

# 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: 17/03/2024

Name: VIKRAM JINDAL Age: 40 Sex: m

DOB: 08/02/1984

Referred By: mediwheel

Photo ID: Aadhar ID #: Attached.

Ht: 164 (cm)

Wt: 74 (Kg)

Chest (Expiration): 104 (cm)

Abdomen Circumference: 101 (cm)

Blood Pressure: 129/89 mm Hg PR: 101 / min

BMI 27.5

Eye Examination: Distance vision 6/6, near vision N/6  
no colour blindness

Other: Not significant

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

Signature Of Examinee : [Signature] Name of Examinee: \_\_\_\_\_

Signature Medical Examiner : \_\_\_\_\_ Name Medical Examiner \_\_\_\_\_

**Dr. Piyush Goyal**  
M.B.B.S., D.M.R.D.  
RMC Reg. No. - 017898

भारत सरकार  
Government of India

विक्रम जिंदल  
Vikram Jindal  
जन्म तिथि/DOB: 08/01/1984  
पुल्ल/ MALE

Issue Date: 02/06/2013

7585 8542 5429  
VID : 9147 5457 1276 7417

मेरा आधार, मेरी पहचान

*V. Jindal*

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O: मोहन लाल जिंदल, 23, लक्ष्मी नगर, ई एस आई  
अस्पताल के सामने, हटवाड़ा रोड, जयपुर, जयपुर,  
राजस्थान - 302006

Address:  
S/O: Mohan Lal Jindal, 23, LAXMI NAGAR,  
OPP. E S I HOSPITAL, HATWARA ROAD,  
Jaipur, Jaipur,  
Rajasthan - 302006

Download Date: 04/12/2013

7585 8542 5429  
VID : 9147 5457 1276 7417

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

Dr. Piyush Goyal  
M.B.B.S., D.M.R.D.  
RMC Reg. No.-017998

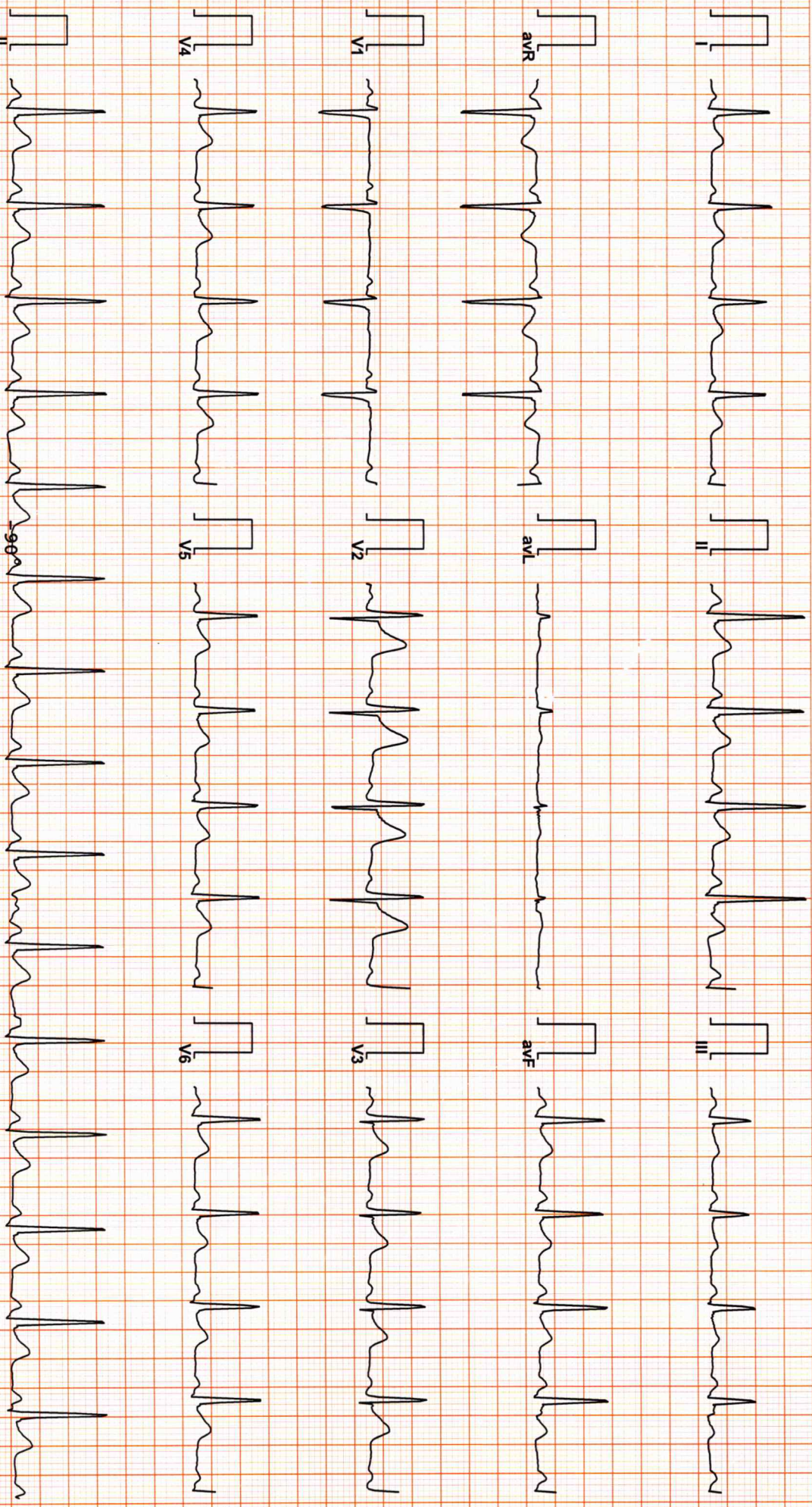


**DR. GOYAL PATH LAB**

4815 / MR VIKRAM JINDAL / 40 Yrs / M/ Non Smoker

Heart Rate : 93 bpm / Tested On : 17-Mar-24 10:21:16 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Refd By.: BOB

**ECG**



Vent Rate : 93 bpm  
PR Interval : 124 ms  
QRS Duration : 84 ms  
QT/QTc Int : 332/390 ms  
P-QRS-T axis: 67.00° 54.00° 53.00°

**Dr. Neelish Kumar**  
RAC No: 38703  
CARDIO (ESCORTS)

90°  
R 54.00°  
P 67.00°

Axis

*TSK*

Reported By:

Allengers ECG (Piceses)(PIS218210312)





866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / NonSmoker  
Date: 17 / 03 / 2024 10:22:02 AM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	01.1	00.0	01.0	093	52 %	120/80	111	00	
Standing	00:21	0:18	01.1	00.0	01.0	093	52 %	120/80	111	00	
HV	00:36	0:15	01.1	00.0	01.0	089	49 %	120/80	106	00	
Warm Up	00:47	0:11	01.1	00.0	01.0	093	52 %	120/80	111	00	
ExStart	01:28	0:41	01.0	00.0	01.0	117	65 %	120/80	140	00	
BRUCE Stage 1	04:28	3:00	01.7	10.0	04.7	146	81 %	135/85	197	00	
BRUCE Stage 2	07:28	3:00	02.5	12.0	07.1	162	90 %	140/90	226	00	
PeakEx	07:57	0:29	03.4	14.0	07.6	172	96 %	140/90	240	00	
Recovery	08:57	1:00	00.0	00.0	01.2	129	72 %	140/90	180	00	
Recovery	09:57	2:00	00.0	00.0	01.0	123	68 %	135/85	166	00	
Recovery	10:57	3:00	00.0	00.0	01.0	112	62 %	135/85	151	00	
Recovery	11:57	4:00	00.0	00.0	01.0	111	62 %	125/85	138	00	
Recovery	12:32	4:35	00.0	00.0	01.0	114	63 %	125/85	142	00	

**FINDINGS :**

Exercise Time : 06:29  
 Max HR Attained : 172 bpm 96% of Target 180  
 Max BP Attained : 140/90 (mm/Hg)  
 Max Workload Attained : 7.6 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

THT 18 Negative for RHT.

