

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

General Physical Examination

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

Date of Examination: 31-12-2023

Name: Manoj Kumar Age: 39 Sex: Male

DOB: 15-07-1984

Referred By: DOB

Photo ID: Adhar ID #: attached

Ht: 162 (cm)

Wt: 64 (Kg)

Chest (Expiration): 99 (cm)

Abdomen Circumference: 92 (cm)

Blood Pressure: 141/92 mm Hg PR: 92 / min

BMI 24.04 Kg/m²

Eye Examination: Distance vision 6/12, near vision N/G with specs
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: _____

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



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

सामांजन क्रम / Enrollment No.: 1207/18573/06528

To
मनोज कुमार
Manoj Kumar
S/O: Bholu Ram
S-19 ambedkar nagar
imil phatak
LAL KOTHI
Gandhi Nagar
Jaipur Jaipur

10/01/2014

98789402

Rajasthan 302015
9887230889



MN987894026FT



आपका आधार क्रमांक / Your Aadhaar No. :

5883 2686 6627

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



मनोज कुमार
Manoj Kumar
जन्म तिथि / DOB : 15/07/1984
पुरुष / Male



5883 2686 6627

आधार - आम आदमी का अधिकार

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

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

MC- 5509

Date :- 31/12/2023 08:39:56

Patient ID :-12235037

NAME :- Mr. MANOJ KUMAR

Ref. By Dr:- BOB

Sex / Age :- Male 39 Yrs 5 Mon 17 Days

Lab/Hosp :-

Company :- Med/Wheel

Sample Type -> EDTA

Sample Collected Time 31/12/2023 08:54:30

Final Authentication : 31/12/2023 13:40:33

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.8

%

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

Method:- HPLC

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 glycosylated 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

120

mg/dL

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

Method:- Calculated Parameter

MUKESH SINGH
Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.3	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	9.69	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	70.6	%	40.0 - 80.0
LYMPHOCYTE	23.2	%	20.0 - 40.0
EOSINOPHIL	3.9	%	1.0 - 6.0
MONOCYTE	2.0	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	6.87	10 ³ /uL	1.50 - 7.00
LYMPH#	2.25	10 ³ /uL	1.00 - 3.70
EO#	0.37	10 ³ /uL	0.00 - 0.40
MONO#	0.17	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.86	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	45.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	94.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.3 L	g/dL	31.5 - 34.5
PLATELET COUNT	195	x10 ³ /uL	150 - 410
RDW-CV	13.8	%	11.6 - 14.0
MENTZER INDEX	19.34		

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
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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" >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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Sample Type :- PLAIN/SERUM Sample Collected Time 31/12/2023 08:54:30 Final Authentication : 31/12/2023 11:06:01

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	220.77 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	168.43 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	39.09	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	153.61 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	33.69	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.65 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.93 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	687.02	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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Sample Type :- PLAIN/SERUM Sample Collected Time 31/12/2023 08:54:30 Final Authentication : 31/12/2023 11:06:01

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.14	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	0.29	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.85	mg/dl	0.30-0.70
SGOT Method:- IFCC	21.7	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	19.4	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	73.20	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	34.90	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.45	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.68	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.77	gm/dl	2.20 - 3.50
A/G RATIO	1.69		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument Name: Randox Rx India 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 India 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 India 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 India 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 India 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 India 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 India Interpretation: Elevations in GGT levels are not as often 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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Company :- MediWheel

Patient ID :- 12235037
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 31/12/2023 08:54:30

Final Authentication : 31/12/2023 10:45:48

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.030	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	6.270	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.637	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

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NAME :- Mr. MANOJ KUMAR
Sex / Age :- Male 39 Yrs 5 Mon 17 Days
Company :- MediWheel

Patient ID :- 12235037
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 31/12/2023 08:54:30

Final Authentication : 31/12/2023 10:21:59

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)	6.0		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.025		1.010 - 1.030
Method:- Reagent Strip(bromthymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphonahlylic 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) Rother's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
MICROSCOPY EXAMINATION			
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

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Sex / Age :- Male 39 Yrs 5 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 31/12/2023 08:54:30

Final Authentication : 31/12/2023 10:21:59

CLINICAL PATHOLOGY

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

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Sample Type :- K0x/Na FLUORIDE-F, K0x/Na Bismuth IDEBETAULIN/SERUM/2023 16:43:09 Final Authentication : 31/12/2023 16:43:52

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 111.9 mg/dl 75.0 - 115.0
 Method:- GOD PAP

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) 126.2 mg/dl 70.0 - 140.0
 Method:- GOD PAP

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 0.92 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 6.20 mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

MUKESH SINGH, SURENDRA KHANGA

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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
URINE SUGAR PP Collected Sample Received	Nil		Nil

MUKESH SINGH, VIJENDRAMEENA
Technologist

Page No: 11 of 13



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

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 31/12/2023 08:39:56

Patient ID :-12235037



NAME :- Mr. MANOJ KUMAR

Ref. By Dr:- BOB

Sex / Age :- Male 39 Yrs 5 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 31/12/2023 08:54:30

Final Authentication : 31/12/2023 11:06:01

BIOCHEMISTRY

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

SURENDRAKHANGA

Page No: 12 of 13



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RMC NO. 21021/008037

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NAME :- Mr. MANOJ KUMAR

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Sex / Age :- Male 39 Yrs 5 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :-

Sample Collected Time

Final Authentication : 31/12/2023 10:23:01

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 ABHISHEK JAIN
MBBS. DNB. (RADIO DIAGNOSIS)
RMC NO. 21687

*** End of Report ***

ANITASHARMA

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

Page No: 13 of 13



Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
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Date :- 31/12/2023 08:39:56
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Sex / Age :- Male 39 Yrs 5 Mon 17 Days
Company :- MediWheel

Patient ID :- 12235037
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 31/12/2023 10:23:01

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

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Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)



DR ABHISHEK JAIN
MBBS, DNB. (RADIO DIAGNOSIS)
RMC NO. 21687

*** End of Report ***

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

Transcript by.

Page No: 1 of 1

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

Dr. Ashish 
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

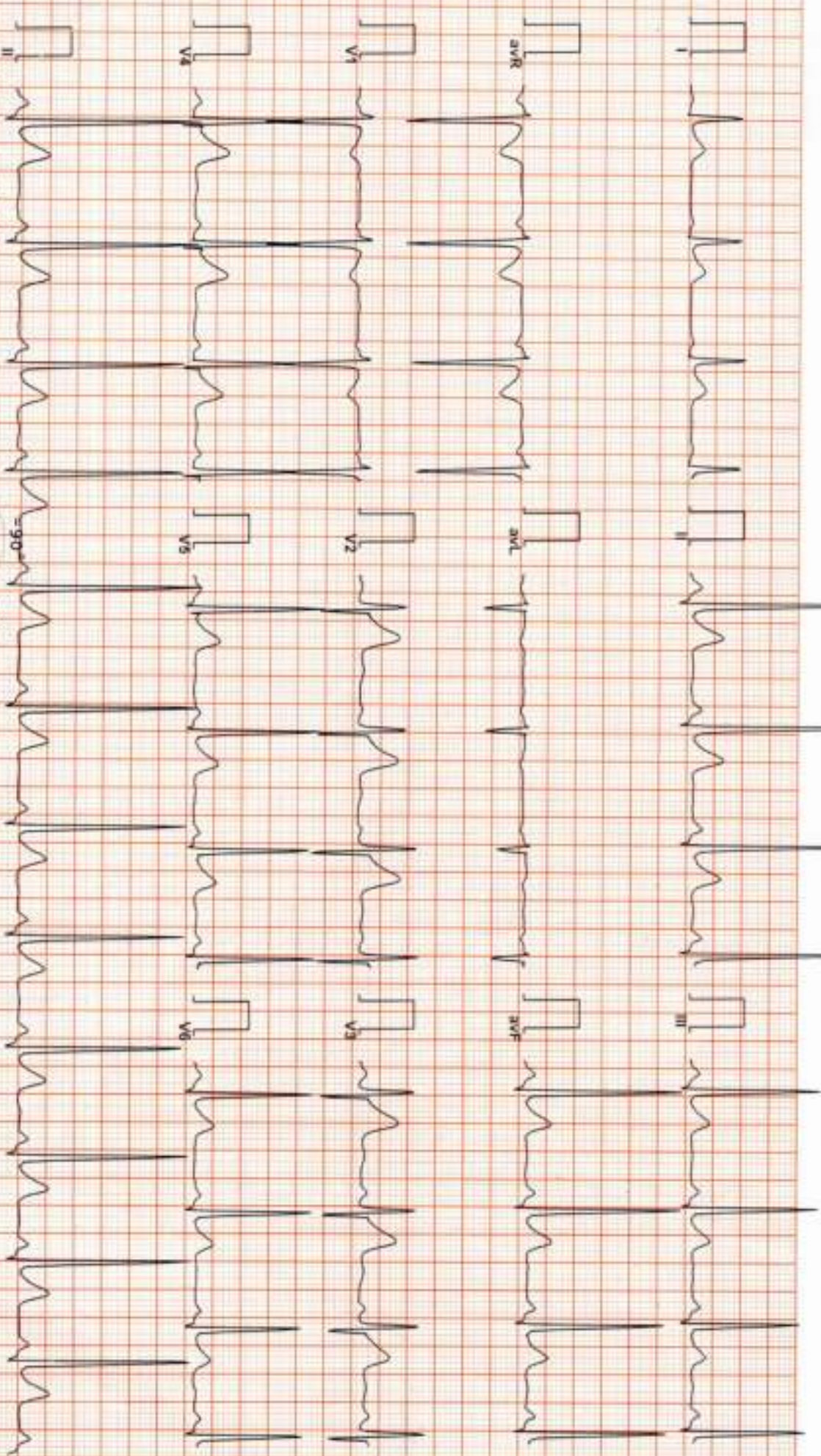
Dr. Poorvi Malik
MBBS, MD, DNB (Radio Diagnosis)
RMC No. 21505

