

B बैंक ऑफ बड़ौदा
Bank of Baroda

नाम प्रिया श्रीवास्तव
Name Priya Srivastava

कर्मचारी कूट संख्या
E C Number 164513

जारीकर्ता प्राधिकारी
Issuing Authority



Priya
धारक के हस्ताक्षर
Holder's Signature

मिलने पर निम्नलिखित को लौटाएँ:-

उप क्षेत्रीय प्रमुख

बैंक ऑफ बड़ौदा

क्षेत्रीय कार्यालय, द्वितीय तल,

पी-23 विभूति खंड, गोमती नगर

लखनऊ - 226 010

दूरभाष नं. 91 522 6677619/6677670/6677744/

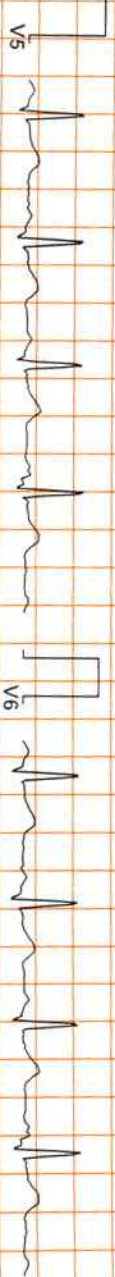
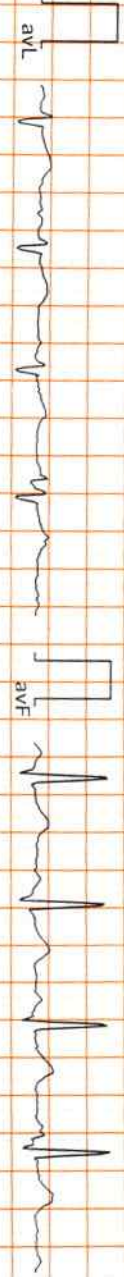
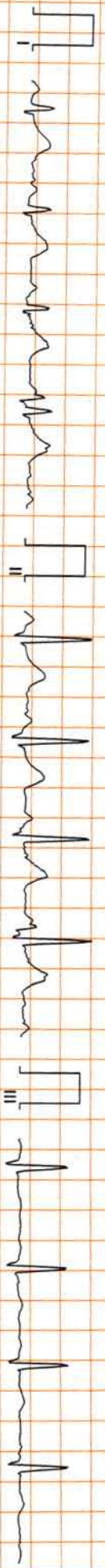
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फैक्स : 91 522 6677667

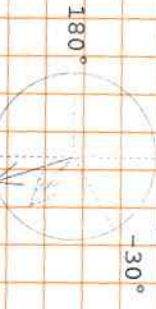
रक्त समूह O-

पहचान चिन्ह Mole on chin

Priya
DR. PIYUSH KUMAR
MBBS, DMR
RMC N
DR. C
Path Lab & Imaging Center, JERUSALEM



Vent Rate : 83 bpm
PR Interval : 134 ms
QRS Duration: 76 ms
QT/QTc Int : 374/414 ms
P-QRS-T axis: 48.00° 72.00° 41.00°



Axis

R 72.00°
T 41.00°
P 48.00°

Allengers ECG (Pscs)(PIS216200529)

Reported By:



Dr. PUSHA GOYAL
MBBS, DMARD, D. (1991)
RMC No. 07041
Dr. GOYAL'S
Pain Lab & Imaging Center, Jaipur



250 / MRS PRIYA SRIVASTAVA / 33 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	00:17	0:17	01.1	00.0	01.0	089	48%	120/70	106	00	
Standing	00:26	0:09	01.1	00.0	01.0	091	49%	120/70	109	00	
HV	00:36	0:10	01.1	00.0	01.0	085	45%	120/70	102	00	
ExStart	02:02	1:26	01.1	00.0	01.0	103	55%	120/70	123	00	
BRUCE Stage 1	05:02	3:00	01.7	10.0	04.7	156	83%	130/74	202	00	
BRUCE Stage 2	08:02	3:00	02.5	12.0	07.1	175	94%	130/74	227	00	
PeakEX	08:19	0:17	03.4	14.0	07.4	176	94%	130/74	228	00	
Recovery	09:19	1:00	00.0	00.0	01.2	142	76%	140/80	198	00	
Recovery	10:19	2:00	00.0	00.0	01.0	120	64%	140/80	168	00	
Recovery	11:19	3:00	00.0	00.0	01.0	111	59%	130/70	144	00	
Recovery	12:19	4:00	00.0	00.0	01.0	104	56%	130/70	135	00	
Recovery	12:57	4:38	00.0	00.0	01.0	104	56%	120/70	124	00	

FINDINGS :

Exercise Time : 06:17
 Max HR Attained : 176 bpm 94% of Target 187
 Max BP Attained : 140/80
 Max Workload Attained : 7.4 Fair-response to induced stress

Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

*Rate limit ECG show normal
 ECG is negative for RVT*

DR. PUNJESH GOYAL
 MBBS, DMARD, Radiologist
 RMC No. 14441
 Path Lab & Imaging Center, Jai-BJP

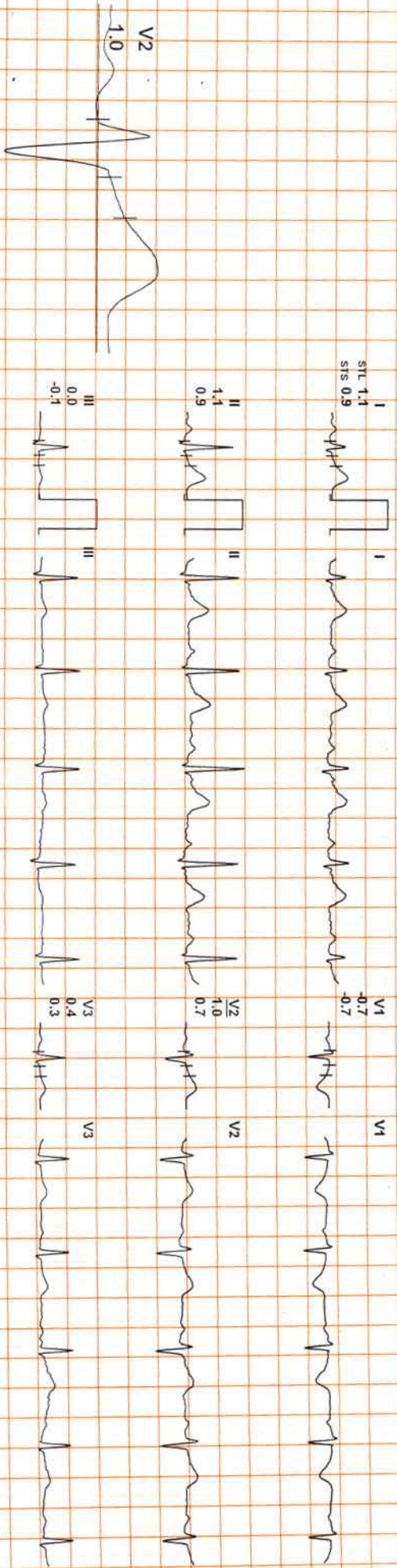


250 / MRS PRIYA SRIVASTAVA / 33 Yrs / F / 10 Cms / 10 Kg / HR : 89

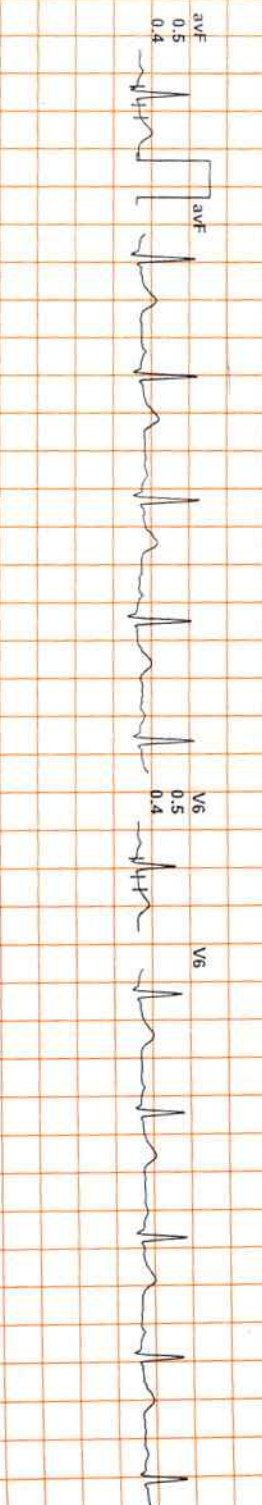
Date: 20-Feb-2022 01:02:07 PM METS: 1.0/ 89 bpm 48% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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



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



REMARKS:

(ADX_GEM216201125)(R)Allengers



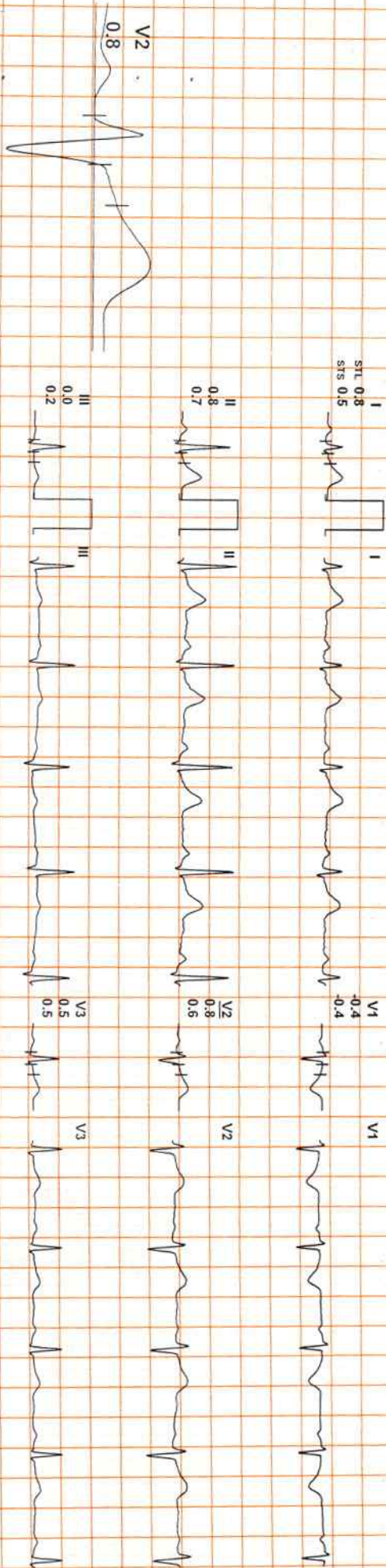
250 / MRS PRIYA SRIVASTAVA / 33 Yrs / F / 0 Cms / 0 Kg / HR : 91

Date: 20-Feb-2022 01:02:07 PM METS: 1.0/ 91 bpm 49% of THR BP: 120/70 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



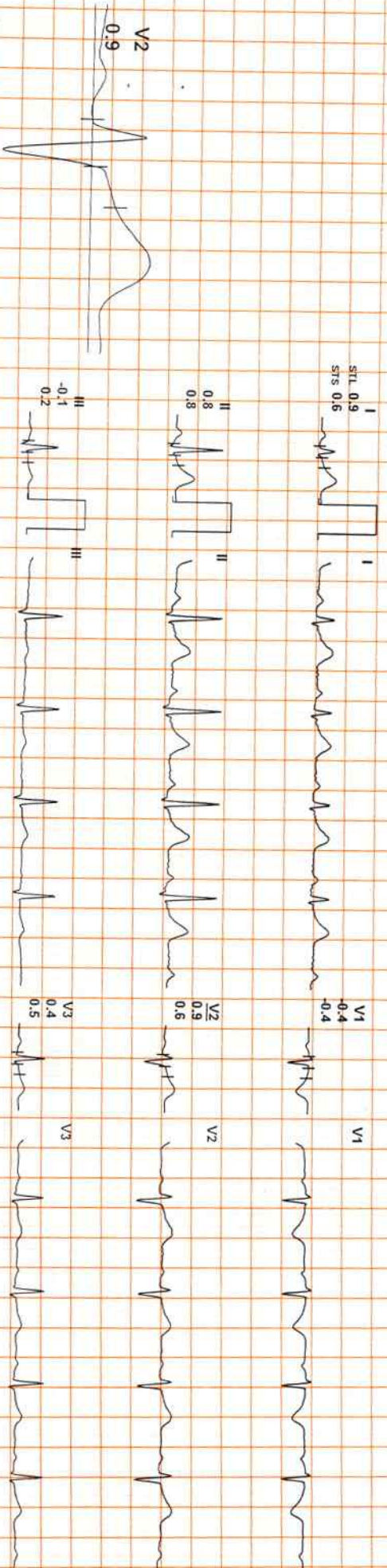
REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6

(ADX_GEM216201125)(R)Allengers



Date: 20-Feb-2022 01:02:07 PM MEIS: 1.0/ 85 bpm 45% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J
25 mm/Sec. 1.0 Cm/mV
EXTime: 00:00 1.1 mph, 0.0%



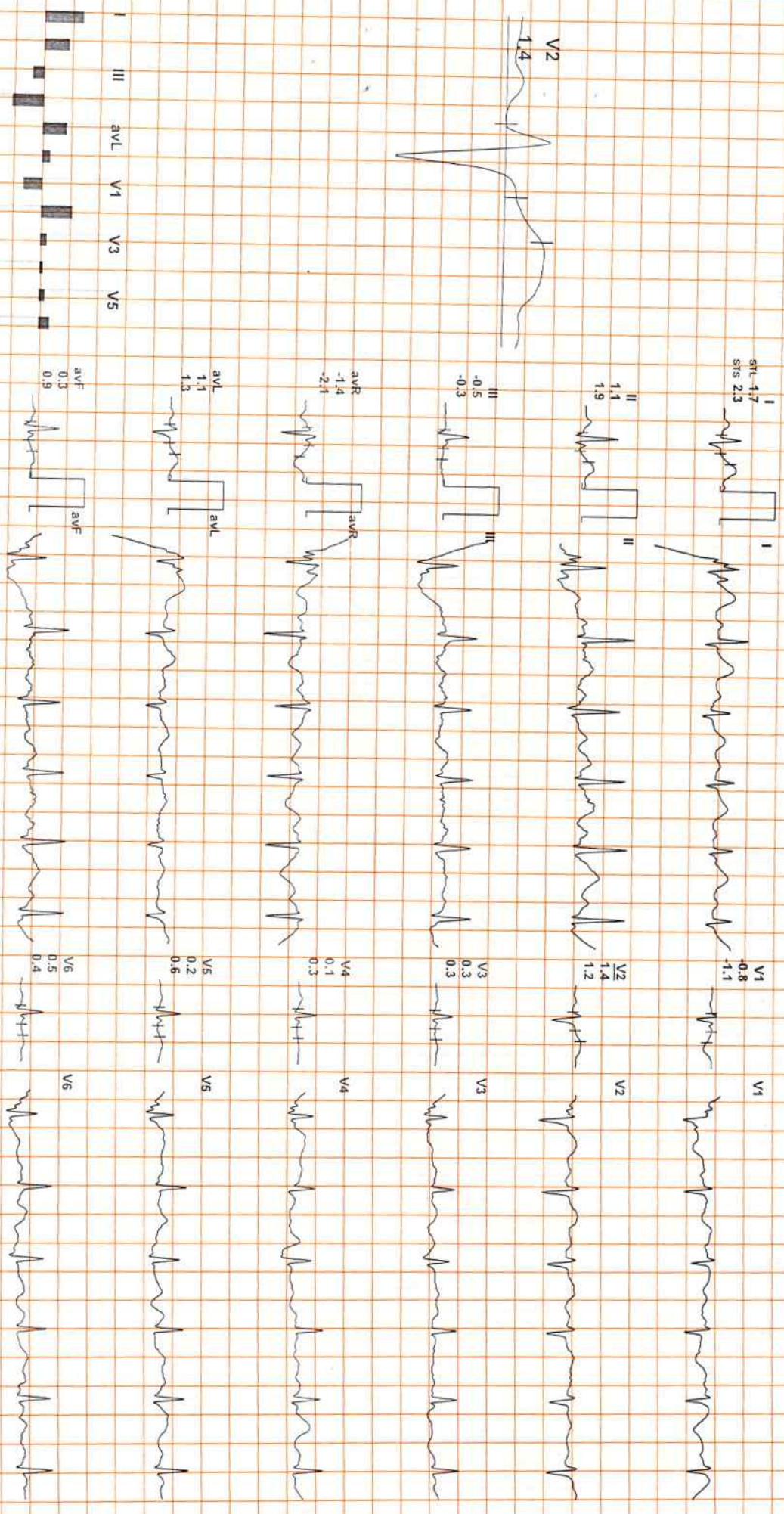
I III aVL V1 V3 V5
II aVR aVF V2 V4 V6

REMARKS:

(ADX_GEM216201125)(R)Allengers

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

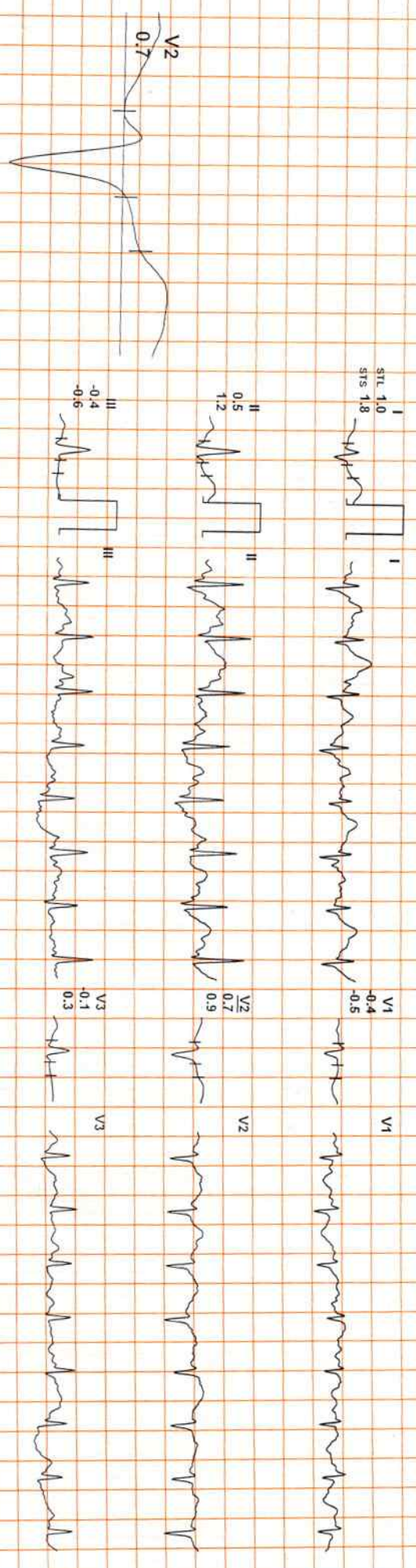
(ADX GEM2 16201125)(R)/Allengers



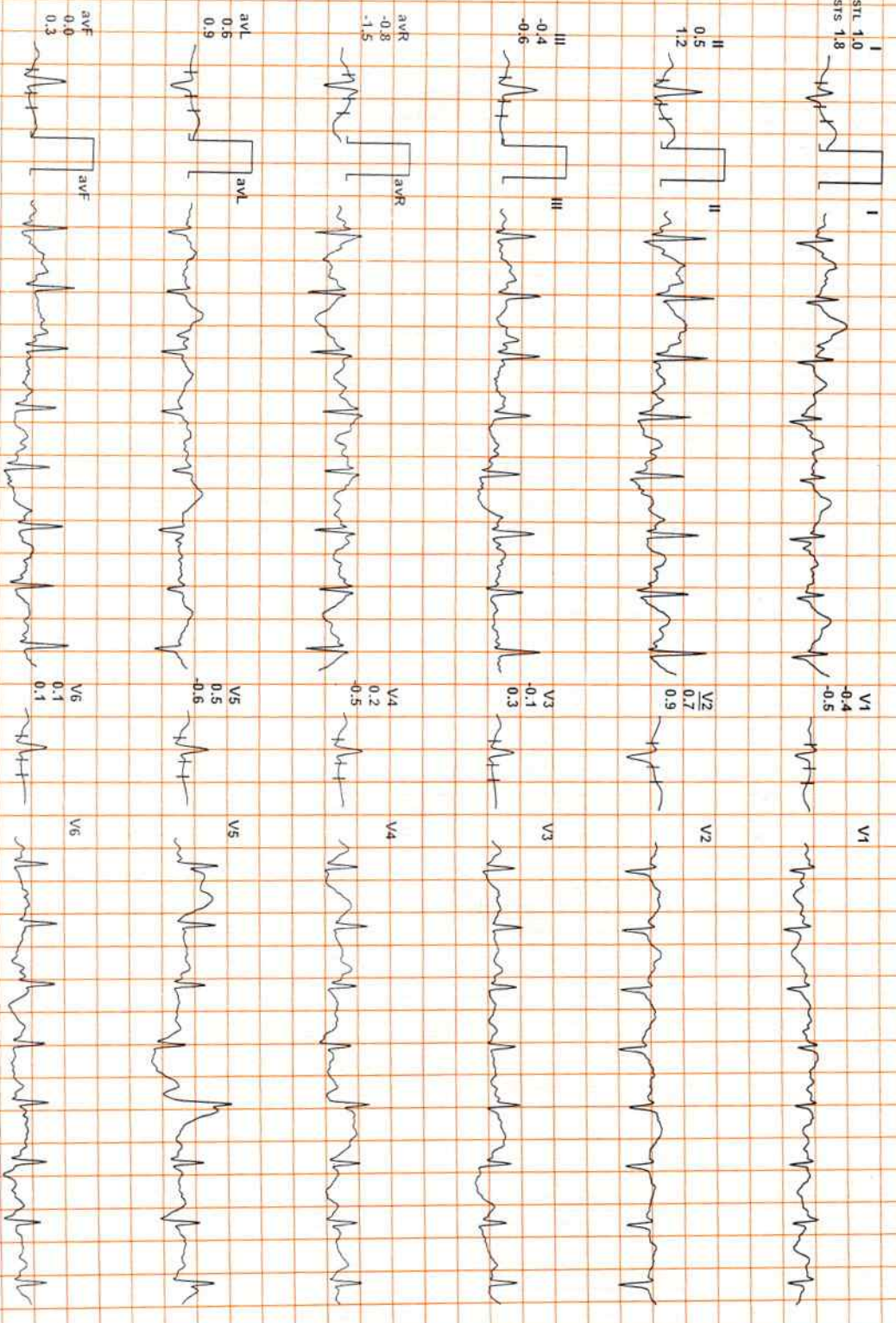
Date: 20-Feb-2022 01:02:07 PM METS: 4.71 156 bpm 83% of THR BP: 130/74 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

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

4X 60 ms Post J



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



REMARKS:

(ADX_GEM216201129)(R)Allengers



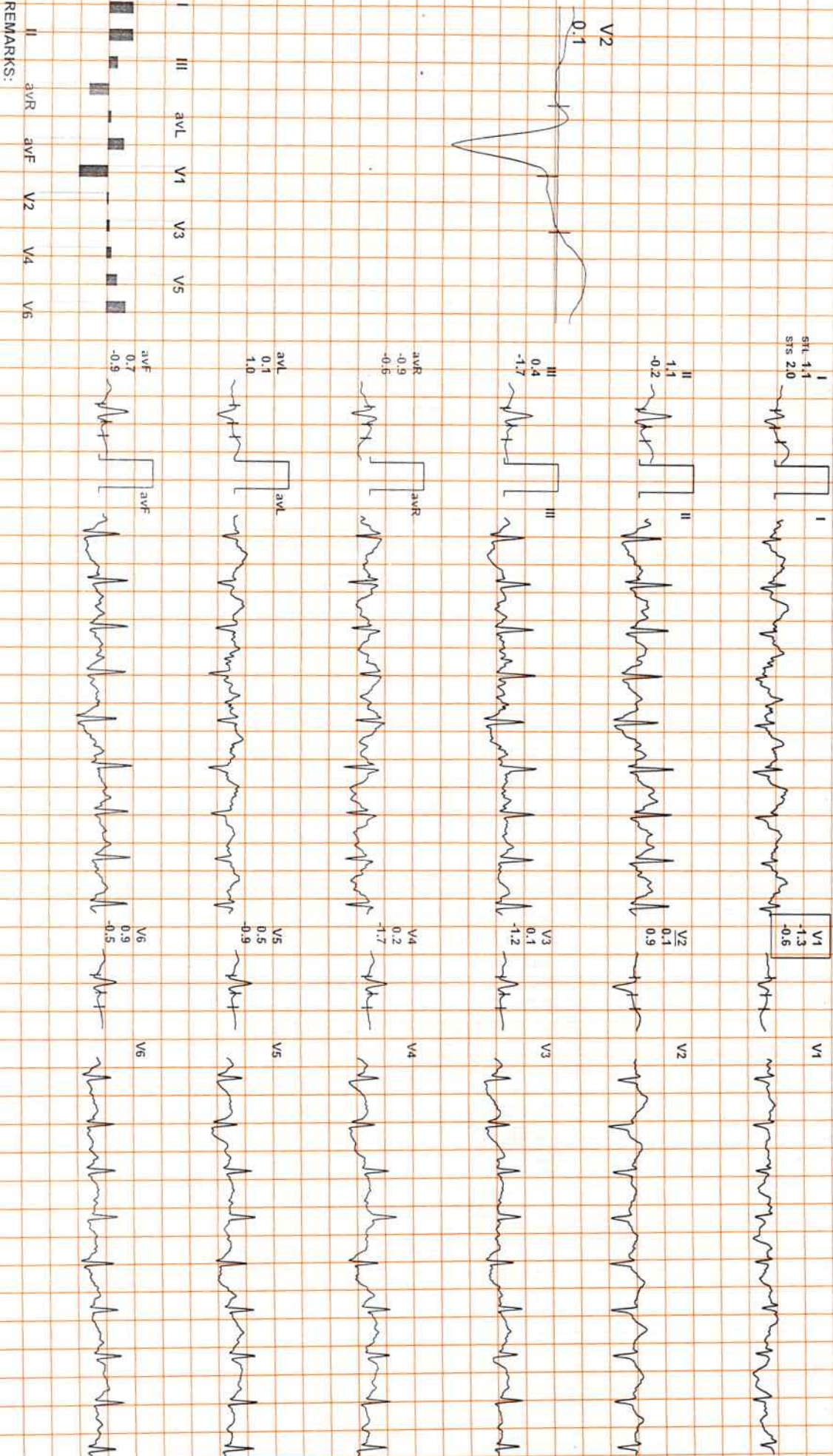
250 / MRS PRIYA SRIVASTAVA / 33 Yrs / F / 0 Cms / 0 Kg / HR : 175

