

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road,  
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 988704978

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

### General Physical Examination

Date of Examination: 13-04-2024

Name: MIDHI SHARMA Age: 45 Sex: female

DOB: 30-01-1979

Referred By: BOB (Medicisheel)

Photo ID: aadhar ID #: \_\_\_\_\_

Ht: 149 (cm)

Wt: 62 (Kg)

Chest (Expiration): 89 (cm)

Abdomen Circumference: 86 (cm)

Blood Pressure: 129/92 mm Hg PR: 85 min

BMI 27.9 Kg/m<sup>2</sup>

Eye Examination: R.E. Vision R.E. 6/18, L.E. 6/6, Near vision  
N/G All eyes. Normal color vision

Other: not significant

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

Signature Of Examinee: [Signature] Name of Examinee: \_\_\_\_\_

Signature Medical Examiner: [Signature] Name Medical Examiner \_\_\_\_\_

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

भारत सरकार  
GOVERNMENT OF INDIA

निधि शर्मा  
Nidhi Sharma

जन्म वर्ष / Year of Birth : 1979  
महिला / Female

6816 1891 0969

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: W/O: योगेश जोशी, प्लॉट न.481,  
नीलकंठ अपार्टमेंट, किंग्स रोड, निर्माण  
नगर एबी, जयपुर, वैशाली नगर,  
राजस्थान, 302021

Address: W/O: Yogesh Joshi,  
PLOT NO.481, NEELKANTH  
APRATMENT, KINGS ROAD,  
NIRMAN NAGAR AB, Jaipur,  
Vaishali Nagar, Rajasthan,  
302021

1947  
1800 180 1947

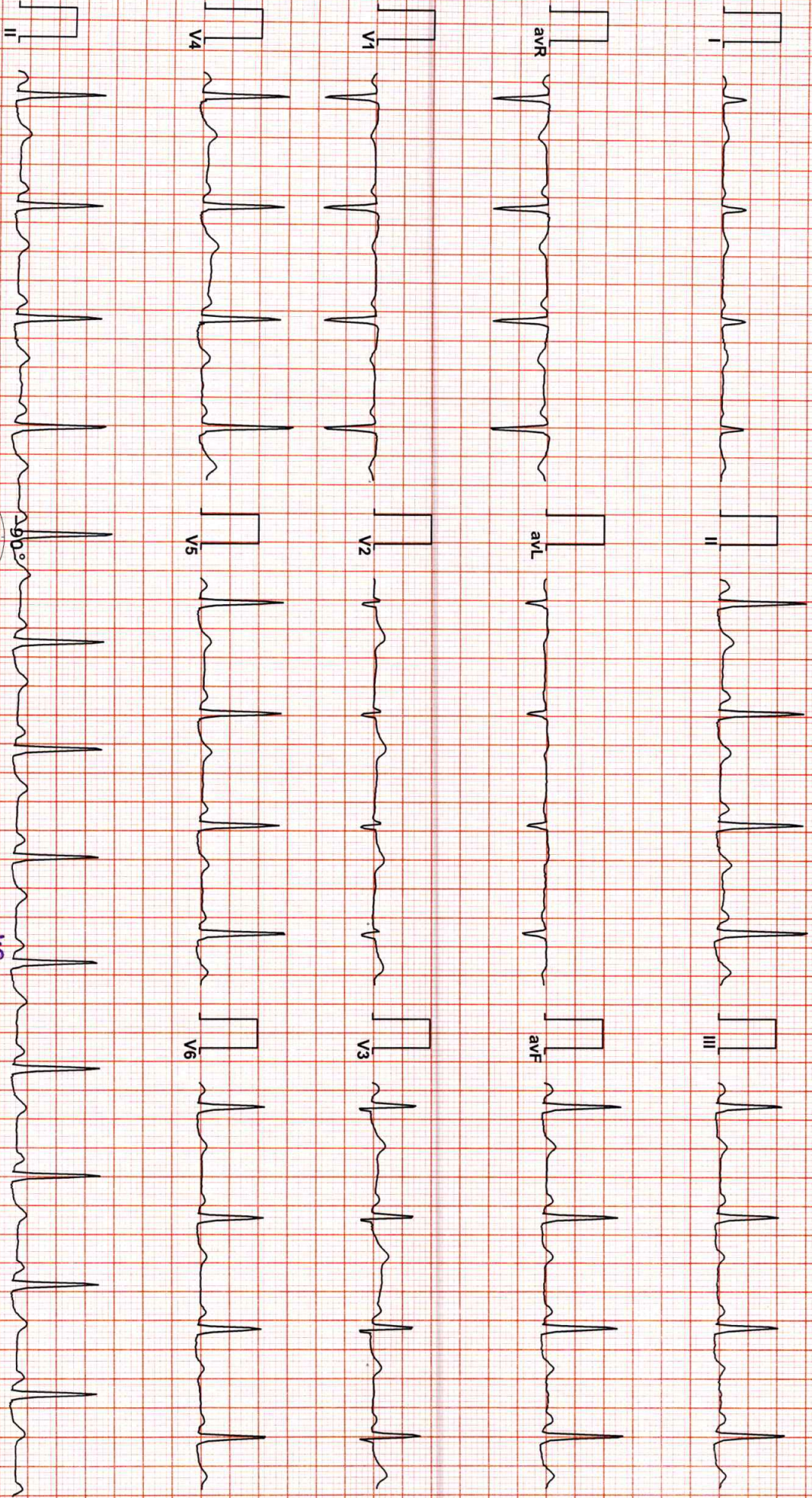
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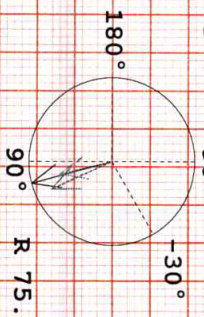
P.O. Box No.1947,  
Bengaluru-560 001

*Nidhi Sharma*

Dr. Piyush Goya  
M.B.B. & D.M.R.D  
RMC Reg. No.-017996



Vent Rate : 80 bpm  
 PR Interval : 136 ms  
 QRS Duration : 66 ms  
 QT/QTc Int : 370/405 ms  
 P-QRS-T axis : 77.00° 75.00° 66.00°



Dr. Naresht Kumar Mohr - Ka  
 35703  
 RICKS  
 MBBS, D.P.M (RCGP-UK)  
 MBBS, D.P.M (RCGP-UK)

Reported By: *K.M.V.*



1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / NonSmoker  
 Date: 13 / 04 / 2024 01:03:26 PM Refd By : BOB Examined By :

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:19	0:19	01.1	00.0	01.0	083	47%	126/80	104	00	
Standing	00:48	0:29	01.1	00.0	01.0	092	53%	126/80	115	00	
HV	01:08	0:20	01.1	00.0	01.0	095	54%	126/80	119	00	
Warm Up	01:30	0:22	01.1	00.0	01.0	112	64%	126/80	141	00	
ExStart	01:45	0:15	01.0	00.0	01.0	102	58%	126/80	128	00	
BRUCE Stage 1	04:45	3:00	01.7	10.0	04.7	157	90%	126/80	197	00	
BRUCE Stage 2	07:45	3:00	02.5	12.0	07.1	171	98%	145/90	247	00	
PeakEx	07:55	0:10	03.4	14.0	07.1	181	103%	145/90	262	00	
Recovery	08:55	1:00	00.0	00.0	01.1	143	82%	150/97	214	00	
Recovery	09:55	2:00	00.0	00.0	01.0	127	73%	145/90	184	00	
Recovery	10:55	3:00	00.0	00.0	01.0	110	63%	140/86	154	00	
Recovery	11:55	4:00	00.0	00.0	01.0	107	61%	130/86	139	00	
Recovery	12:22	4:28	00.0	00.0	01.0	109	62%	130/86	141	00	

