

# 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, 988704978

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

### General Physical Examination

Date of Examination: 17/02/2024

Name: Prasant Sabii Age: 37 Sex: M

DOB: 13/02/1987

Referred By: medisearch

Photo ID: Adhar ID #: collected

Ht: 171 (cm)

Wt: 66 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 84 (cm)

Blood Pressure: 127/81 mm Hg PR: 76 / min

BMI 22.6 kg/m<sup>2</sup>

Eye Examination: dia vision 6/12 , near vision N/D.

NO colour blindness

Other: NOT significant.

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

Signature Of Examinee: Prasant Sabii Name of Examinee: \_\_\_\_\_

Signature Medical Examiner: Dr Piyush Goyal  
I.B.B.S. D.M.R.L.  
RMC No-01 Name Medical Examiner: \_\_\_\_\_



*Praveen Saini*

Dr. Piyush Goyal  
M.B.B.S., D.M.R.C.  
RMC Reg. No.-012223



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 Sodala, Jaipur-302019  
 Tele : 0141-2293346, 4049787, 9887049787  
 Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 17/01/2024 09:35:46  
**NAME :- Mr. PRASANT SAINI**  
 Sex / Age :- Male 37 Yrs 4 Days  
 Company :- Med/Wheel

Patient ID :- 12235310  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 17/01/2024 09:37:56

Final Authentication : 17/01/2024 11:52:42

### HAEMATOLOGY

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

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**  
 Method:- HPLC

5.7 %

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.

Ref by ADA 2020

**MEAN PLASMA GLUCOSE**  
 Method:- Calculated Parameter

117 mg/dL

Non Diabetic < 100 mg/dL  
 Prediabetic 100- 125 mg/dL  
 Diabetic 126 mg/dL or Higher

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 Technologist

Page No: 1 of 12



**Dr. Chandrika Gupta**  
 MBBS.MD ( Path )  
 RMC NO. 21021/008037

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	17.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.02	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	48.9	%	40.0 - 80.0
LYMPHOCYTE	44.3 H	%	20.0 - 40.0
EOSINOPHIL	3.5	%	1.0 - 6.0
MONOCYTE	3.1	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	2.95	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.67	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.21	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.18	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	6.14 H	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	54.10 H	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	88.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.2	g/dL	31.5 - 34.5
PLATELET COUNT	150	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.2	%	11.6 - 14.0
MENTZER INDEX	14.36		

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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Page No: 2 of 12



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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	07	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 hyperfibrinogenemia.

The "3-figure ESR"  $>100$  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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Page No: 3 of 12



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Sample Type :- PLAIN/SERUM

Sample Collected Time 17/01/2024 09:37:56

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
<b>TOTAL CHOLESTEROL</b> Method:- Enzymatic Endpoint Method	223.01 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
<b>TRIGLYCERIDES</b> Method:- GPO-PAP	62.14	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<b>DIRECT HDL CHOLESTEROL</b> Method:- Direct clearance Method	83.89	mg/dl	Low < 40 High > 60
<b>DIRECT LDL CHOLESTEROL</b> Method:- Direct clearance Method	128.76	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
<b>VLDL CHOLESTEROL</b> Method:- Calculated	12.43	mg/dl	0.00 - 80.00
<b>T.CHOLESTEROL/HDL CHOLESTEROL RATIO</b> Method:- Calculated	2.66		0.00 - 4.90
<b>LDL / HDL CHOLESTEROL RATIO</b> Method:- Calculated	1.53		0.00 - 3.50
<b>TOTAL LIPID</b> Method:- CALCULATED	585.82	mg/dl	400.00 - 1000.00
<small>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid dysprotein metabolism disorders.</small>			
<small>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.</small>			
<small>DIRECT HDLCHOLESTEROL 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.</small>			
<small>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.</small>			
<small>TOTAL LIPID AND VLDL ARE CALCULATED</small>			

MUKESH SINGH

Page No: 4 of 12



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Company :- Medi/Wheel

Patient ID :-12235310  
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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 17/01/2024 09:37:56

Final Authentication : 17/01/2024 11:42:07

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.65	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	0.53	mg/dl	0.30-0.70
SGOT Method:- IFCC	34.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	32.1	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	125.10 H	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	14.50	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biotest Reagent	8.12	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.86	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.26	gm/dl	2.20 - 3.50
A/G RATIO	1.49		1.30 - 2.50

**Total Bilirubin/Methodology:** Colorimetric method Instrument/Name: Randox Rx Inova 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 chronic incompatible haemolytic 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 Inova 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 Inova 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase Methodology:** AMP Buffer Instrument/Name: Randox Rx Inova Interpretation: Measurement 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:** Biotest Reagent Instrument/Name: Randox Rx Inova 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 Inova 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 Inova 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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Page No: 5 of 12



