

# 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

### General Physical Examination

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

Date of Examination: 13.04.2024

Name: YOGESH JOSHI Age: 45 Sex: Male

DOB: 23-Aug, 1978

Referred By: BOB (Mediwheel)

Photo ID: aadhar ID #: \_\_\_\_\_

Ht: 169 (cm)

Wt: 71 (Kg)

Chest (Expiration): 93 (cm)

Abdomen Circumference: 84 (cm)

Blood Pressure: 141/111 mm Hg PR: 86/min

BMI 24.9

Eye Examination: Dis Vision 6/6 BK eyes. i

Near. L.E. 6/9. R.E. 6/9. (Not significant-)  
Color vision Normal

Other: No

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

Signature Of Examinee : \_\_\_\_\_ Name of Examinee: \_\_\_\_\_

Signature Medical Examiner: \_\_\_\_\_ Name Medical Examiner: \_\_\_\_\_

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

भारत सरकार  
GOVERNMENT OF INDIA

योगेश जोशी  
Yogesh Joshi

जन्म वर्ष / Year of Birth : 1978  
पुरुष / Male

9407 9384 0922

आधार - आम आदमी का अधिकार



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

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O: शोनक जोशी, प्लॉट नं.481,  
नीलकंठ अपार्टमेंट, किंग्स रोड, निर्माण  
नगर एबी, जयपुर, वैशाली नगर,  
राजस्थान, 302021

Address: S/O: Shonak Joshi,  
PLOT NO.481, NEELKANTH  
APRATMENT, KINGS ROAD,  
NIRMAN NAGAR AB, Jaipur,  
Vaishali Nagar, Rajasthan,  
302021

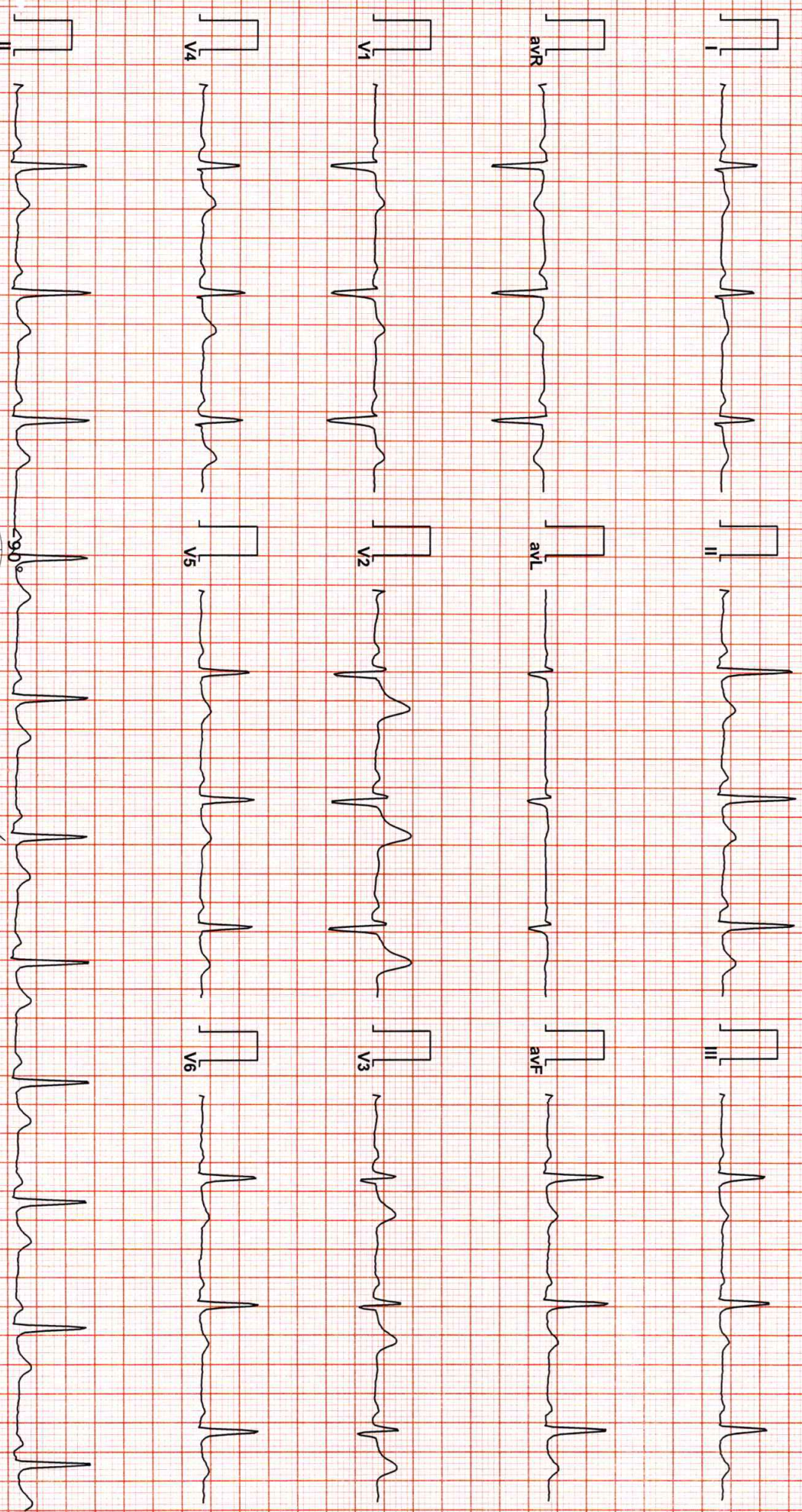
1947  
1800 180 1947

help@uidai.gov.in

www  
www.uidai.gov.in

P.O. Box No.1947,  
Bengaluru-560 001





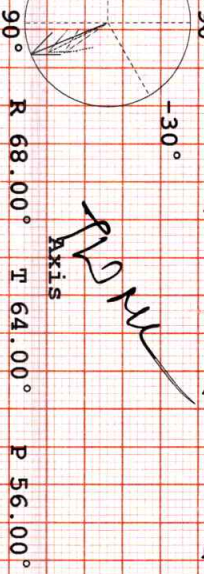
Vent Rate : 67 bpm  
PR Interval : 162 ms

QRS Duration : 84 ms  
QT/QTc Int : 396/408 ms  
P-RS-T axis : 56.00°

**Dr. Naresh Kumar Madhankar**

**MBS, DIP, CARDIO (ESCORTS)**

Allegers ECG (Piscés)(PIS218210312)  
**Dr. M. (RCGP-UK)**



Reported By:





1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / NonSmoker  
 Date: 13 / 04 / 2024 09:59:59 AM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:45	0:45	01.1	00.0	01.0	070	40%	130/85	091	00	
Standing	01:17	0:32	01.1	00.0	01.0	067	38%	130/85	087	00	
HV	01:59	0:42	01.1	00.0	01.0	065	37%	130/85	084	00	
Warm Up	02:30	0:31	01.1	00.0	01.0	065	37%	130/85	084	00	
ExStart	03:53	1:23	01.0	00.0	01.0	089	51%	130/85	115	00	
BRUCE Stage 1	06:53	3:00	01.7	10.0	04.7	137	78%	135/85	184	00	
BRUCE Stage 2	09:53	3:00	02.5	12.0	07.1	156	89%	140/90	218	00	
PeakEx	10:54	1:01	03.4	14.0	08.2	166	95%	140/90	232	00	
Recovery	11:54	1:00	00.0	00.0	01.1	140	80%	140/90	196	00	
Recovery	12:54	2:00	00.0	00.0	01.0	097	55%	135/85	130	00	
Recovery	13:54	3:00	00.0	00.0	01.0	094	54%	130/85	122	00	
Recovery	14:54	4:00	00.0	00.0	01.0	085	49%	125/85	106	00	
Recovery	15:24	4:30	00.0	00.0	01.0	085	49%	125/85	106	00	

**FINDINGS :**

Exercise Time : 07:01  
 Max HR Attained : 166 bpm 95% of Target 175  
 Max BP Attained : 140/90 (mm/Hg)  
 Max WorkLoad Attained : 8.2 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

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

Base line ECG show poor & progressive in lead V1 V3. There are mild ST T changes seen during exercise in infero lat-leads which reverted to base line within 1 min of recovery. THT is negative for RPP. Correlate clinically.





