Consultant Radiologist & Sonologist
Dr. Roopa Goyal
MD (Radio-Diagnosis)

GOYAL DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : MRS. PUSHPA GODRA
Age / Gender : 51 years / Female
Endo ID : 109697
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Feb 25, 2023, 12:51 p.m.
Reported Date & Time : Feb 25, 2023, 01:27 p.m.
Sample ID : 230560072

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Blood Glucose-Post Prandial	130.99	mg/dL	70 - 140
Method : Hexokinase			

END OF REPORT

Dr. Nishi Prasad
M.D. (Patho.)

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Dr. Roopa Goyal
MD (Radio-Diagnosis)

GOYAL DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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

Patient Name : MRS. PUSHPA GODRA
Age / Gender : 51 years / Female
Endo ID : 109697
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Feb 25, 2023, 10:53 a.m.
Reported Date & Time : Feb 25, 2023, 12:26 p.m.
Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	248.2	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	164.1	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	54.3	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	32.82	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	161.08	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	4.57		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.97		0.5-3.4

END OF REPORT

Dr. Nishi Prasad
M.D. (Patho.)

nsultant Radiologist & Sonologist
Dr. Roopa Goyal
D (Radio-Diagnosis)

GOYAL DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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

Patient Name : MRS. PUSHPA GODRA
Age / Gender : 51 years / Female
Endo ID : 109697
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Feb 25, 2023, 10:53 a.m.
Reported Date & Time : Feb 25, 2023, 12:27 p.m.
Sample ID : 230500020

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine	0.82	ng/dL	0.60-1.81
Method : CHEMILUMINOSCENCE			
T4-Thyroxine	7.2	ug/dL	4.5 -10.9
Method : CHEMILUMINOSCENCE			
TSH -ULTRA SENSITIVE	**5.98**	uIU/mL	0.35-5.50
Method : CHEMILUMINOSCENCE			

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

Dr. Nishi Prasad
M.D. (Patho.)

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GOYAL DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : MRS. PUSHPA GODRA
Age / Gender : 51 years / Female
Endo ID : 109697
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Referral : MEDIWHEEL

Collected Date & Time : Feb 25, 2023, 10:53 a.m.
Reported Date & Time : Feb 25, 2023, 12:25 p.m.
Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
HbA1c (GLYCOSYLATED HEMOGLOBIN) BLOOD **Method : Nephelometry Methodology**	6.1	%	> 8% Action Suggested 7 - 8 % Good Control < 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	128.37		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

Dr. Nishi Prasad
M.D. (Patho.)

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GOYAL DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
RENAL FUNCTION TEST			
Urea Method : Uricase	22.5	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.81	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	5.88	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.26	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	140	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.5	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	103	mmol/L	98 - 106

END OF REPORT

Dr. Nishi Prasad
M.D. (Patho.)

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GOYAL DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Haemoglobin (HB)	**12.2**	gm/dl	13.5 - 18.0
Erythgrocyte (RBC) Count	**4.08**	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	**34.9**	%	42 - 52
Mean Cell Volume (MCV)	85.5	FL	78 - 100
Mean Cell Haemoglobin (MCH)	29.9	Pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC)	35.0	g/dl	32 - 36
Red Cell Distribution Width (RDW)	**14.8**	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6400	Cell/cu.mm	4000 - 10000
Neutrophils	52	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytres	04	%	2 - 10
Eosinophils	04	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	9.6	fL	7.2 - 11.7
PCT	0.35	%	0.2 - 0.5
Platelet Count	361	10^3/ul	150 - 450

END OF REPORT

Dr. Nishi Prasad
M.D. (Patho.)

