

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

स्थायी लेखा संख्या कार्ड
 Permanent Account Number Card
HKPPK1395Q


 नाम / Name
GOURI KANWAR

पिता का नाम / Father's Name
GOPAL SINGH JADAUAN

जन्म की तारीख /
 Date of Birth
01/01/1990

07082018

PAN Application Digitally Signed. Card Not Valid unless Physically Signed.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटायें:
 आयकर पैन सेवा इकाई, एन एस डी यूएल
 5 वीं मंजिल, मंत्री स्टर्लिंग,
 प्लॉट नं. 341, सर्वे नं. 997/8,
 मॉडल कॉलोनी, दीप बंगला चौक के पास,
 पुणे - 411 016.

**If this card is lost / someone's lost card is found,
 please inform / return to :**

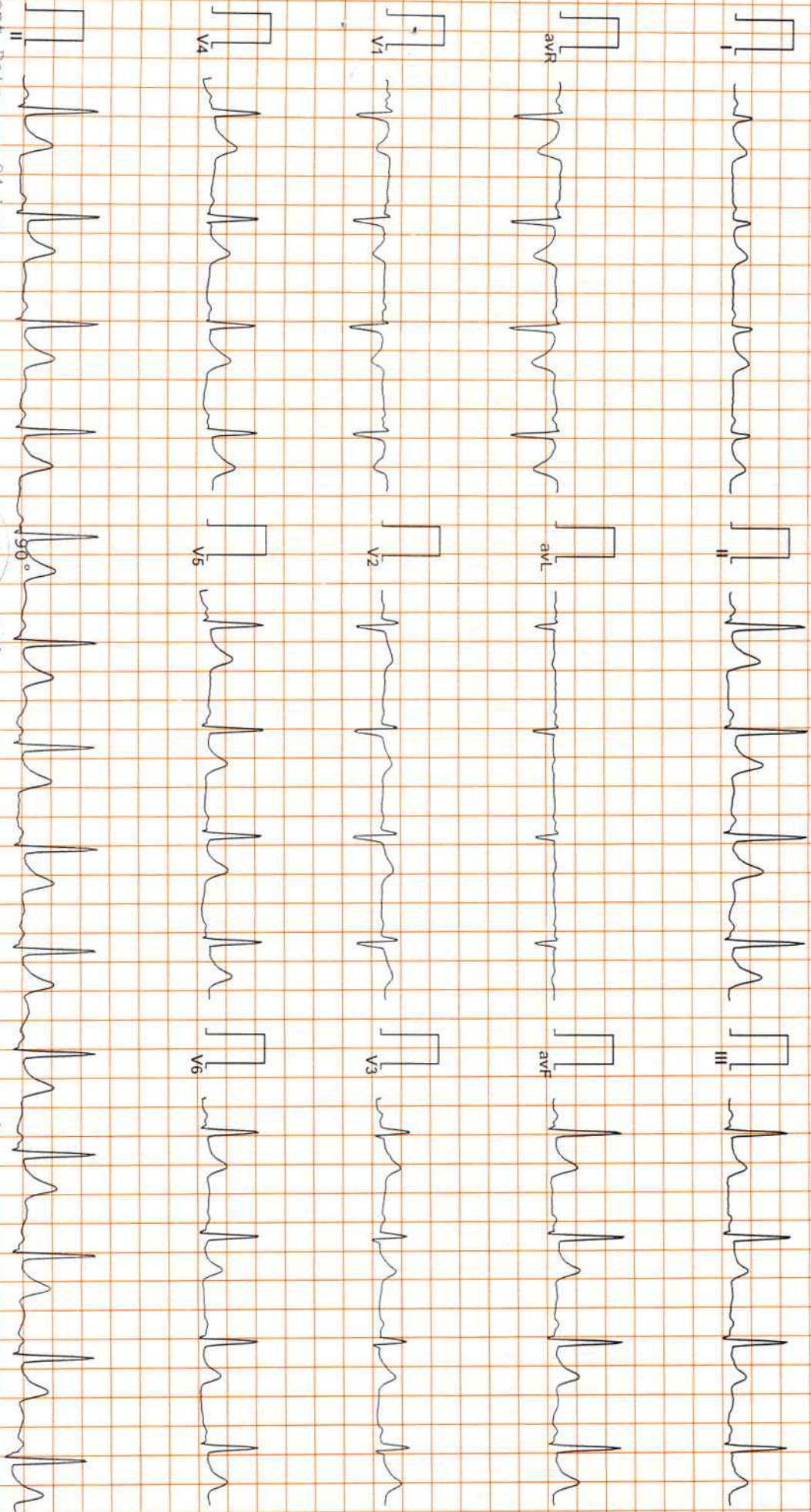
Income Tax PAN Services Unit, NSDL
 5th Floor, Mantri Sterling,
 Plot No. 341, Survey No. 997/8,
 Model Colony, Near Deep Bungalow Chowk,
 Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
 e-mail: tininfo@nsdl.co.in

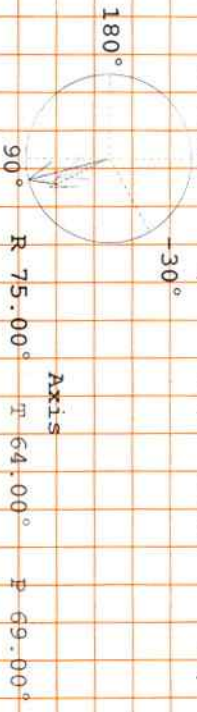
Cancelled

Dr. PIYUSH GOYAL
 MBBS, DMRD (Medical Radiologist)
 RMC No. 100/11
 Dr. GOYAL'S
 Fath Lab & Imaging Center, Jaipur

1119 / MRS. GAURI KANWAR / 30 Yrs / F / Non Smoker
Heart Rate : 84 bpm / Tested On : 26-Feb-22 14:22:57 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Reid By: BOB



Vent. Rate : 84 bpm
PR Interval : 116 ms
QRS Duration : 78 ms
QT/QTc Int : 360/402 ms
P-QRS-T axes : 69.00 • 75.00 • 64.00



Handwritten signature

Reported By:

Dr. Piyush Goyal
MBBS, DMARD, MD, DNB
RMC No. 2019/1119
Dr. Goyal
Path Lab & Imaging Center, Jaipur