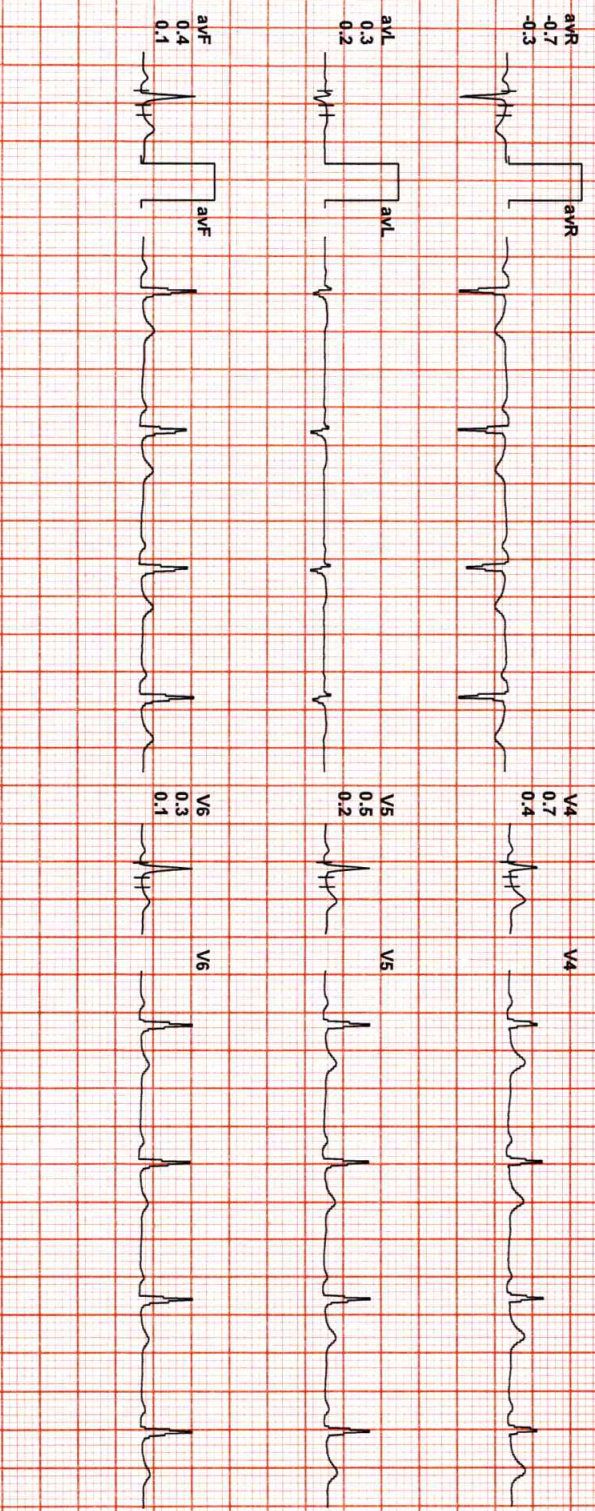
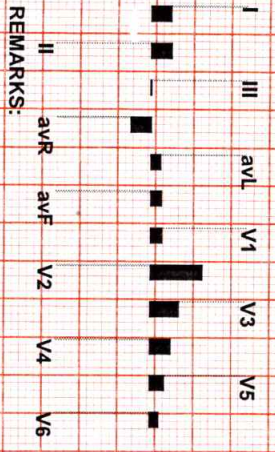
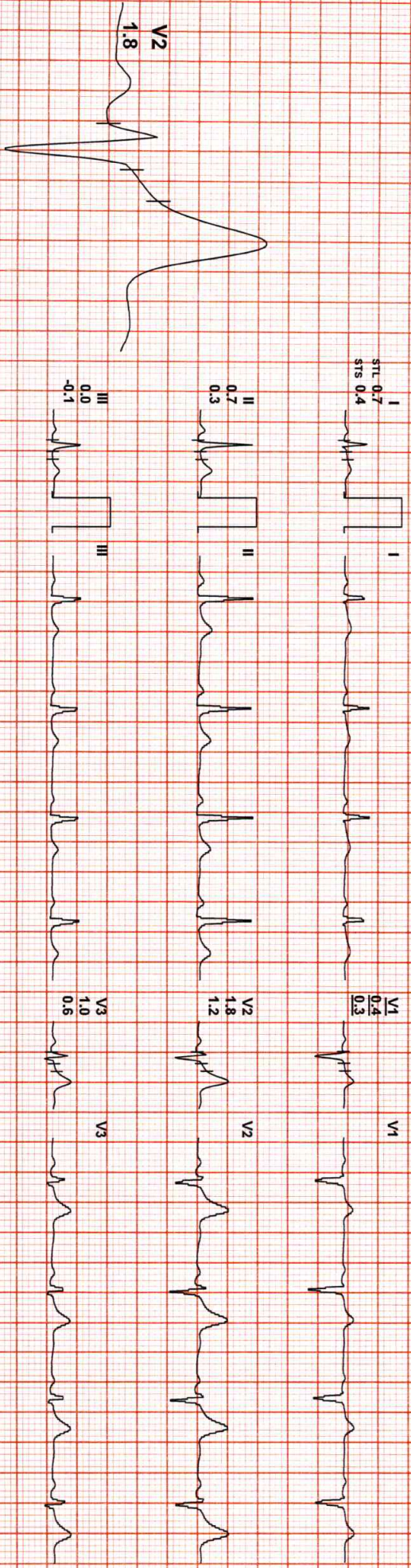
1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 70

Date: 13 / 04 / 2024 09:59:59 AM METS: 1.0/ 70 bpm 40% of THR BP: 130/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 98 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





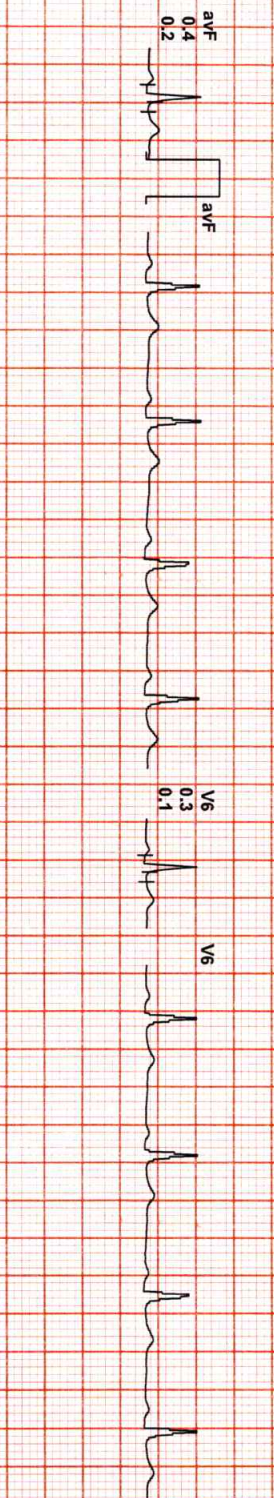
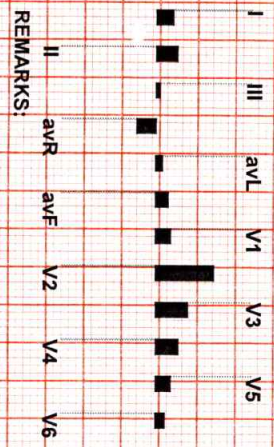
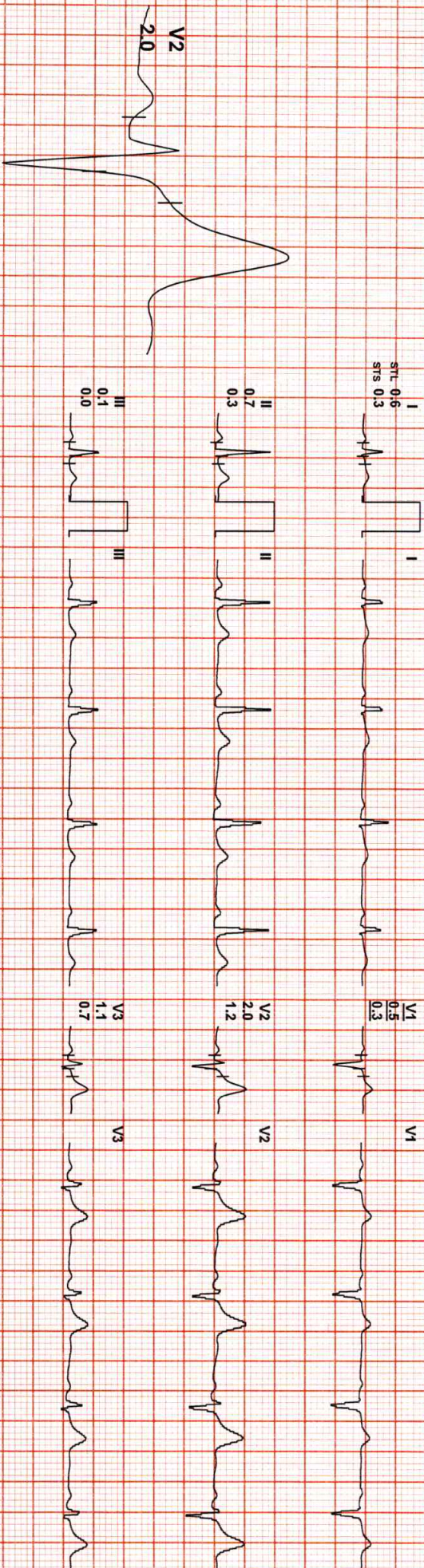
1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 67

