

# 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

### General Physical Examination



Date of Examination: 29/07/2022

Name: SHILPA SHARMA Age: 35 DOB: 28-01-1987 Sex: Female

Referred By: BOB

Identification Marks: \_\_\_\_\_

Photo ID: AADHAR ID #: attached

Ht: 158 (cm)

Wt: 82 (Kg)

Chest 104 (cm)

Abdomen Circumference: 97 (cm)

Blood Pressure: 116/79 mm Hg

PR: 72 / min

RR: 16 / min

Temp: Afebrile

Eye Examination: \_\_\_\_\_

Dis. vision 6/6 with spec. / N/G, No color blindness

Other: not significant

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

Signature of Examinee: \_\_\_\_\_ Name of Examinee: Shilpa Sharma

Signature Medical Examiner: \_\_\_\_\_ Name Medical Examiner: \_\_\_\_\_

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

<p>भारत सरकार Government of India</p> <p>शिल्पा शर्मा Shilpa Sharma जन्म तिथि/DOB: 26/01/1987 महिला/ FEMALE</p> <p>4331 8823 4192 VID : 9110 5946 9896 8319</p> <p>मेरा आधार, मेरी पहचान</p>	<p>भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India</p> <p>पता: W/O: लक्ष्मण शर्मा, 388, हरी भवन गल्ला रोड, राम गंज बाजार, जयपुर, जयपुर, राजस्थान - 302003</p> <p>Address: W/O: Tarun Sharma, 388, hari bhawan galta road, ram ganj bazar, Jaipur, Jaipur, Rajasthan - 302003</p> <p>4331 8823 4192 VID : 9110 5946 9896 8319</p> <p>1947   help@uidai.gov.in   www.uidai.gov.in</p>
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*Rina*

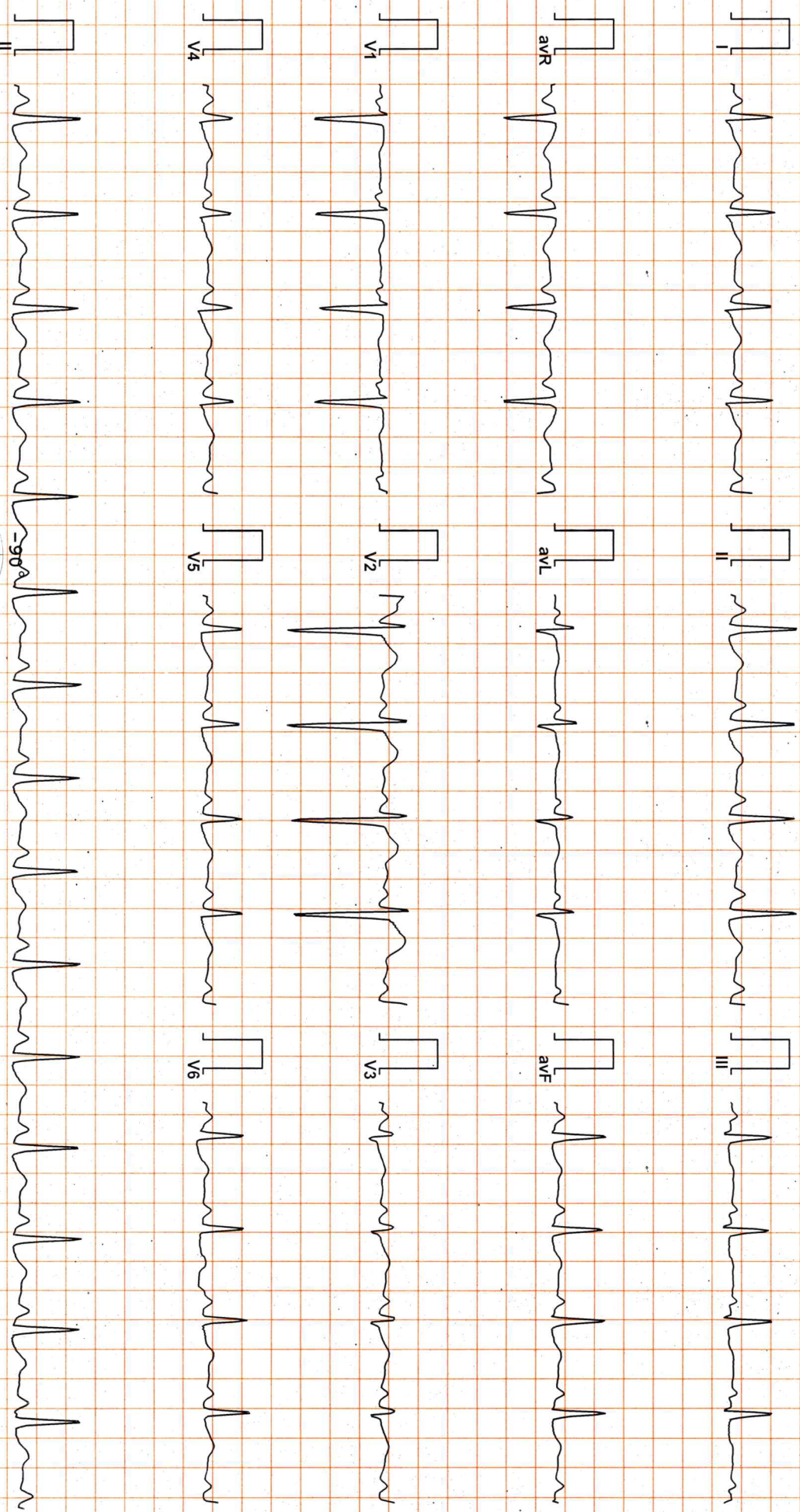
*Dr. Piyush Goyal*  
*M.B.B.S., D.M.R.D.*  
*RMC Reg. No.-017996*



