

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganeer Road,  
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049788

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

### General Physical Examination

Date of Examination: 28/04/2024

Name: Harshita Jafu Age: 30 Sex: female

DOB: 10/10/1993

Referred By: med school

Photo ID: Acadhar ID #: attached

Ht: 156 (cm) Wt: 65 (Kg)

Chest (Expiration): 87 (cm) Abdomen Circumference: 85 (cm)

Blood Pressure: 124/70 mm Hg PR: 69 /min

BMI 26.7

Eye Examination: Distant vision 6/6 with spec, near vision N/G.  
NO colour blindness.

Other: Not significant.

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

Signature Of Examinee : Harshita Name of Examinee: \_\_\_\_\_

Signature Medical Examiner : Dr. Piyush Goyal Name Medical Examiner \_\_\_\_\_  
M.B.B.S., D.M.R.U.  
RMC Reg. No. 017019



~~भारत सरकार~~  
~~GOVERNMENT OF INDIA~~



हर्षिता जैन

Harshita Jain

जन्म तिथि/ DOB: 10/10/1993

महिला / FEMALE

*Harshita*



5895 1274 9951

मेरा आधार, मेरी पहचान

Dr. Piyush G...  
M.B. & D.M.R...  
RMC Reg. No.-0175-3

3873 / MRS. HARSHITA JAIN / 30 Yrs / F / Non Smoker  
Heart Rate : 90 bpm / Tested On : 28-Jan-24 12:47:40 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Reid By : MEDIWHEEL



Vent Rate : 90 bpm  
PR Interval : 110 ms  
QRS Duration: 112 ms  
QT/QTc Int : 392/445 ms  
P-QRS-T axes: 81.00° -46.00° 55.00°



90° R -46.00° T 55.00° P 81.00°

sinus rhythm with poor r progression in leads V1, V2  
Reported By: Dr. Neeraj Kumar Mohrta  
RME No: 25703  
BME No: 25703  
RME No: 25703  
BME No: 25703  
RME No: 25703  
BME No: 25703



670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / NonSmoker  
Date: 28 / 01 / 2024 12:49:34 PM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	Rpp	PVC	Comments
Supine	00:20	0:20	01.1	00.0	01.0	085	45 %	120/80	102	00	
Standing	00:48	0:28	01.1	00.0	01.0	101	53 %	120/80	121	00	
HV	01:04	0:16	01.1	00.0	01.0	086	51 %	120/80	115	00	
Warm Up	01:15	0:11	01.1	00.0	01.0	105	55 %	120/80	125	00	
ExStart	03:00	1:45	01.0	00.0	01.0	121	64 %	120/80	145	00	
BRUCE Stage 1	06:00	3:00	01.7	10.0	04.7	151	79 %	130/86	196	00	
PeakEx	08:07	2:07	02.5	12.0	06.4	166	87 %	140/90	232	00	
Recovery	09:07	1:00	00.0	00.0	01.0	136	72 %	140/90	190	00	
Recovery	10:07	2:00	00.0	00.0	01.0	115	61 %	130/85	149	00	
Recovery	11:07	3:00	00.0	00.0	01.0	111	58 %	130/80	144	00	
Recovery	12:07	4:00	00.0	00.0	01.0	110	58 %	120/80	132	00	
Recovery	13:07	5:00	00.0	00.0	01.0	108	57 %	120/80	129	00	
Recovery	13:09	5:02	00.0	00.0	01.0	111	58 %	120/80	133	00	

**FINDINGS :**

Exercise Time : 05:07  
 Max HR Attained : 166 bpm 87% of Target 190  
 Max BP Attained : 140/90 (mm/Hg)  
 Max Workload Attained : 6.4 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

Dr. Naresh Kumar Mohan  
 RAC No. 35703  
 MBS, DIP CARDIO (ESCORTS)  
 GEM (RCGP-UK)

*Test is negative for Pms*



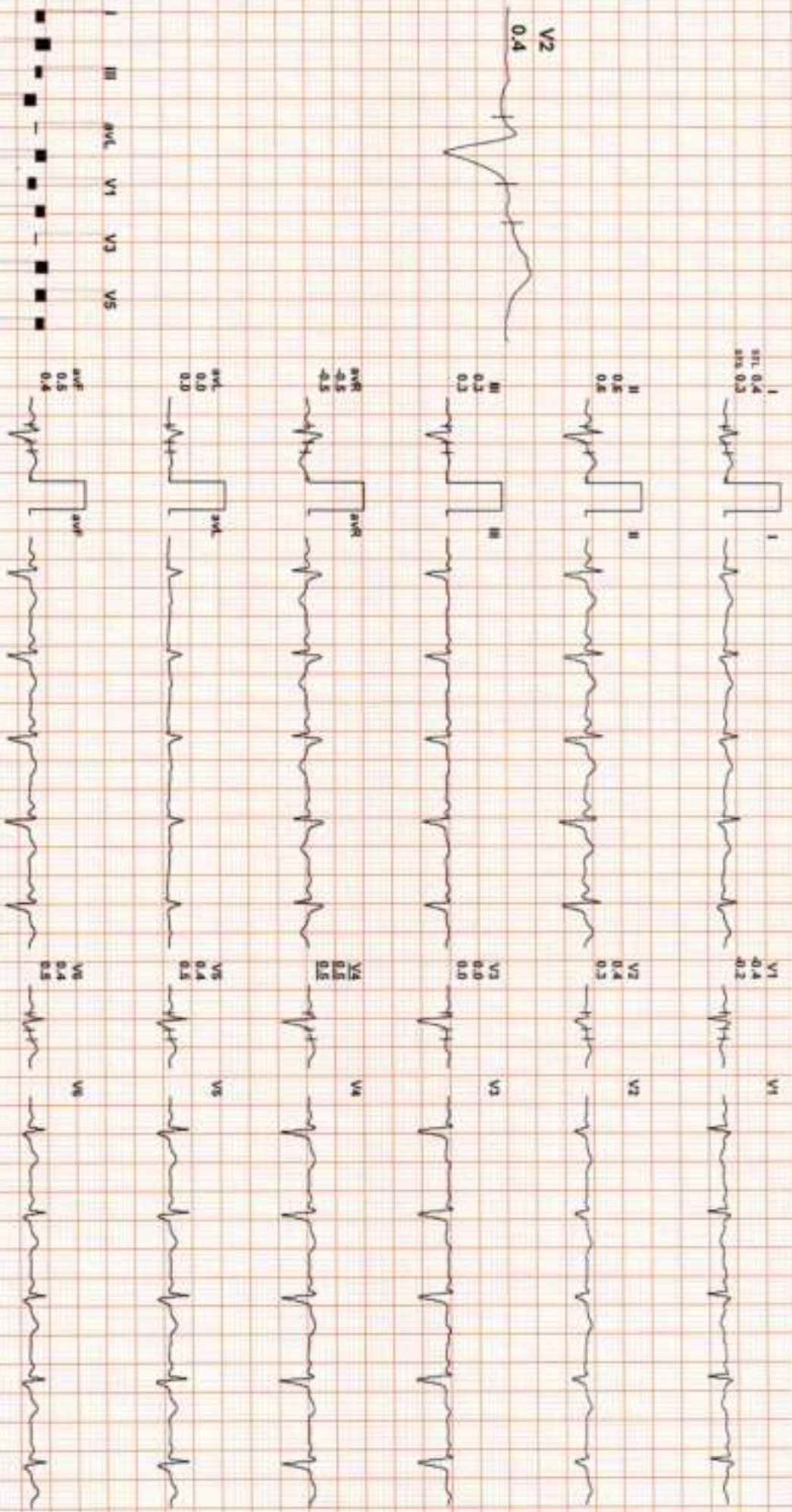
670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 85

Date: 28 / 01 / 2024 12:49:34 PM METS: 1.0/ 85 bpm 45% of THR BP: 120/80 mmHg Combined Median/ BLC On/ Notch On/ HF: 0.05 Half: 35 Hz

4X 80 ms Paper J

25 mm/Sec - 1.0 Cm/mV

ExTime: 00:00 1.1 mpa 0.0%



REMARKS:



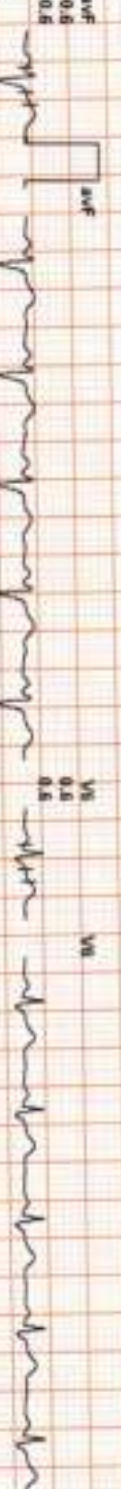
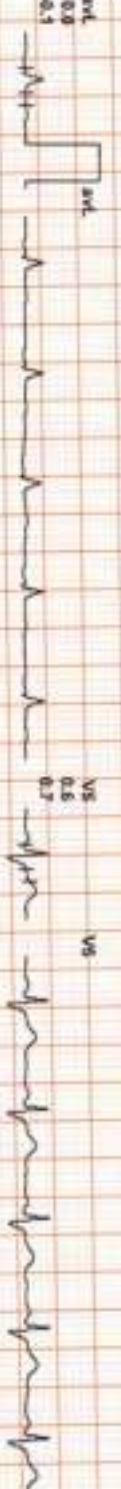
670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 101

Date: 28 / 01 / 2024 12:49:34 PM METS: 1.0V 101 bpm 53% of THR. BP: 120/80 mmHg Combined Medians: BLC On: Noich On: HF: 0.05 HSA.F: 35 Hz

ExTime: 00:00 1.1 mV, 0.0%

AX 86 mS Peak J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

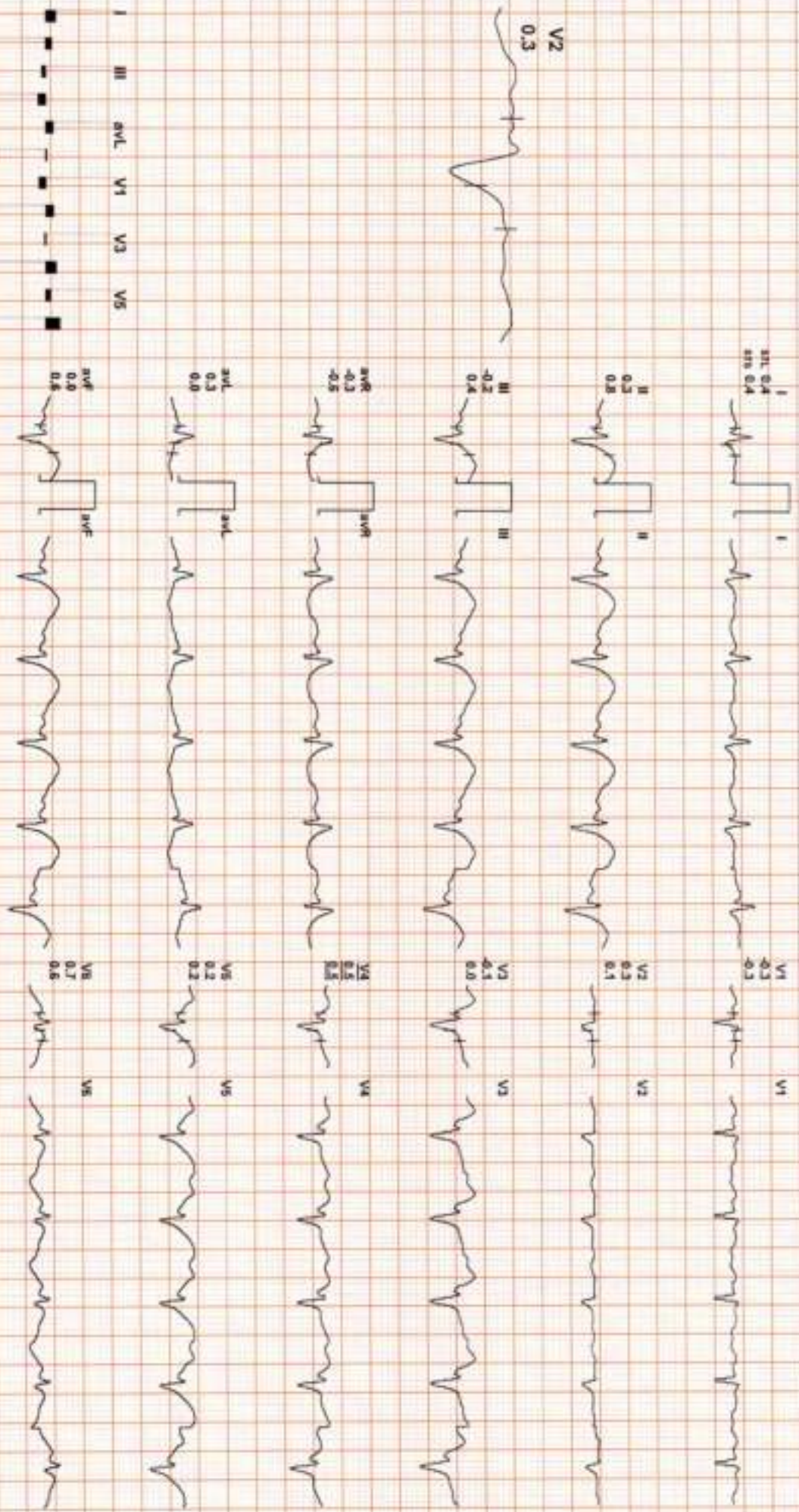


670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 96

Date: 28 / 01 / 2024 12:49:34 PM METS: 1.6l 96 bpm 51% of THR BP: 120/80 mmHg Combined Mediana/ BUC Ov/ Noich Ov/ HF: 0.05 Hdl/F: 35 Hc

4X 80 ms Post J

ExTime: 00:00 1.14 mph 0.0%  
24 mmSec - 1.8 Cm/mV



REMARKS:



670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cris / 0 Kg / HR : 105

Date: 28 / 01 / 2024 12:49:34 PM METS: 1.0/ 105 bpm 55% of THR BP: 120/80 mmHg Combined Mediana/ BLC On/ Noich On/ Hf: 0.05 Hz/ LF 35 Hz

4X 80 mS Post J

ExTime: 00:00 1.1 min 0.0%  
25 mm/Sec 1.0 Cm/Div

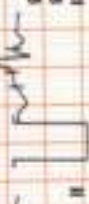
I 0.5  
aVL 0.5  
aVR 0.5



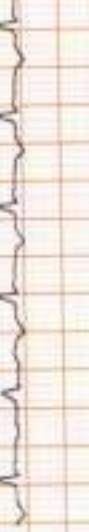
V1 -0.5  
-0.5



II 0.8  
0.8  
0.8



V2 0.3  
0.3  
0.3



III 0.3  
0.3  
0.4



V3 0.0  
0.0  
0.2



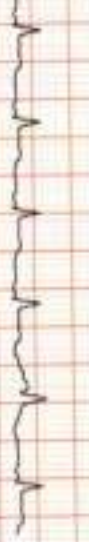
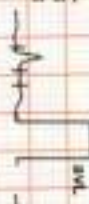
aVR -0.5  
-0.5  
-0.5



V4 0.8  
0.8  
0.8



aVL 0.1  
0.1  
0.1



V5 0.5  
0.5  
0.5



aVF 0.5  
0.5  
0.5



V6 0.5  
0.5  
0.5



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

REMARKS:



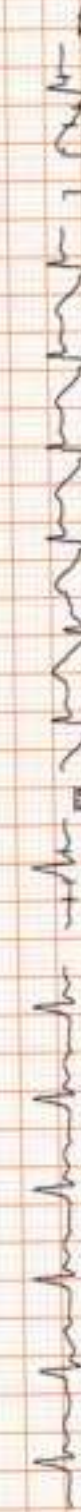
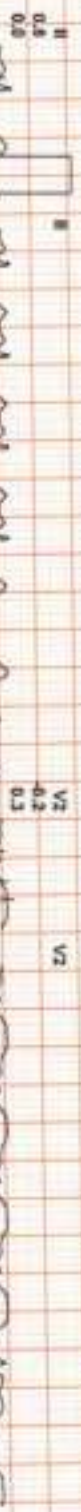
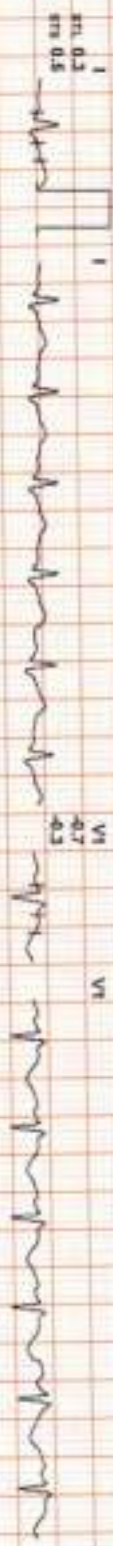


670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 121

Date: 28 / 01 / 2024 12:48:34 PM METS: 1.0@ 121 bpm 64% of THR BP: 120/80 mmHg Combined Meds:at BLC On/ Noctn On/ HF: 0.06-Hydr: 35- Hz

ExTime: 00:30 1.0 mpr. 0.0%  
25 mm/sec. 1.0 Cm/mV

4X 80 ms Paper J



REMARKS:

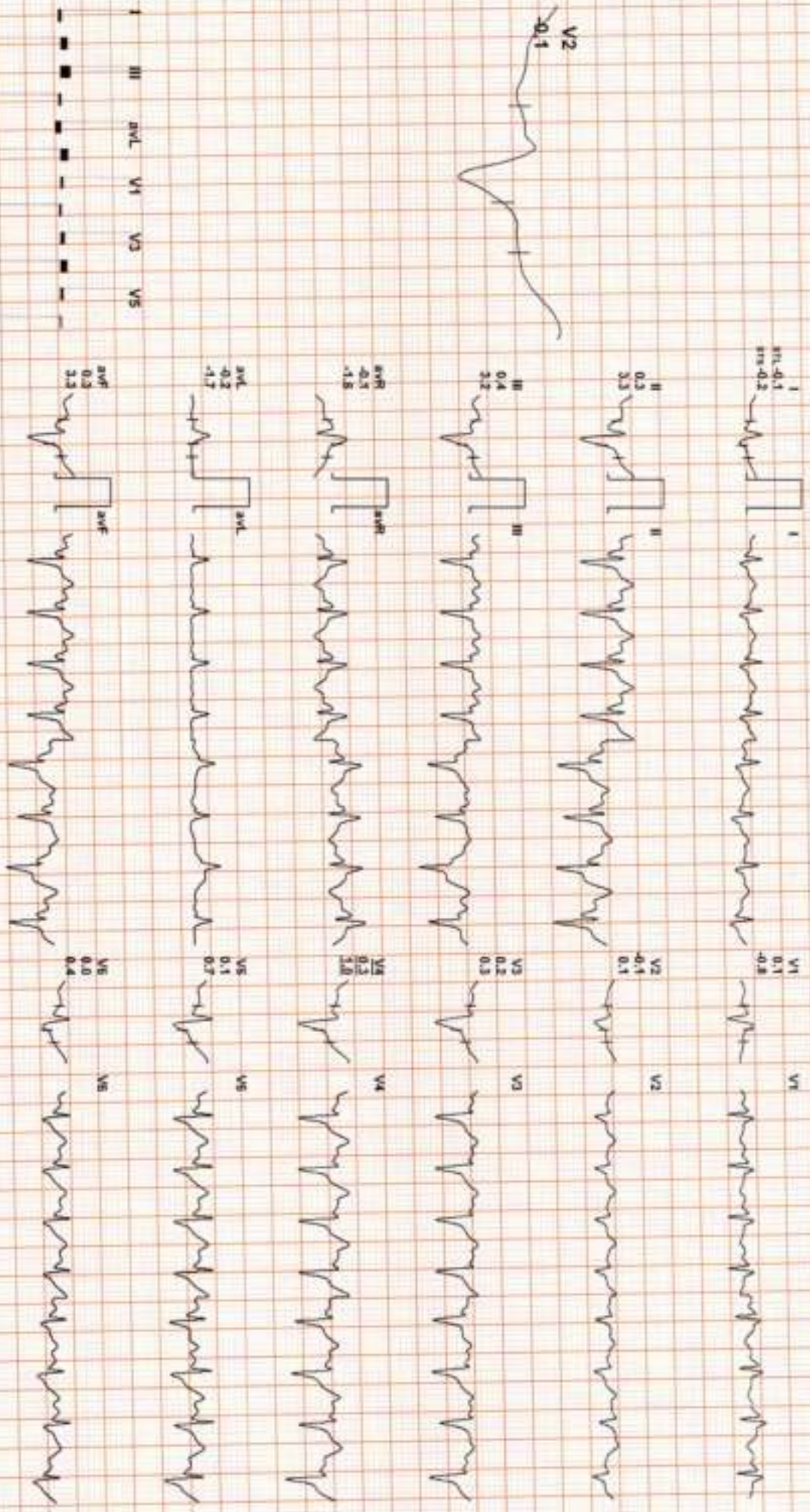
I    III    aVL    aVF    V1    V2    V3    V4    V5    V6

670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 151

Date: 28 / 01 / 2024 12:49:34 PM METS: 4.71 151 bpm 79% of THR BP: 130/86 mmHg Combined Medication: B.L.C. On/ Noctel On/ HF: 0.05 Half 35 - M2

4X 60 ms Paper J

ExTime: 03:00 1.7 (right) 10.0%  
25 mm/sec 1.0 Cm/mV



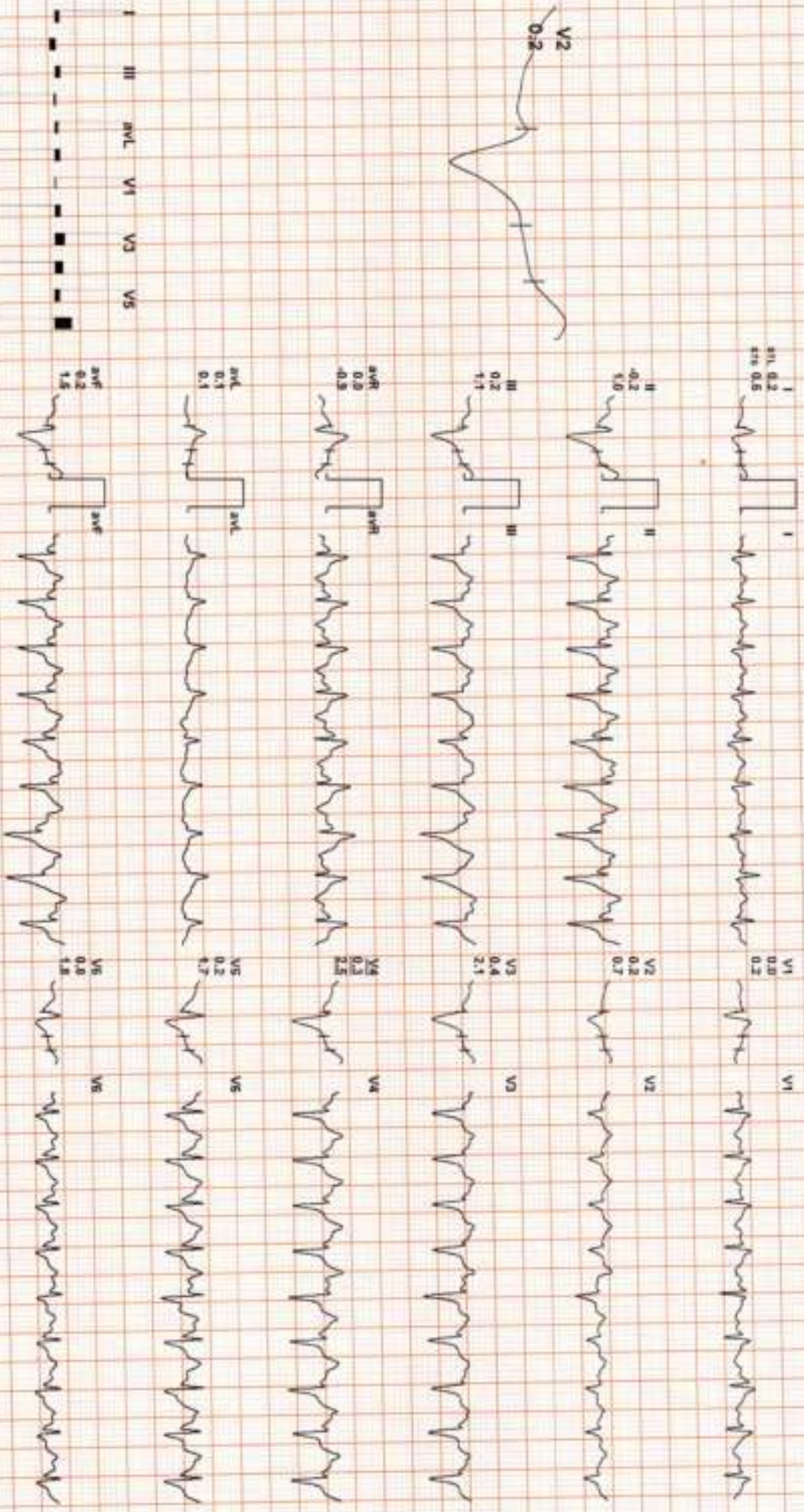
REMARKS:





Date: 28 / 01 / 2024 12:49:34 PM METS: 6.4/ 166 bpm 87% of THR BP: 140/90 mmHg Combined Medians/ ECG On/ Natch On/ Hr 0.05 Hz/ LF 35 Hz

Extreme: 05:07 2.5 mph 12.0%  
25 mm/Sec. 1.9 Cm/Div



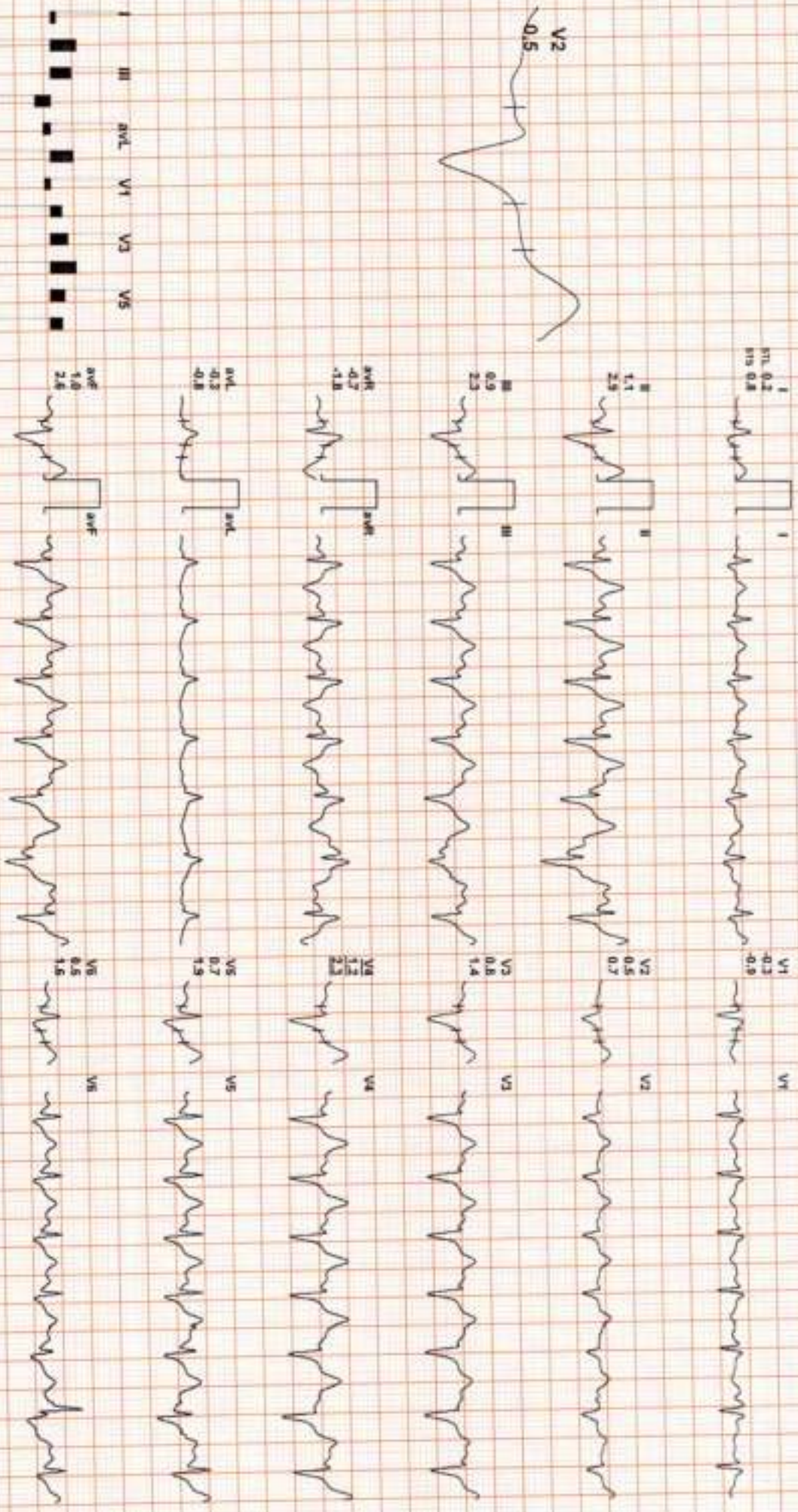
REMARKS:  
I aVR aVL V1 V3 V5  
II aVF V2 V4 V6

670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 136

Date: 28 / 01 / 2024 12:49:34 PM METS: 1.0/ 136 bpm 72% of THR BP: 140/90 mmHg Combined Mediansu/ BLC On/ Nocha On/ HF: 0.05 Hz/ LF: 36 Hz

4X 50 mS Post J

ExTime: 05:07 0.0 muph : 0.0%  
25 mm/Sec : 1.0 Cm/mV



REMARKS:



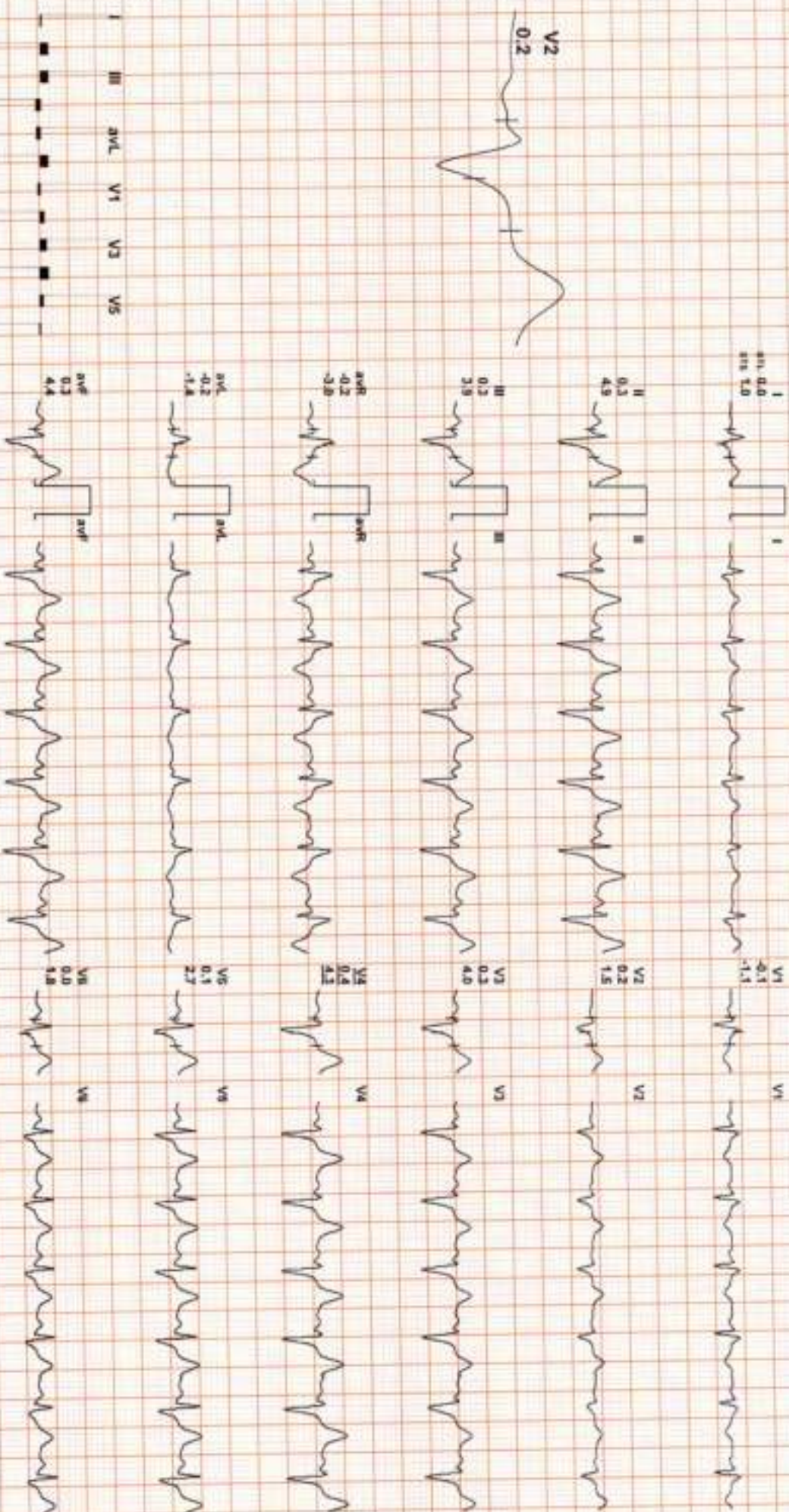


670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 115

Date: 28 / 01 / 2024 12:49:34 PM METS: 1.0/ 115 bpm 61% of THR BP: 130/85 mmHg Combined Medianal BLC On/ Notch On/ HF: 0.05 Hz/ LF: 35 Hz

4X 80 ms Paper J

EXTime: 05:07 0.0 mV/ 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

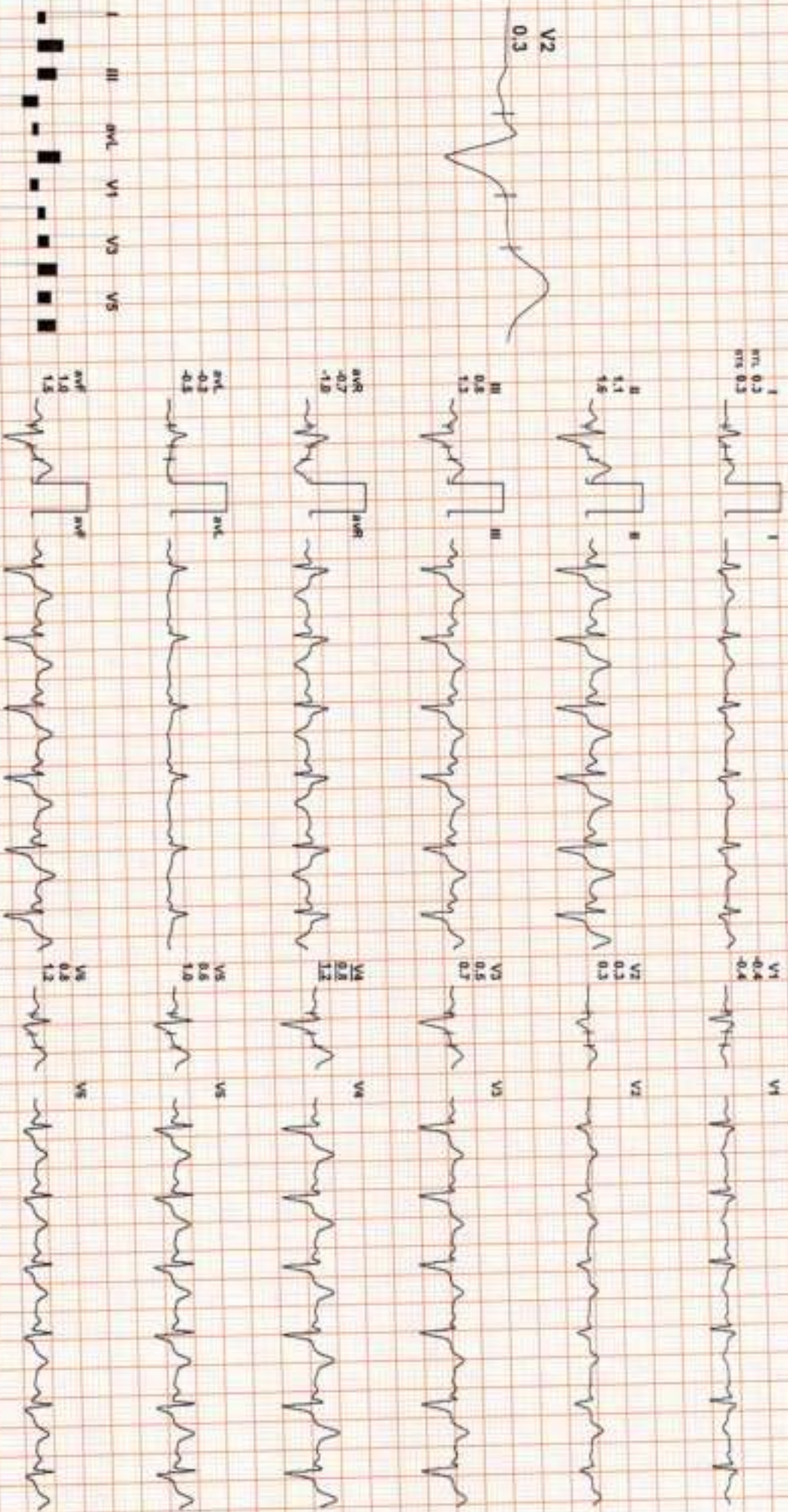


670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cmis / 0 Kg / HR : 111

Date: 28 / 01 / 2024 12:49:34 PM METS: 1.01 111 bpm 58% of THR BP: 130/80 mmHg Combined Meds: BLOC On Netch On/ HF 0.05 HcLF 35 Hz

