

# 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: 23/12/2022

Name: AASHISH BHATT Age: 29 Sex: MALE

DOB: 23/01/1993

Referred By: BOB. (Mediwheel)

Photo ID: Emp. ID ID #: attached

Ht: 170 (cm)

Wt: 84 (Kg)

Chest (Expiration): 102 (cm)

Abdomen Circumference: 101 (cm)

Blood Pressure: 122/80 mm Hg

PR: 85 / min

RR: 16 / min

Temp: Afebrile

BMI 29.1

Eye Examination: Dfision vision B/2 eyes. 6/6. with spec.  
Near vision N/6, Partially colour blindness.

Other: not significant.

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

Signature Of Examiner: [Signature] Name of Examinee: \_\_\_\_\_

Signature Medical Examiner: [Signature] Name Medical Examiner: \_\_\_\_\_

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









Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	FVC	Comments
Supine	00:08	0:08	01.1	00.0	01.0	072	38%	120/80	086	00	
Standing	01:24	1:16	01.1	00.0	01.0	075	39%	120/80	090	00	
HV	02:16	0:52	01.1	00.0	01.0	073	38%	120/80	087	00	
Warm Up	02:39	0:23	01.1	00.0	01.0	075	39%	120/80	090	00	
ExStart	04:39	2:00	01.0	00.0	01.0	111	58%	120/80	133	00	
BRUCE Stage 1	07:39	3:00	01.7	10.0	04.7	117	61%	125/85	146	00	
BRUCE Stage 2	10:39	3:00	02.5	12.0	07.1	148	77%	135/85	199	00	
PeakEx	12:38	1:59	03.4	14.0	09.2	167	87%	140/90	233	00	
Recovery	13:38	1:00	00.0	00.0	01.2	134	70%	140/90	187	00	
Recovery	14:38	2:00	00.0	00.0	01.0	105	55%	135/85	141	00	
Recovery	16:38	4:00	00.0	00.0	01.0	100	52%	120/80	120	00	
Recovery	17:11	4:33	00.0	00.0	01.0	105	55%	120/80	125	00	

**FINDINGS :**

Exercise Time : 07:59  
 Max HR Attained : 167 bpm 87% of Target 191  
 Max BP Attained : 140/90 (mm/Hg)  
 Max WorkLoad Attained : 9.2 Good response to induced stress

Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

*Test is negative for RMI*

Dr. Naresh Kumar Motilanka  
 (RMC No. 35703)  
 MBBS, DIP, CARDIO (ESCORTS)  
 D.E.M (RCGP-UK)



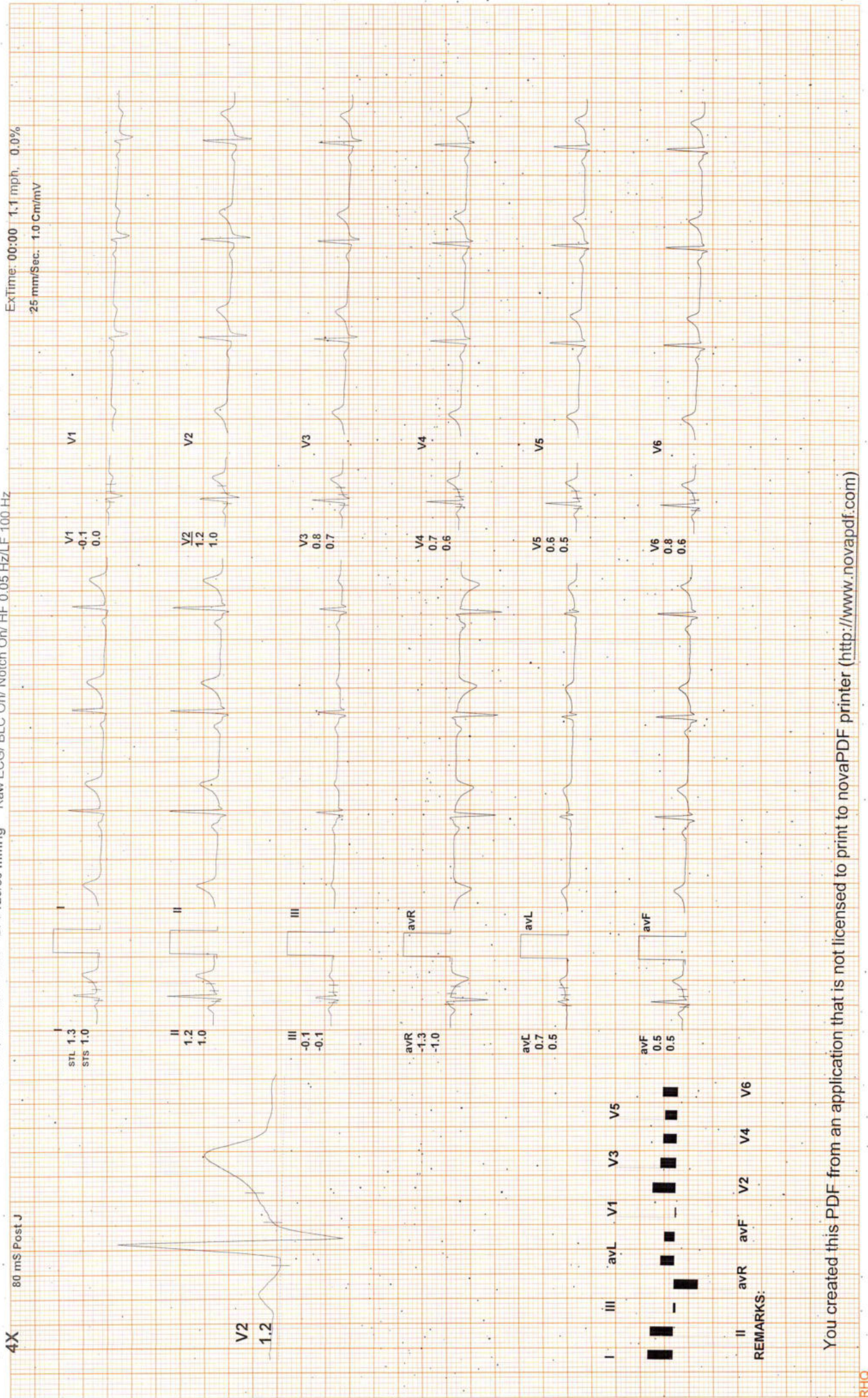


Date: 23 / 12 / 2022

METS: 1.0 / 72 bpm 38% of THR BP: 120/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

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



REMARKS:

