

General Physical Examination

Date of Examination: 12/03/23.

Name: Lata Goyal Age: 54 Sex: Female,

DOB: 09/10/1968

Referred By: BOB.

Photo ID: uro ID #: attached.

Ht: 157 (cm)

Wt: 64 (Kg)

Chest (Expiration): _____ (cm)

Abdomen Circumference: _____ (cm)

Blood Pressure: 123/78 mm Hg PR: 63 / min RR: 18 / min Temp: Afebric

BMI 26.0

Eye Examination: vision using Specs both eye

Colour vision normal

Other: Not significant.

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

Signature Of Examinee : Lata Goyal Name of Examinee: _____

Signature Medical Examiner : _____ Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.U.
RMC Reg. No.-017296

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारतीय विभिन्न पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : W/O: धर्मनंद कुमार गोयल, 112,
भारतेन्दु नगर, कार्गिल टूर्स अभियानता
के पास, खतीपुरा, झोखवाड़ा, जयपुर,
राजस्थान, 302012

Address: W/O: Dharmendra
Kumar Goyal, 112, Bharatendu
Nagar, Near Garrison Engineer
Office, KHATIPURA, Jhokwara,
Jaipur, For New VTC,
Rajasthan, 302012

भारत सरकार

भारतीय विभिन्न पहचान प्राधिकरण
Unique Identification Authority of India
Government of India

नामांकन क्रमांक Enrolment No.: 1127/35005/00475

04/11/2011

To,
Lata Goyal
लता गोयल
W/O: Dharmendra Kumar Goyal
112 Bharatendu Nagar Near Garrison Engineer Office
KHATIPURA Jhokwara Jaipur For New VTC
Rajasthan 302012

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

UC 03474077 4 IN

Ref No.: 41233E9X-3474077



आपका आधार क्रमांक / Your Aadhaar No. :

