

भारत सरकार
Government of India

गुलाब चंद बारोलिया
Gulab Chand Baroliya
जन्म तिथि / DOB : 15/05/1965
पुरुष / Male

3725 2547 4914

आधार - आम आदमी का अधिकार

Trilok Chand

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: त्रिलोक चंद, ए-12 बैंक बस्ती,
गजसिंह पुरा अजमेर रोड, जयपुर,
वैशाली नगर, राजस्थान. 302021

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



Date :- 11/09/2021 10:24:03
NAME :- Mr. GULAB CHAND
 Sex / Age :- Male 56 Yrs
 Company :- MediWheel

Patient ID :- 12212194
 Ref. By Dr:- BOB
 Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 11/09/2021 10:34:58

Final Authentication : 11/09/2021 14:32:39

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.4	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.74	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	51.8	%	40.0 - 80.0
LYMPHOCYTE	39.0	%	20.0 - 40.0
EOSINOPHIL	0.8 L	%	1.0 - 6.0
MONOCYTE	8.0	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	4.01	10 ³ /uL	1.50 - 7.00
LYMPH#	3.02	10 ³ /uL	1.00 - 3.70
EO#	0.06	10 ³ /uL	0.00 - 0.40
MONO#	0.62	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.17	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	43.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	84.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.2	g/dL	31.5 - 34.5
PLATELET COUNT	311	x10 ³ /uL	150 - 410
RDW-CV	14.7 H	%	11.6 - 14.0
MENTZER INDEX	16.29		

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.

Technologist

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 MBBS.MD (Path)
 RMC NO. 21021/008037

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	21 H	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: FLC, DFC, 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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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
BLOOD UREA NITROGEN (BUN)	10.3	mg/dl	0.0 - 23.0

Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method: HPLC

7.0 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.

MEAN PLASMA GLUCOSE
Method:- Calculated Parameter

154 H mg/dL

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

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Sample Type :- K0x/Na FLUORIDE-F. K0x/Na Sbb000BIOBIEB0BIDWINSER0021 14:38:49

Final Authentication : 11/09/2021 15:56:02

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)
 Method:- GOD PAP **120.9 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 neoplasia, 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 **177.2 H** mg/dl 70.0 - 140.0

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasia, 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 1.10 mg/dl Men - 0.6-1.30
 Women - 0.5-1.20

SERUM URIC ACID
 Method:- Enzymatic colorimetric 4.17 mg/dl Men - 3.4-7.0
 Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM

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Final Authentication : 11/09/2021 13:17:46

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	171.40	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	64.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	12.80	mg/dl	0.00 - 80.00

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	41.85	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	118.88	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	4.10		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.84		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	470.52	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid metabolism disorders.</p> <p>TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of disorders involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</p> <p>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.</p> <p>DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which target lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.52	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	21.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	26.3	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	56.00	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.22	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.56	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.66	gm/dl	2.20 - 3.50
A/G RATIO	1.71		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.18	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.34	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	19.70	U/L	11.00 - 50.00

Total Bilirubin/Methodology: Colorimetric method (Biosystems/Randox) **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 chronic incompatible haemolytic states. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not adequately removing the haemoglobin it is releasing.

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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase/Methodology: AMP (Miller InstrumentName Randox Rx Imola) **Interpretation:** Measurements of alkaline phosphatase are of use in the diagnosis, prognosis 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 endocrine disease.

TOTAL PROTEIN/Methodology: Bichloroacetic Acid (Biosystems/Randox) **Randox Rx Imola Interpretation:** Measurements obtained by this method are used in the diagnosis and prognosis of a variety of disease involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB)/Methodology: Bromocresol Green (Biosystems/Randox) **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 appear earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 20 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed in chronic hepatitis.

Technologist

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	4.560	μIU/mL	0.465 - 4.680

Technologist

ANANDSHARMA

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
 Method:- Chemiluminescence(Competitive immunoassay) 1.260 ng/ml 0.970 - 1.690

SERUM TOTAL T4
 Method:- Chemiluminescence(Competitive immunoassay) 10.200 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

Technologist

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA	2.180	ng/ml	0.000 - 4.000

TOTAL PSA

Method: Chemiluminescence

InstrumentName: VITROS EC1 Interpretation: Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

*** End of Report ***

Technologist

ANANDSHARMA

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Company :- MediWheel

Lab/Hosp :-

Sample Type :- URINE-PP

Sample Collected Time 11/09/2021 14:38:01

Final Authentication : 11/09/2021 16:16:36

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
URINE SUGAR PP Collected Sample Received	(+)		Nil

*** End of Report ***

Technologist

KHUSHBU

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Website: www.dr.goyalpathlab.com | E-mail: dr.goyalpiyush@gmail.com



NAME :- Mr. GULAB CHAND
 Sex / Age :- Male 56 Yrs
 Company :- MediWheel

Patient ID :- 12212194
 Ref. By Dr.- BOB
 Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 11/09/2021 10:34:58

Final Authentication : 11/09/2021 16:16:36

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	(+)		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

KHUSHBU

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.dr.goyal'spathlab.com | E-mail: dr.goyalnivyush@gmail.com

Date :- 11/09/2021 10:24:03

NAME :- Mr. GULAB CHAND

Sex / Age :- Male 56 Yrs.

Company :- MediWheel

Sample Type :- URINE



MC - 2300



Patient ID :-12212194

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 11/09/2021 10:34:58

Final Authentication : 11/09/2021 15:16:36

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE MALE			
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
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

Technologist

KHUSHBU

Page No: 1 of 4

Dr. Chandrika Gupta
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Website: www.dr.goyalpathlab.com | E-mail: dr.goyalpiyush@gmail.com



NAME :- Mr. GULAB CHAND

Patient ID :-12212194

Sex / Age :- Male 56 Yrs

Ref. By Dr:- BOB

Company :- MediWheel

Lab/Hosp :-

Sample Type :- STOOL

Sample Collected Time 11/09/2021 10:34:58

Final Authentication : 11/09/2021 16:16:36

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	1-2	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	ABSENT		
Collected Sample Received			

Technologist

KHUSHBU

Dr. Chandrika Gupta
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Date :- 11/09/2021 10:24:03
NAME :- Mr. GULAB CHAND
Sex / Age :- Male 56 Yrs
Company :- MediWheel

Patient ID :- 12212194
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 11/09/2021 13:03:34

BOB PACKAGE MALE

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. UMA MATHURIA
MD RADIO DIAGNOSIS
RMC NO. 22541

*** End of Report ***

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

Page No: 1 of 1

Dr. Piyush Goyal
MBBS, DMRD

Dr. Poonam Gupta
MD (Radiologist)

Dr. Ankita Gupta
MD, DNB. (Radio Diagnosis)

Dr. Parul Gupta Modi
MD, DNB. (Radiologist)

Dr. Aman Mamodia
MBBS, DMRD, DNB. (Radio Diagnosis)





Dr. Goyal's

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Date :- 11/09/2021 10:24:03
NAME :- Mr. GULAB CHAND
Sex / Age :- Male 56 Yrs
Company :- MediWheel

Patient ID :- 12212194
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 11/09/2021 15:47:37

BOB PACKAGE MALE

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. **(3 to 4) calculi average of size 3mm seen in lumen of GB.** No 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. Pre void -,86 ml, Post void -Nil

Prostate is enlarge in size(**wt 35 gms**) with normal echo-texture and outline.
A well defined anechoic simple cystic lesion measuring 19 x 17mm.