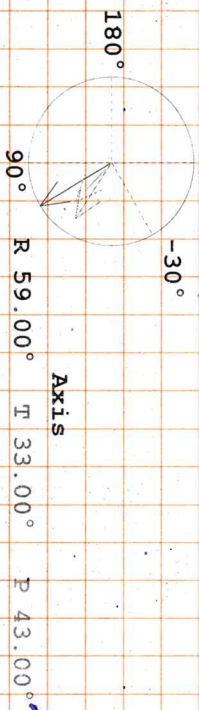
**DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR**

**ECG**

1832 / MRS. SHILPA SHARMA / 35 Yrs / M/ Non Smoker  
Heart Rate : 93 bpm / Tested On : 29-Jul-22 13:35:45 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Refd By: BOB



Vent Rate : 93 bpm  
PR Interval : 130 ms  
QRS Duration: 82 ms  
QT/QTc Int : 350/408 ms  
P-QRS-T axis: 43.00° • 59.00° • 33.00°



Allergis ECG (Pscs)(PIS218210312)

**Dr. Nagesh Kumar**  
MBBS, DPM, CARDIO/ESCORTS, DEM. (RCGP-UK)  
Reported By: *[Signature]*



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Date :- 29/07/2022 10:59:59  
**NAME :- Mrs. SHILPA SHARMA**  
Sex / Age :- Female 35 Yrs  
Company :- MediWheel

Patient ID :-12221525  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 29/07/2022 11:09:53

Final Authentication : 29/07/2022 12:07:58

### HAEMATOLOGY

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

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**

Method:- HPLC

5.6

%

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

Method:- Calculated Parameter

114

mg/dL

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

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Technologist

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Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	13.4	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	7.83	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	61.2	%	40.0 - 80.0
LYMPHOCYTE	35.2	%	20.0 - 40.0
EOSINOPHIL	<b>0.8 L</b>	%	1.0 - 6.0
MONOCYTE	2.5	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.80	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.76	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.06	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.19	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.30	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	40.30	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	93.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.3	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	372	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	<b>14.4 H</b>	%	11.6 - 14.0
MENTZER INDEX	21.84		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	18	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

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MC - 2300



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 Company :- MediWheel

Patient ID :-12221525  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 29/07/2022 11:09:53

Final Authentication : 29/07/2022 12:55:19

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	117.73	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	148.71	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	29.74	mg/dl	0.00 - 80.00

SKSHARMA

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	20.33	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	72.61	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	5.79	H	0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.57	H	0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	433.40	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 HDLCHOLESTERO** 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**

