



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
 Unique Identification Authority of India
 Government of India

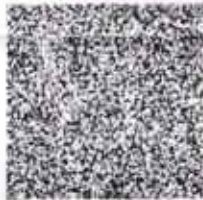
नामांकन क्रम/ Enrolment No.: 0000/00600/14100

Download Date: 13/09/2018

To
 पूजा शर्मा
 Pooja Sharma
 C/O kulbhushan sharma
 bada sogariya
 ganesh mandir ke pass
 kota
 Ganesh Mandir Ke Pass
 Kota
 Kota
 Kota Rajasthan - 324001
 8824420538

Download Date: 09/10/2018

Signature for Aadhaar



Do Not Cut with Photograph

आपका आधार क्रमांक / Your Aadhaar No. :

8884 4253 4175

VID : 9142 5097 6195 7893

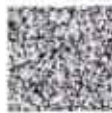
मेरा आधार, मेरी पहचान



भारत सरकार
 Government of India



पूजा शर्मा
 Pooja Sharma
 जन्म तिथि/DOB: 23/09/1995
 लिंग/ GENDER: FEMALE



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मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

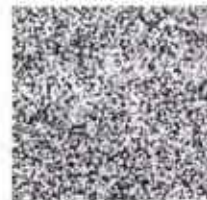
- आधार देश भर में मान्य है।
- आधार अविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



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पता:
 कुलभुषण शर्मा, बड़ा सोगरीया, गणेश मंदिर के पास, गणेश
 मंदिर के पास, कोटा, कोटा, कोटा,
 राजस्थान - 324001

Address:
 C/O kulbhushan sharma, bada sogariya,
 ganesh mandir ke pass, Ganesh Mandir
 Ke Pass, kota, Kota, Kota,
 Rajasthan - 324001



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Pooja sharma

Dr. Goyal's

PATH LAB & IMAGING CENTRE

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangarner Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



MC - 2300



Date :- 08/07/2021 08:34:24
NAME :- Mrs. POOJA SHARMA
Sex / Age :- Female 25 Yrs
Company :- MediWheel

Patient ID :- 12211131
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 08/07/2021 08:43:37

Final Authentication : 08/07/2021 12:15:36


HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	11.9 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.55	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	61.3	%	40.0 - 80.0
LYMPHOCYTE	31.8	%	20.0 - 40.0
EOSINOPHIL	1.2	%	1.0 - 6.0
MONOCYTE	5.5	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.02	10 ³ /uL	1.50 - 7.00
LYMPH#	2.09	10 ³ /uL	1.00 - 3.70
EO#	0.07	10 ³ /uL	0.00 - 0.40
MONO#	0.36	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	3.95	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	36.10	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	91.4	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.9	g/dL	31.5 - 34.5
PLATELET COUNT	199	x10 ³ /uL	150 - 410
RDW-CV	13.6	%	11.6 - 14.0
MENTZER INDEX	23.14		

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.

Technologist

C.L.SAINI


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

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

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB. (Radio Diagnosis)
RMC Reg No. 32618

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32838

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27380

Transcript by

Dr. Goyal's

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

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Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	09	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" $\times > 100$ 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

Technologist

C.L.SAINI

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

Page No: 3 of 14

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

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32486

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB. (Radio Diagnosis)
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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE <40			
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.5	%	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
Method:- Calculated Parameter

108 mg/dL

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

Technologist

C.L.SAINI

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

Page No: 1 of 14
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB. (Radio Diagnosis)
RMC Reg No. 32618

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32638

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	173.58	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	76.15	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	15.23	mg/dl	0.00 - 80.00

Technologist

SURENDRAKHANGA

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

Page No: 4 of 14

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

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNS. (Radio Diagnosis)
RMC Reg No. 32618

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32836

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27300

Transcript by:

Dr. Goyal's

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	43.32	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	117.57	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.01		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.71		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	487.62	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Radox 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.			
DIRECT HDLCHOLESTEROL InstrumentName:Radox 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.			
DIRECT LDL-CHOLESTEROL InstrumentName:Radox 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.			
TOTAL LIPID AND VLDL ARE CALCULATED			

Technologist

SURENDRAKHANGA

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

Page No: 5 of 14

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017596

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB (Radio-Diagnosis)
RMC Reg No. 32618

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32838

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27380

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.70	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	51.6 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	89.6 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	74.80	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.78	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.70	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.08	gm/dl	2.20 - 3.50
A/G RATIO	1.53		1.30 - 2.50

Technologist

SURENDRAKHANGA

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

Page No: 6 of 14

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

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB (Radio Diagnosis)
RMC Reg No. 32615

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32638

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.22	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.48	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	47.60 H	U/L	7.00 - 32.00

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola 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 rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola 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 transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola 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 Imola **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) are observed with infectious hepatitis.

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SURENDRAKHANGA

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Page No: 7 of 14

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

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
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M.B.B.S., D.M.R.D., DNB (Radio-Diagnosis)
RMC Reg No. 32618

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32636

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27360

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	2.460	µIU/mL	0.465 - 4.680

Technologist

ANANDSHARMA

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

Page No: 8 of 14

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017096

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB (Radio Diagnosis)
RMC Reg No. 32018

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
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IMMUNOASSAY

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

SERUM TOTAL T3

Method:- Chemiluminescence(Competitive immunoassay)

1.220

ng/ml

0.970 - 1.690

SERUM TOTAL T4

Method:- Chemiluminescence(Competitive immunoassay)

6.420

ug/dl

5.500 - 11.000

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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

Technologist

ANANDSHARMA

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

Page No: 9 of 14

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

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.F.R.D., DNB (Radio Diagnosis)
RMC Reg No. 32618

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32858

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27380

Transcript by

Dr. Goyal's

PATH LAB & IMAGING CENTRE

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

Tele: 0141-2293346, 4049787, 9887049787

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

Date :- 08/07/2021 08:34:24

NAME :- Mrs. POOJA SHARMA

Sex / Age :- Female 25 Yrs

Company :- MediWheel

Patient ID :- 12211131

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 08/07/2021 08:43:37

Final Authentication : 08/07/2021 11:28:19

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	Watery		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.015		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

KHUSHBU



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

Page No: 11 of 14

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

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB, (Radio-Diagnosis)
RMC Reg No. 32618

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32838

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27380

Transcript by.

Dr. Goyal's

PATH LAB & IMAGING CENTRE

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

Tele: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalpathlab.com | E-mail: dr.goyalpiyush@gmail.com



MC - 2300



Date :- 08/07/2021 08:34:24

NAME :- Mrs. POOJA SHARMA

Sex / Age :- Female 25 Yrs

Company :- MediWheel

Patient ID :- 12211131

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 08/07/2021 08:43:37

Final Authentication : 08/07/2021 11:28:19

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
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

Technologist

KHUSHBU

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

Page No: 10 of 14

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

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB. (Radio Diagnosis)
RMC Reg No. 32518

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32838

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 37380

Transcript by.

Dr. Goyal's

PATH LAB & IMAGING CENTRE

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Telo: 0141-2293346, 4049787, 9887049787
Website: www.drngoyalpathlab.com | E-mail: drngoyalpiyush@gmail.com



Date :- 08/07/2021 08:34:24

NAME :- Mrs. POOJA SHARMA

Sex / Age :- Female 25 Yrs

Company :- MediWheel

Patient ID :-12211131

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sulfate, Urea, Creatinine, Glucose, Bilirubin, ALT, AST, ALP, GGT, HbA1c, Hb, Hct, Hemoglobin, Hematocrit, Hemoglobin, Hematocrit, Hemoglobin, Hematocrit

Final Authentication : 08/07/2021 12:52:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	96.1	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
Instrument Name: Randonx 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) Method:- GOD PAP	102.7	mg/dl	70.0 - 140.0
Instrument Name: Randonx 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 Method:- Colorimetric Method	0.75	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.70	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

Technologist

SURENDRAKHANGA

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

Page No: 12 of 14
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB. (Radio Diagnosis)
RMC Reg No. 32618

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32635

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27380

Transcript by.

