

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

NAME- Ambica Bachani AGE- 31 yrs DATE - 8-04-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

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

NAD IN HEART AND LUNGS.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No.-004507/15600

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

NAME – Ambica Bachani

AGE -- 31 Yrs

Date– 08-04-2023

REF BY –

USG ABDOMEN-PELVIS

LIVER : is normal in size 11.9 cm and shows homogeneous echotexture.

No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.
The portal vein and common bile duct show normal caliber.

GALL BLADDER : distended and shows smooth walls. Wall thickness appears normal.

No evidence of sludge/ calculus . No evidence of pericholecystic collection.

SPLEEN: normal in size and shows normal echopattern.

PANCREAS: Normal in size , shape and position.
Parenchyma is homogenous.

KIDNEYS : Both the kidneys are normal in size , shape and location. Both show normal cortico- medullary differentiation.

No evidence of hydronephrosis or calculus.

Right kidney –measures 10.2 x 3.5 cm
Left kidney -- measures 10.1 x 3.6 cm

URINARY BLADDER : is distended with smooth walls.
No evidence of diverticulum or calculus

UTERUS: normal In Size Shape And Position
Myometrium is homogenous and normal in thickness.
Endometrium Is Normal

OVARY:

Right ovary :-- Appears Normal
Left ovary shows a cyst of 3.0 x 2.5 cm with clear fluid .

No evidence of ascites / pleural effusion.

IMPRESSION :-- Left ovarian cyst of 3.0 x 2.5 cm with clear fluid .

(Adv- clinical correlation , further evaluation)

Jr. DEVENDRA GOYAL (M.D.)
RMC No.: 004250/15000
Consultant Radiologist
& Sonologist

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

RESPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC
WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.

