

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

General Physical Examination

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

Date of Examination: 3/10/2024

Name: MANOJ KUMAR SINGH Age: 45 Sex: m

DOB: 27/07/1978

Referred By: Mediwheel

Photo ID: DIL ID #: Attached

Ht: 168 (cm)

Wt: 85 (Kg)

Chest (Expiration): 102 (cm)

Abdomen Circumference: 106 (cm)

Blood Pressure: 122/80 mm Hg PR: 82 / min

BMI 30.1

Eye Examination: dist vision 6/6 with specs, near vision
No colour blindness

Other: not significant.

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

Signature Of Examinee: Manoj Name of Examinee: _____

Signature Medical Examiner: Dr. Piyush Goyal Name Medical Examiner: _____
M.B.B.S. D.M.R.D.
RMC Reg. No. 047996

UNION OF INDIA **Driving Licence** (RJ) (NT)
 RJ14D20210030352

जारी करने की तिथि / Date of Issue: 15/11/2021
 वैधता / Validity: 14/11/2031
 जन्म तिथि / Date of Birth: 27/07/1978
 Blood Group: O+

नाम / Name: **MANOJ KUMAR SINGH**
 श्विला/पति का नाम / Son/Daughter/Wife of: **PADAM SINGH**

Manoj

RJ14D20210030352 D05355882M

MCWG LMV
 15/11/2021 15/11/2021

पता / Permanent Address:
 68 B KRISHNA SAGAR
 DHOLAI MANSAROVAR
 Sanganeer, Jaipur, R.J. - 302020

Holder's Signature

जारीकर्ता / Issuing Authority Sign
 DTO JAGATPURA

Form 7 Rule 16(2)

Dr. Piyush Goyal
 M.B.B.S., D.M.R.D.
 RMC Reg. No.-017988

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

Date :- 31/03/2024 08:50:47

Patient ID :- 12236728



NAME :- Mr. MANOJ KUMAR SINGH

Ref. By Dr:- BOB

Sex / Age :- Male 45 Yrs 8 Mon 5 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 31/03/2024 09:16:32

Final Authentication : 31/03/2024 13:04:10

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.5

%

Method:- HPLC

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

111

mg/dL

Method:- Calculated Parameter

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

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Technologist

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



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.6	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.40	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	62.0	%	40.0 - 80.0
LYMPHOCYTE	29.5	%	20.0 - 40.0
EOSINOPHIL	2.3	%	1.0 - 6.0
MONOCYTE	5.9	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.97	$10^3/uL$	1.50 - 7.00
LYMPH#	1.89	$10^3/uL$	1.00 - 3.70
EO#	0.14	$10^3/uL$	0.00 - 0.40
MONO#	0.38	$10^3/uL$	0.00 - 0.70
BASO#	0.02	$10^3/uL$	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.64	$x10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	46.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	100.3	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.3 L	g/dL	31.5 - 34.5
PLATELET COUNT	191	$x10^3/uL$	150 - 410
RDW-CV	13.8	%	11.6 - 14.0
MENTZER INDEX	21.62		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	09	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 (CBC); Methodology: TLC, 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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Final Authentication : 31/03/2024 12:35:21

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	244.13 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	168.02 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	38.18	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	177.95 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	33.60	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.39 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.66 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	739.64	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
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.			
DIRECT HDLCHOLESTERO 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.			
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.			
TOTAL LIPID AND VLDL ARE CALCULATED			

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.75	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	0.20	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.55	mg/dl	0.30-0.70
SGOT Method:- IFCC	42.1 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	47.1 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	103.90	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	27.70	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.18	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.70	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.48	gm/dl	2.20 - 3.50
A/G RATIO	1.90		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method InstrumentName: 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 rhesus 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 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 transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola 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 InstrumentName: Randox Rx Imola 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 InstrumentName: 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 are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

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Sample Type :- PLAIN/SERUM

Sample Collected Time 31/03/2024 09:16:32

Final Authentication : 31/03/2024 12:27:52

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3

1.120

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

8.520

ug/dl

6.530 - 13.210

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA

2.345

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 T4 concentrations in vivo.

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

INTERPRETATION

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

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Sample Type :- URINE

Sample Collected Time 31/03/2024 09:16:32

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
RBC Method:- Reagent Strip (Peroxidase like activity)	NIL		NIL
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	NIL	/HPF	2-3
EPITHELIAL CELLS	NIL	/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

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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).

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil

AJAYSINGH, TRILOK
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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.1	mg/dl	0.0 - 23.0

SURENDRAKHANGA

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	0.846	ng/ml	0.000 - 4.000

InstrumentName: VITROS ECI **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 ***

NARENDRAKUMAR
Technologist

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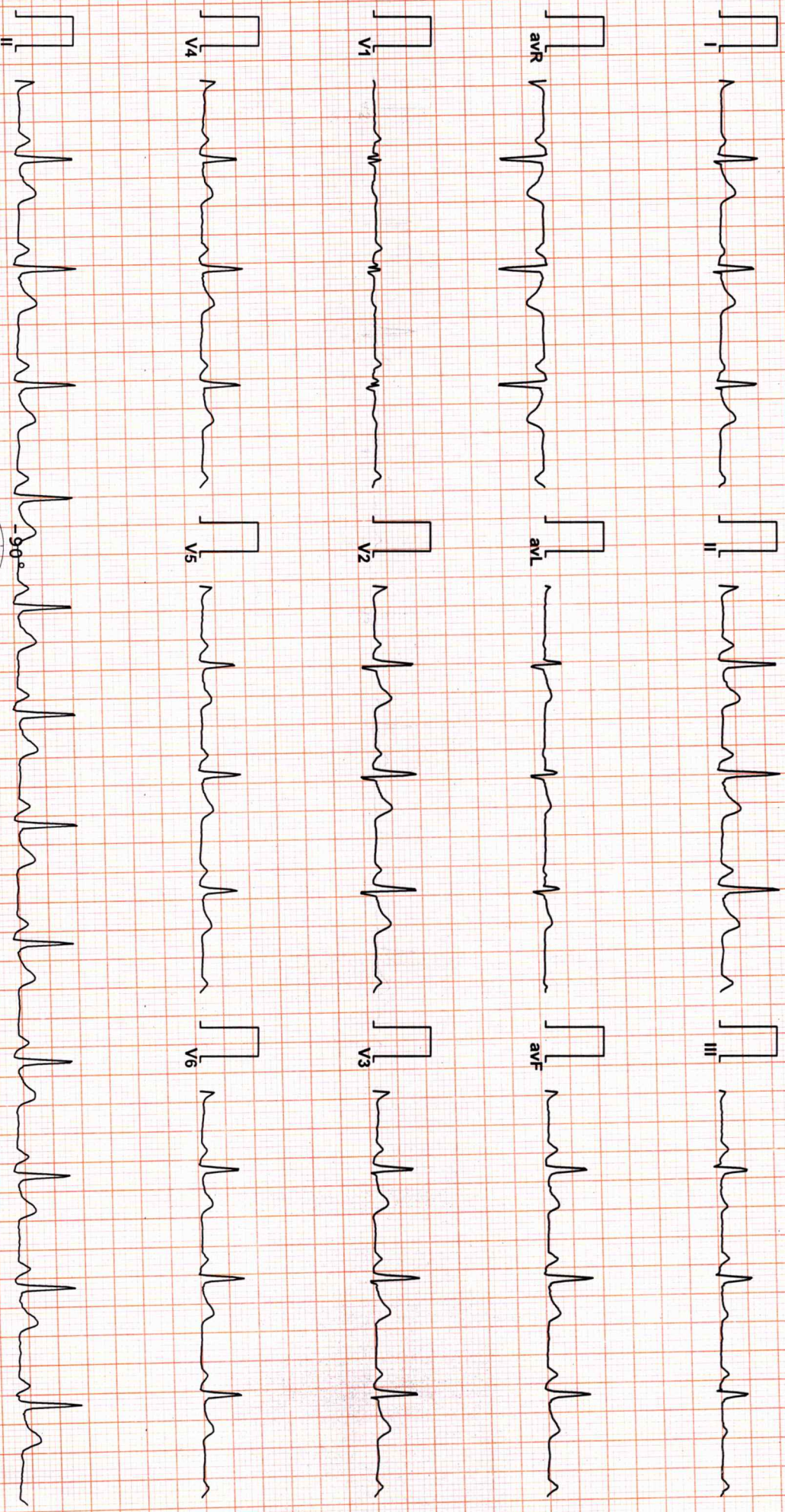
Dr. Rashmi Bakshi
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DR. GOYAL PATH LAB

