

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 988704978

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

General Physical Examination

Date of Examination: 28/02/2024

Name: Mameesh Vijayin Age: 38 Sex: male

DOB: 26/05/

Referred By: Medinheel

Photo ID: Asidhar ID #: Attached

Ht: 164 (cm)

Wt: 89 (Kg)

Chest (Expiration): 113 (cm)

Abdomen Circumference: 110 (cm)

Blood Pressure: 119/81 mm Hg PR: 76 / min

BMI 34.2 Kg/m²

Eye Examination: D/R vision 6/6, Near vision N16.

No colour blindness

Other: Rest significant

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

Signature Of Examinee :  Name of Examinee: _____

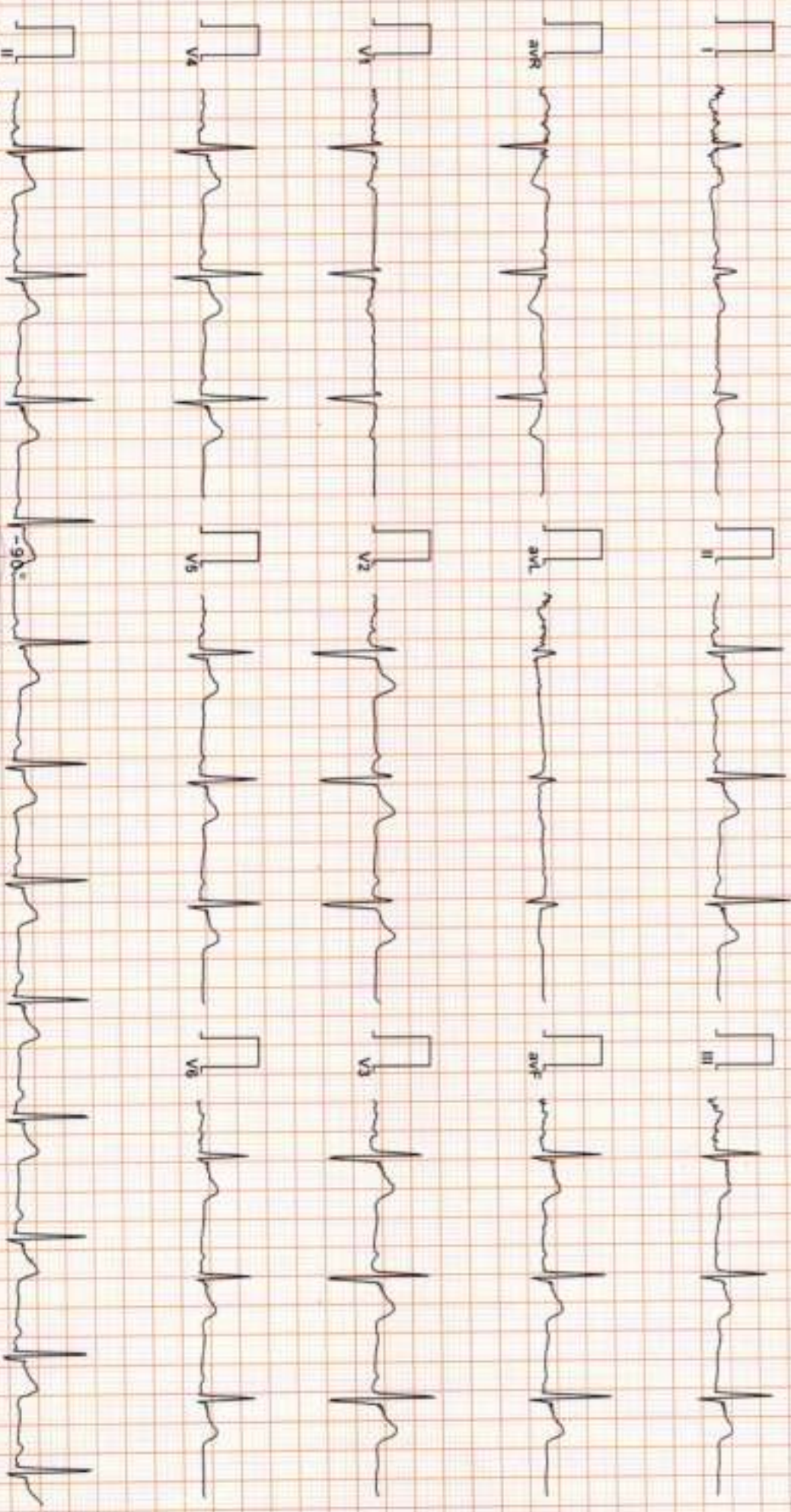
Signature Medical Examiner : Dr Piyush Goyal Name Medical Examiner _____

M.B.B.S. D.M.B.L.
RMC Reg. No.-017903

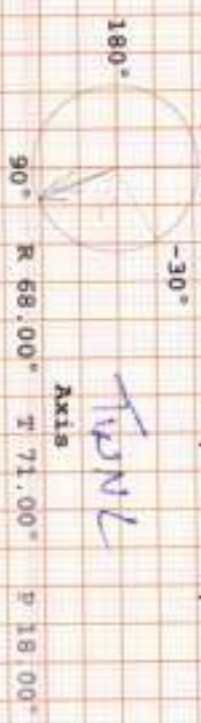
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EKG

102337199 / MR MANESH UJJAINIYA / 38 Yrs / M/ Non Smoker
Heart Rate : 71 bpm / Tested On : 28-Jan-24 11:31:44 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Reid By : BOB



Heart Rate : 71 bpm
PR Interval : 142 ms
QRS Duration : 96 ms
QT/QTc Int : 374/395 ms
P-QRS-T Axis : 18.00° • 68.00° • 71.00°



Ateniger's ECG (Prasdes) | PMS2182103121

D. Nareesh Kumar Mohanaka
RMC No. 45703
MECS, DE-CARLO (ESCORTS)
Reported By: E.M. (RCGP, UK)

DR. GOYALS PATH LAB & IMAGING CENTER

Report



B-51 GANESH NAGAR, JAIPUR EMAIL:

3095 / MR MANEESH UJJAINIYA / 38 Yrs / M / 0 Cms / 0 Kg / NonSmoker

Date: 28 / 01 / 2024 11:32:56 AM Refd By: BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	02:04	2:04	01.1	00.0	01.0	081	45%	126/86	102	00	
Standing	02:49	0:45	01.1	00.0	01.0	079	43%	126/86	099	00	
HV	03:23	0:34	01.1	00.0	01.0	071	39%	126/86	089	00	
Warm Up	05:01	1:38	01.1	00.0	01.0	108	59%	126/86	136	00	
ExStart	05:08	0:07	01.0	00.0	01.0	103	57%	126/86	129	00	
BRUCE Stage 1	08:08	3:00	01.7	10.0	04.7	138	76%	136/86	187	00	
BRUCE Stage 2	11:08	3:00	02.5	12.0	07.1	153	84%	156/90	238	00	
PeakEx	11:19	0:11	03.4	14.0	07.3	153	84%	156/90	238	00	
Recovery	12:19	1:00	00.0	00.0	01.2	141	77%	156/90	219	00	
Recovery	13:19	2:00	00.0	00.0	01.0	118	65%	140/90	165	00	
Recovery	15:19	4:00	00.0	00.0	01.0	106	58%	130/86	137	00	
Recovery	16:36	5:17	00.0	00.0	01.0	093	51%	126/86	117	00	

FINDINGS :

Exercise Time : 06:11
 Max HR Attained : 153 bpm 84% of Target 182
 Max BP Attained : 156/90 (mm/Hg)
 Max Workload Attained : 7.3 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