5 Seconds ECG Report

Patient Name: Mrs. AMBICA BACHANI 31/F

April 08, 2023

Time: 10:19:51

P-QRS-T Axis (53)-(67)-(236) deg

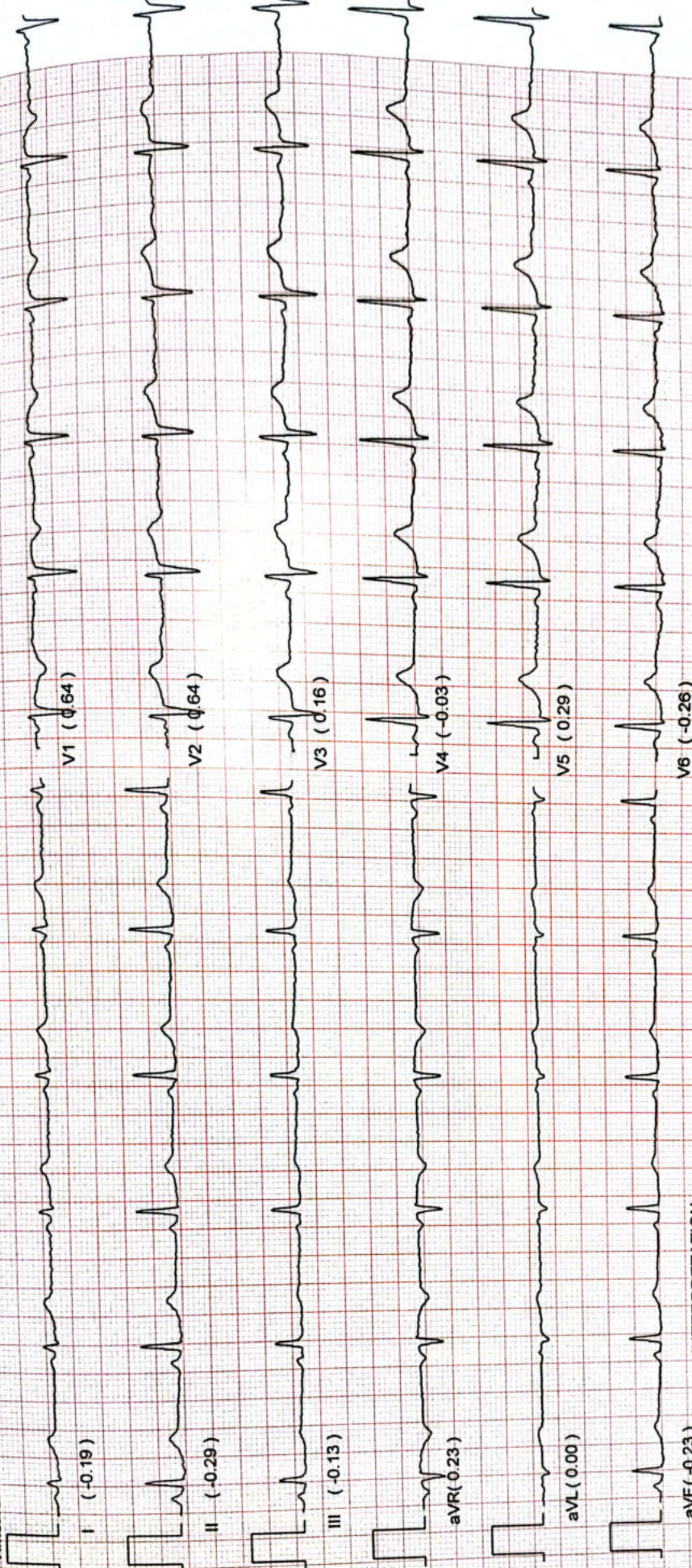
PR Interval: 0.11 sec

QRS Duration: 0.072 Sec

RR Interval: 0.88 sec

HR: 68 bpm

BP: 0/0 mmHg



INTERPRETATION

Sinus Rhythm, Normal QRS Width, Normal QT interval, QRS Axis is normal,
 PR is short, T wave inversion in Lead I, II, III, aVF, V4, V5, V6,
 ECG not normal

DR
MD

*Unconfirmed Reporting, Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/1.13

NAME : MRS . AMBICA BACHANI DATE : 08-04-2023
AGE : 31 YRS
SEX : FEMALE REF BY :

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR
- . RVSP 30 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

| | | | |
|---------------------|------|-------------------|-----|
| LVID d | 42.2 | LVEDV | |
| LVID s | 27.3 | LVESV | |
| RVID(d) | --- | SV | - |
| IVS d | 9.6 | F.S | 35% |
| IVS S | 13.6 | EF | 65% |
| LVPW d | 9.0 | C.O | - |
| LVPWS | 13.3 | MITRAL VALVE | - |
| AORTIC ROOT | 23.6 | EF SLOPE | - |
| LEFT ATRIUM | 29.0 | OPENING AMPLITUDE | - |
| AORTIC CUSP OPENING | - | E.P.S.S | - |

DOPPLER MEASUREMENTS & CALCULATIONS:

| STRUCTURE | MORPHOLOGY | VELOCITY(cm/sec.) | GRADIENT P/M | REGURGITATION |
|-----------------|------------|-------------------|--------------|---------------|
| MITRAL VALVE | NORMAL | E- 146 A- 68 | - | NIL |
| TRICUSPID VALVE | NORMAL | 229 | - | MILD |
| PUL VALVE | NORMAL | 101 | - | NIL |
| AORTIC VALVE | NORMAL | 130 | - | NIL |

| | |
|---------------------------------|--------------------------------|
| PULMONARY ARTERY | MITRAL VALVE AREA (BY P 1/2 T) |
| PEAK ACCELERATION TIME | PRESSURE HALF TIME |
| SYSTOLIC PRESSURE 30 MM HG | MVA |

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

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



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

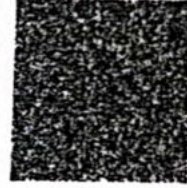
नामांकन क्रमांक / Enrollment No.: 0000/00742/38427

To
अम्बिका बघ्यानी
Ambica Bachani
Ravi Bachani,
H No 63, Baldev Nagar Gali No 3,
Makarwali Road,
VTC: Ajmer,
PO: Ajmer,
District: Ajmer,
State: Rajasthan,
PIN Code: 305001,
Mobile: 9783937043

78270268



MF782702660F1



आपका आधार क्रमांक / Your Aadhaar No. :

6455 6521 0299

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date : 20/01/2012



अम्बिका बघ्यानी
Ambica Bachani
जन्म तिथि / DOB : 04/08/1991
महिला / Female

6455 6521 0299

मेरा आधार, मेरी पहचान

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

Patient Name : AMBIKA BACHANI

Age / Gender : 31 years / Female

Endo ID : 116396

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:23 p.m.

Reported Date & Time : Apr 08, 2023, 04:11 p.m.

Sample ID :



230980139



| Test Description | Value(s) | Unit(s) | Reference Range |
|--|----------|---------|---|
| <u>BIOCHEMISTRY</u> | | | |
| <u>LIPID PROFILE</u> | | | |
| Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD | 170.0 | mg/dL | 130 -250 |
| Triglycerides Method : ENZYMETIC COLORIMETRIC | 61.6 | mg/dL | 60 -170 |
| HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID | 58.6 | mg/dL | Normal: 40-60 Major Risk for Heart: > 60 |
| VLDL Cholesterol Method : Calculated | 12.32 | mg/dL | 6 - 38 |
| LDL Cholesterol Method : Calculated | 99.08 | mg/dL | Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190 |
| CHOL/HDL Ratio Method : Calculated | 2.90 | | 2.6-4.9 |
| LDL/HDL Ratio Method : Calculated | 1.69 | | 0.5-3.4 |

END OF REPORT

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

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Collected Date & Time : Apr 08, 2023, 02:23 p.m.

