

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

General Physical Examination

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

Date of Examination: 30/02/2024

Name: LOKESH VERMA Age: 28 Sex: M

DOB: 15/09/1995

Referred By: Medisheel

Photo ID: MAN CARD ID #: ATTACHED.

Ht: 177 (cm)

Wt: 71 (Kg)

Chest (Expiration): 93 (cm)

Abdomen Circumference: 87 (cm)

Blood Pressure: 136/86 mm Hg PR: 80 /min

BMI 22.7 Kg/m²

Eye Examination: Distant vision 6/6 with spec. Near vision N/A.
no colour blindness

Other: Not Significant

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

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

Signature Medical Examiner: Dr. Piyush Goyal Name Medical Examiner _____

M.B.B.S., D.M.R.D.
RMC Reg. No.-017906

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BLYPV9669N



नाम/ Name
LOKESH VERMA

पिता का नाम/ Father's Name
SHANKAR LAL VERMA

जन्म की तारीख/ Date of Birth
15/09/1995

Lokesh
हस्ताक्षर/ Signature



16042018

Lokesh
Dr. Piyush Govil
M.B.B.S., D.M.R.D.
R.J.P. Reg. No.-017996

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

Date :- 30/01/2024 10:23:40
NAME :- Mr. LOKESH VERMA
Sex / Age :- Male 28 Yrs
Company :- Medi/Wheel

Patient ID :- 12235517
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 30/01/2024 10:43:08

Final Authentication : 30/01/2024 12:34:14

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

6.5 H %

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

140 H mg/dL

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

AJAYSINGH
Technologist

Page No: 1 of 12



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



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Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.5	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.19	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	54.0	%	40.0 - 80.0
LYMPHOCYTE	40.5 H	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	3.3	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.89	10 ³ /uL	1.50 - 7.00
LYMPH#	2.92	10 ³ /uL	1.00 - 3.70
EO#	0.14	10 ³ /uL	0.00 - 0.40
MONO#	0.23	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.89 H	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	49.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	83.7	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.4 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.5	g/dL	31.5 - 34.5
PLATELET COUNT			
RDW-CV	13.6	%	11.6 - 14.0
MENTZER INDEX	14.21		

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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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR) 06 mm/hr. 00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia
(CBC) Methodology: DLC, 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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Sample Type :- PLAIN/SERUM

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	259.97 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	89.36	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	48.06	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	197.02 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	17.87	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.41 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.10 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	696.94	mg/dl	400.00 - 1000.00
<small>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid dysregulation metabolism disorders.</small>			
<small>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.</small>			
<small>DIRECT HDL CHOLESTEROL 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.</small>			
<small>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.</small>			
<small>TOTAL LIPID AND VLDL ARE CALCULATED</small>			

SURENDRAKHANGA

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.60	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	0.14	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.46	mg/dl	0.30-0.70
SGOT Method:- IFCC	23.2	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	35.7	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	99.30	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	48.70	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.18	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.62	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.56	gm/dl	2.20 - 3.50
A/G RATIO	1.80		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument Name Randox Rx India 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 those 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 Instrument Name Randox Rx India 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 Instrument Name Randox Rx India 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer Instrument Name Randox Rx India 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 Instrument Name Randox Rx India 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 Instrument Name Randox Rx India 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 India Interpretation: Elevations in GGT levels occur 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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Rashmi

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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 30/01/2024 10:43:08

Final Authentication : 30/01/2024 11:49:05

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.380	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.190	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	0.670	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

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 Company :- MediWheel



Sample Type -> URINE Sample Collected Time 30/01/2024 10:43:08 Final Authentication : 30/01/2024 14:46:04

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
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 Nitroprusside) Rother's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
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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NAME :- Mr. LOKESH VERMA

Ref. By Dr.- BOB

Sex / Age :- Male 28 Yrs

Lab/Hosp :-

Company :- Med/Wheel

Sample Type :- STOOL

Sample Collected Time 30/01/2024 10:43:08

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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STOOL ANALYSIS

PHYSICAL EXAMINATION

MUCUS

BLOOD

MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA
Technologist

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Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Fluoride-F, BUN, SERUM 30/01/2024 10:43:08

Final Authentication : 30/01/2024 15:39:14

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	100.1	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	110.3	mg/dl	70.0 - 140.0
SERUM CREATININE Method:- Colorimetric Method	1.03	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.56	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO

"B" NEGATIVE

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

URINE SUGAR PP
Collected Sample Received

Nil

Nil

AJAYSINGH, VIJENDRAMEENA
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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

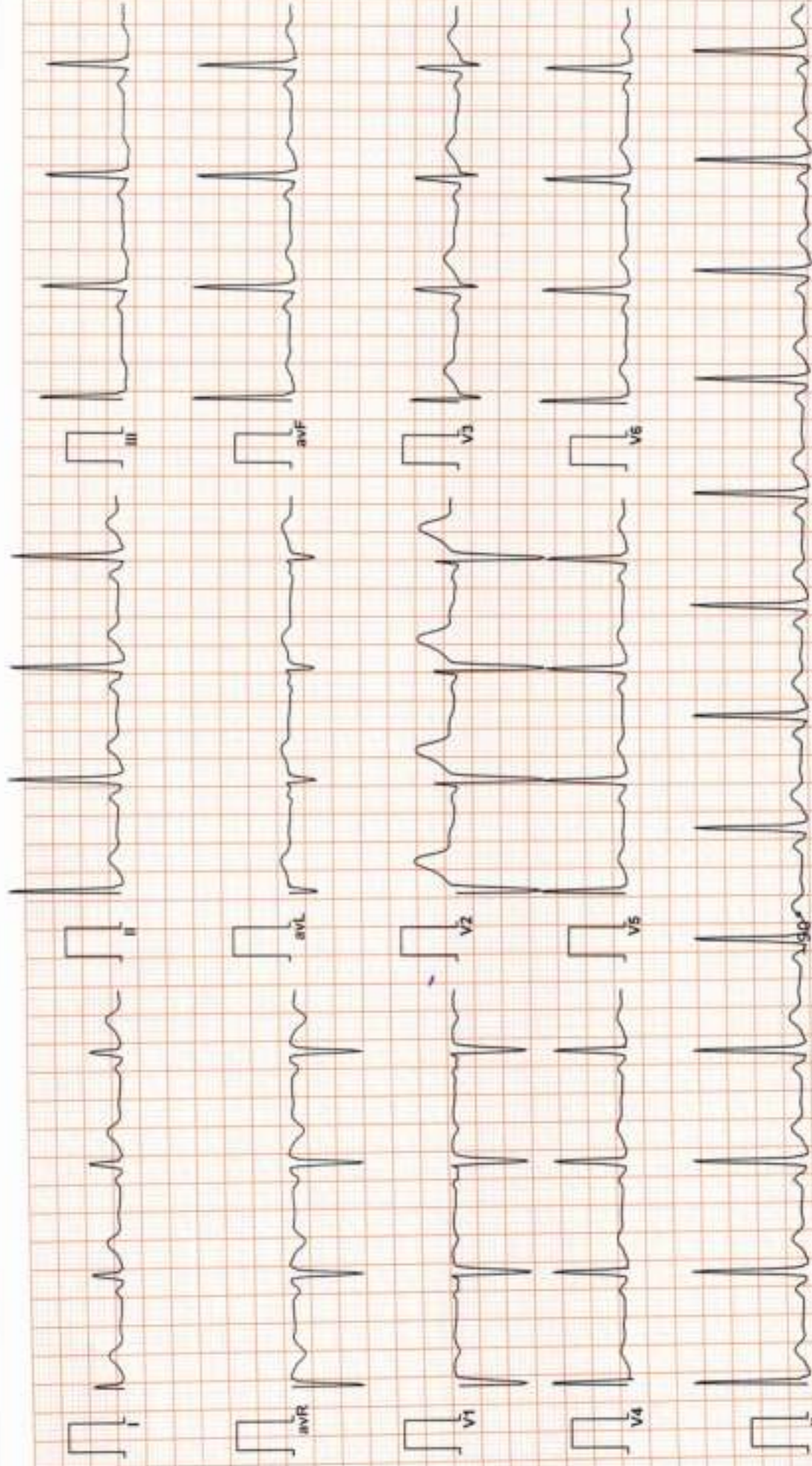
*** End of Report ***

SURENDRAXHANGA

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Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



Vent Rate : 76 bpm
 PR Interval : 144 ms
 QRS Duration: 78 ms
 QT/QTc Int : 364/392 ms
 P-QRS-T axis: 65.00 • 74.00 • 23.00 •



Reported By:

Dr Naresh Kumar Mohan
 MBBS, DIF-CARDIO (ESCORT:3)
 D.E.M. (RCGP-UK)



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RRP	PVC	Comments
Supine	00:04	0:04	01.1	00.0	01.0	077	40%	120/80	092	00	
Standing	00:40	0:36	01.1	00.0	01.0	087	45%	120/80	104	00	
HV	01:05	0:25	01.1	00.0	01.0	080	42%	120/80	096	00	
Warm Up	01:26	0:21	01.1	00.0	01.0	080	42%	120/80	096	00	
ExStart	03:11	1:45	01.0	00.0	01.0	108	56%	120/80	129	00	
BRUCE Stage 1	06:11	3:00	01.7	10.0	04.7	127	66%	135/85	171	00	
BRUCE Stage 2	09:11	3:00	02.5	12.0	07.1	154	80%	140/90	215	00	
PeakEx	10:26	1:15	03.4	14.0	08.4	169	88%	140/90	236	00	
Recovery	11:26	1:00	00.0	00.0	01.2	121	63%	140/90	169	00	
Recovery	12:26	2:00	00.0	00.0	01.0	101	53%	135/85	136	00	
Recovery	13:26	3:00	00.0	00.0	01.0	097	51%	125/80	121	00	
Recovery	14:26	4:00	00.0	00.0	01.0	093	48%	120/80	111	00	
Recovery	14:58	4:32	00.0	00.0	01.0	090	47%	120/80	108	00	

FINDINGS :

Exercise Time : 07:15
 Max HR Attained : 169 bpm 88% of Target 192
 Max BP Attained : 140/90 (mm/Hg)
 Max WorkLoad Attained : 8.4 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Base line ecg show whl There is mild st
 e changes seen during exercise in infero
 lat leads which reverted to base line
 within 1 min of recovery
 TMT negative FOR RMI
 correlate clinically.

