

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangar Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.dr.goyalpathlab.com | E-mail: dr.goyal@dr.goyalpathlab.com

General Physical Examination

Date of Examination: 06.09.2023

Name: Savita Shekhawat Age: 27 Sex: Female,

DOB: 21-03-1996

Referred By: BOB

Photo ID: D/L ID #: attached

Ht: 158 (cm)

Wt: 57 (Kg)

Chest (Expiration): 88 (cm)

Abdomen Circumference: 76 (cm)

Blood Pressure: 113/68 mm Hg PR: 90/min RR: 16/min Temp: Afebrile

BMI 22.8

Eye Examination: vision normal 6/6 N/G.

No colour blindness.

Other: not significant

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

Signature Of Examinee: Savita Shekhawat Name of Examinee: _____

Signature Medical Examiner: Piyush Goyal Name Medical Examiner: _____

Piyush Goyal
M.B.B.S., D.M.R.D.
KMC Reg. No.-017998

UNION OF INDIA **Driving Licence** (RJ) (NT)

RJ14 20150044128

Issued with valid till: 05/11/2015
 Validity: 04/11/2035
 Issued: 21/03/1996
 Blood Group: B+



Name: **SAVITA SHEKHAWAT**
 Relationship: Son/Daughter/Wife of
SHIV RATAN SINGH SHEKHAWAT

Dr. Prayush Goyal
 M.B.B.S. D.M. & D.
 RMC Reg. No. 017996

RJ14 20150044128

001072762M

LMV / MCWG
 05/11/2015 / 05/11/2015

We recommend Address:
 19/224 RESERVE BANK COLONY
 GANDHI NAGAR
 JAIPUR 302015

Holder's Signature: *Savita Shekhawat*
 Issued / Issuing Authority Sign:
 DTC-Jaipur Jaipur

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Date :- 06/09/2023 10:23:54
NAME :- Mrs. SAVITA SHEKHAWAT
Sex / Age :- Female . 27 Yrs 5 Mon 17 Days
Company :- MediWheel

Patient ID :-12232791
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 06/09/2023 12:19:13

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)

*** End of Report ***



Dr. NAVNEET AGARWAL (MD,DNB)
(RADIO-DIAGNOSIS)
(RMC No. 33613 / 14911)

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

Page No: 1 of 1

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. 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

Transcript by,

Dr. Goyal's

Path Lab & Imaging Centre



MC- 5509

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Date :- 06/09/2023 10:23:54

Patient ID :- 12232791

NAME :- Mrs. SAVITA SHEKHAWAT

Ref. By Dr:- BOB

Sex / Age :- Female 27 Yrs 5 Mon 17 Days

Lab/Hosp :-

Company :- MedWheel

Sample Type :- EDTA

Sample Collected Time 06/09/2023 10:29:56

Final Authentication : 06/09/2023 13:44:51

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.8	%	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 glycosylated 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

120

mg/dL

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

Method:- Calculated Parameter

MUKESH SINGH
Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	11.3 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	3.70 L	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	46.7	%	40.0 - 80.0
LYMPHOCYTE	47.3 H	%	20.0 - 40.0
EOSINOPHIL	2.7	%	1.0 - 6.0
MONOCYTE	3.1	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	1.73	10 ³ /uL	1.50 - 7.00
LYMPH#	1.76	10 ³ /uL	1.00 - 3.70
EO#	0.09	10 ³ /uL	0.00 - 0.40
MONO#	0.11	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.36	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	35.60 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	81.7 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.0 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.8	g/dL	31.5 - 34.5
PLATELET COUNT	185	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	18.74		

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.

MUKESH SINGH
Technologist

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	17	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 "1-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
for connective tissue disease.
MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

MUKESH SINGH
Technologist

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Sex / Age :- Female 27 Yrs 5 Mon 17 Days

Company :- MedWheel

Patient ID :- 12232791

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 06/09/2023 10:29:56

Final Authentication : 06/09/2023 11:41:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	169.01	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	107.58	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	41.05	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	110.03	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	21.52	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.12		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.68		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	508.68	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName-Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment 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 HDL CHOLESTEROL InstrumentName-Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
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			

SURENDRAXHANGA

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Date :- 06/09/2023 10:23:54
NAME :- Mrs. SAVITA SHEKHAWAT
 Sex / Age :- Female 27 Yrs 5 Mon 17 Days
 Company :- MediWHEEL

Patient ID :- 12232791
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 06/09/2023 10:29:56

Final Authentication : 06/09/2023 11:41:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.33	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.09	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.24	mg/dl	0.30-0.70
SGOT Method:- IFCC	14.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	22.3	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	72.00	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	24.40	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.94	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.35	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.59	gm/dl	2.20 - 3.50
A/G RATIO	1.68		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument Name Random Rx Incls 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 Random Rx Incls Interpretation Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC Instrument Name Random Rx Incls Interpretation The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

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

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

ALBUMIN (ALB) Methodology: Bromocresol Green Instrument Name Random Rx Incls Interpretation Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name: Random Rx Incls Interpretation Elevations in GGT levels occurs earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and massive alcoholism. It may reach 7 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

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Date :- 06/09/2023 10:23:54
NAME :- Mrs. SAVITA SHEKHAWAT
 Sex / Age :- Female 27 Yrs 5 Mon 17 Days
 Company :- MediWheel

Patient ID :- 12232791
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 06/09/2023 10:29:56

Final Authentication : 06/09/2023 11:24:59

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3 1.040 ng/ml 0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 6.280 ug/dl 5.500 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA 9.080 ^H µIU/mL 0.350 - 5.500

Method:- Enhanced Chemiluminescence immunoassay

Interpretation: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

Interpretation: The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

Interpretation: TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

AJAYKUMAR
 Technologist

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NAME :- Mrs. SAVITA SHEKHAWAT
Sex / Age :- Female 27 Yrs 5 Mon 17 Days
Company :- Med/Wheel

Patient ID :- 12232791
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 06/09/2023 10:29:56

Final Authentication : 06/09/2023 13:45:15

CLINICAL PATHOLOGY

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

Patient ID :-12232791

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time:06/09/2023 10:29:56

Final Authentication : 06/09/2023 13:45:15

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

MUKESH SINGH, VIJENDRAMEENA
Technologist

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Sex / Age :- Female 27 Yrs 5 Mon 17 Days

Lab/Hosp :-

Company :- Med/Wheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 06/09/2023 10:29:56

Final Authentication : 06/09/2023 11:41:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.9	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

