

**CENTRAL MOTOR VEHICLES  
RULES 1989  
FORM 7(Sae Rule 15(2))  
DRIVING LICENCE**

D/L NO : RJ-14/DLC/11/ 548629 Date : 15/08/2011  
 Name : PRADEEP SINGH SHEKHAWAT  
 Son of : SANDAR SINGH  
 Address : 256 DEVI NAGAR NEW SANGANER ROAD  
 SODALA JAIPUR

is licensed to drive throughout India a vehicle  
 of the following description,  
 MCY WITH GEAR, LIGHT MOTOR VEH.

The licence to drive other than transport  
 vehicle is valid  
 From : 15/08/2011 To : 14/08/2031

*Pradeep Singh*  
 Holder's Sign/Thumb Impression

*[Signature]*  
 Licensing Authority, Jaipur

*[Handwritten mark]*

*[Handwritten signature]*  
*[Handwritten signature]*

*[Handwritten signature]*

Dr. of first issue of DL/Class of vehicle :  
 Name/Designation of the testing authority : RAJEEV VIJAY / MVI

Badge No. and Authorisation Date to drive transport vehicle  
 Badge Detail

DOB : 23/08/1987 Blood Group : O+ Tel. No. : 98879-02042

Citizenship : INDIAN

**DON'T DRINK & DRIVE**

DRIVING OFFENCES : ● ● ● ● ● ● ● ●

Pinnacle Software, Jaipur 2358824

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 24/07/2021 08:53:13 Patient ID :-12211336  
**NAME :- Mr. PRADEEP SINGH SHEKHAWAT** Ref. By Dr:- BOB  
Sex / Age :- Male 35 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 24/07/2021 09:10:01

Final Authentication : 24/07/2021 12:12:09

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	16.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.06	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	56.5	%	40.0 - 80.0
LYMPHOCYTE	35.7	%	20.0 - 40.0
EOSINOPHIL	<b>0.9 L</b>	%	1.0 - 6.0
MONOCYTE	6.7	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.43	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.17	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.05	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.40	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.21	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	89.8	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.6	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.1	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	225	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	<b>14.3 H</b>	%	11.6 - 14.0
MENTZER INDEX	17.24		

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.

Technologist

C.L.SAINI

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**Dr. Chandrika Gupta**  
MBBS.MD ( Path )  
RMC NO. 21021/008037

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	02	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" >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

Technologist

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE MALE			
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method:- HPLC	5.3	%	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 glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

<b>MEAN PLASMA GLUCOSE</b> Method:- Calculated Parameter	104	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Technologist

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Sex / Age :- Male 35 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM, URINE-BB Sample Collected Time 24/07/2021 14:22:13 Final Authentication : 24/07/2021 16:03:40

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR PP Collected Sample Received	NIL		Nil
BLOOD UREA NITROGEN (BUN)	9.8	mg/dl	0.0 - 23.0

**Technologist**

C.L.SAINI, CHHOTELALSAINI, SURENDRAKHANGA

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**NAME :- Mr. PRADEEP SINGH SHEKHAWAT** Ref. By Dr:- BOB  
 Sex / Age :- Male 35 Yrs Lab/Hosp :-  
 Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na SALTURIDE-F, KOx/Na SALTURIDE-F Date: 24/07/2021 14:52:14 Final Authentication : 24/07/2021 16:20:27

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	101.3	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
<p><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 .</p>			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	112.0	mg/dl	70.0 - 140.0
<p><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 .</p>			
SERUM CREATININE Method:- Colorimetric Method	1.20	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.55	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

**Technologist**

SURENDRAXHANGA, SURESHSAINI

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 24/07/2021 09:10:01

Final Authentication : 24/07/2021 11:33:23

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	237.77 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	154.06 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	30.81	mg/dl	Very high >500 0.00 - 80.00

Technologist

SURENDRAKHANGA

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	41.72	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	170.37 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T:CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.70 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.08 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	711.24	mg/dl	400.00 - 1000.00
<small>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders</small>			
<small>TRIGLYCERIDES InstrumentName:Randox 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.</small>			
<small>DIRECT HDLCHOLESTEROL InstrumentName:Randox 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.</small>			
<small>DIRECT LDL-CHOLESTEROL InstrumentName:Randox 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</small>			
<small>TOTAL LIPID AND VLDL ARE CALCULATED</small>			

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 Sex / Age :- Male 35 Yrs Lab/Hosp :-  
 Company :- MediWheel

Sample Type :- PLAIN/SERUM Sample Collected Time 24/07/2021 09:10:01 Final Authentication : 24/07/2021 11:33:23

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.73	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	43.0 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	91.7 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	60.70	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.17	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.77	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.40	gm/dl	2.20 - 3.50
A/G RATIO	1.99		1.30 - 2.50

Technologist

SURENDRAKHANGA

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Sample Collected Time 24/07/2021 09:10:01

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.22	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.51	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	72.60 H	U/L	11.00 - 50.00

**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: AMF 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) are observed with infectious hepatitis.

Technologist

SURENDRAKHANGA

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Sample Collected Time 24/07/2021 09:10:01

Final Authentication : 24/07/2021 11:29:32

### IMMUNOASSAY

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

SERUM TSH	2.400	μIU/mL	0.465 - 4.680
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Method:- Enhanced Chemiluminescence Immunoassay

Technologist

ANANDSHARMA

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Lab/Hosp :-

Company :- MediWheel

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Sample Collected Time 24/07/2021 09:10:01

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3

1.160

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

7.980

ug/dl

5.530 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

**InstrumentName:** VITROS ECI **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.

**InstrumentName:** VITROS ECI **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.

**InstrumentName:** VITROS ECI **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

Technologist

ANANDSHARMA

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Final Authentication : 24/07/2021 11:29:32

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA	0.408	ng/ml	0.000 - 4.000

TOTAL PSA

0.408

ng/ml

0.000 - 4.000

Method:- Chemiluminescence

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 \*\*\*

Technologist

ANANDSHARMA

Page No: 15 of 15

Dr. Chandrika Gupta  
MBBS,MD ( Path )  
RMC NO. 21021/008037

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 24/07/2021 08:53:13 Patient ID :- 12211336  
NAME :- Mr. PRADEEP SINGH SHEKHAWAT Ref. By Dr:- BOB  
Sex / Age :- Male 35 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 24/07/2021 09:10:01

Final Authentication : 24/07/2021 12:11:37

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/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

Technologist

AJAYSINGH

Page No: 10 of 15

**Dr. Chandrika Gupta**  
MBBS.MD ( Path )  
RMC NO. 21021/008037

# Dr. Goyal's

## Path Lab & Imaging Centre

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Sample Type :- URINE

Sample Collected Time 24/07/2021 09:10:01

Final Authentication : 24/07/2021 12:11:37

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.020		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

AJAYSINGH

Page No: 11 of 15

**Dr. Chandrika Gupta**  
MBBS.MD ( Path )  
RMC NO. 21021/008037

# Dr. Goyal's

## PATH LAB & IMAGING CENTRE

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur

Ph.: 0141-2293346, 4049787, 9887049787

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



Date :- 24/07/2021 08:53:13

NAME :- **Mr. PRADEEP SINGH SHEKHAWAT**

Sex / Age :- Male 35 Yrs

Company :- MediWheel

Patient ID :- 12211336

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 24/07/2021 10:29:07

BOB PACKAGE MALE

### USG WHOLE ABDOMEN

**Liver** is of normal size. Echo-texture is normal. 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.

**Right kidney (measures 91 x 41mm)** situated ectopically in right iliac fossa.No focal lesion is seen. Collecting system does not show any dilatation.A calculus of size 3mm in mid calyx of right kidney.