4511 1800 2348

आधार — आम आदमी का अधिकार



भारतीय विभिन्न पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

लता गोयल
Lata Goyal

जन्म वर्ष / Year of Birth : 1968
महिला / Female

4511 1800 2348

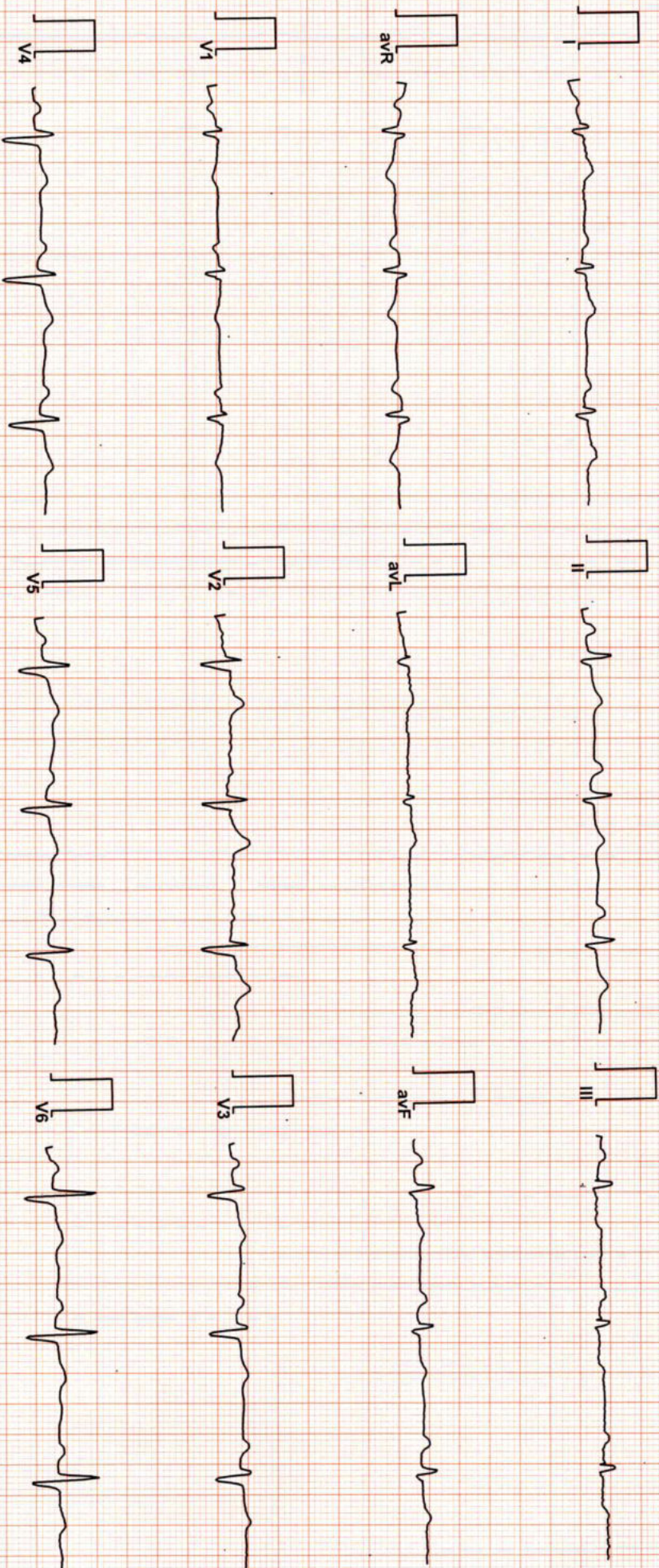


DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

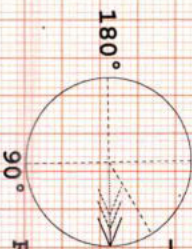
ECG

4023 / MRS. LATA GOYAL / 54 Yrs / F / Non Smoker
 Heart Rate : 64 bpm / Tested On : 12-Mar-23 10:30:10 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

/ Refd By: BOB MEDIWEEEL



Vent Rate : 64 bpm
 PR Interval : ms
 QRS Duration: ms
 QT/QTc Int : / ms
 P-QRS-T axis: 0.00° 0.00° 0.00°



180°
 90°
 -30°
 Axis
 R 0.00°
 T 0.00°
 P 0.00°

TUPL

Dr. Naresh Kumar Mohanta
 MBBS, MD (CCU) (ESCCO) (S)
 98765 43210
 Reported By: DR. NARESH KUMAR MOHANTA



Date :- 12/03/2023 09:19:40
NAME :- Mrs. LATA GOYAL
 Sex / Age :- Female 54 Yrs 5 Mon 3 Days
 Company :- MediWheel

Patient ID :- 122229976
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 12/03/2023 10:39:03

Final Authentication : 12/03/2023 12:50:59

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE ABOVE 40 GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	6.2	H %	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

MEAN PLASMA GLUCOSE
 Method:- Calculated Parameter

131 H mg/dL

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

AJAYSINGH
 Technologist

Page No. 1 of 12



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

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.0	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.73	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	67.2	%	40.0 - 80.0
LYMPHOCYTE	29.1	%	20.0 - 40.0
EOSINOPHIL	1.3	%	1.0 - 6.0
MONOCYTE	2.1	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.53	10 ³ /uL	1.50 - 7.00
LYMPH#	1.96	10 ³ /uL	1.00 - 3.70
EO#	0.08	10 ³ /uL	0.00 - 0.40
MONO#	0.14	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.48	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	37.70	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	84.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.3	g/dL	31.5 - 34.5
PLATELET COUNT	533 H	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	18.79		

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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Page No: 2 of 12



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	18	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

(CBC); Methodology: TLC,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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Page No: 3 of 12



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 Company :- MediWHEEL

Patient ID :- 122229976
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 12/03/2023 10:39:03

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	163.99	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	129.10	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	45.13	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	97.34	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	25.82	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.63		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.16		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	518.80	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 HDLCHOLESTEROL 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			

MUKESH SINGH

Page No: 4 of 12



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 Company :- MediWHEEL

Patient ID :- 122229976
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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 12/03/2023 10:39:03

Final Authentication : 12/03/2023 13:58:39

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.48	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	0.17	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
SGOT Method:- IFCC	12.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	22.7	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	67.40	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	22.00	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.45	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.49	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	1.96 L	gm/dl	2.20 - 3.50
A/G RATIO	2.29		1.30 - 2.50

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)

MUKESH SINGH

Page No: 5 of 12



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NAME :- Mrs. LATA GOYAL

Ref. By Dr:- BOB

Sex / Age :- Female 54 Yrs 5 Mon 3 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 12/03/2023 10:39:03

