

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



General Physical Examination

Date of Examination: 28/01/23

Name: Megh Raj Bairwa Age: 32 Sex: Male

DOB: 30-05-1990

Referred By: BOB (Mediwheel)

Photo ID: Emp ID ID #: attached

Ht: 170 (cm)

Wt: 80 (Kg)

Chest (Expiration): 104 (cm)

Abdomen Circumference: 91 (cm)

Blood Pressure: 139/60 mm Hg

PR: 78 / min

RR: 17 / min

Temp: Afebrile

BMI 27.7

Eye Examination: vision normal 6/6, N/6 (B/L eyes)

Normal Color vision

Other: Not significant

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

Signature Of Examinee : [Signature] Name of Examinee: _____

Signature Medical Examiner : [Signature] Name Medical Examiner _____

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

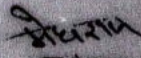


बैंक ऑफ बड़ोदा
Bank of Baroda

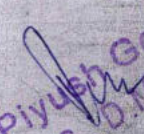
नाम : मेघ राज बैरवा
Name : MEGH RAJ BAIRWA
E.C. No.
कार्यालयी कूट सं. : 96794

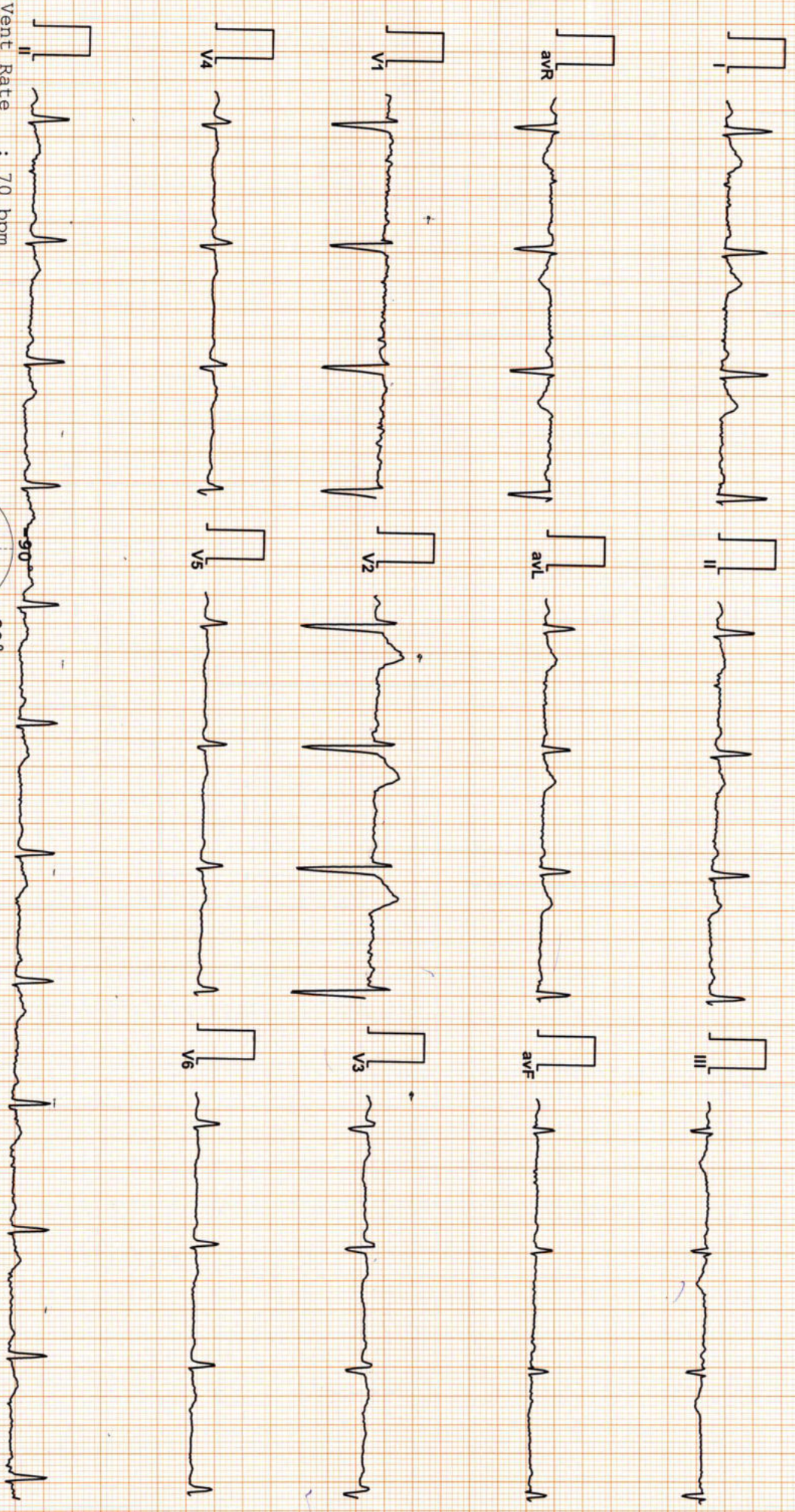



संस्था अधिकारी
Issuing Authority

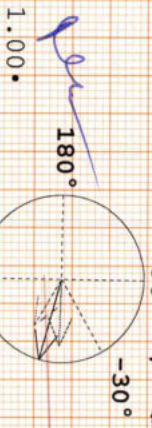

उपरोक्त पत्रिका
Holder's Signature

मेघराज


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



Vent Rate : 70 bpm
 PR Interval : 152 ms
 QRS Duration: 82 ms
 QT/QTc Int : 364/380 ms
 P-QRS-T axis: 30.00° • 15.00° • 1.00°



sinus rhythm with poor r progression in lead V1-V3 with t emersion in

Allengers ECG (Piscas)(PIS218210312)

Reported By:

MBBS, DIP, CAPHIO (ESCORTS)
 RMC No. 35/03
DE.M (RCGP/IK)

RHO

DR. GOYALS PATH LAB & IMAGING CENTER
JAIPUR Email:

Report



MR MEGH RAJ BAIRWA / 32 Yrs / M / 0 Cms / 0 Kg
Date: 28 / 01 / 2023 Refd By : BOB MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:30	0:30	01.1	00.0	01.0	073	39%	126/86	091	00	
Standing	01:13	0:43	01.1	00.0	01.0	075	40%	126/86	094	00	
HV	01:24	0:11	01.1	00.0	01.0	076	40%	126/86	095	00	
Warm Up	01:31	0:07	01.1	00.0	01.0	074	39%	126/86	093	00	
ExStart	03:08	1:37	01.1	00.0	01.0	098	52%	126/86	123	00	
BRUCE Stage 1	06:08	3:00	01.7	10.0	04.7	124	66%	130/90	161	00	
BRUCE Stage 2	09:08	3:00	02.5	12.0	07.1	149	79%	140/90	208	00	
BRUCE Stage 3	12:08	3:00	03.4	14.0	10.2	161	86%	150/90	241	00	
PeakEx	12:56	0:48	04.2	16.0	11.1	164	87%	150/90	246	00	
Recovery	13:56	1:00	00.0	00.0	04.3	145	77%	150/90	217	00	
Recovery	14:56	2:00	00.0	00.0	01.0	113	60%	140/90	158	00	
Recovery	15:56	3:00	00.0	00.0	01.0	100	53%	140/90	140	00	
Recovery	16:56	4:00	00.0	00.0	01.0	099	53%	130/86	128	00	
Recovery	17:56	5:00	00.0	00.0	01.0	099	53%	126/86	124	00	
Recovery	18:07	5:11	00.0	00.0	01.0	099	53%	126/86	124	00	

FINDINGS :

Exercise Time : 09:48
 Max HR Attained : 164 bpm 87% of Target 188
 Max BP Attained : 150/90 (mm/Hg)
 Max Workload Attained : 11.1 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

FRIT is negative for RHD

Dr. Nareesh Kumar Mohapatra
 RMC No. 35703
 MBBS, D.P.C.M.D.(CC) (SCCORTS)
 MBBS, D.E.M. (RCGP-UK)

Doctor : P

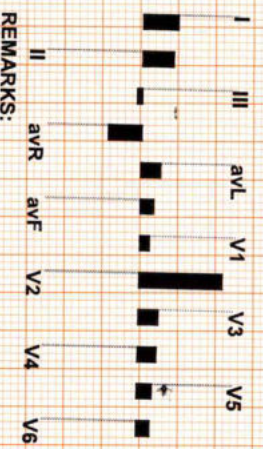
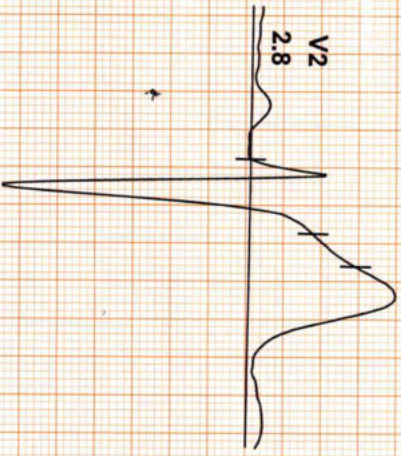


Date: 28 / 01 / 2023

METS: 1.0/ 73 bpm 39% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

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



REMARKS:

I
STL 1.2
STS 1.1

II
1.1
0.8

III
-0.1
-0.3

aVR
-1.1
-0.9

aVL
0.7
0.7

aVF
0.5
0.3

V1
0.3
-0.1

V2
2.8
2.1

V3
0.7
0.4

V4
0.6
0.4

V5
0.5
0.3

V6
0.4
0.3

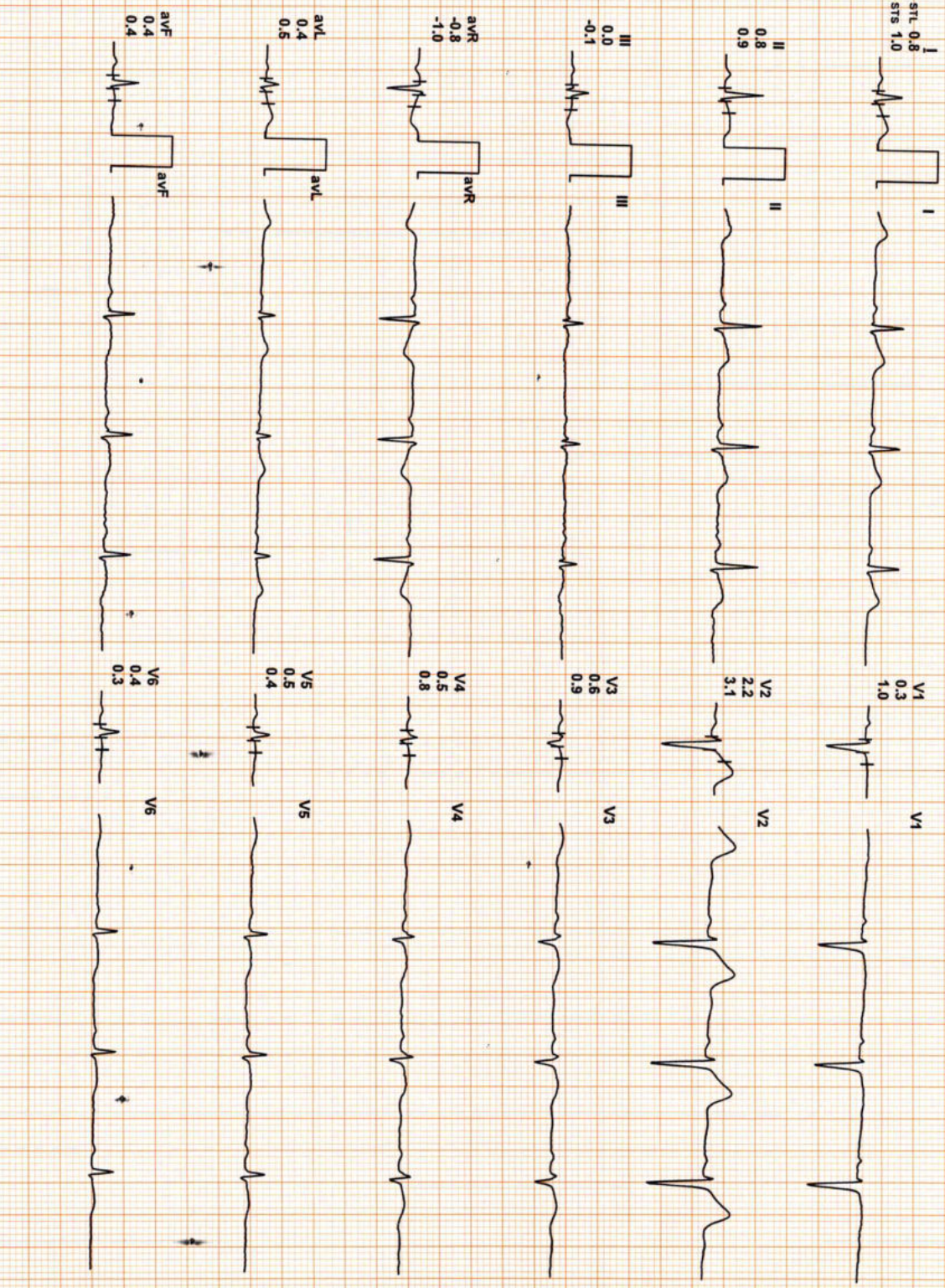
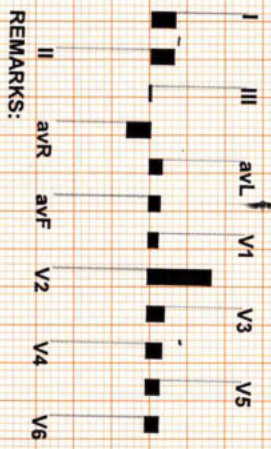


Date: 28 / 01 / 2023

METS: 1.0/ 75 bpm 40% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers

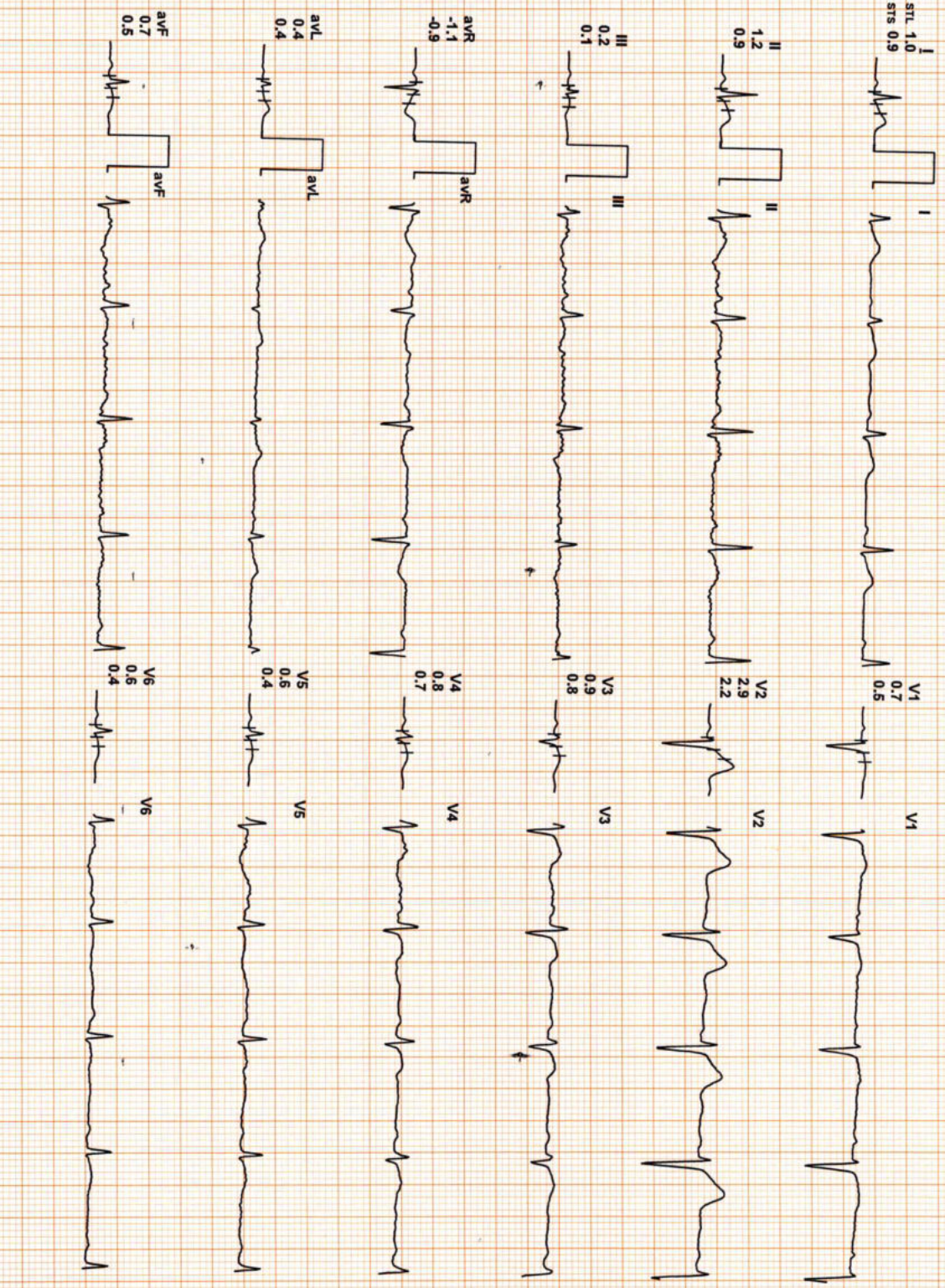
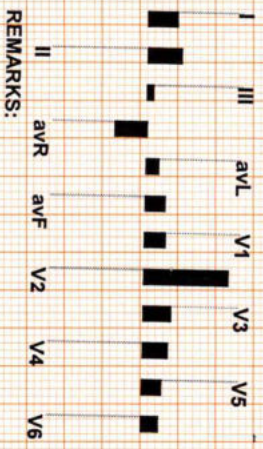
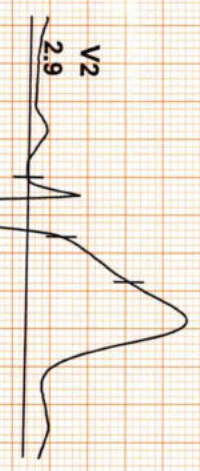


Date: 28 / 01 / 2023

METS: 1.0/ 76 bpm 40% of THR BP: 126/86 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)Allengers

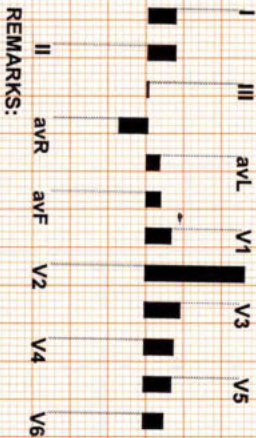


Date: 28 / 01 / 2023

METS: 1.0/ 74 bpm 39% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

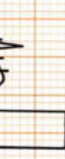
4X 80 mS Post J

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



REMARKS:

I
STL 0.9
STS 0.9



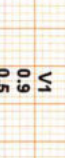
II



III



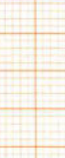
aVR



aVL



aVF



V1



V2



V3

V4

V5

V6

I
0.9
0.5



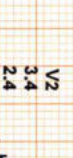
II



III



aVR



aVL



aVF



V1



V2



V3

V4

V5

V6

III
0.0
-0.2



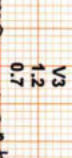
aVR



aVL



aVF



V1



V2



V3



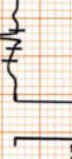
V4



V5

V6

aVR
-1.0
-0.7



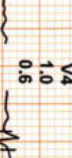
aVL



aVF



V1



V2



V3



V4

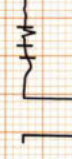


V5



V6

aVL
0.4
0.5



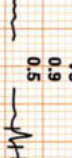
aVF



V1



V2



V3



V4



V5



V6



aVF
0.5
0.2



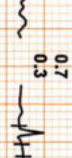
V1



V2



V3



V4



V5



V6



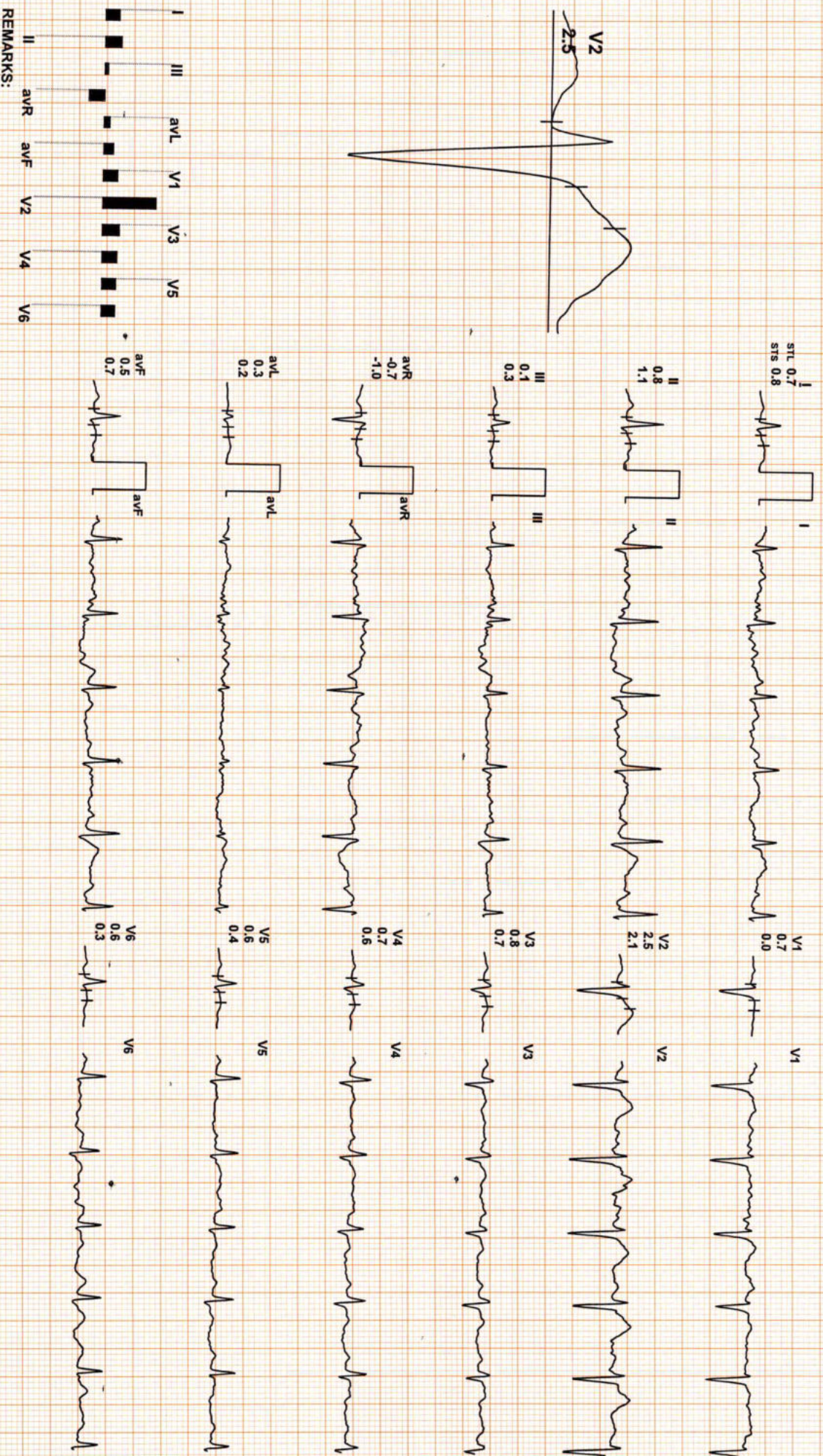
(ADX_GEM217220330)(R)Allengers

Date: 28 / 01 / 2023

METS: 1.0/ 98 bpm 52% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 70 ms Post J

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



REMARKS:

(ADX_GEM217220330)(R)Allengers



Date: 28 / 01 / 2023

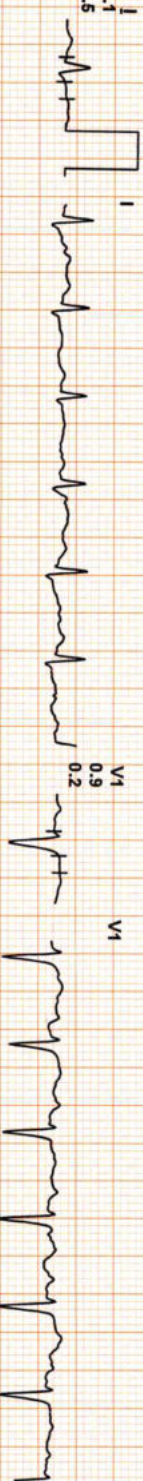
4X 80 ms Post J

METS: 4.71 124 bpm 66% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

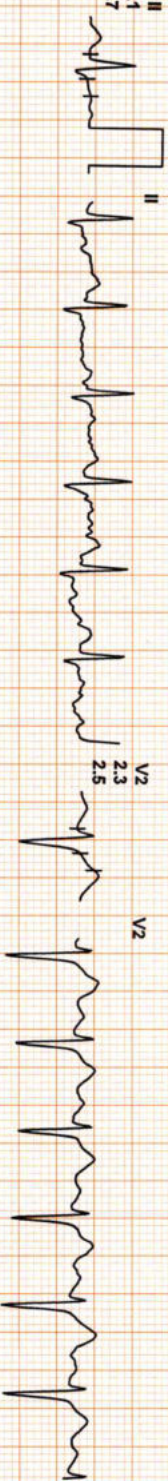
EXTime: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mV



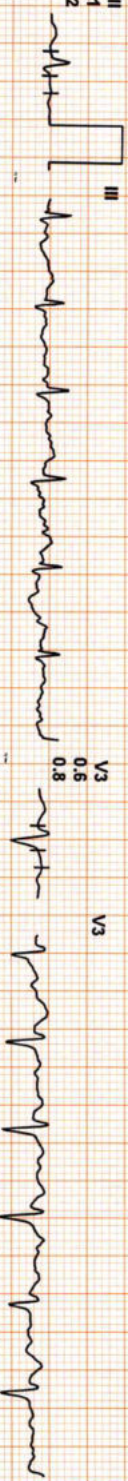
I
STL 0.1
STS 0.5



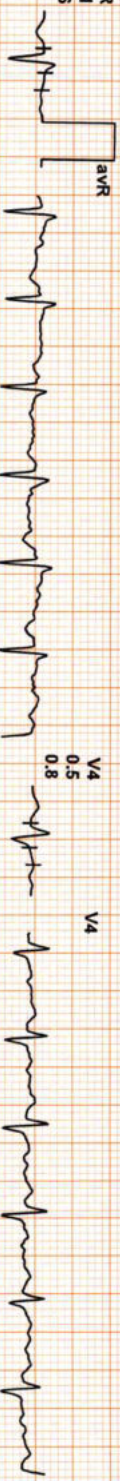
II
0.1
0.7



III
0.1
0.2



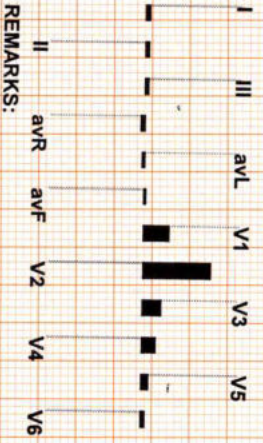
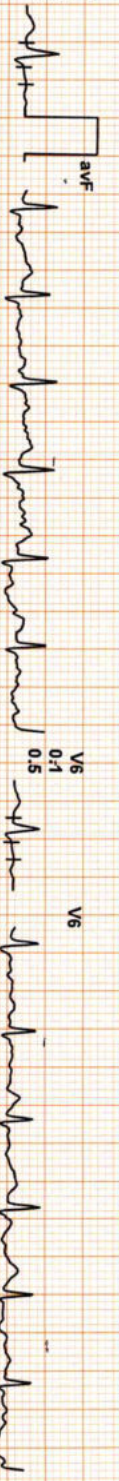
aVR
-0.1
-0.6



aVL
-0.1
0.0



aVF
0.1
0.5



REMARKS:

(ADX_GEM217220330)(R)Allengers

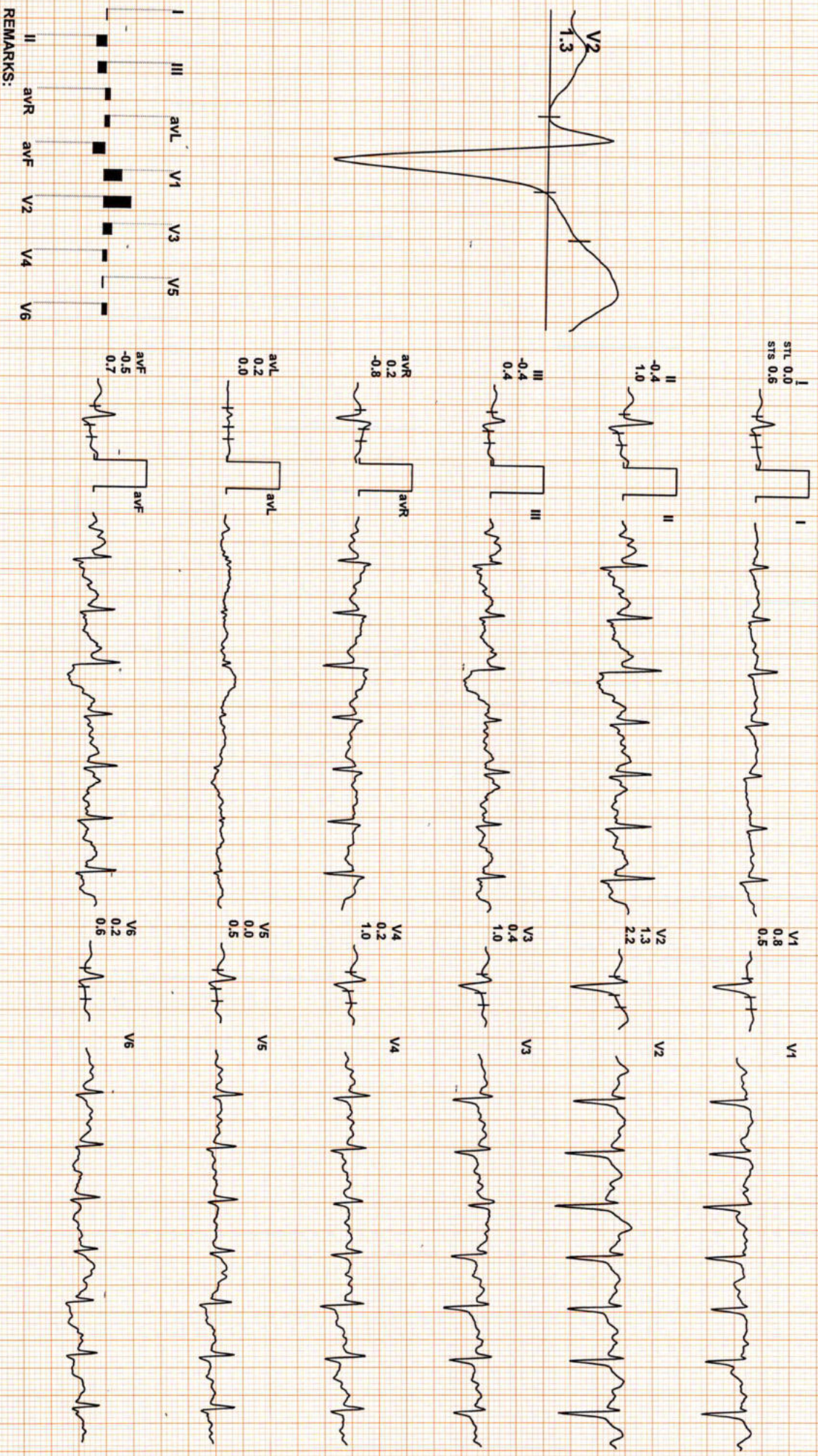


Date: 28 / 01 / 2023

METS: 7.1 / 149 bpm 79% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

4X 60 mS Post J

ExTime: 06:00 2.5 mph, 12.0%
25 mm/Sec. 1.0 cm/mV



REMARKS:

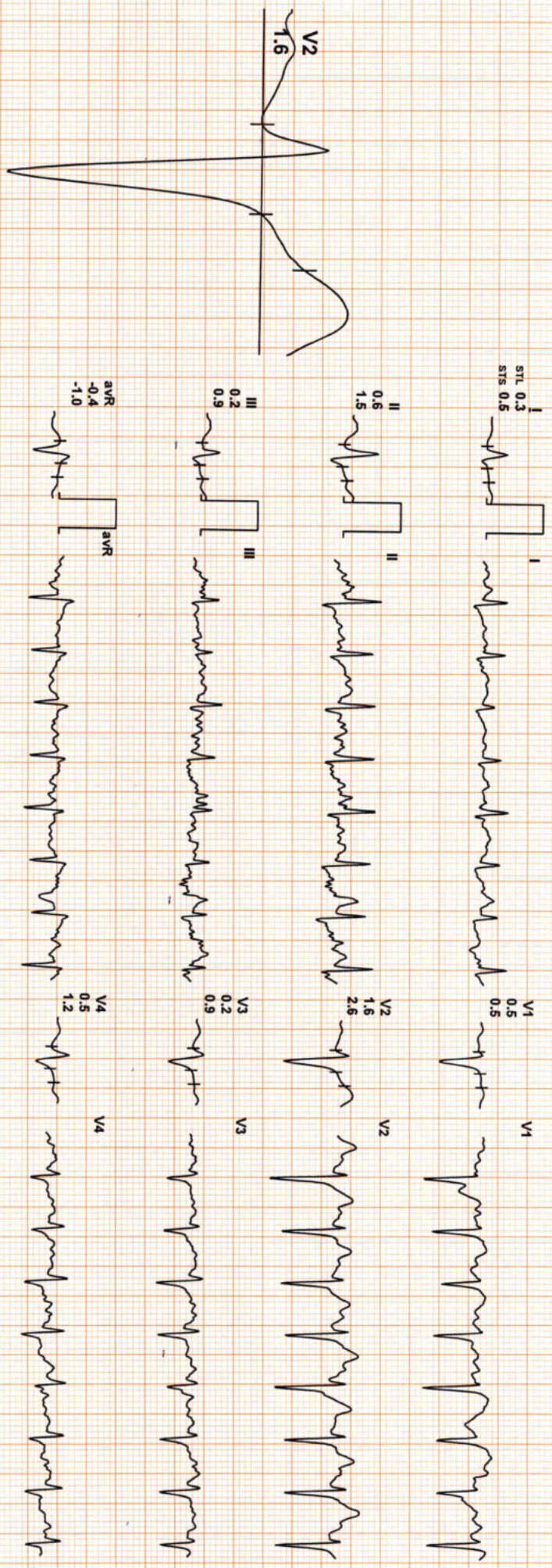
(ADX_GEM217220330)(R)Allengers



Date: 28/01/2023
4X 60 ms Post J

METS: 10.2/161 bpm 86% of THR BP: 150/90 mmHg Raw ECG/ BLC ON/ Notch ON/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:00 3.4 mph, 14.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

I III aVL aVF V1 V2 V3 V4 V5 V6

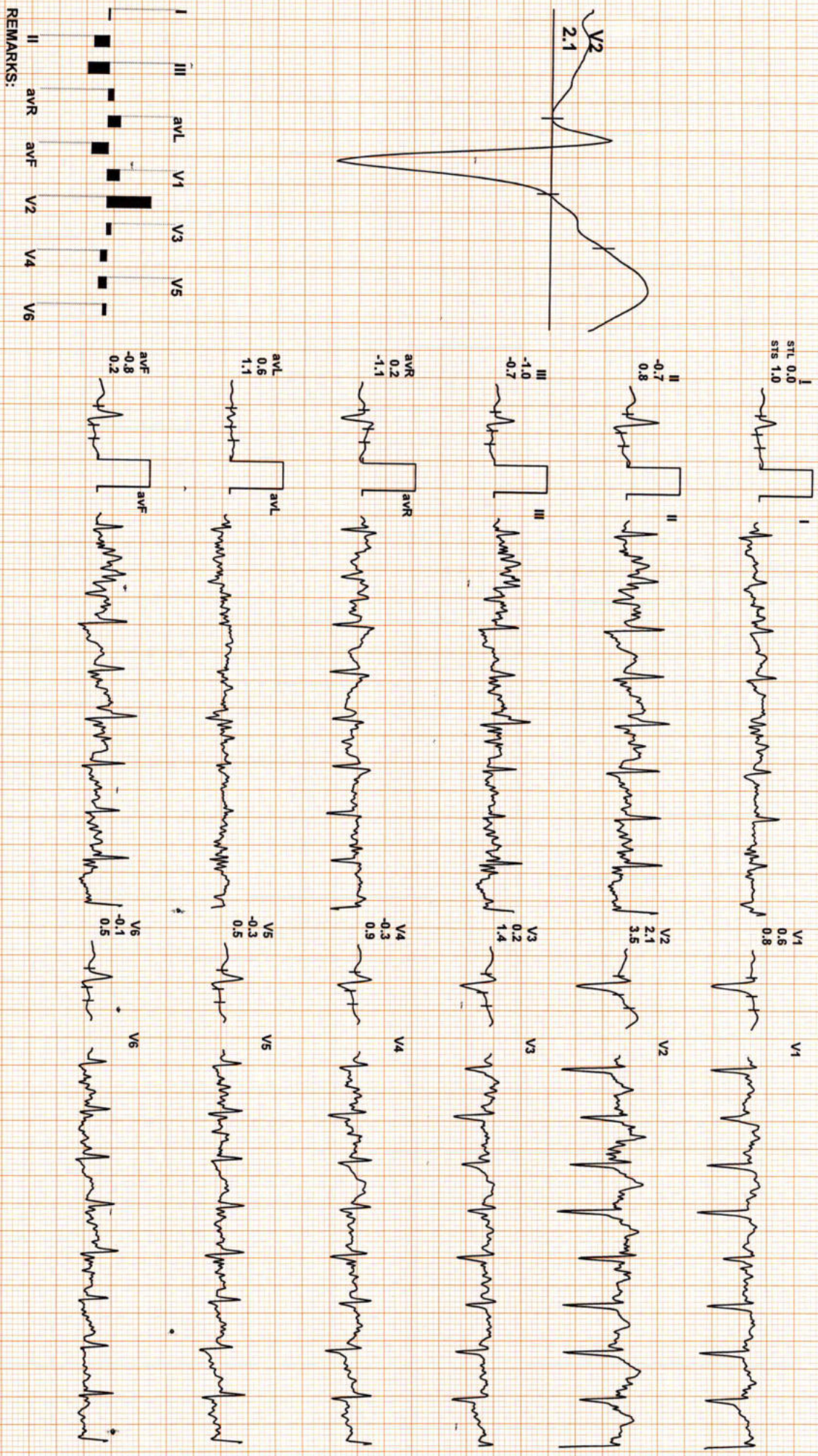
(ADX_GEM217220330)(R)Allergers

Date: 28 / 01 / 2023

METS: 11.1 / 164 bpm 87% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 09:48 4.2 mph, 16.0%
25 mm/Sec. 1.0 cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