Date: 20-Feb-2022 01:02:07 PM METS: 7.1/ 175 bpm 94% of THR BP: 130/74 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 L

25 mm/Sec - 1.0 Cm/mV



REMARKS:

(ADX GEM216201125)/(R)Allengets

4X 60 mS Post J

I
STL 0.7
STS 2.0



V1
-0.7
-0.5



II
0.5
1.9



V2
0.3
1.3



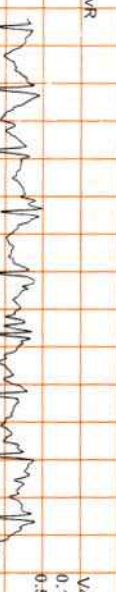
III
-0.3
-0.1



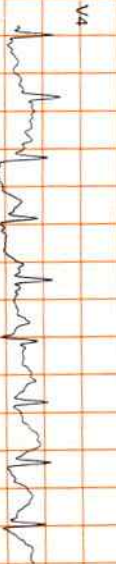
V3
0.1
0.7



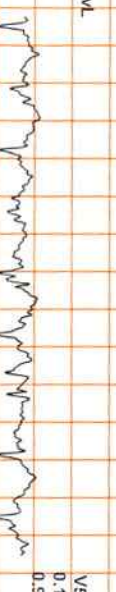
aVR
-0.5
-1.9



V4
0.1
0.5



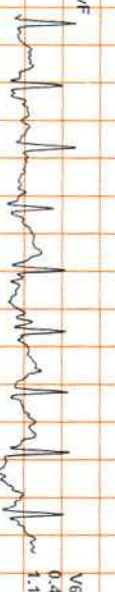
aVL
0.5
1.0



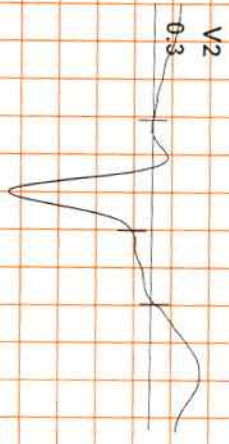
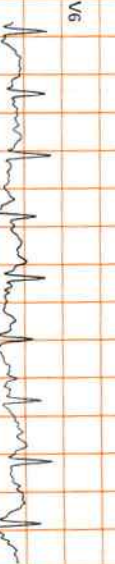
V5
0.1
0.9



aVF
0.1
0.9



V6
0.4
1.1



REMARKS:

(ADX GEM216201125)(R)Allengers



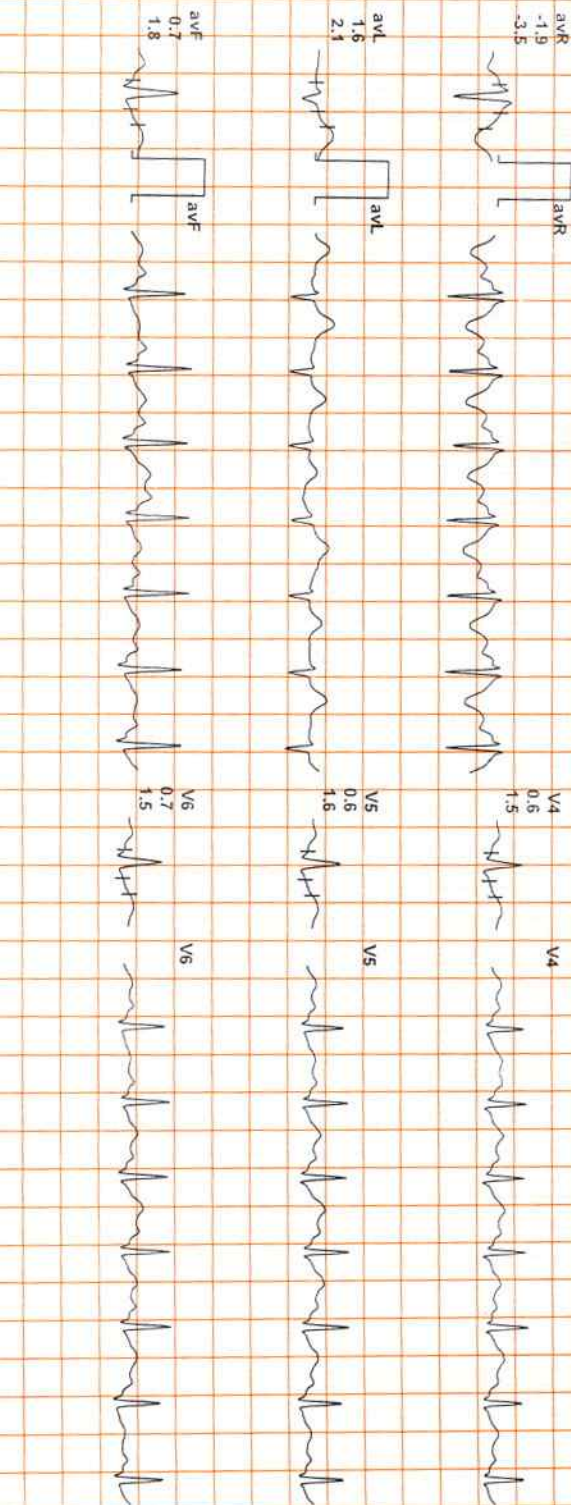
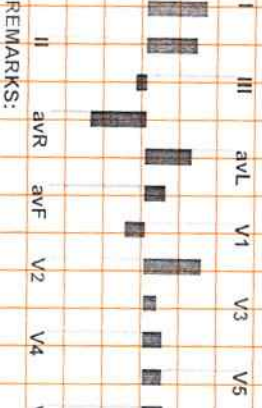
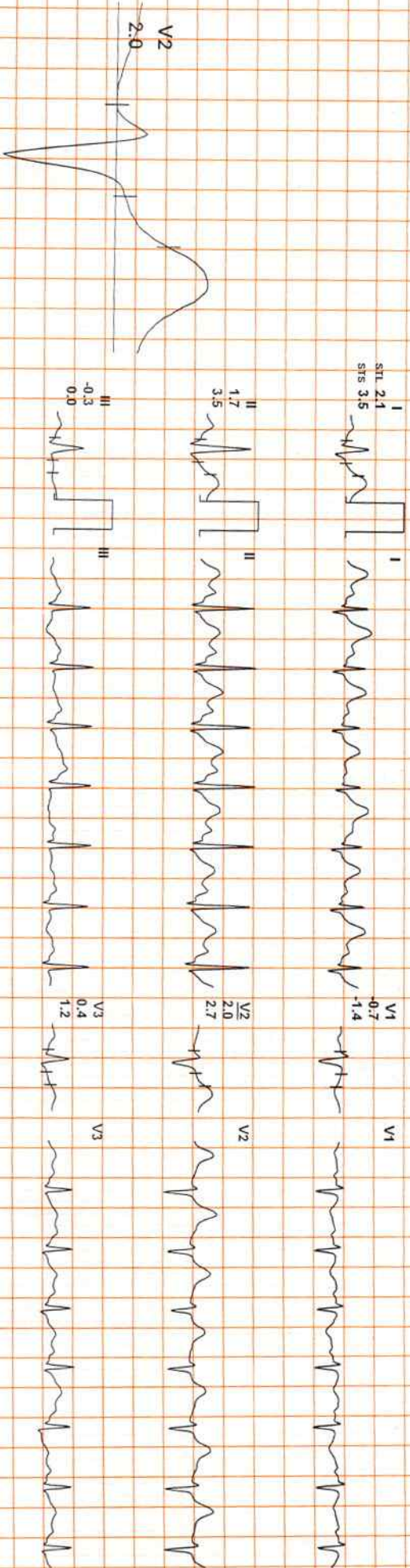
250 / MRS PRIYA SRIVASTAVA / 33 Yrs / F / 0 Cms / 0 Kg / HR : 142