264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg Date: 26-Feb-2022 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:29	0:29	01.1	00.0	01.0	082	43%	110/70	090	00	
Standing	00:42	0:13	01.1	00.0	01.0	084	44%	110/70	092	00	
HV	00:52	0:10	01.1	00.0	01.0	088	46%	110/70	096	00	
ExStart	02:23	1:31	01.1	00.0	01.0	120	63%	110/70	132	00	
BRUCE Stage 1	05:23	3:00	01.7	10.0	04.7	149	78%	120/74	178	00	
BRUCE Stage 2	08:23	3:00	02.5	12.0	07.1	155	82%	130/78	201	00	
PeakEx	09:25	1:02	03.4	14.0	08.2	166	87%	130/78	215	00	
Recovery	10:25	1:00	00.0	00.0	01.2	129	68%	140/80	180	00	
Recovery	11:25	2:00	00.0	00.0	01.0	109	57%	130/70	141	00	
Recovery	12:25	3:00	00.0	00.0	01.0	096	51%	120/70	115	00	
Recovery	13:25	4:00	00.0	00.0	01.0	098	52%	110/70	107	00	
Recovery	14:09	4:44	00.0	00.0	01.0	097	51%	110/70	106	00	

FINDINGS :

Exercise Time : 07:02
 Max HR Attained : 166 bpm 87% of Target 190
 Max BP Attained : 140/80
 Max WorkLoad Attained : 8.2 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Ind acceptable for RMT

DR. PRADEEP KUMAR
 (Cardiologist)
 26/2/22
 RMC No. 037/1/21
 Dr. Goyals Path Lab & Imaging Center, Jaipur

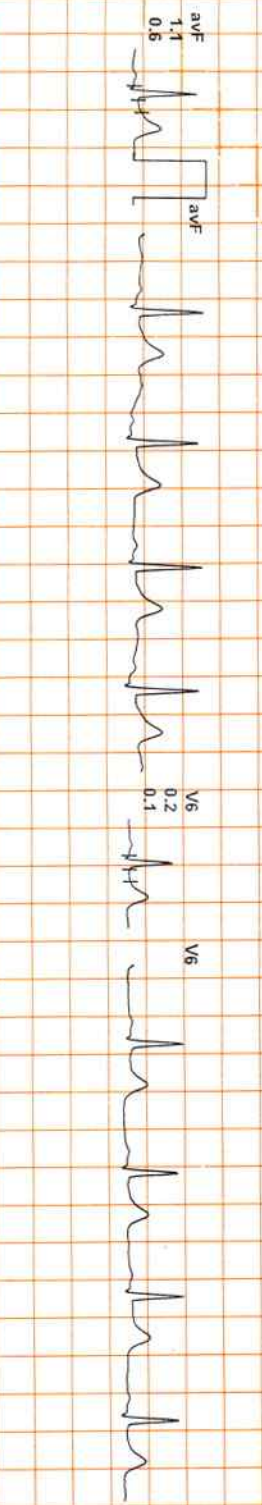
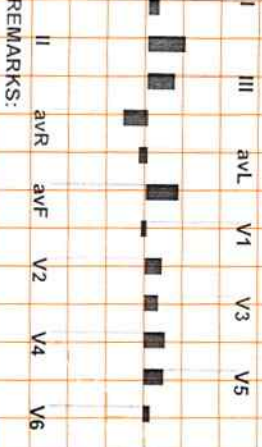
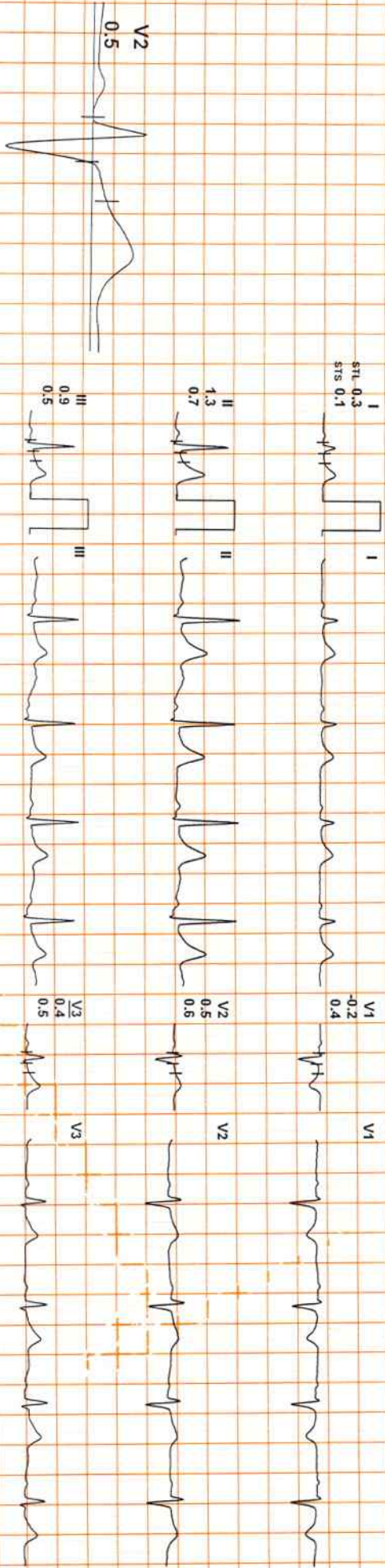


264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 82

Date: 26-Feb-2022 02:25:06 PM METS: 1.0/ 82 bpm 43% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



