

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.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



General Physical Examination

Date of Examination: 14/04/2023

Name: Abhishek Sharma Age: 31 Sex: M

DOB: 28/03/1992

Referred By: BoB

Photo ID: DL ID #: DL

Ht: 172 (cm)

Wt: 69 (Kg)

Chest (Expiration): 92 (cm)

Abdomen Circumference: 89 (cm)

Blood Pressure: 116/82 mm Hg PR: 78 / min RR: 16 / min Temp: afebrile

BMI 23.3

Eye Examination: Dist vision 6/6

near vision N/6 . Normal color vision

Other: N/A

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
RMC Reg No - 017998
MBBS, DIP, C.M.P. (RSCC)
DP.EM, (RSCC)
M.B.B.S., U.M.R.D
RMC Reg No - 017998

CENTRAL MOTOR VEHICLES
RULES 1989
FORM 7(See Rule 16(2))
DRIVING LICENCE

D/L NO : RJ-14/DLC/10/ 882619 Date :29/11/2010
 Name : ABHISHEK SHARMA
 Son of : RAJ KUMAR SHARMA
 Address : 848 GANESH NAGAR MAIN NIWARU ROAD
 JHOTWARA JAIPUR



is licenced to drive throughout India a vehicle
 of the following description.
 MCY WITH GEAR, LIGHT MOTOR VEH.

The licence to drive other than transport
 vehicle is valid
 From : 29/11/2010 To : 28/11/2030

Abhishek
 Holder's Sign/Thumb Impression


[Signature]
 Licensing Authority Jaipur

Abhishek

Dr Piyush Goyal
 M.B.B.S., D.M.R.D
 RMC Reg No -017988

Dt. of first issue of DL/Class of vehicle :
 Name/Designation of the testing authority : N.K MEENA / MVI

Badge No. and Authorisation Date to drive transport vehicle.
 Badge Detail :
 DOB : 28/03/1982 Blood Group : Tel. No. : 0141-2489130
 Citizenship: INDIAN



