

Dr. Goyal's

Path Lab & Imaging Centre

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Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



General Physical Examination

Date of Examination: 23/12/2022

Name: SUNITA KUMAWAT. Age: 40 Sex: FEMALE

DOB: 30/09/1982.

Referred By: BOB (Mediawheel)

Photo ID: Aadhya ID #: attached.

Ht: 165 (cm)

Wt: 76. (Kg)

Chest (Expiration): 101 (cm)

Abdomen Circumference: 95 (cm)

Blood Pressure: 153/99 mm Hg PR: 90 / min RR: 16 / min Temp: Afebrile.

BMI 27.9.


Eye Examination: Diston vision B/L eyes 6/9. Near vision
N/6. No colour blindness.


Other: not signifi. cond.


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 _____


भारत सरकार
GOVERNMENT OF INDIA


सुनीता कुमावत
Sunita Kumawat
जन्म तिथि/DOB: 30/09/1982
महिला/ FEMALE



7251 4901 7415
UID - 9111 2472 7159 0989

AMERA AADHAAR, MERI PEHCHAN

Sunita


आधार
भारत सरकार
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O राजेश कुमार, वॉर्ड न 05, बाबा वाले प्लाटस, नीम का
थाना, सीकर,
राजस्थान - 332713


Address :
W/O Rajesh Kumar, ward no 05, baba vale
platas, Neem-Ka-Thana, Sikar,
Rajasthan - 332713



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1947
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

Sunita

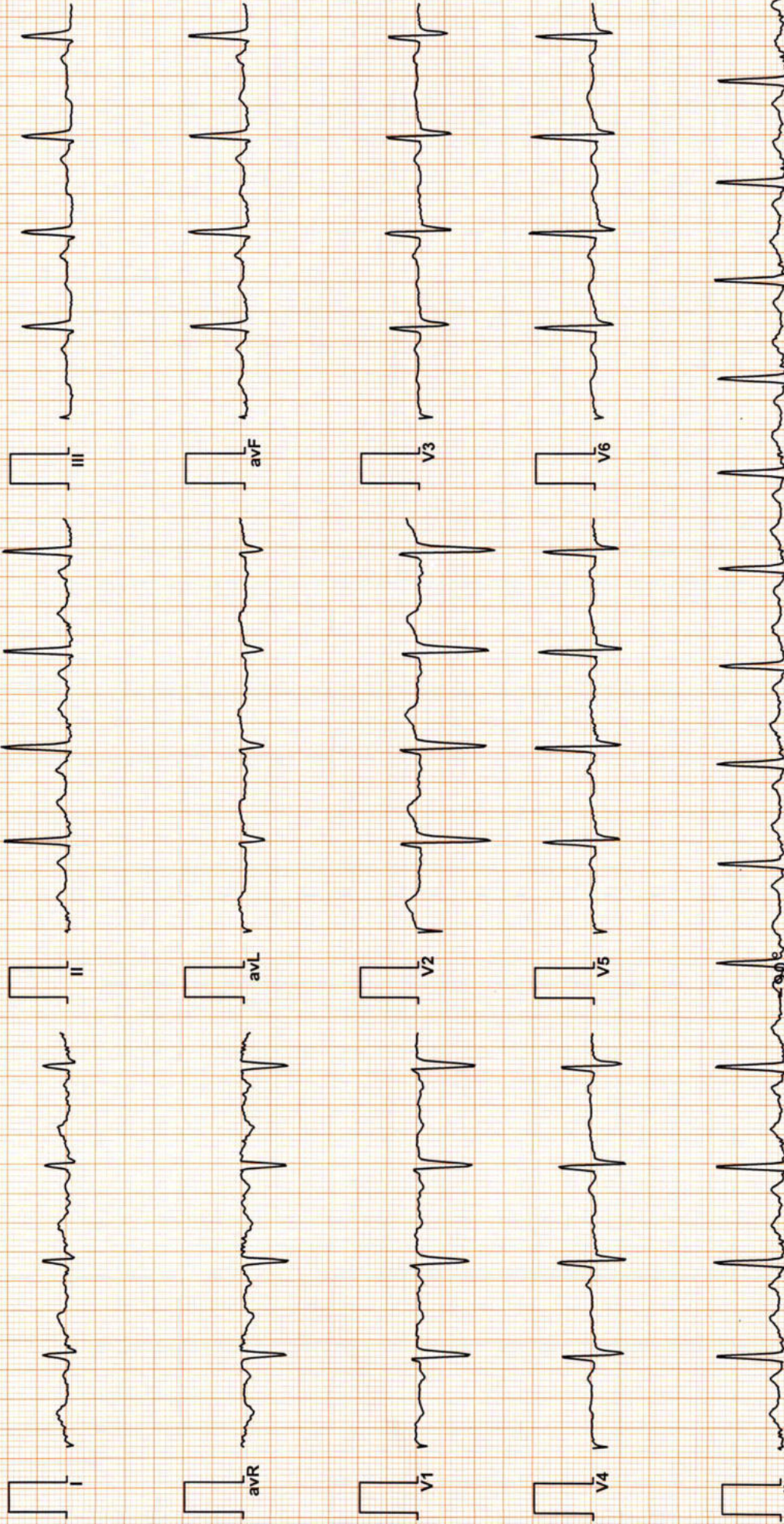
DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

3159 / MRS SUNITA KUMAWAT / 40 Yrs / F / Non Smoker

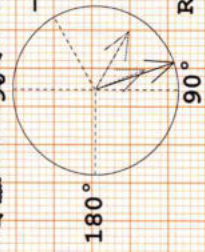
Heart Rate : 90 bpm / Tested On : 23-Dec-22 11:44:03 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

/ Refd By.: BOB

ECG



Vent Rate : 90 bpm
PR Interval : 154 ms
QRS Duration: 90 ms
QT/QTc Int : 376/429 ms
P-QRS-T axis: 68.00 • 71.00 • 30.00 •



Sinus rhythm with poor R wave progression in lead V1-V6

Reported By:



MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg

Date: 23 / 12 / 2022 Refd By : BOB MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:23	0:23	01.1	00.0	01.0	093	52 %	126/70	117	00	
Standing	00:29	0:06	01.1	00.0	01.0	094	52 %	126/70	118	00	
HV	00:33	0:04	01.1	00.0	01.0	094	52 %	126/70	118	00	
HV	00:40	0:07	01.1	00.0	01.0	106	59 %	126/70	133	00	
Warm Up	01:27	0:47	01.1	00.0	01.0	121	67 %	126/70	152	00	
ExStart	01:32	0:05	01.7	10.0	01.1	118	66 %	126/70	148	00	
BRUCE Stage 1	04:32	3:00	01.7	10.0	04.7	163	91 %	136/90	221	00	
BRUCE Stage 2	07:32	3:00	02.5	12.0	07.1	192	107 %	146/90	280	00	
PeakEx	07:51	0:19	03.4	14.0	07.4	194	108 %	146/90	283	00	
Recovery	08:51	1:00	00.0	00.0	01.2	181	101 %	146/90	264	00	
Recovery	09:51	2:00	00.0	00.0	01.0	133	74 %	140/90	186	00	
Recovery	10:51	3:00	00.0	00.0	01.0	120	67 %	136/90	163	00	
Recovery	11:51	4:00	00.0	00.0	01.0	122	68 %	132/90	161	00	
Recovery	12:51	5:00	00.0	00.0	01.0	120	67 %	126/86	151	00	
Recovery	12:59	5:08	00.0	00.0	01.0	117	65 %	126/86	147	00	

FINDINGS :

Exercise Time : 06:19
 Max HR Attained : 194 bpm 108% of Target 180
 Max BP Attained : 146/90 (mm/Hg)
 Max WorkLoad Attained : 7.4 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Base line ECG show WNL - There are mild STT changes seen during exercise in inferior leads which reverted to base line within 1 min of recovery. again to immersion seen during lake recovery.
 TMT mildly positive for RHR correlate clinically.

REPORT :



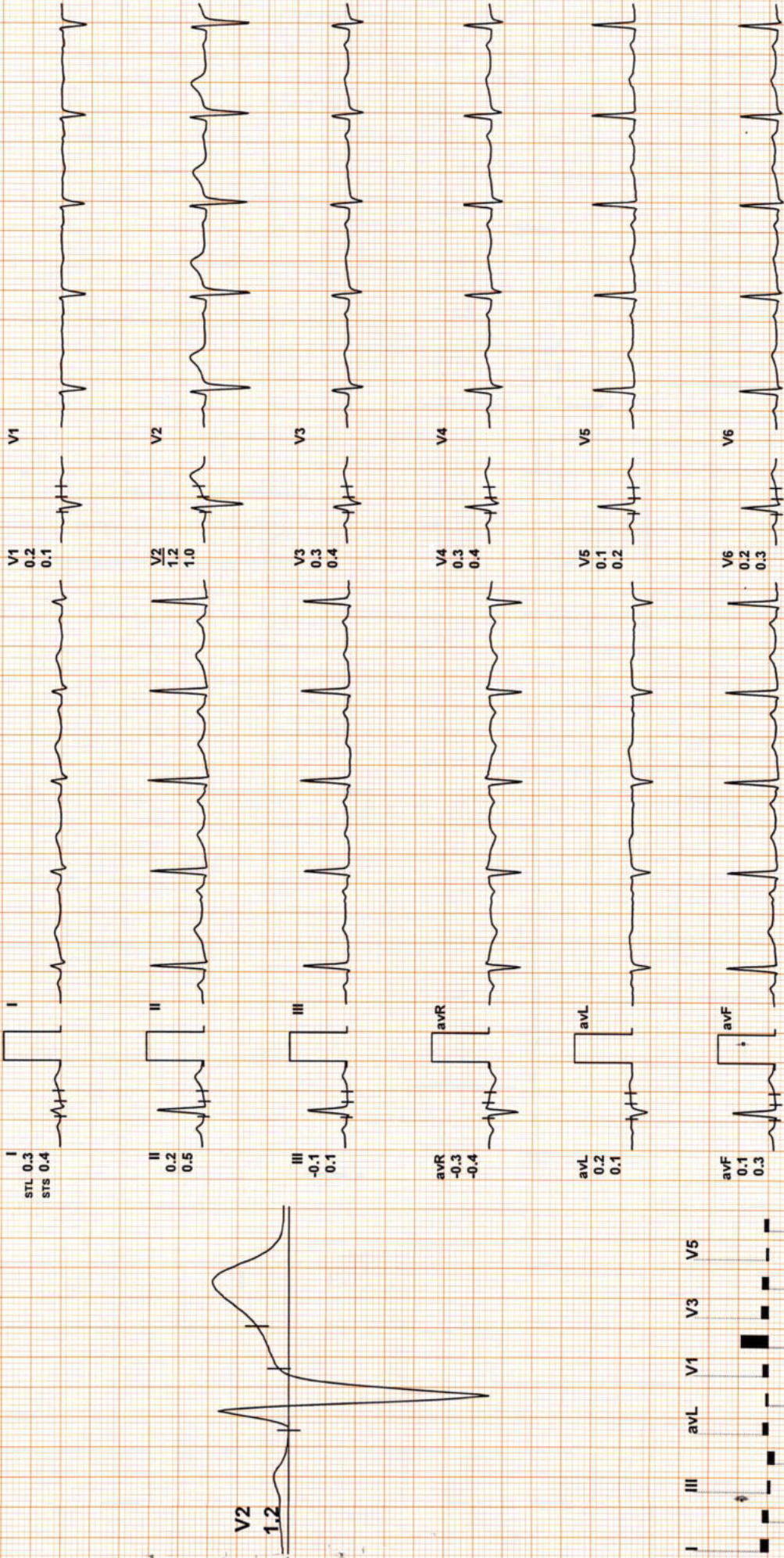
Date: 23 / 12 / 2022

METS: 1.0/ 93 bpm 52% of THR BP: 126/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



