



100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 96

Date: 24 - 06 - 2023 12:47:20 AM METS: 1.0/ 96 bpm 51% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



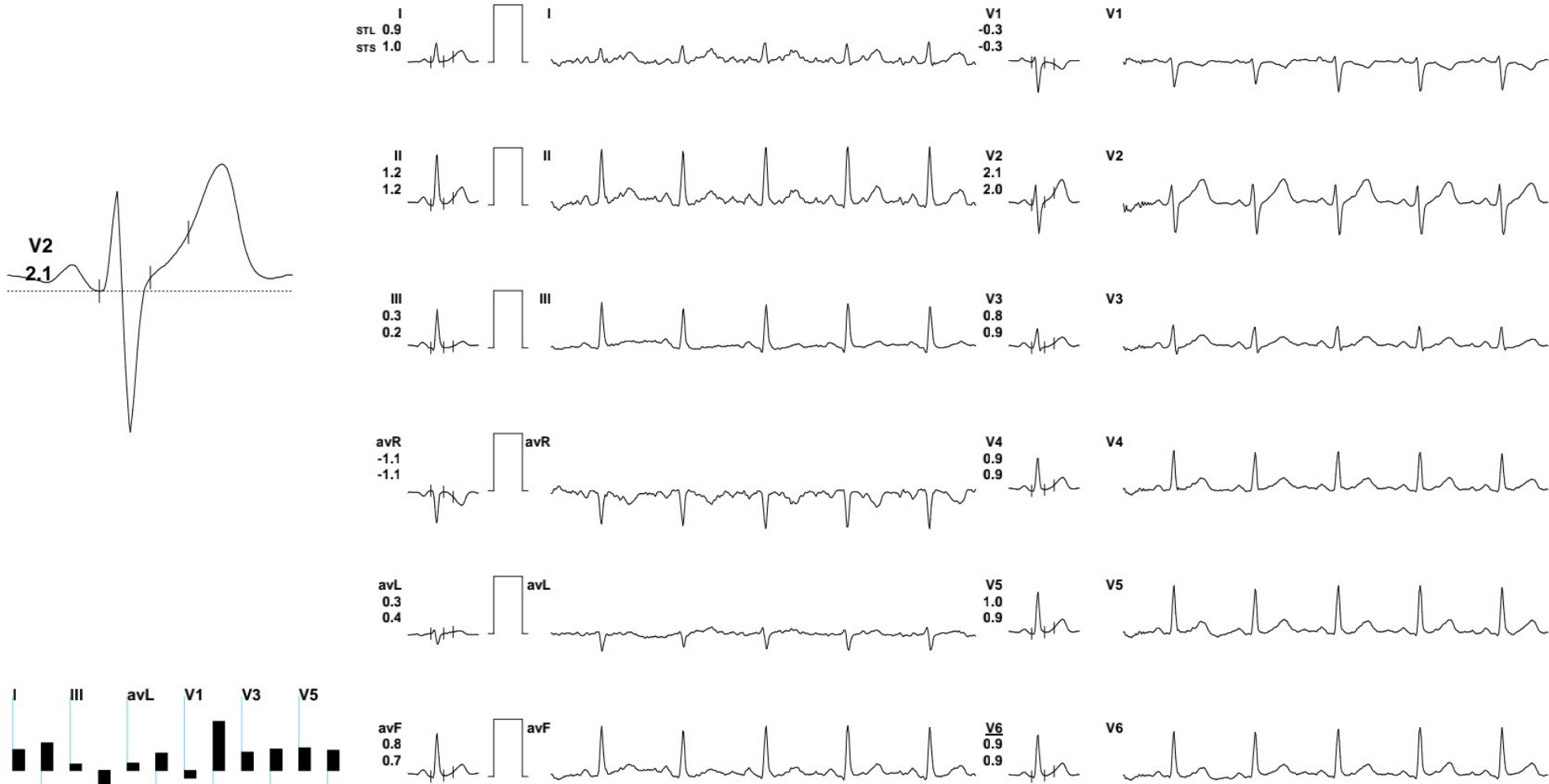
100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 103

