



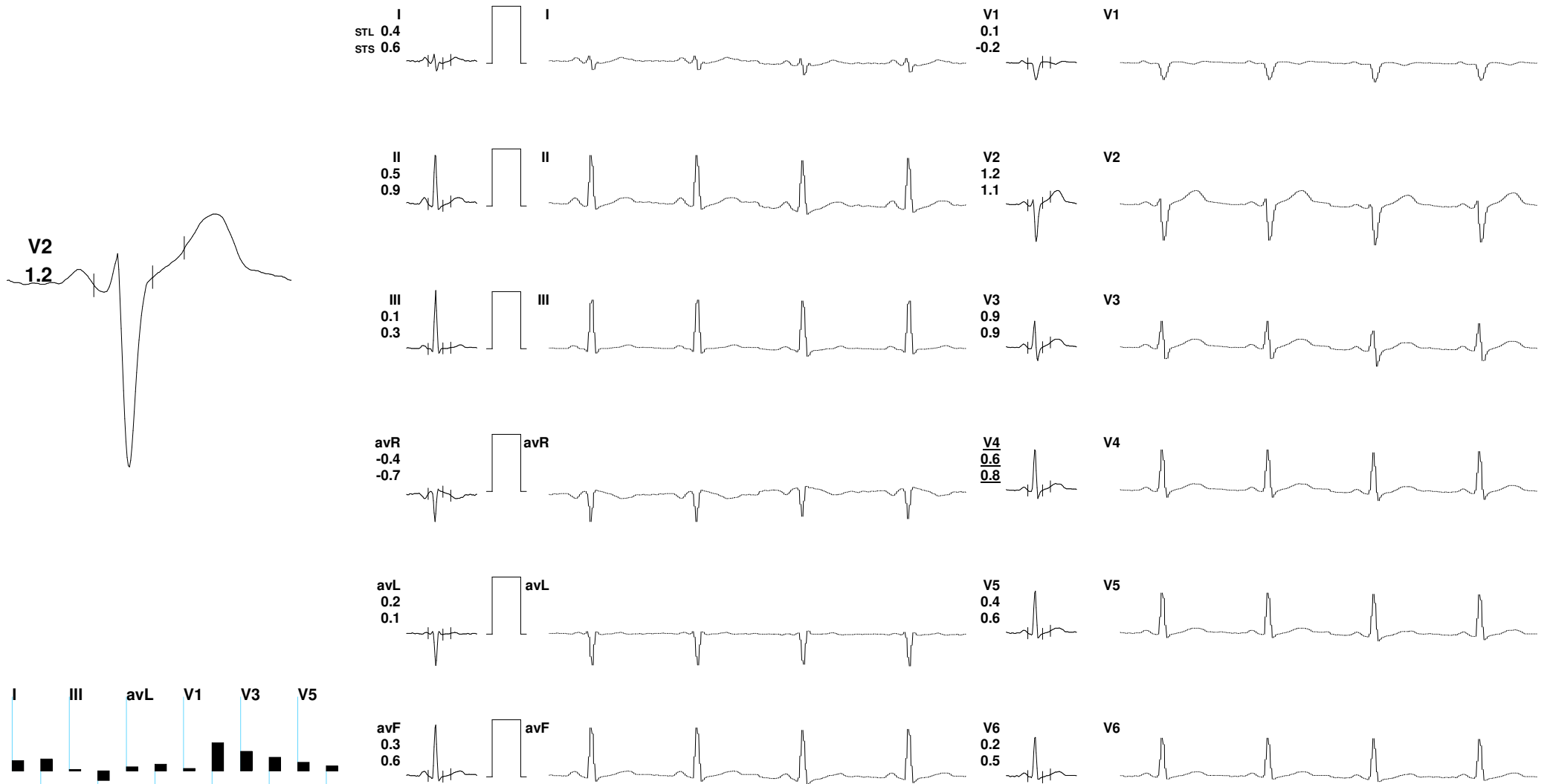
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 83

Date: 21 - 04 - 2023 11:44:48 PM METS: 1.0/ 83 bpm 44% of THR BP: 100/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



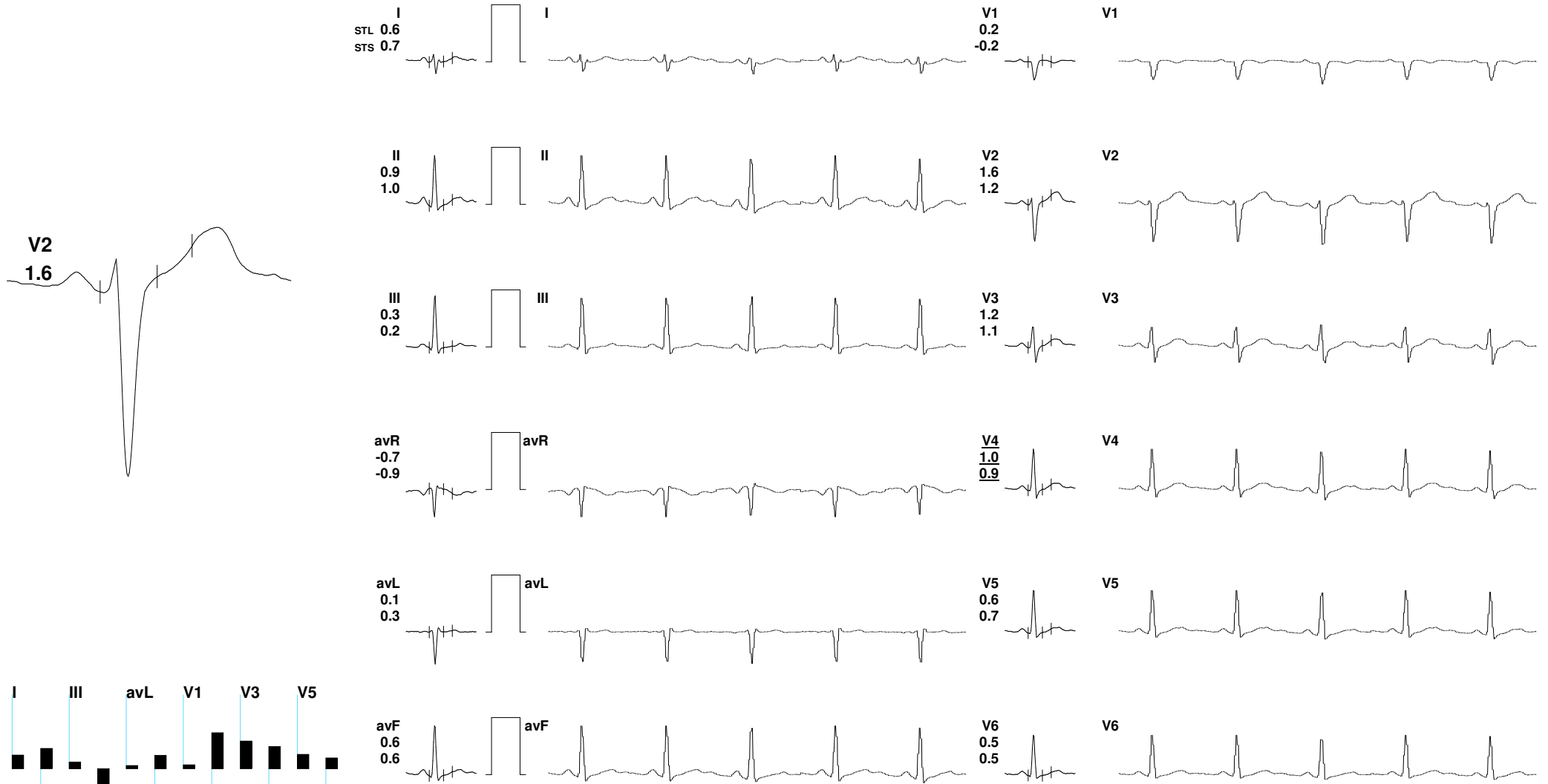
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 87

Date: 21 - 04 - 2023 11:44:48 PM METS: 1.0/ 87 bpm 46% of THR BP: 100/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