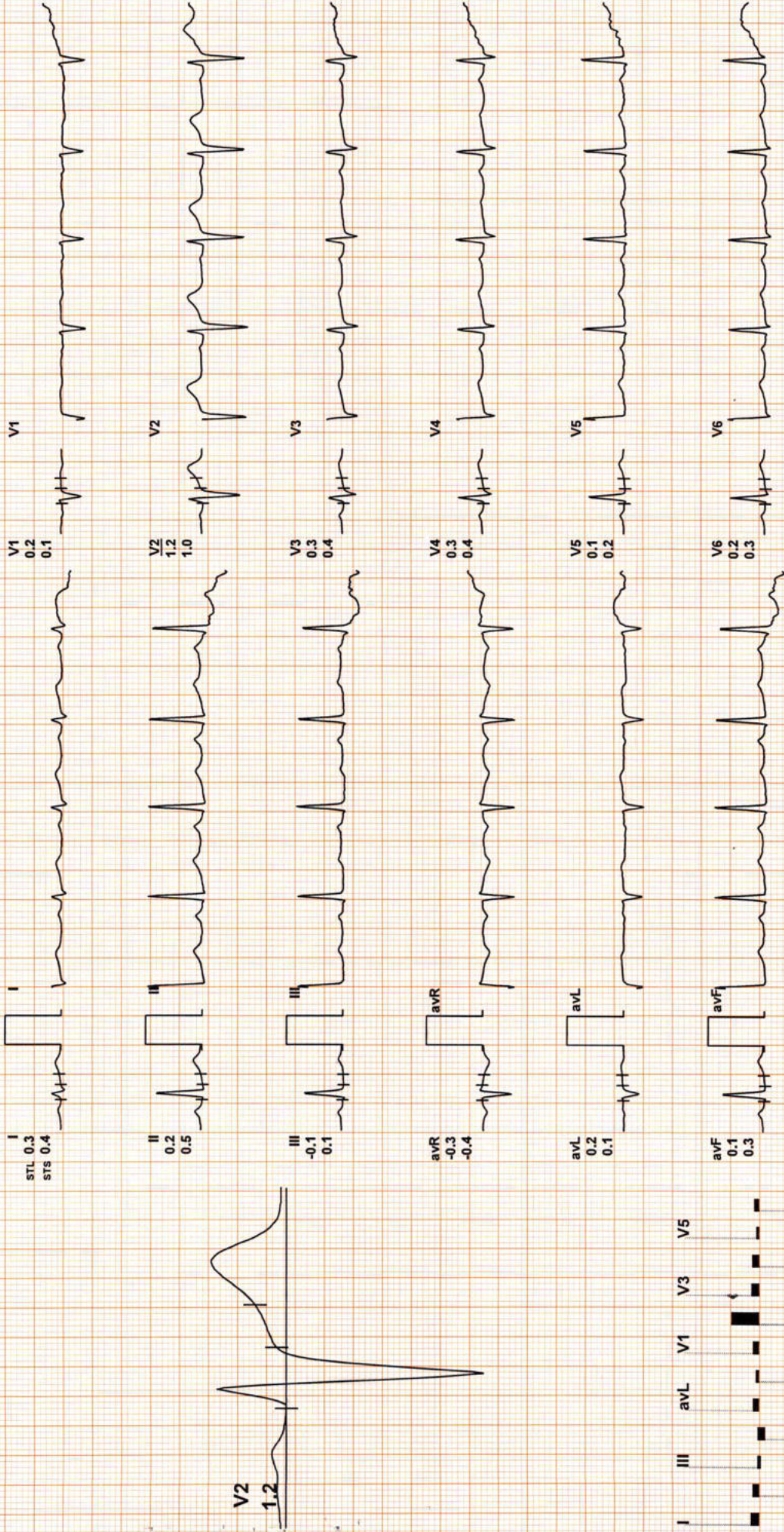
ExTime: 00:00 1.1 mph, 0.0%

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

BP: 126/70 mmHg METS: 1.0/ 94 bpm 52% of THR

Date: 23 / 12 / 2022

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers

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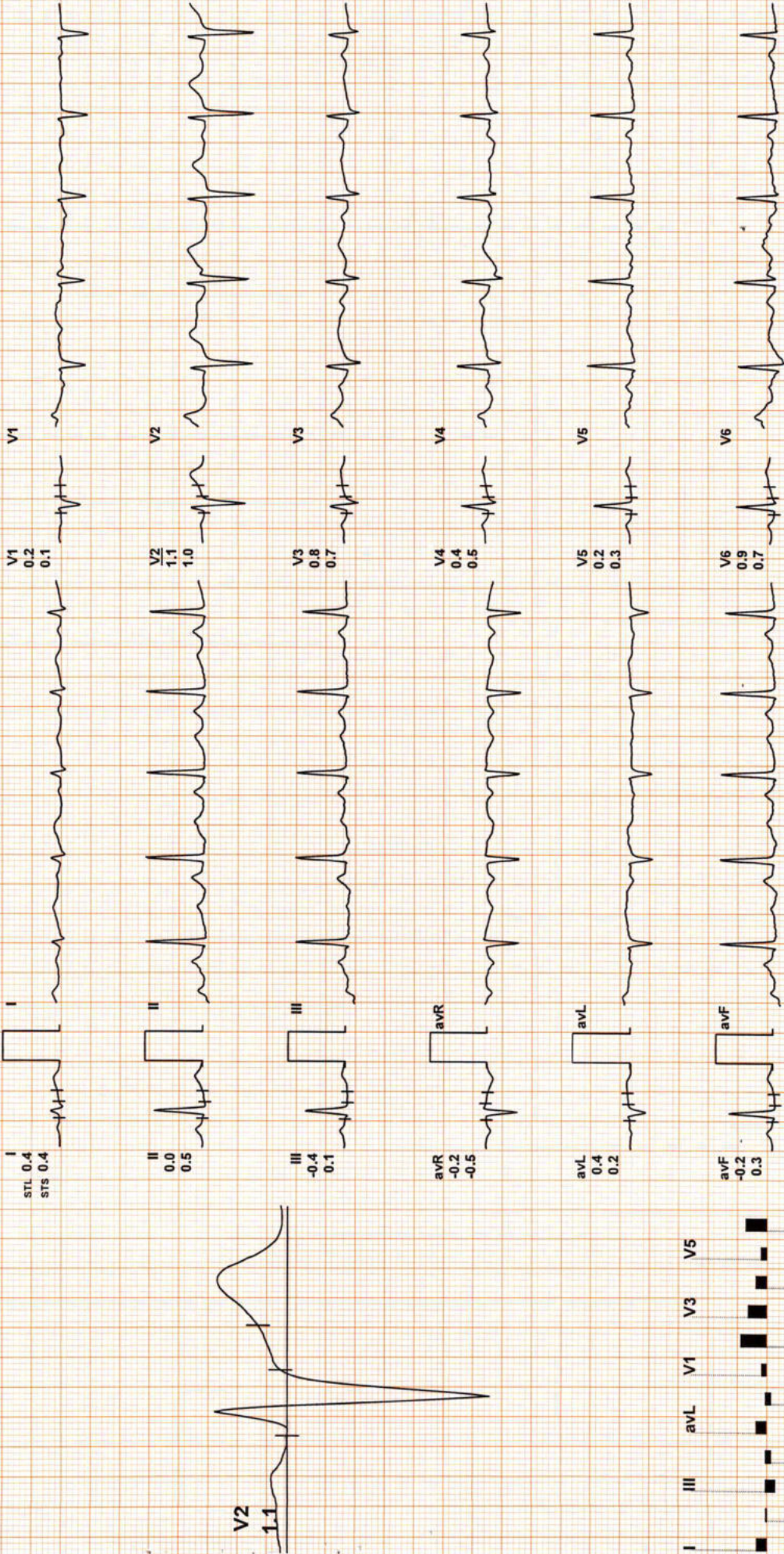
MRS SŪNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 94

BRUCE:HV(0:06)



Date: 23 / 12 / 2022 METS: 1.0/ 94 bpm 52% of THR BP: 126/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J



REMARKS:

(ADX_GEM21720330)(R)Allengers



BRUCE:HV(0:07)

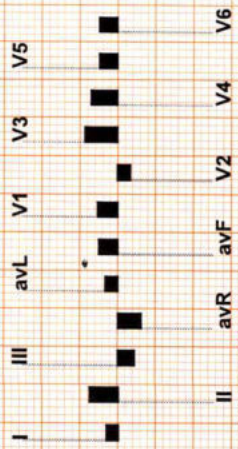
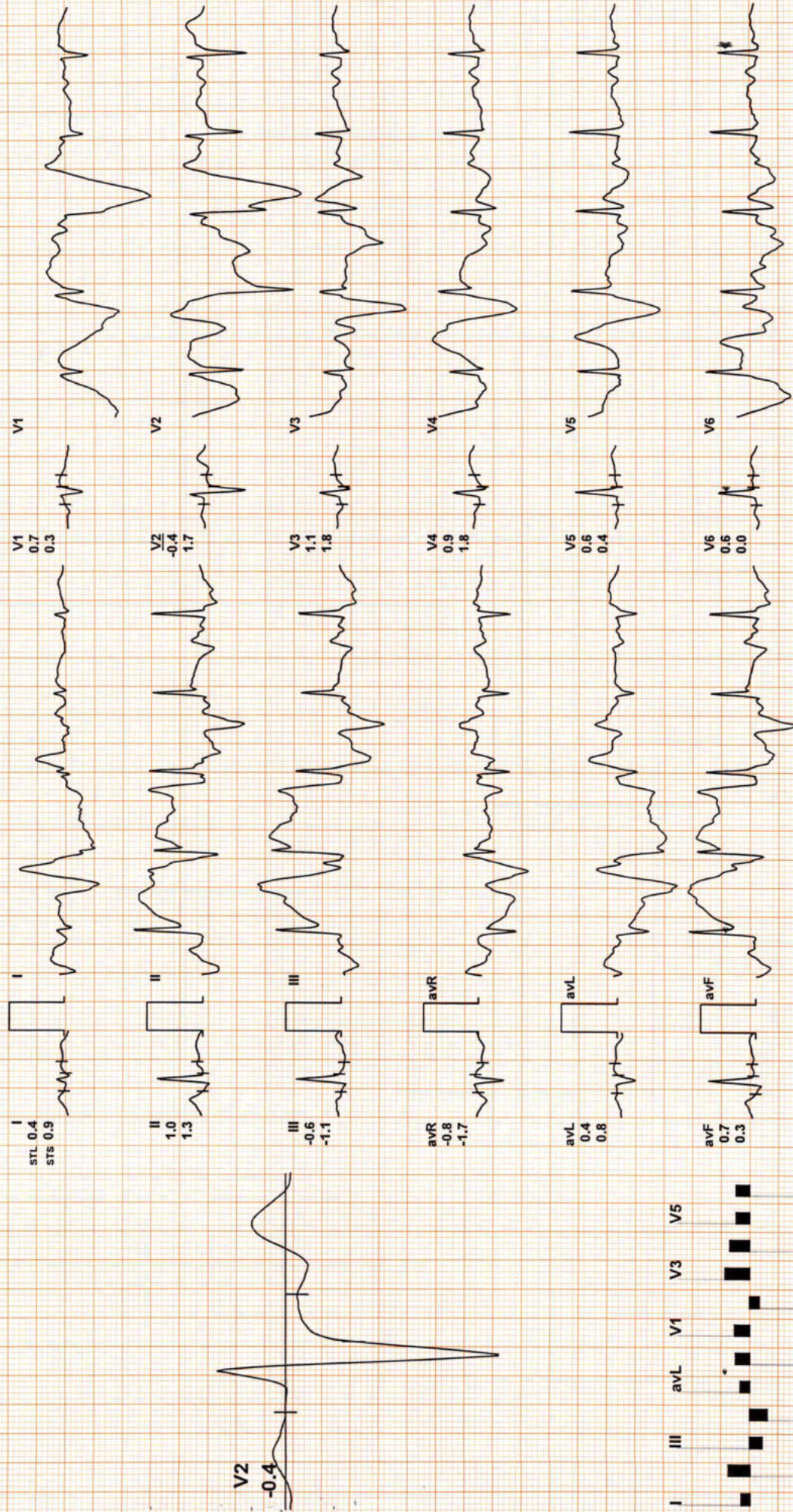
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MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 106

Date: 23 / 12 / 2022 METS: 1.0/ 106 bpm 59% of THR BP: 126/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers

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MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 121

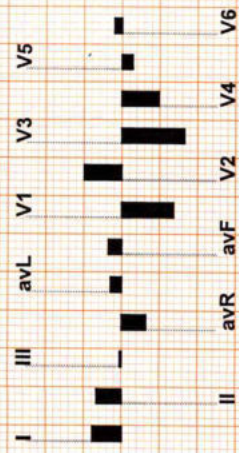
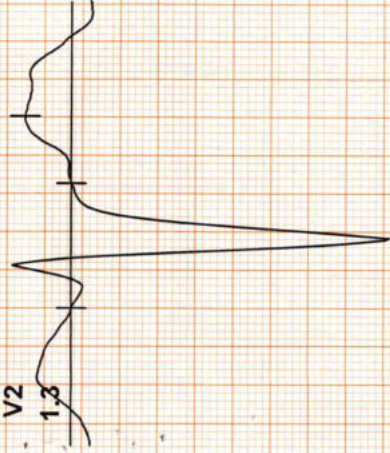
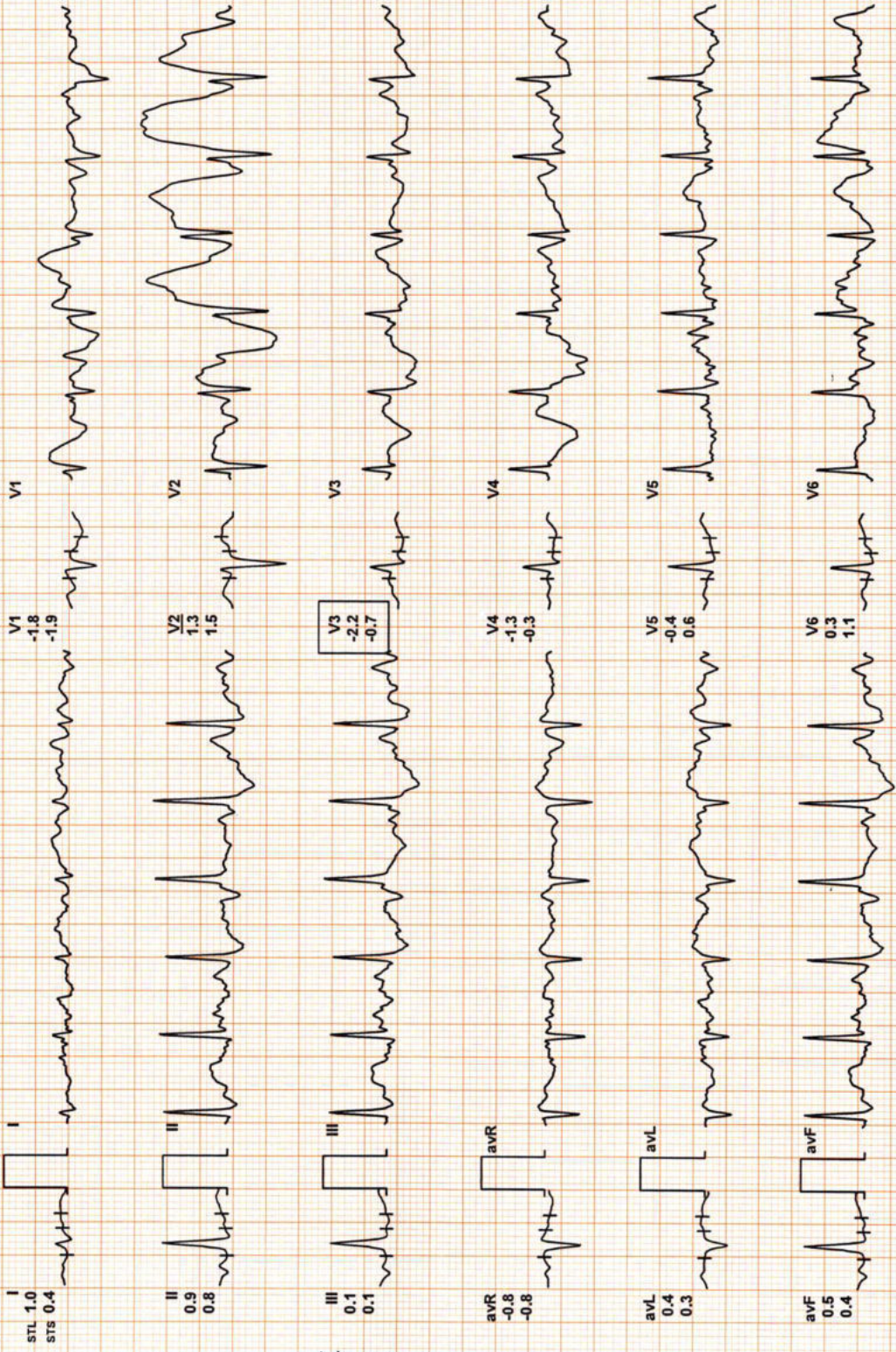
BRUCE: Warm Up (0:47)



