

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

**Patient Name :** MR. PRADEEP NAWAL

**Age / Gender :** 30 years / Male

**Endo ID :** 116404

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 08, 2023, 02:37 p.m.

**Reported Date & Time :** Apr 08, 2023, 03:47 p.m.

**Sample ID :**



230980149

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

**LIPID PROFILE**

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	163.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	108.1	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	43.4	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	21.62	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	97.98	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	3.76		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.26		0.5-3.4

\*\*END OF REPORT\*\*

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

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**Collected Date & Time :** Apr 08, 2023, 02:37 p.m.

**Reported Date & Time :** Apr 08, 2023, 04:16 p.m.

**Sample ID :**



230980149

Test Description	Value(s)	Unit(s)	Reference Range
<b>IMMUNOLOGY</b>			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.08	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	9.0	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	3.13	uIU/mL	0.35 - 5.50

**Interpretation:**

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**  
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**Collected Date & Time :** Apr 08, 2023, 02:37 p.m.

**Reported Date & Time :** Apr 08, 2023, 02:53 p.m.

**Sample ID :**



230980149

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

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**

5.2

%

> 8% Action Suggested

**BLOOD**

7 - 8 % Good Control

**Method : Nephelometry Methodology**

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

**Instrument: Mispa i2**

**Clinical Information:**

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

**AVERAGE BLOOD GLUCOSE**

102.54

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

\*\*END OF REPORT\*\*

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**Collected Date & Time :** Apr 08, 2023, 02:37 p.m.

**Reported Date & Time :** Apr 08, 2023, 03:46 p.m.

**Sample ID :**



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**BIOCHEMISTRY**

**RENAL FUNCTION TEST**

Urea Method : Uricase	24.1	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.76	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	<b>7.4</b>	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.33	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	141	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	3.6	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	100	mmol/L	98 - 106

\*\*END OF REPORT\*\*

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<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	16.4	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.75	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	48.4	%	42 - 52
Mean Cell Volume (MCV)	84.2	FL	78 - 100
Mean Cell Haemoglobin (MCH)	28.5	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	33.9	g/dl	32 - 36
Red Cell Distribution Width (RDW)	<b>14.1</b>	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6500	Cell/cu.mm	4000 - 10000
Neutrophils	55	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	8.3	fL	7.2 - 11.7
PCT	0.25	%	0.2 - 0.5
Platelet Count	300	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

<b>IRON - SERUM</b>	124.4	ug/dL	65 - 175
<b>TOTAL IRON BINDING CAPACITY(TIBC)</b>	352	ug/dL	228 - 428
<b>FERRITIN</b>	90.7	ng/mL	Male:22-322 Female:10-291
<b>TRANSFERRIN SATURATION %</b>	35.34	%	16 - 50

Method : Serum CLIA

Method : Calculated

**INTERPRETATION**

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

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

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**BIOCHEMISTRY**

C-Reactive Protein; CRP, SERUM	1.31	mg/L	0.0-6.0
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**Interpretation :**

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

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

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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	0.77	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.24	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.53	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	25.7	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	24.5	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	62.0	U/L	<b>MALE &amp; FEMALE</b>
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.26	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.51	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.75	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.64		1.5 - 2.5
Method : Calculated			

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**BIOCHEMISTRY**

Gamma GT	24	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitoanilide

**Interpretation**

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

\*\*END OF REPORT\*\*

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

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

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**HAEMATOLOGY**

BLOOD GROUP ABO AND RHTYPE

'B' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

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

\*\*END OF REPORT\*\*

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**CLINICAL PATHOLOGY**

**General Examination**

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.015		1.005 - 1.030

**Chemical Examination**

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

**Microscopic Examination**

Pus cells (WBCs)	1-2	/hpf	0-9
Epithelial cells	3-4	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

Glucose fasting	91.5	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

\*\*END OF REPORT\*\*

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M.D. (Patho.)



Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

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

NAME- Pradeep AGE- 31 yrs DATE - 8-04-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

Both cp angles are clear.  
Cardiac size is within normal limits.  
Both lungs fields are clear.

NAD IN HEART AND LUNGS.