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:

*Cholelithiasis

*Prostatomegaly Grade II with Prostatic simple cyst .

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

KOMAL

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

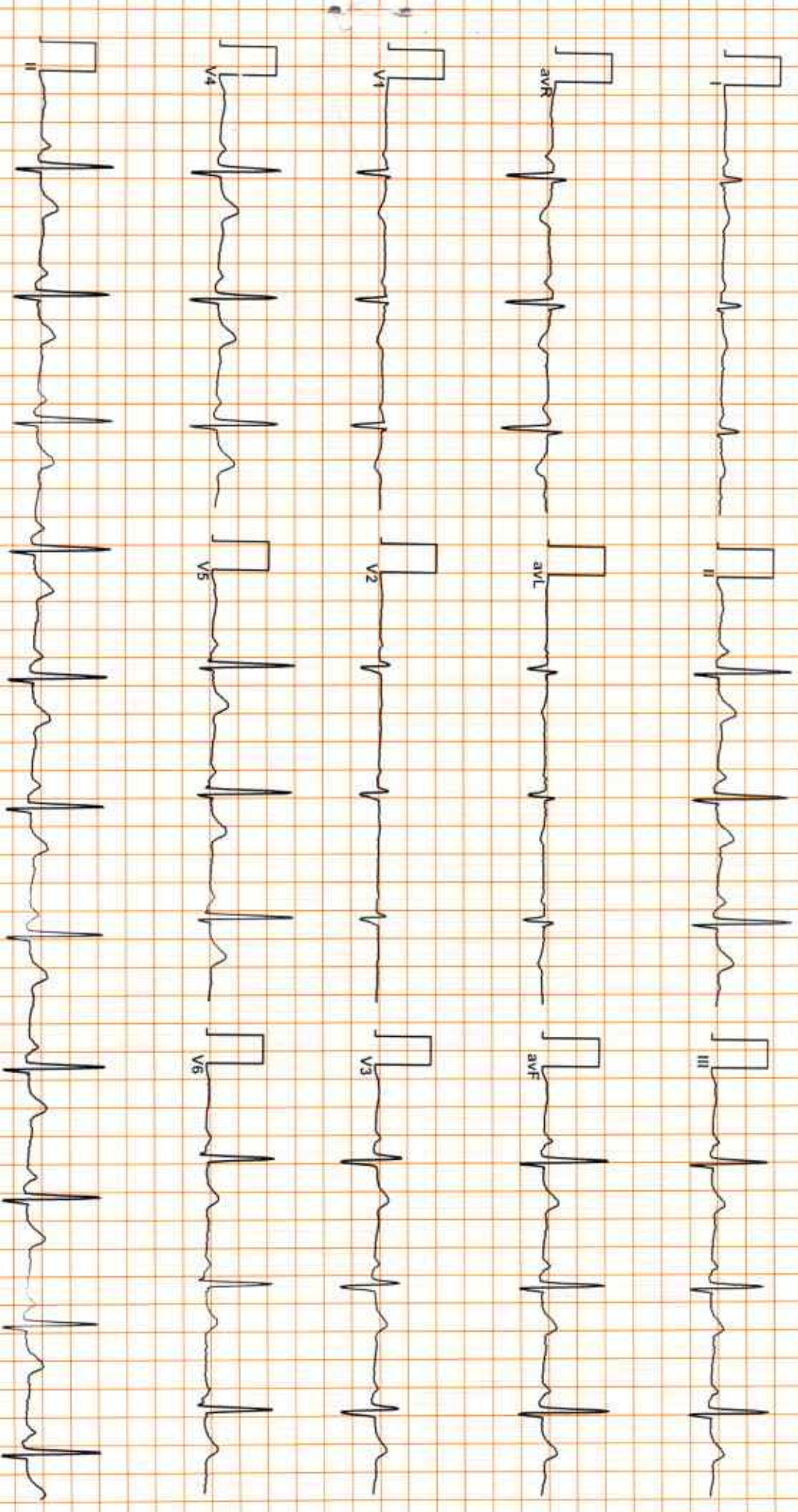
Dr. Uma Mathuria
M.B.B.S. - M.D.
RMC Reg No. 22541

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

Transcript by.

8727 / MR. GULAB CHAND / 56 Yrs / M/ Non Smoker

Heart Rate : 66 bpm / Refd By: BANK OF BARODA / Tested On : 11-Sep-21 11:09:10 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s





1284 / MR.GULAB CHAND / 56 Yrs / M / 0 Cms / 0 Kg Date: 11-Sep-2021 Refd By : BANK OF BARODA

(GEM210151123)Gemini A-DX by Allengers

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:14	0:01	01.1	00.0	01.0	66	140/90	092	00	
Standing	00:41	0:01	01.1	00.0	01.0	88	140/90	123	00	
HV	00:53	0:01	01.1	00.0	01.0	086	140/90	120	00	
ExStart	01:48	0:06	01.7	10.0	01.1	088	140/90	123	00	
BRUCE Stage 1	04:48	3:00	01.7	10.0	04.7	116	140/90	162	00	
BRUCE Stage 2	07:48	3:00	02.5	12.0	07.1	132	140/90	184	00	
BRUCE Stage 3	10:48	3:00	03.4	14.0	10.2	157	150/90	235	00	
PeakEX	11:00	0:12	04.2	16.0	10.4	161	150/90	241	00	
Recovery	11:59	1:00	00.0	00.0	04.3	128	150/90	192	00	
Recovery	12:59	2:00	00.0	00.0	01.0	103	170/100	175	00	
Recovery	14:59	4:00	00.0	00.0	01.0	091	150/90	136	00	
Recovery	15:33	4:33	00.0	00.0	01.0	090	150/90	135	00	

Findings :

Exercise Time : 09:13
 Max HR Attained : 162 bpm 99% of Target 164
 Max BP Attained : 170/100
 Max Workload Attained : 10.4 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

