

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangam Road, Jaipur - 302004
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com

General Physical Examination



Date of Examination: 10-09-2022

Name: CHANDER PAL Age: 42 DOB: 26-06-1980 Sex: Male

Referred By: BOB

Photo ID: AADHAR ID #: attached.

Ht: 170 (cm) Wt: 73 (Kg)

Chest (Expiration): 100 (cm) Abdomen Circumference: 97 (cm)

Blood Pressure: 118/75 mm Hg PR: 69 / min RR: 17 / min Temp: Afebrile

BMI 25.3


Eye Examination: Distant vision 6/6, Near vision N/G (Ble eyes)
Normal color vision.

Other: Not significant


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

Signature Of Examinee : Chander Pal Name of Examinee: _____

Signature Medical Examiner : _____ Name Medical Examiner Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. 017996




 चंद पाल
 Chander Pal
 जन्म तिथि/DOB: 26/06/1980
 पुरुष/ MALE



5769 1592 4083
 VID: 9172 3336 2202 0678

मेरा आधार, मेरी पहचान

Chander
 Dr. Piyush Goyal
 M.B.B.S., D.M.R.D.
 RMC Reg. No.-017896



 भारत सरकार
 Government of India

पता:
 S/O सुबे सिंह, फ्लैट-एस-1 दूसरा फ्लोर व्रंदावन-2 फ्लैट
 सी-13, सनराइज सिटी, निवारु रोड झोटवारा, जयपुर,
 जयपुर,
 राजस्थान - 302012

Address:
 S/O Sube Singh, Flat-S-1 2nd Floor
 Vrandavan-II, Plot C-13, Sunrise City,
 Niwaru Road Jhotwara, Jaipur, Jaipur,
 Rajasthan - 302012

5769 1592 4083
 VID: 9172 3336 2202 0678

help@uidai.gov.in www.uidai.gov.in



MR CHANDERPAL / 42 Yrs / M / 0 Cms / 0 Kg

Date: 10 / 09 / 2022

Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	01.1	00.0	01.0	073	41%	120/80	087	00	
Standing	00:32	0:22	01.1	00.0	01.0	076	43%	120/80	091	00	
HV	01:20	0:48	01.1	00.0	01.0	073	41%	120/80	087	00	
Warm Up	02:05	0:45	01.1	00.0	01.0	075	42%	120/80	090	00	
ExStart	03:15	1:10	01.1	00.0	01.0	098	55%	120/80	117	00	
BRUCE Stage 1	06:15	3:00	01.7	10.0	04.7	124	70%	130/85	161	00	
BRUCE Stage 2	09:15	3:00	02.5	12.0	07.1	139	78%	135/85	187	00	
PeakEx	11:11	1:56	03.4	14.0	09.1	169	95%	140/90	236	00	
Recovery	12:11	1:00	00.0	00.0	01.2	125	70%	140/90	175	00	
Recovery	13:11	2:00	00.0	00.0	01.0	103	58%	135/85	139	00	
Recovery	14:11	3:00	00.0	00.0	01.0	104	58%	125/80	130	00	
Recovery	15:11	4:00	00.0	00.0	01.0	097	54%	120/80	116	00	
Recovery	15:46	4:35	00.0	00.0	01.0	090	51%	120/80	108	00	

FINDINGS :

Exercise Time : 07:56
 Max HR Attained : 169 bpm 95% of Target 178
 Max BP Attained : 140/90 (mm/Hg)
 Max Workload Attained : 9.1 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Dr. Chanderpal
 MR. CHANDERPAL
 DATA (PROBATION)

*Base line ECG shows
 T inversion in lead V5 V6
 These are mild
 ST T changes seen
 in inferior leads
 which persisted till late
 recovery.
 TTT positive for RPT
 Complete clinically.*

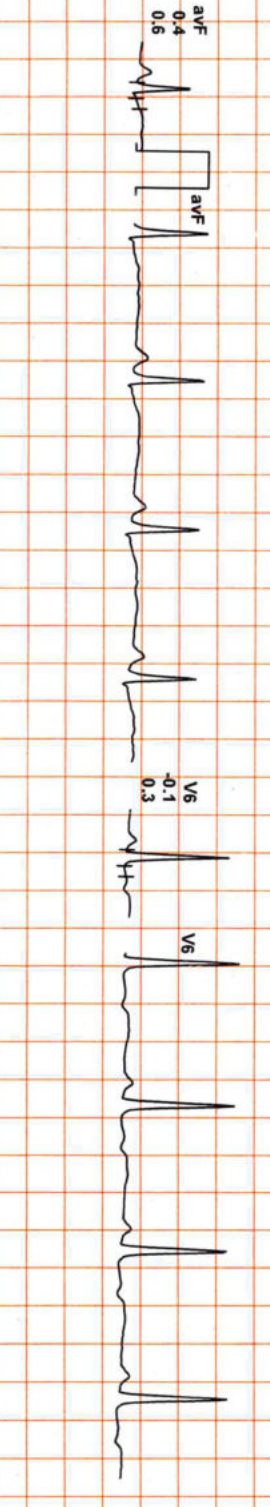
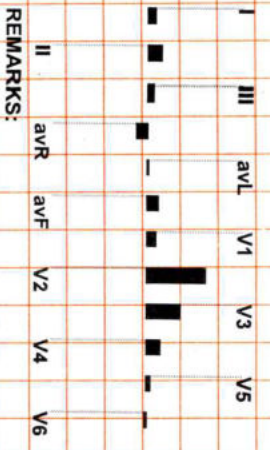
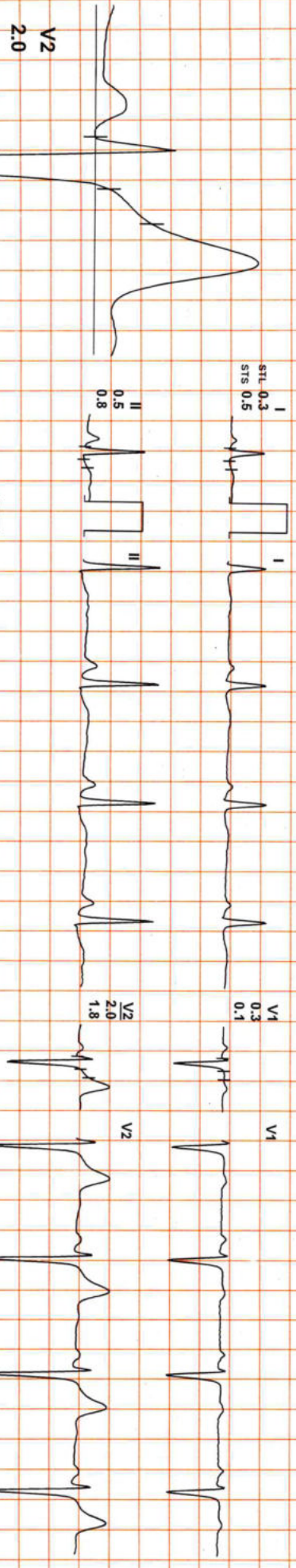


Date: 10/09/2022

METS: 1.0/ 73 bpm 41% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 1.1 mph, 0.0%
25 mm/Sec: 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allergens



