

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur 302019

Tele : 0141-2293346, 4049787, 9887049787

Website : www.dr.goyalspathlab.com | E-mail : dr.goyal@pathlab.com

General Physical Examination

Date of Examination: 16/12/2023

Name: ANNU Nimoria Age: 32 Sex: F.

DOB: 24/11/1991

Referred By: med/wheel.

Photo ID: attached ID #: attached.

Ht: 155 (cm)

Wt: 44 (Kg)

Chest (Expiration): 83 (cm)

Abdomen Circumference: 76 (cm)

Blood Pressure: 99/70 mm Hg PR: 68 / min

BMI 18.3 kg/m²

Eye Examination: Dis vision 6/6 with spec, near vision N/6
NO colour blindness

Other: not significant

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

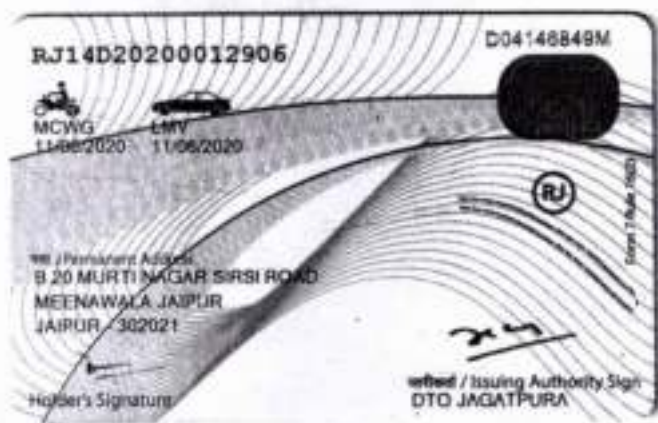
Signature Of Examinee : [Signature] Name of Examinee: _____

Signature Medical Examiner: [Signature] Name Medical Examiner _____
Dr. Piyush Goyal
M.B.B.S. D.M.D.
RMC Reg. No. 017938



[Signature]
D. P. Goyal
M.B. D.M.R.O.
RMC Reg. No-91788

[Signature]





530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / NonSmoker
 Date: 16 / 12 / 2023 03:32:35 PM Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	01.1	00.0	01.0	074	39 %	120/80	088	00	
Standing	00:31	0:22	01.1	00.0	01.0	081	43 %	120/80	097	00	
HV	00:43	0:12	01.1	00.0	01.0	086	46 %	120/80	103	00	
Warm Up	00:53	0:10	01.1	00.0	01.0	097	52 %	120/80	116	00	
ExStart	02:01	1:08	01.0	00.0	01.0	091	48 %	120/80	109	00	
BRUCE Stage 1	05:01	3:00	01.7	10.0	04.7	107	57 %	130/90	139	00	
BRUCE Stage 2	08:01	3:00	02.5	12.0	07.1	128	68 %	149/90	190	00	
BRUCE Stage 3	11:01	3:00	03.4	14.0	10.2	154	82 %	150/90	231	00	
PeakEx	11:23	0:22	04.2	16.0	10.6	163	87 %	150/90	244	00	
Recovery	12:23	1:00	00.0	00.0	04.3	126	67 %	150/90	189	00	
Recovery	13:23	2:00	00.0	00.0	01.0	103	55 %	140/90	144	00	
Recovery	14:23	3:00	00.0	00.0	01.0	094	50 %	130/86	122	00	
Recovery	15:23	4:00	00.0	00.0	01.0	095	51 %	130/86	123	00	
Recovery	16:23	5:00	00.0	00.0	01.0	091	48 %	130/85	118	00	
Recovery	16:24	5:01	00.0	00.0	01.0	091	48 %	130/85	118	00	

FINDINGS :

Exercise Time : 09:22
 Max HR Attained : 163 bpm 87% of Target 188
 Max BP Attained : 150/90 (mm/Hg)
 Max WorkLoad Attained : 10.6 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Base line eeg show 1 inversion in inferior leads
 & v1-v4 there is further increase in st-t
 Change seen during exercise in inferior lead
 lead which generated to base line which
 + min of -TQT positive for RMI
 Correlate clinically.

REPORT :

Dr. Naresh Kumar Mohanika
 RMC 19709
 MBBS, DIP, CA (ESCORTS)
 D.E.M (GLOP-UK)

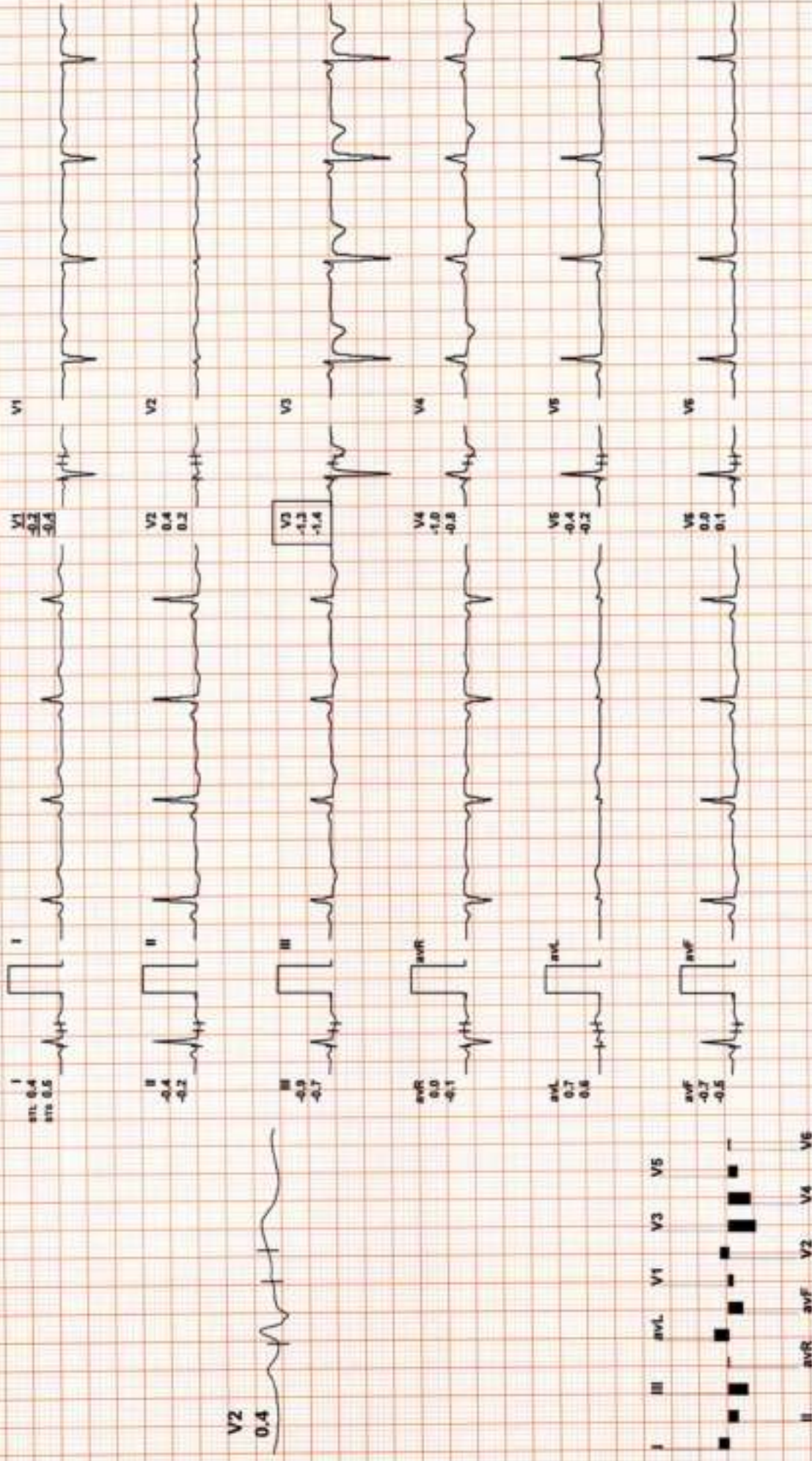


BRUCE:Supine(0:09)

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530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 74

Date: 16 / 12 / 2023 03:32:35 PM METS: 1.0/ 74 bpm 39% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Match On/ HF 0.05 Hz/ LF 35 Hz
4X 50 mS Post-J ExTime: 00:00 1.1 mph, 0.8%

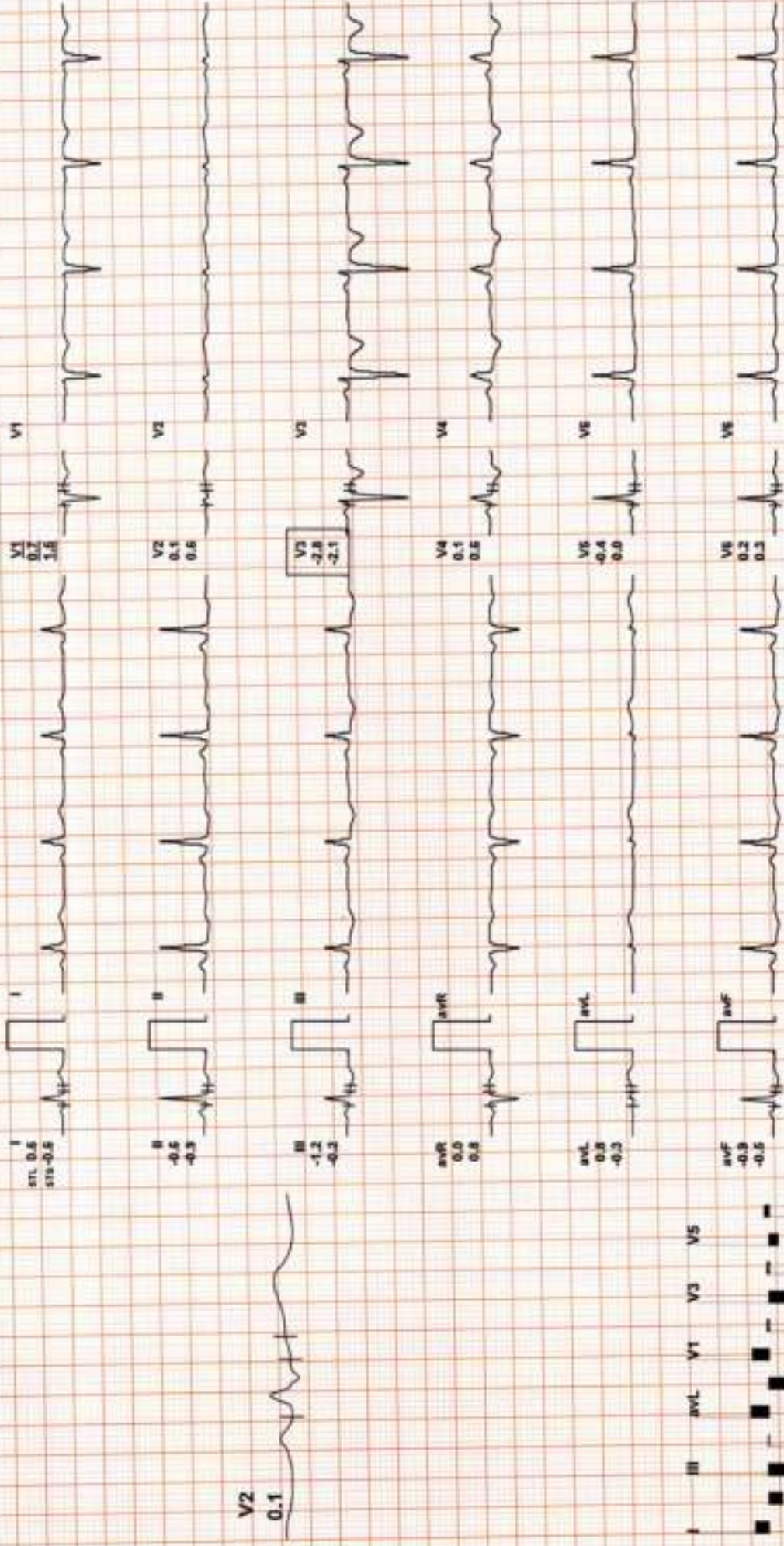


REMARKS:



530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 81

Date: 16 / 12 / 2023 03:32:35 PM METS: 1.0/ 81 bpm 43% of THR BP: 120/80 mmHg Combined Medians/ BLC Ov/ Notch Ov/ HF 0.05 Hz/LF 35 Hz
4X 40 mS Post J ExTime: 00:00 1.1 mpts, 0.07%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

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BRUCE:HV(0:12)



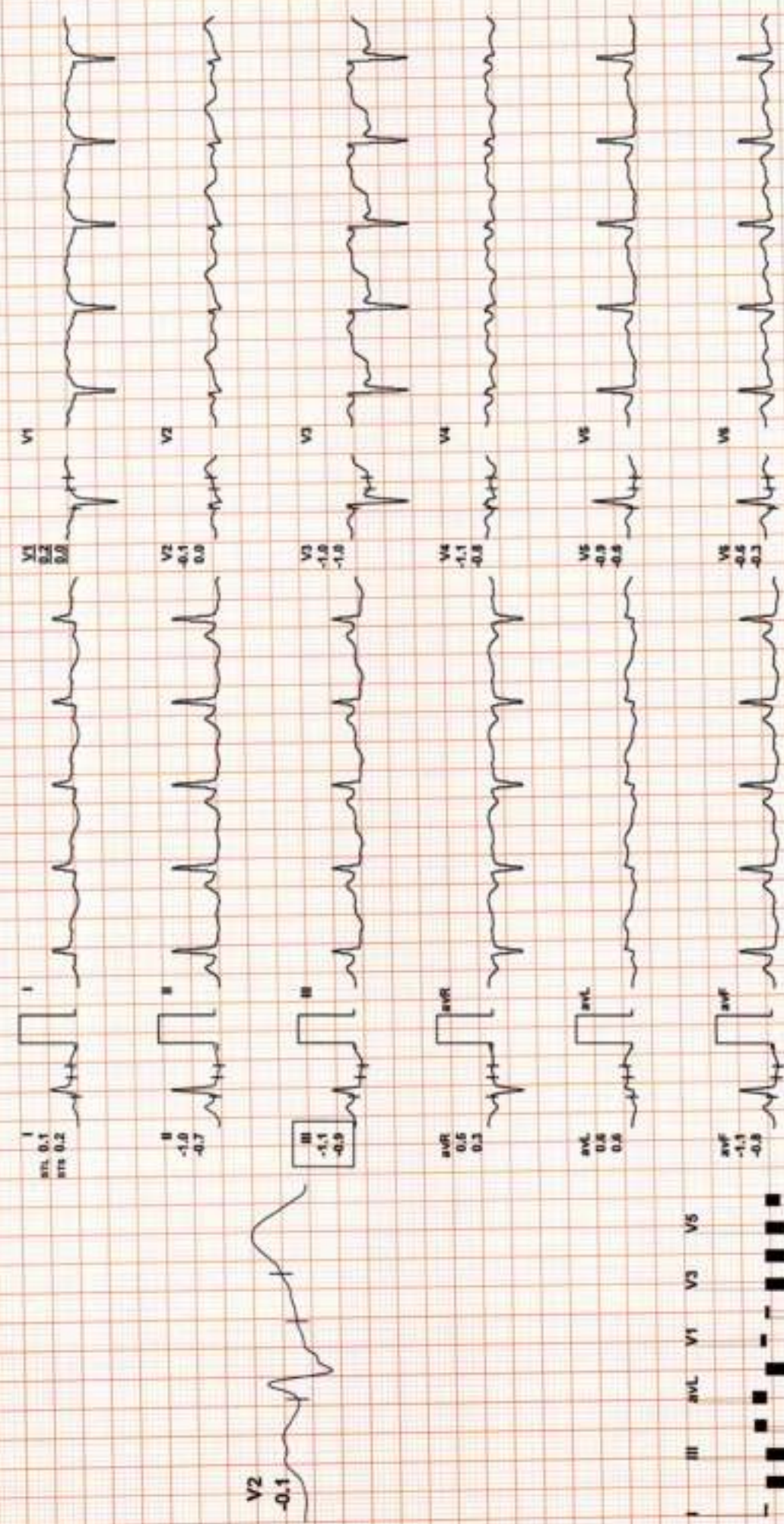
530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / O Cms / 0 Kg / HR : 86

