

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

General Physical Examination

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

Date of Examination: 24 March 2024

Name: SUNIL JATAV Age: 34 Sex: m

DOB: 02/04/1989

Referred By: BOB

Photo ID: Aadhar ID #: Attached.

Ht: 167 (cm)

Wt: 79 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 101 (cm)

Blood Pressure: 125/94 mm Hg PR: 81 / min

BMI 28.3

Eye Examination: Dis Vision L.E. 6/12, R.E. 6/12, Near Vision

L.E. 6/9 R.E. 4/18

Other: Not significant

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

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

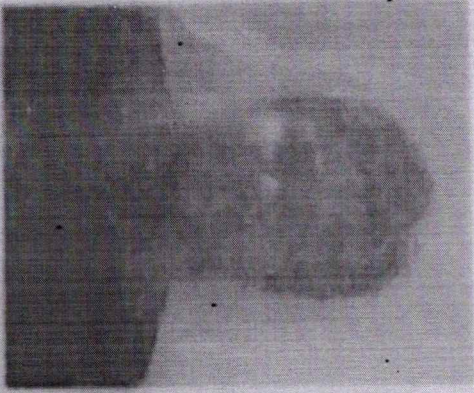
Signature Medical Examiner: [Signature] Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.U.
RMC Reg. No.-017913



भारत सरकार

Government of India



सुनील जाटव

Sunil Jatav

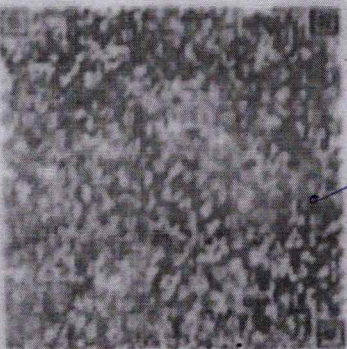
जन्म तिथि/DOB: 01/04/1989

पुरुष/ MALE

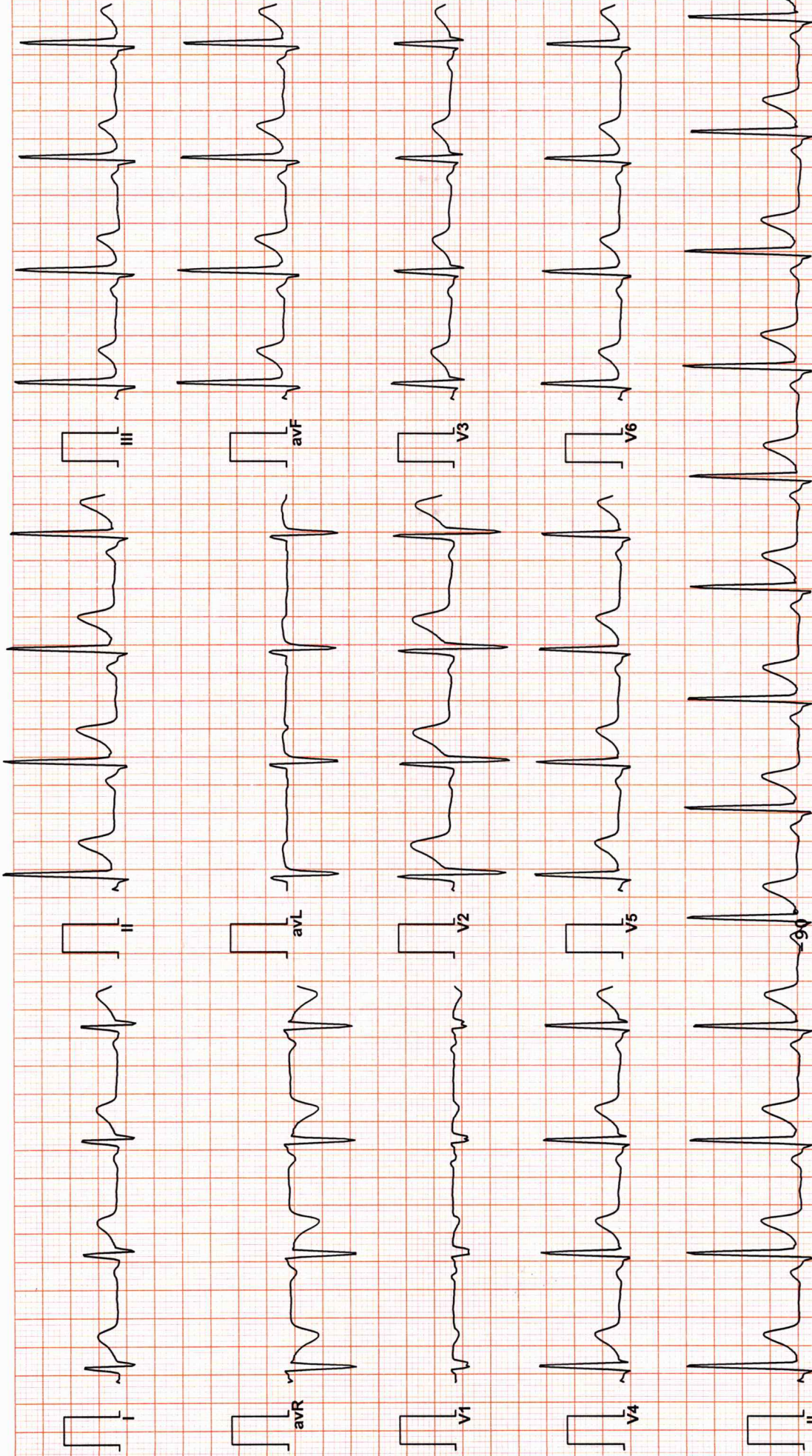
2155 5517 6547

VID: 9122 5544 1017 5229

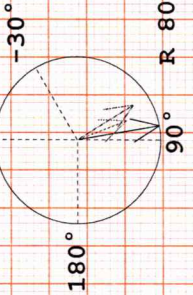
भेरा आणार, भेरा परधान



Piyush Goyal
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
Reg. No. 10-01-1-3.



Vent Rate : 75 bpm
 PR Interval : 144 ms
 QRS Duration: 88 ms
 QT/QTc Int : 358/384 ms
 P-QRS-T axis: 69.00 • 80.00 • 58.00 •



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

Reported By:

R 80.00° T 58.00° P 69.00°



36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / NonSmoker
Date: 24 / 03 / 2024 10:50:51 AM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	01.1	00.0	01.0	078	42 %	126/82	098	00	
Standing	00:26	0:19	01.1	00.0	01.0	076	41 %	126/82	095	00	
IV	00:45	0:19	01.1	00.0	01.0	074	40 %	126/82	093	00	
Warm Up	01:18	0:33	01.1	00.0	01.0	084	45 %	126/82	105	00	
Start	02:02	0:44	01.0	00.0	01.0	084	45 %	126/82	105	00	
RUCE Stage 1	05:02	3:00	01.7	10.0	04.7	123	66 %	134/84	164	00	
RUCE Stage 2	08:02	3:00	02.5	12.0	07.1	142	77 %	136/86	193	00	
PeakEx	10:01	1:59	03.4	14.0	09.2	163	88 %	140/90	228	00	
Recovery	11:01	1:00	00.0	00.0	01.2	132	71 %	140/90	184	00	
Recovery	12:01	2:00	00.0	00.0	01.0	101	55 %	138/88	139	00	
Recovery	13:01	3:00	00.0	00.0	01.0	095	51 %	136/86	129	00	
Recovery	14:01	4:00	00.0	00.0	01.0	101	55 %	134/86	135	00	
Recovery	14:03	4:02	00.0	00.0	01.0	096	52 %	134/86	128	00	

INDINGS :

- Exercise Time : 07:59
- Max HR Attained : 163 bpm 88% of Target 185
- Max BP Attained : 140/90 (mm/Hg)
- Max WorkLoad Attained : 9.2 Good 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)