Date: 20-Feb-2022 01:02:07 PM METS: 1.2/ 142 bpm 76% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:17 0.0 mph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



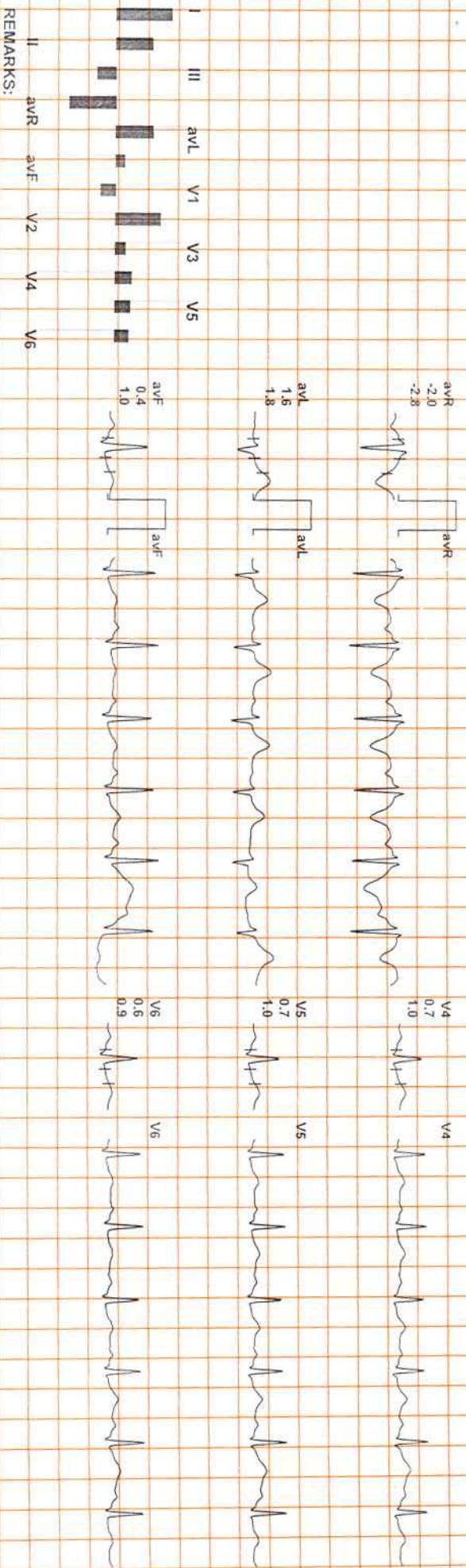
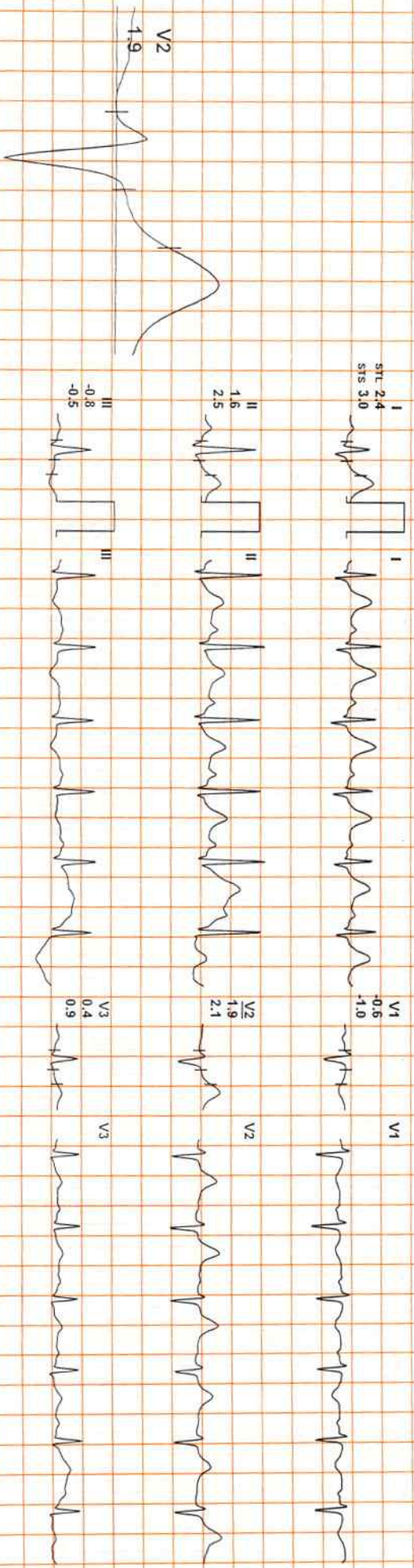
(ADX GEM216201125)(R)Allengers



Date: 20-Feb-2022 01:02:07 PM METS: 1.0/ 120 bpm 64% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:17 0.0 mph, 0.0%
25 mmSec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

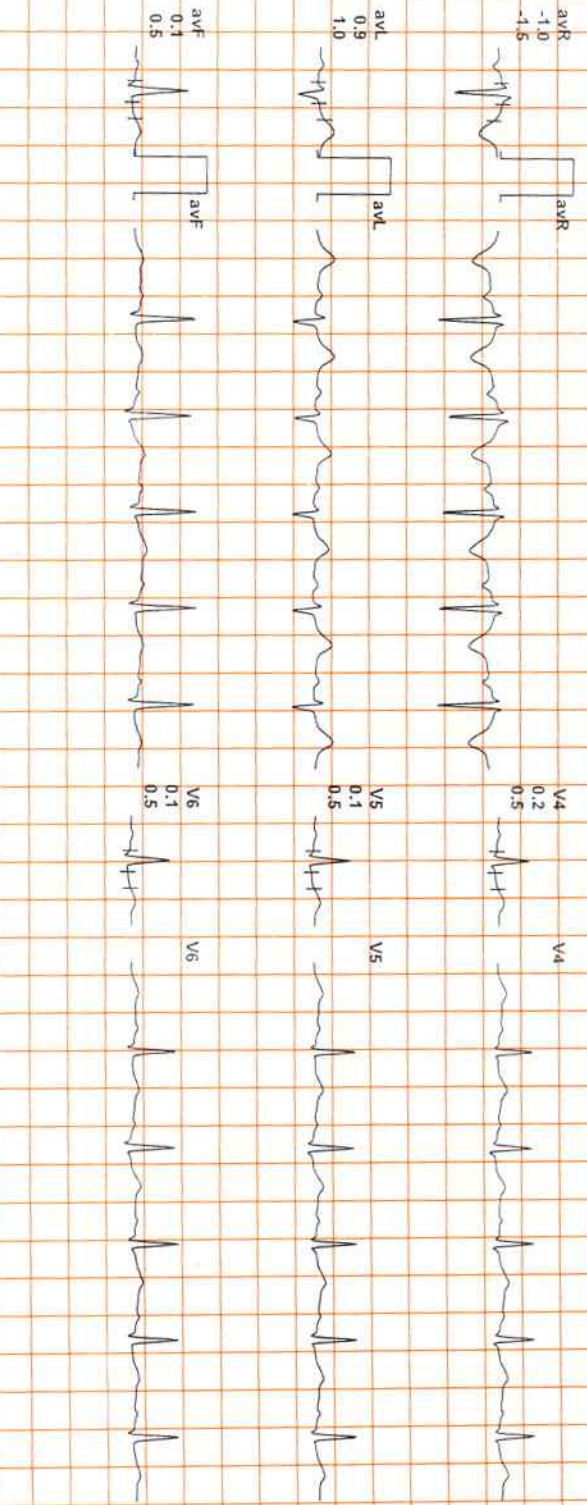
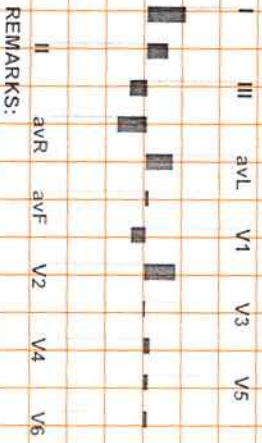
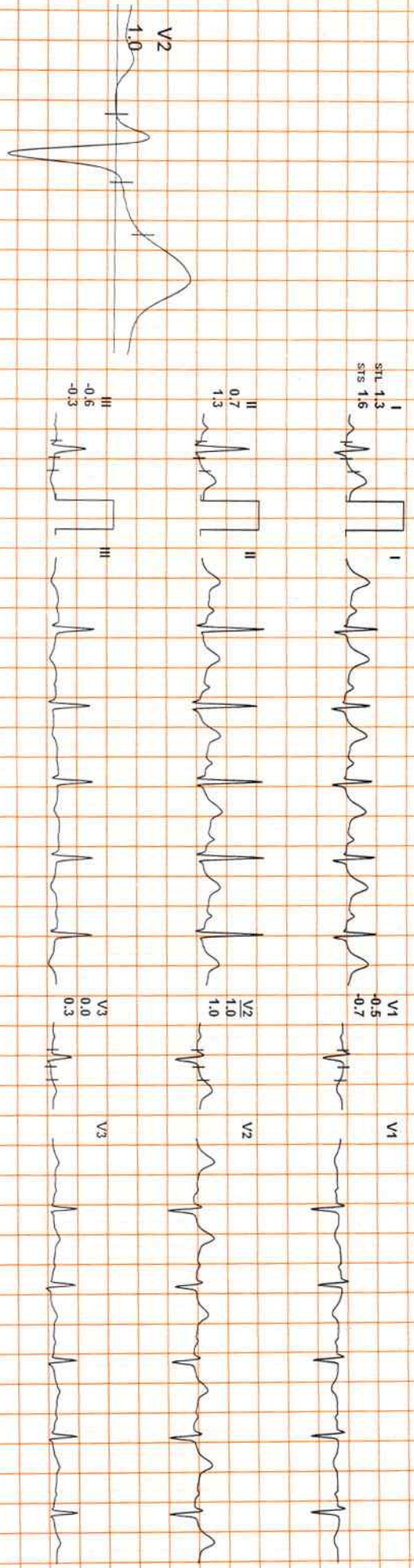
(ADX_GEM216201125)(R)Allengers



