

Patient Name : PRERANA SAXENA

Age / Gender : 31 years / Female

Endo ID : 178542

Organization : Goyal Diagnostics Profile

Referral : MAGGGNESSA HEALTH CARE



Collected Date & Time : Mar 23, 2024, 11:15 a.m.

Reported Date & Time : Mar 23, 2024, 12:40 p.m.

Sample ID :



240830032

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	12.0	gm/dl	12.0 - 16.0
Erythrocyte (RBC) Count	5.05	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	40.8	%	42 - 52
Mean Cell Volume (MCV)	80.8	FL	78 - 100
Mean Cell Haemoglobin (MCH)	23.7	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	29.4	g/dl	32 - 36
Red Cell Distribution Width (RDW)	14.3	%	11.5 - 14.0
Total Leucocytes Count (WBC)	9070	Cell/cu.mm	4000 - 10000
Neutrophils	70	%	40 - 80
Lymphocytes	23	%	20 - 40
Monocytes	04	%	2 - 10
Eosinophils	03	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	9.0	fL	7.2 - 11.7
PCT	0.31	%	0.2 - 0.5
Platelet Count	345	10 ³ /ul	150 - 450

END OF REPORT

Dr. Kusum Heda
M.D.(Patho.)

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

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

Patient Name : PRERANA SAXENA

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Collected Date & Time : Mar 23, 2024, 11:15 a.m.

Reported Date & Time : Mar 23, 2024, 01:00 p.m.

Sample ID :



240830032

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

ESR	15	mm	0 - 20
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END OF REPORT

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Collected Date & Time : Mar 23, 2024, 11:15 a.m.

Reported Date & Time : Mar 23, 2024, 12:52 p.m.

Sample ID :



240830032

Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

URINE ROUTINE

General Examination

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

Chemical Examination

Urine Protein (Albumin)	Trace		NIL
Urine Glucose (Sugar)	NIL		NIL

Microscopic Examination

Pus cells (WBCs)	4-5	/hpf	0-4
Epithelial cells	15-20	/hpf	0-5
Red blood cells	0-1	/hpf	NIL
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	+		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

END OF REPORT

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Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total Method : ENZYMATIC COLORIMETRIC METHOD CHOD - POD	190.0	mg/dL	130 -250
Triglycerides Method : ENZYMATIC COLORIMETRIC	150.0	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	46.3	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	30	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	113.70	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	4.10		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.46		0.5-3.4

END OF REPORT

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Endo ID : 178542

Organization : Goyal Diagnostics Profile

Referral : MAGGGNESSA HEALTH CARE



Collected Date & Time : Mar 23, 2024, 11:15 a.m.

Reported Date & Time : Mar 23, 2024, 12:41 p.m.

Sample ID :



240830032

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Urea	38.0	mg/dL	10.0 - 40.0
Method : Uricase			
CREATININE	0.98	mg/dL	0.60 - 1.40
Method : Serum, Jaffe			

END OF REPORT

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Referral : MAGGGNESSA HEALTH CARE



Collected Date & Time : Mar 23, 2024, 11:15 a.m.

Reported Date & Time : Mar 23, 2024, 12:09 p.m.

Sample ID :



240830032

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

'O' 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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Sample ID :



240830032

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BIOCHEMISTRY

Uric Acid

3.6

mg/dL

3.5-7.0

Method : Uricase, Colorimetric

END OF REPORT

Dr. Kusum Heda
M.D.(Patho.)

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

Policy Number

Member/Client Number 8005692066

Member Information :

Name: PRENANA SAXENA

Gender: Male Female Transgender

Date of birth: 03081992

Identification:

Identity of the examinee has been verified by the way of:

PAN Card Passport Driving License Election Card
 Aadhaar card Any other authorized document (specify) _____

Body Parameters Reading

Waist Circumference (cm)

Hip Circumference (cm)

Hip Waist Ratio (HWR)

Blood Pressure (3 readings in interval of 5 minutes)

Reading

110

110

1

Reading 1 - Systolic/Diastolic 110/60

Reading 2 - Systolic/Diastolic 110/60

Reading 3 - Systolic/Diastolic 110/60

Do you or anyone you live with Smoke?

Non-Smoker

Ex-Smoker

I Have lived with a smoker most of my life

1 to 14 per day

More than 15 per day

Do you chew Tobacco

Yes No

Testing done on fasting blood suger?