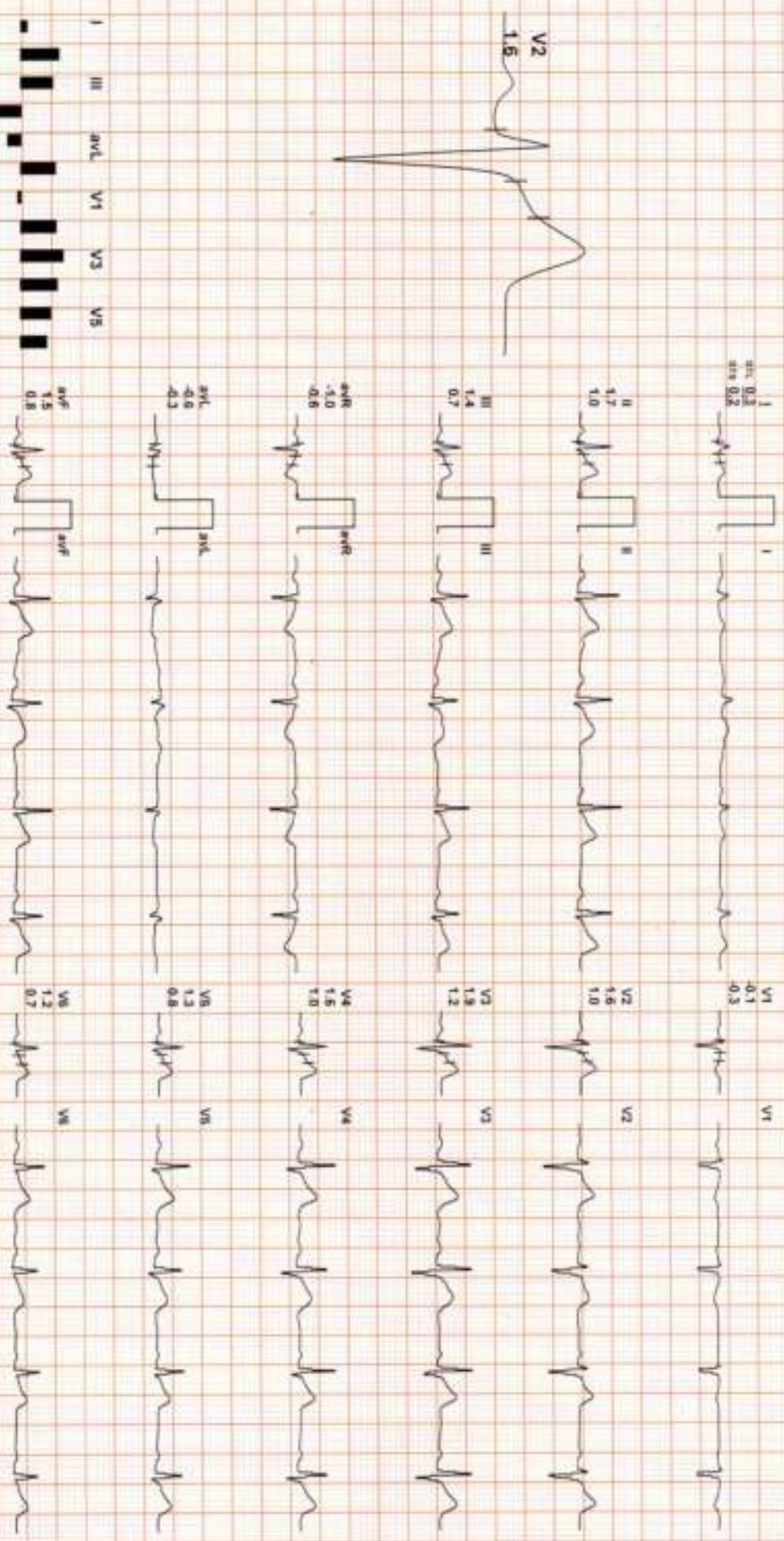
T-T is Negative for RHT

Dr. Manish Kumar Mohanta
 Ritek Road 3/03
 Plot 38, BPT Capitalia (ESCORTS)
 Old Mt. Road, Jaipur-302004

3095 / MR MANEESH UJJAINIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 81

Date: 28 / 01 / 2024 11:32:06 AM METS: 1.0l 81 bpm 45% of THR BP: 126/86 mmHg Combined Mediana/BLD Qm North Qm HF: 0.09 HzLF: 100 Hz
 4X 80 ms Post 2

ExTime: 00:00 1.1 mpr 0.0%
 25 mm/Sec 1.0 Cm/Div



REMARKS:

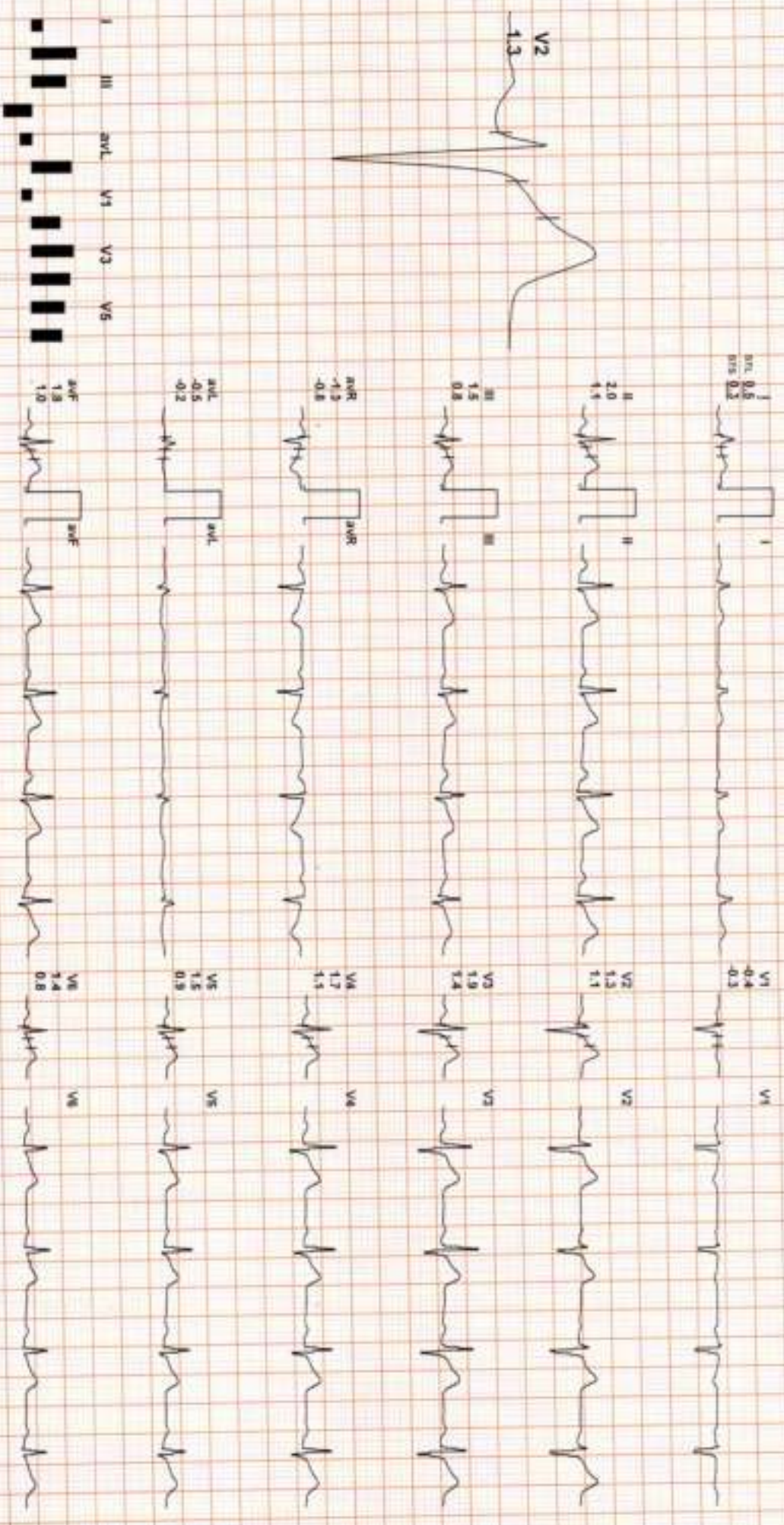


3095 / MR MAANEESH UJJAINIYA / 38 YRS / M / 0 Cms / 0 Kg / HR : 79

Date: 28 / 01 / 2024 11:32:56 AM METS: 1.0/79 bpm 43% of THR BP: 126/66 mmHg Combined Modulus/ BLC On/ Match On/ LF: 0.05 Hz/LF: 100 Hz