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

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।  
ALTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.



5 Seconds ECG Report

Patient Name: Mr. PRADEEP RAM 28/M

April 08, 2023

Time: 10:54:00

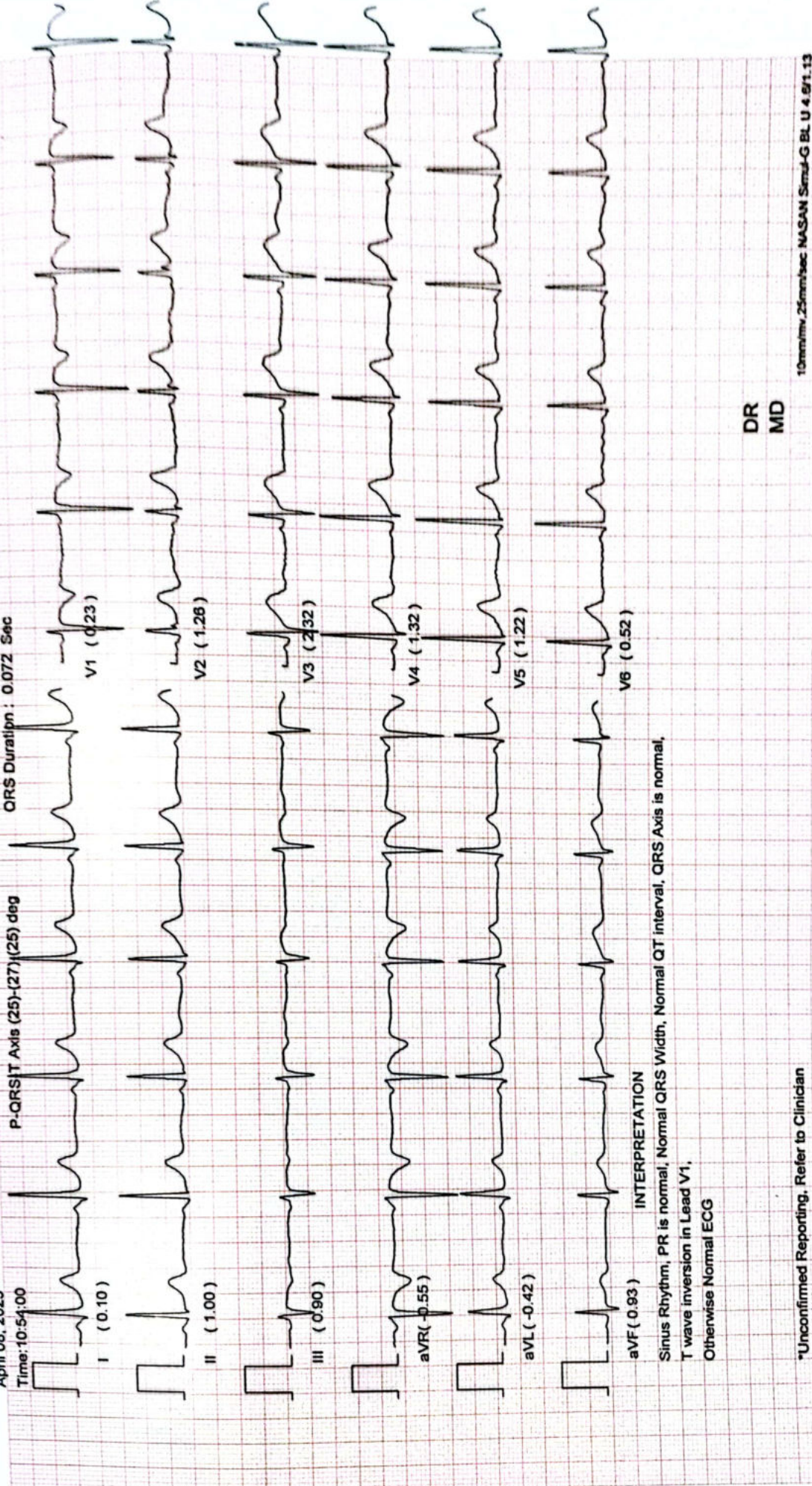
RR Interval: 0.93 sec

PR Interval: 0.12 sec

QRS Duration: 0.072 Sec

HR: 94 bpm BP: 0/0 mmHg

P-QRS/T Axis (25)-(27)(25) deg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal.

