

# 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: drgoyal@pathlab.com

### General Physical Examination

Date of Examination: 09-09-2023

Name: VINOD KUMAR SAINI Age: 37 Sex: Male

DOB: 10-Jun-1986

Referred By: BOB (Medicoheel)

Photo ID: aadhar ID #: \_\_\_\_\_

Ht: 175 (cm)

Wt: 80 (Kg)

Chest (Expiration): 95 (cm)

Abdomen Circumference: 97 (cm)

Blood Pressure: 126/82 mm Hg

PR: 78 /min

RR: 18 /min

Temp: Afebrile

BMI 26.1

Eye Examination: vision normal G/G, M/G B/C eyes

Normal color vision

Other: not significant

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

Signature Of Examinee : \_\_\_\_\_ Name of Examinee: \_\_\_\_\_

Signature Medical Examiner : \_\_\_\_\_ Name Medical Examiner \_\_\_\_\_

**Dr. Piyush Goyal**  
M.B.B.S., D.M.R.D.  
AWIC Reg. No. -017998

Dr. Piyush Goyal  
M.B.B.S., D.M.R.I.S  
Pillai Road No. 5

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Address: S/O Megh Raj Saini, WARD N.2, Basawa, Basawa, Jhunjhunun, Rajasthan, 333304

पता: श्री मेघ राज सैनी, वार्ड नं. 2, बसावा, बसावा, जूजुनून, राजस्थान, 333304

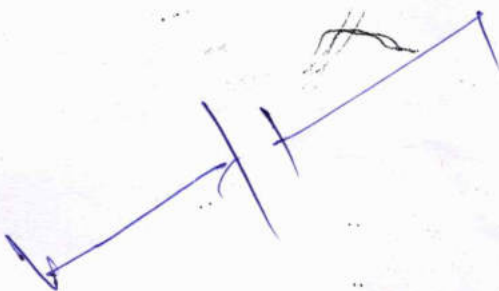
भारतीय जनता पार्टी  
INDIAN NATIONAL CONGRESS PARTY OF INDIA

आधार - आप आधार की का आधारकार

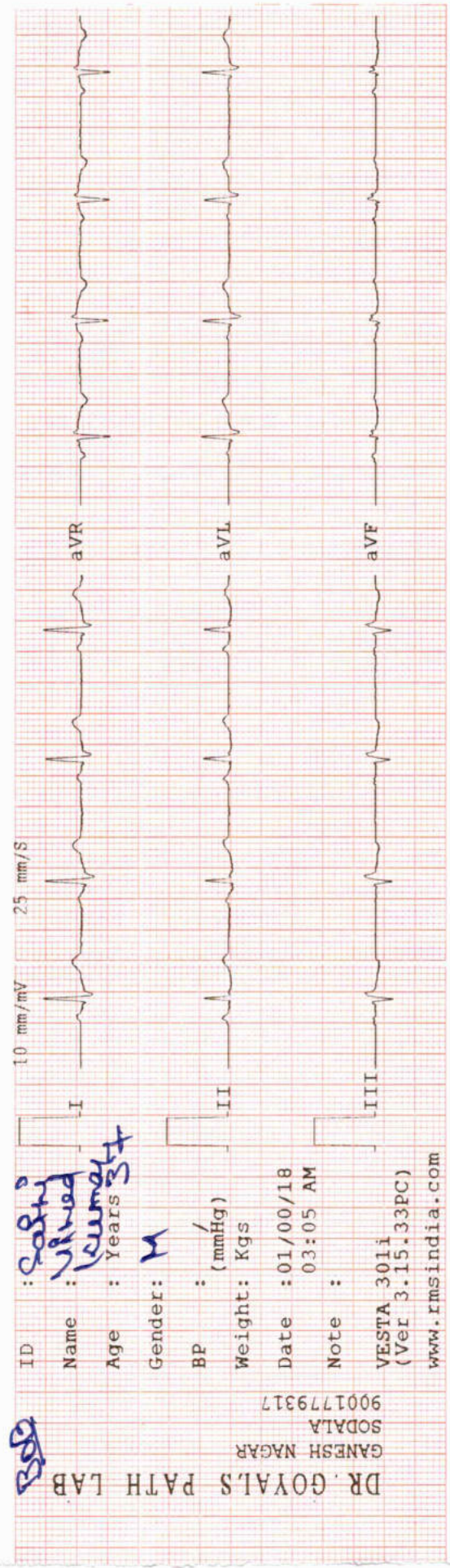
6054 4755 3642

विनोद कुमार सैनी  
VINOD KUMAR SAINI  
वर्ष / Year of Birth : 1986  
पुरुष / Male

