



भारतीय विशिष्ट पहचान प्राधिकरण  
**भारत सरकार**  
 Unique Identification Authority of India  
**Government of India**

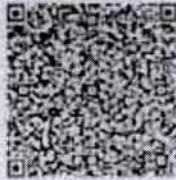
नामांकन क्रम / Enrollment No 1211/96607/01920

To,  
 गायत्री मेहरा  
 Gayatri Mehra  
 W/O: Niranjan Mehra  
 582 B sumer nagar  
 kalyanpura  
 muhana mandi Road  
 Jaipur  
 Mansarovar Jaipur Jaipur  
 Rajasthan 302020  
 7877617153

Ref: 320 / 14B / 116324 / 116549 / P



SH904700555FT



आपका आधार क्रमांक / Your Aadhaar No. :

**3518 4200 2268**

आधार - आम आदमी का अधिकार



भारत सरकार  
 Government of India



गायत्री मेहरा  
 Gayatri Mehra  
 जन्म तिथि / DOB : 15/01/1984  
 महिला / Female



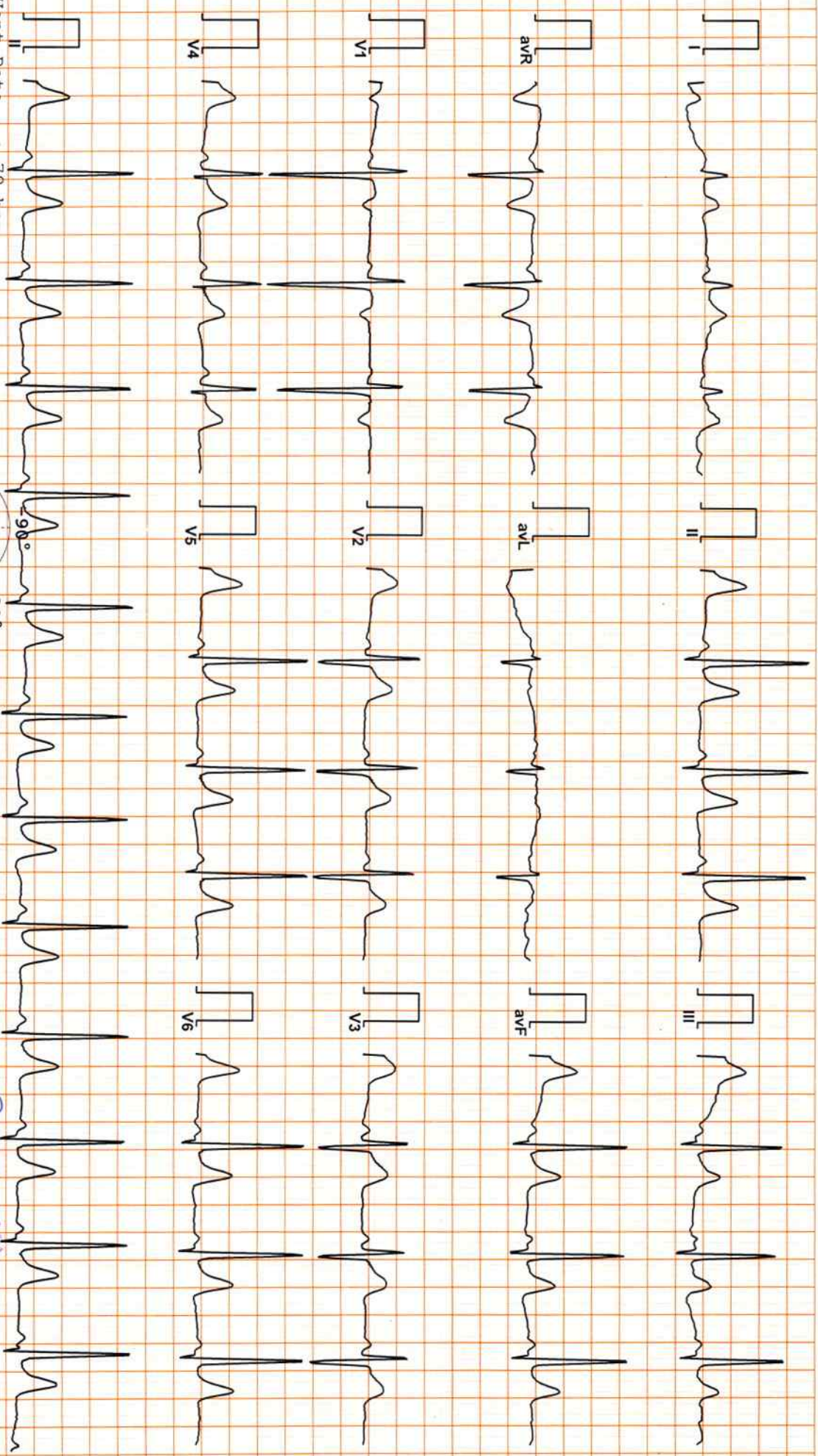
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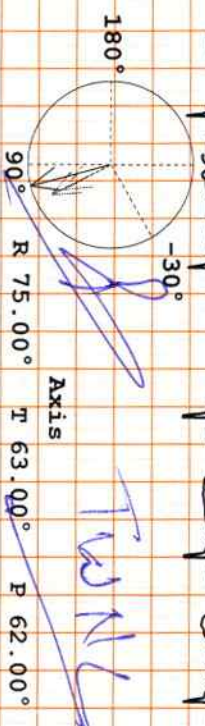
DR. VISHVUS GOYAL  
 DMRD (Radiologist)  
 NO.-037041  
 GOYAL'S  
 Center, Jaipur