Reported Date & Time : Apr 08, 2023, 04:10 p.m.

Sample ID :



230980139



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|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

IMMUNOLOGY

| | | | |
|---|------|--------|-----------|
| T3-Triiodothyronine Method : CHEMILUMINOSCEENCE | 0.94 | ng/dL | 0.60-1.81 |
| T4-Thyroxine Method : CHEMILUMINOSCEENCE | 8.1 | ug/dL | 4.5 -10.9 |
| TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCEENCE | 1.42 | uIU/mL | 0.35-5.50 |

Interpretation:

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

****END OF REPORT****

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Collected Date & Time : Apr 08, 2023, 02:23 p.m.

Reported Date & Time : Apr 08, 2023, 02:54 p.m.

Sample ID :



230980139

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.5

%

> 8% Action Suggested

BLOOD

7 - 8 % Good Control

Method : Nephelometry Methodology

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

Instrument: Mispa i2

Clinical Information:

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

AVERAGE BLOOD GLUCOSE

111.15

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

END OF REPORT

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Patient Name : AMBIKA BACHANI

Age / Gender : 31 years / Female

Endo ID : 116396

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Referral : MEDIWHEEL



Collected Date & Time : Apr 08, 2023, 02:23 p.m.

Reported Date & Time : Apr 08, 2023, 04:10 p.m.

Sample ID :



230980139

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

BIOCHEMISTRY

RENAL FUNCTION TEST

| | | | |
|--|------|--------|-------------|
| Urea Method : Uricase | 21.2 | mg/dL | 10 - 45 |
| Creatinine Method : Serum, Jaffe | 0.78 | mg/dL | 0.6 - 1.4 |
| Uric Acid Method : Serum, Uricase | 3.22 | mg/dL | 3.0 - 7.0 |
| Calcium Method : ARSENASO with serum | 9.55 | mg/dl | 8.6 - 10.2 |
| Sodium Method : Ion-Selective Electrode with serum | 138 | mmol/L | 135 - 145 |
| Potassium Method : Ion Selective Electrode with serum | 3.9 | mmol/L | 3.50 - 5.00 |
| Chlorides Method : Ion-Selective Electrode with serum | 102 | mmol/L | 98 - 106 |

END OF REPORT

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Collected Date & Time : Apr 08, 2023, 02:23 p.m.

Reported Date & Time : Apr 08, 2023, 04:18 p.m.

Sample ID :



230980139



| Test Description | Value(s) | Unit(s) | Reference Range |
|-----------------------------------|----------|---------------------|-----------------|
| HAEMATOLOGY | | | |
| Hemoglobin (HB) | 12.5 | gm/dl | 13.5 - 18.0 |
| Erythrocyte (RBC) Count | 4.67 | mil/cu.mm | 4.7 - 6.0 |
| Packed Cell Volume (PCV) | 38.5 | % | 42 - 52 |
| Mean Cell Volume (MCV) | 82.4 | FL | 78 - 100 |
| Mean Cell Haemoglobin (MCH) | 26.8 | Pg | 27 - 31 |
| Mean Corpuscular Hb Conc. (MCHC) | 32.5 | g/dl | 32 - 36 |
| Red Cell Distribution Width (RDW) | 12.7 | % | 11.5 - 14.0 |
| Total Leucocytes Count (WBC) | 7700 | Cell/cu.mm | 4000 - 10000 |
| Neutrophils | 60 | % | 40 - 80 |
| Lymphocytes | 36 | % | 20 - 40 |
| Monocytes | 02 | % | 2 - 10 |
| Eosinophils | 02 | % | 1-6 |
| Basophils | 00 | % | 0-1 |
| Mean Platelet Volume (MPV) | 10.6 | fL | 7.2 - 11.7 |
| PCT | 0.23 | % | 0.2 - 0.5 |
| Platelet Count | 221 | 10 ³ /ul | 150 - 450 |

END OF REPORT

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

Patient Name : AMBIKA BACHANI

Age / Gender : 31 years / Female

Endo ID : 116396

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 08, 2023, 02:23 p.m.

Reported Date & Time : Apr 08, 2023, 04:11 p.m.

Sample ID :



230980139

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

BIOCHEMISTRY

| | | | |
|--|-------|-------|------------------------------|
| IRON - SERUM | 104.1 | ug/dL | 65 - 175 |
| TOTAL IRON BINDING CAPACITY(TIBC) | 354 | ug/dL | 228 - 428 |
| FERRITIN | 12.4 | ng/mL | Male:22-322 Female:10-291 |
| TRANSFERRIN SATURATION % | 29.41 | % | 16 - 50 |

Method : Serum CLIA

Method : Calculated

INTERPRETATION

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

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

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

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

Decreased Levels

-Iron deficiency anemia

****END OF REPORT****

Dr. Nishi Prasad
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Patient Name : AMBIKA BACHANI

Age / Gender : 31 years / Female

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Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 08, 2023, 02:23 p.m.

