

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangar Road, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

Website : www.dr.goyalpathlab.com | E-mail :

General Physical Examination

Date of Examination: 14.10.2023

Name: RAM PRATAP Age: 54 Sex: 54yr. Male

DOB: 08.09.1969

Referred By: BOB

Photo ID: Aadhar ID #: Attached.

Ht: 168 (cm)

Wt: 88 (Kg)

Chest (Expiration): 103 (cm)

Abdomen Circumference: 105 (cm)

Blood Pressure: 150/98 mm Hg PR: 76 / min

BMI 31.2

Eye Examination: Dist vision - L.E. 6/12 R.E. 6/18 (with specs)
Near vision N/G (with specs) ; Normal Color vision

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 _____

Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017936

भारत सरकार
 भारत सरकार



राम प्रताप
 Ram Pratap
 जन्म वर्ष / Year of Birth : 1969
 पुरुष / Male




6823 2769 9962

आधार - आम आदमी का अधिकार

Red

भारतीय विशिष्ट पहचान प्राधिकरण
 NATIONAL IDENTIFICATION AUTHORITY OF INDIA



पता: S/O. भागीरथ सिंह, ए - 37 सी, Address: S/O. Bhagirath Singh, A
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P.O. Box No. 1947,
 Bengaluru-560 001

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



383 / MR RAM PRATAP / 54 Yrs / M / 0 Cms / 0 Kg / NonSmoker
Date: 14 / 10 / 2023 01:18:40 PM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:42	0:42	01.1	00.0	01.0	080	48 %	130/86	104	00	
Standing	00:58	0:16	01.1	00.0	01.0	079	48 %	130/86	102	00	
HV	01:39	0:41	01.1	00.0	01.0	078	47 %	130/86	101	00	
Warm Up	02:02	0:23	01.1	00.0	01.0	081	49 %	130/86	105	00	
ExStart	03:10	1:08	01.0	00.0	01.0	109	66 %	130/86	141	00	
BRUCE Stage 1	06:10	3:00	01.7	10.0	04.7	133	80 %	146/90	194	00	
PeakEx	09:03	2:53	02.5	12.0	07.0	150	90 %	160/90	240	00	
Recovery	10:03	1:00	00.0	00.0	01.0	139	84 %	160/90	222	00	
Recovery	11:03	2:00	00.0	00.0	01.0	118	71 %	150/90	176	00	
Recovery	12:03	3:00	00.0	00.0	01.0	113	68 %	146/90	164	00	
Recovery	13:03	4:00	00.0	00.0	01.0	111	67 %	140/90	155	00	
Recovery	14:03	5:00	00.0	00.0	01.0	110	66 %	130/86	143	00	
Recovery	14:24	5:21	00.0	00.0	01.0	110	66 %	130/86	143	00	

FINDINGS :

Exercise Time : 05:53
Max HR Attained : 150 bpm 90% of Target 166
Max BP Attained : 160/90 (mm/Hg)
Max Workload Attained : 7 Fair response to induced stress
Test End Reasons : Test Complete, Heart Rate Achieved

Base line egg show wnl there is mild ST+ changes seen during exercise in infarct. last leads which generated

Dr. Naresh *Naresh*
MBBS, DIP. CARDIO (ESCORTS)
D.EM (RCGP-UK)

to base line within 1 min of recovery again reappeared during last recovery
TMT positive for PMT correlate clinically

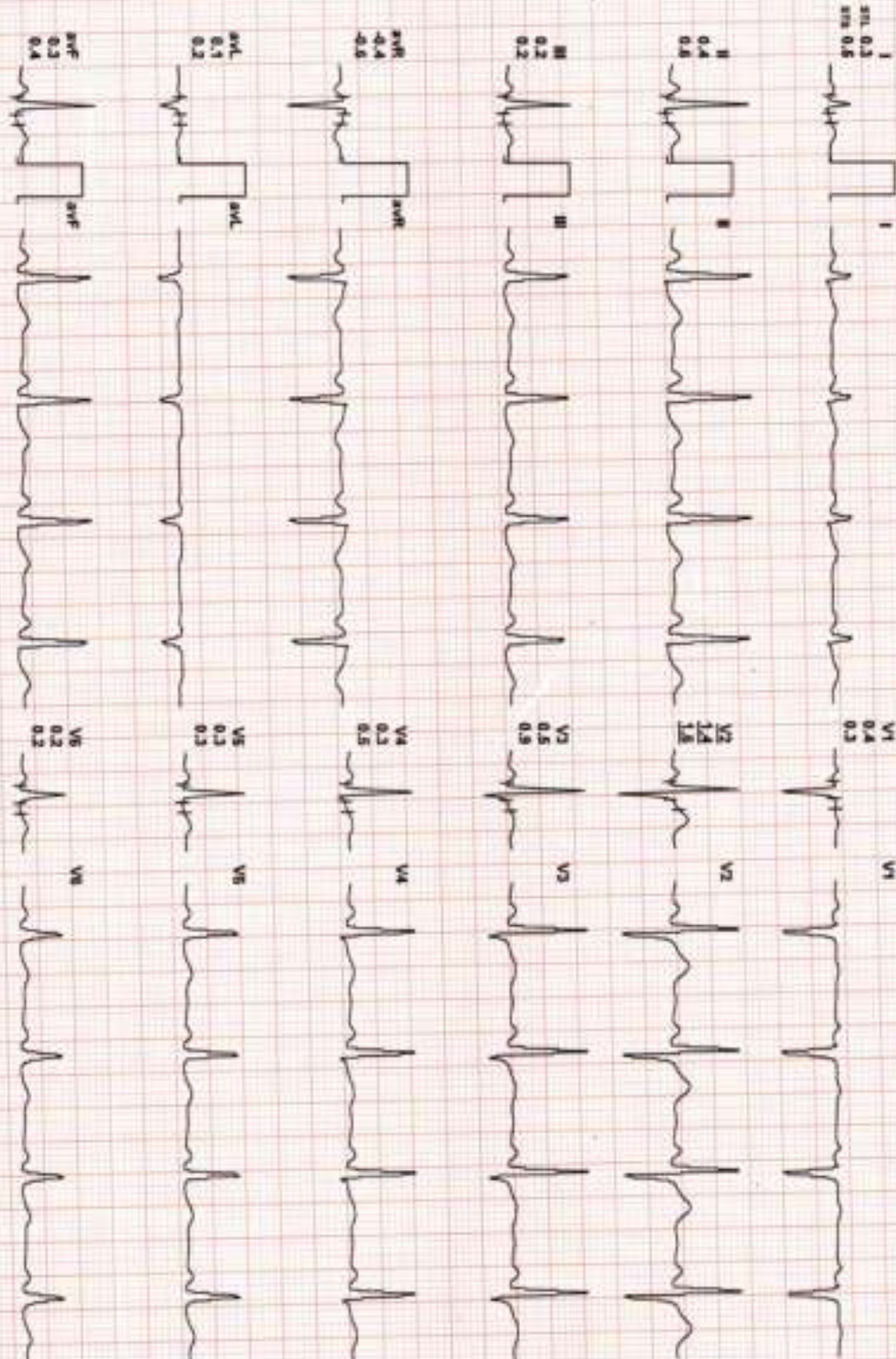
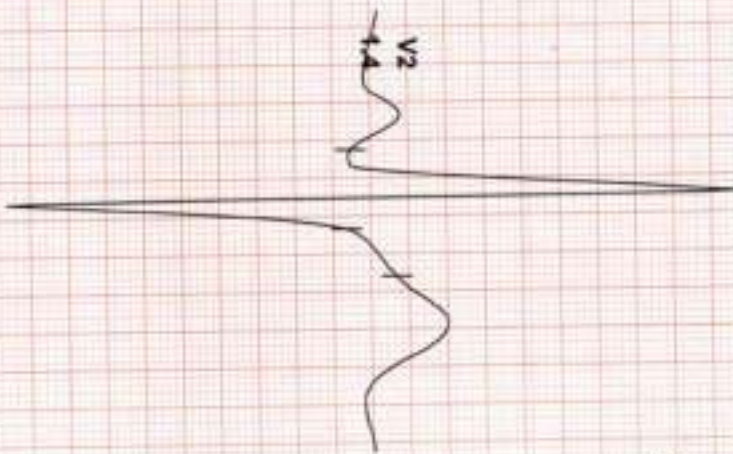


383 / MR RAM PRATAP / 54 Yrs / M / 0 Cms / 0 Kg / HR : 80

Date: 14 / 10 / 2023 01:16:40 PM METS: 1.0/ 80 bpm 48% of THR BP: 130/86 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 36 Hz

