
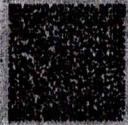


भारतीय पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



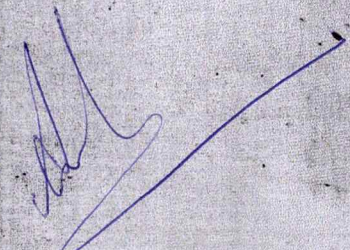
अंशु  
Anshu  
जन्म तिथि/DOB: 06/12/1986  
पुरुष / MALE




7636 9630 8990

आधार-आम आदमी का अधिकार

PATIL  
New Sarpanch



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



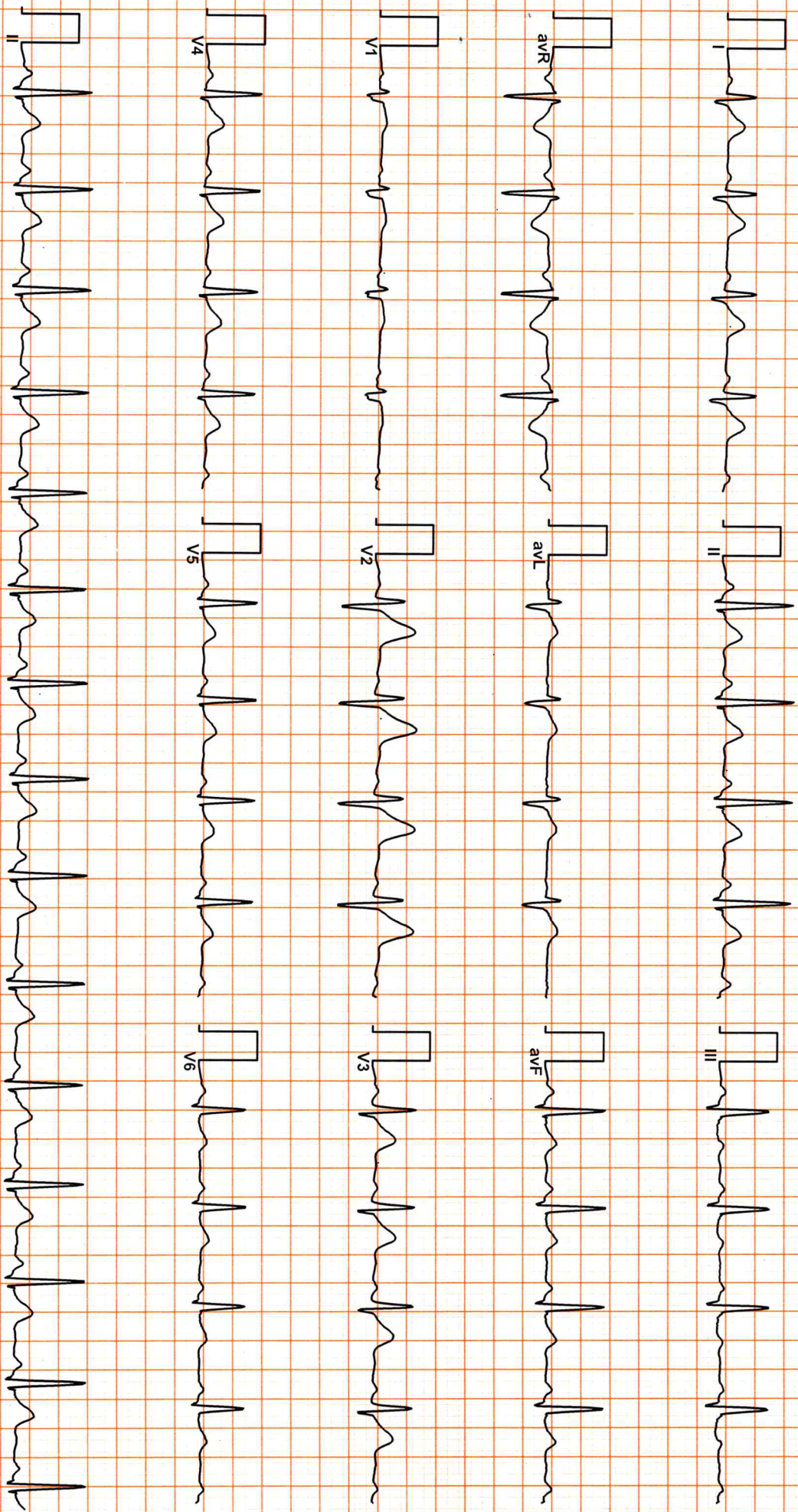
पता:  
आत्मज: उमा शंकर, 46/8 ए,  
आनंद नगर, नज़दीक बाई  
बुद्ध विहार, आगरा, आगरा,  
उत्तर प्रदेश - 282002

Address:  
S/O: Uma Shankar, 46/8 A, ANAND  
NAGAR, NEAR BY BUDDHA  
VIHAR, Agra, Agra,  
Uttar Pradesh - 282002

7636 9630 8990

Aadhaar-Aam Admi ka Adhikar





Allengers ECG (Piscas)(PIS212160118)

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*  
DR. ANSHU GOYAL  
ACHPL  
New Delhi  
110001





Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:13	0:01	01.1	00.0	01.0	94	120/80	112	00	
Standing	00:37	0:01	01.1	00.0	01.0	112	120/80	134	00	
HV	00:52	0:01	01.1	00.0	01.0	106	120/80	127	00	
ExStart	01:57	0:07	01.7	10.0	01.1	122	120/80	146	00	
BRUCE Stage 1	04:57	3:00	01.7	10.0	04.7	146	130/80	189	00	
BRUCE Stage 2	07:57	3:00	02.5	12.0	07.1	169	140/85	236	00	
PeakX	08:25	0:28	03.4	14.0	07.6	180	140/85	252	00	
Recovery	09:24	1:00	00.0	00.0	01.2	144	140/85	201	00	
Recovery	10:24	2:00	00.0	00.0	01.0	121	135/85	163	00	
Recovery	12:24	4:00	00.0	00.0	01.0	115	130/80	149	00	
Recovery	13:35	5:10	00.0	00.0	01.0	110	120/80	132	00	

**Findings :**

Exercise Time : 06:29  
 Max HR Attained : 184 bpm 99% of Target 186  
 Max BP Attained : 140/85  
 Max WorkLoad Attained : 7.6 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

