

# 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: drgoyal@drgoyal.com

### General Physical Examination

Date of Examination: 26-08-2023

Name: BHAVESH TAMBHI Age: 33 Sex: Male

DOB: 10-06-1990

Referred By: BOB (Medisheel)

Photo ID: Emp. ID ID #: attached

Ht: 163 (cm)

Wt: 67 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 89 (cm)

Blood Pressure: 112/71 mm Hg

PR: 68 / min

RR: 16 / min

Temp: afebrile

BMI 25.2

Eye Examination: vision normal 6/6, 4/6, BU eyes.

Normal color vision

Other: not significant

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

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

Signature Medical Examiner: Bhavesh Goyal Name Medical Examiner: \_\_\_\_\_

**Bhavesh Goyal**  
M.B.B.S., D.M.R.D.  
F.M.C. Reg. No.-017996



बैंक ऑफ़ बड़ौदा  
Bank of Baroda



नाम  
Name **Bhavesh Tambi**

कर्मचारी कोड नं.  
Employee Code No. **118431**

जारीकर्ता प्राधिकारी  
Issuing Authority

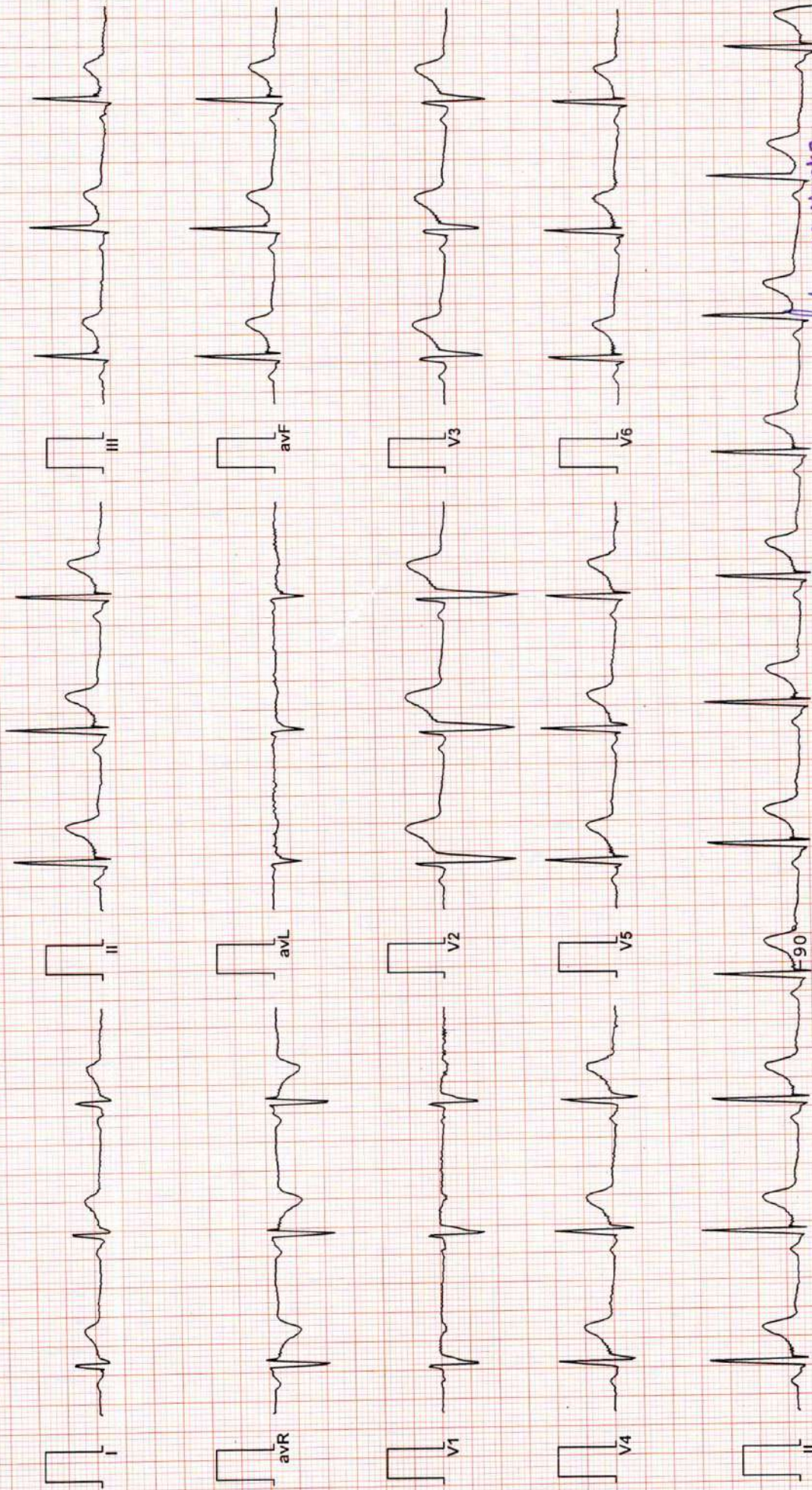
धारक के हस्ताक्षर  
Signature of Holder

*Bhavesh*

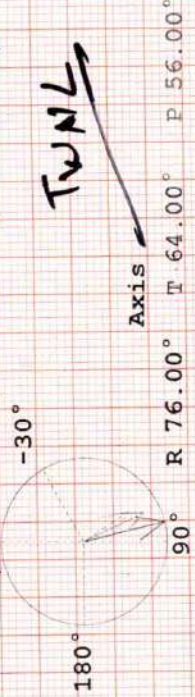
*Piyush Goyal*  
M.B.B.S., D.M.R.D.  
RMC Reg. No.-017983

**DR. GOYALS PATH LAB & IMAGING CENTER**  
 102223073 / MR BHAVESH TAMBHI / 33 Yrs / M/ Non Smoker  
 Heart Rate : 65 bpm / Tested On : 26-Aug-23 12:58:38 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
 / Refd By.: BOB

**ECG**



Vent Rate : 65 bpm  
 PR Interval : 136 ms  
 QRS Duration : 98 ms  
 QT/QTc Int : 370/379 ms  
 P-QRS-T axis: 56.00 • 76.00 • 64.00 •



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

Reported By:

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

B-51 GANESH NAGAR, JAIPUR EMail:

2847 / MR BHAVESH TAMBHI / 33 Yrs / M / 0 Cms / 0 Kg / NonSmoker  
 Date: 26 / 08 / 2023 12:59:22 PM Refd By : BOB Examined By:

**Report**



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	01.1	00.0	01.0	065	35 %	120/80	078	00	
Standing	00:30	0:24	01.1	00.0	01.0	066	35 %	120/80	079	00	
HV	01:00	0:30	01.1	00.0	01.0	071	38 %	120/80	085	00	
Warm Up	01:42	0:42	01.1	00.0	01.0	077	41 %	120/80	092	00	
ExStart	03:22	1:40	01.0	00.0	01.0	090	48 %	120/80	108	00	
BRUCE Stage 1	06:22	3:00	01.7	10.0	04.7	115	61 %	125/85	143	00	
BRUCE Stage 2	09:22	3:00	02.5	12.0	07.1	137	73 %	135/85	184	00	
PeakEx	11:31	2:09	03.4	14.0	09.3	159	85 %	140/90	222	00	
Recovery	12:31	1:00	00.0	00.0	01.2	115	61 %	140/90	161	00	
Recovery	13:31	2:00	00.0	00.0	01.0	102	55 %	135/85	137	00	
Recovery	15:31	4:00	00.0	00.0	01.0	095	51 %	125/80	118	00	
Recovery	16:02	4:31	00.0	00.0	01.0	091	49 %	125/80	113	00	

**FINDINGS :**

Exercise Time : 08:09  
 Max HR Attained : 159 bpm 85% of Target 187  
 Max BP Attained : 140/90 (mm/Hg)  
 Max WorkLoad Attained : 9.3 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

