

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, 9887049787

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

General Physical Examination

Date of Examination: 17/03/2024

Name: YOGENDER MEHRA Age: 41 Sex: male

DOB: 2/05/1982

Referred By: Mediwheel

Photo ID: Aadhar ID #: Attached

Ht: 171 (cm)

Wt: 80 (Kg)

Chest (Expiration): 101 (cm)

Abdomen Circumference: 99 (cm)

Blood Pressure: 121/76 mm Hg PR: 99 /min

BMI 27.4

Eye Examination: Distance vision 6/6, near vision N/6 with specs

NO colour blindness

Other: Not significant.

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

Signature Of Examinee : _____ Name of Examinee: _____

Signature Medical Examiner : _____ Name Medical Examiner _____

Yogendra
Dr. Piyush Goyal
M.B.B.S./D.M.P.D.
RMC Reg. No.-017996

भारत सरकार
GOVERNMENT OF INDIA



Yogender Mehra
Year of Birth : 1982
Male



4201 7031 3389

आधार - आम आदमी का अधिकार

भारतीय विज्ञान प्रवचन प्राधिकरण
INDIAN SCIENCE EDUCATION AUTHORITY OF INDIA

Address:
S/O: Nathu Ram Mehra, 727, Barkat Nagar,
Pani Ki Tanki Ke Pass, Tonk Phatak,
Jaipur, Gandhi Nagar, Rajasthan, 302015

1847
1200 187 1847

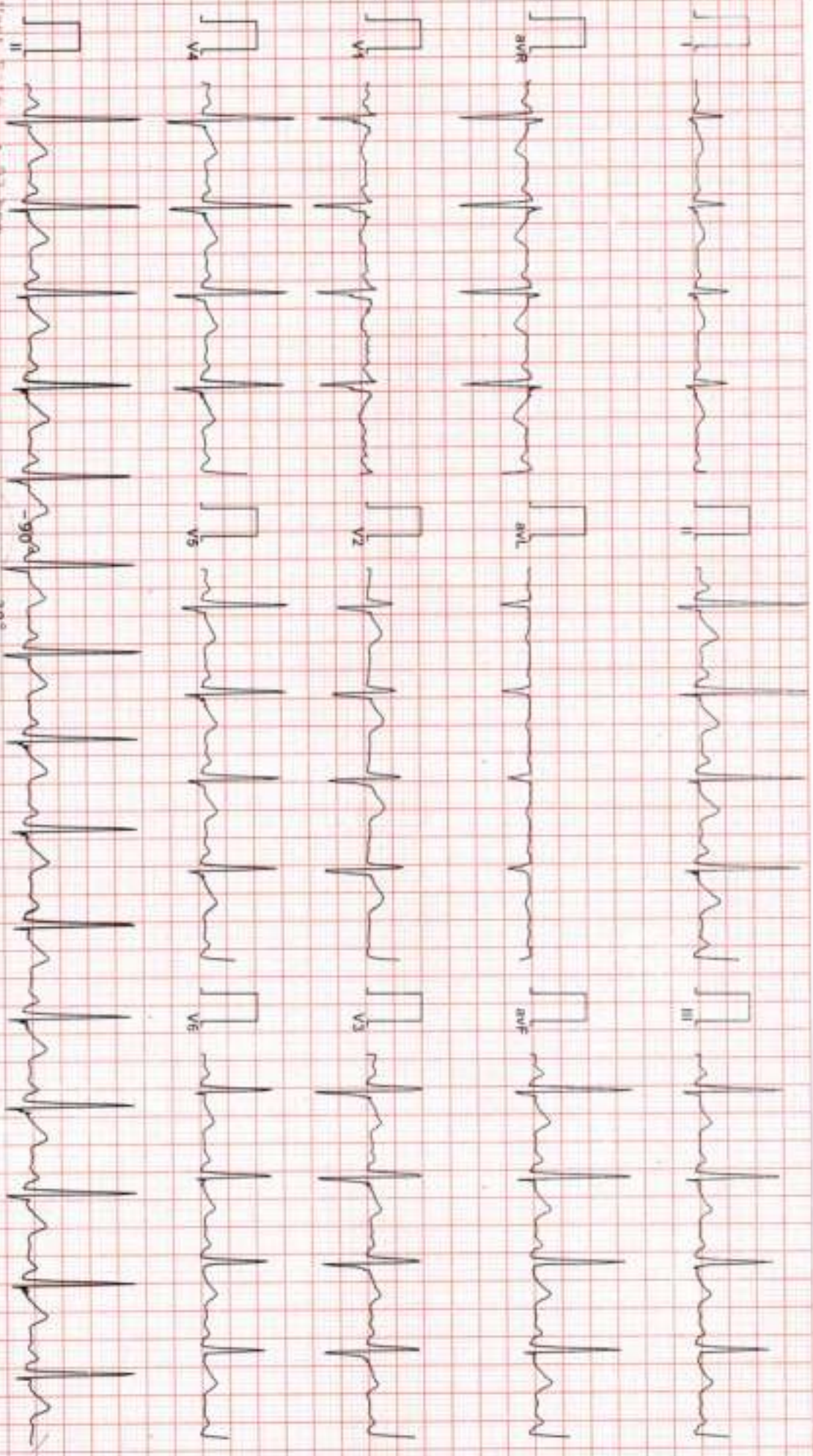
www.isea.gov.in

www.isea.gov.in

P.O. Box No. 1847
Barkatnagar-302 015

Yogender

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



Vent. Rate : 93 bpm
 PR Interval : 124 ms
 QRS Duration : 88 ms
 QT/QTc Int : 360/418 ms
 P-QRS-T axis : 75.00° / 72.00° / 72.00°

180°
 -90°
 Dr. Nares ~~Kumar Montanaka~~
 Sr. Cardiologist (ECG/EP/IS)
 MBBS, DIPP, MRCP, FRCS, 16.00°
 D.E.M. (ECG) 72.00°

Turk

Reported By:

167 / MR YOGENDER MEHRA / 41 Yrs / M / 0 Cms / 0 Kg / NonSmoker
 Date: 17 / 03 / 2024 01:28:31 PM Refd By: BOB Examined By:

Type	Time	Duration	Speed(mph)	Elevation	METS	Pace	%THR	Bp	sBP	rVC	Comments
upine	00:18	0:18	01.1	00.0	01.0	091	51%	130/84	118	00	
standing	00:36	0:20	01.1	00.0	01.0	088	49%	130/84	114	00	
W	01:34	0:56	01.1	00.0	01.0	131	73%	130/84	170	00	
Warm Up	01:54	0:20	01.1	00.0	01.0	117	65%	130/84	152	00	
xStart	02:57	1:03	01.0	00.0	01.0	121	68%	130/84	157	00	
RJUCE-Stage 1	05:57	3:00	01.7	10.0	04.7	145	81%	136/86	197	00	
RJUCE-Stage 2	08:57	3:00	02.5	12.0	07.1	161	90%	140/90	225	00	
paEx	10:59	2:01	03.4	14.0	09.2	178	99%	148/90	269	00	
recovery	11:58	1:00	00.0	00.0	01.2	158	89%	148/90	230	00	
recovery	12:58	2:00	00.0	00.0	01.0	134	75%	142/90	190	00	
recovery	14:58	4:00	00.0	00.0	01.0	124	69%	138/88	171	00	
recovery	15:00	4:02	00.0	00.0	01.0	124	69%	138/88	171	00	

INDINGS :

Exercise Time : 08:01
 Max HR Attained : 178 bpm 99% of Target 179
 Max BP Attained : 148/90 (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.

Dr. Naresh Kumar Mohanka
 MBBs, Dip. CARDIO (ESCORTS)
 D.E.M. (RCGP-UK)



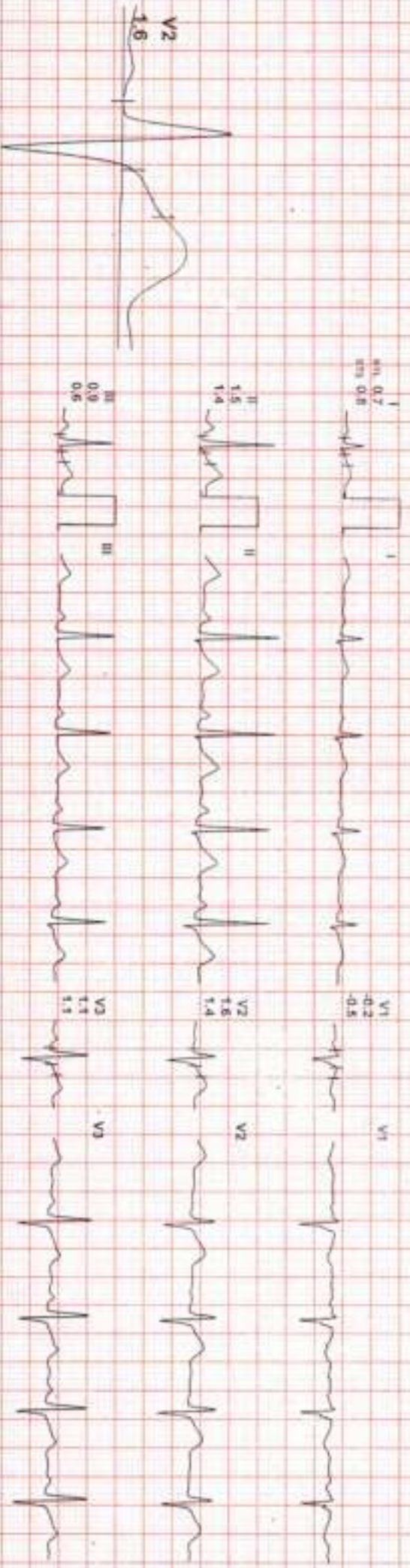
REMARKS:

157 / MR YOGENDER MEHRA / 41 YRS / M / 0 CMS / 0 KG / HR : 86

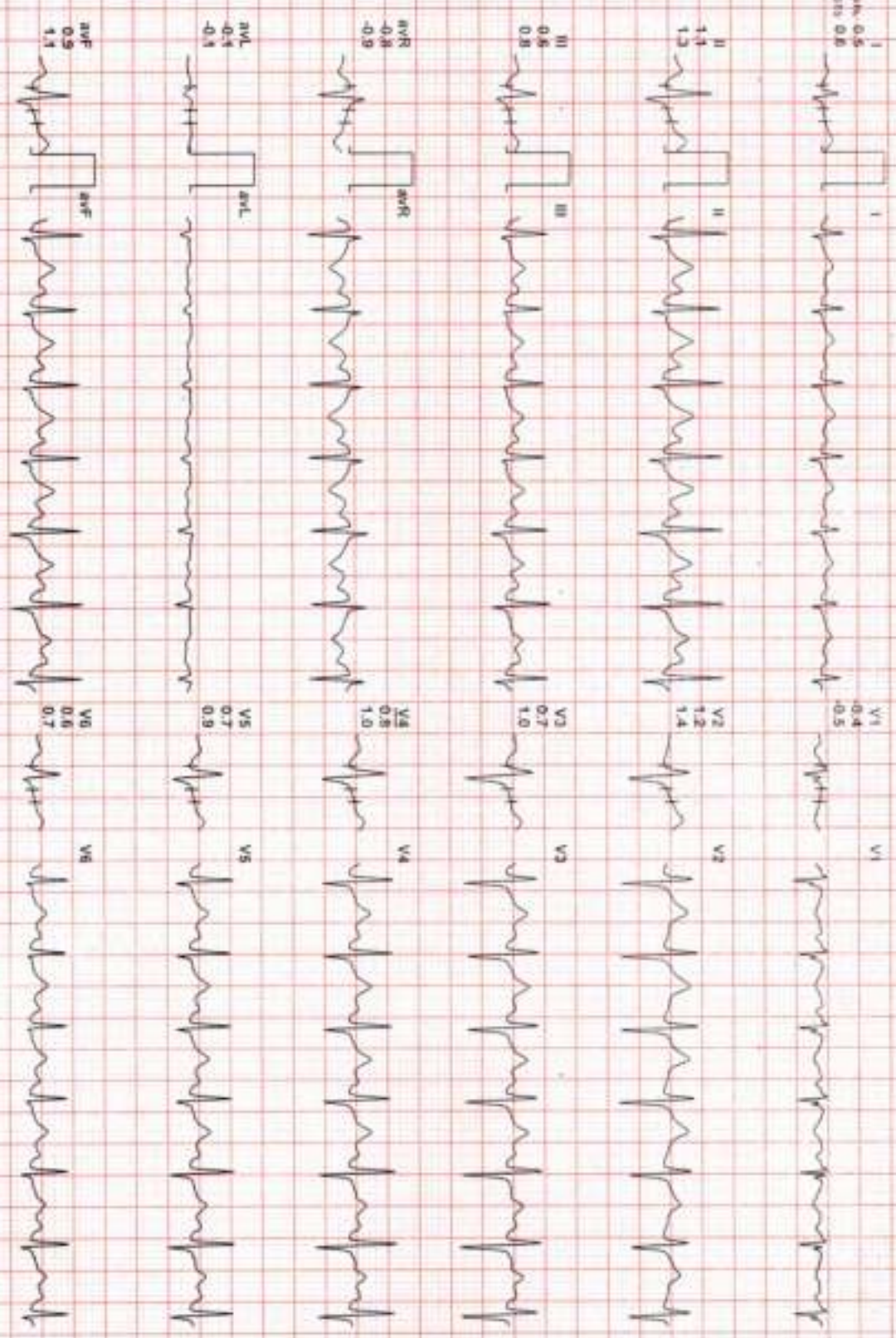
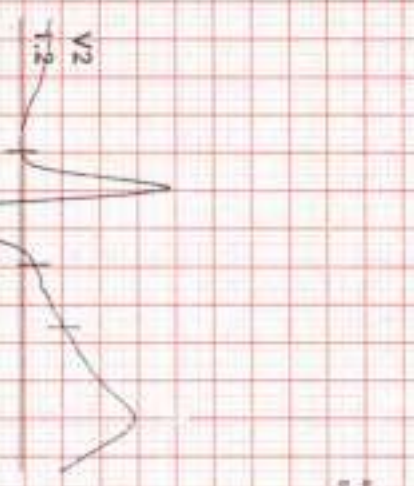
DATE: 17 / 03 / 2024 01:28:31 PM METS: 1.0/ 88 bpm 49% of THR BP: 130/84 mmHg Raw ECG/ ELC On/ Noise On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 00:00 1.5 mph, 0.0%
25 mm/sec, 1.0 cm/mV

1X 80 mg Fost J



REMARKS:



II aVR aVF V2 V4 V6
III aVL V1 V3 V5

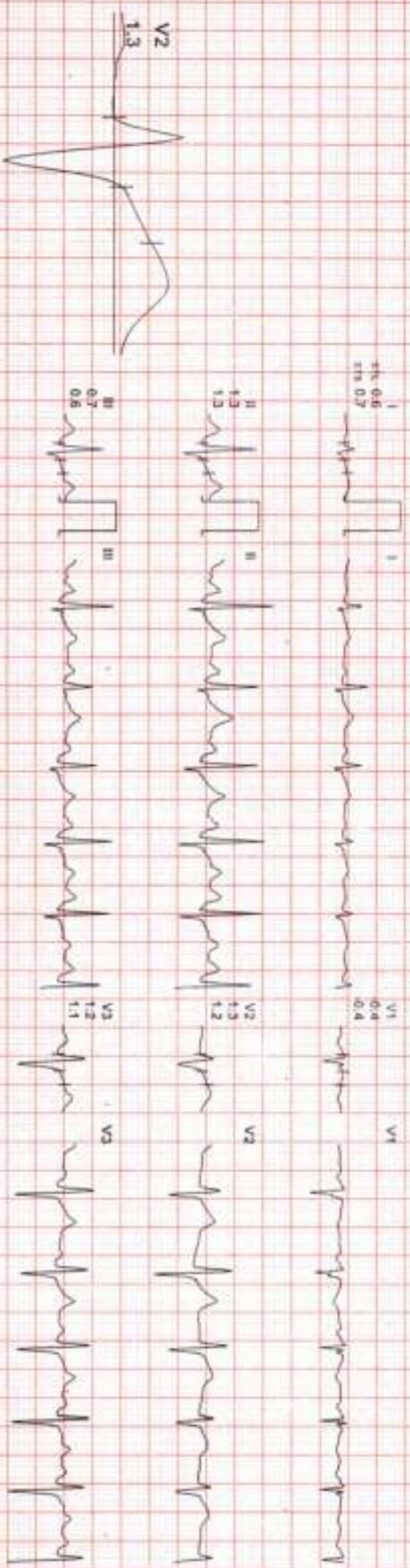
REMARKS:

167 / MR YOGENDER MEHRA / 41 Yrs / M / 0 Gms / 0 Kg / HR: 117

17 / 03 / 2024 01:28:31 PM METS 1.0 / 117 bpm 65% of THR BP- 130/84 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