(ADX_GEM216201125)(R)Allengers



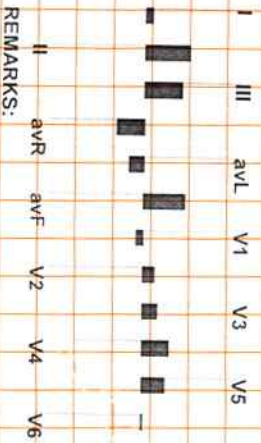
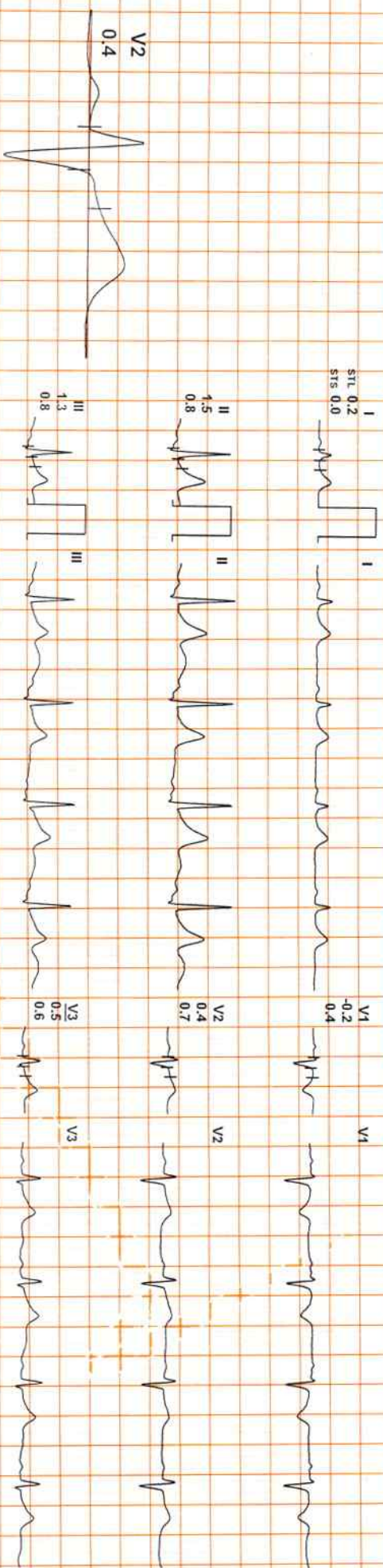
264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 84

Date: 26-Feb-2022 02:25:06 PM METS: 1.0/ 84 bpm 44% 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)Allergens



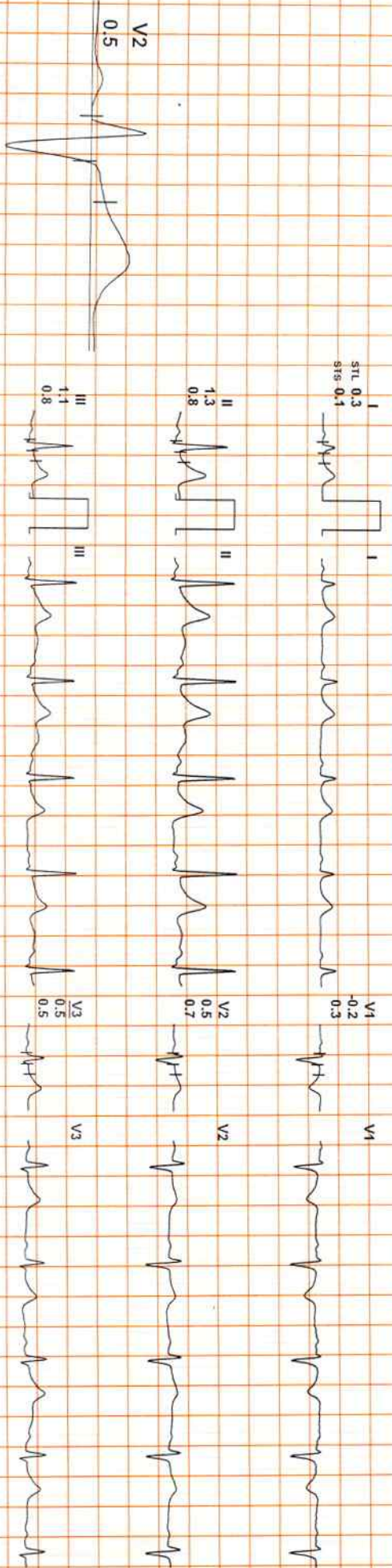
264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 88

Date: 26-Feb-2022 02:25:06 PM METS: 1.0/ 88 bpm 46% 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:
 II aVR aVF V2 V4 V6
 I III aVL V1 V3 V5

(ADX_GEM216201125)(R)Allengers

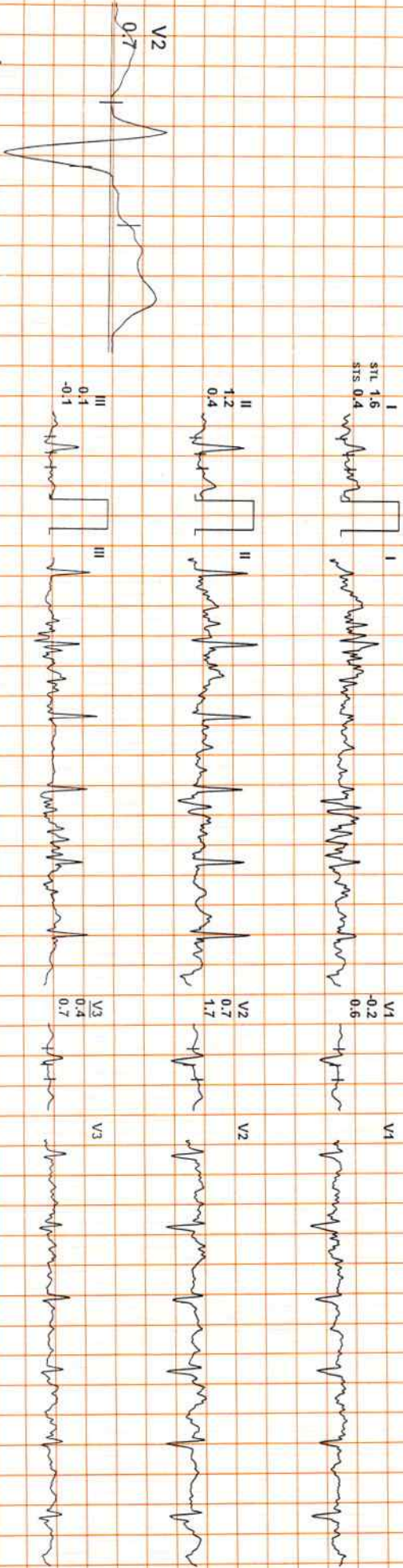
264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 120

Date: 26-Feb-2022 02:25:06 PM METS: 1.0/ 120 bpm 63% 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:

(BDX_GEM216201125)(R)Allergens



Date: 26-Feb-2022 02:25:06 PM METS: 4.71 149 bpm 78% 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%