**Prash Kumar Mohanka**  
 RMO No. 35703  
 M.B.S, D.I.P, CARDIO (ESCORTS)  
 D.E.M. (RCGP-UK)



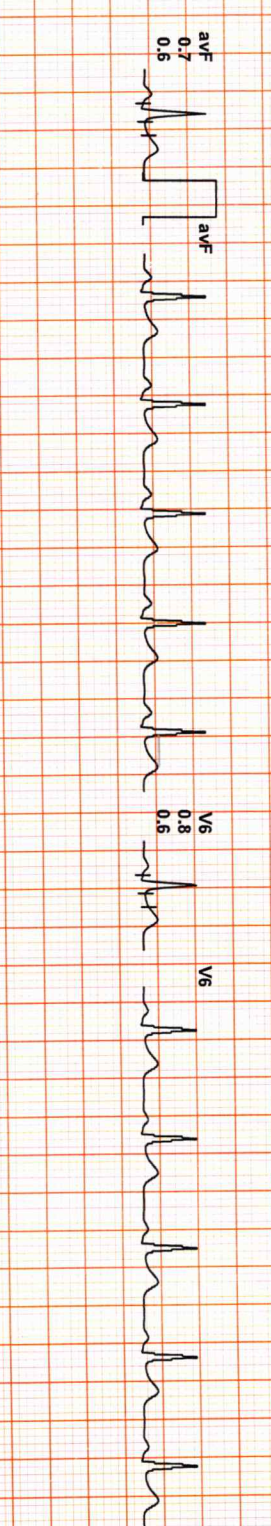
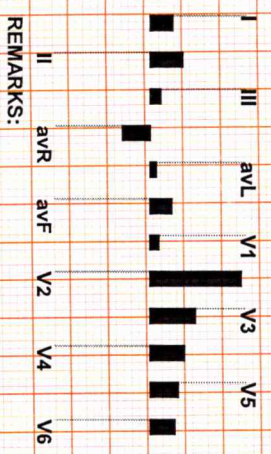
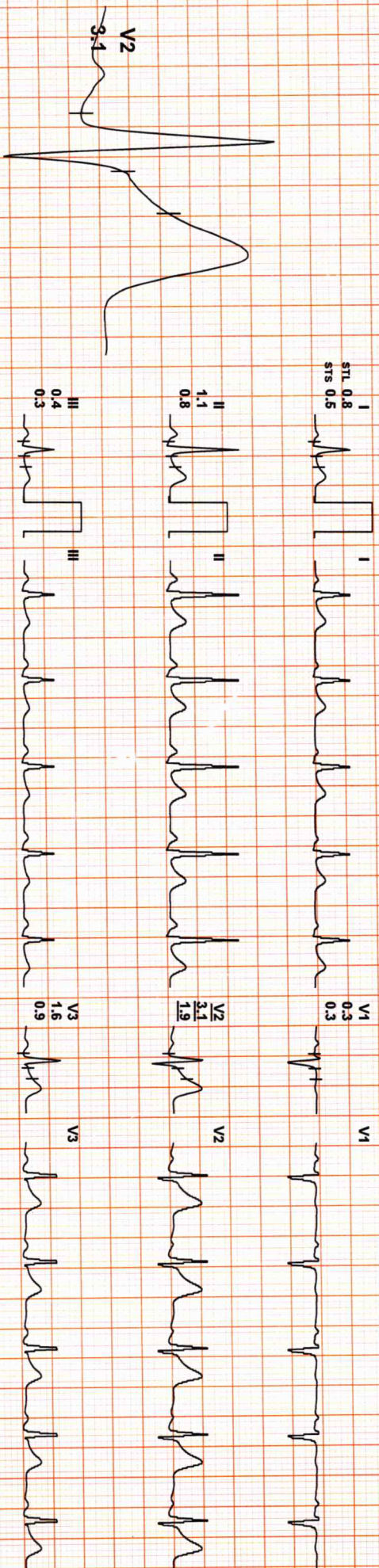


866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 93

Date: 17 / 03 / 2024 10:22:02 AM METS: 1.0/ 93 bpm 52% of THR BP: 120/80 mmHg Combined Medians/ BLC Or/ Notch Or/ 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:





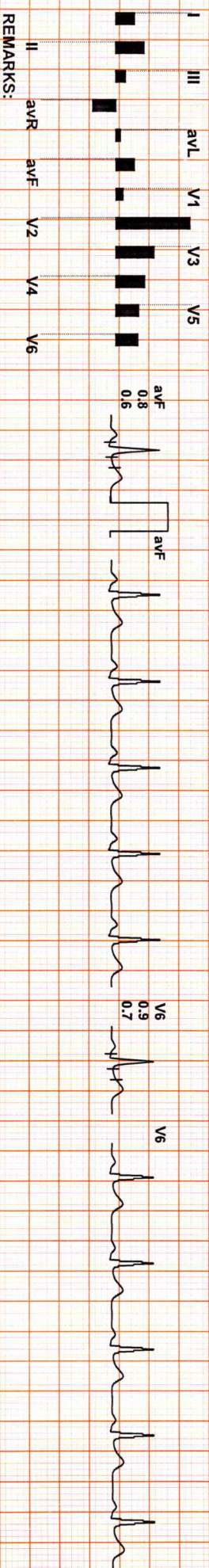
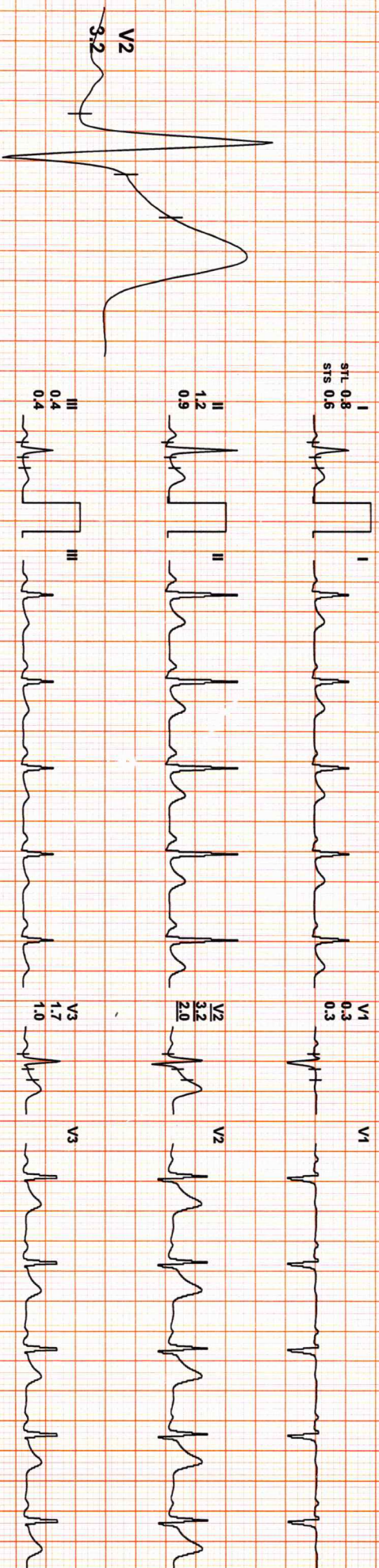
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Date: 17 / 03 / 2024 10:22:02 AM METS: 1.0/ 93 bpm 52% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

AX

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

80 mS Post J



REMARKS:





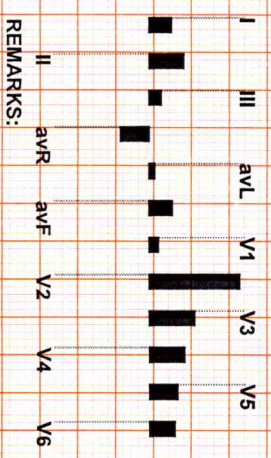
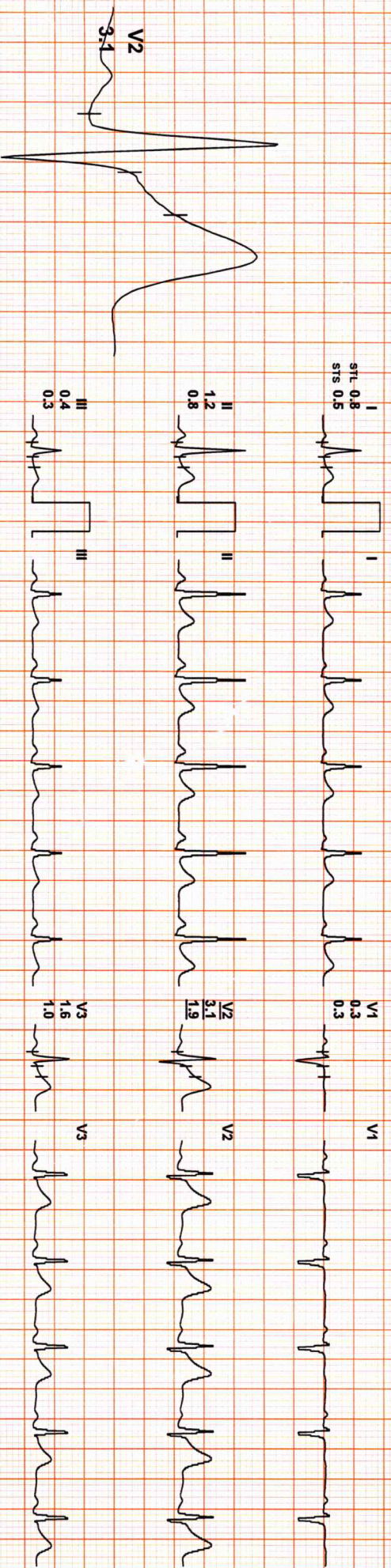
866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 89

Date: 17 / 03 / 2024 10:22:02 AM METS: 1.0/ 89 bpm 49% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X

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

80 mS Post J



REMARKS:





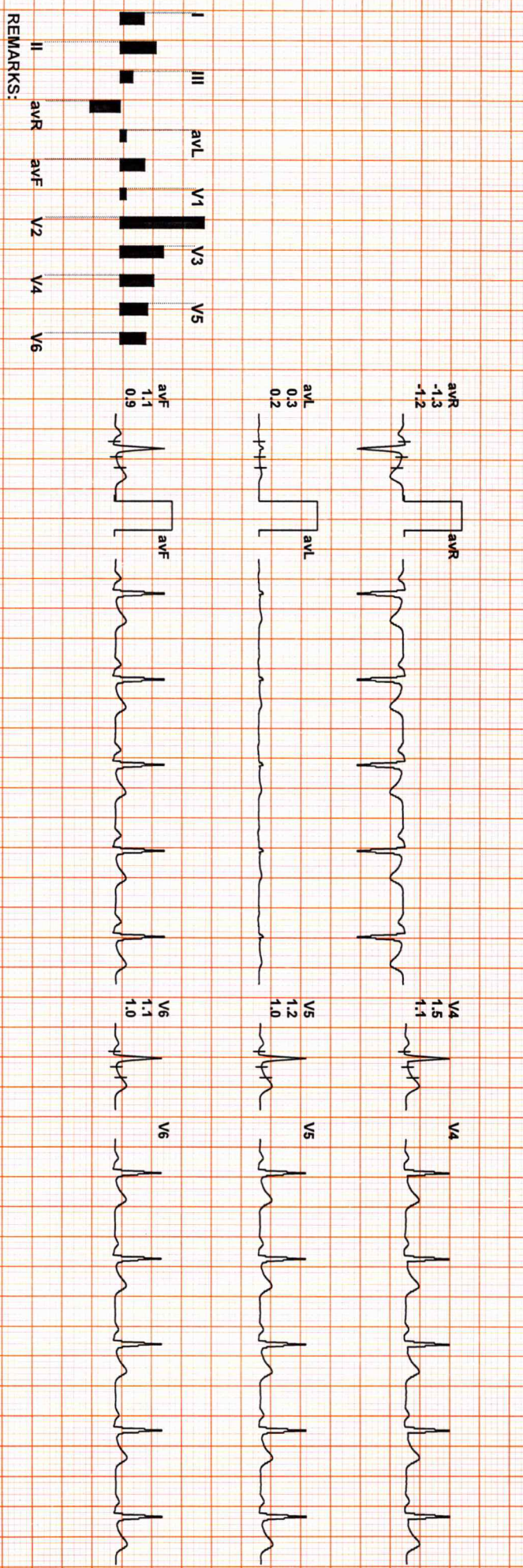
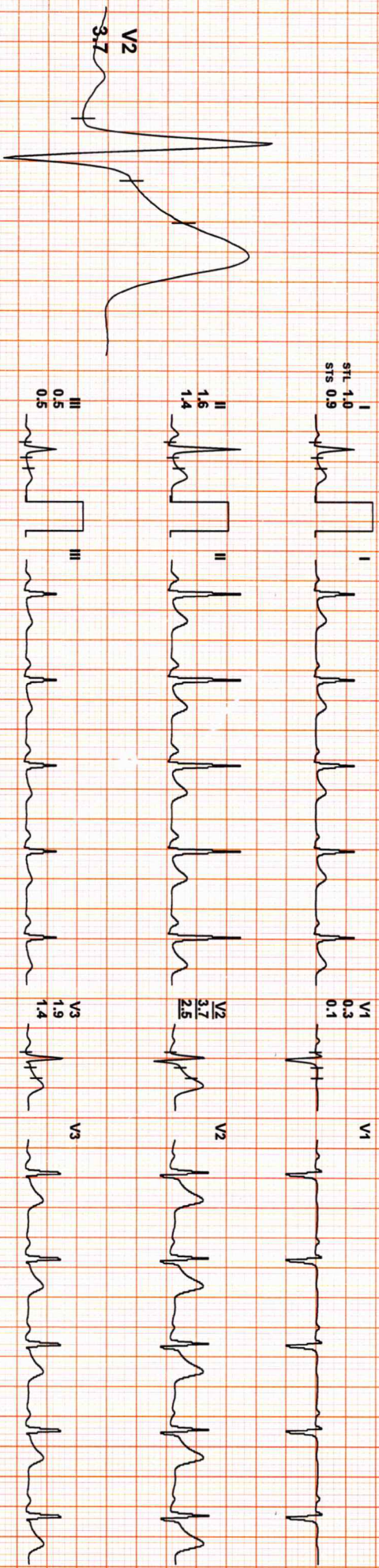
866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 93

Date: 17 / 03 / 2024 10:22:02 AM METS: 1.01 93 bpm 52% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X

