

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesha Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele : 0141-2293346, 4049787, 9887049787
Website : www.dr.goyalpathlab.com | E-mail: dr.goyal@pathlab.com

General Physical Examination

Date of Examination: 18-11-2023

Name: KISHOR RAM Age: 39 Sex: Male

DOB: 25.10.1984

Referred By: BOB

Photo ID: PAN ID #: _____

Ht: 181 (cm)

Wt: 97 (Kg)

Chest (Expiration): 106 (cm)

Abdomen Circumference: 102 (cm)

Blood Pressure: 114/84 mm Hg PR: 72 / min

BMI 29.6

Eye Examination: Dist. L.E. 6/9 R.E. 6/6, Near Vision
11/6 B/C eyes. Normal Color vision.

Other: Not significant

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

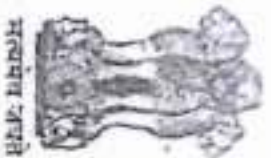
Signature Of Examinee: Ramkishor Name of Examinee: _____

Signature Medical Examiner: Dr. Piyush Goyal Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. 017998

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

RAMKISHORE

JETHA RAM

25/10/1984

Permanent Account Number

AQOPR1934Q

Signature

Ramkishore

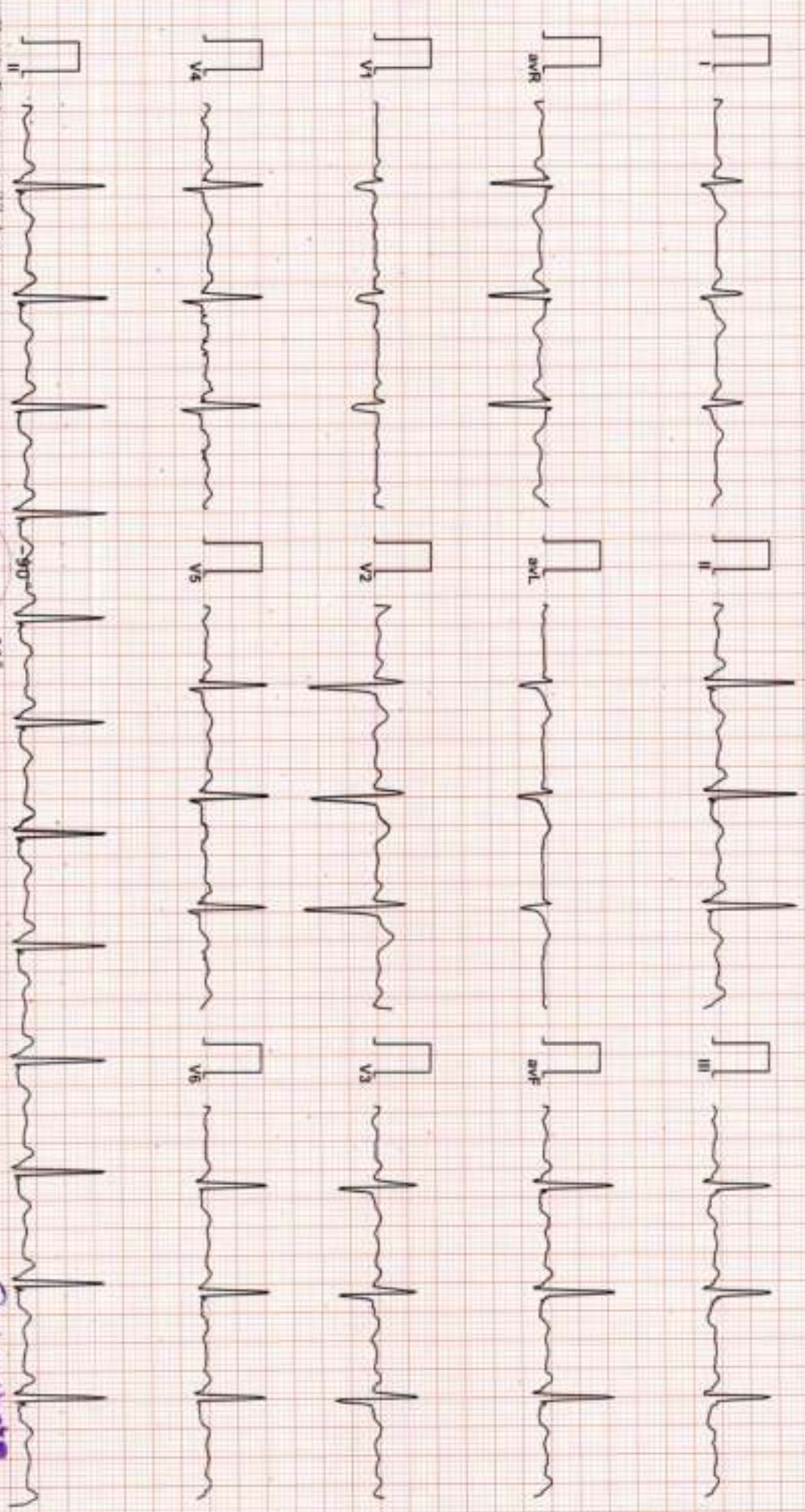
Ramkishore

Dr. Piyush Goyal
M. S. S. O. M.R.D.
RMC Reg. No. 017998



102223633 / MR KISHOR RAM / 39 Yrs / M / Non Smoker

Heart Rate : 77 bpm / Tested On : 18-Nov-23 12:41:26 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Reled By: BOB



vent Rate : 77 bpm

PR Interval : 138 ms

QRS Duration: 102 ms

QT/QTc Int : 368/398 ms

P-QRS-T axis: 58.00° 75.00° 18.00°

180°

-90°

-30°

Axis

90°

R 75.00°

T 18.00°

P 58.00°

Handwritten signature

Dr. Naresh K. Mohankar
MBBS (DIPLOMA)
CORIS

Reported By: DEM (RUGG-UK)

Dr. Goyal's

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Tele : 0141-2293348, 4049787, 9887049787
Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com

Date :- 18/11/2023 10:20:30
NAME :- Mr. KISHOR RAM
Sex / Age :- Male 39 Yrs 24 Days
Company :- Medi/Wheel

Patient ID :- 12234256
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 18/11/2023 10:30:55

Final Authentication : 18/11/2023 13:51:25

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	18.2 H	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.95	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	55.2	%	40.0 - 80.0
LYMPHOCYTE	40.0	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	2.6	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.84	10 ³ /uL	1.50 - 7.00
LYMPH#	2.84	10 ³ /uL	1.00 - 3.70
EO#	0.08	10 ³ /uL	0.00 - 0.40
MONO#	0.18	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.96 H	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	56.20 H	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	94.3	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.4	g/dL	31.5 - 34.5
PLATELET COUNT	235	x10 ³ /uL	150 - 410
RDW-CV	13.3	%	11.6 - 14.0
MENTZER INDEX	15.82		

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



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Date :- 18/11/2023 10:20:30
NAME :- Mr. KISHOR RAM
Sex / Age :- Male 39 Yrs 24 Days
Company :- MediWheel

Patient ID :- 12234256
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 18/11/2023 10:30:55

Final Authentication : 18/11/2023 13:51:25

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.6 %

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 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

MEAN PLASMA GLUCOSE
Method:- Calculated Parameter

114 mg/dL

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

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Date :- 18/11/2023 10:20:30

Patient ID :- 12234258



NAME :- Mr. KISHOR RAM

Ref. By Dr:- BOB

Sex / Age :- Male 39 Yrs 24 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 18/11/2023 10:30:55

Final Authentication : 18/11/2023 13:51:25

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)

11

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" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: TLC, 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

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Page No: 3 of 12



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Date :- 18/11/2023 10:20:30
NAME :- Mr. KISHOR RAM
 Sex / Age :- Male 39 Yrs 24 Days
 Company :- MediWheel

Patient ID :- 12234256
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 18/11/2023 10:30:55

Final Authentication : 18/11/2023 14:03:51

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	264.22 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	121.60	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	44.92	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	199.03 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	24.32	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.88 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.43 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	738.82	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName: Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.			
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.			
DIRECT HDL CHOLESTEROL 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.			
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.			
TOTAL LIPID AND VLDL ARE CALCULATED			

AJAYSINGH

Page No: 4 of 12



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Date :- 18/11/2023 10:20:30
NAME :- Mr. KISHOR RAM
 Sex / Age :- Male 39 Yrs 24 Days
 Company :- MediWheel

