

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



General Physical Examination

Date of Examination: 12-11-2022,

Name: Udit Sharma Age: 30 Sex: Male

DOB: 15/08/1992

Referred By: Bob

Photo ID: AADHAR ID #: ATTACHED

Ht: 164 (cm)

Wt: 101 (Kg)

Chest (Expiration): 111 (cm)

Abdomen Circumference: 105 (cm)

Blood Pressure: 137/90 mm Hg PR: 80 / min RR: 18 / min Temp: Akbaile

BMI 29.6

Eye Examination: Dis vision 6/6 & Noct vision N/C

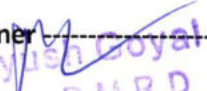
No color blindness

Other: not significant

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

Signature Of Examinee :  Name of Examinee: _____

Signature Medical Examiner : _____ Name Medical Examiner: _____


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

भारत सरकार
Government of India

आधार

उदित शर्मा
Udit Sharma
जन्म तिथि/DOB: 15/08/1992
पुरुष/ MALE
2396 9465 1219

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

पता:
आत्मज: अभय शर्मा, एस 3 बी 50 विनायक अपार्टमेंट,
मंगलम सिटी कालवाड रोड, हथोड, जयपुर,
राजस्थान - 302012

Address:
S/O: Abhay Sharma, s 3 b 50 vinayak
apartment, Manglam City kalwar Road,
Hathod, Jaipur,
Rajasthan - 302012

2396 9465 1219

1947 | help@uidai.gov.in | www.uidai.gov.in

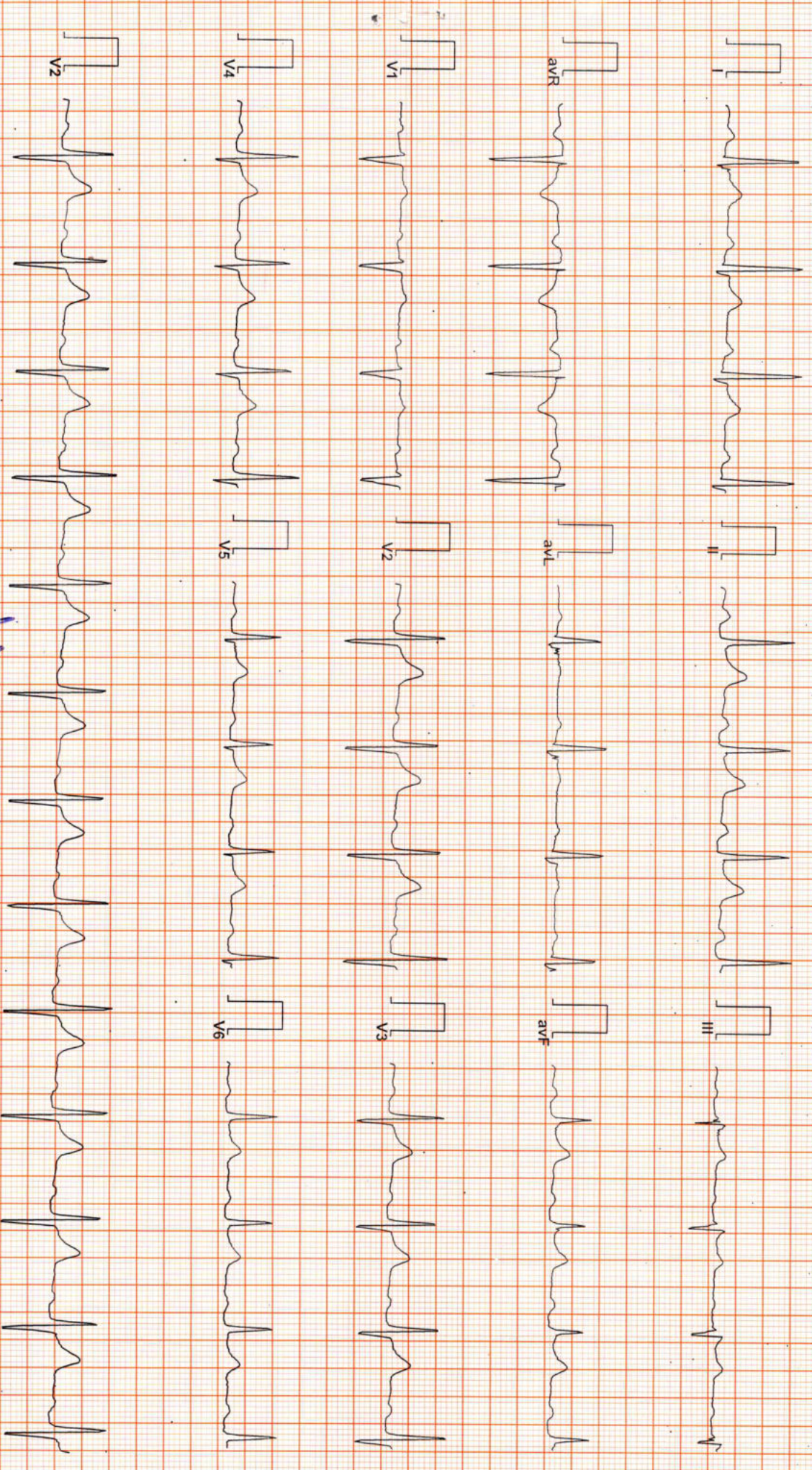
Dr. Piyush Goyal
M.D.B., D.M.R.D
Reg No -017990

DR. GOYALS PATH LAB & IMAGING CENTER

ECG

102220851 / MR UDIT SHARMA / 30 Yrs / M/ Non Smoker

Heart Rate : 77 bpm / Tested On : 12-Nov-22 11:22:24 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Dr. Nareesh Kumar Mohanka

RML No. 55703

MBBS, D.P. CARDIO (ESCORTS)

D.E.M (RCGP-UK)

Reported By:

[Signature]

MAGNUS REPORTER

6-51 GANNON WAGAR JANI CN, email:

1170 ... 10/0 ...

Date: 13/11/2022 Technician: BOB Examiner: Dy:

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPE	PVC	Comments
Supine	00:07	0:07	01.1	00.0	01.0	080	42%	120/80	096	00	
Standing	00:47	0:40	01.1	00.0	01.0	076	40%	120/80	091	00	
HV	01:02	0:15	01.1	00.0	01.0	078	41%	120/80	093	00	
Warm Up	01:13	0:11	01.1	00.0	01.0	078	41%	120/80	093	00	
EXStart	02:30	1:17	01.0	00.0	01.0	099	52%	120/80	118	00	
BRUCE Stage 1	05:30	3:00	01.7	10.0	04.7	128	67%	125/85	160	00	
BRUCE Stage 2	08:30	3:00	02.5	12.0	07.1	151	79%	135/85	203	00	
PeakEX	10:09	1:39	03.4	14.0	08.8	180	95%	140/90	252	00	
Recovery	11:03	1:00	02.0	00.0	07.2	135	71%	140/90	139	00	
Recovery	12:09	2:00	00.0	00.0	04.0	107	56%	135/85	144	00	
Recovery	14:09	4:00	00.0	00.0	01.0	099	52%	125/80	123	00	
Recovery	14:39	4:30	00.0	00.0	01.0	094	49%	125/80	117	00	

FINDINGS:

Exercise Time : 07:39
 Max HR Attained : 180 bpm 95% of Target 190
 Max BP Attained : 140/90 (mmHg)
 Max Workload Attained : 8.8 Fair response to induced stress
 Test End Reasons : Test Complete Heart Rate Achieved

REPORT :