250 / MRS PRIYA SRIVASTAVA / 33 Yrs / F / 0 Cms / 0 Kg / HR : 111

Date: 20-Feb-2022 01:02:07 PM METS: 1.0/ 111 bpm 59% of THR BP: 130/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J
ExTime: 06:17 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM216201125)(R)Allengers

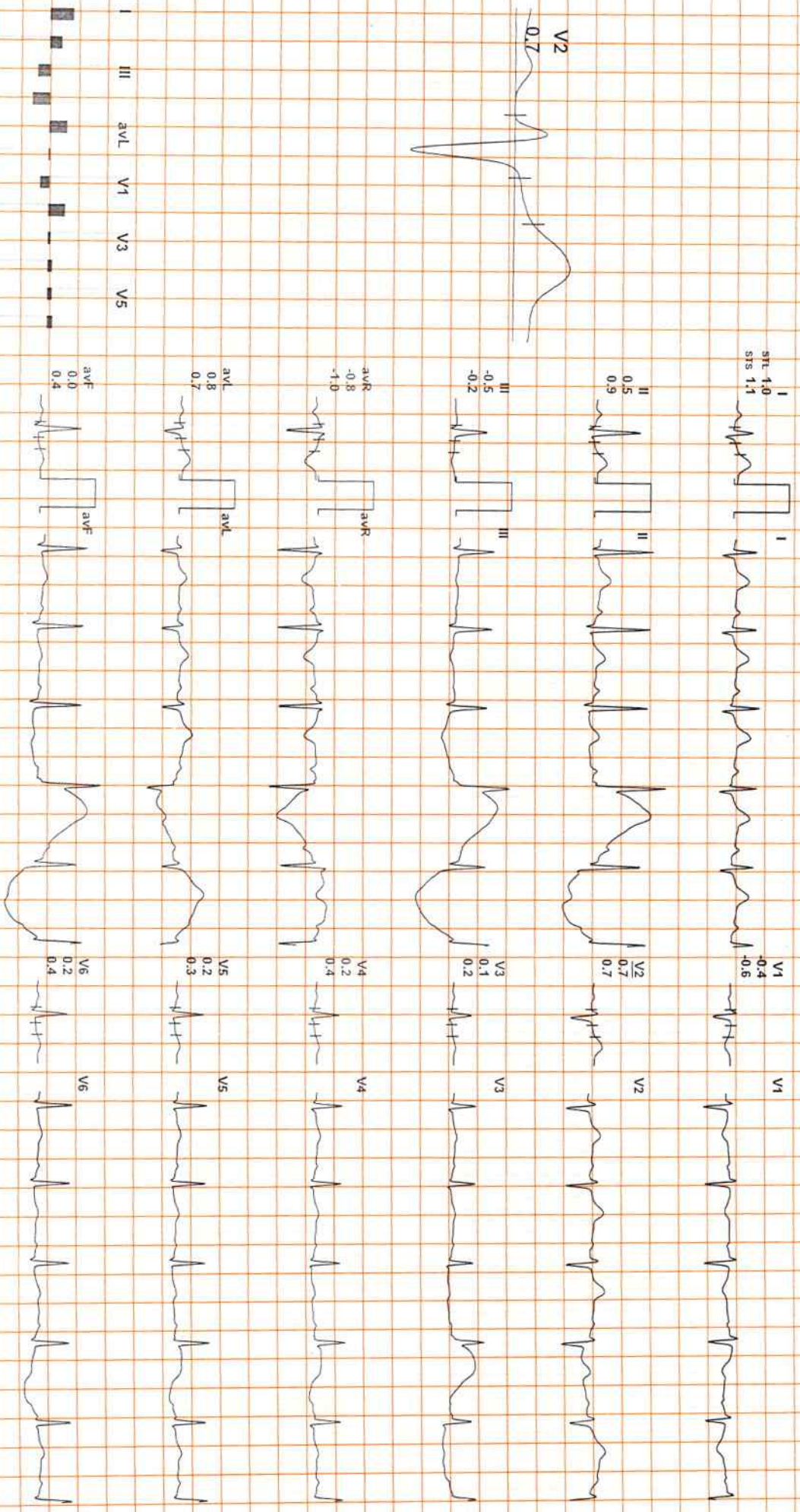


250 / MRS PRIYA SRIVASTAVA / 33 Yrs / F / 0 Cms / 0 Kg / HR : 104

Date: 20-Feb-2022 01:02:07 PM METS: 1.0/ 104 bpm 56% of THR BP: 130/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

4X 80ms Post J

EXTime: 06:17 0.0 mph, 0.0%
25 mm/Sec - 1.0 Cm/mV



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

(ADX_GEM216201125)(R)Allengers



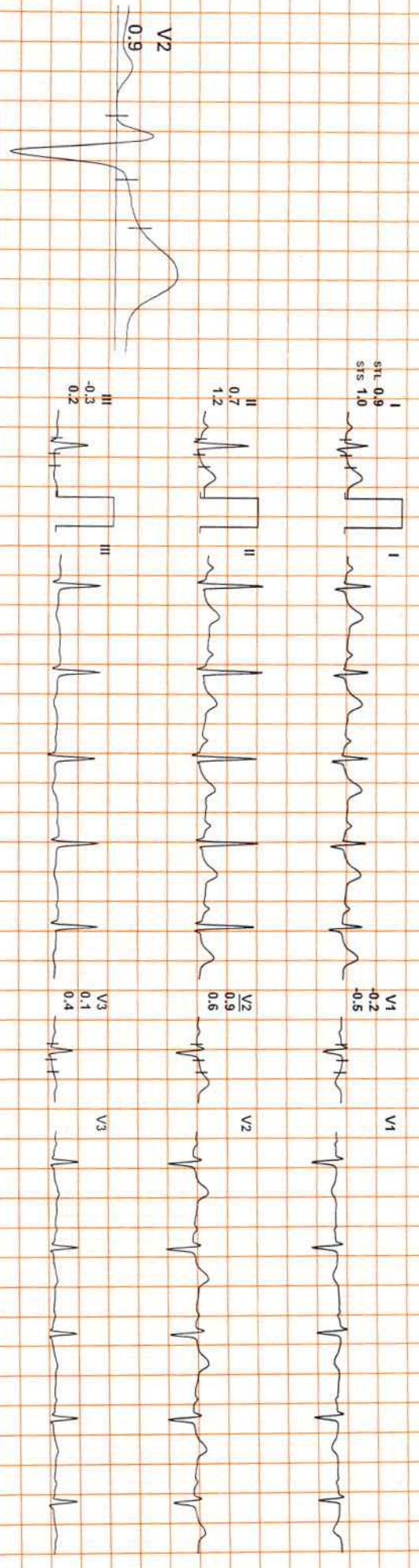
250 / MRS PRIYA SRIVASTAVA / 33 Yrs / F / 10 Cms / 0 Kg / HR : 104

Date: 20-Feb-2022 01:02:07 PM METS: 1.0/ 104 bpm 56% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:17 0.0 mph, 0.0%