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|------------------|----------|---------|-----------------|

BIOCHEMISTRY

| | | | |
|--------------------------------|------|------|---------|
| C-Reactive Protein; CRP, SERUM | 0.58 | mg/L | 0.0-6.0 |
|--------------------------------|------|------|---------|

Interpretation :

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

****END OF REPORT****

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|------------------|----------|---------|-----------------|

BIOCHEMISTRY

LIVER FUNCTION TEST

| | | | |
|--|------|-------|--------------------------|
| Bilirubin - Total | 0.85 | gm/dl | 0.0 - 1.20 |
| Bilirubin - Direct | 0.24 | mg/dL | 0.0 - 0.30 |
| Bilirubin - Indirect | 0.61 | mg/dL | 0.1 - 1.0 |
| Method : Calculated | | | |
| ASPARTATE AMINO TRANSFERASE (SGOT-AST) | 25.1 | U/L | 5.0 - 40.0 |
| Method : IFCC with Serum | | | |
| ALANINE AMINO TRANSFERASE (SGPT-ALT) | 20.9 | U/L | 5.0 - 40.0 |
| Method : IFCC with POD Serum | | | |
| Alkaline Phosphatase | 84.0 | U/L | MALE & FEMALE |
| Method : IFCC with Serum | | | 4-19 YEAR: 54-369 U/L |
| | | | 20-59 YEAR: 42-98 U/L |
| | | | >60 YEAR: 53-141 U/L |
| Total Protein | 7.24 | g/dL | 6.00 - 8.00 |
| Method : Biuret, with Serum | | | |
| Albumin | 4.35 | g/dL | 3.40 - 5.50 |
| Method : Tech; BCG with Serum | | | |
| Globulin | 2.89 | g/dL | 1.5 - 3.5 |
| Method : Calculated | | | |
| A/G Ratio | 1.51 | | 1.5 - 2.5 |
| Method : Calculated | | | |

END OF REPORT

Dr. Nishi Prasad
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Patient Name : AMBIKA BACHANI

Age / Gender : 31 years / Female

Endo ID : 116396

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 08, 2023, 02:23 p.m.

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BIOCHEMISTRY

| | | | |
|----------|----|-----|------|
| Gamma GT | 15 | U/L | 5-36 |
|----------|----|-----|------|

Method : G-Glutamyl-Carboxy-Nitoanilide

Interpretation

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

END OF REPORT

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Collected Date & Time : Apr 08, 2023, 02:23 p.m.

Reported Date & Time : Apr 08, 2023, 04:12 p.m.

Sample ID :



230980139

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

'B' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

END OF REPORT

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Collected Date & Time : Apr 08, 2023, 02:23 p.m.

Reported Date & Time : Apr 08, 2023, 03:41 p.m.

Sample ID :



230980139

| Test Description | Value(s) | Unit(s) | Reference Range |
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|------------------|----------|---------|-----------------|

CLINICAL PATHOLOGY

General Examination

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

Chemical Examination

| | | | |
|-------------------------|-----|--|-----|
| Urine Protein (Albumin) | NIL | | NIL |
| Urine Glucose (Sugar) | NIL | | NIL |

Microscopic Examination

| | | | |
|--------------------|---------|------|--------|
| Pus cells (WBCs) | 3-4 | /hpf | 0-9 |
| Epithelial cells | 4-5 | /hpf | 0-4 |
| Red blood cells | NIL | /hpf | 0-4 |
| Crystals | Absent | | Absent |
| Cast | Absent | | Absent |
| Amorphous deposits | Absent | | Absent |
| Bacteria | Absent | | Absent |
| Yeast cells | Present | | Absent |

END OF REPORT

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4-D ULTRASOUND • COLOUR DOPPLER

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Sample ID :



230980139

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|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

BIOCHEMISTRY

| | | | |
|-----------------|-------|-------|------------|
| Glucose fasting | 98.05 | mg/dL | 70.0-110.0 |
|-----------------|-------|-------|------------|

Method : Fluoride Plasma-F, Hexokinase

END OF REPORT

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GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : AMBIKA BACHANI

Age / Gender : 31 years / Female

Endo ID : 116396

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 08, 2023, 02:23 p.m.

Reported Date & Time : Apr 08, 2023, 04:06 p.m.

Sample ID :



230980139

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

BIOCHEMISTRY

| | | | |
|--|--------|-------|----------|
| Blood Glucose-Post Prandial Method : Hexokinase | 126.45 | mg/dL | 70 - 140 |
|--|--------|-------|----------|

END OF REPORT

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