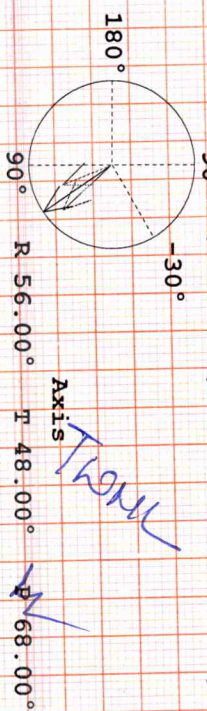
5072 / MR MANOJ KUMAR SINGH / 45 Yrs / M/ Non Smoker

Heart Rate : 76 bpm / Tested On : 31-Mar-24 09:38:25 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Ref'd By: MEDIWHEEL

ECG



Vent Rate : 76 bpm
PR Interval : 148 ms
QRS Duration: 72 ms
QT/QTc Int : 358/388 ms
P-QRS-T axis: 68.00° 56.00° 48.00°



Allengers ECG (Pices)(PIS218210312)

Reported By: **D: Naresh Kumar Mohanta**
MBBS, DIF, CARDIO (ESCORTS)
RMC No. 35703
D.E.M. (RCGP-UK)



982 (113) / MR MANOJ KUMAR SINGH / 45 Yrs / M / 0 Cms / 0 Kg / NonSmoker
Date: 31 / 03 / 2024 09:39:28 AM Refd By : MEDIWHEEL 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	078	45%	120/80	093	00	
Standing	00:28	0:24	01.1	00.0	01.0	077	44%	120/80	092	00	
HV	00:52	0:24	01.1	00.0	01.0	079	45%	120/80	094	00	
Warm Up	01:09	0:17	01.1	00.0	01.0	081	46%	120/80	097	00	
EXStart	02:52	1:43	01.0	00.0	01.0	104	59%	120/80	124	00	
BRUCE Stage 1	05:52	3:00	01.7	10.0	04.7	133	76%	125/85	166	00	
BRUCE Stage 2	08:52	3:00	02.5	12.0	07.1	158	90%	135/85	213	00	
PeakEx	10:41	1:49	03.4	14.0	09.0	171	98%	140/90	239	00	
Recovery	11:41	1:00	00.0	00.0	01.2	136	78%	140/90	190	00	
Recovery	12:41	2:00	00.0	00.0	01.0	115	66%	135/85	155	00	
Recovery	13:41	3:00	00.0	00.0	01.0	108	62%	125/85	135	00	
Recovery	14:41	4:00	00.0	00.0	01.0	105	60%	125/80	131	00	
Recovery	15:08	4:27	00.0	00.0	01.0	107	61%	125/80	133	00	

FINDINGS :

Exercise Time : 07:49
 Max HR Attained : 171 bpm 98% of Target 175
 Max BP Attained : 140/90 (mm/Hg)
 Max Workload Attained : 9 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

The Test is negative for AFib

Dr. Nareesh Kumar Mahapatra
 MBBS, D.I.P. (CARDIO) (ESCORPIS)
 RAC (N) 5103
 D.E.M. (RCGP-UK)