Date: 13 / 04 / 2024 09:59:59 AM METS: 1.0/ 67 bpm 38% of THR BP: 130/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

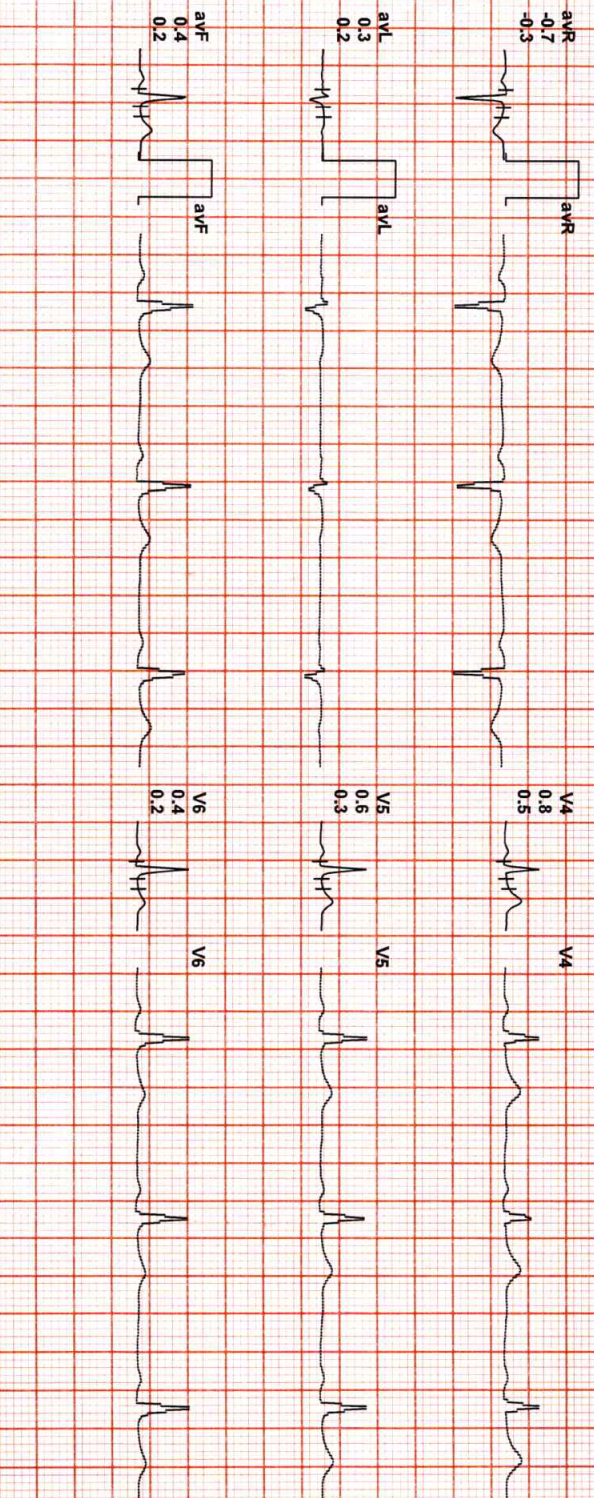
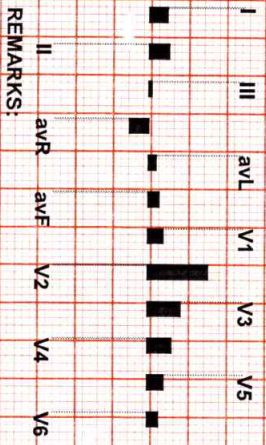
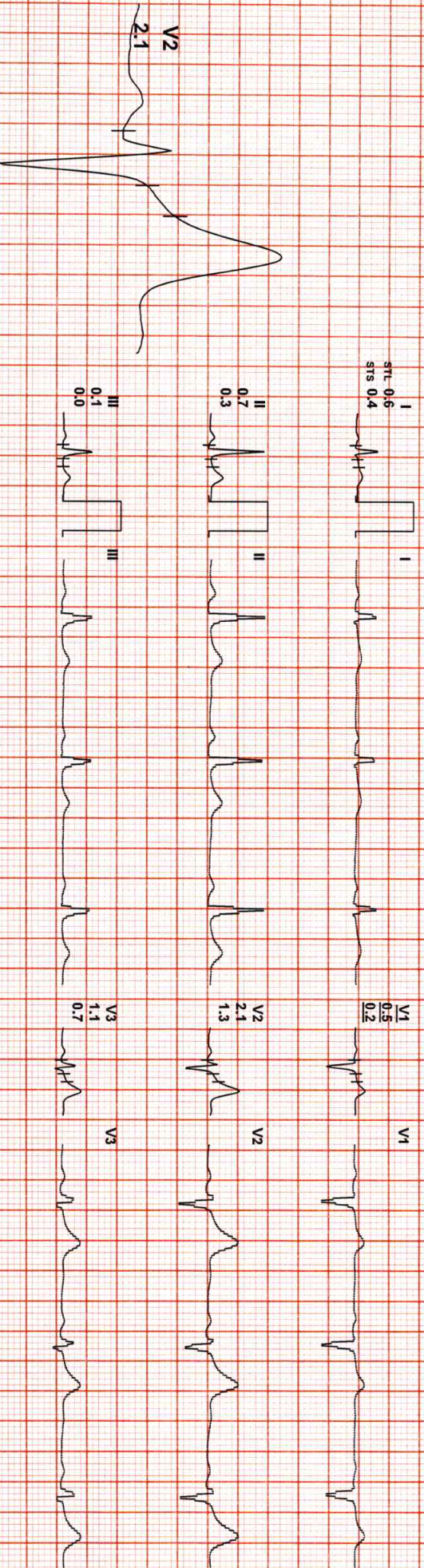
4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





REMARKS:







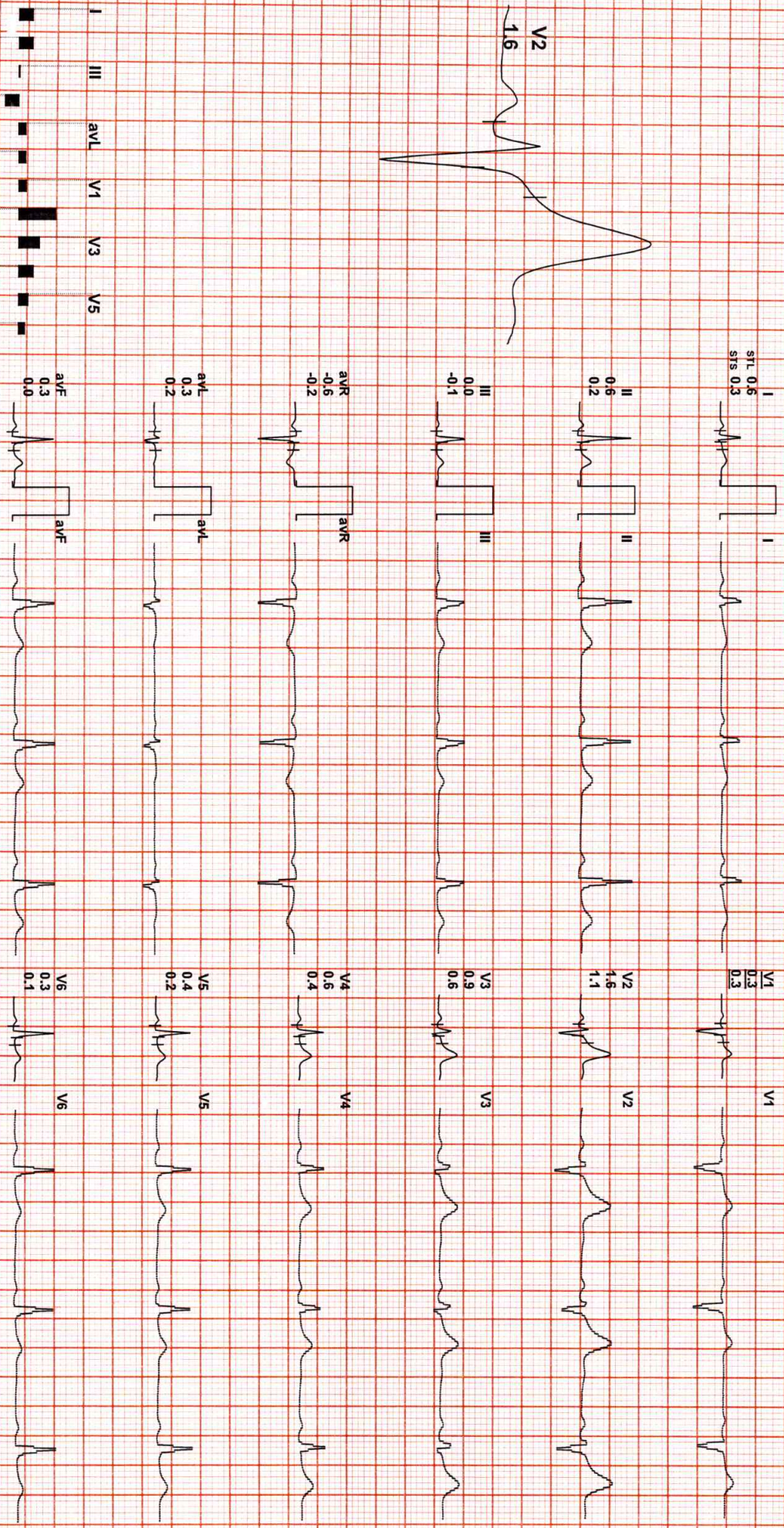
1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 65