*TMT is Negative for RMI*

**REPORT :**

DR. GOYALS PATH LAB & IMAGING CENTER

2847 / MR BHAVESH TAMBHI / 33 Yrs / M / 0 Cms / 0 Kg / HR : 65

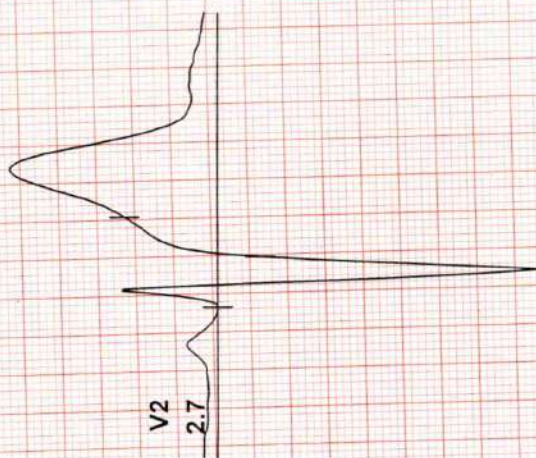
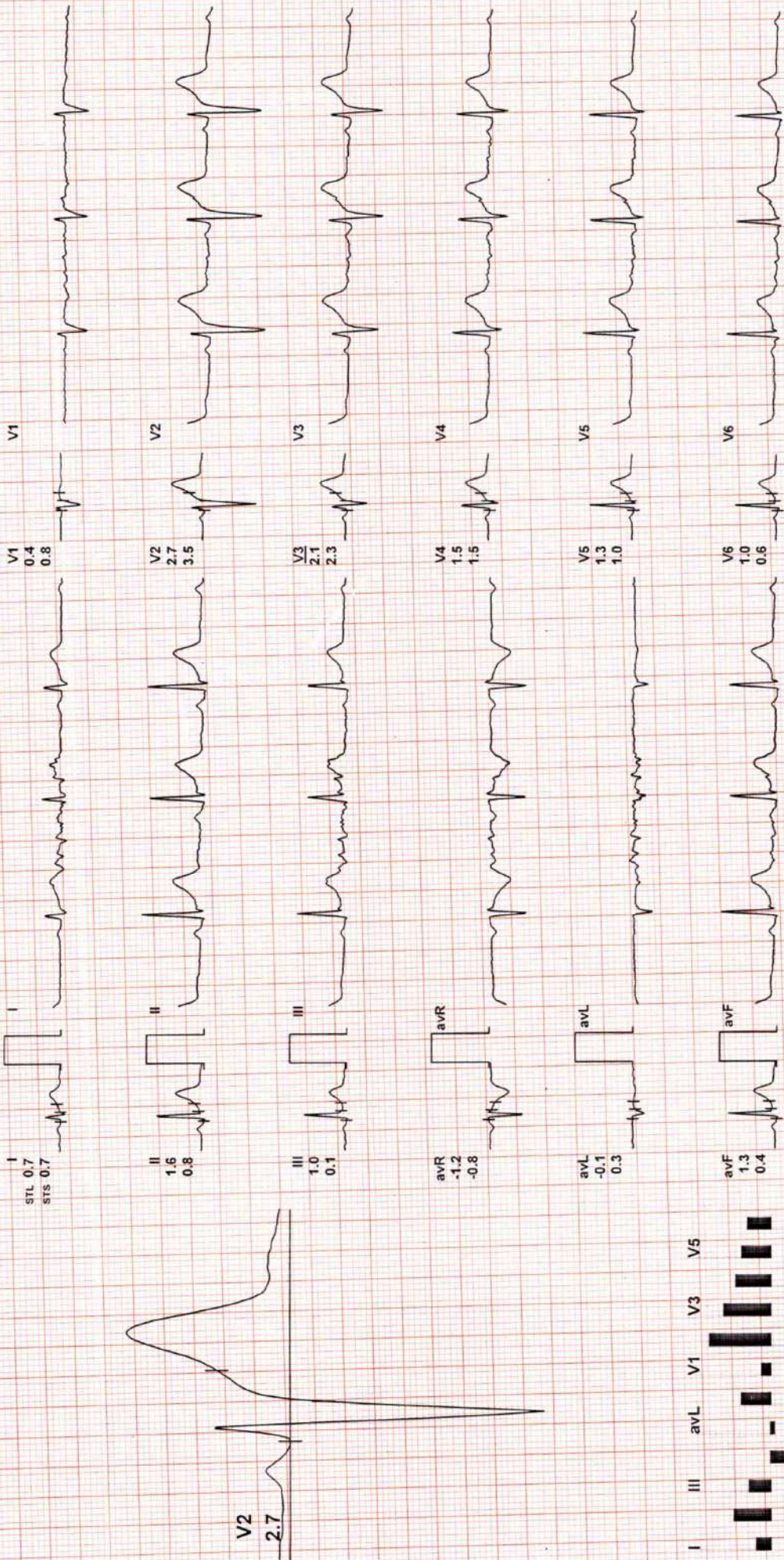
BRUCE:Supine(0:07)



Date: 26 / 08 / 2023 12:59:22 PM METS: 1.0 / 65 bpm 35% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 1.1 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



BRUCE: Standing(0:24)

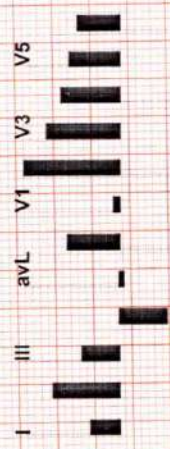
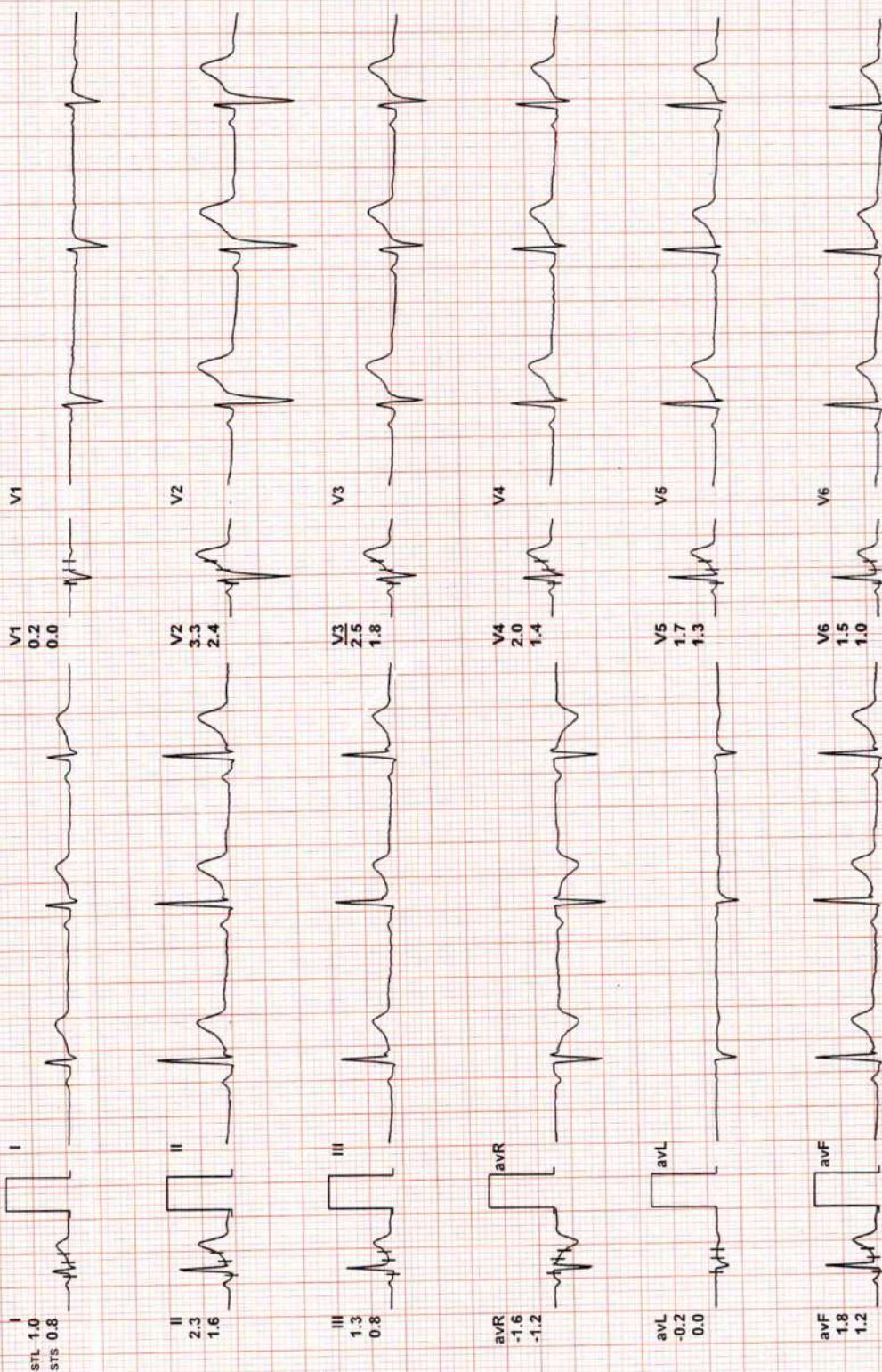
DR.GOYALS PATH LAB & IMAGING CENTER

2847 / MR BHAVESH TAMBHI / 33 Yrs / M / 0 Cms / 0 Kg / HR : 66

ExTime: 00:00 1.1 mph, 0.0%

Date: 26 / 08 / 2023 12:59:22 PM METS: 1.0/ 66 bpm 35% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J