Imp Negative for RMI

Dr. Naresh Kumar Mohanka
 FRAC (No. 35703)
 MBBS, D.P., CARDIO (ESCORTS)
 D.E.M. (RCGP-UK)



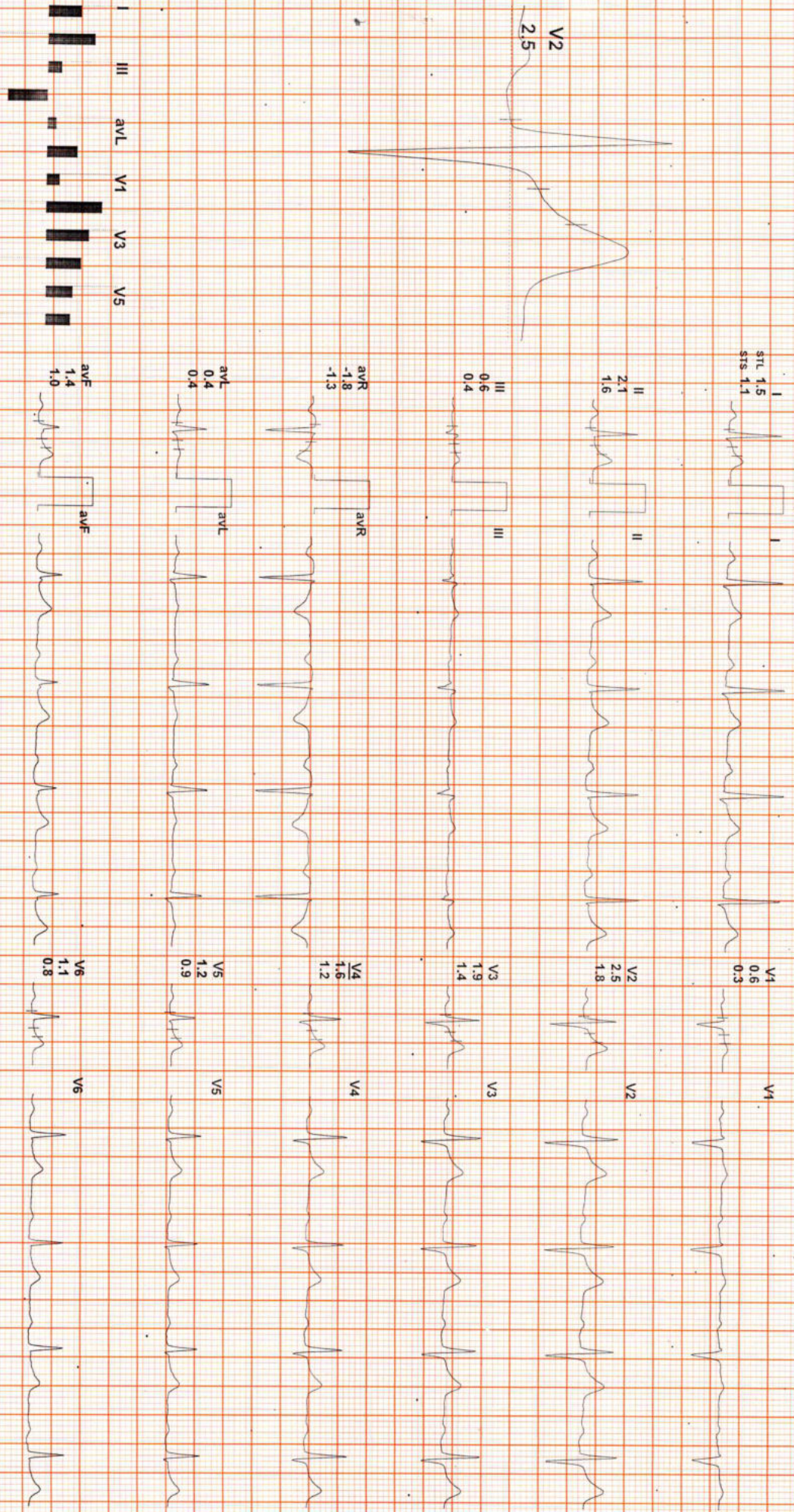
Date: 12 / 11 / 2022

METS: 1.0/ 80 bpm 42% 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%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



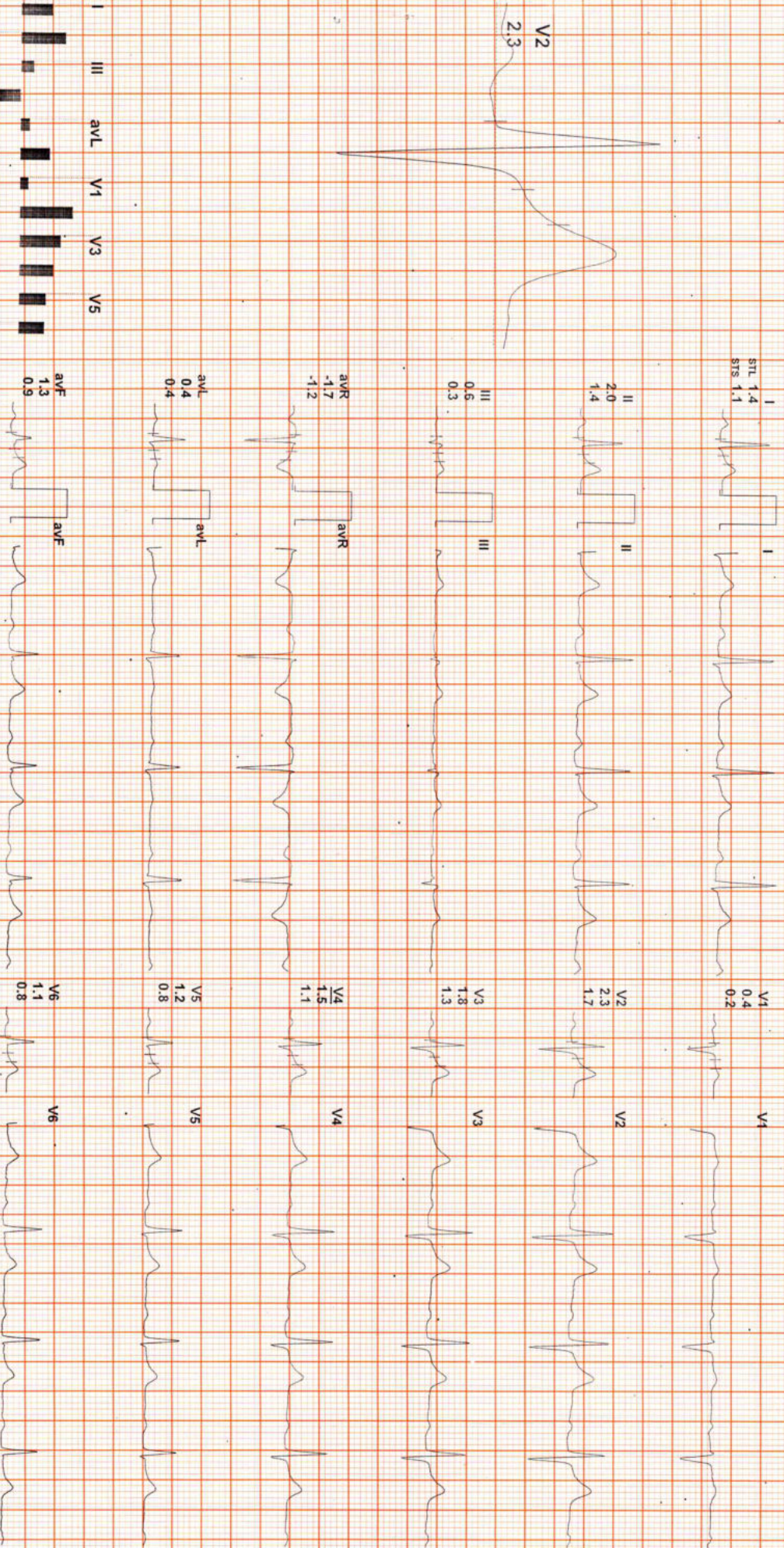
Date: 12 / 11 / 2022

METS: 1.0/ 76 bpm 40% 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%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 12 / 11 / 2022

