Goyal's
Pa[illegible] 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 : drgoyalpiyush@gmail.com

General Physical Examination

Date of Examination: 05/03/23

Name: Surbhi chauhan Age: 46 Sex: Female

DOB: 10.11.1976

Referred By: BOB.

Photo ID: Aadhar. ID #: attached.

Ht: 156 (cm) Wt: 81 (Kg)

Chest (Expiration): 108 (cm) Abdomen Circumference: 92 (cm)

Blood Pressure: 128/86 mm Hg PR: 89 / min RR: 16 / min Temp: Afebrile

BMI 33.3.

Eye Examination: Vision Normal 6/6, N/6.
No Colour blindness.

Other: Not significant.

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

Signature Of Examine : Surbhi Name of Examinee: ----------

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

Signature Medical Examiner : ---------- Name Medical Examiner ----------

भारत सरकार
GOVERNMENT OF INDIA

सुरभि चौहान
Surbhi Chauhan
जन्म तिथि/ DOB: 10/11/1976
महिला / FEMALE

5454 1484 2501

आधार-आम आदमी का अधिकार

Surbhi

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

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

AADHAAR

पता:
W/O आदित्य चौहान, 55,, रामेश्वरम कॉलोनी,, पावर हाउस के पीछे, सिरसी रोड, सिरसी, जयपुर, राजस्थानराजस्थान - 302012

Address:
W/O Aditya Chauhan, 55,, rameshwram colony,, behind power house, sirsi road, Sirsi, Jaipur, Rajasthan - 302012

5454 1484 2501

Aadhaar-Aam Admi ka Adhikar

DR.GOYAL PATH LAB & IMAGING CENTER, JAIPUR

ECG

3910 / MRS SURBHI / 46 Yrs / F/ Non Smoker

Heart Rate : 93 bpm / Tested On : 05-Mar-23 11:26:25 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By.: BOB

AGHPL

Vent Rate : 93 bpm
PR Interval : 148 ms
QRS Duration: 84 ms
QT/QTc Int : 342/400 ms
P-QRS-T axis: 75.00• 51.00• 37.00•

Axis
R 51.00° T 37.00° P 75.00°

Sinus rhythm with rSr' patterns in V1, V2.

Dr. Mukesh Kumar Mohanka
RMC No. 55703
MD, DM, CARDIOLOGY
D.E.M. (RCOG-UK)

Reported By:

Allengers ECG (Pisces)(PIS218210312)

RHQ

DR GOYAL'S PATH LAB & IMAGING CENTRE

Report

AGHPL

JAIPUR EMail:

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg
Date: 05 / 03 / 2023 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	01.1	00.0	01.0	085	49 %	116/74	098	00	
Standing	00:21	0:11	01.1	00.0	01.0	083	48 %	116/74	096	00	
HV	00:41	0:20	01.1	00.0	01.0	099	57 %	116/74	114	00	
Warm Up	01:00	0:19	01.1	00.0	01.0	116	67 %	116/74	134	00	
ExStart	01:56	0:56	01.1	00.0	01.0	136	78 %	116/74	157	00	
BRUCE Stage 1	04:56	3:00	01.7	10.0	04.7	147	84 %	120/80	176	00	
BRUCE Stage 2	07:56	3:00	02.5	12.0	07.1	157	90 %	130/88	204	00	
PeakEx	09:17	1:21	03.4	14.0	08.5	174	100 %	130/88	226	00	
Recovery	10:17	1:00	00.0	00.0	01.2	143	82 %	136/90	194	00	
Recovery	11:17	2:00	00.0	00.0	01.0	124	71 %	130/82	161	00	
Recovery	12:17	3:00	00.0	00.0	01.0	115	66 %	126/80	144	00	
Recovery	13:17	4:00	00.0	00.0	01.0	105	60 %	120/78	125	00	
Recovery	14:00	4:43	00.0	00.0	01.0	110	63 %	116/74	127	00	

FINDINGS :

Exercise Time	: 07:21
Max HR Attained	: 174 bpm 100% of Target 174
Max BP Attained	: 136/90 (mm/Hg)
Max WorkLoad Attained	: 8.5 Fair response to induced stress
Test End Reasons	: Test Complete, Heart Rate Achieved

TMT is Negative for IHD

REPORT :

Dr. Naresh Kumar Mohanka
RMC No. 35703
MD,S, DIP, CARDIO (ESCORTS)
S.E.M. (RCGP-UK)

(ADX_GEM217220330)(R)Allengers

RHQ

DR GOYAL'S PATH LAB & IMAGING CENTRE

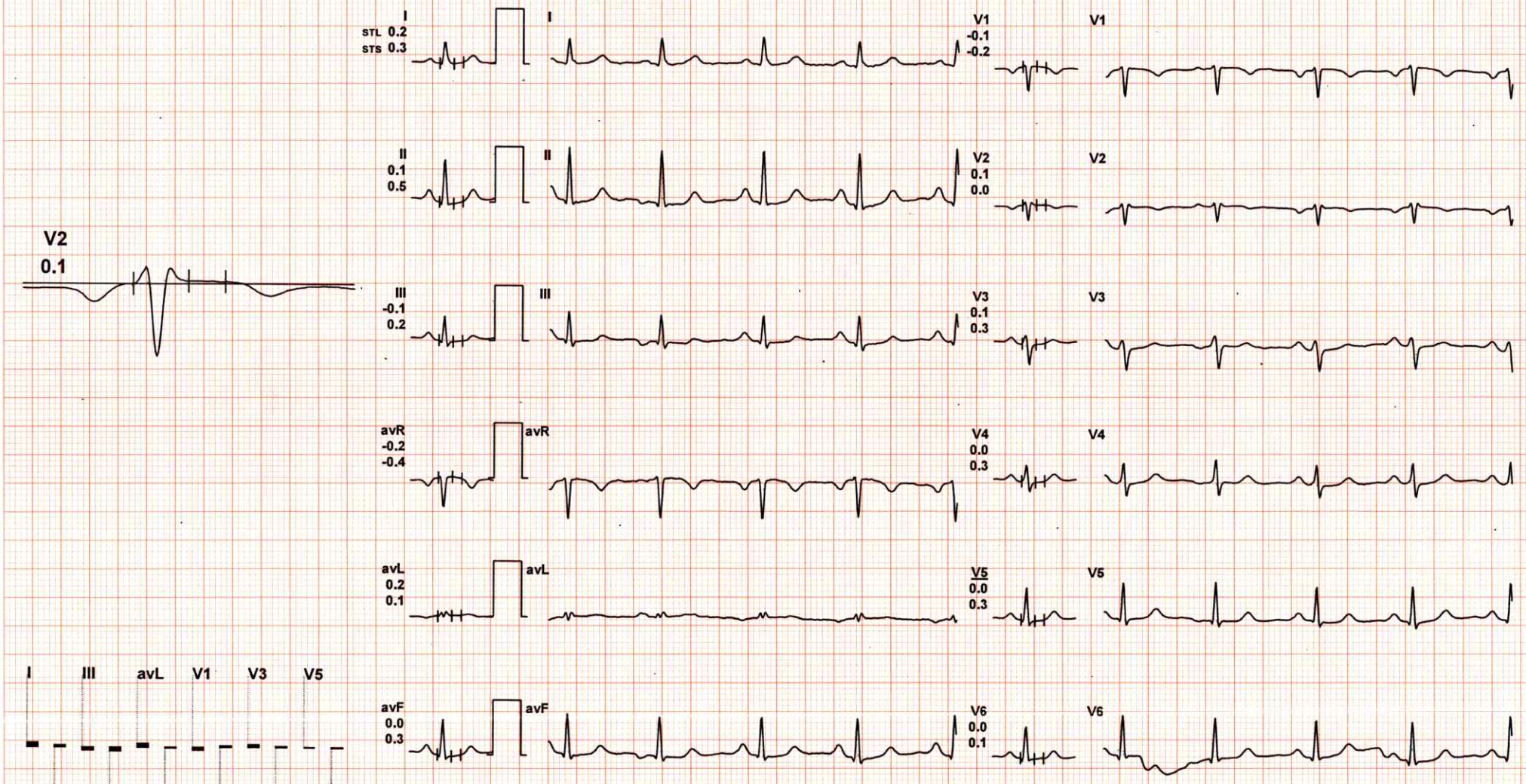
BRUCE:Supine(0:10)

