

# Dr. Goyal's

## Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

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

### General Physical Examination

Date of Examination: 13-01-2024

Name: NARESH AGARWAL Age: 34 Sex: M

DOB: 21/08/1989

Referred By: BOB (Medicothel)

Photo ID: DIK ID #: attached.

Ht: 176 (cm)

Wt: 85 (Kg)

Chest (Expiration): 97 (cm)

Abdomen Circumference: 95 (cm)

Blood Pressure: 139/85 mm Hg PR: 72 min

BMI 27.4 Kg/m<sup>2</sup>

Eye Examination: vision normal 6/6. NIG B/L eyes.

Normal color vision

Other: not significant

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

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

Signature Medical Examiner: Dr. Piyush Goyal Name Medical Examiner: \_\_\_\_\_  
M.B.B.S. D.M.R.D.  
RMC Reg. No.-017996

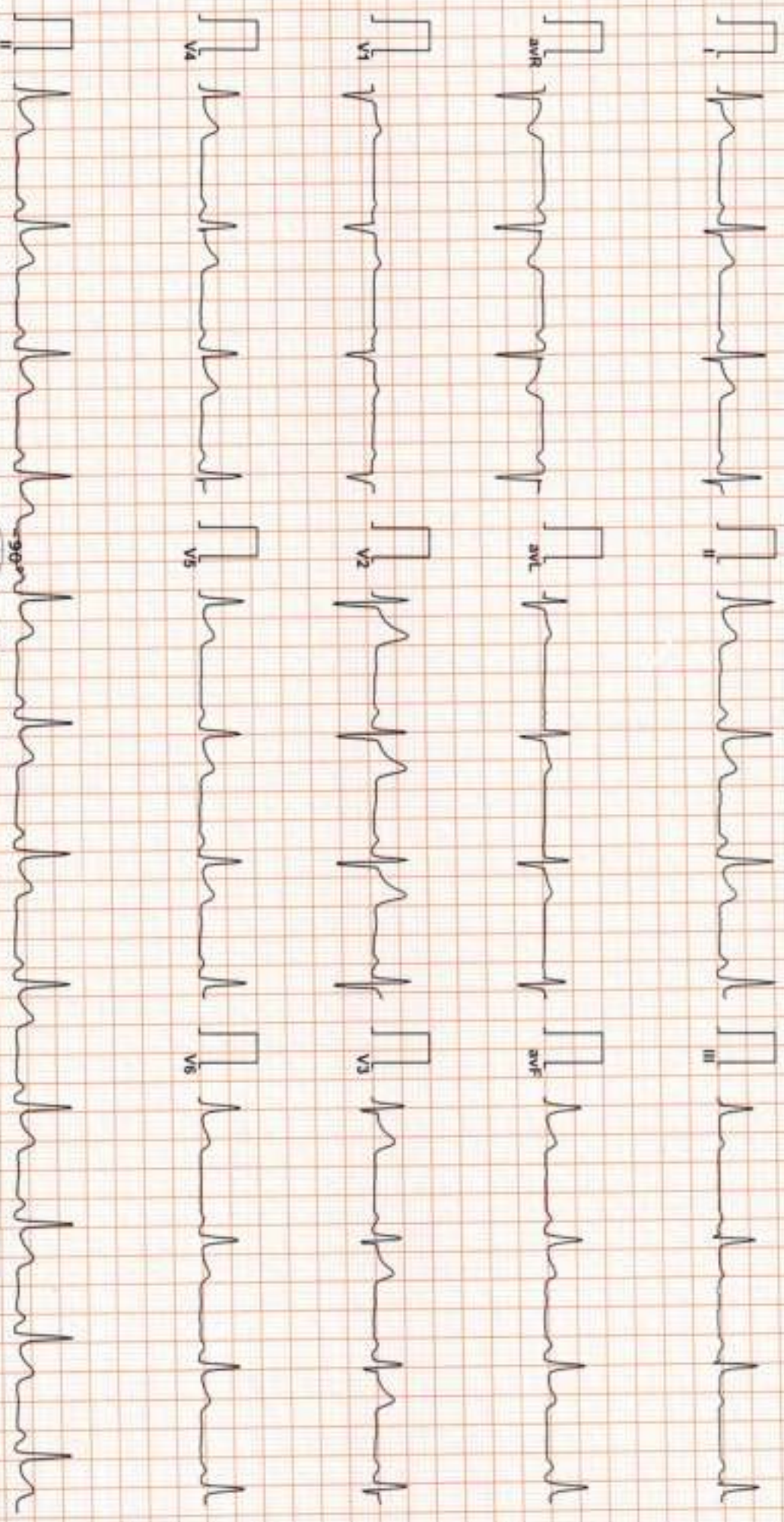


**DR. GOYAL PATH LAB**

3614 / MR NARESH AGARWAL / 34 Yrs / M / Non Smoker

Heart Rate : 70 bpm / Tested On : 13-Jan-24 10:29:30 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Reid By: BOB

**ECCG**



Vent Rate : 70 bpm  
PR Interval : 152 ms  
QRS Duration: 84 ms  
QT/QTc Int : 358/376 ms  
P-QRS-T axis: 62.00° 65.00° 43.00°



Axis  
P 62.00°  
QRS 65.00°  
T 43.00°

Reported By:

**Dr. Naresh Kumar Moh...**  
RMO  
35703  
MBBS, DIP. CARDIO (ESCORA, S)

Allergens ECG (P/trace)/P/IS218210312)



636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 0 Kg / NonSmoker  
Date: 13 / 01 / 2024 10:30:28 AM Refd By : BOB Examined By :

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	01.1	00.0	01.0	073	38 %	120/80	087	00	
Standing	00:41	0:37	01.1	00.0	01.0	071	38 %	120/80	085	00	
HV	01:10	0:29	01.1	00.0	01.0	081	44 %	120/80	097	00	
Warm Up	01:31	0:21	01.1	00.0	01.0	077	41 %	120/80	092	00	
ExStart	02:48	1:17	01.0	00.0	01.0	095	51 %	120/80	114	00	
BRUCE Stage 1	05:48	3:00	01.7	10.0	04.7	130	70 %	130/85	169	00	
BRUCE Stage 2	08:48	3:00	02.5	12.0	07.1	149	80 %	140/90	208	00	
PeakEx	10:07	1:19	03.4	14.0	08.5	167	90 %	140/90	233	00	
Recovery	11:07	1:00	00.0	00.0	01.2	142	76 %	140/90	198	00	
Recovery	12:07	2:00	00.0	00.0	01.0	099	53 %	135/85	133	00	
Recovery	13:07	3:00	00.0	00.0	01.0	101	54 %	125/80	126	00	
Recovery	14:07	4:00	00.0	00.0	01.0	099	53 %	120/80	118	00	
Recovery	14:51	4:44	00.0	00.0	01.0	101	54 %	120/80	121	00	

**FINDINGS :**

Exercise Time : 07:19  
 Max HR Attained : 167 bpm 90% of Target 186  
 Max BP Attained : 140/90 (mm/Hg)  
 Max Workload Attained : 8.5 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