DON'T DRINK & DRIVE

DRIVING OFFENCES: ●●●●●●

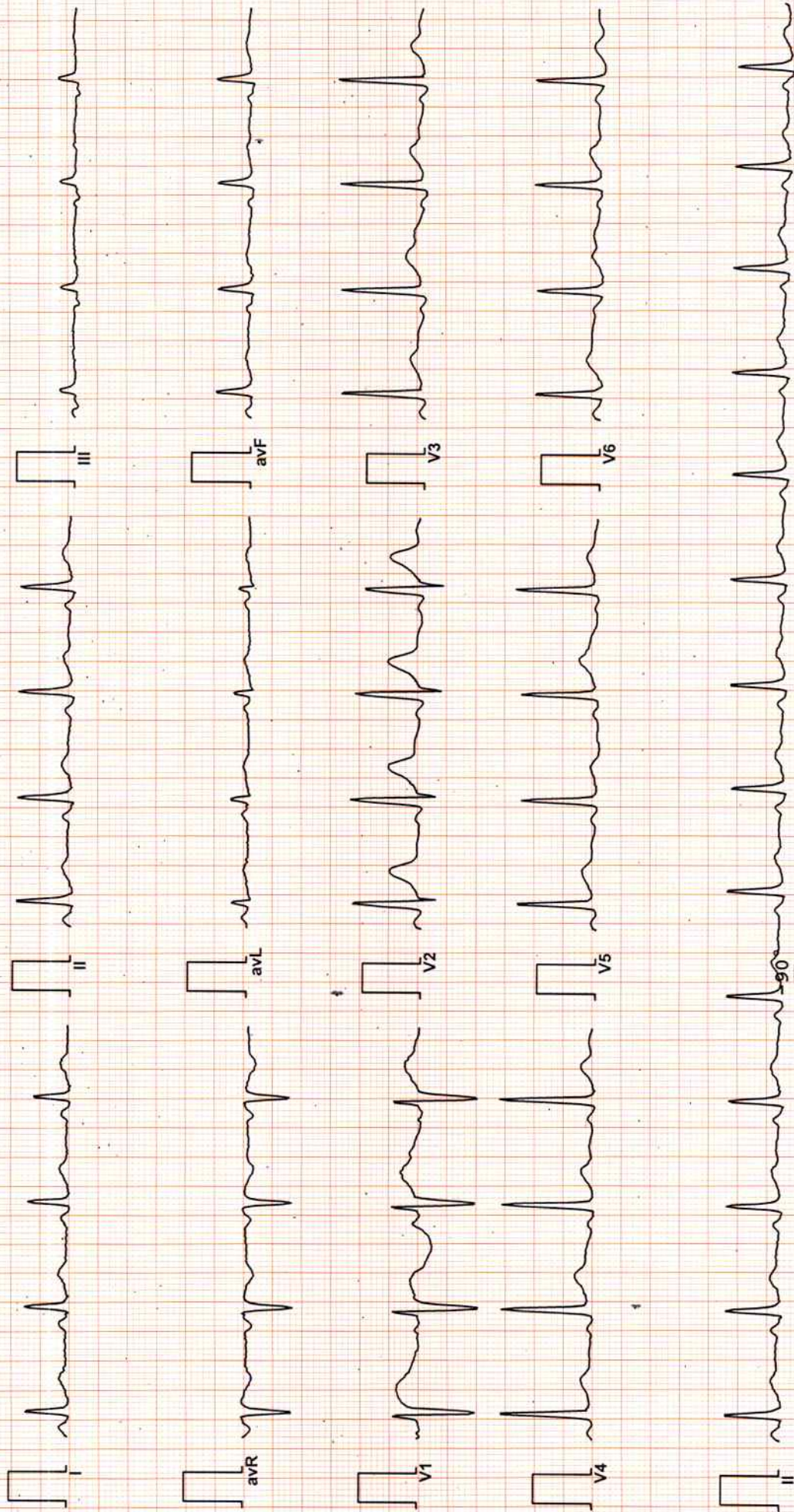
Pinnacle Software, Jaipur 2358824

DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

4411 / MR ABHISHEK SHARMA / 31 Yrs / M/ Non Smoker

Heart Rate : 84 bpm / Tested On : 14-Apr-23 09:10:58 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB

ECG



Vent Rate : 84 bpm
PR Interval : 122 ms
QRS Duration : 86 ms
QT/QTc Int : 358/400 ms
P-QRS-T axis: 24.00 • 46.00 • 36.00 •



TWNL

Alidish

Reported By:

P 24.00°

R 46.00°

T 36.00°

Allergers ECG (Pisces)(PIS218210312)

RHC

Dr. Manish Kumar (Pisces)
MBBS, D.P., C.A.M.B. (ECG) (S)
D.E.M. (RCGP-UK)

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Date :- 14/04/2023 08:43:30
NAME :- Mr. ABHISHEK SHARMA
Sex / Age :- Male 31 Yrs 17 Days
Company :- MediWHEEL

Patient ID :-1223206
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 14/04/2023 08:59:29

Final Authentication : 14/04/2023 12:35:42

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.2	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.86	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	71.6	%	40.0 - 80.0
LYMPHOCYTE	23.0	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	3.2	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.20	10 ³ /uL	1.50 - 7.00
LYMPH#	1.35	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)	4.76	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	40.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	84.7	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.7	g/dL	31.5 - 34.5
PLATELET COUNT	251	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	17.79		

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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HAEMATOLOGY

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

BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.9 %

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

123 mg/dL

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

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)

07

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

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 14/04/2023 08:59:29 Final Authentication : 14/04/2023 10:50:04

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	158.50	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	75.74	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	31.48	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	114.40	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	15.15	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.03	H	0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.63	H	0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	452.98	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 HDL CHOLESTEROL 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>			

SURENDRAXHANGA

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Sample Type :- PLAIN/SERUM Sample Collected Time 14/04/2023 08:59:29 Final Authentication : 14/04/2023 10:50:04

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.50	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	0.21	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.29	mg/dl	0.30-0.70
SGOT Method:- IFCC	19.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	23.2	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	70.20	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	64.00 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.01	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.33	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.68	gm/dl	2.20 - 3.50
A/G RATIO	1.62		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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 Company :- MediWheel