4X 80ms Post J

25 mm/Sec. 1.0 Cm/mV

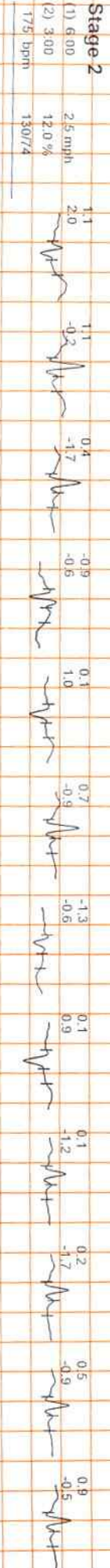
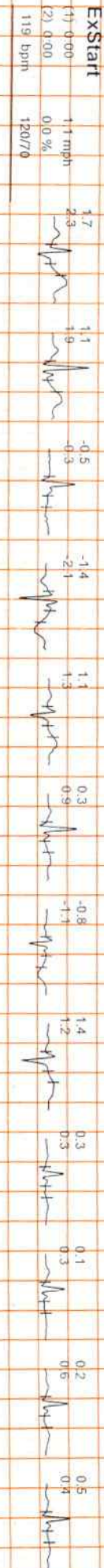
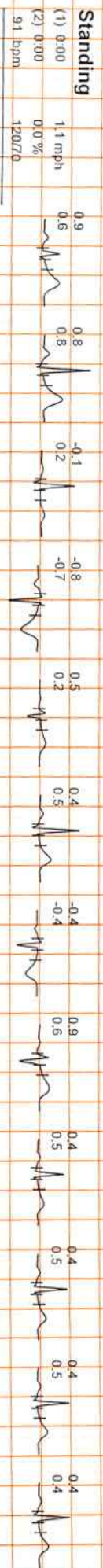


REMARKS:

(ADX GEM216201125)(R)Allengers



Date: 20-Feb-2022 01:02:07 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



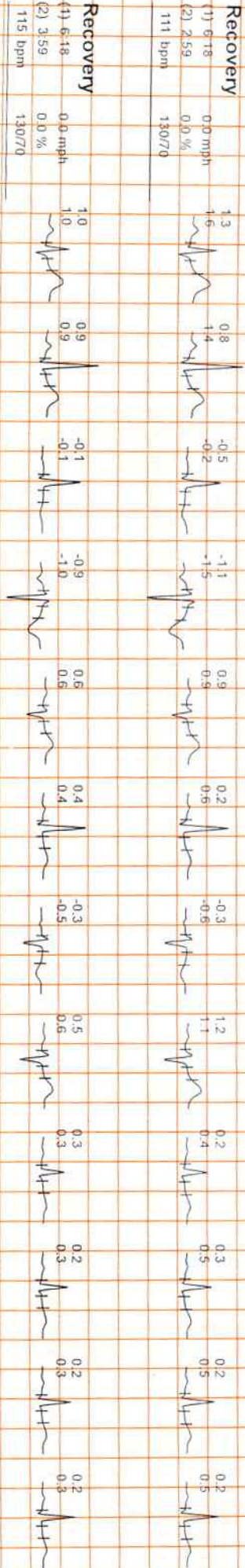
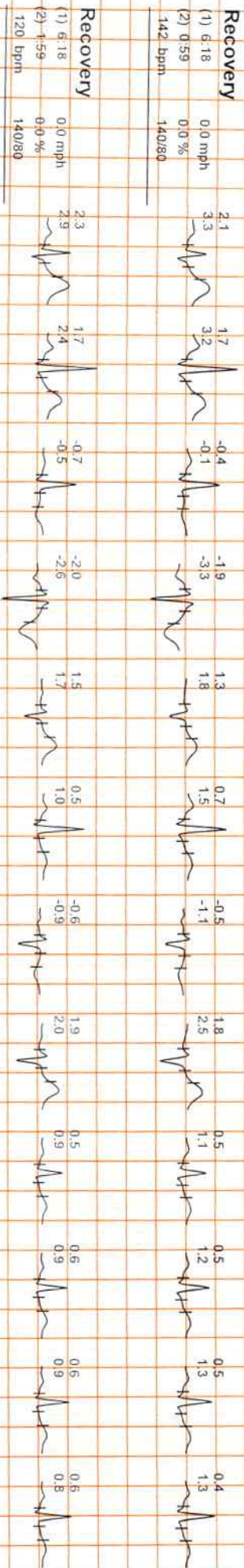
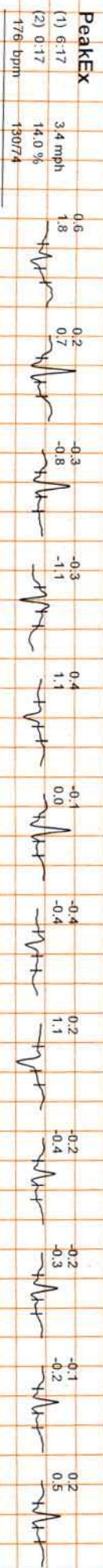
(ADX_GEM216201125)(R)Allengers



250 / MRS PRIYA SRIVASTAVA / 33 Yrs / F / 0 Cms / 0 Kg / HR : 91

Date: 20-Feb-2022 01:02:07 PM

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



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 11:00:19
NAME :- Mrs. PRIYA SRIVASTAVA
Sex / Age :- Female 33 Yrs 5 Mon 24 Days
Company :- MediWheel

Patient ID :- 122127140
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 20/02/2022 11:12:04

Final Authentication : 20/02/2022 14:22:16

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
GLYCOSYLATED HEMOGLOBIN (HbA1C) 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 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 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

BANWARI

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



Date :- 20/02/2022 11:00:19
NAME :- Mrs. PRIYA SRIVASTAVA
Sex / Age :- Female 33 Yrs 5 Mon 24 Days
Company :- MediWheel

Patient ID :-122127140
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 20/02/2022 11:12:04

Final Authentication : 20/02/2022 14:22:16

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	10.8 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	9.38	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	58.5	%	40.0 - 80.0
LYMPHOCYTE	35.8	%	20.0 - 40.0
EOSINOPHIL	2.9	%	1.0 - 6.0
MONOCYTE	2.5	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	5.49	10 ³ /uL	1.50 - 7.00
LYMPH#	3.36	10 ³ /uL	1.00 - 3.70
EO#	0.27	10 ³ /uL	0.00 - 0.40
MONO#	0.23	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.39	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	33.00 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	75.3 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	24.7 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.8	g/dL	31.5 - 34.5
PLATELET COUNT	303	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	17.15		

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

BANWARI

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

Page No: 2 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 11:00:19 Patient ID :- 122127140
NAME :- Mrs. PRIYA SRIVASTAVA Ref. By Dr:- BOB
Sex / Age :- Female 33 Yrs 5 Mon 24 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 20/02/2022 11:12:04

Final Authentication : 20/02/2022 14:22:16

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	89 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 " $\times > 100$ 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. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

Technologist

BANWARI

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

Page No: 3 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



MC - 2300



Date :- 20/02/2022 11:00:19

NAME :- Mrs. PRIYA SRIVASTAVA

Sex / Age :- Female 33 Yrs 5 Mon 24 Days

Company :- MediWheel

Patient ID :- 122127140

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/02/2022 11:12:04

Final Authentication : 20/02/2022 13:13:14

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	143.64	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	135.58	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	27.12	mg/dl	0.00 - 80.00

C.L.SAINI

Page No: 4 of 15



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

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Date :- 20/02/2022 11:00:19 Patient ID :- 122127140
NAME :- Mrs. PRIYA SRIVASTAVA Ref. By Dr:- BOB
Sex / Age :- Female 33 Yrs 5 Mon 24 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/02/2022 11:12:04

Final Authentication : 20/02/2022 13:13:14

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	34.55	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	86.49	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.16		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.50		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	479.09	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

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Page No: 5 of 15



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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/02/2022 11:12:04

Final Authentication : 20/02/2022 13:13:14

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 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	18.7	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	10.4	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	76.50	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.50	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.21	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.29	gm/dl	2.20 - 3.50
A/G RATIO	1.28	L	1.30 - 2.50

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/02/2022 11:12:04

Final Authentication : 20/02/2022 13:13:14

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.11	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.22	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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 (D.M.R.D.)
 Dr. Chandrika Gupta

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NAME :- Mrs. PRIYA SRIVASTAVA

Sex / Age :- Female 33 Yrs 5 Mon 24 Days

Company :- MediWheel

Patient ID :-122127140

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/02/2022 11:12:04

Final Authentication : 20/02/2022 12:59:41

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TSH

Method:- Enhanced Chemiluminescence Immunoassay

1.670

μIU/mL

0.465 - 4.680

Technologist

JITENDRAKUMAWAT

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MBBS.MD (Path)
RMC NO. 21021/008037