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 85

Date: 05 / 03 / 2023 METS: **1.0/ 85** bpm **49%** of THR BP: **116/74 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:

(ADX_GEM217220330)(R)Allengers

RHQ

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BRUCE:Standing(0:11)

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 83

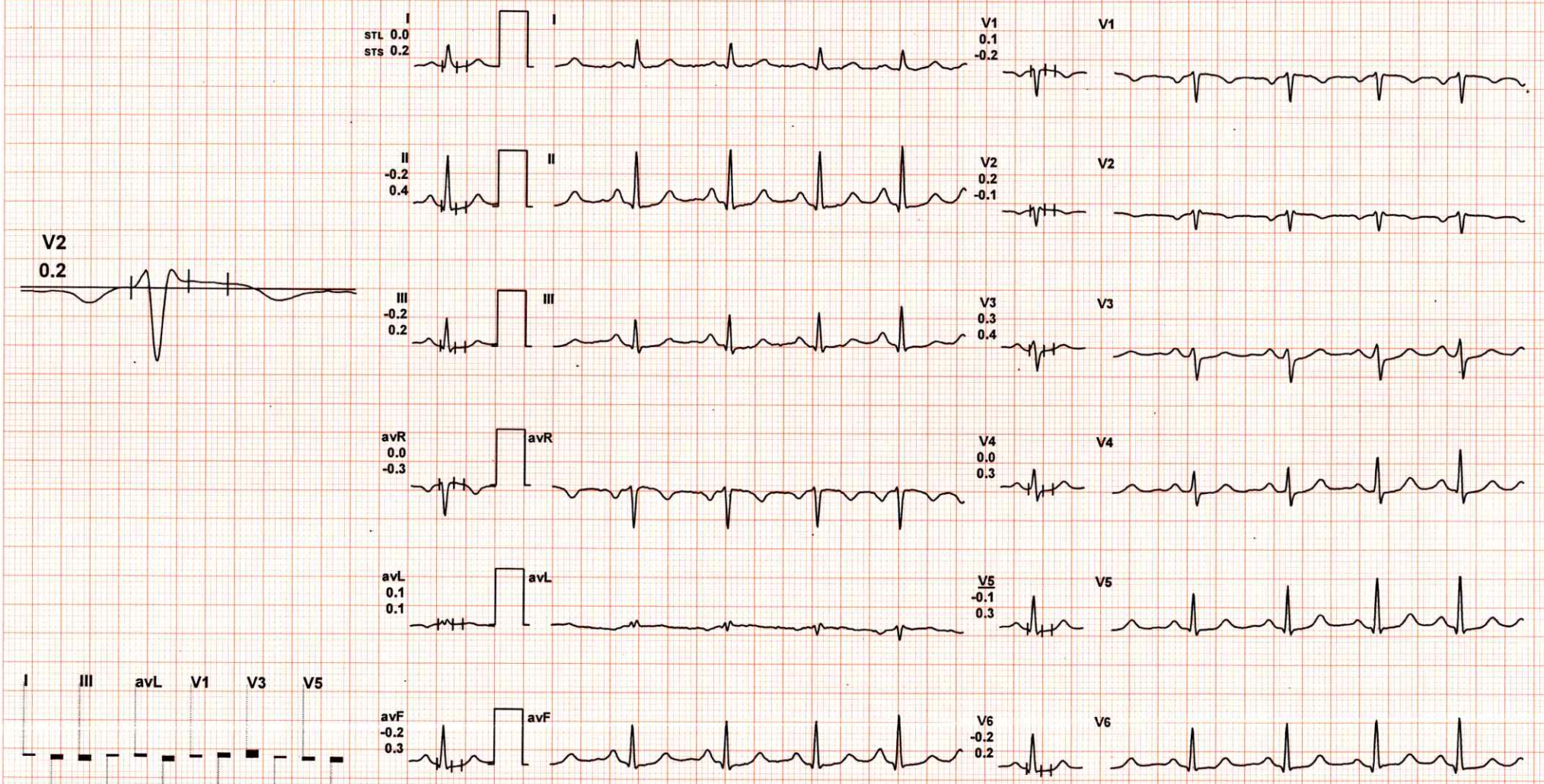
Date: 05 / 03 / 2023

METS: **1.0/ 83** bpm **48%** of THR BP: **116/74 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:

(ADX_GEM217220330)(R)Allengers

RHQ

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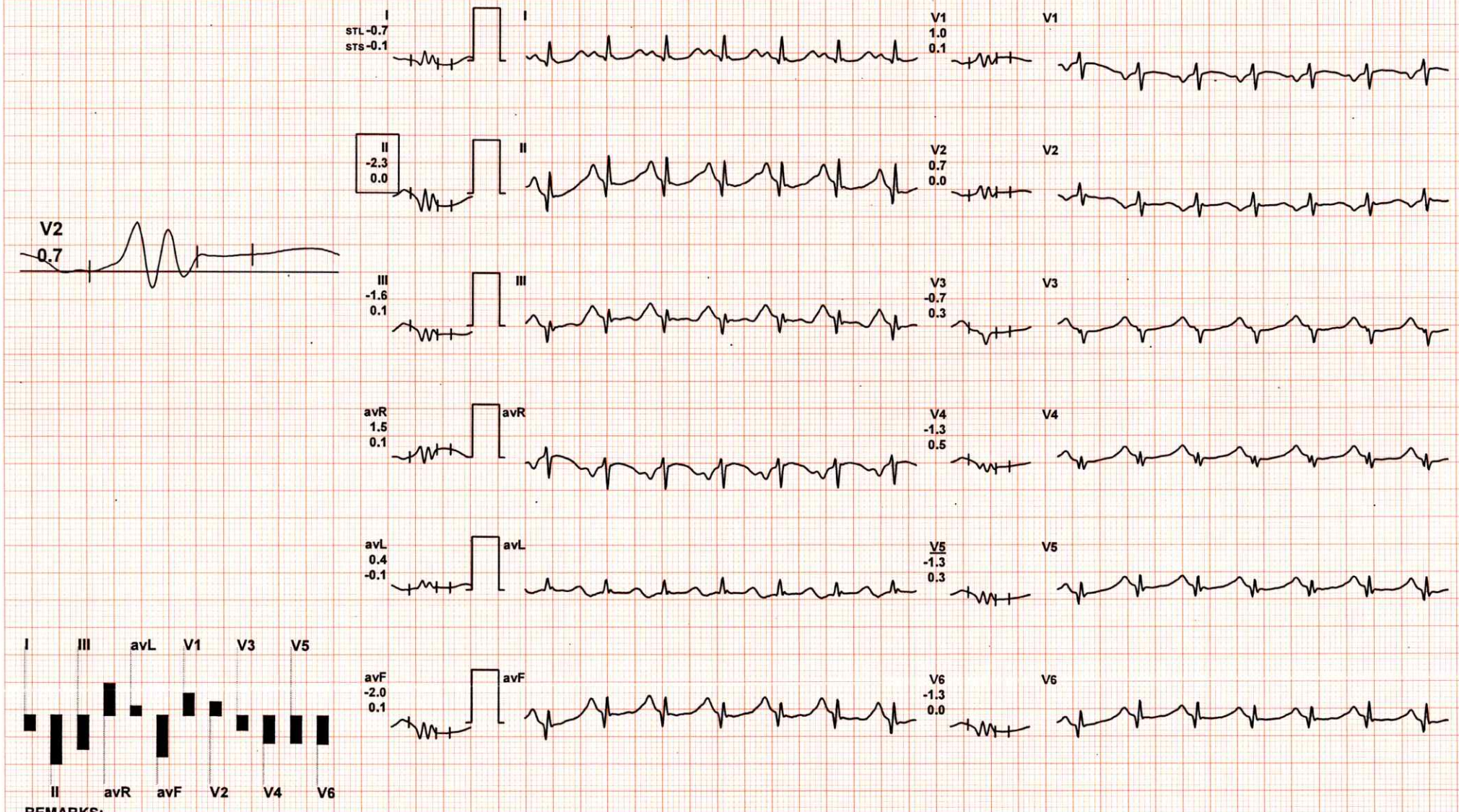
BRUCE:HV(0:20)