Date: 16 / 12 / 2023 03:32:35 PM METS: 1.0/ 86 bpm 46% of THR BP: 120/80 mmHg Combined Medians/ BLC Owl Natch Owl HF 0.05 Hz/UF 35 Hz

ExTime: 00:00 1.1 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS: II avR avF V2 V4 V6



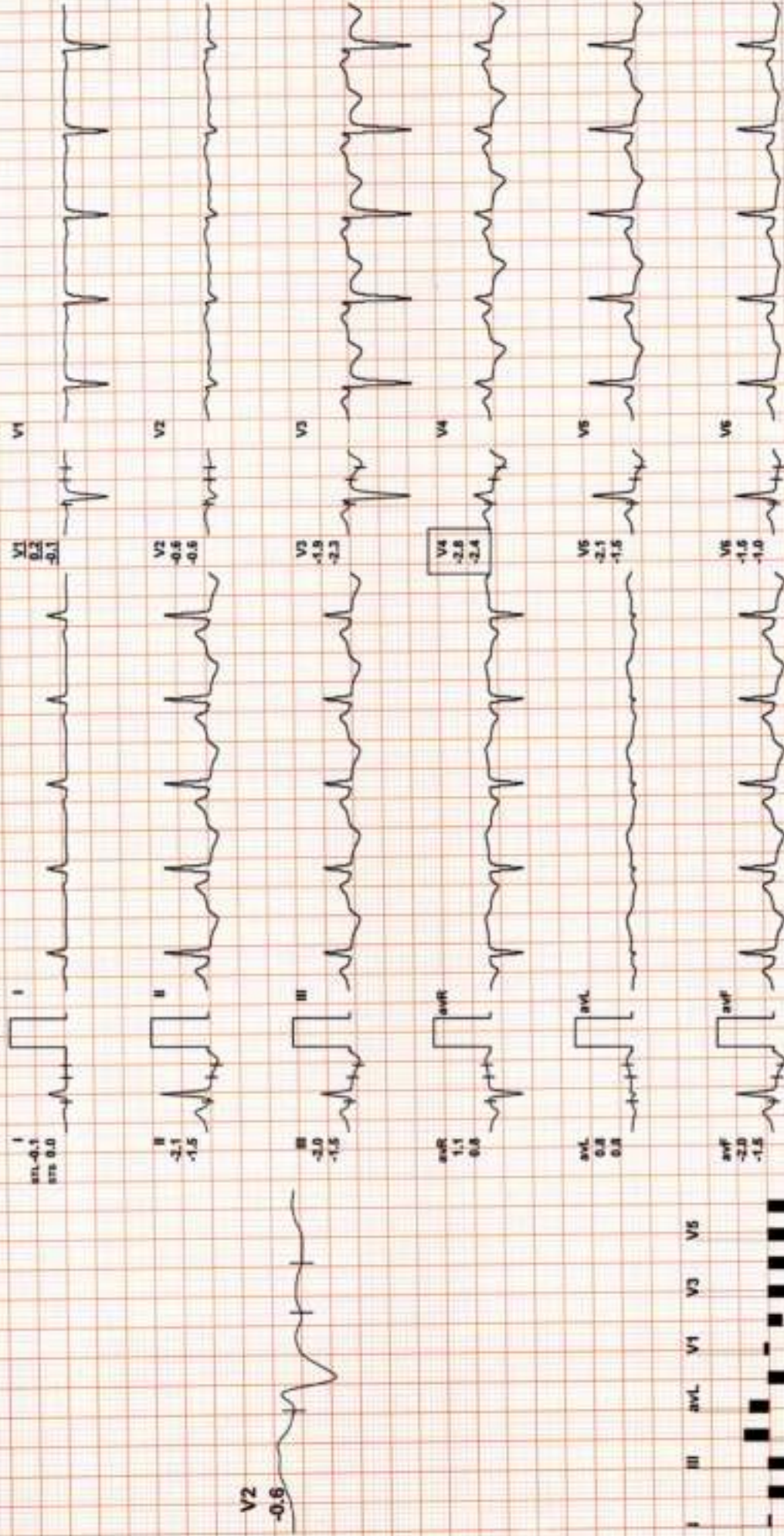
530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / O Cms / 0 Kg / HR : 97

Date: 16 / 12 / 2023 03:32:35 PM METS: 1.0/ 97 bpm 52% of THR BP: 120/80 mmHg Combined Medians/ BLC Ov/ Notch Ov/ HF 0.06 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph/ 0.0%

4X 30 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

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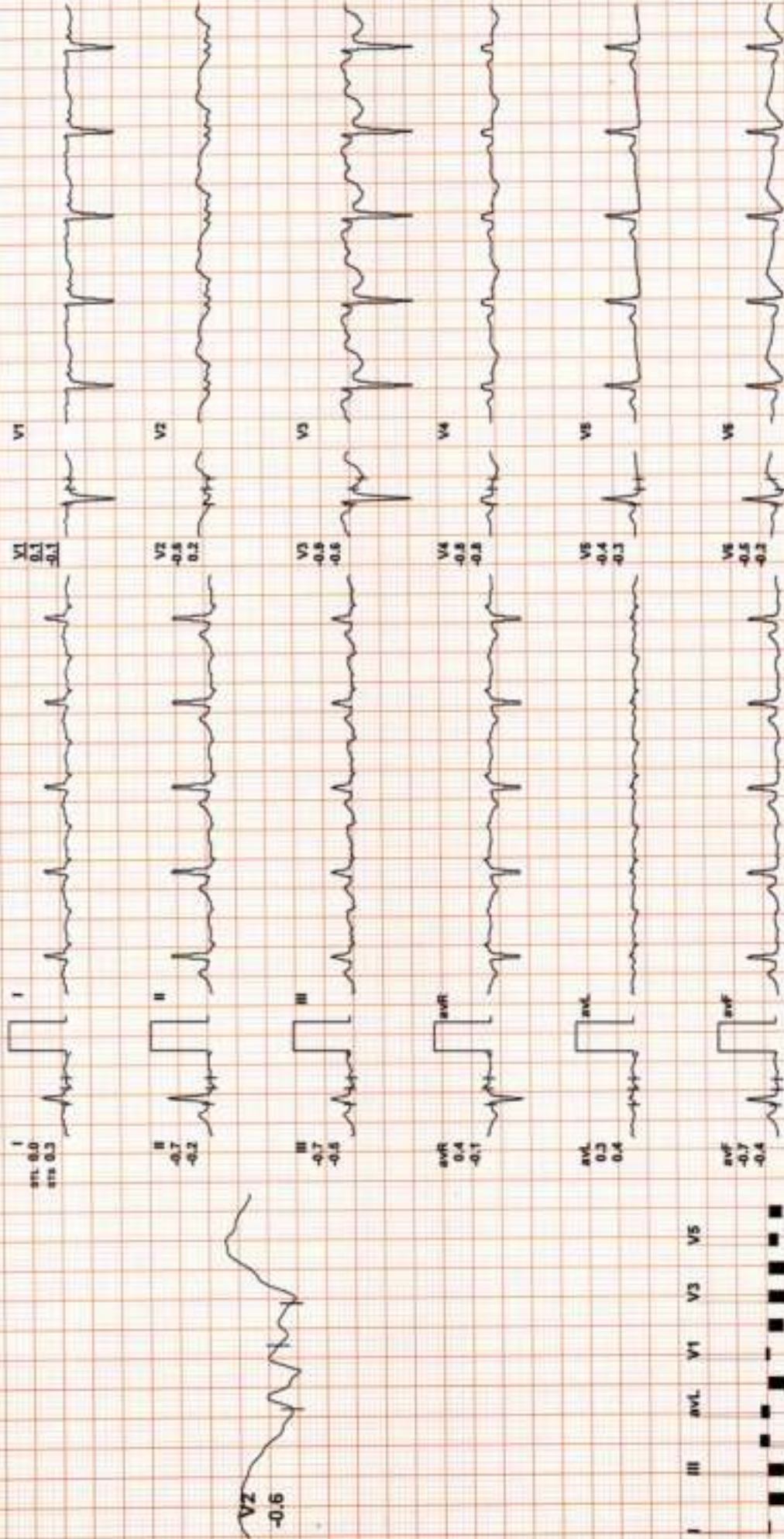
530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 91



ExStart

Date: 16 / 12 / 2023 03:32:35 PM METS: 1.0f 91 bpm 48% of THR BP: 120/80 mmHg Combined Medians/ BLC Qw/ Notch Qw/ HF 0.05 Hz/ LF 35 Hz ExTime: 00:00 1.0 mph, 0.0%

4X 80 mS Post-J



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

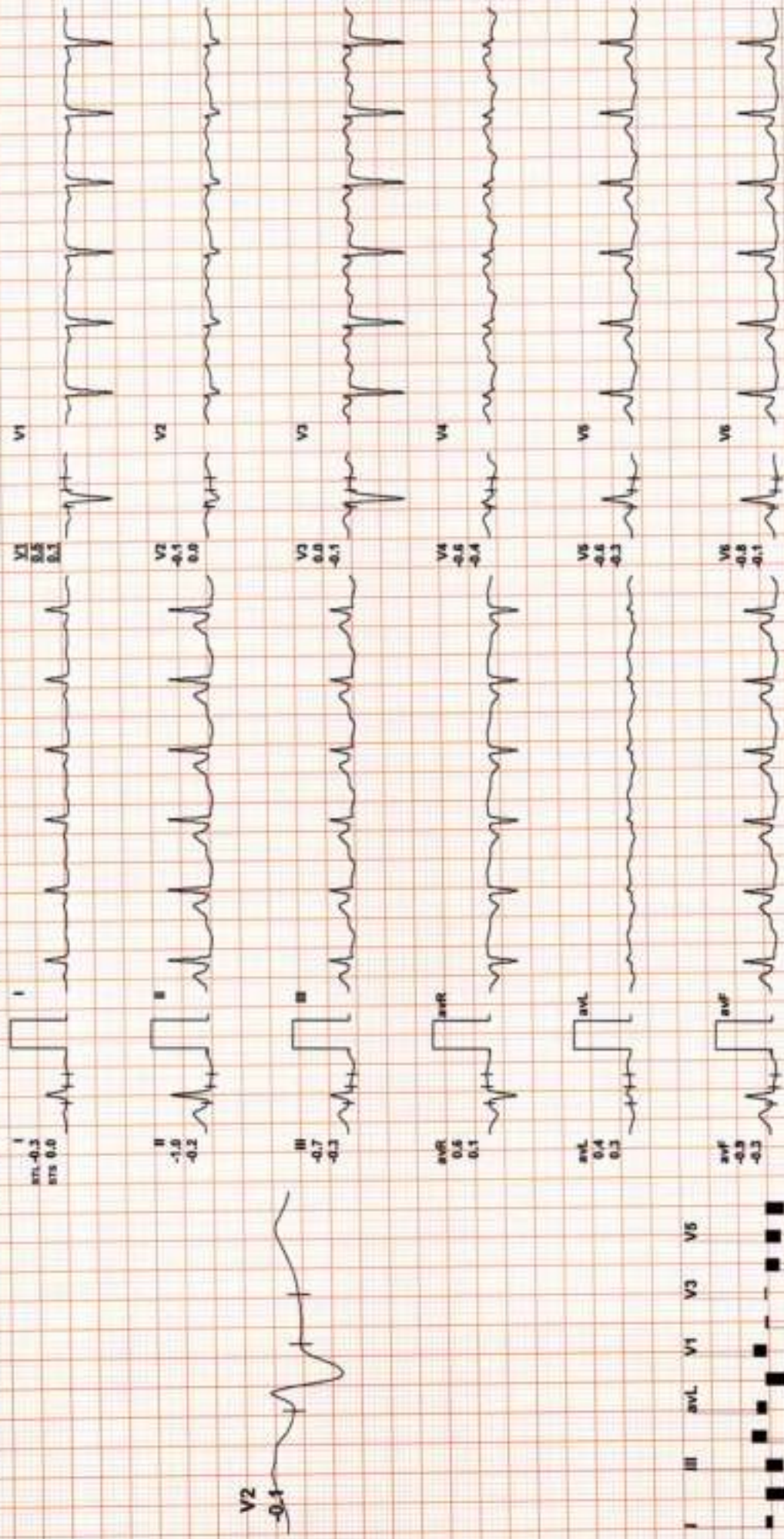
BRUCE: Stage 1(3:00)



530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 107

Date: 16 / 12 / 2023 03:32:35 PM METS: 4.71 107 bpm 57% of THR BP: 130/90 mmHg Combined Medians/ BLC. On/ Notch On/ HF 0.05 Hz/ LF 35 Hz ExTime: 03:00 1.7 mph; 10.0%

4X 80 mS Post J



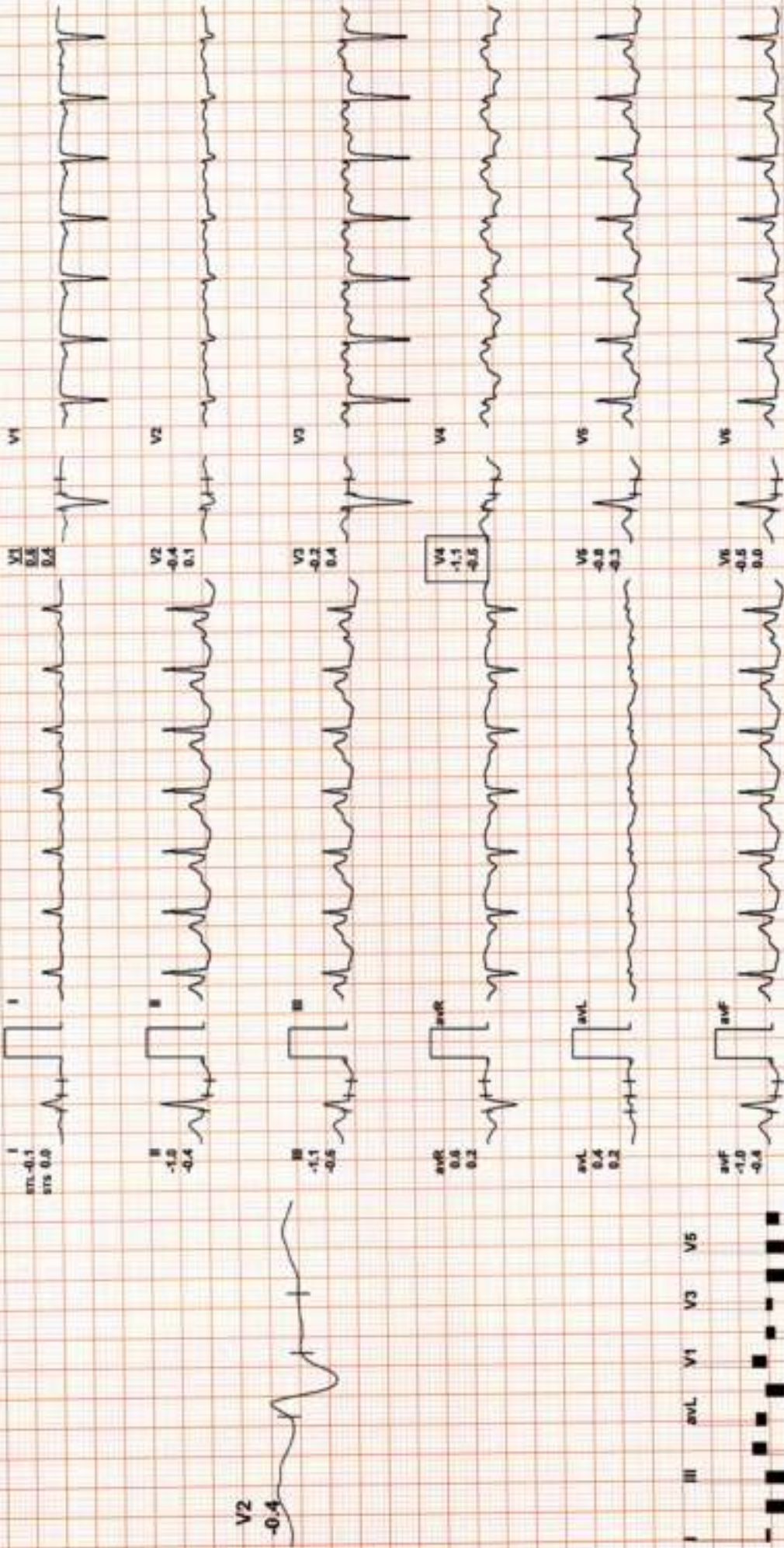
REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 128