4X 60 ms Post-J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6

(ADXL GEM2-620H25)(R)Allengers



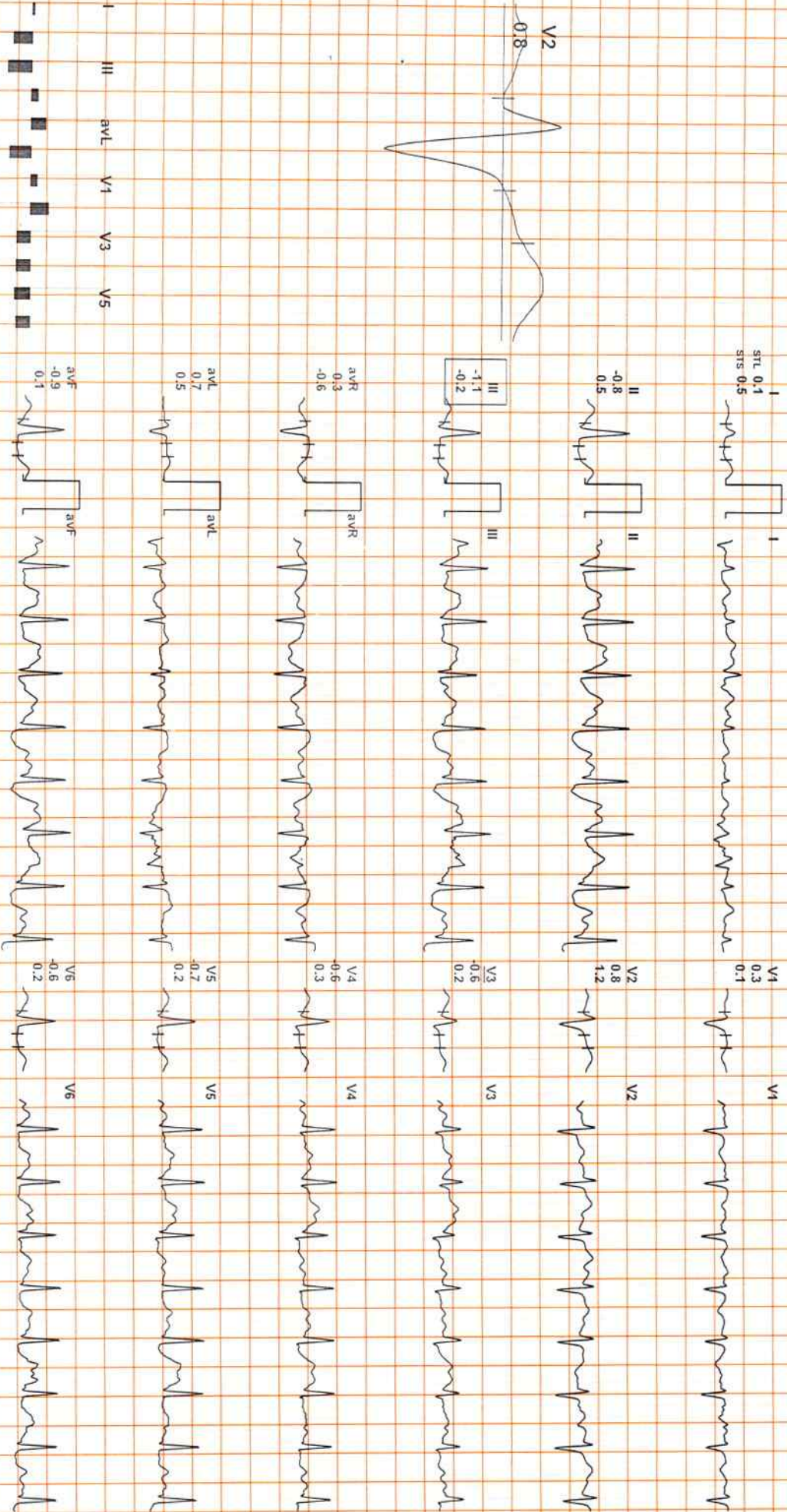
264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 155

Date: 26-Feb-2022 02:25:06 PM METS: 7.4/ 155 bpm 82% 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 m/s Post J

25 min/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6

(ADX_GEM216201125)(R)Allengers



264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 166

Date: 26-Feb-2022 02:25:06 PM METS: 8.2l 166 bpm 87% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:02 3.4 mph, 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 cm/mV