4X 80 ms Post J

ExTime: 00:00 1.1 mph, 0.0%
25 mmSec, 1.5 Cm/mV



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

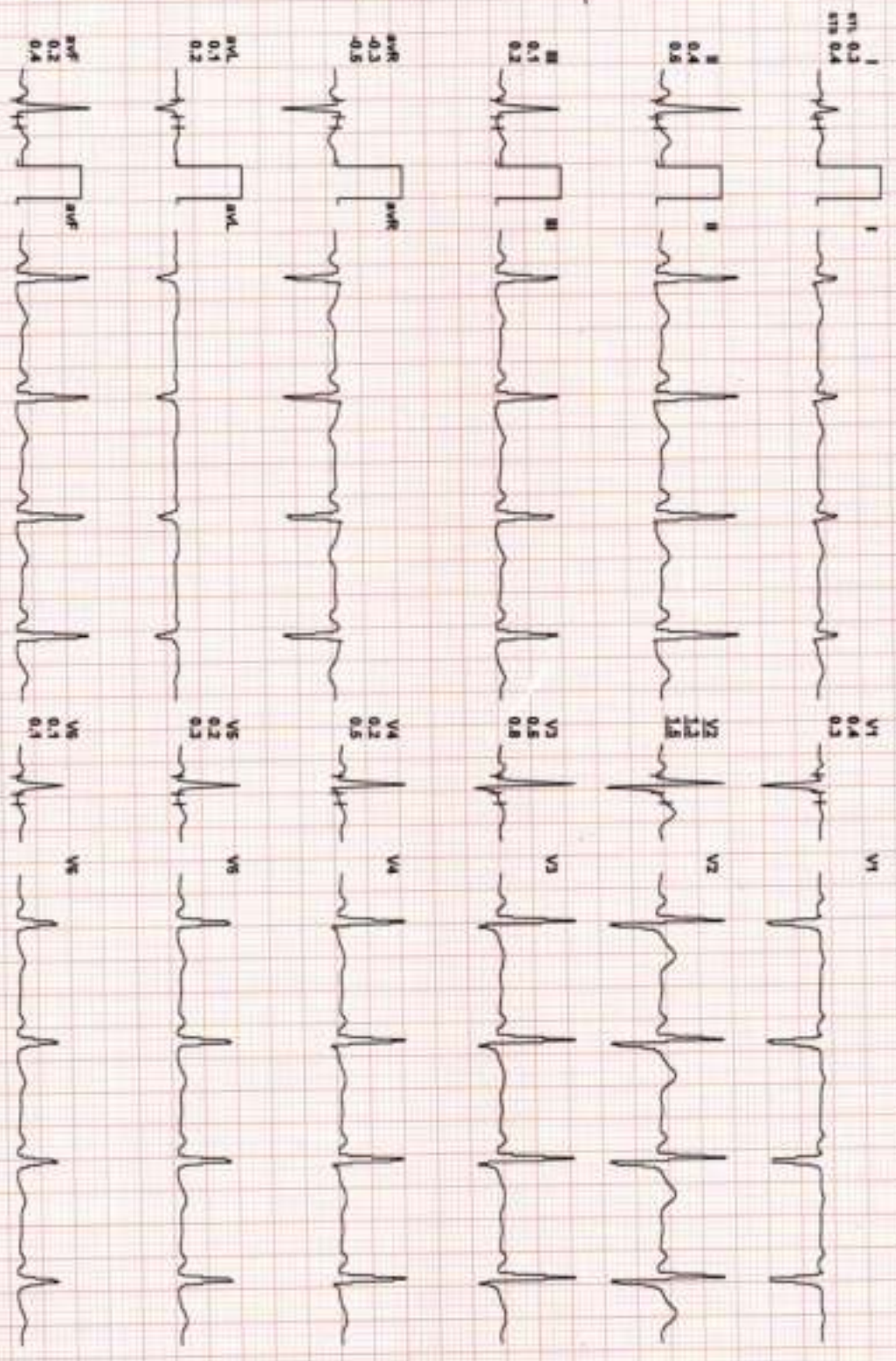
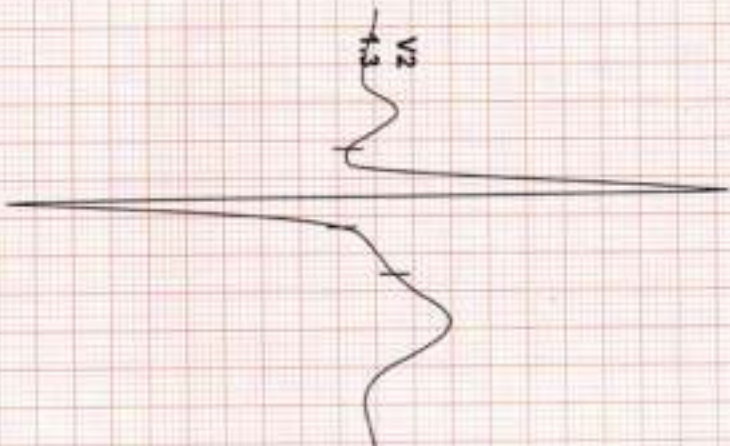
REMARKS:

363 / MR RAM PRATAP / 54 Yrs / M / 0 Cms / 0 Kg / HR : 79

Date: 14 / 10 / 2023 01:18:40 PM METS: 1.6/ 79 bpm 48% of THR

BP: 120/86 mmHg Combined Medianu/ BLC On/ Notch On/ HF: 0.05 HzOLF: 35 Hz

EXTime: 00:00 1.1 mph 0.0% 25 mm/Sec. 1.2 Cm/mV



REMARKS:

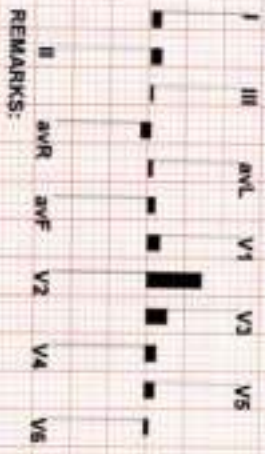
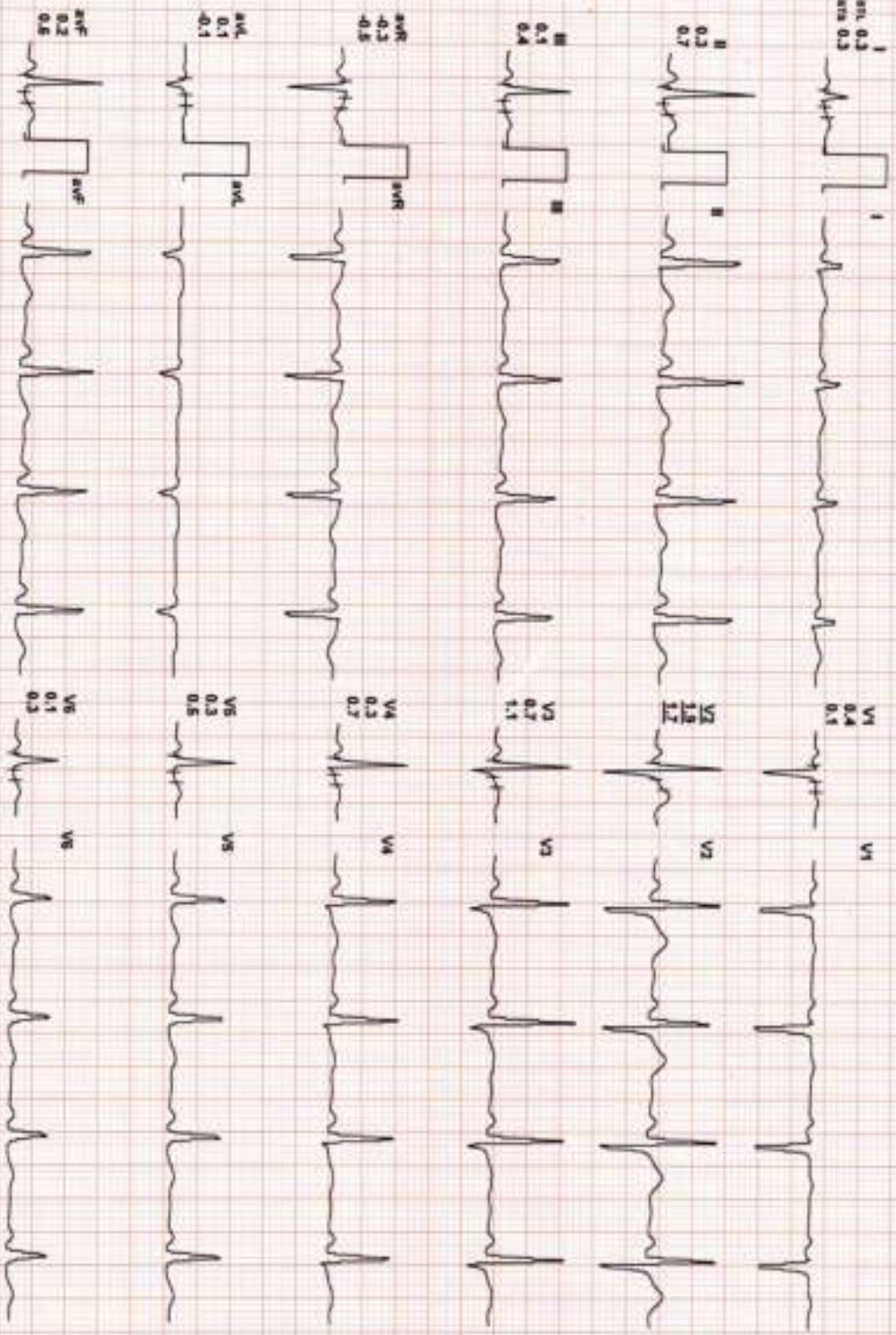
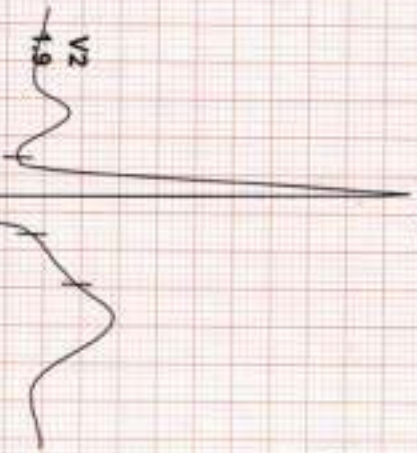
I III aVL aVF V1 V2 V3 V4 V5 V6





Date: 14 / 10 / 2023 01:18:40 PM METS: 1.0/ 78 bpm 47% of THR BP: 130/86 mmHg Combined Mediane/ BLC OW Natch Onv HF 0.05 Hz/LE 3S Hz
4X 80 ms Paper J

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



REMARKS:

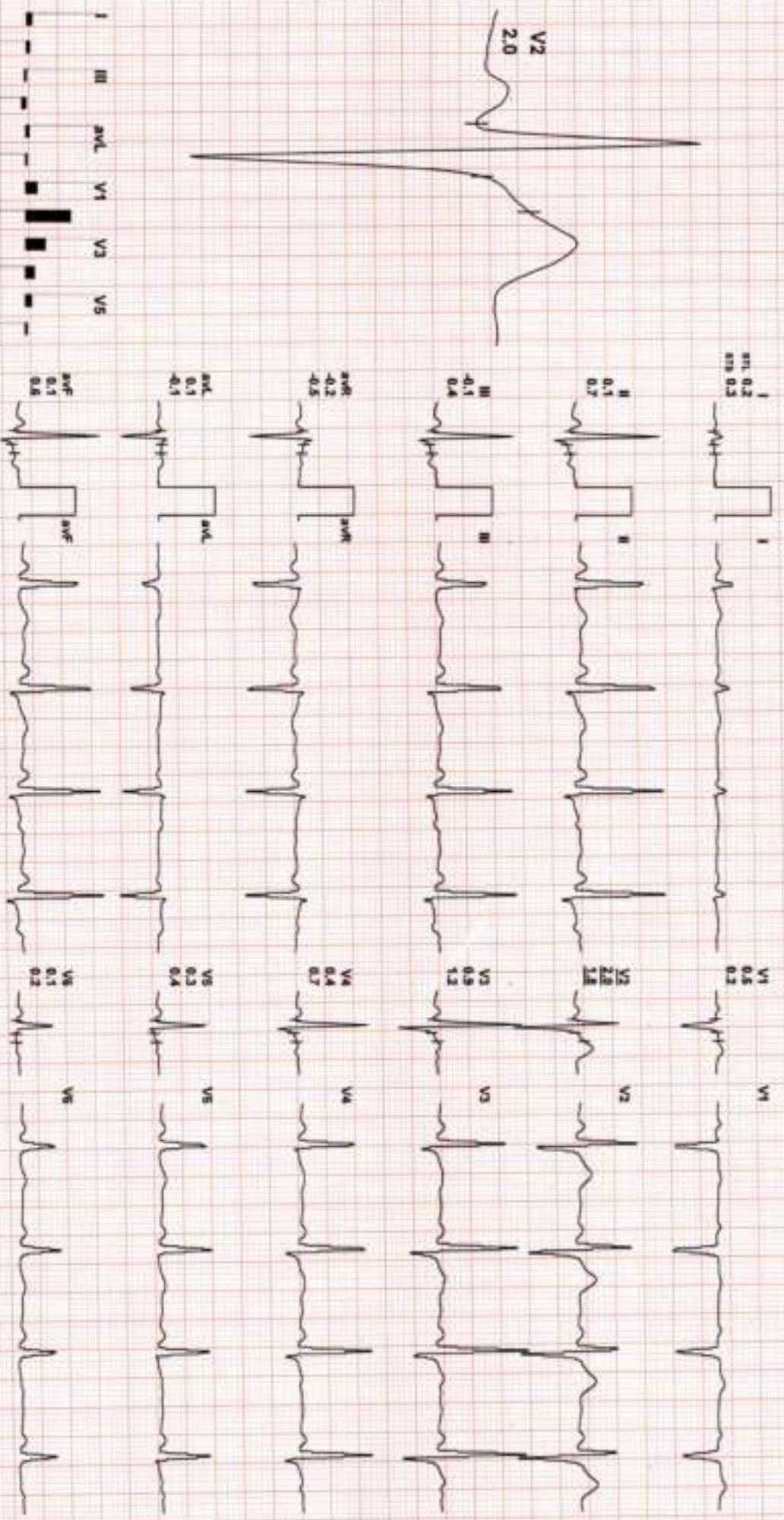


383 / MR RAM PRATAP / 54 Yrs / M / 0 Cms / 0 Kg / HR : 81

Date: 14 / 10 / 2023 01:16:40 PM METS: 1.0/ 81 bpm 49% of THR BP: 130/86 mmHg Combined Mediana/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 1.1 mph, 0.0%
28 mm/Sec, 1.8 Conv/IV



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

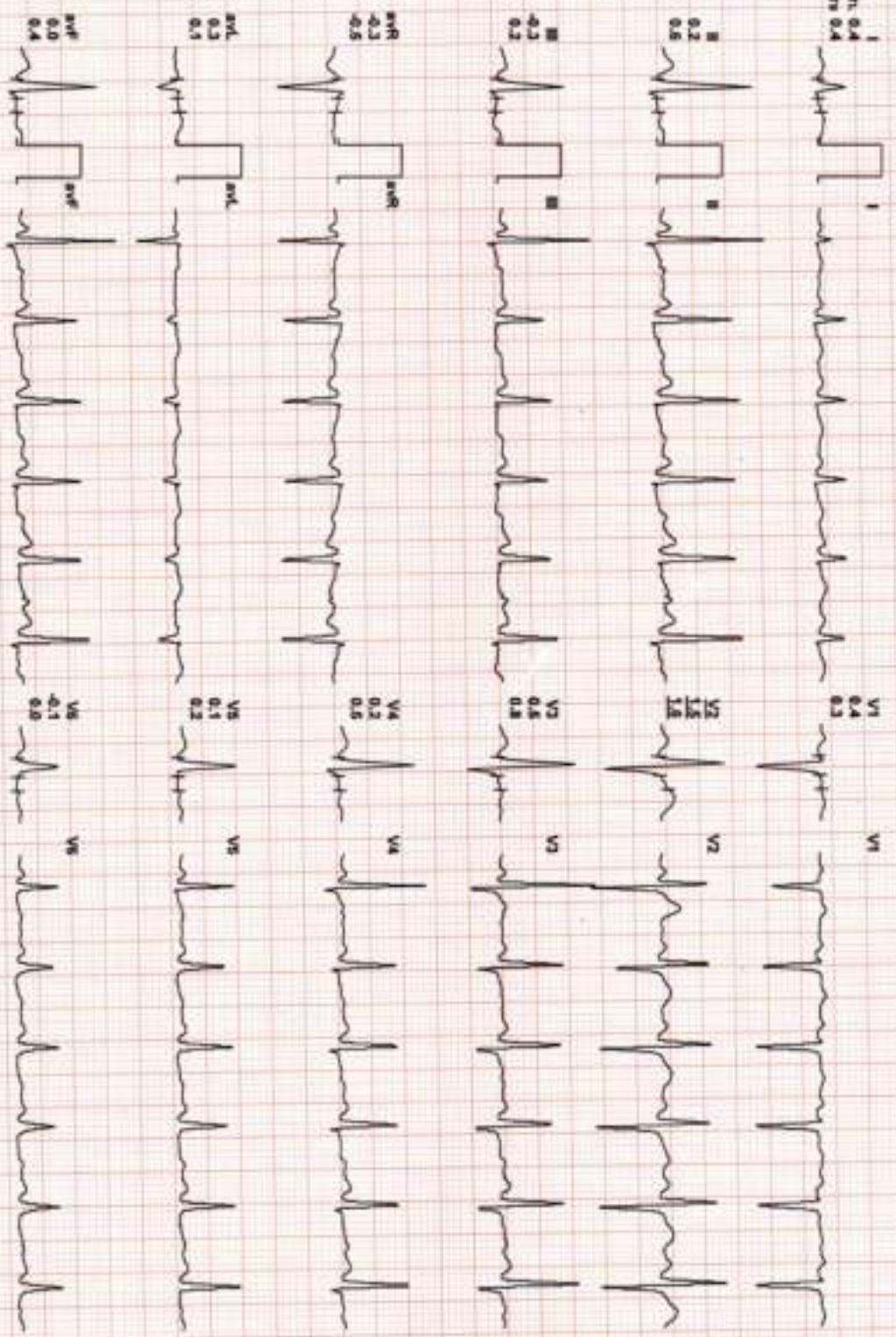
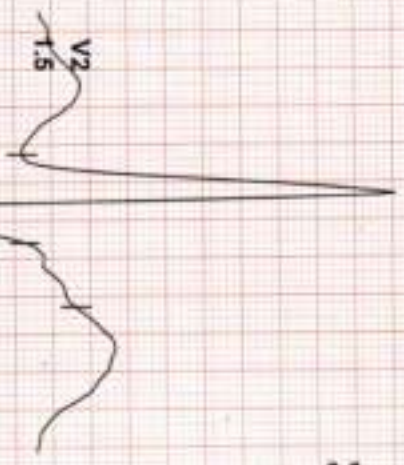
383 / MR RAM PRATAP / 54 Yrs / M / 0 Cms / 0 Kg / HR : 109

4X 80 ms Post J

Date: 14 / 10 / 2023 01:18:40 PM METS: 1.0/ 109 bpm 66% of THR BP: 130/85 mmHg Combined Mediana/ BLC OV Notch OV HF 0.05 Hz/LF 35 Hz

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

ExStart



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

REMARKS:

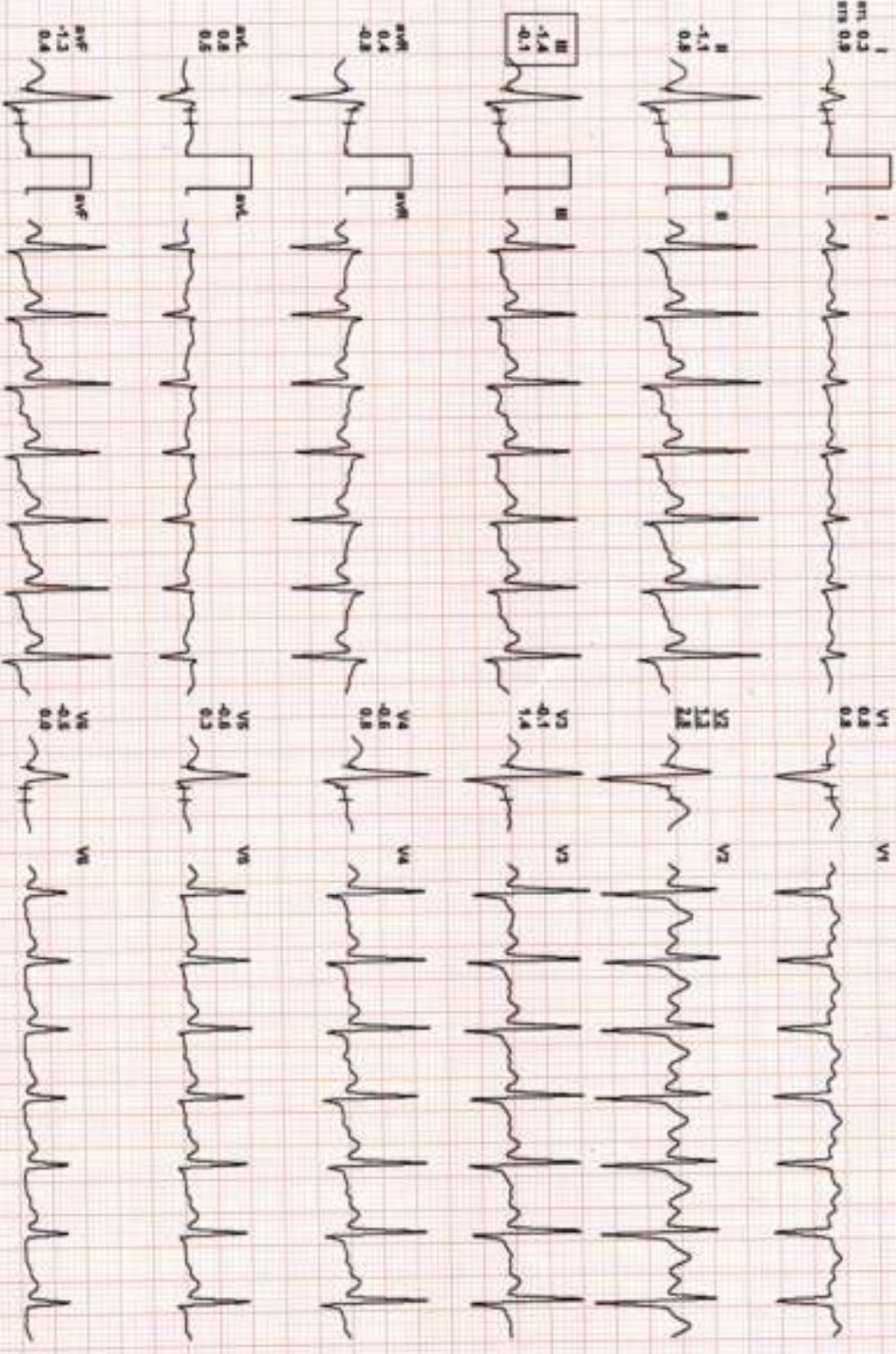
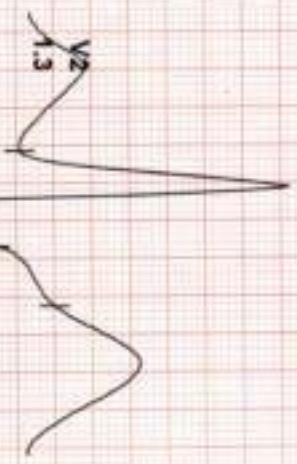