1163 / MRS. GAYATRI MEHRA / 39 Yrs / F / Non Smoker  
 Heart Rate : 78 bpm / Tested On : 06-Mar-22 13:22:13 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
 / Refd By: BOB



Vent Rate : 78 bpm  
 PR Interval : 116 ms  
 QRS Duration: 84 ms  
 QT/QTc Int : 342/374 ms  
 P-QRS-T axis: 62.00° • 75.00° • 63.00°



Allengers ECG (Pisces)(PIS216200529)

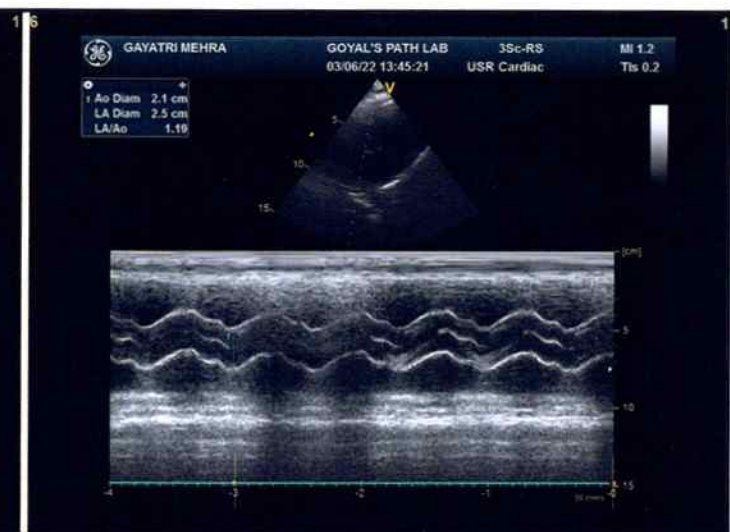
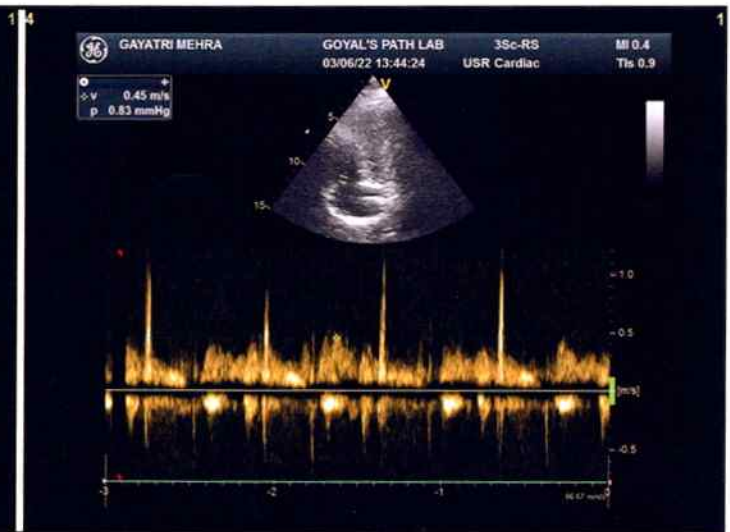
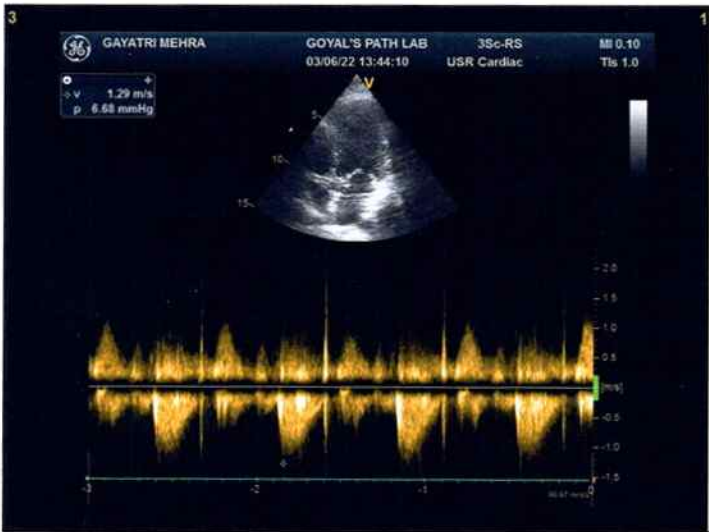
Reported By:  
**Dr. RAJESH KUMAR**  
 MD, DM, Cardiologist  
 RMC No.-037041