Final Authentication : 12/03/2023 12:07:38

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3

1.020

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

7.870

ug/dl

5.500 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA

1.799

μIU/mL

0.500 - 6.880

Method:- Enhanced Chemiluminescence Immunoassay

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

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 Technologist

Page No: 6 of 12



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NAME :- Mrs. LATA GOYAL
 Sex / Age :- Female 54 Yrs 5 Mon 3 Days
 Company :- MediWheel

Patient ID :-122229976
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 12/03/2023 10:39:03

Final Authentication : 12/03/2023 12:09:59

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)	6.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		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
RBC Method:- Reagent Strip (Peroxidase like activity)	NIL		NIL
<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

VIJENDRAMEENA
Technologist

Page No: 7 of 12



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Date :- 12/03/2023 09:19:40

Patient ID :-122229976

NAME :- Mrs. LATA GOYAL

Ref. By Dr:- BOB

Sex / Age :- Female 54 Yrs 5 Mon 3 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- STOOL

Sample Collected Time 12/03/2023 10:39:03

Final Authentication : 12/03/2023 12:09:59

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
MUCUS			
BLOOD			
MICROSCOPIC EXAMINATION			
RBC's		/HPF	
WBC/HPF		/HPF	
OVA			
CYSTS			
OTHERS			
Collected Sample Received			

VIJENDRAMEENA
Technologist

Page No: 8 of 12



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NAME :- Mrs. LATA GOYAL

Ref. By Dr:- BOB

Sex / Age :- Female 54 Yrs 5 Mon 3 Days

Lab/Hosp :-

Company :- MediWHEEL

Sample Type :- KOx/Na FLUORIDE-F, PLAIN/SERUM Collected Time 12/03/2023 10:39:03

Final Authentication : 12/03/2023 13:58:39

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)
Method:- GOD PAP

117.9 H mg/dl

75.0 - 115.0

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.

SERUM CREATININE
Method:- Colorimetric Method

0.78 mg/dl

Men - 0.6-1.30
Women - 0.5-1.20

SERUM URIC ACID
Method:- Enzymatic colorimetric

5.01 mg/dl

Men - 3.4-7.0
Women - 2.4-5.7

MUKESH SINGH

Page No: 9 of 12



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AJAYSINGH, ANITASHARMA, BILAL, MUKESH SINGH, VIJENDRAMEENA

Page No: 10 of 12



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil

AJAYSINGH, VIJENDRAMEENA
Technologist

Page No: 11 of 12



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Sample Collected Time 12/03/2023 10:39:03

Final Authentication : 12/03/2023 13:58:39

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	11.4	mg/dl	0.0 - 23.0

*** End of Report ***

MUKESH SINGH

Page No: 12 of 12



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

Dr. Goyal's

Path Lab & Imaging Centre

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Date :- 12/03/2023 09:19:40
NAME :- Mrs. LATA GOYAL
Sex / Age :- Female 54 Yrs 5 Mon 3 Days
Company :- MediWheel

Patient ID :- 122229976
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 12/03/2023 12:08:12

BOB PACKAGEFEMALE ABOVE 40

X RAY CHEST PA VIEW:

Bronchovascular markings are prominent.

Otherwise lung fields are clear.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Mild cardiomegaly is seen (Adv:- 2D echo)

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Unfolding of arch of aorta is noted.

(Please correlate clinically and with relevant further investigations.)

*** End of Report ***

Page No: 1 of 1

Dr. Piyush Goyal
(D.M.R.D.) BILAL

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

Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant

Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Transcript by.

FMF ID - 260517 | RMC No 22430

This report is not valid for medico-legal purpose.

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 Lab/Hosp :-

Final Authentication : 12/03/2023 14:04:51

BOB PACKAGE FEMALE ABOVE 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	29	mm	LA	32	Mm	IVS-D	10	mm
IVS-S	13	mm	LVID	40	Mm	LVSD	29	mm
LVPW-D	10	mm	LVPW-S	14	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	60%		RWMA			ABSENT		

CHAMBERS:

LA	NORMAL	RA	DILATED
LV	NORMAL	RV	DILATED
PERICARDIUM	NORMAL		

COLOUR DOPPLER:

MITRAL VALVE			
E VELOCITY	0.6	m/sec	PEAK GRADIENT
A VELOCITY	0.8	m/sec	MEAN GRADIENT
MVA BY PHT		Cm2	MVA BY PLANIMETRY
MITRAL REGURGITATION		ABSENT	
AORTIC VALVE			
PEAK VELOCITY	1.0	m/sec	PEAK GRADIENT
AR VMAX		m/sec	MEAN GRADIENT
AORTIC REGURGITATION		ABSENT	
TRICUSPID VALVE			
PEAK VELOCITY	2.8	m/sec	PEAK GRADIENT
MEAN VELOCITY		m/sec	MEAN GRADIENT
VMax VELOCITY			
TRICUSPID REGURGITATION		MILD	
PULMONARY VALVE			
PEAK VELOCITY	1.8	M/sec.	PEAK GRADIENT
MEAN VELOCITY			MEAN GRADIENT
PULMONARY REGURGITATION		ABSENT	

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Final Authentication : 12/03/2023 14:04:51

Impression--

1. RA, RV DILATED.
2. Aneurysmal Dilation of IAS towards RA.
3. Normal LV size & contractility.
4. No RWMA, LVEF 60%.
5. Normal valve, Mild TR, Mild PAH.
6. Grade I LV Diastolic Dysfunction.
7. No clot, no vegetation, no pericardial effusion.
8. (Advice: Cardiac MRI for further correlation).


(Cardiologist)

*** End of Report ***



Date :- 12/03/2023 09:19:40
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Sex / Age :- Female 54 Yrs 5 Mon 3 Days
Company :- MediWheel

Patient ID :- 122229976
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Lab/Hosp :-

Final Authentication : 12/03/2023 11:27:17

BOB PACKAGE FEMALE ABOVE 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. **A calculus of size ~5mm is seen in GB lumen with sludge ball of size ~8x5.8mm within** 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 79 x 48 x 58 mm.

Multiple well defined hypoechoic lesions are seen measuring ~9x13mm, ~14x9mm, ~18x11mm, ~9x4mm on posterior myometrium, ~11x6 mm on anterior myometrium - S/o intramural fibroids.

Approx. 14x12mm sized subserosal fibroid seen projecting from anterior wall.

Endometrial echo is normal. Endometrial thickness is 5.9 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:

* **Cholelithiasis with sludge ball.**

* **Multiple uterine fibroids (intramural & subserosal variety)**

Needs clinical correlation & further evaluation

*** End of Report ***

Page No: 1 of 1

BILAL

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Fetal Medicine Consultant
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Transcript by.

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Lab/Hosp :-

Final Authentication : 12/03/2023 12:39:00

BOB PACKAGEFEMALE ABOVE 40

ULTRASONOGRAPHY report : Breast and axilla

Right breast:

Skin , subcutaneous tissue and retroareolar region is normal

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visulised.

Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

Left breast:

Skin , subcutaneous tissue and retroareolar region is normal

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visulised.

Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

IMPRESSION : No abnormality detected.

*** End of Report ***

Page No: 1 of 1

ANITASHARM

Dr. Piyush Goyal
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RMC Reg No. 017996

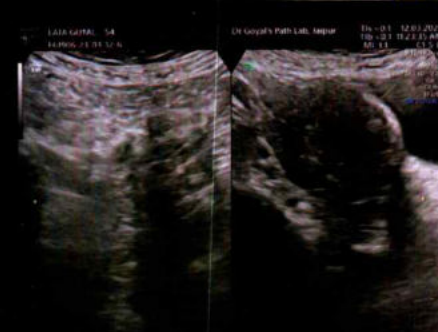
Dr. Poonam Gupta
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Transcript by.

