

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME- Navratn Mal AGE- 60 yrs DATE - 8-04-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

Both cp angles are clear.  
Cardiac size is within normal limits.  
Both lungs fields are clear.

NAD IN HEART AND LUNGS.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)  
Consultant Radiologist & Sonologist  
RMC No.-004507/15600

व्यापार लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

PHOTOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
FOR LEGAL PURPOSE

USG ABDOMEN-PELVIS

NAME – Navratan Mal

AGE – 60 yrs

Date – 08-04-2023

REF BY –

**LIVER:** is Enlarged and bright 17.1 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

**GALL BLADDER:** distended and shows smooth walls. Wall thickness appears normal. No evidence of sludge/ calculus . No evidence of pericholecystic collection.

**SPLEEN:** normal in size and shows normal echopattern.

**PANCREAS:** Normal in size , shape and position.  
Parenchyma is homogenous.

**KIDNEYS:** Both the kidneys are normal in size , shape and location. Both show normal cortico-medullary differentiation.  
No evidence of hydronephrosis or calculus.

Right kidney – measures :-- 12.0 x 4.6 cm  
Left kidney – measures :-- 11.7 x 5.9 cm

**URINARY BLADDER:** is distended with smooth walls.  
No evidence of diverticulum or calculus.

**PROSTATE:** is Enlarged in size 21.7 Gms and shows normal homogeneous echotexture  
No evidence of ascites / pleural effusion.

IMPRESSION:--

- Enlarged Fatty Liver
- Prostatic Enlargement

(Adv- clinical correlation , further evaluation)

DEVENDRA GOYAL (M.D.)  
RMC No.: 004250/15000  
Consultant Radiologist  
And Sonologist



