

Patient Name : RAJ KUMAR

Age / Gender : 39 years / Male

Endo ID : 170951

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Feb 10, 2024, 01:07 p.m.

Reported Date & Time : Feb 10, 2024, 04:09 p.m.

Sample ID :



240410063

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	14.4	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.49	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	45.8	%	42 - 52
Mean Cell Volume (MCV)	83.4	FL	78 - 100
Mean Cell Haemoglobin (MCH)	26.3	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	31.5	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.9	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6390	Cell/cu.mm	4000 - 10000
Neutrophils	65	%	40 - 80
Lymphocytes	30	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	9.7	fL	7.2 - 11.7
PCT	0.30	%	0.2 - 0.5
Platelet Count	308	10 ³ /ul	150 - 450

END OF REPORT

Dr. Kusum Heda
M.D.(Patho.)

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

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

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Collected Date & Time : Feb 10, 2024, 01:07 p.m.

Reported Date & Time : Feb 10, 2024, 04:14 p.m.

Sample ID :



240410063

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

ESR	16	mm	0 - 20
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END OF REPORT

Dr. Kusum Heda
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Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	S.Turbid		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.015		1.005-1.030

Chemical Examination

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

Microscopic Examination

Pus cells (WBCs)	2-3	/hpf	0-4
Epithelial cells	1-2	/hpf	0-5
Red blood cells	NIL	/hpf	NIL
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

END OF REPORT

Dr. Kusum Heda
M.D.(Patho.)

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

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Collected Date & Time : Feb 10, 2024, 01:07 p.m.

Reported Date & Time : Feb 10, 2024, 04:43 p.m.

Sample ID :



240410063

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

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

Medical Remark :

'B' POSITIVE

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

****END OF REPORT****

Dr. Kusum Heda
M.D.(Patho.)

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Patient Name : RAJ KUMAR

Age / Gender : 39 years / Male

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Referral : MEDIWHEEL

Collected Date & Time : Feb 10, 2024, 01:07 p.m.

Reported Date & Time : Feb 10, 2024, 04:08 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	272.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	242.1	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	51.7	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	48.42	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	171.88	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	5.26		2.6-4.9
LDL/HDL Ratio Method : Calculated	3.32		0.5-3.4

END OF REPORT

Dr. Kusum Heda
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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.64	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.23	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.41	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	24.4	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	32.7	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	80.0	U/L	MALE & FEMALE
Method : IFCC with Serum			
4-19 YEAR: 54-369 U/L			
20-59 YEAR: 42-98 U/L			
>60 YEAR: 53-141 U/L			
Total Protein	7.03	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.27	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.76	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.55		1.5 - 2.5
Method : Calculated			

****END OF REPORT****

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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

4.8

%

> 8% Action Suggested

BLOOD

7 - 8 % Good Control

Method : Nephelometry Methodology

6 - 7 % Near Normal Glycemia

< 6% Normal level

Instrument:Mispa i2

Clinical Information:

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

AVERAGE BLOOD GLUCOSE

91.06

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

****END OF REPORT****

Dr. Kusum Heda
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Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	0.81	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	7.4	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	5.90	uIU/mL	0.35 - 5.50

Interpretation:

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

****END OF REPORT****

Dr. Kusum Heda
M.D.(Patho.)

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

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

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Collected Date & Time : Feb 10, 2024, 01:07 p.m.

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Sample ID :



240410063

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

Urea	21.2	mg/dL	10.0 - 40.0
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Method : Uricase

CREATININE	0.94	mg/dL	0.60 - 1.40
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Method : Serum, Jaffe

END OF REPORT

Dr. Kusum Heda
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GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Uric Acid

6.9

mg/dL

3.5-7.0

Method : Uricase, Colorimetric

END OF REPORT

Dr. Kusum Heda
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Consultant Radiologist & Sonologist

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GOYAL
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4-D ULTRASOUND • COLOUR DOPPLER

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Collected Date & Time : Feb 10, 2024, 01:07 p.m.

Reported Date & Time : Feb 10, 2024, 04:11 p.m.

Sample ID :



240410063

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

Calcium

8.8

mg/dL

8.50 - 10.20

Method : Arsenazo III

****END OF REPORT****

Dr. Kusum Heda
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MD (Radio-Diagnosis)

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BIOCHEMISTRY

Gamma GT	25.6	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitroanilide

Interpretation

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

****END OF REPORT****

Dr. Kusum Heda
M.D.(Patho.)