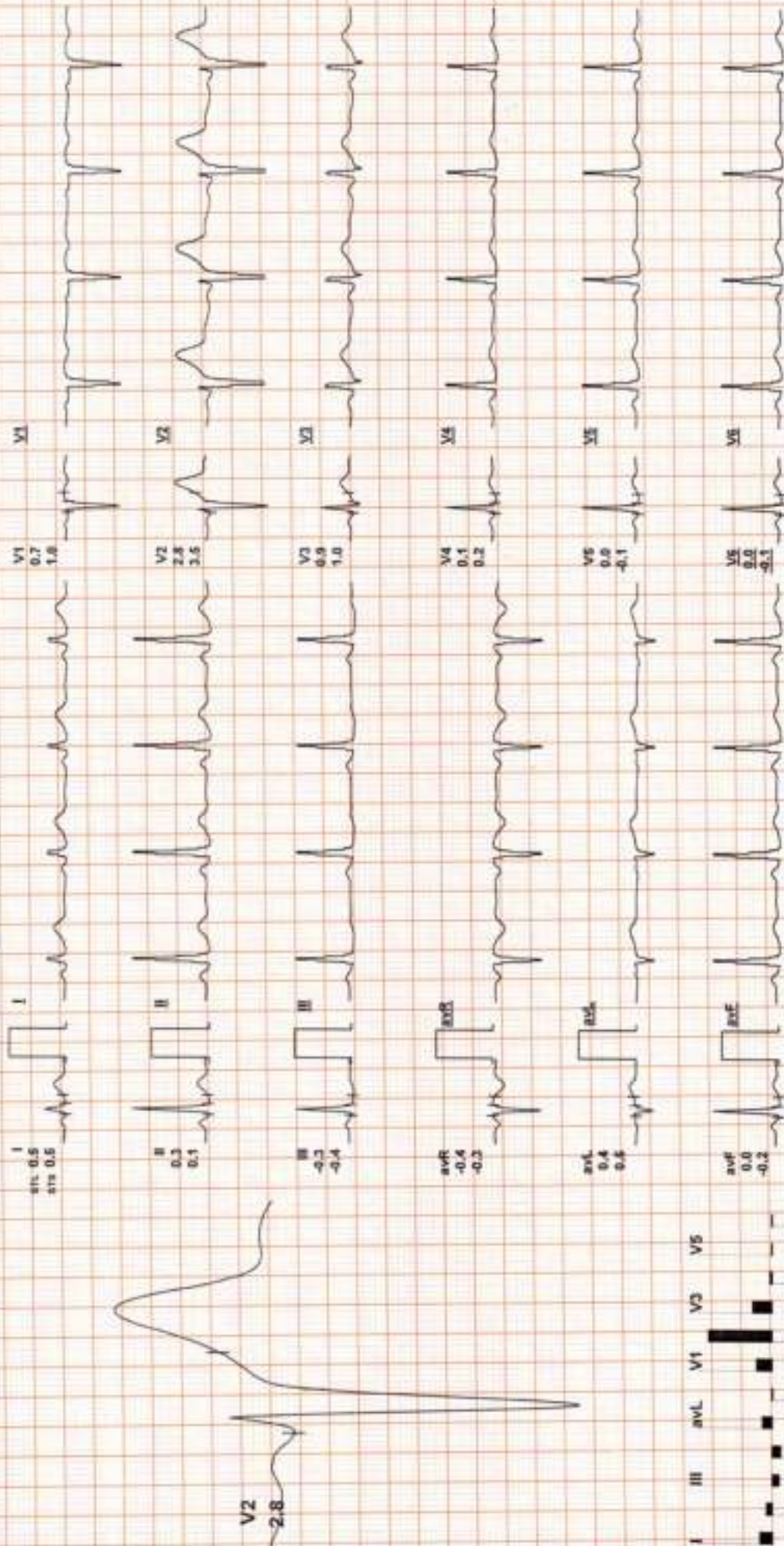
REPORT :

Dr. Naresh Kumar Mohanke
 BSc, MD, D. (ESCORTS),
 MBBS, DIP. CARDIO (ESCORTS),
 D.E.M. (RCGP-UK)



Date: 30 / 01 / 2024 12:45:35 PM METS: 1.0/ 77 bpm 40% of THR. BP: 120/80 mmHg Combined Medians/ BLG Onv Notch Onv HF: 0.05 Hz/ LF 35 Hz ExTime: 00:00 - 1.1 mph, 0.0%

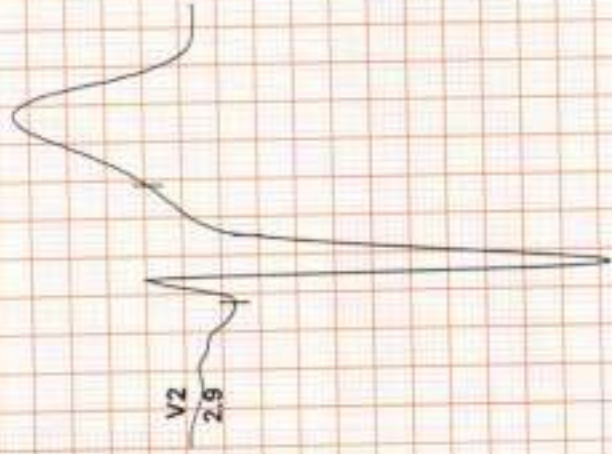
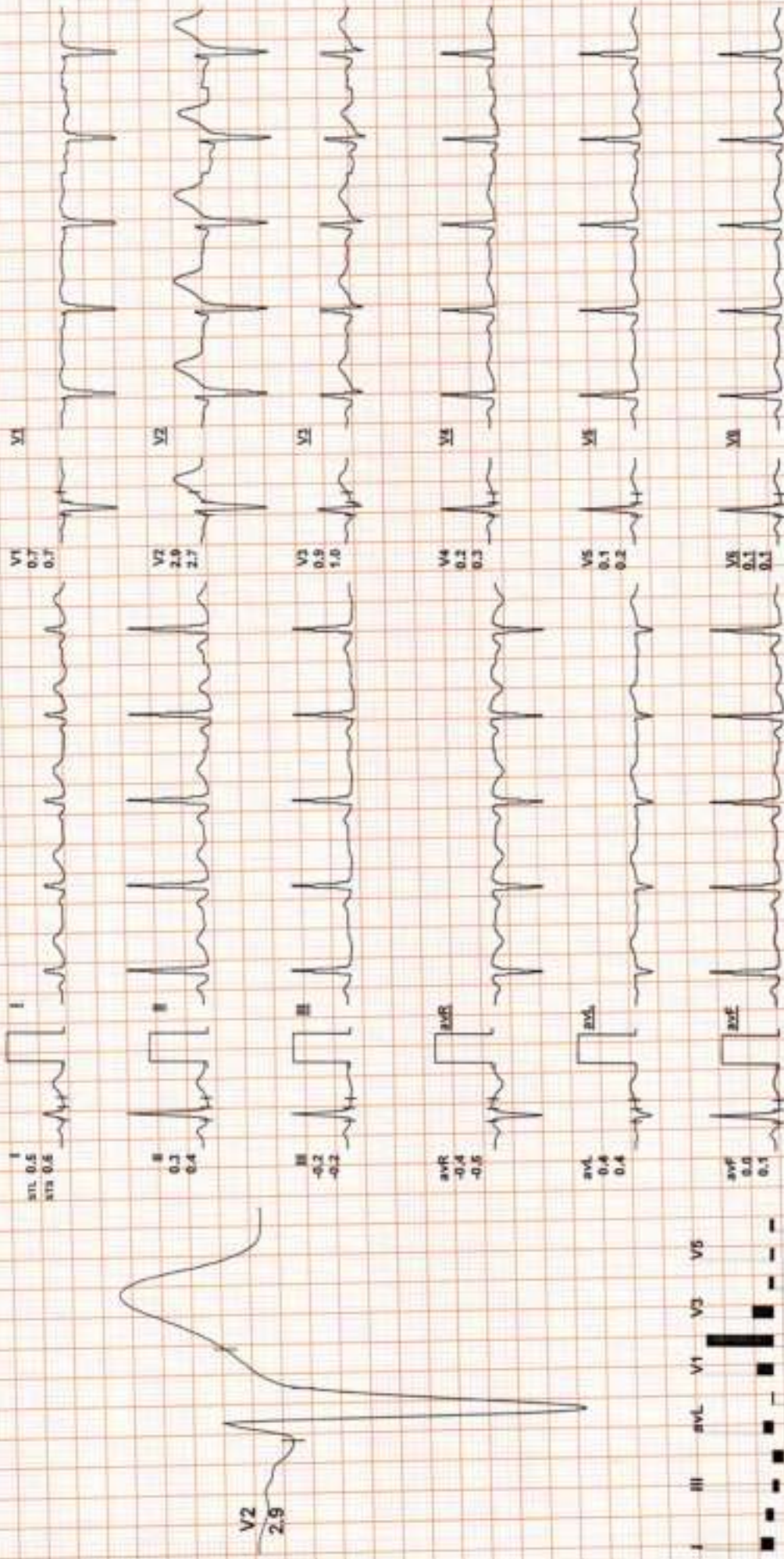
4X 80 mS Post J



REMARKS:

Date: 30 / 01 / 2024 12:45:35 PM METS: 1.0/ 87 bpm 45% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 3.6 Hz
ExTime: 00:00 1.1 mph 0.0%
35 min/Sec. 1.0 Cm/mV

4X 50 mS Post J



REMARKS:

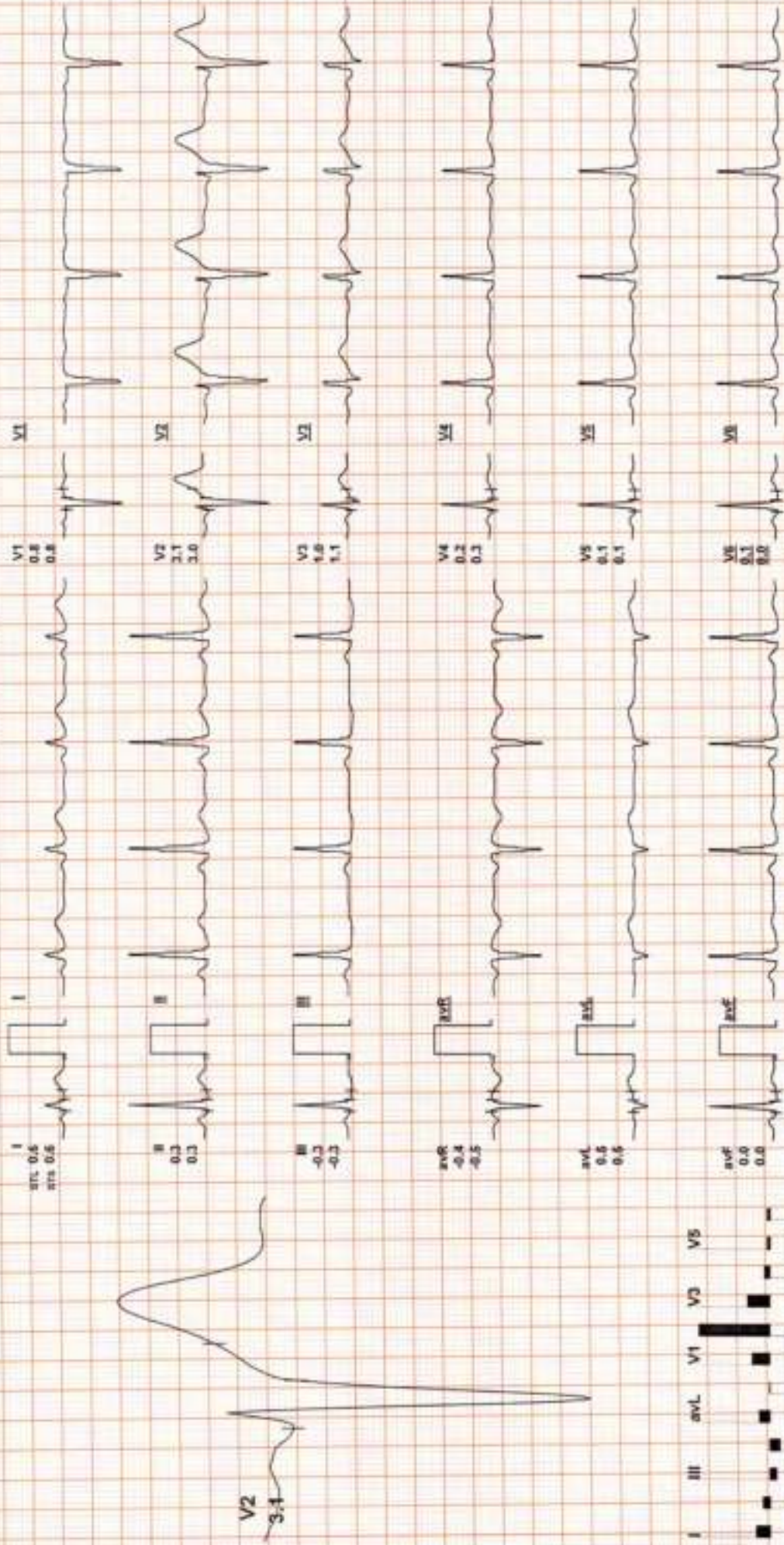


682 (113) / MR LOKESH VERMA / 28 Yrs / M / 0 Cms / 0 Kg / HR : 80

Date: 30 / 01 / 2024 12:45:35 PM METS: 1.0/ 80 bpm 43% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 40 mS Post J



II aVR aVF V2 V4 V6

REMARKS:

DR . GOYALS PATH LAB & IMGING CENTRE

682 (113) / MR LOKESH VERMA / 28 Yrs / M / O Crms / 0 Kg / HR : 80

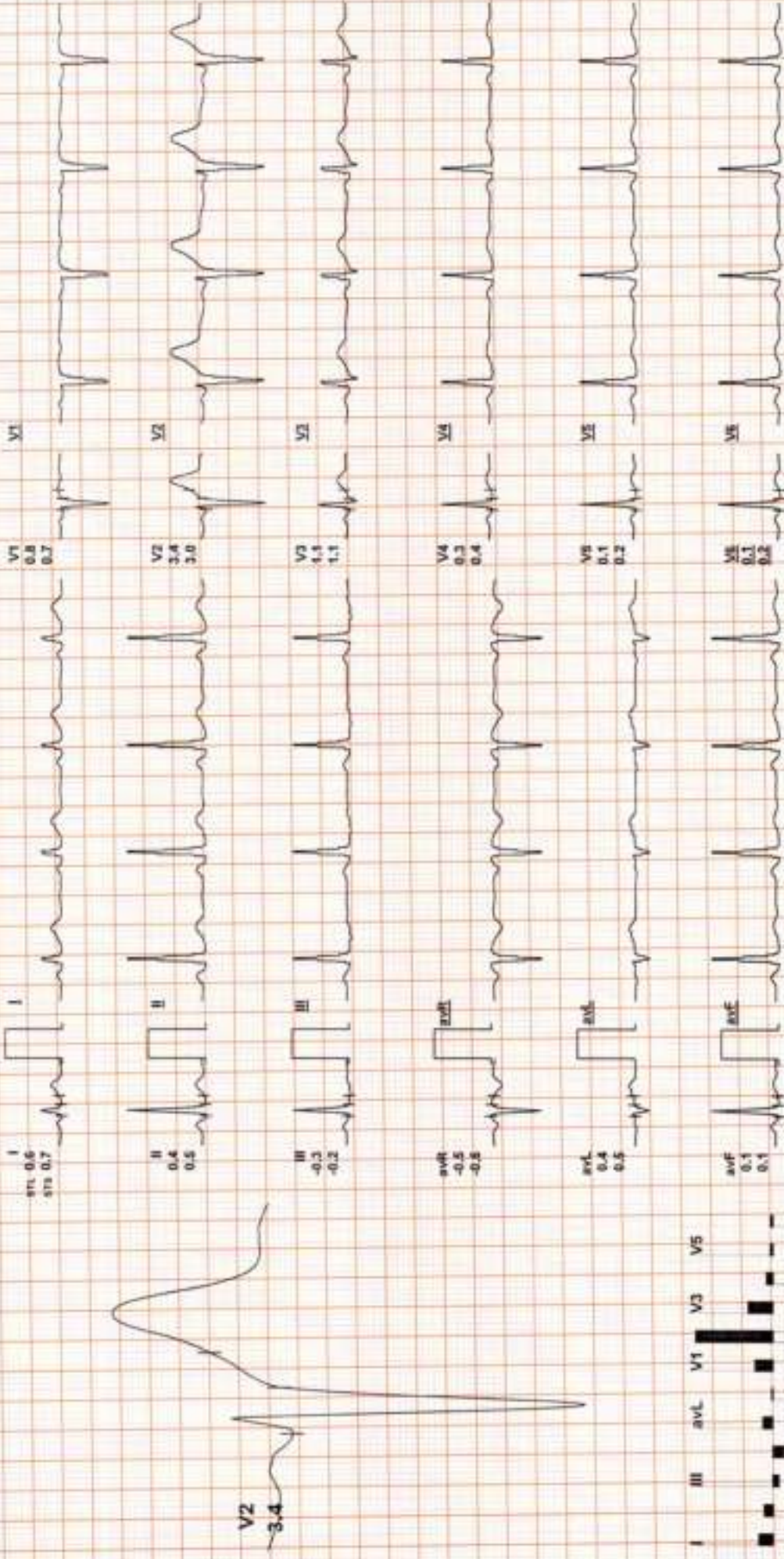
BRUCE:Warm Up(0:21)



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

Date: 30 / 01 / 2024 12:45:35 PM METS: 1.0/ 80 bpm 42% of THR BP: 120/80 mmHg Combined Median/ BLC On/ Notch On/ HF 0.05 Hz/ F 35 Hz