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 99

Date: 05 / 03 / 2023 METS: **1.0/ 99** bpm **57%** of THR BP: **116/74 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:

(ADX_GEM217220330)(R)Allengers

RHQ

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BRUCE:Warm Up(0:19)

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 116

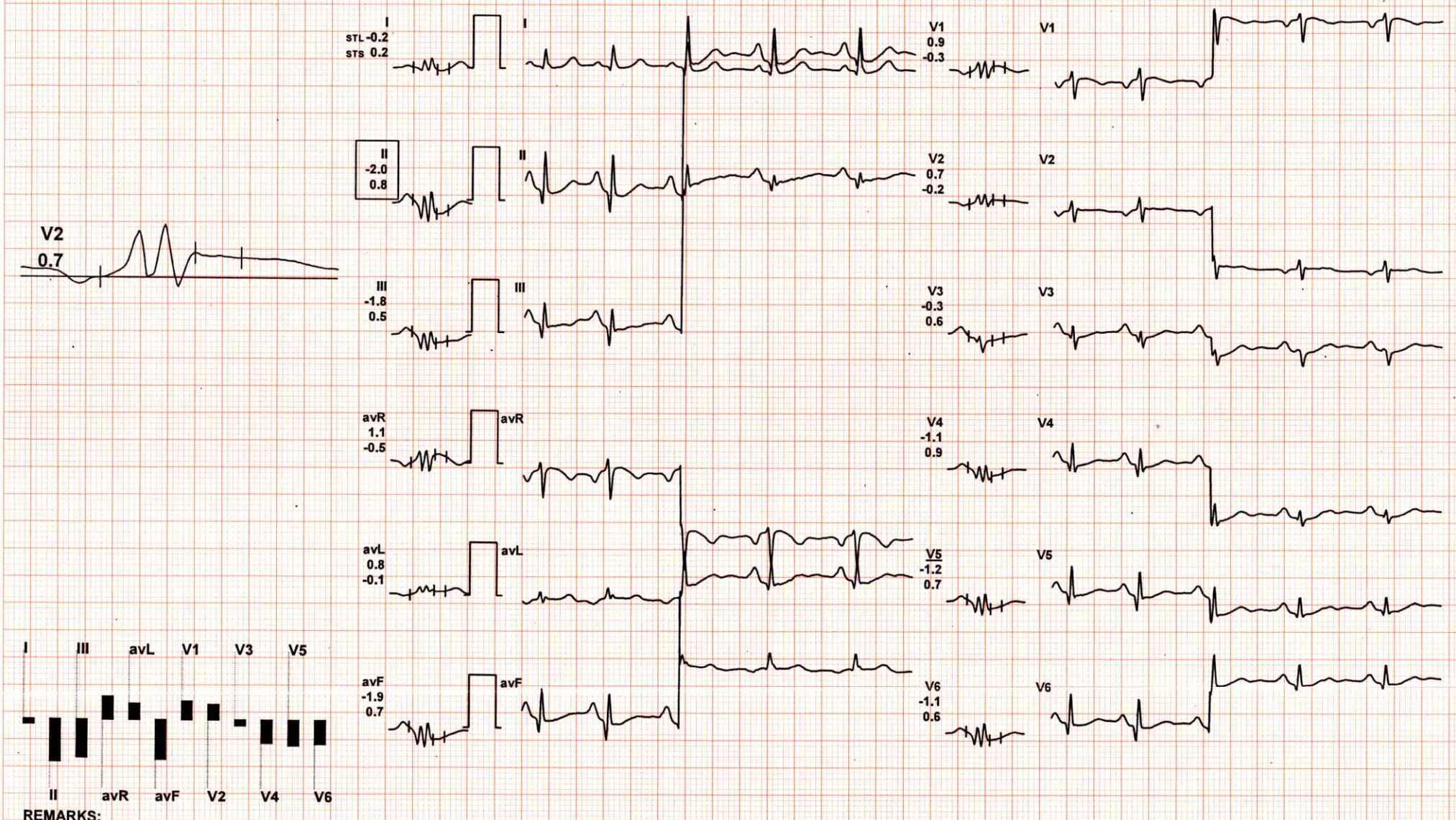
Date: 05 / 03 / 2023

METS: **1.0/ 116** bpm **67%** of THR BP: **116/74 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:

(ADX_GEM217220330)(R)Allengers

RHQ

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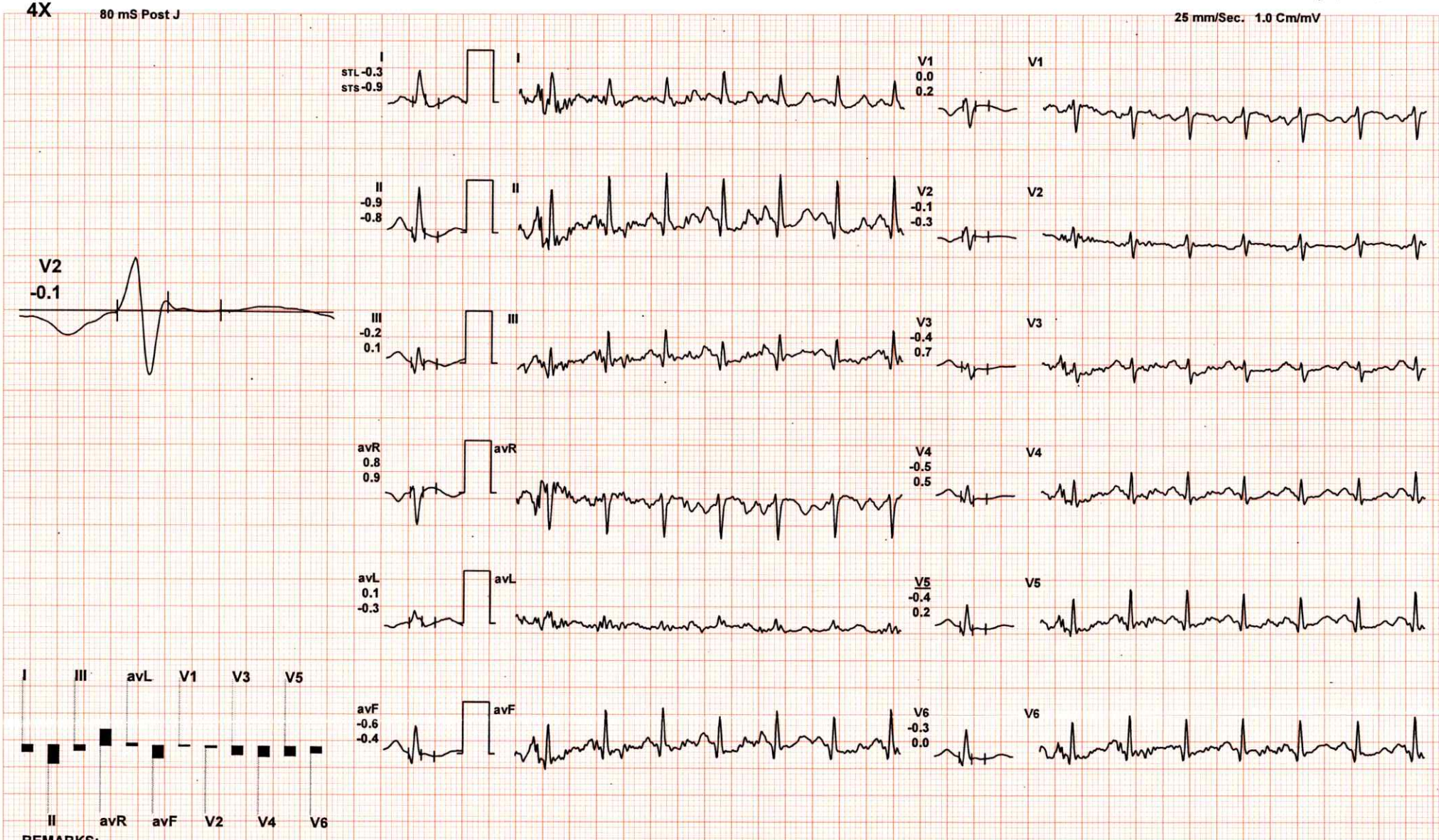
ExStart