# Dr. Goyal's Path Lab

Name **GAYATRI MEHRA**  
Patient Id **GAYAT02\_02941**

Date **03/06/2022**  
Diagnosis Dr.



# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur  
 Tele : 0141-2293346, 4049787, 9887049787  
 Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 06/03/2022 09:51:45  
**NAME :- Mrs. GAYATRI MEHRA**  
 Sex / Age :- Female 38 Yrs  
 Company :- MediWheel

Patient ID :- 122127495  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- Sample Collected Time Final Authentication : 06/03/2022 13:57:30

### ECHOCARDIOGRAPHY 2D (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	21	mm	LA	25	Mm	IVS-D	7	mm
IVS-S	13	mm	LVID	45	Mm	LVSD	27	mm
LVPW-D	10	mm	LVPW-S	14	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	71%		RWMA		ABSENT			

##### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

##### COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.93	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.62	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION		ABSENT		
AORTIC VALVE				
PEAK VELOCITY	1.2	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION		ABSENT		
TRICUSPID VALVE				
PEAK VELOCITY	0.68	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION		ABSENT		
PULMONARY VALVE				
PEAK VELOCITY	1.1	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION		ABSENT		

TANVI

Page No: 1 of 2



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

Dr. Piyush Gupta  
 MBBS, (Diagnosis)

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.

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### Impression--

1. Normal LV size & contractility.
2. No RWMA, LVEF 71%.
3. Normal cardiac chamber.
4. Normal valve.
5. No clot, no vegetation, no pericardial effusion.

(Cardiologist)

\*\*\* End of Report \*\*\*

TANVI

Page No: 2 of 2



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Sample Type :- EDTA

Sample Collected Time 06/03/2022 10:34:50

Final Authentication : 06/03/2022 14:28:51

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE FEMALE BELOW 40</b>			
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method:- HPLC	5.1	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

#### Ref by ADA 2020

<b>MEAN PLASMA GLUCOSE</b> Method:- Calculated Parameter	100	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Technologist

Page No: 1 of 14



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RMC NO. 21021/008037

**Dr. Piyush Goyal**  
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**Dr. Chandrika Gupta**  
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**Dr. Tej Prakash Gupta**  
DMRD (RADIO DIAGNOSIS)  
RMC No. 24436

**Dr. Hitesh Kumar Sharma**  
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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	12.3	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.70	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	53.8	%	40.0 - 80.0
LYMPHOCYTE	40.0	%	20.0 - 40.0
EOSINOPHIL	3.2	%	1.0 - 6.0
MONOCYTE	2.8	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.07	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.42	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.05	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.15	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.08	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	36.60	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	89.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.7	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	183	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.8	%	11.6 - 14.0
MENTZER INDEX	21.96		

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.