Date: 13 / 04 / 2024 09:59:59 AM METS: 1.0/ 65 bpm 37% of THR BP: 130/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



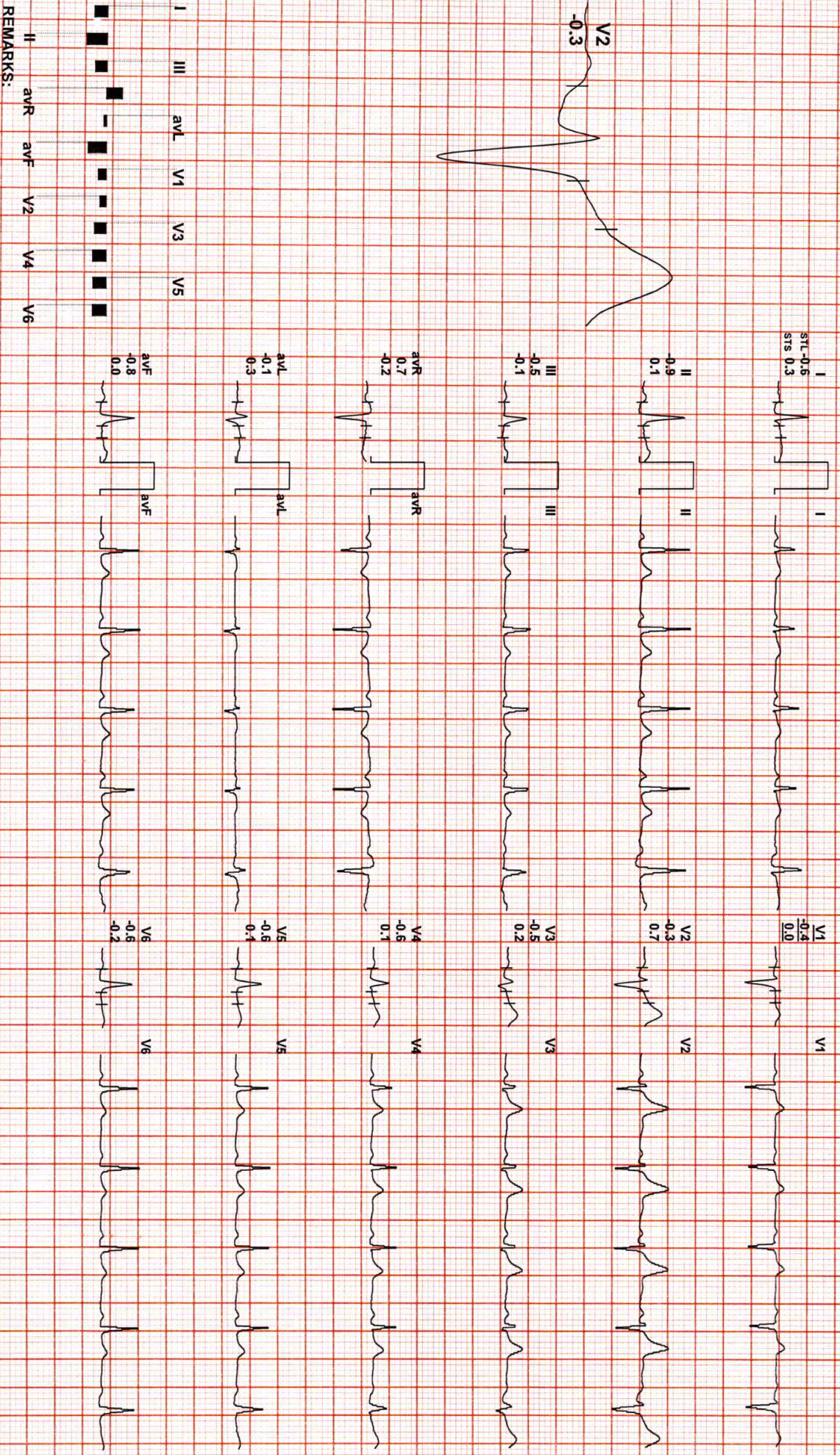
REMARKS:





4X 80ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





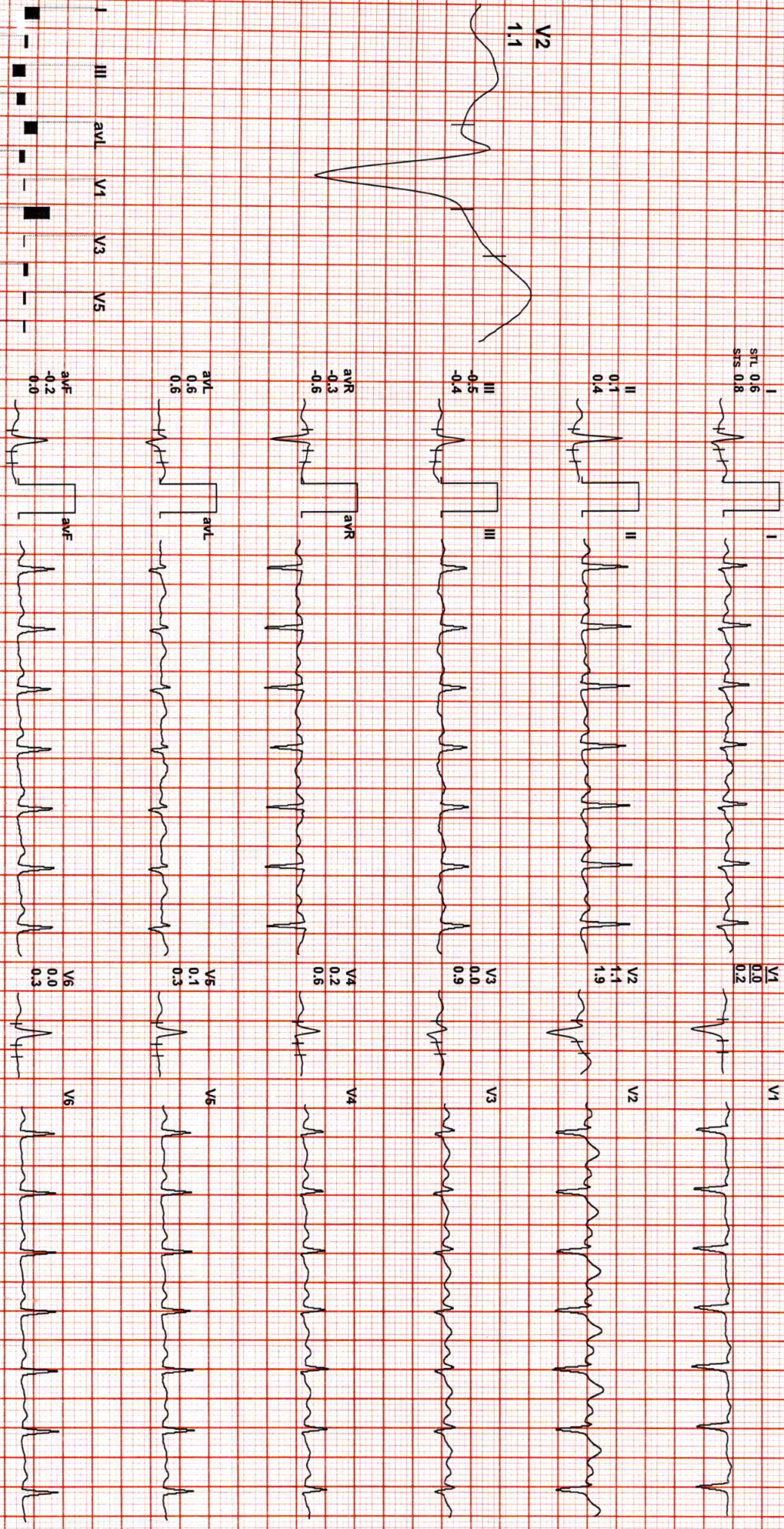
1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 137

Date: 13 / 04 / 2024 09:59:59 AM METS: 4.7 / 137 bpm 78% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 03:00 1.7 mph, 10.0%