**Left Kidneys** is normally sited and normal placed size (measures 97 x 44mm) 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 (wt 12gms)with normal echo-texture and outline. No enlarged nodes are visualised.No retro-peritoneal lesion is identified. Great vessels appear normal.

No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

**\*Ectopic right kidney with small calculus  
Needs clinical correlation for further evaluation**

Page No: 1 of 1

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

KOMAL

Dr. Piyush Goyal  
M.B.B.S., D.M.R.D.  
RMC Reg. No. 07998

Dr. Poonam Gupta  
M.B.B.S., MD (Radio Diagnosis)  
RMC Reg. No. 32495

Dr. Aman Mamodia  
M.B.B.S., D.M.R.D., D.N.B. (Radio Diagnosis)  
RMC Reg. No. 32618

Dr. Ankita Gupta  
M.D., D.N.B. (Radio Diagnosis)  
RMC Reg. No. 32838

Dr. Hitesh Kumar Sharma  
M.B.B.S., D.M.R.D.  
RMC Reg. No. 27380

Transcript by:



# Dr. Goyal's

## HEALTHCARE PVT. LTD.

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur  
Tele: 0141-2293346, 4049787, 9887443311, 9887049787  
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 24/07/2021 08:53:13  
**NAME :- Mr. PRADEEP SINGH SHEKHAWAT**  
Sex / Age :- Male 35 Yrs  
Company :- MediWheel

Patient ID :- 12211336  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 24/07/2021 14:18:45

BOB PACKAGE MALE

### 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)

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

**Anita sharma**  
Checked by KANARAM

Page No: 1 of 1

Dr. Piyush Goyal  
MBBS, DMRD

Dr. Poonam Gupta  
MD (Radiologist)

Dr. Ankita Gupta  
MD, DNB. (Radio Diagnosis)

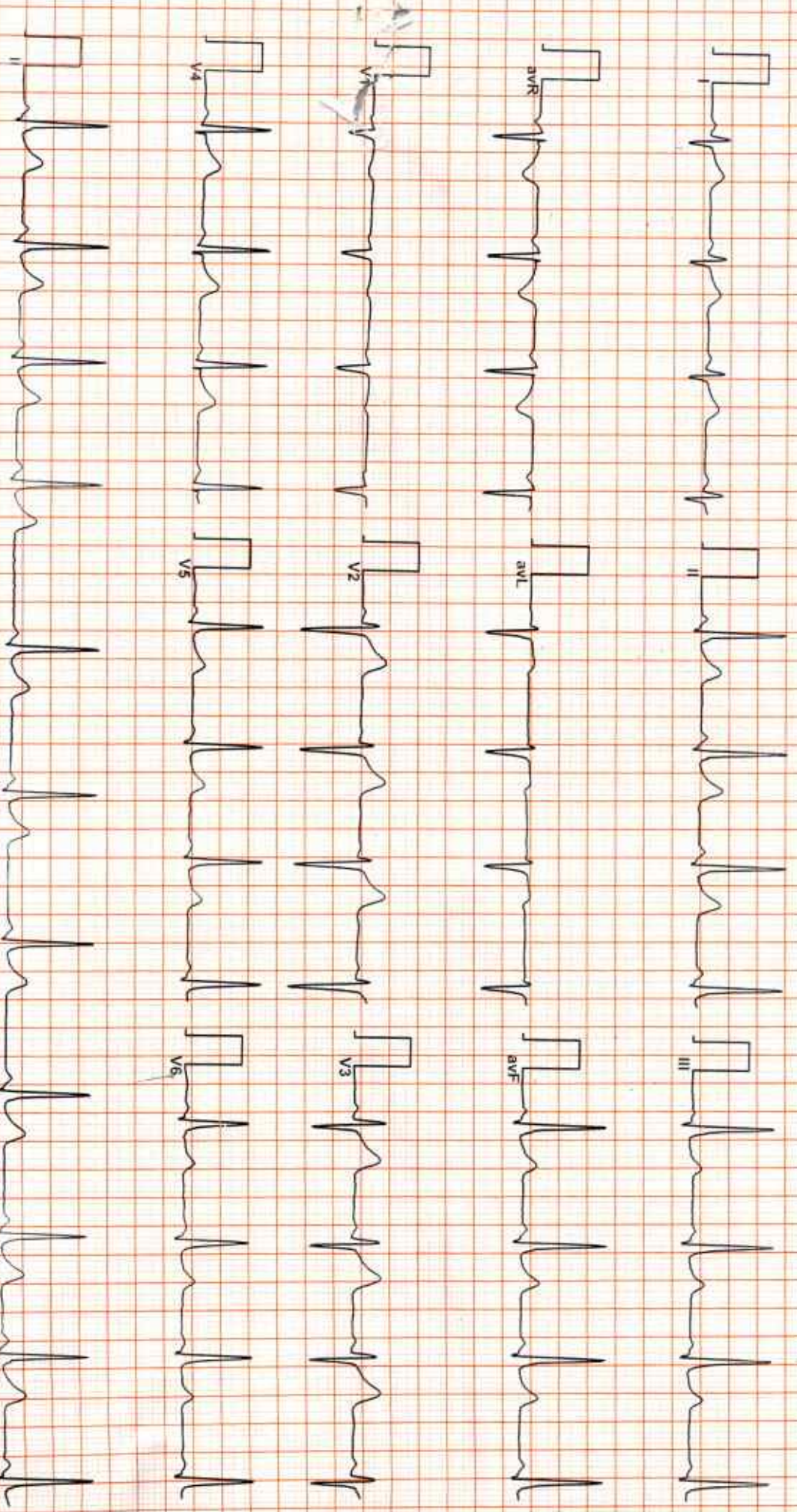
Dr. Parul Gupta Modi  
MD, DNB. (Radiologist)

Dr. Aman Mamodia  
MBBS, DMRD, DNB. (Radio Diagnosis)

5814 / MR. PRADEEP SINGH SHEKHAWAT / 35 Yrs / M / Non Smoker

Heart Rate : 71 bpm / Refd By: BANK OF BARODA / Tested On : 24-Jul-21 10:23:15 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ACHP



Normal

←

→

1174 / MR. PRADEEP SINGH SHEKHAWAT / 35 Yrs / M / 0 Cms / 0 Kg Date: 24-Jul-2021 Refd By : BANK OF BARODA

(GEM210151123) Gemini A-DX by Allengers

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Supine	00:02	0:01	01.1	00.0	01.0	66	130/80	085	00	
Standing	00:19	0:01	01.1	00.0	01.0	102	130/80	132	00	
HV	00:23	0:01	01.1	00.0	01.0	100	130/80	130	00	
ExStart	00:41	0:06	01.7	10.0	01.1	090	130/80	117	00	
BRUCE Stage 1	03:41	3:00	01.7	10.0	04.7	107	130/80	139	00	
BRUCE Stage 2	05:41	3:00	02.5	12.0	07.1	129	140/82	180	00	
BRUCE Stage 3	09:41	3:00	03.4	14.0	10.2	158	140/82	221	00	
PeakEx	10:10	0:29	04.2	16.0	10.8	167	140/82	233	00	
Recovery	11:09	1:00	00.0	00.0	04.3	132	140/82	184	00	
Recovery	12:09	2:00	00.0	00.0	01.0	123	150/90	184	00	
Recovery	14:09	4:00	00.0	00.0	01.0	105	136/86	142	00	
Recovery	14:43	4:33	00.0	00.0	01.0	104	136/86	141	00	