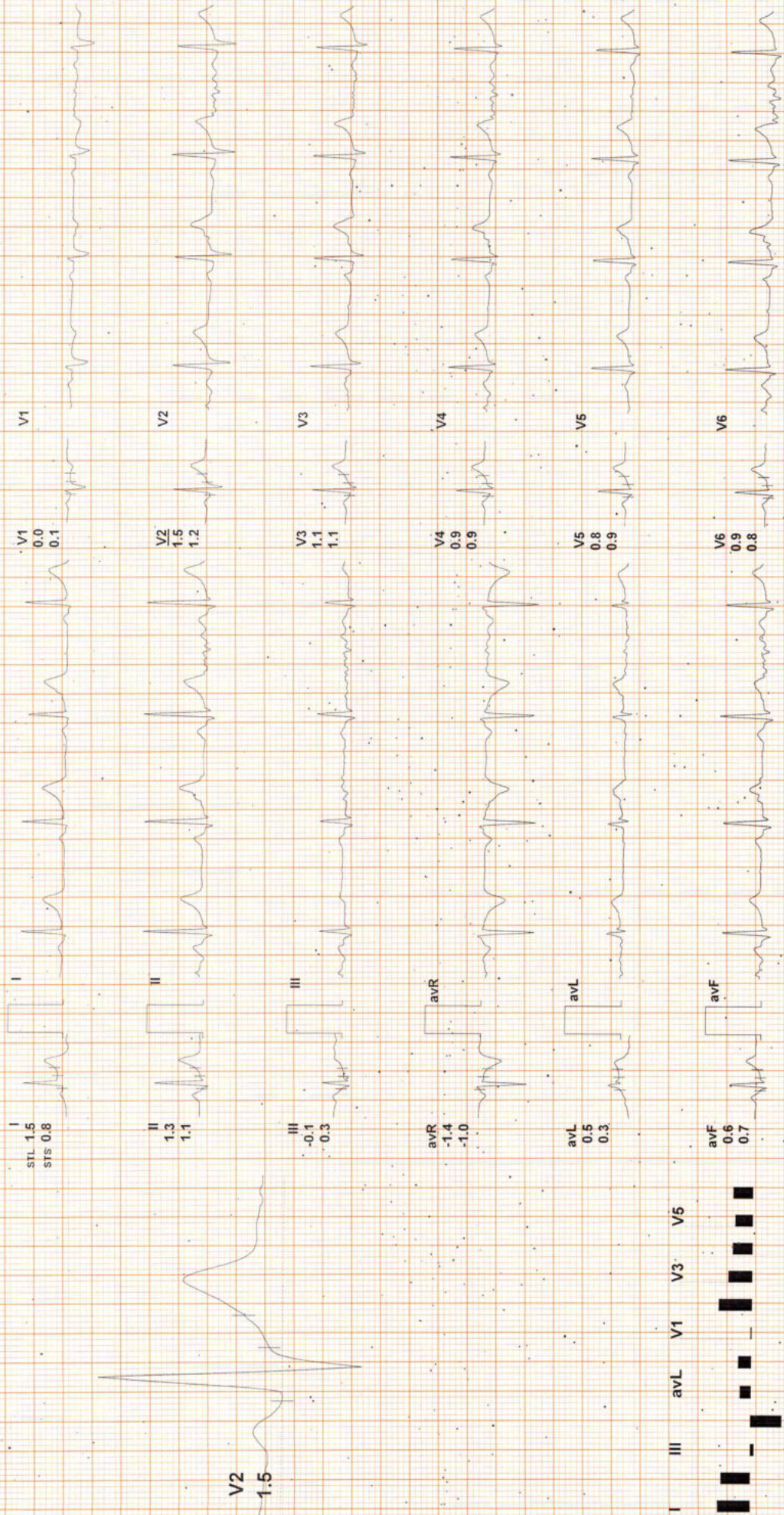


Date: 23 / 12 / 2022

METS: 1.0 / 75 bpm 39% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post-J



REMARKS:



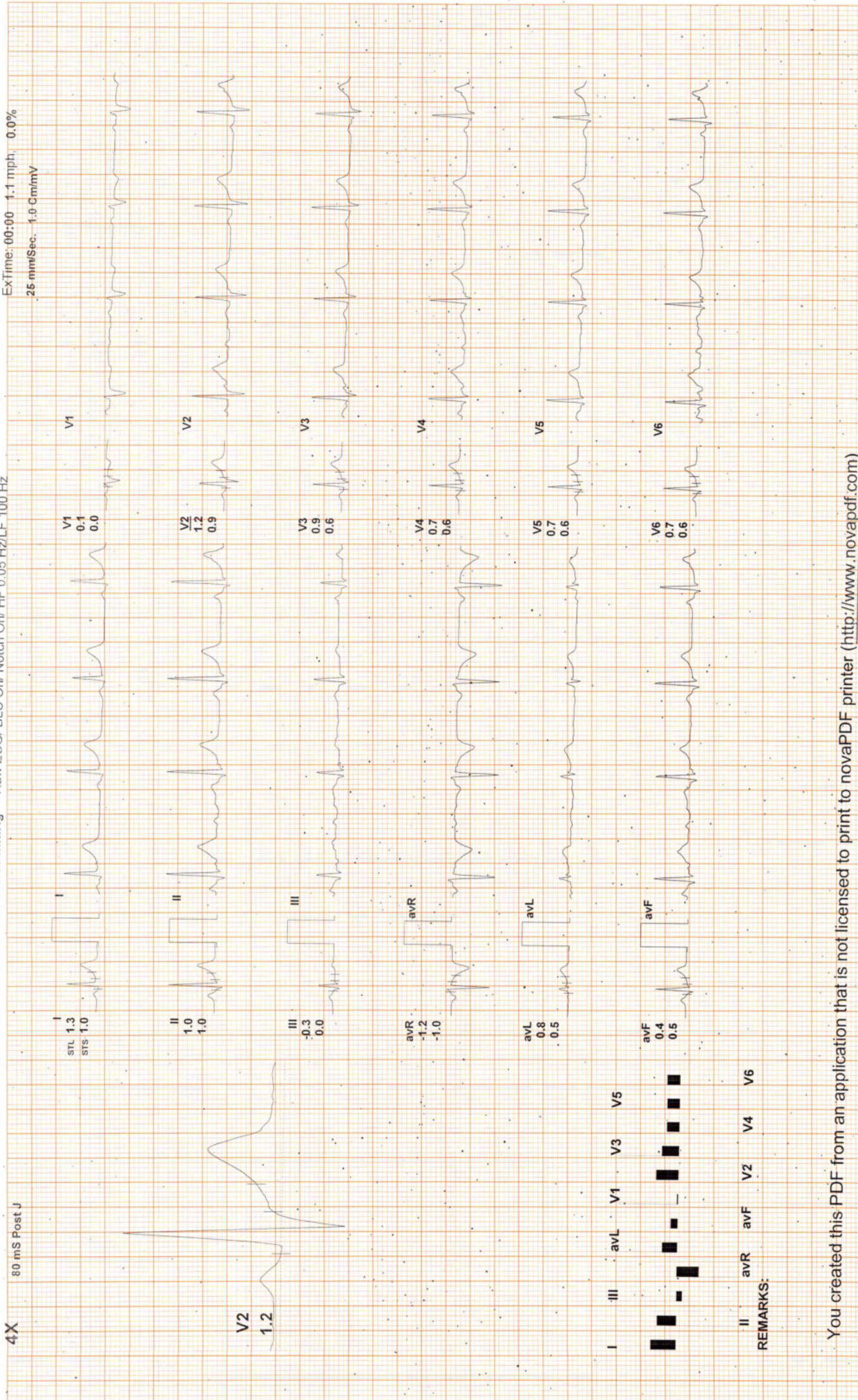


Date: 23 / 12 / 2022

METS: 1.0 / 73 bpm 38% of THR BP: 120/80 mmHg

Raw ECG/BLC On/ HF 0.05 Hz/LF 100 Hz

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



REMARKS:



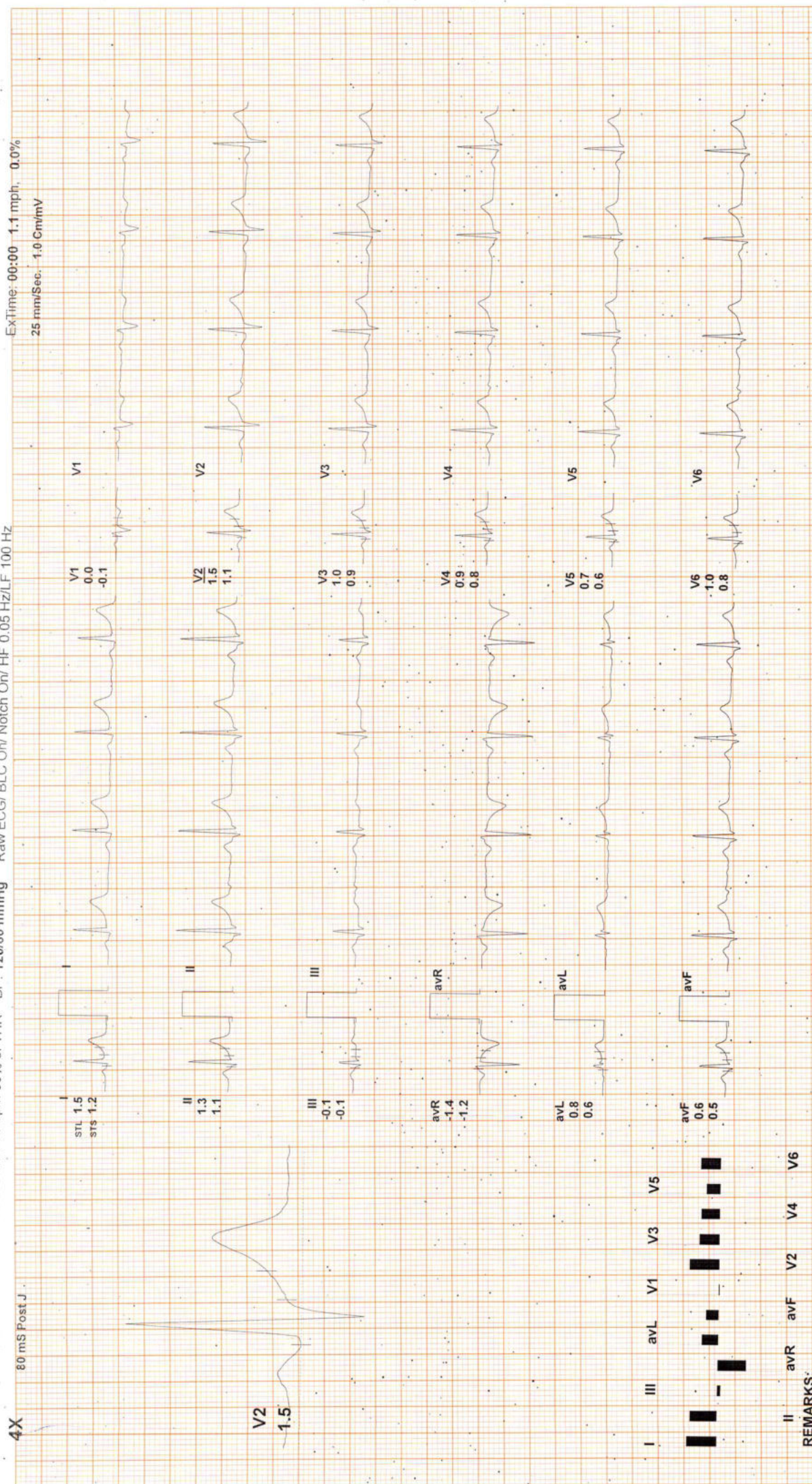


Date: 23/12/2022

METS: 1.0/ 75 bpm 39% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

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

4X 80 mS Post J.



REMARKS:  
I III avL V1 V3 V5  
II avR avF V2 V4 V6



Date: 23 / 12 / 2022 METS: 1.0/ 111 bpm 58% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 100 Hz  
4X 80 mS Post J