*MM registers for RHR*

*BoB*

**Dr. GOYAL'S**  
**PATH LAB & IMAGING CENTER**  
 B-1, Gandhi Nagar,  
 New Sanganer Road, JAIPUR



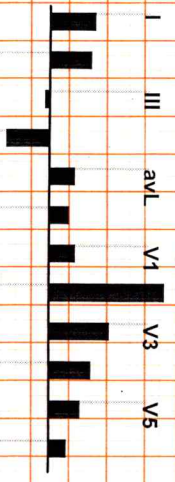
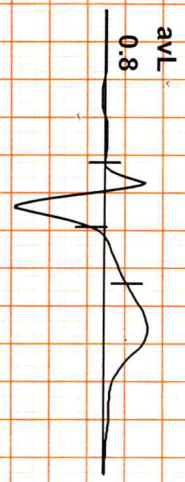
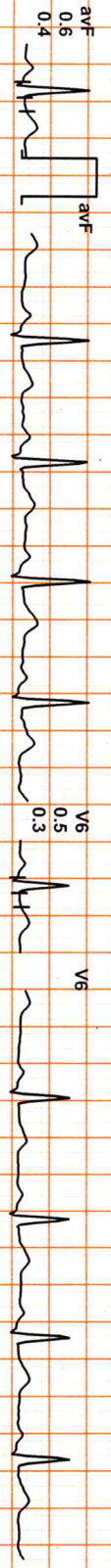
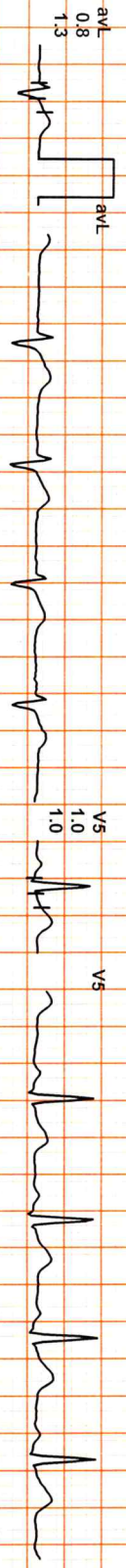
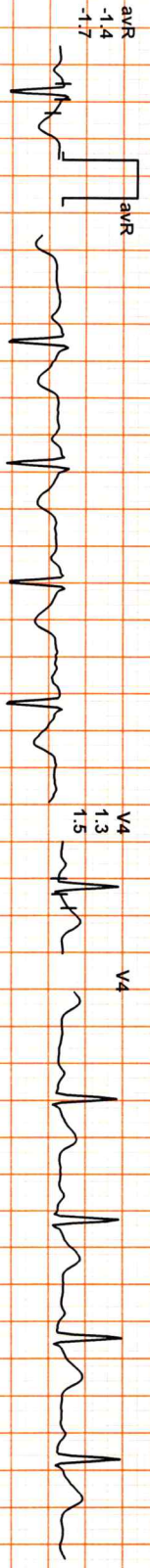
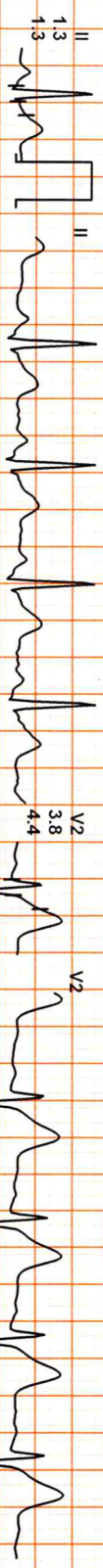
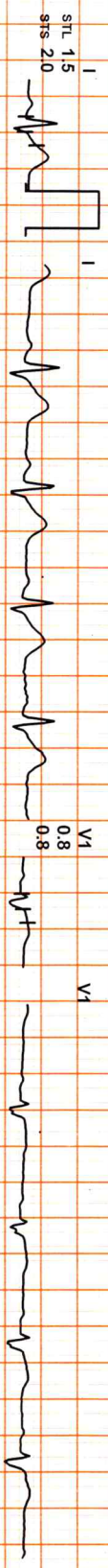


Date: 13-Mar-2022 03:32:19 PM METS: 1.0 / 94 bpm 50% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

ExTime: 00:13 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



II avR avF V2 V4 V6

REMARKS:



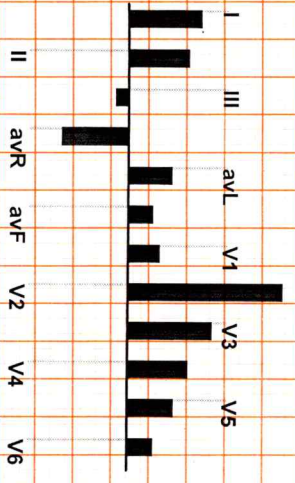
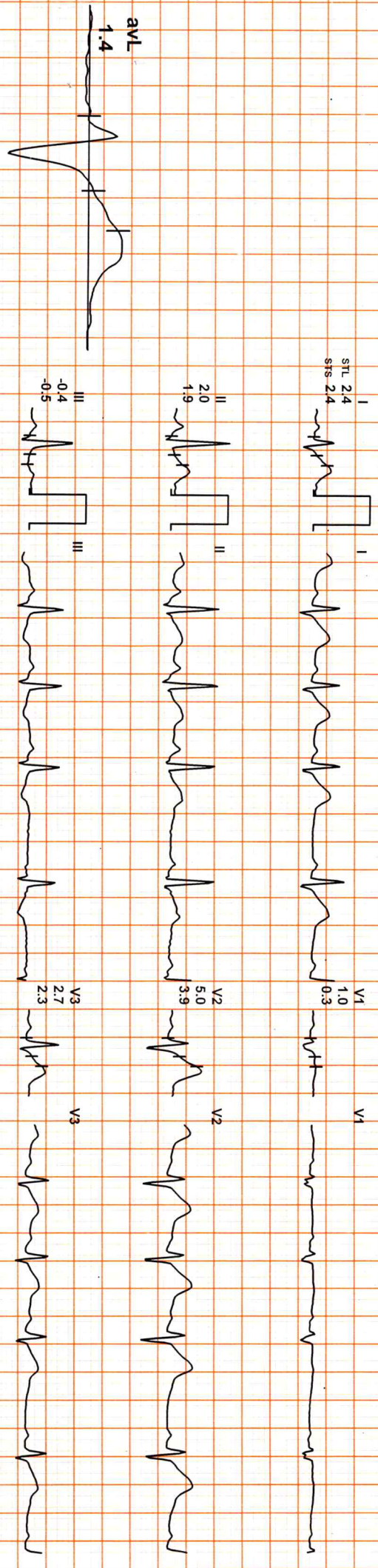


Date: 13-Mar-2022 03:32:19 PM METS: 1.0/112 bpm 60% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:37 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