**FINDINGS :**

Exercise Time : 06:10  
 Max HR Attained : 181 bpm 103% of Target 175  
 Max BP Attained : 150/97 (mm/Hg)  
 Max Workload Attained : 7.1 Fair-response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

Dr. Naresh Kumar Mohanika  
 MBBS, D.P. CARDIO (ECCORTS)  
 D.E.M. (RCSP, UK)

*Test is Negative for RINT*



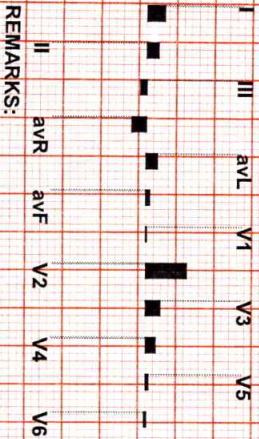
1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 83

Date: 13 / 04 / 2024 01:03:26 PM METS: 1.0/ 83 bpm 47% of THR BP: 126/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 m/s Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

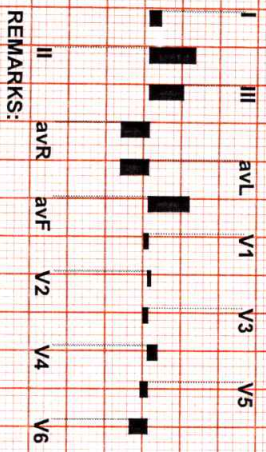
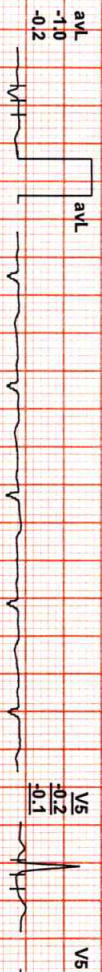
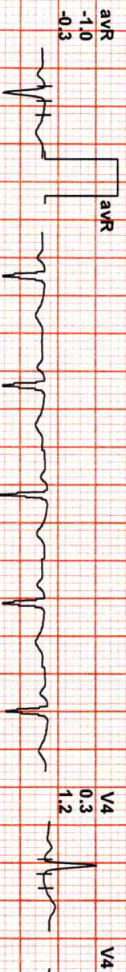
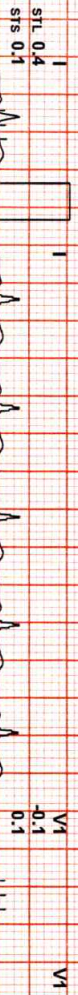


1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 10 Kg / HR : 92

Date: 13 / 04 / 2024 01:03:26 PM METS: 1.0/ 92 bpm 53% of THR BP: 128/80 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF 35 Hz EXTTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



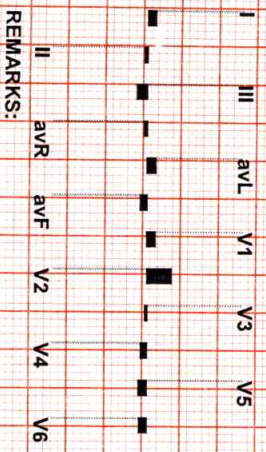
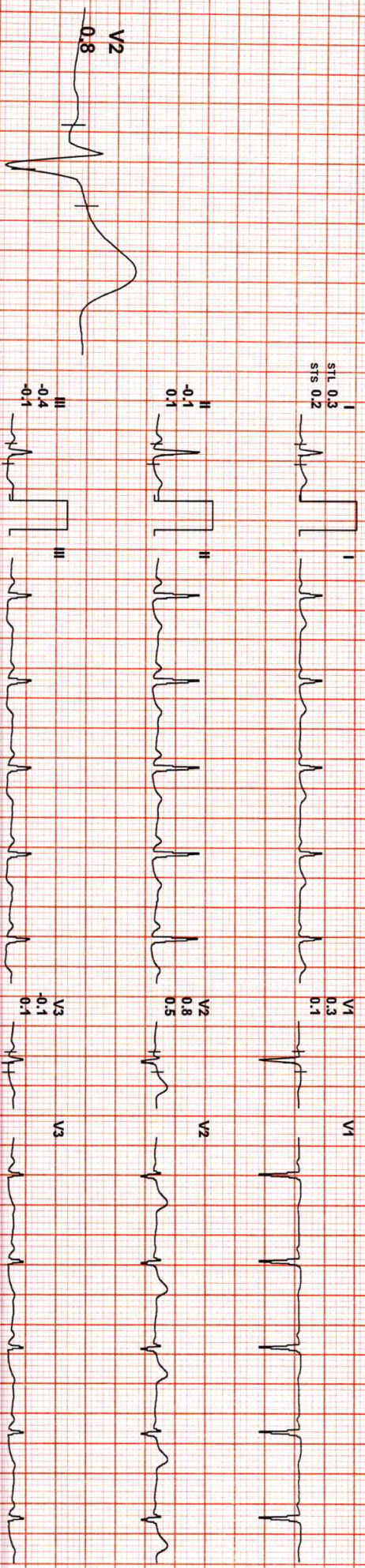
1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 95

Date: 13 / 04 / 2024 01:03:26 PM METS: 1.0/ 95 bpm 54% of THR BP: 126/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