**Findings :**

Exercise Time : 09:30  
 Max HR Attained : 168 bpm 91% of Target 185  
 Max BP Attained : 150/90  
 Max Workload Attained : 10.8 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

TMT negative for RHT at peak Exercise



Date: 24-Jul-2021 10:24:17 AM

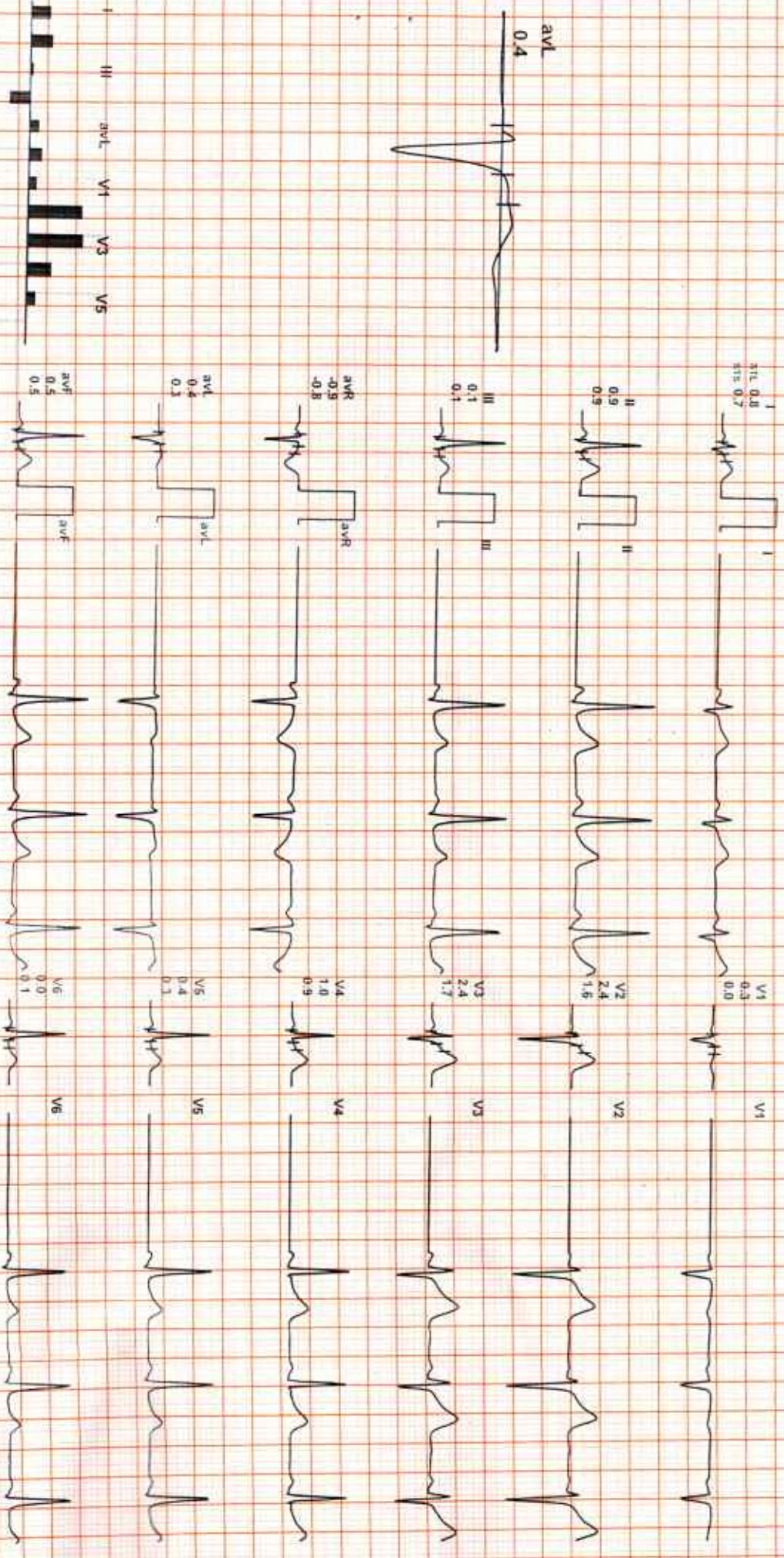
METS: 1.0/ 66 bpm 35% of THR

BP: 130/80 mmHg

Raw ECG/ B/C On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

ExTime: 00:02 1.1 rpph 0.0%  
25 mm/Sec 1.0 Cm/mV

4X 80 mS Post J



REMARKS



1174 / MR.PRADEEP SINGH SHEKHAWAT / 35 YRS / M

Date: 24-Jul-2021 10:24:17 AM

METS: 1.0/ 102 bpm 55% of THR

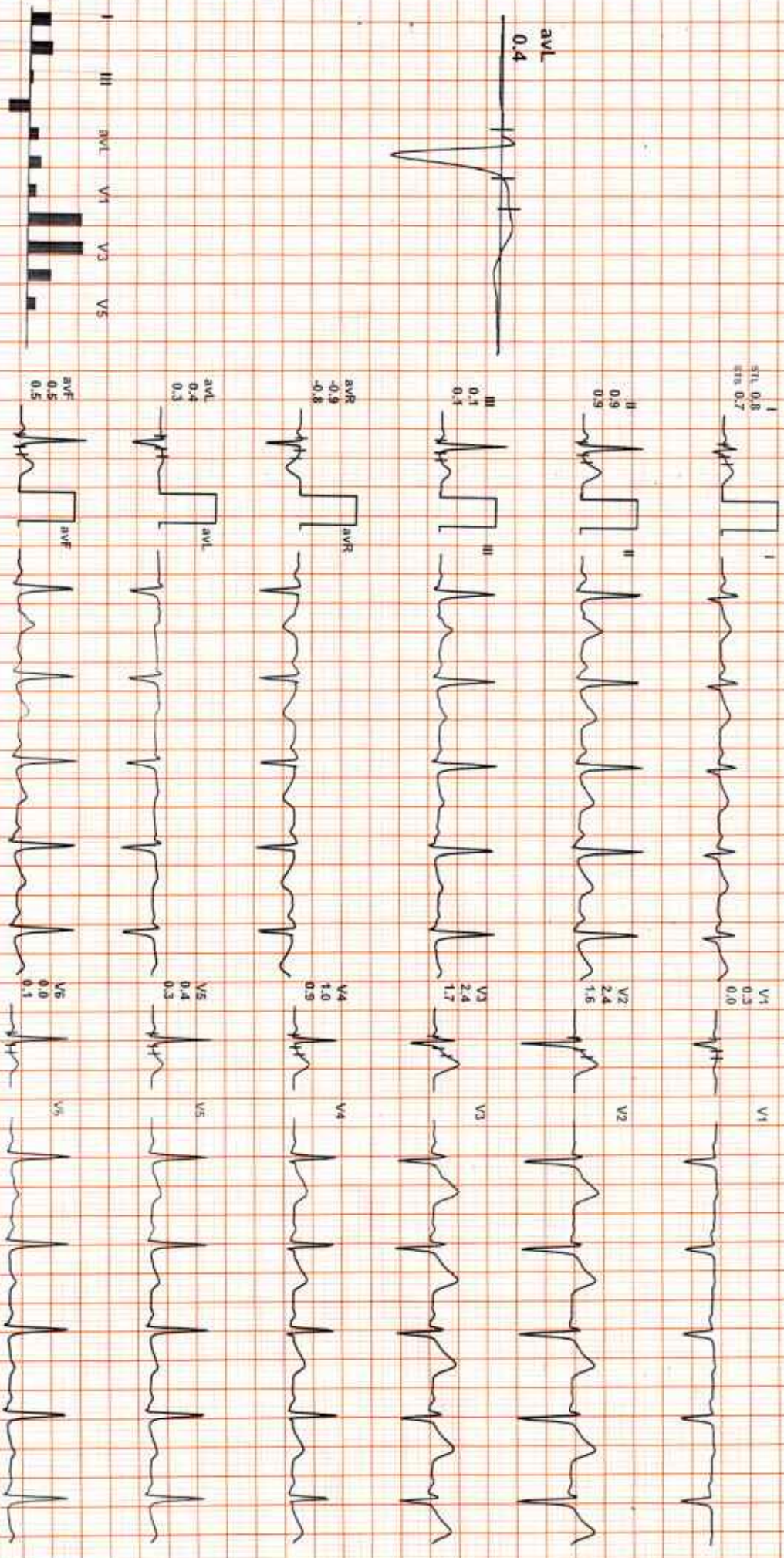
BP: 130/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 00:19 -1.1 mpp, 0.0%

