

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : RAVI KUMAR

Age / Gender : 34 years / Male

Endo ID : 184688

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 27, 2024, 02:43 p.m.

Reported Date & Time : Apr 27, 2024, 03:34 p.m.

Sample ID :



241180118

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

BIOCHEMISTRY

| | | | |
|--|-------|-------|----------|
| Blood Glucose-Post Prandial Method : Hexokinase | 110.0 | mg/dL | 70 - 140 |
|--|-------|-------|----------|

END OF REPORT

Handwritten signature

Dr. Kusum Heda
M.D.(Patho.)

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

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Age / Gender : 34 years / Male

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Referral : MEDIWHEEL



Collected Date & Time : Apr 27, 2024, 10:59 a.m.

Reported Date & Time : Apr 27, 2024, 01:13 p.m.

Sample ID :



241180030

| Test Description | Value(s) | Unit(s) | Reference Range |
|-----------------------------------|----------|---------------------|-----------------|
| HAEMATOLOGY | | | |
| Hemoglobin (HB) | 10.7 | gm/dl | 13.5 - 18.0 |
| Erythrocyte (RBC) Count | 6.00 | mil/cu.mm | 4.7 - 6.0 |
| Packed Cell Volume (PCV) | 38.5 | % | 42 - 52 |
| Mean Cell Volume (MCV) | 64.2 | FL | 78 - 100 |
| Mean Cell Haemoglobin (MCH) | 17.8 | Pg | 27 - 31 |
| Mean Corpuscular Hb Concn. (MCHC) | 27.7 | g/dl | 32 - 36 |
| Red Cell Distribution Width (RDW) | 16.7 | % | 11.5 - 14.0 |
| Total Leucocytes Count (WBC) | 7200 | Cell/cu.mm | 4000 - 10000 |
| Neutrophils | 65 | % | 40 - 80 |
| Lymphocytes | 27 | % | 20 - 40 |
| Monocytes | 05 | % | 2 - 10 |
| Eosinophils | 03 | % | 1-6 |
| Basophils | 00 | % | 0-1 |
| Mean Platelet Volume (MPV) | 9.8 | fL | 7.2 - 11.7 |
| PCT | 0.25 | % | 0.2 - 0.5 |
| Platelet Count | 259 | 10 ³ /ul | 150 - 450 |

END OF REPORT

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HAEMATOLOGY

| | | | |
|-----|----|----|--------|
| ESR | 18 | mm | 0 - 20 |
|-----|----|----|--------|

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Collected Date & Time : Apr 27, 2024, 10:59 a.m.

Reported Date & Time : Apr 27, 2024, 12:31 p.m.

Sample ID :



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|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

CLINICAL PATHOLOGY

URINE ROUTINE

General Examination

| | | | |
|---------------------------|-------------|--|-------------------|
| Colour | Pale yellow | | Pale Yellow |
| Transparency (Appearance) | Clear | | Clear |
| Reaction (pH) | Acidic | | Acidic / Alkaline |
| Specific gravity | 1.010 | | 1.005-1.030 |

Chemical Examination

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

Microscopic Examination

| | | | |
|--------------------|--------|------|--------|
| Pus cells (WBCs) | 1-2 | /hpf | 0-4 |
| Epithelial cells | 2-3 | /hpf | 0-5 |
| Red blood cells | NIL | /hpf | NIL |
| Crystals | Absent | | Absent |
| Cast | Absent | | Absent |
| Amorphous deposits | Absent | | Absent |
| Bacteria | Absent | | Absent |
| Yeast cells | Absent | | Absent |
| Other | Absent | | Absent |

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Collected Date & Time : Apr 27, 2024, 10:59 a.m.

Reported Date & Time : Apr 27, 2024, 12:46 p.m.