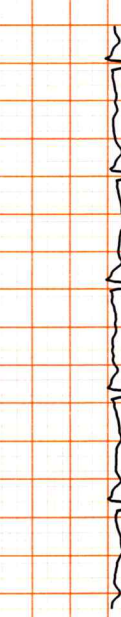
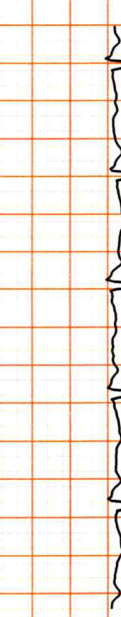
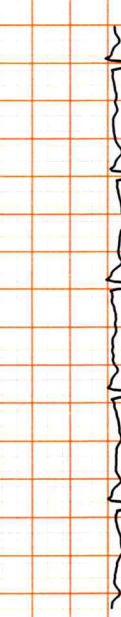
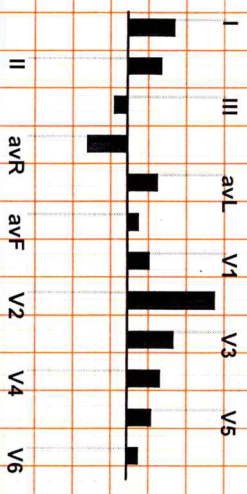
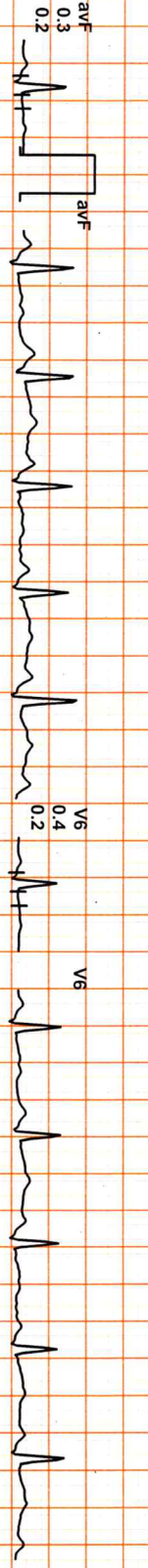
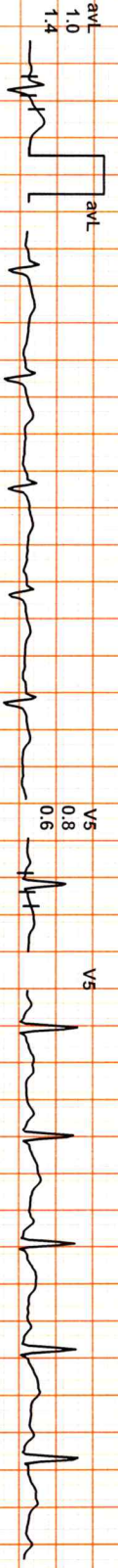
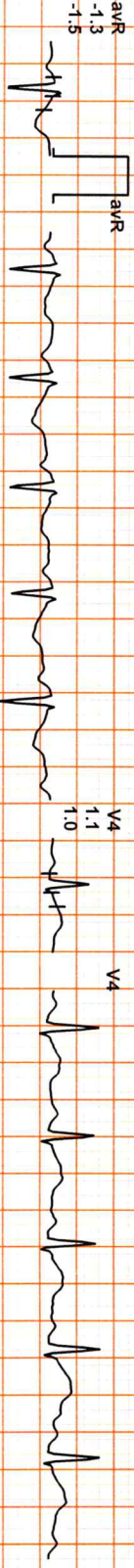
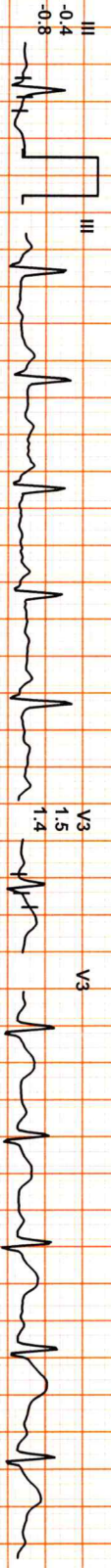
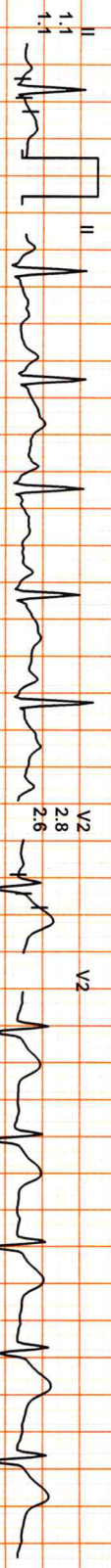
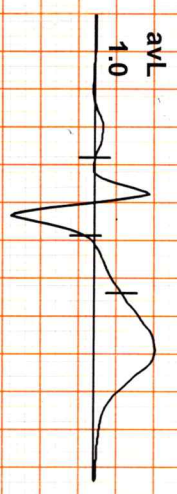


Date: 13-Mar-2022 03:32:19 PM METS: 1.0/ 106 bpm 56% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:52 1.1 mph, 0.0%

4X 80 ms Post U

25 mm/Sec. 1.0 Cm/mV



REMARKS:





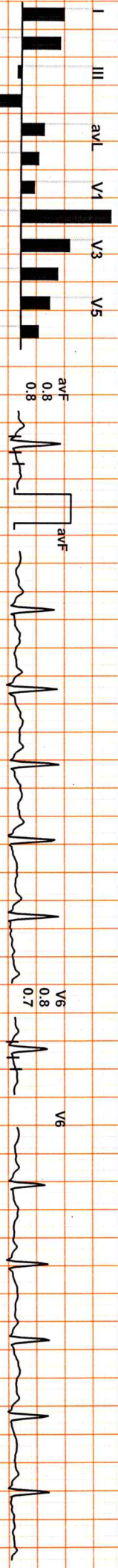
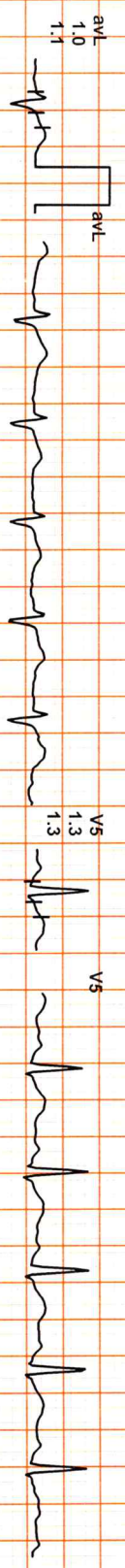
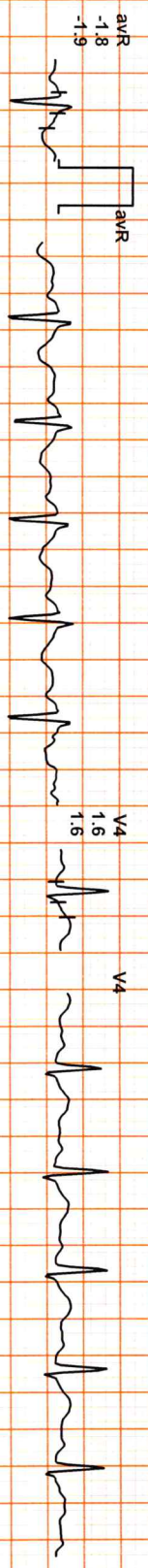
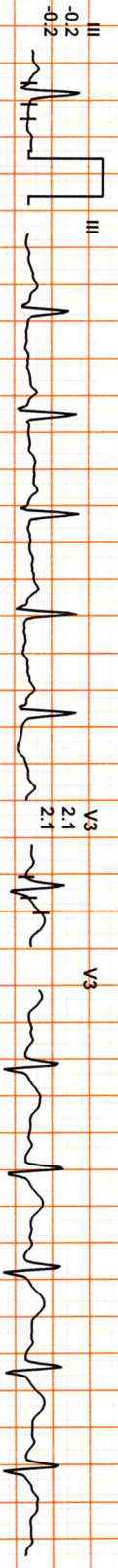
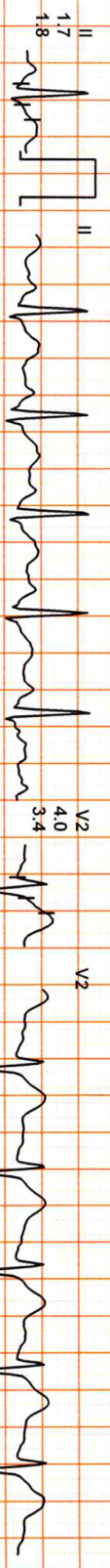
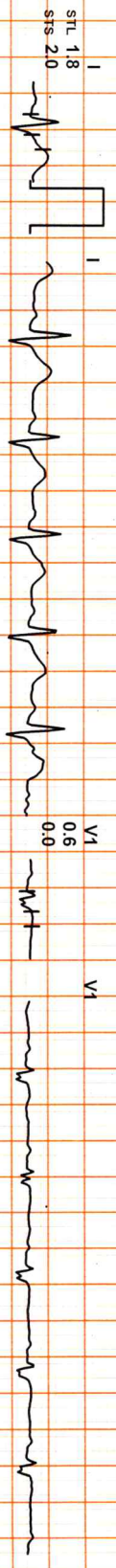
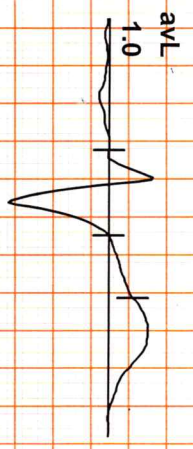
1811 / MR ANSHU / 34 Yrs / M

Date: 13-Mar-2022 03:32:19 PM METS: 1.1/ 122 bpm 65% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:07 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



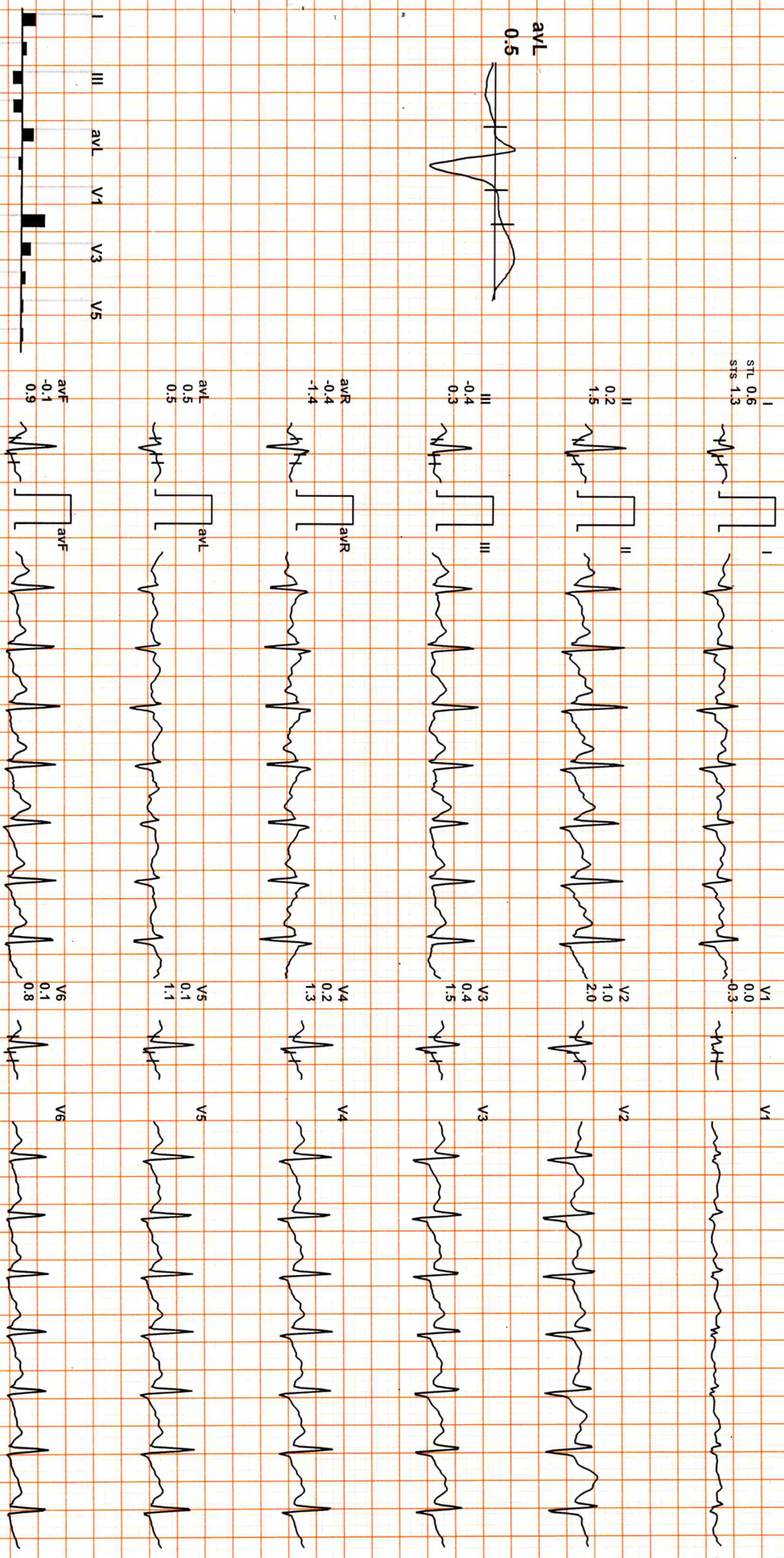


Date: 13-Mar-2022 03:32:19 PM METS: 4.71 / 146 bpm 78% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 03:00 1.7 mph, 10.0%