T wave inversion in Lead V1.

Otherwise Normal ECG

DR  
MD

\*Unconfirmed Reporting. Refer to Clinician

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



USG ABDOMEN-PELVIS

NAME – Pradeep Ram Nawed

AGE -- 28 yrs

Date -- 08-04-2023

REF BY --

**LIVER:** is Normal In Size 12.4 cm and shows homogeneous echotexture.  
No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.  
The portal vein and common bile duct show normal caliber.

**GALL BLADDER:** distended and shows smooth walls. Wall thickness appears normal.  
No evidence of sludge/ calculus . No evidence of pericholecystic collection.

**SPLEEN:** normal in size and shows normal echopattern.

**PANCREAS:** Normal in size , shape and position.  
Parenchyma is homogenous.

**KIDNEYS :** Both the kidneys are normal in size , shape and location. Both show normal cortico-medullary differentiation.  
No evidence of hydronephrosis or calculus.

Right kidney – measures :-- 9.1 x 3.6 cm  
Left kidney – measures :-- 9.2 x 4.6 cm

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

**PROSTATE:** is normal in size 11.1 Gms and shows normal homogeneous echotexture  
No evidence of ascites / pleural effusion.

**IMPRESSION:-- Abdominal Organs are Within Normal Limits**

(Adv- clinical correlation , further evaluation)

Dr. JEVINDKA GUYAL (M.D.)  
RMC No. 004250/15000  
Consultant Radiologist  
And Sonologist

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

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNA  
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE



NAME	: MR . PARDEEP RAM NAWED	DATE	: 08-04-2023
AGE	: 28 YRS	REF BY	:
SEX	: MALE		

**INTERPRETATION SUMMARY**

- ? MILD PROLAPSE OF AORTIC VALVE CUSP ( TRICUSPID )
- NORMAL CHAMBER DIMENSIONS
- INTACT IAS/ IVS
- MILD TR , MILD AR
- RVSP 25 MM HG
- NO RWMA : LVEF 65 %
- NO CLOT, VEGITATION.
- NO PERICARDIAL EFFUSION
- NORMAL PERICARDIUM

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

LVID d	36.3	LVEDV	
LVID s	23.6	LVESV	
RVID(d)	---	SV	-
IVS d	9.0	F.S	35%
IVS S	12.7	EF	65%
LVPW d	9.9	C.O	-
LVPWS	14.0	MITRAL VALVE	-
AORTIC ROOT	28.9	EF SLOPE	-
LEFT ATRIUM	27.4	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

**DOPPLER MEASUREMENTS & CALCULATIONS:**


STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 121 A- 74	-	NIL
TRICUSPID VALVE	NORMAL	195	-	MILD
PUL VALVE	NORMAL	105	-	NIL
AORTIC VALVE	?CUSP PROLAPSE	108	-	MILD


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


Dr. Divyendra Kumar  
RMC No.: 004250/1500  
Consultant Radiologist  
And Sonologist

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




  
**भारत सरकार**  
**GOVERNMENT OF INDIA**

  
प्रदीप राम नवाद  
Pradeep RAM NAWAD  
जन्म वर्ष / Year of Birth : 1992  
पुरुष / Male



**9879 4087 1536**


**आधार – आम आदमी का अधिकार**


  
**आधार**


**भारतीय विशिष्ट पहचान प्राधिकरण**  
**UNIQUE IDENTIFICATION AUTHORITY OF INDIA**


पता: S/O: जीवन राम नवाद, पनघट के पाम, देहड की धानी, चक पिनग्लोड, चक पिनग्लोड, सलेमाबाद, अजमेर, फॉर नैव ब्क, राजस्थान, 305815

Address: S/O: Jeewan RAM NAWAD, Panghatke pass, Dehad ki dhani, Chak pinglod, CHAK PINGLOD, Salemabad, Ajmer, For New VTC, Rajasthan, 305815

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