Patient ID :-1223206
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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/04/2023 08:59:29

Final Authentication : 14/04/2023 11:40:07

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.420	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.970	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.060	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

AJAYKUMAR
Technologist

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Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 14/04/2023 08:59:29

Final Authentication : 14/04/2023 11:15:28

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)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.015		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	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

VIJENDRAMEENA
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 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na SODIUM FLUORIDE-F, KOx/Na SODIUM FLUORIDE-F, KOx/Na SODIUM FLUORIDE-F
 Date of Test :- 14/04/2023 08:59:29 Final Authentication : 14/04/2023 14:14:16

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 90.5 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) 108.1 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 .

SERUM CREATININE 0.87 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 4.86 mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

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Sample Type :- EDTA, URINE

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Final Authentication : 14/04/2023 12:35:42

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil

AJAYSINGH, VIJENDRAMEENA
Technologist

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



Date :- 14/04/2023 08:43:30
NAME :- Mr. ABHISHEK SHARMA
Sex / Age :- Male 31 Yrs 17 Days
Company :- MediWheel

Patient ID :-1223206
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/04/2023 08:59:29

Final Authentication : 14/04/2023 10:50:04

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.8	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

Page No: 12 of 12



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

Dr. Goyal's

Path Lab & Imaging Centre

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Patient ID :- 1223206
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Lab/Hosp :-

Final Authentication : 14/04/2023 14:11:16

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)



DR ABHISHEK JAIN
MBBS. DNB. (RADIO DIAGNOSIS)



Date :- 14/04/2023 08:43:30
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Final Authentication : 14/04/2023 11:44:30

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.

A calculus of size ~ 5.6 mm is seen in mid calyx of left kidney.

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 significant free fluid is seen in peritoneal cavity.

IMPRESSION:

***Left renal calculus.**

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

AHSAN

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

Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant

Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Transcript by.

FMF ID - 260517 | RMC No 22430

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Date :- 14/04/2023 08:43:30	Patient ID :- 1223206
NAME :- Mr. ABHISHEK SHARMA	Ref. By Doctor:-BOB
Sex / Age :- Male 31 Yrs 17 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 14/04/2023 11:47:12

BOB PACKAGE BELOW 40MALE
 2D ECHO OPTION TMT (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	24	mm	LA	31	Mm	IVS-D	8	mm
IVS-S	14	mm	LVID	44	Mm	LVSD	30	mm
LVPW-D	9	mm	LVPW-S	14	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	60%		RWMA			ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.75	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.83	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION			ABSENT	
AORTIC VALVE				
PEAK VELOCITY	1.51	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION			ABSENT	
TRICUSPID VALVE				
PEAK VELOCITY	0.63	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMAX VELOCITY				
TRICUSPID REGURGITATION			ABSENT	
PULMONARY VALVE				
PEAK VELOCITY	0.90	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VALOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION			ABSENT	

AHSAN

Page No: 1 of 2

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Dr. Poonam Gupta
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 RMC No. 32495

Dr. Ashish Choudhary
 MBBS, MD (Radio Diagnosis)
 Fetal Medicine Consultant

Dr. Abhishek Jain
 MBBS, DNB, (Radio-Diagnosis)
 RMC No. 21687

Transcript by.

FMF ID - 260517 | RMC No 22430

This report is not valid for medico-legal purpose.

Dr. Goyal's

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Final Authentication : 14/04/2023 11:47:12

Impression--

1. LV Diastolic Dysfunction Grade I.
2. Normal LV size & contractility
3. No RWMA, LVEF 60%.
4. Normal cardiac chamber.
5. Normal valve
6. No clot, no vegetation, no pericardial effusion.