TMT is negative for PMT

**REPORT :**

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

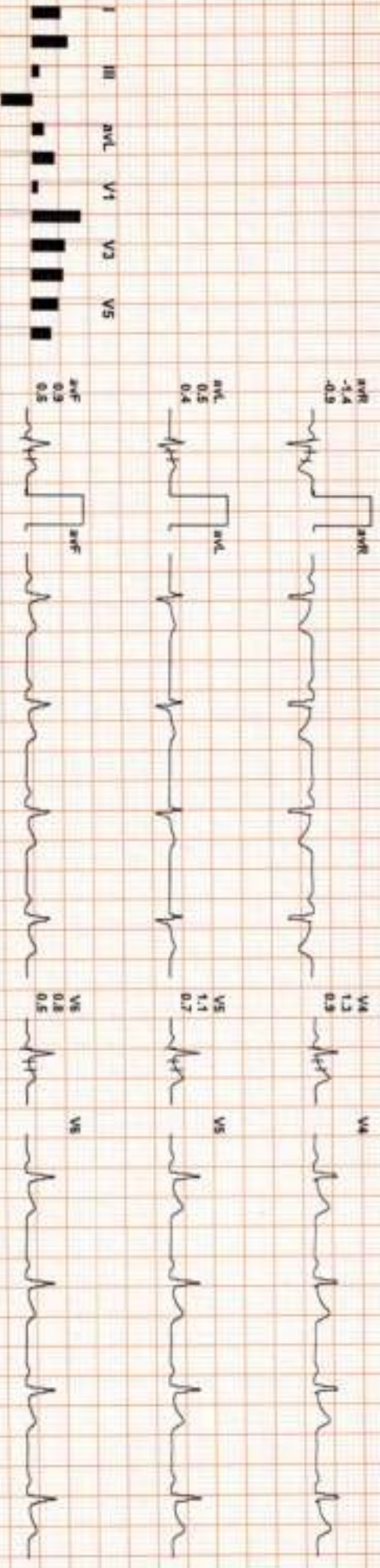
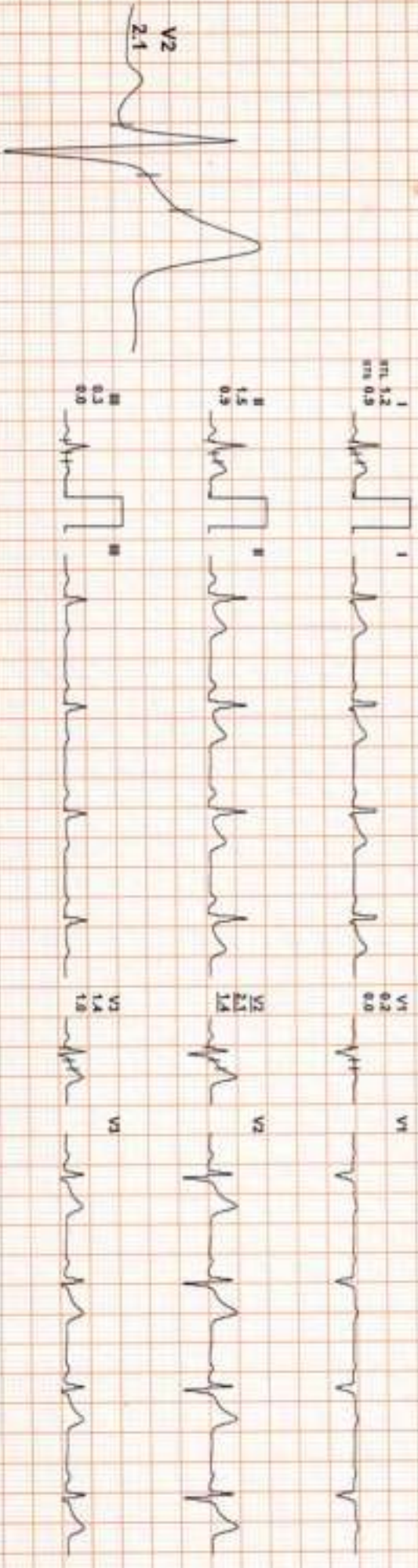


636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cris / 0 Kg / HR : 73

Date: 13 / 01 / 2024 10:30:26 AM METS: 1.0/ 73 bpm 39% of THR BP: 120/80 mmHg Combined Median/ BLC Ov Notch Ov HF 0.05 HzOLF 35 Hz

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

4X 80 ms Post J



REMARKS:

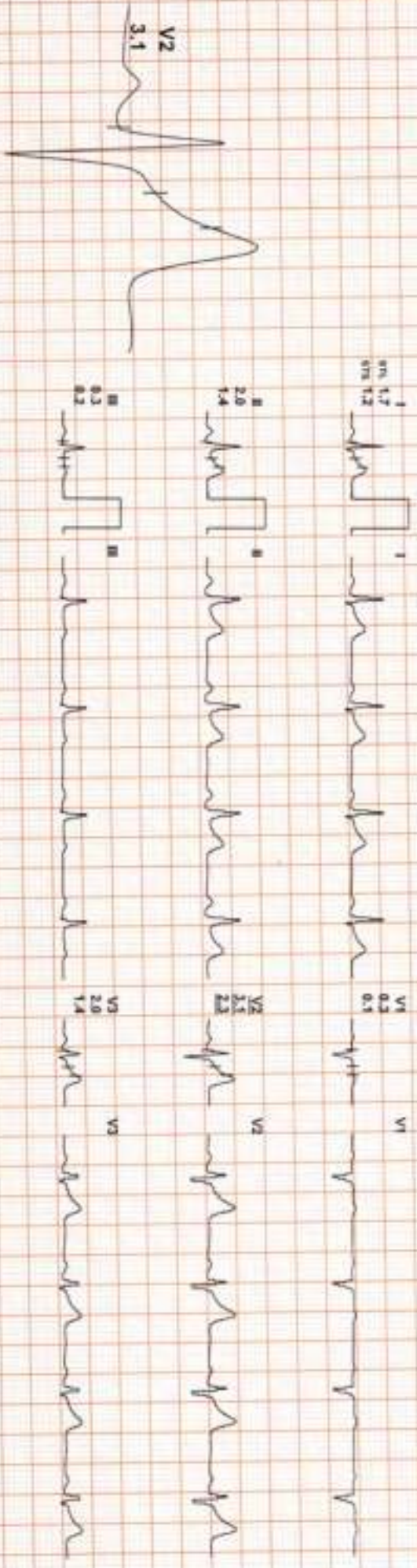


636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 0 Kg / HR : 81

Date: 13 / 01 / 2024 10:30:28 AM METS: 1.0/ 81 bpm 44% of THR BP: 120/80 mmHg Combined Medications/ ECG ON Notch ON HF: 0.05 Hz/LF: 35 Hz

4X 80 ms/Post J

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



REMARKS:

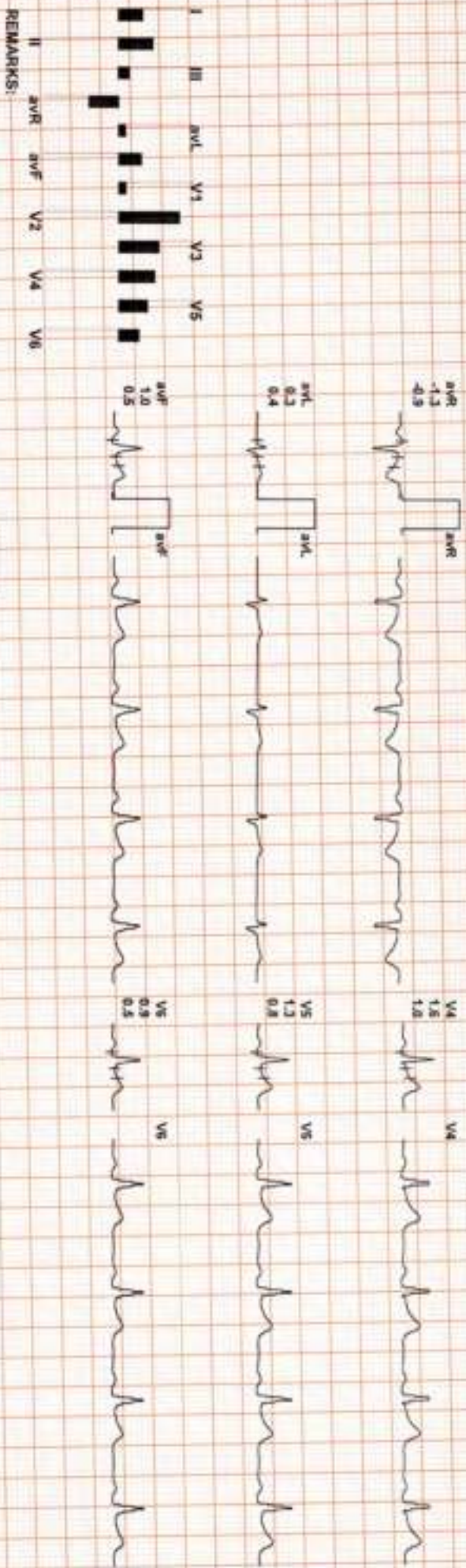
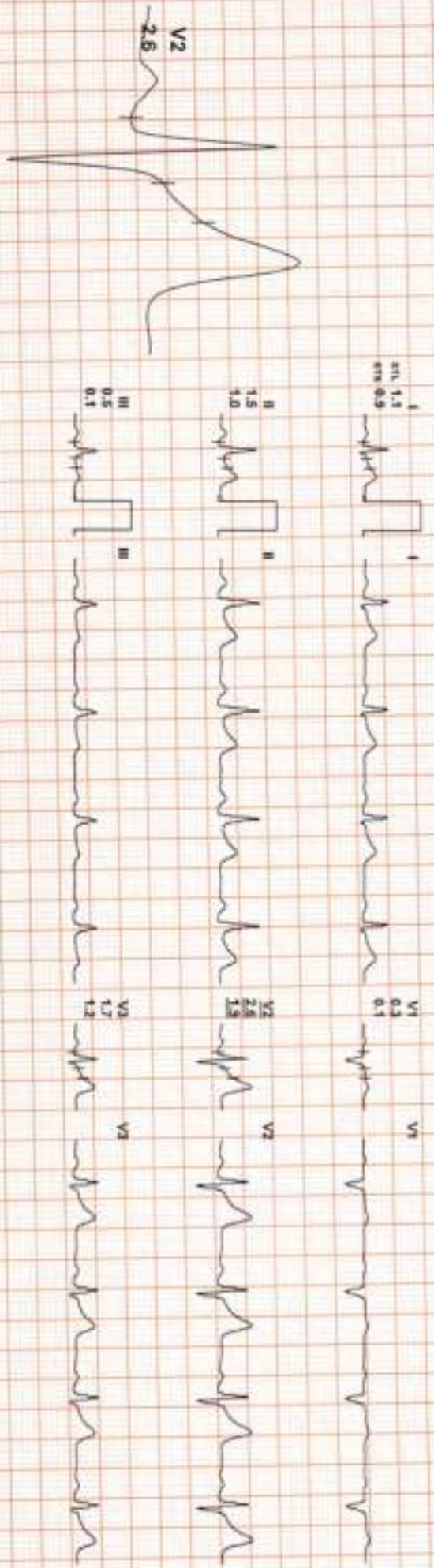