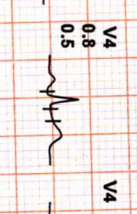
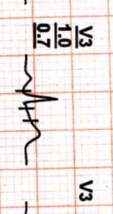
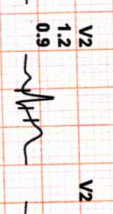
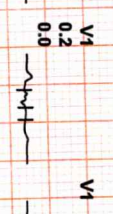
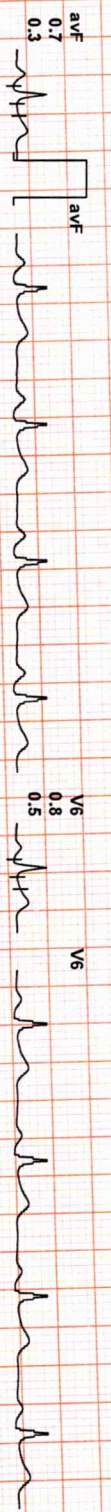
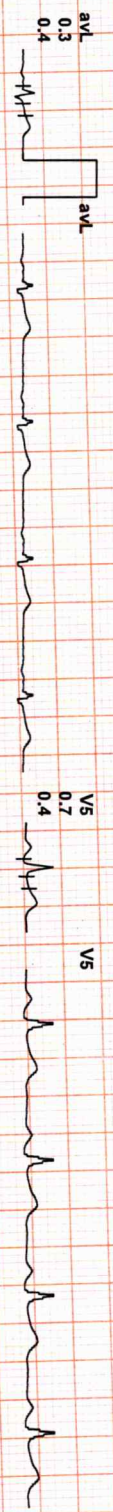
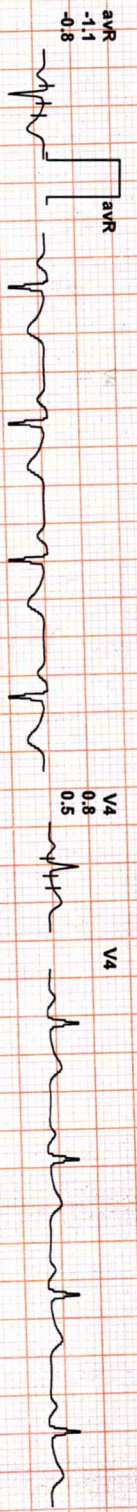
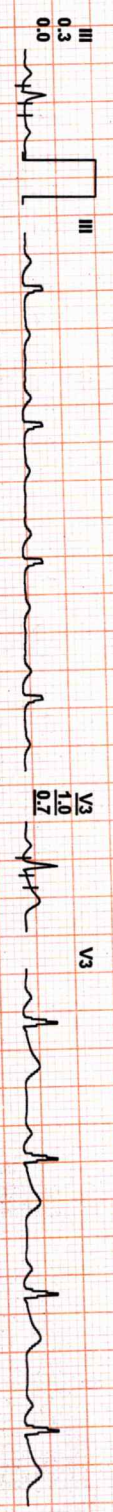
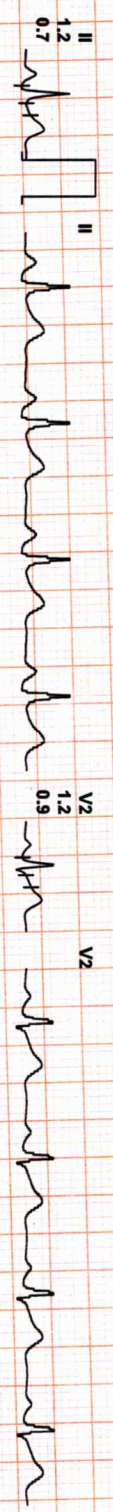
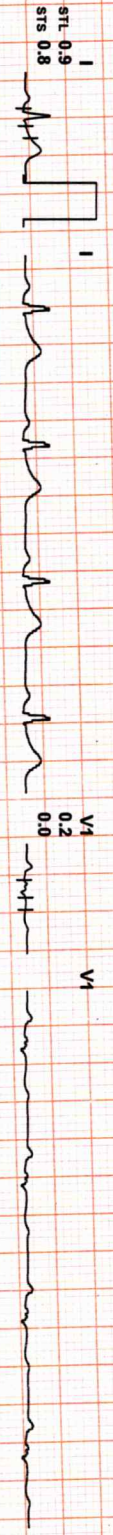
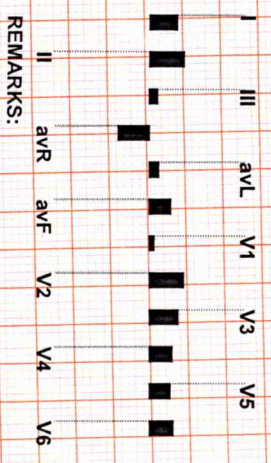
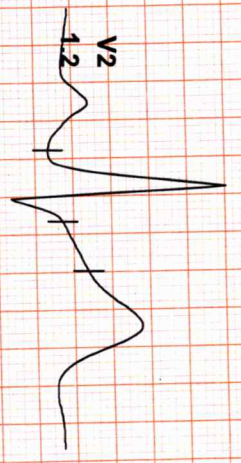


982 (113) / MR MANOJ KUMAR SINGH / 45 Yrs / M / 0 Cms / 0 Kg / HR : 78

Date: 31 / 03 / 2024 09:39:28 AM METS: 1.0/ 78 bpm 45% of THR BP: 120/80 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



REMARKS:

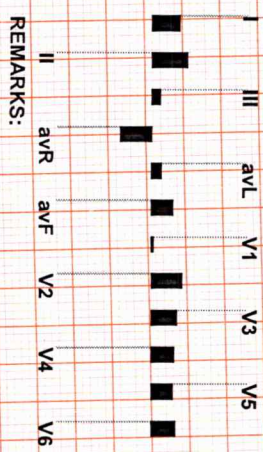
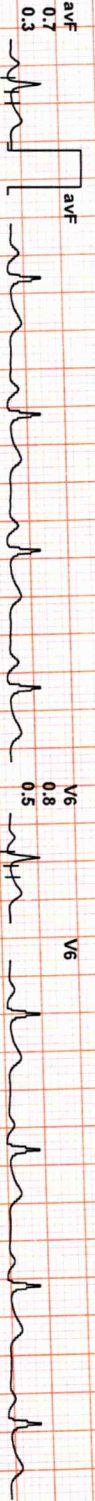
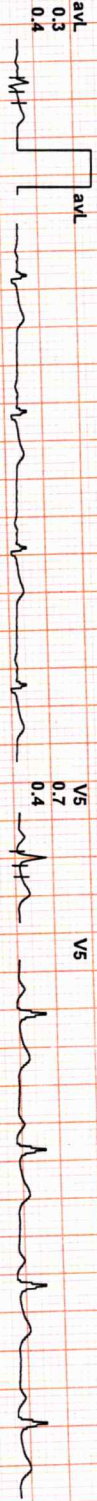
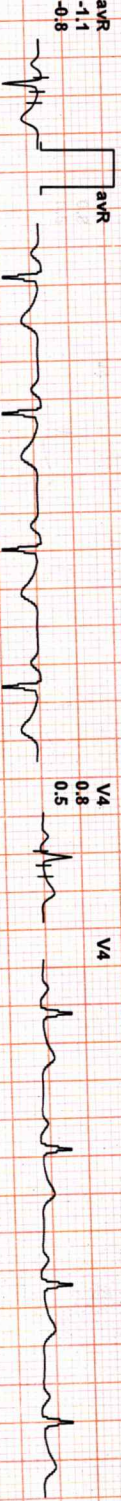
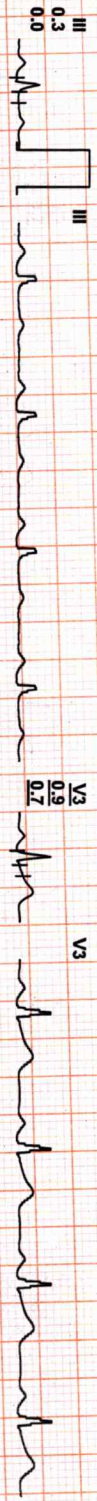
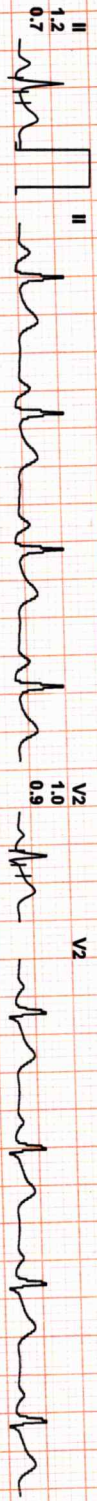
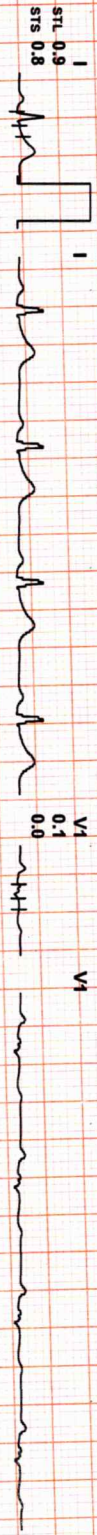
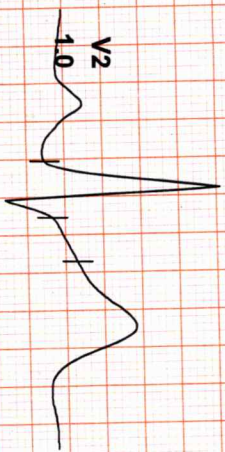