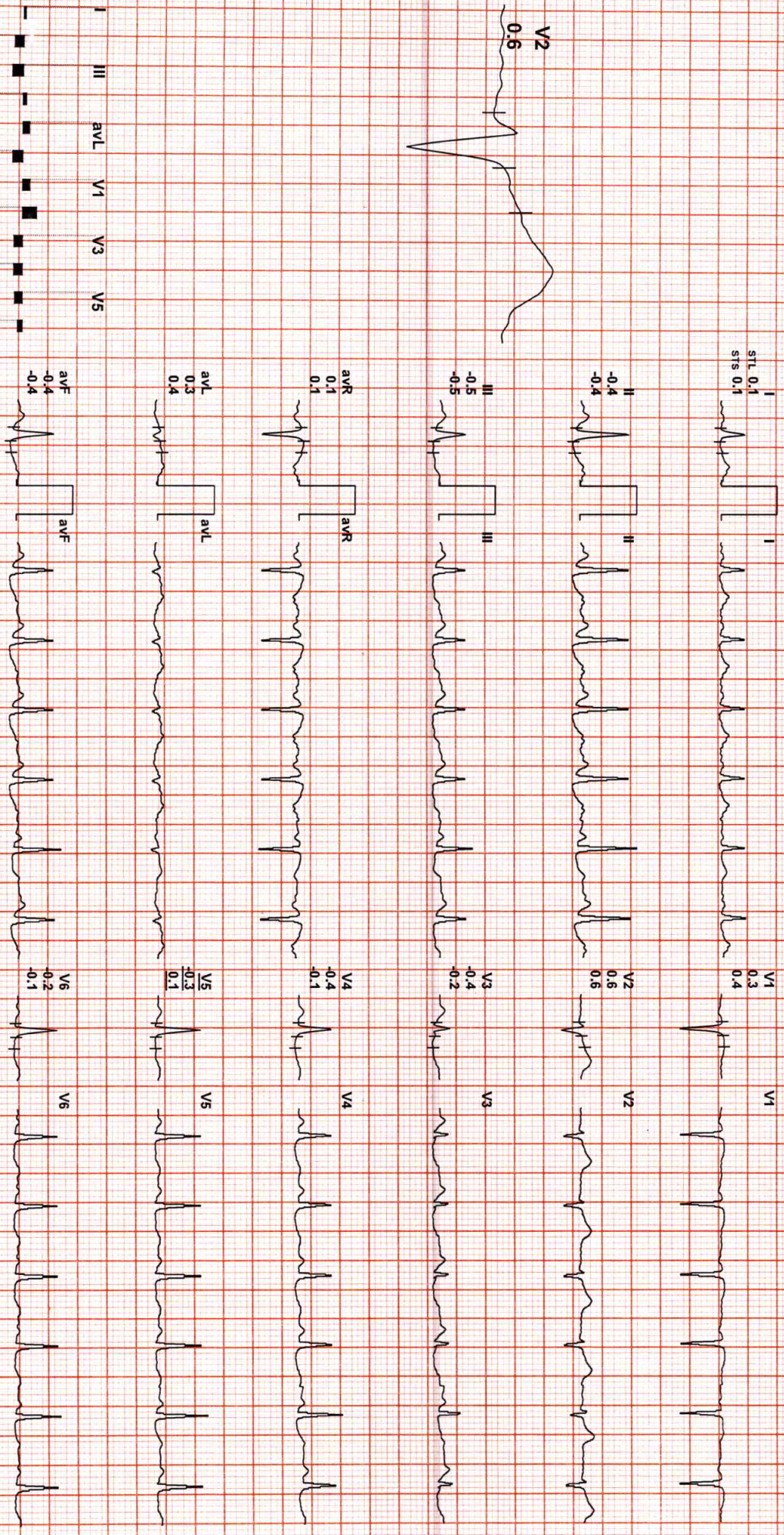


1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 112

Date: 13 / 04 / 2024 01:03:26 PM METS: 1.0/ 112 bpm 64% of THR BP: 126/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

26 mm/Sec. 1.0 Cm/mV



REMARKS:





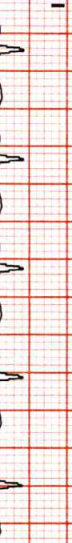
1059 (113) / MRS MIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 102

Date: 13 / 04 / 2024 01:03:26 PM METS: 1.0/ 102 bpm 58% of THR BP: 126/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 00:00 1.0 mph, 0.0%  
25 mm/Sec. 1.0 Ch/mV

I  
STL 0.2  
SFS 0.1



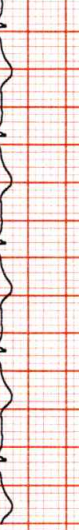
V1  
0.4  
0.3



II  
-0.4  
-0.5



V2  
0.8  
0.6



III  
-0.7  
-0.6



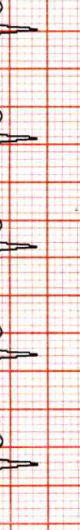
V3  
-0.2  
0.1



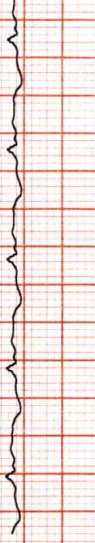
aVR  
0.1  
0.2



V4  
-0.5  
-0.2



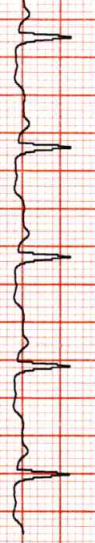
aVL  
0.5  
0.4



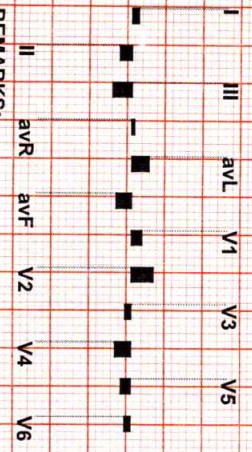
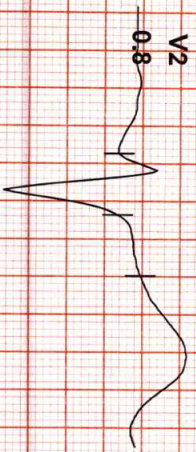
V5  
-0.3  
-0.3



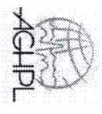
aVF  
-0.5  
-0.5



V6  
-0.2  
-0.3



REMARKS:



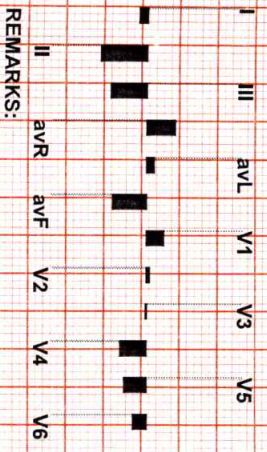
1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 157

Date: 13 / 04 / 2024 01:03:26 PM METS: 4.7 / 157 bpm 90% of THR BP: 126/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 1.7 mph, 10.0%