Date: 16 / 12 / 2023 03:32:35 PM METS: 7.1/ 128 bpm 65% of THR BP: 149/90 mmHg Combined Medians/ BLC Ov/ Notch Ov/ HF 0.05 Hz/ LF 35 Hz ExTime: 06:00 2.5 mph 12.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Peet J

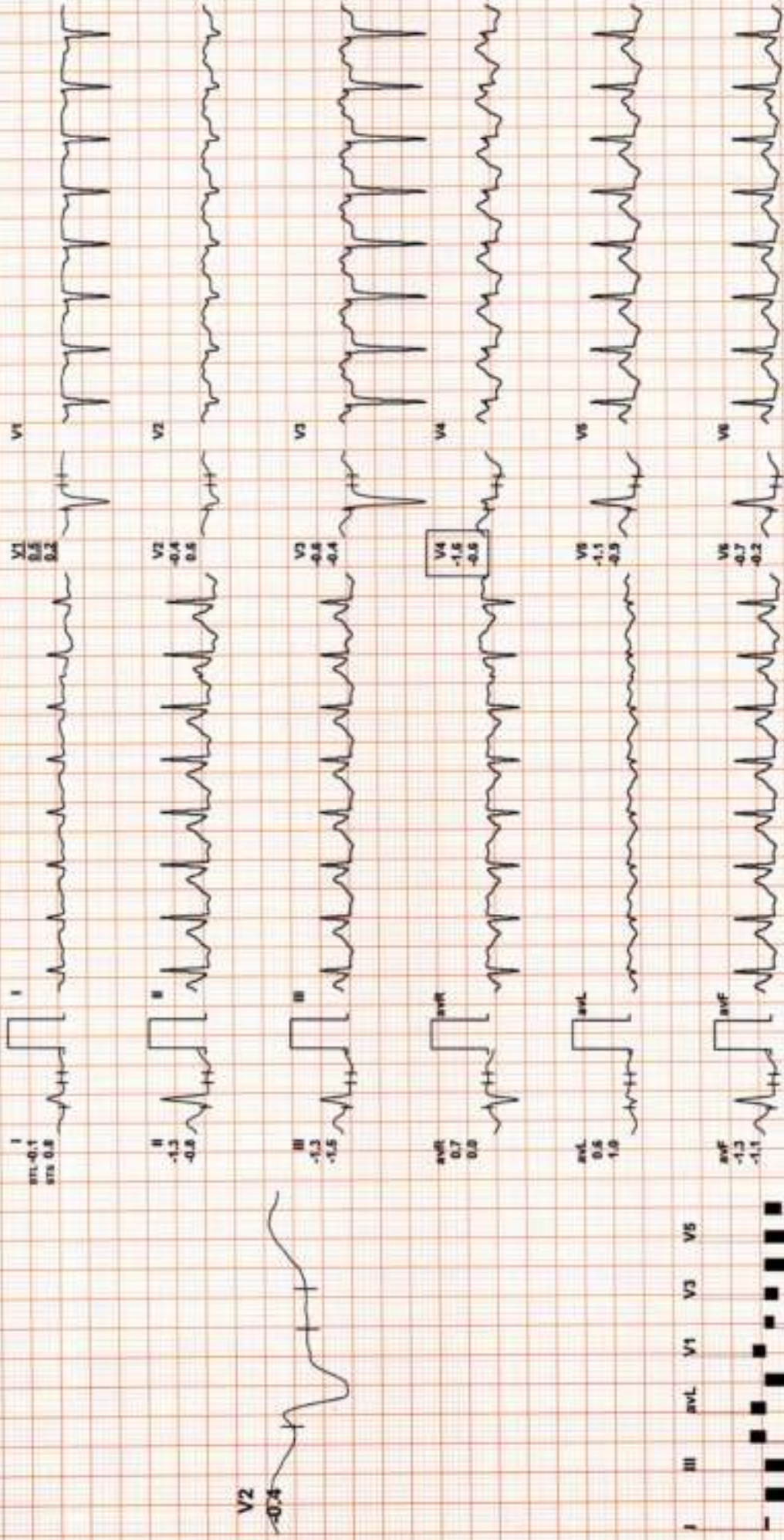


REMARKS:



530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 154

Date: 16 / 12 / 2023 03:32:35 PM METS: 10.2 / 154 bpm 82% of THR BP: 150/90 mmHg Combined Medians/ BLC Orv/ Natch Orv/ HF 0.05 Hz/LF 35 Hz ExTime: 09:00 3.4 mph, 14.0%
4X 50 mS Post J 25 mmSec. 1.0 Cm/mV



REMARKS:

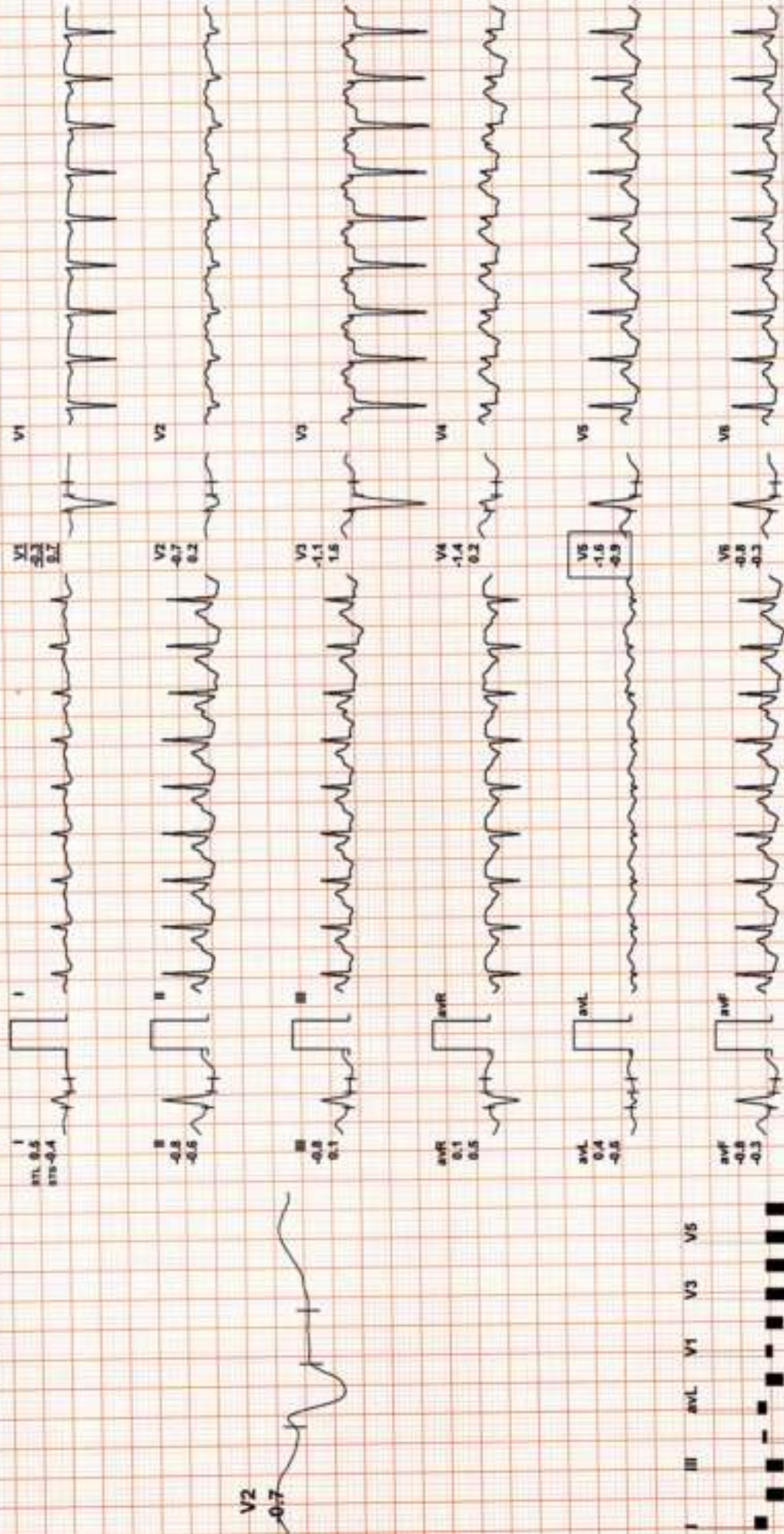
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530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 163

Date: 16 / 12 / 2023 03:32:35 PM METS: 10.6/ 163 bpm 87% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ F-35 Hz

4X 60 mS Post J

ExTime: 09:22 4.2 mgt, 18.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
I II III aVL V1 V3 V5
II aVR aVF V2 V4 V6



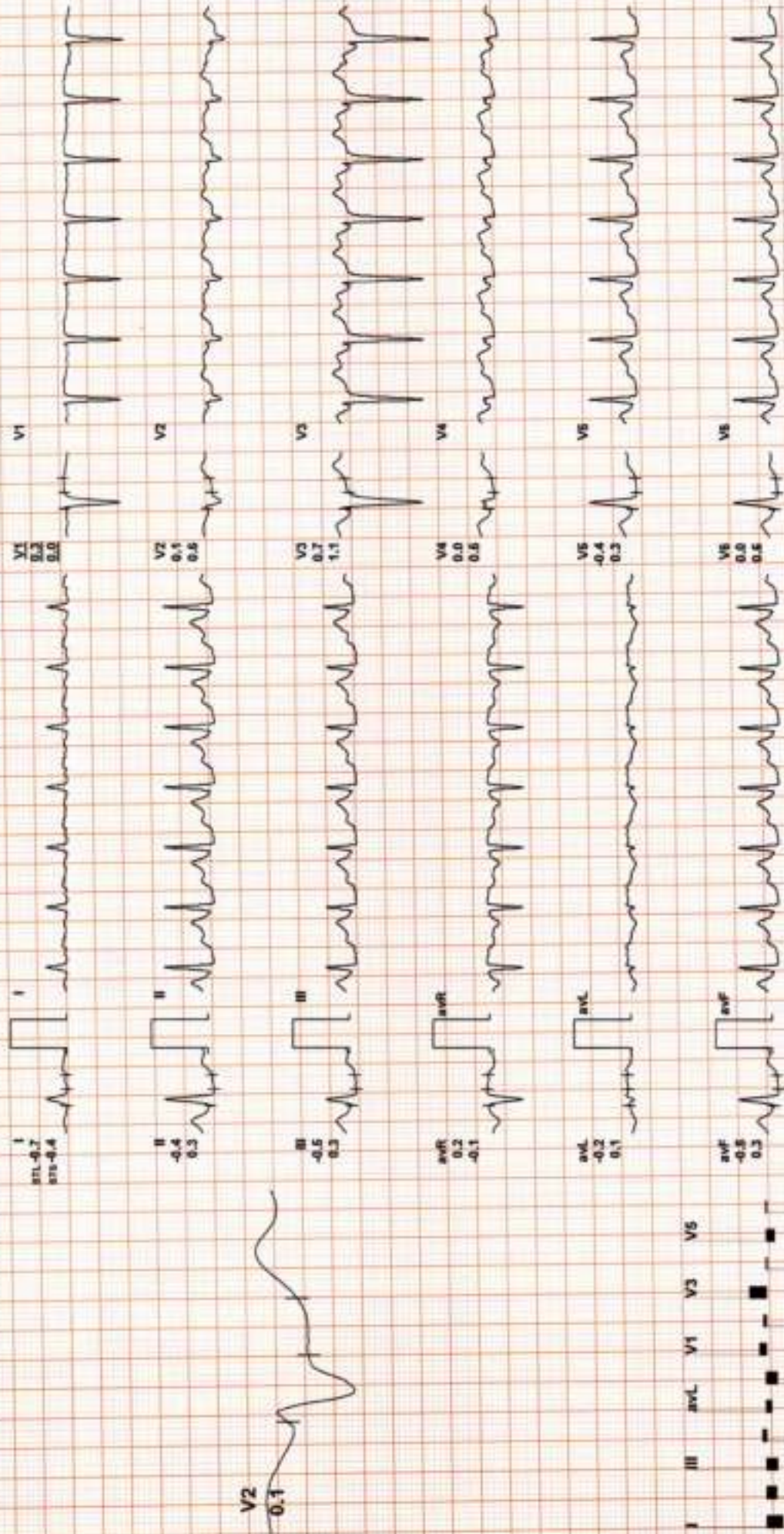
530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 126

Date: 16 / 12 / 2023 03:32:35 PM METS: 4.3/ 126 bpm 67% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 09:22 0.0 mph: 0.0%

25 mm/Sec. 1.9 Cm/mV



REMARKS: II avR avF V2 V4 V6

DR. GOYALS PATH LAB & IMAGING CENTRE

Recovery(2:00)

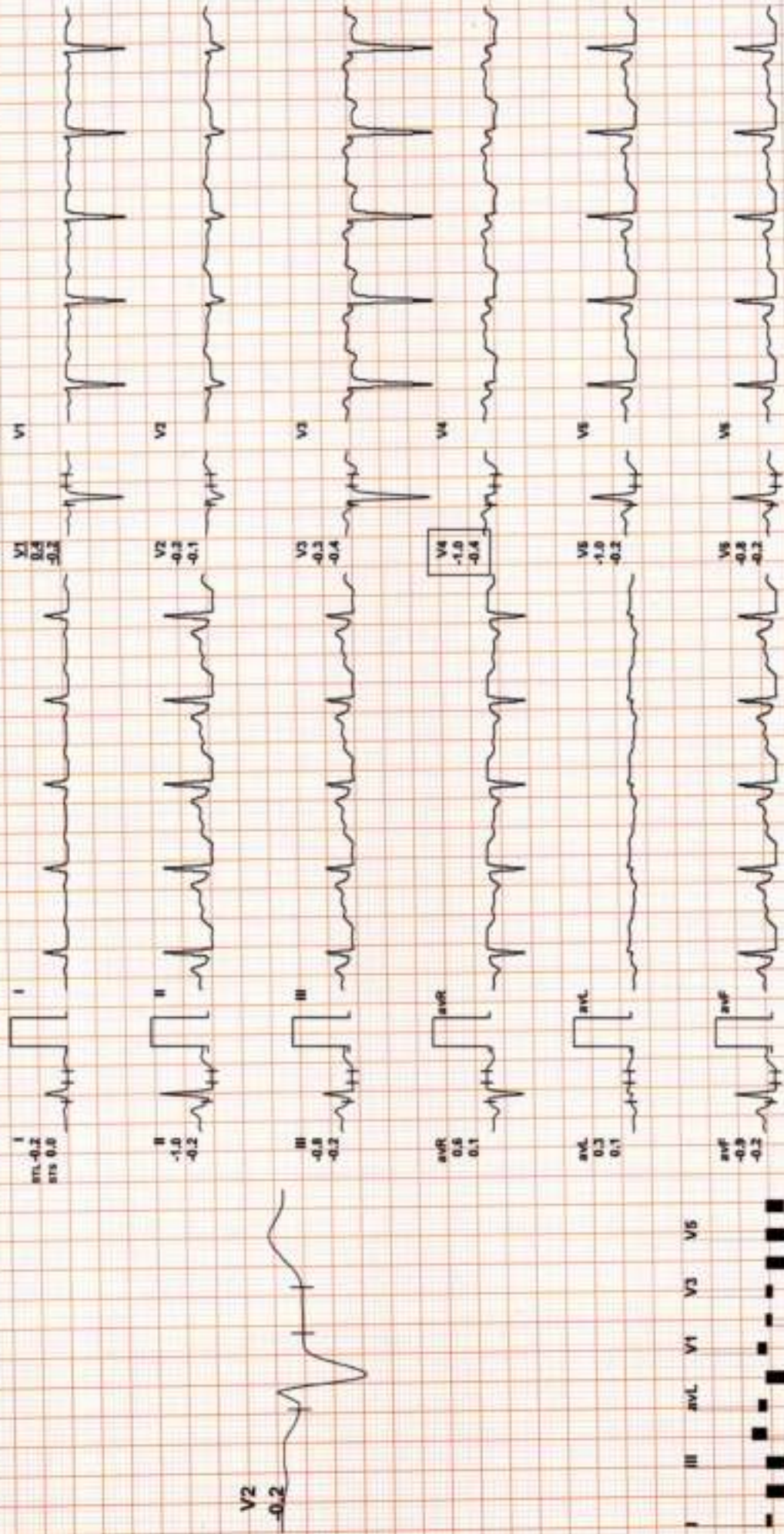


530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / O Cms / 0 Kg / HR : 103