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Sample Type :- PLAIN/SERUM

Sample Collected Time 29/07/2022 11:09:53

Final Authentication : 29/07/2022 12:55:19

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.39	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	22.2	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	23.7	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	72.10	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.00	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.39	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.61	gm/dl	2.20 - 3.50
A/G RATIO	1.68		1.30 - 2.50

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Final Authentication : 29/07/2022 12:55:19

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.20	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.19	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	17.60	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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Sample Type :- PLAIN/SERUM

Sample Collected Time 29/07/2022 11:09:53

Final Authentication : 29/07/2022 12:36:47

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.898	μIU/mL	0.500 - 6.880

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.240	ng/ml	0.970 - 1.690
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SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.940	ug/dl	5.500 - 11.000
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**Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

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

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

#### INTERPRETATION

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

NARENDRAKUMAR  
 Technologist

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Sample Type :- URINE

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Final Authentication : 29/07/2022 15:17:53

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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Technologist

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Sex / Age :- Female 35 Yrs  
Company :- MediWheel

Patient ID :-12221525  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 29/07/2022 11:09:53

Final Authentication : 29/07/2022 15:17:53

### 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

SURENDRAMEENA  
Technologist

Page No: 11 of 16



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



# 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](http://www.drgoyalspathlab.com) | E-mail: [drgoyalpiyush@gmail.com](mailto:drgoyalpiyush@gmail.com)



Date :- 29/07/2022 10:59:59  
**NAME :- Mrs. SHILPA SHARMA**  
Sex / Age :- Female 35 Yrs  
Company :- MediWheel

Patient ID :-12221525  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 29/07/2022 11:09:53

Final Authentication : 29/07/2022 15:17:53

### CLINICAL PATHOLOGY

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

SURENDRAMEENA  
Technologist

Page No: 12 of 16



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





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Website: [www.drgoyalspathlab.com](http://www.drgoyalspathlab.com) | E-mail: [drgoyalpiyush@gmail.com](mailto:drgoyalpiyush@gmail.com)



Date :- 29/07/2022 10:59:59

**NAME :- Mrs. SHILPA SHARMA**

Sex / Age :- Female 35 Yrs

Company :- MediWheel

Patient ID :-12221525

Ref. By Dr:- BOB

Lab/Hosp :-



### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AJAYSINGH, ANITASHARMA, BILAL, NARENDRAKUMAR, SKSHARMA, SURENDRAMEENA

Page No: 14 of 16



# Dr. Goyal's

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Date :- 29/07/2022 10:59:59

Patient ID :- 12221525

**NAME :- Mrs. SHILPA SHARMA**

Ref. By Dr:- BOB



Sex / Age :- Female 35 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 29/07/2022 14:55:45

Final Authentication : 29/07/2022 15:17:53

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO

"AB" 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

AJAYSINGH, SURENDRAMEENA  
**Technologist**

Page No: 15 of 16



**Dr. Rashmi Bakshi**  
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Date :- 29/07/2022 10:59:59  
**NAME :- Mrs. SHILPA SHARMA**  
Sex / Age :- Female 35 Yrs  
Company :- MediWheel

Patient ID :- 12221525  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 29/07/2022 11:09:53

Final Authentication : 29/07/2022 12:55:19

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	11.3	mg/dl	0.0 - 23.0

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

SKSHARMA

Page No: 16 of 16



**Dr. Chandrika Gupta**  
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RMC NO. 21021/008037

# Dr. Goyal's

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



Date :- 29/07/2022 10:59:59  
**NAME :- Mrs. SHILPA SHARMA**  
Sex / Age :- Female 35 Yrs  
Company :- MediWheel

Patient ID :- 12221525  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 29/07/2022 14:30:12

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 measures 78x47x39mm.  
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.  
Endometrial echo is normal. Endometrial thickness is 9.5mm.

