Dr. Goyal's
Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019
Tele : 0141-2293346, 4049787, 988704978
Website: www. drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

General Physical Examination

Date of Examination: 07-04-24.

Name: Chandra Kishore Sharma Age: 59 Sex: Male,

DOB: 01.12.1964.

Referred By: BOB.

Photo ID: Aadhar ID #: attached

Ht: 162. (cm) Wt: 83. (Kg)

Chest (Expiration): 100 (cm) Abdomen Circumference: 103. (cm)

Blood Pressure: 126/77 mm Hg PR: 69/ min

BMI 31.6 kg/m2

Eye Examination: D/s vision R.E. 6/9. L.E. 6/6. with specs.
Near vision N/6 with specs. No Glaucoma. blindness.

Other: Not significant.

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

Signature Of Examine : ---------- Name of Examinee: ----------

Signature Medical Examiner : ---------- Name Medical Examiner ----------

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

Conditions of Reporting

1. Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examination to achieve final diagnosis. The result of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used.
2. The reported results are for information and for interpretation of the referring doctor only.
3. Results of tests may very from laboratory to laboratory and also in some parameters time to time for the same patient.
4. In case of collected specimen [S], which are referred to **Dr. GOYALS PATH LAB AND IMAGING CENTRE** from referral center, it is presumed that patient demographic are verified and confirmed at the point of generation of the said specimen [s].
5. Any query from the referring doctor with reference to this report should be directed to **Dr. GOYALS PATH LAB AND IMAGING CENTRE** Jaipur between -2:00 P.M. to 5:00 P. M. on Phone : 0141-4049787,9887049787
6. This report is not valid for any medico -legal purposes.

[redacted]

[redacted]

चन्द्र किशोर शर्मा
Chandra Kishore Sharma
पत्नी : सुनीता शर्मा
Wife : Sunita Sharma
जन्म तिथि / DOB : 01/12/1964
पुरुष / Male

8442 2009 9666

आधार - आम आदमी का अधिकार

[redacted]

[redacted]

पता:
S/O: कैलाश चन्द, 5, साउथ वेस्ट ब्लॉक विस्तार, काला कुआँ हाउसिंग बोर्ड के पास, अलवर, अलवर, राजस्थान, 301001

Address:
S/O: Kailash Chand, 5, South West Block Ext., Near Kala Kuan Housing Board, Alwar, Alwar, Rajasthan, 301001

8442 2009 9666

1947
1800 300 1947
help@uidai.gov.in
www.uidai.gov.in

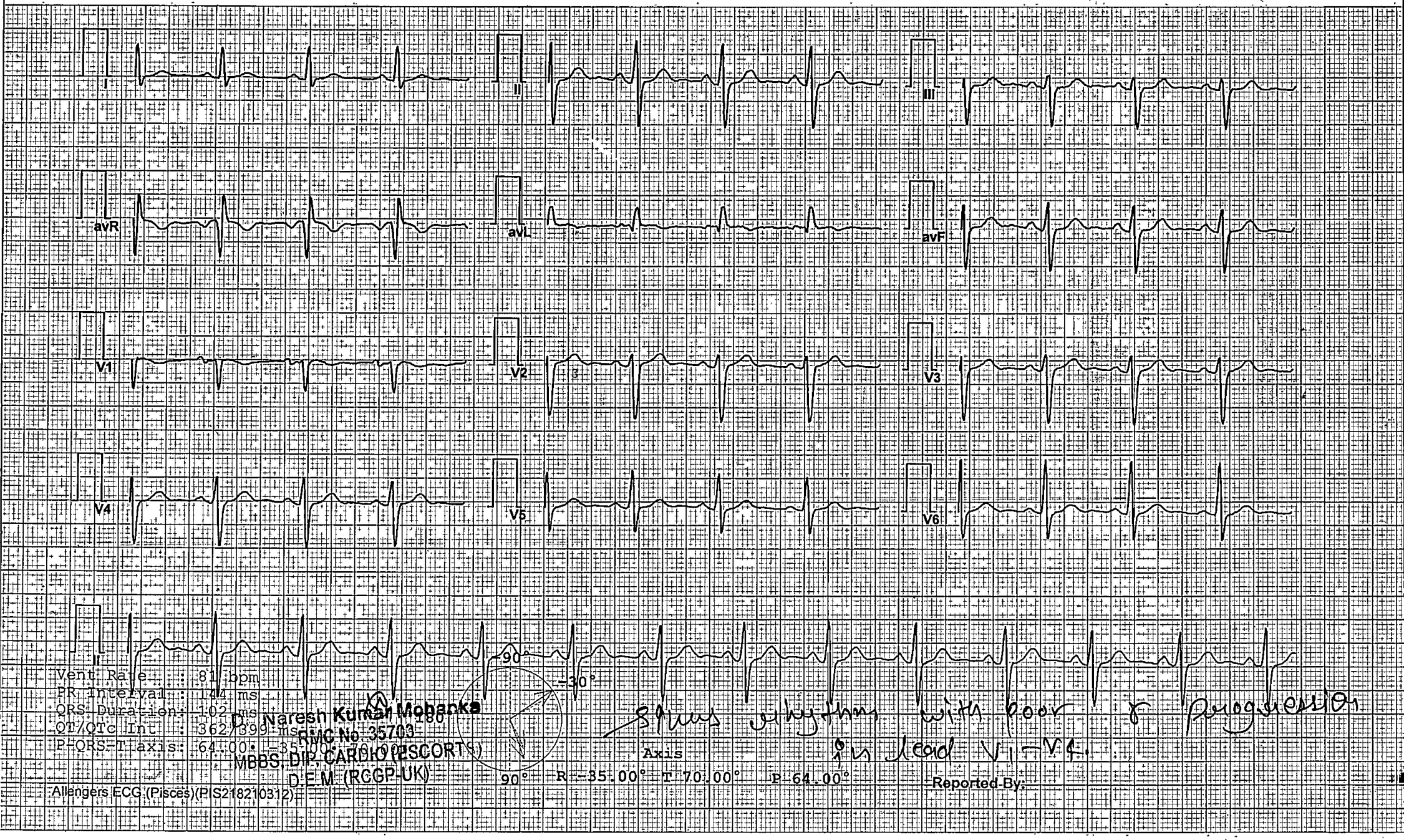
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017996

DR.GOYAL PATH LAB

5203 / MR CHANDRA KISHORE SHARMA / 59 Yrs / M

Heart Rate : 81 bpm / Tested On : 07-Apr-24 10:55:15 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By : BOB

ECG



Sinus rhythm with poor R progression in lead V1-V4.

Vent. Rate : 81 bpm
PR Interval : 144 ms
QRS Duration : 102 ms
QT/QTc Int : 362/399 ms
P-QRS-T axis : 64 00° -35 00° 70 00°

Dr. Naresh Kumar Mohanka
RMC No. 35703
MBBS, DIP. CARDIO (ESCORTS)
D.E.M (RCGP-UK)

Reported By:

Allengers ECG (Pisces)(PIS218210312)

DR . GOYALS PATH LAB & IMGING CENTRE

SODALA JAIPUR RAJ. EMail:

Report

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / NonSmoker
Date: 07 / 04 / 2024 10:56:03 AM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	01.1	00.0	01.0	079	49 %	120/80	094	00	
Standing	00:23	0:17	01.1	00.0	01.0	081	50 %	120/80	097	00	
HV	01:39	1:16	01.1	00.0	01.0	083	52 %	120/80	099	00	
Warm Up	02:19	0:40	01.1	00.0	01.0	085	53 %	120/80	102	00	
ExStart	03:15	0:56	01.0	00.0	01.0	099	61 %	120/80	118	00	
BRUCE Stage 1	06:15	3:00	01.7	10.0	04.7	141	88 %	125/85	176	00	
BRUCE Stage 2	09:15	3:00	02.5	12.0	07.1	169	105 %	135/85	228	00	
PeakEx	09:22	0:07	03.4	14.0	07.2	169	105 %	135/85	228	00	
Recovery	10:22	1:00	00.0	00.0	01.2	144	89 %	140/90	201	00	
Recovery	11:22	2:00	00.0	00.0	01.0	121	75 %	135/85	163	00	
Recovery	12:22	3:00	00.0	00.0	01.0	113	70 %	125/85	141	00	
Recovery	13:22	4:00	00.0	00.0	01.0	110	68 %	120/80	132	00	
Recovery	13:53	4:31	00.0	00.0	01.0	109	68 %	120/80	130	00	

FINDINGS :

Exercise Time	: 06:07
Max HR Attained	: 169 bpm 105% of Target 161
Max BP Attained	: 140/90 (mm/Hg)
Max WorkLoad Attained	: 7.2 Fair response to induced stress
Test End Reasons	: Test Complete, Heart Rate Achieved

TMT is Negative for RMI

REPORT :

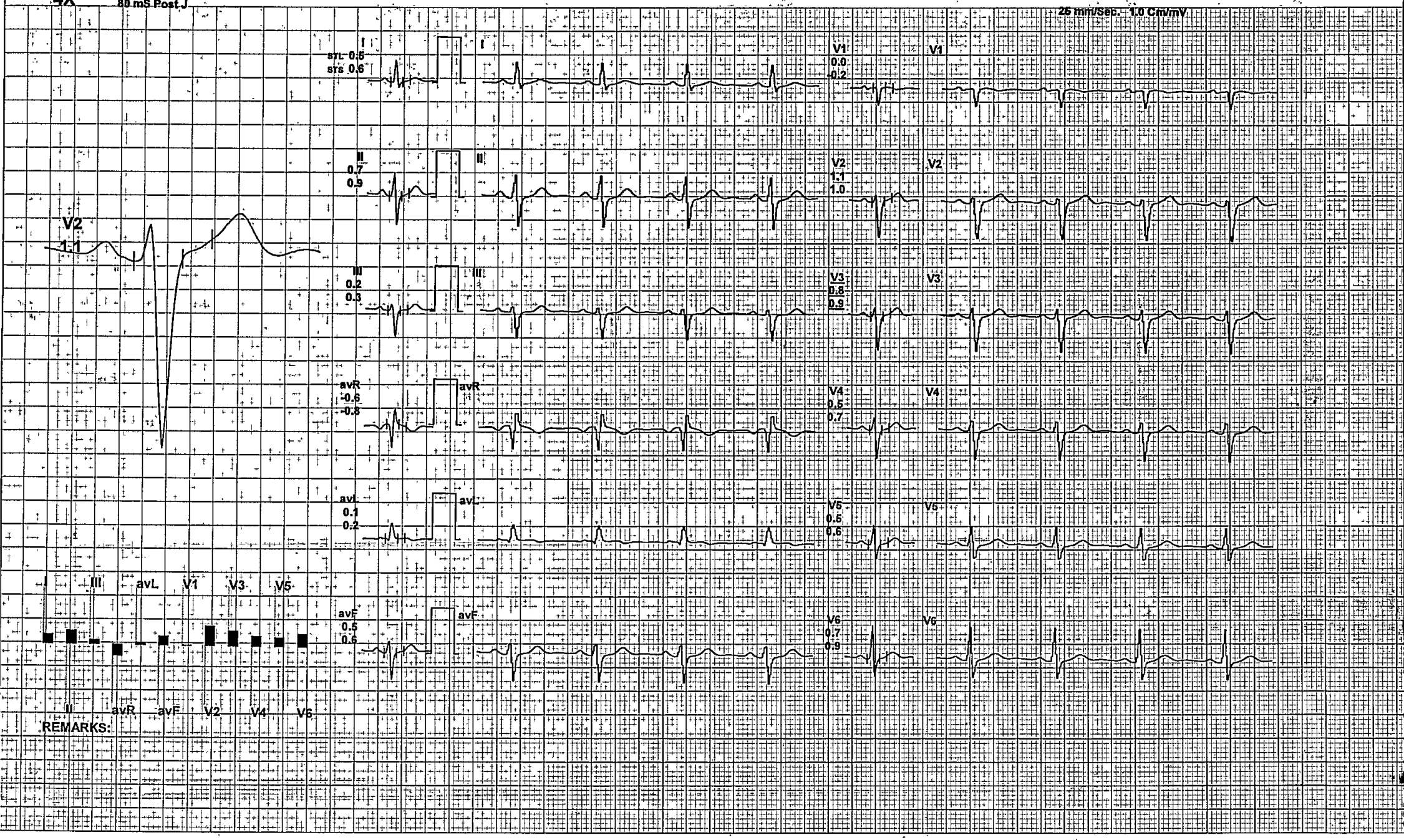
Dr. Naresh Kumar Mohanka
RMC No 35703
MBBS, DIP, CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