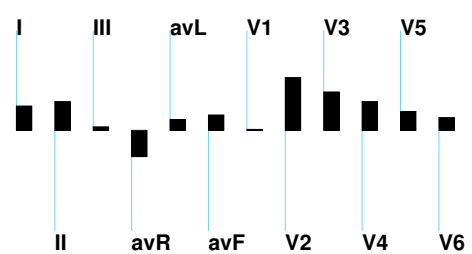
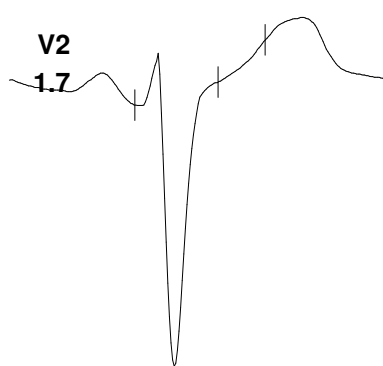
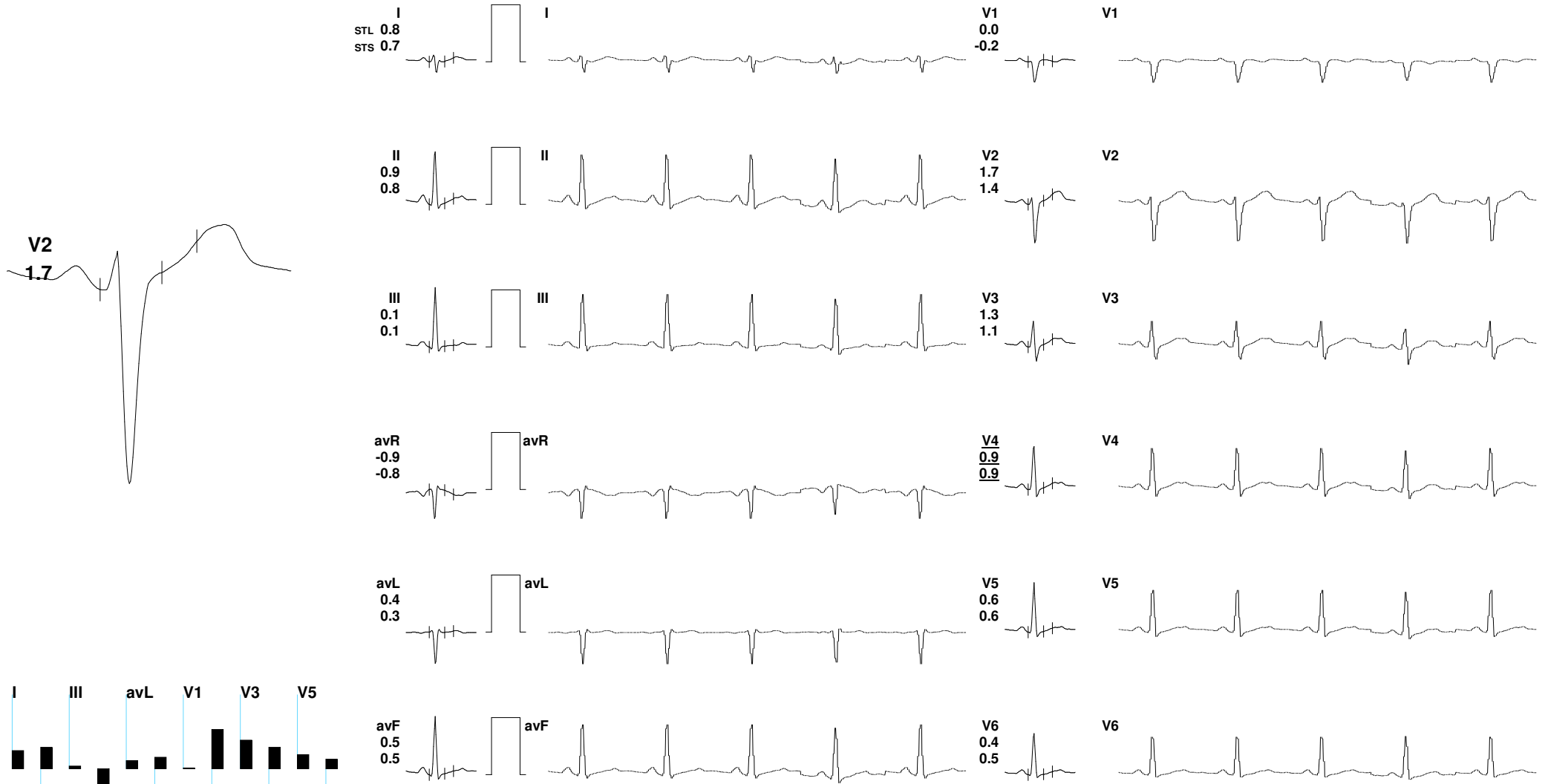
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 92

Date: 21 - 04 - 2023 11:44:48 PM METS: 1.0/ 92 bpm 49% of THR BP: 100/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



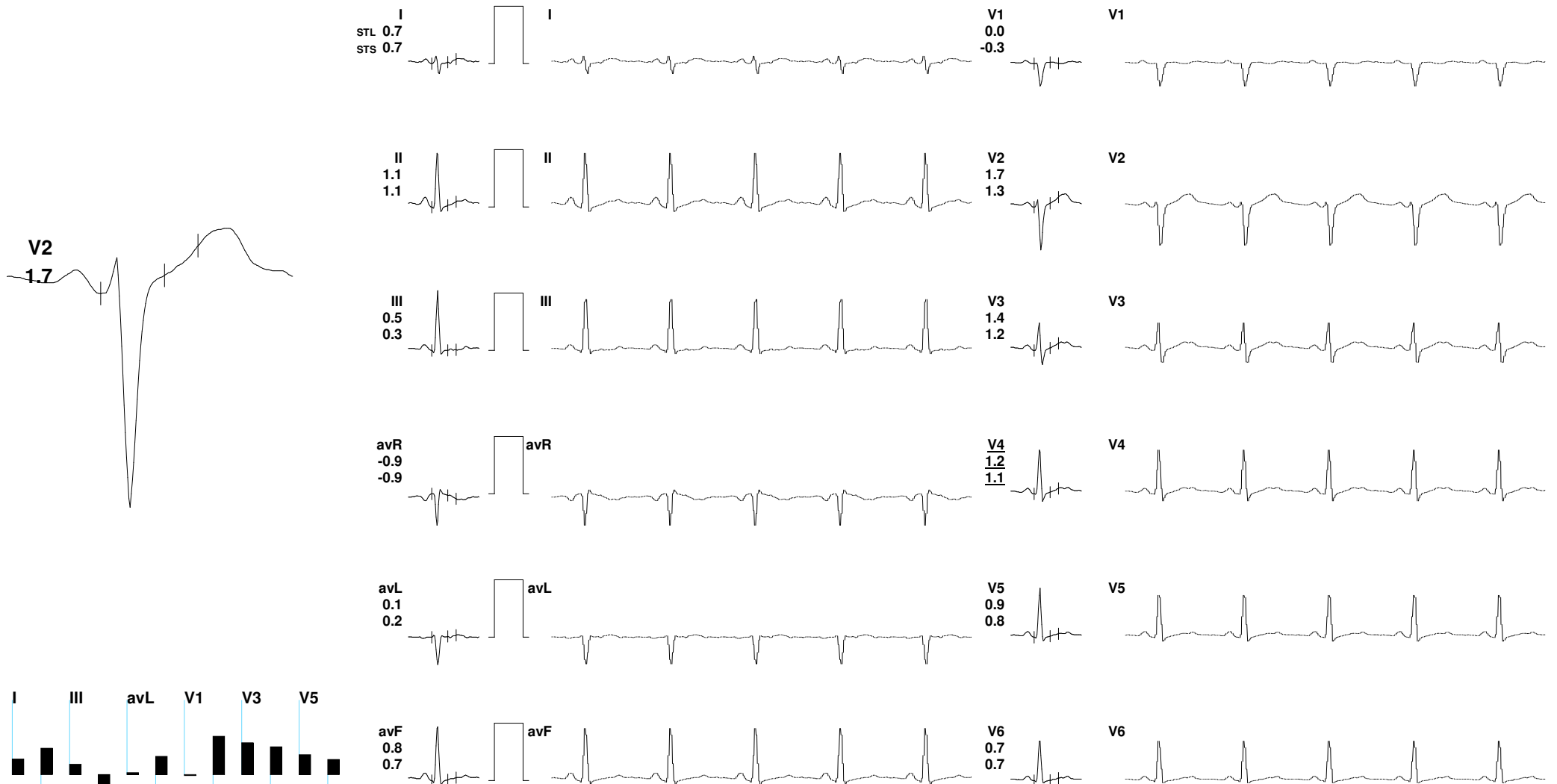
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 97