25 mm/Sec - 1.0 Cm/mV

4X 80 mS Post J



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

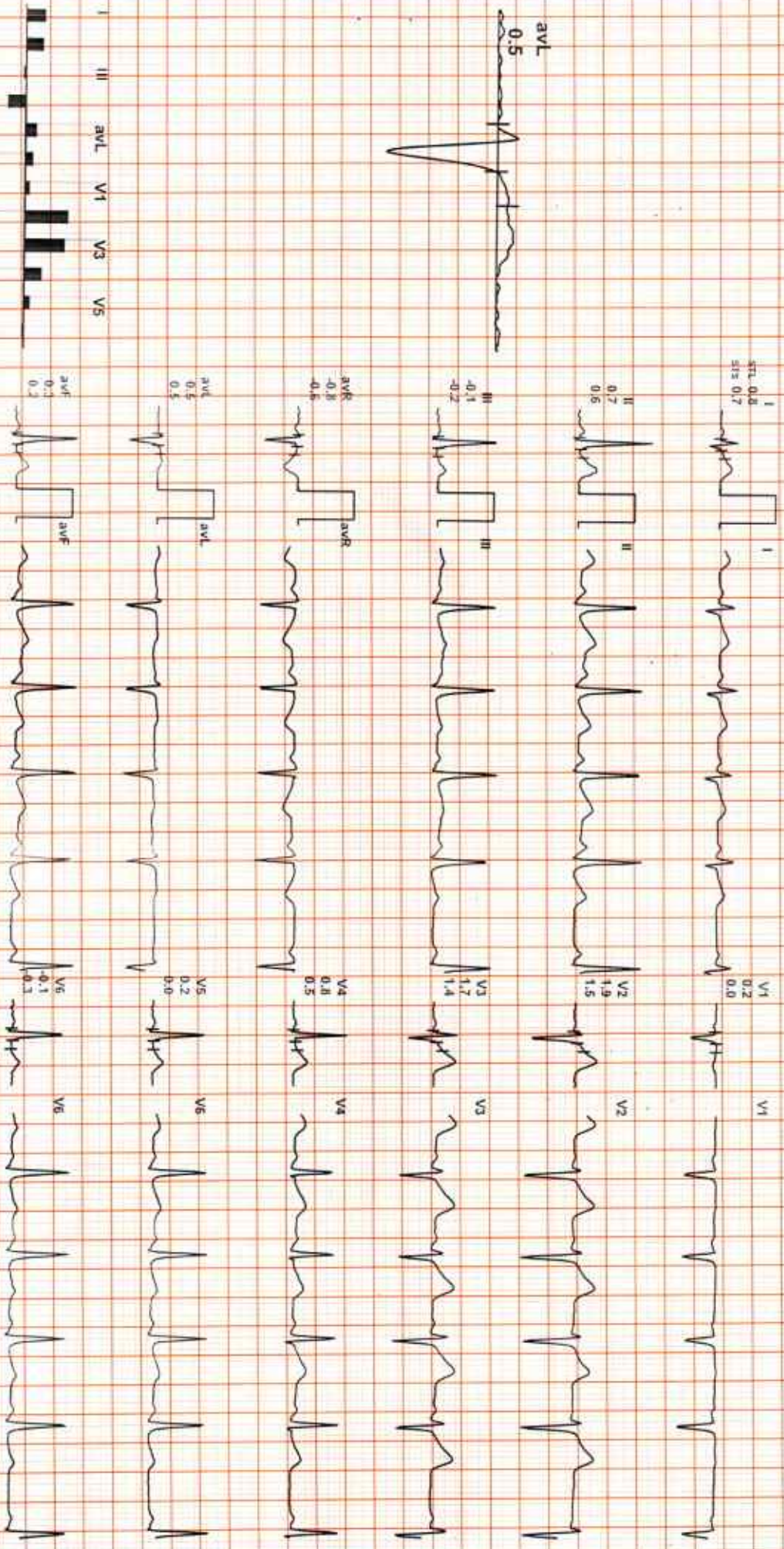
1174 / MR. PRADEEP SINGH SHEKHAWAT / 35 YRS / M

Date: 24-Jul-2021 10:24:17 AM

METS: 1.0/ 100 bpm 54% of THR. BP: 130/80 mmHg Raw ECG: RL.C. On/ Notch On/ HE: 0.05 Hz/LF: 100 Hz

