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

General Physical Examination

Date of Examination: 25/06/2022

Name: Nidhi Kumari Age: 30 DOB: 23/02/1998 Sex: female

Referred By: BOB

Identification Marks:

Photo ID: UID ID #: Attached

Ht: 153 (cm) Wt: 57 (Kg)

Chest 82 (cm) Abdomen Circumference: 83 (cm)

Blood Pressure: 115/75 mm Hg PR: 87 / min RR: 18 / min Temp: Afebrile

Eye Examination: Vision using Specs both Eye Rt. Eye - 1.0, Lt. Eye - 0.75
Colour vision normal

Other: H/o hyperthyroidism, Tab. Thyroxin 25 mg since 1 year.

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

Signature of Examinee: _____ **Name of Examinee:** _____

Signature Medical Examiner: _____ **Name Medical Examiner:** Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
MC Reg. No.-017906

भारत सरकार
Government of India

निधि कुमारी
Nidhi Kumari
जन्म तिथि / DOB : 23/02/1992
महिला / Female

2516 5109 1767

मेरा आधार, मेरी पहचान

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

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: 87, तनेजा ब्लॉक; आदर्श नगर, जवाहर नगर, जवाहर नगर, जयपुर, राजस्थान, 302004
Address: 87, Taneja block, Adarsh nagar, Jawahar Nagar, Jawahar Nagar, Jaipur, Rajasthan, 302004

2516 5109 1767

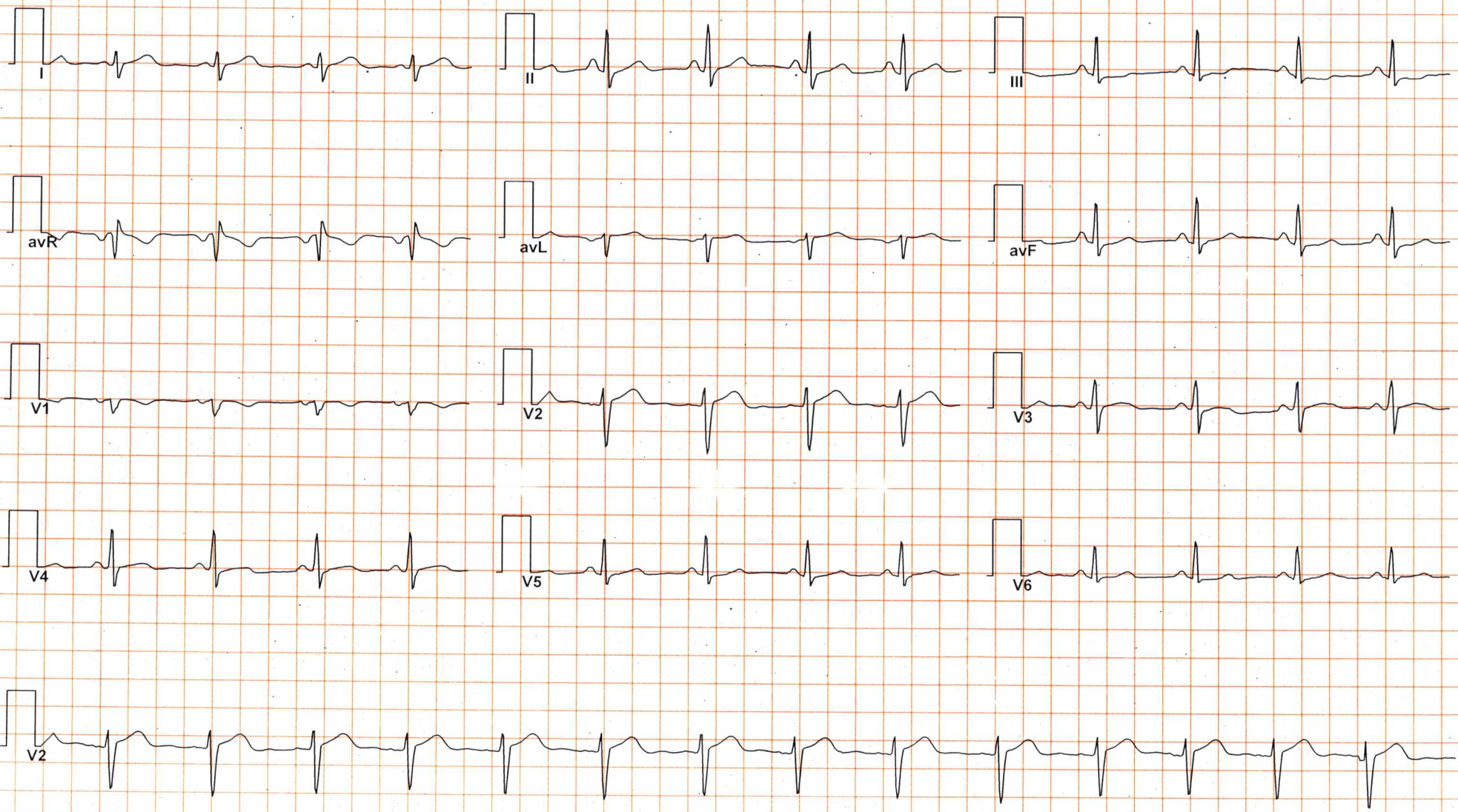
1947 help@uidai.gov.in www.uidai.gov.in

DR. GOYALS PATH LAB & IMAGING CENTER

ECG

11479 / MS NIDHI KUMARI / 30 Yrs / F/ Non Smoker

Heart Rate : 87 bpm / / Refd By.: BOB / Tested On : 25-Jun-22 14:13:32 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Dr. Naresh Kumar Mohanka
RMC No. 35703
MBBS, DIP, CARDIO (ESCORTS)
D.E.M. (RCP-UK)

Allengers ECG (Pisces)(PIS212160118)

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JAIPUR

Report

AGHPL

(GEM210151123)Gemini A-DX by Allengers

1853 / MS NIDHI KUMARI / 30 Yrs / F / 0 Cms / 0 Kg Date: 25-Jun-2022 Refd By : BOB

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Supine	00:17	0:01	01.1	00.0	01.0	86	115/75	098	00	
Standing	00:54	0:01	01.1	00.0	01.0	120	115/75	138	00	
HV	01:12	0:01	01.1	00.0	01.0	085	115/75	097	00	
Warm Up	01:24	0:01	01.0	00.0	01.0	098	115/75	112	00	
ExStart	02:05	0:07	01.7	10.0	01.1	111	115/75	127	00	
BRUCE Stage 1	05:05	3:00	01.7	10.0	04.7	133	120/80	159	00	
BRUCE Stage 2	08:05	3:00	02.5	12.0	07.1	167	130/85	217	01	
BRUCE Stage 3	11:05	3:00	03.4	14.0	10.2	182	136/88	247	00	
PeakEx	11:11	0:07	00.0	00.0	10.3	179	136/88	243	00	
Recovery	12:10	1:00	00.0	00.0	04.3	135	140/90	189	00	
Recovery	13:10	2:00	00.0	00.0	01.0	116	135/85	156	00	
Recovery	15:10	4:00	00.0	00.0	01.0	111	130/80	144	00	
Recovery	16:25	5:14	00.0	00.0	01.0	104	120/75	124	00	

Findings :

Exercise Time : 09:07
Max HR Attained : 184 bpm 97% of Target 190
Max BP Attained : 140/90
Max WorkLoad Attained : 10.3 Good response to induced stress
Test End Reasons : Test Complete, Heart Rate Acheived

TMT negative for RMI

Report :

Dr. Naresh Kumar Mohanka
RMC No. 35703
MBBS, DIP, CARDIO (ESCORTS)
D.E.M. (RCP-UK)