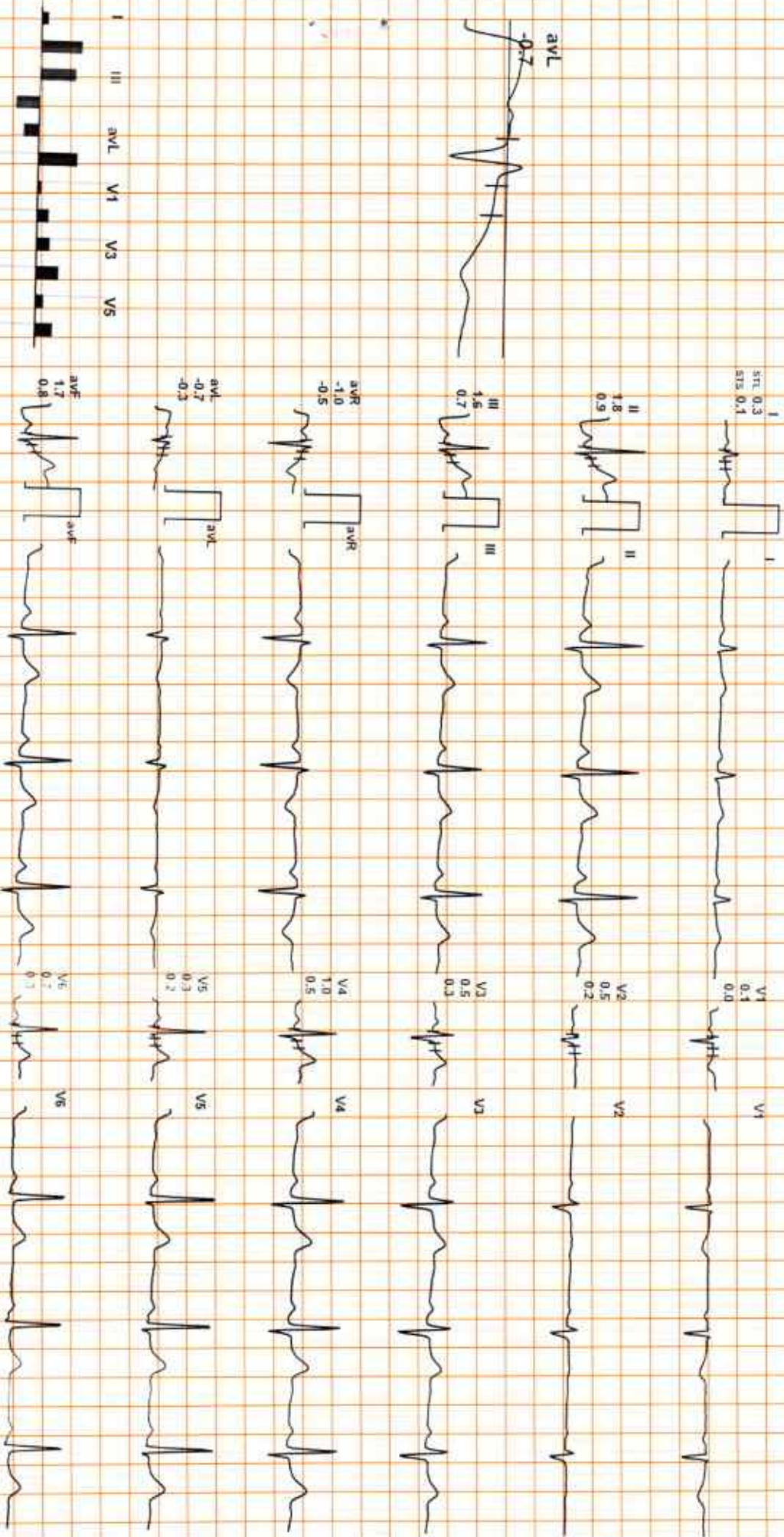
TMT Negative for RVE of Peak Exercise

Pathol



Date: 11-Sep-2021 11:09:38 AM METS: 1.0/ 66 bpm 40% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:14 1.1 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



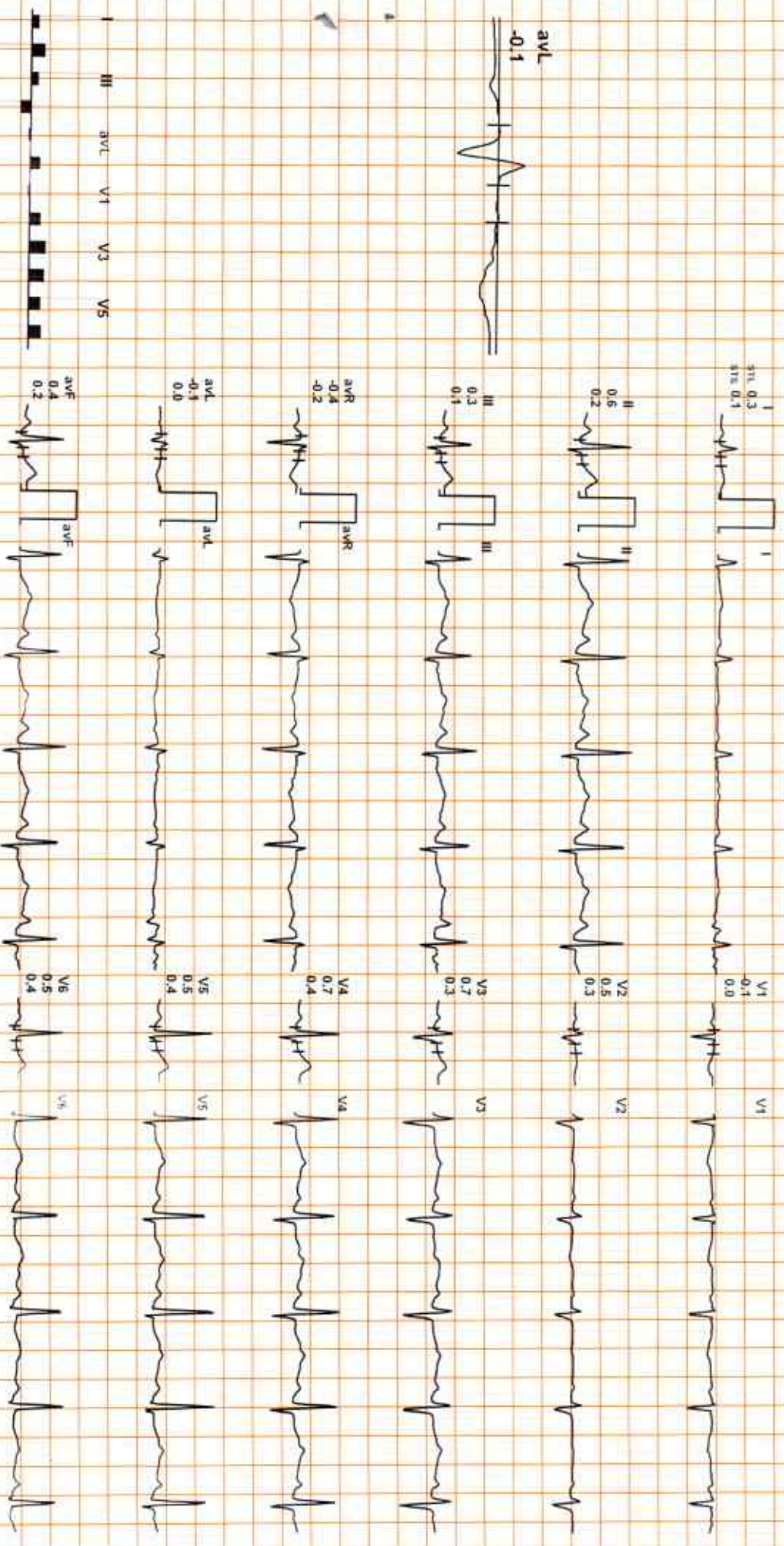
REMARKS



Date: 11-Sep-2021 11:09:39 AM METS: 1.0/ 88 bpm 53% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:41 1.1 mph 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:
II aVR aVL V2 V4 V6
III aVL V1 V3 V5