4X 80 mS Post J

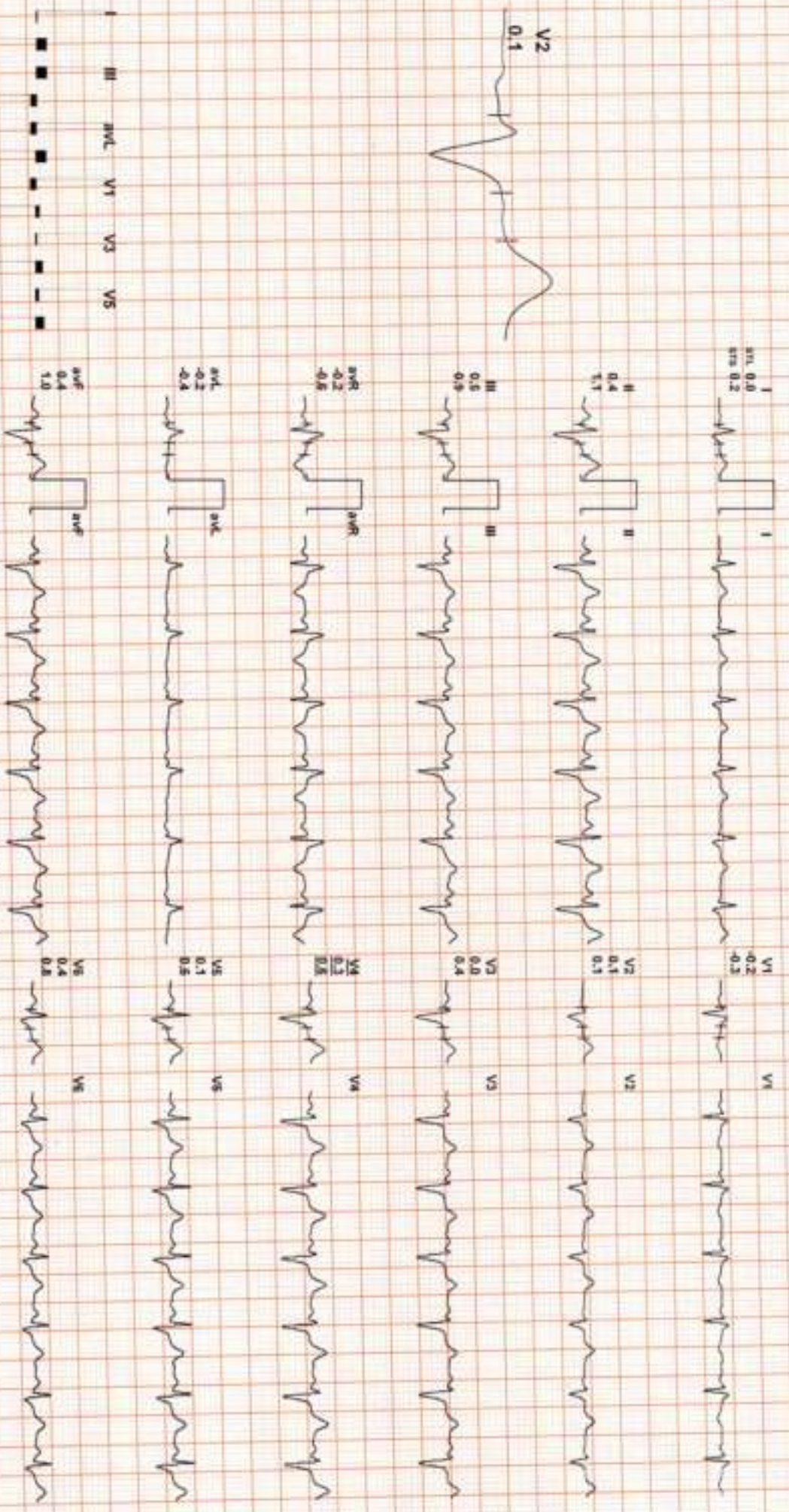
ExTime: 05:07 0.0 mspV 0.0%  
25 mm/sec 1.0 Cm/mV



REMARKS:

670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 110

Date: 28 / 01 / 2024 12:49:34 PM METS: 1.00 110 bpm 88% of THR BP: 120/80 mmHg Combined Medians/ ECG On/ Notch On/ HF: 0.05 Half 36. Hz  
 4X 30 MS Post J  
 ExtTime: 05:07 0.5 mph: 0.0%  
 25 mm/Sec: 1.8 Cm/mV



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



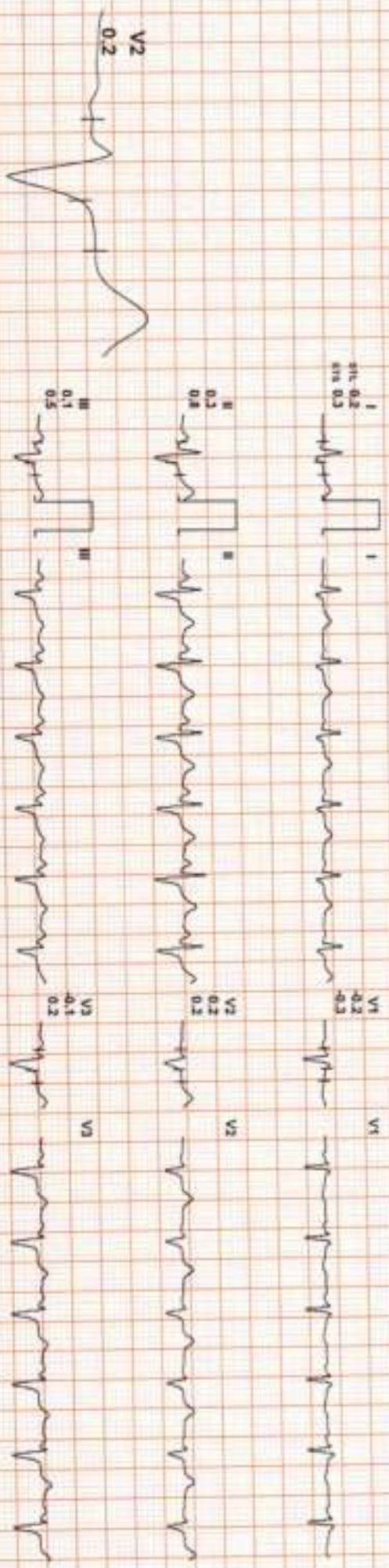


670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 108

Date: 28 / 01 / 2024 12:49:34 PM METS: 1.6/ 108 bpm 57% of THR BP: 120/80 mmHg Combined Medians/ SLC Cm Nulch Cm HF: 0.05 Hz/LE 35 Hz

4X 80 ms Post J

ExTime: 05:07 0.0 mgh 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:





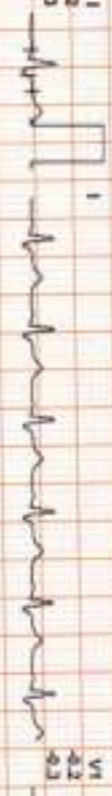
670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 111

Date: 28 / 01 / 2024 12:49:34 PM METS: 1.6/ 111 bpm 58% of THR BP: 120/80 mmHg Combined Meds/ BLC Qw Natch Qw/HF 0.05 Hb1F 35 Hz