4X 20 mS Post-J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



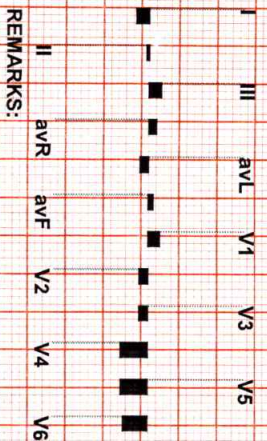
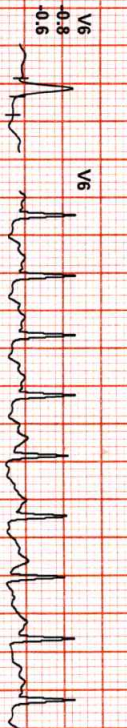
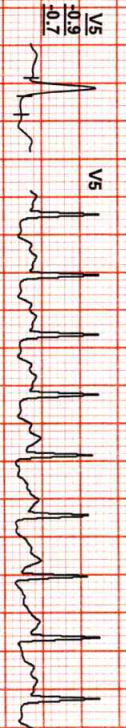
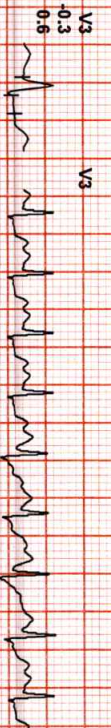
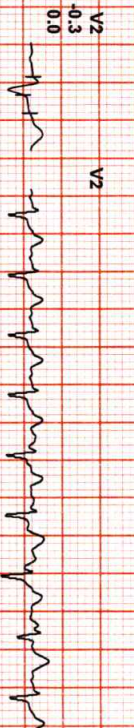
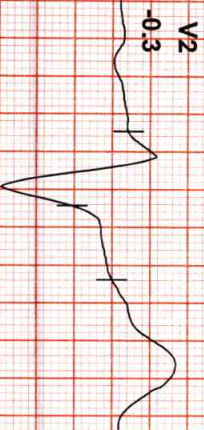
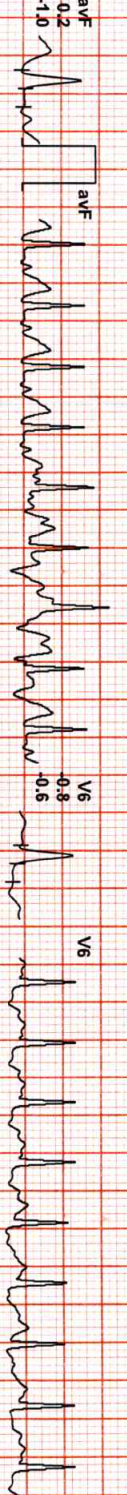
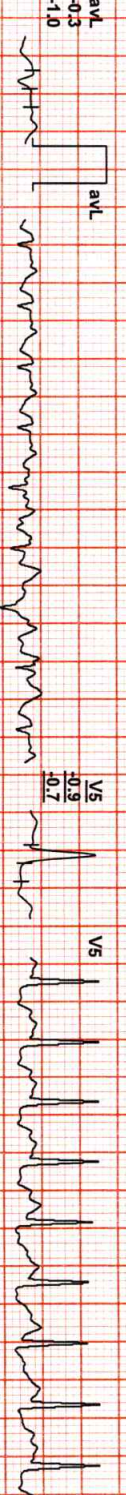
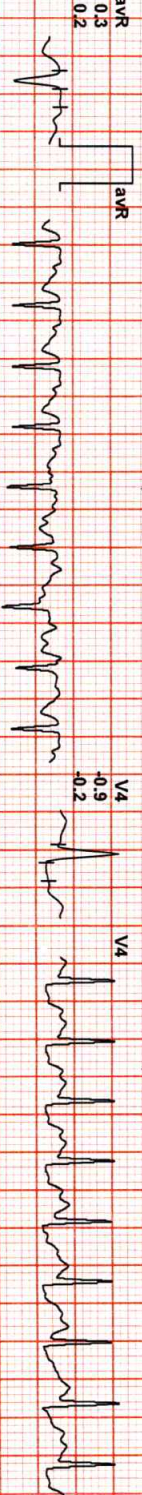
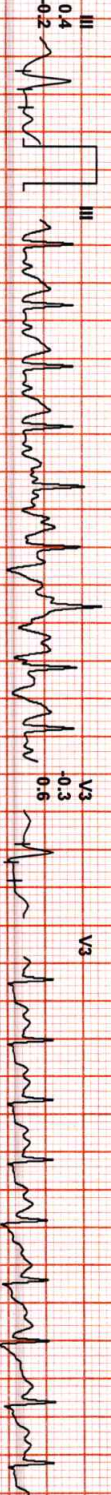
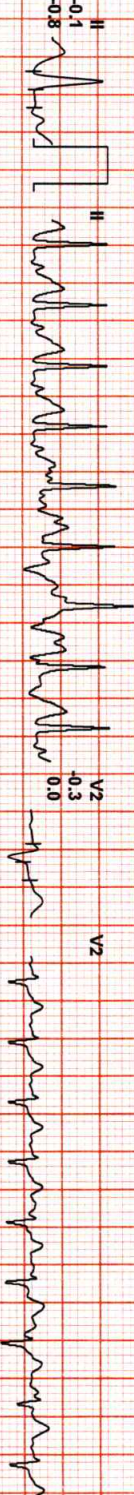
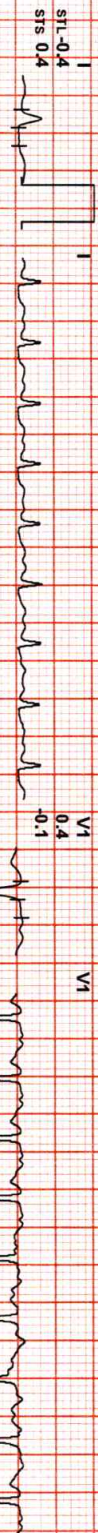
1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 171

Date: 13 / 04 / 2024 01:03:26 PM METS: 7.11 171 bpm 98% of THR BP: 145/90 mmHg Combined Medians/ 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 Ch/mV



REMARKS:



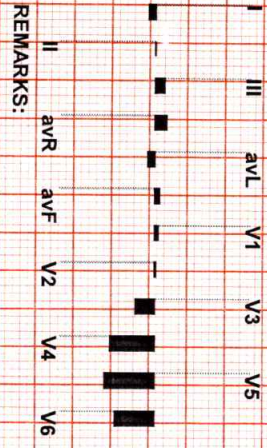
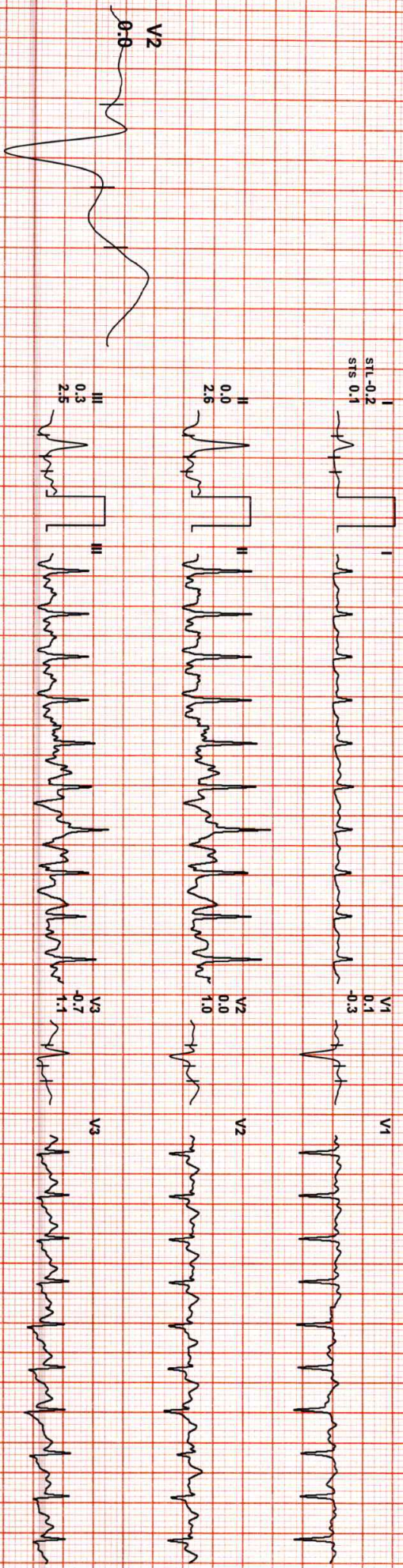
1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 181