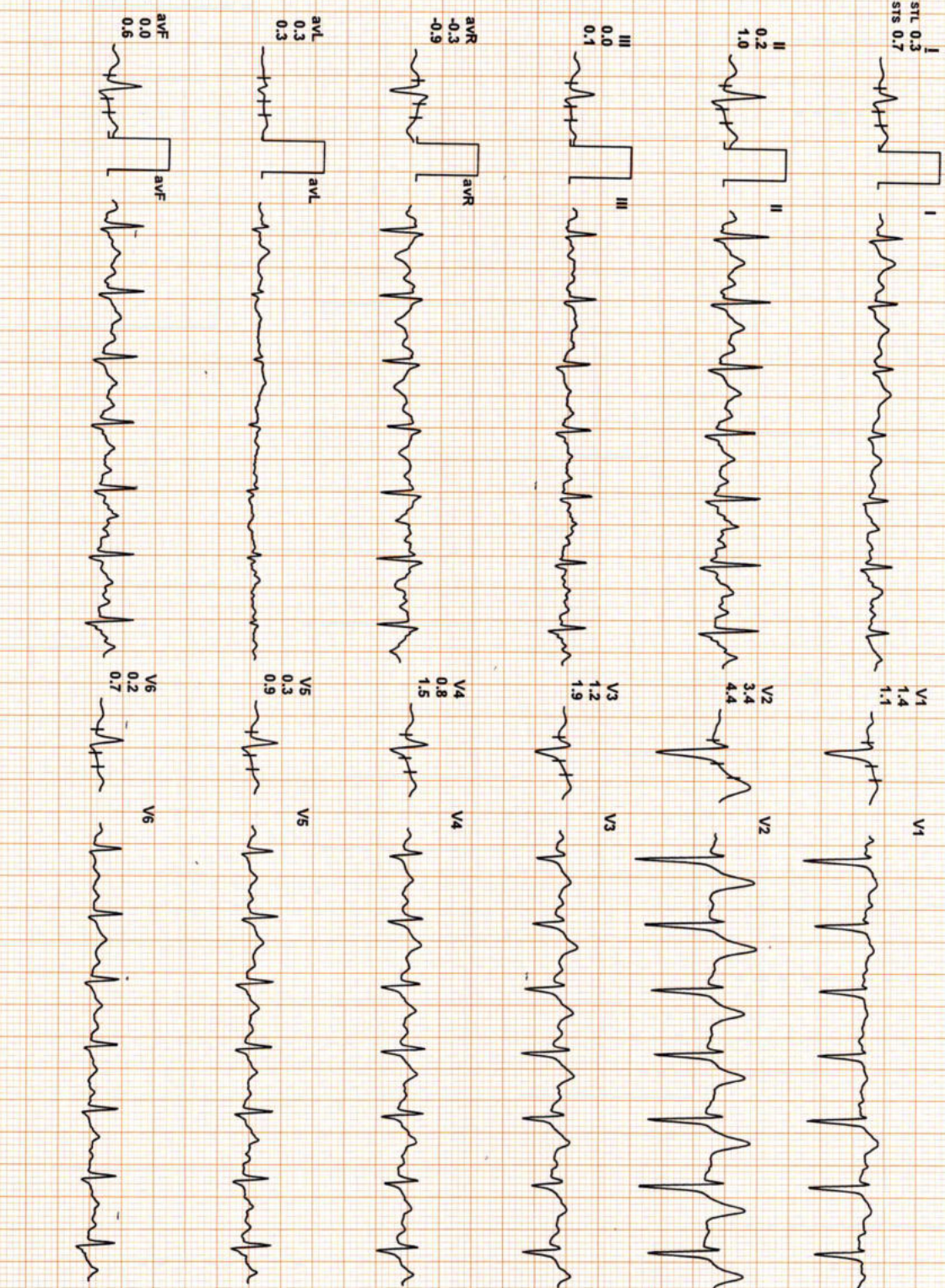
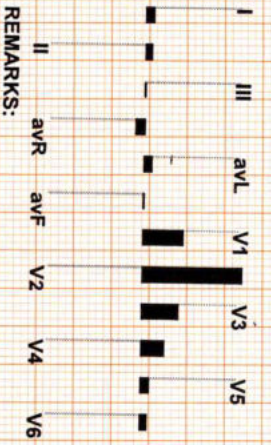
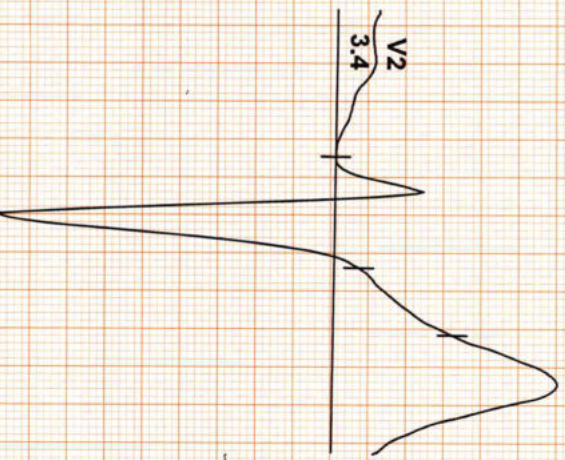


Date: 28 / 01 / 2023

4X 60 mS Post J

METS: 4.3/ 145 bpm 77% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 09:48 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allergers

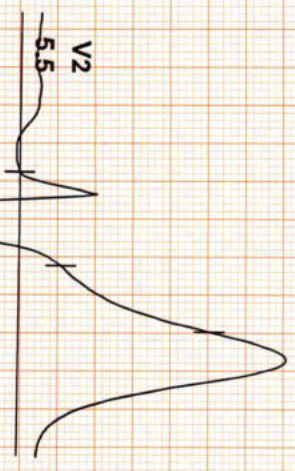


Date: 28 / 01 / 2023

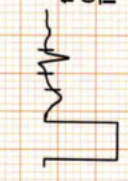
METS: 1.0/ 113 bpm 60% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:48 0.0 mph, 0.0%
25 mm/Sec. 1.0cm/mV

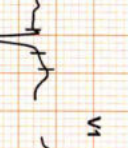
4X 70 ms Post J



I
STL 1.0
STS 1.4



V1
1.9
1.5



II
1.7
2.1



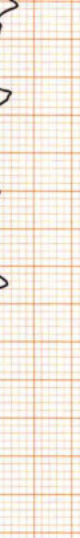
V2
5.5
5.8



III
0.7
0.8



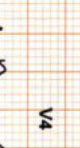
V3
2.2
2.3



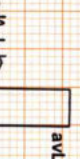
aVR
-1.4
-1.7



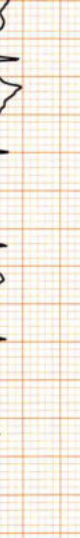
V4
4.7
1.9



aVL
0.1
0.3



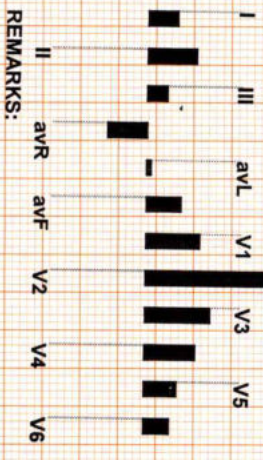
V5
1.1
1.3



aVF
1.2
1.4



V6
0.9
1.1



REMARKS:

(ADX_GEM217220330)(R)Allergens

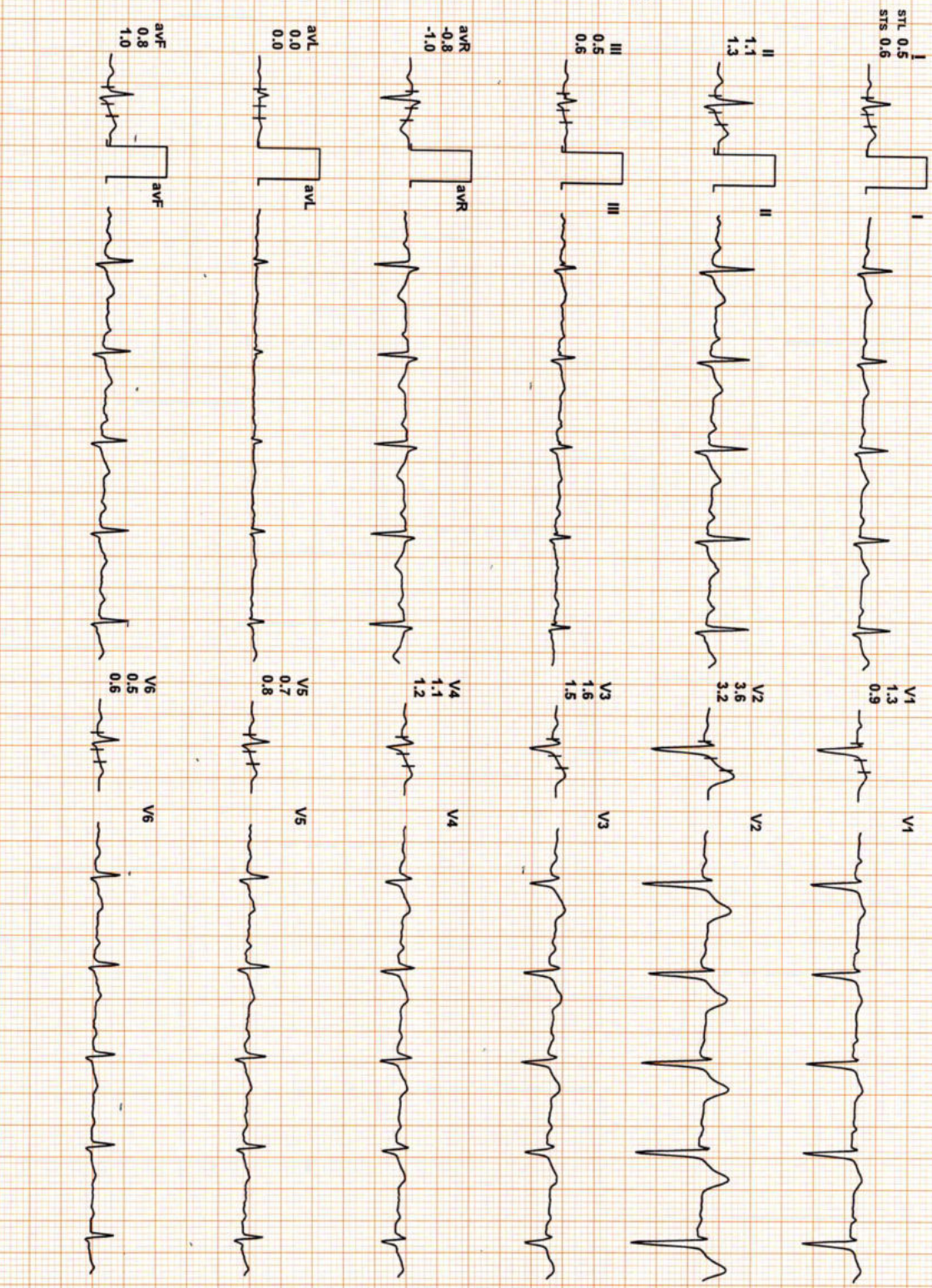
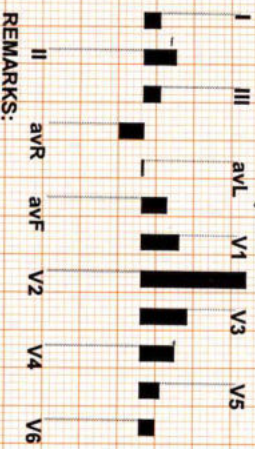


