MD (Radio-Diagnosis)



SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE: 2428948

Mammography B/L Breasts

Name - Bharti Ref. By - Age 34 yrs

Date- 10.09.22

Films are taken in both craniocaudal and mediolateral Oblique projections

Skin and nipple are normal

The breast architecture is normal

The Breast Tissues Are dense

No evidence of any Discrete mass lesion, Architectural Distortion or area of necrosis /calcification seen

USG Scan shows Bright Echogenicity . No Evidence Of any Mass Lesion seen

IMP - Normal Lactating Breast

Radiologist Dr Roopa Goyal

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

MD (Radio-Diagnosis)



SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

USG-ABDOMEN-PELVIS

NAME - Bharti

AGE -- 34 Yrs

Date - 10-09-2022

REF BY

LIVER-

RT lobe measures 11.4 cm in size.

Normal in Size .Margins are regular.

IHBR and HV are not dilated.

No Evidence Of any Focal Lesion Seen

PORTAL VEIN AND CBD NOT DILATED.

GALL BLADDER- Normal distension of lumen is seen.

Walls are not thick. Lumen is clear.

PANCREAS-

Normal in size , shape and position .

SPLEEN-

Parenchyma is homogenous .

Normal Parenchyma is homogenous.

Splenic vein is not dilated.

RT.KIDNEY- Normal in

Normal in size, shape and position

Cortex is homogenous. Corticomedullary differentiation is maintained.

pelvicalyceal system is Not dilated.

LT. KIDNEY:

Normal in size, shape and position.

Cortex is homogenous. Corticomedullary differentiation is maintained.

pelvicalyceal system is not dilated.

URINARY BLADDER: Lumen is fully distended . Walls are not thickened.

UTERUS: Normal In SizeShape And Position

Myometrium is homogenous and normal in thickness.

Endometrium Is Normal

RT. OVARY: Normal in Size

No evidence of any focal mass is seen.

LT. OVARY: Normal in Size

No evidence of any focal mass is seen

No Free Fluid Seen In The Cul De Sac

IMPRESSION: Abdominal Organs are Normal

ADV:CLINICAL CORRELATION AND FURTHER INVESTIGATION.

Dr. ROOPA GO (AL (M.B.B.S., M.D.) Consultant Radio (gist & Sonologis) RMC No.-004507/15600

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

Dr. Roopa

MD (Radio-Diagnosis)



4-D ULTRASOUND . COLOUR DOPPLER

SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME : MRS. BHARTI DATE : 10-09-2022

AGE : 34 YRS LAB NO. : —
SEX : FEMALE REF BY :

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR
- . RVSP 25 MM HG
- . NO RWMA: LVEF 60 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	45.8	LVEDV	
LVID s	31.1	LVESV	
RVID(d)		SV	
IVS d	9.2	F.S	-
IVS S	13.3	EF	32%
LVPW d	9.6	CO	60%
LVPWS	13.7		
AORTIC ROOT	25.5	MITRAL VALVE	
LEFT ATRIUM		EF SLOPE	
AORTIC CUSP OPENING	30.1	OPENING AMPLITUDE	
CONTROCCUST OF ENTING	•	E.P.S.S	

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (cm/sec.)		
MITRAL VALVE	NORMAL		GRADIENT P/M	REGURGITATION
TRICUSPID VALVE		E- 113 A- 78		NIL
PUL VALVE		199	+	MILD
AORTIC VALVE	NORMAL	109	-	NIL
AORTIC VALVE NORMAL	NORWAL	124		NIL

	MITRAL VALVE AREA (BY P 1/2 T)
ME	THE VIEVE AREA (BY P 1/2 T)
VIE	PRESSURE HALF TIME
25 MM HC	
23 MM HG	MVA
	ME 25 MM HG

Dr. ROOPA GO L (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No.-004-07 5600

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)



SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME- Bharti Devi

AGE- 34 yrs

DATE 10-09-2022

REF.BY --

Skiagram Chest PA VIEW
BOTH CP ANGLES ARE CLEAR
CARDIAC SIZE IS WITHIN NORMAL LIMITS
BRONCHOVASCULAR MARKINGS ARE EXAGGERATED
CHR BRONCHITIS

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiciogist & Sonologist
RMC Ny. -004507115600

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है

MD (Radio-Diagnosis)



SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : BHARTI DEVI

Age / Gender: 34 years / Female

Endo ID: 85451

Organization: Goyal Diagnostics Profile

Referral: MEDIWHEEL



Collected Date & Time: Sep 10, 2022, 12:10 p.m. Reported Date & Time: Sep 10, 2022, 01:23 p.m.

Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total	152.1	mg/dL	130 -250
Method: ENZYMETIC COLORIMETRIC METHOD CHOIL POD			
Triglycerides	63.7	mg/dL	60 -170
Method: ENZYMETIC COLORIMETRIC			
HDL Cholesterol	55.2	mg/dL	Normal: 40-60
Method: PHOSPHOTUNGSTIC ACID			Major Risk for Heart: > 60
VLDL Cholesterol	12.74	mg/dL	6 - 38
Method : Calculated			
LDL Cholesterol	84.16	mg/dL	Optimal < 100
Method : Calculated			Near / Above Optimal 100-129
			Borderline High 130-159
			High 160-189
			Very High >or = 190
CHOL/HDL Ratio	2.76		2.6-4.9
Method : Calculated			
DL/HDL Ratio	1.52		0.5-3.4
Method : Calculated			

END OF REPORT

MD (Radio-Diagnosis)



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Sample ID:

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method: CHEMILUMINOSCENCE	0.71	ng/dL	0.60-1.81
4-Thyroxine Method: CHEMILUMINOSCENCE	5.7	ug/dL	4.5 -10.9
TSH -ULTRA SENSITIVE Method: CHEMILUMINOSCENCE	0.67	uIU/mL	0.35-5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore, measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3, FreeT4 along with TSH should be checked.