4X 80 ms Post J

ExtTime: 00:00 - 1.1 min, 0.0%
24 mm/Sec - 1.0 Cm/mV



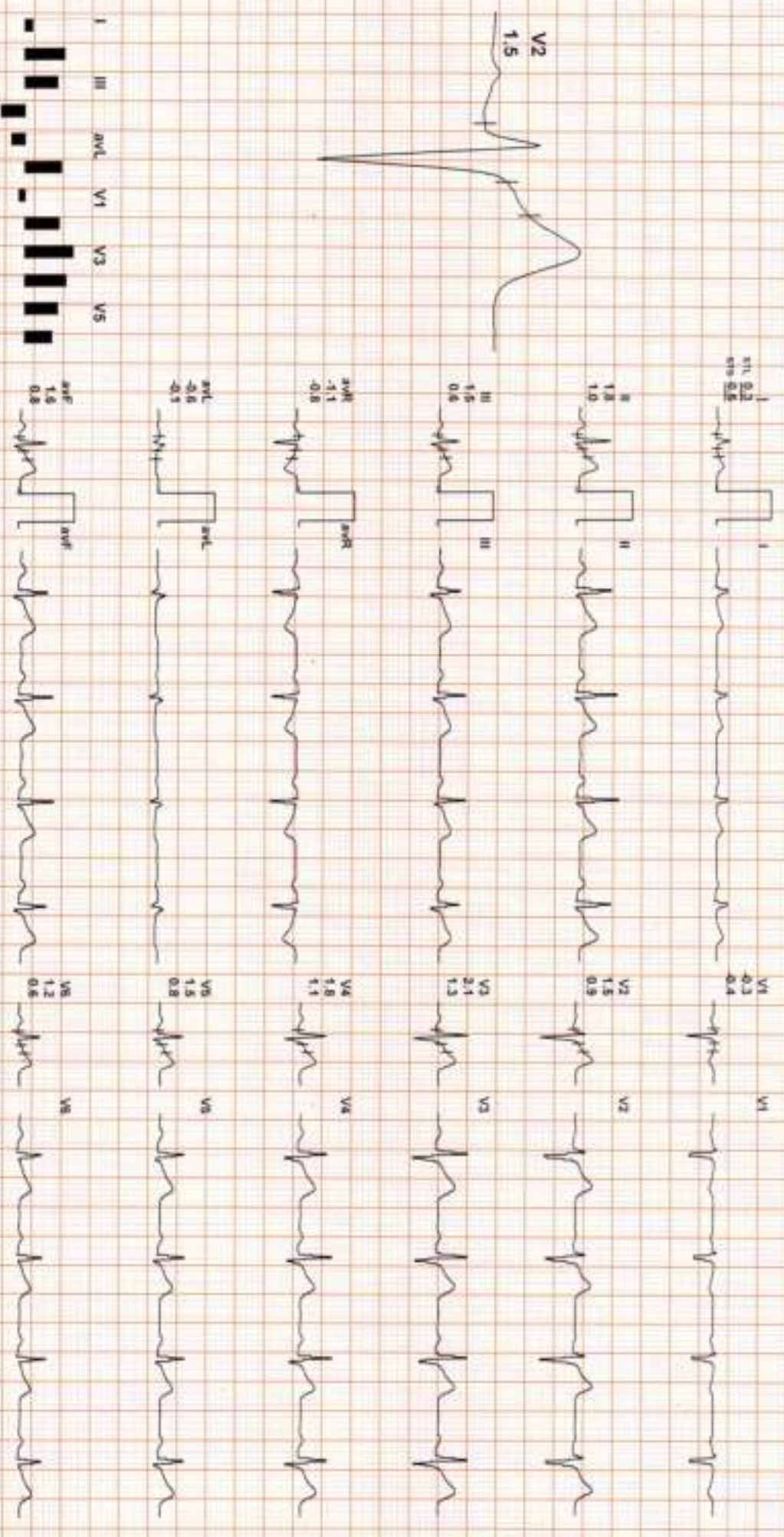
REMARKS:



3095 / MR MANEESH UJJAINIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 71

Date: 28 / 01 / 2024 11:32:56 AM METS: 1.0 / 74 bpm 39% of THR EP: 126/86 mmHg Combined Medians/ BLD ON Netch ON/ HF 0.05 Hz/ F 100 Hz
 4X 80 ms Post J

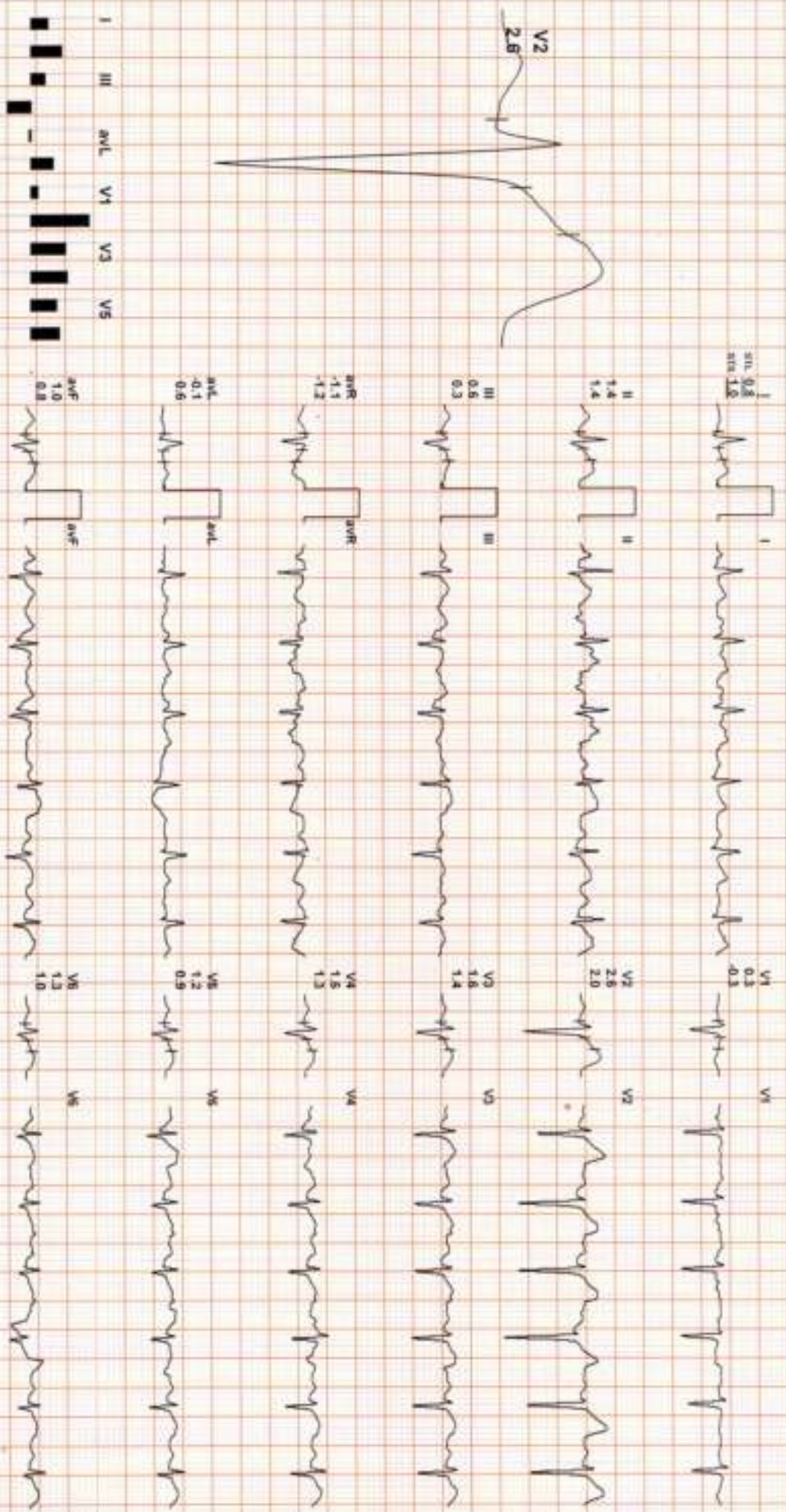
EATime: 08:00 1.1 mV 9.0%
 25 mm/Sec 1.0 Cm/mV