4X 60 m/s Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





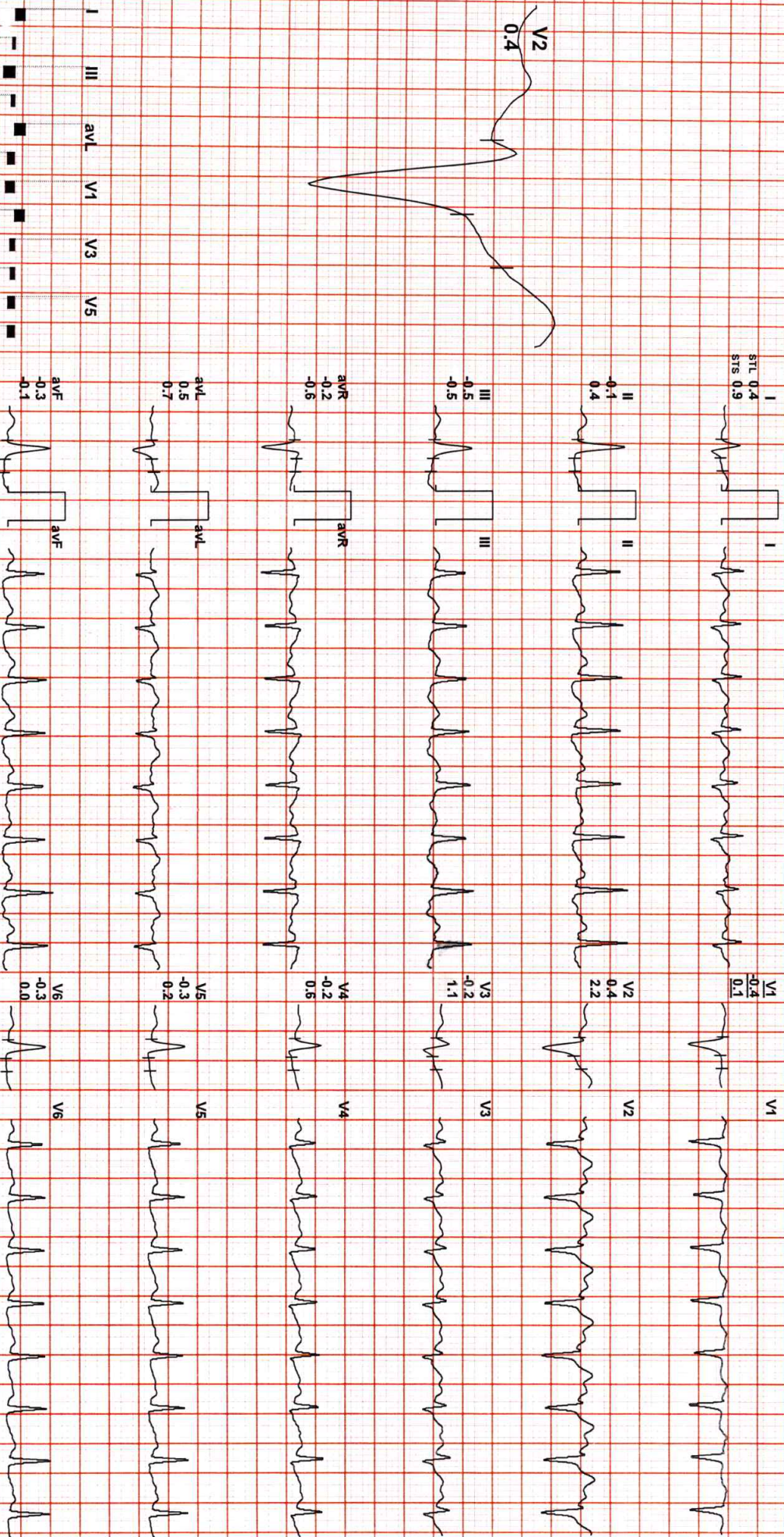
1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 156

Date: 13 / 04 / 2024 09:59:59 AM METS: 7.1 / 156 bpm 89% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 HZ

EXTime: 06:00 2.5 mph, 12.0%

4X 60 MS Post J

25 mm/Sec. 1.0 Cm/mV



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





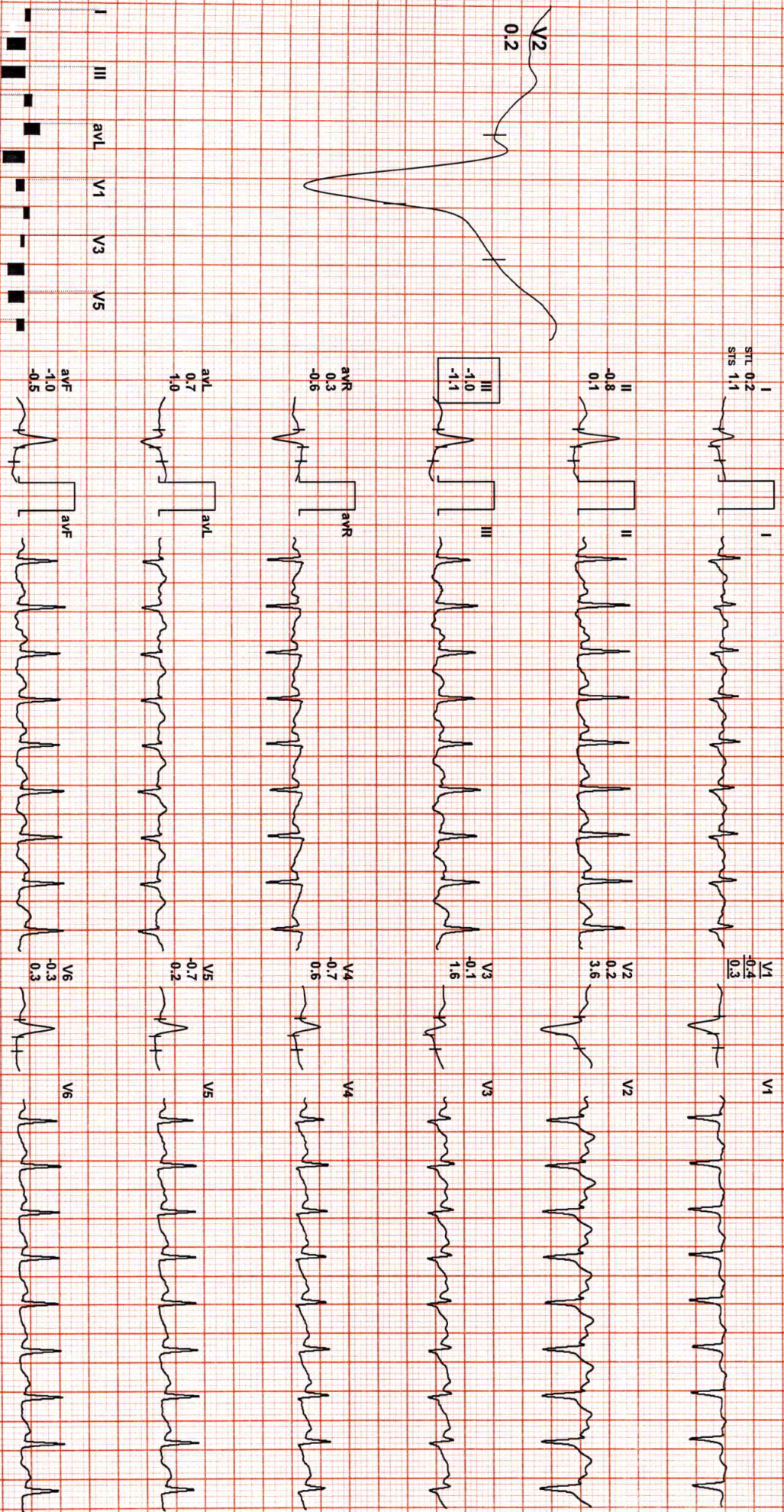
1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 166

Date: 13 / 04 / 2024 09:59:59 AM METS: 8.2/ 166 bpm 95% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:01 3.4 mph, 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