Date: 23 / 12 / 2022 METS: 1.0/ 121 bpm 67% of THR BP: 126/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

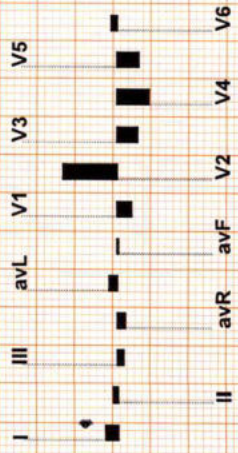
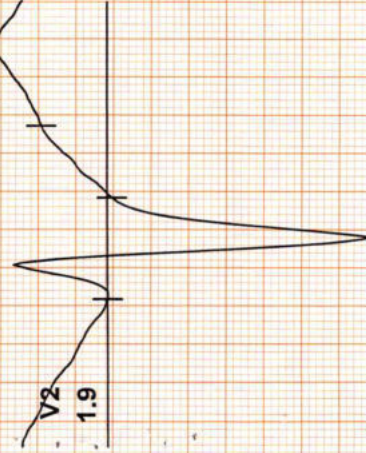
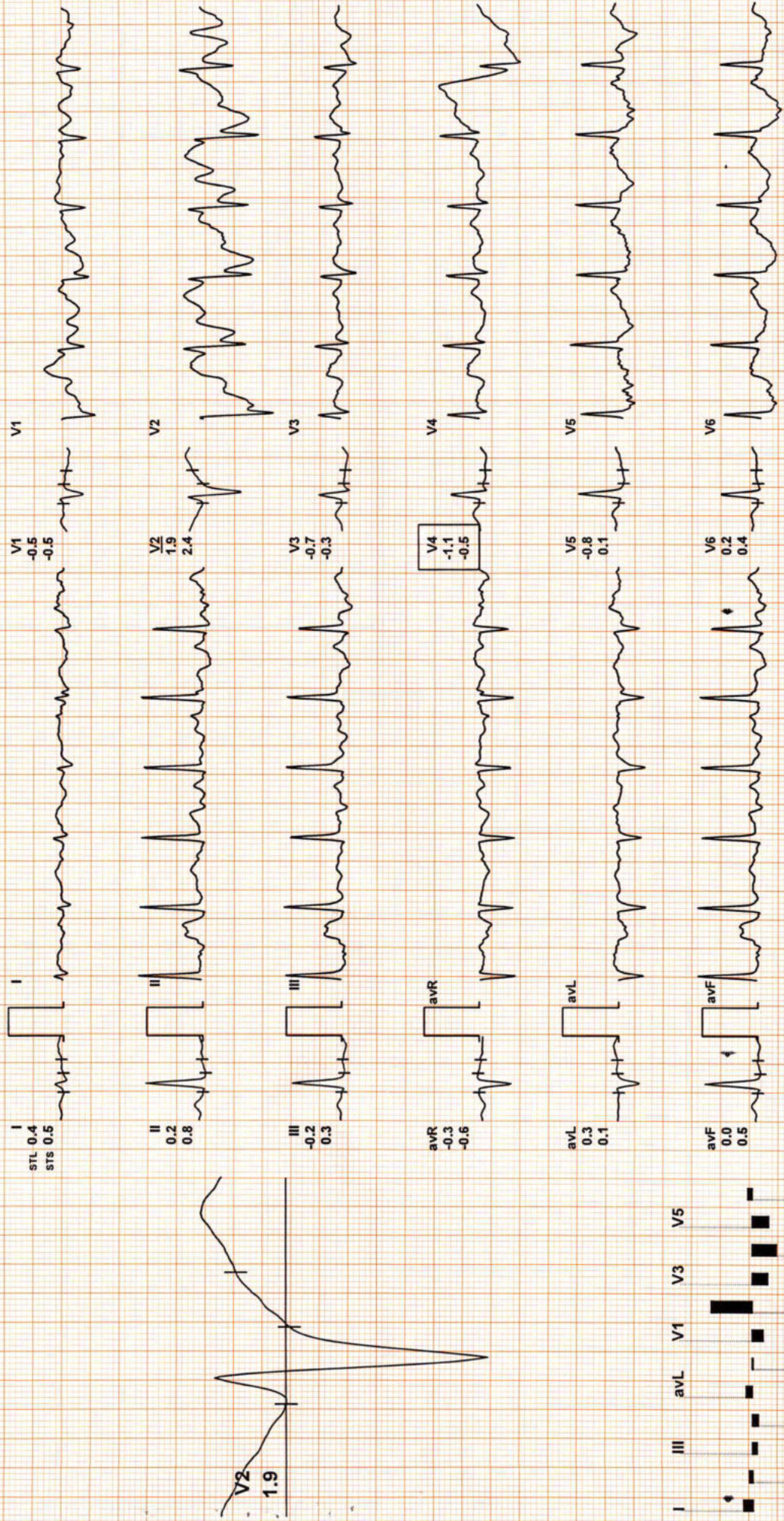
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MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 118

ExStart



Date: 23 / 12 / 2022 METS: 1.1 / 118 bpm 66% of THR BP: 126/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
 4X 80 mS Post.J ExTime: 00:00 1.7 mph, 10.0%
 25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

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MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 163

BRUCE: Stage 1(3:00)



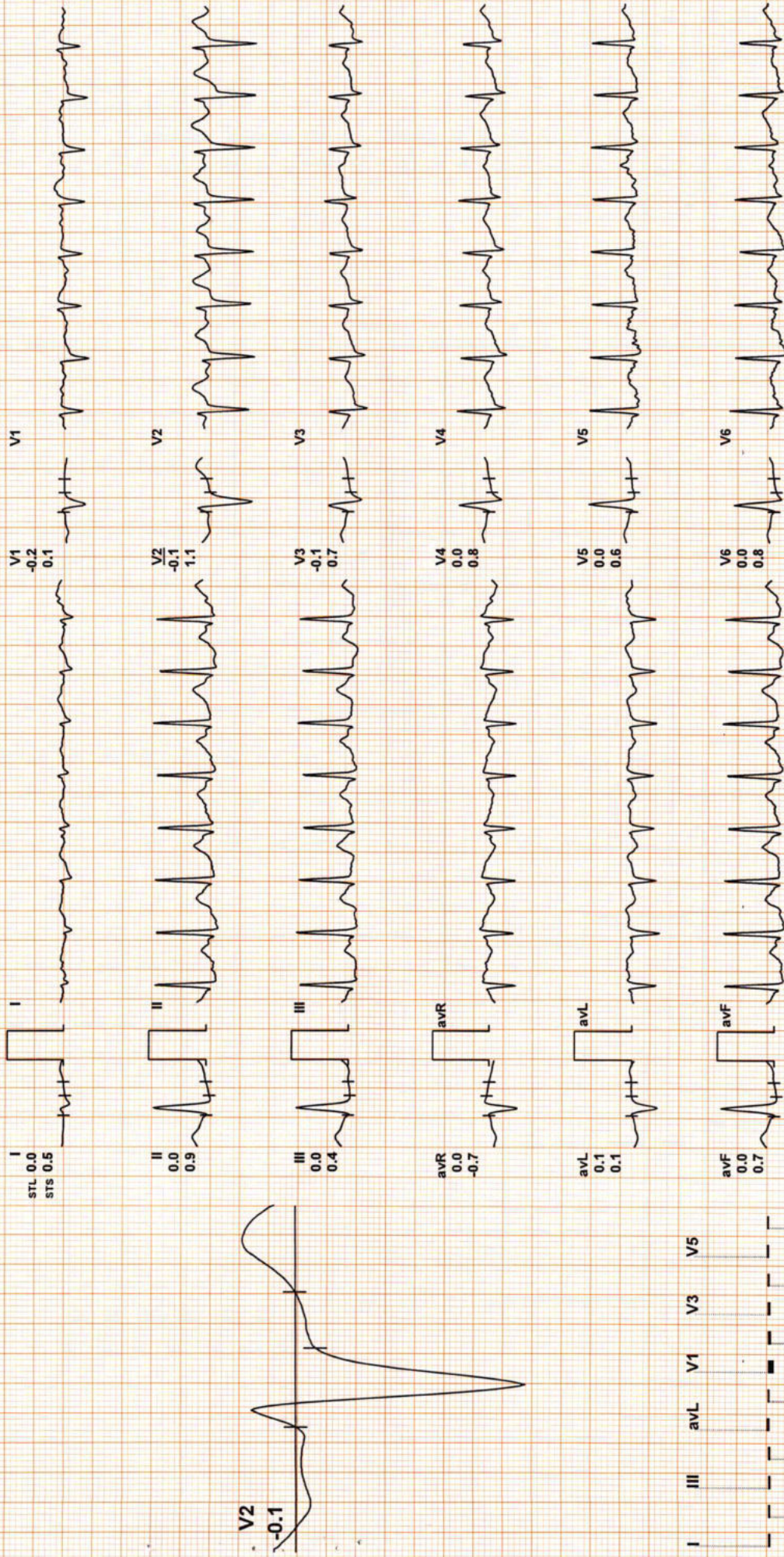
Date: 23 / 12 / 2022

METS: 4.7 / 163 bpm 91% of THR BP: 136/90 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

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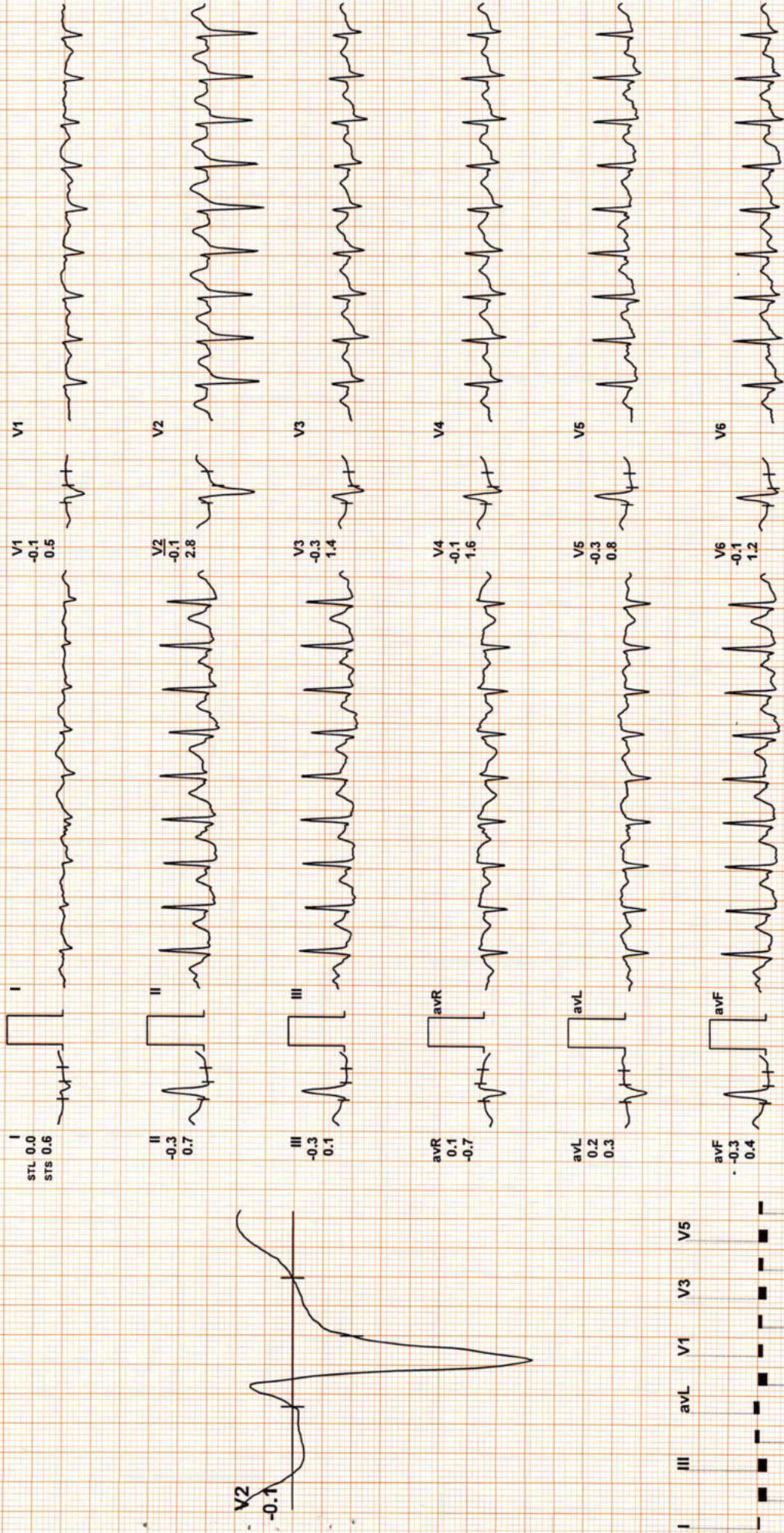
MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 192

