

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

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

General Physical Examination

Date of Examination: 23-03-24.

Name: SUNIL KUMAR VERMA Age: 35 Sex: Male

DOB: 08.06.1988.

Referred By: BOB.

Photo ID: Adhar ID #: attached

Ht: 184 (cm)

Wt: 80 (Kg)

Chest (Expiration): 96 (cm)

Abdomen Circumference: 100 (cm)

Blood Pressure: 106/84 mm Hg PR: 72 / min

BMI 23.6

Eye Examination: Vision Normal 6/6, 6/6 BLU eyes.

Normal Color vision

Other: not significant

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

Signature Of Examinee : [Signature] Name of Examinee: -----

Signature Medical Examiner : [Signature] Name Medical Examiner -----

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

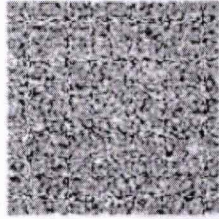


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2898/12050/17497

To
सुनील कुमार वर्मा
Sunil Kumar Verma
S/O Satya Narayan Verma
140-B, Sultan Nagar
Gurjar Ki Thadi
Gopalpura Bay Pass
Jaipur
Jaipur Rajasthan - 302019
8432370948



आपका आधार क्रमांक / Your Aadhaar No. :

7351 4798 7160

VID : 9142 5353 3706 3179

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



सुनील कुमार वर्मा
Sunil Kumar Verma
जन्म तिथि/DOB: 08/06/1988
पुरुष/ MALE

7351 4798 7160

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मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
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- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
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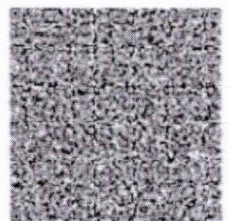


भारतीय विशिष्ट पहचान प्राधिकरण
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पता:
S/O Satya Narayan Verma, 140-B, Sultan Nagar, Gurjar Ki Thadi, Gopalpura Bay Pass, Jaipur, Rajasthan - 302019

Address:
S/O Satya Narayan Verma, 140-B, Sultan Nagar, Gurjar Ki Thadi, Gopalpura Bay Pass, Jaipur, Rajasthan - 302019