DR. GOYALS PATH LAB & IMGING CENTRE

BRUCE:Supine(0:07)

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 79

Date: 07 / 04 / 2024 10:56:03 AM METS: 1.0/ 79 bpm 49% 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%



REMARKS:

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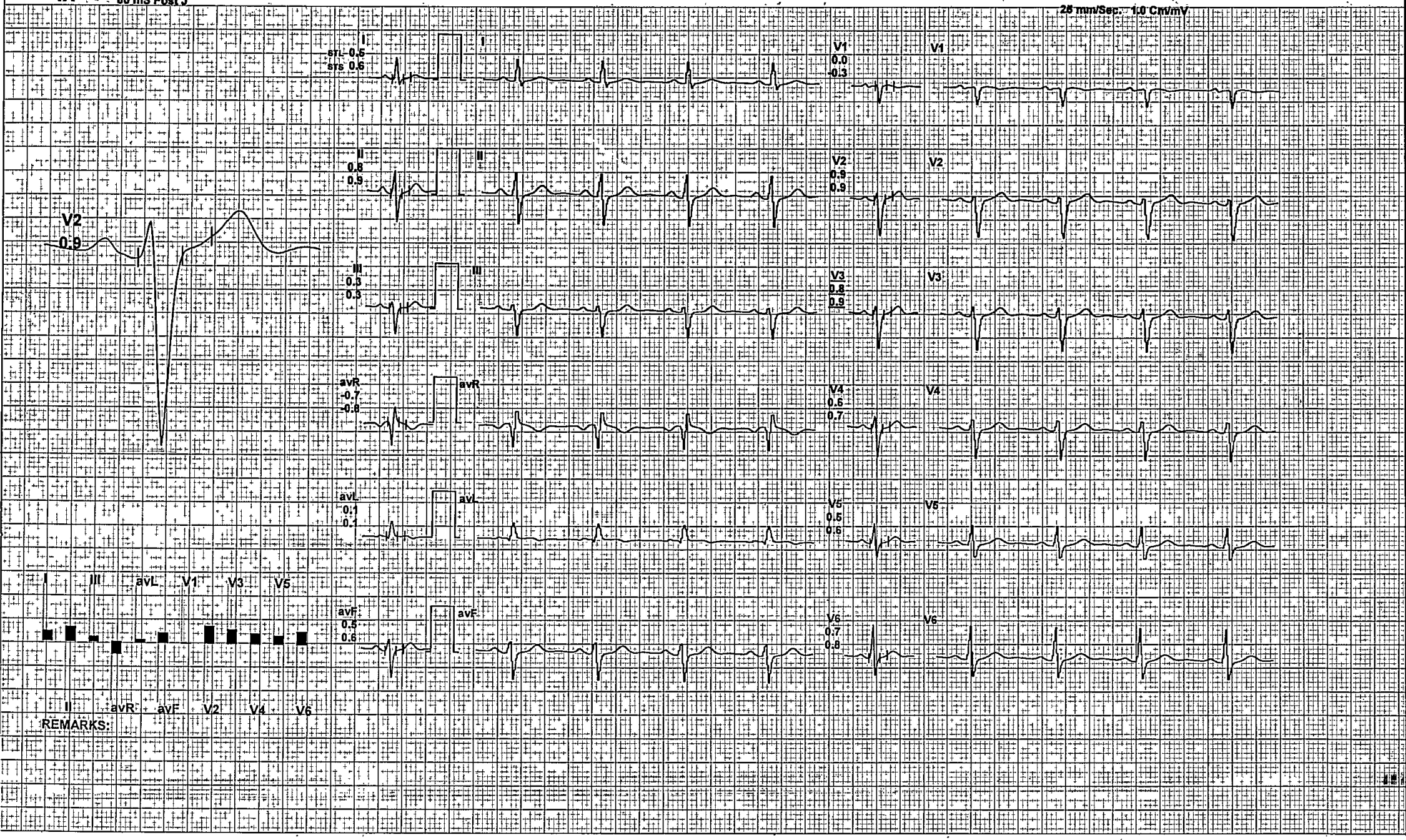
BRUCE:Standing(0:17)

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 81

Date: 07 / 04 / 2024 10:56:03 AM METS: 1.0/ 81 bpm 50% 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%



REMARKS:

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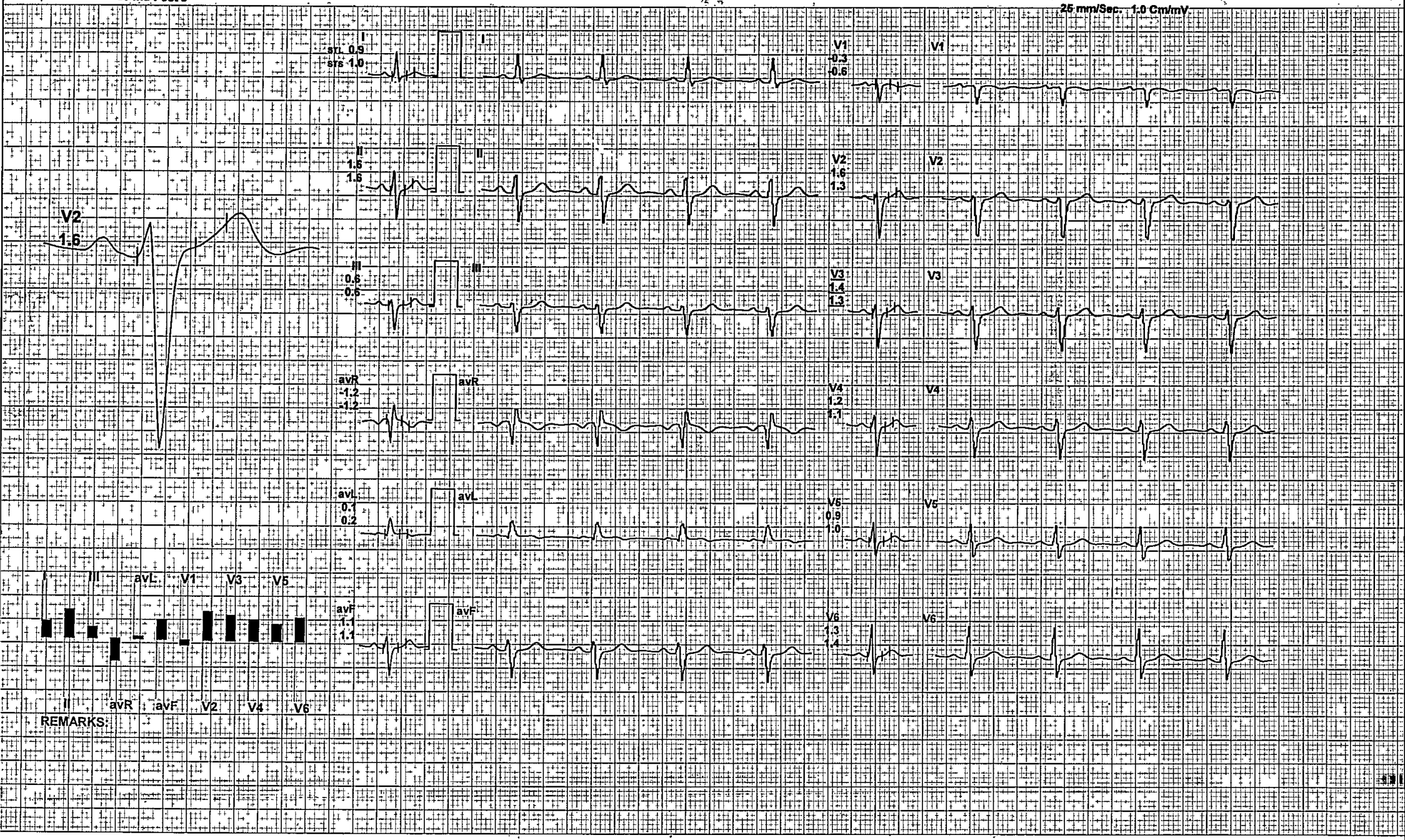
BRUCE:HV(1:16)

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 83

Date: 07 / 04 / 2024 10:56:03 AM METS: 1.0/ 83 bpm 52% 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:

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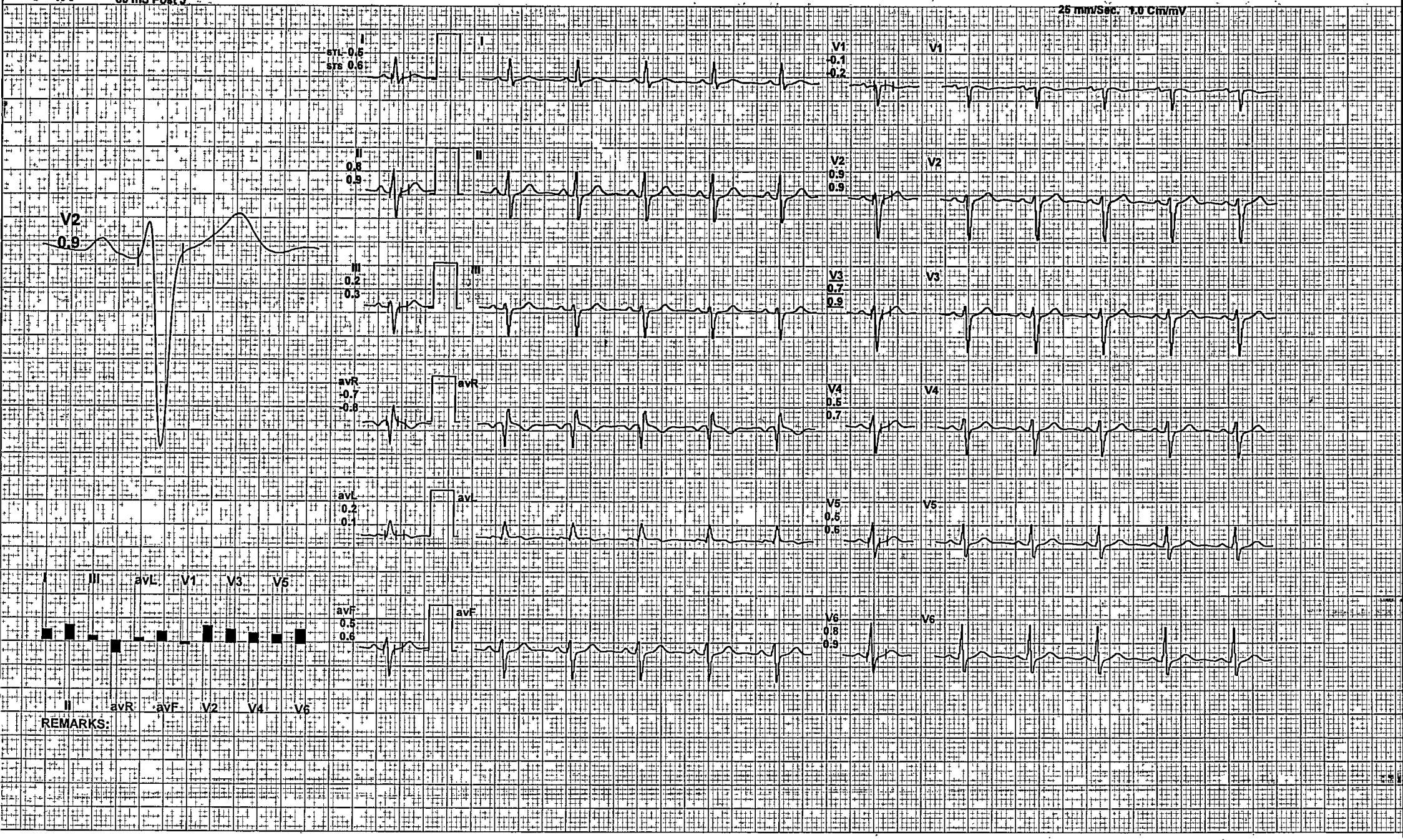
BRUCE:Warm Up(0:40)