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 136

Date: 05 / 03 / 2023 METS: **1.0/ 136** bpm **78%** of THR BP: **116/74 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:

(ADX_GEM217220330)(R)Allengers

RHQ

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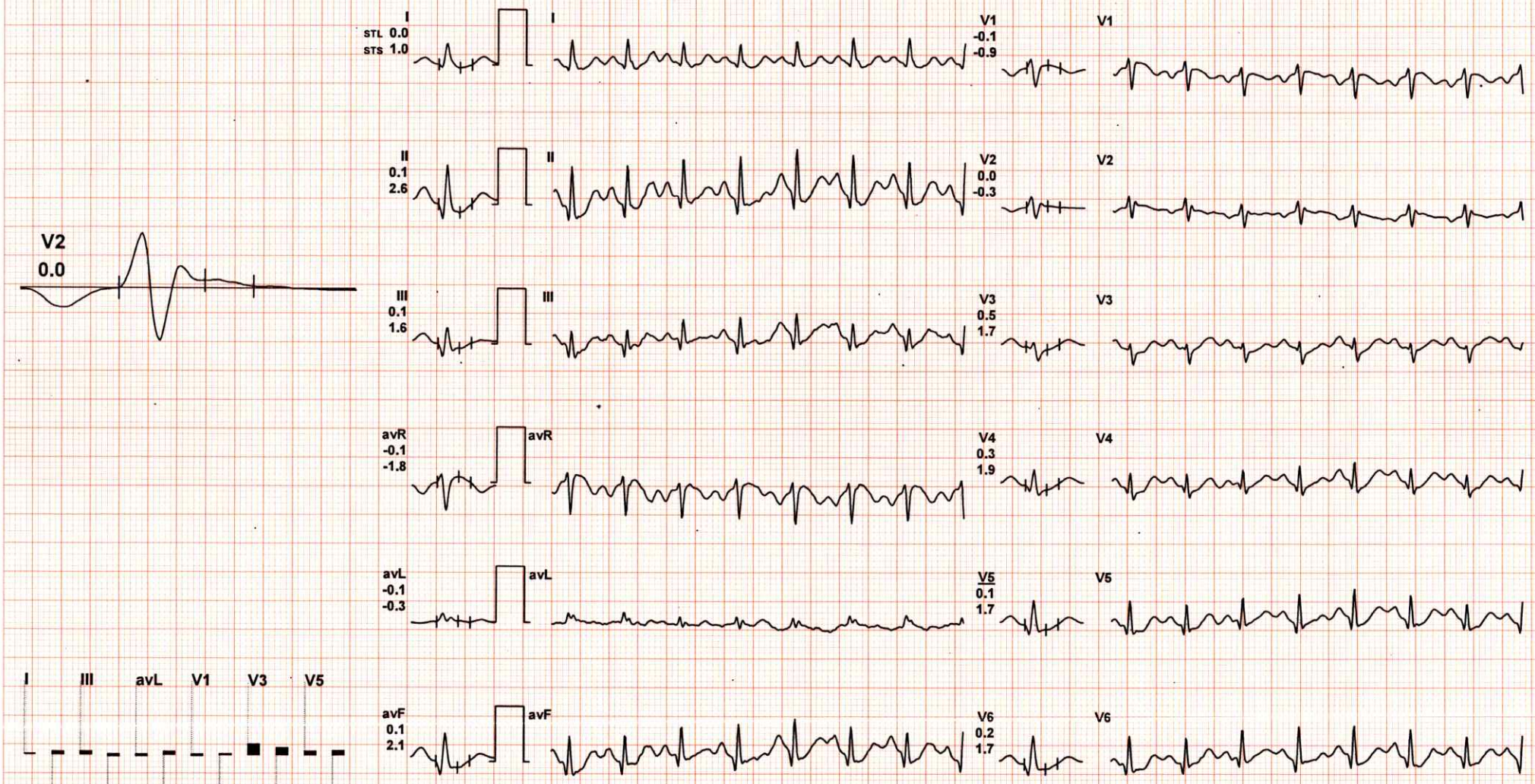
BRUCE:Stage 1(3:00)

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 147

Date: 05 / 03 / 2023 METS: **4.7/ 147** bpm **84%** of THR BP: **120/80 mmHg** Raw ECG/ BLC On/ Notch 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

RHQ

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BRUCE:Stage 2(3:00)