982 (113) / MR MANOJ KUMAR SINGH / 45 Yrs / M / 0 Cms / 0 Kg / HR : 77

Date: 31 / 03 / 2024 09:39:28 AM METS: 1.0/ 77 bpm 44% of THR BP: 120/80 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



REMARKS:



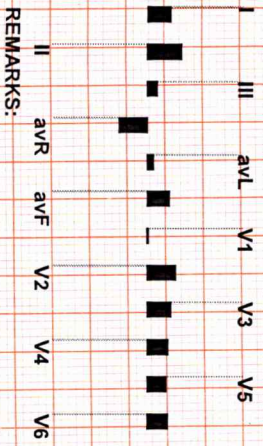
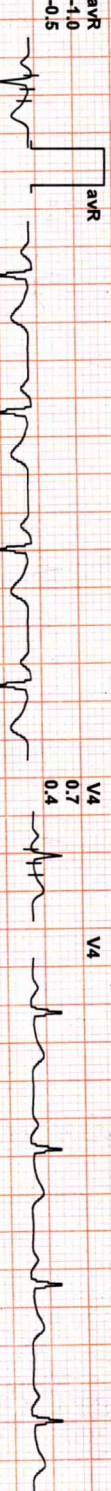
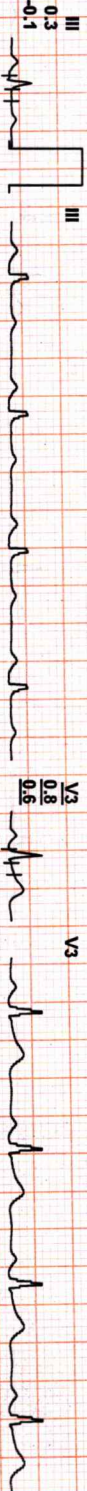
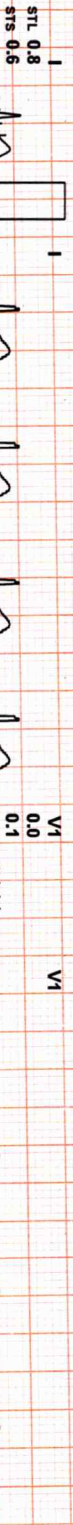
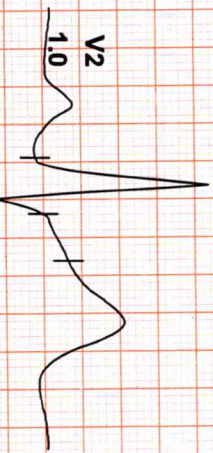
982 (113) / MR MANOJ KUMAR SINGH / 45 YRS / M / 0 Cms / 0 Kg / HR : 79

Date: 31 / 03 / 2024 09:39:28 AM METS: 1.0/ 79 bpm 45% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



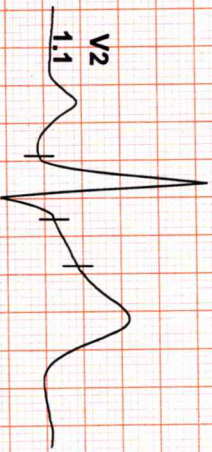
982 (113) / MR MANOJ KUMAR SINGH / 45 YRS / M / 0 Cms / 0 Kg / HR : 81

Date: 31 / 03 / 2024 09:39:28 AM METS: 1.0/ 81 bpm 46% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

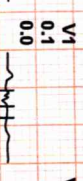
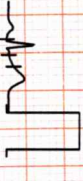
EXTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

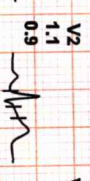
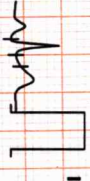
25 mm/Sec. 1.0 Cm/mV



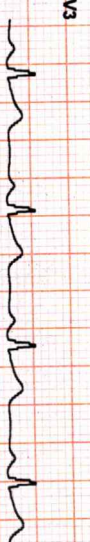
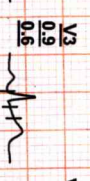
STL 1.0
STS 0.8



I 1.3
II 0.9



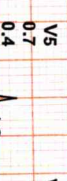
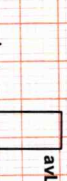
III 0.3
0.0



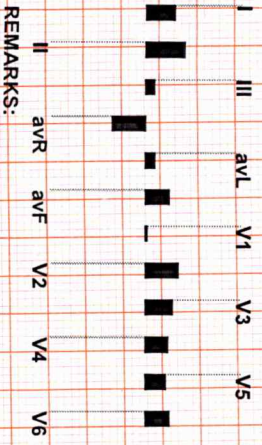
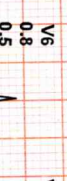
aVR -1.2
-0.8



aVL 0.3
0.4



aVF 0.8
0.4



REMARKS:

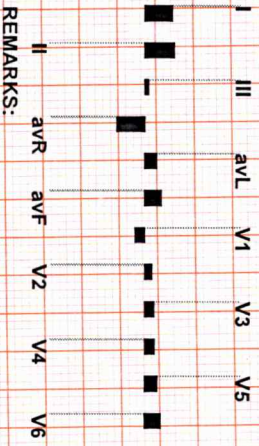
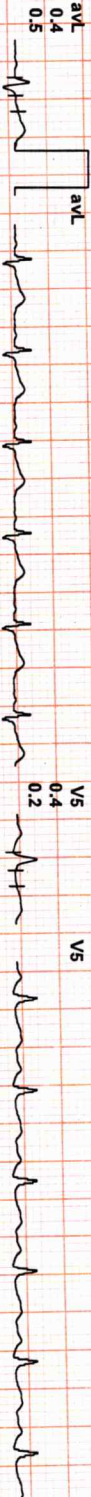
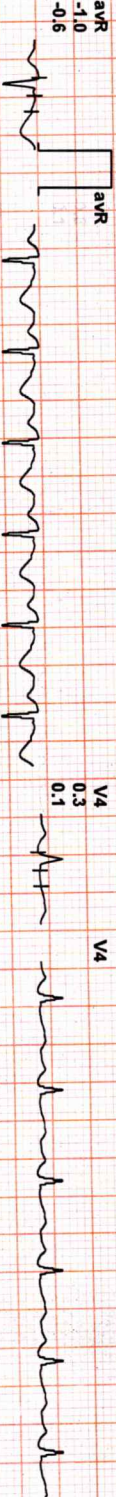
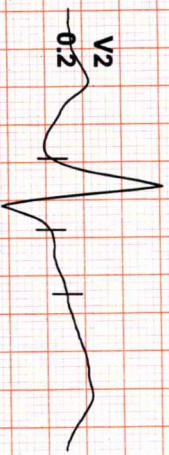


