

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

General Physical Examination

Date of Examination: 17/03/2024

Name: Aditya CHAUHAN Age: 50 Sex: m

DOB: 22/10/1973

Referred By: med/wheel

Photo ID: Aadhar ID #: Attached

Ht: 163 (cm)

Wt: 74 (Kg)

Chest (Expiration): 99 (cm)

Abdomen Circumference: 94 (cm)

Blood Pressure: 128/79 mm Hg PR: 83 min

BMI 27.9

Eye Examination: dis 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 : [Signature] Name of Examinee: _____

Signature Medical Examiner : [Signature] Name Medical Examiner _____
D.: Piyush Goyal
M.B.B.S., DMRD
RMC Reg. No. 017998



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

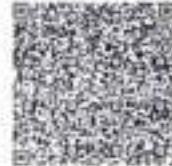
नागरिकता क्रम / Enrollment No.: 2036/81454/09920

To
आदिन्य चौहान
Aditya Chauhan
S/O Virendra Kumar Chauhan
55, ramshwaram colony
behind power house sirsi road
Sirsi
Sirsi
Amber Jaipur
Rajasthan 302012
9785600958

197701022 01/01/2014



ML977010220FT



आपका आधार क्रमांक / Your Aadhaar No. :

8402 5913 6649

आधार - आम आदमी का अधिकार

Handwritten signature



भारत सरकार

Government of India



आदिन्य चौहान
Aditya Chauhan
जन्म तिथि / DOB : 22/10/1973
पुरुष / Male



8402 5913 6649

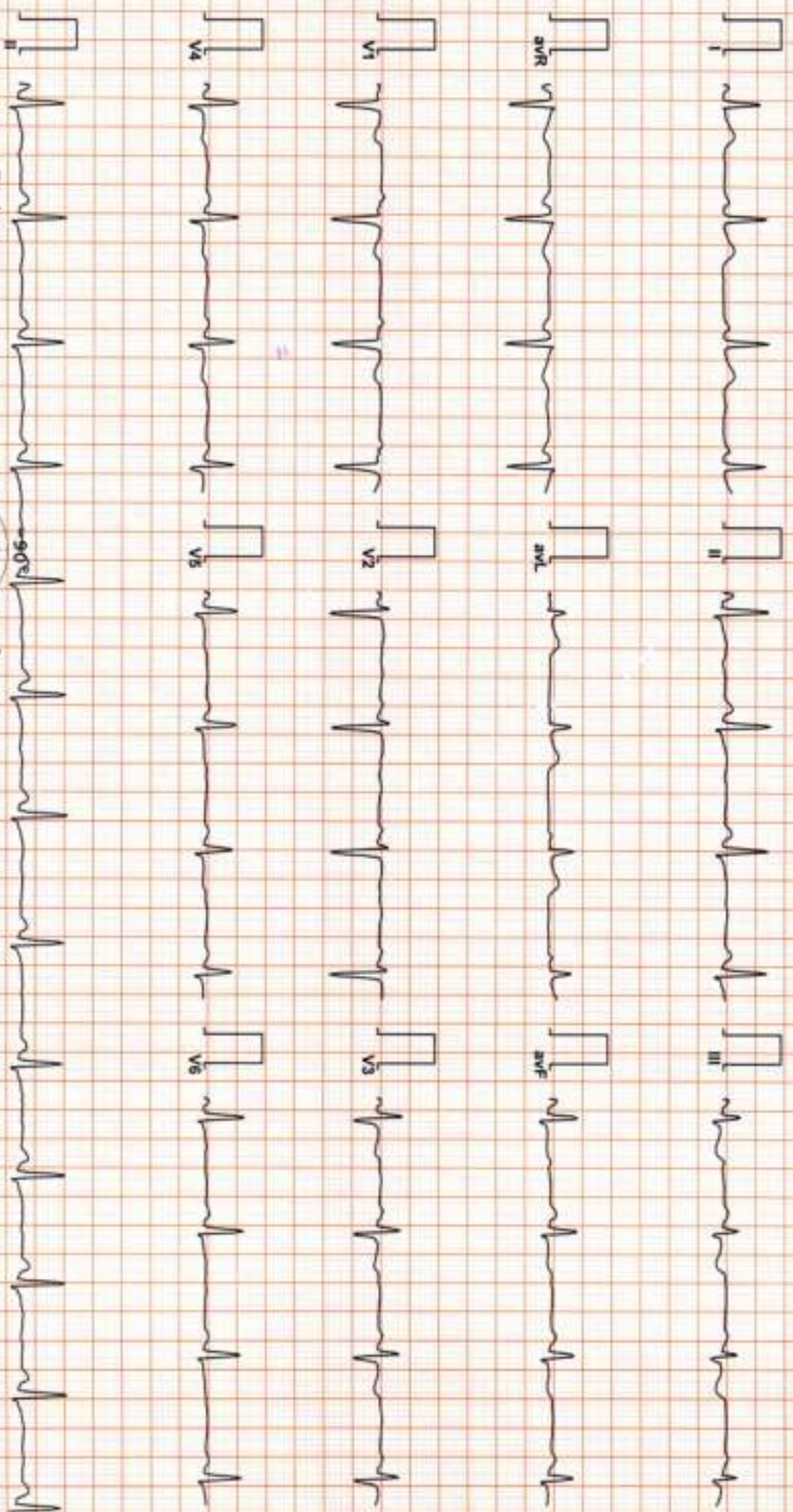
आधार - आम आदमी का अधिकार

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

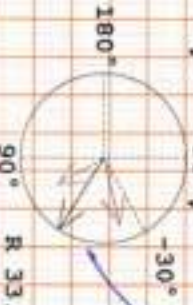
DR. GOYAL PATH LAB

ECG

4823 / MR ADITYA CHAUHAN / 50 Yrs / M / Non Smoker
Heart Rate : 74 bpm / Tested On : 17-Mar-24 13:05:07 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Vent Rate : 74 bpm
PR Interval : 144 ms
QRS Duration : 78 ms
QT/QTc Int : 352/377 ms
P-QRS-T axis: 61.00° 33.00° -14.00°



Sinus rhythm with 1st degree AV block

Lead III and V1-V4

Reported By: **Dr. Nareesh Kumar M. V. S. S. S. S.**
MBBS, DIP. CARDIO (ECCO) BY
DE.M. (FCCP-USA)



871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / NonSmoker
Date: 17 / 03 / 2024 01:05:49 PM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	01.1	00.0	01.0	075	44 %	120/80	090	00	
Standing	00:18	0:13	01.1	00.0	01.0	075	44 %	120/80	090	00	
HV	00:53	0:35	01.1	00.0	01.0	078	46 %	120/80	093	00	
Warm Up	01:10	0:17	01.1	00.0	01.0	072	42 %	120/80	086	00	
ExStart	01:54	0:44	01.0	00.0	01.0	097	57 %	120/80	116	00	
BRUCE Stage 1	04:54	3:00	01.7	10.0	04.7	122	72 %	125/85	152	00	
BRUCE Stage 2	07:54	3:00	02.5	12.0	07.1	142	84 %	135/85	191	00	
PeakEx	09:34	1:40	03.4	14.0	08.8	158	93 %	140/90	221	00	
Recovery	10:34	1:00	00.0	00.0	01.2	128	75 %	140/90	179	00	
Recovery	11:34	2:00	00.0	00.0	01.0	116	68 %	135/85	156	00	
Recovery	12:34	3:00	00.0	00.0	01.0	100	59 %	135/85	135	00	
Recovery	13:34	4:00	00.0	00.0	01.0	097	57 %	125/80	121	00	
Recovery	14:03	4:30	00.0	00.0	01.0	096	56 %	125/80	120	00	

FINDINGS :

Exercise Time : 07:40
 Max HR Attained : 158 bpm 93% of Target 170
 Max BP Attained : 140/90 (mm/Hg)
 Max Workload Attained : 8.8 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

TNT 95 Negative for RMI

REPORT :