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 157

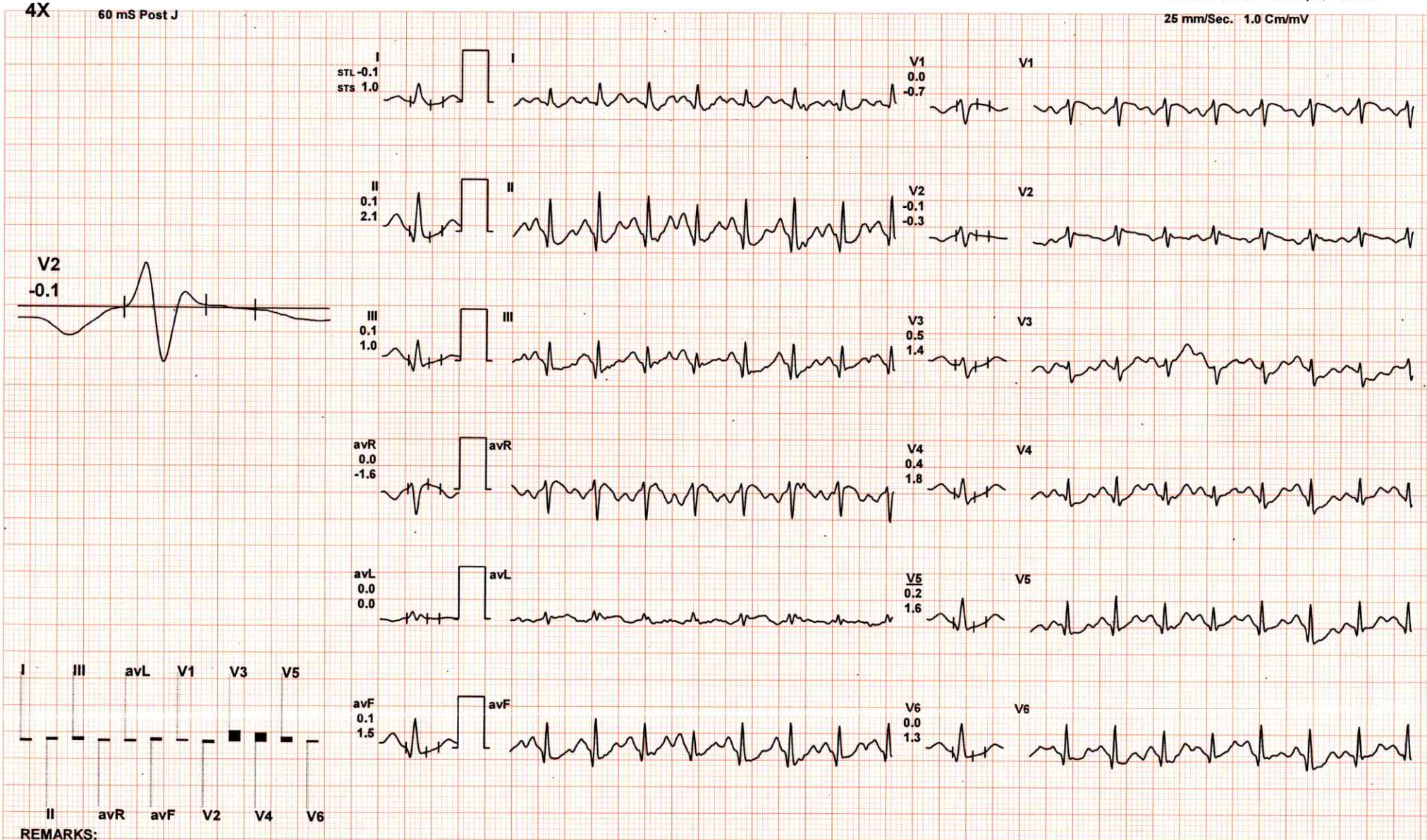
Date: 05 / 03 / 2023

METS: **7.1/ 157** bpm **90%** of THR BP: **130/88 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

RHQ

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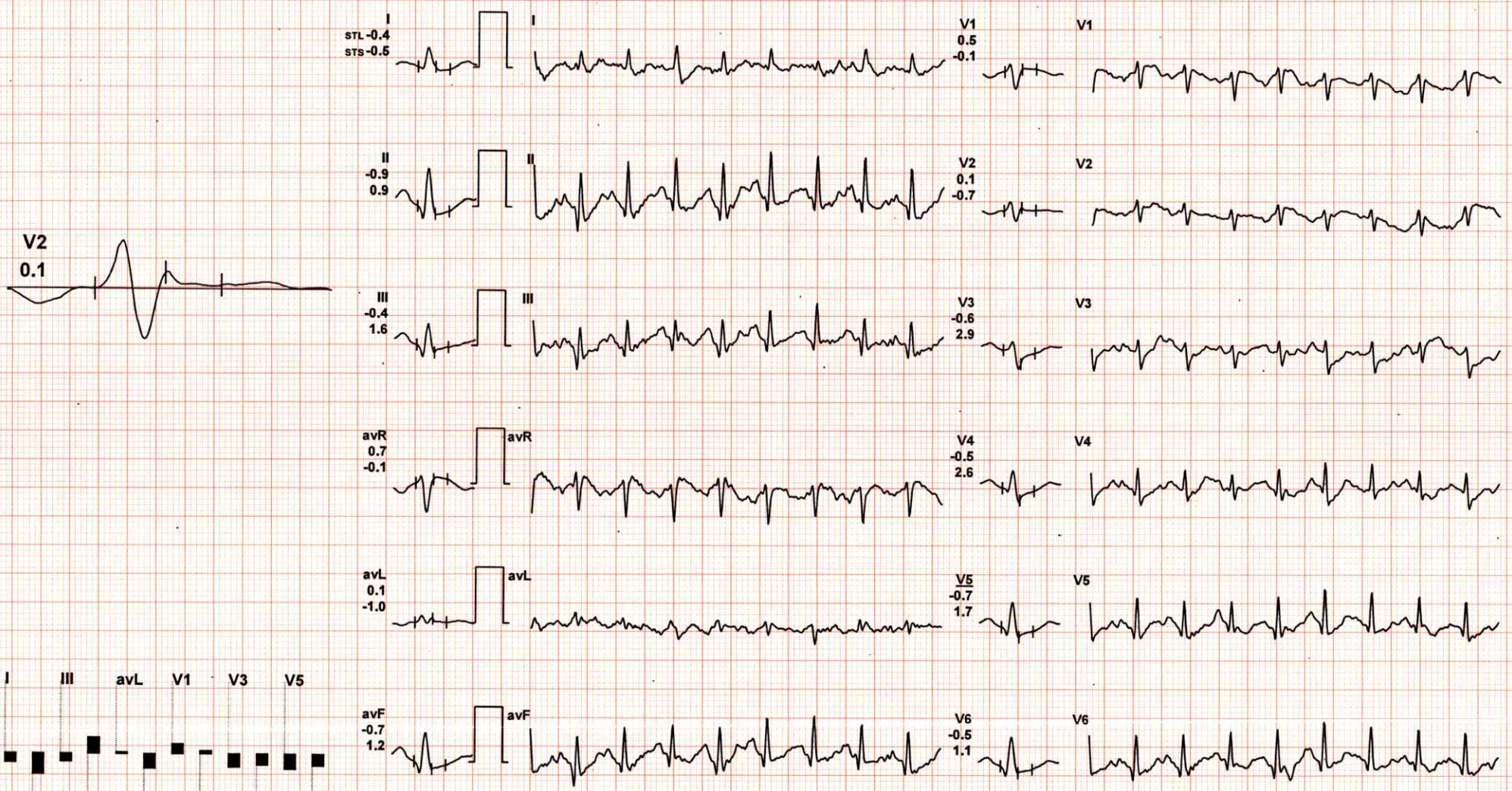
PeakEx

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 174

Date: 05 / 03 / 2023 METS: **8.5/ 174** bpm **100%** of THR BP: **130/88 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **07:21** **3.4** mph, **14.0%**

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



REMARKS:

(ADX_GEM217220330)(R)Allengers

RHQ

DR GOYAL'S PATH LAB & IMAGING CENTRE

Recovery(1:00)

