

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

Patient Name : SHRAWAN SINGH RATHORE

Age / Gender : 37 years / Male

Endo ID : 178539

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Mar 23, 2024, 11:12 a.m.

Reported Date & Time : Mar 23, 2024, 12:37 p.m.

Sample ID :



240830029

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	14.5	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.11	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	46.4	%	42 - 52
Mean Cell Volume (MCV)	90.7	FL	78 - 100
Mean Cell Haemoglobin (MCH)	28.3	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	31.2	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.3	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6370	Cell/cu.mm	4000 - 10000
Neutrophils	55	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	11.1	fL	7.2 - 11.7
PCT	0.20	%	0.2 - 0.5
Platelet Count	182	10 ³ /ul	150 - 450

END OF REPORT

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

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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HAEMATOLOGY

ESR	10	mm	0 - 20
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Sample ID :



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CLINICAL PATHOLOGY

URINE ROUTINE

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.020		1.005-1.030

Chemical Examination

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

Microscopic Examination

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

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Collected Date & Time : Mar 23, 2024, 11:12 a.m.

Reported Date & Time : Mar 23, 2024, 12:09 p.m.

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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

'AB' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

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

END OF REPORT

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BIOCHEMISTRY

LIPID PROFILE

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	151.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	75.4	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	45.3	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	15.08	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	90.62	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	3.33		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.00		0.5-3.4

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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.67	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.22	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.45	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	18.0	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	20.6	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	65.3	U/L	MALE & FEMALE
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.02	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.90	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.12	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	2.31		1.5 - 2.5
Method : Calculated			

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Collected Date & Time : Mar 23, 2024, 11:12 a.m.

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Sample ID :



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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)	4.8	%	> 8% Action Suggested 7 - 8 % Good Control 6 - 7 % Near Normal Glycemia < 6% Normal level
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Method : Nephelometry Methodology

Instrument: Mispa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE	91.06		90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Sub-optimal Control 181 - 210 Poor Control > 211 Very Poor Control
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Collected Date & Time : Mar 23, 2024, 11:12 a.m.

Reported Date & Time : Mar 23, 2024, 12:34 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.29	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	9.1	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	1.44	uIU/mL	0.35 - 5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

****END OF REPORT****

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BIOCHEMISTRY			
Urea	21.0	mg/dL	10.0 - 40.0
Method : Uricase			
CREATININE	0.77	mg/dL	0.60 - 1.40
Method : Serum, Jaffe			

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BIOCHEMISTRY

Uric Acid	4.2	mg/dL	3.5-7.0
Method : Uricase, Colorimetric			

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BIOCHEMISTRY

Calcium Method : Arsenazo III	9.6	mg/dL	8.50 - 10.20
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BIOCHEMISTRY

Glucose fasting	90.0	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

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Collected Date & Time : Mar 23, 2024, 01:29 p.m.

Reported Date & Time : Mar 23, 2024, 02:12 p.m.

Sample ID :



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

Blood Glucose-Post Prandial Method : Hexokinase	104.3	mg/dL	70 - 140
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NAME :-- Mr Shrawan Singh Rathore

AGE :-- 37Yrs

Date:-- 23-Mar-24

REF BY :- Mediwheel

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

LUNG FIELDS ARE CLEAR

NAD IN HEART AND Lungs

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

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

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



Scanned with OKEN Scanner

Consultant Radiologist &

Dr. Roopa Goyal

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

NAME	: SHRAWAN SINGH RATHORE	DATE	: 23-03-2024
AGE	: 34YRS		
SEX	: MALE	REF BY	: Mediwheel

INTERPRETATION SUMMARY

- . CONCENTRIC LVH
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR
- . RVSP 35 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM .
- . SIZE OF MAIN PULMONARY ARTERY 21 MM

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

LVID d	45.0	LVEDV	
LVID s	28.8	LVESV	
RVID(d)	---	SV	-
IVS d	12.1	F.S	35%
IVS S	17.1	EF	65%
LVPW d	10.5	C.O	-
LVPWS	14.3	MITRAL VALVE	-
AORTIC ROOT	30.4	EF SLOPE	-
LEFT ATRIUM	26.9	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 117 A- 70	-	NIL
TRICUSPID VALVE	NORMAL	252	-	MILD
PUL VALVE	NORMAL	116	-	NIL
AORTIC VALVE	NORMAL	112	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 35 MM HG	MVA

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ULTRASONOGRAPHY TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC
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USG ABDOMEN-PELVIS

NAME -- Mr Shrawan Singh Rathore AGE-- 37 Yrs Date --23-Mar-24
REF BY -- Mediwheel

LIVER: is normal in size 13.3 cm and shows homogeneous echotexture.
No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.
The portal vein and common bile duct show normal caliber.

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

SPLEEN: normal in size and shows normal echopattern.

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

RT.KIDNEY- Normal in size, shape and position . Measures :-- 10.1 x 4.4cm
Cortex is homogeneous. Corticomedullary differentiation is maintained
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen

LT. KIDNEY- Normal in size, shape and position. Measures :-- 10.4 x 4.0cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen

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

PROSTATE: is enlarged in size 19.6 gms and shows normal homogeneous echotexture

IMPRESSION:-

- Mildly enlarged prostate.
- Thick walled urinary bladder (Cystitis)
- Rest of the abdominal organs are within normal limits.

