



Date of Examination: 25/06/2022

Name: Mrs Sheta Meena Age: 31 DOB: 04-10-1990 Sex: F

Referred By: Medi wheel

Identification Marks: NO

Photo ID: AADHAR ID #: Attached

Ht: 155 (cm)

Wt: 62 (Kg)

Chest 88 (cm)

Abdomen Circumference: 87 (cm)

Blood Pressure: 110/66 mm Hg PR: 78 / min RR: 16 / min Temp: Afbic

Eye Examination: Vision normal 6/6, N/6

No colour blindness

Other: Not - Significant

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

Signature of Examinee: [Signature] Name of Examinee: _____

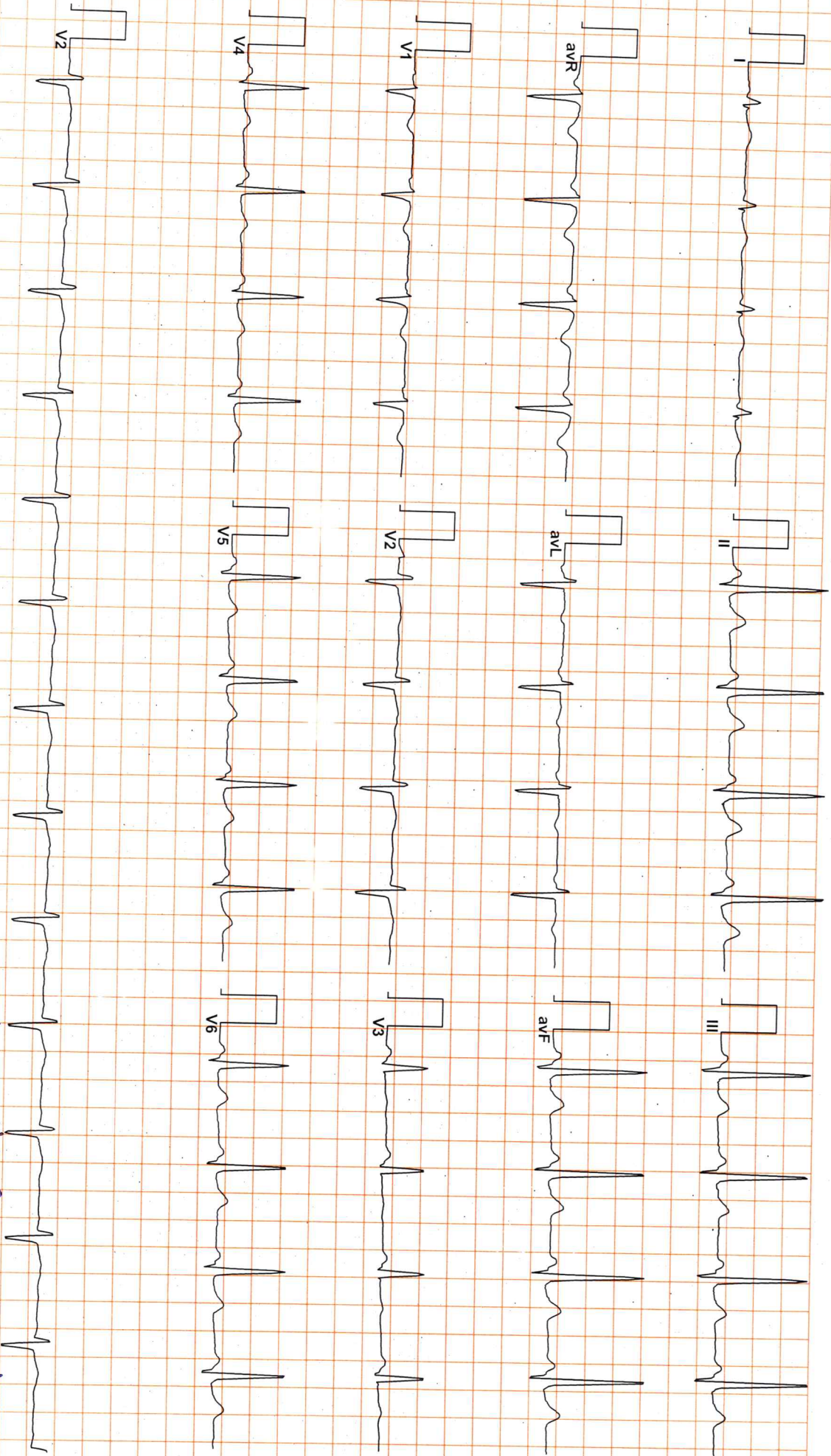
Signature Medical Examiner: _____ Name Medical Examiner: _____

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



11478 / MRS SHWETA MEENA / 31 Yrs / F / Non Smoker

Heart Rate : 80 bpm / / Refd By: BOB / Tested On : 25-Jun-22 13:33:42 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Small r in inferior leads

Allengers ECG (Piscas)(PIS212160118)

Dr. *Mohammed Mohamud*
REG. NO: 351703 (ECC R15)
REG. DIP. CARDIO (RCCS-DIN)



Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Supine	00:04	0:01	01.1	00.0	01.0	78	110/75	085	00	
Standing	00:20	0:01	01.1	00.0	01.0	78	110/75	085	00	
HV	00:36	0:01	01.1	00.0	01.0	080	110/75	088	00	
Warm Up	01:10	0:01	01.0	00.0	01.0	078	110/75	085	00	
ExStart	01:55	0:07	01.7	10.0	01.1	099	110/75	108	00	
BRUCE Stage 1	04:55	3:00	01.7	10.0	04.7	138	120/80	165	70	
BRUCE Stage 2	07:55	3:00	02.5	12.0	07.1	170	126/84	214	00	
PeakEx	10:08	2:13	03.4	14.0	09.4	188	135/90	253	00	
Recovery	11:07	1:00	00.0	00.0	01.2	138	135/90	186	00	
Recovery	12:07	2:00	00.0	00.0	01.0	112	130/85	145	00	
Recovery	14:07	4:00	00.0	00.0	01.0	100	120/80	120	00	
Recovery	15:18	5:10	00.0	00.0	01.0	098	115/75	112	00	

Findings :

Exercise Time : 08:14
 Max HR Attained : 188 bpm 99% of Target 189
 Max BP Attained : 135/90
 Max WorkLoad Attained : 9.4 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

Base line ECG showed normal. There is mild ST-T changes seen during exercise in infero lat leads. which reverted to base line within 1 min. of Recovery. TMT walking positive for RNS.

Shweta Meena

Shweta Clinical

Dr. Nitesh Kumar Mohanka
 M.D. (ESCORTS)
 RADIO (ESCORTS)
 DR. N. (RECIPIENT)