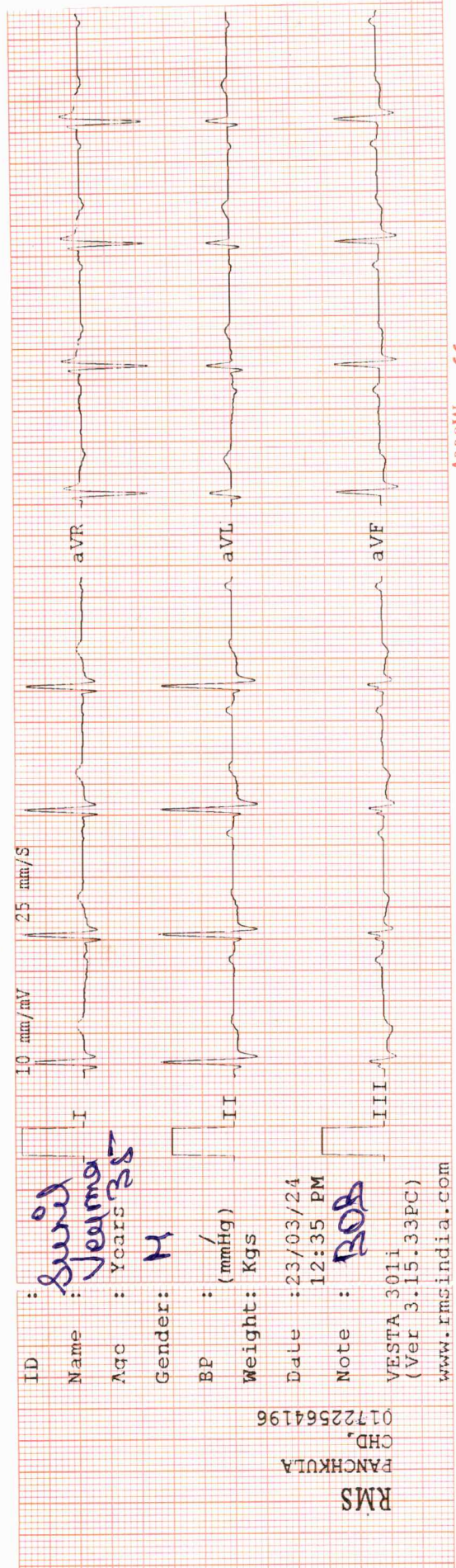
7351 4798 7160

VID : 9142 5353 3706 3179

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Sunil Kumar Verma

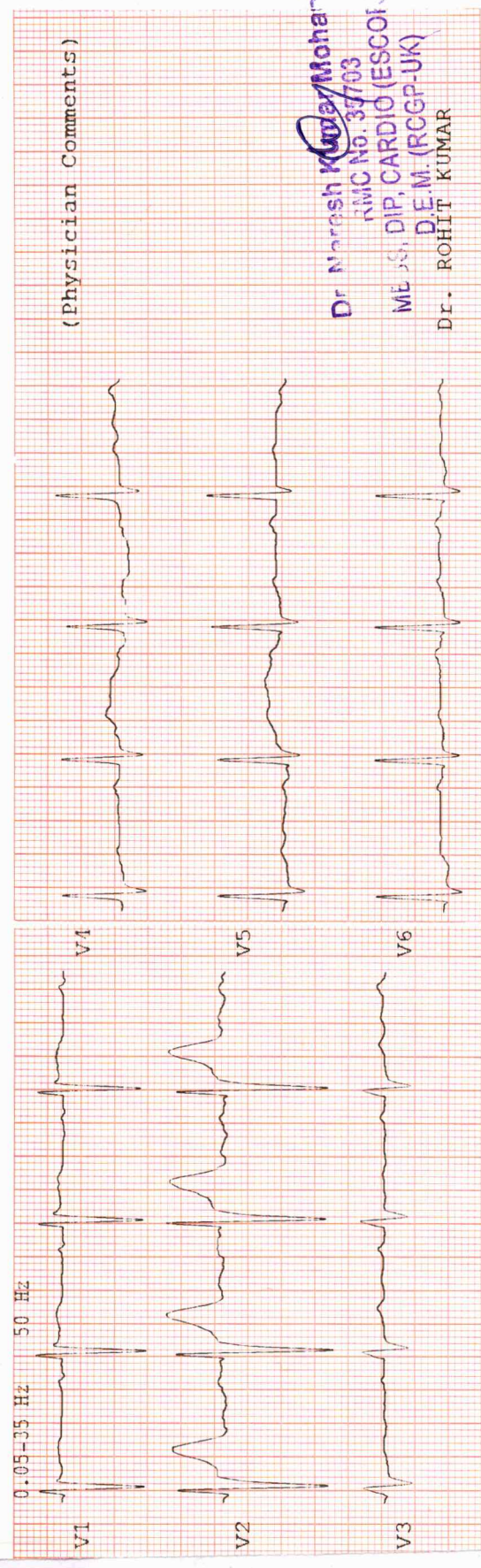
Dr. Piyush Goyal
M.B.B.S., D.M.R.U.
RMC Reg. No.-017996



www.rmsindia.com

ID :
 Name : **Suresh Verma**
 Age : **35** Years
 Gender : **M**
 BP : (mmHg)
 Weight : Kgs
 Date : 23/03/24
 Time : 12:35 PM
 Note : **ROB**
 VESTA 3011
 (Ver 3.15.33PG)
 www.rmsindia.com

RMS
 PANCHKULA
 CHD,
 01722564196



(Physician Comments)

Dr. Narresh Kumar Mohanka
 RMC No. 37703
 ME, SS, DIP, CARDIO (ESCOF. INDIA)
 D.E.M. (RCGP-UK)
 DR. ROHIT KUMAR

A.R.R.