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

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

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Sample ID :



240410063

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

Glucose fasting	76.4	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

****END OF REPORT****

Dr. Kusum Heda
M.D.(Patho.)

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

Patient Name Mr. RAJKUMAR 39/M

5 Seconds ECG Report

February 10, 2024

Time: 12:00:44

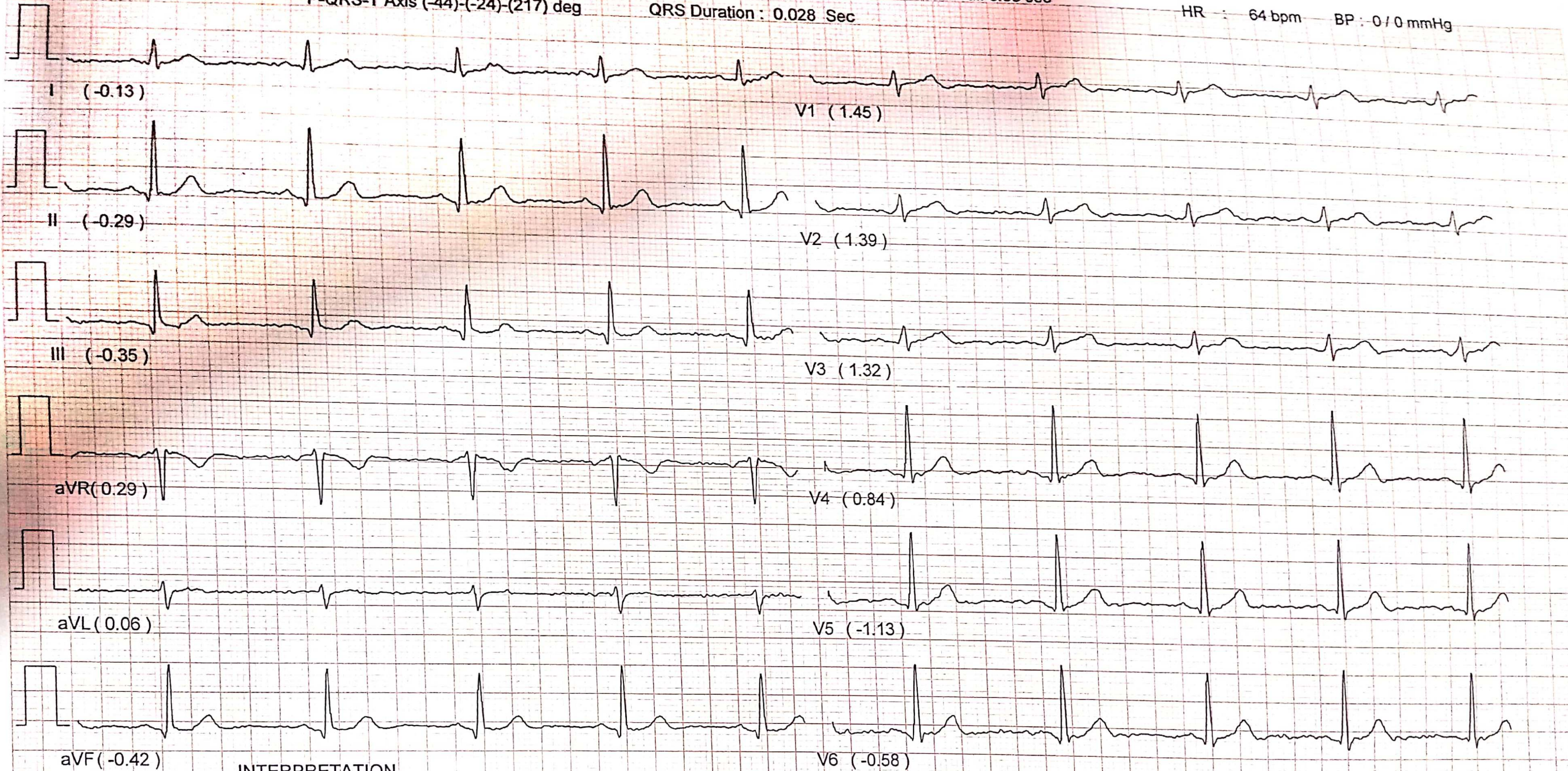
P-QRS-T Axis (-44)-(-24)-(217) deg

PR Interval: 0.11 sec

RR Interval: 0.93 sec

QRS Duration: 0.028 Sec

HR: 64 bpm BP: 0/0 mmHg



INTERPRETATION

Sinus Rhythm, Normal QRS Width, Normal QT interval,
PR is short, Left axis deviation, T wave inversion in Lead I, II, aVR, aVF, V1, V2, V3, V4, V5, V6,
ECG not normal