4X 18 mc Post J

EXTIME: 05:07 0.0 mV/ 0.0% 25 mm/sec. 1.8 cm/mV

I  
aVR 0.2  
aVL 0.3



V1  
a2  
a3



II  
aR 0.3  
aL 0.8



V2  
a2  
a2



III  
aI 0.1  
aV 0.5



V3  
a1  
a2



aVR  
aL -0.2  
aV -0.5



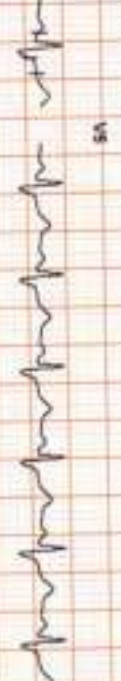
V4  
a2  
a2



aVL  
aR 0.0  
aV -0.1



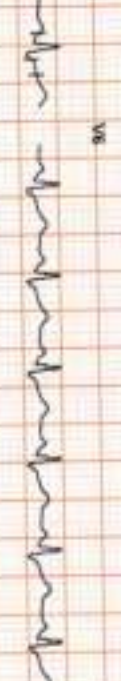
V5  
a1  
a2



aVF  
aL 0.2  
aV 0.7



V6  
a3  
a6



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

670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 87

Date: 28 / 01 / 2024 12:49:34 PM I

II

III

aVR

aVL

aVF

V1

V2

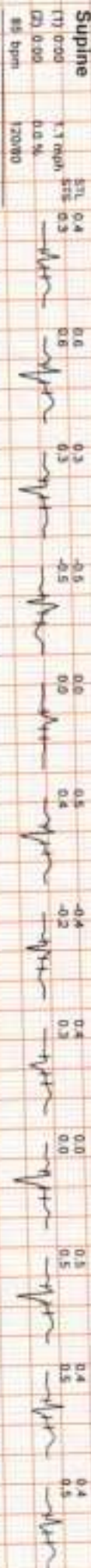
V3

V4

V5

V6

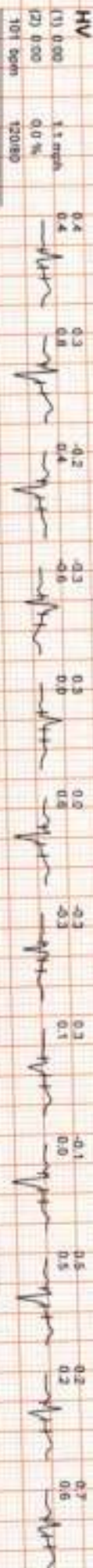
Supine



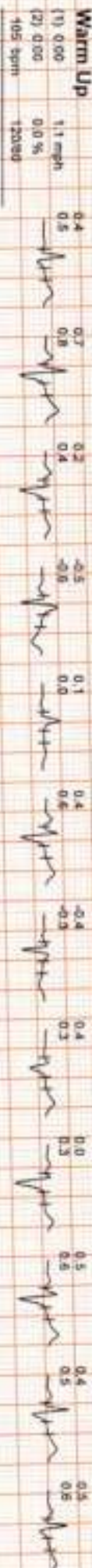
Standing



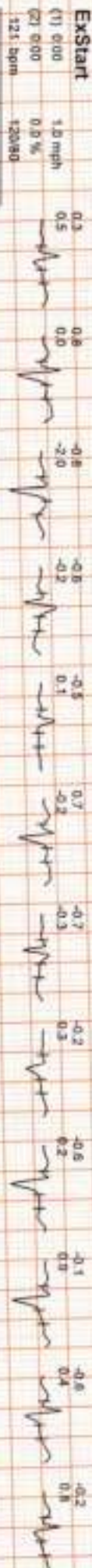
HV



Warm Up



ExStart

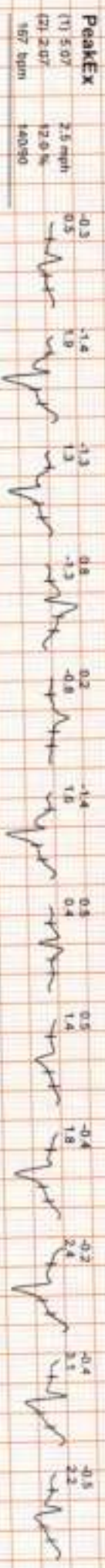


Stage 1





Date: 28 / 01 / 2024 12:49:34 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



DR. GOYALS PATH LAB & IMAGING CENTRE

670 (113) / MRS. HARSHITA JAIN / 30 Yrs / F / 0 Cms / 0 Kg / HR : 87

Average



Date: 28 / 01 / 2024 12:49:34 PM I II III AVR AVL AVF V1 V2 V3 V4 V5 V6



# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road, Jaipur-302019  
Tele : 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalpathlab.com | E-mail: drgoyalplyush@gmail.com

Date :- 28/01/2024 10:35:19  
**NAME :- Mrs. HARSHITA JAIN**  
Sex / Age :- Female 30 Yrs 3 Mon 20 Days  
Company :- Medi/Wheel

Patient ID :-12235492  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 28/01/2024 10:41:14

Final Authentication : 28/01/2024 13:31:58

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	<b>11.6</b> L	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.44	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	56.4	%	40.0 - 80.0
LYMPHOCYTE	37.6	%	20.0 - 40.0
EOSINOPHIL	2.8	%	1.0 - 6.0
MONOCYTE	2.8	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	3.07	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.05	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.15	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.15	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.76	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	36.20	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	<b>76.1</b> L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	<b>24.4</b> L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.1	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	294	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	15.99		

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

Page No: 2 of 12



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

# Dr. Goyal's

## Path Lab & Imaging Centre



8-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road, 509  
 Sodala, Jaipur-302019  
 Tele : 0141-2293346, 4049787, 9887049787  
 Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 28/01/2024 10:35:19  
**NAME :- Mrs. HARSHITA JAIN**  
 Sex / Age :- Female 30 Yrs 3 Mon 20 Days  
 Company :- MediWheel

Patient ID :-12235492  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 28/01/2024 10:41:14

Final Authentication : 28/01/2024 13:31:58

### HAEMATOLOGY

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

BOB PACKAGE FEMALE BELOW 40

**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 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**

117

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



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

# 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

Date :- 28/01/2024 10:35:19 Patient ID :-12235492  
**NAME :- Mrs. HARSHITA JAIN** Ref. By Dr:- BOB  
Sex / Age :- Female 30 Yrs 3 Mon 20 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 28/01/2024 10:41:14 Final Authentication : 28/01/2024 13:31:58

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	28 H	mm/hr.	00 - 20

(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: TLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

AJAYSINGH  
Technologist

Page No: 3 of 12



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

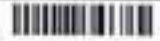
# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganeer Road,  
Sodala, Jaipur-302019  
Tele : 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 28/01/2024 10:35:19 Patient ID :- 12235492  
**NAME :- Mrs. HARSHITA JAIN** Ref. By Dr:- BOB  
 Sex / Age :- Female 30 Yrs 3 Mon 20 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 28/01/2024 10:41:14 Final Authentication : 28/01/2024 13:58:15

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	171.24	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	84.85	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	39.26	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	117.84	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	16.97	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.36		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.00		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	491.01	mg/dl	400.00 - 1000.00
<p><b>TOTAL CHOLESTEROL</b> InstrumentName: Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.</p> <p><b>TRIGLYCERIDES</b> 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.</p> <p><b>DIRECT HDL CHOLESTEROL</b> 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><b>DIRECT LDL CHOLESTEROL</b> 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><b>TOTAL LIPID AND VLDL ARE CALCULATED</b></p>			

SURENDRAKHANGA

Page No: 4 of 12



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



# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road,  
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

MC-5509

Date :- 28/01/2024 10:35:19  
**NAME :- Mrs. HARSHITA JAIN**  
 Sex / Age :- Female 30 Yrs 3 Mon 20 Days  
 Company :- MediWheel

Patient ID :-12235492  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type - PLAIN/SERUM

Sample Collected Time 28/01/2024 10:41:14

Final Authentication : 28/01/2024 14:33:20

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.33	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	0.07	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.26	mg/dl	0.30-0.70
SGOT Method:- IFCC	22.0	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	26.1	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	83.50	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	<b>34.10</b> <sup>H</sup>	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.15	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.31	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.84	gm/dl	2.20 - 3.50
A/G RATIO	1.52		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method Instrument/Name: Randox Rx. Incls Interpretation: An increase in bilirubin concentration in the serum causes icteric or yellowish discoloration of the liver e.g. hepatitis B or obstruction of the bile duct and in chronic 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. 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 Instrument/Name: Randox Rx. Incls Interpretation: The enzyme ALT has been found to be its 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. 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 pregnancy and menstrual disease.

**TOTAL PROTEIN** Methodology: Biuret Reagent Instrument/Name: Randox 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 Instrument/Name: Randox 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** Randox Rx. Incls Interpretation: Elevations in GGT levels are more marked and more pronounced than those with other liver enzymes in cases of obstructive jaundice and alcoholic cirrhosis. It may reach 1 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

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

Page No: 5 of 12



# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road, 5509  
 Sodala, Jaipur-302019  
 Tele : 0141-2293346, 4049787, 9887049787  
 Website: www.dr.goyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 28/01/2024 10:35:19 Patient ID :- 12235492  
**NAME :- Mrs. HARSHITA JAIN** Ref. By Dr.- BOB  
 Sex / Age :- Female 30 Yrs 3 Mon 20 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 28/01/2024 10:41:14 Final Authentication : 28/01/2024 13:58:29

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 <small>Method:- Chemiluminescence(Competitive immunoassay)</small>	1.320	ng/ml	0.970 - 1.690
SERUM TOTAL T4 <small>Method:- Chemiluminescence(Competitive immunoassay)</small>	9.790	ug/dl	5.500 - 11.000
SERUM TSH ULTRA <small>Method:- Enhanced Chemiluminescence Immunoassay</small>	2.079	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 12



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

# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road, Jaipur-302019  
 Tele : 0141-2293346, 4049787, 9887049787  
 Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 28/01/2024 10:35:19  
**NAME :- Mrs. HARSHITA JAIN**  
 Sex / Age :- Female 30 Yrs 3 Mon 20 Days  
 Company :- Med/Wheel

Patient ID :-12235492  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type > URINE

Sample Collected Time 28/01/2024 10:41:14

Final Authentication : 28/01/2024 15:25:42

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	5.5		5.0 - 7.5
<small>Method:- Reagent Strip(Double indicator blue reaction)</small>			
SPECIFIC GRAVITY	1.025		1.010 - 1.030
<small>Method:- Reagent Strip(bromothymol blue)</small>			
PROTEIN	NIL		NIL
<small>Method:- Reagent Strip (Sulphonahlic acid test)</small>			
GLUCOSE	NIL		NIL
<small>Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)</small>			
BILIRUBIN	NEGATIVE		NEGATIVE
<small>Method:- Reagent Strip (Azo-coupling reaction)</small>			
UROBILINOGEN	NORMAL		NORMAL
<small>Method:- Reagent Strip (Modified ehrlich reaction)</small>			
KETONES	NEGATIVE		NEGATIVE
<small>Method:- Reagent Strip (Sodium Nitroprusside) Rothera's</small>			
NITRITE	NEGATIVE		NEGATIVE
<small>Method:- Reagent Strip (Diazotization reaction)</small>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA  
**Technologist**