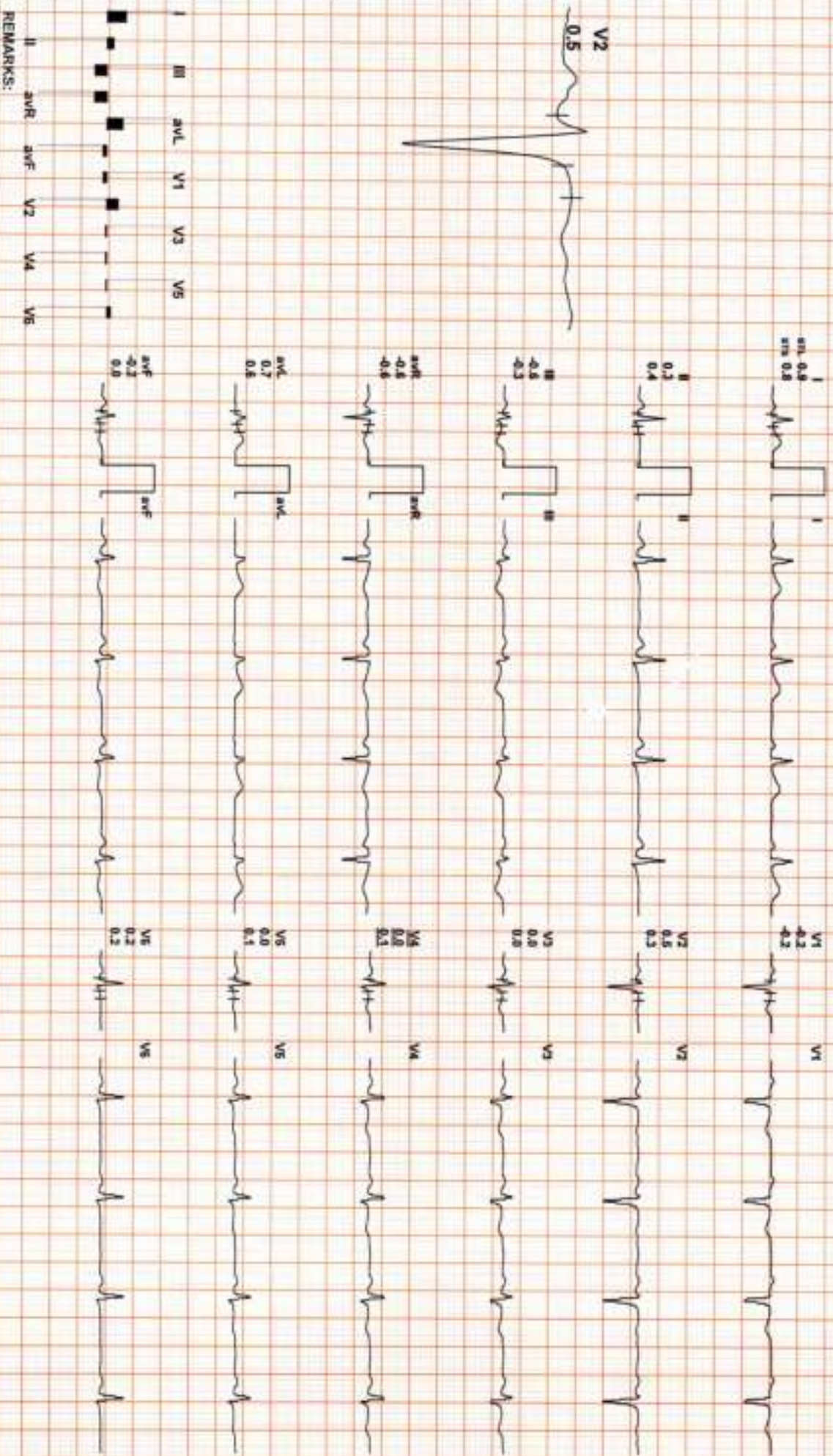
Dr. Naresh Kumar Mohrva
 MBBS, DFCARD (ESCORIS)
 DEM (RCCP-UK)



Date: 17 / 03 / 2024 01:05:40 PM METS: 1.0/ 75 bpm 44% of THR BP: 120/80 mmHg Combined Mediana/ BLC Onv Notch Onv HF 0.05 Hz/ LF 35 Hz

EXTime: 00:00 1.1 mph 0.0%
25 mm/Sec. 1.0 Cm/mV

AX 25 mm/Sec J



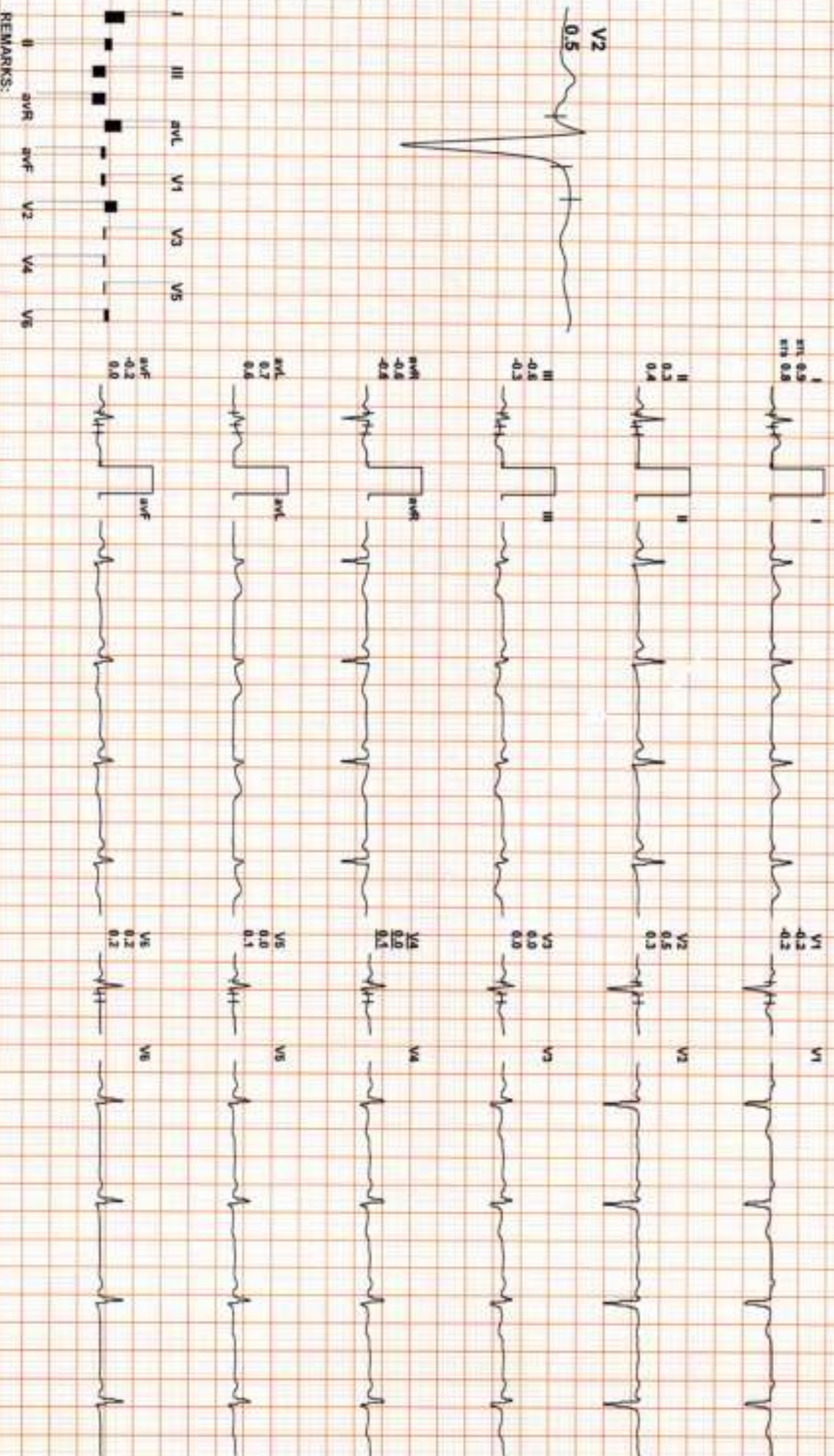


871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 75

Date: 17 / 03 / 2024 01:05:49 PM METS: 1.6/ 75 bpm 44% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Noct On/ HF 0.05 Hz/LF 35 Hz

AX 80 ms Post J

EXTime: 00:00 1.1 mph, 0.0% 25 mm/Sec. 1.8 Cm/mV



REMARKS:

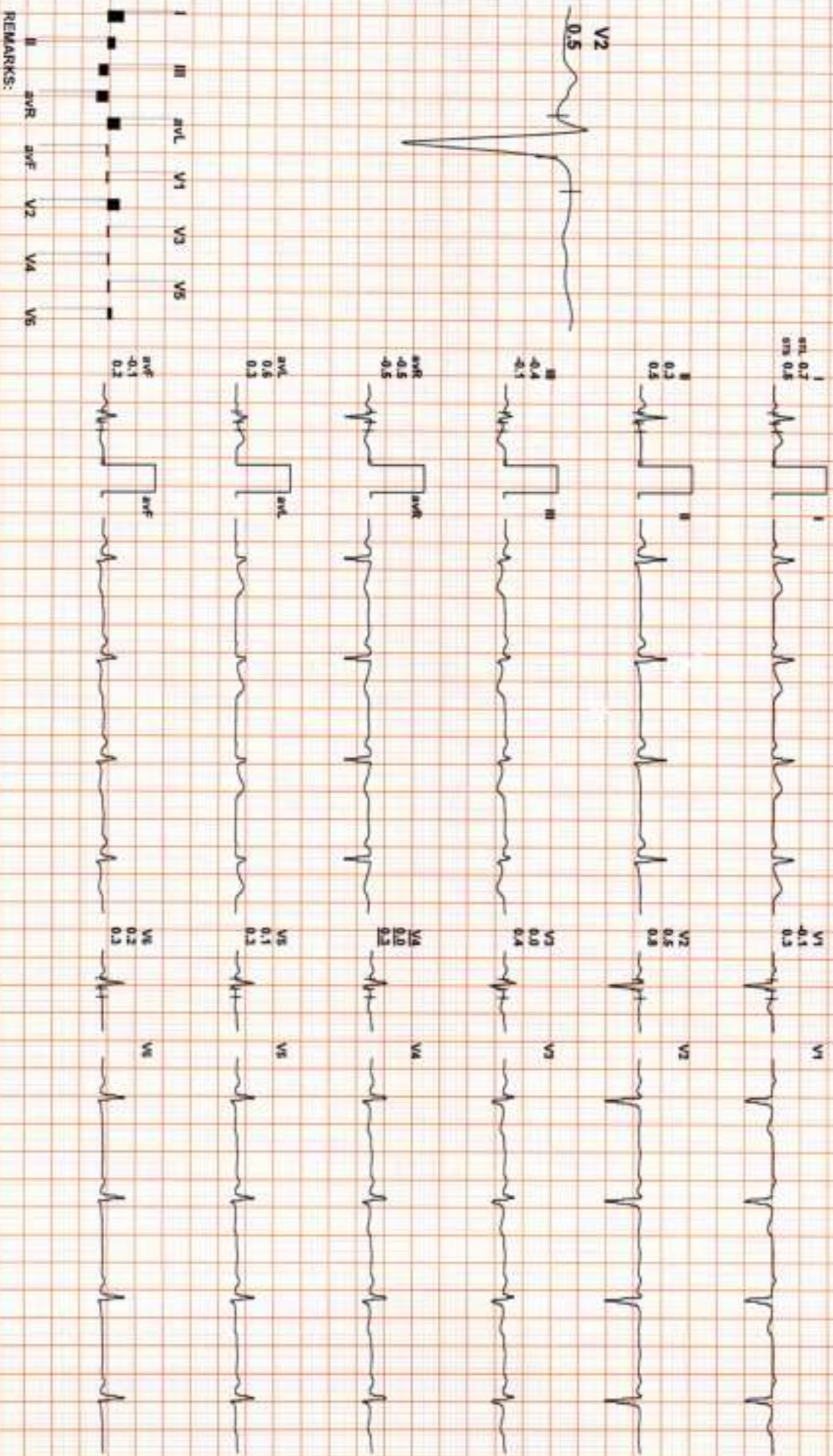


871 (113) / MRADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 78

Date: 17 / 03 / 2024 01:05:49 PM METS: 1.07 78 bpm 46% of THR BP- 120/80 mmHg Combined Medians/ BLC OV Neich OV HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 00:00 1.1 mgh, 0.0%
25 mm/Sec. 1.8 Cm/mV



REMARKS:

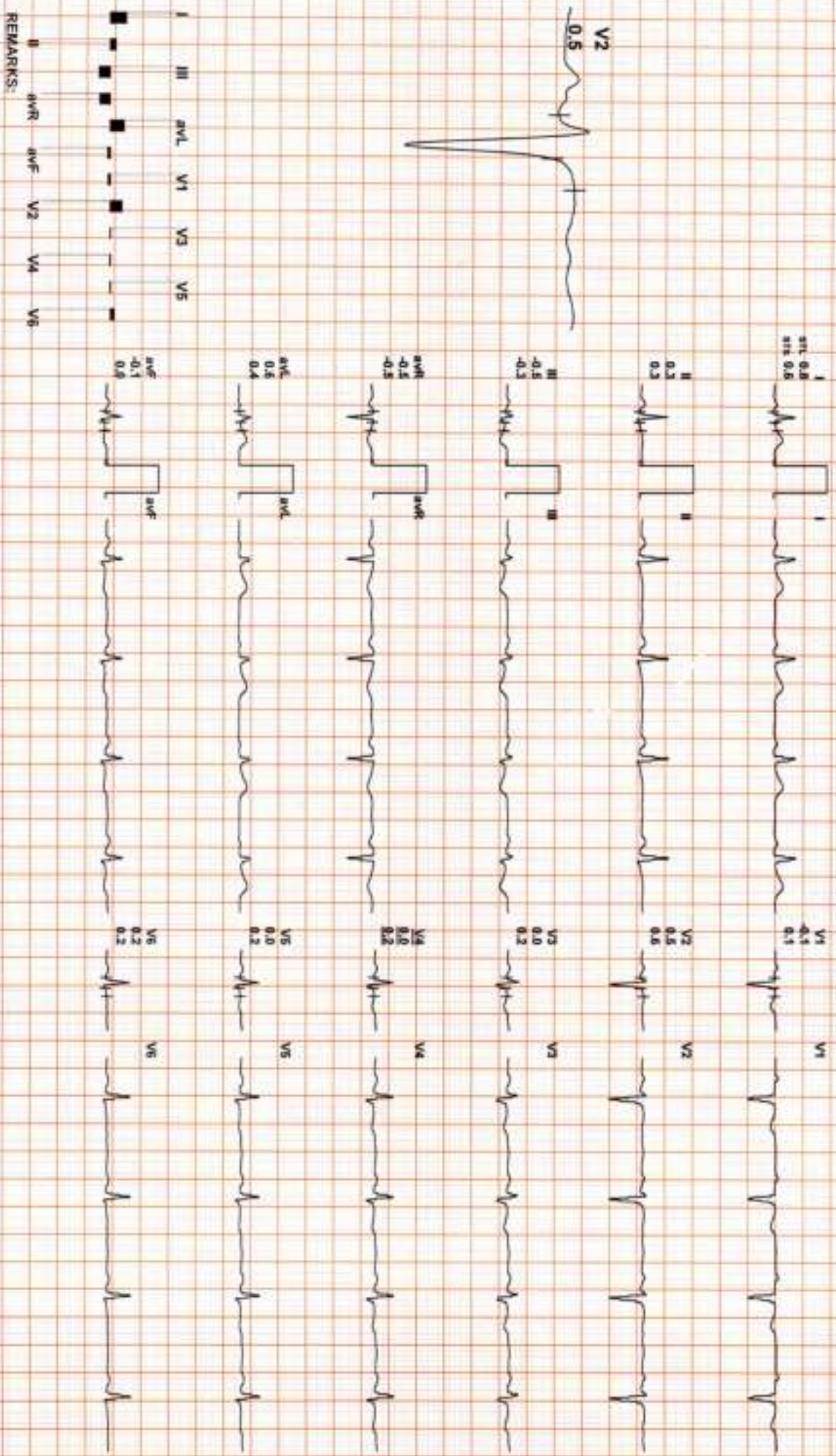


871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 72

Date: 17 / 03 / 2024 01:05:49 PM METS: 1.0/ 72 bpm 42% of THR BP: 120/80 mmHg Combined Medians/ BIC On/ Notch On HF 0.05 Hz/LF 35 Hz

AX 60 ms Post J

ExtIme: 00:00 1.1 mph, 0.0%
25 mm/Sec, 1.0 Cm/mV



REMARKS:

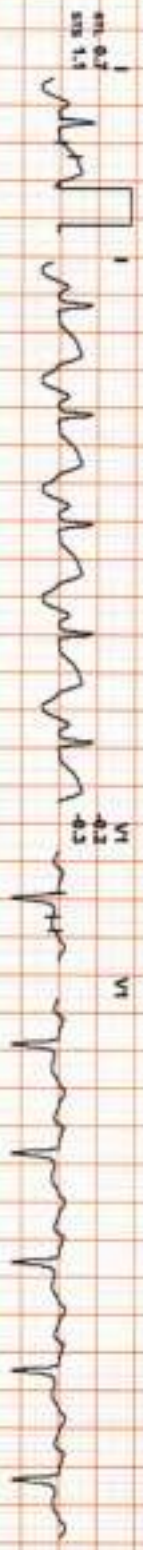


871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 97

Date: 17 / 03 / 2024 01:06:49 PM METS: 1.09 97 bpm 57% of THR BP: 120/80 mmHg Combined Medians/ BLC OV Natch OV HF 0.05 Hz/LF 35 Hz

