

Patient Name : GAJENDRA SHARMA

Age / Gender : 44 years / Male

Endo ID : 175855

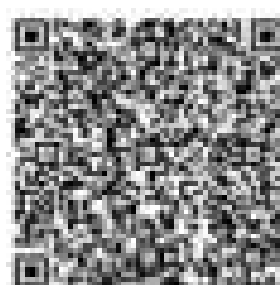
Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Mar 09, 2024, 11:43 a.m.

Reported Date & Time : Mar 09, 2024, 12:38 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	13.2	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.08	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	43.7	%	42 - 52
Mean Cell Volume (MCV)	86.2	FL	78 - 100
Mean Cell Haemoglobin (MCH)	26.0	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	30.2	g/dl	32 - 36
Red Cell Distribution Width (RDW)	15.6	%	11.5 - 14.0
Total Leucocytes Count (WBC)	10890	Cell/cu.mm	4000 - 10000
Neutrophils	68	%	40 - 80
Lymphocytes	27	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	8.0	fL	7.2 - 11.7
PCT	0.21	%	0.2 - 0.5
Platelet Count	262	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

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

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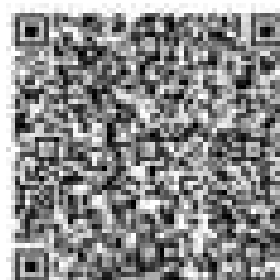
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HAEMATOLOGY

ESR	20	mm	0 - 20
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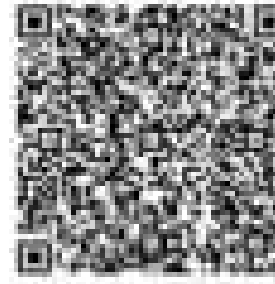
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Collected Date & Time : Mar 09, 2024, 11:43 a.m.

Reported Date & Time : Mar 09, 2024, 04:59 p.m.

Sample ID :



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CLINICAL PATHOLOGY

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	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

****END OF REPORT****

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DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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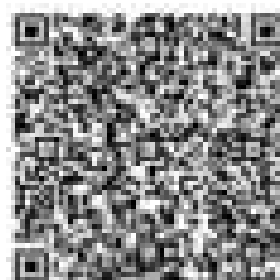
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Collected Date & Time : Mar 09, 2024, 11:43 a.m.

Reported Date & Time : Mar 09, 2024, 01:04 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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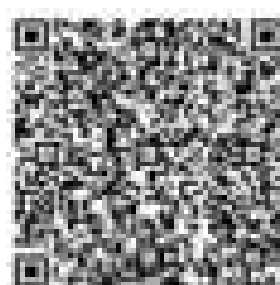
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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	167.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	245.7	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	41.0	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	49.14	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	76.86	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	4.07		2.6-4.9
LDL/HDL Ratio Method : Calculated	1.87		0.5-3.4

****END OF REPORT****

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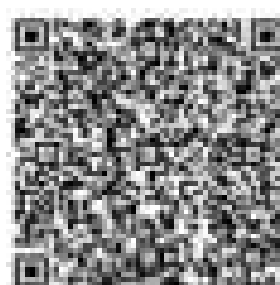
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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.64	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.15	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.49	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	27.7	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	20.7	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	72.0	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	7.59	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.75	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	1.67		1.5 - 2.5
Method : Calculated			

****END OF REPORT****

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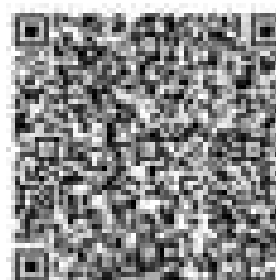
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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.4

%

> 8% Action Suggested

7 - 8 % Good Control

6 - 7 % Near Normal Glycemia

< 6% Normal level

BLOOD

Method : Nephelometry Methodology

Instrument: Mispa 12

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

108.28

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

****END OF REPORT****

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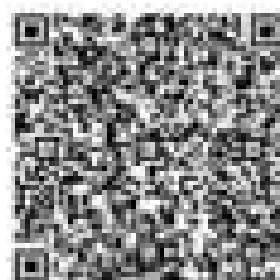
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IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINESCENCE	0.98	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	7.0	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	3.86	uIU/mL	0.35 - 5.50

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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MD (Radio-Diagnosis)

GOYAL
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4-D ULTRASOUND * COLOUR DOPPLER

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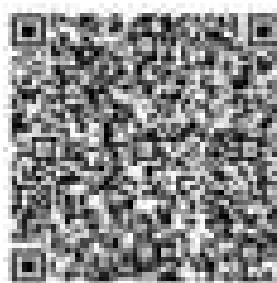
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BIOCHEMISTRY