BRUCE: Stage 2(3:00)



Date: 23 / 12 / 2022 METS: 7.1/ 192 bpm 107% of THR BP: 146/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J 25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



PeakEx

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MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 194

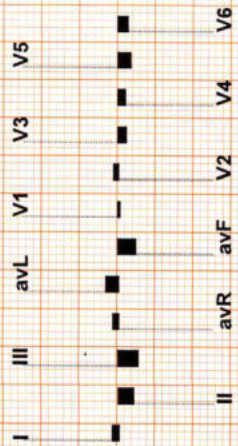
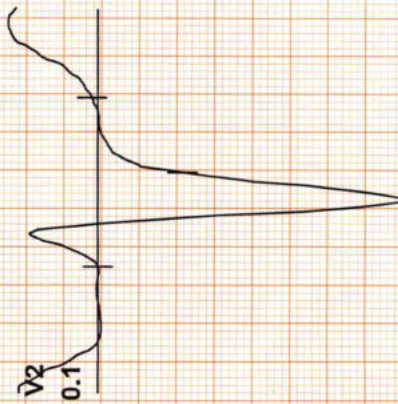
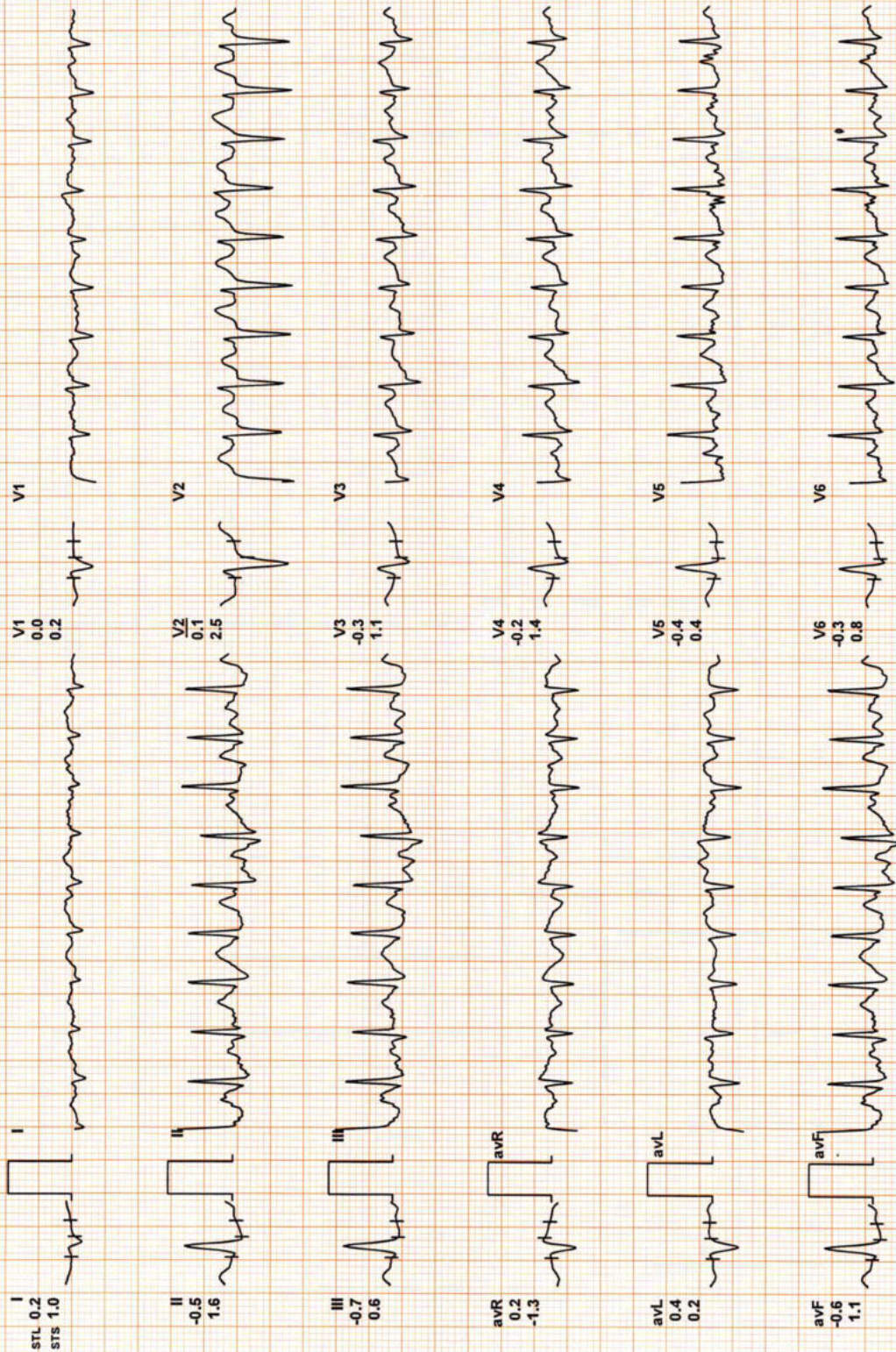
Date: 23 / 12 / 2022

METS: 7.4/ 194 bpm 108% of THR BP: 146/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:19 3.4 mph, 14.0%

4X 60 mS Post.J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

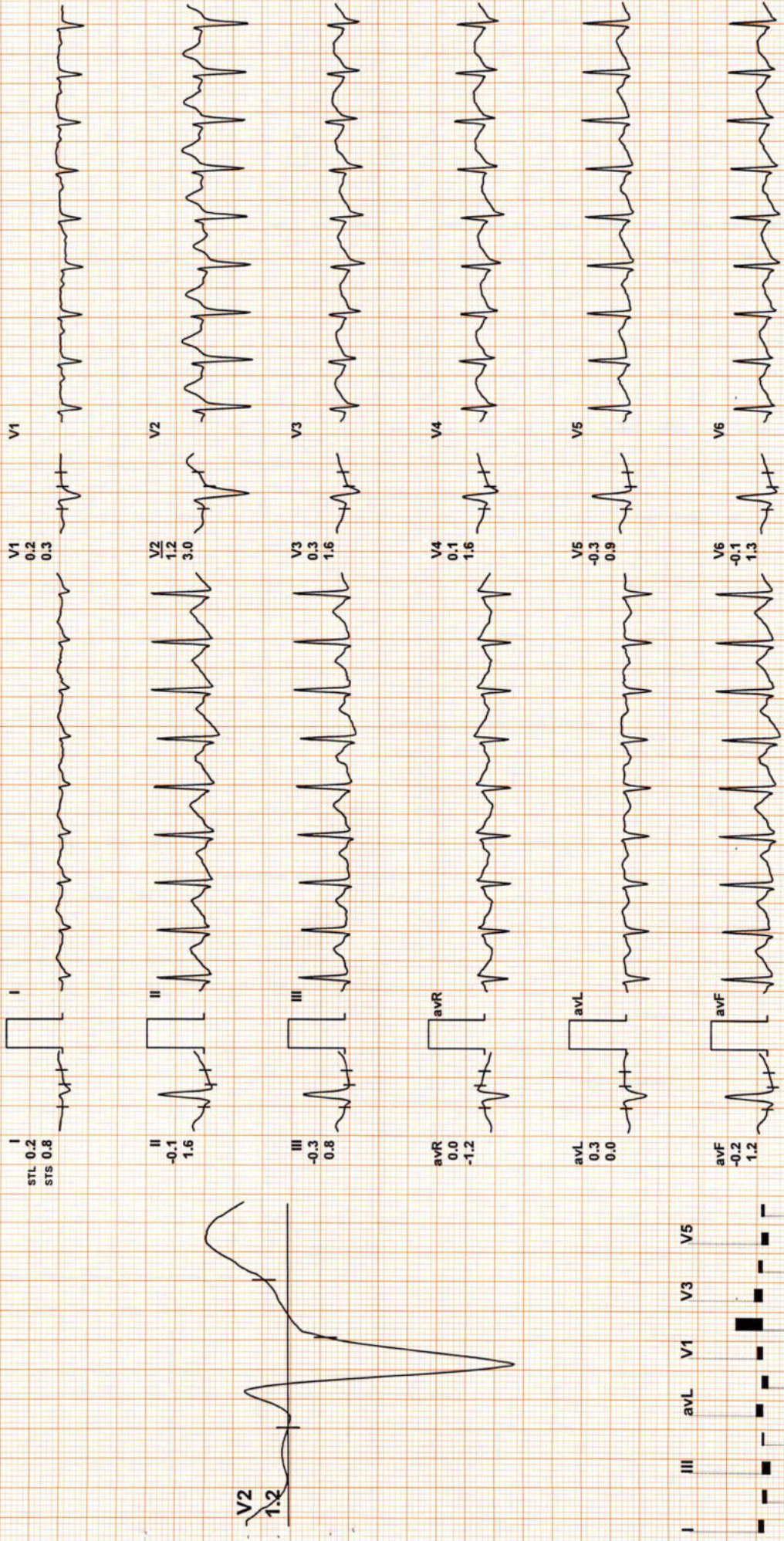
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MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 181

Recovery(1:00)



Date: 23 / 12 / 2022 METS: 1.2/ 181 bpm 101% of THR BP: 146/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz EXTime: 06:19 0.0 mph, 0.0%
 4X 60 mS Post J 25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



Recovery(2:00)

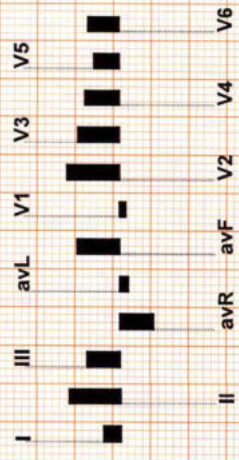
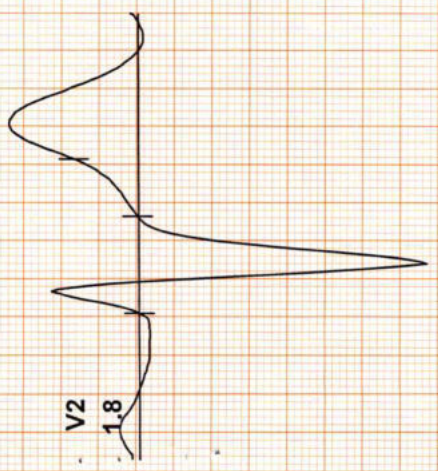
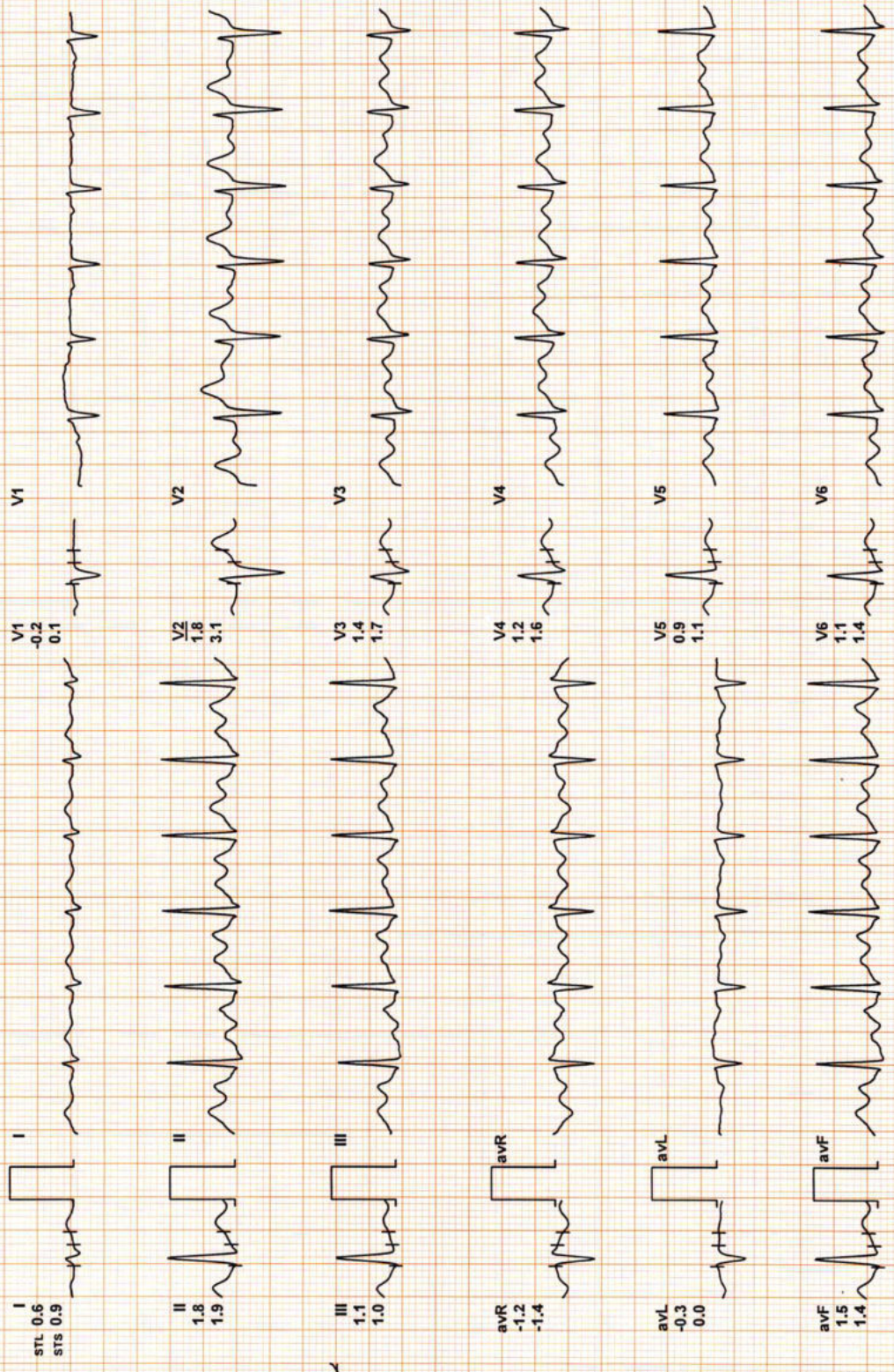
DR. GOYALS PATH LAB & IMAGING CENTER

MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 133

Date: 23 / 12 / 2022 METS: 1.0 / 133 bpm 74% of THR BP: 140/90 mmHg Raw ECG/ BLC Orv Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:19 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



Recovery(3:00)

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MRS SUNITA KUMAWAT 740 Yrs / F / 0 Cms / 0 Kg / HR : 120

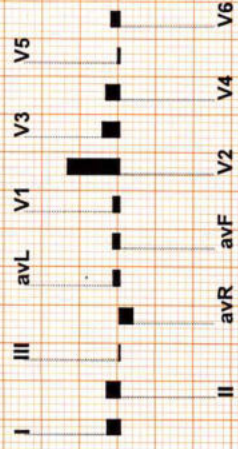
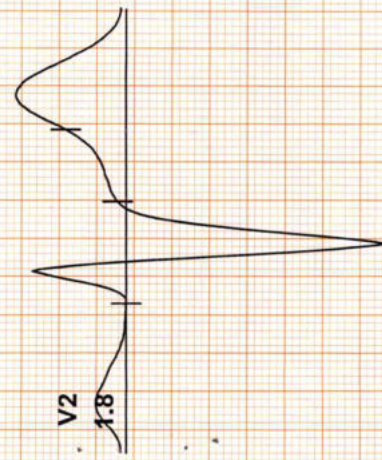
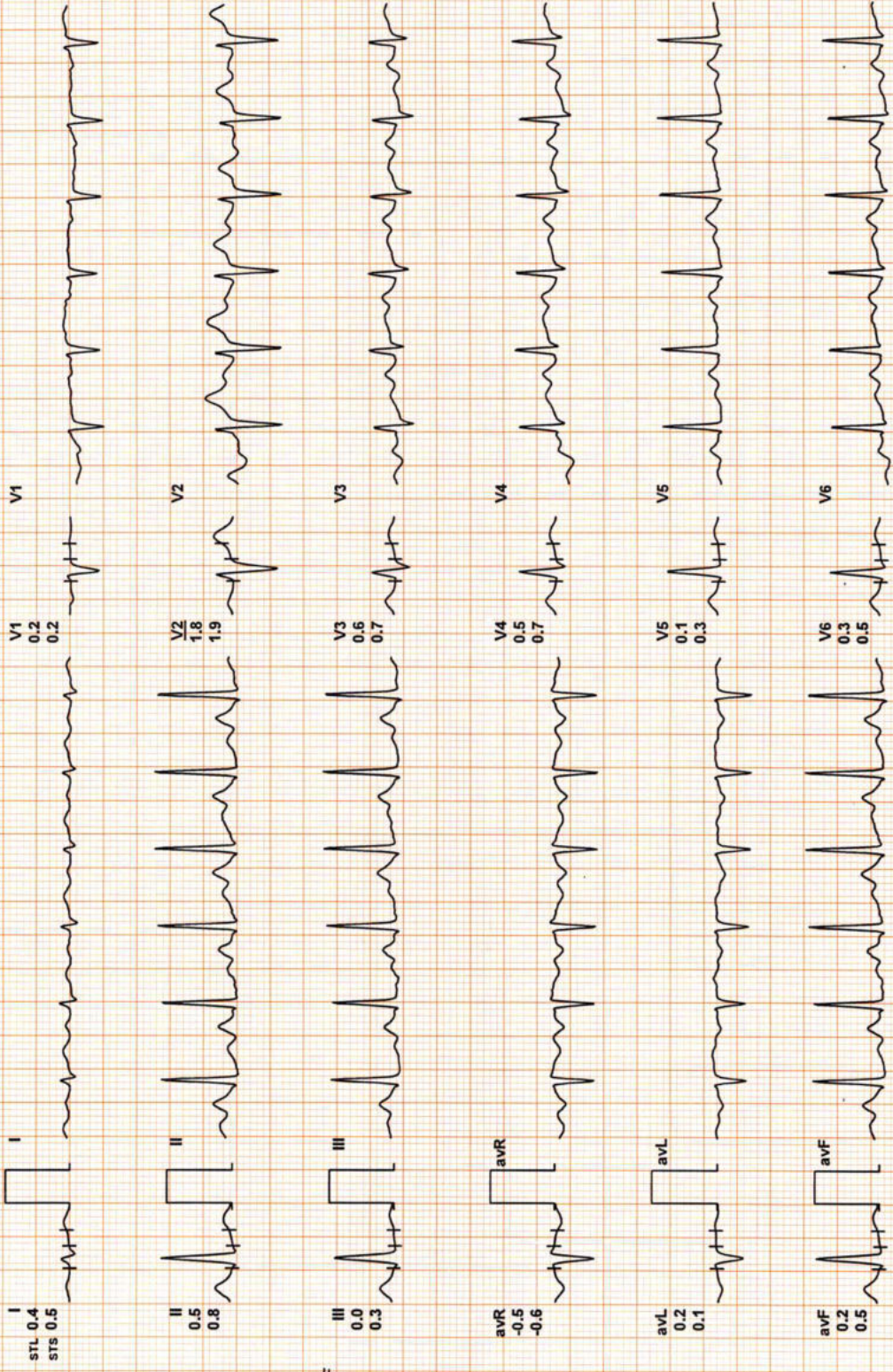
Date: 23 / 12 / 2022

METS: 1.0/ 120 bpm 67% of THR BP: 136/90 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:19 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



Recovery(4:00)

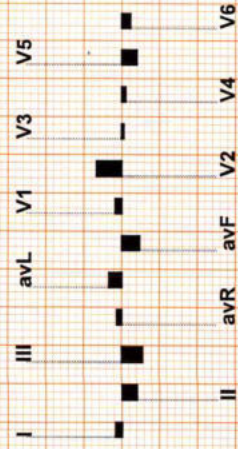
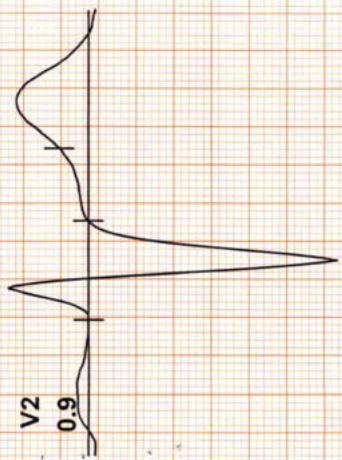
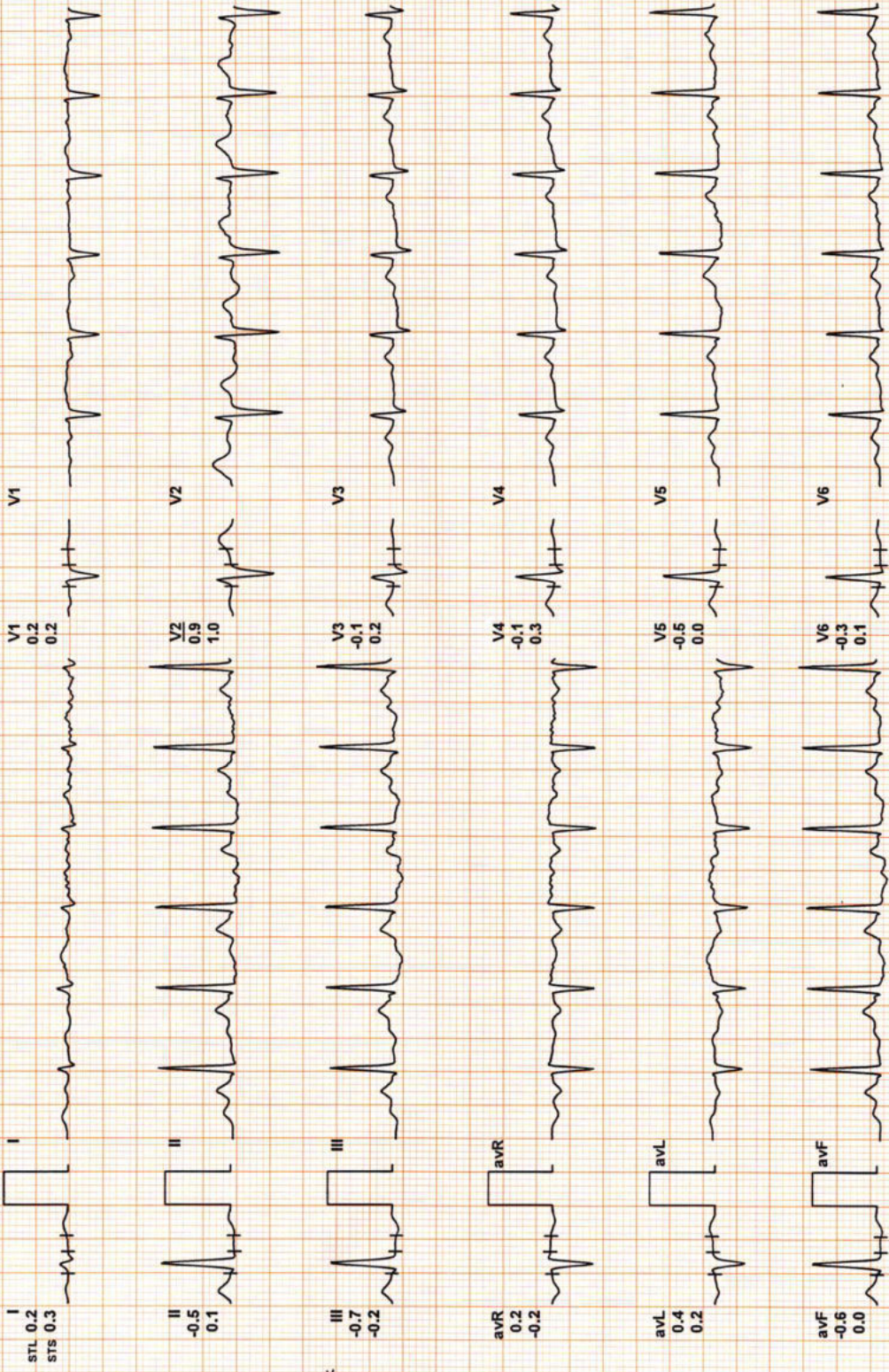
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MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 70 Kg / HR : 122

Date: 23 / 12 / 2022 METS: 1.0/ 122 bpm 68% of THR BP: 132/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:19 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