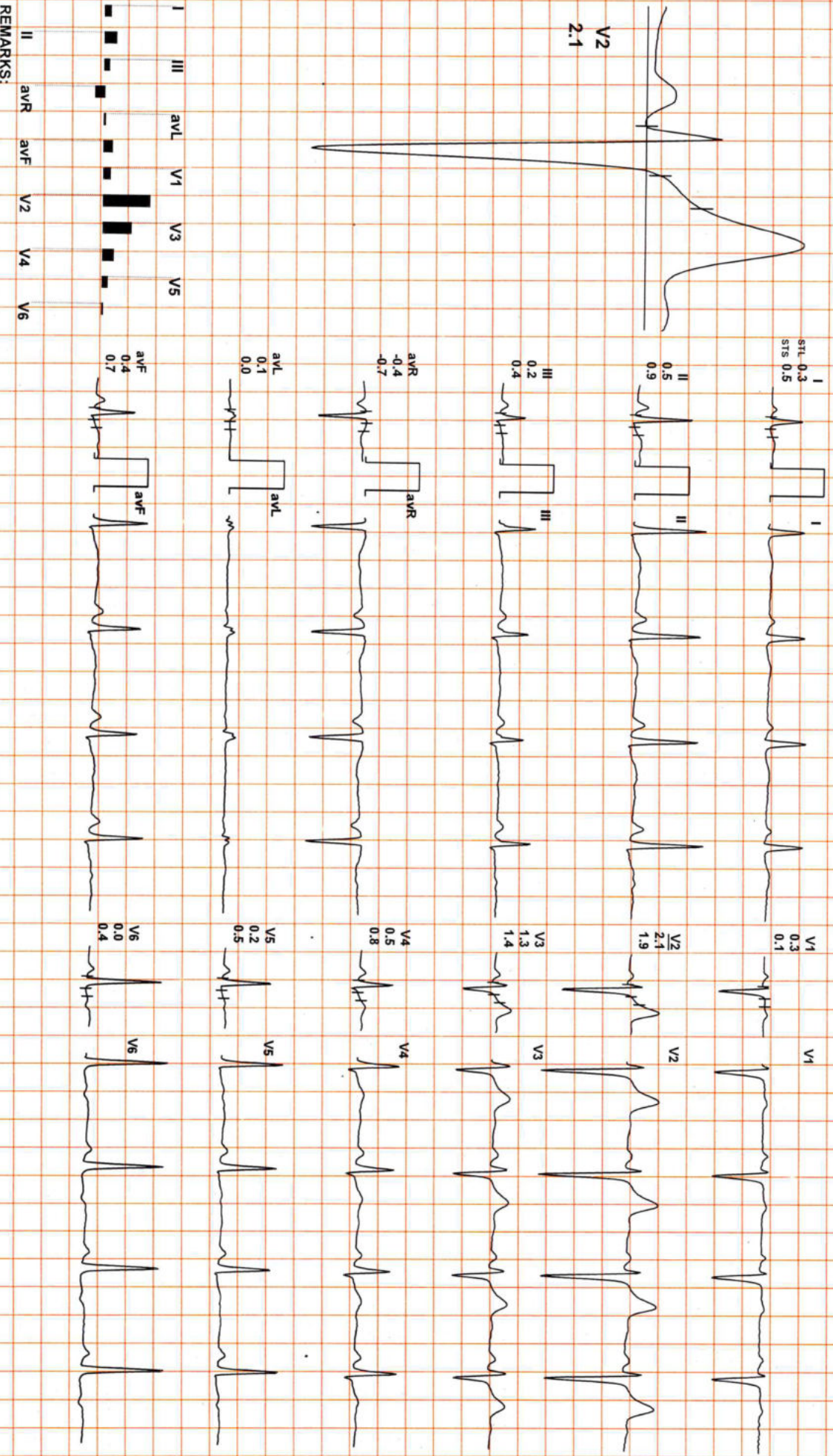
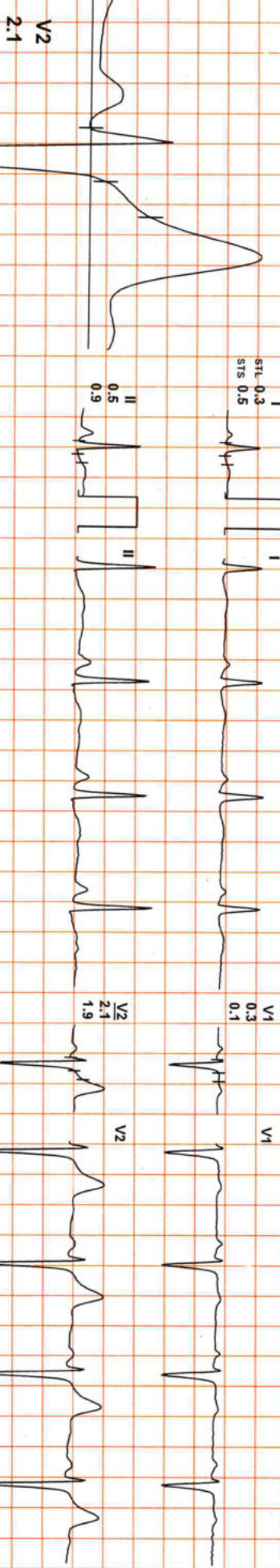
Date: 10 / 09 / 2022

METS: 1.0/ 76 bpm 43% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



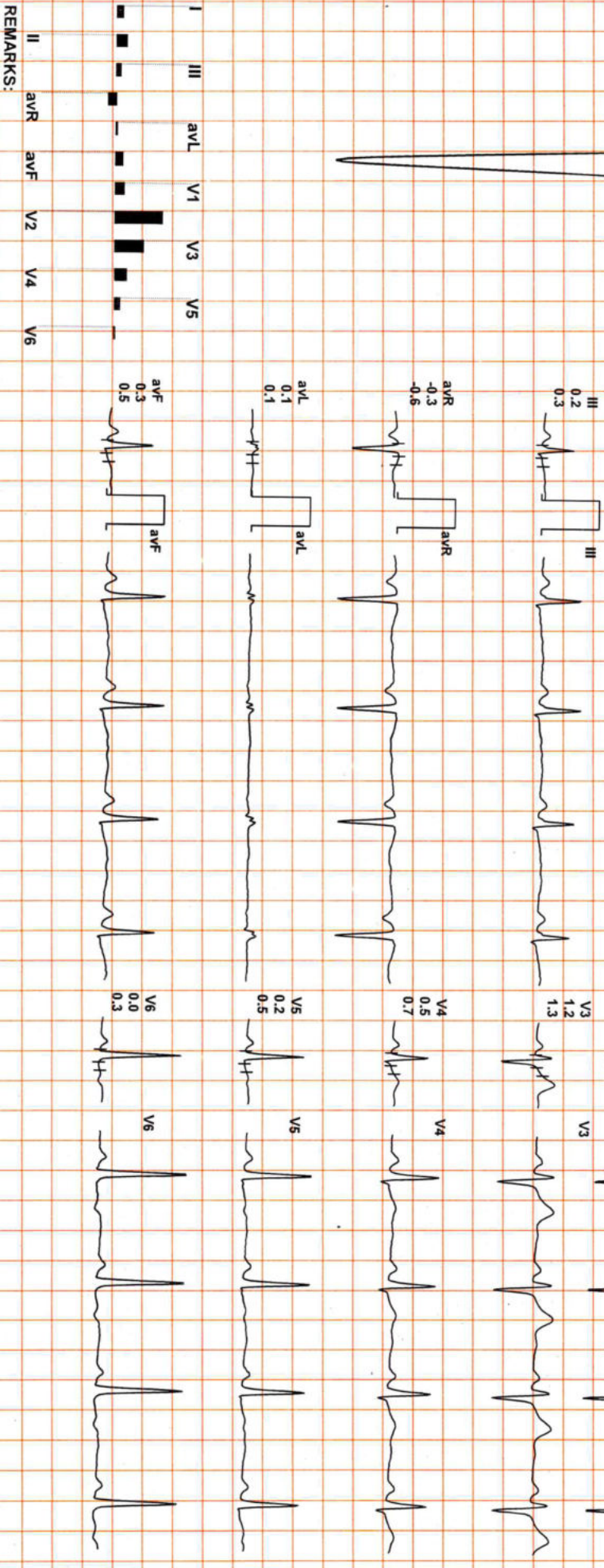
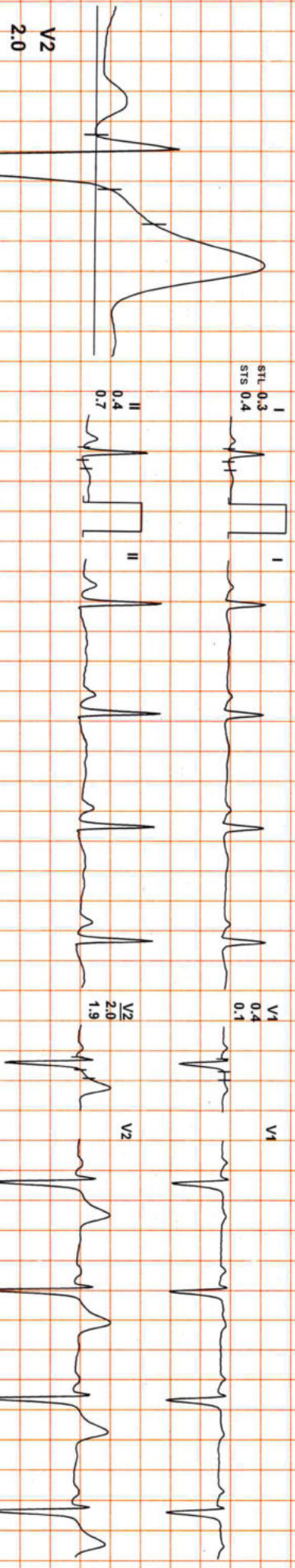
Date: 10 / 09 / 2022

METS: 1.0/ 73 bpm 41% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec: 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)/Allengers



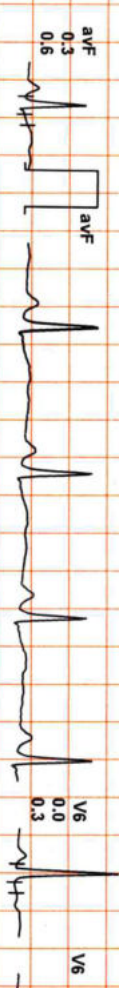
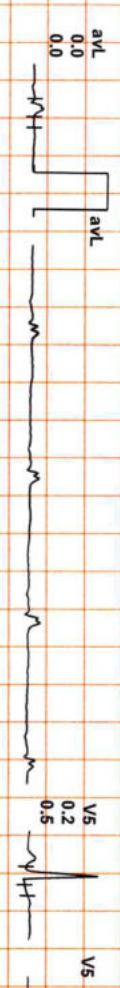
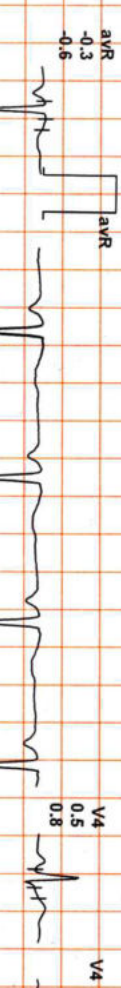
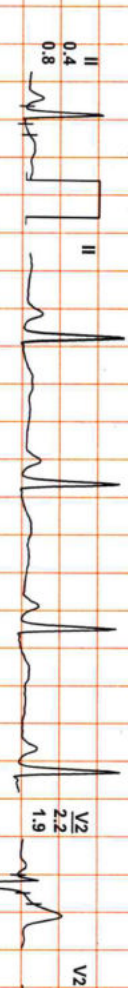
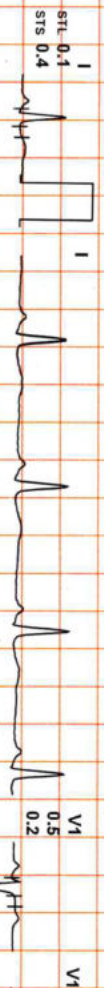
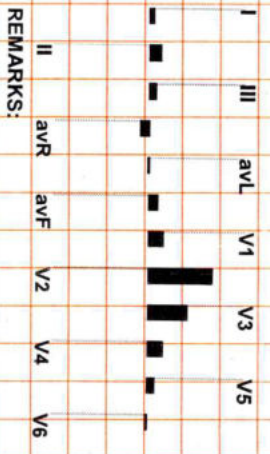
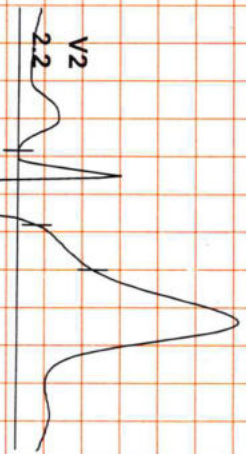
Date: 10 / 09 / 2022