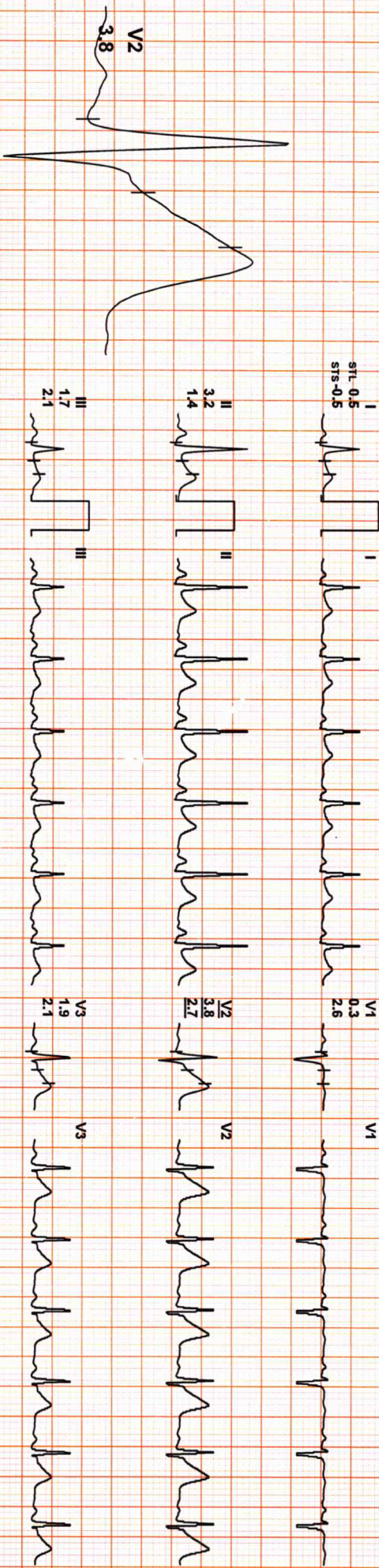
ExtTime: 00:00 1.1 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

80 ms Post J



REMARKS:





REMARKS:



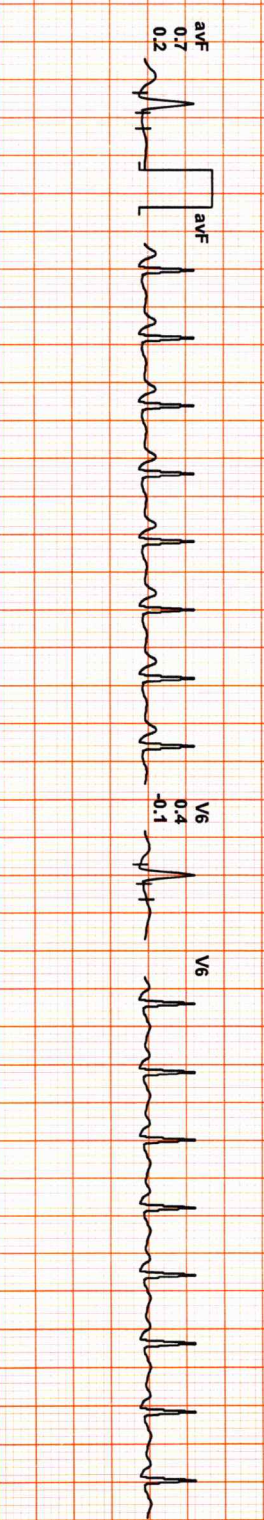
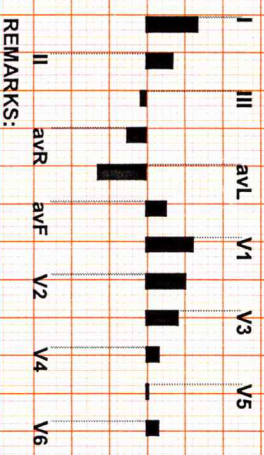
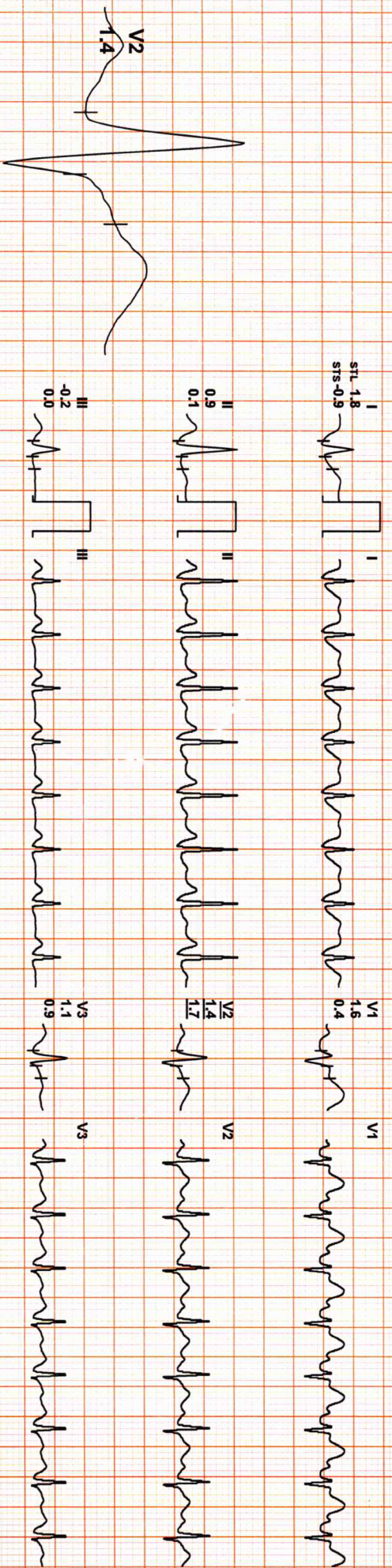


866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 146

Date: 17 / 03 / 2024 10:22:02 AM METS: 4.71 146 bpm 81% of THR BP: 135/85 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:



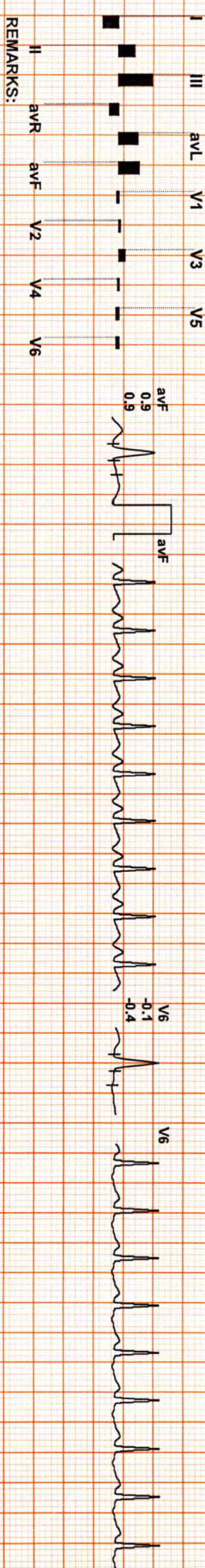
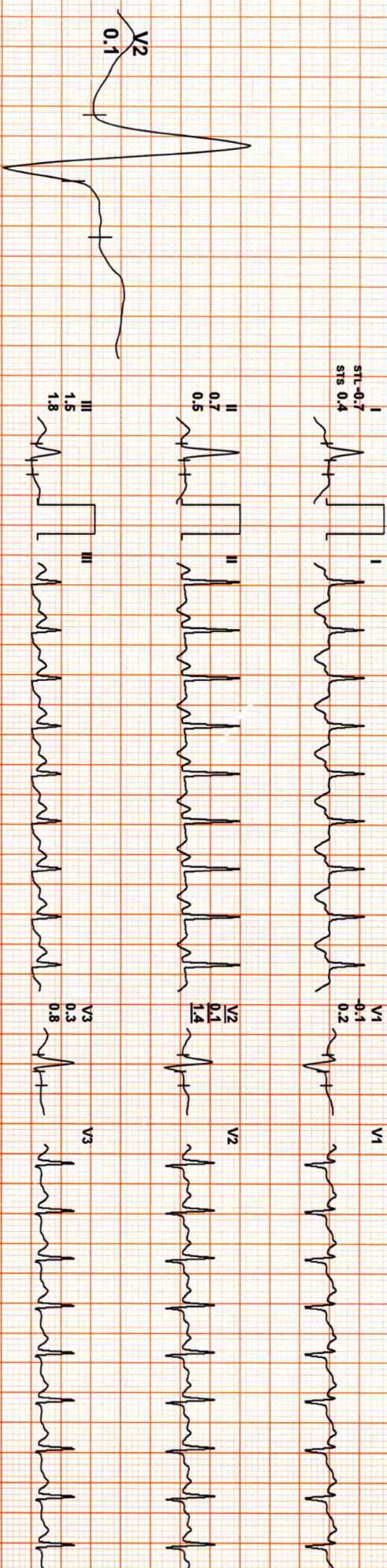


