

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

**Patient Name :** YOGENDRA RAO

**Age / Gender :** 34 years / Male

**Endo ID :** 170950

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** Feb 10, 2024, 01:06 p.m.

**Reported Date & Time :** Feb 10, 2024, 04:06 p.m.

**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	13.6	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	4.73	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	42.9	%	42 - 52
Mean Cell Volume (MCV)	90.8	fL	78 - 100
Mean Cell Haemoglobin (MCH)	28.7	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	<b>31.6</b>	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.9	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7870	Cell/cu.mm	4000 - 10000
Neutrophils	75	%	40 - 80
Lymphocytes	20	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	10.9	fL	7.2 - 11.7
PCT	0.25	%	0.2 - 0.5
Platelet Count	228	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

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

Dr. Nishi Prasad  
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**Collected Date & Time :** Feb 10, 2024, 01:06 p.m.

**Reported Date & Time :** Feb 10, 2024, 04:14 p.m.

**Sample ID :**



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

ESR	10	mm	0 - 20
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\*\*END OF REPORT\*\*

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**Collected Date & Time :** Feb 10, 2024, 01:06 p.m.

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**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)	4-5	/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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**Collected Date & Time :** Feb 10, 2024, 01:06 p.m.

**Reported Date & Time :** Feb 10, 2024, 04:41 p.m.

**Sample ID :**



240410062

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

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

Medical Remark :

'O' POSITIVE

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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240410062

Test Description	Value(s)	Unit(s)	Reference Range
<b>BIOCHEMISTRY</b>			
<b>LIPID PROFILE</b>			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	238.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	134.3	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	46.3	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	26.86	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	164.84	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	<b>5.14</b>		2.6-4.9
LDL/HDL Ratio Method : Calculated	<b>3.56</b>		0.5-3.4

**\*\*END OF REPORT\*\***

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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	0.69	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.25	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.44	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	28.4	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	30.7	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	104.0	U/L	<b>MALE &amp; FEMALE</b> 4-19 YEAR: 54-369 U/L 20-59 YEAR: 42-98 U/L >60 YEAR: 53-141 U/L
Method : IFCC with Serum			
Total Protein	7.25	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.40	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.85	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.54		1.5 - 2.5
Method : Calculated			

**\*\*END OF REPORT\*\***

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240410062

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**HAEMATOLOGY**

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**

5.0

%

> 8% Action Suggested

**BLOOD**

7 - 8 % Good Control

6 - 7 % Near Normal Glycemia

< 6% Normal level

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**

96.80

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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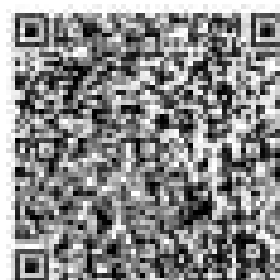
**Organization :** Goyal Diagnostics Profile

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Test Description	Value(s)	Unit(s)	Reference Range
<b>IMMUNOLOGY</b>			
T3-Triiodothyronine Method : CHEMILUMINESCENCE	0.84	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	7.6	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	1.07	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** 24.7 mg/dL 10.0 - 40.0

Method : Uricase

**CREATININE** 0.98 mg/dL 0.60 - 1.40

Method : Serum, Jaffe

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

**Uric Acid**

7.0

mg/dL

3.5-7.0

Method : Uricase, Colorimetric

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

Calcium

8.9

mg/dL

8.50 - 10.20

Method : Arsenazo III

**\*\*END OF REPORT\*\***

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**BIOCHEMISTRY**

Gamma GT	35.5	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitroanilide

**Interpretation**

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

**\*\*END OF REPORT\*\***

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**BIOCHEMISTRY**

Glucose fasting	91.1	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

**\*\*END OF REPORT\*\***

**Dr. Kusum Heda**  
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**Dr. Nishi Prasad**  
M.D.(Patho.)



5 Seconds ECG Report

Patient Name: Mr. YOGENDRA RAO 34/M

February 10, 2024

Time: 11:13:27

PR Interval: 0.15 sec

QRS Duration: 0.084 Sec

RR Interval: 0.75 sec

HR: 79 bpm

BP: 0/0 mmHg

P-QRS-T Axis (35)-(61)-(48) deg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal.

Normal ECG

DR  
MD

\*Unconfirmed Reporting, Refer to Clinician



Assistant Radiologist

**Dr. Roopa Goyal**

(Radio-Diagnosis)

**GYAL**

**DIAGNOSTICS**

4-D ULTRASOUND • COLOUR DOPPLER

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

<b>NAME</b> :	<b>YOGENDRA</b>	<b>DATE</b> :	<b>10.02.24</b>
<b>AGE</b> :	<b>34 YRS</b>	<b>REF BY</b> :	
<b>SEX</b> :	<b>MALE</b>		

**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 19 MM

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

LVID d	46.2	LVEDV	
LVID s	29.8	LVESV	
RVID(d)	---	SV	-
IVS d	11.8	F.S	35%
IVS S	16.1	EF	65%
LVPW d	10.2	C.O	-
LVPWS	14.3	MITRAL VALVE	-
AORTIC ROOT	28.0	EF SLOPE	-
LEFT ATRIUM	30.9	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- 82 A- 94	-	NIL
TRICUSPID VALVE	NORMAL	159	-	TRACE
PUL VALVE	NORMAL	120	-	NIL
AORTIC VALVE	NORMAL	132	-	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 GOYAL (M.D.)  
 Const. Radiologist  
 RMC NO. 10700110000

**भ्रूण 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. PAP SMEAR FNAC  
 THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL PURPOSE.



NAME -	YOGENDRA	AGE- 34 YRS	DATE - 10.02.24
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.D.)  
Consultant Radiologist  
1st Floor, Shopping Centre, Opp. JLN Hospital, Ajmer

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



NAME - Yogendra

AGE - 34 Yrs

Date - 10.02.24

REF BY --

**USG ABDOMEN-PELVIS**

**LIVER** : is enlarged and bright 14.6 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 :-- 10.2 x 3.9 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 :-- 10.6 x 4.9 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 is Seen .

**PROSTATE**: is Normal in size 19.8 gms and shows normal homogeneous echotexture

**IMPRESSION:-**

- Enlarged fatty Liver .
- Rest of the abdominal organs are within normal limits.

Dr. ROOPA GOYAL (M.D.)  
Consultant Radiologist  
RMC No. 15000

**(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 us finding is path genomic . All findings are only S/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 .

रिपोर्ट परीक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।



29



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O नरम सिंह, 142/14, माली नं 4, आशोक विहार  
कल्याण, सुभाष नगर, अजमेर, राजस्थान,  
भारत - 305001

Address:  
S/O Naval Singh, 342/14, Gali N. 5, ASHOK  
VIHAR COLONY, SUBHASH NAGAR, Ajmer,  
Rajasthan - 305001

5004 5318 7585

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भारत सरकार  
Government of India



योगेन्द्र राव  
Yogendra Rao  
जन्म तिथि/DOB: 08/01/1990  
पुरुष/ MALE

Issue Date: 24/11/2011

5004 5318 7585

UID : 9182 3785 2491 5490

मेरा आधर, मेरी पहचान

DR PC  
Aadhaar Card



 **GPS Map Camera**

**Ajmer, Rajasthan, India**

**FJ9M+XHX, Jln Hospital Rd, Kala Bagh, Ajmer, Rajasthan 305001, India**

**Lat 26.469881°**

**Long 74.63401°**

**10/02/24 02:00 PM GMT +05:30**