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

3095 / MR MANEESH UJJAINIYA / 38 YRS / M / 0 CMS / 0 Kg / HR : 108

Date: 28 / 01 / 2024 11:32:59 AM METS: 1.07 108 bpm 59% of THR BP: 126/86 mmHg Combined Medians/ B/C Cav Notch Cav HF: 0.05 I-ELU: 190 Hz
 4X 80 mS Preset J EXTIME: 00:00 1.1 mV 0.0%
 25 mm/Sec 1.0 Cm/mV

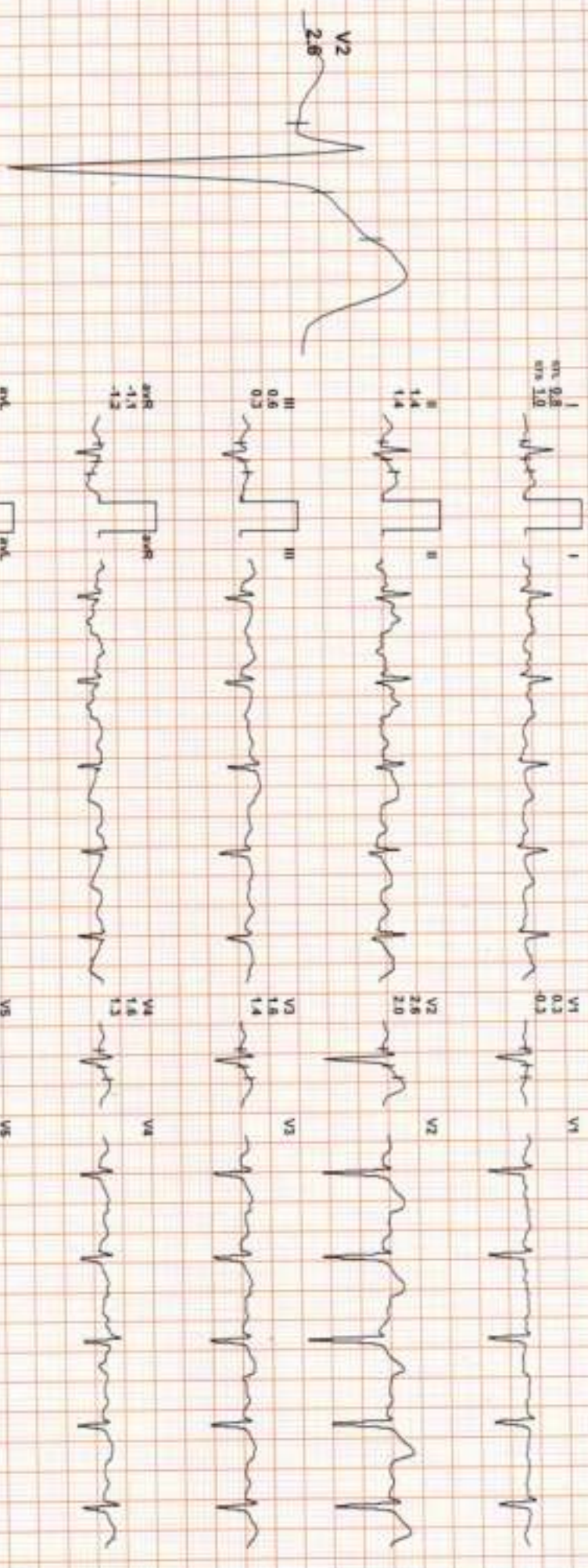


REMARKS:

3095 / MR MANEESH UJJAINIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 103

Date: 28 / 01 / 2024 11:32:56 AM METS: 1.01 103 bpm 57% of THR BP: 126/86 mmHg Combined Medians/ ECG Qw Notch Qw HF 0.05 Hz/ LF 100 Hz

EXTIME: 00:00 1.0 min 0.0% 25 mm/Sec 1.0 Cm/mV



REMARKS:





3095 / MR MANEESH UJJAINIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 138

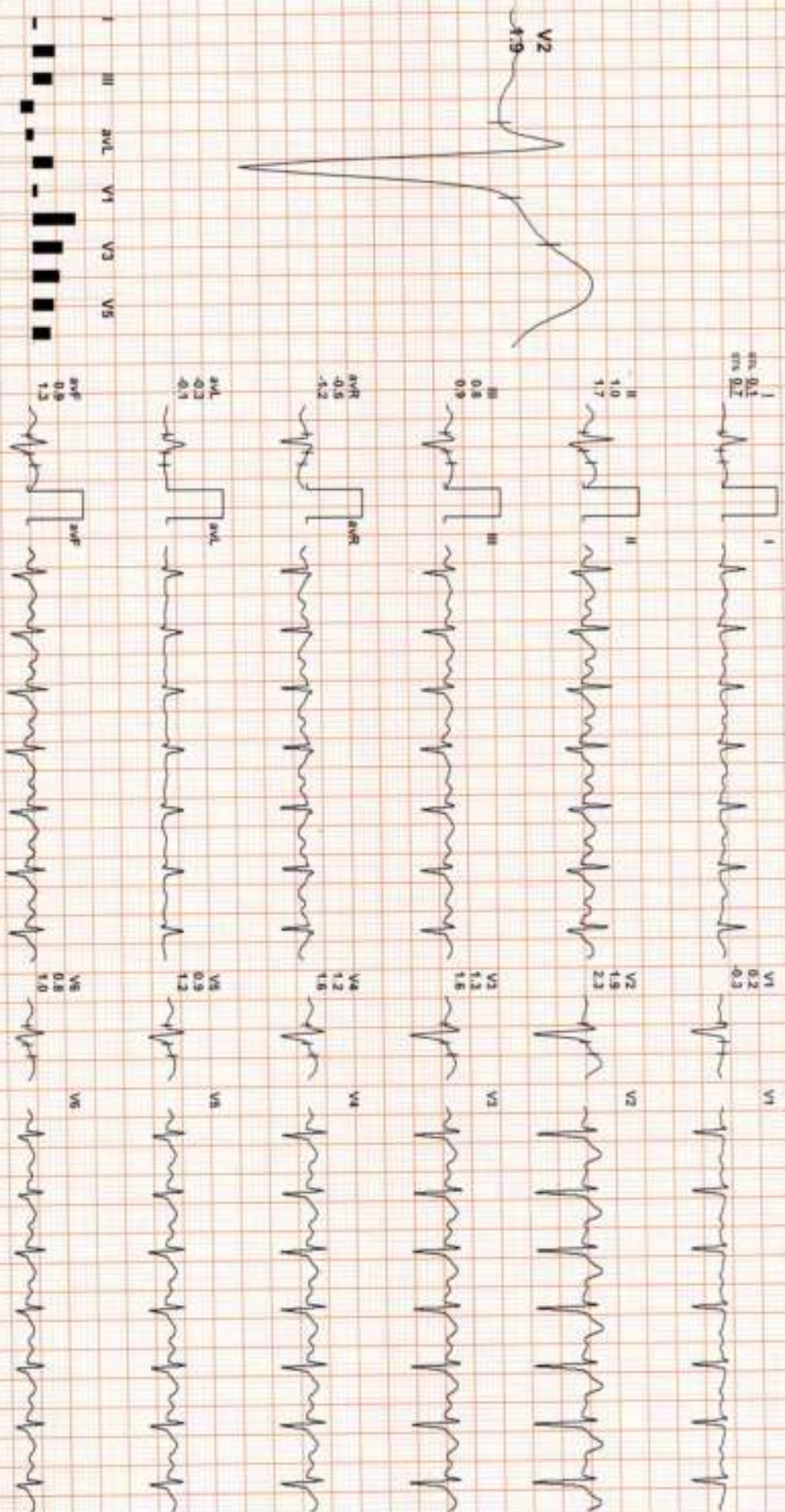
Date: 28 / 01 / 2024 11:32:56 AM METS: 4.71 138 bpm 75% of THR BP: 136/86 mmHg

