

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

Patient Name : NEERAJ MEENA

Age / Gender : 40 years / Male

Endo ID : 161645

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Dec 13, 2023, 01:19 p.m.

Reported Date & Time : Dec 13, 2023, 02:33 p.m.

Sample ID :



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

Blood Glucose-Post Prandial

156.2

mg/dL

70 - 140

Method : Hexokinase

END OF REPORT

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

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

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Patient Name : NEERAJ MEENA

Age / Gender : 40 years / Male

Endo ID : 161645

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Dec 13, 2023, 09:55 a.m.

Reported Date & Time : Dec 13, 2023, 11:41 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	15.6	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.40	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	48.4	%	42 - 52
Mean Cell Volume (MCV)	89.6	FL	78 - 100
Mean Cell Haemoglobin (MCH)	28.9	Pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC)	32.2	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.6	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7210	Cell/cu.mm	4000 - 10000
Neutrophils	55	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	9.7	fL	7.2 - 11.7
PCT	0.23	%	0.2 - 0.5
Platelet Count	235	10 ³ /ul	150 - 450

END OF REPORT

Dr. Kusum Heda
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Referral : MEDIWHEEL

Collected Date & Time : Dec 13, 2023, 09:55 a.m.

Reported Date & Time : Dec 13, 2023, 12:07 p.m.

Sample ID :



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

ESR	20	mm	0 - 20
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END OF REPORT

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Collected Date & Time : Dec 13, 2023, 09:55 a.m.

Reported Date & Time : Dec 13, 2023, 11:01 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.010		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	2-3	/hpf	0-5
Red blood cells	NIL	/hpf	NIL
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

END OF REPORT

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Referral : MEDIWHEEL

Collected Date & Time : Dec 13, 2023, 09:55 a.m.

Reported Date & Time : Dec 13, 2023, 12:02 p.m.

Sample ID :



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

BLOOD GROUP ABO AND RHTYPE

'O' POSITIVE

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

****END OF REPORT****

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Referral : MEDIWHEEL

Collected Date & Time : Dec 13, 2023, 09:55 a.m.

Reported Date & Time : Dec 13, 2023, 12:06 p.m.

Sample ID :



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

LIPID PROFILE

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	249.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	210.2	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	42.3	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	42.04	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	164.66	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	5.89		2.6-4.9
LDL/HDL Ratio Method : Calculated	3.89		0.5-3.4

END OF REPORT

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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.78	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.19	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.59	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	95.3	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	87.2	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	98.3	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	7.03	g/dL	6.00 - 8.00
Method : Buret, with Serum			
Albumin	4.02	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	3.01	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.34		1.5 - 2.5
Method : Calculated			

END OF REPORT

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Referral : MEDIWHEEL

Collected Date & Time : Dec 13, 2023, 09:55 a.m.

Reported Date & Time : Dec 13, 2023, 10:29 a.m.

Sample ID :



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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

6.0

%

> 8% Action Suggested

7 - 8 % Good Control

6 - 7 % Near Normal Glycemia

< 6% Normal level

BLOOD

Method : Nephelometry Methodology

Instrument:Mispa 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

125.50

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	1.32	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	9.8	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	1.59	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.

****END OF REPORT****

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BIOCHEMISTRY

Urea Method : Uricase	18.6	mg/dL	10.0 - 40.0
CREATININE Method : Serum, Jaffe	0.68	mg/dL	0.60 - 1.40

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BIOCHEMISTRY

Uric Acid	7.5	mg/dL	3.5-7.0
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Method : Uricase, Colorimetric

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BIOCHEMISTRY

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

PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL 0.53 ng/mL 0 - 4.0

Method : Serum, CLIA

SUMMARY AND EXPLANATION

Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

****END OF REPORT****

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BIOCHEMISTRY

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	150.5	mg/dL	70.0-110.0
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END OF REPORT

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M.D.(Patho.)