Date: 24 - 06 - 2023 12:47:20 AM METS: 1.0/ 103 bpm 54% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



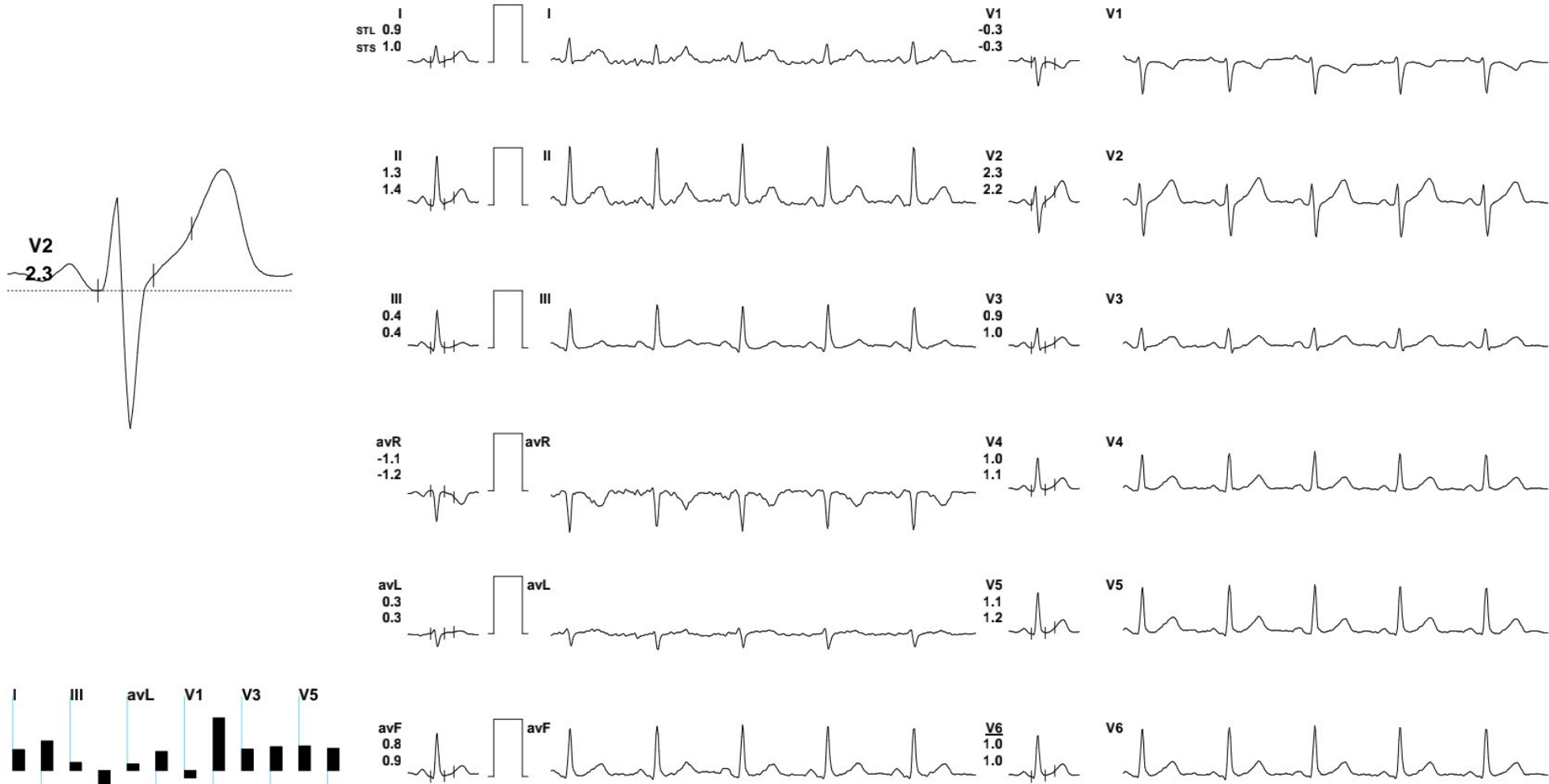
100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 94