Conducted Mediana BLC QW Natch QW HF: 0.05 Hz LF: 100 Hz

ExTime: 03:00 1.7 mpt 10.0%

4X 60 ms Post J

25 mm/Sec 1.0 CalmV



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

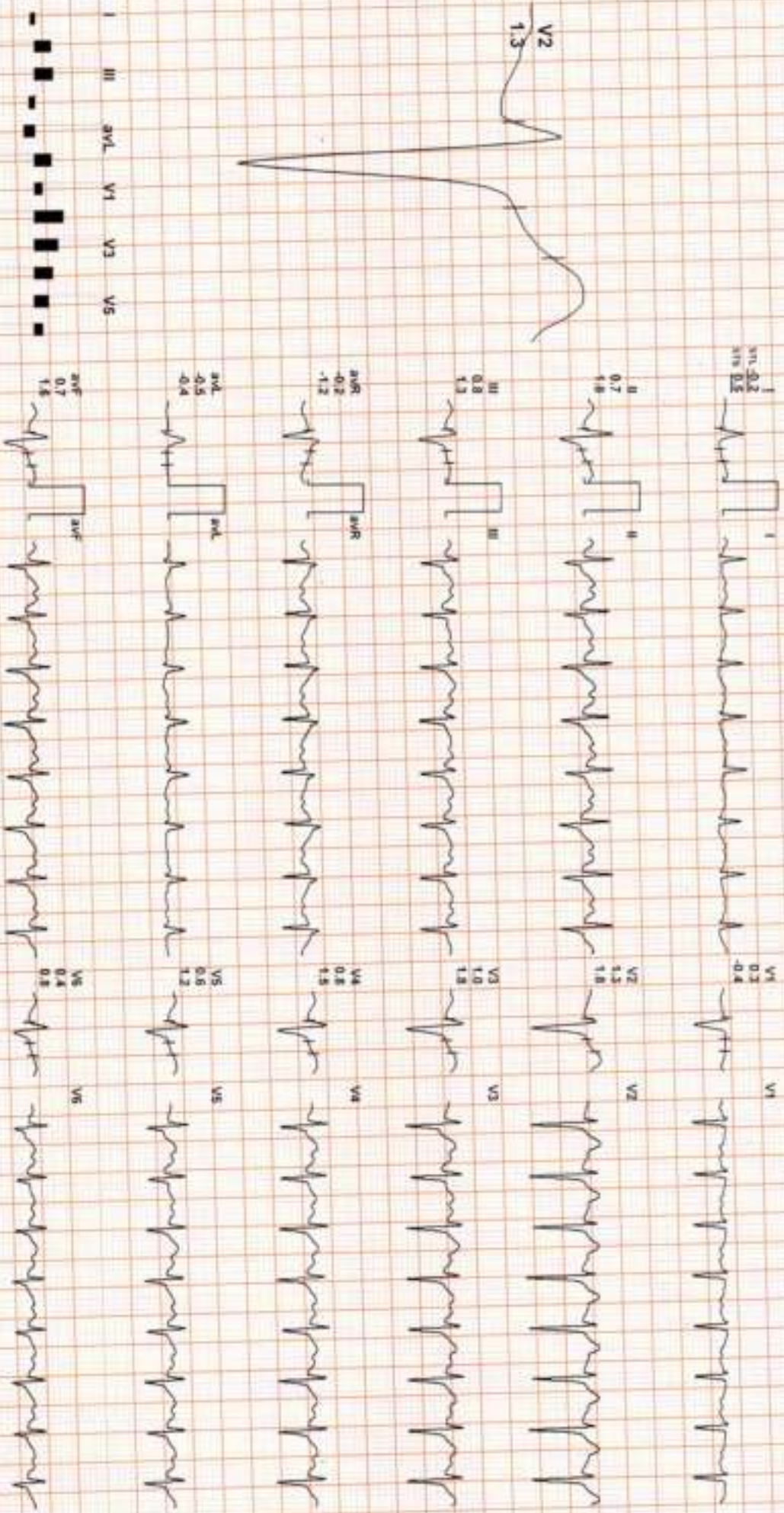


3095 / MR MANEESH UJJAINIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 153

Date: 28 / 01 / 2024 11:32:56 AM METS: 7.4 / 153 bpm 84% of THR BP: 156/90 mmHg Combined Medians/ SLC On Match On HF: 0.06 HzLVF 100 Hz

ExTime: 06:00 2.5 mph 12.0%
25 mm/Sec 1.0 Cm/mV

4X 50 ms Post J



REMARKS:



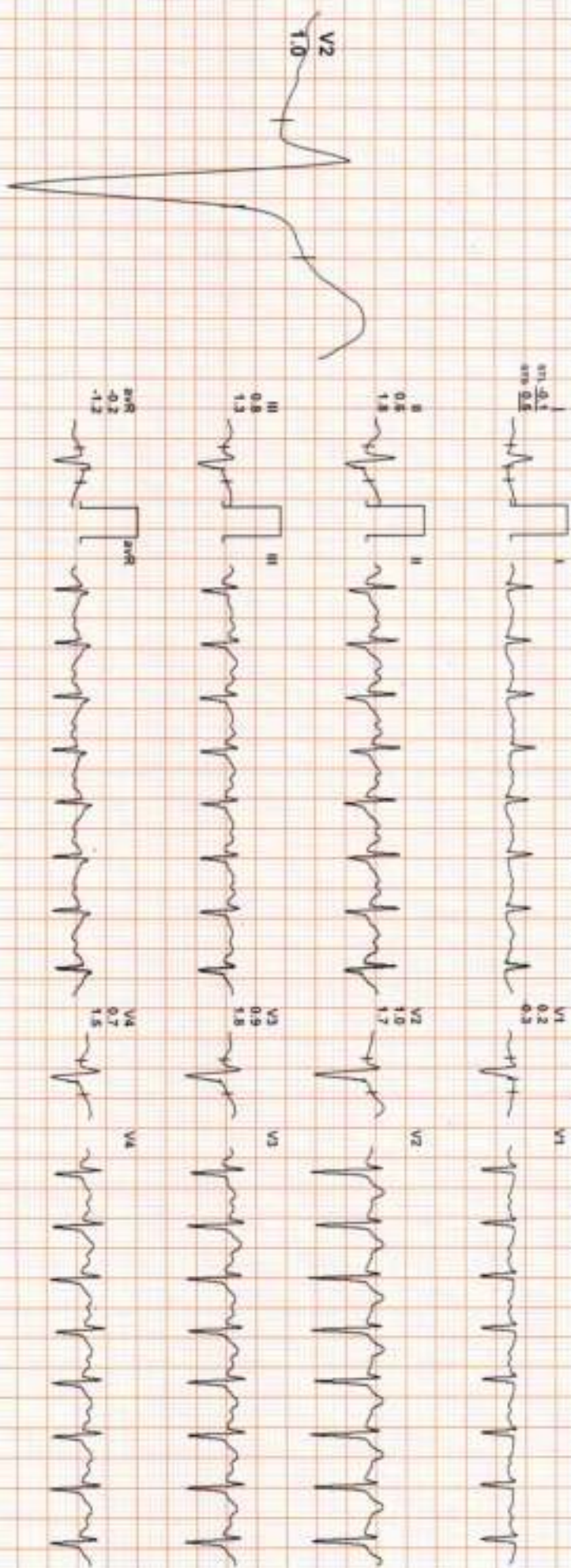
3095 / MR MANEESH UJJAINIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 153

Date: 28 / 01 / 2024 11:32:56 AM METS: 7.37 153 bpm 84% of THR BP: 156/90 mmHg Capnated Mediana/ BUC Div Nishi QM HF: 0.05 H&LF: 100 Hz