5 Seconds ECG Report

Patient Name: Mr. NAVRATAN 60/M

April 08, 2023  
Time: 09:21:04

HR : 77 bpm

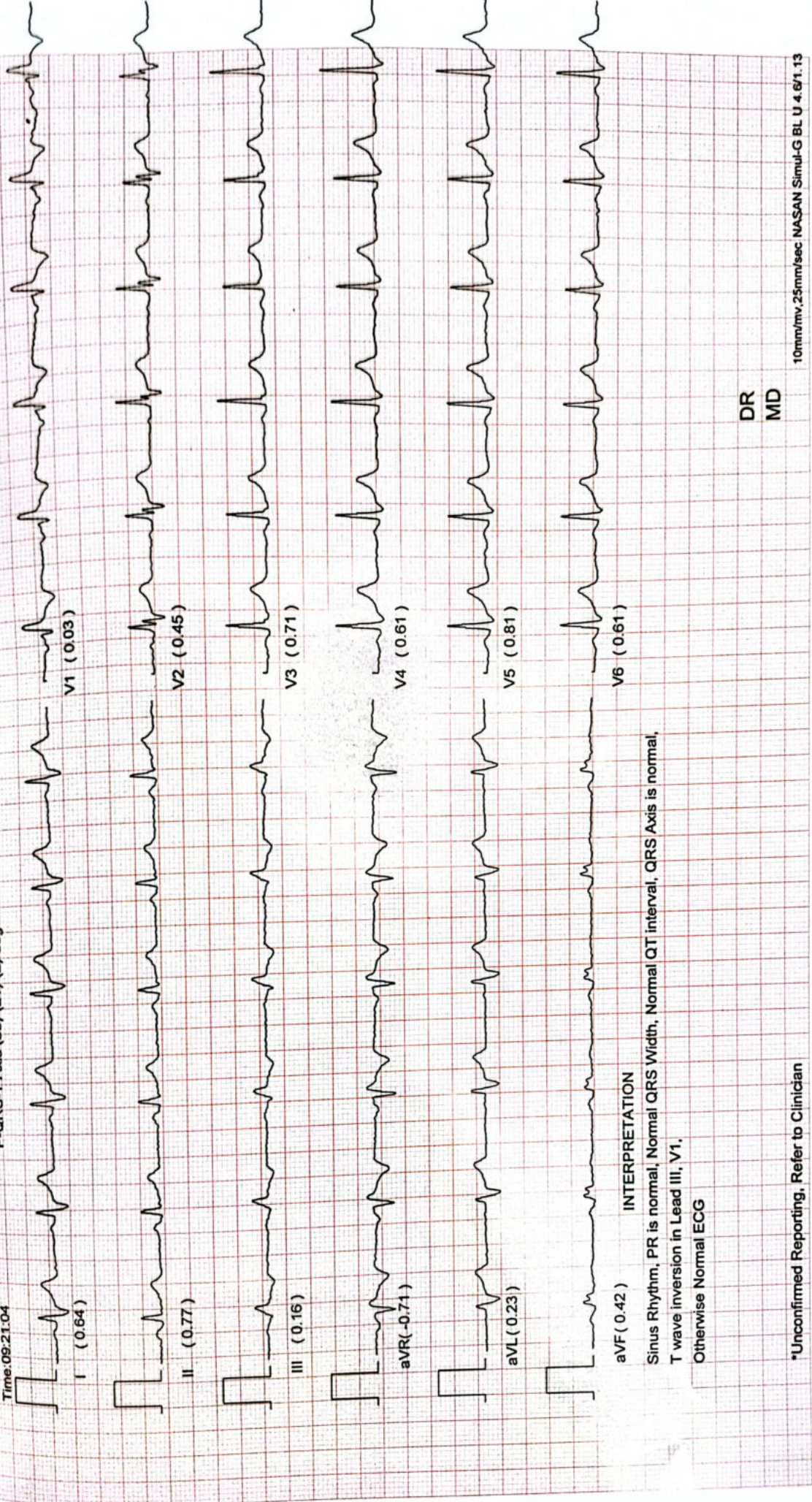
BP : 0/0 mmHg

PR Interval: 0.15 sec

QRS Duration : 0.076 Sec

P-QRS-T Axis (39)-(21)-(2) deg

RR Interval: 0.77 sec



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,  
 T wave inversion in Lead III, V1,  
 Otherwise Normal ECG

\*Unconfirmed Reporting, Refer to Clinician

DR  
MD



Consultant Radiologist & ...

**Dr. Roopa**

MD (Radio-Diagnosis)

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER - 305 001 PHONE : 2428948

**YAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND \* COLOUR DOPPLER

NAME	: MR . NAVRATAN MAL	DATE	: 08-04-2023
AGE	: 60 YRS	REF BY	:
SEX	: MALE		

**INTERPRETATION SUMMARY**

- . CONCENTRIC LVH
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . TRACE TR
- . RVSP 20 MM HG
- . NO RWMA : LVEF 60 %
- . NO CLOT, VEGETATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

**M. MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)**

LVID d	44.0	LVEDV	
LVID s	29.8	LVESV	
RVID(d)	---	SV	-
IVS d	12.7	F.S	32%
IVS S	17.1	EF	60%
LVPW d	10.9	C.O	-
LVPWS	14.3	MITRAL VALVE	-
AORTIC ROOT	30.7	EF SLOPE	-
LEFT ATRIUM	33.8	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

**DOPPLER MEASUREMENTS & CALCULATIONS:**

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 64 A- 54	-	NIL
TRICUSPID VALVE	NORMAL	162	-	TRACE
PUL VALVE	NORMAL	84	-	NIL
AORTIC VALVE	NORMAL	89	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 20 MM HG	MVA

*b*  
**Dr. DEVENDRA GOYAL (M.D.)**  
 RMC No. :- 004250/15000  
 Consultant Radiologist  
 And Sonologist

पूर्ण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

ALTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
 E DIAGNOSIS FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.




SR: Stoc  
Cholest  
Bilirubin

UNION OF INDIA Driving Licence (RJ) (NT)  
RJ06 19870017075

जारी करने की तिथि / Date of Issue: 01/09/1987  
वैधता / Validity: 01/09/2023

जन्म तिथि / Date of Birth: 01/04/1963  
Blood Group: B+



नाम / Name: **NAVRATAN MAL DANGI**  
पिता/पति का नाम / Son/Daughter/Wife of: **KANCHAN SINGH DANGI**

Self Attested  
By

RJ06 19870017075 003074873R

LMV 23/12/2013 MCWG 01/09/1987

पता / Permanent Address: 30-A- SUBHAS NAGAR, BHILWARA, BHILWARA, RJ 311001

Holder's Signature

जारीकर्ता / Issuing Authority Sign: BHILWARA

Form 7 Rule 16(2)

for health checkup

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**Patient Name :** MR. NAVRATAN MAL DANGI

**Age / Gender :** 60 years / Male

**Endo ID :** 116395

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 08, 2023, 02:22 p.m.

**Reported Date & Time :** Apr 08, 2023, 04:15 p.m.

**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**LIPID PROFILE**

Cholesterol Total	218.2	mg/dL	130 -250
Method : ENZYMATIC COLORIMETRIC METHOD CHOD - POD			
Triglycerides	<b>202.3</b>	mg/dL	60 -170
Method : ENZYMATIC COLORIMETRIC			
HDL Cholesterol	45.6	mg/dL	Normal: 40-60
Method : PHOSPHOTUNGSTIC ACID			
VLDL Cholesterol	<b>40.46</b>	mg/dL	6 - 38
Method : Calculated			
LDL Cholesterol	132.14	mg/dL	Optimal < 100
Method : Calculated			
			Near / Above Optimal 100-129
			Borderline High 130-159
			High 160-189
			Very High >or = 190
CHOL/HDL Ratio	4.79		2.6-4.9
Method : Calculated			
LDL/HDL Ratio	2.90		0.5-3.4
Method : Calculated			

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**  
M.D. (Patho.)