Date: 16 / 12 / 2023 03:32:35 PM METS: 1.0/ 103 bpm 55% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 09:22 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
II avR avF V2 V4 V6

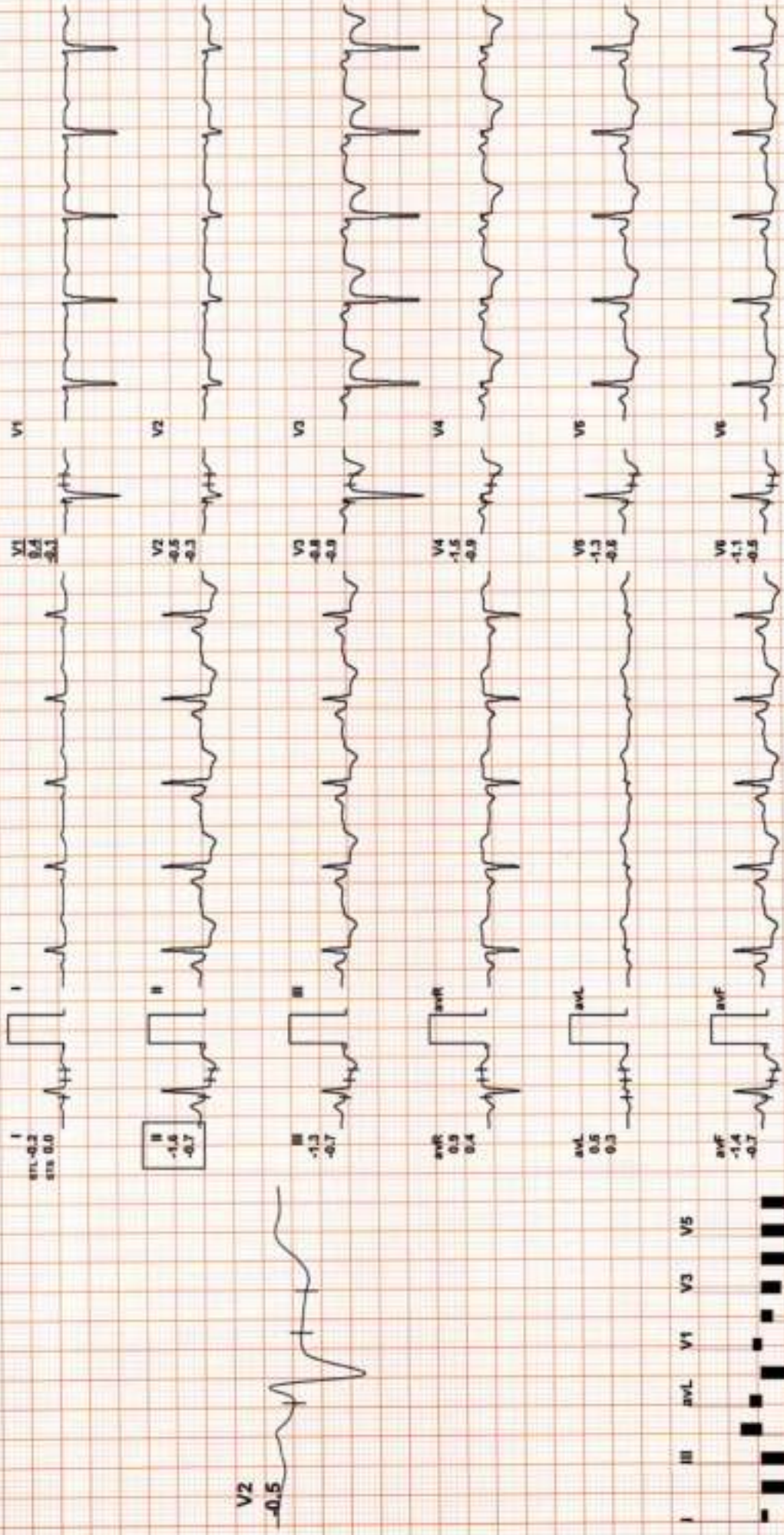
DR. GOYALS PATH LAB & IMAGING CENTRE

Recovery(3:00)



530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 94

Date: 16 / 12 / 2023 03:32:35 PM METS: 1.0f 94 bpm 50% of THR BP: 130/86 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz
4X 80 mS Pect J ExTime: 09:22 0.0 mph 0.0%



REMARKS:

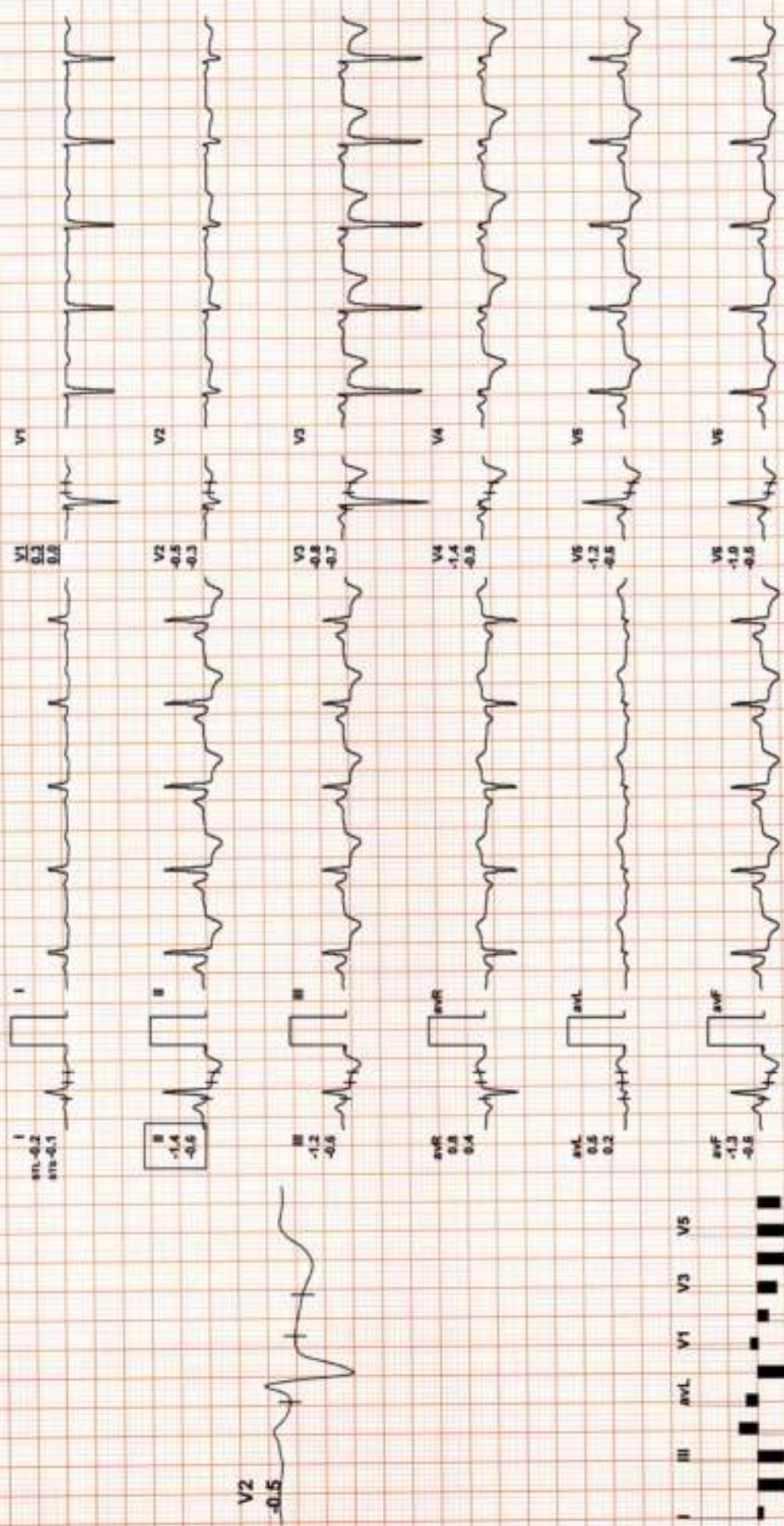


Recovery(4:00)

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530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 95

Date: 16 / 12 / 2023 03:32:35 PM METS: 1.0f 95 bpm 51% of ThHR BP: 130/85 mmHg Combined Medians/ BLC Owl Notch Owl HF 0.05 HzLF 35 Hz
4X 80 mS Post J ExTime: 09:22 0.0 mph 0.0%



REMARKS:
II avR avF V2 V4 V6



Date: 16 / 12 / 2023 03:32:35 PM METS: 1.0/ 91 bpm 48% of THR BP: 130/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz
4X 80 mS Post-J ExTime: 09:22 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

Recovery(5:01)



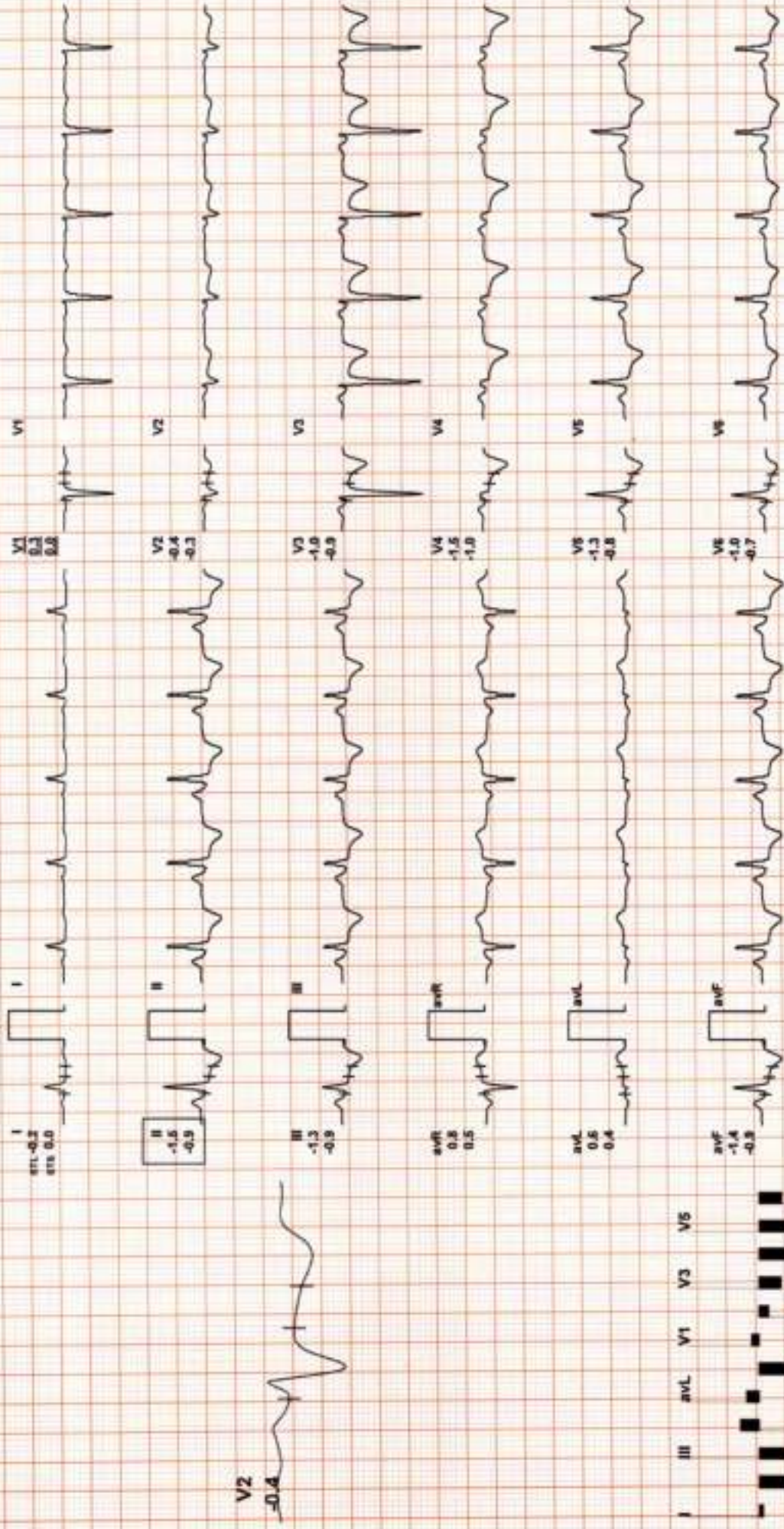
530 (113) / MRS. ANNU NIMORIA / 32 Yrs / F / 0 Cms / 0 Kg / HR : 91

Date: 16 / 12 / 2023 03:32:35 PM METS: 1.0f 91 bpm 48% of TH-R BP: 130/85 mmHg Combined Mediane/ BLC-Env Notch Env HF: 0.05 Hz/LF 35 Hz

4X 40 mS Post J

ExTime: 09:22 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 16 / 12 / 2023 03:32:35 PM I II III avR avL avF V1 V2 V3 V4 V5 V6