I  
STL 1.6  
STS 1.6

V1  
-0.3  
-0.5

II  
1.0  
1.5

V2  
0.9  
0.5

III  
-0.5  
0.1

V3  
0.5  
0.5

avR  
-1.3  
-1.5

V4  
0.7  
0.5

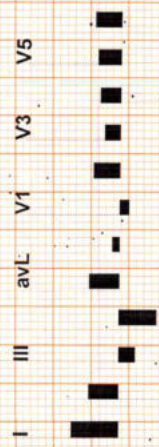
avL  
1.0  
0.8

V5  
0.8  
0.6

avF  
0.2  
0.8

V6  
0.9  
1.0

V2  
0.9



REMARKS:  
II avR avF V2 V4 V6

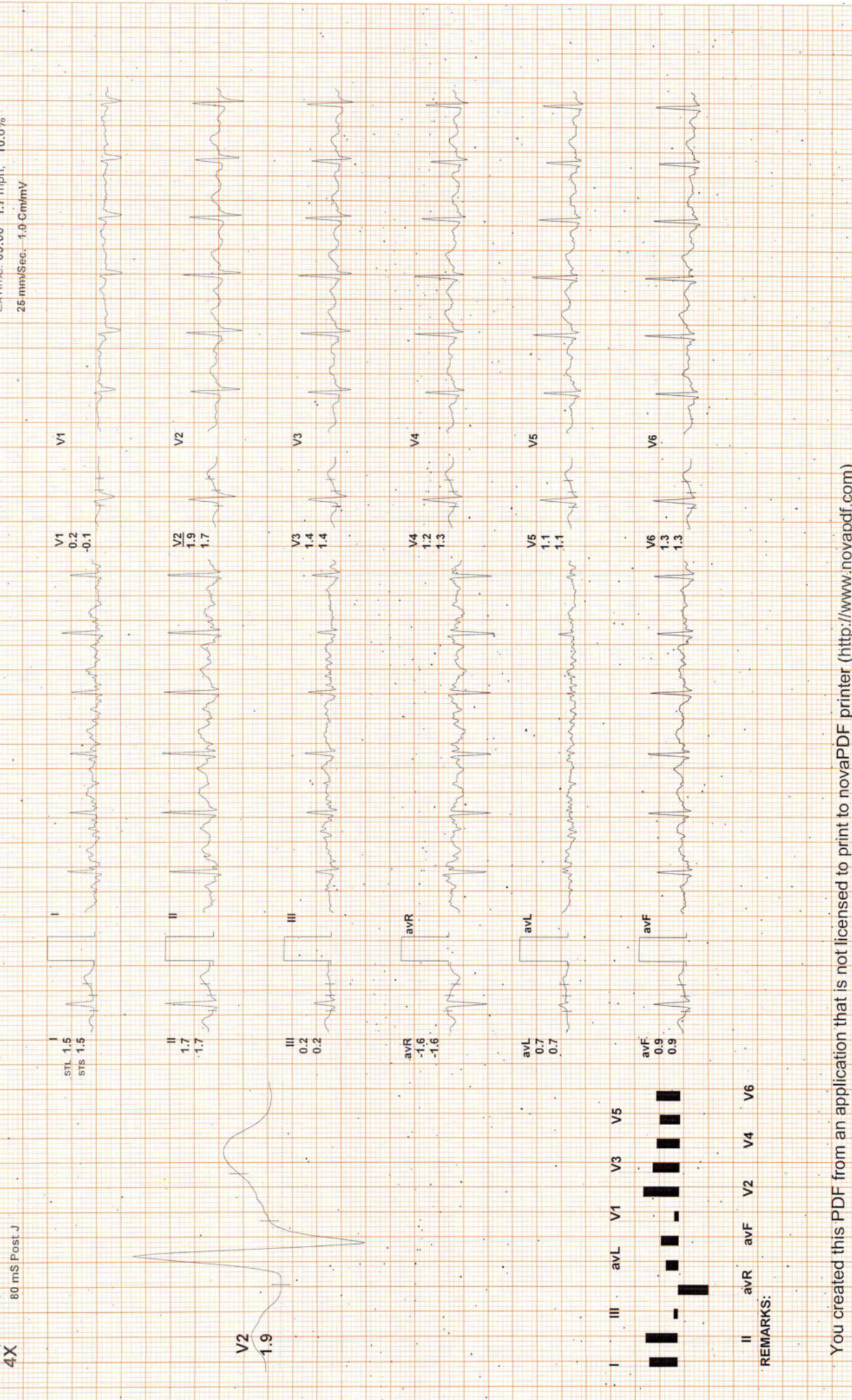


Date: 23 / 12 / 2022

METS: 4.7 / 117 bpm 61% of THR

BP: 125/85 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz  
ExtTime: 03:00 1.7 mph, 10.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

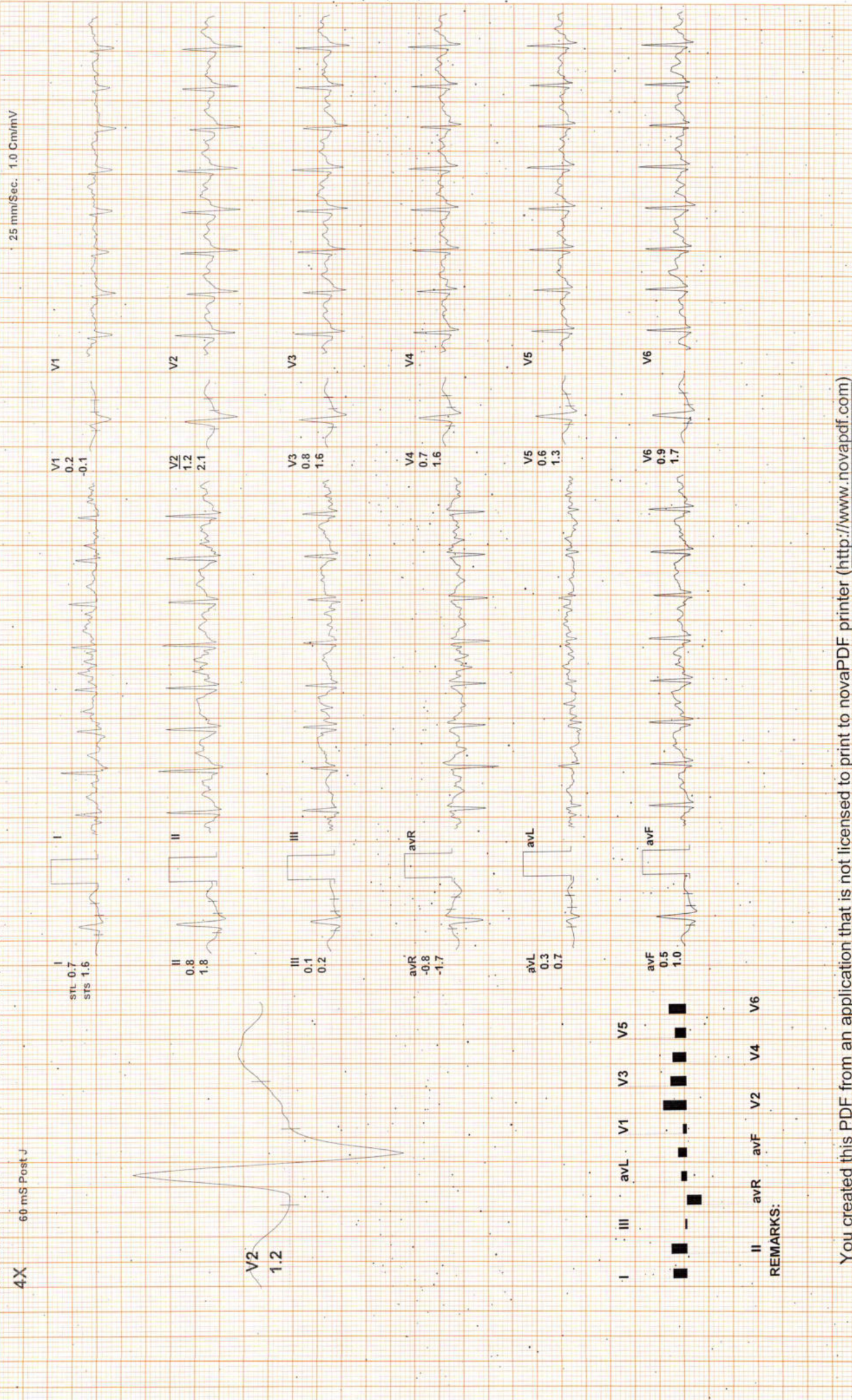






2283 / MR AASHISH BHATT / 29 Yrs / M / 0 Cms / 0 Kg / HR : 167

Date: 23 / 12 / 2022 METS: 9.2 / 167 bpm 87% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz





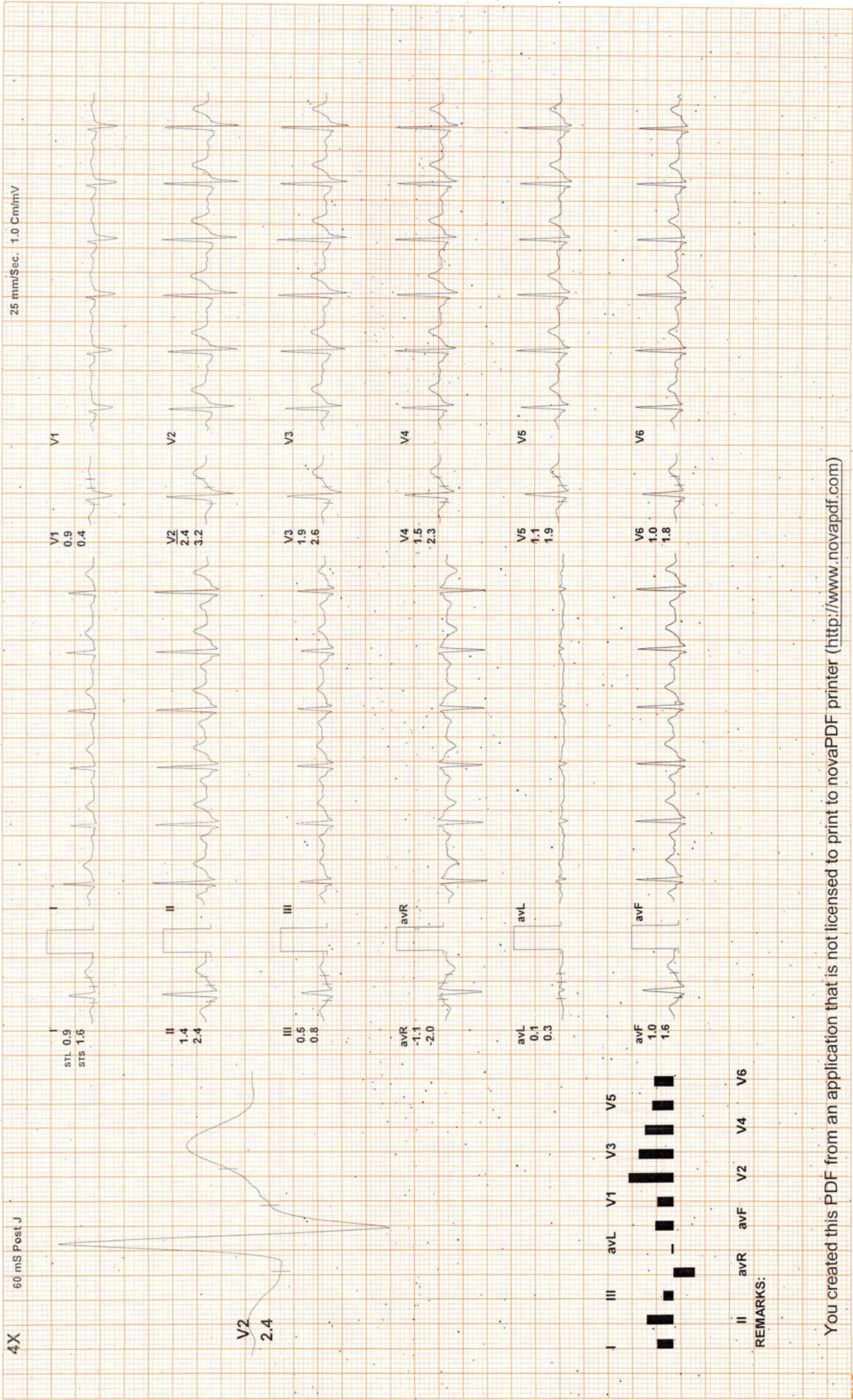


Date: 23 / 12 / 2022

METS: 1.2 / 134 bpm: 70% of THR

BP: 140/90 mmHg Raw ECG/BLC On/ Notch. On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:59 0.0 mph, 0.0%