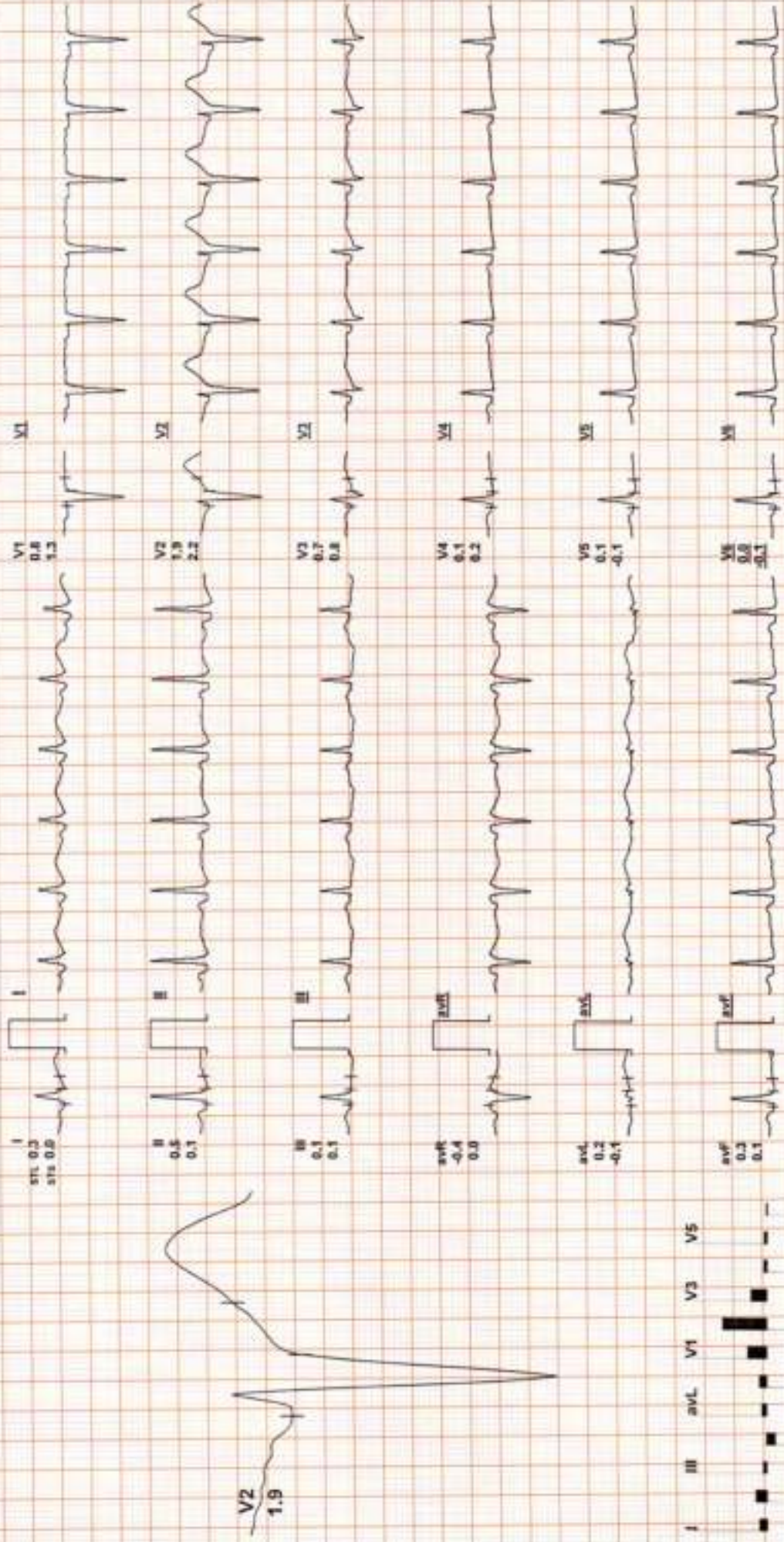
4X 80 m/s Post-J



REMARKS:



Date: 30 / 01 / 2024 12:45:35 PM METS: 1.0/ 108 bpm 56% of THR BP: 120/80 mmHg Combined Medians/ BLC: On/ Notch On/ HF 0.05 Hz/ LF 35 Hz
4X 80 ms Post J EkTime: 00:00 1.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV

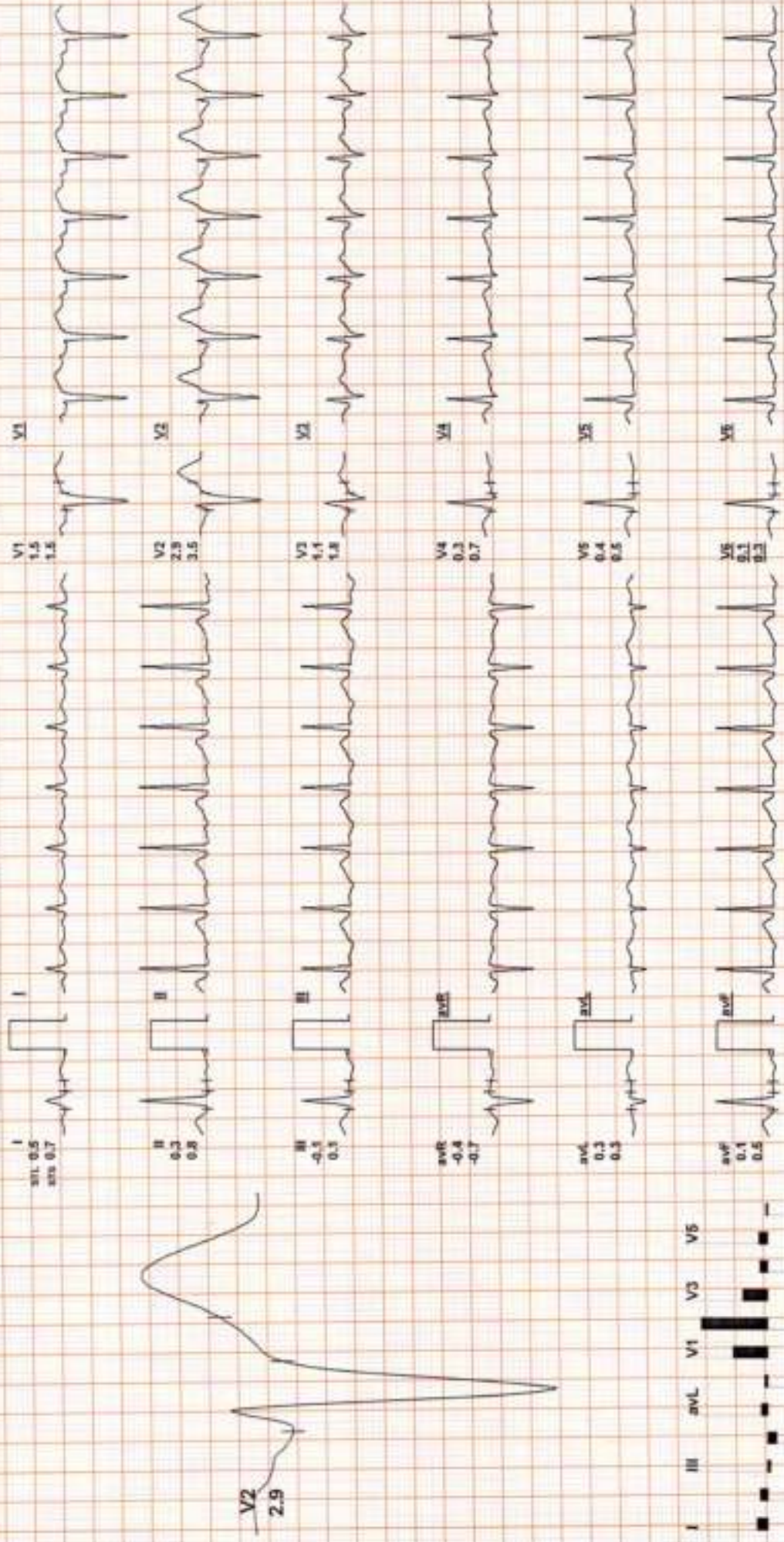


REMARKS:



682 (113) / MR LOKESH VERMA / 28 Yrs / M / 0 Cms / 0 Kg / HR : 127

Date: 30/01/2024 12:45:35 PM METS: 4.71/127 bpm 66% of THR BP: 135/85 mmHg Combined Medians/ BL: C On/ Notch On/ HF 0.05 Hz LF 35 Hz
4X 60 mS Post J ExTime: 03:00 1.7 mph 10.0% 25 mm/Sec. 1.0 Cm/mV