383 / MR RAM PRATAP / 54 YRS / M / O Cms / 0 Kg / HR : 133

Date: 14 / 10 / 2023 01:18:40 PM METS: 4.71 133 bpm 80% of THR BP: 146/90 mmHg Combined Mediana/ BLC Qm Notch Qm HF 0.05 Hz/LE 35 Hz

4X 60 ms/Post J

EXTime: 03:00 1.7 mph 10.0%
26 mm/Sec 1.8 Cm/mV

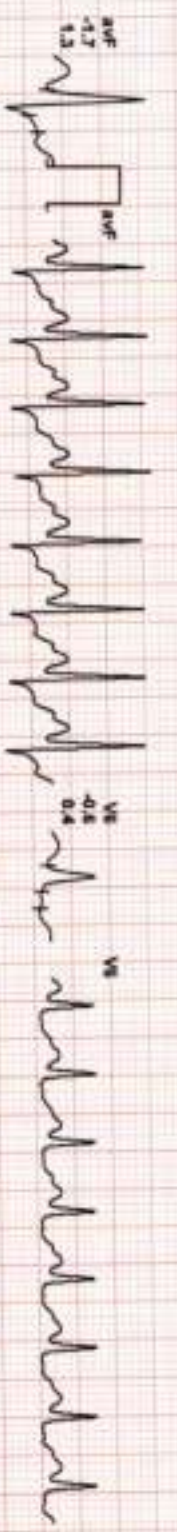
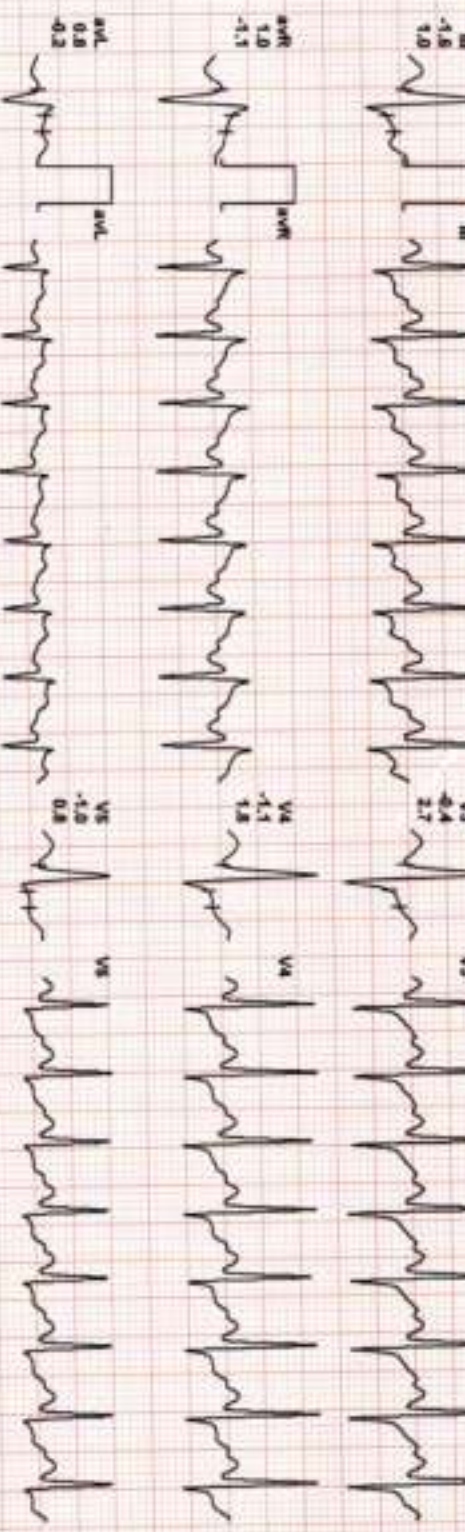
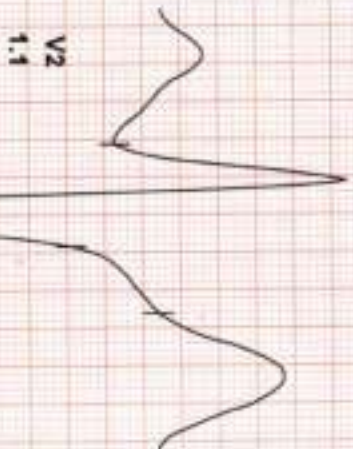


REMARKS:

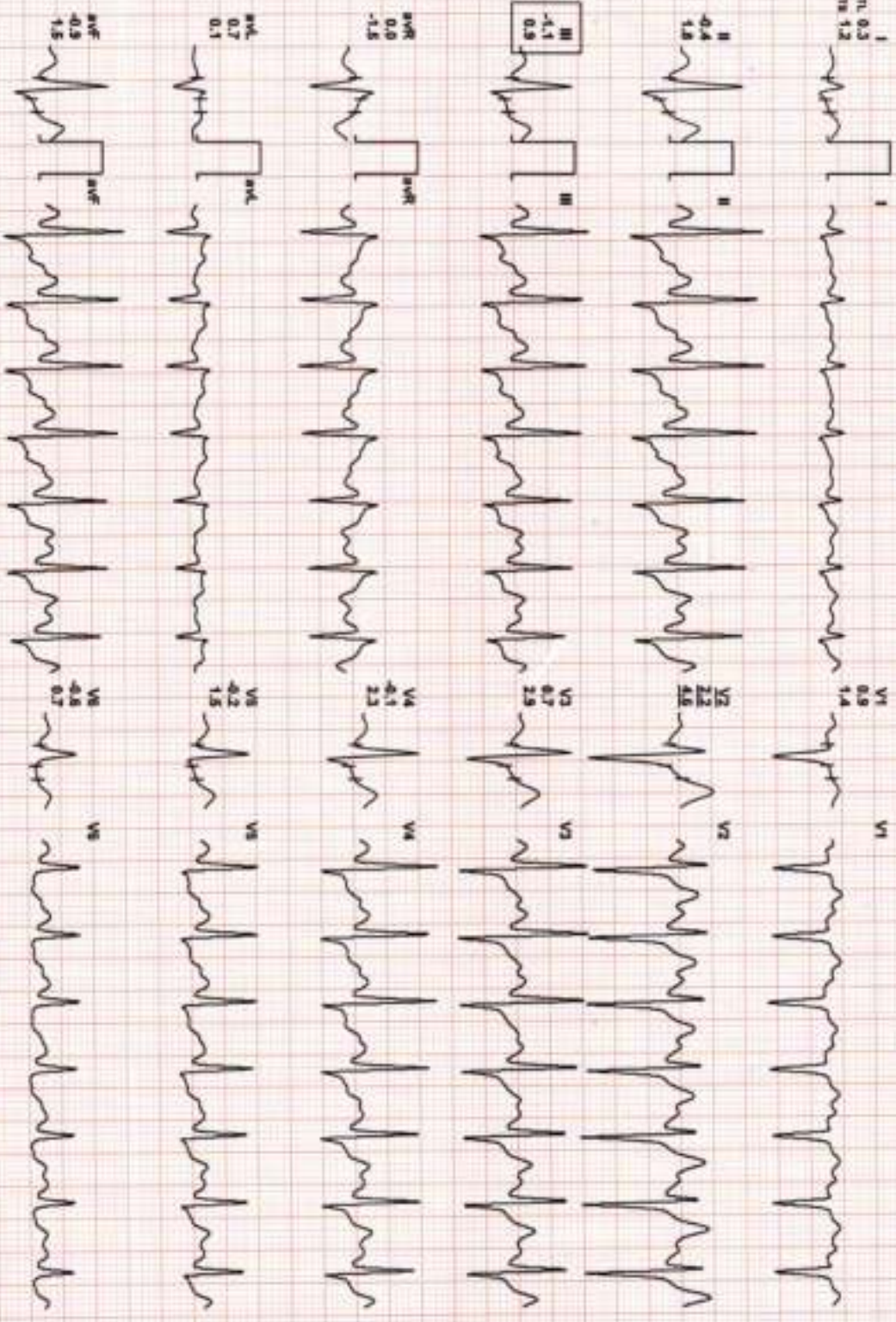
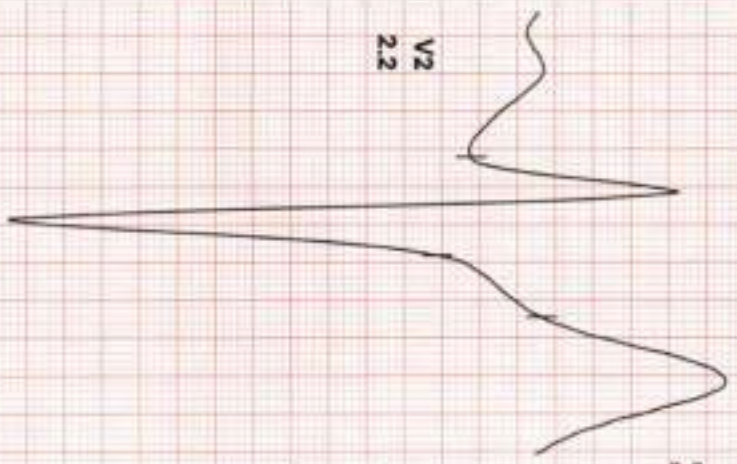
Date: 14 / 10 / 2023 01:18:40 PM METS: 7.0/ 150 bpm 90% of THR BP: 160/90 mmHg Combined Mediana/ BLC Onv Notch Onv HF 0.05 Hz/LE 35 Hz