866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 162

Date: 17 / 03 / 2024 10:22:02 AM METS: 7.11 162 bpm 90% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

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



REMARKS:





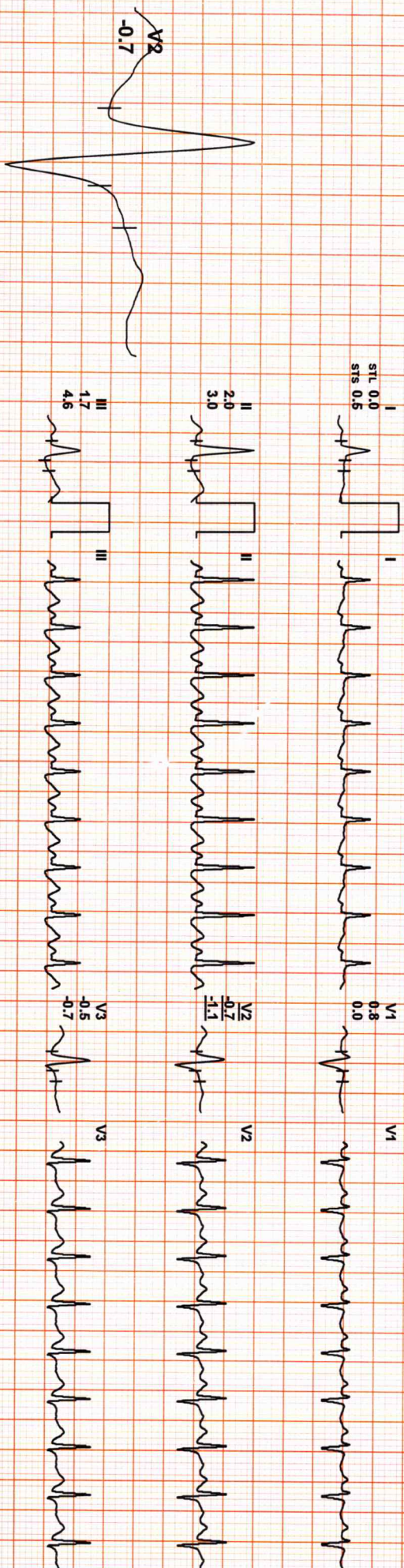
866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 172

Date: 17 / 03 / 2024 10:22:02 AM METS: 7.61 172 bpm 96% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:29 3.4 mph, 14.0%

4X 40 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





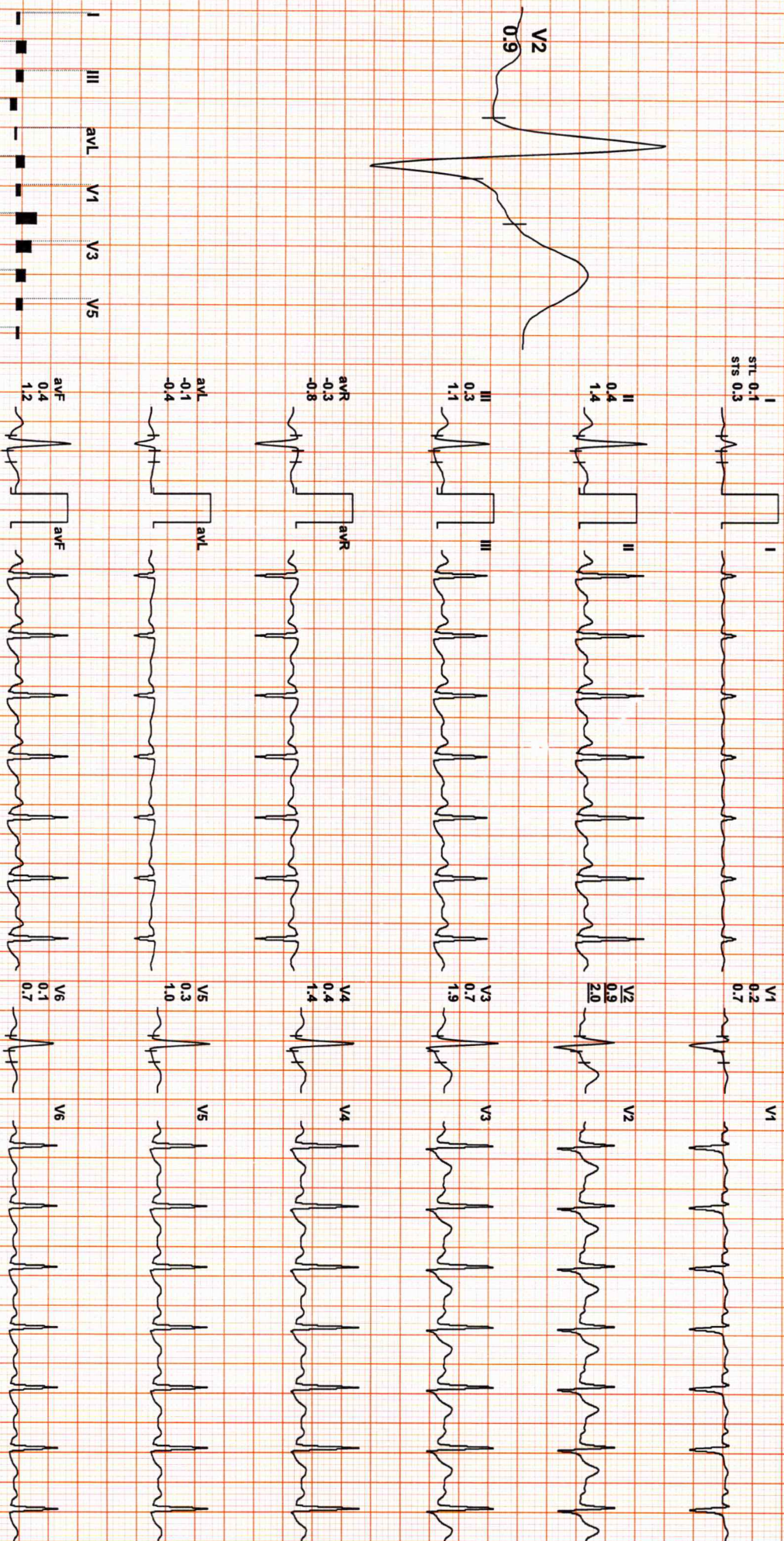
866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 129

Date: 17 / 03 / 2024 10:22:02 AM METS: 1.2/ 129 bpm 72% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:29 0.0 mph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