DR. GOYAL'S PATH LAB & IMAGING CENTRE

Supine

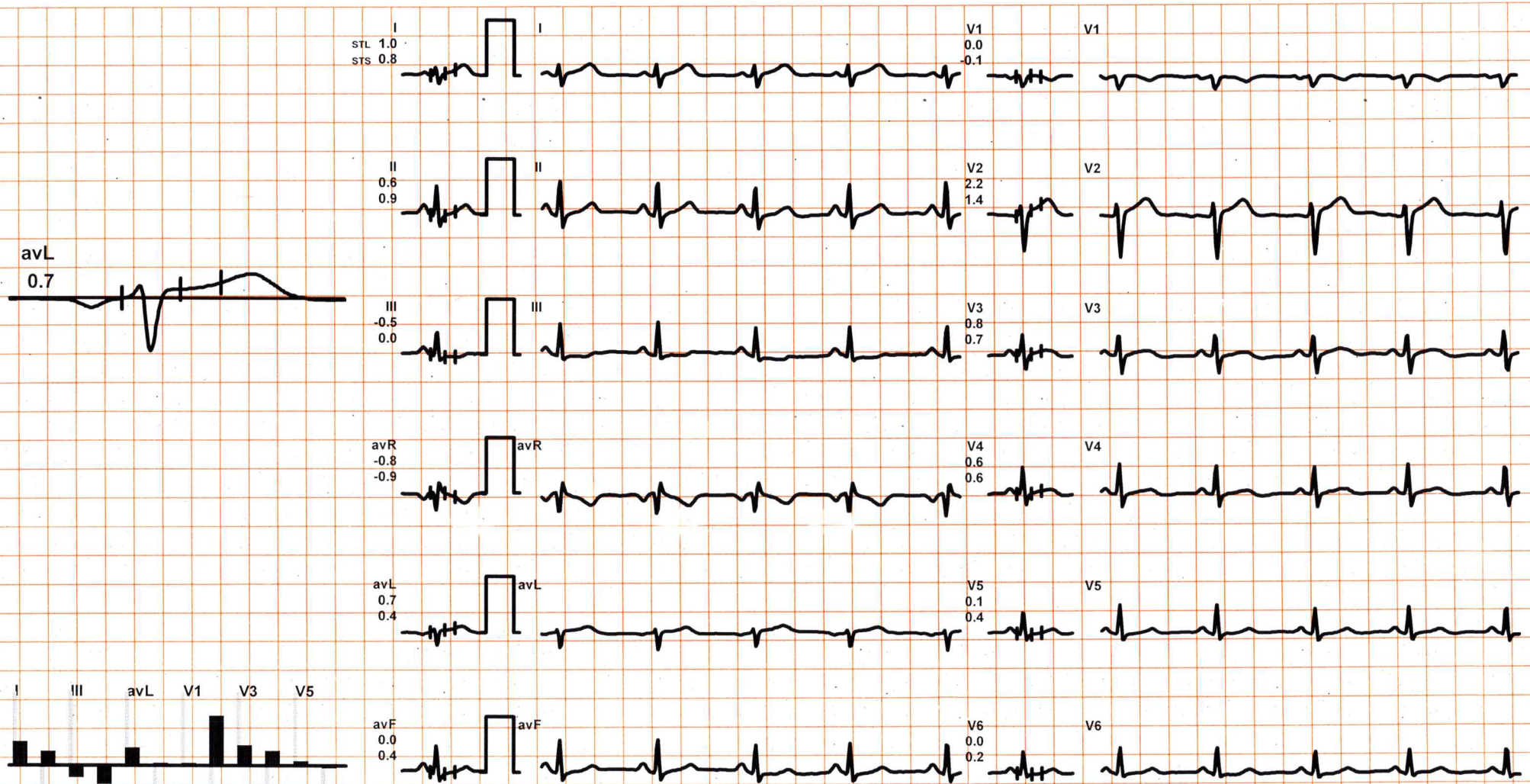
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **1.0/ 86** bpm **45%** of THR BP: **115/75 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **00:17** **1.1** mph, **0.0%**

4X **80 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

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Standing

AGHPL

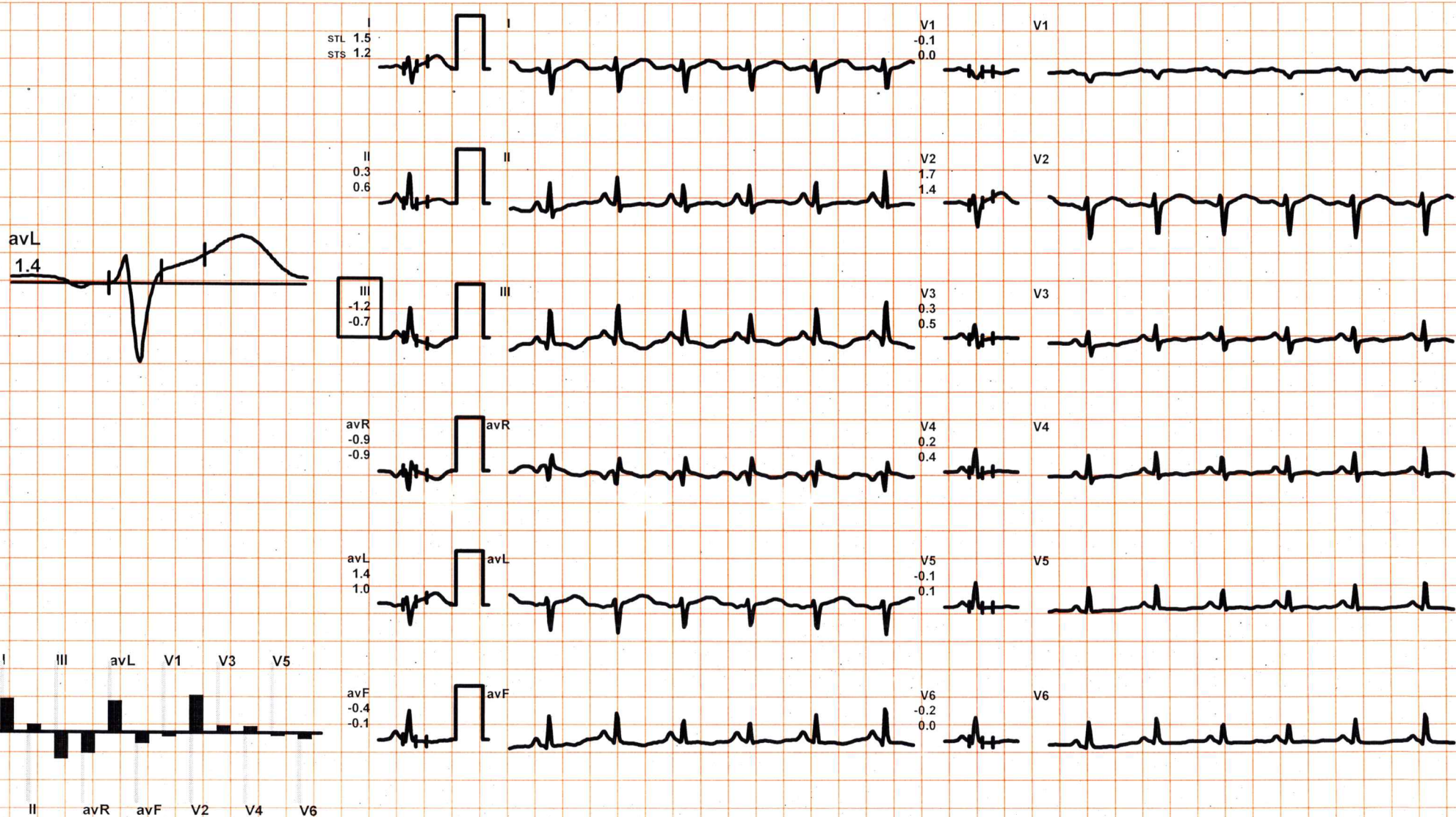
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **1.0/ 120** bpm **63%** of THR BP: **115/75 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **00:54** **1.1** mph, **0.0%**