Date: 25-Jun-2022 01:35:10 PM

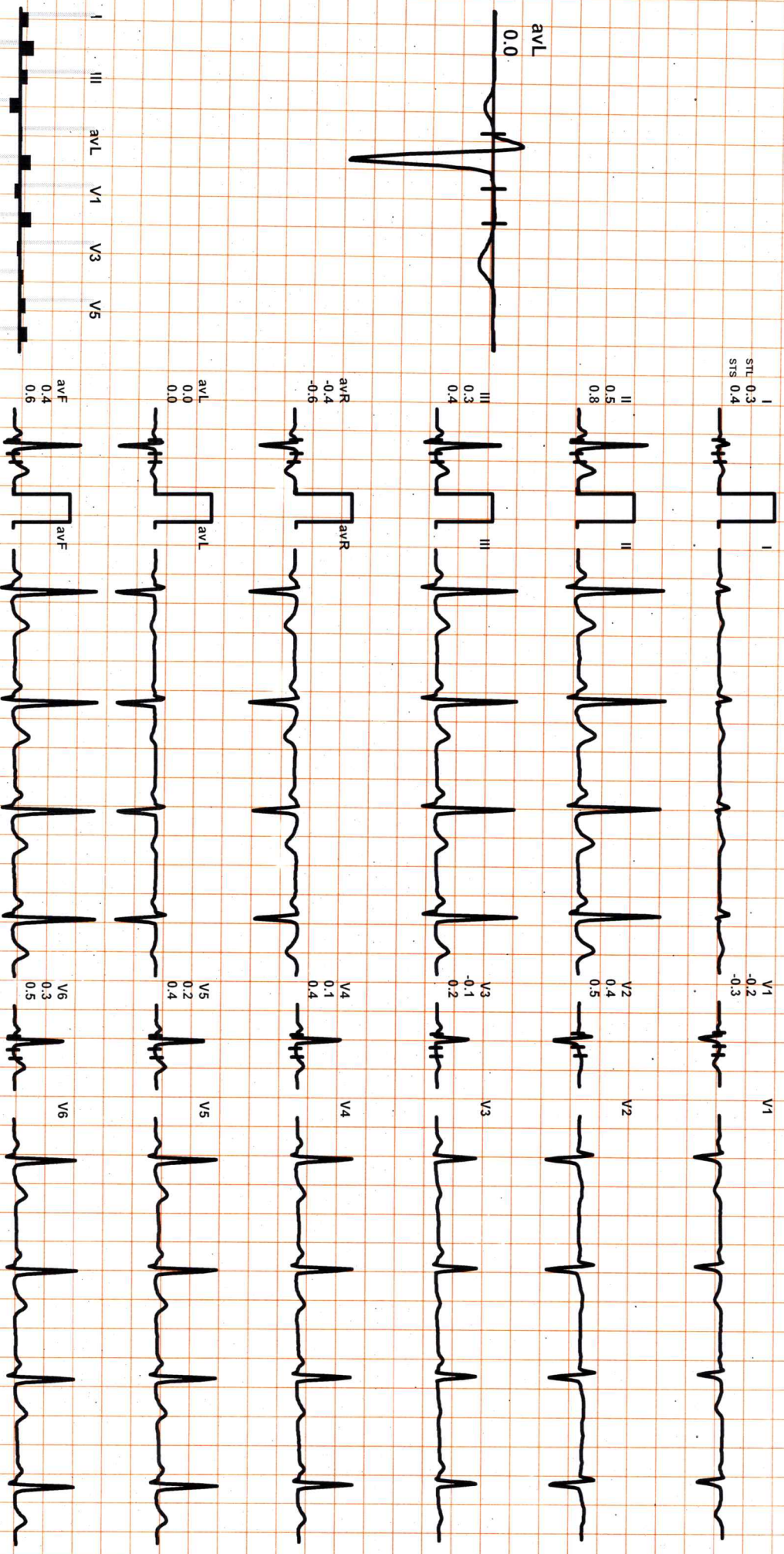
MEETS: 1.0/ 78 bpm 41% of THR

BP: 110/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:04 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



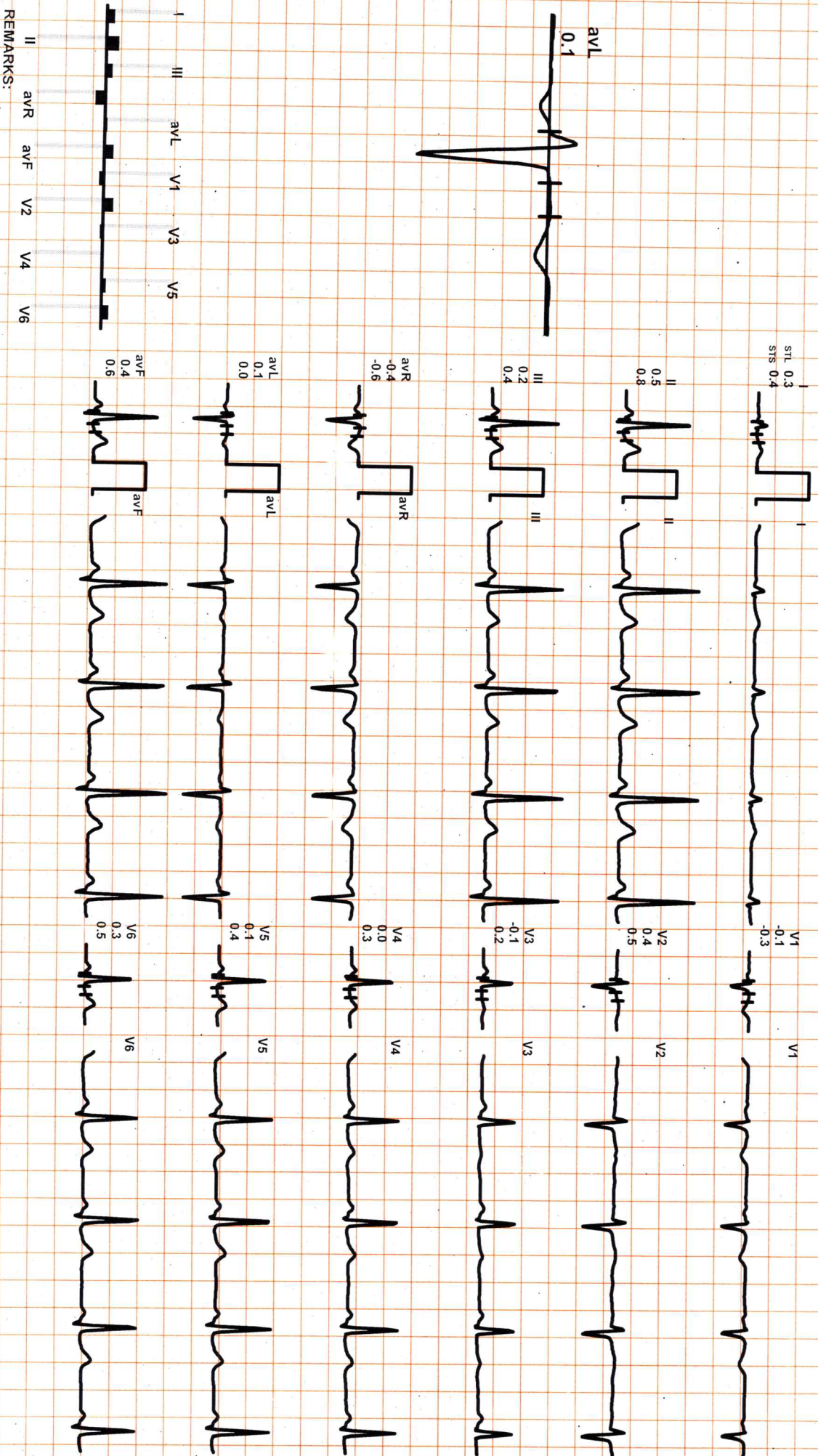
REMARKS:

Date: 25-Jun-2022 01:35:10 PM
4X 80 mS Post J

METS: 1.0/78 bpm 41% of THR BP: 110/75 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

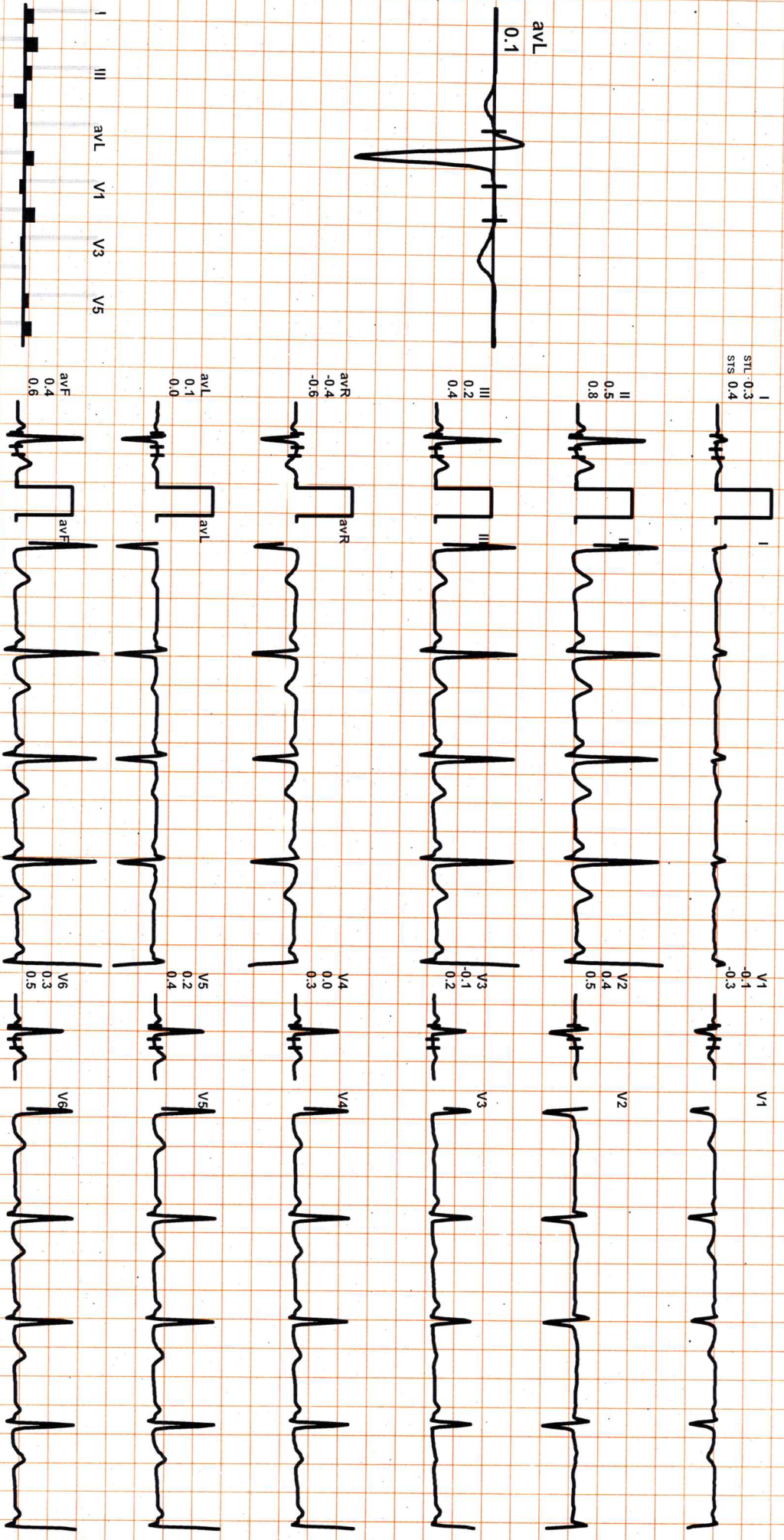
EXTime: 00:20 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