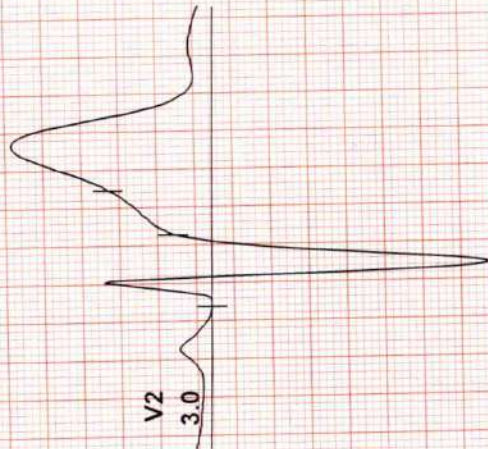
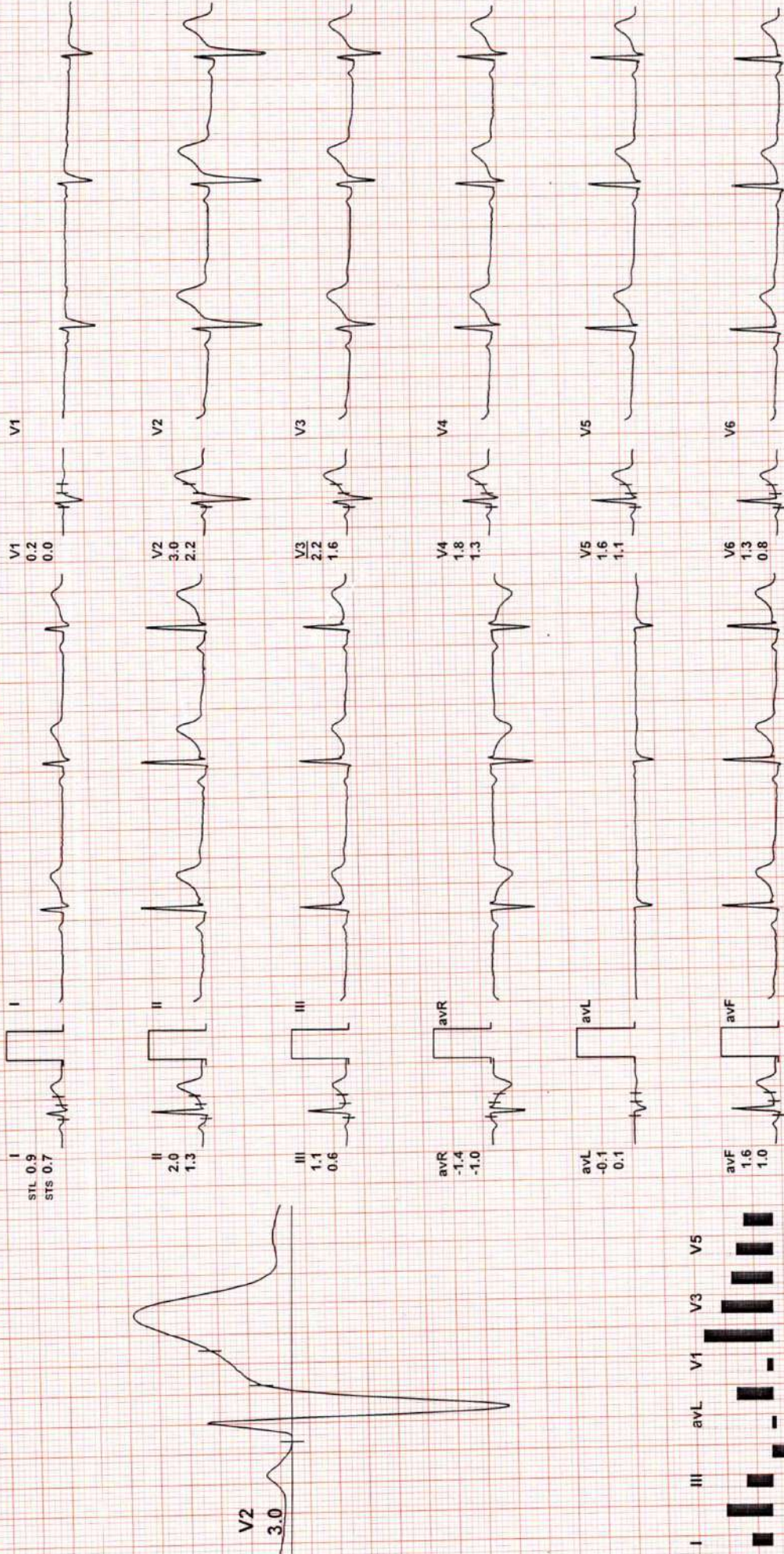
REMARKS:



Date: 26 / 08 / 2023 12:59:22 PM METS: 1.0 / 71 bpm 38% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.1 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post.J



REMARKS:

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

2847 / MR BHAVESH TAMBHI / 33 Yrs / M / 0 Cms / 0 Kg / HR : 77

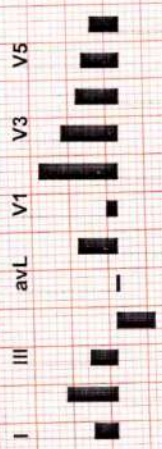
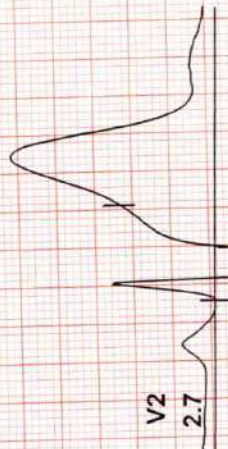
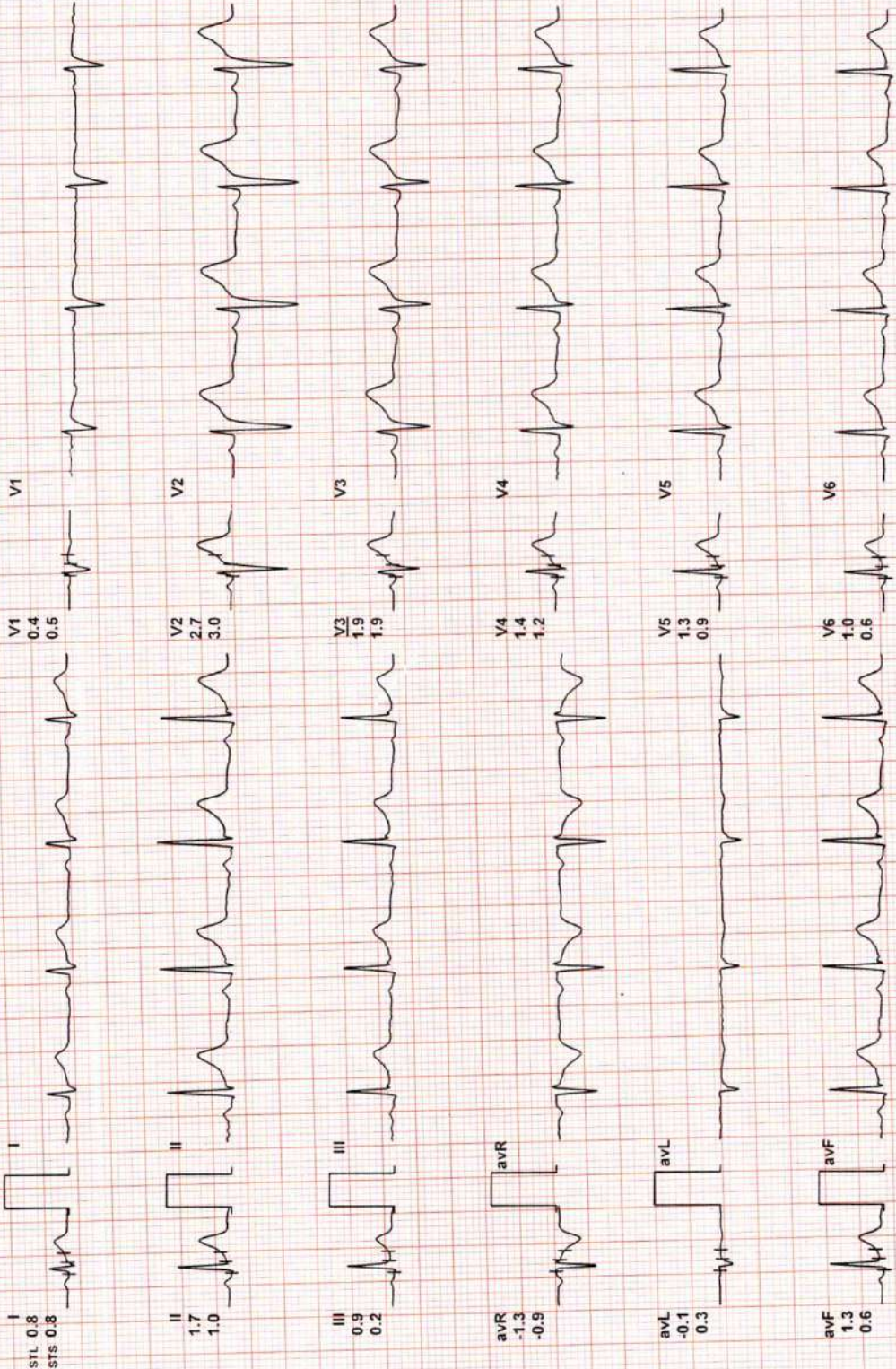
**BRUCE: Warm Up(0:42)**



Date: 26 / 08 / 2023 12:59:22 PM METS: 1.0 / 77 bpm 41% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.1 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



II avR avF V2 V4 V6  
REMARKS:



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

2847 / MR BHAVESH TAMBHI / 33 Yrs / M / 0 Cms / 0 Kg / HR : 90

**ExStart**



ExTime: 00:00 1.0 mph. 0.0%  
25 mm/Sec. 1.0 Cm/mV

Date: 26 / 08 / 2023 12:59:22 PM METS: 1.0/ 90 bpm 48% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J



II aVR aVF V2 V4 V6

REMARKS:

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

2847 / MR BHAVESH TAMBHI / 33 Yrs / M / 0 Cms / 0 Kg / HR : 137

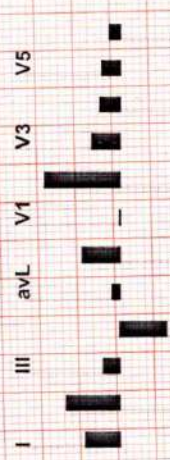
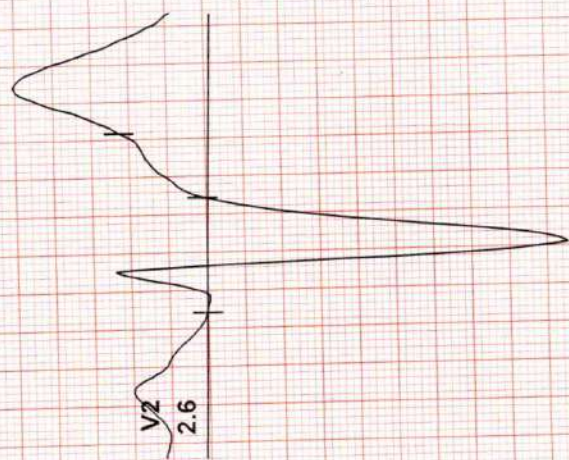
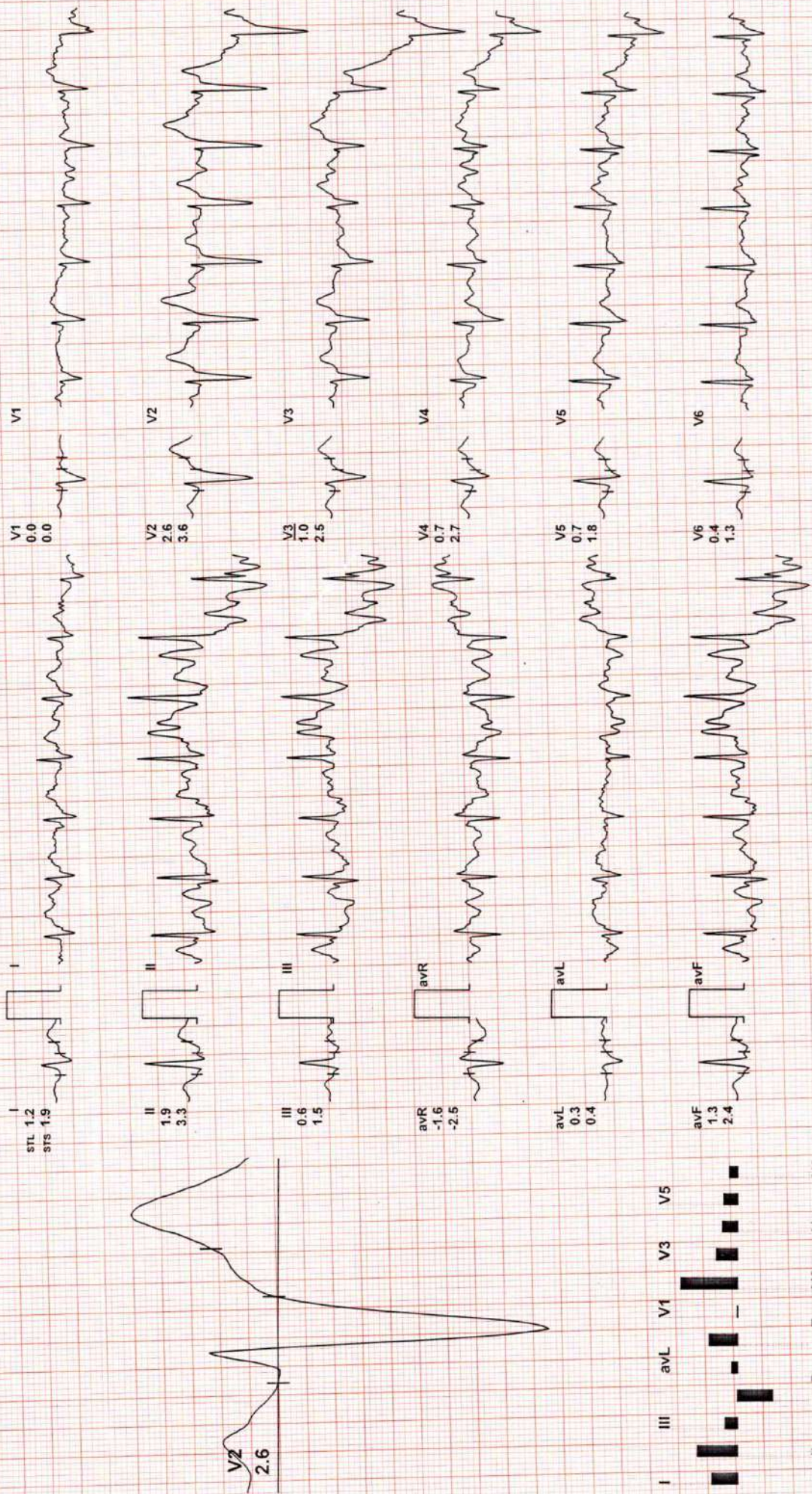
**BRUCE: Stage 2(3:00)**



Date: 26 / 08 / 2023 12:59:22 PM METS: 7.1/137 bpm 73% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

ExtTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:  
II aVR avF V2 V4 V6

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

2847 / MR BHAVESH TAMBHI / 33 Yrs / M / 0 Cms / 0 Kg / HR : 115

**BRUCE: Stage 1 (3:00)**

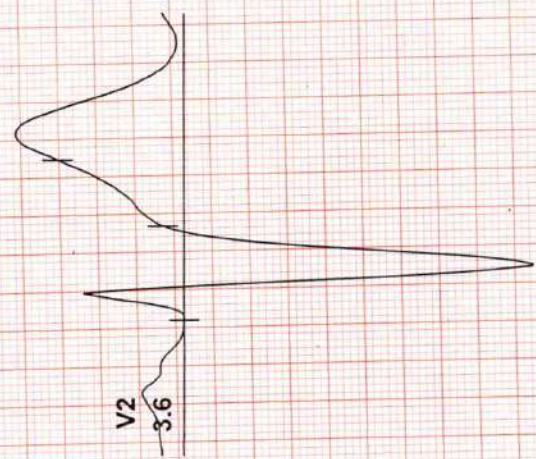
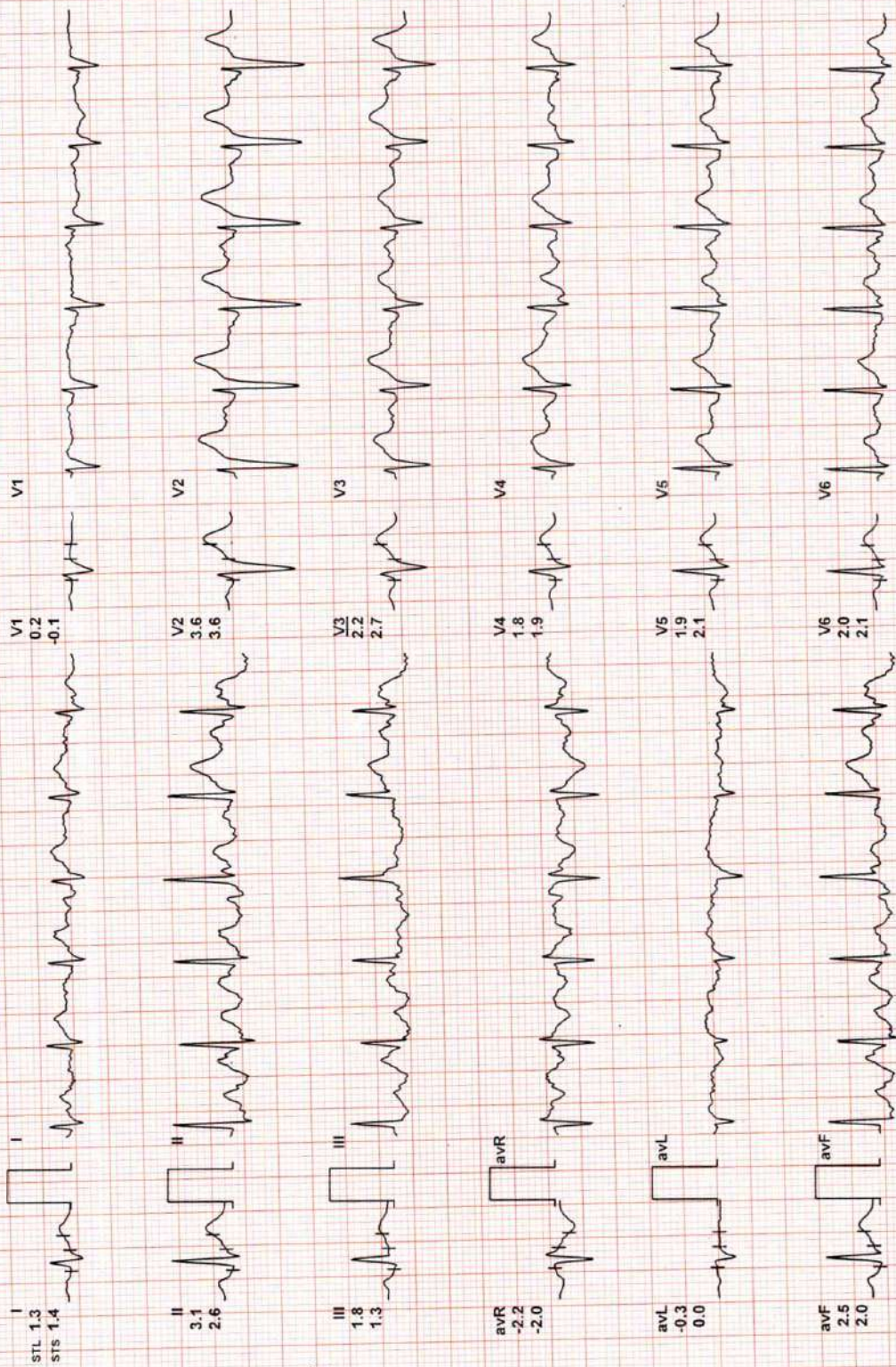


Date: 26 / 08 / 2023 12:59:22 PM METS: 4.7 / 115 bpm 61% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 100 Hz

ExtTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



II avR avF V2 V4 V6  
REMARKS:

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

2847 / MR BHAVESH TAMBHI / 33 Yrs / M / 0 Cms / 0 Kg / HR : 159

Date: 26 / 08 / 2023 12:59:22 PM

METS: 9.3 / 159 bpm 85% of THR

BP: 140/90 mmHg

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

4X 60 mS Post J



ExTime: 08:09 3.4 mph, 14.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

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

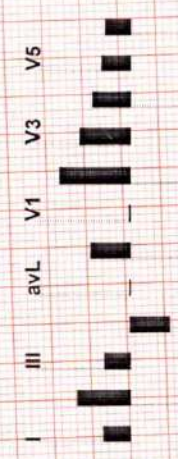
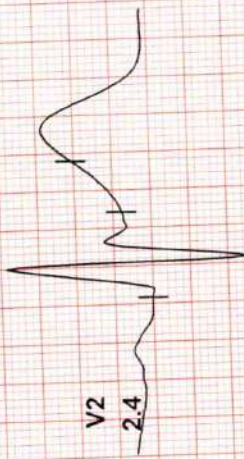
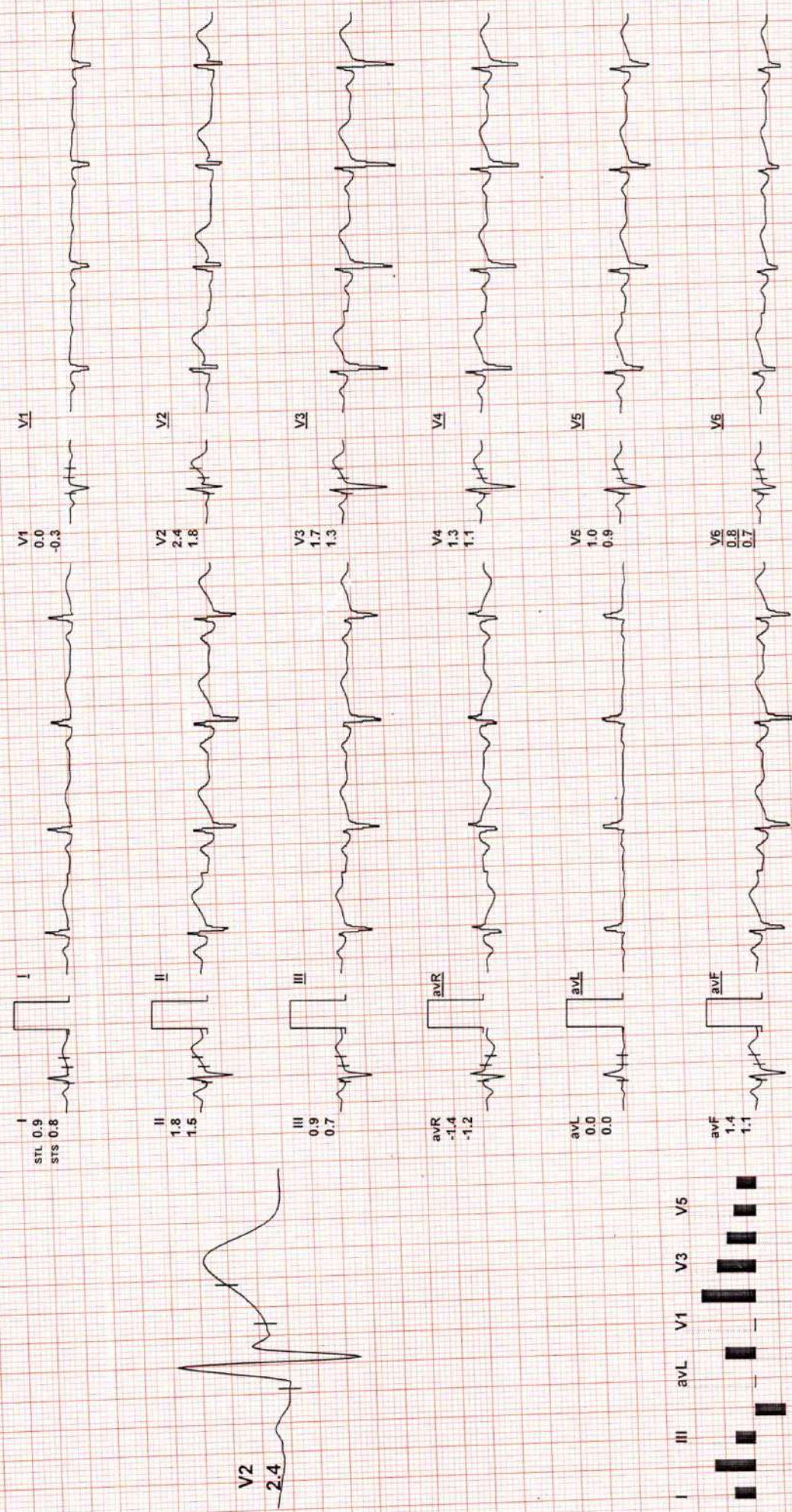
2849 / MR AMRNATH AGARWAL / 53 Yrs / M / 0 Cms / 0 Kg / HR : 82

**BRUCE:Supine(0:35)**



Date: 26 / 08 / 2023 01:53:49 PM METS: 1.0 / 82 bpm 49% of THR BP: 126/86 mmHg Combined Medians/ BLC Or/ Notch Or/ HF 0.05 HZ/LF 100 HZ  
 ExTime: 00:00 1.1 mph, 0.0%  
 25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



Recovery(1:00)

DR.GOYALS PATH LAB & IMAGING CENTER

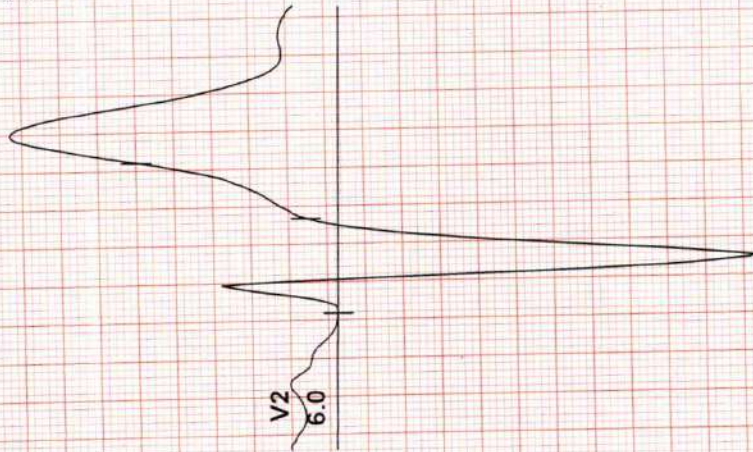
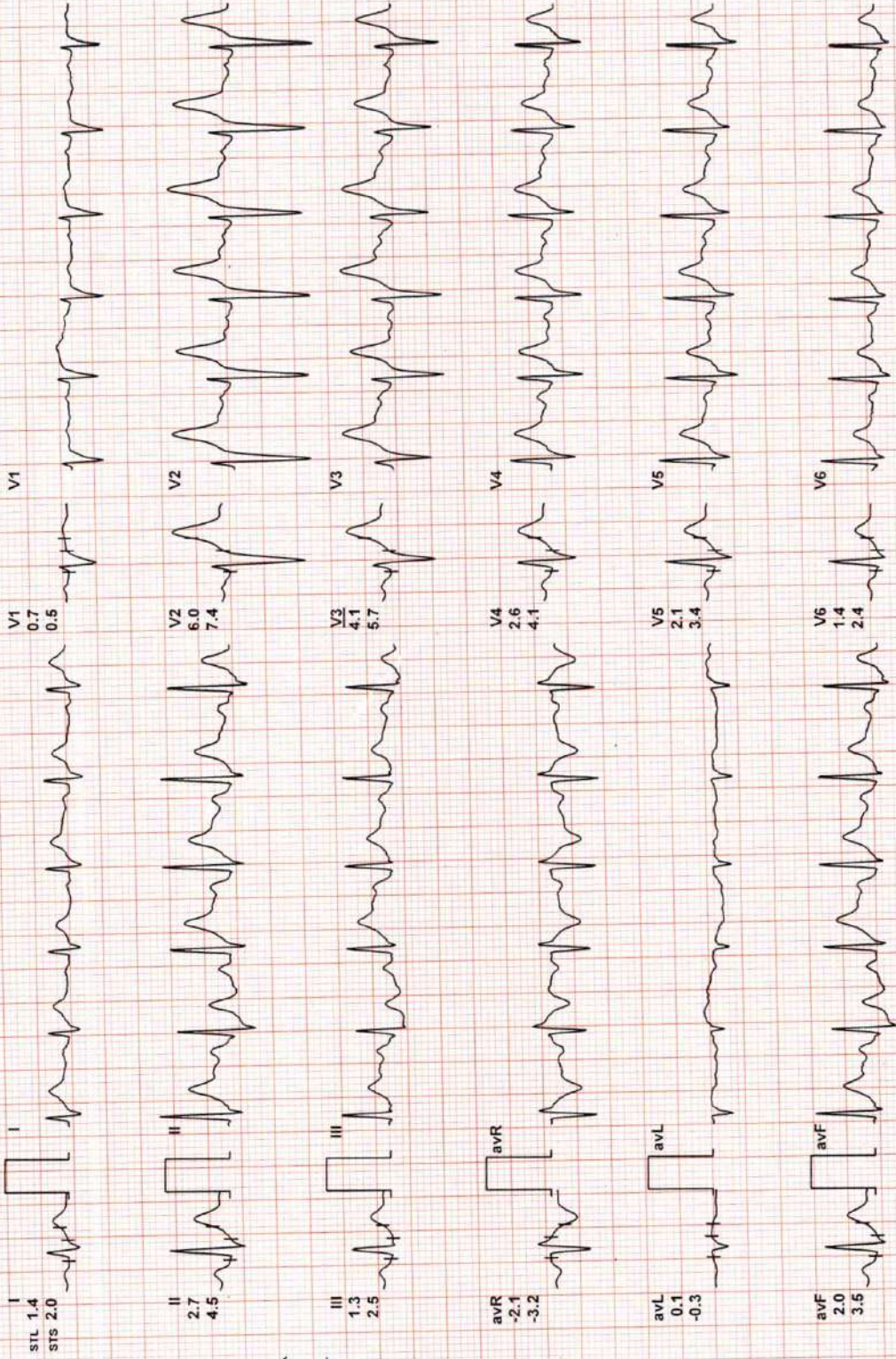
2847 / MR BHAVESH TAMBI / 33 Yrs / M / O Cms / 0 Kg / HR : 115

