

# 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 **General Physical Examination**

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

Date of Examination: 30/02/2024

Name: Pooja JHANVINIYA Age: 23 Sex: F

DOB: 02/07/2000

Referred By: Mediwheel

Photo ID: PAN Card ID #: Attached

Ht: 154 (cm)

Wt: 53 (Kg)

Chest (Expiration): 84 (cm)

Abdomen Circumference: 77 (cm)

Blood Pressure: 95/58 mm Hg PR: 81 / min

BMI 22.3 kg/m<sup>2</sup>

Eye Examination: dist vision 6/6 with specs, Near vision N6.

NO colour blindness

Other: Not significant

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

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

Signature Medical Examiner : Dr Piyush Goyal Name Medical Examiner \_\_\_\_\_  
M.B.B.S., D.M.R.U.  
MC Reg. No. 017996

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
CDMPJ5315C



12072020

नाम/ Name  
POOJA JHANGINIYA

पिता का नाम/ Father's Name  
RAMESH CHAND

जन्म की तारीख /  
Date of Birth  
01/07/2000

पुज शीर्षिका  
हस्ताक्षर/ Signature

Pooja

Dr. Piyush Goyal

M.B.B.S., D.M.R.D.

AMC No. 017203

# Dr. Goyal's

## Path Lab & Imaging Centre



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

Date :- 30/01/2024 10:29:38  
**NAME :- Mrs. POOJA JHANGINIYA**  
Sex / Age :- Female 23 Yrs 7 Mon  
Company :- MediWheel

Patient ID :-12235518  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 30/01/2024 10:43:16

Final Authentication : 30/01/2024 12:31:37

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE FEMALE BELOW 40

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**

5.5 %

Method:- HPLC

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

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**

111 mg/dL

Method:- Calculated Parameter

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

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Technologist

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



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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	12.4	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.45	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	50.5	%	40.0 - 80.0
LYMPHOCYTE	43.2 H	%	20.0 - 40.0
EOSINOPHIL	2.9	%	1.0 - 6.0
MONOCYTE	3.2	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.26	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.79	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.18	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.21	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.60	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	39.80	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	86.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.9 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.0 L	g/dL	31.5 - 34.5
PLATELET COUNT	233	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.4 H	%	11.6 - 14.0
MENTZER INDEX	18.83		

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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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	11	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

(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

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Sample Type :- PLAIN/SERUM

Sample Collected Time 30/01/2024 10:43:16

Final Authentication : 30/01/2024 12:11:50

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	207.63	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	47.78	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	51.17	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	148.50	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	9.56	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.06		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.90		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	536.54	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 dysprotein 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>			

SURENDRAXHANGA

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





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 Company :- MediWheel

Patient ID :-12235518  
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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 30/01/2024 10:43:16

Final Authentication : 30/01/2024 12:11:50

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.40	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	0.12	mg/dl.	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.28	mg/dl	0.30-0.70
SGOT Method:- IFCC	18.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	19.9	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	<b>124.90 H</b>	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	10.70	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biorot Reagent	7.45	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.66	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.79	gm/dl	2.20 - 3.50
A/G RATIO	1.67		1.30 - 2.50

**Total Bilirubin/Methodology:** Colorimetric method **Instrument/Name:** Randox **Rx:** Ix **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:** Ix **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:** Ix **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, hepatitis disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase/Methodology:** AMP Buffer **Instrument/Name:** Randox **Rx:** Ix **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:** Biorot Reagent **Instrument/Name:** Randox **Rx:** Ix **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:** Ix **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:** Ix **Interpretation:** Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal).

SURENDRAKHANGA

**Dr. Rashmi Bakshi**  
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 RMC No. 17975/008828



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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 30/01/2024 10:43:16

Final Authentication : 30/01/2024 11:49:41

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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#### TOTAL THYROID PROFILE

SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.110	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.470	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.250	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 T4 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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Technologist

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Sex / Age :- Female 23 Yrs 7 Mon  
Company :- MediWheel

Patient ID :- 12235518  
Ref. By Dr.- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 30/01/2024 10:43:16

Final Authentication : 30/01/2024 14:45:22

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.0		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.015		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) Rother's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<b>MICROSCOPY EXAMINATION</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

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Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 30/01/2024 10:43:16

Final Authentication : 30/01/2024 14:45:22

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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#### STOOL ANALYSIS

##### PHYSICAL EXAMINATION

COLOUR YELLOW BROWN  
CONSISTENCY SEMI SOLID  
MUCUS ABSENT  
BLOOD ABSENT

##### MICROSCOPIC EXAMINATION

RBC's NIL /HPF  
WBC/HPF 0 - 1 /HPF  
MACROPHAGES ABSENT  
OVA ABSENT  
CYSTS ABSENT  
TROPHOZOITES ABSENT  
CHARCOT LEYDEN CRYSTALS ABSENT  
OTHERS NORMAL BACTERIA FLORA PRESENT  
Collected Sample Received

VIJENDRAMEENA  
Technologist

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Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Bile, URIC ACID, UREA, CREATININE, SUGAR, BUN, SBUN, BUN, SBUN

Final Authentication : 30/01/2024 15:38:00

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	84.2	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
<b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> 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) Method:- GOD PAP	102.0	mg/dl	70.0 - 140.0
<b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> 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 Method:- Colorimetric Method	0.82	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.56	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MUKESH SINGH, SURENDRA KHANGA

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Sex / Age :- Female 23 Yrs 7 Mon

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE-PP

Sample Collected Time 30/01/2024 10:43:16

Final Authentication : 30/01/2024 14:45:22

### 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 PP Collected Sample Received	Nil		Nil

AJAYSINGH, VIJENDRAMEENA  
Technologist

Page No: 11 of 12



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

# 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 :- 30/01/2024 10:29:38  
**NAME :- Mrs. POOJA JHANGINIYA**  
Sex / Age :- Female 23 Yrs 7 Mon  
Company :- MediWheel

Patient ID :-12235518  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 30/01/2024 10:43:16

Final Authentication : 30/01/2024 12:11:50

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.6	mg/dl	0.0 - 23.0

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

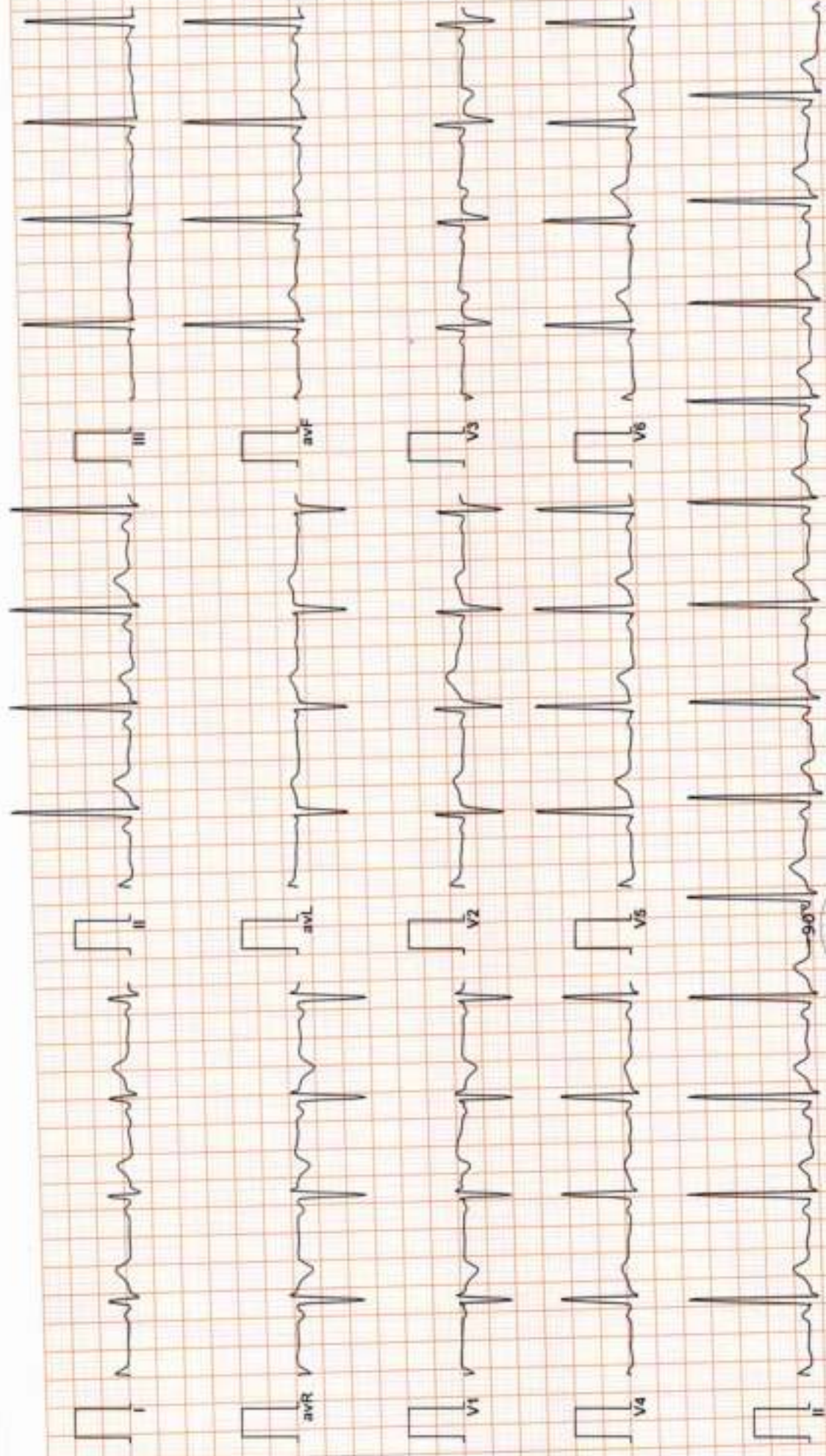
SURENDRAKHANGA

Page No: 12 of 12



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





Vent Rate : 83 bpm  
 PR Interval : 118 ms  
 QRS Duration: 86 ms  
 QT/QTc Int : 336/376 ms  
 P-QRS-T axis: 53.00• 83.00• 31.00•