EXTime: 06:53 2.5 mph, 12.0%
25 mm/Sec, 1.0 Cm/mV

4X 60 ms Peak J



REMARKS:



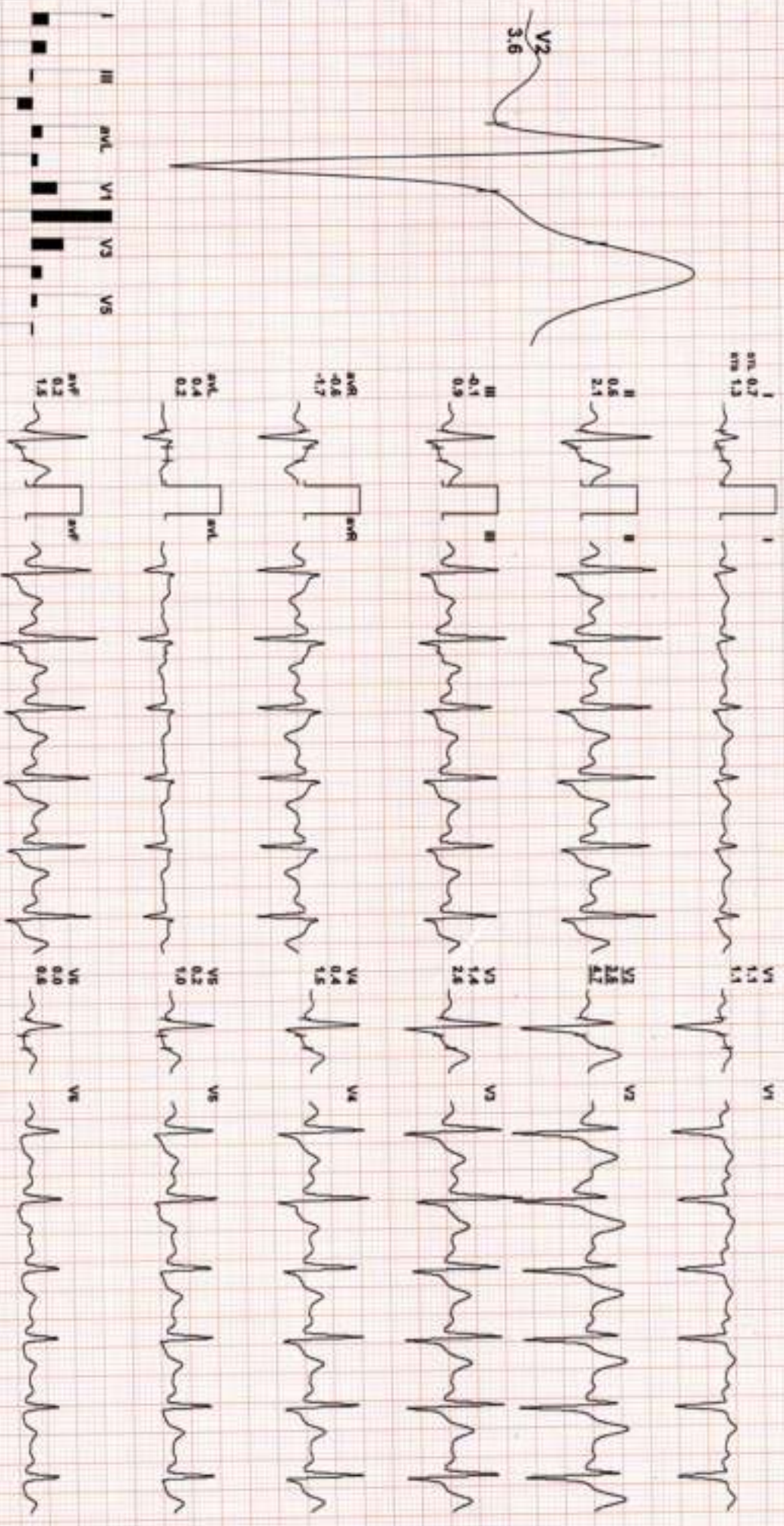
REMARKS:

363 / MR RAM PRATAP / 54 Yrs / M / O Cms / 0 Kg / HR : 118

Date: 14 / 10 / 2023 01:18:40 PM METS: 1.00 118 bpm 71% of THR BP: 150/90 mmHg Combined Median/ B/LC Qw Natch Qw HF: 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTIME: 05:53 0.0 mph, 0.0%
25 mm/Sec. 1.0 cm/mV



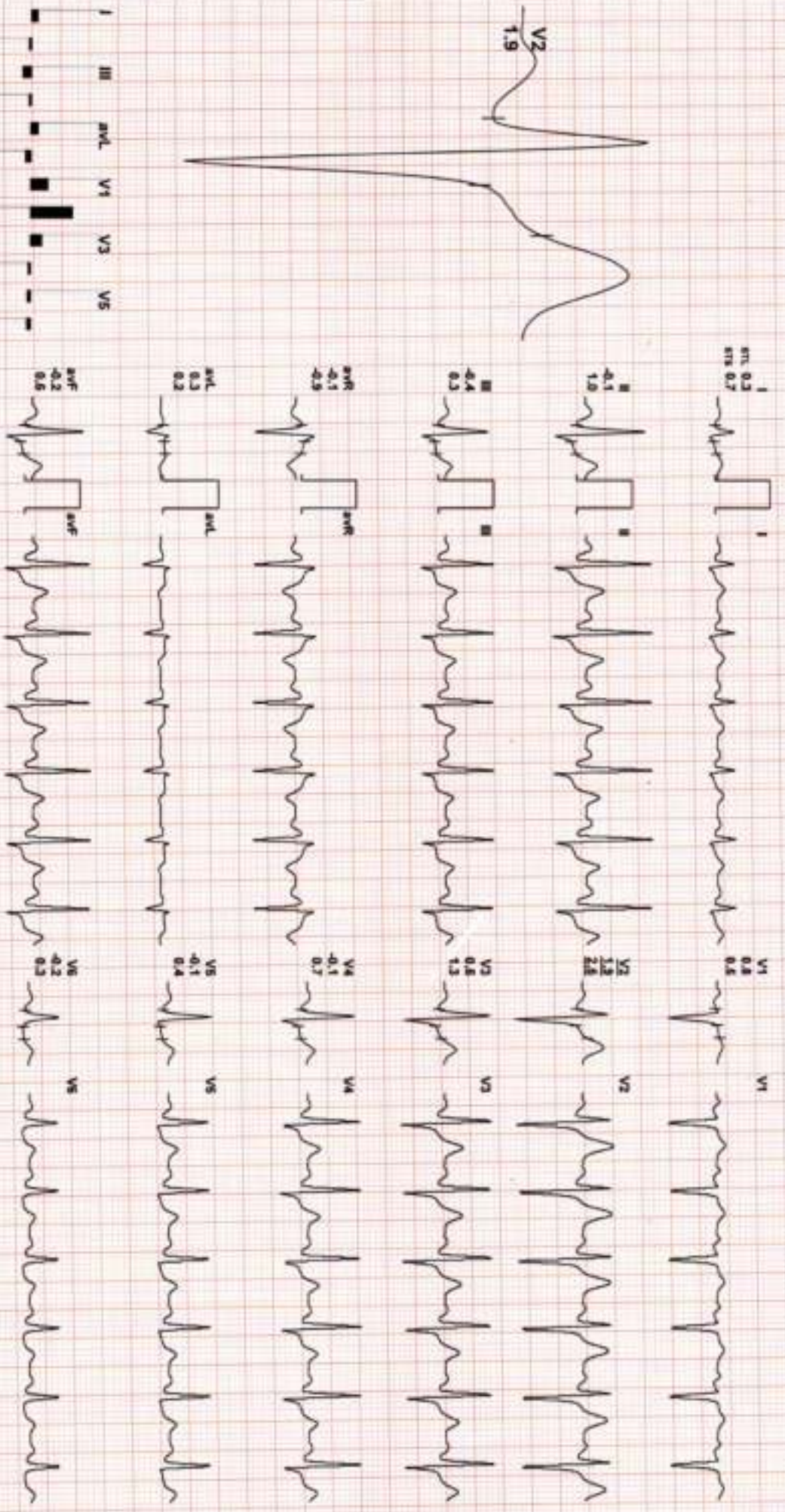
REMARKS:





Date: 14 / 10 / 2023 01:18:40 PM METS: 1.0/ 113 bpm 65% of THR BP: 145/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz
4X 80 ms Post J