Date: 25-Jun-2022 01:35:10 PM METS: 1.0/ 80 bpm 42% of THR BP: 110/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:36 1.1 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



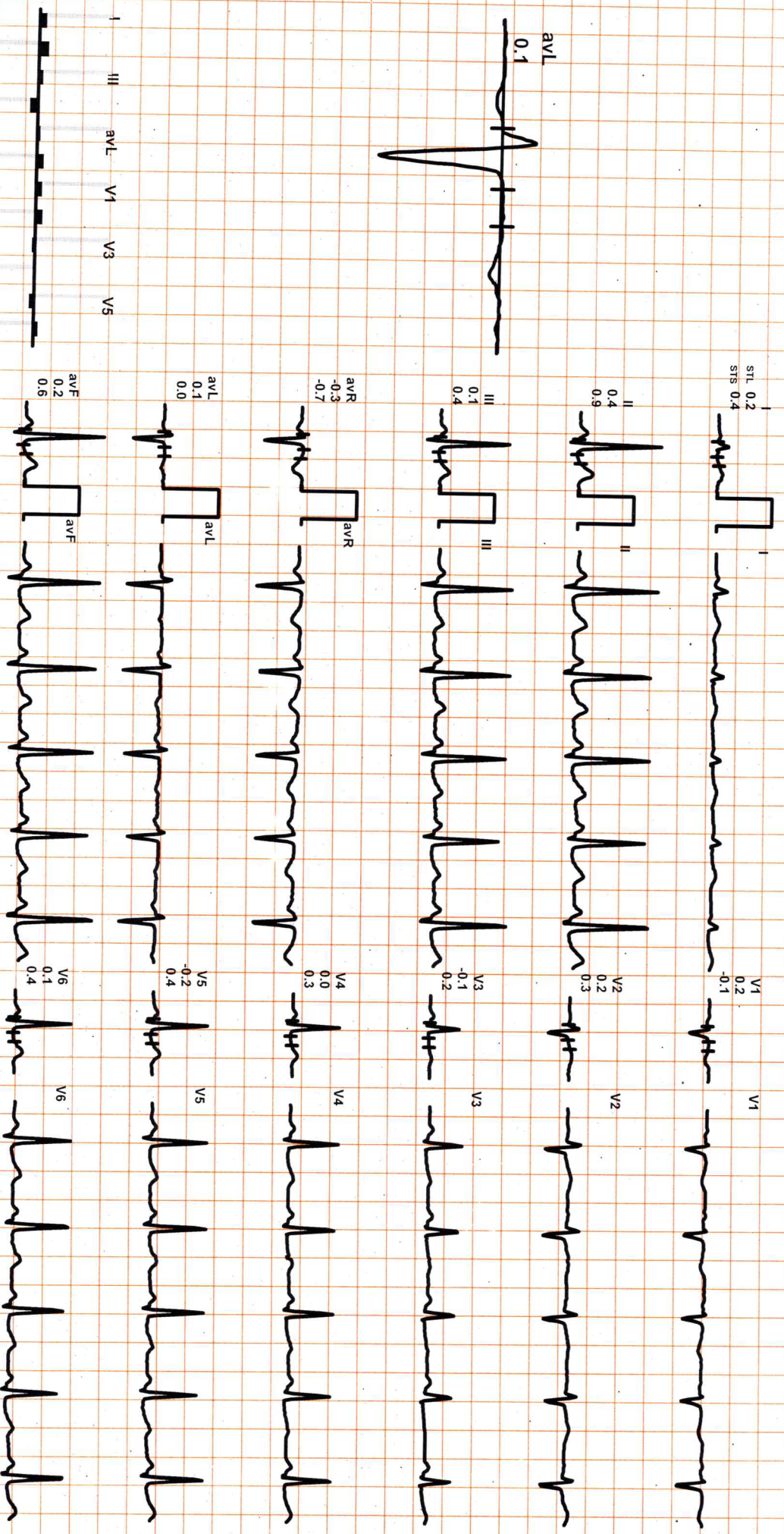
REMARKS:

Date: 25-Jun-2022 01:35:10 PM
4X 80 ms Post J

METS: 1.0/78 bpm 41% of THR BP: 110/75 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 01:10 1.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



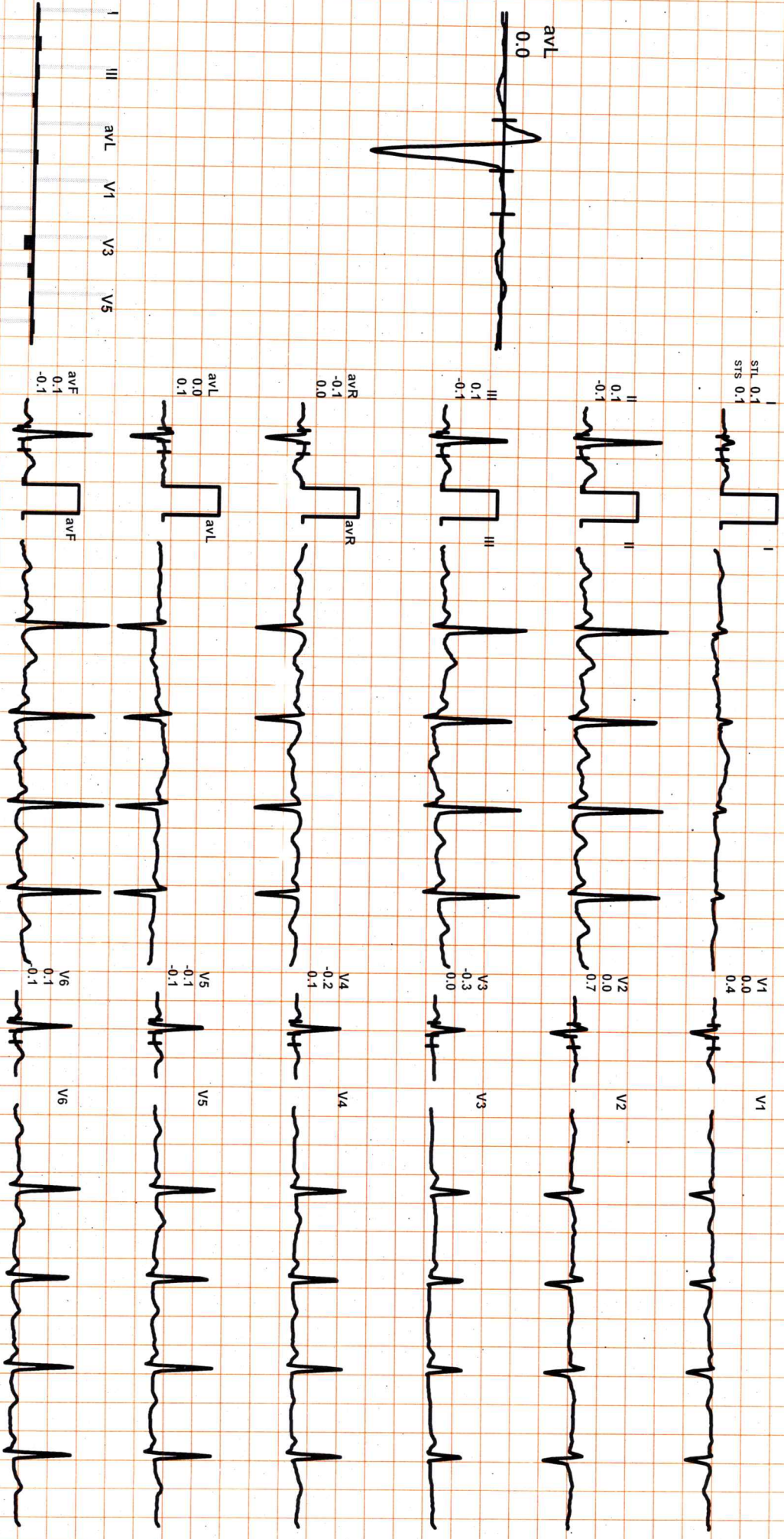
REMARKS:

Date: 25-Jun-2022 01:35:10 PM
4X 80 MS Post J

METS: 1.1/ 99 bpm 52% of THR BP: 110/75 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:07 1.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mV