Patient ID :- 12234256
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 18/11/2023 10:30:55

Final Authentication : 18/11/2023 14:03:51

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.08	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	0.24	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.84	mg/dl	0.30-0.70
SGOT Method:- IFCC	51.5 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	90.9 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	76.50	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	64.30 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Buret Reagent	7.54	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.61	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.93	gm/dl	2.20 - 3.50
A/G RATIO	1.57		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument/Name Randox Rx Inova 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 chronic incompatible hemolysis. 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 Instrument/Name Randox Rx Inova 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 Instrument/Name Randox Rx Inova 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer Instrument/Name Randox Rx Inova 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: Buret Reagent Instrument/Name Randox Rx Inova 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 Instrument/Name Randox Rx Inova 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 Inova Interpretation: Elevations in GGT levels are more 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)

AJAYSINGH

Page No: 5 of 12



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Date :- 18/11/2023 10:20:30
NAME :- Mr. KISHOR RAM
Sex / Age :- Male 39 Yrs 24 Days
Company :- MediWheel

Patient ID :- 12234256
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 18/11/2023 10:30:55

Final Authentication : 18/11/2023 12:52:34

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3
Method:- Chemiluminescence(Competitive immunoassay) 1.250 ng/ml 0.970 - 1.690

SERUM TOTAL T4
Method:- Chemiluminescence(Competitive immunoassay) 7.830 ug/dl 5.530 - 11.000

SERUM TSH ULTRA
Method:- Enhanced Chemiluminescence Immunoassay 4.620 μ IU/mL 0.350 - 5.500

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

AJAYKUMAR
Technologist

Page No: 6 of 12



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Date :- 18/11/2023 10:20:30

Patient ID :- 12234256

NAME :- Mr. KISHOR RAM

Ref. By Dr:- BOB

Sex / Age :- Male 39 Yrs 24 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 18/11/2023 10:30:55

Final Authentication : 18/11/2023 11:03:48

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH) Method:- Reagent Strip(Double indication blue reaction)	6.0		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromothymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphonosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitroprusside) Rothers's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/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
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Page No: 7 of 12



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Date :- 18/11/2023 10:20:30

Patient ID :- 12234256

NAME :- Mr. KISHOR RAM

Ref. By Dr:- BOB

Sex / Age :- Male . 39 Yrs 24 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type -> KOx/Na FLUORIDE-F, KOx/Na BiotinIDSHRETCAN/SERUM23 10:30:55

Final Authentication : 18/11/2023 14:31:53

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	100.0	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL.		
Diabetes Mellitus (DM)	> 126 mg/dL.		
<p>Instrument Name: Randox Rx Imola Interpretation: 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	105.0	mg/dl	70.0 - 140.0
<p>Instrument Name: Randox Rx Imola Interpretation: 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	0.98	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	8.05 ^H	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

AJAYSINGH, SURENDRAKHANGA

Page No: 9 of 12



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Date :- 18/11/2023 10:20:30

Patient ID :-12234256



NAME :- Mr. KISHOR RAM

Ref. By Dr.- BOB

Sex / Age :- Male 39 Yrs 24 Days

Lab/Hosp :-

Company :- Medi/Wheel

Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 18/11/2023 10:30:56

Final Authentication : 18/11/2023 14:56:45

HAEMATOLOGY

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

MUKESH SINGH, VIJENDRAMEENA
Technologist

Page No: 11 of 12



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Ref. By Dr:- BOB

Sex / Age :- Male 39 Yrs 24 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 18/11/2023 10:30:55

Final Authentication : 18/11/2023 14:03:51

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.1	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

Page No: 12 of 12



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Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road, Jaipur
Tele : 0141-2293345, 4049787, 9887049787
Website : www.drgoyalpathlab.com E-mail : drgoyalpiyush@gmail.com



Date :- 18/11/2023 10:20:30
NAME :- Mr. KISHOR RAM
Sex / Age :- Male 39 Yrs 24 Days
Company :- MediWheel

Patient ID :- 12234258
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 18/11/2023 12:40:31

BOB PACKAGE BELOW 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)
(RMC No. 33613 / 14911)

*** End of Report ***

Dr. Piyush Goyal
(D.M.R.D.) ANITASHARMA
Transcript by.

Page No: 1 of 1

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

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Dr. Navneet Agarwal
MD, DNB (Radio Diagnosis)
RMC No. 33613/14911

Dr. Poorvi Malik
MBBS, MD, DNB (Radio Diagnosis)
RMC No. 21505



Date :- 18/11/2023 10:20:30
NAME :- Mr. KISHOR RAM
Sex / Age :- Male 39 Yrs 24 Days
Company :- MediWheel

Patient ID :- 12234256
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 18/11/2023 14:07:38

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size and shows diffusely raised parenchymal echogenicity. 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.

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 mildly enlarged in size (~31cc) 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:

- * Grade II fatty liver.
- * Grade I prostatomegaly.

Needs clinical correlation.

*** End of Report ***

DR. GOYALS PATH LAB & IMAGING CENTER

B-51 GANESH NAGAR, JAIPUR Email:

3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / NonSmoker
 Date: 18 / 11 / 2023 12:42:08 PM Refd By : BOB Examined By :

Report



Stage	Time	Duration	Speed(mph)	Elevation	MEts	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:21	0:21	01.1	00.0	01.0	078	43 %	120/80	093	00	
Standing	01:04	0:43	01.1	00.0	01.0	085	47 %	120/80	102	00	
HV	01:44	0:40	01.1	00.0	01.0	070	39 %	120/80	084	00	
Warm Up	02:06	0:22	01.1	00.0	01.0	073	40 %	120/80	087	00	
ExStart	02:52	0:46	01.0	00.0	01.0	094	52 %	120/80	112	00	
BRUCE Stage 1	05:52	3:00	01.7	10.0	04.7	151	83 %	125/85	188	00	
BRUCE Stage 2	08:52	3:00	02.5	12.0	07.1	168	93 %	135/85	226	00	
PeakEx	10:49	1:57	03.4	14.0	09.1	179	99 %	140/90	250	00	
Recovery	11:49	1:00	00.0	00.0	01.2	148	82 %	140/90	207	00	
Recovery	12:49	2:00	00.0	00.0	01.0	126	70 %	140/90	176	00	
Recovery	14:49	4:00	00.0	00.0	01.0	105	58 %	120/80	125	00	
Recovery	15:22	4:33	00.0	00.0	01.0	105	58 %	120/80	125	00	

FINDINGS :

Exercise Time : 07:57
 Max HR Attained : 179 bpm 99% of Target 181
 Max BP Attained : 140/90 (mmHg)
 Max Workload Attained : 9.1 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Tmt is Negative for Rmt

REPORT :