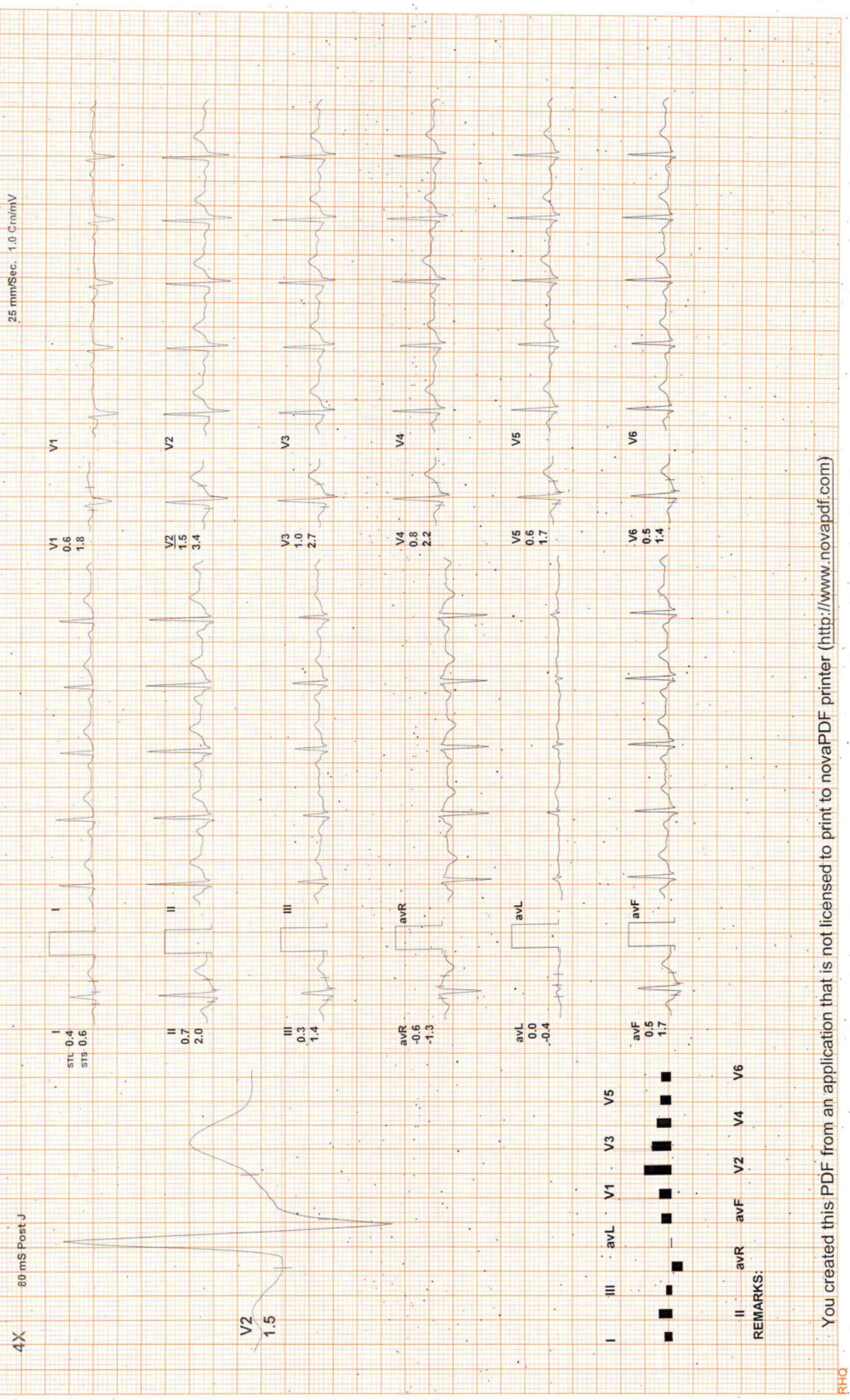




ExTime: 07:59 0.0 mph, 0.0%

METS: 1.0/ 105 bpm 55% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

Date: 23 / 12 / 2022



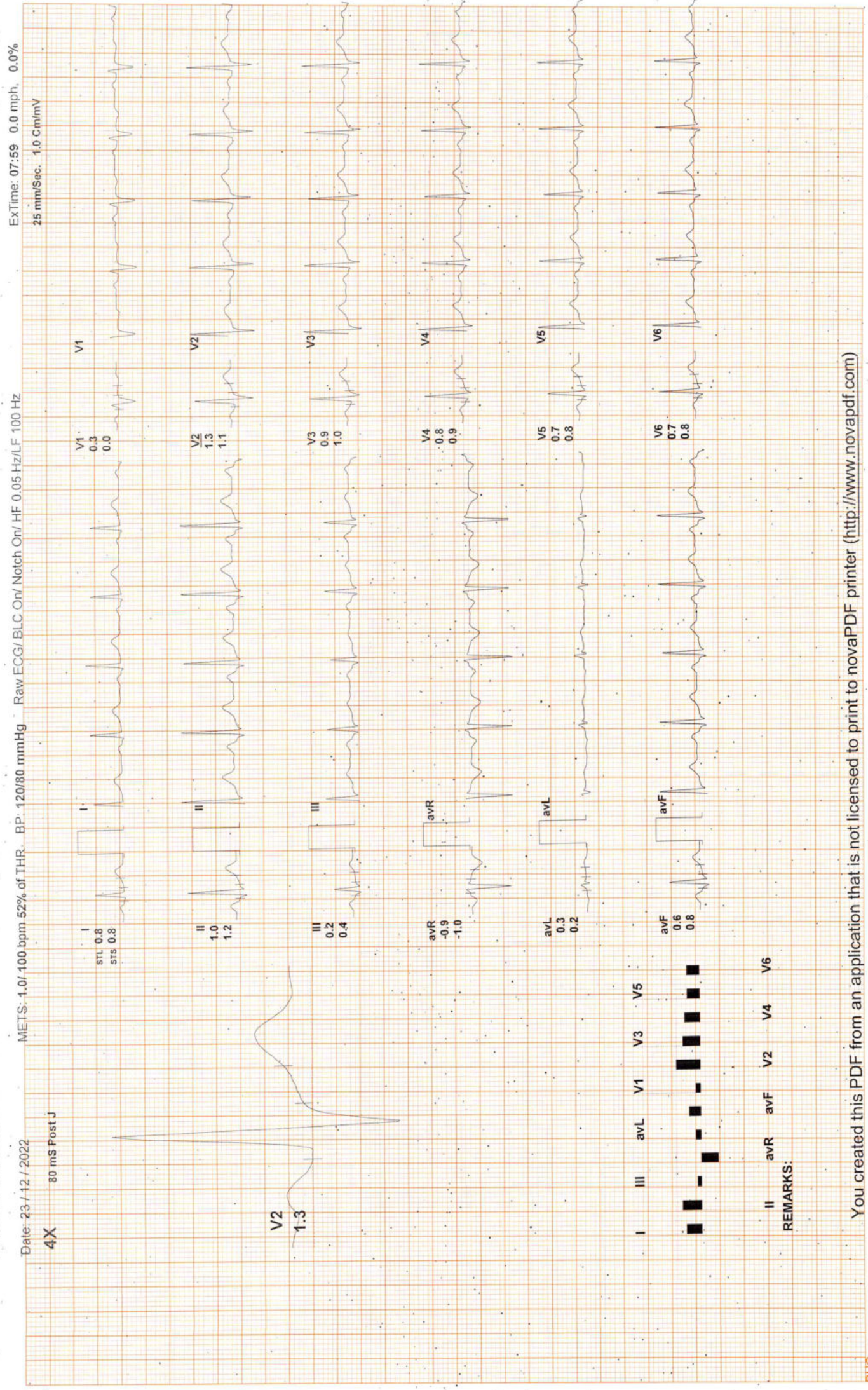




Recovery(4:00)

DR.GOYALS PATH LAB & IMAGING CENTER

2283 / MR AASHISH BHATT / 29 Yrs / M / O Cms / 0 Kg / HR : 100



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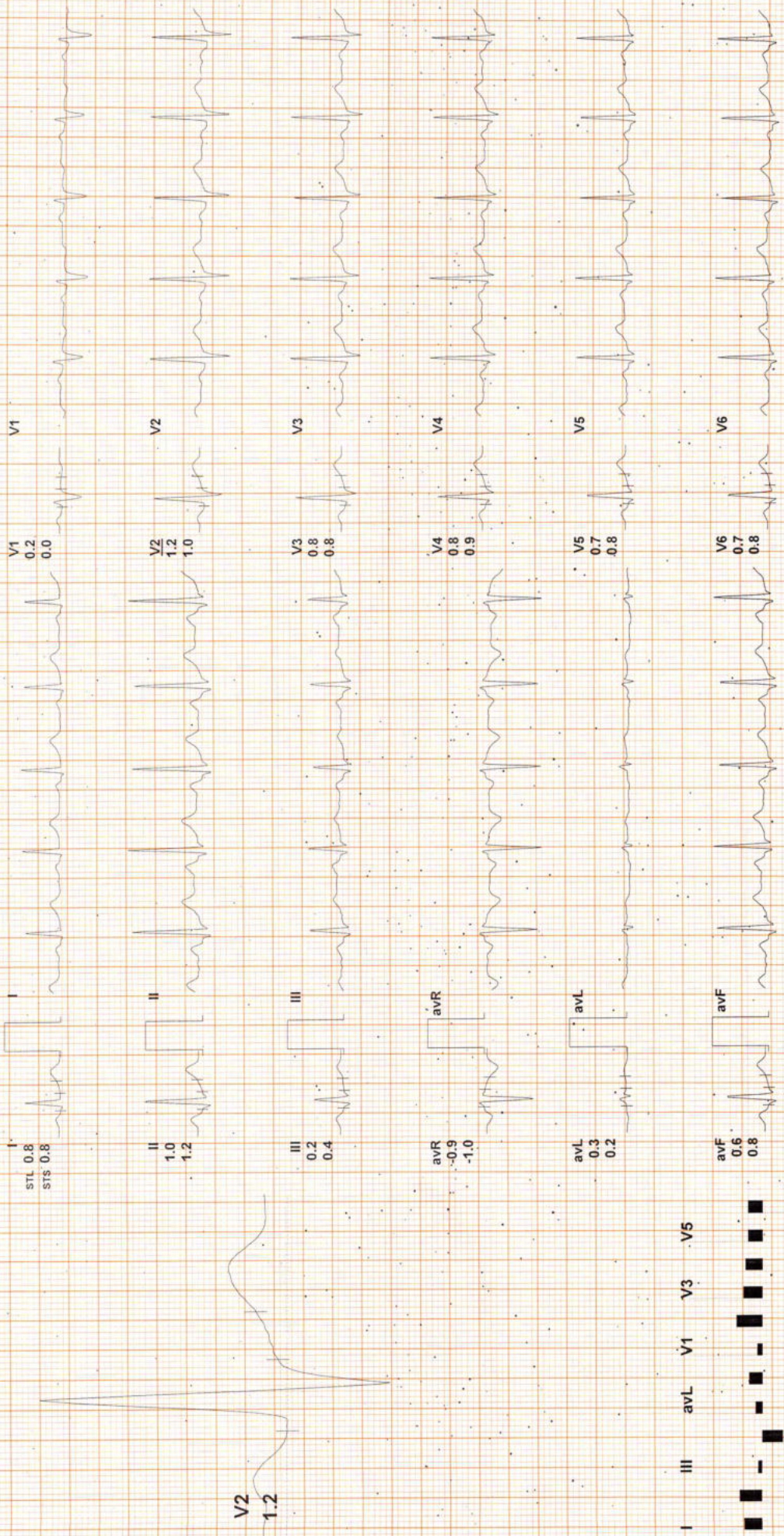




Date: 23 / 12 / 2022 METS: 1.0 / 105 bpm 55% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 07:59 0.0 mph, 0.0%

25 mm/Sec, 1.0 Cm/mV

4X 80 mS Post J



REMARKS:





2283 / MR AASHISH BHATT / 29 Yrs / M / 0.Cms / 0 Kg / HR : 77

Date: 23/12/2022

V1 V2 V3 V4 V5 V6  
avF avL avR II III

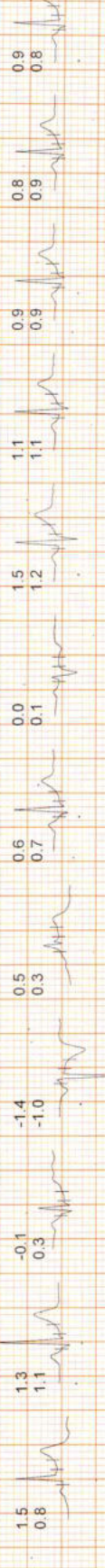
**Supine**

(1) 0:00  
(2) 0:00  
72 bpm



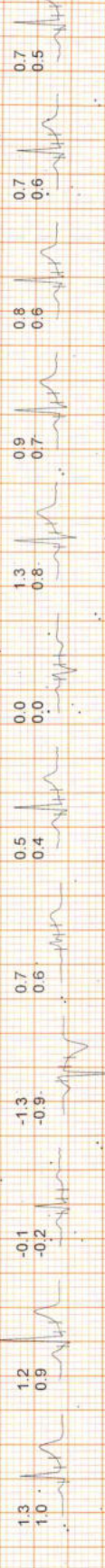
**Standing**

(1) 0:00  
(2) 0:00  
75 bpm



**HV**

(1) 0:00  
(2) 0:00  
085 bpm



**Warm Up**

(1) 0:00  
(2) 0:00  
075 bpm



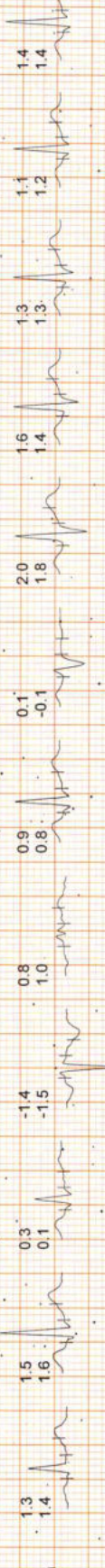
**ExStart**

(1) 0:00  
(2) 0:00  
111 bpm



**Stage 1**

(1) 3:00  
(2) 3:00  
127 bpm





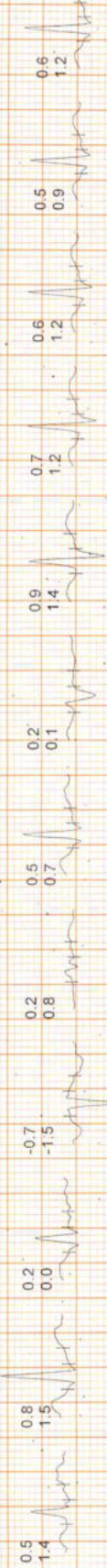


Date: 23 / 12 / 2022

I II III avR avL avF V1 V2 V3 V4 V5 V6

**Stage 2**

(1) 6:00 2.5 mph  
(2) 3:00 12.0 %  
148 bpm 135/85



**PeakEx**

(1) 7:59 3.4 mph  
(2) 1:59 14.0 %  
167 bpm 140/90



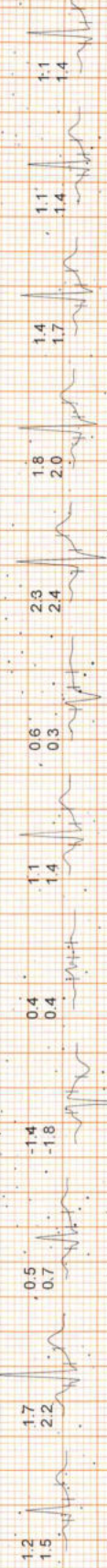
**Recovery**

(1) 8:00 0.0 mph  
(2) 0:59 0.0 %  
134 bpm 140/90



**Recovery**

(1) 8:00 0.0 mph  
(2) 1:59 0.0 %  
105 bpm 135/85



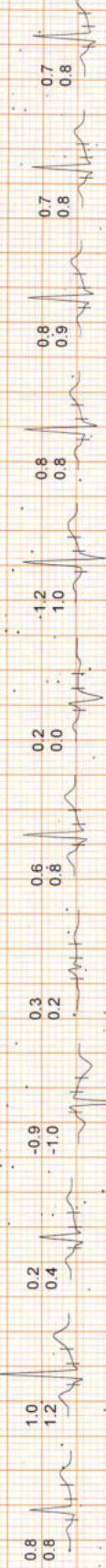
**Recovery**

(1) 8:00 0.0 mph  
(2) 3:59 0.0 %  
113 bpm 120/80



**Recovery**

(1) 8:00 0.0 mph  
(2) 4:33 0.0 %  
105 bpm 120/80





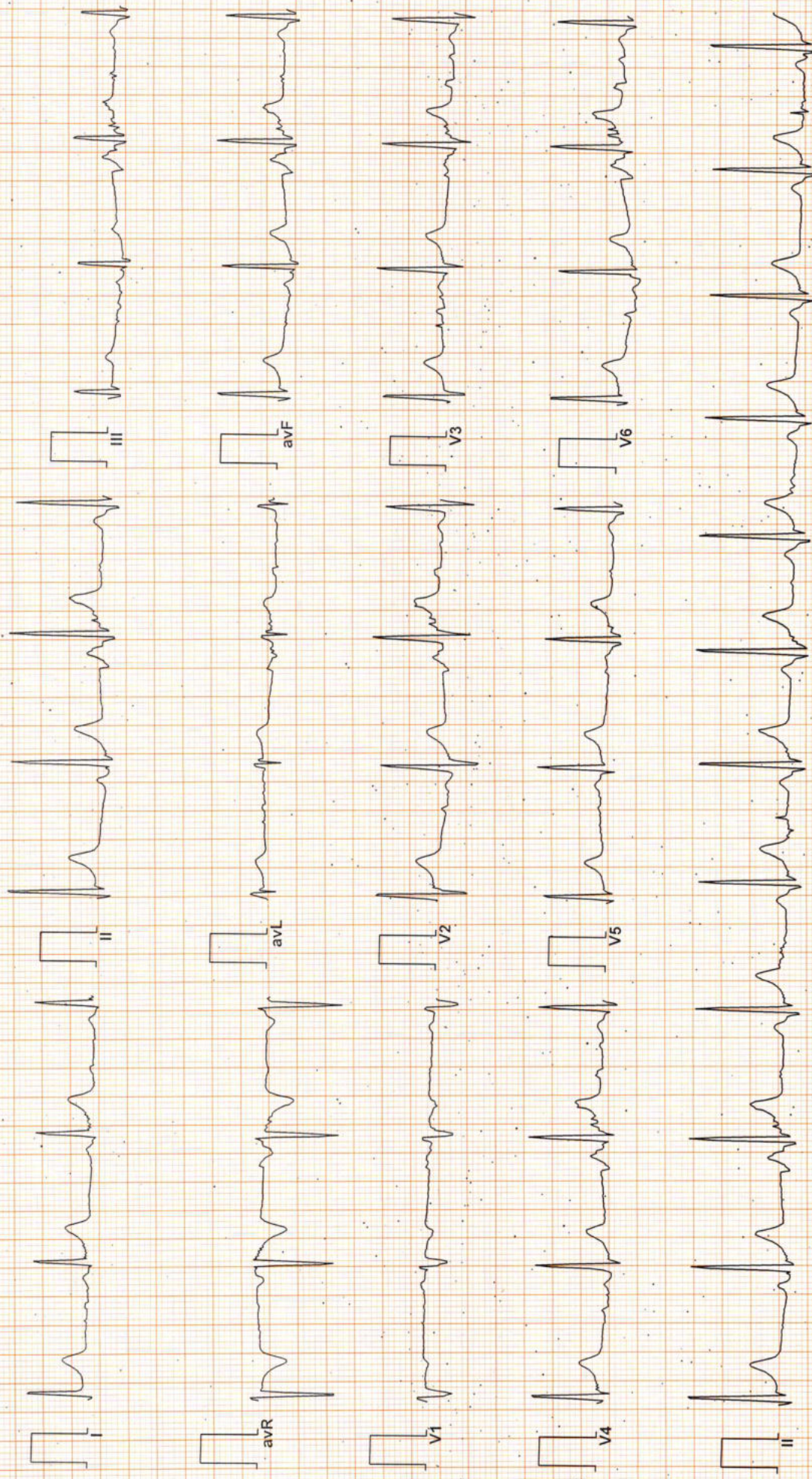
**DR. GOYALS PATH LAB & IMAGING CENTER**

