

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

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

General Physical Examination

Date of Examination: 13-04-2024

Name: SANDEEP KASHWANI Age: 31 Sex: m

DOB: 25-01-1993

Referred By: BOB (Medisheel)

Photo ID: PAN ID #: _____

Ht: 175 (cm)

Wt: 97 (Kg)

Chest (Expiration): 93 (cm)

Abdomen Circumference: 100 (cm)

Blood Pressure: 133/86 mm Hg PR: 68 / min

BMI 31.7

Eye Examination: Dis vision. @16 BL eyes. (with specs)

near vision N/G BL eyes. normal color vision.

Other: not significant

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

Signature Of Examinee : Sandeep Name of Examinee: _____

Signature Medical Examiner : Dr. Piyush Goyal Name Medical Examiner _____




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

आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA

25/01/1993
Permanent Account Number
AMPPV4399C

Sandeep
Signature

17032011



Sandeep

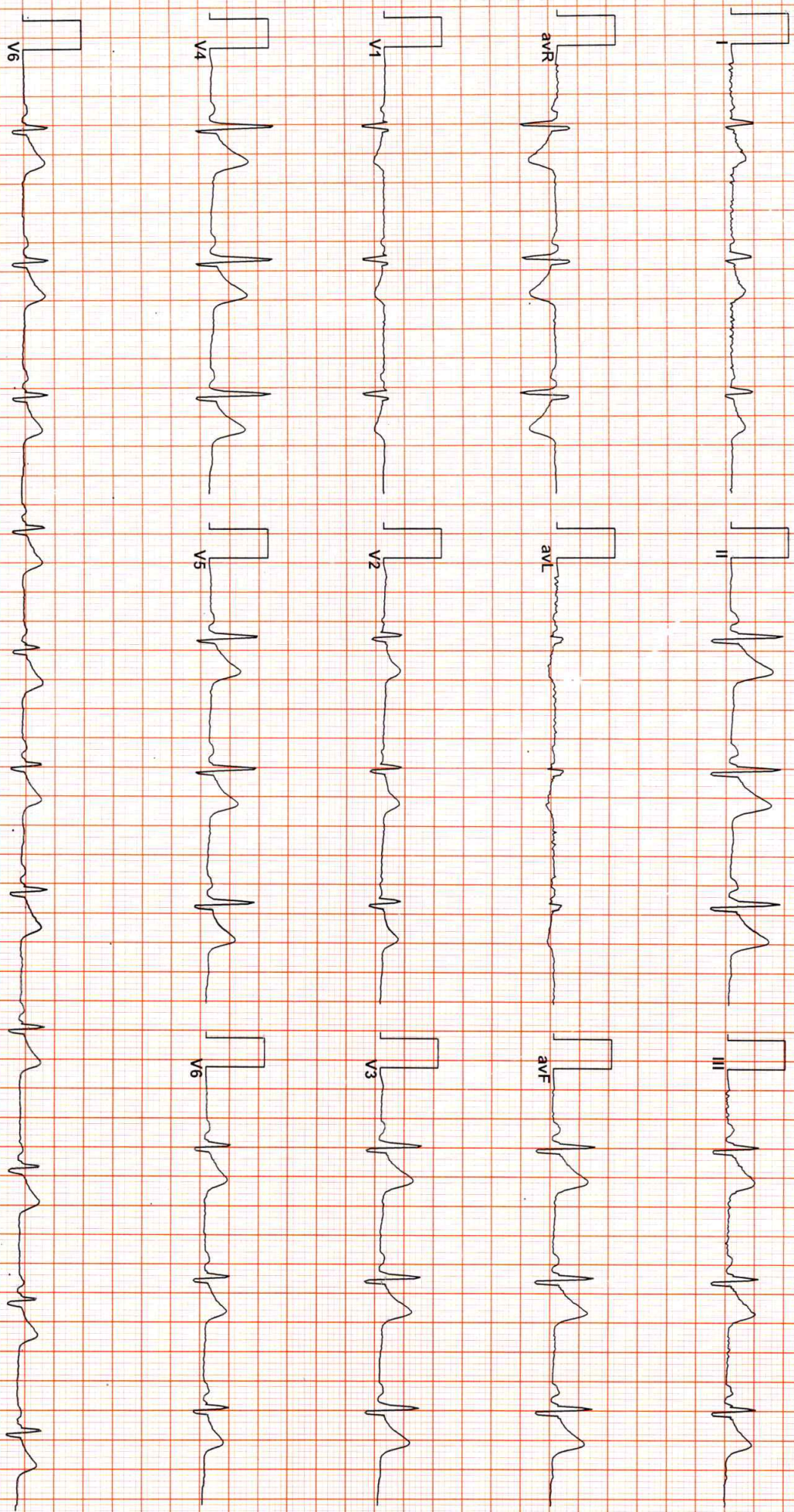
[Signature]
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017996

Dr. GOYAL'S PATH LAB & IMAGING CENTRE

141 / SANDEEP VASWANI / 31 Yrs / M/ Non Smoker

Heart Rate : 67 bpm / Tested On : 13-Apr-24 13:20:37 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB / MEDIWHEEL

ECG



Vent Rate : 67 bpm

PR Interval : 132 ms

QRS Duration : 86 ms

QT/QTc Int : 380/392 ms

P-QRS-T axis : 73.00°

Dr. Marresh Kumar Mohanka

RMC No. 35703

MP 3S 80 DIP CARDIO (ESCORT)

Allengers ECG (Piscas)(PIS2151905) (Rr3p-uj)

Handwritten signature in blue ink

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Date :- 13/04/2024 11:05:06

NAME :- Mr. VASWANI SANDEEP

Sex / Age :- Male 31 Yrs 2 Mon 19 Days

Company :- MediWheel

Patient ID :-122424983

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 13/04/2024 11:14:59

Final Authentication : 13/04/2024 13:16:33

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- HPLC

5.7

%

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), 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

117

mg/dL

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

AJAYSINGH
Technologist

Page No: 1 of 10



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

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Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.81	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	52.7	%	40.0 - 80.0
LYMPHOCYTE	39.7	%	20.0 - 40.0
EOSINOPHIL	3.6	%	1.0 - 6.0
MONOCYTE	3.7	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.12	10 ³ /uL	1.50 - 7.00
LYMPH#	3.11	10 ³ /uL	1.00 - 3.70
EO#	0.28	10 ³ /uL	0.00 - 0.40
MONO#	0.28	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	6.02 H	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	49.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	82.5 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.1 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.6	g/dL	31.5 - 34.5
PLATELET COUNT	298	x10 ³ /uL	150 - 410
RDW-CV	12.9	%	11.6 - 14.0
MENTZER INDEX	13.70		

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.

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Page No: 2 of 10



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Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)

15 H

mm/hr.

00 - 13

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

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

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

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

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ 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

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Page No: 3 of 10



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	195.60	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	110.90	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.88	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	139.24	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	22.18	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.16 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.68 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	572.36	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p>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.</p> <p>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.</p> <p>DIRECT LDL-CHOLESTEROLInstrumentName: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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

SURENDRAKHANGA

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.95	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	0.31	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.64	mg/dl	0.30-0.70
SGOT Method:- IFCC	39.1 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	28.9	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	91.10	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	14.90	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.63	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	5.00	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.63	gm/dl	2.20 - 3.50
A/G RATIO	1.90		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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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.150	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.110	ug/dl	6.530 - 13.210
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.950	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 10



Rashmi

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)
Method:- GOD PAP

85.1

mg/dl

75.0 - 115.0

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.

SERUM CREATININE

1.20

mg/dl

Men - 0.6-1.30

Method:- Colorimetric Method

Women - 0.5-1.20

SERUM URIC ACID

6.12

mg/dl

Men - 3.4-7.0

Method:- Enzymatic colorimetric

Women - 2.4-5.7

SURENDRAKHANGA

Page No: 7 of 10



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AJAYSINGH, BILAL, NARENDRAKUMAR, SURENDRAKHANGA

Page No: 8 of 10



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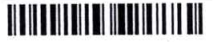
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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO

"B" POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).

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Page No: 9 of 10



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.3	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

Page No: 10 of 10



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44 / MR SANDEEP VASWANI / 31 Yrs / M / 0 Cms / 0 Kg Date: 13-Apr-2024 Technician : BOB /MEDIWHEEL Examined By:

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	00:58	0:57	01.1	00.0	01.0	067	35 %	126/80	084	00	
Standing	01:35	0:37	01.1	00.0	01.0	075	40 %	126/80	094	00	
HV	02:45	1:10	01.1	00.0	01.0	073	39 %	126/80	091	00	
Warm Up	03:32	0:47	01.1	00.0	01.0	075	40 %	126/80	094	00	
ExStart	04:35	1:03	01.0	00.0	01.0	113	60 %	126/80	142	00	
BRUCE Stage 1	07:35	3:00	01.7	10.0	04.7	128	68 %	136/86	174	00	
BRUCE Stage 2	10:35	3:00	02.5	12.0	07.1	145	77 %	150/90	217	00	
BRUCE Stage 3	13:35	3:00	03.4	14.0	10.2	162	86 %	160/90	259	00	
PeakEx	15:24	1:49	04.2	16.0	12.2	173	92 %	170/90	294	00	
Recovery	17:23	2:00	00.0	00.0	01.0	107	57 %	150/90	160	00	
Recovery	19:23	4:00	00.0	00.0	01.0	094	50 %	136/86	127	00	
Recovery	21:16	5:52	00.0	00.0	01.0	097	51 %	126/86	122	00	

Findings :

Exercise Time : 10:49
 Max HR Attained : 173 bpm 92% of Target 189
 Max BP Attained : (Sys) 170/90
 Max WorkLoad Attained : 12.2 Good response to induced stress
 Max ST Dep Lead & Value : V1 & -1.8 mm in Recovery mm
 Test Objective : GHDFEWASFSAFD ASSAS
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

The TMT is negative for RHD

Dr. Nareish Kumar Bhatnagar
 MBBS, D.P. CARDIO (ESCORTS)
 RMC No. 36703
 D.E.M. (FCGP-UK)

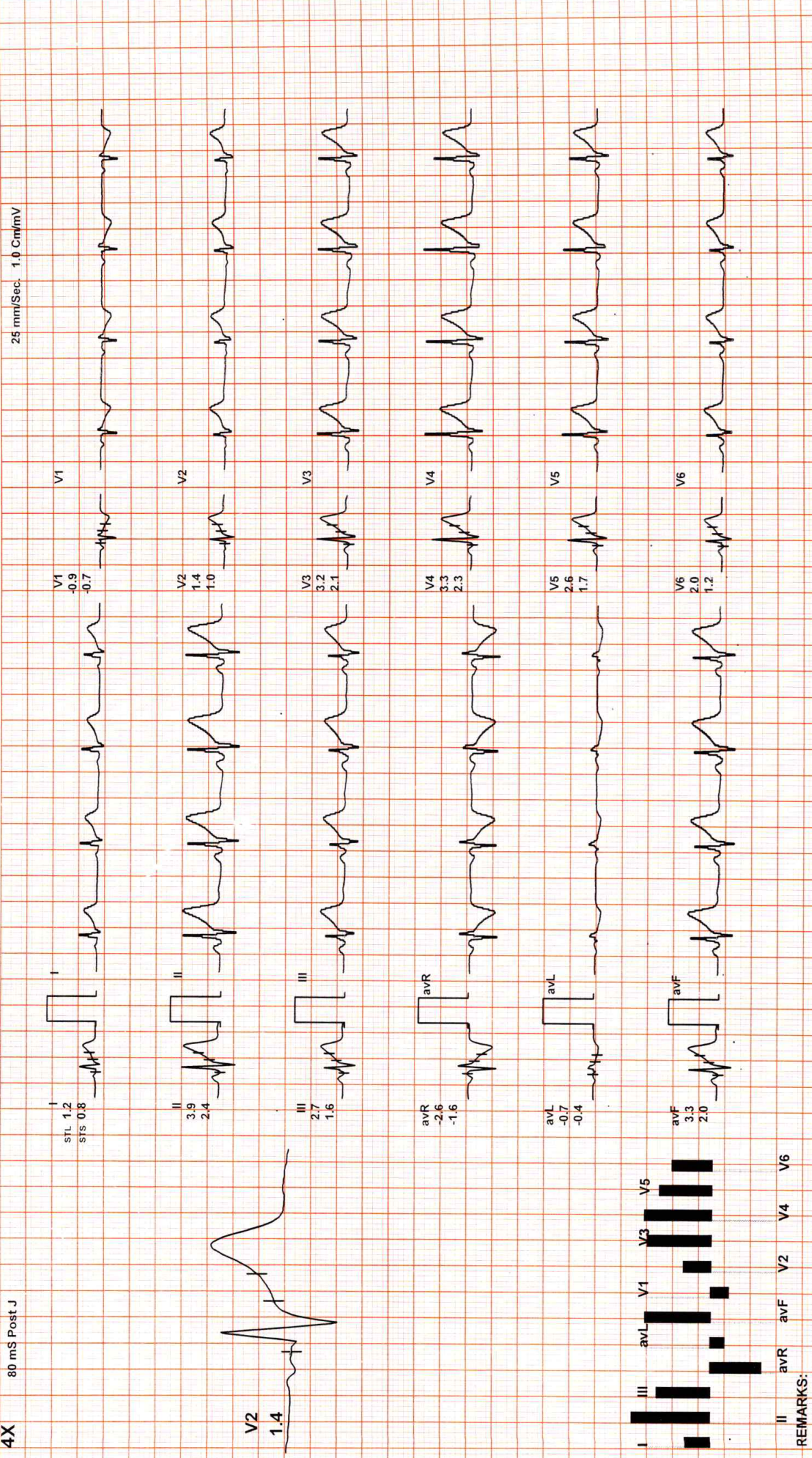
DR. GOYAL PATH LAB & IMAGING CENTER

44 / MR SANDEEP VASWANI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 67

Supine



Date: 13-Apr-2024 01:22:26 PM METS: 1.0/ 67 bpm 35% of THR BP: 126/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 00:57 1.1 mph, 0.0%



(GEM214190403)(R)Alenglers

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44 / MR SANDEEP VASWANI / 31 Yrs / M / O Cms / O Kg / HR : 75

Standing



Date: 13-Apr-2024 01:22:26 PM

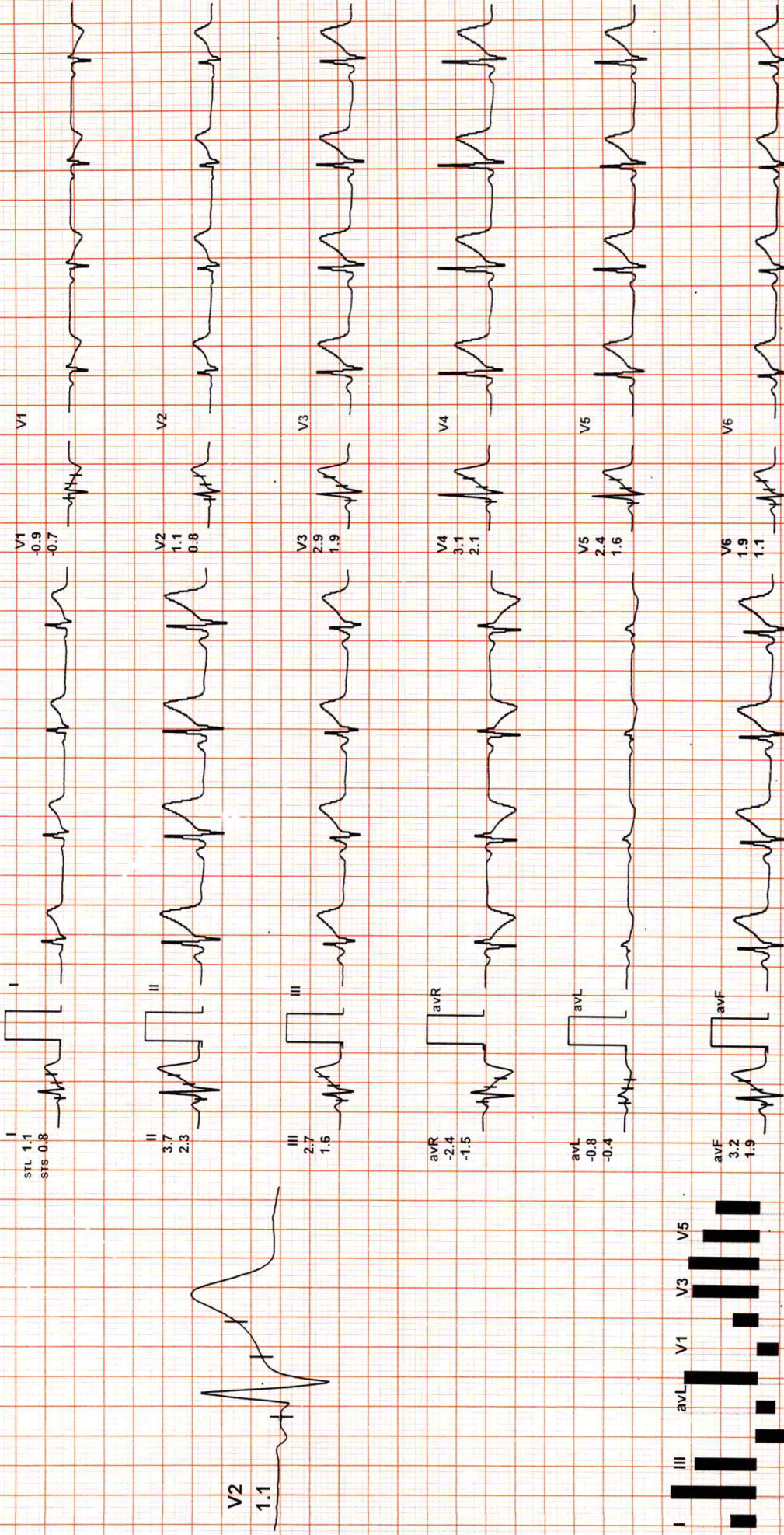
METS: 1.0/ 75 bpm 39% of THR BP: 126/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 01:34 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM214190403)(R)Allengers

DR. GOYAL PATH LAB & IMAGING CENTER

44 / MR SANDEEP VASWANI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 73

HV

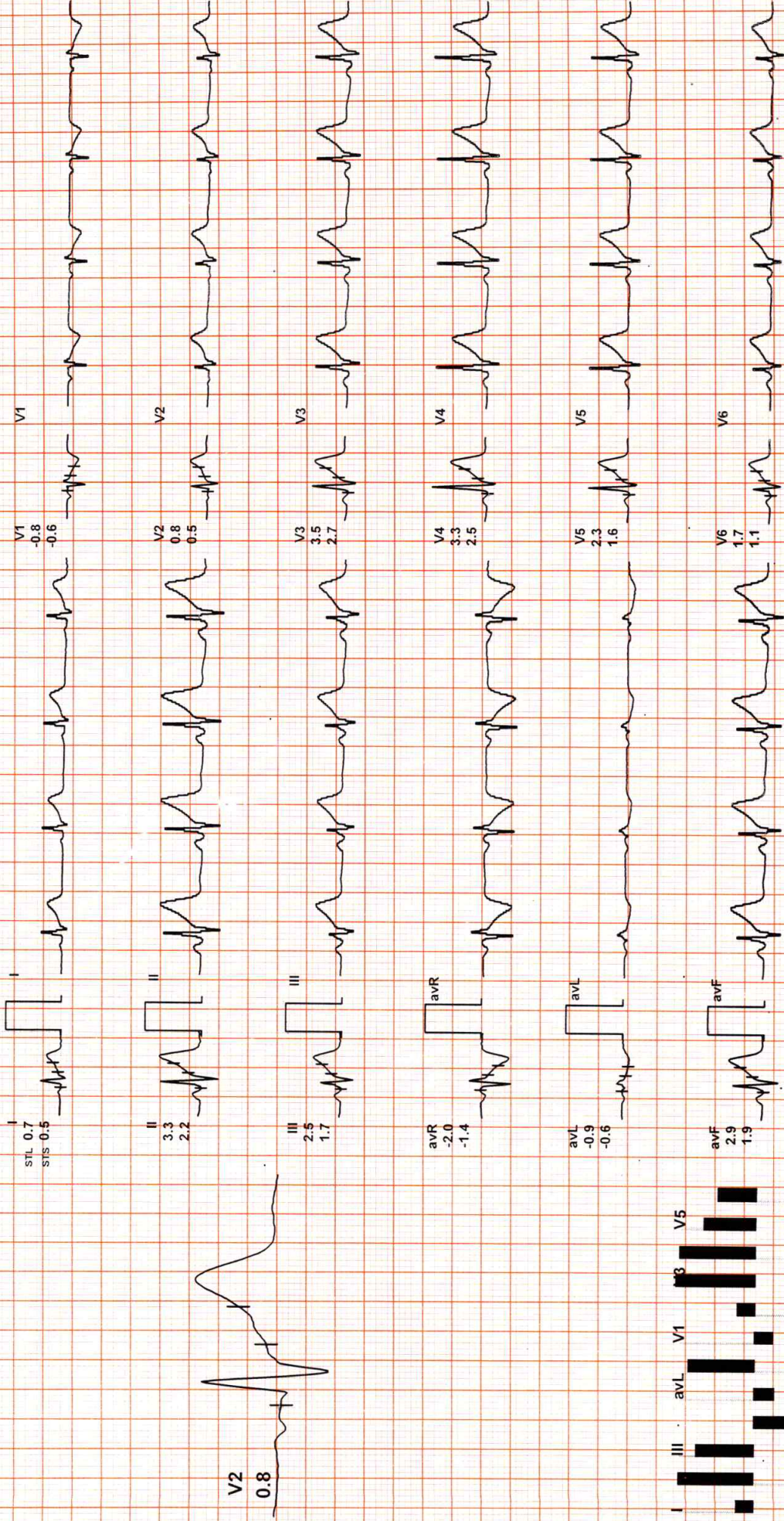


Date: 13-Apr-2024 01:22:26 PM METS: 1.0/ 73 bpm 38% of THR BP: 126/80 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 100 Hz

ExTime: 02:44 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM214190403)(R)Allengers

DR. GOYAL PATH LAB & IMAGING CENTER

44 / MR SANDEEP VASWANI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 75

Warm Up



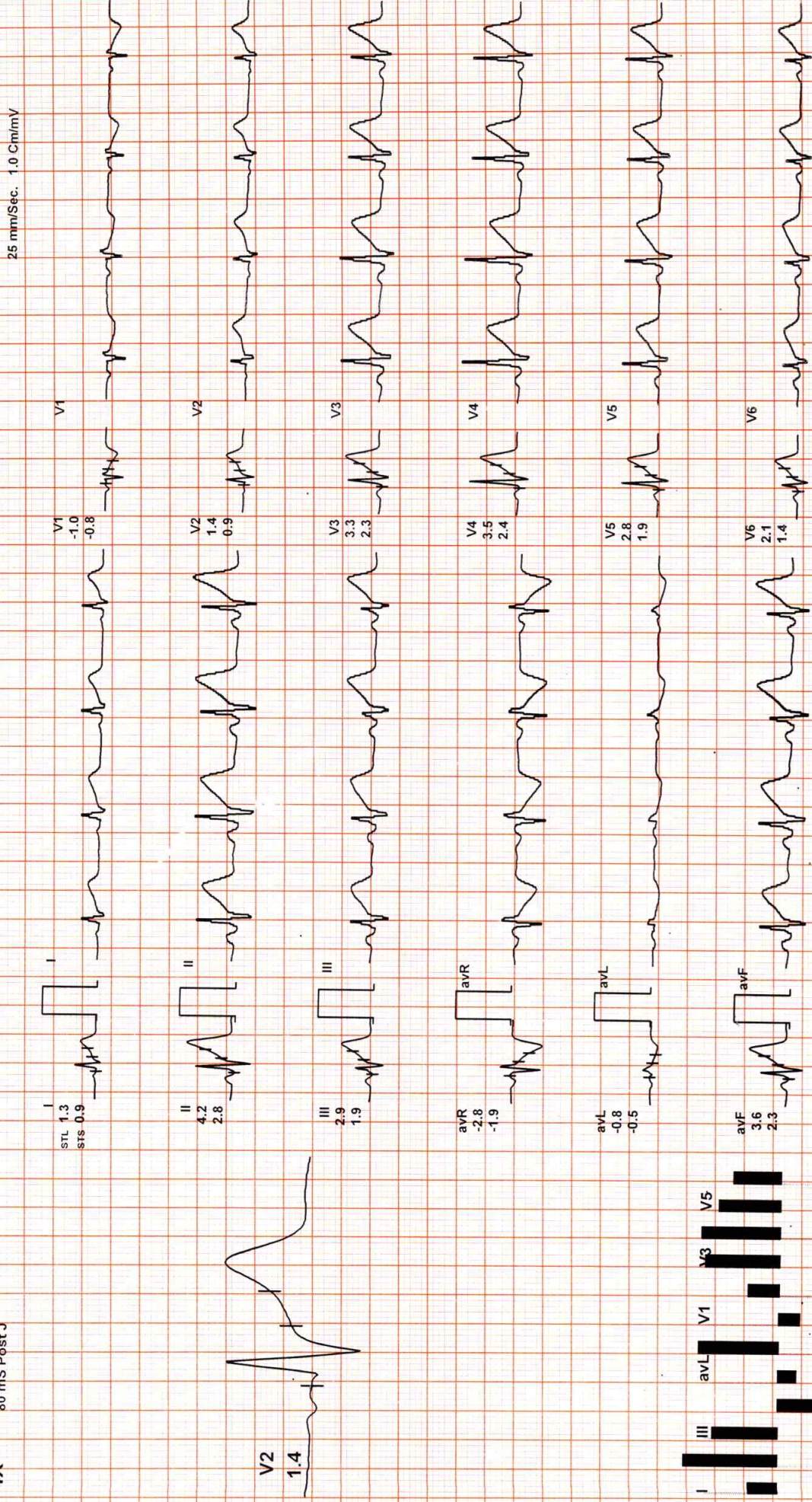
Date: 13-Apr-2024 01:22:26 PM

METS: 1.0/ 75 bpm 39% of THR BP: 126/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:31 1.1 mph, 0.0%

4X 80 mS Post J



REMARKS:

(GEM214190403)(R)Allengers

DR. GOYAL PATH LAB & IMAGING CENTER

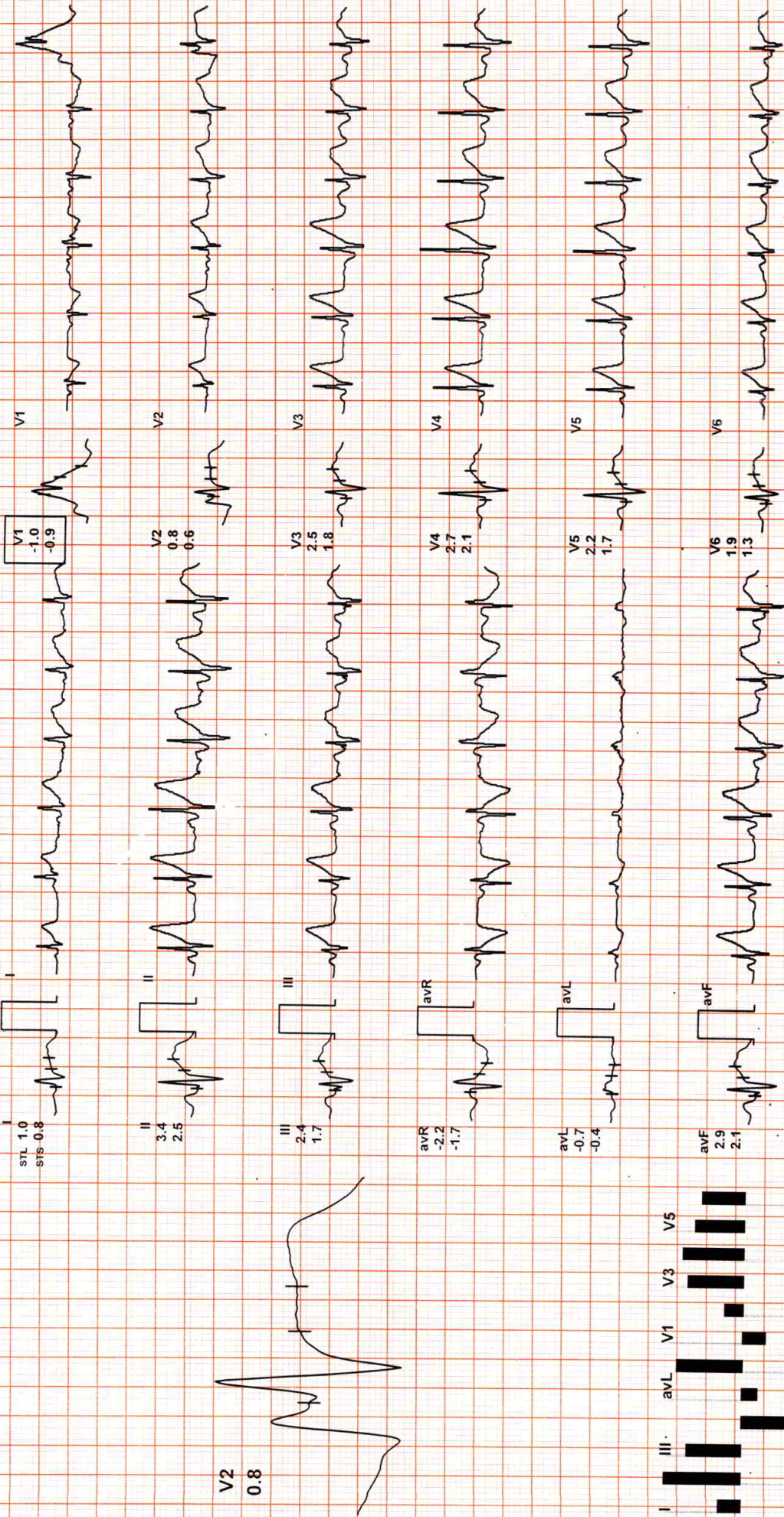
44 / MR SANDEEP VASWANI / 31 Yrs / M / O Cms / O Kg / HR : 113

ExStart



Date: 13-Apr-2024 01:22:26 PM METS: 1.0/ 113 bpm 59% of THR BP: 126/80 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 100 Hz
4X 70 mS Post J

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



REMARKS: II avR avF V2 V4 V6

(GEM214190403)(R)Allengers

DR. GOYAL PATH LAB & IMAGING CENTER

44 / MR SANDEEP VASWANI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 128

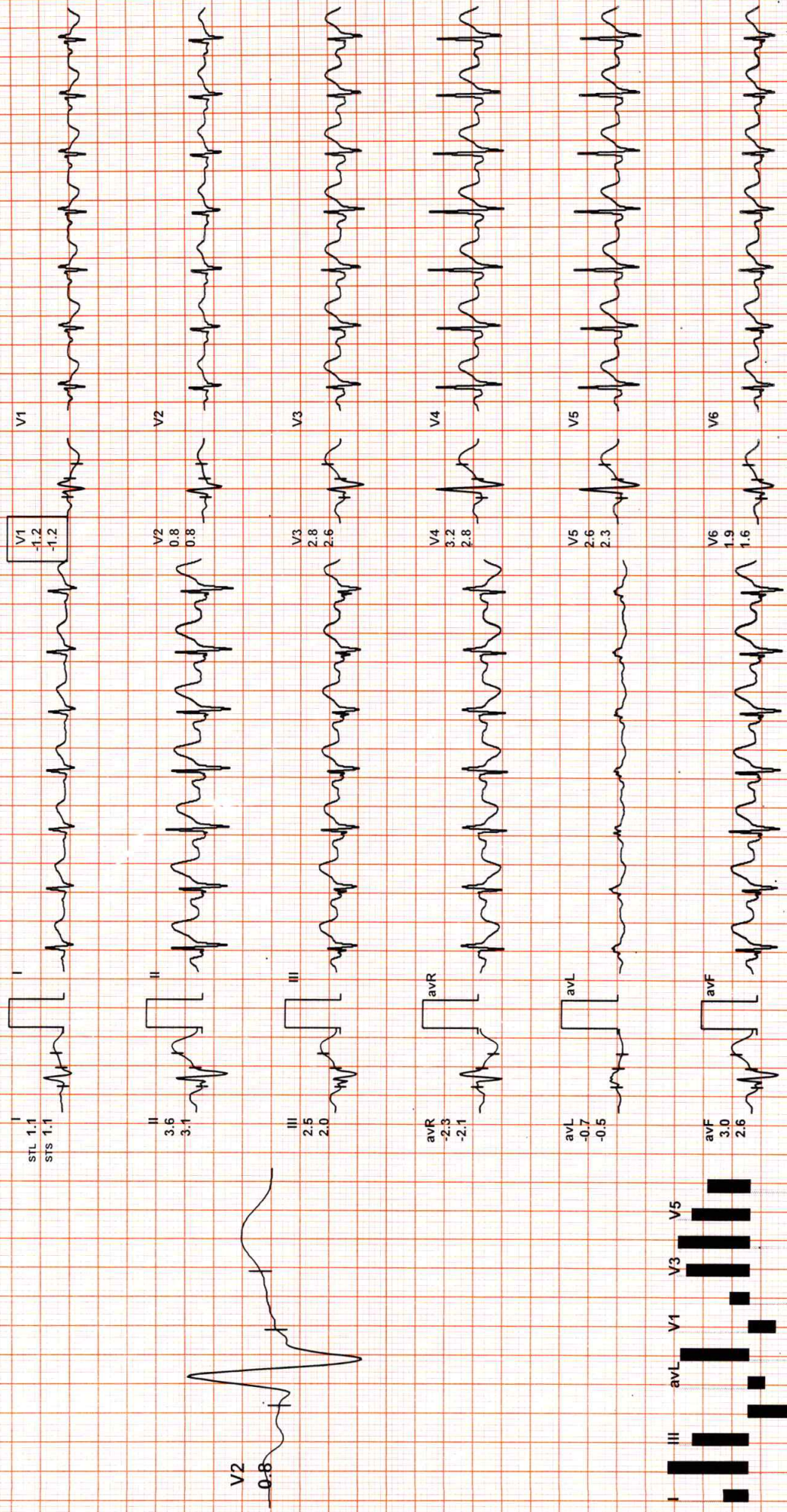
BRUCE: Stage 1(3:00)



Date: 13-Apr-2024 01:22:26 PM METS: 4.71 128 bpm 67% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 03:00 1.7 mph, 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6

(GEM214190403)(R)Alenglers

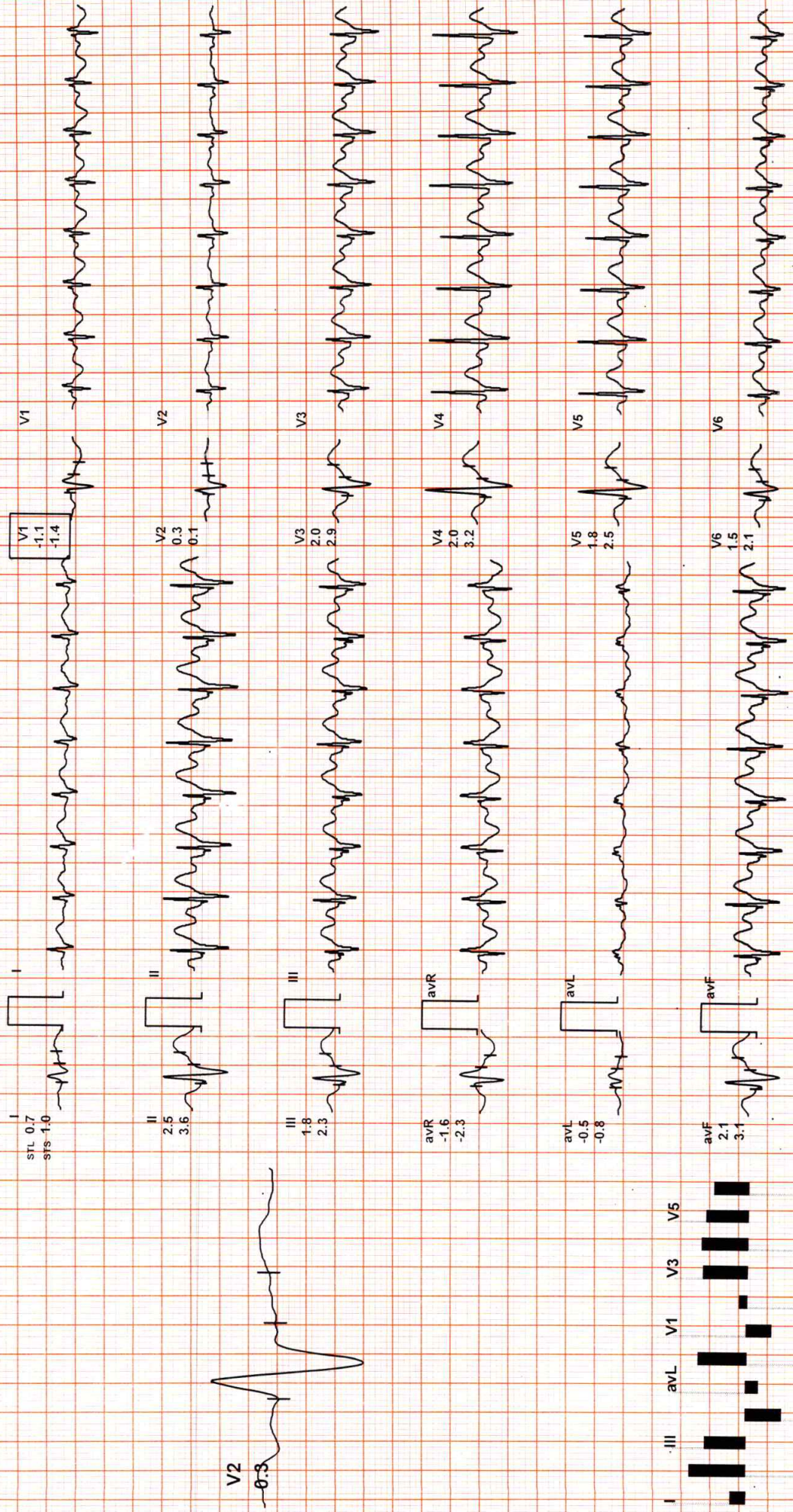
DR. GOYAL PATH LAB & IMAGING CENTER

44 / MR SANDEEP VASWANI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 145

BRUCE: Stage 2(3:00)



Date: 13-Apr-2024 01:22:26 PM METS: 7.1/ 145 bpm 76% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 06:00 2.5 mph, 12.0%
 4X 60 mS Post J 25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM214190403)(R)Allengers

DR. GOYAL PATH LAB & IMAGING CENTER

44 / MR SANDEEP VASWANI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 162

BRUCE: Stage 3(3:00)



Date: 13-Apr-2024 01:22:26 PM

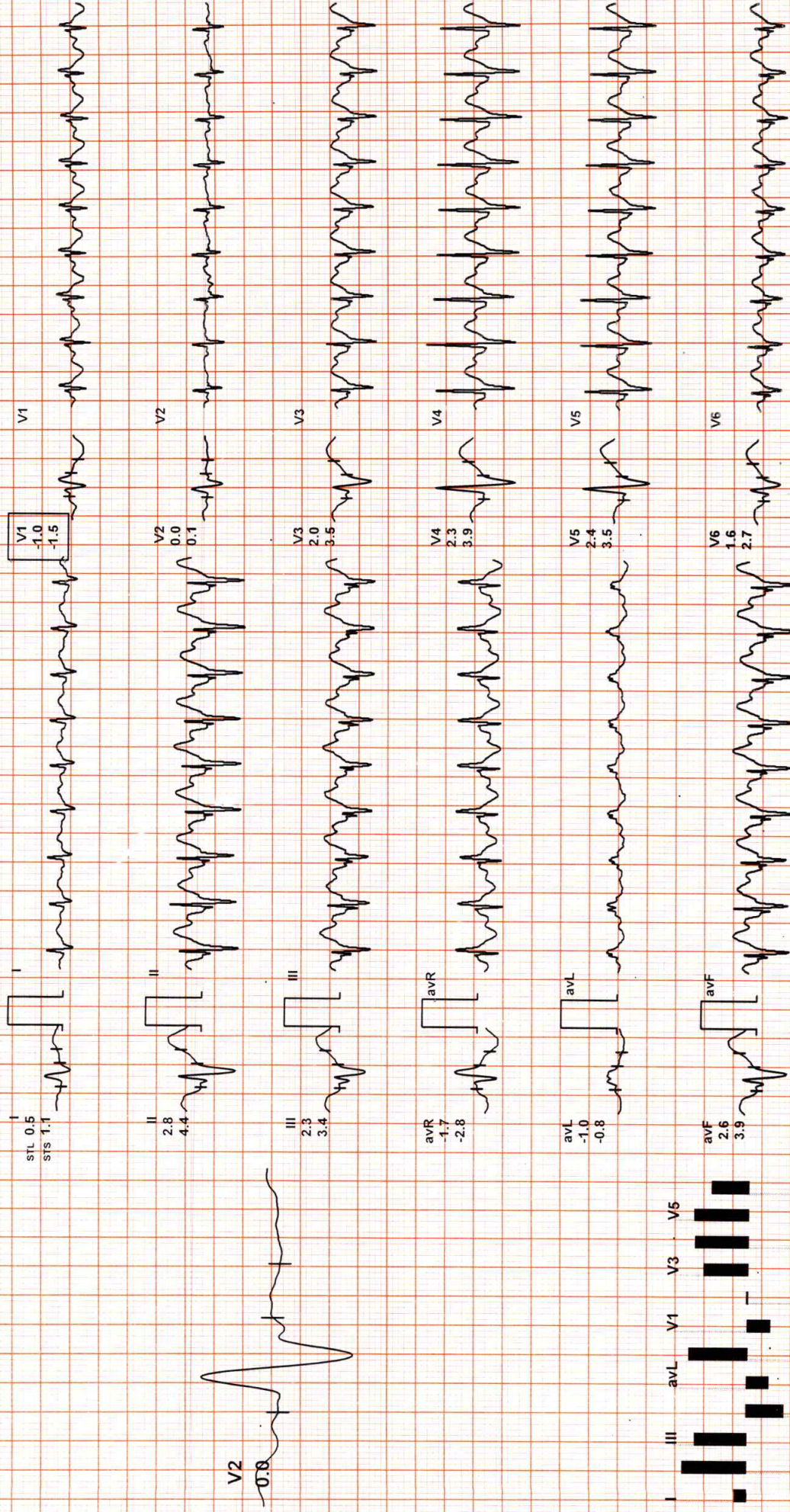
METS: 10.2/ 162 bpm 85% of THR BP: 160/90 mmHg

Combined Medians/ BLC On/ HF 0.05 Hz/LF 100 Hz

ExTime: 09:00 3.4 mph, 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6

(GEM214190403)(R)Allengers

DR. GOYAL PATH LAB & IMAGING CENTER

44 / MR SANDEEP VASWANI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 173

Date: 13-Apr-2024 01:22:26 PM

METS: 12.2 / 173 bpm 91% of THR

BP: 170/90 mmHg

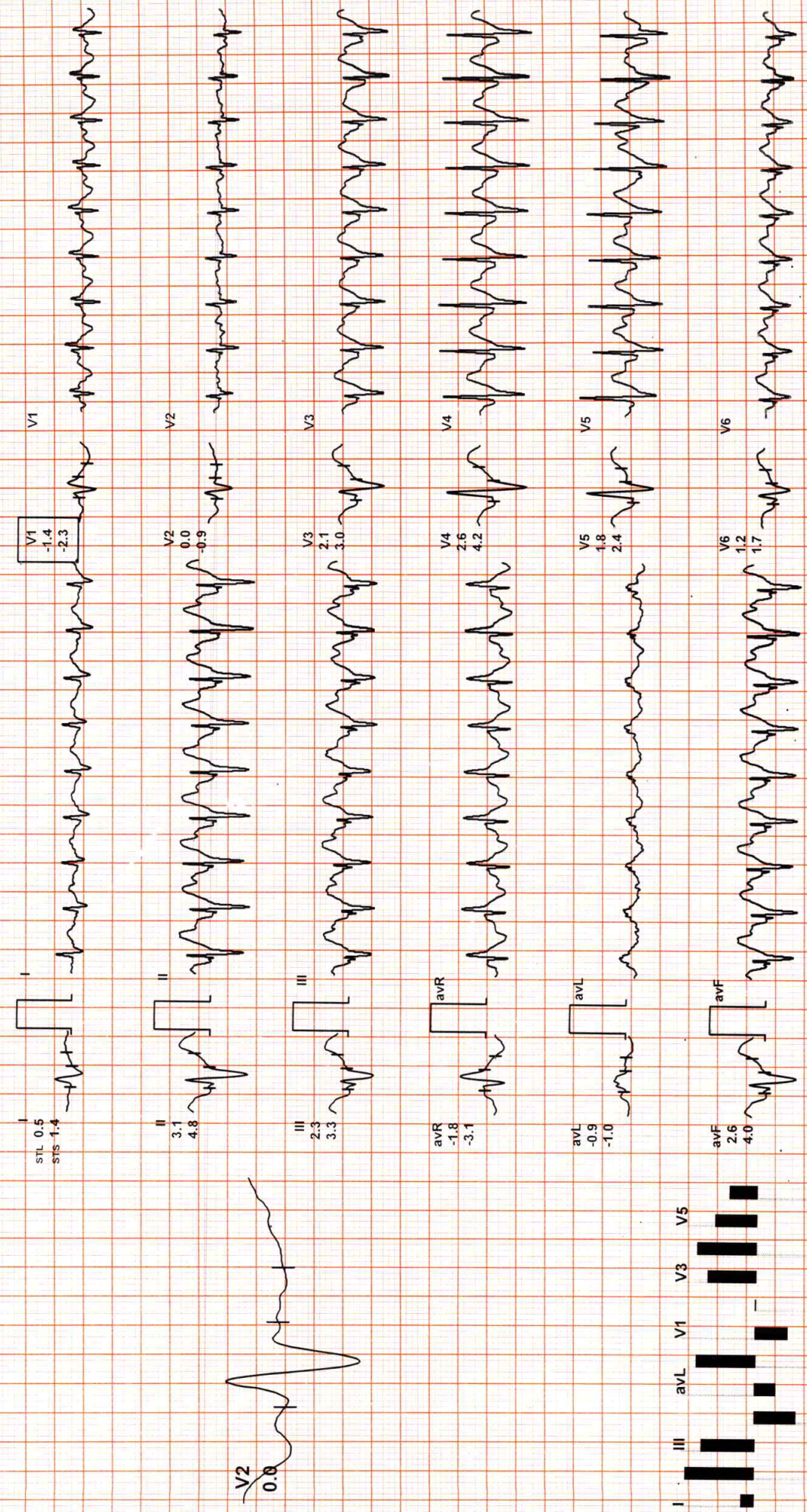
Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 10:49 4.2 mph, 16.0%



4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM214190403)(R)Allengers

DR. GOYAL PATH LAB & IMAGING CENTER

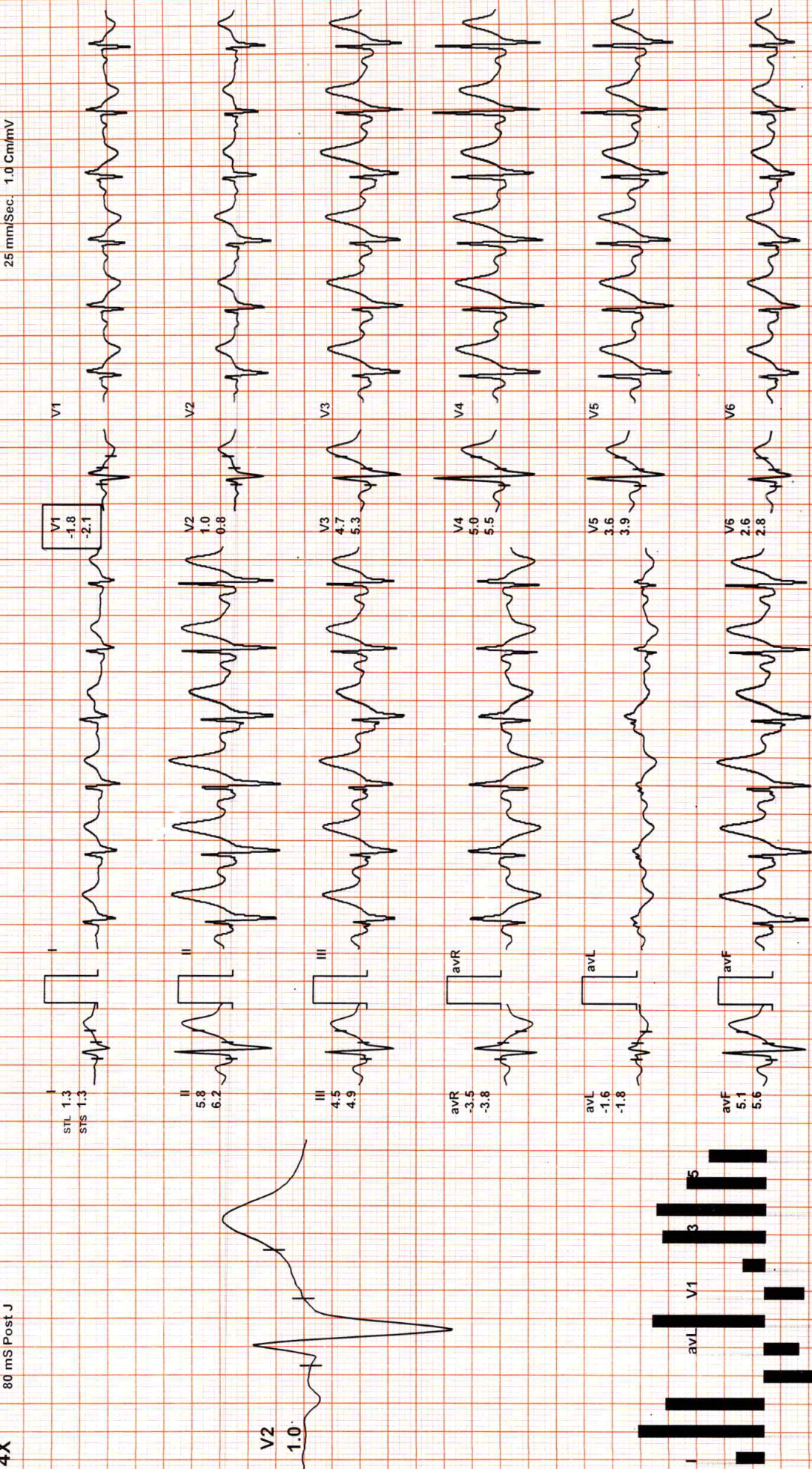
44 / MR SANDEEP VASWANI / 31 Yrs / M / O Cms / 0 Kg / HR : 107

Recovery(2:00)



Date: 13-Apr-2024 01:22:26 PM METS: 1.0/ 107 bpm 56% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 100 Hz ExTime: 10:49 0.0 mph, 0.0%

4X 80 mS Post J



REMARKS:

(GEM214190403)(R)Allengers

DR. GOYAL PATH LAB & IMAGING CENTER

44 / MR SANDEEP VASWANI / 31 Yrs / M / O Cms / 0 Kg / HR : 94

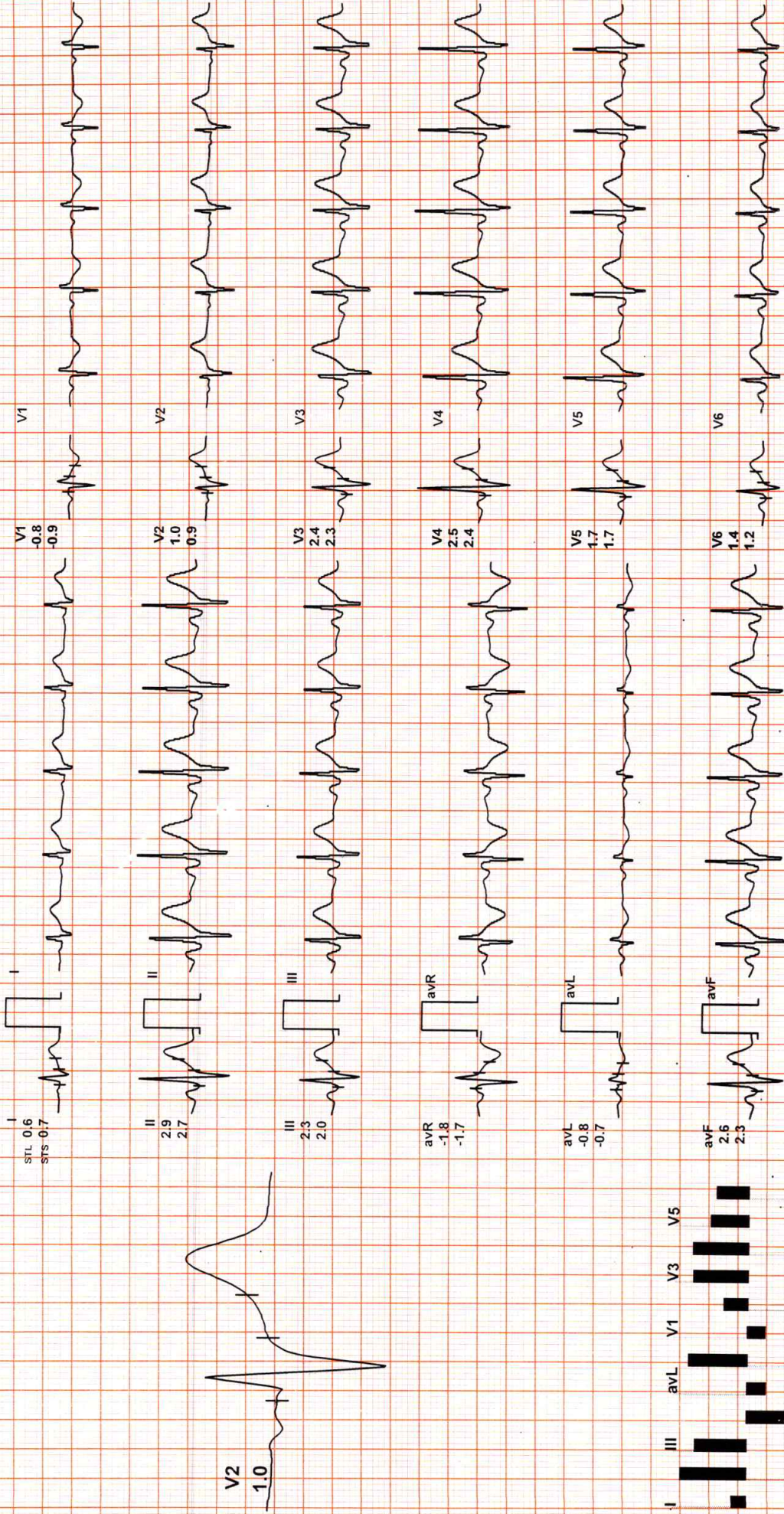
Recovery(4:00)



Date: 13-Apr-2024 01:22:26 PM METS: 1.0/ 94 bpm 49% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

ExTime: 10:49 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6

(SEM214190403)(R)Allengers

DR. GOYAL PATH LAB & IMAGING CENTER

44 / MR SANDEEP VASWANI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 97

Recovery(5:52)



Date: 13-Apr-2024 01:22:26 PM

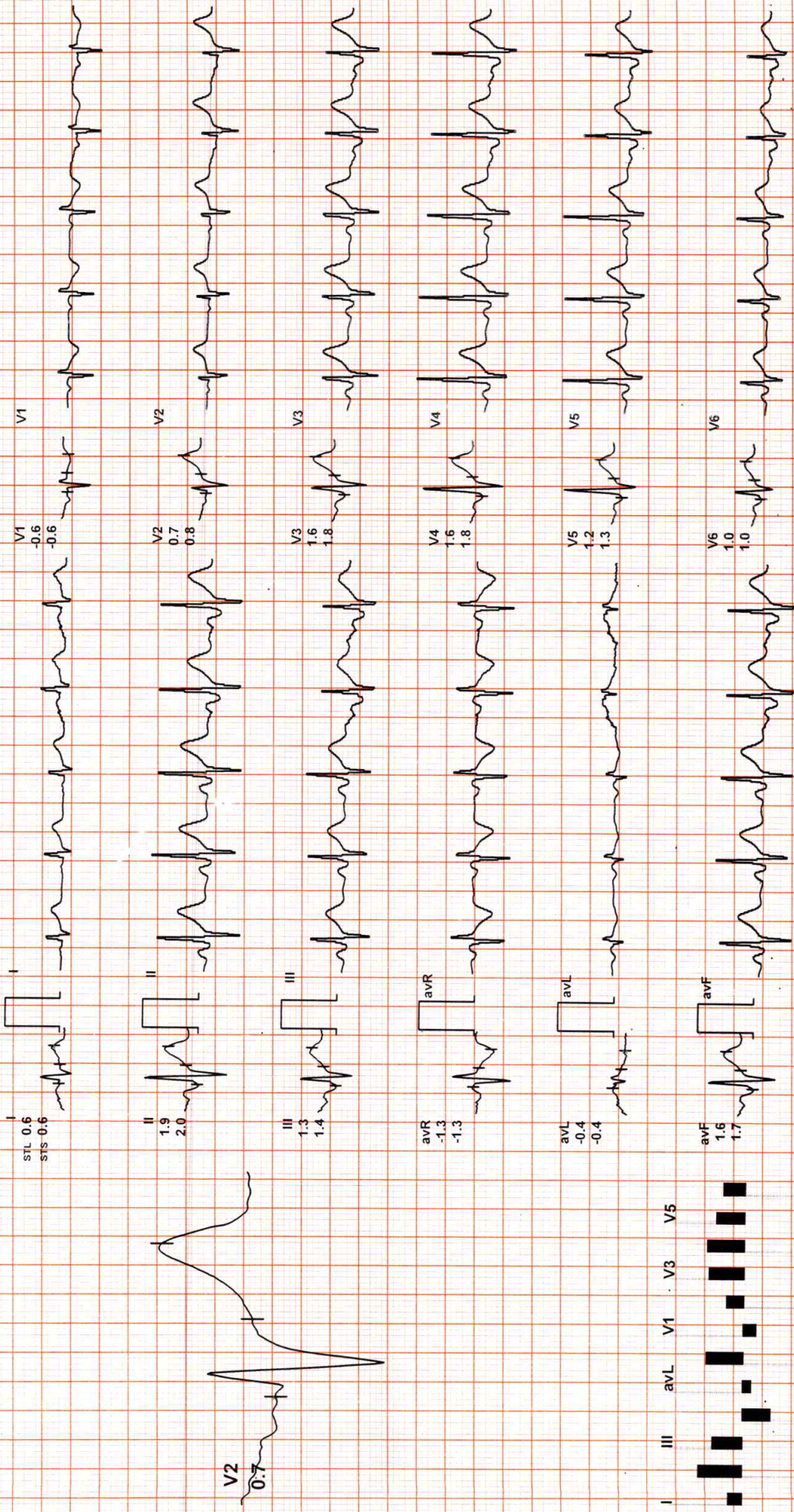
METS: 1.0/ 97 bpm 51% of THR BP: 126/86 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 10:49 0.0 mph. 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(GEM214190403)(R)Allengers

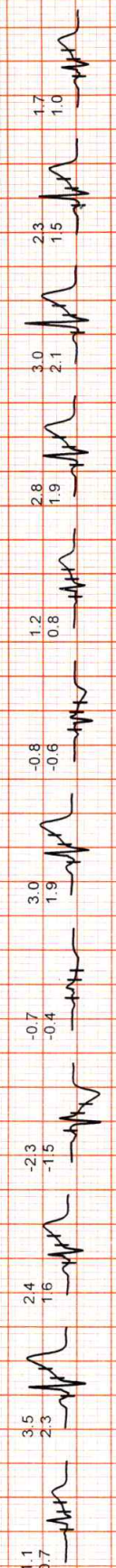


Date: 13-Apr-2024 01:22:26 PM

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

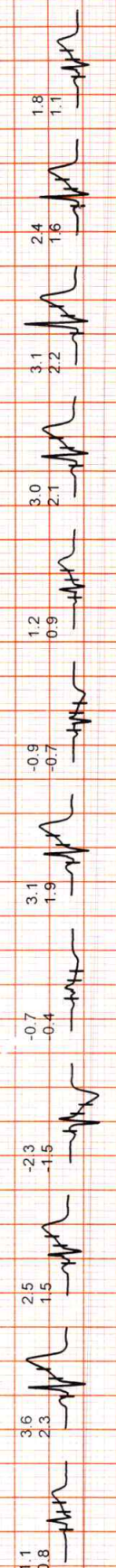
Supine

(1) 0:00
(2) 0:00
72 bpm



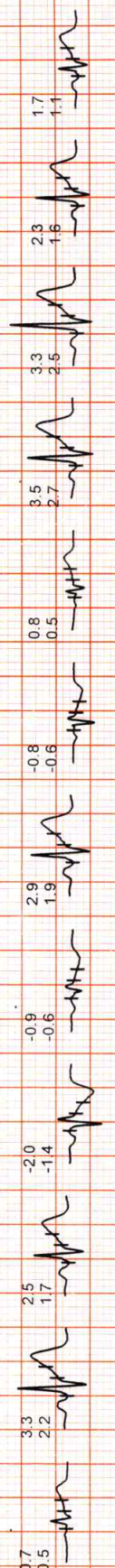
Standing

(1) 0:00
(2) 0:00
75 bpm



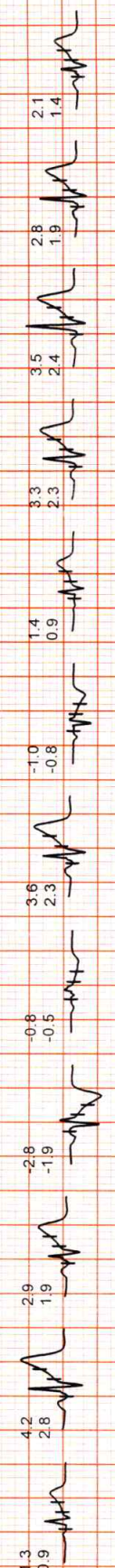
HV

(1) 0:00
(2) 0:00
73 bpm



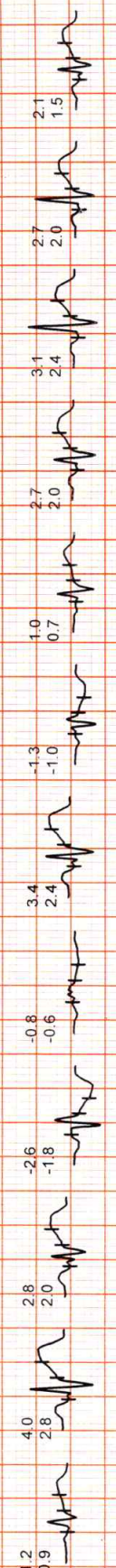
Warm Up

(1) 0:00
(2) 0:00
092 bpm



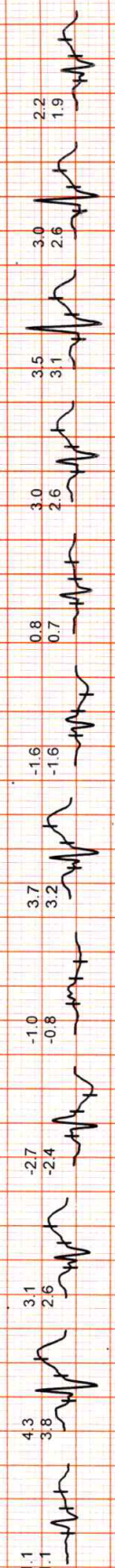
ExStart

(1) 0:00
(2) 0:00
113 bpm



Stage 1

(1) 3:01
(2) 3:01
128 bpm



DR. GOYAL PATH LAB & IMAGING CENTER

44 / MR SANDEEP VASWANI / 31 Yrs / M / 0 Cms / 0 Kg / HR : 69



Date: 13-Apr-2024 01:22:26 PM

I

II

III

avR

avL

avF

V1

V2

V3

V4

V5

V6

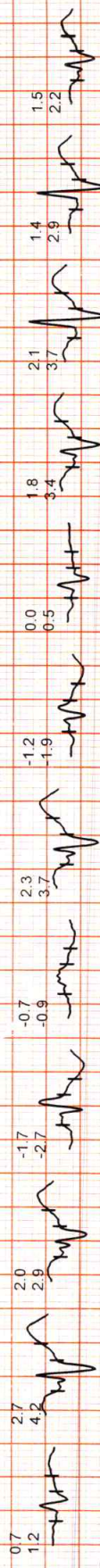
Stage 2

(1) 6:01 2.5 mph
(2) 3:01 12.0 %
145 bpm 150/90



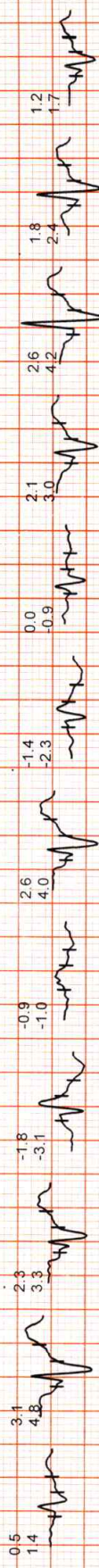
Stage 3

(1) 9:01 3.4 mph
(2) 3:01 14.0 %
166 bpm 150/90



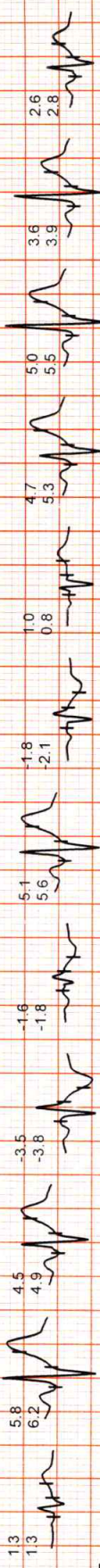
PeakEx

(1) 10:50 4.2 mph
(2) 1:50 16.0 %
173 bpm 170/90



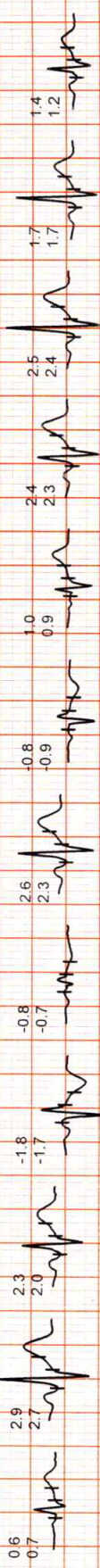
Recovery

(1) 10:51 0.0 mph
(2) 2:00 0.0 %
174 bpm 150/90



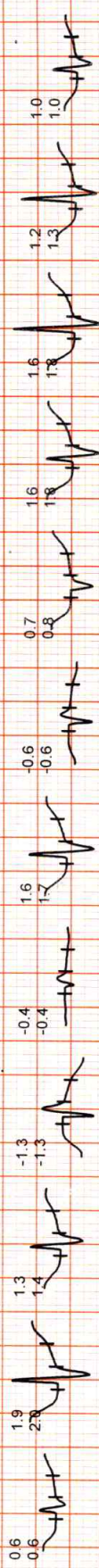
Recovery

(1) 10:51 0.0 mph
(2) 4:00 0.0 %
112 bpm 136/86



Recovery

(1) 10:51 0.0 mph
(2) 5:53 0.0 %
100 bpm 126/86



(GEM214190403)(R)Allengers



Supine :	PhTime 0:57	Stage Time 0:57	1.1 mph	0.0%	1.0 METs	67 bpm	126/80	@80mSec Post J	Supine	Standing
Standing:	PhTime: 1:34	Stage Time: 0:37	1.1 mph	0.0%	12.2 METs	75 bpm	126/80	@80mSec Post J	Supine	Standing
STL	1.2	1.1	-2.6	-2.4		-0.9	-0.9	3.3		
STS	0.8	0.8	-1.6	-1.5		-0.7	-0.7	2.3		
I			avR					V1		
II	3.9	3.7	-0.7	-0.8		1.4	1.1	2.6		
III	2.4	2.3	-0.4	-0.4		1.0	0.8	1.7		
avF			avL					V2		
V1										
V2										
V3										
V4										
V5										
V6										

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 13/04/2024 11:05:06
NAME :- Mr. VASWANI SANDEEP
Sex / Age :- Male 31 Yrs 2 Mon 19 Days
Company :- MediWheel

Patient ID :-122424983
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 13/04/2024 13:27:24

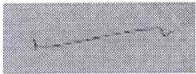
BOB PACKAGE BELOW 40MALE

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 ***

Page No: 1 of 1

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

Transcript by.

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FMF Id 255595