# Dr. Goyal's

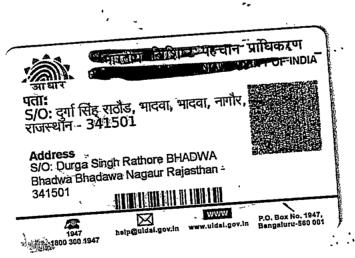
## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019
Tele: 0141-2293346, 4049787, 988704978 General Physical Examination
Website: www. drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date of Examination: 07-04-24.
Name: Akhe Singh. Age: 49 Sex: Male
DOB: 01.01.1975
Referred By: 3013.
Photo ID: Nachani ID #: Ordelineal  Wt: 93. (Kg)
Ht: 1/01 (cm)
Chest (Expiration): 105 (cm) Abdomen Circumference: 74 (cm)
Blood Pressure: 16 / 114 mm Hg PR: 96 y min
; •
BMI 29 Kg m
a service of the service of the
Eye Examination: Dis vision 66 Near vision NG.
with speed. No colour blingmen.
other: No Colour blindness.
On examination he/she appears physically and mentally fit: Ves/No
Signature Of Examine: Name of Examinee:
Sivuen Goyal
Signature Medical Examiner: -M.B.B.S. D.M.R.D.  Name Medical Examiner
YMC KSA-AL.

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D Piylish Goya: M.B.J.S., D.M.R.D. RMC Reg/No.-017996

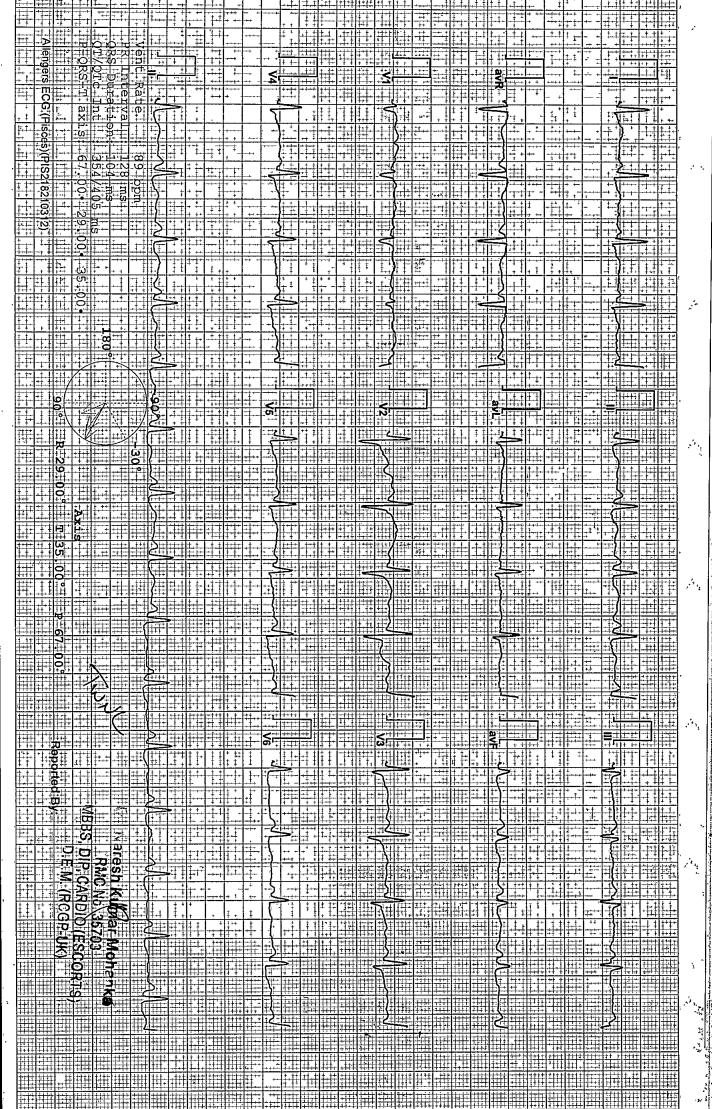
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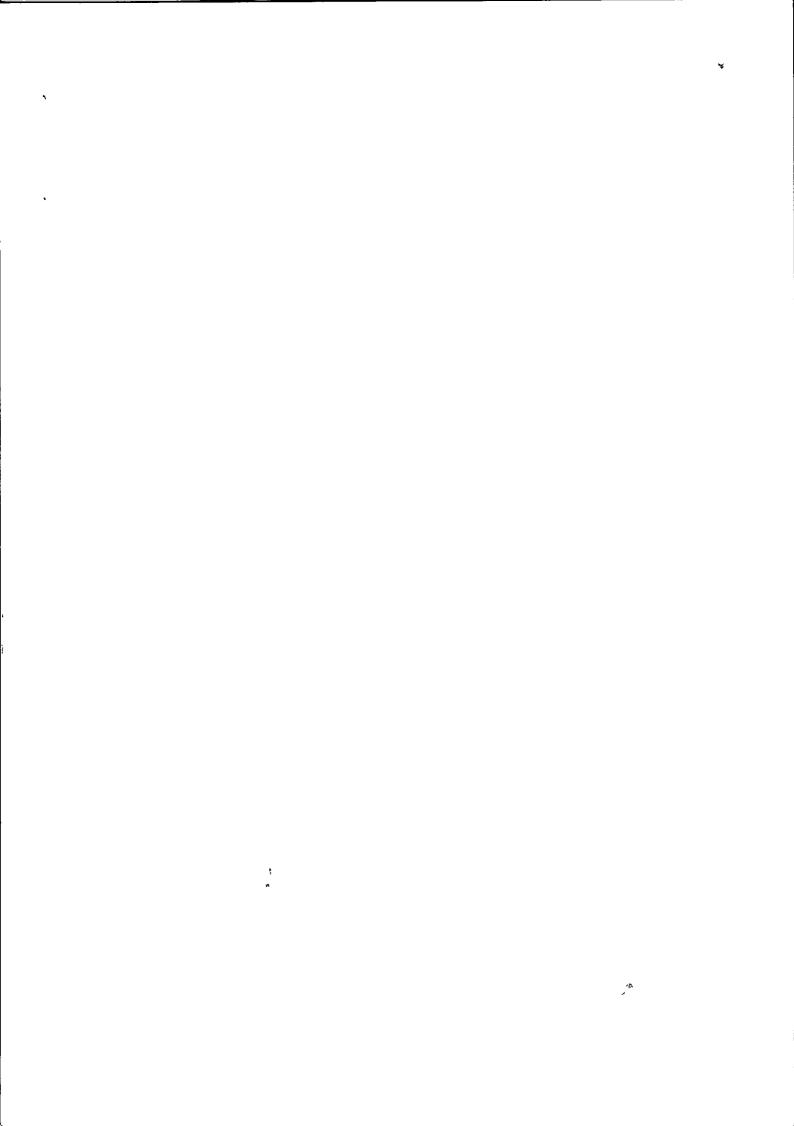
\*\*\* \$ 4.5