636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 0 Kg / HR : 77

Date: 13 / 01 / 2024 10:30:28 AM METS: 1.0/ 77 bpm 41% of THR BP: 120/80 mmHg Combined Mediana/ BLC OV Notch OV HF 0.05 HzOLF 35 Hz

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

4X 80 ms Post J



REMARKS:

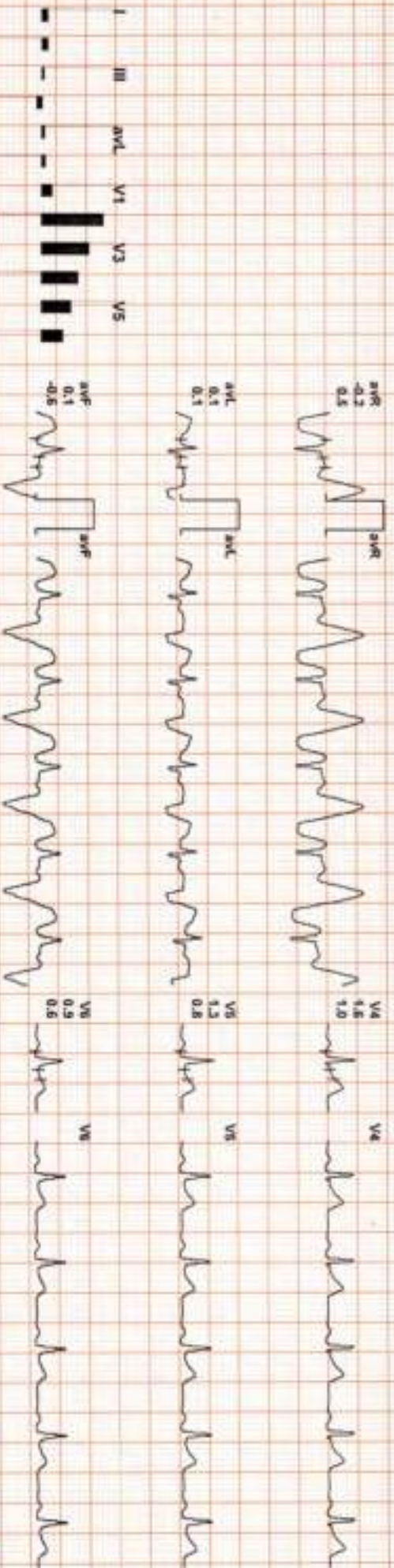
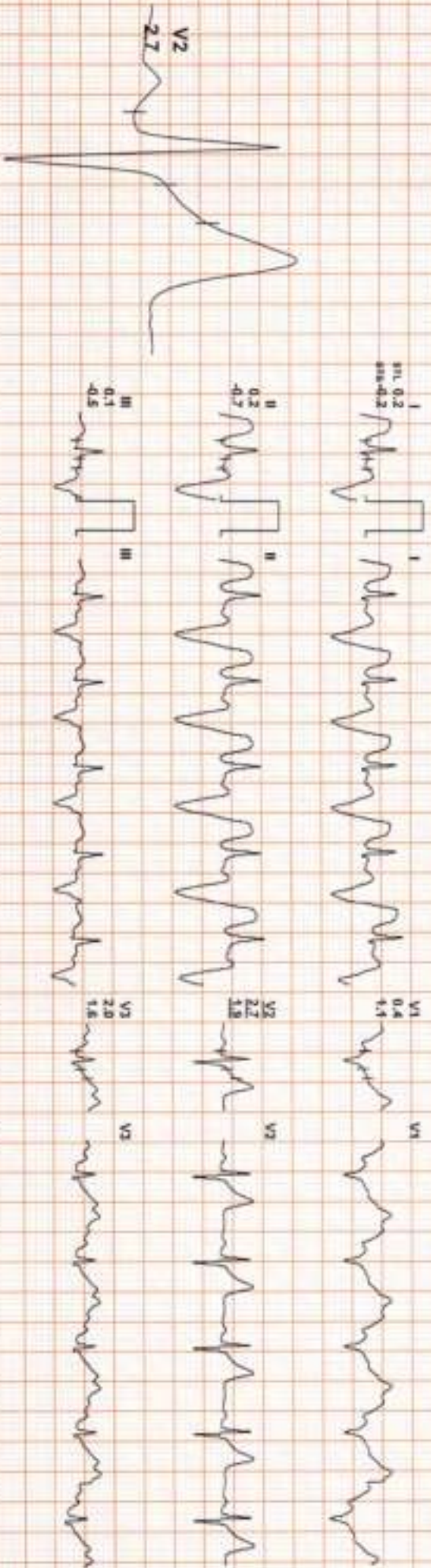


636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 0 Kg / HR : 95

Date: 13 / 01 / 2024 10:30:28 AM METS: 1.0f 95 bpm 51% of THR BP: 120/90 mmHg Contained Medium/ BLC ON NADA ON HF 0.05 HOLF 35 Hz

4X 80 ms Post J

ExTime: 00:00 1.0 mch, 0.0%  
25 mmSec, 1.8 Cm/mV



REMARKS:



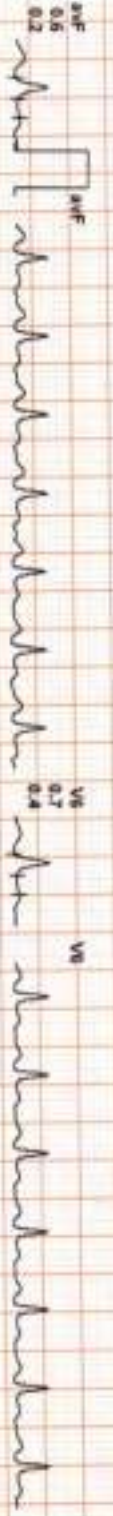
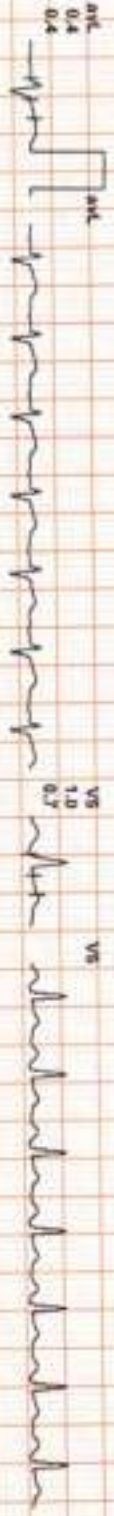
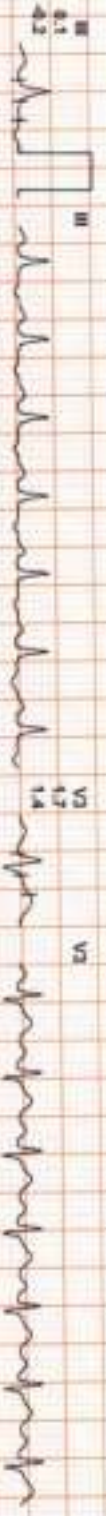
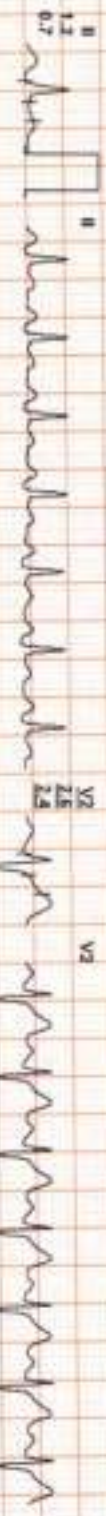
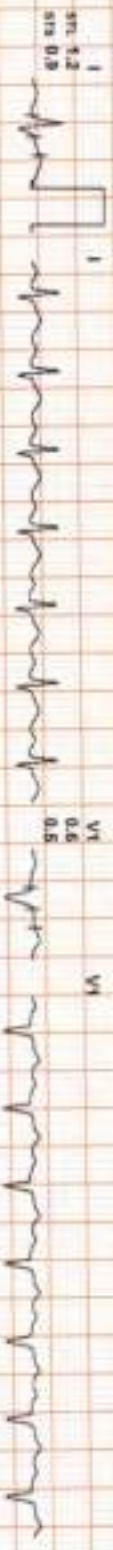


636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 0 Kg / HR : 130

Date: 13/01/2024 10:30:28 AM METS: 4.71 130 bpm 70% of THR BP: 120/85 mmHg Combined Meds/med BLD ON/Notch ON HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTIME: 03:00 1.7 mph 10.0%  
25 mm/Sec 1.0 cm/mV



REMARKS:

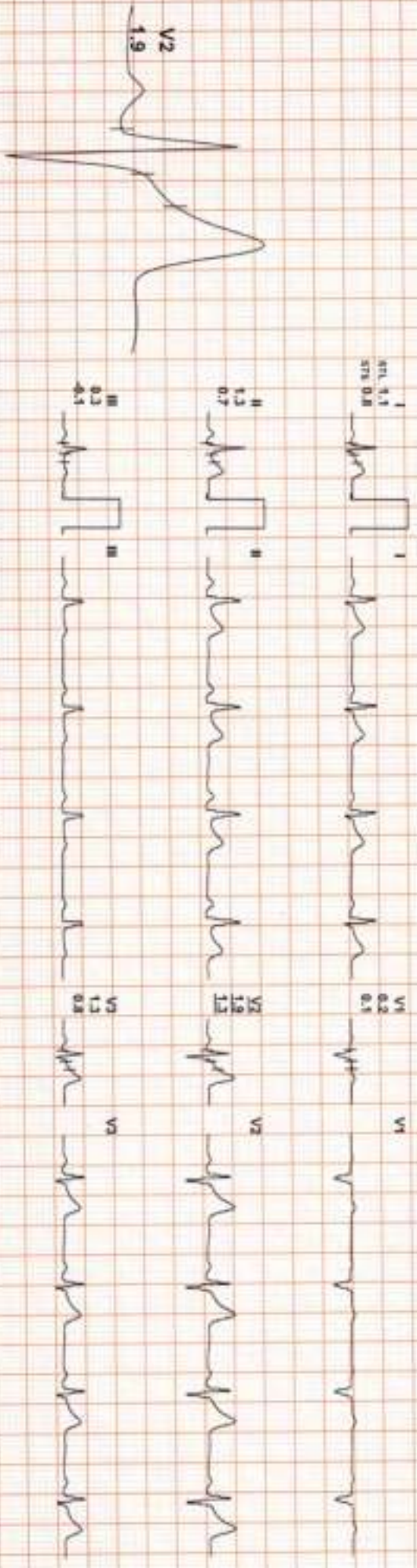


636 (113) / MR NARESH AGARWAL / 34 YRS / M / 0 Cms / 0 Kg / HR : 71

Date: 13 / 01 / 2024 10:30:28 AM METS: 1.07 71 bpm 38% of THR BP: 120/80 mmHg Combined Medians/ BLC Ov Natch Ov HF: 0.05 HzLF: 35 Hz

4X 80 ms Post J

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



REMARKS:

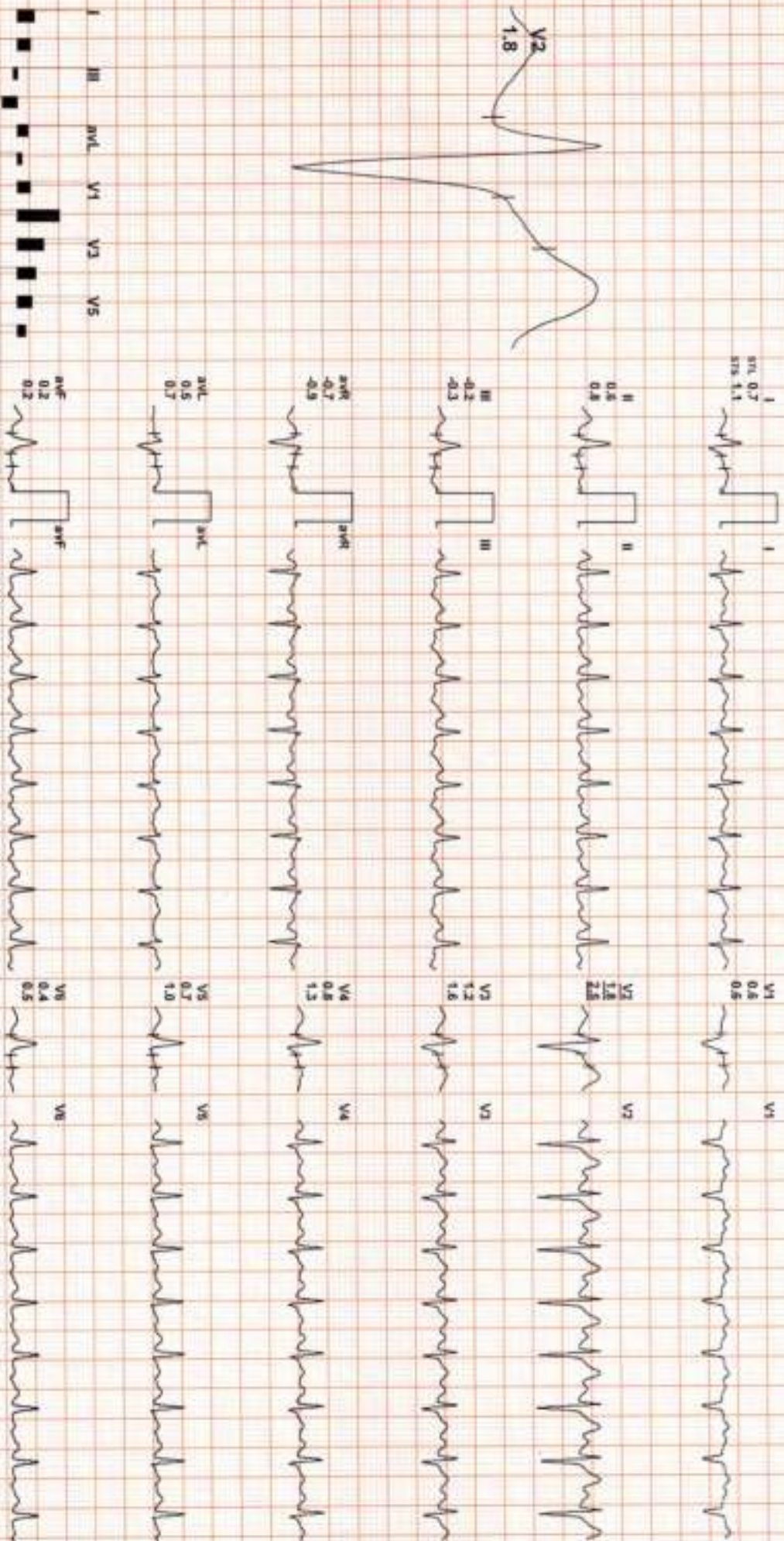


636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 0 Kg / HR : 149

Date: 13/04/2024 10:30:28 AM METS: 7.1/ 149 bpm 80% of THR BP: 140/90 mmHg Combined Medians/ BLC DIV/NUCH DIV/HF 0.05 Hz/LE 35 Hz

