



### General Physical Examination

Date of Examination: 26-09-2022

Name: CHANDAN CHOUDHARY Age: 35 DOB: 22-04-1987 Sex: Male

Referred By: BOB (Mediawheel)

Photo ID: AADHAR ID #: attached.

Ht: 175 (cm)

Wt: 82 (Kg)

Chest (Expiration): 108 (cm)

Abdomen Circumference: 105 (cm)

Blood Pressure: 161/117 mm Hg

PR: 102 / min

RR: 16 / min

Temp: Afebrile

BMI 26.8

Eye Examination: Dist vision 6/6 (with specs), Near vision

N/G b/L eyes, Normal color vision

Other: Not significant

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

Signature Of Examinee : \_\_\_\_\_

Name of Examinee: \_\_\_\_\_

Signature Medical Examiner : \_\_\_\_\_

Name Medical Examiner: \_\_\_\_\_

Dr. Piyush Goyal  
M.B.B.S., D.M.R.C.  
RMC Reg. No. 017936

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6. This report is not valid for any medico-legal purposes.

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Government of India

लगाविलेले क्रम संख्या/ Enrolment No.: 1190/66050/02206

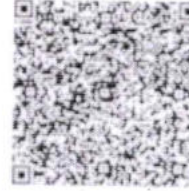
To  
शंढल चौधरी  
Chandan Choudhary  
S/O: Shrravan Kumar  
a-40  
ganesh colony  
Jaipur  
Jhotwara  
Jaipur Rajasthan - 302012  
9829974761

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तुमारे आधार नंबर / Your Aadhaar No. :

**9289 7368 9592**

मारे आधार, मारी ओळख

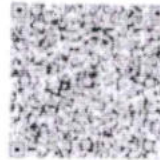


भारत सरकार  
Government of India



शंढल चौधरी  
Chandan Choudhary  
जन्म तारीख/DOB: 22/04/1987  
पुरुष/ MALE

Dr. Piyush Goyal  
M.B.B.S., D.M.R.E.  
RMC Reg. No.-017936



**9289 7368 9592**

मारे आधार, मारी ओळख

Handwritten signature

Dr. F. J. ...  
M.B.S. ...  
... ..



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 26/09/2022 08:41:23 Patient ID :-12222568  
**NAME :- Mr. CHANDAN CHOUDHARY** Ref. By Dr:- BOB  
 Sex / Age :- Male 35 Yrs 5 Mon 6 Days Lab/Hosp :-  
 Company :- MediWheel

Sample Type :- EDTA Sample Collected Time 26/09/2022 09:14:51 Final Authentication : 26/09/2022 12:53:09

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE BELOW 40MALE</b>			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	15.8	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	6.22	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	67.7	%	40.0 - 80.0
LYMPHOCYTE	24.5	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	5.3	%	2.0 - 10.0
BASOPHIL	0.5	%	0.0 - 2.0
NEUT#	4.21	$10^3/uL$	1.50 - 7.00
LYMPH#	1.52	$10^3/uL$	1.00 - 3.70
EO#	0.16	$10^3/uL$	0.00 - 0.40
MONO#	0.27	$10^3/uL$	0.00 - 0.70
BASO#	0.00	$10^3/uL$	0.00 - 0.10
<b>TOTAL RED BLOOD CELL COUNT (RBC)</b>	5.36	$\times 10^6/uL$	4.50 - 5.50
<b>HEMATOCRIT (HCT)</b>	49.80	%	40.00 - 50.00
<b>MEAN CORP VOLUME (MCV)</b>	93.0	fL	83.0 - 101.0
<b>MEAN CORP HB (MCH)</b>	29.4	pg	27.0 - 32.0
<b>MEAN CORP HB CONC (MCHC)</b>	31.6	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	229	$\times 10^3/uL$	150 - 410
<b>RDW-CV</b>	13.6	%	11.6 - 14.0
<b>MENTZER INDEX</b>	17.35		

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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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	18	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"  $x > 100$  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

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Technologist

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Sample Type :- EDTA, KOx/Na FLUORIDE-F, K<sub>2</sub>EDTA, CUBED, TPE, DRWZ 2022 09:14:51

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO

"B" NEGATIVE

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

FASTING BLOOD SUGAR (Plasma)  
 Method:- GOD PAP

133.2 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.

BLOOD SUGAR PP (Plasma)

152.6 H 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.

URINE SUGAR (FASTING)  
 Collected Sample Received

Nil

Nil

AJAYSINGH, MKSHARMA, POOJABOHRA

Technologist

DR.HANSA

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

**Dr. Chandrika Gupta**

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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#### LIPID PROFILE

TOTAL CHOLESTEROL  
 Method:- Enzymatic Endpoint Method

255.88 H mg/dl

Desirable <200  
 Borderline 200-239  
 High > 240

TRIGLYCERIDES  
 Method:- GPO-PAP

113.01 mg/dl

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

DIRECT HDL CHOLESTEROL  
 Method:- Direct clearance Method

61.26 mg/dl

Low < 40  
 High > 60

DIRECT LDL CHOLESTEROL  
 Method:- Direct clearance Method

175.79 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

22.60 mg/dl

0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO  
 Method:- Calculated

4.18

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO  
 Method:- Calculated

2.87

0.00 - 3.50

TOTAL LIPID  
 Method:- CALCULATED

711.30 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

MKSHARMA

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.80	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	0.22	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.58	mg/dl	0.30-0.70
SGOT Method:- IFCC	75.8 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	81.4 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	99.30	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	326.70 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.84	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.93	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.91	gm/dl	2.20 - 3.50
A/G RATIO	1.69		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

MKSHARMA

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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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) are observed with infectious hepatitis.

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Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	1.22	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.15	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	14.5	mg/dl	0.0 - 23.0

MKSHARMA

Page No: 9 of 12



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

## *Conditions of Reporting*

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6. This report is not valid for any medico -legal purposes.



# 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 :- 26/09/2022 08:41:23

Patient ID :- 12222568

**NAME :- Mr. CHANDAN CHOUDHARY**

Ref. By Dr:- BOB

Sex / Age :- Male 35 Yrs 5 Mon 6 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 26/09/2022 09:14:51

Final Authentication : 26/09/2022 12:53:09

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	6.4	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

137 H mg/dL

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

AJAYSINGH  
Technologist

Page No: 10 of 12



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



Date :- 26/09/2022 08:41:23 Patient ID :-12222568  
**NAME :- Mr. CHANDAN CHOUDHARY** Ref. By Dr:- BOB  
 Sex / Age :- Male 35 Yrs 5 Mon 6 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- URINE Sample Collected Time 26/09/2022 09:14:51 Final Authentication : 26/09/2022 11:57:43

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.020		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<b>MICROSCOPY EXAMINATION</b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/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

POOJABOHRA  
 Technologist  
 DR.HANSA  
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Date :- 26/09/2022 08:41:23

NAME :- Mr. CHANDAN CHOUDHARY

Sex / Age :- Male 35 Yrs 5 Mon 6 Days

Company :- MediWheel

Patient ID :- 12222568

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/09/2022 09:14:51

Final Authentication : 26/09/2022 11:53:30

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.380	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.950	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.399	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 \*\*\*

NARENDRAKUMAR  
Technologist

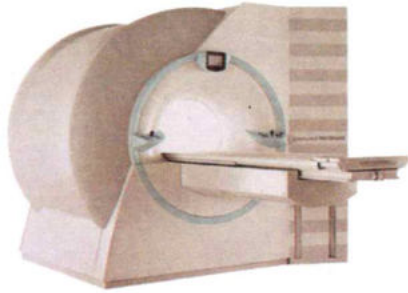
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**NAME :- Mr. CHANDAN CHOUDHARY**  
Sex / Age :- Male 35 Yrs 5 Mon 6 Days  
Company :- MediWheel

Patient ID :- 12222568  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 26/09/2022 11:39:47

BOB PACKAGE BELOW 40MALE

### X RAY CHEST PA VIEW:

*Rotation left side present*

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 \*\*\*



# CHIEF MEDICAL & HEALTH OFFICER JAIPUR-I,

CM&HO Campus, Sethi Colony, Jaipur.

Mob. No- 0141-2609792

FORM-B [See Rules 6(2), 6(5) and 8(2)]

## CERTIFICATE OF REGISTRATION

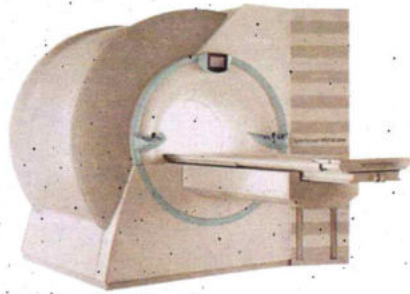
1	In exercise of the powers conferred under section 19 (1) of the pre-natal Diagnostic Techniques (Regulation and prevention of Misuse) act, 1994 (57 of 1994), <b>SUB DIVISION APPROPRIATE AUTHORITY (PCPNDT) &amp; CHIEF MEDICAL &amp; HEALTH OFFICER, JAIPUR-I, JAIPUR</b> hereby grants registration to the Ultrasound Clinic*/Imaging Centre* named below for purpose of carrying out genetic counseling/Prenatal diagnostic procedures*/Pre-natal diagnostic test/Ultrasonography under the aforesaid act for a period of five years ending on <b>15-08-2025</b>	
2	This registration is granted subject to the aforesaid Act and any Contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years apart from prosecution.	
3	A-Name and address of the Genetic counseling centre*/Genetic laboratory*/ Genetic clinic/Ultrasound clinic*/Imaging centre.	<b>Dr. Goyals Path Lab &amp; Imaging Centre, B-51, Ganesh Nagar, New Sanganer Road, Jaipur.</b> <b>Dr. Piyush Goyal.</b>
4	B-Pre-natal diagnostic procedures* approved for (Genetic clinic). Non-invasive (i)Ultrasound Invasive (ii)Amniocentesis (iii)Chronic villi biopsy (iv)Foetoscopy (v)Foetal skin or organ biopsy (vi)Cordocentesis (vii)Any other (specify)	Invasive <input checked="" type="checkbox"/> Non-Invasive <input checked="" type="checkbox"/> Ultrasound Wipro GE, Model No-Voluson E6 (BT2) S.No- E19168. ✓
5	C-Pre-natal diagnostic tests* approved (for Genetic laboratory) (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies	MRI- SIEMENS, Model NO- I-5TESLA S.No- MR 22289, ✓ Wipro GE, Model NO- Logiq P10, ✓
6	D- Any other purpose (please specify) Buy Back	S.No- LPZ 400048. ✓
7	Model and make of equipments being used (any change is to be intimated to the appropriate authority rule 13)	1. Wipro GE, Model No- Vivid T8, S.No- 605771WX0. 2. Wipro GE, Model No- Voluson E10, S.No- E61906. 3. Wipro GE, Model No- Logiq F6, S.No- 600646WX0, Buy Back ✓
8	Registration no. allotted	CM&HO-I/PCPNDT Act/61
9	Period of validity of earlier certificate of registration.(for renewed certificate of registration only)	17-08-2015 to 16-08-2020

Sub Dist. Appropriate Authority (P.C.P.N.D.T.) &  
Chief Medical & Health Officer, Jaipur-I  
Jaipur

Date :

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS





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**NAME :- Mr. CHANDAN CHOUDHARY**  
Sex / Age :- Male 35 Yrs 5 Mon 6 Days  
Company :- MediWheel

Patient ID :- 12222568  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 26/09/2022 11:45:05

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver** is of normal size. Echo-texture is normal. 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 enlarged in size (wt 28.9 gms) with normal echo-texture and outline.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified  
Great vessels appear normal.