END OF REPORT

MD (Radio-Diagnosis)



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Patient Name : BHARTI DEVI

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Referral: MEDIWHEEL



Collected Date & Time: Sep 10, 2022, 12:10 p.m. Reported Date & Time: Sep 10, 2022, 01:20 p.m.

Sample ID:



Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
HbAic (GLYCOSYLATED HEMOGLOBIN)	6.2	%	> 8% Action Suggested
Method : Nephelometry Methodology			7 - 8 % Good Control
arction , replicionary methodology			< 7% Goal
			6 - 7 % Near Normal Glycemia
			< 6% Normal level

Instrument:Mispa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz. HbS,HbC,HbE, HbD,elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia,Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron defiency state,Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE

131.24

90 - 120 Very Good Control 121 - 150 Adequate Control 51 - 180 Sub-optimal Control 181 - 210 Poor Control > 211 Very Poor Control

END OF REPORT

MD (Radio-Diagnosis)



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Patient Name : BHARTI DEVI

Age / Gender: 34 years / Female

Endo ID: 85451

Organization: Goyal Diagnostics Profile

Referral: MEDIWHEEL



Collected Date & Time: Sep 10, 2022, 12:10 p.m. Reported Date & Time: Sep 10, 2022, 01:37 p.m.

Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
RENAL FUNCTION TEST			
Urea Method : Uricase	21.3	mg/dL	10 - 45
Creatinine Method: Serum, Jaffe	0.7	mg/dL	0.6 - 1,4
Uric Acid Method : Serum, Uricase	4.0	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	8.3	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with scrum	143	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	5.0	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	104	mmol/L	98 - 106

END OF REPORT

Dr. Roopa Goyal MD (Radio-Diagnosis)



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Sample ID:



est Description	Value(s)	Unit(s)	Reference Range
AEMATOLOGY			
moglobin (HB)	11.6	gm/dl	10.0
thgrocyte (RBC) Count	4.16	mil/cu.mm	13.5 - 18.0
ked Cell Volume (PCV)	35.3	%	4.7 - 6.0
n Cell Volume (MCV)	84.8	FL	42 - 52
n Cell Haemoglobin (MCH)	27.9	Pg	78 - 100 27 - 31
n Corpuscular Hb Conen. (MCHC)	32.8	g/dl	32 - 36
Cell Distribution Width (RDW)	14.4	%	11.5 - 14.0
Leucocytes Count (WBC)	6170	Cell/cu.mm	4000 - 10000
rophils	50	%	40 - 80
hocytes	44	%	20 - 40
ocytres	03	%	2-10
ophils	03	%	1-6
phils	00	%	0-1
Platelet Volume (MPV)	13.7	fL	7.2 - 11.7
	0.13	%	0.2 - 0.5
elet Count	103	10^3/ul	150 - 450

END OF REPORT

MD (Radio-Diagnosis)



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Collected Date & Time: Sep 10, 2022, 12:10 p.m. Reported Date & Time: Sep 10, 2022, 01:38 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
IRON - SERUM	68	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	401	ug/dL	228 - 428
FERRITIN	19.0	ng/mL	Male:22-322
Method : Serum CLIA			Female:10-291
TRANSFERRIN SATURATION %	16.96	%	16 - 50
Method : Calculated			

INTERPRETATION

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of

storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such

disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

- -Malignant conditions Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
- -Inflammatory diseases Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

Dr. Nishi Prasad

MD (Radio-Diagnosis)



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Patient Name: BHARTI DEVI

Age / Gender: 34 years / Female

Endo ID: 85451

Organization: Goyal Diagnostics Profile

Referral: MEDIWHEEL

Collected Date & Time: Sep 10, 2022, 12:10 p.m.

Reported Date & Time: Sep 10, 2022, 01:38 p.m.

Sample ID:

Unit(s)

Test Description Value

Value(s)

Reference Range

END OF REPORT

MD (Radio-Diagnosis)



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Patient Name : BHARTI DEVI

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Endo ID: 85451

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Referral: MEDIWHEEL

Collected Date & Time: Sep 10, 2022, 12:10 p.m.
Reported Date & Time: Sep 10, 2022, 01:38 p.m.

Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
			0 - 20

END OF REPORT

MD (Radio-Diagnosis)



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Collected Date & Time: Sep 10, 2022, 12:10 p.m.

Reported Date & Time: Sep 10, 2022, 01:20 p.m.

Sample ID:



Test Description

Value(s)

'O' POSITIVE

Unit(s)

Reference Range

HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

Method: Gel Technique & Tube Agglutination

Medical Remark:

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

END OF REPORT

JII.

MD (Radio-Diagnosis)



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Patient Name: BHARTI DEVI

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Endo ID: 85451

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Referral: MEDIWHEEL



Collected Date & Time: Sep 10, 2022, 12:10 p.m. Reported Date & Time: Sep 10, 2022, 01:41 p.m.

Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY			
General Examination			
Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	S.turbid		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.025		1.005 - 1.030
Chemical Examination			
Urine Protein (Albumin)	Trace		NIL
Urine Glucose (Sugar)	NIL		NIL
Microscopic Examination			
Pus cells (WBCs)	4-5	/hpf	0-9
Epithelial cells	10-15	/hpf	0-4
Red blood cells	0-1	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Present		Absent
Yeast cells	Absent		Absent

END OF REPORT

MD (Radio-Diagnosis)



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Sample ID:

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	82.1	mg/dL	65.0 - 110.0

END OF REPORT