Date: 31 / 03 / 2024 09:39:28 AM METS: 1.0/ 104 bpm 59% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 00:00 1.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

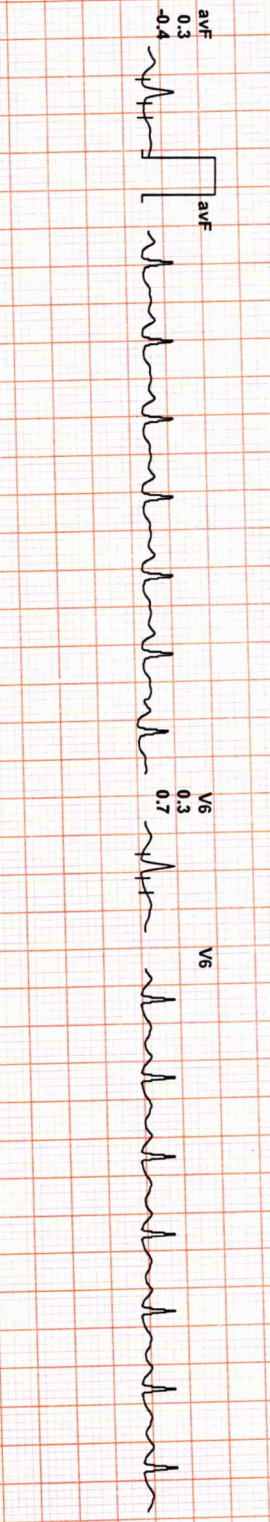
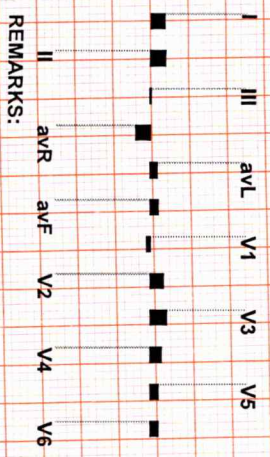
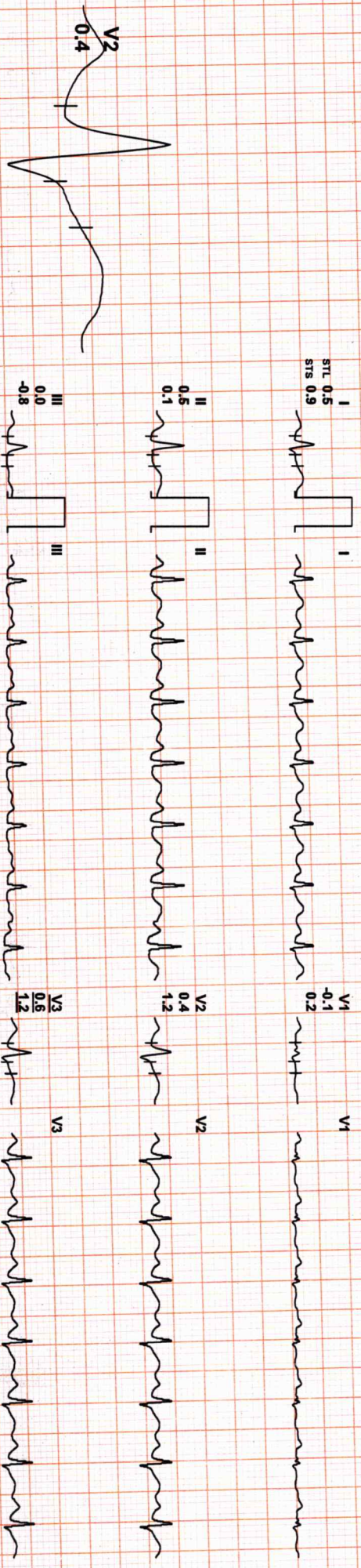


REMARKS:



982 (113) / MR MANOJ KUMAR SINGH / 45 YRS / M / 0 Cms / 0 Kg / HR : 133

Date: 31 / 03 / 2024 09:39:28 AM METS: 4.7 / 133 bpm 76% of THR BP: 125/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/ LF 35 Hz
4X 60 ms Post J
EXTIME: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

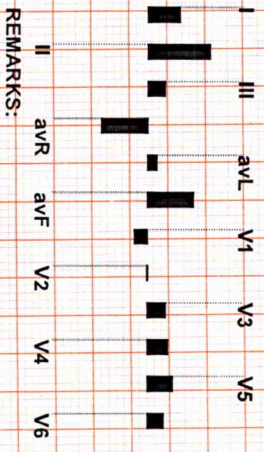
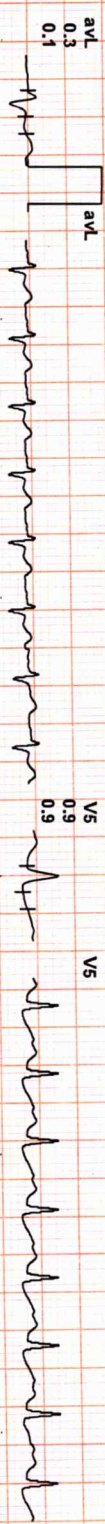
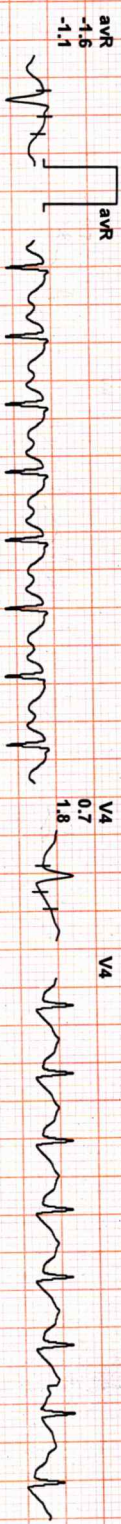
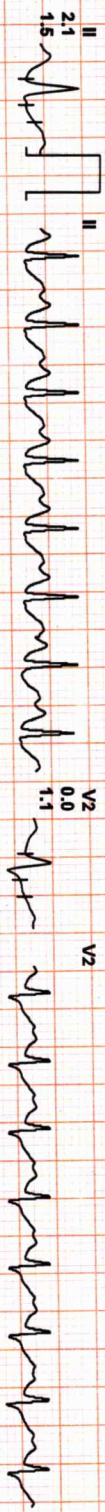
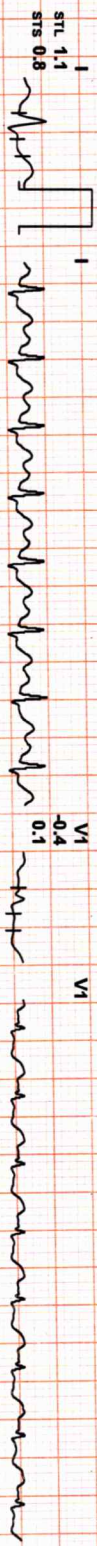