ExTime: 06:11 3.4 mpm 14.0%

AX ECG Print J

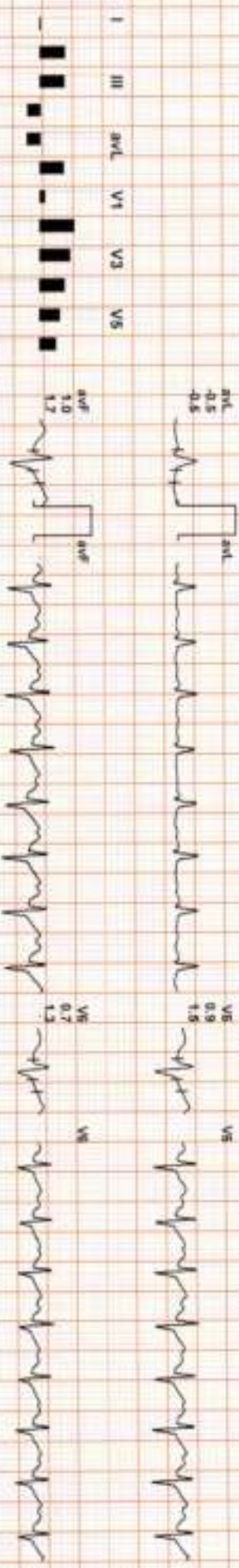
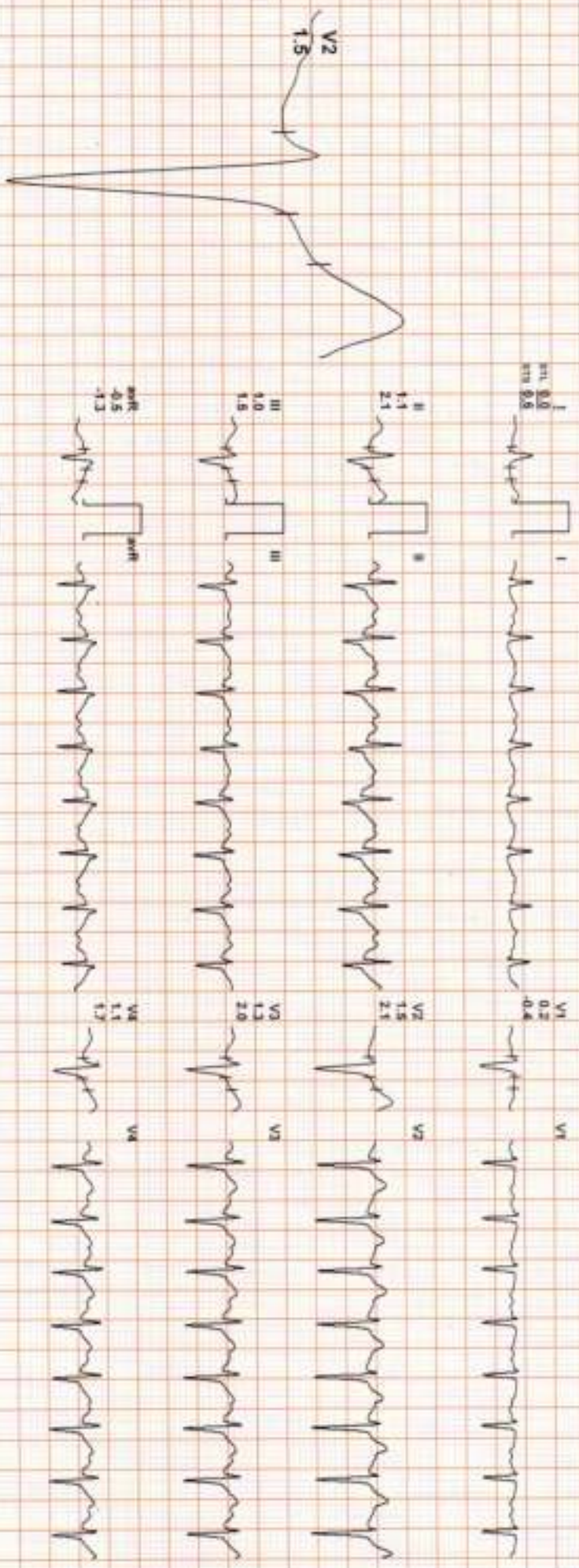
25 mm/sec 1.0 Cm/mV



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

3095 / MR MANESH UJJAINIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 141

Date: 28 / 01 / 2024 11:32:56 AM METS: 1.21 141 bpm 77% of THR BP: 156/90 mmHg Combined Medicines/ BLC On/Notch On/ HF 0.05 HOLD/T 100 Hz
4X 50 MS PAPER J ESTIM: 06:11 0.0 mPR 0.0%
25 mmSec 1.0 Cm/mV



REMARKS:

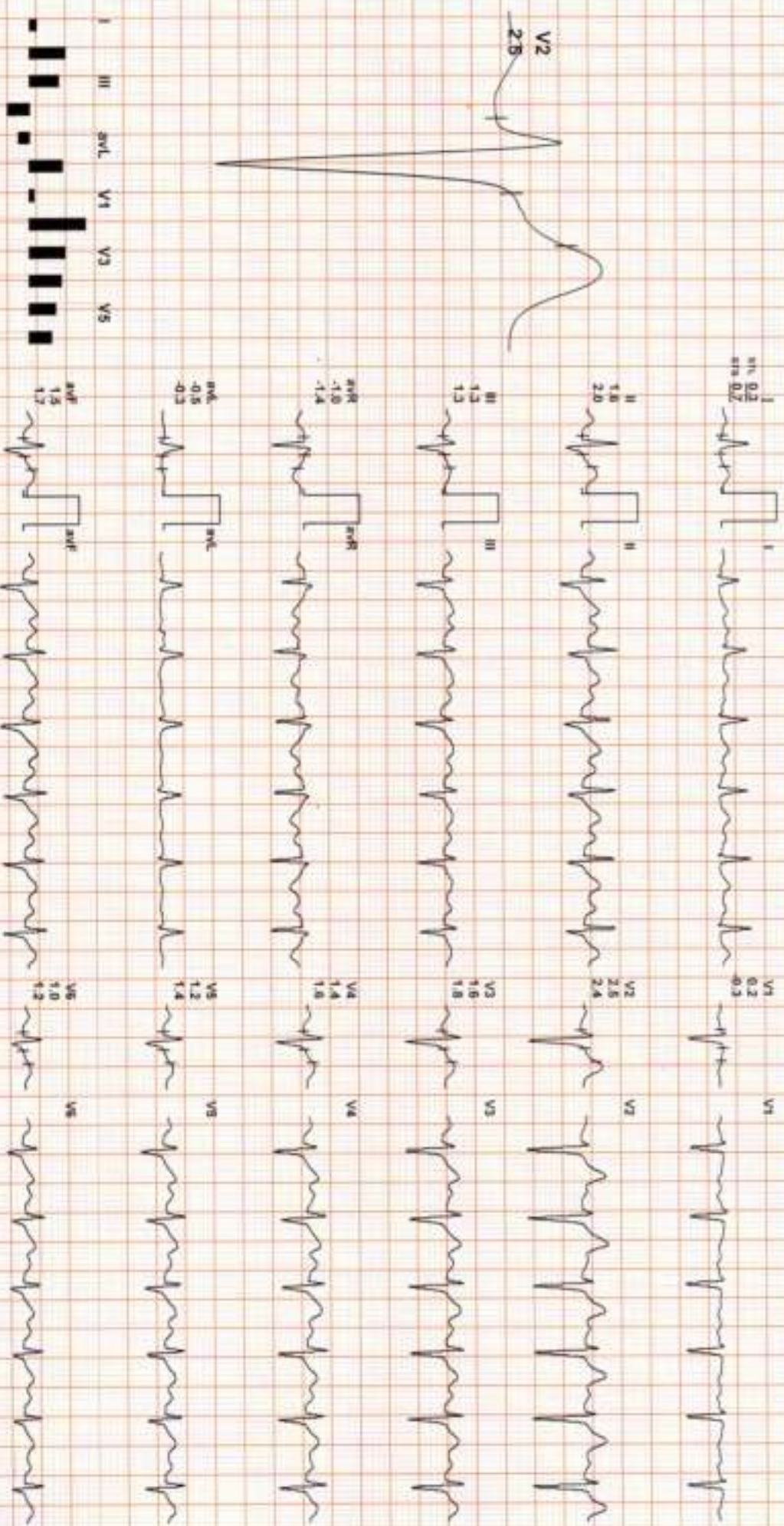


3095 / MR MANEESH UJJAINIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 118