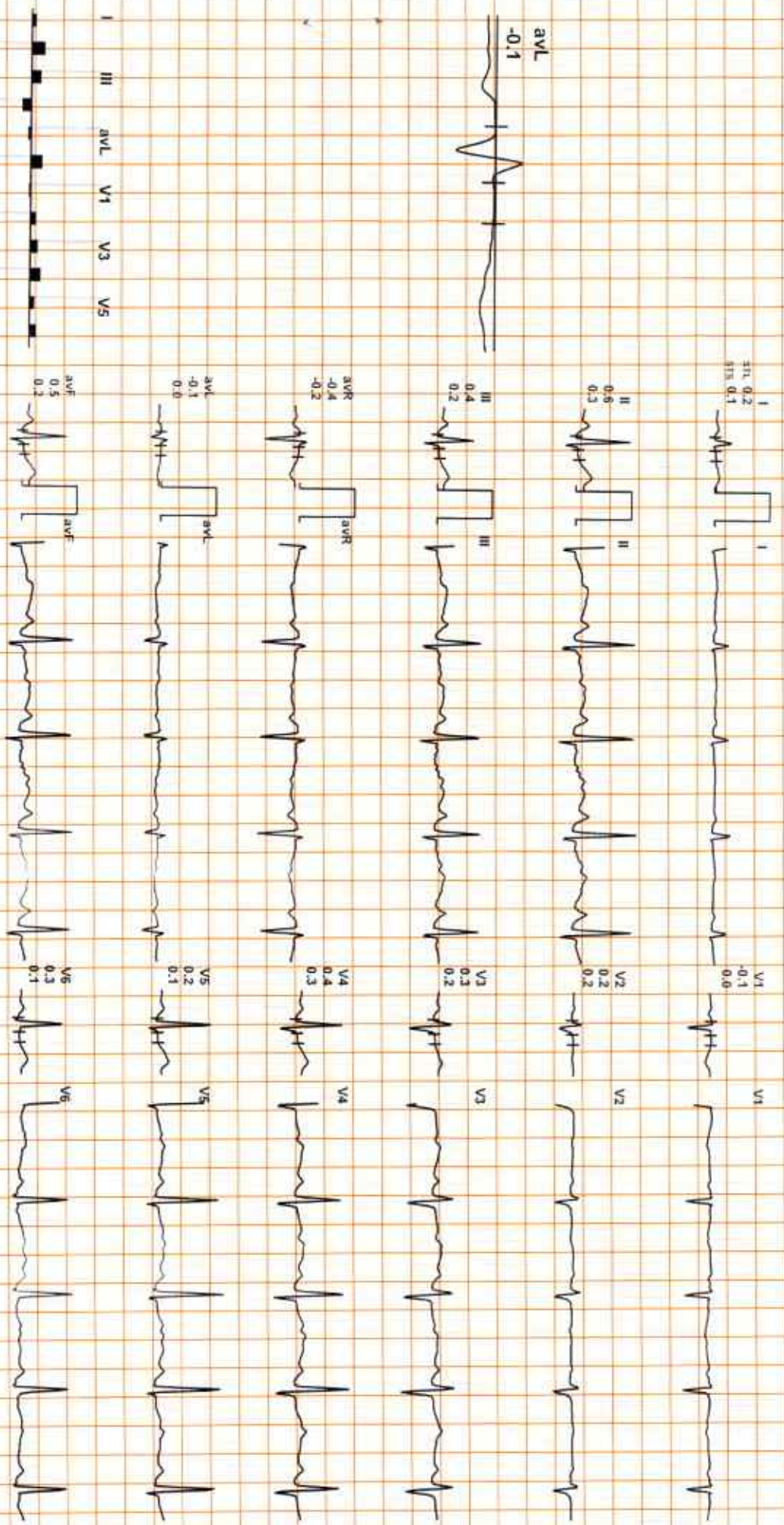


Date: 11-Sep-2021 11:09:38 AM METS: 1.01 86 bpm 52% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On HF 0.05 Hz/LF 100 Hz