Date: 24 - 06 - 2023 12:47:20 AM METS: 1.0/ 94 bpm 49% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers





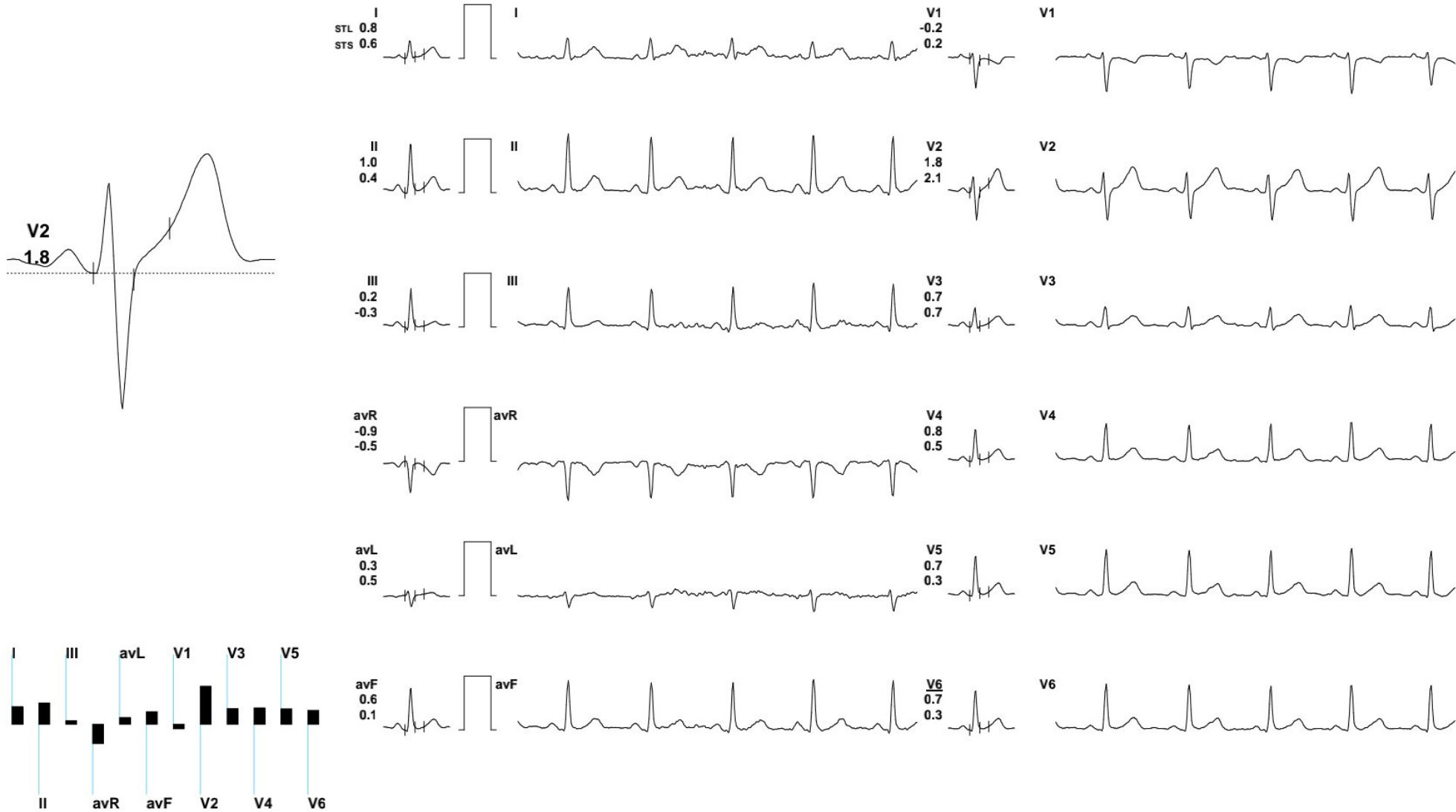
100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 97

