

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

Date of Examination: 26-03-24

Name: Nihal Kumar Nagar Age: 31 Sex: Male

DOB: 22.06.1992

Referred By: BoB

Photo ID: Adhar ID #: attached

Ht: 184 (cm)

Wt: 78 (Kg)

Chest (Expiration): 99 (cm)

Abdomen Circumference: 97 (cm)

Blood Pressure: 114/66 mm Hg PR: 72 / min

BMI 23.0

Eye Examination: DPS vision 6/6 with spec near

vision N/G. NO colour blindness

Other: not significant

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

Signature Of Examinee: _____ Name of Examinee: _____

Signature Medical Examiner: _____ Name Medical Examiner: _____

Piyush Goyal
D. Piyush Goyal
M.B.B.S., D.M.R.D.
R.M.C. Reg. No.-017996

भारत सरकार
Government of India

विनोद कुमार नागर
Vinod Kumar Nagar
जन्म तिथि / DOB : 22/06/1992
पुरुष / Male

Issue Date : 07/01/2012

4599 4217 1534

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O सम्पत राम, बी-२०३, महेश नगर,
पानी की टंकी के पीछे, टॉक फाटक, जयपुर,
राजस्थान, 302015

Print Date : 21/07/2021

Address: S/O Sampat Ram, B-203,
mahesh nagar, pani ki tanki ke piche, tonk
phatak, Jaipur, Rajasthan, 302015

4599 4217 1534

1947 help@uidai.gov.in www.uidai.gov.in

Vinod Kumar Nagar

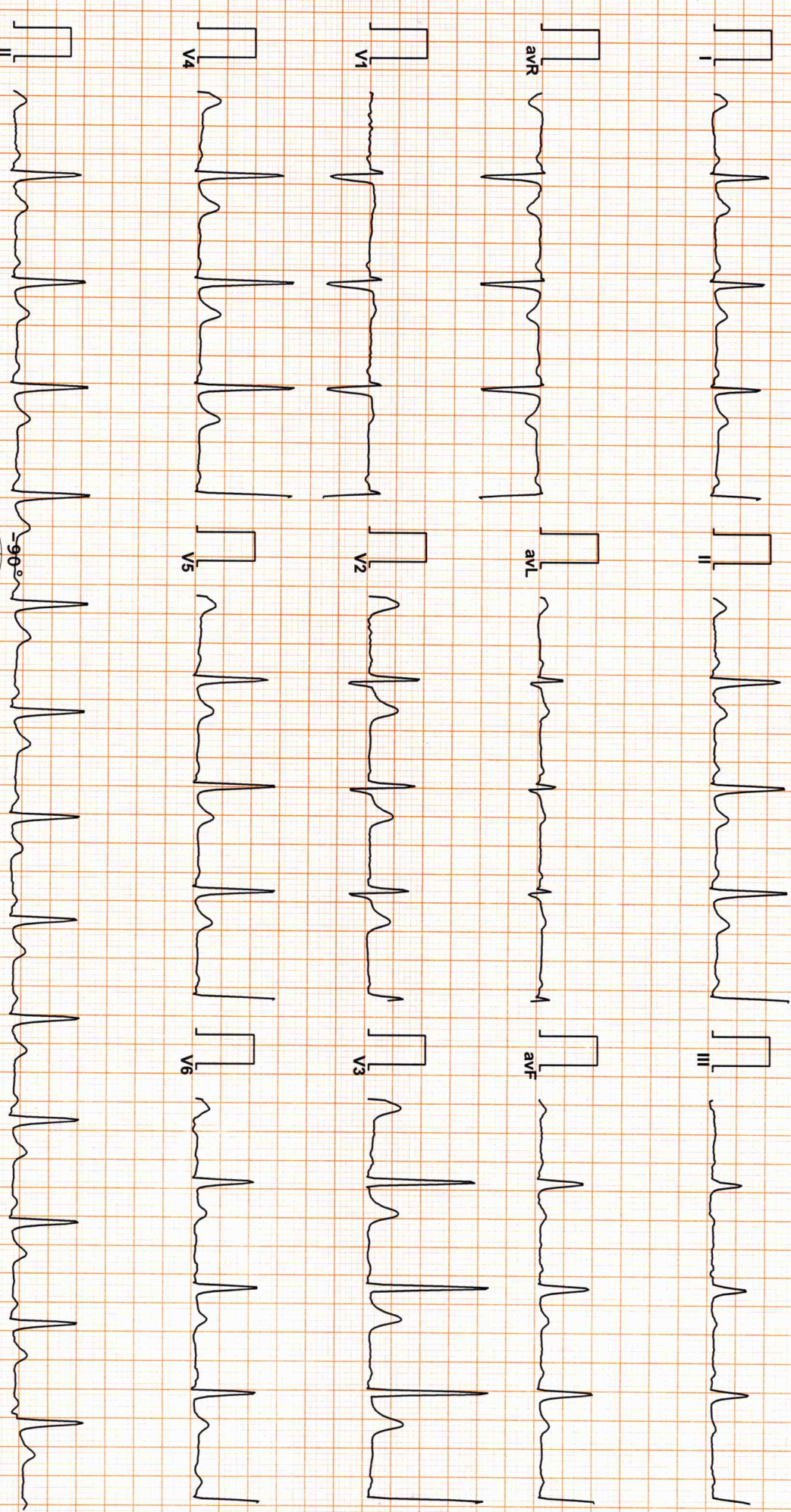
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017996

DR. GOYAL PATH LAB

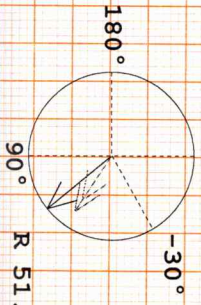
4969 / MR VINOD KUMAR NAGAR / 31 Yrs / M/ Smoker

Heart Rate : 83 bpm / Tested On : 26-Mar-24 10:02:08 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ ReId By: BOB MEDIWHEEL

ECCG



Vent Rate : 83 bpm
PR Interval : 130 ms
QRS Duration : 96 ms
QT/QTc Int : 344/384 ms
P-QRS-T axis: 34.00° • 51.00° • 34.00°



Tuor

Reported By: **D Naresh Kumar Mohanka**
RMC No. 35703
ME 3S, DIP, CARDIO (ESCORTS)
D.E.M. (REGP-UK)



942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / NonSmoker
Date: 26 / 03 / 2024 10:30:06 AM Refd By : MEDIWHEEL / BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:40	0:40	01.1	00.0	01.0	115	61%	126/86	144	00	
Standing	01:06	0:26	01.1	00.0	01.0	119	63%	126/86	149	00	
HV	01:35	0:29	01.1	00.0	01.0	128	68%	126/86	161	00	
Warm Up	01:40	0:05	01.1	00.0	01.0	128	68%	126/86	161	00	
ExStart	01:44	0:04	01.7	10.0	01.1	129	68%	126/86	162	00	
BRUCE Stage 1	04:44	3:00	01.7	10.0	04.7	147	78%	130/90	191	00	
BRUCE Stage 2	07:44	3:00	02.5	12.0	07.1	163	86%	150/90	244	00	
PeakEx	09:25	1:41	03.4	14.0	08.9	179	95%	160/90	286	00	
Recovery	10:25	1:00	00.0	00.0	01.2	158	84%	160/90	252	00	
Recovery	11:25	2:00	00.0	00.0	01.0	143	76%	150/90	214	00	
Recovery	12:25	3:00	00.0	00.0	01.0	126	67%	140/90	176	00	
Recovery	13:25	4:00	00.0	00.0	01.0	121	64%	126/86	152	00	
Recovery	14:25	5:00	00.0	00.0	01.0	121	64%	126/86	152	00	
Recovery	14:47	5:22	00.0	00.0	01.0	120	63%	126/86	151	00	

FINDINGS :

Exercise Time : 07:41
 Max HR Attained : 179 bpm 95% of Target 189
 Max BP Attained : 160/90 (mm/Hg)
 Max Workload Attained : 8.9 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

TMT is negative for DM

Dr. Naresh Krumar Mohanka
 RMB, 1703
 (MBBS, DIPLOMA IN SPORTS)
 D.E.A. (UK)