DR. GOYALS PATH LAB & IMAGING CENTER

102223910 / MR MANOJ KUMAR / 39 Yrs / M/ Non Smoker

Heart Rate : 74 bpm / Tested On : 31-Dec-23 14:16:10 / HF 0.05 Hz / LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ ReId By: BOB

ECG



Heart Rate : 74 bpm
PR Interval : 146 ms
QRS Duration : 84 ms
QT/QTc Int : 360/385 ms
P-QRS-T AXES : 77.00° 70.00° 61.00°



D Naresh Kumar Moh--ka

MBBS, D.P.M. (RADIO (ESCORTS))
D.P.M. (RADIO (UK))

TWSL

Reported By:

DR. GOYALS PATH LAB & IMAGING CENTER

B-51 GANESH NAGAR JAIPUR Email:

3067 / MR MANOJ KUMAR / 39 Yrs / M / 0 Cms / 0 Kg / NonSmoker

Date: 31 / 12 / 2023 02:18:33 PM Refd By : BOB Examined By:

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:13	0:13	01.1	00.0	01.0	068	38%	130/84	088	00	
Standing	00:31	0:18	01.1	00.0	01.0	072	40%	130/84	093	00	
HV	01:23	0:52	01.1	00.0	01.0	083	46%	130/84	107	00	
Warm Up	01:42	0:19	01.1	00.0	01.0	082	45%	130/84	106	00	
ExStart	03:10	1:28	01.0	00.0	01.0	109	59%	130/84	137	00	
BRUCE Stage 1	06:10	3:00	01.7	10.0	04.7	129	71%	136/86	175	00	
BRUCE Stage 2	09:10	3:00	02.5	12.0	07.1	144	80%	140/90	201	00	
PeakEx	11:09	1:59	03.4	14.0	09.2	162	90%	146/90	236	00	
Recovery	12:09	1:00	00.0	00.0	01.2	127	70%	146/90	185	00	
Recovery	13:09	2:00	00.0	00.0	01.0	101	56%	142/90	143	00	
Recovery	15:09	4:00	00.0	00.0	01.0	096	53%	138/88	132	00	
Recovery	15:12	4:03	00.0	00.0	01.0	093	51%	138/88	128	00	

FINDINGS :

- Exercise Time : 07:59
- Max HR Attained : 162 bpm 90% of Target 181
- Max BP Attained : 146/90 (mm/Hg)
- Max Workload Attained : 9.2 Good response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

TM T is Negative For RMI

REPORT :

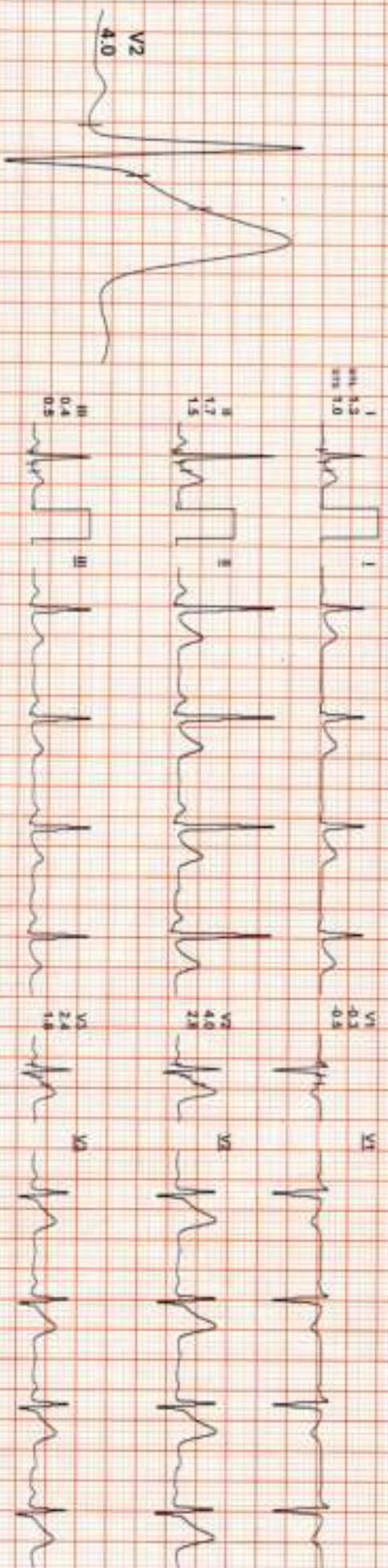
Dr. Nareesh Kumar Mohanta
 Reg. No. 35703
 MBBS, DIPLOMADO (ESCORTS)
 D.E.M. (PFCF-UJ)

3067 / MR MANOJ KUMAR / 39 Yrs / M / 0 Cms / 0 Kg / HR: 68

Date: 31 / 12 / 2023 02:18:33 PM METS: 1.00 68 bpm 38% of THR BP: 130/84 mmHg Combined Medians/BL/C Qw/Notch Qw/HR 0.05 Hx/IF 100Hz

4X 30 ms Print 1

Ext: 00:00 1.1 mph 0.0% 25 mm/Sec 1.0 Channel



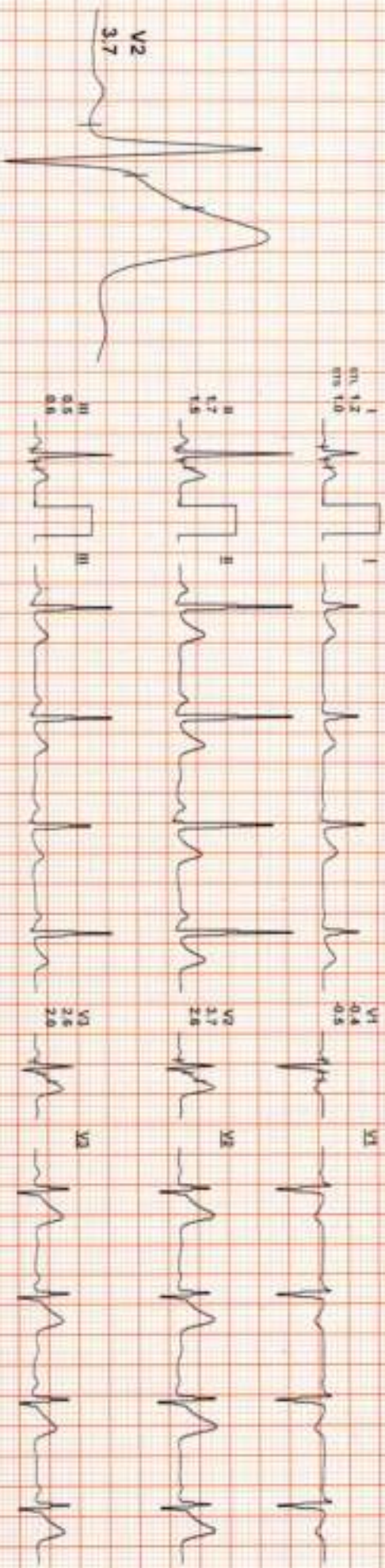
REMARKS:

3067 / MR MANOU KUMAR / 39 Yrs / M / O CRIS / 0 Kg / HR : 72

Date: 31 / 12 / 2023 02:18:33 PM METS: 1.0/ 72 bpm 40% of THR BP: 130/84 mmHg Combined Medians/ BLC QW Noida QW HF 0.05 H2O/LF 100 Hz

4X 40 mS Post J

ExTime: 00:00 1.1 mph 0.0% 25 mm/sec 1.0 Conv/5



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

ACIPR

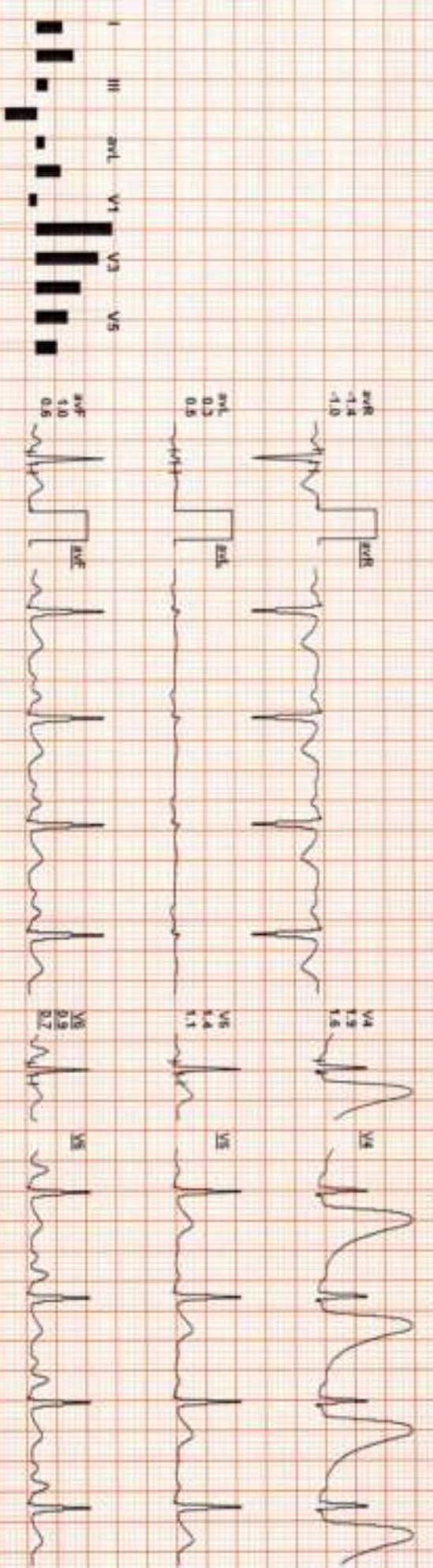
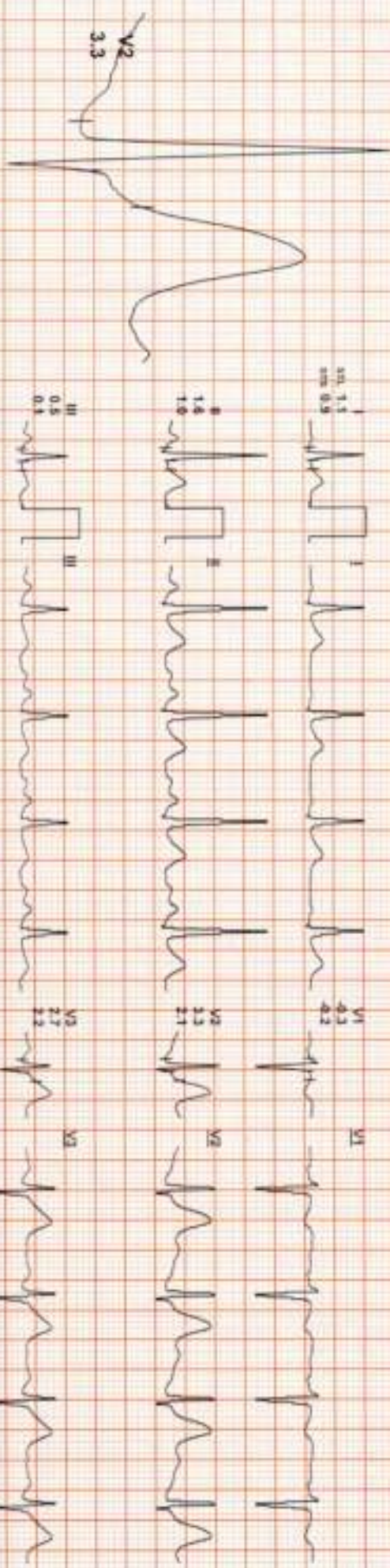
3067 / MR MANOJ KUMAR / 39 Yrs / M / 0 Cms / 0 Kg / HR : 83

Date: 31 / 12 / 2023 02:18:33 PM METS: 1.0/ 83 bpm 46% of THR BP: 120/84 mmHg Combined Medians/ BLC CW/ Natch CW HF: 0.05 Hz/ V.F: 100 Hz

ExTime: 00:00 1.1 mph 0.0%

4X 80ms Post J

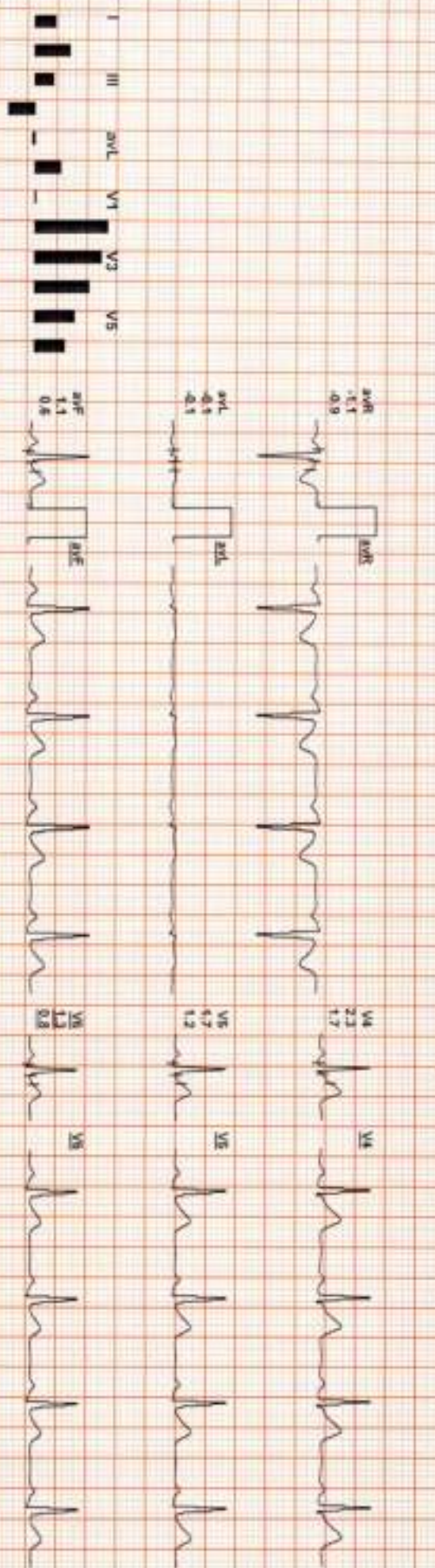
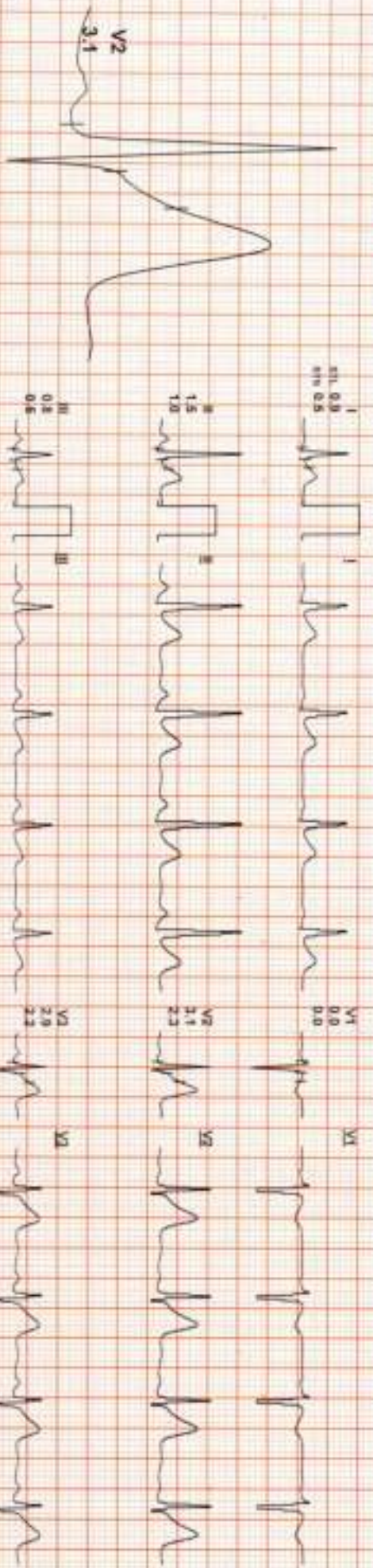
25 mm/sec 1.0 Cm/mV



