

Consultant Radiologist & Sonologist

# Dr. Roopa Goyal

MD (Radio-Diagnosis)

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

**Patient Name :** SUNIL BOHRA

**Age / Gender :** 33 years / Male

**Endo ID :** 166436

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** Jan 13, 2024, 12:31 p.m.

**Reported Date & Time :** Jan 13, 2024, 01:21 p.m.

**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	14.0	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	<b>4.60</b>	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	42.3	%	42 - 52
Mean Cell Volume (MCV)	92.0	fL	78 - 100
Mean Cell Haemoglobin (MCH)	30.4	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	33.0	g/dl	32 - 36
Red Cell Distribution Width (RDW)	12.7	%	11.5 - 14.0
Total Leucocytes Count (WBC)	9520	Cell/cu.mm	4000 - 10000
Neutrophils	62	%	40 - 80
Lymphocytes	33	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	11.5	fL	7.2 - 11.7
PCT	0.21	%	0.2 - 0.5
Platelet Count	183	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

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

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

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**Collected Date & Time :** Jan 13, 2024, 12:31 p.m.

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240130043

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

ESR	15	mm	0 - 20
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\*\*END OF REPORT\*\*

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**Sample ID :**



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

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

Medical Remark :

'B' POSITIVE

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

**\*\*END OF REPORT\*\***

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**BIOCHEMISTRY**

**LIPID PROFILE**

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	219.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	129.5	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	45.6	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	25.90	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	147.50	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	4.80		2.6-4.9
LDL/HDL Ratio Method : Calculated	3.23		0.5-3.4

**\*\*END OF REPORT\*\***

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

### LIVER FUNCTION TEST

Bilirubin - Total	0.53	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.20	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.33	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	22.5	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	24.1	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	104.0	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	7.01	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.22	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.79	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.51		1.5 - 2.5
Method : Calculated			

\*\*END OF REPORT\*\*

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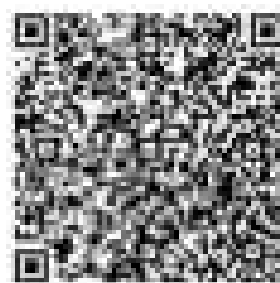
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**HAEMATOLOGY**

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**

5.3

%

> 8% Action Suggested

**BLOOD**

7 - 8 % Good Control

6 - 7 % Near Normal Glycemia

< 6% Normal level

Method : Nephelometry Methodology

**Instrument: Mispa i2**

**Clinical Information:**

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

**AVERAGE BLOOD GLUCOSE**

105.41

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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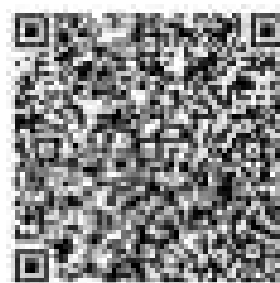
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Test Description	Value(s)	Unit(s)	Reference Range
<b>IMMUNOLOGY</b>			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.09	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	8.4	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	0.74	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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**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND \* COLOUR DOPPLER

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**BIOCHEMISTRY**

**Urea**

26.1

mg/dL

10.0 - 40.0

Method : Uricase

**CREATININE**

0.86

mg/dL

0.60 - 1.40

Method : Serum, Jaffe

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

<b>Uric Acid</b>	4.4	mg/dL	3.5-7.0
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Method : Uricase, Colorimetric

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**BIOCHEMISTRY**

Calcium

9.2

mg/dL

8.50 - 10.20

Method : Arsenazo III

**\*\*END OF REPORT\*\***

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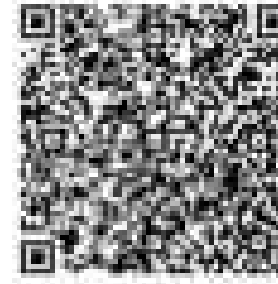
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**BIOCHEMISTRY**

Gamma GT	21.7	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitroanilide

**Interpretation**

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

**\*\*END OF REPORT\*\***

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**BIOCHEMISTRY**

Glucose fasting	95.4	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

**\*\*END OF REPORT\*\***

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**USG ABDOMEN-PELVIS**

NAME -- Sunil Bohra	AGE- 33 yrs	Date -- 13-01-24
REF BY -- Mediwheel		

**LIVER :** is normal in size 12.4 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. 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 homogeneous.