Dr. Noreesh
 MBBS, D
 DEM (RUGP-UN)
 (RTS)
 Dr. Mohanku

DR. GOYALS PATH LAB & IMAGING CENTER

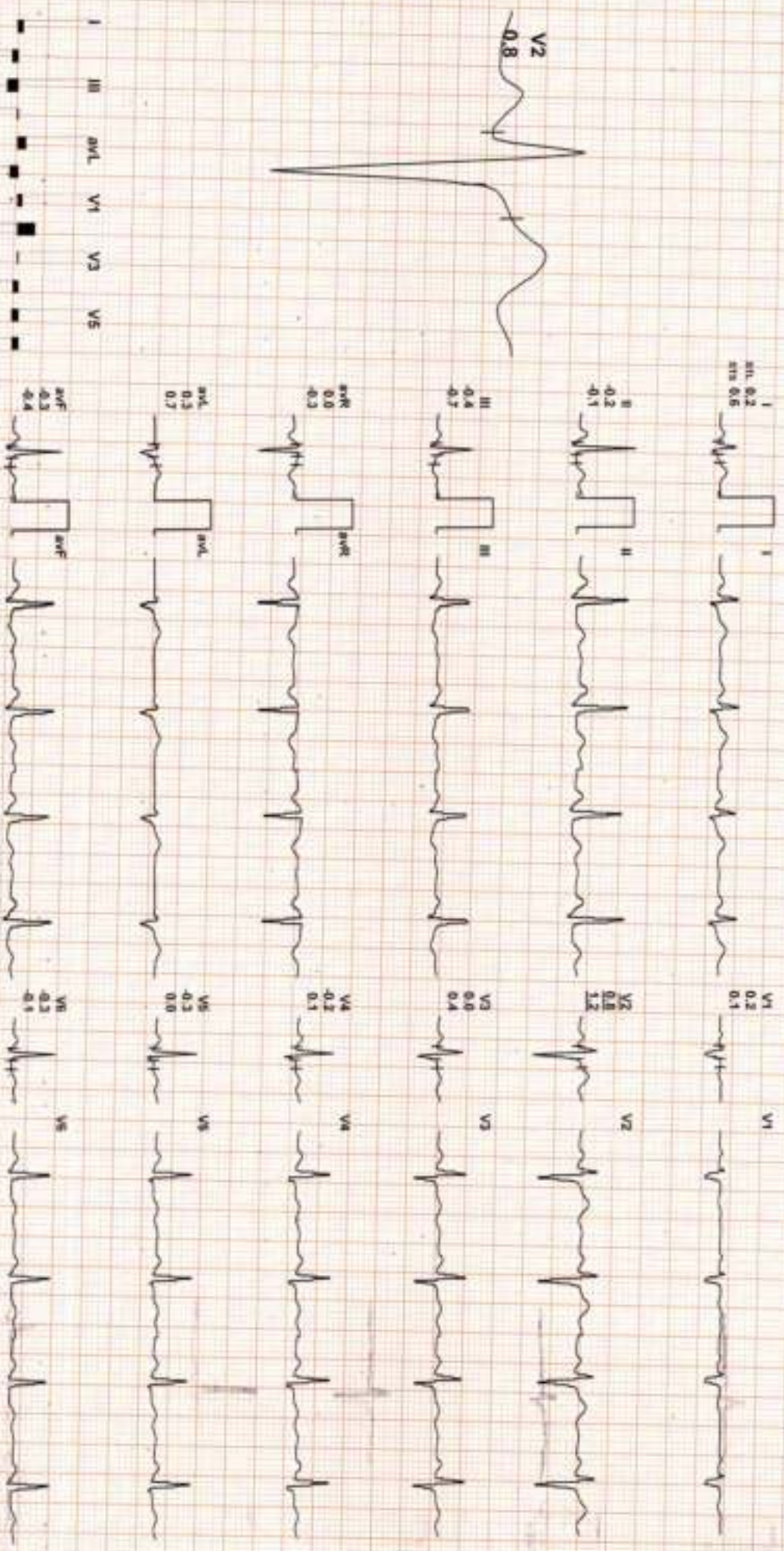
BRUCE:Supine(0:21)

3000 / MR KISHOR RAM / 39 Yrs / M / O Cms / 0 Kg / HR : 78

Date: 18 / 11 / 2023 12:42:08 PM METS: 1.0/ 78 bpm 43% of THR BP: 120/80 mmHg Combined Medians/ BLC Cnt/ Natch Cnt/ HF: 0.05 HctLF 100 Hz

ExTime: 00:00 1.1 mpa, 0.0%
25 mmSec, 1.0 Cm/mV

4X 80 ms Post J



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



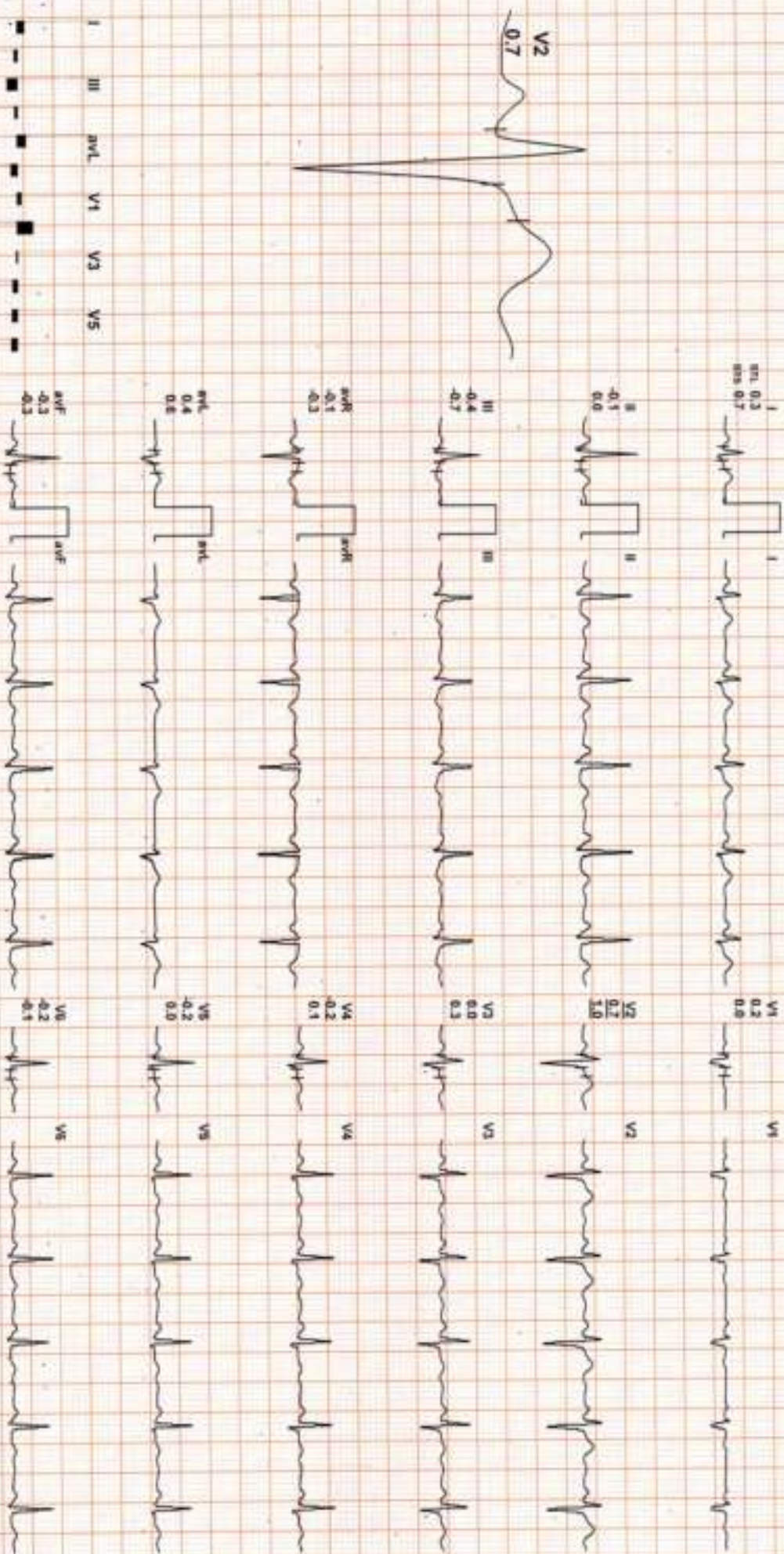
3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / HR : 85

Date: 18 / 11 / 2023 12:42:08 PM METS: 1.0/ 85 bpm 47% of THR EP: 120/80 mmHg Combined Medians/ BLC OV Neigh OV HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 90 ms Post J

25 mm/Sec, 1.0 Cm/mV



REMARKS:

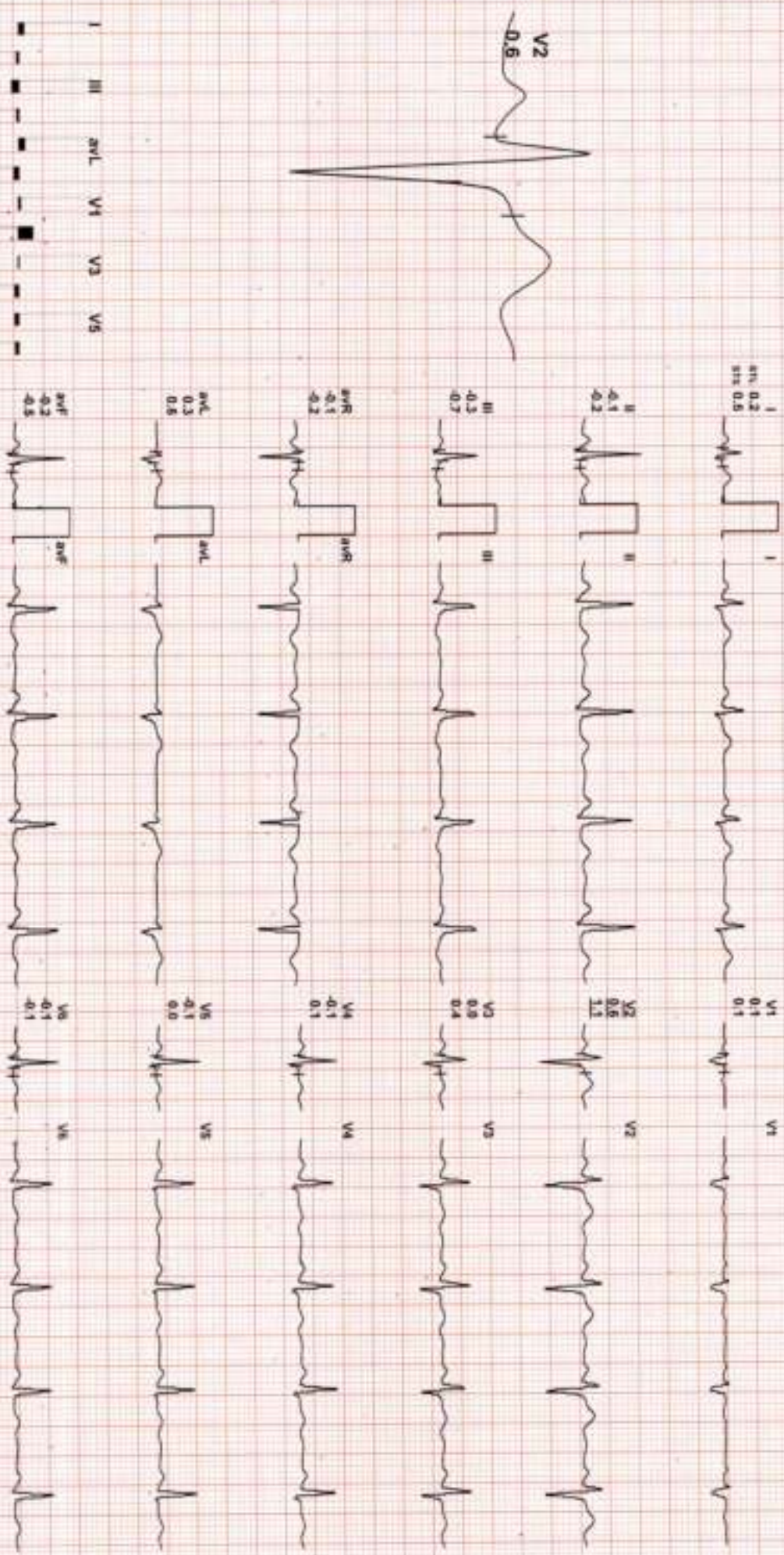


3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 10 Kg / HR : 70

Date: 18 / 11 / 2023 12:42:08 PM METS: 1.0/ 70 bpm 39% of THR BP: 120/80 mmHg Combined Modems/ ELC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

EXTIME: 00:00 1.1 mph 0.0%
25 mm/sec 1.0 Cm/mV



REMARKS:



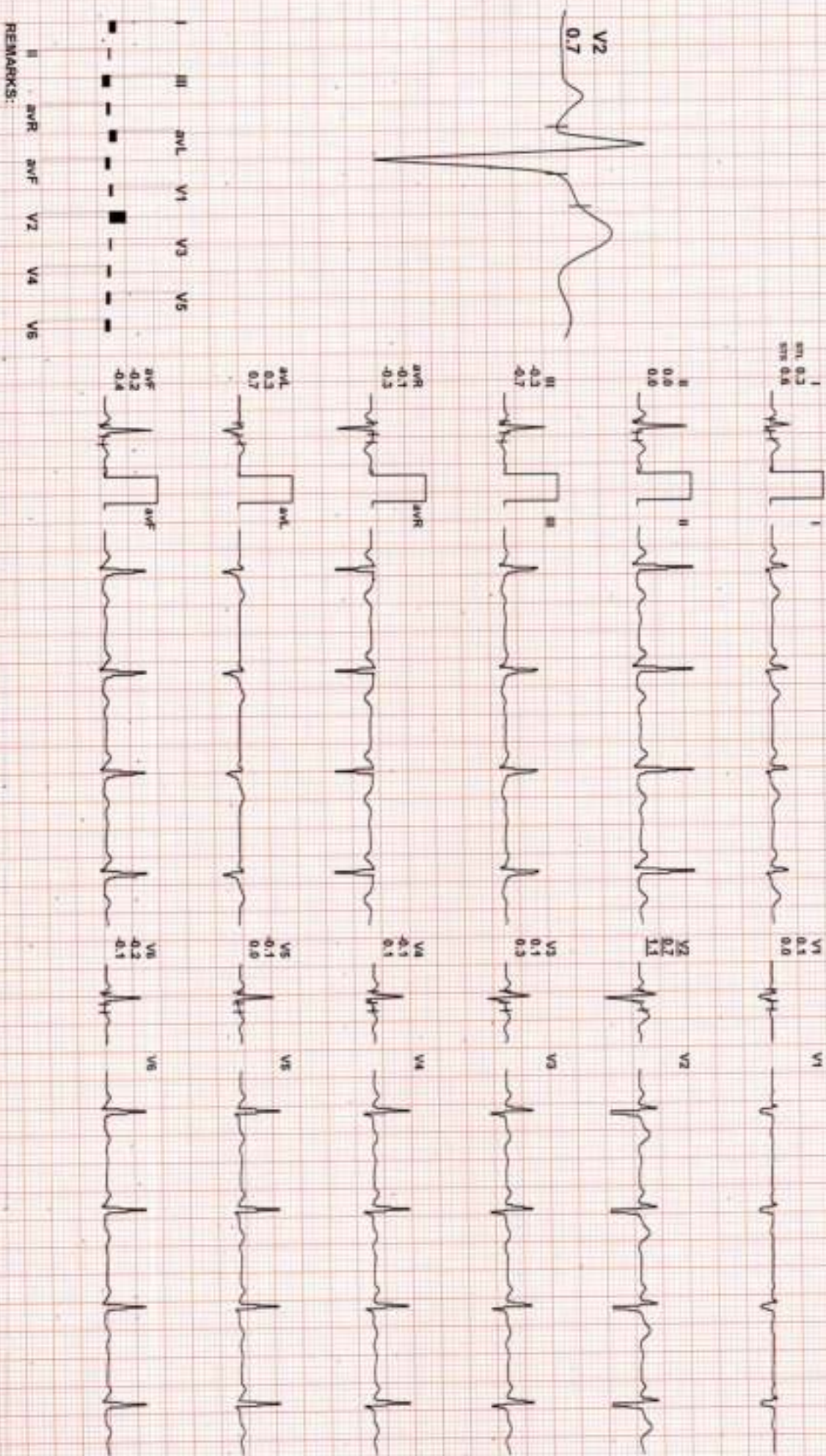
3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / HR : 73

Date: 18 / 11 / 2023 12:42:08 PM METS: 1.0/ 73 bpm 40% of THR BP: 120/80 mmHg Combined Mediana/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

ExTime: 00:00 1.1 mph 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/Div



REMARKS:

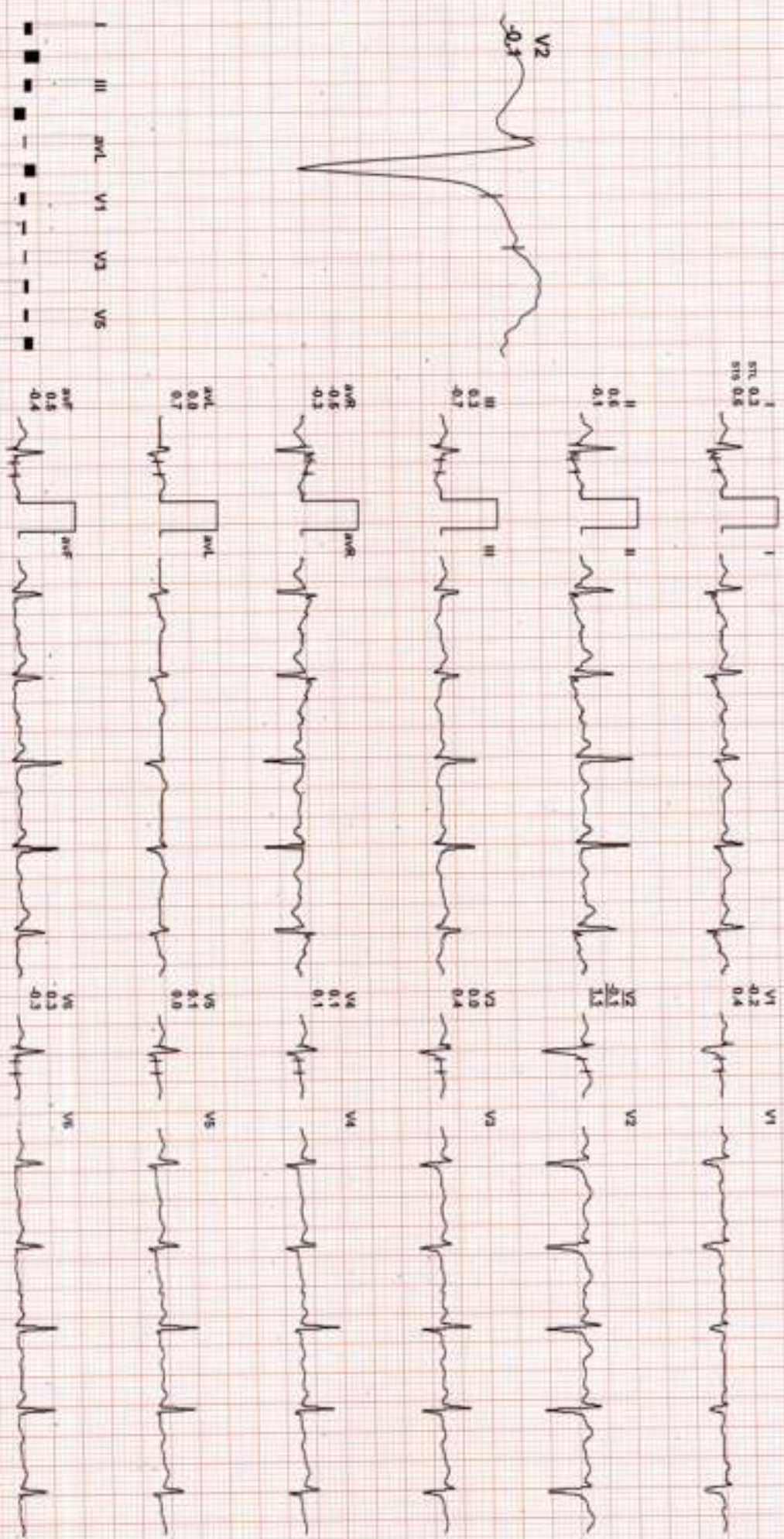


3000 / MR KISHOR RAM / 39 Yrs / M / D Cms / 0 Kg / HR : 94

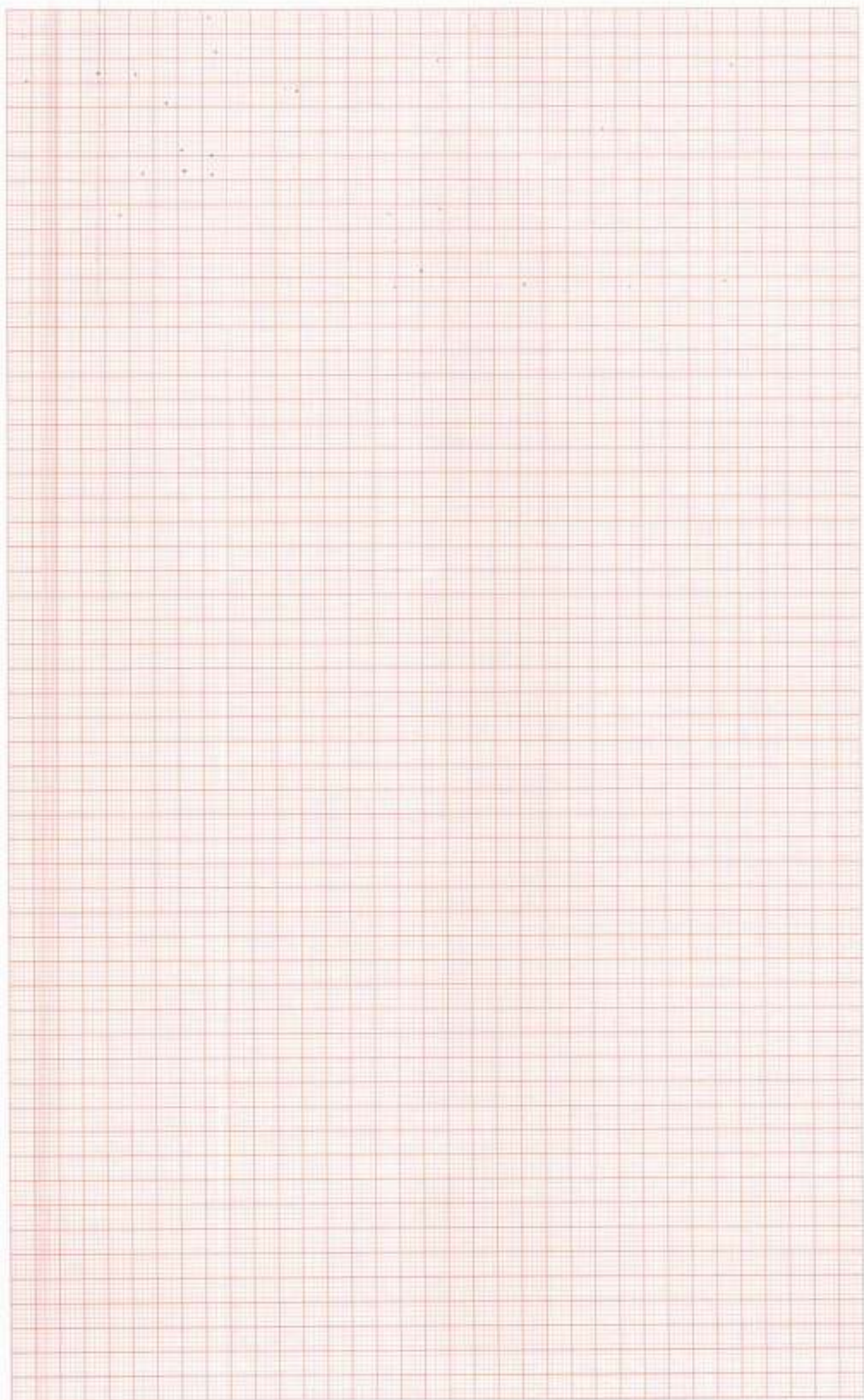
Date: 18 / 11 / 2023 12:42:08 PM METS: 1.0V 94 bpm 52% of THR BP: 120/80 mmHg Combined Medians/ BLC On Notch On HF 0.05 Hz/UF 100 Hz