4X 10 ms Post J

Extime: 00:23 1.1 mpr, 0.0%  
25 mm/Sec. 1.0 cm/mV



REMARKS:  
II aVR aVF V2 V4 V6

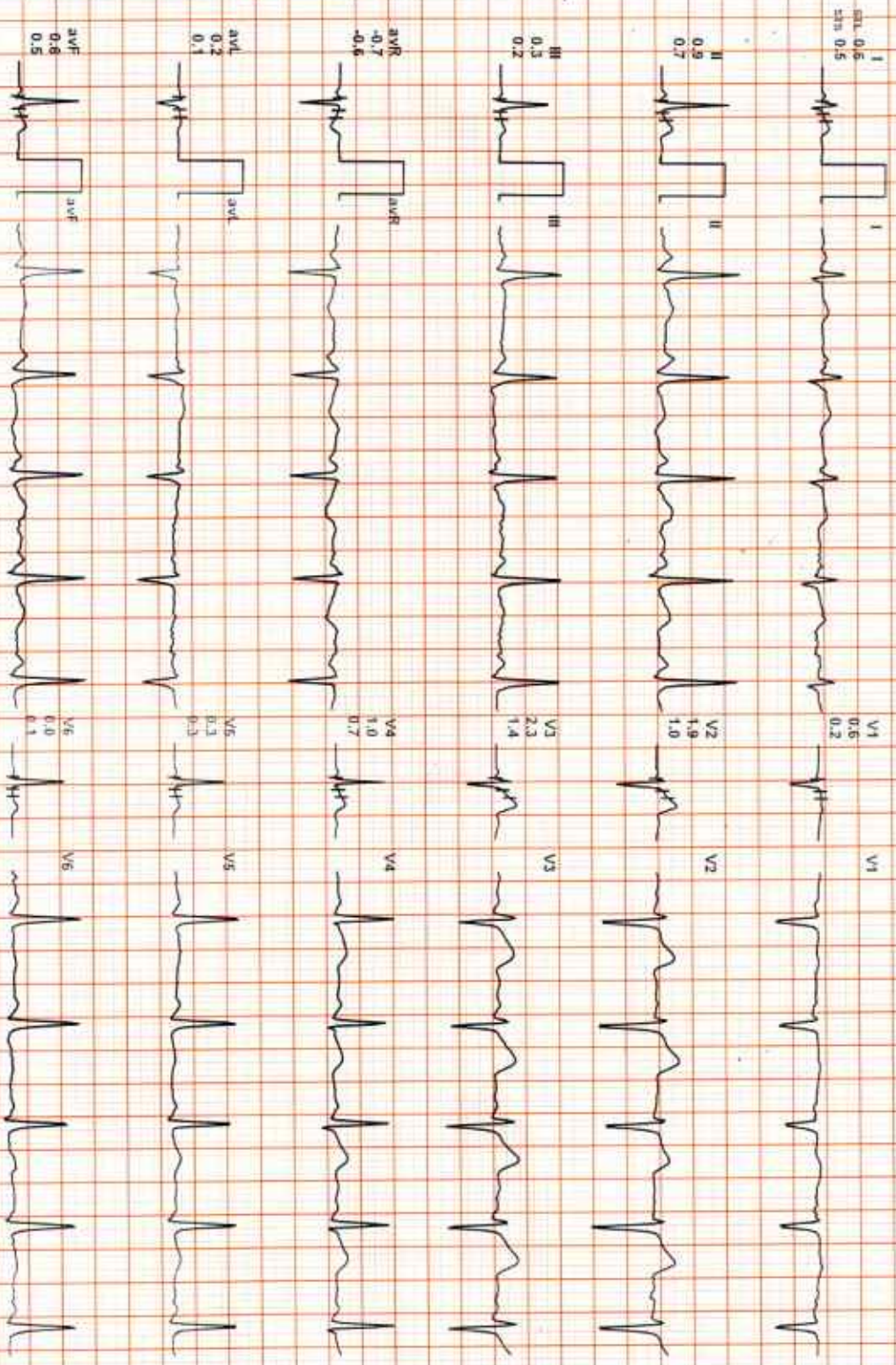


1174 / MR.PRADEEP SINGH SHEKHAWAT / 35 Yrs / M

Date: 24-Jul-2021 10:24:17 AM METS: 1.1/ 90 bpm 48% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Naich On/ HE: 0.05 Hz/LF: 100 Hz

4X 80 mS Post J

ExTime: 00:06 1.7 mph, 10.0%  
25 mm/Sec - 4.0 Cm/mV



REMARKS:

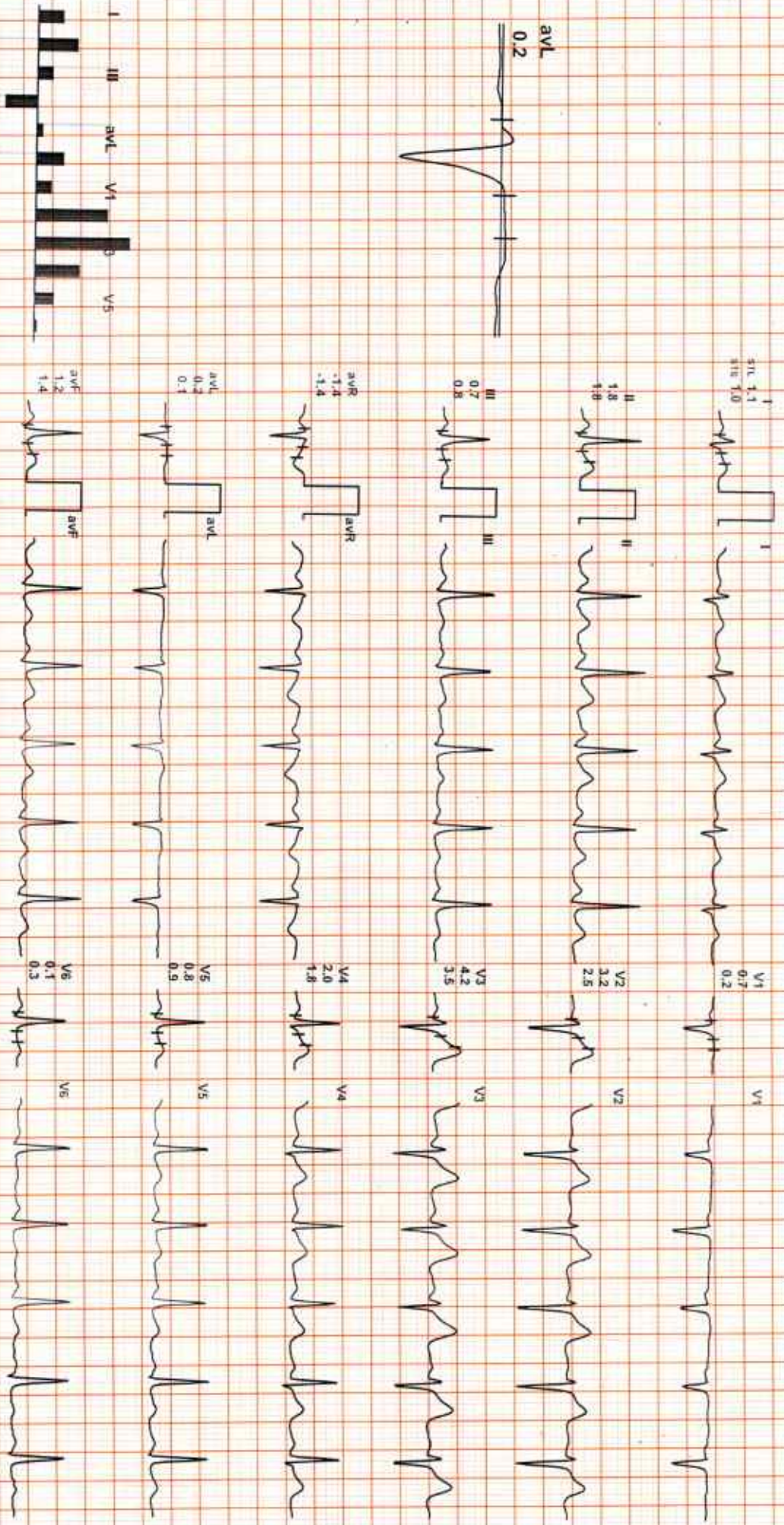
I    II    III    aVR    aVL    aVF    V1    V2    V3    V4    V5    V6



Date: 24-Jul-2021 10:24:17 AM METS: 4.71 107 bpm 57% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz

4X 10 ms Post J

Ex Time: 03:00 1.7 mph 10.0% 25 mm/Sec. 1.0 GHz/Hz



REMARKS: I II aVR aVF V1 V2 V4 V5 V6

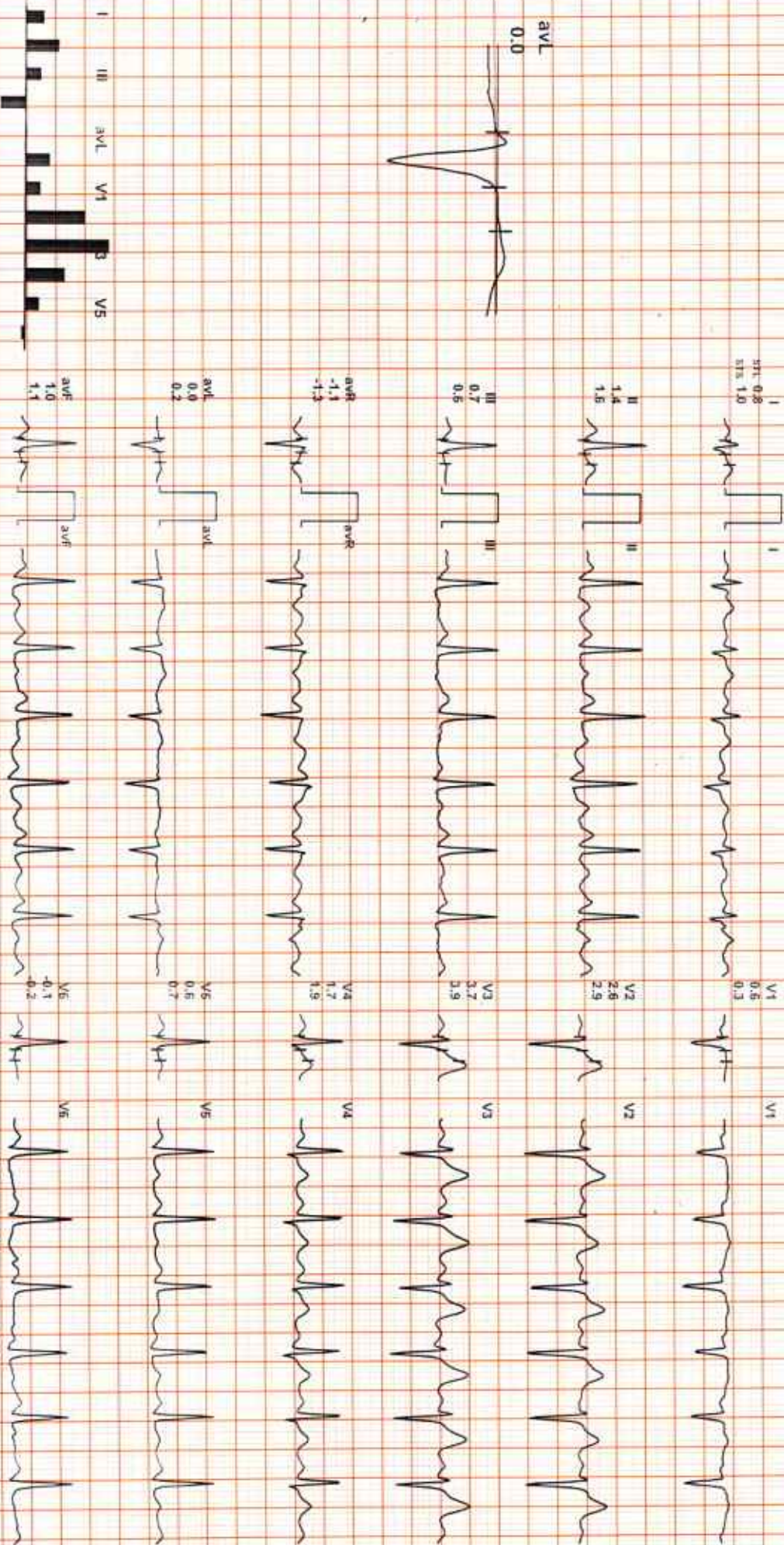


1174 / MR.PRADEEP SINGH SHEKHAWAT / 35 YRS / M

Date: 24-Jul-2021 10:24:17 AM METS: 7.11 129 bpm 69% of THR BP: 140/82 mmHg Raw ECG: BLC On Natch On HF: 0.05 Hz/LF: 100 Hz

4X 80 ms Post J

ExTime: 06:00 2.5 mph 12.0%  
25 mm/Sec 10 Cmv/mv



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

Date: 24-Jul-2021 10:24:17 AM

METS: 10.2/ 158 bpm 85% of THR

BP: 140/82 mmHg

Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz

EXTime: 09:00 3.4 mph 14.0%

25 mm/Sec. 1.6 Cm/mV

4X 60 ms Plead J

I 0.6  
II 0.6  
III 1.5



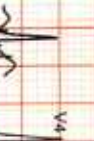
II 0.7  
III 2.2



III 0.1  
0.5



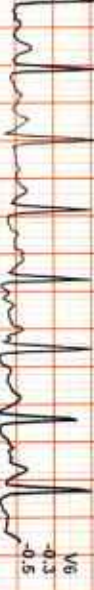
aVR -0.6  
-1.9



aVL 0.2  
0.5



aVF 0.4  
1.3



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

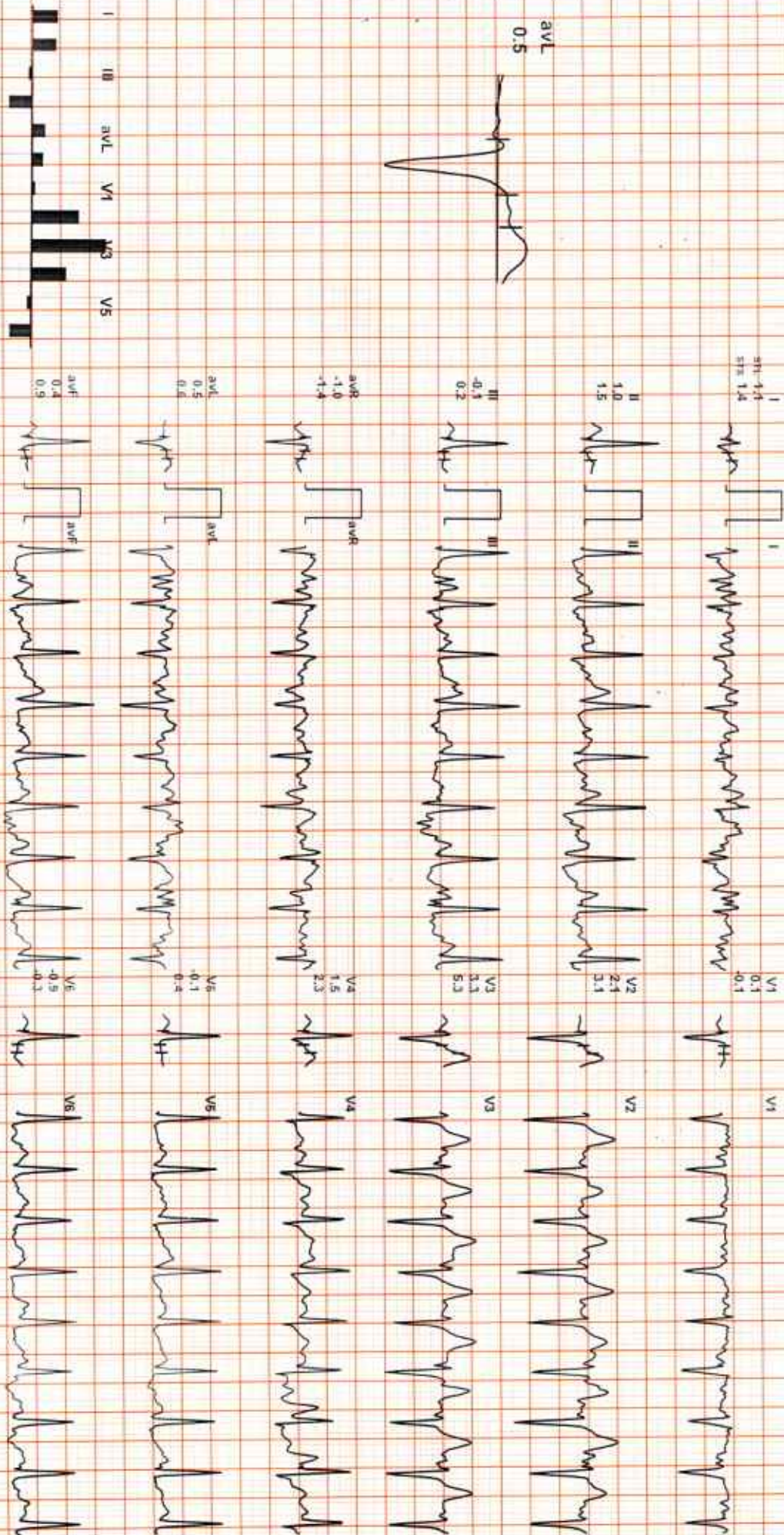


1174 / MR. PRADEEP SINGH SHEKHAWAT / 35 YRS / M

Date: 24-Jul-2021 10:24:17 AM METS: 10.81 167 bpm 90% of THR BP: 140/82 mmHg Raw ECG/BL C-Ohv Notch Qv HFC 0.05 Hz/LF 100 Hz

