

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

Website : www.dr.goyalspathlab.com | E-mail : dr.goyal@pathlab.com

General Physical Examination

Date of Examination: 16/12/2020

Name: CASHOK Kumar Panchhiya fandiya Age: 38 Sex: m

DOB: 05/10/1985

Referred By: mediwheel

Photo ID: Dhruvraj ID #: attached

Ht: 171 (cm)

Wt: 74 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 93 (cm)

Blood Pressure: 126/80 mm Hg PR: 78 / min

BMI 25.3 kg/m²

Eye Examination: Dis vision 6/6 with specs, Near vision N/6.

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 : [Signature] Name Medical Examiner _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. 41796



Dr. P. Goyal

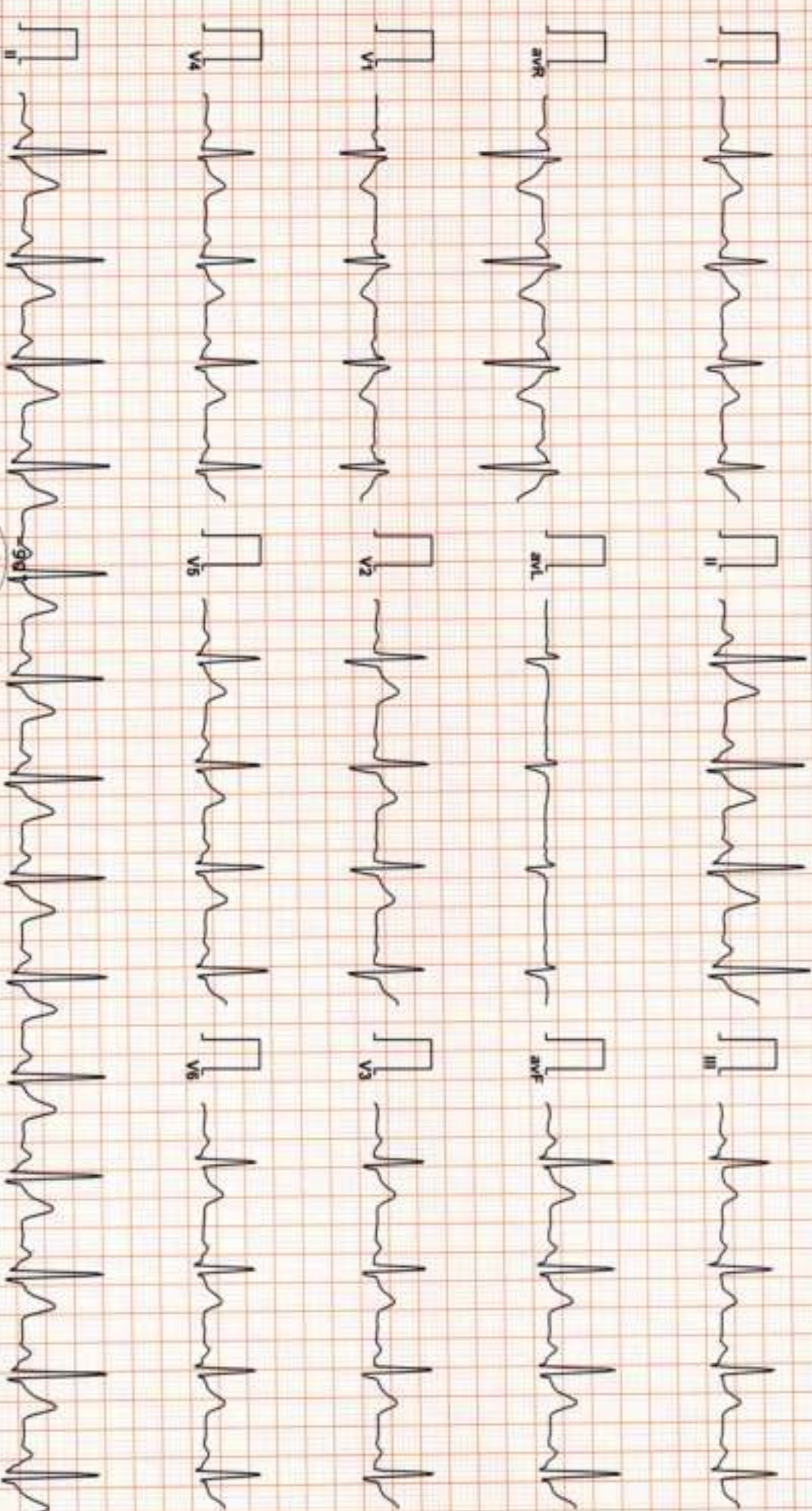
Dr. P. Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. -017996



DR. GOYAL PATH LAB

ECG

3170 / MR ASHOK KUMAR FANDHIYA / 38 Yrs / M/ Smoker
Heart Rate : 85 bpm / Tested On : 16-Dec-23 14:33:11 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Reid By: BOB



Vent Rate : 85 bpm
PR Interval : 146 ms
QRS Duration : 100 ms
QT/QTc Int : 362/406 ms
P-QRS-T axis: 63.00° 67.00° 59.00°



Axis
P 63.00°
QRS 67.00°
T 59.00°

Dr. Mahesh Kumar
RAC No. 2673
M.D.S. DIP. CARDIO (ESGORT) /
Reported By: (MCCP-UK)



529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / NonSmoker
Date: 16 / 12 / 2023 02:35:34 PM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	PP	PVC	Comments
Supine	00:30	0:30	01.1	00.0	01.0	096	53 %	126/86	120	00	
Standing	03:57	3:27	01.1	00.0	01.0	082	45 %	126/86	103	00	
HV	05:06	1:09	01.1	00.0	01.0	105	58 %	126/86	132	00	
Warm Up	07:30	2:24	01.1	00.0	01.0	102	56 %	128/86	128	00	
ExStart	07:35	0:05	01.7	10.0	01.1	102	56 %	128/86	128	00	
BRUCE Stage 1	10:35	3:00	01.7	10.0	04.7	130	71 %	140/90	182	00	
BRUCE Stage 2	13:35	3:00	02.5	12.0	07.1	152	84 %	156/90	237	00	
PeakEx	15:19	1:44	03.4	14.0	08.9	163	90 %	166/90	270	00	
Recovery	16:19	1:00	00.0	00.0	01.2	136	75 %	166/90	225	00	
Recovery	17:19	2:00	00.0	00.0	01.0	117	64 %	160/90	187	00	
Recovery	18:19	3:00	00.0	00.0	01.0	105	58 %	150/90	157	00	
Recovery	19:19	4:00	00.0	00.0	01.0	103	57 %	140/90	144	00	
Recovery	20:19	5:00	00.0	00.0	01.0	103	57 %	126/86	128	00	
Recovery	20:37	5:18	00.0	00.0	01.0	100	55 %	126/86	126	00	

FINDINGS :

Exercise Time : 07:44
 Max HR Attained : 163 bpm 90% of Target 182
 Max BP Attained : 166/90 (mm/Hg)
 Max Workload Attained : 8.9 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

THP is Negative for PMT

Dr. Harish K. Jaiswal
 MBBS, D.P. (CARDIO-ESGONRIS)
 D.E.M. (RCGP-UK)



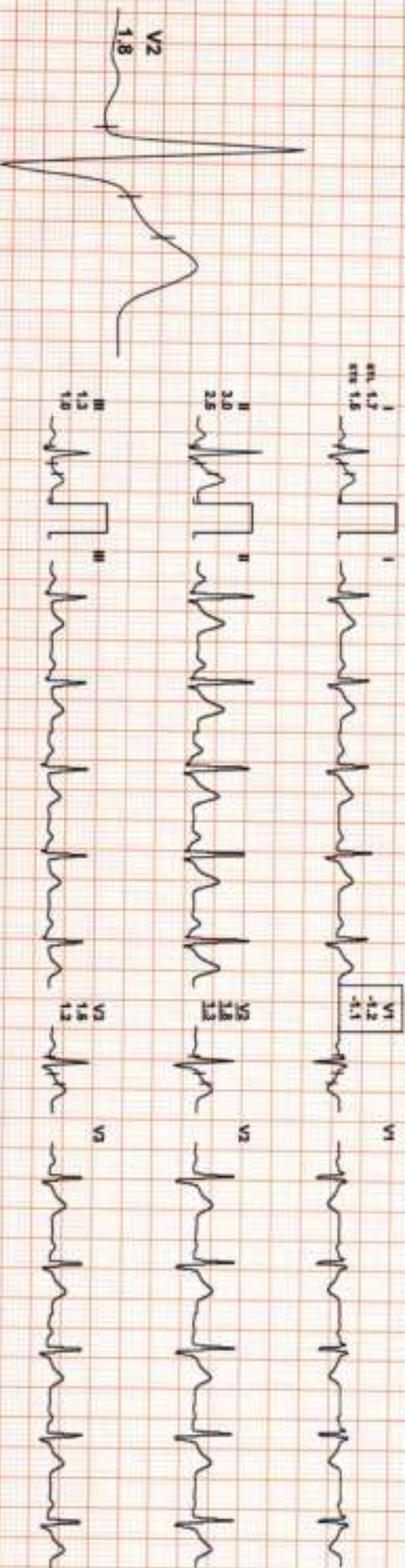
529 (113) / MR ASHOK KUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 96