HYPAT DIAGNOSTICS

Patient Name: Mr. NERAJ MEENA 40/M

December 13, 2023

Time: 08:51:18

5 Seconds ECG Report

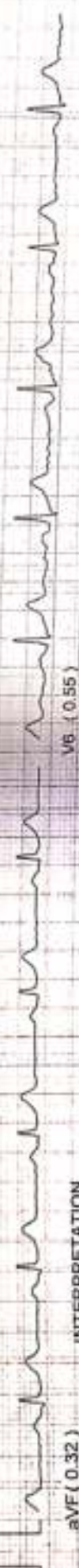
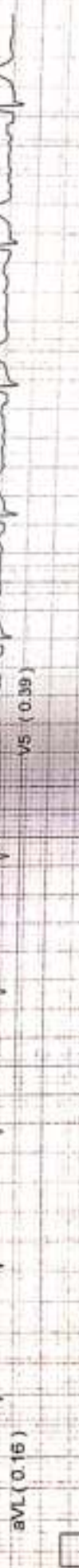
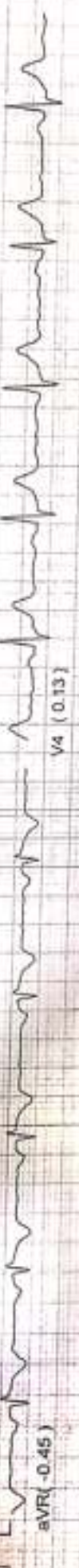
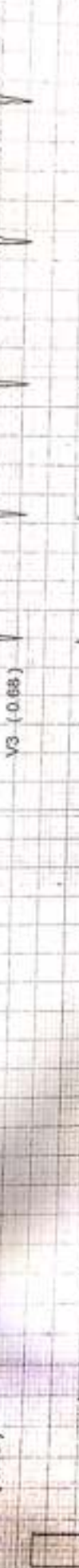
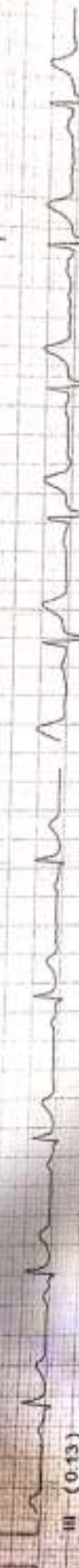
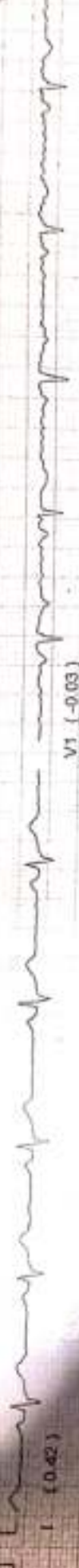
P-QRS-T Axis (39)-(34)-(50) deg

PR Interval: 0.14 sec

HR : 66 bpm

BP : 0 / 0 mmHg

QRS Duration : 0.092 Sec



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT Interval, QRS Axis is normal,
 T wave inversion in Lead V1,
 Otherwise Normal ECG

DR MD

Dr. ROOPAGOJAL (M.B.B.S., M.D.)
 Consultant Radiologist & Sonologist
 RMC No. - 000007/15600

*Unconfirmed Reporting. Refer to Clinician

10mm/mv, 25mm/Sec NASAN Smu-G BL U 4 6/1, 13

SHILA 33/F

Consultant Radiologist &

Dr. Roopa

MD (Radio-Diagnos

ROYAL

DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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

NAME	: MR NEERAJ MEENA	DATE	: 13-12-2023
AGE	: 40 YEARS	REF BY	:
SEX	: MALE		

INTERPRETATION SUMMARY

- . MILD CONCENTRIC LVH
- . DIASTOLIC DYSFUNCTION GRADE 1
- . 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 25 MM .

M,MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	47.4	LVEDV	
LVID s	30.4	LVESV	
RVID(d)	---	SV	-
IVS d	11.8	F.S	35%
IVS S	16.4	EF	65%
LVPW d	10.9	C.O	-
LVPWS	14.6	MITRAL VALVE	-
AORTIC ROOT	29.3	EF SLOPE	-
LEFT ATRIUM	34.5	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- 78 A- 86	-	NIL
TRICUSPID VALVE	NORMAL	159	-	TRACE
PUL VALVE	NORMAL	101	-	NIL
AORTIC VALVE	NORMAL	124	-	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 G. YAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No - 014507/15600

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

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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

USG ABDOMEN-PELVIS

NAME -- Mr Neeraj Meena

AGE -- 40 yrs

Date -- 13-12-2023

REF BY --

LIVER: is Enlarged and bright 17.5 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. 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 homogeneous.

RT. KIDNEY- Normal in size, shape and position. Measures:-- 11.0 x 4.8 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:-- 11.0 x 4.6 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 .

PROSTATE: is normal in size 16.0 Gms and shows normal homogeneous echotexture.

IMPRESSION:-

- Enlarged fatty Liver.
- No evidence of any calculus is Seen .
- Rest of the abdominal organs are within normal limits.

(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 no in finding is path genomic. All findings are only T/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.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No - 09/2607/15600

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

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB PAPSMEAR FNA
THE DIAGNOSTIC FINDING SHOULD ALWAYS BE CORRELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDINGS WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE



Consultant Radiologist & Sonologist
RMC No.-004507/15600

NAME - Mr Neeraj Meena

AGE- 40 Yrs

DATE - 13-12-2023

REF BY-

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

LUNG FIELDS ARE CLEAR

NAD IN HEART AND LUNGS .

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

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



MR NEERAJ MEENA 40 YRS 1 CHEST,PA 13-Dec-23
GOYAL DIAGNOSTICS, OPP. J.L.N. HOSPITAL, AJMER.

भारत सरकार
Government of India

2

मेरा बीस
Meera Bais
जन्म तिथि/DOB: 21/10/1983
पुंन/ GENDER: MALE

4181 8348 6063
VID : 9152 6015 5847 7184

मेरा आधार, मेरी पहचान

(Handwritten signature)

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
Rajkot - 360001

भारतीय विश्वविद्यालय
All India Institute of Medical Sciences
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पता
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