ExTime: 00:53 1.1 mph 0.0%

4X 80 ms Post J

25 mm/Sec: 1.0 Cm/InV



REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6



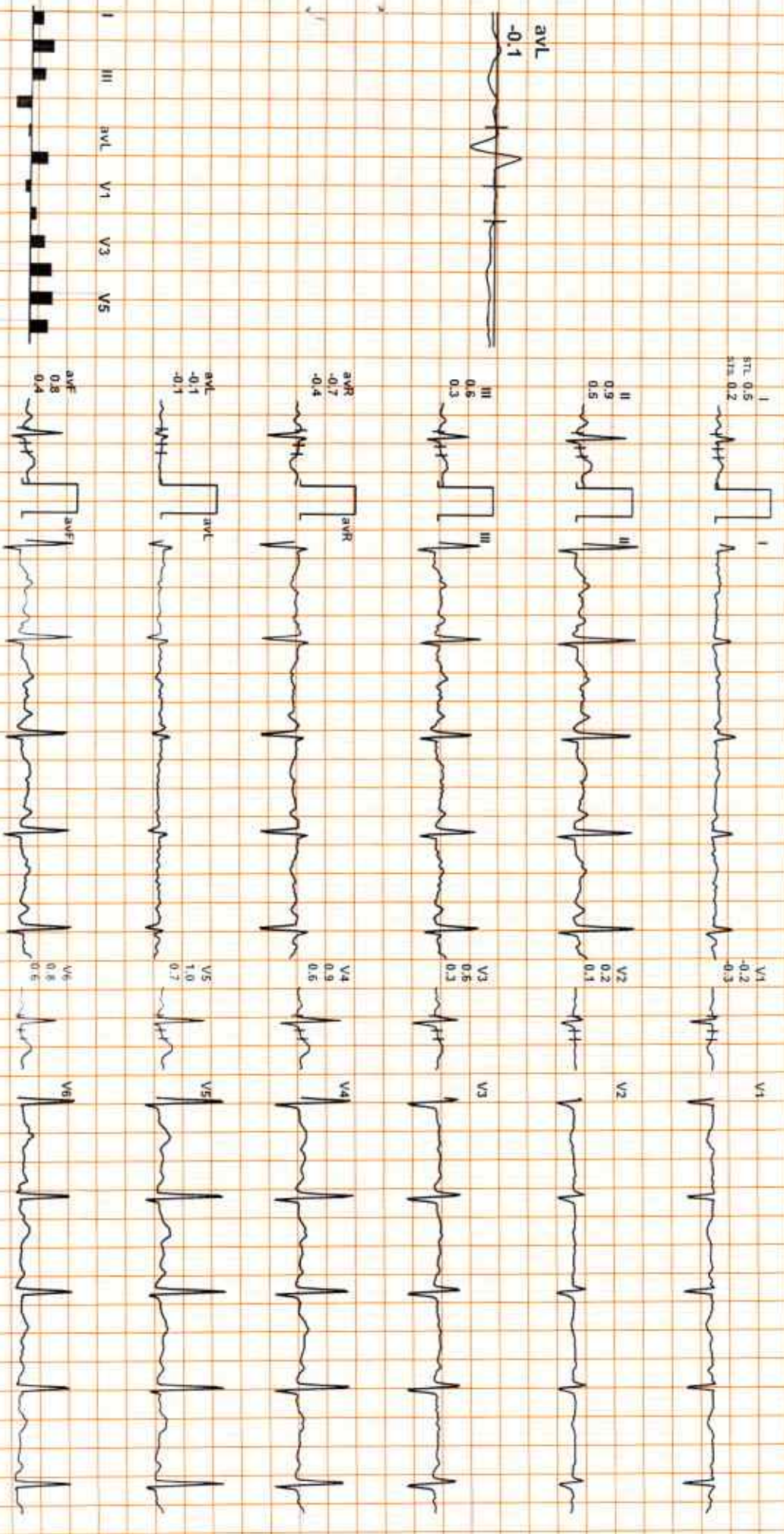
1284 / MR. GULAB CHAND / 56 Yrs / M

Date: 11-Sep-2021 11:09:38 AM METS: 1.1/ 88 bpm 53% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:06 1.7 mph 10.0%

4X 80 m/s Part J

35 mm/Sec. 1.0 Cm/mV



REMARKS: II, aVR, aVF, V2, V4, V6

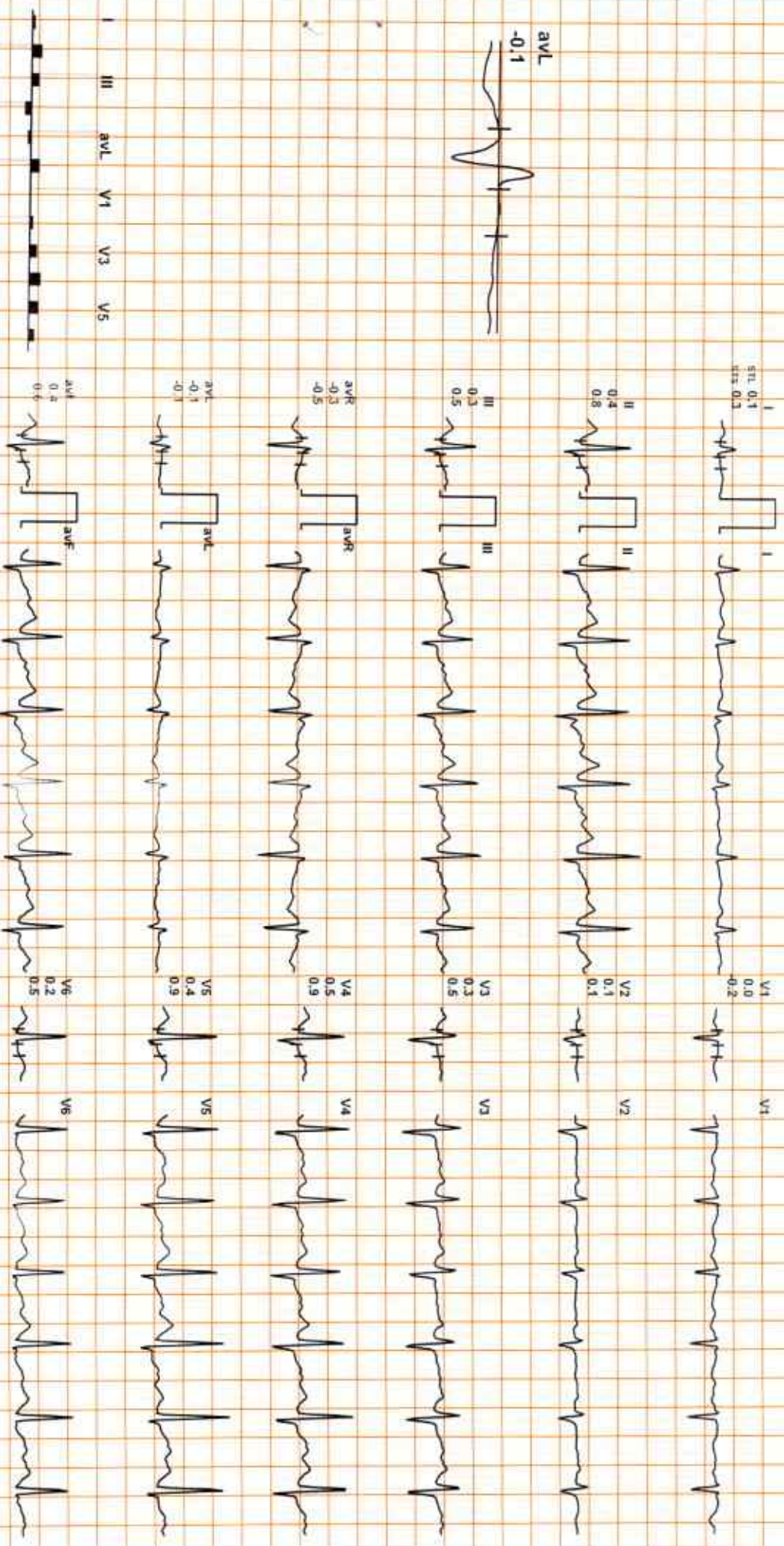


Date: 11-Sep-2021 11:09:38 AM METS: 4.7/116 bpm 70% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 03:00 1.7 mph 10.0%

4X 80 ms Post J

25 mm/Sec. 10 Cm/mV



REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6



Date: 11-Sep-2021 11:09:39 AM METS: 7.1 / 132 bpm 80% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Nitch On/ HF: 0.05 Hz/LF: 100 Hz