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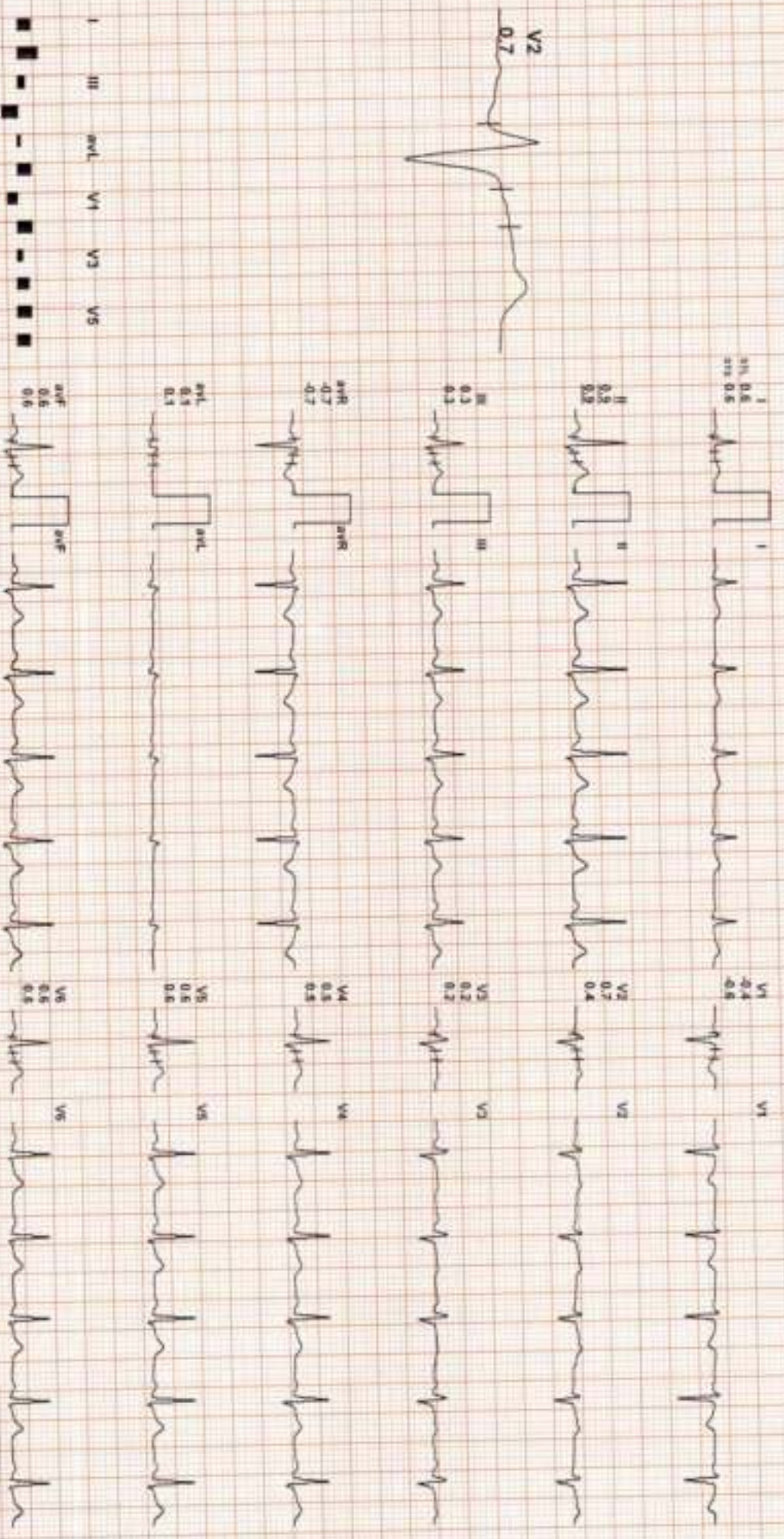


2866 / MRS. SAVITA SHEKHAWAT / 27 Yrs / F / 0 Cms / 0 Kg / HR : 89

Date: 06 / 09 / 2023 11:37:47 AM METS: 1.0/ 89 bpm 45% of THR BP: 120/80 mmHg Combined Medication/ ECG Over Match Qw HF: 0.05 MedAF: 100 Hz

4X 80 ms Post J

EXTime: 00:00 1.1 mps 0.0% 25 mm/Sec 1.0 Cm/mV



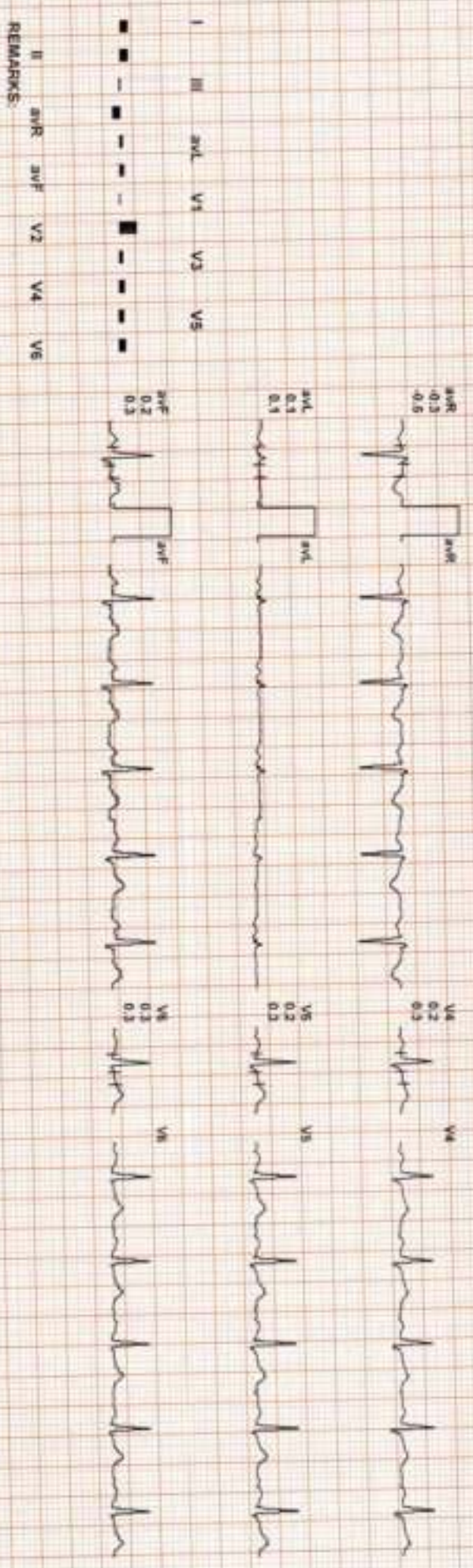
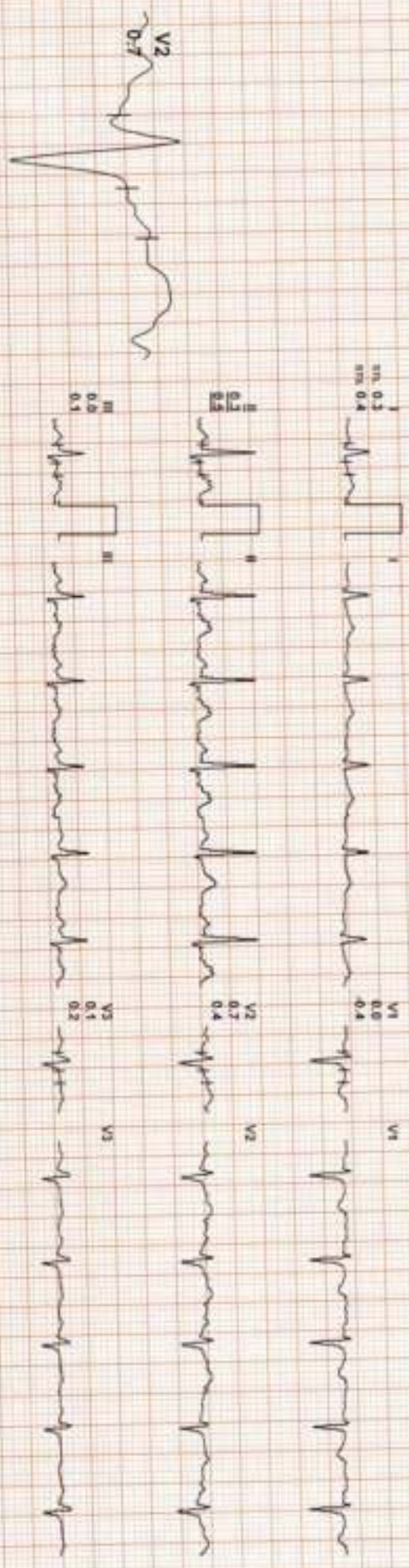
REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6

