



General Physical Examination

Date of Examination: 24-09-2022

Name: YOGITA Age: 26 DOB: 05-07-1996 Sex: Female

Referred By: BOB

Photo ID: AADHAR ID #: attached

Ht: 152 (cm)

Wt: 42 (Kg)

Chest (Expiration): 83 (cm)

Abdomen Circumference: 70 (cm)

Blood Pressure: 96/80 mm Hg PR: 66 / min RR: 17 / min Temp: Afebrile

BMI 18.2

Eye Examination: Drs vision 6/9 (B/L eye) . Near vision
No Color blindness

Other: Not significant

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

Signature Of Examinee : Yogita


Name of Examinee: _____

Signature Medical Examiner : _____

Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017936

भारत सरकार
Government of India



योगिता विकारिय
Yogita Vikariya
जन्म तिथि/DOB: 05/07/1996
महिला/ FEMALE

3818 4477 0327
VID: 9199 6920 8673 2757

मेरा आधार, मेरी पहचान

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC R 35 - No. - 142976

योगिता

आधार
आधार (Authentication Authority of India)

पता:
D/O भंवर लाल विकारिय, ६९, शिव कॉलोनी, चर्च के सामने,
विद्याधर नगर, जयपुर, जयपुर,
राजस्थान - 302023

Address:
D/O Bhanwar Lal Vikariya, 69, Shiv Colony,
Chrch Ke Samne, Vidhyadhar Nagar, Jaipur,
Jaipur,
Rajasthan - 302023

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VID: 9199 6920 8673 2757

QR Code with Photograph

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



Date :- 24/09/2022 09:16:39
NAME :- Mrs. YOGITA
 Sex / Age :- Female 26 Yrs 2 Mon 22 Days
 Company :- MediWheel

Patient ID :- 12222544
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 24/09/2022 09:45:52

Final Authentication : 24/09/2022 14:42:30

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.3	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	3.99 L	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	65.5	%	40.0 - 80.0
LYMPHOCYTE	29.2	%	20.0 - 40.0
EOSINOPHIL	3.1	%	1.0 - 6.0
MONOCYTE	2.0	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	2.62	10 ³ /uL	1.50 - 7.00
LYMPH#	1.17	10 ³ /uL	1.00 - 3.70
EO#	0.12	10 ³ /uL	0.00 - 0.40
MONO#	0.07	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.14	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	35.40 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	85.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.4	g/dL	31.5 - 34.5
PLATELET COUNT	155	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	20.68		

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

Page No: 1 of 12



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	14	mm/hr.	00 - 20

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction). Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia

(CBC) Methodology : TLC, DLC, Fluorescent Flow cytometry, HB SLS, method, TRBC, PCV, PLT Hydrodynamically focused Impedance, and

MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Page No: 2 of 12



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Sample Type :- EDTA, KOX/Na FLUORIDE-F, K₂EDTA, C₁₂U₂PP₁ 24/09/2022 09:45:52

Final Authentication : 24/09/2022 14:42:30

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "AB" NEGATIVE

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

FASTING BLOOD SUGAR (Plasma) 88.9 mg/dl 75.0 - 115.0
Method:- GOD PAP

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

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

BLOOD SUGAR PP (Plasma) 105.3 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
HANSA YADAV
Page No: 3 of 12



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Sample Type :- STOOL

Sample Collected Time 24/09/2022 09:45:52

Final Authentication : 24/09/2022 11:35:15

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

Technologist

HANSA YADAV

Page No: 4 of 12



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Sample Type :- PLAIN/SERUM

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Final Authentication : 24/09/2022 12:00:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	188.34	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	45.13	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	52.83	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	127.99	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	9.03	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.57		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.42		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	490.11	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

MKSHARMA

Page No: 5 of 12



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.77	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.24	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.53	mg/dl	0.30-0.70
SGOT Method:- IFCC	19.8	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	21.8	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	58.90	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	25.90	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.32	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.85	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.47	gm/dl	2.20 - 3.50
A/G RATIO	1.96		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

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Page No: 6 of 12



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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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)

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Page No: 7 of 12



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.72	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.86	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Page No: 8 of 12



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Sample Type :- PLAIN/SERUM

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Final Authentication : 24/09/2022 12:00:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.2	mg/dl	0.0 - 23.0

MKSHARMA

Page No: 9 of 12



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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.0

%

Method:- HPLC

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

97

mg/dL

Method:- Calculated Parameter

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

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Page No: 10 of 12



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Sample Type :- URINE

Sample Collected Time 24/09/2022 09:45:52

Final Authentication : 24/09/2022 11:35:15

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)	5.5		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
MICROSCOPY EXAMINATION			
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		

VIJENDRAMEENA
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 HANSA YADAV
 Page No: 11 of 12



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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.320	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	6.420	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.961	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 T4 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

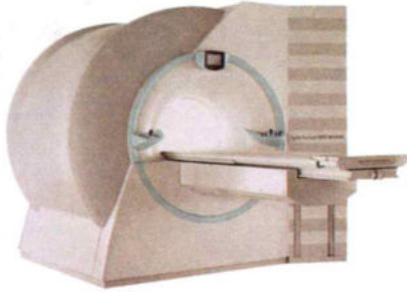
*** End of Report ***

NARENDRAKUMAR
Technologist

Page No: 12 of 12



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



Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 24/09/2022 09:16:39
NAME :- Mrs. YOGITA
Sex / Age :- Female 26 Yrs 2 Mon 22 Days
Company :- MediWheel

Patient ID :- 12222544
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 24/09/2022 13:26:46

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)

*** End of Report ***

Page No: 1 of 1

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

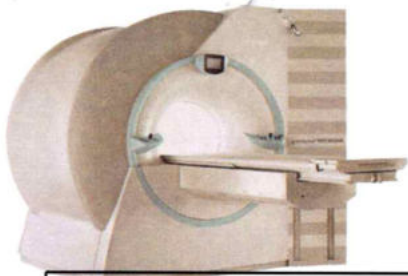
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

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

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

Dr. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
RMC No. 17163

Transcript by.



Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyal@pathlab.com



Date :- 24/09/2022 09:16:39
NAME :- Mrs. YOGITA
Sex / Age :- Female 26 Yrs 2 Mon 22 Days
Company :- MediWheel

Patient ID :- 1222544
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 24/09/2022 13:47:17

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 and measures 75x40x36 mm .
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.
Endometrial echo is normal. Endometrial thickness is 7 mm.

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

No enlarged nodes are visualised. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pouch of douglas.

IMPRESSION:

Normal Study.

Needs clinical correlation & further evaluation

*** End of Report ***

ANITASHARMA

Page No: 1 of 1



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

Dr. Poonam Gupta
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RMC No. 32495

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Fetal Medicine Consultant

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MBBS, M.D. (Radio-Diagnosis)
RMC No. 17163

Transcript by.