Dr. Naresh Kumar Mohanta  
 MBBS, DIP (CARDIO) (ESCORTS)  
 Q.E.M. (RCGP-UK)

*Handwritten signature*

Reported By:

R. 83.00° T. 31.00° P. 53.00°





Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	PPP	PVC	Comments
Supine	00:13	0:13	01.1	00.0	01.0	075	38 %	120/80	090	00	
Standing	00:28	0:15	01.1	00.0	01.0	101	51 %	120/80	121	00	
HV	00:46	0:18	01.1	00.0	01.0	108	55 %	120/80	129	00	
Warm Up	00:52	0:06	01.1	00.0	01.0	108	55 %	120/80	129	00	
ExStart	02:27	1:35	01.0	00.0	01.0	104	53 %	120/80	124	00	
BRUCE Stage 1	05:27	3:00	01.7	10.0	04.7	146	74 %	120/80	175	00	
BRUCE Stage 2	08:27	3:00	02.5	12.0	07.1	162	82 %	130/86	210	00	
PeakEx	08:57	0:30	03.4	14.0	07.6	172	87 %	130/86	223	00	
Recovery	09:57	1:00	00.0	00.0	01.2	126	64 %	140/90	176	00	
Recovery	10:57	2:00	00.0	00.0	01.0	102	52 %	130/85	132	00	
Recovery	11:57	3:00	00.0	00.0	01.0	105	53 %	130/80	136	00	
Recovery	12:57	4:00	00.0	00.0	01.0	103	52 %	120/80	123	00	
Recovery	13:57	5:00	00.0	00.0	01.0	105	53 %	110/70	115	00	
Recovery	13:59	5:02	00.0	00.0	01.0	105	53 %	110/70	115	00	

## FINDINGS :

Exercise Time : 06:30  
 Max HR Attained : 172 bpm 87% of Target 197  
 Max BP Attained : 140/90 (mmHg)  
 Max WorkLoad Attained : 7.6 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

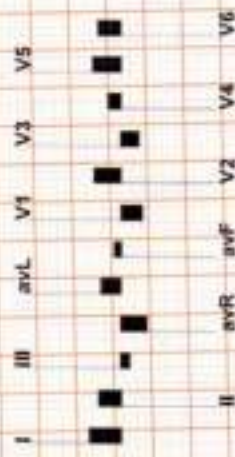
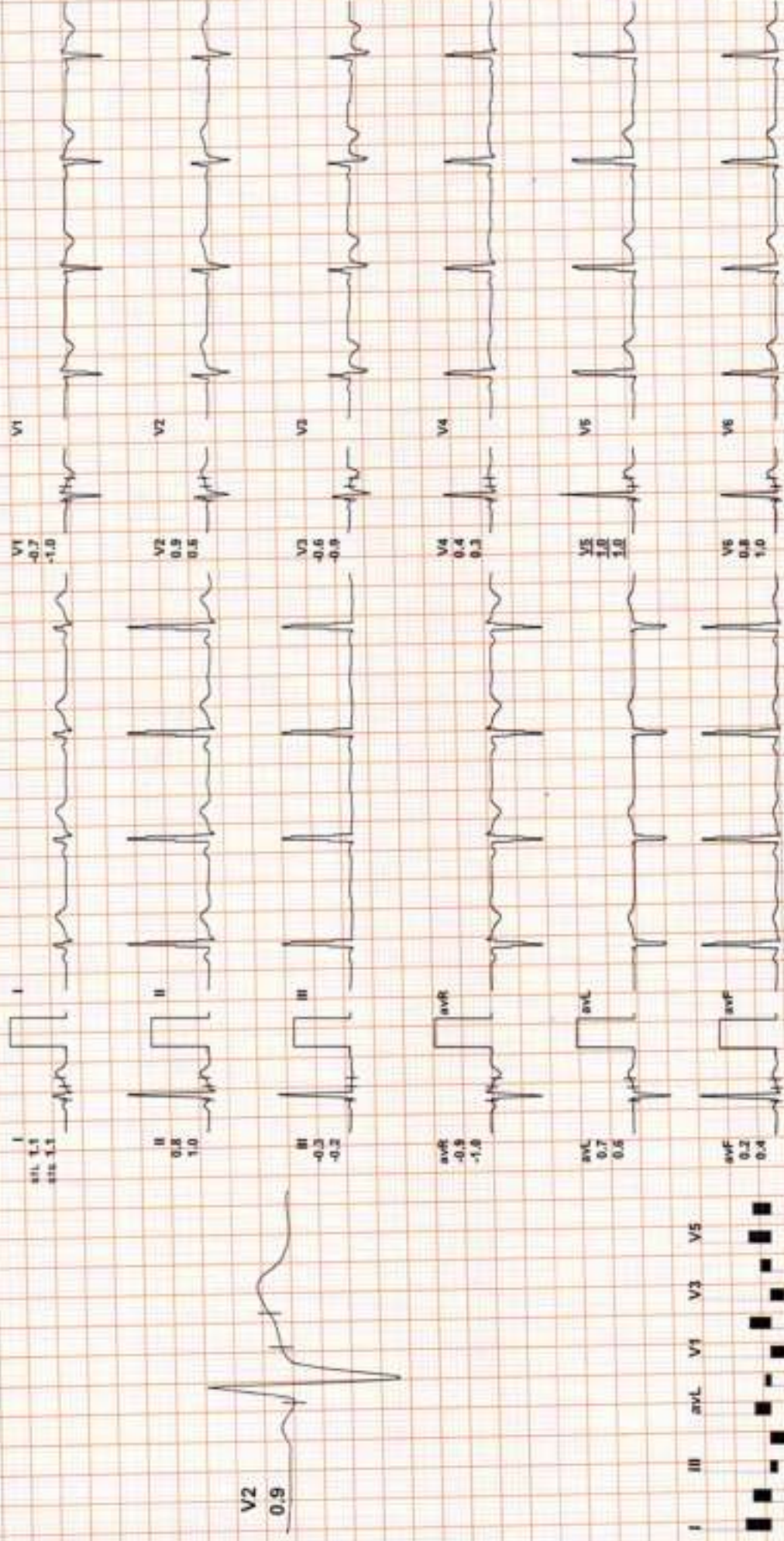
## REPORT :

Base line ecg show conl There is mild st  
 changes seen during exercise in infero  
 st leads which reverted to base line  
 within 1 min of recovery  
 TMT negative FOR RMT  
 conelste clinically

Dr. Naresh Kumar Mohan-ya  
 R.M.B.S. (D) 2013  
 MBBS, D.I.P. CARDIO (ESCORTS),  
 D.E.M. (RCGP-UK)



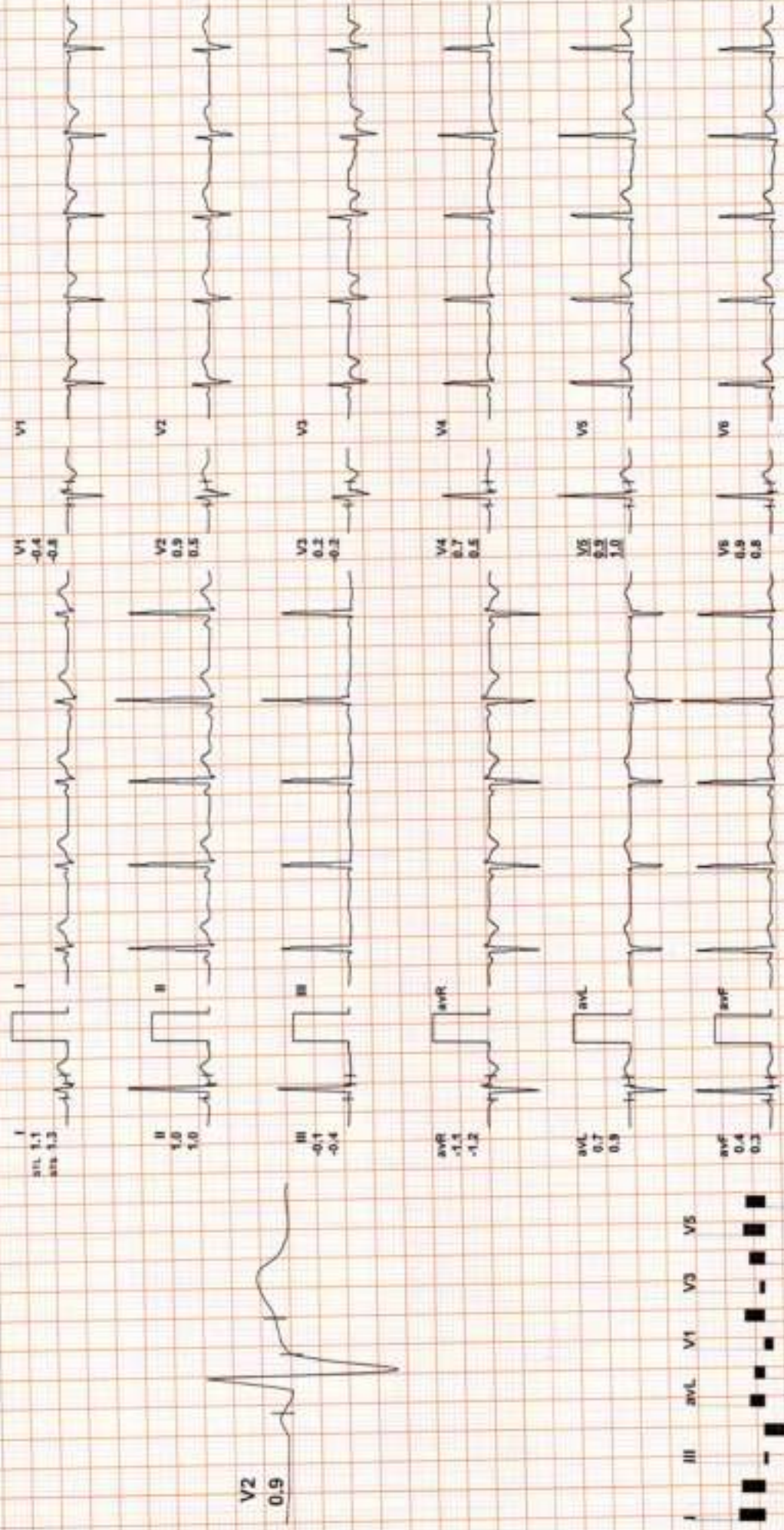
4X 80 ms Post J



REMARKS:



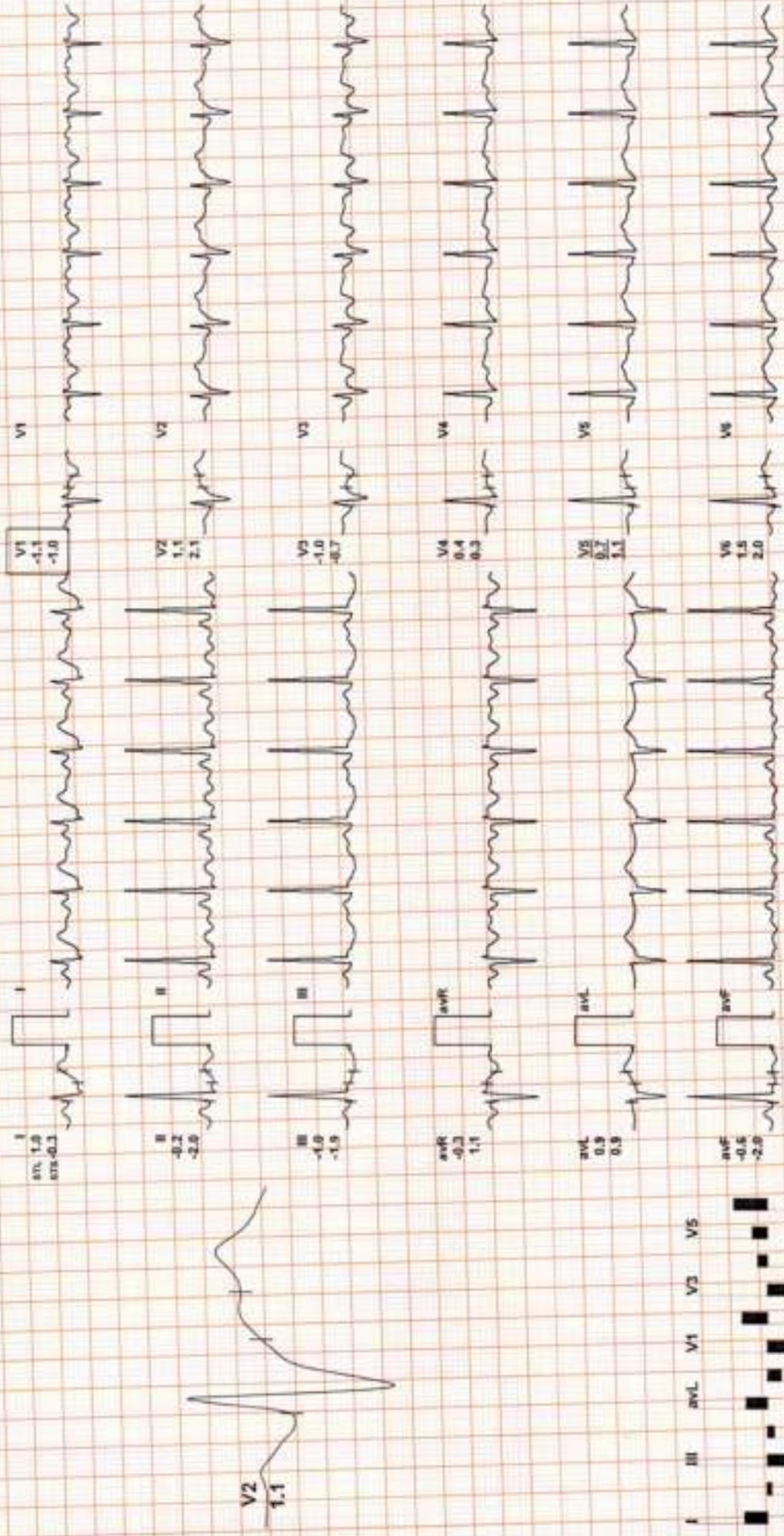
4X 60 mS Post J



REMARKS:



4X 90 mS Post J



REMARKS:





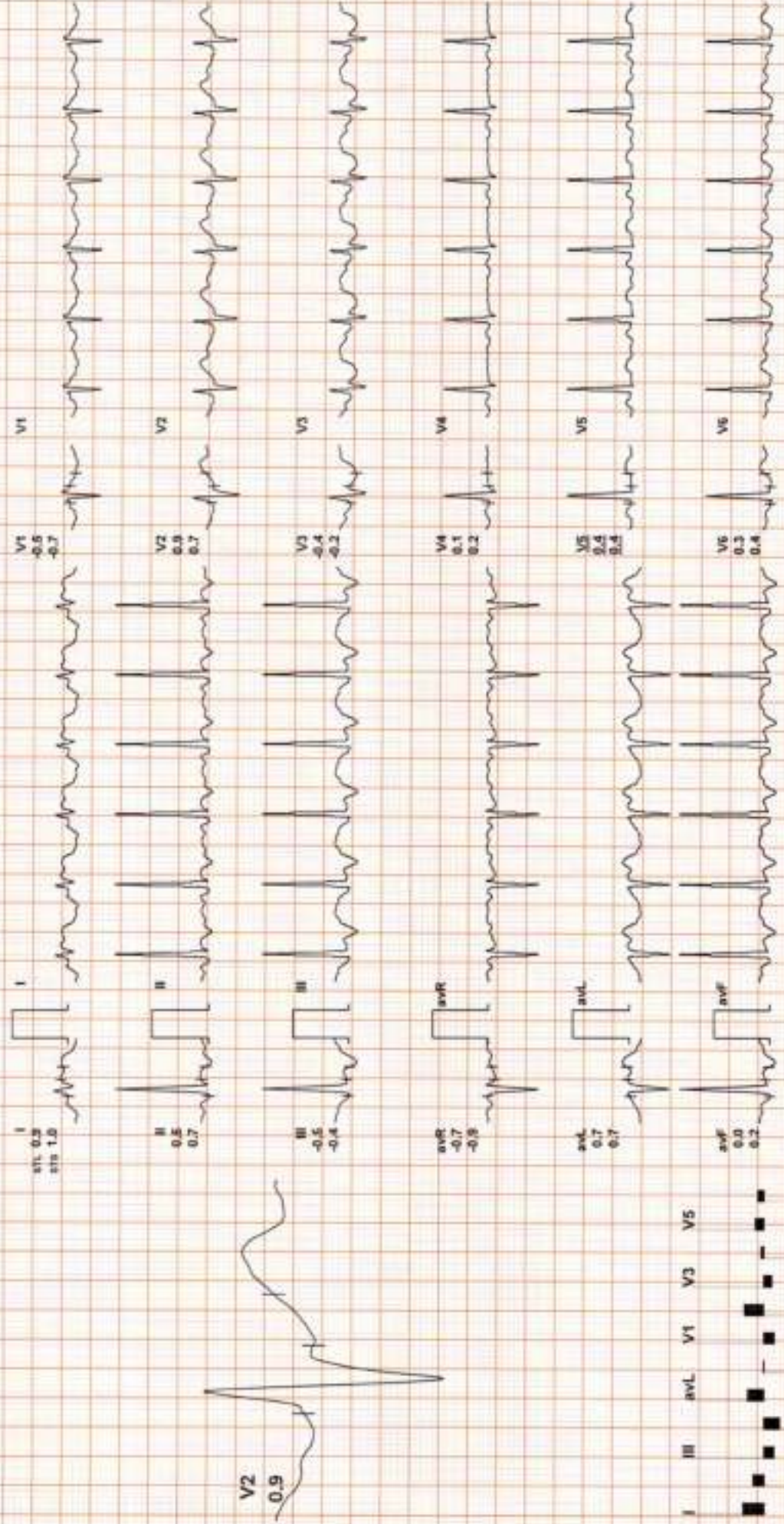
684 (113) / MRS. POOJA JHANGINIYA / 23 Yrs / F / 0 Cms / 0 Kg / HR : 108

Date: 30 / 01 / 2024 01:23:51 PM METS: 1.07 108 bpm 55% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 50 mS Post J

25 mm/Sec., 1.0 Cm/mV



REMARKS:





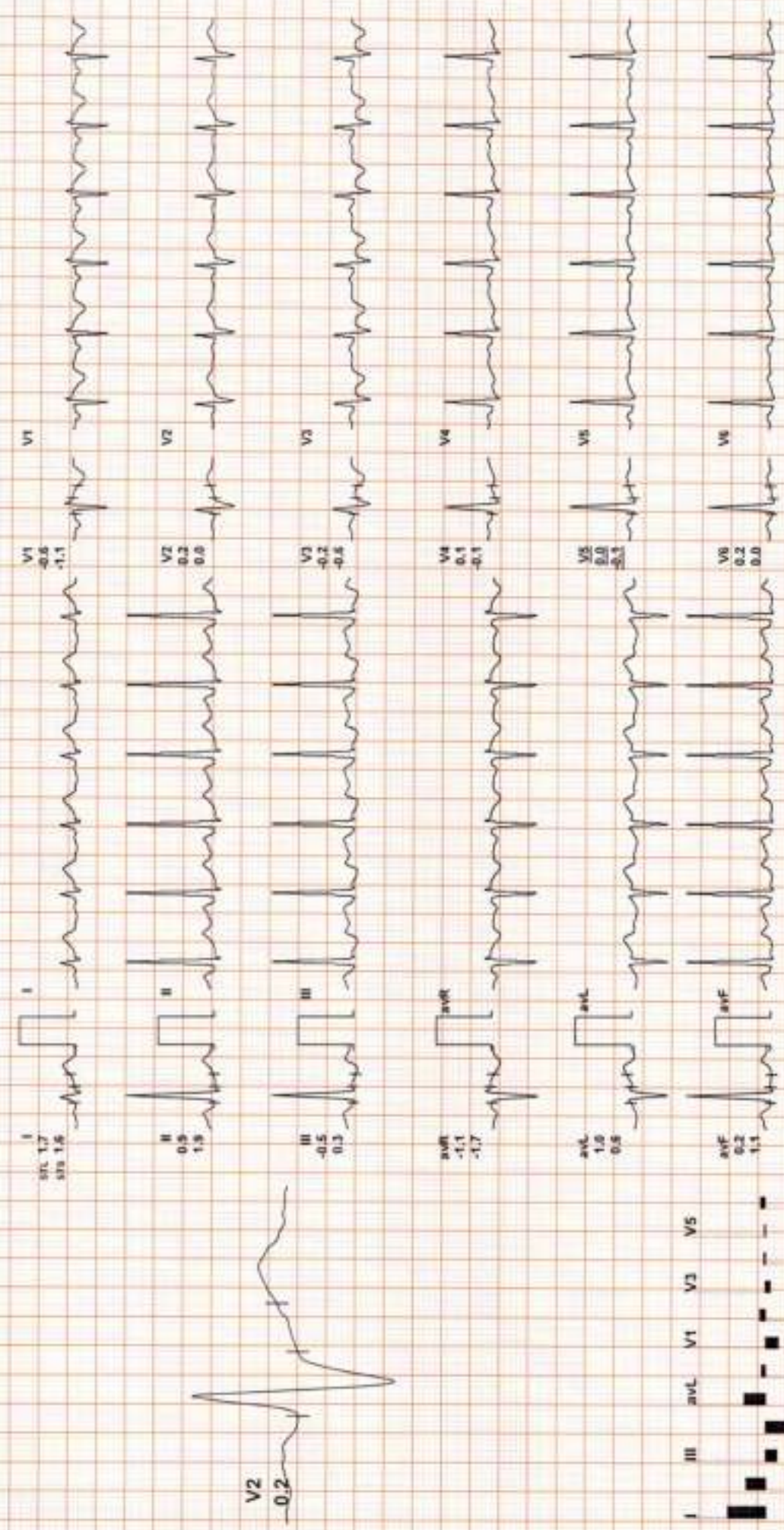
684 (113) / MRS. POOJA JHANGINIYA / 23 Yrs / F / 0 Cms / 0 Kg / HR : 104

Date: 30 / 01 / 2024 01:23:51 PM METS: 1.0/ 104 bpm 53% of THR BIP: 120/80 mmHg Combined Medians/ BLC On/ Notch Ov/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

4X 50 mS Post J

25 mm/sec, 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6

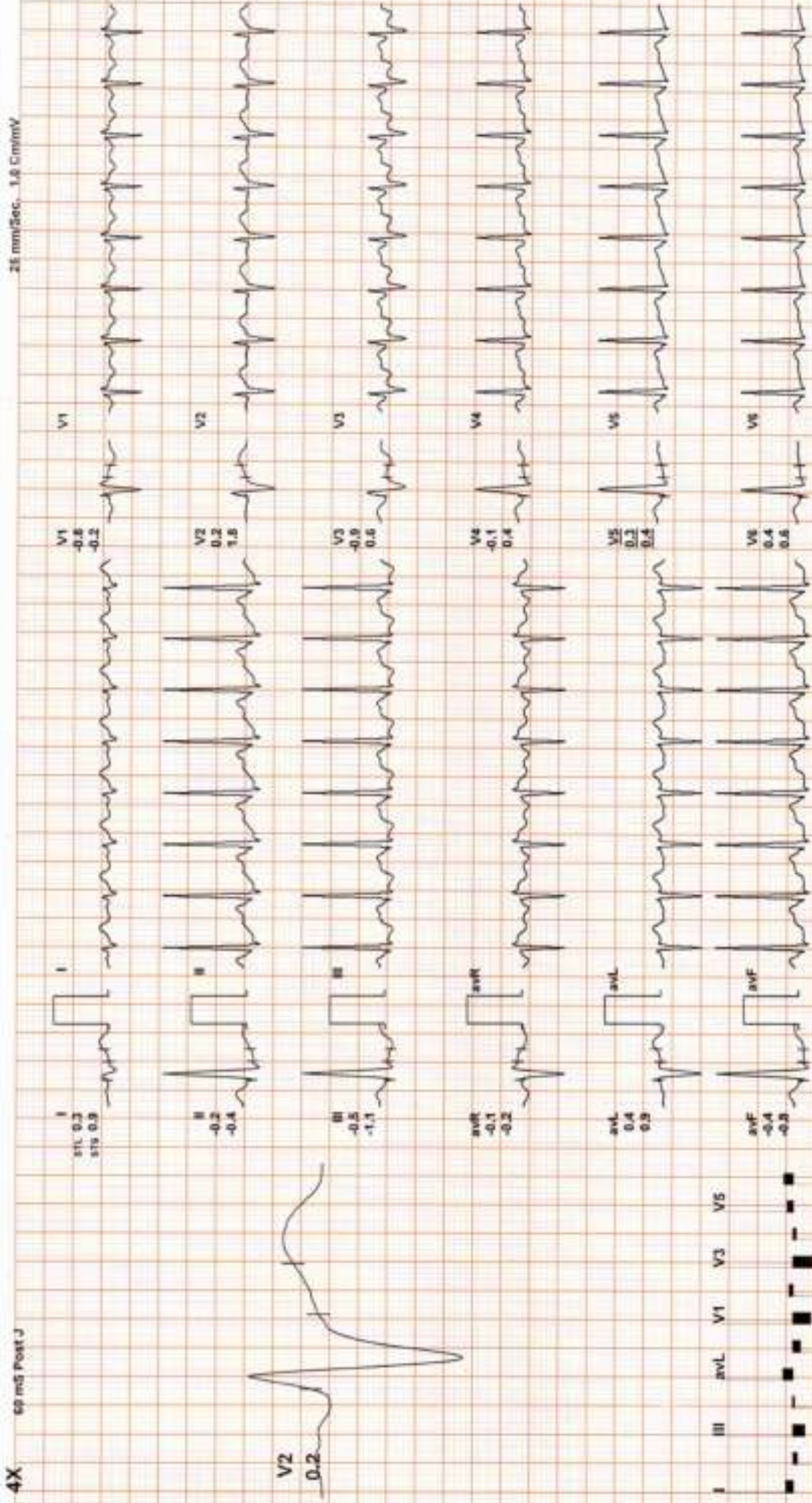




684 (113) / MRS. POOJA JHANGINIYA / 23 Yrs / F / 0 Cms / 0 Kg / HR : 146

Date: 30 / 01 / 2024 01:23:51 PM METS: 4.71 146 bpm 74% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 03:00 1.7 mph, 10.0%

4X 60 mS Post J



II aVR aVF V2 V4 V6

REMARKS:





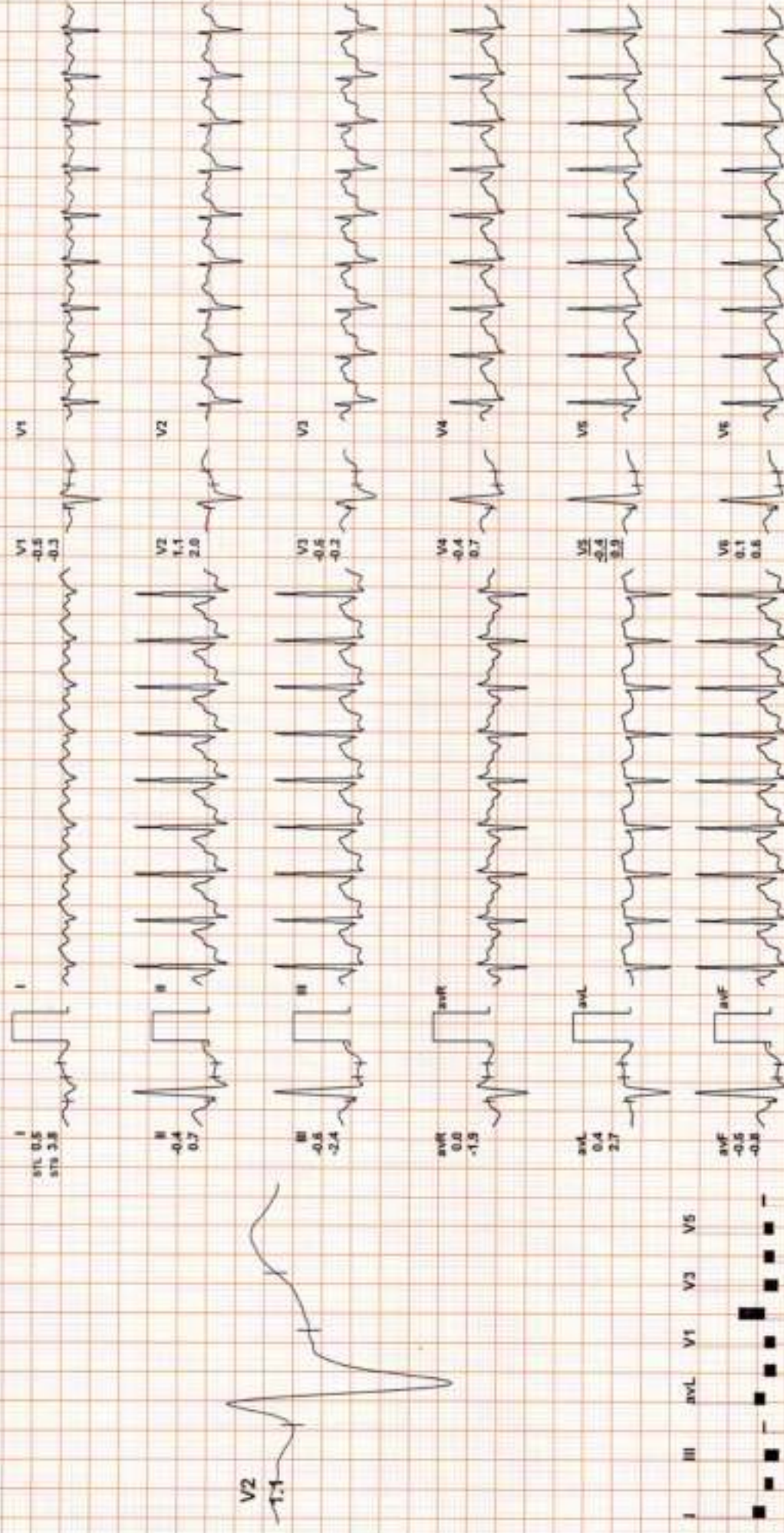
684 (113) / MRS. POOJA JHANGINIYA / 23 Yrs / F / 0 Cms / 0 Kg / HR : 162