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**Age / Gender :** 60 years / Male

**Endo ID :** 116395

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 08, 2023, 02:22 p.m.

**Reported Date & Time :** Apr 08, 2023, 03:58 p.m.

**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
<b>IMMUNOLOGY</b>			
T3-Triiodothyronine Method : CHEMILUMINOSCEENCE	1.03	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCEENCE	7.2	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCEENCE	1.95	uIU/mL	0.35 - 5.50

**Interpretation:**

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

\*\*END OF REPORT\*\*

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**Collected Date & Time :** Apr 08, 2023, 02:22 p.m.

**Reported Date & Time :** Apr 08, 2023, 02:52 p.m.

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230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**

**11.1**

%

> 8% Action Suggested

**BLOOD**

7 - 8 % Good Control

**Method : Nephelometry Methodology**

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

**Instrument: Mispa i2**

**Clinical Information:**

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

**AVERAGE BLOOD GLUCOSE**

**271.87**

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

\*\*END OF REPORT\*\*

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**Referral :** MEDIWHEEL



**Collected Date & Time :** Apr 08, 2023, 02:22 p.m.

**Reported Date & Time :** Apr 08, 2023, 04:20 p.m.

**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**RENAL FUNCTION TEST**

Urea Method : Uricase	24.5	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.71	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	4.7	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.11	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	142	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.4	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	103	mmol/L	98 - 106

\*\*END OF REPORT\*\*

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230980138

Test Description	Value(s)	Unit(s)	Reference Range
<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	12.2	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.02	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	38.7	%	42 - 52
Mean Cell Volume (MCV)	77.1	FL	78 - 100
Mean Cell Haemoglobin (MCH)	24.3	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	31.5	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.1	%	11.5 - 14.0
Total Leucocytes Count (WBC)	5900	Cell/cu.mm	4000 - 10000
Neutrophils	62	%	40 - 80
Lymphocytes	28	%	20 - 40
Monocytes	06	%	2 - 10
Eosinophils	04	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	11.0	fL	7.2 - 11.7
PCT	0.25	%	0.2 - 0.5
Platelet Count	227	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

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**Collected Date & Time :** Apr 08, 2023, 02:22 p.m.

**Reported Date & Time :** Apr 08, 2023, 04:19 p.m.

**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

<b>IRON - SERUM</b>	115	ug/dL	65 - 175
<b>TOTAL IRON BINDING CAPACITY(TIBC)</b>	392	ug/dL	228 - 428
<b>FERRITIN</b>	67.3	ng/mL	Male:22-322 Female:10-291
Method : Serum CLIA			
<b>TRANSFERRIN SATURATION %</b>	29.34	%	16 - 50
Method : Calculated			

**INTERPRETATION**

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

**\*\*END OF REPORT\*\***

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**Collected Date & Time :** Apr 08, 2023, 02:22 p.m.

**Reported Date & Time :** Apr 08, 2023, 04:15 p.m.

**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

C-Reactive Protein; CRP, SERUM	<b>7.9</b>	mg/L	0.0-6.0
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**Interpretation :**

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

**\*\*END OF REPORT\*\***

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**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	0.65	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.15	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.50	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	30.5	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	39.6	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	101.2	U/L	<b>MALE &amp; FEMALE</b>
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.23	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	3.94	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	3.29	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	<b>1.20</b>		1.5 - 2.5
Method : Calculated			

\*\*END OF REPORT\*\*

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**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Gamma GT	24	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitoanilide

**Interpretation**

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

\*\*END OF REPORT\*\*

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**Collected Date & Time :** Apr 08, 2023, 02:22 p.m.

**Reported Date & Time :** Apr 08, 2023, 04:11 p.m.

**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

BLOOD GROUP ABO AND RHTYPE

'B' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

\*\*END OF REPORT\*\*

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**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**CLINICAL PATHOLOGY**

**General Examination**

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.020		1.005 - 1.030

**Chemical Examination**

Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL

**Microscopic Examination**

Pus cells (WBCs)	1-2	/hpf	0-9
Epithelial cells	2-3	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

\*\*END OF REPORT\*\*

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**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Glucose fasting	<b>257.00</b>	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

\*\*END OF REPORT\*\*

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**Sample ID :**



230980138

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Blood Glucose-Post Prandial

**326.0**

mg/dL

70 - 140

Method : Hexokinase

\*\*END OF REPORT\*\*

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