982 (113) / MR MANOJ KUMAR SINGH / 45 Yrs / M / 0 Cms / 0 Kg / HR : 158

Date: 31 / 03 / 2024 09:39:28 AM METS: 7.1/ 158 bpm 90% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 60 ms Post J



REMARKS:



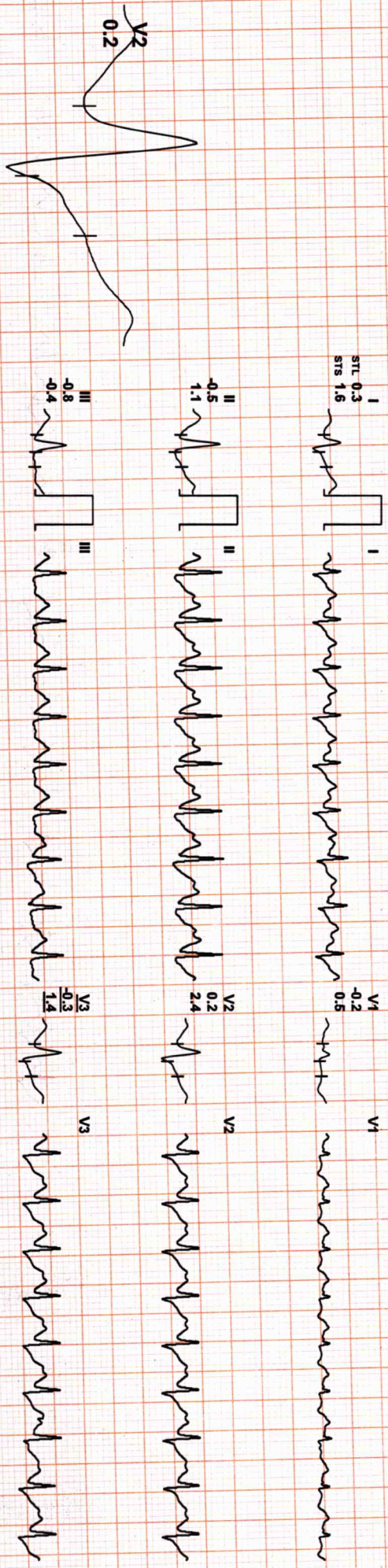
982 (113) / MR MANOJ KUMAR SINGH / 45 YRS / M / 0 Cms / 0 Kg / HR : 171

Date: 31 / 03 / 2024 09:39:28 AM METS: 9.0 / 171 bpm 98% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 07:49 3.4 mph, 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



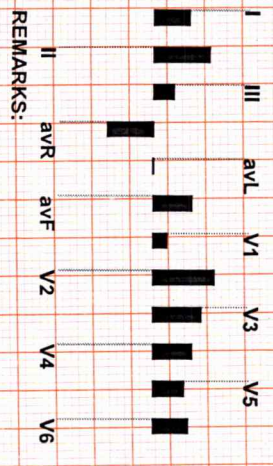
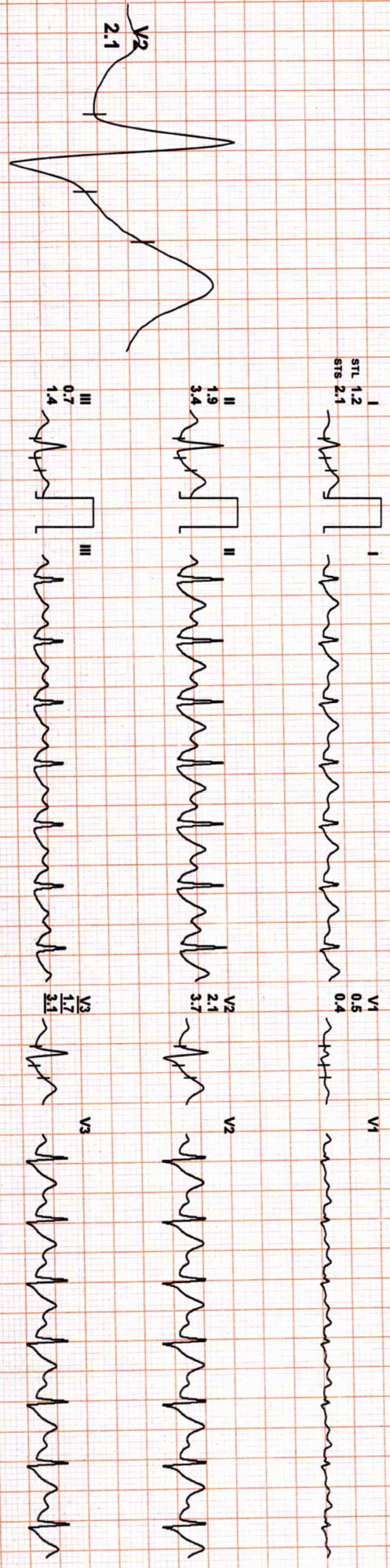


982 (113) / MR MANOJ KUMAR SINGH / 45 Yrs / M / 0 Cms / 0 Kg / HR : 136

Date: 31 / 03 / 2024 09:39:28 AM METS: 1.2/ 136 bpm 78% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzL/F 35 Hz