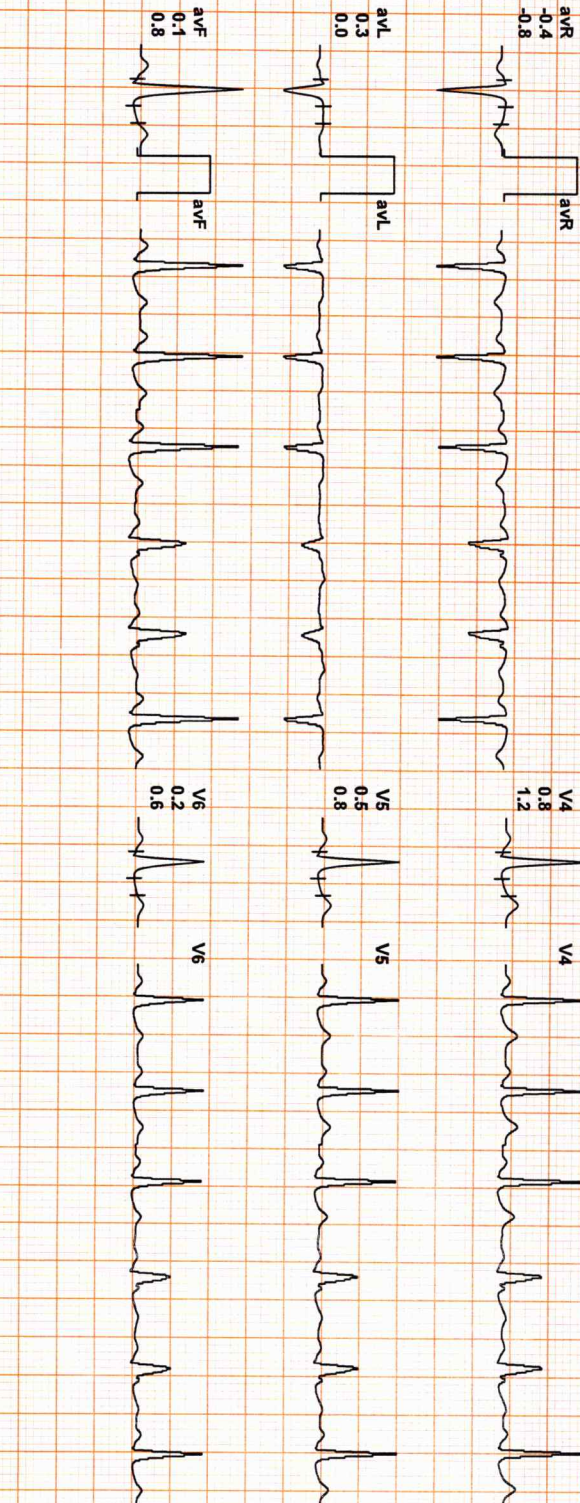
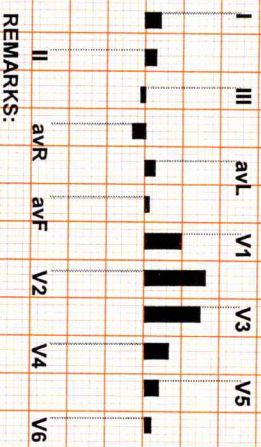
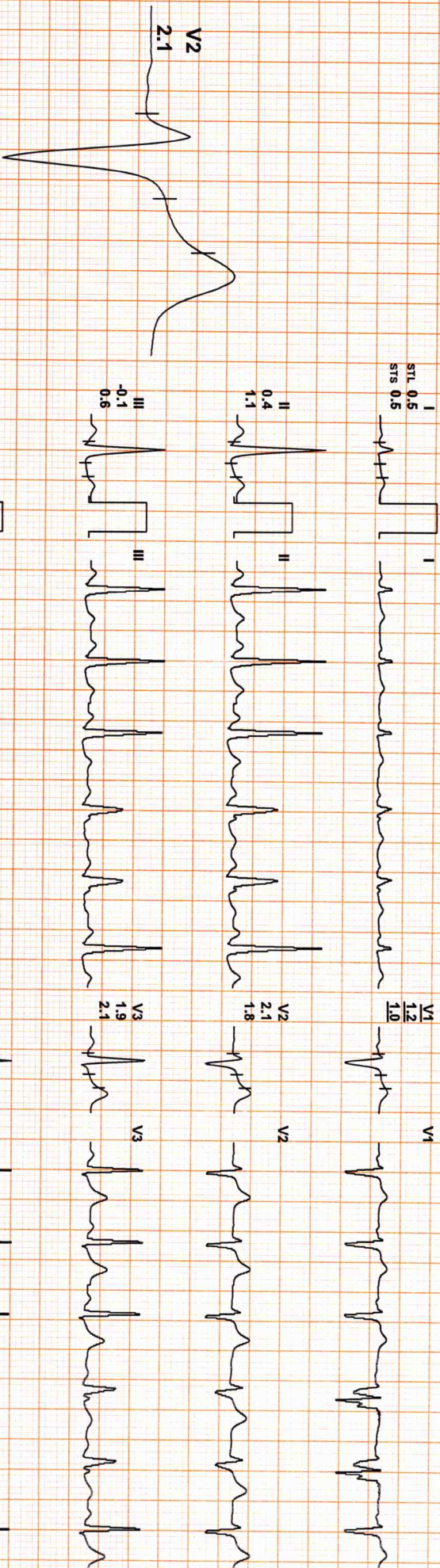
942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 115

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.0/ 115 bpm 61% of THR BP: 126/86 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:

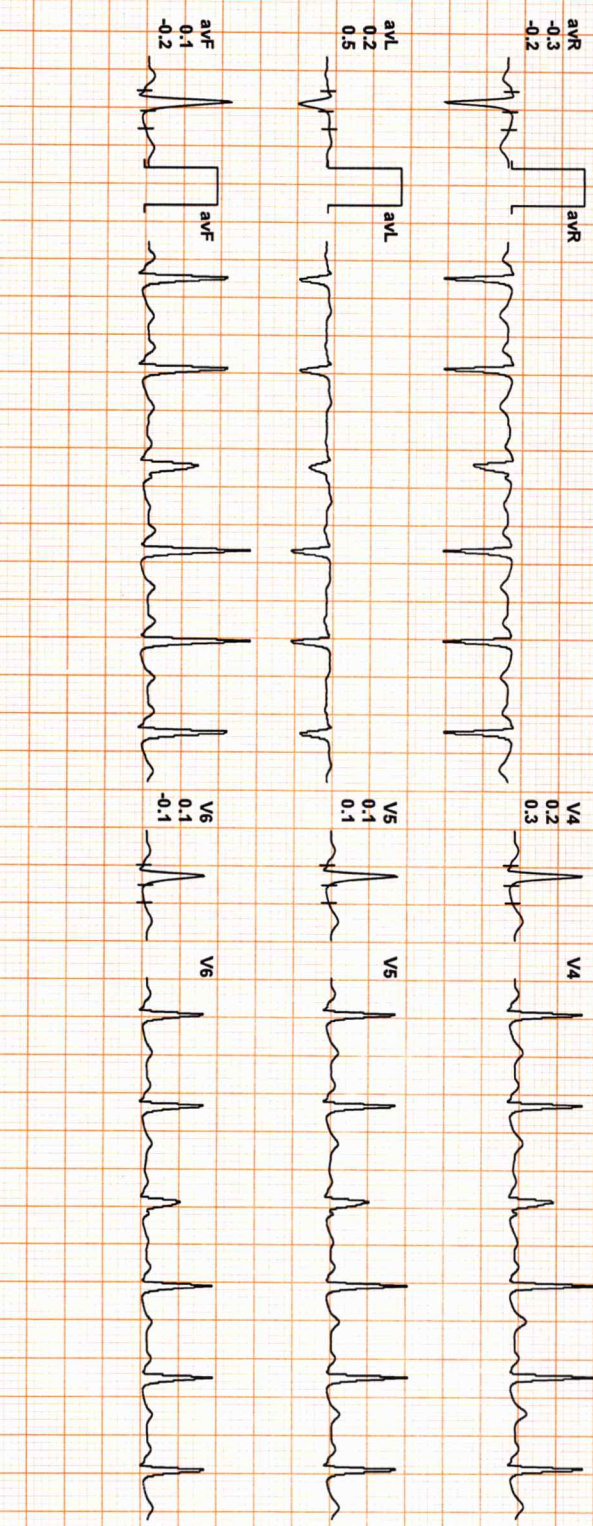
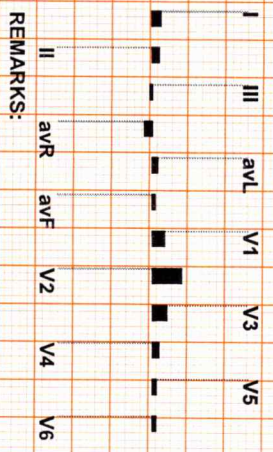
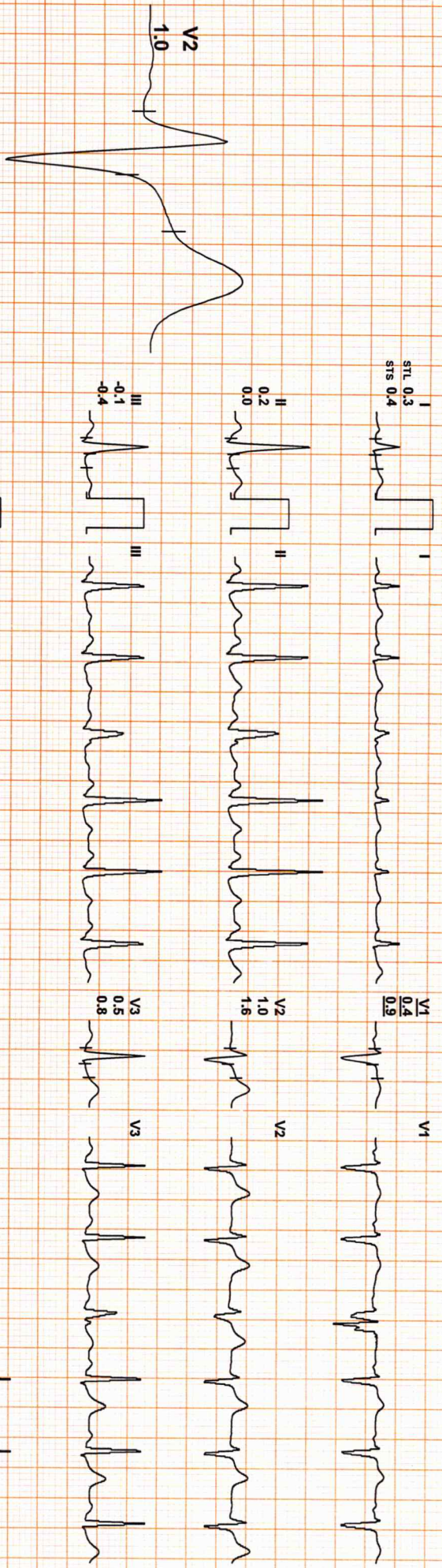


942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 119

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.0/ 119 bpm 63% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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



REMARKS:



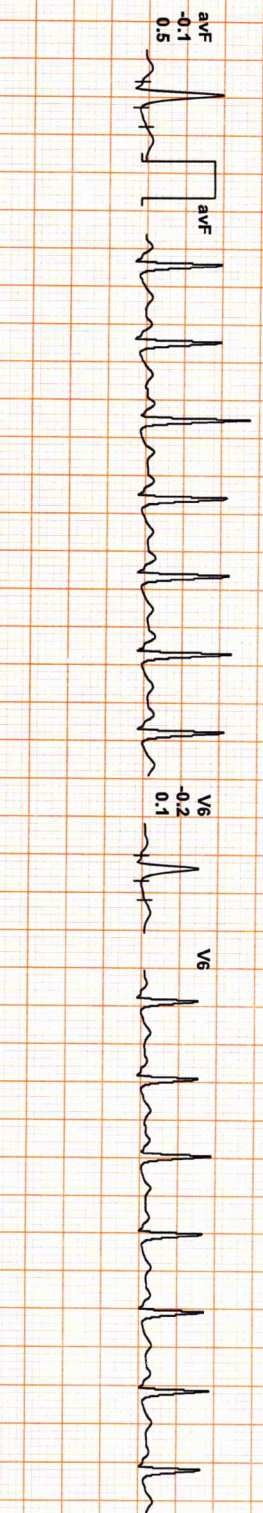
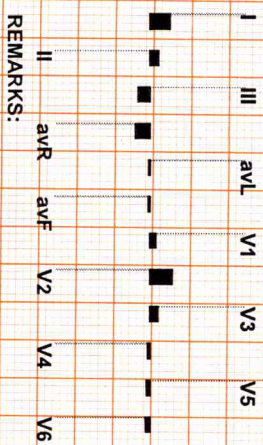
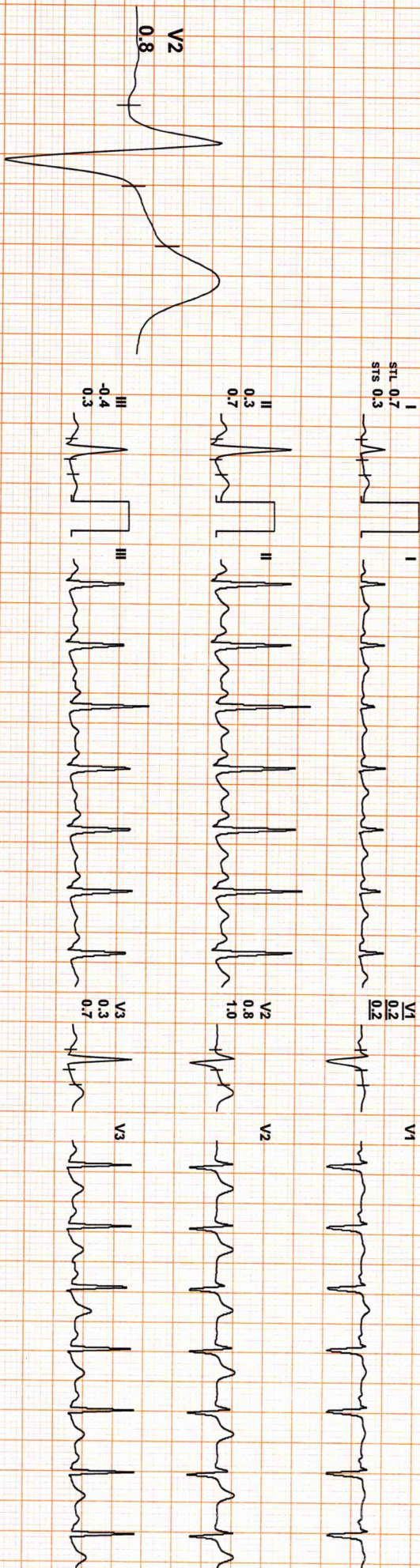
942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 128

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.0/ 128 bpm 68% of THR BP: 126/86 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:

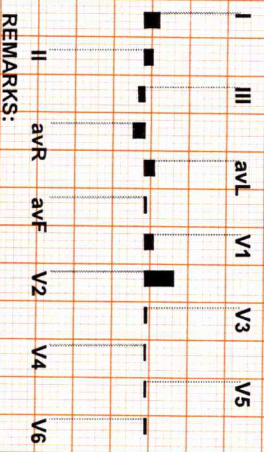
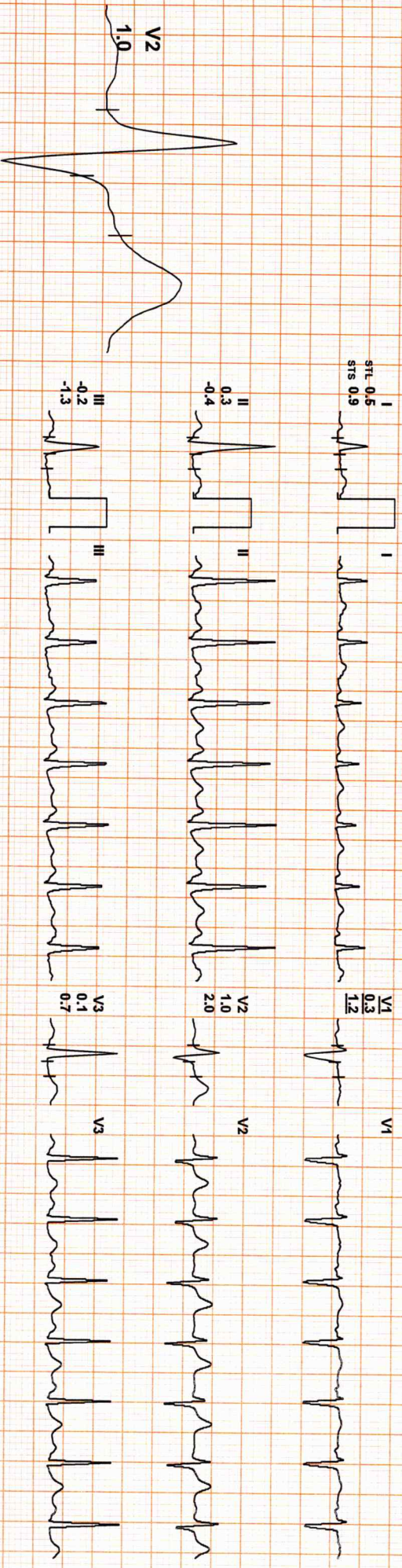


942 (113) / MR VINOD KUMAR NAGAR 31 / 31 YRS / M / 0 Cms / 0 Kg / HR : 128

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.0/ 128 bpm 68% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 m/s Post J

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



REMARKS:



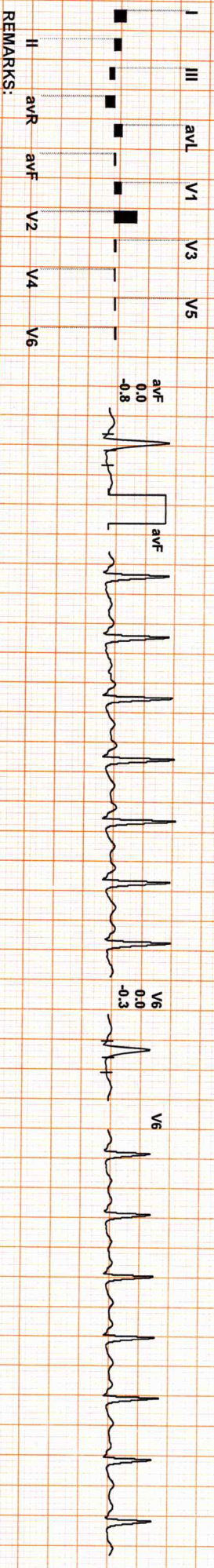
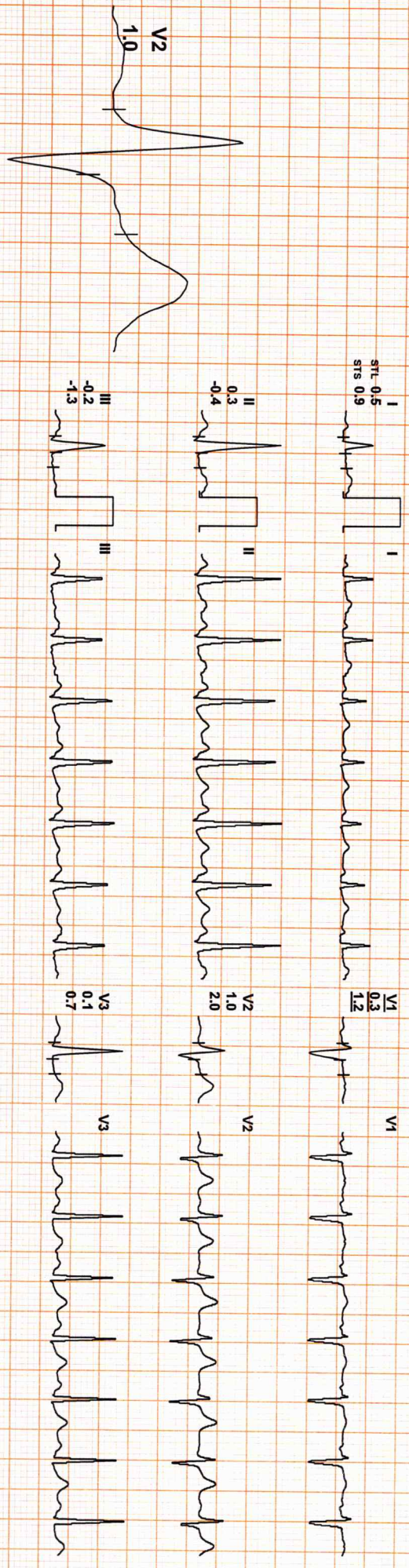
942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 129

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.1/ 129 bpm 68% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