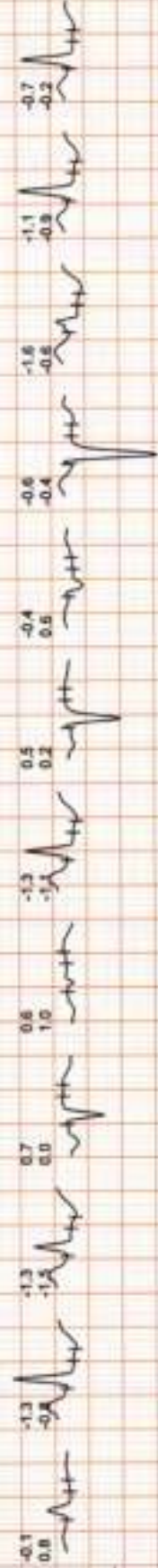
Stage 2

(1) 8:00 3.5 mph
(2) 3:00 12.0 %
130 bpm 148/90



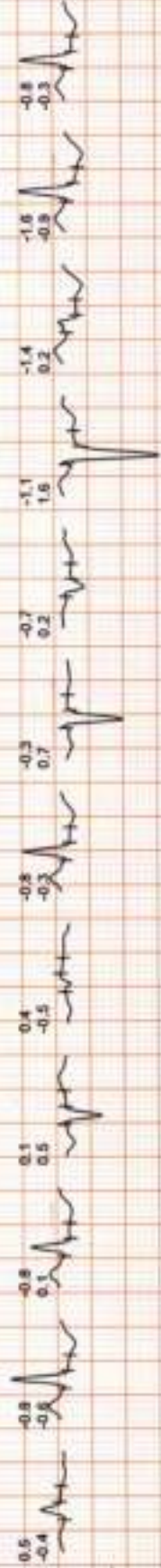
Stage 3

(1) 8:00 3.4 mph
(2) 3:00 14.0 %
155 bpm 150/90



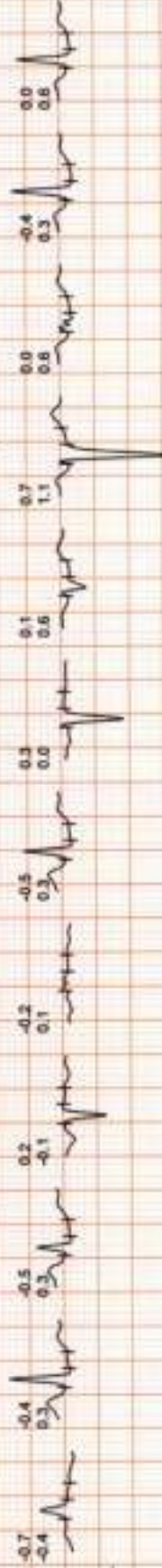
PeakEx

(1) 8:22 4.2 mph
(2) 0:22 16.0 %
163 bpm 160/90



Recovery

(1) 8:23 0.0 mph
(2) 0:59 0.0 %
170 bpm 150/90



Recovery

(1) 9:23 0.0 mph
(2) 1:58 0.0 %
103 bpm 140/90



Recovery

(1) 9:23 0.0 mph
(2) 2:58 0.0 %
94 bpm 130/86





Date: 16 / 12 / 2023 03:32:35 PM

V6

V5

V4

V3

V2

V1

avF

avL

avR

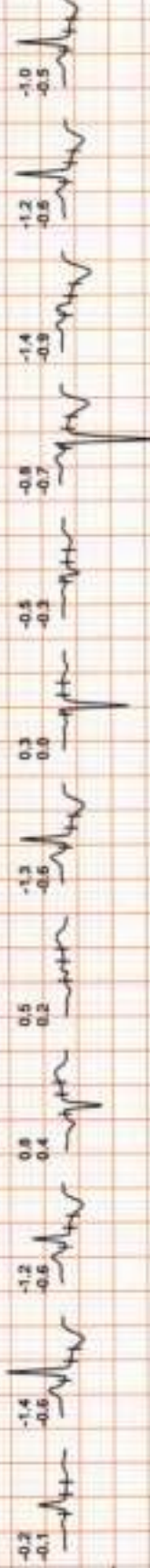
III

II

I

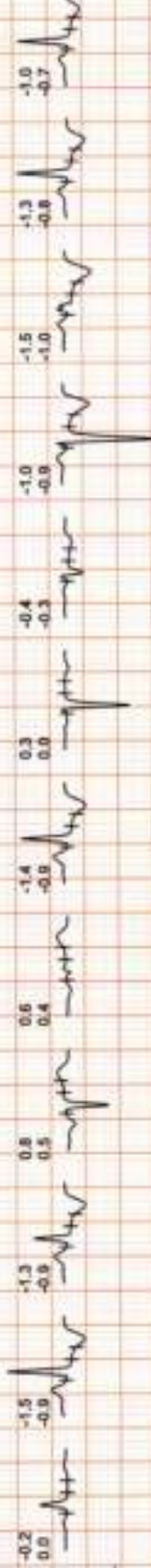
Recovery

(1) 9:23 0.0 mph
(2) 3:59 0.0 %
096 bpm 130/85



Recovery

(1) 9:23 0.0 mph
(2) 4:59 0.0 %
101 bpm 130/85



Recovery

(1) 9:23 0.0 mph
(2) 5:01 0.0 %
91 bpm 130/85

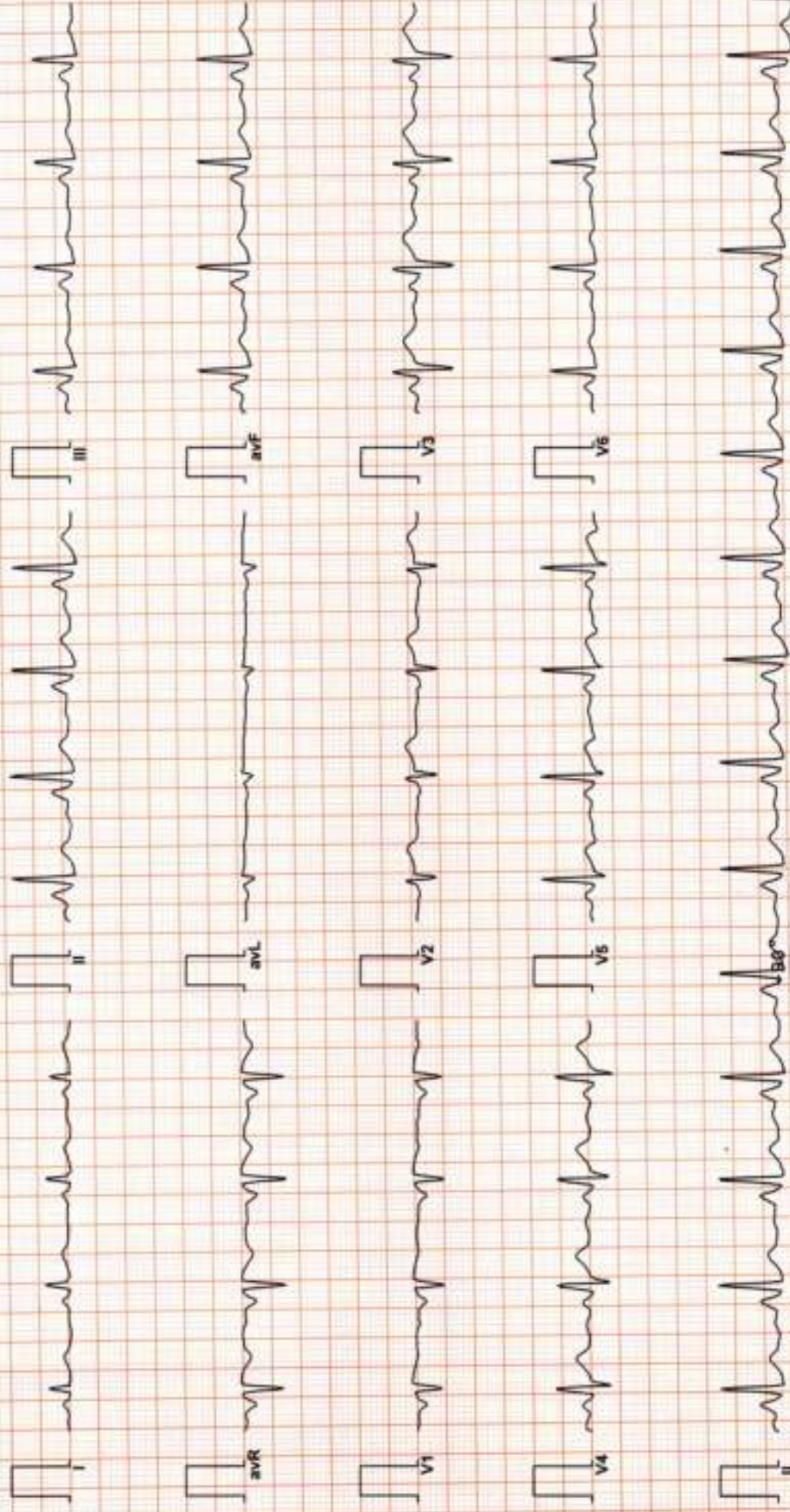


DR. GOYAL PATH LAB

3169 / MRS. BOBY DAS / 51 Yrs / F / Smoker

Heart Rate : 85 bpm / Tested On : 16-Dec-23 13:48:32 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By.: ALINEA HEATHCRE

ECG



Vent Rate : 85 bpm
PR Interval : 122 ms
QRS Duration: 84 ms
QT/QTc Int : 322/366 ms
P-QRS-T axis: 72.00 • 69.00 • 57.00 •



90° R 69.00° T 57.00° P 72.00°
Axis

Reported By: *[Signature]*

DR . GOYALS PATH LAB & IMGING CENTRE

SODALA JAIPUR RAJ. Email:

Report



528 (113)/ MRS BOBY DAS / 51 Yrs / F / 0 Cms / 0 Kg / NonSmoker
 Date: 16 / 12 / 2023 02:05:10 PM Refd By : ALINEA HEALTH Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:50	0:50	01.1	00.0	01.0	092	54 %	126/86	115	00	
Standing	01:20	0:30	01.1	00.0	01.0	090	53 %	126/86	113	00	
HV	02:08	0:48	01.1	00.0	01.0	098	58 %	126/86	123	00	
Warm Up	02:59	0:51	01.1	00.0	01.0	104	62 %	126/86	131	00	
ExStart	03:05	0:06	01.7	10.0	01.1	111	66 %	126/86	139	00	
BRUCE Stage 1	06:05	3:00	01.7	10.0	04.7	144	85 %	140/90	201	00	
PeakEx	09:00	2:55	02.5	12.0	07.0	163	96 %	156/90	254	00	
Recovery	10:00	1:00	00.0	00.0	01.0	147	87 %	156/90	229	00	
Recovery	11:00	2:00	00.0	00.0	01.0	128	76 %	150/90	192	00	
Recovery	12:00	3:00	00.0	00.0	01.0	117	69 %	140/90	163	00	
Recovery	13:00	4:00	00.0	00.0	01.0	111	66 %	130/86	144	00	
Recovery	13:47	4:47	00.0	00.0	01.0	107	63 %	126/86	134	00	

FINDINGS :

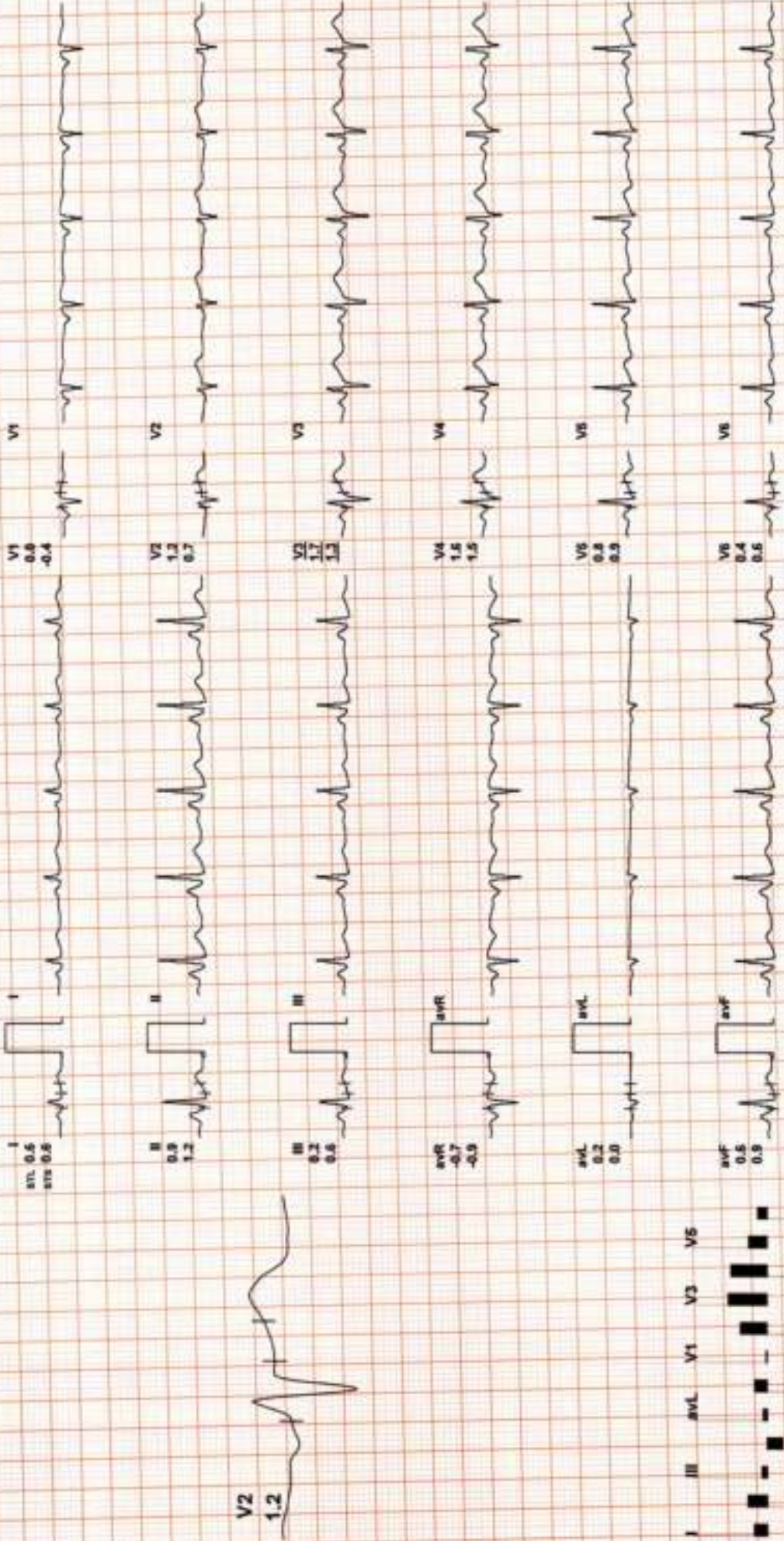
Exercise Time : 05:55
 Max HR Attained : 163 bpm 96% of Target 169
 Max BP Attained : 156/90 (mmvHg)
 Max WorkLoad Attained : 7 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :



Date: 16 / 12 / 2023 02:05:10 PM METS: 1.0/ 92 bpm 54% of THR BP: 125/86 mmHg Combined Medians/ BLC On/ Match On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J



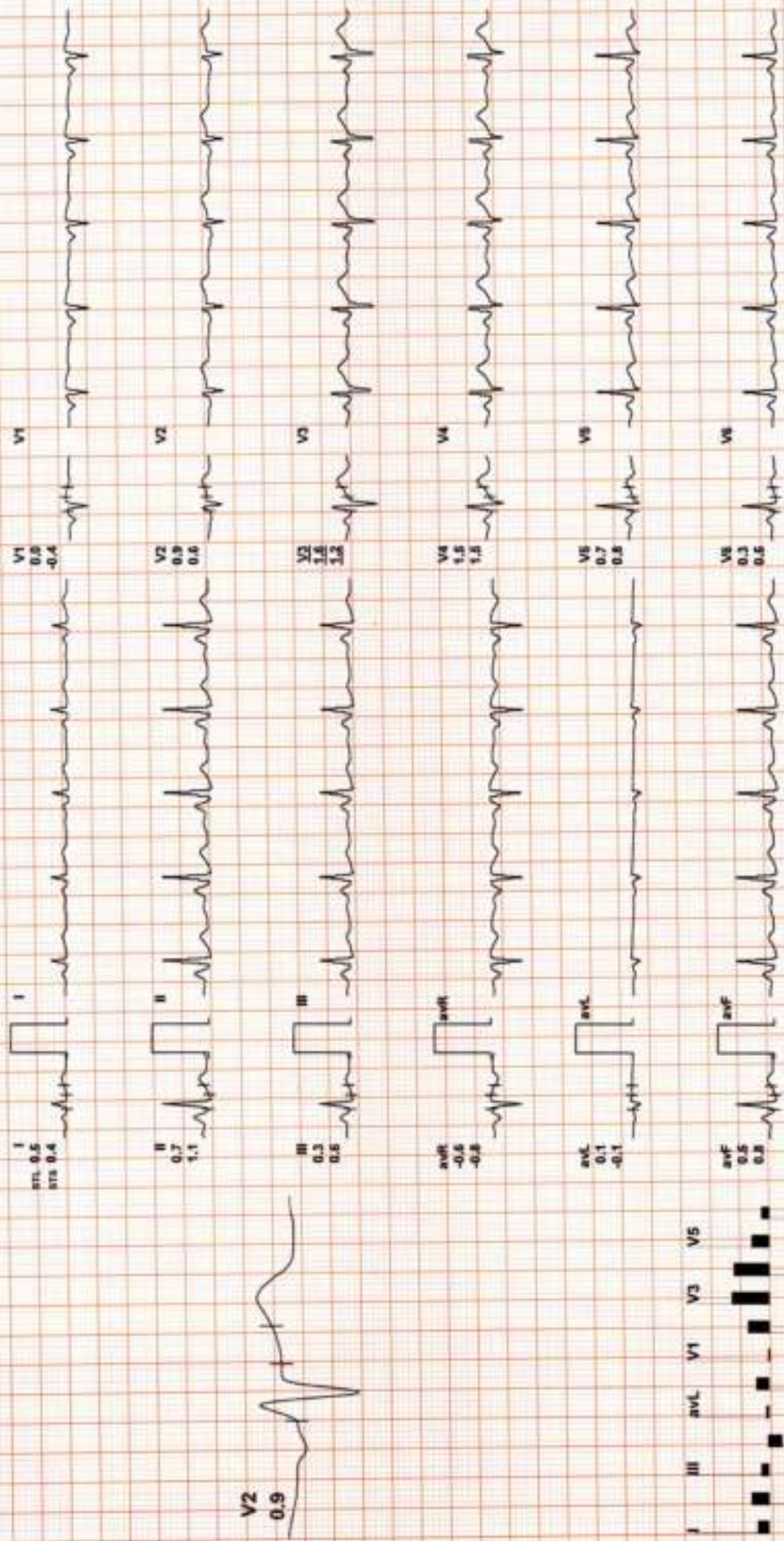
REMARKS:



528 (113) / MRS BOBY DAS / 51 Yrs / F / 0 Cms / 0 Kg / HR : 90

Date: 16 / 12 / 2023 02:05:10 PM METS: 1.0/ 90 bpm 53% of THR BP: 126/86 mmHg Combined Medians/ BLC Owl/ Notch Owl HF 0.05 Hz/LF 35 Hz ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J



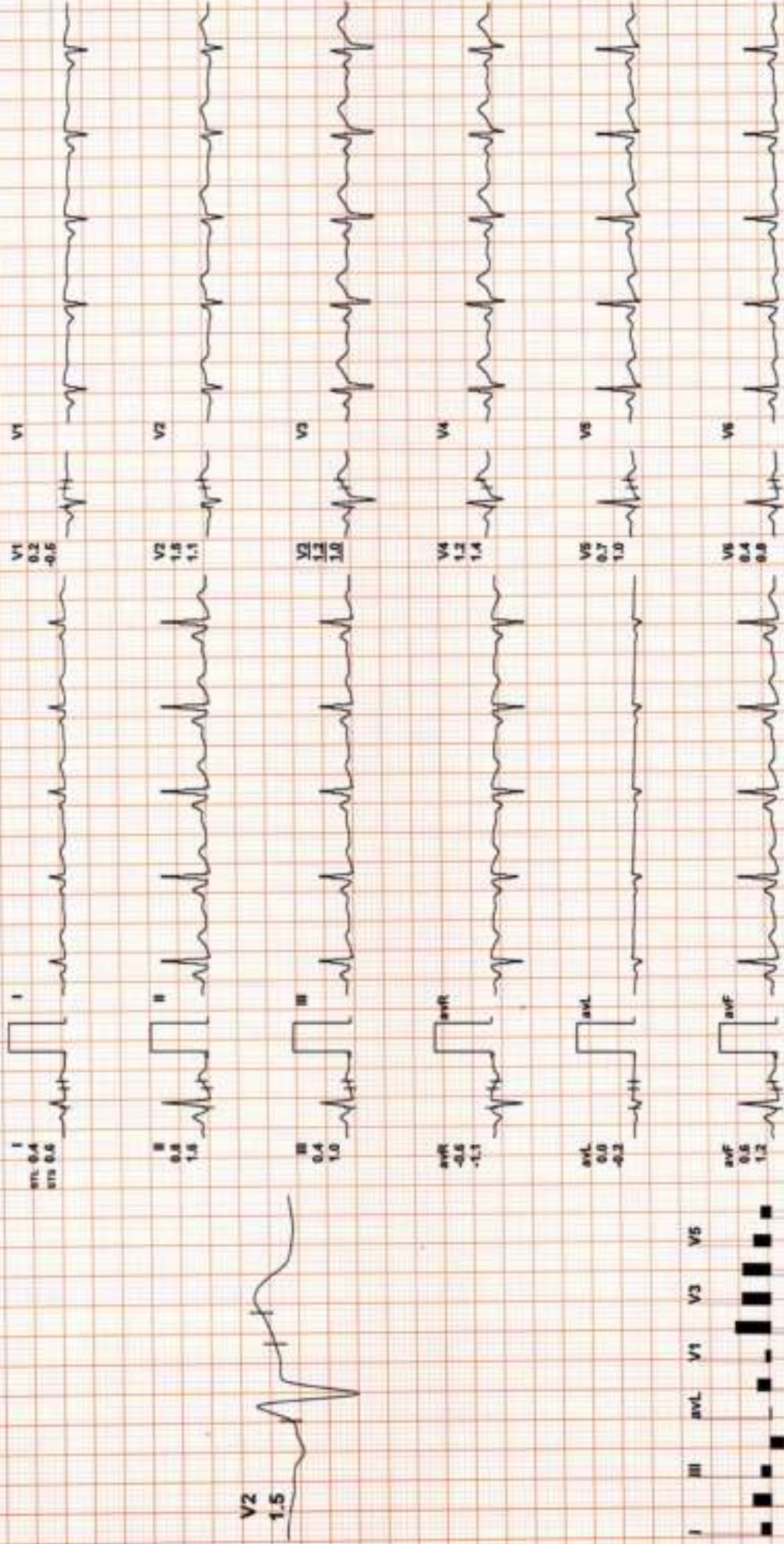
REMARKS:



528 (113) / MRS BOBY DAS / 51 Yrs / F / 0 Cms / 0 Kg / HR : 98

Date: 16 / 12 / 2023 02:05:10 PM METS: 1.07 98 bpm 58% of THR BP: 126/86 mmHg Combined Medians/ BLC Qnd Notch Qnd HF 0.05 Hz/LF 35 Hz ExTime: 00:00 1.1 mph, 0.0%

4X 60 mS Print J



REMARKS:

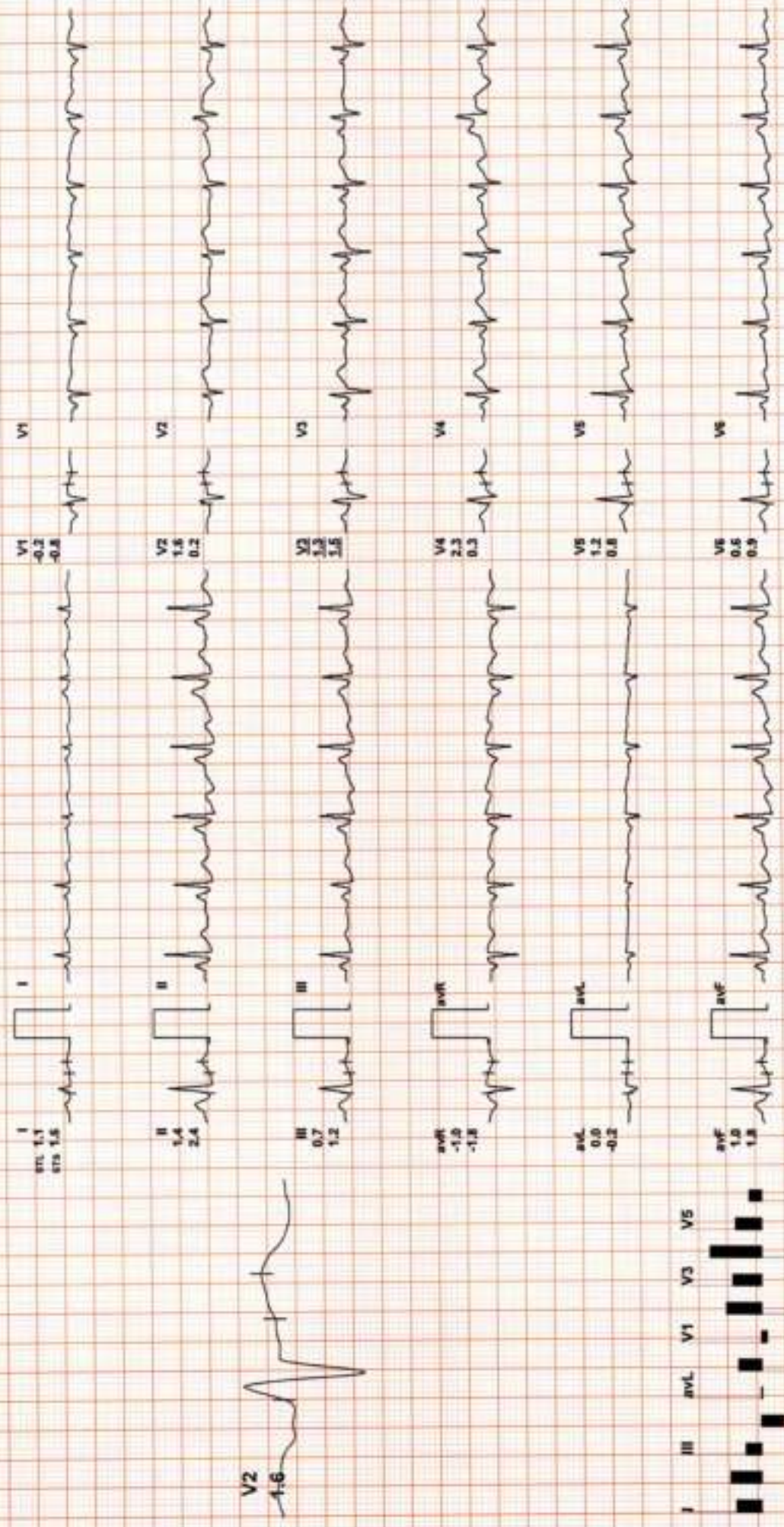


BRUCE: Warm Up(0:51)

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528 (113) / MRS BOBY DAS / 51 Yrs / F / 0 Cms / 0 Kg / HR : 104

Date: 16 / 12 / 2023 02:05:10 PM METS: 1.0/ 104 bpm 62% of THR BP: 126/86 mmHg Combined Medians/ BLC Onv Notch Cnv HF 0.05 Hz/LF 35 Hz
4X 80 m/s Pnet J ExTime: 00:00 1.1 mph, 0.0%



REMARKS:

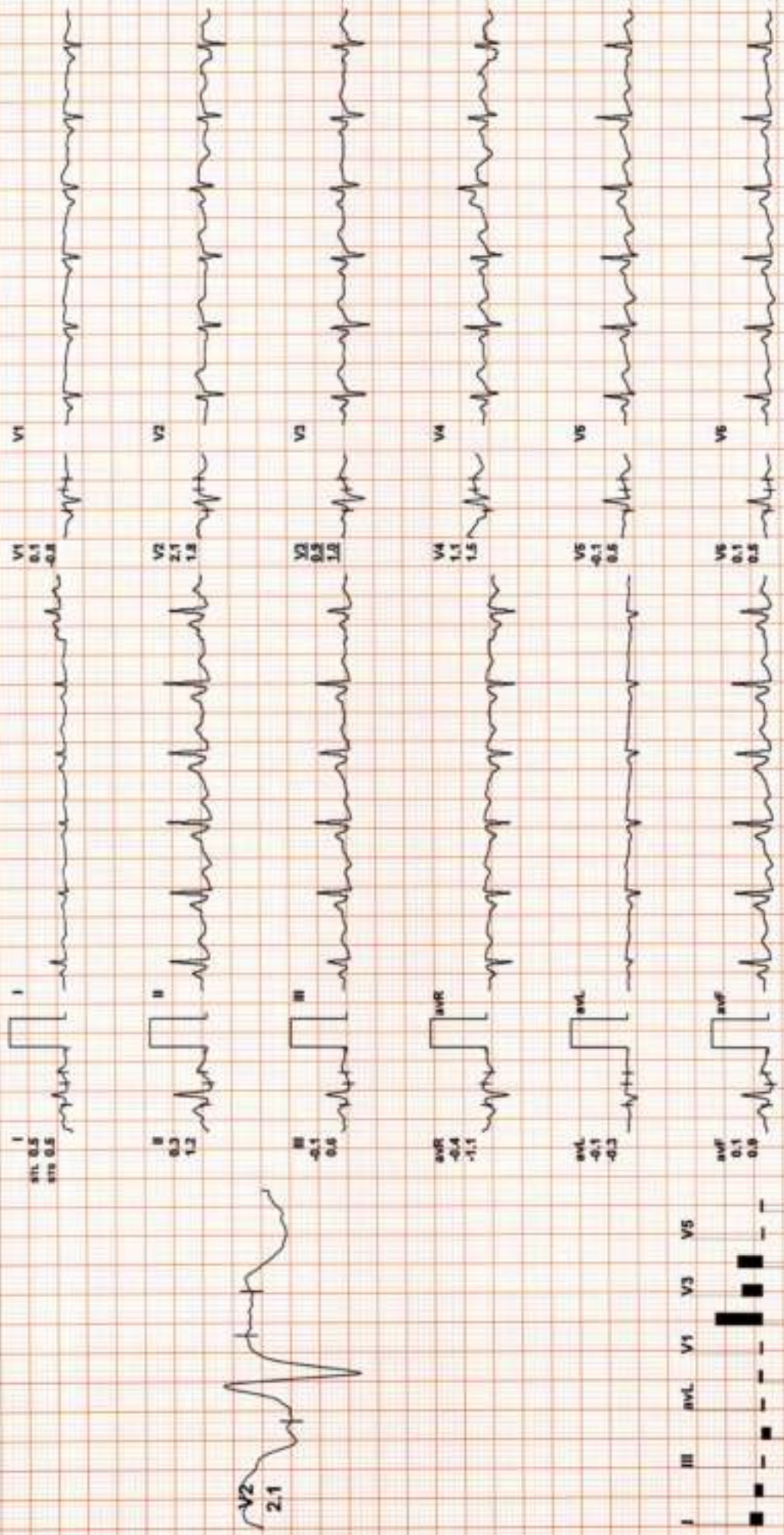
DR . GOYALS PATH LAB & IMAGING CENTRE

ExStart



528 (113) / MRS BOBY DAS / 51 Yrs / F / 0 Cms / 0 Kg / HR : 111

Date: 16 / 12 / 2023 02:05:10 PM METS: 1.1/ 111 bpm 66% of THR BP: 126/86 mmHg Combined Medians/ BLC Onv Notch Onv HF 0.05 Hz/LF 35 Hz
 4X 70 mS Post J EXTTime: 00:00 1.7 mph, 10.0%
 25 mm/Sec. 1.0 Cm/mV



REMARKS:

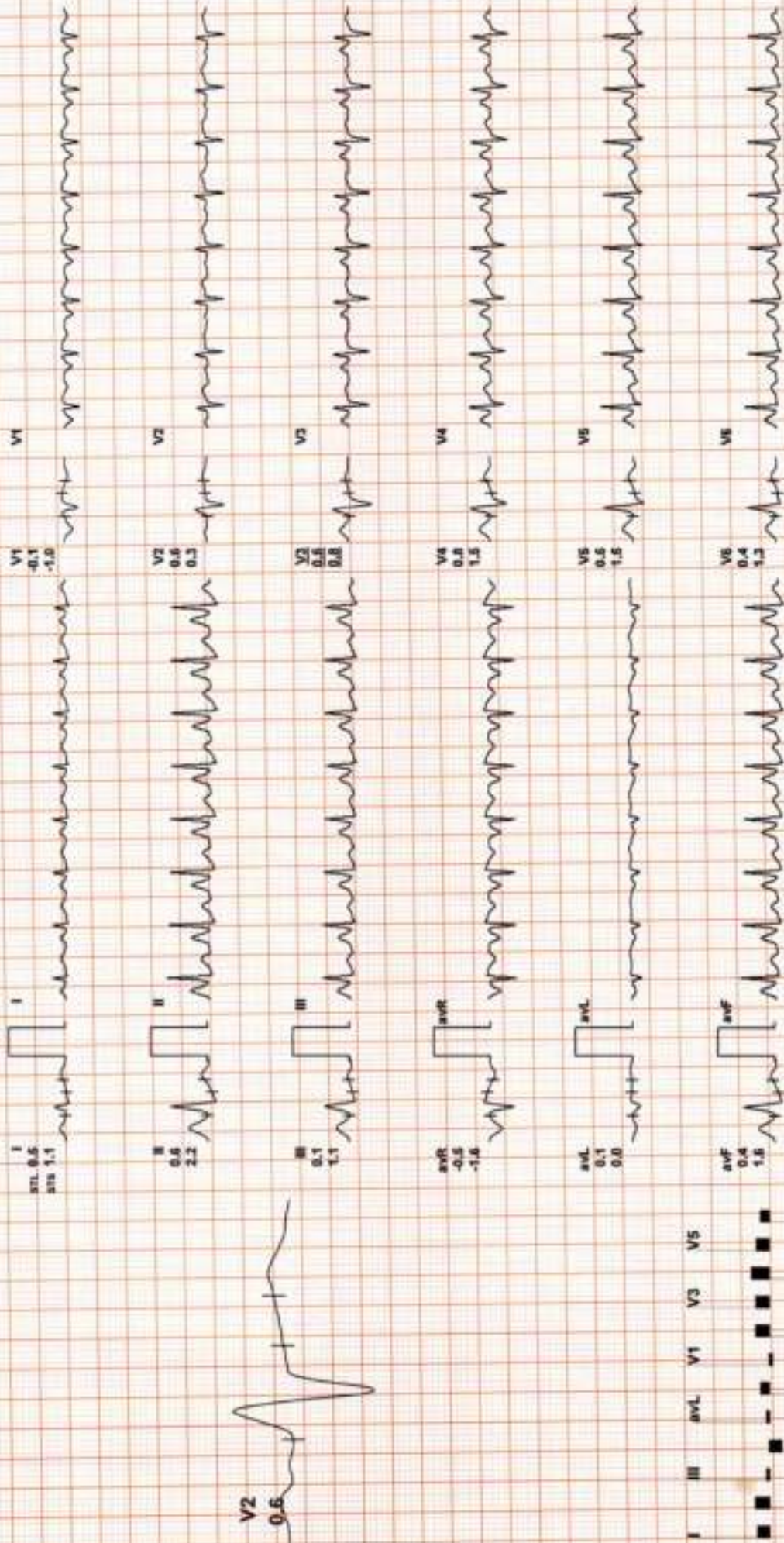


528 (113) / MRS BOBY DAS / 51 Yrs / F / 0 Cms / 0 Kg / HR : 144

Date: 16 / 12 / 2023 02:05:10 PM METS: 4.7/ 144 bpm 85% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ F 35 Hz

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

4X 60 mmS Post J

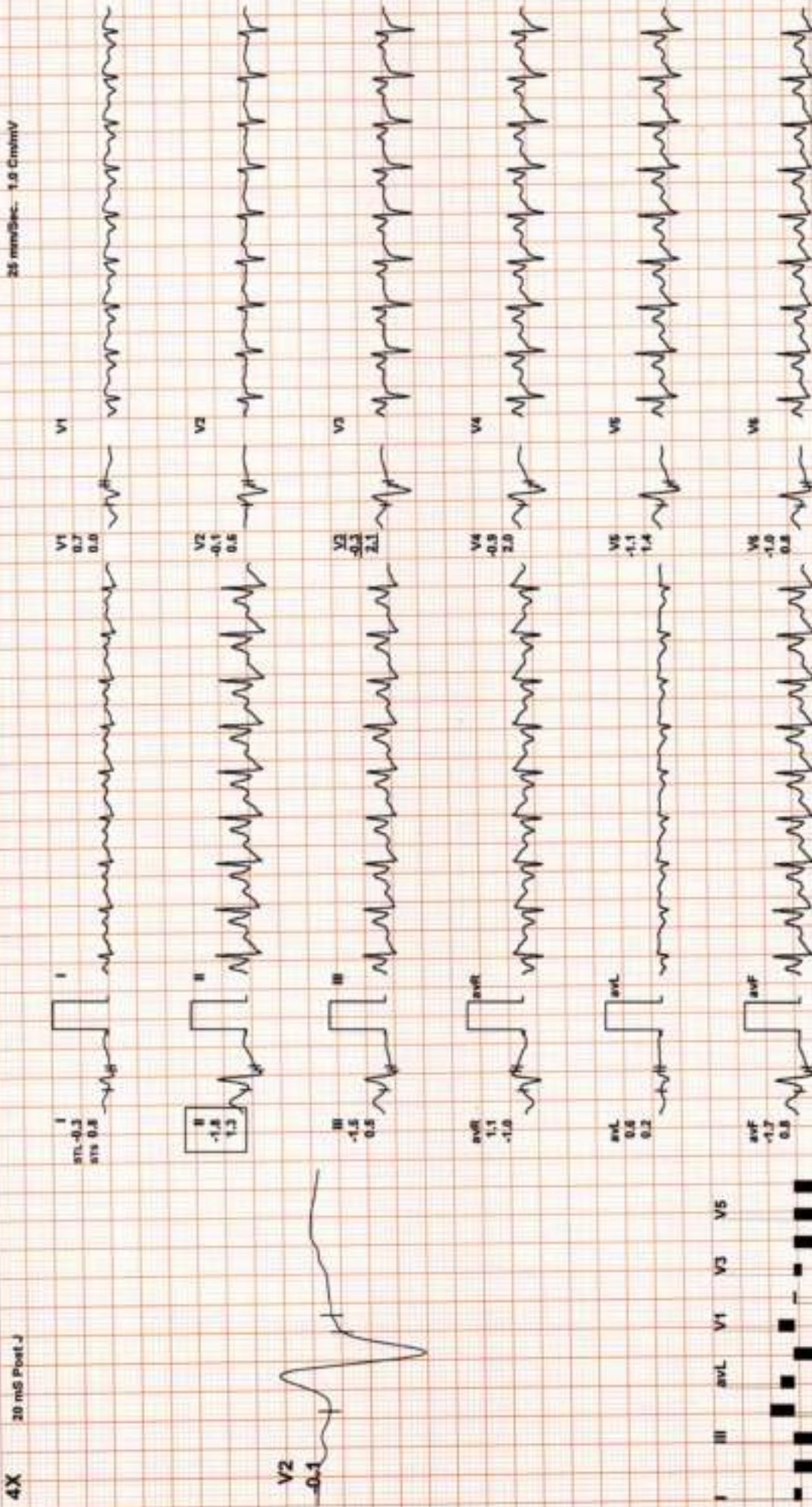


REMARKS:



Date: 16 / 12 / 2023 02:05:10 PM METS: 7.0/ 163 bpm 86% of THR BP: 156/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 05:55 2.5 mph, 12.0%

4X 20 mS Post J



REMARKS:



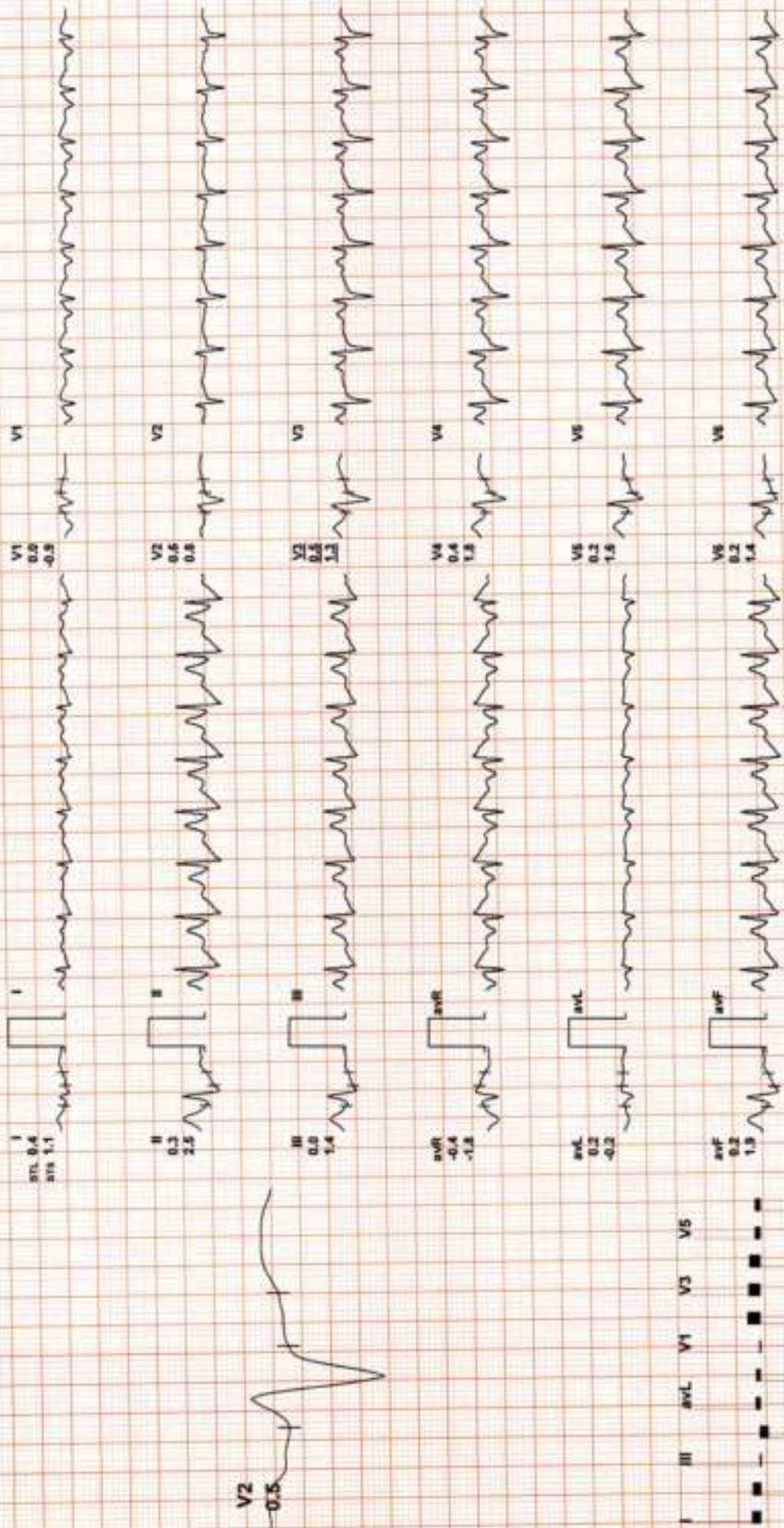
528 (113) / MRS BOBY DAS / 51 Yrs / F / 0 Cms / 0 Kg / HR : 147

Date: 16 / 12 / 2023 02:05:10 PM METS: 1.0/ 147 bpm 87% of THR BP: 156/90 mmHg Combined Medians/ BLC On/ Notch Ch/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

ExTime: 05:55 0.0 mpt, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

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528 (113) / MRS BOBY DAS / 51 Yrs / F / 0 Cms / 0 Kg / HR : 128

Recovery(2:00)



Date: 16 / 12 / 2023 02:05:10 PM METS: 1.0/ 128 bpm 76% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 05:55 0.0 mph, 0.0%

4X 60 mS Post J



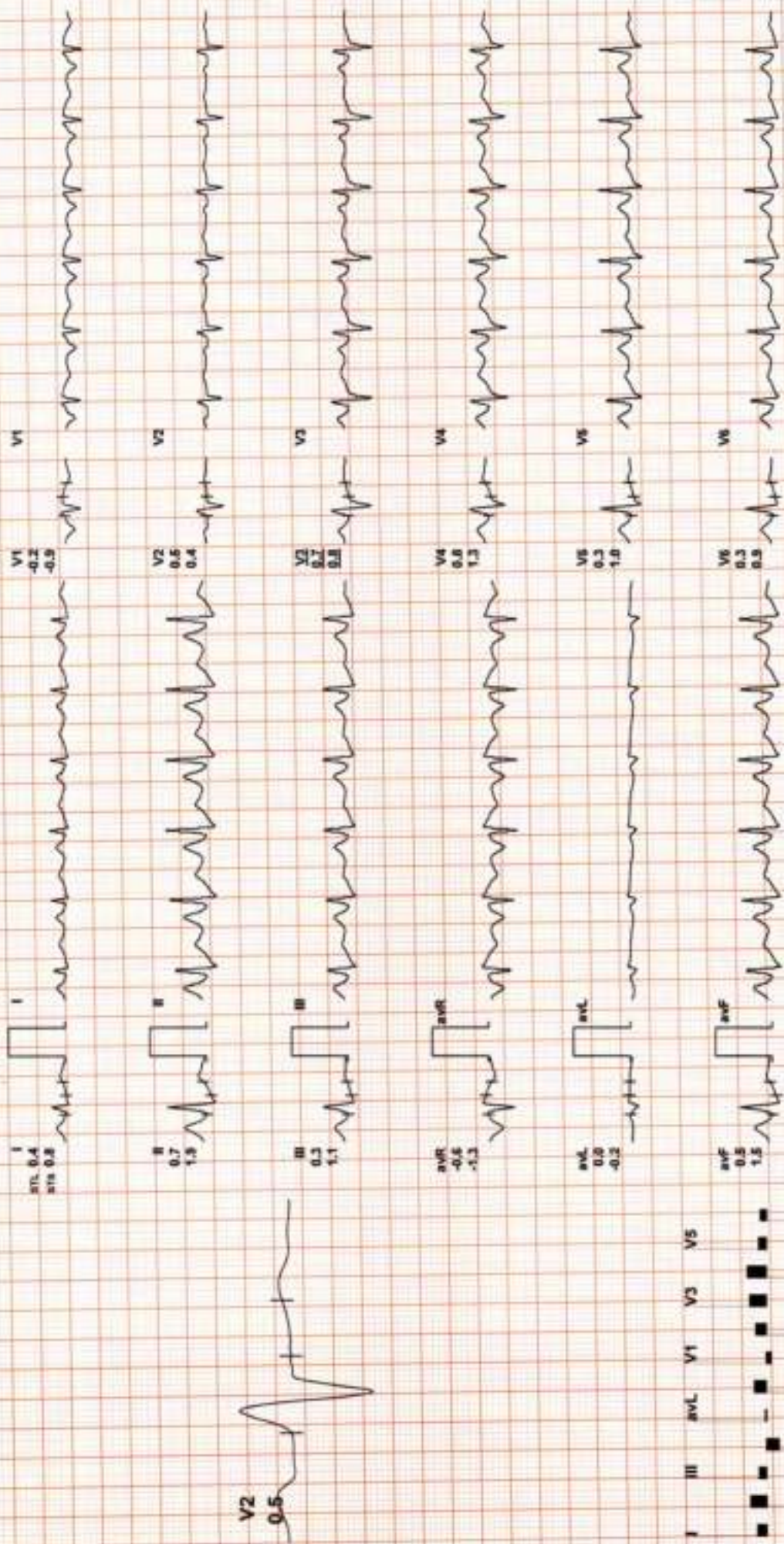
REMARKS:
I II aVR aVF V1 V2 V3 V4 V5 V6



Date: 16 / 12 / 2023 02:05:10 PM METS: 1.07 117 bpm 89% of THR BP: 140/90 mmHg Combined Medians/ BLC. On/ Natch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 mS Post J

ExTime: 05:55 0.0 mph, 0.0%
25 mm/Sec: 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6

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Recovery(4:00)