Date: 13 / 04 / 2024 01:03:26 PM METS: 7.1/ 181 bpm 103% of THR BP: 145/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 06:10 3.4 mph, 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



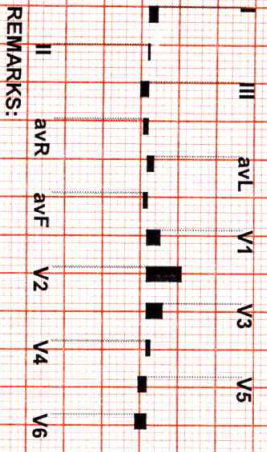
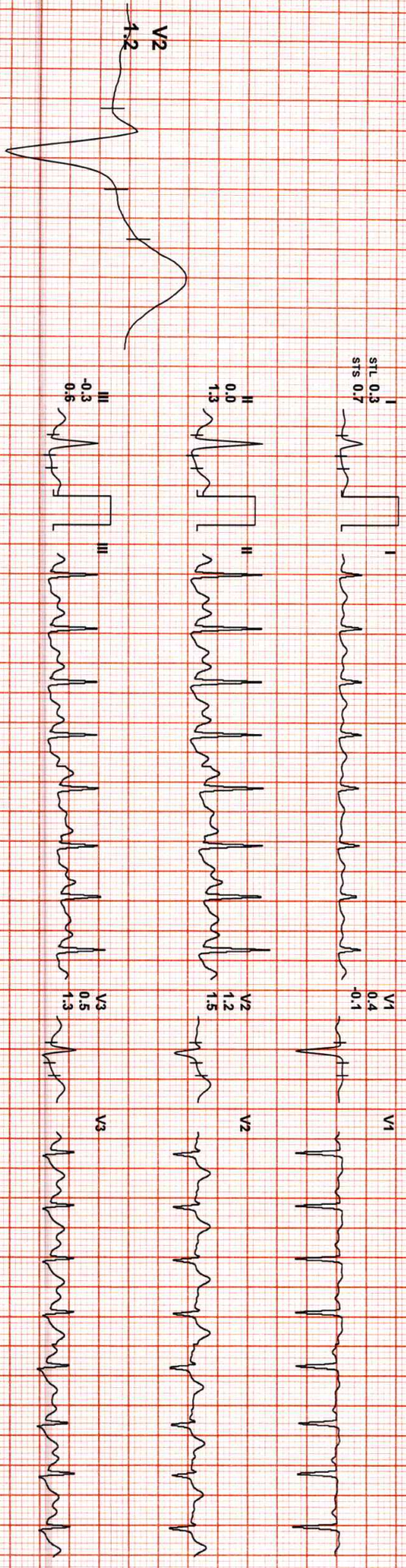
1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 143

Date: 13 / 04 / 2024 01:03:26 PM METS: 1.1/ 143 bpm 82% of THR BP: 150/97 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:10 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



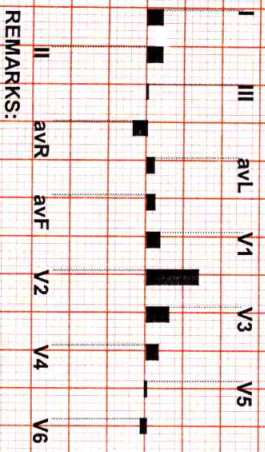
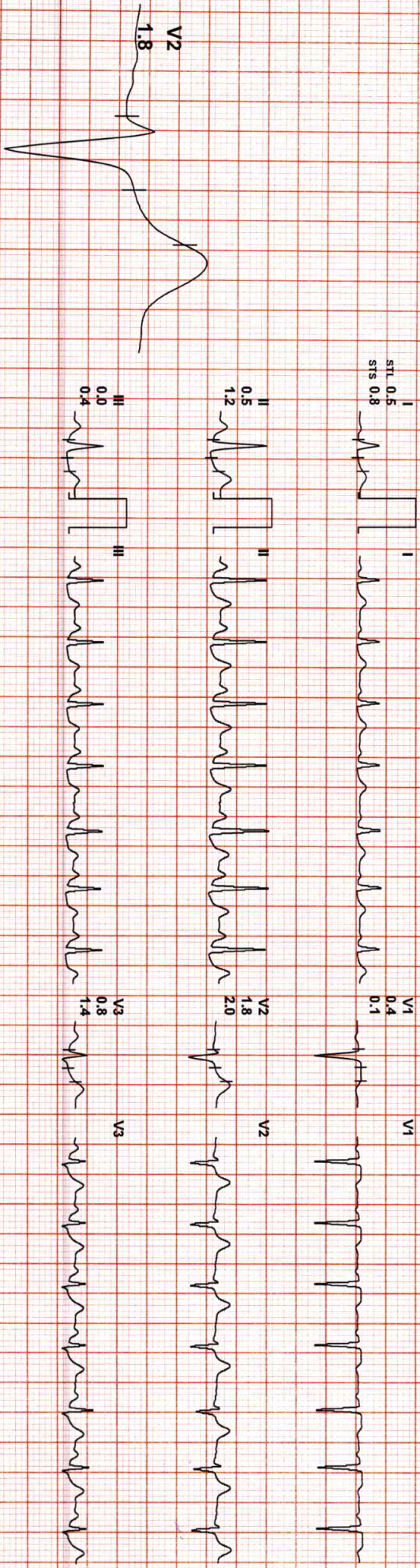
1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 127

Date: 13 / 04 / 2024 01:03:26 PM METS: 1.0/ 127 bpm 73% of THR BP: 145/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:10 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

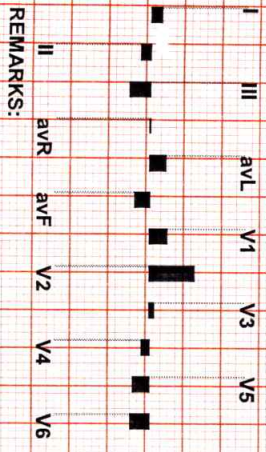
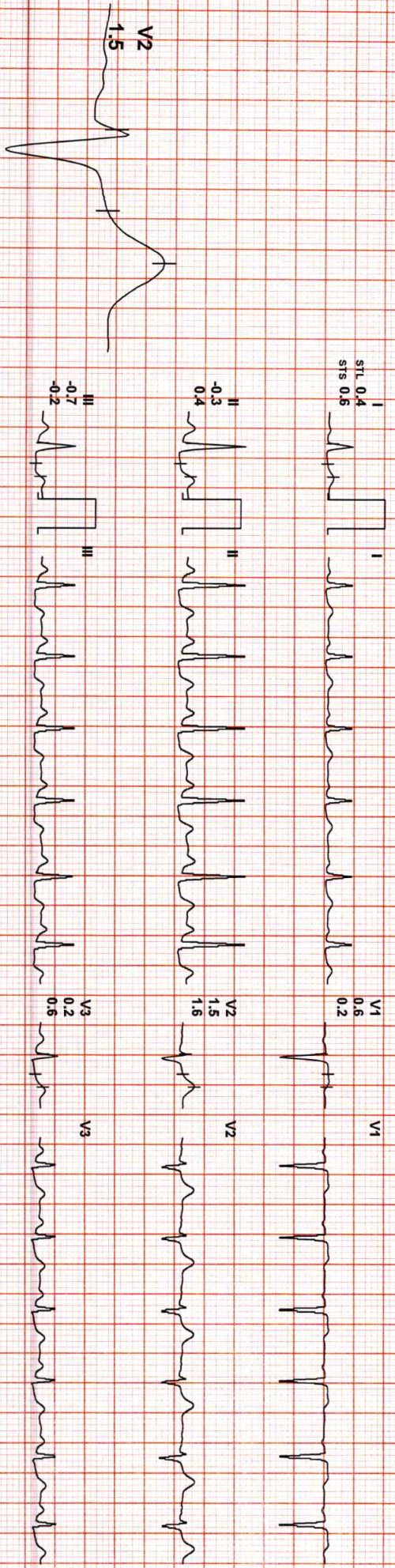