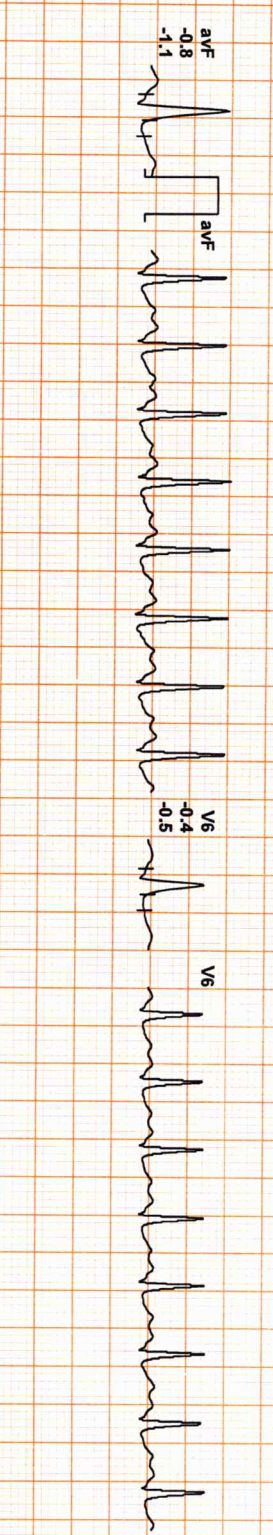
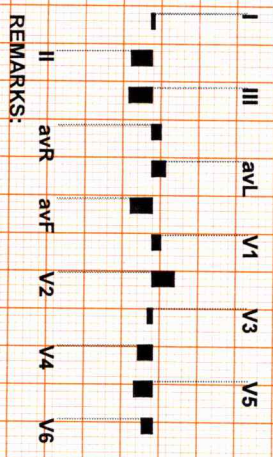
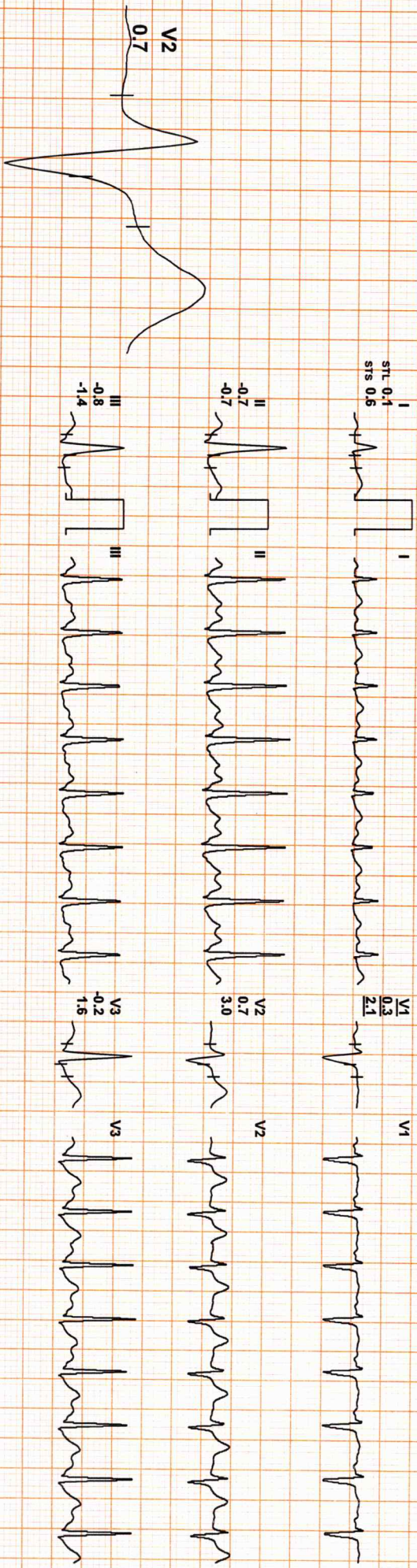


942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 147

Date: 26 / 03 / 2024 10:30:06 AM METS: 4.71 147 bpm 78% of THR BP: 130/90 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:



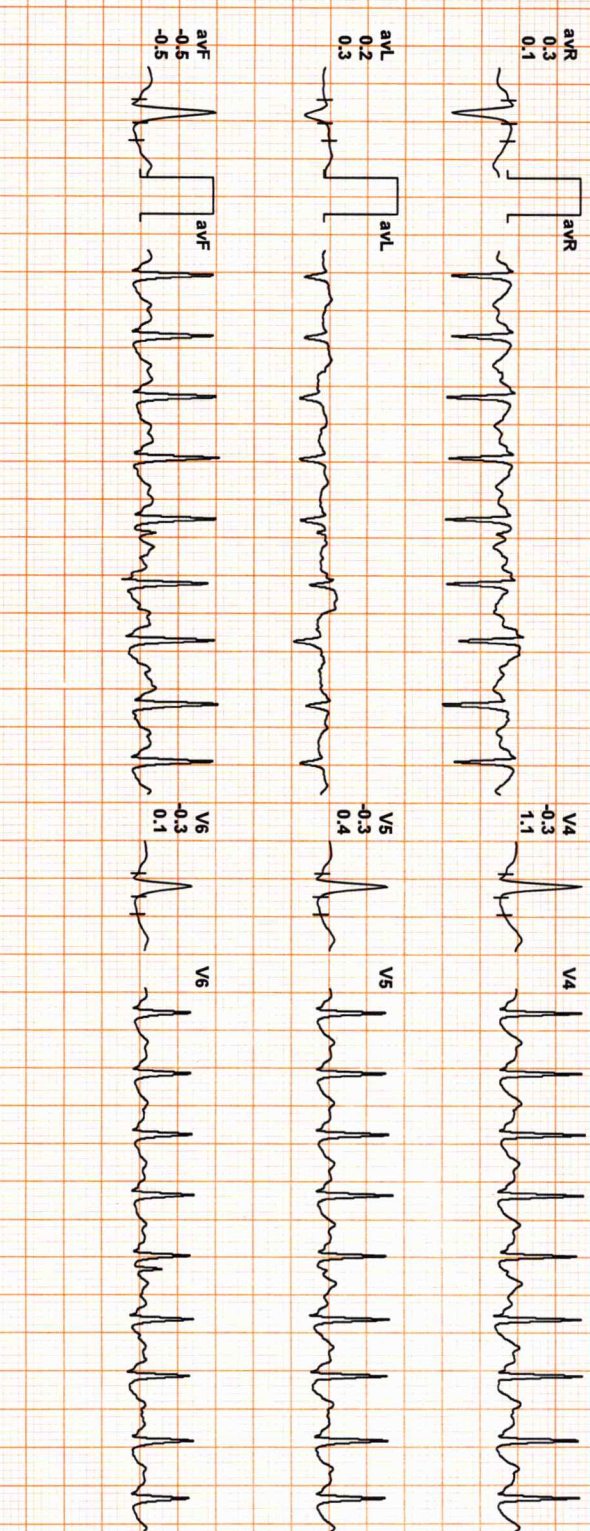
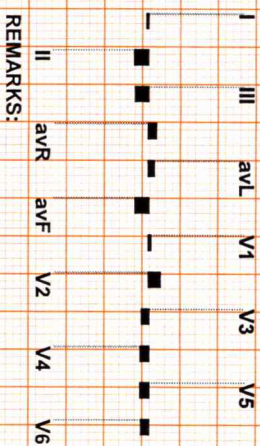
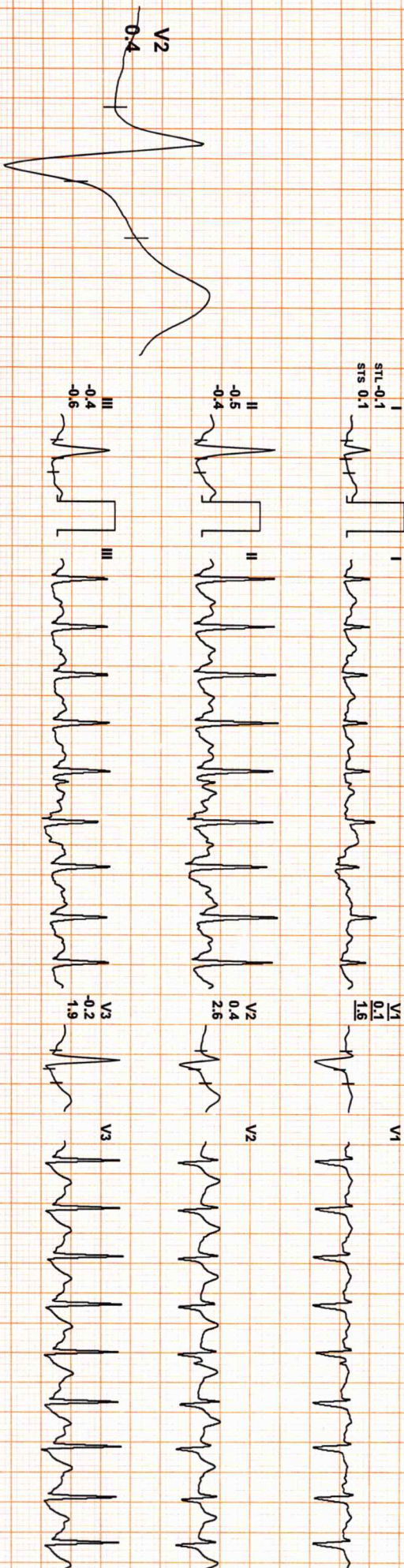
942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 10 Cms / 0 Kg / HR : 163

Date: 26 / 03 / 2024 10:30:06 AM METS: 7.1/ 163 bpm 86% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

EXTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



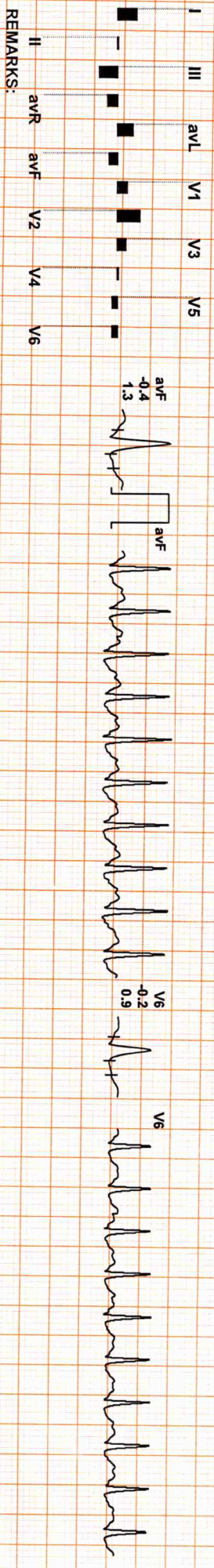
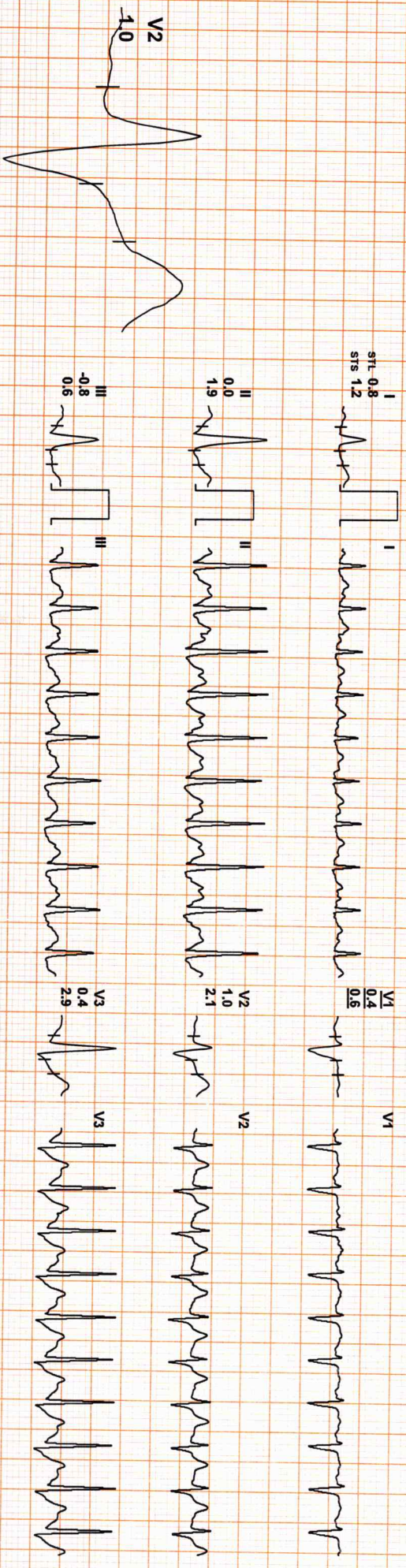
942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 179