IX 30.ms Post J

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



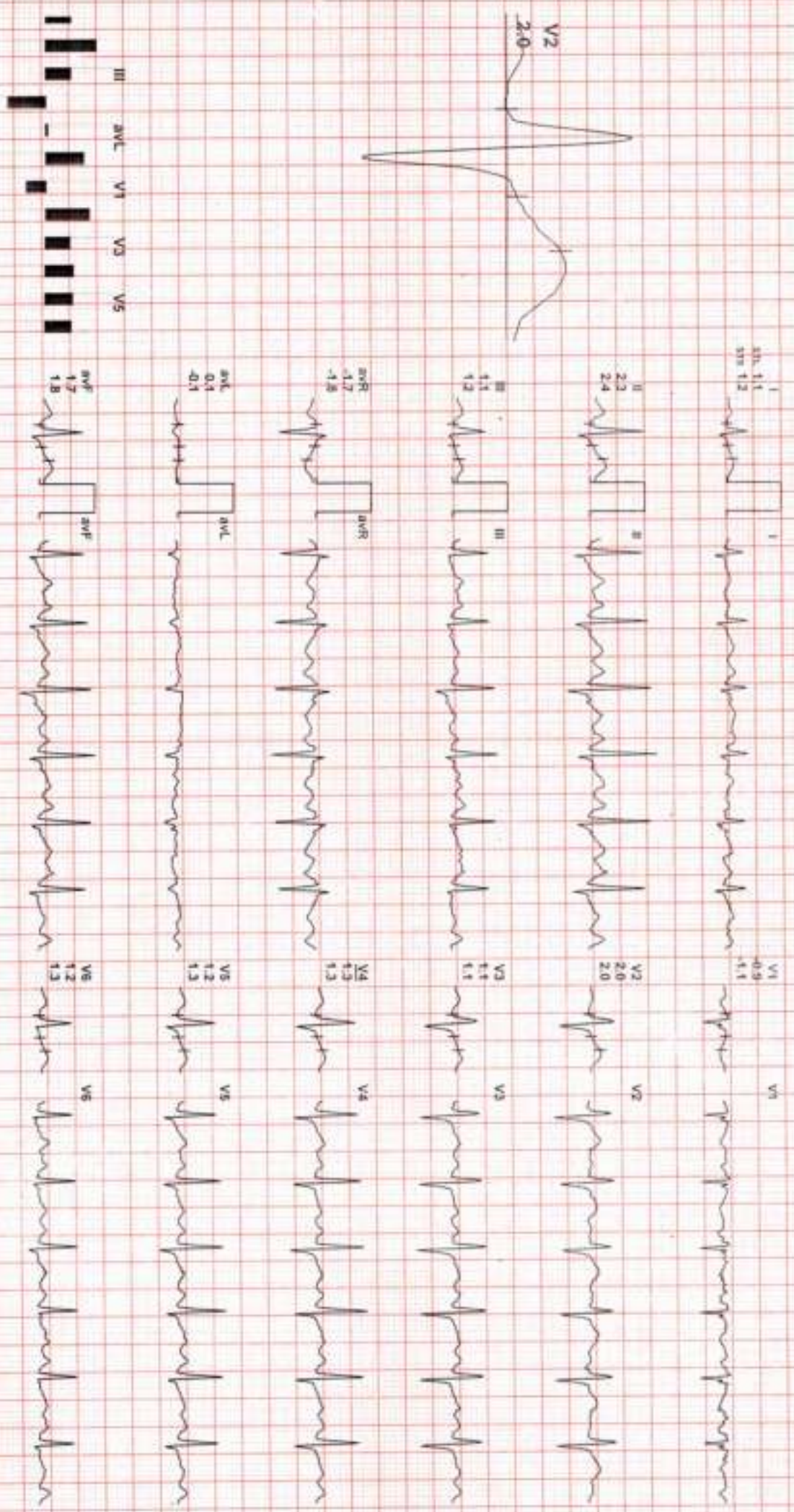
REMARKS:

167 / MR YOGENDER MEHRA / 41 Yrs / M / 0 Cms / 0 Kg / HR : 121

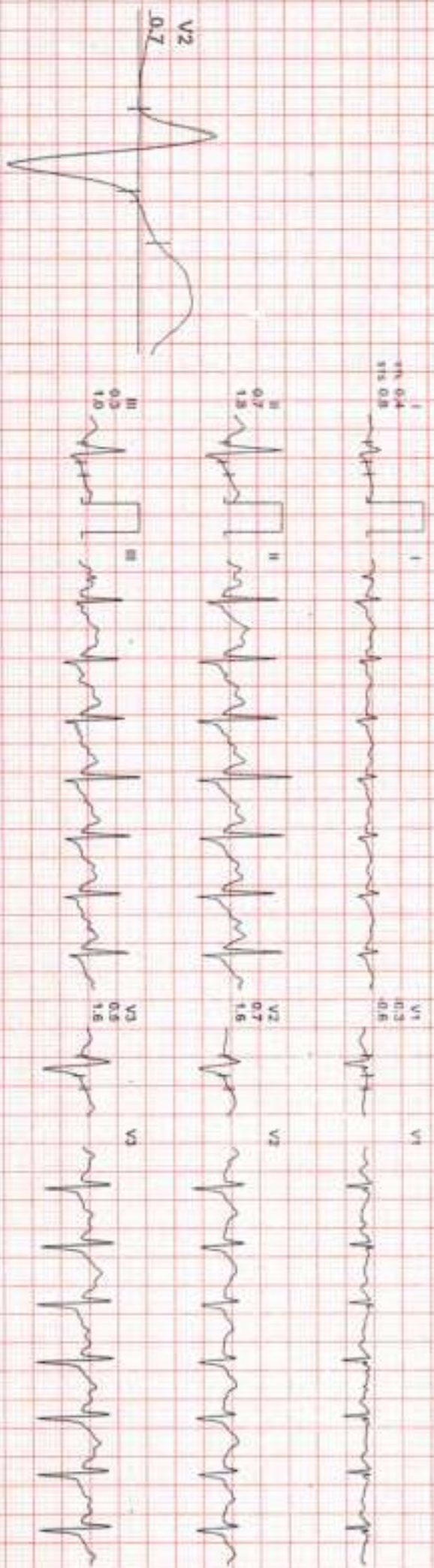
date: 17 / 03 / 2024 01:28:31 PM METS: 1.0/ 121 bpm 69% of THR BP: 130/84 mmHg Raw ECG/ BLC On/ Nech On/ HF 0.05 Hz/ LF 100 Hz

