

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

Patient Name : RAHUL SISODIYA

Age / Gender : 31 years / Male

Endo ID : 182291

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 13, 2024, 12:45 p.m.

Reported Date & Time : Apr 13, 2024, 02:06 p.m.

Sample ID :



241040066

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	13.4	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.30	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	43.4	%	42 - 52
Mean Cell Volume (MCV)	82.0	FL	78 - 100
Mean Cell Haemoglobin (MCH)	25.2	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	30.8	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.7	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7310	Cell/cu.mm	4000 - 10000
Neutrophils	52	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytes	04	%	2 - 10
Eosinophils	04	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	10.9	fL	7.2 - 11.7
PCT	0.26	%	0.2 - 0.5
Platelet Count	235	10 ³ /ul	150 - 450

END OF REPORT

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

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


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HAEMATOLOGY

ESR	15	mm	0 - 20
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CLINICAL PATHOLOGY

URINE ROUTINE

General Examination

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

Chemical Examination

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

Microscopic Examination

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

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Collected Date & Time : Apr 13, 2024, 12:45 p.m.

Reported Date & Time : Apr 13, 2024, 04:00 p.m.

Sample ID :



241040066

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

Medical Remark :

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

'O' POSITIVE

END OF REPORT

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BIOCHEMISTRY

LIPID PROFILE

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	191.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	131.7	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	49.0	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	26.34	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	115.66	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	3.90		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.36		0.5-3.4

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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.57	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.27	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.30	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	37.5	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	26.4	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	71.0	U/L	MALE & FEMALE
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	6.97	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.45	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.52	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.77		1.5 - 2.5
Method : Calculated			

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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

4.9

%

> 8% Action Suggested

7 - 8 % Good Control

6 - 7 % Near Normal Glycemia

< 6% Normal level

BLOOD

Method : Nephelometry Methodology

Instrument: Mispal i2

Clinical Information:

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

AVERAGE BLOOD GLUCOSE

93.93

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

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IMMUNOLOGY

T3-Triiodothyronine Method : CHEMILUMINESCENCE	1.28	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	9.1	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	2.20	uIU/mL	0.35 - 5.50

Interpretation:

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

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BIOCHEMISTRY

Urea

25.0

mg/dL

10.0 - 40.0

Method : Uricase

CREATININE

0.90

mg/dL

0.60 - 1.40

Method : Serum, Jaffe

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BIOCHEMISTRY

Uric Acid	6.3	mg/dL	3.5-7.0
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Method : Uricase, Colorimetric

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BIOCHEMISTRY

Calcium	9.3	mg/dL	8.50 - 10.20
Method : Arsenazo III			

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BIOCHEMISTRY

Glucose fasting	102.8	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

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NAME :	RAHUL SISODIYA	DATE :	13-Apr-24
AGE :	31 YRS	REF BY :	MEDIWHEEL
SEX :	MALE		

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . TRACE TR
- . RVSP 20 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM .
- . SIZE OF MAIN PULMONARY ARTERY 16 MM

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

LVID d	43.4	LVEDV	
LVID s	27.9	LVESV	
RVID(d)	---	SV	-
IVS d	9.0	F.S	35%
IVS S	12.7	EF	65%
LVPW d	9.3	C.O	-
LVPWS	13.0	MITRAL VALVE	-
AORTIC ROOT	29.0	EF SLOPE	-
LEFT ATRIUM	29.9	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 121 A- 74	-	NIL
TRICUSPID VALVE	NORMAL	159	-	TRACE
PUL VALVE	NORMAL	116	-	NIL
AORTIC VALVE	NORMAL	143	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 20 MM HG	MVA

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
 Consultant Radiologist & Sonologist
 RMC No. -00-507/15600

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

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNA
 THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL PURPOSE

USG ABDOMEN-PELVIS

NAME -Rahul Sisodiya	AGE-- 31 Yrs	Date --13-Apr-24
REF BY -- Mediwheel		

LIVER : is enlarged in size **14.0 cm** and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

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

SPLEEN: normal in size and shows normal echopattern.

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

RT.KIDNEY- Normal in size, shape and position . Measures :-- 10.0 x 3.8 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen

LT. KIDNEY- Normal in size, shape and position. Measures :-- 10.6 x 4.5 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen

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

PROSTATE: is Normal in size 13.2 gms and shows normal homogeneous echotexture

IMPRESSION:-

- **Mild Hepatomegaly.**
- **Rest of the abdominal organs are within normal limits.**

Dr. ROOPA GOYAL (M.B.B.S., M.S.D.)
Consultant Radiologist & Sonologist
Phone No. -004507115600

(Adv- clinical correlation , further evaluation)

Please note :- This is professional opinion only and not the final diagnosis as science of radiology is based on interpretation of various shadows produced by both normal and abnormal structures . Dissimilar diverse diseases may produce similar shadows and vice versa , hence finding is path genomic . All findings are only S/O , hence advice These findings are observations at the time of study. Findings can change any time. In case of any disparity between clinical and sonography, X ray findings. Please send patient again for review Free of Cost This report is not valid for medico-legal purpose subject to Ajmer and jurisdiction only .

