

**B** बैंक ऑफ बड़ौदा  
Bank of Baroda

नाम  
Name  
अंकिता चौहान  
ANKITA CHAUHAN  
कर्मचारी कूट क्र.  
E.C. No. 182601



*Ankit*  
जारीकर्ता प्राधिकारी  
Issuing Authority

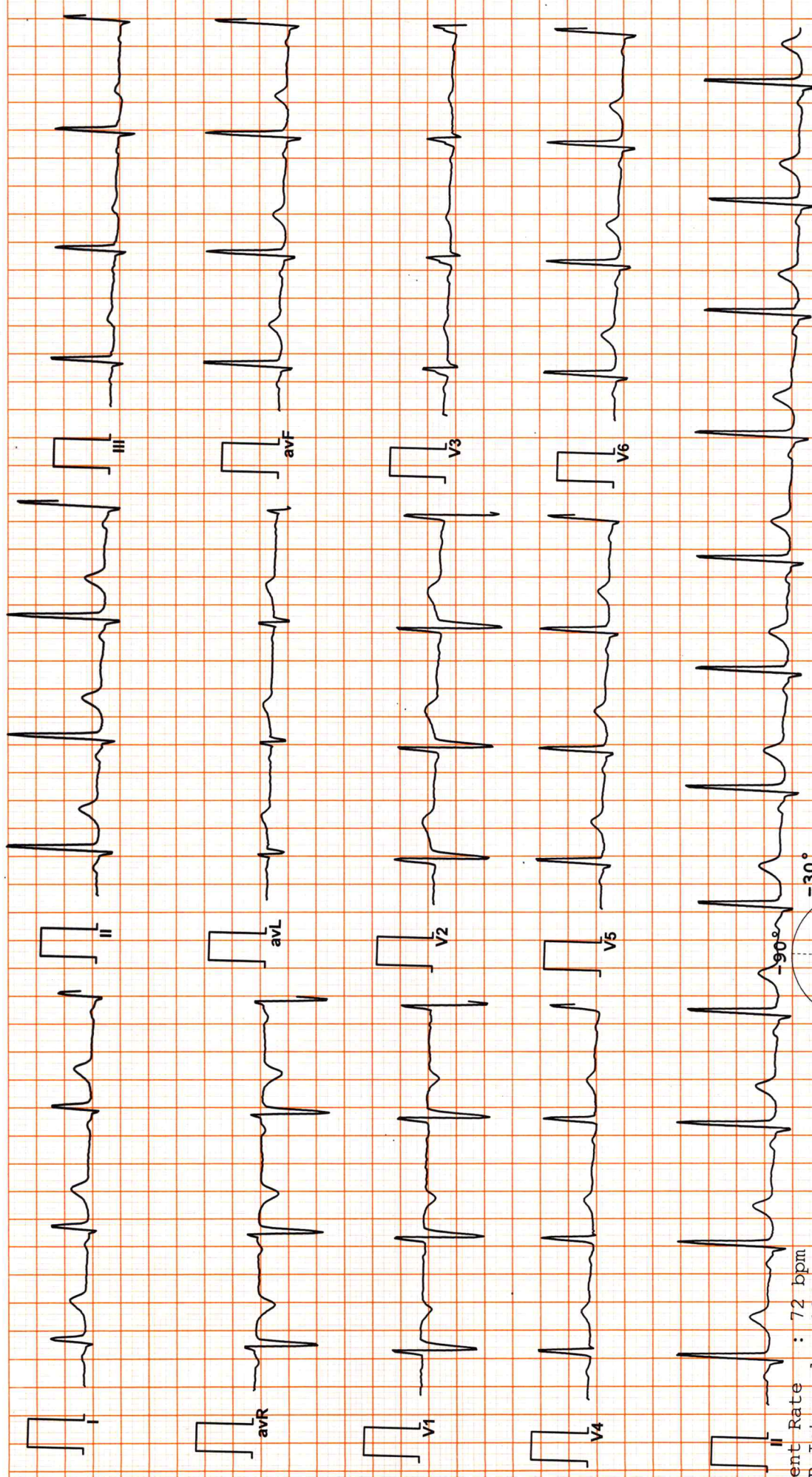
*Ankit*  
धारक के हस्ताक्षर  
Signature of Holder

*Ankit*

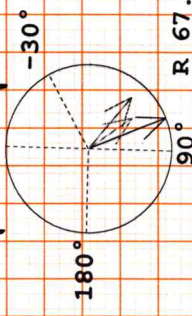
निलम्बे पर निम्नलिखित को लौटाएं  
सहायक महाप्रबंधक (सुरक्षा)  
बैंक ऑफ बड़ौदा, बड़ौदा कार्पोरेट सेन्टर  
सी-26, जी ब्लॉक, बान्द्रा कुर्ला कॉम्प्लेक्स  
मुम्बई 400 051, भारत  
फोन : 91 22 6698 5196, फैक्स : 91 22 2652 5747

**If found, please return to :**  
Asst. General Manager (Security)  
Bank of Baroda, Baroda Corporate Center  
C-26, G-Block, Bandra-Kurla Complex  
Mumbai- 400 051, India  
Phone : 91 22 6698 5196, Fax : 91 22 2652 5747.

*Dr. Piyush Goyal*  
M.B.D.S. D.M.F.I.  
RMO/3/110-51/9/06



Vent Rate : 72 bpm  
 PR Interval : 126 ms  
 QRS Duration : 88 ms  
 QT/QTc Int : 406/427 ms  
 P-QRS-T axis: 54.00° 67.00° 39.00°



**Dr. Narash Kumar Mohanka**  
 MBBS, DIP. CARDIO (EUROPS)  
 D.E.M. (RCCP-UK)



283 / MRS ANKITA CHAUHAN / 25 Yrs / F / 0 Cms / 30 Kg Date: 20-Mar-2022 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:45	0:45	01.1	00.0	01.0	074	38%	110/70	081	00	
Standing	00:53	0:08	01.1	00.0	01.0	075	38%	110/70	082	00	
HV	01:03	0:10	01.1	00.0	01.0	075	38%	110/70	082	00	
ExStart	02:09	1:06	01.1	00.0	01.0	098	50%	110/70	107	00	
BRUCE Stage 1	05:09	3:00	01.7	10.0	04.7	151	77%	120/74	181	00	
BRUCE Stage 2	08:09	3:00	02.5	12.0	07.1	171	88%	130/78	222	00	
PeakEx	08:38	0:29	03.4	14.0	07.6	175	90%	130/78	227	00	
Recovery	09:38	1:00	00.0	00.0	01.2	153	78%	130/78	198	00	
Recovery	10:38	2:00	00.0	00.0	01.0	115	59%	130/70	149	00	
Recovery	11:38	3:00	00.0	00.0	01.0	113	58%	120/70	135	00	
Recovery	12:38	4:00	00.0	00.0	01.0	099	51%	110/70	108	00	
Recovery	13:19	4:41	00.0	00.0	01.0	093	48%	110/70	102	00	

*TMT negative for RMI.*

**FINDINGS :**  
 Exercise Time : 06:29  
 Max HR Attained : 175 bpm 90% of Target 195  
 Max BP Attained : 130/78  
 Max WorkLoad Attained : 7.6 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