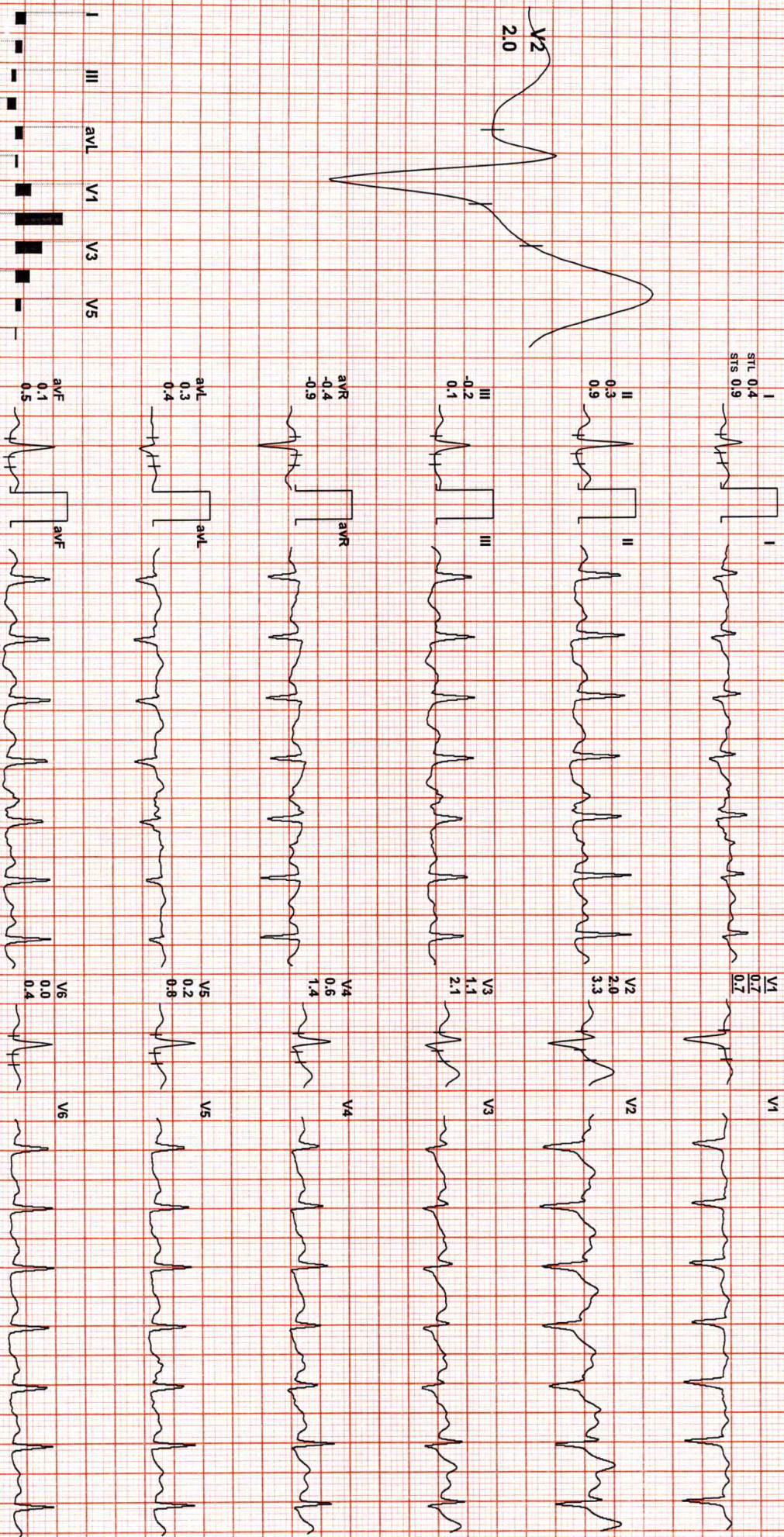
1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 140

Date: 13 / 04 / 2024 09:59:59 AM METS: 1.1/ 140 bpm 80% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 07:01 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



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





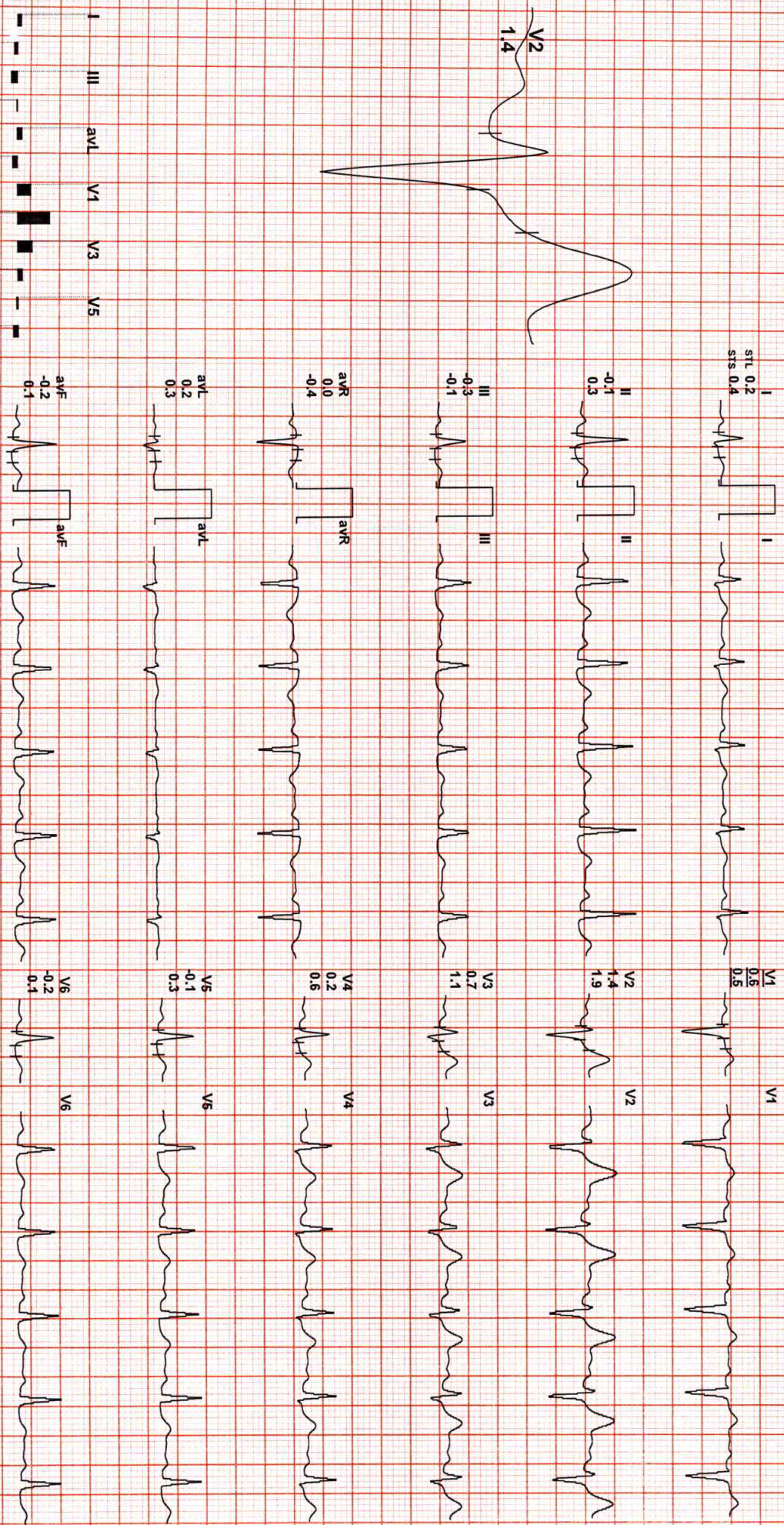
1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 97

Date: 13 / 04 / 2024 09:59:59 AM METS: 1.0/ 97 bpm 55% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

ExTime: 07:01 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec - 1.0 Cm/mV



REMARKS:





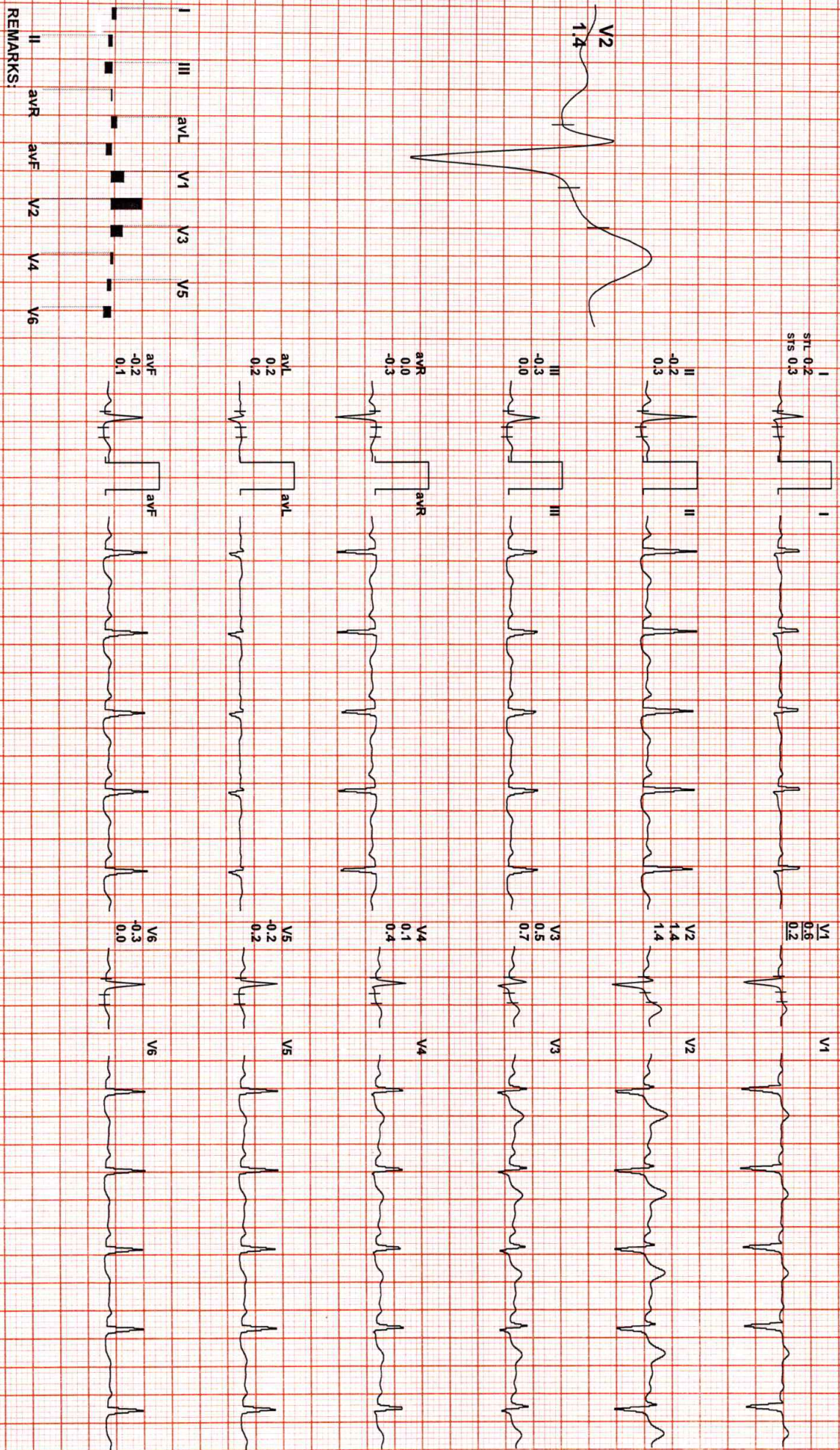
1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 94