(Adv- clinical correlation , further evaluation)

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

Dr. DEVENDRA GOYAL (M.D.)
RMC No :- 00125015000
Consultant Radiologist

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Patient Name: Mr. SHARWAN SINGH RATHORE 37/M

March 23, 2024

Time: 09:00:29

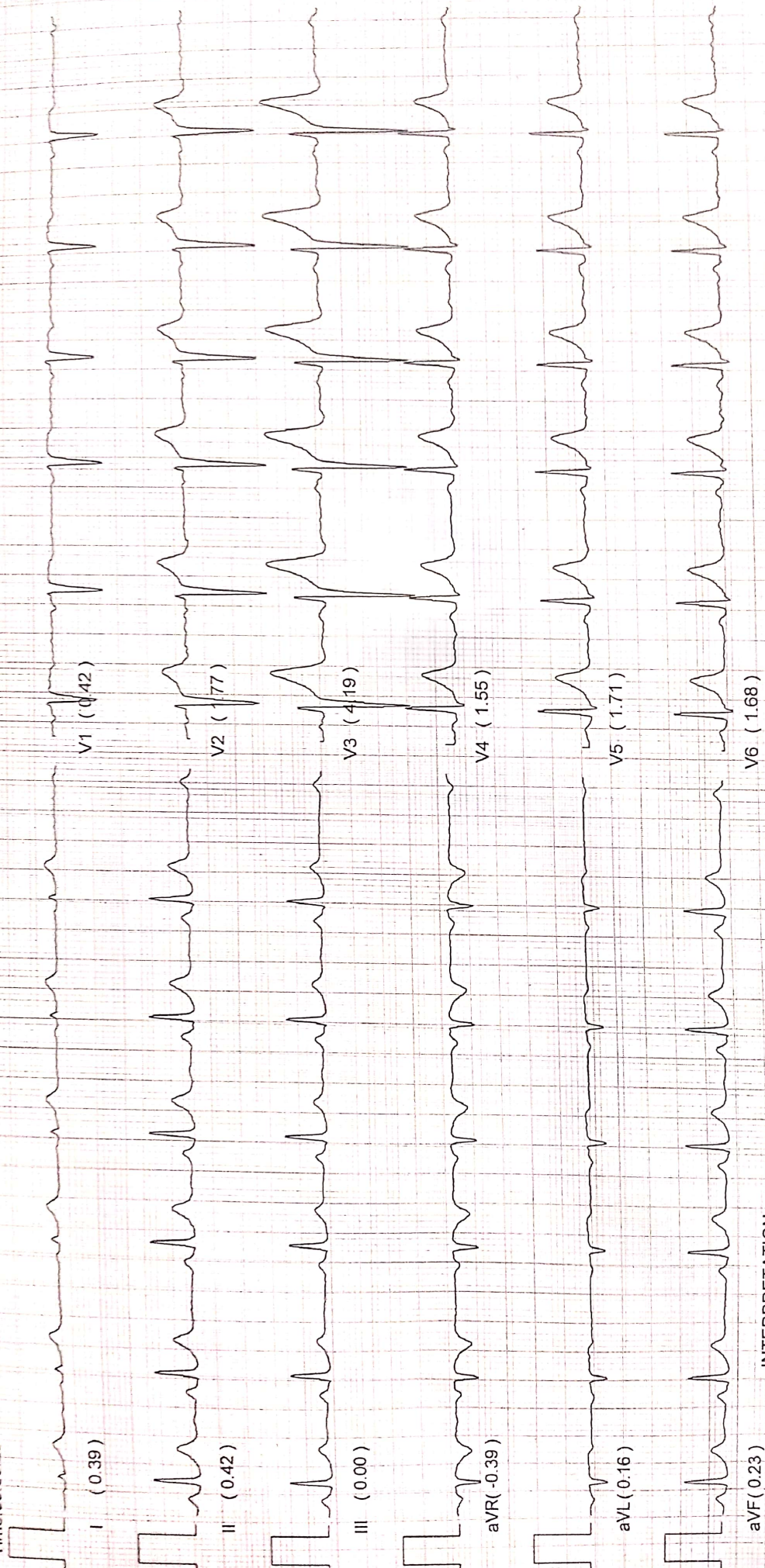
HR : 81 bpm

RR Interval: 0.74 sec

PR Interval: 0.13 sec

QRS Duration: 0.068 Sec

P-QRS-T Axis (69)-(78)-(55) deg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,
 T wave inversion in Lead V1,
 Otherwise Normal ECG

DR MD

*Unconfirmed Reporting, Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4 S/H 13

भारत सरकार
Government of India



शरवण सिंह
SHARWAN SINGH
जन्म तिथि/DOB: 06/07/1986
पुरुष/ MALE



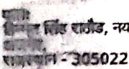
8246 2761 7199
VID: 9150 5117 1464 1685

मेरा आधार, मेरी पहचान

Rahtore

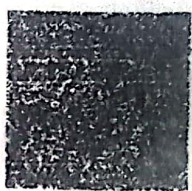
Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No. - CC/507/15600

भारतीय पहचान प्राधिकरण
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Rajasthan - 305022



QR Code with Photograph

8246 2761 7199
VID: 9150 5117 1464 1685



 **GPS Map Camera**



Ajmer, Rajasthan, India

8, Kala Bagh Gali, near Bajranggarh Chauraha, Kala Bagh,
Ajmer, Rajasthan 305001, India

Lat 26.469859°

Long 74.633994°

23/03/24 12:21 PM GMT +05:30



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