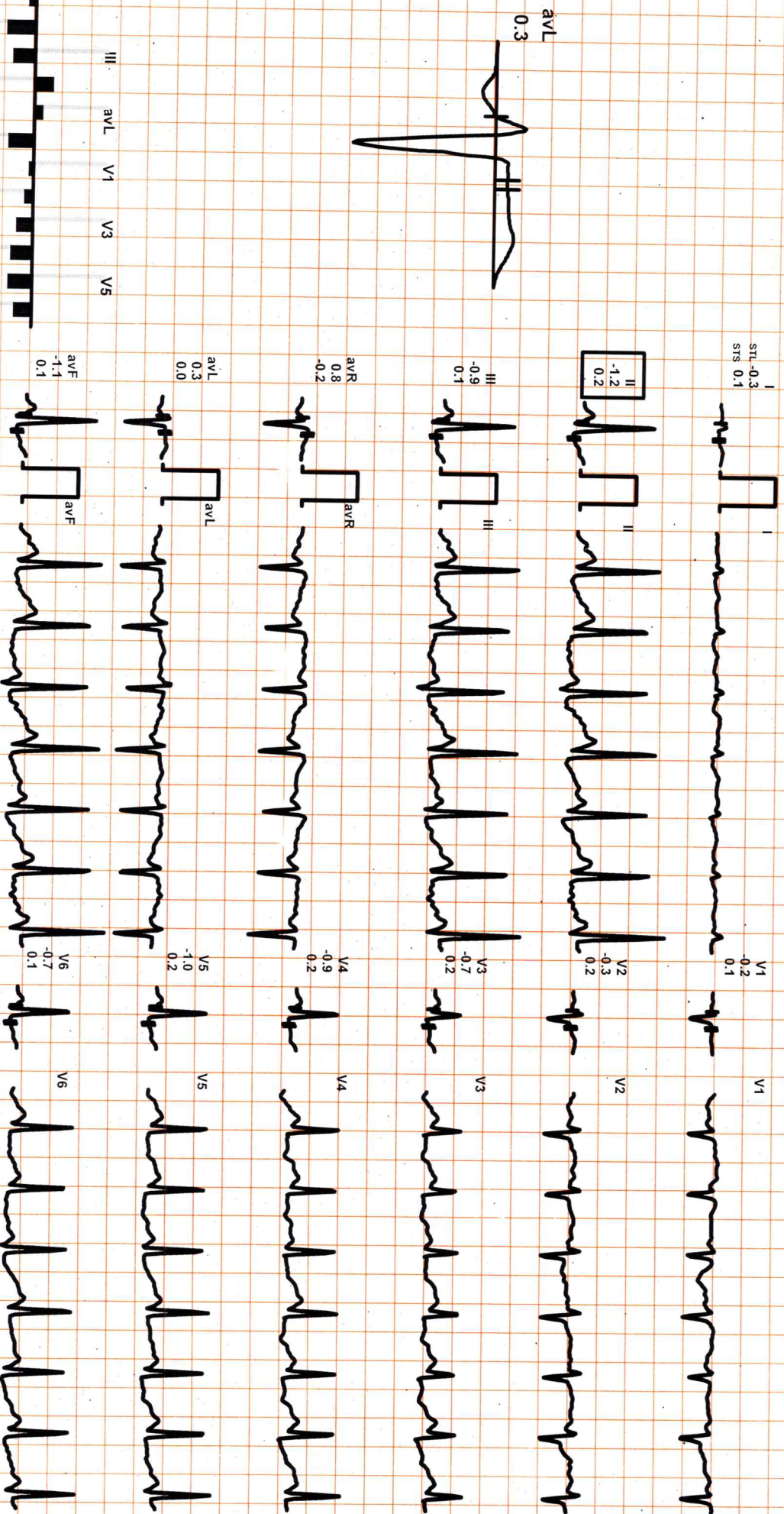


REMARKS:

Date: 25-Jun-2022 01:35:10 PM METS: 4.7/ 138 bpm/ 73% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

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

4X 10 ms Post J

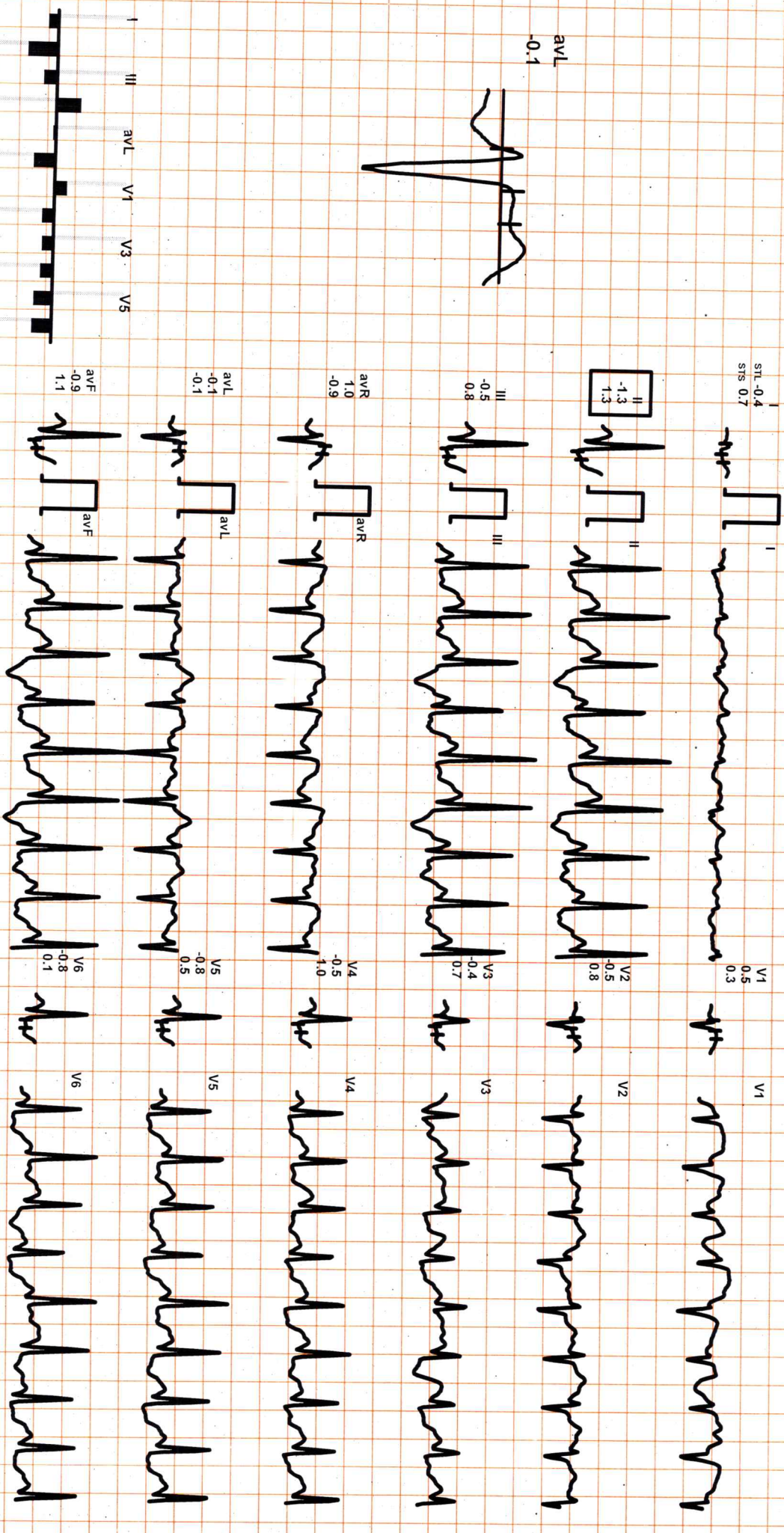


REMARKS:



Date: 25-Jun-2022 01:35:10 PM METS: 7.1/ 170 bpm 89% of THR BP: 126/84 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

