

Download Date: 01/07/2021

रेखा  
Rekha  
जन्म तिथि/DOB: 06/10/1992  
महिला/ FEMALE

Issue Date: 28/06/2021

3126 4732 6472

मेरा आधार, मेरी पहचान

*Rekha*

**Dr. PIVISH GOYAL**  
MBBS, DMRD (Radiologist)  
RMC No. 037041  
Dr. GOYAL'S  
Path Lab & Imaging Center, Jaipur

पता:  
श्री. लोकेश कुमार नराणियाँ, रवीन्द्रनाथ टैगोर नगर  
नजदीक अम्बेडकर कॉलोनी, दासा खुर्द, दासा,  
राजस्थान - 303303

Address:  
C/O: Lokesh Kumar Naranja, ravindranath  
tagore Nagar near ambedkar colony, Dausa  
Khurd, Dausa,  
Rajasthan - 303303

3126 4732 6472

1947 | help@uidai.gov.in | www.uidai.gov.in

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



Date :- 20/02/2022 08:58:06

NAME :- Mrs. REKHA

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Company :- MediWheel

Patient ID :- 122127135

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 12:30:32

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method:- HPLC	5.9	%	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

123

mg/dL

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

Technologist

AJAYSINGH

Page No: 1 of 15



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

"CONDITIONS OF REPORTING SEE OVER LEAF"



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



Date :- 20/02/2022 08:58:06

Patient ID :-122127135

NAME :- Mrs. REKHA

Ref. By Dr:- BOB

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 12:30:32

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	13.0	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	7.19	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	70.2	%	40.0 - 80.0
LYMPHOCYTE	25.8	%	20.0 - 40.0
EOSINOPHIL	1.0	%	1.0 - 6.0
MONOCYTE	2.6	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	5.05	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.86	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.07	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.18	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.03	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.71	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	40.00	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	84.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.6	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	150	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	18.03		

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

AJAYSINGH

Page No: 2 of 15



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

"CONDITIONS OF REPORTING SEE OVER LEAF"

# 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 :- 20/02/2022 08:58:06

Patient ID :-122127135



NAME :- Mrs. REKHA

Ref. By Dr:- BOB

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 12:30:32

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	46 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 "  $x > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: FLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance, and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan

Technologist

AJAYSINGH

Page No: 3 of 15



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

"CONDITIONS OF REPORTING SEE OVER LEAF"

# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 20/02/2022 08:58:06

Patient ID :- 122127135

**NAME :- Mrs. REKHA**

Ref. By Dr:- BOB

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 11:23:53

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	167.00	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	110.89	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	22.18	mg/dl	0.00 - 80.00

C.L.SAINI

Dr. Piyush Goyal  
 ( D.M.R.D.)  
 Dr. Chandrika Gupta

Page No: 4 of 15



"CONDITIONS OF REPORTING SEE OVER LEAF"



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



Date :- 20/02/2022 08:58:06

Patient ID :- 122127135

NAME :- Mrs. REKHA

Ref. By Dr:- BOB

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 11:23:53

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	44.40	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	104.12	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	3.76		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.35		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	507.42	mg/dl	400.00 - 1000.00

**TOTAL CHOLESTEROL** InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

**TRIGLYCERIDES** InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus; nephrosis and liver obstruction

**DIRECT HDLCHOLESTERO** 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.

**DIRECT LDL-CHOLESTEROL** InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

**TOTAL LIPID AND VLDL ARE CALCULATED**

C.L.SAINI

Dr. Piyush Goyal  
( D.M.R.D.)  
Dr. Chandrika Gupta

Page No: 5 of 15



"CONDITIONS OF REPORTING SEE OVER LEAF"

# 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 :- 20/02/2022 08:58:06

NAME :- Mrs. REKHA

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Company :- MediWheel

Patient ID :-122127135

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 11:23:53

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.52	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	26.7	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	28.4	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	108.00	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.11	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.16	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.95	gm/dl	2.20 - 3.50
A/G RATIO	1.41		1.30 - 2.50

C.L.SAINI

Dr. Piyush Goyal  
(D.M.R.D.)  
Dr. Chandrika Gupta

Page No: 6 of 15



"CONDITIONS OF REPORTING SEE OVER LEAF"

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



Date :- 20/02/2022 08:58:06 Patient ID :- 122127135  
**NAME :- Mrs. REKHA** Ref. By Dr:- BOB  
 Sex / Age :- Female 29 Yrs 4 Mon 17 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 20/02/2022 09:06:10 Final Authentication : 20/02/2022 11:23:53

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.16	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.36	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	14.10	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.

C.L.SAINI

Dr. Piyush Goyal  
 ( D.M.R.D.)  
 Dr. Chandrika Gupta

Page No: 7 of 15



"CONDITIONS OF REPORTING SEE OVER LEAF"



# 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 :- 20/02/2022 08:58:06

Patient ID :-122127135

NAME :- Mrs. REKHA

Ref. By Dr:- BOB

Sex /Age :- Female 29 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 11:17:47

### IMMUNOASSAY

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

#### TOTAL THYROID PROFILE

SERUM TSH

Method:- Enhanced Chemiluminescence Immunoassay

7.880 H

μIU/mL

0.465 - 4.680

Technologist

C.L.SAINI

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

Page No: 8 of 15



"CONDITIONS OF REPORTING SEE OVER LEAF"

# 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 :- 20/02/2022 08:58:06

NAME :- Mrs. REKHA

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Company :- MediWheel

Patient ID :-122127135

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 11:17:47

### IMMUNOASSAY

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

SERUM TOTAL T3

Method:- Chemiluminescence(Competitive immunoassay)

1.360

ng/ml

0.970 - 1.690

SERUM TOTAL T4

Method:- Chemiluminescence(Competitive immunoassay)

8.490

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

C.L.SAINI

Page No: 9 of 15



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

"CONDITIONS OF REPORTING SEE OVER LEAF"

# 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



MC - 2300



Date :- 20/02/2022 08:58:06

Patient ID :-122127135



NAME :- Mrs. REKHA

Ref. By Dr:- BOB

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 11:41:36

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	2-3	/HPF	NIL
WBC/HPF	3-4	/HPF	2-3
EPITHELIAL CELLS	3-5	/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

POOJABOHRRA

Page No: 10 of 15



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

"CONDITIONS OF REPORTING SEE OVER LEAF"



# 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 :- 20/02/2022 08:58:06

Patient ID :-122127135

**NAME :- Mrs. REKHA**

Ref. By Dr:- BOB

Sex /Age :- Female 29 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 11:41:36

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<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
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

**Technologist**

POOJABOHRA

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

Page No: 11 of 15



"CONDITIONS OF REPORTING SEE OVER LEAF"

# 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 :- 20/02/2022 08:58:06

Patient ID :- 122127135

NAME :- Mrs. REKHA

Ref. By Dr:- BOB

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- STOOL

Sample Collected Time 20/02/2022 09:06:10

Final Authentication : 20/02/2022 11:41:36

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>STOOL ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
<b>MICROSCOPIC EXAMINATION</b>			
RBC's	NIL	/HPF	
WBC/HPF	1-2	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

Technologist

POOJABOHRRA

Page No: 12 of 15



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

"CONDITIONS OF REPORTING SEE OVER LEAF"