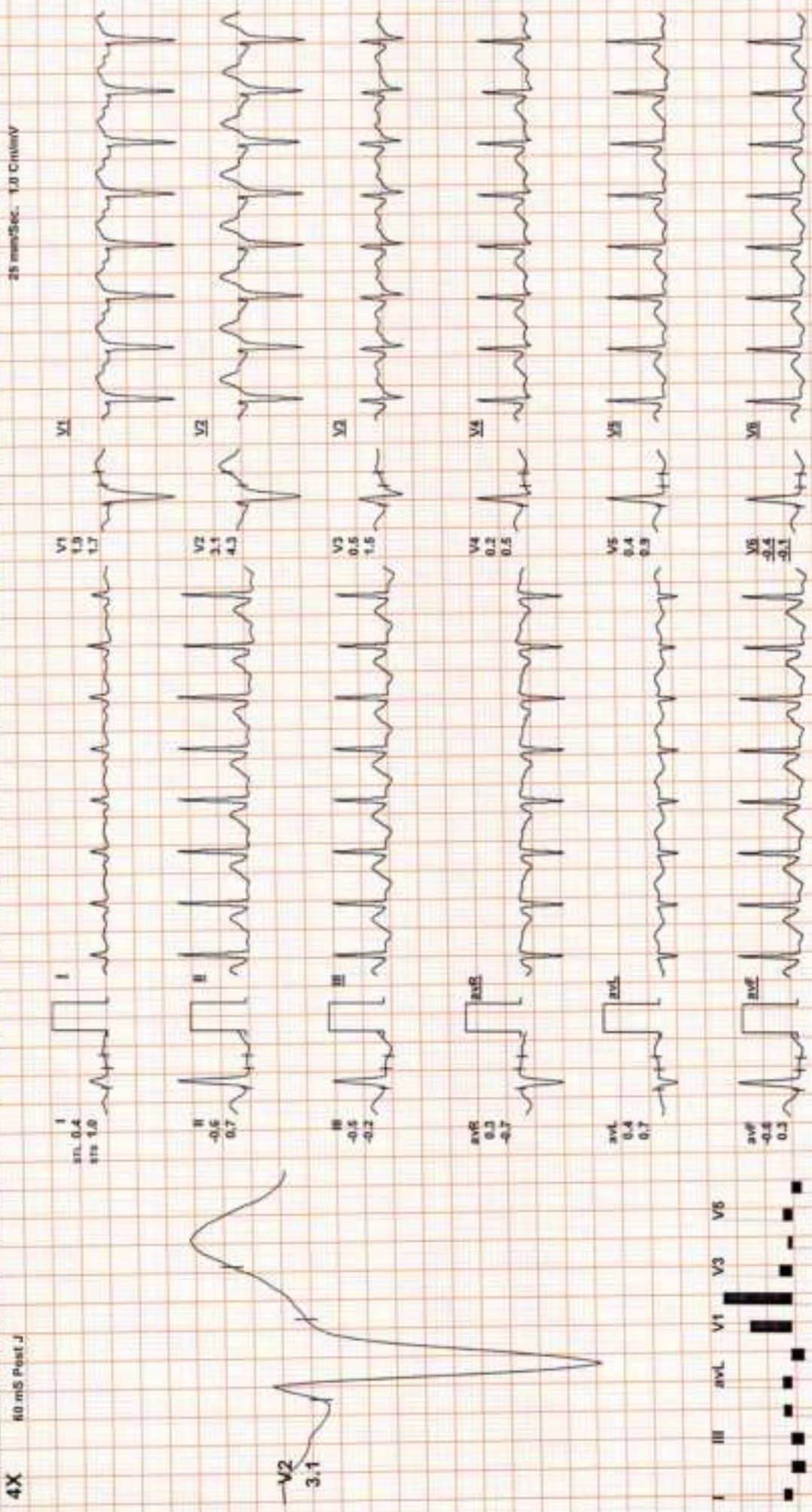


REMARKS:



Date: 30 / 01 / 2024 12:45:35 PM METS: 7.1/ 154 bpm 80% of THR BP: 140/90 mmHg Combined Medians/ BLC Ov/ Natch Ov/ HF 0.05 Hz/LF 35 Hz ExTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J



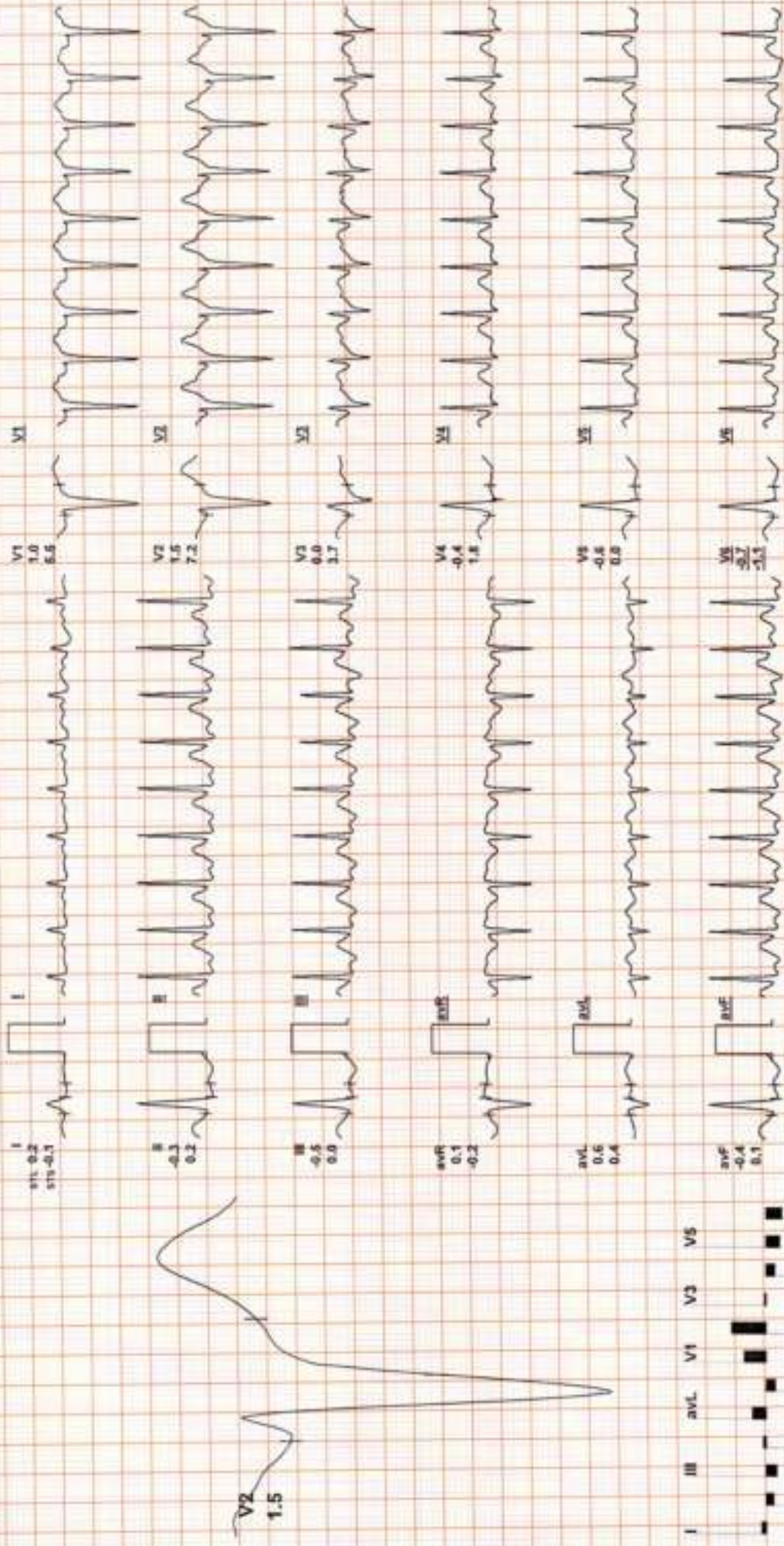
REMARKS:



ExTime: 07:15 3.4 mph, 14.0%
25 mm/Sec. 1.8 Cm/mV

Date: 30 / 01 / 2024 12:45:35 PM METS: 8.4/ 169 bpm 88% of THR BP: 140/90 mmHg Combined Medians/ BLC Ov/ Notch Ov/ HF 0.05 Hz/LF:35 Hz

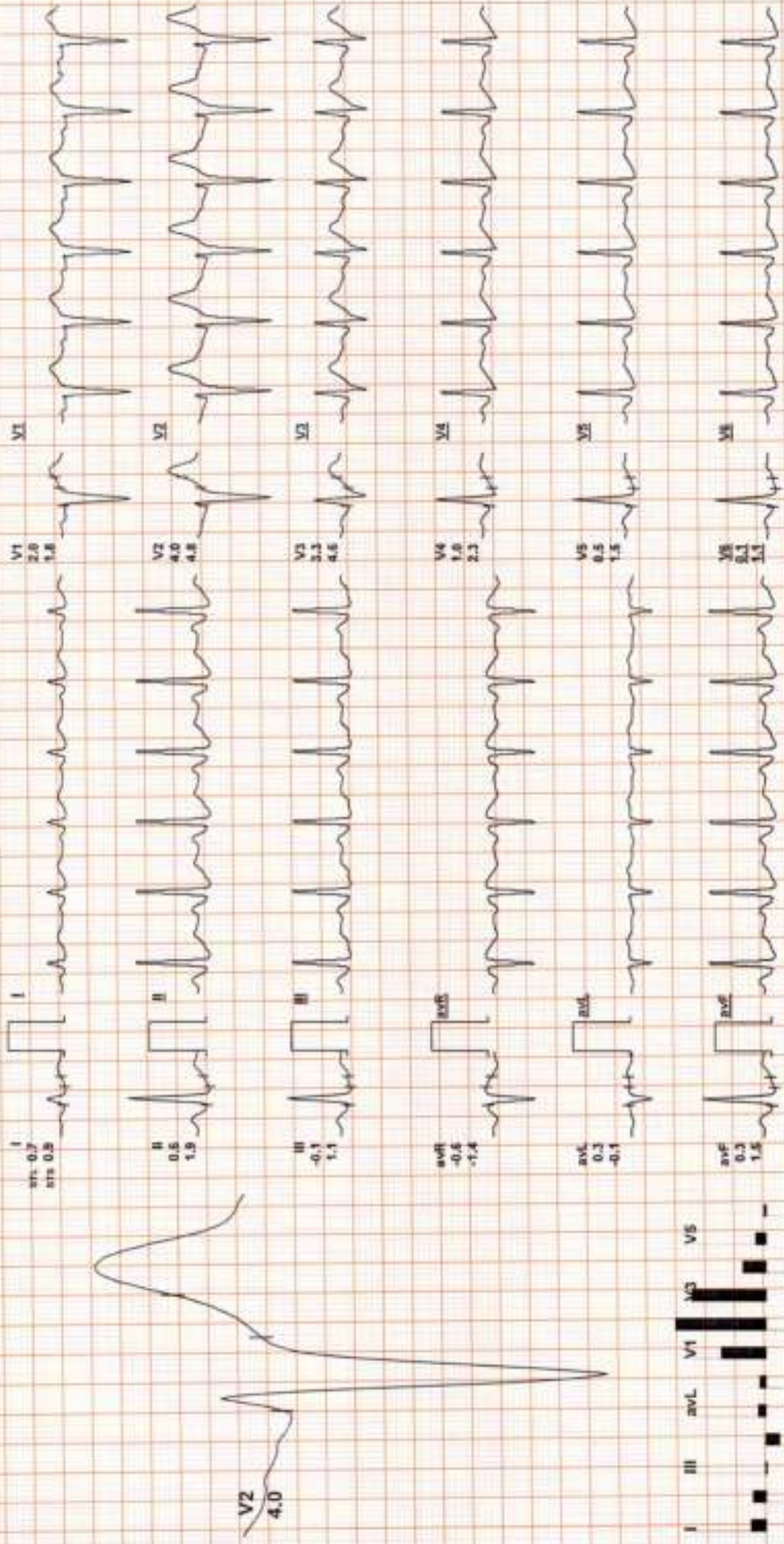
4X 60 ms Post J



REMARKS:



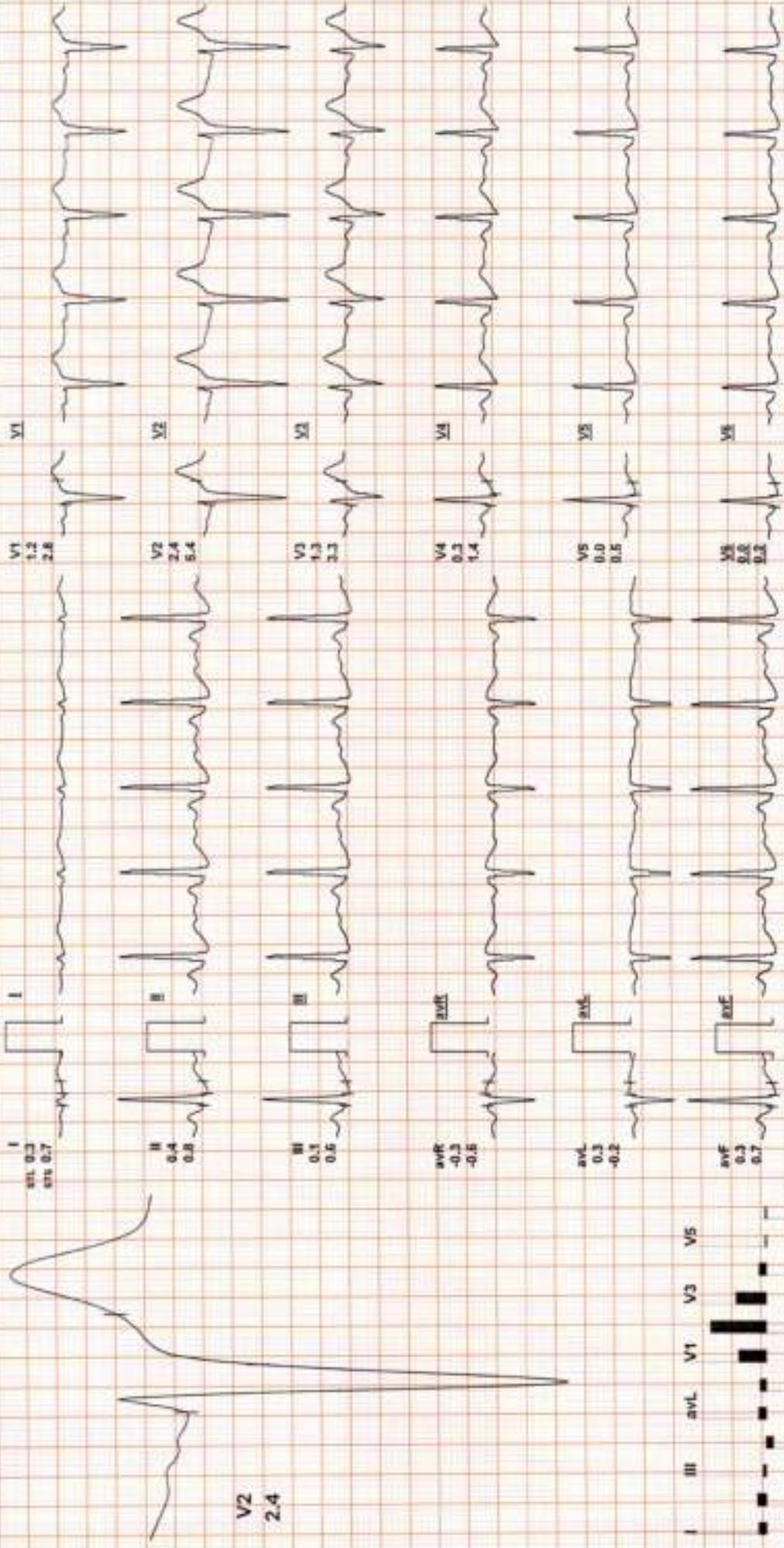
Date: 30/01/2024 12:45:35 PM METS: 1.2/ 121 bpm 63% of THR BP: 140/90 mmHg Combined Medians/ BLC Onv Notch Onv HF 0.05 Hz/LF 35 Hz
 4X 60 mm/s Post J ExTime: 07:15 0.0 mph 0.0%



REMARKS:
 I II III aVL aVF V1 V2 V3 V4 V5 V6



Date: 30 / 01 / 2024 12:45:35 PM METS: 1.04 101 bpm 63% of THR - BP: 135/85 mmHg - Combined Medians/ BEC - Gx/ Notch - Gx/ HF 0.05 Hz/LF 35 Hz ExTime: 07:15 0.0 mV/1, 0.05%
4X 60 mS Post J 25 mm/Sec. 1.0 Cal/cmV