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

Patient Name Mr. RAHUL SISODIYA 31/M

5 Seconds ECG Report

April 13, 2024
Time: 11:35:44

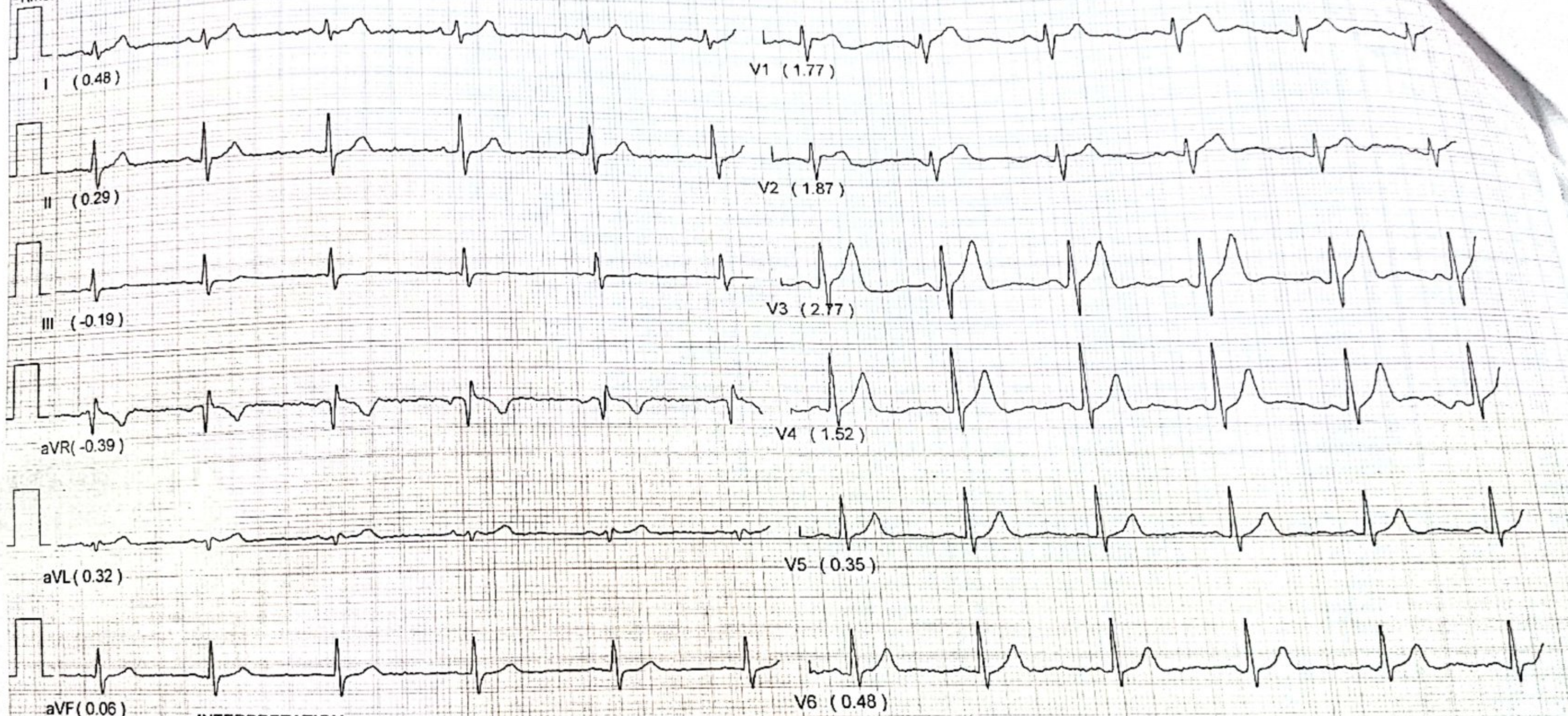
P-QRS-T Axis (27)-(67)-(19) deg

PR Interval: 0.15 sec

RR Interval: 0.88 sec

HR : 67 bpm BP : 0 / 0 mmHg

QRS Duration : 0.084 Sec



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,
 T wave inversion in Lead III,
 Otherwise Normal ECG

DR
MD

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
 Consultant Radiologist & Sonologist
 RMC No: 204507115600

*Unconfirmed Reporting, Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/1.13



भारत सरकार
Government of India



Issue Date: 05/05/2012



राहुल सिसोदिया
Rahul Sisodiya
जन्म तिथि/DOB: 17/04/1992
पुरुष/ MALE

7554 6383 1786

VID : 9161 8793 1341 2966

मेरा आधार, मेरी पहचान

P

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



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O: नरेश सिसोदिया, प्लॉट न. 74, दानमल माथुर
कॉलोनी, गुलाब बाड़ी, अजमेर, अजमेर,
राजस्थान - 305007

Address:
S/O: Naresh Sisodiya, Plot No. 74, Danmal
Mathur Colony, Gulab Bari, Ajmer, Ajmer,
Rajasthan - 305007

Download Date: 24/12/2021

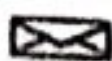


7554 6383 1786

VID : 9161 8793 1341 2966



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Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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NAME- RAHUL SISODIYA

AGE -- 31 YRS


DATE- 13/04/24

REF.BY—MEDI WHEEL

SKIAGRAM CHEST PA VIEW

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

NAD IN HEART AND LUNGS


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