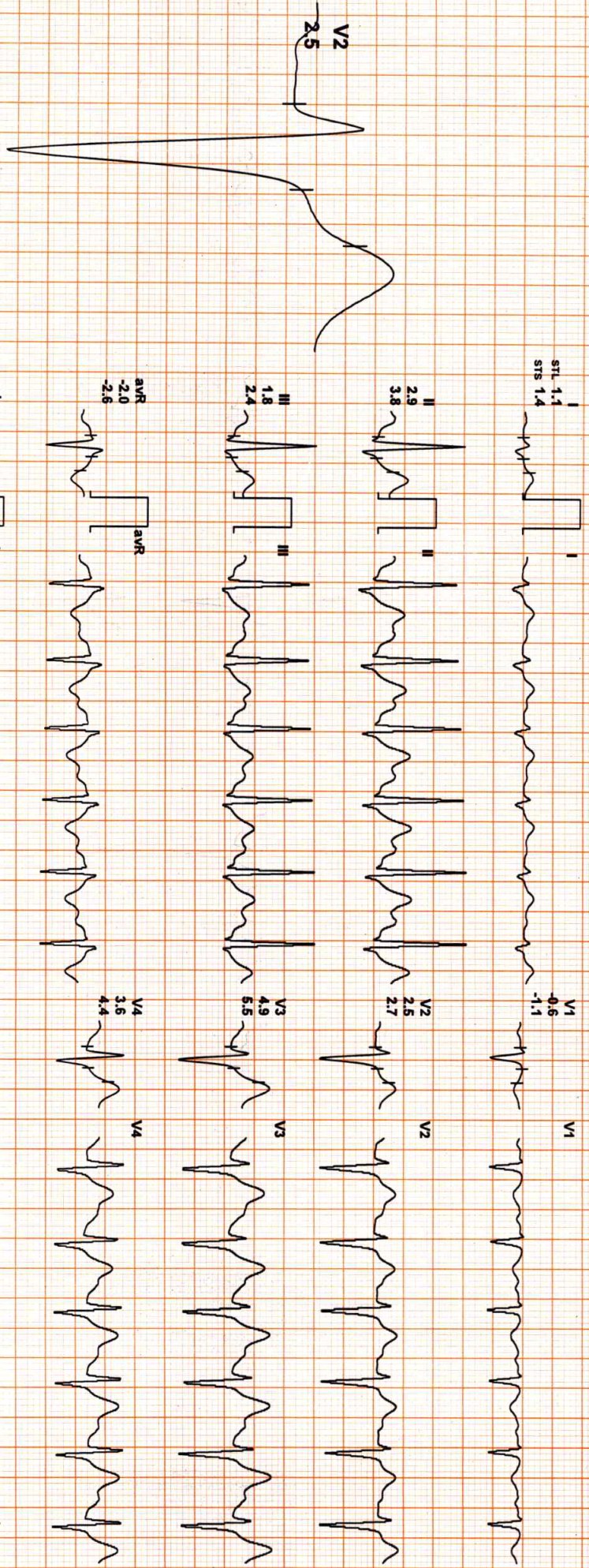


1019 (113) / MR DEEPAK DHULL / 30 Yrs / F / 0 Cms / 0 Kg / HR : 119

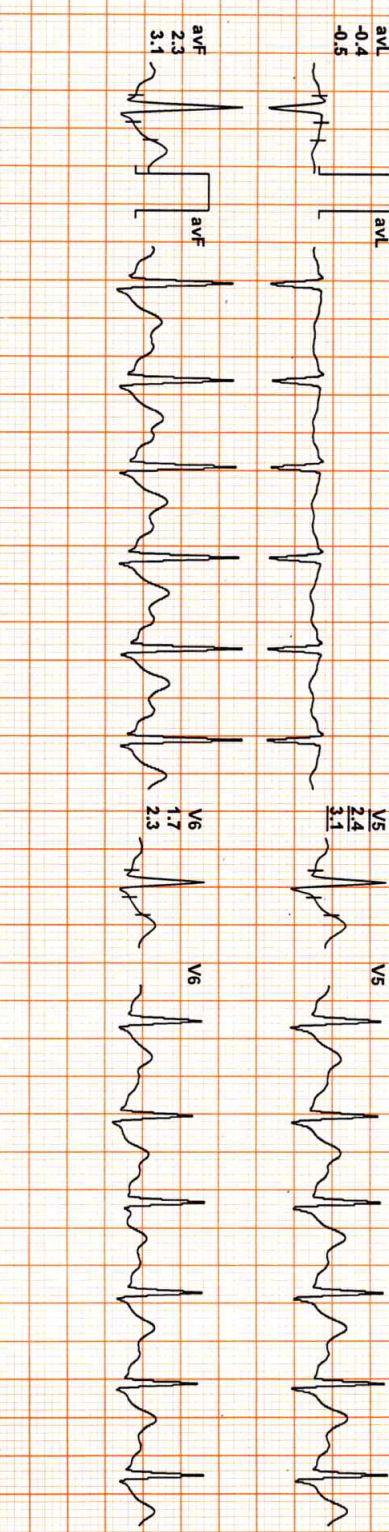
Date: 07 / 04 / 2024 01:09:59 PM METS: 1.0 / 119 bpm 63% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 ms Post J

