

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: 15/02/2023

Name: NIDHI KANWAR Age: 31 Sex: Female

DOB: 28/02/1991

Referred By: BoB

Photo ID: Nadhar ID #: attached

Ht: 151 (cm)

Wt: 71 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 100 (cm)

Blood Pressure: 125/80 mm Hg

PR: 96 / min

RR: 16 / min

Temp: Afebrile

BMI 31.1

Eye Examination: vision normal S/G N/G

No colour blindness.

Other: not significant

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

Signature Of Examinee : Nidhi Name of Examinee: Dr. Piyush Goyal

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

Signature Medical Examiner : _____ Name Medical Examiner _____



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enroiment No.: 2091/00077/11787

To
निधि नाथावत
Nidhi Nathawat
C/O Sushil Singh Jodha
90
Tilak Vihar
Gokulpura
Kalwar Road
Jhotwara
Jaipur Rajasthan - 302012
9694231202

Validity unknown

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आपका आधार क्रमांक / Your Aadhaar No. :

4723 5933 3803

VID : 9136 2339 1287 0981

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date: 08/07/2015



निधि नाथावत
Nidhi Nathawat
जन्म तिथि/DOB: 28/02/1991
महिला/ FEMALE

Nidhi

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मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

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- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
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Unique Identification Authority of India



पता:

C/O सुशील सिंह जोधा, 90, तिलक विहार, कालवाड रोड,
गोकुलपुरा, झोतवारा, जयपुर,
राजस्थान - 302012

Address:

C/O Sushil Singh Jodha, 90, Tilak Vihar,
Kalwar Road, Gokulpura, Jhotwara, Jaipur,
Rajasthan - 302012

Download Date: 05/07/2022



4723 5933 3803

VID : 9136 2339 1287 0981

1617 Govt help@uidai.gov.in | www.uidai.gov.in

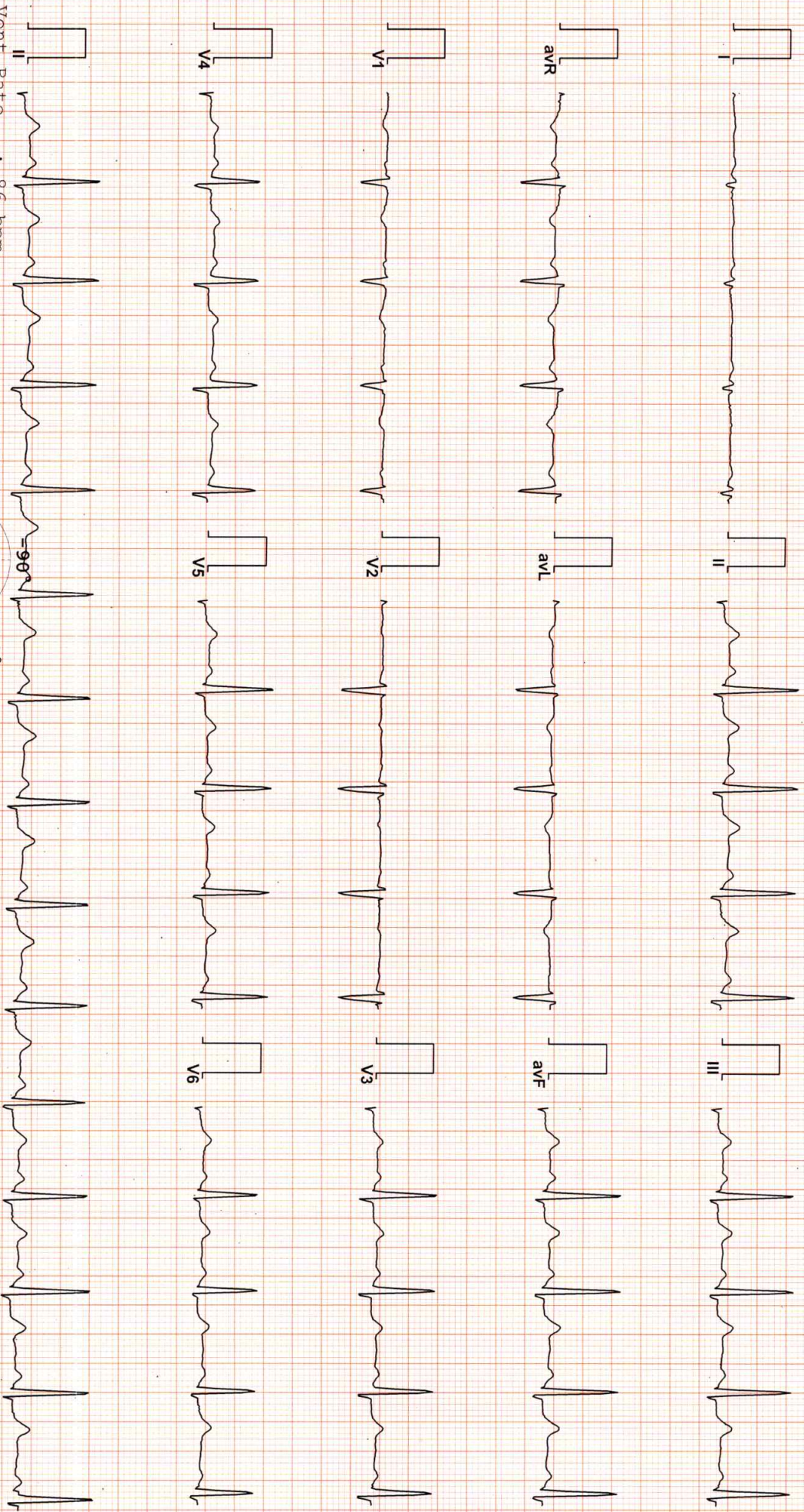
Dr Piyush Goyal
M.B.B.S., D.M.R.D
RMC Reg No -017996