Date: 26 / 03 / 2024 10:30:06 AM METS: 8.9/ 179 bpm 95% of THR BP: 160/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:41 3.4 mph, 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

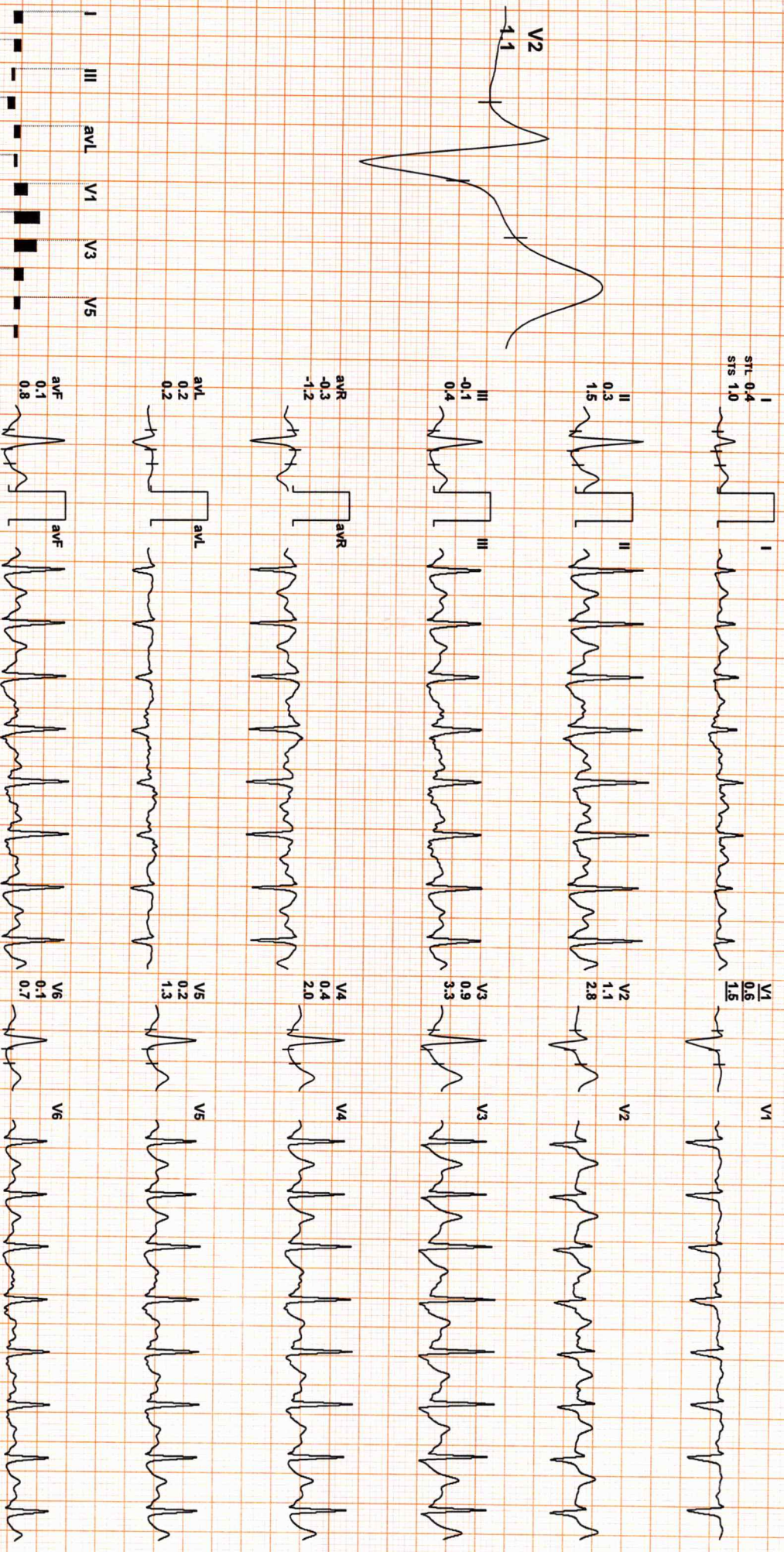


942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 158

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.2/ 158 bpm 84% of THR BP: 160/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

4X 60 ms Post-J

EXTime: 07:41 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



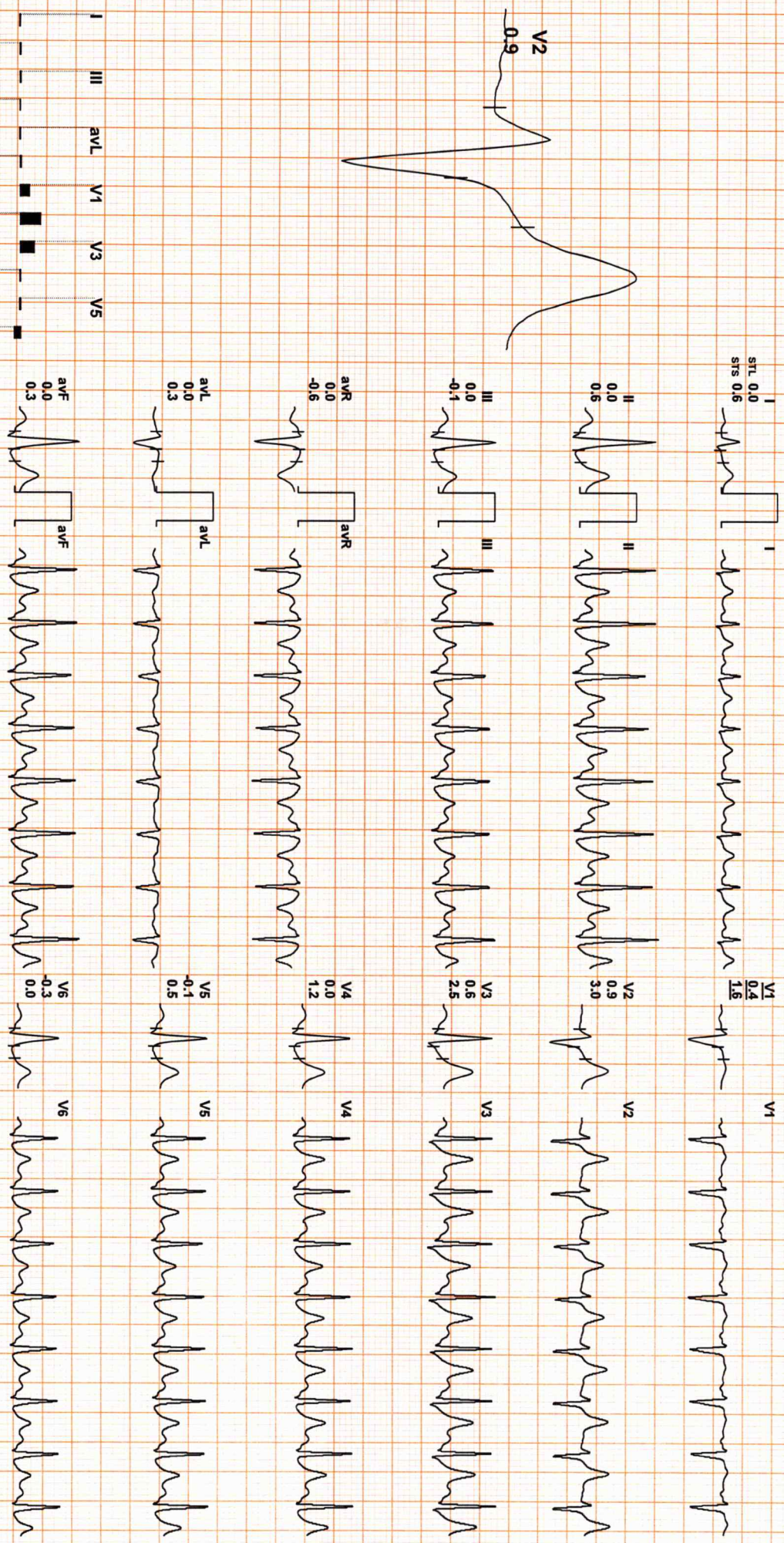
942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 143

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.0/ 143 bpm 76% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:41 0.0 mph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