ExTime: 08:55 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

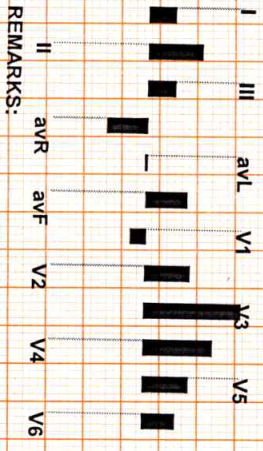
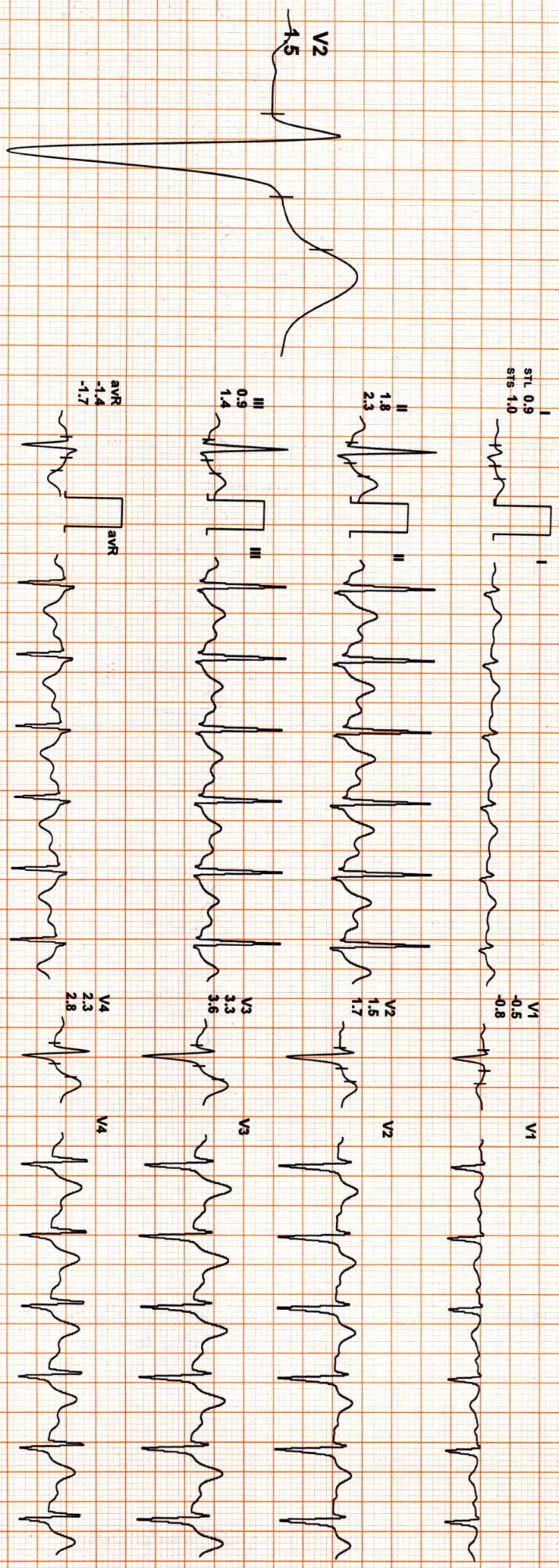




Date: 07 / 04 / 2024 01:09:59 PM METS: 1.0/ 115 bpm 61% of THR BP: 140/90 mmHg Combined Medians/ BLC ON/ Notch ON/ HF 0.05 HZLF 35 Hz

EXTime: 08:55 0.0 mph, 0.0% 25 mm/Sec. 1.0 cm/mV

4X 80 mS Post J



REMARKS:

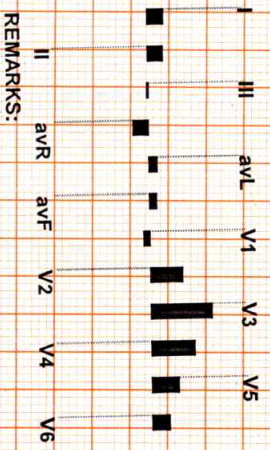
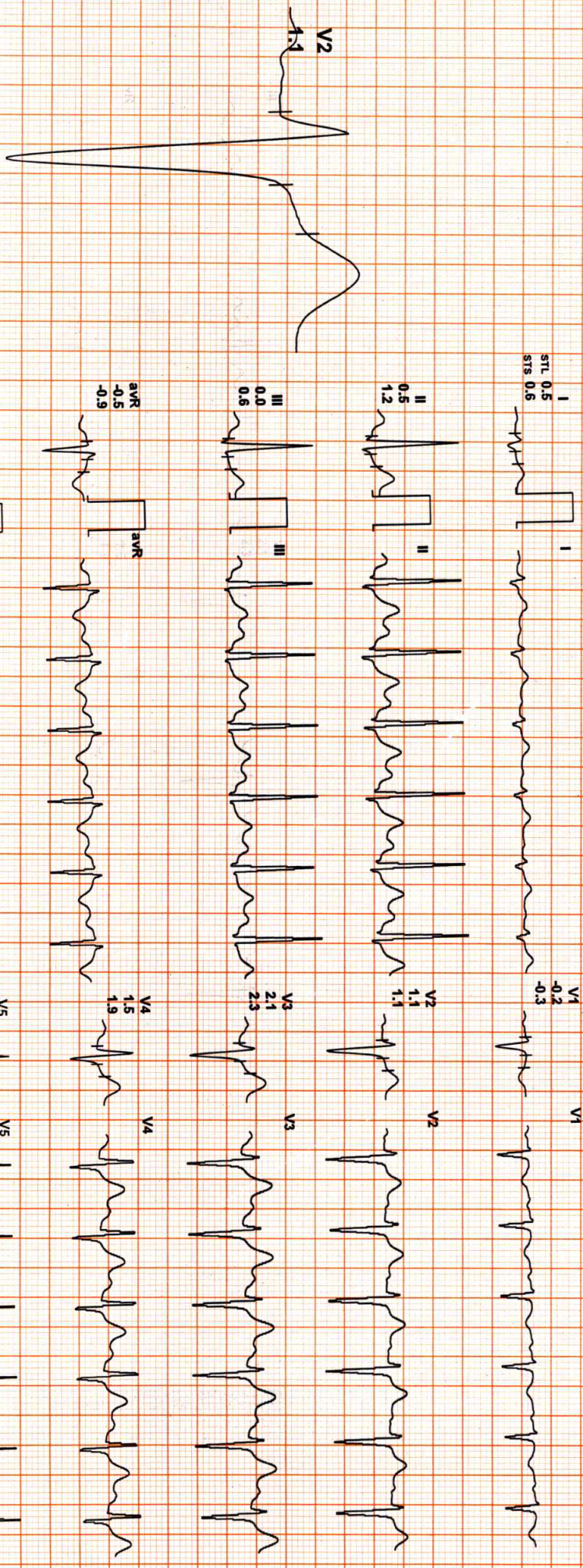


1019 (113) / MR DEEPAK DHULL / 30 Yrs / F / 0 Cms / 0 Kg / HR : 109

Date: 07 / 04 / 2024 01:09:59 PM METS: 1.0/ 109 bpm 57% of THR BP: 130/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 08:55 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J

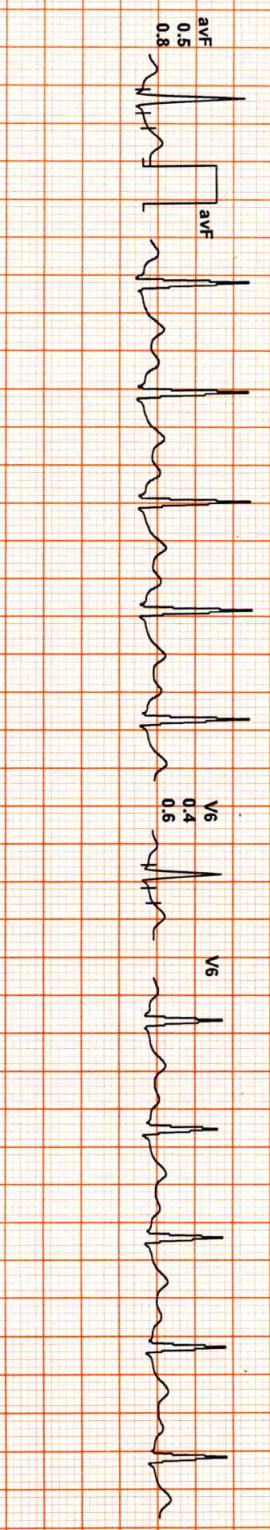
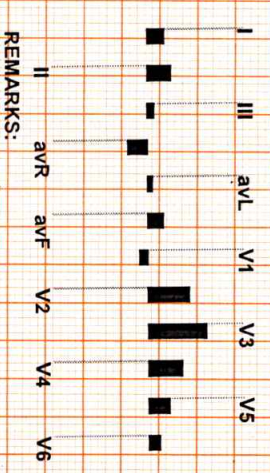
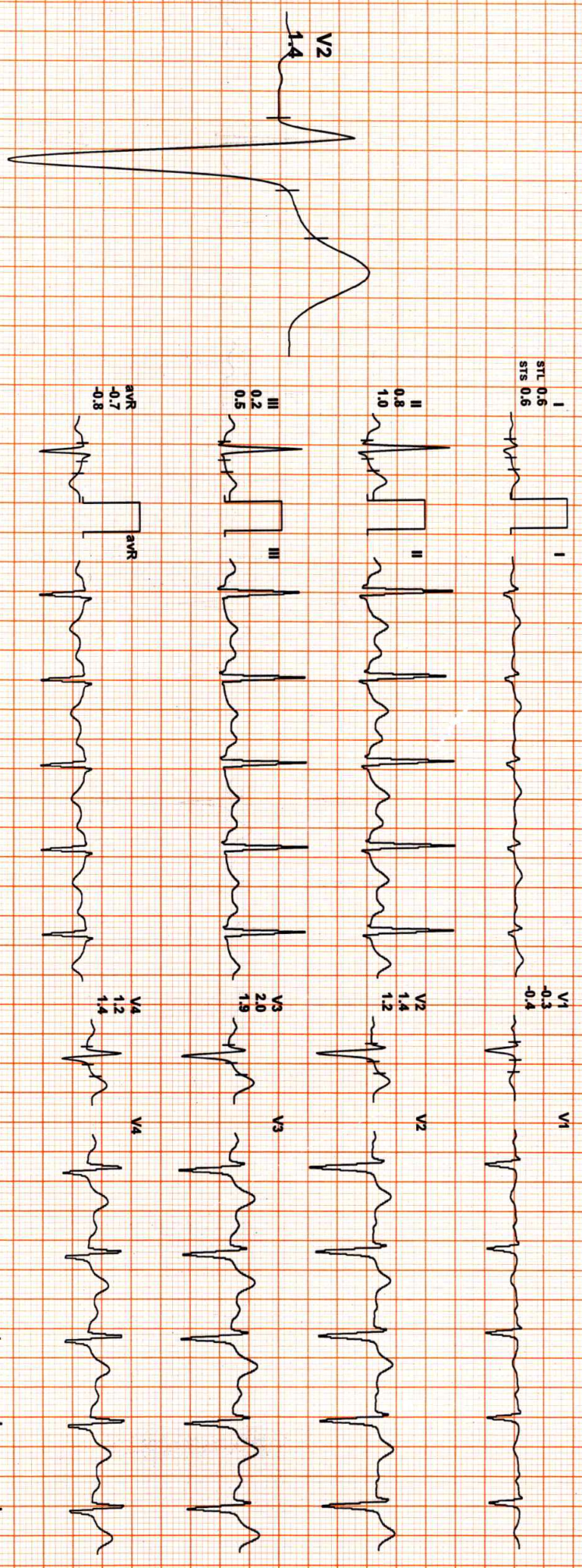