I
STL -0.4
STS 0.1

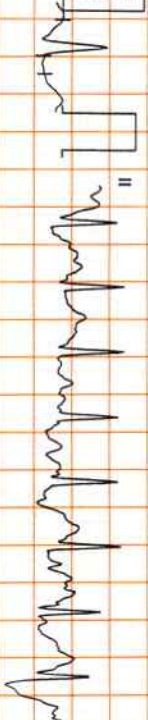


V1

0.4
1.8



II
-2.4
0.2



V2

-0.1
2.2

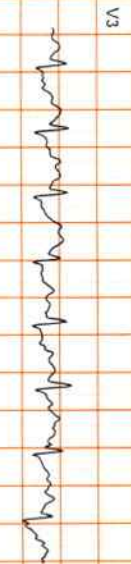


III
-1.9
0.1

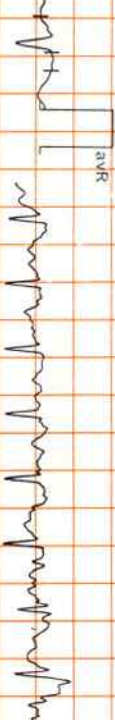


V3

-1.3
1.6



aVR
1.5
-0.2



V4

-1.5
1.3



aVL
0.7
0.0



V5

-1.6
0.6



aVF
-2.1
0.2



V6

-1.4
0.3



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

(ADX_GEM216201125)(R)Atrial Fibr



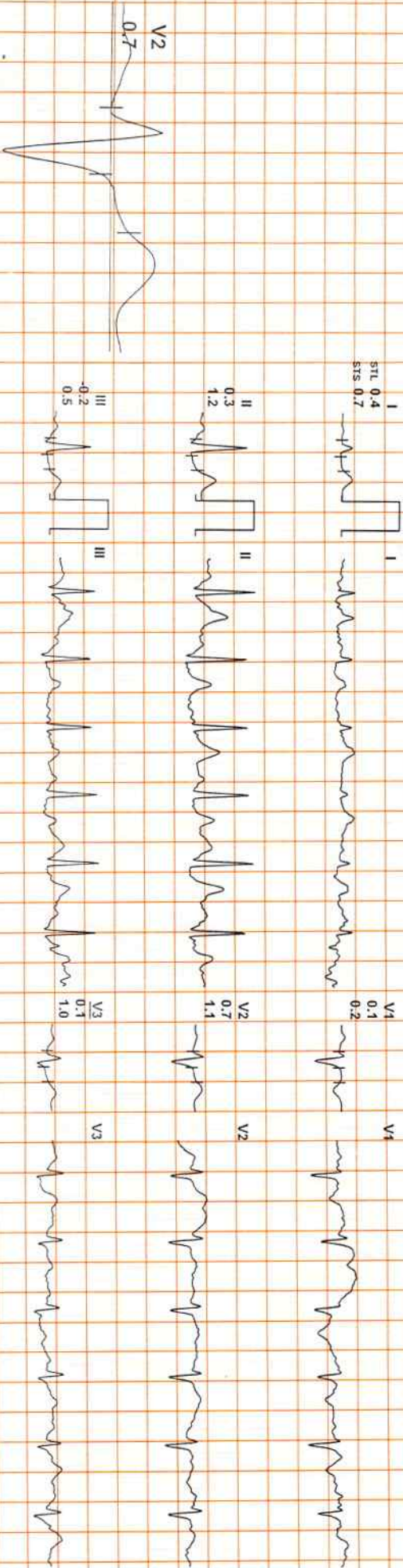
264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 129

Date: 26-Feb-2022 02:25:06 PM METS: 1.21 129 bpm 68% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

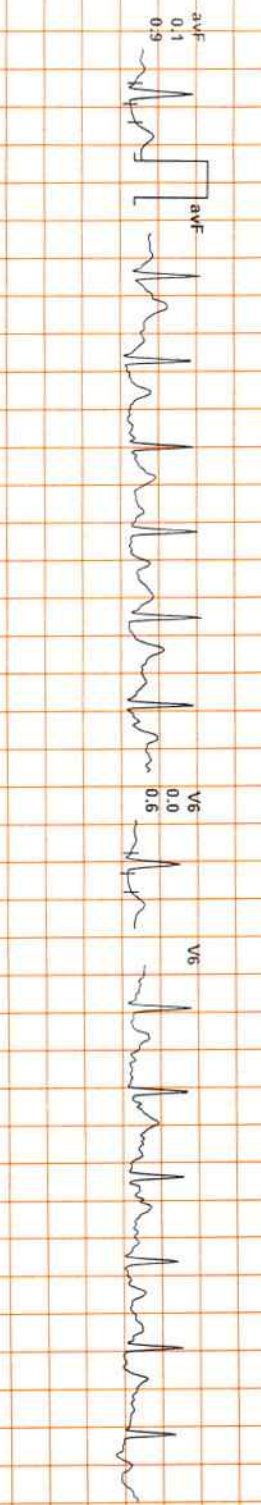
ExTime: 07:02 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



I III
 II AVR AVF V2 V4 V6
 V1 V3 V5



REMARKS:

ADX_GEM216201125J(R)/Allengers



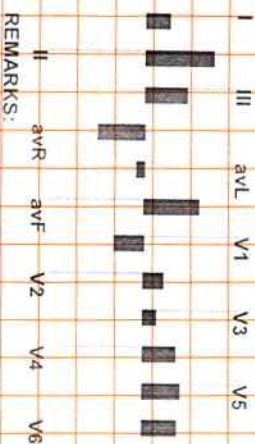
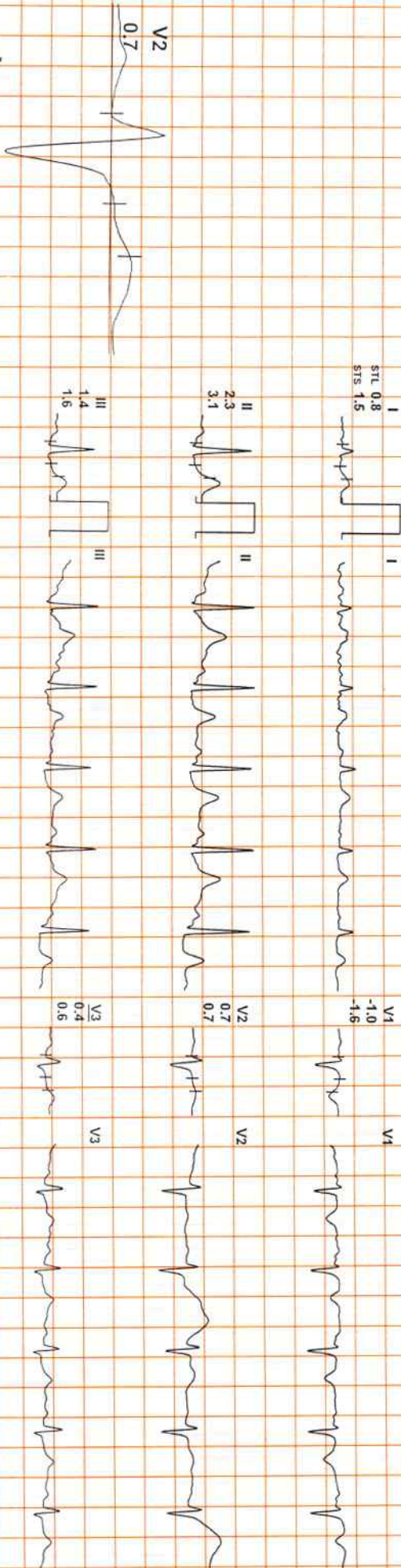
264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 109

Date: 26-Feb-2022 02:25:06 PM METS: 1.0/ 109 bpm 57% of THR BP: 130/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:02 0.0 mph, 0.0%

4X 80 MS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM216201125)(R)/Allergis