Date: 21 - 04 - 2023 11:44:48 PM METS: 1.0/ 97 bpm 52% of THR BP: 100/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



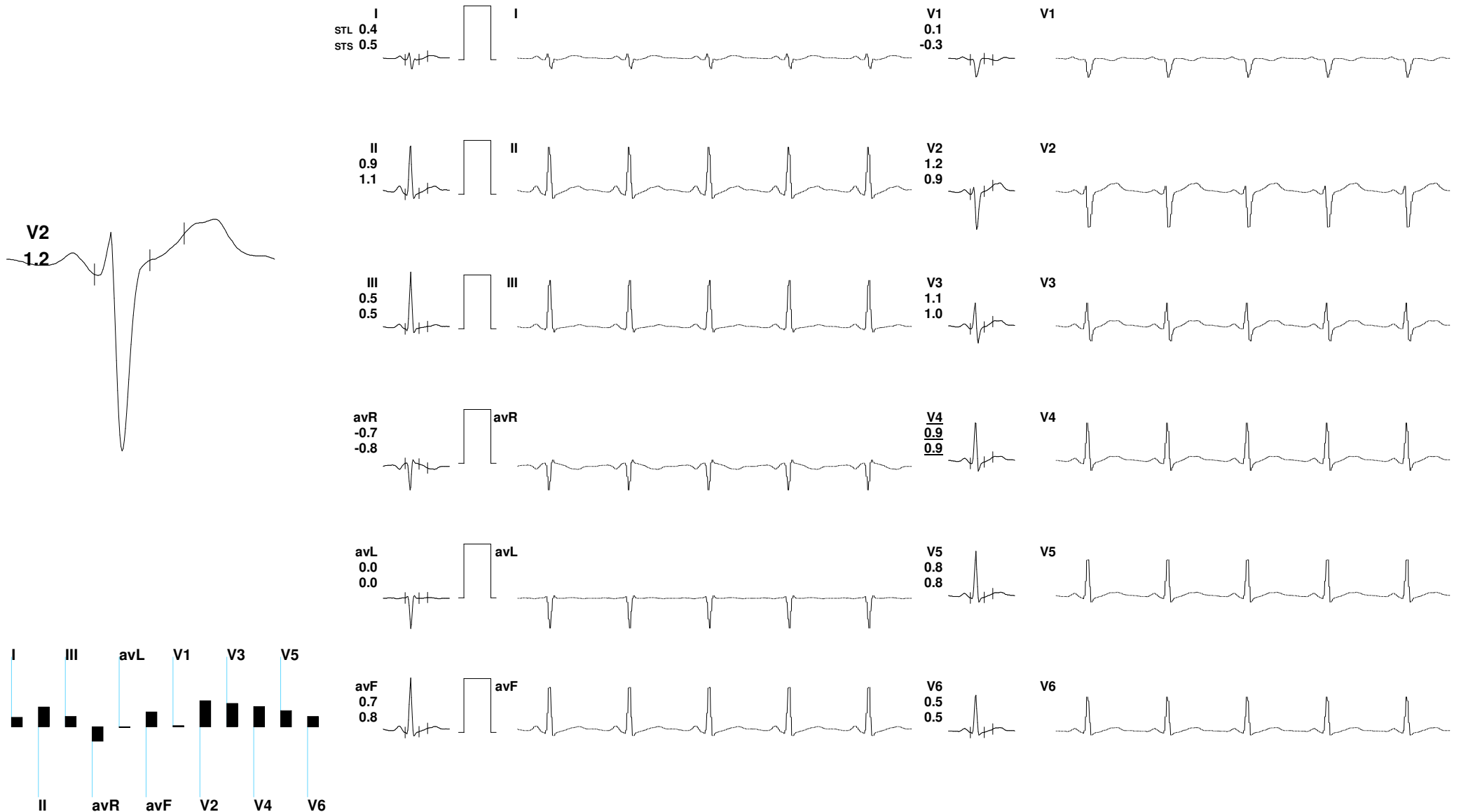
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 95

Date: 21 - 04 - 2023 11:44:48 PM METS: 1.0/ 95 bpm 51% of THR BP: 100/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 116

Date: 21 - 04 - 2023 11:44:48 PM METS: 4.7/ 116 bpm 62% of THR BP: 108/72 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X 70 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



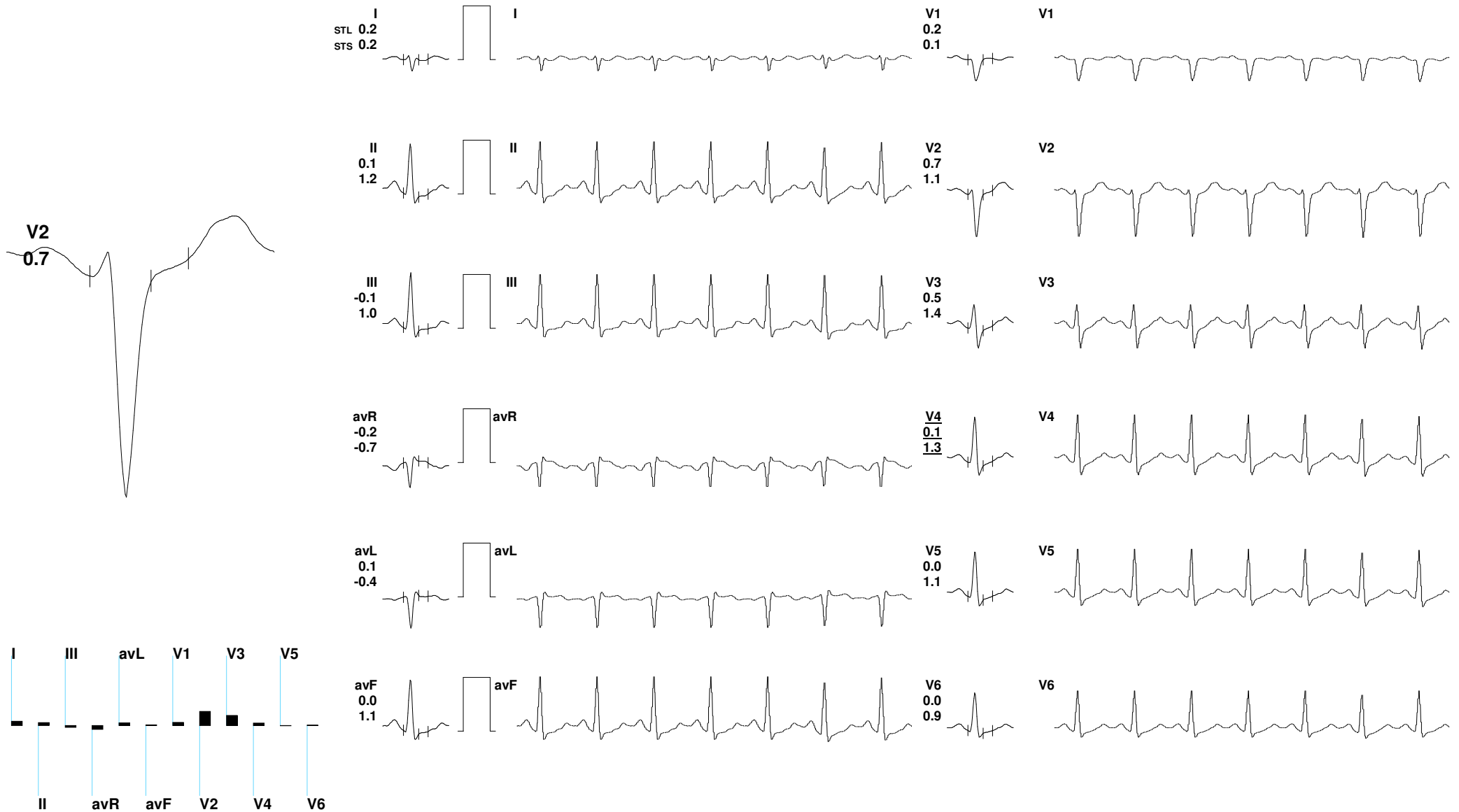
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 137