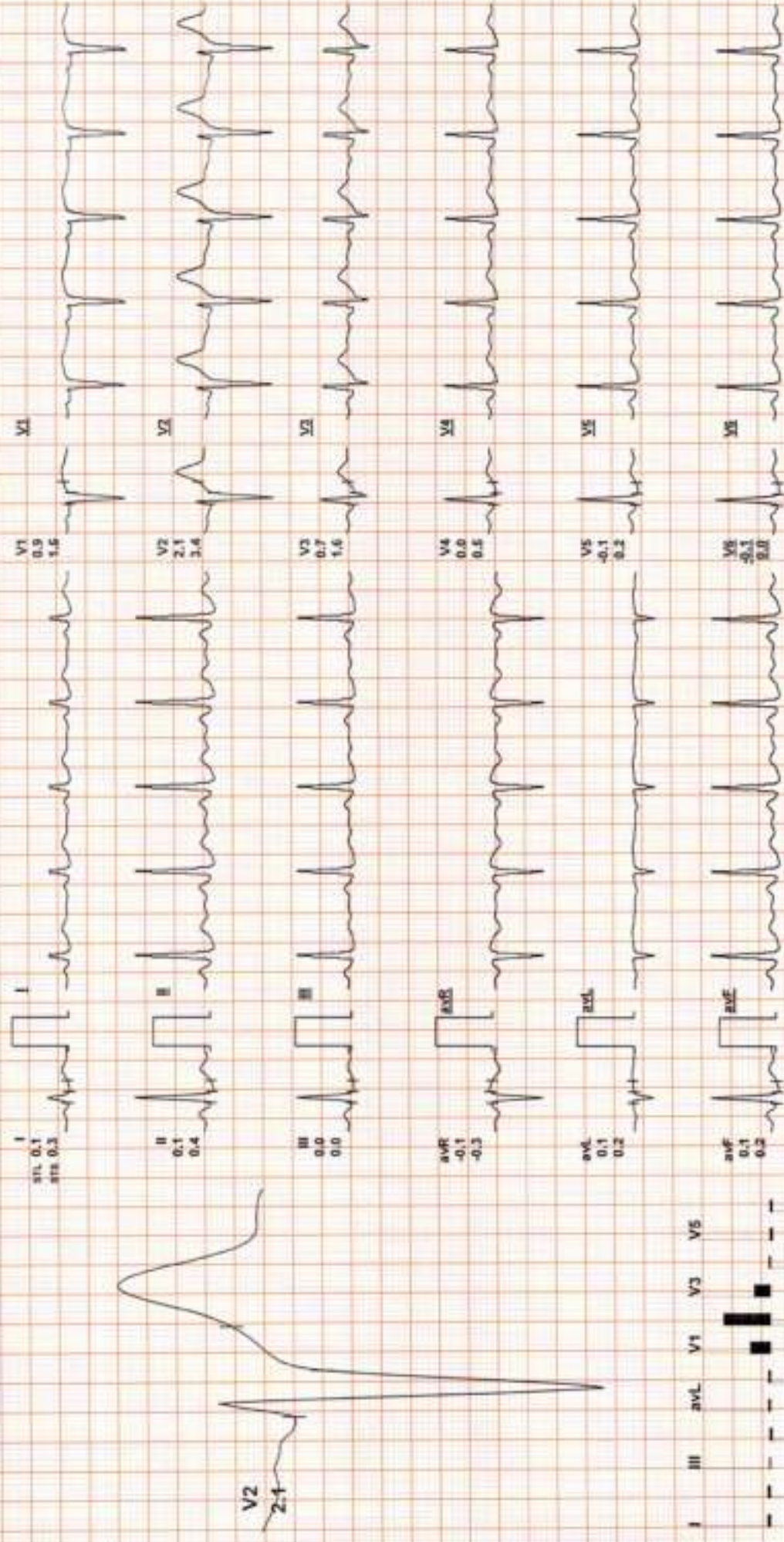


REMARKS:
I II III aVL aVF V1 V2 V3 V4 V5 V6



682 (113) / MR LOKESH VERMA / 28 Yrs / M / 0 Cms / 0 Kg / HR : 97

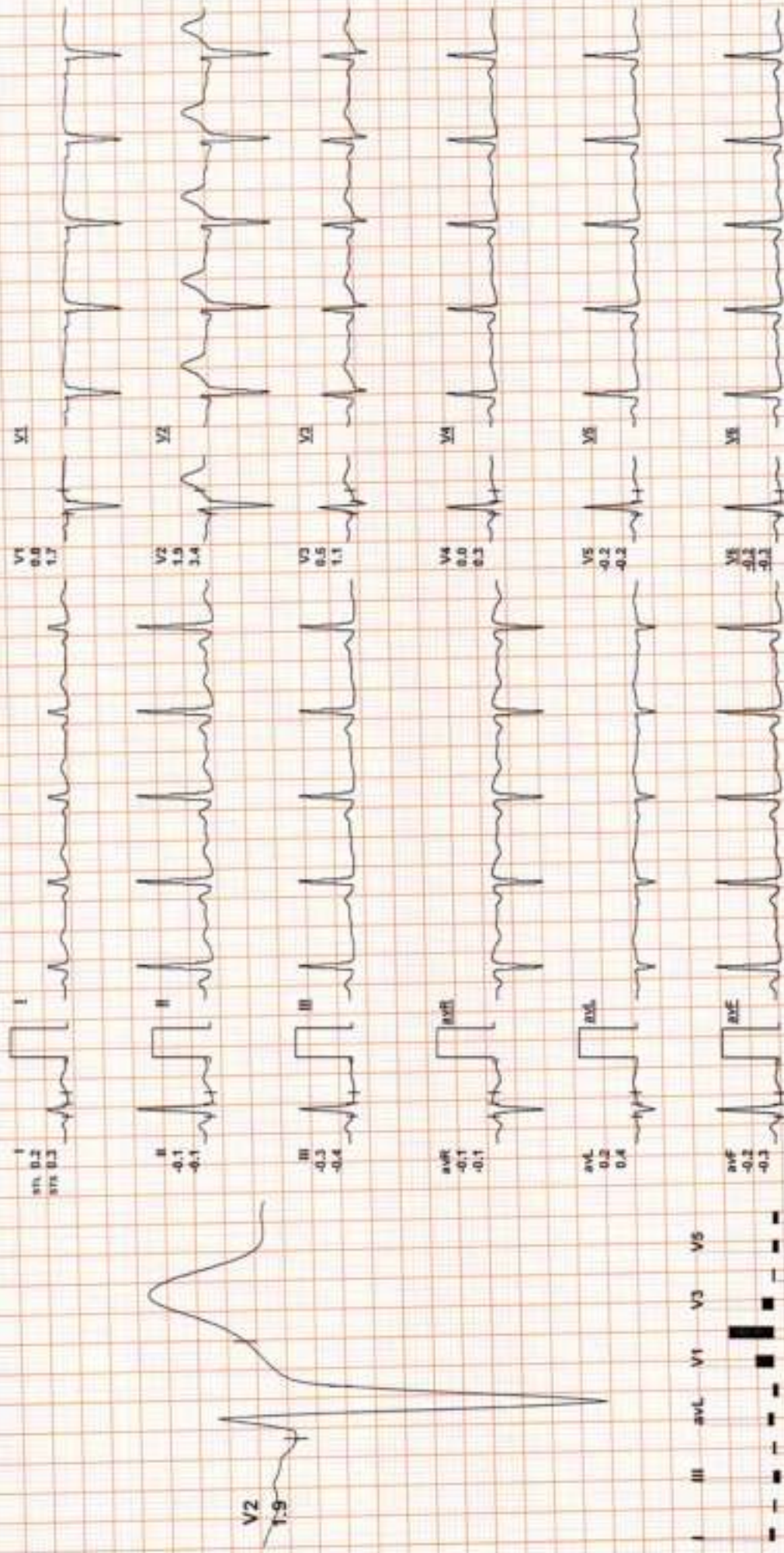
Date: 30 / 01 / 2024 12:45:35 PM METS: 1.0/ 97 bpm 51% of ThIR BP: 125/80 mmHg Combined Medians/ SLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz
 4X 80 mS Post J ExTime: 07:15 0.0 mph, 0.0%



REMARKS:
 II aVR aVF V2 V4 V5



Date: 30 / 01 / 2024 12:45:35 PM METS: 1.0/ 93 bpm 48% of THR BP: 120/80 mmHg Combined Medications/ BLC Onv Notch Onv HF 0.05 Hz/LF 35. Hz
4X 60 mS Post J ExTime: 07:15 0.0 mph; 0.0% 25 mm/Sec; 1.0 Cm/mV

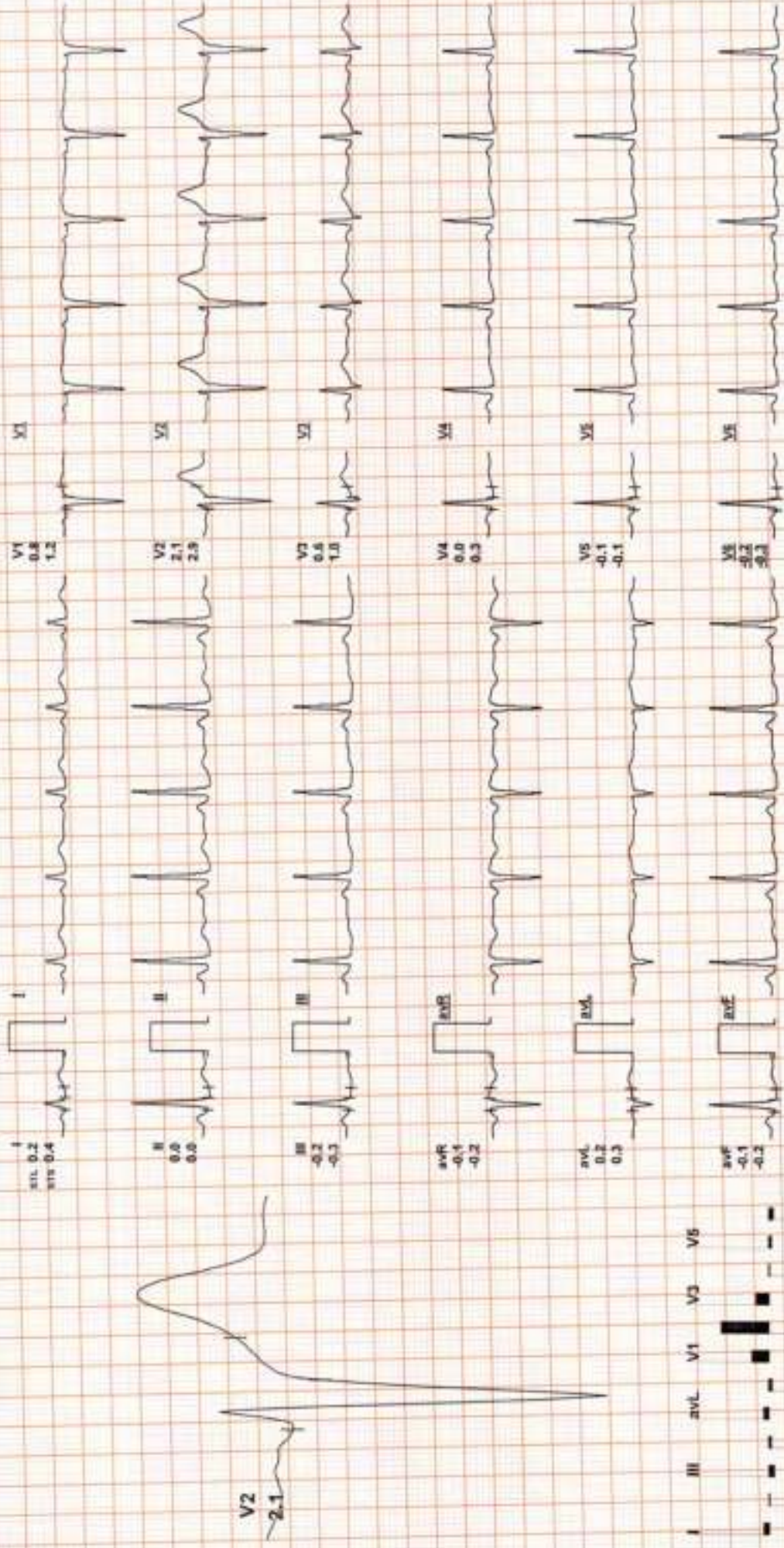


REMARKS: II avR avF V2 V4 V6



Date: 30 / 01 / 2024 12:45:35 PM METS: 1.0f 90 bpm 47% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz ExTime: 07:15 - 0.9 mph, 0.0%