**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 \*\*\*

ANITASHARMA

Page No: 1 of 1

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

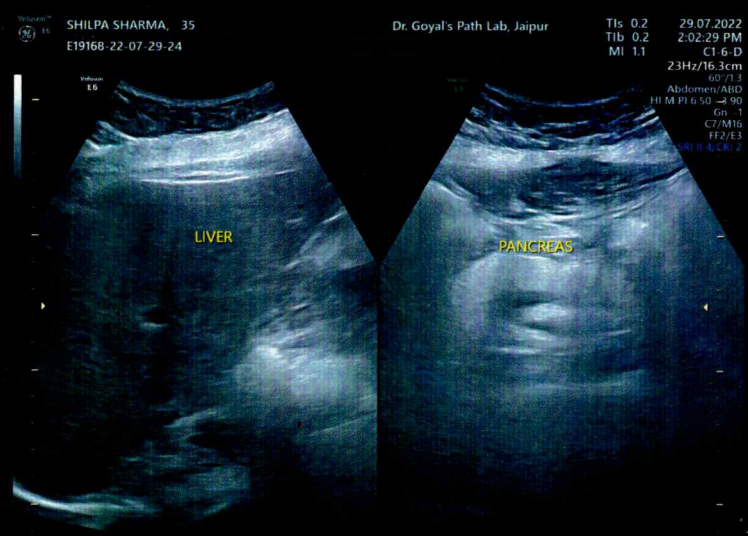
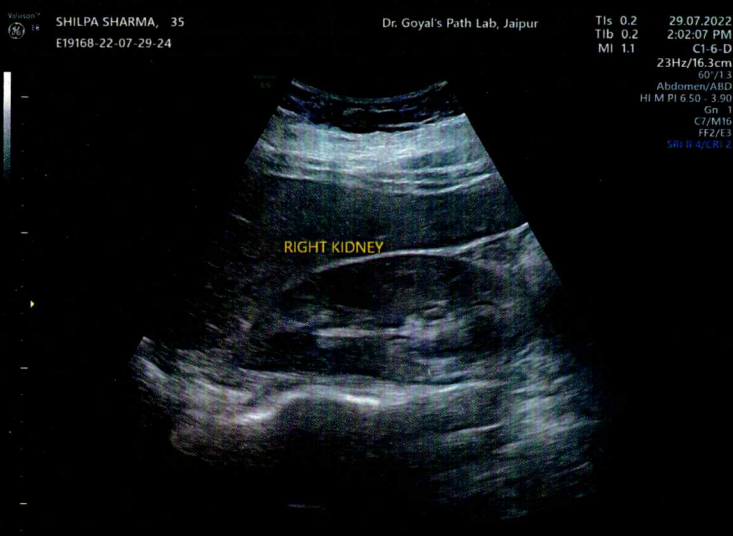
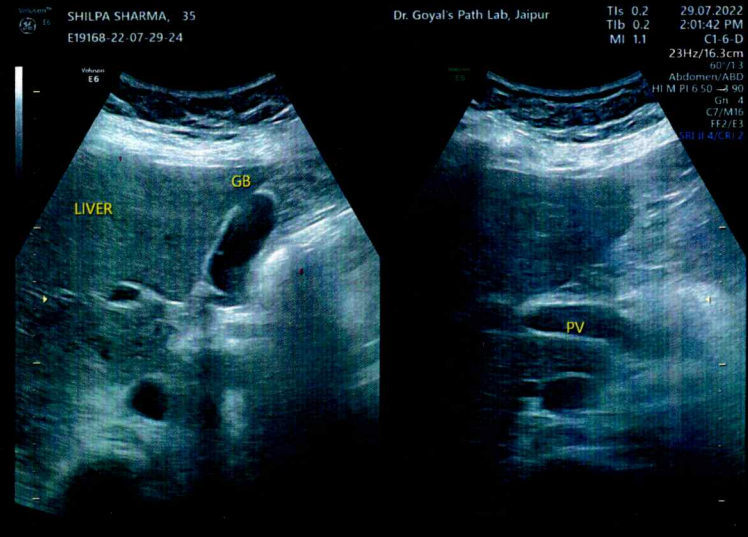
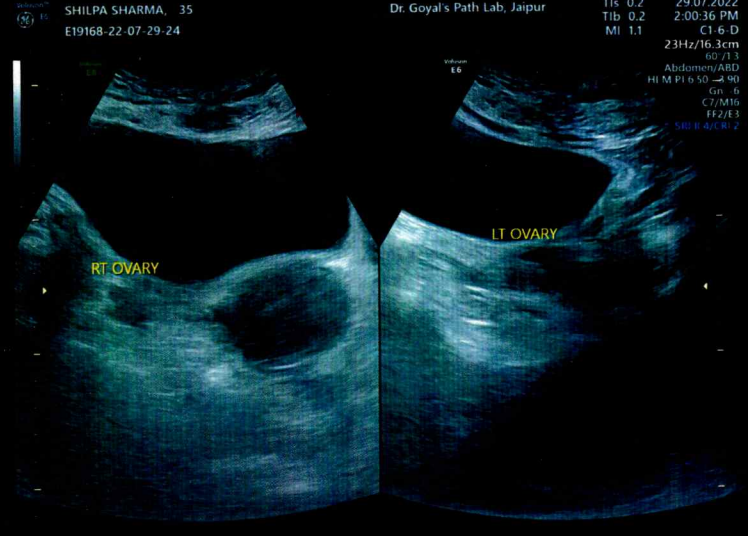
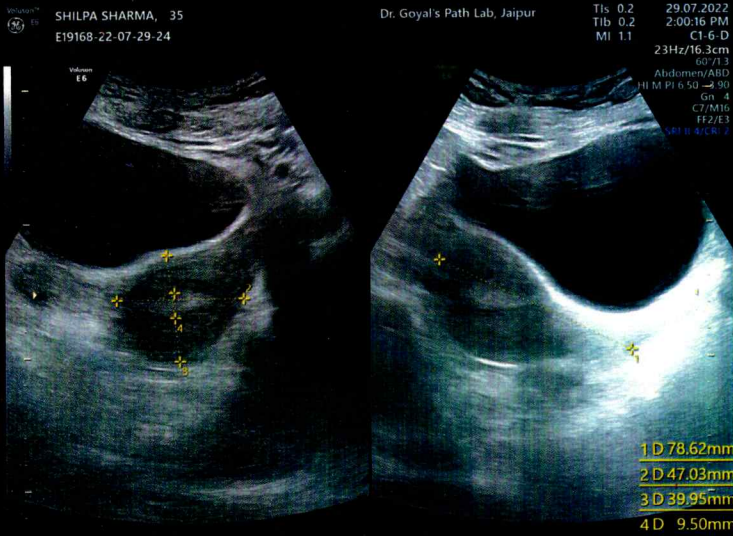
Dr. Poo  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