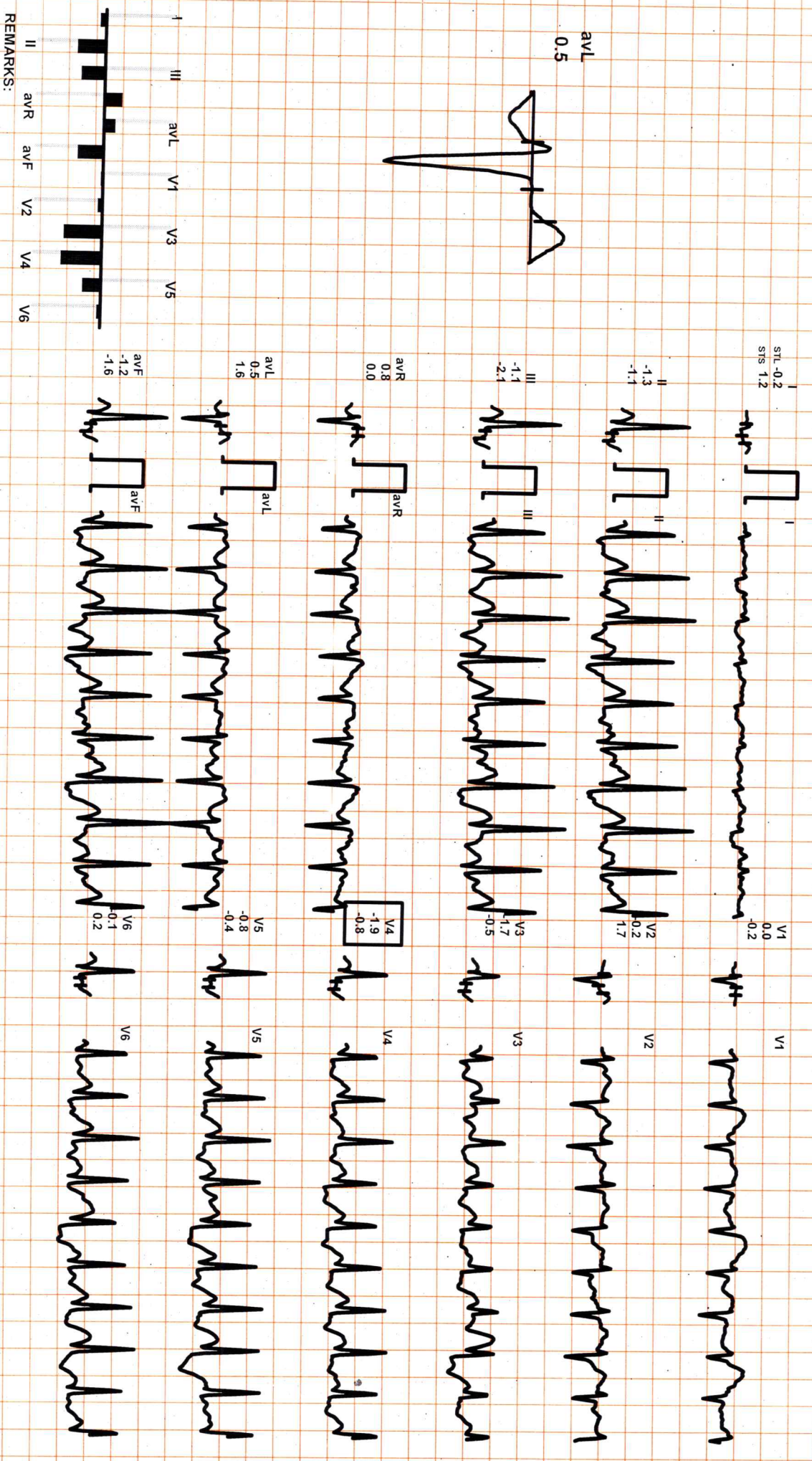
EXTime: 06:00 2.5 mph, 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

Date: 25-Jun-2022 01:35:10 PM METS: 9.4/ 188 bpm 99% of THR BP: 135/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz
4X 60 ms Post J

ExTime: 08:13 3.4 mph, 14.0%
25 mm/Sec. 1.0 Cm/mV



Date: 25-Jun-2022 01:35:10 PM

METS: 1.2/138 bpm 73% of THR

BP: 135/90 mmHg

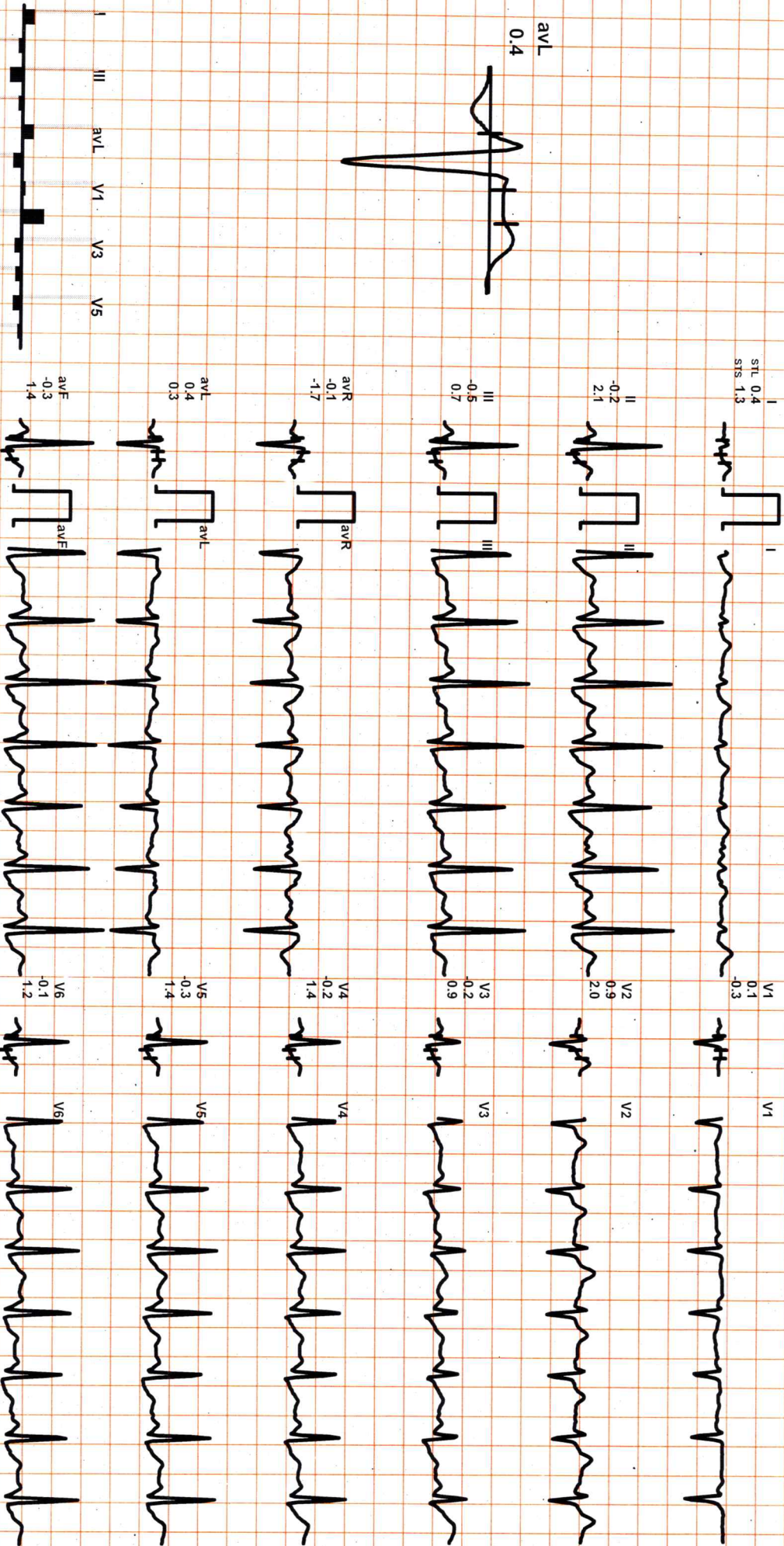
Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 08:14 0.0 mph, 0.0%

4X

60 ms Post J

25 mm/Sec - 1.0 Cm/mV



REMARKS:

II aVR aVL aVF V1 V2 V3 V4 V5 V6

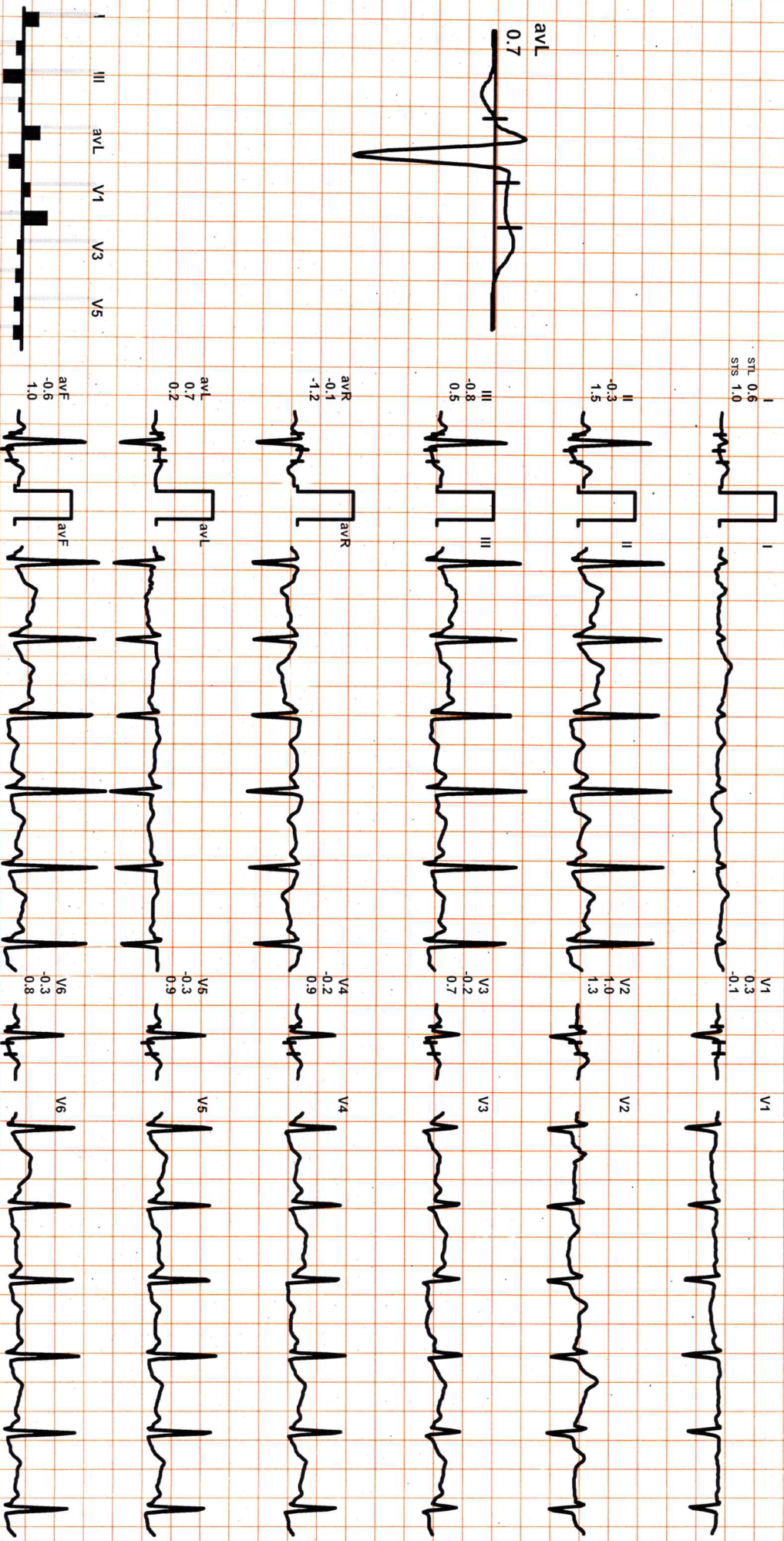


Date: 25-Jun-2022 01:36:10 PM METS: 1.0 / 112 bpm 59% of THR BP: 130/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 08:14 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers



Date: 25-Jun-2022 01:35:10 PM

METS: 1.00 98 bpm 51% of THR

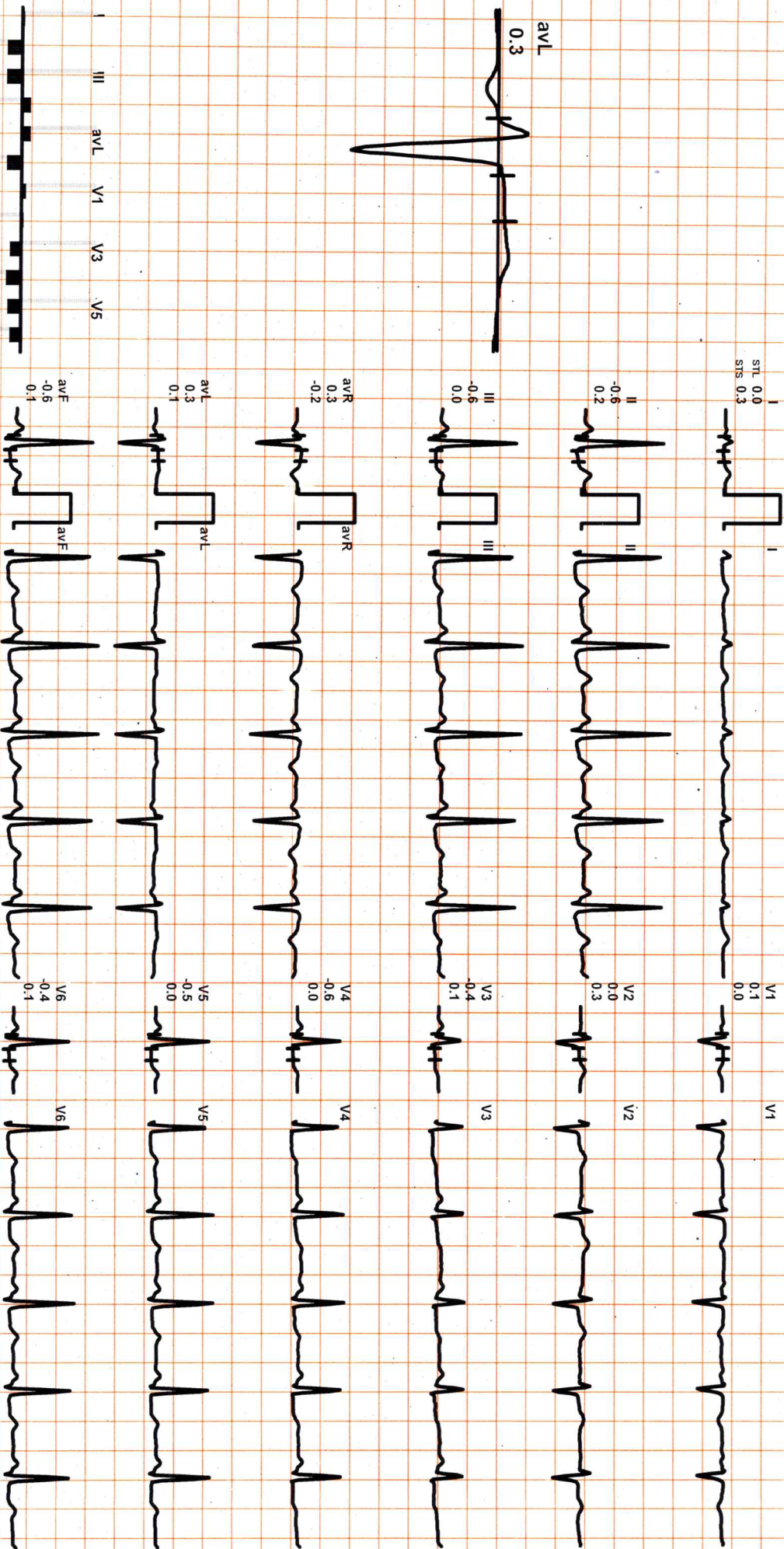
BP: 115/75 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:14 0.0 mph, 0.0%

4X 80 mS Post J

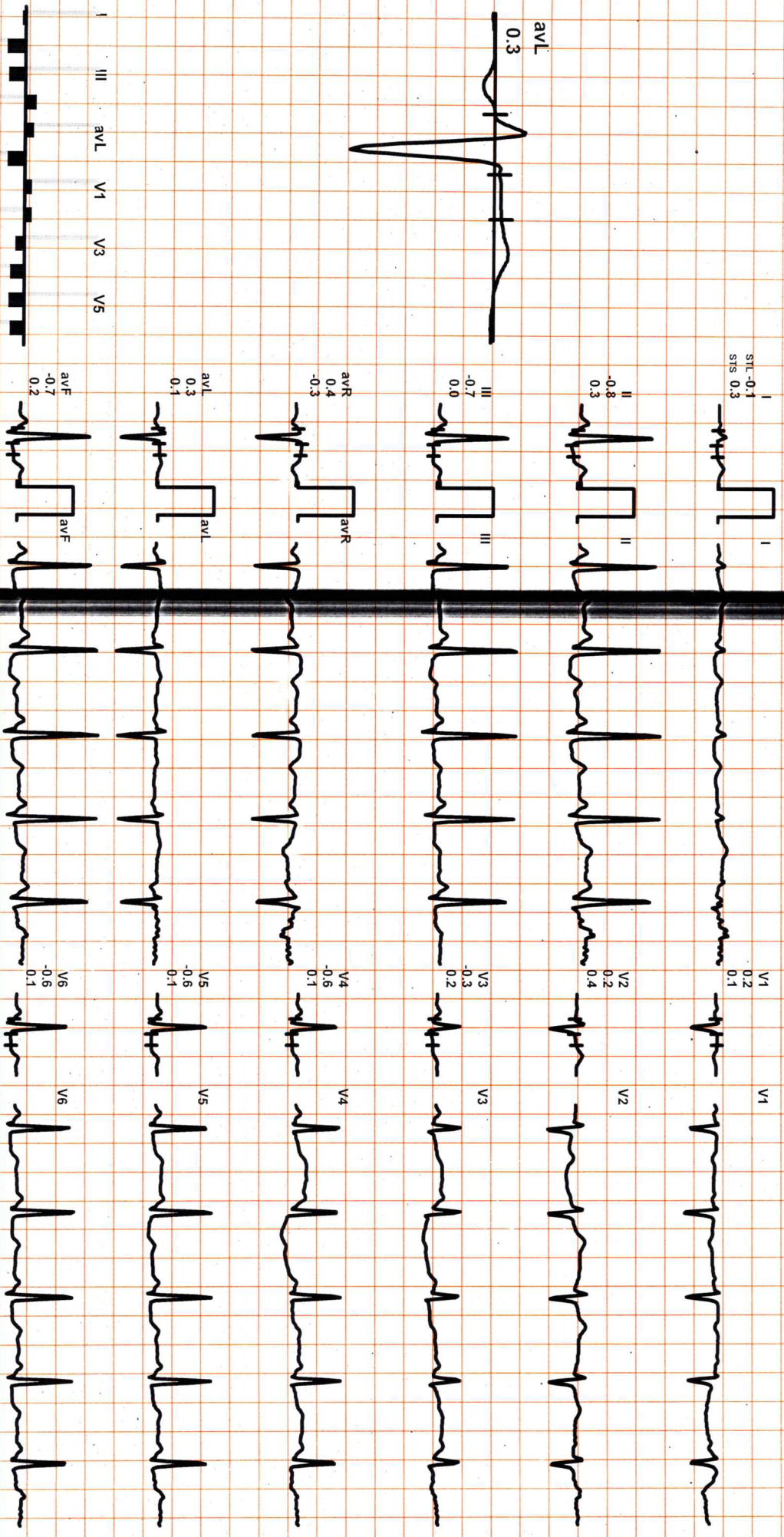
25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 25-Jun-2022 01:35:10 PM METS: 1.0/ 100 bpm 52% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz
4X 80 ms Post J
EXTIME: 08:14 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