REMARKS:

3067 / MR MANOU KUMAR / 39 Yrs / M / 0 Cms / 0 Kg / HR : 82

Date: 31 / 12 / 2023 02:18:33 PM METS: 1.0/ 82 bpm 45% of THR BP: 130/84 mmHg Combined Medians/ ECG Qw Notch Qw/HF 0.05 Hz/ LF 100 Hz
4X 80 ms Post J
Extreme 00:00 1.1 mph 0.0%
25 mm/Sec 1.0 Cm/Div



REMARKS:



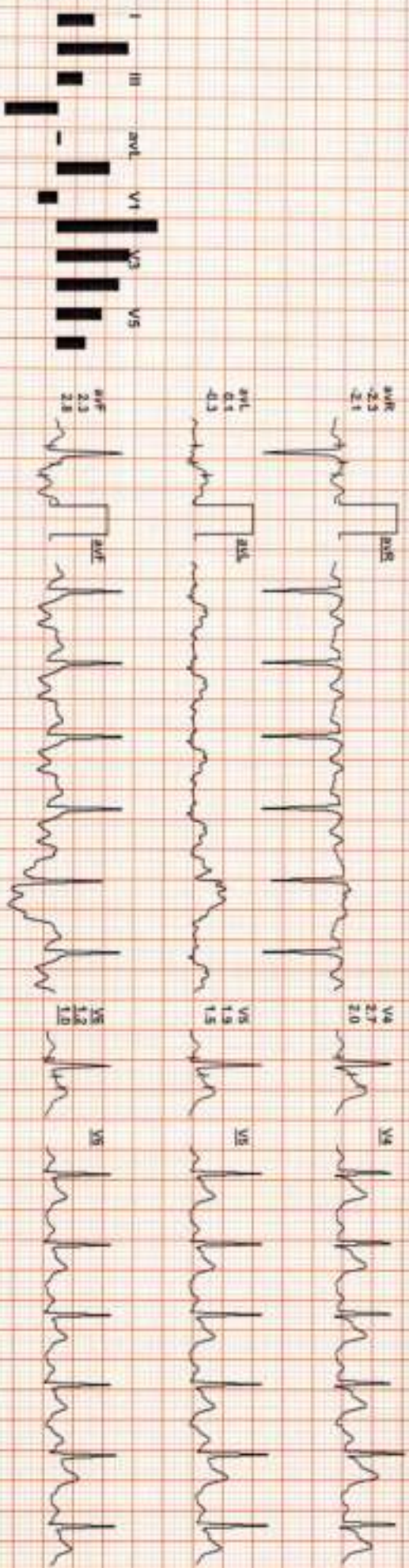
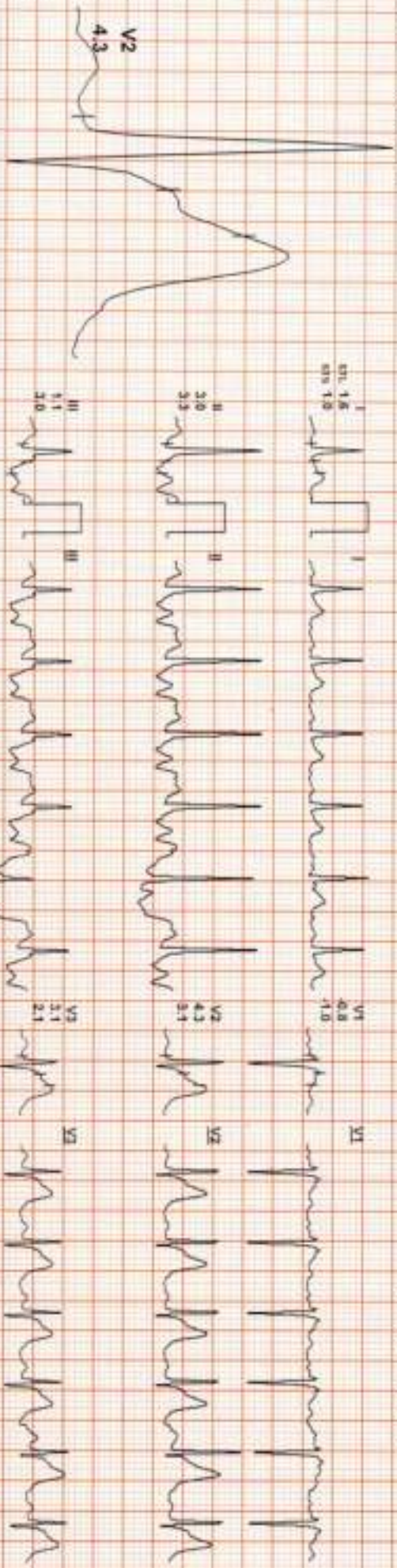
3067 / MR MANOJ KUMAR / 39 Yrs / M / O Grms / 0 Kg / HR : 106

Date: 31 / 12 / 2023 02:18:33 PM METS: 1.0/ 106 bpm 59% of THR BP: 130/24 mmHg Combined Median/ BLC Qw Natch Qw HF: 0.05 HOLF: 100 Hz