Dr. Tej Prakash Gupta  
MBBS, DMRD, UCAM  
Fetal Medicine Specialist  
RMC No 24436 FMF ID 102534

Dr. Rathod Hetali Amrutlal  
MBBS, M.D. (Radio-Diagnosis)  
RMC No. 17163

Transcript by.

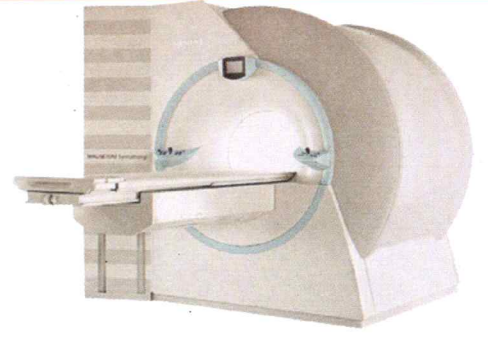




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**NAME :- Mrs. SHILPA SHARMA**  
Sex / Age :- Female 35 Yrs  
Company :- MediWheel

Patient ID :- 12221525  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 29/07/2022 15:30:49

BOB PACKAGEFEMALE BELOW 40

### X RAY CHEST PA VIEW:

*Expiratory film.*

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.

**Impression :- Normal Study**

(Please correlate clinically and with relevant further investigations)

*Poonam*

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

**DR. POONAM GUPTA**  
**MD RADIO DIAGNOSIS**

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

Page No: 1 of 1

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(D.M.R.D.)

**Dr. Poonam Gupta**  
(M.D. Radiodiagnosis)

**Dr. Shankar Tejwani**  
(M.D. Radiodiagnosis)

**Dr. Paresh Sukhani**  
(M.D. Radiodiagnosis)

**Dr. Rathod Hetali Amrutlal**  
(M.D. Radiodiagnosis)