4X 80 mg Post J

ExTime: 00:00 1.0 mph, 0.0% 25 mm/Sec, 1.9 Cm/mV



REMARKS:

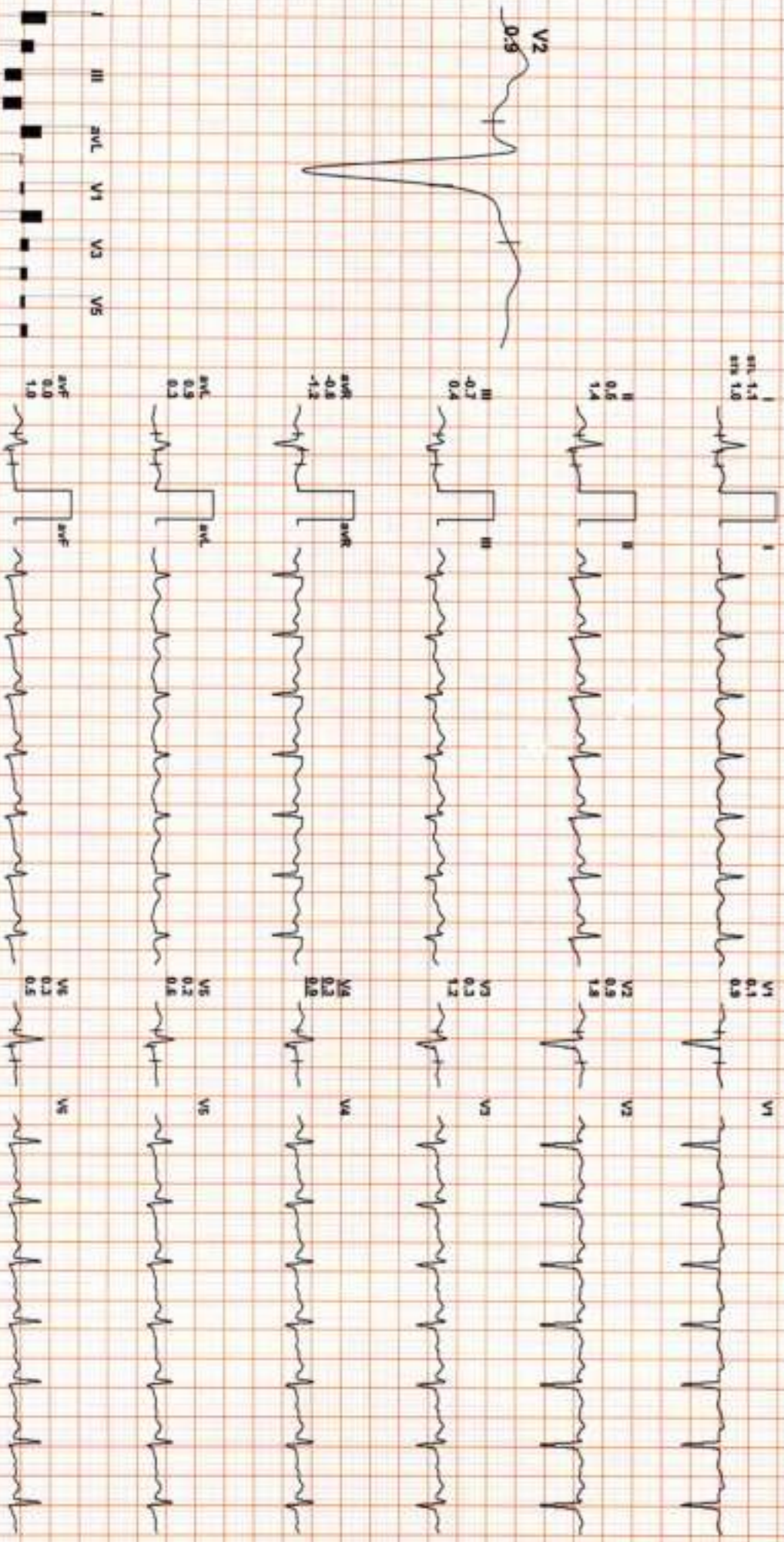


871 (113) / MRADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 122

Date: 17 / 03 / 2024 01:05:49 PM METS: 4.7/ 522 bpm 72% of THR BP: 125/85 mmHg Combined Medians/ BLC On/ Noich On/ HF 0.05 HzL/ 35 Hz

4X 80 mg Post J

ExTime: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.8 Cm/mV



REMARKS:

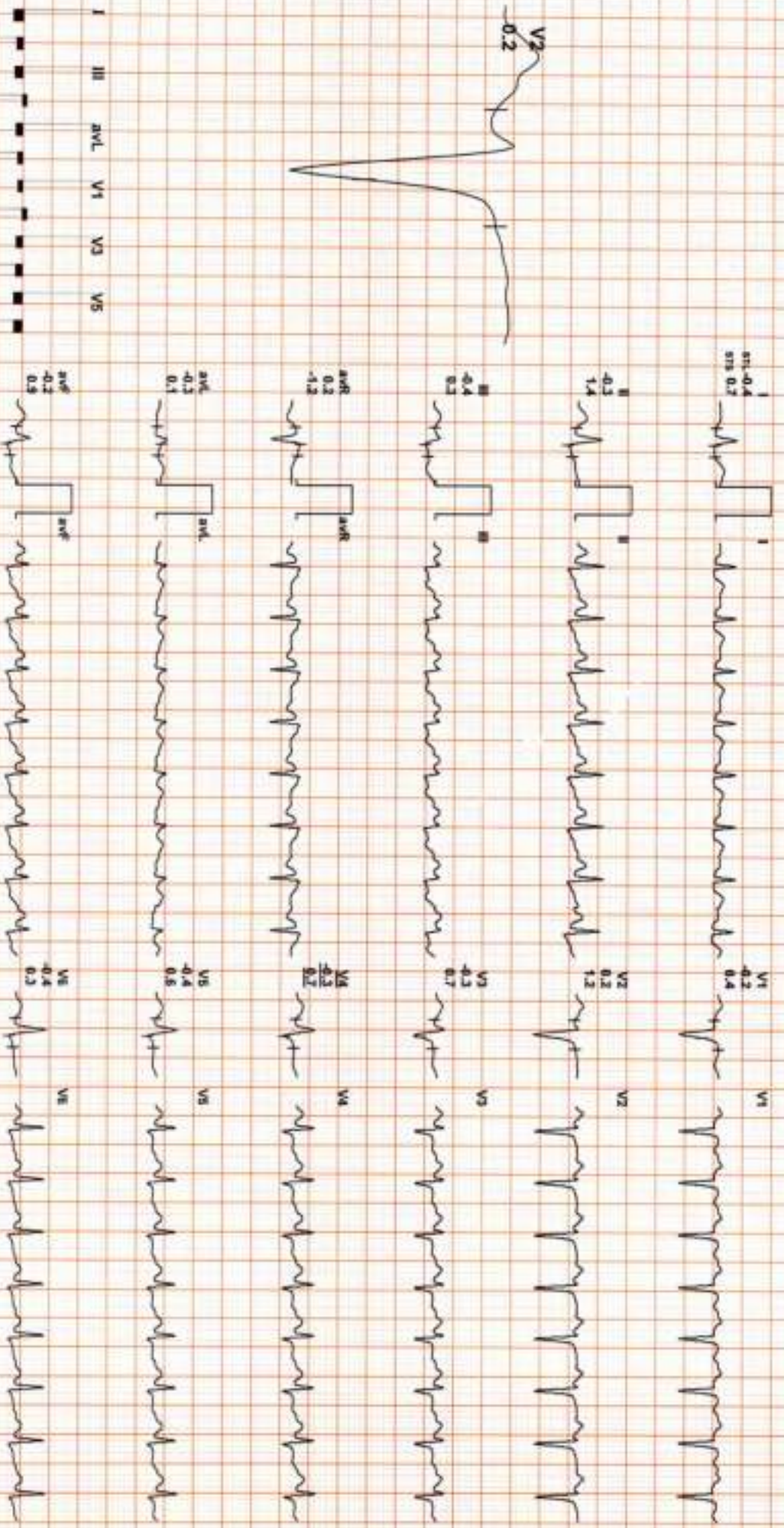


871 (113) / MRADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 142

Date: 17 / 03 / 2024 01:05:49 PM METS: 7.31 142 bpm 84% of THR BP: 135/85 mmHg Combined Medians/ BLC Ov Natch Ov HF 0.05 HzLF 3S Hz