2866 / MRS. SAVITA SHEKHAWAT / 27 Yrs / F / 0 Cms / 0 Kg / HR : 103

Date: 06 / 09 / 2023 11:37:47 AM METS: 1.0 / 103 bpm 53% of THR BP: 120/80 mmHg Combined Medians/ BLC Cav/ Natch Cav/ HF: 0.05 MxLF: 100 Hz

4X 30 ms/Post J

ESTIME: 00:00 1.1 mph 0.0% 25 mm/Sec 1.0 Cm/mV



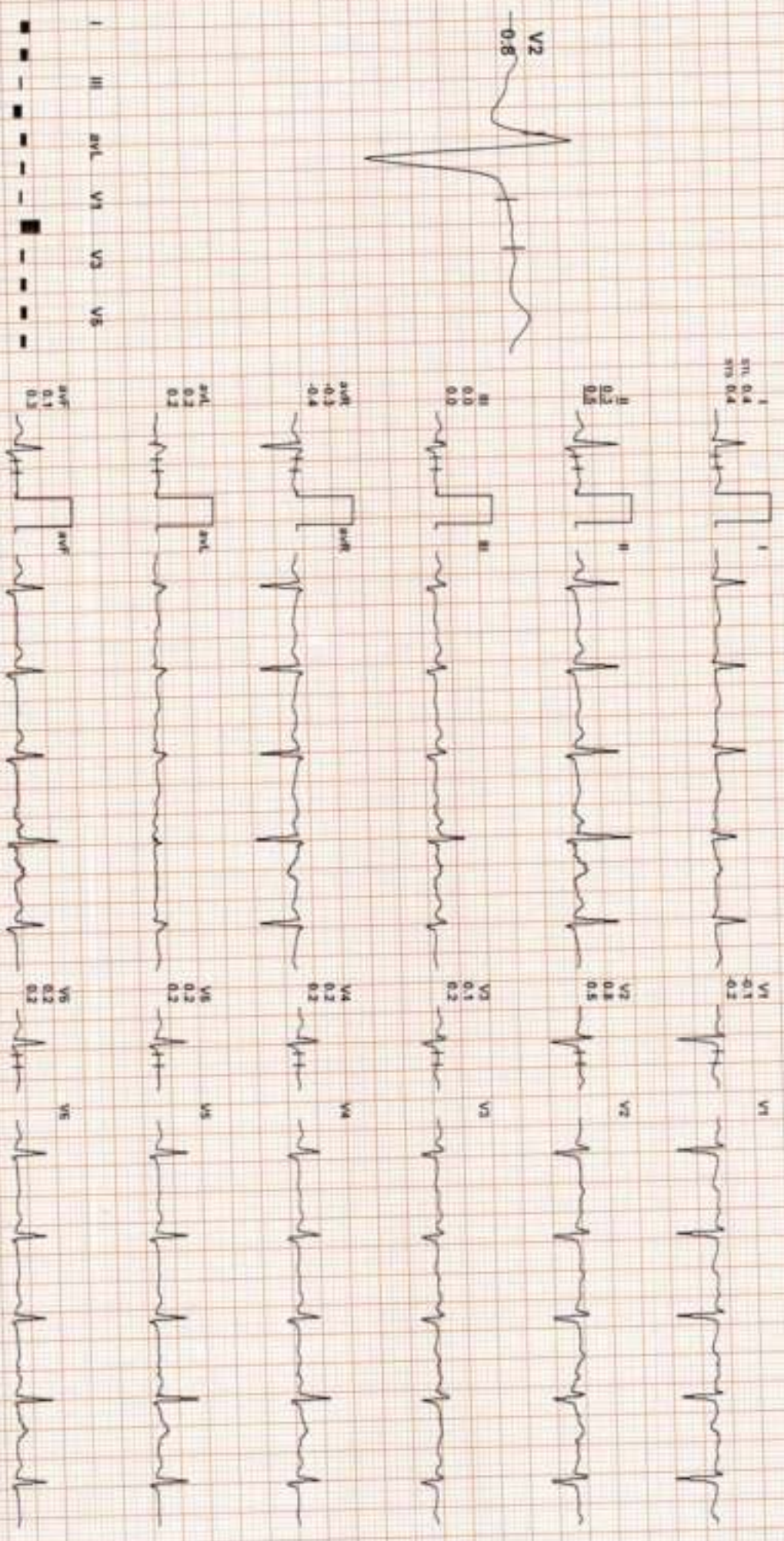
REMARKS:

2866 / MRS. SAVITA SHEKHAWAT / 27 Yrs / F / 0 Cms / 0 Kg / HR : 99

Date: 06 / 09 / 2023 11:37:47 AM METS: 1.0K 99 bpm 51% of THR BP: 120/80 mmHg Combined Medication/ BLC DW: Munch DW: HF: 0.05 HbA1c: 100/Hg