No significant free fluid is seen in peritoneal cavity.  
*RIF / LIF shows gas filled bowel loops.*

#### **IMPRESSION:**

**Prostatomegaly Grade I (Adv- PSA)**  
**Needs clinical correlation for further evaluation**

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

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5	C-Pre-natal diagnostic tests* approved (for Genetic laboratory) (i) Chromosomal studies (ii)Biochemical studies (iii)Molecular studies <b>MRI- SIEMENS, Model NO- 1.5 Tesla S.No- MR 22289, w Wipro GE, Model NO- Logiq Plo</b>
6	D- Any other purpose (please specify) <b>Buy Back</b> <b>S.No- LPZ 400048. w</b>
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Jaipur

Date :

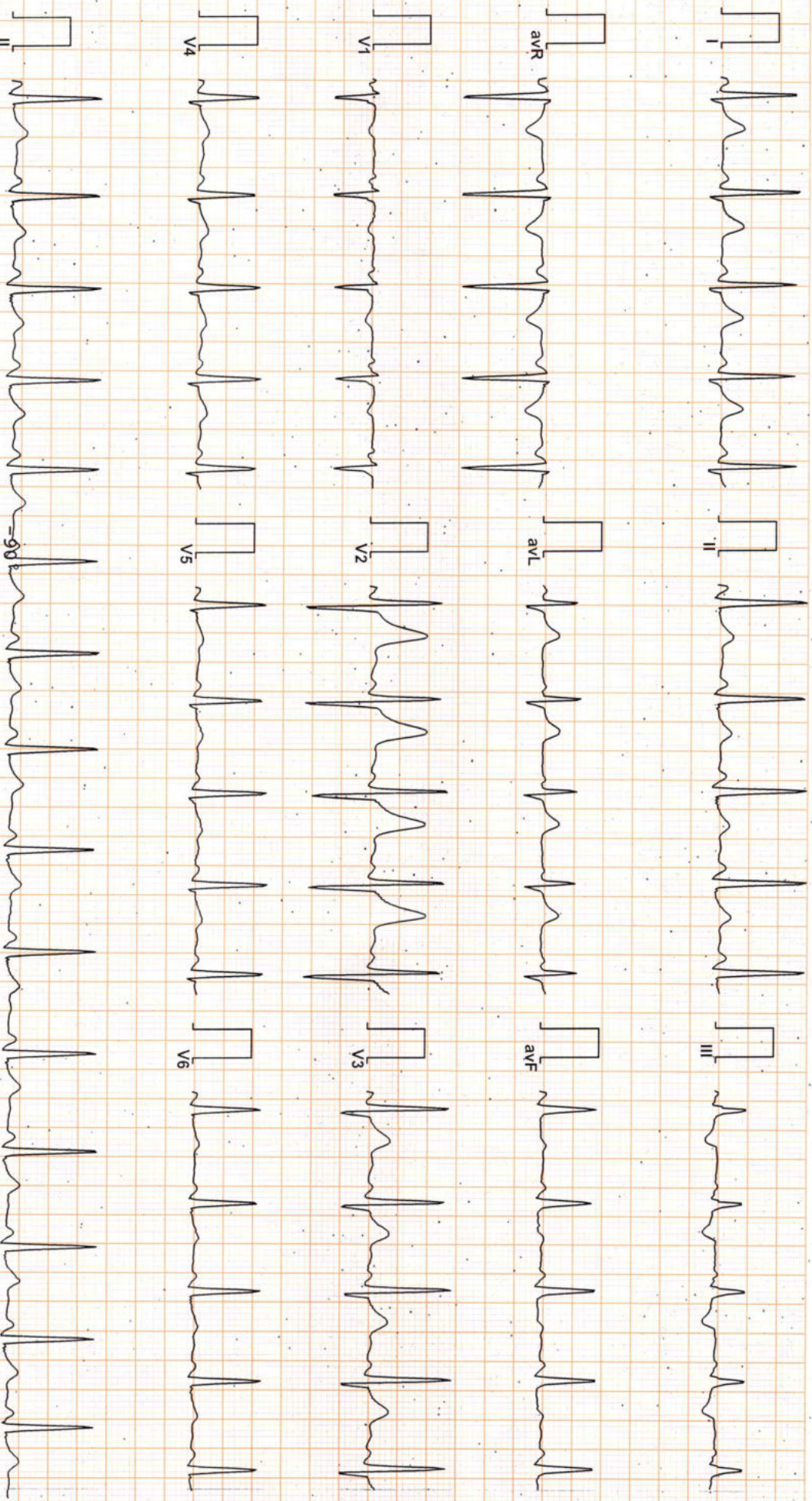
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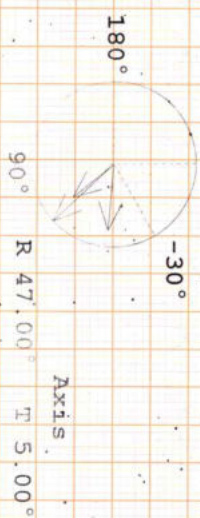
**DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR**

**ECG**

2333 / MR CHANDAN CHOUDHARY / 35 Yrs / M / 167Cms. / 82Kgs. / Non Smoker  
 Heart Rate : 91 bpm / Tested On : 26-Sep-22 09:53:46 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
 / Reid By: BOB



Vent. Rate : 91 bpm  
 PR Interval : 104 ms  
 QRS Duration : 84 ms  
 QT/QTc Int : 346/400 ms  
 P-QRS-T axis : 51.00° 47.00° 51.00°



Atengars ECG (P/stcs)/PIS218210312

Reported by: *[Signature]*  
**Dr. Naveen Kumar Motilanka**  
**MD, DM, FRC No. 35703**  
**DR. DIP, CARDIO (ESCORTS)**  
**DR. P. M. (RCGP-UK)**



DR. GOYALS PATH LAB & IMAGING CENTRE

JAIPUR Email:

Report



MR CHANDAN CHOUDHARY / 35 Yrs / M / 0 Cms / 0 Kg  
Date: 26 / 09 / 2022 Refd By : BOB Examined By :

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:19	0:19	01.1	00.0	01.0	094	51%	130/80	122	00	
Standing	00:47	0:28	01.1	00.0	01.0	101	55%	130/80	131	00	
HV	01:27	0:40	01.1	00.0	01.0	091	49%	130/80	118	00	
Warm Up	01:53	0:26	01.1	00.0	01.0	088	48%	130/80	114	00	
ExStart	03:14	1:21	01.1	00.0	01.0	114	62%	130/80	148	00	
BRUCE Stage 1	06:14	3:00	01.7	10.0	04.7	128	69%	135/85	172	00	
BRUCE Stage 2	09:14	3:00	02.5	12.0	07.1	148	80%	140/90	207	00	
PeakEx	10:55	1:41	03.4	14.0	08.9	169	91%	145/90	245	00	
Recovery	11:55	1:00	00.0	00.0	01.2	132	71%	145/90	191	00	
Recovery	12:55	2:00	00.0	00.0	01.0	112	61%	140/90	156	00	
Recovery	13:55	3:00	00.0	00.0	01.0	111	60%	135/85	149	00	
Recovery	14:55	4:00	00.0	00.0	01.0	106	57%	130/80	137	00	
Recovery	15:28	4:33	00.0	00.0	01.0	104	56%	130/80	135	00	

FINDINGS :

Exercise Time : 07:41  
 Max HR Attained : 169 bpm 91% of Target 185  
 Max BP Attained : 145/90 (mm/Hg)  
 Max Workload Attained : 8.9 Fair response to induced stress  
 Test End Reasons : Test Complete. Heart Rate Achieved

Base line ECG shows mild ST + changes seen during exercise. In infero lat leads which reverted to base line within 1 min of recovery.

TTT Positive for TMI.  
 Correlate clinically.