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 143

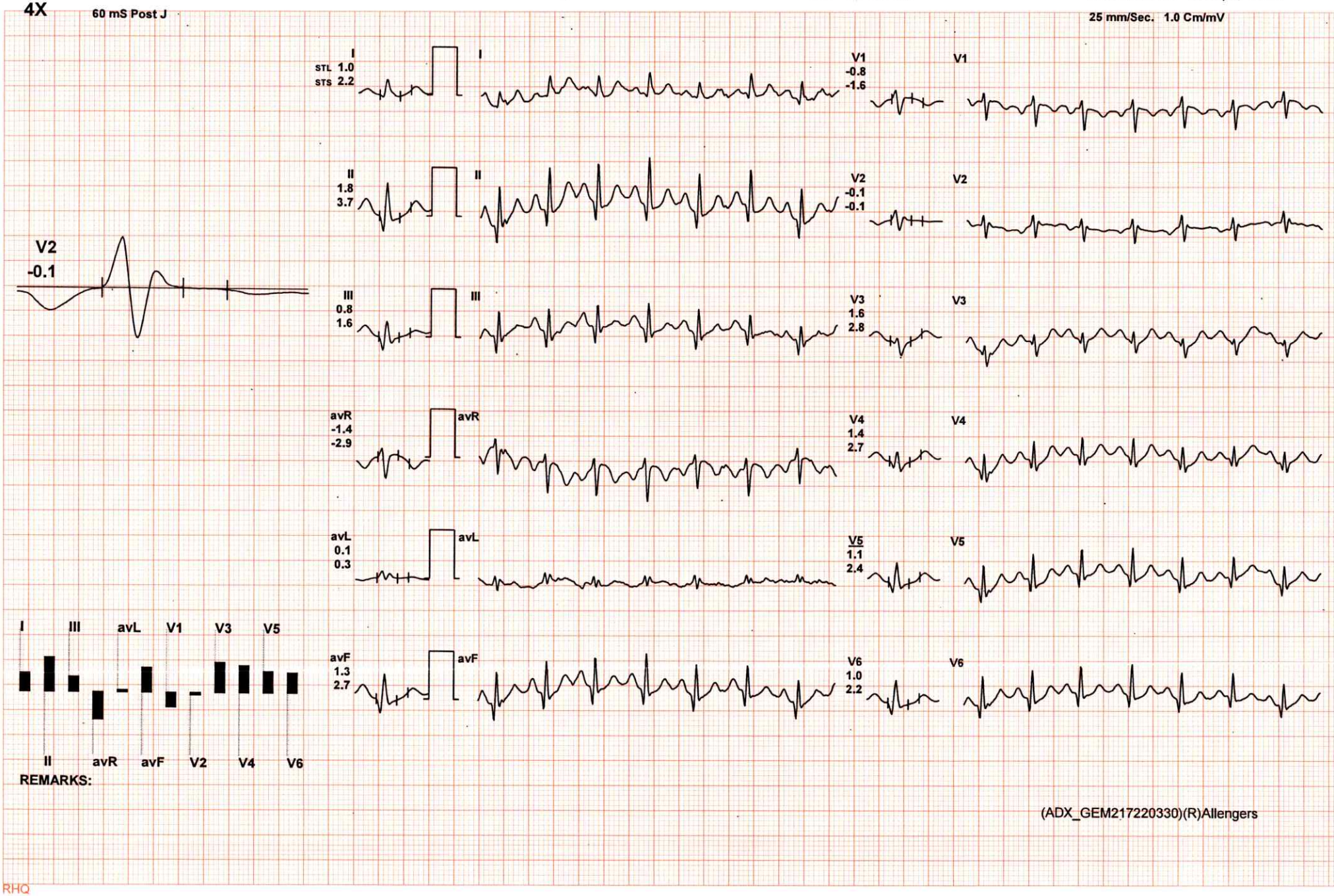
Date: 05 / 03 / 2023

METS: **1.2/ 143** bpm **82%** of THR BP: **136/90 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: **07:21** **0.0** mph, **0.0%**

4X **60 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

RHQ

DR GOYAL'S PATH LAB & IMAGING CENTRE

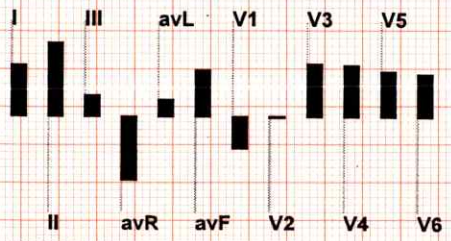
Recovery(2:00)

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 124

Date: 05 / 03 / 2023 METS: **1.0/ 124** bpm **71%** of THR BP: **130/82 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **07:21** **0.0** mph, **0.0%**

4X **80 mS Post J** **25 mm/Sec. 1.0 Cm/mV**



REMARKS:

(ADX_GEM217220330)(R)Allengers

RHQ

DR GOYAL'S PATH LAB & IMAGING CENTRE

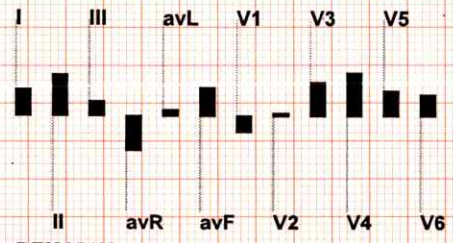
Recovery(3:00)

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 115

Date: 05 / 03 / 2023 METS: **1.0/ 115** bpm **66%** of THR BP: **126/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **07:21** **0.0** mph, **0.0%**

4X **80 mS Post J** **25 mm/Sec. 1.0 Cm/mV**



REMARKS:

(ADX_GEM217220330)(R)Allengers

RHQ

DR GOYAL'S PATH LAB & IMAGING CENTRE

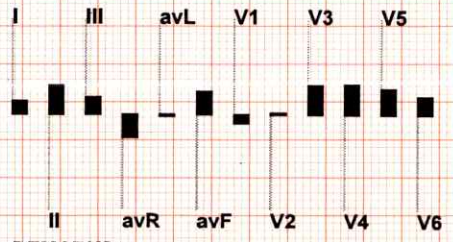
Recovery(4:00)

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 105

Date: 05 / 03 / 2023 METS: **1.0/ 105** bpm **60%** of THR BP: **120/78 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **07:21** **0.0** mph, **0.0%**

4X **80 mS Post J** **25 mm/Sec. 1.0 Cm/mV**



REMARKS:

(ADX_GEM217220330)(R)Allengers

RHQ

DR GOYAL'S PATH LAB & IMAGING CENTRE

Recovery(4:43)