Date: 28 / 01 / 2023

4X 80 ms Post J

METS: 1.0/ 100 bpm 53% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Naich On/ HF 0.05 HZ/ LF 35 HZ

EXTime: 09:48 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

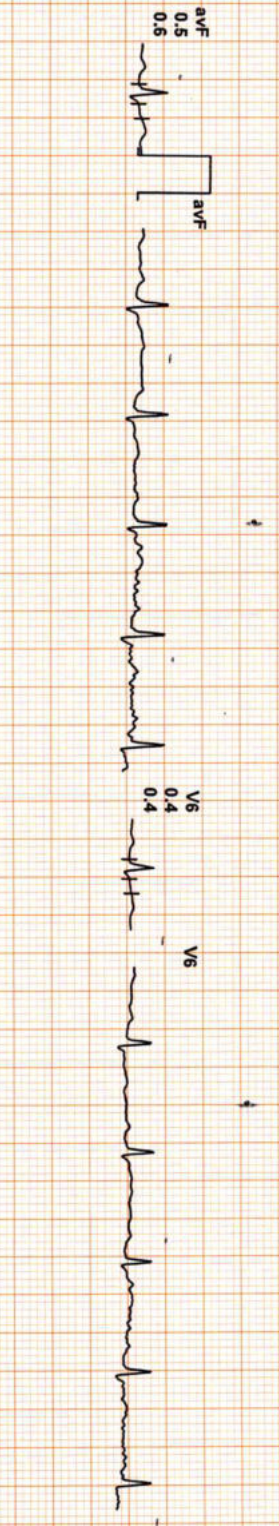
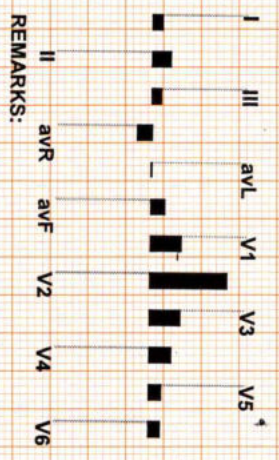
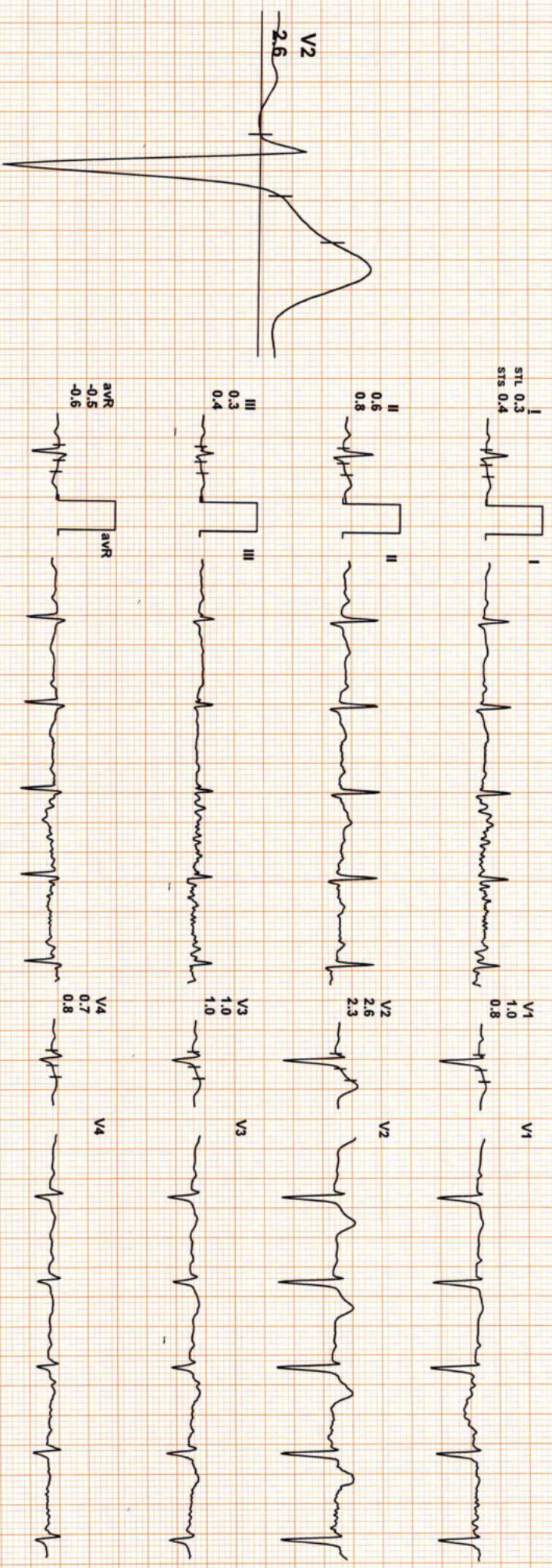
(ADX_GEM217220330)(R)Allergens



Date: 28 / 01 / 2023
4X 80 ms Post J

METS: 1.0/ 99 bpm 53% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:48 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
RHO

(ADX_GEM217220330)(R)Allergers

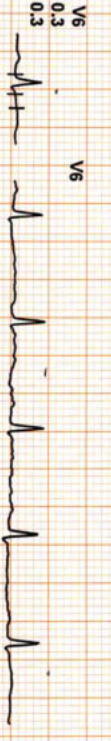
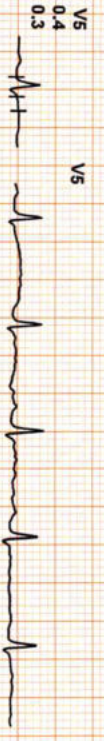
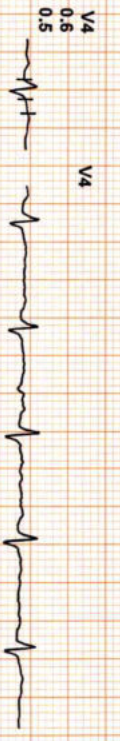
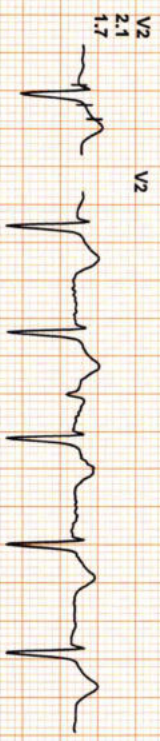
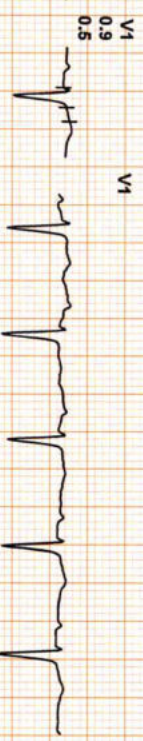
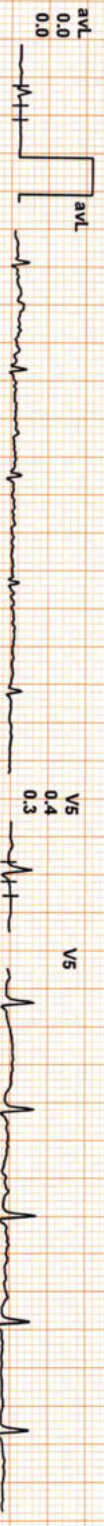
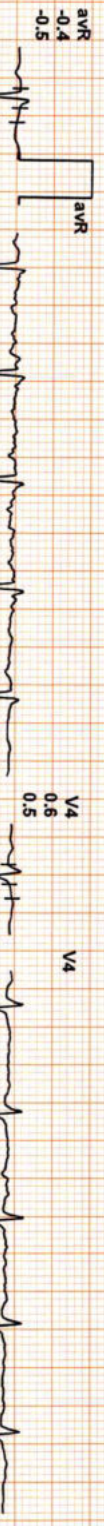
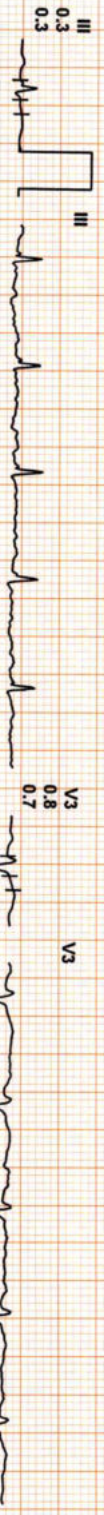
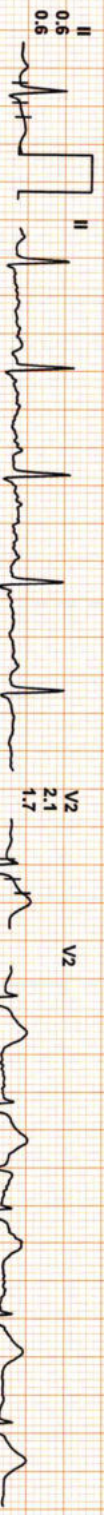
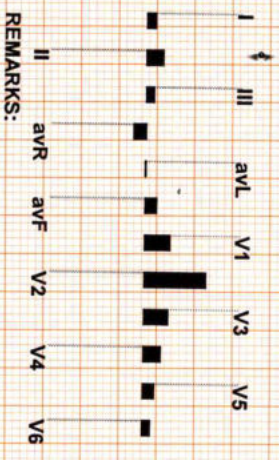
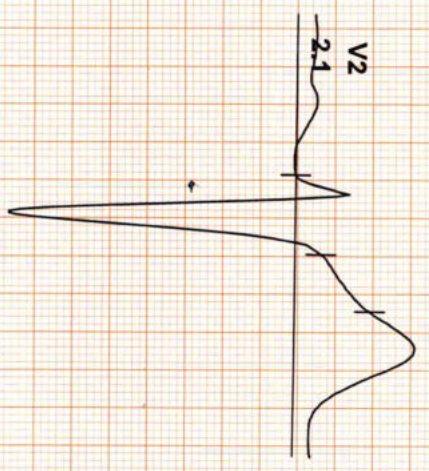