METS: 1.0/ 78 bpm 41% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Naich 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/mV

I
STL 1.3
STS 1.0

V1
0.4
0.2



II
2.0
1.3

V2
2.3
1.6



III
0.6
0.3

V3
1.8
1.2



aVR
-1.6
-1.2

V4
1.5
1.0



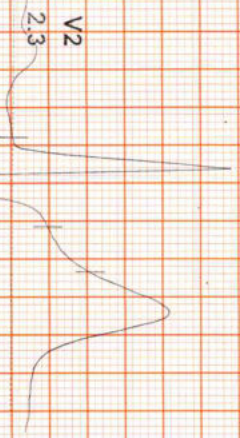
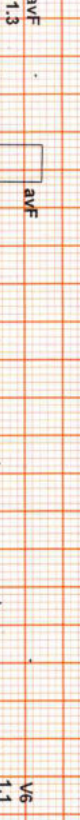
aVL
0.4
0.3

V5
1.1
0.8



aVF
1.3
0.8

V6
1.1
0.7



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



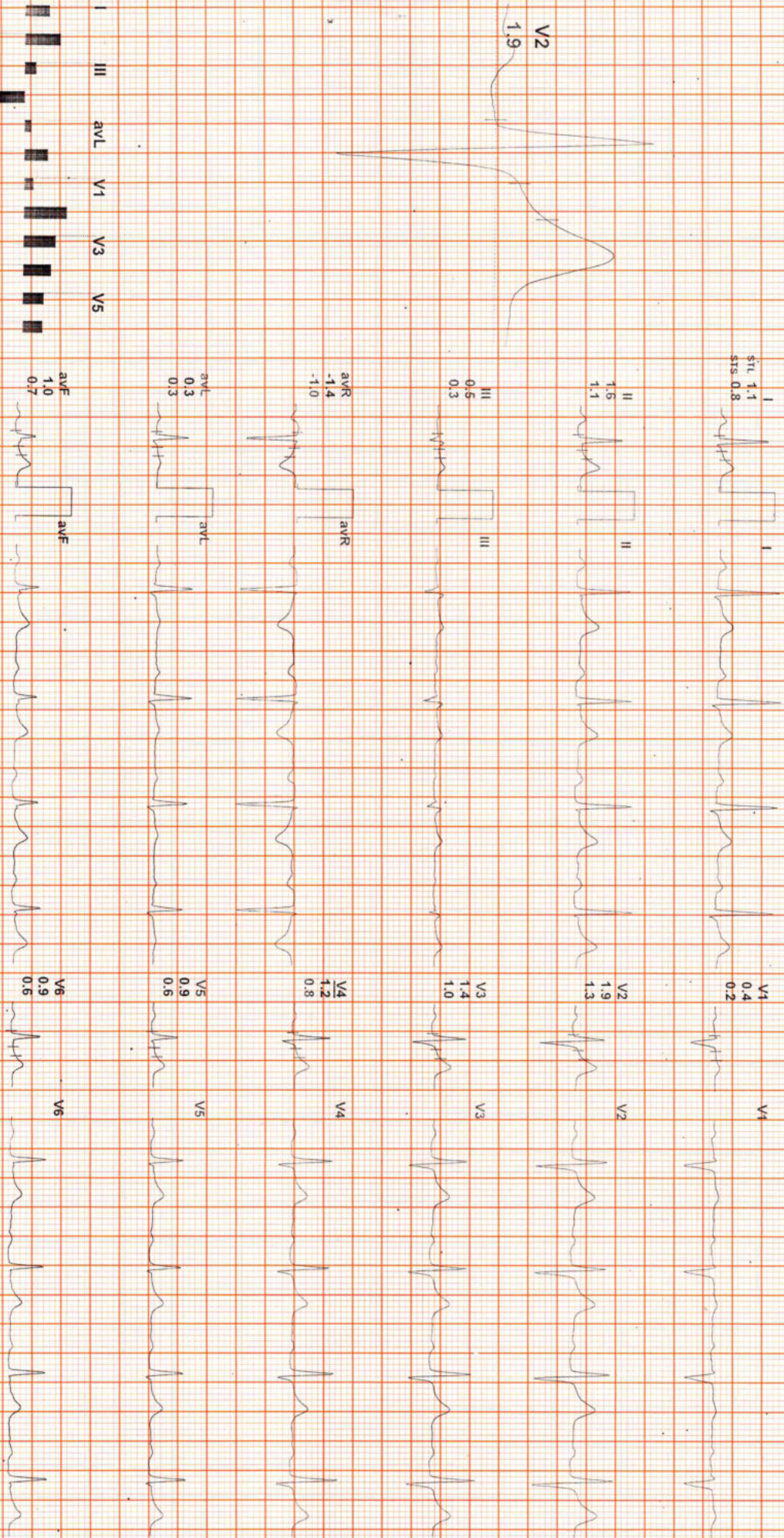
Date: 12 / 11 / 2022