Date: 16 / 12 / 2023 02:35:34 PM METS: 1.0/ 96 bpm 83% of THR BP: 126/86 mmHg Combined Medians/ BLC Onv Natch Onv HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.8 Cm/mV



REMARKS:

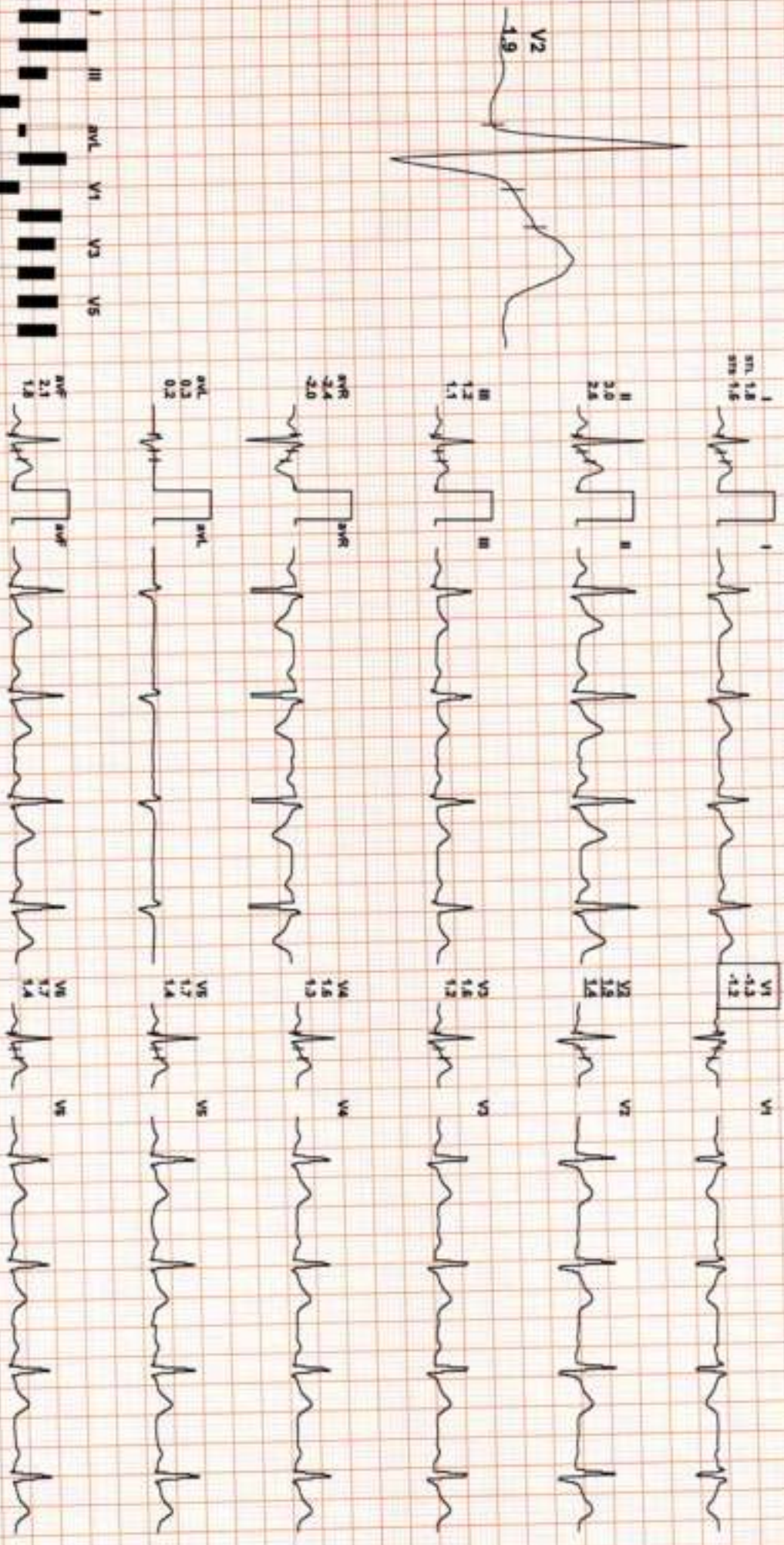


529 (113) / MR ASHOK KKUMAR FANDIYA / 38 YRS / M / O Cms / 0 Kg / HR : 82

Date: 16 / 12 / 2023 02:35:34 PM METS: 1.00 82 bpm 45% of THR BP- 126/86 mmHg Combined Mediana/ BLC Ovr Notch Ovr HF 0.05 H2O/LF 35. HZ

4X 80 mS Post J

ExTime: 00:00 1.1 mph, 0.0%
25 mm/sec, 1.8 Cm/mV



REMARKS:

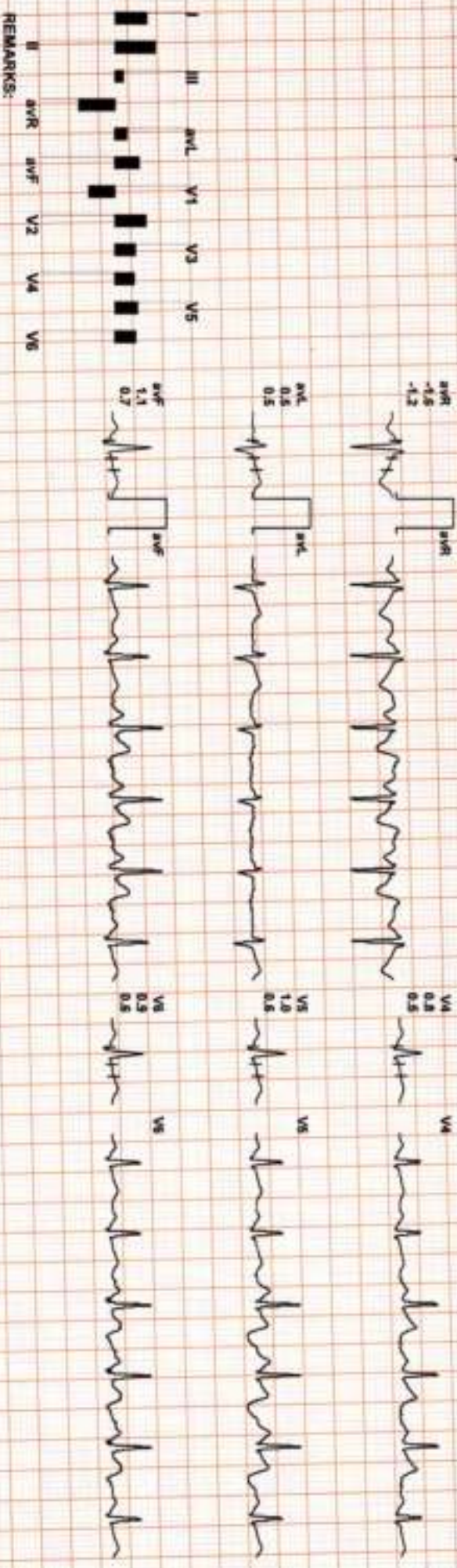
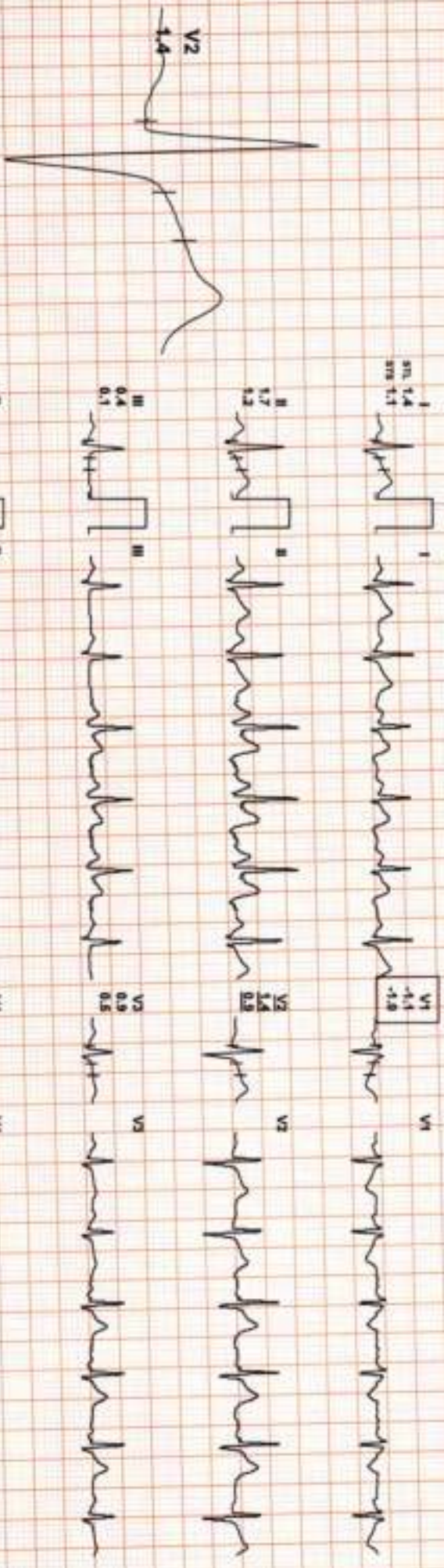