REMARKS:



1019 (113) / MR DEEPAK DHULL / 30 Yrs / F / 10 Cms / 0 Kg / HR : 101

Date: 07 / 04 / 2024 01:09:59 PM METS: 1.0/ 101 bpm 53% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
4X 80 ms Post J EXTime: 08:55 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

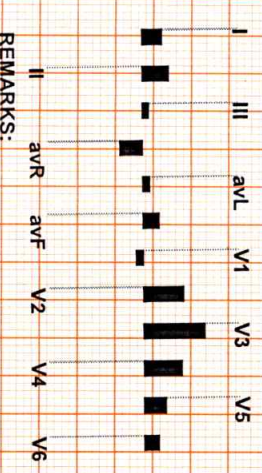
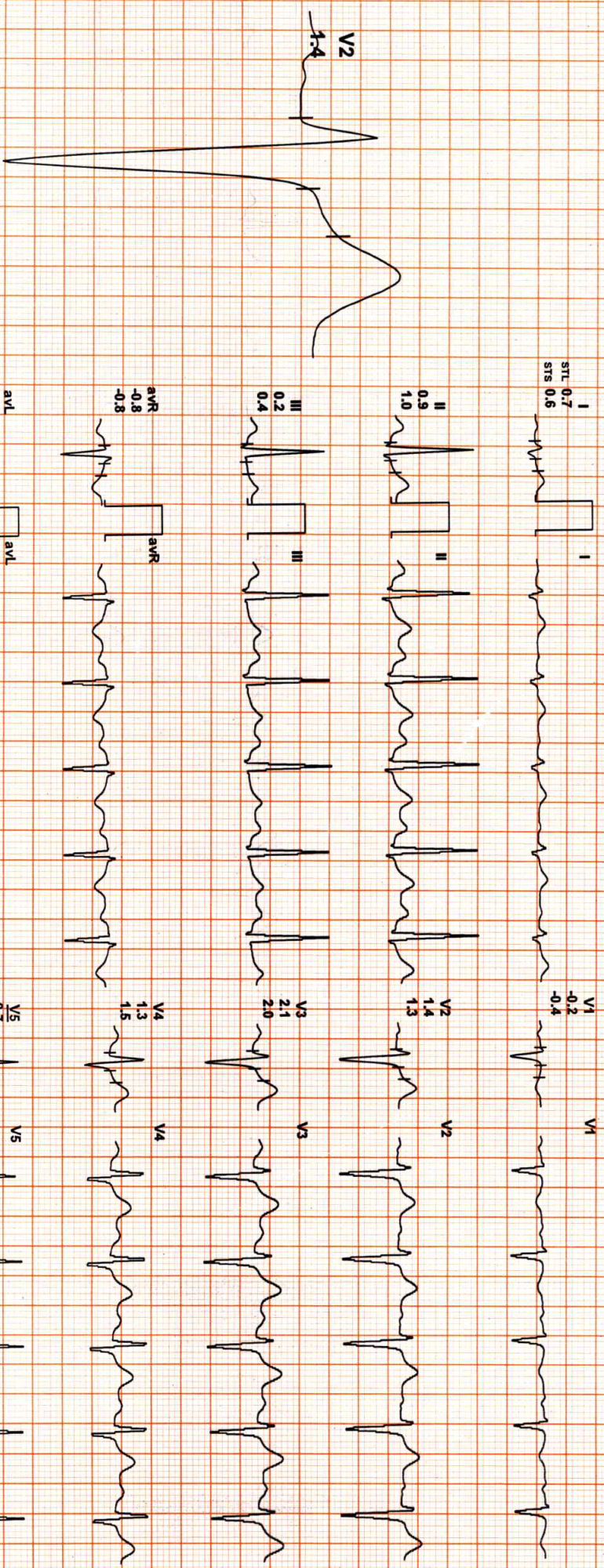