Dr. Goyal's

PATH LAB & IMAGING CENTRE

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

Tele: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalpathlab.com | E-mail: dr.goyalpiyush@gmail.com

Date :- 08/07/2021 08:34:24
NAME :- Mrs. POOJA SHARMA
Sex / Age :- Female 25 Yrs
Company :- MediWheel

Patient ID :- 12211131
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA, PLAIN/SERUM, URINE, Sputum Collected Time 08/07/2021 11:05:40

Final Authentication : 08/07/2021 12:15:36


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
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	9.0	mg/dl	0.0 - 23.0

*** End of Report ***

Technologist

C.L.SAINI, KHUSHBU, SURENDRAKHANGA


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

Page No: 14 of 14
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poonam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB. (Radio Diagnosis)
RMC Reg No. 32618

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32838

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27380

Transcript by.

Dr. Goyal's

PATH LAB & IMAGING CENTRE

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 08/07/2021 08:34:24
NAME :- Mrs. POOJA SHARMA
Sex / Age :- Female 25 Yrs
Company :- MediWheel

Patient ID :- 12211131
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 08/07/2021 10:38:43

BOB PACKAGEFEMALE <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 73x56x37 mm
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.
Endometrial echo is normal. Endometrial thickness is 12.7 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:

Normal Study.

Needs clinical correlation & further evaluation

*** End of Report ***

Page No: 1 of 1

BILAL

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017998

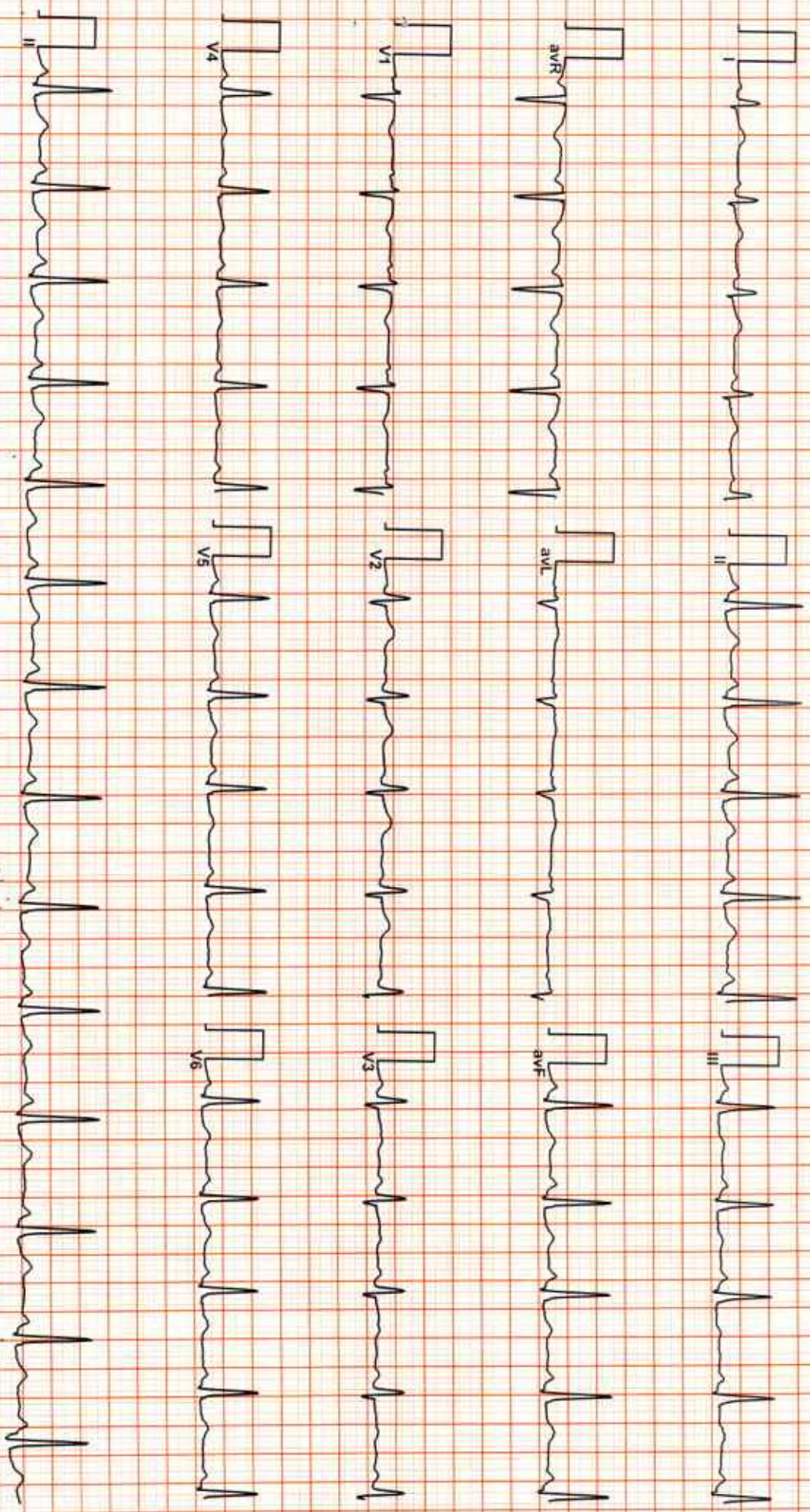
Dr. Poopam Gupta
M.B.B.S., M.D. (Radio-Diagnosis)
RMC Reg No. 32495

Dr. Aman Mamodia
M.B.B.S., D.M.R.D., DNB (Radio Diagnosis)
RMC Reg No. 32618

Dr. Ankita Gupta
M.D., D.N.B. (Radio-Diagnosis)
RMC Reg No. 32838

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27380

Transcript by:



Pooja Sharma

AM



1135 / MRS POOJA SHARMA / 25 Yrs / F / 0 Cms / 0 Kg Date: 08-Jul-2021 Refd By : BOB

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:27	0:01	01.1	00.0	01.0	82	110/70	090	00	
Standing	00:34	0:01	01.1	00.0	01.0	90	110/70	099	00	
HV	00:43	0:01	01.1	00.0	01.0	086	110/70	094	00	
ExStart	01:35	0:06	01.7	10.0	01.1	110	110/70	121	00	
BRUCE Stage 1	04:35	3:00	01.7	10.0	04.7	131	120/74	157	00	
BRUCE Stage 2	07:35	3:00	02.5	12.0	07.1	156	130/78	205	00	
PeakX	08:53	1:18	03.4	14.0	08.5	166	130/78	215	00	
Recovery	09:52	1:00	00.0	00.0	01.2	110	140/80	154	00	
Recovery	10:52	2:00	00.0	00.0	01.0	092	130/70	119	00	
Recovery	12:52	4:00	00.0	00.0	01.0	092	120/70	110	00	
Recovery	13:30	4:37	00.0	00.0	01.0	093	120/70	111	00	

Findings :