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GOYAL DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER
SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MRS. PUSHPA GODRA
Age / Gender : 51 years / Female
Endo ID : 109697
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Feb 25, 2023, 10:53 a.m.
Reported Date & Time : Feb 25, 2023, 12:27 p.m.
Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
IRON- SERUM	68.7	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	402	ug/dL	228 - 428
FERRITIN	12.5	ng/mL	Male:22-322
Method : Serum CLIA			Female:10-291
TRANSFERRIN SATURATION %	17.09	%	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

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GOYAL DIAGNOSTICS

4-D ULTRASOUND * COLOUR DOPPLER

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Patient Name : MRS. PUSHPA GODRA

Age / Gender : 51 years / Female

Endo ID : 109697

Organization : Goyal Diagnostics Profile

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Test Description	Value(s)	Unit(s)	Reference Range

Decreased Levels
-Iron deficiency anemia

END OF REPORT

Dr. Nishi Prasad
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GOYAL DIAGNOSTICS

4-D ULTRASOUND * COLOUR DOPPLER

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Patient Name : MRS. PUSHPA GODRA
Age / Gender : 51 years / Female
Endo ID : 109697
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Feb 25, 2023, 10:53 a.m.
Reported Date & Time : Feb 25, 2023, 12:26 p.m.
Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
C Reactive Protein; CRP, SERUM	1.61	mg/L	0.0-6.0

Interpretation :

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

END OF REPORT

Dr. Nishi Prasad
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GOYAL DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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

Patient Name : MRS. PUSHPA GODRA
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Referral : MEDIWHEEL

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Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIVER FUNCTION TEST			
Bilirubin - Total	0.63	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.14	mg/dL	0.0 - 0.30
Bilirubin - Indirect Method : Calculated	0.49	mg/dL	0.1 - 1.0
ASPARTATE AMINO TRANSFERASE (SGOT-AST) Method : IFCC with Serum	28.9	U/L	5.0 - 40.0
ALANINE AMINO TRANSFERASE (SGPT-ALT) Method : IFCC with POD Serum	35.1	U/L	5.0 - 40.0
Alkaline Phosphatase Method : IFCC with Serum	50.7	U/L	**MALE & FEMALE** 4-15 YEAR: 54-369 U/L 20-59 YEAR: 42-98 U/L >60 YEAR: 53-141 U/L
Total Protein Method : Biuret, with Serum	6.96	g/dL	6.00 - 8.00
Albumin Method : Tech; BCG with Serum	3.69	g/dL	3.40 - 5.50
Globulin Method : Calculated	3.27	g/dL	1.5 - 3.5
A/G Ratio Method : Calculated	**1.13**		1.5 - 2.5

END OF REPORT

Dr. Nishi Prasad
M.D (Patho.)

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MD (Radio-Diagnosis)

GOYAL DIAGNOSTICS

4-D ULTRASOUND *COLOUR DOPPLER

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

Patient Name : MRS. PUSHPA GODRA

Age / Gender : 51 years / Female

Endo ID : 109697

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Feb 25, 2023, 10:53 a.m.

Reported Date & Time : Feb 25, 2023, 12:37 p.m.

Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
[illegible]a GT	22	U/L	5-36

Method : G-Glutamyl-Carboxy-Nitoanilide

Interpretation

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)

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GOYAL DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

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Endo ID : 109697
Organisation : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Feb 25, 2023, 10:53 a.m.
Reported Date & Time : Feb 25, 2023, 12:38 p.m.
Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
ESR	10	mm	0 - 20

END OF REPORT

Dr. Nishi Prasad
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GOYAL DIAGNOSTICS

4-D ULTRASOUND • COLOUR DOPPLER

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

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Referral : MEDIWHEEL

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Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
BLOOD GROUP ABO AND RHTYPE	'A' POSITIVE		
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

Dr. Nishi Prasad

M.D. (Patho.)

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GOYAL DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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Referral : MEDIWHEEL

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Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY			
General Examination			
Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.020		1.005 - 1.030
Chemical Examination			
Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL
Microscopic Examination			
Pus cells (WBCs)	1-2	/hpf	0-9
Epithelial cells	1-2	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

END OF REPORT

Dr. Nishi Prasad
M.D. (Patho.)

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4-D ULTRASOUND • COLOUR DOPPLER

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Sample ID : 230560020

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	101.92	mg/dL	70.0-110.0

END OF REPORT

Dr. Nishi Prasad
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GOYAL DIAGNOSTICS

4-D ULTRASOUND • COLOUR DOPPLER

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

NAME- Mrs . Pushpa Godara AGE- 51 yrs DATE – 25-02-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

Both cp angles are clear.
Cardiac size is within normal limits.
Both lungs fields are clear.