Date: 24 - 06 - 2023 12:47:20 AM METS: 1.0/ 97 bpm 51% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 99

Date: 24 - 06 - 2023 12:47:20 AM METS: 1.0/ 99 bpm 52% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers





100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 129

Date: 24 - 06 - 2023 12:47:20 AM METS: 4.7/ 129 bpm 68% of THR BP: 120/74 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 149

Date: 24 - 06 - 2023 12:47:20 AM METS: 7.1/ 149 bpm 78% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 164

Date: 24 - 06 - 2023 12:47:20 AM METS: 8.0/ 164 bpm 86% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:52 3.4 mph, 14.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers





100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 152

Date: 24 - 06 - 2023 12:47:20 AM METS: 4.2/ 152 bpm 80% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:52 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers





100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 137

Date: 24 - 06 - 2023 12:47:20 AM METS: 1.2/ 137 bpm 72% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:52 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 107

Date: 24 - 06 - 2023 12:47:20 AM METS: 1.0/ 107 bpm 56% of THR BP: 135/77 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:52 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



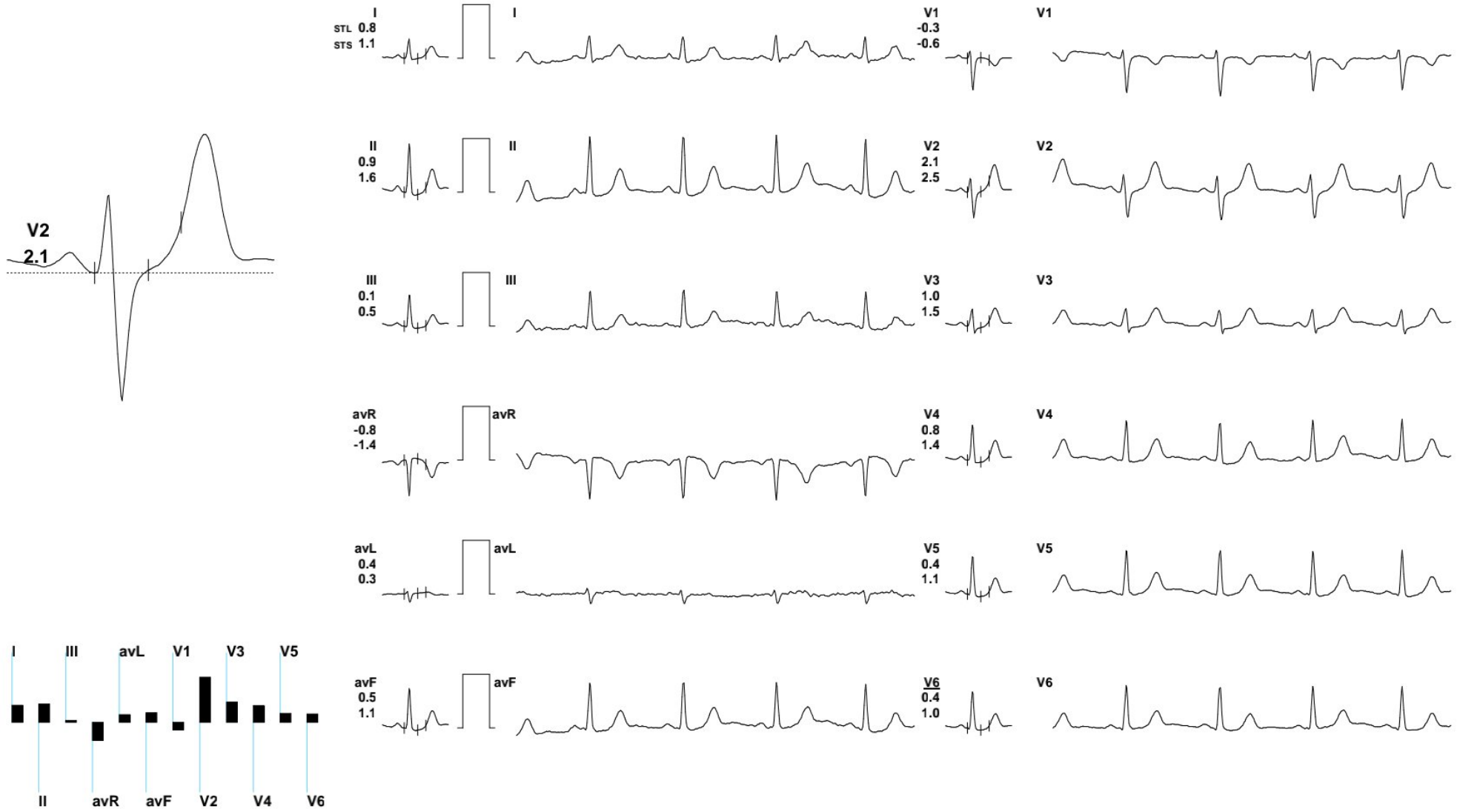
100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 85