*Dr. Anand Goyal, MD, DM, DNB (Cardiology), DAB (ACC), DAB (ACC-EP)*

**DR. GOYALS PATH LAB & IMAGING CENTRE**

283 / MRS ANKITA CHAUHAN / 25 Yrs / F / 0 Cms / 30 Kg / HR : 74

Date: 20-Mar-2022 10:07:38 AM

METS: 1.0/ 74 bpm 38% of THR

BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

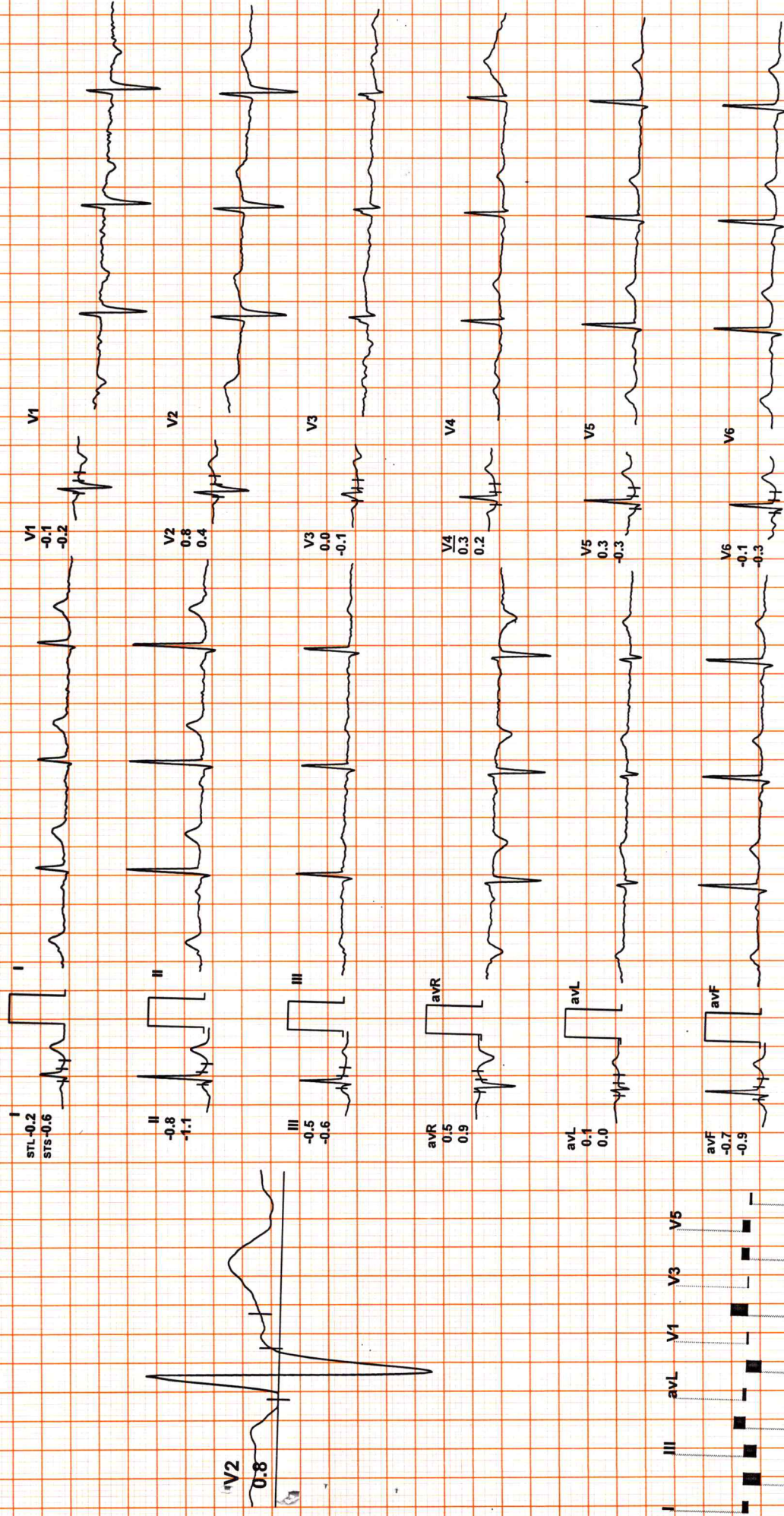
4X 80 mS Post J

**BRUCE:Supine(0:45)**



ExTime: 00:00 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

**DR. GOYALS PATH LAB & IMAGING CENTRE**

283 / MRS ANKITA CHAUHAN / 25 Yrs / F / 0 Cms / 30 Kg / HR : 75

Date: 20-Mar-2022 10:07:38 AM

METS: 1.0/ 75 bpm 38% of THR

4X 80 mS Post-J

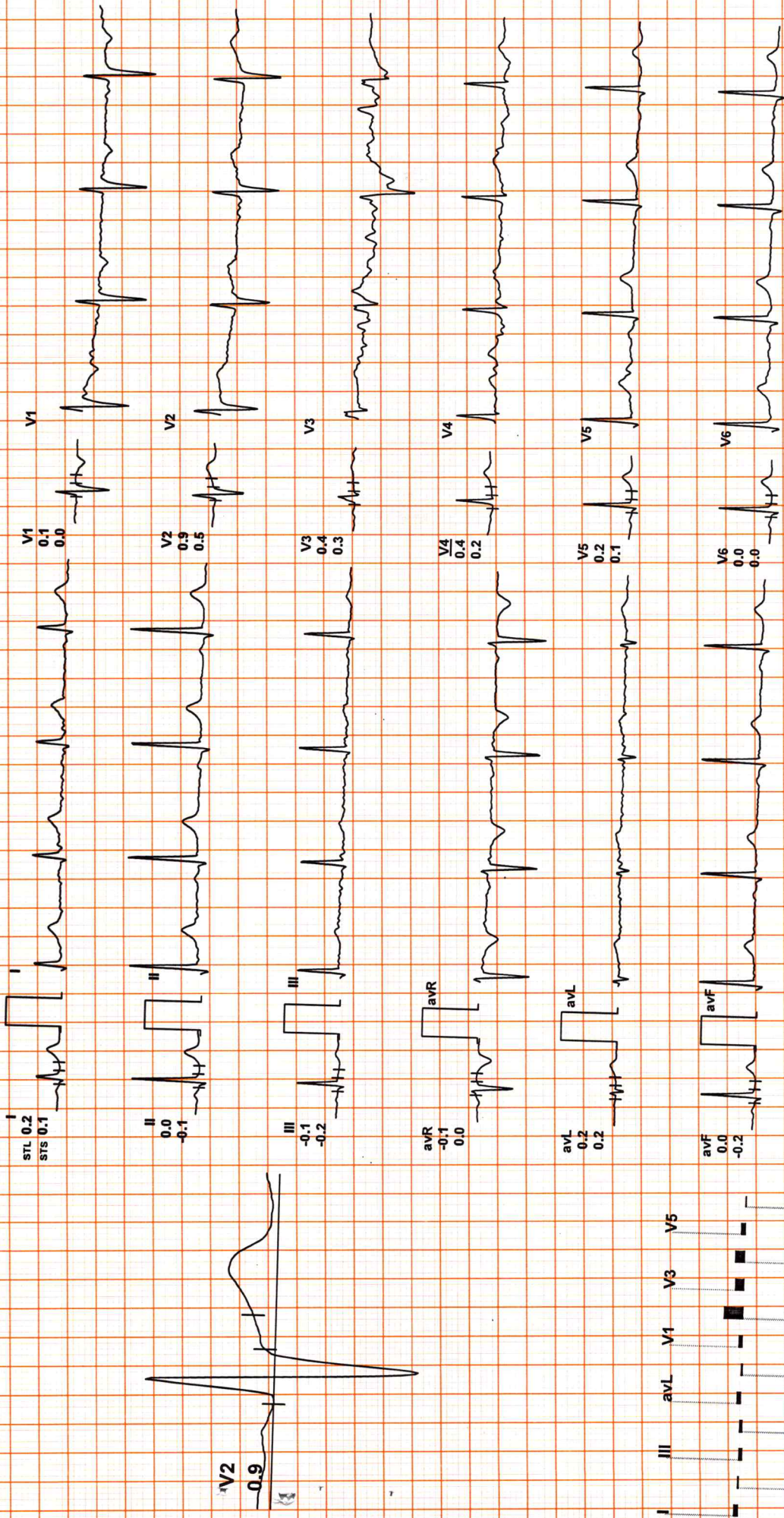
Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

**BRUCE:Standing(0:08)**



ExTime: 00:00 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

**DR. GOYALS PATH LAB & IMAGING CENTRE**

283 / MRS ANKITA CHAUHAN / 25 Yrs / F / 0 Cms / 30 Kg / HR : 75

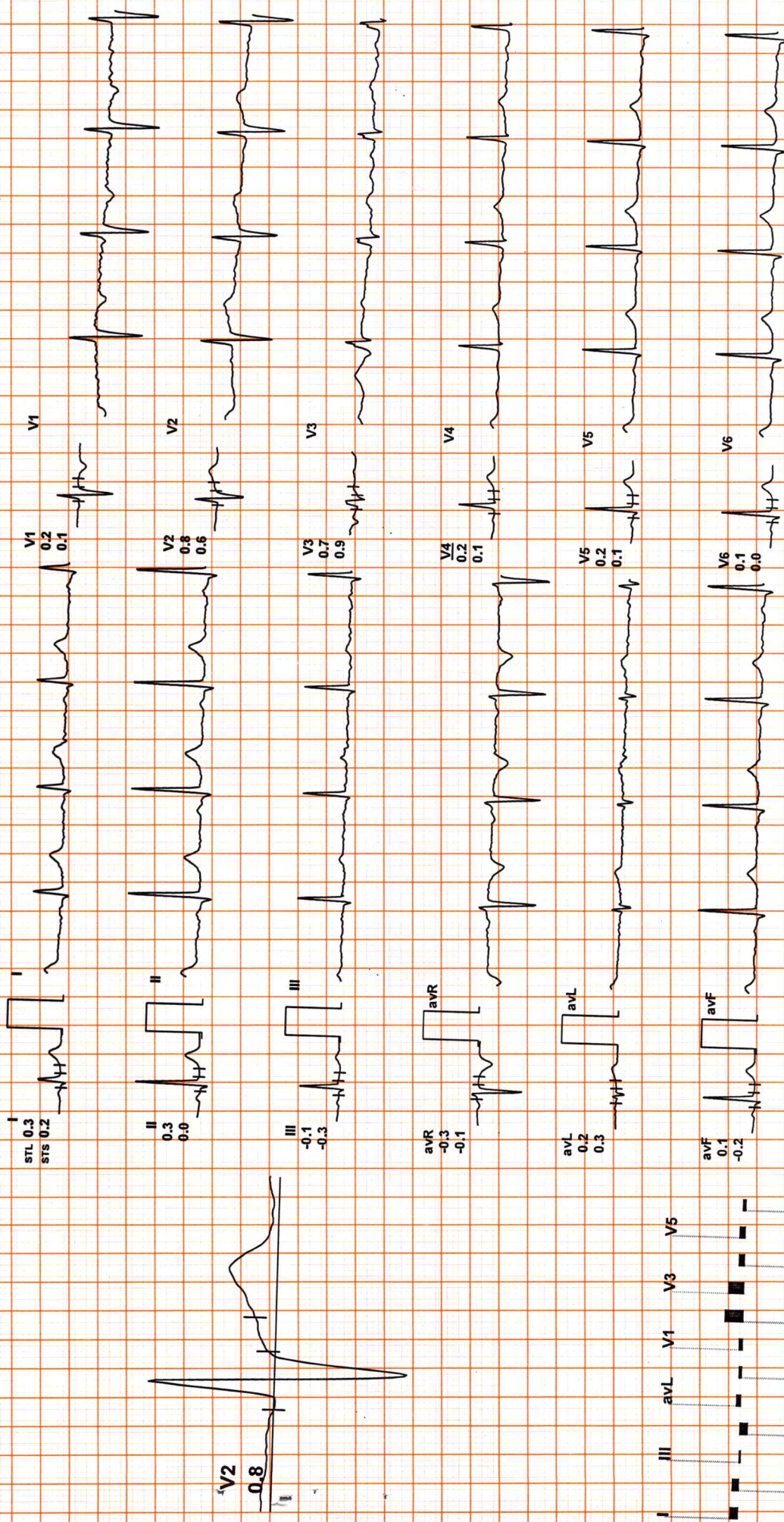
Date: 20-Mar-2022 10:07:38 AM METS: 1.0/ 75 bpm 38% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz  
4X 80 mS Post J