529 (113) / MR ASHOK KKUMAR FANDIYA / 38 YRS / M / O Cms / O Kg / HR : 105

Date: 16 / 12 / 2023 02:35:34 PM METS: 1.0/ 105 bpm 88% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

4X 80 mm/s Paper J

ExTime: 00:00 1.1 mps, 0.0% 25 mm/Sec. 1.8 Cm/mV



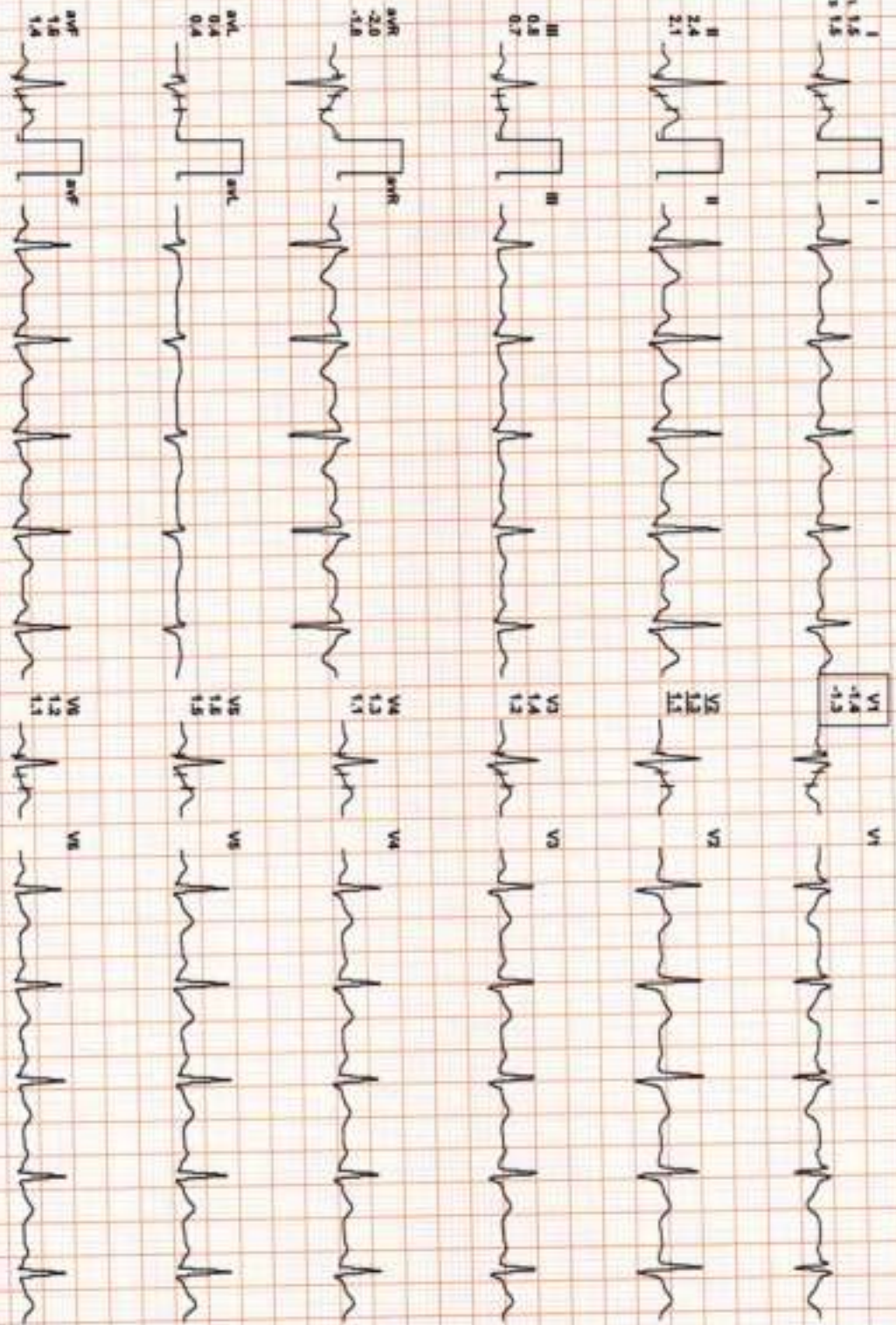
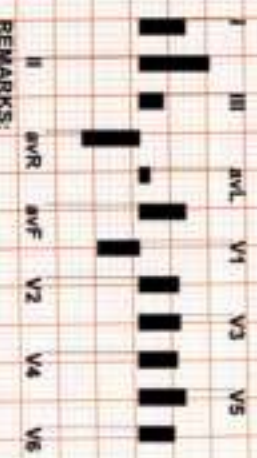
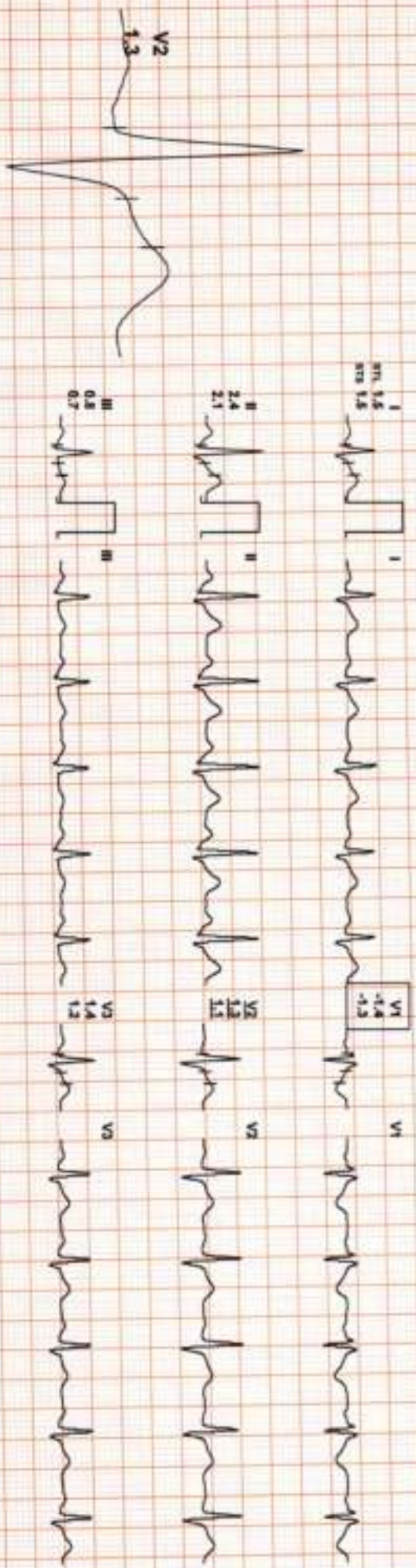
REMARKS:

529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 102

Date: 16 / 12 / 2023 02:35:34 PM METS: 1.0/ 102 bpm 56% of THR BP: 126/86 mmHg Combined Medians/ BLC 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