4X 80 ms/Post J

EXTime: 06:00 2.5 mph 12.0%
25 mm/Sec. 1.0 Cm/mV



I
STL -0.1
MS 0.4



II
-0.3
0.9



III
-0.2
0.5



aVR
0.2
-0.6



aVL
0.0
-0.1



aVF
-0.2
0.7



V1
0.1
-0.2



V2
0.0
0.3



V3
-0.1
0.8



V4
0.5
1.1



V5
0.5
1.0



V6
1.2
1.6



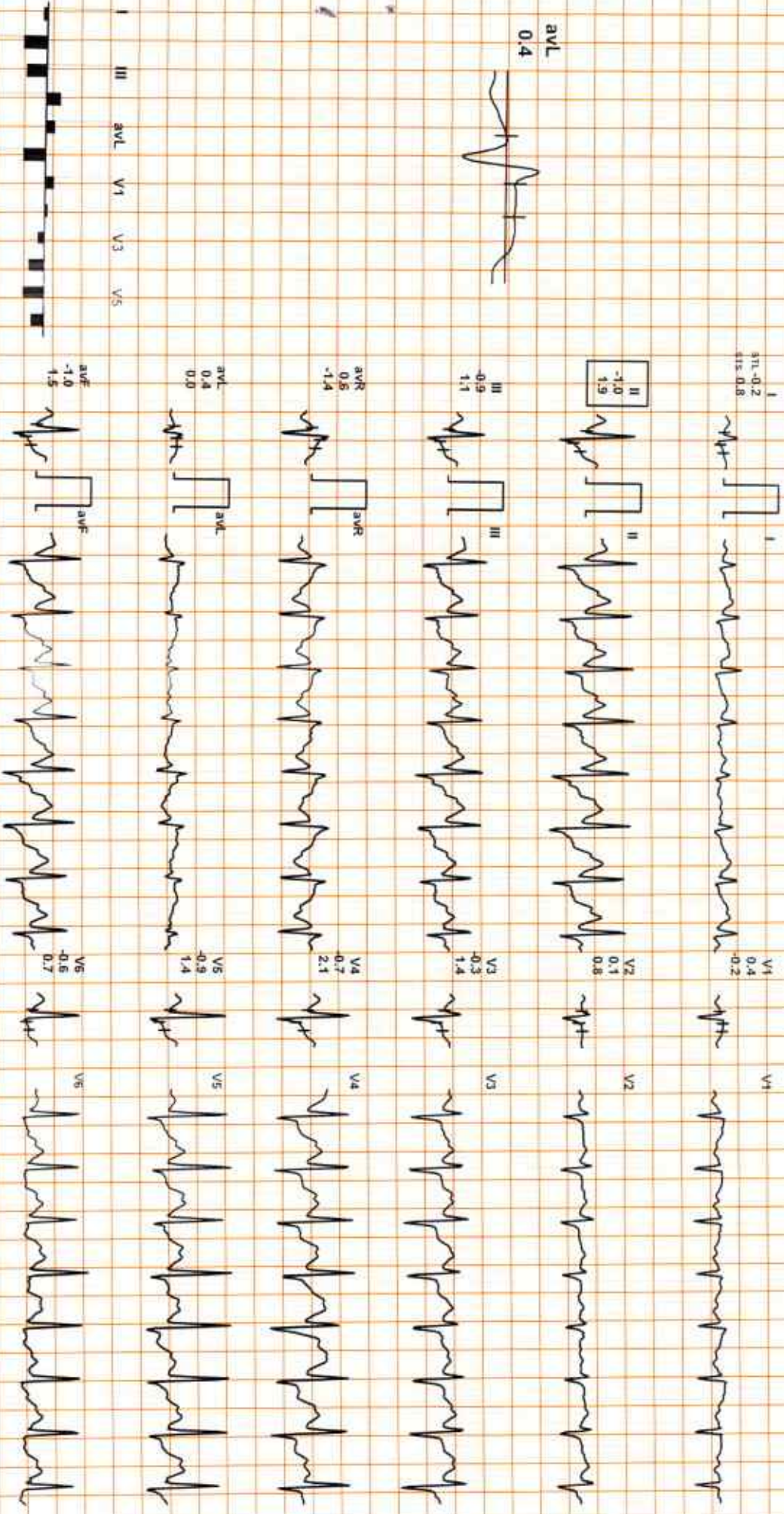
REMARKS:
I II aVR aVF V1 V2 V3 V4 V5 V6

Date: 11-Sep-2021 11:09:38 AM METS: 10.2/157 bpm 95% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 09:00 3.4 mph, 14.0%

4X 50 ms Pqst J

25 mm/Sec. 1.0 Cm/mV



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

Date: 11-Sep-2021 11:09:38 AM METS: 10.4/ 161 bpm 98% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

ExTime: 09:12 4.2 mips 16.0%

4X 60 mS Post J

25 mV/Sec: 1.0 Cm/mV

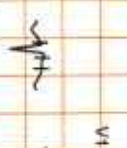
avL 0.4



I -0.2
+rI -0.2
sII 0.3



V1 0.2
-0.2



II -0.2
+rII 1.5



V2 -0.2
-0.2



III -0.6
+rIII 1.1



V3 -0.7
-0.9



aVR -0.5
+r 0.5
-0.9



V4 -0.2
-2.1



aVL 0.4
-0.7



V5 -0.8
-1.0



aVF 0.4
-0.7



V6 -0.5
-0.5



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



Date: 11-Sep-2021 11:09:38 AM

METS: 4.3/ 128 bpm 78% of THR

BP: 150/90 mmHg

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

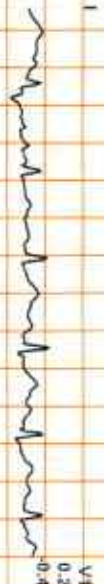
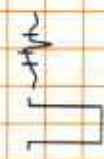
4X 50 mm Post J