Date: 28 / 01 / 2023

4X 80 ms Post J

METS: 1.0/ 99 bpm 53% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:48 0.0 mph, 0.0% 25 mm/Sec. 1.0 cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

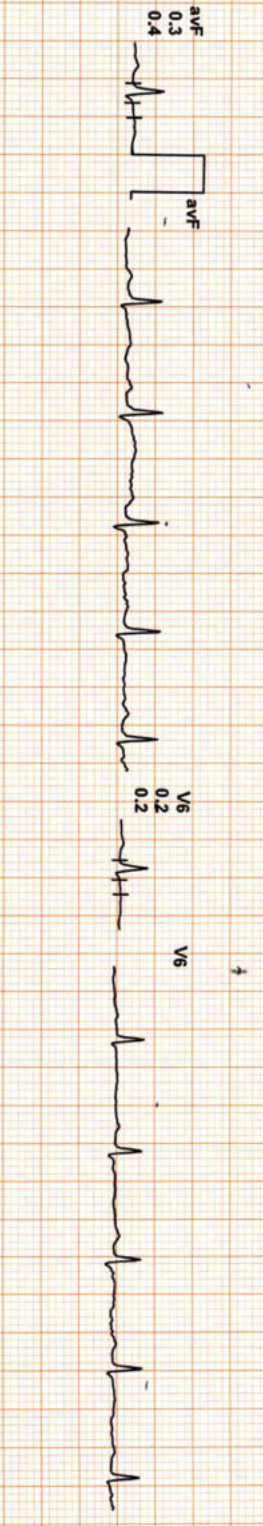
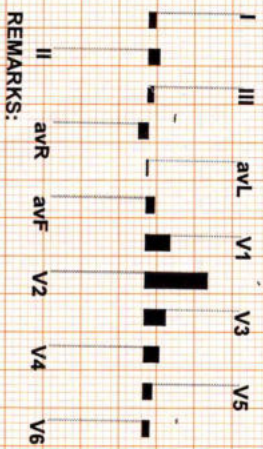
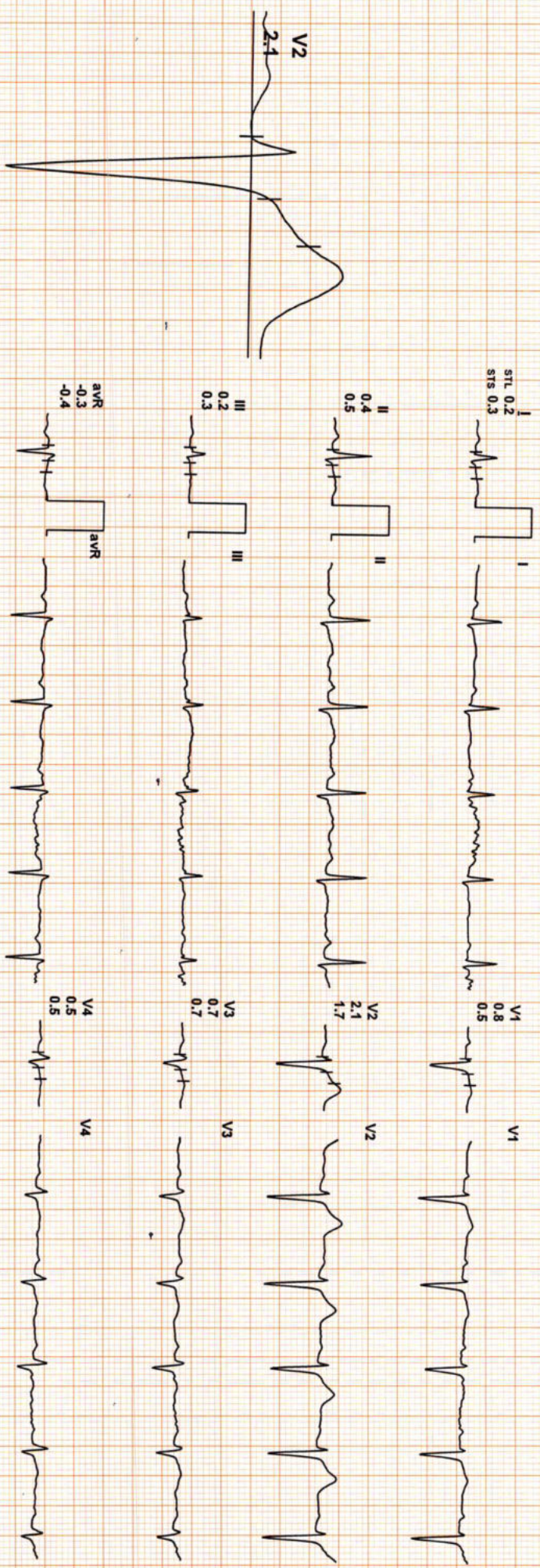


Date: 28 / 01 / 2023

4X 80 ms Post J

METS: 1.0/ 99 bpm 53% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 HZ/LF 35 Hz

ExTime: 09:48 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

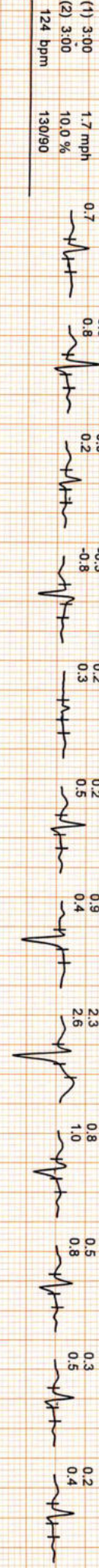
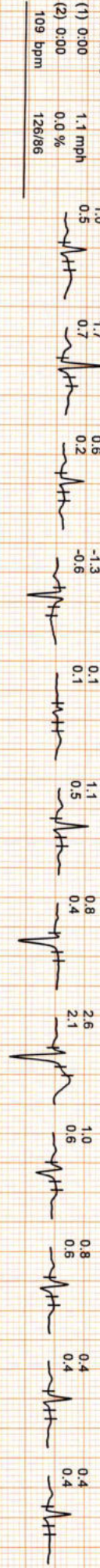
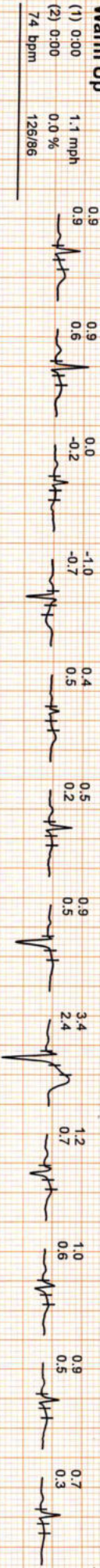
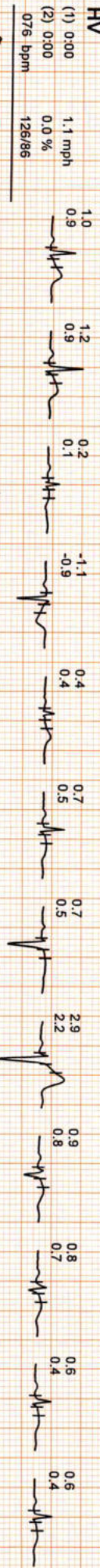
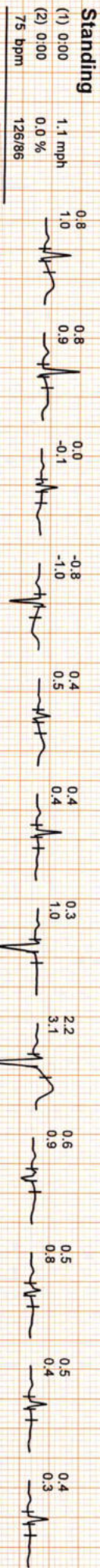
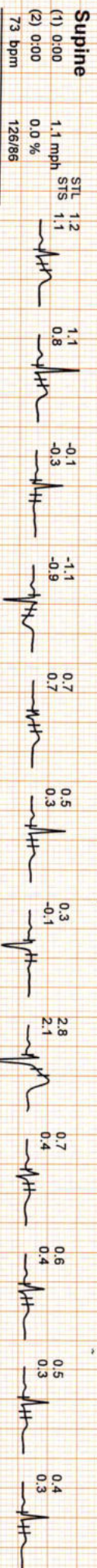


REMARKS:

(ADX_GEM217220330)(R)Allergers



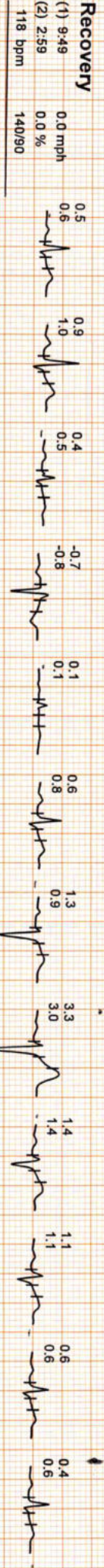
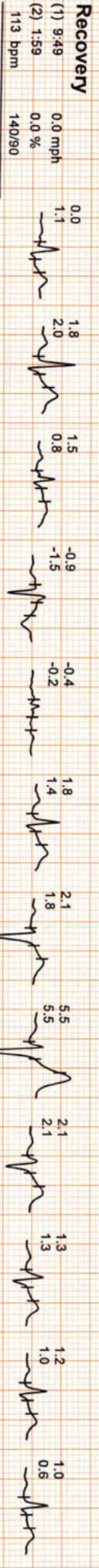
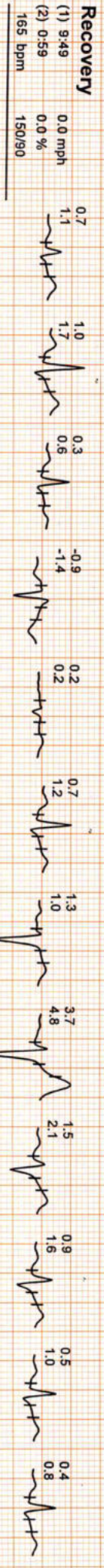
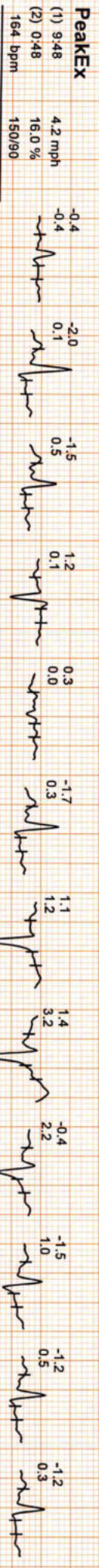
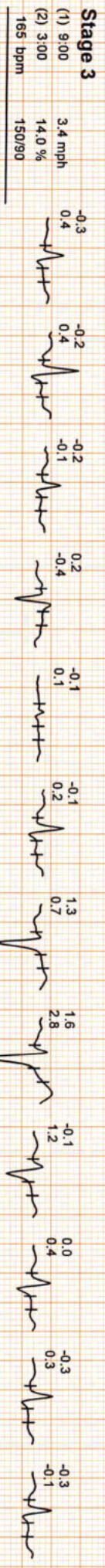
Date: 28/01/2023



(ADX_GEM217220330)(R)Allengers



Date: 28/01/2023



(ADX_GEM217220330)(R)Allengers

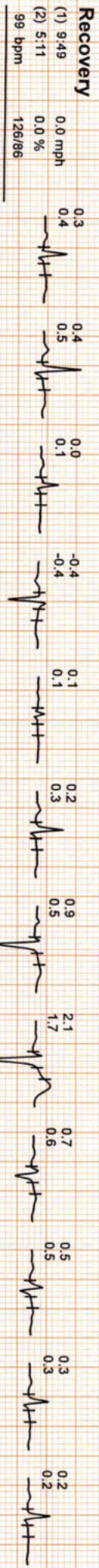
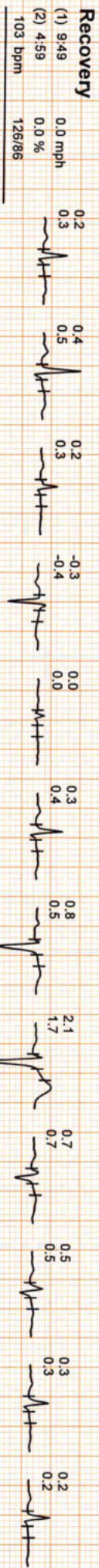
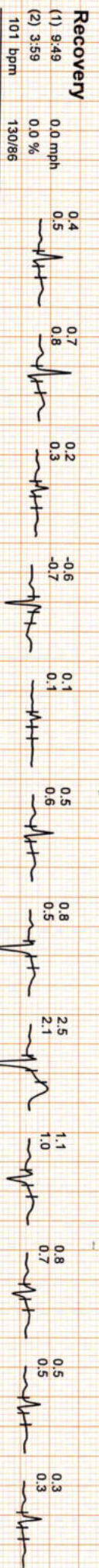
DR. GOYALS PATH LAB & IMAGING CENTER

MR MEGH RAJ BAIRWA / 32 Yrs / M / 0 Cms / 0 Kg / HR : 0

Average

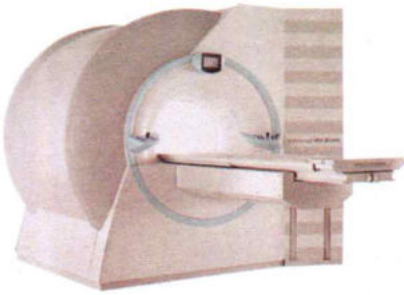


Date: 28 / 01 / 2023



(ADX_GEM217220330)(R)Allengers

RHHO



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Date :- 28/01/2023 10:11:52

NAME :- Mr. MEGH RAJ BAIRWA

Sex / Age :- Male 32 Yrs 8 Mon

Company :- MediWheel

Patient ID :- 122229227

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 28/01/2023 13:48:47

BOB PACKAGE BELOW 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
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

Normal study

Needs clinical correlation for further evaluation

*** End of Report ***

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Date :- 28/01/2023 10:11:52
NAME :- Mr. MEGH RAJ BAIRWA
Sex / Age :- Male 32 Yrs 8 Mon
Company :- MediWheel

Patient ID :-122229227
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 28/01/2023 10:36:02

Final Authentication : 28/01/2023 11:35:26

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.3	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.07	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	53.5	%	40.0 - 80.0
LYMPHOCYTE	40.2 H	%	20.0 - 40.0
EOSINOPHIL	2.3	%	1.0 - 6.0
MONOCYTE	3.8	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	2.72	10 ³ /uL	1.50 - 7.00
LYMPH#	2.04	10 ³ /uL	1.00 - 3.70
EO#	0.11	10 ³ /uL	0.00 - 0.40
MONO#	0.19	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.45 L	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	40.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	91.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	32.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.5	g/dL	31.5 - 34.5
PLATELET COUNT	155	x10 ³ /uL	150 - 410
RDW-CV	13.5	%	11.6 - 14.0
MENTZER INDEX	20.45		

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.

AJAYSINGH
Technologist

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Sex / Age :- Male 32 Yrs 8 Mon Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 28/01/2023 10:36:02

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	14 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" >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 MCH, MCV, MCHC, MENTZER INDEX are calculated. **Instrument Name**: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Date :- 28/01/2023 10:11:52 Patient ID:-122229227
NAME :- Mr. MEGH RAJ BAIRWA Ref. By Dr:- BOB
Sex / Age :- Male 32 Yrs 8 Mon Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, FC, BILE, TRP, D₂O, H₂O
Sample Collected Time :- 28/01/2023 10:36:02

Final Authentication : 28/01/2023 15:52:10

HAEMATOLOGY

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

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

FASTING BLOOD SUGAR (Plasma) 97.5 mg/dl 75.0 - 115.0
Method:- GOD PAP

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma) 110.3 mg/dl 70.0 - 140.0
Method:- GOD PAP

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

URINE SUGAR (FASTING) Nil Nil
Collected Sample Received

AJAYSINGH, MUKESH SINGH, SURENDRAKHANGA, VIJENDRAMEENA
Technologist

Page No: 3 of 11



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

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NAME :- Mr. MEGH RAJ BAIRWA
Sex / Age :- Male 32 Yrs 8 Mon
Company :- MediWheel

Patient ID :-122229227
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 28/01/2023 10:36:02

Final Authentication : 28/01/2023 15:52:10

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
MUCUS			
BLOOD			
MICROSCOPIC EXAMINATION			
RBC's		/HPF	
WBC/HPF		/HPF	
OVA			
CYSTS			
OTHERS			
Collected Sample Received			

VIJENDRAMEENA
Technologist

Page No: 4 of 11



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Date :- 28/01/2023 10:11:52 Patient ID :-122229227
NAME :- Mr. MEGH RAJ BAIRWA Ref. By Dr:- BOB
 Sex / Age :- Male 32 Yrs 8 Mon Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2023 10:36:02

Final Authentication : 28/01/2023 11:45:35

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	214.58 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	149.83	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.12	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	152.49 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	29.97	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.78 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.11 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	654.37	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p>TRIGLYCERIDES InstrumentName:Radox 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:Radox 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:Radox 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>			

SURENDRAKHANGA

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2023 10:36:02

Final Authentication : 28/01/2023 11:45:35

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.88	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.30	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.58	mg/dl	0.30-0.70
SGOT Method:- IFCC	43.6 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	79.8 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	77.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	38.00	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.22	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.59	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.63	gm/dl	2.20 - 3.50
A/G RATIO	1.75		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 primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

SURENDRAKHANGA

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Page No: 6 of 11



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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2023 10:36:02

Final Authentication : 28/01/2023 11:45:35

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	1.05	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.06	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

SURENDRAKHANGA

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Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2023 10:36:02

Final Authentication : 28/01/2023 11:45:35

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.6	mg/dl	0.0 - 23.0

SURENDRAXHANGA

Page No: 8 of 11



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Path Lab & Imaging Centre

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Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 28/01/2023 10:11:52 Patient ID :-122229227
NAME :- Mr. MEGH RAJ BAIRWA Ref. By Dr:- BOB
Sex / Age :- Male 32 Yrs 8 Mon Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 28/01/2023 10:36:02

Final Authentication : 28/01/2023 11:35:26

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.3

%

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose 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

105

mg/dL

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

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

Dr. Goyal's

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Sample Type :- URINE Sample Collected Time 28/01/2023 10:36:02 Final Authentication : 28/01/2023 15:52:10

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) Method:- Reagent Strip(Double indicator blue reaction)	6.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.020		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/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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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2023 10:36:02

Final Authentication : 28/01/2023 13:30:59

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.146	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	6.871	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.590	μIU/mL	0.550 - 4.780

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

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

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

INTERPRETATION

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

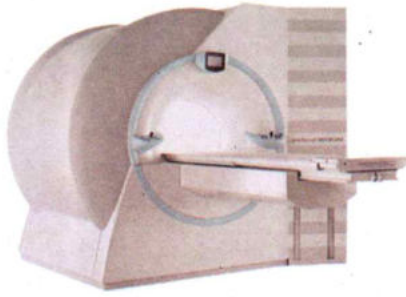
*** End of Report ***

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Final Authentication : 28/01/2023 12:03:25

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***



DR ABHISHEK JAIN
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RMC NO. 21687

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

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Transcript by.