# 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 :- 20/02/2022 08:58:06 Patient ID :-122127135  
**NAME :- Mrs. REKHA** Ref. By Dr:- BOB  
 Sex /Age :- Female 29 Yrs 4 Mon 17 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Oxalate Reagent Date :- 20/02/2022 11:57:17 Final Authentication : 20/02/2022 13:56:39

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	102.4	mg/dl	75.0 - 115.0
<b>Impaired glucose tolerance (IGT)</b>			
		111 - 125 mg/dL	
<b>Diabetes Mellitus (DM)</b>			
		> 126 mg/dL	
<p><b>Instrument Name:</b> Radox 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.</p>			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	114.0	mg/dl	70.0 - 140.0
<p><b>Instrument Name:</b> Radox 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.</p>			
SERUM CREATININE Method:- Colorimetric Method	0.83	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.15	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

C.L.SAINI

**Dr. Piyush Goyal**  
 (D.M.R.D.)  
**Dr. Chandrika Gupta**

Page No: 13 of 15



“CONDITIONS OF REPORTING SEE OVER LEAF”



# 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 :- 20/02/2022 08:58:06

Patient ID :-122127135

**NAME :- Mrs. REKHA**

Ref. By Dr:- BOB

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel



### HAEMATOLOGY

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

AJAYSINGH, BILAL, C.L.SAINI, KOMAL, POOJABOHRA

Page No: 14 of 15



"CONDITIONS OF REPORTING SEE OVER LEAF"

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



Date :- 20/02/2022 08:58:06

Patient ID :-122127135



NAME :- Mrs. REKHA

Ref. By Dr:- BOB

Sex / Age :- Female 29 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM, URINE, SPT, etc. Collected Time 20/02/2022 11:57:14

Final Authentication : 20/02/2022 13:53:48

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B"POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	9.8	mg/dl	0.0 - 23.0

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

#### Technologist

AJAYSINGH, C.L.SAINI, POOJABOHRA

Dr. Piyush Goyal  
(D.M.R.D.)  
Dr. Chandrika Gupta

Page No: 15 of 15



"CONDITIONS OF REPORTING SEE OVER LEAF"

# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 20/02/2022 08:58:06  
**NAME :- Mrs. REKHA**  
Sex / Age :- Female 29 Yrs 4 Mon 17 Days  
Company :- MediWheel

Patient ID :- 122127135  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 20/02/2022 13:23:56

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 82 x 51 x 45mm . 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 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**

Page No: 1 of 1

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

KOMAL

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

**Dr. Poonam Gupta**  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

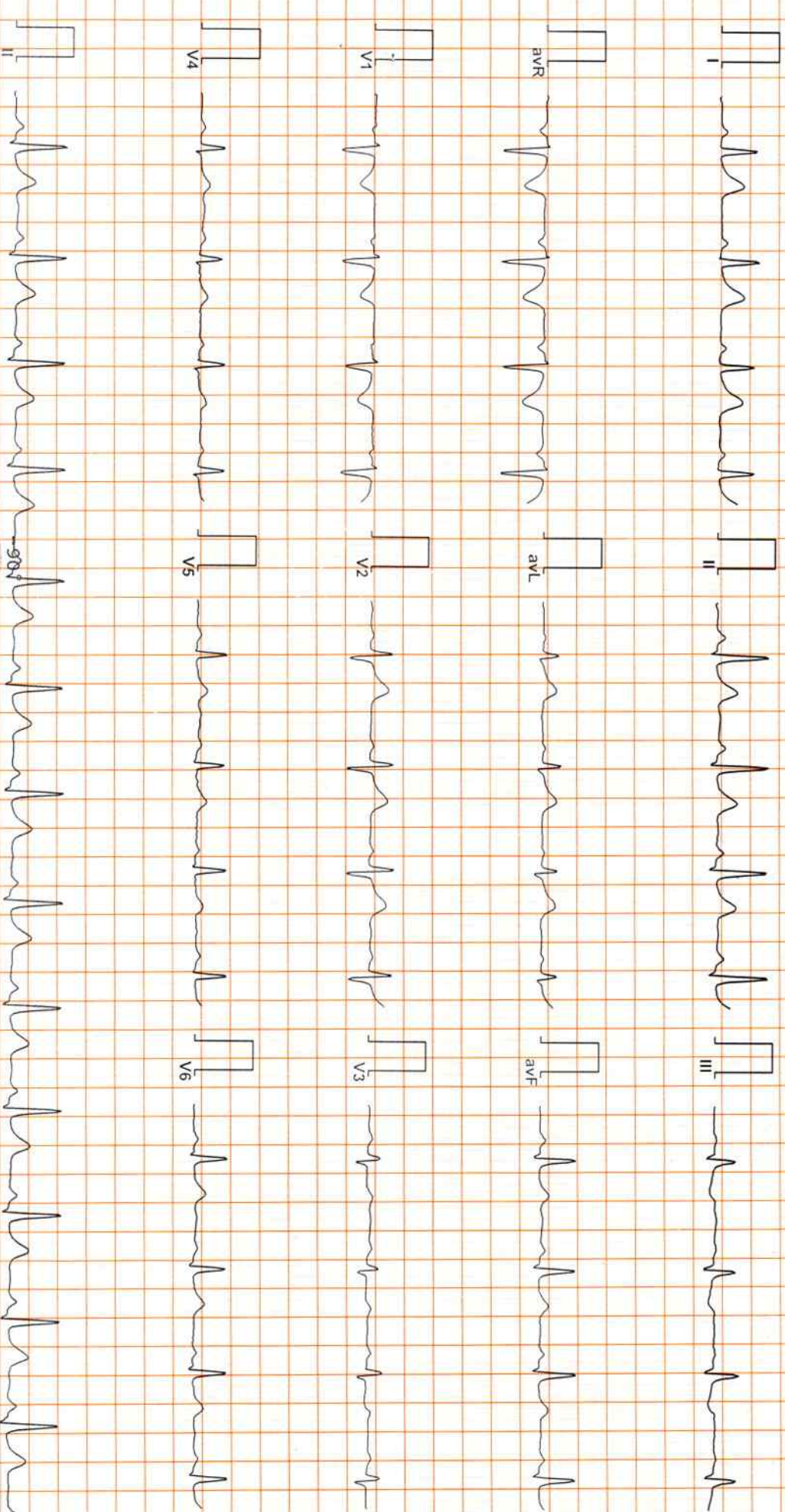
**Dr. Tej Prakash Gupta**  
DMRD (RADIO DIAGNOSIS)  
RMC No. 24436

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

Transcript by.

This report is not valid for medico-legal purpose.





Vent Rate : 81 bpm  
PR Interval : 144 ms  
QRS Duration: 80 ms  
QT/QTc Int : 366/403 ms  
P-QRS-T axis: 46.00 • 45.00 • 23.00 •



**Dr. Piyush Goyal**  
MBBS, DMRD, Radiologist  
RMC No. 37541

Axis  
P 45.00°  
QRS 45.00°  
T 23.00°

Reported By:





251 / MRS REKHA / 29 Yrs / F / 0 Cms / 0 Kg Date: 20-Feb-2022 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	MEts	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:28	0:28	01.1	00.0	01.0	077	40%	110/70	084	00	
Standing	00:37	0:09	01.1	00.0	01.0	080	42%	110/70	088	00	
HV	00:46	0:09	01.1	00.0	01.0	083	43%	110/70	091	00	
ExStart	02:39	1:53	01.1	00.0	01.0	138	72%	110/70	151	00	
BRUCE Stage 1	05:39	3:00	01.7	10.0	04.7	155	81%	120/74	186	00	
BRUCE Stage 2	08:39	3:00	02.5	12.0	07.1	177	93%	130/78	230	00	
PeakEX	09:08	0:29	03.4	14.0	07.6	186	97%	130/78	241	00	
Recovery	10:08	1:00	00.0	00.0	01.2	154	81%	140/80	215	00	
Recovery	11:08	2:00	00.0	00.0	01.0	124	65%	140/80	173	00	
Recovery	12:08	3:00	00.0	00.0	01.0	121	63%	120/70	145	00	
Recovery	13:08	4:00	00.0	00.0	01.0	125	65%	110/70	137	00	
Recovery	13:41	4:33	00.0	00.0	01.0	121	63%	110/70	133	00	

**FINDINGS :**

Exercise Time : 06:29  
 Max HR Attained : 186 bpm 97% of Target 191  
 Max BP Attained : 140/80  
 Max Workload Attained : 7.6 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

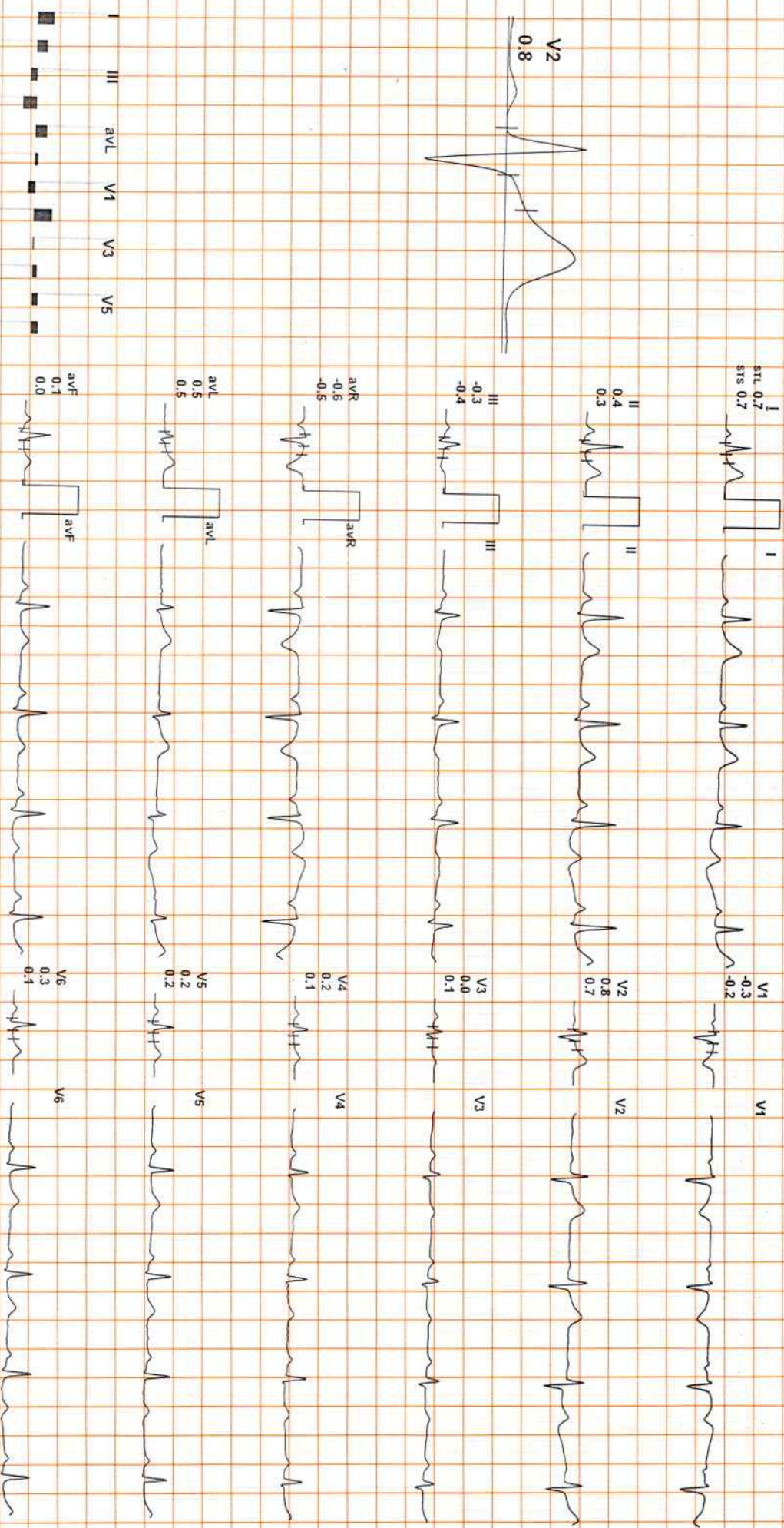
**REPORT :**

*Base line ECG show wave  
 There is mild ST-T changes seen during  
 Exercise which reverted to base line  
 within min of recovery, again reappeared  
 during late recovery.  
 -TMT mildly positive for RMV*

DR. PRADEEP GOYAL  
 M.D. (MBBS) (DIPLOMA IN RADIOLOGIST)  
 RAC No. 17041  
 DR. GOYAL'S  
 Path Lab & Imaging Center, Jaipur

*RMV*





REMARKS:

(ABX\_GEM216201125)(R)Allengers



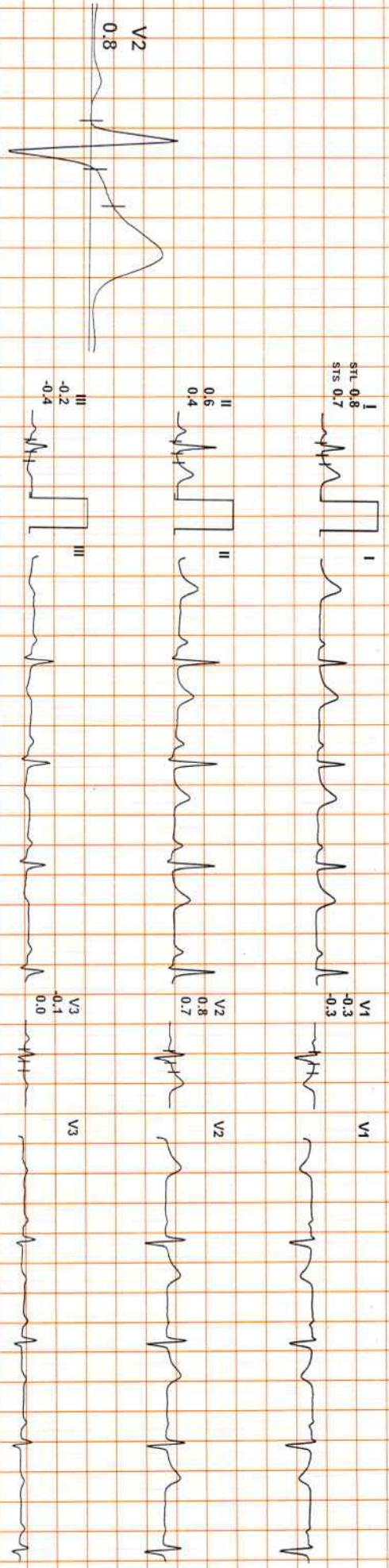


Date: 20-Feb-2022 01:51:39 PM METS: 1.0/ 80 bpm 42% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

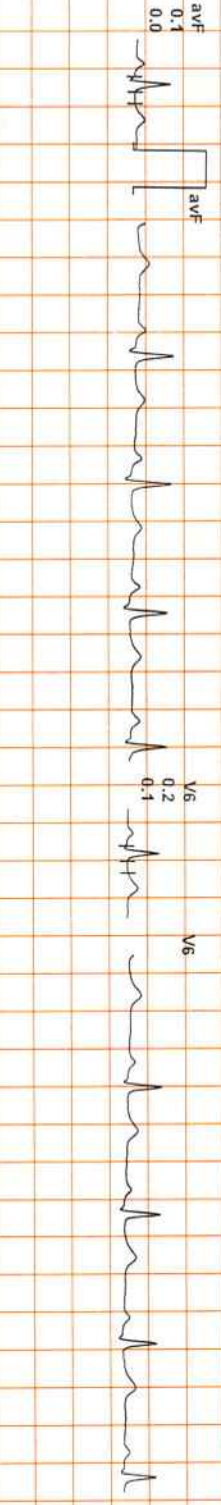
EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



REMARKS:

(ADX\_GEM216201125)(R)Allengers

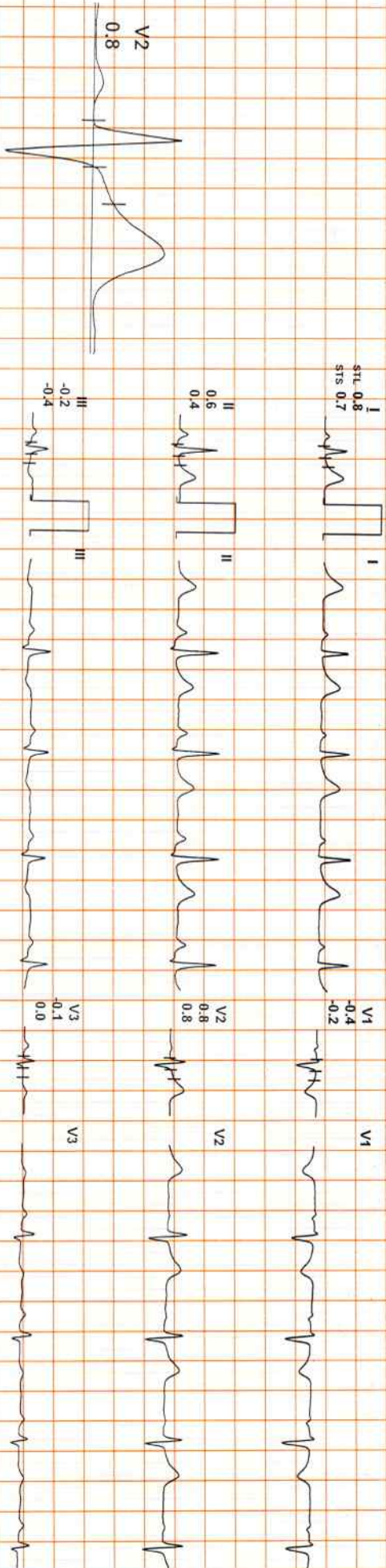




Date: 20-Feb-2022 01:51:39 PM METS: 1.0/ 83 bpm 43% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

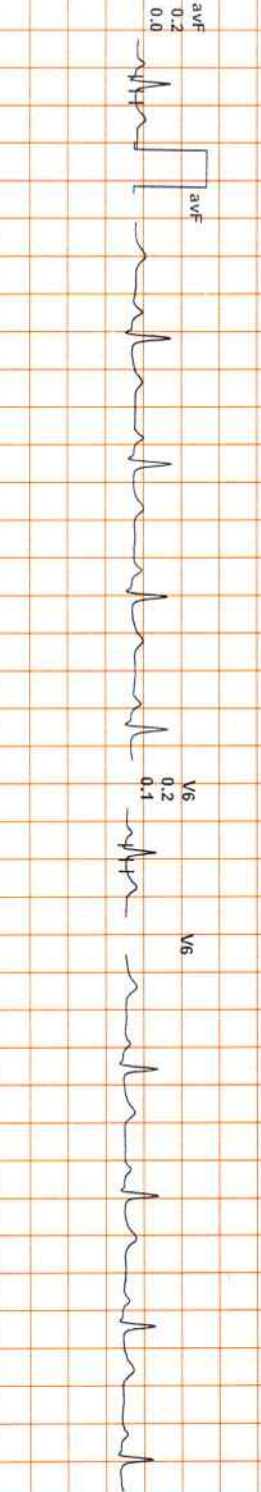
EXTime: 00:00 1.1 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



I      III      aVL      V1      V3      V5

II      aVR      aVF      V2      V4      V6



REMARKS:

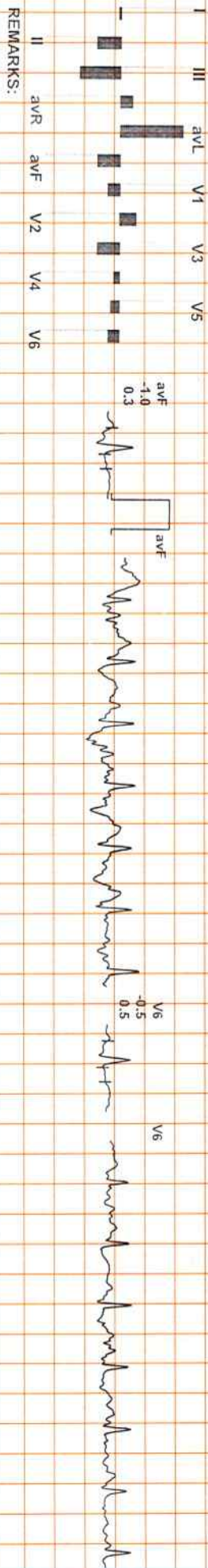
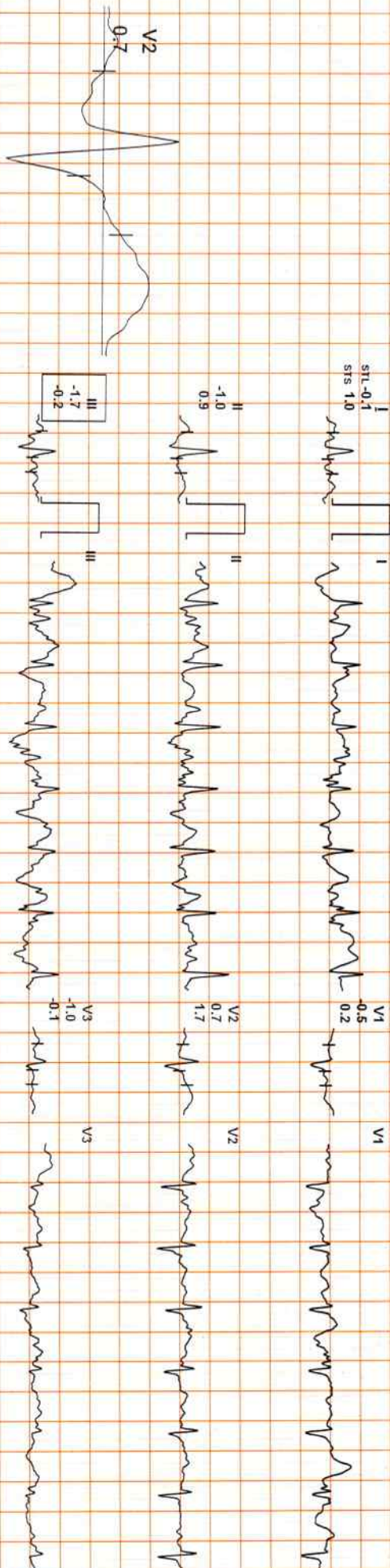


Date: 20-Feb-2022 01:51:39 PM METS: 1.0/ 138 bpm 72% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM216201125)(R)Allengers

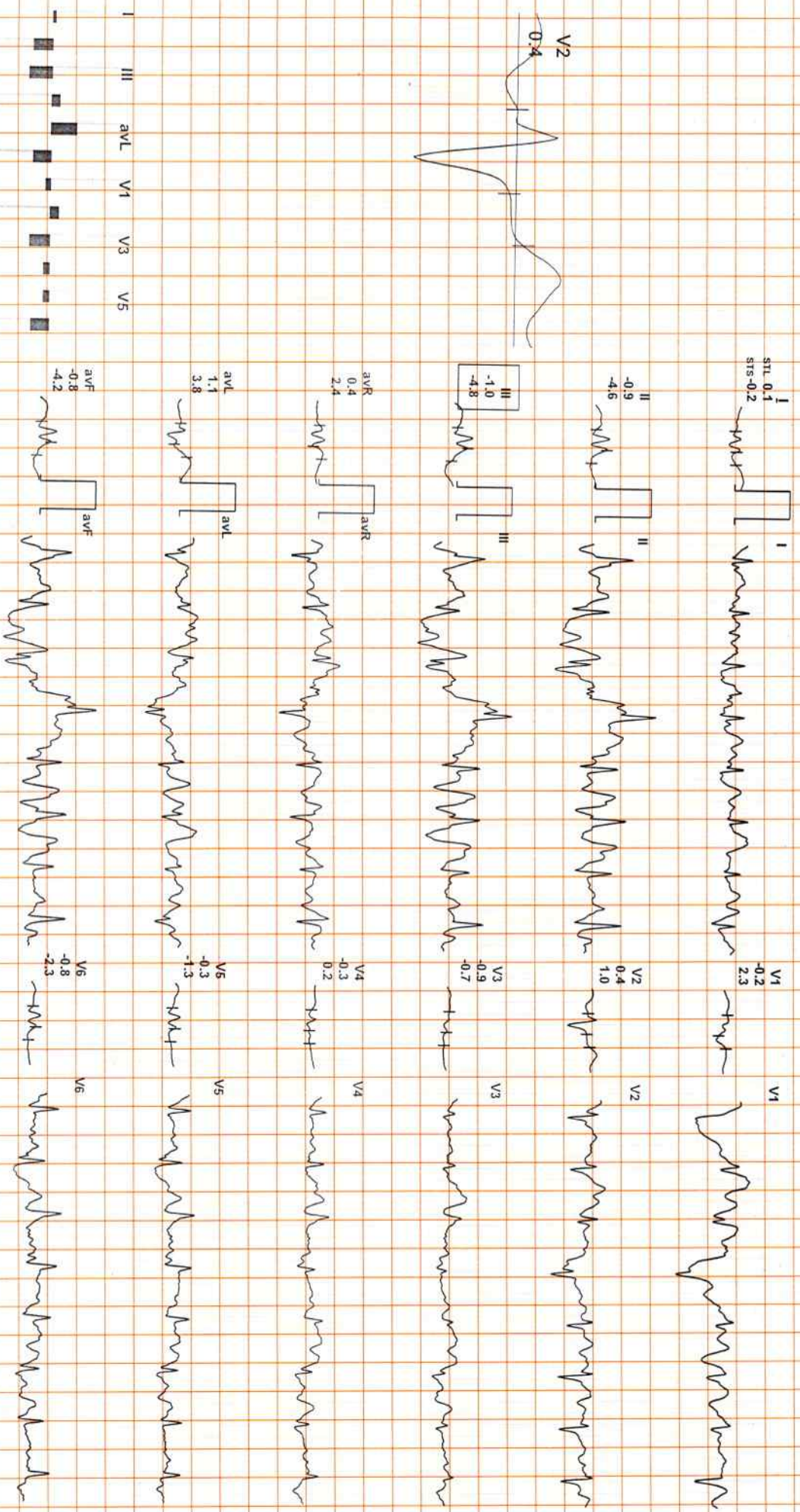




Date: 20-Feb-2022 01:51:39 PM METS: 4.71 155 bpm 81% of THR BP: 120/74 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 1.7 mph, 10.0%  
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



REMARKS:

(ADX\_GEM216201126)(R)Allengers





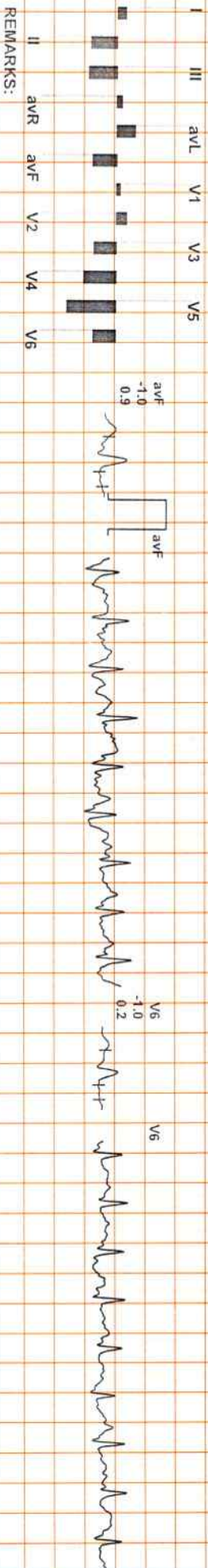
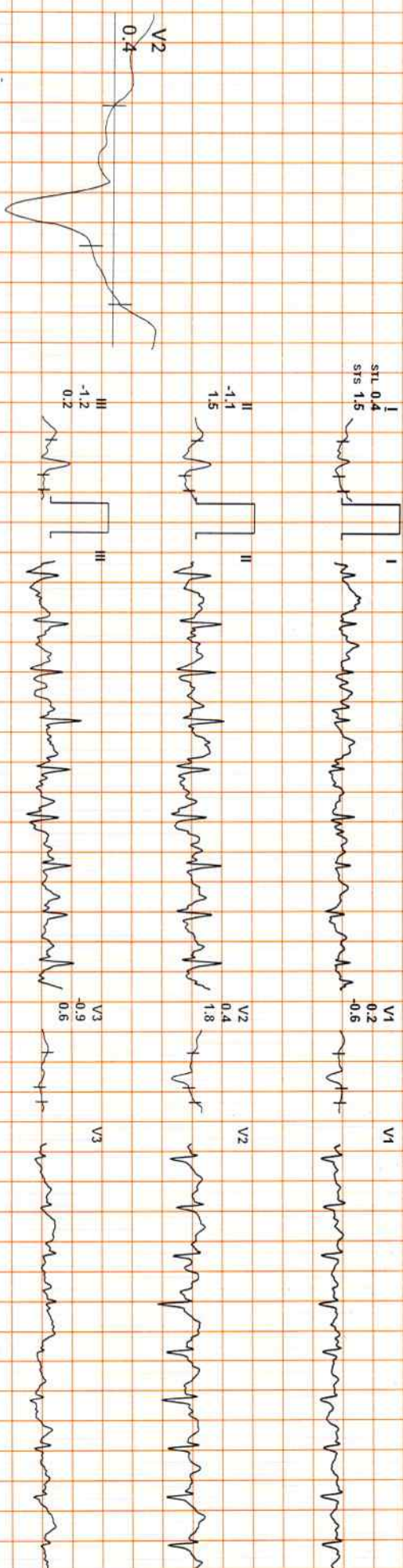
251 / MRS REKHA / 29 Yrs / F / 0 Cms / 0 Kg / HR : 177

Date: 20-Feb-2022 01:51:39 PM METS: 7.1 / 177 bpm 93% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM216201125)(R)Allengers

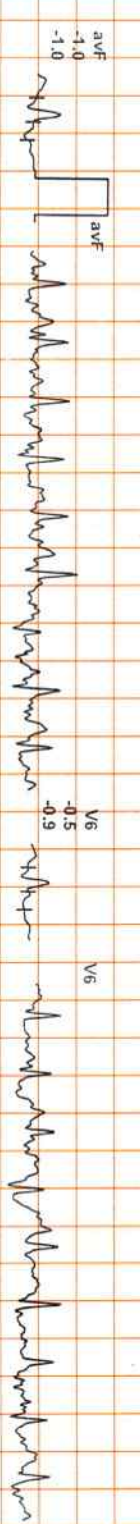
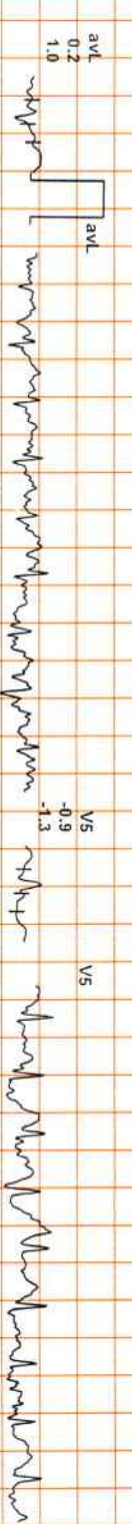
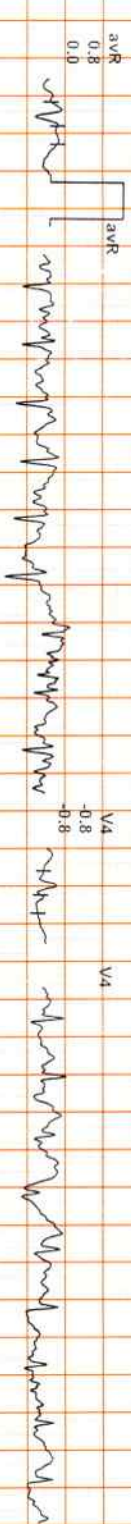
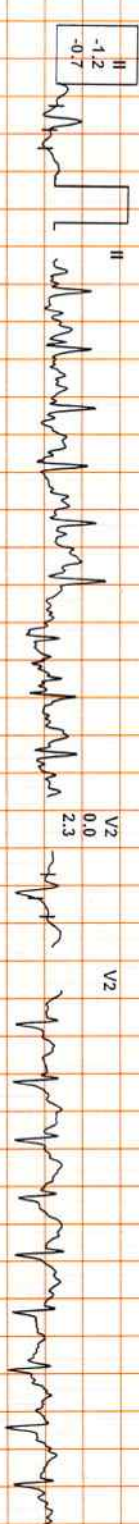
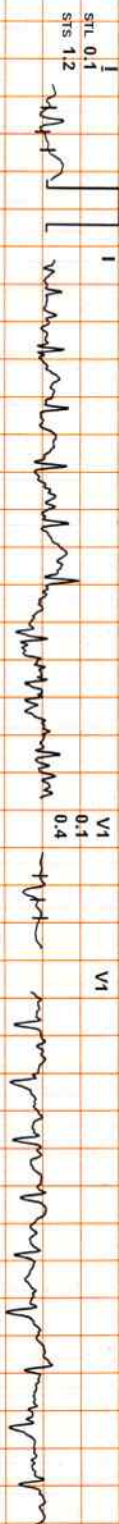




Date: 20-Feb-2022 01:51:39 PM METS: 7.6/ 186 bpm 97% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz  
4X 60 ms Post J

ExTime: 06:29 3.4 mph, 14.0%

25 mm/Sec. 1.0 cm/mV



REMARKS:

(ADX\_GEM216201125)(R)Allengers



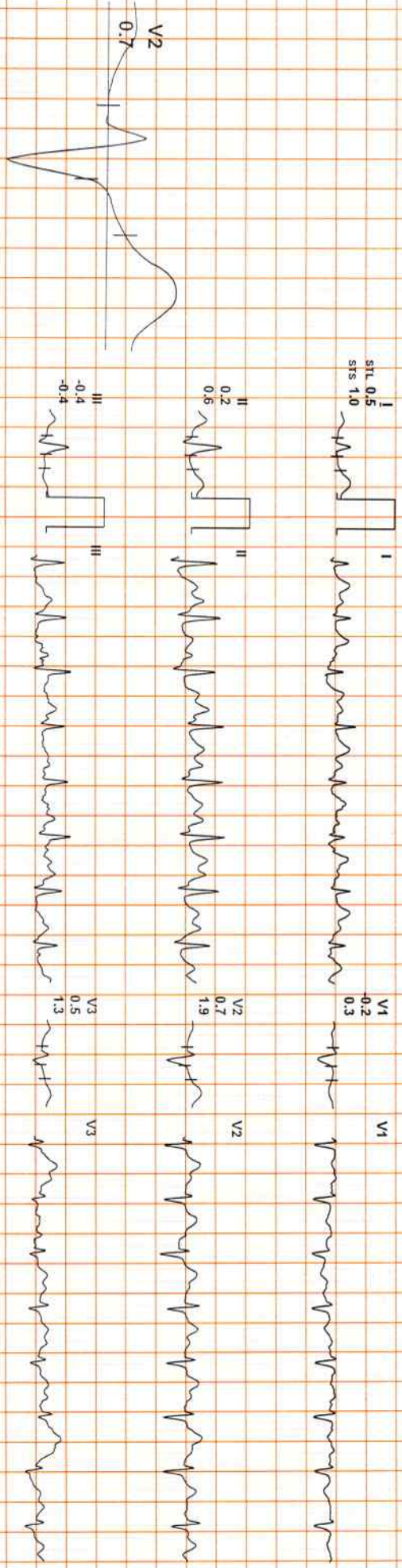


251 / MRS REKHA / 29 Yrs / F / 0 Cms / 0 Kg / HR : 154

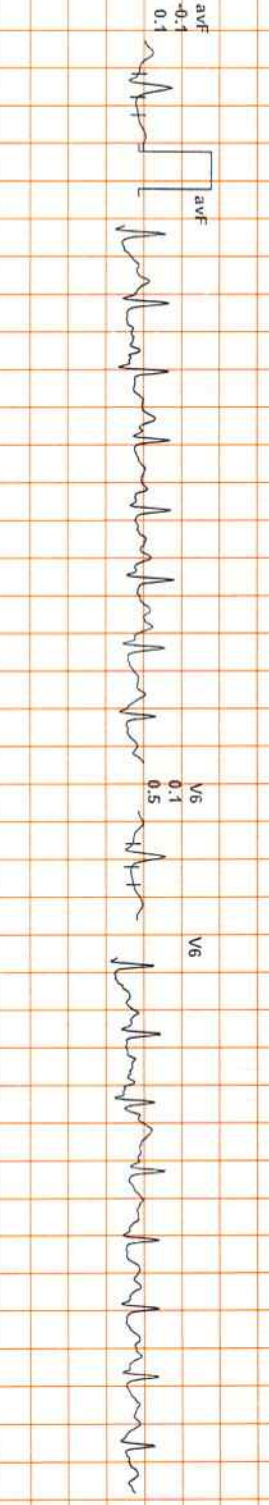
Date: 20-Feb-2022 01:51:39 PM METS: 1.2/ 154 bpm 81% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

ExTime: 06:29 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



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



REMARKS:

(ADX\_GEM216201125)(R)Allengers





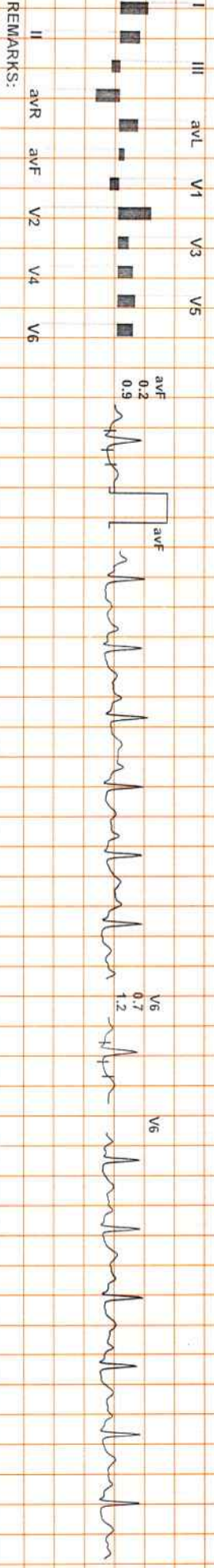
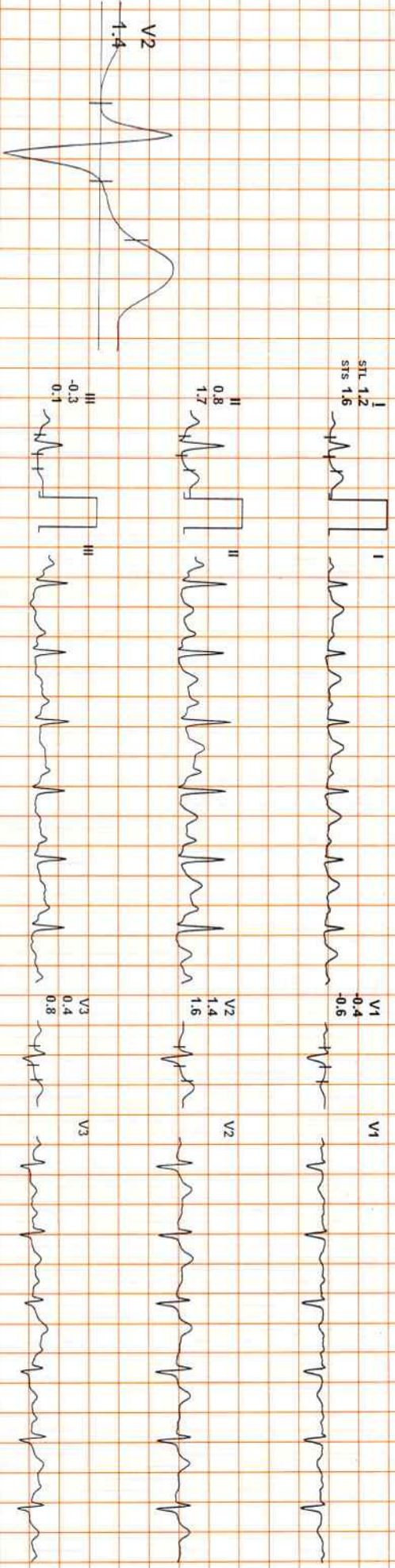
251 / MRS REKHA / 29 Yrs / F / 0 Cms / 0 Kg / HR : 124

Date: 20-Feb-2022 01:51:39 PM METS: 1.0/ 124 bpm 65% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 06:29 0.0 mph, 0.0%

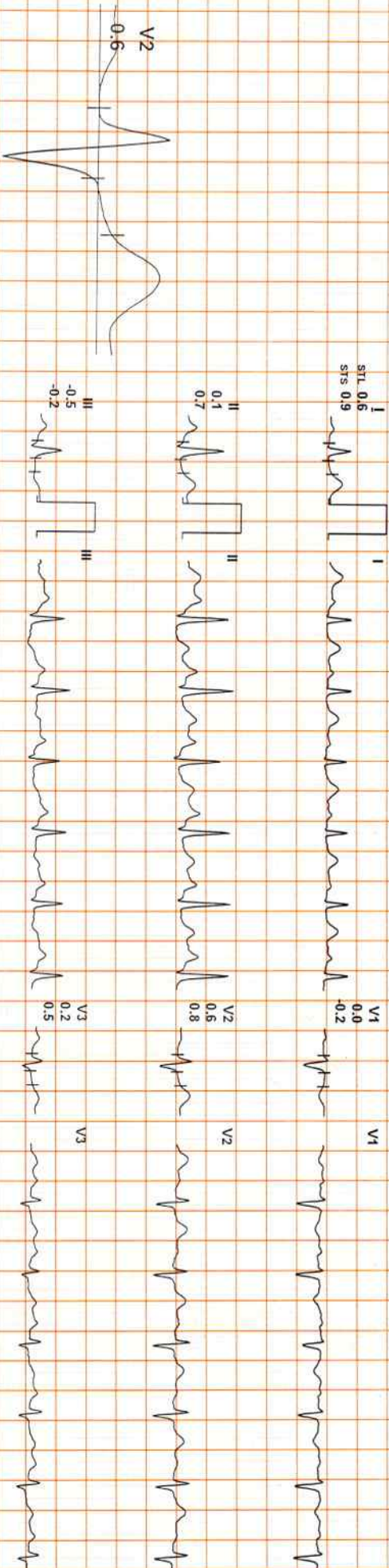
25 mm/Sec. 1.0 cm/mV



REMARKS:

(ADX\_GEM216201125)(R)Allengers





REMARKS:

(ADX\_GEM216201125)(R)Allengers



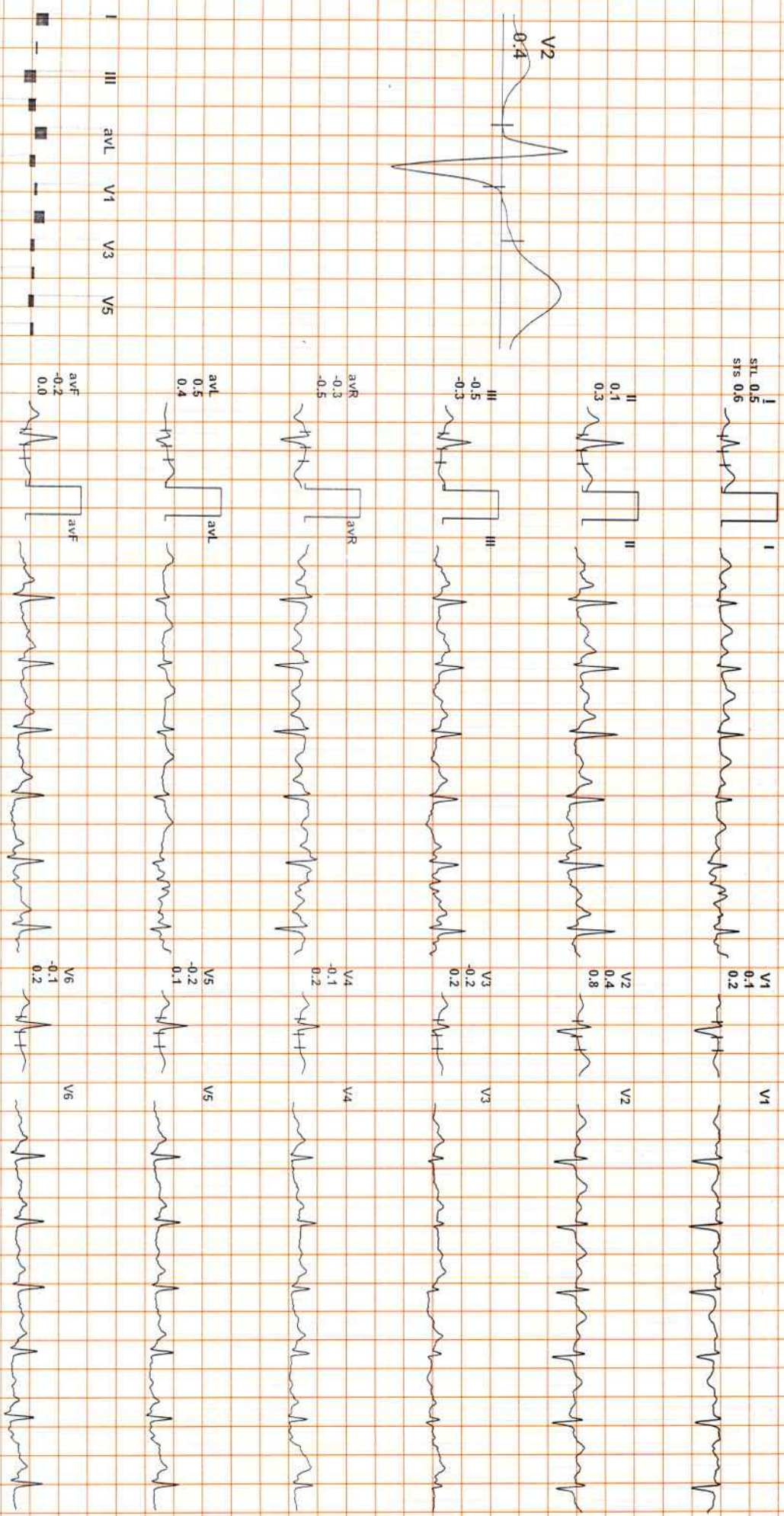


251 / MRS REKHA / 29 Yrs / F / 0 Cms / 0 Kg / HR : 125

Date: 20-Feb-2022 01:51:39 PM METS: 1.0/ 125 bpm 65% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:29 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



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

(ADX\_GEM216201125)(R)Allengers



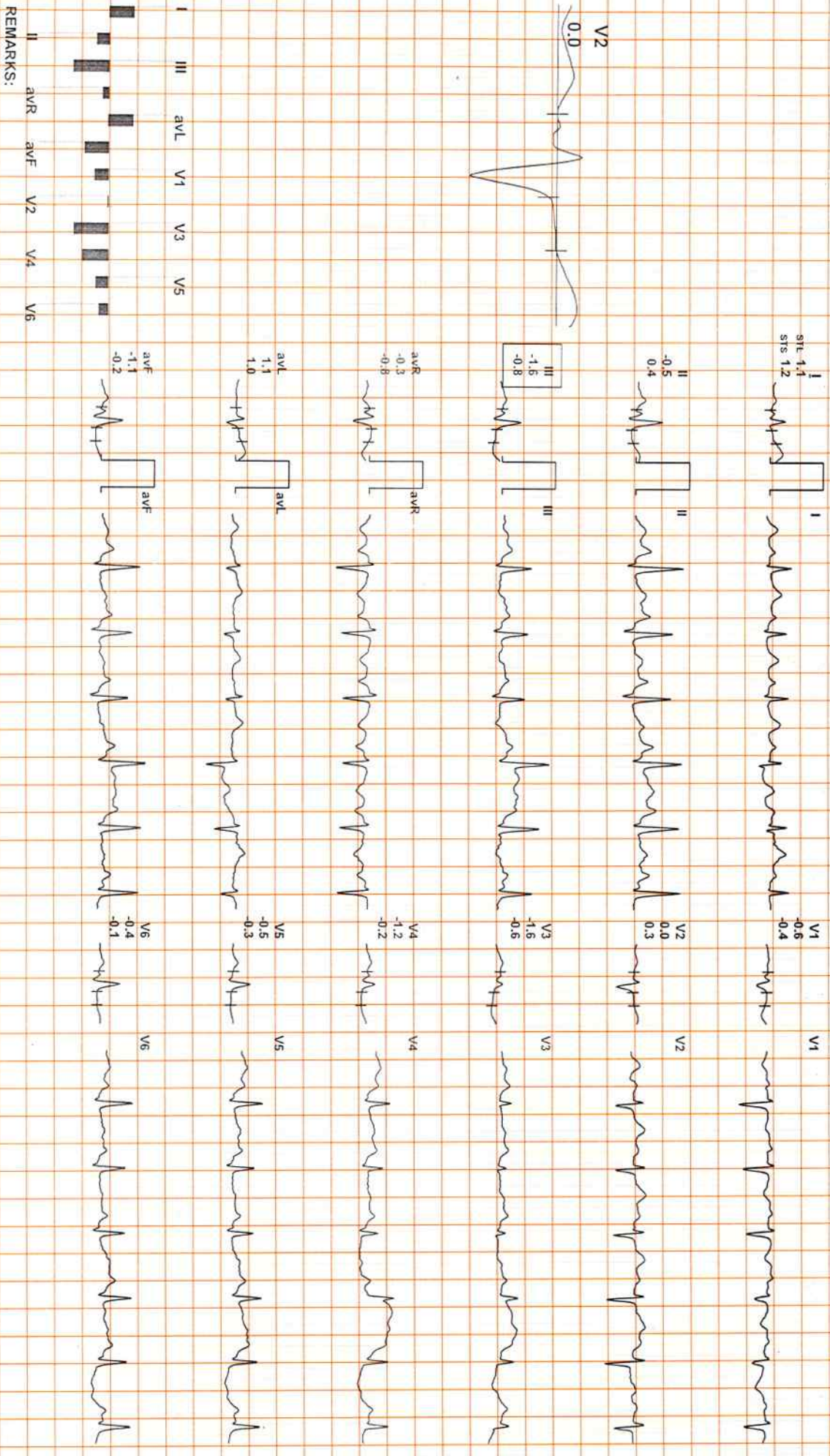


251 / MRS REKHA / 29 Yrs / F / 0 Cms / 0 Kg / HR : 121

Date: 20-Feb-2022 01:51:39 PM METS: 1.0/ 121 bpm 63% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 06:29 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



(ADX\_GEM216201125)(R)Allengers





Date: 20-Feb-2022 01:51:39 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