4X 60 ms Post J

Extime: 09:29 - 4:27min, 16.0%  
25 mm/Sec - 10-0mmV



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



Date: 24-Jul-2021 10:24:17 AM

MEETS: 4.3/132 bpm 71% of THR BP: 140/82 mmHg

Raw ECG/ BLC On/ Natch On/ HF: 0.05 Hz/LF: 100 Hz

ExTime: 09:30 0.0 mph 0.0%  
25 minSec: 1.9 GminV

4X 50 ms Post J

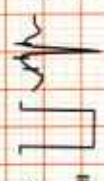
I 0.6  
aVL 1.3



V1 0.4  
0.3



II 1.5  
2.5



V2 1.9  
3.7



III 0.8  
0.6



V3 2.6  
4.8



aVR -1.1  
-2.2



V4 1.4  
2.6



aVL -0.1  
0.6



V5 0.5  
0.9



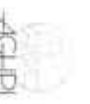
aVF 1.1  
1.6



V6 0.1  
0.1



REMARKS:  
II aVR aVF V2 V4 V6

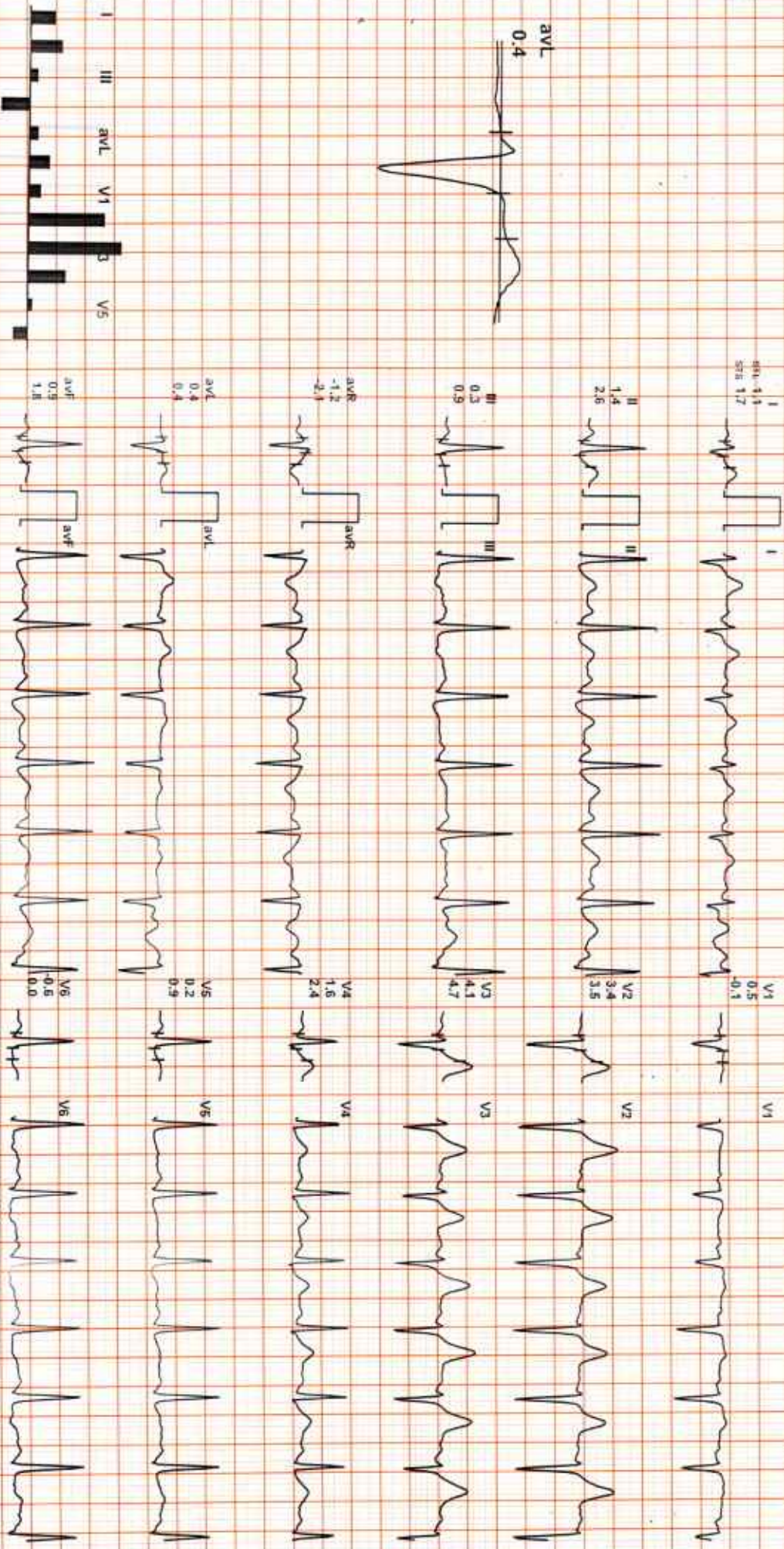


1174 / MR. PRADEEP SINGH SHEKHAWAT / 35 YRS / M

Date: 24-Jul-2021 10:24:17 AM METS: 1.0/ 123 bpm 66% of THR BP: 150/90 mmHg Raw ECG/ BLC ON/ Notch ON/ HF: 0.05 Hz/ LF: 100 Hz