4X **80 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

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HV

ACHPL

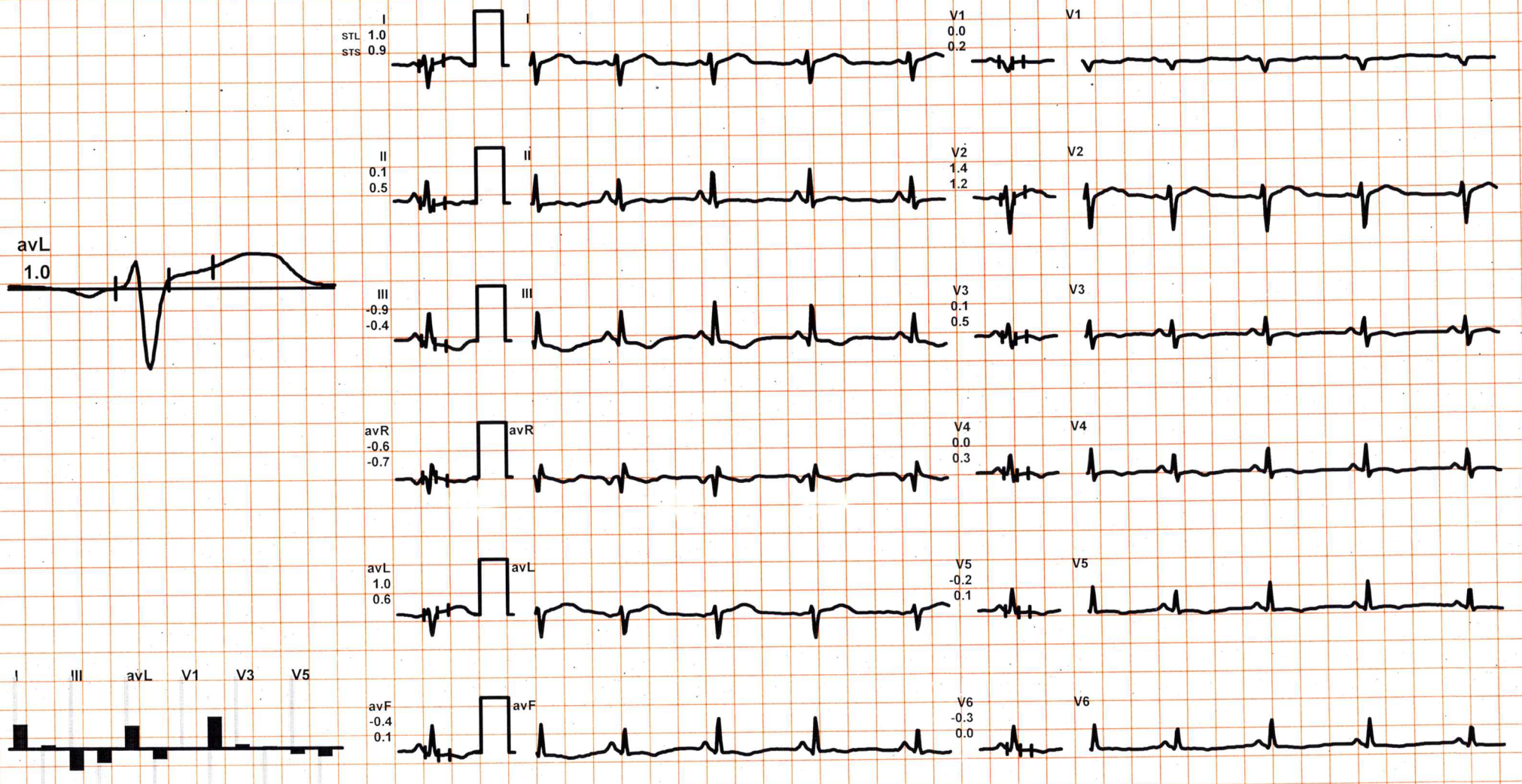
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **1.0/ 85** bpm **44%** of THR BP: **115/75 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **01:12** **1.1** mph, **0.0%**

4X **80 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

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Warm Up

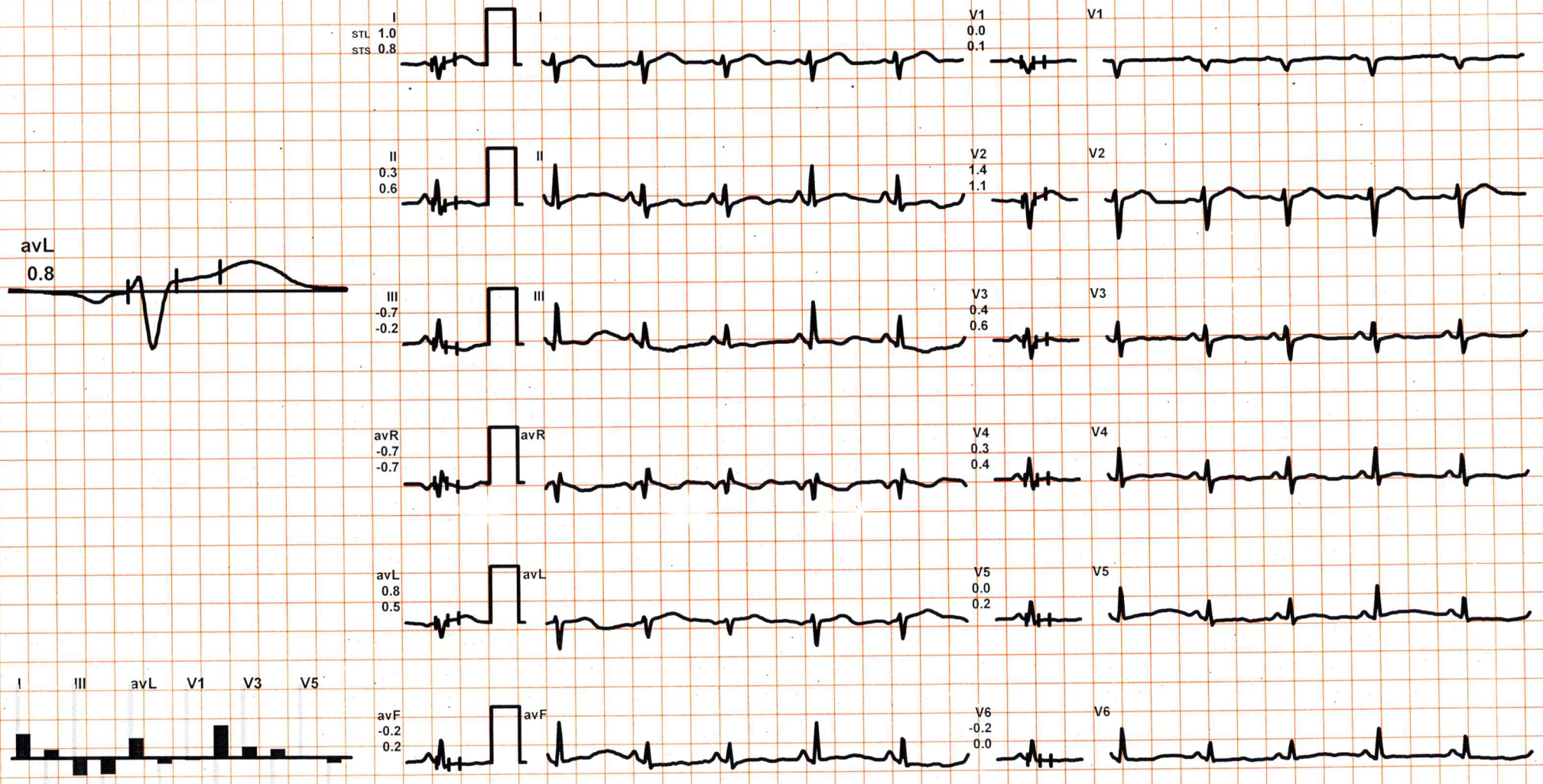
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **1.0/ 98** bpm **51%** of THR BP: **115/75 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **01:24** **1.0** mph, **0.0%**

4X **80 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers.

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ExStart

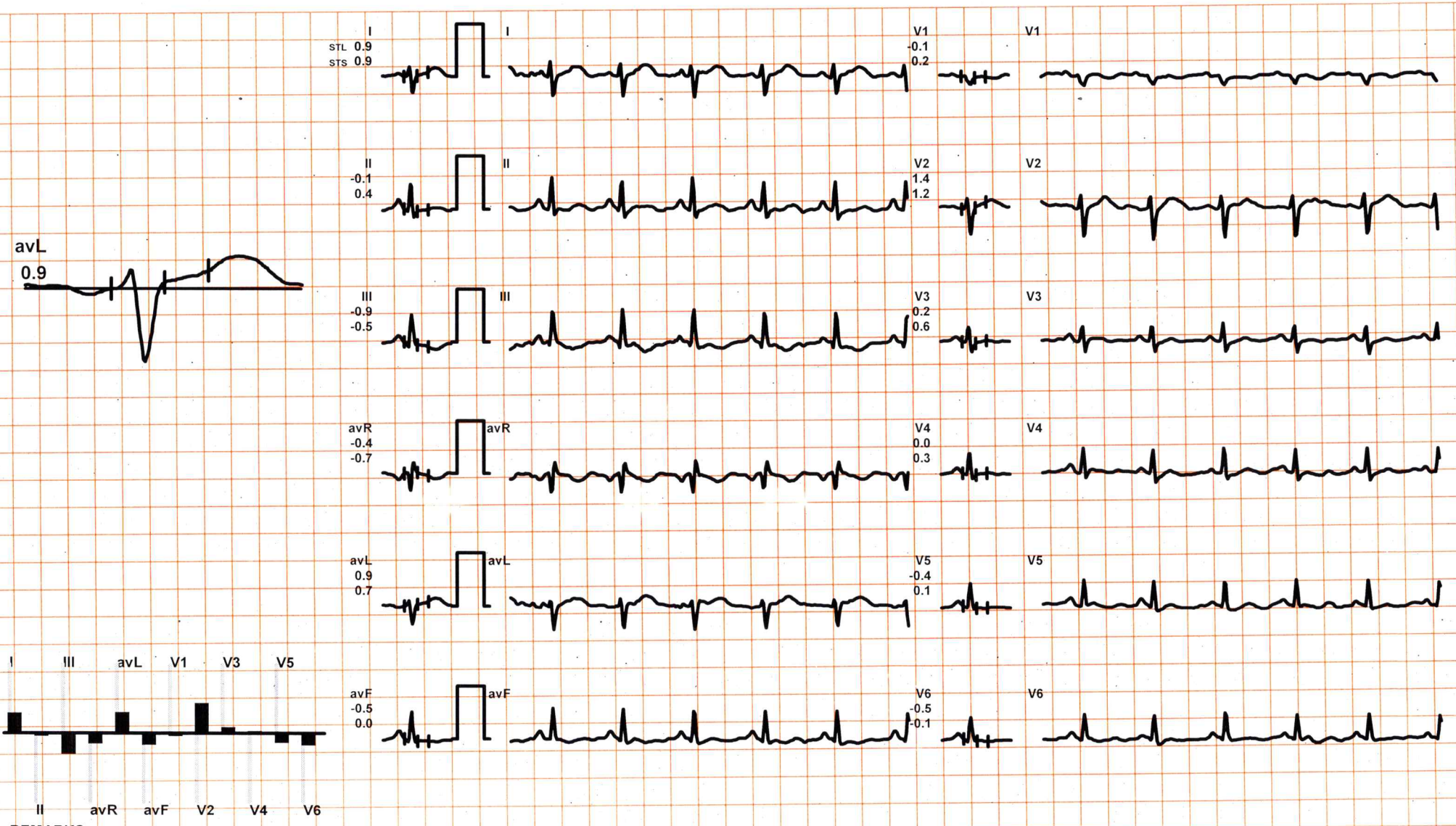
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **1.1/ 111** bpm **58%** of THR BP: **115/75 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **00:07** **1.7** mph, **10.0%**