1016 (113)./ MR CHANDRA KISHORE SHARMA ./ 59 Yrs / M / 0 Cms / 0 Kg / HR : 85

Date: 07 / 04 / 2024 10:56:03 AM METS: 1.0/ 85 bpm 53% 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%



REMARKS:

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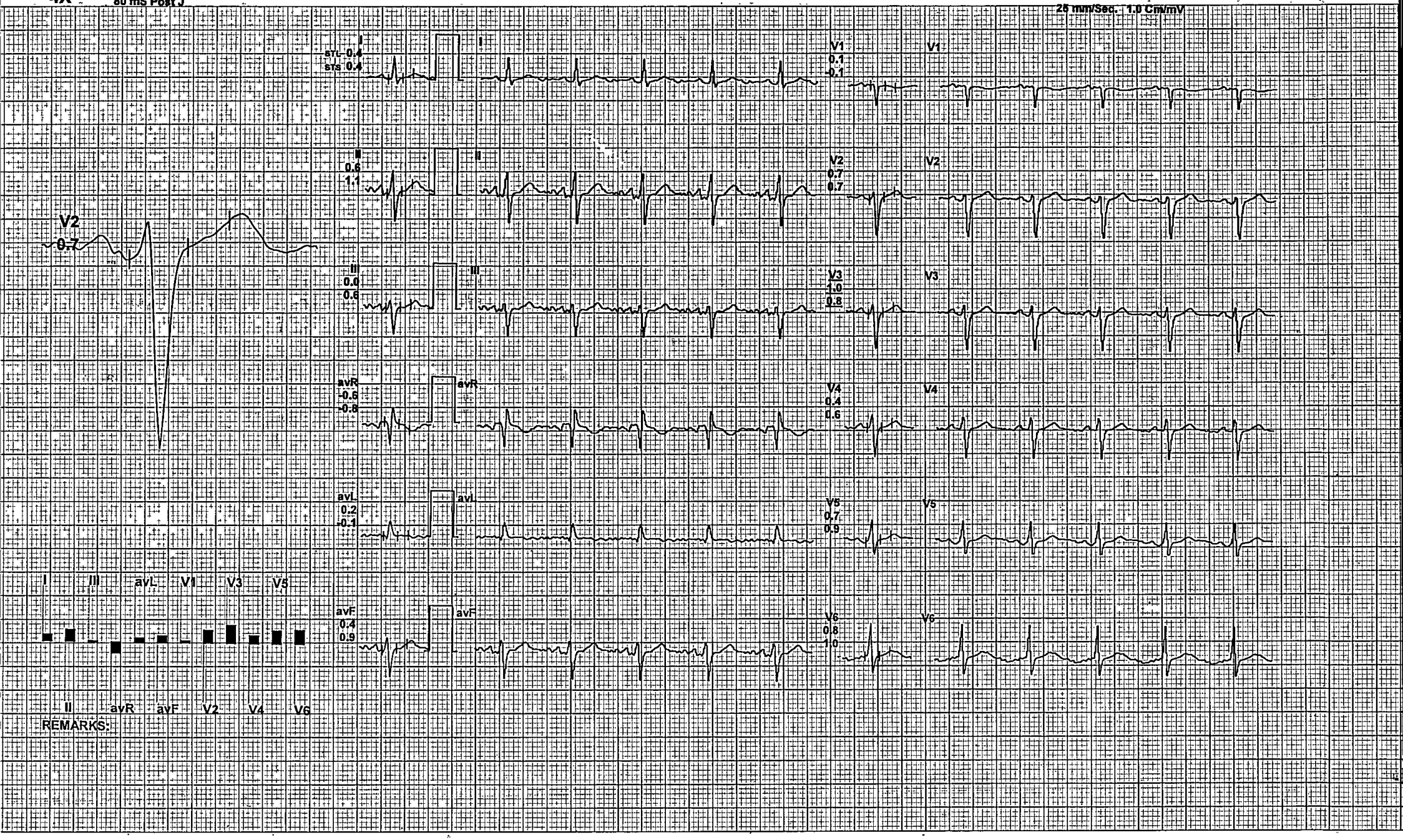
ExStart

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 99

Date: 07 / 04 / 2024 10:56:03 AM METS: 1.0/ 99 bpm 61% 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%



REMARKS:

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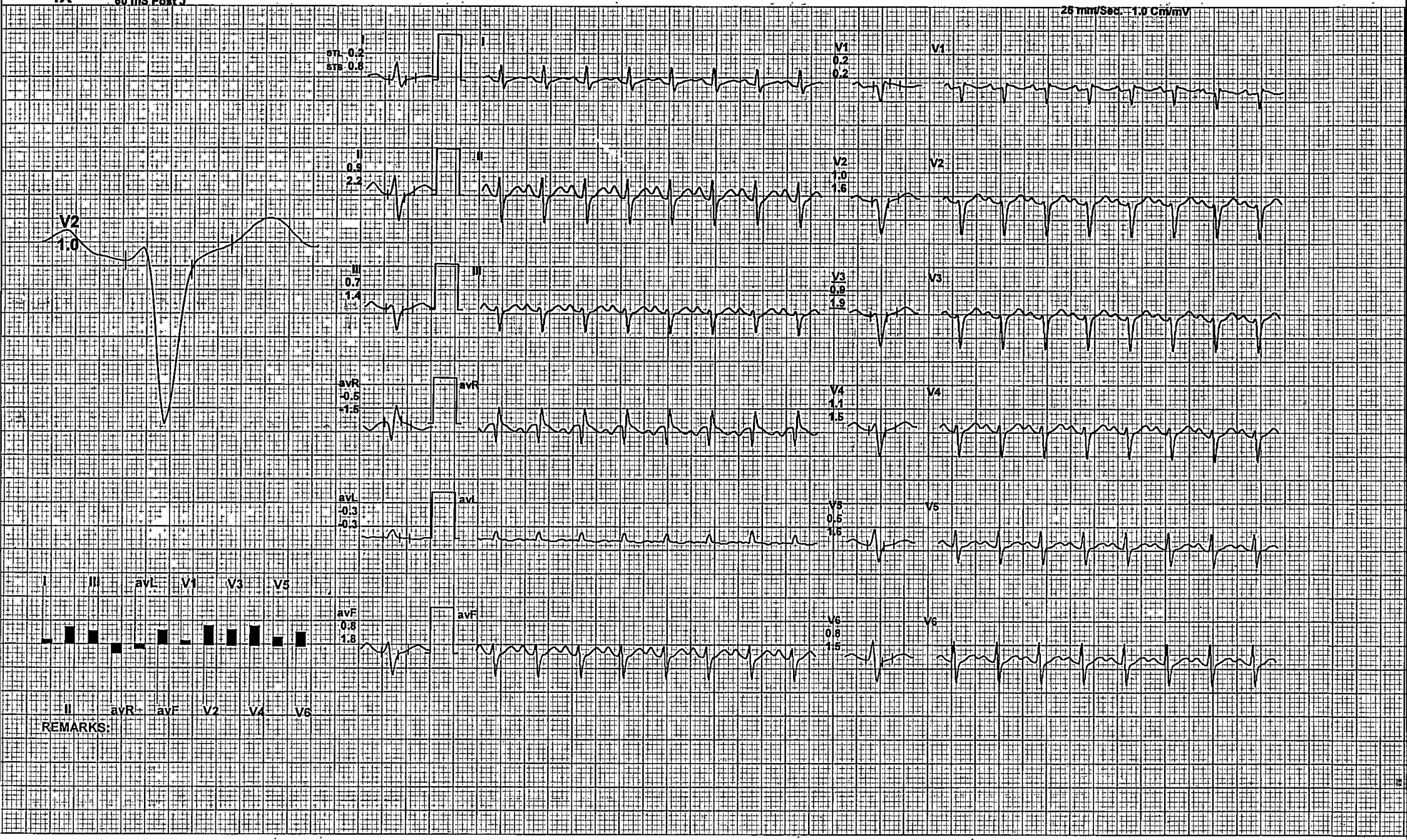
BRUCE:Stage 1(3:00)

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 141

Date: 07 / 04 / 2024 10:56:03 AM METS: **4.7/ 141** bpm **88%** of THR BP: **125/85 mmHg** Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **03:00 1.7** mph, **10.0%**