Date: 21 - 04 - 2023 11:44:48 PM METS: 7.1/ 137 bpm 73% of THR BP: 117/75 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



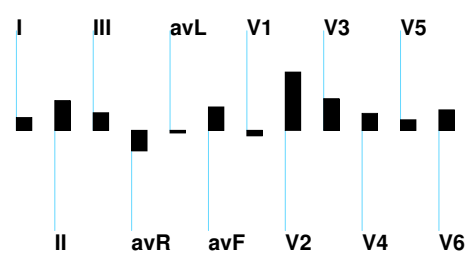
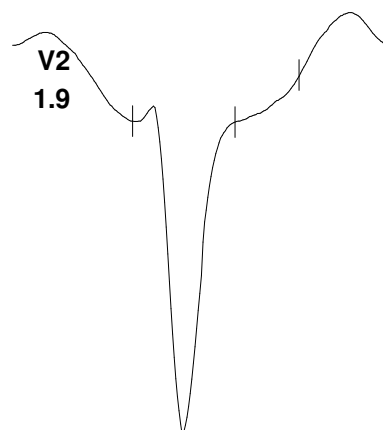
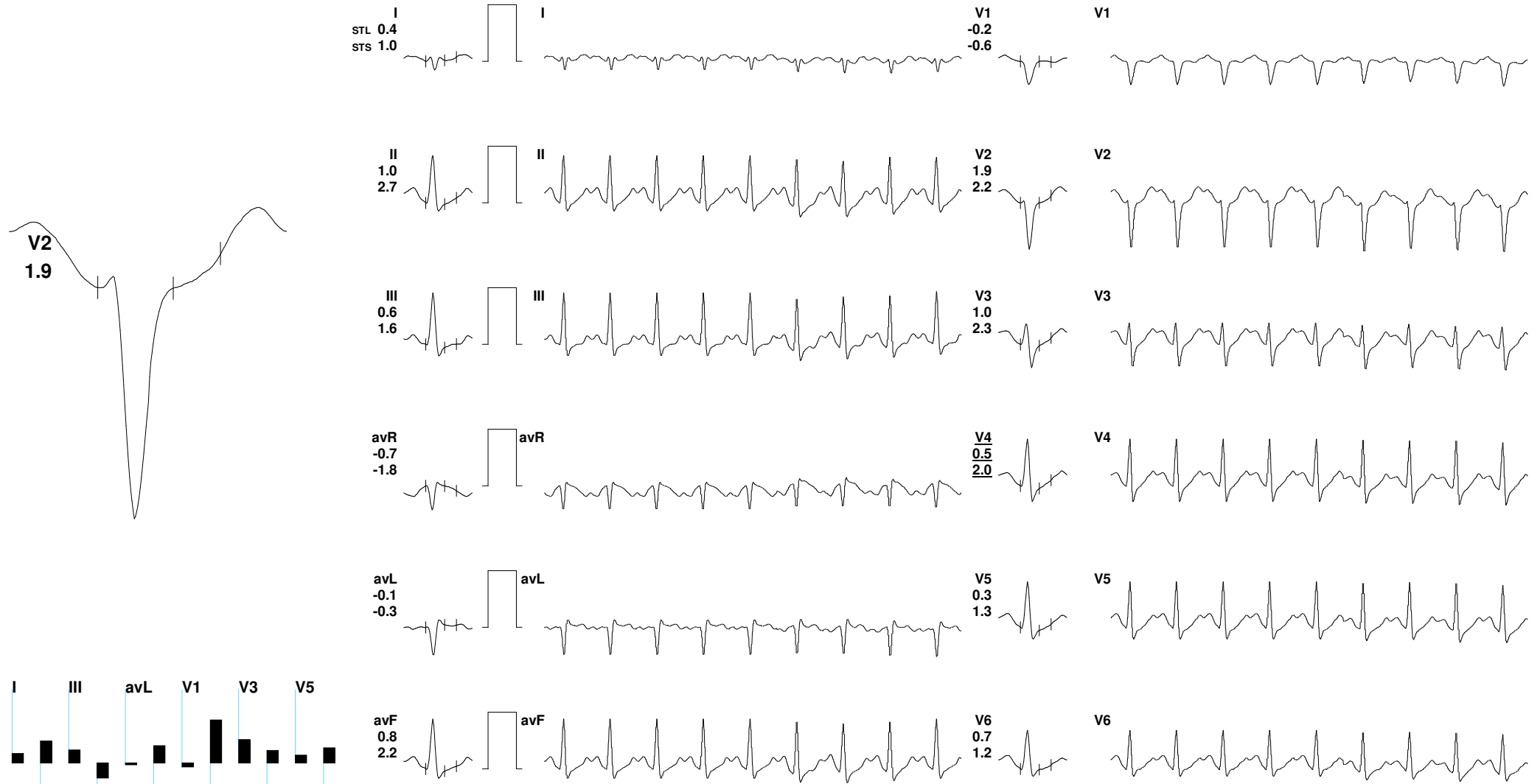
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 169

Date: 21 - 04 - 2023 11:44:48 PM METS: 10.2/ 169 bpm 90% of THR BP: 130/78 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:00 3.4 mph, 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



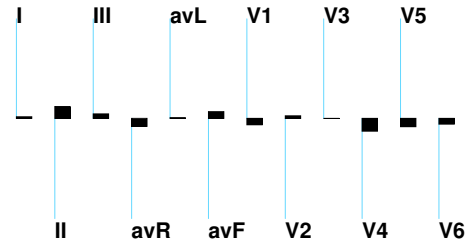
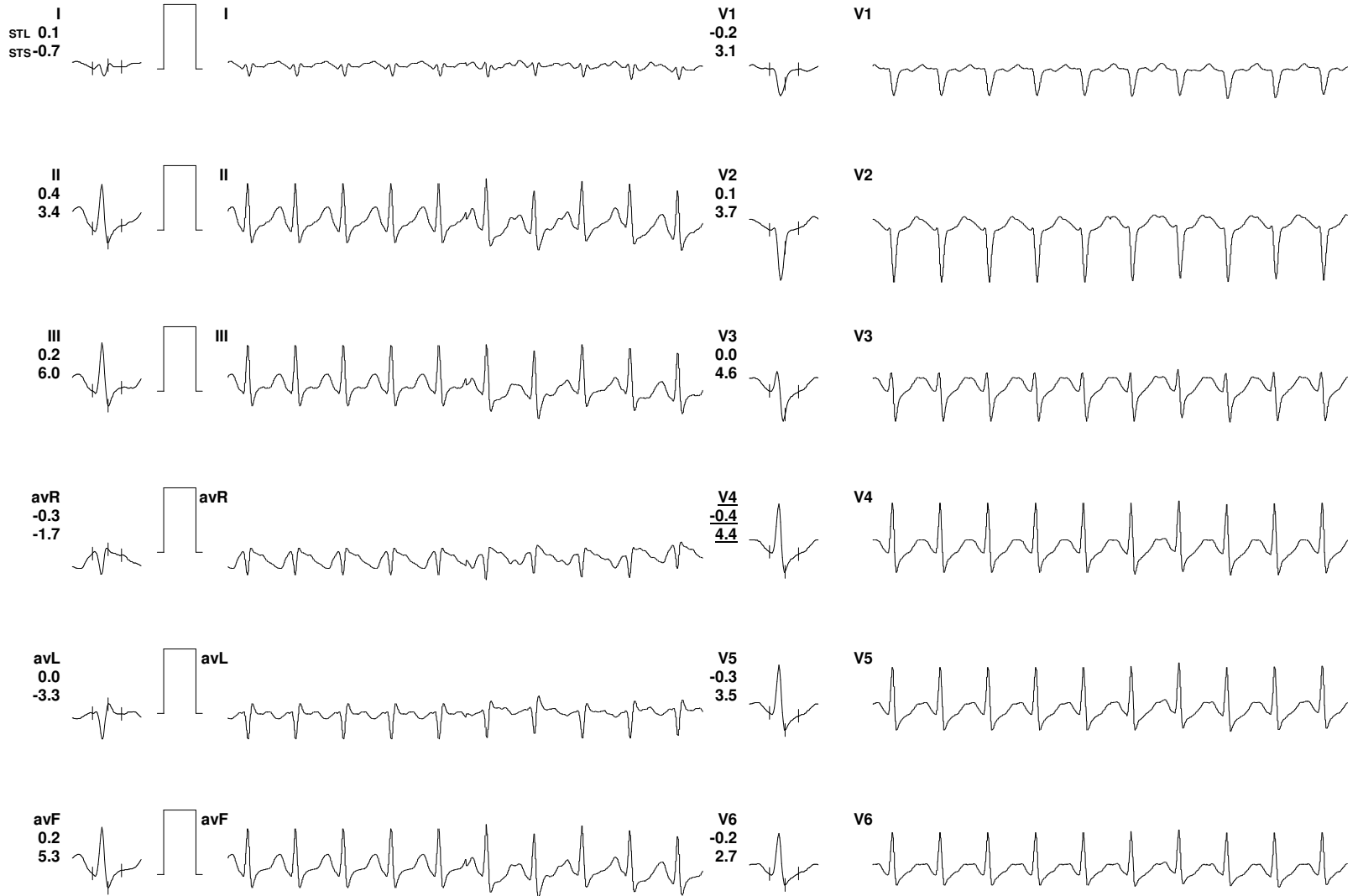
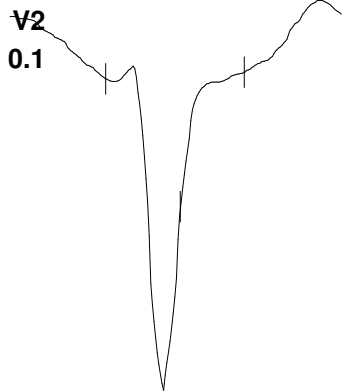
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 192