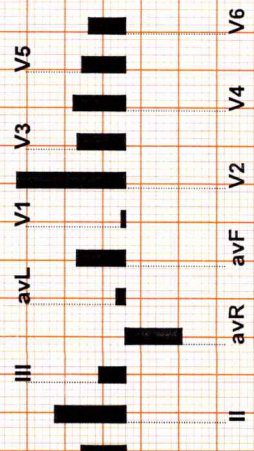
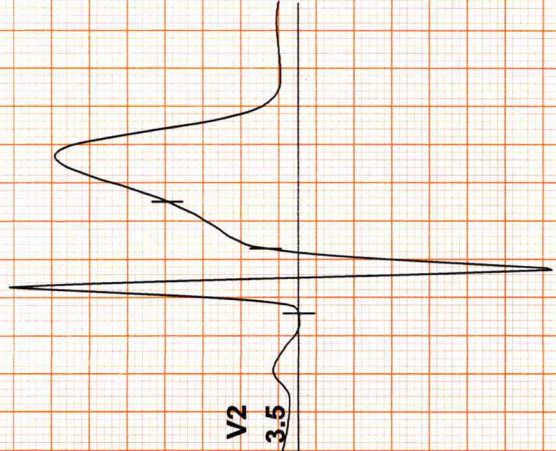
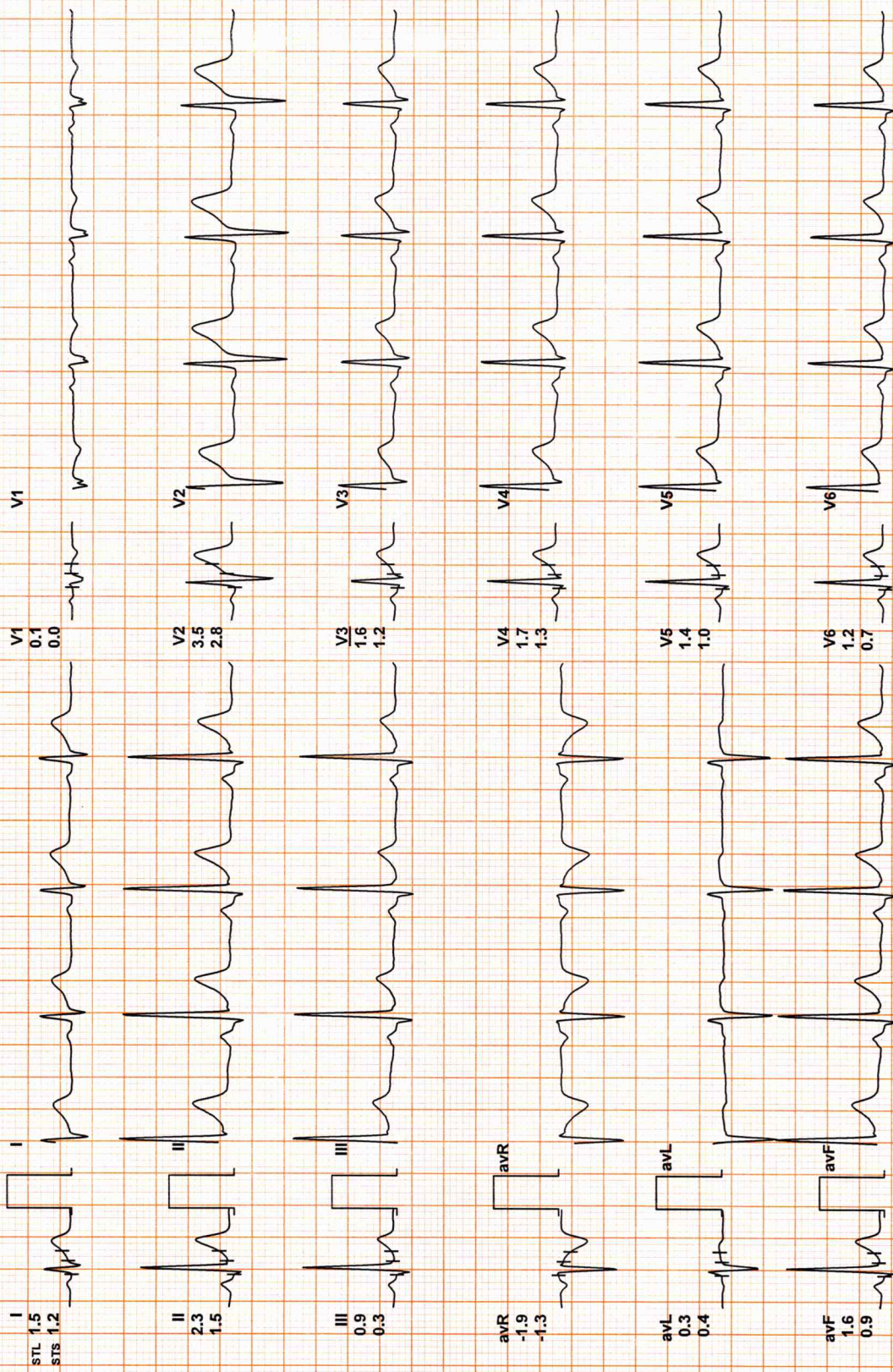


36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 78

ate: 24 / 03 / 2024 10:50:51 AM METS: 1.0/ 78 bpm 42% of THR BP: 126/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 80 mS Post J



REMARKS:



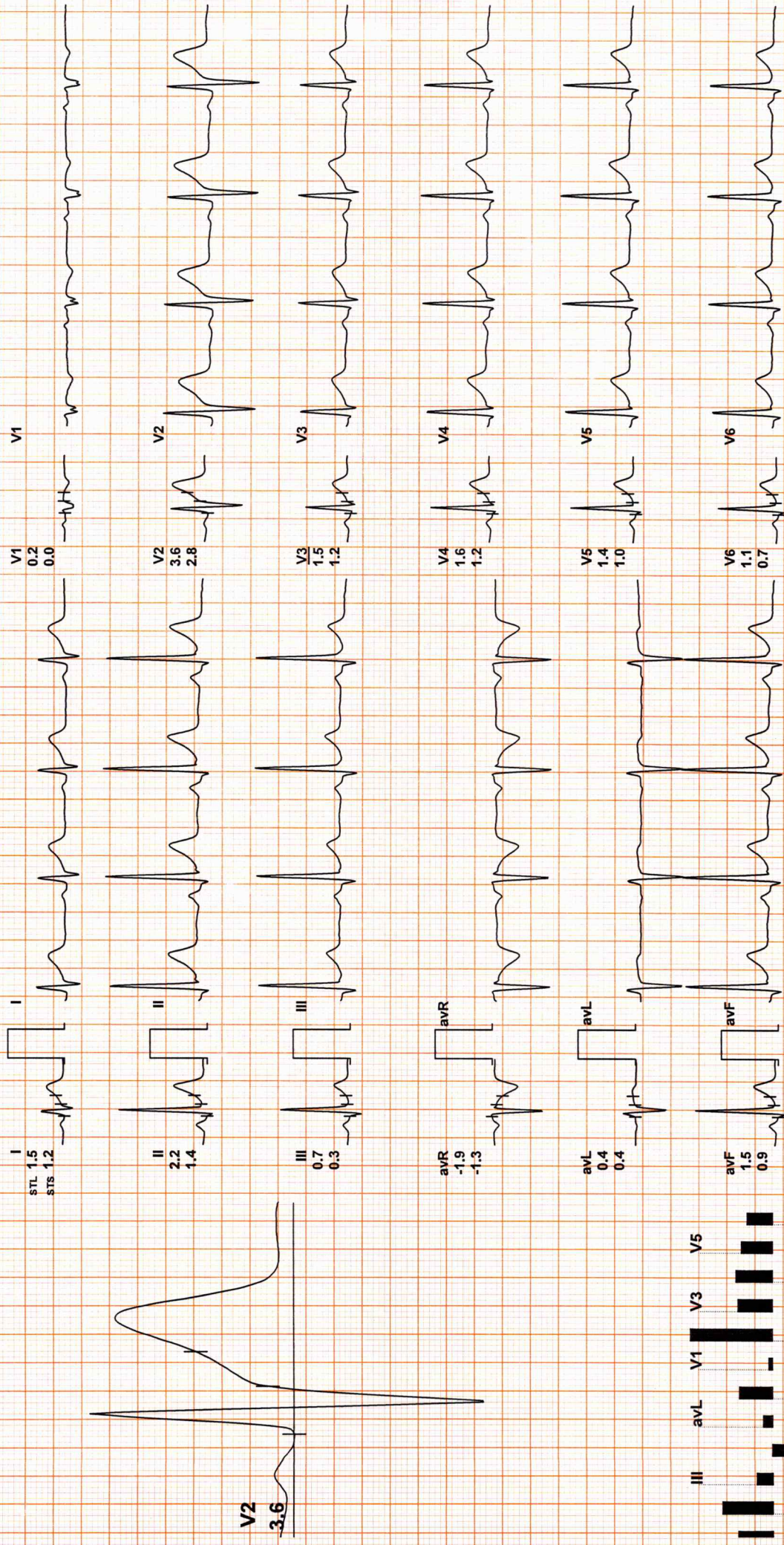
36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 76

Date: 24 / 03 / 2024 10:50:51 AM METS: 1.0 / 76 bpm 41% of THR BP: 126/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

80 mS Post J

25 mm/Sec. 1.0 Cm/mV



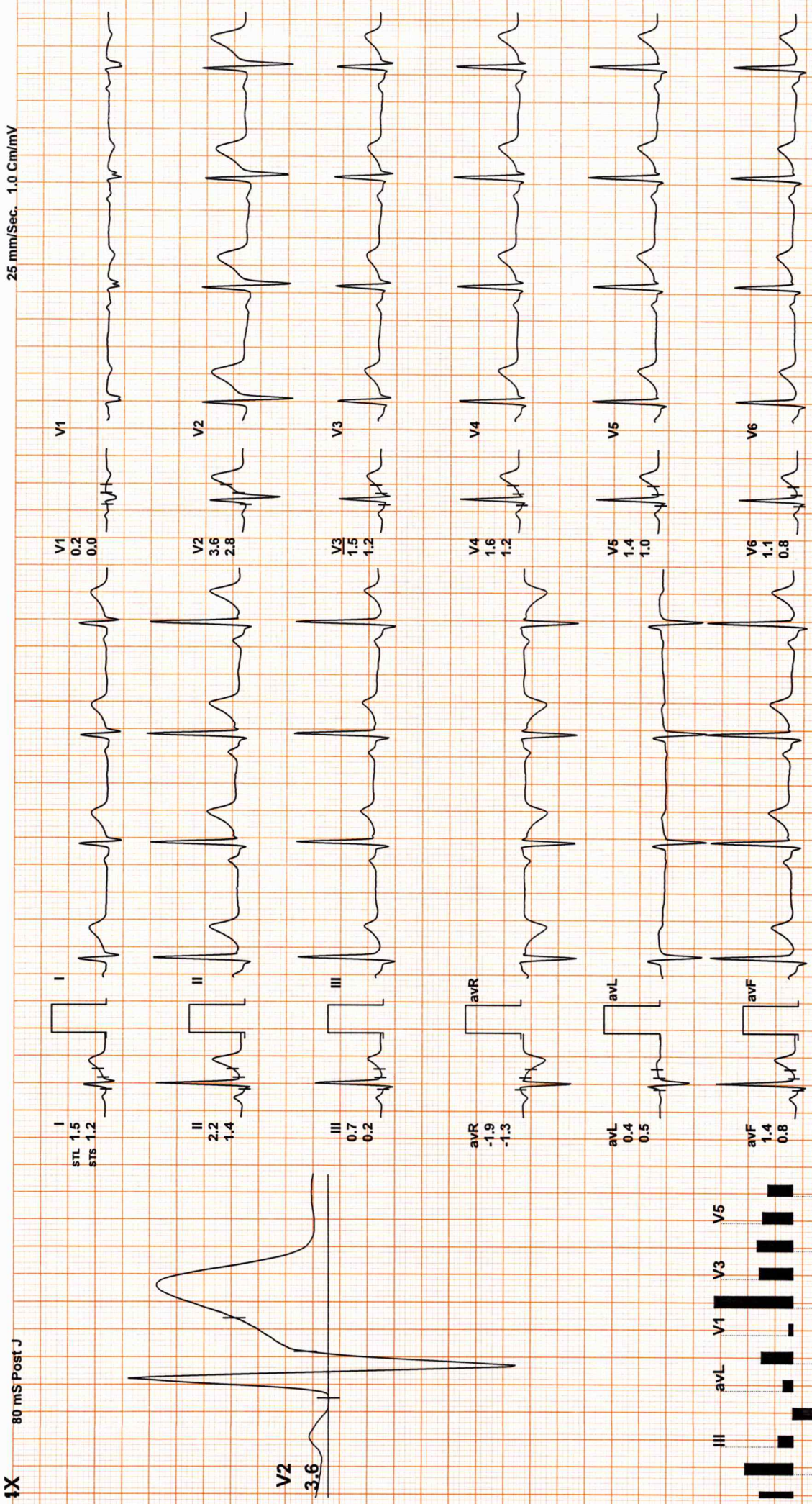
REMARKS:



36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 74

ate: 24 / 03 / 2024 10:50:51 AM METS: 1.0/ 74 bpm 40% of THR BP: 126/82 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%



80 mS Post J

REMARKS:



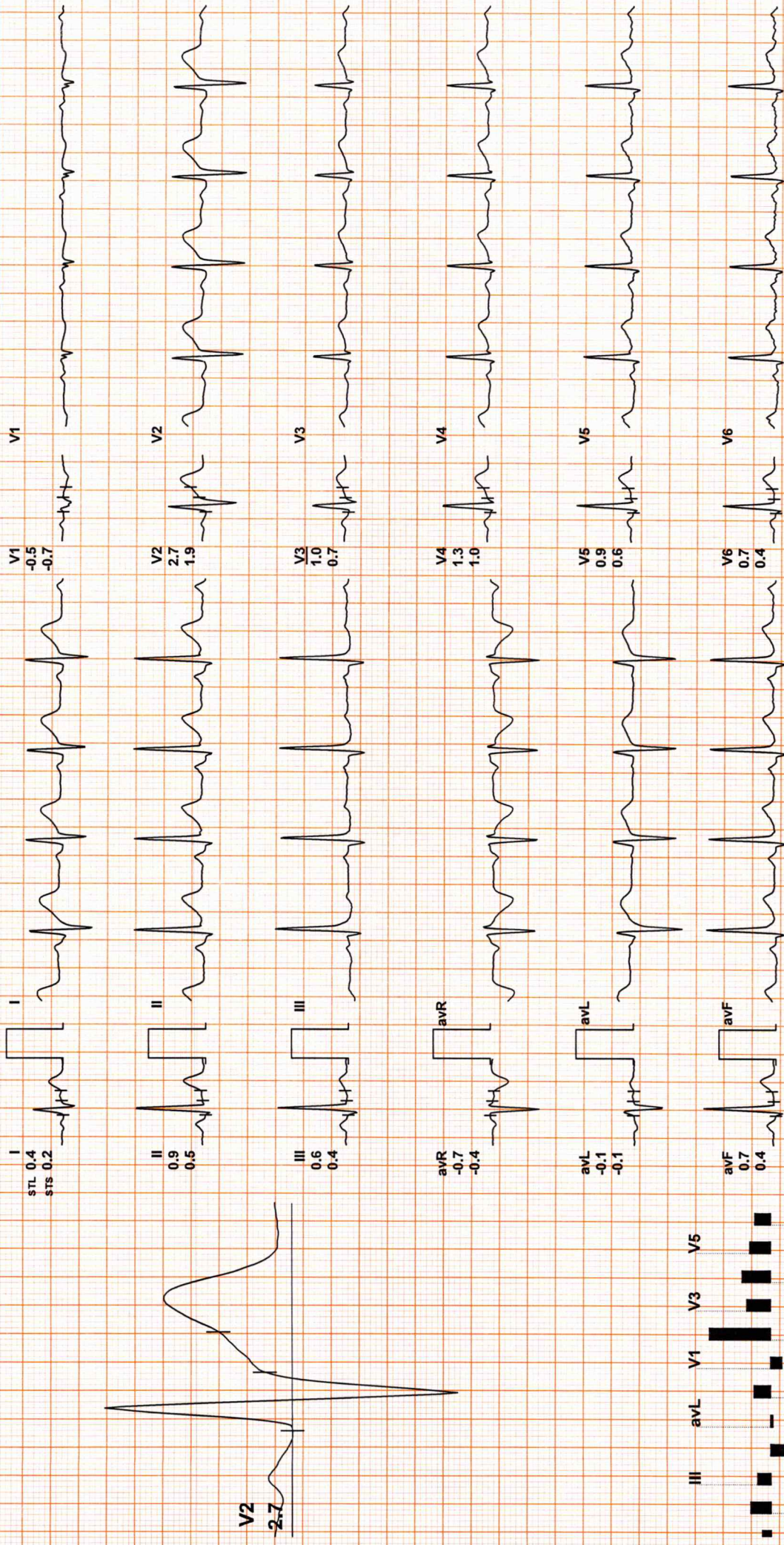
36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 84

ate: 24 / 03 / 2024 10:50:51 AM METS: 1.0/ 84 bpm 45% of THR BP: 126/82 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

80 mS Post J

25 mm/Sec. 1.0 Cm/mV



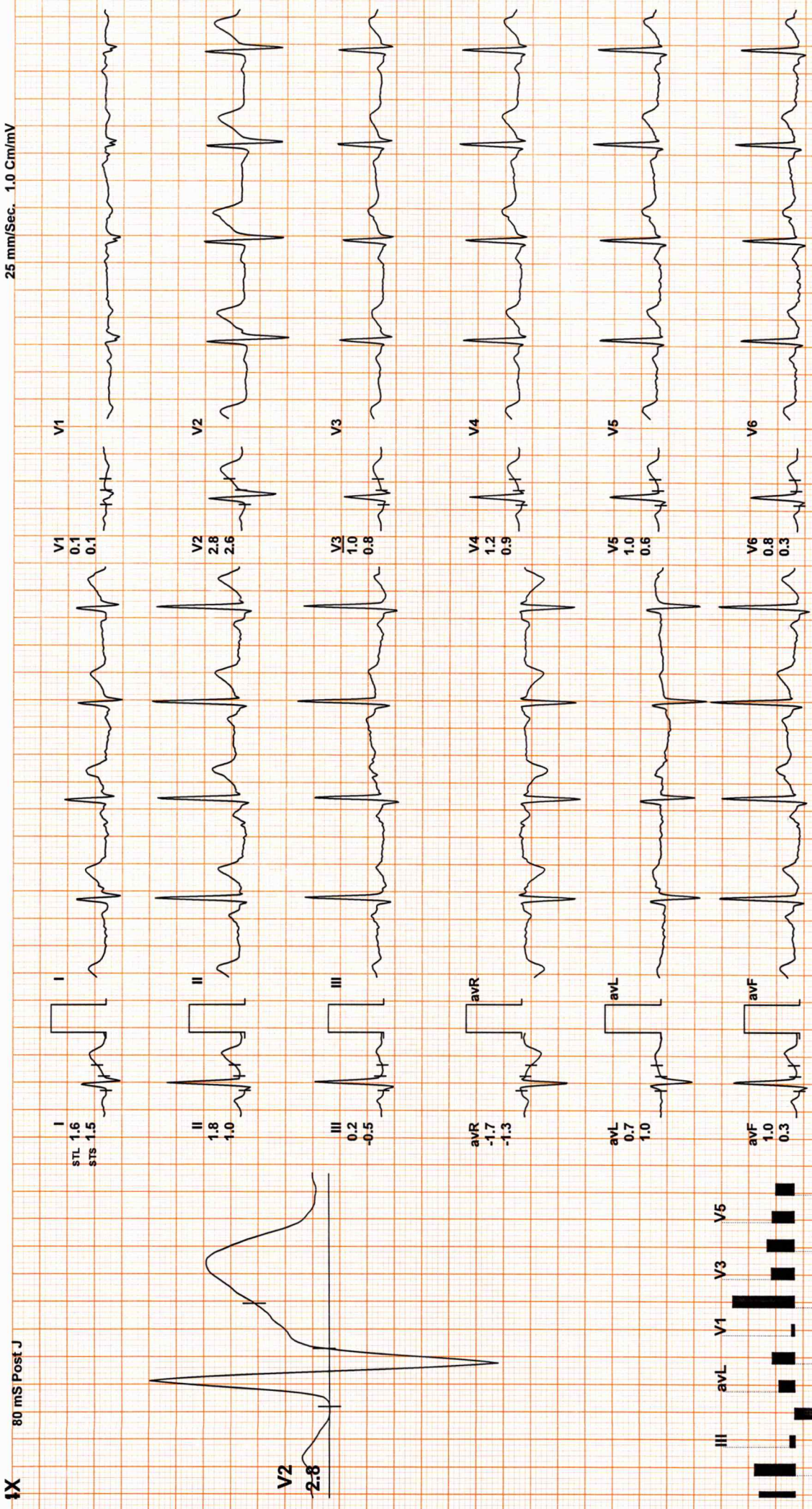
REMARKS:

36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 84

ate: 24 / 03 / 2024 10:50:51 AM METS: 1.0/ 84 bpm 45% of THR BP: 126/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

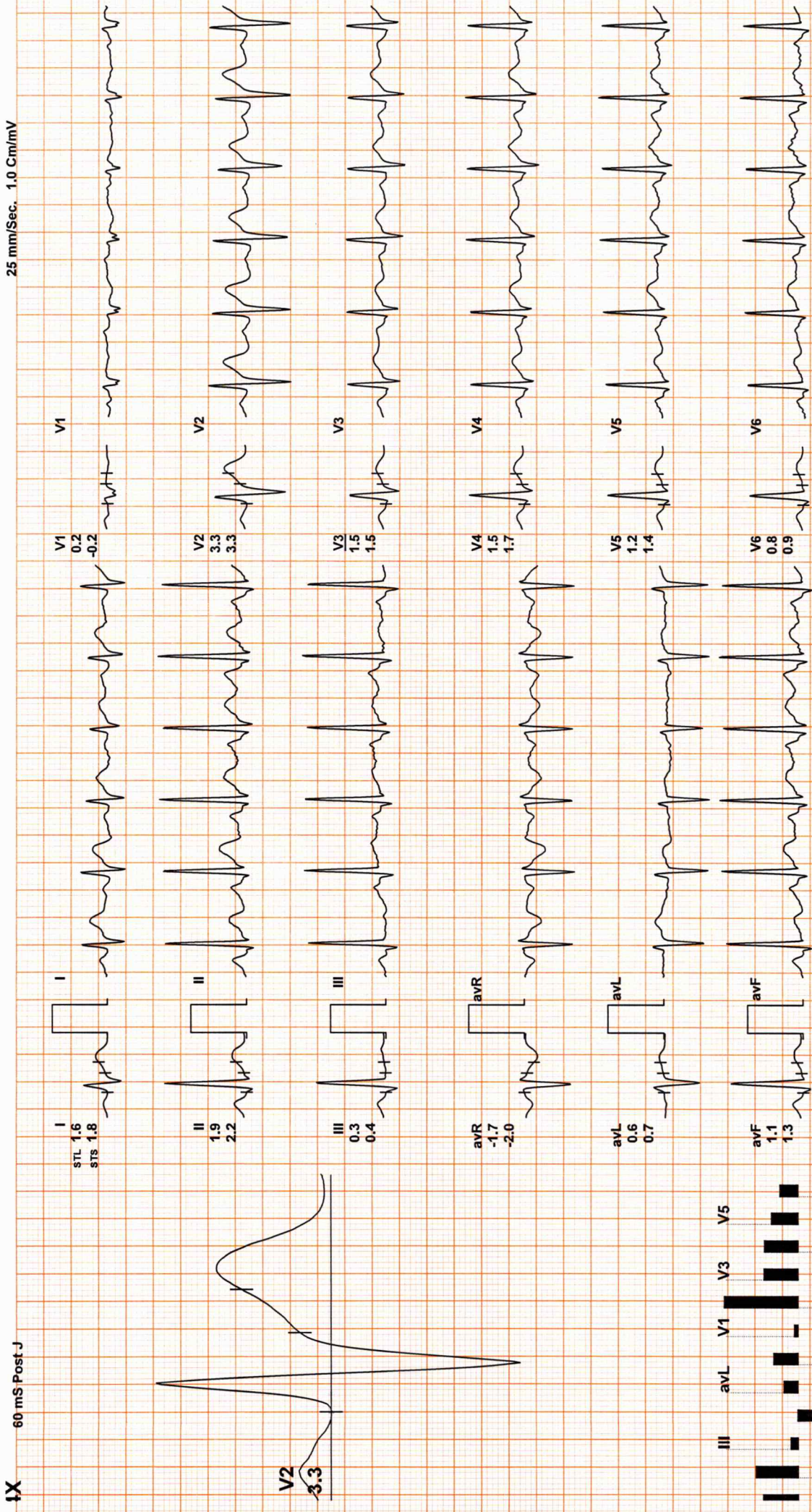


36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 123

ate: 24 / 03 / 2024 10:50:51 AM METS: 4.7/ 123 bpm 66% of THR BP: 134/84 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

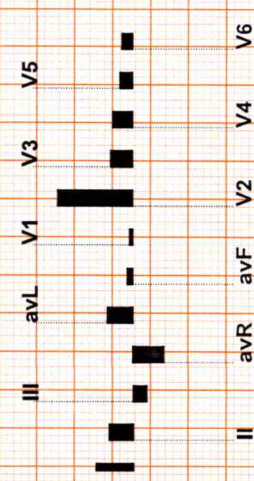
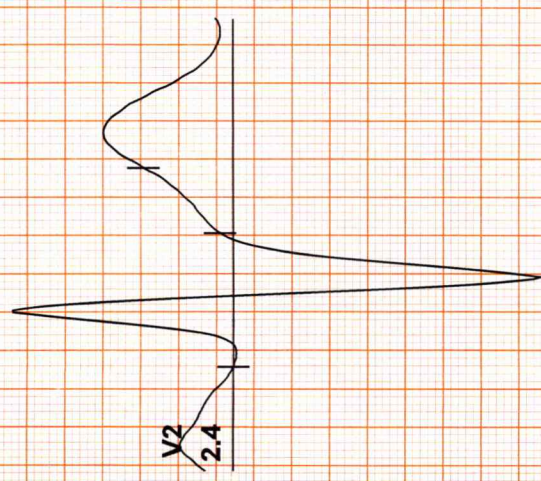
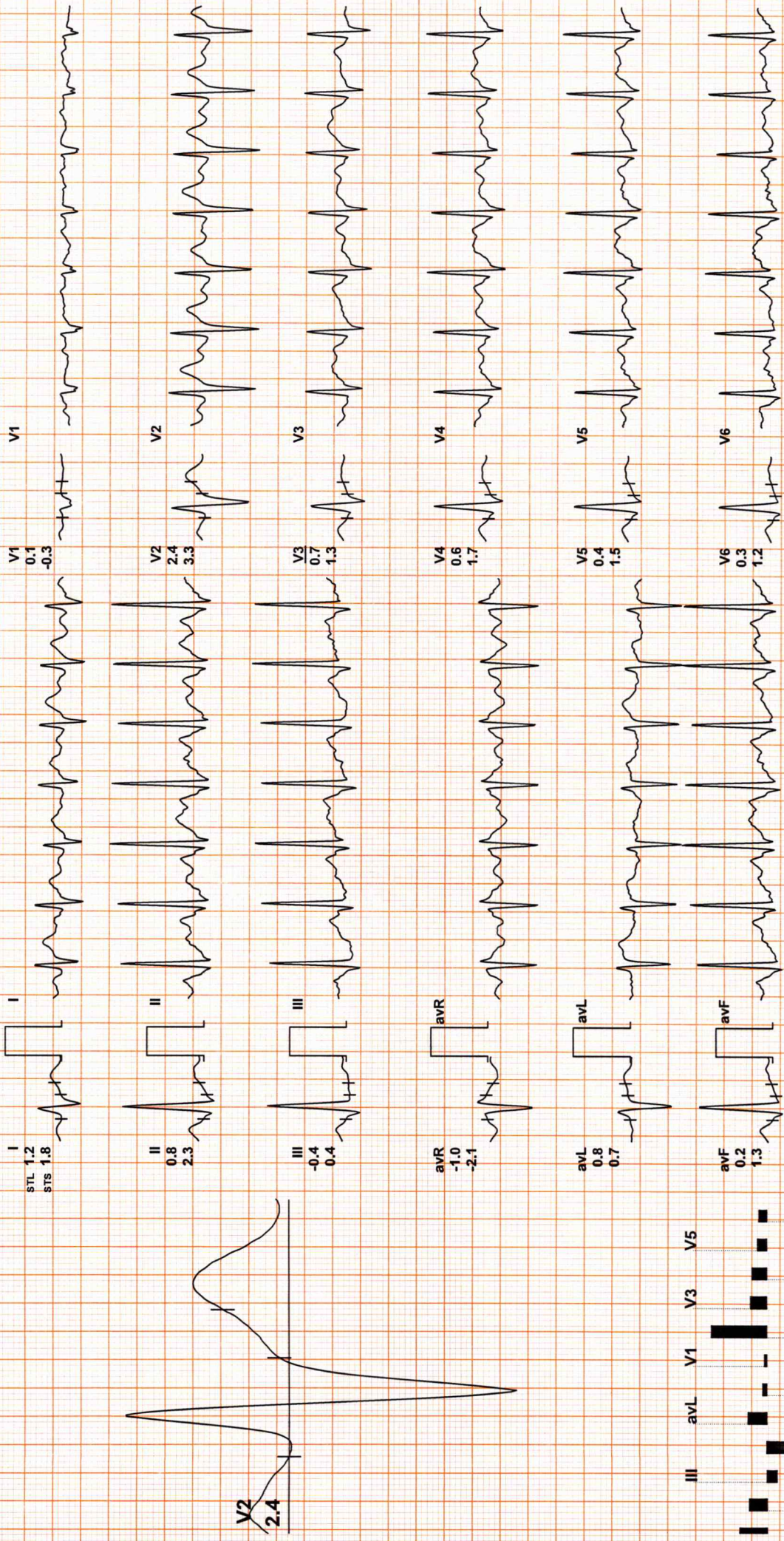


36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 142

Date: 24 / 03 / 2024 10:50:51 AM METS: 7.1/ 142 bpm 77% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