Date: 26 / 08 / 2023 12:59:22 PM METS: 1.2/ 115 bpm 61% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:09 0.0 mph. 0.0%

25 mm/Sec. 1.0 Cm/mv

4X 70 mS Post J



REMARKS:

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

2847 / MR BHAVESH TAMBHI / 33 Yrs / M / 0 Cms / 0 Kg / HR : 102

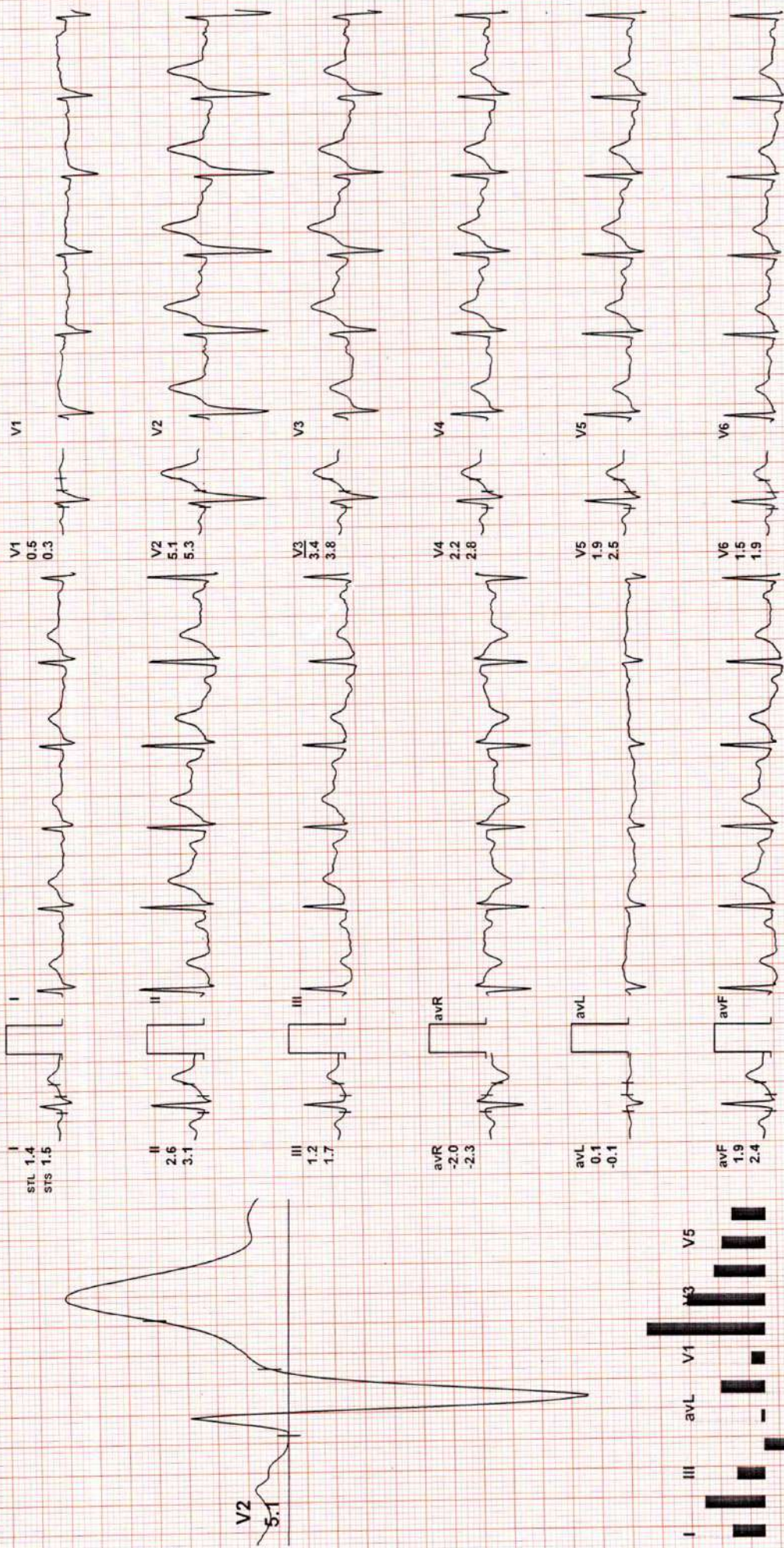
**Recovery(2:00)**



Date: 26 / 08 / 2023 12:59:22 PM METS: 1.0/ 102 bpm 55% of THR BP: 135/85 mmHg Raw ECG/ BLC. On/ Notch On/ HF 0.05 Hz/LF 100-Hz

ExTime: 08:09 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



II avR avF V2 V4 V6

REMARKS:

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

2847 / MR BHAVESH TAMBI / 33 Yrs / M / 0 Cms / 0 Kg / HR : 95

**Recovery(4:00)**

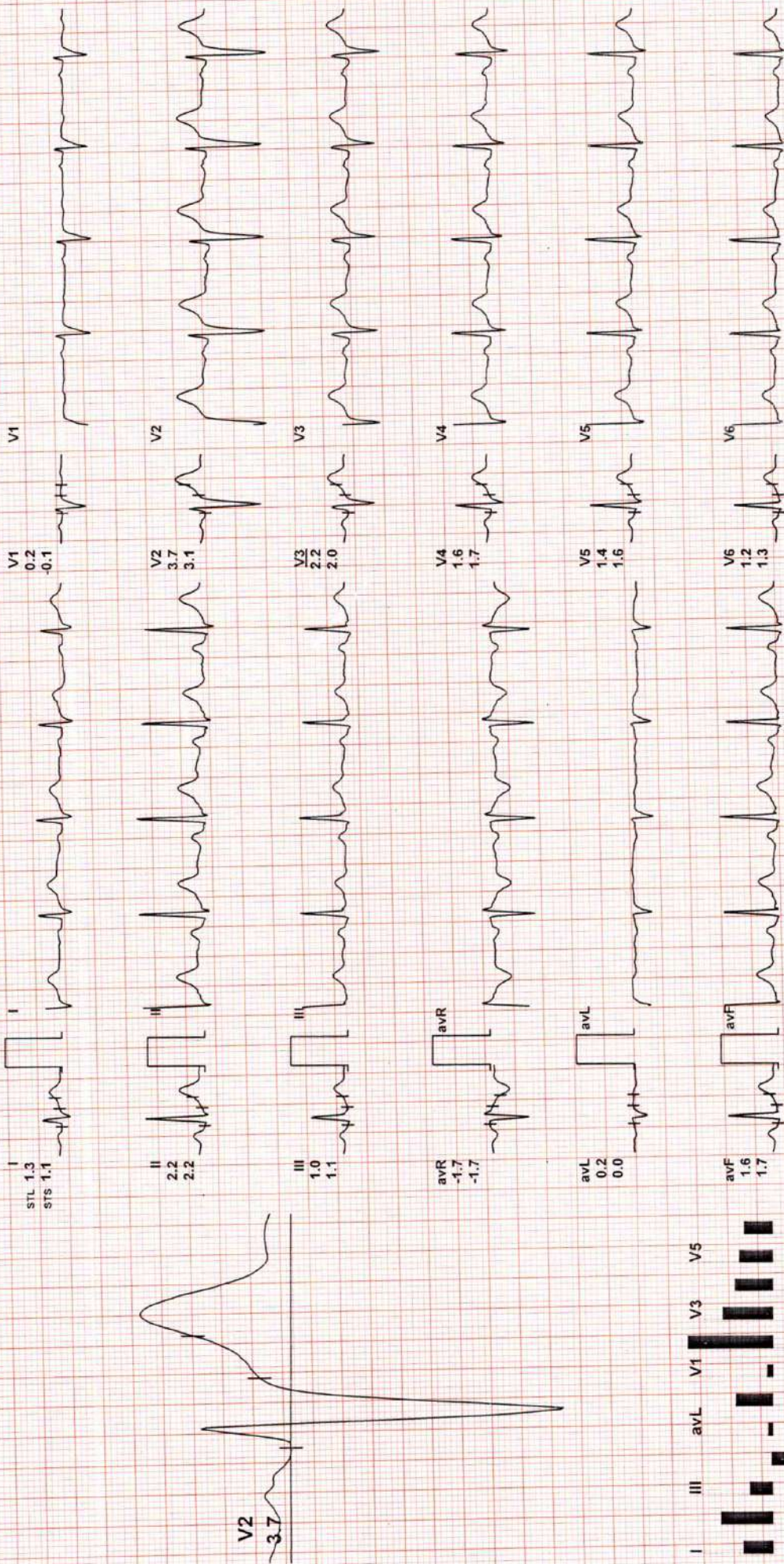


Date: 26 / 08 / 2023 12:59:22 PM METS: 1.0 / 95 bpm 51% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:09 0.0 mph. 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