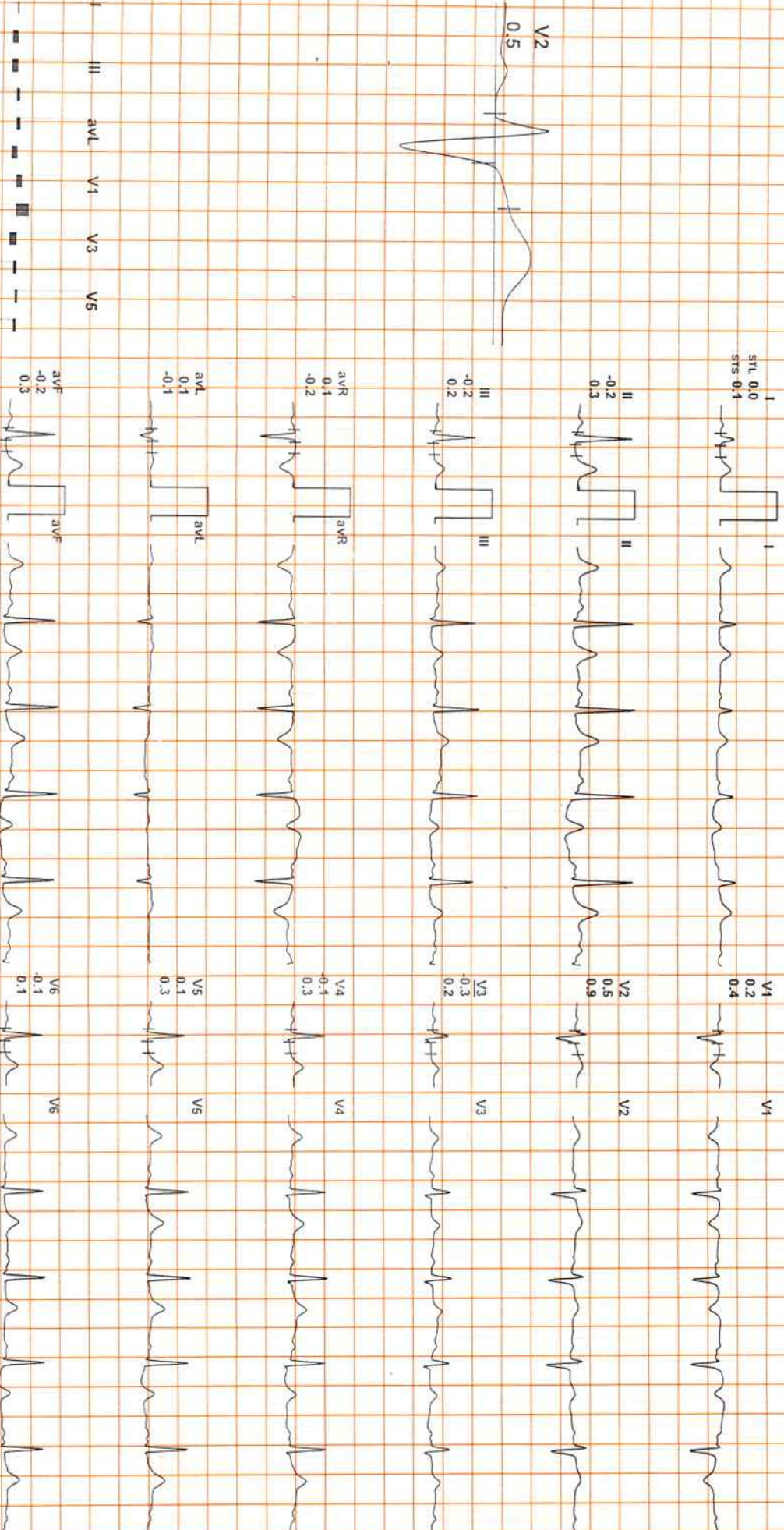
264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 96

Date: 26-Feb-2022 02:25:06 PM METS: 1.0/ 96 bpm 51% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:02 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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

(ADX_GEM216201125)(R)Allengers



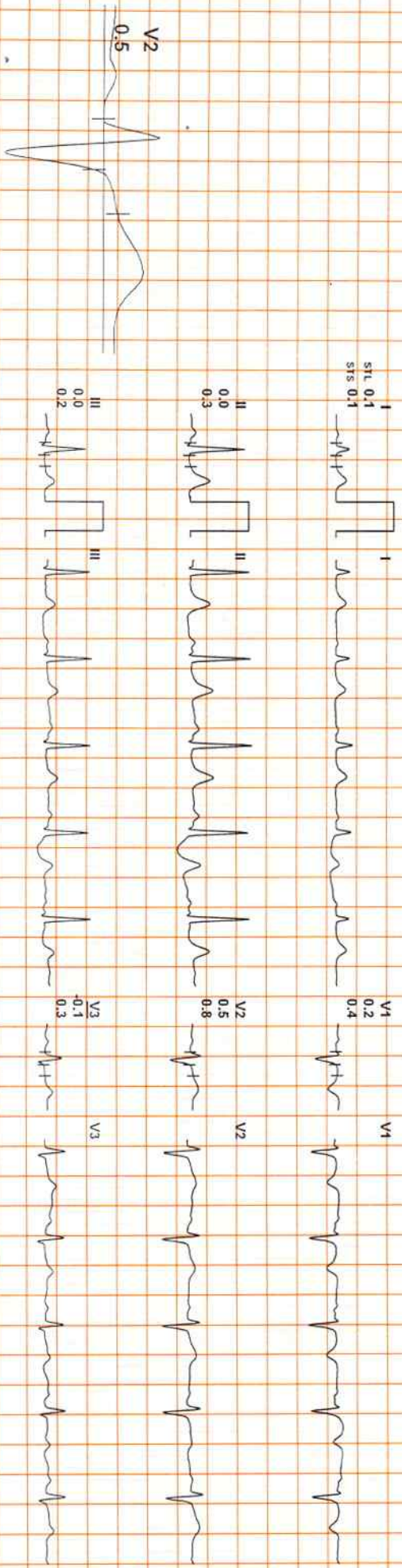
264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 98

Date: 26-Feb-2022 02:25:06 PM METS: 1.0/ 98 bpm 52% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:02 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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