Exercise Time : 07:19
 Max HR Attained : 169 bpm 87% of Target 195
 Max BP Attained : 140/80
 Max Workload Attained : 8.5 Fair response to induced stress
 Test End Reasons : Test Complete. Heart Rate Achieved

Pooja Sharma

— TMT Negative for ANI at peak exercise

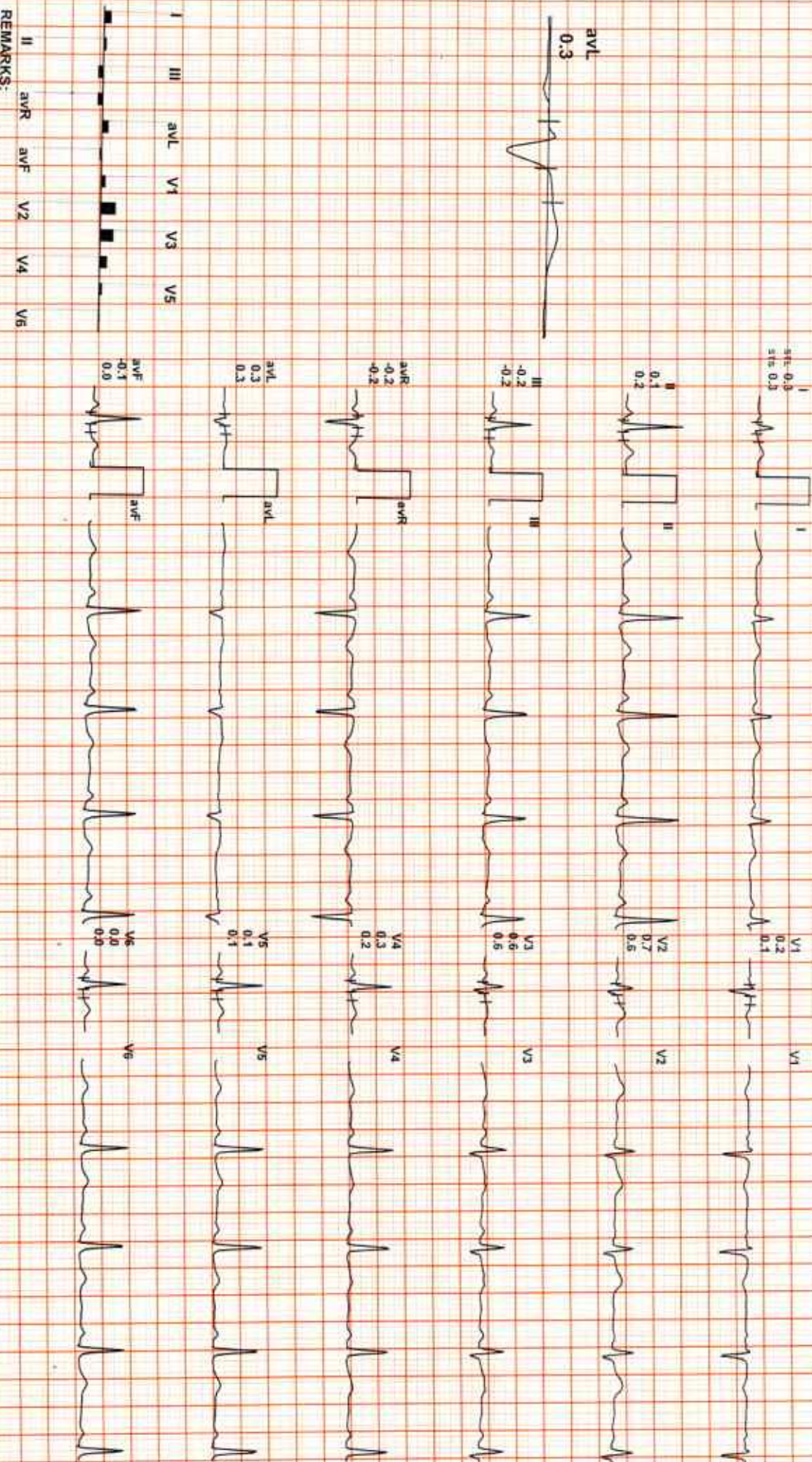


Date: 08-Jul-2021 09:21:57 AM METS: 1.01 82 bpm 42% of THR BP: 110/70 mmHg Raw ECG BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 00:27 1.1 mph, 0.0%

4X 80 mS Post L

25 mm/Sec: 10 Cm/mV



REMARKS:

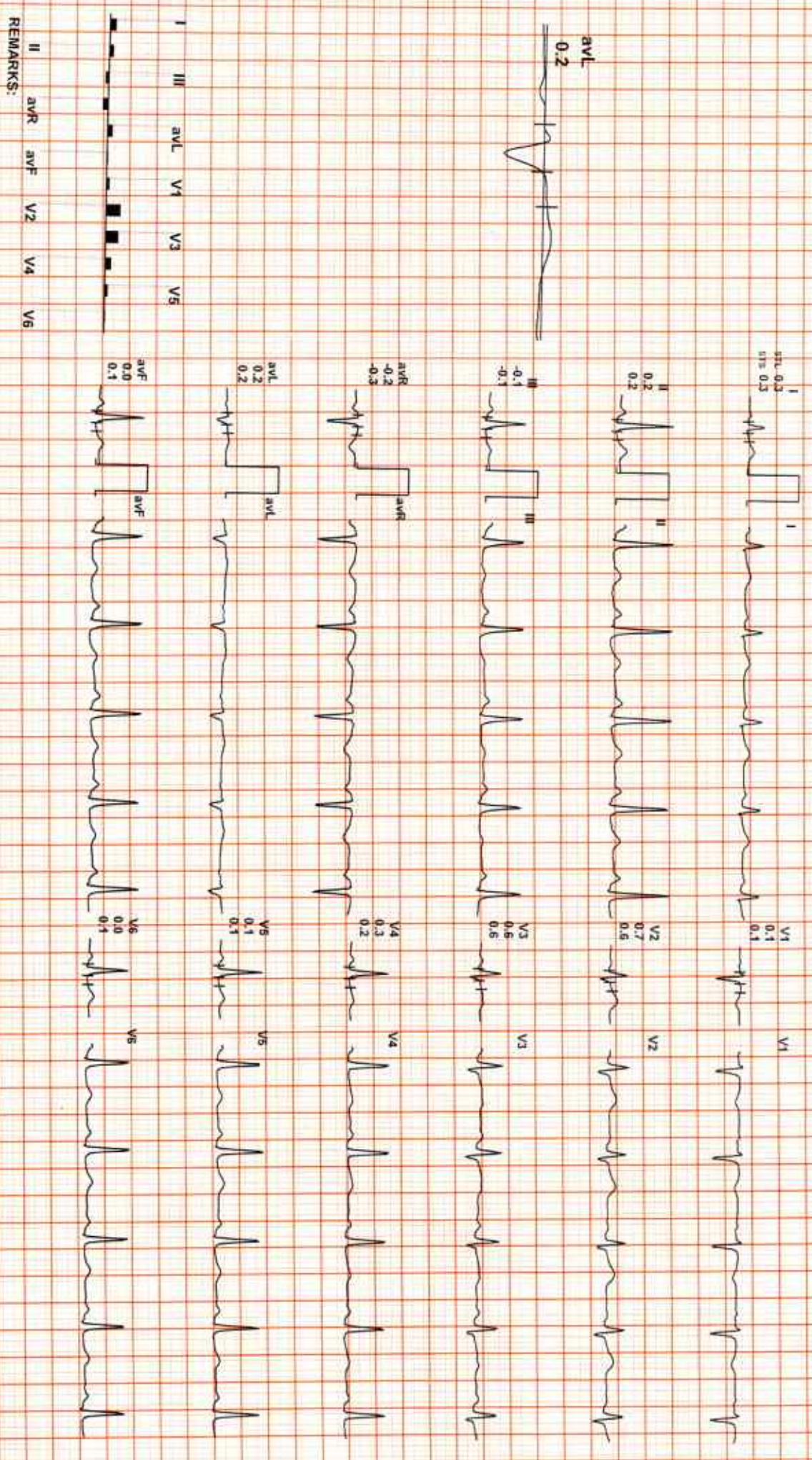
(GEM210151123)Geminr A-DX by Allengers

Date: 08-Jul-2021 09:21:57 AM METS: 1.0/ 90 bpm 46% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