4X **80 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

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BRUCE:Stage 1(3:00)

AGHPL

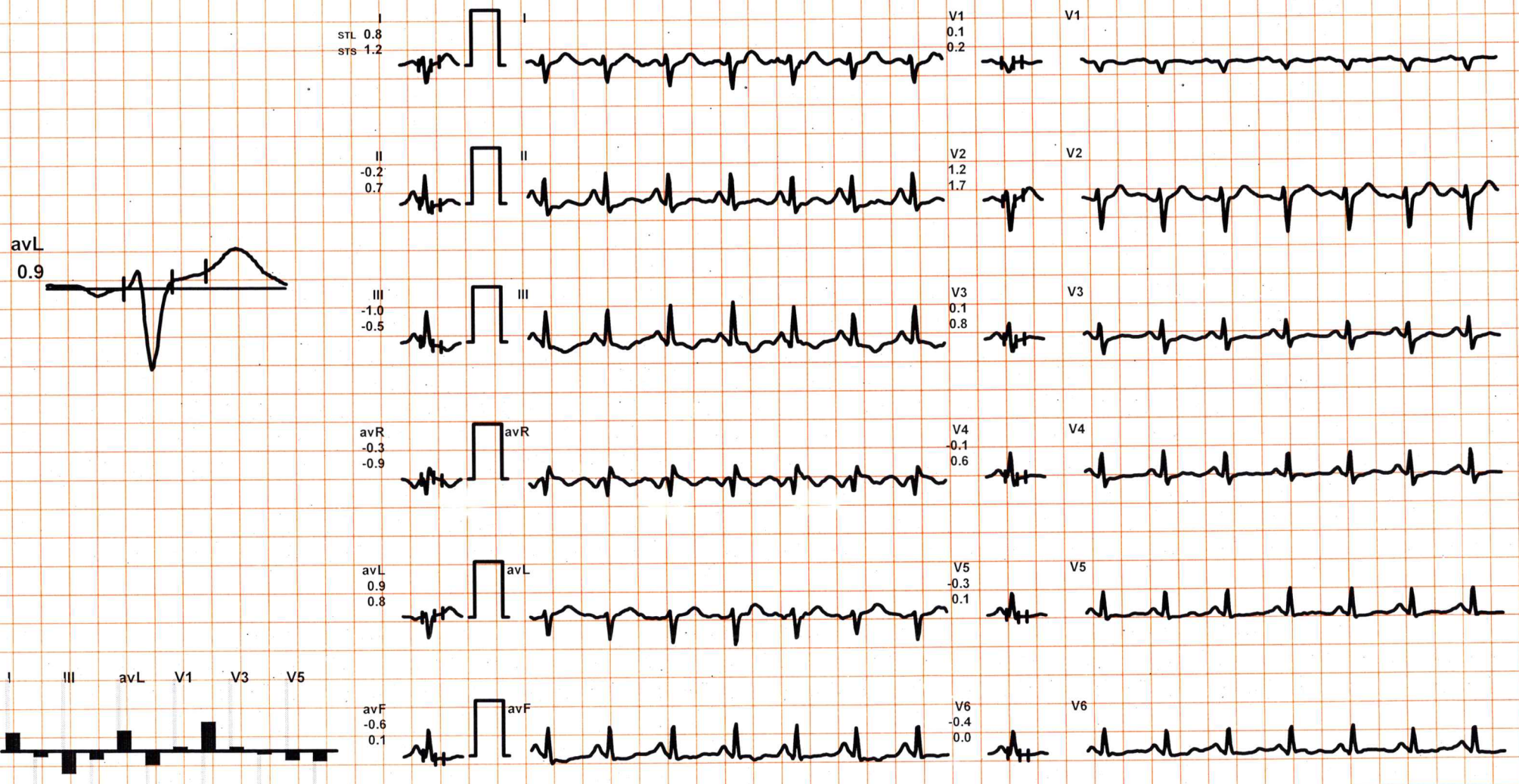
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **4.7/ 133** bpm **70%** of THR BP: **120/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **03:00** **1.7** mph, **10.0%**

4X **60 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

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BRUCE:Stage 2(3:00)

AGHPL

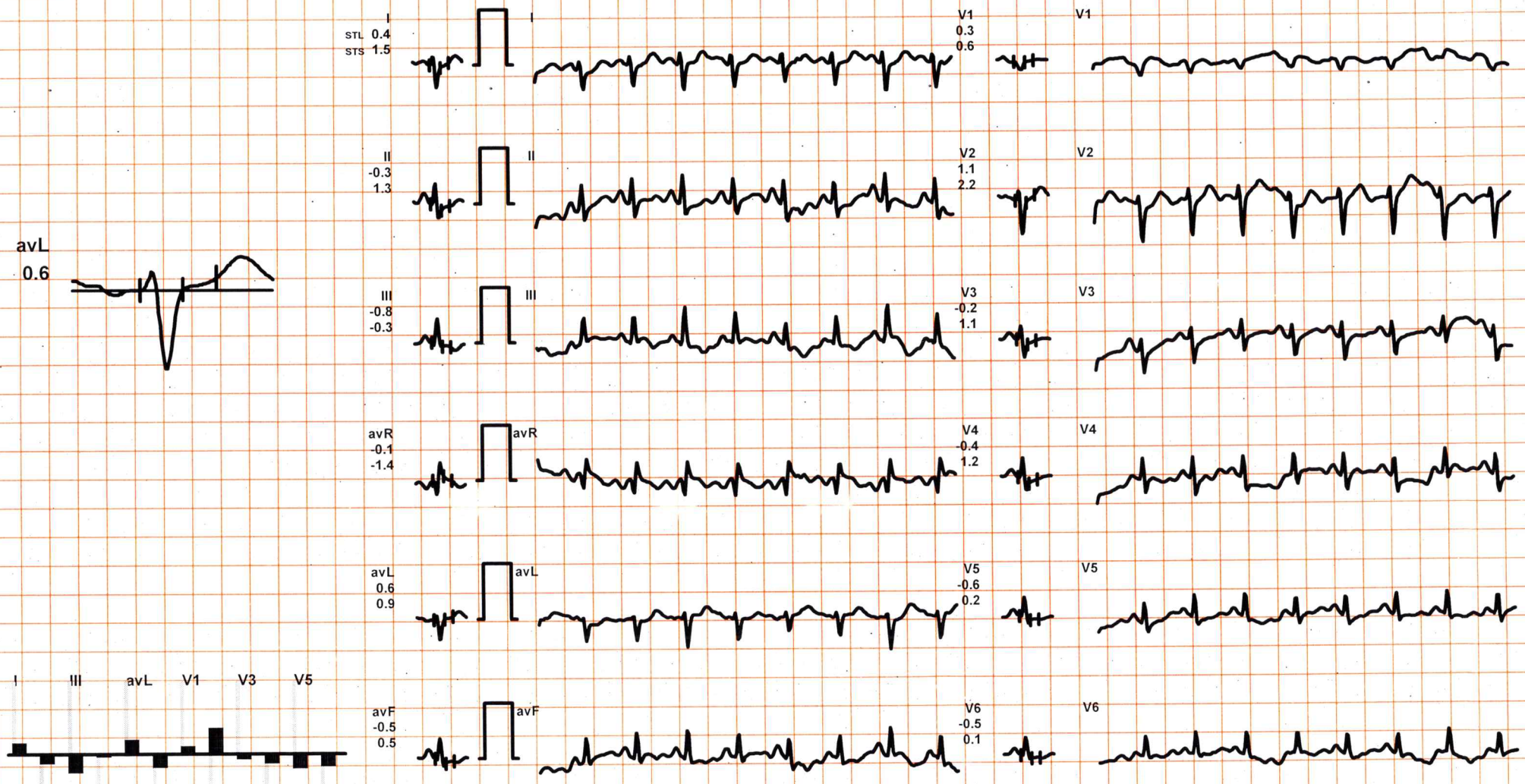
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **7.1/ 167** bpm **87%** of THR BP: **130/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **06:00** **2.5** mph, **12.0%**