4X 80 ms Post J

EXTIME: 00:00 1.1 mph 0.0%
25 mm/Sec 1.0 Cm/mV

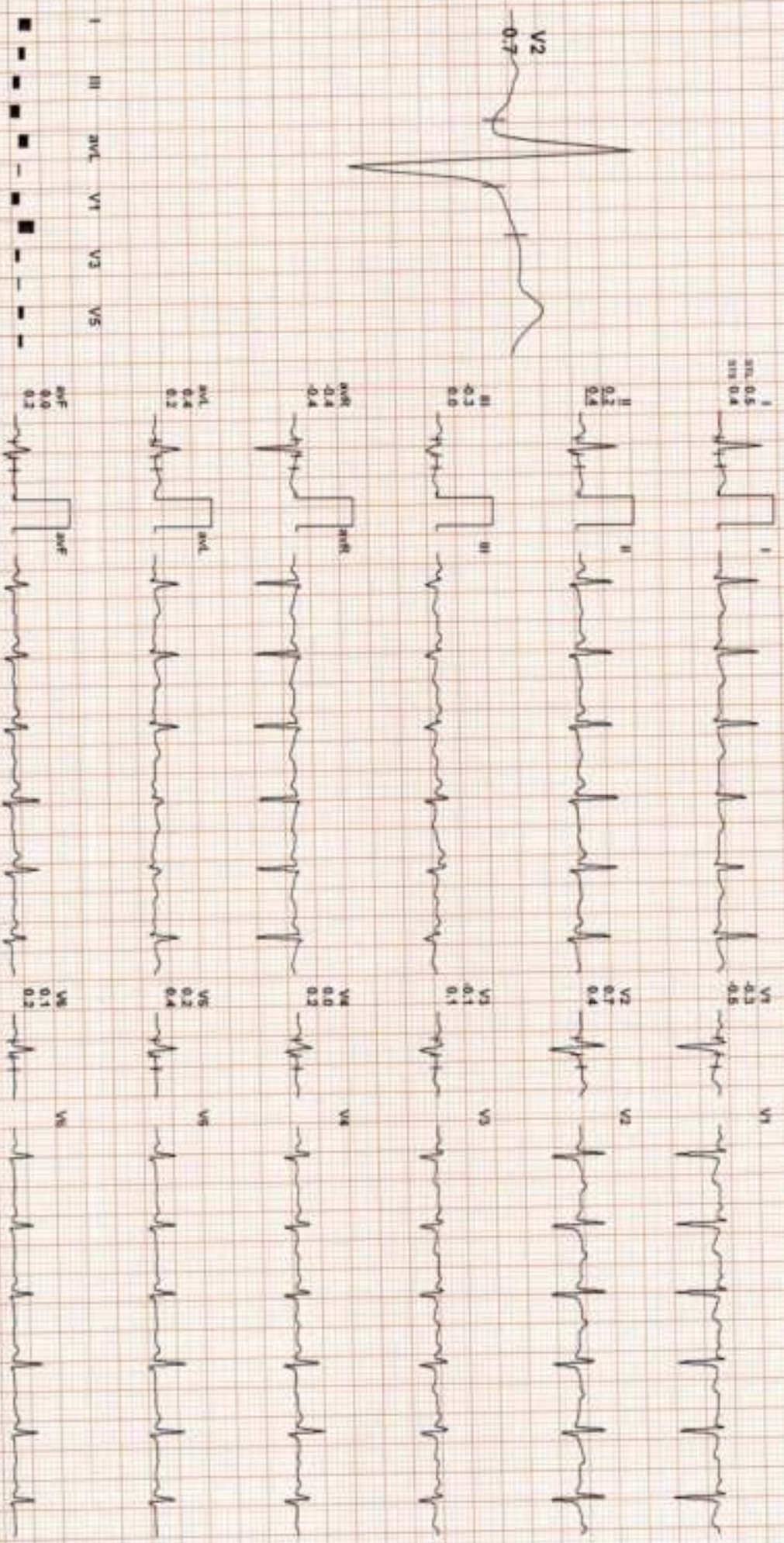


REMARKS:
II aVR aVF V2 V4 V6





Date: 06 / 09 / 2023 11:37:47 AM METS: 1.0l (110 bpm 57% of THR) BP: 120/80 mmHg Combined Modems/ BLC One Watch One HR: 0:05:10:15 100Hz
 4X 80 ms Post J
 External: 00:00 4.1 mph 0.0%
 25 mm/sec 1.8 Cm/mV