EXTime: 05:53 0.0 m/s, 0.0%
25 mm/Sec, 1.0 Cm/mV



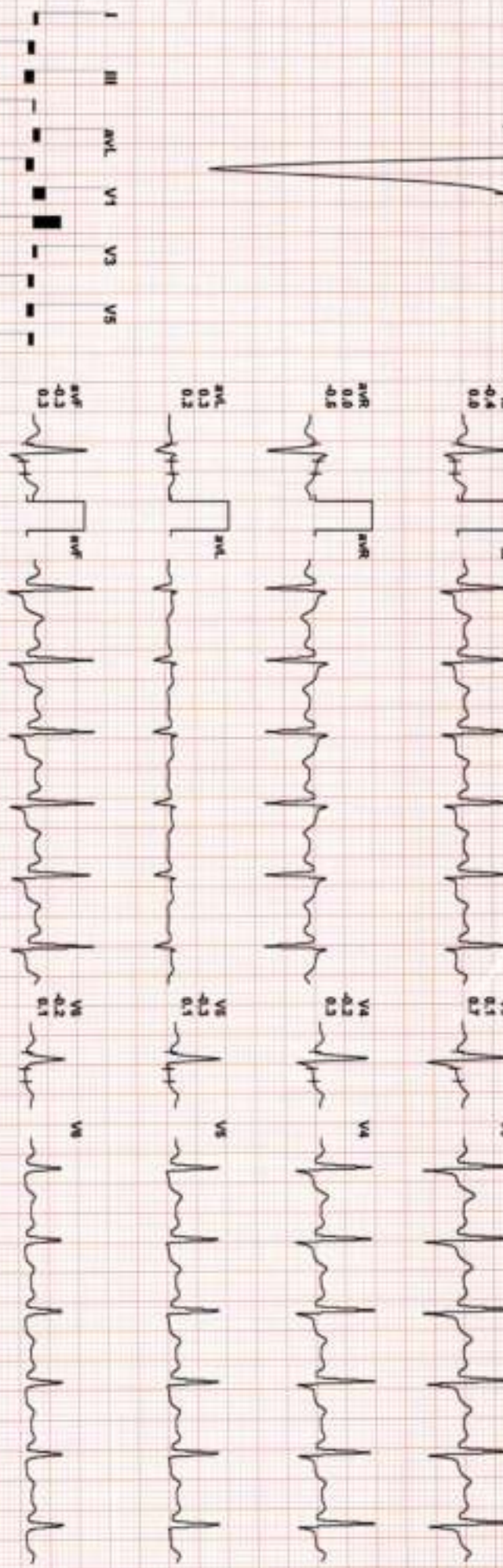
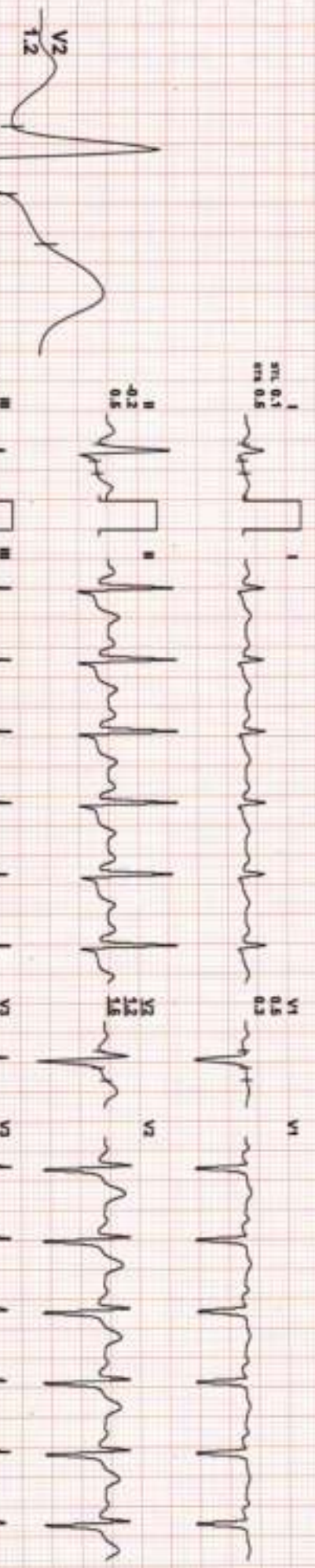
REMARKS:



383 / MR RAM PRATAP / 54 Yrs / M / 0 Cms / 0 Kg / HR : 111

Date: 14 / 10 / 2023 01:18:40 PM METS: 1.00 ttt bpm 67% of THR BP: 140/90 mmHg Combined Modem/ BLC QW Natch QW HF 0.05 Hz/LF 35 Hz
4X 80 ms Post J

ExTime: 05:53 0.0 mph, 0.0%
25 mm/Sec, 1.8 Cm/mV



REMARKS:

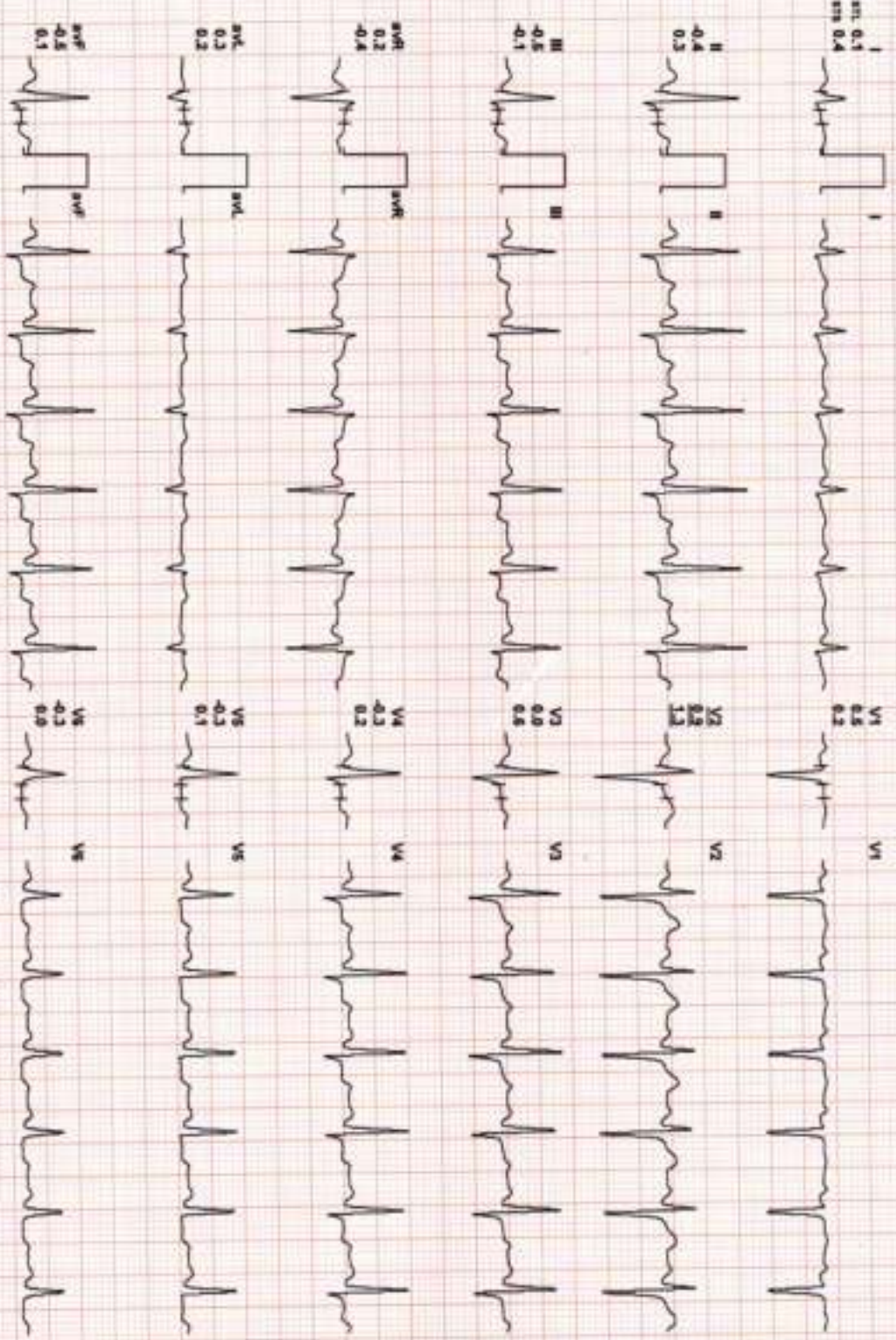


383 / MR RAM PRATAP / 54 Yrs / M / 0 Cms / 0 Kg / HR : 110

Date: 14 / 10 / 2023 01:18:40 PM METS: 1.0V 110 bpm 66% of THR BP: 130/86 mmHg Combined Medicine/ BLC QW Noctn Qw HF: 0.05 Hz/LE 35 Hz

4X 80 ms/Post J

EXTIME: 05:53 0.0 mps, 0.0%
25 mm/Sec, 1.0 Cm/Div



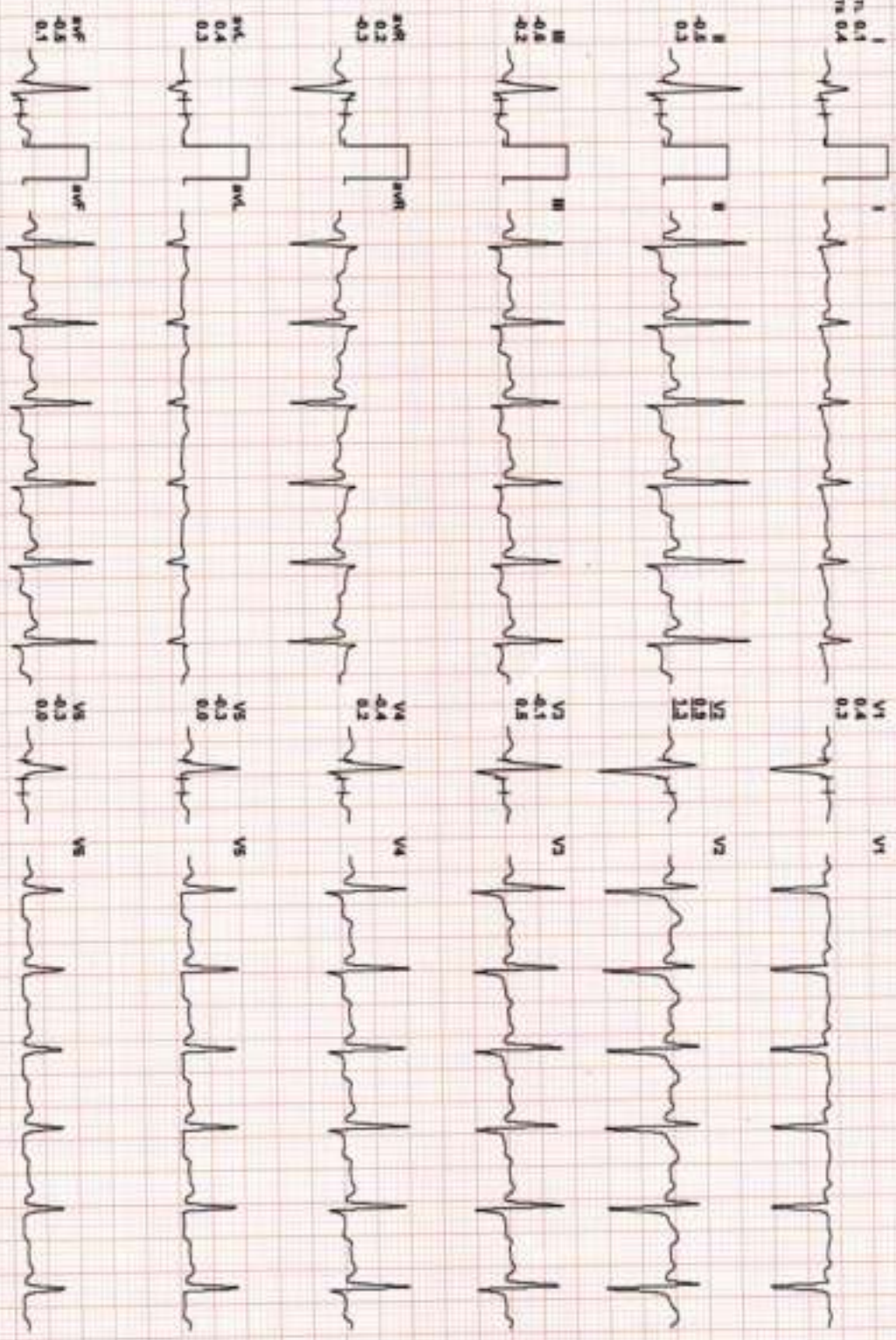
REMARKS:
I III aVL V1 V3 V5
II aVR aVF V2 V4 V6