METS: 1.0/ 75 bpm 42% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

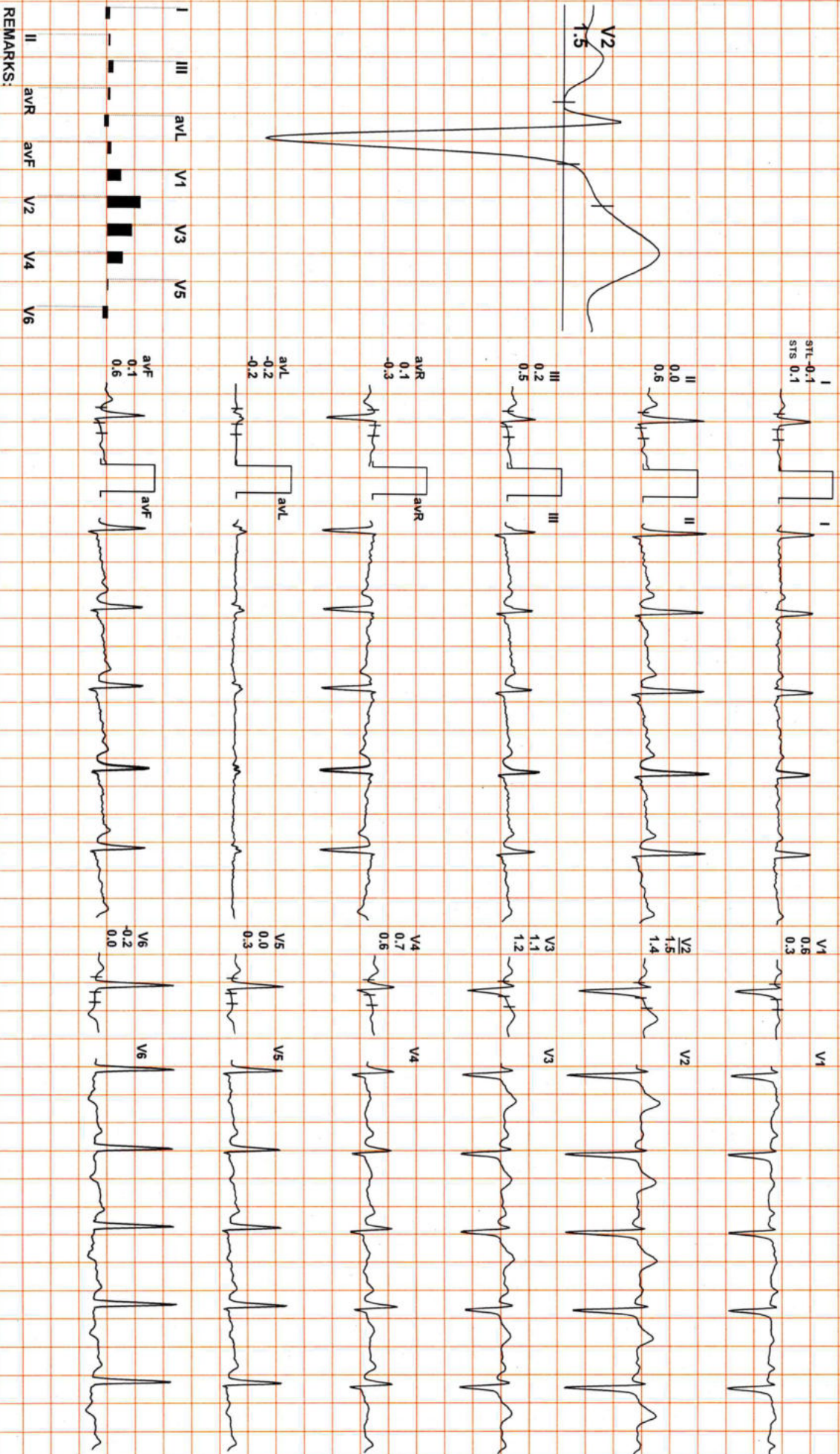
Date: 10 / 09 / 2022

METS: 1.0/ 98 bpm 55% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



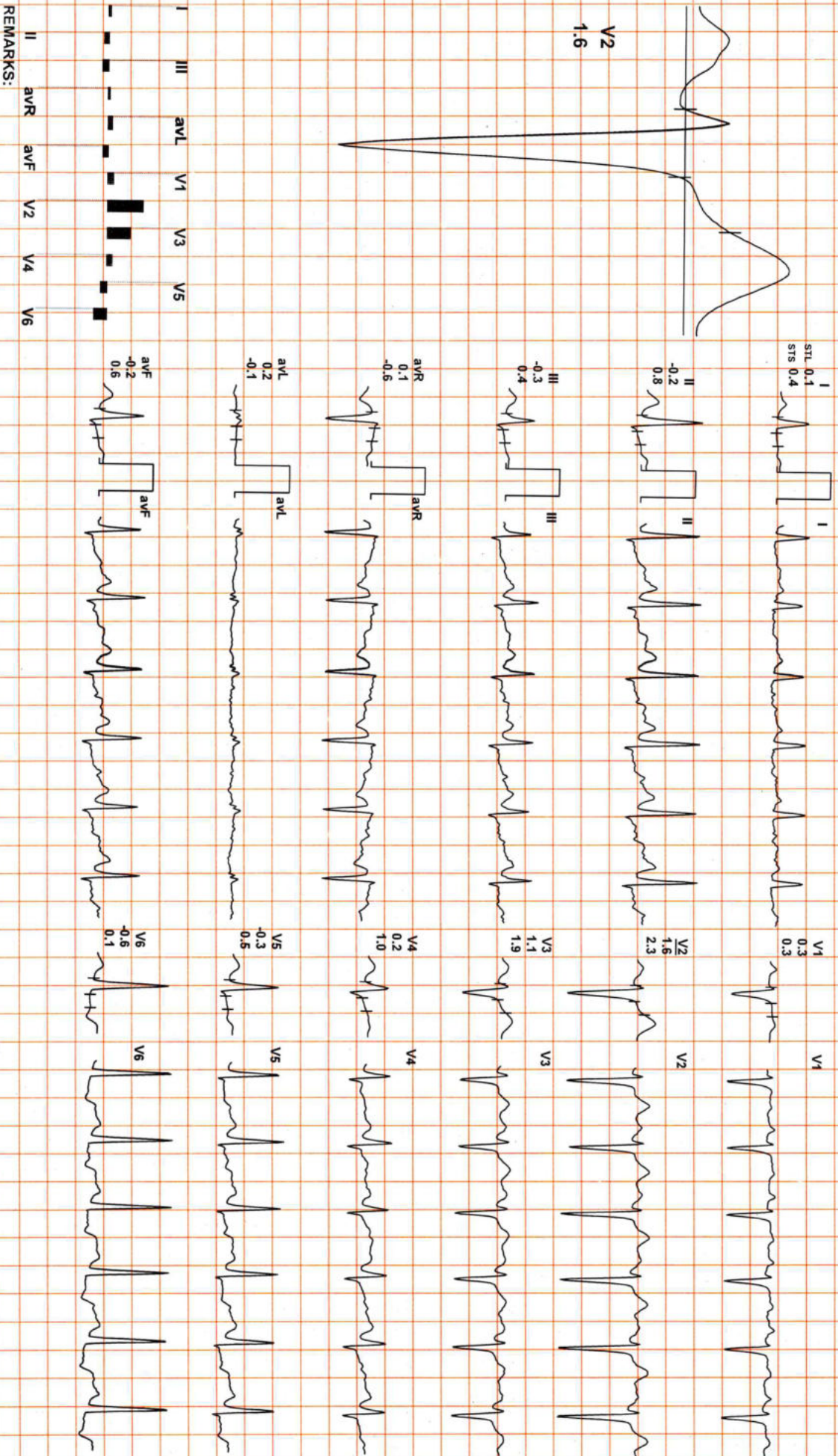
Date: 10 / 09 / 2022

METS: 4.71 124 bpm 70% of THR BP: 130/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec: 1.0 Cm/mV