4X 60 ms Post J

EXTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec. 1.8 Cm/mV



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

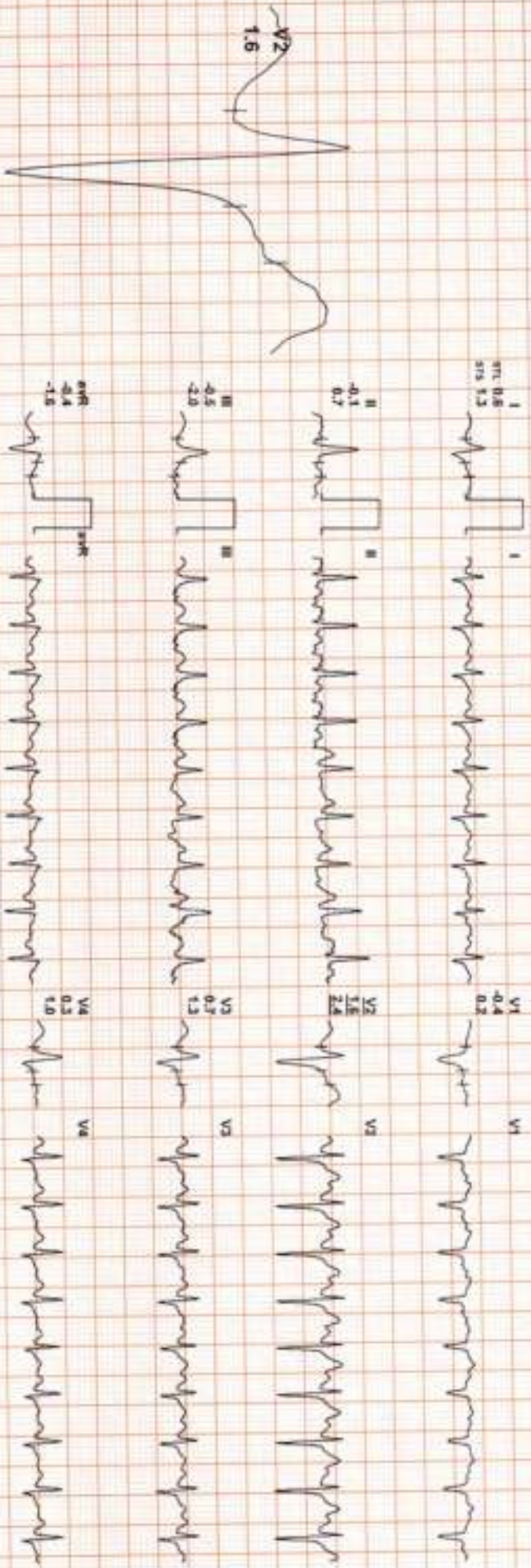


636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 0 Kg / HR : 167

Date: 13/01/2024 10:30:28 AM METS: 8.51 167 bpm 90% of THR BP: 140/90 mmHg Combined Medians/ BLC Grv Noctn Grv Hr: 0.05 Hz/UF 35 Hz

ExTime: 07:19 3.4 mgh: 14.0%  
25 mm/Sec 1.8 Cm/Div

4X 60 ms Pres J



REMARKS:

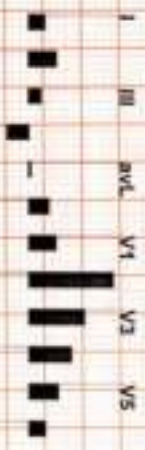
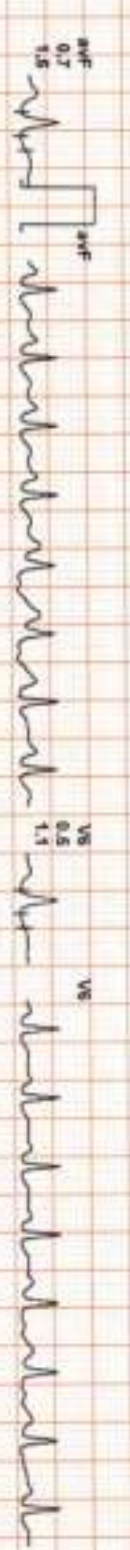
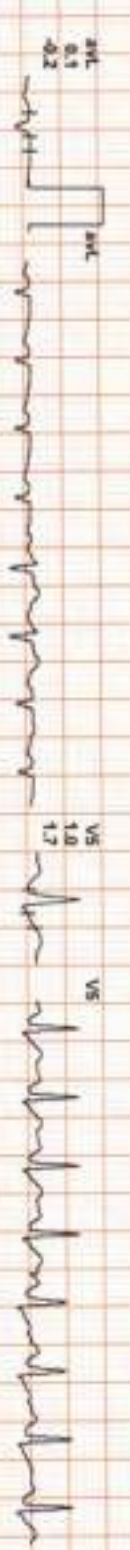
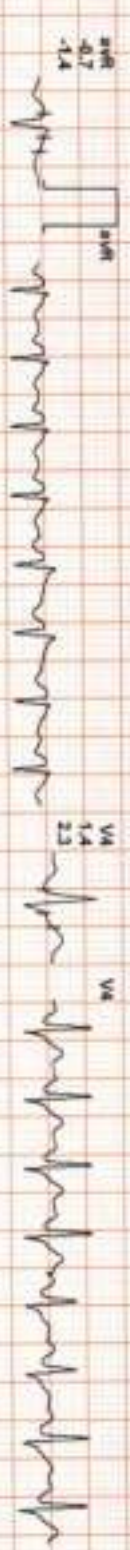
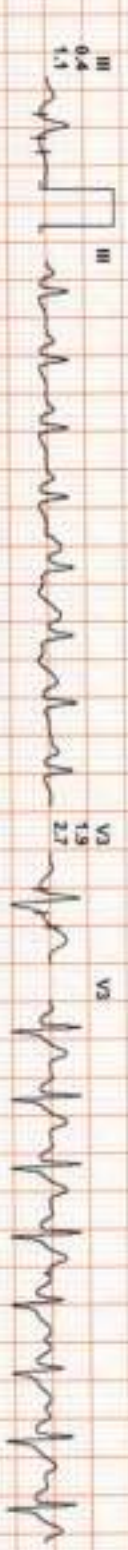
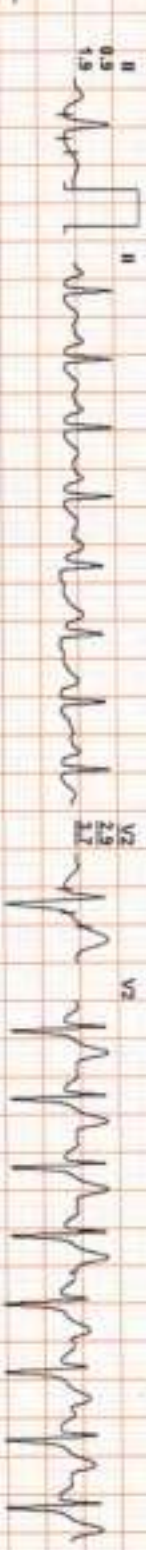
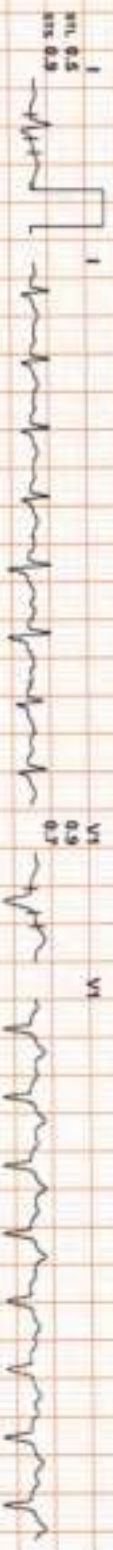


