

1947  
 190112012  
 गणेश खत्री  
 Ganesh Khatri  
 जन्म तिथि / DOB : 02/04/1989  
 पुरुष / MALE

2031 0697 7533

मेरा आधार, मेरी पहचान

*Pathan*

**Dr. PIYUSH GOYAL**  
 MBBS, DMRD (Radiologist)  
 RMC No.-037041  
 Dr. GOYAL'S  
 Path Lab & Imaging Center, Jaipur




1947  
 help@uidai.gov.in  
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2031 0697 7533

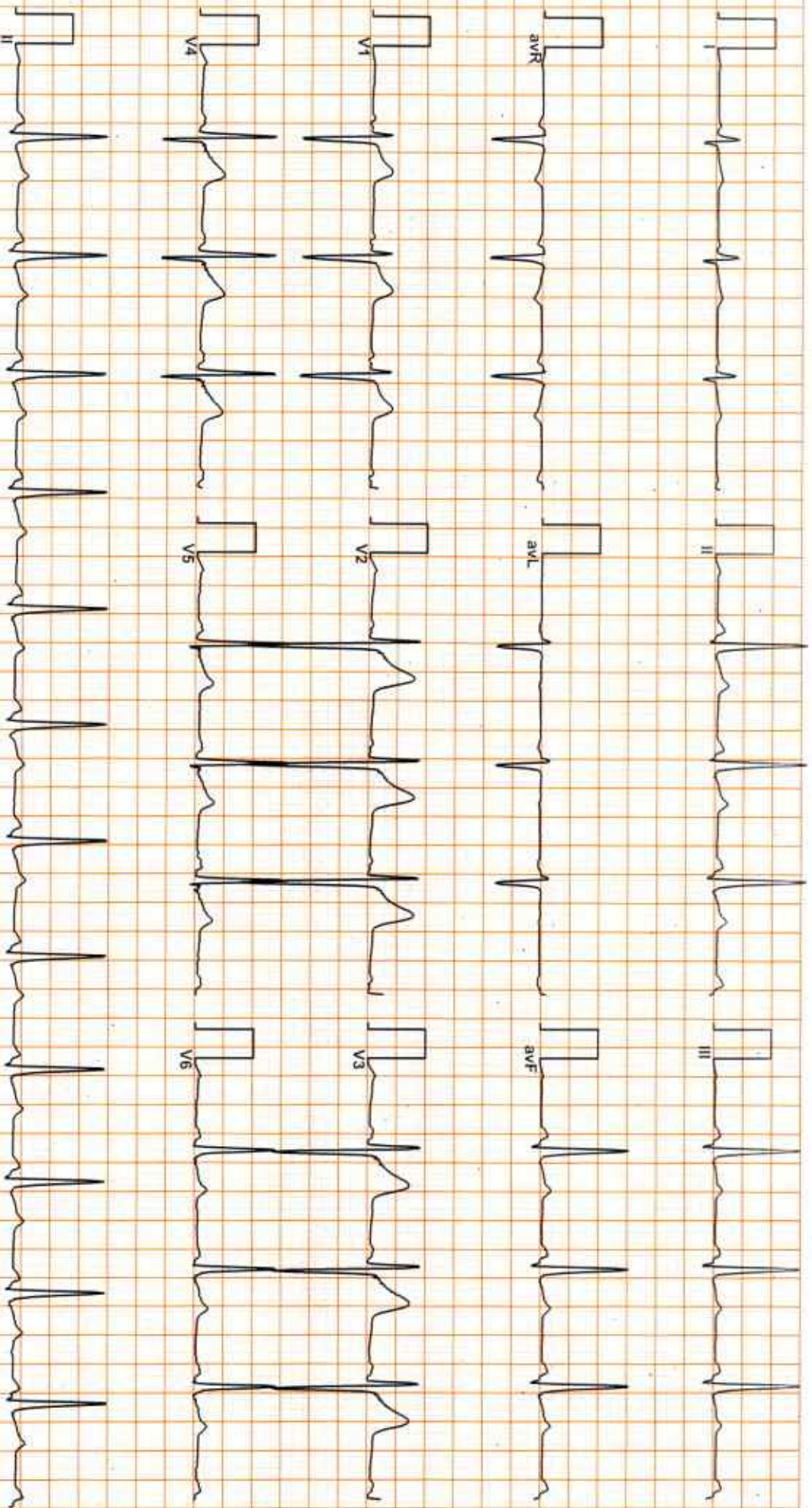


Print Date: 06/11/2019  
 Mr. S.O. Khatri, 77, धोबो की गली  
 मण्डल, 304502  
 Address: S/O. Sarani Dhole, 77, dhobyo  
 Key dhol, kayasthi nichalla, maipura,  
 Maipura, Tonk, Rajasthan, 304502

भारत सरकार  
 Ministry of India



5898 / MR. GANESH KHATRI / 32 Yrs / M/ Non Smoker  
Heart Rate : 75 bpm / / Refd By: BOB / Tested On : 30-Jul-21 11:46:52 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



*[Handwritten signature]*

Allengers ECG (Piscas)(PIS212160118)

**Dr. PIMUSH GOYAL**  
MBBS, DMRD (Radiologist)  
RMC No.-037041

**Dr. GOYALS**  
Path Lab & Imaging Center, Jaipur





1185 / MR. GANESH KHATRI / 32 Yrs / M / 0 Cms / 0 Kg Date: 30-Jul-2021 Refd By : BOB

(GEM210151123) Gemini A-DX by Allengers

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:16	0:01	01.1	00.0	01.0	80	120/80	096	00	
Standing	00:47	0:01	01.1	00.0	01.0	74	120/80	088	00	
HV	01:06	0:01	01.1	00.0	01.0	095	120/80	114	00	
ExStart	01:43	0:06	01.7	10.0	01.1	100	120/80	120	00	
BRUCE Stage 1	04:43	3:00	01.7	10.0	04.7	130	120/80	156	00	
BRUCE Stage 2	07:43	3:00	02.5	12.0	07.1	138	130/80	179	00	
BRUCE Stage 3	10:43	3:00	03.4	14.0	10.2	156	140/80	218	00	
PeakEX	11:51	1:08	04.2	16.0	11.5	170	140/80	238	00	
Recovery	12:50	1:00	00.0	00.0	04.3	139	140/80	194	00	
Recovery	13:50	2:00	00.0	00.0	01.0	121	140/80	169	00	
Recovery	15:50	4:00	00.0	00.0	01.0	104	140/80	145	00	
Recovery	16:29	4:38	00.0	00.0	01.0	112	130/80	145	00	

**Findings :**

Exercise Time : 10:09  
 Max HR Attained : 170 bpm 90% of Target 188  
 Max BP Attained : 140/80  
 Max Workload Attained : 11.5 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

*Dr. Piyush Goyal*

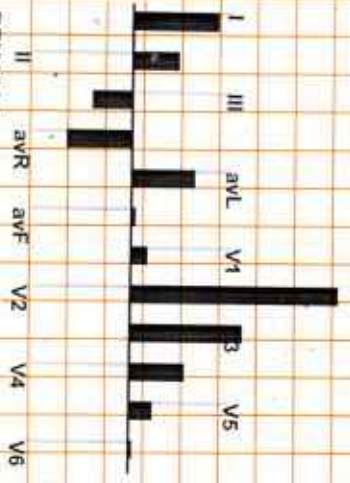
*SPHY negative for RMC of peak Exercise*

**Dr. PIYUSH GOYAL**  
 MDS, MRD (Radiologist)  
 FRAC (No. 087641)  
 Dr. GOYAL'S  
 Patho-Anthro-Anthro Center, Jaipur





Date: 30-Jul-2021 11:48:30 AM 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  
4X 30 mS Post J  
ExTime: 00:16 1.1 mph, 0.0%



REMARKS:



1185 / MR. GANESH KHATRI / 32 Yrs / M

Date: 30-Jul-2021 11:48:30 AM

METS: 1.0/ 74 bpm 39% of THR

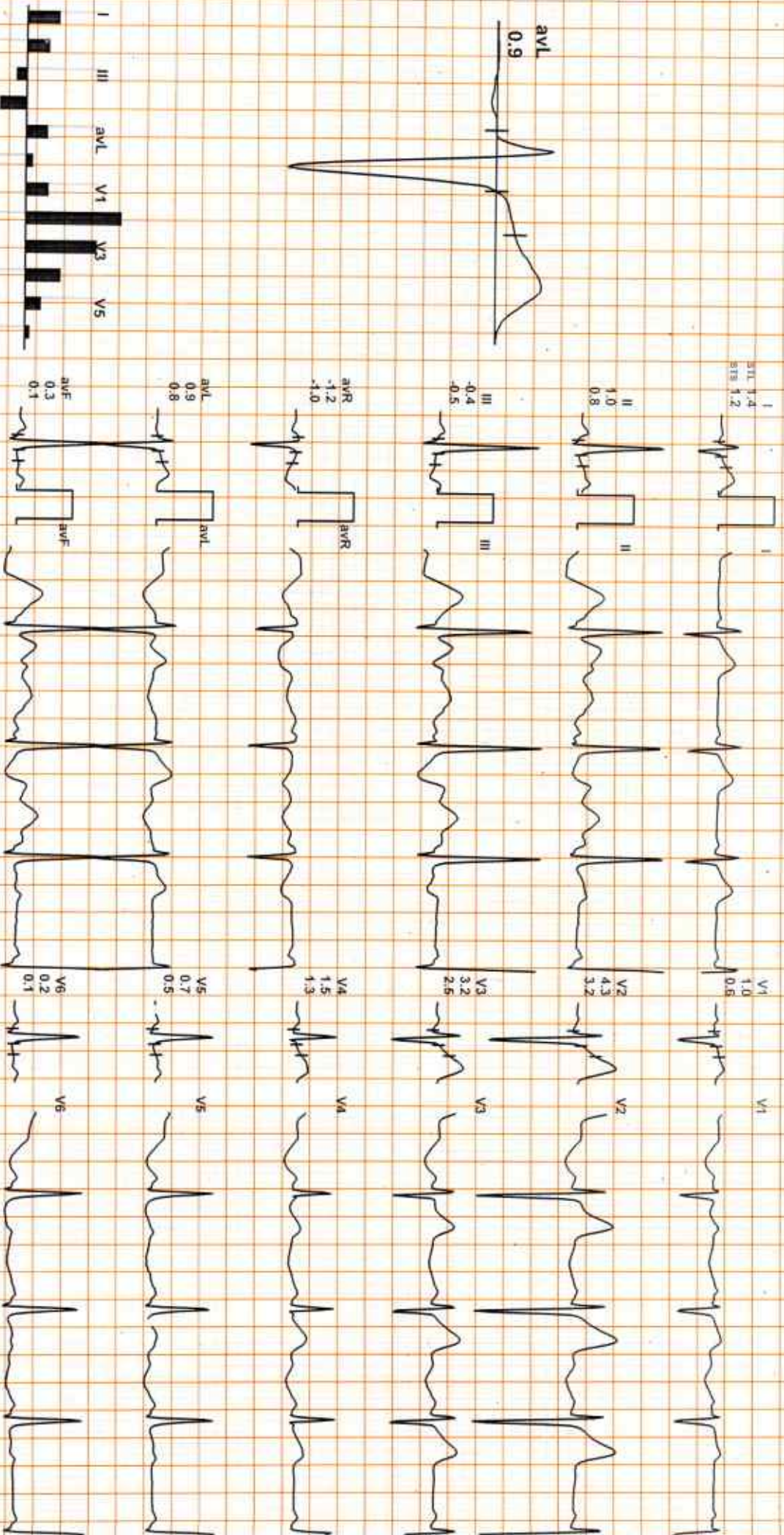
BP: 120/80 mmHg

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

EXTime: 00:47 1.1 mph 0.0%

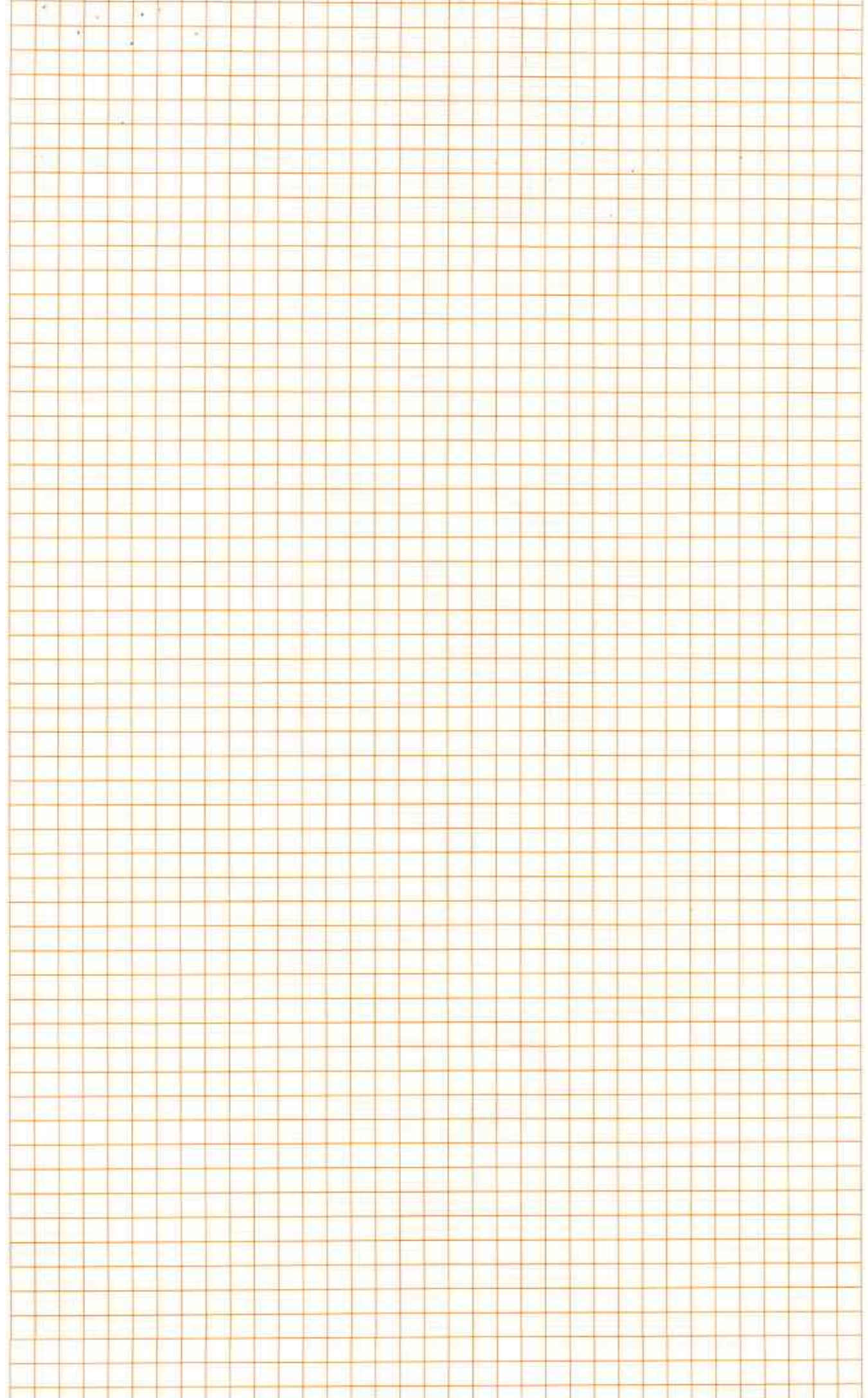
4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:









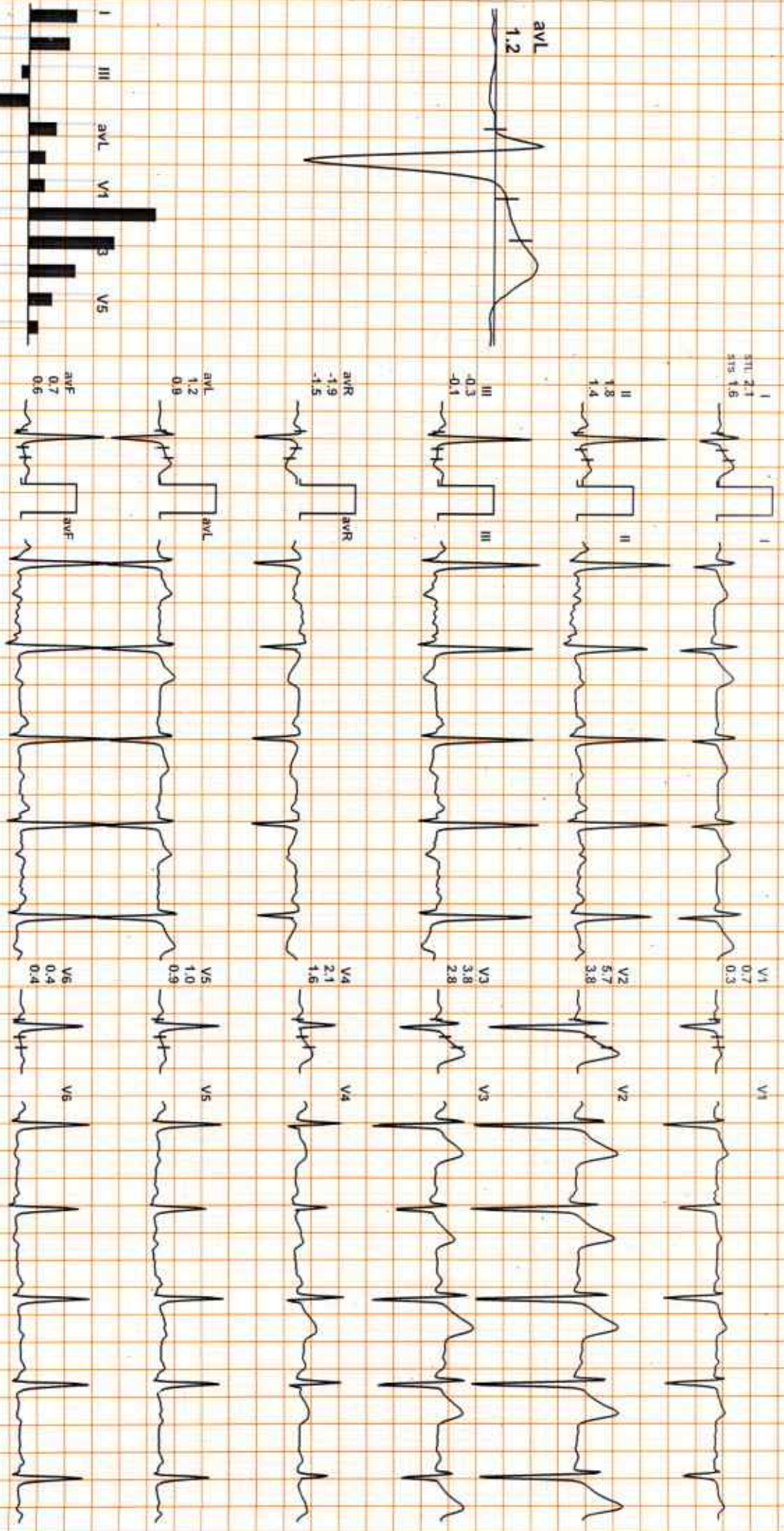
1185 / MR. GANESH KHATRI / 32 YRS / M

Date: 30-Jul-2021 11:48:30 AM METS: 1.0/ 95 bpm 50% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 01:06 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





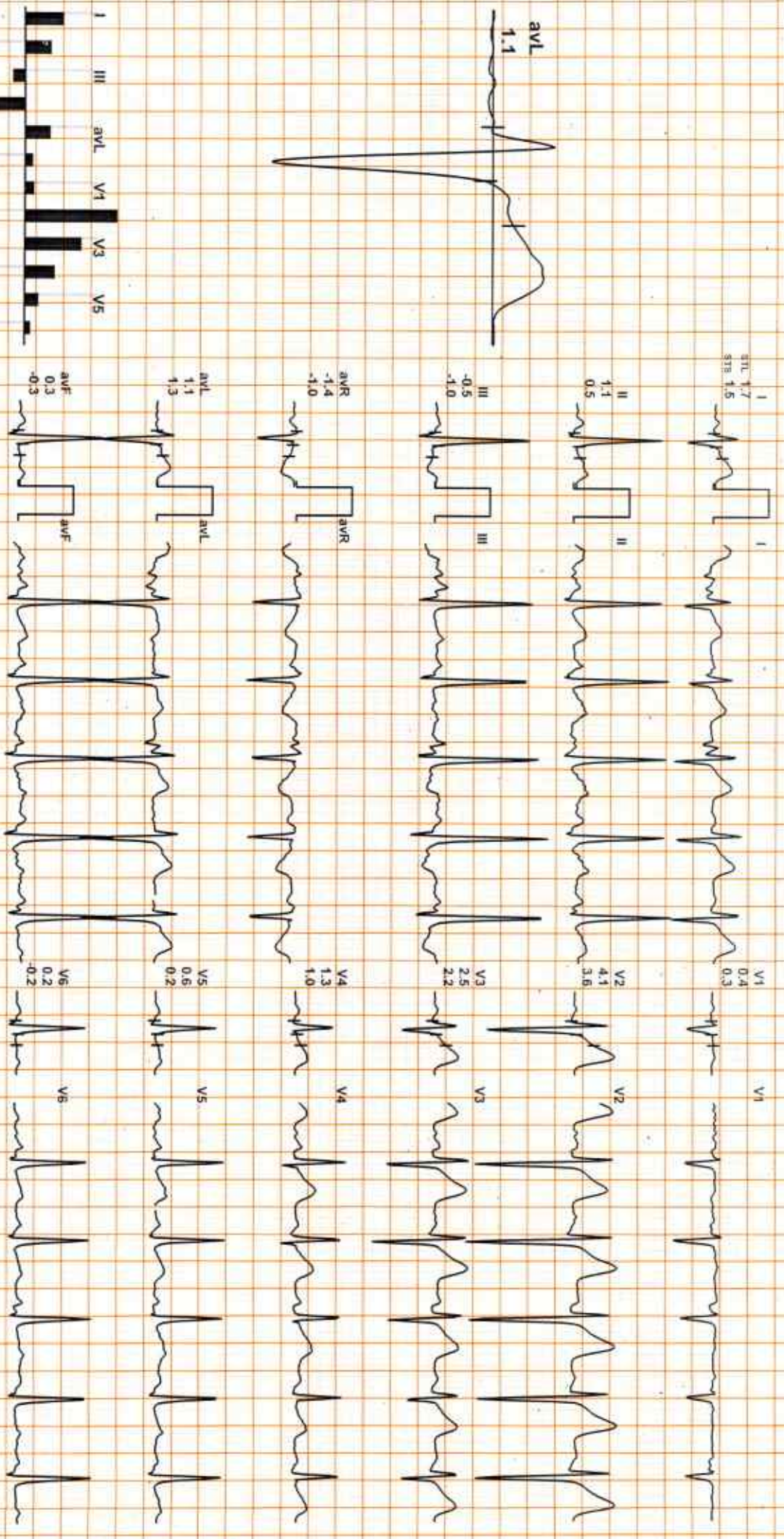
1185 / MR. GANESH KHATRI / 32 YRS / M

Date: 30-Jul-2021 11:48:30 AM METS: 1.1/ 100 bpm 53% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:06 1.7 mph, 10.0%