T Coe NC

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

Date :- 23/03/2024 10:32:17 Patient ID :-12236565
NAME :- Mr. SUNIL VERMA Ref. By Dr:- BOB
 Sex / Age :- Male 35 Yrs 9 Mon 15 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 23/03/2024 10:39:51 Final Authentication : 23/03/2024 13:13:10

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.7	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5
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Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE Method:- Calculated Parameter	117	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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AJAYSINGH
Technologist

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RMC No. 17975/008828

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.08	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	46.9	%	40.0 - 80.0
LYMPHOCYTE	48.0 H	%	20.0 - 40.0
EOSINOPHIL	2.4	%	1.0 - 6.0
MONOCYTE	2.4	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.86	10 ³ /uL	1.50 - 7.00
LYMPH#	2.92	10 ³ /uL	1.00 - 3.70
EO#	0.14	10 ³ /uL	0.00 - 0.40
MONO#	0.14	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.94	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	43.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	88.4	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.9	g/dL	31.5 - 34.5
PLATELET COUNT	338	x10 ³ /uL	150 - 410
RDW-CV	13.4	%	11.6 - 14.0
MENTZER INDEX	17.89		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	15 H	mm/hr.	00 - 13

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

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR " $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: TLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and 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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Date :- 23/03/2024 10:32:17 Patient ID :- 12236565
NAME :- Mr. SUNIL VERMA Ref. By Dr:- BOB
 Sex / Age :- Male 35 Yrs 9 Mon 15 Days Lab/Hosp :-
 Company :- MediWHEEL



Sample Type :- PLAIN/SERUM Sample Collected Time 23/03/2024 10:39:51 Final Authentication : 23/03/2024 14:42:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	176.87	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	541.12 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	27.80	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	58.88	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	108.22 H	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.36 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.12		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	960.06	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 HDLCHOLESTERO 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			

MUKESH SINGH

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NAME :- Mr. SUNIL VERMA Ref. By Dr:- BOB
 Sex / Age :- Male 35 Yrs 9 Mon 15 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 23/03/2024 10:39:51 Final Authentication : 23/03/2024 14:42:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.45	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	0.13	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	19.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	28.6	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	71.80	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	49.40	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.78	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.74	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.04	gm/dl	2.20 - 3.50
A/G RATIO	1.56		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

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

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MC 5509

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Sex / Age :- Male 35 Yrs 9 Mon 15 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 23/03/2024 10:39:51

Final Authentication : 23/03/2024 12:50:14

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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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)	7.680	ug/dl	6.530 - 13.210
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.430	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
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Sex / Age :- Male 35 Yrs 9 Mon 15 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 23/03/2024 10:39:51

Final Authentication : 23/03/2024 13:14:57

CLINICAL PATHOLOGY

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

VIJENDRAMEENA
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Company :- MediWheel



Sample Type :- STOOL

Sample Collected Time 23/03/2024 10:39:51

Final Authentication : 23/03/2024 13:14:57

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
MUCUS			
BLOOD			
MICROSCOPIC EXAMINATION			
RBC's		/HPF	
WBC/HPF		/HPF	
OVA			
CYSTS			
OTHERS			
Collected Sample Received			

VIJENDRAMEENA
Technologist

Page No: 8 of 12



Dr. Rashmi Bakshi
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RMC No. 17975/008828

Dr. Goyal's

Path Lab & Imaging Centre



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

Date :- 23/03/2024 10:32:17 Patient ID :-12236565
NAME :- Mr. SUNIL VERMA Ref. By Dr:- BOB
Sex / Age :- Male 35 Yrs 9 Mon 15 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na BAPORIDE-F, UINSEB/2024 15:18:12 Final Authentication : 23/03/2024 16:04:41

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 113.8 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) 118.3 mg/dl 70.0 - 140.0
Method:- GOD PAP

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases .

SERUM CREATININE 0.99 mg/dl Men - 0.6-1.30
Method:- Colorimetric Method Women - 0.5-1.20
SERUM URIC ACID 6.88 mg/dl Men - 3.4-7.0
Method:- Enzymatic colorimetric Women - 2.4-5.7

MUKESH SINGH

Page No: 9 of 12



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Patient ID :- 12236565



NAME :- Mr. SUNIL VERMA

Ref. By Dr:- BOB

Sex / Age :- Male 35 Yrs 9 Mon 15 Days

Lab/Hosp :-

Company :- MediWheel

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AHSAN, AJAYSINGH, BILAL, MUKESH SINGH, NARENDRAKUMAR, VIJENDRAMEENA



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Date :- 23/03/2024 10:32:17

Patient ID :-12236565



NAME :- Mr. SUNIL VERMA

Ref. By Dr:- BOB

Sex / Age :- Male 35 Yrs 9 Mon 15 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE

Sample Collected Time 23/03/2024 10:39:51

Final Authentication : 23/03/2024 13:14:57

HAEMATOLOGY

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

AJAYSINGH, VIJENDRAMEENA
Technologist

Page No: 11 of 12



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Date :- 23/03/2024 10:32:17

Patient ID :-12236565



NAME :- Mr. SUNIL VERMA

Ref. By Dr:- BOB

Sex / Age :- Male 35 Yrs 9 Mon 15 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 23/03/2024 10:39:51

Final Authentication : 23/03/2024 14:42:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	15.2	mg/dl	0.0 - 23.0

*** End of Report ***

MUKESH SINGH

Page No: 12 of 12



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Date :- 23/03/2024 10:32:17	Patient ID :- 12236565
NAME :- Mr. SUNIL VERMA	Ref. By Doctor:-BOB
Sex / Age :- Male 35 Yrs 9 Mon 15 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 23/03/2024 14:39:41

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is mildly enlarged in size (~15.6cm). 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 significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* Mild hepatomegaly.

Needs clinical correlation.

*** End of Report ***

Transcript by.

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 M.B.B.S., D.M.R.D.
 RMC Reg No. 017996

Dr. Ashish Choudhary
 MBBS, MD (Radio Diagnosis)
 Fetal Medicine Consultant
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Sex / Age :- Male 35 Yrs 9 Mon 15 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 23/03/2024 15:19:15

BOB PACKAGE BELOW 40MALE
 2D ECHO OPTION TMT (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	30	mm	LA	34	Mm	IVS-D	8	mm
IVS-S	14	mm	LVID	45	Mm	LVSD	27	mm
LVPW-D	8	mm	LVPW-S	18	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	70%		RWMA		ABSENT			

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.86	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.52	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION		ABSENT		
AORTIC VALVE				
PEAK VELOCITY	0.92	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION		ABSENT		
TRICUSPID VALVE				
PEAK VELOCITY	0.48	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION		ABSENT		
PULMONARY VALVE				
PEAK VELOCITY		M/sec.	PEAK GRADIENT	Mm/hg
MEAN VALOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION		ABSENT		

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Date :- 23/03/2024 10:32:17
NAME :- Mr. SUNIL VERMA
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Patient ID :- 12236565
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 23/03/2024 15:19:15

Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 70 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion.