4X **60 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

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BRUCE:Stage 3(3:00)

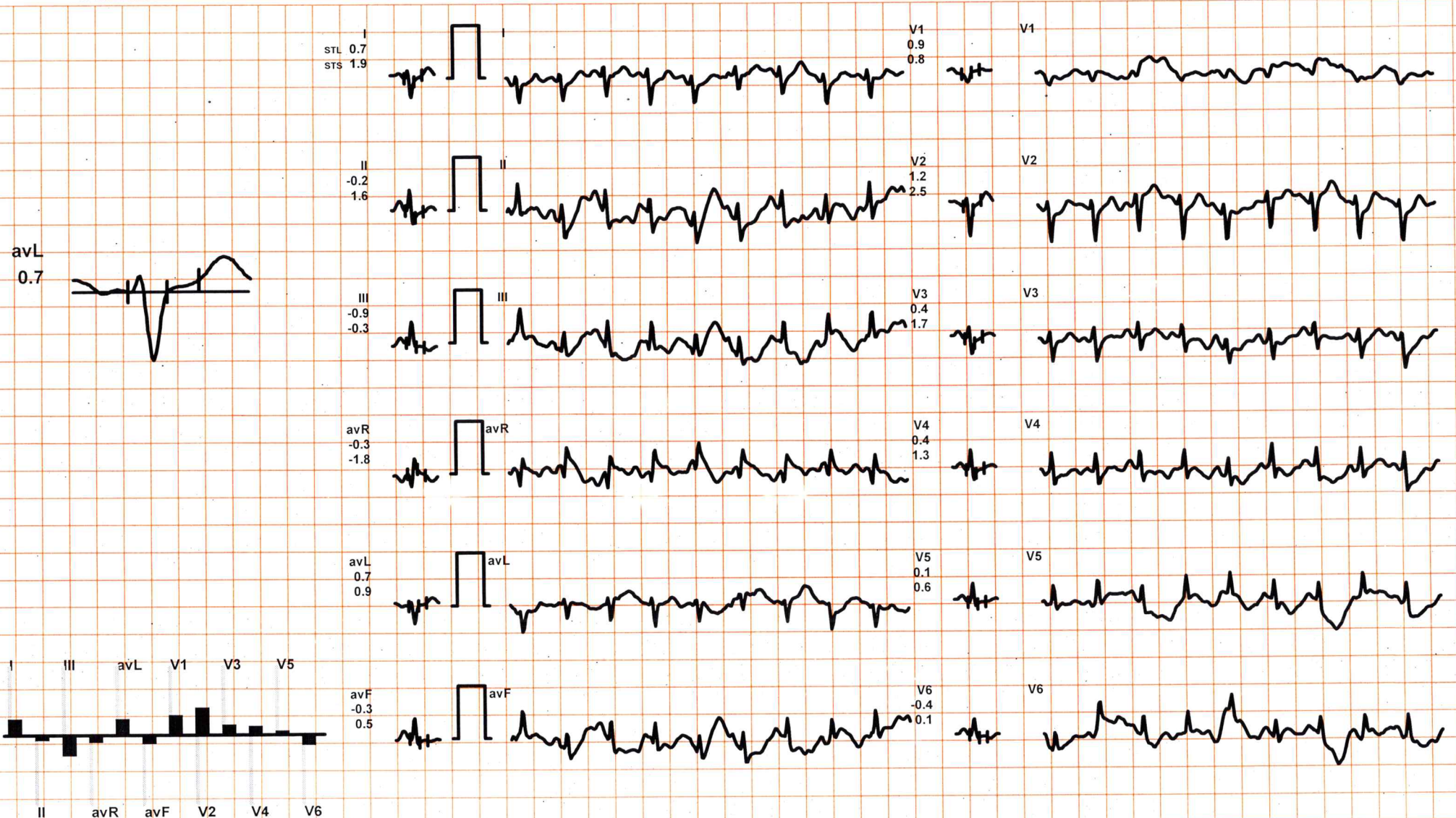
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **10.2/ 182** bpm **95%** of THR . BP: **136/88 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **09:00** **3.4** mph, **14.0%**

25 mm/Sec. 1.0 Cm/mV

4X **60 mS Post J**



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

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PeakEx

AGHPL

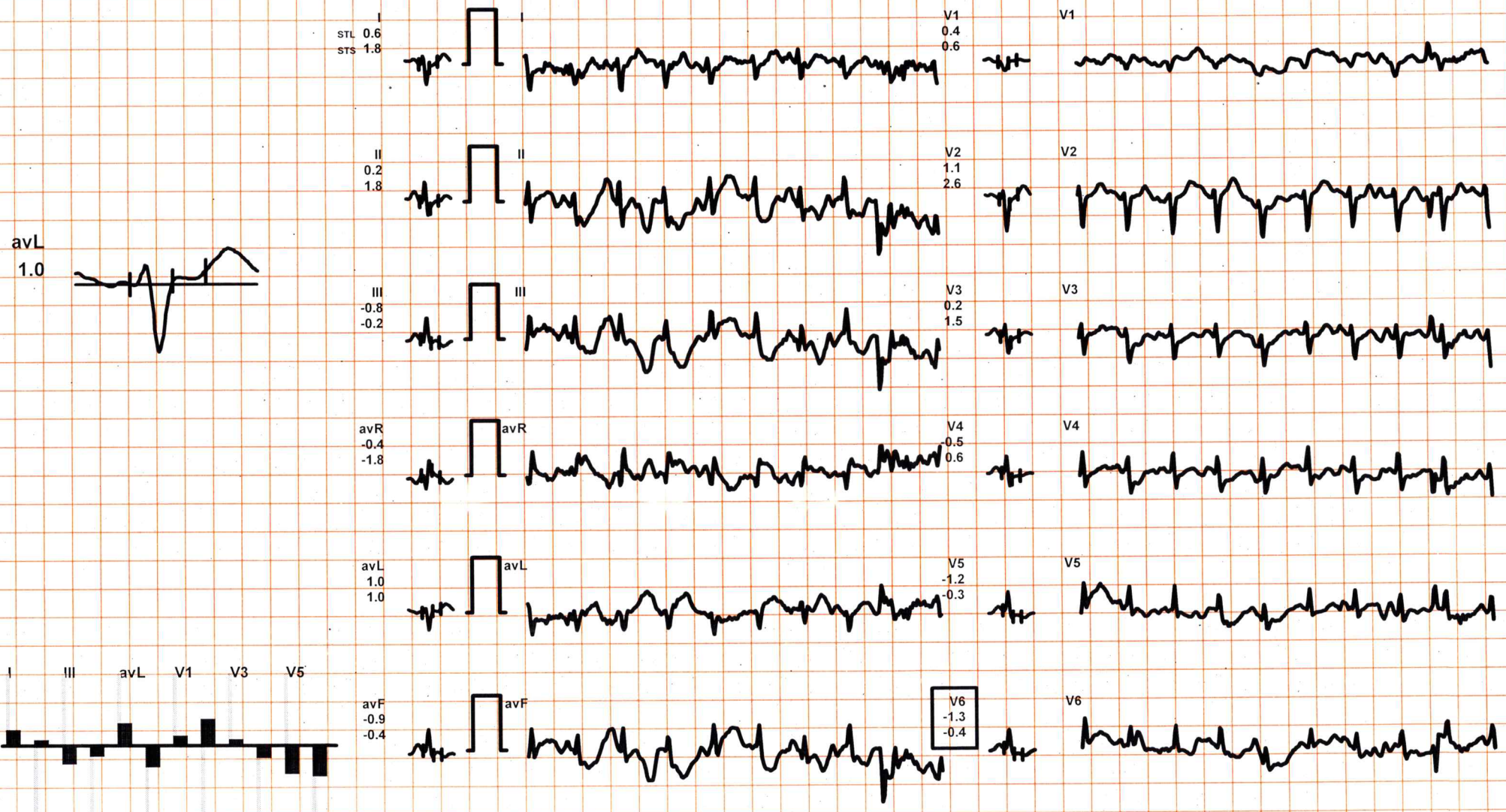
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **10.3/ 179** bpm **94%** of THR BP: **136/88 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **09:07** **0.0** mph, **0.0%**

4X **60 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

DR. GOYAL'S PATH LAB & IMAGING CENTRE

Recovery(1:00)