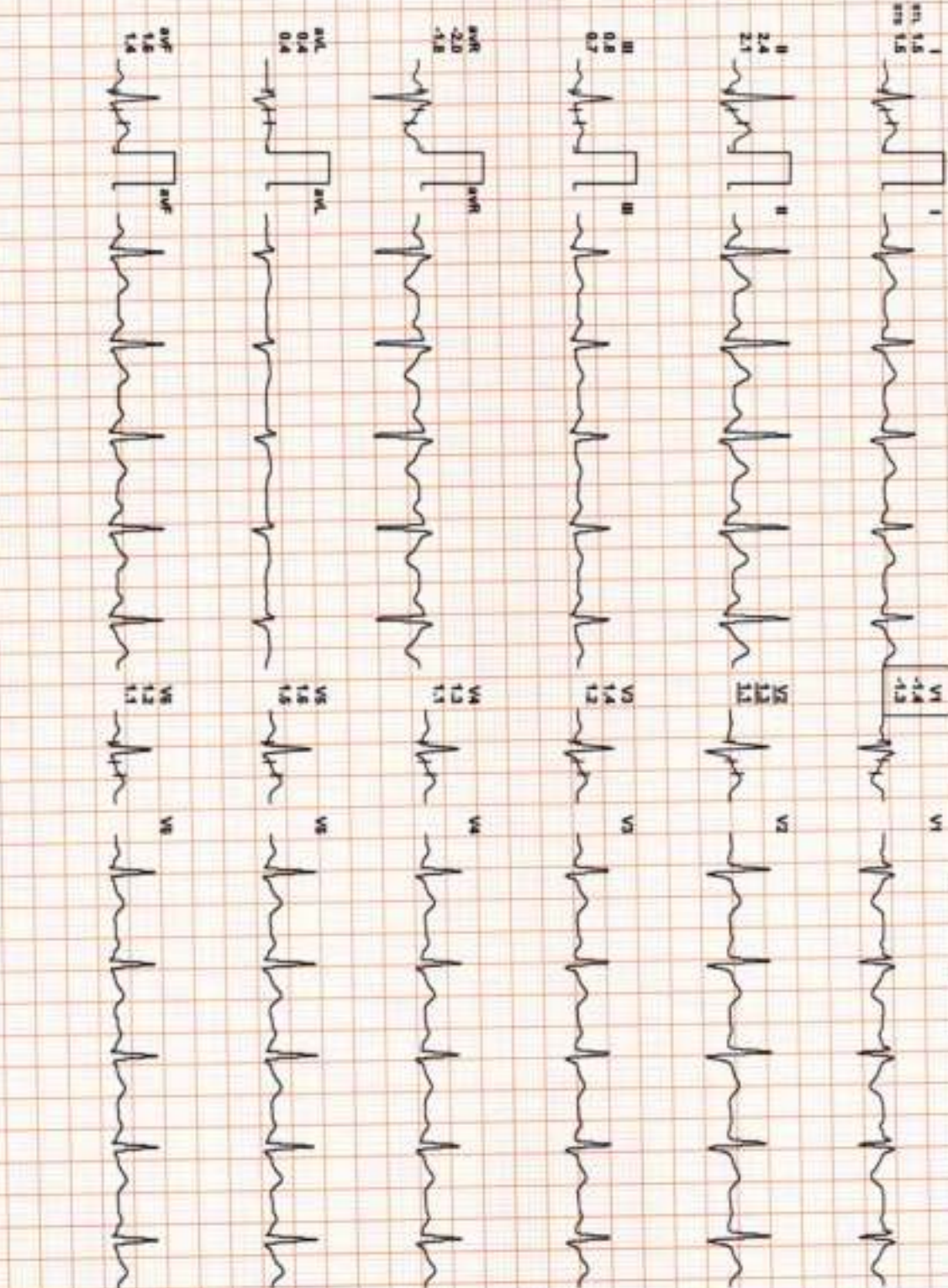
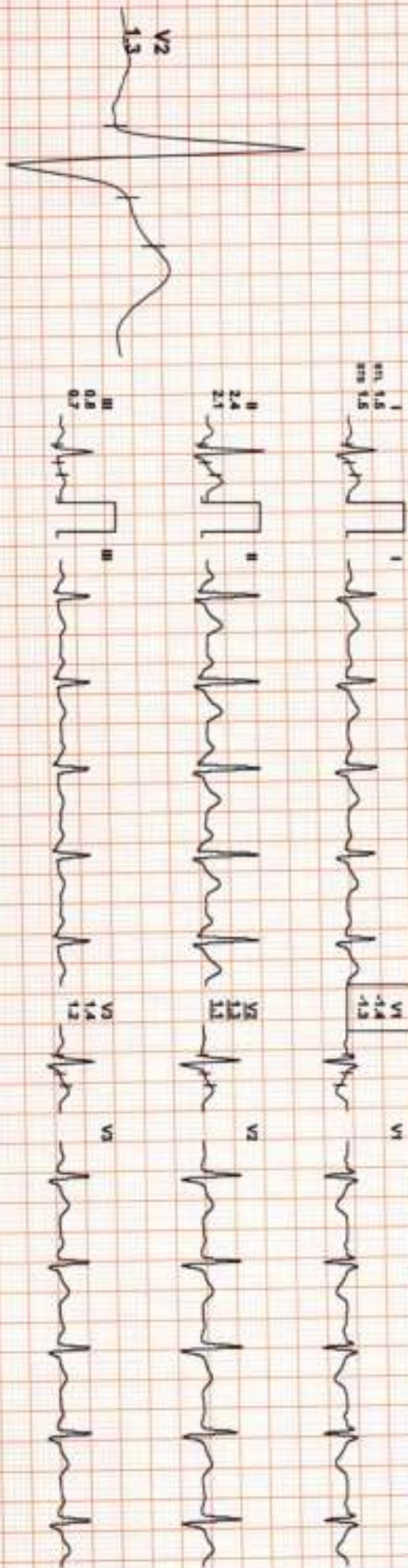


529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 102

Date: 16 / 12 / 2023 02:35:34 PM METS: 1.5/ 102 bpm 56% of THR BP: 126/86 mmHg Combined Medians/ RLC ON/ Notch ON/ HE 0.05 Hz/LF 35 Hz

4X 30 ms Post J

ExTime: 00:00 4.7 mph 10.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

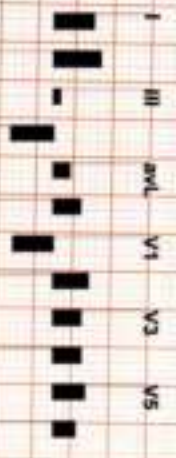


529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 130

Date: 16 / 12 / 2023 02:35:34 PM METS: 4.71 130 bpm 71% of THR BP: 140/90 mmHg Combined Modane/ BLC Cm Notch Cm/HE 0.05 Hz/LE 35 Hz