Page No: 7 of 12



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

# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road, 5509  
 Sodala, Jaipur-302019  
 Tele : 0141-2293346, 4049787, 9887049787  
 Website: www.dr-goyal'spathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 28/01/2024 10:35:19 Patient ID :- 12235492  
**NAME :- Mrs. HARSHITA JAIN** Ref. By Dr:- BOB  
 Sex / Age :- Female 30 Yrs 3 Mon 20 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-F, BUNW, SERUM 2024 13:58:29 Final Authentication : 28/01/2024 14:31:56

### BIOCHEMISTRY

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

FASTING BLOOD SUGAR (Plasma) 97.5 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) 117.0 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 0.82 mg/dl Men - 0.6-1.30  
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 3.60 mg/dl Men - 3.4-7.0  
 Method:- Enzymatic colorimetric Women - 2.4-5.7

SURENDRAXHANGA

Page No: 9 of 12



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

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road,  
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 28/01/2024 10:35:19

Patient ID :- 12235492

**NAME :- Mrs. HARSHITA JAIN**

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 3 Mon 20 Days

Lab/Hosp :-

Company :- Med/Wheel



Sample Type :- EDTA, URINE

Sample Collected Time 28/01/2024 10:41:14

Final Authentication : 28/01/2024 15:25:42

### HAEMATOLOGY

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

AJAYSINGH, VIJENDRAMEENA  
**Technologist**

Page No: 11 of 12



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

# 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

Date :- 28/01/2024 10:35:19

Patient ID :- 12235492



**NAME :- Mrs. HARSHITA JAIN**

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 3 Mon 20 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2024 10:41:14

Final Authentication : 28/01/2024 13:58:15

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	18.9	mg/dl	0.0 - 23.0

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

SURENDRAKHANGA

Page No: 12 of 12



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



Date :- 28/01/2024 10:35:19  
**NAME :- Mrs. HARSHITA JAIN**  
Sex / Age :- Female 30 Yrs 3 Mon 20 Days  
Company :- MediWheel

Patient ID :- 12235492  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 28/01/2024 12:23:13

BOB PACKAGEFEMALE BELOW 40

**ULTRA SOUND SCAN OF ABDOMEN**

**Liver** is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary Bladder:** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Uterus** is anteverted and normal in size and measures 68x39x25 mm.  
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.  
Endometrial echo is normal. Endometrial thickness is 10.2 mm.

**Both ovaries** are visualised and are normal. No adnexal mass is seen.  
No enlarged nodes are visualised. No retro-peritoneal lesion is identified.  
No significant free fluid is seen in pouch of douglas.

**IMPRESSION:**

\* No significant abnormality is noted.

*Needs clinical correlation.*

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

Page No: 1 of 1

AHSAN  
Transcript by.

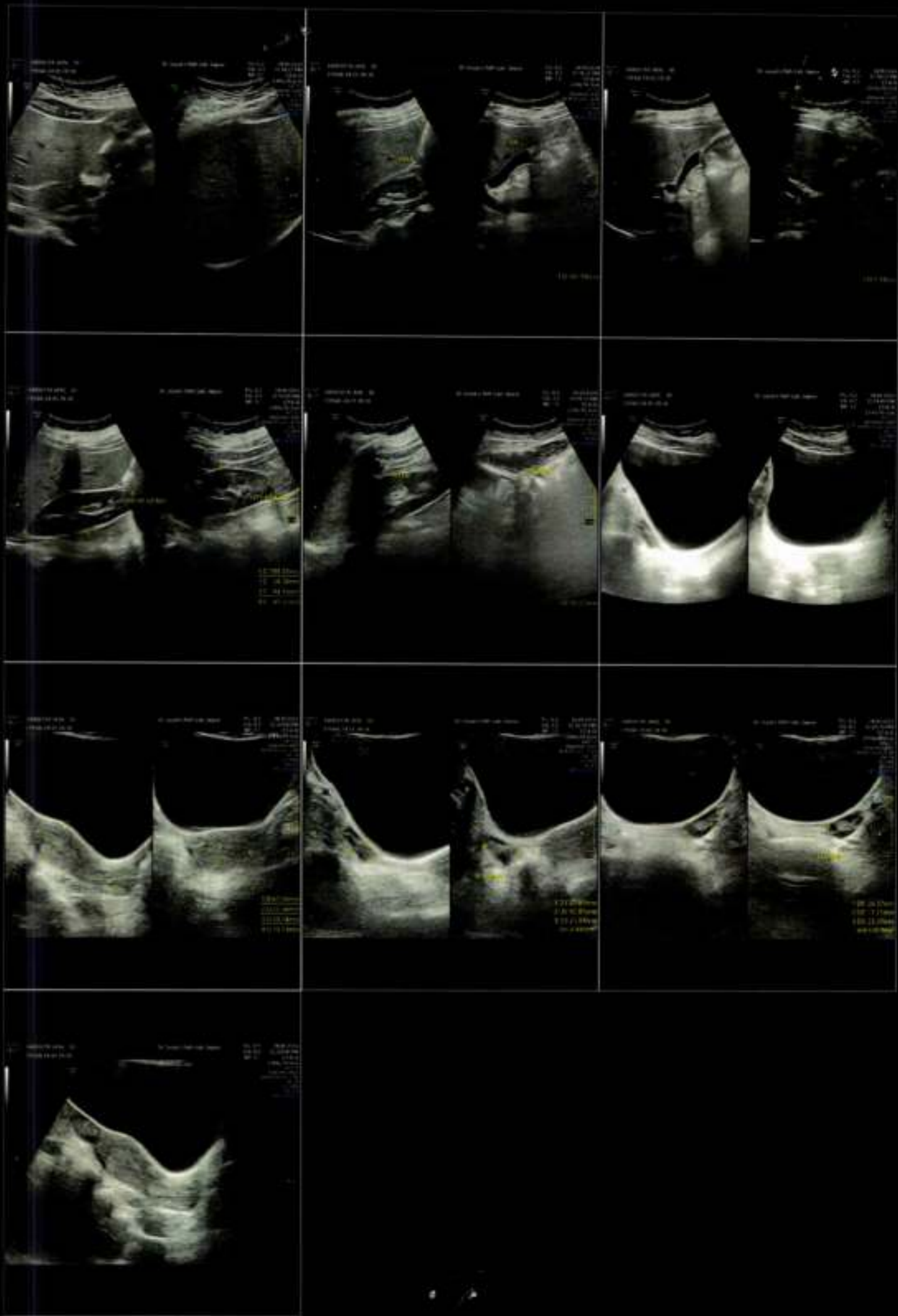
Dr. Piyush Goyal  
M.B.B.S., D.M.R.D.  
RMC Reg No. 017966

Dr. Ashish Choudhary  
MBBS, MD (Radio Diagnosis)  
Fetal Medicine Consultant  
FMF ID - 250517 | RMC No 22430

Dr. Abhishek Jain  
MBBS, DNB. (Radio-Diagnosis)  
RMC No. 21687

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

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





# Dr. Goyal's

## Path Lab & Imaging Centre

8-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road, Jaipur  
Tele : 0141-2293346, 4049787, 9887049787  
Website : www.drgoyalspathlab.com E-mail : drgoyalpiyush@gmail.com



Date :- 28/01/2024 10:35:19  
**NAME :- Mrs. HARSHITA JAIN**  
Sex / Age :- Female 30 Yrs 3 Mon 20 Days  
Company :- MediWheel

Patient ID :- 12235492  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 28/01/2024 16:15:27

BOB PACKAGEFEMALE BELOW 40

### 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.

Page No: 1 of 1

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

Dr. Ashish   
MBBS, MD (Radio Diagnosis)  
Fetal Medicine Consultant  
FMF ID - 260517 | RMC No 22430

Dr. Abhishek Jain  
MBBS, DNB, (Radio-Diagnosis)  
RMC No. 21587

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

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