4X 80 m/s Post J

25 mm/Sec 1.0 Cm/mV



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



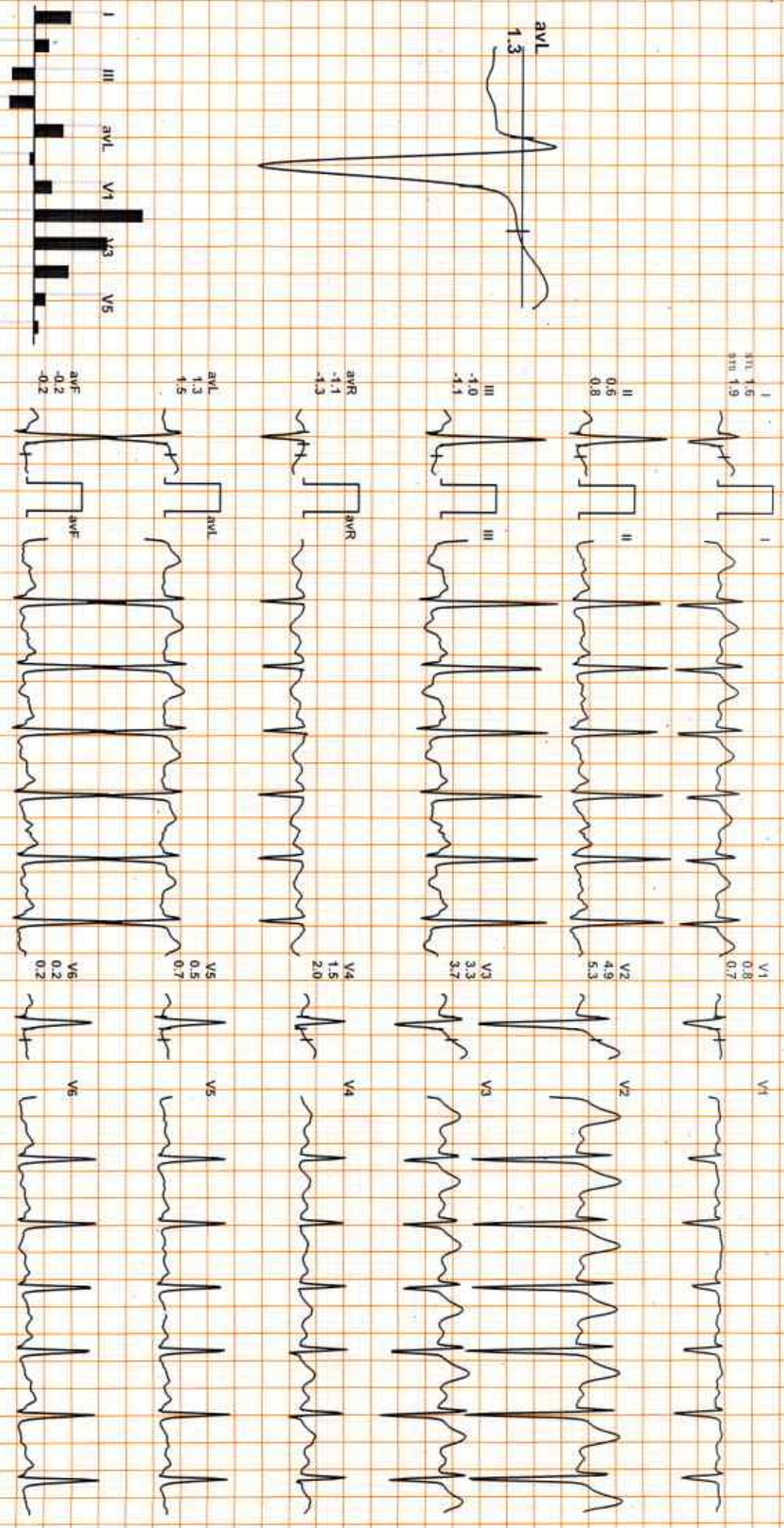
1185 / MR. GANESH KHATRI / 32 YRS / M

Date: 30-Jul-2021 11:48:30 AM METS: 4.7 / 130 bpm 69% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExtIme: 03:00 1.7 mph, 10.0%

4X 80 ms/Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

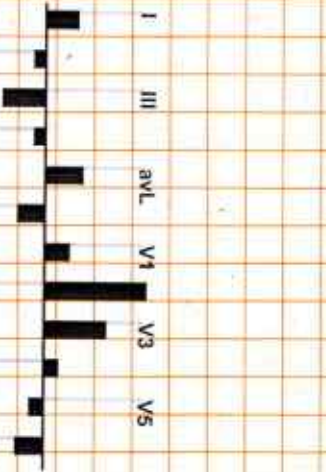
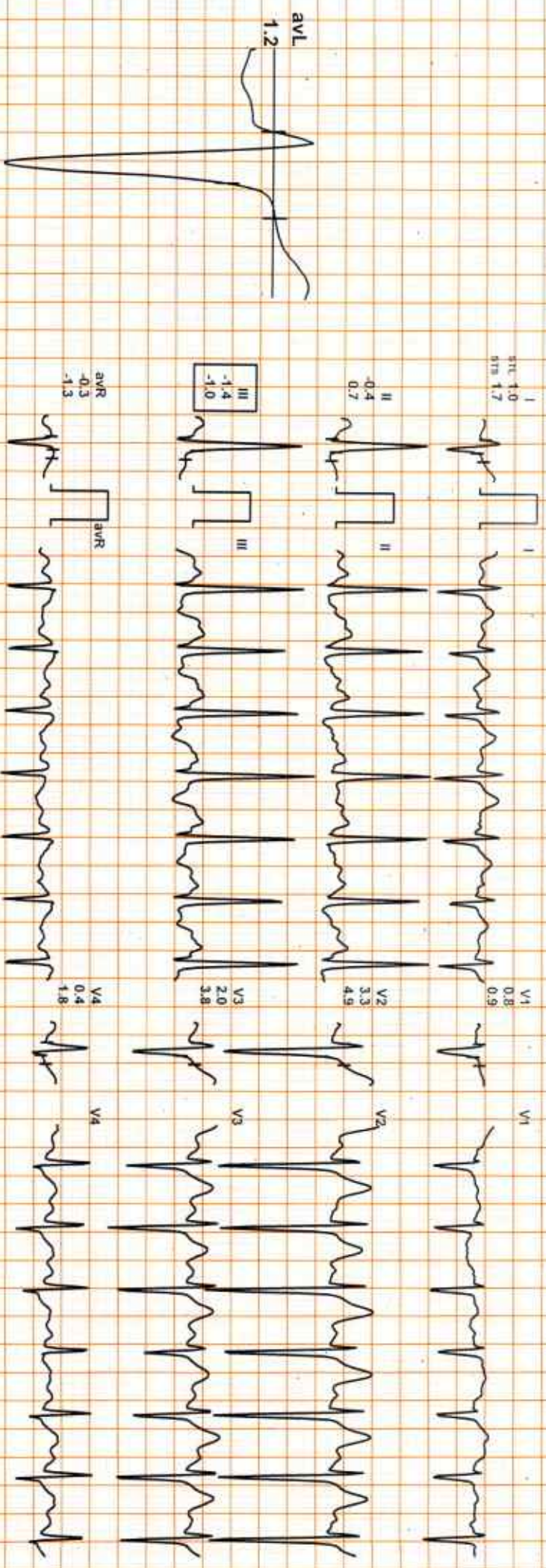


Date: 30-Jul-2021 11:48:30 AM METS: 7.1 / 138 bpm 73% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 80 ms Print J

25 mm/Sec 1.0 Cm/mV



REMARKS:



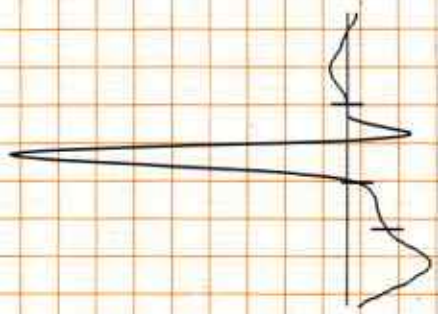
1185 / MR. GANESH KHATRI / 32 YRS / M

Date: 30-Jul-2021 11:48:30 AM METS: 10.2/ 156 bpm 82% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

4X 60 mS/Post J

25 mm/Sec. 1.0 Cm/mV

avL 1.4



I 3TL 0.9  
3TR 1.9



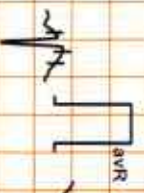
II -1.1  
1.2



III -2.0  
-0.7



avR 0.1  
-1.5



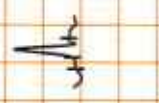
avL 1.4  
1.3



avF -1.5  
0.2



V1 1.0  
0.7



V2 3.5  
5.0



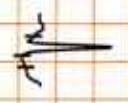
V3 2.1  
4.2



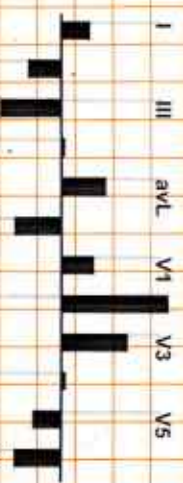
V4 0.1  
2.2



V5 0.9



V6 -1.5  
-0.3



REMARKS:





Date: 30-Jul-2021 11:48:30 AM METS: 11.5/ 170 bpm 90% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 10:08 4.2 mph 16.0%

AX 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



I  
ST: 0.4  
STs: 0.9

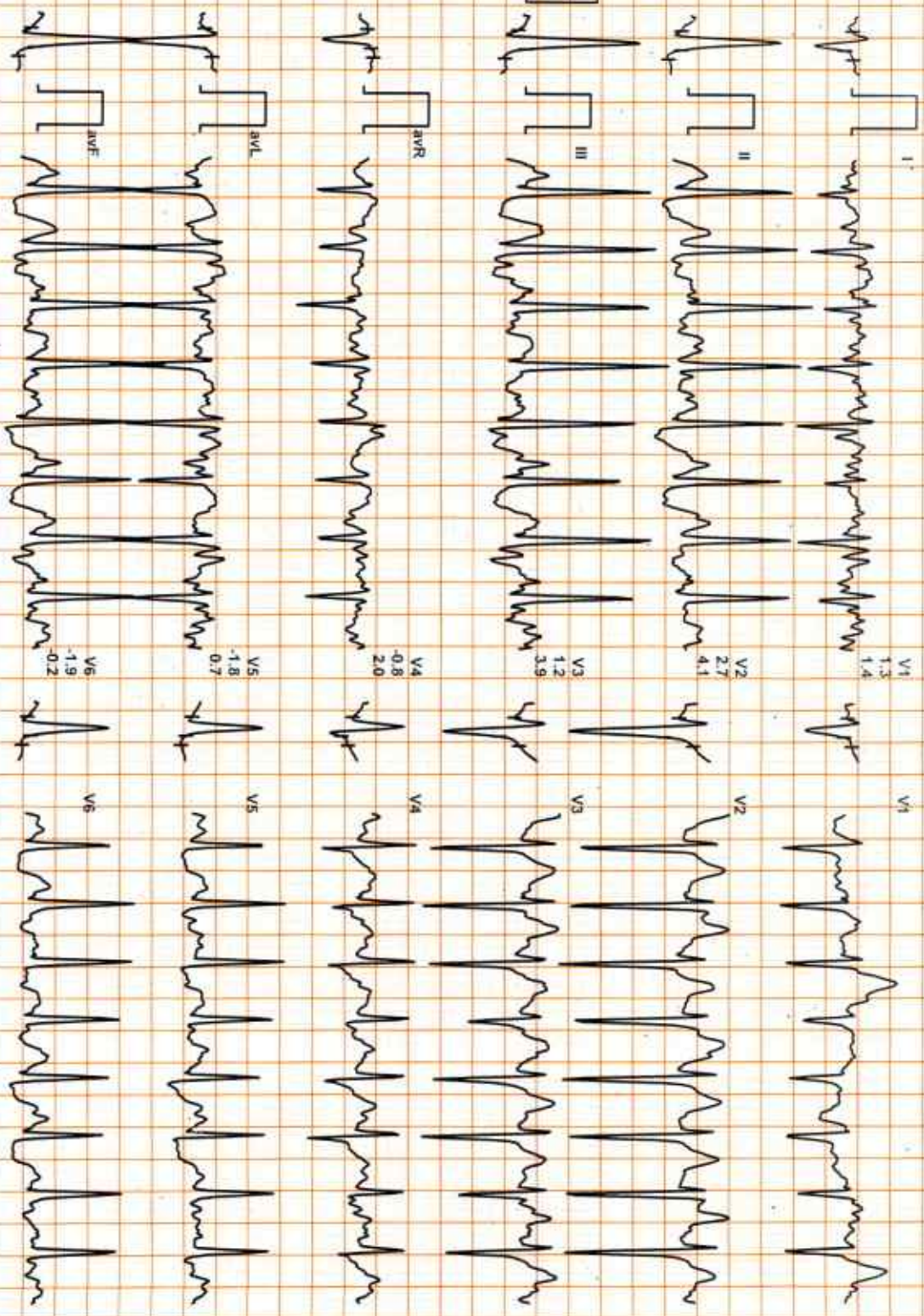
II  
-2.7  
0.4

III  
-3.0  
0.5

aVR  
1.1  
-0.7

aVL  
1.7  
0.7

aVF  
-2.8  
0.0



REMARKS:





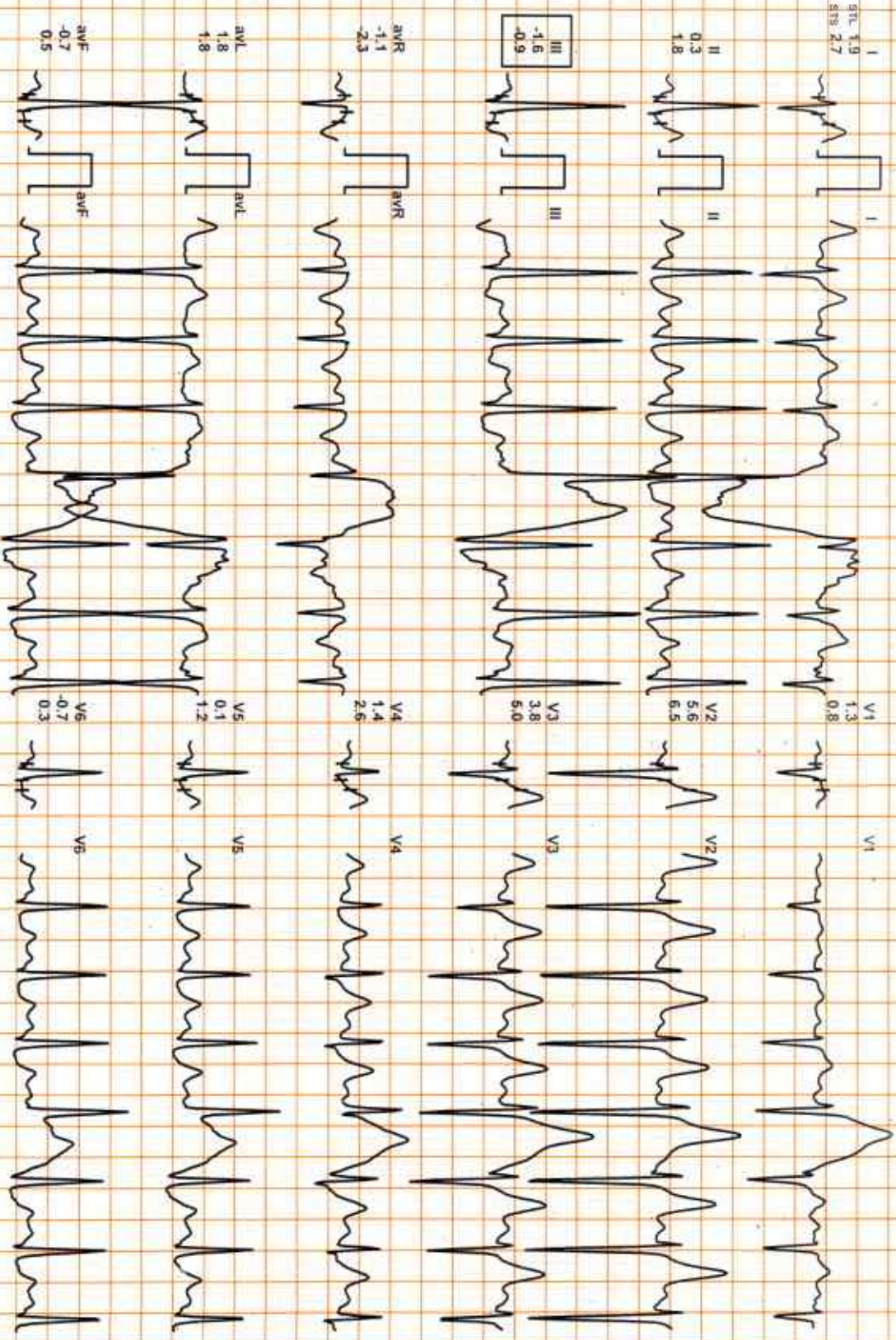
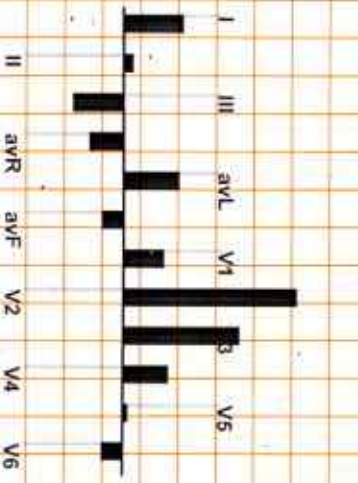
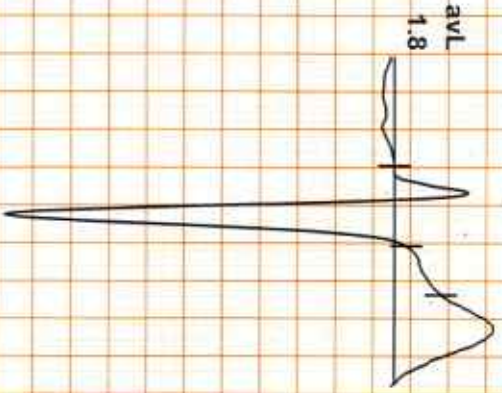
1185 / MR. GANESH KHATRI / 32 YRS / M

Date: 30-Jul-2021 11:48:30 AM METS: 4.3/ 139 bpm 73% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 10:09 0.0 mph, 0.0%

AX 60 ms Post-J

25 mm/Sec 1.0 Cm/mV



REMARKS:





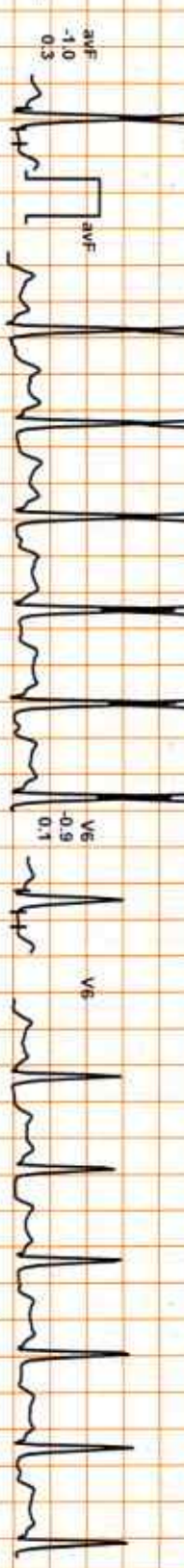
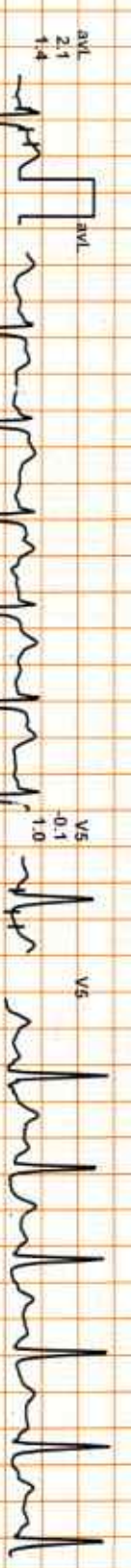
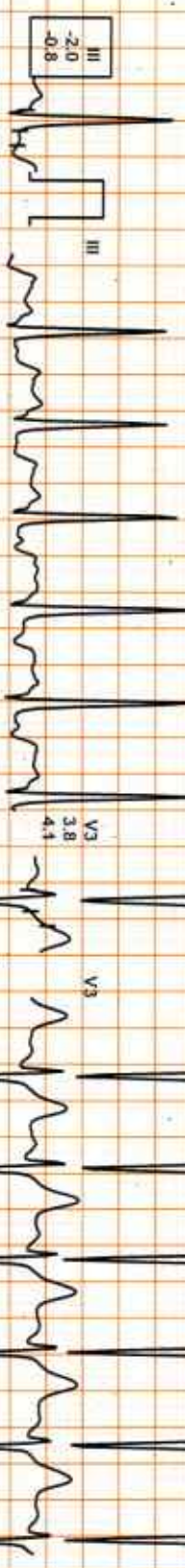
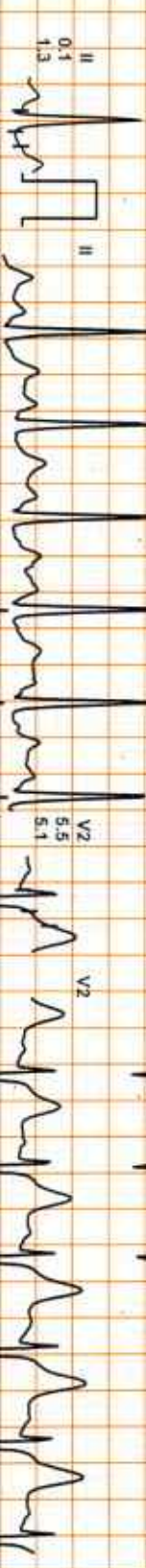
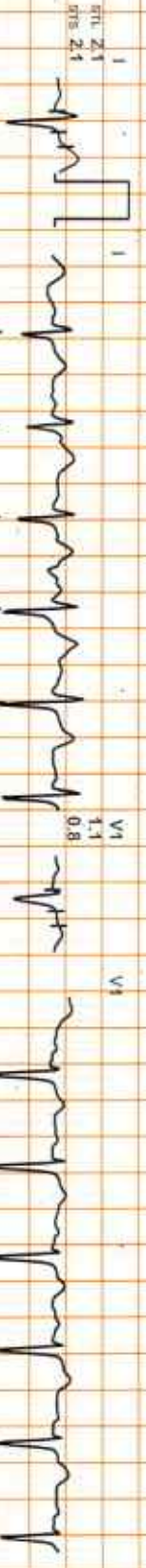
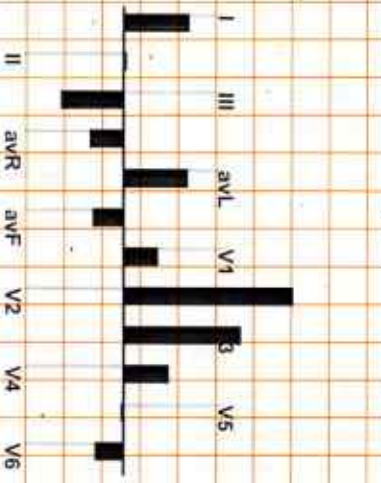
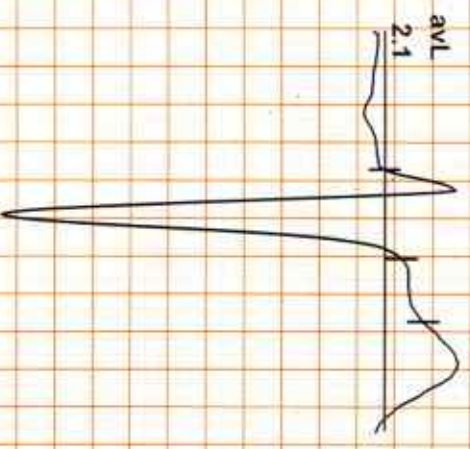
1185 / MR. GANESH KHATRI / 32 YRS / M

Date: 30-Jul-2021 11:48:30 AM METS: 1.0/ 121 bpm 64% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 10:09 0.0 mph, 0.0%

4X 80 ms Post-J

25 mm/Sec, 1.0 Cm/mV



REMARKS:



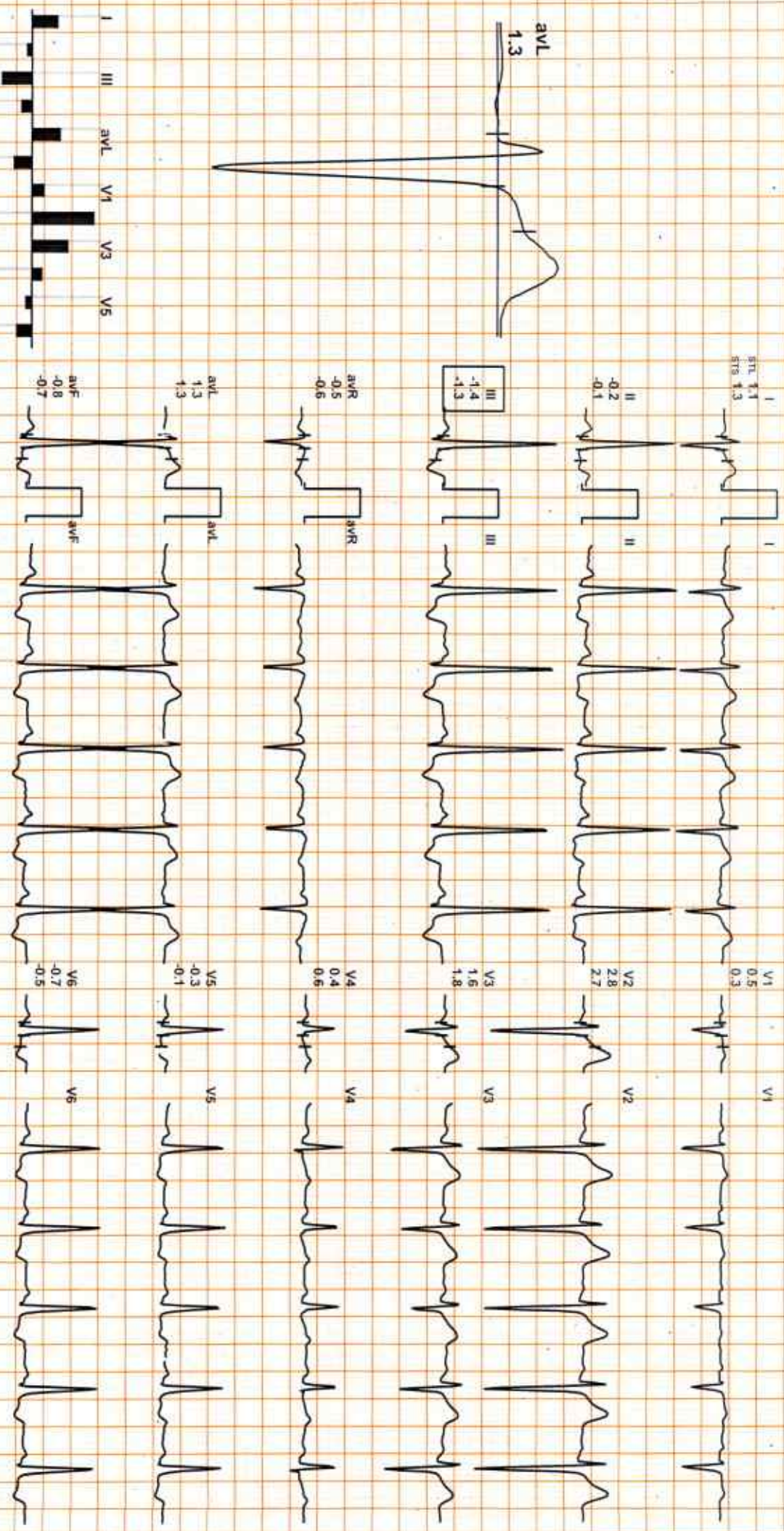
1185 / MR GANESH KHATRI / 32 YRS / M

Date: 30-Jul-2021 11:48:30 AM METS: 1.0/ 104 bpm 55% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 10:09 0.0 mph, 0.0%

4X 80ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:





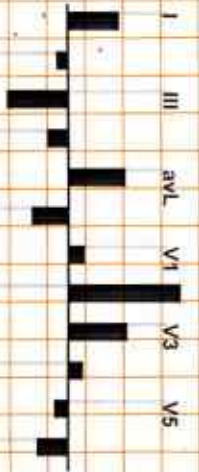
1185 / MR. GANESH KHATRI / 32 YRS / M

Date: 30-Jul-2021 11:48:30 AM METS: 1.0/ 112 bpm 59% of THR BP: 130/60 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

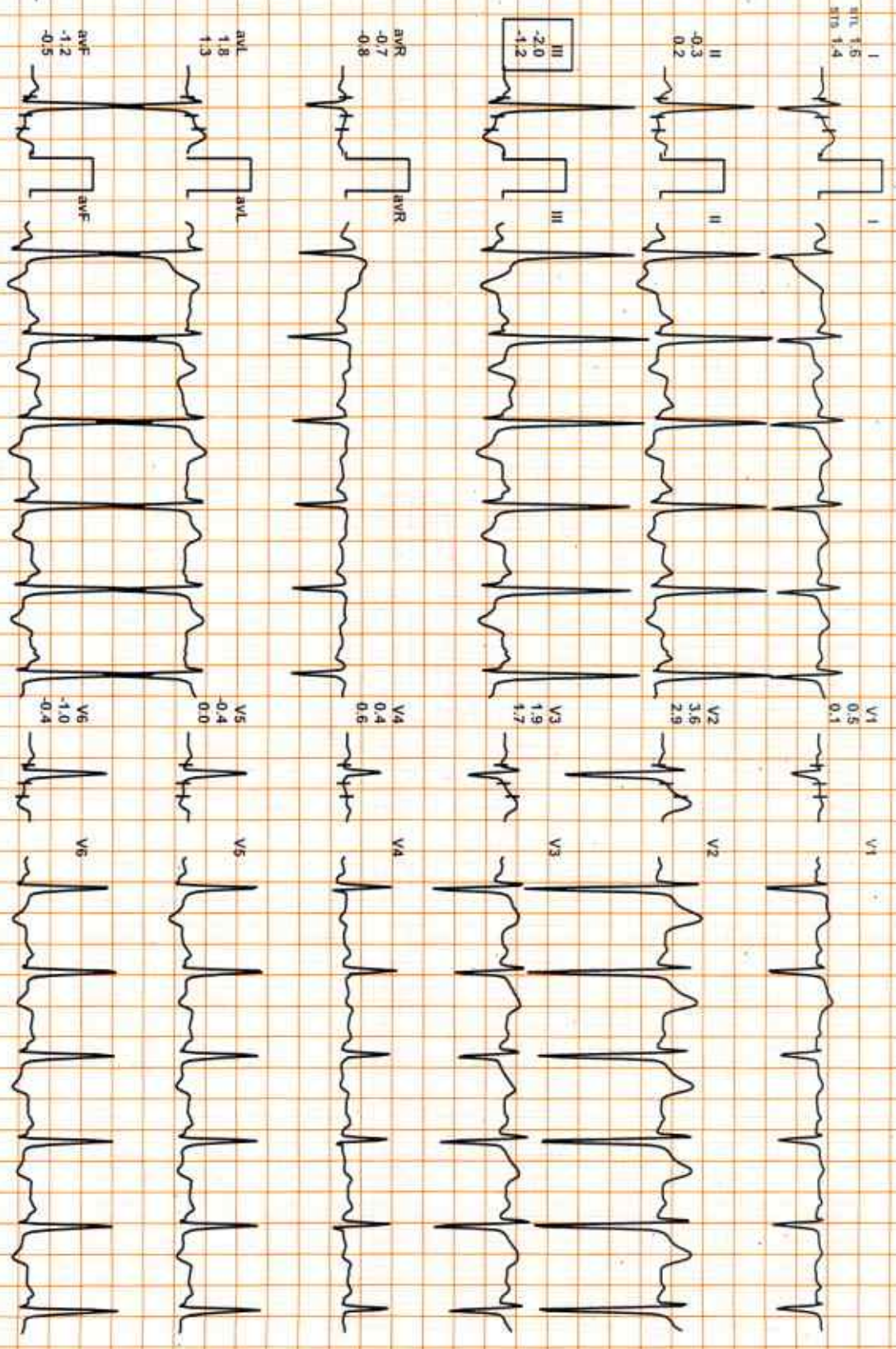
ExTime: 10:09 0.0 mph, 0.0%

4X 80ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

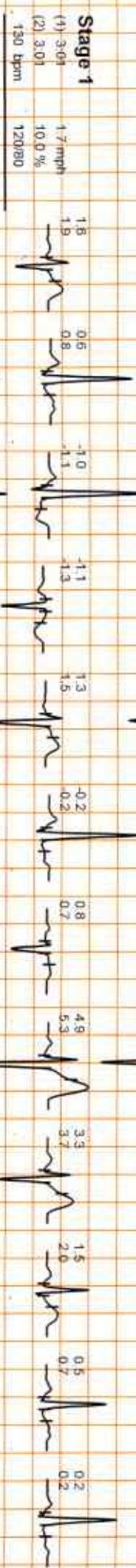
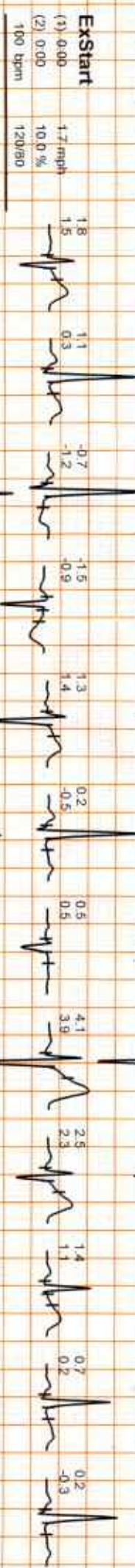