Dr. Naresh Kumar Mohanka  
 RMC No. 35703  
 RMC No. 35703 (ESCORTS)  
 D.E.M (RCGP-UK)

Dr. Naresh Kumar Mohanka  
 RMC No. 35703  
 RMC No. 35703 (ESCORTS)  
 D.E.M (RCGP-UK)





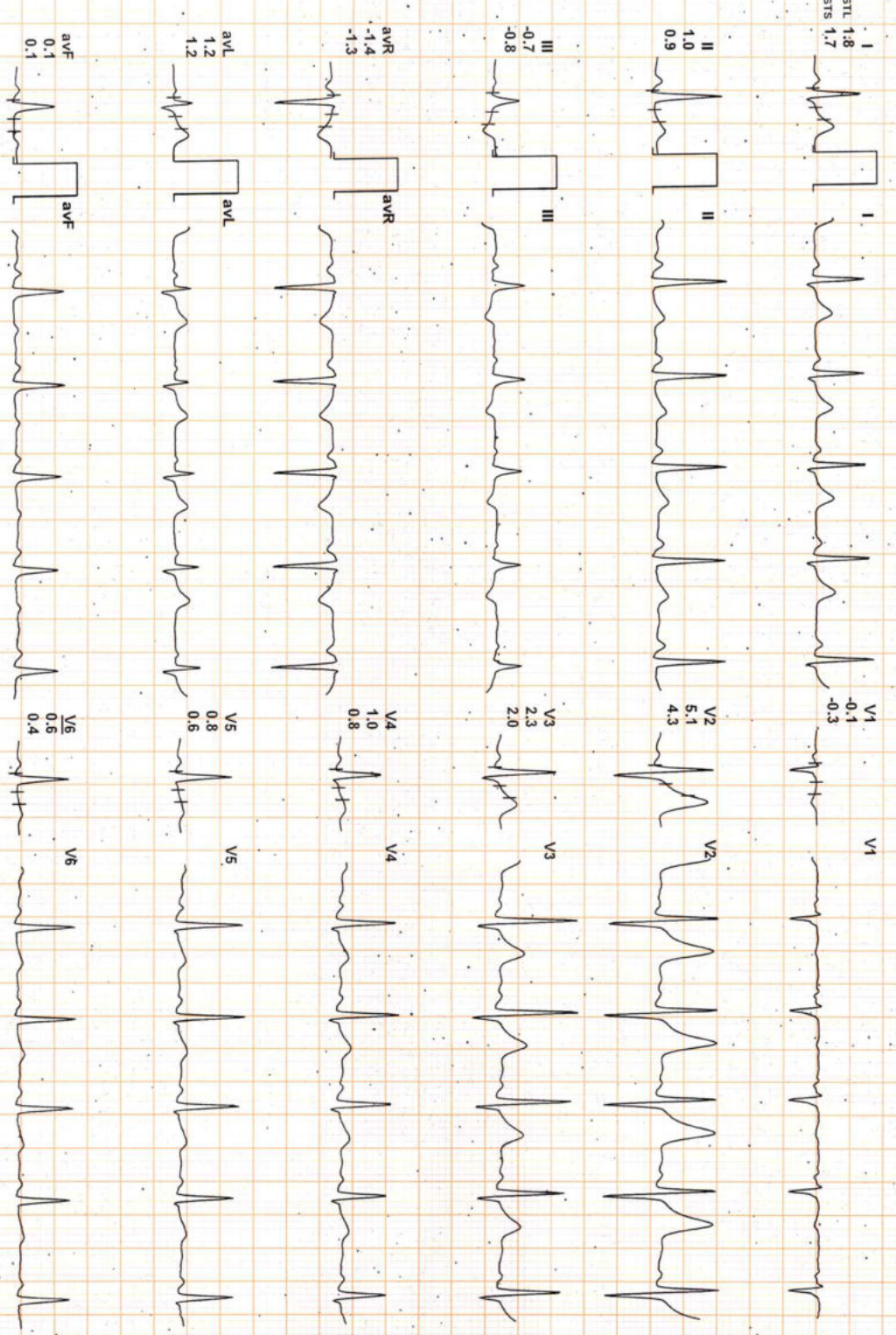
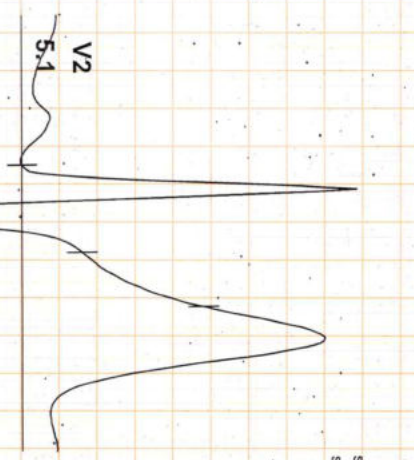
MR CHANDAN CHOUDHARY / 35 Yrs / M / 0 Cms / 0 Kg / HR : 94

Date: 26 / 09 / 2022

METS: 1.0/ 94 bpm 51% of THR BP: 130/80 mmHg Raw ECG/ BLC Ov Notch Onv HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



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

(ADX\_GEM217220330)(R)Allengers





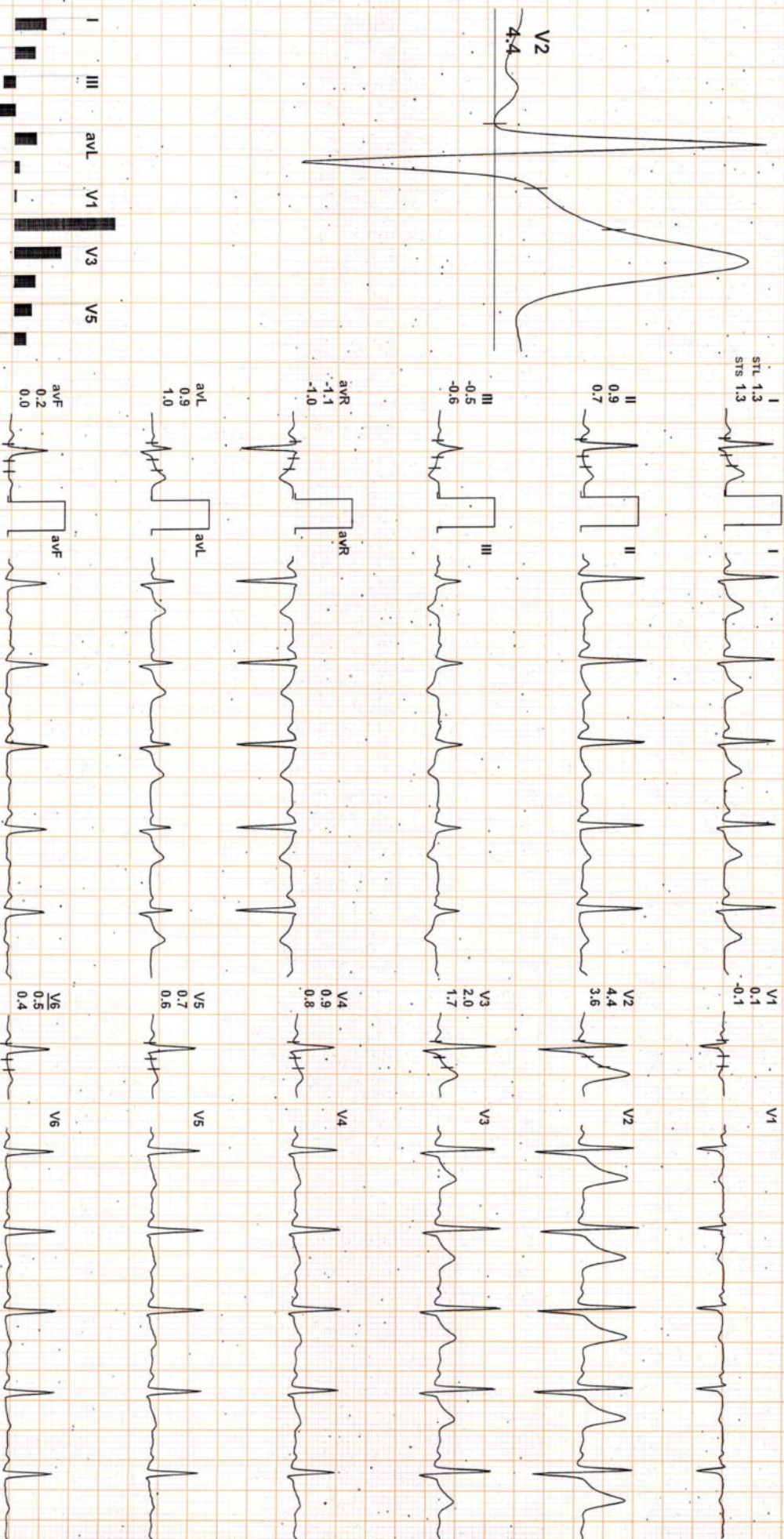
MR CHANDAN CHOUDHARY / 35 YRS / M / 0 Cms / 0 Kg / HR : 101

Date: 26 / 09 / 2022

METS: 1.0/101 bpm 55% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35. Hz

4X 80 ms Post J

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



REMARKS:

(ADX\_GEM217220330)(R)Allengers





MR CHANDAN CHOUDHARY / 35 YRS / M / 0 Cms / 0 Kg / HR : 91

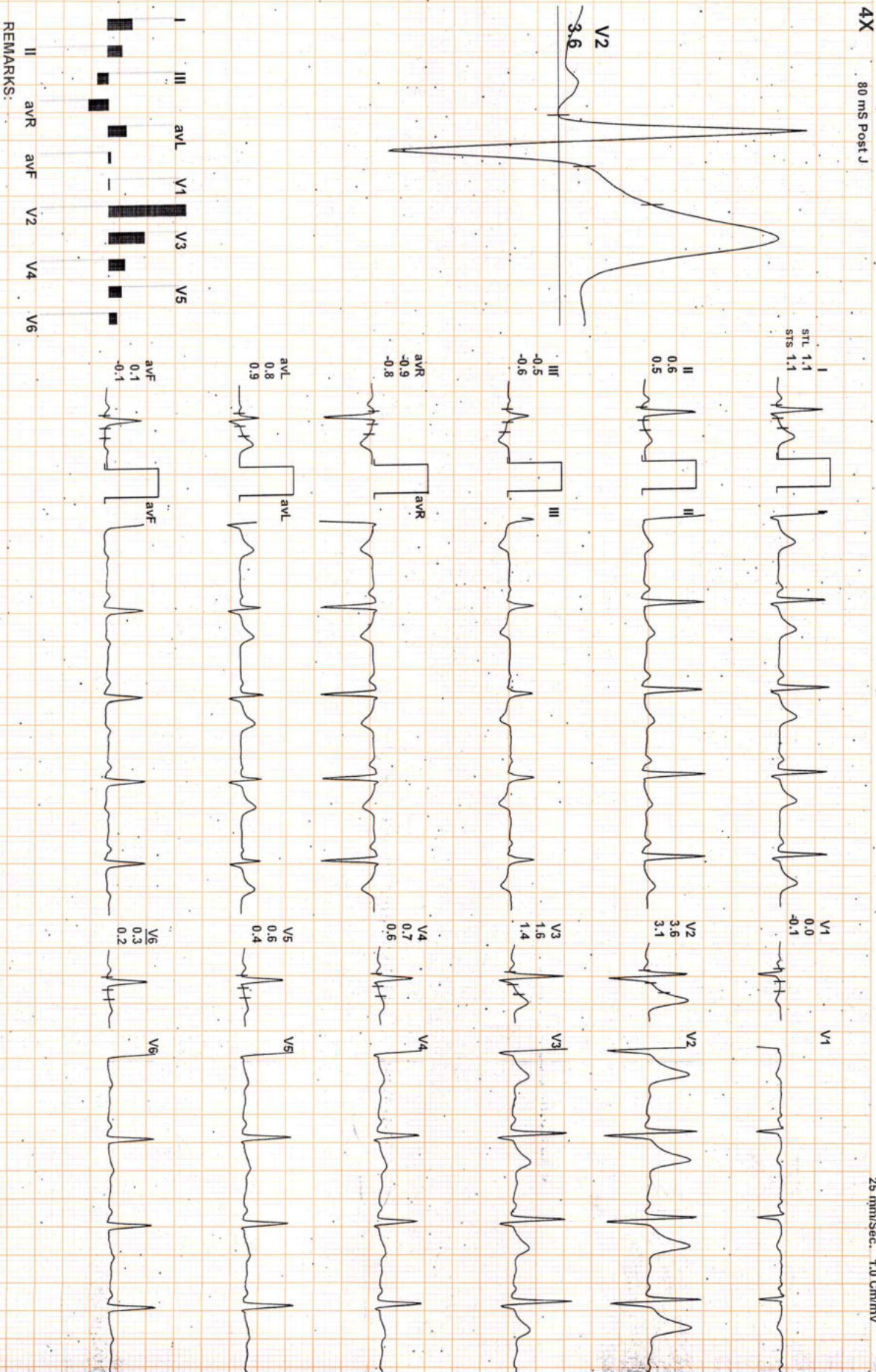
Date: 26 / 09 / 2022

METS: 1.0/ 91 bpm 49% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X

80 MS Post J

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



REMARKS:

(ADX\_GEM217220330)(R)Aliengetf





MR CHANDAN CHOUDHARY / 35 YRS / M / 0 Cms / 0 Kg / HR : 88

Date: 26 / 09 / 2022

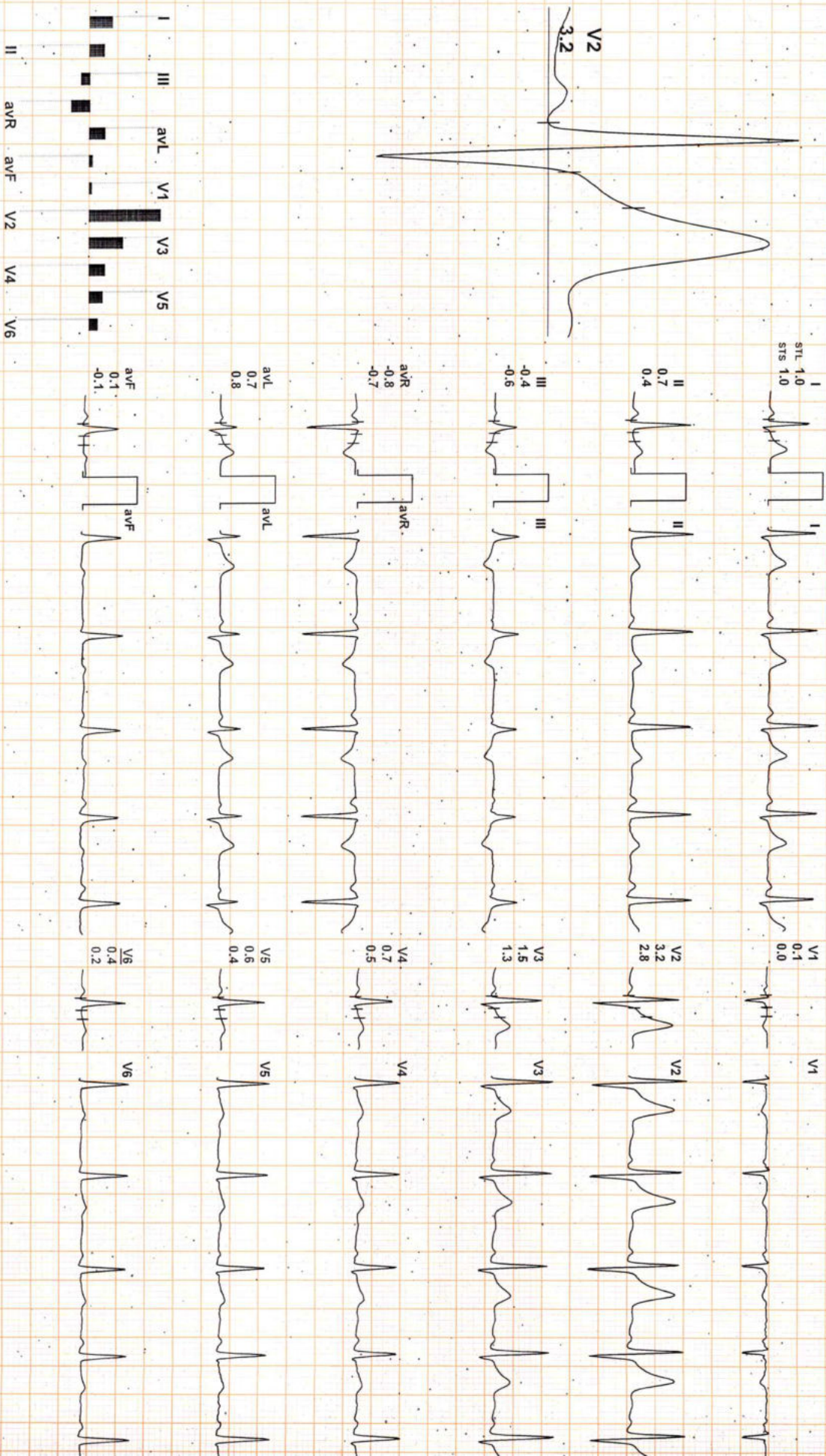
METS: 1.0/ 88 bpm 48% of THR BP: 130/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

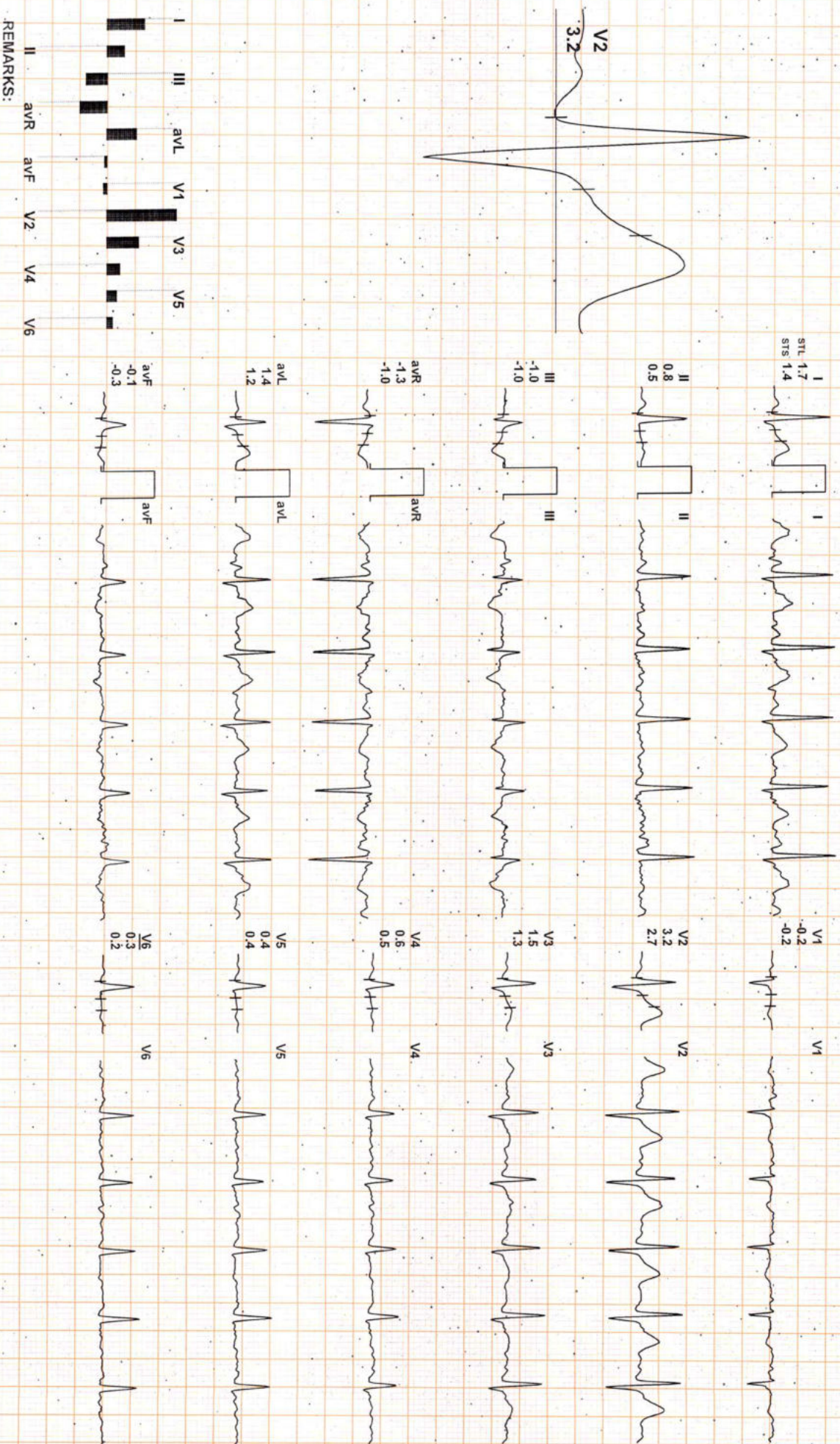


REMARKS:



4X 80 ms Post J

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







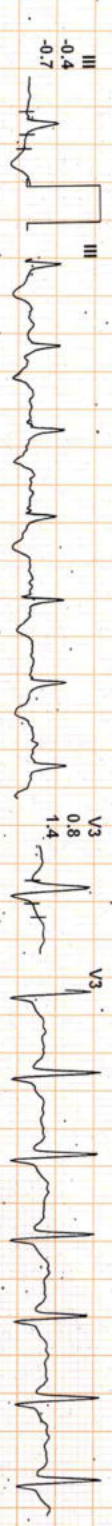
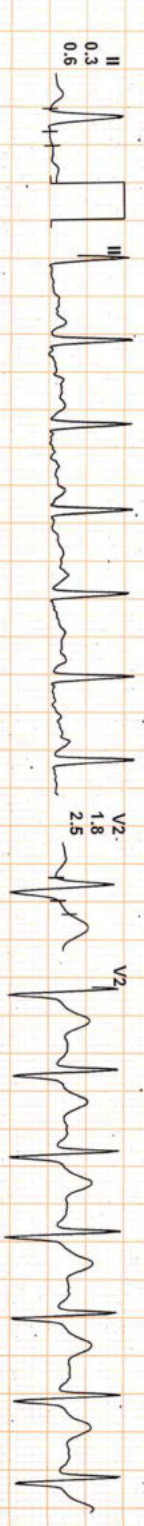
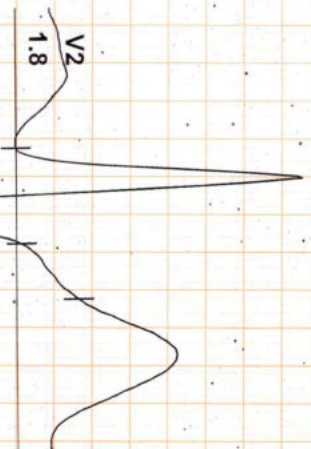
MR CHANDAN CHOUDHARY / 35 Yrs / M / 0 Cms / 0 Kg / HR : 128

Date: 26 / 09 / 2022

METS: 4.7/128 bpm 69% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 60 mS Post J

EXTime: 03:00 1.7 mph, 10.0%  
25 mm/Sec. 1.0 Cm/mV



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





MR CHANDAN CHOUDHARY / 35-Yrs / M / 0. Cmts / 0 Kg / HR : 148

Date: 26 / 09 / 2022

METS: 7.1/ 148 bpm 80% of THR

BP: 140/90 mmHg

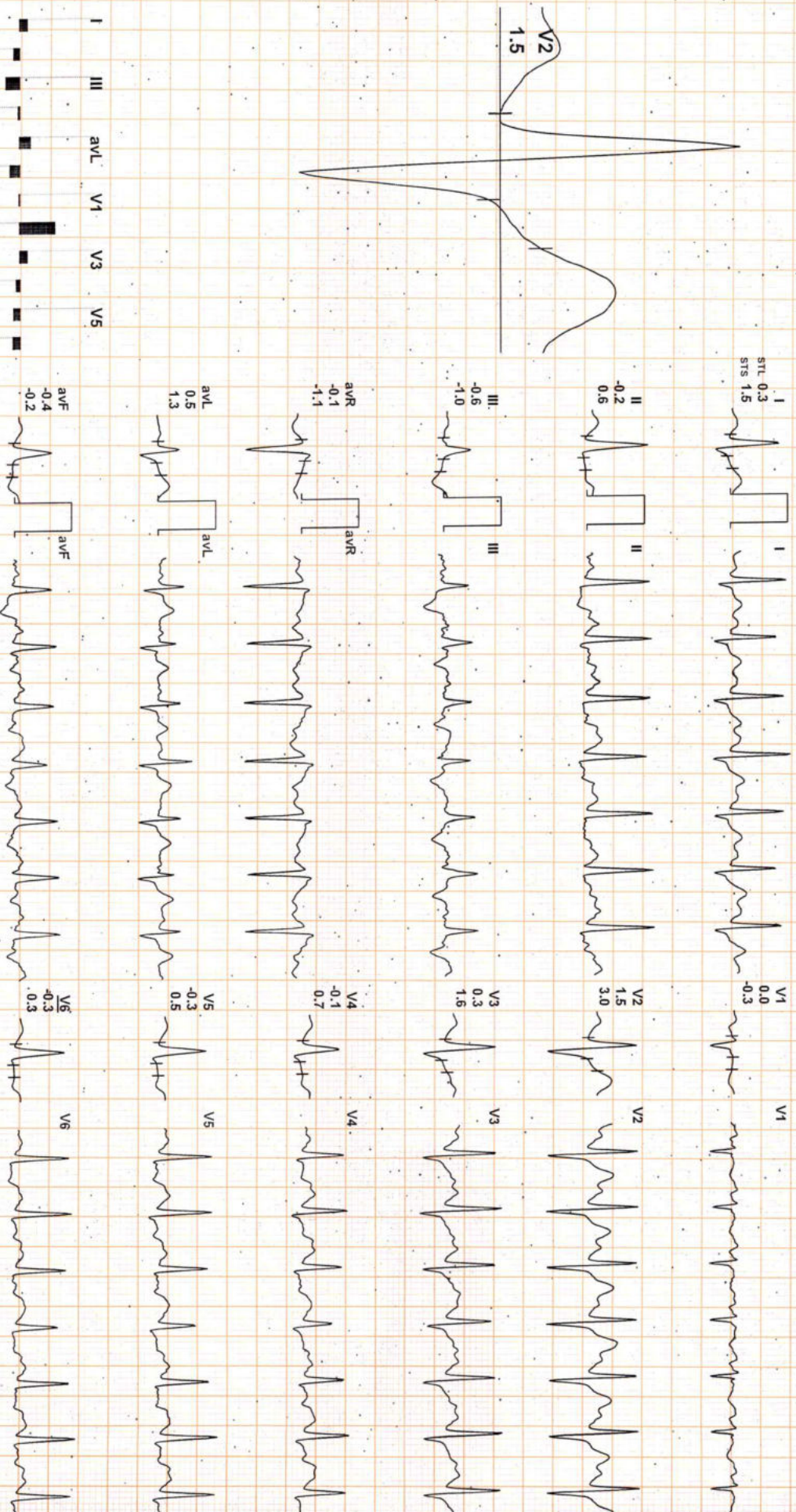
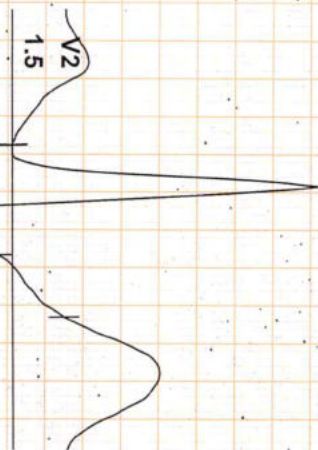
Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X

60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

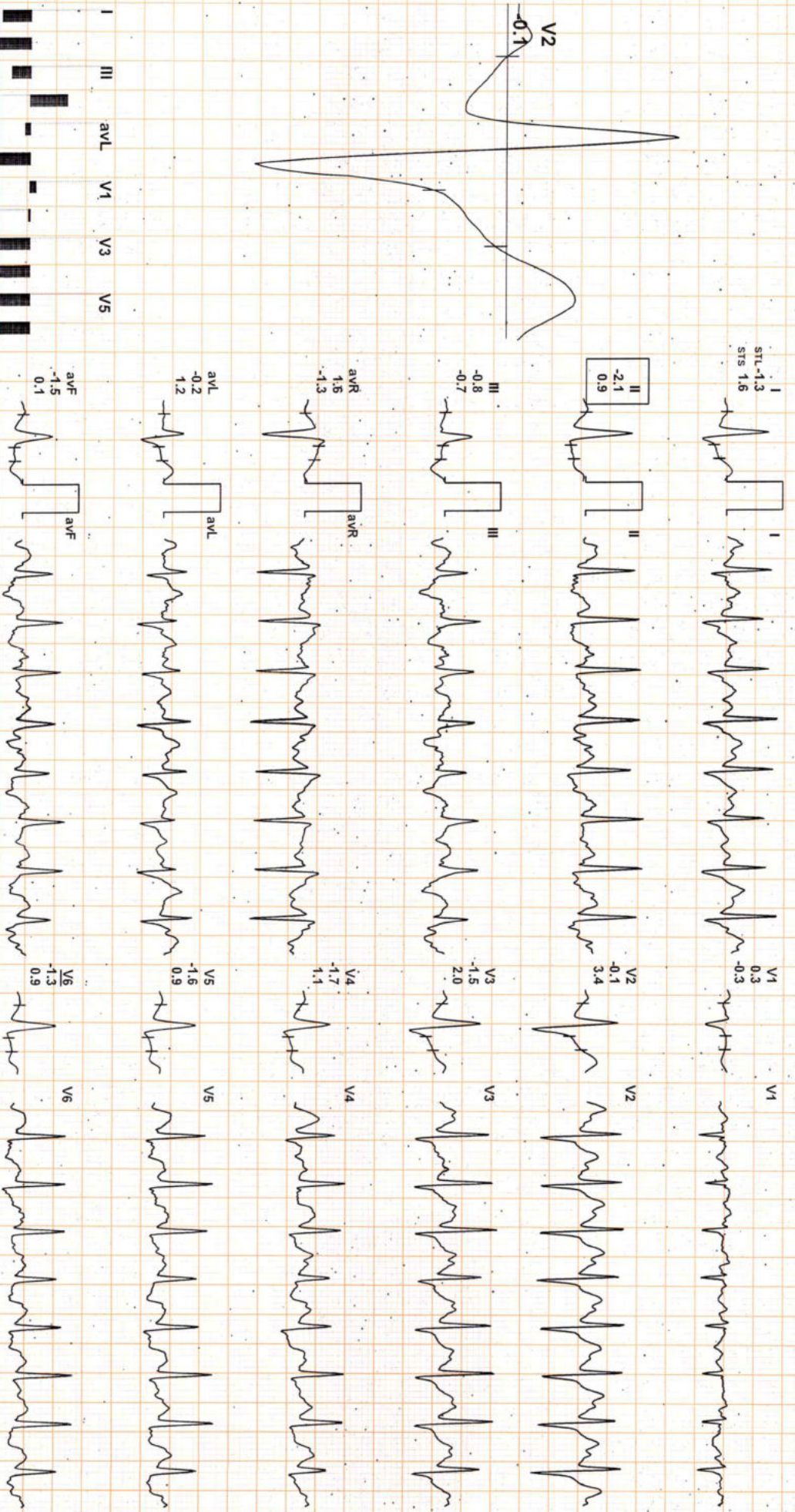
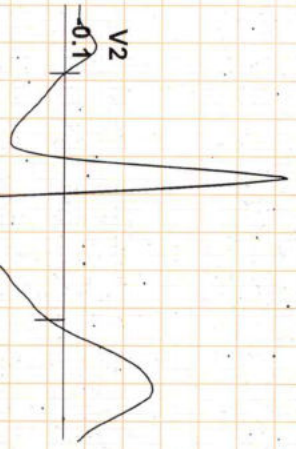
ADX\_GEM217220330(R)Allengrfs