4X 60 mS Post J

25 mm/Sec: 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6



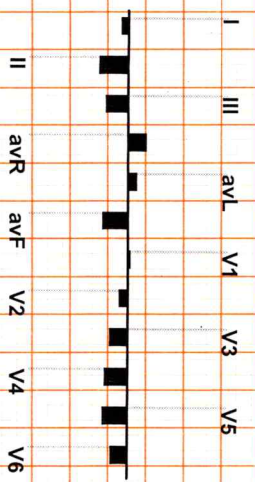
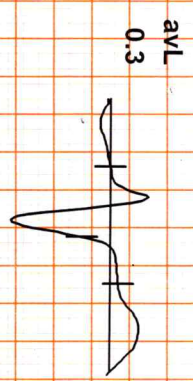
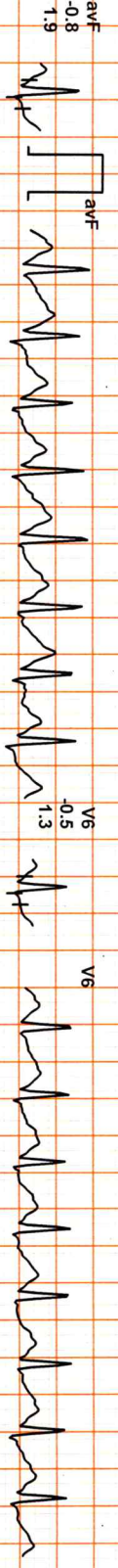
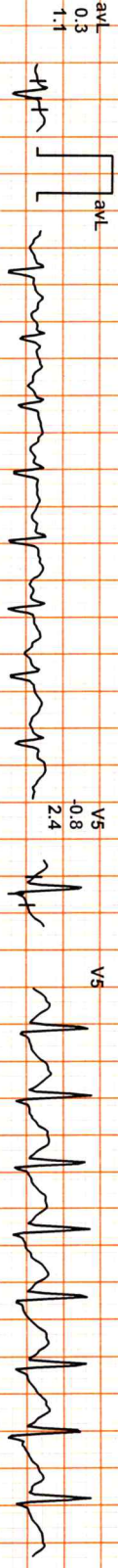
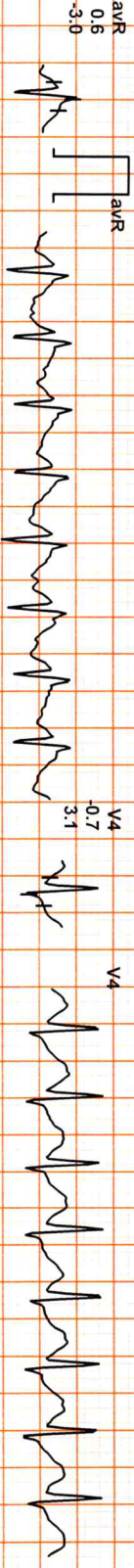
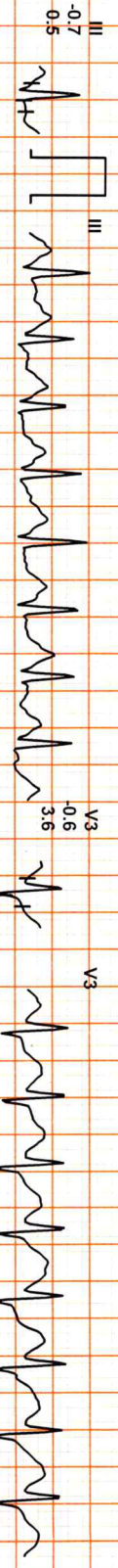
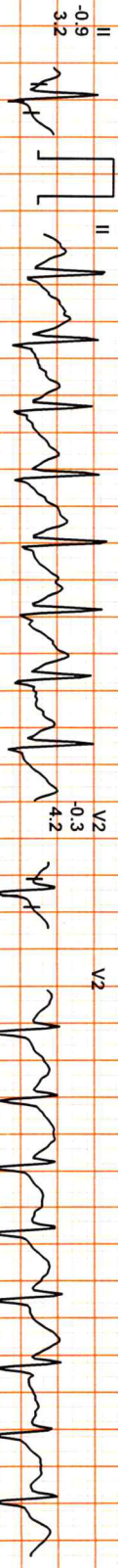
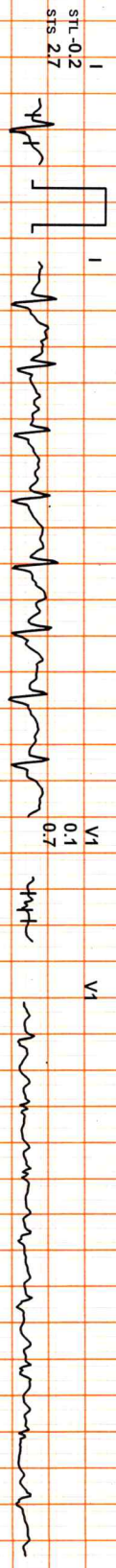


Date: 13-Mar-2022 03:32:19 PM METS: 7.1/ 169 bpm 90% of THR BP: 140/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:





Date: 13-Mar-2022 03:32:19 PM METS: 7.6/ 180 bpm 96% of THR BP: 140/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:28 3.4 mph, 14.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV

I  
STL 0.1  
STS 1.2



II  
-0.8  
1.4



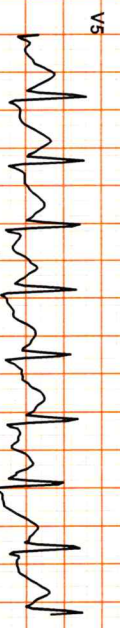
III  
-0.9  
0.2



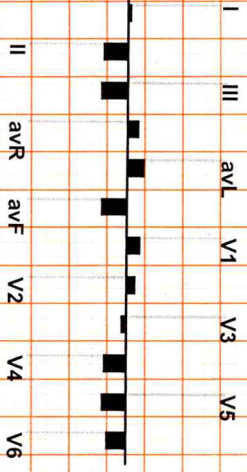
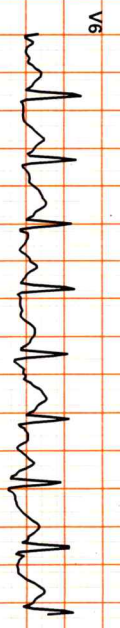
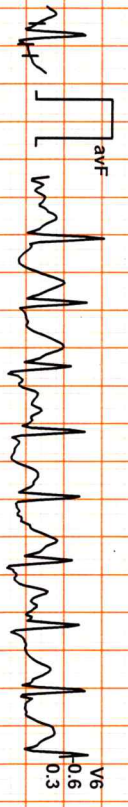
avR  
0.3  
-1.3



avL  
0.5  
0.5



avF  
-0.8  
0.8



REMARKS:





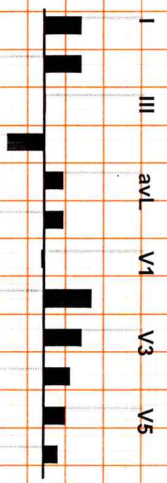
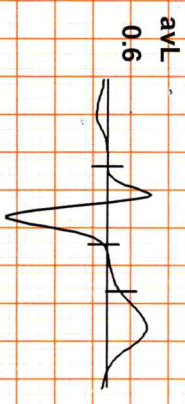
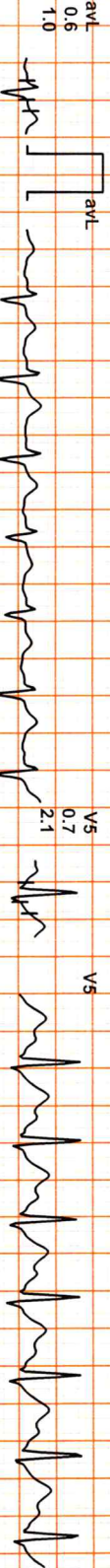
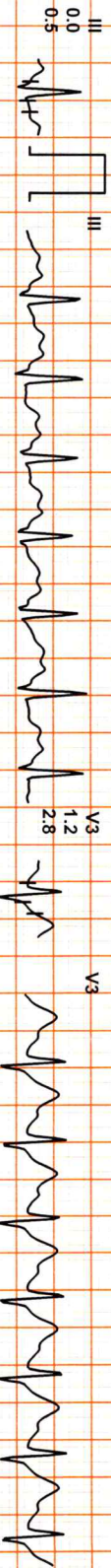
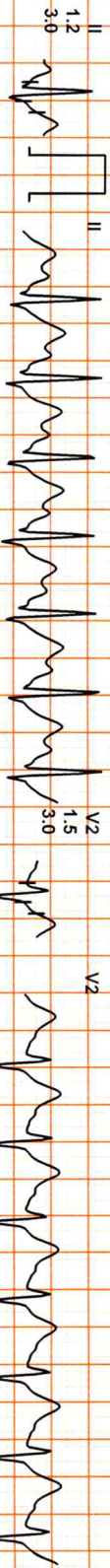
1811 / MR ANSHU / 34 Yrs / M

Date: 13-Mar-2022 03:32:19 PM METS: 1.2/ 144 bpm 77% of THR BP: 140/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:29 0.0 mph, 0.0%

4X 60 ms Post U

25 mm/Sec. 1.0 Cm/mV



II  
aVR  
aVF  
V2  
V4  
V6

REMARKS:



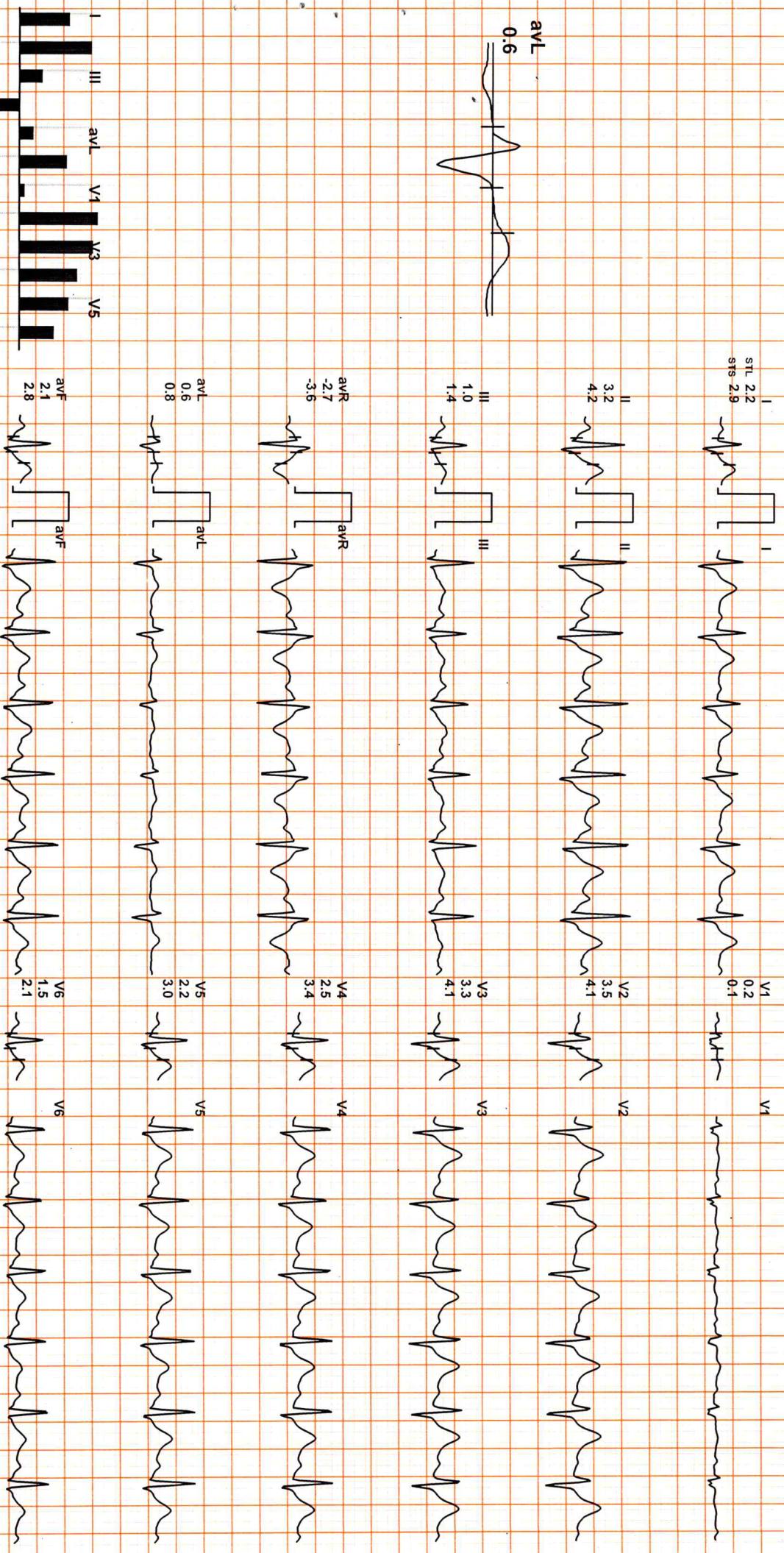


Date: 13-Mar-2022 03:32:19 PM METS: 1.0/ 121 bpm 65% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 06:29 0.0 mph, 0.0%