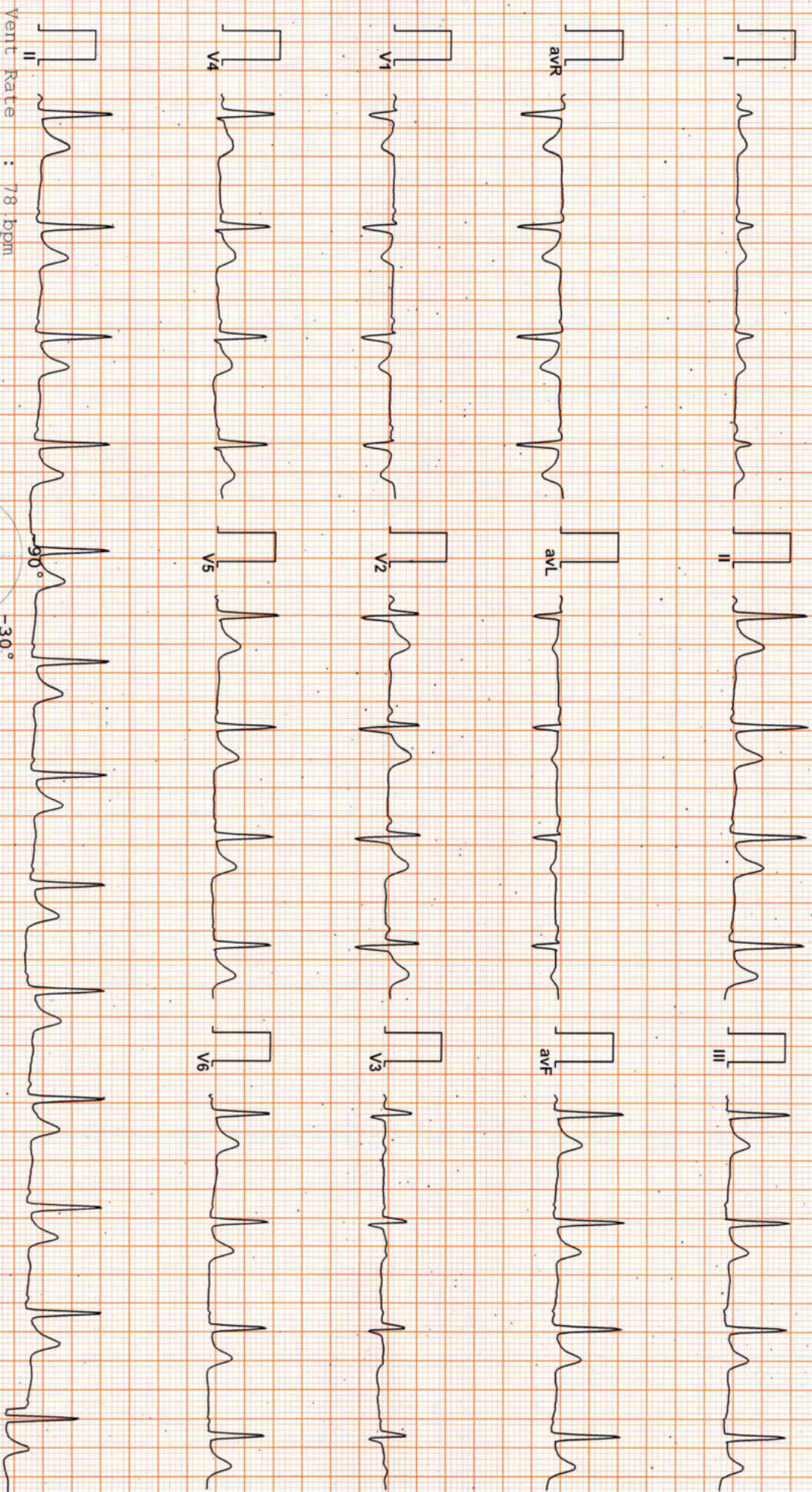
FMF ID - 260517 | RMC No 22430

This report is not valid for medico-legal purpose.

DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

ECG

2320 / MRS. YOGITA / 26 Yrs / F / 167Cms. / 82Kgs. / Non Smoker
Heart Rate : 78 bpm / Tested On : 24-Sep-22 12:02:31 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Vent Rate : 78 bpm
PR Interval : 100 ms
QRS Duration: 76 ms

QT/QTc Int : 340/372 ms
P-QRS-T axis: 0.00° 79.00° 73.00°

180°

90° -30°

Normal

Reported By:

*Dr. Anand Kumar Singh
Siddhant Singh
13888 Dr. Anand Kumar Singh
Dr. Anand Kumar Singh
Dr. Anand Kumar Singh*

DR. GOYALS PATH LAB & IMAGING CENTRE

JAIPUR Email:

Report



MRS. YOGITA / 26 Yrs / F / 0 Cms / 0 Kg

Date: 24 / 09 / 2022

Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	01.1	00.0	01.0	081	42%	115/75	093	00	
Standing	00:26	0:19	01.1	00.0	01.0	083	43%	115/75	095	00	
HV	00:42	0:16	01.1	00.0	01.0	096	49%	115/75	110	00	
ExStart	02:19	1:37	01.1	00.0	01.0	127	65%	115/75	146	00	
BRUCE Stage 1	05:19	3:00	01.7	10.0	04.7	132	68%	120/80	158	00	
BRUCE Stage 2	08:19	3:00	02.5	12.0	07.1	161	83%	130/90	209	00	
PeakEx	09:32	1:13	03.4	14.0	08.4	181	93%	130/90	235	00	
Recovery	10:32	1:00	00.0	00.0	01.2	119	61%	130/90	154	00	
Recovery	11:32	2:00	00.0	00.0	01.0	084	43%	120/85	100	00	
Recovery	12:32	3:00	00.0	00.0	01.0	084	43%	120/80	100	00	
Recovery	13:32	4:00	00.0	00.0	01.0	086	44%	120/80	103	00	
Recovery	14:08	4:36	00.0	00.0	01.0	086	44%	115/75	098	00	

FINDINGS :

Exercise Time : 07:13
 Max HR Attained : 181 bpm 98% of Target 185
 Max BP Attained : 130/90 (mm/Hg)
 Max Workload Attained : 8.4 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

THAT is negative for RHE

Dr. Naresh Kumar Mohanka
 RMC No. 35703
 MBBBS, DIF, CARDIO (ESCORT'S)
 D.E.M (RCGP-UK)



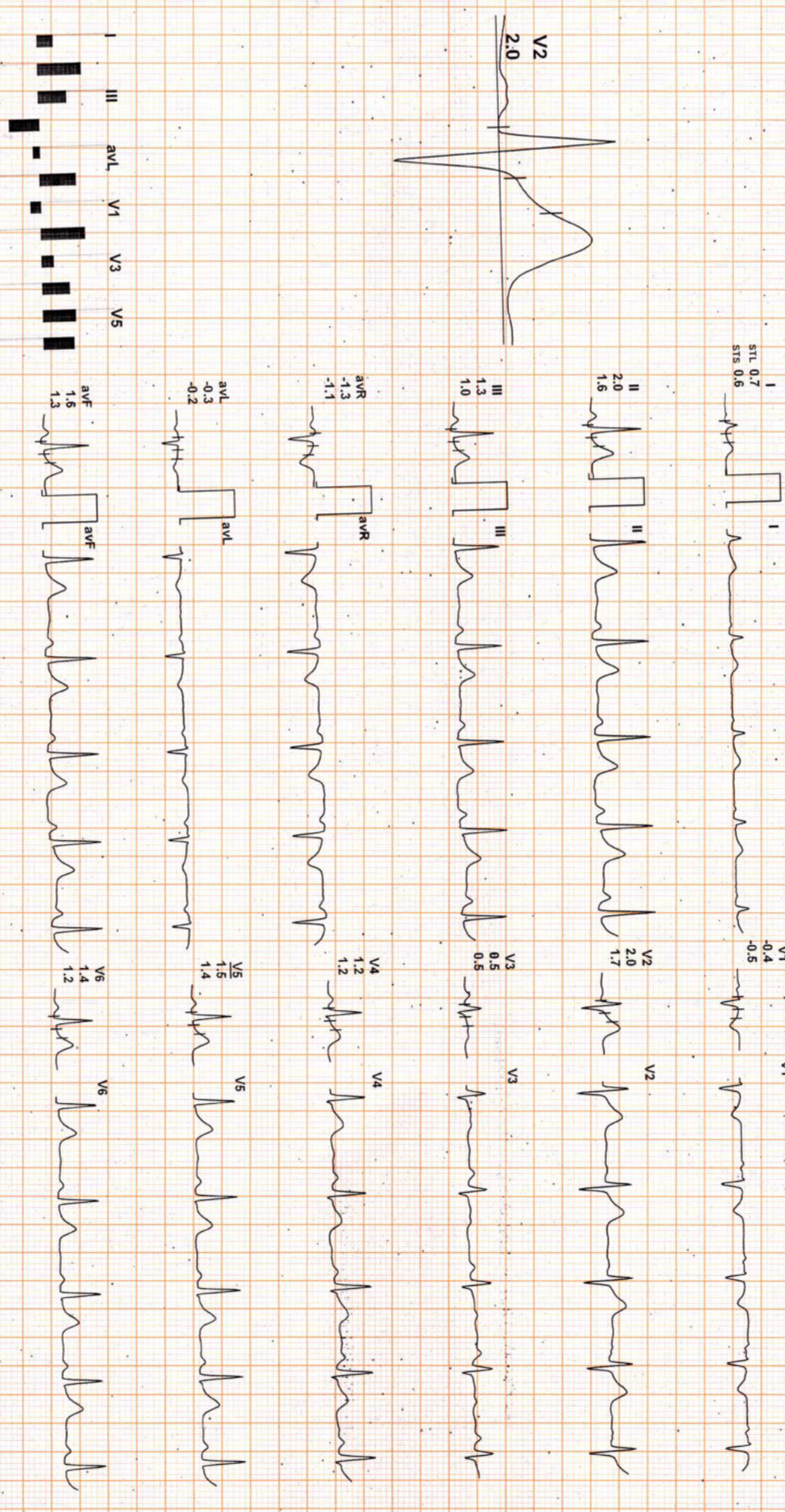
MRS. YOGITA / 26 YRS / F / 0 Cms / 0 Kg / HR : 81