(ADX_GEM216201125)(R)Allengers



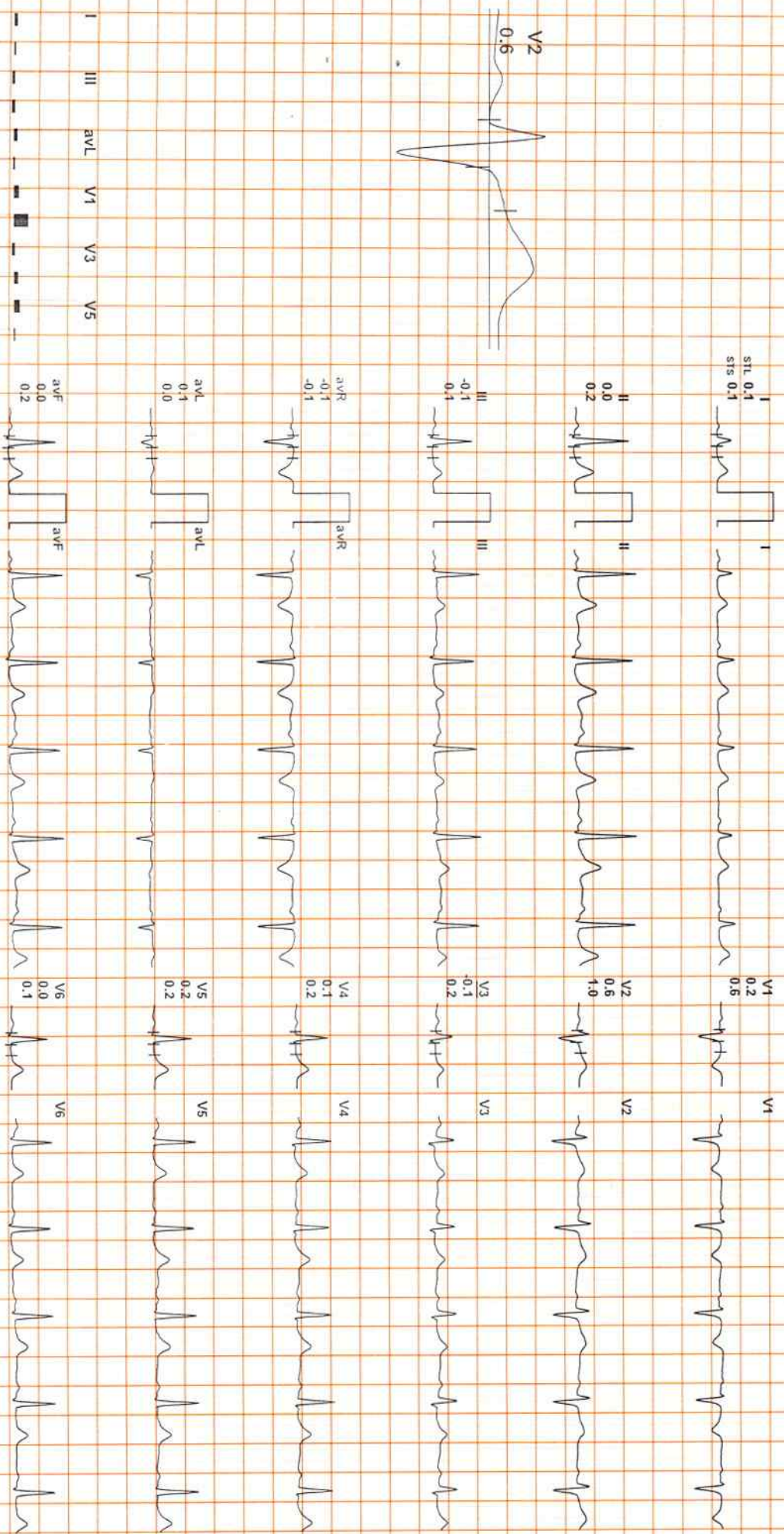
264 / MRS. GAURI KANWAR / 30 Yrs / F / 0 Cms / 30 Kg / HR : 97

Date: 26-Feb-2022 02:25:06 PM METS: 1.0/ 97 bpm 51% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/ LF 35 Hz

ExTime: 07:02 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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

ADX_GEM216201125(R)Allengaris



Date: 26-Feb-2022 02:25:06 PM

I

II

III

avR

avL

avF

V1

V2

V3

V4

V5

V6

Supine



Standing



HV



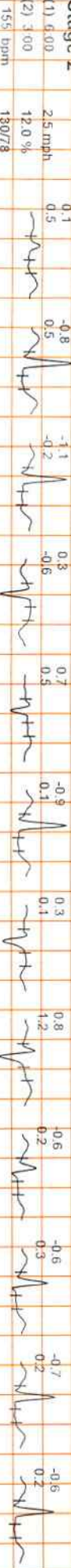
ExStart

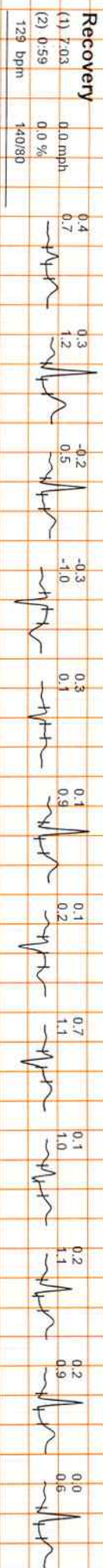
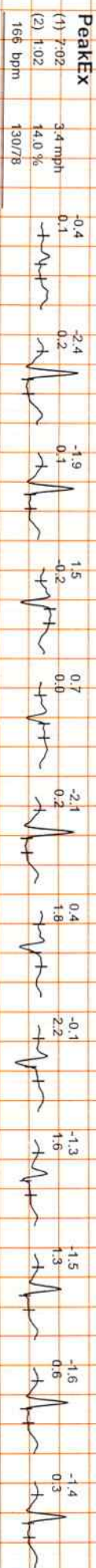


Stage 1



Stage 2





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 :- 26/02/2022 11:05:16

Patient ID :-122127264

NAME :- Mrs. GAURI KANWAR

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 26/02/2022 11:34:17

Final Authentication : 26/02/2022 16:48:01

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.2	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.94	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	69.1	%	40.0 - 80.0
LYMPHOCYTE	24.2	%	20.0 - 40.0
EOSINOPHIL	2.8	%	1.0 - 6.0
MONOCYTE	3.7	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.11	10 ³ /uL	1.50 - 7.00
LYMPH#	1.44	10 ³ /uL	1.00 - 3.70
EO#	0.16	10 ³ /uL	0.00 - 0.40
MONO#	0.22	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	3.85	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	35.20 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	91.3	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.6	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.5	g/dL	31.5 - 34.5
PLATELET COUNT	150	x10 ³ /uL	150 - 410
RDW-CV	12.8	%	11.6 - 14.0
MENTZER INDEX	23.71		