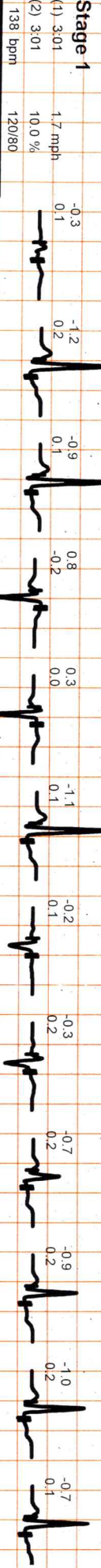
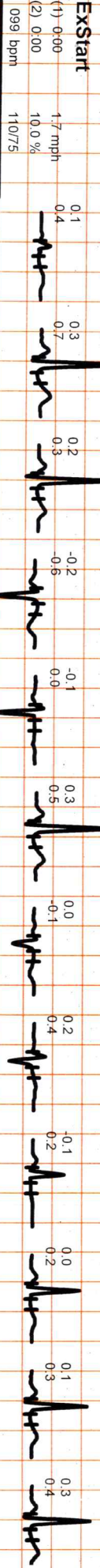
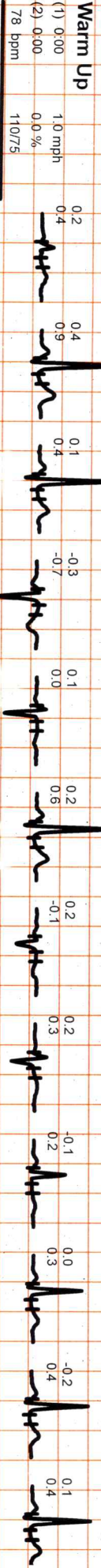
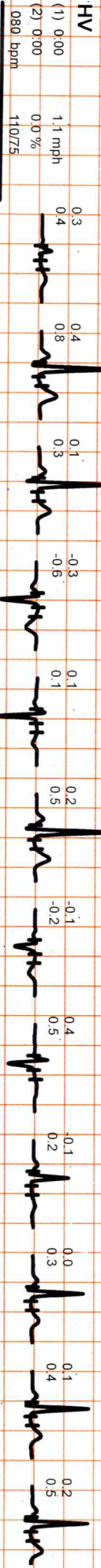
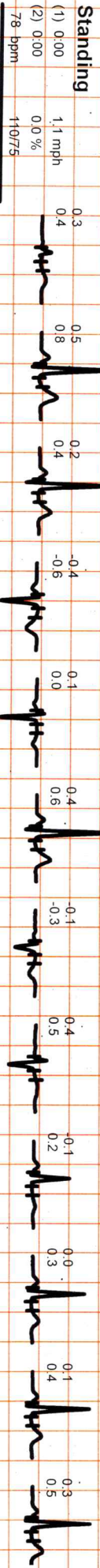
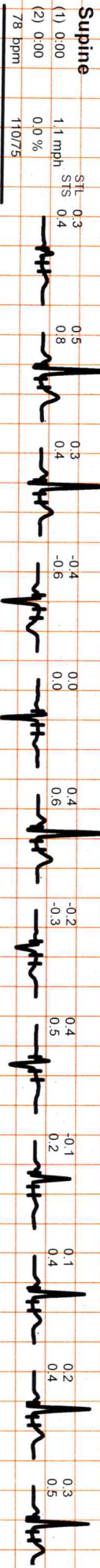


REMARKS:
II aVR aVF V2 V4 V6



Date: 25-Jun-2022 01:35:10 PM

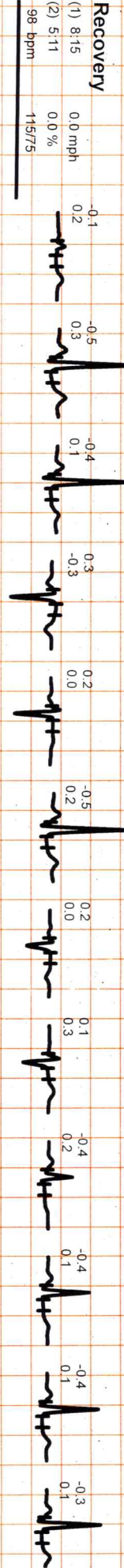
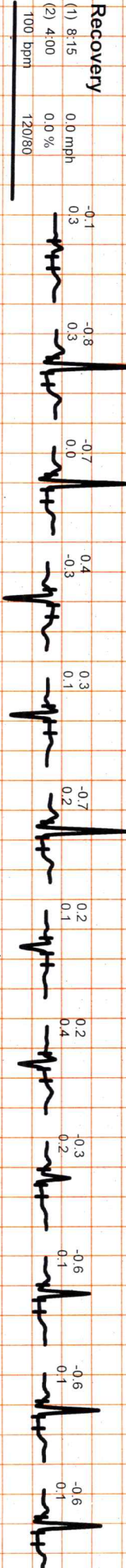
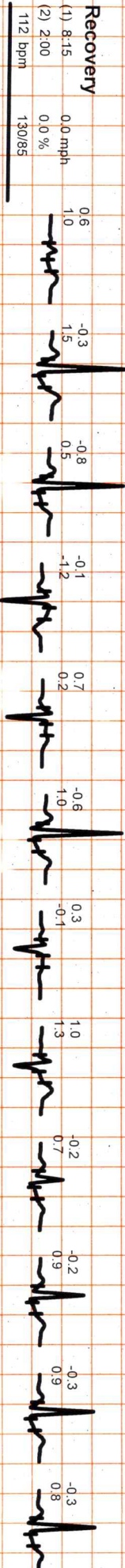
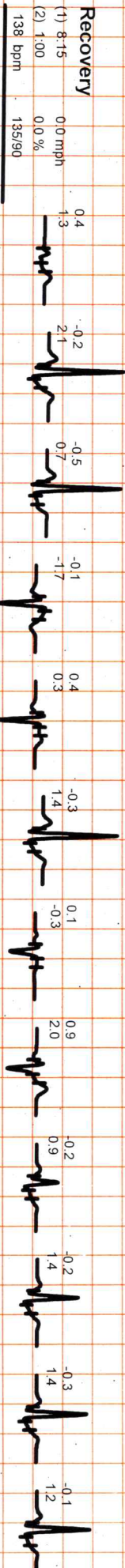
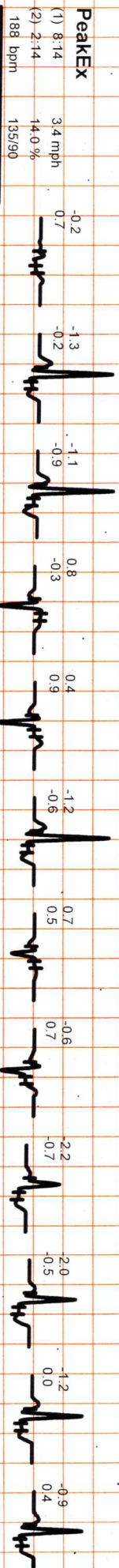
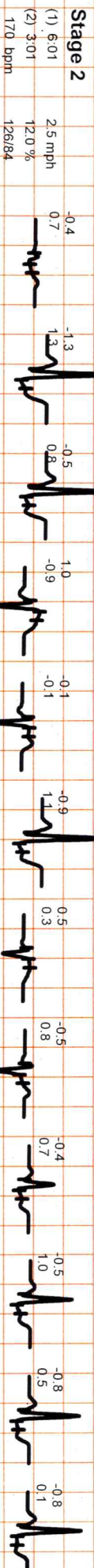
I II III avR avL avF V1 V2 V3 V4 V5 V6