Date: 24 / 09 / 2022

METS: 1.0/ 81 bpm 44% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 .Hz

EXTime: 00:00 1.1 mph . 0.9%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

II III aVR aVL aVF V1 V2 V3 V4 V5 V6

(ADX_GEM217220330)(R)Allengers

DR. GOYALS PATH LAB & IMAGING CENTRE

MRS. YOGITA / 26 Yrs / F / 0 Cms / 0 Kg / HR : 83

Date: 24 / 09 / 2022

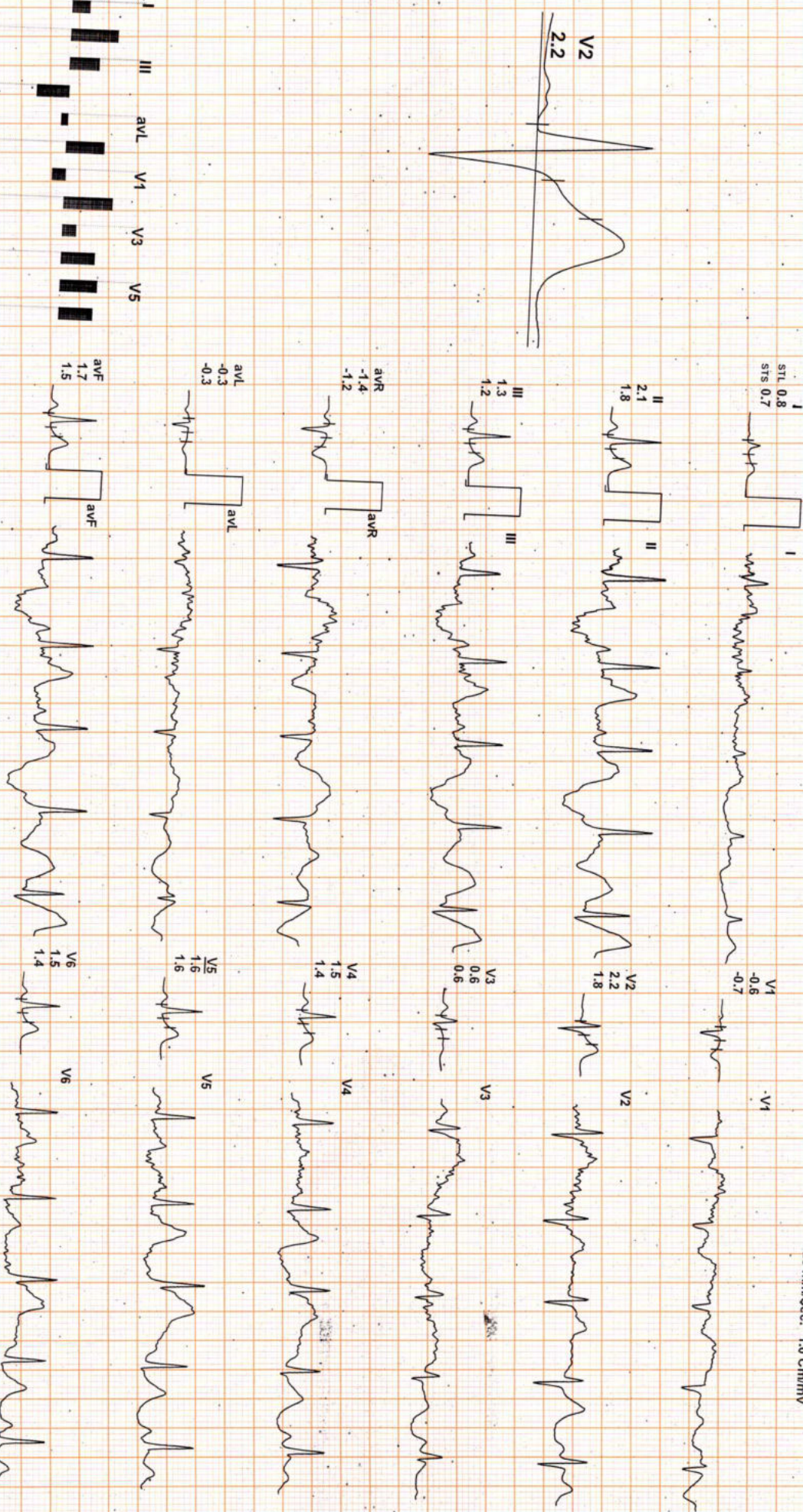
4X 80 ms Post J

MEETS: 1.01 83 bpm 45% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF-35 Hz

BRUCE: Standing(0:19)



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



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

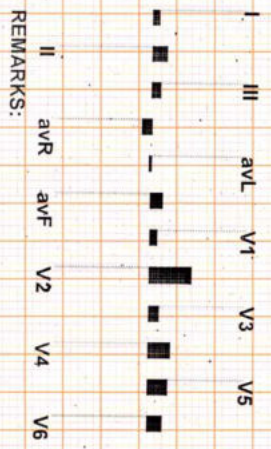
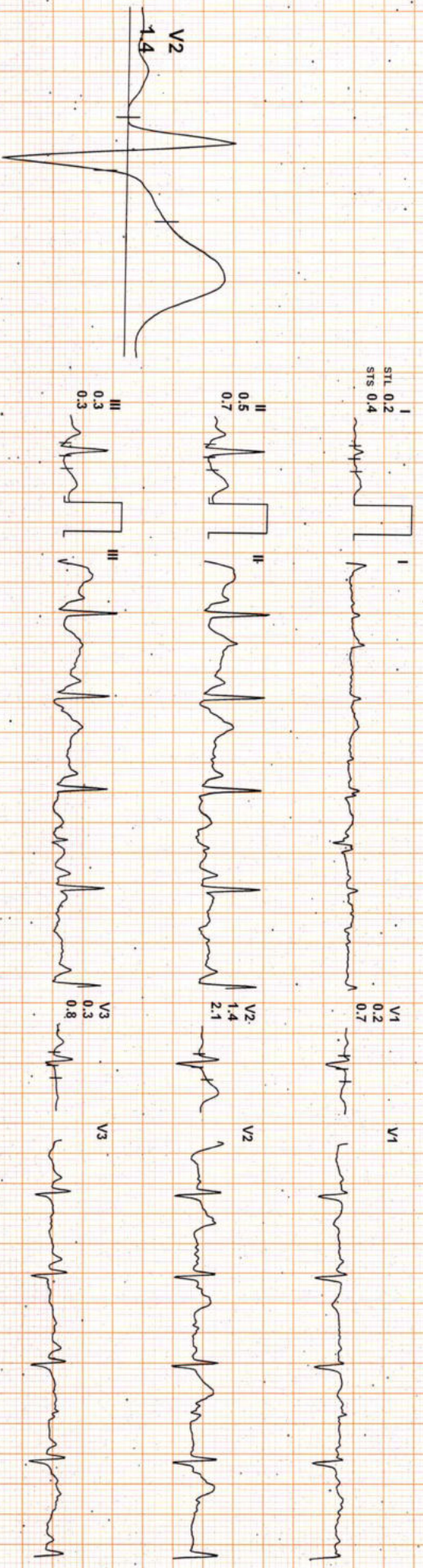