**BRUCE:HV(0:10)**



ExTime: 00:00 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

**DR. GOYALS PATH LAB & IMAGING CENTRE**

283 / MRS ANKITA CHAUHAN / 25 Yrs / F / 0 Cms / 30 Kg / HR : 98

Date: 20-Mar-2022 10:07:38 AM

METS: 1.0/ 98 bpm 50% of THR

BP: 110/70 mmHg

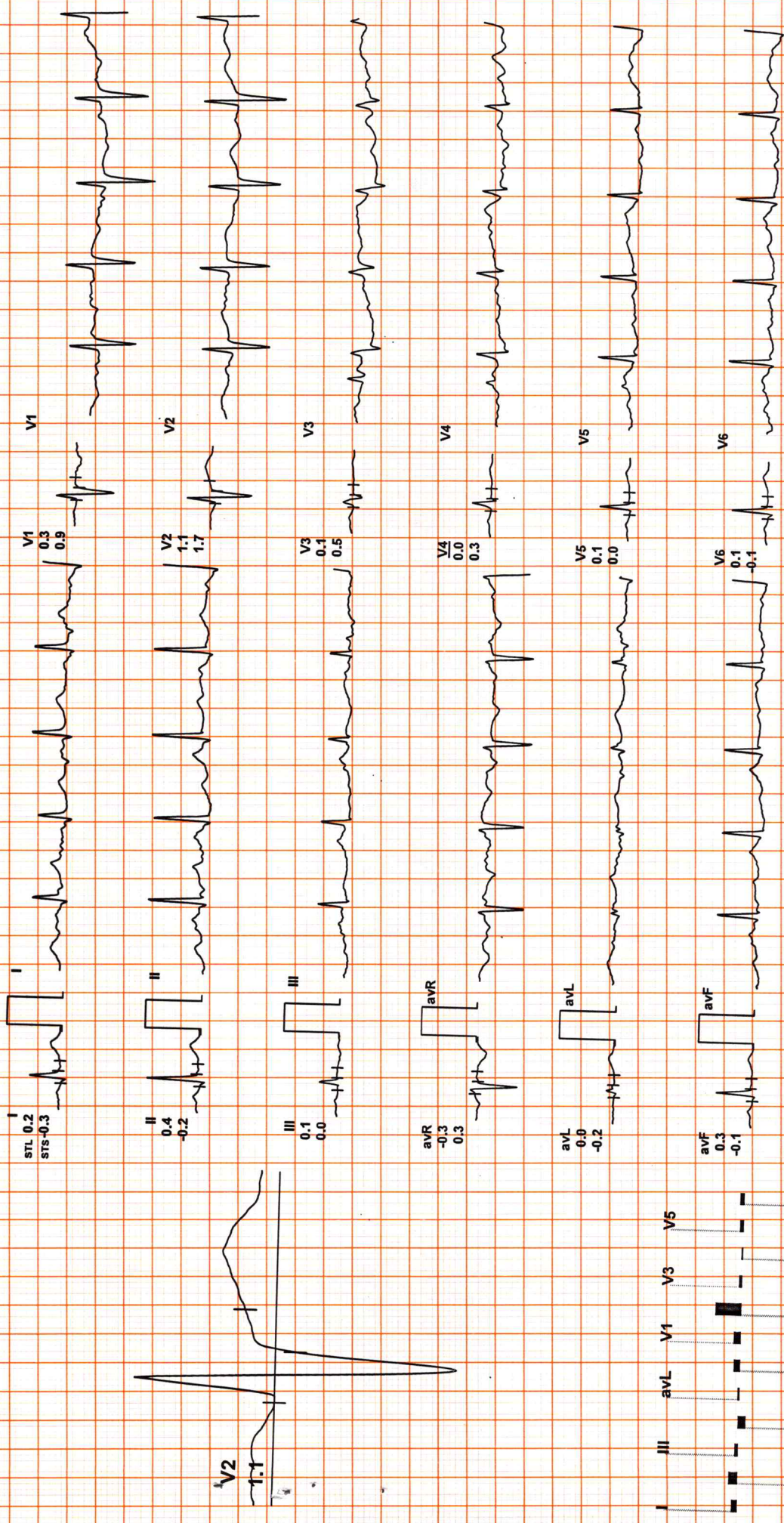
Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