(Cardiologist)

*** End of Report ***

AHSAN

Page No: 2 of 2

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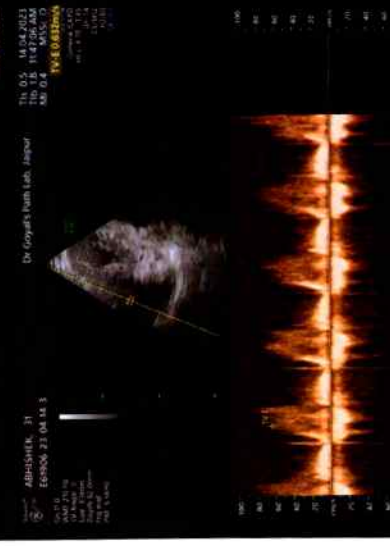
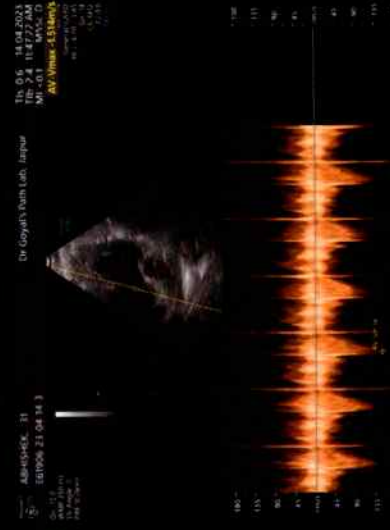
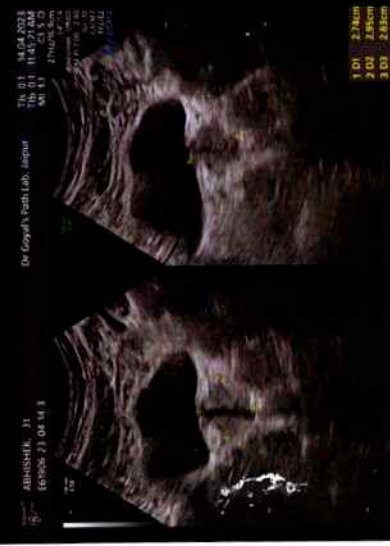
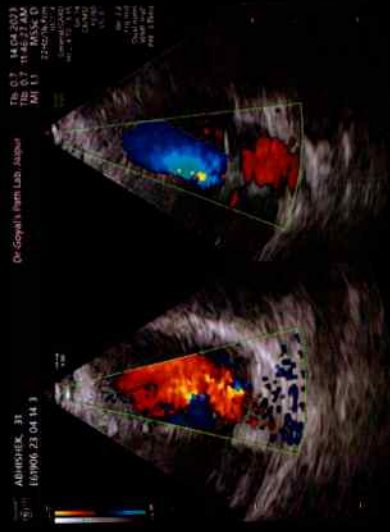
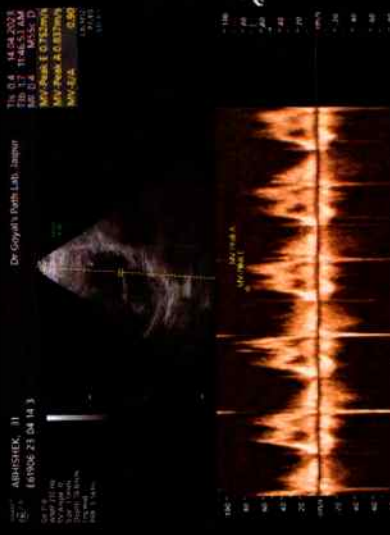
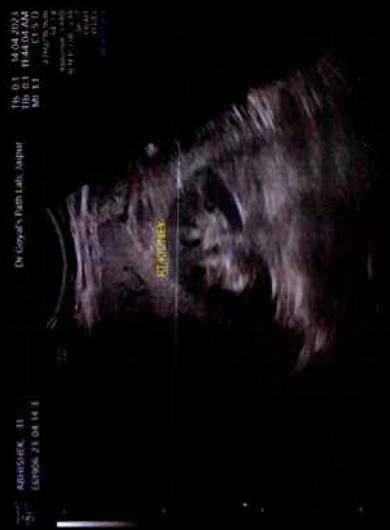
Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Transcript by.

Dr Goyal's Path Lab, Jaipur

14 Apr 2023

Name : ABHISHEK / M



TH 01 14 04 2023
TI 01 11 43 27 AM
MI 11 27063.5cm

AV Velms (454cm/s)
AV Area (1.41cm²)
AV Perim (4.12cm)
AV Circ (13.1cm²)

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