636 (113) / MR NARESH AGARWAL / 34 YRS / M / O Gms / 0 Kg / HR : 142

Date: 13 / 01 / 2024 10:30:28 AM METS- 1.27 142 bpm 75% of THP BP: 140/90 mmHg Combined Modulus/SLC On/Notch On/HR 0.05 Hz/LF 35 Hz

EXTIME: 07.19 0.0 rgn. 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



REMARKS:

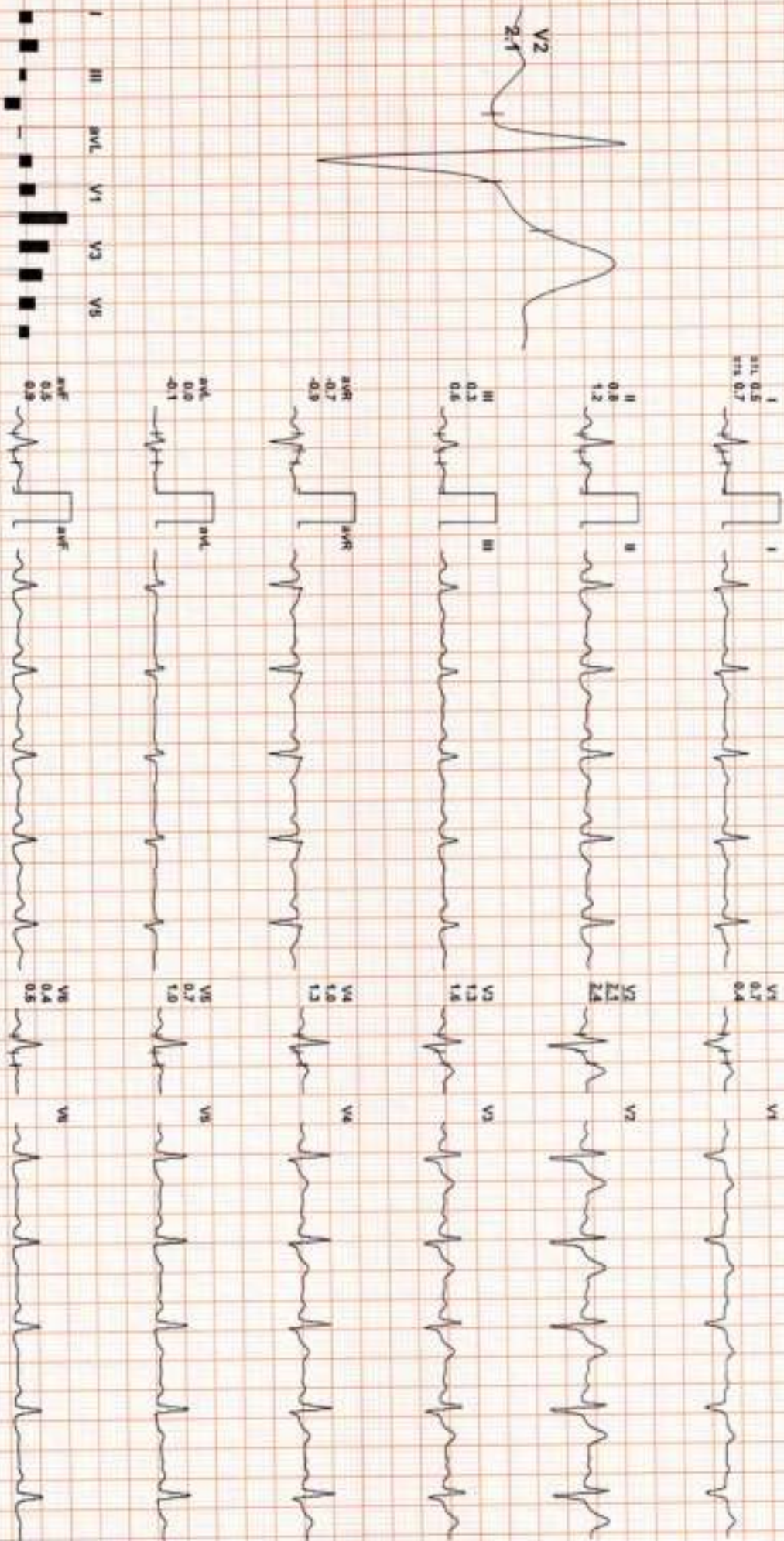


636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 0 Kg / HR : 99

Date: 13/01/2024, 10:30:28 AM METS: 1.0L/99 bpm 53% of THR BP: 135/85 mmHg Combined Medians/RLC ON/NOCH ON/HR 0.05 HELF 35 Hz