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 110

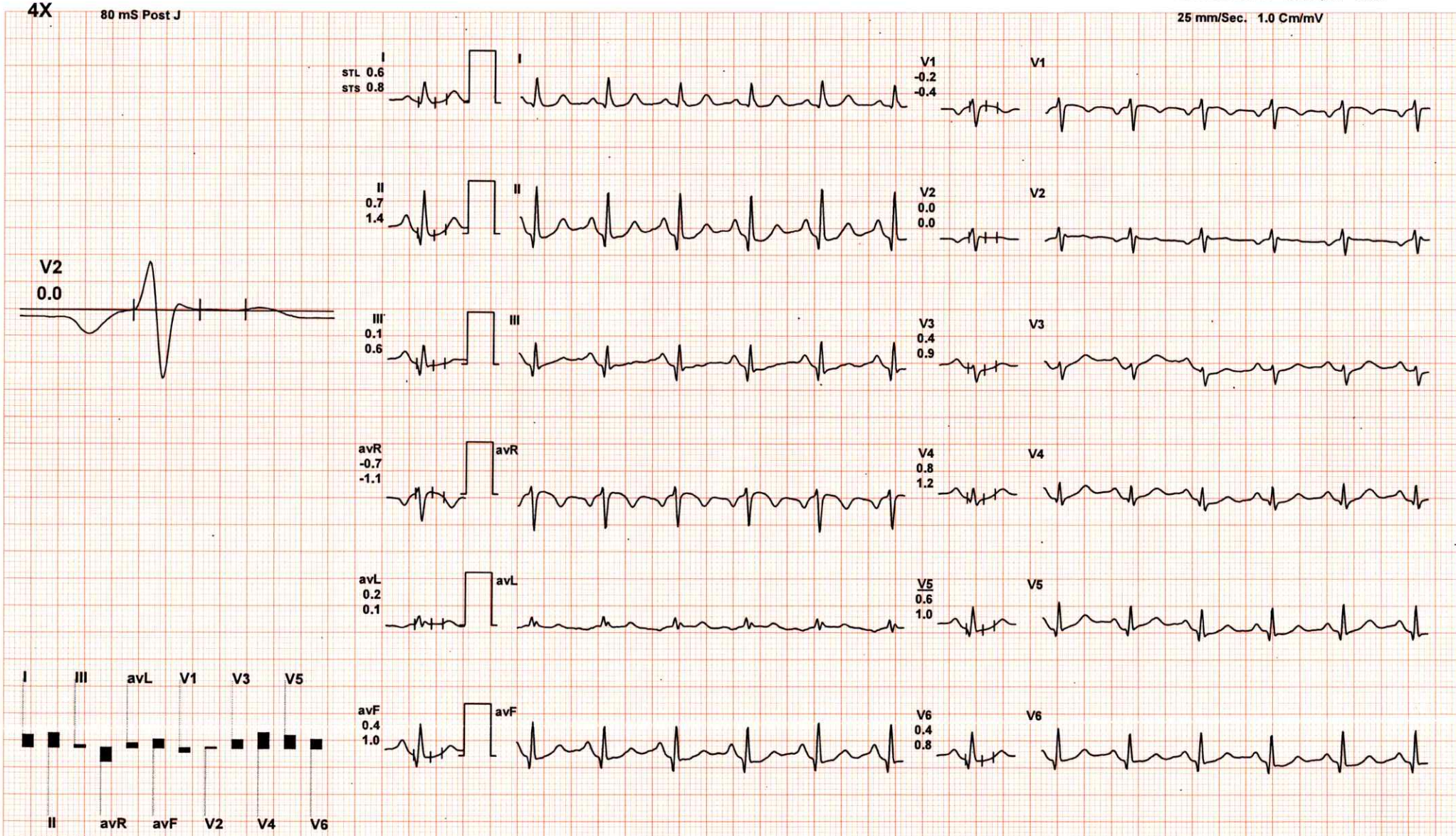
Date: 05 / 03 / 2023

METS: **1.0/ 110** bpm **63%** of THR BP: **116/74 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: **07:21** **0.0** mph, **0.0%**

4X **80 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

RHQ

DR GOYAL'S PATH LAB & IMAGING CENTRE

Average

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 86

Date: 05 / 03 / 2023

(ADX_GEM217220330)(R)Allengers

RHQ

DR GOYAL'S PATH LAB & IMAGING CENTRE

Average

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 86

Date: 05 / 03 / 2023

(ADX_GEM217220330)(R)Allengers

RHQ

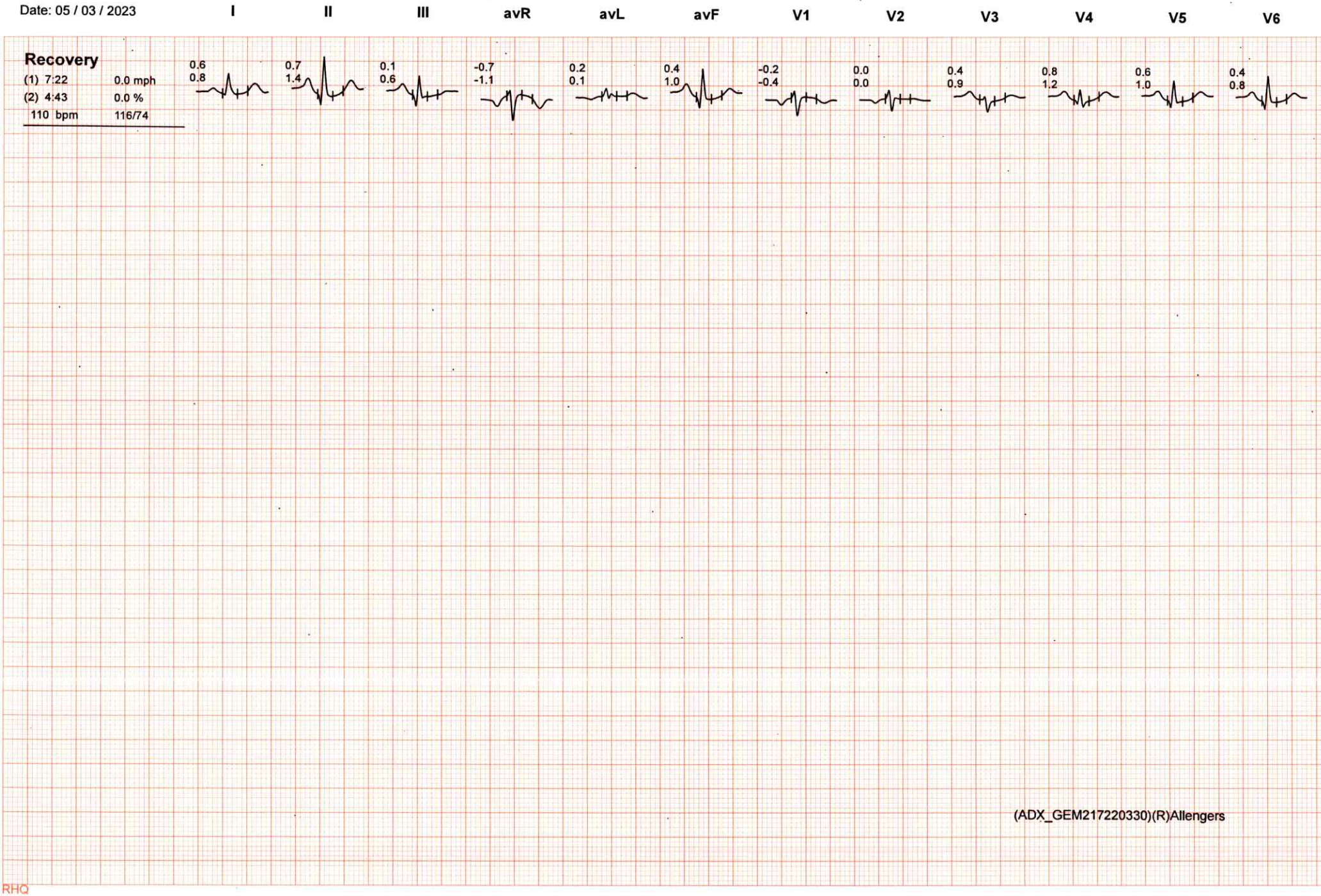
DR GOYAL'S PATH LAB & IMAGING CENTRE

Average

AGHPL

MRS SURBHI / 46 Yrs / F / 0 Cms / 0 Kg / HR : 86

Date: 05 / 03 / 2023



RHQ

Dr. Goyal's
Path Lab & Imaging Centre
MC- 5509
B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur
Tele: 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com

Date :- 05/03/2023 08:22:58
NAME :- Mrs. SURBHI
Sex / Age :- Female 46 Yrs 3 Mon 25 Days
Company :- MediWheel

Patient ID :-122229820
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA
Sample Collected Time 05/03/2023 08:34:09
Final Authentication : 05/03/2023 12:36:55

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGEFEMALE ABOVE 40			
GLYCOSYLATED HEMOGLOBIN (HbA1C) **Method:- HPLC**	5.8	%	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 overthe 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 plasmaglucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHbdepends 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 measureof the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to themean of HbA1C.Genetic variants (e.g: HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1cmeasurements. The effects vary depending on the specific Hb vatiant or derivative and the specific HbA1c method.
Ref by ADA 2020

MEAN PLASMA GLUCOSE **Method:- Calculated Parameter**	120	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher

AJAYSINGH
Technologist

Dr. Rashmi Bakshi
MBBS. MD (Path)
RMC No. 17975/008828

Dr. Goyal's
Path Lab & Imaging Centre
MC- 5509
B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur
Tele: 0141-2293346, 4049787, 9887049787
Website :www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com

Date :- 05/03/2023 08:22:58
NAME :- Mrs. SURBHI
Sex / Age :- Female 46 Yrs 3 Mon 25 Days
Company :- MediWheel

Patient ID :-122229820
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA
Sample Collected Time 05/03/2023 08:34:09
Final Authentication : 05/03/2023 12:36:55

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	**11.5** L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.20	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	53.3	%	40.0 - 80.0
LYMPHOCYTE	**41.9** H	%	20.0 - 40.0
EOSINOPHIL	1.8	%	1.0 - 6.0
MONOCYTE	2.8	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.31	10^3/uL	1.50 - 7.00
LYMPH#	2.60	10^3/uL	1.00 - 3.70
EO#	0.11	10^3/uL	0.00 - 0.40
MONO#	0.17	10^3/uL	0.00 - 0.70
BASO#	0.01	10^3/uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.17	x10^6/uL	3.80 - 4.80
HEMATOCRIT (HCT)	**34.40** L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	**82.5** L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.4	g/dL	31.5 - 34.5
PLATELET COUNT	246	x10^3/uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	19.78		

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

Dr. Rashmi Bakshi
MBBS. MD (Path)
RMC No. 17975/008828

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Lab/Hosp :-

Sample Type :- EDTA | Sample Collected Time 05/03/2023 08:34:09 | Final Authentication : 05/03/2023 12:36:55

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	11	mm/hr.	00 - 20

(ESR) Methodology : Measurment of ESR by cells aggregation.
Instrument Name : Indepedent form Hematocrit value by Automated Analyzer (Roller-20)
Interpretation : ESR test is a non-specific indicator ofinflammatory disease and abnormal protein states.
The test in used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction
Levels are higher in pregnency due to hyperfibrinogenaemia.
The "3-figure ESR " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue diseasa.