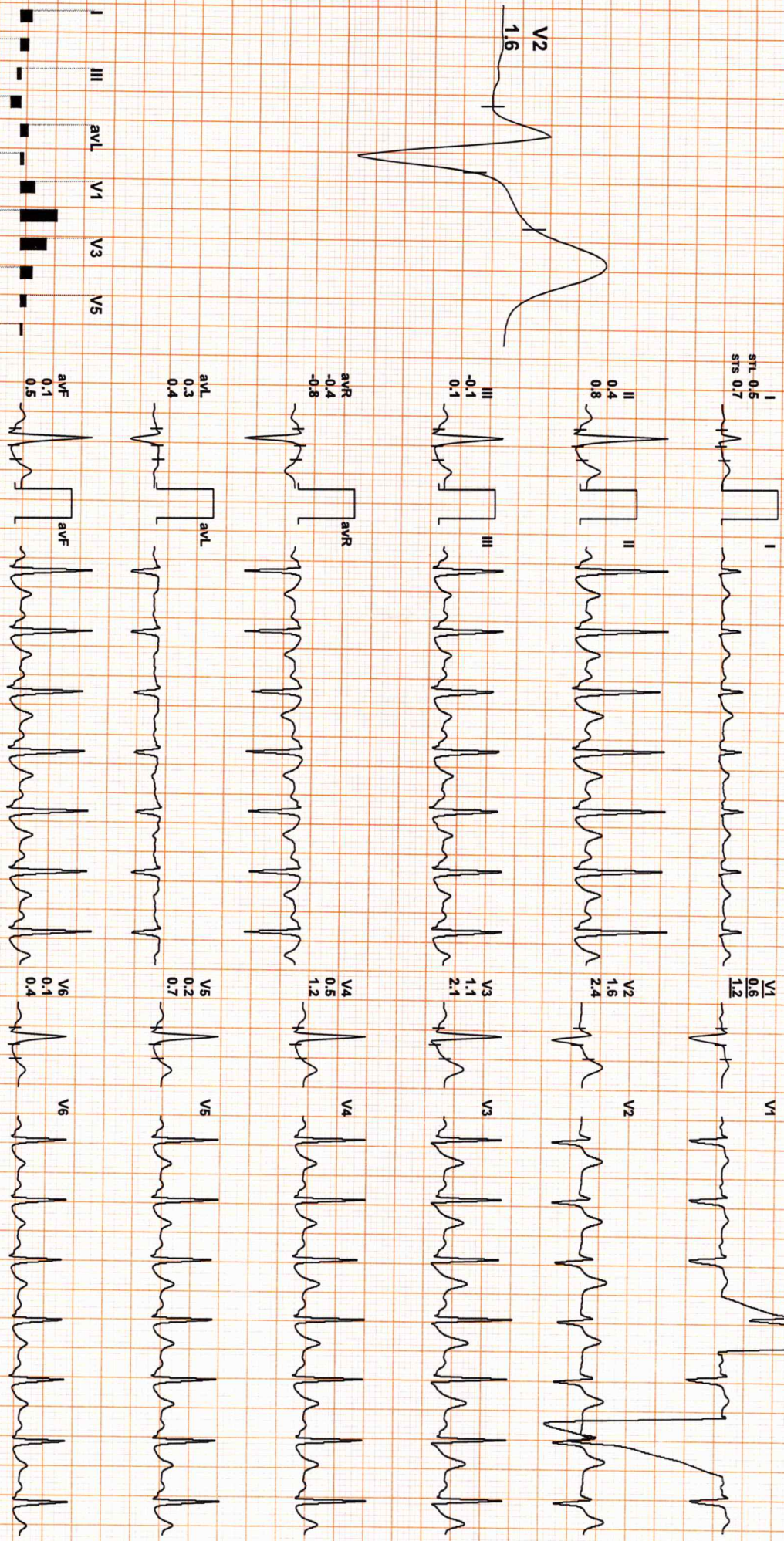
942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 126

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.0/ 126 bpm 67% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 07:41 0.0 mph, 0.0%

25 mm/Sec 1.0 Cm/mV



REMARKS:



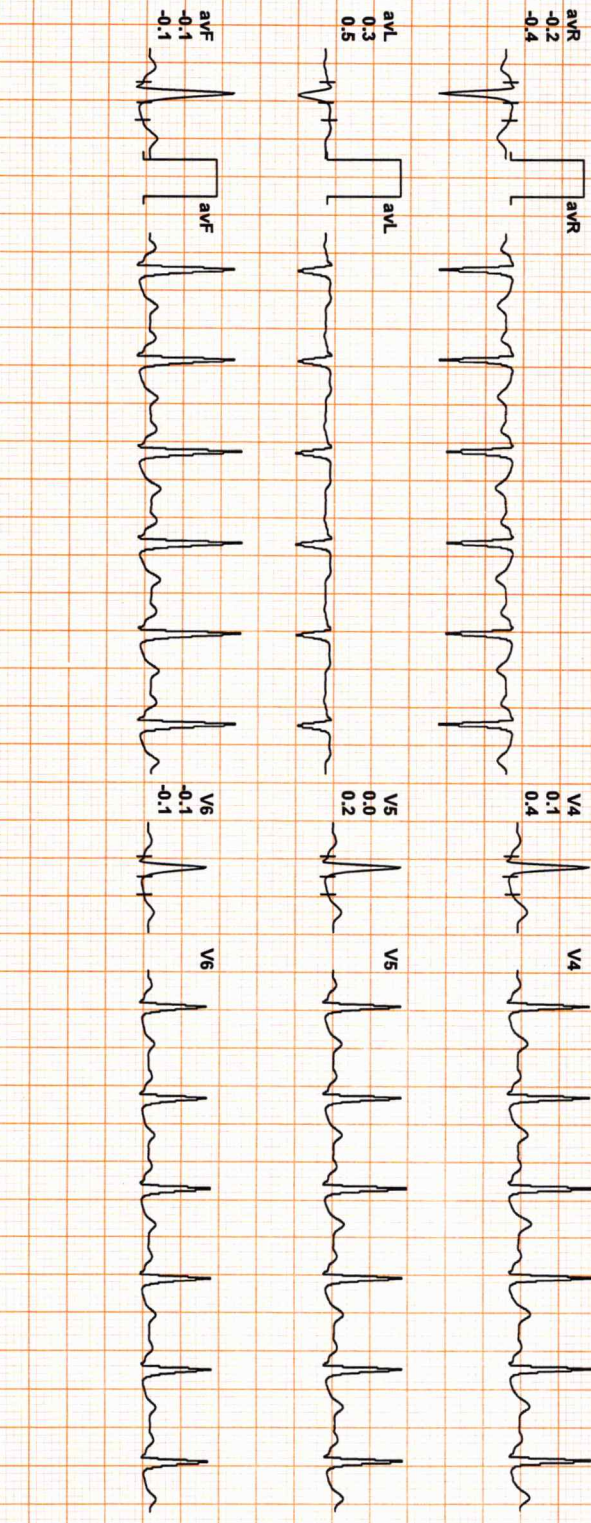
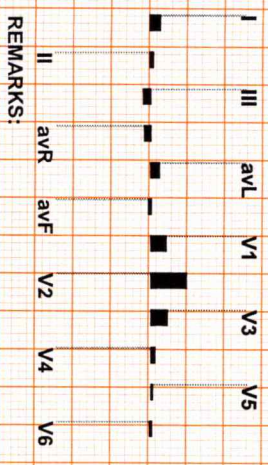
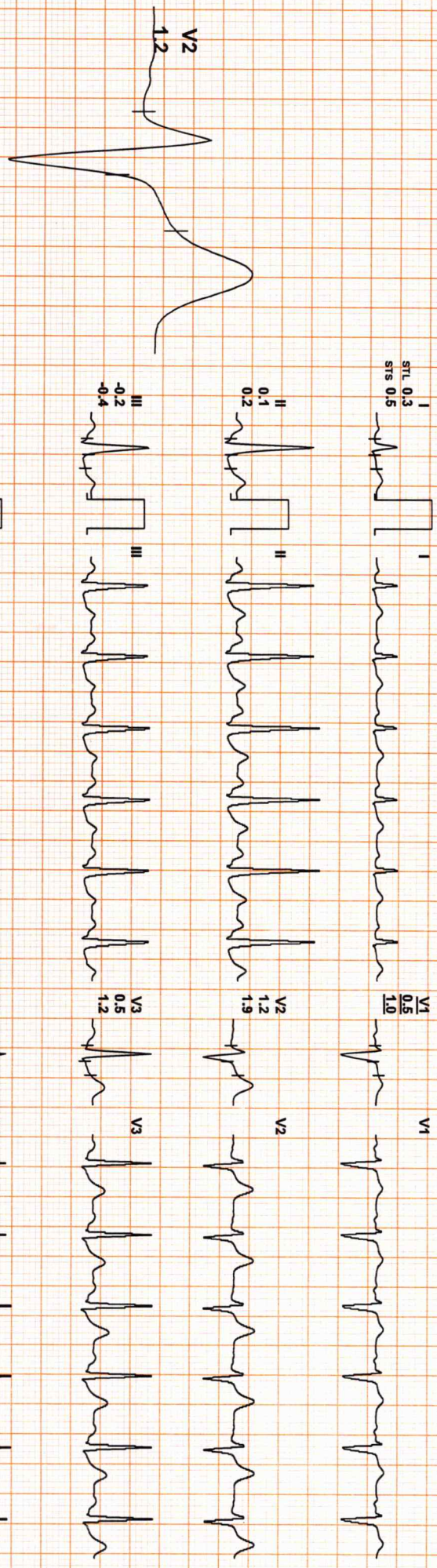
942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 121

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.0/ 121 bpm 64% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 07:41 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



