

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

**Patient Name :** ROHIT AGARWAL

**Age / Gender :** 41 years / Male

**Endo ID :** 170947

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** Feb 10, 2024, 01:04 p.m.

**Reported Date & Time :** Feb 10, 2024, 03:51 p.m.

**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	15.4	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.32	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	49.4	%	42 - 52
Mean Cell Volume (MCV)	92.9	FL	78 - 100
Mean Cell Haemoglobin (MCH)	28.9	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	<b>31.1</b>	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.3	%	11.5 - 14.0
Total Leucocytes Count (WBC)	5590	Cell/cu.mm	4000 - 10000
Neutrophils	55	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	10.4	fL	7.2 - 11.7
PCT	0.20	%	0.2 - 0.5
Platelet Count	190	10 <sup>3</sup> /ul	150 - 450

**\*\*END OF REPORT\*\***

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

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

Consultant Radiologist & Sonologist

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**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND \* COLOUR DOPPLER

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

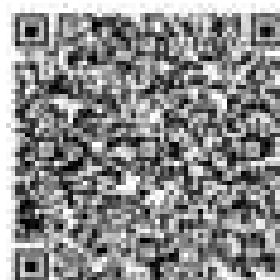
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**Collected Date & Time :** Feb 10, 2024, 01:04 p.m.

**Reported Date & Time :** Feb 10, 2024, 04:31 p.m.

**Sample ID :**



240410059

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

ESR	14	mm	0 - 20
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**CLINICAL PATHOLOGY**

**General Examination**

Colour	Yellow		Pale Yellow
Transparency (Appearance)	S.Turbid		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.020		1.005-1.030

**Chemical Examination**

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

**Microscopic Examination**

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

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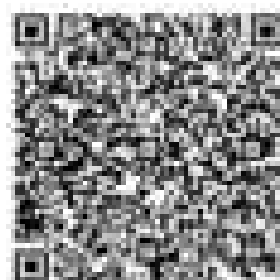
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**HAEMATOLOGY**

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

Medical Remark :

'AB' POSITIVE

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

**\*\*END OF REPORT\*\***

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<b>BIOCHEMISTRY</b>			
<b>LIPID PROFILE</b>			
Cholesterol Total Method : ENZYMATIC COLORIMETRIC METHOD CHOD - POD	174.0	mg/dL	130 -250
Triglycerides Method : ENZYMATIC COLORIMETRIC	115.7	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	45.6	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	23.14	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	105.26	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	3.82		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.31		0.5-3.4

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240410059

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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	1.52	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.54	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.98	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	45.7	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	66.9	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	97.0	U/L	<b>MALE &amp; FEMALE</b> 4-19 YEAR: 54-369 U/L 20-59 YEAR: 42-98 U/L >60 YEAR: 53-141 U/L
Method : IFCC with Serum			
Total Protein	6.75	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	2.48	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.72		1.5 - 2.5
Method : Calculated			

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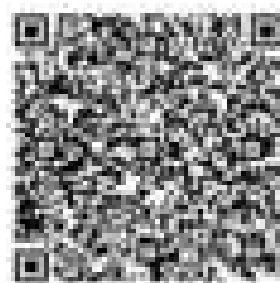
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240410059

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**HAEMATOLOGY**

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**

5.0

%

> 8% Action Suggested

7 - 8 % Good Control

6 - 7 % Near Normal Glycemia

< 6% Normal level

**BLOOD**

Method : Nephelometry Methodology

**Instrument: Mispa 12**

**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**

96.80

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

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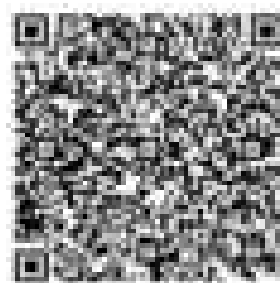
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Test Description	Value(s)	Unit(s)	Reference Range
<b>IMMUNOLOGY</b>			
T3-Triiodothyronine Method : CHEMILUMINESCENCE	1.08	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	8.4	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	3.87	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.