Date: 24 - 06 - 2023 12:47:20 AM METS: 1.0/ 85 bpm 45% of THR BP: 125/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:52 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 91

Date: 24 - 06 - 2023 12:47:20 AM METS: 1.0/ 91 bpm 48% of THR BP: 118/73 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:52 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg / HR : 91

Date: 24 - 06 - 2023 12:47:20 AM METS: 1.0/ 91 bpm 48% of THR BP: 118/73 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:52 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers



100 / MANITA / 30 Yrs / F / 170 Cms / 62 Kg
Date: 24 - 06 - 2023 12:47:20 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	096	51 %	110/70	105	00	
Standing	00:25	0:13	00.0	00.0	01.0	103	54 %	110/70	113	00	
HV	00:38	0:13	00.0	00.0	01.0	094	49 %	110/70	103	00	
Warm Up	00:50	0:12	00.0	00.0	01.0	097	51 %	110/70	106	00	
ExStart	01:08	0:18	01.0	00.0	01.0	099	52 %	110/70	108	00	
BRUCE Stage 1	04:08	3:00	01.7	10.0	04.7	129	68 %	120/74	154	00	
BRUCE Stage 2	07:08	3:00	02.5	12.0	07.1	149	78 %	130/78	193	00	
PeakEx	08:00	0:52	03.4	14.0	08.0	164	86 %	130/78	213	00	
Recovery	08:30	0:30	00.0	00.0	04.2	152	80 %	130/78	197	00	
Recovery	09:00	1:00	00.0	00.0	01.2	137	72 %	140/80	191	00	
Recovery	10:00	2:00	00.0	00.0	01.0	107	56 %	135/77	144	00	
Recovery	11:00	3:00	00.0	00.0	01.0	085	45 %	125/75	106	00	
Recovery	12:00	4:00	00.0	00.0	01.0	091	48 %	118/73	107	00	
Recovery	11:59	4:00	00.0	00.0	01.0	091	48 %	118/73	107	00	

FINDINGS :

Exercise Time : 06:52
Initial HR (ExStrt) : 99 bpm 52% of Target 190
Initial BP (ExStrt) : 110/70 (mm/Hg)
Max WorkLoad Attained : 8 Fair response to induced stress
Max ST Dep Lead & Avg ST Value: II & -1.1 mm in PeakEx
Test End Reasons : Test Complete, Heart Rate Achieved
Max HR Attained 164 bpm 86% of Target 190
Max BP Attained 140/80 (mm/Hg)

REPORT :



SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MRS. MANITA

Age / Gender : 30 years / Female

Endo ID : 130418

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Jun 24, 2023, 09:38 a.m.