भारत सरकार  
GOVERNMENT OF INDIA



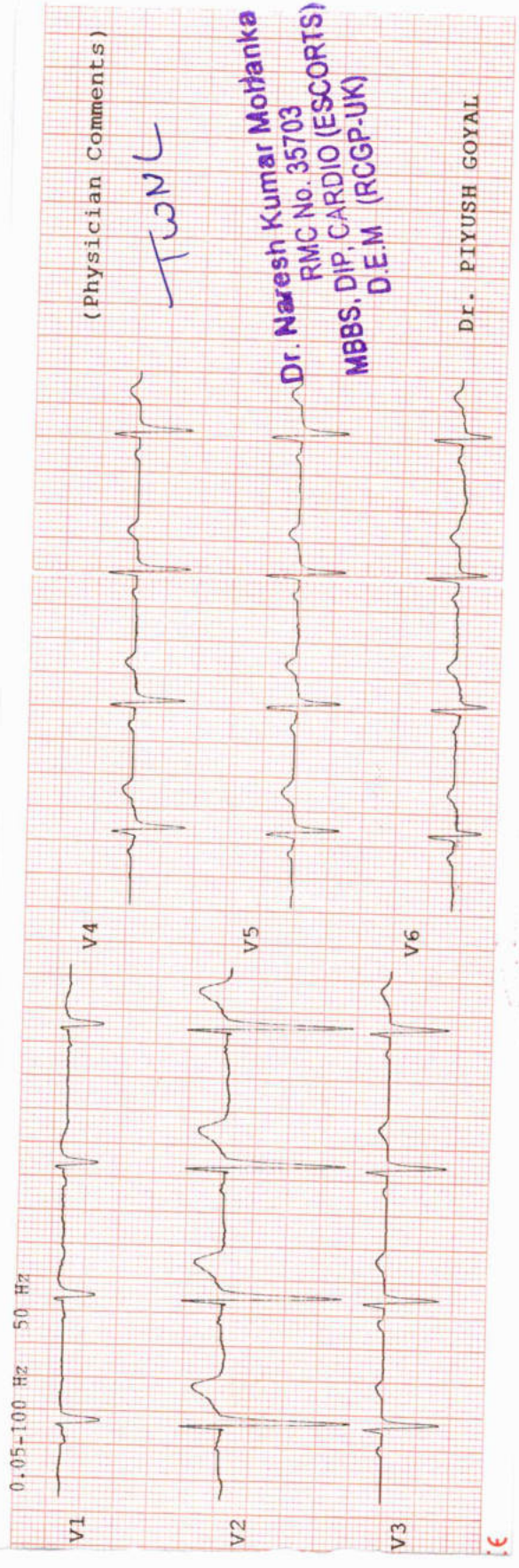
Vinod Kumar Saini 37 yrs - BOB



ID : 9017  
 Name : Vinod Kumar Saini  
 Age : 37 Years  
 Gender : M  
 BP : / (mmHg)  
 Weight : Kgs  
 Date : 01/00/18  
 Note : 03:05 AM  
 VESTA 301i  
 (Ver 3.15.33PC)  
 www.rmsindia.com

DR. GOYAL'S PATH LAB  
 GANESH NAGAR  
 SODALA  
 9001779317

ARROW



(Physician Comments)

TWNL

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

DR. PIYUSH GOYAL

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Date :- 09/09/2023 10:06:54  
**NAME :- Mr. SAINI VINOD KUMAR**  
Sex / Age :- Male 37 Yrs  
Company :- MediWheel

Patient ID :- 12232854  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 09/09/2023 11:37:06

BOB PACKAGE BELOW 40MALE

### X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

**Impression :- Normal Study**

(Please correlate clinically and with relevant further investigations)

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



**Dr. NAVNEET AGARWAL (MD,DNB)**  
(RADIO-DIAGNOSIS)  
(RMC No. 33613 / 14911)

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

Page No: 1 of 1

**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  
FMF ID - 260517 | RMC No 22430

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

Transcript by.

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MC- 5509

Date :- 09/09/2023 10:06:54  
**NAME :- Mr. SAINI VINOD KUMAR**  
Sex / Age :- Male 37 Yrs  
Company :- MediWheel

Patient ID :-12232854  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 09/09/2023 10:21:38

Final Authentication : 09/09/2023 13:19:36

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE BELOW 40MALE

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**  
Method:- HPLC

5.7 %

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

117 mg/dL

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

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Technologist

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

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	15.3	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	6.63	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	61.2	%	40.0 - 80.0
LYMPHOCYTE	29.9	%	20.0 - 40.0
EOSINOPHIL	2.1	%	1.0 - 6.0
MONOCYTE	6.5	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.27	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.10	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.17	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.21	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)	5.36	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	47.20	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	88.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.3	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	155	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	16.42		

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.

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Technologist

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Sex / Age :- Male 37 Yrs	Lab/Hosp :-	
Company :- MediWheel		
Sample Type :- EDTA	Sample Collected Time 09/09/2023 10:21:38	Final Authentication : 09/09/2023 13:19:36

### HAEMATOLOGY

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

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Technologist

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 Company :- MediWheel

Patient ID :-12232854  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 09/09/2023 10:21:38

Final Authentication : 09/09/2023 12:41:30

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	195.33	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	96.01	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.64	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	141.69	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	19.20	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	<b>5.19</b> H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	<b>3.76</b> H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	556.85	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTERO InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

SURENDRAKHANGA

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 Company :- MediWHEEL

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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 09/09/2023 10:21:38