**RT.KIDNEY-** Normal in size, shape and position . Measures :-- 9.9 x 4.3 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 :-- 10.0 x 4.3 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 **12.4 gms** and shows normal homogeneous echotexture

**IMPRESSION:- Gas Filled Gut Loops are Seen.**

Dr. DEVI DR. ROOPA GOYAL (M.D.)  
RMC  
Consultant Radiologist

**(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 .

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

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAF

THE DIAGNOSIS FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR ME



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AGE : 33 YRS  
SEX : MALE

DATE : 13-01-24

REF BY : MEDIWHEEL

**INTERPRETATION SUMMARY**

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR
- . RVSP 25 MM HG
- . NO RWMA : LVEF 60 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM .
- . SIZE OF MAIN PULMONARY ARTERY 15 MM

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

LVID d	38.8	LVEDV	
LVID s	28.5	LVESV	
RVID(d)	---	SV	
IVS d	9.3	F.S	-
IVS S	13.0	EF	32%
LVPW d	9.0	C.O	60%
LVPWS	13.6	MITRAL VALVE	-
AORTIC ROOT	23.5	EF SLOPE	-
LEFT ATRIUM	26.6	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- 101 A- 63	-	NIL
TRICUSPID VALVE	NORMAL	198	-	MILD
PUL VALVE	NORMAL	70	-	NIL
AORTIC VALVE	NORMAL	108	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 25 MM HG	MVA

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



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**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.)  
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RMC No. 074507/15600

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

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR  
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January 13, 2024