(CBC): Methodology: TLC DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName:** Sysmex 6 part fully automatic analyzer XN-L,Japan

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Date :- 05/03/2023 08:22:58
NAME :- Mrs. SURBHI
Sex / Age :- Female 46 Yrs 3 Mon 25 Days
Company :- MediWheel

Patient ID :-122229820
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- PLAIN/SERUM | Sample Collected Time 05/03/2023 08:34:09 | Final Authentication : 05/03/2023 11:29:24

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL **Method:- Enzymatic Endpoint Method**	190.66	mg/dl	Desirable <200 Borderline 200-239 High> 240
TRIGLYCERIDES **Method:- GPO-PAP**	88.63	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL **Method:- Direct clearance Method**	54.27	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL **Method:- Direct clearance Method**	121.62	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL **Method:- Calculated**	17.73	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO **Method:- Calculated**	3.51		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO **Method:- Calculated**	2.24		0.00 - 3.50
TOTAL LIPID **Method:- CALCULATED**	538.87	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 HDLCHOLESTERO **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

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) **Method:- Colorimetric method**	0.43	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**	0.23	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) **Method:- Calculated**	0.20	mg/dl	0.30-0.70
SGOT **Method:- IFCC**	19.3	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT **Method:- IFCC**	17.6	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE **Method:- AMP Buffer**	57.50	IU/L	30.00 - 120.00
SERUM GAMMA GT **Method:- IFCC**	22.10	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN **Method:- Biuret Reagent**	6.90	g/dl	6.40 - 8.30
SERUM ALBUMIN **Method:- Bromocresol Green**	4.44	g/dl	3.80 - 5.00
SERUM GLOBULIN **Method:- CALCULATION**	2.46	gm/dl	2.20 - 3.50
A/G RATIO	1.80		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 hepatobilary 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 areseen 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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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 **Method:- Chemiluminescence(Competitive immunoassay)**	1.020	ng/ml	0.970 - 1.690
SERUM TOTAL T4 **Method:- Chemiluminescence(Competitive immunoassay)**	7.100	ug/dl	5.500 - 11.000
SERUM TSH ULTRA **Method:- Enhanced Chemiluminescence Immunoassay**	**9.450** H	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

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NAME :- Mrs. SURBHI
Sex / Age :- Female 46 Yrs 3 Mon 25 Days
Company :- MediWheel

Patient ID :-122229820
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- URINE | Sample Collected Time 05/03/2023 08:34:09 | Final Authentication : 05/03/2023 10:49:16

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) **Method:- Reagent Strip(Double indicatior blue reaction)**	5.5		5.0 - 7.5
SPECIFIC GRAVITY **Method:- Reagent Strip(bromthymol blue)**	1.025		1.010 - 1.030
PROTEIN **Method:- Reagent Strip (Sulphosalicylic acid test)**	NIL		NIL
GLUCOSE **Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)**	NIL		NIL
BILIRUBIN **Method:- Reagent Strip (Azo-coupling reaction)**	NEGATIVE		NEGATIVE
UROBILINOGEN **Method:- Reagent Strip (Modified ehrlich reaction)**	NORMAL		NORMAL
KETONES **Method:- Reagent Strip (Sodium Nitropruside) Rothera's**	NEGATIVE		NEGATIVE
NITRITE **Method:- Reagent Strip (Diazotization reaction)**	NEGATIVE		NEGATIVE
RBC **Method:- Reagent Strip (Peroxidase like activity)**	NIL		NIL
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		

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NAME :- Mrs. SURBHI
Sex / Age :- Female 46 Yrs 3 Mon 25 Days
Company :- MediWheel

Patient ID :-122229820
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- STOOL | Sample Collected Time 05/03/2023 08:34:09 | Final Authentication : 05/03/2023 10:49:16

CLINICAL PATHOLOGY

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

Collected Sample Received

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Date :- 05/03/2023 08:22:58
NAME :- Mrs. SURBHI
Sex / Age :- Female 46 Yrs 3 Mon 25 Days
Company :- MediWheel

Patient ID :-122229820
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-PLAIN Sample Collected Time 05/03/2023 08:34:09 Final Authentication : 05/03/2023 12:32:23

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) **Method:- GOD PAP**	94.5	mg/dl	75.0 - 115.0

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

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

BLOOD SUGAR PP (Plasma) **Method:- GOD PAP**	99.2	mg/dl	70.0 - 140.0

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

SERUM CREATININE **Method:- Colorimetric Method**	0.90	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID **Method:- Enzymatic colorimetric**	**6.55** H	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval

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NAME :- Mrs. SURBHI
Sex / Age :- Female 46 Yrs 3 Mon 25 Days
Company :- MediWheel

Patient ID :-122229820
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA, URINE | Sample Collected Time 05/03/2023 08:34:09 | Final Authentication : 05/03/2023 12:36:55

HAEMATOLOGY

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

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.2	mg/dl	0.0 - 23.0

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Patient ID :-122229820
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- SWAB
Sample Collected Time 05/03/2023 08:34:09
Final Authentication : 05/03/2023 13:58:34

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 & bacterial flora. Clue cells also seen.

IMPRESSION : Bacterial Vaginosis.

Adv: Clinical correlation.

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 ******

SITAGURJAR
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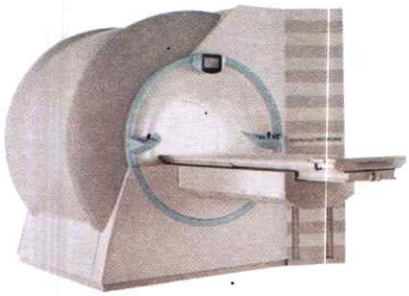

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NAME:	SURBHI	AGE	46 YRS
REF.BY	DR. BOB	DATE	05/03/2023

CHEST X RAY (PA VIEW)

Both lung fields appear clear.

Both costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Both domes of diaphragm appear normal.

Thoracic soft tissue and skeletal system appear unremarkable.

IMPRESSION:

- **No significant abnormality is noted**

DR. AMAN MAMODIA

DMRD, DNB (Radio-diagnosis)

Consultant Radiologist

"Disclaimer : This report is provisional and needs medical history, it may be completely altered after receipt of the prior medical history of the patient

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Final Authentication : 05/03/2023 12:36:33

BOB PACKAGEFEMALE ABOVE 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. 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 97 x 39 x46 mm.
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.
Endometrial echo is normal. Endometrial thickness is 7.7 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:
*** Bulky uterus.**
Needs clinical correlation & further evaluation

BILAL

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Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

Dr. Abhishek Jain
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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 ***

BILAL

Transcript by.

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