Date: 30 / 01 / 2024 01:23:51 PM METS: 7.1/ 162 bpm 82% of THR BP: 130/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post-J

25 mm/Sec. 1.0 cm/mV



II aVR aVF V2 V4 V5

REMARKS:





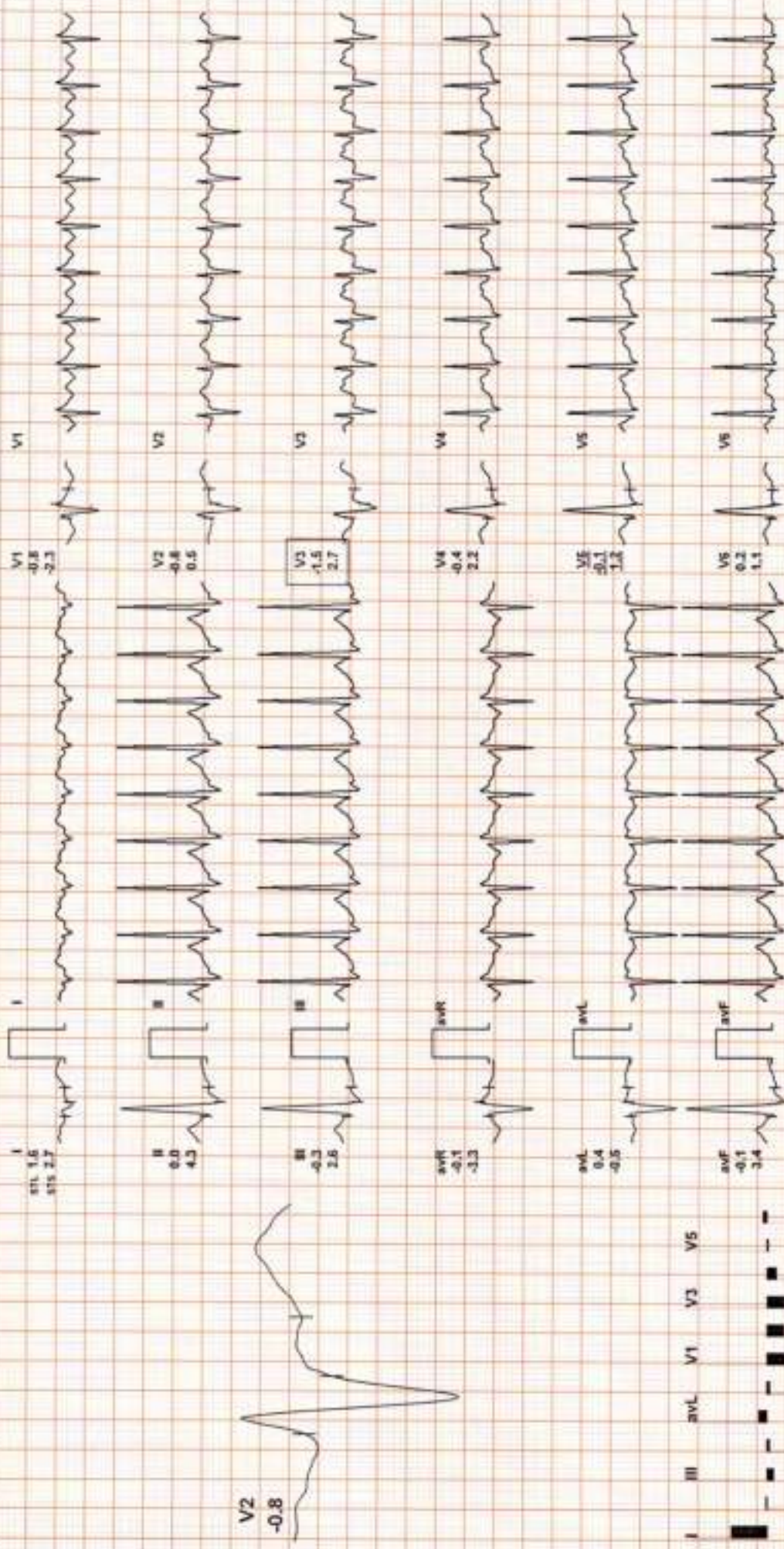
684 (113) / MRS. POOJA JHANGINIYA / 23 Yrs / F / 0 Cms / 0 Kg / HR : 172

Date: 30 / 01 / 2024 01:23:51 PM METS: 7.6/ 172 bpm 87% of THR. BP: 130/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:30 3.4 mph, 14.0%