Date: 26 / 09 / 2022  
4X 60 mS Post J

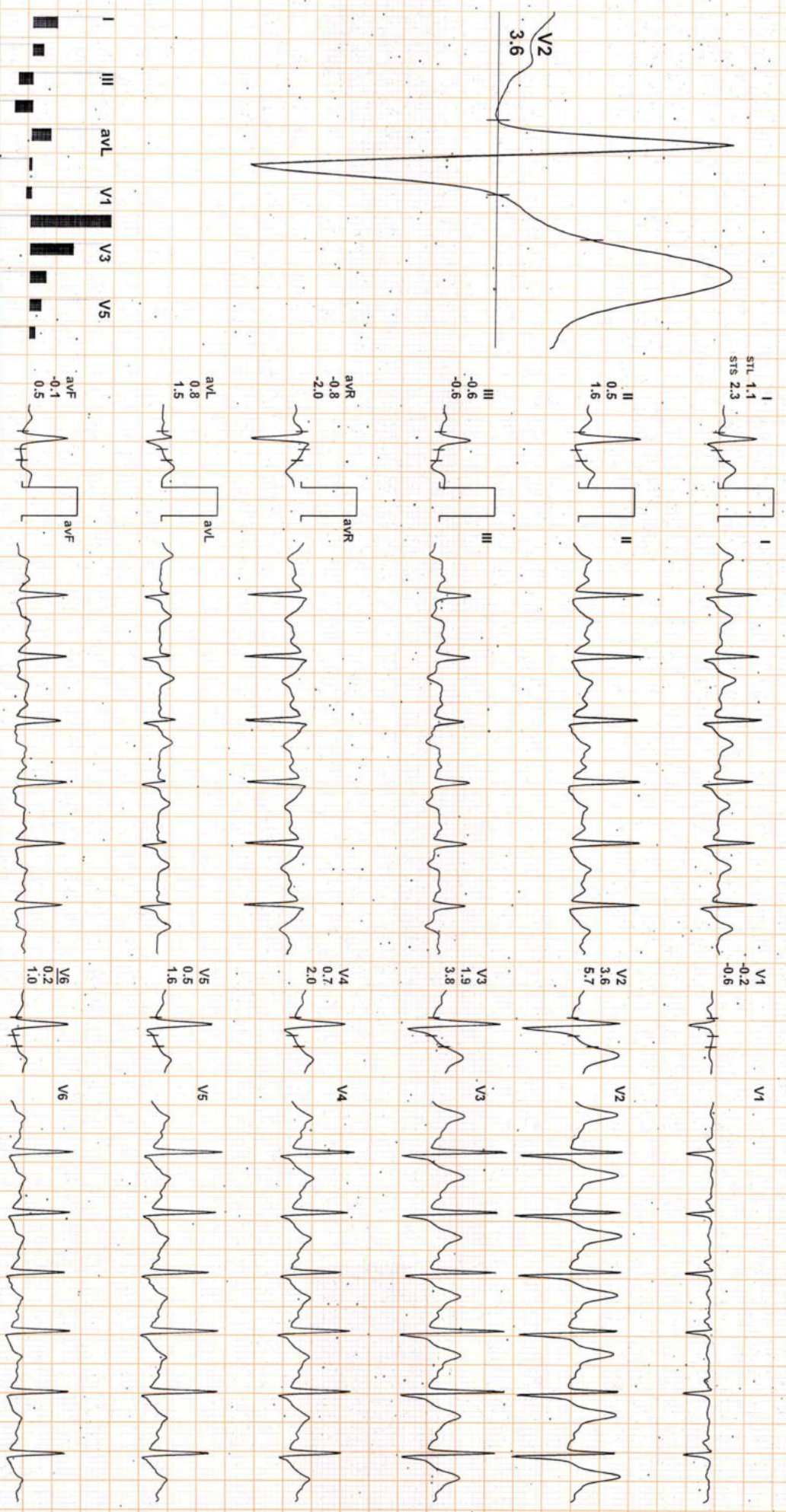
METS: 8.9/ 169 bpm 91% of THR BP: 145/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

ExTime: 07:41 3.4 mph, 14.0%,  
25 mm/Sec. 1.0 Cm/mV



REMARKS:





REMARKS:





MR CHANDAN CHOUDHARY / 35 Yrs / M / 0 Cms / 0 Kg / HR : 112

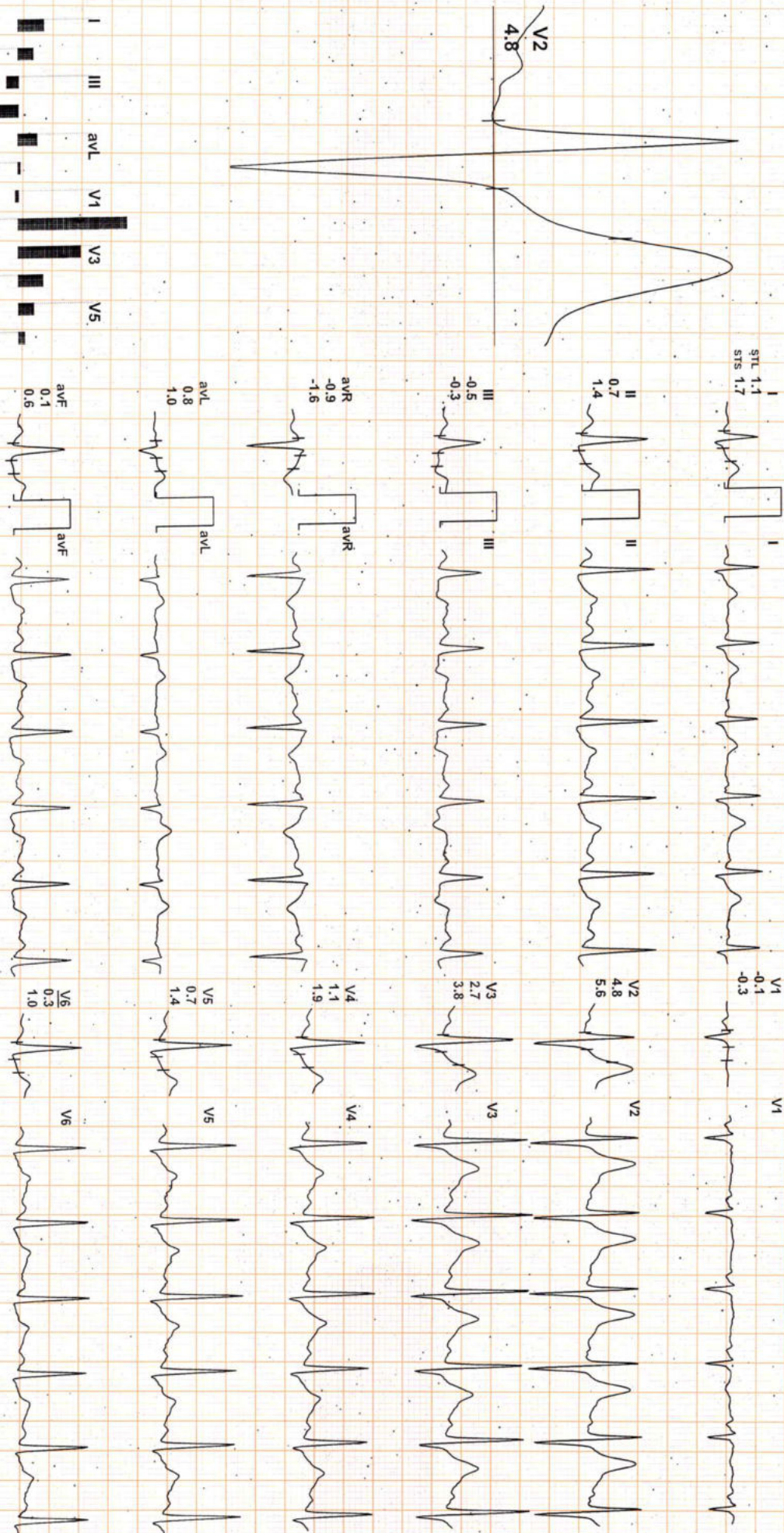
Date: 26 / 09 / 2022

METS: 1.0/ 112 bpm 61% of THR BP: 140/90 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExtTime: 07:41 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