Date: 13 / 04 / 2024 09:59:59 AM METS: 1.01 94 bpm 54% of THR BP: 130/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

ExTime: 07:01 0.0 mph, 0.0%

4X 80 mS Post-J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





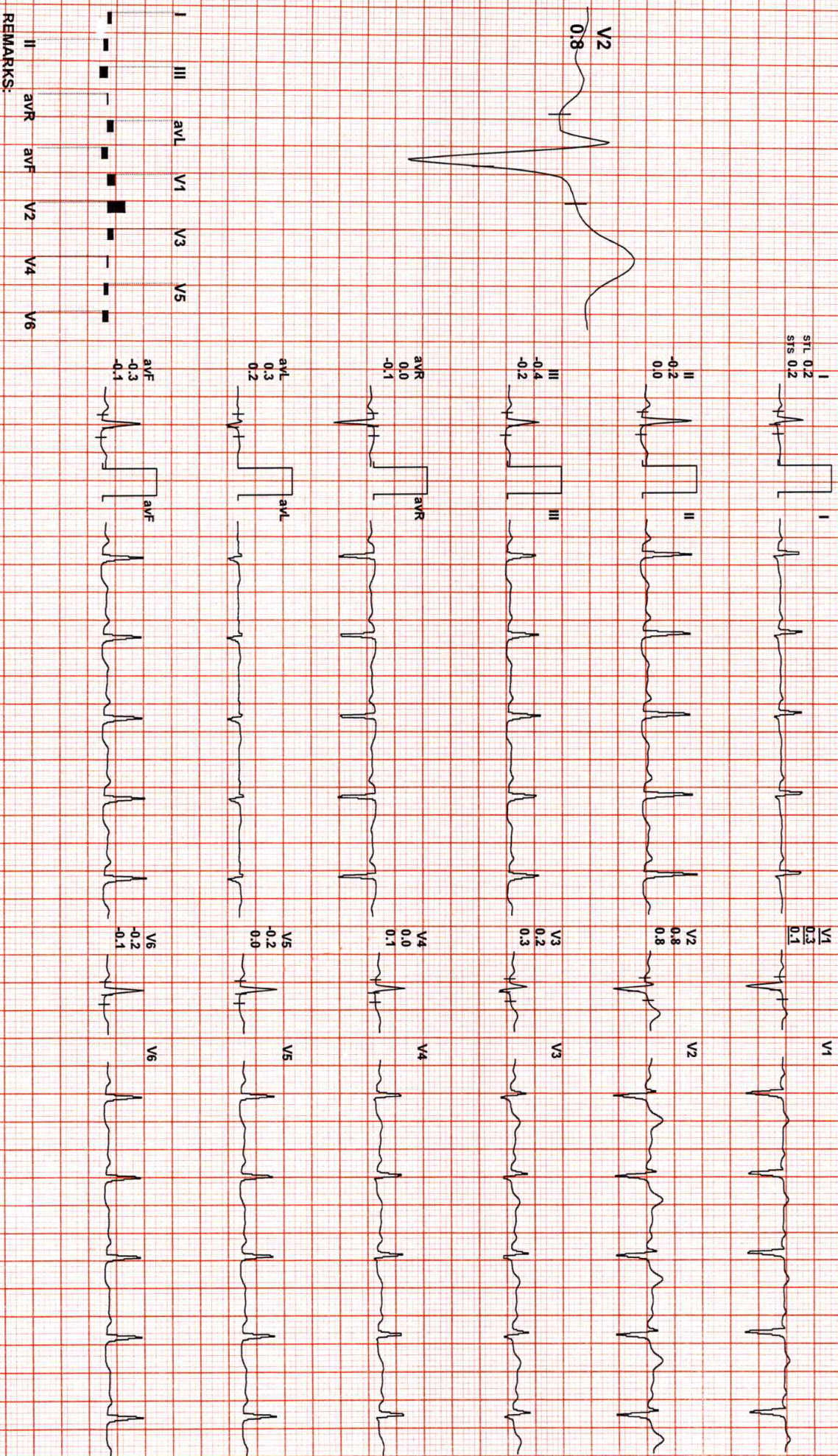
1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 85

Date: 13 / 04 / 2024 09:59:59 AM METS: 1.0/ 85 bpm 49% of THR BP: 125/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

ExTime: 07:01 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



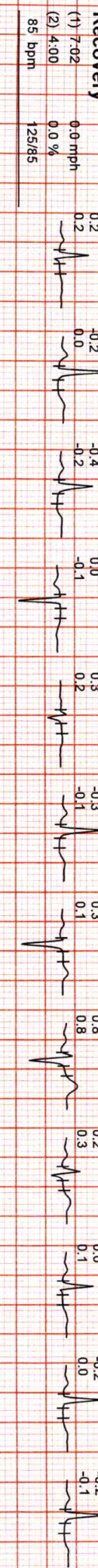
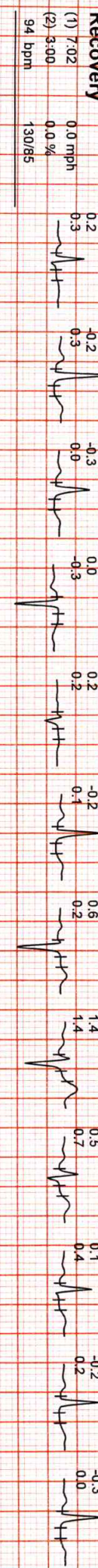
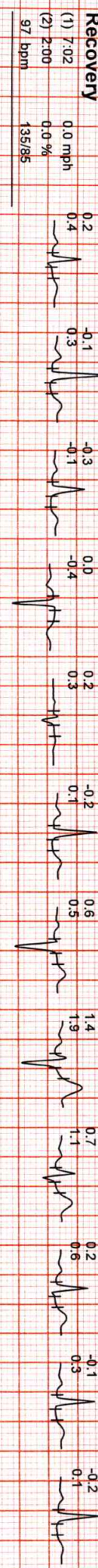
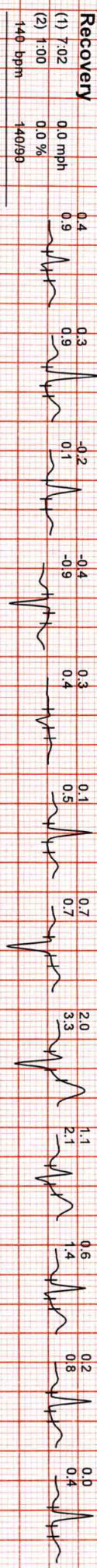
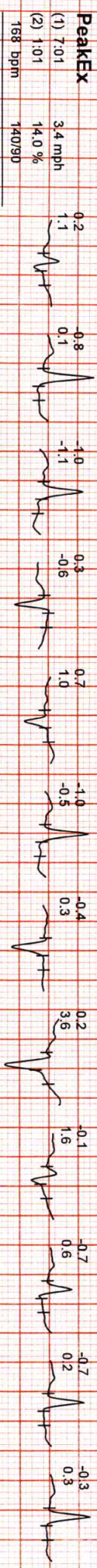