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

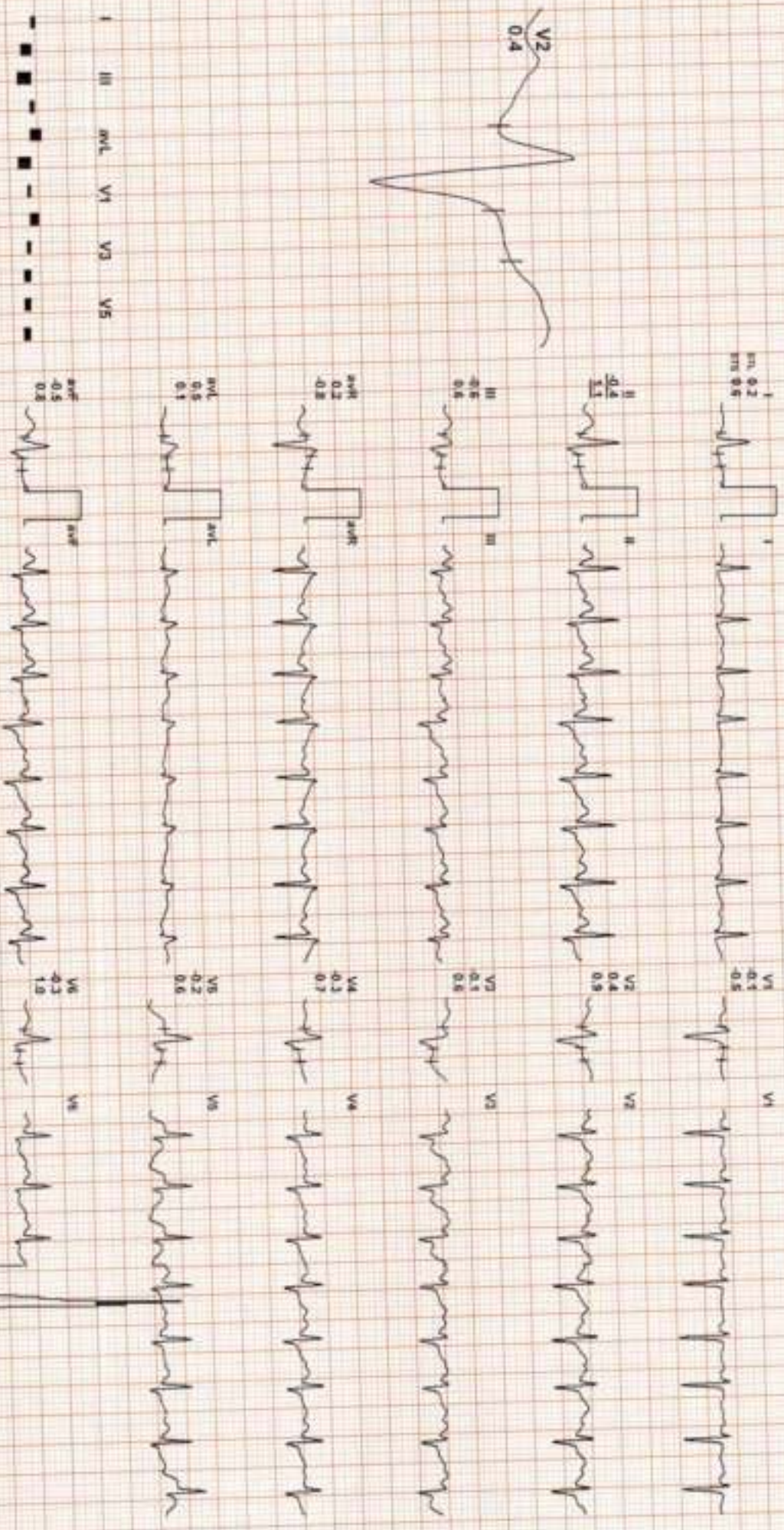


2866 / MRS. SAVITA SHEKHAWAT / 27 Yrs / F / 0 Cms / 0 Kg / HR : 149

Date: 08 / 08 / 2023 11:37:47 AM METS: 4.71 149 bpm 77% of THR BP: 120/80 mmHg Combined Meds: B/C Div/ Natch Div/ HF 0.05 Hct/F: 100 Hz

4X 60 mS Paper J

ExTime: 03:00 1.7 mV, 10.0%
25 mm/Sec, 1.5 Cm/mV



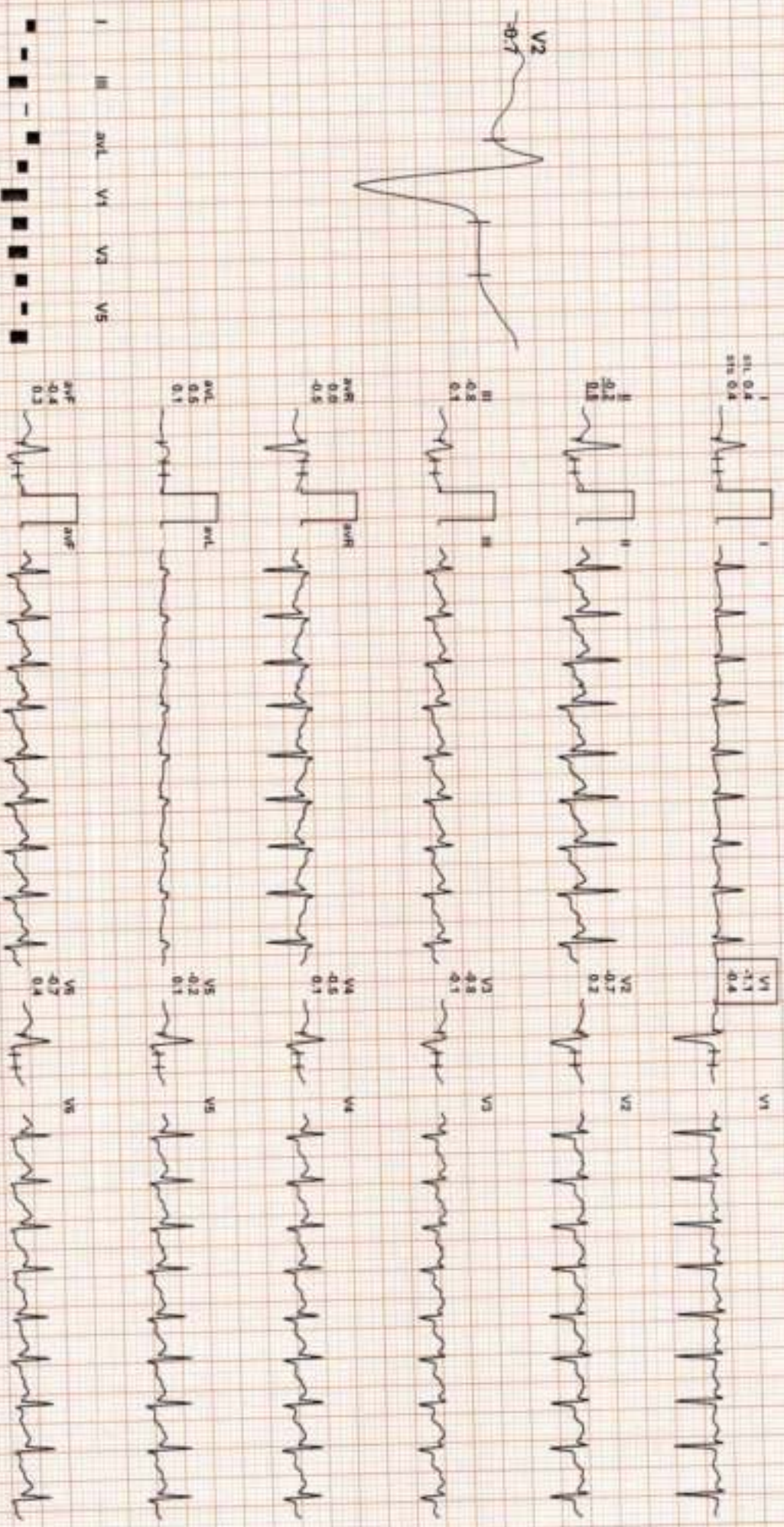
REMARKS:
I aVR aVL V1 V2 V3 V4 V5 V6

2866 / MRS. SAVITA SHEKHAWAT / 27 Yrs / F / 0 Cms / 0 Kg / HR : 165

Date: 06 / 09 / 2023 11:37:47 AM METS: 7.31 165 bpm 85% of THR BP: 136/80 mmHg Combined Mediana/ELC On/Notch On/HR 0.09 HzOLF 100 Hz