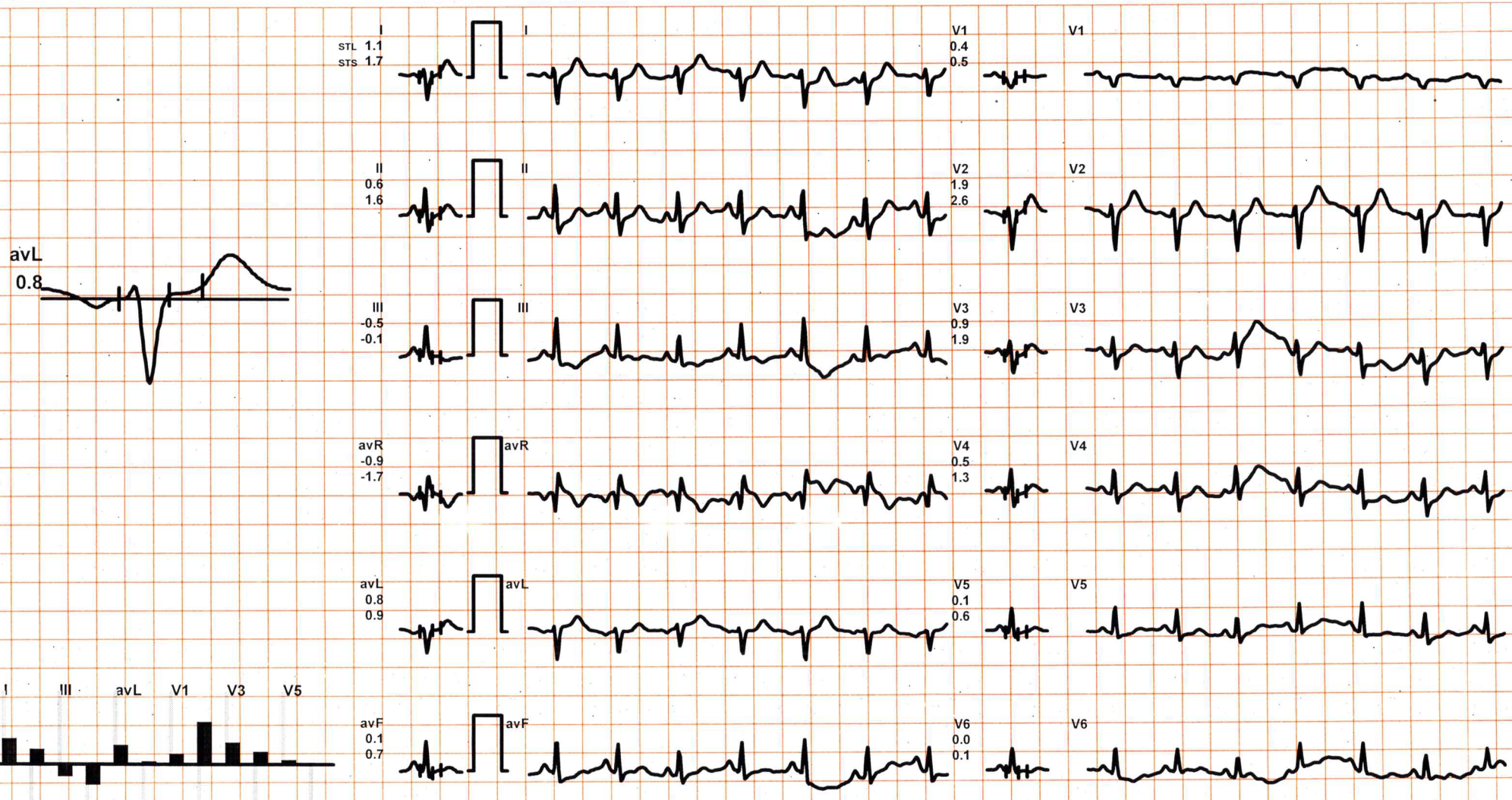
AGHPL

1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **4.3/ 135** bpm **71%** of THR BP: **140/90 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **09:07** **0.0** mph, **0.0%**

4X **60 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

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Recovery(2:00)

ACHPL

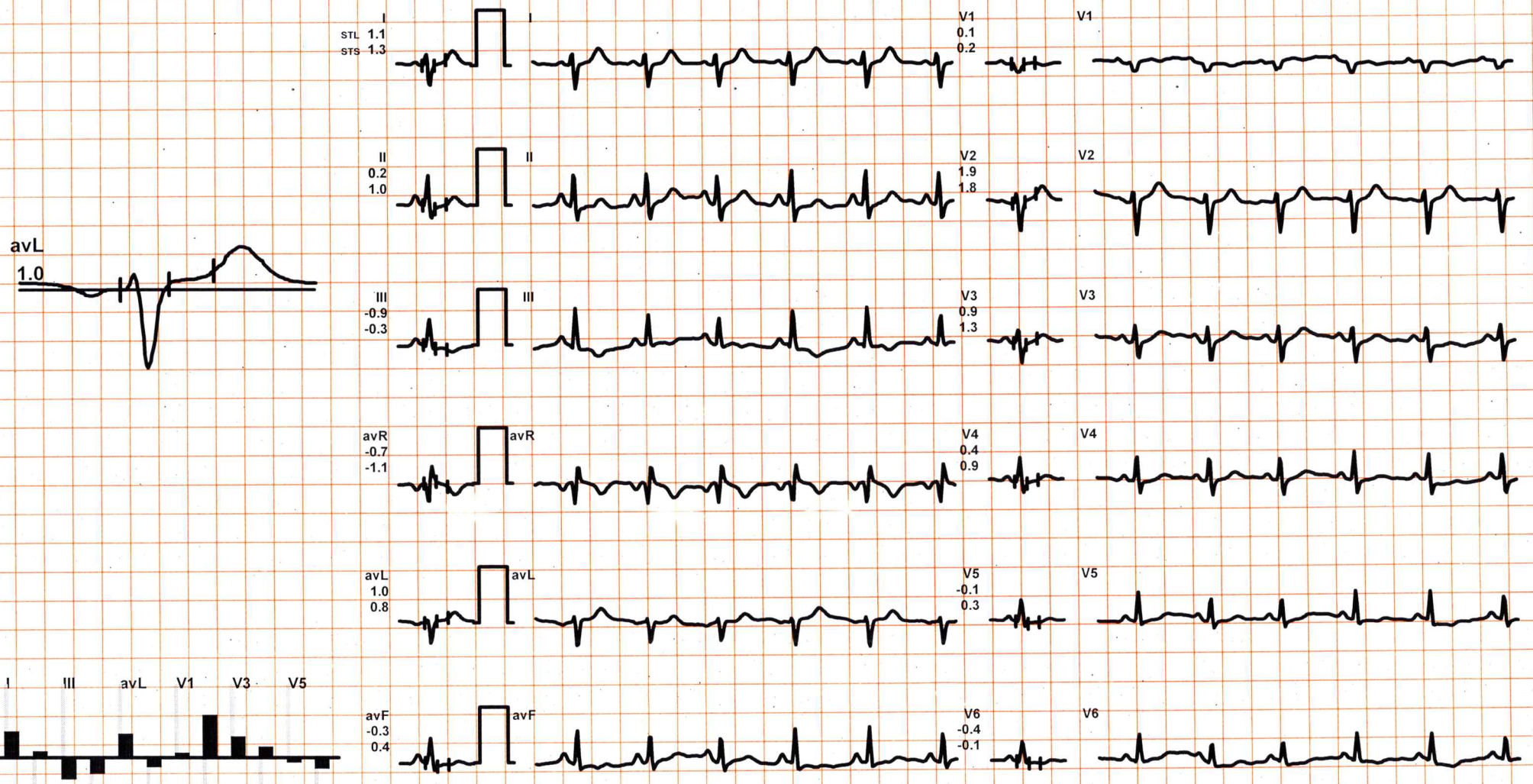
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **1.0/ 116** bpm **61%** of THR BP: **135/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **09:07** **0.0** mph, **0.0%**