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 Company :- MediWheel

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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 17/01/2024 09:37:56

Final Authentication : 17/01/2024 11:07:58

### - IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 <i>Method:- Chemiluminescence(Competitive immunoassay)</i>	1.120	ng/ml	0.970 - 1.690
SERUM TOTAL T4 <i>Method:- Chemiluminescence(Competitive immunoassay)</i>	7.710	ug/dl	5.530 - 11.000
SERUM TSH ULTRA <i>Method:- Enhanced Chemiluminescence Immunoassay</i>	2.707	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 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 12



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Patient ID :- 12235310  
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 Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 17/01/2024 09:37:56

Final Authentication : 17/01/2024 12:02:08

### 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)	5.5		5.0 - 7.5
<small>Method:- Reagent Strip(Double indicator blue reaction)</small>			
SPECIFIC GRAVITY	1.025		1.010 - 1.030
<small>Method:- Reagent Strip(bromothymol blue)</small>			
PROTEIN	NIL		NIL
<small>Method:- Reagent Strip (Sulphanilic acid test)</small>			
GLUCOSE	NIL		NIL
<small>Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)</small>			
BILIRUBIN	NEGATIVE		NEGATIVE
<small>Method:- Reagent Strip (Azo-coupling reaction)</small>			
UROBILINOGEN	NORMAL		NORMAL
<small>Method:- Reagent Strip (Modified ehrlich reaction)</small>			
KETONES	NEGATIVE		NEGATIVE
<small>Method:- Reagent Strip (Sodium Nitroprusside) Rothera's</small>			
NITRITE	NEGATIVE		NEGATIVE
<small>Method:- Reagent Strip (Diazotization reaction)</small>			
<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

VIJENDRAMEENA  
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Page No: 7 of 12



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Sample Type :- K0x/Na FLUORIDE-F, K0x/Na BALANCE-B, K0x/Na SBBU/024 13:47:29 Final Authentication : 17/01/2024 14:18:22

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 101.9 mg/dl 75.0 - 115.0  
 Method:- GOD PAP

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) 104.3 mg/dl 70.0 - 140.0  
 Method:- GOD PAP

**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 0.97 mg/dl Men - 0.6-1.30  
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 4.94 mg/dl Men - 3.4-7.0  
 Method:- Enzymatic colorimetric Women - 2.4-5.7

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Page No: 9 of 12



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Sample Collected Time 17/01/2024 09:37:56

Final Authentication : 17/01/2024 14:32:02

### HAEMATOLOGY

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

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Page No: 11 of 12



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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	13.2	mg/dl	0.0 - 23.0

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

MUKESH SINGH

Page No: 12 of 12



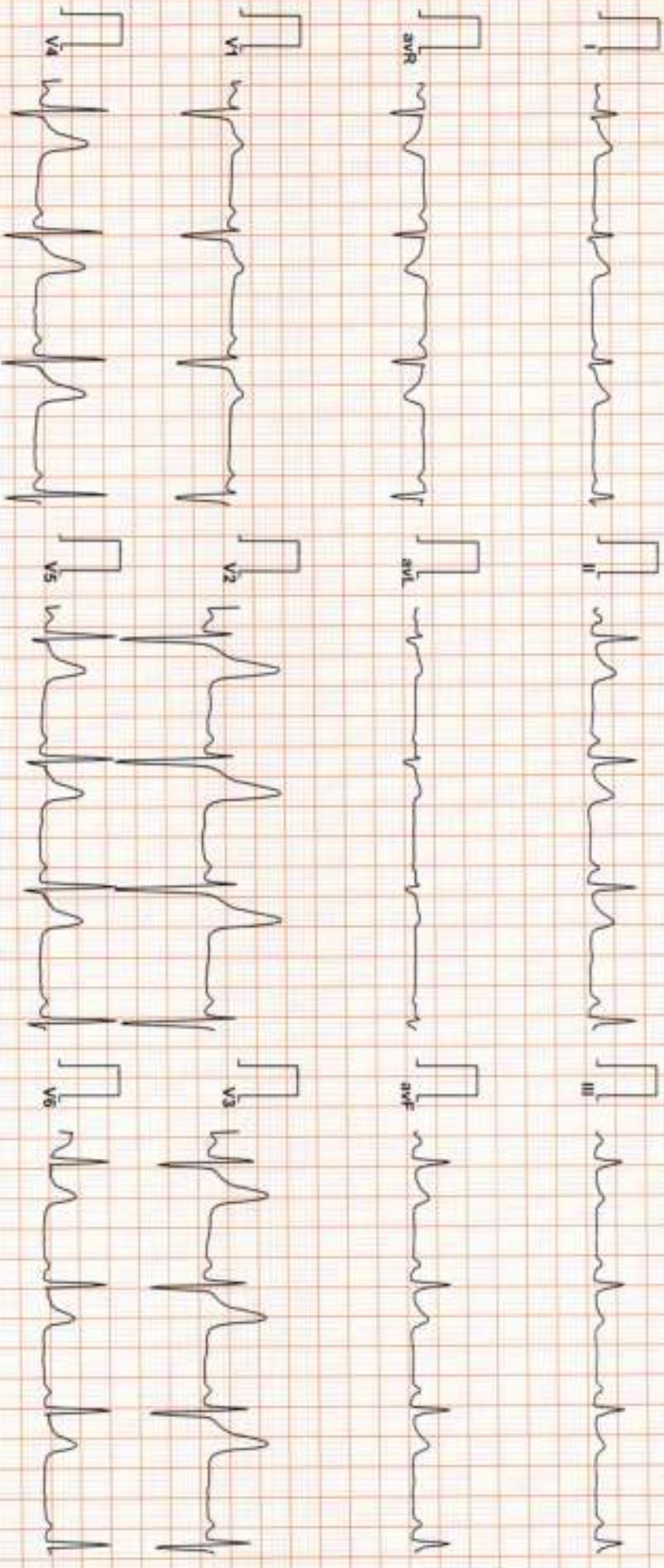
Dr. Chandrika Gupta  
MBBS.MD ( Path )  
RMC NO. 21021/008037