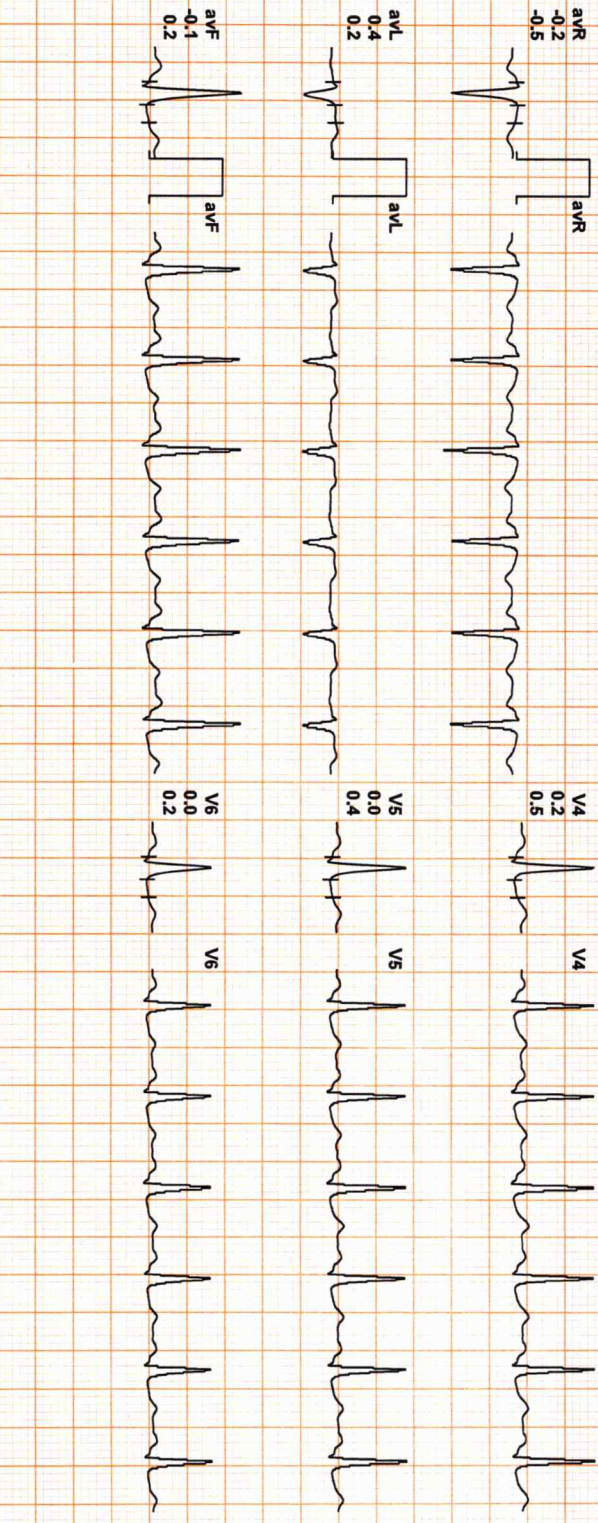
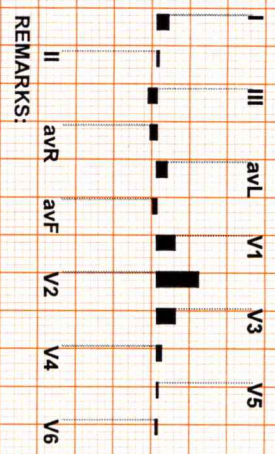
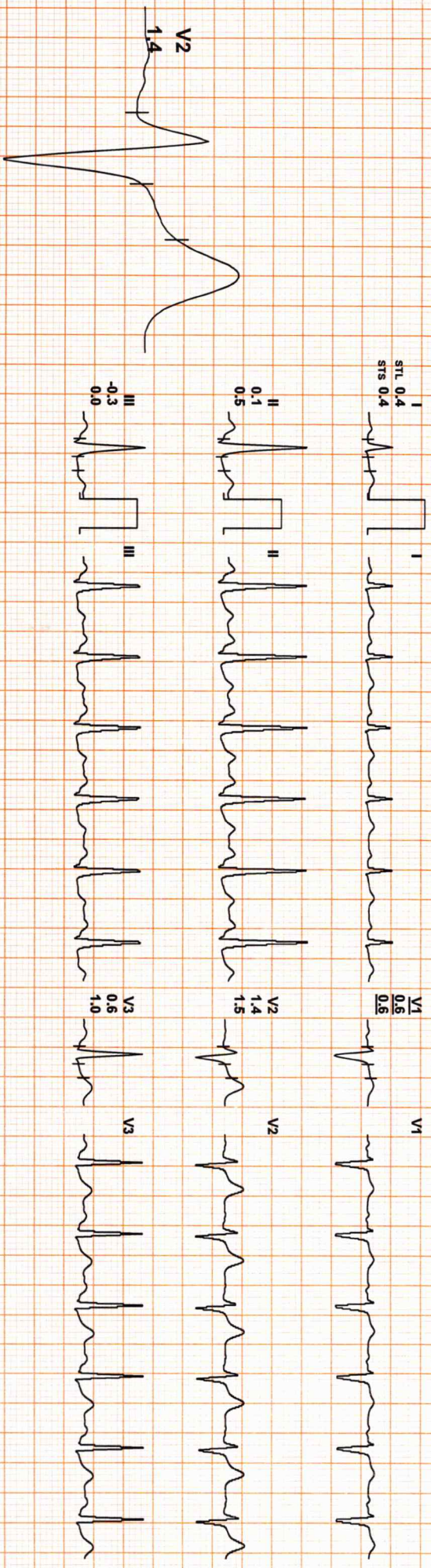
942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 121

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.0/ 121 bpm 64% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:41 0.0 mpm, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



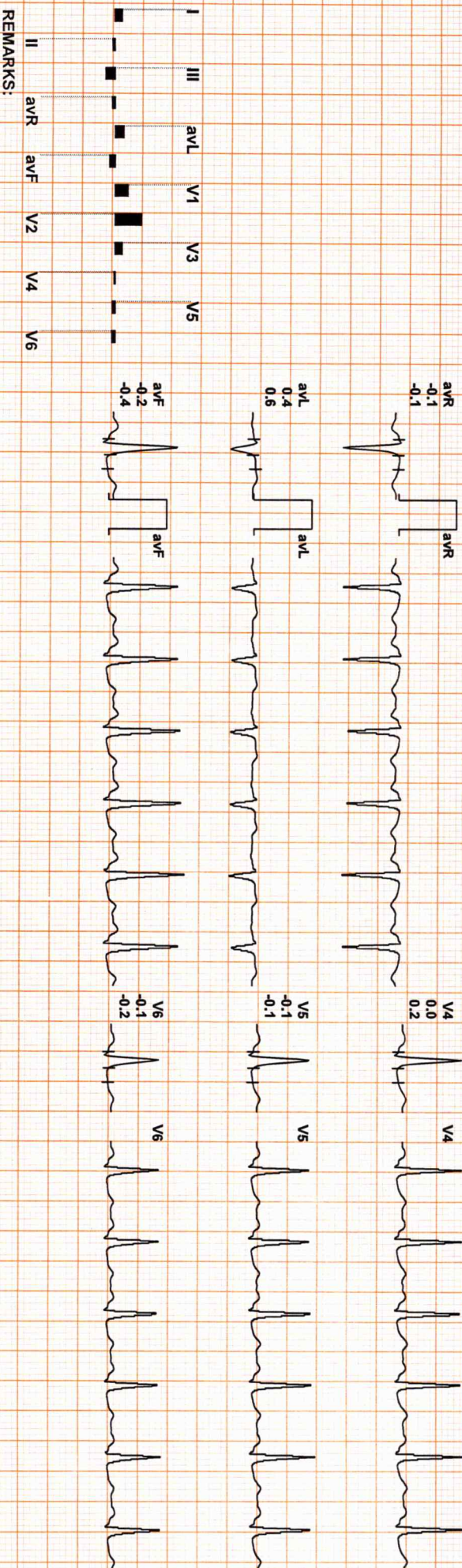
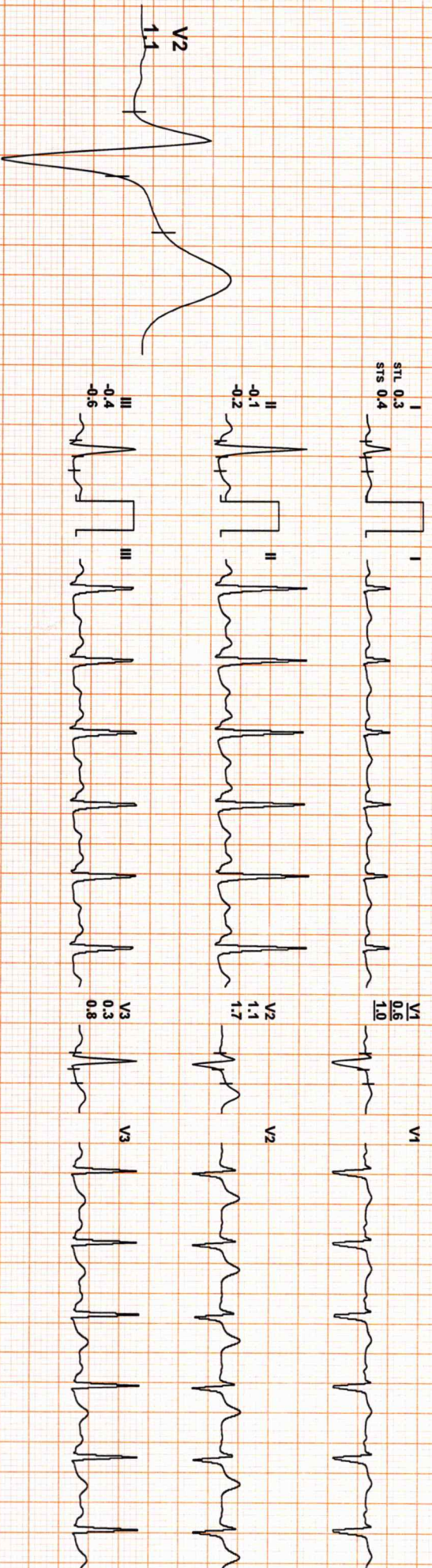
942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 120

Date: 26 / 03 / 2024 10:30:06 AM METS: 1.0/ 120 bpm 63% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:41 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