25 mm/Sec. 1.0 Cm/mV

avL 0.1



I 0.0
0.0
0.5



V1 0.2
0.2
0.4



II -0.2
1.7



V2 0.3
0.7



III -0.2
0.8



V3 0.4
1.5



avR 0.1
-1.3



V4 0.2
2.1



avL 0.3
0.1



V5 -0.1
1.9



avF -0.2
1.1



V6 -0.3
0.9

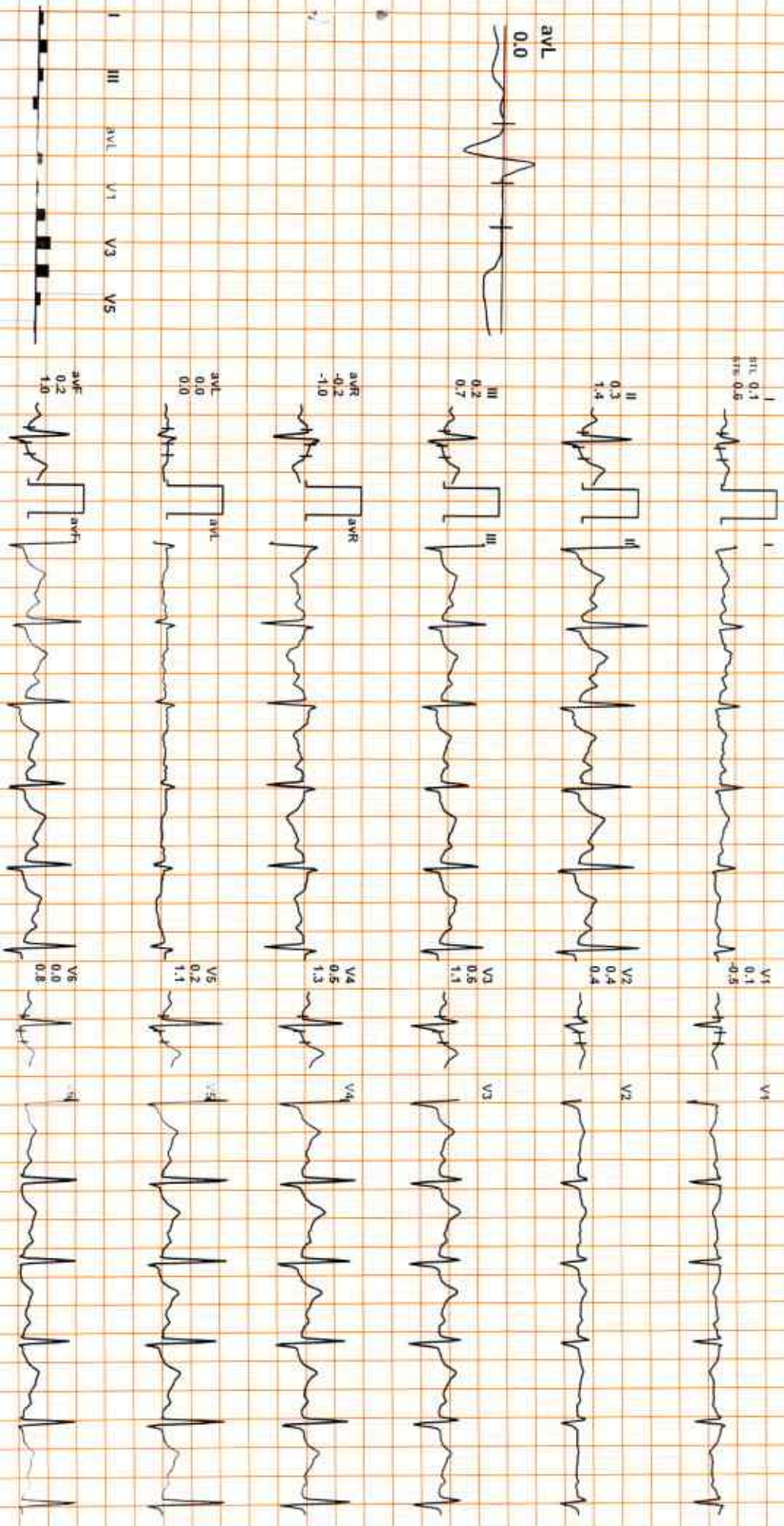


MARKS: I avR avF V2 V4 V6 II avL V1 V3 V5



Date: 11-Sep-2021 11:09:38 AM METS: 1.0/ 103 bpm 62% of THR BP: 170/100 mmHg Raw ECG/ BLC ON/ Natch ON/ HF 0.05 Hz/LF 100 Hz

ExtTime: 09:13 0.0 mph, 0.0% 25 mm/Sec: 1.0 Cm/mV



REMARKS:

(GEM21016-1123)Genuine A-DX by All

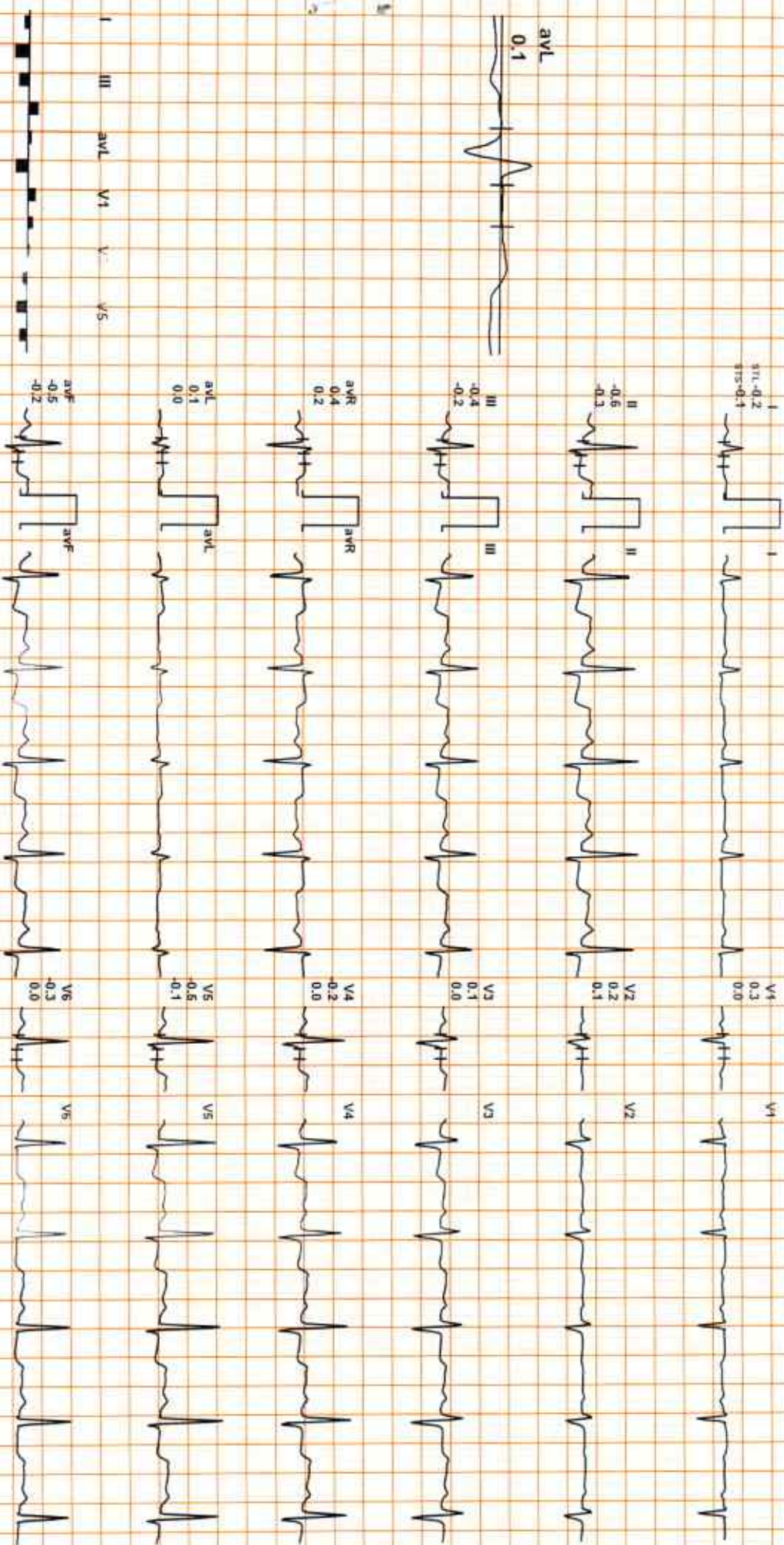


Date: 11-Sep-2021 11:09:38 AM METS: 1.0/ 91 bpm 55% of THR BP: 150/90 mmHg Raw ECG/ BLC Onv Notch Onv HF 0.05 Hz/LF 100 Hz