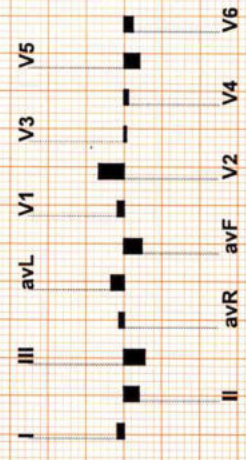
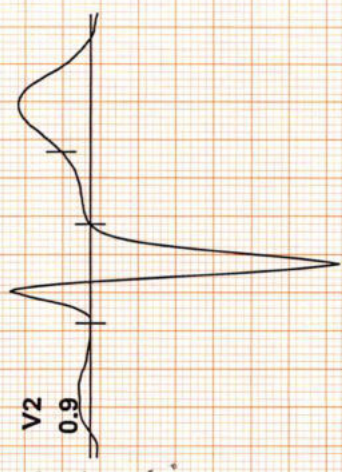
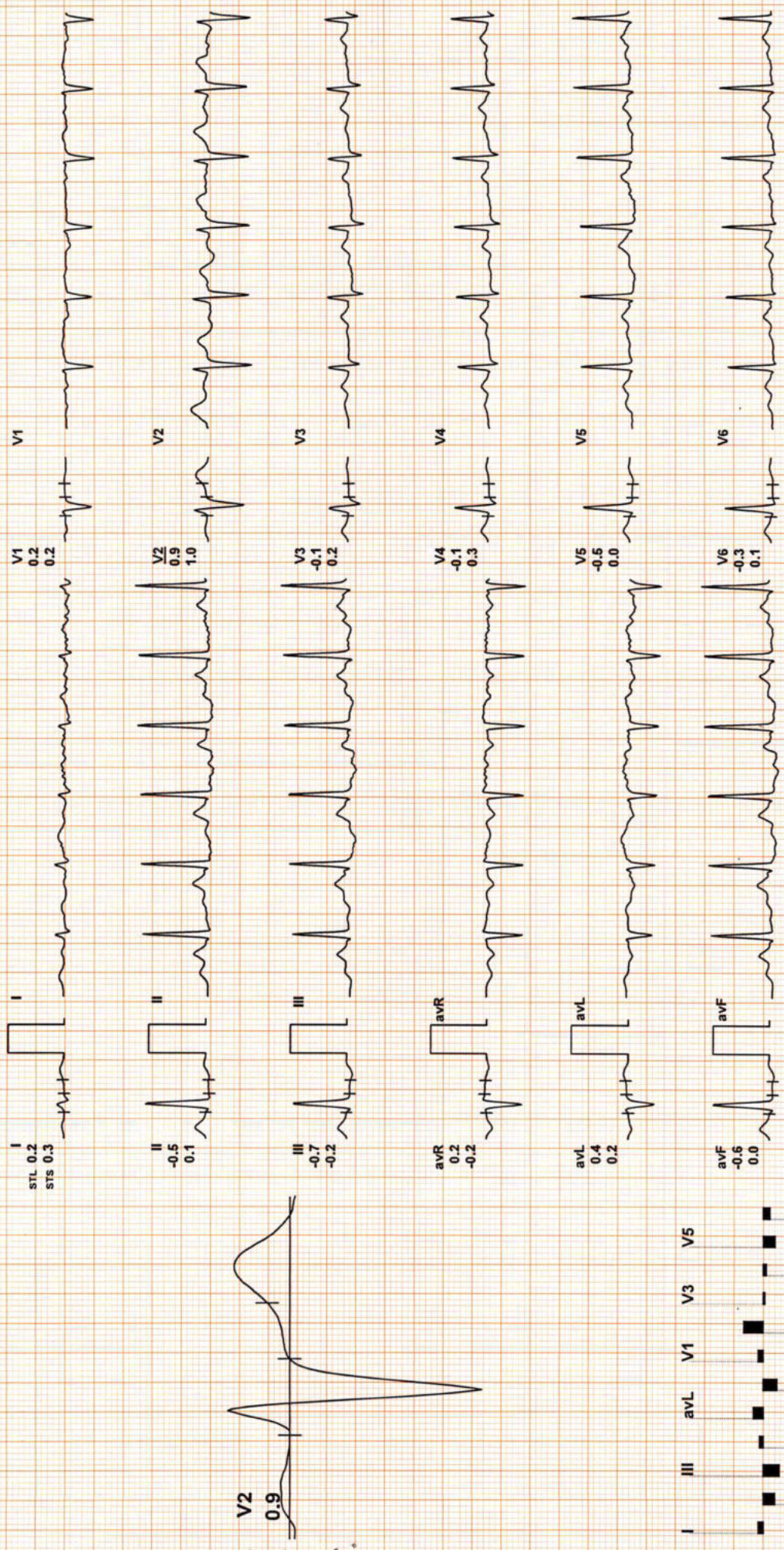
Recovery(4:00)

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MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 122

Date: 23 / 12 / 2022 METS: 1.0/ 122 bpm 68% of THR BP: 132/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:19 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



Recovery(5:00)

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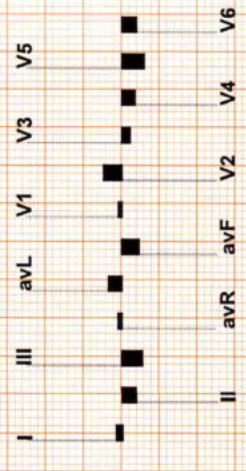
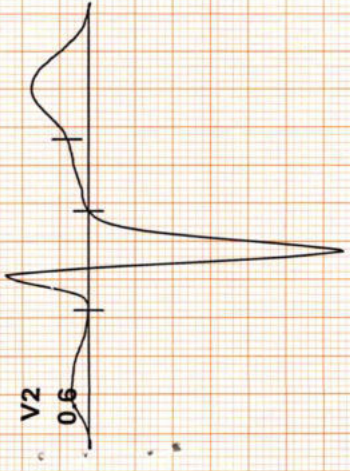
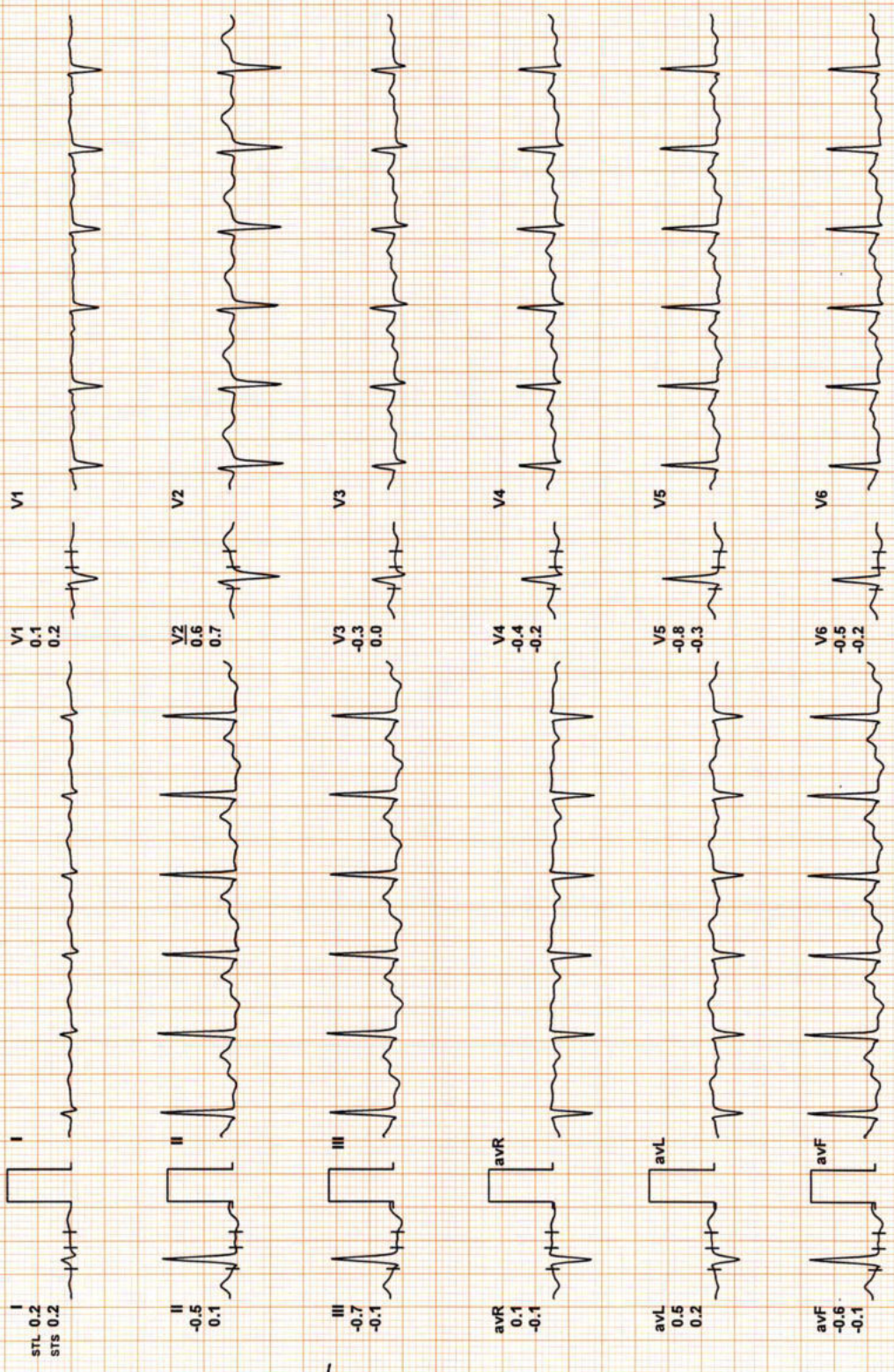
MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 120

Date: 23 / 12 / 2022 METS: 1.0/ 120 bpm 67% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:19 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



Recovery(5:08)

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MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 117

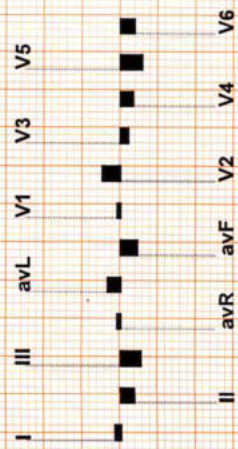
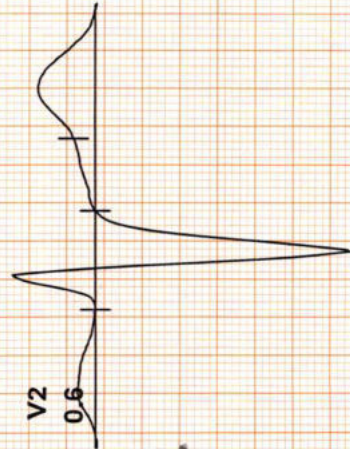
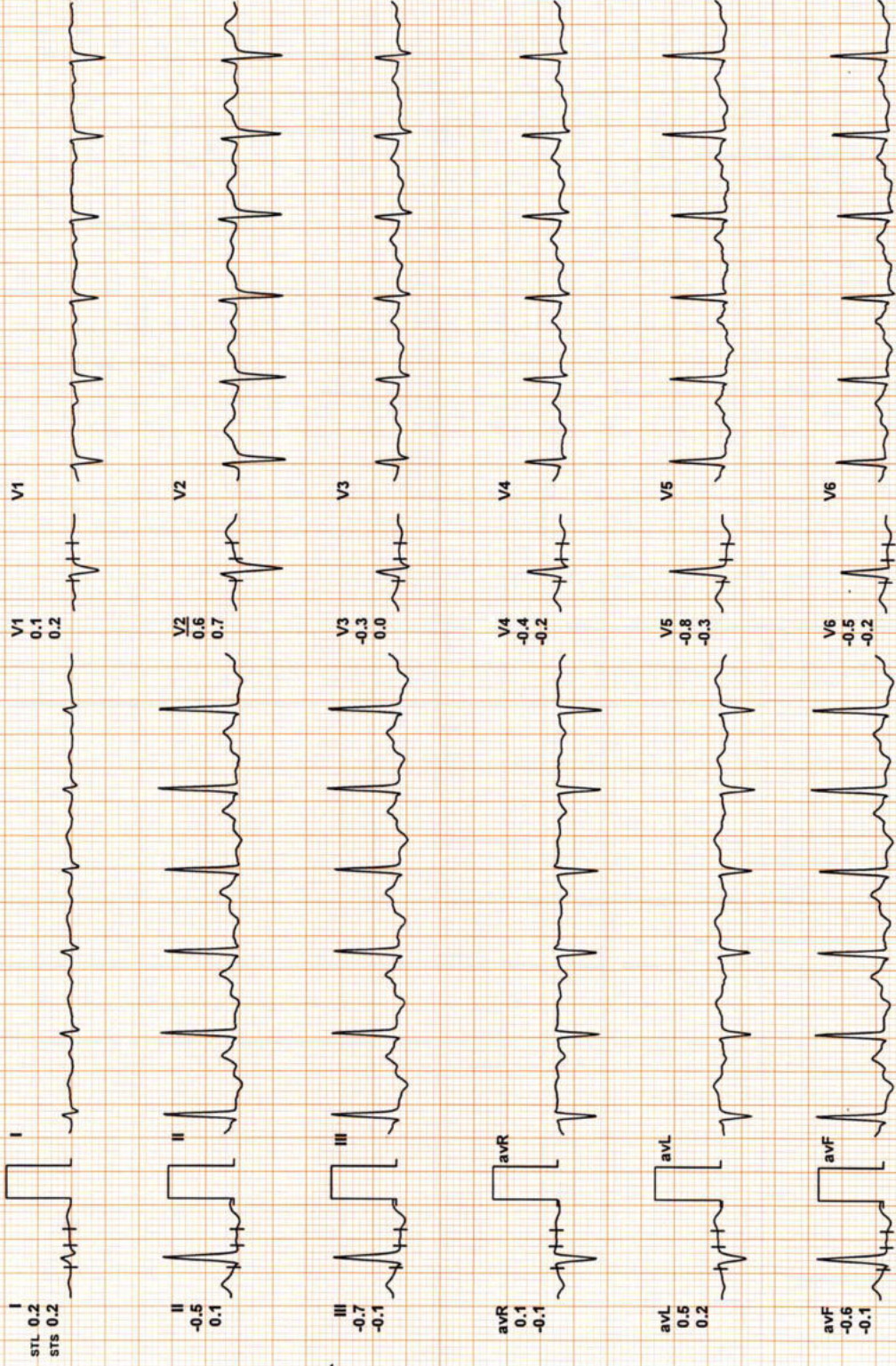
Date: 23 / 12 / 2022

METS: 1.0/ 117 bpm 65% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:19 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers

DR. GOYALS PATH LAB & IMAGING CENTER

MRS SUNITA KUMAWAT / 40 Yrs / F / O Cms / 0 Kg / HR : 96

Average



Date: 23 / 12 / 2022

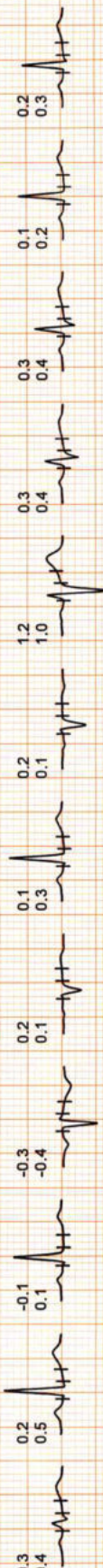
V1 V2 V3 V4 V5 V6

avF avL avR

III II I

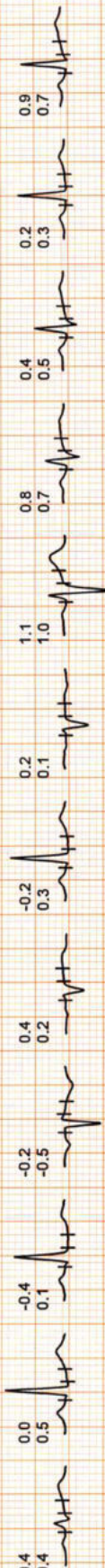
Supine

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
94 bpm 126/70



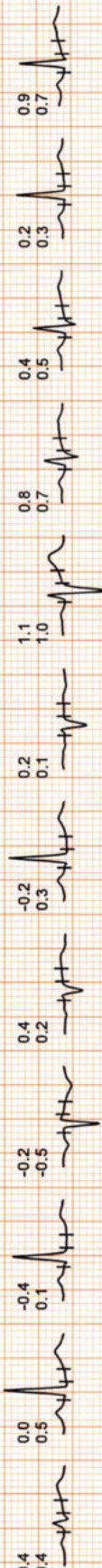
Standing

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
94 bpm 126/70



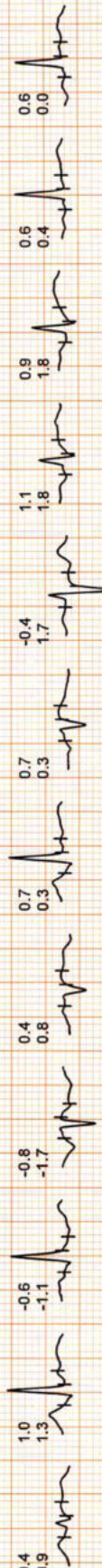
HV

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
94 bpm 126/70



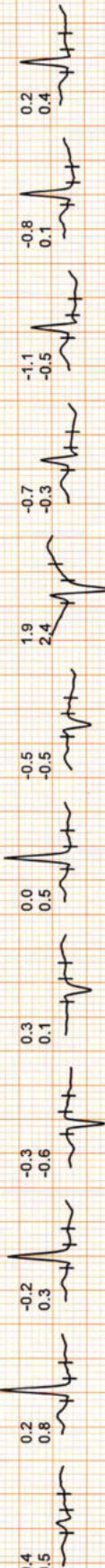
HV

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
106 bpm 126/70



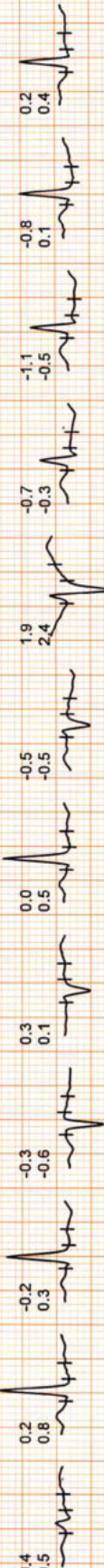
Warm Up

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
121 bpm 126/70



ExStart

(1) 0:00 1.7 mph
(2) 0:00 10.0 %
118 bpm 126/70



DR. GOYALS PATH LAB & IMAGING CENTER

MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 96



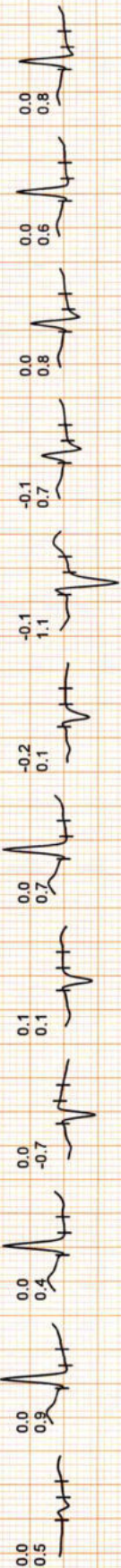
Average

Date: 23 / 12 / 2022

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

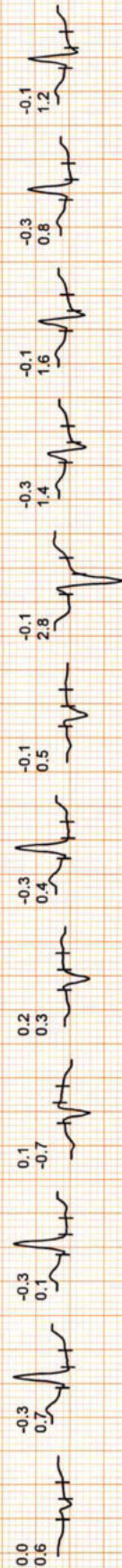
Stage 1

(1) 3:00 1.7 mph
(2) 3:00 10.0 %
163 bpm 136/90



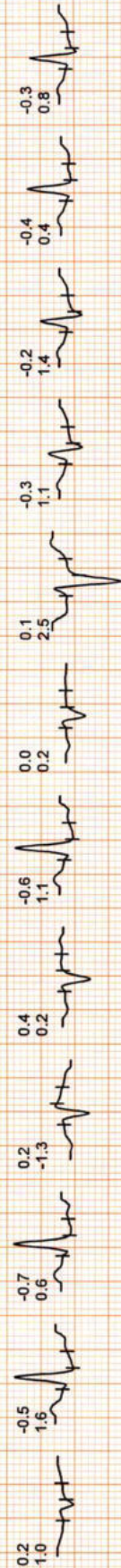
Stage 2

(1) 6:00 2.5 mph
(2) 3:00 12.0 %
192 bpm 146/90



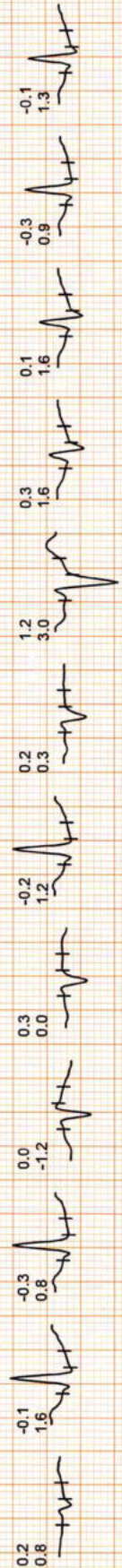
PeakEx

(1) 6:19 3.4 mph
(2) 0:19 14.0 %
194 bpm 146/90



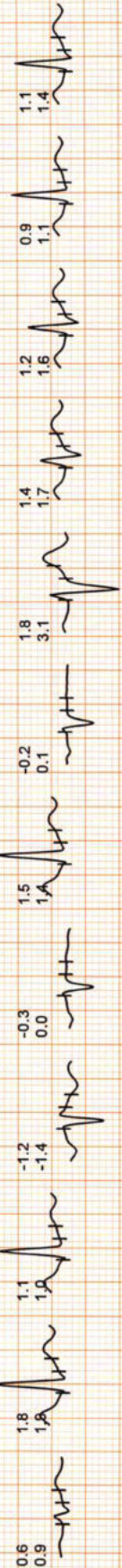
Recovery

(1) 6:20 0.0 mph
(2) 0:59 0.0 %
199 bpm 146/90



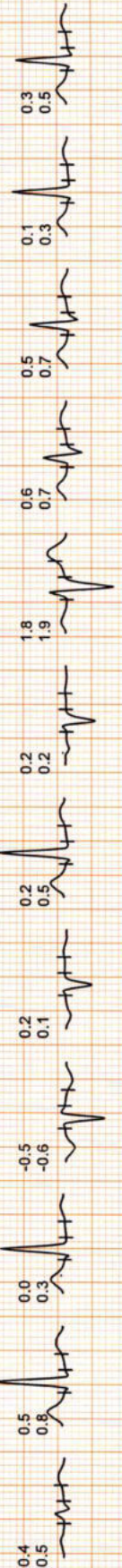
Recovery

(1) 6:20 0.0 mph
(2) 1:59 0.0 %
133 bpm 140/90



Recovery

(1) 6:20 0.0 mph
(2) 2:59 0.0 %
120 bpm 136/90



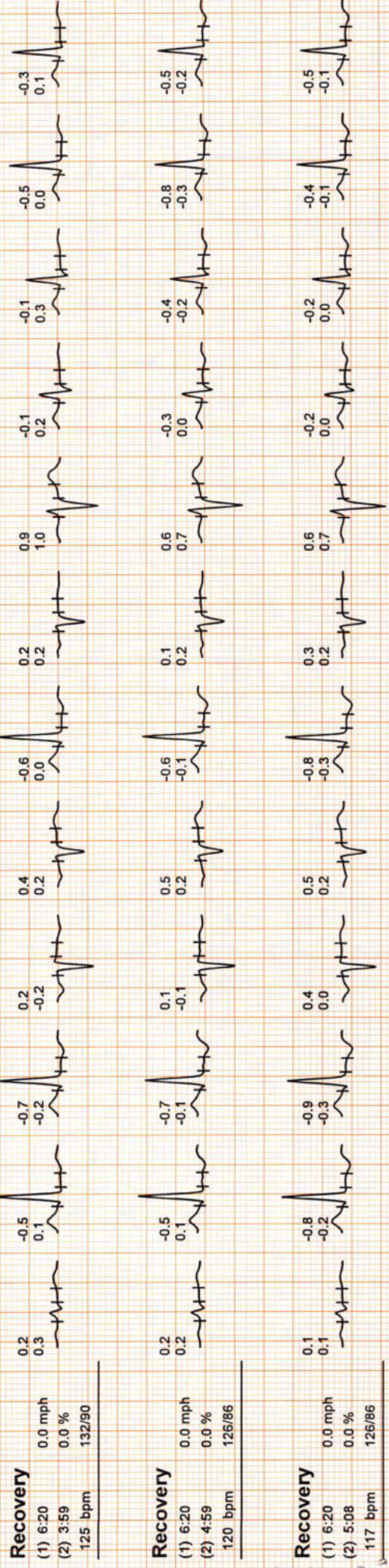
DR. GOYALS PATH LAB & IMAGING CENTER

MRS SUNITA KUMAWAT / 40 Yrs / F / 0 Cms / 0 Kg / HR : 96

Average



Date: 23 / 12 / 2022



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Date :- 23/12/2022 08:21:41
NAME :- Mrs. SUNITA KUMAWAT
Sex / Age :- Female 40 Yrs 2 Mon 25 Days
Company :- MediWheel

Patient ID :-122228656
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 23/12/2022 08:46:45

Final Authentication : 23/12/2022 11:24:13

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE ABOVE 40			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	10.6 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.87	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	51.6	%	40.0 - 80.0
LYMPHOCYTE	42.1 H	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	4.1	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.03	10 ³ /uL	1.50 - 7.00
LYMPH#	2.48	10 ³ /uL	1.00 - 3.70
EO#	0.11	10 ³ /uL	0.00 - 0.40
MONO#	0.24	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	3.95	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	31.20 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	78.9 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.9 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.2	g/dL	31.5 - 34.5
PLATELET COUNT	286	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	19.97		

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.

AJAYSINGH
Technologist

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Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 23/12/2022 08:46:45 Final Authentication : 23/12/2022 11:24:13

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	22 H	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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Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, C₁₂U₂ETP₂ 2022 08:46:45 Final Authentication : 23/12/2022 12:30:39

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "A" POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) 103.3 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) 115.8 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.

URINE SUGAR (FASTING) Nil Nil
Collected Sample Received

AJAYSINGH, MKSHARMA, VIJENDRAMEENA
Technologist

Page No: 3 of 12



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 (D.M.R.D.)
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Company :- MediWheel



Sample Type :- STOOL

Sample Collected Time 23/12/2022 08:46:45

Final Authentication : 23/12/2022 12:11:15

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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STOOL ANALYSIS

PHYSICAL EXAMINATION

MUCUS

BLOOD

MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA
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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 23/12/2022 08:46:45 Final Authentication : 23/12/2022 11:23:32

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	231.45 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	181.15 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.85	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	163.41 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	36.23	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.11 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.32 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	723.99	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

MKSHARMA

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Sample Type :- PLAIN/SERUM Sample Collected Time 23/12/2022 08:46:45 Final Authentication : 23/12/2022 11:23:32

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.31	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	0.10	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.21	mg/dl	0.30-0.70
SGOT Method:- IFCC	16.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	16.0	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	55.00	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	21.10	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	8.22	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.36	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.86 H	gm/dl	2.20 - 3.50
A/G RATIO	1.13 L		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)

MKSHARMA

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NAME :- Mrs. SUNITA KUMAWAT

Ref. By Dr:- BOB

Sex / Age :- Female 40 Yrs 2 Mon 25 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 23/12/2022 08:46:45

Final Authentication : 23/12/2022 11:23:32

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	1.08	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.61	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MKSHARMA

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Sample Type :- PLAIN/SERUM Sample Collected Time 23/12/2022 08:46:45 Final Authentication : 23/12/2022 11:23:32

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	15.3	mg/dl	0.0 - 23.0

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Sample Type :- EDTA

Sample Collected Time 23/12/2022 08:46:45

Final Authentication : 23/12/2022 11:24:13

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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
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Sex / Age :- Female 40 Yrs 2 Mon 25 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 23/12/2022 08:46:45

Final Authentication : 23/12/2022 12:11:15

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)	6.5		5.0 - 7.5
SPECIFIC GRAVITY	1.020		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/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
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Sample Type :- PLAIN/SERUM Sample Collected Time 23/12/2022 08:46:45 Final Authentication : 23/12/2022 12:23:18

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.130	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.541	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.425	μIU/mL	0.500 - 6.880

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

KAUSHAL
Technologist

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 RMC NO. 21021/008037

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Date :- 23/12/2022 08:21:41 Patient ID :- 122228656
NAME :- Mrs. SUNITA KUMAWAT Ref. By Dr:- BOB
Sex / Age :- Female 40 Yrs 2 Mon 25 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- SWAB

Sample Collected Time 23/12/2022 08:46:45

Final Authentication : 23/12/2022 13:56:12

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Microscopic & diagnosis,

Smears show predominantly superficial & intermediate squamous epithelial cells along with few parabasal cells in the background of mild acute inflammation.

No endocervical cells seen.

No atypical or malignant cells seen.

IMPRESSION :Negative for intraepithelial lesion.

Note: Please note papanicolaou smear study is a screening procedure for cervical cancer with inherent false negative result, hence should be interpreted with caution.

Slides will be kept for one month only.

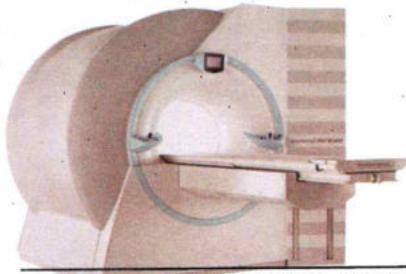
*** End of Report ***

SURESHSAINI
Technologist

Page No: 12 of 12



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Date :- 23/12/2022 08:21:41

NAME :- Mrs. SUNITA KUMAWAT

Sex / Age :- Female 40 Yrs 2 Mon 25 Days

Company :- MediWheel

Patient ID :- 122226656

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :-

Sample Collected Time:

Final Authentication : 23/12/2022 12:07:10

BOB PACKAGEFEMALE ABOVE 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is mild enlarged in size (~15.2 cm). Echo-texture is minimally 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 bulky in size and measures 94x53x49mm.

Myometrium shows normal echo - pattern.

A mixed echogenic SOL-likely fibroid on posterior wall measuring approx 14 mm.

Endometrial echo is normal. Endometrial thickness is 11 mm.

Both ovaries are visualized and are normal. No adnexal mass is seen.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.

No significant free fluid is seen in pouch of douglas.

IMPRESSION:

* Mild hepatomegaly with early fatty changes.

*Bulky uterus with posterior wall fibroid.

Needs clinical correlation & further evaluation

AHSAN

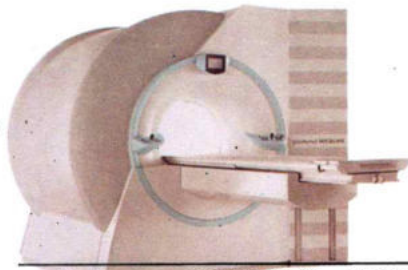
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Company :- MediWheel

Patient ID :- 122228656

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :-

Sample Collected Time

Final Authentication : 23/12/2022 11:56:31

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 ***

TABBSUM

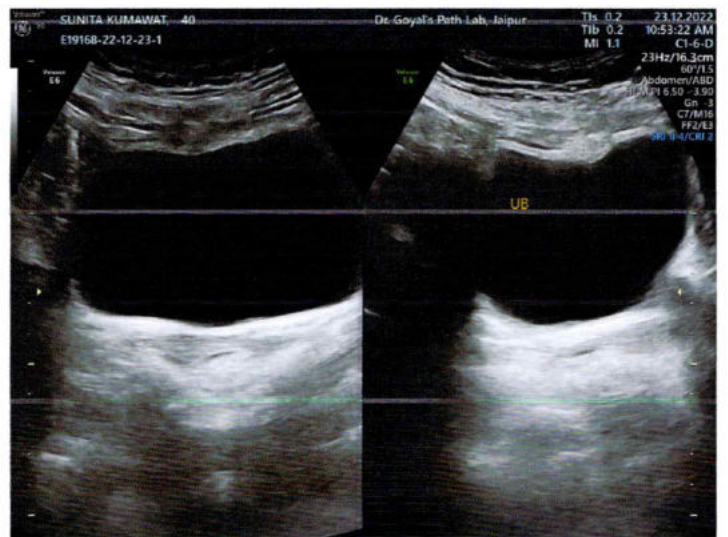
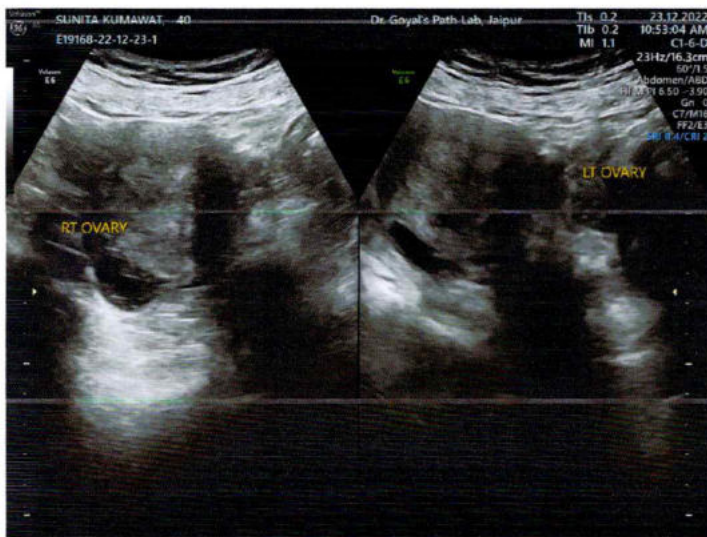
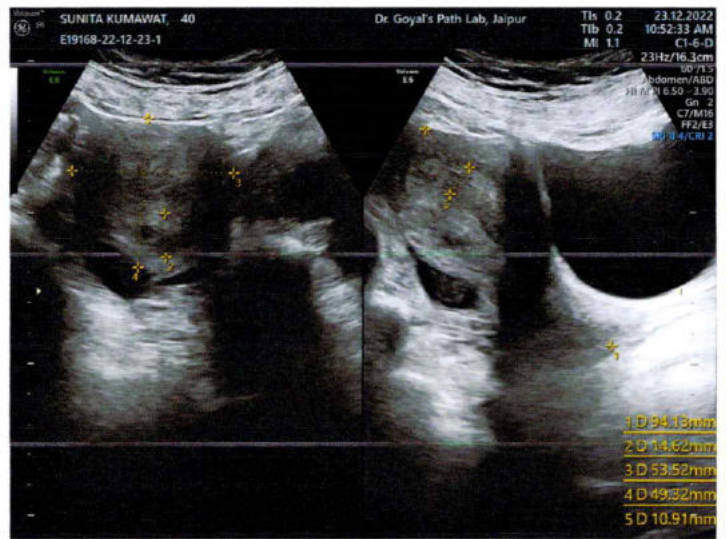
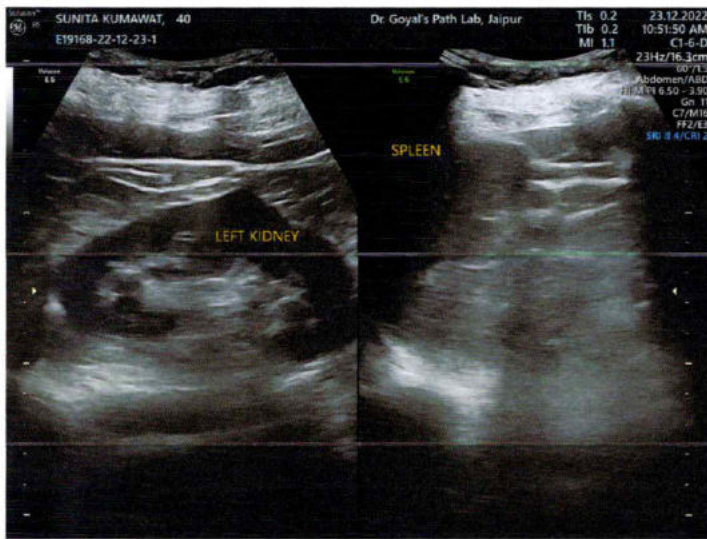
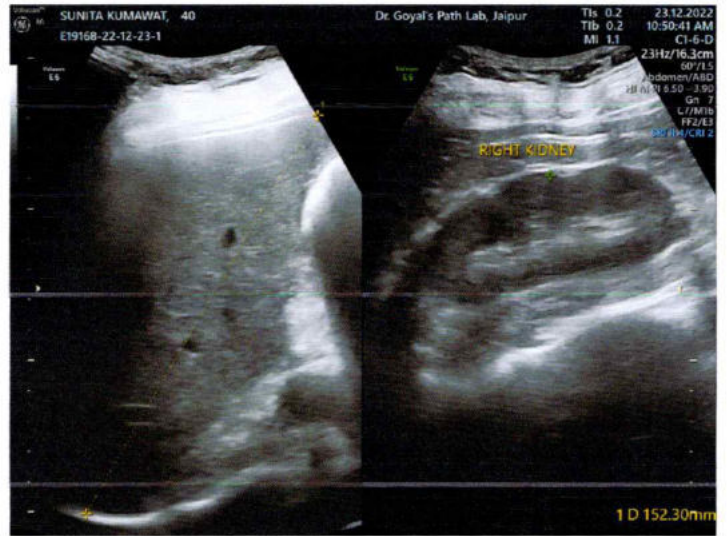
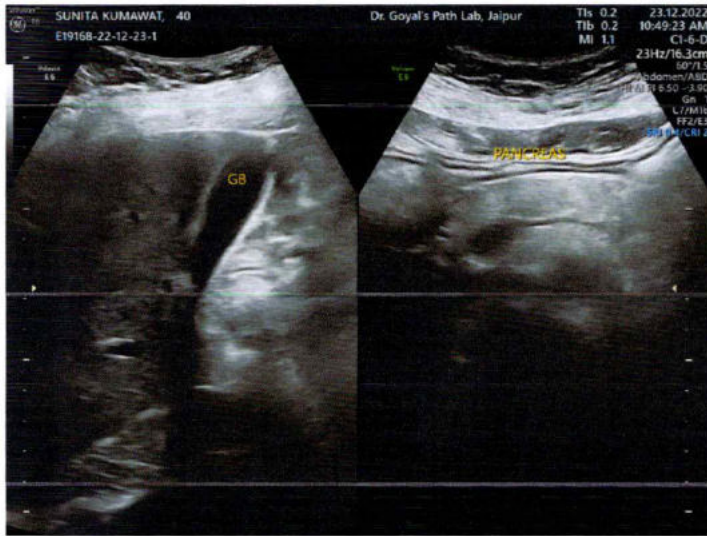
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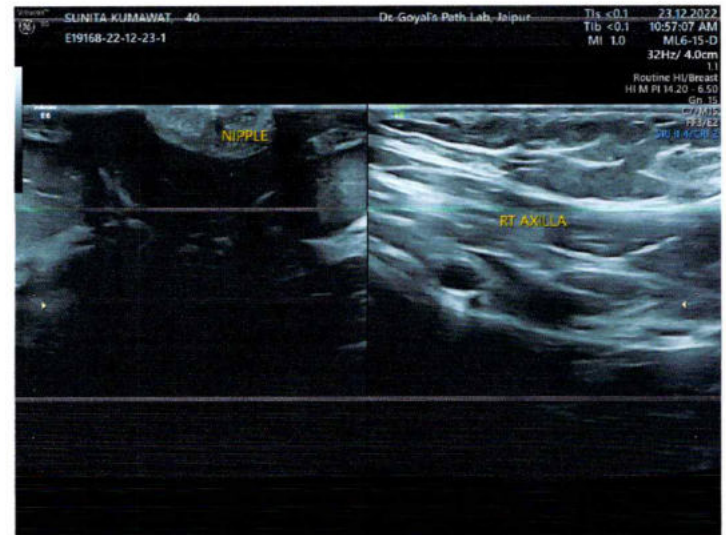
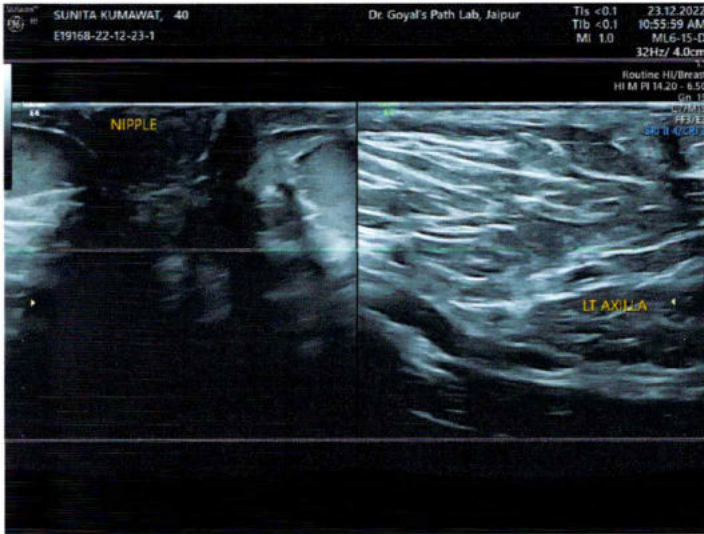
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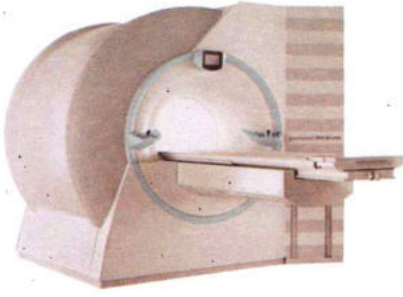
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Lab/Hosp :-

Final Authentication : 23/12/2022 09:38:07

BOB PACKAGEFEMALE ABOVE 40

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

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