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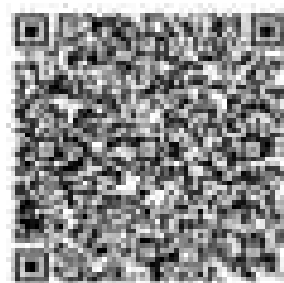
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**BIOCHEMISTRY**

**Urea**

24.1

mg/dL

10.0 - 40.0

Method : Uricase

**CREATININE**

0.77

mg/dL

0.60 - 1.40

Method : Serum, Jaffe

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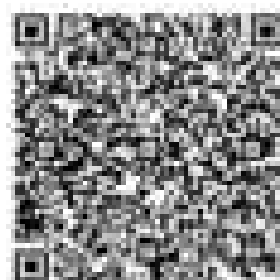
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**BIOCHEMISTRY**

<b>Uric Acid</b>	6.9	mg/dL	3.5-7.0
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Method : Uricase, Colorimetric

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**Sample ID :**



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

Calcium

9.0

mg/dL

8.50 - 10.20

Method : Arsenazo III

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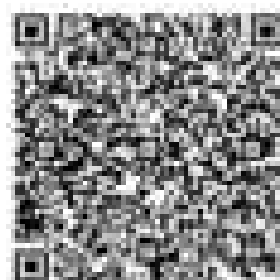
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240410059

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**BIOCHEMISTRY**

Gamma GT

17.1

U/L

8-61

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.

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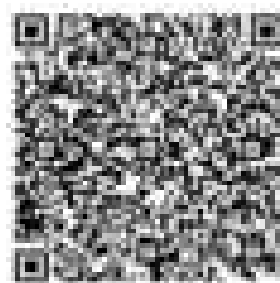
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### IMMUNOLOGY

**PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL** 0.59 ng/mL 0 - 4.0

Method : Serum, CLIA

### SUMMARY AND EXPLANATION

Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

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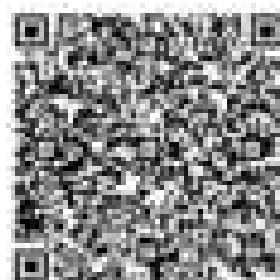
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**BIOCHEMISTRY**

Glucose fasting	87.0	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

\*\*END OF REPORT\*\*

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M.D.(Patho.)