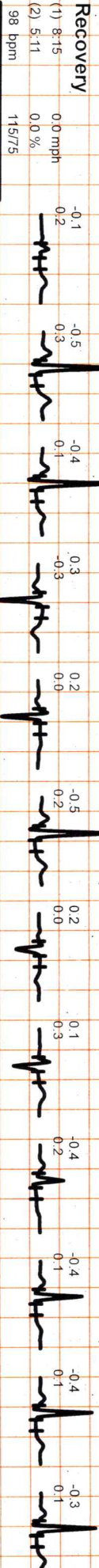
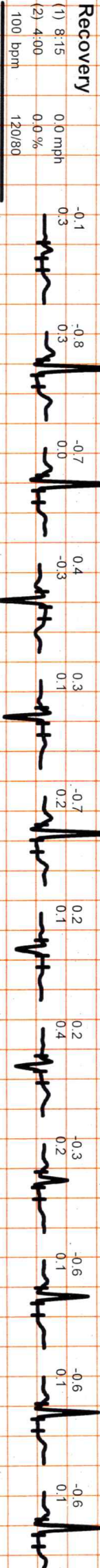
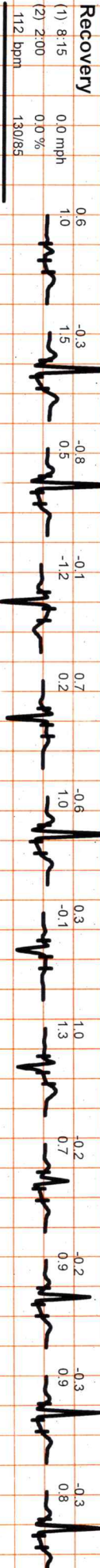
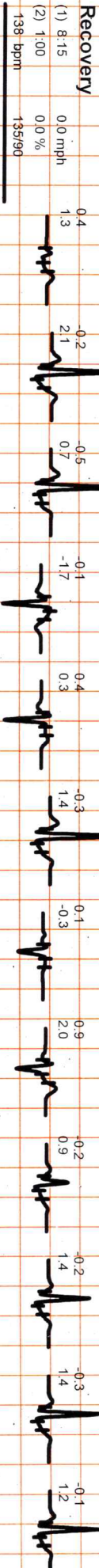
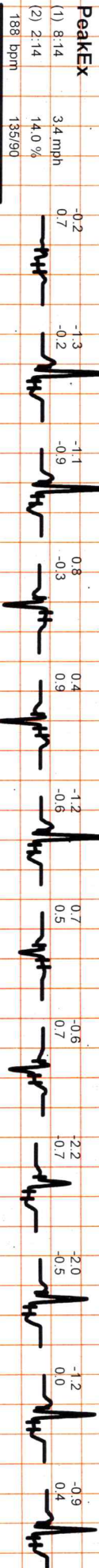
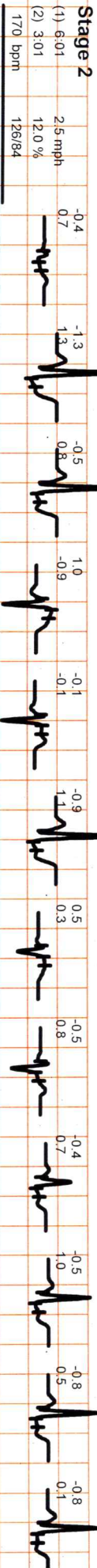


Date: 25-Jun-2022 01:35:10 PM

I II III avR avL avF V1 V2 V3 V4 V5 V6



Date: 25-Jun-2022 01:35:10 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.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 25/06/2022 09:05:26 Patient ID :-12221058
NAME :- Mrs. SHWETA MEENA Ref. By Dr:- BOB
Sex / Age :- Female 31 Yrs 8 Mon 21 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 25/06/2022 09:45:03

Final Authentication : 25/06/2022 12:07:03

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE FEMALE BELOW 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.6 %

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

114 mg/dL

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

AJAYSINGH
Technologist

Page No: 1 of 16



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

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Patient ID :-12221058
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 25/06/2022 09:45:03

Final Authentication : 25/06/2022 12:59:08

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.4	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.77	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	67.4	%	40.0 - 80.0
LYMPHOCYTE	23.0	%	20.0 - 40.0
EOSINOPHIL	1.4	%	1.0 - 6.0
MONOCYTE	8.0	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.89	10 ³ /uL	1.50 - 7.00
LYMPH#	1.08	10 ³ /uL	1.00 - 3.70
EO#	0.08	10 ³ /uL	0.00 - 0.40
MONO#	0.71 H	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.52	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	37.90	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	83.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.6	g/dL	31.5 - 34.5
PLATELET COUNT	232	x10 ³ /uL	150 - 410
RDW-CV	14.6 H	%	11.6 - 14.0
MENTZER INDEX	18.56		

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
-----------	-------	------	-------------------------

Erythrocyte Sedimentation Rate (ESR)	19	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 or connective tissue disease.

(CBC) Methodology: FLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan

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NAME :- Mrs. SHWETA MEENA
Sex / Age :- Female 31 Yrs 8 Mon 21 Days
Company :- MediWheel

Patient ID :-12221058
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 25/06/2022 09:45:03

Final Authentication : 25/06/2022 11:33:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	191.24	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	109.38	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	21.88	mg/dl	0.00 - 80.00

SKSHARMA

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Sample Type :- PLAIN/SERUM

Sample Collected Time 25/06/2022 09:45:03

Final Authentication : 25/06/2022 11:33:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	39.72	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	133.29	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	4.81		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.36		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	560.94	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			

SKSHARMA

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Date :- 25/06/2022 09:05:26 Patient ID :-12221058
NAME :- Mrs. SHWETA MEENA Ref. By Dr:- BOB
Sex / Age :- Female 31 Yrs 8 Mon 21 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 25/06/2022 09:45:03

Final Authentication : 25/06/2022 11:33:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.57	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	18.4	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	19.9	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	76.10	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.14	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.36	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.78	gm/dl	2.20 - 3.50
A/G RATIO	1.57		1.30 - 2.50

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Sample Collected Time 25/06/2022 09:45:03

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.29	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.28	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	23.70	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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Sample Type :- PLAIN/SERUM

Sample Collected Time 25/06/2022 09:45:03

Final Authentication : 25/06/2022 10:52:02

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.090	μIU/mL	0.550 - 4.780

NARENDRAKUMAR
Technologist

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Sample Type :- PLAIN/SERUM Sample Collected Time 25/06/2022 09:45:03 Final Authentication : 25/06/2022 10:52:02

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 1.210 ng/ml 0.600 - 1.810
Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 7.600 ug/dl 4.500 - 10.900
Method:- Chemiluminescence(Competitive immunoassay)

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 (TGB), 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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NAME :- Mrs. SHWETA MEENA
Sex / Age :- Female 31 Yrs 8 Mon 21 Days
Company :- MediWheel

Patient ID :-12221058
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 25/06/2022 09:45:03

Final Authentication : 25/06/2022 10:56:32

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		

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Sample Type :- URINE

Sample Collected Time 25/06/2022 09:45:03

Final Authentication : 25/06/2022 10:56:32

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

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 Company :- MediWheel

Patient ID :-12221058
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 Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Substrate ID: 111/25/06/2022 12:33:14

Final Authentication : 25/06/2022 13:59:56

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 96.9 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) 102.0 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 0.93 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 6.05 H mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

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Date :- 25/06/2022 09:05:26

Patient ID :- 12221058

NAME :- Mrs. SHWETA MEENA

Ref. By Dr:- BOB

Sex / Age :- Female 31 Yrs 8 Mon 21 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 25/06/2022 12:35:20

Final Authentication : 25/06/2022 13:54:41

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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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

AJAYSINGH, POOJABOHRA
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Sample Type :- PLAIN/SERUM

Sample Collected Time 25/06/2022 09:45:03

Final Authentication : 25/06/2022 11:33:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.3	mg/dl	0.0 - 23.0

*** End of Report ***

SKSHARMA

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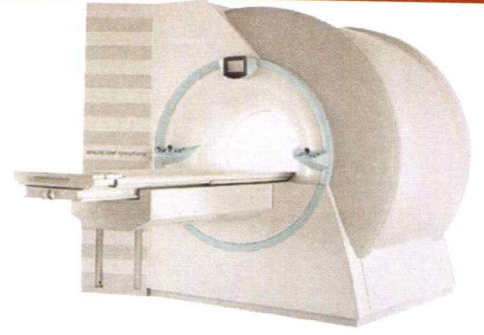


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NAME:	MRS. SHWETA	AGE	31 YRS
REF.BY	BOB	DATE	25/06/2022

X- RAY CHEST- PA VIEW

Both lung fields are clear.

Both costophrenic angles appear normal.

Cardiac size within normal limits.

Both domes of diaphragm appear normal.

The bony cage and soft tissues appear normal.

IMPRESSION:

- **No significant abnormality detected.**

Please correlate clinically.

DR. AMAN MAMODIA

DMRD, DNB (Radio-diagnosis)

Consultant Radiologist

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(D.M.R.D.)

Dr. Poonam Gupta
(M.D. Radiodiagnosis)

Dr. Shankar Tejwani
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Dr. Paresh Sukhani
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BOB PACKAGEFEMALE BELOW 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is enlarged in size 15.7 cm . Echo-texture is 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. 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 65x42x26 mm . Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 5.6 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.

RIF / LIF shows gas filled bowel loops.

IMPRESSION:

Hepatomegaly with Grade I Fatty liver

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RMC No 24436 FMF ID 102534


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RAJKUMARI

Transcript by.