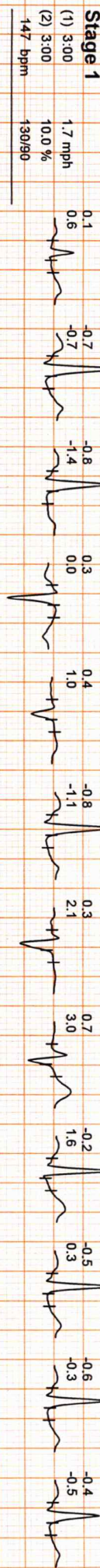
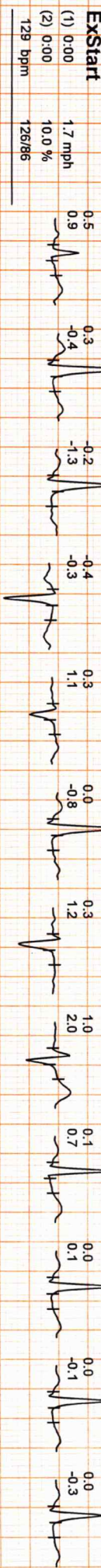
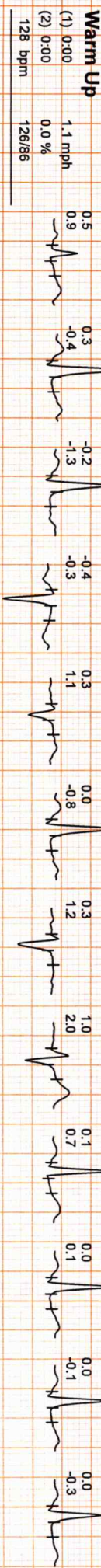
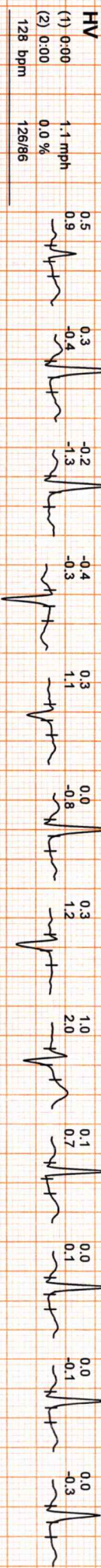
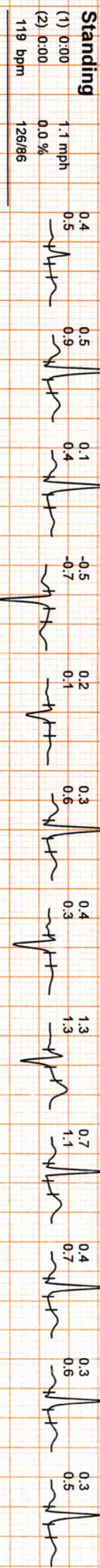
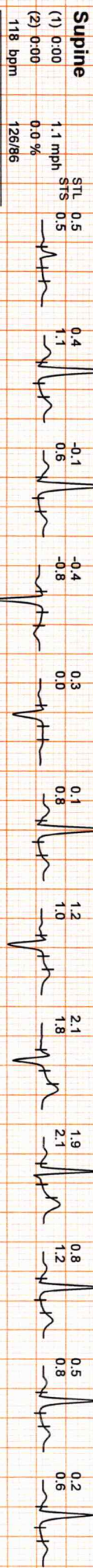


REMARKS:



942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 115

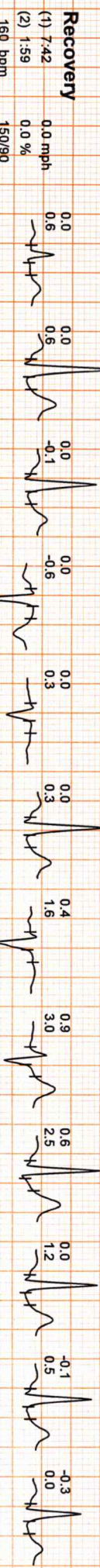
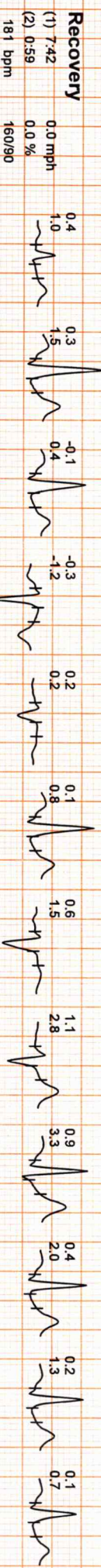
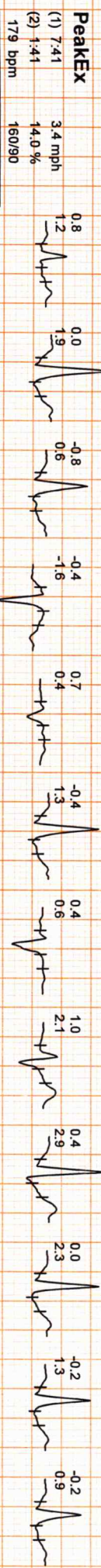
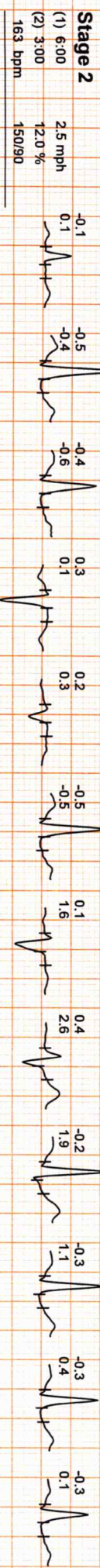
Date: 26 / 03 / 2024 10:30:06 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 115

Date: 26 / 03 / 2024 10:30:06 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

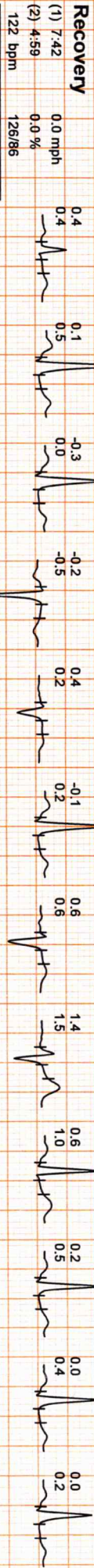




942 (113) / MR VINOD KUMAR NAGAR 31 / 31 Yrs / M / 0 Cms / 0 Kg / HR : 115

Date: 26 / 03 / 2024 10:30:06 AM

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



Dr. Goyal's

Path Lab & Imaging Centre



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

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 26/03/2024 09:01:35

Patient ID :-12236591

NAME :- Mr. VINOD KUMAR NAGAR

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 9 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 26/03/2024 09:07:51

Final Authentication : 26/03/2024 13:33:54

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.8

%

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 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

Method:- Calculated Parameter

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

SURAJ
Technologist

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MC 5509

Date :- 26/03/2024 09:01:35

Patient ID :-12236591

NAME :- Mr. VINOD KUMAR NAGAR

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 9 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 26/03/2024 09:07:51

Final Authentication : 26/03/2024 13:33:54

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.6	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.49	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	67.2	%	40.0 - 80.0
LYMPHOCYTE	26.1	%	20.0 - 40.0
EOSINOPHIL	2.4	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.37	10 ³ /uL	1.50 - 7.00
LYMPH#	1.70	10 ³ /uL	1.00 - 3.70
EO#	0.15	10 ³ /uL	0.00 - 0.40
MONO#	0.25	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.09	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	44.00	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	86.5	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.6 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	30.8 L	g/dL	31.5 - 34.5
PLATELET COUNT	211	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	16.99		

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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Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	34 H	mm/hr.	00 - 13

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

Instrument Name : Independet 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

or connective tissue disease. **MCH, MCV, MCHC, MENTZER INDEX** are calculated. **Instrument Name**: Sysmex 6 part fully automatic analyzer XN-L, Japan.

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 Company :- MediWheel

Patient ID :- 12236591
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM Sample Collected Time 26/03/2024 09:07:51 Final Authentication : 26/03/2024 12:36:11

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	197.49	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	224.42 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	31.99	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	128.10	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	44.88	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.17 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.00 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	690.17	mg/dl	400.00 - 1000.00

TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

TRIGLYCERIDES InstrumentName:Radox 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 HDL CHOLESTEROL InstrumentName:Radox 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:Radox 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

SURENDRAXHANGA

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Sex / Age :- Male 31 Yrs 9 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/03/2024 09:07:51

Final Authentication : 26/03/2024 12:36:11

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.48	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1 month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.16	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.32	mg/dl	0.30-0.70
SGOT Method:- IFCC	28.0	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	34.6	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	102.40	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	26.70	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.91	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.58	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.33	gm/dl	2.20 - 3.50
A/G RATIO	1.38		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)

SURENDRAKHANGA

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Date :- 26/03/2024 09:01:35

Patient ID :-12236591



NAME :- Mr. VINOD KUMAR NAGAR

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 9 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/03/2024 09:07:51

Final Authentication : 26/03/2024 13:33:24

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.350	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	10.400	ug/dl	6.530 - 13.210
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.010	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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Date :- 26/03/2024 09:01:35

Patient ID :-12236591

NAME :- Mr. VINOD KUMAR NAGAR

Ref. By Dr:- BOB

Sex / Age :- Male 31 Yrs 9 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 26/03/2024 09:07:51

Final Authentication : 26/03/2024 13:56:37

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.0		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.010		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
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/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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Date :- 26/03/2024 09:01:35 Patient ID :-12236591
NAME :- Mr. VINOD KUMAR NAGAR Ref. By Dr:- BOB
Sex /Age :- Male 31 Yrs 9 Mon 4 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Oxalate, Urine
Sample Date Time :- 26/03/2024 09:07:51

Final Authentication : 26/03/2024 15:10:02

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 94.7 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) 113.9 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 1.06 mg/dl Men - 0.6-1.30
Method:- Colorimetric Method Women - 0.5-1.20
SERUM URIC ACID 8.40 H mg/dl Men - 3.4-7.0
Method:- Enzymatic colorimetric Women - 2.4-5.7

SURENDRAKHANGA

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Company :- MediWheel

Sample Type :- EDTA, URINE

Sample Collected Time 26/03/2024 09:07:51

Final Authentication : 26/03/2024 13:56:37

HAEMATOLOGY

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

SURAJ, VIJENDRAMEENA
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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/03/2024 09:07:51

Final Authentication : 26/03/2024 12:36:11

BIOCHEMISTRY

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

*** End of Report ***

SURENDRAKHANGA

Page No: 12 of 12



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NAME :- Mr. VINOD KUMAR NAGAR
Sex / Age :- Male 31 Yrs 9 Mon 4 Days
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Patient ID :- 12236591
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 26/03/2024 10:00:49

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Bilateral mild apical pleural thickening is seen (R>L).

Rest of lung fields appears clear.

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.

Please correlate clinically



Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI
(RMC No. 33613 / 14911)

*** End of Report ***

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

Transcript by.



Date :- 26/03/2024 09:01:35
NAME :- Mr. VINOD KUMAR NAGAR
Sex / Age :- Male 31 Yrs 9 Mon 4 Days
Company :- MediWheel

Patient ID :- 12236591
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 26/03/2024 11:16:43

BOB PACKAGE-BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary bladder is 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 enlarged nodes are visualised. No retro-peritoneal lesion is identified
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* Normal study

Needs clinical correlation.

*** End of Report ***