METS: 1.0/ 78 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%

4X 80 mS Post J

25 mm/Sec: 1.0 Cm/mV



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

Date: 12 / 11 / 2022

METS: 1.0 / 99 bpm 52% of THR

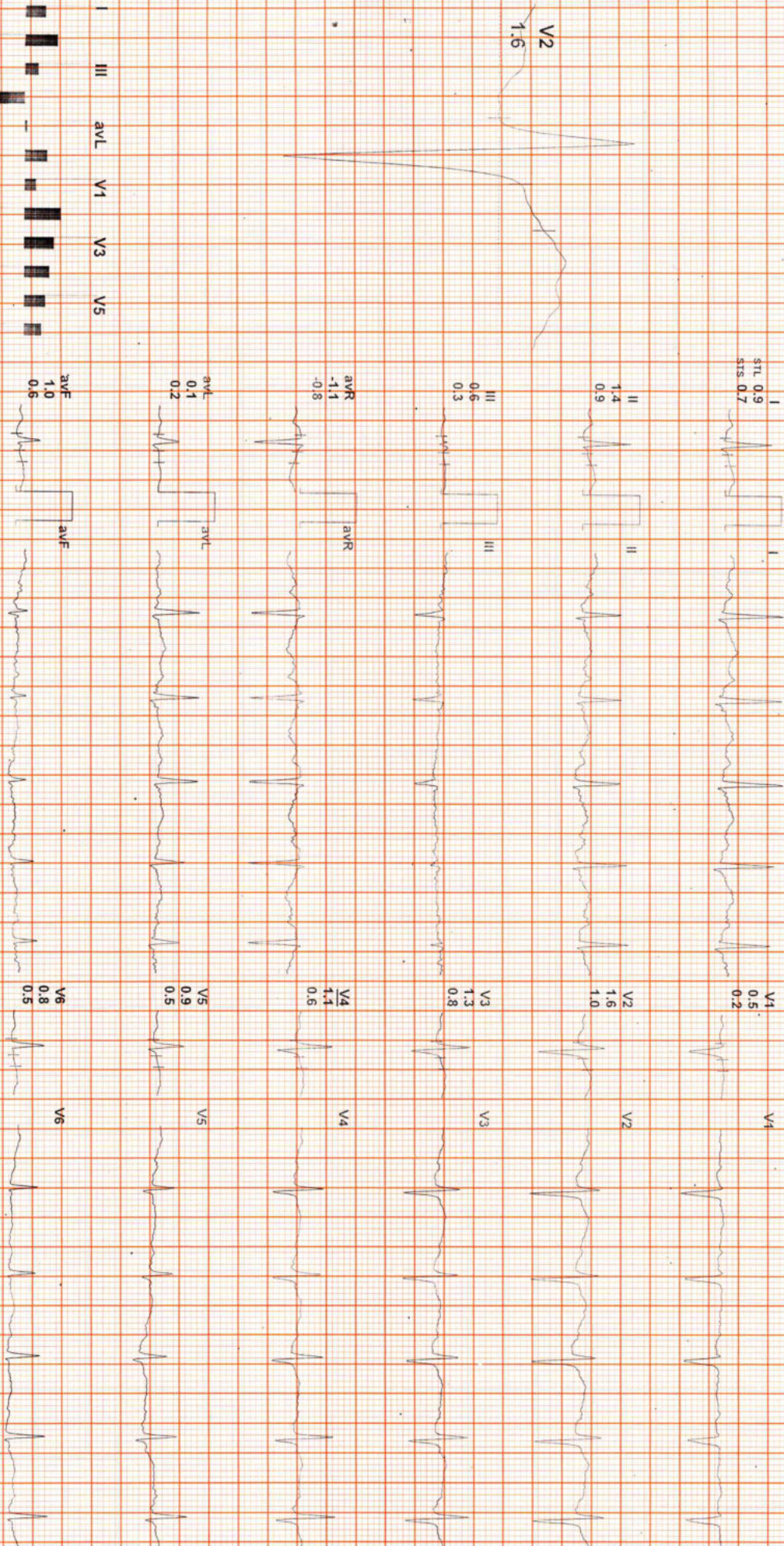
BP: 120/80 mmHg

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

ExTime: 00:00 1.0 mph, 0.0%

4X 30 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



Date: 12 / 11 / 2022

METS: 4.7 / 128 bpm 57% of THR

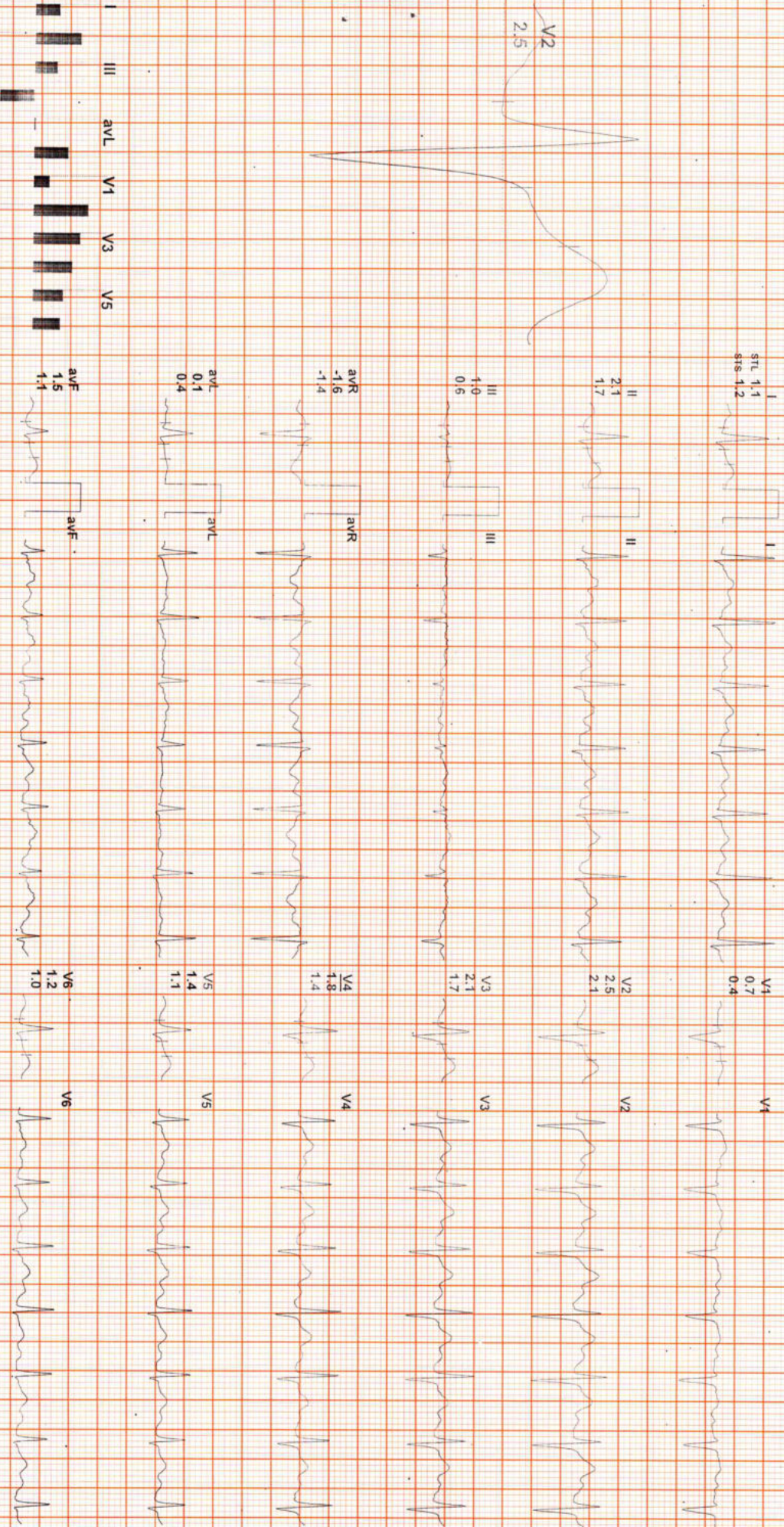
BP: 125/85 mmHg

Raw ECG/ BLC ON/ Notch ON/ HF 0.05 HZ/LF 100 Hz