(ADX\_GEM217220330)(R)Allengers





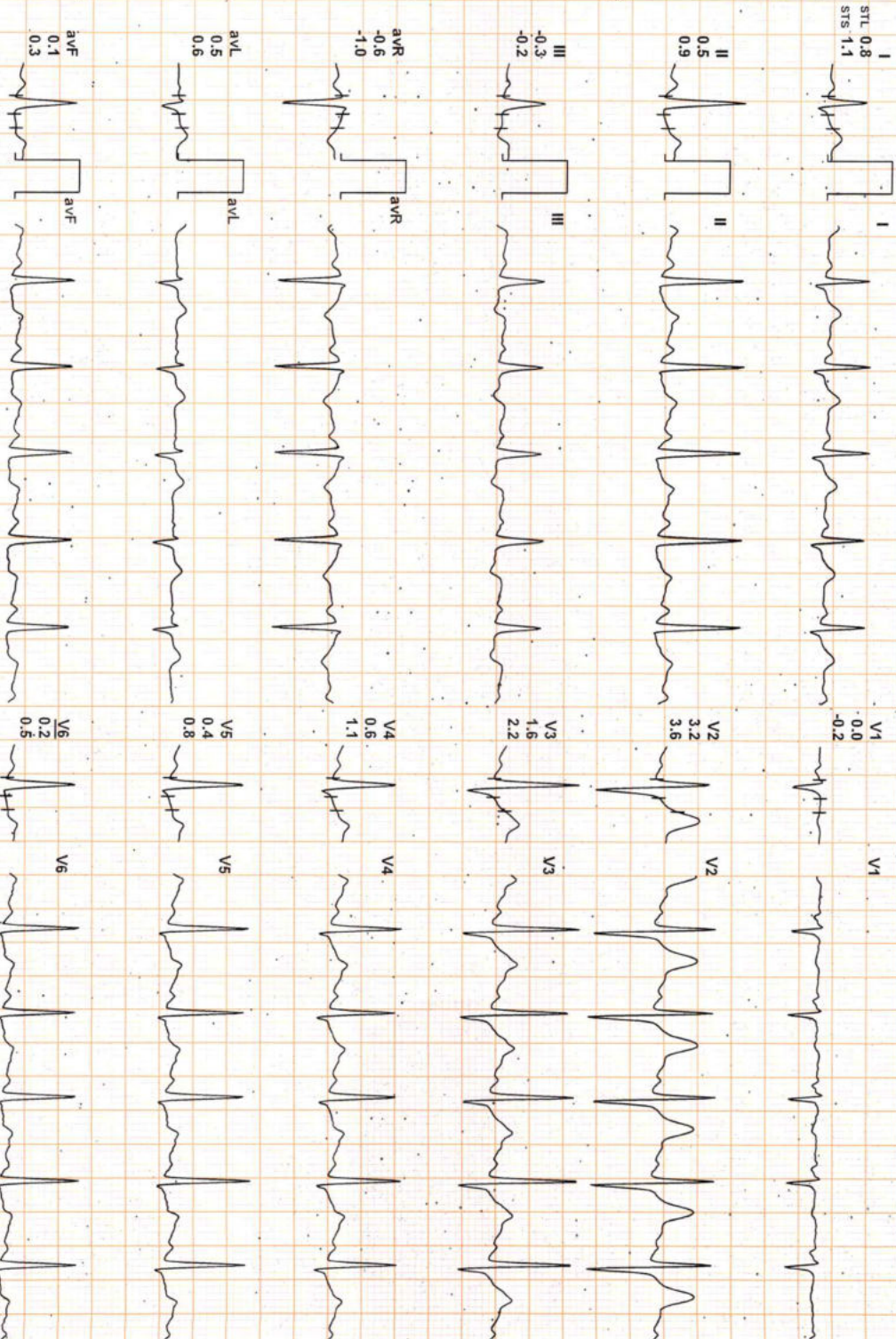
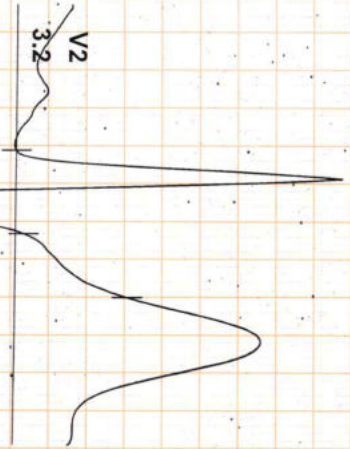
MR CHANDAN CHOUDHARY / 35 Yrs / M / 0 Cms / 0 Kg / HR : 111

Date: 26 / 09 / 2022  
4X 80 ms Post J

METS: 1.6/ 111 bpm/ 60% of THR. BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05-Hz/LF 35 Hz

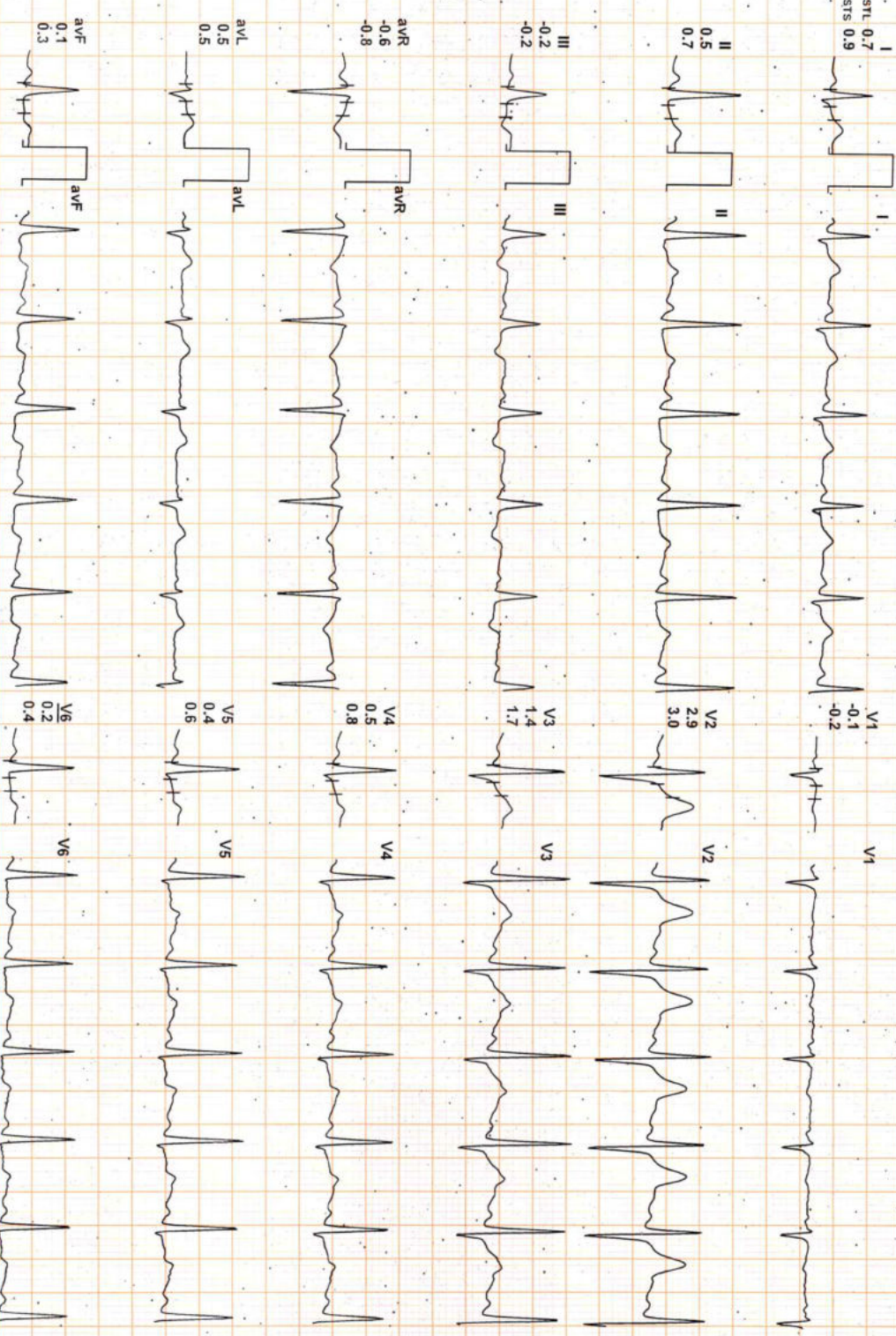
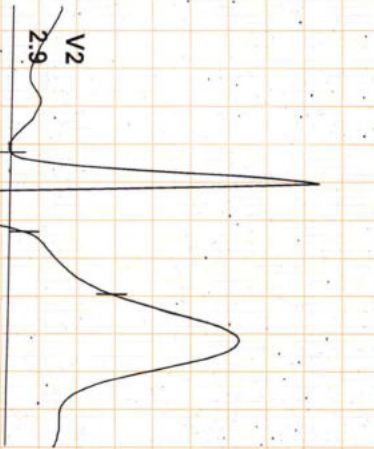
ExTime: 07:41 0.0-mph 0.0%

25 mm/Sec. 1.0 Cm/mV



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





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





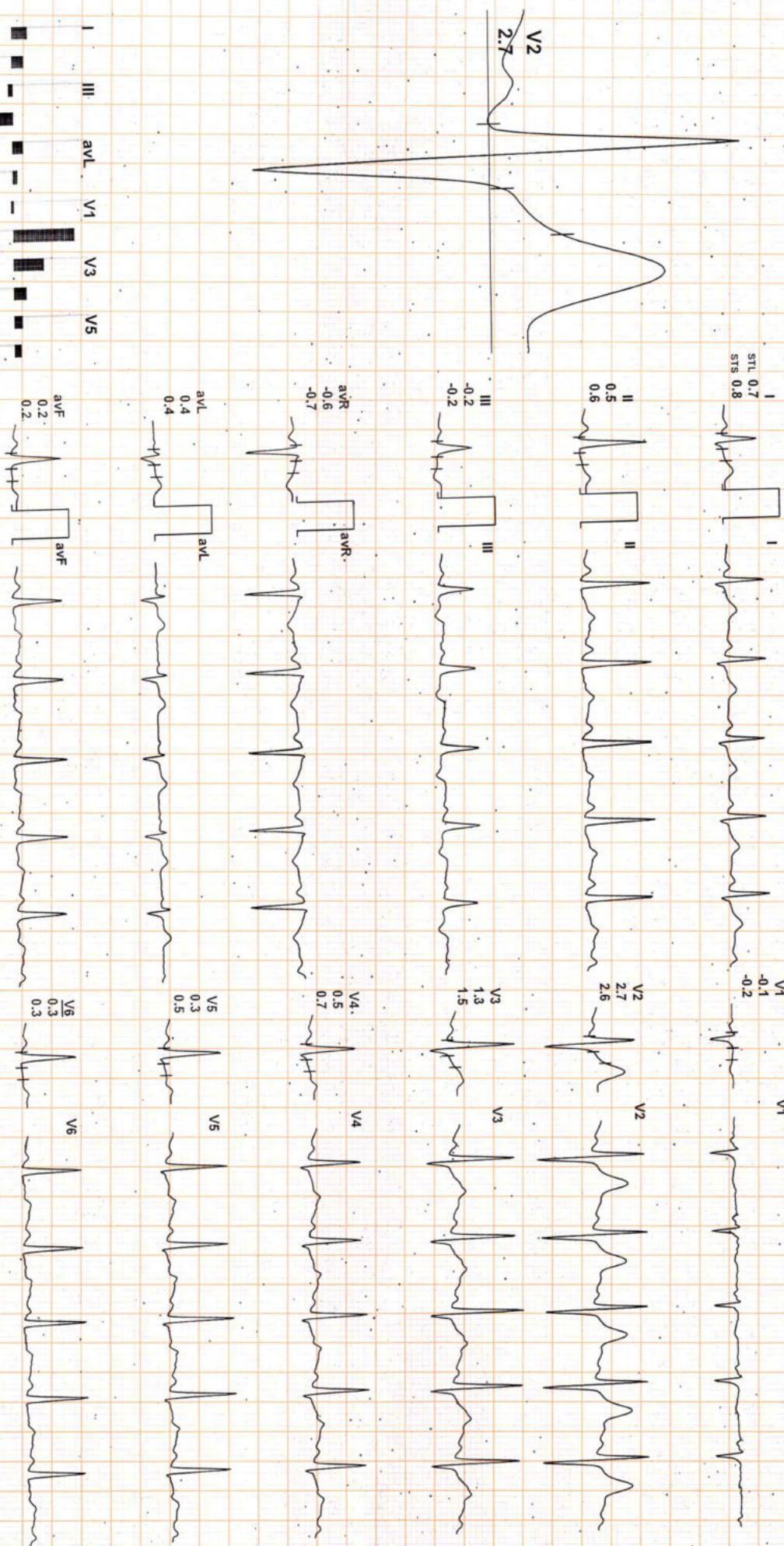
MR CHANDAN CHOUDHARY / 35 Yrs / M / 0 Cms / 0 Kg / HR : 104