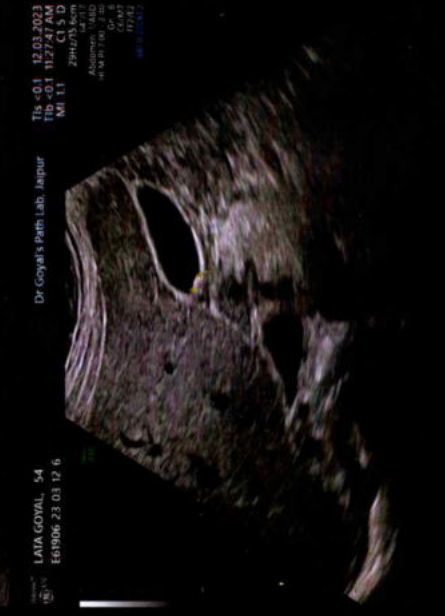
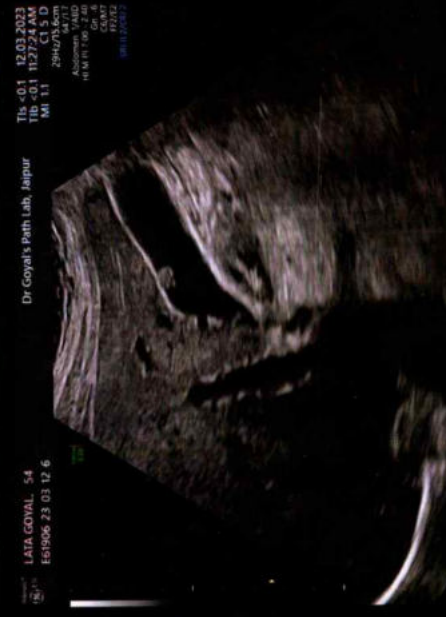
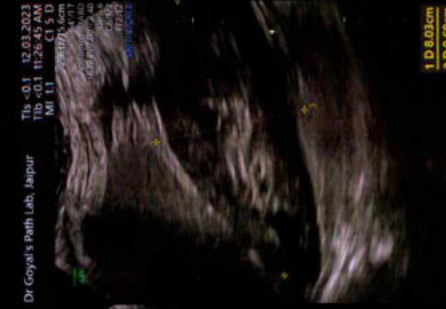
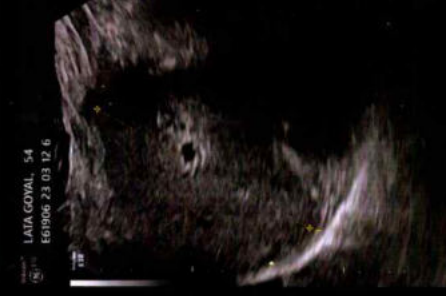
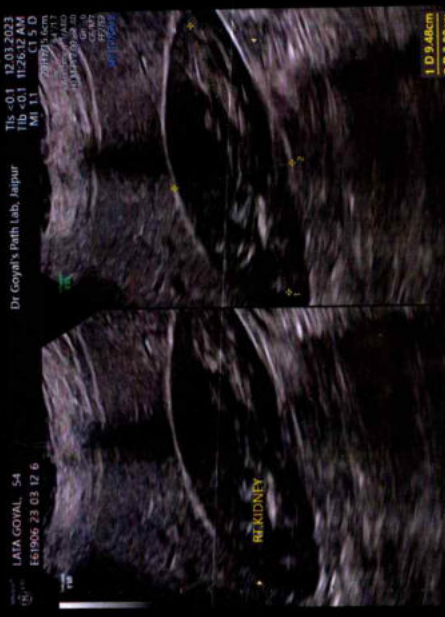
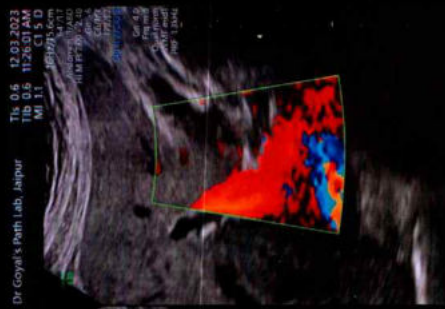
Name : LATA GOYAL / F