1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 110

Date: 13 / 04 / 2024 01:03:26 PM METS: 1.0/ 110 bpm 63% of THR BP: 140/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

4X 80 ms Post J

EXTime: 06:10 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Ch/mV



REMARKS:

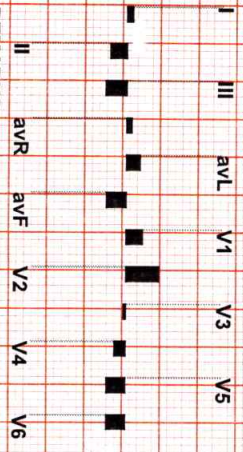
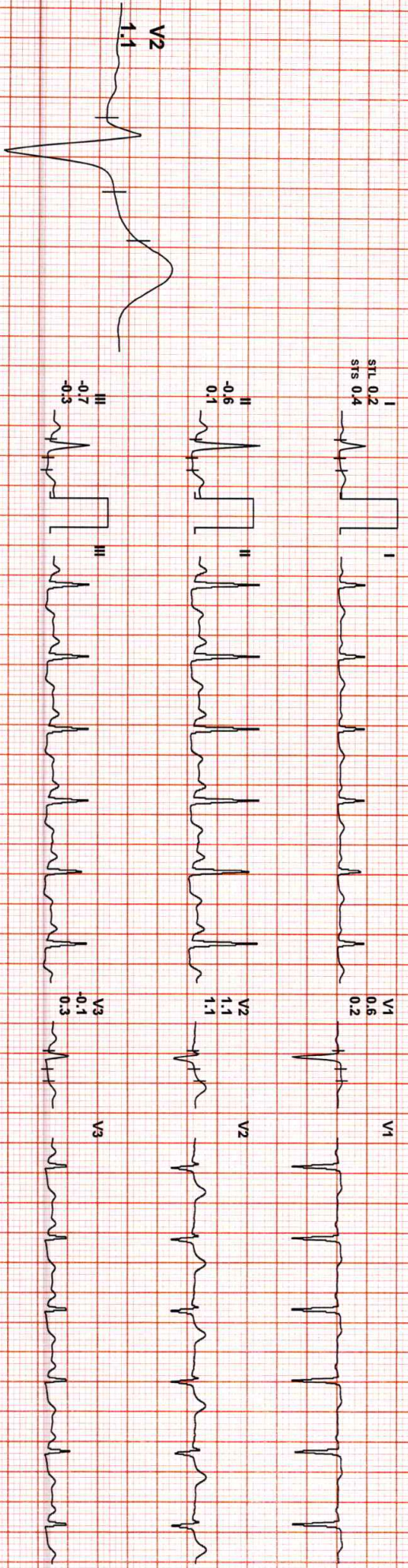


1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 107

Date: 13 / 04 / 2024 01:03:26 PM METS: 1.0/ 107 bpm 61% of THR BP: 130/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/ LF 35 HZ

4X 80 mS Post J

EXTime: 06:10 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Ch/My



REMARKS:





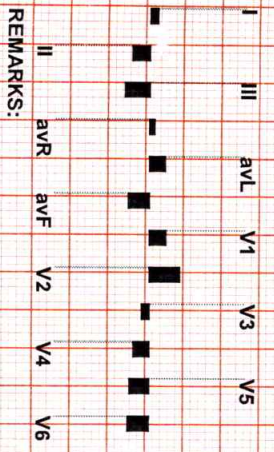
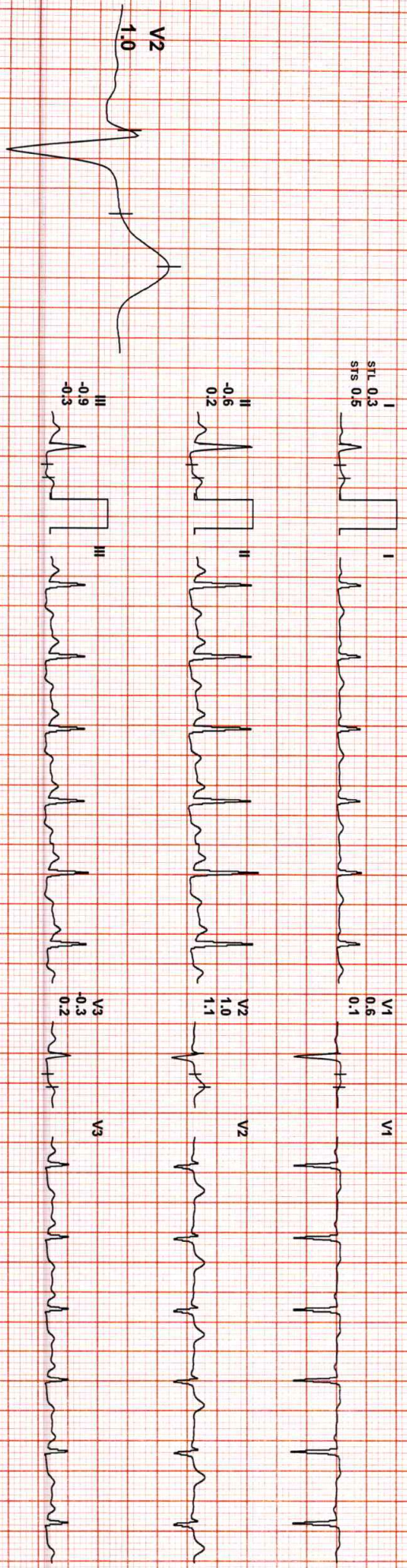
1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 109

Date: 13 / 04 / 2024 01:03:26 PM METS: 1.0/ 109 bpm 62% of THR BP: 130/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