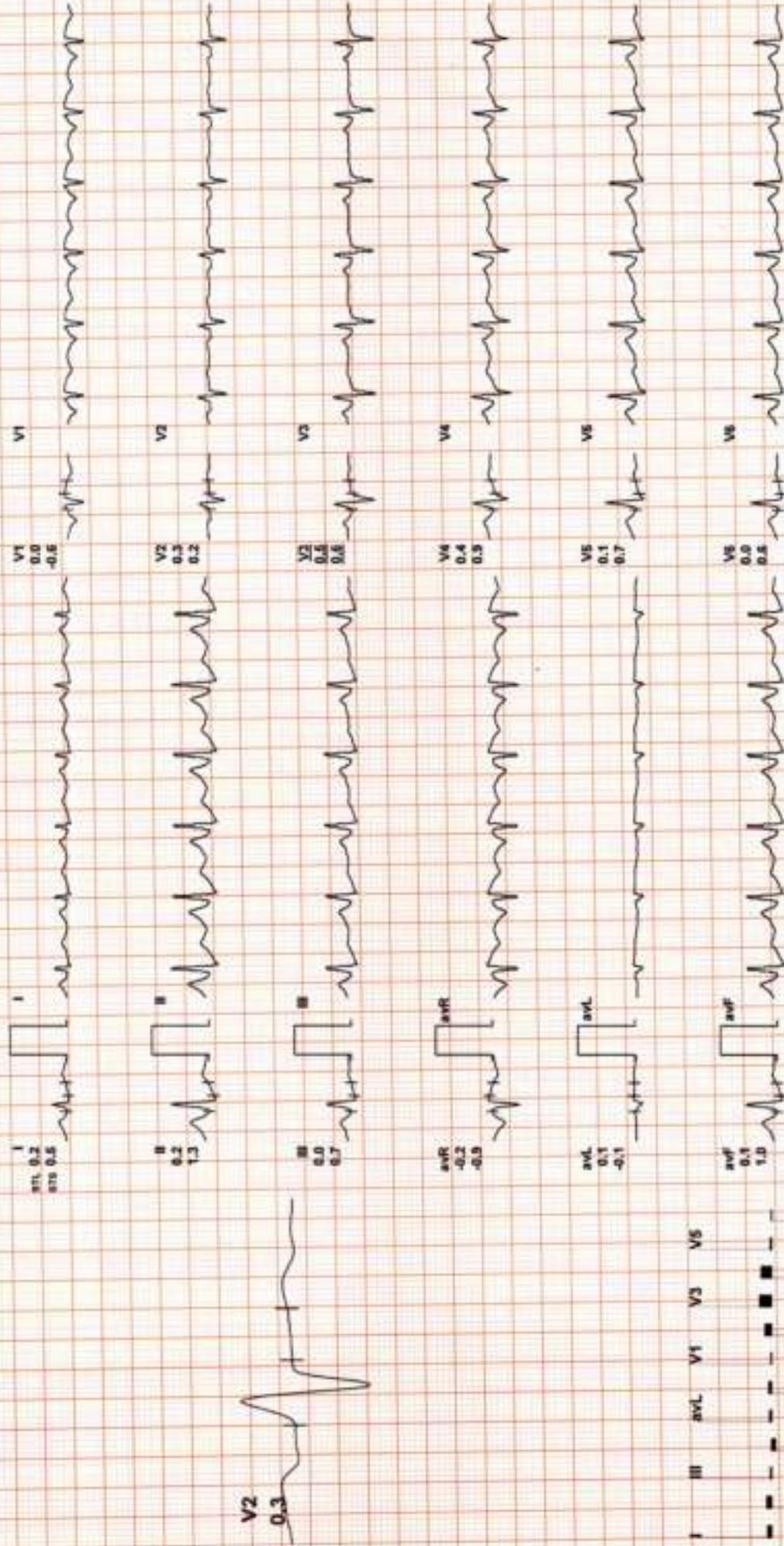
528 (113) / MRS BOBY DAS / 51 Yrs / F / O Cms / 0 Kg / HR : 111

Date: 16 / 12 / 2023 02:05:10 PM METS: 1.0/ 111 bpm 66% of THR BP: 130/86 mmHg Combined Medians/ BLC. Onv Notch Onv HF 0.05 Hz/LF 35 Hz

ExTime: 05:55 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 90 mS Post J



REMARKS: II aVR aVF V2 V4 V5

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Recovery(4:47)



528 (113) / MRS BOBY DAS / 51 Yrs / F / 0 Cms / 0 Kg / HR : 107

Date: 16 / 12 / 2023 02:05:10 PM METS: 1.0/ 107 bpm 63% of THR. BP: 126/86 mmHg Combined Medians/ BLC. On/ HF 0.05 Hz/LF 35 Hz

ExTime: 05:55 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 50 ms Post J



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



528 (113) / MRS BOBY DAS / 51 Yrs / F / 0 Cms / 0 Kg / HR : 82

Date: 16 / 12 / 2023 02:05:10 PM

V6

V5

V4

V3

V2

V1

avF

avL

avR

III

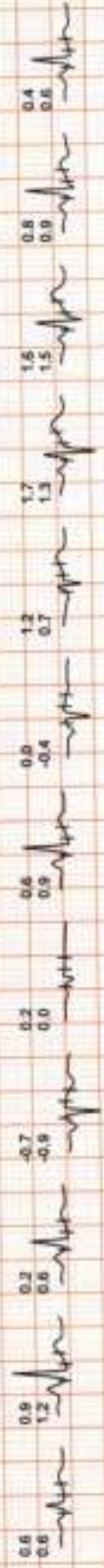
II

I

Supine

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
92 bpm 126/86

STL 0.6
STB 0.6



Standing

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
90 bpm 126/86

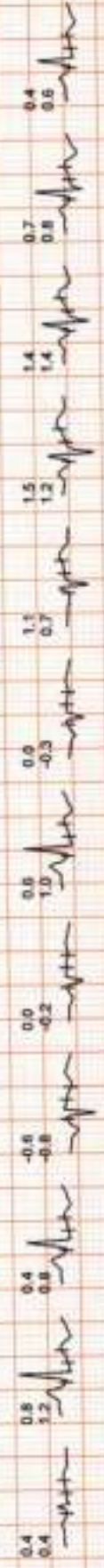
STL 0.5
STB 0.4



HV

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
98 bpm 126/86

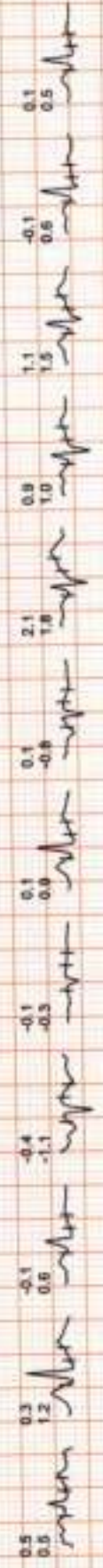
STL 0.4
STB 0.4



Warm Up

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
105 bpm 126/86

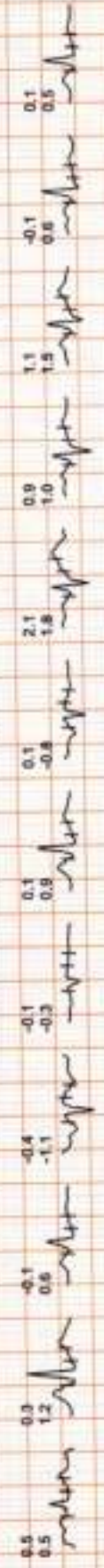
STL 0.5
STB 0.5



ExStart

(1) 0:00 1.7 mph
(2) 0:00 10.0 %
111 bpm 126/86

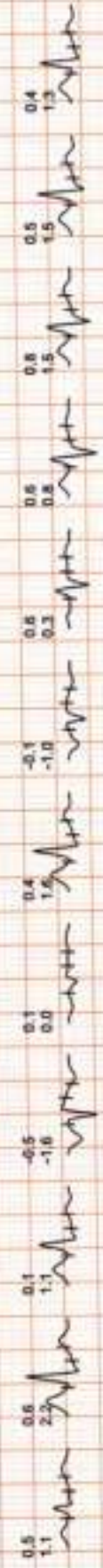
STL 0.5
STB 0.5



Stage 1

(1) 3:00 1.7 mph
(2) 3:00 10.0 %
144 bpm 140/90

STL 0.5
STB 1.1



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528 (113) / MRS BOBYDAS / 51 Yrs / F / 0 Cms / 0 Kg / HR : 82

Average



Date: 16 / 12 / 2023 02:05:10 PM I II III avR avL avF V1 V2 V3 V4 V5 V6

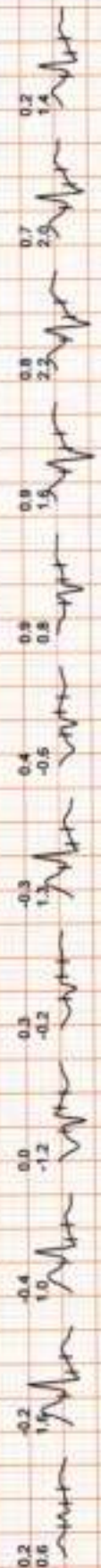
PeakEx

(1) 5.55 2.5 mph
(2) 2.55 12.0 %
165 bpm 150/90



Recovery

(1) 5.56 6.0 mph
(2) 0.59 0.0 %
164 bpm 150/90



Recovery

(1) 5.56 0.0 mph
(2) 1.59 0.0 %
128 bpm 150/90



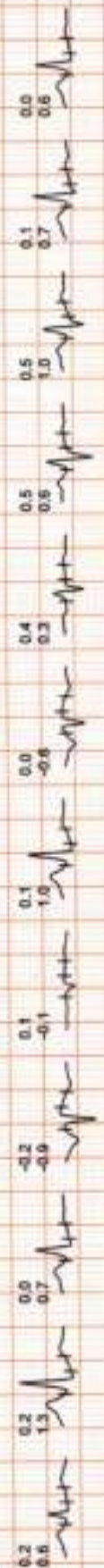
Recovery

(1) 5.56 0.0 mph
(2) 2.59 0.0 %
136 bpm 140/90



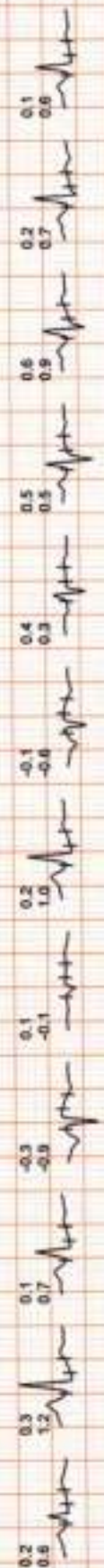
Recovery

(1) 5.56 0.0 mph
(2) 3.59 0.0 %
111 bpm 130/85



Recovery

(1) 5.56 0.0 mph
(2) 4.47 0.0 %
113 bpm 126/85



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

Date :- 16/12/2023 11:44:59
NAME :- Mrs. ANNU NIMORIA
Sex / Age :- Female 32 Yrs 22 Days
Company :- Medi/Wheel

Patient ID :- 12234771
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 16/12/2023 11:57:08

Final Authentication : 16/12/2023 14:37:07

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.5	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	4.79	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	51.8	%	40.0 - 80.0
LYMPHOCYTE	43.0 H	%	20.0 - 40.0
EOSINOPHIL	1.1	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.1	%	0.0 - 2.0
NEUT#	2.49	$10^3/uL$	1.50 - 7.00
LYMPH#	2.06	$10^3/uL$	1.00 - 3.70
EO#	0.05	$10^3/uL$	0.00 - 0.40
MONO#	0.19	$10^3/uL$	0.00 - 0.70
BASO#	0.00	$10^3/uL$	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.36	$x10^6/uL$	3.80 - 4.80
HEMATOCRIT (HCT)	39.90	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	91.5	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.3 L	g/dL	31.5 - 34.5
PLATELET COUNT	215	$x10^3/uL$	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	20.99		

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.

BANWARI
Technologist

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 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 16/12/2023 11:57:08 Final Authentication : 16/12/2023 14:37:07

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C) 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 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	100	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Technologist

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Sample Type :- EDTA

Sample Collected Time 16/12/2023 11:57:08

Final Authentication : 16/12/2023 14:37:07

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

Erythrocyte Sedimentation Rate (ESR)

07

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" >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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Date :- 16/12/2023 11:44:59

Patient ID :-12234771

NAME :- Mrs. ANNU NIMORIA

Ref. By Dr:- BOB

Sex / Age :- Female 32 Yrs 22 Days

Labi/Hosp :-

Company :- Medi/Wheel



Sample Type -> PLAIN/SERUM

Sample Collected Time 16/12/2023 11:57:08

Final Authentication : 18/12/2023 13:42:22

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	141.82	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	53.98	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	35.66	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	97.16	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	10.80	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.98		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.72		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	393.36 L	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment 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 HDL CHOLESTEROL 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			

SURENDRAKHANGA

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Date :- 16/12/2023 11:44:59
NAME :- Mrs. ANNU NIMORIA
 Sex / Age :- Female 32 Yrs 22 Days
 Company :- MediWheel

Patient ID :- 12234771
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 16/12/2023 11:57:08

Final Authentication : 16/12/2023 13:42:22

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.30	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	0.07	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.23	mg/dl	0.30-0.70
SGOT Method:- IFCC	36.9 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	41.6 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	108.90	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	10.00	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.75	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	3.92	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.83	gm/dl	2.20 - 3.50
A/G RATIO	1.39		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument Name Randox Rx Incls 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 chronic incompatible haemolytic High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC Instrument Name Randox Rx Incls Interpretation Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC Instrument Name Randox Rx Incls 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer Instrument Name Randox Rx Incls Interpretation Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent Instrument Name Randox Rx Incls Interpretation Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green Instrument Name Randox Rx Incls 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 Incls **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).

SURENDRAXHANGA

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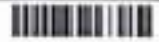
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Date :- 16/12/2023 11:44:59
NAME :- Mrs. ANNU NIMORIA
 Sex / Age :- Female 32 Yrs 22 Days
 Company :- Med/Wheel

Patient ID :-12234771
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 16/12/2023 11:57:08

Final Authentication : 16/12/2023 13:27:22

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.060	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.780	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence immunoassay	2.152	uIU/mL	0.350 - 5.500

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

AJAYKUMAR
 Technologist

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Patient ID :- 12234771

NAME :- Mrs. ANNU NIMORIA

Ref. By Dr:- BOB

Sex / Age :- Female 32 Yrs 22 Days

Lab/Hosp :-

Company :- Medi/Wheel



Sample Type :- URINE

Sample Collected Time 16/12/2023 11:57:08

Final Authentication : 16/12/2023 12:51:46

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	6.0		5.0 - 7.5
Method:- Reagent Strip(Double indication blue reaction)			
SPECIFIC GRAVITY	1.015		1.010 - 1.030
Method:- Reagent Strip(bromothymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphosalicylic acid test)			
GLUCOSE	NIL		NIL
Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)			
BILIRUBIN	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Azo-coupling reaction)			
UROBILINOGEN	NORMAL		NORMAL
Method:- Reagent Strip (Modified ehrlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitroprusside) Ruthers's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
MICROSCOPY EXAMINATION			
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

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Date :- 16/12/2023 11:44:59 Patient ID :-12234771
NAME :- Mrs. ANNU NIMORIA Ref. By Dr.- BOB
 Sex / Age :- Female 32 Yrs 22 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type -> KOx/Na FLUORIDE-F, KOx/Na Bile/BIOCHEMISTRY Date: 16/12/2023 11:57:08 Final Authentication : 16/12/2023 15:39:16

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 75.0 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) 88.5 mg/dl 70.0 - 140.0
 Method:- GOD PAP

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

SERUM CREATININE 0.58 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 4.93 mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

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Date :- 16/12/2023 11:44:59

Patient ID :-12234771



NAME :- Mrs. ANNU NIMORIA

Ref. By Dr:- BOB

Sex / Age :- Female 32 Yrs 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE

Sample Collected Time 16/12/2023 11:57:08

Final Authentication : 16/12/2023 14:37:07

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

BANWARI, VIJENDRAMEENA
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Date :- 16/12/2023 11:44:59

Patient ID :-12234771



NAME :- Mrs. ANNU NIMORIA

Ref. By Dr:- BOB

Sex / Age :- Female 32 Yrs 22 Days

Lab/Hosp :-

Company :- Medi/Wheel

Sample Type -> PLAIN/SERUM

Sample Collected Time 16/12/2023 11:57:08

Final Authentication : 16/12/2023 13:42:22

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.8	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

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Date :- 16/12/2023 11:44:59
NAME :- Mrs. ANNU NIMORIA
Sex / Age :- Female 32 Yrs 22 Days
Company :- MediWheel

Patient ID :- 12234771
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 16/12/2023 14:44:24

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)



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*** End of Report ***

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Date :- 16/12/2023 11:44:59
NAME :- Mrs. ANNU NIMORIA
Sex / Age :- Female 32 Yrs 22 Days
Company :- MediWheel

Patient ID :- 12234771
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 16/12/2023 16:12:31

BOB PACKAGE FEMALE 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 .

Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. .

Both ovaries are visualised and are normal. No adnexal mass is seen. No significant free fluid is seen in pouch of douglas.

IMPRESSION:

* Normal Study.

Needs clinical correlation

*** End of Report ***

NIKITAPATWA

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