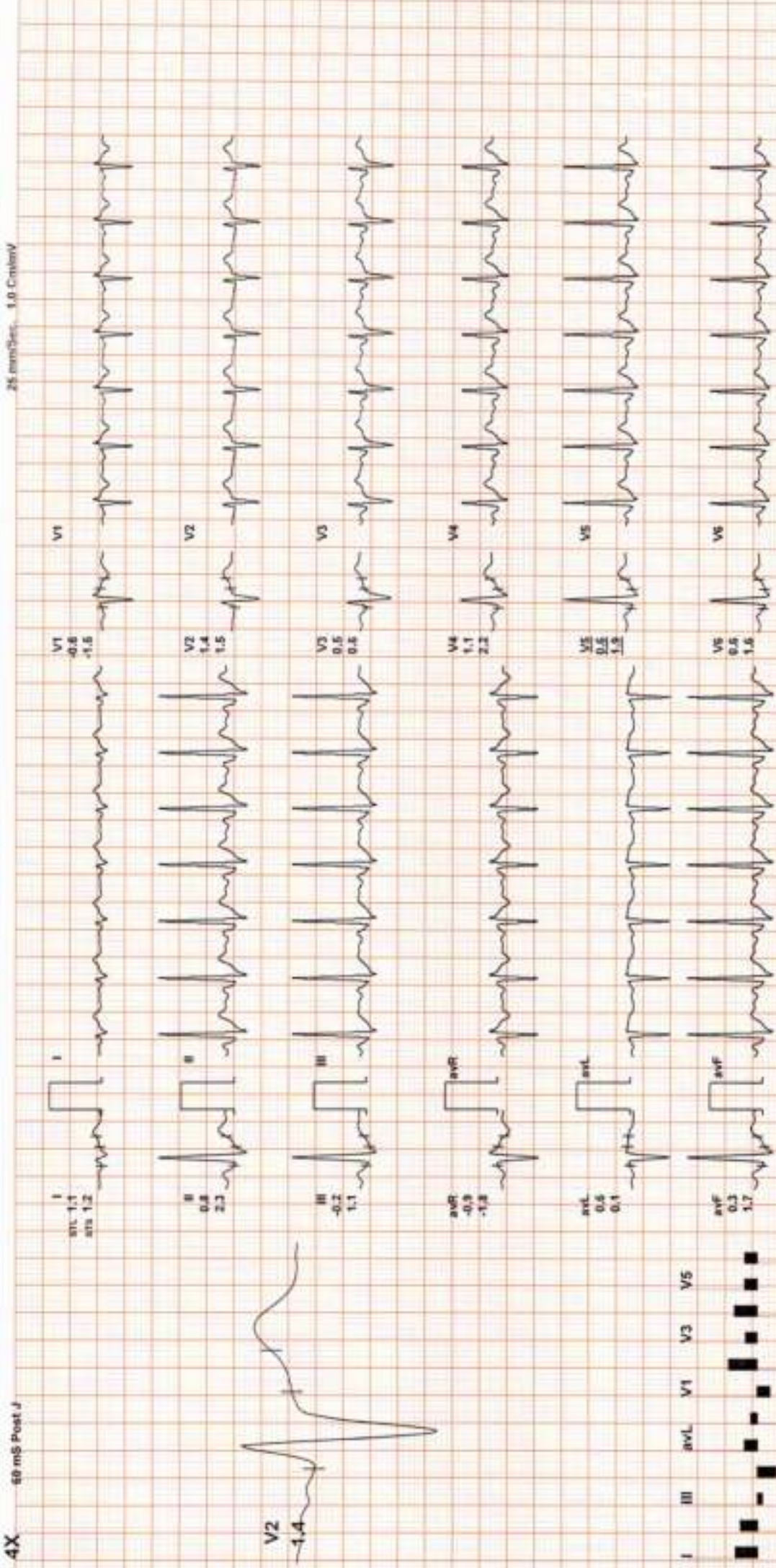
4X 50 mS Post J

25 mm/Sec., 1.0 Cm/mV



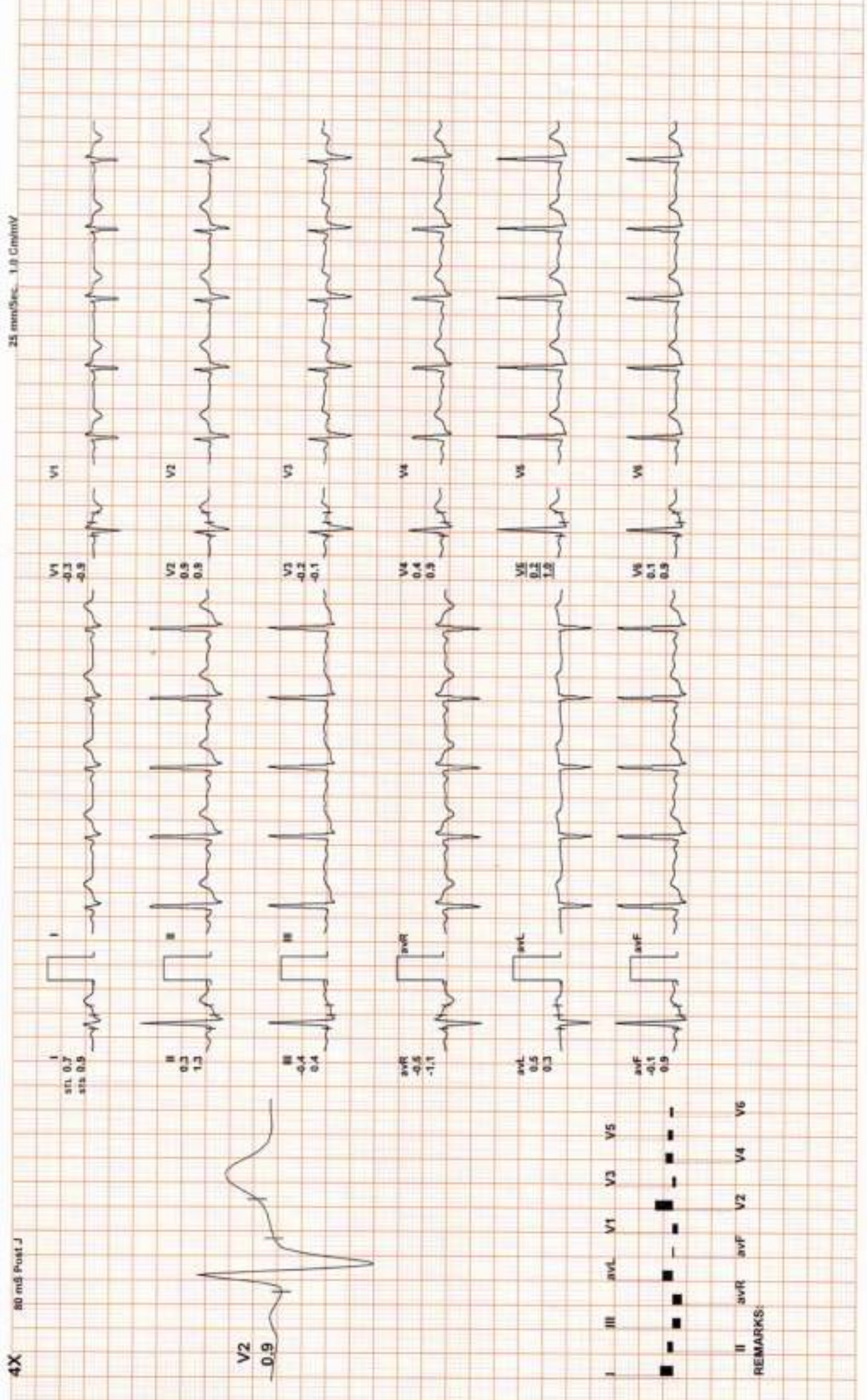
REMARKS:





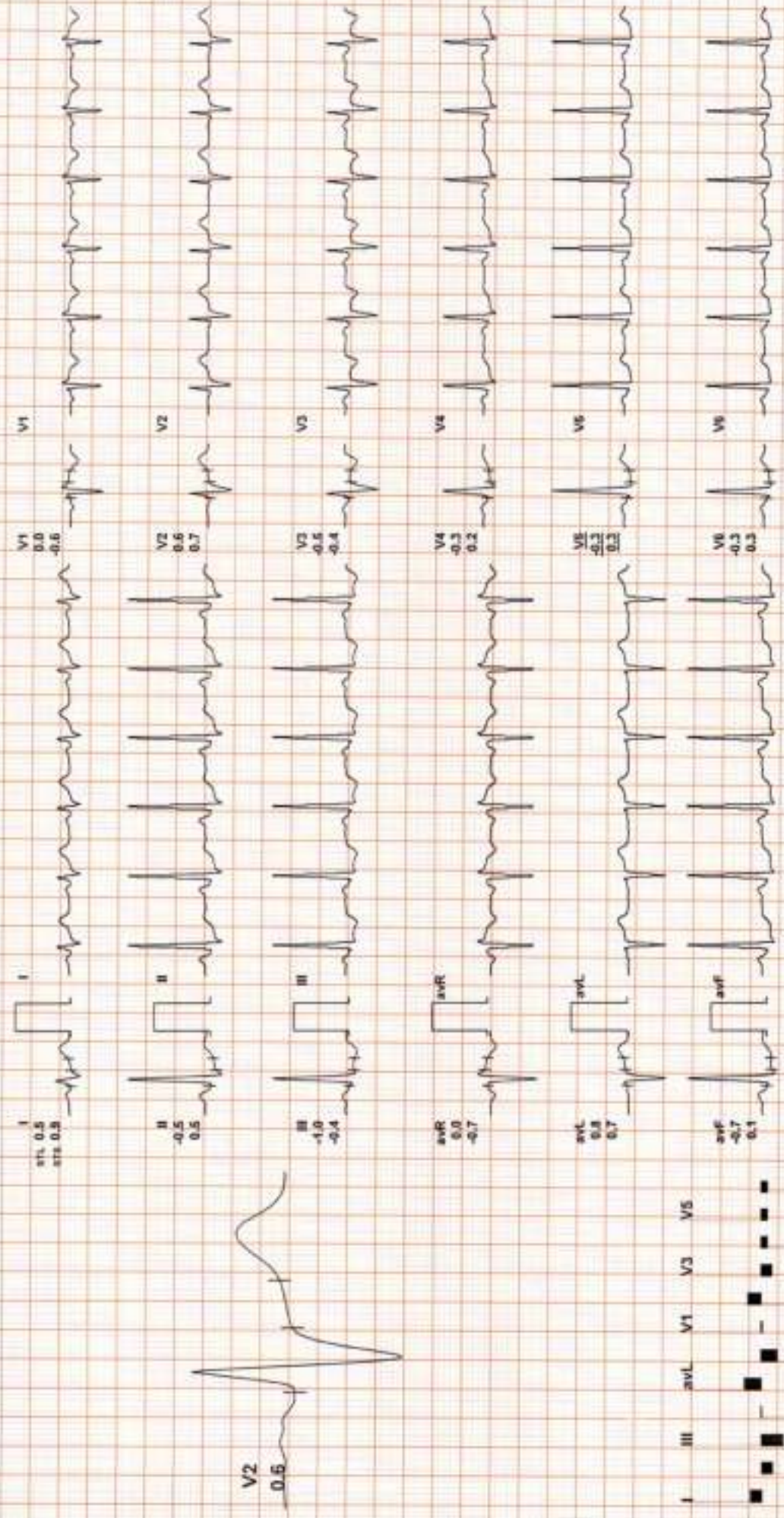
REMARKS:  
II avR avF V2 V4 V6







4X 80 mS Post J



REMARKS: II avR avF V2 V4 V6





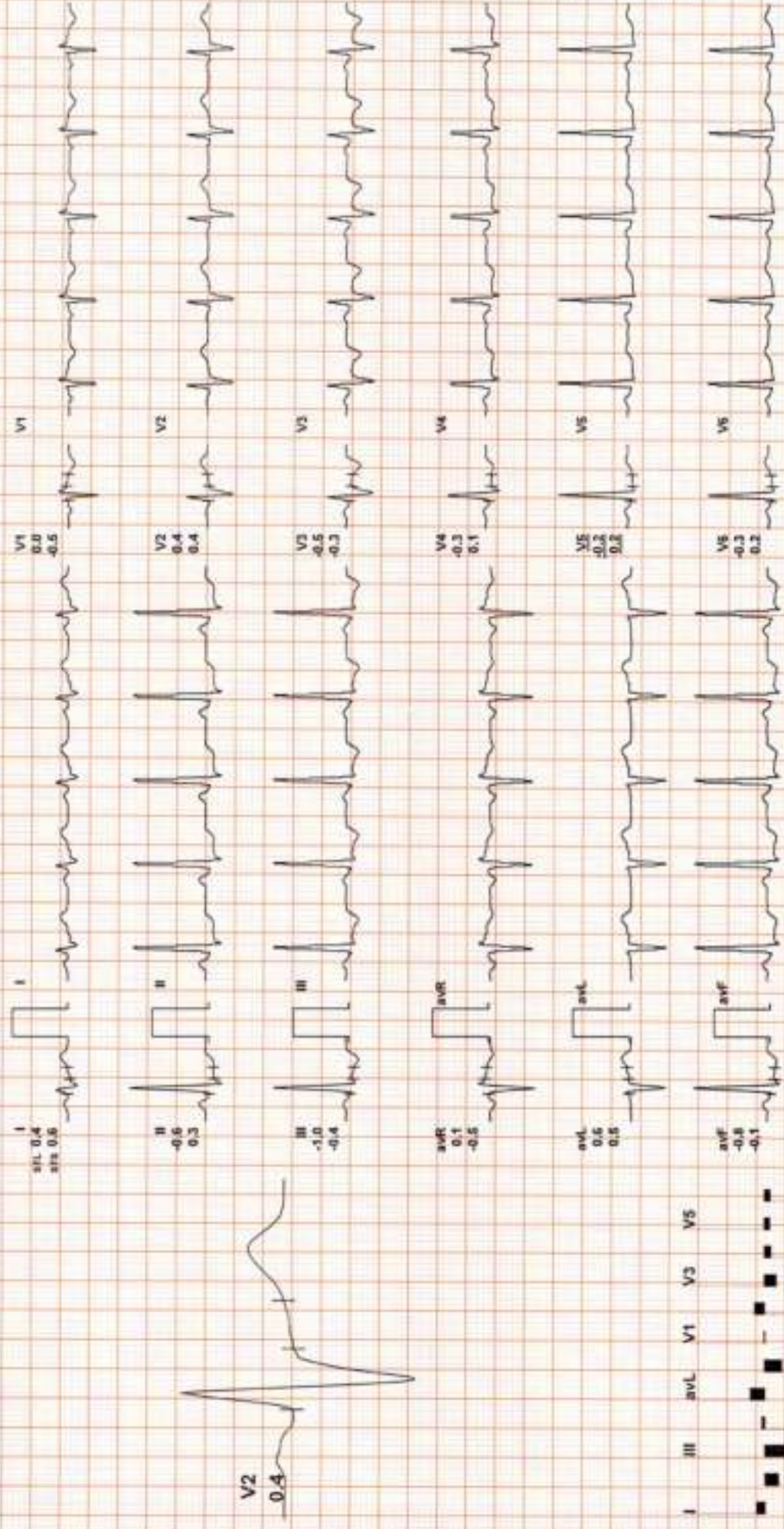
684 (113) / MRS. POOJA JHANGINIYA / 23 Yrs / F / 0 Cms / 0 Kg / HR : 103