EXTime: 06:10 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 110

Date: 13 / 04 / 2024 01:03:26 PM I

II

III

avR

avL

avF

V1

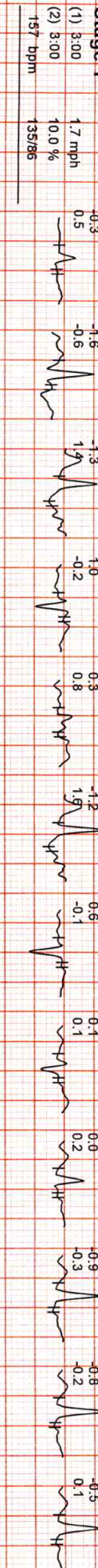
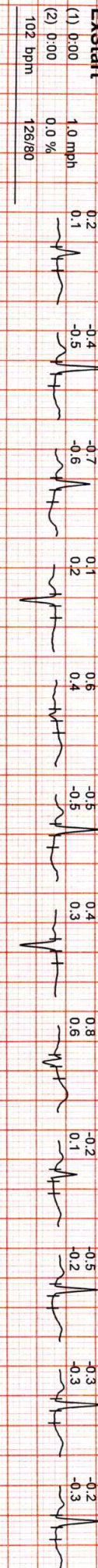
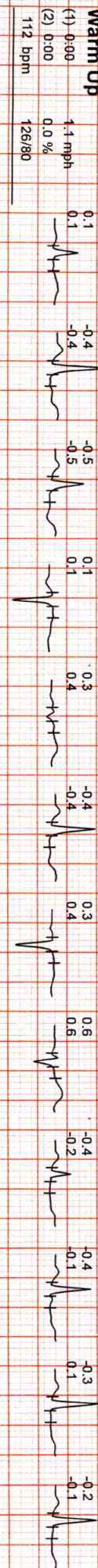
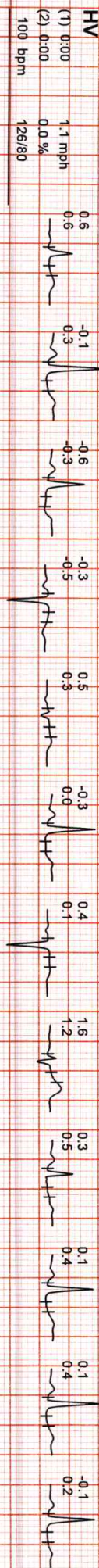
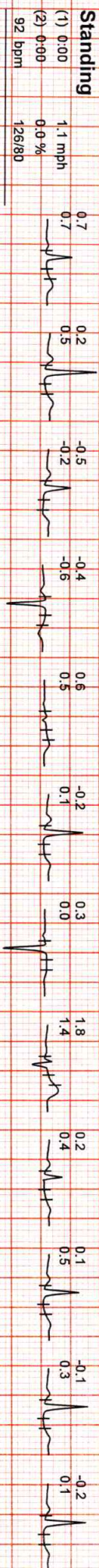
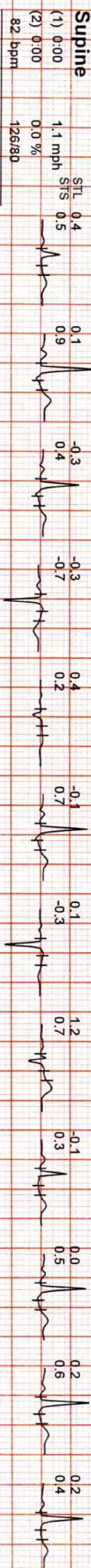
V2

V3

V4

V5

V6

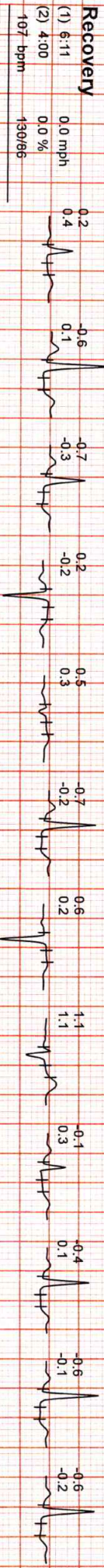
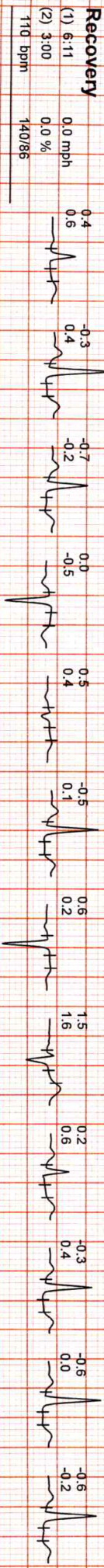
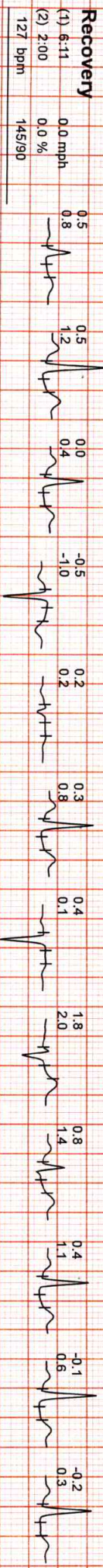
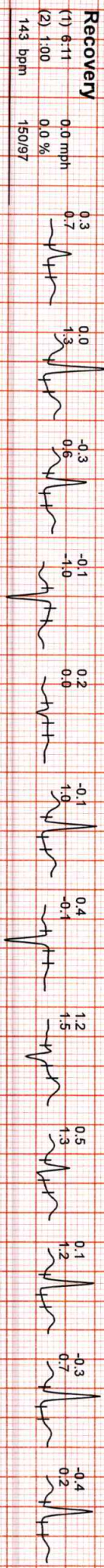
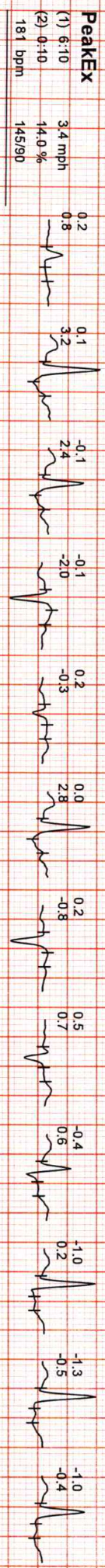
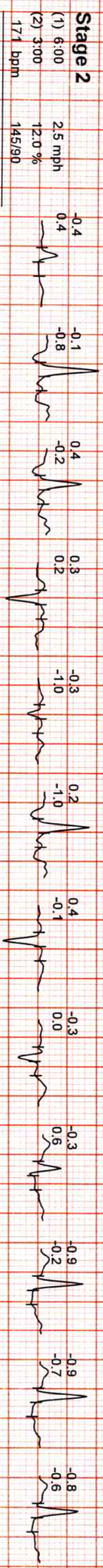


157 bpm 135/86



1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 110

Date: 13 / 04 / 2024 01:03:26 PM I II III avR avL avF V1 V2 V3 V4 V5 V6



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

**Average**



1059 (113) / MRS NIDHI SHARMA / 45 Yrs / F / 0 Cms / 0 Kg / HR : 110

Date: 13 / 04 / 2024 01:03:26 PM I II III avR avL avF V1 V2 V3 V4 V5 V6



# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road,  
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

Website: www.dr.goyal'spathlab.com | Email: dr.goyalpiyush@gmail.com

Patient ID :- 122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 13/04/2024 09:23:08

Final Authentication : 13/04/2024 12:35:38

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE ABOVE 40 GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	6.1	H %	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

128

mg/dL

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

MUKESH SINGH  
Technologist

Page No: 1 of 12



Dr. Rashmi Bakshi  
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RMC No. 17975/008828

# Dr. Goyal's

## Path Lab & Imaging Centre



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Tele : 0141-2293346, 4049787, 9887049787

Website: www.dr.goyal'spathlab.com | Email: dr.goyalpiyush@gmail.com

NAME :- Mrs. NIDHI SHARMA

Sex / Age :- Female 44 Yrs

Company :- MediWheel

Patient ID :- 122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 13/04/2024 09:23:08

Final Authentication : 13/04/2024 12:35:38

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	13.0	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.71	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	55.0	%	40.0 - 80.0
LYMPHOCYTE	40.7 H	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	2.0	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.15	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.33	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.11	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.10	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.42	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	40.30	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	91.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.2	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	278	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.3	%	11.6 - 14.0
MENTZER INDEX	20.63		

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.