1019 (113) / MR DEEPAK DHULL / 30 Yrs / F / 10 Cms / 10 Kg / HR : 101

Date: 07 / 04 / 2024 01:09:59 PM METS: 1.0/ 101 bpm 53% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

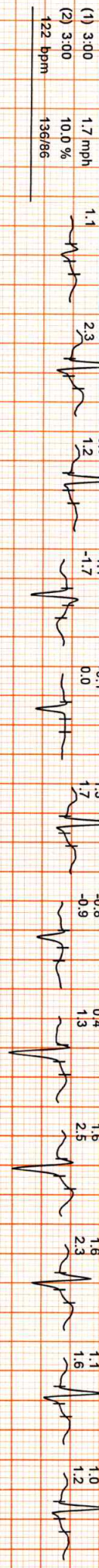
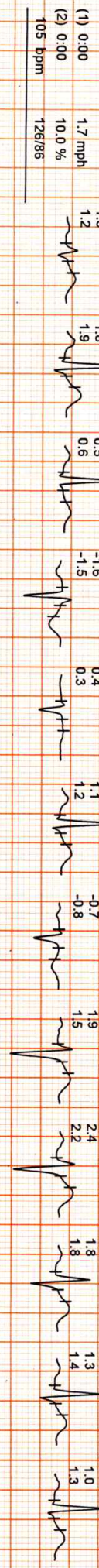
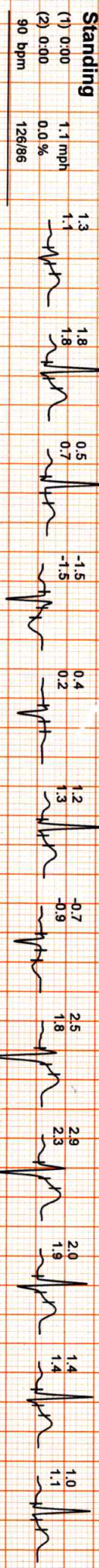
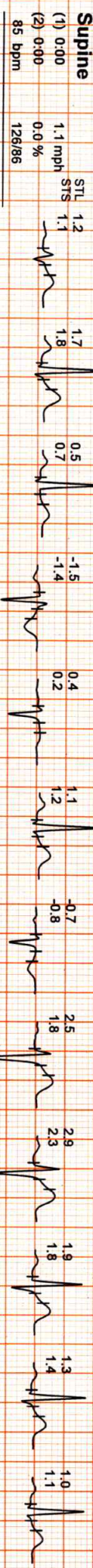
4X 80 ms Post J

ExTime: 08:55 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/InV



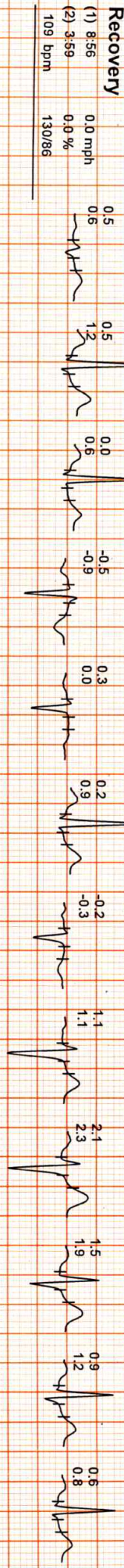
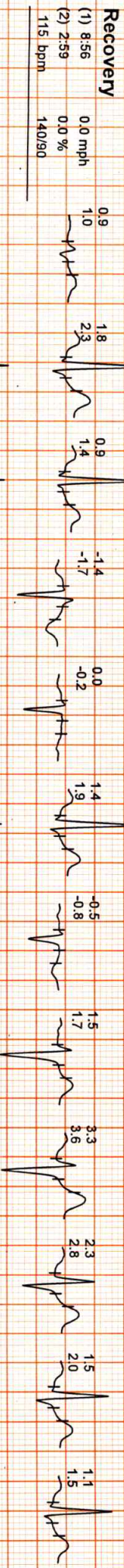
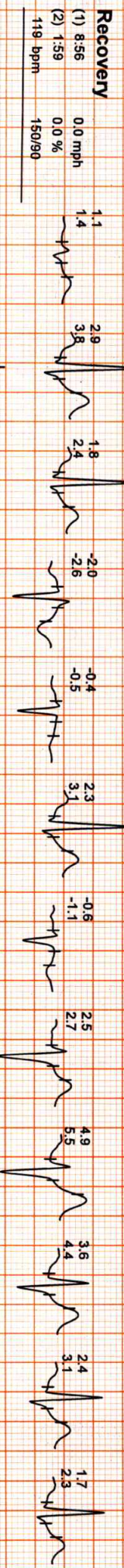
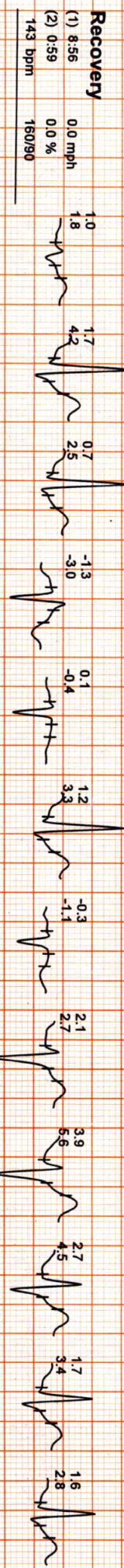
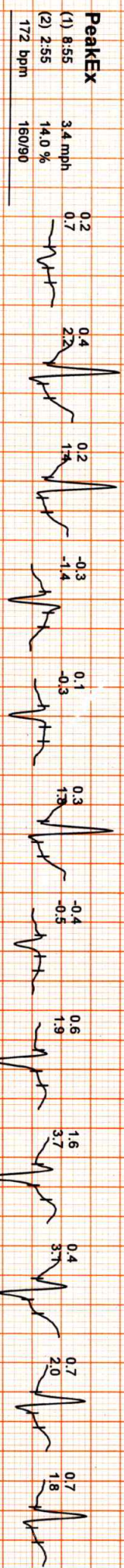
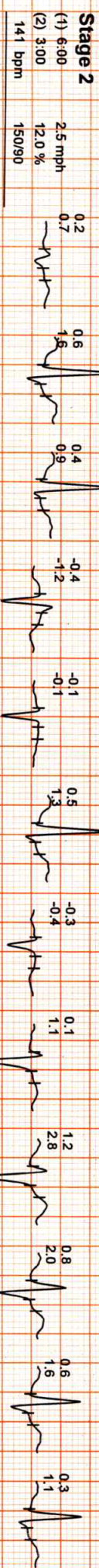


Date: 07 / 04 / 2024 01:09:59 PM I II III avR avL avF V1 V2 V3 V4 V5 V6





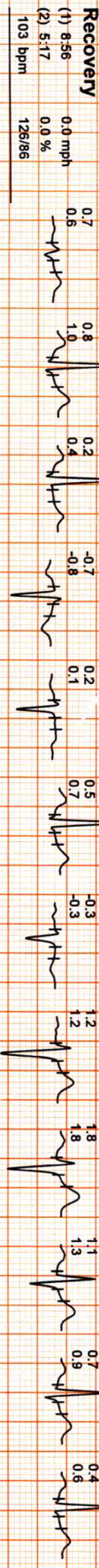
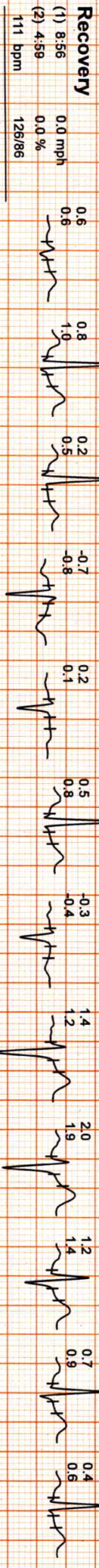
Date: 07 / 04 / 2024 01:09:59 PM I II III AVR AVL AVF V1 V2 V3 V4 V5 V6





1019 (113) / MR DEEPAK DHULL / 30 Yrs / F / 0 Cms / 0 Kg / HR : 83

Date: 07 / 04 / 2024 01:09:59 PM I II III AVR AVL AVF V1 V2 V3 V4 V5 V6



AVR

AVL

AVF

V1

V2

V3

V4

V5

V6

Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Road, MC- 5509
 Sodala, Jaipur-302019
 Tele : 0141-2293346, 4049787, 9887049787
 Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 07/04/2024 10:06:36 Patient ID :-122424827
NAME :- Mr. DEEPAK DHULL Ref. By Dr:- BOB
 Sex / Age :- Male 30 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 07/04/2024 10:11:50 Final Authentication : 07/04/2024 15:46:04

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C) 6.0 %
 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 glycated 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) 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 126 mg/dL

Method:- Calculated Parameter
 Method:- HPLC

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

Method:- Calculated Parameter

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 Technologist

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

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

Date :- 07/04/2024 10:06:36
NAME :- Mr. DEEPAK DHULL
 Sex / Age :- Male 30 Yrs
 Company :- MediWheel

Patient ID :- 122424827
 Ref. By Dr.- BOB
 Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 07/04/2024 10:11:50

Final Authentication : 07/04/2024 15:46:04

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.4	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.75	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	48.1	%	40.0 - 80.0
LYMPHOCYTE	40.6 H	%	20.0 - 40.0
EOSINOPHIL	6.7 H	%	1.0 - 6.0
MONOCYTE	4.3	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.29	10 ³ /uL	1.50 - 7.00
LYMPH#	1.93	10 ³ /uL	1.00 - 3.70
EO#	0.32	10 ³ /uL	0.00 - 0.40
MONO#	0.20	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.03	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	91.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.2 L	g/dL	31.5 - 34.5
PLATELET COUNT	156	x10 ³ /uL	150 - 410
RDW-CV	14.5 H	%	11.6 - 14.0
MENTZER INDEX	18.27		20.0 - 10.0

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.

LYMPH#

EO#

MONO#

BASO#

TOTAL RED BLOOD CELL COUNT (RBC)

HEMATOCRIT (HCT)

MEAN CORP VOLUME (MCV)

MEAN CORP HB (MCH)

MEAN CORP HB CONC (MCHC)

PLATELET COUNT

RDW-CV

MENTZER INDEX



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Sex / Age :- Male 30 Yrs
Company :- MediWheel

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



Sample Type :- EDTA

Sample Collected Time 07/04/2024 10:11:50

Final Authentication : 07/04/2024 15:46:04

HAEMATOTOLOGY

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

Erythrocyte Sedimentation Rate (ESR)	24 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" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC) Methodology: TLC, DLC, Fluorescent Flow cytometry, HB-SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

Date :- 07/04/2024 10:06:36
NAME :- Mr. DEEPAK DHULL
Sex / Age :- Male 30 Yrs
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Patient ID :- 122424827
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Sample Type :- EDTA

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HAEMATOTOLOGY

Test Name	Value	Unit	Biological Ref Interval
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NAME :- Mr. DEEPAK DHULL
 Sex / Age :- Male 30 Yrs
 Company :- MediWHEEL

Patient ID :-122424827
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 10:11:50

Final Authentication : 07/04/2024 13:29:43

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	143.95	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	88.94	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	26.00	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	103.13	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	17.79	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.54	H	0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.97	H	0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	433.15	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

Method:- Direct clearance Method

VLDL CHOLESTEROL

T.CHOLESTEROL/HDL CHOLESTEROL RATIO

LDL / HDL CHOLESTEROL RATIO

TOTAL LIPID

SURENDRAKHANGA

Method:- Direct clearance Method

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Sex / Age :- Male 30 Yrs
Company :- MediWheel

Patient ID :- 122424827
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Lab/Hosp :-



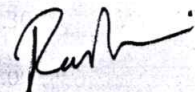
Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 10:11:50

Final Authentication : 07/04/2024 13:29:43

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.18	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	0.34	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.84	mg/dl	0.30-0.70
SGOT Method:- IFCC	32.7	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	67.7 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	88.10	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	48.40	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.78	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.56	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.22	gm/dl	2.20 - 3.50
A/G RATIO	2.05		1.30 - 2.50
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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)</p>			
<p>SURENDRAKHANGA Method:- Bromocresol Green</p>			


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Date :- 07/04/2024 10:06:36
NAME :- Mr. DEEPAK DHULL
 Sex / Age :- Male 30 Yrs
 Company :- MediWheel

Patient ID :-122424827
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 10:11:50

Final Authentication : 07/04/2024 12:55:55

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.270	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.820	ug/dl	6.530 - 13.210
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.312	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

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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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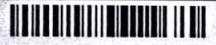
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NAME :- Mr. DEEPAK DHULL
 Sex / Age :- Male 30 Yrs
 Company :- MediWheel

Patient ID :-122424827
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 07/04/2024 10:11:50

Final Authentication : 07/04/2024 13:41:44

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
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		NEGATIVE

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NAME :- Mr. DEEPAK DHULL
Sex / Age :- Male 30 Yrs
Company :- MediWheel

Patient ID :-122424827
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 07/04/2024 10:11:50

Final Authentication : 07/04/2024 13:41:44

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	0 - 1	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

STOOL ANALYSIS

PHYSICAL EXAMINATION

COLOUR : YELLOW BROWN
CONSISTENCY : SEMI SOLID
MUCUS : ABSENT
BLOOD : ABSENT

MICROSCOPIC EXAMINATION

RBC'S : NIL
WBC/HPF : 0 - 1
MACROPHAGES : ABSENT
OVA : ABSENT
CYSTS : ABSENT
TROPHOZOITES : ABSENT
CHARCOT LEYDEN CRYSTALS : ABSENT
OTHERS : NORMAL BACTERIA FLORA PRESENT
Collected Sample Received

AJAYKUMAR
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Date :- 07/04/2024 10:06:36 Patient ID :-122424827
NAME :- Mr. DEEPAK DHULL Ref. By Dr:- BOB
 Sex / Age :- Male 30 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sulfide-B, COx/Na FLUORIDE-F, COx/Na Sulfide-B
 Date of Collection :- 07/04/2024 10:11:50 Final Authentication : 07/04/2024 15:01:31

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 97.2 mg/dl 75.0 - 115.0
 Method:- GOD PAP

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases .

BLOOD SUGAR PP (Plasma) 131.4 mg/dl 70.0 - 140.0
 Method:- GOD PAP

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases .

SERUM CREATININE 0.94 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 8.24 H mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

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

FASTING BLOOD SUGAR (Plasma) 97.2 mg/dl 75.0 - 115.0
 Method:- GOD PAP

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases .

BLOOD SUGAR PP (Plasma) 131.4 mg/dl 70.0 - 140.0
 Method:- GOD PAP

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases .

SERUM CREATININE 0.94 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 8.24 H mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

MUKESH SINGH, SURENDRA KHANGA

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

Date :- 07/04/2024 10:06:36
NAME :- Mr. DEEPAK DHULL
Sex / Age :- Male 30 Yrs
Company :- MediWheel

Patient ID :-122424827
Ref. By Dr:- BOB
Lab/Hosp :-



HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Date :- 07/04/2024 10:06:36
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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AHSAN, AJAYKUMAR, BILAL, MUKESH SINGH, NARENDRAKUMAR, SURENDRAKHANGA



Dr. Goyal's

Path Lab & Imaging Centre

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Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 07/04/2024 10:11:50

Final Authentication : 07/04/2024 15:46:04

HAEMATOTOLOGY

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

Date :- 07/04/2024 10:06:36
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URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