Patient Name: Mr. ROHIT AGARWAL 41/M

BP : 0 / 0 mmHg

HR : 76 bpm

RR Interval: 0.78 sec

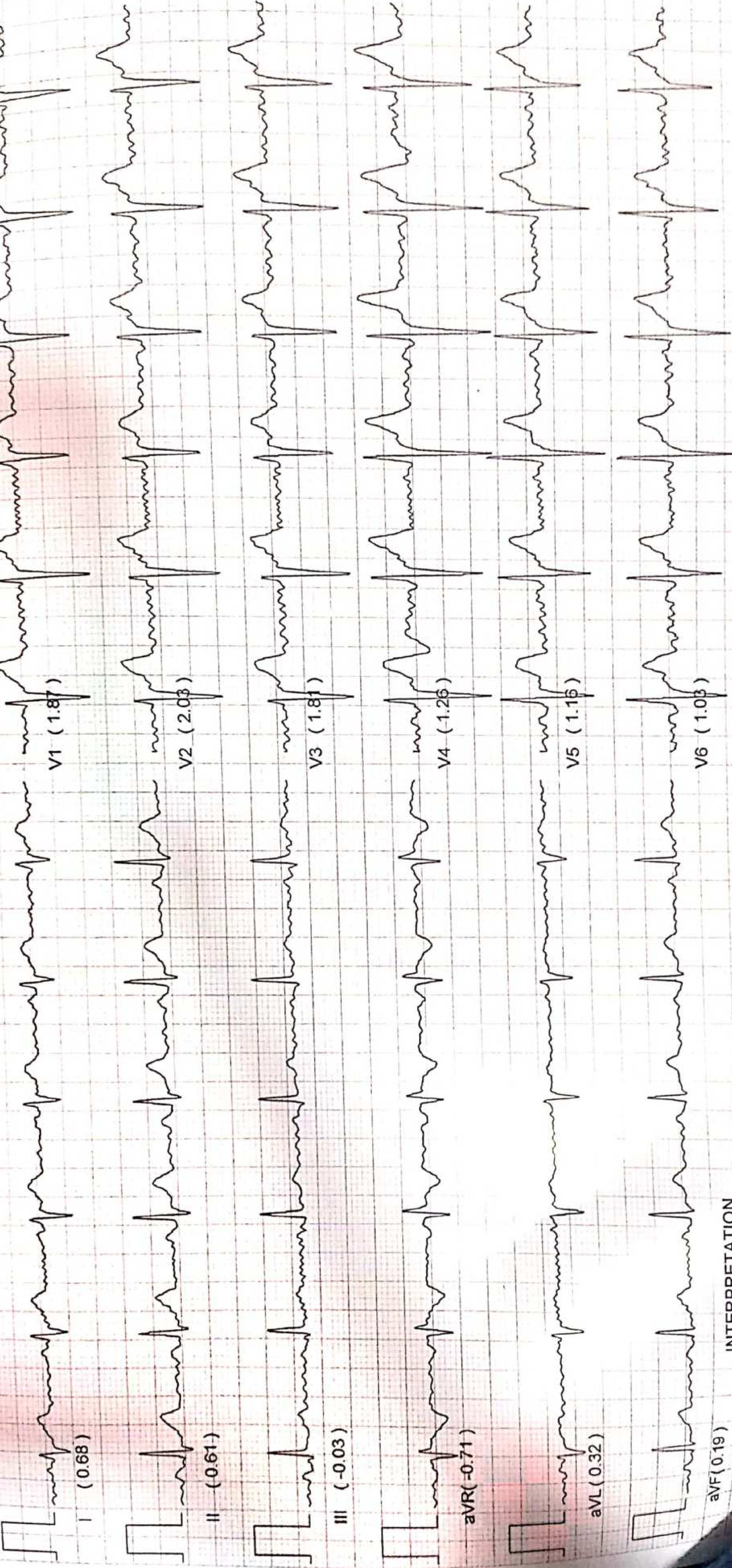
PR Interval: 0.15 sec

QRS Duration : 0.100 Sec

P-QRS-T Axis (39)-(43)-(39) deg

February 10, 2024

Time: 13:37:23



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal.

Normal ECG

DR  
MD

Senior Radiologist & Sonologist

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NAME -	ROHIT AGARWAL	AGE-	41 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 (M.D.)  
Consultant Radiologist  
RMC No. [illegible]



NAME	: ROHIT AGARWAL	DATE	: 10.02.24
AGE	: 41 YRS	REF BY	:
SEX	: MALE		

**INTERPRETATION SUMMARY**

- . NORMAL CHAMBER DIMENSIONS
- . DIASTOLIC DYSFUNCTION GRADE 1
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . TRACE TR
- . RVSP 20 MM HG
- . NO RWMA : LVEF 60 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM .
- . SIZE OF MAIN PULMONARY ARTERY 15 MM

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

LVID d	48.4	LVEDV	
LVID s	32.6	LVESV	
RVID(d)	---	SV	-
IVS d	10.5	F.S	32 %
IVS S	14.2	EF	60 %
LVPW d	10.2	C.O	-
LVPWS	13.8	MITRAL VALVE	-
AORTIC ROOT	32.7	EF SLOPE	-
LEFT ATRIUM	28.8	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- 78 A- 94	-	NIL
TRICUSPID VALVE	NORMAL	163	-	TRACE
PUL VALVE	NORMAL	97	-	NIL
AORTIC VALVE	NORMAL	112	-	NIL

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

Dr. ROOPA GOYAL (M.B.B.S., M.D.)  
Consultant Radiologist  
RMC No. 15000

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

NAME – Rohit Agarwal

AGE – 41 Yrs

Date— 10.02.24

REF BY --

**USG ABDOMEN-PELVIS**

**LIVER :** is enlarged and bright 15.6 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. No evidence of sludge/ calculus . 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 :-- 9.7 x 4.8 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 :-- 10.7 x 5.1 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 **14 gms** and shows normal homogeneous echotexture

**IMPRESSION:-**

- Enlarged fatty Liver Grade II
- Rest of the abdominal organs are within normal limits.

**(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 disparity 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 .