102221152 / MR AASHISH BHATT / 29 Yrs / M / Non Smoker

Heart Rate : 69 bpm / Tested On : 23-Dec-22 09:54:14 / HF 0.05 Hz - LF 100 Hz - Natch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

**ECG**

mm/s



Two VL



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Date :- 23/12/2022 09:15:00  
**NAME :- Mr. AASHISH BHATT**  
Sex / Age :- Male 29 Yrs 11 Mon  
Company :- MediWheel

Patient ID :- 122228658  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 23/12/2022 09:31:42

Final Authentication : 23/12/2022 11:24:47

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE BELOW 40MALE</b>			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	14.7	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	6.70	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	61.7	%	40.0 - 80.0
LYMPHOCYTE	33.8	%	20.0 - 40.0
EOSINOPHIL	1.1	%	1.0 - 6.0
MONOCYTE	3.2	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.14	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.27	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.07	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.21	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.67	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	40.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	87.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.5	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	206	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.8	%	11.6 - 14.0
MENTZER INDEX	18.67		

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



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Date :- 23/12/2022 09:15:00 Patient ID :-122228658  
**NAME :- Mr. AASHISH BHATT** Ref. By Dr:- BOB  
Sex / Age :- Male 29 Yrs 11 Mon Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 23/12/2022 09:31:42 Final Authentication : 23/12/2022 11:24:47

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	11	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 of Connective tissue disease.

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

AJAYSINGH  
Technologist

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 Sex / Age :- Male 29 Yrs 11 Mon Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K<sub>2</sub>EDTA, C<sub>10</sub>EDTA, T<sub>10</sub>EDTA  
 Sample Collected Time :- 23/12/2022 09:31:42

Final Authentication : 23/12/2022 14:14:18

### 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) 96.0 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) 102.3 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, MKSHARMA, MUKESH SINGH, 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. AASHISH BHATT**  
Sex / Age :- Male 29 Yrs 11 Mon  
Company :- MediWheel

Patient ID :-122228658  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 23/12/2022 09:31:42

Final Authentication : 23/12/2022 11:32:45

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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#### STOOL ANALYSIS

#### PHYSICAL EXAMINATION

MUCUS

BLOOD

#### MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA  
Technologist

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**NAME :- Mr. AASHISH BHATT** Ref. By Dr:- BOB  
 Sex / Age :- Male 29 Yrs 11 Mon Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 23/12/2022 09:31:42

Final Authentication : 23/12/2022 11:24:10

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	176.05	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	93.18	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	64.92	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	95.60	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	18.64	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	2.71		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.47		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	510.26	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
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.			
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.			
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.			
TOTAL LIPID AND VLDL ARE CALCULATED			

MKSHARMA

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 23/12/2022 09:31:42

Final Authentication : 23/12/2022 11:24:10

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.46	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	0.15	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.31	mg/dl	0.30-0.70
SGOT Method:- IFCC	35.7	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	29.6	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	80.00	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	41.20	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.57	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.95	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.62	gm/dl	2.20 - 3.50
A/G RATIO	1.89		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)

MKSHARMA

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Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 23/12/2022 09:15:00  
**NAME :- Mr. AASHISH BHATT**  
Sex / Age :- Male 29 Yrs 11 Mon  
Company :- MediWheel

Patient ID :-122228658  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 23/12/2022 09:31:42

Final Authentication : 23/12/2022 11:24:10

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	1.01	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.33	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM

Sample Collected Time 23/12/2022 09:31:42

Final Authentication : 23/12/2022 11:24:10

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	14.8	mg/dl	0.0 - 23.0

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Sex / Age :- Male 29 Yrs 11 Mon  
Company :- MediWheel

Patient ID :-122228658  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 23/12/2022 09:31:42

Final Authentication : 23/12/2022 11:24:47

### 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

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Sex / Age :- Male 29 Yrs 11 Mon  
Company :- MediWheel

Patient ID :- 122228658  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 23/12/2022 09:31:42

Final Authentication : 23/12/2022 11:32:45

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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#### Urine Routine

##### PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear

##### CHEMICAL EXAMINATION

REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.015		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

##### MICROSCOPY EXAMINATION

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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**NAME :- Mr. AASHISH BHATT** Ref. By Dr:- BOB  
 Sex / Age :- Male 29 Yrs 11 Mon Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 23/12/2022 09:31:42 Final Authentication : 23/12/2022 12:24:18

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.510	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.213	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.630	μIU/mL	0.400 - 4.649

**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 \*\*\*

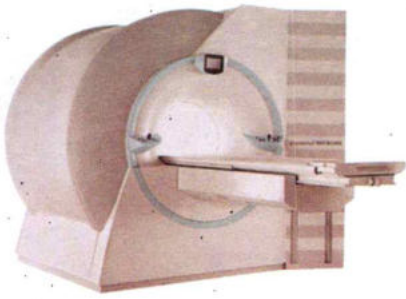
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Patient ID :- 122228658  
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Lab/Hosp :-

Final Authentication : 23/12/2022 12:47:13

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 \*\*\*

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AHSAN

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M.B.B.S., D.M.R.D.  
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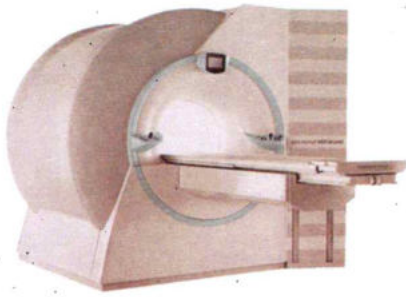
**Dr. Poonam Gupta**  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

**Dr. Ashish Choudhary**  
MBBS, MD (Radio Diagnosis)  
Fetal Medicine Consultant  
FMF ID - 260517 | RMC No 22430

**Dr. Abhishek Jain**  
MBBS, DNB, (Radio-Diagnosis)  
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Transcript by.





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<b>NAME :- Mr. AASHISH BHATT</b>	Ref. By Doctor:-BOB
Sex / Age :- Male . 29 Yrs 11 Mon	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 23/12/2022 11:02:51

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver** is of normal size. **Echo-texture is bright..** 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:

\* Grade I fatty liver.

Needs clinical correlation for further evaluation

\*\*\* End of Report \*\*\*



