

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

**Patient Name :** TANUJ KUMAR ARORA

**Age / Gender :** 32 years / Male

**Endo ID :** 178548

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** Mar 23, 2024, 01:27 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	116.0	mg/dL	70 - 140
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\*\*END OF REPORT\*\*

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

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

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**Referral :** MEDIWHEEL

**Collected Date & Time :** Mar 23, 2024, 11:21 a.m.

**Reported Date & Time :** Mar 23, 2024, 12:44 p.m.

**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
<b><u>HAEMATOLOGY</u></b>			
Hemoglobin (HB)	13.3	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.40	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	44.6	%	42 - 52
Mean Cell Volume (MCV)	82.7	FL	78 - 100
Mean Cell Haemoglobin (MCH)	24.7	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	29.9	g/dl	32 - 36
Red Cell Distribution Width (RDW)	14.1	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6560	Cell/cu.mm	4000 - 10000
Neutrophils	60	%	40 - 80
Lymphocytes	33	%	20 - 40
Monocytes	04	%	2 - 10
Eosinophils	03	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	8.9	fL	7.2 - 11.7
PCT	0.24	%	0.2 - 0.5
Platelet Count	273	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

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

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

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

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

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**Referral :** MEDIWHEEL

**Collected Date & Time :** Mar 23, 2024, 11:21 a.m.

**Reported Date & Time :** Mar 23, 2024, 01:04 p.m.

**Sample ID :**



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

ESR	10	mm	0 - 20
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\*\*END OF REPORT\*\*

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**Collected Date & Time :** Mar 23, 2024, 11:21 a.m.

**Reported Date & Time :** Mar 23, 2024, 12:56 p.m.

**Sample ID :**



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

**URINE ROUTINE**

**General Examination**

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

**Chemical Examination**

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

**Microscopic Examination**

Pus cells (WBCs)	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	Present		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

\*\*END OF REPORT\*\*

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**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** Mar 23, 2024, 11:21 a.m.

**Reported Date & Time :** Mar 23, 2024, 12:26 p.m.

**Sample ID :**



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

BLOOD GROUP ABO AND RHTYPE

'B' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

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

\*\*END OF REPORT\*\*

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**Referral :** MEDIWHEEL

**Collected Date & Time :** Mar 23, 2024, 11:21 a.m.

**Reported Date & Time :** Mar 23, 2024, 12:45 p.m.

**Sample ID :**



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

**LIPID PROFILE**

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	166.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	<b>180.0</b>	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	47.5	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	36	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	82.50	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	3.49		2.6-4.9
LDL/HDL Ratio Method : Calculated	1.74		0.5-3.4

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	0.78	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.14	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.64	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	24.3	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	20.4	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	98.3	U/L	<b>MALE &amp; FEMALE</b>
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.41	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.57	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.84	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.61		1.5 - 2.5
Method : Calculated			

\*\*END OF REPORT\*\*

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**Sample ID :**



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

<b>HbA1c (GLYCOSYLATED HEMOGLOBIN)</b>	5.4	%	> 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

<b>AVERAGE BLOOD GLUCOSE</b>	108.28		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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\*\*END OF REPORT\*\*

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Test Description	Value(s)	Unit(s)	Reference Range
<b>IMMUNOLOGY</b>			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	0.97	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	8.1	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	1.45	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**

<b>Urea</b> Method : Uricase	31.9	mg/dL	10.0 - 40.0
<b>CREATININE</b> Method : Serum, Jaffe	0.97	mg/dL	0.60 - 1.40

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

<b>Uric Acid</b>	5.4	mg/dL	3.5-7.0
Method : Uricase, Colorimetric			

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

Calcium Method : Arsenazo III	9.5	mg/dL	8.50 - 10.20
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\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	92.2	mg/dL	70.0-110.0
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\*\*END OF REPORT\*\*

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भारत सरकार  
Government of India

आधार

वसुध कुमार अरोड़ा  
Tanuj Kumar Arora  
जन्म तिथि/DOB: 17/08/1991  
लिंग/ MALE

Issue Date: 29/11/2011

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VID : 9105 6181 2065 6727

मेरा आधार, मेरी पहचान

*Tanuj Arora*

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

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

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*Consultant Radiologist & Sonologist*

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

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

NAME :-- Tanuj arora

AGE :-- 32 Yrs

Date:-- 23-Mar-24

REF BY :- Medhiwheel

**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।



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

NAME	: MR TANUJ ARORA	DATE	: 23-03-2024
AGE	: 32 YRS		
SEX	: MALE	REF BY	: MEDI WHEEL

**INTERPRETATION SUMMARY**

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . TRACE TR, TRACE MR
- . RVSP 20 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM .
- . SIZE OF MAIN PULMONARY ARTERY 23 MM

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

LVID d	46.2	LVEDV	
LVID s	28.8	LVESV	
RVID(d)	---	SV	-
IVS d	10.5	F.S	35%
IVS S	14.6	EF	65%
LVPW d	9.6	C.O	-
LVPWS	14.0	MITRAL VALVE	-
AORTIC ROOT	28.6	EF SLOPE	-
LEFT ATRIUM	33.4	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- 109 A- 78	-	TRACE
TRICUSPID VALVE	NORMAL	163	-	TRACE
PUL VALVE	NORMAL	136	-	NIL
AORTIC VALVE	NORMAL	151	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 20 MM HG	MVA

Dr. ROOPA GOYAL (M.B.B.S., M.D.)  
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RMC No. -004507115600

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 IN NOT MEANT FOR MEDICO LEGAL PURPOSE.