1X 60 mS Post J



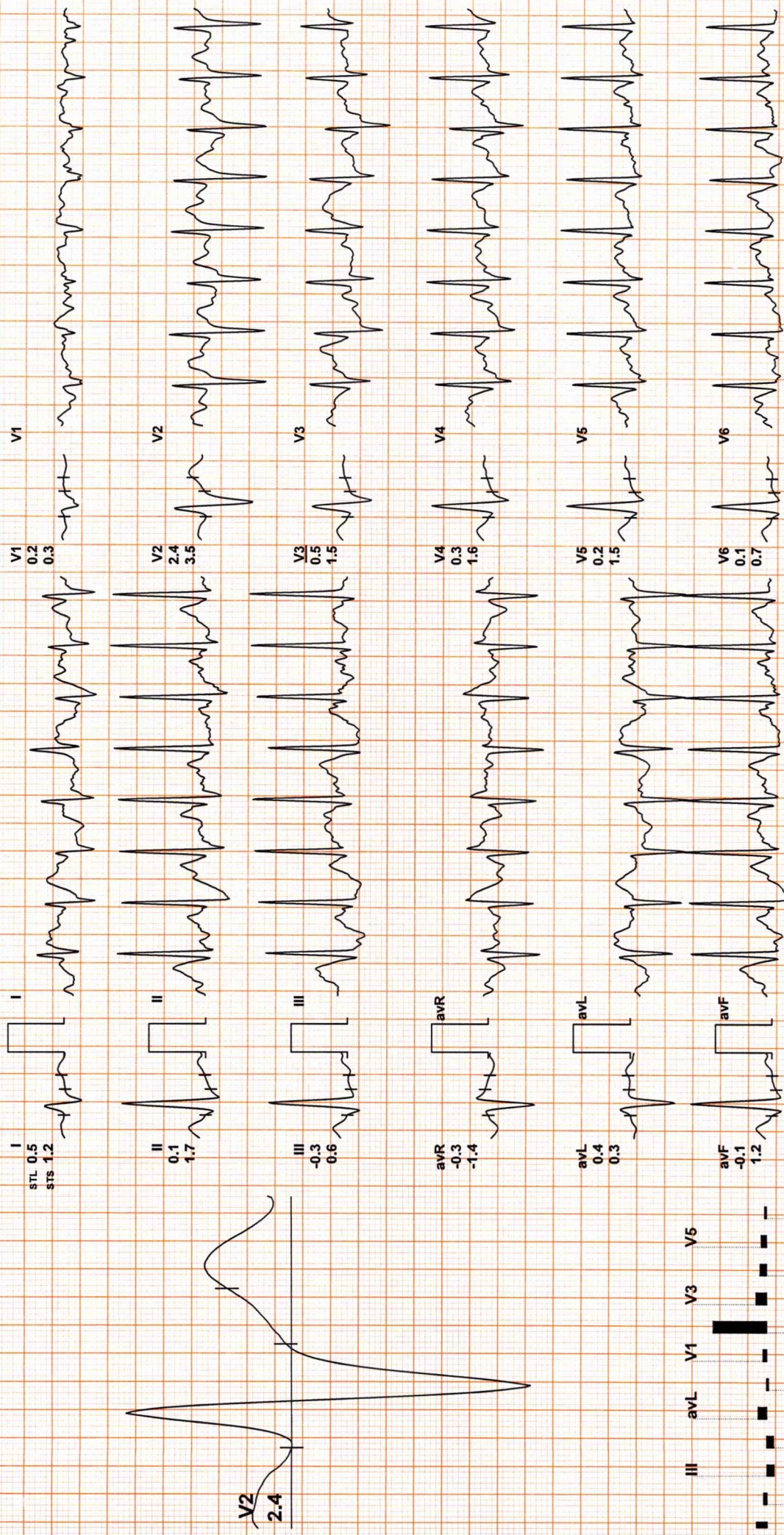
REMARKS:



EXTime: 07:59 3.4 mph, 14.0%
25 mm/Sec. 1.0 Cm/mV

ate: 24 / 03 / 2024 10:50:51 AM METS: 9.2/ 163 bpm 88% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

60 mS Post J



REMARKS:



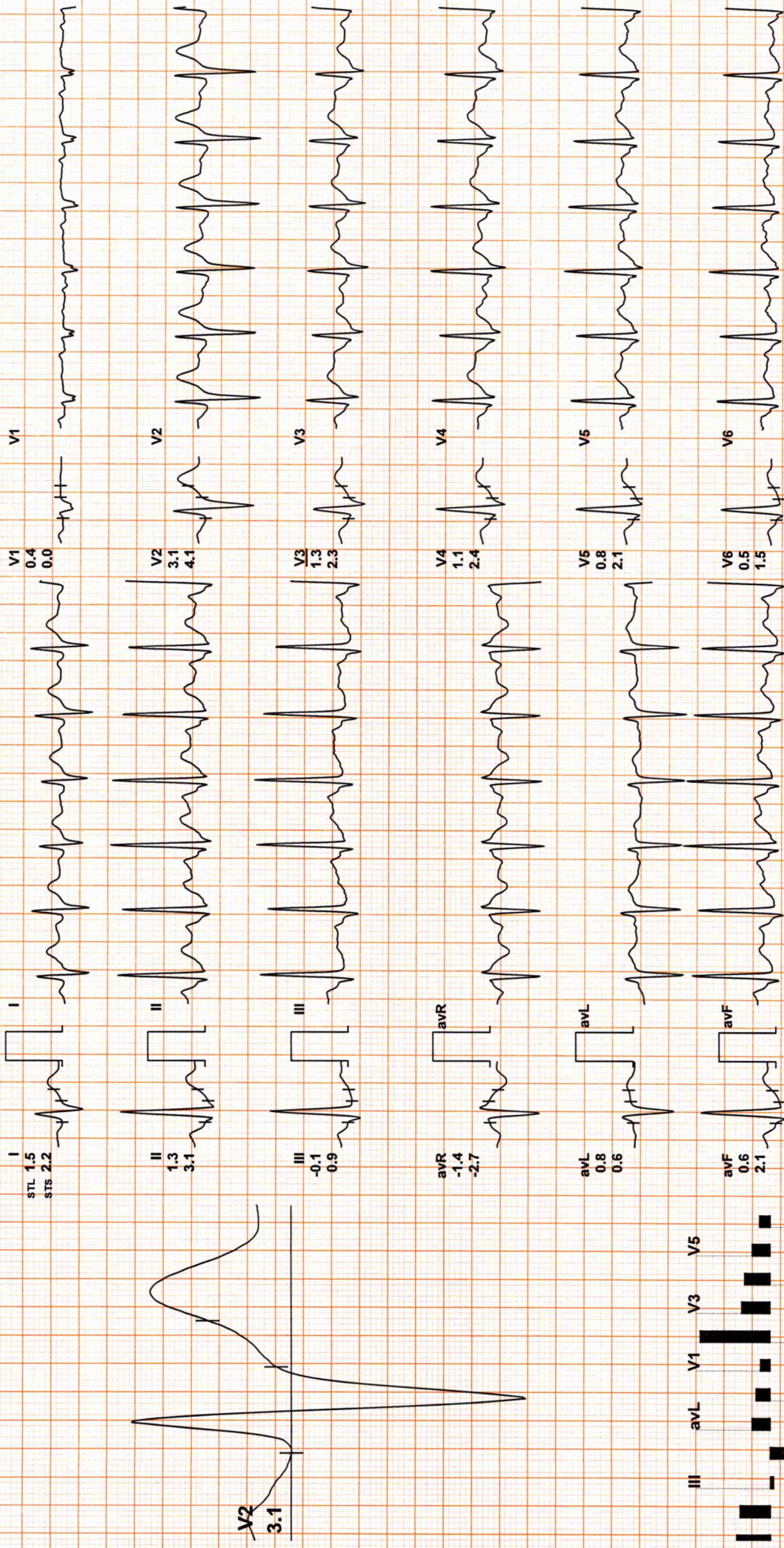
36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 132

ate: 24 / 03 / 2024 10:50:51 AM METS: 1.2/ 132 bpm 71% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:59 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

60 mS Post J



REMARKS:



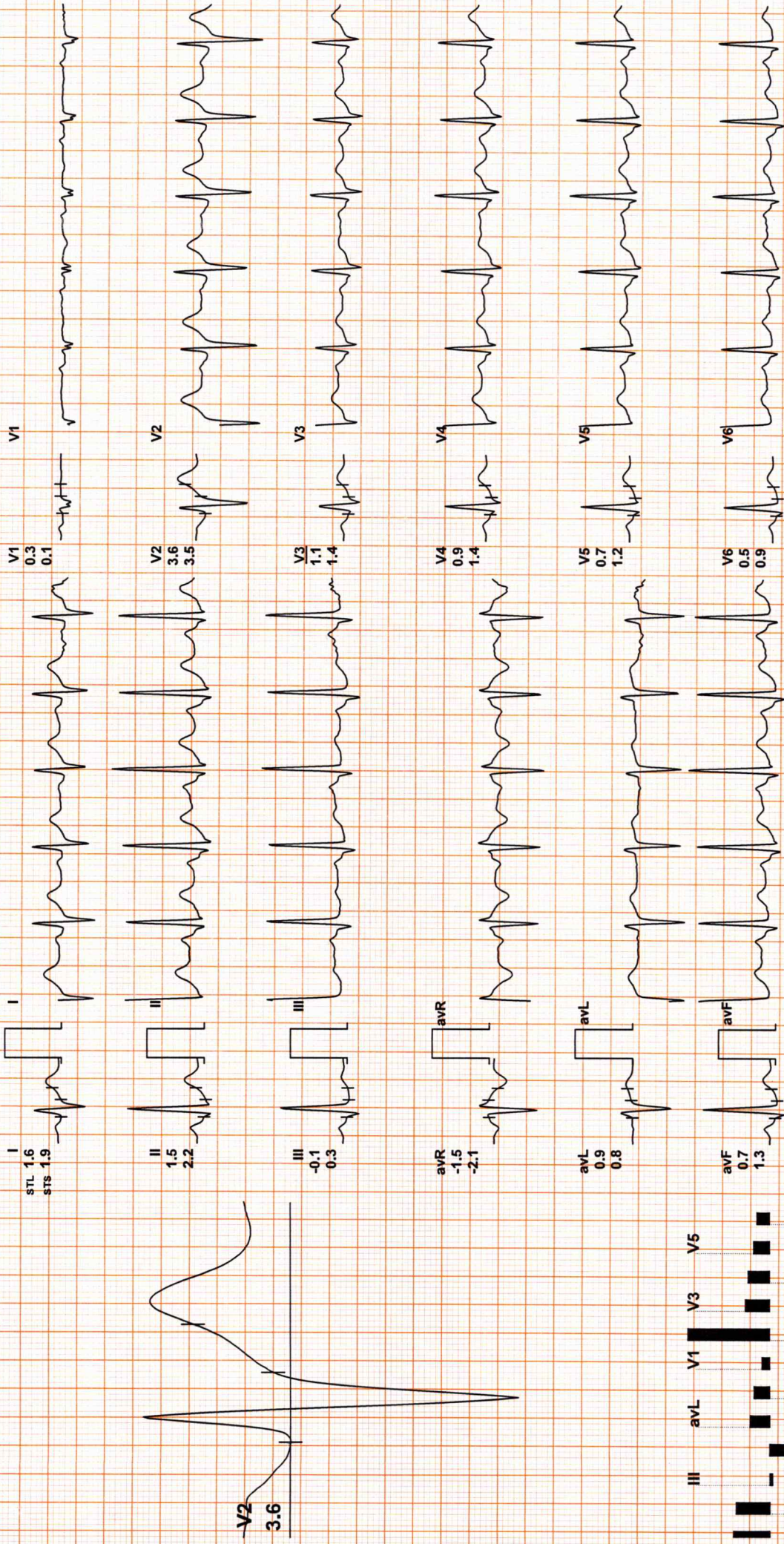
36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 101

ate: 24 / 03 / 2024 10:50:51 AM METS: 1.0/ 101 bpm 55% of THR BP: 138/88 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:59 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

80 mS Post J



REMARKS:



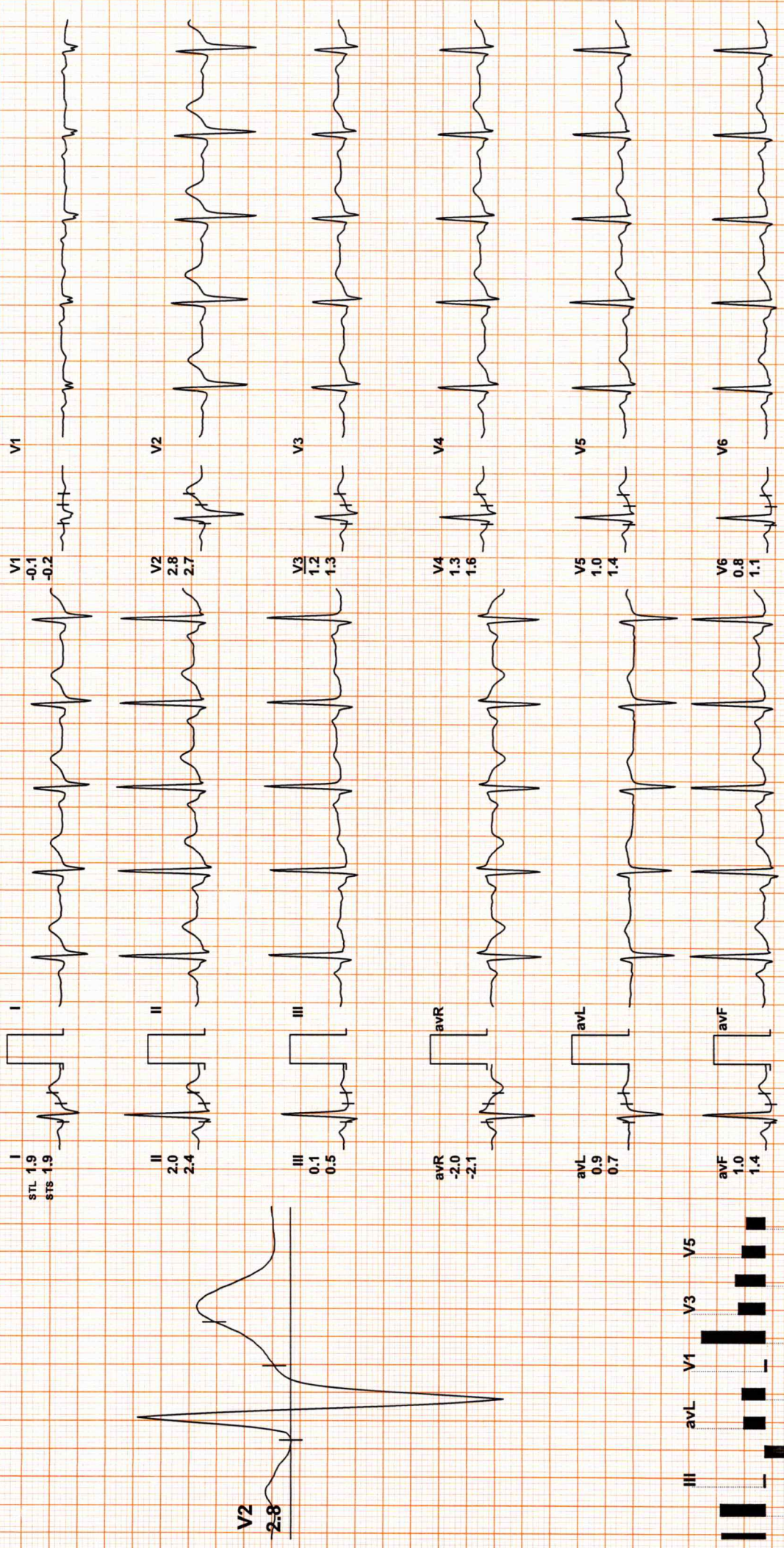
36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 95

ate: 24 / 03 / 2024 10:50:51 AM METS: 1.0/ 95 bpm 51% of THR BP: 136/86 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:59 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

80 mS Post J



REMARKS:



36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 101

ate: 24 / 03 / 2024 10:50:51 AM METS: 1.0/ 101 bpm 55% of THR BP: 134/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:59 0.0 mph, 0.0%

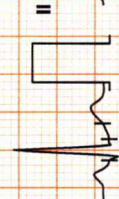
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J

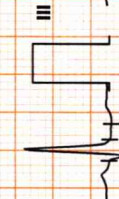
I
STL 1.2
STS 1.3



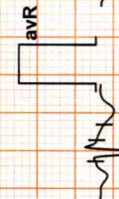
II
0.9
1.1



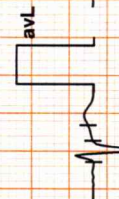
III
-0.3
-0.2



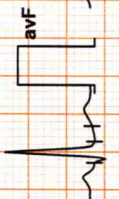
avR
-1.1
-1.2



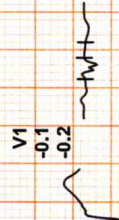
avL
0.8
0.8



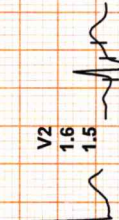
avF
0.3
0.4



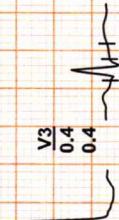
V1
-0.1
-0.2



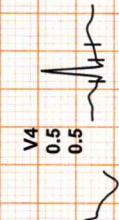
V2
1.6
1.5



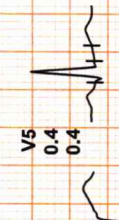
V3
0.4
0.4



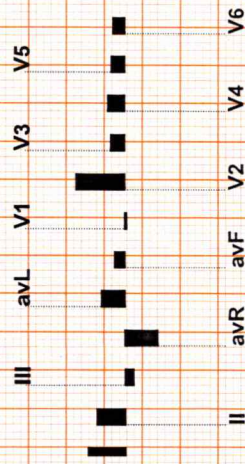
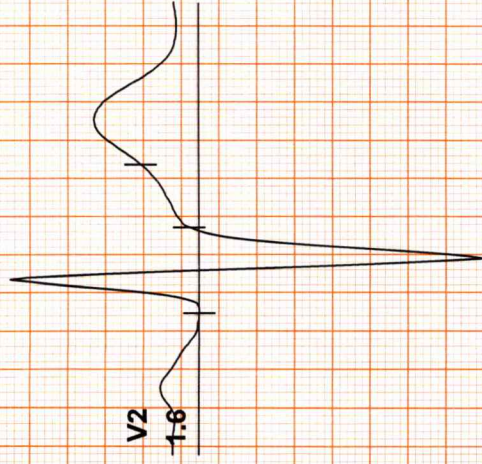
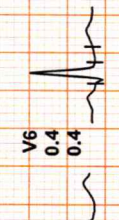
V4
0.5
0.5



V5
0.4
0.4



V6
0.4
0.4



REMARKS:



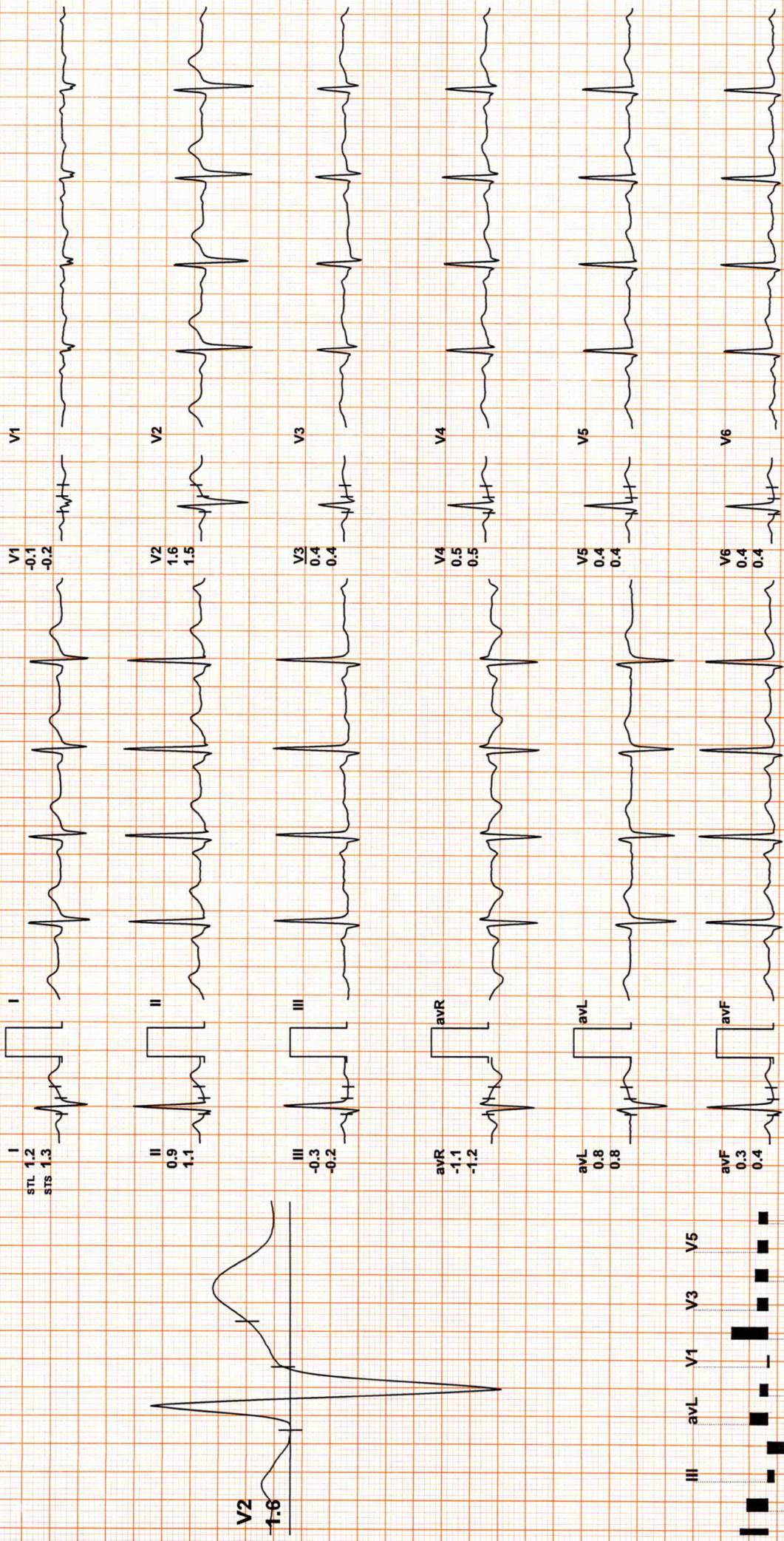
36 (113) / MR SUNIL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 96

ate: 24 / 03 / 2024 10:50:51 AM METS: 1.0/ 96 bpm 52% of THR BP: 134/86 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:59 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

80 mS Post J

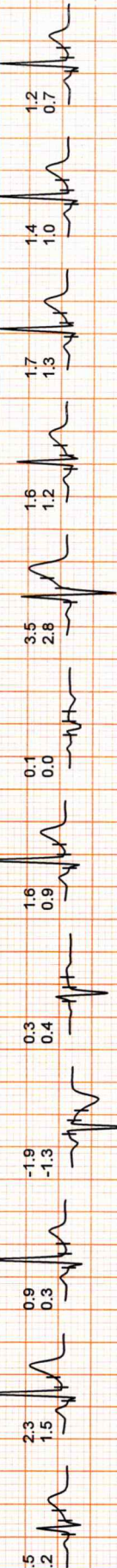


REMARKS:

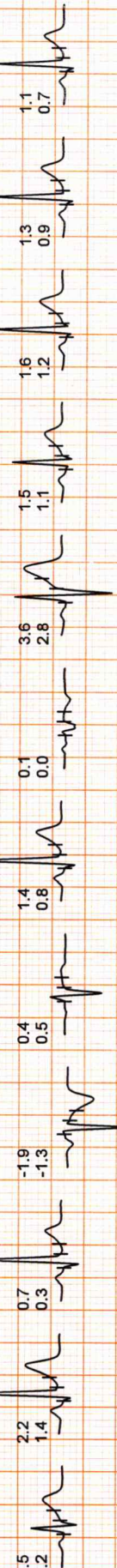


ate: 24 / 03 / 2024 10:50:51 AM

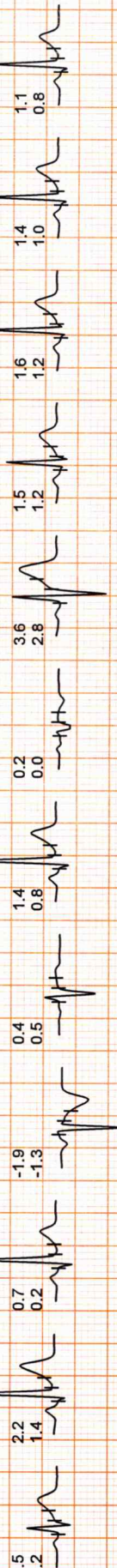
Supine
 1) 0:00 1.5 STL 1.5
 1.1 mph STS 1.2
 2) 0:00 0.0 %
 74 bpm 126/82



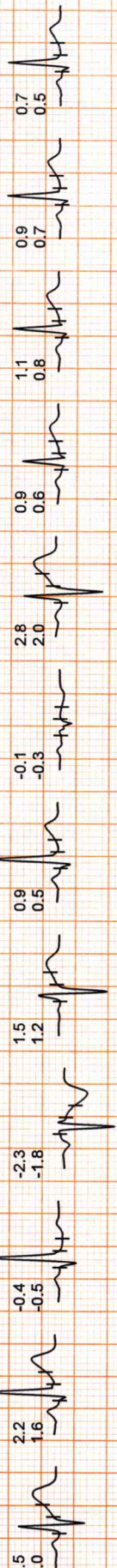
Standing
 1) 0:00 1.5 STL 1.5
 1.1 mph STS 1.2
 2) 0:00 0.0 %
 76 bpm 126/82



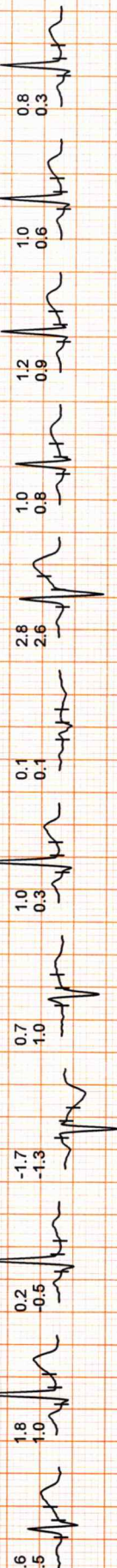
IV
 1) 0:00 1.5 STL 1.5
 1.1 mph STS 1.2
 2) 0:00 0.0 %
 74 bpm 126/82



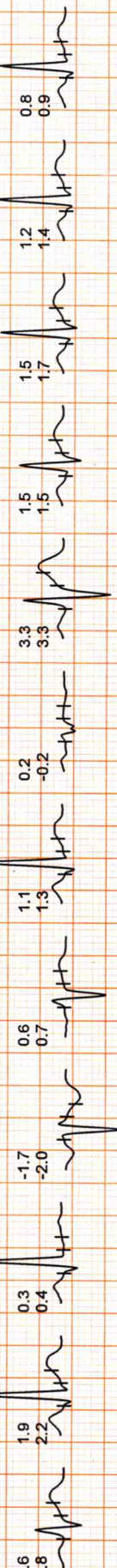
Warm Up
 1) 0:00 2.5 STL 2.0
 1.1 mph STS 1.2
 2) 0:00 0.0 %
 96 bpm 126/82