4X 80 ms Post U

25 mm/Sec: 1.0 Cm/mV



REMARKS:





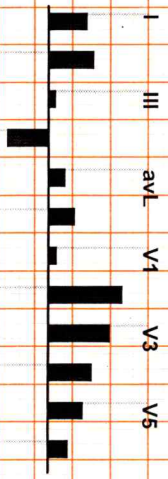
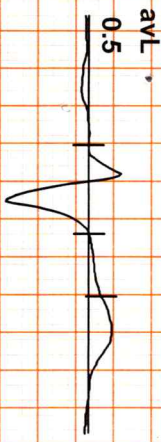
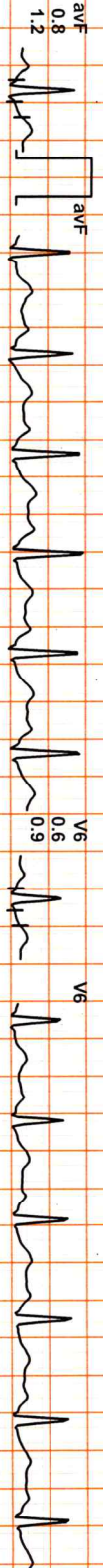
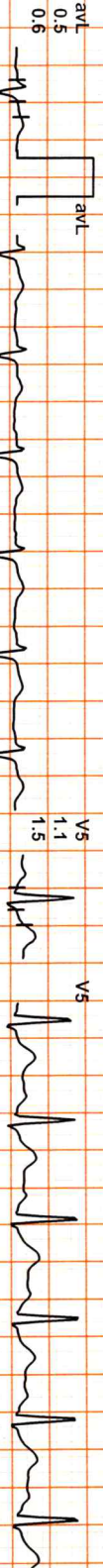
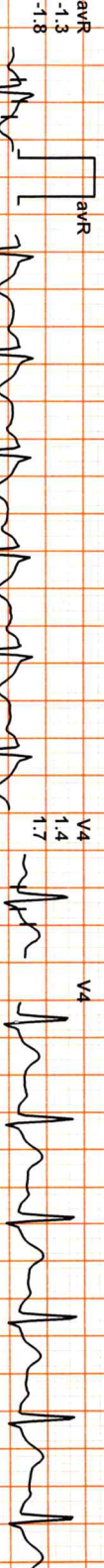
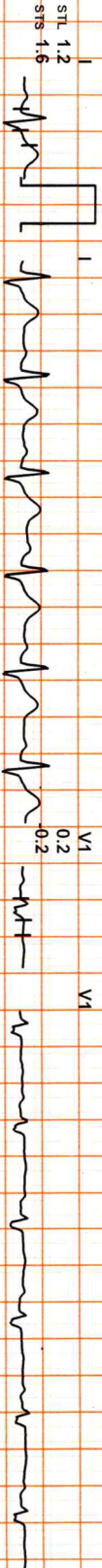
1811 / MR ANSHU / 34 Yrs / M

Date: 13-Mar-2022 03:32:19 PM METS: 1.0/ 115 bpm 61% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 06:29 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec.: 1.0 Cm/mV



II

aVR

aVF

V2

V4

V6

REMARKS:



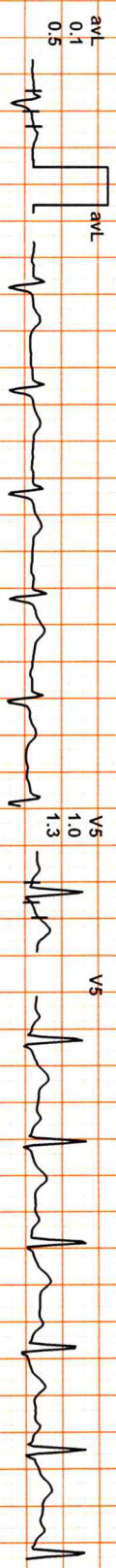
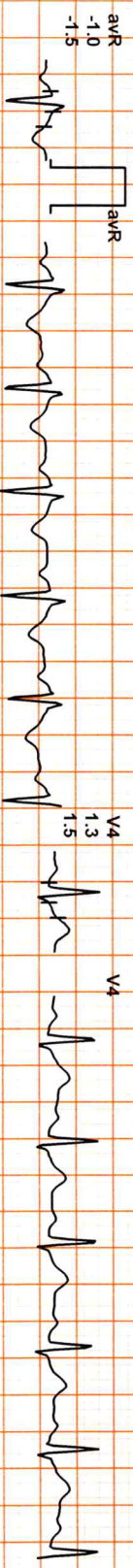
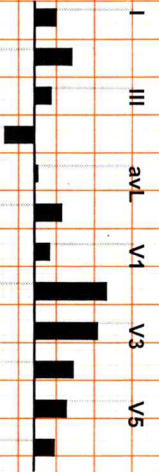
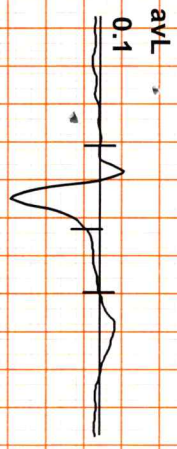


Date: 13-Mar-2022 03:32:19 PM METS: 1.0/ 110 bpm 59% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:29 0.0 mph, 0.0%

4X 80 mS PostU

25 mm/Sec. 1.0 Cm/mV



REMARKS:



# 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



Date :- 13/03/2022 13:05:25

Patient ID :-122127687

NAME :- Mr. ANSHU

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:47:24

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method:- HPLC	5.4	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5
<b>Instrument name:</b> ARKRAY's ADAMS Lite HA 8380V, JAPAN.			
<b>Test Interpretation:</b> 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.			
<b>Ref by ADA 2020</b>			
<b>MEAN PLASMA GLUCOSE</b> Method:- Calculated Parameter	108	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher

BANWARI  
Technologist

Page No: 1 of 14



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



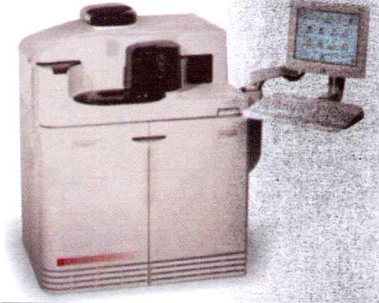
# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

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



Date :- 13/03/2022 13:05:25

NAME :- Mr. ANSHU

Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :-122127687

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:47:24

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	13.9	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.38	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	63.5	%	40.0 - 80.0
LYMPHOCYTE	29.6	%	20.0 - 40.0
EOSINOPHIL	3.4	%	1.0 - 6.0
MONOCYTE	3.2	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.42	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.59	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.18	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.17	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.64	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	41.20	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	88.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.8	g/dL	31.5 - 34.5
PLATELET COUNT	264	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	19.16		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

BANWARI  
Technologist

Page No: 2 of 14



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



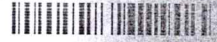
# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25 Patient ID :-122127687  
**NAME :- Mr. ANSHU** Ref. By Dr:- BOB  
Sex / Age :- Male 34 Yrs Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:47:24

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	13	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: FLC, DLC, Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and or connective tissue disease.