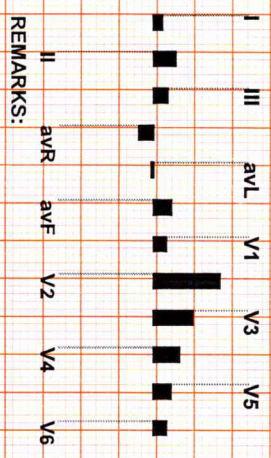
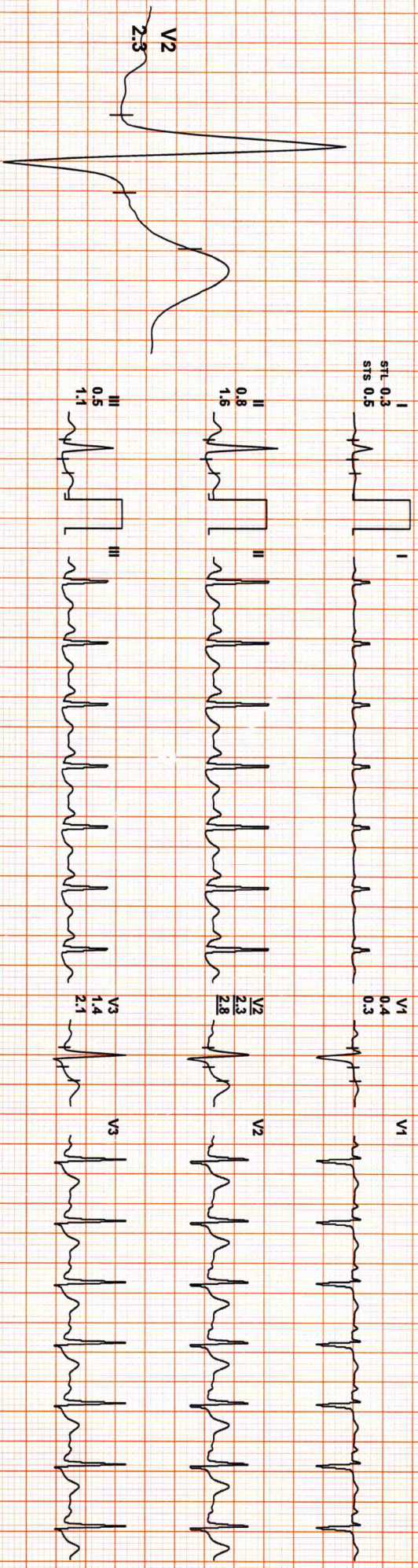


866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 123

Date: 17 / 03 / 2024 10:22:02 AM METS: 1.0/ 123 bpm 68% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 06:29 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:



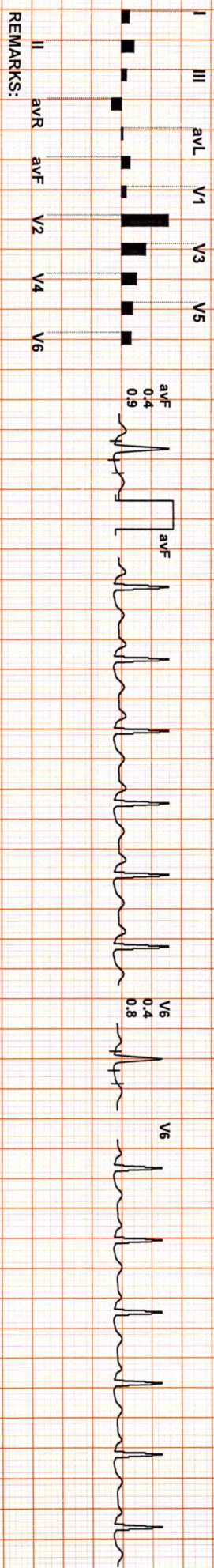
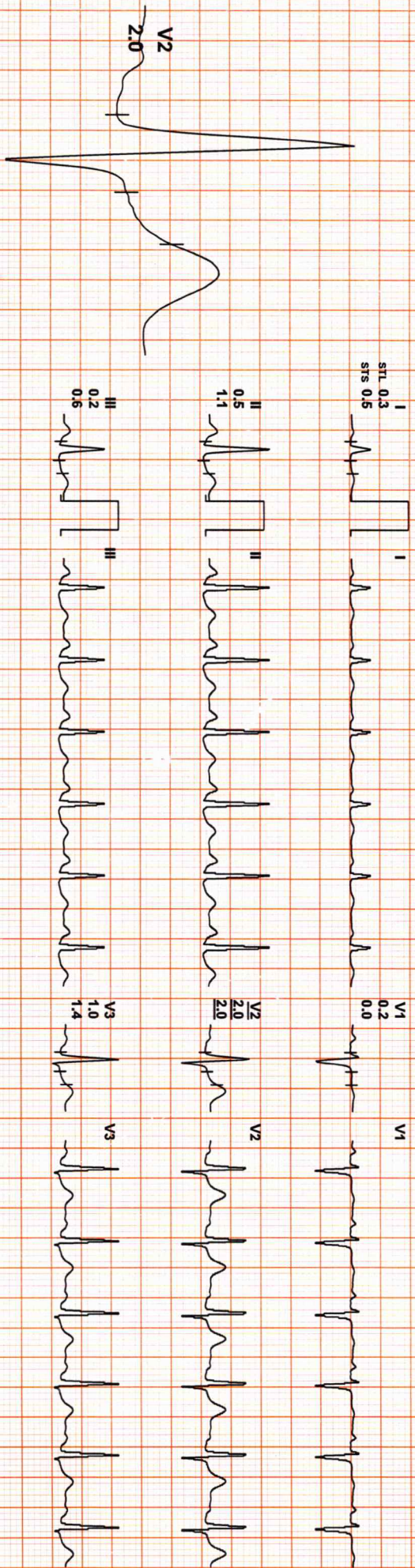


866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 112

Date: 17 / 03 / 2024 10:22:02 AM METS: 1.0 / 112 bpm 62% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

4X 80 ms Post J

ExTime: 06:29 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV





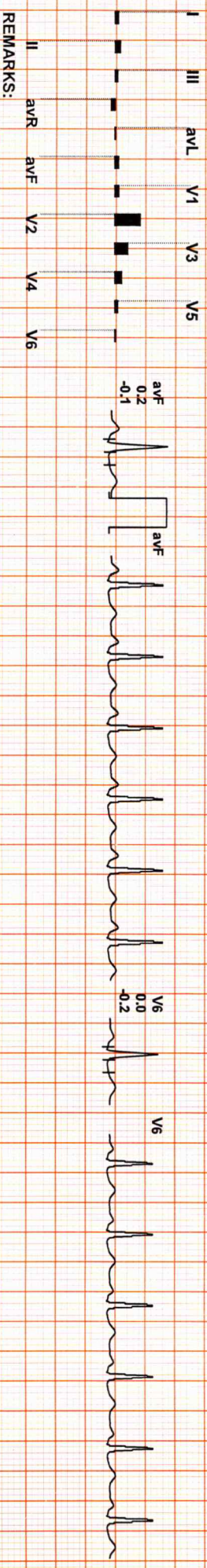
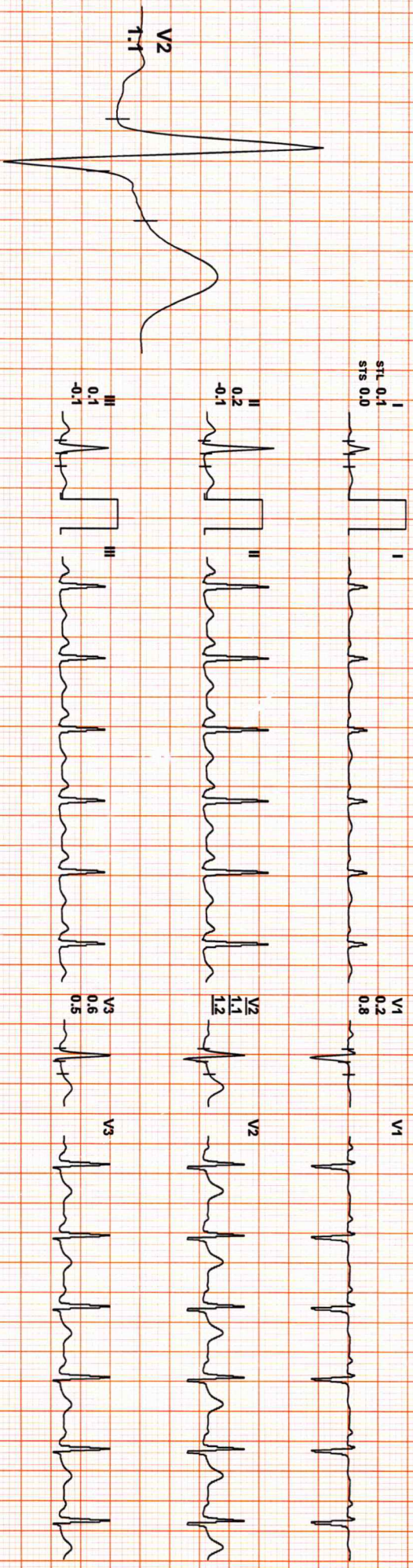