Date: 30 / 01 / 2024 01:23:51 PM METS: 1.0/ 103 bpm 52% of THR BP: 120/80 mmHg Combined Medians/ BLC: Onv Notch Onv HF 0.05 Hz/ LF 35 Hz

ExTime: 06:30 0.0 mph, 0.0%

4X 50 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



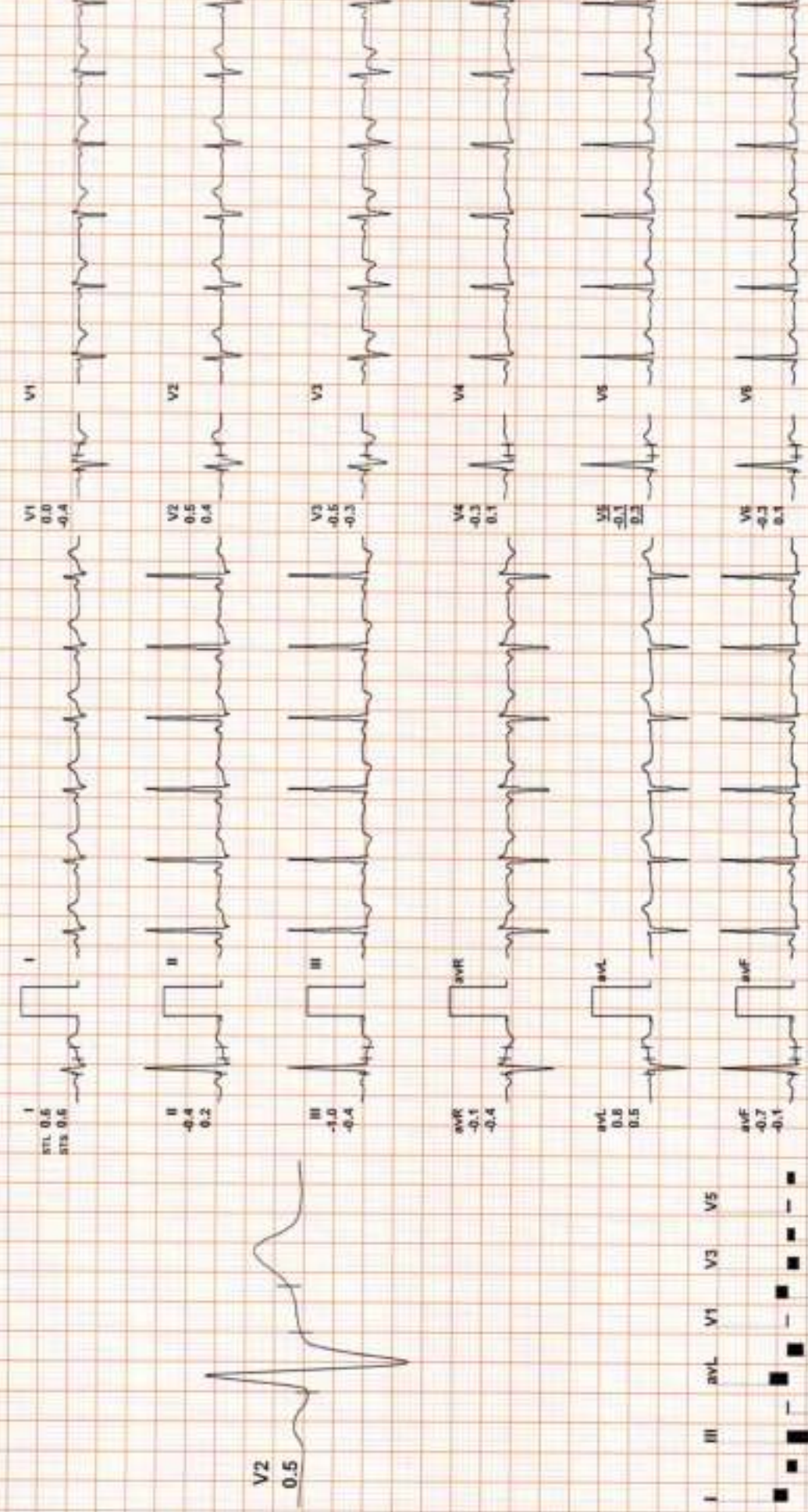
684 (113) / MRS. POOJA JHANGINIYA / 23 Yrs / F / 0 Cms / 0 Kg / HR : 105

Date: 30 / 01 / 2024 01:23:51 PM METS: 1.0/ 105 bpm 53% of THR BP: 110/70 mmHg Combined Mediana/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 06:30 0.0 mV/ 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