ExtTime: 00:34 1.1 mph 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gentini A-DX by Allergiers

Date: 08-Jul-2021 09:21:57 AM

METS: 1.0/ 86 bpm 44% of THR

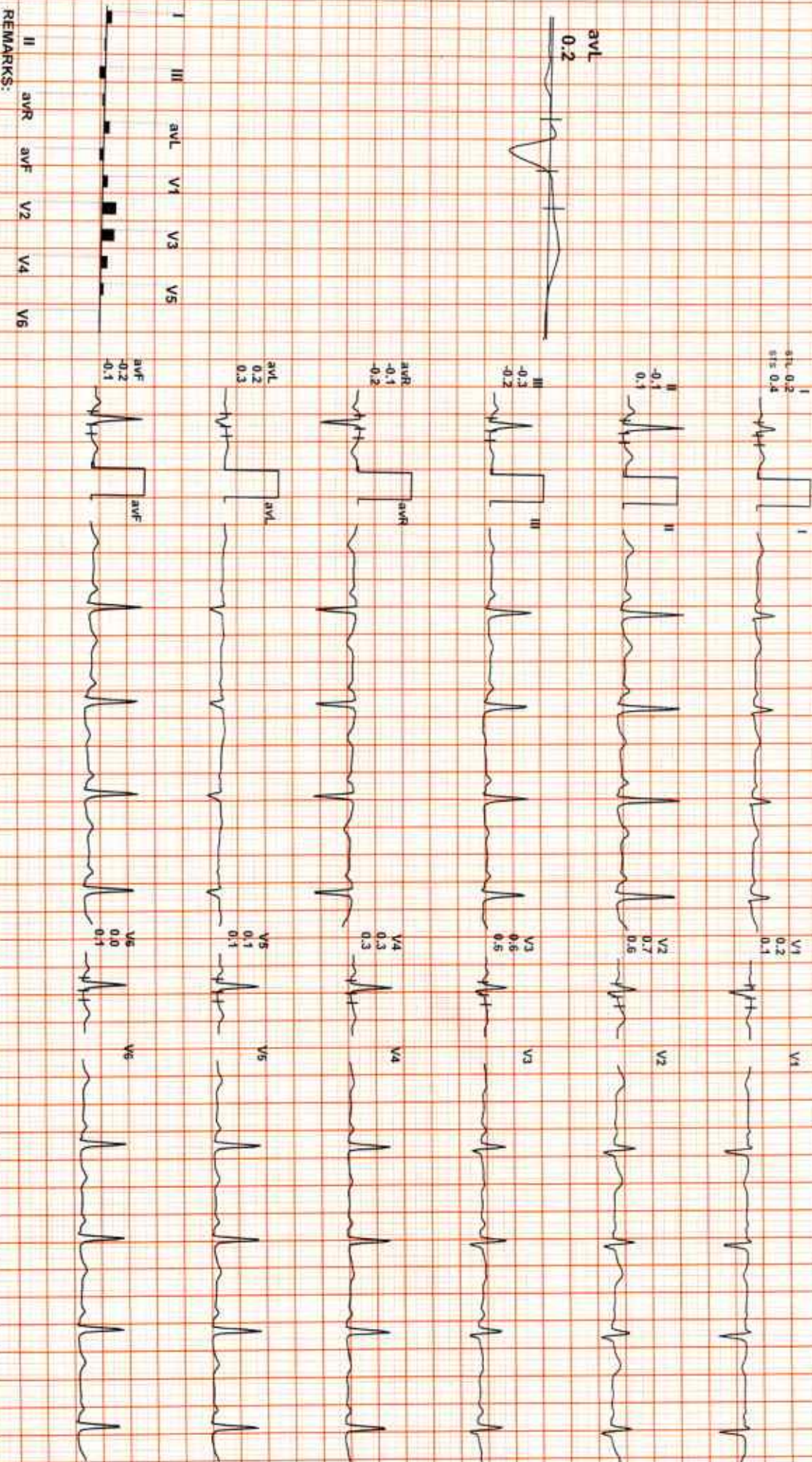
BP: 110/70 mmHg

Raw ECG: BLC Onv Notch Onv HF 0.05 Hz/LF 100 Hz

ExTime: 00:43 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

Date: 08-Jul-2021 09:21:57 AM

METS: 1.1/ 110 bpm 56% of THR

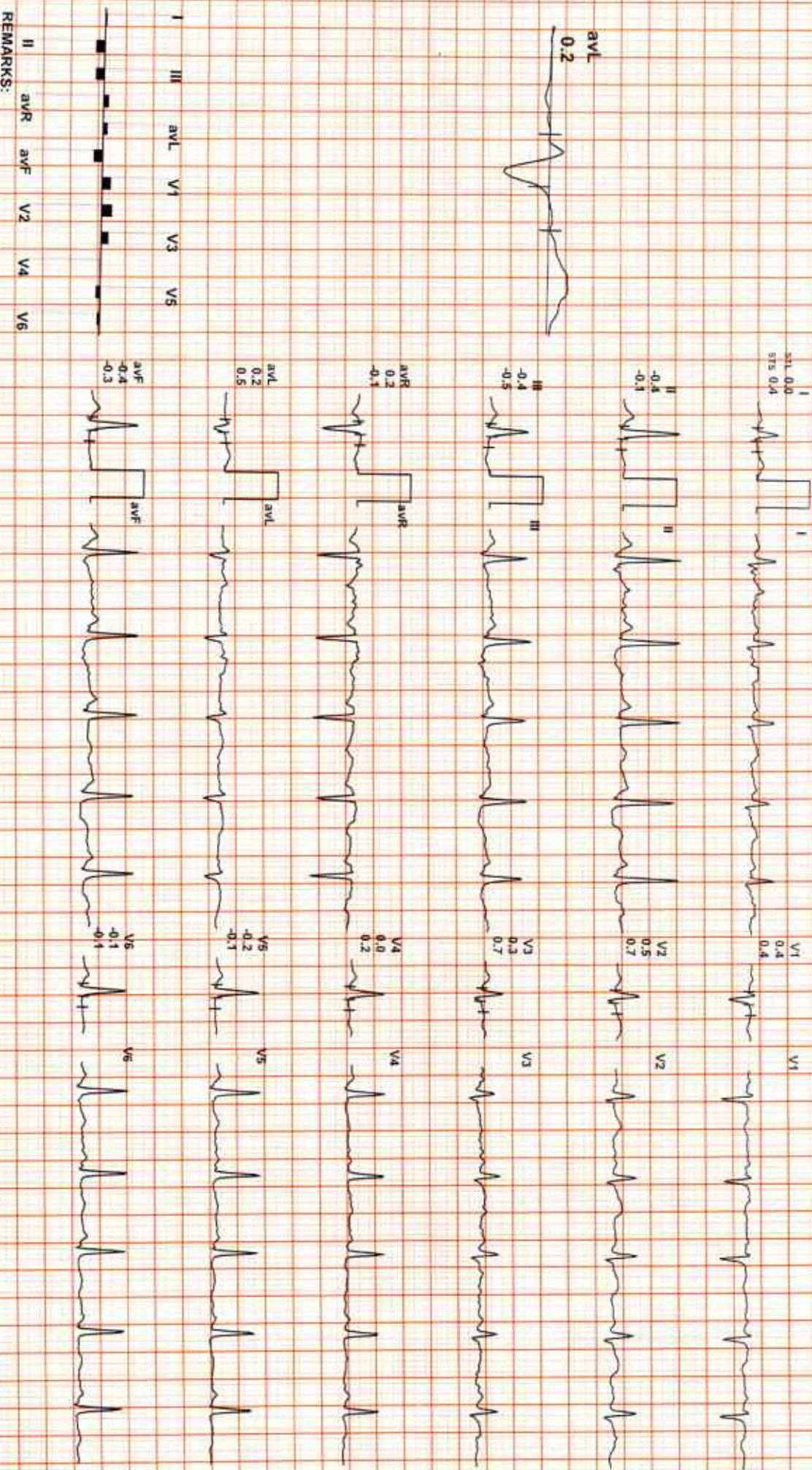
BP: 110/70 mmHg

Raw ECG/ BLC Off/ Notch Off/ HF 0.05 Hz/LF 100 Hz