4X 80 ms Post J

EXTime: 06:00 2.5 mph, 12.0%
25 mmSec, 1.8 Cm/mV



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



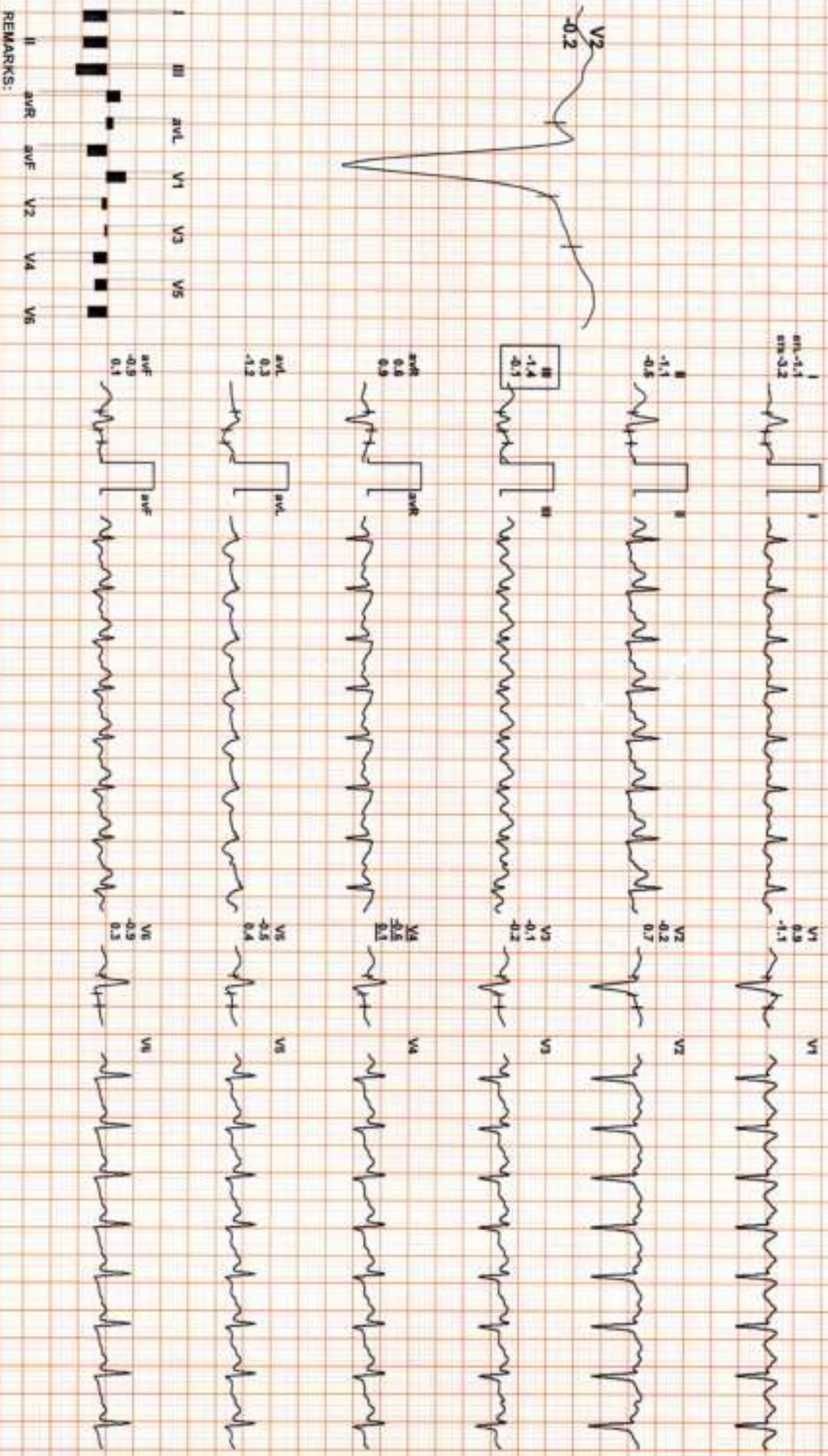
871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 158

Date: 17 / 03 / 2024 01:05:49 PM METS: 8.8J 158 bpm 93% of THR BP: 140/90 mmHg Combined Medians/ BLC Onv Notch Onv HF 0.05 HzLF 35 Hz

ExTime: 07:40 3.4 mph, 14.0%

4X 60 ms Post J

25 mm/Sec. 1.8 Cm/mV



REMARKS:

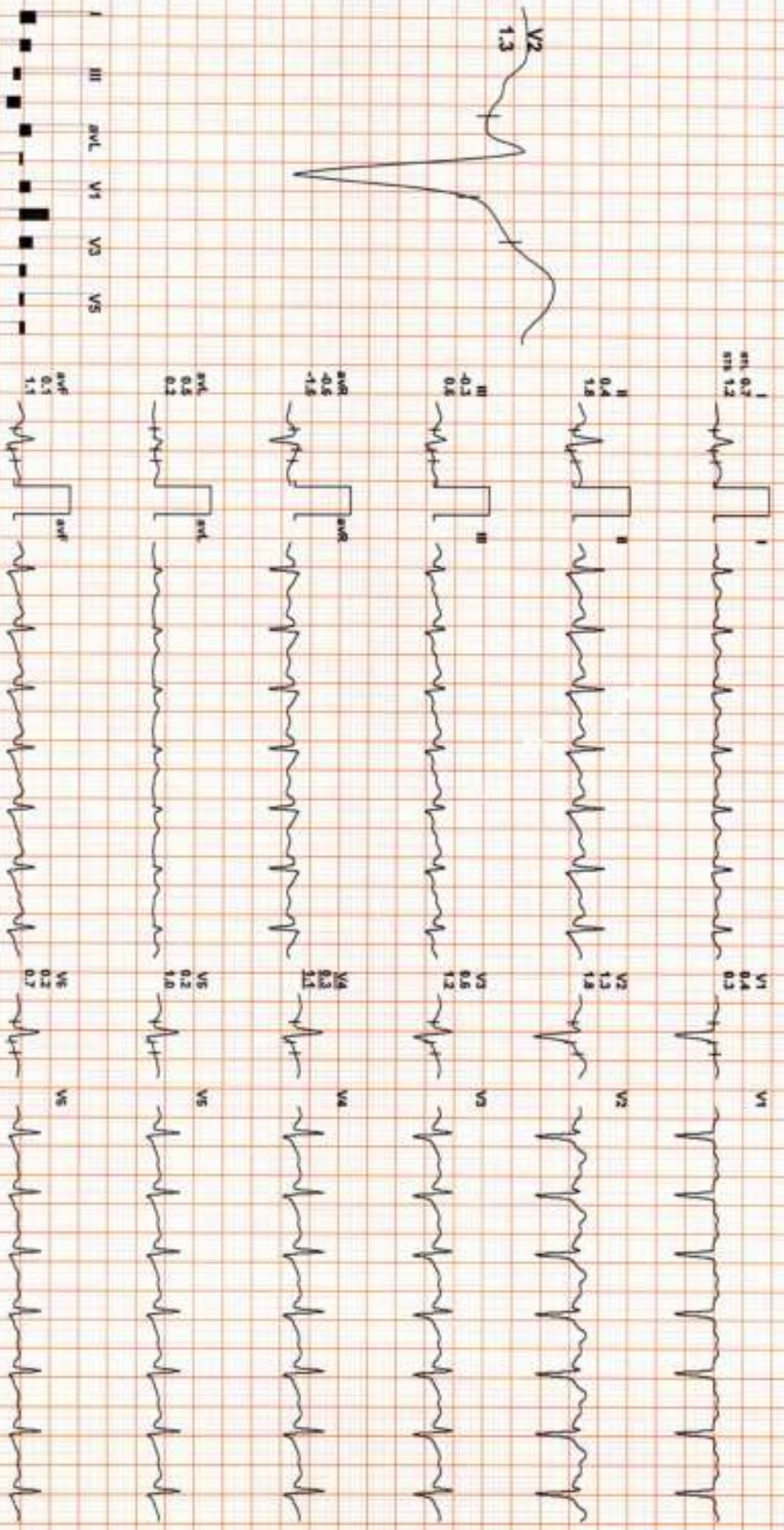


871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 128

Date: 17 / 03 / 2024 01:05:49 PM METS: 1.2/ 128 bpm 75% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On HF 0.05 Hz/LF 35 Hz