Urea

20.7

mg/dL

10.0 - 40.0

Method : Uricase

CREATININE

0.62

mg/dL

0.60 - 1.40

Method : Serum, Jaffe

****END OF REPORT****

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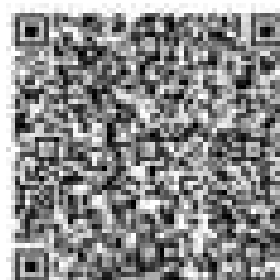
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BIOCHEMISTRY

Uric Acid	4.6	mg/dL	3.5-7.0
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Method : Uricase, Colorimetric

END OF REPORT

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4-D ULTRASOUND * COLOUR DOPPLER

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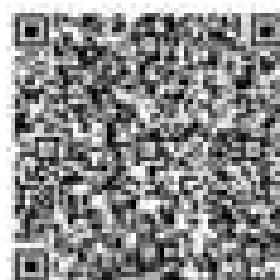
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BIOCHEMISTRY

Calcium

9.8

mg/dL

8.50 - 10.20

Method : Arsenazo III

****END OF REPORT****

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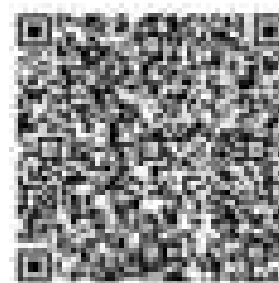
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IMMUNOLOGY

PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL 0.55 ng/mL 0 - 4.0

Method : Serum, CLIA

SUMMARY AND EXPLANATION

Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

****END OF REPORT****

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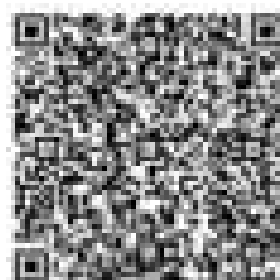
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BIOCHEMISTRY

Glucose fasting	99.6	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

****END OF REPORT****

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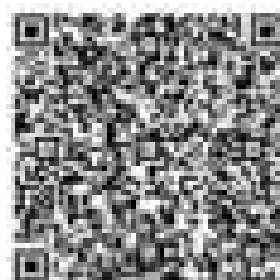
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Sample ID :



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

Blood Glucose-Post Prandial

113.8

mg/dL

70 - 140

Method : Hexokinase

END OF REPORT

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GOYAL
DIAGNOSTICS

4-D ULTRASOUND * COLOUR DOPPLER

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

NAME :--GAJEENDRA SHARMA

AGE :--44 Yrs

Date:-- 09.03.24

REF BY :-

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

LUNG FIELDS ARE CLEAR

NAD IN HEART AND CHEST

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

श्रृण 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
FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSES

5 Seconds ECG Report

Patient Name Mr. GAJENDRA SHARMA 44/M

March 09, 2024

Time: 10:44:07

PR Interval: 0.14 sec

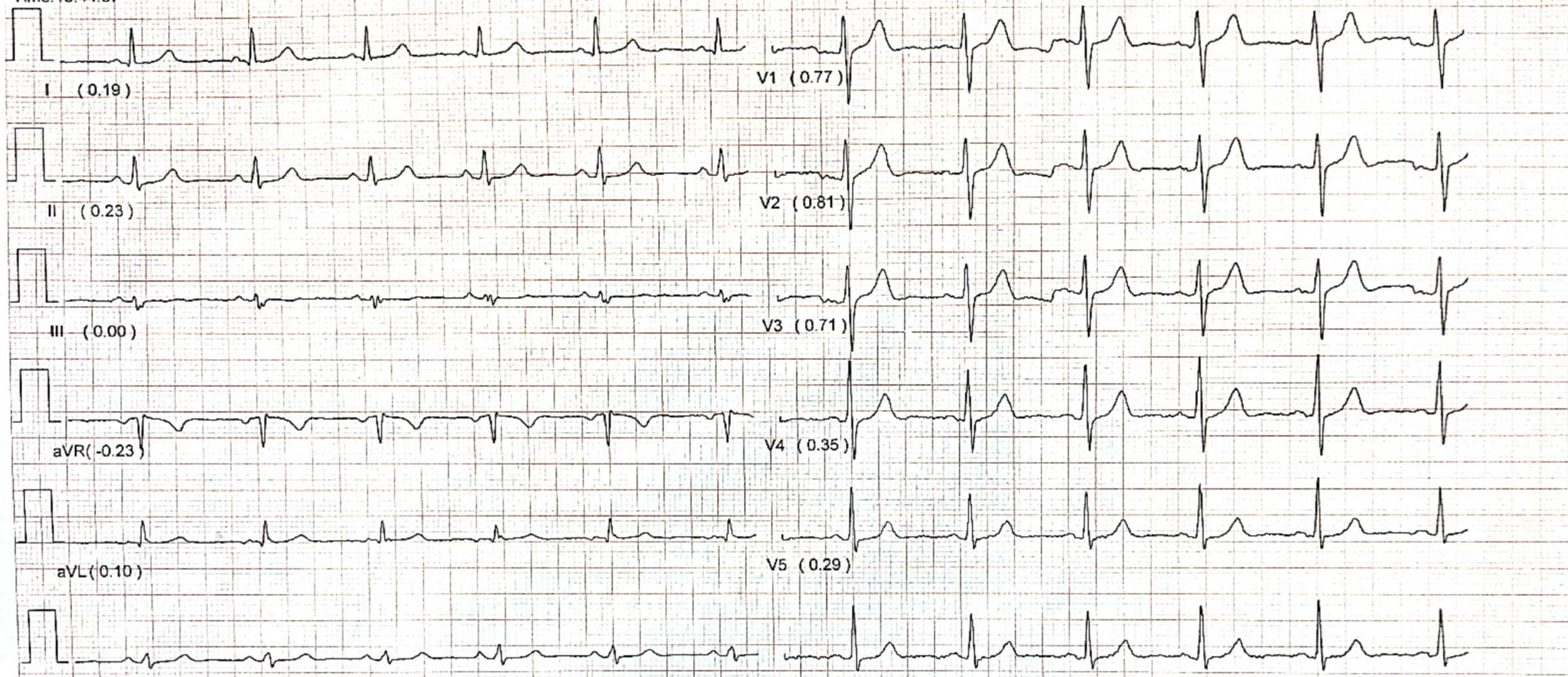
RR Interval: 0.89 sec

HR : 67 bpm

BP : 0 / 0 mmHg

P-QRS-T Axis (42)-(20)-(22) deg

QRS Duration : 0.088 Sec



INTERPRETATION

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

DR
MD

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

*Unconfirmed Reporting, Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/1.13

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

D (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

USG ABDOMEN-PELVIS

NAME – Gajendra	AGE-- 44 Yrs	Date -- 09.03.24
REF BY -- Mediwheel		

LIVER : is enlarged and bright 14.2 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 3.8 cm
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 :-- 9.5 x 4.2 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen

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

PROSTATE: is Normal in size 12.2 gms and shows normal homogeneous echotexture

IMPRESSION:-

Enlarged fatty Liver .

Rest of the abdominal organs are within normal limits.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No. 904507/15600

(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 .

Consultant Radiologist & Sonologist

Roopa Goyal

(Radio-Diagnosis)

GOYAL
DIAGNOSTICS

4-D ULTRASOUND • COLOUR DOPPLER

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

NAME : GAJENDRA SHARMA DATE : 09.03.24
AGE : 44 YRS
SEX : MALE REF BY :

INTERPRETATION SUMMARY

- CONCENTRIC LVH
- INTACT IAS/ IVS
- ALL VALVES ARE NORMAL.
- MILD TR
- RVSP 30 MM HG
- NO RWMA : LVEF 65 %
- NO CLOT, VEGITATION.
- NO PERICARDIAL EFFUSION
- NORMAL PERICARDIUM .
- SIZE OF MAIN PULMONARY ARTERY 20 MM

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

LVID d	43.7	LVEDV	
LVID s	28.2	LVESV	
RVID(d)	---	SV	-
IVS d	12.1	F.S	35%
IVS S	16.7	EF	65 %
LVPW d	10.2	C.O	-
LVPWS	14.9	MITRAL VALVE	-
AORTIC ROOT	26.3	EF SLOPE	-
LEFT ATRIUM	31.6	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- 94 A- 78	-	NIL
TRICUSPID VALVE	NORMAL	225	-	MILD
PUL VALVE	NORMAL	128	-	NIL
AORTIC VALVE	NORMAL	128	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 30 MM HG	MVA

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

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

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL HISTORY. THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.



 **GPS Map Camera**



Ajmer, Rajasthan, India
B, Kala Bagh Gali, near Bajranggarh Chauraha, Kala Bagh,
Ajmer, Rajasthan 305001, India
Lat 26.469878°
Long 74.633999°
09/03/24 11:26 AM GMT +05:30