Final Authentication : 09/09/2023 12:41:30

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.54	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	0.10	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.44	mg/dl	0.30-0.70
SGOT Method:- IFCC	35.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	75.0 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	93.80	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	34.80	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.85	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	3.90	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.95	gm/dl	2.20 - 3.50
A/G RATIO	1.32		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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Sample Type :- PLAIN/SERUM

Sample Collected Time 09/09/2023 10:21:38

Final Authentication : 09/09/2023 12:34:34

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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#### TOTAL THYROID PROFILE

SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.310	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.120	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.280	μIU/mL	0.350 - 5.500

**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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Sample Type :- URINE

Sample Collected Time 09/09/2023 10:21:38

Final Authentication : 09/09/2023 11:41:44

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		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
<b><u>MICROSCOPY EXAMINATION</u></b>			
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

VIJENDRAMEENA  
Technologist

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Patient ID :- 12232854  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 09/09/2023 10:21:38

Final Authentication : 09/09/2023 11:41:44

### CLINICAL PATHOLOGY

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

VIJENDRAMEENA  
Technologist

Page No: 8 of 12



**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 Sanganeer Road, Jaipur-302019 MC- 5509  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 09/09/2023 10:06:54  
**NAME :- Mr. SAINI VINOD KUMAR**  
Sex / Age :- Male 37 Yrs  
Company :- MediWheel

Patient ID :-12232854  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Salt BLOOD PLASMA SERUM  
Date of Test :- 09/09/2023 10:21:38

Final Authentication : 09/09/2023 14:36:33

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	103.6	mg/dl	75.0 - 115.0
<b>Impaired glucose tolerance (IGT)</b>	111 - 125 mg/dL		
<b>Diabetes Mellitus (DM)</b>	> 126 mg/dL		
<b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> 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) Method:- GOD PAP	140.0	mg/dl	70.0 - 140.0
<b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> 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	0.86	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.99	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

Page No: 9 of 12



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Date :- 09/09/2023 10:06:54

Patient ID :-12232854

**NAME :- Mr. SAINI VINOD KUMAR**

Ref. By Dr:- BOB

Sex / Age :- Male 37 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 09/09/2023 10:21:38

Final Authentication : 09/09/2023 14:31:00

### 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).

URINE SUGAR (FASTING)  
Collected Sample Received

Nil

Nil

URINE SUGAR PP  
Collected Sample Received

Nil

Nil

AJAYSINGH, VIJENDRAMEENA  
**Technologist**

Page No: 11 of 12



**Dr. Rashmi Bakshi**  
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RMC No. 17975/008828  
**Dr. Chandrika Gupta**

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**NAME :- Mr. SAINI VINOD KUMAR**  
Sex / Age :- Male 37 Yrs  
Company :- MediWheel

Patient ID :- 12232854  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 09/09/2023 10:21:38

Final Authentication : 09/09/2023 12:41:30

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.4	mg/dl	0.0 - 23.0

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

SURENDRAKHANGA

Page No: 12 of 12



**Dr. Chandrika Gupta**  
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Date :- 09/09/2023 10:06:54  
**NAME :- Mr. SAINI VINOD KUMAR**  
Sex / Age :- Male 37 Yrs  
Company :- MediWheel

Patient ID :- 12232854  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 09/09/2023 14:11:51

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver is of mild enlarged in size 14.5 cm. Echo-texture is minimal 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. Small non-mobile, non-shadowing echogenic foci is seen attached to GB wall, measuring approx. 4.2 mm.** 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. Pre void - 350 ml, Post void - 19 ml (Insignificant)**

**Prostate is mild enlarged in size ~26 gms with normal echo-texture and outline.**

#### IMPRESSION:

**Mild hepatomegaly with early fatty changes.**

**Small gall bladder polyp.**

**Mild prostatomegaly.**

*Needs clinical correlation for further evaluation*

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

Page No: 1 of 1

ANITASHARMA

**Dr. Piyush Goyal**  
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RMC Reg No. 017996

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

**Dr. Ashish Choudhary**  
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Fetal Medicine Consultant  
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Transcript by.

This report is not valid for medico-legal purpose.



# Dr. Goyal's

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Date :- 09/09/2023 10:06:54	Patient ID :- 12232854
<b>NAME :- Mr. SAINI VINOD KUMAR</b>	Ref. By Doctor:-BOB
Sex / Age :- Male 37 Yrs	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 09/09/2023 14:05:59

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	23	mm	LA	30	Mm	IVS-D	8	mm
IVS-S	12	mm	LVID	46	Mm	LVSD	30	mm
LVPW-D	9	mm	LVPW-S	14	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	62%				RWMA	ABSENT		

#### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

#### COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.80	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.46	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION				ABSENT
AORTIC VALVE				
PEAK VELOCITY	1.1	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION				ABSENT
TRICUSPID VALVE				
PEAK VELOCITY	0.60	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 VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION				ABSENT

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Patient ID :- 12232854  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 09/09/2023 14:05:59

### Impression--

1. Normal LV size & contractility.
2. No RWMA, LVEF 62%.
3. Normal cardiac chamber.
4. Normal valve.
5. No clot, no vegetation, no pericardial effusion.

  
(Cardiologist)

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

Page No: 2 of 2

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