4X 40 mg Posa J

EXTIME: 07:40 0.0 mph, 0.0% 25 mm/Sec. 1.9 Cm/mV



REMARKS:

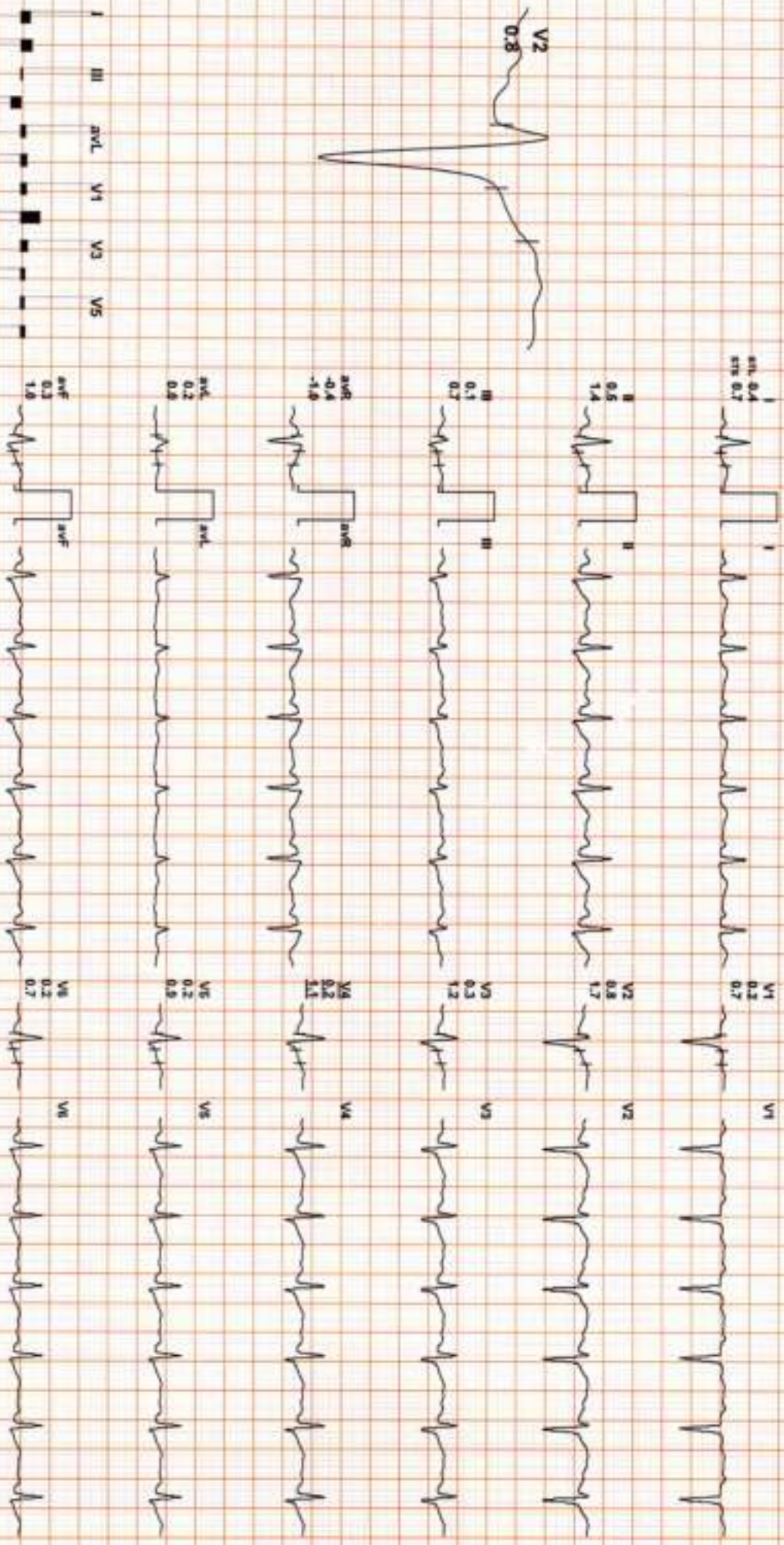


871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 116

Date: 17 / 03 / 2024 01:05:49 PM METS: 1.0/ 116 bpm 68% of THR BP- 135/85 mmHg Combined Medial/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 ms Post J

ExTime: 07:40 0.0 mph, 0.0%
25 mm/Sec. 1.9 Cm/mV



REMARKS:

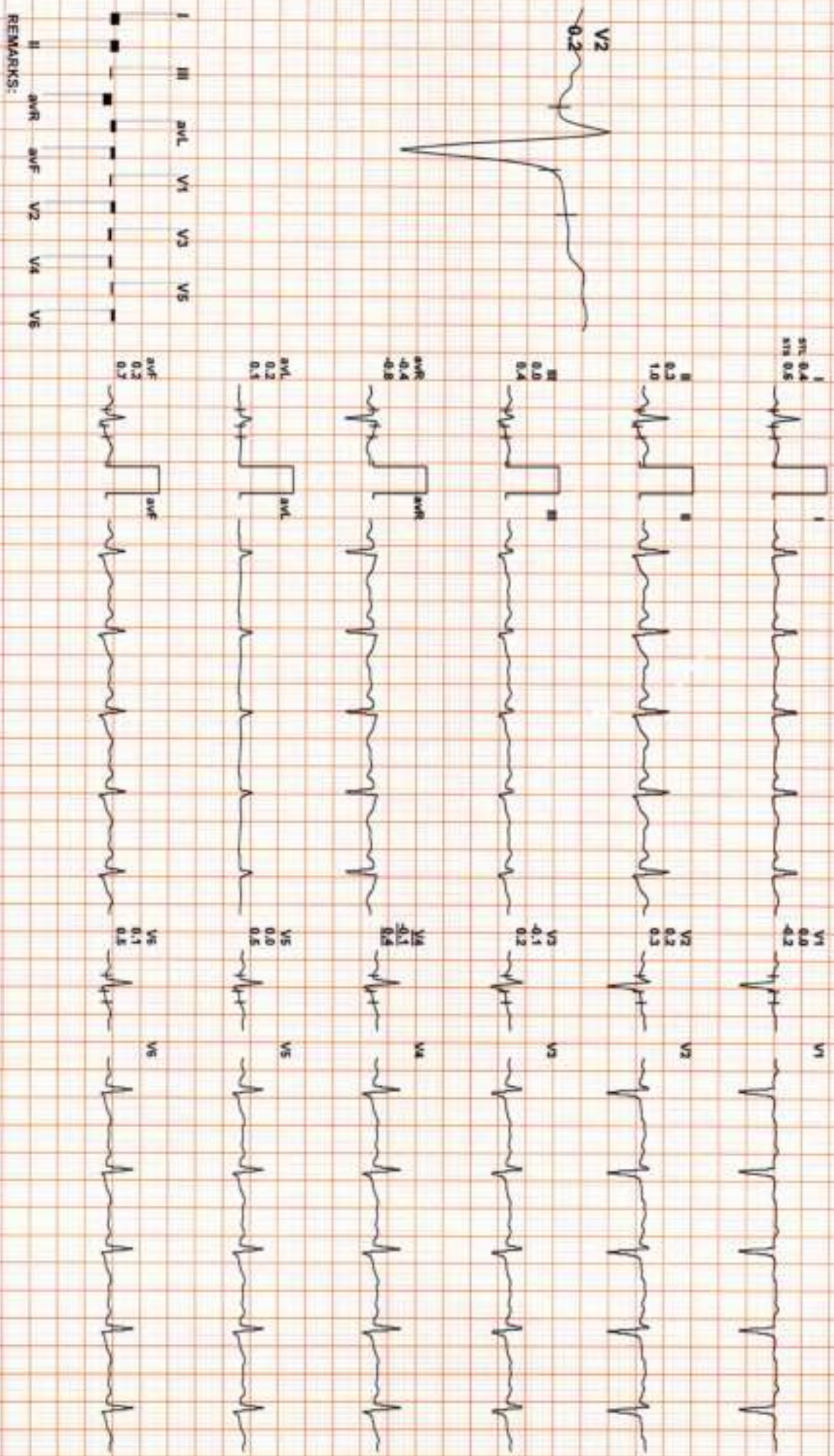


871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / O Cms / 3 Kg / HR : 100

Date: 17 / 03 / 2024 01:05:49 PM METS: 1.0/ 100 bpm 59% of THR BP- 135/85 mmHg Combined Medians/ BLC Onv Notch Onv HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExtTime: 07:40 0.0 mph, 0.0%
25 mm/Sec. 1.9 Cm/mV



REMARKS:

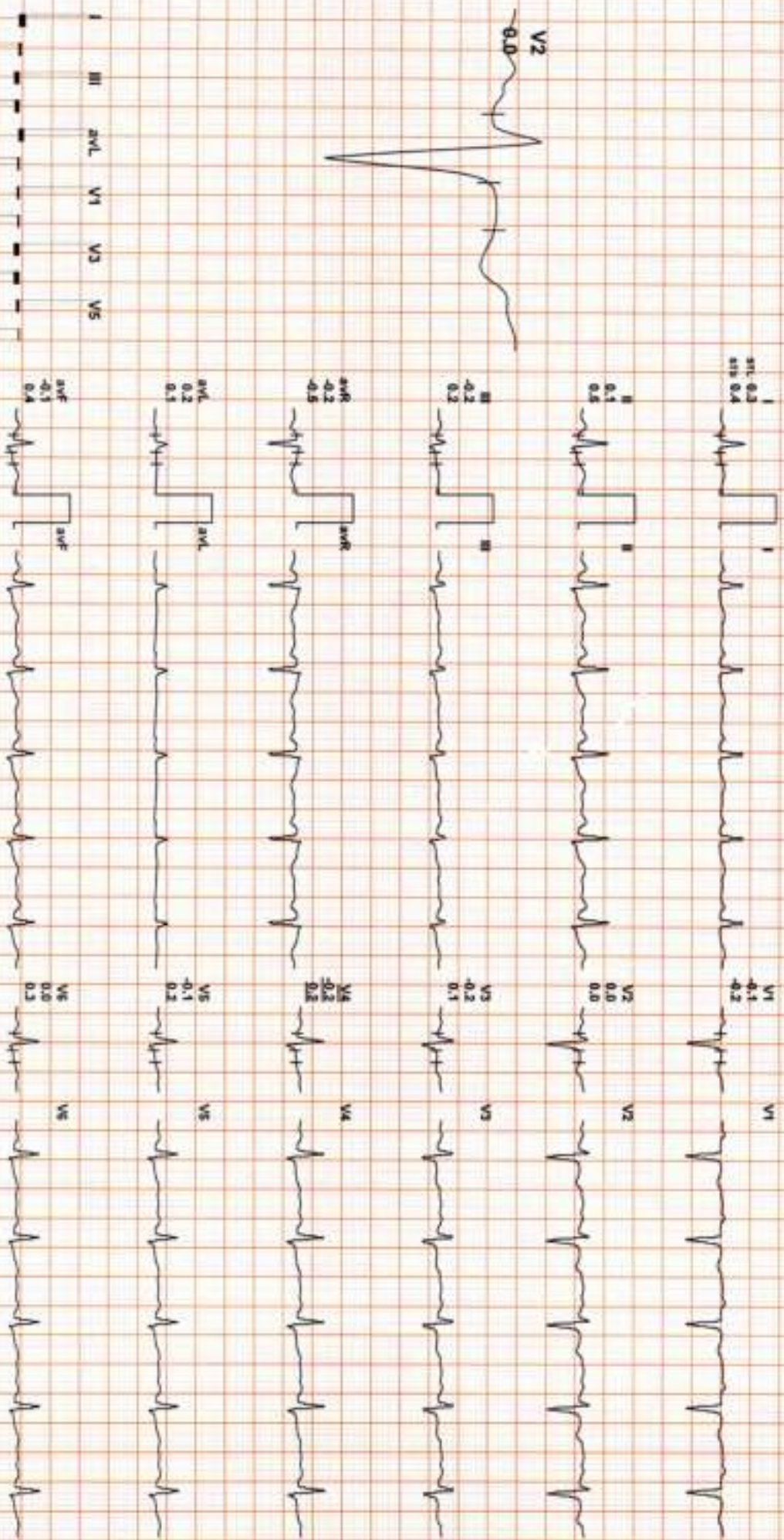


871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 97

Date: 17 / 03 / 2024 01:05:49 PM METS: 1.0/ 97 bpm 57% of THR BP: 128/80 mmHg Combined Medians/ BLC ON/ Noch ON HF 0.05 HzLF 3S Hz

AX 80 ms Post J

ExTime: 07:40 0.0 mgh, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

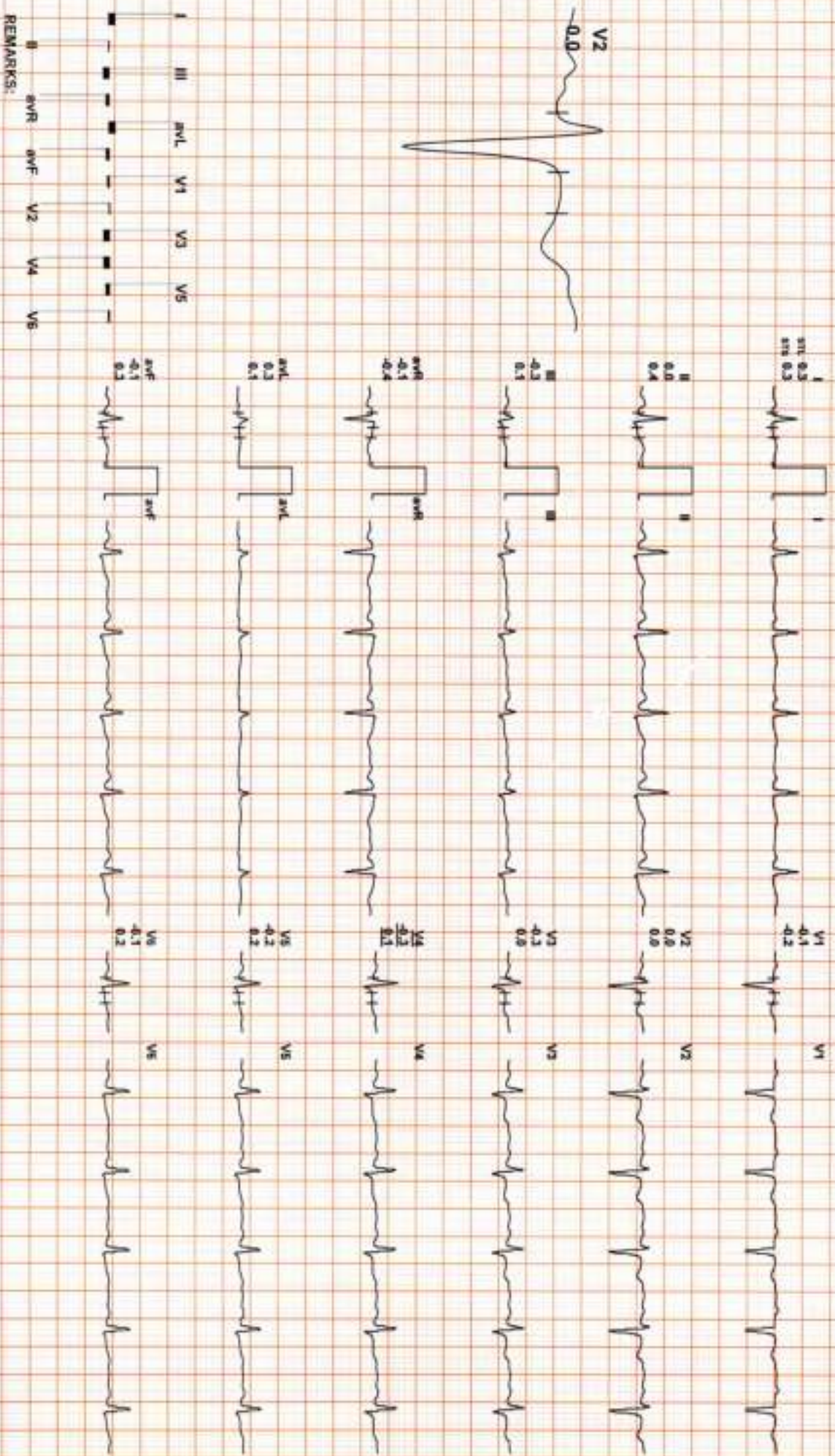


871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 96

Date: 17 / 03 / 2024 01:05:49 PM METS: 1.0/ 96 bpm 56% of THR BP: 125/80 mmHg Combined Medians/ BLC On/ Noch On/ HF 0.05 Hz/LF 35 Hz