(Cardiologist)

*** End of Report ***



Date :- 23/03/2024 10:32:17
NAME :- Mr. SUNIL VERMA
Sex / Age :- Male 35 Yrs 9 Mon 15 Days
Company :- MediWheel

Patient ID :- 12236565
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 23/03/2024 18:46:12

BOB PACKAGE BELOW 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. POORVI MALIK
MBBS, MD, DNB (RADIO DIAGNOSIS)
RMC REG. NO. 21505

*** End of Report ***

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

Page No: 1 of 1

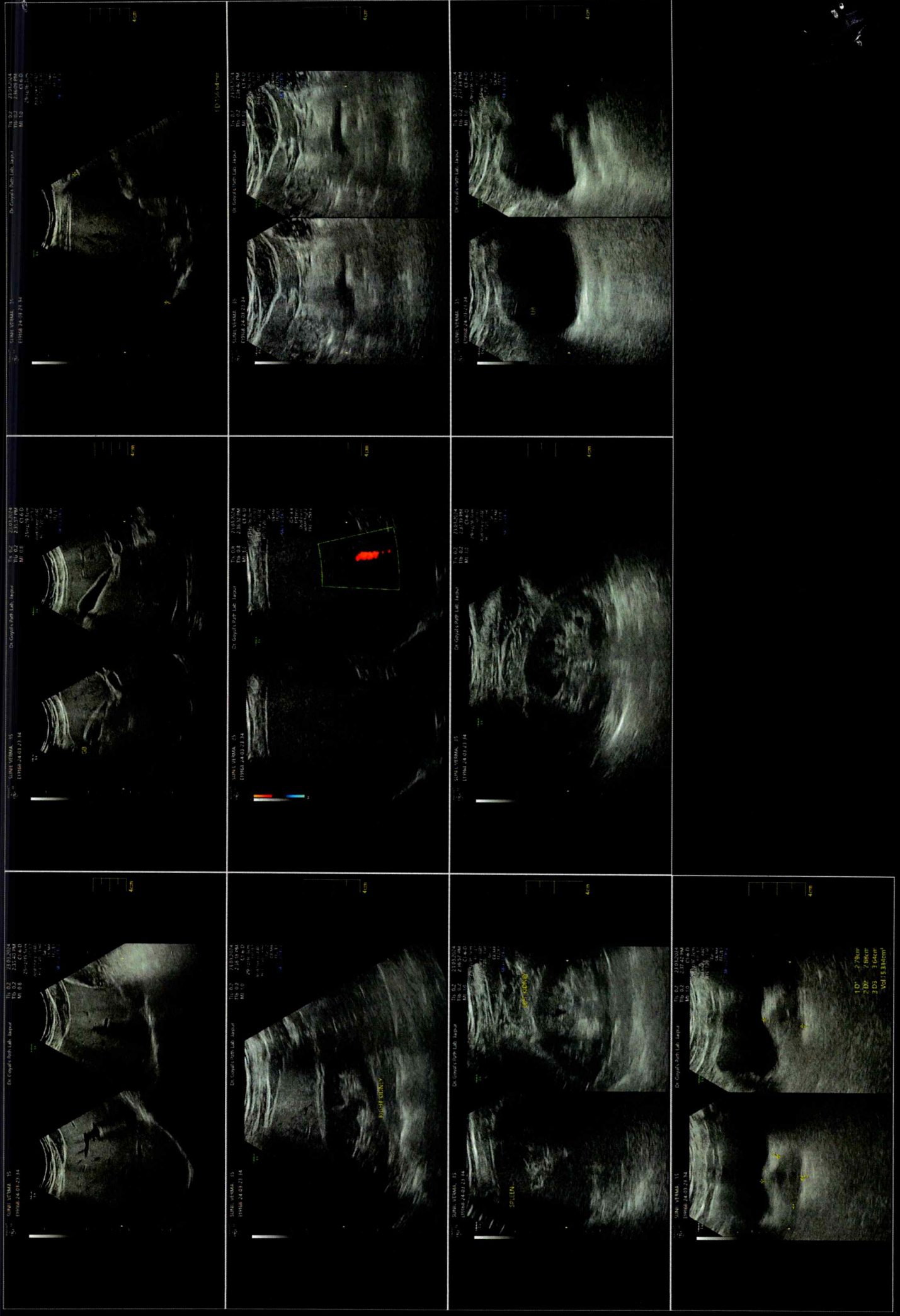
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Name : SUNIL / M