DR. GOYALS PATH LAB & IMAGING CENTER

ECG

102221620 / MRS NIDHI KANWAR / 31 Yrs / F/ Non Smoker

Heart Rate : 86 bpm / Tested On : 15-Feb-23 12:08:30 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: BOB



Vent Rate : 86 bpm
 PR Interval : 128 ms
 QRS Duration : 86 ms
 QT/QTc Int : 374/420 ms
 P-QRS-T axis: 68.00°

W. Kumar 18012424
834005703
RMO
 Sinus rhythm with RSR pattern in V₁₋₂ with inverted T waves

Allengers ECG (Pisccees)(PIS218210372)

DIP, CARDIO (ESCORTS)
D.E.M (RCCP-UK)

90° R 90.00° T 83.00° P 68.00°
 -30°

Reported By:

RHO

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Date :- 15/02/2023 10:04:07

NAME :- Mrs. NIDHI KANWAR

Sex / Age :- Female 31 Yrs 11 Mon 18 Days

Company :- MediWheel

Patient ID :- 122229558

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 15/02/2023 10:21:26

Final Authentication : 15/02/2023 13:15:49

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	11.7 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.29	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	47.7	%	40.0 - 80.0
LYMPHOCYTE	44.5 H	%	20.0 - 40.0
EOSINOPHIL	3.7	%	1.0 - 6.0
MONOCYTE	3.7	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	2.53	10 ³ /uL	1.50 - 7.00
LYMPH#	2.36	10 ³ /uL	1.00 - 3.70
EO#	0.19	10 ³ /uL	0.00 - 0.40
MONO#	0.19	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.01	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	35.10 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	87.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.3	g/dL	31.5 - 34.5
PLATELET COUNT	224	x10 ³ /uL	150 - 410
RDW-CV	13.6	%	11.6 - 14.0
MENTZER INDEX	21.85		

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.

The Sample Processed at Dr Goyal's Path Lab & Imaging Centre

SURESHSAINI

Technologist

Page No: 1 of 10



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

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Date :- 15/02/2023 10:04:07 Patient ID :-12229558
NAME :- Mrs. NIDHI KANWAR Ref. By Dr:- BOB
Sex / Age :- Female 31 Yrs 11 Mon 18 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

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Final Authentication : 15/02/2023 13:15:49

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)	14	mm/hr.	00 - 20
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(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

The Sample Processed at Dr Goyal's Path Lab & Imaging Centre

SURESHSAINI

Technologist

Page No: 2 of 10



Dr. Rashmi Bakshi
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Date :- 15/02/2023 10:04:07 Patient ID :-122229558
NAME :- Mrs. NIDHI KANWAR Ref. By Dr:- BOB
Sex / Age :- Female 31 Yrs 11 Mon 18 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, COBALT TIME 15/02/2023 10:21:26

Final Authentication : 15/02/2023 14:06:23

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "A" POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) 97.9 mg/dl 75.0 - 115.0
Method:- GOD PAP

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) 111.5 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.

URINE SUGAR (FASTING) Nil Nil
Collected Sample Received

The Sample Processed at Dr Goyal's Path Lab & Imaging Centre

KAUSHAL, SURENDRAKHANGA, SURESHSAINI

Technologist

Page No: 3 of 10



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

Dr. Goyal's

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NAME :- Mrs. NIDHI KANWAR

Sex / Age :- Female 31 Yrs 11 Mon 18 Days

Company :- MediWheel

Patient ID :-122229558

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/02/2023 10:21:26

Final Authentication : 15/02/2023 12:40:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	170.87	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	60.11	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	40.99	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	119.86	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	12.02	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.17		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.92		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	465.43	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			