4X 60 ms Post J

EXTime: 07:49 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

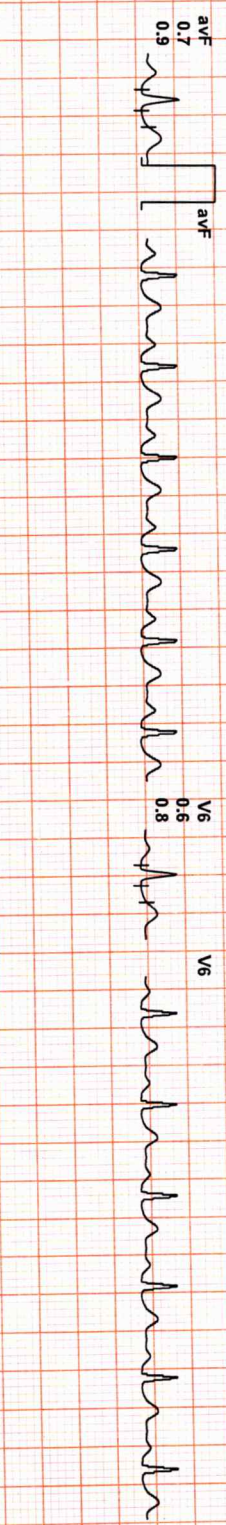
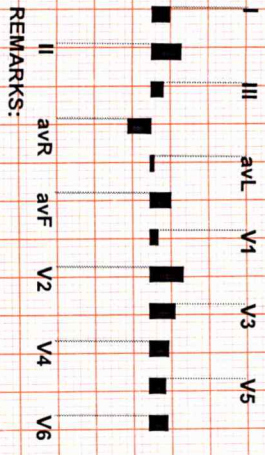
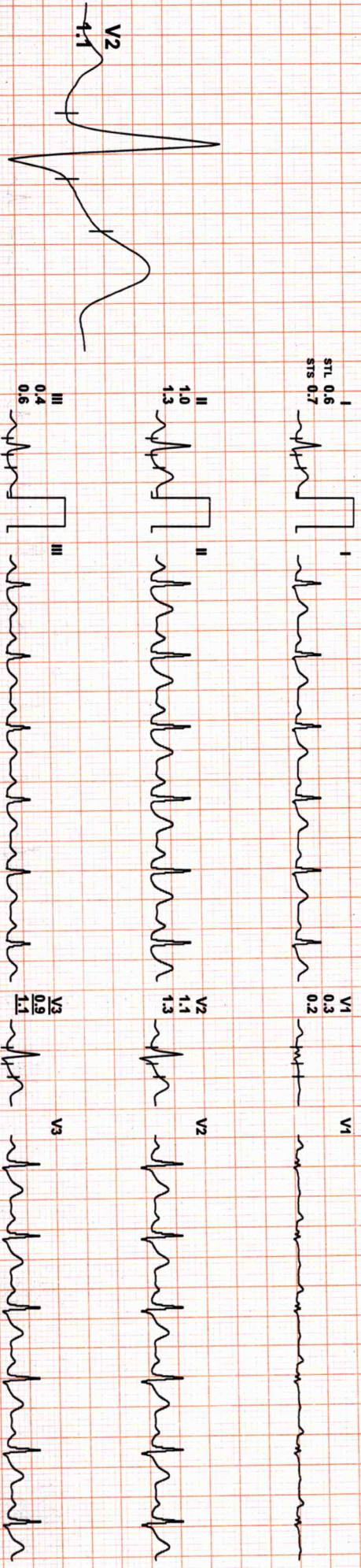


982 (113) / MR MANOJ KUMAR SINGH / 45 YRS / M / 0 Cms / 0 Kg / HR : 108

Date: 31 / 03 / 2024 09:39:28 AM METS: 1.0 / 108 bpm 62% of THR BP: 125/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

4X 80 m/s Post J

EXTime: 07:49 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

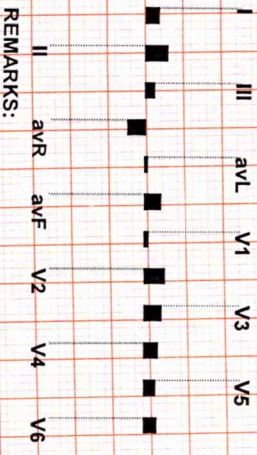
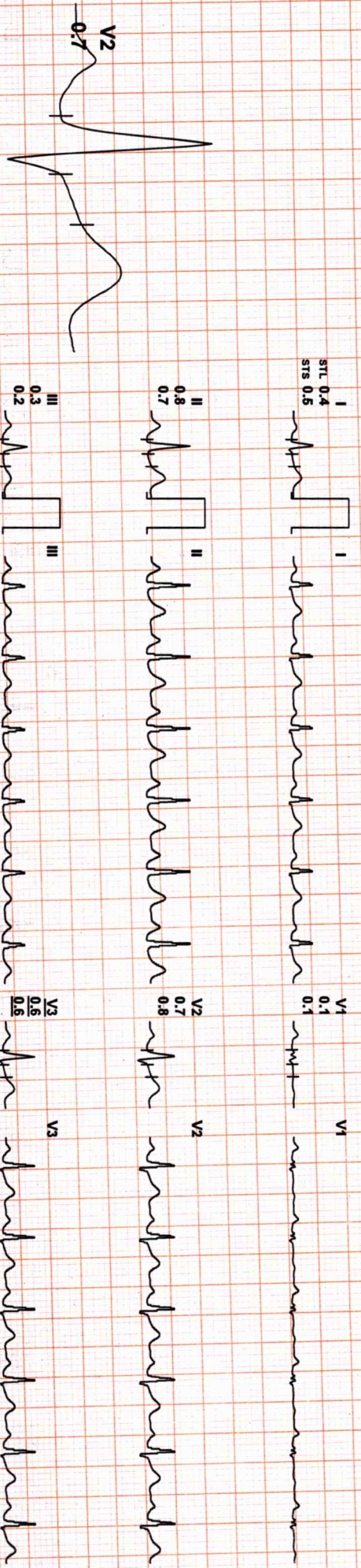


982 (113) / MR MANOJ KUMAR SINGH / 45 Yrs / M / 0 Cms / 0 Kg / HR : 105

Date: 31 / 03 / 2024 09:39:28 AM METS: 1.0/ 105 bpm 60% of THR BP: 125/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 07:49 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



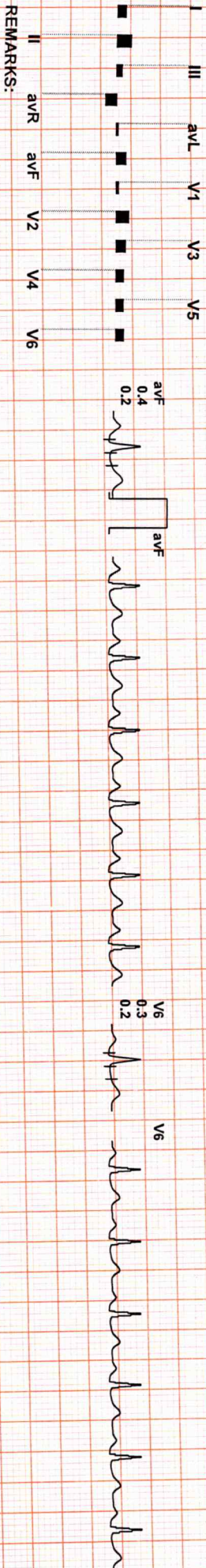
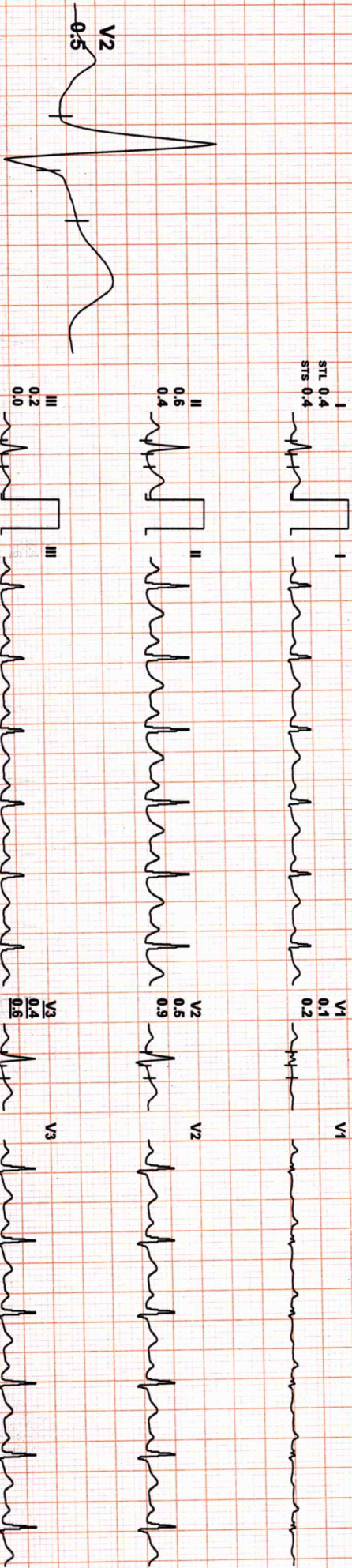
982 (113) / MR MANOJ KUMAR SINGH / 45 YRS / M / 0 Cms / 0 Kg / HR : 107