GOYAL DIAGNOSTICS

Patient Name: Mr. TANUJ ARORO 32 YRS 32/M

5 Seconds ECG Report

March 23, 2024

Time: 11:21:52

P-QRS-T Axis (64)-(53)-(46) deg

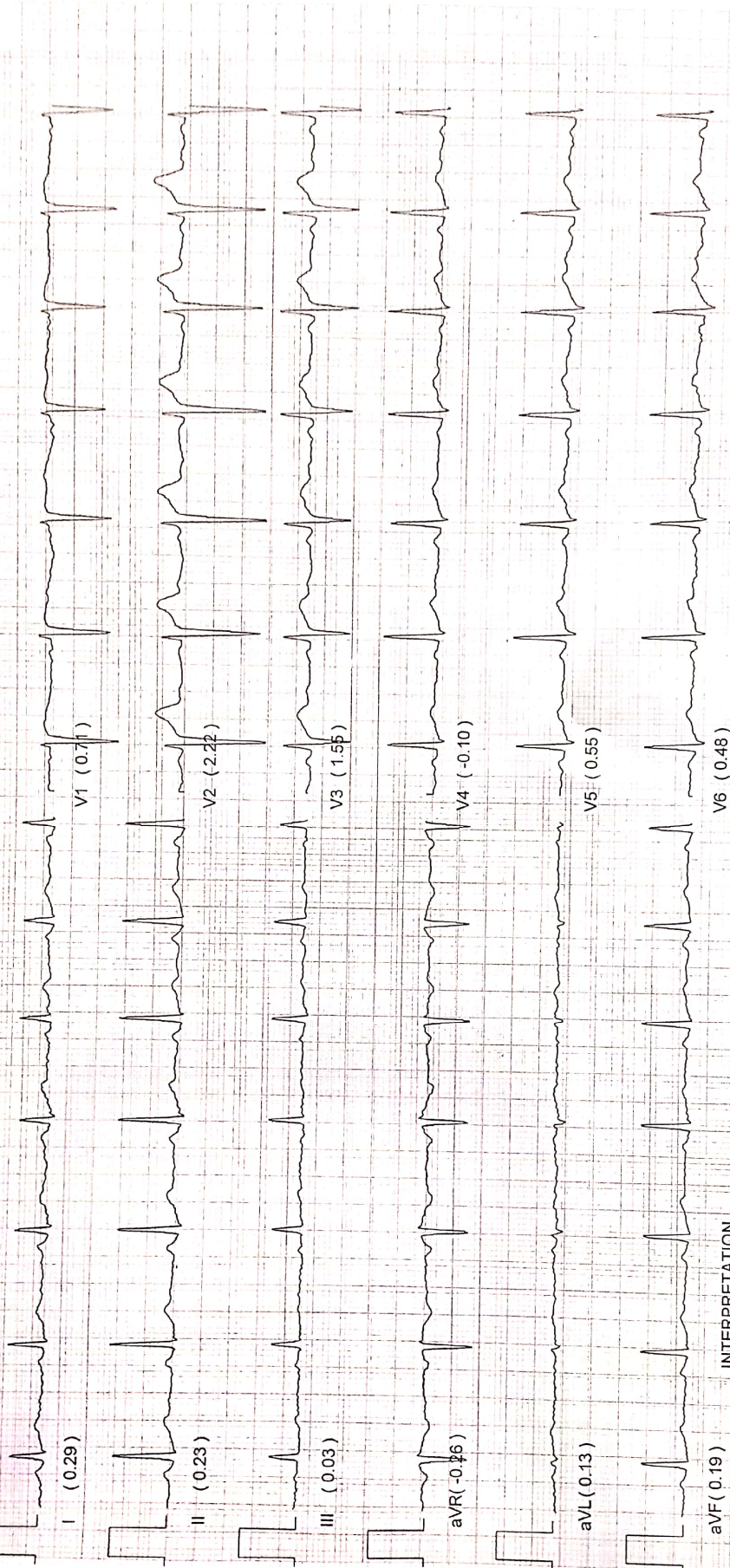
PR Interval: 0.15 sec

RR Interval: 0.74 sec

QRS Duration: 0.080 Sec

HR: 81 bpm

BP: 0/0 mmHg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal.

Normal ECG

DR  
MD

\*Unconfirmed Reporting. Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4 6/1.13



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**USG ABDOMEN-PELVIS**

NAME – Mr Tanuj Kumar Arora

AGE-- 32 Yrs

Date -- 23-Mar-24

REF BY -- Mediwheel

**LIVER :** is enlarged and bright 14.8 cm and shows homogeneous echotexture.  
No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.  
The portal vein and common bile duct show normal caliber.

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

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

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

**RT.KIDNEY-** Normal in size, shape and position . Measures :-- 9.5 x 4.1cm  
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 :--10.1 x 4.9cm  
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 Normal in size 12.9 gms and shows normal homogeneous echotexture

**IMPRESSION:-**

Enlarged fatty liver.  
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 .

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 **GPS Map Camera**



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Lat 26.469868°  
Long 74.634006°  
23/03/24 12:28 PM GMT +05:30