Date: 14 / 10 / 2023 01:18:40 PM METS: 1.00 110 bpm 66% of THR BP: 130/86 mmHg Combined Medians/ BLC On Notch On HF 0.05 Hz/LF 35 Hz

EXTime: 05:53 0.8 mV, 0.0% 25 mm/Sec, 1.0 Cm/mV

4X 80 ms Post J



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

REMARKS:



Date: 14 / 10 / 2023 01:18:40 PM I

II

III

aVR

aVL

aVF

V1

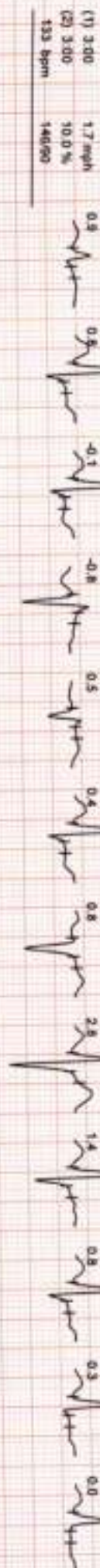
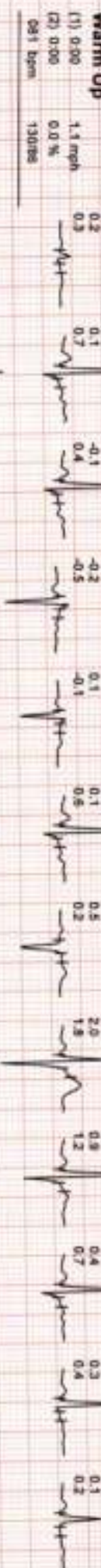
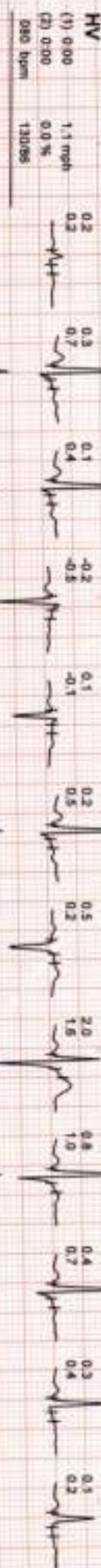
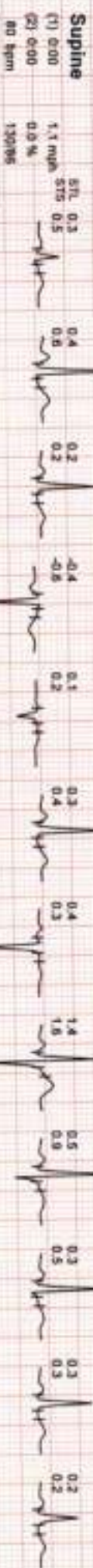
V2

V3

V4

V5

V6





383 / MR RAM PRATAP / 54 Yrs / M / 0 Cms / 0 Kg / HR : 79

Date: 14 / 10 / 2023 01:18:40 PM I

II

III

aVR

aVL

aVF

V1

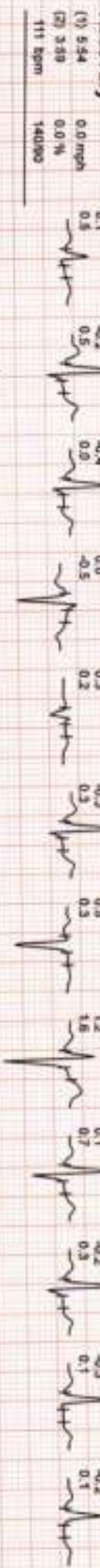
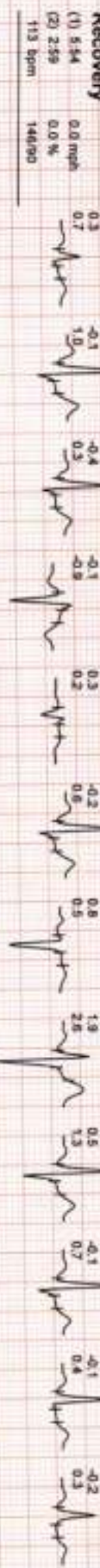
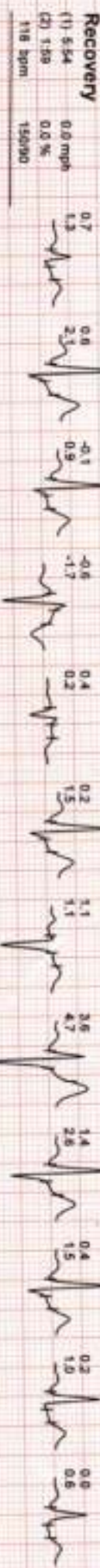
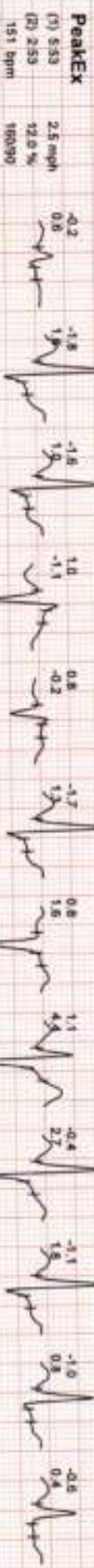
V2

V3

V4

V5

V6



DR . GOYALS PATH LAB & IMAGING CENTRE

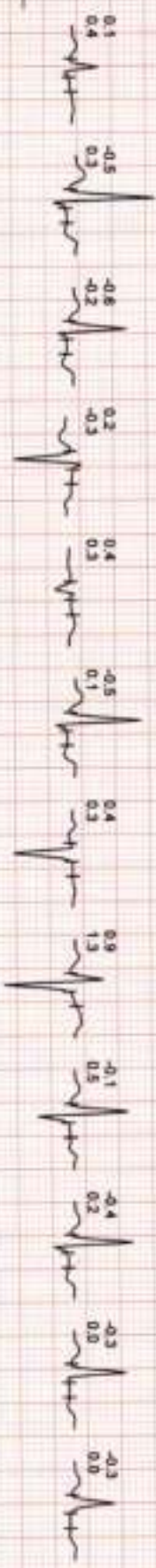
383 / MR RAM PRATAP / 54 Yrs / M / 0 Cms / 0 Kg / HR : 79

Average



Date: 14 / 10 / 2023 01:18:40 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

Recovery
(1) 5.54 0.0 mph
(2) 5.21 0.0 %
T10 bpm 130/96



Dr. Goyal's

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



Date :- 14/10/2023 11:01:48
NAME :- Mr. RAM PRATAP
Sex / Age :- Male 54 Yrs 1 Mon 5 Days
Company :- MediWheel

Patient ID :- 12233509
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 14/10/2023 15:12:44

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)
(RMC No. 33613 / 14911)

*** End of Report ***

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

Page No: 1 of 1

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017995

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

Transcript by.



Date :- 14/10/2023 11:01:48
NAME :- Mr. RAM PRATAP
Sex / Age :- Male 54 Yrs 1 Mon 5 Days
Company :- MediWheel

Patient ID :- 12233509
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 14/10/2023 16:36:58

BOB PACKAGE ABOVE 40MALE

USG WHOLE ABDOMEN

Liver is of normal size ~11.6 cm. **Echo-texture is bright.** 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 over distended. Wall appears mild thickened ~3.8 mm with focal narrowing of the lumen of the GB noted in neck region. There is adjacent hypoechoic area of size ~21 x 18 mm adjacent hepatic parenchyma. 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.

Calculus of size ~5.3 mm is seen in upper calyx of left kidney.

Urinary bladder is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion. **Pre void - 143 ml, Post void - Insignificant**

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Path Lab & Imaging Centre

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



Date :- 14/10/2023 11:01:48
NAME :- Mr. RAM PRATAP
Sex / Age :- Male 54 Yrs 1 Mon 5 Days
Company :- MediWheel

Patient ID :- 12233509
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 14/10/2023 16:30:58

Prostate is moderate enlarged in size ~42 gms 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.

RIF / LIF shows gas filled bowel loops.

Anterior abdominal wall small muscular deficiency approx. 11.8 mm at umbilical level through which omentum are herniated without obstruction or inflammation.