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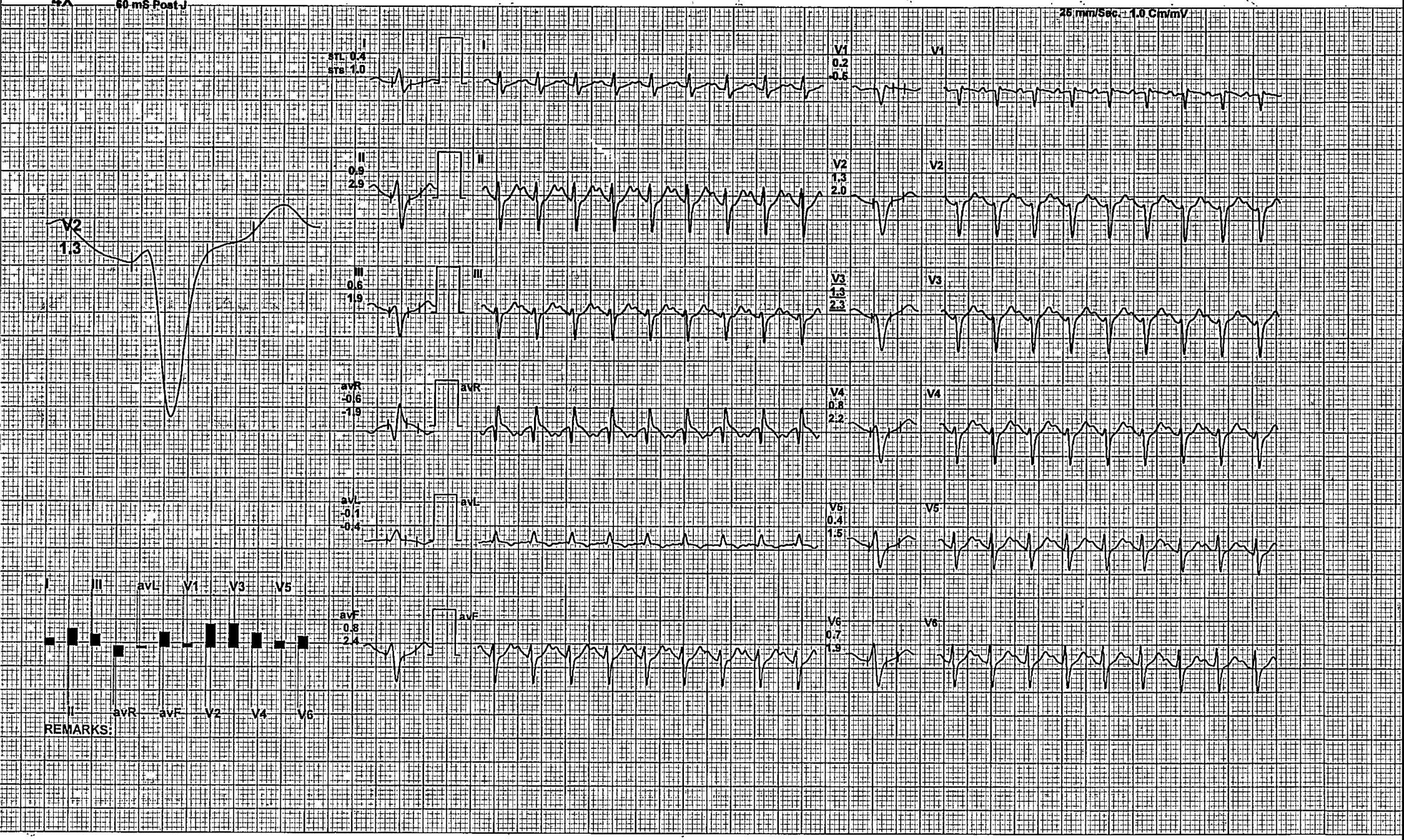
BRUCE:Stage 2(3:00)

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 169

Date: 07 / 04 / 2024 10:56:03 AM METS: **7.1/ 169** bpm **105%** 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%**



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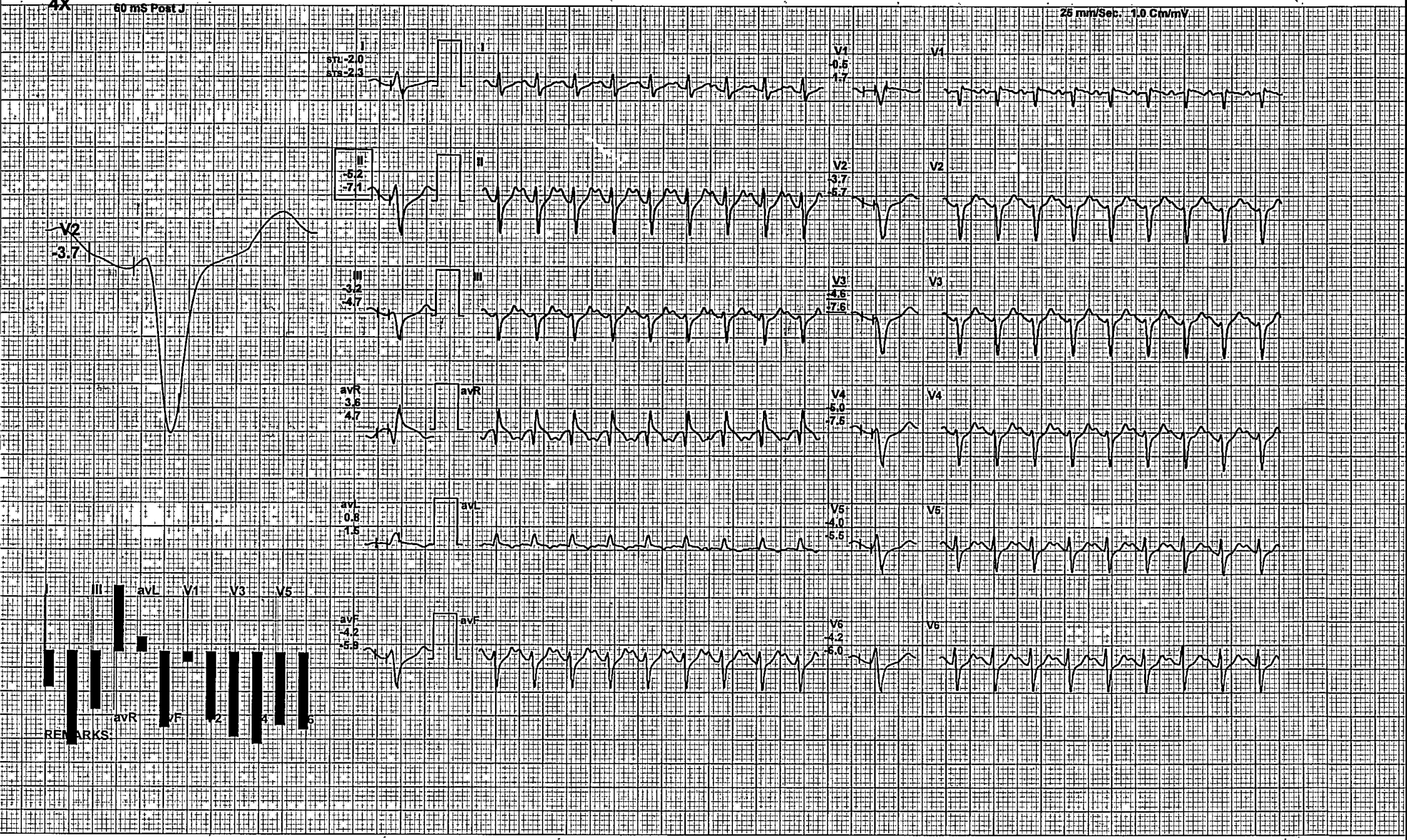
PeakEx

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 169

Date: 07 / 04 / 2024 10:56:03 AM METS: 7.2/ 169 bpm 105% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:07 3.4 mph, 14.0%



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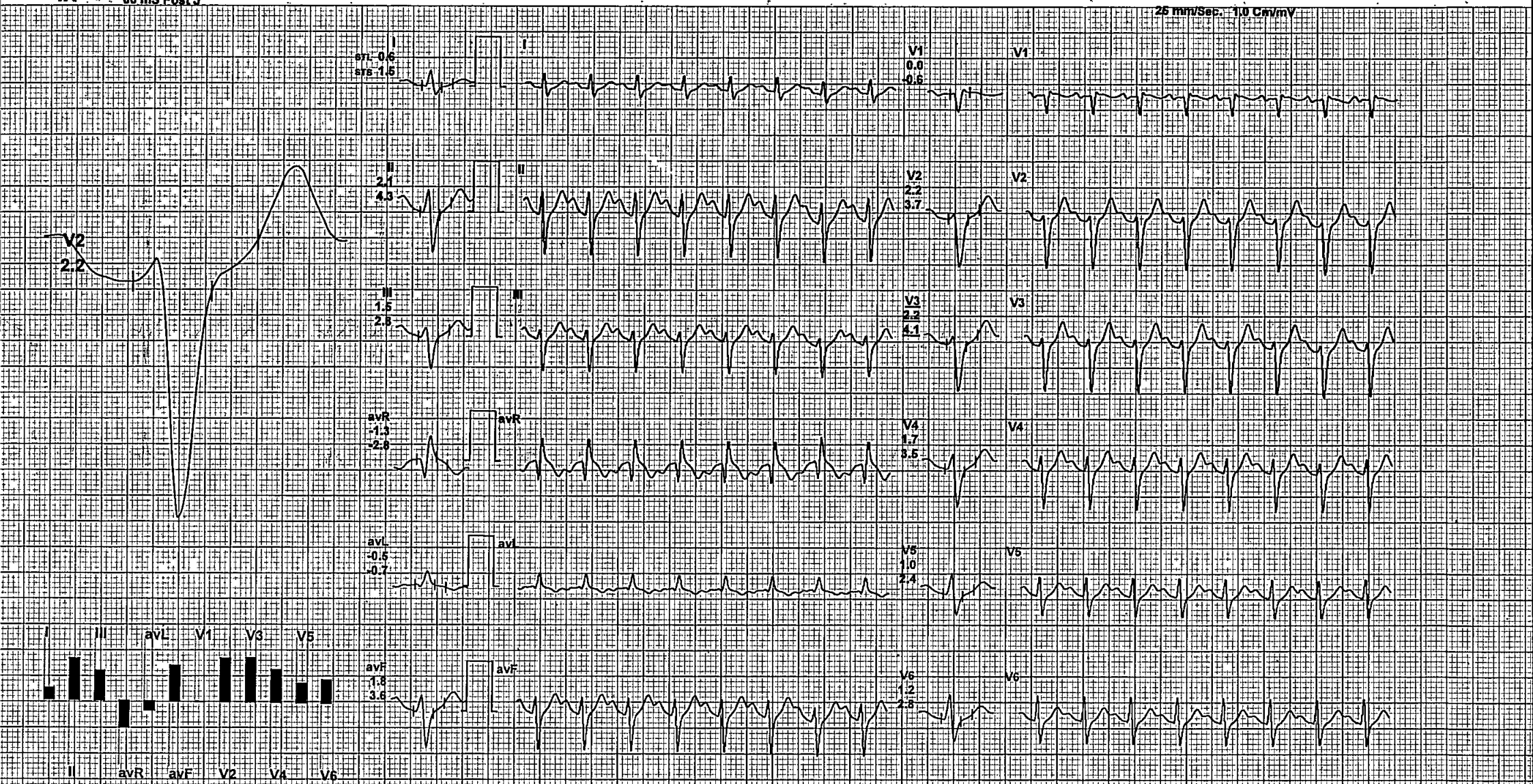
Recovery(1:00)

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 144

Date: 07 / 04 / 2024 10:56:03 AM METS: 1.2/ 144 bpm 89% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:07 0.0 mph, 0.0%



REMARKS:

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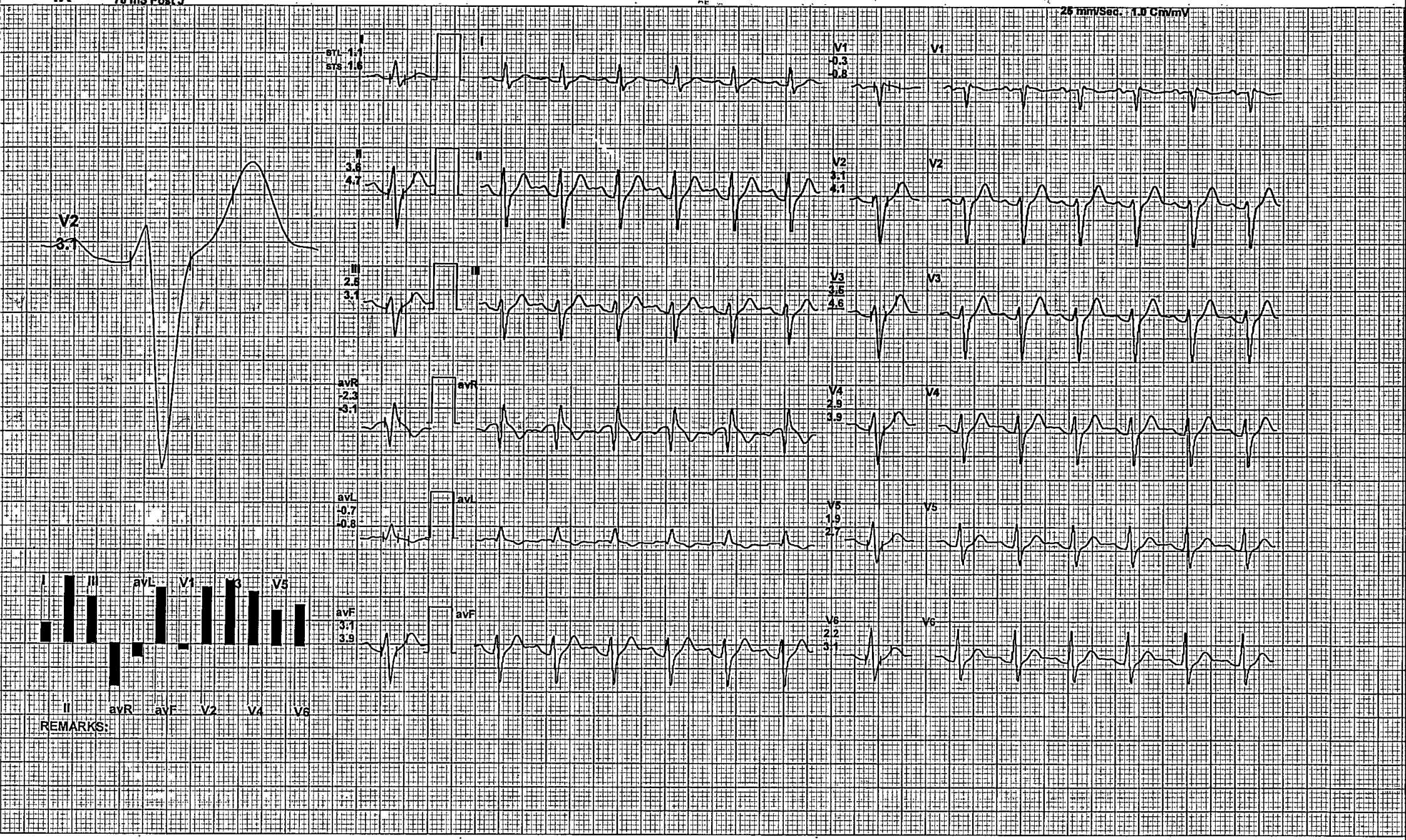
Recovery(2:00)

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 121

Date: 07 / 04 / 2024 10:56:03 AM METS: **1.0/ 121** bpm **75%** of THR BP: **135/85 mmHg** Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **06:07 0.0 mph, 0.0%**



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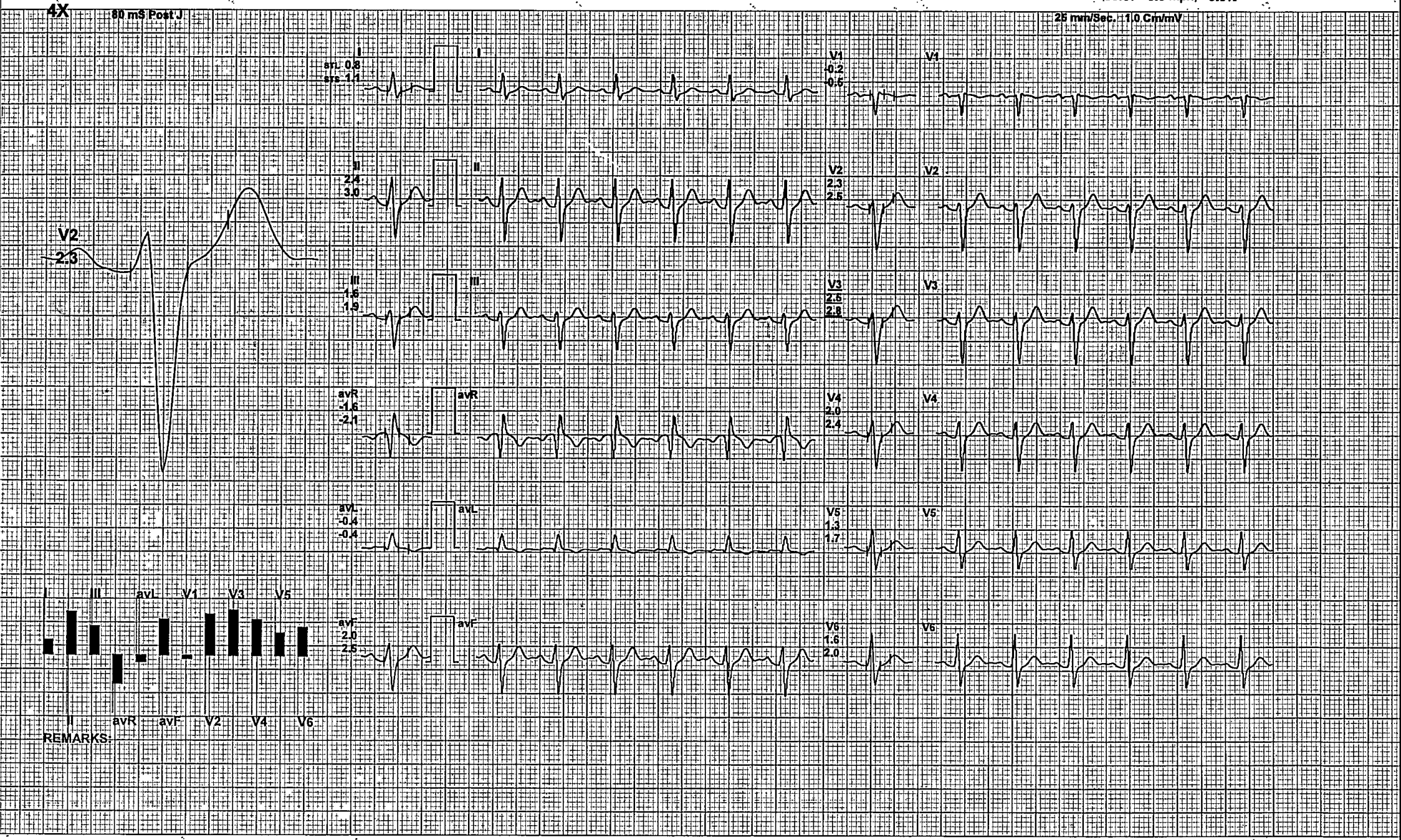
Recovery(3:00)

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 113

Date: 07 / 04 / 2024 10:56:03 AM METS: **1.0/ 113** bpm **70%** of THR BP: **125/85 mmHg** Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **06:07 0.0 mph, 0.0%**



REMARKS:

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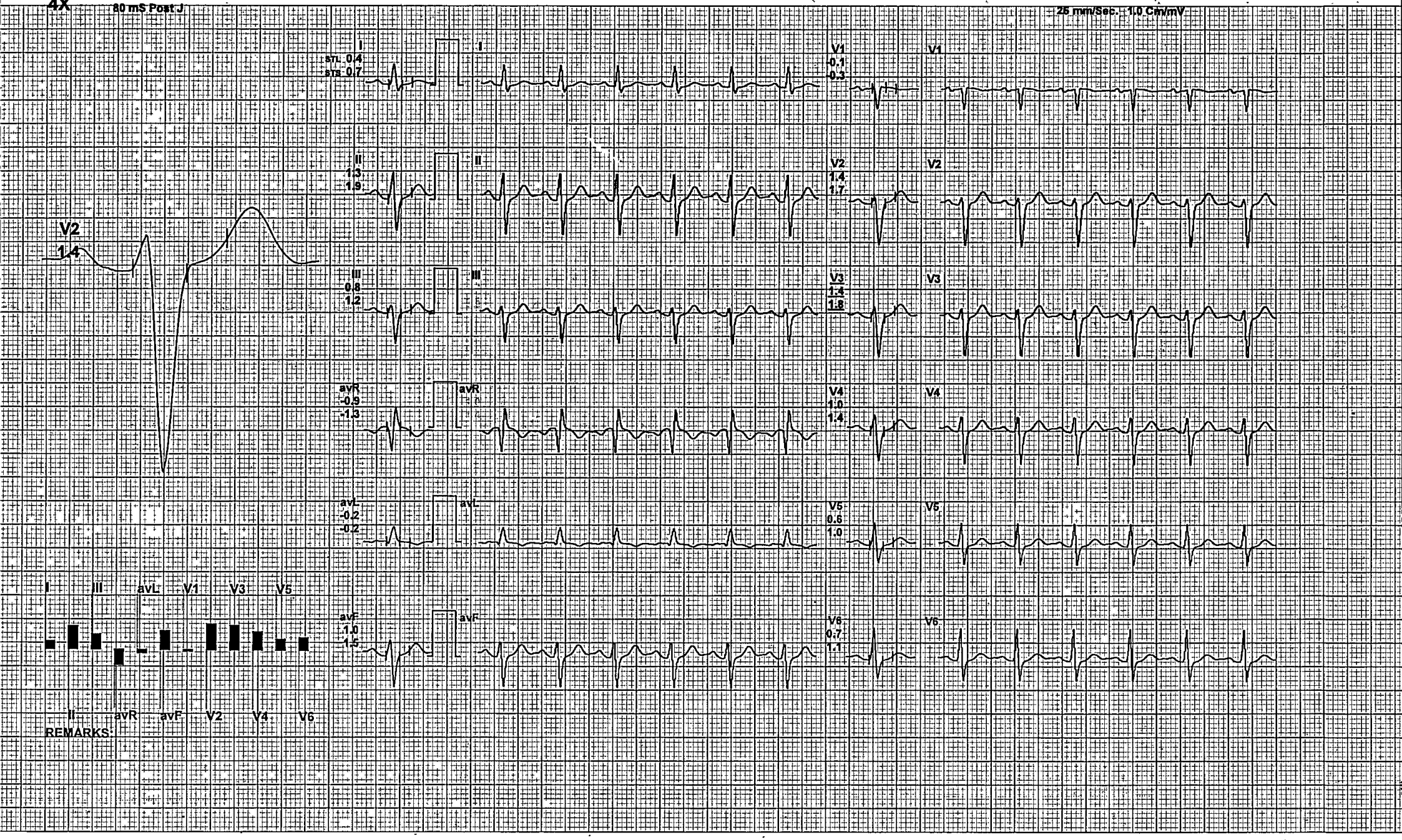
Recovery(4:00)

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 110

Date: 07 / 04 / 2024 10:56:03 AM METS: 1.0/ 110 bpm 68% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:07 0.0 mph, 0.0%



REMARKS:

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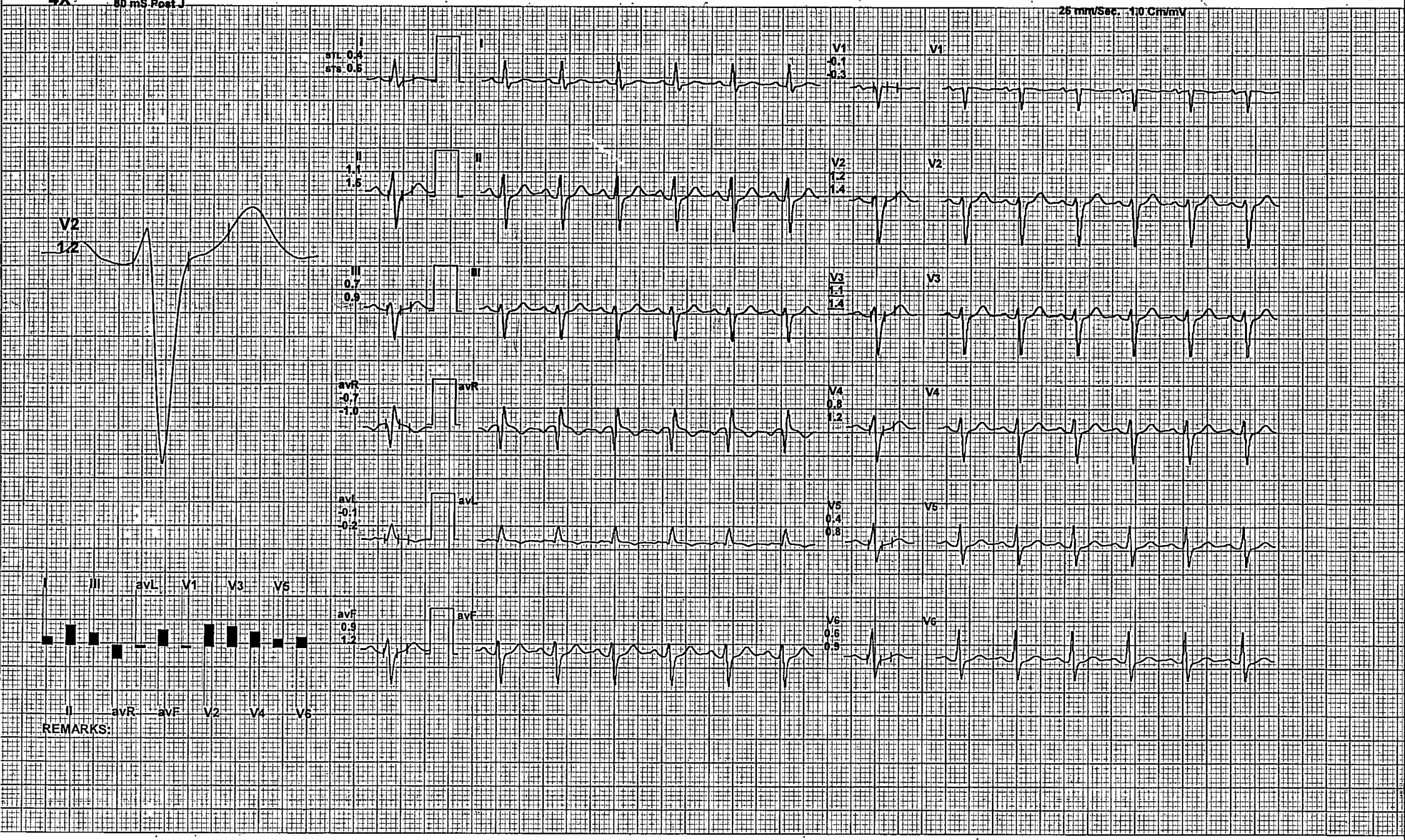
Recovery(4:31)

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 109

Date: 07 / 04 / 2024 10:56:03 AM METS: 1.0/ 109 bpm 68% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:07 0.0 mph, 0.0%



REMARKS:

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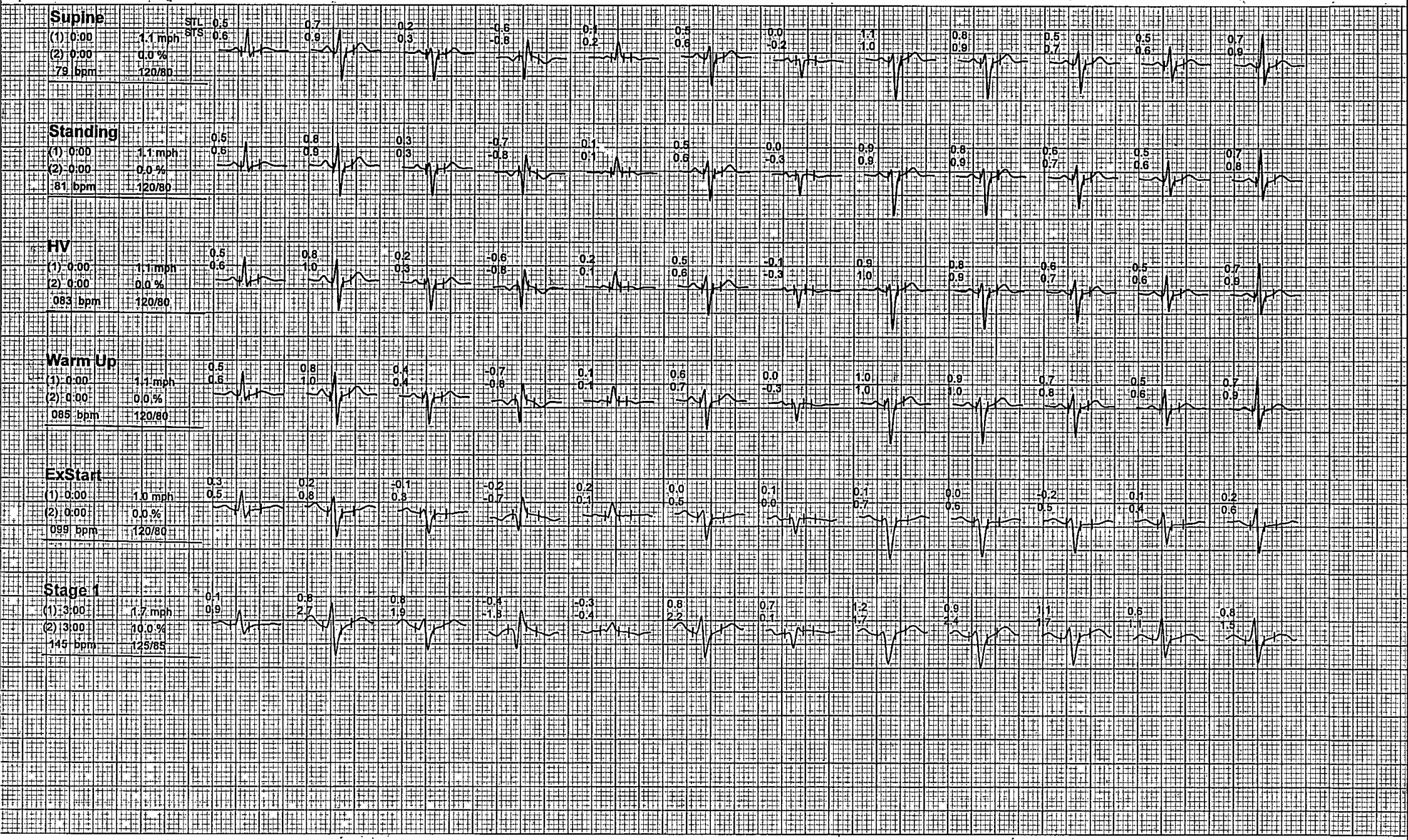
Average

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 81

Date: 07 / 04 / 2024 10:56:03 AM

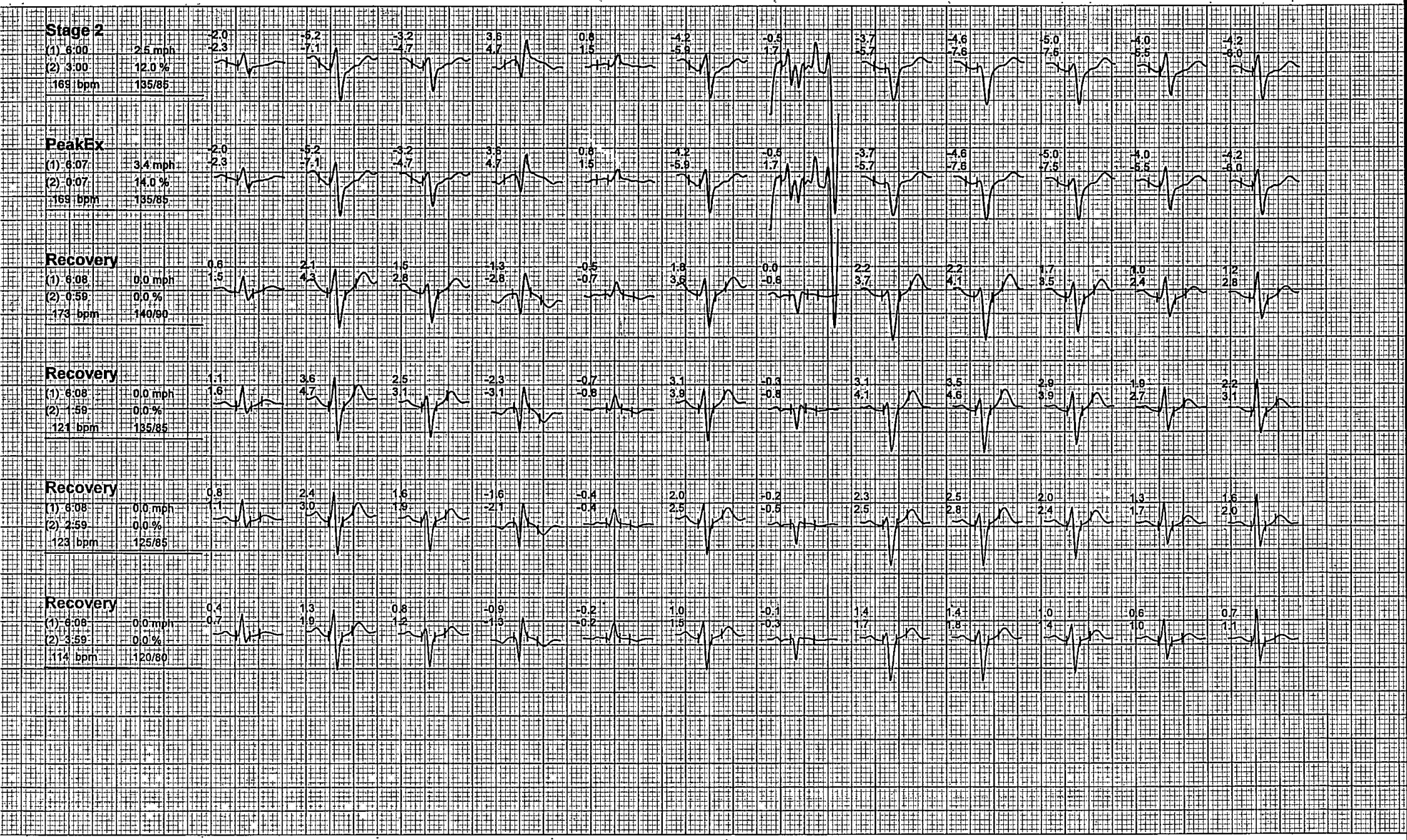


DR . GOYALS PATH LAB & IMGING CENTRE

Average

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 81

Date: 07 / 04 / 2024 10:56:03 AM



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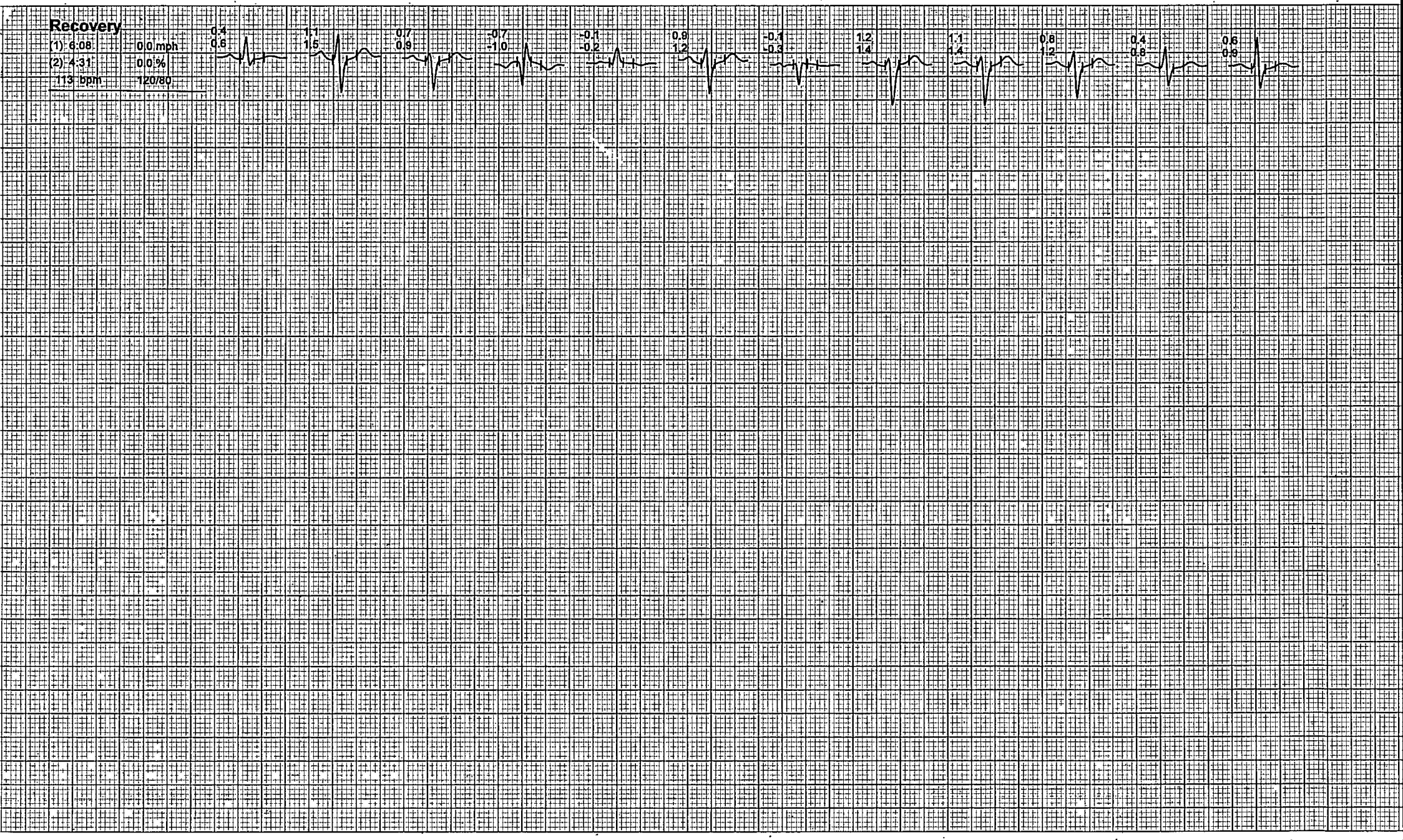
Average

1016 (113) / MR CHANDRA KISHORE SHARMA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 81

Date: 07 / 04 / 2024 10:56:03 AM



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Tele : 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 07/04/2024 08:52:56 | Patient ID :-122424817
NAME :- Mr. CHANDRA KISHORE SHARMA | Ref. By Dr:- BOB
Sex / Age :- Male 59 Yrs 4 Mon 7 Days | Lab/Hosp :-
Company :- MediWheel

Sample Type :- EDTA | Sample Collected Time 07/04/2024 08:57:43 | Final Authentication : 07/04/2024 14:08:13

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE ABOVE 40MALE			
GLYCOSYLATED HEMOGLOBIN (HbA1C) **Method:- HPLC**	**6.7** H	%	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 overthe 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 plasmaglucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHbdepends 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 measureof the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to themean of HbA1C.Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1cmeasurements. The effects vary depending on the specific Hb vatiant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE **Method:- Calculated Parameter**	**146** H	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher

MUKESHSINGH
Technologist

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

Conditions of Reporting

1. Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examination to achieve final diagnosis. The result of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used.
2. The reported results are for information and for interpretation of the referring doctor only.
3. Results of tests may very from laboratory to laboratory and also in some parameters time to time for the same patient.
4. In case of collected specimen [S], which are referred to **Dr. GOYALS PATH LAB AND IMAGING CENTRE** from referral center, it is presumed that patient demographic are verified and confirmed at the point of generation of the said specimen [s].
5. Any query from the referring doctor with reference to this report should be directed to **Dr. GOYALS PATH LAB AND IMAGING CENTRE** Jaipur between -2:00 P.M. to 5:00 P. M. on Phone : 0141-4049787,9887049787
6. This report is not valid for any medico -legal purposes.

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Tele : 0141-2293346, 4049787, 9887049787
Website: www. drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 07/04/2024 08:52:56 | Patient ID :-122424817
NAME :- Mr. CHANDRA KISHORE SHARMA | Ref. By Dr:- BOB
Sex / Age :- Male 59 Yrs 4 Mon 7 Days | Lab/Hosp :-
Company :- MediWheel

Sample Type :- EDTA | Sample Collected Time07/04/2024 08:57:43 | Final Authentication : 07/04/2024 14:08:13

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	**11.1** L	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.27	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	63.0	%	40.0 - 80.0
LYMPHOCYTE	30.2	%	20.0 - 40.0
EOSINOPHIL	3.2	%	1.0 - 6.0
MONOCYTE	3.4	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.59	10^3/uL	1.50 - 7.00
LYMPH#	2.20	10^3/uL	1.00 - 3.70
EO#	0.23	10^3/uL	0.00 - 0.40
MONO#	0.24	10^3/uL	0.00 - 0.70
BASO#	0.01	10^3/uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	**4.04** L	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	**35.80** L	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	88.7	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	**31.0** L	g/dL	31.5 - 34.5
PLATELET COUNT	**129** L	x10^3/uL	150 - 410
RDW-CV	13.7	%	11.6 - 14.0
MENTZER INDEX	21.96		

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.

MUKESHSINGH
Technologist

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

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Sodala, Jaipur-302019
Tele : 0141-2293346, 4049787, 9887049787
Website: www. drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 07/04/2024 08:52:56 | Patient ID :-122424817
NAME :- Mr. CHANDRA KISHORE SHARMA | Ref. By Dr:- BOB
Sex / Age :- Male 59 Yrs 4 Mon 7 Days | Lab/Hosp :-
Company :- MediWheel

Sample Type :- EDTA | Sample Collected Time 07/04/2024 08:57:43 | Final Authentication : 07/04/2024 14:08:13

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	**50** H	mm/hr.	00 - 13

(ESR) Methodology : Measurment of ESR by cells aggregation.
Instrument Name : Indepedent form Hematocrit value by Automated Analyzer (Roller-20)
Interpretation : ESR test is a non-specific indicator ofinflammatory disease and abnormal protein states.
The test in used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction
Levels are higher in pregnency due to hyperfibrinogenaemia.
The "3-figure ESR " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue diseasd.
(CBC): Methodology: TLC DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and MCH,MCV,MCHC,MENTZER INDEX are calculated. **InstrumentName:** Sysmex 6 part fully automatic analyzer XN-L,Japan

Date 07/04/2024 08:52:5
NAME :- Mr. CHANDRA KISHORE SHARMA
Company
Test Name
Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR) 50 mm/hr 00 13
(ESR) Methodology
Instrument Na
Interpretation
The test in
Levels are higher in pregnency
The "3-figure ESR" x>100
(CBC): Methodology: TLC DLC
MCH,MCV,MCHC,MENTZER INDEX

MUKESHSINGH
Technologist

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Company :- MediWheel

Sample Type :- PLAIN/SERUM | Sample Collected Time 07/04/2024 08:57:43 | Final Authentication : 07/04/2024 10:57:38

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL **Method:- Enzymatic Endpoint Method**	174.95	mg/dl	Desirable <200 Borderline 200-239 High> 240
TRIGLYCERIDES **Method:- GPO-PAP**	**239.69** H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL **Method:- Direct clearance Method**	45.48	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL **Method:- Direct clearance Method**	89.52	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL **Method:- Calculated**	47.94	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO **Method:- Calculated**	3.85		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO **Method:- Calculated**	1.97		0.00 - 3.50
TOTAL LIPID **Method:- CALCULATED**	654.27	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

SURENDRAKHANGA

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) **Method:- Colorimetric method**	0.36	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**	0.10	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) **Method:- Calculated**	0.26	mg/dl	0.30-0.70
SGOT **Method:- IFCC**	17.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT **Method:- IFCC**	23.3	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE **Method:- AMP Buffer**	69.90	IU/L	30.00 - 120.00
SERUM GAMMA GT **Method:- IFCC**	107.00 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN **Method:- Biuret Reagent**	6.80	g/dl	6.40 - 8.30
SERUM ALBUMIN **Method:- Bromocresol Green**	4.50	g/dl	3.80 - 5.00
SERUM GLOBULIN **Method:- CALCULATION**	2.30	gm/dl	2.20 - 3.50
A/G RATIO	1.96		1.30 - 2.50

Total BilirubinMethodology: 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 hepatobilary 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 areseen 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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Sample Type :- PLAIN/SERUM | Sample Collected Time 07/04/2024 08:57:43 | Final Authentication : 07/04/2024 10:31:25

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 **Method:- Chemiluminescence(Competitive immunoassay)**	1.200	ng/ml	0.970 - 1.690
SERUM TOTAL T4 **Method:- Chemiluminescence(Competitive immunoassay)**	8.460	ug/dl	6.530 - 13.210
SERUM TSH ULTRA **Method:- Enhanced Chemiluminescence Immunoassay**	3.773	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**

NARENDRAKUMAR
Technologist

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Sample Type :- URINE | Sample Collected Time 07/04/2024 08:57:43 | Final Authentication : 07/04/2024 11:32:27

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 indicatior blue reaction)**	5.5		5.0 - 7.5
SPECIFIC GRAVITY **Method:- Reagent Strip(bromthymol blue)**	1.015		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 Nitroprusside) 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	1-2	/HPF	2-3
EPITHELIAL CELLS	0-1	/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		

VIJENDRAMEENA
Technologist

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Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sample Collected : 07/04/2024 09:06:36 Final Authentication : 07/04/2024 13:25:25

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	111.3	mg/dl	75.0 - 115.0

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) Method:- GOD PAP	155.5 H	mg/dl	70.0 - 140.0

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 Method:- Colorimetric Method	1.25	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	7.98 H	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

Test Name | Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method: GOD PAP
Impaired glucose tolerance (IGT)
Diabetes Mellitus (DM)
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) 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 Method: Colorimetric Method
SERUM URIC ACID Method: Enzymatic colorimetric

SURENDRAKHANGA

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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

Date 07/04/24 08:52:56
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Sample Type :- EDTA, URINE | Sample Collected Time 07/04/2024 08:57:43 | Final Authentication 07/04/2024 14:0
HAEMATOLOGY
Test Name | Value | Unit | Biological Ref Interval
BLOOD GROUP ABO
BLOOD GROUP ABO Methodology : | Kit Name : Monoclonal (Span clone)
URINE SUGAR (FASTING)
Collected Sample Received

MUKESHSINGH, VIJENDRAMEENA
Technologist

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BIOCHEMISTRY

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

Date :- 07/04/2024 08:52:56
Sample Type :- PLAIN/SERUM
Test Name | Value | Unit | Biological Ref Interval
BLOOD UREA NITROGEN (BUN)

SURENDRAKHANGA

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

Conditions of Reporting

1. Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examination to achieve final diagnosis. The result of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used.
2. The reported results are for information and for interpretation of the referring doctor only.
3. Results of tests may very from laboratory to laboratory and also in some parameters time to time for the same patient.
4. In case of collected specimen [S], which are referred to **Dr. GOYALS PATH LAB AND IMAGING CENTRE** from referral center, it is presumed that patient demographic are verified and confirmed at the point of generation of the said specimen [s].
5. Any query from the referring doctor with reference to this report should be directed to **Dr. GOYALS PATH LAB AND IMAGING CENTRE** Jaipur between -2:00 P.M. to 5:00 P. M. on Phone : 0141-4049787,9887049787
6. This report is not valid for any medico -legal purposes.

Dr. Goyal's
Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019
Tele : 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 07/04/2024 08:52:56 | Patient ID :-122424817
NAME :- Mr. CHANDRA KISHORE SHARMA | Ref. By Dr:- BOB
Sex / Age :- Male 59 Yrs 4 Mon 7 Days | Lab/Hosp :-
Company :- MediWheel

Sample Type :- PLAIN/SERUM | Sample Collected Time07/04/2024 08:57:43 | Final Authentication : 07/04/2024 10:31:25

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA **Method:- Chemiluminescence**	0.312	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 ***

Date 07/04/2024 08:52:56
NAME :- Mr. CHANDRA KISHORE SHARMA
Sex / Age :- Male
Company MediWheel
Sample Type :- PLAIN/SERUM
07/04/2024
Test Name
Biological Ref Int
TOTAL PSA
Method:- Chemiluminescence
0.000 - 4.000

NARENDRAKUMAR
Technologist

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

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NAME :- Mr. CHANDRA KISHORE SHARMA	Ref. By.Doctor:-BOB
Sex / Age :- Male 59 Yrs 4 Mon 7 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 07/04/2024 12:16:53

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)

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

*** End of Report ***

AHSAN
Transcript by.

ORIGINAL/DUPLICATE FOR DISPLAY

FORM B

[See Rules 6(2), 6(5) and 8(2)]

CERTIFICATE OF REGISTRATION
(To be issued in duplicate)

1. In exercise of the powers conferred under Section 19 (1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994), **Appropriate Authority, Dist. - Jaipur I** hereby grants registration to the Genetic Counselling Centre*/Genetic Laboratory*/Genetic Clinic*/Ultrasound Clinic*/Imaging Centre* named below for purposes of carrying out Genetic Counselling/Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests/ultrasonography under the aforesaid Act for a period of five years ending on **14/08/2025**

2. This registration is granted subject to the aforesaid Act and Rules thereunder and any contravention thereof shall result in suspension or cancellation of this Certificate of Registration before the expiry of the said period of five years apart from prosecution.

A. Name and address of the Genetic Counselling Centre*/ Genetic Laboratory*/ Genetic Clinic*/Ultrasound Clinic*/ Imaging Centre*. **Dr.goyal's Path. Lab & Imaging Center, B-51 Ganesh Nagar Oppsite Janpat Corner,new Sanganeri Road,302019**

B. Pre-natal diagnostic procedures* approved for(Genetic Clinic).

Non-Invasive **Ultrasound**

Invasive

C. Pre-natal diagnostic tests* approved (for Genetic Laboratory): **Biochemical Studies**

D. Any other purpose (please specify)

3. Model and make of equipments being used (any change is to be intimated to the Appropriate Authority under rule 13).

Equipment Name	Model No	Serial No	Manufacturer Name	Machine Type
Wipro GE	Voluson E10	E61906	Wipro GE	New
Wipro GE	Vivid T8	605771WXO	Wipro GE	New
Wipro GE	Voluson E6 BT21	E19168	Wipro GE	New
Siemens	Magnetom Verio 3TMRI	40129	Siemens	New

4. Registration No. allotted **61**

5. Period of validity of earlier Certificate of Registration. (For renewed Certificate of Registration only) **From 15/08/2020 To 14/08/2025**

Date: 06.02.2024
Place: Jaipur

Signature, Name and Designation of Appropriate Authority with SEAL of Office.

SEAL

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS

***Strike out whichever is not applicable or necessary.**

Dr. Goyal's
Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
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Company :- MediWheel	

Final Authentication : 07/04/2024 12:01:37

BOB PACKAGE ABOVE 40MALE

USG WHOLE ABDOMEN

Liver is mildly enlarged in size (~15.8cm). 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. 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 (~24cc) with normal echo-texture and outline.
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:
*** Mild hepatomegaly with grade I fatty changes.**

Needs clinical correlation.

*** End of Report ***

BILAL

Transcript by.

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

Dr. Ashish Choudhary
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

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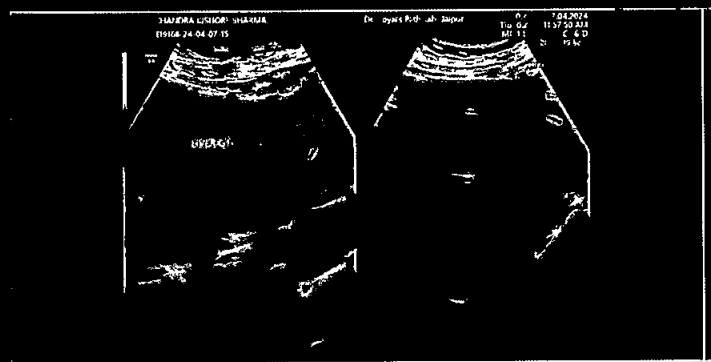
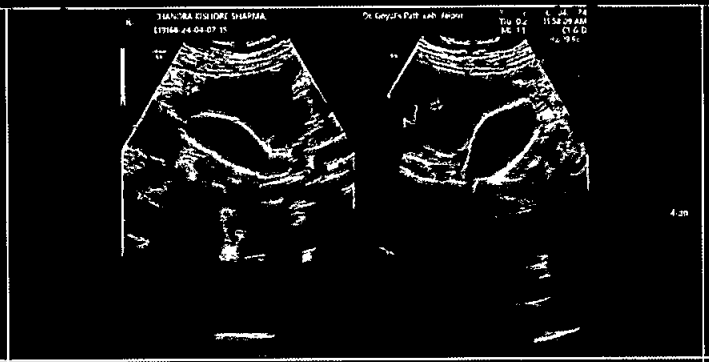
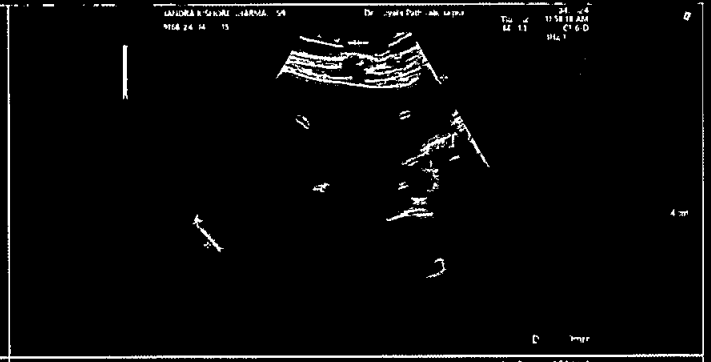
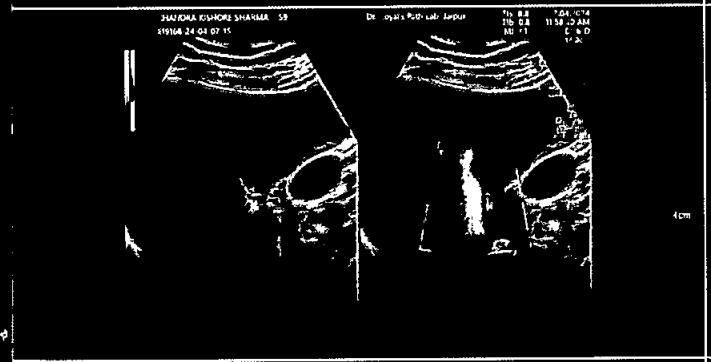
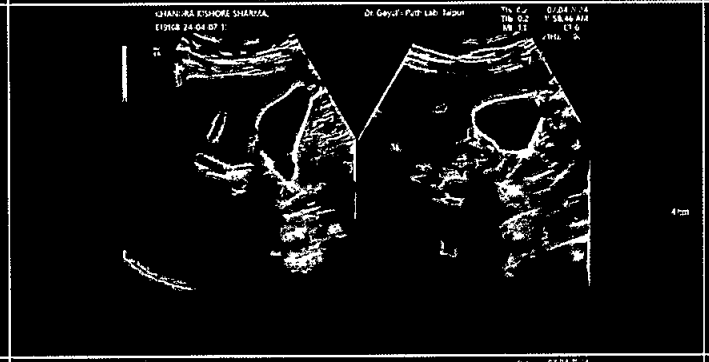
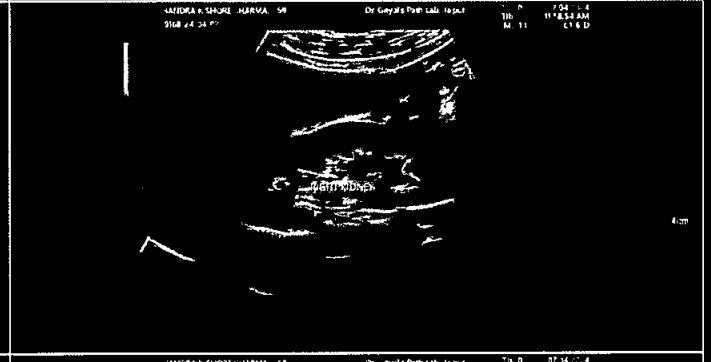

LIVER

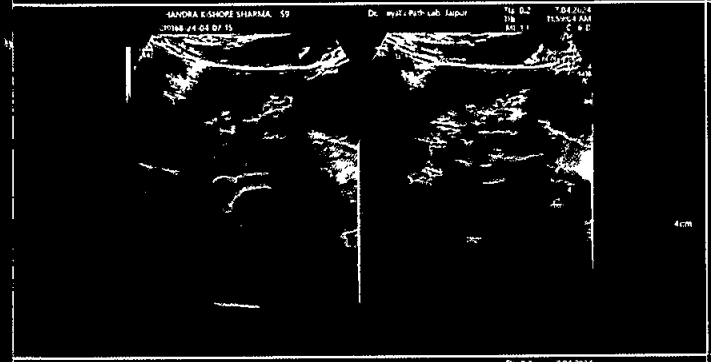


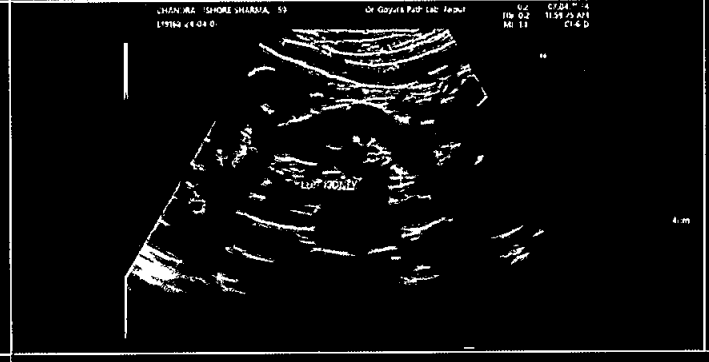







RIGHT KIDNEY




LEFT KIDNEY