Reported Date & Time : Jun 24, 2023, 11:08 a.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

LIPID PROFILE

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	181.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	69.7	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	46.9	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	13.94	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	120.16	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	3.86		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.56		0.5-3.4

END OF REPORT

Dr. Nishi Prasad
M.D. (Patho.)

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Test Description	Value(s)	Unit(s)	Reference Range
<u>IMMUNOLOGY</u>			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.19	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	8.2	ug/dL	4.5 -10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	3.13	uIU/mL	0.35-5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

END OF REPORT

Dr. Nishi Prasad
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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.2

%

> 8% Action Suggested

BLOOD

7 - 8 % Good Control

Method : Nephelometry Methodology

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

Instrument: Mispa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE

102.54

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)

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BIOCHEMISTRY

RENAL FUNCTION TEST

Urea Method : Uricase	23.2	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.75	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	4.1	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.0	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	142	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	3.8	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	103	mmol/L	98 - 106

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
<u>HAEMATOLOGY</u>			
Hemoglobin (HB)	13.7	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.25	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	40.7	%	42 - 52
Mean Cell Volume (MCV)	77.4	FL	78 - 100
Mean Cell Haemoglobin (MCH)	26.1	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	33.7	g/dl	32 - 36
Red Cell Distribution Width (RDW)	14.8	%	11.5 - 14.0
Total Leucocytes Count (WBC)	8790	Cell/cu.mm	4000 - 10000
Neutrophils	62	%	40 - 80
Lymphocytes	32	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	03	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	9.9	fL	7.2 - 11.7
PCT	0.34	%	0.2 - 0.5
Platelet Count	348	10 ³ /ul	150 - 450

END OF REPORT

Dr. Nishi Prasad

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Collected Date & Time : Jun 24, 2023, 09:38 a.m.

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Sample ID :



231750004



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

IRON - SERUM	94.6	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	352	ug/dL	228 - 428
FERRITIN	45.3	ng/mL	Male:22-322 Female:10-291
TRANSFERRIN SATURATION %	26.88	%	16 - 50

Method : Serum CLIA

Method : Calculated

INTERPRETATION

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

Dr. Nishi Prasad
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Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

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DIAGNOSTICS
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SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

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231750004

Test Description	Value(s)	Unit(s)	Reference Range
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END OF REPORT

Dr. Nishi Prasad

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Scanned with OKEN Scanner

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BIOCHEMISTRY

C-Reactive Protein; CRP, SERUM	3.3	mg/L	0.0-6.0
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Interpretation :

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

END OF REPORT

Dr. Nishi Prasad
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Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
<u>LIVER FUNCTION TEST</u>			
Bilirubin - Total	0.66	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.26	mg/dL	0.0 - 0.30
Bilirubin - Indirect	0.40	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	26.5	U/L	5.0 - 40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	24.5	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	67.0	U/L	MALE & FEMALE
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.07	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.24	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.83	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.50		1.5 - 2.5
Method : Calculated			

END OF REPORT

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231750004



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Gamma GT	15	U/L	5-36
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Method : G-Glutamyl-Carboxy-Nitroanilide

Interpretation

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)



Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

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SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

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HAEMATOLOGY

ESR	12	mm	0 - 20
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END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)



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Collected Date & Time : Jun 24, 2023, 09:38 a.m.

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Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	S.turbid		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.015		1.005 - 1.030

Chemical Examination

Urine Protein (Albumin)	Trace		NIL
Urine Glucose (Sugar)	NIL		NIL

Microscopic Examination

Pus cells (WBCs)	3-4	/hpf	0-9
Epithelial cells	7-8	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Present		Absent
Yeast cells	Absent		Absent

END OF REPORT

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DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MRS. MANITA

Age / Gender : 30 years / Female

Endo ID : 130418

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Jun 24, 2023, 09:38 a.m.