 DR.GOYAL PATH LAB

 5202
 / MR AKHE SINGH / 49 Yrs / M

 Heart Rate: 89 bpm / Tested On: 07-Apr-24 10:49:01 / HF.0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV// Sw 25 mm/s / Refd By: BOB





B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Road, 5509

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Tele: 0141-2293346, 4049787, 9887049787

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

Date 🍇 : 07/04/2024 08:57:13

NAME :- Mr. AKHE SINGH

Sex / Age :- Male

49 Yrs, 3 Mon 7 Days

Company:-", MediWheel

Sample Type :- EDTA

1× .

Patient ID:-122424819

Ref. By Dr:- BOB

Lab/Hosp:

Sample Collected Time 07/04/2024 09:11:17

Final Authentication: 07/04/2024 14:09:31

HAEMATOLOGY

**Biological Ref Interval** Unit Value Test Name

**BOB PACKAGE ABOVE 40MALE** GLYCOSYLATED HEMOGLOBIN (HbA1C)

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.

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 overthe 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 plasmaglucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHbdepends 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 measureof the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to themean of HDAIC Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1cmeasurements. The effects vary depending on the specific Hb vatiant or derivative and the specific HbA1c method.

11 1 11 4

Ref by ADA 2020

has been

MEAN PLASMA GLUCOSE Method:- Calculated Parameter

128 H

mg/dL

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

Instrumera had Adf o

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MEAN TLASMA OF IT USE MUKESHSINGH

Technologist

Page No: 1 of 13



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> o mail distributed the fatests or Dr. Rashmi Bakshi MBBS, MD (Path) RMC No. 17975/008828

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Date

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:- 07/04/2024 08:57:13

NAME :- Mr. AKHE SINGH

Sex / Age :- Male

Sample Type :- EDTA

49 Yrs 3 Mon 7 Days

Company :- MediWheel

Sample Collected Time 07/04/2024 09:11:17

Patient ID :-122424819

Ref. By Dr:- BOB

Lab/Hosp :-

<u> Meneralikan menalan men</u>

Final Authentication: 07/04/2024 14:09:31

TARMATOLOGV

HAEMATOLO	GY
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HAEMATOEGT				
Γ	Test Name	Value	Unit	Biological Ref Interval
Ļ				
	HAEMOGARAM	142	g/dL	13.0 - 17.0
į	HAEMOGLOBIN (Hb)	14.3		4.00 - 10.00
,	TOTAL LEUCOCYTE COUNT	7.07	/cumm	4.00 - 10.00
	DIFFERENTIAL LEUCOCYTE COUNT		0.4	40.0 - 80.0
	NEUTROPHIL	61.6	%	
	LYMPHOCYTE	34.0	%	20.0 - 40.0
	EOSINOPHIL	1.8	%	1.0 - 6.0
	MONOCYTE	2.3	%	2.0 - 10.0
	BASOPHIL CTOWN 68 57:1	* 0.3	%	0.0-2.0 福祉
	NEUT# : MIT AKE SINC!	4.36	10^3/uL	1.50 - 7.00
	LYMPH# Mater 17 Vrs ?	2.41	10^3/uL	1.00 - 3.70
	EO# any Me Timbre	0.12	10^3/uL	0.00 - 0.40
-	MONO# <sub>pe</sub> 1	و <b>0.16</b> و و و	-, -10^3/uL	,0.00, 70 augn 07/04/2024 7
	BASO#	0.02	, <sub>3</sub> ,10^3/uL	0.00 - 0.10
	TOTAL RED BLOOD CELL COUNT (RBC)	4.82	x10^6/uL	4.50 - 5.50. Logical Ref in
	HEMATOCRIT (HCT)	- 44.60	%	40.00 - 50.00
	MEAN CORP VOLUME (MCV)	92.6	fL	83.0 - 101.0
	MEAN CORP HB (MCH)	29.7	pg	27.0 - 32.0
	MEAN CORP HB CONC (MCHC)	32.1	g/dL	31.5 - 3 <del>4</del> .5
		316	x10^3/uL	150 - 410
	PLATELET COUNT (1997)	14.4 H	%	11.6 - 14.0
	RDW-CV778411	19.21		1 1
	MENTZER INDEX	27.22		^ 1

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# ...

*(*)

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310504

BASO#

TOTAL RED BLOOD CELL COL 1

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MEAN ( DR V H ) 1 33

MUKESHSINGH.

Page, No:, 2 of 13

MUNITZER INDIN

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49

Dr. Rashmi Bakshi MBBS. MD (Path)

RMC No. 17975/008828

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A THE TANK A PARTY OF THE

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

Date :- 07/04/2024 08:57:13

Ref. By Dr.- BOB

NAME : Mr. AKHE SINGH , 49 Yrs 3 Mon 7 Days Sex / Age :- Male

Company:- MediWheel

Sample Type :- EDTA

Sample Collected Time 07/04/2024 09:11:17

Final Authentication: 07/04/2024 14:09:31

#### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
ICSL IVAIMO			

Lab/Hosp :-

Patient ID: -122424819

mm/hr.

Erythrocyte Sedimentation Rate (ESR)

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

Instrument Name : Indepedent form Hematocrit value by Automated Analyzer (Roller-20) : ESR test is a non-specific indicator ofinflammatory disease and abnormal protein states.

08

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

Levels are higher in pregnency due to hyperfibrinogenaemia.

The "3-figure ESR " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CEC) Methodology discapt of loorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L, Japan

27/04/2 MANUT - NO Sex / An >

WEST

Sample Type - EDTA

Biological Ker La Test Name

Erydirotyte Fedimentation Rate (f. 51-)

(ESR) Methatidiogy Access histophian symbol Sindephian In Interprepalion - PSR 1051 187, 1991 :

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or in italics

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MUKESHSINGH **Technologist** 

Page No: 3 of 13,



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

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NAME :: Mr. AKHE SINGH

Sex/Age Male 49 Yrs 3 Mon 7 Days

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Patient ID: -122424819

Ref. By Dr.- BOB

Lab/Hosp:

Final Authentication: 07/04/2024 10:58:23

Sample Collected Time 07/04/2024 09:11:17

	BIOCHEMISTRY							
Г	Test Name	Value	Unit	Biological Ref Interval				
L	LIPID PROFILE TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	228.11 H	mg/dl	Desirable <200 Borderline 200-239 High> 240				
	TRIGLYCERIDES Method:- GPO-PAP	<b>255.70</b> H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500				
	DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	34.58	mg/dl	Low < 40 High > 60				
	DIRECT LDL CHOLESTEROL 7 1 Method: Direct clearance Method. GN	150.91 H.	mg/dl Z	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159				
	Sex (Age : Iddle 45 Yrs 3 N 1 1 Compan - MadiMiraal	_		High 160-189  Very High 190 (yr)				
	Samele Type PLATES FULL VLDL CHOLESTEROL Method: Calculated	51.14	" mg/dl	0.00 - 80.00				
	T.CHOLESTEROL/HDL CHOLESTEROL RATIO  Method:-Calculated.	6.60 H		0.00 - 4.90: ologic 21 Ref I .				
	LDL / HDL CHOLESTEROL RATIO	4.36 H		0.00 - 3.50				
	TOTAL: LIPID waters of Man .  Method:-CALCULATED	790.95	mg/dl	400,00 - 1000,00 350				
	TOTAL CHOLESTEROL InstrumentName: Randox Kx 1mol							
	TRIGLYCERIDES InstrumentName:Randox Rx Imola Inte	OIL,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	DIRECT HDLCHOLESTERO InstrumentName: Randox Rincidence/prevalence of coronary heart disease (CHD) has been demonstrated from CHD. Direct measurement gives improved accuracy and reproducibility	n in a number of epidemiology when compared to precipital	ion methods.	• • • • • • • • • • • • • • • • • • •				
	* pypegript cuoi reteroi InstrumentName:Randox RX	lmola Interpretation: Acc	curate 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 , TOTAL LIFID AND YLDL ARE CALCULATED	rupture.		n un at at ove optimal				
	* TOTAL LINE WITH A LINE WERE CUIT CORNERS			ļ me;				
	LLD (1974 St. KCA Methods-Children	ŧ		: 30.30				
	i CHOLESTERCIAL							
	EDE CATE OF THE STERES THAT H			Wall Carl				
	SURENDRAKHANGA	70 3 45	1	100.00 M 90 00 <b>Dr. Rashmi Bakshi</b>				
	megnals Carkfulared	pert Ara	ī	" 4" MBBS. MD ( Path ) RMC No. 17975/008828				

Page No: 4 of 13

RMC No. 17975/008828

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Date ...: 07/04/2024 08:57:13

NAME: - Mr. AKHE SINGH

Sample Type :- PLAIN/SERUM

Sex / Age: Male : 49 Yrs 3 Mon 7 Days

Company :- MediWheel

Patient ID: -122424819

Ref. By Dr:- BOB

Lab/Hosp:

机动物水桶 

£44€. 4 ¥ 4

Sample Collected Time 07/04/2024 09:11:17 **BIOCHEMISTRY** 

Final Authentication: 07/04/2024 10:58:23

**Biological Ref Interval** 

٢	Test Name	Value	Unit	Biological Ref Interval
,	LIVER PROFILE WITH GGT SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.38	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	0.09	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
	SERUM BILIRUBIN (INDIRECT)  Method:- Calculated U4/2/124 G8 57 T3	0.29	mg/dl	0.30-0.70
	SGOT AND AND SHOP SHOP Methods IFCC William 49 Yrs 3 M	22.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
	SGPTonic Attentions	48.9 H	U/L	Men- Up to - 40.0  Women - Up to - 31.0
	SERTIM ALKALINE PHOSPHATASE	88.70 轻尾 胖气机。	IŲ/L	30.00 - 120.00
	Method:- AMP Buffer  SERUM GAMMA GT  Method:- IFCC	>123.10 H	U/L	11.00 - 50.00 agiral FCf is
	SERUM:TOTAL PROTEINGET	6.83	g/di	6.40 - 8.30
	Method: Binret Reagent	4.58	g/dl	3.80 - 5.00 6 rays 6

SEKI WENTER DIKECTO centration in the serum occurs in toxic or infectious diseases of the liver e.g. Total BilirubinMethodology Colorimetric method InstrumentName:Randox Rx Imola Interpretation An increase in bilirubin con 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

gm/dl

11

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(14")

hepatitis B or obstruction of the bile duct and in rhesus incompanion babies, high reverse of unconjugated our upon machine man too much machine in activity of 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: IFCCInstrumentName: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.

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 hepatobilary 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 victory 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)

SERIALICI I M Mathed, much she gre

SERUM ALBUMINIO

Method:- Bromocresol Green

SERUM GLOBULIN

Method:- CALCULATION

A/G RATIO

SURENDRAKHANGA

SERUMICA ONE IN Page No. 5 of 13 11 10% A/G RATIO

Dr. Rashmi Bakshi MBBS. MD (Path)

RMC No. 17975/008828

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1.30 - 2.50 2020

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10-12.

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Date 07/04/2024 08:57:13

NAME ... Mr. AKHE SINGH 49 Yrs 3 Mon 7 Days

Sex / Age :- Male

MediWheel Company :-Sample Type : PLAIN/SERUM Patient ID: -122424819

Ref. By Dr:- BOB

Lab/Hosp:-

Final Authentication: 07/04/2024 10:32:21 Sample Collected Time 07/04/2024 09:11:17

#### **IMMUNOASSAY**

	HILLIOTICAL		
Test Name	Value	Unit	Biological Ref Interval
Acot I tamo			
TOTAL THYROID PROFILE	1.410	1	0.070 1.600
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoasssy)	1.410	ng/ml	0.970 - 1.690
	10.000	ug/dl	6.530 - 13.210
SERUM TOTAL T4 Method:- Chemilmminescence(Competitive immunoassay)	10.000	<del></del>	
A company with	2.419	μIU/mL	0.350 - 5.500
SERUM TSH ULTRA	2.419	μιοπισ	VIDDO 0104-

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 to Total T4 aids in the differential diagnosis of thyroid disease. 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; and the such conditions of the metabolically active hormone concentration; and the such conditions of the metabolically active hormone concentration; and the such conditions of the metabolically active hormone concentration; and the such conditions of the metabolically active hormone concentration; and the such conditions of the metabolically active hormone concentration; and the such conditions of the metabolically active hormone concentration; and the such conditions of the metabolically active hormone concentration; and the such conditions of the metabolically active hormone concentration; and the such conditions of the metabolically active hormone concentration; and the such conditions of the such c 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 ?

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	REFERENCE RANGE FOR TSH IN uIU/mL (As per A	i af up urfer et
	Association)	and children Ti
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NARENDRAKUMAR	N 14 g	Dr. Rashmi Baksh
NARENDRAKUMAR THE CHARLES THE	y l t l	MBBS. MD (Path)

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**CONDITIONS OF REPORTING SEE OVER LEAF"** 

RMC No. 17975/008828

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# Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Head, 5509 Sodala, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

Website: www.drgovalspathlab.com | E-mail: drgovalpiyush@gmail.com

Date 07/04/2024 08:57:13

NAME :- Mr. AKHE SINGH

Sex / Age - Male 49, Yrs 3 Mon 7 Days

Company :- MediWheel

Sample Type :- URINE

Patient ID: -122424819 Ref. By Dr:,- BOB

Lab/Hosp:-

Sample Collected Time 07/04/2024 09:11:17

Final Authentication: 07/04/2024 11:31:43

#### CLINICAL PATHOLOGY

Urine Routine PHYSICAL EXAMINATION COLOUR COLOUR APPEARANCE Clear NIL	<u>C</u>	CLINICAL PATHOLOGY		
PALE YELLOW COLOUR COLOUR APPEARANCE CHEMICAL EXAMINATION REACTION(PH) Methods. Reagant Strip(Deposite indication blue reaction) Methods. Reagant Strip (Solphomatic sold test) COLUCOSE Methods. Reagant Strip (Solphomatic sold test) COLUCOSE Methods. Reagant Strip (Charcompling reaction) Methods. Reagant Strip (Charcompling reaction) Methods. Reagant Strip (Charcompling reaction) Methods. Reagant Strip (Maccompling trip (Maccompling Reaction) Methods. Reagant Strip (Maccompling trip (Maccompling Reaction) Methods. Reagant Strip (Maccompling trip (Maccompling Reaction) Methods. Reagant Strip (Maccompling Reaction)	Test Name	Value	Unit	Biological Ref Interval
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	VÜJENDRAMEENA Technologist	-	ì	

MBBS. MD ( Path ) RMC No. 17975/008828



Page No. 7 of 13 WICKOSCHEY EXAMI

RBCTITT



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B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Road, 5509

Sodala, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

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

Date 07/04/2024 08:57:13

NAME ... Mr. AKHE SINGH

AND THE PARTY OF THE

Sex / Age :- Male . 49 Yrs 3 Mon 7 Days

Company : MediWheel

Patient ID: -122424819

Ref. By Dr:- BOB

Lab/Hosp:-

Sample Type: KOx/Na FLUORIDE-F, KOx/Na ShbipRiOSIERERUMN/SERUM024 11:52:06

Final Authentication: 07/04/2024 13:26:45

The state of the s

**BIOCHEMISTRY** 

**Biological Ref Interval** Unit Value **Test Name** 

FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP

105.2

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.

BLOOD SUGAR PP (Plasma)

154.6 H

mg/dl

Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, in the state of the state 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 where

SERUM CREATININE	1.00	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID  Method:- Enzymatic colorimetric	<b>6.88</b>	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7
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151.6

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Instrument Varie it Popular di

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SURENDRAKHANGA

Page No: 9 of 13.



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

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B-51, Ganesti Nagar, Near Metro Piller No. 109-110, New Sanganer Road,

Sodala, Jaipur-302019

. 4

Tele: 0141-2293346, 4049787, 9887049787

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

**Test Name** 

Date 07/04/2024 08:57:13

NAME :- Mr. AKHE SINGH

Sex / Age :- Male 2012 49 Yrs 3 Mon 7 Days

Company : MediWheel

Sample Type :- EDTA, URINE

Patient ID: -122424819

Ref. By Dr:- BOB

Lab/Hosp:-

Final Authentication: 07/04/2024 14:09:31

HAEMATOLOGY

Value

Sample Collected Time 07/04/2024 09:11:17

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

:- 07 to 4/20 74 18 57 1

NAME STROKHE SINGH

Sex nje

110- 4 C saparý

Sample Type .. ELIA L I. L

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Biological Ref ir

PLOOD CROUP AND

BLDODERO'S SO WEE

ÚKRÆ ŚĽGAR (F45CINU) Collected Samplif Received

Sp. a chisef

MUKESHSINGH, VIJENDRAMEENA **Technologist** 

Page No: 11 of 13



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

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Sodala, Jaipur-302019

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

Date 6 07/04/2024 08:57:13

NAME: :- Mr. AKHE SINGH

? Sex / Age : Male . 49 Yrs 3 Mon 7 Days

Company: - MediWheel

Sample Type :- PLAIN/SERUM

Patient ID :-122424819

Ref. By Dr:- BOB

Lab/Hosp:-

Final Authentication: 07/04/2024 10:58:23

Sample Collected Time 07/04/2024 09:11:17 **BIOCHEMISTRY** 

**Biological Ref Interval** Value Unit **Test Name** 

**BLOOD UREA NITROGEN (BUN)** 

9.1

mg/dl

0.0 - 23.0

7. 07.0 17.02 03 57.40 Dale NAME · :- Mr. AKHESINGH SEX PAGE PMAID 46 YIS 13. Mch - P

Company A. MedWard

Sample Type - PL/ IN/SET/ ...

Test Hame

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BLOCDUREA NITURA > BLS

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Biological Ref is.

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SURENDRAKHANGA

Page No: 12 of 13



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

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

Date - 07/04/2024 08:57:13

NAME :- Mr. AKHE SINGH Sex / Age :- Male

£ 77.

49 Yrs 3 Mon 7 Days

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 09:11:17

1.060

Patient ID: -122424819

ng/ml

Ref. By Dr:- BOB

Final Authentication: 07/04/2024 10:32:21

**IMMUNOASSAY** 

**Biological Ref Interval** Unit Value **Test Name** 0.000 - 4.000

Lab/Hosp:-

TOTAL PSA

InstrumentName: VITROS ECI Interpretation: Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer.PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining

the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

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

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Methodis-Chemikismic center

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NARENDRAKUMAR **Technologist** 

Page No: 13 of 13



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

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Tele: 0141-2293346, 4049787, 9887049787



:- 07/04/2024 08:57:13

NAME

:- Mr. AKHE SINGH

Sex / Age :- Male

49 Yrs 3 Mon 7 Days

Company :- MediWheel

Patient ID: -122424819 Ref. By Doctor:-BOB

Lab/Hosp:-

BOB PACKAGE ABOVE 40MALE

#### X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression: - Normal Study

(Please correlate clinically and with relevant further investigations)



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

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

Page No: 1 of 1

**AHSAN** Transcript by.

#### FORM B

[See Rules 6(2), 6(5) and 8(2)]

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Name and address of the Genetic Counselling Dr.goyal's Path. Lab & Imaging Center, B-Laboratory\*/ Genetic Genetic 51 Ganesh Nagar Oppsite Centre\*/ A. Clinic\*/Ultrasound Clinic\*/ Imaging Centre\*. Corner, new Sanganeri Road, 302019

Pre-natal diagnostic procedures\* approved for(Genetic Clinic).

Non-Invasive

Ultrasound

Invasive

- Pre-natal diagnostic tests\* approved (for Genetic Laboratory): Biochemical Studies C.
- Any other purpose (please specify) D.

Model and make of equipments, being used (any change is to be intimated to the Appropriate Authority 3. under rule 13).

			<i></i>		
	Equipment Name	Model No	Serial No	Manufacturer Name	Machine Type
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ſ	Wipro GE	Vivid T8	605771WXO	Wipro GE	New
	Wipro GE	Voluson E6 BT21	E19168	Wipro GE	New
•	Siemens	Magnetom Verio 3TMRI	40129	Siemens	New

Registration No. allotted

61

Period of validity of earlier Certificate of Registration. From 15/08/2020 To 14/08/2025 5. (For renewed Certificate of Registration only)

Date: 06.02.2024

Place: Jouibus

Signature, Name and Designation of Appropriate Authority with SEAL of Office.

FRANKE FUTTER TO

SEAL

## )r.Goyal Path Lab & Imaging Centre

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

Tele: 0141-2293346, 4049787, 9887049787

Date :- 07/04/2024 08:57:13 NAME :- Mr. AKHE SINGH

Sex/Age:- Male . 49 Yrs 3 Mon 7 Days

Company :-MediWheel Patient ID :-122424819 Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication: 07/04/2024 12:37:42

BOB PACKAGE ABOVE 40MALE 2D ECHO OPTION TMT (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

			FAIR TRANSTHO	RACIC ECHOCARIE	HOGRAPHIC	VINDOM MODE	UOLOGV.	
MITRAL VALVE NORM		MAL	ISTHORACICECHOCARIDIOGRAPHIC WINDOW TRICUSPID VALVE		- INDOM MORFI			
AORTIC VALVE NORM		MAL	AL PULMONARY VALVE			NORMAL		
•		M.MODE	<b>EXAMITATION:</b>	<u> </u>	AMI VALVE		NORMAL	
AÓ	28	mm	LA	33	Mm	IVS-D	<u> </u>	<del>,</del>
IVS-S	13	mm	LVID	36	Mm	LVSD	<del></del>	mm
LVPW-D	. 10	mm	LVPW-S	18			24	mm
DAGE	<del></del> -			10	Mm	RV .		mm
RVWT	_	mm	EDV		MI	LVVS		mi-
VEF	62%		<del> </del>	RWMA	<del>-                                    </del>	ABSENT		
						LOSCIAI		
Α	NORM	141		<u>CHAN</u>	/IBERS:			
<u>-n</u>	INOKIN	IAL	RA			NODRALL		

			CHAMBERS:	
LA	NORMAL	RA	NORMAL	
LV	NORMAL	RV	NORMAL	
PERICARDIUM	1	NORMAL .	HOMMAL	

·				COL	OUR DOPPLER:			· <u> </u>
	MI	TRAL VALVE			OOK DOFFLER:			
E VELOCITY	- 0.86	m/sec	<del></del>					
A VELOCITY	0.63	m/sec		N GRADIEN			Mm/hg -	
MVA BY PHT	0.03				• •	_ •	Mm/l	ıg.
		Cm2	Cm2 MVA		BY PLANIMETRY		Cm2	
MITRAL REGURGITATI					ABSENT			
25.00		RTIC VALVE			<del></del>			
PEAK VELOCITY	1.0	m/s	ec	PEAK G	RADIENT		mm/hg	
AR VMAX		m/sec		MEAN C	MEAN GRADIENT		mm/hg	
AORTIC REGURGITATION				ABSENT	<del></del>			<del></del>
	TRICI	JSPID VALV	Ē					
PEAK VELOCITY	0.52	m	/sec	PEAK G	RADIENT	<del></del>	lm	m/hg*
MEAN VELOCITY		m	/sec	MEAN GRADIENT		<del>-</del>		
VMax VELOCITY				_				m/hg ·
	<del> -</del> -	<del></del>						
DICUEDID DECUDOR	17:01							
RICUSPID REGURGITA				ABSENT				
PEAK VELOCITY		MONARY VA	LVE					
				M/sec.	PEAK GRADIENT		•	Mm/hg
MEAN VALOCITY				MEAN GRADIENT		<del>                                     </del>	Mm/hg	
PULMONARY REGURG	ITATION			<u> </u>	ABSENT	<del></del>	┴	

Page No: 1 of 2

**AHSAN** Transcript by.

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

Dr. Ashish Choudhary MBBS, MD (Radio Diagnosis) Fetal Medicine Consultant FMF ID - 260517 | RMC No 22430 Dr. Abhishek Jain

RMC No. 21687

Dr. Navneet Agarwal

Dr. Poorvi Malik MBBS, DNB, (Radio-Diagnosis) MD, DNB (Radio Diagnosis) MBBS, MD, DNB (Radio Diagnosis)

RMC No. 21505

RMC No. 33613/14911

#### FORM B

[See Rules 6(2), 6(5) and 8(2)]

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B. Pre-natal diagnostic procedures\* approved for(Genetic Clinic).

Non-Invasive

Ultrasound

Invasive

- C. Pre-natal diagnostic tests\* approved (for Genetic Laboratory): Biochemical Studies
- D. Any other purpose (please specify)

3. Model and make of equipments being used (any change is to be intimated to the Appropriate Authority under rule 13).

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Date: 06.02.2024

Place: Jouibus

Signature Name and Designation of Appropriate Authority with SEAL of Office.

**SEAL** 

## Dr. Goyal' Path Lab & Imaging Centre

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

Tele: 0141-2293346, 4049787, 9887049787



:- 07/04/2024 NAME :- Mr. AKHE SINGH

Sex / Age :- Male 49 Yrs 3 Mon 7 Days

Company :-MediWheel Patient ID: -122424819 Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication: 07/04/2024 12:37:42

#### Impression--

- 1. Normal LV size & contractility
- 2. No RWMA. LVEF 62 %.
- 3. Normal cardiac chamber.
- 4. Normal valve
  - 5. No clot, no vegetation, no pericardial effusion.

(Cardiologist)

End of Report \*\*\*

Page No: 2 of 2

AHSAN Transcript by,

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[See Rules 6(2), 6(5) and 8(2)]

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त्तार्थ्य अञ्चलकी

**SEAL** 



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49 Yrs 3 Mon 7 Days Sex / Age :- Male

Company :- MediWheel

Patient ID :-122424819 Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication: 07/04/2024 12:22:48

**BOB PACKAGE ABOVE 40MALE** 

#### **USG WHOLE ABDOMEN**

Liver is mildly enlarged in size (~15.3cm). 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.

Pre void:- 141cc

post void:-10cc

Prostate is mildly enlarged in size (~32cc) with normal echo-texture and outline. No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

- \* Mild hepatomegaly with grade I fatty changes.
- \* Grade I prostatomegaly.

Needs clinical correlation.

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

Page No: 1 of 1

**BILAL** 

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Dr. Ashish Choudhary MBBS, MD (Radio Diagnosis) Fetal Medicine Consultant

FMF ID - 260517 | RMC No 22430

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Transcript by. Dr. Poorvi Malik

RMC No. 33613/14911

MBBS, DNB, (Radio-Diagnosis) MD, DNB (Radio Diagnosis) MBBS, MD, DNB (Radio Diagnosis) RMC No. 21505

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क्रिक्स स्थान

SEAL