EXTIME: 00:06 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



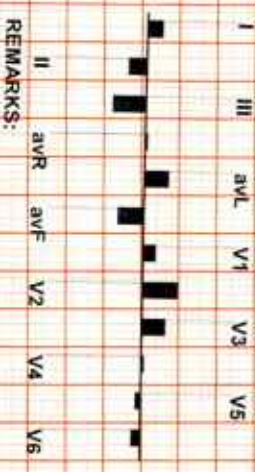
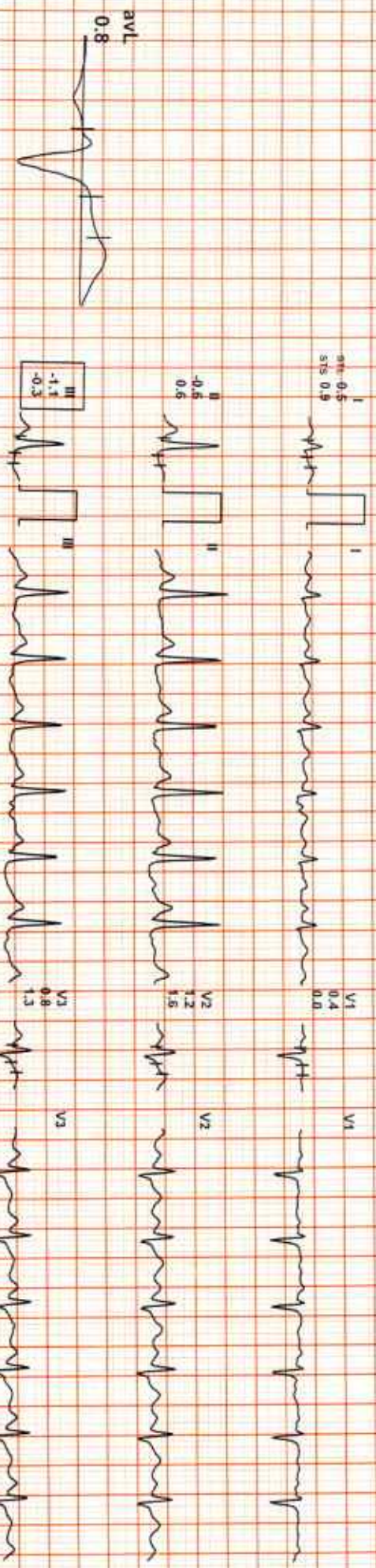
REMARKS:

Date: 08-Jul-2021 09:21:57 AM METS: 4.7/131 bpm 67% of THR BP: 120/74 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 03:00 1.7 mph, 10.0%

4X 70 ms Post J

25 mm/Sec: 10 Cm/mV



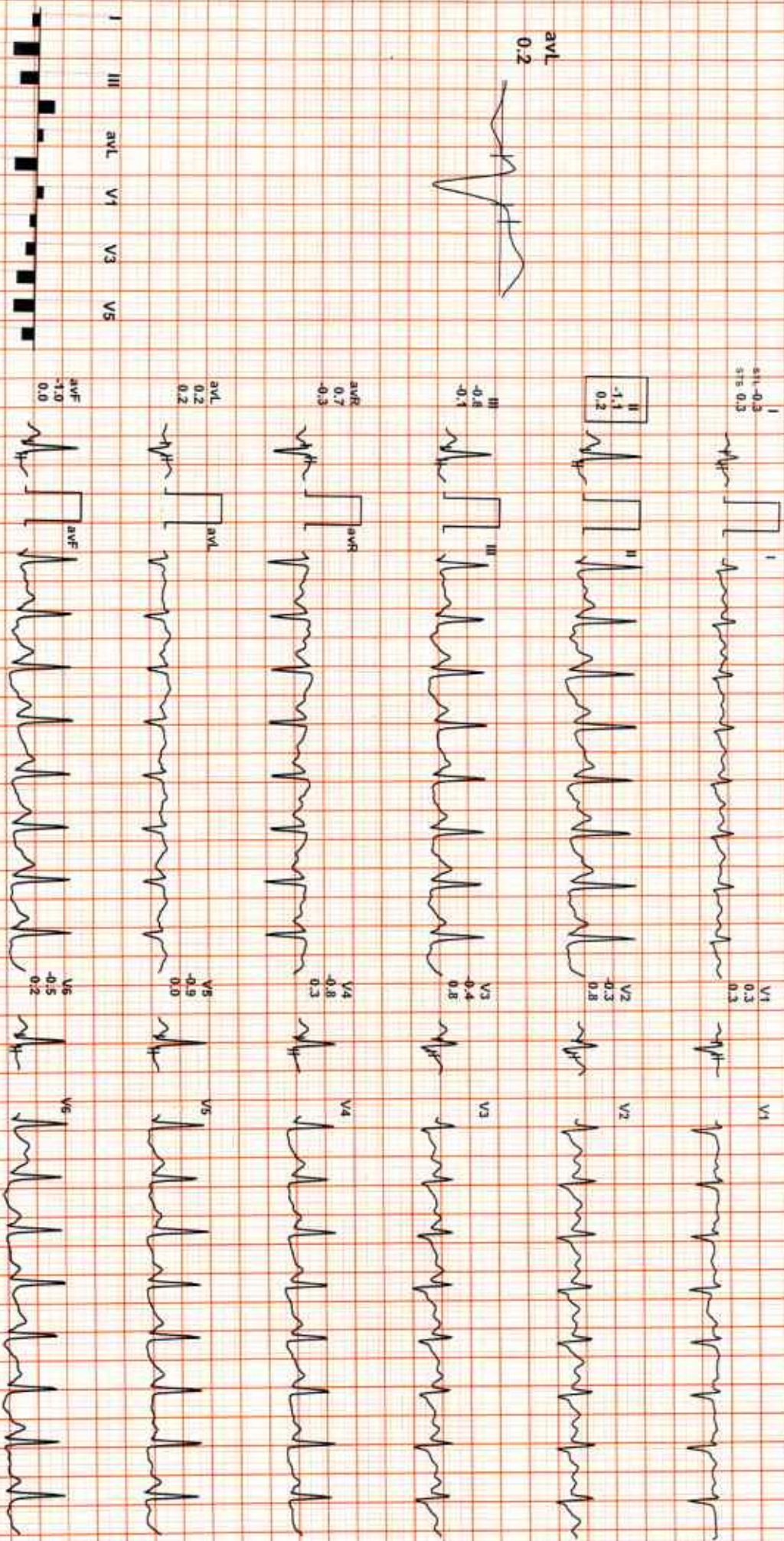
(GEM210151123)Gemini A-DX by Allergers

Date: 08-Jul-2021 09:21:57 AM METS: 7.11 158 bpm 81% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 30 ms Post J