ExTime: 00:00 1.0 mph 0.0%

4X 80 mid Post J

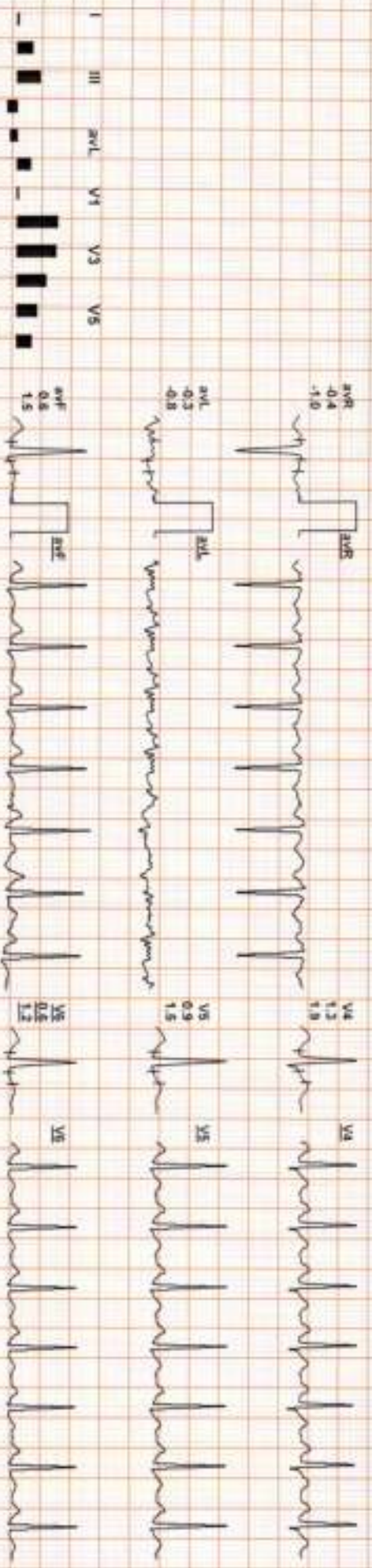
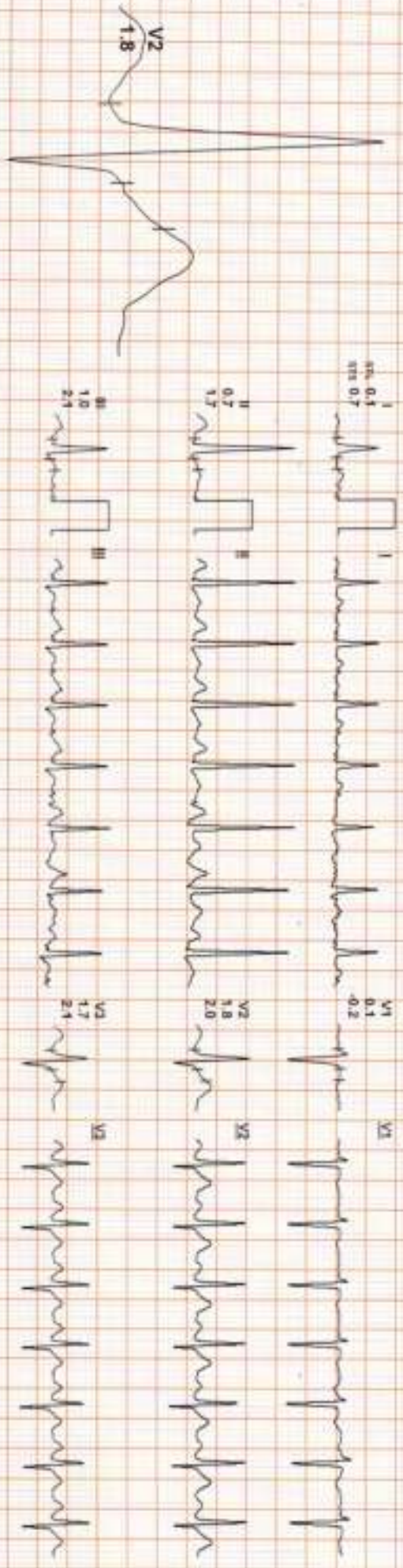
25 mm/sec 1.0 Cm/mV



REMARKS:

3067 / MR MANOJ KUMAR / 39 YRS / M / 0 Cms / 0 Kg / HR : 129

Date: 31 / 12 / 2023 02:18:33 PM METS: 4.7 / 129 bpm 71% of THR BP: 136/85 mmHg Combined Mediana/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz
4X 60 ms Post J ExTime: 03:00 1.7 mph 10.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

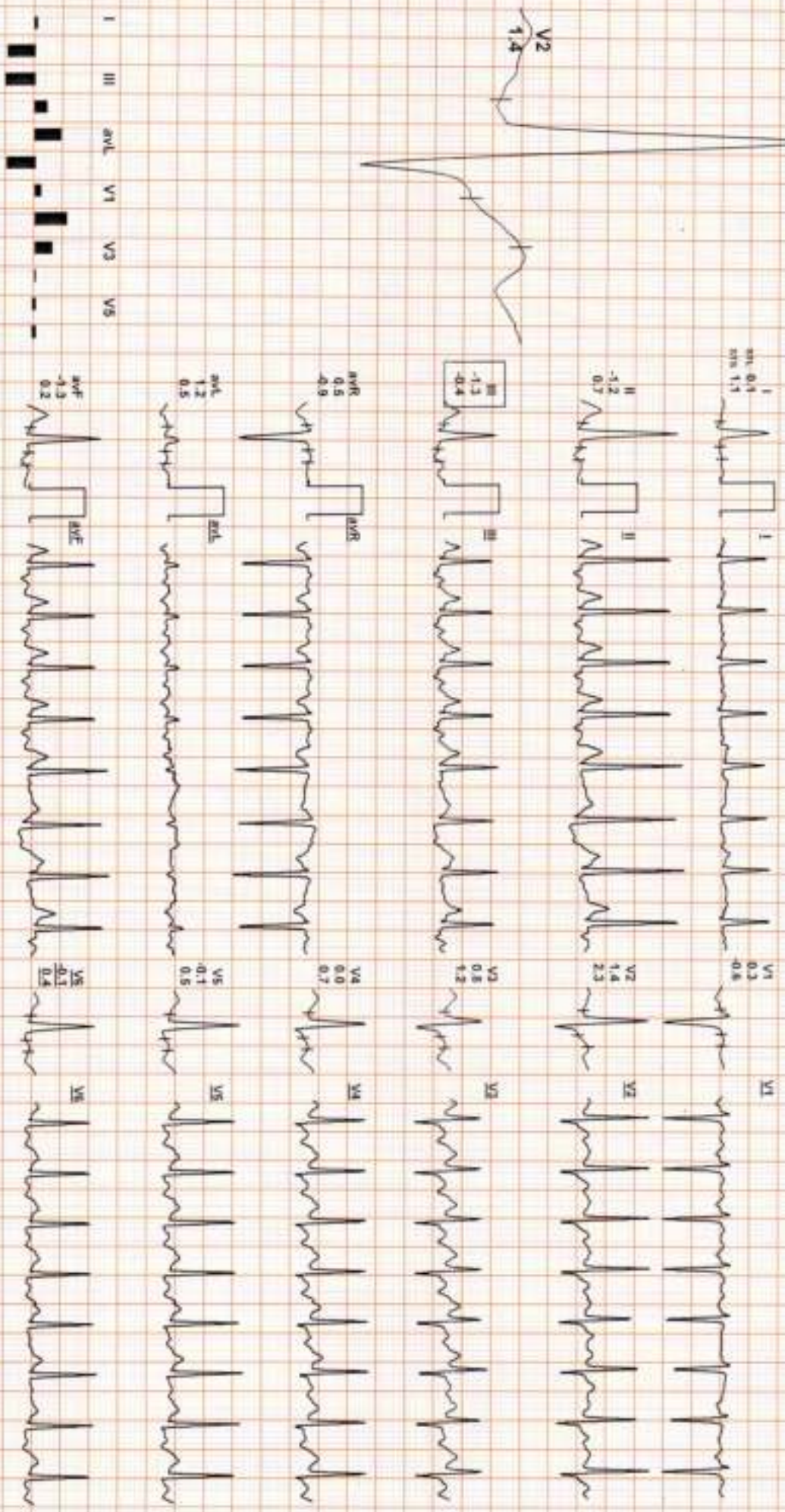
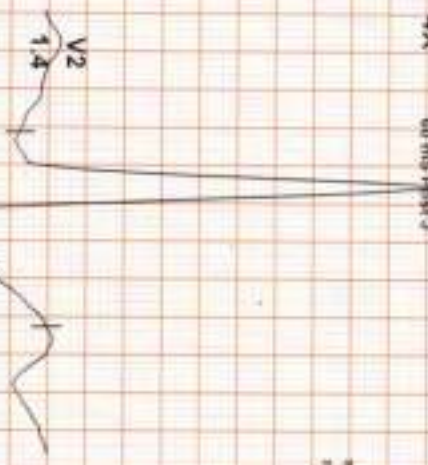


3067 / MR MANOJ KUMAR / 39 Yrs / M / 0 Cms / 0 Kg / HR : 144

Date: 31 / 12 / 2023 02:18:33 PM METS: 7.11.144 bpm 80% of THR BP: 140/90 mmHg Combined Medians/ SLC Ov Notch Ov HF: 0.05 HZLF: 100 Hz