EXTime: 09:13 0.0 mph 0.0%

4X 80 mts Post J

25 mnt/Sec. 1.0 Cm/mv

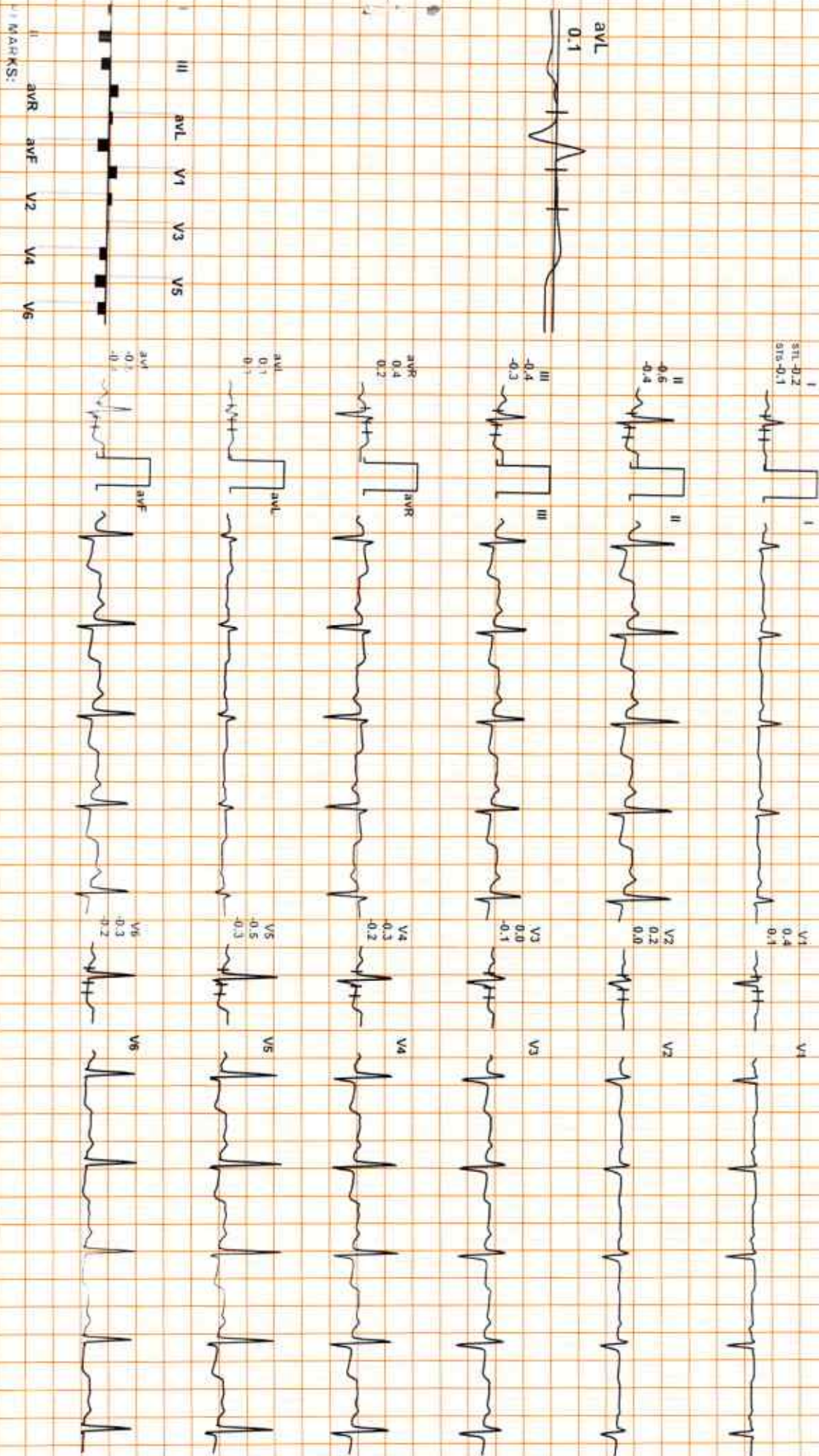


REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6



Date: 11-Sep-2021 11:09:38 AM METS: 1.0/ 90 bpm 54% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz
4X 80 ms Post-J

EXTime: 09:13 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV





Date: 11-Sep-2021 11:09:38 AM I II III avR avL avF V1 V2 V3 V4 V5 V6





Date: 11-Sep-2021 11:09:38 AM

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

Stage 3

(1) 9:01	3.4 mph
(2) 3:01	14.0 %
157 bpm	150/90



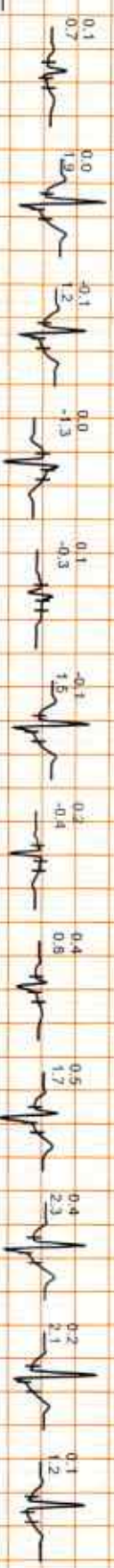
PeakEx

(1) 9:13	4.2 mph
(2) 3:13	16.0 %
161 bpm	150/90



Recovery

(1) 9:14	0.0 mph
(2) 4:00	0.0 %
128 bpm	150/90



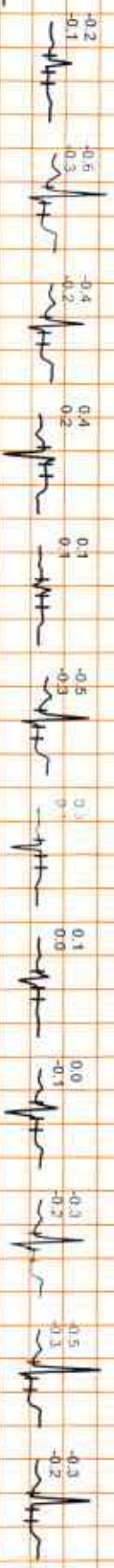
Recovery

(1) 9:14	0.0 mph
(2) 2:00	0.0 %
105 bpm	170/100



Recovery

(1) 8:14	0.0 mph
(2) 4:00	0.0 %
91 bpm	150/90



Recovery

(1) 8:14	0.0 mph
(2) 4:34	0.0 %
90 bpm	150/90