Date: 28 / 01 / 2024 11:32:56 AM METS: 1.0/ 118 bpm 65% of THR BP: 140/90 mmHg Combined Medication/ BLC On/ Noch On/ HF 0.05 Hz/ LF 100 Hz

4X 30 ms Post J

Ex Time: 06:11 0.0 mph, 0.0%
25 mm/Sec, 1.5 Cm/mV



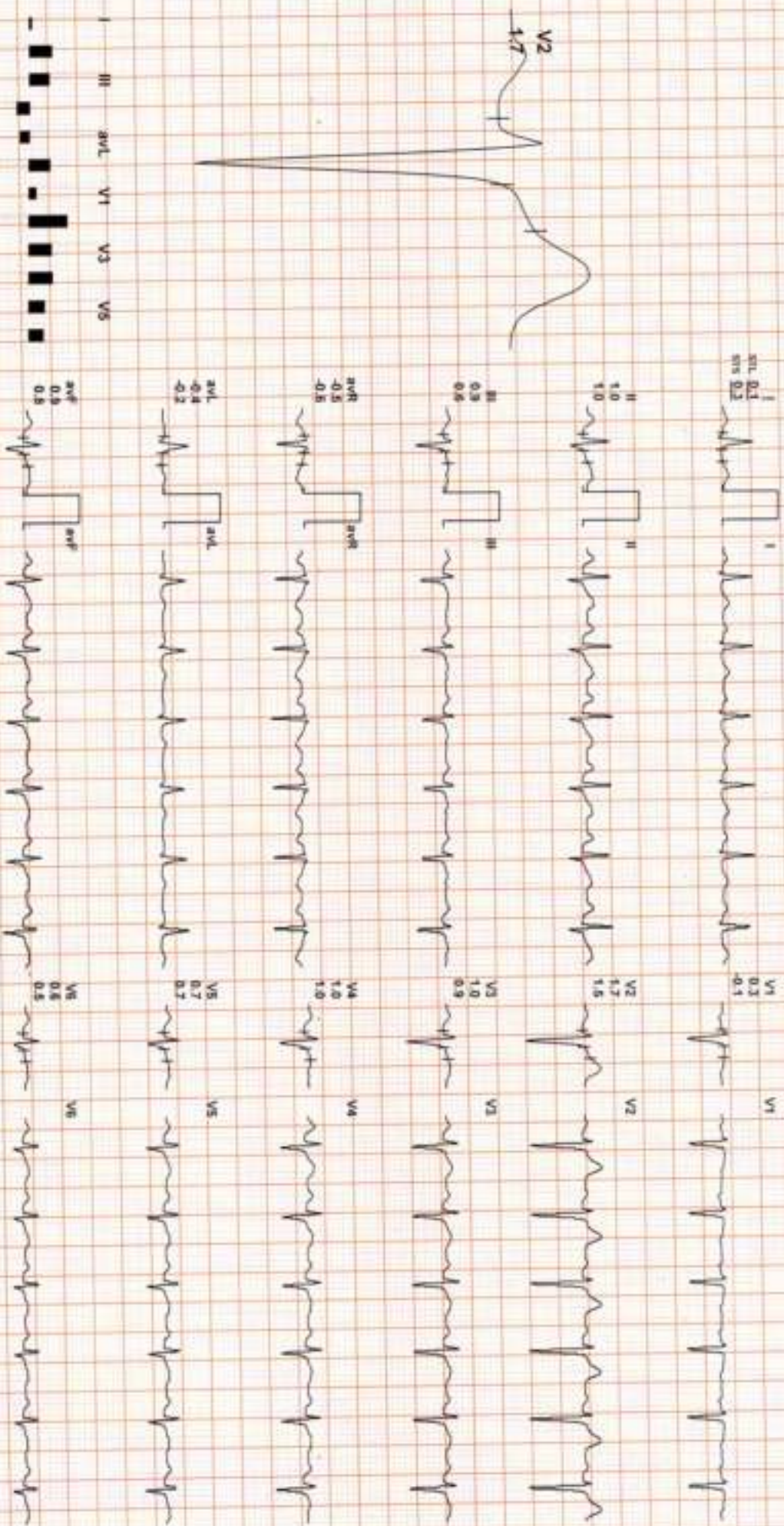
REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6

3095 / MR MANEESH UJJAINIYA / 38 YRS / M / 0 Cms / 0 Kg / HR : 106

Date: 28 / 01 / 2024 11:32:56 AM METS: 1.0/ 106 from 58% of THR BP: 130/86 mmHg Combined Measurs: ECG: On Patch On: HR: 0.06 Hz/ LF: 100 Hz

4X 80 ms Post J

ECGTime: 06:11 0.0 mps 0.0%
25 mm/Sec 1.0 cm/mV



REMARKS:

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

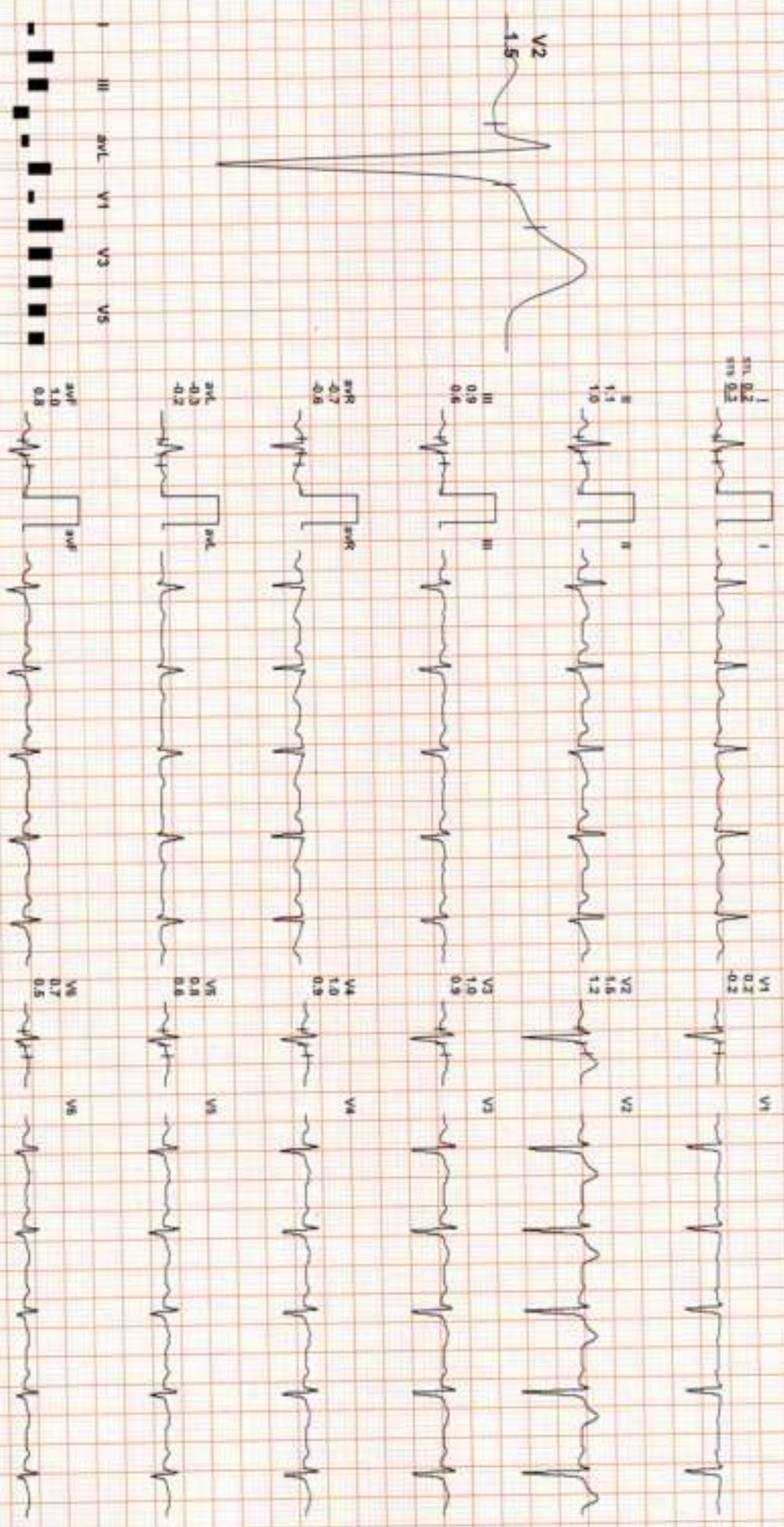


3095 / MR MANEESH UJJAINIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 93