4X 00 ms Paper J

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



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

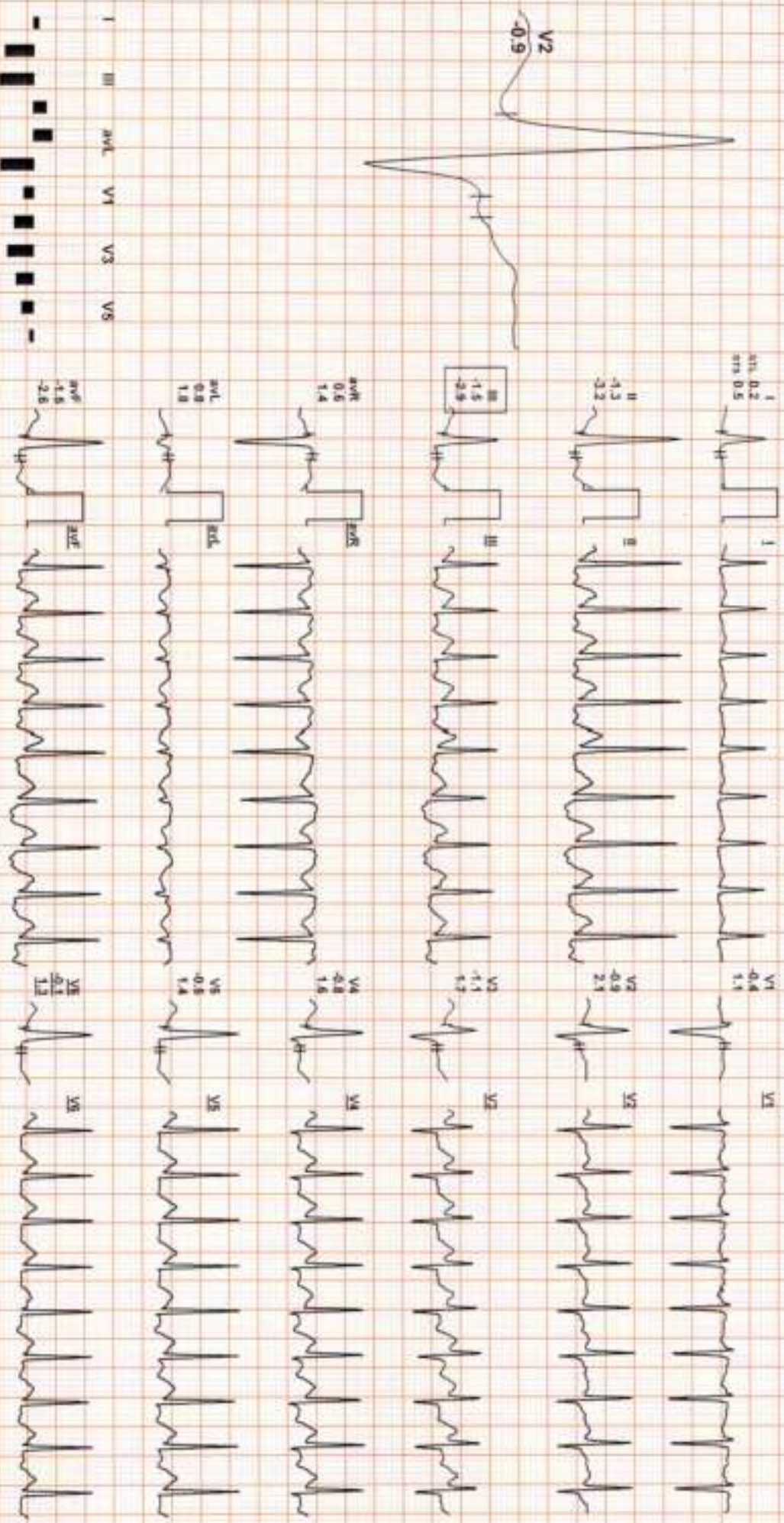


3067 / MR MANOJ KUMAR / 39 YRS / M / 0 Cms / 0 Kg / HR : 162

Date: 31 / 12 / 2023 02:18:33 PM METS: 9.2/ 162 bpm 90% of THR BP: 146/90 mmHg Combined Median/ BLC Div Noisy Div HF: 0.05 HzLF: 100 Hz

4X 20 MS Post J

ExTime: 07:59 3.4 mph 14.0% 25 mmSec: 1.0 Cm/mV



REMARKS:

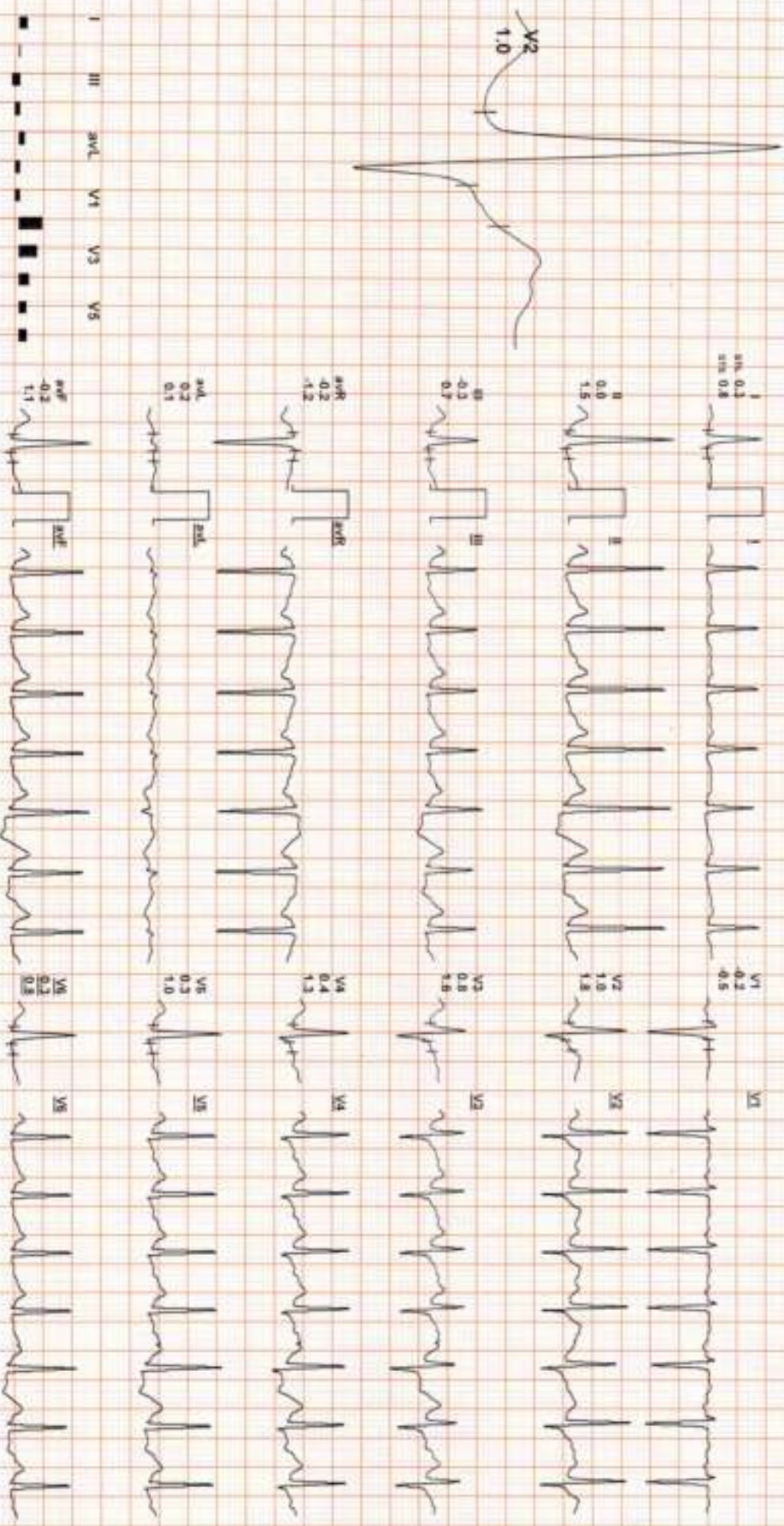


3067 / MR MANOJ KUMAR / 39 YRS / M / 0 Cms / 0 Kg / HR : 127

Date: 31 / 12 / 2023 02:16:31 PM METS: 1.2/127 bpm 70% of THR BP: 146/90 mmHg Combined Medians/PLC On/Notch On/IF 0.05 Hz/LF 100 Hz

4X 60 ms Post J

ExTime: 07:59 0.0 rpm 0.0%
25 mmSec 1.0 Cm/mV



REMARKS:

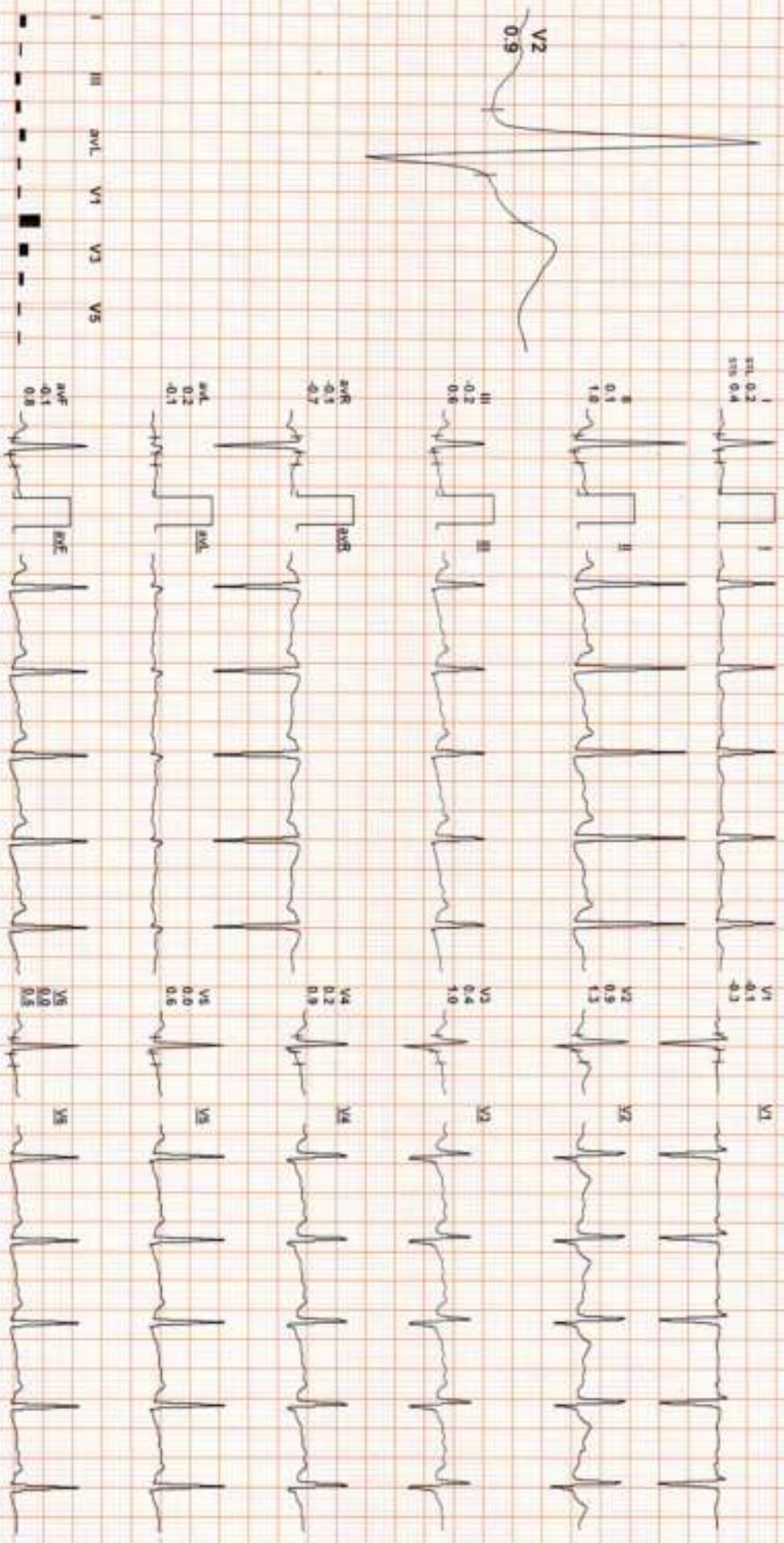


3067 / MR MANOJ KUMAR / 39 Yrs / M / 0 Cms / 0 Kg / HR : 101

Date: 31 / 12 / 2023 02:18:33 PM METS: 1.0/101 bpm 56% of THR BP: 142/90 mmHg Combined Medium/ BLC On/ Neigh On/ HF 0.05 H/L/F 100 Hz

4X 30ms Post J

Extrn: 07:59 0.0 mph 0.0% 25 mm/sec 1.0 Cm/IV



REMARKS:

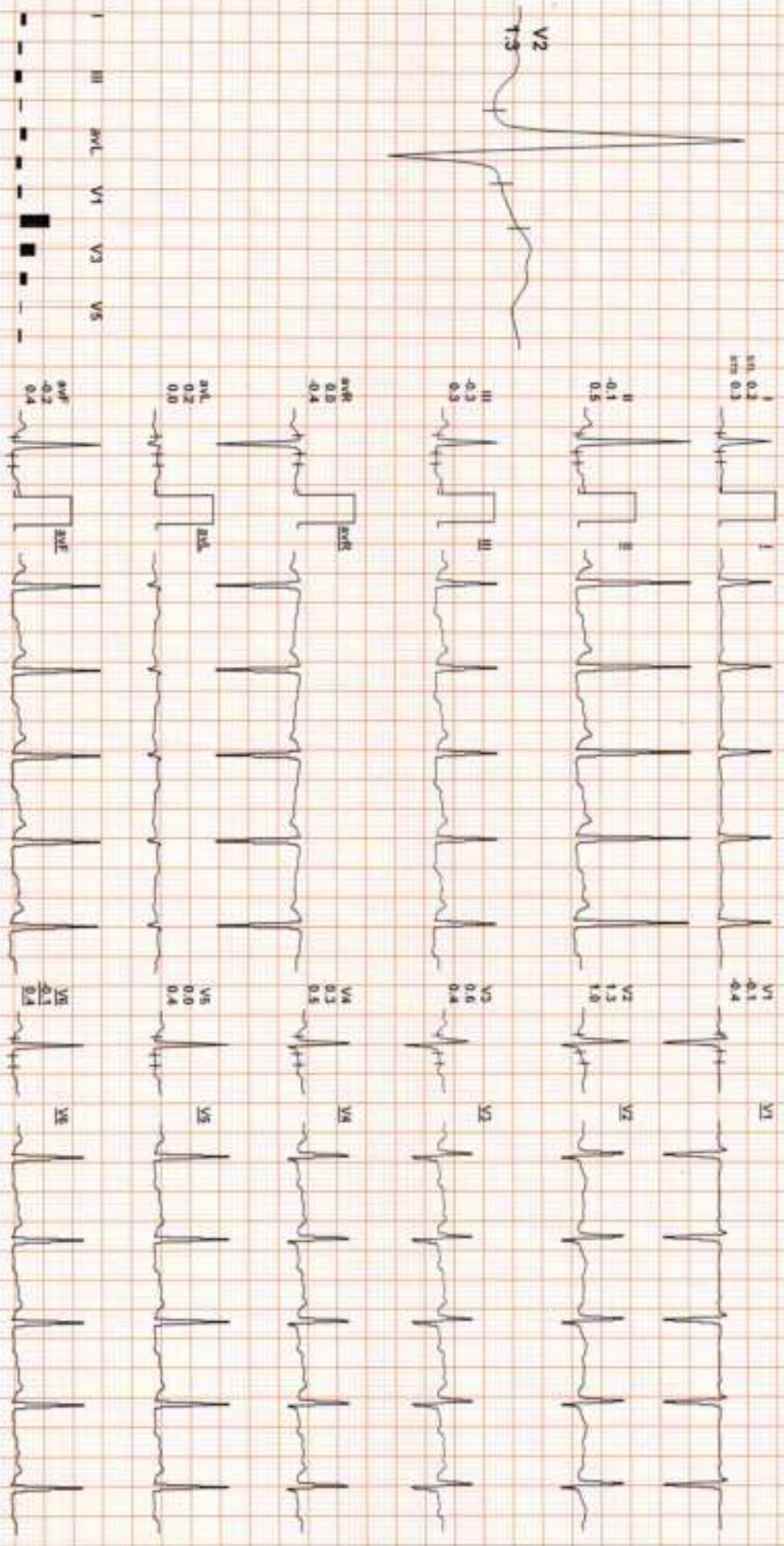


3067 / MR MANOJ KUMAR / 39 YRS / M / 0 Cms / 0 Kg / HR : 96

Date: 31 / 12 / 2023 02:16:33 PM METS: 1.0/ 96 bpm 53% of THR BP: 138/88 mmHg Combined Modem/ ECG On/ Noise On HF: 0.05 HzLF: 100 Hz