1X 80 mS Post J

Extrem 00:00 1.8 mph, 0.0%
25 mm/Sec, 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6



REMARKS:

167 / MR YOGENDER MEHRA / 41 Yrs / M / 0 Cms / 0 Kg / HR : 161

date: 17 / 03 / 2024 01:26:31 PM METS: 7.9 / 161 bpm 90% of THR BP: 140/90 mmHg Raw ECG: BLC On/ Natch On/ HF 0.05 HzULF 100 Hz

1X 60 mS Post J

Extrem: 06:00 2.5 mgt, 12.0%
25 mm/Sec 1.8 Cm/mV



REMARKS:
I aVR aVL aVF V1 V2 V3 V4 V5 V6

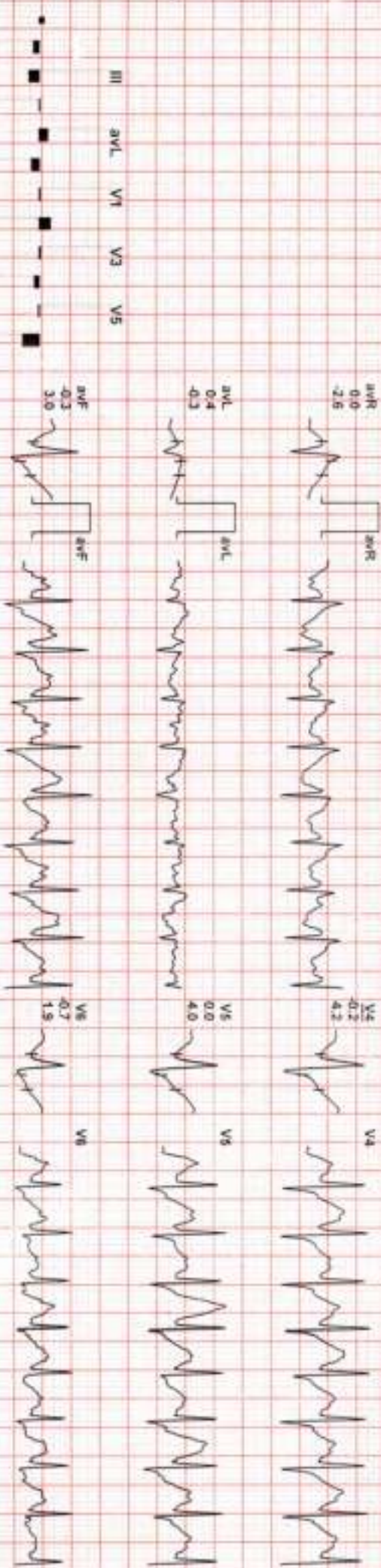
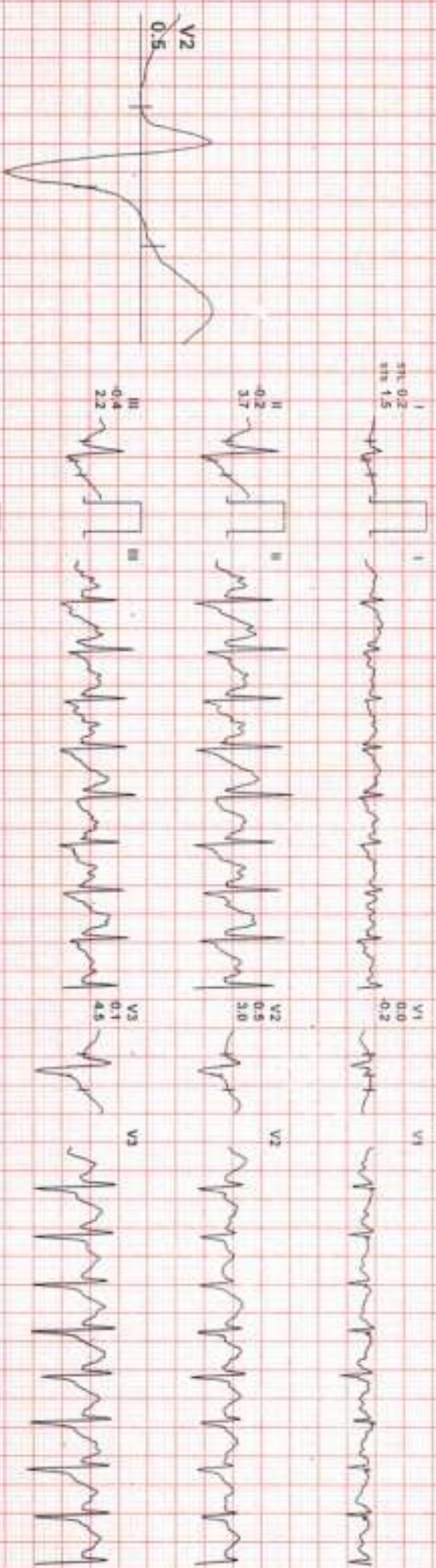
187 / MR YOGENDER MEHRA / 41 Yrs / M / 0 Cms / 0 Kg / HR : 178

date: 17 / 03 / 2024 01:28:31 PM METS: 9.21 178 bpm 99% of THR BP: 145/90 mmHg Raw ECG/ BLC On Notch On HF 0.05 Hz/ LF 100 Hz

ExTime: 08:01 3.4 mph 14.0%

IX 60 ms/Lead

25 mm/sec 1.8 Cm/mV



REMARKS:

167 / MR YOGENDER MEHRA / 41 Yrs / M / 0 Gms / 0 Kg / HR : 158

DATE: 17 / 03 / 2024 01:28:31 PM METS: 1.2/ 158 bpm 88% of THR BP: 145/90 mmHg Raw ECG/BLC On/Naich On/ HF 0.05 Hz/LF 100 Hz

IX 60 ml Post J

ExTime 08:04 0.0 mph, 0.0%
25 mm/Sec, 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6