25 mm/Sec. 1.0 CalmV



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

Date: 08-Jul-2021 09:21:57 AM

METS: 8.5/ 166 bpm 85% of THR

BP- 130/76 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

4X 50.ms Post J

ExtTime: 07:18 3.4 mph, 14.0%

25 mm/Sec. 10 Cm/mV

I 311 -0.1
S15 0.5



II -0.9
0.3



III -0.8
-0.3



aVR 0.4
-0.4



aVL 0.4
0.4



aVF -0.8
0.0



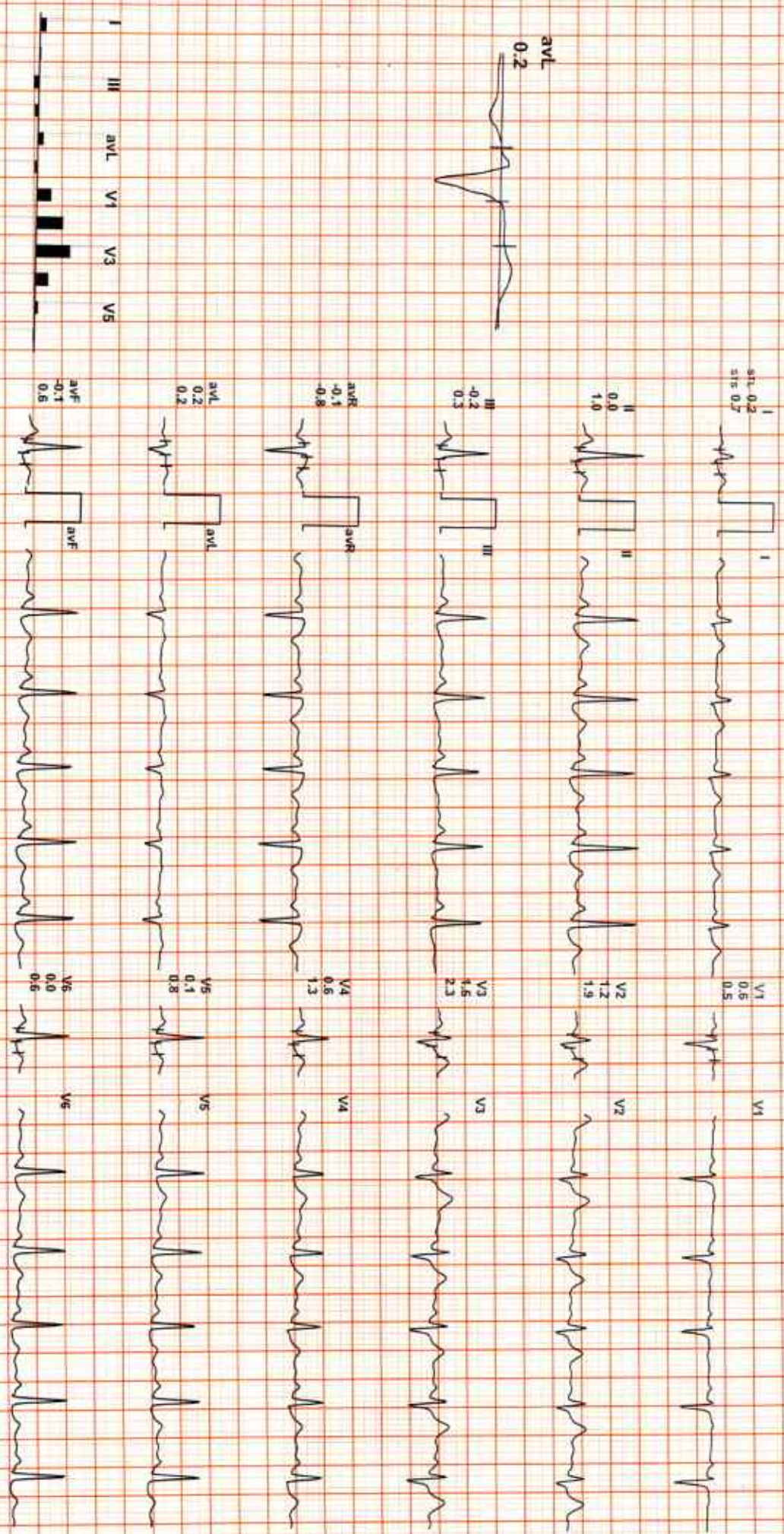
REMARKS:
I II aVR aVL V1 V2 V3 V4 V5 V6

Date: 08-Jul-2021 09:21:57 AM METS: 1.2/ 110 bpm 56% of THR BP: 140/80 mmHg Raw ECG/ BLC Onv Notch Onv HF 0.05 Hz/LF 100 Hz

EXTime: 07:19 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec: 1.0 Chmv



REMARKS:

(GEM210151123)Geminl A-DX by Allengers



Date: 08-Jul-2021 09:21:57 AM

METS: 1.0/ 92 bpm 47% of THR

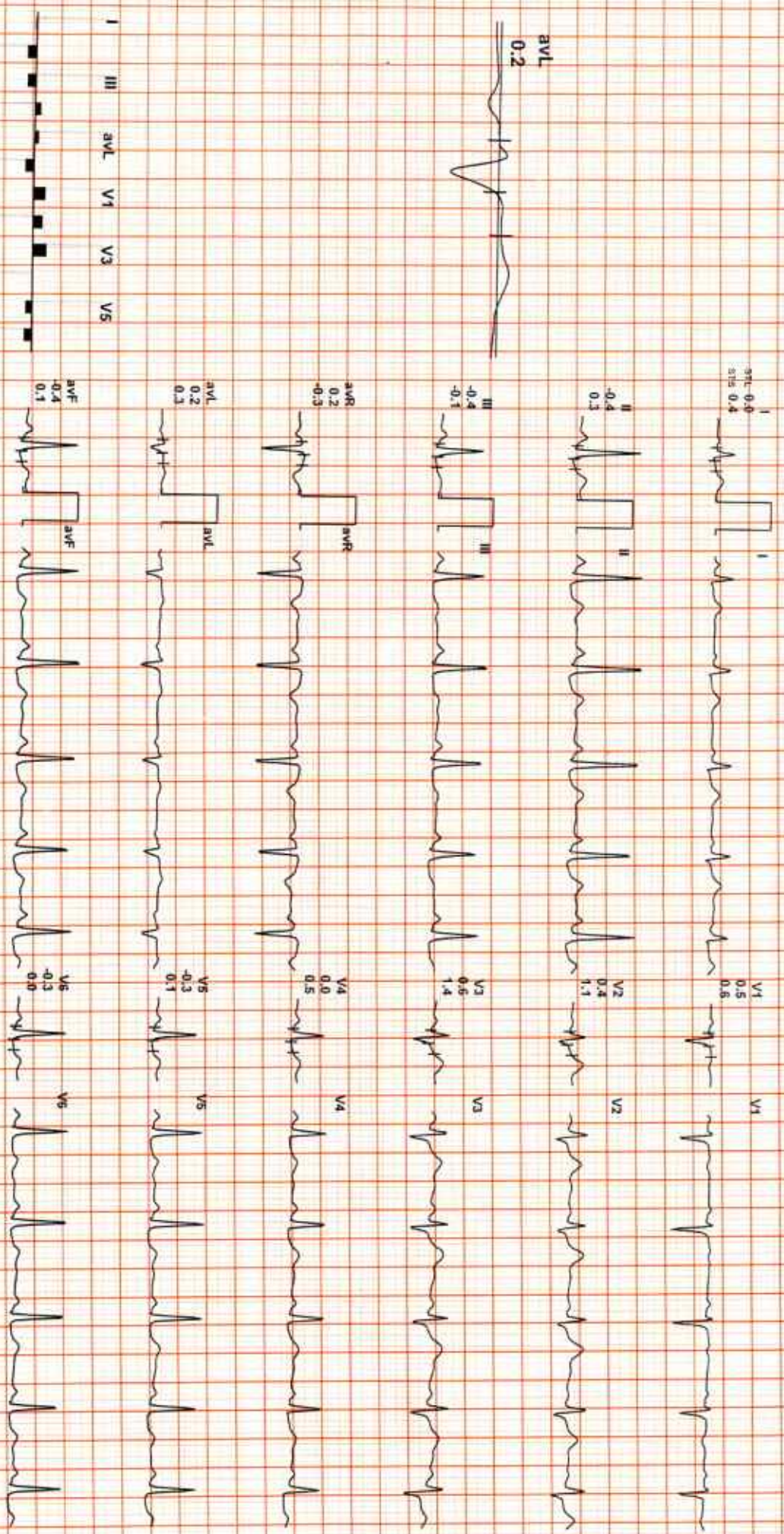
BP: 130/70 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

EXTime: 07:19 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

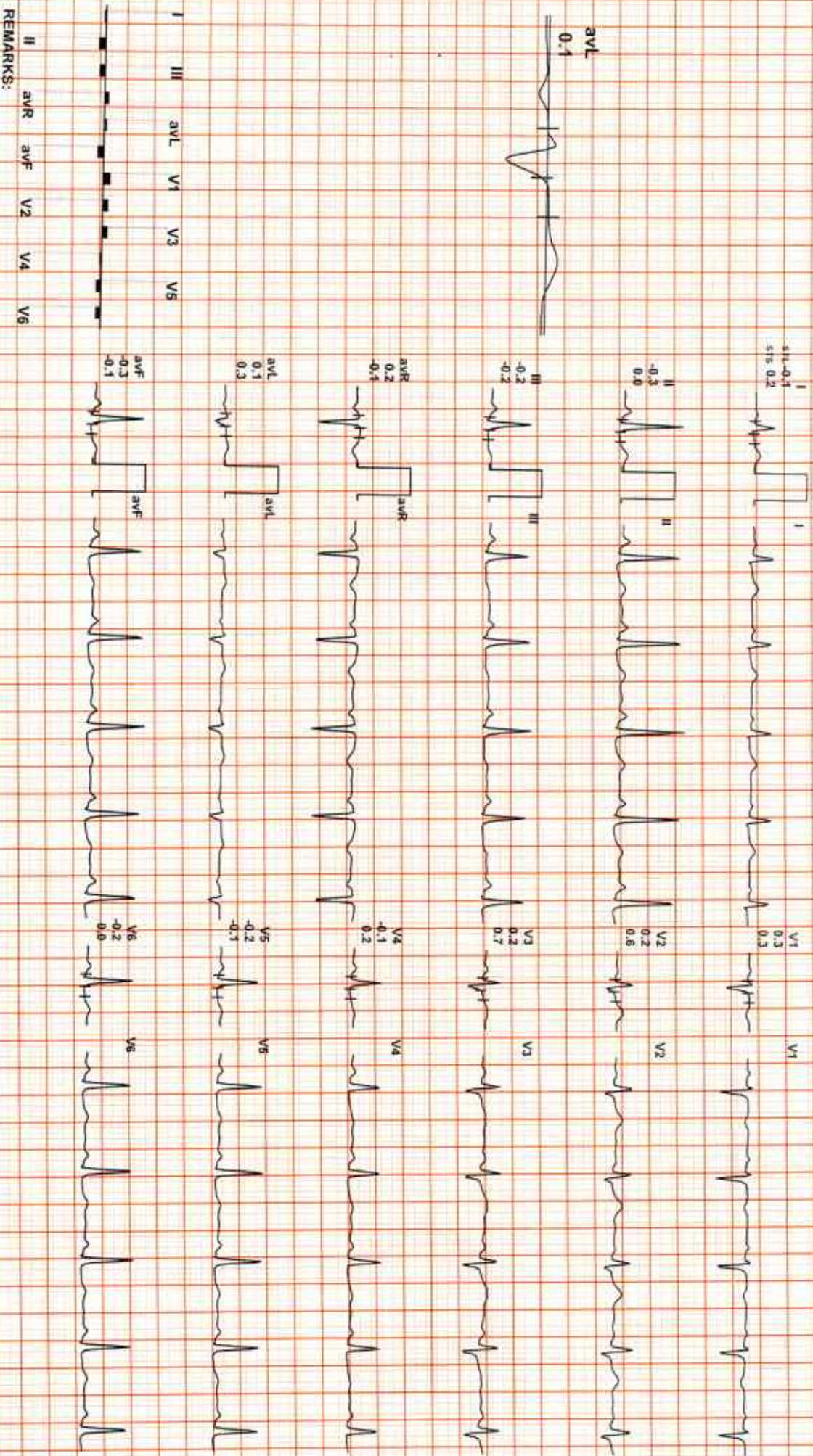


Date: 08-Jul-2021 09:21:57 AM METS: 1.0/ 92 bpm 47% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 07:19 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 cm/mV



REMARKS:

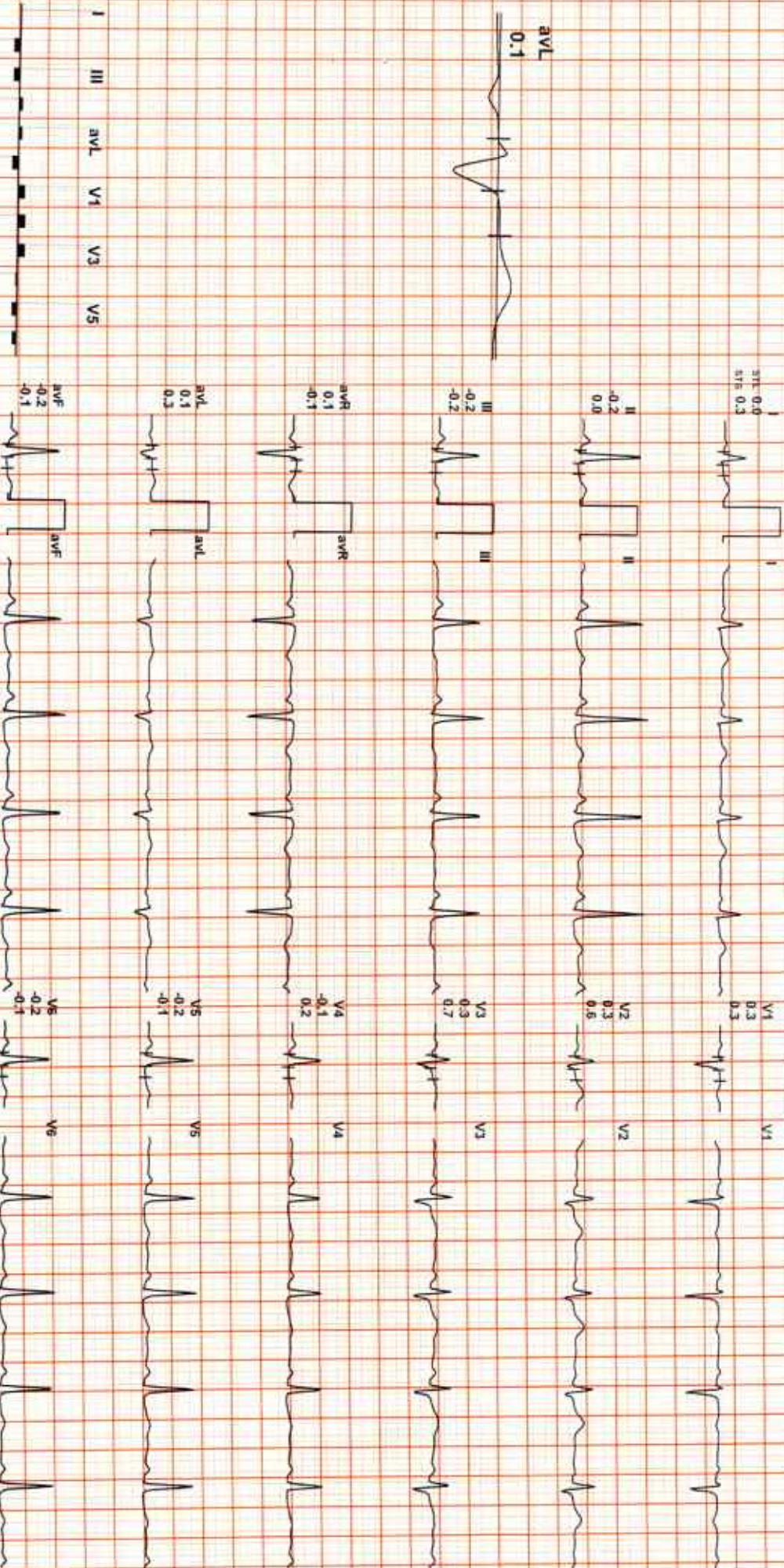
(GEM10-151123)Gemini A-DX by Allergens

Date: 08-Jul-2021 09:21:57 AM METS: 1.0/ 93 bpm 47% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

EXTime: 07:19 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec, 1.0 Cm/mV



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

(GEMZ10-151123) Gemini A-DX by Allengers



Date: 08-Jul-2021 09:21:57 AM

I

II

III

avR

avL

avF

V1

V2

V3

V4

V5

V6

Supine



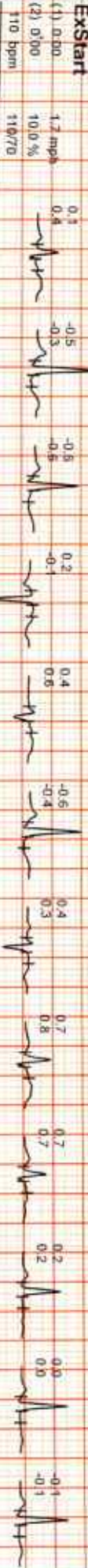
Standing



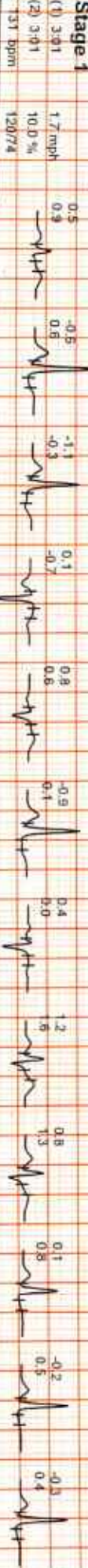
HV



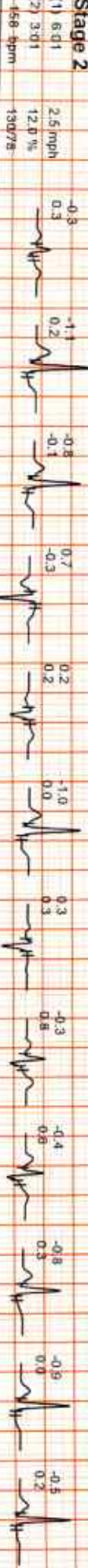
ExStart



Stage 1



Stage 2



(GEM210151123)Geminl A-DX by Allengers



Date: 08-Jul-2021 09:21:57 AM

I

II

III

aVR

aVL

aVF

V1

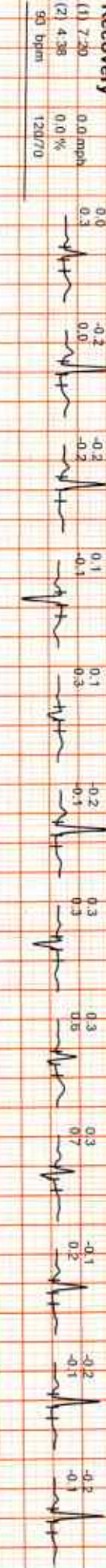
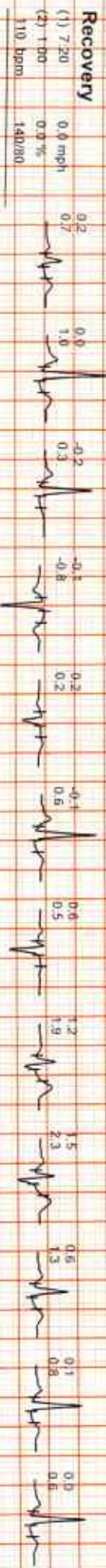
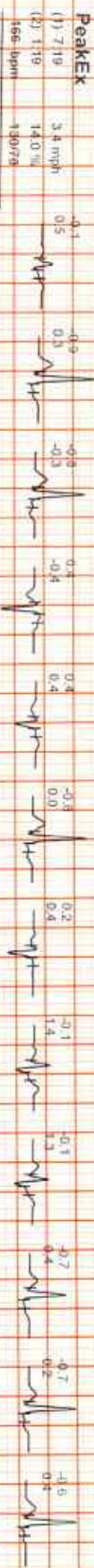
V2

V3

V4

V5

V6



Dr. Goyal's

HEALTHCARE PVT. LTD.

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur
Tele: 0141-2293346, 4049787, 9887443311, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 08/07/2021 08:34:24
NAME :- Mrs. POOJA SHARMA
Sex / Age :- Female 25 Yrs
Company :- MediWHEEL

Patient ID :- 12211131
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 08/07/2021 09:55:58

BOB PACKAGEFEMALE <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)

*** End of Report ***

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Dr. Piyush Goyal
(D.M.R.D.) BILAL
Anita sharma

Dr. Piyush Goyal
MBBS, DMRD

Dr. Poonam Gupta
MD (Radiologist)

Dr. Ankita Gupta
MD, DNB. (Radio Diagnosis)

Dr. Parul Gupta Modi
MD, DNB. (Radiologist)

Dr. Aman Mamodia
MBBS, DMRD, DNB. (Radio Diagnosis)