4X 60 ms Preset J

ExtTime: 07:19 0.0 rpm 0.0%  
25 mm/Sec 1.0 cm/mV



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

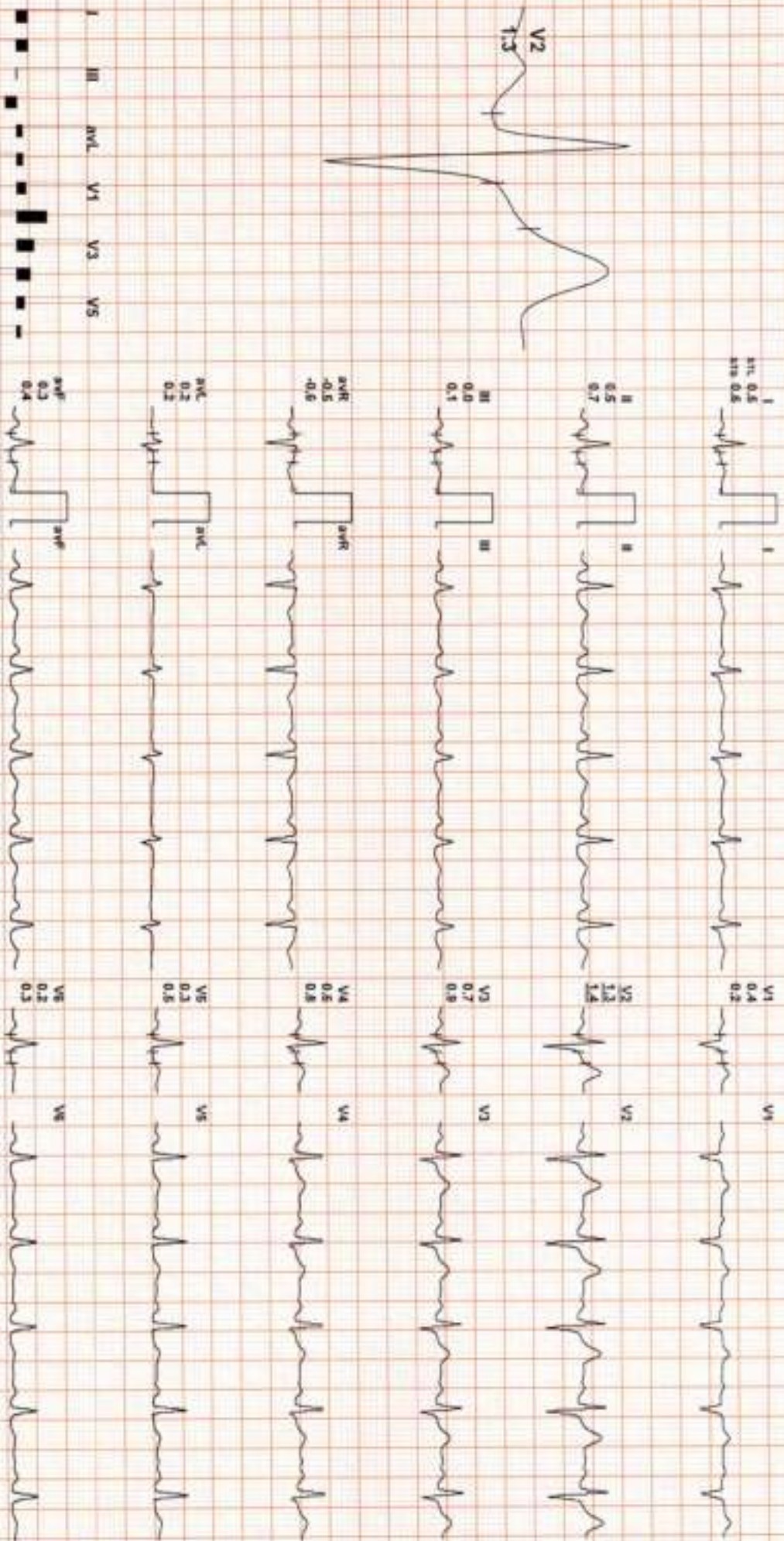


636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 0 Kg / HR : 101

Date: 13 / 01 / 2024 10:30:28 AM METS: 1.0V 101 bpm 54% of THR BP: 125/80 mmHg Combined Medians/ BLC On/ Noich On/ HF 0.05 HzOLF 35 Hz

4X 80 mS Post J

ExTime: 07:19 0.0 mps, 0.0%  
25 mps/Sec. 1.8 Cm/mV



V2 1.3

REMARKS:

I aVR aVL V1 V2 V3 V4 V5 V6

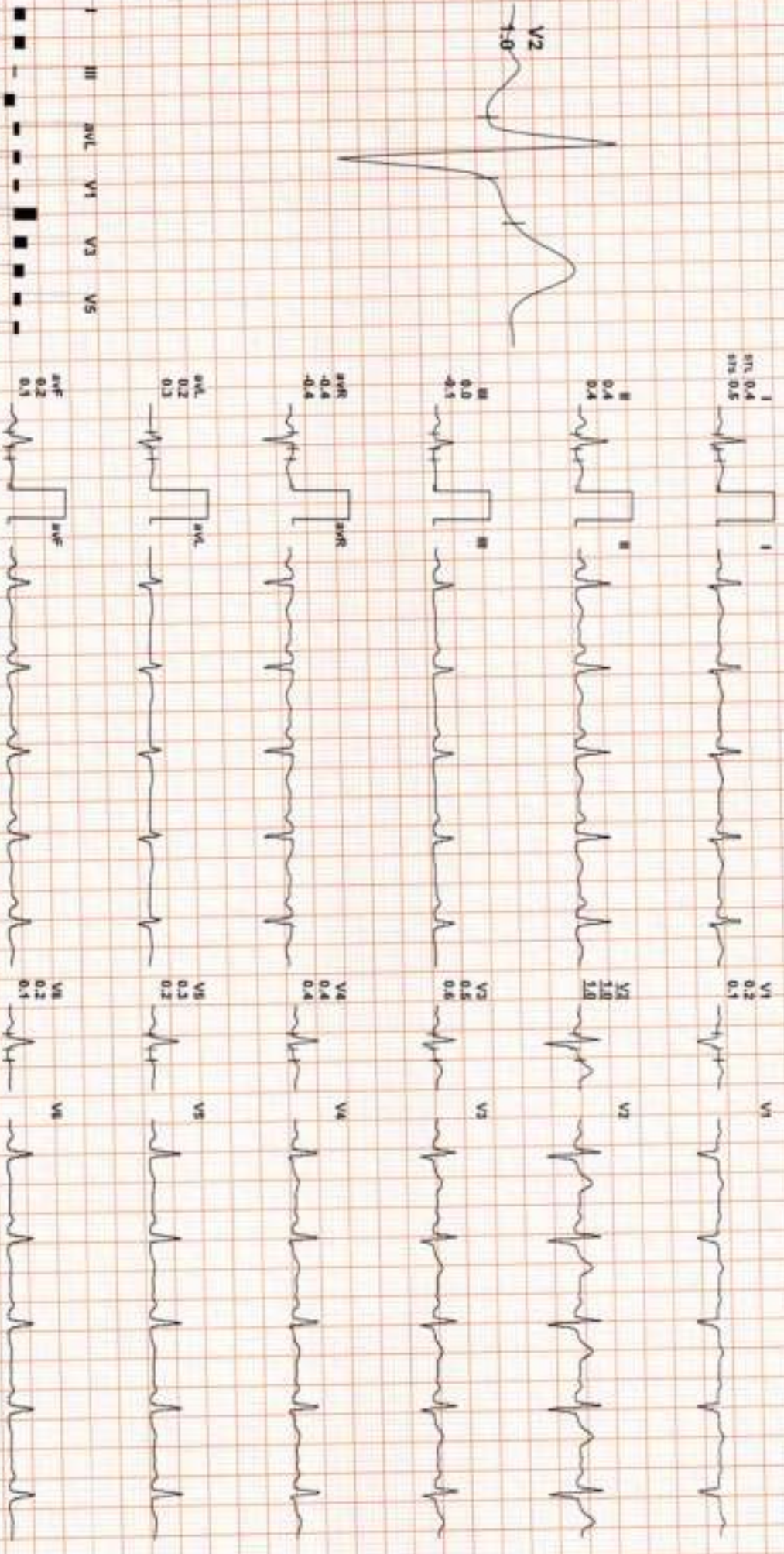


636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 10 Kg / HR : 99

Date: 13 / 01 / 2024 10:30:28 AM METS- 1.0V 99 bpm 53% of THR BP- 120/80 mmHg Combined Medial/ BLC. Cav Netch Cav HF 0.05 HDLF 35 Hz

4X 80 ms Post J

EXTIME: 07:19 0.0 High 0.0%  
25 mm/Sec. 1.8 Cm/Div



REMARKS:

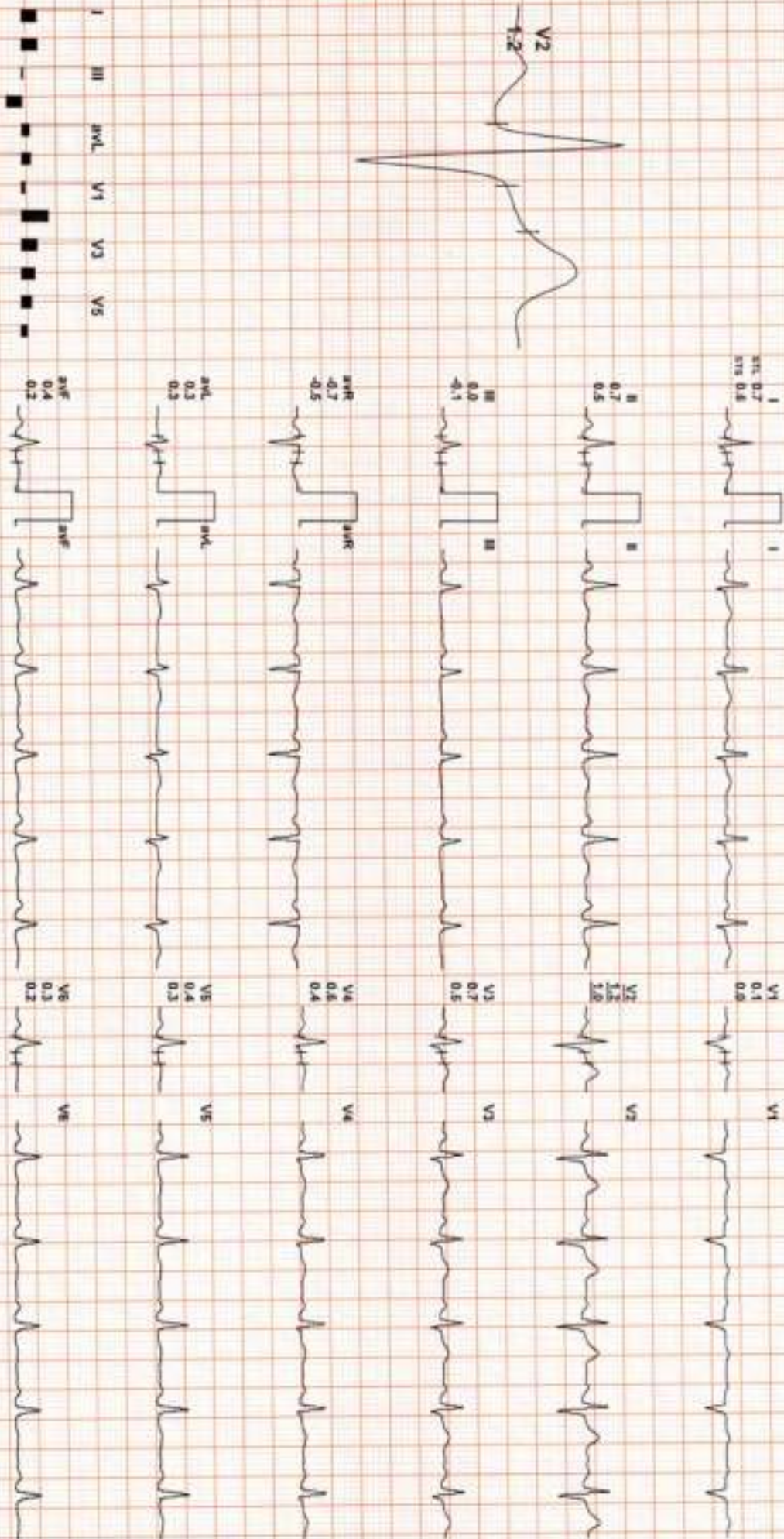




Date: 13/01/2024 10:30:28 AM METS: 1.04 101 bpm 54% of THR BP: 120/80 mmHg Combined Medians/PLC On/ Notch On/ HF 0.05 Hz/UF 35 Hz

4X 60 ms Post J

ExTime: 07:19 0.0 rghn, 0.0%  
26 mm/Sec 1.0 Cm/mV



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





DR. GOYALS PATH LAB & IMAGING CENTRE

636 (113) / MR NARESH AGARWAL / 34 Yrs / M / 0 Cms / 0 Kg / HR : 92

Average



Date: 13/01/2024 10:30:28 AM





Date :- 13/01/2024 08:58:17

Patient ID :- 12235246

**NAME :- Mr. NARESH AGARWAL**

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 4 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 13/01/2024 09:19:07

Final Authentication : 13/01/2024 12:57:18

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	15.6	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	9.41	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	51.2	%	40.0 - 80.0
LYMPHOCYTE	37.2	%	20.0 - 40.0
EOSINOPHIL	<b>8.6 H</b>	%	1.0 - 6.0
MONOCYTE	2.7	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.82	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	3.51	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	<b>0.80 H</b>	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.25	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.03	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	<b>5.83 H</b>	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	48.60	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	83.3	fL	83.0 - 101.0
MEAN CORP HB (MCH)	<b>26.7 L</b>	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.1	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	198	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.5	%	11.6 - 14.0
MENTZER INDEX	14.29		

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.

AJAYSINGH  
Technologist

Page No. 2 of 12



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

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## Path Lab & Imaging Centre



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Website: [www.dr.goyalpathlab.com](http://www.dr.goyalpathlab.com) | E-mail: [dr.goyalpiyush@gmail.com](mailto:dr.goyalpiyush@gmail.com)

Date :- 13/01/2024 08:58:17

Patient ID :-12235246

NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 4 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 13/01/2024 09:19:07

Final Authentication : 13/01/2024 12:57:18

### HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- HPLC

11.8 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 8340V, 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

292 H mg/dL

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

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Technologist

Page No: 1 of 12



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Date :- 13/01/2024 08:58:17

Patient ID :- 12235246



NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 4 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 13/01/2024 09:19:07

Final Authentication : 13/01/2024 12:57:18

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	15 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"  $\times > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

ICBC, 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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Technologist

Page No. 3 of 12



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MBBS, MD ( Path )  
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Date :- 13/01/2024 08:58:17

Patient ID :- 12235246

NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 4 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/01/2024 08:19:07

Final Authentication : 13/01/2024 11:46:41

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	221.15 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	133.82	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	31.27	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	167.58 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	26.76	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	7.07 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	5.36 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	653.27	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 (lipoprotein) 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>			

SURENDRAXHANGA

Page No: 4 of 12



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





Date :- 13/01/2024 08:58:17

Patient ID :- 12235246



NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 4 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/01/2024 08:19:07

Final Authentication : 13/01/2024 11:46:41

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.49	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	0.39	mg/dl	0.30-0.70
SGOT Method:- IFCC	24.7	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	56.9 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	75.70	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	52.30 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.68	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.86	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.82	gm/dl	2.20 - 3.50
A/G RATIO	1.72		1.30 - 2.50

**Total Bilirubin Methodology:** Colorimetric method Instrument/Name Random Rx Incls 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 high levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively excreting the haemoglobin it is receiving.

**AST Aspartate Aminotransferase Methodology:** IFCC Instrument/Name Random Rx Incls 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 Random Rx Incls 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 Random Rx Incls 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 Random Rx Incls Interpretation: Measurements obtained by this method are used in the diagnosis and treatment 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 Instrument/Name Random Rx Incls 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 Random Rx Incls 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 1 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

Page No: 5 of 12



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Date :- 13/01/2024 08:58:17

Patient ID :- 12235246

NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 4 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/01/2024 09:19:07

Final Authentication : 13/01/2024 11:14:43

### IMMUNOASSAY

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

SERUM TOTAL T3

1.210

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

10.100

ug/dl

5.530 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA

3.843

µIU/mL

0.350 - 5.500

Method:- Enhanced Chemiluminescence Immunoassay

**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 µIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

NARENDRAKUMAR  
Technologist

Page No. 6 of 12



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



Date :- 13/01/2024 08:58:17

Patient ID :- 12235246



NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 4 Mon 25 Days

Lab/Hosp :-

Company :- MedWheel

Sample Type :- URINE

Sample Collected Time 13/01/2024 09:19:07

Final Authentication : 13/01/2024 10:14:46

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</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 (Sulphonahilic 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) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<b>MICROSCOPY EXAMINATION</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

Page No: 7 of 12



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

# Dr. Goyal's

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Date :- 13/01/2024 08:58:17

Patient ID :-12235246

NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 4 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 13/01/2024 09:19:07

Final Authentication : 13/01/2024 10:14:48



### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>STOOL ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
<b>MICROSCOPIC EXAMINATION</b>			
RBC's	NIL	/HPF	
WBC/HPF	NIL	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

VIJENDRAMEENA  
Technologist

Page No: 8 of 12



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Date :- 13/01/2024 08:58:17

Patient ID :- 12235246

NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 4 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 13/01/2024 09:19:07

Final Authentication : 13/01/2024 15:13:13



### HAEMATOLOGY

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

AJAYSINGH, TRILOK, VIJENDRAMEENA  
Technologist

Page No: 11 of 12



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**Dr. Chandrika Gupta**

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Date :- 13/01/2024 08:58:17

Patient ID :-12235246

NAME :- Mr. NARESH AGARWAL

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 4 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/01/2024 09:19:07

Final Authentication : 13/01/2024 11:46:41

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.6	mg/dl	0.0 - 23.0

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

SURENDRAKHANGA

Page No: 12 of 12



**Dr. Chandrika Gupta**  
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Date :- 13/01/2024 08:58:17  
NAME :- Mr. NARESH AGARWAL  
Sex / Age :- Male 34 Yrs 4 Mon 25 Days  
Company :- MediWheel

Patient ID :- 12235246  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 13/01/2024 13:11:24

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 \*\*\*

Page No: 1 of 1

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(D.M.R.D.) BILAL

Transcript by.

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Date :- 13/01/2024 08:58:17  
**NAME :- Mr. NARESH AGARWAL**  
Sex / Age :- Male 34 Yrs 4 Mon 25 Days  
Company :- MediWheel

Patient ID :- 12235246  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 13/01/2024 14:59:07

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver is enlarged in size ~171 mm. 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 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 mild enlarged in size ~31 gms 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:**

- \* Hepatomegaly with grade I fatty changes.
- \* Mild prostatomegaly.
- Needs clinical correlation for further evaluation.

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

Page No: 1 of 1

NIKITAPATWA

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