4X 80 mS Post J

ExTime: 09:30 0.0 mph 0.0%  
25 mm/Sec: 1.0 cm/mV



REMARKS: I II aVR aVF V2 V4 V6



Date: 24-Jul-2021 10:24:17 AM

METS: 1.0/ 105 bpm 56% of THR

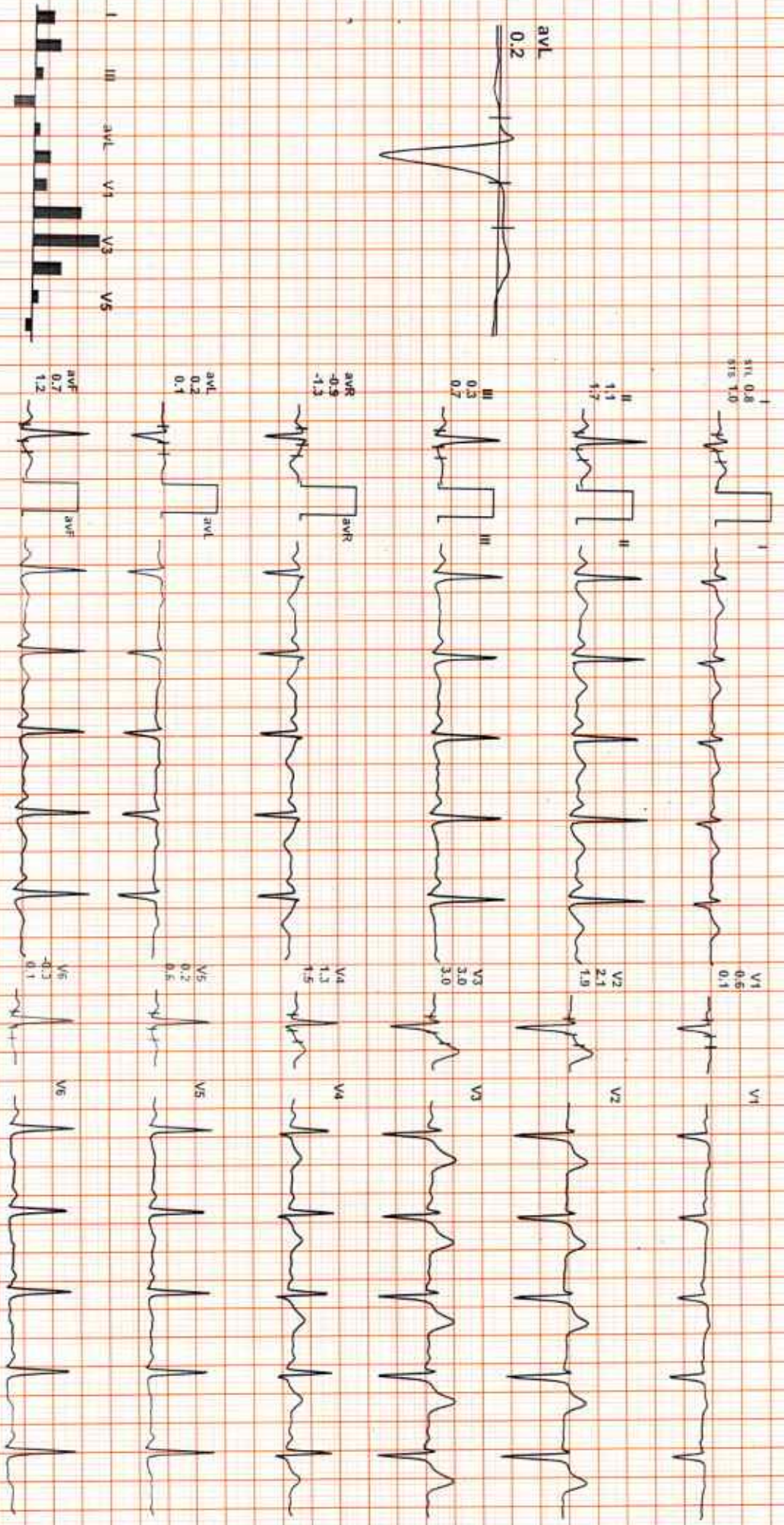
BP: 136/86 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X

80 mS Paper J

ExTime: 09:30 0.0 mph 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS

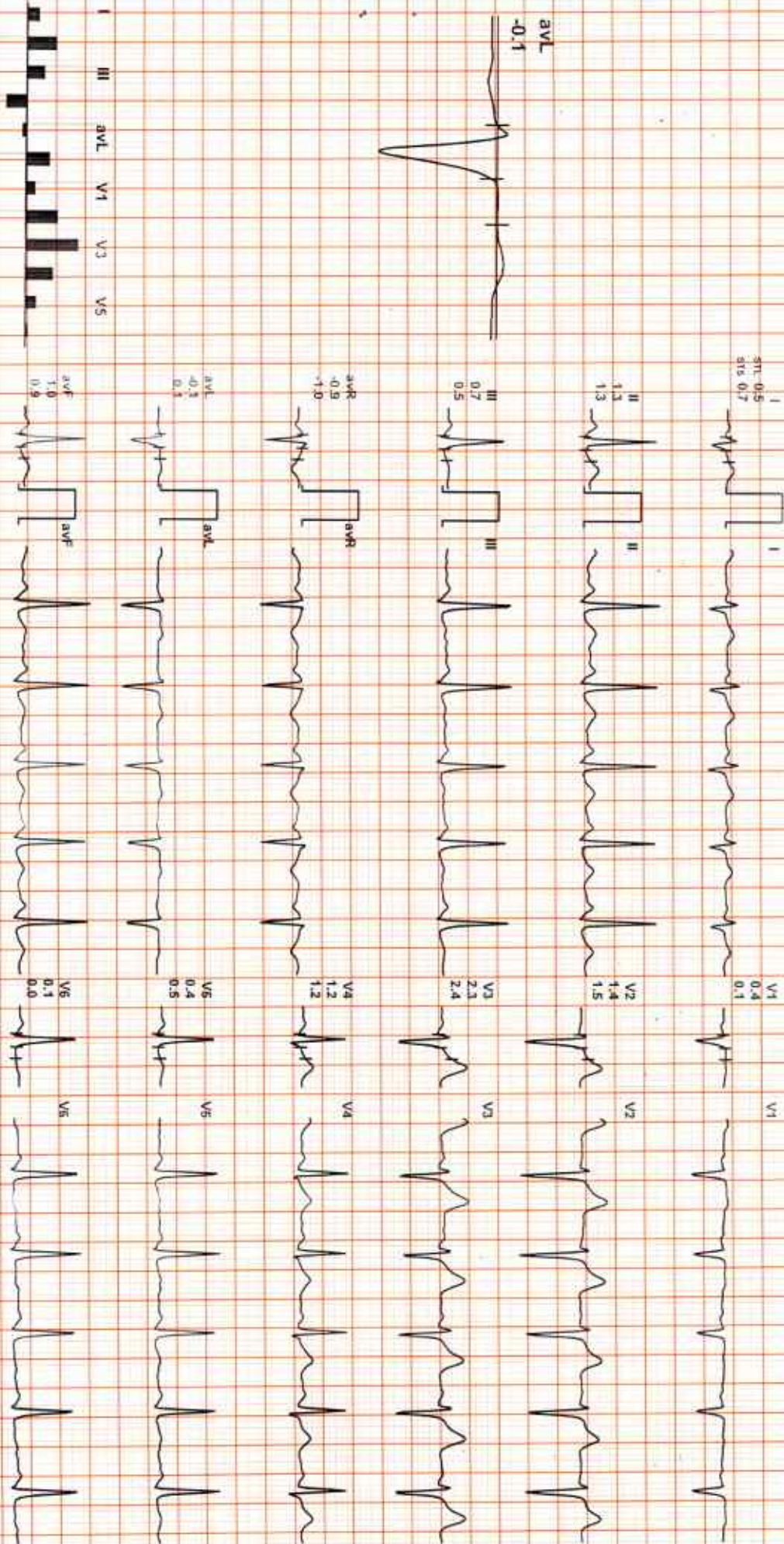
II aVR aVF V2 V4 V6



Date: 24-Jul-2021 10:24:17 AM METS: 1.0L/104 bpm 56% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 30 ms Post J

ExTime: 09:30 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



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

Date: 24-Jul-2021 10:24:17 AM

I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

Supine



Standing



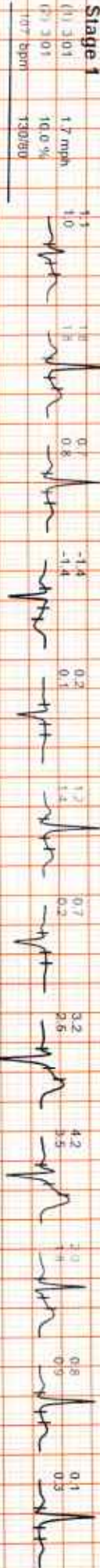
HV



ExStart



Stage 1



Stage 2







Date: 24-Jul-2021 10:24:17 AM