4X 80 ms Post J

ExTime: 03:00 1.7 mph, 10.0%
25 mm/Sec, 1.8 cm/mV



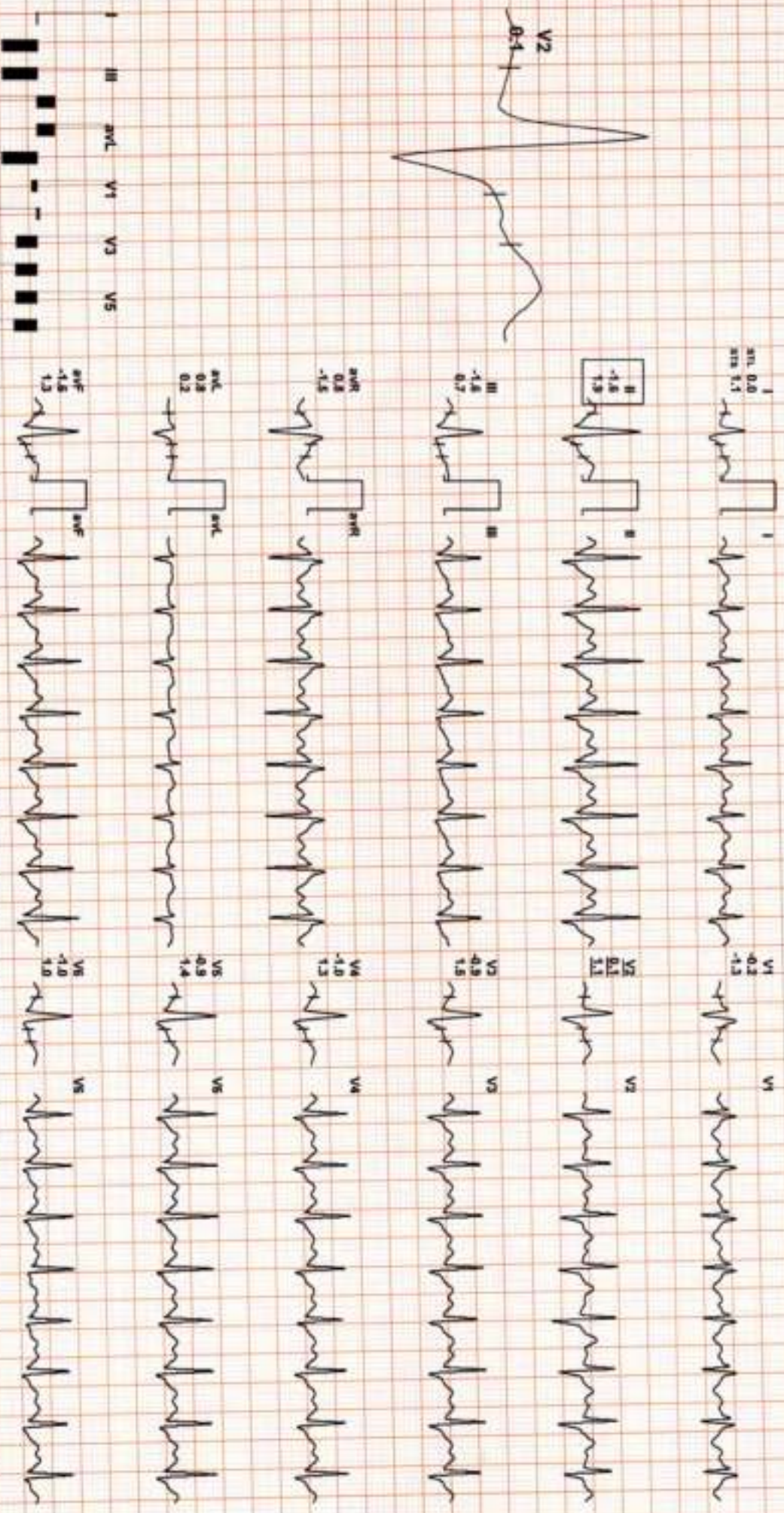
REMARKS:

529 (113) / MR ASHOK K KUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 152

Date: 16 / 12 / 2023 02:35:34 PM METS: 7.1/ 152 bpm 84% of THR BP: 156/90 mmHg Combined Meds: Nil ON/ Notch ON/ HF: 0.05 HzLF: 35 Hz

4X 60 ms Post J

ExTime: 06:00 2.5 mph 12.0%
25 mm/Sec - 1.0 Cm/mV



REMARKS:

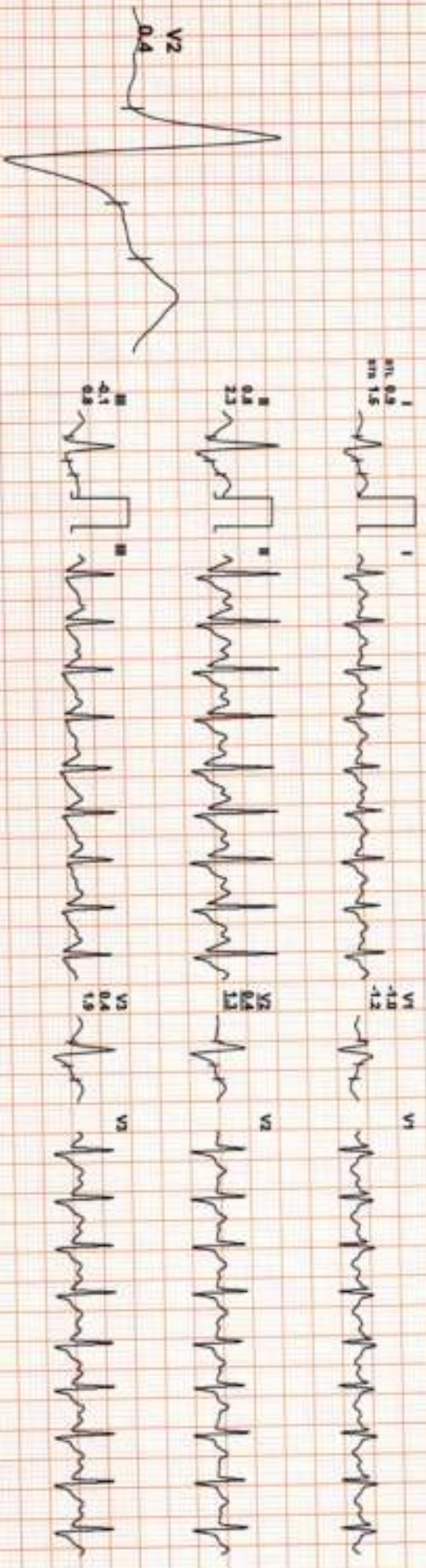


529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 163

Date: 16 / 12 / 2023 02:35:34 PM METS: 8.9/ 163 bpm 96% of THR BP: 166/90 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

4X 50 ms Post J

ExTime: 07:44 3.4 mph 14.0%
25 mm/Sec. 1.2 Cm/mV



REMARKS:

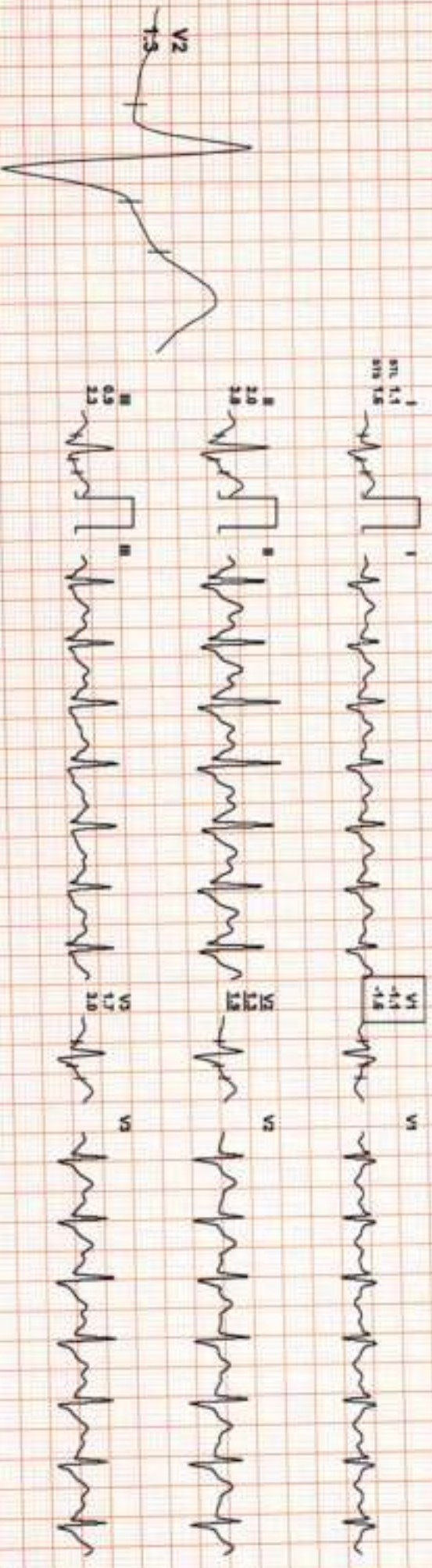


S29 (113) / MR ASHOK K KUMAR FANDIYA / 38 Yrs / M / O Cms / 0 Kg / HR : 136

Date: 16 / 12 / 2023 02:35:34 PM METS: 1.27 136 bpm 75% of THR BP: 166/90 mmHg Combined Medians/ BLC On/ Noch On/ HF 0.05 Hz/V.F 35 Hz

4X 60 ms Post J

ExTime: 07:44 0.0 mpt. 0.0% 26 mm/sec. 1.0 Cm/mtv



REMARKS:

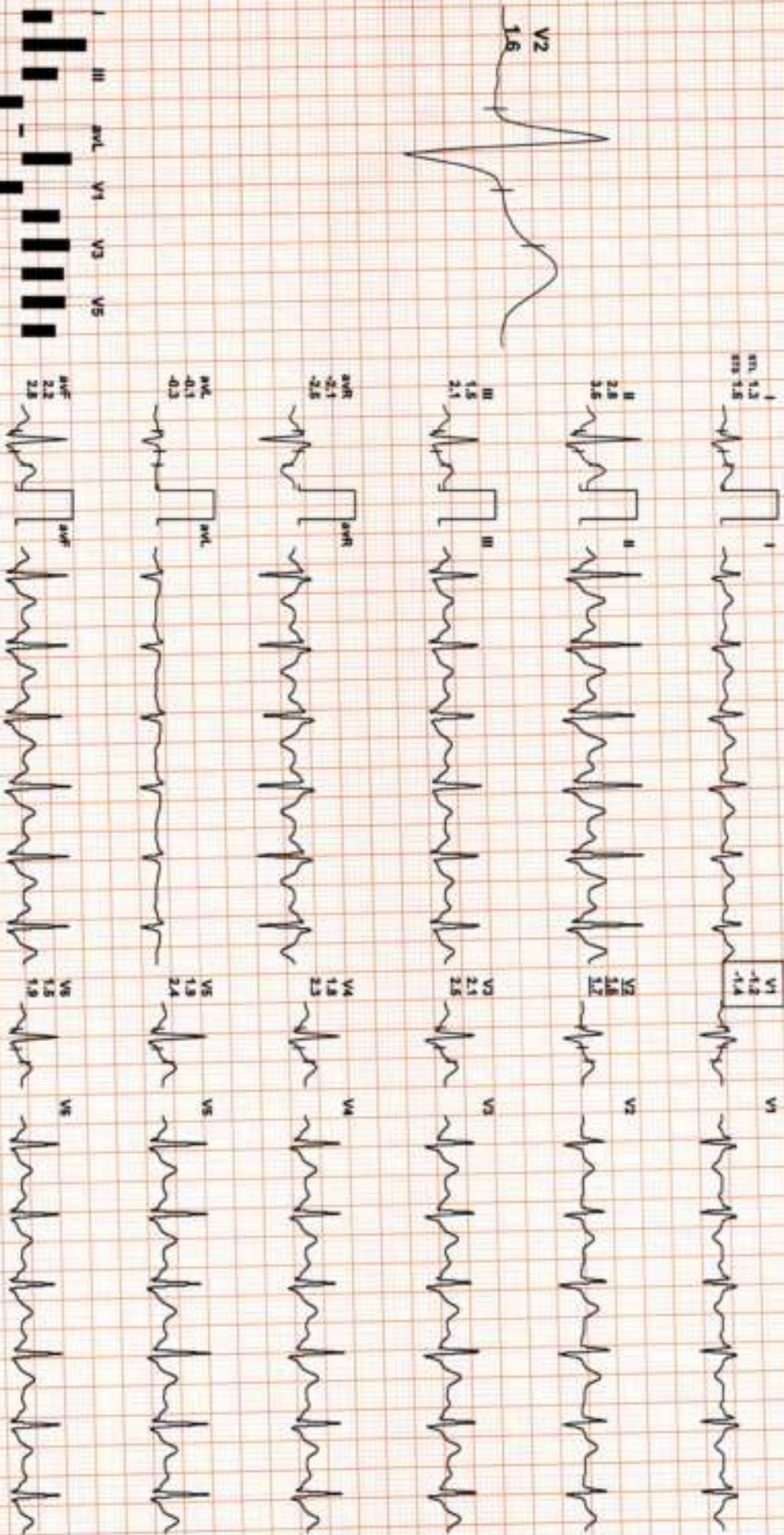


529 (113) / MR ASHOK KKUMAR FANDIYA / 38 YRS / M / O Cms / O Kg / HR : 117

Date: 16 / 12 / 2023 02:35:34 PM METS: 1.00 117 bpm 64% of THR BP: 160/90 mmHg Combined Medians/ BLC On/ Noth On/ Hf: 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 07:44 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

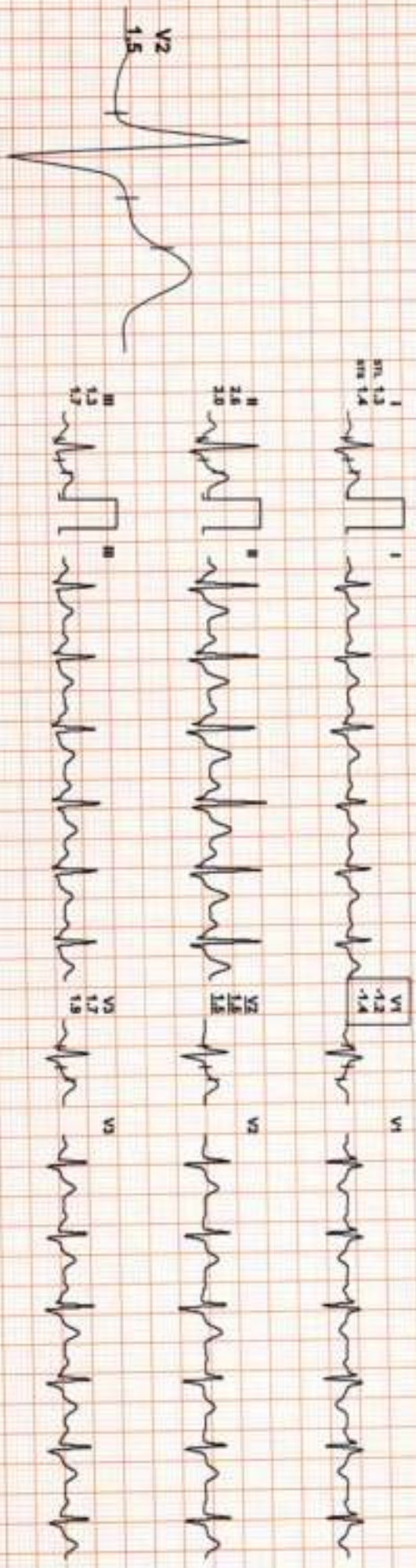


529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 105

Date: 16 / 12 / 2023 02:35:34 PM METS: 1.0/ 105 bpm 66% of THR BP: 150/90 mmHg Combined Medication/ BLC Onv Notch Onv HF: 0.05 HzULF: 35 Hz

ExTime: 07:44 0.0 mpr 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 20 ms Post J



REMARKS:

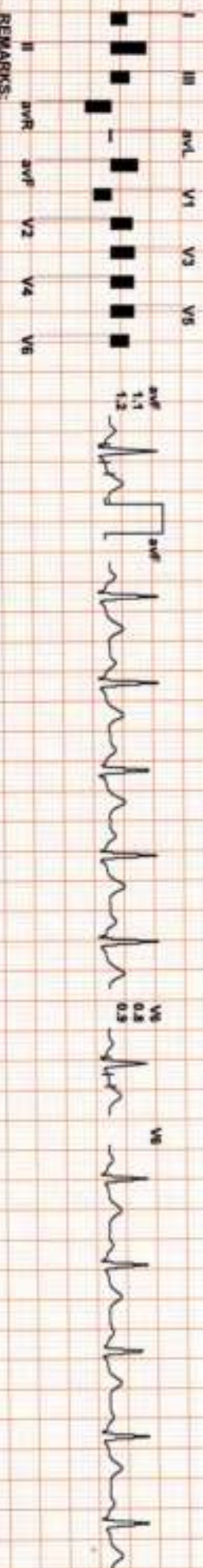
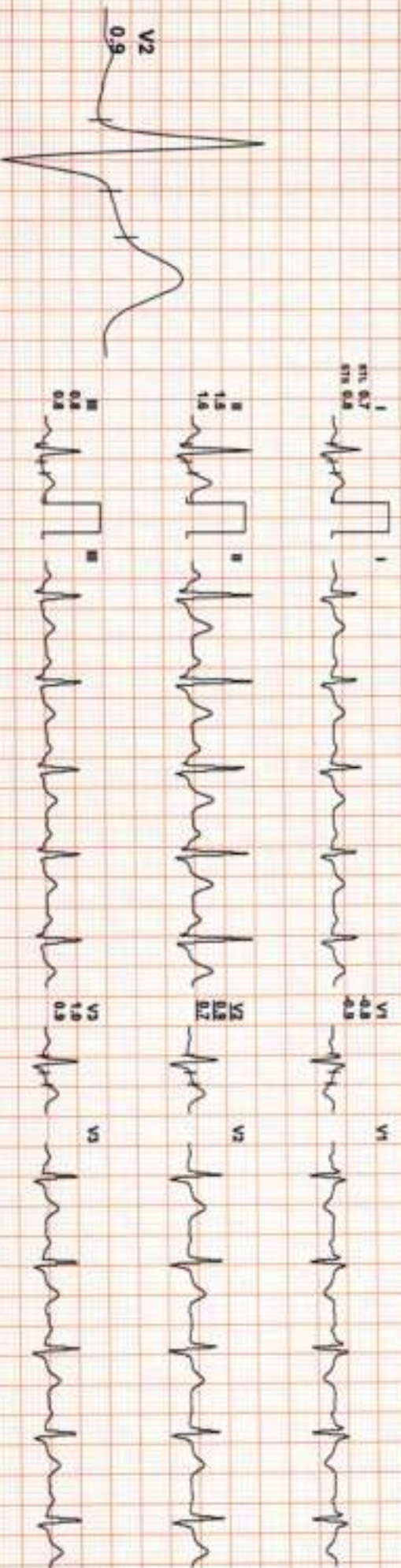