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Technologist

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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**Erythrocyte Sedimentation Rate (ESR)** 20 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 "  $x > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC), Methodology: TLC, DLC, Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Sample Type :- PLAIN/SERUM

Sample Collected Time 06/03/2022 10:34:50

Final Authentication : 06/03/2022 14:58:06

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	171.10	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	76.86	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	15.37	mg/dl	0.00 - 80.00

JITENDRAKUMAWAT

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	45.24	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	113.05	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	3.78		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.50		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	482.70	mg/dl	400.00 - 1000.00

**TOTAL CHOLESTEROL** InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

**TRIGLYCERIDES** InstrumentName:Radox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

**DIRECT HDL CHOLESTEROL** InstrumentName:Radox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

**DIRECT LDL-CHOLESTEROL** InstrumentName:Radox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

**TOTAL LIPID AND VLDL ARE CALCULATED**

JITENDRAKUMAWAT

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.59	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	31.3 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	28.5	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	42.70	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.44	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.36	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.08	gm/dl	2.20 - 3.50
A/G RATIO	1.42		1.30 - 2.50

JITENDRAKUMAWAT

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Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.28	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.31	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	10.50	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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Transcript by.

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MC - 2300



Date :- 06/03/2022 09:51:45  
**NAME :- Mrs. GAYATRI MEHRA**  
Sex / Age :- Female 38 Yrs  
Company :- MediWheel

Patient ID :-122127495  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 06/03/2022 10:34:50

Final Authentication : 06/03/2022 13:28:33

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	10.200 H	μIU/mL	0.465 - 4.680

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3  
 Method:- Chemiluminescence(Competitive immunoassay) 0.980 ng/ml 0.970 - 1.690

SERUM TOTAL T4  
 Method:- Chemiluminescence(Competitive immunoassay) 6.350 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 T4 concentrations in vivo.

**InstrumentName:** VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

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Sex / Age :- Female 38 Yrs  
Company :- MediWheel

Patient ID :-122127495  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 06/03/2022 10:34:50

Final Authentication : 06/03/2022 14:09:00

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
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		

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Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 06/03/2022 10:34:50

Final Authentication : 06/03/2022 14:09:00

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	6.5		5.0 - 7.5
SPECIFIC GRAVITY	1.015		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

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Sex / Age :- Female 38 Yrs  
Company :- MediWheel

Patient ID :- 122127495  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Iodide  
Report Date/Time :- 06/03/2022 13:29:25

Final Authentication : 06/03/2022 14:58:06

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 83.2 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) 95.0 mg/dl 70.0 - 140.0  
Method:- GOD PAP

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

SERUM CREATININE 0.98 mg/dl Men - 0.6-1.30  
Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 3.60 mg/dl Men - 3.4-7.0  
Method:- Enzymatic colorimetric Women - 2.4-5.7

JITENDRAKUMAWAT

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Company :- MediWheel

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Lab/Hosp :-

Sample Type :- EDTA, PLAIN/SERUM, URINE, SPINAL FLUID Collected Time 06/03/2022 10:34:50

Final Authentication : 06/03/2022 14:58:06

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B"POSITIVE		
<b>BLOOD GROUP ABO Methodology :</b> Haemagglutination reaction <b>Kit Name :</b> 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)	12.5	mg/dl	0.0 - 23.0

\*\*\* End of Report \*\*\*

BANWARI, JITENDRAKUMAWAT, POOJABOHRA  
**Technologist**

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Patient ID :- 122127495  
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Lab/Hosp :-

Final Authentication : 06/03/2022 13:04:58

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 of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

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

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

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary Bladder:** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Uterus** is anteverted and normal in size and measures 71x46x33 mm . Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 7.5 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:**

**\*Normal Study.**

**Needs clinical correlation & further evaluation**

\*\*\* End of Report \*\*\*

Page No: 1 of 1

ANITASHARMA

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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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