Sample ID :



241180030

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

'O' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

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

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BIOCHEMISTRY

LIPID PROFILE

| | | | |
|---|-------|-------|---|
| Cholesterol Total | 161.0 | mg/dL | 130 -250 |
| Method : ENZYMETIC COLORIMETRIC METHOD CHOD - PCD | | | |
| Triglycerides | 119.2 | mg/dL | 60 -170 |
| Method : ENZYMETIC COLORIMETRIC | | | |
| HDL Cholesterol | 43.1 | mg/dL | Normal: 40-60 Major Risk for Heart: > 60 |
| Method : PHOSPHOTUNGSTIC ACID | | | |
| VLDL Cholesterol | 23.84 | mg/dL | 6 - 38 |
| Method : Calculated | | | |
| LDL Cholesterol | 94.06 | mg/dL | Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190 |
| Method : Calculated | | | |
| CHOL/HDL Ratio | 3.74 | | 2.6-4.9 |
| Method : Calculated | | | |
| LDL/HDL Ratio | 2.18 | | 0.5-3.4 |
| Method : Calculated | | | |

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Sample ID :



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|------------------|----------|---------|-----------------|

BIOCHEMISTRY

LIVER FUNCTION TEST

| | | | |
|--|------|-------|--------------------------|
| Bilirubin - Total | 0.92 | gm/dl | 0.0 - 1.20 |
| Bilirubin - Direct | 0.23 | mg/dL | 0.00 - 0.30 |
| Bilirubin - Indirect | 0.69 | mg/dL | 0.1 - 1.0 |
| Method : Calculated | | | |
| ASPARTATE AMINO TRANSFERASE (SGOT-AST) | 19.9 | U/L | 5.0-40.0 |
| Method : IFCC with Serum | | | |
| ALANINE AMINO TRANSFERASE (SGPT-ALT) | 22.7 | U/L | 5.0 - 40.0 |
| Method : IFCC with POD Serum | | | |
| Alkaline Phosphatase | 91.0 | U/L | MALE & FEMALE |
| Method : IFCC with Serum | | | 4-19 YEAR: 54-369 U/L |
| | | | 20-59 YEAR: 42-98 U/L |
| | | | >60 YEAR: 53-141 U/L |
| Total Protein | 6.85 | g/dL | 6.00 - 8.00 |
| Method : Biuret, with Serum | | | |
| Albumin | 4.43 | g/dL | 3.40 - 5.50 |
| Method : Tech; BCG with Serum | | | |
| Globulin | 2.42 | g/dL | 1.5 - 3.5 |
| Method : Calculated | | | |
| A/G Ratio | 1.83 | | 1.5 - 2.5 |
| Method : Calculated | | | |

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|------------------|----------|---------|-----------------|

HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

4.9

%

> 8% Action Suggested

7 - 8 % Good Control

6 - 7 % Near Normal Glycemia

< 6% Normal level

BLOOD

Method : Nephelometry Methodology

Instrument: Mispa i2

Clinical Information:

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

AVERAGE BLOOD GLUCOSE

93.93

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

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| IMMUNOLOGY | | | |
| T3-Triiodothyronine Method : CHEMILUMINESCENCE | 1.25 | ng/mL | 0.60-1.81 |
| T4-Thyroxine Method : CHEMILUMINESCENCE | 9.2 | ug/dL | 4.5 - 10.9 |
| TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE | 2.30 | uIU/mL | 0.35 - 5.50 |

Interpretation:

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

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| BIOCHEMISTRY | | | |
| Urea | 18.8 | mg/dL | 10.0 - 40.0 |
| Method : Uricase | | | |
| CREATININE | 0.73 | mg/dL | 0.60 - 1.40 |
| Method : Serum, Jaffe | | | |

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BIOCHEMISTRY

| | | | |
|--------------------------------|-----|-------|---------|
| Uric Acid | 4.2 | mg/dL | 3.5-7.0 |
| Method : Uricase, Colorimetric | | | |

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BIOCHEMISTRY

| | | | |
|-----------------------|-----|-------|--------------|
| Calcium | 9.6 | mg/dL | 8.50 - 10.20 |
| Method : Arsenazo III | | | |

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BIOCHEMISTRY

| | | | |
|---|-------|-------|------------|
| Glucose fasting Method : Fluoride Plasma-F, Hexokinase | 100.0 | mg/dL | 70.0-110.0 |
|---|-------|-------|------------|

END OF REPORT

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M.D.(Patho.)

5 Seconds ECG Report

Patient Name: Mr. MR RAVI KUMAR 34/M

April 27, 2024

Time: 10:35:50

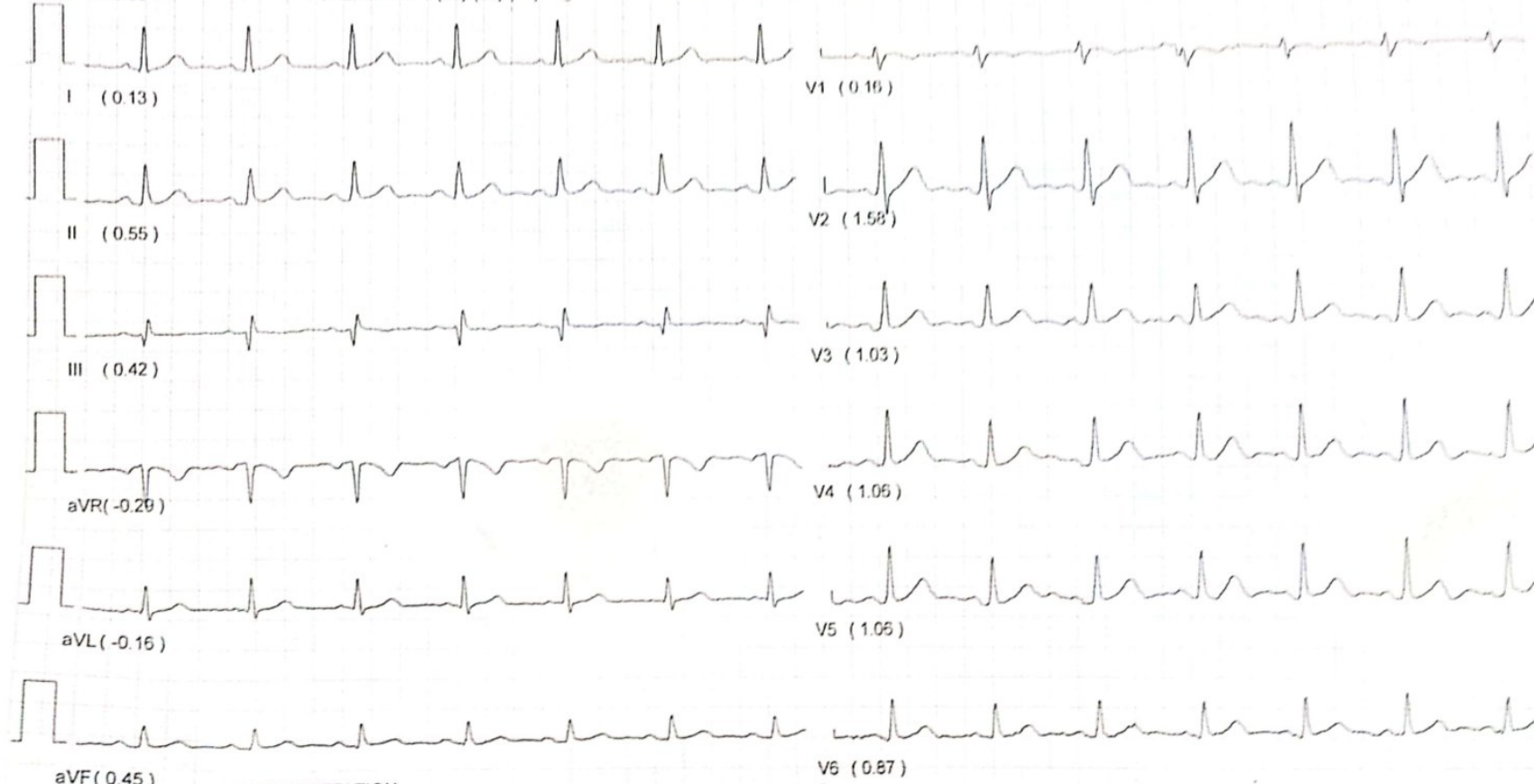
PR Interval: 0.14 sec

RR Interval: 0.70 sec

HR: 84 bpm BP: 97/9 mmHg

P-QRS-T Axis (28) (32) (36) deg

QRS Duration: 0.116 Sec



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QT interval, QRS Axis is normal,
Wide QRS, T wave inversion in Lead V1,
ECG not normal

DR
MD

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.5/1.13

*Unconfirmed Reporting, Refer to Clinician

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GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

USG ABDOMEN-PELVIS

NAME – Mr Ravi Kumar AGE-- 34 Yrs Date -- 27-Apr-24
REF BY -- Mediwheel

LIVER : is **enlarged and bright 14.8 cms** and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

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

SPLEEN: normal in size and shows normal echopattern.

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

RT.KIDNEY- Normal in size, shape and position . Measures :-- 11.0 x 4.9 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen

LT. KIDNEY- Normal in size, shape and position. Measures :-- 11.2 x 5.2 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.

A Calculus Of Size 4.5 mm is Seen in middle calyx.

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

PROSTATE: is Normal in size 16.8 gms and shows normal homogeneous echotexture

IMPRESSION:-

- **Enlarged fatty liver.**
- **Left Renal Calculus.**
- **Rest of the abdominal organs are within normal limits.**

(Adv- clinical correlation , further evaluation)

Please note :- This is professional opinion only and not the final diagnosis as science of radiology is based on interpretation of various shadows produced by both normal and abnormal structures . Dissimilar diverse diseases may produce similar shadows and vice versa , hence no us finding is path genomic . All findings are only S/O , hence advice These findings are observations at the time of study. Findings can change any time. In case of any disparity between clinical and sonography, X ray findings. Please send patient again for review Free of Cost This report is not valid for medico-legal purpose subject to Ajmer and jurisdiction only.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
977115000

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

ER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY MAMMOGRAPHY

YOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND

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NAME : Mr Ravi Kumar
AGE : 34 yrs
SEX : Male

DATE : 27-Apr-24

REF BY : Mediwheel

INTERPRETATION SUMMARY

- NORMAL CHAMBER DIMENSIONS
- INTACT IAS/ IVS
- ALL VALVES ARE NORMAL.
- MILD TR
- RVSP 30 MM HG
- NO RWMA : LVEF 60 %
- NO CLOT, VEGITATION.
- NO PERICARDIAL EFFUSION
- NORMAL PERICARDIUM .
- SIZE OF MAIN PULMONARY ARTERY 20 MM

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

| | | | |
|---------------------|------|-------------------|-----|
| LVID d | 48.4 | LVEDV | |
| LVID s | 32.2 | LVESV | |
| RVID(d) | --- | SV | |
| IVS d | 9.6 | F.S | - |
| IVS S | 13.3 | EF | 32% |
| LVPW d | 9.0 | C.O | 60% |
| LVPWS | 13.0 | MITRAL VALVE | - |
| AORTIC ROOT | 31.9 | EF SLOPE | - |
| LEFT ATRIUM | 33.1 | OPENING AMPLITUDE | - |
| AORTIC CUSP OPENING | - | E.P.S.S | - |

DOPPLER MEASUREMENTS & CALCULATIONS:


| STRUCTURE | MORPHOLOGY | VELOCITY(cm/sec.) | GRADIENT P/M | REGURGITATION |
|-----------------|------------|-------------------|--------------|---------------|
| MITRAL VALVE | NORMAL | E-101 A- 66 | - | NIL |
| TRICUSPID VALVE | NORMAL | 229 | - | MILD |
| PUL VALVE | NORMAL | 124 | - | NIL |
| AORTIC VALVE | NORMAL | 128 | - | NIL |

| | |
|----------------------------|--------------------------------|
| PULMONARY ARTERY | MITRAL VALVE AREA (BY P 1/2 T) |
| PEAK ACCELERATION TIME | PRESSURE HALF TIME |
| SYSTOLIC PRESSURE 30 MM HG | MVA |

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

amr fin - 0



 GPS Map Camera



Ajmer, Rajasthan, India

FJ9M+WJW, opp. JLN Hospital, Kala Bagh, Ajmer, Rajasthan 305001, India

Lat 26.469896°

Long 74.634001°

27/04/24 11:01 AM GMT +05:30

 CS CamScanner

 CS CamScanner

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O. नारायण लाल, 602/33,
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 तोपदारा अजमेर, अजमेर, अजमेर, अजमेर,
 राजस्थान, 305001

Address: S/O: Narayan Lal,
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Dr. ROOPA GOYAL (M.B.B.S., M.D.)
 Consultant Radiologist & Sonologist
 RMC No. 1947, Bungalohi, Ajmer

भारत सरकार
GOVERNMENT OF INDIA



रवि कुमार
 Ravi Kumar
 जन्म वर्ष / Year of Birth : 1989
 पुरुष / Male



3506 4357 8335

आधार — आम आदमी का अधिकार

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

M.D (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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

NAME- RAVI KUMAR

AGE --34 YRS

DATE- 24/04/24

REF.BY--

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR
CARDIAC SIZE IS WITHIN NORMAL LIMITS
LUNG FIELDS ARE CLEAR

NAD IN HEART AND LUNGS

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