MUKESH SINGH  
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NAME :- Mrs. NIDHI SHARMA

Sex / Age :- Female 44 Yrs

Company :- MediWheel

Patient ID :- 122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 13/04/2024 09:23:08

Final Authentication : 13/04/2024 12:35:38

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	21 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: FLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Page No: 3 of 12



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Patient ID :- 122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/04/2024 09:23:08

Final Authentication : 13/04/2024 11:54:42

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	226.98 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	166.44 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	33.62	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	165.62 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	33.29	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.75 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.93 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	699.13	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

SURENDRAKHANGA

Page No: 4 of 12



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Website: www.dr.goyalspathlab.com Date: 13/04/2024 Email: dr.goyalpiyush@gmail.com

Patient ID :- 122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/04/2024 09:23:08

Final Authentication : 13/04/2024 11:54:42

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.55	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	0.18	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.37	mg/dl	0.30-0.70
SGOT Method:- IFCC	32.6 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	36.9 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	54.50	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	21.80	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.73	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.53	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.20	gm/dl	2.20 - 3.50
A/G RATIO	2.06		1.30 - 2.50

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

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

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

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

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

**ALBUMIN (ALB)** Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving 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)

SURENDRAKHANGA

Page No: 5 of 12



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# Dr. Goyal's

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Patient ID :- 122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/04/2024 09:23:08

Final Authentication : 13/04/2024 10:35:19

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

#### TOTAL THYROID PROFILE

SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.140	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.730	ug/dl	5.520 - 12.970
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	6.150 H	μIU/mL	0.350 - 5.500

**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

NARENDRAKUMAR  
Technologist

Page No: 6 of 12



*Rashmi*

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# Dr. Goyal's

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Website: www.dr.goyal'spathlab.com Email: dr.goyalpiyush@gmail.com

Patient ID :- 122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 13/04/2024 09:23:08

Final Authentication : 13/04/2024 10:30:26

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicator 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
<b><u>MICROSCOPY EXAMINATION</u></b>			
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		ABSENT

VIJENDRAMEENA  
Technologist

Page No: 7 of 12



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Website: www.dr.goyalspathlab.com Email: dr.goyalpiyush@gmail.com

Patient ID :-122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na BLOOD UREA NITROGEN/SEBUM  
Date: 13/04/2024 EQP: 18059  
Time: 16:40:01

Final Authentication : 13/04/2024 17:35:21

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	116.3 H	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	146.5 H	mg/dl	70.0 - 140.0
<p><b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> 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 .</p>			
SERUM CREATININE Method:- Colorimetric Method	0.98	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.51	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

Page No: 8 of 12



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**NAME :- Mrs. NIDHI SHARMA**

Sex / Age :- Female 44 Yrs

Company :- MediWheel

Patient ID :- 122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA, URINE

Sample Collected Time 13/04/2024 09:23:08

Final Authentication : 13/04/2024 12:35:38

### 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

MUKESH SINGH, VIJENDRAMEENA  
**Technologist**

Page No: 10 of 12



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**NAME :- Mrs. NIDHI SHARMA**

Sex / Age :- Female 44 Yrs

Company :- MediWheel

Patient ID :- 122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/04/2024 09:23:08

Final Authentication : 13/04/2024 11:54:42

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.1	mg/dl	0.0 - 23.0

SURENDRAKHANGA

Page No: 11 of 12



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Website: www.dr.goyalspathlab.com | Email: dr.goyalpiyush@gmail.com

Date: 13/04/2024 09:18:59

NAME :- Mrs. NIDHI SHARMA

Sex / Age :- Female 44 Yrs

Company :- MediWheel

Patient ID :- 122424960

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- SWAB

Sample Collected Time 13/04/2024 09:23:08

Final Authentication : 13/04/2024 13:41:20

### PAP SMEAR

### PAP SMEAR FOR CYTOLOGY EXAMINATION

**Specimen** - Conventional smear.

**Clinical history** -

**Microscopy:**

**Adequacy** - Satisfactory for opinion.

**Endocervical cells**- Not seen.

H/E stained smear show predominantly intermediate, superficial & parabasal squamous epithelial cells in the background of mild acute inflammation.

**Epithelial cells abnormality** -Not seen

**IMPRESSION** :Negative for intraepithelial lesion or malignancy (NILM).

**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 \*\*\*

AJAYSINGH  
Technologist

Page No: 12 of 12



**Dr Abha Gupta**  
Fellowship Oncopathology  
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RMC 33520

# Dr. Goyal's

## Path Lab & Imaging Centre

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Date :- 13/04/2024 09:18:59  
**NAME :- Mrs. NIDHI SHARMA**  
Sex / Age :- Female 44 Yrs  
Company :- MediWHEEL

Patient ID :- 122424960  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 13/04/2024 12:46:26

BOB PACKAGEFEMALE ABOVE 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)



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

Page No: 1 of 1

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(D.M.R.D.) BILAL

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RMC No. 37951/17891  
FMF Id 255595





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Sex / Age :- Female 44 Yrs  
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Patient ID :- 122424960  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 13/04/2024 13:08:54

BOB PACKAGEFEMALE ABOVE 40

**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 visualized.  
Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

**Left breast:-**

**A well defined hypoechoic wider than taller lesion of size ~ 14x12 mm in upper inner quadrant at 11-12 O'clock position with no abnormal vascularity on color doppler.**

Skin, subcutaneous tissue and retroareolar region is normal.  
Rest fibro glandular tissue shows normal architecture and echotexture.  
Pre and retro mammary regions are unremarkable.  
**Few subcentimetric size axillary lymphnodes are noted, largest measuring approx. 17x5 mm.**

**IMPRESSION:**

**\* Well defined hypoechoic wider than taller in upper inner quadrant at 11-12 O'clock position with no abnormal vascularity on color doppler - (? BIRADS II/III Lesion) - Fibroadenoma.**

**Adv. Clinical and histopathological correlation.**

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

Page No: 1 of 1

AHSAN

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**NAME :- Mrs. NIDHI SHARMA**  
Sex / Age :- Female 44 Yrs  
Company :- MediWheel

Patient ID :- 122424960  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 13/04/2024 12:52:19

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 normal in size and measures 80x44x36 mm. Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 9.3 mm.

**A well defined cyst with internal reticulation of size ~ 38x32 mm is seen in left ovary.**

*Right ovary appear normal.*

No significant free fluid is seen in pouch of douglas.

**IMPRESSION:**

**\* Left ovarian hemorrhagic cyst.**

*Needs clinical correlation.*

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

Page No: 1 of 1

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