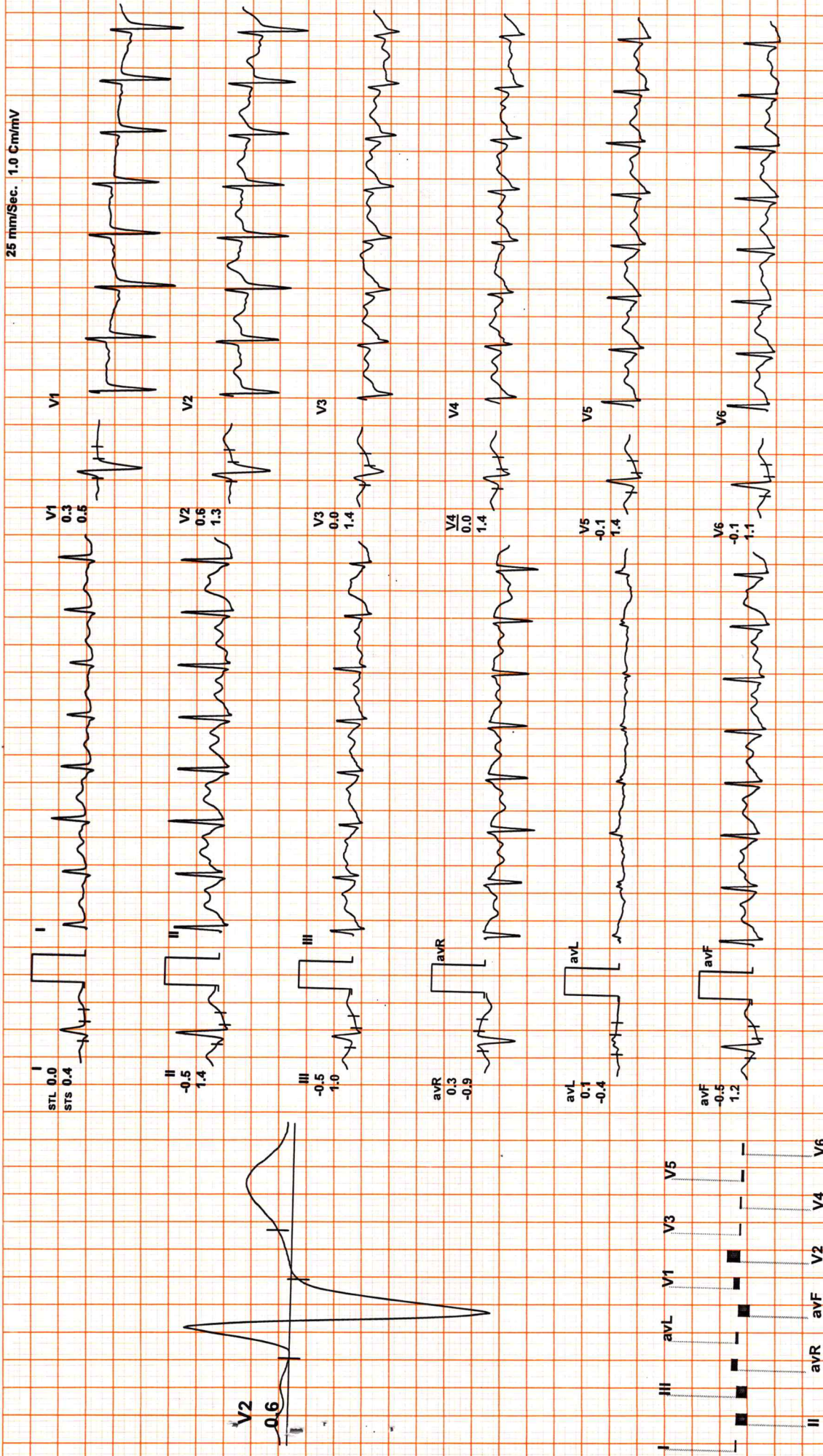
ExStart



25 mm/Sec. 1.0 Cm/mV

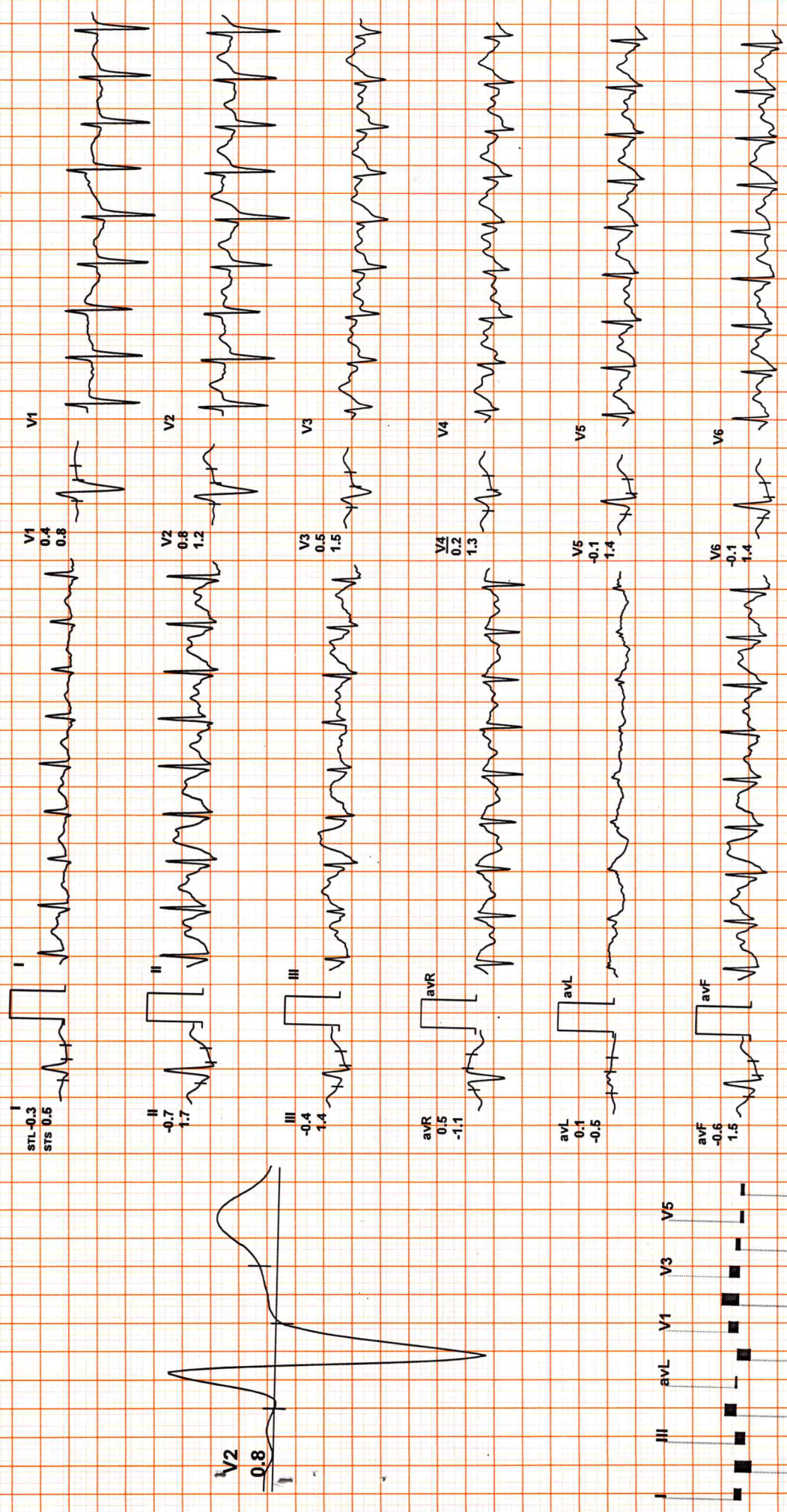


REMARKS:



REMARKS:





REMARKS:

# DR. GOYALS PATH LAB & IMAGING CENTRE

283 / MRS ANKITA CHAUHAN / 25 Yrs / F / 0 Cms / 30 Kg / HR : 175

Date: 20-Mar-2022 10:07:38 AM

METS: 7.6/ 175 bpm 90% of THR BP: 130/78 mmHg

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

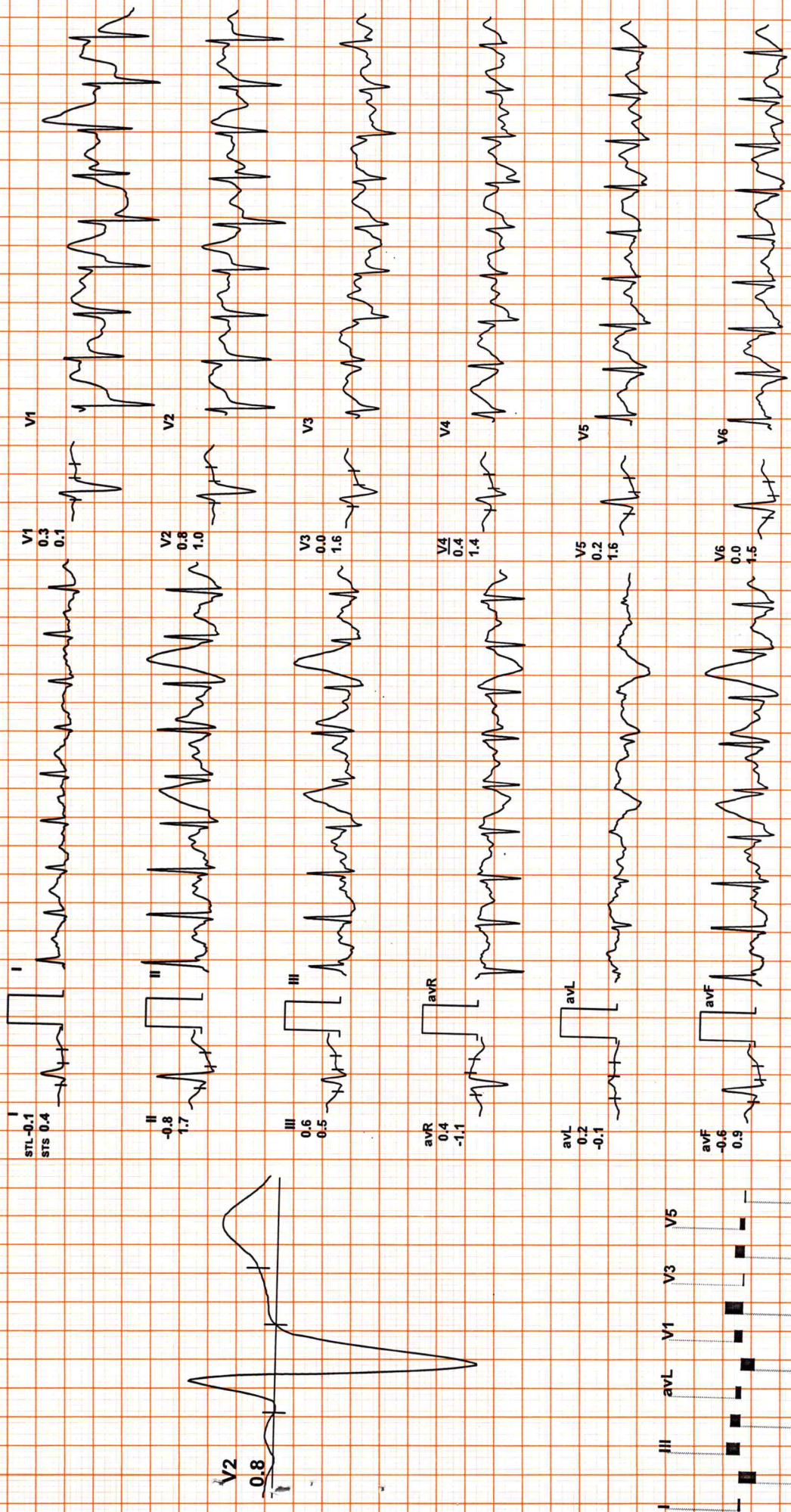
4X 60 mS Post J



PeakEx

ExTime: 06:29 3.4 mph, 14.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

**DR. GOYALS PATH LAB & IMAGING CENTRE**

283 / MRS ANKITA CHAUHAN / 25 Yrs / F / 0 Cms / 30 Kg / HR : 153

Date: 20-Mar-2022 10:07:38 AM

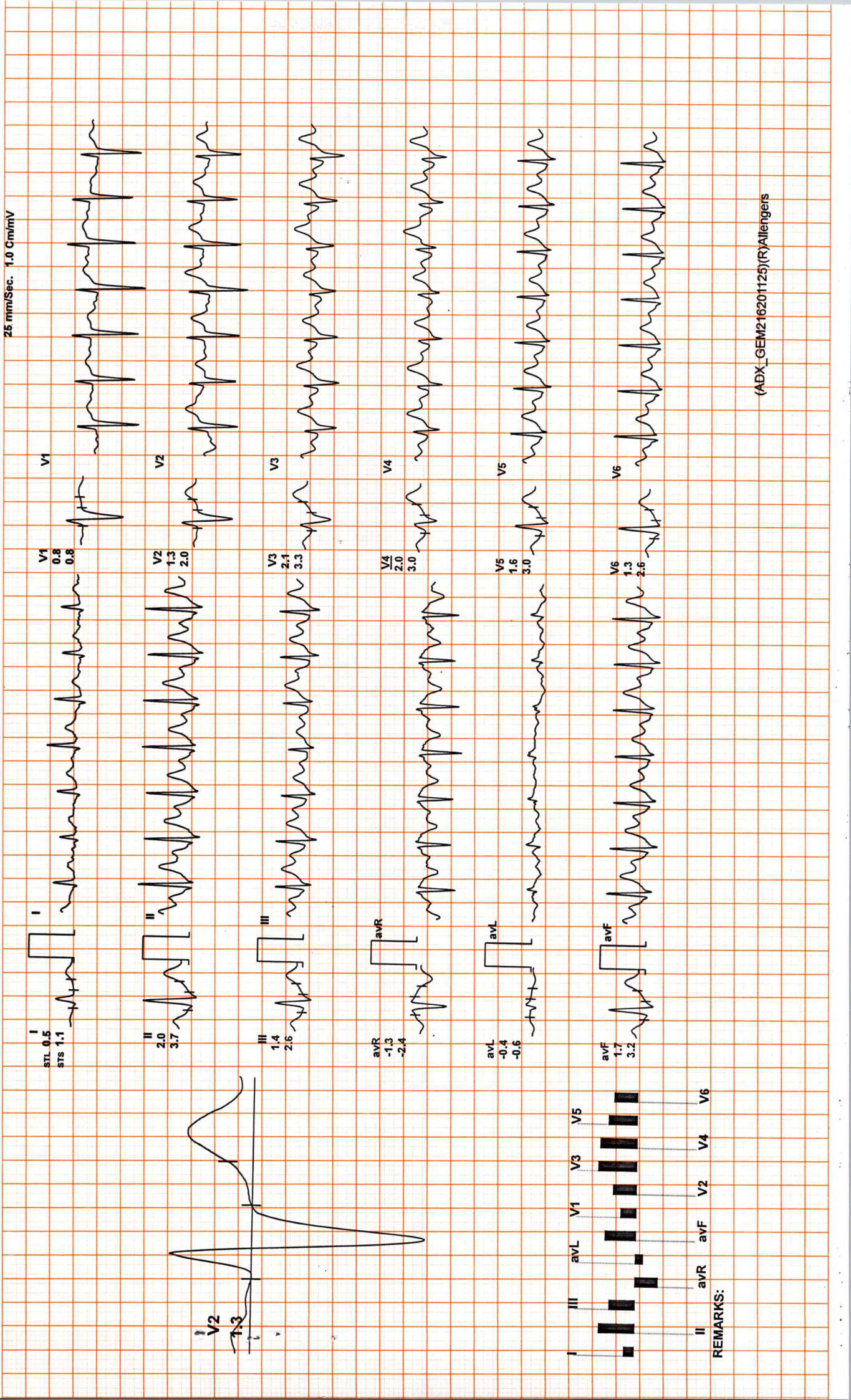
METS: 1.2/ 153 bpm 78% of THR BP: 130/78 mmHg

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

**4X** 60 mS Post J

**Recovery(1:00)**

ExTime: 06:29 0.0 mph, 0.0%



REMARKS:

# DR. GOYALS PATH LAB & IMAGING CENTRE

283 / MRS ANKITA CHAUHAN / 25 Yrs / F / 0 Cms / 30 Kg / HR : 115

Date: 20-Mar-2022 10:07:38 AM

METS: 1.0/ 115 bpm 59% of THR

BP: 130/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

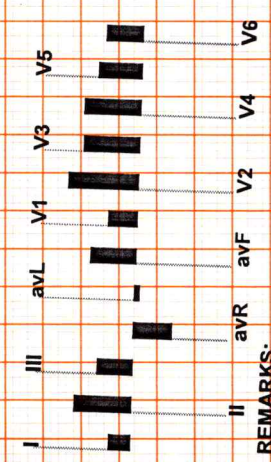
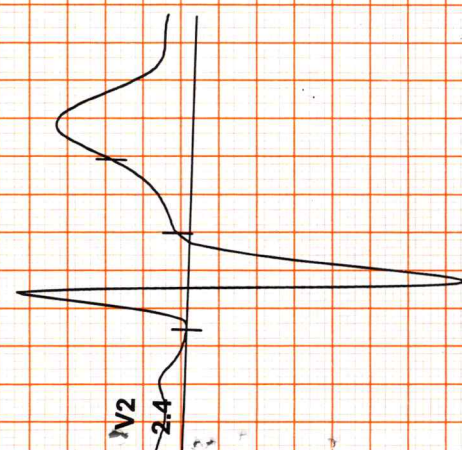
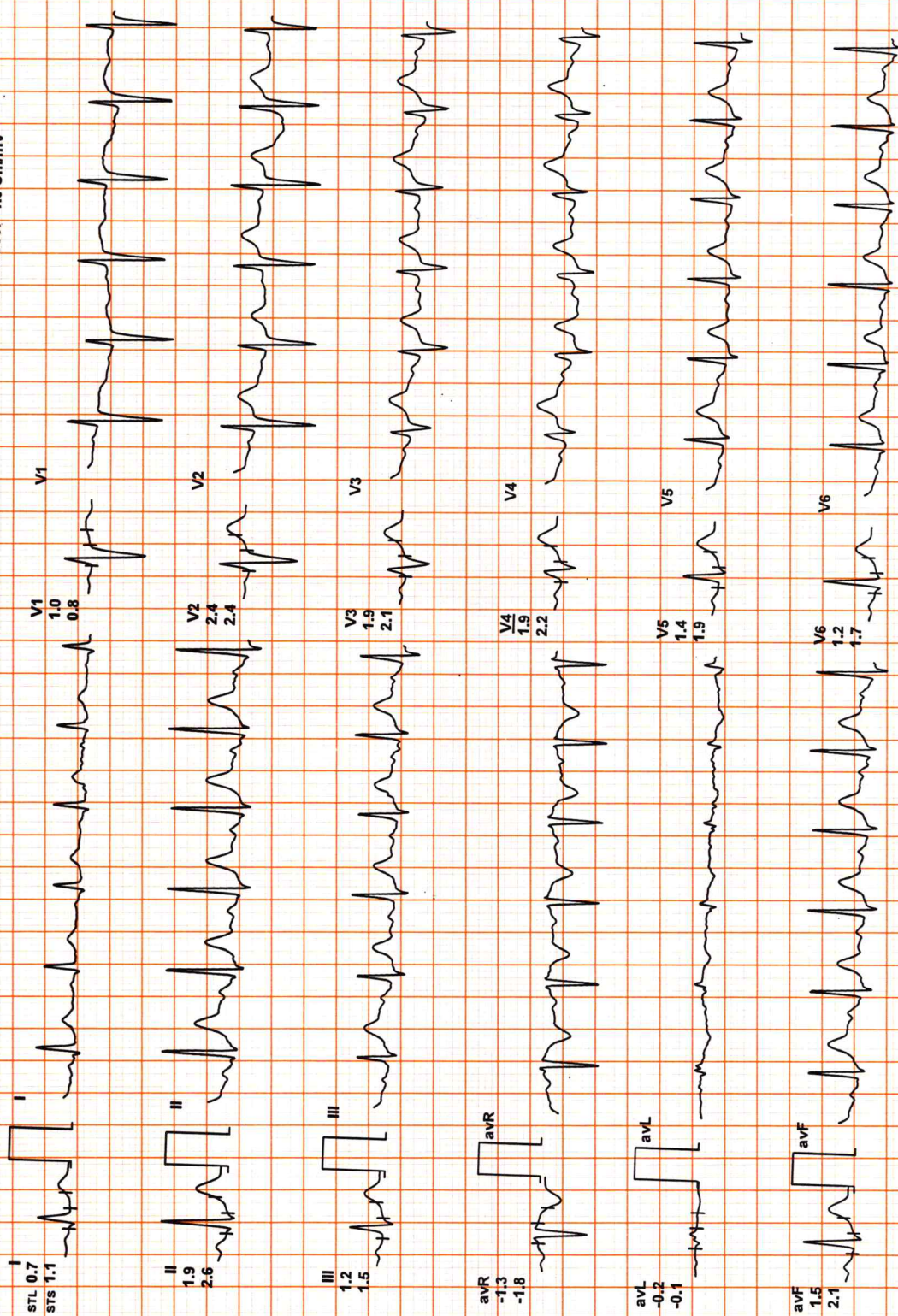
4X 80 mS Post-J

Recovery(2:00)