NAD IN HEART AND LUNGS.

Dr. DEVENDRA GOYAL (M.D.,
RMC No.:-004250/15000
Consultant Radiologist

Consultant Radiologist & Sonologist
Dr. Roopa Goyal
MD (Radio-Diagnosis)

GOYAL DIAGNOSTICS

4-D ULTRASOUND • COLOUR DOPPLER

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

NAME	:	MRS . PUSHPA GODARA	DATE	:	25-02-2023
AGE	:	51 YRS			
SEX	:	FEMALE	REF BY	:	MEDIWHEEL

INTERPRETATION SUMMARY

. CONCENTRIC LVH
. DIASTOLIC DYSFUNCTION GRADE 1
. INTACT IAS/ IVS
. ALL VALVES ARE NORMAL.
. MILD TR
. RVSP 35 MM HG
. NO RWMA : LVEF 65 %
. NO CLOT, VEGITATION.
. NO PERICARDIAL EFFUSION
. NORMAL PERICARDIUM

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

LVID d	48.7	LVEDV	
LVID s	31.3	LVESV	
RVID(d)	---	SV	-
IVS d	12.1	F.S	35%
IVS S	16.9	EF	65%
LVPW d	10.9	C.O	-
LVPWS	14.6	MITRAL VALVE	-
AORTIC ROOT	29.4	EF SLOPE	-
LEFT ATRIUM	36.6	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 90 A- 101	-	NIL
TRICUSPID VALVE	NORMAL	256	-	MILD
PUL VALVE	NORMAL	132	-	NIL
AORTIC VALVE	NORMAL	171	-	NIL

PULMONARY ARTERY		MITRAL VALVE AREA (BY P 1/2 T)	
PEAK ACCELERATION TIME		PRESSURE HALF TIME	
SYSTOLIC PRESSURE	35 MM HG	MVA	

Dr. Dr... (M.D.)
RMC N... 2250/15000
Consultant Radiologist

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

Consultant Radiologist &
Dr. Roopa Goyal
MD (Radio-Diagnosis)

GOYAL DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER
SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME – Pushpa Godara AGE -- 51 Yrs Date– 25-02-2023

REF BY --

USG ABDOMEN-PELVIS

LIVER : is Enlarged and bright 15.1 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

GALL BLADDER : distended and shows smooth walls. Wall thickness appears normal. No evidence of sludge/ calculus . No evidence of pericholecystic collection.

SPLEEN: normal in size and shows normal echopattern.

PANCREAS: Normal in size , shape and position. Parenchyma is homogenous.

KIDNEYS : Both the kidneys are normal in size , shape and location. Both show normal cortico- medullary differentiation.

No evidence of hydronephrosis or calculus.

Right kidney –measures 9.4 x 3.7 cm
Left kidney -- measures 9.4 x 4.6 cm

URINARY BLADDER : is distended with smooth walls.
No evidence of diverticulum or calculus

UTERUS: Normal In Size Shape And Position
Myometrium is homogenous and normal in thickness.
Endometrium Is Normal

OVARY: both ovaries are normal in size and appear normal.

No evidence of ascites / pleural effusion.

IMPRESSION :-- Enlarged Fatty Liver

(Adv- clinical correlation , further evaluation)

Dr. DEVENDRA GOYAL (M.D.
RMC No.: 004250/15000
Consultant Radiologist

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL DIAGNOSTIC

4-D ULTRASOUND • COLOUR DOP

SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428

NAME- Mrs . Pushpa AGE- 51 yrs DATE – 25-02-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

Both cp angles are clear.
Cardiac size is enlarged
Both lungs fields are clear.