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

BANWARI  
Technologist

Page No: 3 of 14



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



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25 Patient ID :-122127687  
**NAME :- Mr. ANSHU** Ref. By Dr:- BOB  
 Sex / Age :- Male 34 Yrs Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 13/03/2022 13:09:16 Final Authentication : 13/03/2022 14:10:03

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	222.66 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	295.22 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	59.04	mg/dl	Very high >500 0.00 - 80.00

MUKESH SINGH

Page No: 4 of 14



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



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25

Patient ID :- 122127687

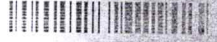
NAME :- Mr. ANSHU

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:10:03

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	34.09	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	167.00 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.53 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.90 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	818.10	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**

MUKESH SINGH

Page No: 5 of 14



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



# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

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



Date :- 13/03/2022 13:05:25

NAME :- Mr. ANSHU

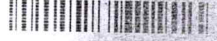
Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :- 122127687

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:10:03

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.73	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	35.2	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	66.0 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	95.40	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.82	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.60	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.22	gm/dl	2.20 - 3.50
A/G RATIO	1.43		1.30 - 2.50

MUKESH SINGH

Page No: 6 of 14



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



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25

Patient ID :-122127687

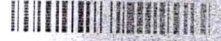
**NAME :- Mr. ANSHU**

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:10:03

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.32	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.41	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	<b>101.70</b> H	U/L	11.00 - 50.00

**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) are observed with infectious hepatitis.

MUKESH SINGH

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





# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25

**NAME :- Mr. ANSHU**

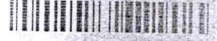
Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :-122127687

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:30:59

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	2.580	μIU/mL	0.465 - 4.680

ANANDSHARMA  
Technologist

Page No: 8 of 14



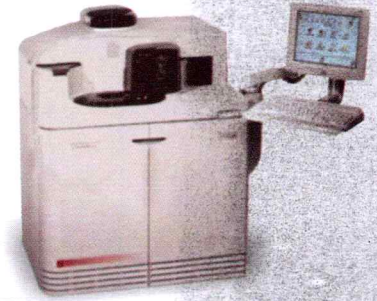
Dr. Chandrika Gupta  
MBBS.MD ( Path )  
RMC NO. 21021/008037



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25

Patient ID :-122127687

**NAME :- Mr. ANSHU**

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:31:36

### IMMUNOASSAY

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

SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.280	ng/ml	0.970 - 1.690
---	-------	-------	---------------

SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.060	ug/dl	5.530 - 11.000
---	-------	-------	----------------

**InstrumentName:** VITROS ECI **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.

**InstrumentName:** VITROS ECI **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.

**InstrumentName:** VITROS ECI **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

ANANDSHARMA  
 Technologist

Page No: 9 of 14



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



# Dr. Goyal's

## Path Lab & Imaging Centre

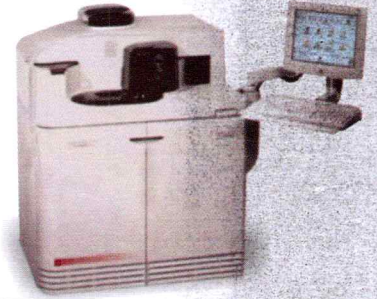
B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

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



MC - 2300



Date :- 13/03/2022 13:05:25

NAME :- Mr. ANSHU

Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :-122127687

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:06:34

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
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

POOJABOHRA  
Technologist

Page No: 10 of 14



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



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25

Patient ID :-122127687

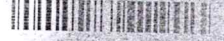
**NAME :- Mr. ANSHU**

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:06:34

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

POOJABOHRA  
 Technologist

Page No: 11 of 14



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



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25

Patient ID :- 122127687

NAME :- Mr. ANSHU

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, PLAIN/Serum Collected Time 13/03/2022 13:09:16

Final Authentication : 13/03/2022 14:10:03

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	115.9 H	mg/dl	75.0 - 115.0
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.

SERUM CREATININE  
Method:- Colorimetric Method

1.21 mg/dl

Men - 0.6-1.30  
Women - 0.5-1.20

SERUM URIC ACID  
Method:- Enzymatic colorimetric

6.96 mg/dl

Men - 3.4-7.0  
Women - 2.4-5.7

MUKESH SINGH

Page No: 12 of 14



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



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25

Patient ID :-122127687

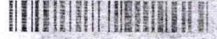
**NAME :- Mr. ANSHU**

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA, PLAIN/SERUM, URINE, ~~SERUM~~ Collected Time 13/03/2022 16:03:45

Final Authentication : 13/03/2022 16:18:42

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B"POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	13.5	mg/dl	0.0 - 23.0

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

BANWARI, MUKESH SINGH, POOJABOHRA  
Technologist

Page No: 14 of 14



Dr. Piyush Goyal  
(D.M.R.D.)  
Dr. Chandrika Gupta  
DR. TANURUNGIA

"CONDITIONS OF REPORTING SEE OVER LEAF"



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25

NAME :- Mr. ANSHU

Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :- 122127687

Ref. By Doctor :- BOB

Lab/Hosp :-

Final Authentication : 13/03/2022 14:31:13

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 \*\*\*

Page No: 1 of 1

ANITASHARMA

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. Tej Prakash Gupta  
DMRD (RADIO DIAGNOSIS)  
RMC No. 24436

Dr. Hitesh Kumar Sharma  
M.B.B.S., D.M.R.D.  
RMC Reg No. 27380

Transcript by.



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 13/03/2022 13:05:25

NAME :- Mr. ANSHU

Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :- 122127687

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 13/03/2022 14:58:42

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

*Large body habitus*

**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 contracted (Post prandial) 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 obscured by gases.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary bladder** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Prostate** is normal in size with normal echo-texture and outline.

No enlarged nodes are visualised.No retro-peritoneal lesion is identified  
Great vessels appear normal.

No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

**Grade III fatty changes in liver (Adv - Elastography).**  
**Needs clinical correlation for further evaluation**

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

Page No: 1 of 1

ANITASHARMA

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. Tej Prakash Gupta  
DMRD (RADIO DIAGNOSIS)  
RMC No. 24436

Dr. Hitesh Kumar Sharma  
M.B.B.S., D.M.R.D.  
RMC Reg No. 27380

Transcript by.

Print Copy