Date: 24 / 09 / 2022

METS: 1.0/ 96 bpm 52% of THR BP: 115/75 mmHg Raw ECG/ BLC ON/ Notch ON/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



REMARKS:



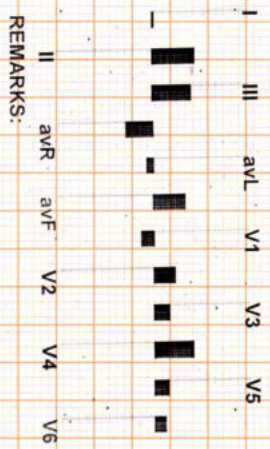
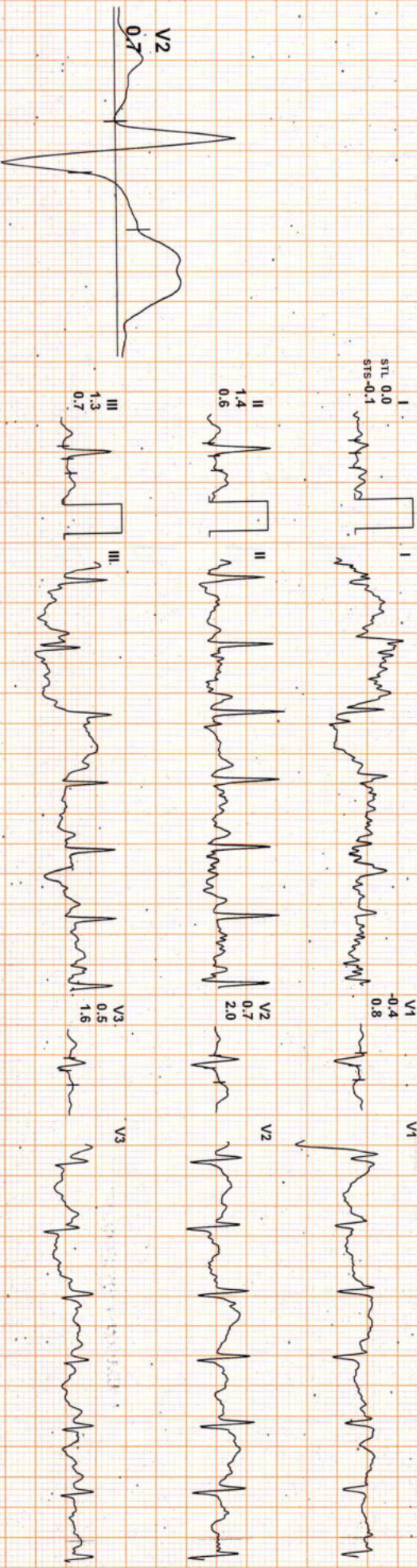
MRS. YOGITA / 26 Yrs / F / 0 Cms / 0 Kg / HR : 127

Date: 24 / 09 / 2022

METS: 1.0 / 127 bpm 69% of THR BP: 115/75 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/InV

4X 80 ms Post J



REMARKS:

(ADX_GEM217220330)(R)/Allengers



Date: 24 / 09 / 2022

METS: 4.71 / 132 bpm 71% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35. Hz

4X 60 ms Post J

ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV



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

REMARKS:



Date: 24 / 09 / 2022
4X 60 ms Post J

METS: 7.1/161 bpm 87% of THR BP: 130/90 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



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

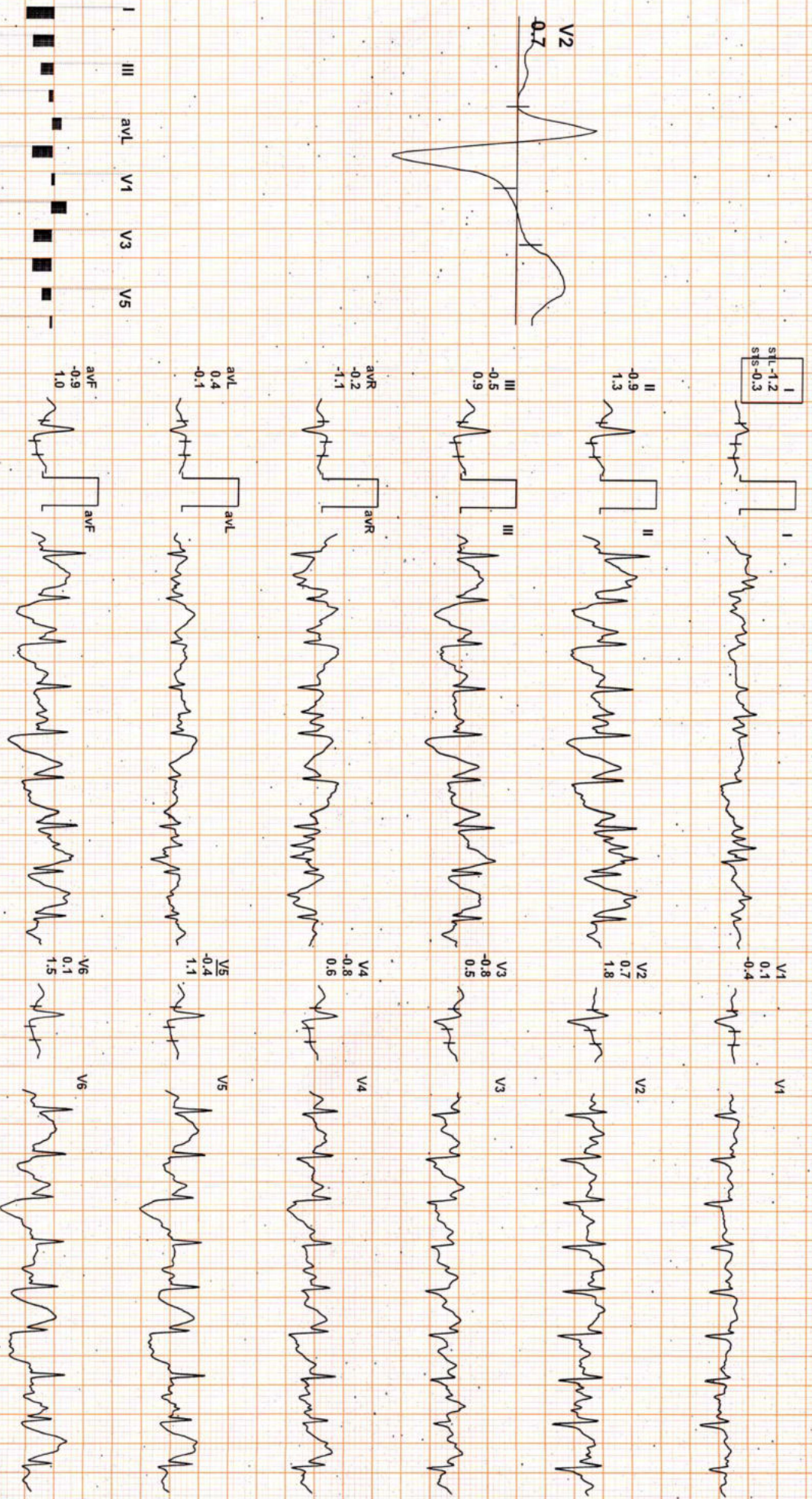
Date: 24 / 09 / 2022

METS: 8.4/ 181 bpm 98% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X

60 ms Post J

EXTime: 07:13 - 3.4 mph, 14.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6