4X 56 ms Post J

ExTime: 07:59 0.0 mVh 0.0%
25 mm/Sec 1.0 Cm/mV



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

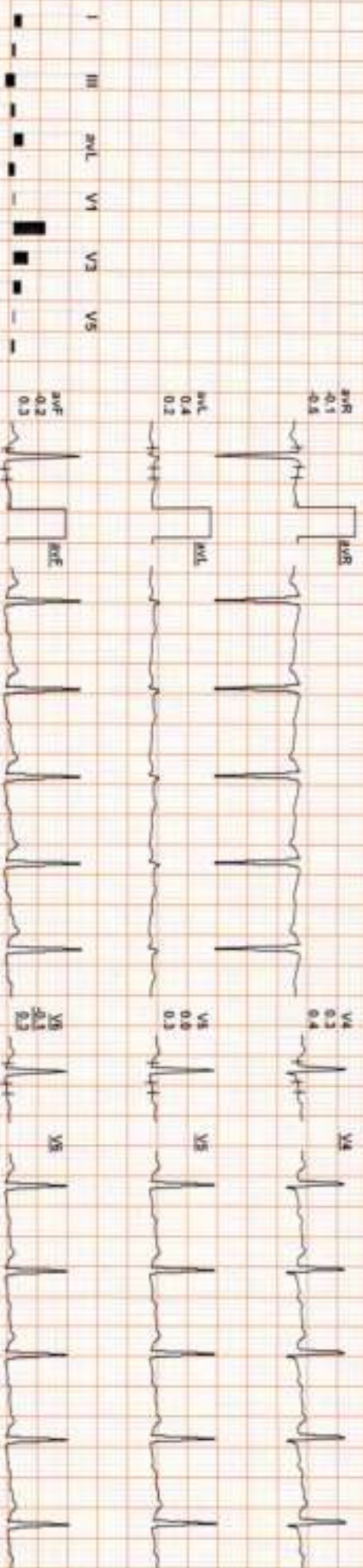
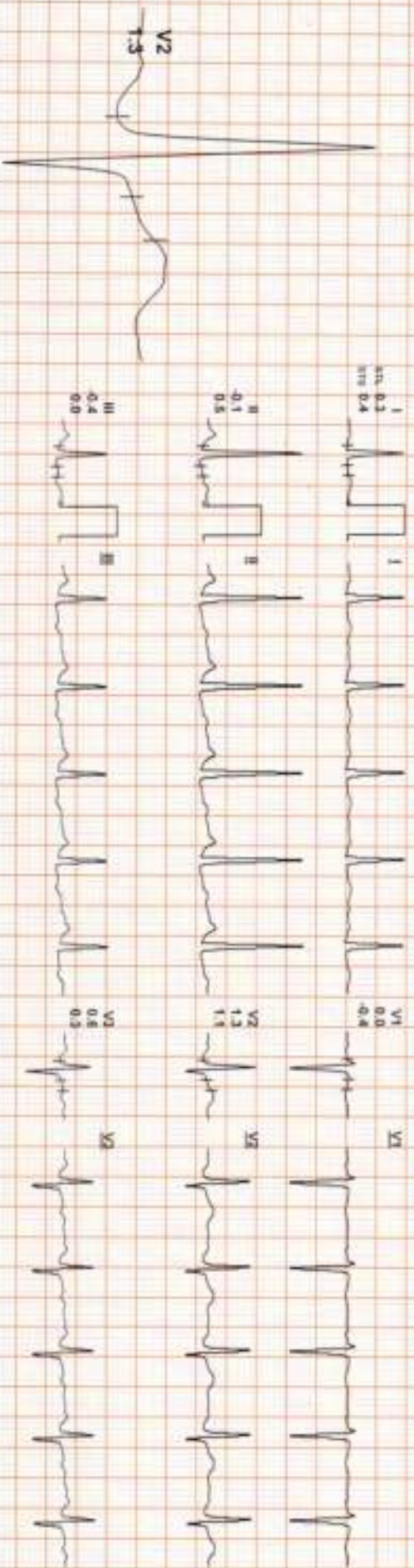


3067 / MR MANOU KUMAR / 39 Yrs / M / O Gms / 0 Kg / HR : 93

Date: 31 / 12 / 2023 02:18:33 PM METS: 1.0/ 93 bpm 51% of THR BP: 138/88 mmHg Combined Medians/ BLC ON Netch ON HF 0.05 rV/L F 100 Hz

4X 30 ms Post J

ExTime: 07:59 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

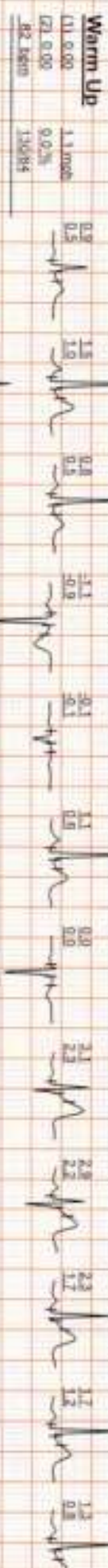
DR. GOYAL'S PATH LAB & IMAGING CENTER

3067 / MR MANOJ KUMAR / 39 Yrs / M / 0 Cms / 0 Kg / HR : 72

Average



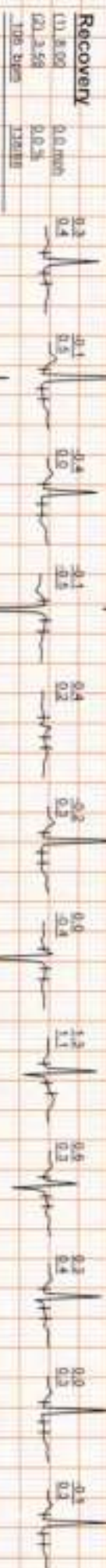
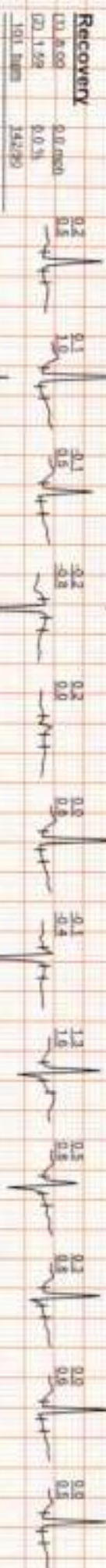
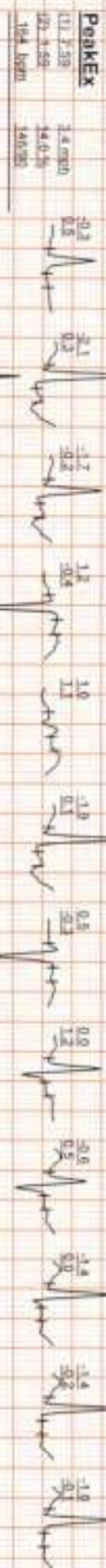
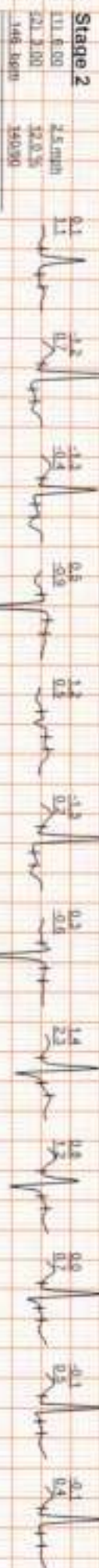
Date: 31 / 12 / 2023 02:19:33 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





3067 / MR MANOJ KUMAR / 39 Yrs / M / 0 Cms / 0 Kg / HR . 72

Date: 31 / 12 / 2023 02:18:39 PM I





Date :- 31/12/2023 08:39:56
NAME :- Mr. MANOJ KUMAR
Sex / Age :- Male 39 Yrs 5 Mon 17 Days
Company :- MediWheel

Patient ID :- 12235037
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 31/12/2023 13:21:54

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. **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. **Multiple (5-6) echogenic foci with distal acoustic shadowing are seen in the GB lumen, largest measuring approx. 14.3 mm.** 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.

Two renal calculi of size ~ 6 mm & ~ 4 mm in lower calyx of left kidney.

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

Prostate is normal in size with normal echo-texture and outline.
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

- * Grade I fatty liver.
- * Cholelithiasis.
- * Left renal calculi.

Needs clinical correlation

*** End of Report ***