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 20/02/2022 11:12:04 Final Authentication : 20/02/2022 12:59:41

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
 Method:- Chemiluminescence(Competitive immunoassay) 1.080 ng/ml 0.970 - 1.690

SERUM TOTAL T4
 Method:- Chemiluminescence(Competitive immunoassay) 6.980 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

JITENDRAKUMAWAT

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

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Date :- 20/02/2022 11:00:19

NAME :- Mrs. PRIYA SRIVASTAVA

Sex / Age :- Female 33 Yrs 5 Mon 24 Days

Company :- MediWheel

Patient ID :- 122127140

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 20/02/2022 11:12:04

Final Authentication : 20/02/2022 12:17:23

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

POOJABOHRA

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

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Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 20/02/2022 11:12:04

Final Authentication: 20/02/2022 12:17:23

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)	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

Page No: 11 of 15



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

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Date :- 20/02/2022 11:00:19

NAME :- Mrs. PRIYA SRIVASTAVA

Sex / Age :- Female 33 Yrs 5 Mon 24 Days

Company :- MediWheel

Patient ID :- 122127140

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 20/02/2022 11:12:04

Final Authentication : 20/02/2022 12:17:22

CLINICAL PATHOLOGY

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

STOOL ANALYSIS

PHYSICAL EXAMINATION

MUCUS

BLOOD

MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

Technologist

POOJABOHRA

Page No: 12 of 15



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Date :- 20/02/2022 11:00:19
NAME :- Mrs. PRIYA SRIVASTAVA
 Sex / Age :- Female 33 Yrs 5 Mon 24 Days
 Company :- MediWheel

Patient ID :- 122127140
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- KOX/Na FLUORIDE-F, KOX/Na SALT
 Report Time: 20/02/2022 13:55:17

Final Authentication : 20/02/2022 14:56:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	101.5	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)			
		111 - 125 mg/dL	
Diabetes Mellitus (DM)		> 126 mg/dL	
<p>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 .</p>			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	109.7	mg/dl	70.0 - 140.0
<p>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 .</p>			
SERUM CREATININE Method:- Colorimetric Method	0.76	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.78	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

C.L.SAINI

Page No: 13 of 15



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

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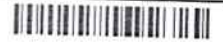
Sex / Age :- Female 33 Yrs 5 Mon 24 Days

Company :- MediWheel

Patient ID :- 122127140

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA, PLAIN/SERUM, URINE, SPT, etc. Collected Time 20/02/2022 13:55:12

Final Authentication : 20/02/2022 14:30:05

HAEMATOLOGY

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

*** End of Report ***

Technologist

BANWARI, C.L.SAINI, POOJABOHRA

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

Dr. Chandrika Gupta
DR.TANURUNGTA

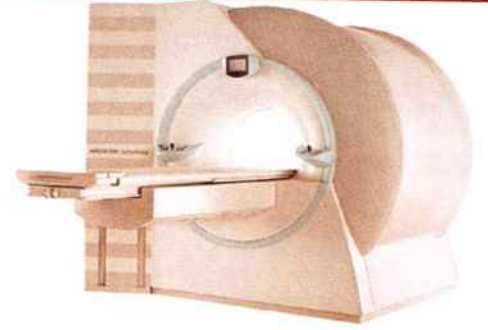
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Lab/Hosp :-

Final Authentication : 20/02/2022 15:09:09

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

Page No: 1 of 1

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

Dr. Poonam Gupta
(M.D. Radiodiagnosis)

Dr. Shankar Tejwani
(M.D. Radiodiagnosis)

Dr. Uma Mathuria
(M.D. Radiodiagnosis)

Dr. Rathod Hetal Amrutlal
(M.D. Radiodiagnosis)

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Company :- MediWheel

Patient ID :- 122127140

Ref. By Doctor :- BOB

Lab/Hosp :-

Final Authentication : 20/02/2022 12:49:36

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 not seen H/O Cholecystectomy. 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 68 x 52 x 34mm. 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

*** End of Report ***

KOMAL

Page No: 1 of 1

Dr. Piyush Goyal
MBBS, DMRD
RMC Reg No. 017996

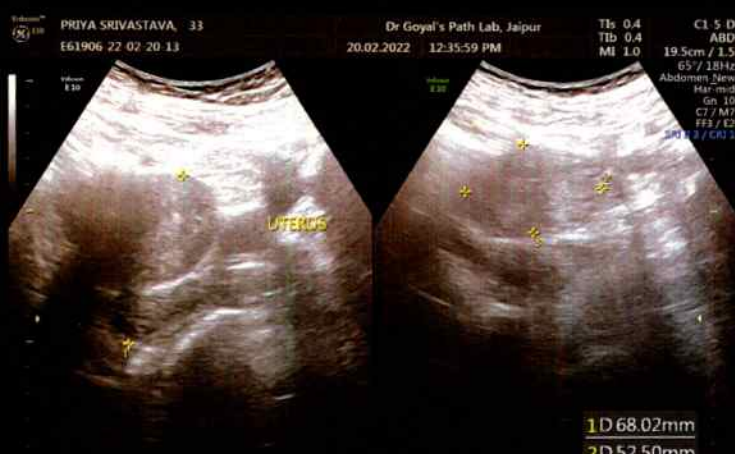
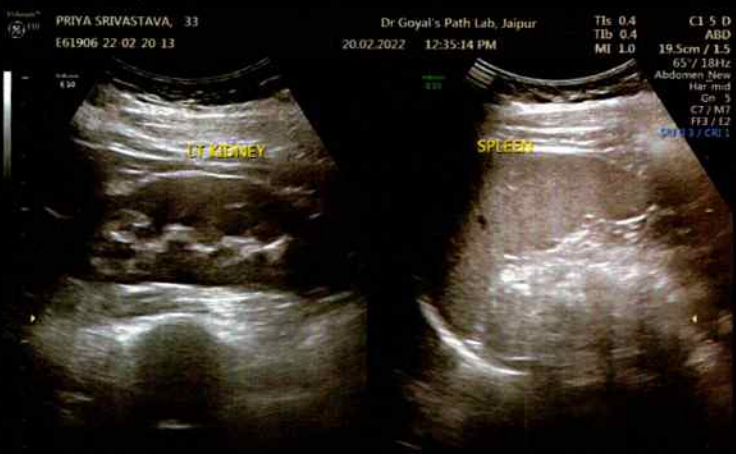
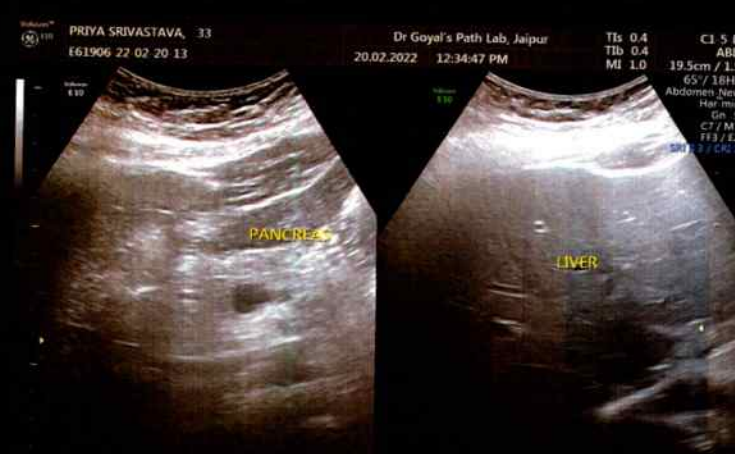
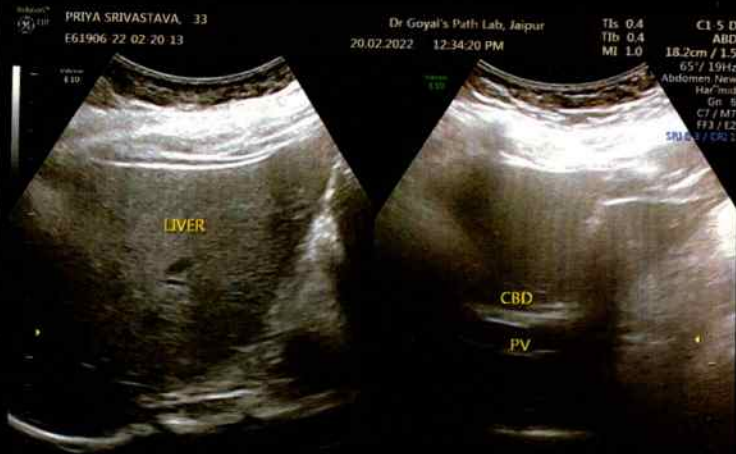
Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

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.



1D 68.02mm
2D 52.50mm
3D 34.50mm