ExTime: 00:00 1.0 mpa, 0.0% 2s marker, 1/8 Cm/mV

4X 80 ms Paper J



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





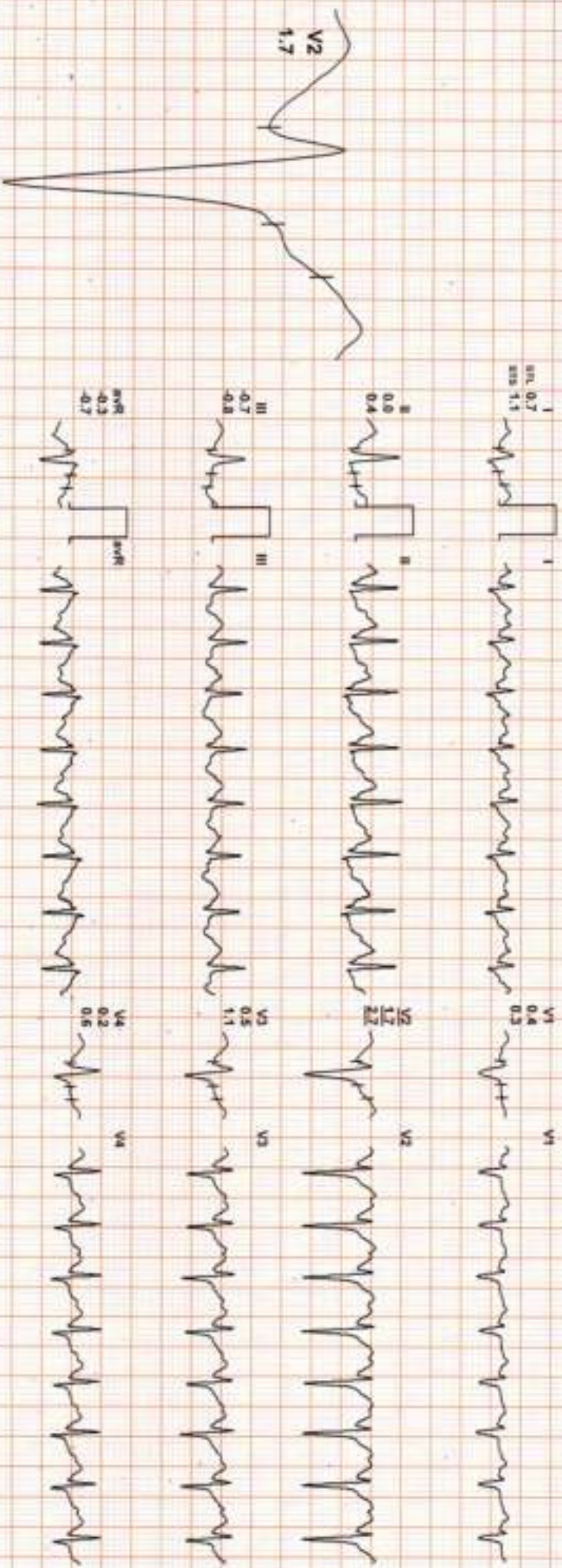
3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cris / 0 Kg / HR : 151

Date: 18 / 11 / 2023 12:42:06 PM METS: 4.7/ 151 bpm 83% of THR BP: 125/85 mmHg Combined Mediana/ BLC CW Natch CW HF: 0.05 HzVLF 100 Hz

EstTime: 03:00 1.7 mph, 10.0%

4X 60 ms Post J

25 mm/sec 1.8 Cm/mV



REMARKS:



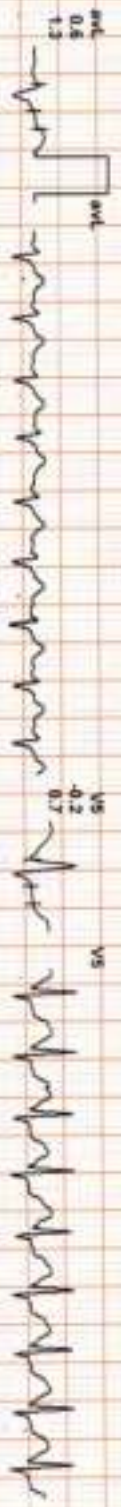
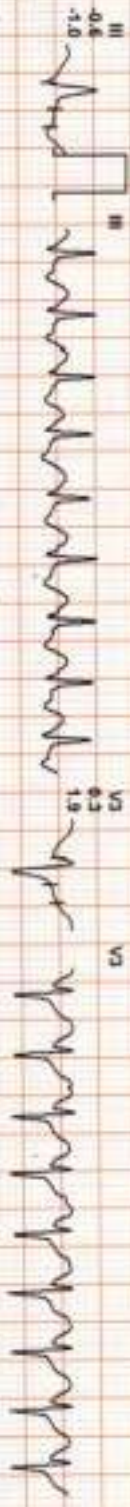
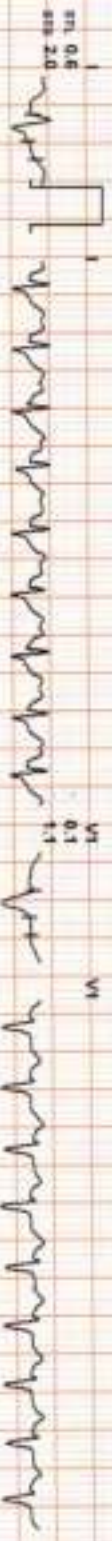
3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / HR : 168

Date: 18 / 11 / 2023 12:42:08 PM METS: 7.1/ 168 bpm 93% of THR BP: 135/85 mmHg Combined Medicines/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:00 2.5 min/ 12.0%

4X 50 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



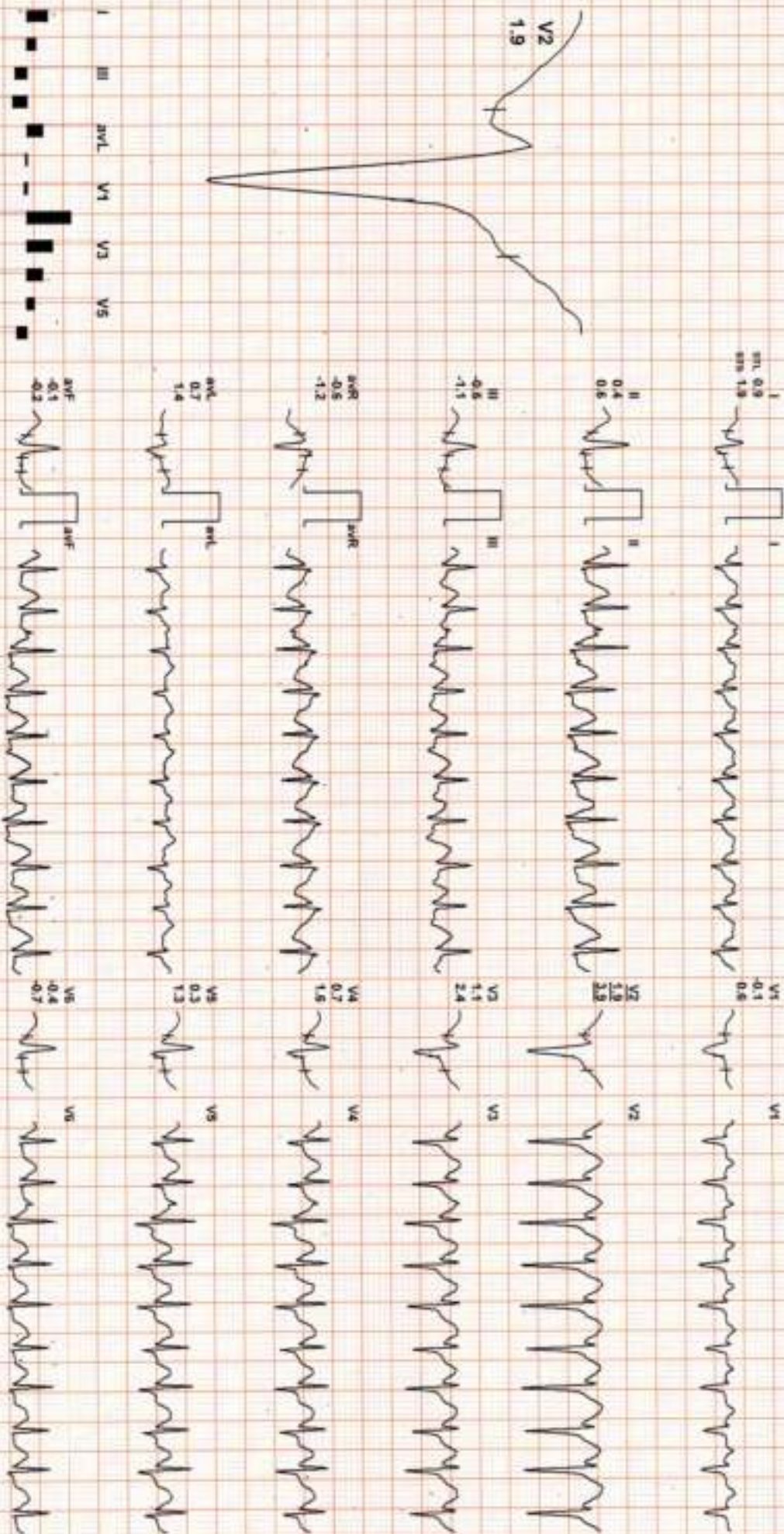
3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / HR : 179

Date: 18 / 11 / 2023 12:42:08 PM METS: 9.5/ 179 bpm 99% of THR BP: 140/90 mmHg Combined Medians/ BLC Ov/ Notch Ov/ HF 0.05 Half 100 Hz