4X **80 mS Post J**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

DR. GOYAL'S PATH LAB & IMAGING CENTRE

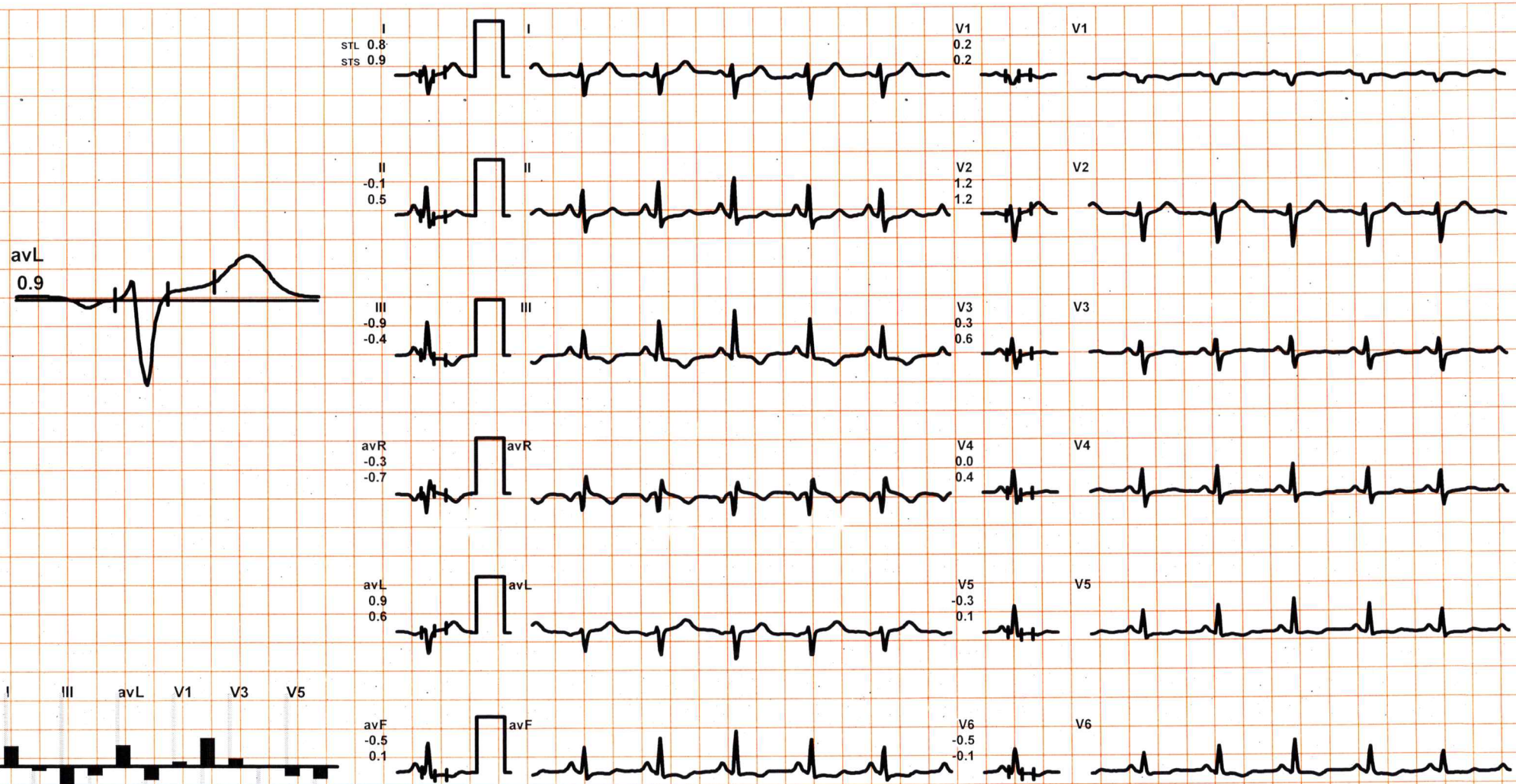
Recovery(4:00)

AGHPL

1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **1.0/ 111** bpm **58%** of THR BP: **130/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **09:07** **0.0** mph, **0.0%**

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



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

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Recovery(5:14)

AGHPL

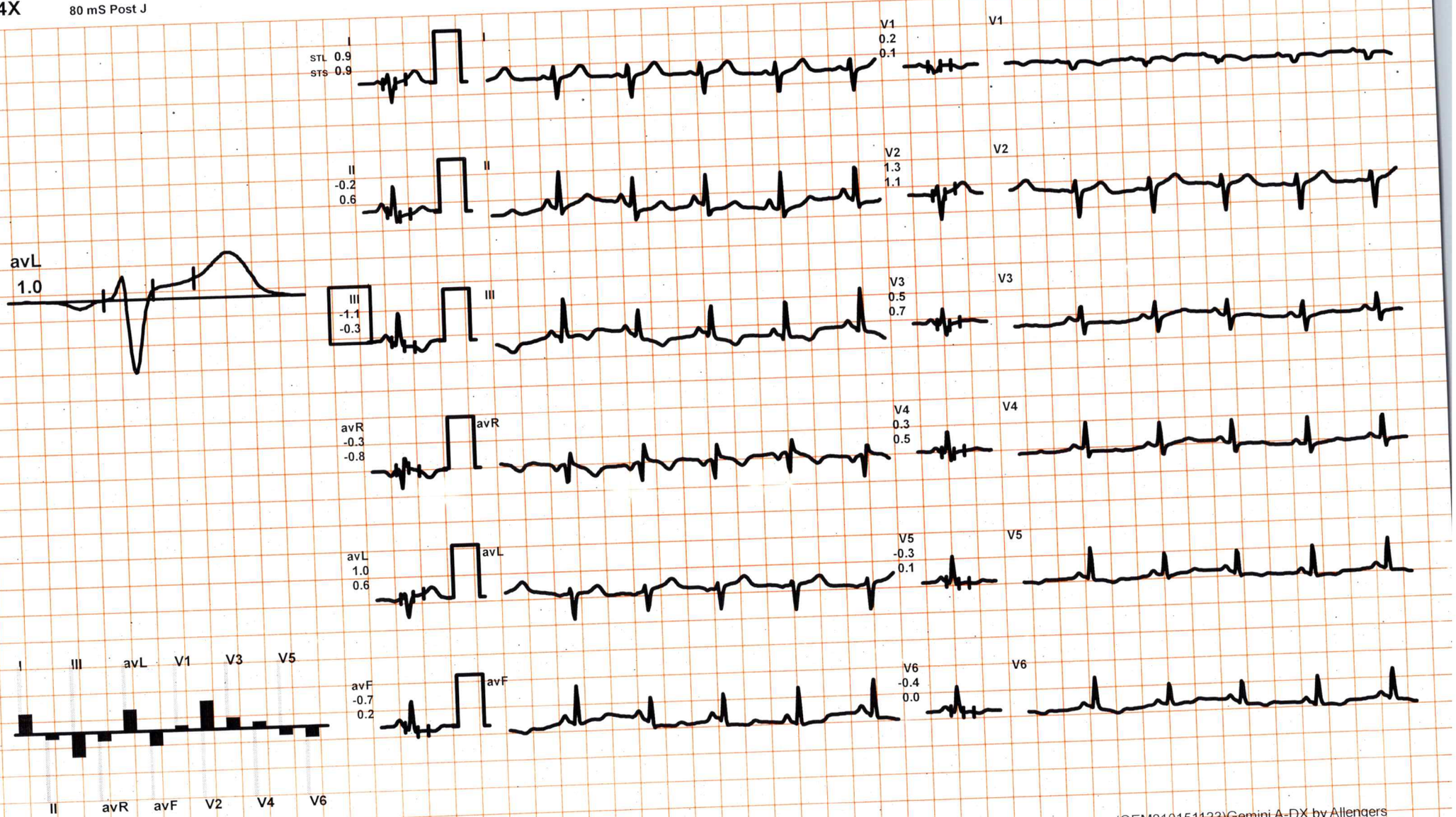
1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM METS: **1.0/ 104** bpm **54%** of THR BP: **120/75 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **09:07** **0.0** mph, **0.0%**