167 / MR YOGENDER MEHRA / 41 Yrs / M / 0 Cms / 0 Kg / HR : 134

ate 17 / 03 / 2024 01:28:31 PM METS 1.0/134 burn 78% of THR BP 142/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime 08:01 0.0 mph 0.0%

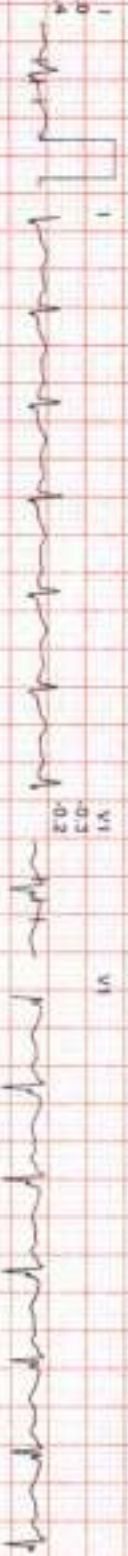
IX 60 ms Post J

25 mm/Sec 1.0 Cm/mV

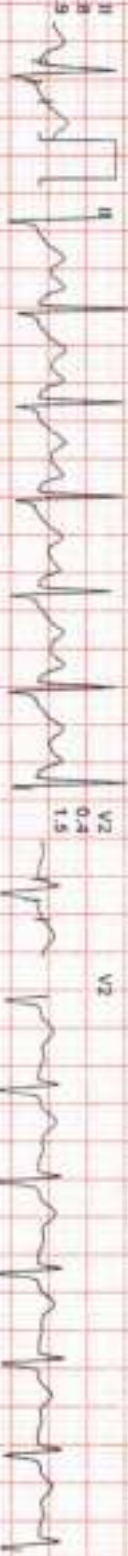


REMARKS:

I 0.2 0.0
0.2 0.4



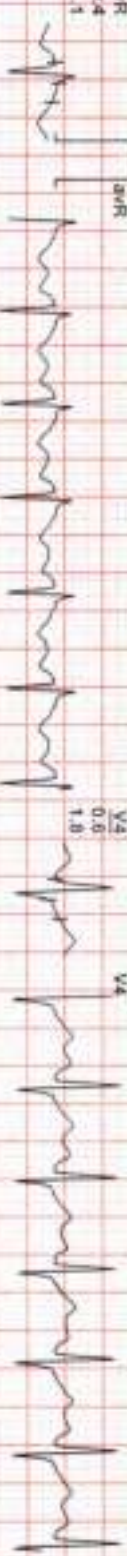
II 0.2 0.0
0.2 0.4



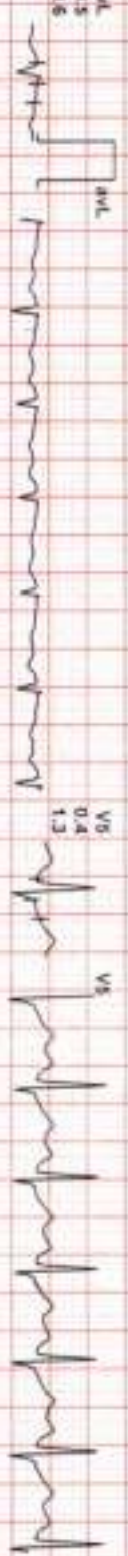
III 0.2 0.0
0.2 0.4



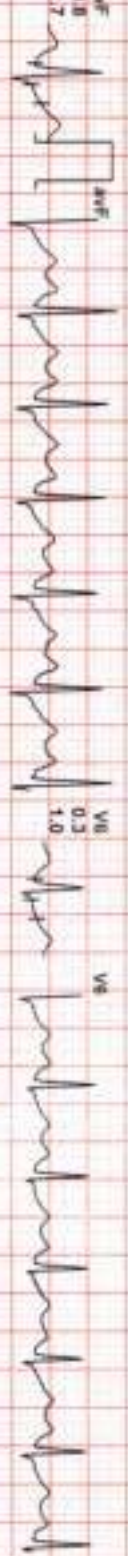
aVR -0.4 -0.4
-1.1



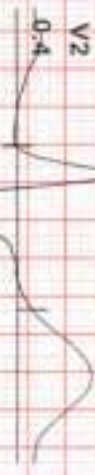
aVL -0.5 -0.5
-0.6



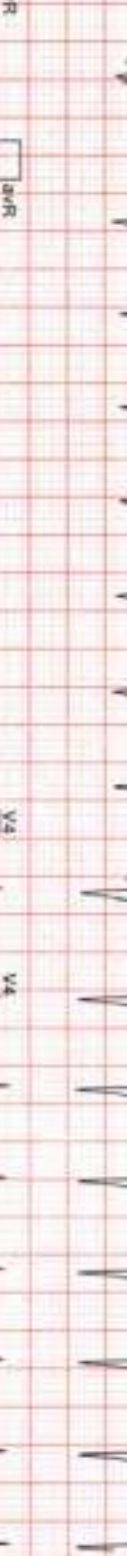
V1 -0.2 -0.2
-0.2



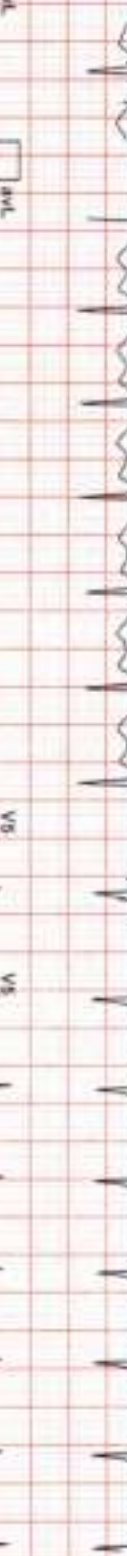
II 0.2 0.0
0.2 0.4



III 0.2 0.0
0.2 0.4



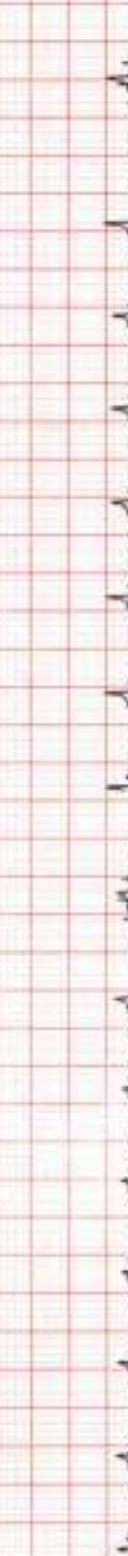
aVR -0.4 -0.4
-1.1



aVL -0.5 -0.5
-0.6



aVF 0.0 0.0
1.7



V3 0.2 0.0
0.2 0.4



V4 0.2 0.0
0.2 0.4



V5 0.2 0.0
0.2 0.4



V6 0.2 0.0
0.2 0.4



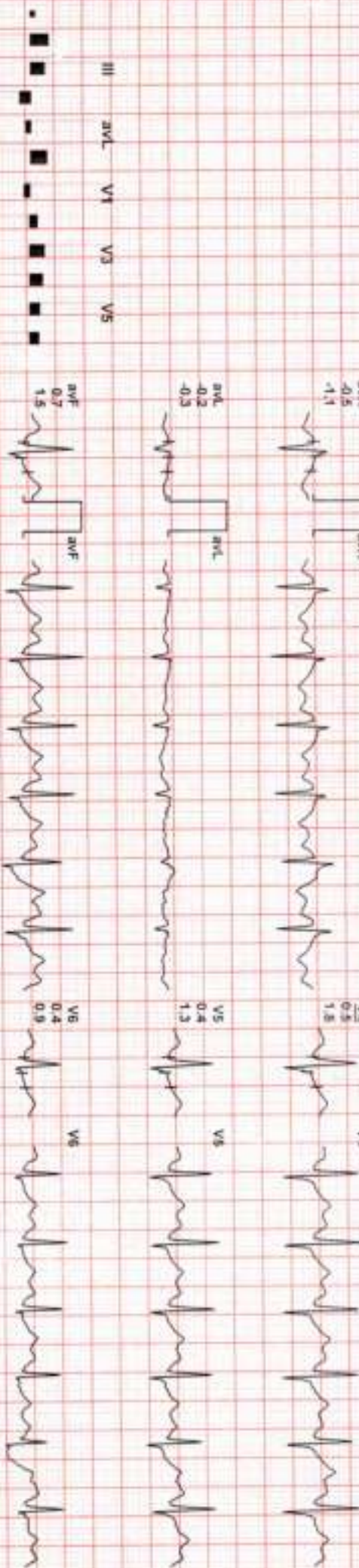
REMARKS:

167 / MR YOGENDER MEHRA / 41 Yrs / M / 0 Cms / 0 Kg / HR - 124

Jan 17 / 03 / 2024 01:26:31 PM METS: 1.0/ 124 bpm 69% of THR BP- 138/88 mmHg Raw ECG/ BLC On/ Nach On/ HF 0.05 Hz/ LF 100 Hz

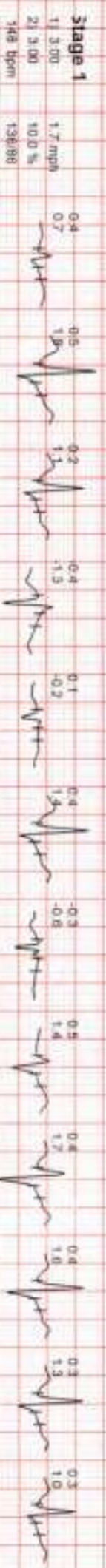
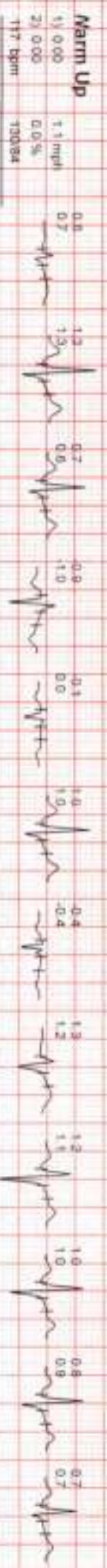
1X 60 mS Post J

EXTime 08:01 0.0 mph, 0.0%
25 mm/Sec, 1.0 Cm/Div

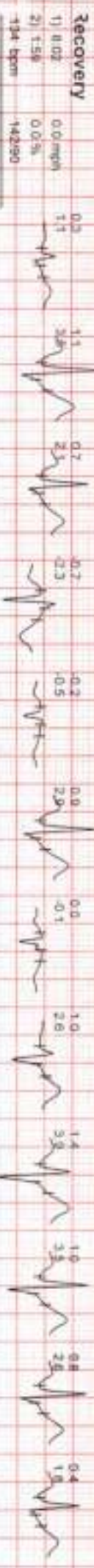
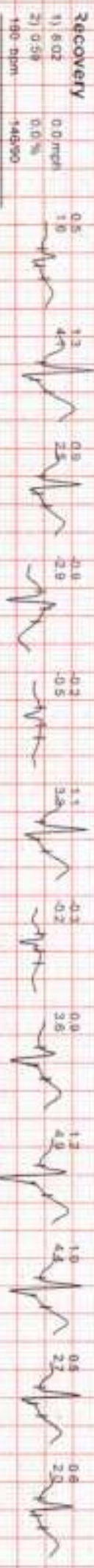


REMARKS: II aVR aVF V2 V4 V6

Site: 17 / 03 / 2024 01:28:31 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



MR: 17 / 03 / 2024 01:28:31 PM I II III AVR AVL AVF V1 V2 V3 V4 V5 V6





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Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 17/03/2024 10:35:08