4X 80 mS Post J



REMARKS: II aVR aVF V2 V4 V5



682 (113) / MR LOKESH VERMA / 28 Yrs / M / 0 Cms / 0 Kg / HR : 96

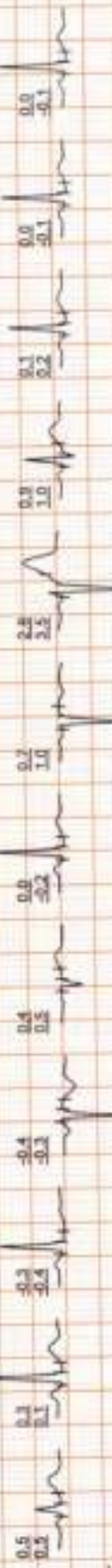
Date: 30 / 01 / 2024 12:45:35 PM

V1 V2 V3 V4 V5 V6

avR avL avF

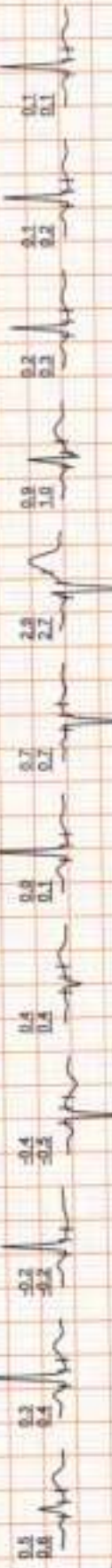
Supine

(1) 0:00 1.1 m/sb
(2) 0:00 0.0 %
77. beat 120/80



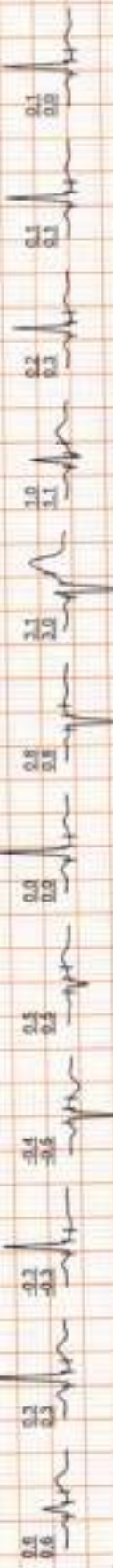
Standing

(1) 0:00 1.1 m/sb
(2) 0:00 0.0 %
87. beat 120/80



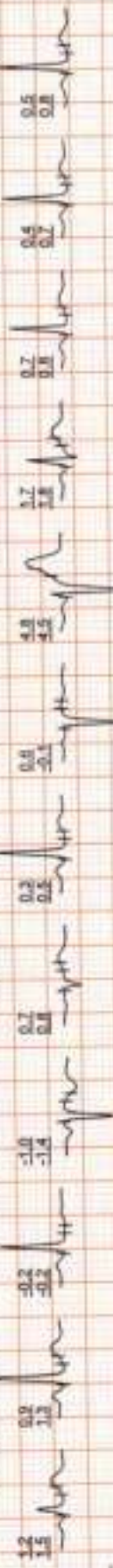
HV

(1) 0:00 1.1 m/sb
(2) 0:00 0.0 %
80. beat 120/80



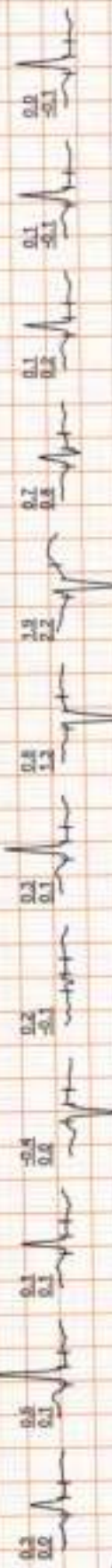
Warm Up

(1) 0:00 1.1 m/sb
(2) 0:00 0.0 %
80. beat 120/80



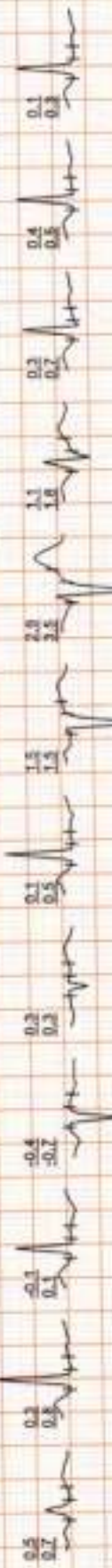
ExStart

(1) 0:00 1.0 m/sb
(2) 0:00 0.0 %
108. beat 120/80



Stage 1

(1) 3:00 1.7 m/sb
(2) 3:00 10.0 %
133. beat 135/80



Date: 30 / 01 / 2024 12:45:35 PM . I

Average



Stage 2

(1) 6.00	2.5 mch
(2) 3.00	12.0 %
185_bpm	140/90

PeakEx

(1) 7.15	3.4 mch
(2) 1.15	14.0 %
152_bpm	140/90

Recovery

(1) 7.15	0.0 mch
(2) 0.58	0.0 %
176_bpm	140/90

Recovery

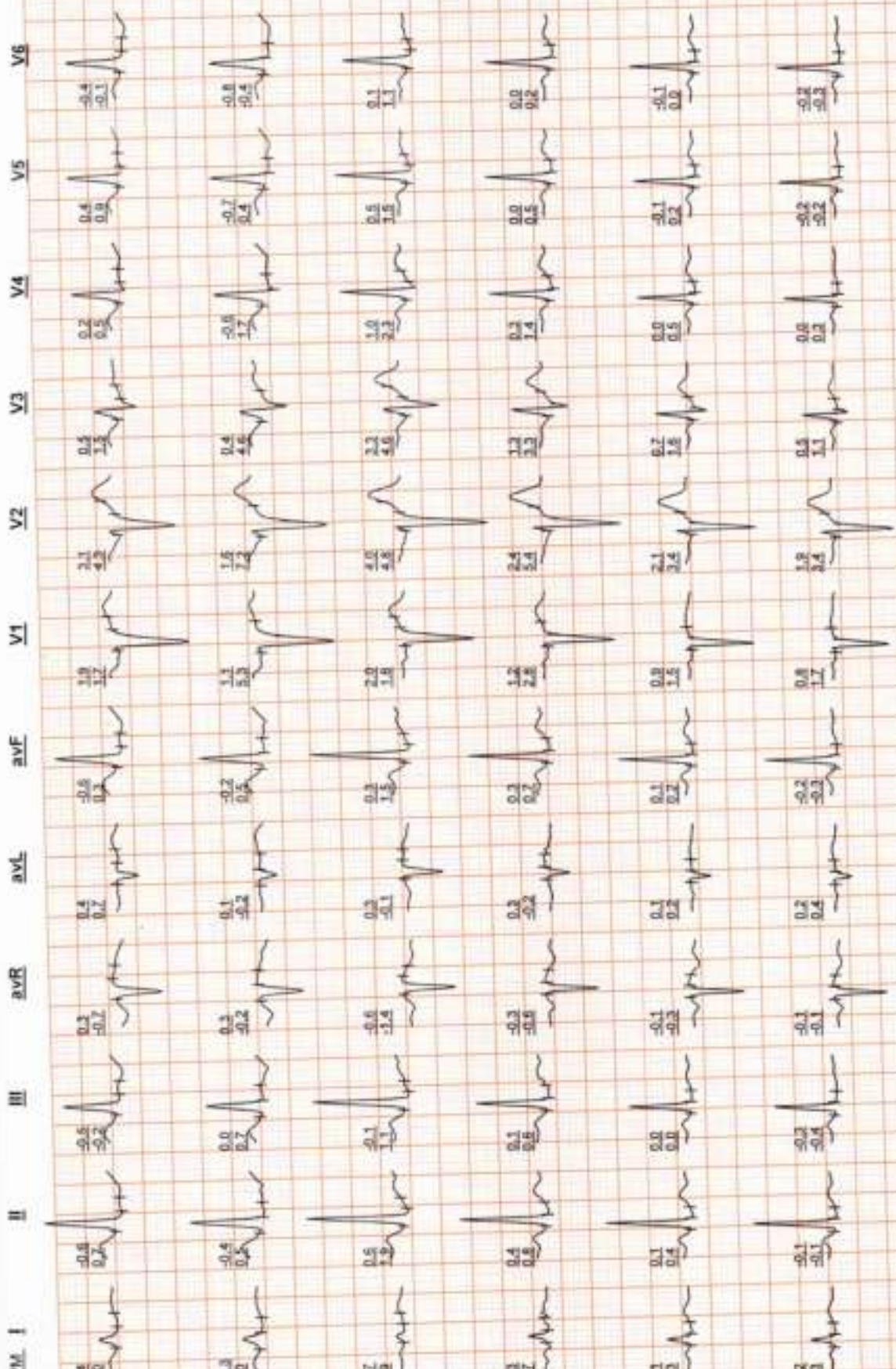
(1) 7.16	0.0 mch
(2) 1.52	0.0 %
191_bpm	135/85

Recovery

(1) 7.16	0.0 mch
(2) 2.52	0.0 %
192_bpm	145/90

Recovery

(1) 7.16	0.0 mch
(2) 3.52	0.0 %
199_bpm	130/80

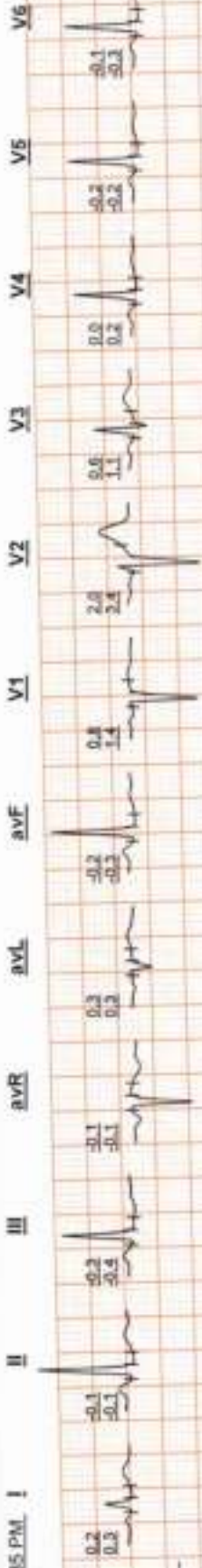


DR . GOYALS PATH LAB & IMGING CENTRE

682 (113) / MR LOKESH VERMA / 28 Yrs / M / 0 Cms / 0 Kg / HR : 96

Date: 30/01/2024 12:45:35 PM !

Recovery
(1) 7.36 0.0 mch
(2) 4.32 0.0 %
90 bpm 120/80



Average







Date :- 30/01/2024 10:23:40
NAME :- Mr. LOKESH VERMA
Sex / Age :- Male 28 Yrs
Company :- MediWheel

Patient ID :- 12235517
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 30/01/2024 12:28:11

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

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

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

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

Prostate is normal in size with normal echo-texture and outline.
No enlarged nodes are visualised.No retro-peritoneal lesion is identified
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

Normal study

Needs clinical correlation for further evaluation

*** End of Report ***

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalpathlab.com E-mail : drgoyalpiyush@gmail.com

Date :- 30/01/2024 10:23:40
NAME :- Mr. LOKESH VERMA
Sex / Age :- Male 28 Yrs
Company :- MediWheel

Patient ID :-12235517
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :-

Sample Collected Time

Final Authentication : 30/01/2024 14:47:40

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. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI
(RMC No. 33613 / 14911)

*** End of Report ***

BILAL

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

Page No: 1 of 1

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M.B.B.S., D.M.R.D.
RMC Reg No. 017998

Dr. Ashish Chandra
MBBS, MD (Radio-Diagnosis)
Fetal Medicine
FMF ID - 260517



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

Dr. Navneet Agarwal
MD, DNB (Radio Diagnosis)
RMC No. 33613/14911

Dr. Poorvi Malik
MBBS, MD, DNB (Radio Diagnosis)
RMC No. 21506