**DR. GOYAL PATH LAB**

3673 / MR PRASANT SAINI / 37 Yrs / M/ Non Smoker

Heart Rate : 69 bpm / Tested On : 17-Jan-24 10:15:42 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Reifd By: BOB

**ECG**



Vent Rate : 69 bpm  
PR Interval : 138 ms  
QRS Duration : 88 ms  
QT/QTc Int : 362/378 ms  
P-QRS-T axis: 69.00° 70.00° 52.00°



**Dr. Naresh Kumar Mohan**  
Rajiv Gandhi Institute of Medical Sciences  
MBBS, D.P., Cardiology (ESCORTIS)  
D.E.M. (RCGP-UK)

Reported By: *KMN*



Date :- 17/01/2024 09:35:46  
**NAME :- Mr. PRASANT SAINI**  
Sex / Age :- Male 37 Yrs 4 Days  
Company :- Med/Wheel

Patient ID :- 12235310  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 17/01/2024 12:26:30

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 \*\*\*

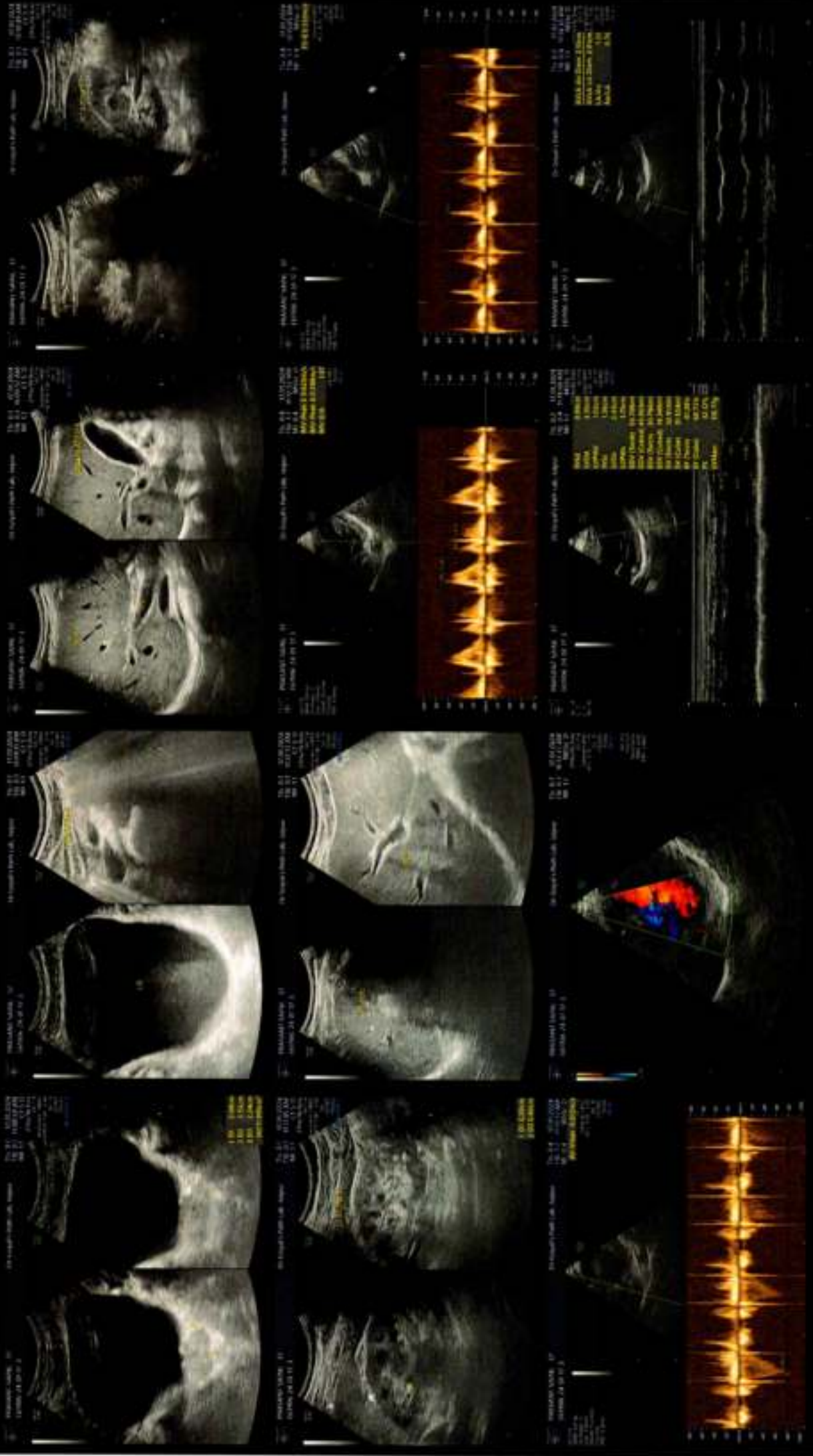
**Dr. Piyush Goyal**  
(D.M.R.D.) BILAL

Transcript by.

# Dr Goyal's Path Lab, Jaipur

Name : PRASANT SAINI / M

17 Jan 2024



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 17/01/2024 09:35:46  
**NAME :- Mr. PRASANT SAINI**  
Sex / Age :- Male 37 Yrs 4 Days  
Company :- Medi/Wheel

Patient ID :- 12235310  
Ref. By Doctor - BOB  
Lab/Hosp :-

Final Authentication : 17/01/2024 11:22:24

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver** is of normal size. Echo-texture is normal. 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. No calculus or mass lesion is seen in gall bladder. 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.

**Right kidney** showing two small calculi ~3 mm in upper and lower calyx. **Left kidney** also showing two calculi of size ~5.8 mm in upper calyx and ~4 mm in middle 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 ~11 grms with normal echo-texture and outline.

### IMPRESSION:

**Bilateral small renal calculi.**

Needs clinical correlation for further evaluation

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