Date: 21 - 04 - 2023 11:44:48 PM METS: 12.0/ 192 bpm 102% of THR BP: 150/83 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 10:39 4.2 mph, 16.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



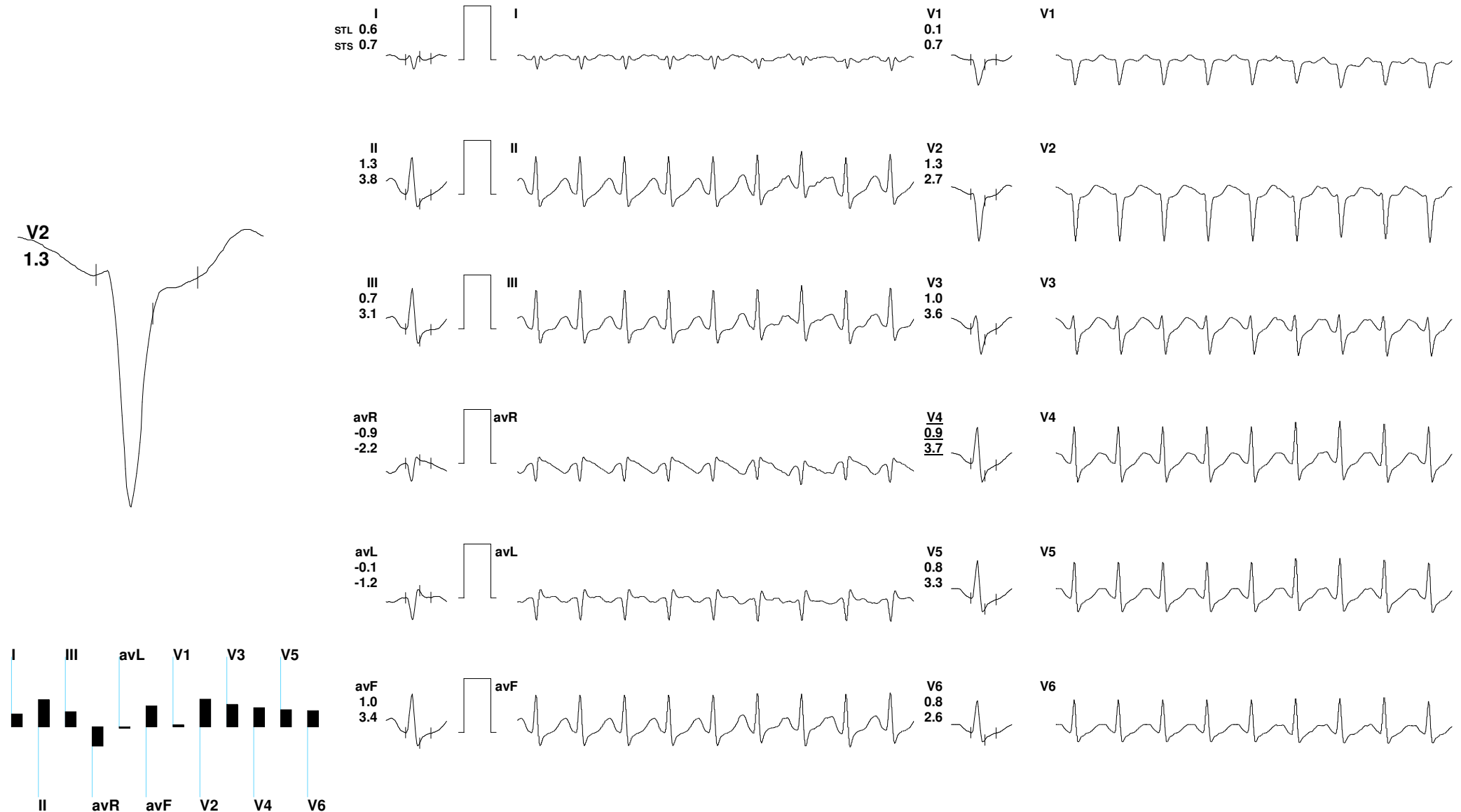
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 174

Date: 21 - 04 - 2023 11:44:48 PM METS: 7.2/ 174 bpm 93% of THR BP: 150/83 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 10:39 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