EXTime: 03:00 1.7 mph 10.0%

4X 30 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6



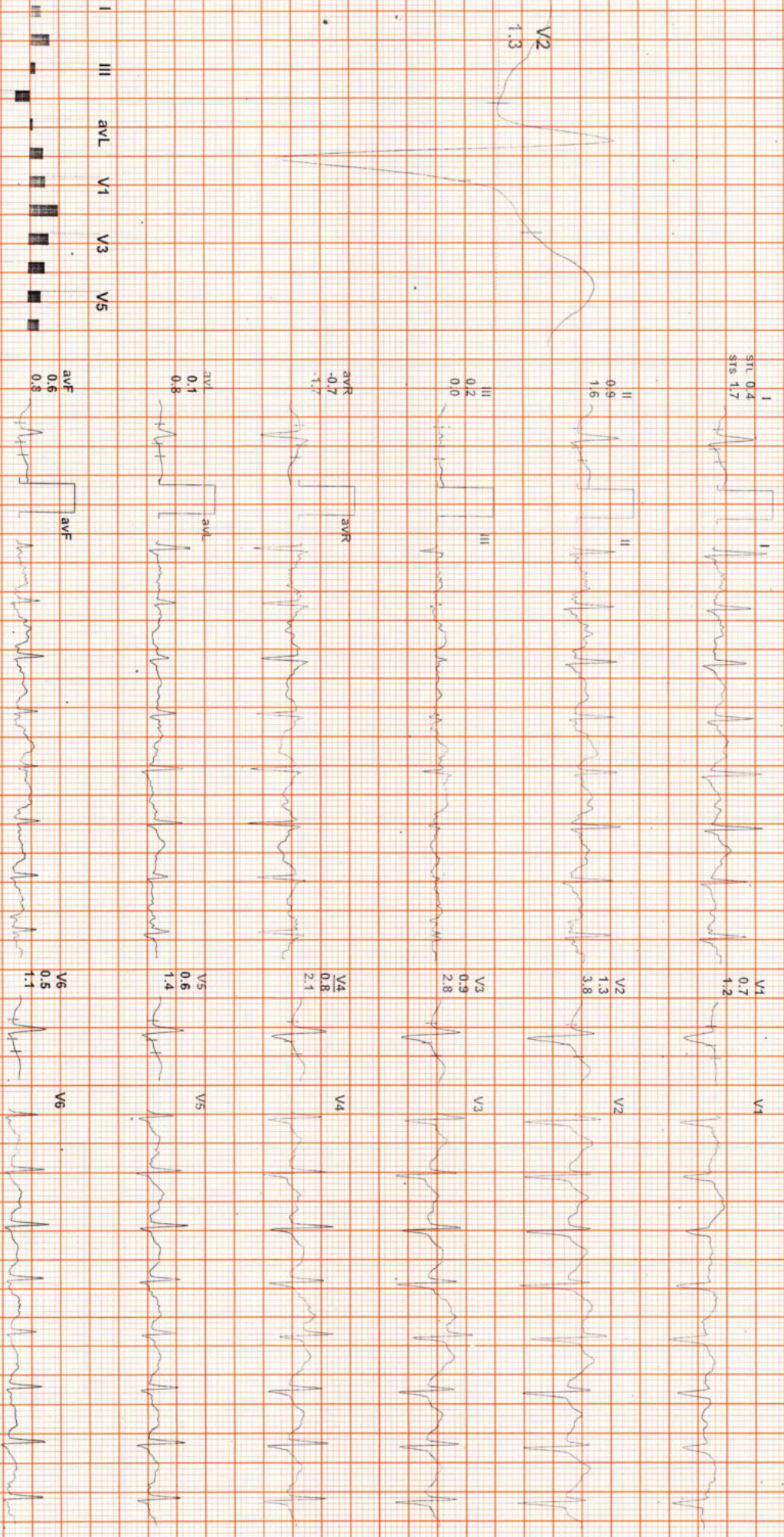
Date: 12 / 11 / 2022

METS: 7.1 / 151 bpm 79% of THR BP: 135/85 mmHg Raw ECG/ BLC ON/ Noich ON/ HF 0.05 Hz/LF 100 Hz

EXTime: 05:00 2.5 mph, 12.0%

4X 60 mm Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6



2179 / MR UDIT SHARMA / 30 Yrs / M / 10 Cms / 10 Kg / HR : 180

Date: 12 / 11 / 2022

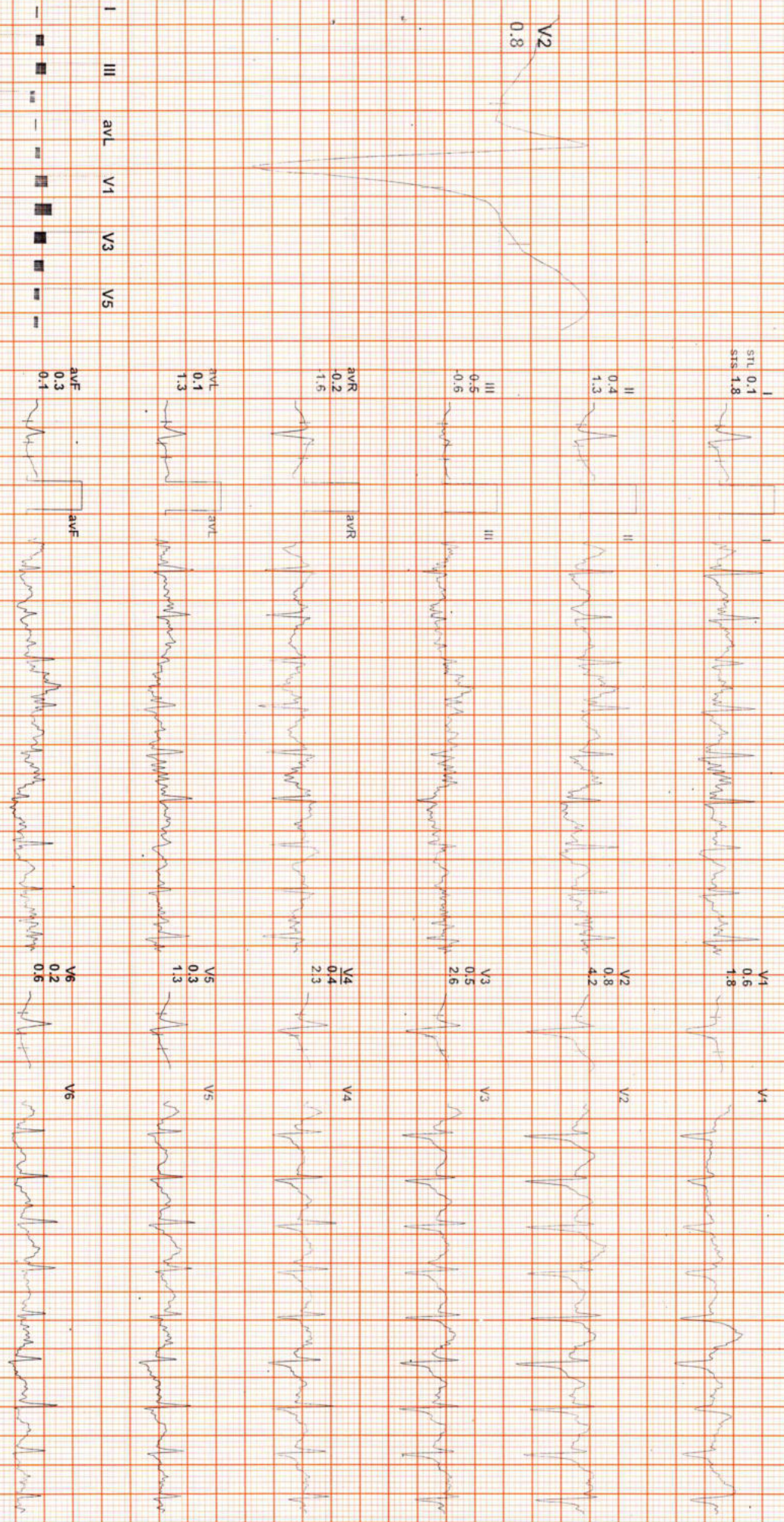
METS: 8.4 / 193 bpm 95% of THR BP: 140/90 mmHg