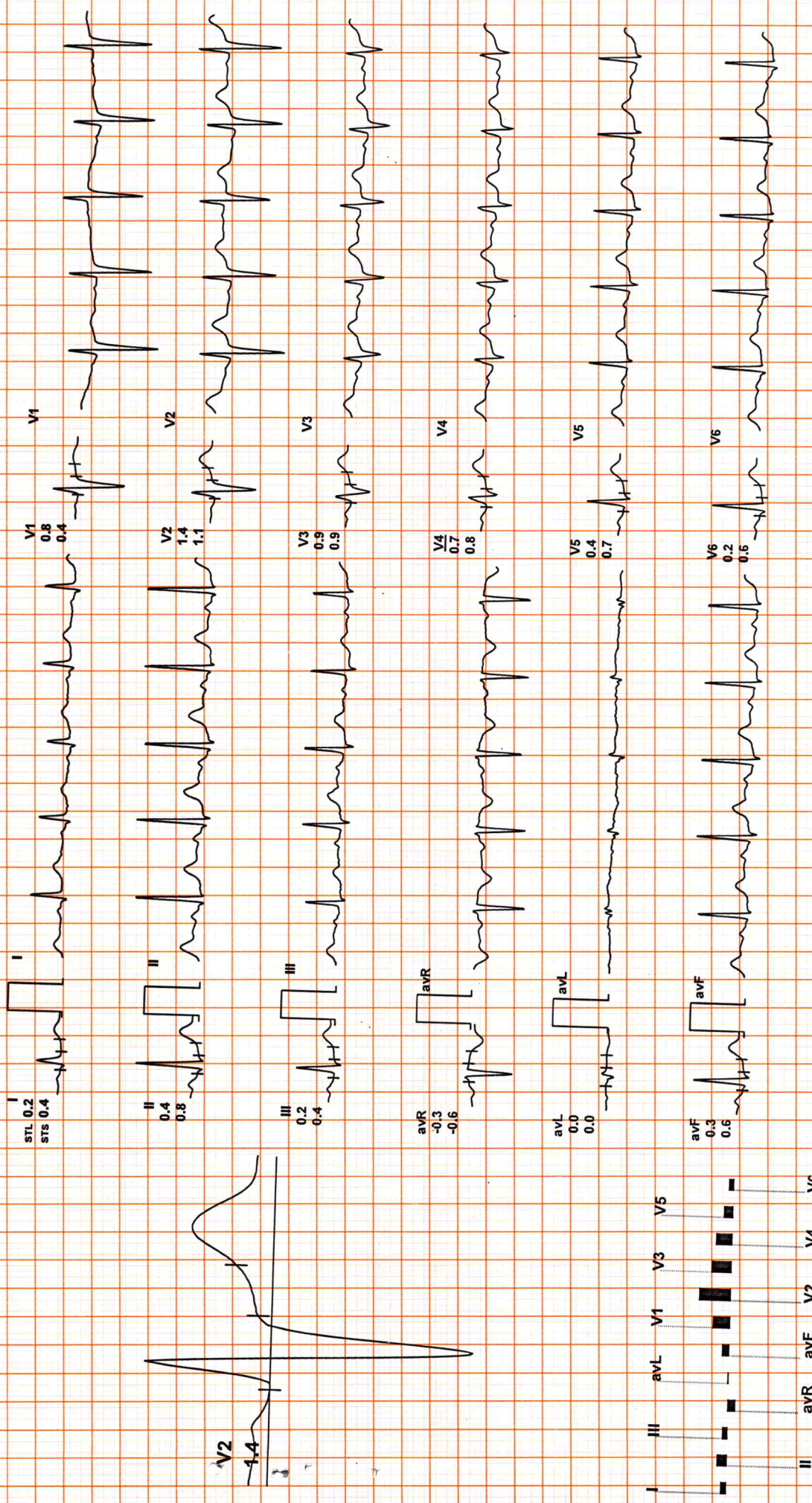


ExTime: 06:29 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

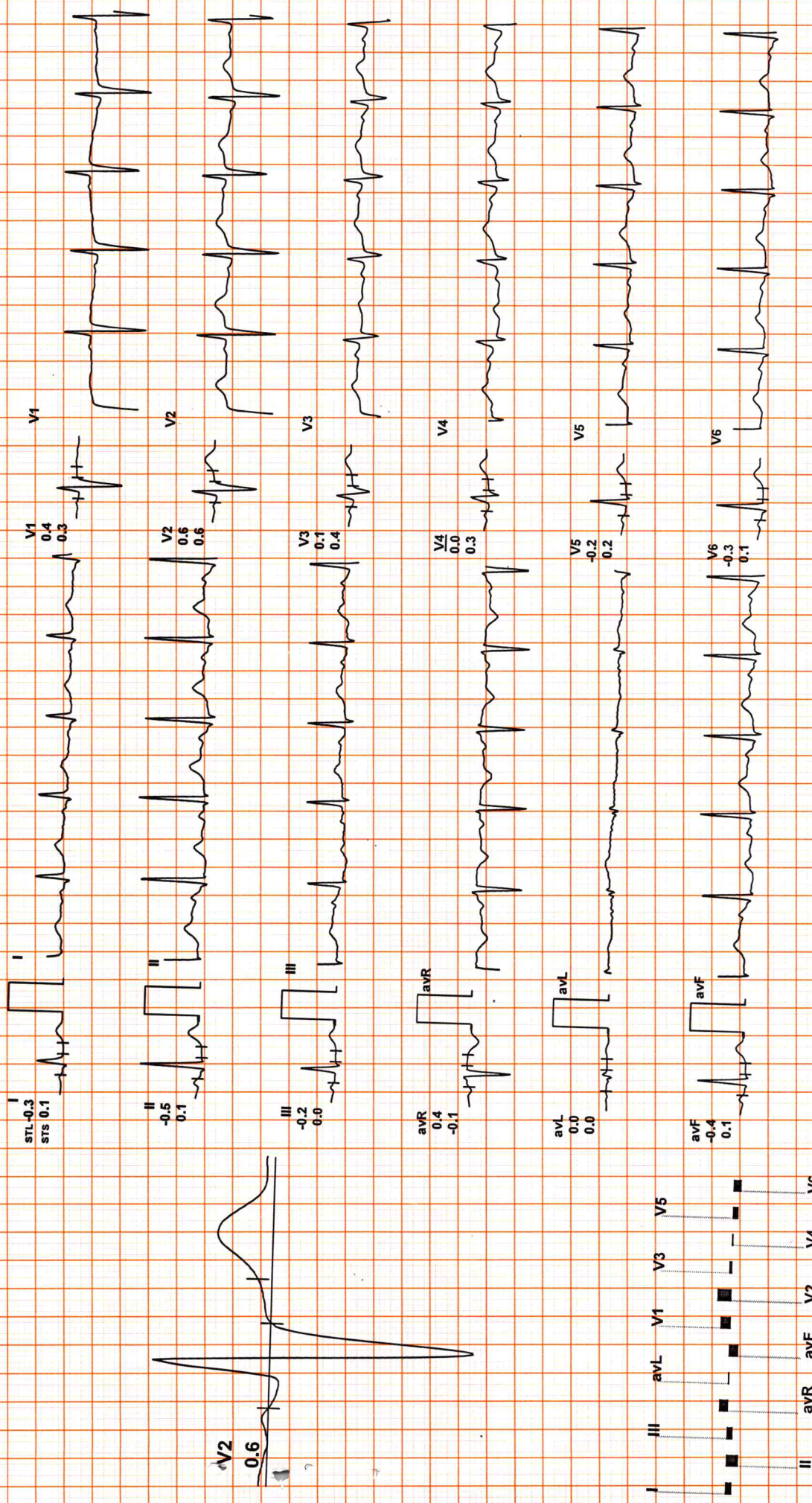


REMARKS:



ExTime: 06:29 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

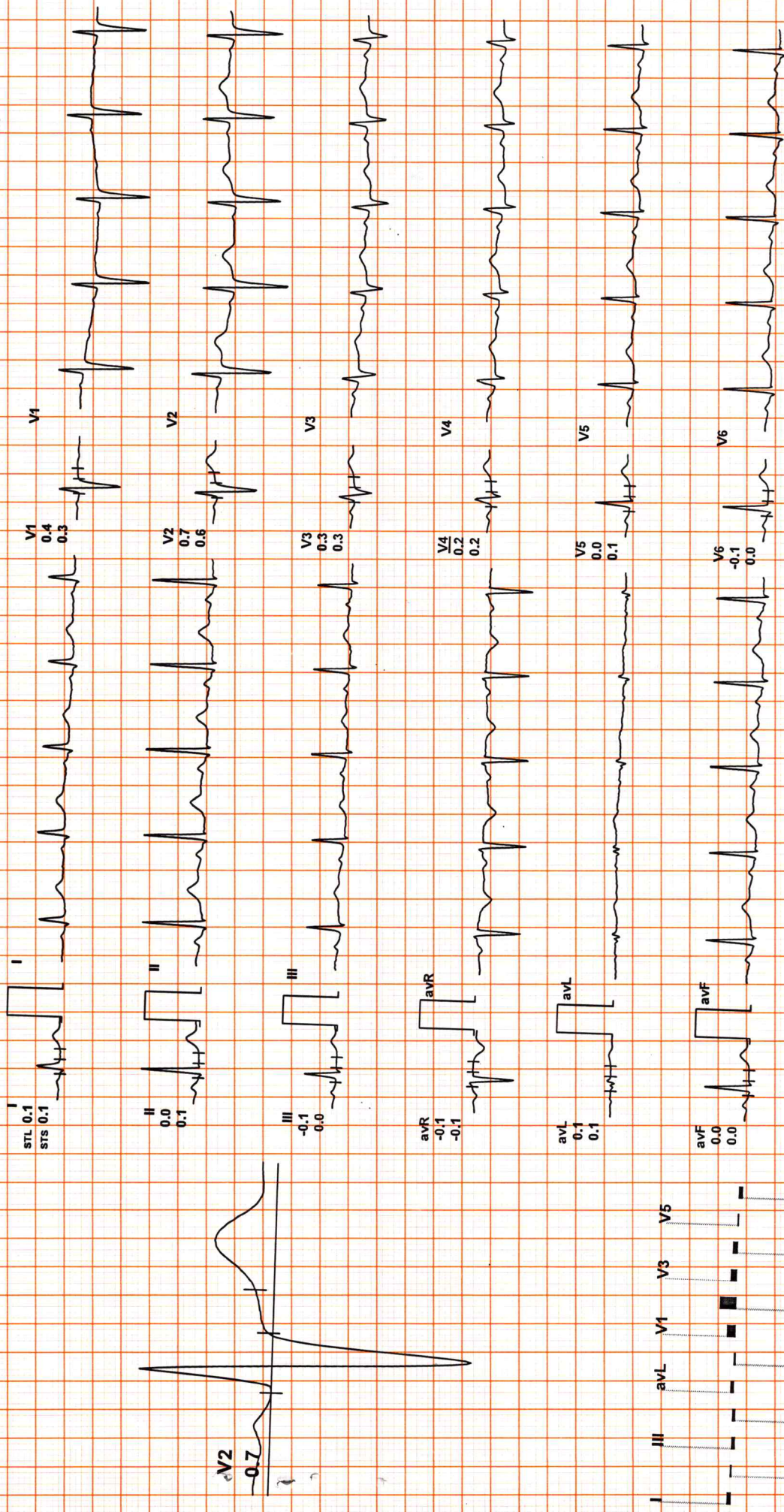


REMARKS:

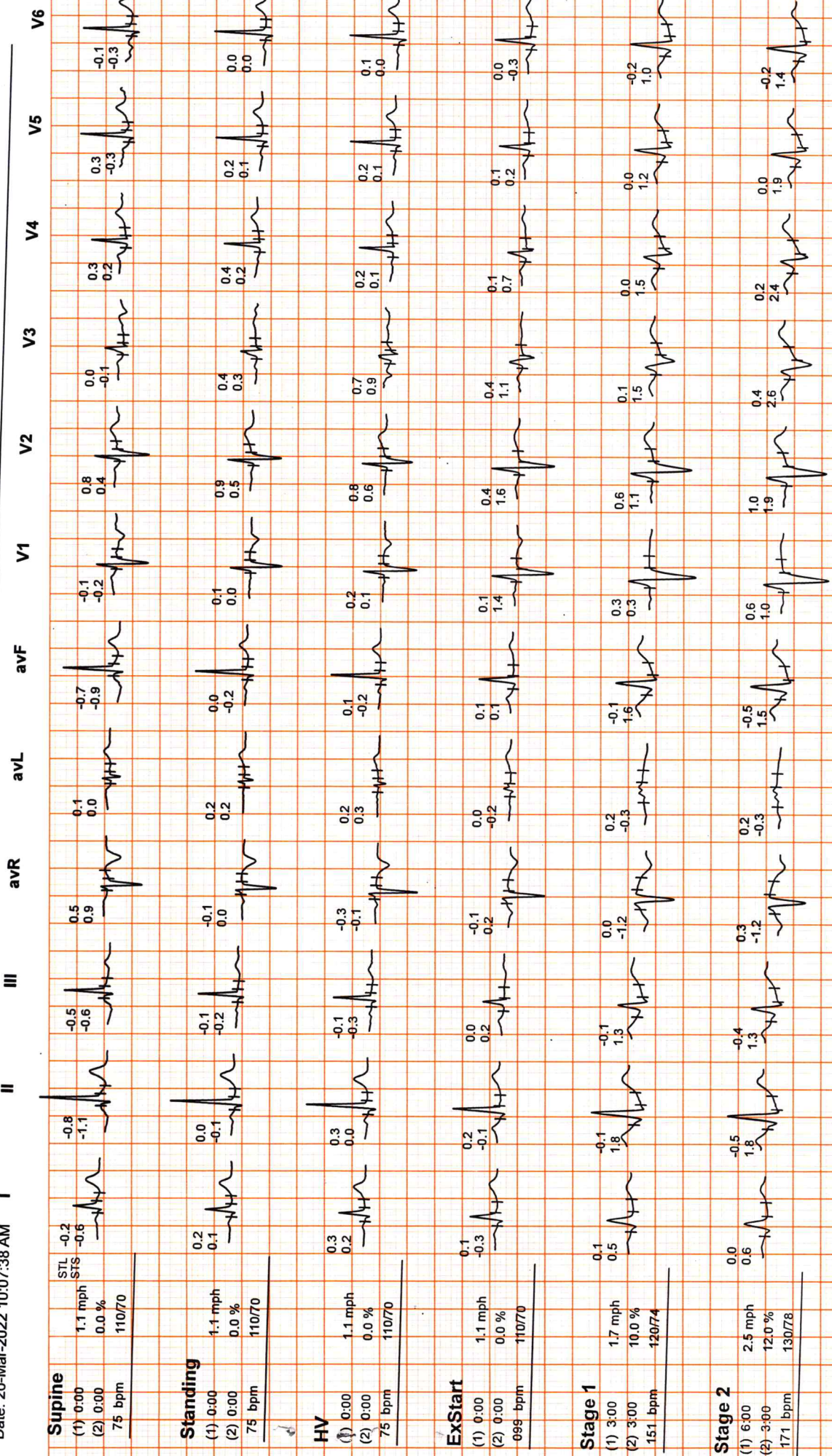


ExTime: 06:29 0.0 mph, 0.0%

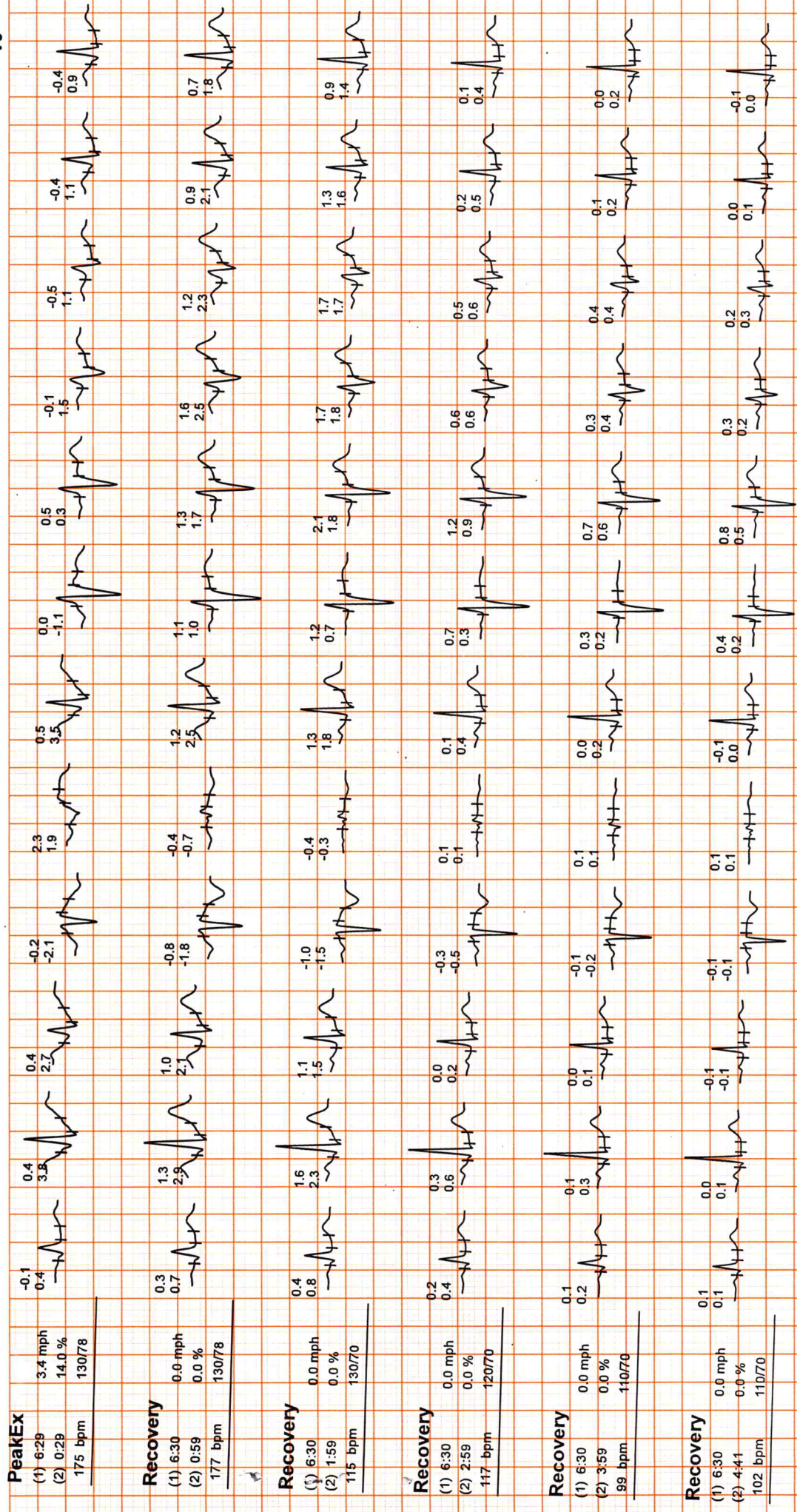
25 mm/Sec. 1.0 Cm/mV



REMARKS:







# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019  
 Tele: 0141-2293346, 4049787, 9887049787  
 Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 20/03/2022 09:08:14 Patient ID :- 122127808  
**NAME :- Mrs. ANKITA CHAUHAN** Ref. By Dr:- BOB  
 Sex / Age :- Female 25 Yrs Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 20/03/2022 09:21:04 Final Authentication : 20/03/2022 14:27:24

### HAEMATOLOGY

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

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**  
 Method:- HPLC

5.6 %

Non-diabetic: < 5.7  
 Pre-diabetics: 5.7-6.4  
 Diabetics: = 6.5 or higher  
 ADA Target: 7.0  
 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1c. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

**MEAN PLASMA GLUCOSE**  
 Method:- Calculated Parameter

114 mg/dL

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

AJAYSINGH  
**Technologist**

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

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Sample Collected Time 20/03/2022 09:21:04

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	12.3	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	6.90	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	50.7	%	40.0 - 80.0
LYMPHOCYTE	<b>43.5</b> H	%	20.0 - 40.0
EOSINOPHIL	2.5	%	1.0 - 6.0
MONOCYTE	3.1	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.50	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	3.01	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.17	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.21	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.78	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	36.30	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	<b>75.9</b> L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	<b>25.7</b> L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.9	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	306	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	<b>15.2</b> H	%	11.6 - 14.0
MENTZER INDEX	15.88		

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.