AJAYKUMAR, MUKESH SINGH
Technologist

Page No: 11 of 12



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

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Date :- 07/04/2024 10:06:36
NAME :- Mr. DEEPAK DHULL
Sex / Age :- Male 30 Yrs
Company :- MediWheel

Patient ID :-122424827
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 10:11:50

Final Authentication : 07/04/2024 13:29:43

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

*** End of Report ***

Date :- 07/04/2024 10:06:36
NAME :- Mr. DEEPAK DHULL
Sex / Age :- Male 30 Yrs
Company :- MediWheel

Patient ID :-122424827
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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 10:11:50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

Page No: 12 of 12



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

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Date :- 07/04/2024 10:06:36
NAME :- Mr. DEEPAK DHULL
Sex / Age :- Male 30 Yrs
Company :- MediWheel

Patient ID :- 122424827
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 07/04/2024 12:18:11

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 ABHISHEK JAIN
MBBS. DNB. (RADIO DIAGNOSIS)
RMC NO. 21687

*** End of Report ***



Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 07/04/2024 10:06:36
NAME :- Mr. DEEPAK DHULL
Sex / Age :- Male 30 Yrs
Company :- MediWheel

Patient ID :- 122424827
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 07/04/2024 11:33:55

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is mildly enlarged in size (~16.1cm). 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 significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* Mild hepatomegaly with grade I fatty changes.

Needs clinical correlation.

*** End of Report ***

Page No: 1 of 1

BILAL

Transcript by.

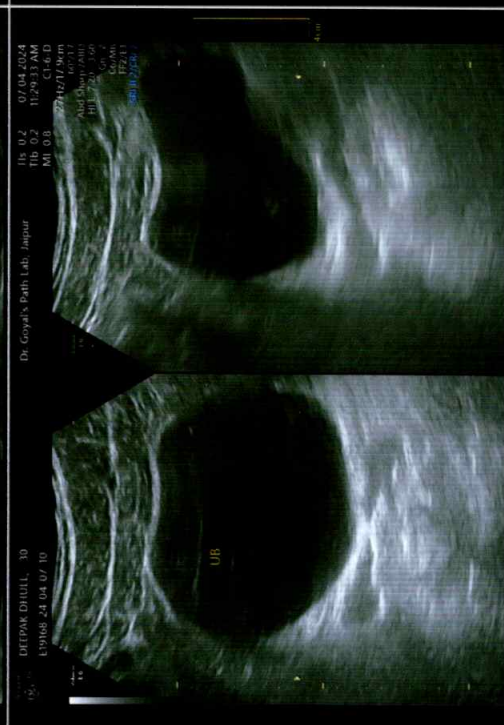
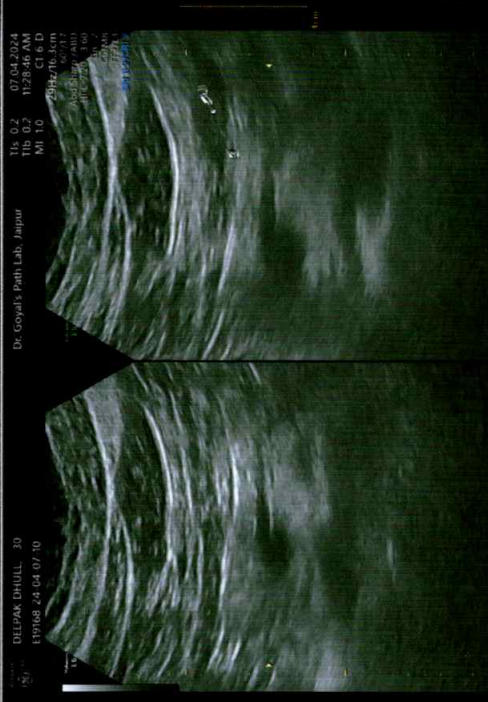
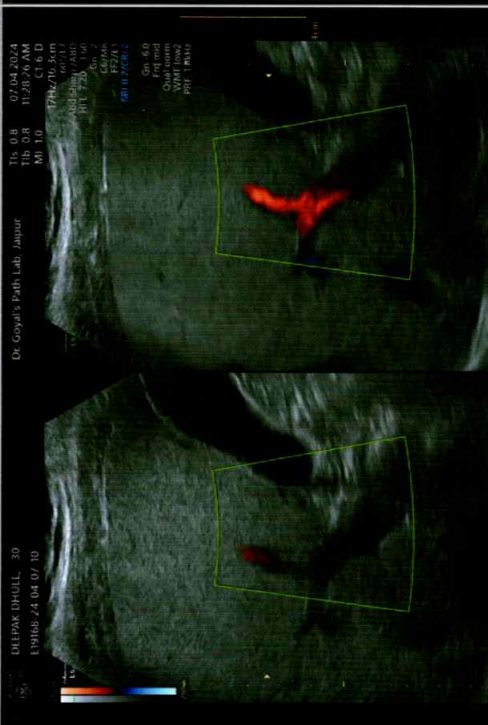
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M.B.B.S., D.M.R.D.
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Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
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Dr. Navneet Agarwal
MD, DNB (Radio Diagnosis)
RMC No. 33613/14911

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



1D 119.38mm
2D 42.36mm

1D1 3.12cm
2D1 3.30cm
3D1 4.47cm
Vol 24.098cm³