IMPRESSION:

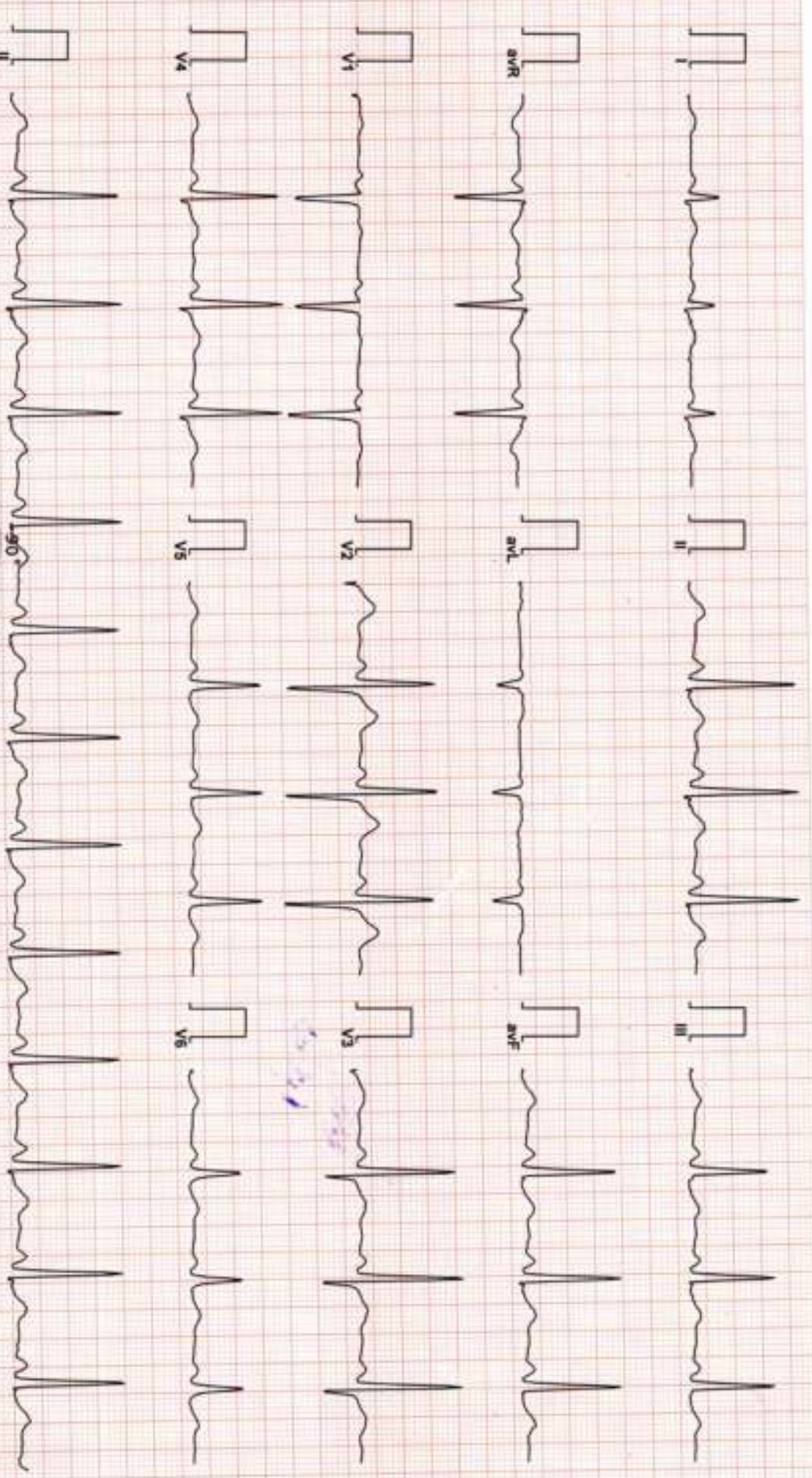
- * Grade I fatty liver.
- * Left renal calculus.
- * Moderate prostatomegaly.
- * Umbilical hernia.
- * Over distended GB with mildly thickened wall and focal narrowing of the lumen of the GB noted in neck region ? Impacted neck calculus ?? Nature (Adv.: CECT / MRCP correlation).

*** End of Report ***

DR. GOYAL PATH LAB

ECG

2262 / MR RAM PRATAP / 54 Yrs / M / Non Smoker
Heart Rate : 78 bpm / Tested On : 14-Oct-23 13:17:29 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Reid By: BOB



Vent Rate : 78 bpm
PR Interval : 138 ms
QRS Duration: 102 ms
QT/QTc Int : 390/422 ms
P-QRS-T axis: 71.00° 78.00° 67.00°



TRV

5.5

Allengers ECG (Paces) PIS218210312)

Reported By: *Dr. Naresh Kumar Mohanka*
MBBS, D.P.M., D.ESCORTS
DE.M. (RCGP-UK)

Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangarner Road, Jaipur-302018
Tele: 0141-2293346, 4049787, 9837049787
Website: www.dr.goyalpathlab.com | E-mail: dr.goyalpiyush@gmail.com

Date :- 14/10/2023 11:01:48

Patient ID :- 12233509



NAME :- Mr. RAM PRATAP

Ref. By Dr:- BOB

Sex / Age :- Male 54 Yrs 1 Mon 5 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type -> EDTA

Sample Collected Time 14/10/2023 11:24:12

Final Authentication : 14/10/2023 13:36:30

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

6.5 H

%

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 glycated 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

140 H

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 12



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

Date :- 14/10/2023 11:01:48

Patient ID :-12233509

NAME :- Mr. RAM PRATAP

Ref. By Dr:- BOB

Sex / Age :- Male 54 Yrs 1 Mon 5 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 14/10/2023 11:24:12

Final Authentication : 14/10/2023 13:36:30

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.6	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	8.59	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	46.0	%	40.0 - 80.0
LYMPHOCYTE	48.7 H	%	20.0 - 40.0
EOSINOPHIL	1.3	%	1.0 - 6.0
MONOCYTE	3.8	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.95	10 ³ /uL	1.50 - 7.00
LYMPH#	4.19 H	10 ³ /uL	1.00 - 3.70
EO#	0.11	10 ³ /uL	0.00 - 0.40
MONO#	0.32	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.21	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	47.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	91.5	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.7	g/dL	31.5 - 34.5
PLATELET COUNT	206	x10 ³ /uL	150 - 410
RDW-CV	13.5	%	11.6 - 14.0
MENTZER INDEX	17.56		

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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Date :- 14/10/2023 11:01:48 Patient ID :-12233509
NAME :- Mr. RAM PRATAP Ref. By Dr:- BOB
Sex / Age :- Male 54 Yrs 1 Mon 5 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 14/10/2023 11:24:12

Final Authentication : 14/10/2023 13:36:30

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	17 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" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia

(C BC) Methodology: FLC, 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-1, Japan.

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Page No: 3 of 12



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Date :- 14/10/2023 11:01:48

Patient ID :-12233509



NAME :- Mr. RAM PRATAP

Ref. By Dr:- BOB

Sex / Age :- Male 54 Yrs 1 Mon 5 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 14/10/2023 11:24:12

Final Authentication : 14/10/2023 14:15:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	164.39	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	188.83 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	30.65	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	102.27	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	37.77	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.36 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.34		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	579.44	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 lipoprotein 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 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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Date :- 14/10/2023 11:01:48 Patient ID :- 12233509
NAME :- Mr. RAM PRATAP Ref. By Dr:- BOB
 Sex / Age :- Male 54 Yrs 1 Mon 5 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 14/10/2023 11:24:12 Final Authentication : 14/10/2023 14:15:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.04	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	0.26	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.78	mg/dl	0.30-0.70
SGOT Method:- IFCC	40.0 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	55.2 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	91.50	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	91.30 H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Buret Reagent	7.39	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.59	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.80	gm/dl	2.20 - 3.50
A/G RATIO	1.64		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument Name: Randox Rx Intra 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 those 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 Instrument Name: Randox Rx Intra 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 Intra 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 Intra 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: Buret Reagent Instrument Name: Randox Rx Intra 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 Intra 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 Intra 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 10 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

SURENDRAKHANGA



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Date :- 14/10/2023 11:01:48

Patient ID :-12233509



NAME :- Mr. RAM PRATAP

Ref. By Dr:- BOB

Sex / Age :- Male 54 Yrs 1 Mon 5 Days

Lab/Hosp :-

Company :- Medi/Wheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 14/10/2023 11:24:12

Final Authentication : 14/10/2023 12:24:15

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.334	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.824	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.380	uIU/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

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Date :- 14/10/2023 11:01:48

Patient ID :-12233509



NAME :- Mr. RAM PRATAP

Ref. By Dr:- BOB

Sex / Age :- Male 54 Yrs 1 Mon 5 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 14/10/2023 11:24:12

Final Authentication : 14/10/2023 19:12:01

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)	6.0		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 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	0-1	/HPF	NIL
WBC/HPF	1-2	/HPF	2-3
EPITHELIAL CELLS	0-1	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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Date :- 14/10/2023 11:01:48

Patient ID :-12233509

NAME :- Mr. RAM PRATAP

Ref. By Dr:- BOB

Sex / Age :- Male 54 Yrs 1 Mon 5 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Fluoride-F, IONIZED CALCIUM SERUM

Final Authentication : 14/10/2023 16:54:37

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

FASTING BLOOD SUGAR (Plasma)

111.3

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)

123.6

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

1.10

mg/dl

Men - 0.6-1.30

Women - 0.5-1.20

Method:- Colorimetric Method

SERUM URIC ACID

4.94

mg/dl

Men - 3.4-7.0

Women - 2.4-5.7

Method:- Enzymatic colorimetric

MUKESH SINGH, SURENDRAKHANGA

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Sex / Age :- Male 54 Yrs 1 Mon 5 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 14/10/2023 11:24:12

Final Authentication : 14/10/2023 13:36:30

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

BLOOD GROUP ABO

*O*POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone)

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Sex / Age :- Male 54 Yrs 1 Mon 5 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type -> PLAIN/SERUM

Sample Collected Time 14/10/2023 11:24:12

Final Authentication : 14/10/2023 14:15:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.3	mg/dl	0.0 - 23.0

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Page No: 11 of 12



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Sex / Age :- Male 54 Yrs 1 Mon 5 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/10/2023 11:24:12

Final Authentication : 14/10/2023 12:24:15

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	1.150	ng/ml	0.000 - 4.000

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 ***

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