Reported Date & Time : Jun 24, 2023, 11:08 a.m.

Sample ID :



231750004



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	89.2	mg/dL	70.0-110.0
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END OF REPORT

Dr. Nishi Prasad
M.D. (Patho.)



Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MRS. MANITA

Age / Gender : 30 years / Female

Endo ID : 130418

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Jun 24, 2023, 02:37 p.m.

Reported Date & Time : Jun 24, 2023, 03:39 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Blood Glucose-Post Prandial

114.9

mg/dL

70 - 140

Method : Hexokinase

END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)



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Patient Name Mrs. MANITA 30/F

5 Seconds ECG Report

June 24, 2023
Time 09:30:40

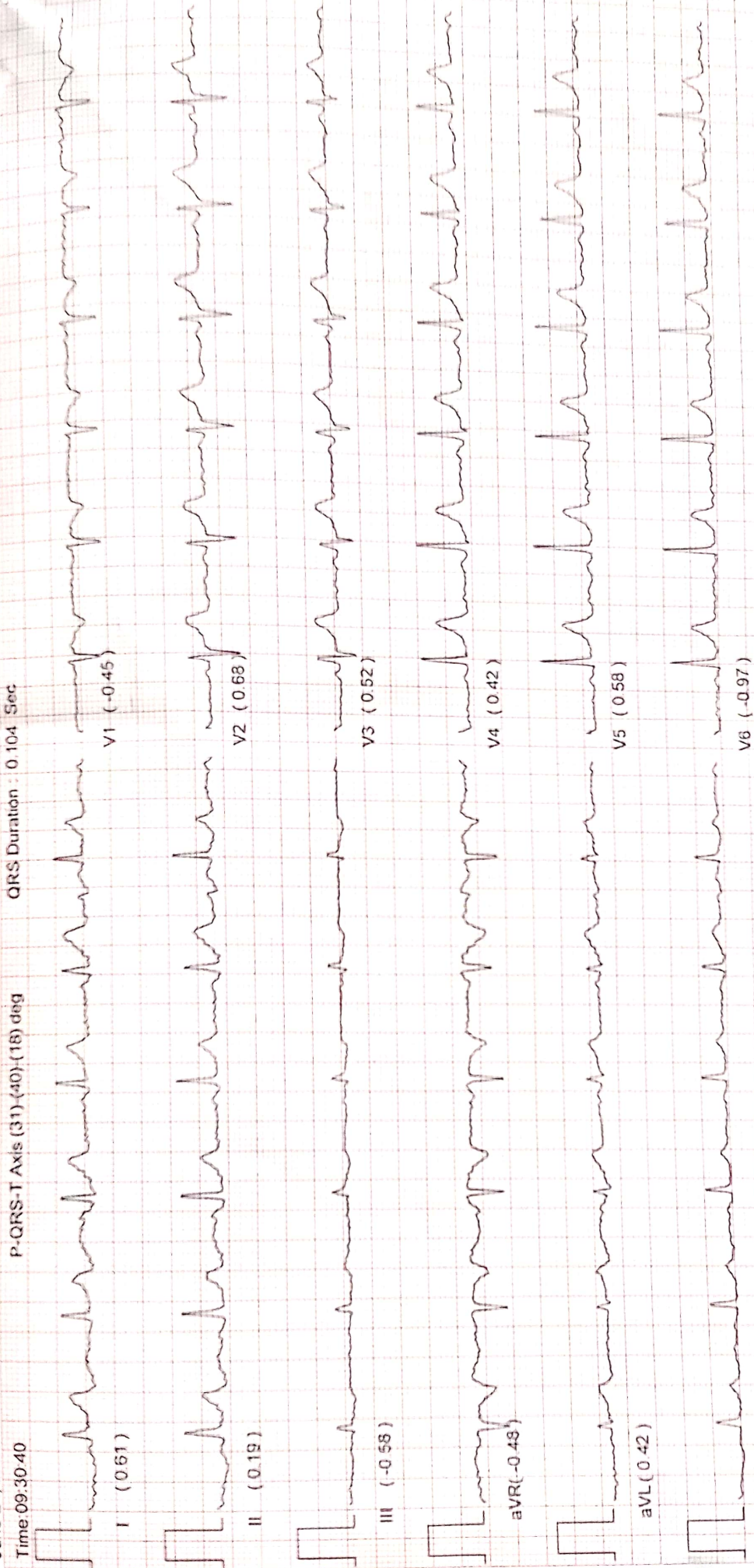
P-QRS-T Axis (31) (-10) (18) deg

PR Interval 0.15 sec

RR Interval 0.74 sec

HR : 81 bpm

BP : 0/0 mmHg



INTERPRETATION

aVF (-0.32)
 Sinus Rhythm, PR is normal, Normal QT interval, QRS Axis is normal.
 Wide QRS, T wave inversion in Lead III, V1.
 ECG not normal

DR
MD

10mm/mv, 25mm/sec NASAN Simu-G BL U 4.671 13

*Unconfirmed Reporting, Refer to Clinician

Consultant Radiologist & Sonologist

Roopa Goyal

(Radio-Diagnosis)

NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPLER

NAME- Manita AGE- 30 yrs DATE - 24-06-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

Both cp angles are clear.
Cardiac size is within normal limits.
Both lungs fields are clear.

NAD IN HEART AND LUNGS.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No. -00450715600

लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

ER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC
CORRELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.



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भारत सरकार
Ministry of Information & Public Relations



Manita
Manita
जन्म तिथि/ DOB: 10/05/1993
महिला / FEMALE



7089 2407 9190

मेरा आधार, मेरी पहचान

Manita

*Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No. - 004507/1580*

भारत सरकार