Dr Goyal's Path Lab, Jaipur

Name : LATA GOYAL / F

12 Mar 2023



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1 D 0.48cm
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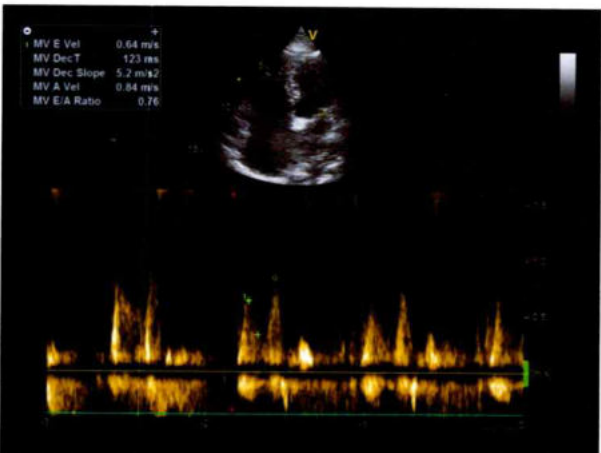
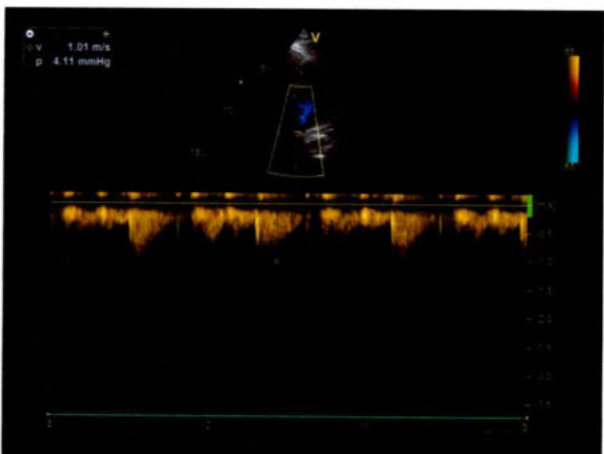
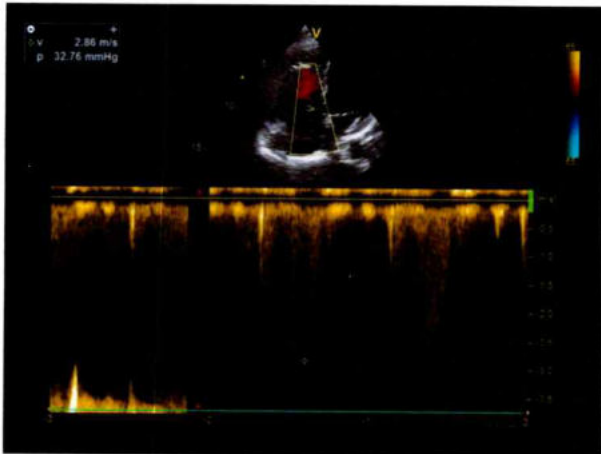
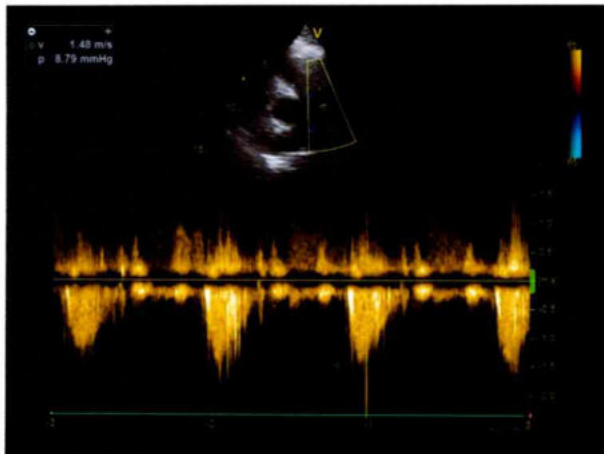
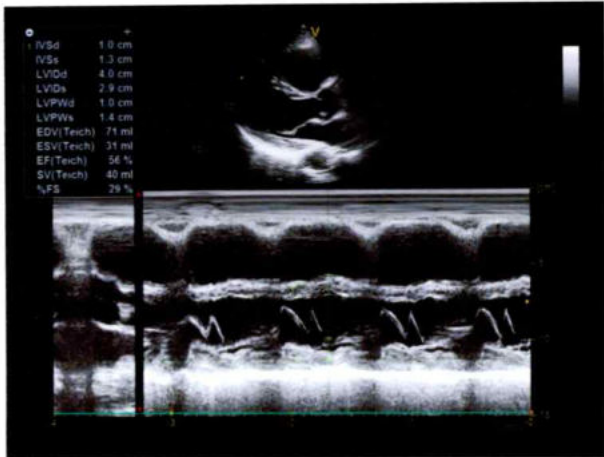
Dr. Goyal's Path Lab

Name: LATA GOYAL 54 YRS

Date: 03/12/2023

Id: LATA
52_52790

Diagnosis Dr.:



Dr. Goyal's Path Lab

Name **LATA GOYAL 54 YRS**
Patient Id **LATA 52_52790**

Date **03/12/2023**
Diagnosis Dr.