EXTime: 06:00 2.5 min 12.0% 25 min/Sec 1.0 CcmV

4X 66 ml Post J



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





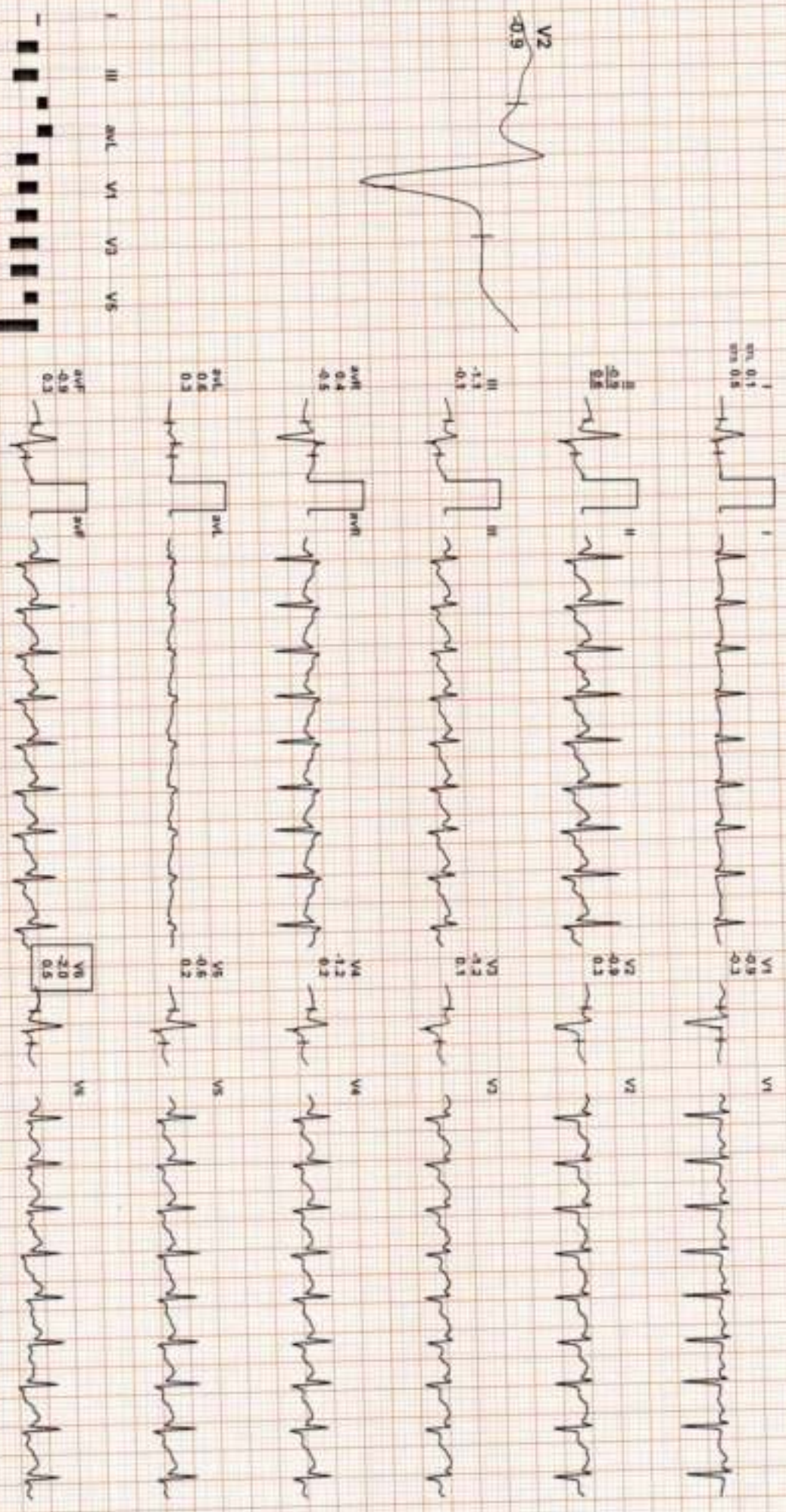
2866 / MRS. SAVITA SHEKHAWAT / 27 YRS / F / 0 Cms / 0 Kg / HR : 175

Date: 09 / 09 / 2023 11:37:47 AM METS: 8.0/ 175 bpm 91% of THR BP: 130/80 mmHg Combined Muscular/BLC Div Medn Div HF: 0.05 HxLF: 100 Hz

EXTIME: 06:49 3.4 min, 14.0%

4X \$0 mls Print J

25 minutes, V.0 Channel

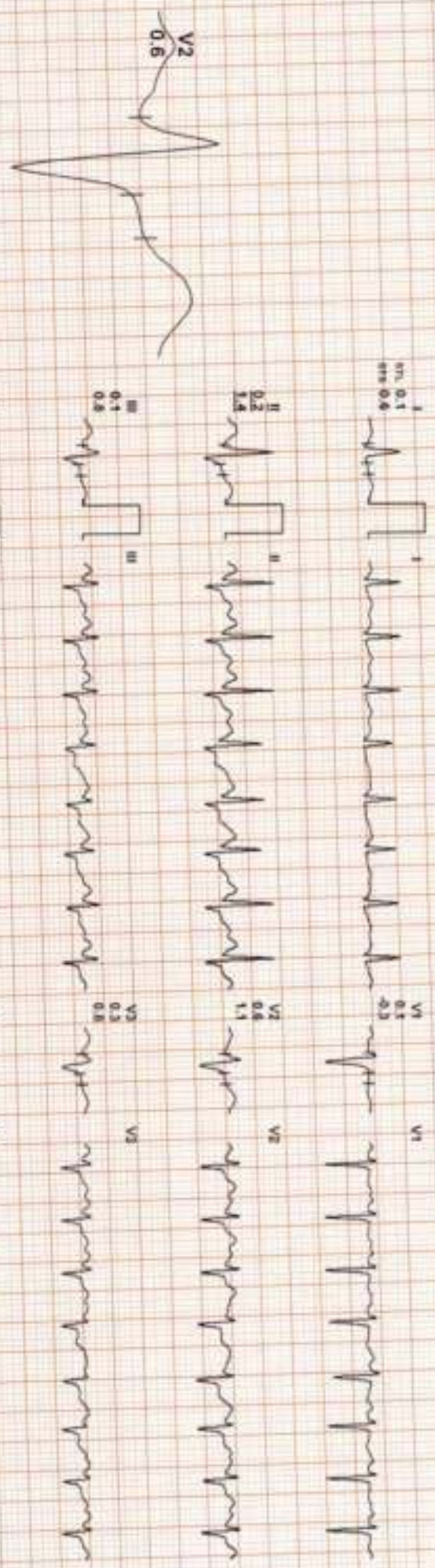


REMARKS:



2866 / MRS. SAVITA SHEKHAWAT / 27 Yrs / F / 0 Cms / 0 Kg / HR : 142

Date: 06 / 09 / 2023 11:37:47 AM METS: 1.2/ 142 bpm 74% of THR BP: 136/80 mmHg Combined Medication/ ELC On/ Noctal On/ HF: 0.05 H₂O₂ 100 Mg
4X 50 mg Po qd 2 EXTime: 06:49 6.9 mph 0.0%



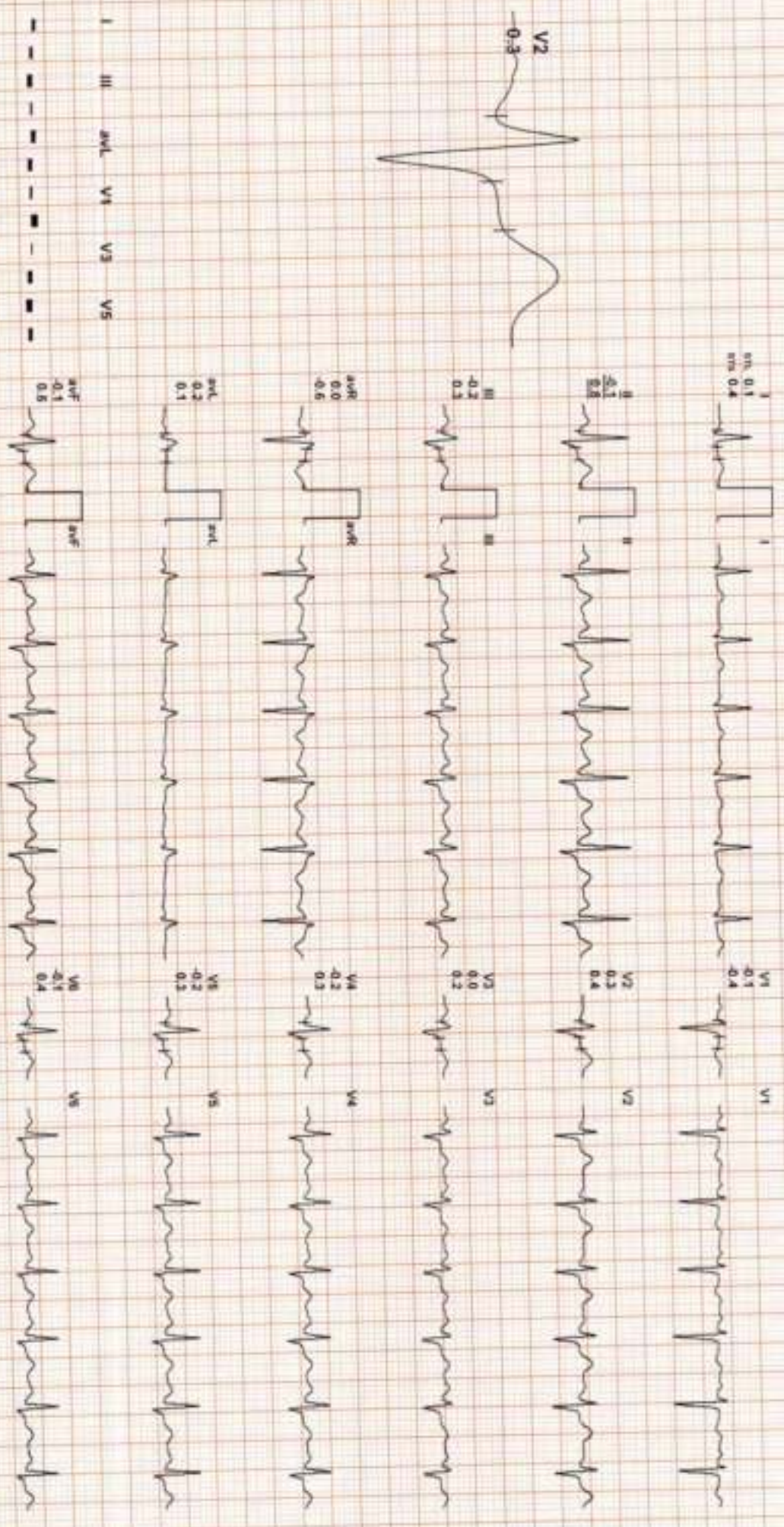
REMARKS:
I aVR aVL V1 V3 V5
II aVF aVF V2 V4 V6
V6

2866 / MRS SAVITA SHEKHAWAT / 27 Yrs / F / 0 Cms / 0 Kg / HR : 110

Date: 06 / 09 / 2023 11:37:47 AM METS: 1.00 110 bpm 57% of THR BP: 140/80 mmHg Combined Medians/BLC One Natch QW/HR: 0.05 kcal.F 100 Hz

4X ECG Post J

Extreme 66:49 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:-

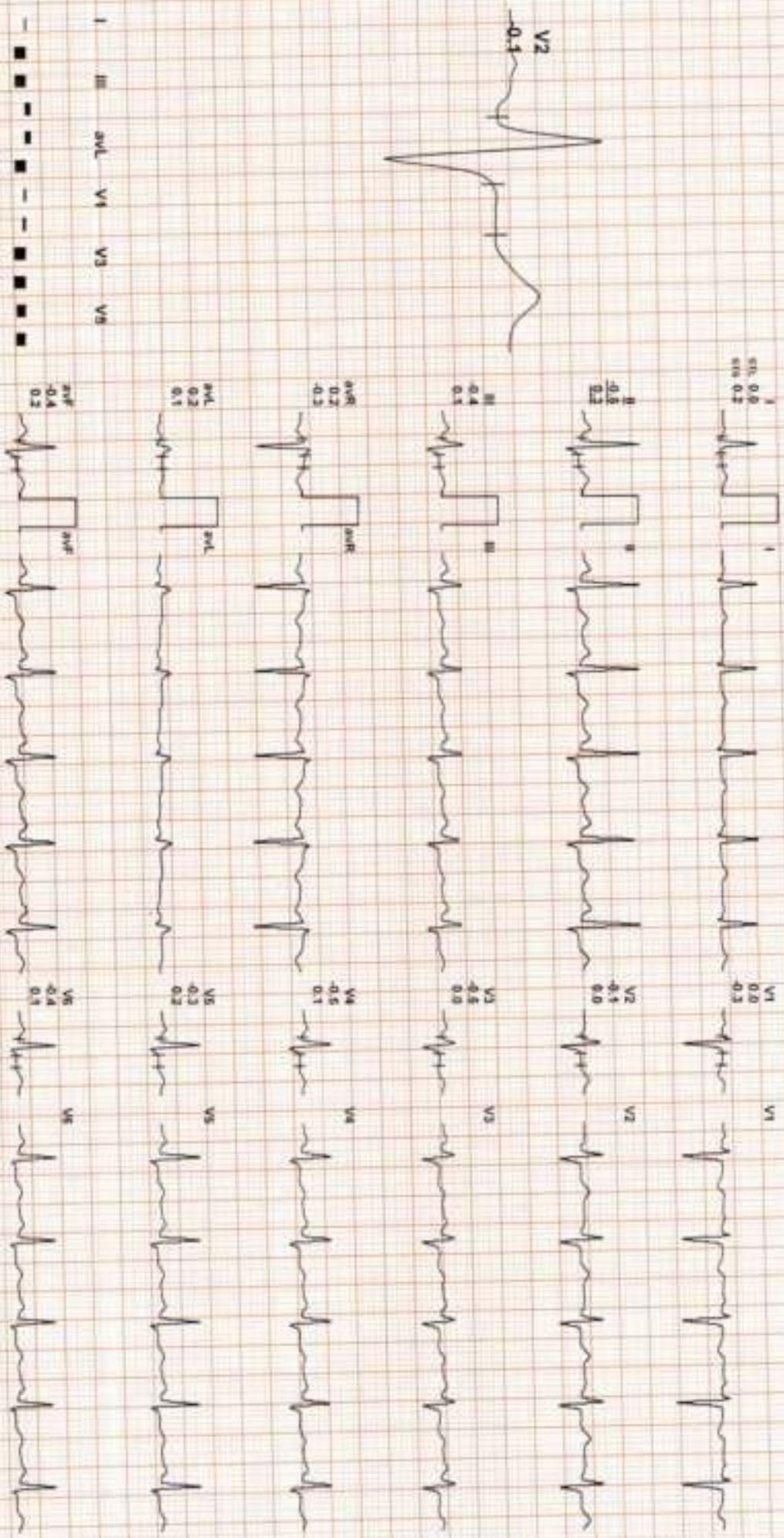


2866 / MRS. SAVITA SHEKHAWAT / 27 Yrs / F / 0 Cms / 0 Kg / HR : 101

Date: 08 / 09 / 2023 11:37:47 AM METS: 1.00 101 bpm 82% of THR BP: 130/80 mmHg Combined Modem/ BLC Owl Motion Owl HF: 0.05 Hz/2-F 100 Hz

4X 80 mS Post J

EXTime: 06:45 0.0 mgn. 0.0% 25 min/Sec. 1.0 Cm/mV



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

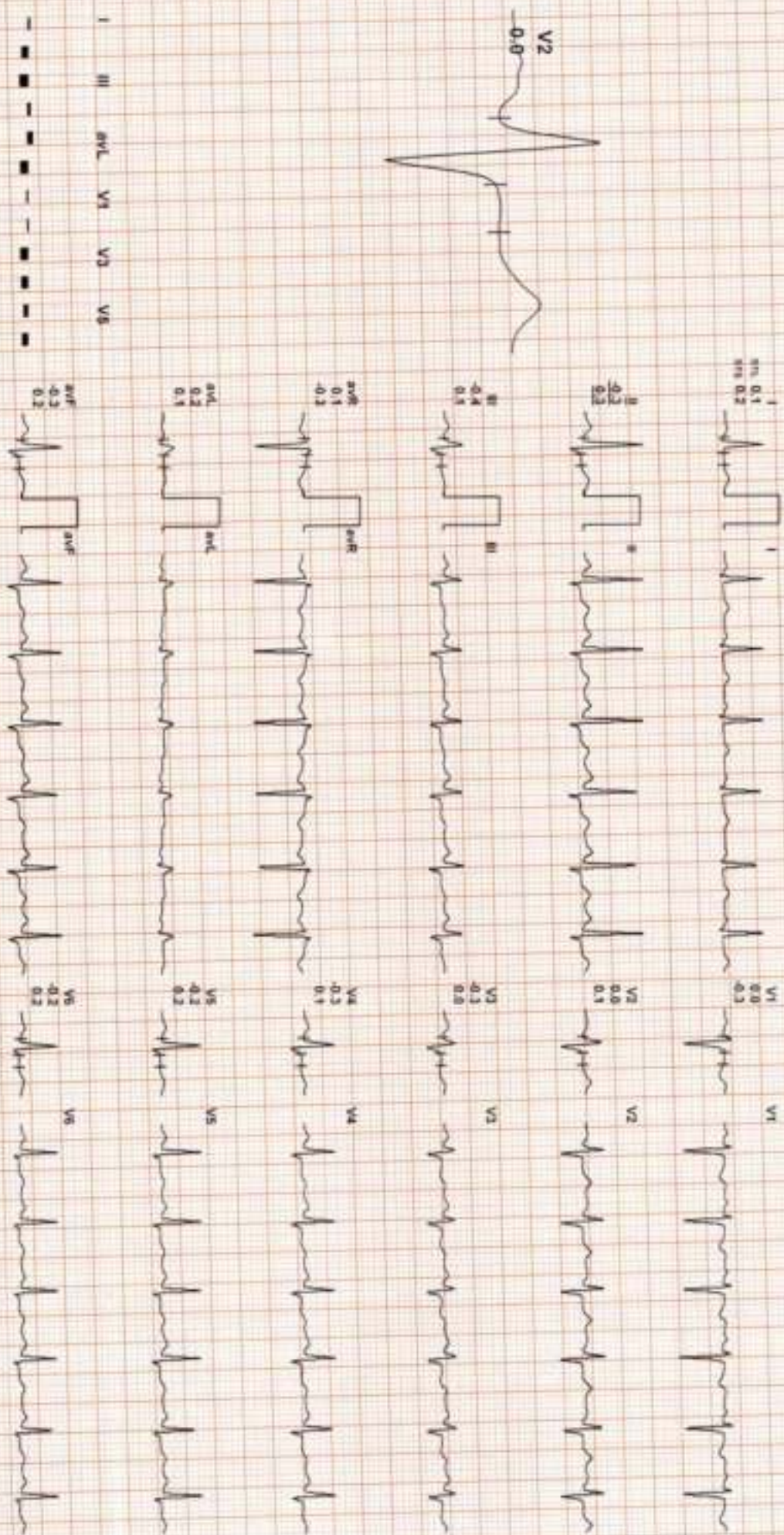


2866 / MRS. SAVITA SHEKHAWAT / 27 Yrs / F / 0 Cms / 0 Kg / HR : 104

Date: 06 / 09 / 2023 11:37:47 AM METS: 1.6/ 104 bpm 54% of THR BP: 126/80 mmHg Combined Medication/ BLC Qw/ Noida/ Qw 1/6/ 0.05 Hcp/L F: 100 Hz

4X 80 ms Post J

E:Time: 06:49 0.0 mpa 0.0%
25 mm/sec 1.6 Cm/mV



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



2866 / MRS. SAVITA SHEKHAWAT / 27 Yrs / F / 0 CMS / 0 Kg / HR : 93

Date: 06 / 09 / 2023 11:37:47 AM I

II

III

aVR

aVL

aVF

V1

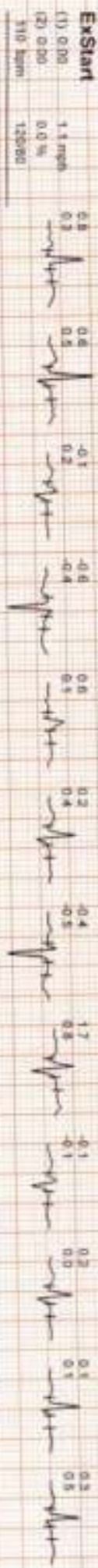
V2

V3

V4

V5

V6



DR. GOYALS PATH LAB & IMAGING CENTER

2866 / MRS. SAVITA SHEKHAWAT / 27 Yrs / F / 0 Cms / 0 Kg / HR : 93

Average



Date: 06 / 09 / 2023 11:37:47 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





Date :- 06/09/2023 10:23:54
NAME :- Mrs. SAVITA SHEKHAWAT
Sex / Age :- Female 27 Yrs 5 Mon 17 Days
Company :- MediWheel

Patient ID :- 12232791
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 06/09/2023 13:06:46

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 with parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. **Two calculi of size ~14x7 mm & ~ 11x5 mm** 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 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 82x54x55 mm. Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 6.7 mm.

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

IMPRESSION:

* **Cholelithiasis.**

Needs clinical correlation & further evaluation

*** End of Report ***

Page No: 1 of 1

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Name : SAVITA SHEKHAWAT / F

06 Sep 2023

