



Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No. 037041



- B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank Central Spine, Vidhyadhar Nagar, Jaipur-302 023
- ♦ +91 141 4824885

 p3healthsolutionsllp@gmail.com



General Physical Examination

Date of Examination: <u>₩GIDFI</u> ₩ Ч	
Name: TRILOR CHOND KHAROL Age	Sex: Male :: DOB: 101071130Sex: Male
Referred By: JM FINANCE	
Photo ID: DADHARCARD ID#: - 7971	
Ht: 167 (cm)	Wt:
Chest (Expiration):(cm)	Abdomen Circumference:(cm)
Blood Pressure: 100/80 mm Hg PR: 73/min	n RR: 18/min Temp: علولى مالك
BMI 96.9	
Eye Examination: RIE GIGNIGNOB	
Other:	
140	
On examination he/she appears physically and mental	ly fit: \Yes'/ No
N .	Name of Examinee: TRILON CHAND MHAROL
Dr. PIYUSH GOYA Signature Medical Examiners, DMRD Radiologis RMC No037041	Name Medical Examiner DRPTYNSH CIOVAL



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Patient ID 1224656 Patient Mob No.9664423612

NAME

Mr. TRILOK CHAND KHAROL

Age / Sex

Lab/Hosp

Male

32 Yrs 16 Days

Ref. By

JM FINANCE Mr.MEDIWHEEL Registered On

26/07/2024 10:20:18

Collected On

26/07/2024 11:09:33

Authorized On

26/07/2024 15:32:56

Printed On

26/07/2024 15:33:04

HAEMOGARAM

Test Name	Value	Unit	Biological Ref Interval
JM FINANCIALS SERVICE LTD			
HAEMOGLOBIN (Hb)	15.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.80	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	56.8	%	40.0 - 80.0
LYMPHOCYTE	37.9	%	20.0 - 40.0
EOSINOPHIL	2.2	%	1.0 - 6.0
MONOCYTE	3.1	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.41	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	47.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	88.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.2	g/dL	31.5 - 34.5
PLATELET COUNT	253	x10^3/uL	150 - 410
RDW-CV	13.9	%	11.6 - 14.0

Technologist

Janu DR.TANU RUNGTA MD (Pathology) RMC No. 17226



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HAEMATOLOGY

Mr.MEDIWHEEL

Lab/Hosp

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	10	mm in 1st hr	00 - 15

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein.ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as

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Lab/Hosp	Mr.MEDIWHEEL		

(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan



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Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Methord:- GLUCOSE OXIDASE/PEROXIDASE	86.7	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)	j	111 - 125 mg/dL	
Diabetes Mellitus (DM)		> 126 mg/dL	

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic

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) Methord:- GLUCOSE OXIDASE/PEROXIDASE

93.2

mg/dl

70.0 - 140.0

Instrument Name: HORIBA 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 UREA NITROGEN (BUN)	16.5	mg/dl	0.0 - 23.0
SERUM CREATININE Methord:- JAFFE	0.98	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl
SERUM BILIRUBIN (TOTAL) Methord:- DIAZOTIZED SULFANILIC	0.85	mg/dL	Infants: 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SGPT Methord:- IFCC	37.2	U/L	0.0 - 40.0

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This Report Is Not Valid For Medico Legal Purpose



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Test Name

Value

Unit

Biological Ref Interval

TEST

BLOOD GROUP ABO

"A" POSITIVE



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Lab/Hosp

Mr.MEDIWHEEL

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Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YEI	LLOW	PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIV	/E	NEGATIVE
UROBILINOGEN	NORMAI		NORMAL
KETONES	NEGATIV	/E	NEGATIVE
NITRITE	NEGATIV	/E	NEGATIVE
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	0-1	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT	e.	

*** End of Report ***

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NAME:	MR. TRILOK CHAND KHAROL	AGE	32 YRS/M
REF.BY	JM FINANCE	DATE	26/07/2024

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected

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DR. ROHAN GAUR M.B.B.S, M.D (Radiodiagnosis) RMC no. 17887