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

Ex Time: 07:39 3.4 mph, 14.0%

4X 60 ms Post U

25 mm/Sec: 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6



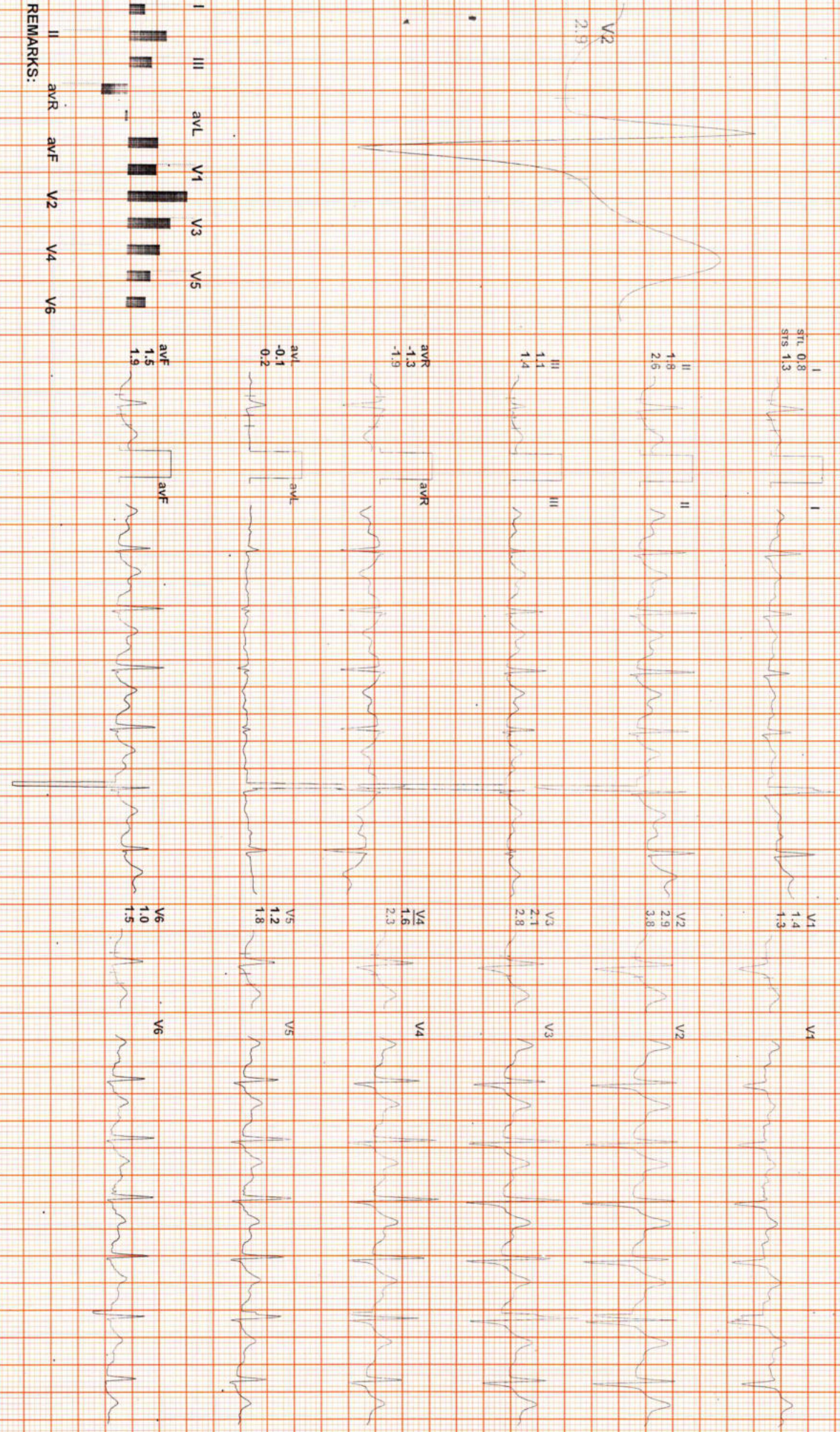
Date: 12 / 11 / 2022

NETS: 1.2/ 135 bpm 71% of THR BP: 140/90 mmHg RAW ECG/ BLC On/ Noch On/ HF 0.05 Hz/ LF 100 Hz

ExTime: 07:39 0.0 mcp, 0.0%

AX 90 mm Post J

25 mm/Sec: 1.0 Cm/mV



REMARKS:



4X 80 rms Post J

I STL 0.8
SRS 1.0

V1 1.8
1.7

V4

25 mm/Sec. 1.0 Cm/mV

II 2.3
2.6

V2 3.5
3.6

V2

III 1.5
1.5

V3 2.0
2.8

V3

aVR -1.6
-1.8

aVR

V4 2.0
2.3

V4

aVL -0.4
-0.1

aVL

V5 1.5
1.7

V5

aVF 1.9
2.1

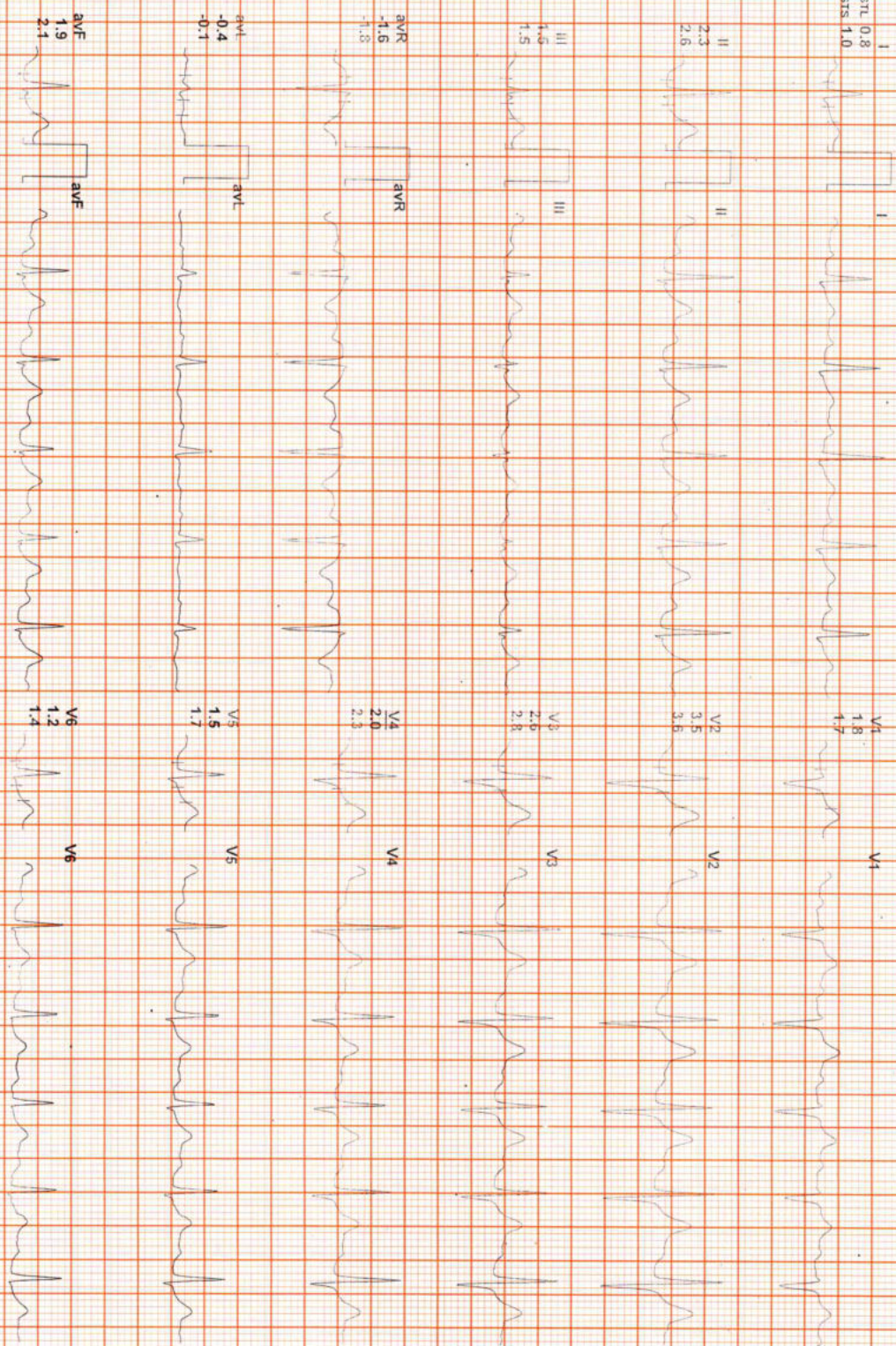
aVF

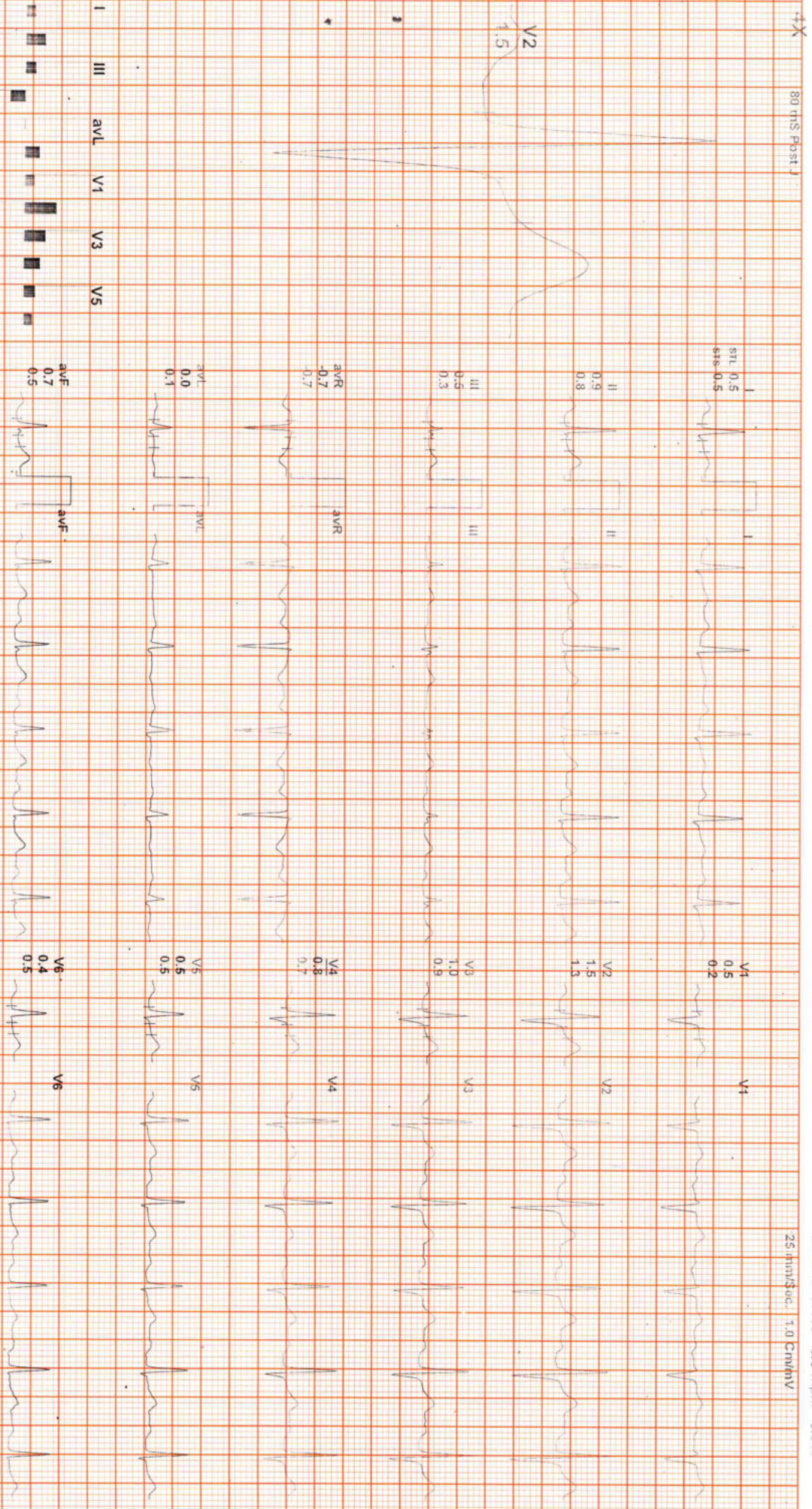
V6 1.2
1.4

V6

I III avL avR avF V1 V2 V3 V4 V5 V6

REMARKS:





REMARKS:



AX 40 mm Post J

FS mm/Sec: 1.0 Cm/mV

I
STL 0.5
STB 0.5

V1
0.5
0.2

II
1.0
0.9

V2
1.4
1.1

III
0.5
0.4

V3
1.0
0.8

aVR
-0.8
-0.7

V4
0.8
0.6

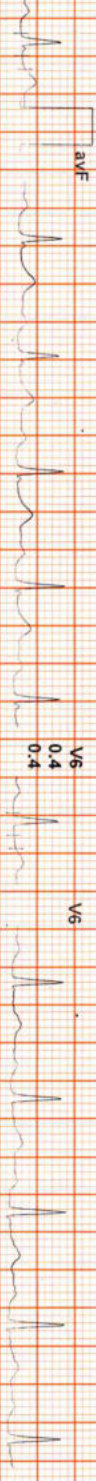
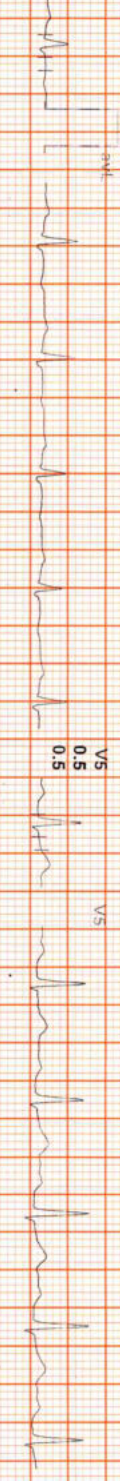
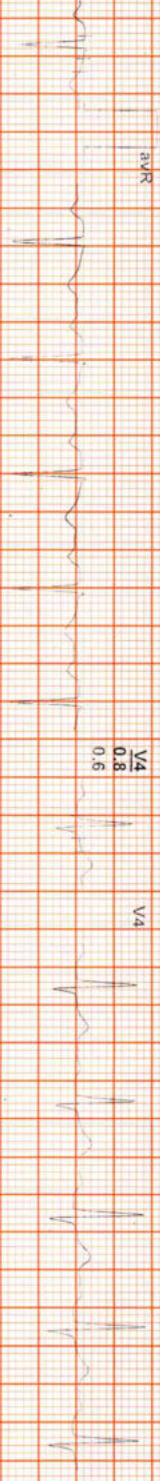
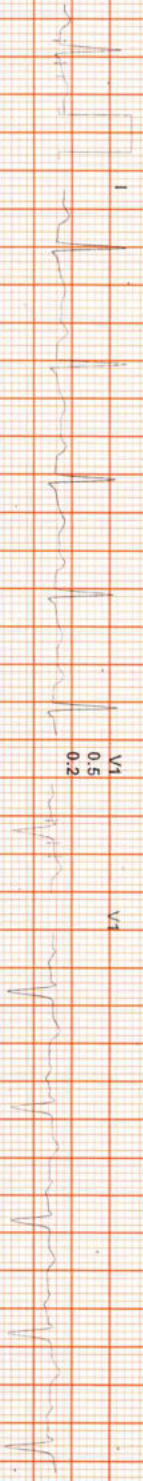
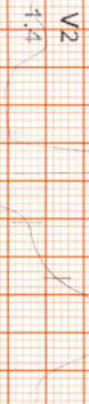
aVL
0.1
0.1