Date: 28 / 01 / 2024 11:32:56 AM METS: 1.6/ 93 bpm 81% of THR BP: 128/86 mmHg Combined Mediana/ BLC Ox Match Ox Hr: 0.06 HbA1c: 100 Hz

4X 80 mS Post J

ExTime: 06:11 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV



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

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

Date :- 28/01/2024 09:13:37
NAME :- Mr. MANEESH UJJAINIYA
Sex / Age :- Male 38 Yrs 8 Mon 4 Days
Company :- MediWheel

Patient ID :-12235486
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 28/01/2024 09:15:22

Final Authentication : 28/01/2024 14:17:51

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.8	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.48	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	57.8	%	40.0 - 80.0
LYMPHOCYTE	36.6	%	20.0 - 40.0
EOSINOPHIL	3.3	%	1.0 - 6.0
MONOCYTE	2.0	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.75	10 ³ /uL	1.50 - 7.00
LYMPH#	2.38	10 ³ /uL	1.00 - 3.70
EO#	0.21	10 ³ /uL	0.00 - 0.40
MONO#	0.12	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.87	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	42.60	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	87.5	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.5	g/dL	31.5 - 34.5
PLATELET COUNT	264	x10 ³ /uL	150 - 410
RDW-CV	13.4	%	11.6 - 14.0
MENTZER INDEX	17.97		

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

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

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B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanapan Road,
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MC- 5509
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Date :- 28/01/2024 09:13:37 Patient ID :- 12235486
NAME :- Mr. MANEESH UJJAINIYA Ref. By Dr:- BOB
 Sex / Age :- Male 38 Yrs 8 Mon 4 Days Lab/Hosp :-
 Company :- MediWheel

Sample Type :- EDTA Sample Collected Time 28/01/2024 09:15:22 Final Authentication : 28/01/2024 14:17:51

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)
 Method:- HPLC

11.3 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 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

278 H mg/dL

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

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 Technologist

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Patient ID :-12235486



NAME :- Mr. MANEESH UJJAINIYA

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 8 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 28/01/2024 09:15:22

Final Authentication : 28/01/2024 14:17:51

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	35 H	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" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology : FLC, 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

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Patient ID :-12235486



NAME :- Mr. MANEESH UJJAINIYA

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 8 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time:28/01/2024 09:15:22

Final Authentication : 28/01/2024 11:00:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

TOTAL CHOLESTEROL
Method:- Enzymatic Endpoint Method

301.63 H mg/dl

Desirable <200
Borderline 200-239
High > 240

TRIGLYCERIDES
Method:- GPO-PAP

921.36 H mg/dl

Normal <150
Borderline high 150-199
High 200-499
Very high >500

Comment- (1) Serum sample is highly lipemic .

(2) In case of serum Triglyceride value > 400 mg/dl , VLDL can not be calculated

by Formula TG/5 as it leads to errors in calculated parameter. In such cases VLDL is cancelled .

DIRECT HDL CHOLESTEROL
Method:- Direct clearance Method

32.73 mg/dl

Low < 40
High > 60

DIRECT LDL CHOLESTEROL
Method:- Direct clearance Method

115.34 mg/dl

Optimal <100
Near Optimal/above optimal 100-129
Borderline High 130-159
High 160-189
Very High > 190

TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of disorders involving lipid metabolism.

TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of disorders involving lipid metabolism and various metabolic 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

SURENDRAXHANGA

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Date :- 28/01/2024 09:13:37

Patient ID :- 12235486

NAME :- Mr. MANEESH UJJAINIYA

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 8 Mon 4 Days

Lab/Hosp :-

Company :- Medi/Wheel



Sample Type > PLAIN/SERUM

Sample Collected Time 28/01/2024 09:15:22

Final Authentication : 28/01/2024 11:00:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.41	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	0.14	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.27	mg/dl	0.30-0.70
SGOT Method:- IFCC	37.5 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	62.0 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	104.20	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	232.60 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Buret Reagent	7.48	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.71	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.77	gm/dl	2.20 - 3.50
A/G RATIO	1.70		1.30 - 2.50

Total Bilirubin/Methodology: Colorimetric method **Instrument/Name:** Randox **Rx Inits:** 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 those unacceptable babies. High levels of unconjugated bilirubin indicates 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 Inits:** 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 Inits:** Interpretation: The enzyme ALT has been found to be in higher 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 Inits:** 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 testicular disease.

TOTAL PROTEIN Methodology: Buret Reagent **Instrument/Name:** Randox **Rx Inits:** 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 Inits:** 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 Inits:** 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 10 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 3 times normal).

SURENDRAKHANGA

Page No: 5 of 12



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

Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 28/01/2024 09:13:37

Patient ID :-12235486



NAME :- Mr. MANEESH UJJAINIYA

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 8 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2024 09:15:22

Final Authentication : 28/01/2024 12:16:52

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.470	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	10.200	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.702	µIU/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

MUKESH SINGH
Technologist

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



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 28/01/2024 09:13:37

Patient ID :-12235486



NAME :- Mr. MANEESH UJJAINIYA

Ref. By Dr.- BOB

Sex / Age :- Male 38 Yrs 8 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 28/01/2024 09:15:22

Final Authentication : 28/01/2024 11:05:49

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 indicator 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 (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 cherlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitroprusside) Rother'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
Technologist

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

Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road, Jaipur-302019
Sodala, Jaipur-302019
Tele : 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 28/01/2024 09:13:37

Patient ID :-12235486

NAME :- Mr. MANEESH UJJAINIYA

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 8 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- KOX/Na FLUORIDE-F, PLAIN/SERUM Collected Time 28/01/2024 09:15:22

Final Authentication : 28/01/2024 11:00:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)

458.1 H 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.

SERUM CREATININE

0.98 mg/dl

Men - 0.6-1.30

Method:- Colorimetric Method

Women - 0.5-1.20

SERUM URIC ACID

4.67 mg/dl

Men - 3.4-7.0

Method:- Enzymatic colorimetric

Women - 2.4-5.7

SURENDRAXHANGA

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

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 28/01/2024 09:13:37

Patient ID :-12235486



NAME :- Mr. MANEESH UJJAINIYA

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 8 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE

Sample Collected Time 28/01/2024 09:15:22

Final Authentication : 28/01/2024 14:17:51

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO

"O" POSITIVE

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

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil

AJAYSINGH, VIJENDRAMEENA
Technologist

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

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019

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Date :- 28/01/2024 09:13:37

Patient ID :-12235486



NAME :- Mr. MANEESH UJJAINIYA

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs 8 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2024 09:15:22

Final Authentication : 28/01/2024 11:00:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

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



Date :- 28/01/2024 09:13:37
NAME :- Mr. MANEESH UJJAINIYA
Sex / Age :- Male 38 Yrs 8 Mon 4 Days
Company :- MediWheel

Patient ID :- 12235486
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 28/01/2024 10:10:04

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



Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI
(RMC No. 33613 / 14911)

*** End of Report ***

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

Transcript by.



Date :- 28/01/2024 09:13:37
NAME :- Mr. MANEESH UJJAINIYA
Sex / Age :- Male 38 Yrs 8 Mon 4 Days
Company :- MediWheel

Patient ID :- 12235486
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 28/01/2024 10:57:50

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is enlarged in size (~ 15.1 cm). Echo-texture is 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 contracted (Postmeal status) . 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 (~18cc) 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:

* Mild hepatomegaly with grade II fatty changes.

Needs clinical correlation.

*** End of Report ***

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AHSAN
Transcript by.

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