Patient ID :- 12236400



NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 12:43:59

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.8

%

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

Method:- HPLC

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

120

mg/dL

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

Method:- Calculated Parameter

AJAYSINGH
Technologist

Page No: 1 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



Date :- 17/03/2024 10:35:08

Patient ID :- 12236400



NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 12:43:59

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.3	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.96	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	65.4	%	40.0 - 80.0
LYMPHOCYTE	27.9	%	20.0 - 40.0
EOSINOPHIL	3.8	%	1.0 - 6.0
MONOCYTE	2.6	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	5.21	$10^3/uL$	1.50 - 7.00
LYMPH#	2.23	$10^3/uL$	1.00 - 3.70
EO#	0.30	$10^3/uL$	0.00 - 0.40
MONO#	0.20	$10^3/uL$	0.00 - 0.70
BASO#	0.02	$10^3/uL$	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.23	$x10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	48.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	92.7	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.6	g/dL	31.5 - 34.5
PLATELET COUNT	196	$x10^3/uL$	150 - 410
RDW-CV	14.7 H	%	11.6 - 14.0
MENTZER INDEX	17.72		

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.

AJAYSINGH
Technologist

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Date :- 17/03/2024 10:35:08

Patient ID :-12236400



NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 12:43:59

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	11	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" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

(CBC) Methodology : DLC, 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

AJAYSINGH
Technologist

Page No: 3 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



Date :- 17/03/2024 10:35:08

Patient ID :-12236400



NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 12:50:26

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	205.13 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	124.74	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	43.92	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	140.42	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	24.95	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.67		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.20		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	607.83	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid dysregulation metabolism disorders.</p> <p>TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various metabolic disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</p> <p>DIRECT HDL CHOLESTEROL 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.</p> <p>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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

SURENDRAKHANGA



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



Date :- 17/03/2024 10:35:08

Patient ID :- 12236400



NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type > PLAIN/SERUM

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 12:50:26

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.81	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days = 12 1 month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.23	mg/dL	Adult - Up to 0.25 Newborn - <0.6 > 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.58	mg/dl	0.30-0.70
SGOT Method:- IFCC	29.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	60.8 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	81.10	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	44.60	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.21	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.05	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.16	gm/dl	2.20 - 3.50
A/G RATIO	1.28 L		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 these incompatible tubes. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin as it receives.

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: 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 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)

SURENDRAKHANGA

Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828





Date :- 17/03/2024 10:35:08

Patient ID :- 12236400



NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 12:19:08

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.320	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.960	ug/dl	6.530 - 13.210
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.770	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 µIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

MUKESH SINGH
Technologist

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Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



Date :- 17/03/2024 10:35:08
NAME :- Mr. YOGENDER MEHRA
Sex / Age :- Male 41 Yrs 5 Mon 23 Days
Company :- Med/Wheel

Patient ID :- 12236400
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type -> URINE

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 12:44:38

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH) Method:- Reagent Strip(Double indication blue reaction)	6.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromothymol blue)	1.025		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 sterlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitroprusside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotisation reaction)	NEGATIVE		NEGATIVE
RBC Method:- Reagent Strip (Peroxidase like activity)	NIL		NIL
MICROSCOPY EXAMINATION			
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
Technologist

Page No: 7 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828

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Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 17/03/2024 10:35:08

Patient ID :-12236400



NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 12:44:36

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	NIL	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

VIJENDRAMEENA
Technologist

Page No: 8 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



Date :- 17/03/2024 10:35:08

Patient ID :- 12236400



NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na BAK...
Date: 17/03/2024 13:56:50

Final Authentication : 17/03/2024 15:09:43

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)
Method:- GOD PAP

110.2

mg/dl

75.0 - 115.0

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)

130.9

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

0.96

mg/dl

Men - 0.6-1.30

Women - 0.5-1.20

Method:- Colorimetric Method

SERUM URIC ACID

5.95

mg/dl

Men - 3.4-7.0

Women - 2.4-5.7

Method:- Enzymatic colorimetric

RAMESHWAR, SURENDRAKHANGA

Page No: 9 of 13



Dr. Rashmi Bakshi
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Date :- 17/03/2024 10:35:08

Patient ID :-12236400



NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 17:28:43

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"AB" 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

AJAYSINGH, MANOJCHOUDHARY, VIJENDRAMEENA
Technologist

Page No: 11 of 13



Dr. Rashmi Bakshi
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Date :- 17/03/2024 10:35:08

Patient ID :-12236400



NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 12:50:26

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

SURENDRAKHANGA

Page No: 12 of 13



Dr. Rashmi Bakshi
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NAME :- Mr. YOGENDER MEHRA

Ref. By Dr:- BOB

Sex / Age :- Male 41 Yrs 5 Mon 23 Days

Lab/Hosp :-

Company :- Med/Wheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 10:46:53

Final Authentication : 17/03/2024 12:19:06

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL PSA

1.070

ng/ml

0.000 - 4.000

Method:- Chemiluminescence

InstrumentName: ADVIA CENTAUR CP **Interpretation :** Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

*** End of Report ***

MUKESH SINGH
Technologist

Page No: 13 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



Date :- 17/03/2024 10:35:08
NAME :- Mr. YOGENDER MEHRA
Sex / Age :- Male 41 Yrs 5 Mon 23 Days
Company :- Medi/Wheel

Patient ID :- 12236400
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 17/03/2024 15:53:07

BOB PACKAGE ABOVE 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.



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Date :- 17/03/2024 10:35:08	Patient ID :- 12236400
NAME :- Mr. YOGENDER MEHRA	Ref. By Doctor:-BOB
Sex / Age :- Male 41 Yrs 5 Mon 23 Days	Lab/Hosp :-
Company :- Med/Wheel	

Final Authentication : 17/03/2024 14:30:16

BOB PACKAGE ABOVE 40MALE

USG WHOLE ABDOMEN

Liver is of normal size and shows mildly raised parenchymal echogenicity. 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 or calculus.

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 enlarged nodes are visualised. No retro-peritoneal lesion is identified
 No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* Grade I fatty liver.

Needs clinical correlation.

*** End of Report ***

Transcript by.

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Dr. Abhishek Jain
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 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