ExTime: 07:57 3.4 mpt. 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 CalmV



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

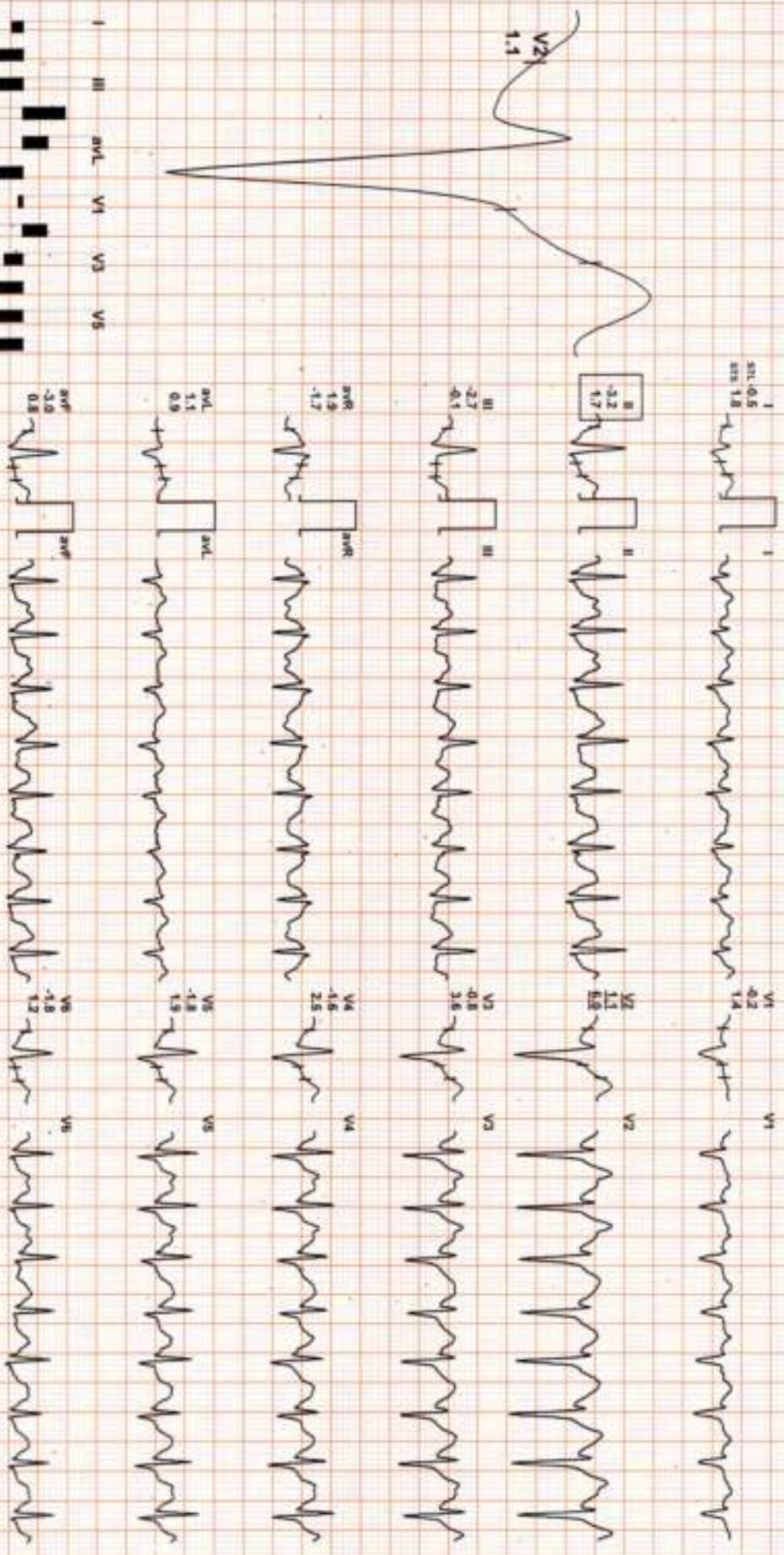


3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / HR : 148

Date: 18 / 11 / 2023 12:42:08 PM METS: 1.2/ 148 bpm 82% of THR BP: 140/90 mmHg Combined Median/ BLC: Qw Match Qw HF: 0.05 Hz/LF 100 Hz

4X 60 m/s Post J

ExTime: 07:57 0.0 mph 0.0%



REMARKS: -



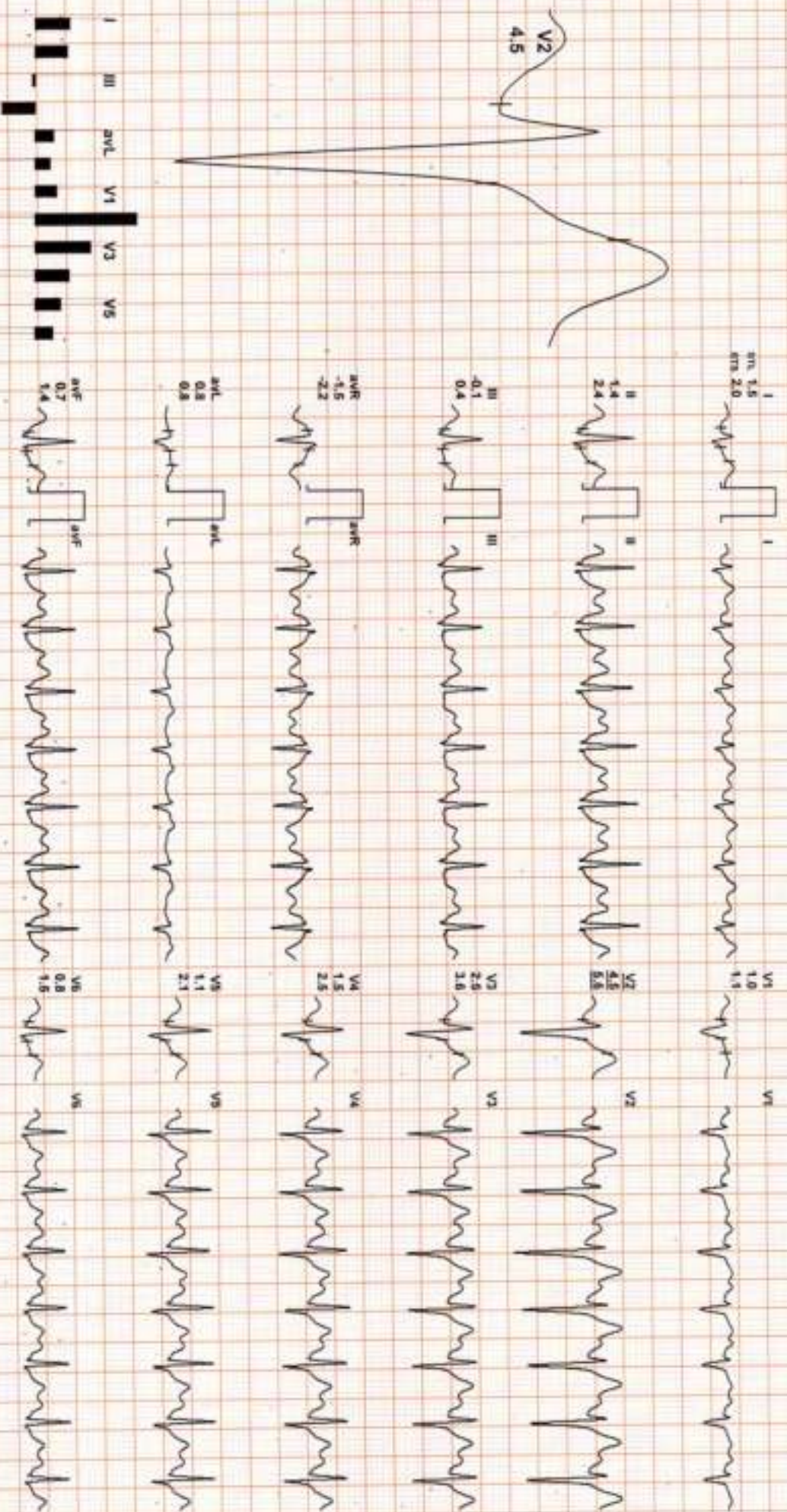
3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / HR : 126