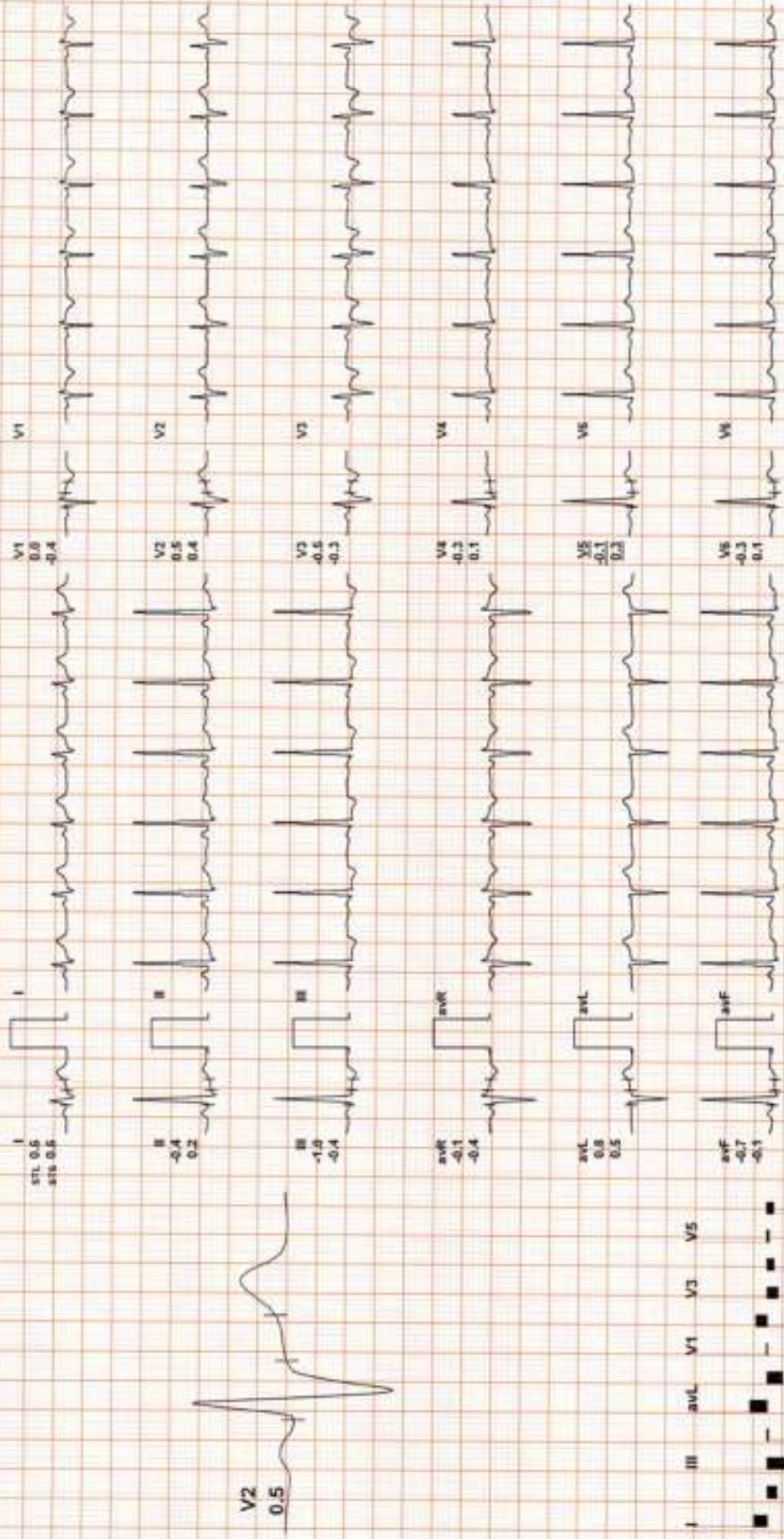
REMARKS: II aVR aVF V2 V4 V6





4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



II aVR aVF V2 V4 V6

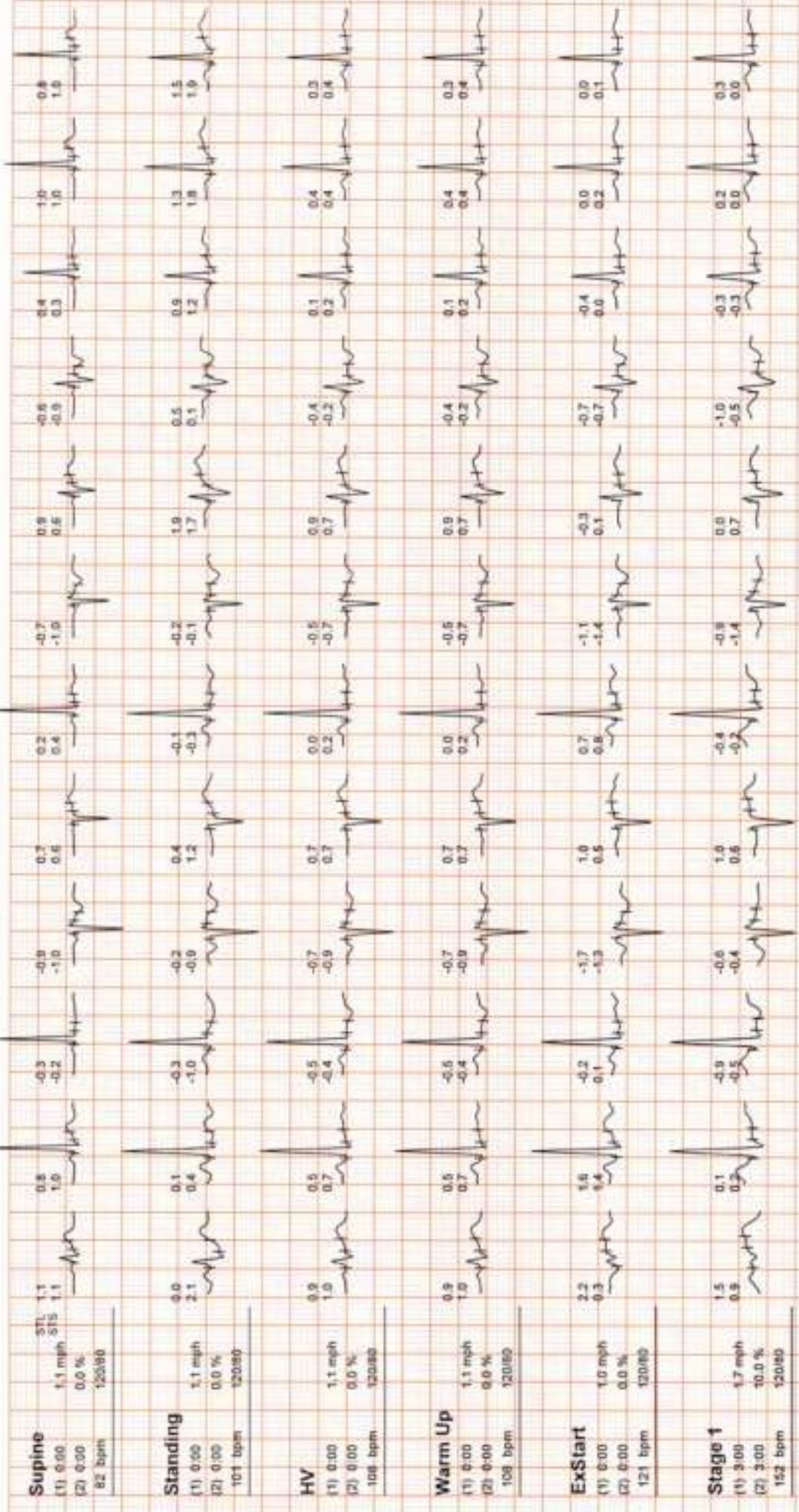
REMARKS:





684 (113) / MRS. POOJA JHANGINIYA / 23 Yrs / F / O Cms / O Kg / HR : 117

Date: 30 / 01 / 2024 01:23:51 PM I







684 (113) / MRS. POOJA JHANGINIYA / 23 Yrs / F / 0 Cms / 0 Kg / HR : 117

Date: 30 / 01 / 2024 01:23:51 PM I II III avR avL avF V1 V2 V3 V4 V5 V6

**Stage 2**

(1) 8.00 2.5 mph  
(2) 3.00 12.0 %  
165 bpm



**PeakEx**

(1) 6.30 3.4 mph  
(2) 0.30 14.0 %  
172 bpm



**Recovery**

(1) 6.31 0.0 mph  
(2) 0.59 0.0 %  
174 bpm



**Recovery**

(1) 6.31 0.0 mph  
(2) 1.59 0.0 %  
182 bpm



**Recovery**

(1) 6.31 0.0 mph  
(2) 2.68 0.0 %  
110 bpm



**Recovery**

(1) 6.31 0.0 mph  
(2) 3.39 0.0 %  
107 bpm



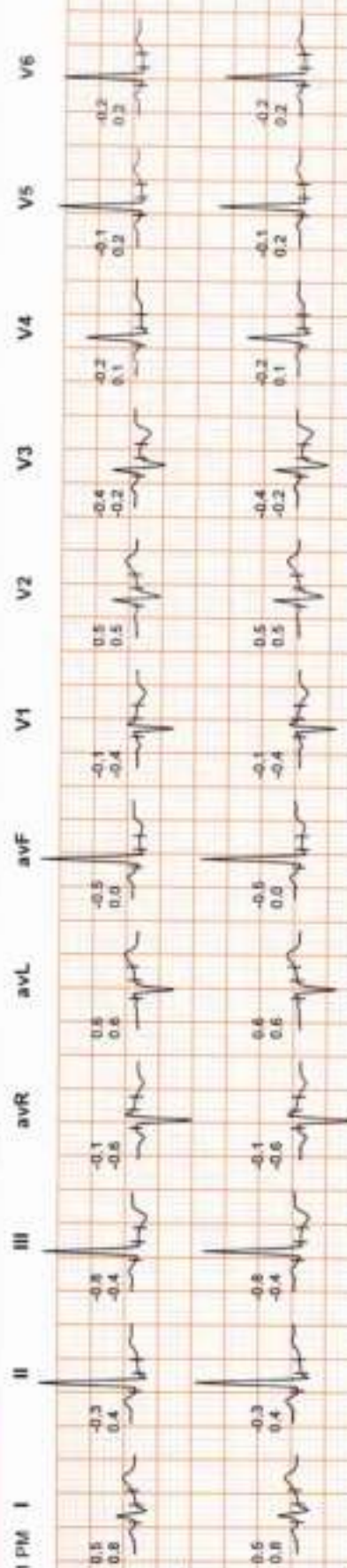


684 (113) / MRS. POOJA JHANGINIYA / 23 Yrs / F / 0 Cms / 0 Kg / HR : 117

Date: 30 / 01 / 2024 01:23:51 PM

**Recovery**  
 (1) 6:31 0.0 mph  
 (2) 4:50 0.0 %  
 105 bpm 110/70

**Recovery**  
 (1) 6:31 0.0 mph  
 (2) 5:02 0.0 %  
 105 bpm 110/70





# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 30/01/2024 10:29:38  
**NAME :- Mrs. POOJA JHANGINIYA**  
Sex / Age :- Female 23 Yrs 7 Mon  
Company :- MediWheel

Patient ID :- 12235518  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 30/01/2024 14:50:08

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

Page No: 1 of 1

Transcript by.

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

Dr. Ashish   
MBBS, MD (Radio-Diagnosis)  
Fatal 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

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





Date :- 30/01/2024 10:29:38  
**NAME :- Mrs. POOJA JHANGINIYA**  
Sex / Age :- Female 23 Yrs 7 Mon  
Company :- MediWheel

Patient ID :- 12235518  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 30/01/2024 12:40:46

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. **Multiple (25-30) calculi measuring from ~ 2-4 mm are seen in GB lumen.** 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.  
**A calculus of size ~ 5.8 mm is seen in upper calyx of right kidney.**

**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 ~ 54x40x29 mm. Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal.

**Both ovaries** are visualised and are normal. No adnexal mass is seen. No significant free fluid is seen in pouch of douglas.

### IMPRESSION:

- \* Multiple cholelithiasis.
  - \* Right renal calculus.
- Needs clinical correlation*

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

Page No: 1 of 1

RINKUSAINI  
Transcript by.

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

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. 33613/14811

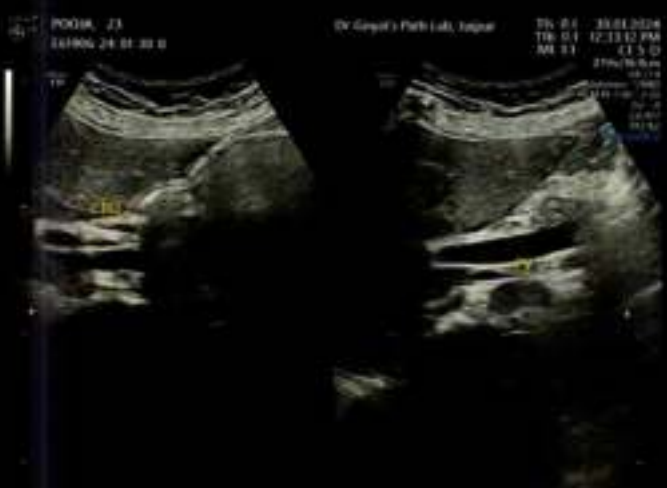
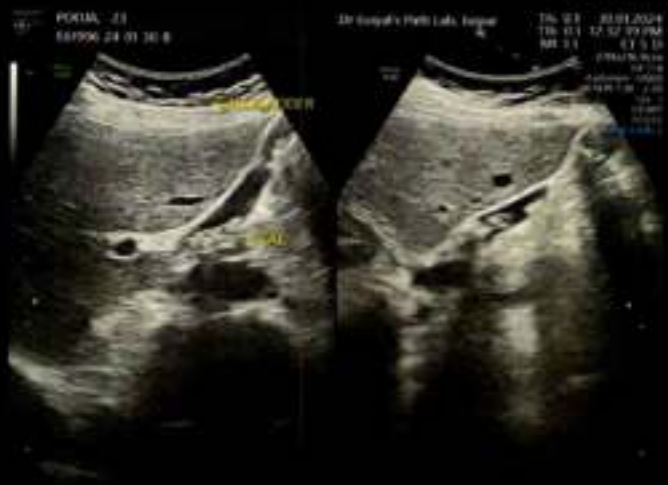
Dr. Poorvi Malik  
MBBS, MD, DNB (Radio Diagnosis)  
RMC No. 21505



Dr Goyal's Path Lab, Jaipur

Name : POOJA

30 Jan 2024



1 0 0.58cm



1 0 2.38cm  
2 0 1.38cm  
3 0 2.58cm  
4 0 2.62cm

1 0 3.42cm  
2 0 4.05cm  
3 0 2.94cm