ExStart
 1) 0:00 1.6 STL 1.5
 1.0 mph STS 1.2
 2) 0:00 0.0 %
 84 bpm 126/82



Stage 1
 1) 3:00 1.6 STL 1.8
 1.7 mph STS 1.2
 2) 3:00 10.0 %
 123 bpm 134/84

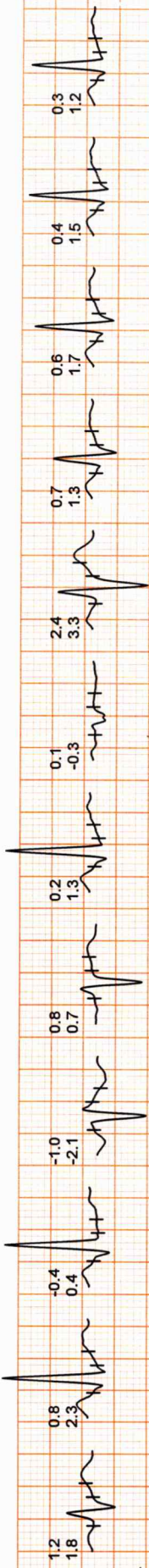




ate: 24 / 03 / 2024 10:50:51 AM I II III avR avL avF V1 V2 V3 V4 V5 V6

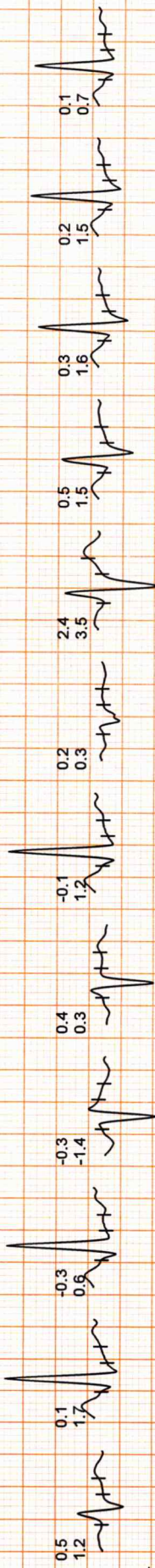
Stage 2

1) 6:00 2.5 mph
2) 3:00 12.0 %
142 bpm 136/86



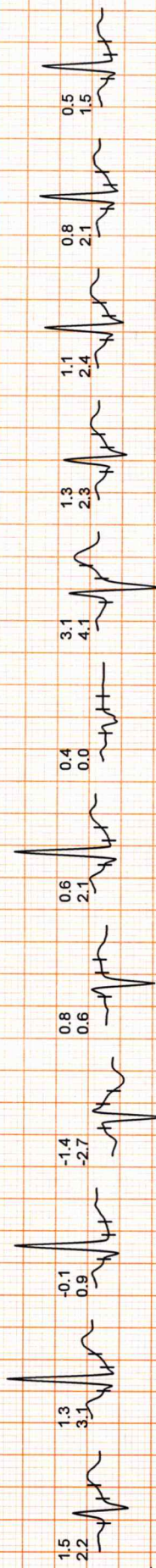
PeakEx

1) 7:59 3.4 mph
2) 1:59 14.0 %
164 bpm 140/90



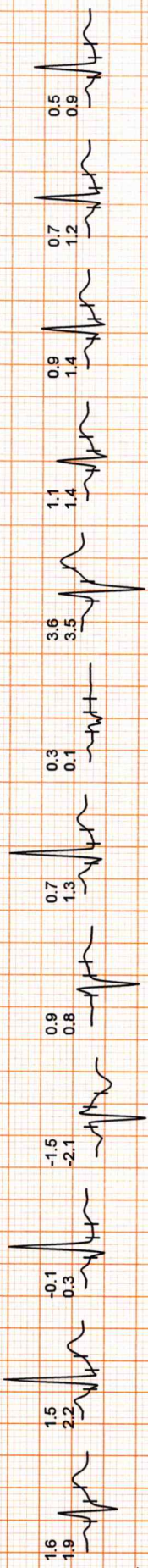
Recovery

1) 8:00 0.0 mph
2) 0:59 0.0 %
164 bpm 140/90



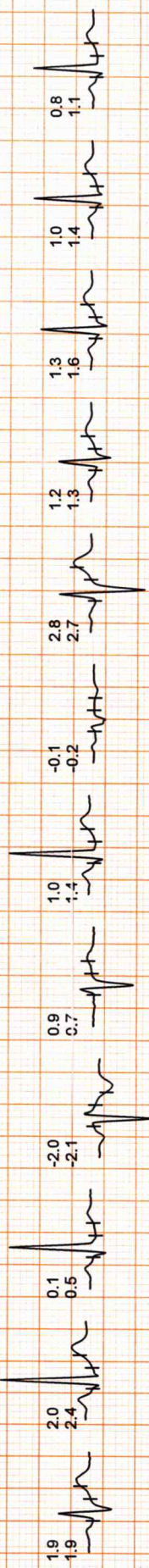
Recovery

1) 8:00 0.0 mph
2) 1:59 0.0 %
101 bpm 138/88



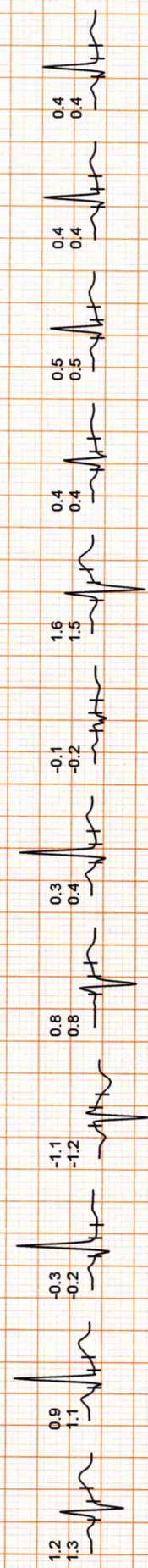
Recovery

1) 8:00 0.0 mph
2) 2:59 0.0 %
106 bpm 136/86



Recovery

1) 8:00 0.0 mph
2) 3:59 0.0 %
107 bpm 134/86





Recovery

1) 8:00	0.0 mph
2) 4:02	0.0 %
96 bpm	134/86

V1 V2 V3 V4 V5 V6

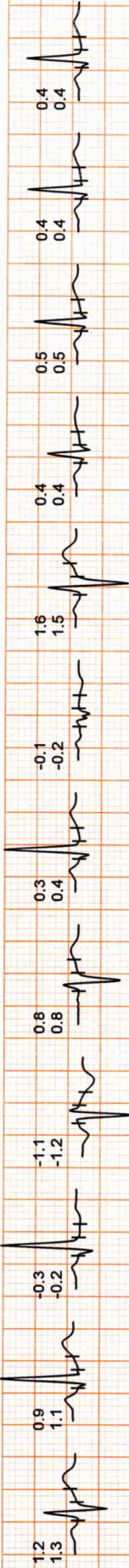
avF

avL

avR

III

II





Date :- 24/03/2024 10:10:39

NAME :- Mr. SUNIL

Sex / Age :- Male 34 Yrs 11 Mon 24 Days

Company :- MediWheel

Patient ID :- 12236586

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 24/03/2024 11:30:48

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is enlarged in size (~ 18.5 cm). 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. Two non-mobile, non-shadowing echogenic foci of size ~ 5.0 mm & ~ 4.3 mm seen attached to GB wall. 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.

Left kidney showing a calculus of size ~ 8.7 mm in mid calyx.

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:

* **Hepatomegaly with grade II fatty changes.**

* **Non-mobile, non-shadowing echogenic foci seen attached to GB wall - likely GB polyps.**

* **Left renal calculus.**

Needs clinical correlation.

DR. PIYUSH GOYAL
CONSULTANT RADIOLOGIST

*** End of Report ***

Transcript by.

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 24/03/2024 10:10:39

NAME :- Mr. SUNIL

Sex / Age :- Male 34 Yrs 11 Mon 24 Days

Company :- MediWheel

Patient ID :- 12236586

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 24/03/2024 13:39:01

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)

*** End of Report ***

Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI
(RMC No. 33613 / 14911)

Page No: 1 of 1

NIKITAPATWA
Transcript by.

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

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MBBS, MD (Radio-Diagnosis)
Fetal Medicine
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Date :- 24/03/2024 10:10:39

Patient ID :-12236586



NAME :- Mr. SUNIL

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 11 Mon 24 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 24/03/2024 10:16:41

Final Authentication : 24/03/2024 12:33:00

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	6.3	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 glycosylated 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.			
MEAN PLASMA GLUCOSE Method:- Calculated Parameter	134	H mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher

MUKESH SINGH
Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.6	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.14	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	56.7	%	40.0 - 80.0
LYMPHOCYTE	38.3	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	2.7	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.05	10 ³ /uL	1.50 - 7.00
LYMPH#	2.74	10 ³ /uL	1.00 - 3.70
EO#	0.14	10 ³ /uL	0.00 - 0.40
MONO#	0.19	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.35	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	44.00	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	82.3 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	25.5 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.0 L	g/dL	31.5 - 34.5
PLATELET COUNT	260	x10 ³ /uL	150 - 410
RDW-CV	13.7	%	11.6 - 14.0
MENTZER INDEX	15.38		

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)

31 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 MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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 Company :- MediWheel

Patient ID :-12236586
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM Sample Collected Time 24/03/2024 10:16:41 Final Authentication : 24/03/2024 11:57:21

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	264.53 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	296.41 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	48.56	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	166.57 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	59.28	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.45 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.43		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	914.34	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



Rashmi

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Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/03/2024 10:16:41

Final Authentication : 24/03/2024 11:57:21

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	0.12	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.24	mg/dl	0.30-0.70
SGOT Method:- IFCC	29.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	50.0 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	67.40	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	76.40 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.67	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.58	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.09	gm/dl	2.20 - 3.50
A/G RATIO	1.48		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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)

SURENDRAKHANGA

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Sex / Age :- Male 34 Yrs 11 Mon 24 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 24/03/2024 10:16:41

Final Authentication : 24/03/2024 12:07:42

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3

1.300

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

7.830

ug/dl

6.530 - 13.210

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA

1.896

μIU/mL

0.350 - 5.500

Method:- Enhanced Chemiluminescence Immunoassay

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

Page No: 6 of 11



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 Company :- MediWheel



Sample Type :- URINE Sample Collected Time 24/03/2024 10:16:41 Final Authentication : 24/03/2024 14:15:20

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.5		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 Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	0-1	/HPF	2-3
EPITHELIAL CELLS	NIL	/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		

MANOJCHOUDHARY
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Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE

Sample Collected Time 24/03/2024 10:16:41

Final Authentication : 24/03/2024 14:15:20

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

MANOJCHOUDHARY, MUKESH SINGH
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Final Authentication : 24/03/2024 11:57:21

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.6	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

Page No: 11 of 11



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