1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 69

Date: 13 / 04 / 2024 09:59:59 AM I II III avR avL avF V1 V2 V3 V4 V5 V6



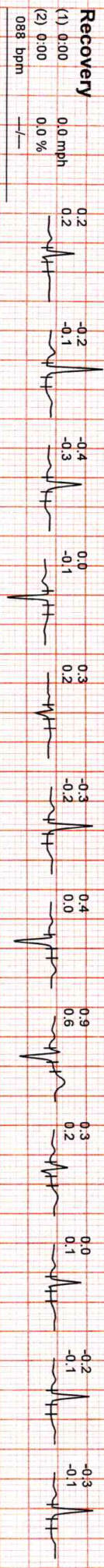


**DR . GOYALS PATH LAB & IMAGING CENTRE**

1051 (113) / MR YOGESH JOSHI / 45 Yrs / M / 0 Cms / 0 Kg / HR : 69

Date: 13 / 04 / 2024 09:59:59 AM I II III avR avL avF V1 V2 V3 V4 V5 V6

Average





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Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalspathlab.com Email: dr.goyalpiyush@gmail.com



Date: 13/04/2024 EQA 2009  
**NAME :- Mr. YOGESH JOSHI**  
Sex / Age :- Male 45 Yrs  
Company :- MediWheel

Patient ID :- 122424961  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 13/04/2024 09:24:05

Final Authentication : 13/04/2024 12:36:36

### HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- HPLC

10.2 H %

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 has 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

246 H mg/dL

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

MUKESH SINGH  
Technologist

Page No: 1 of 12



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





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Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

Website: [www.drgoyalspathlab.com](http://www.drgoyalspathlab.com) | [Dr.goyalpiyush@gmail.com](mailto:Dr.goyalpiyush@gmail.com) Patient ID :- 122424961



NAME :- Mr. YOGESH JOSHI

Ref. By Dr:- BOB

Sex / Age :- Male 45 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 13/04/2024 09:24:05

Final Authentication : 13/04/2024 12:36:36

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	15.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.14	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	53.8	%	40.0 - 80.0
LYMPHOCYTE	40.9 H	%	20.0 - 40.0
EOSINOPHIL	1.4	%	1.0 - 6.0
MONOCYTE	3.5	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	2.23	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.70	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.05	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.14	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.09	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.10	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	90.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.5	g/dL	31.5 - 34.5
PLATELET COUNT	234	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.1	%	11.6 - 14.0
MENTZER INDEX	17.80		

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.

MUKESH SINGH  
Technologist

Page No: 2 of 12



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



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**NAME :- Mr. YOGESH JOSHI**

Ref. By Dr:- BOB

Sex / Age :- Male 45 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 13/04/2024 09:24:05

Final Authentication : 13/04/2024 12:36:36

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	14 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 "  $x > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: FLC, 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

MUKESH SINGH  
Technologist

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**Dr. Rashmi Bakshi**  
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Website: www.dr.goyalspathlab.com | E-mail: dr.goyalpiyush@gmail.com Patient ID :- 122424961



Date: 13/04/2024 09:20:09  
NAME :- Mr. YOGESH JOSHI

Ref. By Dr:- BOB

Sex / Age :- Male 45 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/04/2024 09:24:05

Final Authentication : 13/04/2024 12:00:35

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	210.66 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	199.19 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	31.16	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	146.30	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	39.84	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.76 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.70 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	694.83	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Radox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTERO InstrumentName:Radox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

SURENDRAKHANGA

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Website: [www.dr.goyal'spathlab.com](http://www.dr.goyal'spathlab.com) | 09-20109 | [Dr.goyalpiyush@gmail.com](mailto:Dr.goyalpiyush@gmail.com) Patient ID :-122424961



**NAME :- Mr. YOGESH JOSHI**

Ref. By Dr:- BOB

Sex / Age :- Male 45 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/04/2024 09:24:05

Final Authentication : 13/04/2024 12:00:35

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.22	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	0.42	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.80	mg/dl	0.30-0.70
SGOT Method:- IFCC	30.2	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>57.9 H</b>	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	<b>143.40 H</b>	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	44.10	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.45	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.91	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.54	gm/dl	2.20 - 3.50
A/G RATIO	1.93		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)

SURENDRAKHANGA

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# Dr. Goyal's

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NAME :- Mr. YOGESH JOSHI

Ref. By Dr:- BOB

Sex / Age :- Male 45 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/04/2024 09:24:05

Final Authentication : 13/04/2024 10:35:40

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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#### TOTAL THYROID PROFILE

SERUM TOTAL T3 1.450 ng/ml 0.970 - 1.690  
Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 9.920 ug/dl 6.530 - 13.210  
Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA 5.080  $\mu$ IU/mL 0.350 - 5.500  
Method:- Enhanced Chemiluminescence Immunoassay

**Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**Interpretation :** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

**Interpretation :** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

#### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

NARENDRAKUMAR  
Technologist

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Date: 13/04/2024 09:20:09  
**NAME :- Mr. YOGESH JOSHI**  
 Patient ID :- 122424961  
 Sex / Age :- Male 45 Yrs Ref. By Dr:- BOB  
 Company :- MediWheel Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 13/04/2024 09:24:05

Final Authentication : 13/04/2024 14:06:40

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION(PH)	5.5		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.015		1.010 - 1.030
Method:- Reagent Strip(bromthymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphosalicylic acid test)			
GLUCOSE	NIL		NIL
Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)			
BILIRUBIN	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Azo-coupling reaction)			
UROBILINOGEN	NORMAL		NORMAL
Method:- Reagent Strip (Modified ehrlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitropruside) Rothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
RBC	NIL		NIL
Method:- Reagent Strip (Peroxidase like activity)			
<b>MICROSCOPY EXAMINATION</b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	0-1	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA  
Technologist

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Date :- 13/04/2024 09:20:09

Patient ID :- 122424961



NAME :- Mr. YOGESH JOSHI

Ref. By Dr:- BOB

Sex / Age :- Male 45 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-F, UREA, SERUM, BUN

Final Authentication : 13/04/2024 17:36:20

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	246.4 H	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
<b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> 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) Method:- GOD PAP	405.6 H	mg/dl	70.0 - 140.0
<b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> 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 Method:- Colorimetric Method	1.14	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.18	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

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Date :- 13/04/2024 09:20:09

Patient ID :- 122424961



**NAME :- Mr. YOGESH JOSHI**

Ref. By Dr:- BOB

Sex / Age :- Male 45 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE

Sample Collected Time 13/04/2024 09:24:05

Final Authentication : 13/04/2024 14:06:40

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil

MUKESHSINGH, VIJENDRAMEENA  
Technologist

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Date: 13/04/2024 09:20:09 Patient ID :- 122424961

NAME :- Mr. YOGESH JOSHI

Ref. By Dr:- BOB

Sex / Age :- Male 45 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/04/2024 09:24:05

Final Authentication : 13/04/2024 12:00:35



### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.6	mg/dl	0.0 - 23.0

SURENDRAKHANGA

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NAME :- Mr. YOGESH JOSHI

Ref. By Dr:- BOB

Sex / Age :- Male 45 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/04/2024 09:24:05

Final Authentication : 13/04/2024 10:35:40

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	0.640	ng/ml	0.000 - 4.000

**InstrumentName:** ADVIA CENTAUR CP **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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Date :- 13/04/2024 09:20:09

NAME :- Mr. YOGESH JOSHI

Sex / Age :- Male 45 Yrs

Company :- MediWheel

Patient ID :- 122424961

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 13/04/2024 12:45:58

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. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)  
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI  
(RMC No. 33613 / 14911)

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

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(D.M.R.D.)

BILAL

Transcript by.

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**Dr. Navneet Agarwal**  
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**Dr. Poorvi Malik**  
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(Fetal Medicine)  
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FMF Id 255595





Date :- 13/04/2024 09:20:09

NAME :- Mr. YOGESH JOSHI

Sex / Age :- Male 45 Yrs

Company :- MediWheel

Patient ID :- 122424961

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 13/04/2024 11:20:04

BOB PACKAGE ABOVE 40MALE

### USG WHOLE ABDOMEN

**Liver is enlarged in size (~ 15.2 cm). 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 enlarged in size (~ 13 cm).** Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary bladder** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Prostate** is normal in size with normal echo-texture and outline. No enlarged nodes are visualised. No retro-peritoneal lesion is identified. No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

- \* Mild hepatomegaly with grade I fatty changes.
- \* Marginal splenomegaly.

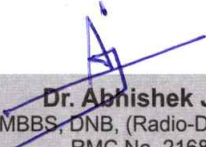
Needs clinical correlation.

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

Page No: 1 of 1

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(Fetal Medicine)  
RMC No. 21505

**Dr. Sarika Yadav**  
MBBS, MS, DNB, FNB  
(Fetal Medicine)  
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FMF Id 255595