DR
MD

*Unconfirmed Reporting, Refer to Clinician

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

LIVER : is enlarged and bright 16.8 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

GALL BLADDER : distended and shows smooth walls. Lumen Shows a Calculus of size 9.2 mm. No evidence of pericholecystic collection.

SPLEEN: Normal in size and shows normal echopattern.

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

RT. KIDNEY- Normal in size, shape and position . Measures :-- 9.5 x 4.3 cm. Cortex is homogeneous. Corticomedullary differentiation is maintained. pelvicalyceal system is not dilated. No evidence of any calculus is Seen .

LT. KIDNEY- Normal in size, shape and position. Measures :-- 10.3 x 5.0 cm. Cortex is homogeneous. Corticomedullary differentiation is maintained. pelvicalyceal system is not dilated. No evidence of any calculus is Seen .

URINARY BLADDER : is distended with Smooth walls.

No evidence of diverticulum or calculus is Seen .

PROSTATE: is Normal in size **12.3 gms** and shows normal homogeneous echotexture

IMPRESSION:-

- Enlarged fatty Liver .
- Cholelithiasis

DR. ROOPA GOYAL
Cor. Rm. No. 16-17
16-17, 1st Floor Shopping Centre, Opp. JLN Hospital, Ajmer

(Adv- clinical correlation , further evaluation)

Please Note :- This is professional opinion only and not the final diagnosis as science of radiology is based on interpretation of various shadows produced by both normal and abnormal structures. Dissimilar diverse diseases may produce similar shadows and vice versa , hence no us finding is path genomic.

All findings are only S/O , hence advice These findings are observations at the time of study. Findings can change any time. in case of any discrepancy between clinical and sonography, X ray findings. Please send patient again for review Free of Cost This report is not valid for medico-legal purpose subject to Ajmer and jurisdiction only .

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

Consultant Radiologist

Dr. Roop

MD (Radio-Diagnosis)

DYAL

DIAGNOSTICS

4-D ULTRASOUND * COLOUR DOPPLER

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

NAME	: RAJKUMAR	DATE	: 10.02.24
AGE	: 39 yrs	REF BY	:
SEX	: MALE		

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . TRACE TR
- . RVSP 20 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM .
- . SIZE OF MAIN PULMONARY ARTERY 20 MM

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

LVID d	45.0	LVEDV	
LVID s	28.2	LVESV	
RVID(d)	---	SV	-
IVS d	10.9	F.S	35%
IVS S	14.9	EF	65%
LVPW d	9.9	C.O	-
LVPWS	14.0	MITRAL VALVE	-
AORTIC ROOT	29.5	EF SLOPE	-
RT ATRIUM	35.2	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 94 A- 82	-	NIL
AORTICUSPID VALVE	NORMAL	163	-	TRACE
PULMONARY VALVE	NORMAL	112	-	NIL
AORTIC VALVE	NORMAL	124	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
DIASTOLIC PRESSURE 20 MM HG	MVA

Dr. Roop
 CONSULTANT RADIOLOGIST (MD)
 RMC

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

ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC
 RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL PURPOSE.