529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 103

Date: 16 / 12 / 2023 02:35:34 PM METS: 140 103 bpm 57% of THR BP: 140/90 mmHg Combined Medicines/ BLC Onv Notch Onv Hf 0.05 HzOLF 35 Hz

4X 80 ms Post J

EXTime: 07:44 0.0 mph, 0.0%
25 mm/Sec. 1.2 cm/mV



REMARKS:

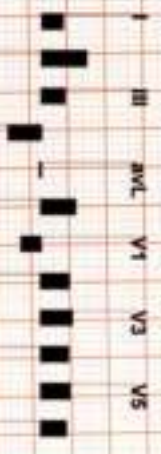
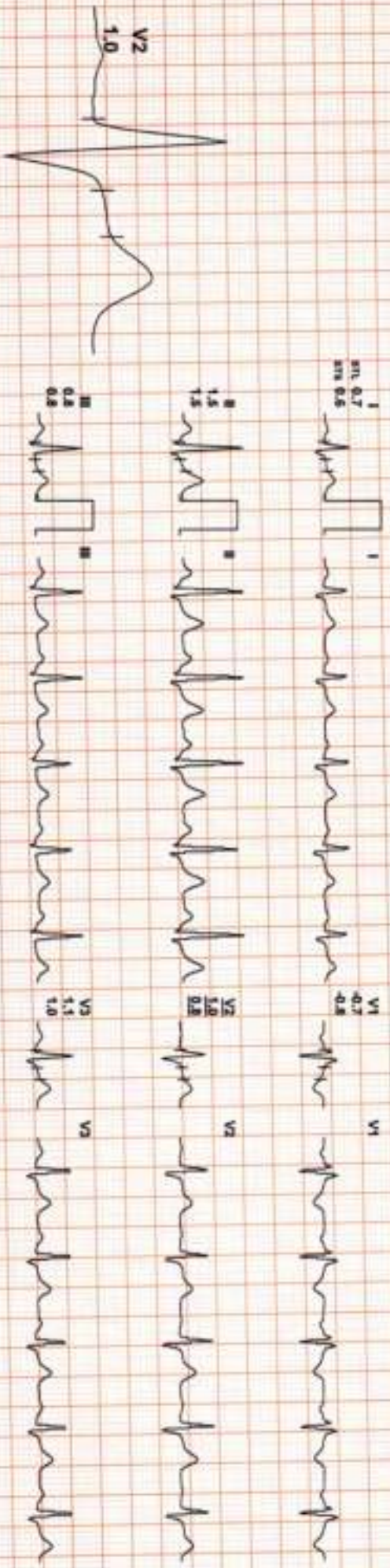


529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 103

Date: 16 / 12 / 2023 02:35:34 PM METS: 1.0/ 103 bpm 57% of THR BP: 126/86 mmHg Combined Mediana/ BLC On/ Notch On/ HF: 0.05 HzLF: 35 Hz

4X 80 mS Post J

ExtIm: 07:44 0.0 mph 0.0%
25 mm/Sec - 1.0 Cm/mV



REMARKS:

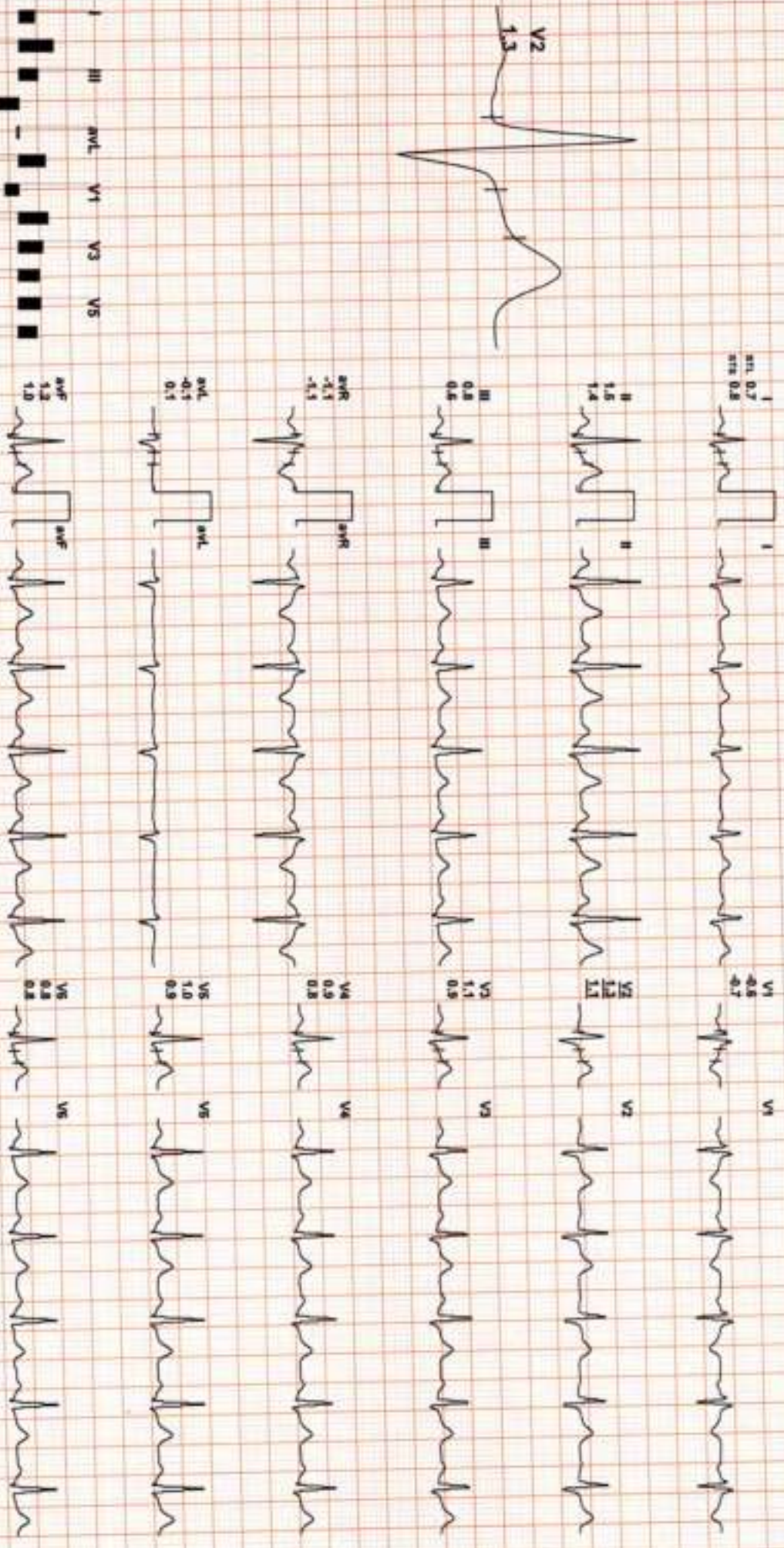


529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 100

Date: 16 / 12 / 2023 02:35:34 PM METS: 1.0/ 100 bpm 55% of THR BP: 126/86 mmHg Combined Medians/ BLC Cnt/ Nctch Cnt/ Hf: 0.05 Hz/LF 35 Hz

4X 50 ms Post J

ExTime: 07:44 0.0 mgn, 0.0% 25 mm/sec - 1.8 Cm/Div

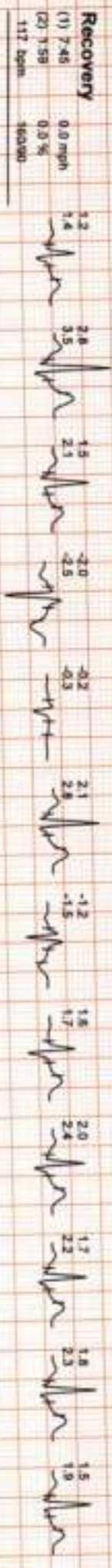
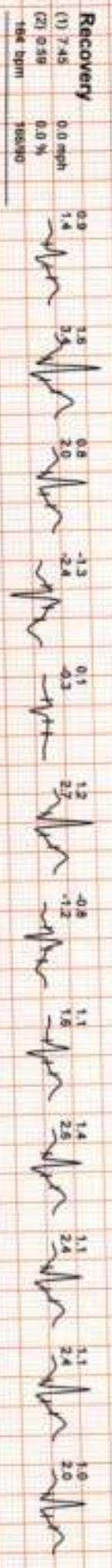