4X 96 ms Post J

ExTime: 07:40 0.0 mph, 0.0% 25 mm/Sec, 1.8 Cm/mV

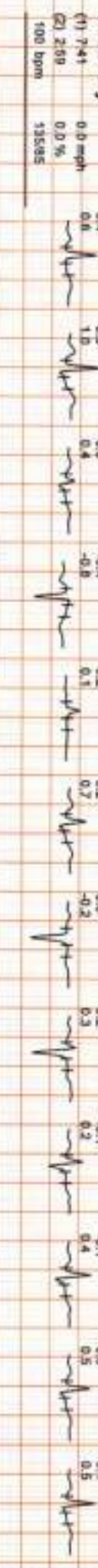
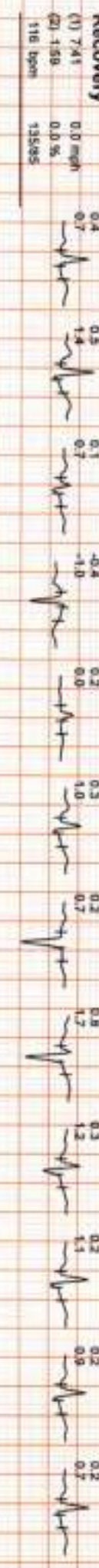
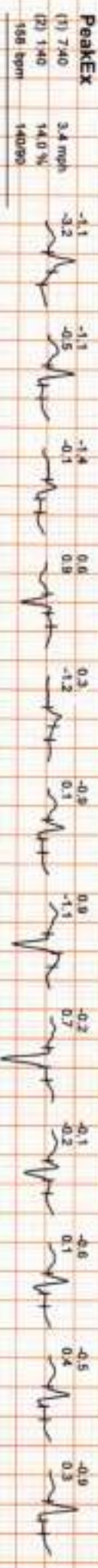
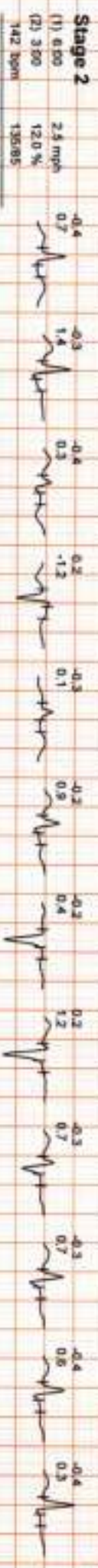


REMARKS:



871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 86

Date: 17 / 03 / 2024 01:05:49 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



DR . GOYALS PATH LAB & IMAGING CENTRE

Average



871 (113) / MR ADITYA CHAUHAN / 50 Yrs / M / 0 Cms / 3 Kg / HR : 86

Date: 17 / 03 / 2024 01:05:49 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



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Tele : 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalplyush@gmail.com

Date :- 17/03/2024 09:43:11

Patient ID :-12236395



NAME :- Mr. ADITYA CHAUHAN

Ref. By Dr:- BOB

Sex / Age :- Male 50 Yrs 4 Mon 27 Days

Lab/Hosp :-

Company :- Medi/Wheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 09:49:11

Final Authentication : 17/03/2024 12:05:53

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

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

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

117

mg/dL

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

Method:- Calculated Parameter

AJAYSINGH
Technologist

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



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Sex / Age :- Male 50 Yrs 4 Mon 27 Days
Company :- MediWheel

Patient ID :- 12236395
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 17/03/2024 09:49:11

Final Authentication : 17/03/2024 12:05:53

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.6	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.22	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	56.1	%	40.0 - 80.0
LYMPHOCYTE	34.4	%	20.0 - 40.0
EOSINOPHIL	4.9	%	1.0 - 6.0
MONOCYTE	4.4	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.49	10 ³ /uL	1.50 - 7.00
LYMPH#	2.14	10 ³ /uL	1.00 - 3.70
EO#	0.31	10 ³ /uL	0.00 - 0.40
MONO#	0.27	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.11	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	90.8	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.6	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.5	g/dL	31.5 - 34.5
PLATELET COUNT	230	x10 ³ /uL	150 - 410
RDW-CV	14.4 H	%	11.6 - 14.0
MENTZER INDEX	17.77		

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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Technologist

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Sex / Age :- Male 50 Yrs 4 Mon 27 Days

Lab/Hosp :-

Company :- Med/Wheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 09:49:11

Final Authentication : 17/03/2024 12:05:53

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)

46 H

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 " $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia

(CBC); Methodology : LLC, 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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Technologist

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Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008829



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NAME :- Mr. ADITYA CHAUHAN
Sex / Age :- Male 50 Yrs 4 Mon 27 Days
Company :- MediWheel

Patient ID :-12236395
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 09:49:11

Final Authentication : 17/03/2024 11:45:41

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	206.86 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	119.26	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	43.56	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	143.42	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	23.85	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.75		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.29		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	606.28	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 dysregulation metabolic 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 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.</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>			

SURENDRAKHANGA

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



Date :- 17/03/2024 09:43:11

Patient ID :-12236395



NAME :- Mr. ADITYA CHAUHAN

Ref. By Dr:- BOB

Sex / Age :- Male 50 Yrs 4 Mon 27 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 09:49:11

Final Authentication : 17/03/2024 11:45:41

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.68	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	0.17	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.51	mg/dl	0.30-0.70
SGOT Method:- IFCC	23.3	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	29.5	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	123.20 H	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	51.70 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.78	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.45	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.33	gm/dl	2.20 - 3.50
A/G RATIO	1.34		1.30 - 2.50

Total Bilirubin/Methodology: Colorimetric method InstrumentName Random Rx Incls Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious disease of the liver e.g. hepatitis B or obstruction of the bile duct and in these incompatible babies. 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 InstrumentName Random Rx Incls 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 InstrumentName Random Rx Incls 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 InstrumentName Random Rx Incls 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 InstrumentName Random Rx Incls 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 InstrumentName Random Rx Incls 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: Random Rx Incls Interpretation: Elevations in GGT levels are less earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and sustained alcoholism. 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 3 times normal)

SURENDRAKHANGA

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Date :- 17/03/2024 09:43:11

Patient ID :- 12236395

NAME :- Mr. ADITYA CHAUHAN

Ref. By Dr:- BOB

Sex / Age :- Male 50 Yrs 4 Mon 27 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 09:49:11

Final Authentication : 17/03/2024 11:08:54



IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.220	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	12.200	ug/dl	6.530 - 13.210
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.317	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

MUKESH SINGH
Technologist

Page No: 6 of 13.



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Date :- 17/03/2024 09:43:11
NAME :- Mr. ADITYA CHAUHAN
Sex / Age :- Male 50 Yrs 4 Mon 27 Days
Company :- MediWheel

Patient ID :- 12236395
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type > URINE

Sample Collected Time 17/03/2024 09:49:11

Final Authentication : 17/03/2024 11:05:55

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 indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip(Sulphonahcyclic 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 ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitroprusside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization 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



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Patient ID :- 12236395

NAME :- Mr. ADITYA CHAUHAN

Ref. By Dr:- BOB

Sex / Age :- Male 50 Yrs 4 Mon 27 Days

Lab/Hosp :-

Company :- MediWheel



HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AJAYSINGH, ANITASHARMA, BILAL, MUKESH SINGH, SURENDRAKHANGA, VIJENDRAMEENA



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Date :- 17/03/2024 09:43:11

Patient ID :-12236395



NAME :- Mr. ADITYA CHAUHAN

Ref. By Dr:- BOB

Sex / Age :- Male 50 Yrs 4 Mon 27 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 17/03/2024 09:49:11

Final Authentication : 17/03/2024 14:36:18

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

AJAYSINGH, VIJENDRAMEENA
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NAME :- Mr. ADITYA CHAUHAN

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Sex / Age :- Male 50 Yrs 4 Mon 27 Days

Lab/Hosp :-

Company :- Med/Wheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 09:49:11

Final Authentication : 17/03/2024 11:45:41

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.9	mg/dl	0.0 - 23.0

SURENDRAXHANGA

Page No: 12 of 13



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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL PSA

0.574

ng/ml

0.000 - 4.000

Method:- Chemiluminescence

InstrumentName: VITROS ECI **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 ***

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Technologist

Page No: 13 of 13



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Sex / Age :- Male 50 Yrs 4 Mon 27 Days
Company :- MediWheel

Patient ID :- 12236395
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 17/03/2024 12:01:13

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)



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EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI
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*** End of Report ***

Dr. Piyush Goyal
(D.M.R.D.) ANITASHARMA

Page No: 1 of 1

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MD, DNB (Radio Diagnosis)
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Dr. Poorvi Malik
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Date :- 17/03/2024 09:43:11
NAME :- **Mr. ADITYA CHAUHAN**
Sex / Age - Male 50 Yrs 4 Mon 27 Days
Company - MediWheel

Patient ID :-12236395
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 17/03/2024 12:04:21

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 significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* Grade I fatty liver.

Needs clinical correlation.

*** End of Report ***

Transcript by.