Ministry of Information & Public Relations



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Rajasthan - 302033

7089 2407 9190

1947 help@uidai.gov.in www.uidai.gov.in



NAE – Manita	AGE- 30 yrs	DATE- 24-6-23
REF.BY		

USG ABDOMEN

Liver is normal in size, shape and homogeneous in echotexture. Margins are smooth and regular. No focal lesion is seen. IHBRs and hepatic veins are normal in caliber. Portal vein is normal in caliber.

Rt Lobe -14 cm

Gall bladder is well distended with normal wall thickness. No evidence of calculus/sludge or mass lesion is noted. CBD is normal in diameter.

Pancreas is normal in size, shape and homogeneous in echotexture. No focal lesion is seen. Pancreatic duct is not dilated.

Spleen is normal in size, shape and homogeneous in echotexture.

Right kidney is normal in size, shape & echotexture, C-M differentiation is maintained. No calculus and hydronephrosis is seen.

Left kidney is normal in size, shape & echotexture, C-M differentiation is maintained. No calculus and hydronephrosis is seen.

Urinary bladder is well distended. Wall thickness is normal. No evidence of calculus or mass lesion is seen.

Uterus is normal in size shape and anteverted. Myometrial & endometrial echotexture is normal. Endometrial thickness is normal

Right ovary- is normal in size and echotexture.

Left ovary- is normal in size and echotexture.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Abdominal organs are Normal

A Small Hypoechoic Area Is Seen in Umbilical Region Measuring 1.4 X 5 mm

? Nature

Adv Further Evaluation

Dr. ROOPA GOYAL (M.D.)

RMC No. 004507/15600

Consultant Radiologist

And Sonologist

DR. ROOPA GOYAL

[MD RADIOLOGIST]

[RMC NO 004507/15600]

Note- 1. This report is not valid for medico legal purpose.

2. Sonography reports should be viewed in correlation with Clinical findings. If any doubt, USG may be repeated.

पूर्ण लिंग परीक्षण करवाना जघन्य अपराध है तथा इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

TER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNA
CORRELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE