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

General Physical Examination

Date of Examination: 01/01/2023

Name: MANOJ VERMA. Age: 31 Sex: Male,

DOB: 15/01/1991.

Referred By: BOB.

Photo ID: Aadhar ID #: attached

Ht: 166. (cm) Wt: 73. (Kg)

Chest (Expiration): 95 (cm) Abdomen Circumference: 90. (cm)

Blood Pressure: 120/80 mm Hg PR: 90 / min RR: 16 / min Temp: Afebrile

BMI 26.5

Eye Examination: Distion vision L.E 6/6, R.E 6/9 with specs.
Near vision N/6. with specs. NO Colour blindness.

Other: not significant.

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

Signature Of Examine : ---------- **Name of Examinee:** ----------

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

Signature Medical Examiner : ---------- **Name Medical Examiner** ----------

भारत सरकार
Government of India

मनोज वर्मा
Manoj Verma
जन्म तिथि/DOB: 15/01/1991
पुरुष/ MALE

2755 7516 8559
VID : 9179 2863 3863 9439

मेरा आधार, मेरी पहचान

Dr Piyush Goyal
M.B.B.S , D.M.R.D
RMC Reg No -017998

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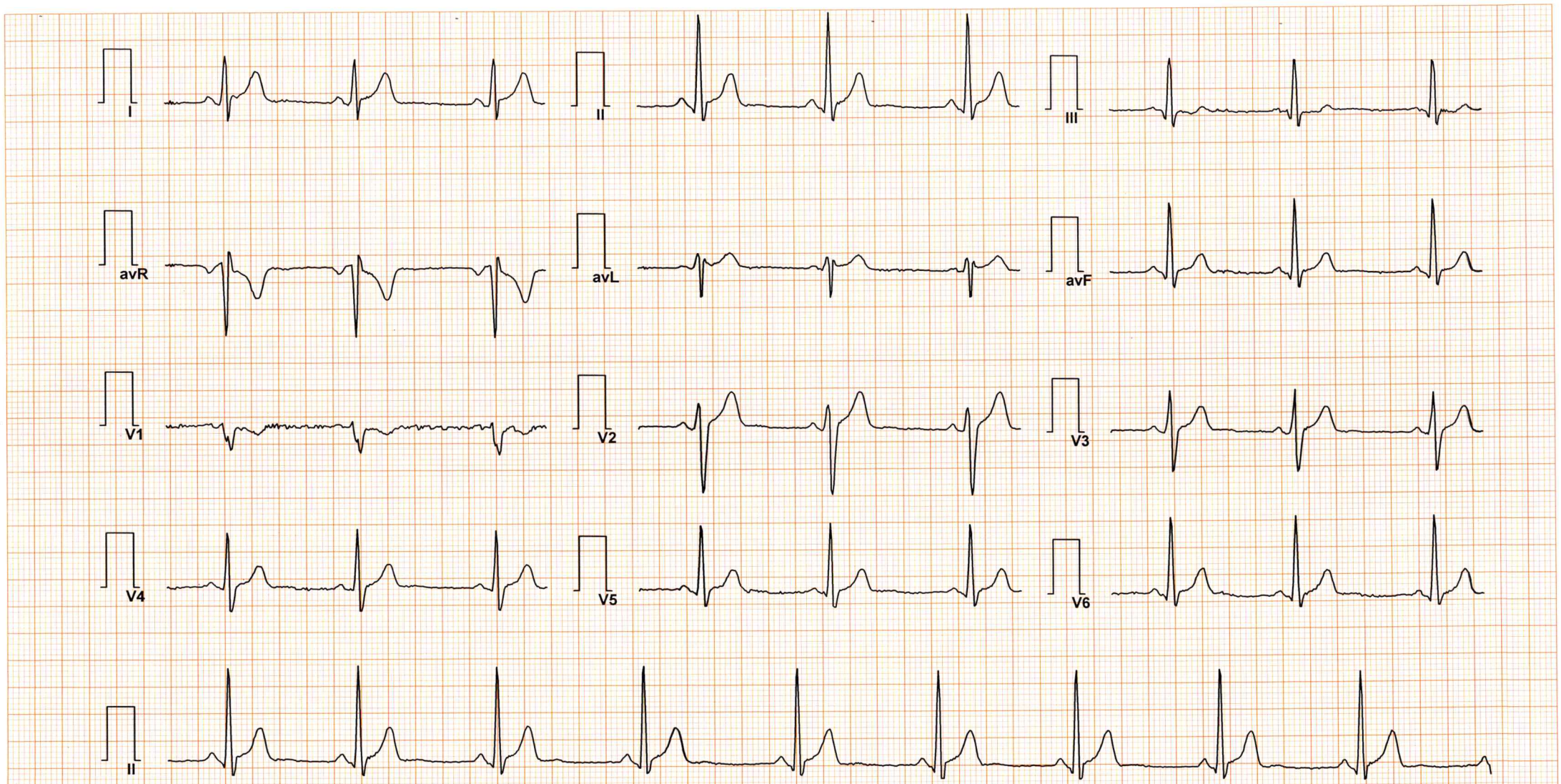
ECG

102221237 / MR MANOJ VERMA / 31 Yrs / M/ Non Smoker

Heart Rate : 57 bpm / Tested On : 01-Jan-23 11:06:07 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By.: BOB



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

Reported By:

Allengers ECG (Pisces)(PIS218210312)

RHQ

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B-51 GANESH NAGAR ,JAIPUR EMail:

Report

AGHPL

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg
Date: 01 / 01 / 2023 Technician : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	01.1	00.0	01.0	061	32 %	120/80	073	00	
Standing	00:28	0:22	01.1	00.0	01.0	062	33 %	120/80	074	00	
HV	00:44	0:16	01.1	00.0	01.0	062	33 %	120/80	074	00	
Warm Up	00:58	0:14	01.1	00.0	01.0	061	32 %	120/80	073	00	
ExStart	02:18	1:20	01.0	00.0	01.0	087	46 %	120/80	104	00	
BRUCE Stage 1	05:18	3:00	01.7	10.0	04.7	125	66 %	125/85	156	00	
BRUCE Stage 2	08:18	3:00	02.5	12.0	07.1	138	73 %	135/85	186	00	
BRUCE Stage 3	11:18	3:00	03.4	14.0	10.2	144	76 %	140/90	201	00	
PeakEx	12:29	1:11	04.2	16.0	11.5	162	86 %	140/90	226	00	
Recovery	13:29	1:00	00.0	00.0	04.3	104	55 %	140/90	145	00	
Recovery	14:29	2:00	00.0	00.0	01.0	088	47 %	135/85	118	00	
Recovery	16:29	4:00	00.0	00.0	01.0	082	43 %	125/85	102	00	
Recovery	16:57	4:28	00.0	00.0	01.0	085	45 %	125/85	106	00	

FINDINGS :

Exercise Time : 10:11
Max HR Attained : 162 bpm 86% of Target 189
Max BP Attained : 140/90 (mm/Hg)
Max WorkLoad Attained : 11.5 Good response to induced stress
Test End Reasons : Test Complete, Heart Rate Achieved

TMT is Negative for RMI.

REPORT :

Dr. Naresh Kumar Moolanka
Reg. No. 35778
MBBS, DNB, CARDIO (ESCORTS)
DIP. CARDIO (RCOP-UK)

RHQ

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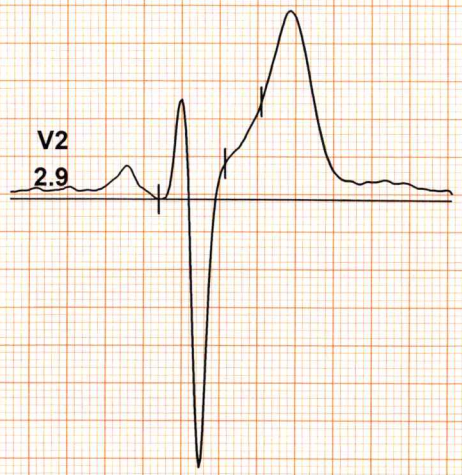
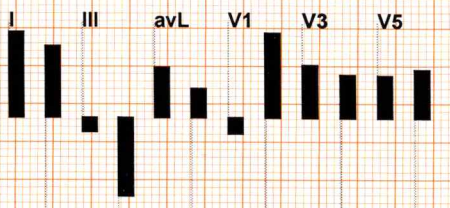
BRUCE:Supine(0:07)

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 61

Date: 01 / 01 / 2023 METS: **1.0/ 61** bpm **32%** of THR BP: **120/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **00:00** **1.1** mph, **0.0%**

4X 80 mS Post J 25 mm/Sec. 1.0 Cm/mV





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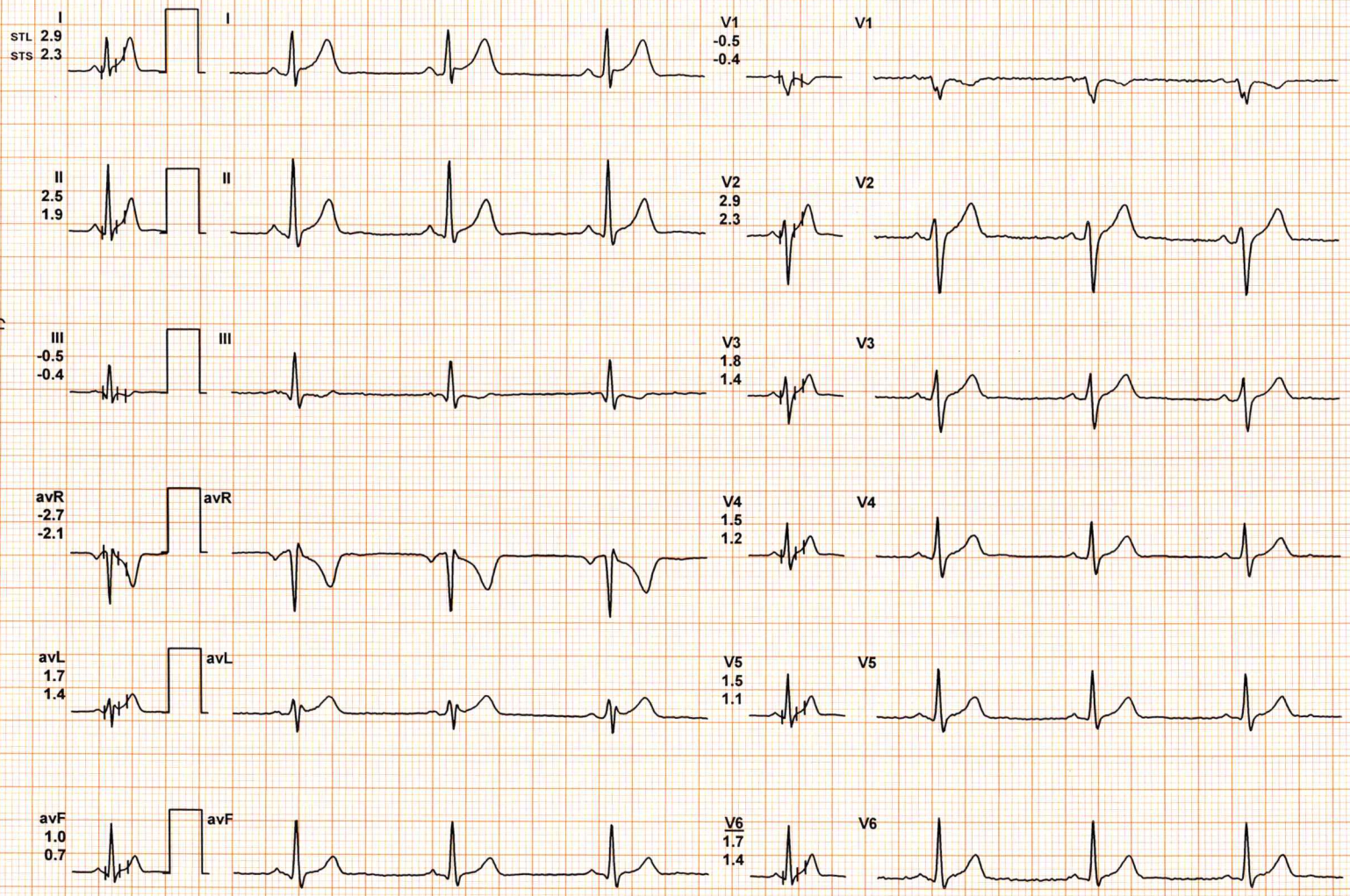

RHQ

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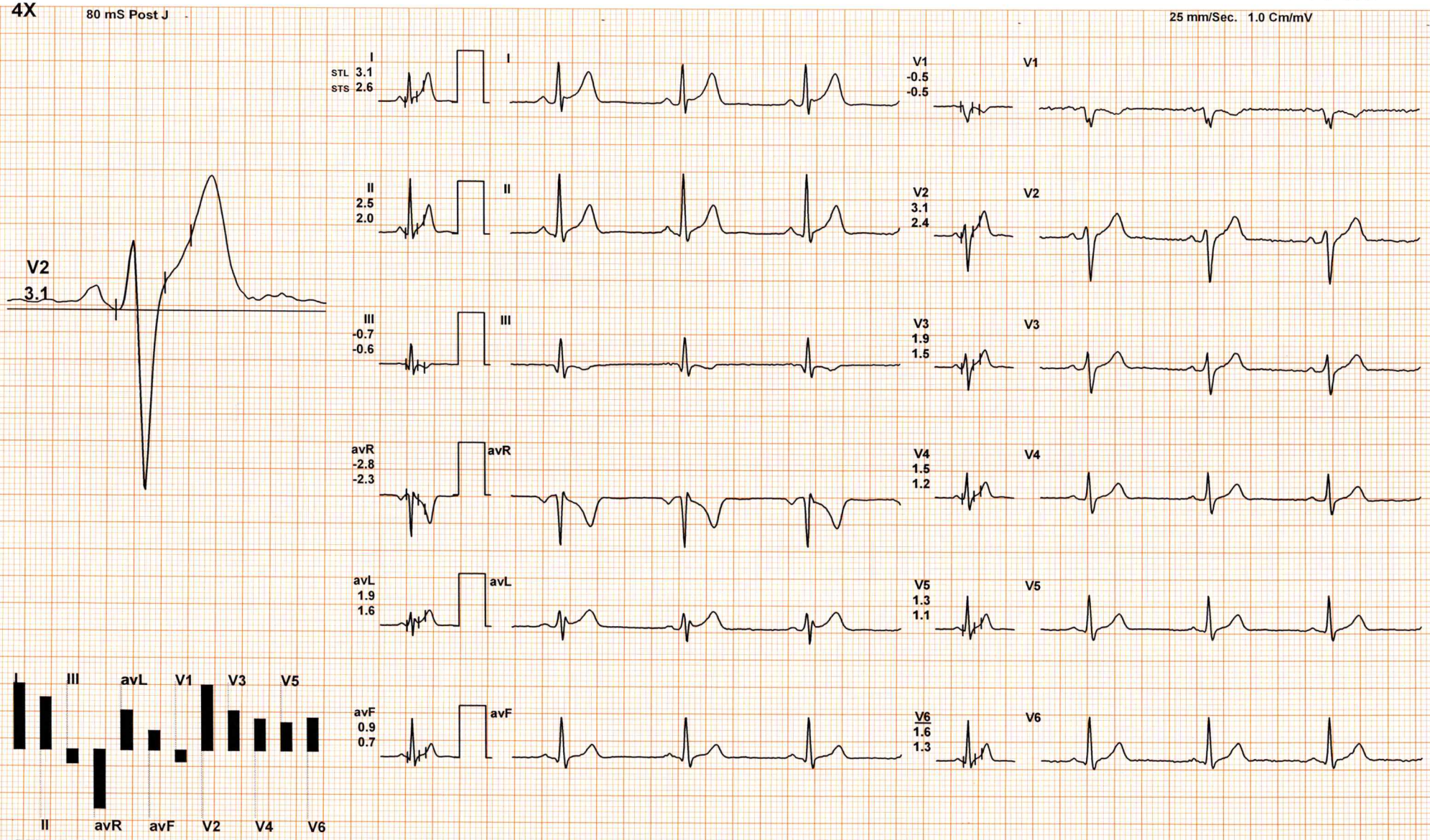
BRUCE:Standing(0:22)

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 62

Date: 01 / 01 / 2023 METS: **1.0/ 62** bpm **33%** of THR BP: **120/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **00:00** **1.1** mph, **0.0%**



REMARKS:

RHQ

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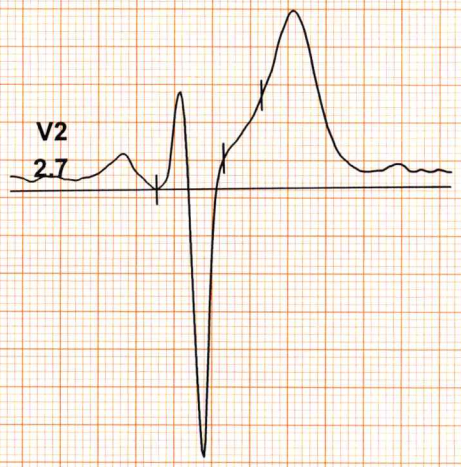
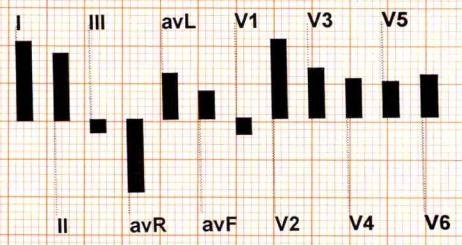
BRUCE:HV(0:16)

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 62

Date: 01 / 01 / 2023 METS: **1.0/ 62** bpm **33%** of THR BP: **120/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **00:00** **1.1** mph, **0.0%**

4X **80 mS Post J** **25 mm/Sec. 1.0 Cm/mV**





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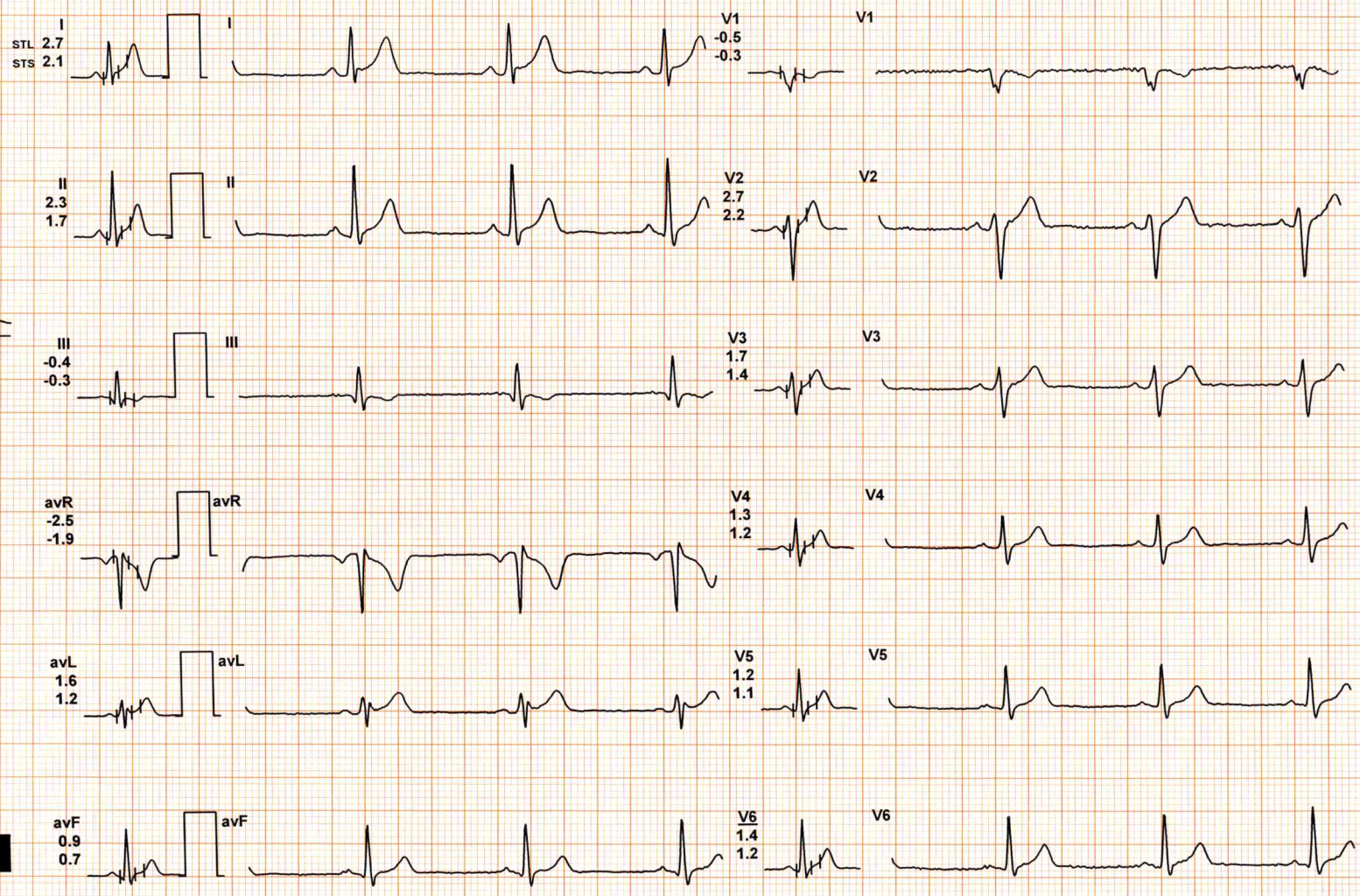

RHQ

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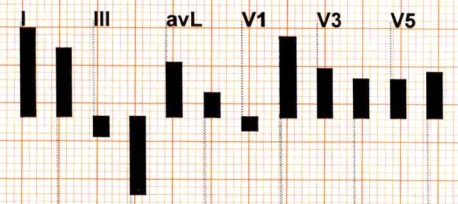
BRUCE:Warm Up(0:14)

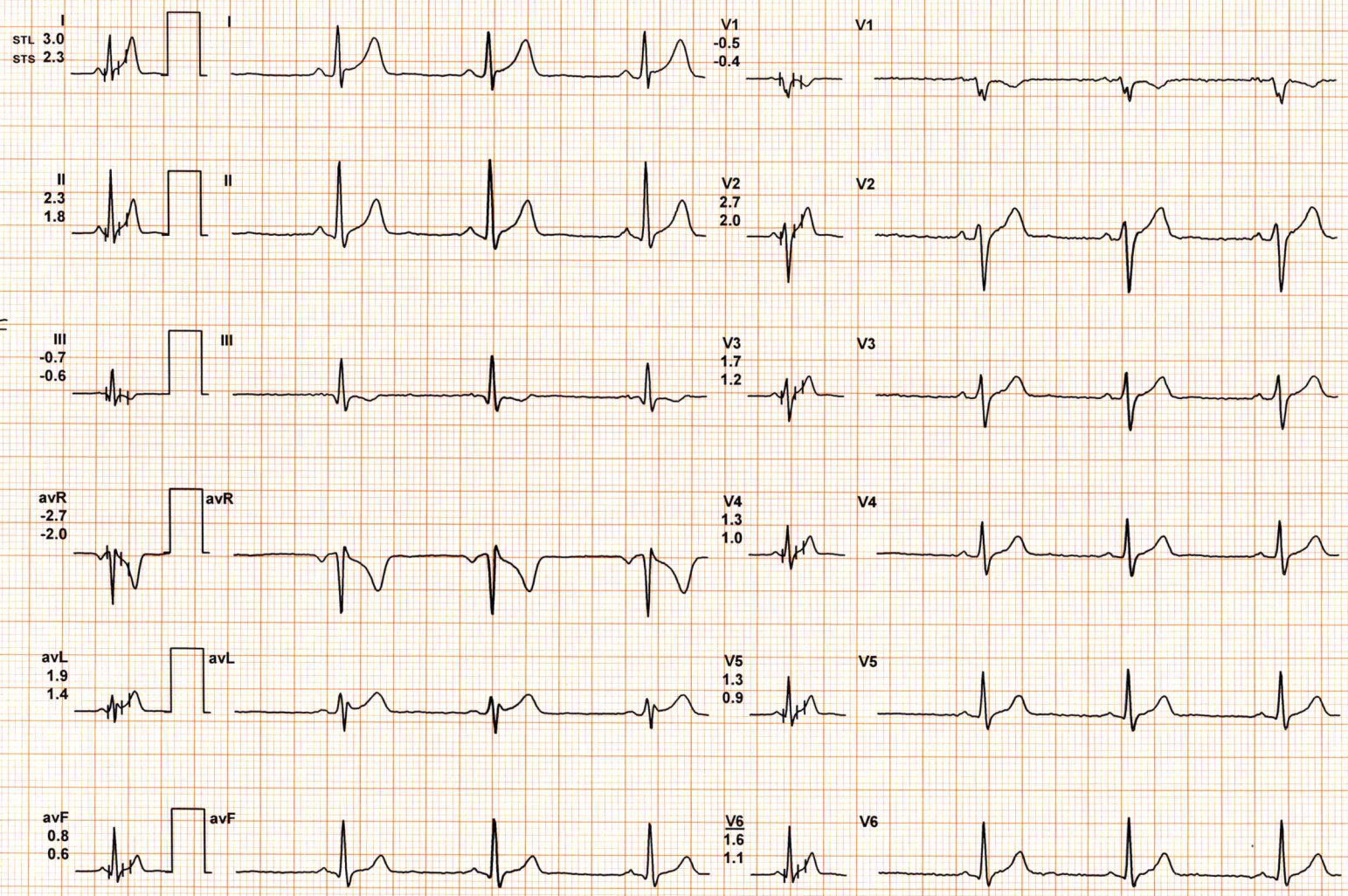
AGHPL

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 61

Date: 01 / 01 / 2023 METS: **1.0/ 61** bpm **32%** of THR BP: **120/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **00:00** **1.1** mph, **0.0%**

4X **80 mS Post J** **25 mm/Sec. 1.0 Cm/mV**





REMARKS:

RHQ

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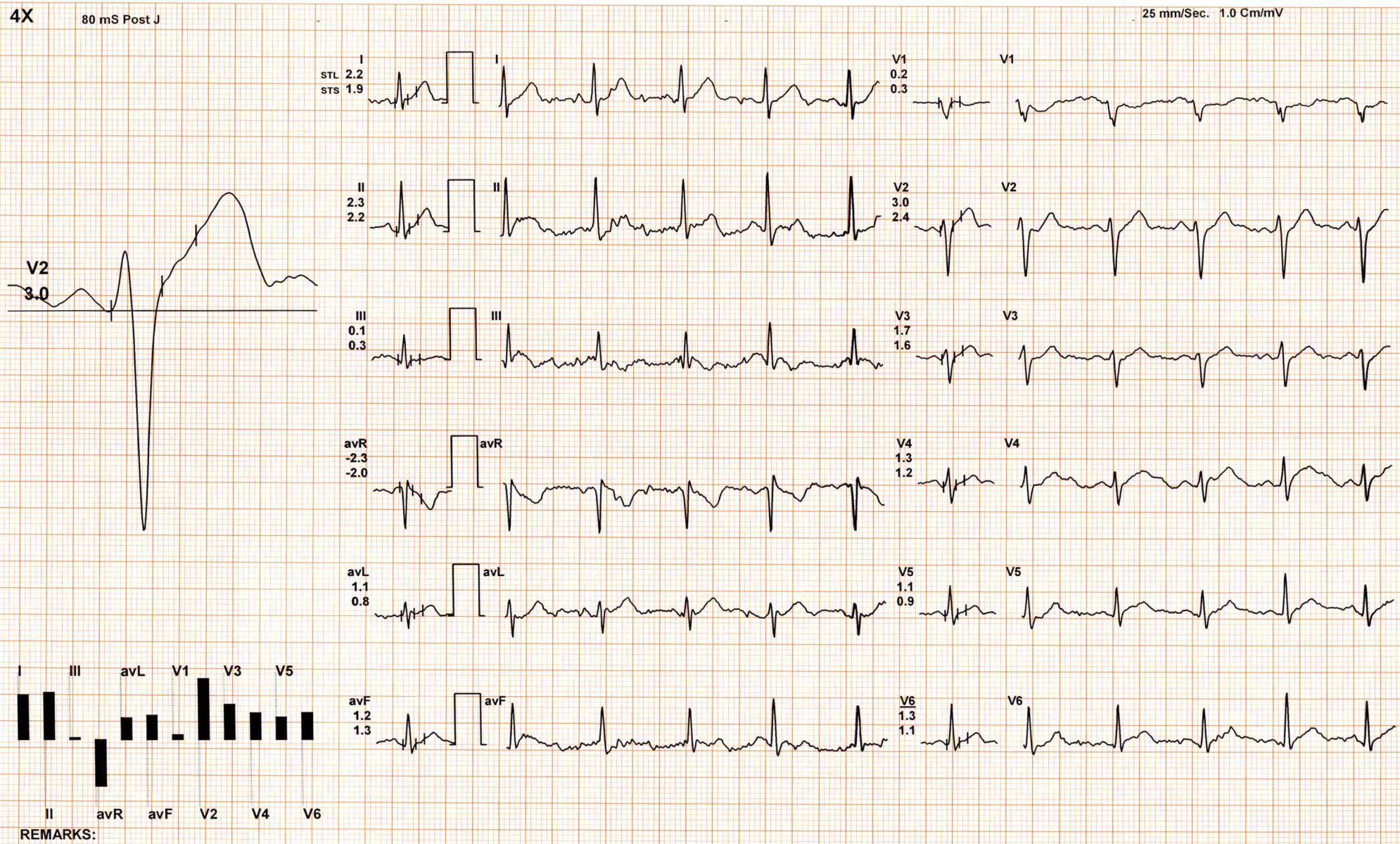
ExStart

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 87

Date: 01 / 01 / 2023 METS: **1.0/ 87** bpm **46%** of THR BP: **120/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF **0.05** Hz/LF 100 Hz ExTime: **00:00** **1.0** mph, **0.0%**



RHQ

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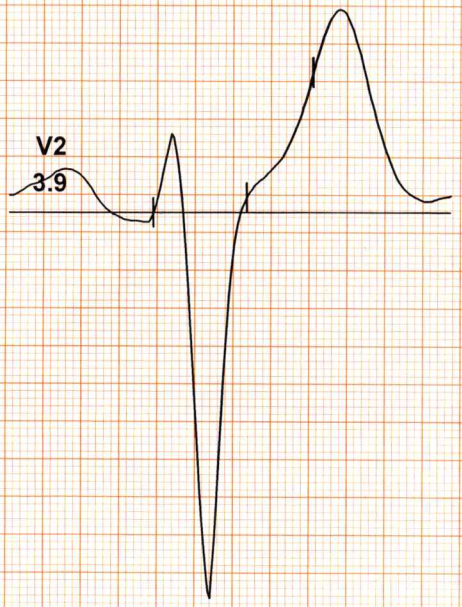
BRUCE:Stage 1(3:00)

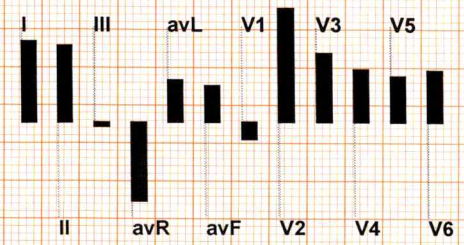
2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 125

Date: 01 / 01 / 2023 METS: **4.7/ 125** bpm **66%** of THR BP: **125/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **03:00** **1.7** mph, **10.0%**

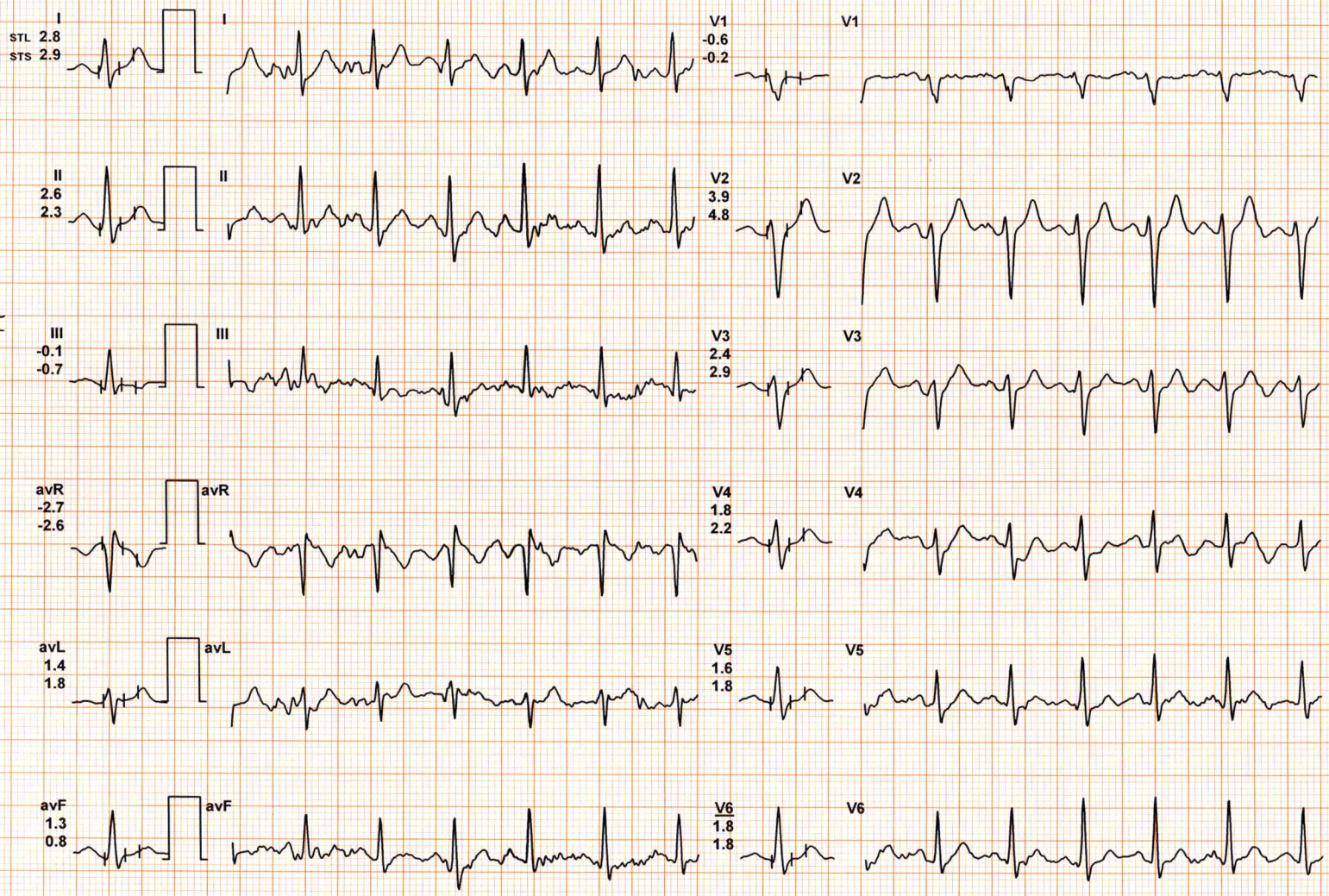
4X 70 mS Post J

25 mm/Sec. 1.0 Cm/mV





REMARKS:



RHQ

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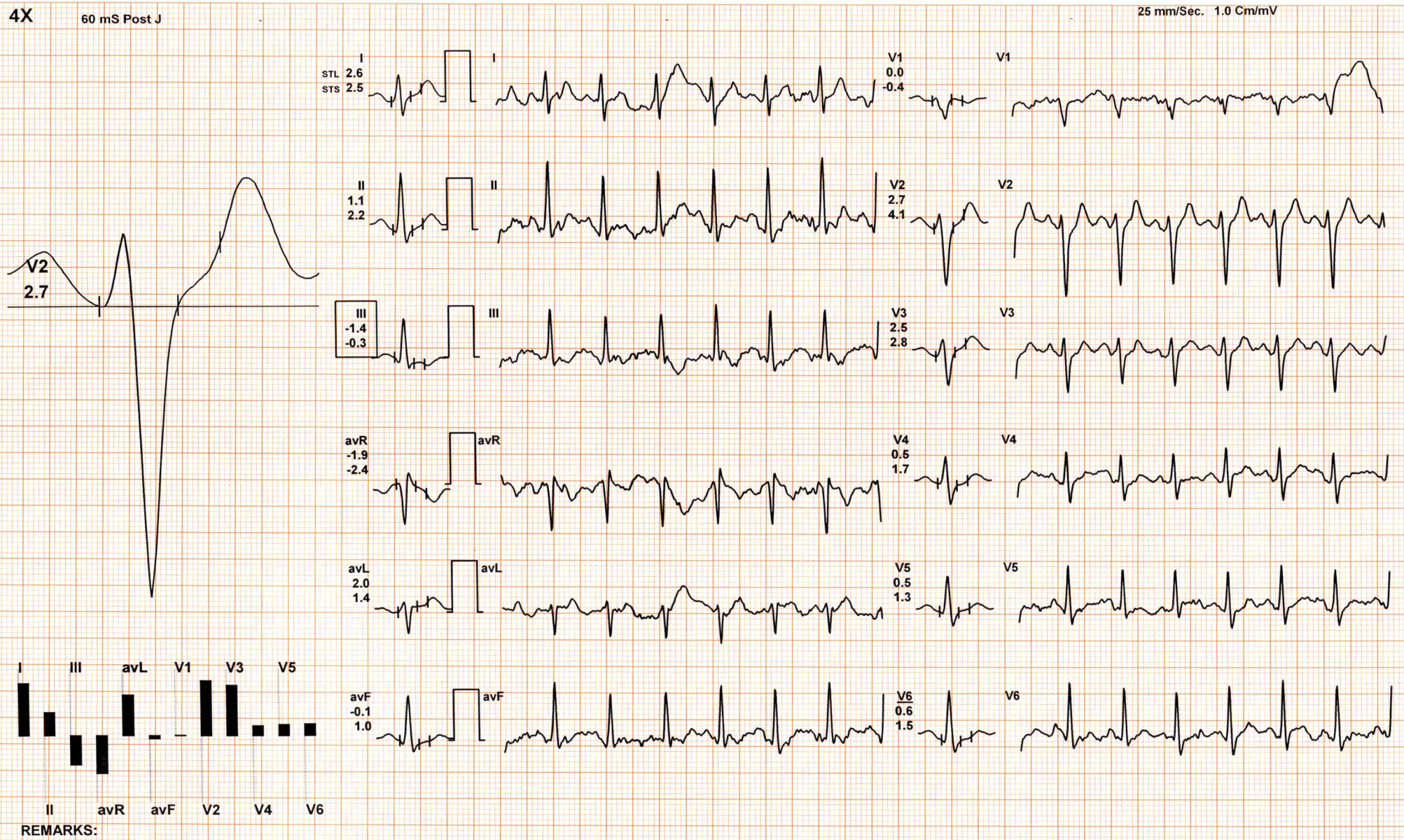
BRUCE:Stage 2(3:00)

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 138

Date: 01 / 01 / 2023 METS: **7.1/ 138** bpm **73%** of THR BP: **135/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **06:00** **2.5** mph, **12.0%**



REMARKS:

RHQ

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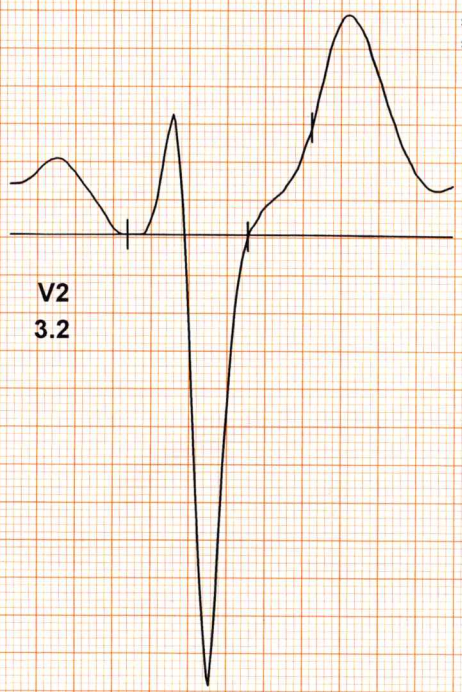
BRUCE:Stage 3(3:00)

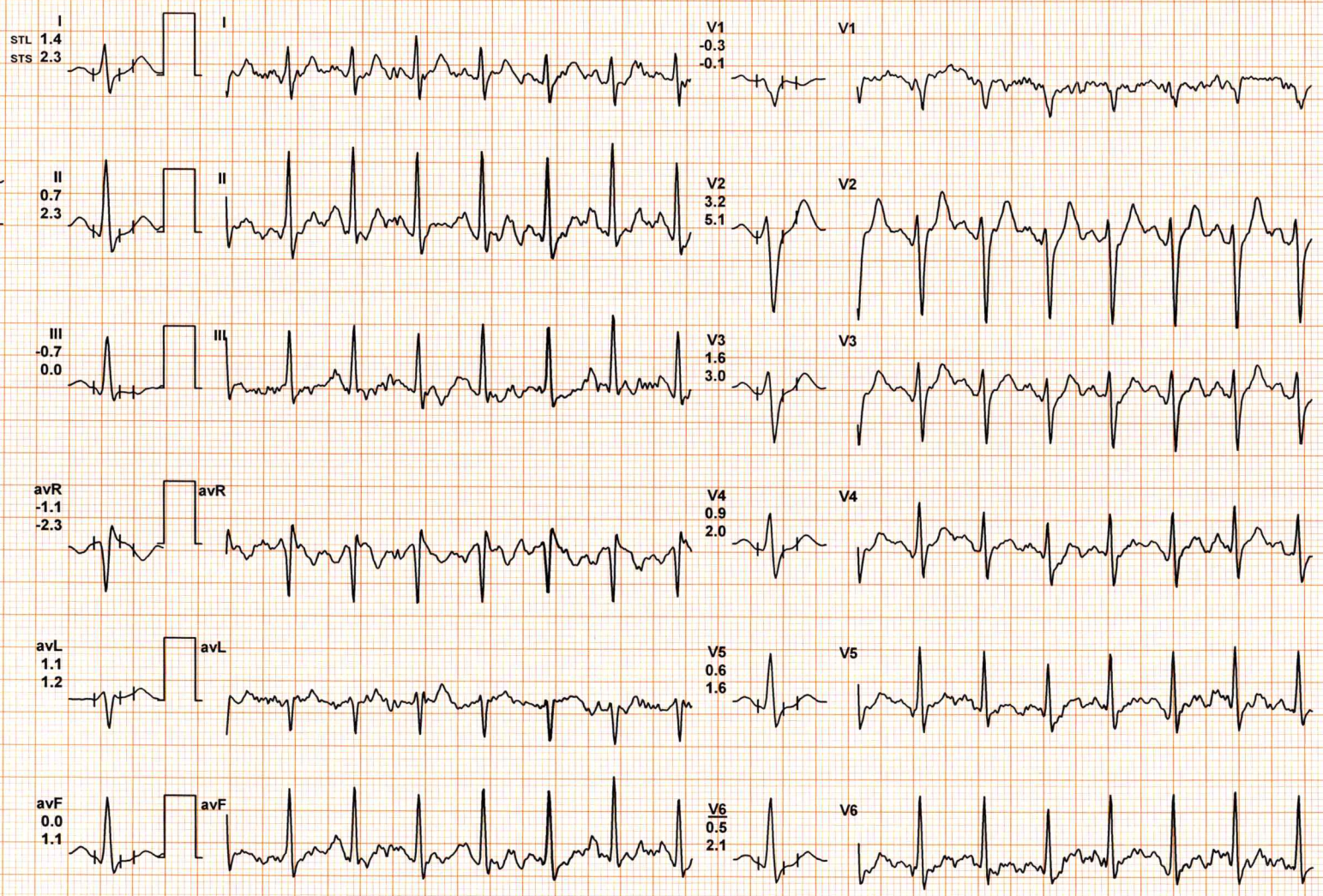
2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 144

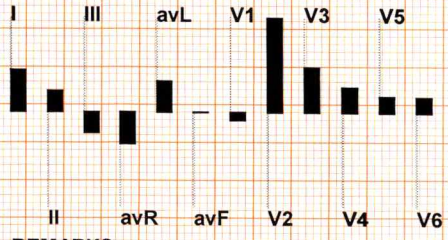
Date: 01 / 01 / 2023 METS: **10.2/ 144** bpm **76%** of THR BP: **140/90 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **09:00** **3.4** mph, **14.0%**

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV







REMARKS:

RHQ

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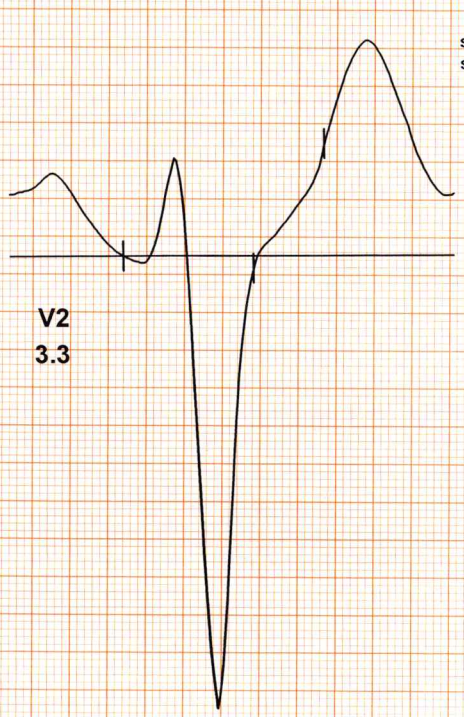
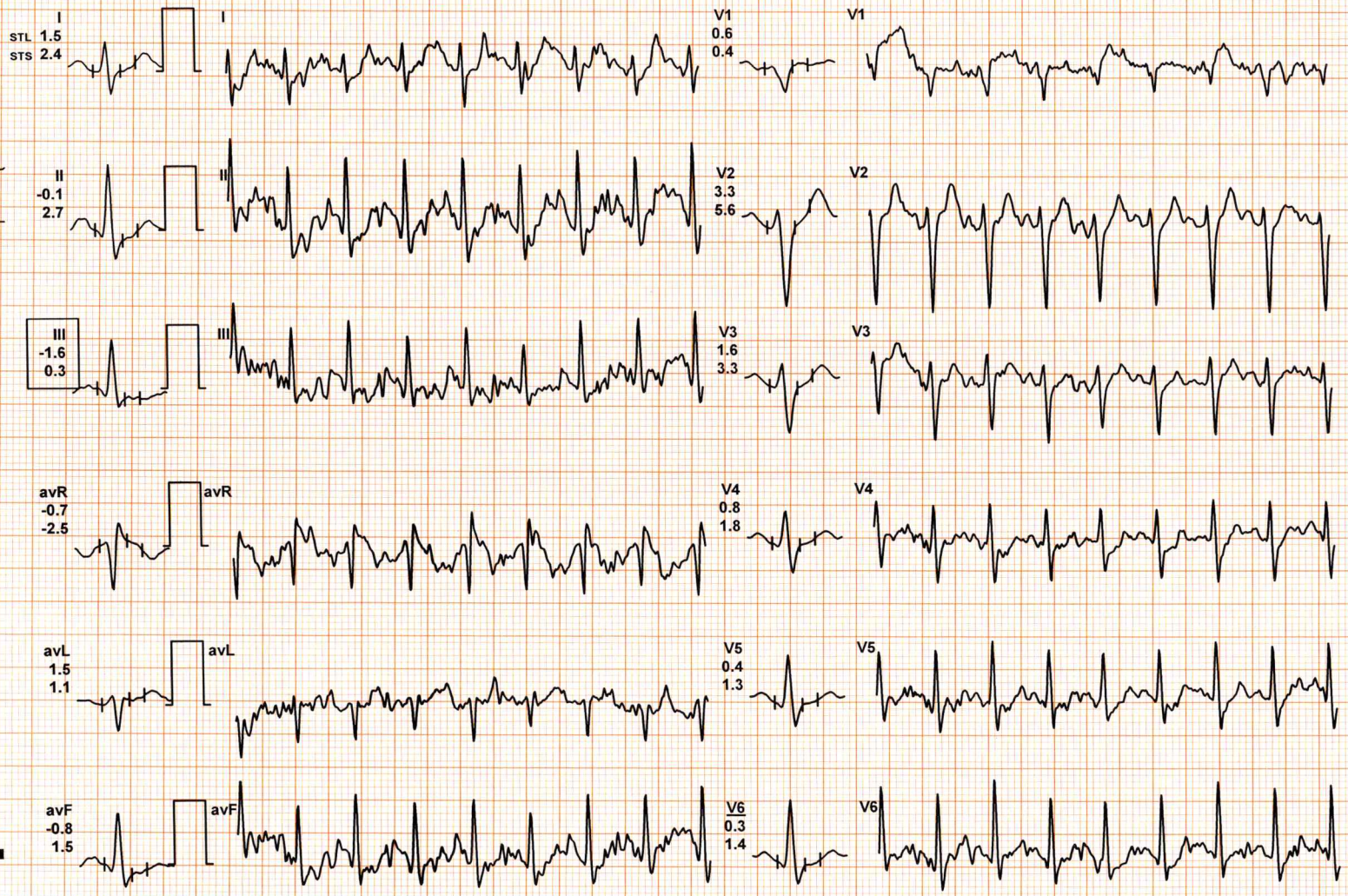
PeakEx

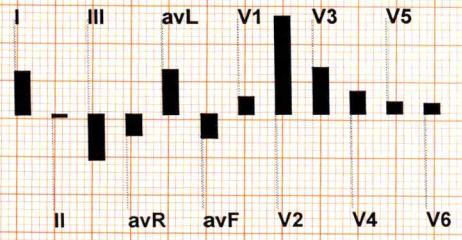
2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 162

Date: 01 / 01 / 2023 METS: **11.5/ 162** bpm **86%** of THR BP: **140/90 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **10:11** **4.2** mph, **16.0%**

4X **60 mS Post J** **25 mm/Sec. 1.0 Cm/mV**







REMARKS:

RHQ

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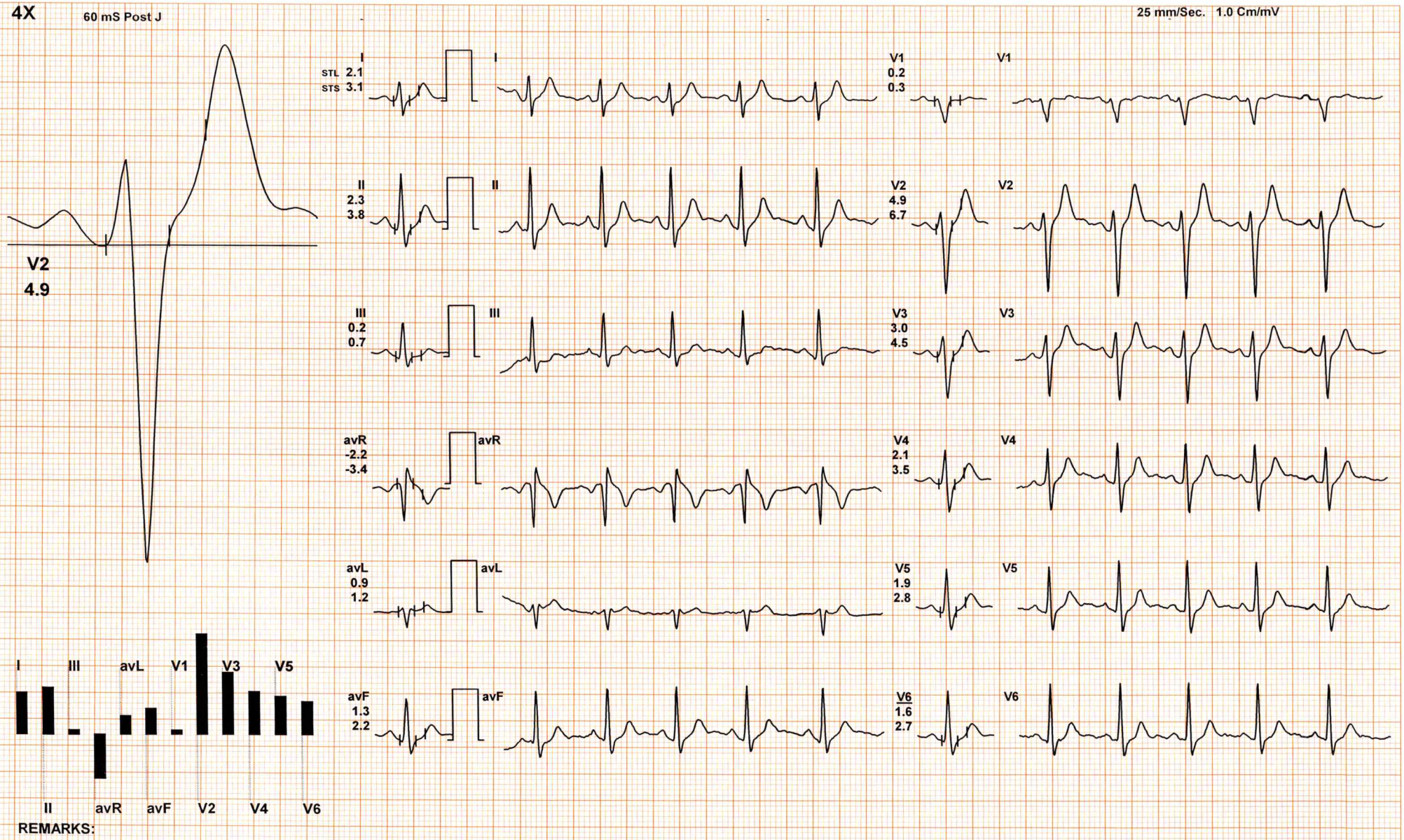
Recovery(1:00)

AGHPL

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 104

Date: 01 / 01 / 2023 METS: **4.3/ 104** bpm **55%** of THR BP: **140/90 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **10:11** **0.0** mph, **0.0%**



REMARKS:

RHQ

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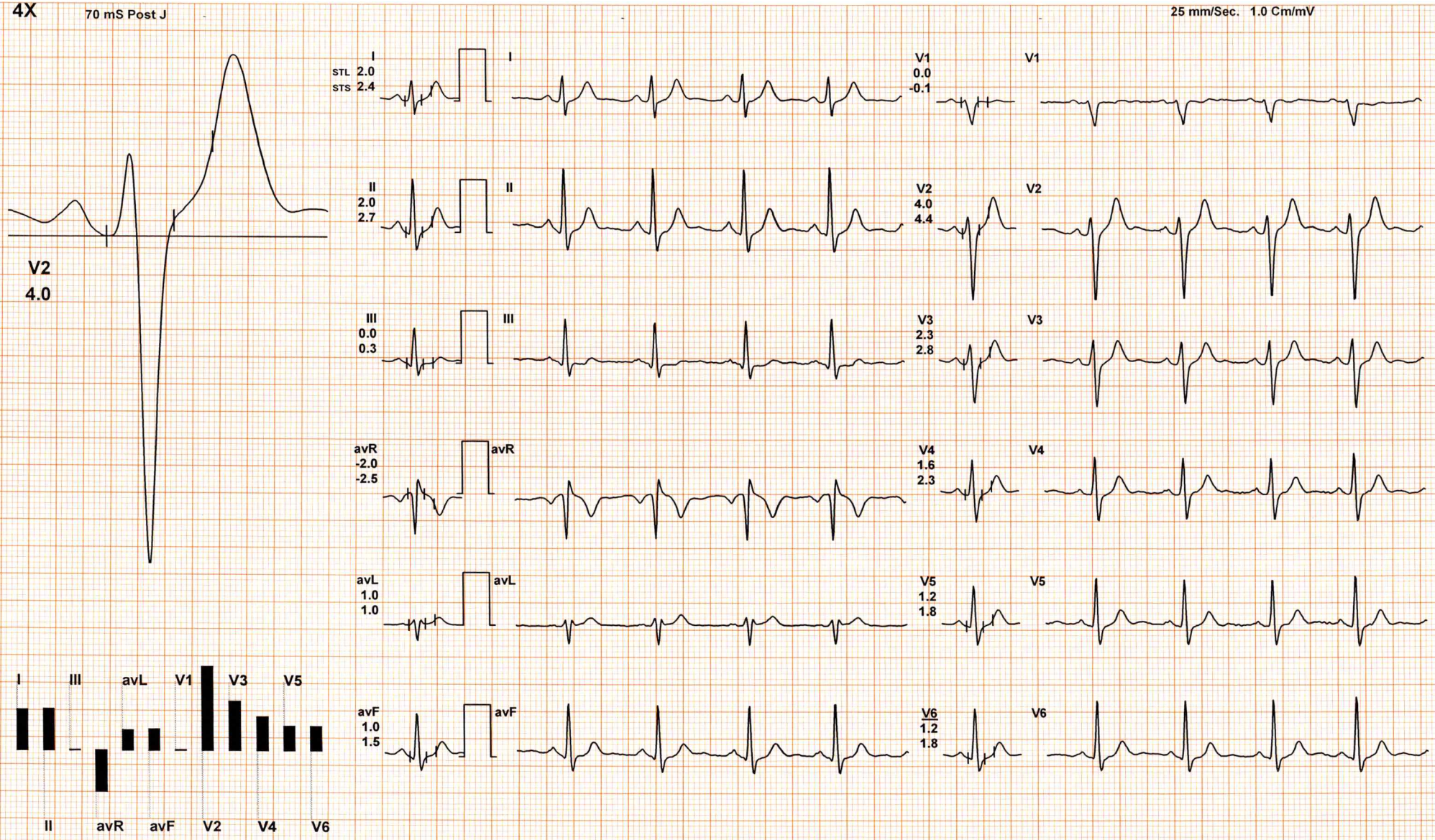
Recovery(2:00)

AGHPL

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 88

Date: 01 / 01 / 2023 METS: **1.0/ 88** bpm **47%** of THR BP: **135/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **10:11** **0.0** mph, **0.0%**



REMARKS:

RHQ

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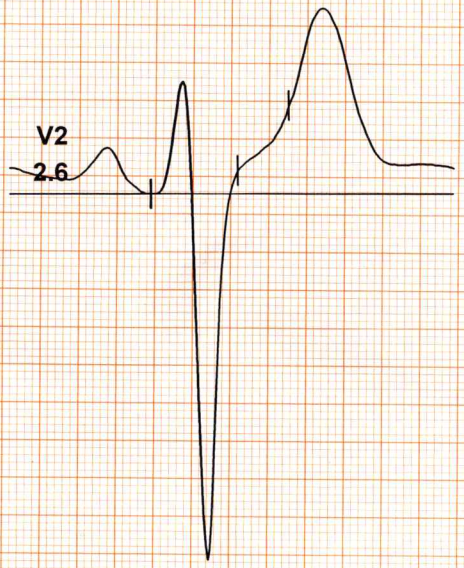
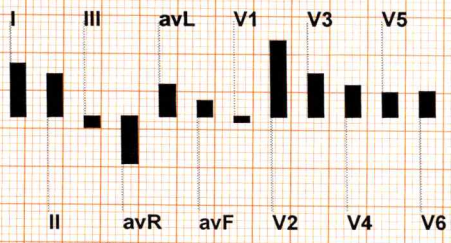
Recovery(4:00)

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 82

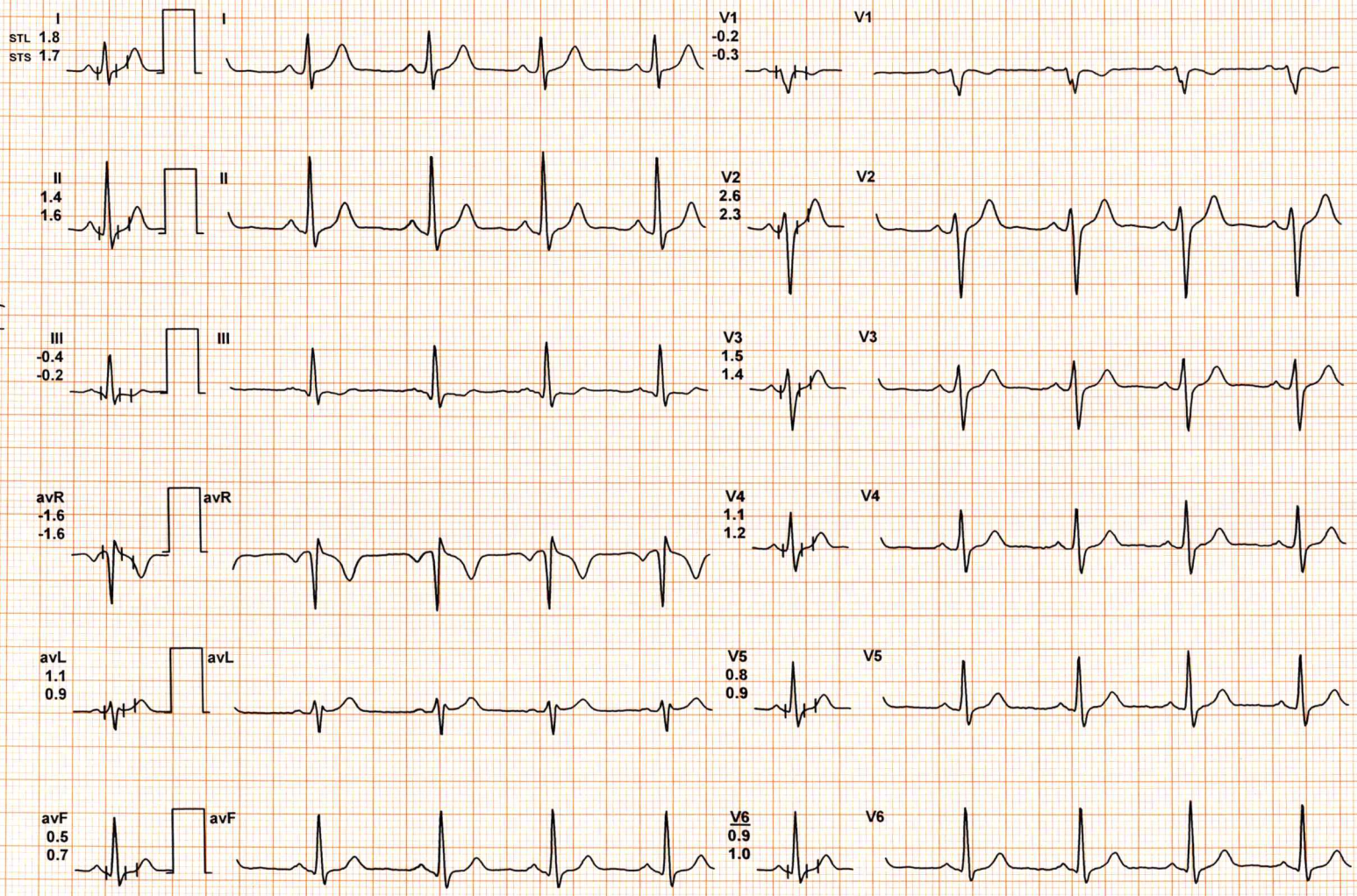
Date: 01 / 01 / 2023 METS: **1.0/ 82** bpm **43%** of THR BP: **125/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **10:11** **0.0** mph, **0.0%**

4X **80 mS Post J** **25 mm/Sec. 1.0 Cm/mV**





REMARKS:



RHQ

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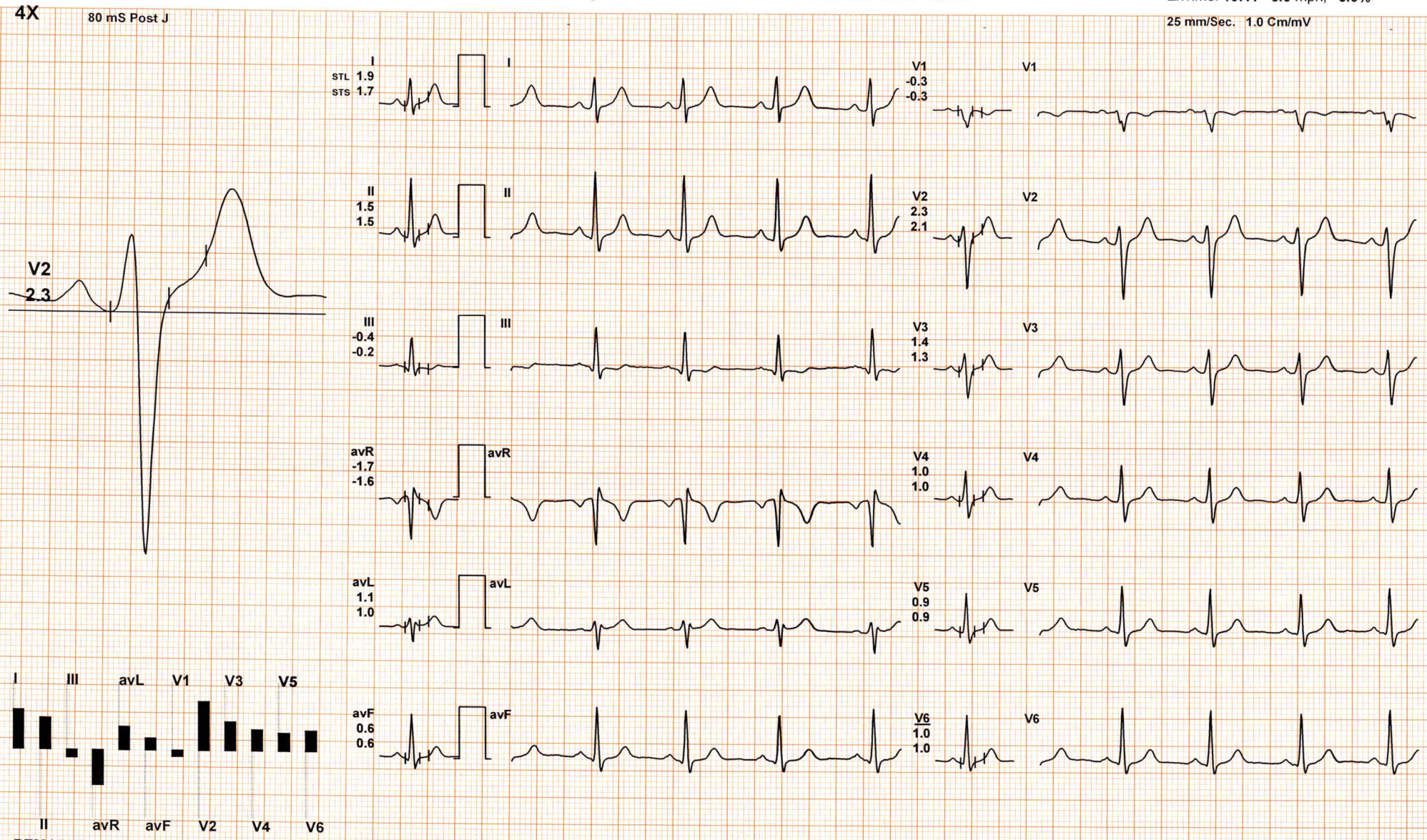
Recovery(4:28)

AGHPL

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 85

Date: 01 / 01 / 2023 METS: **1.0/ 85** bpm **45%** of THR BP: **125/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **10:11** **0.0** mph, **0.0%**



REMARKS:

RHQ

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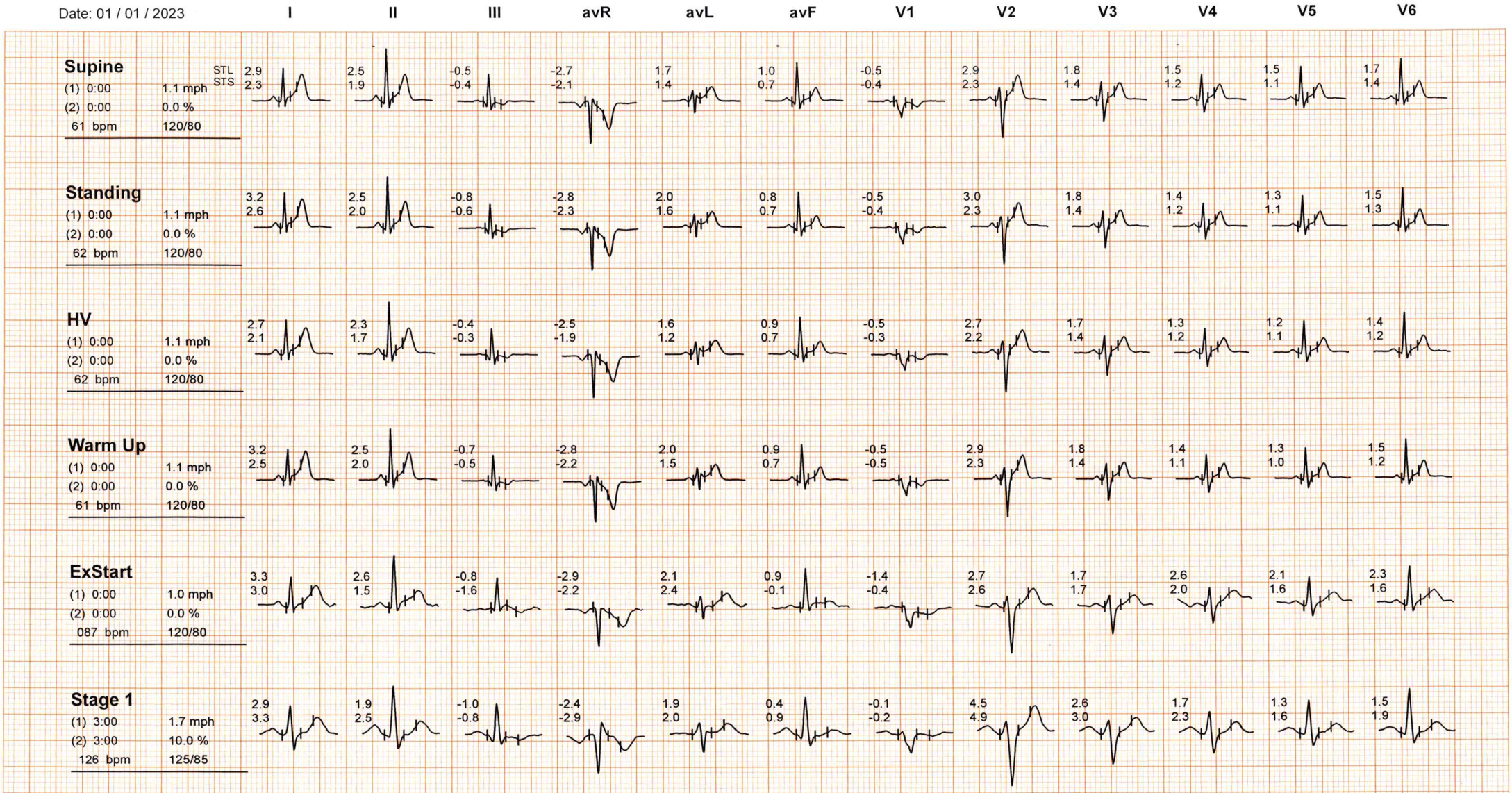
Average

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 59

Date: 01 / 01 / 2023



RHQ

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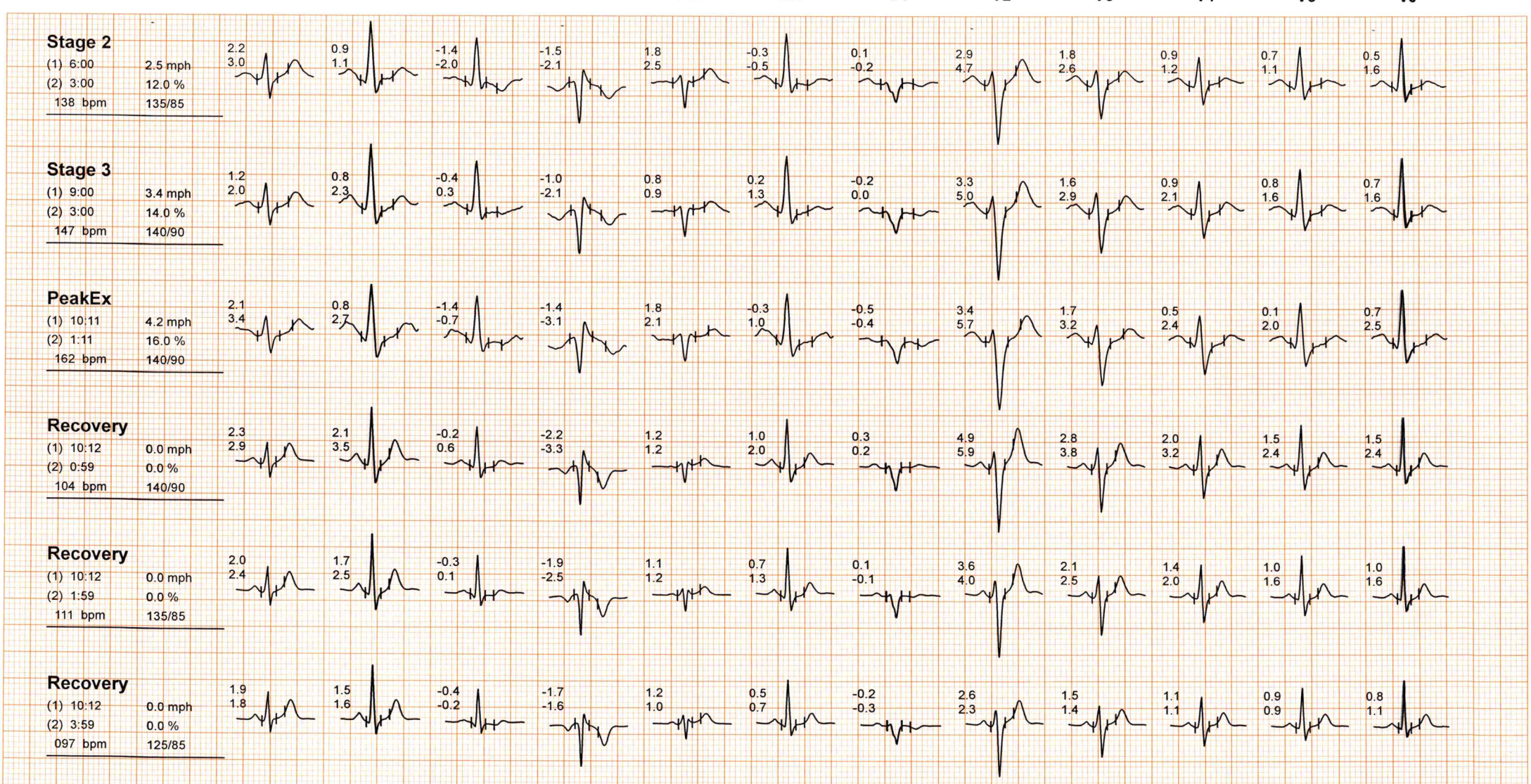
Average

AGHPL

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 59

Date: 01 / 01 / 2023



RHQ

DR.GOYALS PATH LAB & IMAGING CENTER

Average

AGHPL

2311 / MR MANOJ VERMA / 31 Yrs / M / 0 Cms / 0 Kg / HR : 59

Date: 01 / 01 / 2023

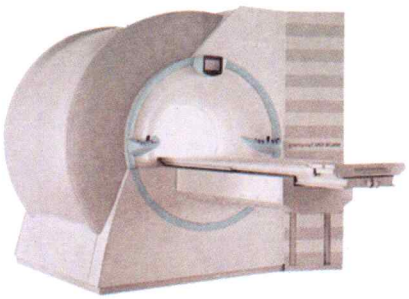
Recovery

(1) 10:12 0.0 mph

(2) 4:28 0.0 %

085 bpm 125/85

RHQ



Dr. Goyal's
Path Lab & Imaging Centre

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

Date :- 01/01/2023 09:56:33
NAME :- Mr. MANOJ VERMA
Sex / Age :- Male 31 Yrs 11 Mon 17 Days
Company :- MediWheel

Patient ID :-122228818
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 01/01/2023 12:17:24

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

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

BILAL

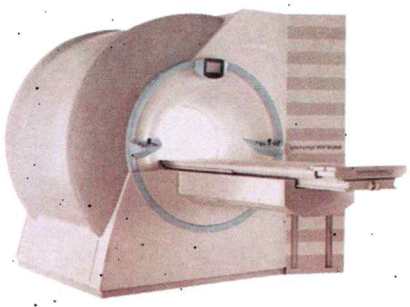
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

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

Transcript by.



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 :- 01/01/2023 09:56:33
NAME :- Mr. MANOJ VERMA
Sex / Age :- Male 31 Yrs 11 Mon 17 Days
Company :- MediWheel

Patient ID :-122228818
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 01/01/2023 11:06:55

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. **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 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 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:
*** Grade I fatty liver.**
- Needs clinical correlation for further evaluation

*** End of Report ***

BILAL

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Dr. Poonam Gupta
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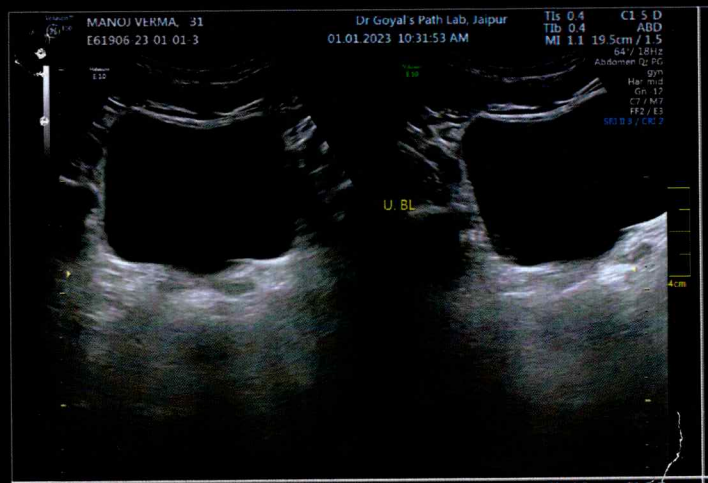
RMC No. 32495

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

Transcript by.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Dr Goyal's Path Lab, Jaipur
01.01.2023 10:31:53 AM
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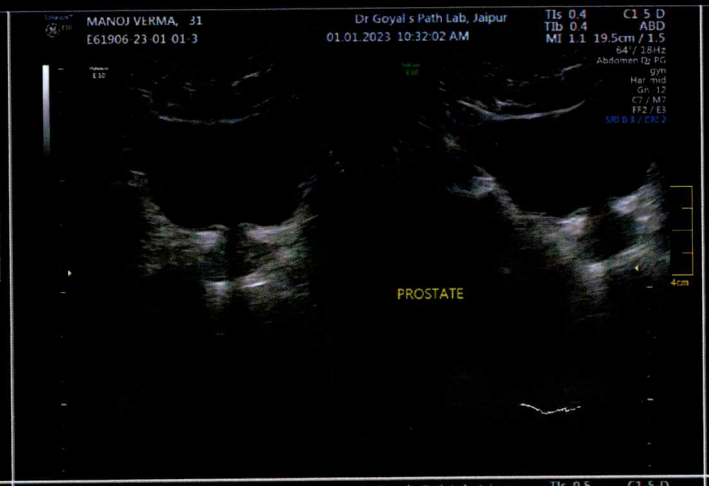
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E61906 23 01 01 3
Dr Goyal's Path Lab, Jaipur
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PROSTATE


MANOJ VERMA, 31
E61906 23 01 01 3
Dr Goyal's Path Lab, Jaipur
01.01.2023 10:32:36 AM
PANCREAS
GB


MANOJ VERMA, 31
E61906 23 01 01 3
Dr Goyal's Path Lab, Jaipur
01.01.2023 10:32:46 AM
LIVER BRIGHT


MANOJ VERMA, 31
E61906 23 01 01 3
Dr Goyal's Path Lab, Jaipur
01.01.2023 10:32:57 AM
RT KIDNEY


MANOJ VERMA, 31
E61906 23 01 01 3
Dr Goyal's Path Lab, Jaipur
01.01.2023 10:33:09 AM
LT KIDNEY


MANOJ VERMA, 31
E61906 23 01 01 3
Dr Goyal's Path Lab, Jaipur
01.01.2023 10:33:16 AM

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Company :- MediWheel

Patient ID :-122228818
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA | Sample Collected Time 01/01/2023 10:02:33 | Final Authentication : 01/01/2023 11:26:03

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	16.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.83	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	44.0	%	40.0 - 80.0
LYMPHOCYTE	**50.0** H	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
NEUT#	1.55	10^3/uL	1.50 - 7.00
LYMPH#	1.00	10^3/uL	1.00 - 3.70
EO#	0.15	10^3/uL	0.00 - 0.40
MONO#	0.32	10^3/uL	0.00 - 0.70
BASO#	0.02	10^3/uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	**5.74** H	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.60	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	**81.1** L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.4	g/dL	31.5 - 34.5
PLATELET COUNT	221	x10^3/uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	14.13		

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.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	10	mm/hr.	00 - 13

(ESR) Methodology : Measurment of ESR by cells aggregation.
Instrument Name : Indepedent form Hematocrit value by Automated Analyzer (Roller-20)
Interpretation : ESR test is a non-specific indicator ofinflammatory disease and abnormal protein states.
The test in used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction
Levels are higher in pregnency due to hyperfibrinogenaemia.
The "3-figure ESR " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue diseasa.

(CBC): **Methodology**: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName:** Sysmex 6 part fully automatic analyzer XN-L,Japan

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Sample Type :- EDTA, KOx/Na FLUORIDE-F, Urine Sample Collected Time 01/01/2023 10:02:33 Final Authentication : 01/01/2023 12:28:56

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A" POSITIVE		

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

FASTING BLOOD SUGAR (Plasma) **Method:- GOD PAP**	94.4	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 .

URINE SUGAR (FASTING) **Collected Sample Received**	Nil		Nil

MUKESHSINGH, SURENDRAKHANGA, TRILOK
Technologist

Dr. Piyush Goyal
(D.M.R.D.)
Dr. Chandrika Gupta

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Sample Collected Time01/01/2023 10:02:33
Final Authentication : 01/01/2023 11:48:26

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL **Method:- Enzymatic Endpoint Method**	**246.55** H	mg/dl	Desirable <200 Borderline 200-239 High> 240
TRIGLYCERIDES **Method:- GPO-PAP**	**229.76** H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL **Method:- Direct clearance Method**	43.95	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL **Method:- Direct clearance Method**	**164.31** 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**	45.95	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO **Method:- Calculated**	**5.61** H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO **Method:- Calculated**	**3.74** H		0.00 - 3.50
TOTAL LIPID **Method:- CALCULATED**	806.87	mg/dl	400.00 - 1000.00

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

TRIGLYCERIDES **InstrumentName**:Randox Rx Imola **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDLCHOLESTERO **InstrumentName**:Randox Rx Imola **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies.Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

DIRECT LDL-CHOLESTEROL **InstrumentName**:Randox Rx Imola **Interpretation:** Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

TOTAL LIPID AND VLDL ARE CALCULATED

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) **Method:- Colorimetric method**	0.73	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**	0.20	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) **Method:- Calculated**	0.53	mg/dl	0.30-0.70
SGOT **Method:- IFCC**	22.7	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT **Method:- IFCC**	37.0	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE **Method:- AMP Buffer**	70.20	IU/L	30.00 - 120.00
SERUM GAMMA GT **Method:- IFCC**	**87.60** H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN **Method:- Biuret Reagent**	7.81	g/dl	6.40 - 8.30
SERUM ALBUMIN **Method:- Bromocresol Green**	4.89	g/dl	3.80 - 5.00
SERUM GLOBULIN **Method:- CALCULATION**	2.92	gm/dl	2.20 - 3.50
A/G RATIO	1.67		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 hepatobilary 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 areseen 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)

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE **Method:- Colorimetric Method**	1.20	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID **Method:- Enzymatic colorimetric**	**8.40** H	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)	12.2	mg/dl	0.0 - 23.0

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Sample Collected Time 01/01/2023 10:02:33
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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) **Method:- HPLC**	**6.2** 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 overthe 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 plasmaglucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHbdepends 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 measureof the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to themean of HbA1C.Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1cmeasurements. The effects vary depending on the specific Hb vatiant or derivative and the specific HbA1c method.
Ref by ADA 2020

MEAN PLASMA GLUCOSE **Method:- Calculated Parameter**	**131** H	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher

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Sample Collected Time01/01/2023 10:02:33
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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)	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
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	0-1	/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		

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 **Method:- Chemiluminescence(Competitive immunoassay)**	1.238	ng/ml	0.970 - 1.690
SERUM TOTAL T4 **Method:- Chemiluminescence(Competitive immunoassay)**	8.910	ug/dl	5.530 - 11.000
SERUM TSH ULTRA **Method:- Enhanced Chemiluminescence Immunoassay**	2.790	µIU/mL	0.550 - 4.780

Interpretation: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease.T3 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration.Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

Interpretation :The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

Interpretation :TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

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

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