Dr. Roopa Goyal  
Consultant Radiologist & Sonologist  
OP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001

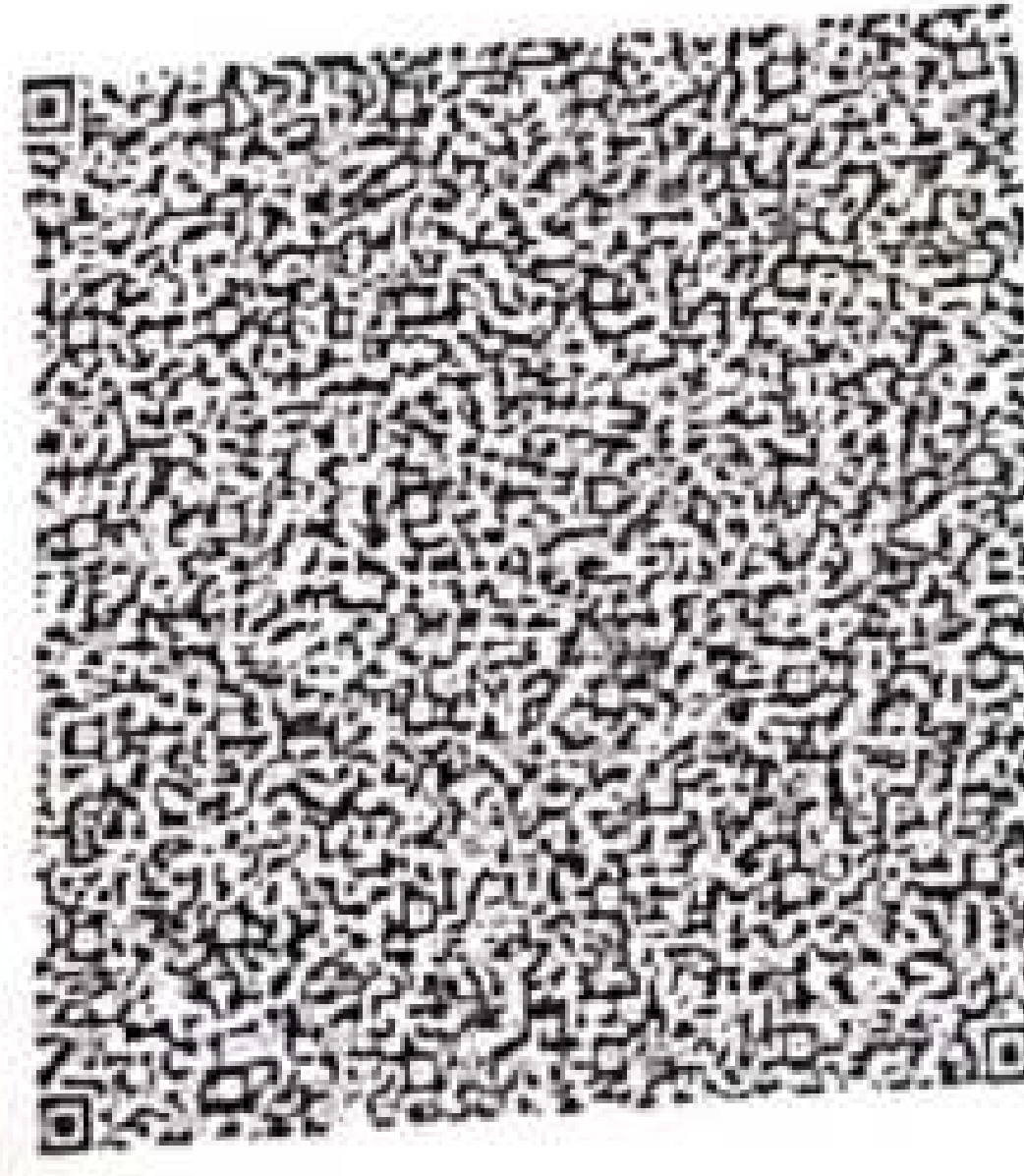
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पता: कृष्ण मुरारी अग्रवाल, 365/216/141डी/7A,  
ओपीएस नगर, बंडोला ग्रामीण बैंक, राजलूपुर,  
इलाहाबाद, इलाहाबाद,  
उत्तर प्रदेश - 211011

Address:  
S/O: Krishna Murari Agrawal,  
365/216/141D/7A, OPS nagar, baroda UP  
gramin bank, rajrooppur, Allahabad,  
Allahabad,  
Uttar Pradesh - 211011



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रोहित अग्रवाल  
Rohit Agrawal  
जन्म तिथि/DOB: 19/11/1983  
पुरुष/ MALE

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मेरा आधार, मेरी पहचान

Dr. ROOP...  
Rajrooppur, Allahabad

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**Ajmer, Rajasthan, India**  
FJCM+4MH, JIn Hospital Rd, Muslim Mochi Mohalla, Ajmer, Rajasthan 305001,  
India  
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Long 74.633854°  
10/02/24 01:32 PM GMT +05:30