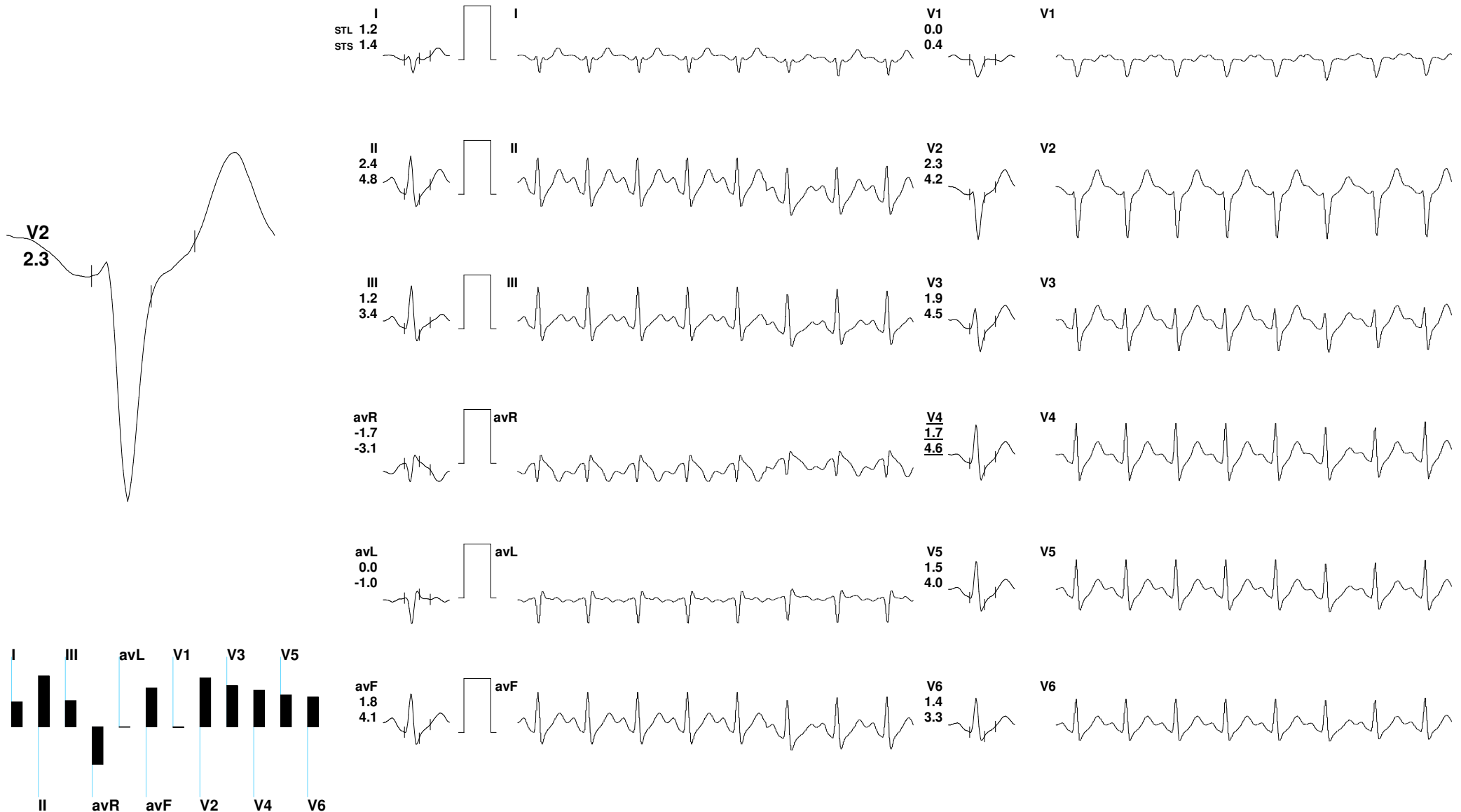
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 152

Date: 21 - 04 - 2023 11:44:48 PM METS: 4.2/ 152 bpm 81% of THR BP: 150/83 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 10:39 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



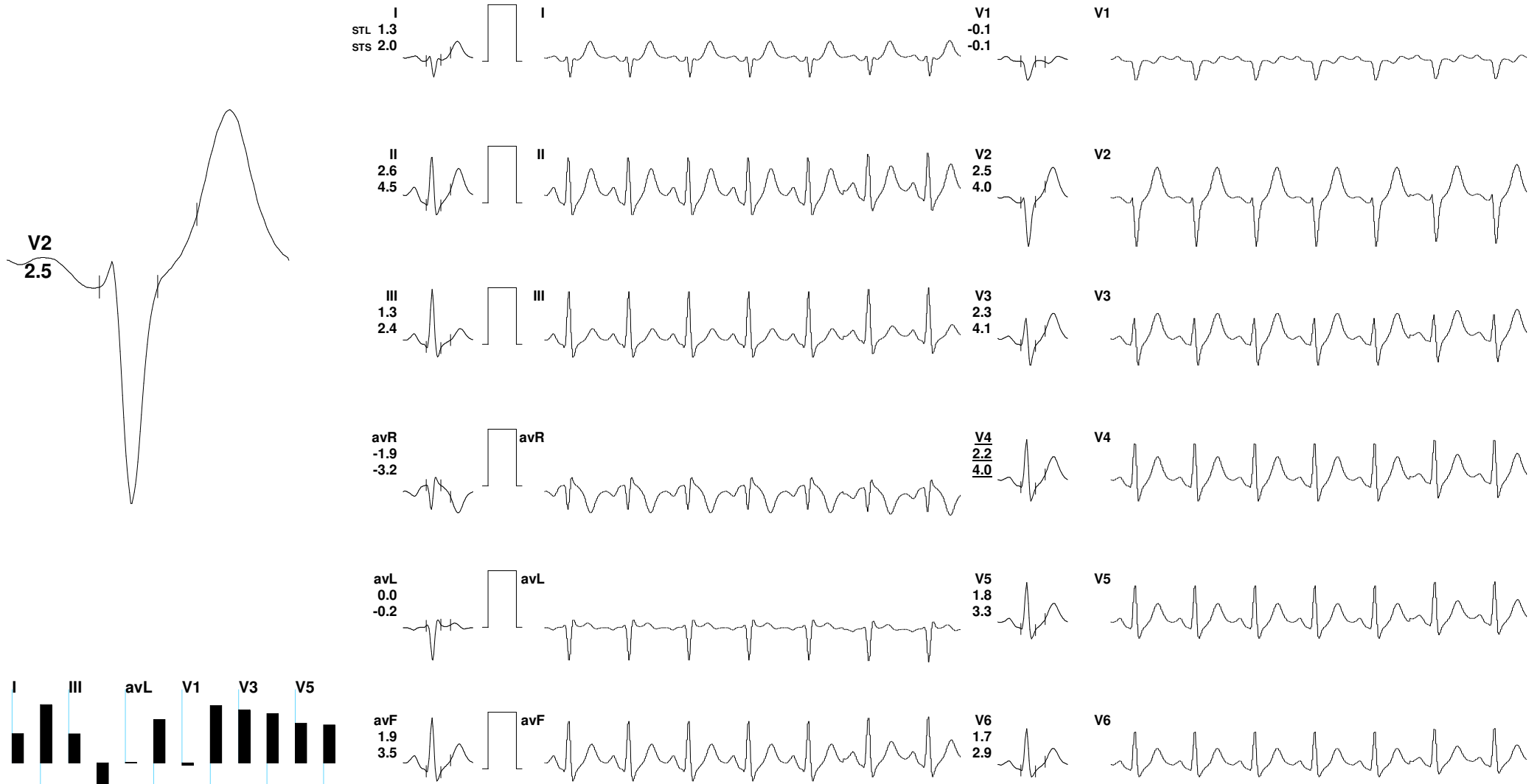
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 139

Date: 21 - 04 - 2023 11:44:48 PM METS: 1.0/ 139 bpm 74% of THR BP: 155/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 10:39 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



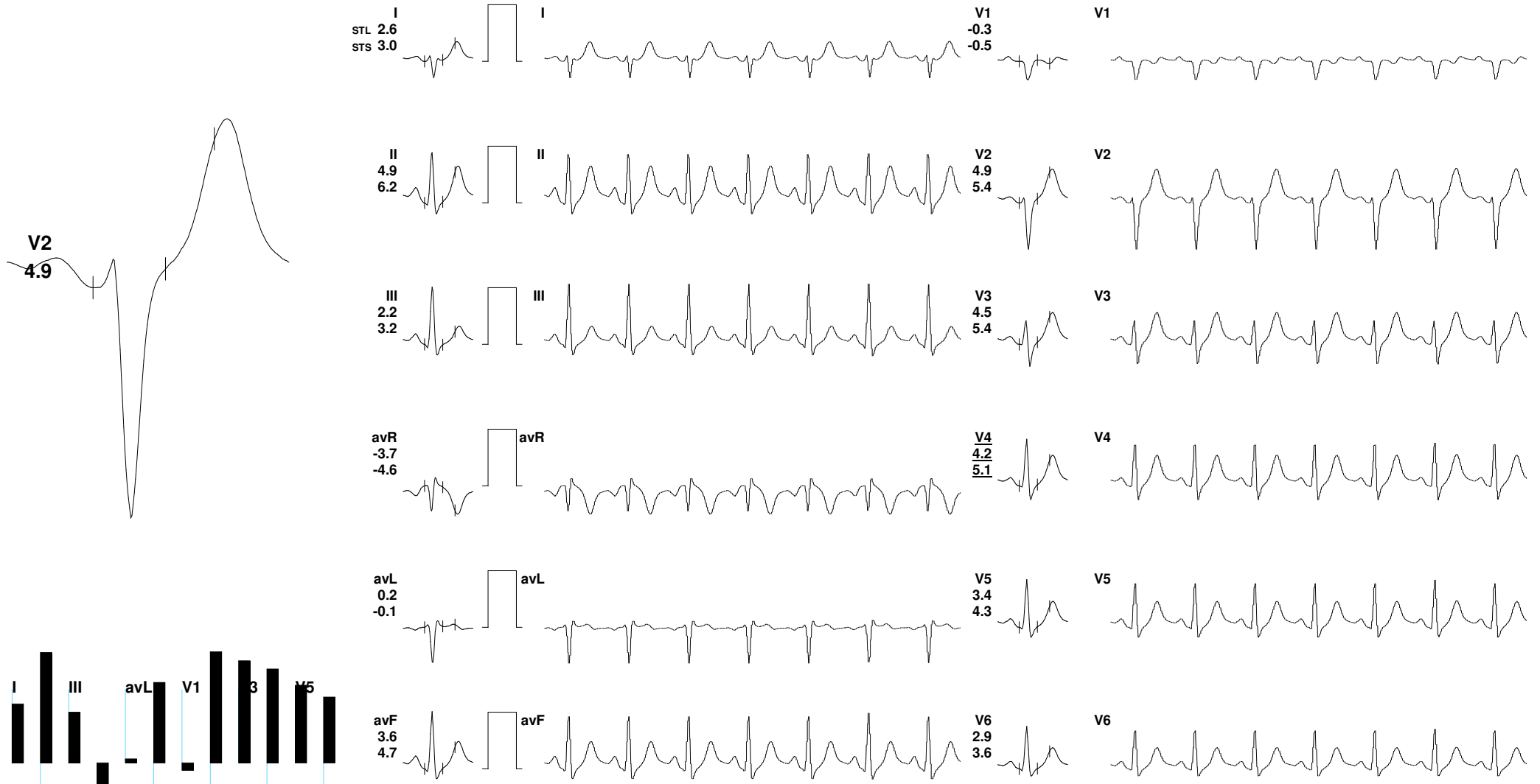
10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 122