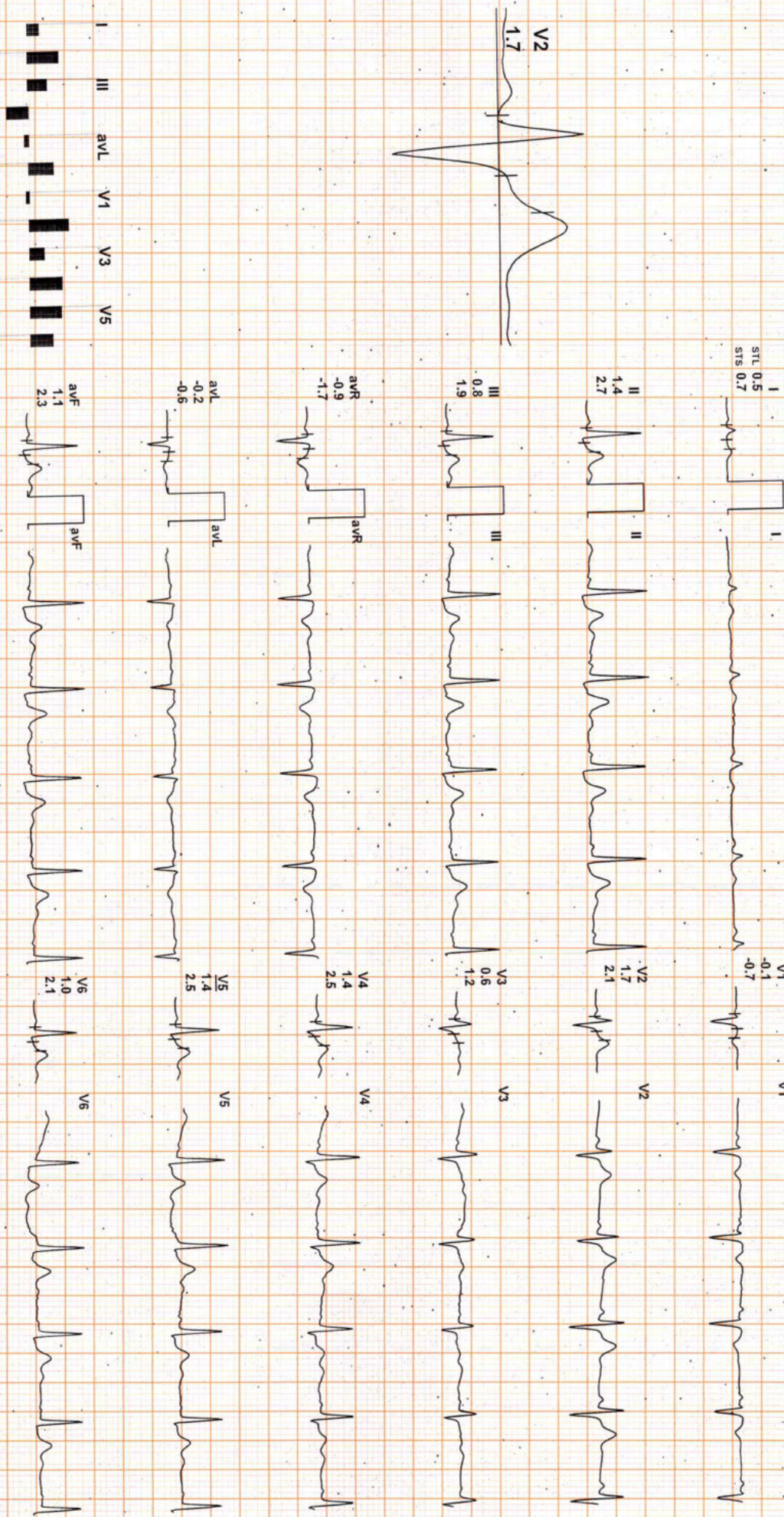
MRS. YOGITA / 26 Yrs / F / 0 Cms / 0 Kg / HR : 119

Date: 24/09/2022

MEETS: 1.2/119 bpm 64% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch on/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:13 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 70 ms Post J



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

(ADX_GEM2 7220330)(R)Allergens



MRS. YOGITA / 26 Yrs / F / 0 Cms / 0 Kg / HR : 84

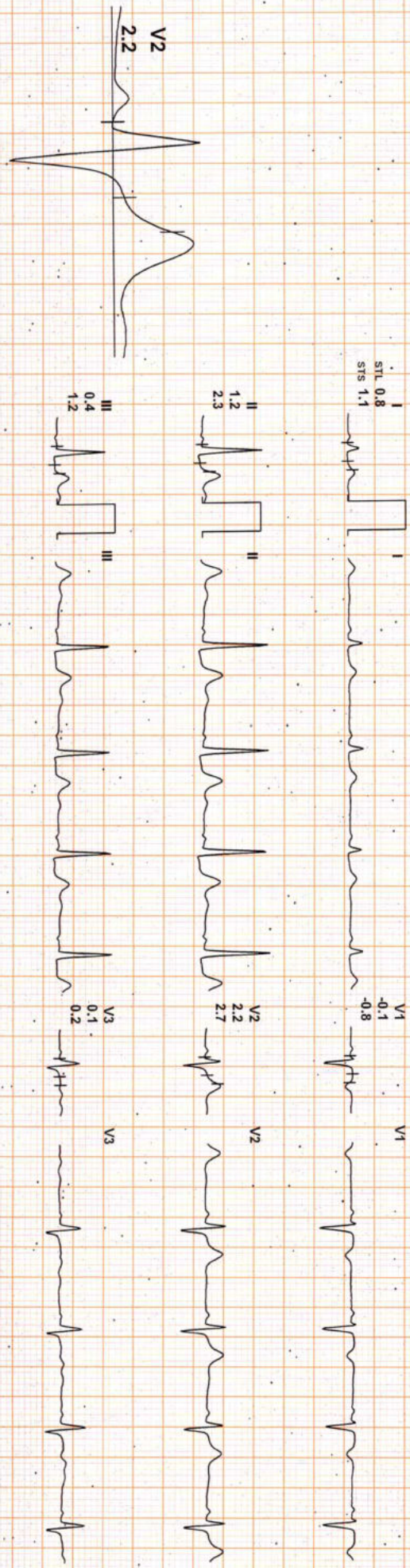
Date: 24 / 09 / 2022

METS: 1.0/ 84 bpm 45% of THR · BP: 120/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

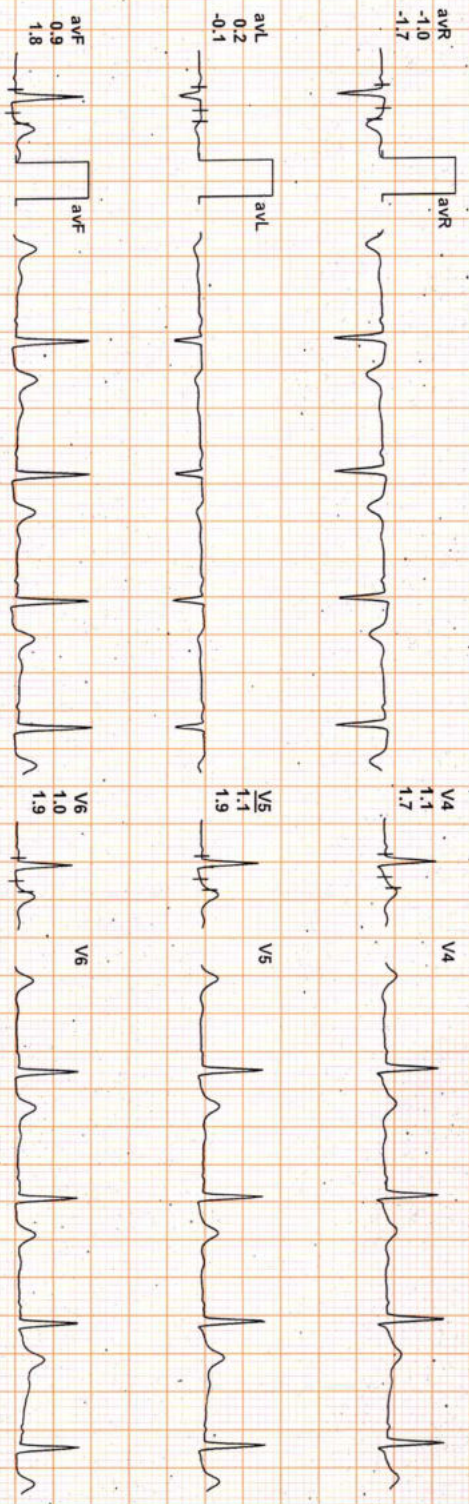
ExTime: 07:13 0.0 mph, 0.0%

4X 70ms Post J

25 mm/Sec. 1.0 Cm/mV



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



REMARKS:

(ADX_GEM217220330)(R)Allergent's



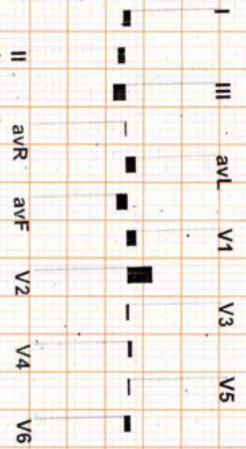
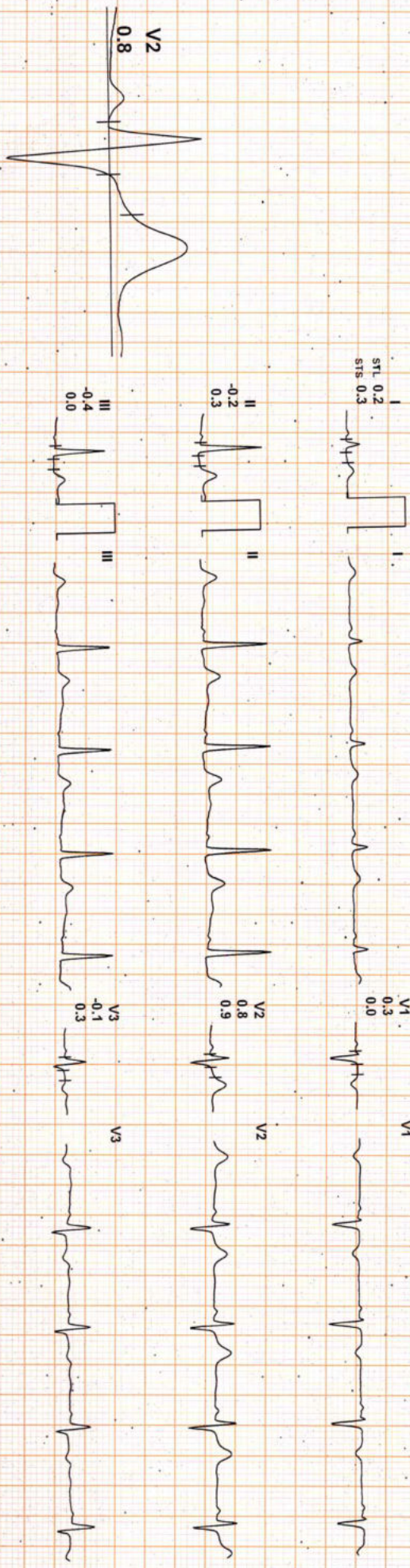
MRS. YOGITA / 26 Yrs / F / 0 Cms / 0 Kg / HR : 84

Date: 24 / 09 / 2022

METS: 1.07 84 bpm 45% of THR BP- 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF:35 Hz

EXTime: 07:13 0.0 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers

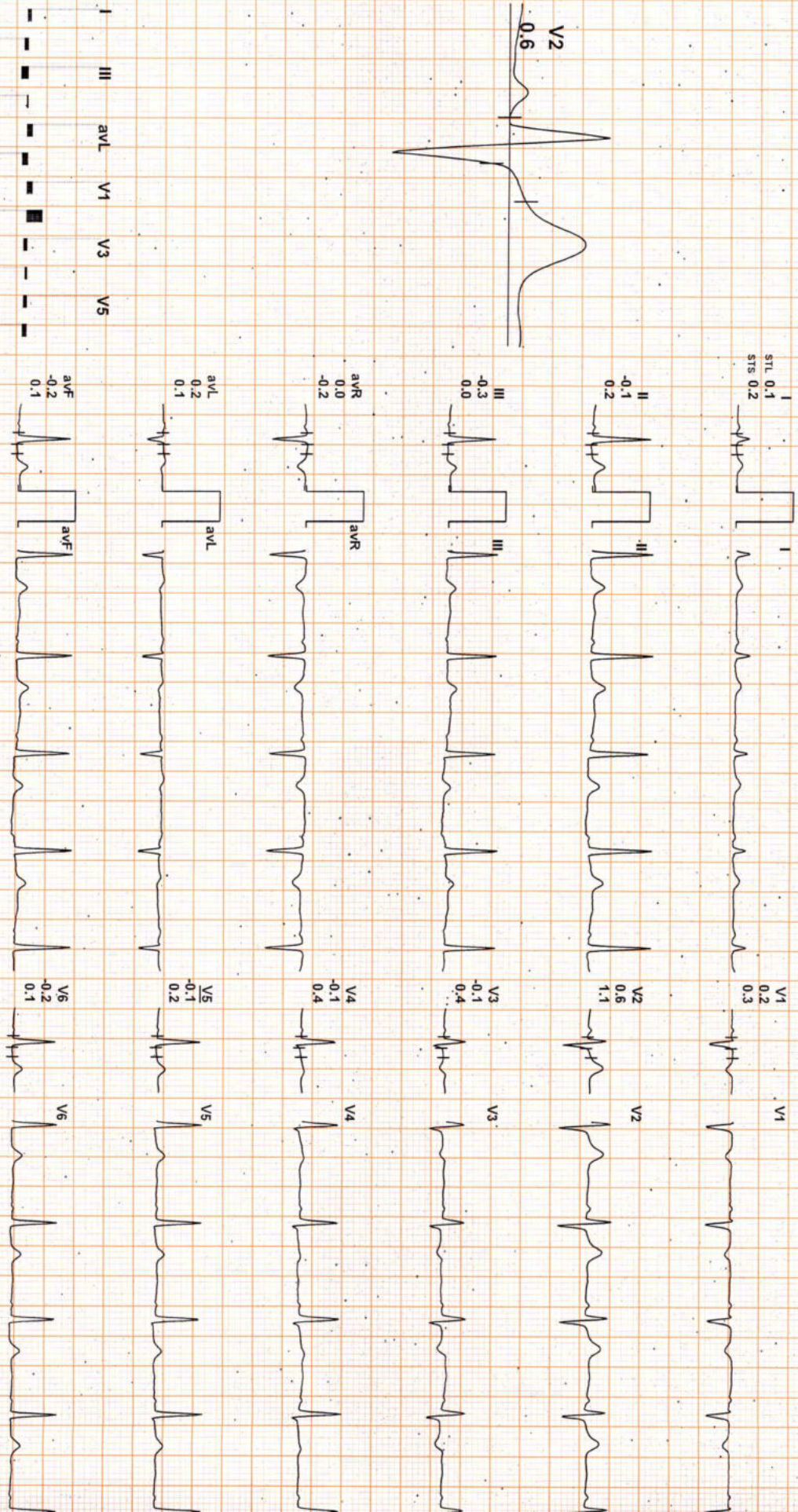
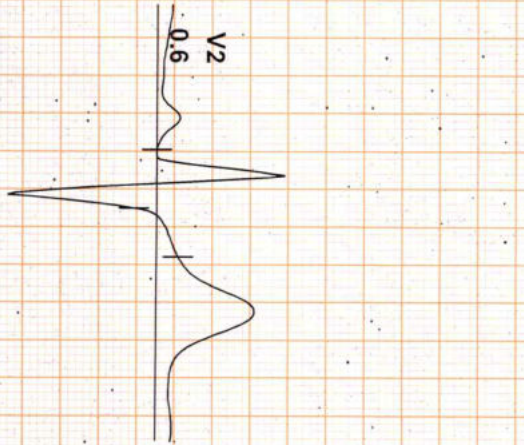