25 mm/Sec. 1.0 Cm/mV

4X **80 mS Post J**



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

DR. GOYAL'S PATH LAB & IMAGING CENTRE

Average

AGHPL

1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM

(GEM210151123)Gemini A-DX by Allengers

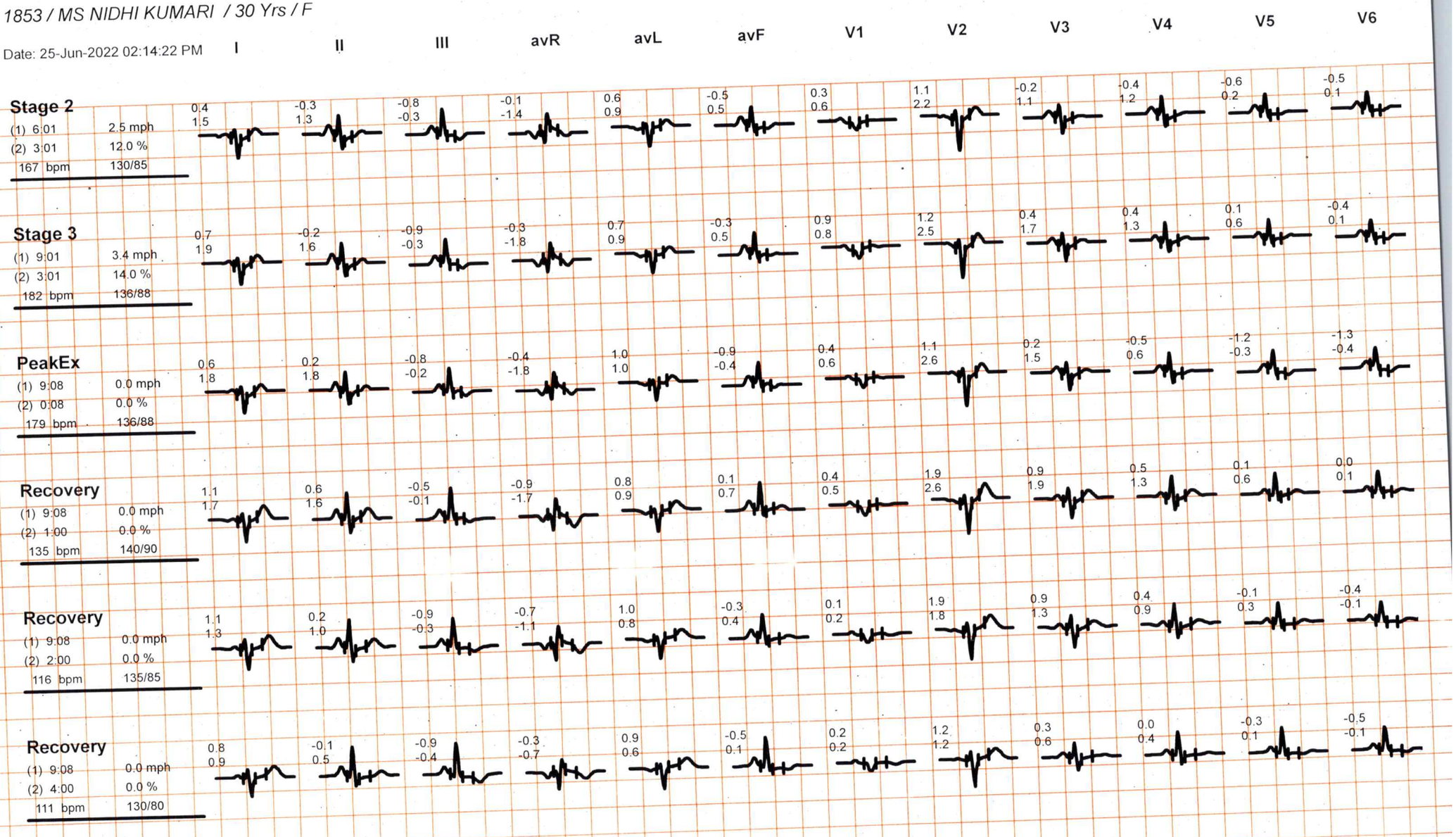
DR. GOYAL'S PATH LAB & IMAGING CENTRE

Average

AGHPL

1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM



(GEM210151123)Gemini A-DX by Allengers

DR. GOYAL'S PATH LAB & IMAGING CENTRE

1853 / MS NIDHI KUMARI / 30 Yrs / F

Date: 25-Jun-2022 02:14:22 PM

Average

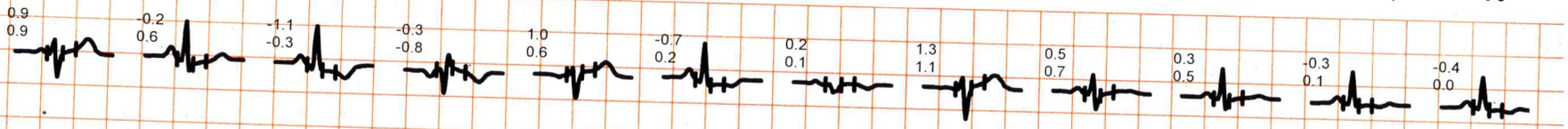
AGHPL

Recovery

(1) 9:08 0.0 mph

(2) 5:15 0.0 %

104 bpm 120/75



(GEM210151123)Gemini A-DX by Allengers

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

MC - 2300

Date :- 25/06/2022 09:25:53
NAME :- Ms. NIDHI KUMARI
Sex / Age :- Female 30 Yrs
Company :- MediWheel

Patient ID :-12221061
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA | Sample Collected Time25/06/2022 10:00:02 | Final Authentication : 25/06/2022 12:07:28

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGEFEMALE BELOW 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
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Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

MC - 2300

Date :- 25/06/2022 09:25:53
NAME :- Ms. NIDHI KUMARI
Sex / Age :- Female 30 Yrs
Company :- MediWheel

Patient ID :-12221061
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA | Sample Collected Time 25/06/2022 10:00:02 | Final Authentication : 25/06/2022 12:07:28

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.2	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	7.12	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	67.0	%	40.0 - 80.0
LYMPHOCYTE	27.3	%	20.0 - 40.0
EOSINOPHIL	2.5	%	1.0 - 6.0
MONOCYTE	2.8	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	4.78	10^3/uL	1.50 - 7.00
LYMPH#	1.95	10^3/uL	1.00 - 3.70
EO#	0.17	10^3/uL	0.00 - 0.40
MONO#	0.19	10^3/uL	0.00 - 0.70
BASO#	0.03	10^3/uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.27	x10^6/uL	3.80 - 4.80
HEMATOCRIT (HCT)	37.40	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	87.4	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.6	g/dL	31.5 - 34.5
PLATELET COUNT	265	x10^3/uL	150 - 410
RDW-CV	**14.6** H	%	11.6 - 14.0
MENTZER INDEX	20.47		

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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Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA | Sample Collected Time25/06/2022 10:00:02 | Final Authentication : 25/06/2022 12:07:28

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	15	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 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. **InstrumentName: S**ysmex 6 part fully automatic analyzer XN-L,Japan

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MC - 2300

Date :- 25/06/2022 09:25:53
NAME :- Ms. NIDHI KUMARI
Sex / Age :- Female 30 Yrs
Company :- MediWheel

Patient ID :-12221061
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- PLAIN/SERUM | Sample Collected Time25/06/2022 10:00:02 | Final Authentication : 25/06/2022 12:21:33

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL **Method:- Enzymatic Endpoint Method**	117.33	mg/dl	Desirable <200 Borderline 200-239 High> 240
TRIGLYCERIDES **Method:- GPO-PAP**	46.60	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL **Method:- Calculated**	9.32	mg/dl	0.00 - 80.00

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL **Method:- Direct clearance Method**	36.32	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL **Method:- Direct clearance Method**	73.24	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**	3.23		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO **Method:- Calculated**	2.02		0.00 - 3.50
TOTAL LIPID **Method:- CALCULATED**	**330.38** L	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**	0.62	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**	16.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT **Method:- IFCC**	5.0	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE **Method:- AMP Buffer**	110.80	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN **Method:- Biuret Reagent**	6.50	g/dl	6.40 - 8.30
SERUM ALBUMIN **Method:- Bromocresol Green**	4.01	g/dl	3.80 - 5.00
SERUM GLOBULIN **Method:- CALCULATION**	2.49	gm/dl	2.20 - 3.50
A/G RATIO	1.61		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) **Method:- Colorimetric Method**	0.33	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) **Method:- Calculated**	0.29	mg/dl	0.30-0.70
SERUM GAMMA GT **Method:- IFCC**	19.20	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 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) are observed with infectious hepatitis.

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH ULTRA **Method:- Enhanced Chemiluminescence Immunoassay**	**5.200** H	µIU/mL	0.550 - 4.780

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
SERUM TOTAL T3 **Method:- Chemiluminescence(Competitive immunoassay)**	0.890	ng/ml	0.600 - 1.810
SERUM TOTAL T4 **Method:- Chemiluminescence(Competitive immunoassay)**	4.900	ug/dl	4.500 - 10.900

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

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Sex / Age :- Female 30 Yrs
Company :- MediWheel

Patient ID :-12221061
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- URINE | Sample Collected Time25/06/2022 10:00:02 | Final Authentication : 25/06/2022 10:40:19

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
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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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

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Patient ID :-12221061
Ref. By Dr:- BOB
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Sample Type :- KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-PP, EDTA Sample Collected : 25/06/2022 12:34:14 Final Authentication : 25/06/2022 14:00:10

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) **Method:- GOD PAP**	93.0	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**	98.2	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**	0.87	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID **Method:- Enzymatic colorimetric**	5.20	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Type :- EDTA, URINE, URINE-PP Sample Collected Time25/06/2022 12:34:42 Final Authentication : 25/06/2022 15:51:14

HAEMATOLOGY

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

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	7.3	mg/dl	0.0 - 23.0

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

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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 ***

Poonam

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(D.M.R.D.)

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BOB PACKAGEFEMALE 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 contracted (Post prandial status.) 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 mildly bulky in size and measures 93x42x51 mm.
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.
Endometrial echo is normal. Endometrial thickness is 10mm.

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:
Mild bulky uterus.
Needs clinical correlation & further evaluation

*** End of Report ***

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25 Jun 2022

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