Date: 26 / 09 / 2022

MEETS: 1:01 / 104 bpm 56% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 -Hz

EXTIME: 07:41 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/rv

4X 80 mS Post J



REMARKS:

II avR avF V2 V3 V4 V5 V6

(ADX\_GEM217220380)(R)Allengers

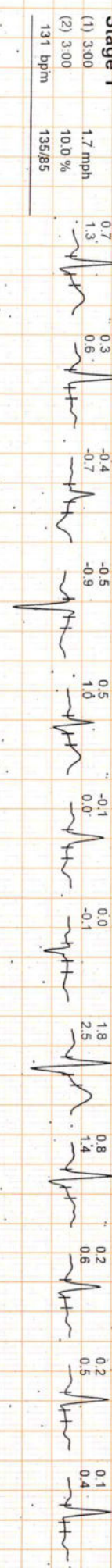
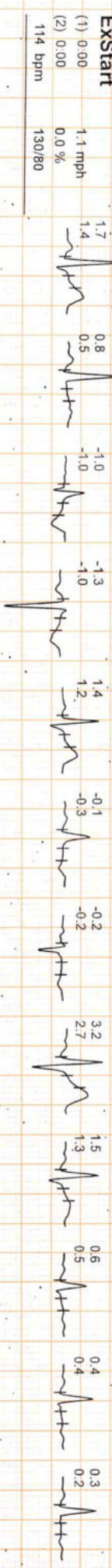
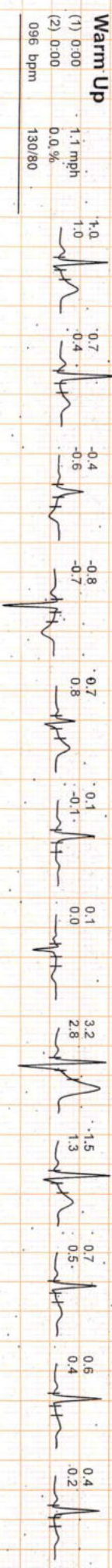
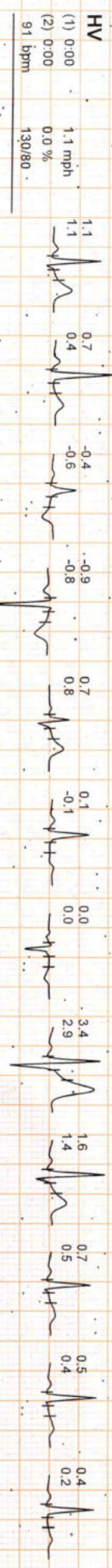
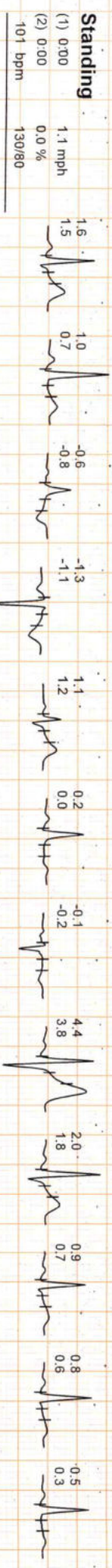
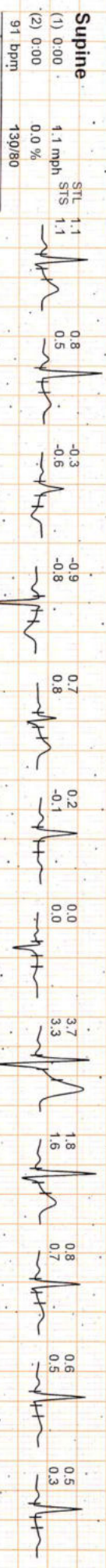




MR CHANDAN CHOUDHARY / 35 Yrs / M / 0 Cms / 0 Kg / HR : 97

Date: 26 / 09 / 2022

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





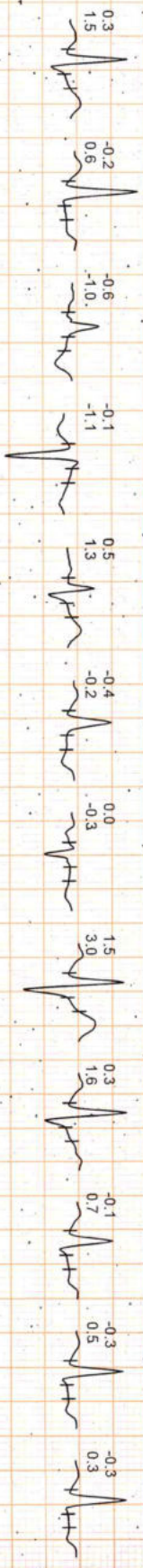


MR CHANDAN CHOUDHARY / 35 Yrs / M / 0 Cms / 0 Kg / HR : 97

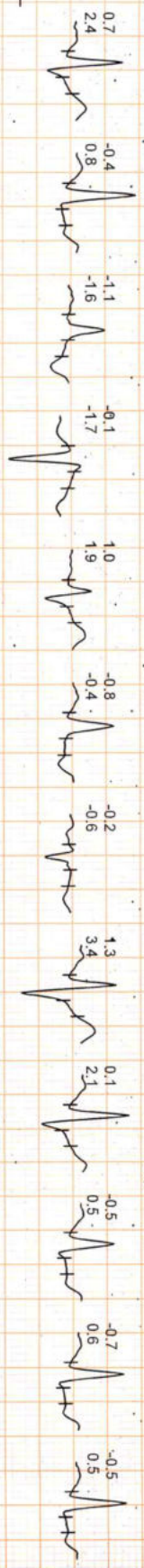
Date: 26 / 09 / 2022

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

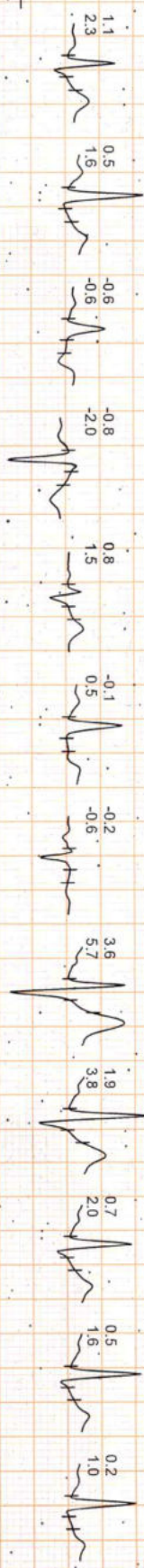
**Stage 2**  
 (1) 6:00 2.5 mph  
 (2) 3:00 12.0 %  
 148 bpm 140/90



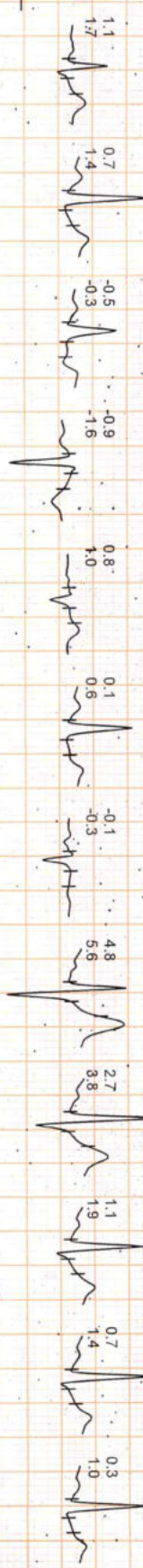
**PeakEx**  
 (1) 7:41 3.4 mph  
 (2) 1:41 14.0 %  
 189 bpm 145/90



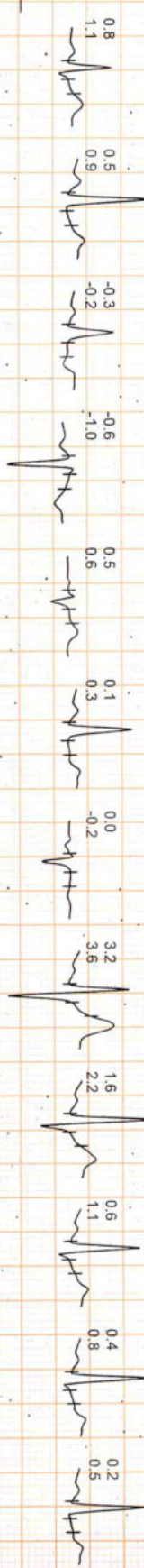
**Recovery**  
 (1) 7:42 0.0 mph  
 (2) 0:59 0.0 %  
 132 bpm 145/90



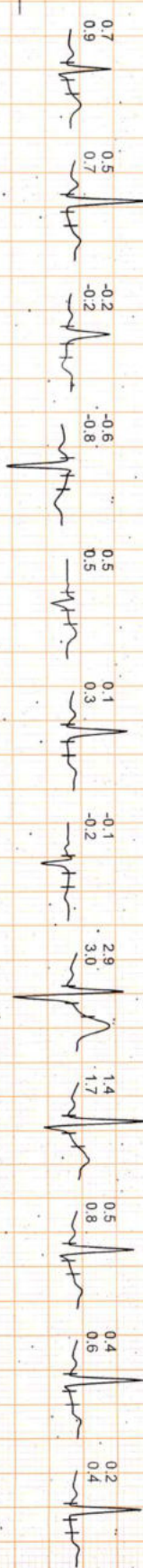
**Recovery**  
 (1) 7:42 0.0 mph  
 (2) 1:59 0.0 %  
 112 bpm 140/90



**Recovery**  
 (1) 7:42 0.0 mph  
 (2) 2:59 0.0 %  
 115 bpm 135/85



**Recovery**  
 (1) 7:42 0.0 mph  
 (2) 3:59 0.0 %  
 106 bpm 130/80





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

Average



MR CHANDAN CHOUDHARY / 35 Yrs / M / 10 Cms / 10 Kg / HR : 97

Date: 26 / 09 / 2022