Page No: 1 of 1

NIKITAPATWA

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

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B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road, Jaipur  
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Final Authentication : 17/01/2024 11:15:40

BOB PACKAGE BELOW 40MALE  
 2D ECHO OPTION TMT (ADULT/CHILD)

### 2D-ECHOCARDIOGRAPHY M-MODE WITH DOPPLER STUDY:

#### FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

#### M-MODE EXAMINATION:

AO	21	mm	LA	28	Mm	IVS-D	8	mm
IVS-S	13	mm	LVID	35	Mm	LVSD	24	mm
LVPW-D	10	mm	LVPW-S	17	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	61 %					RWMA	ABSENT	

#### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

#### COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.62	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.39	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION		ABSENT		
AORTIC VALVE				
PEAK VELOCITY	0.81	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION		ABSENT		
TRICUSPID VALVE				
PEAK VELOCITY	0.53	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION		ABSENT		
PULMONARY VALVE				
PEAK VELOCITY	0.90	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION		ABSENT		

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. 21667

Dr. Navneet Agarwal  
 MD, DNB (Radio Diagnosis)  
 RMC No. 33613/14911

Dr. Poorvi Malik  
 MBBS, MD, DNB (Radio Diagnosis)  
 RMC No. 21505

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Final Authentication : 17/01/2024 11:15:40

### Impression--

1. Normal LV size & contractility.
2. No RWMA, LVEF 61 %.
3. Normal cardiac chamber.
4. Normal valve.
5. No clot, no vegetation, no pericardial effusion.

  
(Cardiologist)

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

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 - 280517 | 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