Mild Cardiomegaly

Dr. DEVENDRA GOYAL
RMC No. 04250/15000
Radiologist

Name:Mrs.PUSHPA GODRA 51/F

February 26, 2023

Time:09:34:39

5 Seconds ECG Report

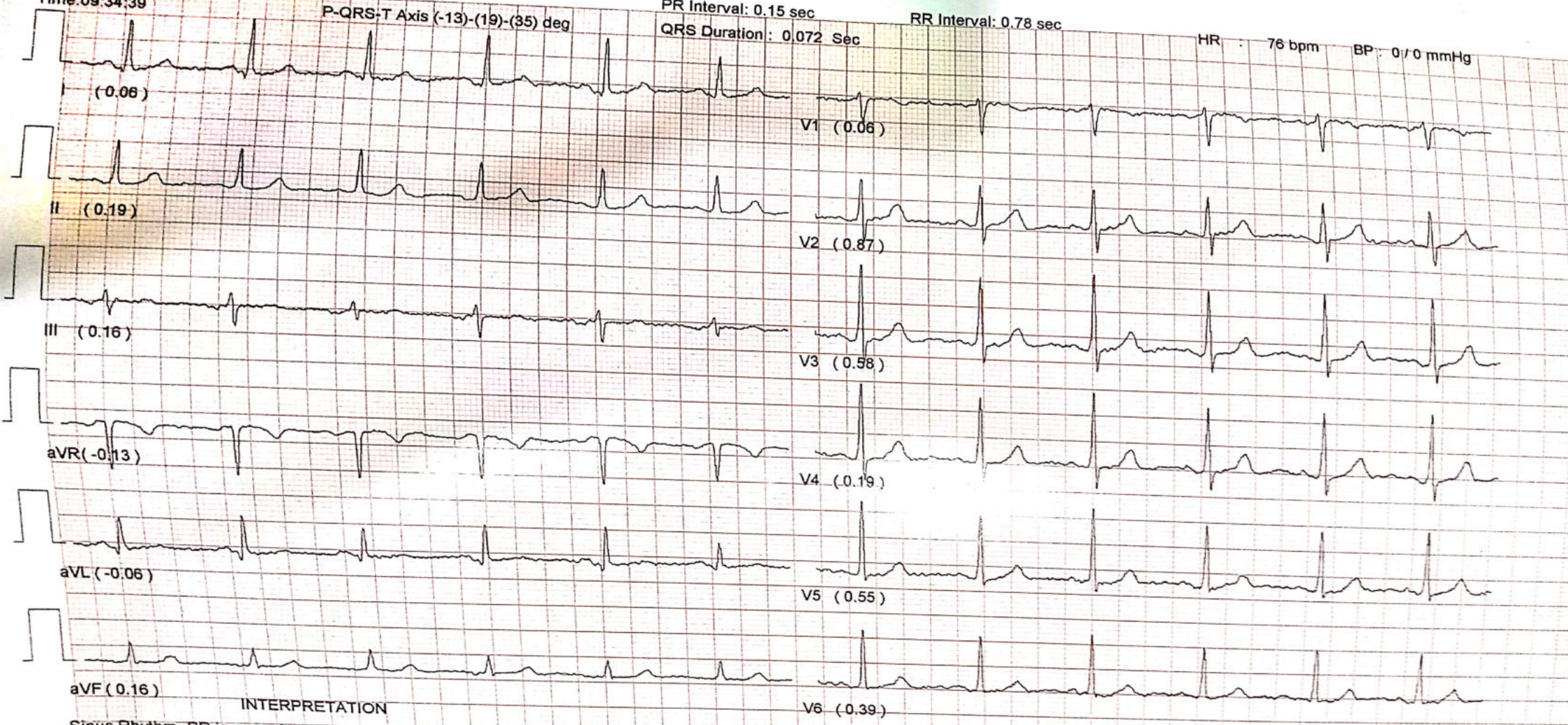
P-QRS-T Axis (-13)-(19)-(35) deg

PR Interval: 0.15 sec

QRS Duration : 0.072 Sec

RR Interval: 0.78 sec

HR : 76 bpm BP : 0 / 0 mmHg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,
T wave inversion in Lead V1,
Otherwise Normal ECG

DR
MD

*Unconfirmed Reporting, Refer to Clinician

10mm/mv,25mm/sec NASAN Simul-G BL U 4.6/1.13