1185 / MR. GANESH KHATRI / 32 Yrs / M

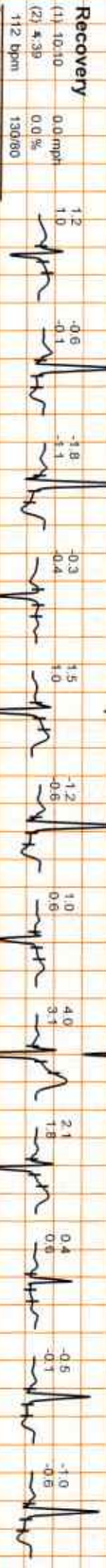
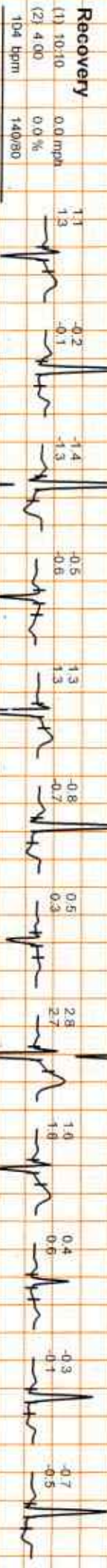
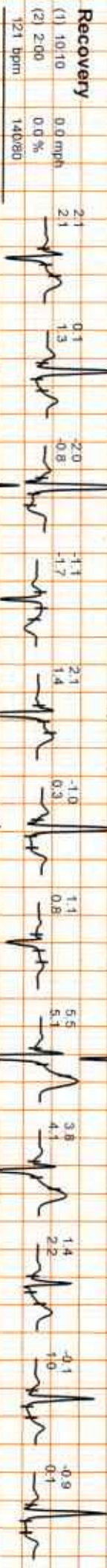
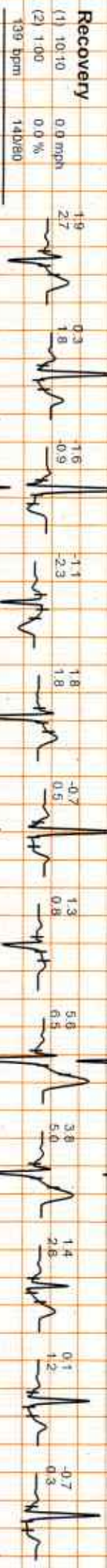
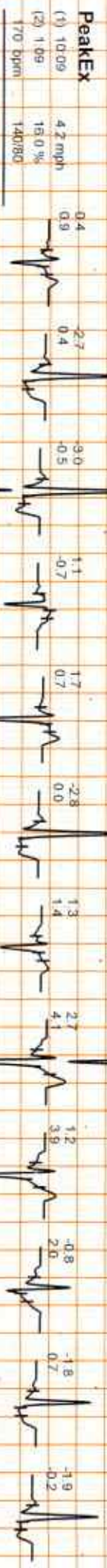
Date: 30-Jul-2021 11:48:30 AM







Date: 30-Jul-2021 11:48:30 AM I II III avR avL avF V1 V2 V3 V4 V5 V6





# Dr. Goyal's

## Path Lab & Imaging Centre

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



MC - 2300



Date :- 30/07/2021 10:45:03 Patient ID :-12211438  
NAME :- Mr. GANESH KHATRI Ref. By Dr:-  
Sex / Age :- Male 32 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 30/07/2021 10:48:31

Final Authentication : 30/07/2021 13:12:25

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE MALE GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	6.5	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
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Technologist

BANWARI

DR. TANURUNGTA  
M.D (Path) RMC No.-17226



# Dr. Goyal's

## Path Lab & Imaging Centre

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Tele: 0141-2293346, 4049787, 9887049787

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



Date :- 30/07/2021 10:45:03

NAME :- Mr. GANESH KHATRI

Sex / Age :- Male 32 Yrs

Company :- MediWHEEL

Patient ID :- 12211438

Ref. By Dr:-

Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 30/07/2021 10:48:31

Final Authentication : 30/07/2021 13:12:25

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	15.5	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.67	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	54.4	%	40.0 - 80.0
LYMPHOCYTE	35.8	%	20.0 - 40.0
EOSINOPHIL	2.9	%	1.0 - 6.0
MONOCYTE	6.6	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.09	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.03	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.16	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.37	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.50	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	80.5 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.9 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.4	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>			
RDW-CV	13.0	%	11.6 - 14.0
MENTZER INDEX	14.64		

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.

Technologist

BANWARI

DR. TANURUNGTA  
M.D (Path) RMC No.-1722t



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Sample Type :- EDTA

Sample Collected Time 30/07/2021 10:48:31

Final Authentication : 30/07/2021 13:12:25

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	06	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: 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

**Technologist**

BANWARI

**DR. TANURUNGTA**  
M.D (Path) RMC No.-1722t



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Date :- 30/07/2021 10:45:03 Patient ID :-12211438  
NAME :- **Mr. GANESH KHATRI** Ref. By Dr:-  
Sex / Age :- Male 32 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 30/07/2021 10:48:31

Final Authentication : 30/07/2021 12:09:15

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	298.73 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	171.08 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	34.22	mg/dl	Very high >500 0.00 - 80.00

Technologist

SURENDRAKHANGA

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



# Dr. Goyal's

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.74	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	232.48 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	7.92 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	6.16 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	866.64	mg/dl	400.00 - 1000.00
<b>TOTAL CHOLESTEROL</b> InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
<b>TRIGLYCERIDES</b> 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.			
<b>DIRECT HDLCHOLESTERO</b> 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.			
<b>DIRECT LDL-CHOLESTEROL</b> 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.			
<b>TOTAL LIPID AND VLDL ARE CALCULATED</b>			

Technologist

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 30/07/2021 10:48:31

Final Authentication : 30/07/2021 12:09:15

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.66	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)
SGOT Method:- IFCC	37.8 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	80.4 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	52.60	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.52	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.55	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.97	gm/dl	2.20 - 3.50
A/G RATIO	1.53		1.30 - 2.50

Technologist

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 30/07/2021 10:48:31

Final Authentication : 30/07/2021 12:09:15

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.19	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.47	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	<b>85.00 H</b>	U/L	11.00 - 50.00

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

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

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

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

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

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

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

Technologist

SURENDRAKHANGA

Page No: 7 of 13

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Date :- 30/07/2021 10:45:03 Patient ID :-12211438  
NAME :- Mr. GANESH KHATRI Ref. By Dr:-  
Sex / Age :- Male 32 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- PLAIN/SERUM Sample Collected Time 30/07/2021 10:48:31 Final Authentication : 30/07/2021 12:15:10

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	3.080	$\mu$ IU/mL	0.465 - 4.680

Technologist

ANANDSHARMA

Page No: 8 of 13

**DR. TANURUNGTA**  
M.D (Path) RMC No.-17226



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Sex / Age :- Male 32 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 30/07/2021 10:48:31

Final Authentication : 30/07/2021 12:15:10

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 1.220 ng/ml 0.970 - 1.690  
Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 9.090 ug/dl 5.530 - 11.000  
Method:- Chemiluminescence(Competitive immunoassay)

**InstrumentName:** VITROS ECI **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.

**InstrumentName:** VITROS ECI **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.

**InstrumentName:** VITROS ECI **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

Technologist

ANANDSHARMA

DR. TANURUNGTA  
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# Dr. Goyal's

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Date :- 30/07/2021 10:45:03 Patient ID :-12211438  
**NAME :- Mr. GANESH KHATRI** Ref. By Dr:-  
Sex / Age :- Male 32 Yrs Lab/Hosp :-  
Company :- MediWHEEL

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-F, URIC ACID, SERUM, URIC ACID, SERUM  
Final Authentication : 30/07/2021 14:47:37

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	111.8	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	144.7 H	mg/dl	70.0 - 140.0
SERUM CREATININE Method:- Colorimetric Method	1.14	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.49	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

**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.

**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.

**Technologist**

SURENDRAKHANGA, SURESHSAINI

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Sex / Age :- Male 32 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM Sample Collected Time 30/07/2021 10:48:31 Final Authentication : 30/07/2021 13:12:25

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B"POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
BLOOD UREA NITROGEN (BUN)	8.6	mg/dl	0.0 - 23.0

**Technologist**

BANWARI, SURENDRAKHANGA

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	0.756	ng/ml	0.000 - 4.000

**InstrumentName:** VITROS ECI **Interpretation :** Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

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

**Technologist**

ANANDSHARMA



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Company :- MediWheel

Patient ID :-12211438  
Ref. By Doctor:-  
Lab/Hosp :-

Final Authentication :- 30/07/2021 14:26:28

BOB PACKAGE MALE

### X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

**Impression :- Normal Study**

(Please correlate clinically and with relevant further investigations)

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

Page No: 1 of 1

**Anita sharma**  
Checked by SAVITA

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Dr. Ankita Gupta  
MD, DNB. (Radio Diagnosis)

Dr. Parul Gupta Modi  
MD, DNB. (Radiologist)

Dr. Aman Mamodia  
MBBS, DMRD, DNB. (Radio Diagnosis)







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Company :- MediWheel

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Ref. By Doctor:-

Lab/Hosp :-

Final Authentication : 30/07/2021 11:15:24

BOB PACKAGE MALE

### USG WHOLE ABDOMEN

**Liver is mild enlarged in size (16 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 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 .

**Two calculi of size 7.1 mm & 3.8 mm in lower calyx of left kidney.**

**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 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.

#### IMPRESSION:

\*Mild hepatomegaly with fatty changes

\*Left renal calculi

Needs clinical correlation for further evaluation

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

Page No: 1 of 1

SAVITA

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