Time: 12:32:15

P-QRS-T Axis (79)-(69)-(63) deg

PR Interval: 0.15 sec  
QRS Duration: 0.080 Sec

RR Interval: 0.77 sec

HR : 77 bpm  
BP : 0/0 mmHg



INTERPRETATION

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

DR  
MD

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

\*Unconfirmed Reporting, Refer to Clinician



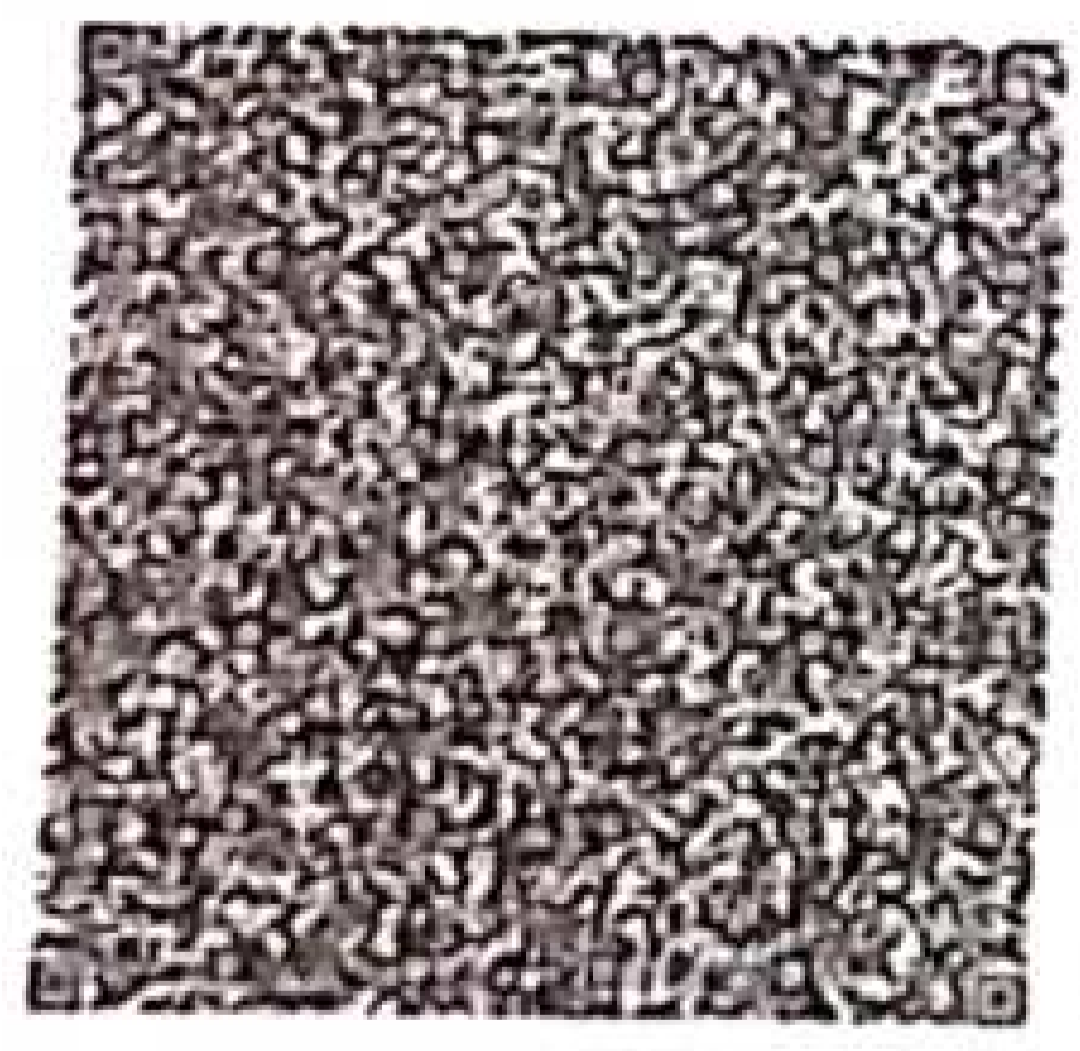

**भारतीय विशिष्ट पहचान प्राधिकरण**  
**Unique Identification Authority of India**

**पता:** मधु सुधीर, 1809 प्रेम सदन निपर विन्स अकेडमी स्कूल, चौरसियावास रोड वैशाली नगर, होकारण, राजस्थान - 305004

**Address:**  
 C/O: Madhu Sudhir, 1809 PREM SADAN  
 NEAR WINGS ACADAMEY SCHOOL,  
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 NAGAR, Hokaran, PO: Regional College  
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**5915 8036 0963**  
**VID : 9182 4259 9641 0618**

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**भारत सरकार**  
**Government of India**

**सुनील बोहरा**  
**Sunil Bohra**  
**जन्म तिथि/DOB: 19/10/1990**  
**पुरुष/ MALE**

**Aadhaar no. issued: 22/01/2012**

**5915 8036 0963**  
**मेरा आधार, मेरी पहचान**

आधार पहचान का प्रमाण है, साक्षरता का प्रमाण नहीं है।  
 इसका उपयोग पहचान (ऑनलाइन प्रमाणिकरण, या सुपुंज कोड/ प्रमाणिकरण कोड) के साथ किया जाना चाहिए।  
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Dr. ROOPAN... DYAL (M.B.B.S., M.D.)  
 Consultant Radiologist & Sonologist  
 RMC No. 004/07/15600

Handwritten number 29



 **GPS Map Camera**



**Ajmer, Rajasthan, India**

FJ9M+WJW, opp. JLN Hospital, Kala Bagh, Ajmer,  
Rajasthan 305001, India

Lat 26.469908°

Long 74.634011°

13/01/24 01:46 PM GMT +05:30



Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
DIAGNOSTICS

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

**Patient Name :** SUNIL BOHRA

**Age / Gender :** 33 years / Male

**Endo ID :** 166436

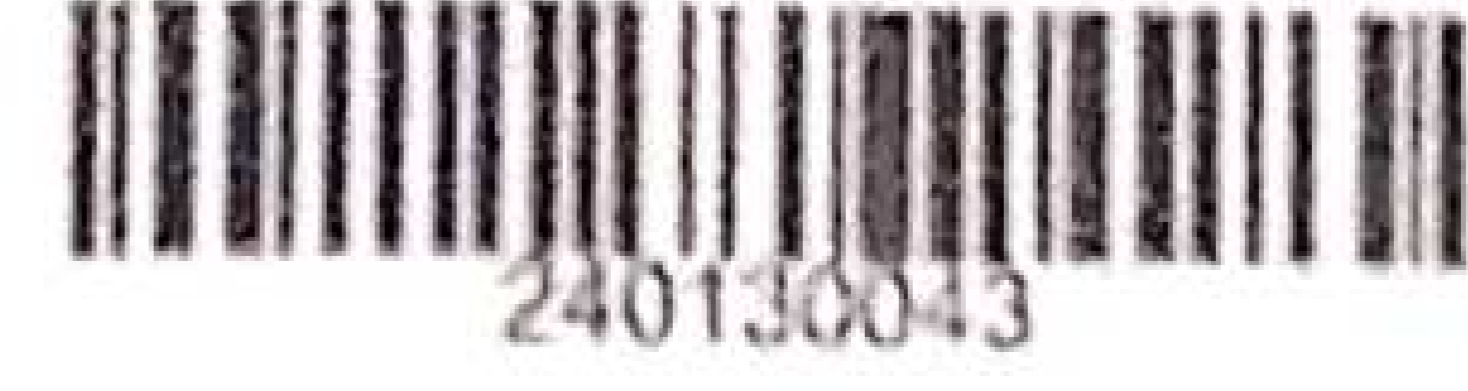
**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** Jan 13, 2024, 12:31 p.m.

**Reported Date & Time :** Jan 13, 2024, 04:53 p.m.

**Sample ID :**



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

**General Examination**

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

**Chemical Examination**

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

**Microscopic Examination**

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

**\*\*END OF REPORT\*\***

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

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