(ADX_GEM217220330)(R)Allengers



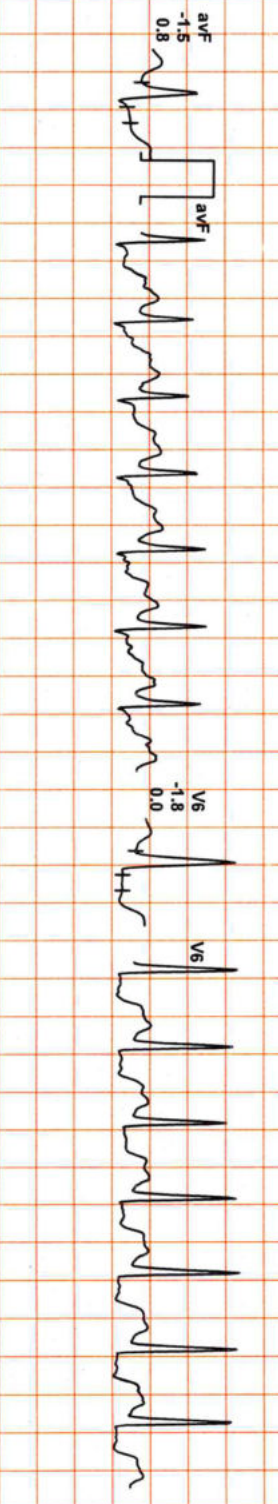
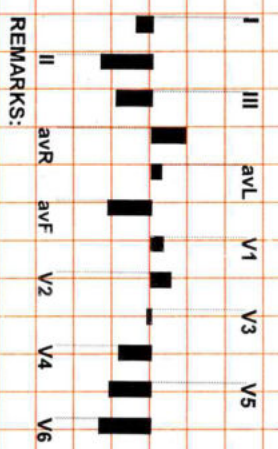
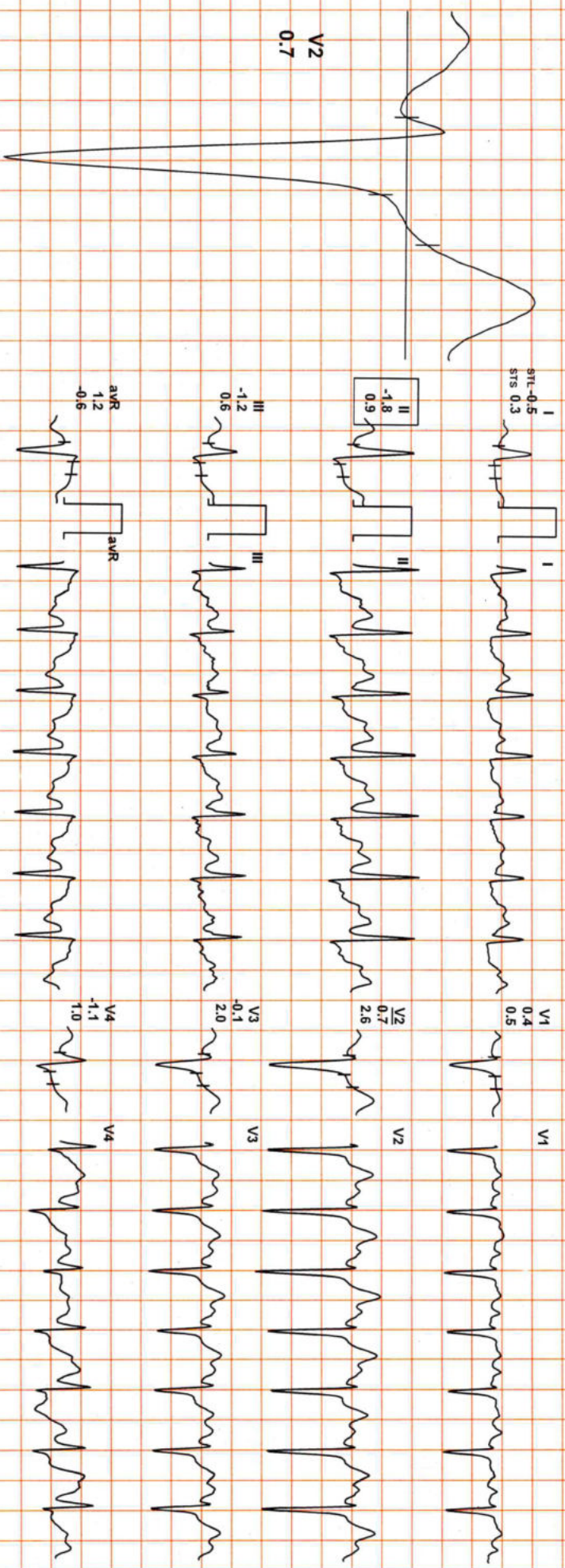
Date: 10 / 09 / 2022

METS: 7.1/ 139 bpm 78% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 2.5 mph, 12.0%

4X 60 ms Post-I

25 mm/Sec- 1.0 cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

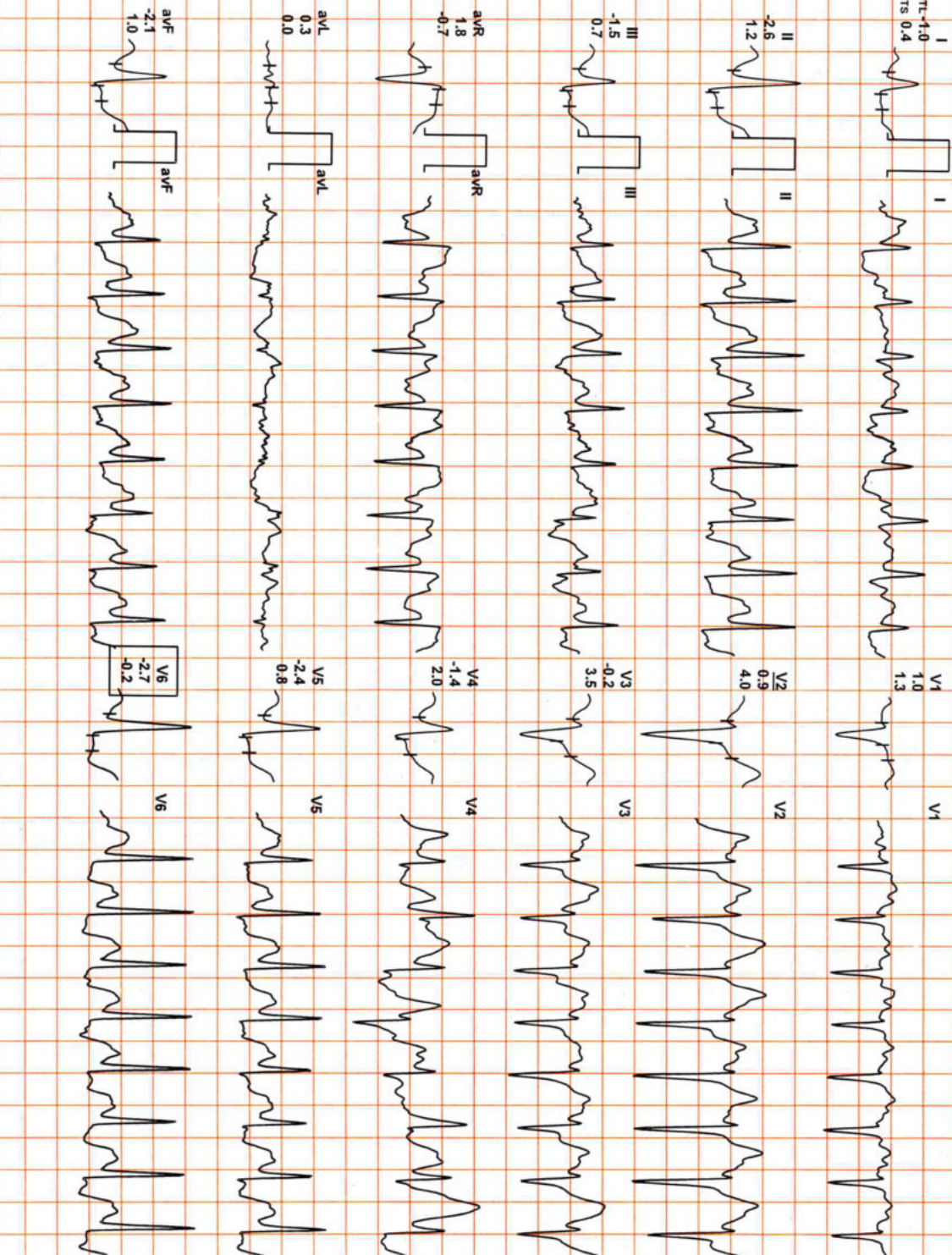
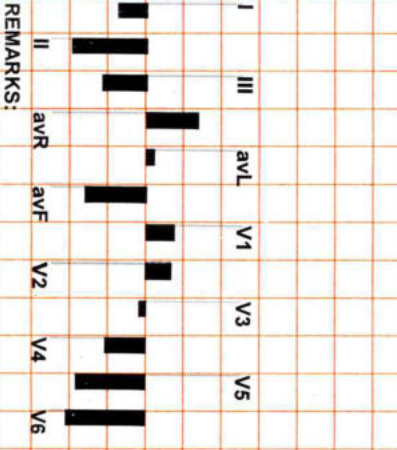
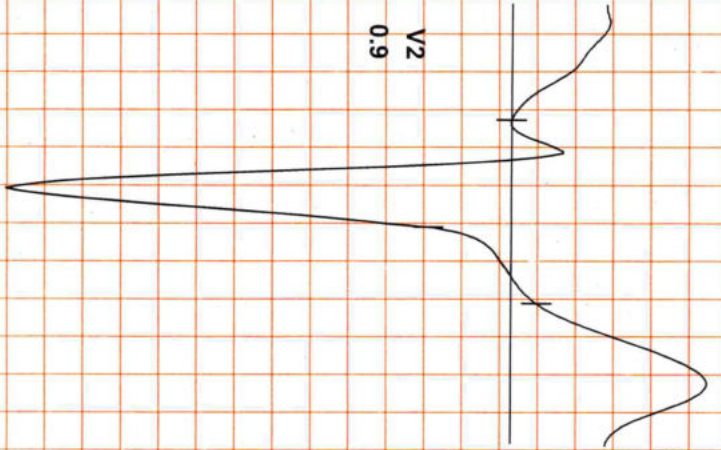
Date: 10 / 09 / 2022