Date: 18 / 11 / 2023 12:42:08 PM METS: 1.0/ 126 bpm 70% of THR BP: 140/90 mmHg Combined Median/ BLC On/ Notch On HF: 0.05 Hz/LF 100 Hz

EXTime: 07:37 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6



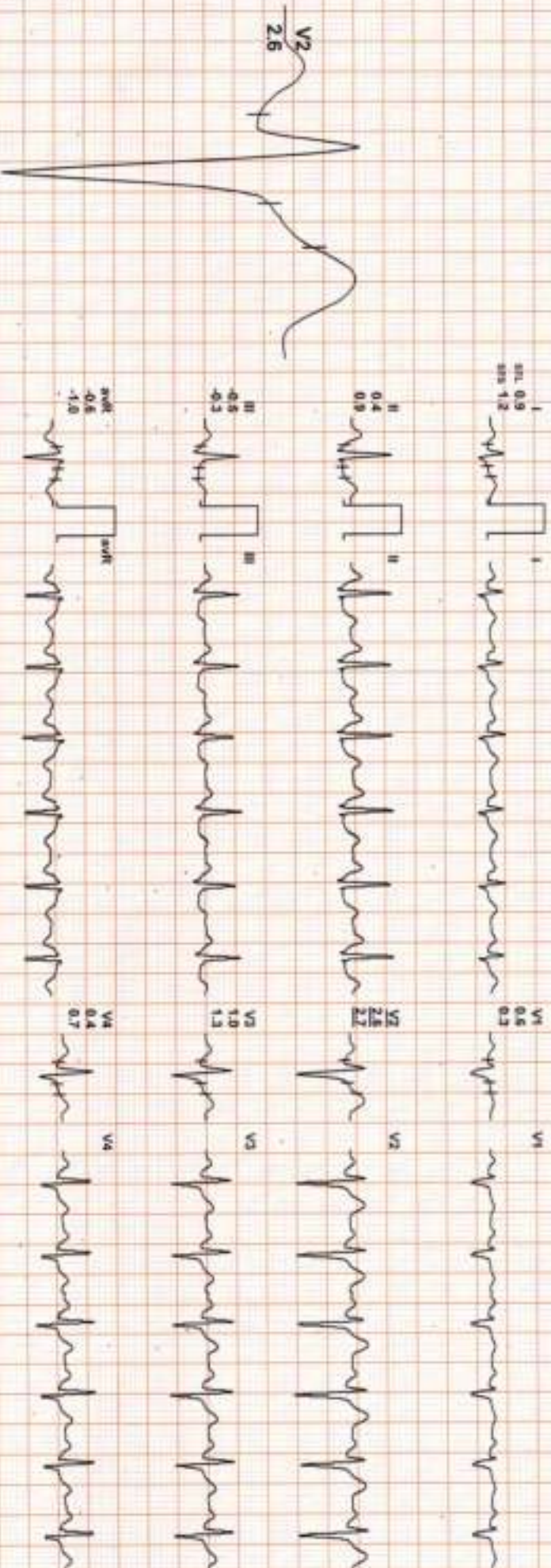
3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / HR : 105

Date: 18 / 11 / 2023 12:42:08 PM METS: 1.0/ 105 bpm 58% of THR BP: 120/80 mmHg Combined Meds/sr/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 07:57 0.0 mph, 0.0%

4X 70 ms Post J

25 mm/Sec. 1.9 Cm/mV



REMARKS:



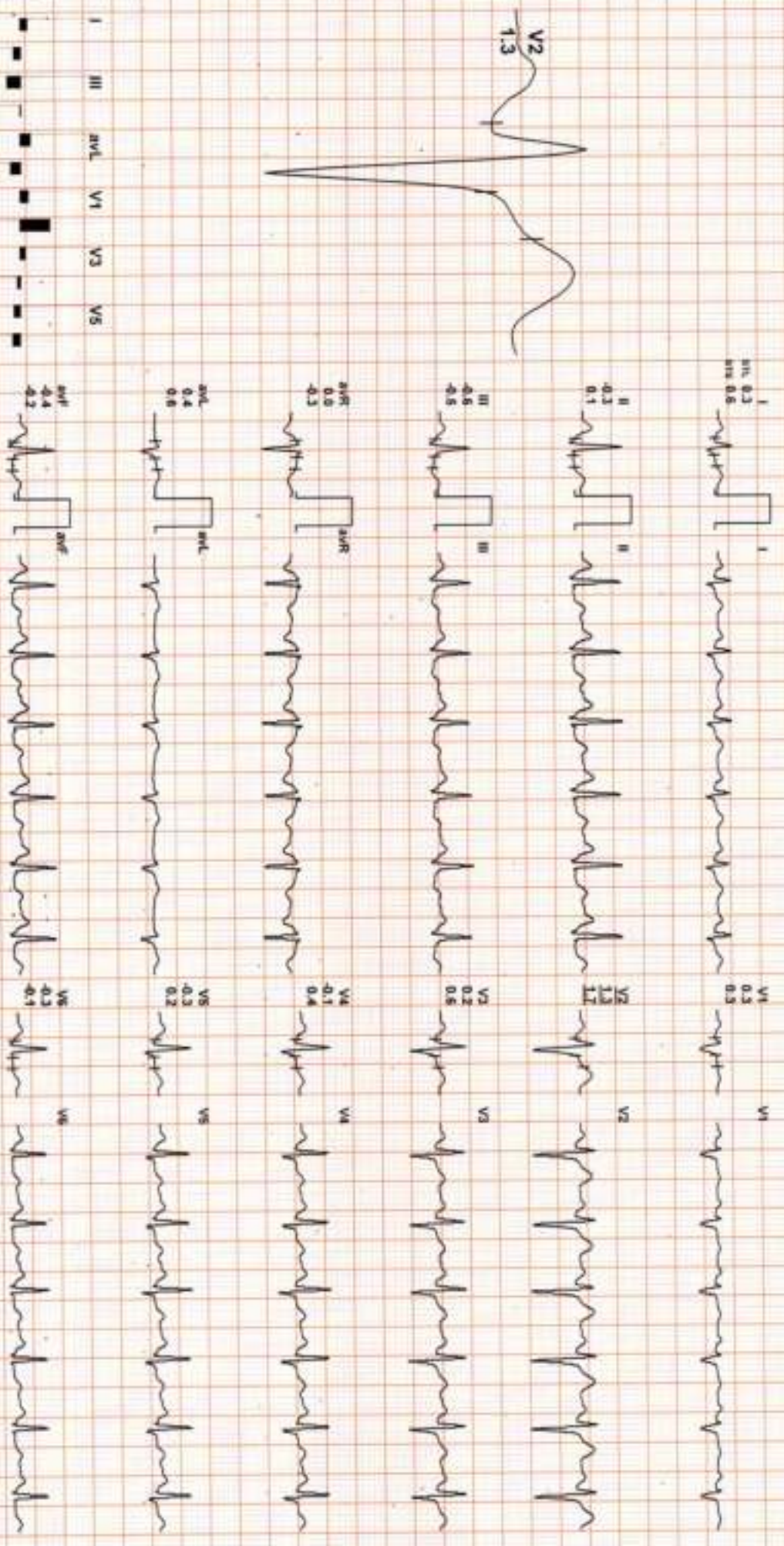
3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / HR : 105

Date: 18 / 11 / 2023 12:42:08 PM METS: 1.0' 105 bpm 58% of THR BP: 120/80 mmHg Combined Modulus/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

Extreme 07:57 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

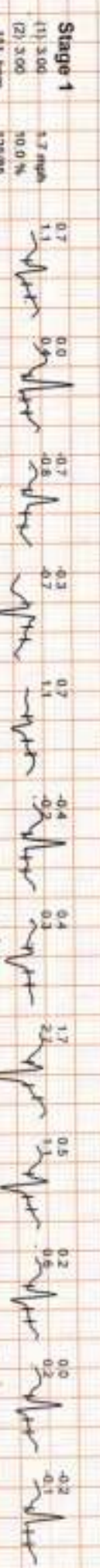


REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6



3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / HR : 77

Date: 18 / 11 / 2023 12:42:08 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





3000 / MR KISHOR RAM / 39 Yrs / M / 0 Cms / 0 Kg / HR : 77

Date: 18 / 11 / 2023 12:42:08 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