The Sample Processed at Dr Goyal's Path Lab & Imaging Centre

SURENDRAKHANGA

Page No: 4 of 10



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

Dr. Goyal's

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Date :- 15/02/2023 10:04:07

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Sex / Age :- Female 31 Yrs 11 Mon 18 Days

Company :- MediWheel

Patient ID :- 122229558

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/02/2023 10:21:26

Final Authentication : 15/02/2023 12:40:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.60	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.21	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.39	mg/dl	0.30-0.70
SGOT Method:- IFCC	30.3	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	53.9 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	38.40	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	8.65	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.56	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.40	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.16 L	gm/dl	2.20 - 3.50
A/G RATIO	2.04		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 the serum is processed at Dr. Goyal's Path Lab & Imaging Centre. Only moderate elevations in the enzyme level (2 to 5 times normal)

SURENDRAXHANGA

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Page No: 5 of 10



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Sex / Age :- Female 31 Yrs 11 Mon 18 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/02/2023 10:21:26

Final Authentication : 15/02/2023 12:40:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.89	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.27	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

The Sample Processed at Dr Goyal's Path Lab & Imaging Centre

SURENDRAKHANGA

Page No: 6 of 10



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Sex / Age :- Female 31 Yrs 11 Mon 18 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/02/2023 10:21:26

Final Authentication : 15/02/2023 12:40:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.2	mg/dl	0.0 - 23.0

The Sample Processed at Dr Goyal's Path Lab & Imaging Centre

SURENDRAKHANGA

Page No: 7 of 10



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Sample Type :- EDTA

Sample Collected Time 15/02/2023 10:21:26

Final Authentication : 15/02/2023 13:15:49

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.7

%

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

117

mg/dL

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

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SURESHSAINI

Technologist

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Date :- 15/02/2023 10:04:07

Patient ID :-122229558

NAME :- Mrs. NIDHI KANWAR

Ref. By Dr:- BOB

Sex / Age :- Female 31 Yrs 11 Mon 18 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 15/02/2023 10:21:26

Final Authentication : 15/02/2023 12:57:05

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	7.0		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.015		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
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

The Sample Processed at Dr Goyal's Path Lab & Imaging Centre

KAUSHAL

Technologist

Page No: 9 of 10



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

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 15/02/2023 10:04:07 Patient ID :-122229558
NAME :- Mrs. NIDHI KANWAR Ref. By Dr:- BOB
Sex / Age :- Female 31 Yrs 11 Mon 18 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 15/02/2023 10:21:26

Final Authentication : 15/02/2023 12:46:47

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.358	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.980	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.669	μIU/mL	0.500 - 6.880

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

*** End of Report ***

The Sample Processed at Dr Goyal's Path Lab & Imaging Centre

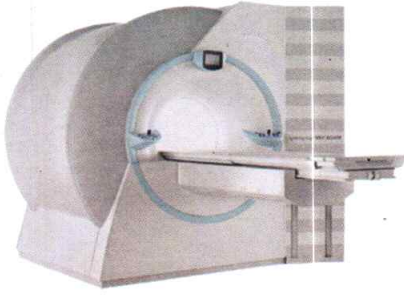
KAUSHAL

Technologist

Page No: 10 of 10



Dr. Rashmi Bakshi
MBBS, MD (Path)
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Final Authentication : 15/02/2023 11:52:19

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 ***

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BOB PACKAGEFEMALE BELOW 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is mild enlarged in size (16 cm). Echo-texture is minimal bright. 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. Multiple small (20-25) echogenic foci with distal acoustic shadow are seen in GB lumen. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation. **Left kidney showing calculus of size 6 mm in lower calyx.**

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 95 x 58 x 35 mm. Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. **Endometrial thickness is 4.8 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 hepatomegaly with early fatty changes.
 - * Multiple cholelithiasis.
 - * Left renal calculus.
- Needs clinical correlation & further evaluation**

*** End of Report ***

Page No: 1 of 1

NIKITAPATWA

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Transcript by.

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BOB PACKAGE FEMALE BELOW 40
 2D ECHO OPTION TMT (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	24	mm	LA	35	Mm	IVS-D	7	mm
IVS-S	12	mm	LVID	34	Mm	LVSD	23	mm
LVPW-D	10	mm	LVPW-S	14	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	61%				RWMA	ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.94	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.68	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION				ABSENT
AORTIC VALVE				
PEAK VELOCITY	1.35	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION				ABSENT
TRICUSPID VALVE				
PEAK VELOCITY	0.60	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION				ABSENT
PULMONARY VALVE				
PEAK VELOCITY	1.06	M/sec.	PEAK GRADIENT.	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION				ABSENT

AHSAN

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Impression--

1. Normal LV size & contractility.
2. No RWMA, LVEF 61%.
3. Normal cardiac chamber.
4. Normal valve.
5. No clot, no vegetation, no pericardial effusion.


(Cardiologist)

*** End of Report ***