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 14



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 :- 26/02/2022 11:05:16
NAME :- Mrs. GAURI KANWAR
Sex / Age :- Female 30 Yrs
Company :- MediWheel

Patient ID :-122127264
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 26/02/2022 11:34:17

Final Authentication : 26/02/2022 16:48:01

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.2	%	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	103	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Technologist

AJAYSINGH

Page No: 1 of 14



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

"CONDITIONS OF REPORTING SEE OVER LEAF"

Dr. Goyal's

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Tele: 0141-2293346, 4049787, 9887049787
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Date :- 26/02/2022 11:05:16
NAME :- Mrs. GAURI KANWAR
Sex / Age :- Female 30 Yrs.
Company :- MediWheel

Patient ID :-122127264
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 26/02/2022 11:34:17

Final Authentication : 26/02/2022 16:48:01

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	12	mm/hr.	00 - 20

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: TLC, DLC, Fluorescent Flow cytometry; HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance and MCH, MCV, MCHC, MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L, Japan

Technologist

AJAYSINGH

Page No: 3 of 14



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

"CONDITIONS OF REPORTING SEE OVER LEAF"

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Tele: 0141-2293346, 4049787, 9887049787

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



Date :- 26/02/2022 11:05:16

Patient ID :- 122127264

NAME :- Mrs. GAURI KANWAR

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Iodide, SERUM, 26/02/2022 13:59:42

Final Authentication : 26/02/2022 15:47:35

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	90.4	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma) 98.6 mg/dl 70.0 - 140.0
Method:- GOD PAP

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

SERUM CREATININE 0.81 mg/dl Men - 0.6-1.30
Method:- Colorimetric Method Women - 0.5-1.20
SERUM URIC ACID 5.20 mg/dl Men - 3.4-7.0
Method:- Enzymatic colorimetric Women - 2.4-5.7

MUKESH SINGH

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Date :- 26/02/2022 11:05:16

Patient ID :-122127264

NAME :- Mrs. GAURI KANWAR

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/02/2022 11:34:17

Final Authentication : 26/02/2022 15:47:35

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	144.27	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	39.08	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	7.82	mg/dl	0.00 - 80.00

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Date :- 26/02/2022 11:05:16 Patient ID :-122127264
NAME :- Mrs. GAURI KANWAR Ref. By Dr:- BOB
 Sex / Age :- Female 30 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 26/02/2022 11:34:17 Final Authentication : 26/02/2022 15:47:35

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	48.50	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	89.26	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	2.97		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.84		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	384.02 L	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p>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.</p> <p>DIRECT HDL CHOLESTEROL 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.</p> <p>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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

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Date :- 26/02/2022 11:05:16
NAME :- Mrs. GAURI KANWAR
Sex / Age :- Female 30 Yrs
Company :- MediWheel

Patient ID :- 122127264
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/02/2022 11:34:17

Final Authentication : 26/02/2022 15:47:35

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.79	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	5.0	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	14.0	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	51.60	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.92	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.40	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.52	gm/dl	2.20 - 3.50
A/G RATIO	1.75		1.30 - 2.50

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Patient ID :-122127264

NAME :- Mrs. GAURI KANWAR

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/02/2022 11:34:17

Final Authentication : 26/02/2022 15:47:35

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.34	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.45	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	8.00	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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Date :- 26/02/2022 11:05:16

Patient ID :- 122127264

NAME :- Mrs. GAURI KANWAR

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/02/2022 11:34:17

Final Authentication : 26/02/2022 14:31:07

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TSH

1.850

μIU/mL

0.465 - 4.680

Method:- Enhanced Chemiluminescence Immunoassay

Technologist

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Date :- 26/02/2022 11:05:16 Patient ID :-122127264
NAME :- Mrs. GAURI KANWAR Ref. By Dr:- BOB
 Sex / Age :- Female 30 Yrs Lab/Hosp :-
 Company :- MediWHEEL

Sample Type :- PLAIN/SERUM

Sample Collected Time 26/02/2022 11:34:17

Final Authentication : 26/02/2022 14:31:07

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 1.350 ng/ml 0.970 - 1.690
Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 10.000 ug/dl 5.500 - 11.000
Method:- Chemiluminescence(Competitive immunoassay)

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 T4 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

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Date :- 26/02/2022 11:05:16

Patient ID :- 122127264

NAME :- Mrs. GAURI KANWAR

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 26/02/2022 11:34:17

Final Authentication : 26/02/2022 12:54:16

CLINICAL PATHOLOGY

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

SAPNA

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Date :- 26/02/2022 11:05:16
NAME :- Mrs. GAURI KANWAR
Sex / Age :- Female 30 Yrs
Company :- MediWheel

Patient ID :-122127264
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 26/02/2022 11:34:17

Final Authentication : 26/02/2022 12:54:16

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.5		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

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NAME :- Mrs. GAURI KANWAR
Sex / Age :- Female 30 Yrs
Company :- MediWheel

Patient ID :- 122127264
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA, PLAIN/SERUM, URINE, SPT, etc. Collected Time 26/02/2022 13:59:42

Final Authentication : 26/02/2022 16:48:01

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O"	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)	9.5	mg/dl	0.0 - 23.0

*** End of Report ***

Technologist

AJAYSINGH, MUKESH SINGH, SAPNA

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Patient ID :-122127264
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Lab/Hosp :-

Final Authentication : 26/02/2022 15:54:33

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 ***

Page No: 1 of 1,

SAVITA

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Transcript by.

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Patient ID :- 122127264
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Lab/Hosp :-

Final Authentication : 26/02/2022 16:36:12

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 contracted.(Postprandial status).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 **mild bulky in size and measures 100 x 43 mm.**
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.
Endometrial echo is normal. Endometrial thickness is 7.6 mm.

Both ovaries are visualised and are normal. No adnexal mass is seen.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pouch of douglas.

IMPRESSION:

*Mild bulky uterus.

Needs clinical correlation & further evaluation

*** End of Report ***

Page No: 1 of 1

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