II avR avF V2 V4 V6

REMARKS:



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

2847 / MR BHAVESH TAMBHI / 33 Yrs / M / 0 Cms / 0 Kg / HR : 91

Recovery(4:31)

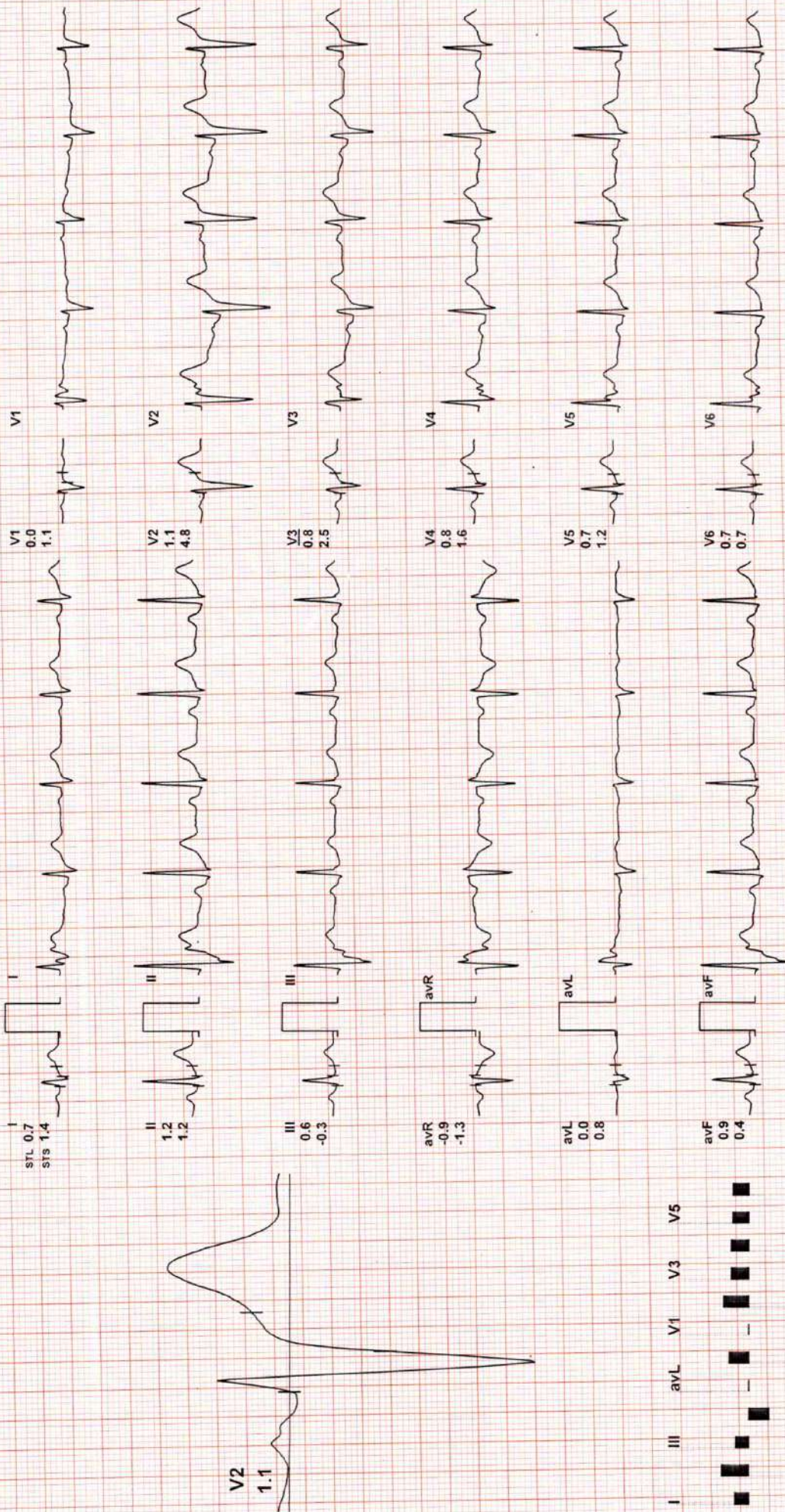


Date: 26 / 08 / 2023 12:59:22 PM METS: 1.0/ 91 bpm 49% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:09 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



II avR avF V2 V4 V6

REMARKS:



Date: 26 / 08 / 2023 12:59:22 PM

V1 V2 V3 V4 V5 V6

avR avL avF

II III

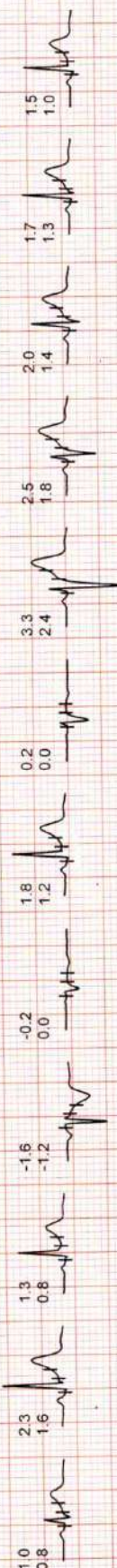
**Supine**

(1) 0:00 1.1 mph  
(2) 0:00 0.0 %  
65 bpm 120/80



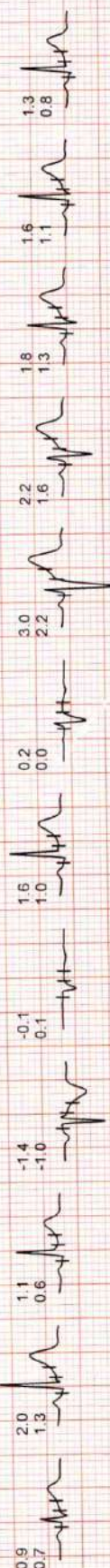
**Standing**

(1) 0:00 1.1 mph  
(2) 0:00 0.0 %  
66 bpm 120/80



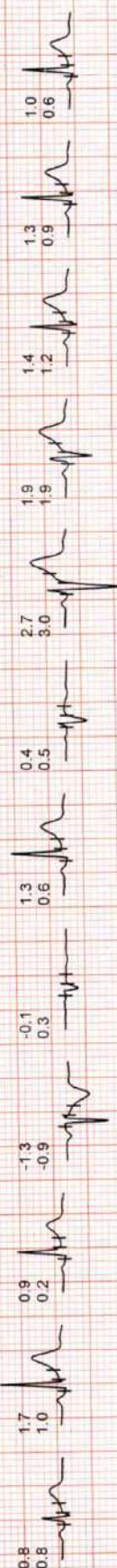
**HV**

(1) 0:00 1.1 mph  
(2) 0:00 0.0 %  
071 bpm 120/80



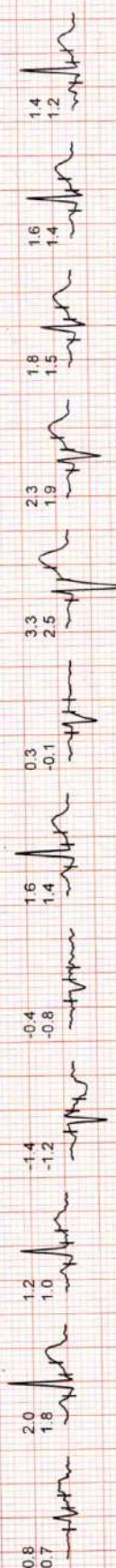
**Warm Up**

(1) 0:00 1.1 mph  
(2) 0:00 0.0 %  
77 bpm 120/80



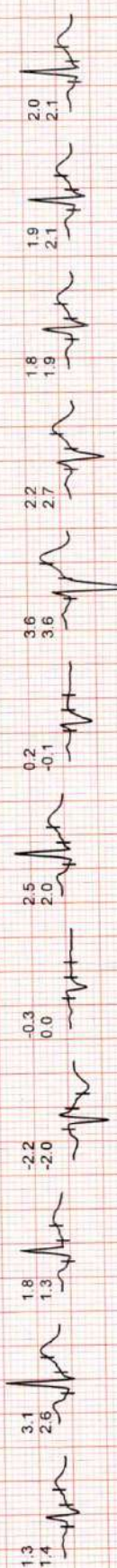
**ExStart**

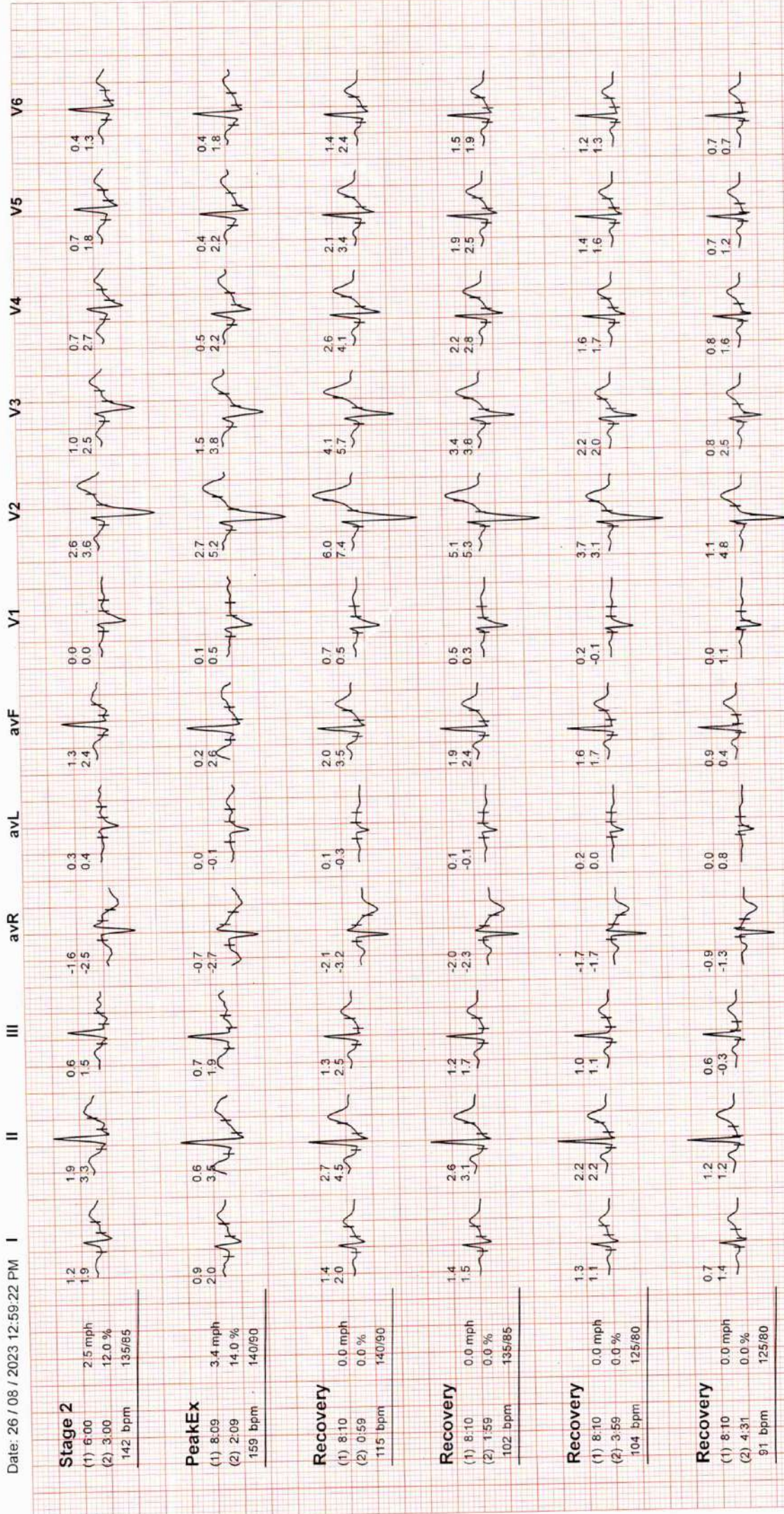
(1) 0:00 1.0 mph  
(2) 0:00 0.0 %  
091 bpm 120/80



**Stage 1**

(1) 3:00 1.7 mph  
(2) 3:00 10.0 %  
119 bpm 125/85





**Stage 2**  
 (1) 6:00 2.5 mph  
 (2) 3:00 12.0 %  
 142 bpm 135/85

**PeakEx**  
 (1) 8:09 3.4 mph  
 (2) 2:09 14.0 %  
 159 bpm 140/90

**Recovery**  
 (1) 8:10 0.0 mph  
 (2) 0:59 0.0 %  
 115 bpm 140/90

**Recovery**  
 (1) 8:10 0.0 mph  
 (2) 1:59 0.0 %  
 102 bpm 135/85

**Recovery**  
 (1) 8:10 0.0 mph  
 (2) 3:59 0.0 %  
 104 bpm 125/80

**Recovery**  
 (1) 8:10 0.0 mph  
 (2) 4:31 0.0 %  
 91 bpm 125/80

# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019 MC- 5509  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :-12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 26/08/2023 12:10:00

Final Authentication : 26/08/2023 14:48:36

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

#### BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)  
Method:- HPLC

6.2 H %

Non-diabetic: < 5.7  
Pre-diabetics: 5.7-6.4  
Diabetics: = 6.5 or higher  
ADA Target: 7.0  
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb 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

131 H mg/dL

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

AJAYSINGH  
Technologist

Page No: 1 of 12



**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 MC- 5509  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMB**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :-12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 26/08/2023 12:10:00

Final Authentication : 26/08/2023 14:48:36

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	13.2	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.98	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	52.0	%	40.0 - 80.0
LYMPHOCYTE	39.5	%	20.0 - 40.0
EOSINOPHIL	4.1	%	1.0 - 6.0
MONOCYTE	4.2	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.11	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.37	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.24	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.25	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
<b>TOTAL RED BLOOD CELL COUNT (RBC)</b>	<b>4.23 L</b>	x10 <sup>6</sup> /uL	4.50 - 5.50
<b>HEMATOCRIT (HCT)</b>	<b>39.40 L</b>	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	93.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.4	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	272	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	<b>15.8 H</b>	%	11.6 - 14.0
MENTZER INDEX	22.03		

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.

AJAYSINGH  
Technologist

Page No: 2 of 12



**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 :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :-12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 26/08/2023 12:10:00

Final Authentication : 26/08/2023 14:48:36

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

<b>Erythrocyte Sedimentation Rate (ESR)</b>	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: HLC-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

AJAYSINGH  
Technologist

Page No: 3 of 12



**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 MC- 5509  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :-12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/08/2023 12:10:00

Final Authentication : 26/08/2023 16:13:17

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	162.78	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	237.24 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	31.24	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	92.00	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	47.45	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.21 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.94		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	624.19	mg/dl	400.00 - 1000.00
<b>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation:</b> Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
<b>TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation :</b> 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.			
<b>DIRECT HDLCHOLESTERO InstrumentName:Randox Rx Imola Interpretation:</b> 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.			
<b>DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation:</b> 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.			
<b>TOTAL LIPID AND VLDL ARE CALCULATED</b>			

MUKESH SINGH, SURENDRAKHANGA

Page No: 4 of 12



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

# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019 MC- 5509  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :- 12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/08/2023 12:10:00

Final Authentication : 26/08/2023 16:13:17

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.47	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	0.15	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.32	mg/dl	0.30-0.70
SGOT Method:- IFCC	19.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	27.0	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	76.40	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	<b>72.70 H</b>	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.30	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.47	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.83	gm/dl	2.20 - 3.50
A/G RATIO	1.58		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

**AST Aspartate Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

**TOTAL PROTEIN** Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB)** Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**Instrument Name** Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

MUKESH SINGH, SURENDRAKHANGA

Page No: 5 of 12



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



# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019 MC- 5509  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBHI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :-12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/08/2023 12:10:00

Final Authentication : 26/08/2023 13:29:09

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

#### TOTAL THYROID PROFILE

SERUM TOTAL T3 1.580 ng/ml 0.970 - 1.690  
Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 9.610 ug/dl 5.530 - 11.000  
Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA 0.370  $\mu$ IU/mL 0.350 - 5.500  
Method:- Enhanced Chemiluminescence Immunoassay

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

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

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

#### INTERPRETATION

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

AJAYKUMAR  
Technologist

Page No: 6 of 12



**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 MC- 5509  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :-12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 26/08/2023 12:10:00

Final Authentication : 26/08/2023 17:46:56

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic 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 Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<b><u>MICROSCOPY EXAMINATION</u></b>			
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  
Technologist

Page No: 7 of 12



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

# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019 MC- 5509  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :-12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, PLAIN/SERUM Collected Time 26/08/2023 12:10:00

Final Authentication : 26/08/2023 15:59:47

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

FASTING BLOOD SUGAR (Plasma)  
Method:- GOD PAP

127.2 H mg/dl

75.0 - 115.0

Impaired glucose tolerance (IGT)

111 - 125 mg/dL

Diabetes Mellitus (DM)

> 126 mg/dL

**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.

SERUM CREATININE  
Method:- Colorimetric Method

0.87 mg/dl

Men - 0.6-1.30  
Women - 0.5-1.20

SERUM URIC ACID  
Method:- Enzymatic colorimetric

6.43 mg/dl

Men - 3.4-7.0  
Women - 2.4-5.7

MUKESH SINGH

Page No: 9 of 12



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

# 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 :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :- 12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA, URINE

Sample Collected Time 26/08/2023 12:10:00

Final Authentication : 26/08/2023 17:46:56

### HAEMATOLOGY

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

AJAYSINGH, VIJENDRAMEENA  
**Technologist**

Page No: 11 of 12



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

# 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.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :- 12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/08/2023 12:10:00

Final Authentication : 26/08/2023 16:13:17

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.9	mg/dl	0.0 - 23.0

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

SURENDRAKHANGA

Page No: 12 of 12



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



Date :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :- 12232638  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 26/08/2023 14:09:40

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)

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

Page No: 1 of 1

**Dr. Piyush Goyal**  
(D.M.R.D.) BILAL

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

**Dr. Poonam Gupta**  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

**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

Transcript by.



Date :- 26/08/2023 11:53:18  
**NAME :- Mr. BHAVESH TAMBHI**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :-12232638  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- Sample Collected Time  
BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver is mildly enlarged in size (15 cm). Echo-texture is minimal bright.** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is 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.

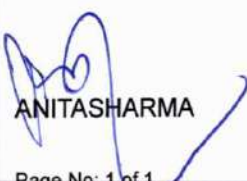
**Urinary bladder** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Prostate** is normal in size ( 16.4 gms) with normal echo-texture and outline.

### IMPRESSION:

**\* Mild hepatomegaly with early fatty changes.**  
**Needs clinical correlation for further evaluation**

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

  
ANITASHARMA

Page No: 1 of 1

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

Dr. Poorva  
MBBS, MD (F)  
RMC No.



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

Transcript by.



1 D 15.01cm



1 D1 3.02cm  
2 D2 3.71cm  
3 D3 2.81cm  
Vol 16.485cm<sup>3</sup>