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Technologist

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Sex / Age :- Female 25 Yrs Lab/Hosp :-  
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Sample Type :- EDTA Sample Collected Time 20/03/2022 09:21:04 Final Authentication : 20/03/2022 14:27:24

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	32 H	mm/hr.	00 - 20

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

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

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

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

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

**(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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NAME :- Mrs. ANKITA CHAUHAN Ref. By Dr:- BOB  
Sex / Age :- Female 25 Yrs Lab/Hosp :-  
Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 20/03/2022 09:21:04

Final Authentication : 20/03/2022 12:33:50

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	183.29	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	160.26 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	32.05	mg/dl	Very high >500 0.00 - 80.00

JITENDRAKUMAWAT

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Dr. Piyush Goyal  
( D.M.R.D.)  
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Sample Type :- PLAIN/SERUM

Sample Collected Time 20/03/2022 09:21:04

Final Authentication : 20/03/2022 12:33:50

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	27.59	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	128.99	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.64	H	0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.68	H	0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	593.77	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Radox 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:Radox 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:Radox 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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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/03/2022 09:21:04

Final Authentication : 20/03/2022 12:33:50

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.43	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)
SGOT Method:- IFCC	23.4	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	27.5	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	56.50	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.61	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.41	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.20	gm/dl	2.20 - 3.50
A/G RATIO	1.38		1.30 - 2.50

JITENDRAKUMAWAT

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(D.M.R.D.)  
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Date :- 20/03/2022 09:08:14 Patient ID :- 122127808  
**NAME :- Mrs. ANKITA CHAUHAN** Ref. By Dr:- BOB  
 Sex / Age :- Female 25 Yrs Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 20/03/2022 09:21:04 Final Authentication : 20/03/2022 12:33:50

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.10	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.33	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	23.40	U/L	7.00 - 32.00

**Total Bilirubin** Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

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

**ALT Alanine Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

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

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

**ALBUMIN (ALB)** Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**Instrument Name** Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

JITENDRAKUMAWAT

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 Dr. Chandrika Gupta



# Dr. Goyal's

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Date :- 20/03/2022 09:08:14  
**NAME :- Mrs. ANKITA CHAUHAN**  
Sex / Age :- Female 25 Yrs  
Company :- MediWheel

Patient ID :- 122127808  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/03/2022 09:21:04

Final Authentication : 20/03/2022 12:34:44

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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#### TOTAL THYROID PROFILE

SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.4330	μIU/mL	0.4001 - 4.0490
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ANANDSHARMA  
Technologist

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Date :- 20/03/2022 09:08:14  
**NAME :- Mrs. ANKITA CHAUHAN**  
 Sex / Age :- Female 25 Yrs  
 Company :- MediWHEEL

Patient ID :- 122127808  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/03/2022 09:21:04

Final Authentication : 20/03/2022 12:34:44

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.250	ng/ml	0.970 - 1.690
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SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.410	ug/dl	5.500 - 11.000
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**InstrumentName:** VITROS ECI **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.

**InstrumentName:** VITROS ECI **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.

**InstrumentName:** VITROS ECI **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

ANANDSHARMA  
 Technologist

Page No: 9 of 14



**Dr. Chandrika Gupta**  
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Date :- 20/03/2022 09:08:14  
**NAME :- Mrs. ANKITA CHAUHAN**  
Sex / Age :- Female 25 Yrs  
Company :- MediWheel

Patient ID :- 122127808  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 20/03/2022 09:21:04

Final Authentication : 20/03/2022 12:09:22

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	6-8	/HPF	2-3
EPITHELIAL CELLS	3-5	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

POOJABOHRA  
Technologist

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# Dr. Goyal's

## Path Lab & Imaging Centre



Date: 20/03/2022 09:08:14  
B-51, Garden Nagar, Opp. Jain Temple, Corner, New Sanganer Road, Jaipur-302019  
NAME: Mrs. ANKITA CHAUHAN  
Tele: 0141-253346, Mrs. ANKITA CHAUHAN  
Website: www.dr-goyal-pathlab.com E-mail: drgoyalpiyush@gmail.com  
Company :- MediWheel

Patient ID :-122127808  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 20/03/2022 09:21:04

Final Authentication : 20/03/2022 12:09:22

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Slightly Hazy		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

POOJABOHRA  
Technologist

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Date :- 20/03/2022 09:08:14  
**NAME :- Mrs. ANKITA CHAUHAN**  
Sex / Age :- Female 25 Yrs  
Company :- MediWheel

Patient ID :- 122127808  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- KOX/Na FLUORIDE-F, PLAIN/SERUM Collected Time 20/03/2022 09:21:04

Final Authentication : 20/03/2022 12:33:50

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 103.1 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.

SERUM CREATININE 0.87 mg/dl Men - 0.6-1.30  
Method:- Colorimetric Method Women - 0.5-1.20  
SERUM URIC ACID 5.49 mg/dl Men - 3.4-7.0  
Method:- Enzymatic colorimetric Women - 2.4-5.7

JITENDRAKUMAWAT

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**Dr. Piyush Goyal**  
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**NAME :- Mrs. ANKITA CHAUHAN**  
Sex / Age :- Female 25 Yrs  
Company :- MediWheel

Patient ID :- 122127808  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA, PLAIN/SERUM, URINE Sample Collected Time 20/03/2022 09:21:04

Final Authentication : 20/03/2022 14:27:24

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"AB" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	10.0	mg/dl	0.0 - 23.0

\*\*\* End of Report \*\*\*

AJAYSINGH, JITENDRAKUMAWAT, POOJABOHRA  
**Technologist**

Page No: 14 of 14



**Dr. Piyush Goyal**  
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**Dr. Chandrika Gupta**

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Date :- 20/03/2022 09:08:14  
**NAME :- Mrs. ANKITA CHAUHAN**  
Sex / Age :- Female 25 Yrs  
Company :- MediWheel

Patient ID :-122127808  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE-PP

Sample Collected Time 20/03/2022 13:00:07

Final Authentication : 20/03/2022 14:44:33

**BOB PACKAGE FEMALE BELOW 40**

URINE SUGAR PP  
Collected Sample Received

Nil

Nil

**\*\*\* End of Report \*\*\***

POOJABOHRA  
**Technologist**

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**DR. TANURUNGTA**  
M.D (Path) RMC No.-17226

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Date :- 20/03/2022 09:08:14  
**NAME :- Mrs. ANKITA CHAUHAN**  
Sex / Age :- Female 25 Yrs  
Company :- MediWheel

Patient ID :-122127808  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-PP Sample Collected Time 20/03/2022 13:00:11 Final Authentication : 20/03/2022 14:55:42

BOB PACKAGE FEMALE BELOW 40

BLOOD SUGAR PP (Plasma) 106.1 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 .

\*\*\* End of Report \*\*\*

JITENDRAKUMAWAT

Page No: 1 of 1



Dr. Piyush Goyal  
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Date :- 20/03/2022 09:08:14  
**NAME :- Mrs. ANKITA CHAUHAN**  
Sex / Age :- Female 25 Yrs  
Company :- MediWheel

Patient ID :-122127808  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 20/03/2022 13:00:07

Final Authentication : 20/03/2022 14:44:33

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>STOOL ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
<b>MICROSCOPIC EXAMINATION</b>			
RBC's	NIL	/HPF	
WBC/HPF	1-2	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

\*\*\* End of Report \*\*\*

POOJABOHRA  
Technologist

Page No: 3 of 3



**DR. TANURUNGTA**  
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**NAME :- Mrs. ANKITA CHAUHAN**  
Sex / Age :- Female 25 Yrs  
Company :- MediWheel

Patient ID :- 122127808  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 20/03/2022 10:38:33

BOB PACKAGE FEMALE 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**  
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RMC Reg No. 017996

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

**Dr. Tej Prakash Gupta**  
DMRD (RADIO DIAGNOSIS)  
RMC No. 24436

**Dr. Hitesh Kumar Sharma**  
M.B.B.S., D.M.R.D.  
RMC Reg No. 27380

Transcript by.

# Dr. Goyal's

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Sex / Age :- Female 25 Yrs  
Company :- MediWheel

Patient ID :- 122127808  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 20/03/2022 10:43:49

BOB PACKAGEFEMALE BELOW 40

### ULTRA SOUND SCAN OF ABDOMEN

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

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary Bladder:** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Uterus** is anteverted and normal in size. Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal.

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

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

### IMPRESSION:

Grade I fatty changes of liver

Needs clinical correlation & further evaluation

\*\*\* End of Report \*\*\*

Page No: 1 of 1

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