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

NAME - RAJKUMAR AGE- 39 YRS DATE - 10.02.24

REF BY-

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

LUNG FIELDS ARE CLEAR

NAD IN HEART AND LUNGS

Dr. Roopa Goyal (S.M.D.)
Consultant Radiologist & Sonologist
RMC No. 1400/15000

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

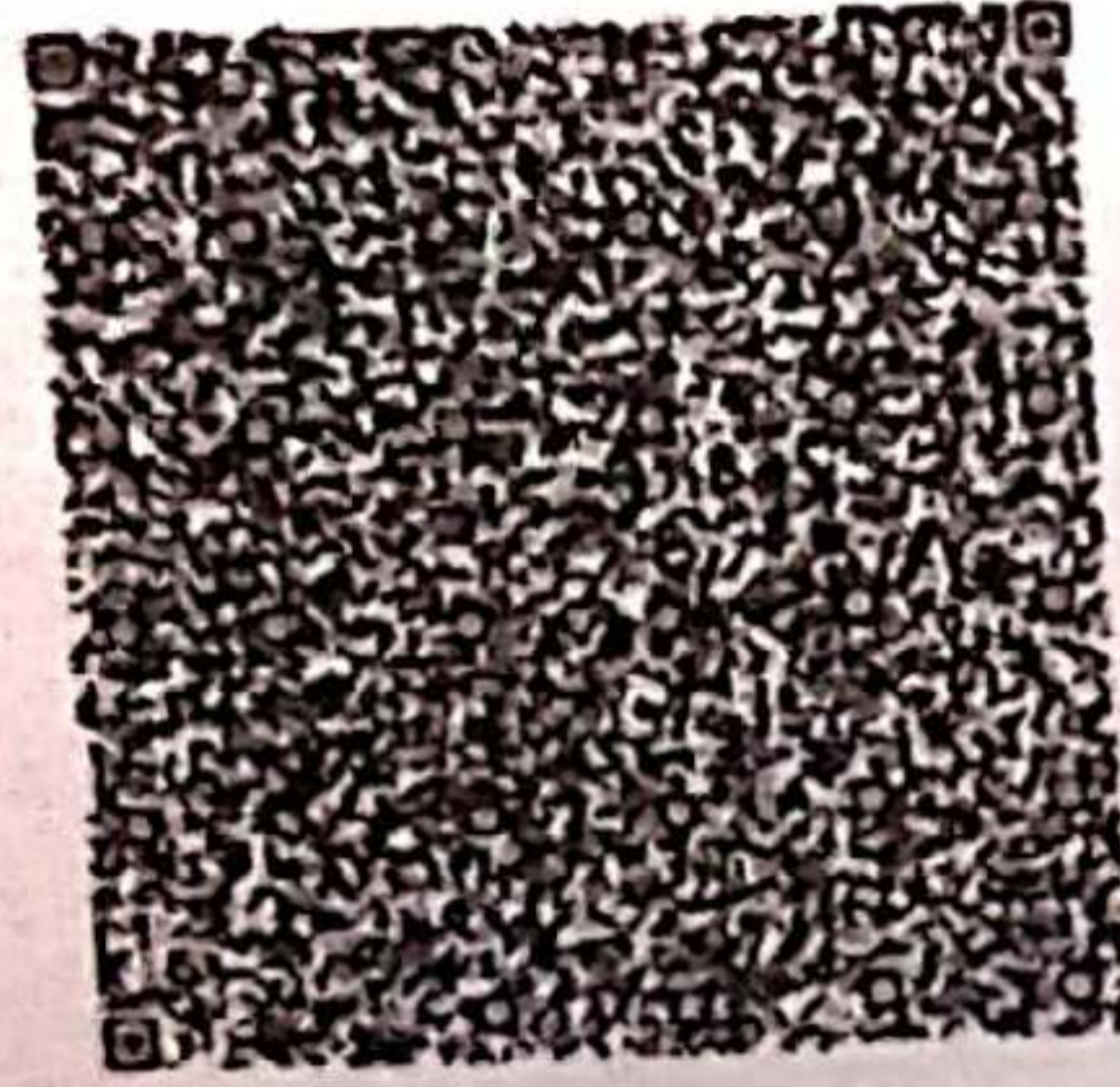
ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC
FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



एस के चौक, 5/156, बी ब्लॉक, पंचशील, अजमेर,
राजस्थान, अजमेर,
पिन कोड - 305004

Address:
S K Chownk, 5/156, b block, panchsheel,
Ajmer, Ajmer, Rajasthan - 305004



8000 1487 2544

VID : 9103 4905 3589 5817

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भारत सरकार
Government of India

Issue Date: 08/03/2013



राज कुमार
Raj Kumar
जन्म तिथि/DOB: 29/09/1984
पुरुष/ MALE

8000 1487 2544

VID : 9103 4905 3589 5817

मेरा आधार, मेरी पहचान



 **GPS Map Camera**



Google

Ajmer, Rajasthan, India
FJ9M+XHX, Jln Hospital Rd, Kala Bagh, Ajmer, Rajasthan 305001, India
Lat 26.469872°
Long 74.633986°
10/02/24 01:29 PM GMT +05:30