Date: 31 / 03 / 2024 09:39:28 AM METS: 1.0/ 107 bpm 61% of THR BP: 125/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:49 0.0 mph, 0.0%

4X 80 m/s Post J

25 mm/Sec. 1.0 Cm/mV

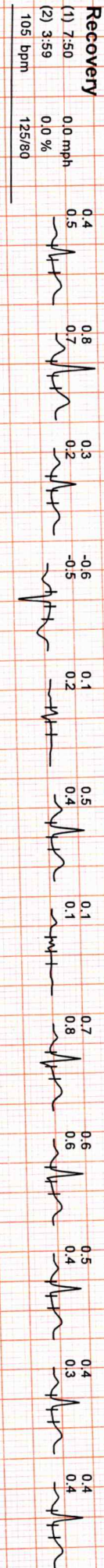
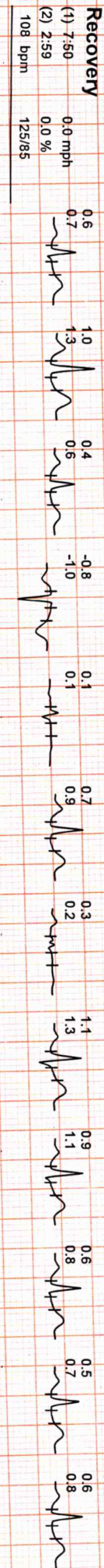
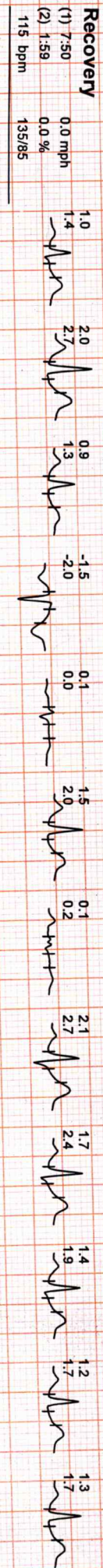
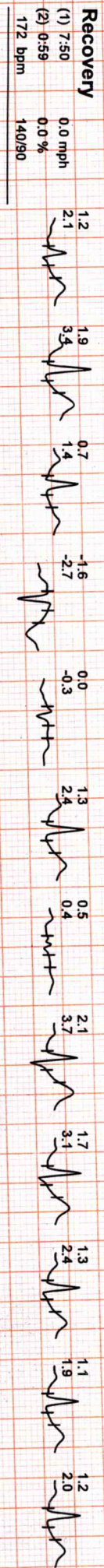
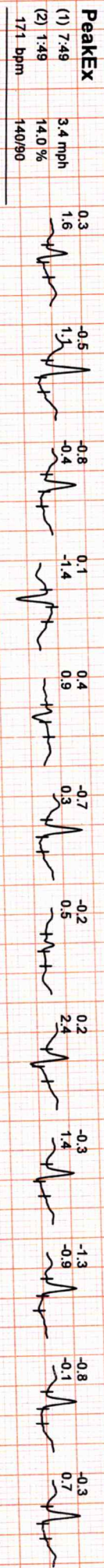
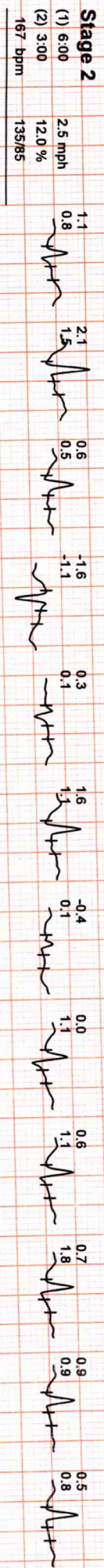


REMARKS:



982 (113) / MR MANOJ KUMAR SINGH / 45 YRS / M / 0 Cms / 0 Kg / HR : 74

Date: 31 / 03 / 2024 09:39:28 AM I II III avR avL avF V1 V2 V3 V4 V5 V6



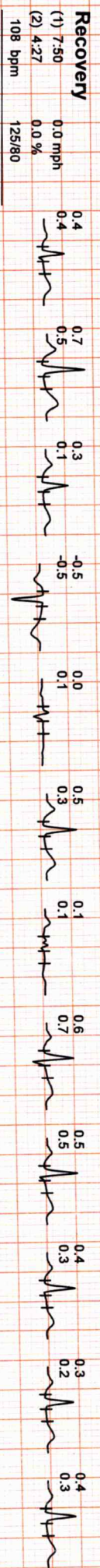
DR . GOYALS PATH LAB & IMGING CENTRE

Average



982 (113) / MR MANOJ KUMAR SINGH / 45 Yrs / M / 0 Cms / 0 Kg / HR : 74

Date: 31 / 03 / 2024 09:39:28 AM



Dr. Goyal's

Path Lab & Imaging Centre

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Date :- 31/03/2024 08:50:47
NAME :- Mr. MANOJ KUMAR SINGH
Sex / Age :- Male 45 Yrs 8 Mon 5 Days
Company :- MediWheel

Patient ID :- 12236728
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 31/03/2024 11:43:58

BOB PACKAGE ABOVE 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.

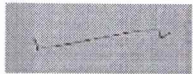
Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)



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*** End of Report ***

Page No: 1 of 1

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BOB PACKAGE ABOVE 40MALE

USG WHOLE ABDOMEN

Liver is enlarged in size (~ 15.1 cm). 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. **A non-mobile, non-shadowing echogenic focus of size ~ 3.1 mm seen attached to GB wall.** 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.

Right kidney showing a small calculus of size ~ 3.5 mm is seen in lower calyx.

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

Pre void:- 180 ml Post void:- 35 ml (insignificant).

Prostate is enlarged in size (~ 23 gms) with normal echo-texture and outline.
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

- * Mild hepatomegaly with early fatty changes.
- * GB polyp.
- * Small right renal calculus.
- * Mild prostatomegaly.

Needs clinical correlation.

*** End of Report ***

Page No: 1 of 1

AHSAN

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