Yes No

In Time: 11.00 Out Time: 11.30 pm

Declaration

I confirm that all of the above answers and statements are true and complete to the best of my knowledge and belief and no material facts concerning my past and present state of health and habits have been withheld & omitted. I also agree that any doctors, whether named above or not, who has attended or examined me or who may do so hereafter shall be and is hereby authorized and directed by me to disclose to the Company any information he may have acquired with regard to myself.

Date: 23032024



[Signature]
Customer Signature

Dr. Roopa Goyal herein declare that I have conducted the physical examination of Prenna Saxena after due verification of his/her identity I further affirm that nothing has been misrepresented or concealed by me. I understand that the findings of the physical examination are significant since the findings are relevant for assessment of risk by the company and shall form part of the contract between the applicant and the company.

Date: 23032024

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Signature of Consultant Radiologist & Sonologist
RMC No. - 04507/15600



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

T: C/O पीयूष भटनागर, इन्द्रा नगर, कल्याणीपुरा,
नाभाटा, अजमेर, अजमेर, राजस्थान, 305001
dress: C/O Peeyush Bhatnagar, Indira Nagar,
yanipura, dholabhata, Ajmer, Ajmer,
Jasthan, 305001



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Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No. 094707/15600



भारत सरकार

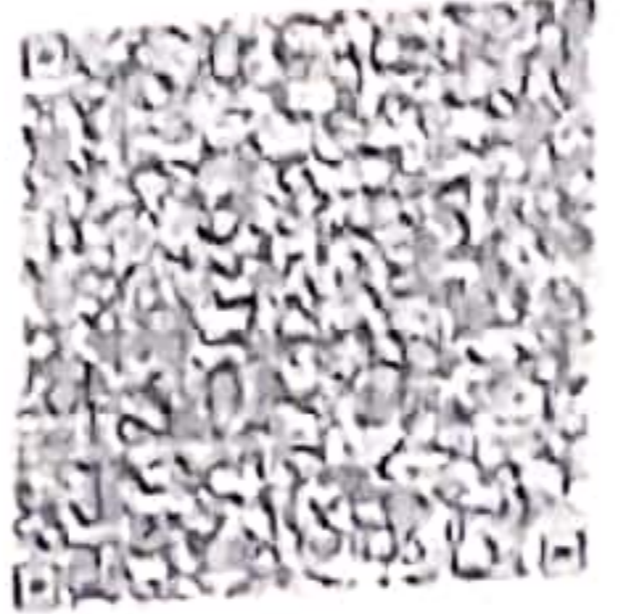
Government of India

प्रेरणा सक्सेना

Prerana Saxena

जन्म तिथि / DOB 03/08/1992

महिला / Female



4825 7055 6658

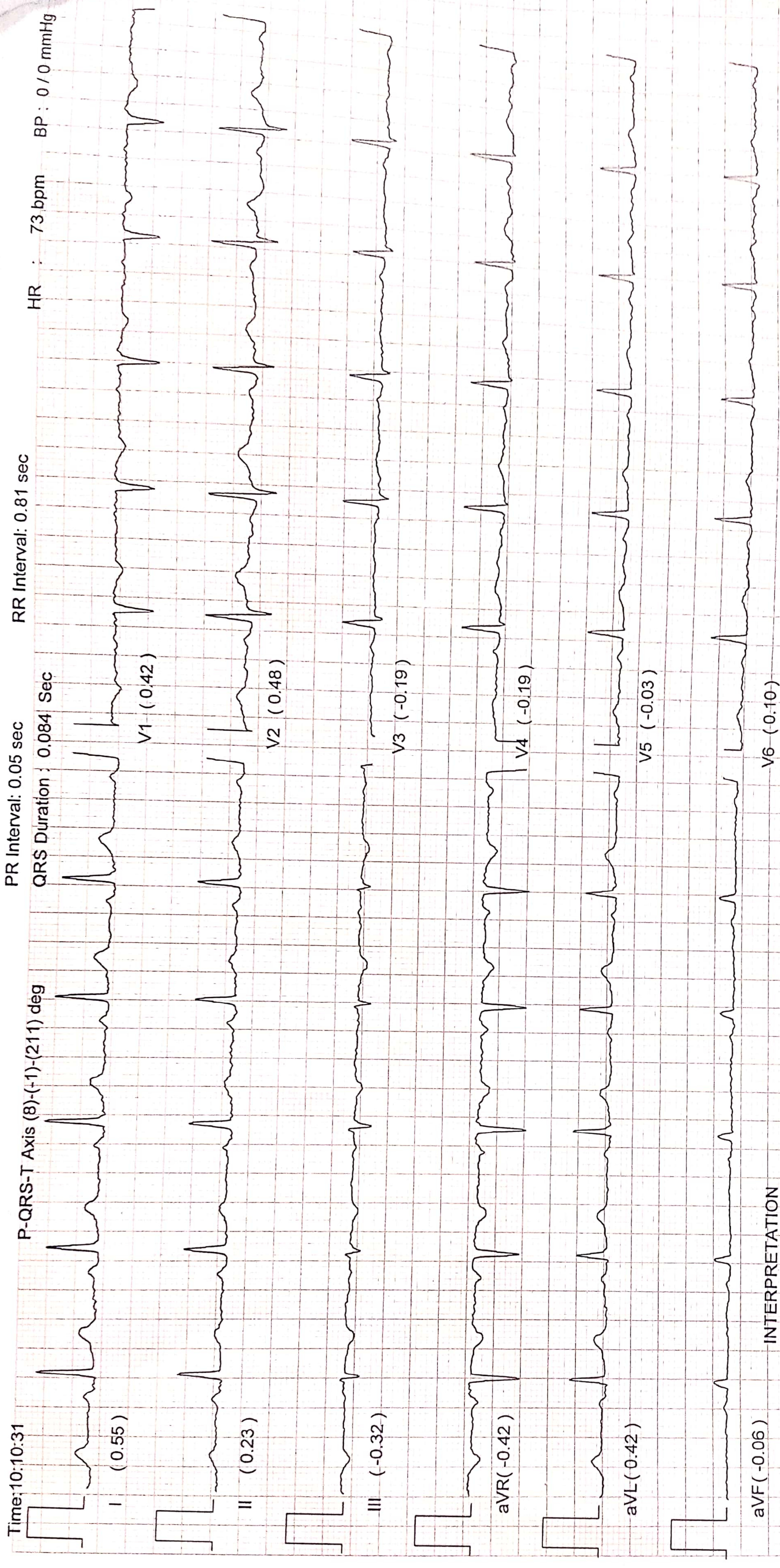
मेरा आधार, मेरी पहचान

Prerana

Patient Name Mrs. PRERNA SAXENA 31/F

March 23, 2024

5 Seconds ECG Report



INTERPRETATION

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

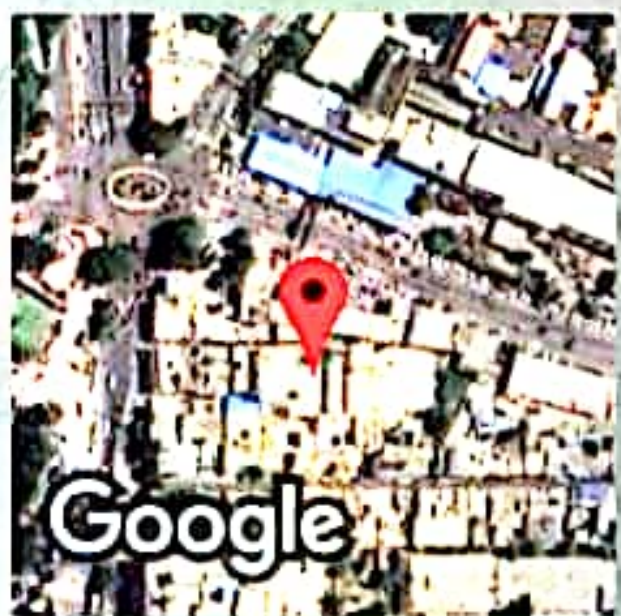
DR MD

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
 Consultant Radiologist & Sonologist
 00450715600

*Unconfirmed Reporting, Refer to Clinician



 **GPS Map Camera**



Ajmer, Rajasthan, India
FJ9M+XG8, Kala Bagh, Ajmer, Rajasthan 305001, India
Lat 26.469882°
Long 74.633977°
23/03/24 09:45 AM GMT +05:30

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Collected Date & Time : Mar 23, 2024, 03:56 p.m.

Reported Date & Time : Mar 23, 2024, 04:30 p.m.

Sample ID :



240830137

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	85.9	mg/dL	70.0-110.0
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END OF REPORT

Dr. Kusum Heda
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Dr. Nishi Prasad
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