866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 111

Date: 17 / 03 / 2024 10:22:02 AM METS: 1.0/ 111 bpm 62% of THR BP: 125/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 06:29 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



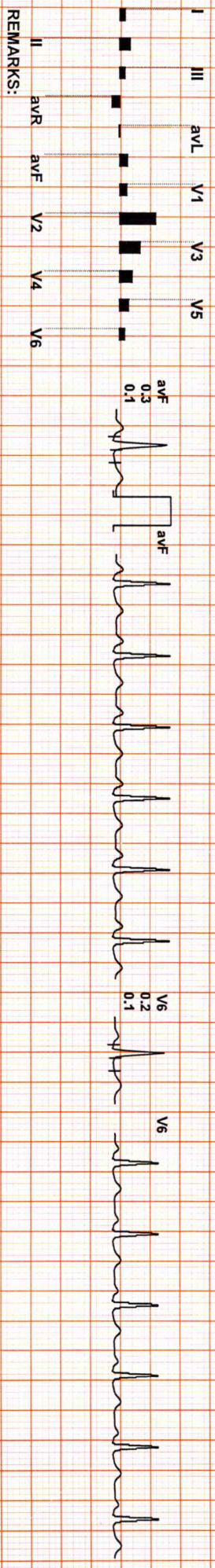
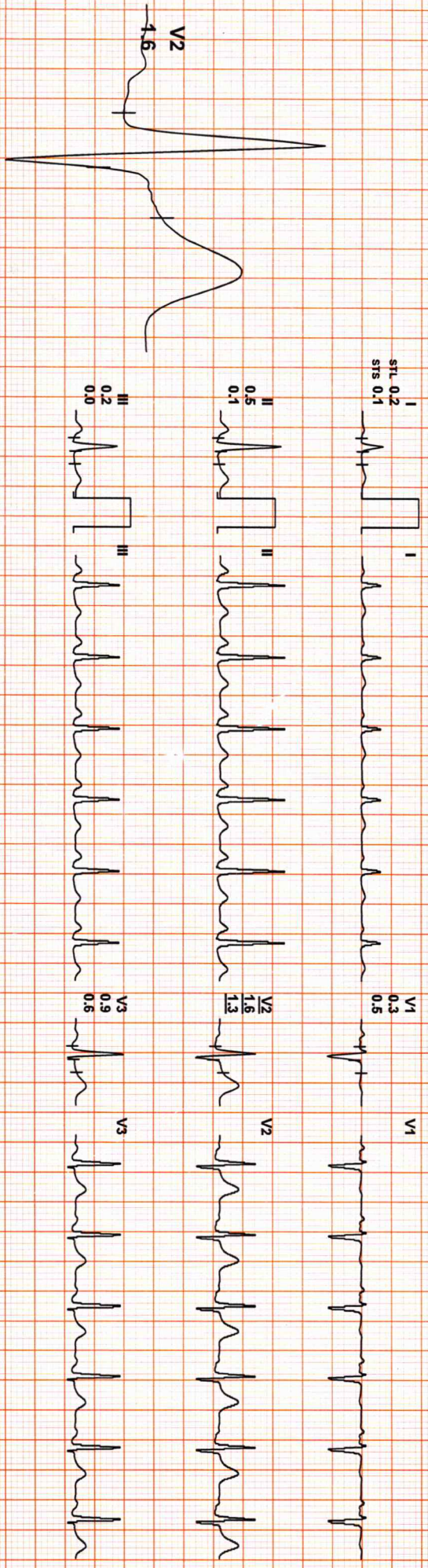
REMARKS:





4X 80 ms Post J

EXTime: 06:29 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



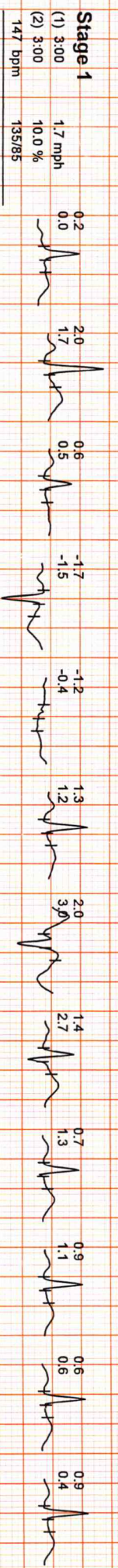
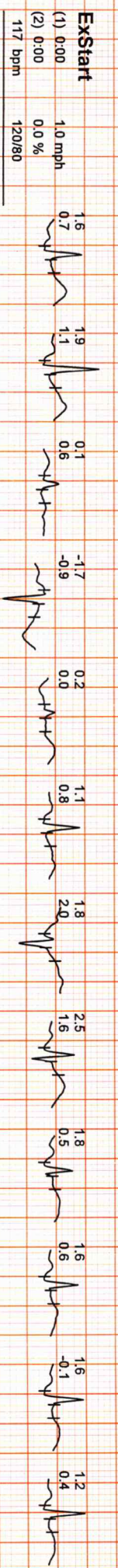
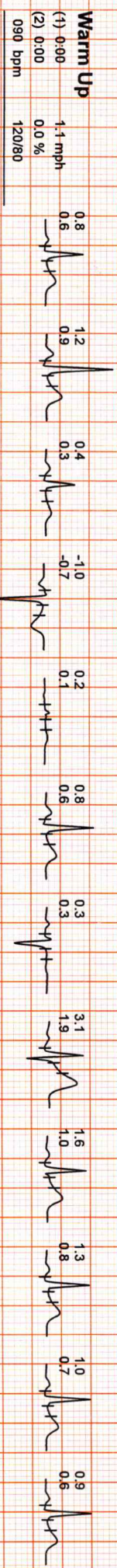
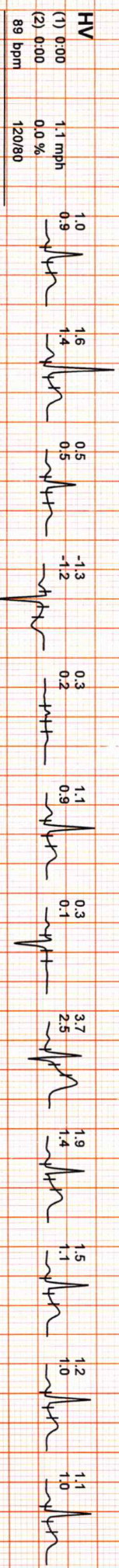
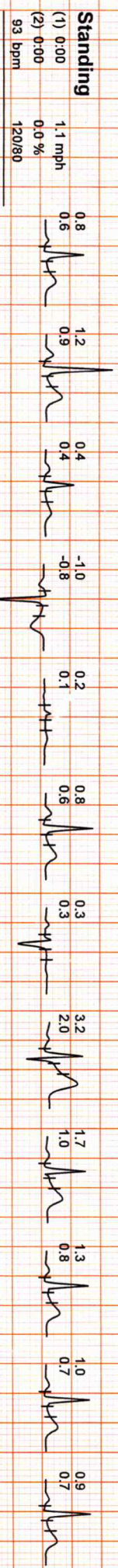
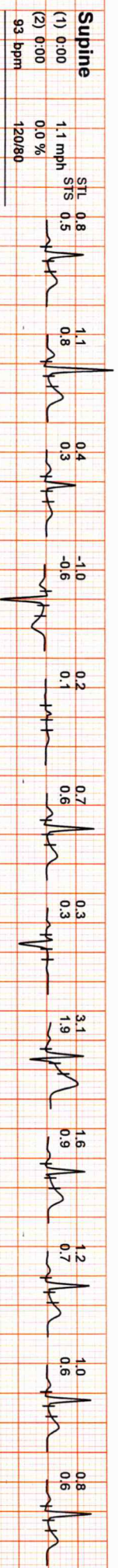
REMARKS:





866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 89

Date: 17 / 03 / 2024 10:22:02 AM I II III avR avL avF V1 V2 V3 V4 V5 V6

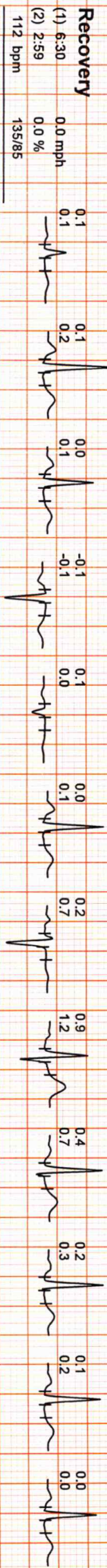
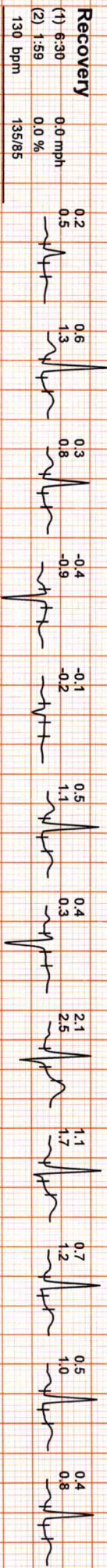
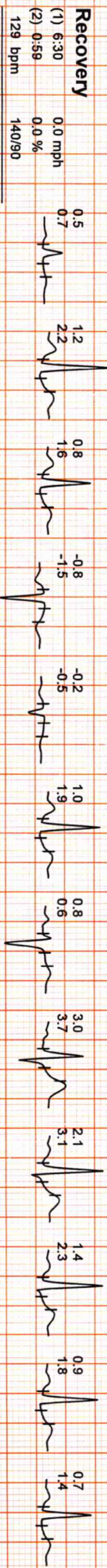
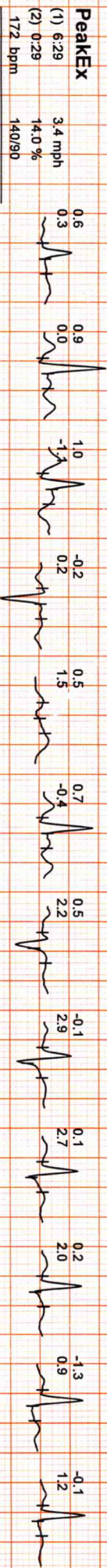
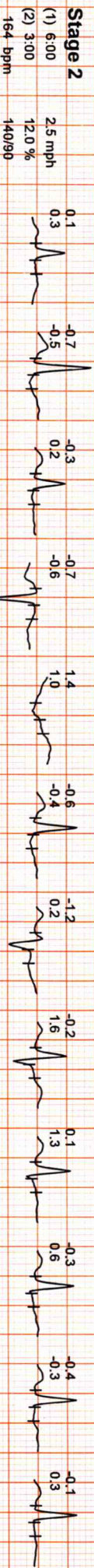






866 (113) / MR VIKRAM JINDAL / 40 Yrs / M / 0 Cms / 0 Kg / HR : 89

Date: 17 / 03 / 2024 10:22:02 AM I II III avR avL avF V1 V2 V3 V4 V5 V6











Date :- 17/03/2024 08:58:30  
**NAME :- Mr. VIKRAM JINDAL**  
Sex / Age :- Male 40 Yrs 2 Mon 10 Days  
Company :- MediWheel

Patient ID :- 12236385  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 17/03/2024 15:46:38

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. 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

Page No: 1 of 1

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



# Dr. Goyal's

## Path Lab & Imaging Centre



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

Date :- 17/03/2024 08:58:30 Patient ID :-12236385  
**NAME :- Mr. VIKRAM JINDAL** Ref. By Dr:- BOB  
 Sex / Age :- Male 40 Yrs 2 Mon 10 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 17/03/2024 08:59:42 Final Authentication : 17/03/2024 12:07:11

### HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	11.2	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 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	275	H mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
--	-----	---------	--

AJAYSINGH  
Technologist

Page No: 1 of 12



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



# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road, 5509  
Sodala, Jaipur-302019  
Tele : 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 17/03/2024 08:58:30

Patient ID :-12236385

NAME :- Mr. VIKRAM JINDAL

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Sex / Age :- Male 40 Yrs 2 Mon 10 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 17/03/2024 08:59:42

Final Authentication : 17/03/2024 12:07:11

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	16.9	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.36	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	65.6	%	40.0 - 80.0
LYMPHOCYTE	28.7	%	20.0 - 40.0
EOSINOPHIL	1.2	%	1.0 - 6.0
MONOCYTE	4.2	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.52	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.54	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.06	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.22	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.98 H	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	52.90 H	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	88.5	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	162	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.9 H	%	11.6 - 14.0
MENTZER INDEX	14.80		

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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# Dr. Goyal's

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

Date :- 17/03/2024 08:58:30

Patient ID :-12236385



NAME :- Mr. VIKRAM JINDAL

Ref. By Dr:- BOB

Sex / Age :- Male 40 Yrs 2 Mon 10 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 08:59:42

Final Authentication : 17/03/2024 12:07:11

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	18 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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Patient ID :- 12236385  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 08:59:42

Final Authentication : 17/03/2024 11:00:17

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	209.94 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	102.25	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	42.72	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	150.18 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	20.45	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.91 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.52 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	596.26	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			

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 08:59:42

Final Authentication : 17/03/2024 11:00:17

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.02	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	0.28	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.74	mg/dl	0.30-0.70
SGOT Method:- IFCC	14.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	30.4	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	119.10	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	43.70	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.09	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.32	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.77	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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Patient ID :- 12236385



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Ref. By Dr:- BOB

Sex / Age :- Male 40 Yrs 2 Mon 10 Days

Lab/Hosp :-

Company :- MediWHEEL

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 08:59:42

Final Authentication : 17/03/2024 10:54:53

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.200	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.640	ug/dl	6.530 - 13.210
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	0.900	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 T4 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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Sex / Age :- Male 40 Yrs 2 Mon 10 Days  
Company :- MediWheel

Patient ID :-12236385  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE Sample Collected Time 17/03/2024 08:59:42 Final Authentication : 17/03/2024 11:05:08

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.5		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
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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Sex / Age :- Male 40 Yrs 2 Mon 10 Days  
Company :- MediWheel

Patient ID :- 12236385  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sulfate, PLAIN SERUM  
Sample ID :- 17032024 15:03:26

Final Authentication : 17/03/2024 16:15:01

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)  
Method:- GOD PAP

**280.2** H 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

**289.3** 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

1.01 mg/dl

Men - 0.6-1.30  
Women - 0.5-1.20

SERUM URIC ACID  
Method:- Enzymatic colorimetric

4.67 mg/dl

Men - 3.4-7.0  
Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE

Sample Collected Time 17/03/2024 08:59:42

Final Authentication : 17/03/2024 12:07:11

### HAEMATOLOGY

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

AJAYSINGH, VIJENDRAMEENA  
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Final Authentication : 17/03/2024 11:00:17

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

\*\*\* End of Report \*\*\*

SURENDRAKHANGA

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