Date: 21 - 04 - 2023 11:44:48 PM METS: 1.0/ 122 bpm 65% of THR BP: 145/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 10:39 0.0 mph, 0.1%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 125

Date: 21 - 04 - 2023 11:44:48 PM METS: 1.0/ 125 bpm 66% of THR BP: 130/79 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 10:39 0.0 mph, 0.1%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



10 / ANIL CHOUDHARY / 32 Yrs / M / 170 Cms / 65 Kg / HR : 117

Date: 21 - 04 - 2023 11:44:48 PM METS: 1.0/ 117 bpm 62% of THR BP: 118/76 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 10:39 0.0 mph, 0.1%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:23	0:23	00.0	00.0	01.0	083	44 %	100/70	083	00	
Standing	00:32	0:09	00.0	00.0	01.0	087	46 %	100/70	087	00	
HV	00:41	0:09	00.0	00.0	01.0	092	49 %	100/70	092	00	
Warm Up	00:51	0:10	00.0	00.0	01.0	097	52 %	100/70	097	00	
ExStart	01:00	0:09	01.0	00.0	01.0	095	51 %	100/70	095	00	
BRUCE Stage 1	04:00	3:00	01.7	10.0	04.7	116	62 %	108/72	125	00	
BRUCE Stage 2	07:00	3:00	02.5	12.0	07.1	137	73 %	117/75	160	00	
BRUCE Stage 3	10:00	3:00	03.4	14.0	10.2	169	90 %	130/78	219	00	
PeakEx	11:39	1:39	04.2	16.0	12.0	192	102 %	150/83	288	00	
Recovery	12:09	0:30	00.0	00.0	07.2	174	93 %	150/83	261	00	
Recovery	12:39	1:00	00.0	00.0	04.2	152	81 %	150/83	228	00	
Recovery	13:39	2:00	00.0	00.0	01.0	139	74 %	155/85	215	00	
Recovery	14:39	3:00	00.0	00.1	01.0	122	65 %	145/82	176	00	
Recovery	15:39	4:00	00.0	00.1	01.0	125	66 %	130/79	162	00	
Recovery	16:39	5:00	00.0	00.1	01.0	117	62 %	118/76	138	00	
Recovery	16:51	5:11	00.0	00.1	01.0	120	64 %	118/76	141	00	

FINDINGS :

Exercise Time : 10:39

Initial HR (ExStrt) : 95 bpm 51% of Target 188

Initial BP (ExStrt) : 100/70 (mm/Hg)

Max WorkLoad Attained : 12 Good response to induced stress

Max ST Dep Lead & Avg ST Value: V4 & -0.4 mm in PeakEx

Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 192 bpm 102% of Target 188

Max BP Attained 155/85 (mm/Hg)

REPORT :

Doctor : BOB

Patient Name : MR. ANIL CHOUDHARY

Age / Gender : 32 years / Male

Endo ID : 119068

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 22, 2023, 10:51 a.m.

Reported Date & Time : Apr 22, 2023, 03:49 p.m.

Sample ID :



231120022

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

LIPID PROFILE

Cholesterol Total Method : ENZYMATIC COLORIMETRIC METHOD CHOD - POD	202	mg/dL	130 -250
Triglycerides Method : ENZYMATIC COLORIMETRIC	163.8	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	42.31	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	32.76	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	126.93	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	4.77		2.6-4.9
LDL/HDL Ratio Method : Calculated	3		0.5-3.4

END OF REPORT

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

Patient Name : MR. ANIL CHOUDHARY

Age / Gender : 32 years / Male

Endo ID : 119068

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



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Sample ID :



231120022

Test Description	Value(s)	Unit(s)	Reference Range
<u>IMMUNOLOGY</u>			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.52	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	10.6	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	0.89	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. Nishi Prasad
M.D. (Patho.)

Patient Name : MR. ANIL CHOUDHARY

Age / Gender : 32 years / Male

Endo ID : 119068

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 22, 2023, 10:51 a.m.

Reported Date & Time : Apr 22, 2023, 03:54 p.m.

Sample ID :



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

HbA1c (GLYCOSYLATED HEMOGLOBIN)

6.4

%

> 8% Action Suggested

BLOOD

7 - 8 % Good Control

Method : Nephelometry Methodology

< 7% Goal

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

136.98

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

END OF REPORT

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

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Endo ID : 119068

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Referral : MEDIWHEEL



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

RENAL FUNCTION TEST

Urea	30.1	mg/dL	10 - 45
Method : Uricase			
Creatinine	0.79	mg/dL	0.6 - 1.4
Method : Serum, Jaffe			
Uric Acid	6.7	mg/dL	3.0 - 7.0
Method : Serum, Uricase			
Calcium	9.6	mg/dl	8.6 - 10.2
Method : ARSENASO with serum			
Sodium	140.1	mmol/L	135 - 145
Method : Ion-Selective Electrode with serum			
Potassium	3.94	mmol/L	3.50 - 5.00
Method : Ion Selective Electrode with serum			
Chlorides	99.5	mmol/L	98 - 106
Method : Ion-Selective Electrode with serum			

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
<u>HAEMATOLOGY</u>			
Hemoglobin (HB)	14.6	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.71	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	44.6	%	42 - 52
Mean Cell Volume (MCV)	78.1	FL	78 - 100
Mean Cell Haemoglobin (MCH)	27.2	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	32.7	g/dl	32 - 36
Red Cell Distribution Width (RDW)	14.9	%	11.5 - 14.0
Total Leucocytes Count (WBC)	5570	Cell/cu.mm	4000 - 10000
Neutrophils	60	%	40 - 80
Lymphocytes	35	%	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	0.27	%	0.2 - 0.5
Platelet Count	273	10 ³ /ul	150 - 450

END OF REPORT

Dr. Nishi Prasad
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Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
IRON - SERUM	133.3	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	315	ug/dL	228 - 428
FERRITIN	43.5	ng/mL	Male:22-322 Female:10-291
Method : Serum CLIA			
TRANSFERRIN SATURATION %	42.32	%	16 - 50
Method : Calculated			

INTERPRETATION

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

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

Patient Name : MR. ANIL CHOUDHARY

Age / Gender : 32 years / Male

Endo ID : 119068

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Test Description

Value(s)

Unit(s)

Reference Range

END OF REPORT

Dr. Nishi Prasad

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

C-Reactive Protein; CRP, SERUM	1.19	mg/L	0.0-6.0
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Interpretation :

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

****END OF REPORT****

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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.41	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.18	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.23	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	25.63	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	39.22	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	67.55	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	6.94	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.24	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.70	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.57		1.5 - 2.5
Method : Calculated			

END OF REPORT

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Patient Name : MR. ANIL CHOUDHARY

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Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 22, 2023, 10:51 a.m.

Reported Date & Time : Apr 22, 2023, 03:52 p.m.

Sample ID :



231120022

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

Gamma GT	31.95	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. 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

Patient Name : MR. ANIL CHOUDHARY

Age / Gender : 32 years / Male

Endo ID : 119068

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 22, 2023, 10:51 a.m.

Reported Date & Time : Apr 22, 2023, 02:48 p.m.

Sample ID :



231120022

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

HAEMATOLOGY

ESR	10	mm	0 - 20
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END OF REPORT

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

Consultant Radiologist & Sonologist

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GOYAL
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231120022

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

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

'O' NEGATIVE

Medical Remark :

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

END OF REPORT

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

Patient Name : MR. ANIL CHOUDHARY

Age / Gender : 32 years / Male

Endo ID : 119068

Organization : Goyal Diagnostics Profile

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Sample ID :



231120022

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

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.005		1.005 - 1.030

Chemical Examination

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

Microscopic Examination

Pus cells (WBCs)	0-1	/hpf	0-9
Epithelial cells	NIL	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

END OF REPORT

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

Patient Name : MR. ANIL CHOUDHARY

Age / Gender : 32 years / Male

Endo ID : 119068

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 22, 2023, 10:51 a.m.

Reported Date & Time : Apr 22, 2023, 03:47 p.m.

Sample ID :



231120022

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

Glucose fasting	80.2	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

END OF REPORT

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

Consultant Radiologist & Sonologist

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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

Patient Name : MR. ANIL CHOUDHARY

Age / Gender : 32 years / Male

Endo ID : 119068

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 22, 2023, 02:22 p.m.

Reported Date & Time : Apr 22, 2023, 03:23 p.m.

Sample ID :



231120102

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

Blood Glucose-Post Prandial

117.4

mg/dL

70 - 140

Method : Hexokinase

END OF REPORT

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, A.JMER -305 001 PHONE : 2428948

NAME- Anil Chaudhary AGE- 32 yrs DATE - 22-04-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

Both cp angles are clear.
Cardiac size is within normal limits.
Both lungs fields are clear.

NAD IN HEART AND LUNGS.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No. - 14507/15800

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



Scanned with OKEN Scanner

April 22, 2023

Time: 09:58:22

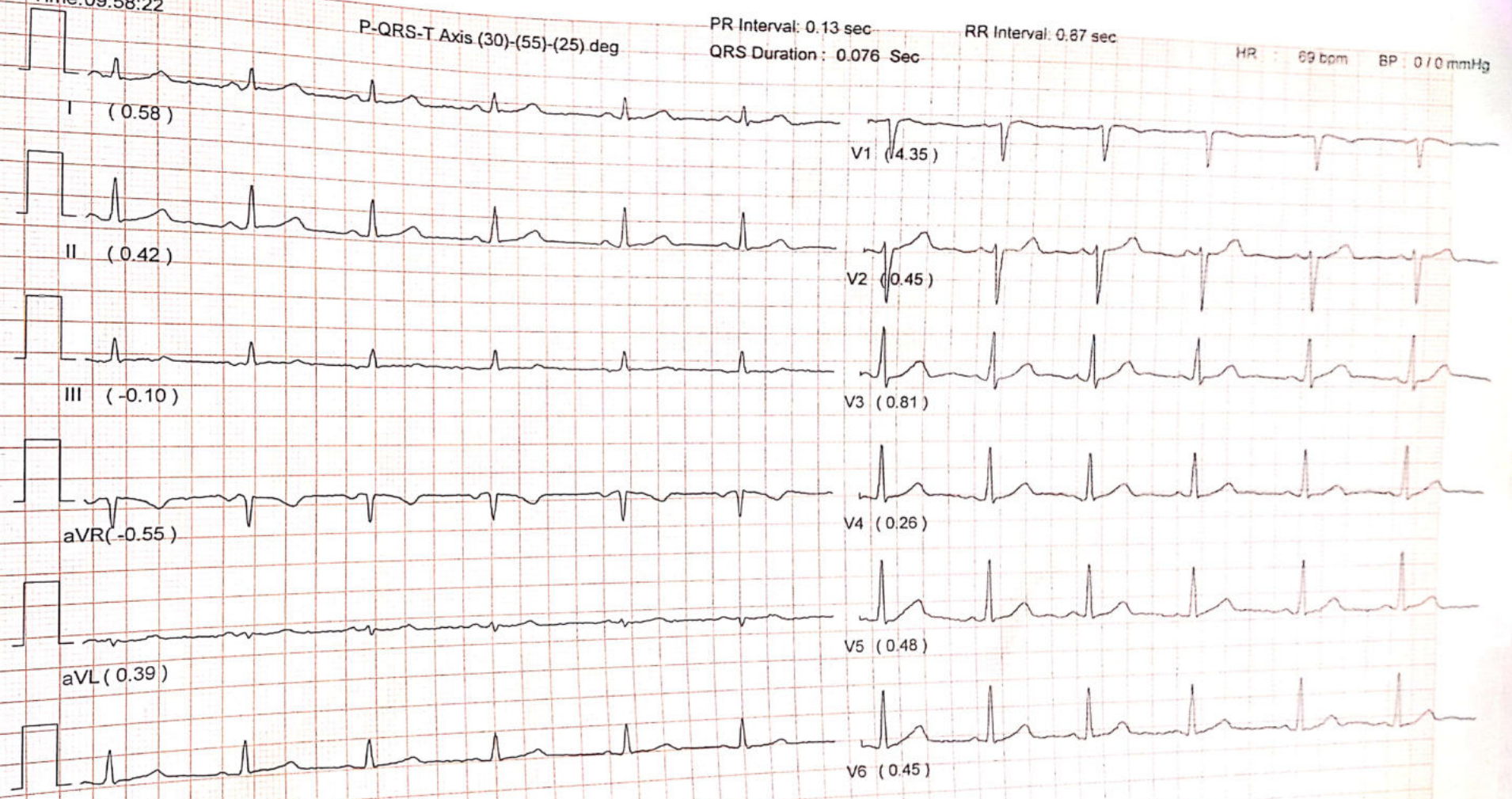
5 Seconds ECG Report

P-QRS-T Axis (30)-(55)-(25) deg

PR Interval: 0.13 sec

RR Interval: 0.87 sec

HR 69 bpm BP 0/0 mmHg



INTERPRETATION

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

Normal ECG

DR
MD

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

Confirmed Reporting, Refer to Clinician

NAME Anil

AGE- 32 yrs

DATE 22-04-23

REF.BY

USG ABDOMEN

Liver is normal in size, shape and homogeneous in echotexture. Margins are smooth and regular. No focal lesion is seen. IHBRs and hepatic veins are normal in caliber. Portal vein is normal in caliber.

Rt Lobe - 13.3 cm

Gall bladder is distended and normal in size, shape and wall thickness. No evidence of calculus/sludge or mass lesion is noted. CBD is normal in diameter.

Pancreas is normal in size, shape and homogeneous in echotexture. No focal lesion is seen. Pancreatic duct is not dilated.

Spleen is normal in size, shape and homogeneous in echotexture.

Right kidney is normal in size, shape & echotexture, C-M differentiation is maintained. No calculus and hydronephrosis is seen.

Left kidney is normal in size, shape & echotexture, C-M differentiation is maintained. No calculus and hydronephrosis is seen.

Urinary bladder is normally distended. Wall thickness is normal. No evidence of calculus or mass lesion is seen.

Prostate is Normal

IMPRESSION: Abdominal Organs are Normal

ADVISE -Clinical correlation and further evaluation.

DR. ROOPA GOYAL (M.D.)
RMC No. 004507/15600
Consultant Radiologist

DR. ROOPA GOYAL
[MD RADIOLOGIST]
[RMC NO 004507/15600]

Note- 1. This report is not valid for medico legal purpose.

2. Sonography reports should be viewed in correlation with Clinical findings. If any doubt, USG may be repeated.

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

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