REMARKS: II aVR aVL V1 V2 V3 V4 V5



529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 84

Date: 16 / 12 / 2023 02:35:34 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



DR. GOYALS PATH LAB & IMAGING CENTRE

Average



529 (113) / MR ASHOK KKUMAR FANDIYA / 38 Yrs / M / 0 Cms / 0 Kg / HR : 84

Date: 16 / 12 / 2023 02:35:34 PM I II III AVR AVL AVF V1 V2 V3 V4 V5 V6



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

Date :- 16/12/2023 11:43:25
NAME :- Mr. ASHOK KUMAR FANDHIYA
Sex / Age :- Male 38 Yrs 2 Mon 13 Days
Company :- MediWheel

Patient ID :- 12234770
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type > EDTA

Sample Collected Time 16/12/2023 11:45:21

Final Authentication : 16/12/2023 14:21:07

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.1	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.10	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	58.2	%	40.0 - 80.0
LYMPHOCYTE	35.6	%	20.0 - 40.0
EOSINOPHIL	2.8	%	1.0 - 6.0
MONOCYTE	3.2	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.14	10 ³ /uL	1.50 - 7.00
LYMPH#	2.53	10 ³ /uL	1.00 - 3.70
EO#	0.19	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)	5.73 H	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	80.9 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	24.6 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	30.4 L	g/dL	31.5 - 34.5
PLATELET COUNT	297	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	14.12		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

BANWARI
Technologist

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

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Path Lab & Imaging Centre



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Sample Type :- EDTA

Sample Collected Time 16/12/2023 11:45:21

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HAEMATOLOGY

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

BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.9 %

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

123 mg/dL

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

BANWARI
Technologist

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Patient ID :-12234770
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 16/12/2023 11:45:21

Final Authentication : 16/12/2023 14:21:07

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	11	mm/hr.	00 - 13

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

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

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

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


Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinemia (CBC) Methodology : TLC, DLC, Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L, Japan

BANWARI
Technologist

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NAME :- Mr. ASHOK KUMAR FANDHIYA Ref. By Dr:- BOB
 Sex / Age :- Male 38 Yrs 2 Mon 13 Days Lab/Hosp :-
 Company :- Med/Wheel



Sample Type :- PLAIN/SERUM Sample Collected Time 16/12/2023 11:45:21 Final Authentication : 16/12/2023 13:38:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	171.70	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	134.64	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	32.57	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	116.69	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	26.93	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.27 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.58 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	541.84	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 lipoprotein metabolism disorders.</p> <p>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.</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 focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

SURENDRAKHANGA

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Dr. Chandrika Gupta
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 RMC NO. 21021/008037



Date :- 16/12/2023 11:43:25
NAME :- Mr. ASHOK KUMAR FANDHIYA
 Sex / Age :- Male 38 Yrs 2 Mon 13 Days
 Company :- MediWheel

Patient ID :-12234770
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 16/12/2023 11:45:21

Final Authentication : 16/12/2023 13:38:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.42	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	0.12	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.30	mg/dl	0.30-0.70
SGOT Method:- IFCC	32.4	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	42.0 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	92.80	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	36.90	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.71	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.10	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.61	gm/dl	2.20 - 3.50
A/G RATIO	1.57		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument/Name/Randox Rx Inisla 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 these 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 Inisla 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 Inisla 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 Inisla 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 Inisla 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 Inisla 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 Inisla Interpretation: Elevation in GGT levels are more marked 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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Date :- 16/12/2023 11:43:25
NAME :- Mr. ASHOK KUMAR FANDHIYA
Sex / Age :- Male 38 Yrs 2 Mon 13 Days
Company :- MediWheel

Patient ID :- 12234770
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 16/12/2023 11:45:21

Final Authentication : 16/12/2023 13:26:45

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.143	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	10.200	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.328	µIU/mL	0.350 - 5.500

Interpretation: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

Interpretation: The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

Interpretation: TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

AJAYKUMAR
Technologist

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Date :- 16/12/2023 11:43:25
NAME :- Mr. ASHOK KUMAR FANDHIYA
Sex / Age :- Male 38 Yrs 2 Mon 13 Days
Company :- MediWheel

Patient ID :- 12234770
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 16/12/2023 11:45:21

Final Authentication : 16/12/2023 12:50:56

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.5		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.010		1.010 - 1.030
Method:- Reagent Strip(bromothymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphonadic acid test)			
GLUCOSE	NIL		NIL
Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)			
BILIRUBIN	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Azo-coupling reaction)			
UROBILINOGEN	NORMAL		NORMAL
Method:- Reagent Strip (Modified ehrlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitroprusside) Kothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
<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

VIJENDRAMEENA
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Page No: 7 of 12



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Date :- 16/12/2023 11:43:25 Patient ID :- 12234770
NAME :- Mr. ASHOK KUMAR FANDHIYA Ref. By Dr:- BOB
 Sex / Age :- Male 38 Yrs 2 Mon 13 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na B...
 Final Authentication : 16/12/2023 15:38:53

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	85.8	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	92.5	mg/dl	70.0 - 140.0
Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.			
SERUM CREATININE Method:- Colorimetric Method	0.74	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.91	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

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Date :- 16/12/2023 11:43:25 Patient ID :-12234770
NAME :- Mr. ASHOK KUMAR FANDHIYA Ref. By Dr:- BOB
Sex / Age :- Male 38 Yrs 2 Mon 13 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA, URINE, URINE-PP Sample Collected Time 16/12/2023 11:45:21 Final Authentication : 16/12/2023 16:42:38

HAEMATOLOGY

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

BANWARI, VIJENDRAMEENA
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NAME :- Mr. ASHOK KUMAR FANDHIYA Ref. By Dr:- BOB
Sex / Age :- Male 38 Yrs 2 Mon 13 Days Lab/Hosp :-
Company :- Medi/Wheel



Sample Type :- PLAIN/SERUM Sample Collected Time 16/12/2023 11:45:21 Final Authentication : 16/12/2023 13:38:15

BIOCHEMISTRY

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

*** End of Report ***

SURENDRAKHANGA

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Date :- 16/12/2023 11:43:25
NAME :- Mr. ASHOK KUMAR FANDHIYA
Sex / Age :- Male 38 Yrs 2 Mon 13 Days
Company :- MediWheel

Patient ID :- 12234770
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 16/12/2023 14:44:50

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.

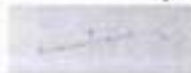
Both the domes of diaphragm are normally placed.

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 ***

Dr. Piyush Goyal
(D.M.R.D.) ANITASHARMA
Transcript by.

Page No. 1 of 1

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M.B.B.S., D.M.R.D.
RMC Reg No. 017996

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MBBS, MD (Radio-Diagnosis)
Fetal Medicine Consultant

FMF ID - 260517 | RMC No 22430

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. 21505



Date :- 16/12/2023 11:43:25
NAME :- Mr. ASHOK KUMAR FANDHIYA
Sex / Age :- Male 38 Yrs 2 Mon 13 Days
Company :- MediWheel

Patient ID :- 12234770
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 16/12/2023 16:06:07

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 partially distended.

Visualized prostate is grossly normal.
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* No significant abnormality is noted.

Needs clinical correlation

*** End of Report ***

Transcript by.

Dr Goyal's Path Lab, Jaipur

Name : ASHOK KUMAR / M

16 Dec 2023

ASHOK KUMAR, 38
E61906 23 12 16 34

Dr Goyal's Path Lab, Jaipur

16.12.2023
4:05:58 PM
CI 5 D
2740/76.5cm



Abdomen (RUQ)
45° 10' 00" - 2.48
64° 01'
47443
SP-R 23/12/23



Abdomen (RUQ)
45° 10' 00" - 2.48

Dr Goyal's Path Lab, Jaipur

16.12.2023
4:06:30 PM
CI 5 D
2740/76.5cm

Abdomen (RUQ)
45° 10' 00" - 2.48
64° 01'
47443
SP-R 23/12/23



ASHOK KUMAR, 38
E61906 23 12 16 34

Dr Goyal's Path Lab, Jaipur

16.12.2023
4:07:04 PM
CI 5 D
2740/76.5cm



Abdomen (RUQ)
45° 10' 00" - 2.48
64° 01'
47443
SP-R 23/12/23

Dr Goyal's Path Lab, Jaipur

16.12.2023
4:07:26 PM
CI 5 D
2740/76.5cm

Abdomen (RUQ)
45° 10' 00" - 2.48
64° 01'
47443
SP-R 23/12/23