V5
0.5
0.5

aVF
0.7
0.6

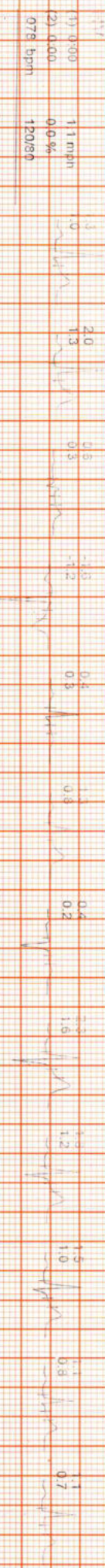
V6
0.4
0.4

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





I II III 3V4 3V5 3V6 3V7 3V8 3V9 3V10 3V11 3V12 3V13 3V14 3V15 3V16 3V17 3V18 3V19 3V20 3V21 3V22 3V23 3V24 3V25 3V26 3V27 3V28 3V29 3V30 3V31 3V32 3V33 3V34 3V35 3V36 3V37 3V38 3V39 3V40 3V41 3V42 3V43 3V44 3V45 3V46 3V47 3V48 3V49 3V50 3V51 3V52 3V53 3V54 3V55 3V56 3V57 3V58 3V59 3V60 3V61 3V62 3V63 3V64 3V65 3V66 3V67 3V68 3V69 3V70 3V71 3V72 3V73 3V74 3V75 3V76 3V77 3V78 3V79 3V80 3V81 3V82 3V83 3V84 3V85 3V86 3V87 3V88 3V89 3V90 3V91 3V92 3V93 3V94 3V95 3V96 3V97 3V98 3V99 3V100





Date: 12/11/2022

I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

Stage 2



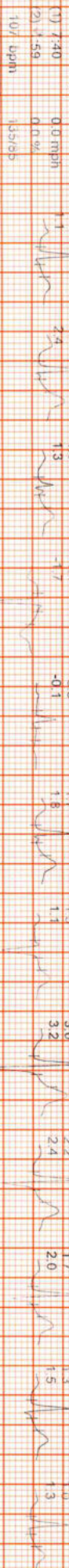
PeakEx



Recovery



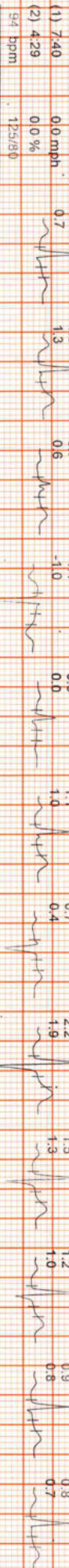
Recovery



Recovery



Recovery



Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 12/11/2022 10:45:31

Patient ID :-122228093



NAME :- Mr. UDIT SHARMA

Ref. By Dr:- BOB

Sex / Age :- Male 30 Yrs 2 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 12/11/2022 10:54:39

Final Authentication : 12/11/2022 12:39:37

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.78	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	59.2	%	40.0 - 80.0
LYMPHOCYTE	35.4	%	20.0 - 40.0
EOSINOPHIL	2.4	%	1.0 - 6.0
MONOCYTE	2.8	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.02	10 ³ /uL	1.50 - 7.00
LYMPH#	2.41	10 ³ /uL	1.00 - 3.70
EO#	0.16	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)	5.01	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	41.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	83.3	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.5	g/dL	31.5 - 34.5
PLATELET COUNT	272	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	16.63		

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: 1 of 11



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

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Date :- 12/11/2022 10:45:31 Patient ID :-122228093
NAME :- Mr. UDIT SHARMA Ref. By Dr:- BOB
Sex / Age :- Male 30 Yrs 2 Mon 30 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 12/11/2022 10:54:39 Final Authentication : 12/11/2022 12:39:37

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	12	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

or connective tissue disease. MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

AJAYSINGH
Technologist

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Date :- 12/11/2022 10:45:31 Patient ID :-122228093
NAME :- Mr. UDIT SHARMA Ref. By Dr:- BOB
Sex / Age :- Male 30 Yrs 2 Mon 30 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, C₁₀₀ETP 12/11/2022 10:54:39 Final Authentication : 12/11/2022 15:10:17

HAEMATOLOGY

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

BLOOD GROUP ABO "O" POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) 90.6 mg/dl 75.0 - 115.0
Method:- GOD PAP

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 .

BLOOD SUGAR PP (Plasma) 108.3 mg/dl 70.0 - 140.0
Method:- GOD PAP

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 .

AJAYSINGH, MUKESH SINGH
Technologist

Page No: 3 of 11



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NAME :- Mr. UDIT SHARMA Ref. By Dr:- BOB
 Sex / Age :- Male 30 Yrs 2 Mon 30 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 12/11/2022 10:54:39 Final Authentication : 12/11/2022 15:10:17

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	188.20	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	96.21	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	0.38	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	171.79 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	19.24	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	495.26 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	452.08 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	540.87	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments 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 HDLCHOLESTERO 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			

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Date :- 12/11/2022 10:45:31 Patient ID :-122228093
NAME :- Mr. UDIT SHARMA Ref. By Dr:- BOB
 Sex / Age :- Male 30 Yrs 2 Mon 30 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 12/11/2022 10:54:39 Final Authentication : 12/11/2022 15:10:17

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.26	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.11	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.15	mg/dl	0.30-0.70
SGOT Method:- IFCC	32.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	38.2	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	65.30	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	32.00	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.00	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.10	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.90	gm/dl	2.20 - 3.50
A/G RATIO	1.41		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

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Ref. By Dr:- BOB

Sex / Age :- Male 30 Yrs 2 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 12/11/2022 10:54:39

Final Authentication : 12/11/2022 15:10:17

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.90	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.70	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM Sample Collected Time 12/11/2022 10:54:39 Final Authentication : 12/11/2022 15:10:17

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	15.0	mg/dl	0.0 - 23.0

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Date :- 12/11/2022 10:45:31 Patient ID :-122228093
NAME :- Mr. UDIT SHARMA Ref. By Dr:- BOB
Sex / Age :- Male 30 Yrs 2 Mon 30 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 12/11/2022 10:54:39

Final Authentication : 12/11/2022 12:39:37

HAEMATOLOGY

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

Ref by ADA 2020

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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Patient ID :- 122228093



NAME :- Mr. UDIT SHARMA

Ref. By Dr:- BOB

Sex / Age :- Male 30 Yrs 2 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 12/11/2022 10:54:39

Final Authentication : 12/11/2022 11:47:23

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
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

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NAME :- Mr. UDIT SHARMA Ref. By Dr:- BOB
 Sex / Age :- Male 30 Yrs 2 Mon 30 Days Lab/Hosp :-
 Company :- MediWHEEL



Sample Type :- PLAIN/SERUM Sample Collected Time 12/11/2022 10:54:39 Final Authentication : 12/11/2022 15:46:26

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.390	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.870	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.693	μIU/mL	0.400 - 4.649

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

*** End of Report ***

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Final Authentication : 12/11/2022 14:47:10

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 ***



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Transcript by.