Date: 24 / 09 / 2022

MEETS: 1.0/ 86 bpm, 46% of THR BP: 120/80 mmHg Raw ECG/ BLC On Notch. On HF 0.05 Hz/ LF 35 Hz

4X 80 mS Post J

ExTime: 07:13 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



MRS. YOGITA / 26 Yrs / F / 0 Cms / 0 Kg / HR : 86

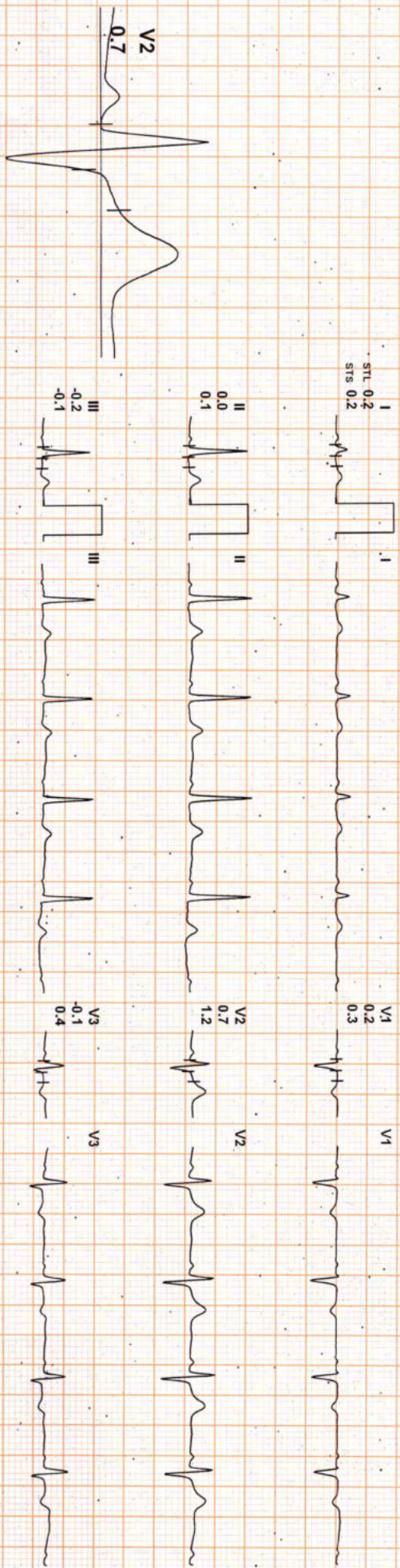
Date: 24 / 09 / 2022

METS: 1.0/ 86 bpm 46% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 07:13 0.0 mph, 0.0%

4X 86 ms Post J

25 mm/Sec: 1.0 Cm/mV



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

REMARKS:

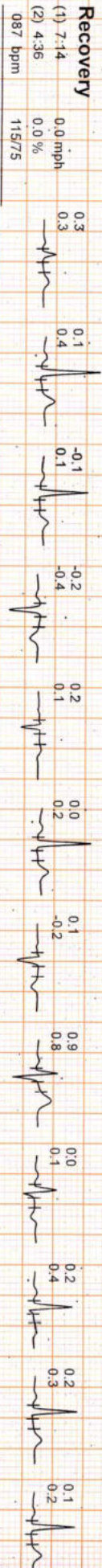
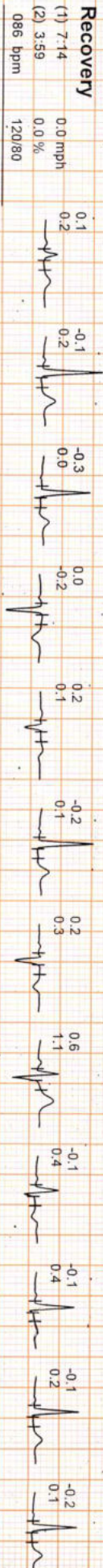
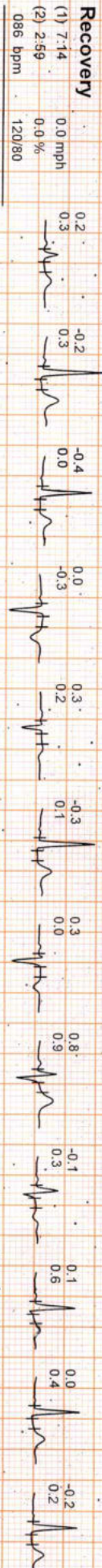
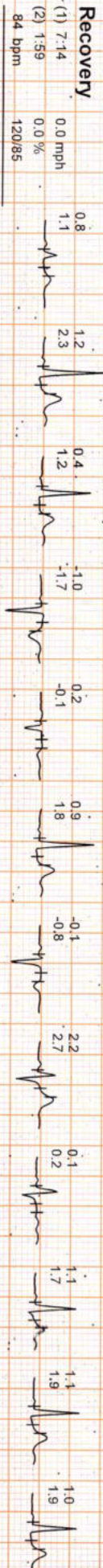
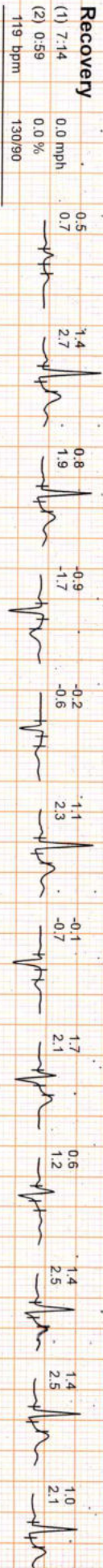
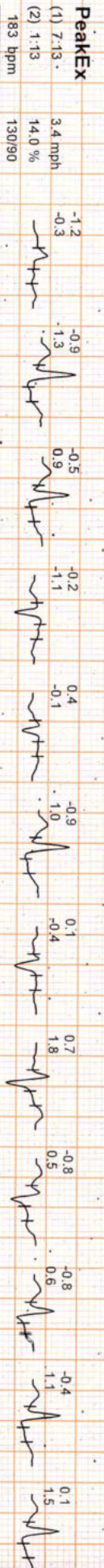
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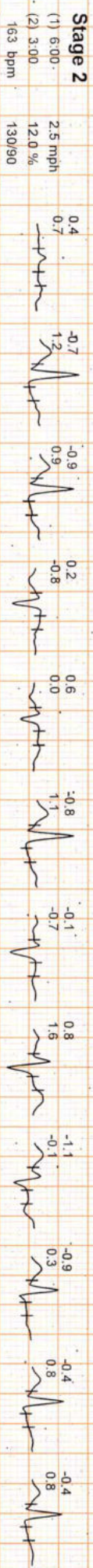
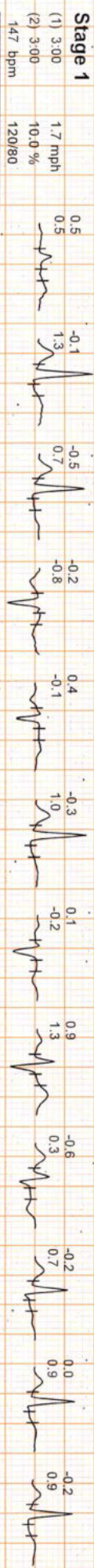
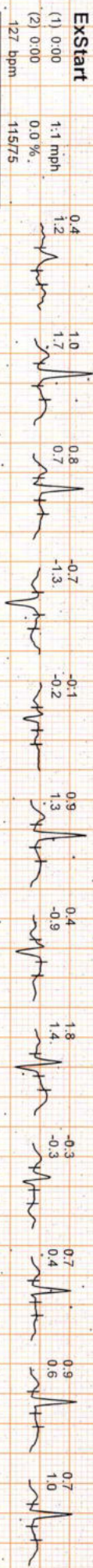
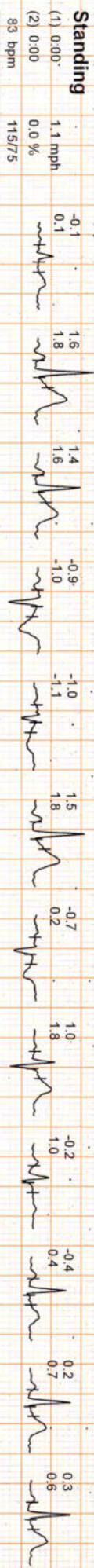
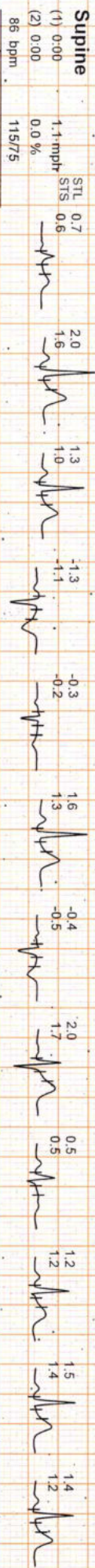