METS: 9.4/ 169 bpm 95% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

ExTime: 07:56 3.4 mph, 14.0%

4X 60 ms Post-J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



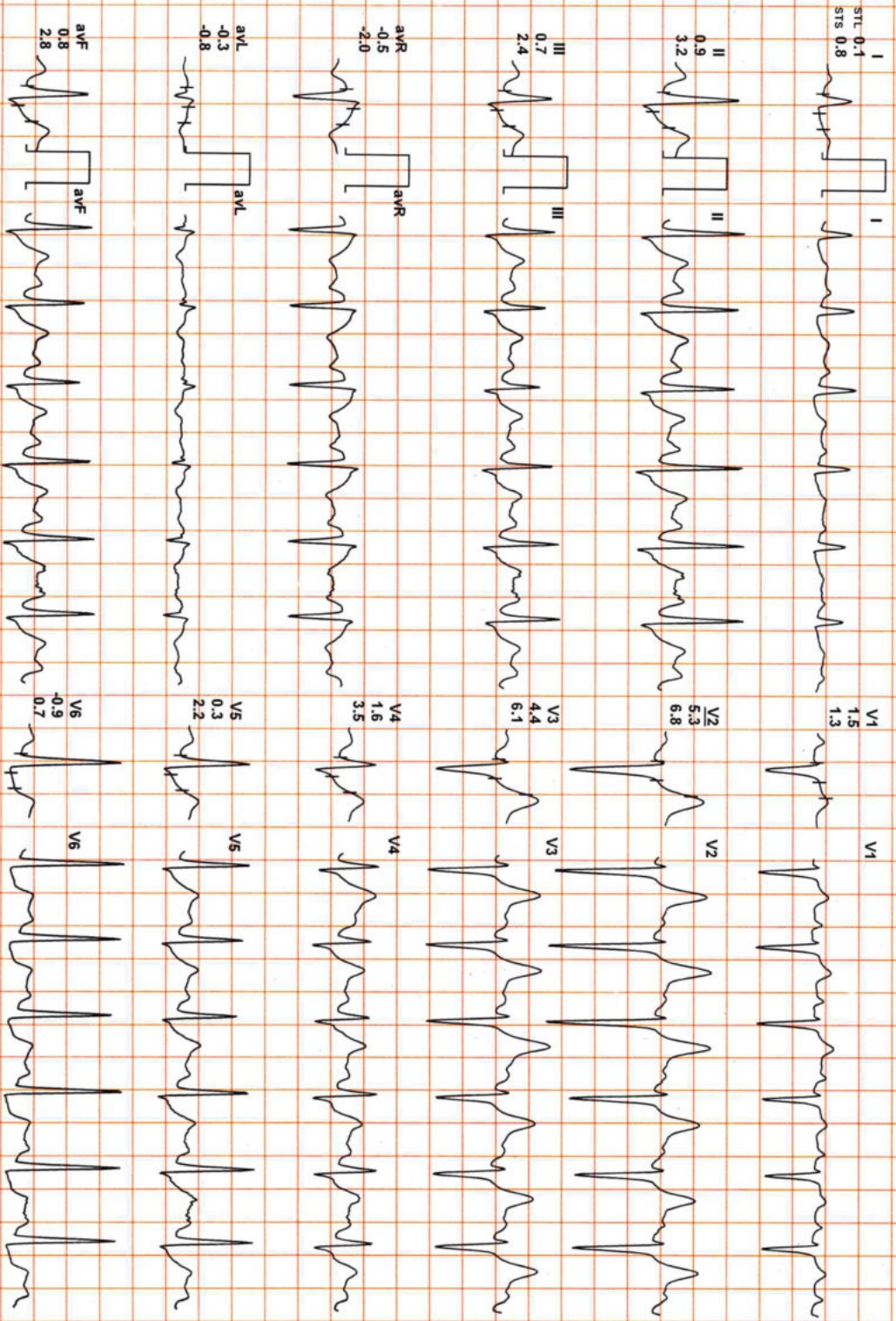
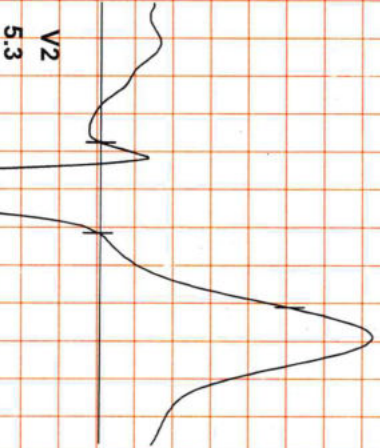
Date: 10 / 09 / 2022

METS: 1.2/ 125 bpm 70% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:56 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec - 1.0 Cm/mV



(ADX_GEM217220330)(R)Allengers



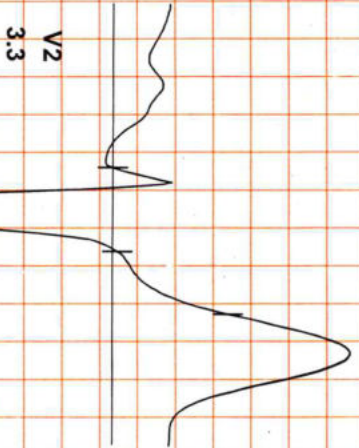
Date: 10 / 09 / 2022

METS: 1.0/ 103 bpm 58% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

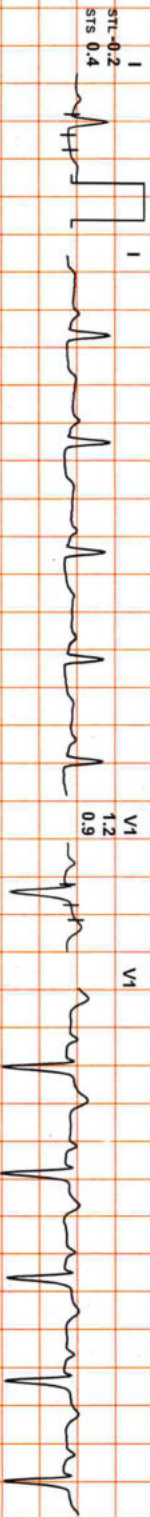
EXTime: 07:56 0.0 mph, 0.0%

4X 80 ms Post-J

25 mm/Sec - 1.0 Cm/mV



STI -0.2
STs 0.4



I 0.1
II 1.8

III 0.4
1.4

avR 0.1
-1.1

avL -0.3
-0.5

avF 0.2
1.6

V1 1.2
0.9

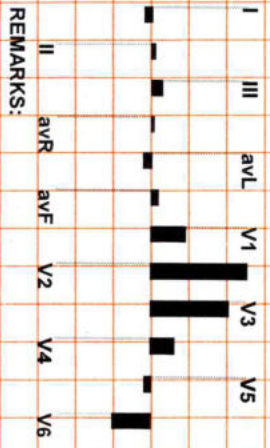
V2 3.3
4.1

V3 2.7
3.8

V4 0.8
1.9

V5 -0.2
1.2

V6 -1.3
0.1



REMARKS:

(ADX_GEM217220330)(R)Allengers



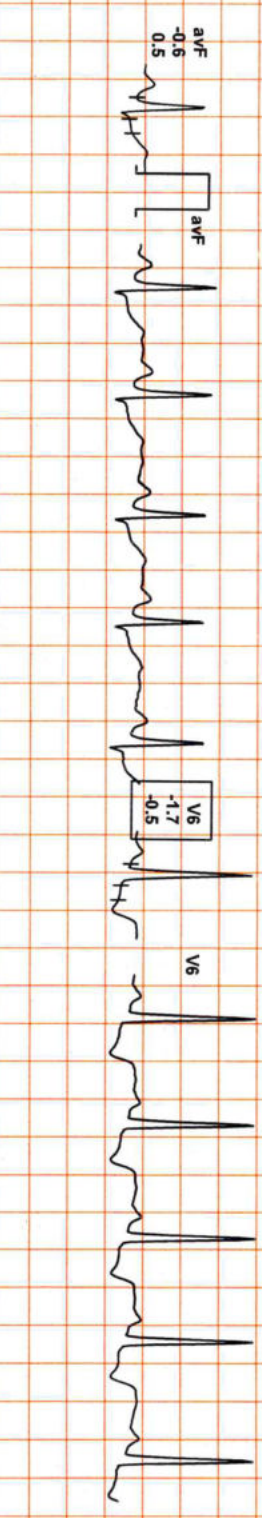
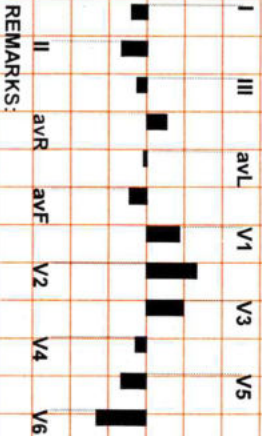
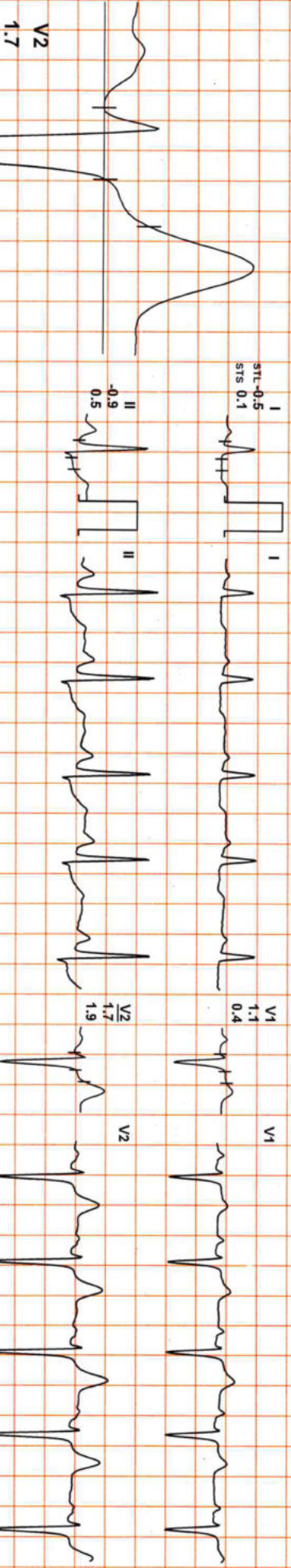
Date: 10 / 09 / 2022

METS: 1.0/ 104 bpm 58% of THR BP: 125/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

EXTime: 07:56 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec-- 1.0 Cm/mV



(ADX_GEM217220330)(R)Allengers



Date: 10 / 09 / 2022

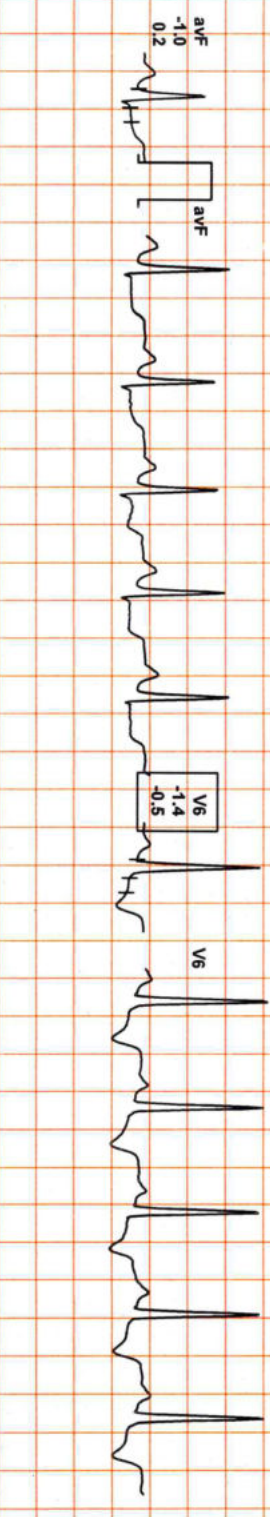
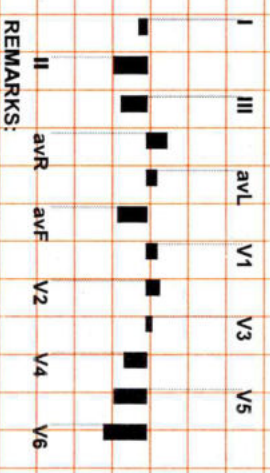
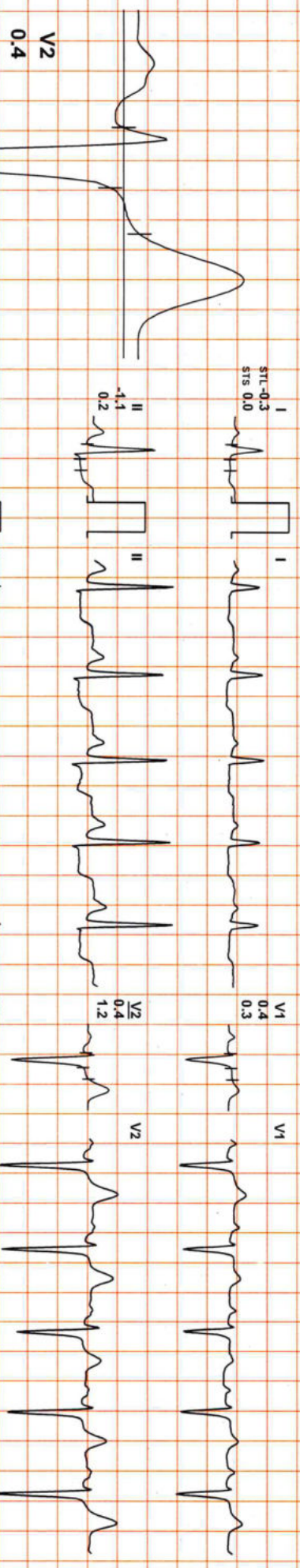
METS: 1.01 97 bpm 54% of THR BP: 120/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:56 0.0 mph, 0.0%

4X 80 ms Post-J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



Date: 10 / 09 / 2022

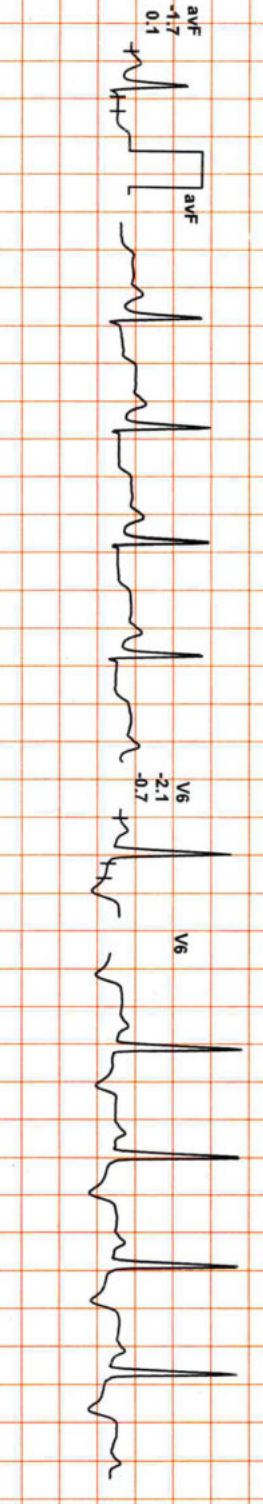
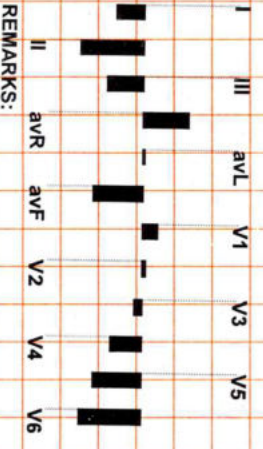
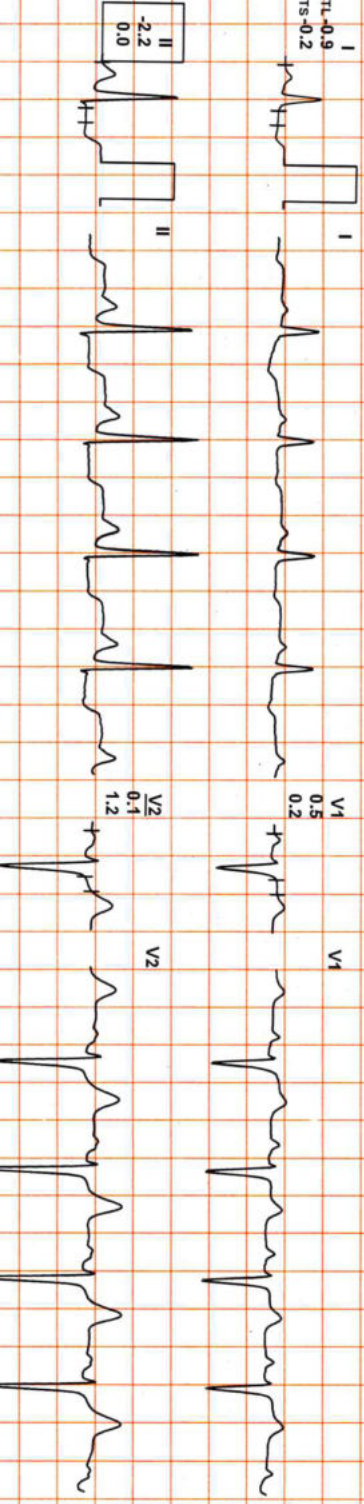
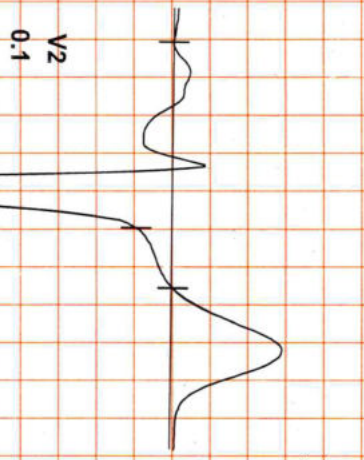
METS: 1.0/ 90 bpm 51% of THR BP: 120/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

4X

80 ms Post J

EXTIME: 07:56 0.0 mph, 0.0%
25 mm/Sec. 1.0 cm/mV



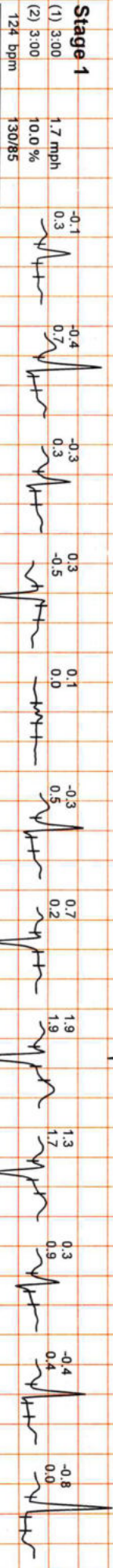
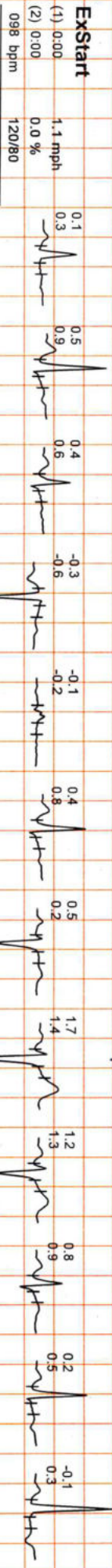
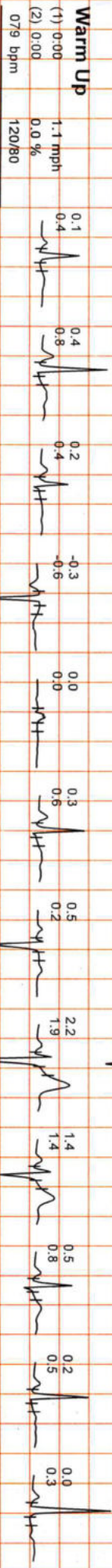
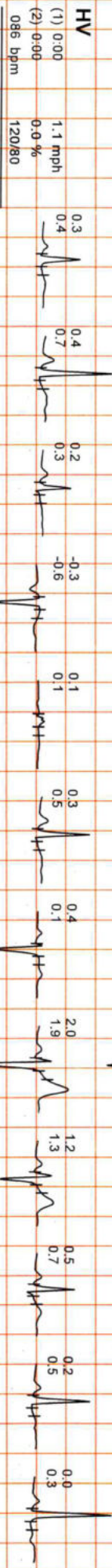
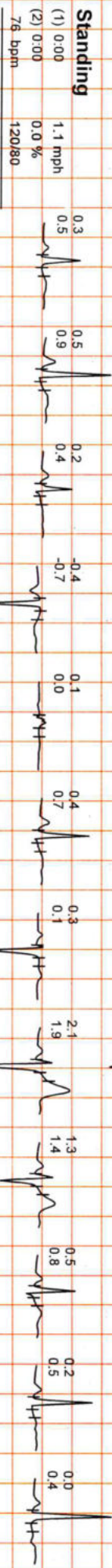
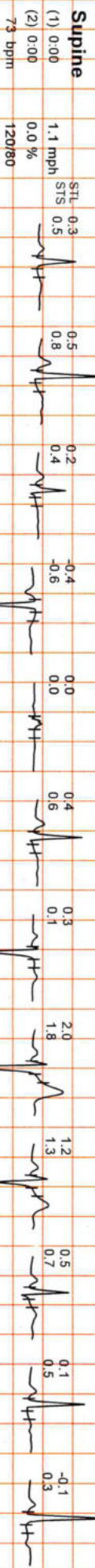
REMARKS:

(ADX_GEM217220330)(R)/Allengers



Date: 10 / 09 / 2022

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

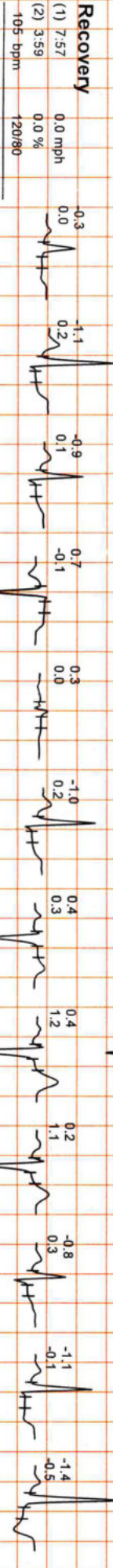
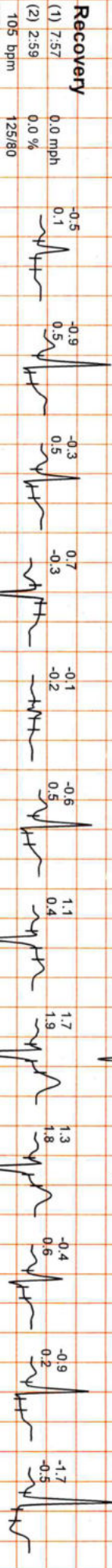
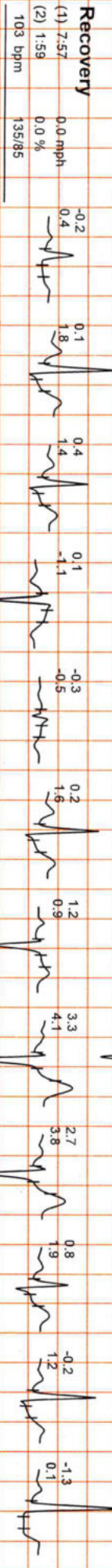
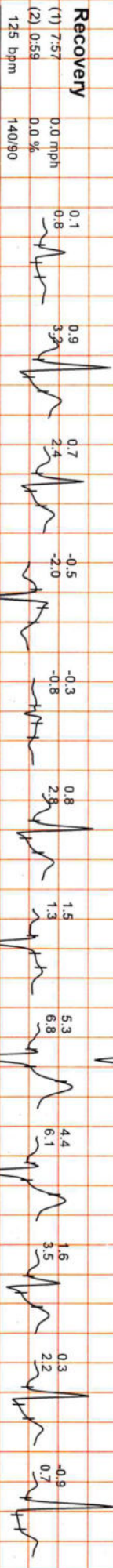
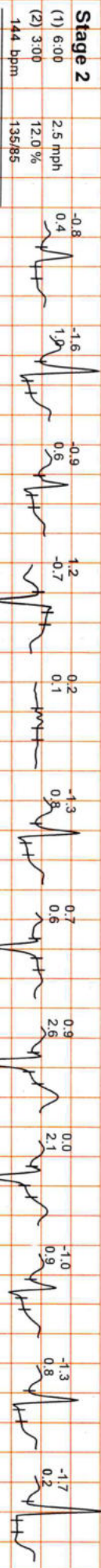


(ADX_GEM217220330)(R)Allergers



Date: 10 / 09 / 2022

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



(ADX_GEM217220330)(R)Allengers

DR. GOYALS PATH LAB & IMAGING CENTRE

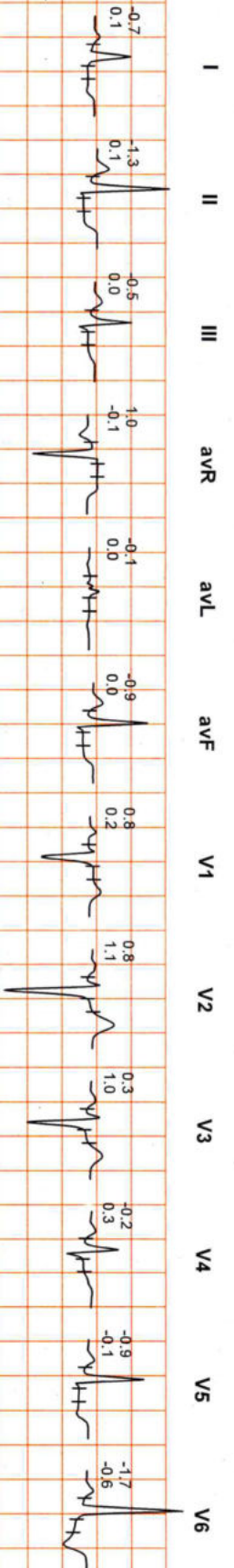
MR CHANDERPAL / 42 Yrs / M / 0 Cms / 0 Kg / HR : 74

Average



Date: 10 / 09 / 2022

Recovery
(1) 7:57 0.0 mph
(2) 4:35 0.0 %
100 bpm 120/60



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 :- 10/09/2022 09:35:53

NAME :- Mr. CHANDERPAL

Sex / Age :- Male 42 Yrs

Company :- MediWheel

Patient ID :- 12222277

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 10/09/2022 09:44:02

Final Authentication : 10/09/2022 15:05:34

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE ABOVE 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.8	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.60	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	58.5	%	40.0 - 80.0
LYMPHOCYTE	31.2	%	20.0 - 40.0
EOSINOPHIL	6.4 H	%	1.0 - 6.0
MONOCYTE	3.6	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.70	10 ³ /uL	1.50 - 7.00
LYMPH#	1.44	10 ³ /uL	1.00 - 3.70
EO#	0.29	10 ³ /uL	0.00 - 0.40
MONO#	0.16	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.85	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	44.00	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	90.8	fL	83.0 - 101.0
MEAN CORP HB (MCH)	32.5 H	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	35.8 H	g/dL	31.5 - 34.5
PLATELET COUNT	180	x10 ³ /uL	150 - 410
RDW-CV	13.2	%	11.6 - 14.0
MENTZER INDEX	18.72		

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.

BANWARI
Technologist

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

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



Date :- 10/09/2022 09:35:53

Patient ID :-12222277

NAME :- Mr. CHANDERPAL

Ref. By Dr:- BOB

Sex / Age :- Male 42 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 10/09/2022 09:44:02

Final Authentication : 10/09/2022 15:05:34

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	16 H	mm/hr.	00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: TLC, DLC, Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and

or connective tissue disease. **MCH, MCV, MCHC, MENTZER INDEX** are calculated. **Instrument Name**: Sysmex 6 part fully automatic analyzer XN-L, Japan

BANWARI
Technologist

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Date :- 10/09/2022 09:35:53 Patient ID :-1222277
NAME :- Mr. CHANDERPAL Ref. By Dr:- BOB
 Sex / Age :- Male 42 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 10/09/2022 09:44:02 Final Authentication : 10/09/2022 14:20:20

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	232.16 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	128.47	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	29.52	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	181.23 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	25.69	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	7.86 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	6.14 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	672.92	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

MUKESH SINGH

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 Sex / Age :- Male 42 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 10/09/2022 09:44:02 Final Authentication : 10/09/2022 14:20:20

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.91	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.22	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.69	mg/dl	0.30-0.70
SGOT Method:- IFCC	46.8 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	5.0	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	65.40	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	31.80	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.18	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.49	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.69	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 hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

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

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving

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Patient ID :-12222277



NAME :- Mr. CHANDERPAL

Ref. By Dr:- BOB

Sex / Age :- Male 42 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/09/2022 09:44:02

Final Authentication : 10/09/2022 14:20:20

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.88	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.97	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Date :- 10/09/2022 09:35:53

Patient ID :-1222277



NAME :- Mr. CHANDERPAL

Ref. By Dr:- BOB

Sex / Age :- Male 42 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/09/2022 09:44:02

Final Authentication : 10/09/2022 14:20:20

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	17.3	mg/dl	0.0 - 23.0

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Date :- 10/09/2022 09:35:53

Patient ID :-1222277

NAME :- Mr. CHANDERPAL

Ref. By Dr:- BOB

Sex / Age :- Male 42 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 10/09/2022 09:44:02

Final Authentication : 10/09/2022 15:05:34

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.1

%

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 glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE
Method:- Calculated Parameter

100

mg/dL

Non Diabetic < 100 mg/dL
Prediabetic 100- 125 mg/dL
Diabetic 126 mg/dL or Higher

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NAME :- Mr. CHANDERPAL
 Sex / Age :- Male 42 Yrs
 Company :- MediWheel

Patient ID :- 12222277
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 10/09/2022 09:44:02

Final Authentication : 10/09/2022 15:28:23

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	7.5		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/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		ABSENT

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Date :- 10/09/2022 09:35:53 Patient ID :-1222277
NAME :- Mr. CHANDERPAL Ref. By Dr:- BOB
 Sex / Age :- Male 42 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 10/09/2022 09:44:02 Final Authentication : 10/09/2022 11:50:35

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.360	ng/ml	0.600 - 1.810
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.860	ug/dl	4.500 - 10.900
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.210	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

NARENDRAKUMAR
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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/09/2022 09:44:02

Final Authentication : 10/09/2022 11:50:35

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	0.560	ng/ml	0.000 - 4.000

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

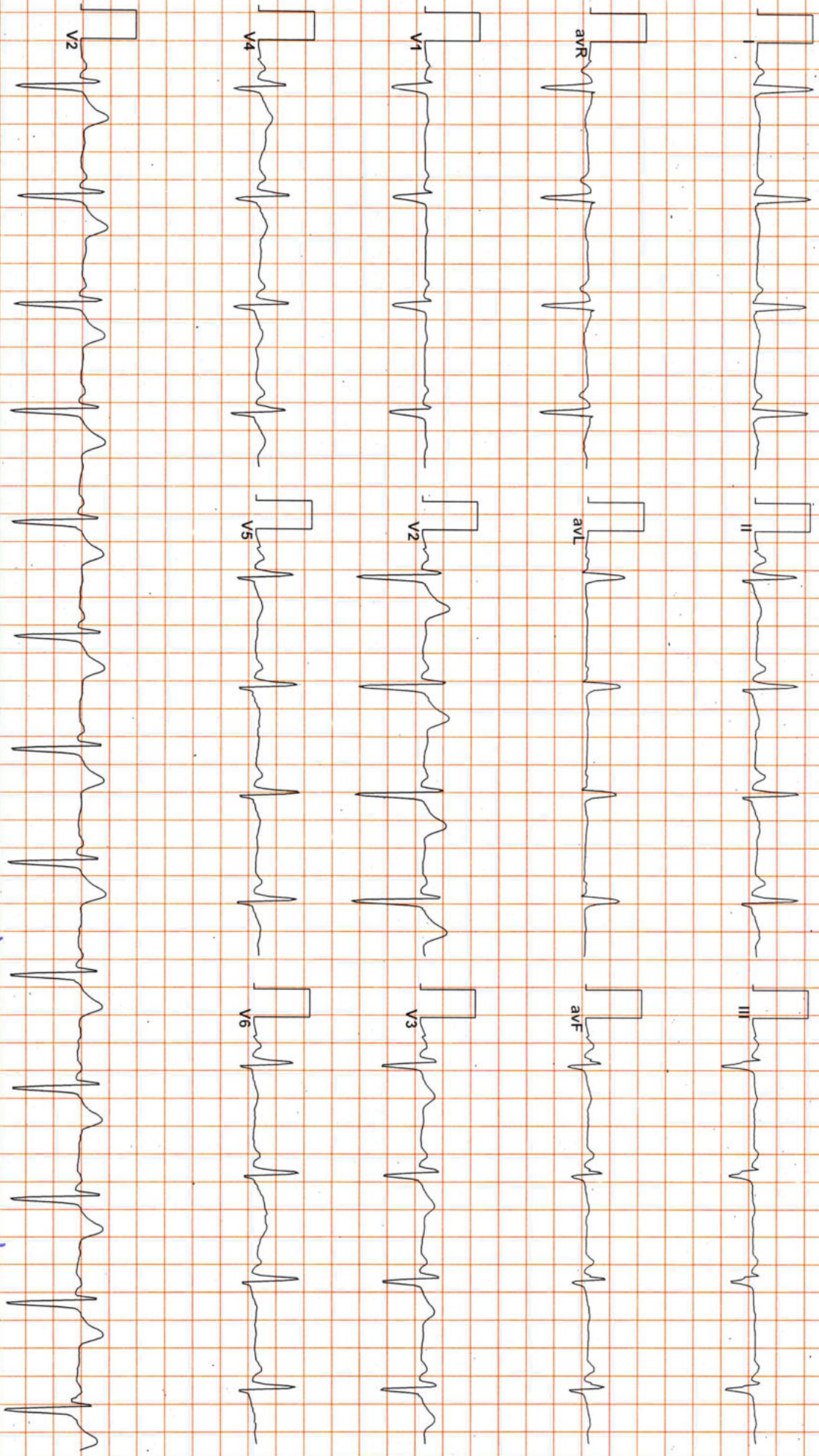
*** End of Report ***

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Technologist

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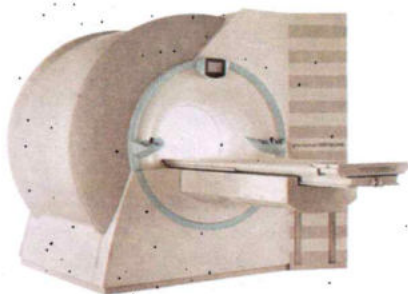
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Allengers ECG (Piscas)(PIS212160118)

Normal

Chandera



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Patient ID :- 1222277
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Lab/Hosp :-

Final Authentication : 10/09/2022 12:47:21

BOB PACKAGE ABOVE 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 ***

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

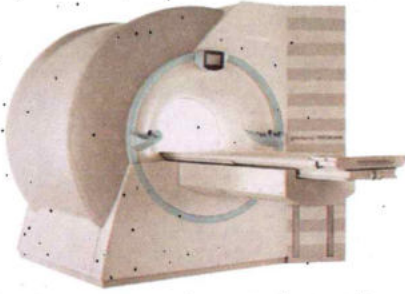
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M.B.B.S., D.M.R.D.
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Dr. Poonam Gupta
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RMC No. 32495

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant
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Dr. Rathod Hetali Amrutlal
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Transcript by.



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Sex / Age :- Male 42 Yrs
Company :- MediWheel

Patient ID :- 12222277
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 10/09/2022 13:18:35

BOB PACKAGE ABOVE 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. 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
Great vessels appear normal.

No significant free fluid is seen in peritoneal cavity.

RIF /LIF shows gas filled bowel loops.

IMPRESSION:

Normal study

Needs clinical correlation for further evaluation

*** End of Report ***