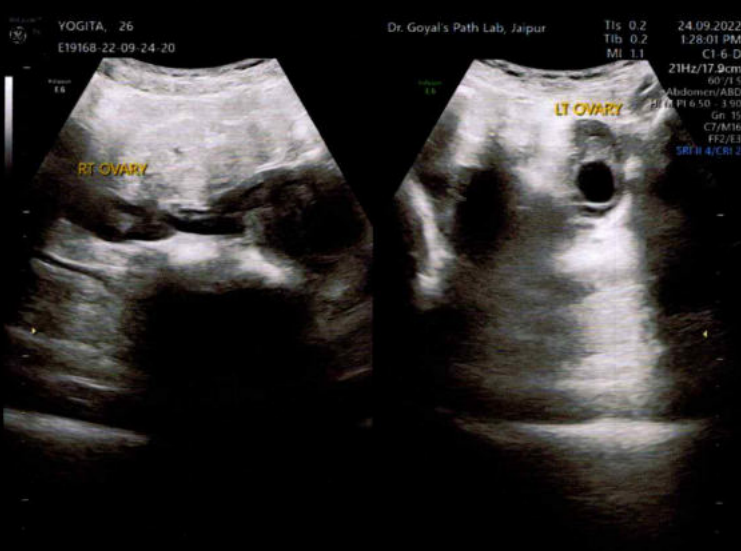
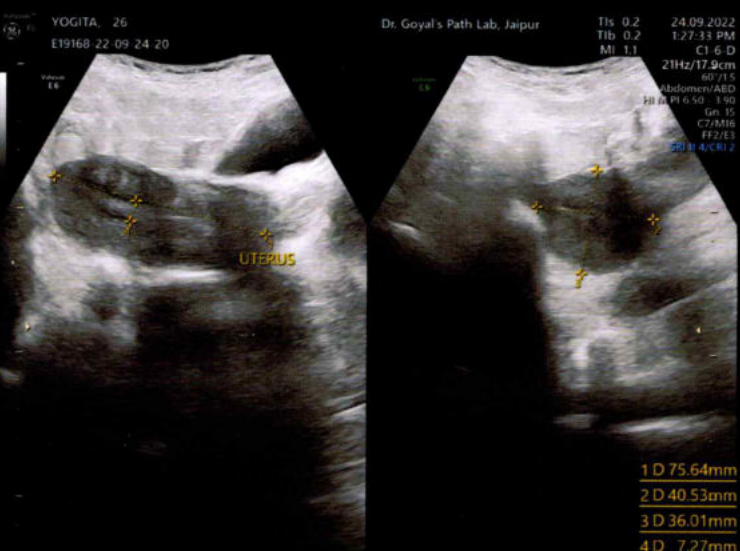
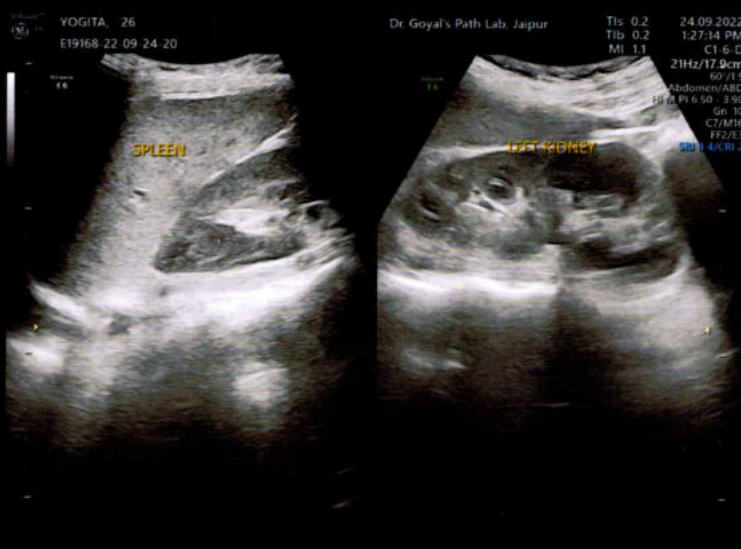
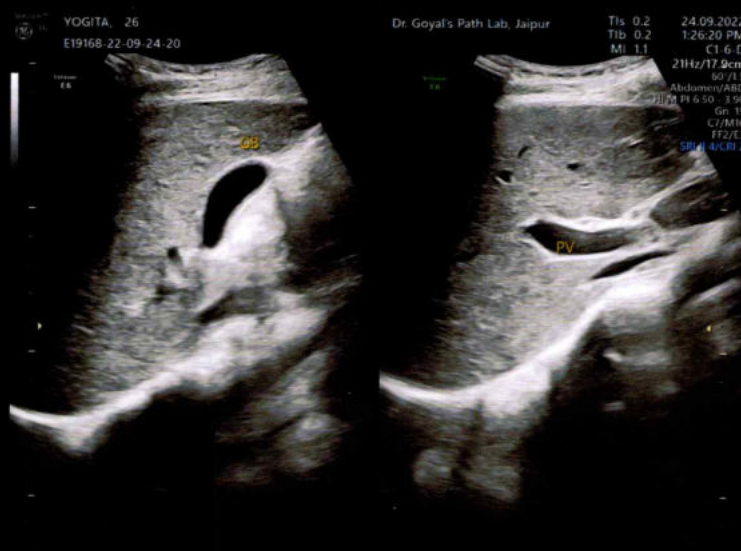
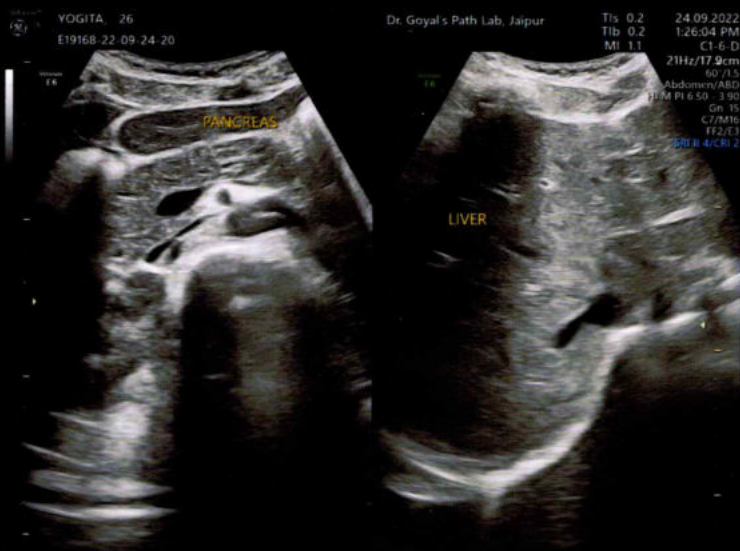
MRS. YOGITA / 26 Yrs / F / 0 Cms / 0 Kg / HR : 132

Date: 24 / 09 / 2022

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







1D 75.64mm
 2D 40.53mm
 3D 36.01mm
 4D 7.27mm