

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

General Physical Examination

Date of Examination: 10.04.2024.

Name: MRS. Jyoti Kumawat Age: 39. Sex: Female

DOB: 25. May. 1984.

Referred By: BOB

Photo ID: Adhan ID #: attached

Ht: 158 (cm)

Wt: 56. (Kg)

Chest (Expiration): 86 (cm)

Abdomen Circumference: 71 (cm)

Blood Pressure: 111/72 mm Hg PR: 63. / min

BMI 22.4.

Eye Examination: Dis vision S/G with pres. Near vision
N/G. NO Glauk blindness.

Other: not significant.

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

Signature Of Examinee : [Signature] Name of Examinee: _____

Signature Medical Examiner : _____ Name Medical Examiner _____

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



भारत सरकार

GOVERNMENT OF INDIA



आरुषी कुमावत

Arushi Kumawat

जन्म वर्ष / Year of Birth : 1984

महिला / Female

Arushi



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

2154 9831 9426

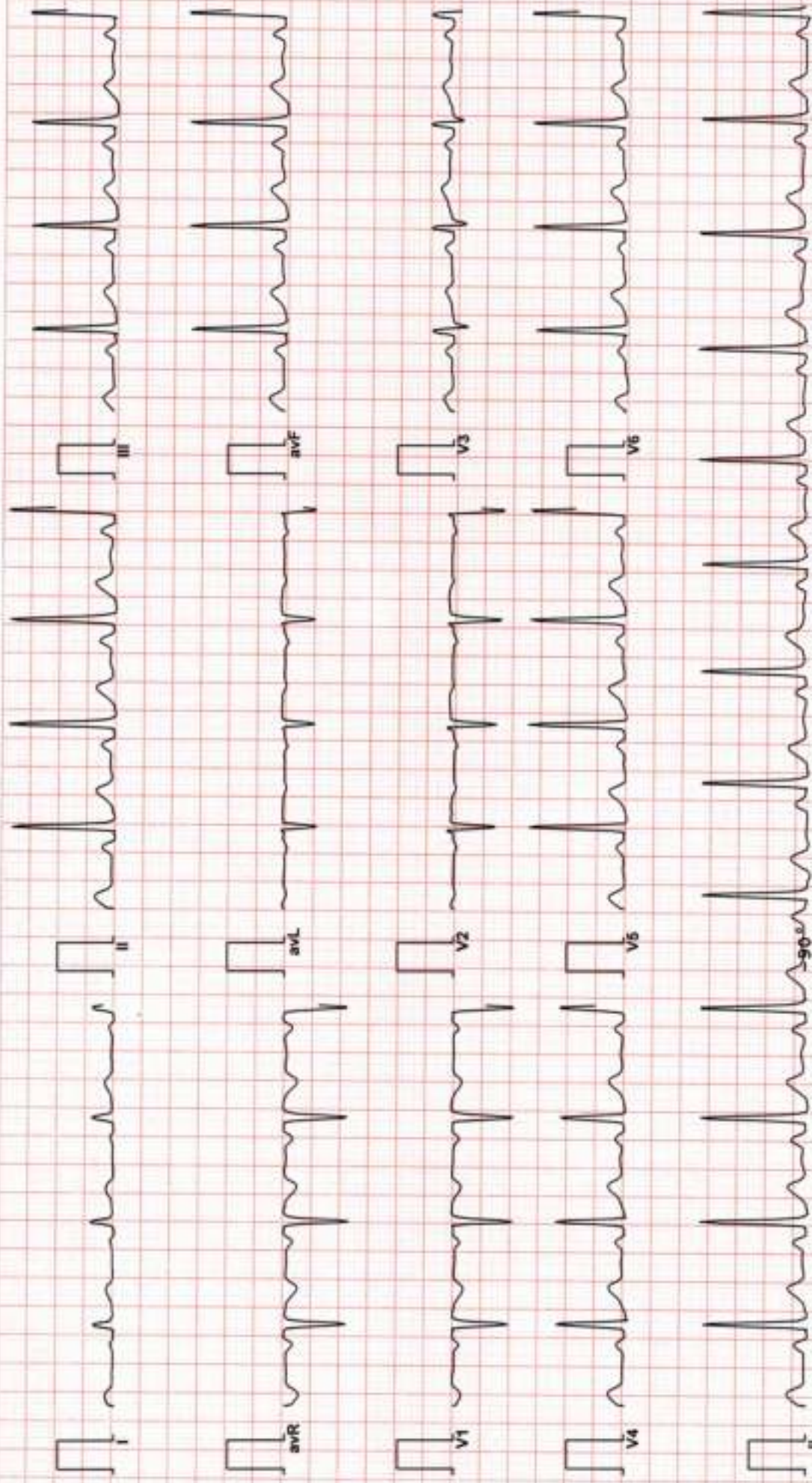
आधार — आम आदमी का अधिकार

DR. GOYAL PATH LAB

4703 / MRS. ARUSHI KUMAWAT / 39 Yrs / M / Non Smoker

Heart Rate : 78 bpm / Tested On : 10-Mar-24 09:27:52 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB

ECG



Vent Rate : 78 bpm
 PR Interval : 154 ms
 QRS Duration: 74 ms
 QT/QTc Int : 370/402 ms
 P-QRS-T axis: 73.00 • 78.00 • 65.00 •



Sinus rhythm with J wave patterns with r inversion in V1-V2

Reported By: MBBS, DIP. CARDIO (ESGORTS)
 D.E.M. (RGGP-UK)
 Dr. Naresh Kumar Mohanka
 RMC No. 85703

DR. GOYALS PATH LAB & IMAGING CENTRE

SODALA JAIPUR RAJ. EMAIL:

Report



835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / NonSmoker
 Date: 10 / 03 / 2024 09:37:37 AM Refd By : BOB Examined By :

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	01.1	00.0	01.0	080	44 %	120/80	095	00	
Standing	00:36	0:30	01.1	00.0	01.0	085	47 %	120/80	102	00	
HV	00:57	0:21	01.1	00.0	01.0	083	46 %	120/80	099	00	
Warm Up	01:17	0:20	01.1	00.0	01.0	087	48 %	120/80	104	00	
ExStart	02:11	0:54	01.0	00.0	01.0	105	58 %	120/80	125	00	
BRUCE Stage 1	05:11	3:00	01.7	10.0	04.7	121	67 %	125/85	151	00	
BRUCE Stage 2	08:11	3:00	02.5	12.0	07.1	146	81 %	135/85	197	00	
PeakEx	09:14	1:03	03.4	14.0	08.2	160	88 %	135/85	216	00	
Recovery	10:14	1:00	00.0	00.0	01.1	120	66 %	140/90	168	00	
Recovery	11:14	2:00	00.0	00.0	01.0	107	59 %	135/85	144	00	
Recovery	12:14	3:00	00.0	00.0	01.0	102	56 %	130/85	132	00	
Recovery	13:14	4:00	00.0	00.0	01.0	104	57 %	125/80	130	00	
Recovery	13:52	4:37	00.0	00.0	01.0	098	54 %	125/80	122	00	

FINDINGS :

- Exercise Time : 07:03
- Max HR Attained : 160 bpm 88% of Target 181
- Max BP Attained : 140/90 (mmHg)
- Max WorkLoad Attained : 8.2 Fair response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Base line eg show poor r progression in lead V1-V3 there is no any further significant st - changes seen during exercise and in recovery.
 -THT negative for RMI.
 Conclude Clinically.

Dr. Naresh Kumar Mohanta
 RMC No. 55703
 MBBS, DIP. CARDIO (ESCORTS)
 D.E.M. (RCGP-UK)

DR . GOYALS PATH LAB & IMGING CENTRE

BRUCE:Supine(0:08)



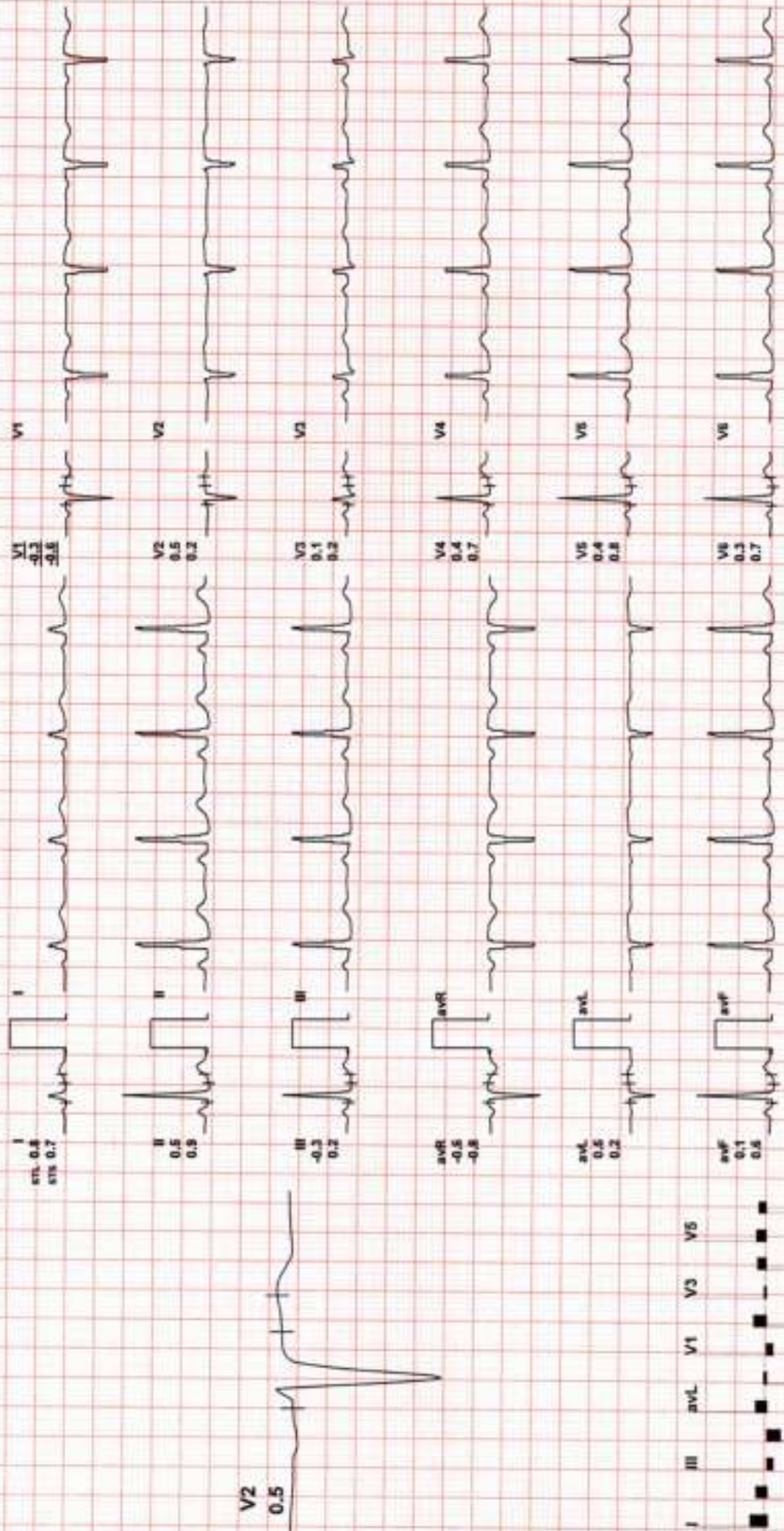
835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 80

Date: 10 / 03 / 2024 09:37:37 AM METS: 1.0/ 80 bpm 44% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

25 mm/Sec. 1.8 Cm/mV

4X 80 mS Post J



REMARKS: II aVR aVF V2 V4 V6

DR . GOYALS PATH LAB & IMGING CENTRE

835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 85

BRUCE: Standing(0:30)

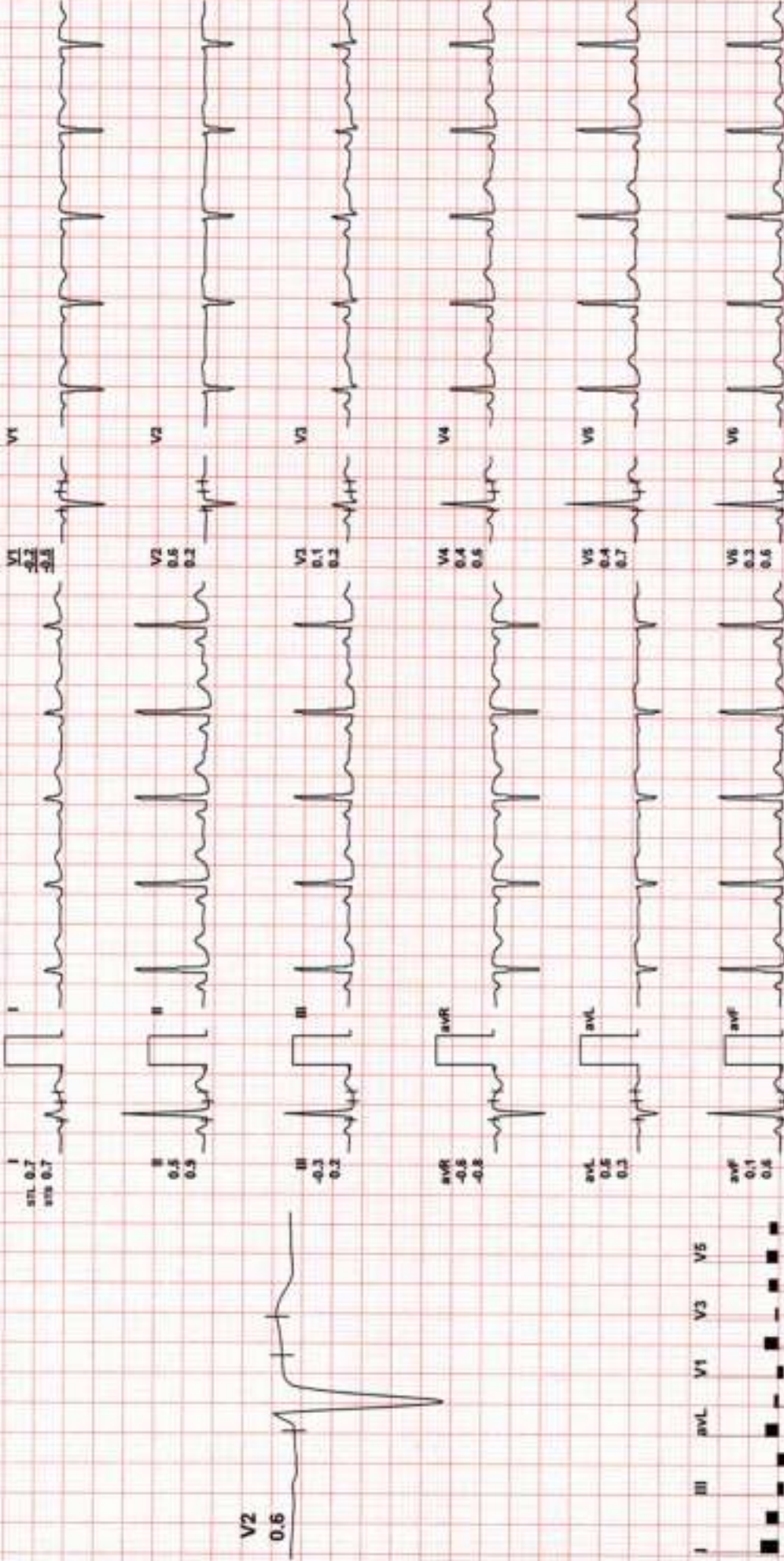


Date: 10 / 03 / 2024 09:37:37 AM METS: 1.0/ 85 bpm 47% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

25 mm/Sec. 1.0 CalmV

4X 80 mS Post J



REMARKS:

DR . GOYALS PATH LAB & IMGING CENTRE

835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 83

BRUCE:HV(0:22)

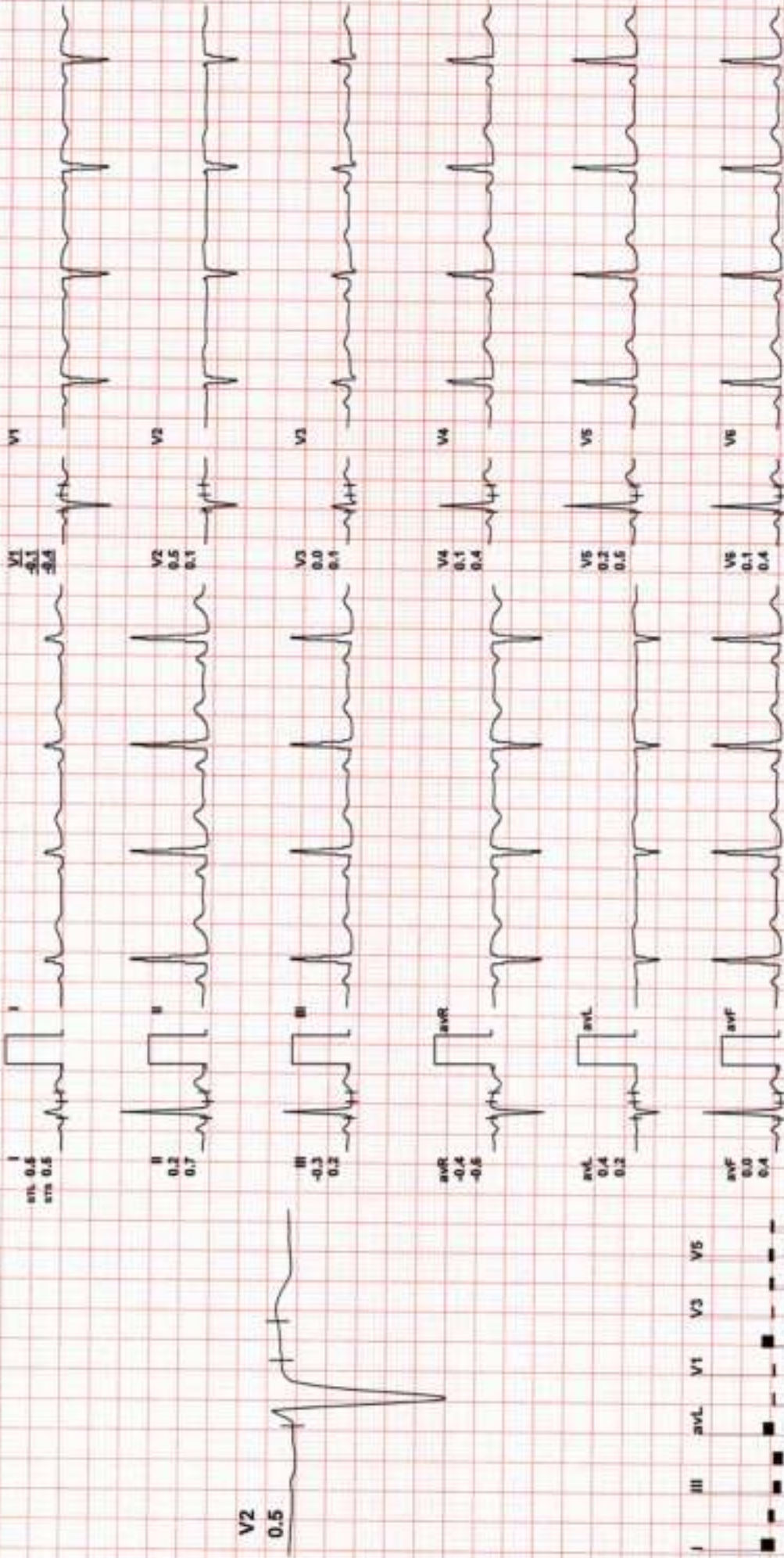


Date: 10 / 03 / 2024 09:37:37 AM METS: 1.0/ 83 bpm 46% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 CentmV



REMARKS:
II avR avF V2 V4 V6

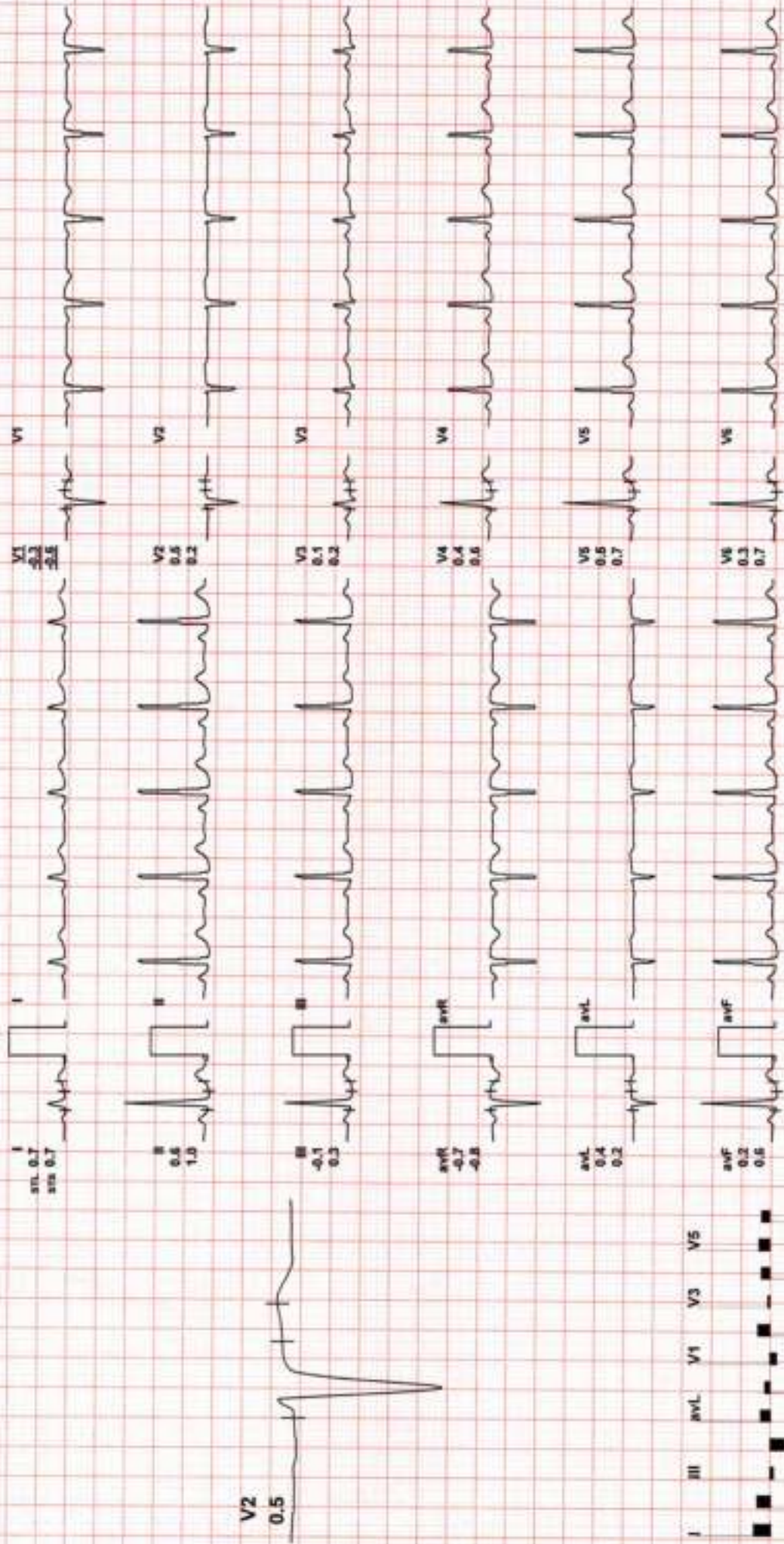


Date: 10 / 03 / 2024 09:37:37 AM METS: 1.0/ 87 bpm 48% of TH-R BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph 0.0%

4X 88 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6

DR . GOYALS PATH LAB & IMGING CENTRE

835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 105

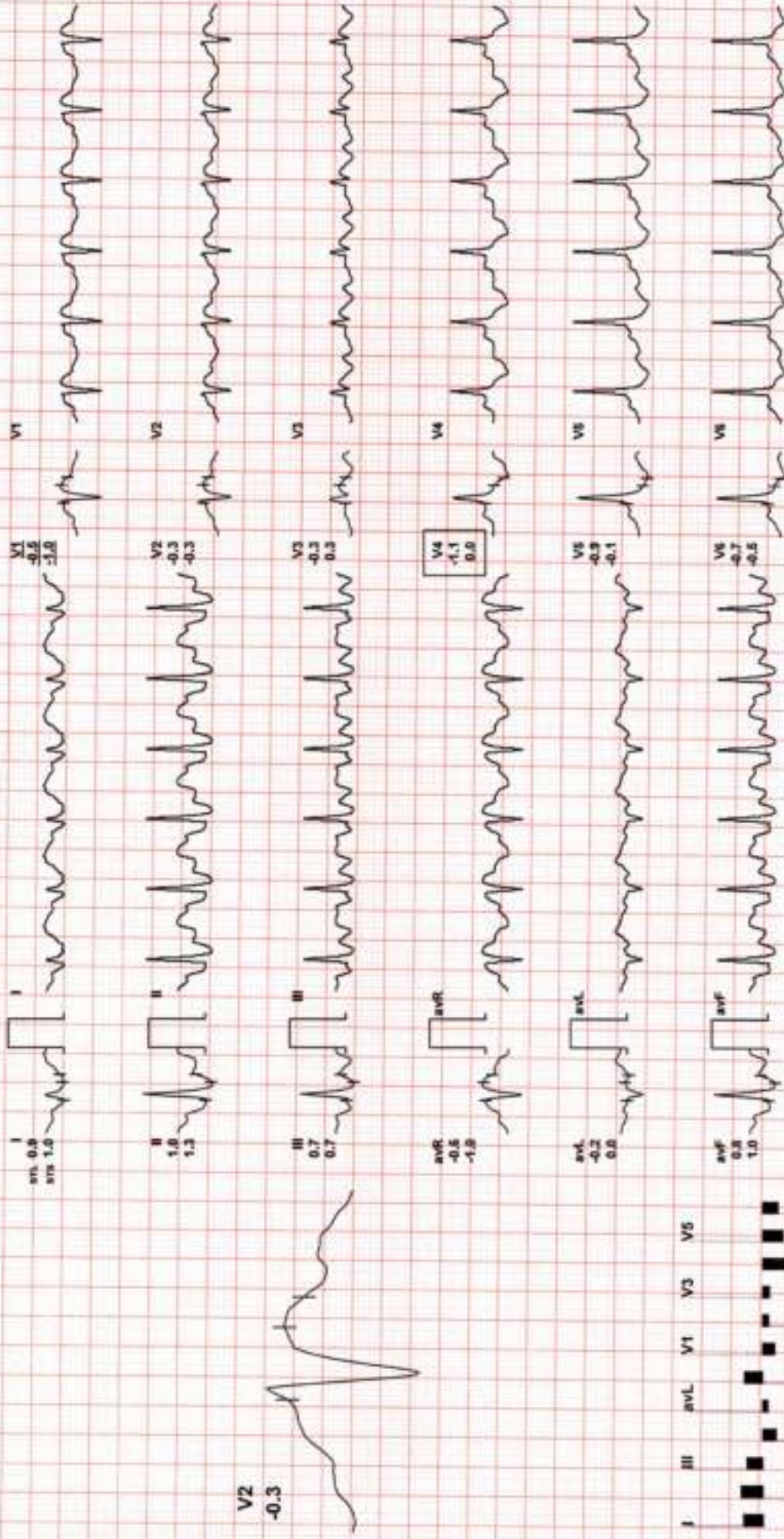
ExStart



Date: 10/03/2024 09:37:37 AM METS: 1.0/ 105 bpm 58% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 1.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



V2
-0.3

I II III aVL aVF V1 V2 V3 V4 V5 V6
II aVR aVF V2 V4 V6

REMARKS:

DR . GOYALS PATH LAB & IMGING CENTRE

835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 121

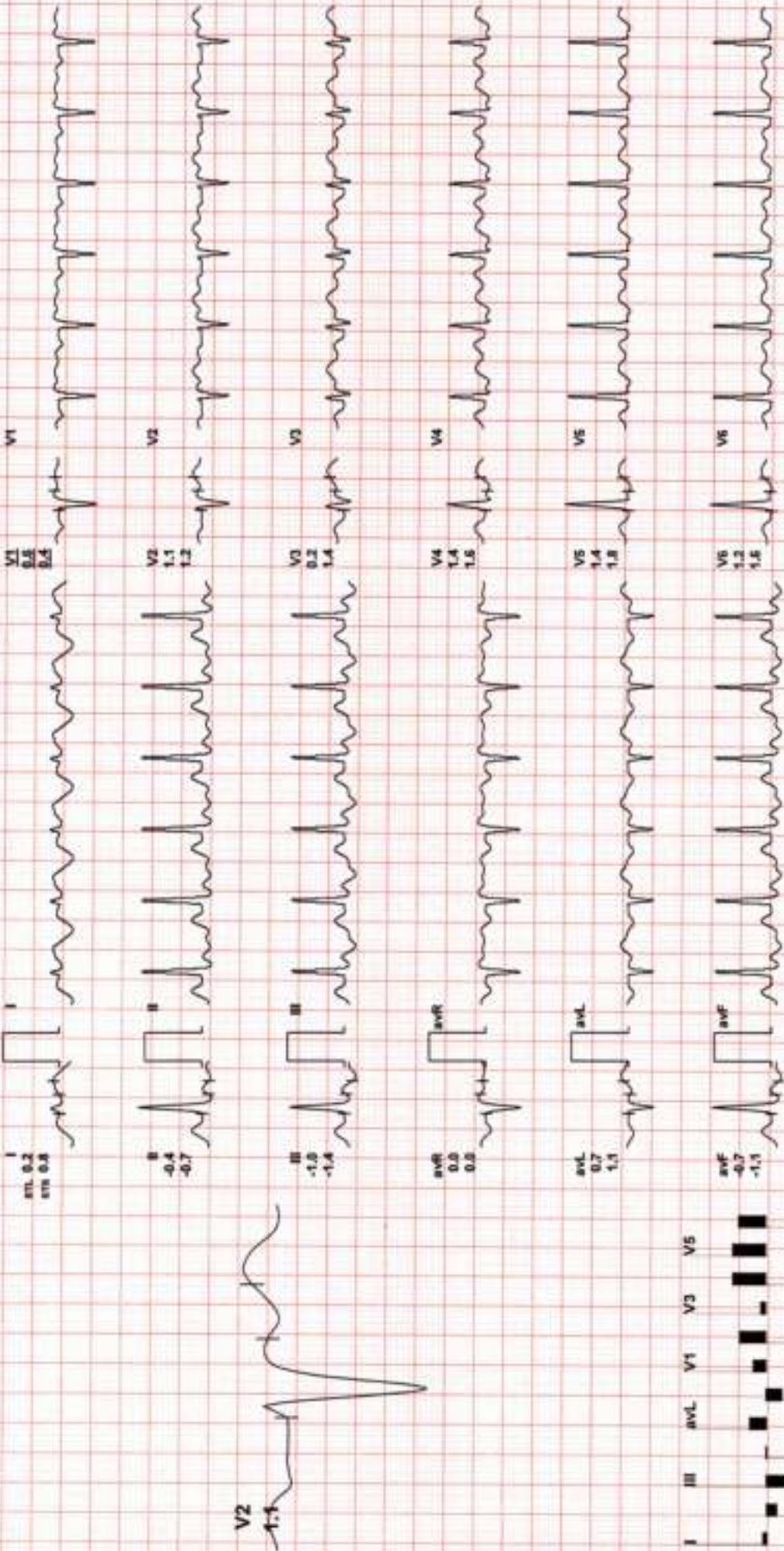
BRUCE:Stage 1(3:00)



Date: 10 / 03 / 2024 09:37:37 AM METS: 4.71 121 bpm 67% of THR BP: 125/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 03:00 1.7 mph, 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

DR . GOYALS PATH LAB & IMGING CENTRE

835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 146

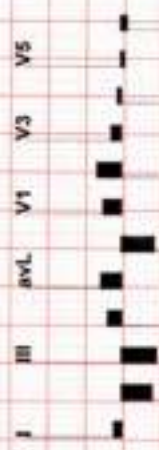
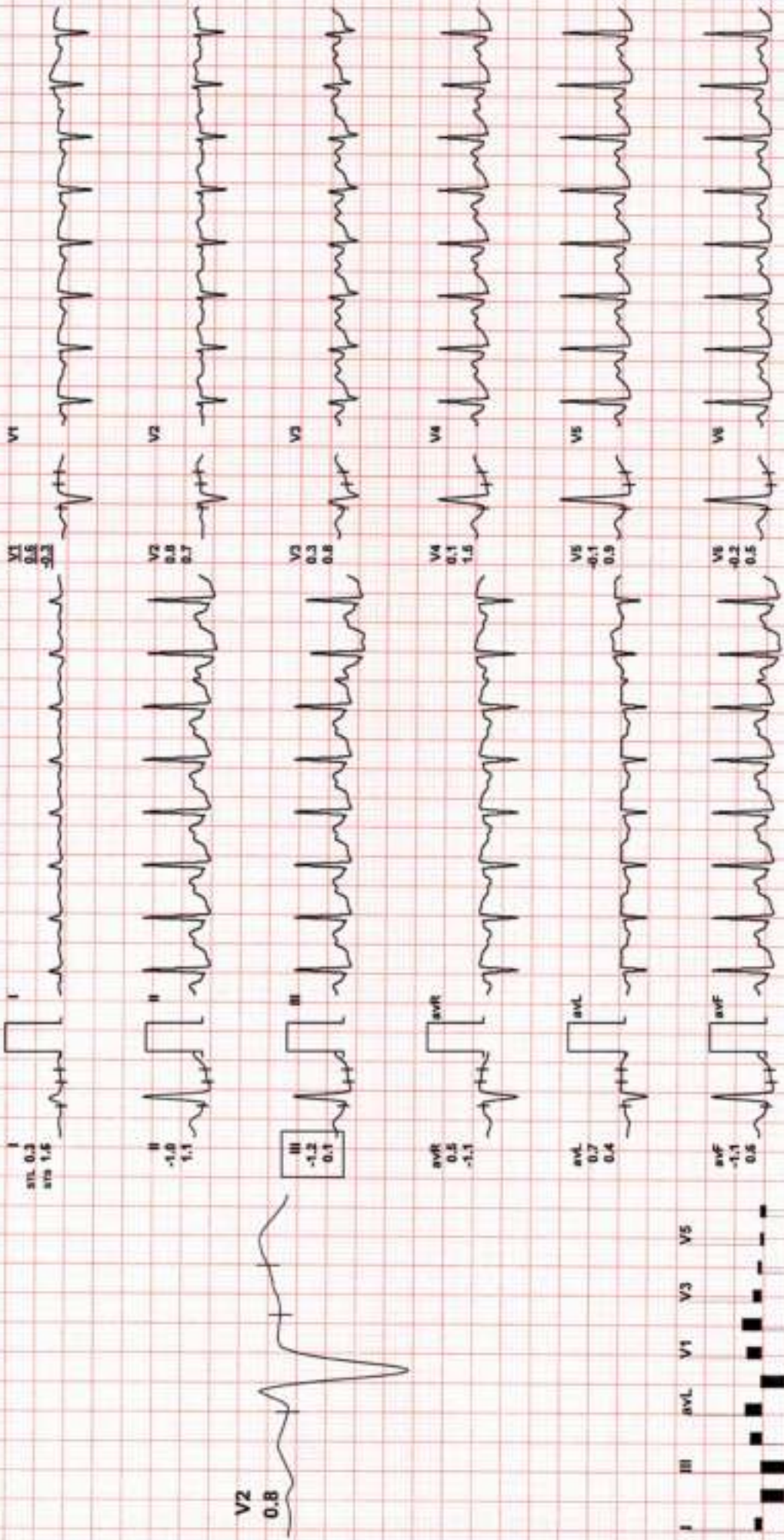
BRUCE: Stage 2(3:00)



Date: 10 / 03 / 2024 09:37:37 AM METS: 7.1/ 146 bpm 81% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 08:00 2.5 mph, 12.0%

4X 50 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

DR . GOYALS PATH LAB & IMGING CENTRE

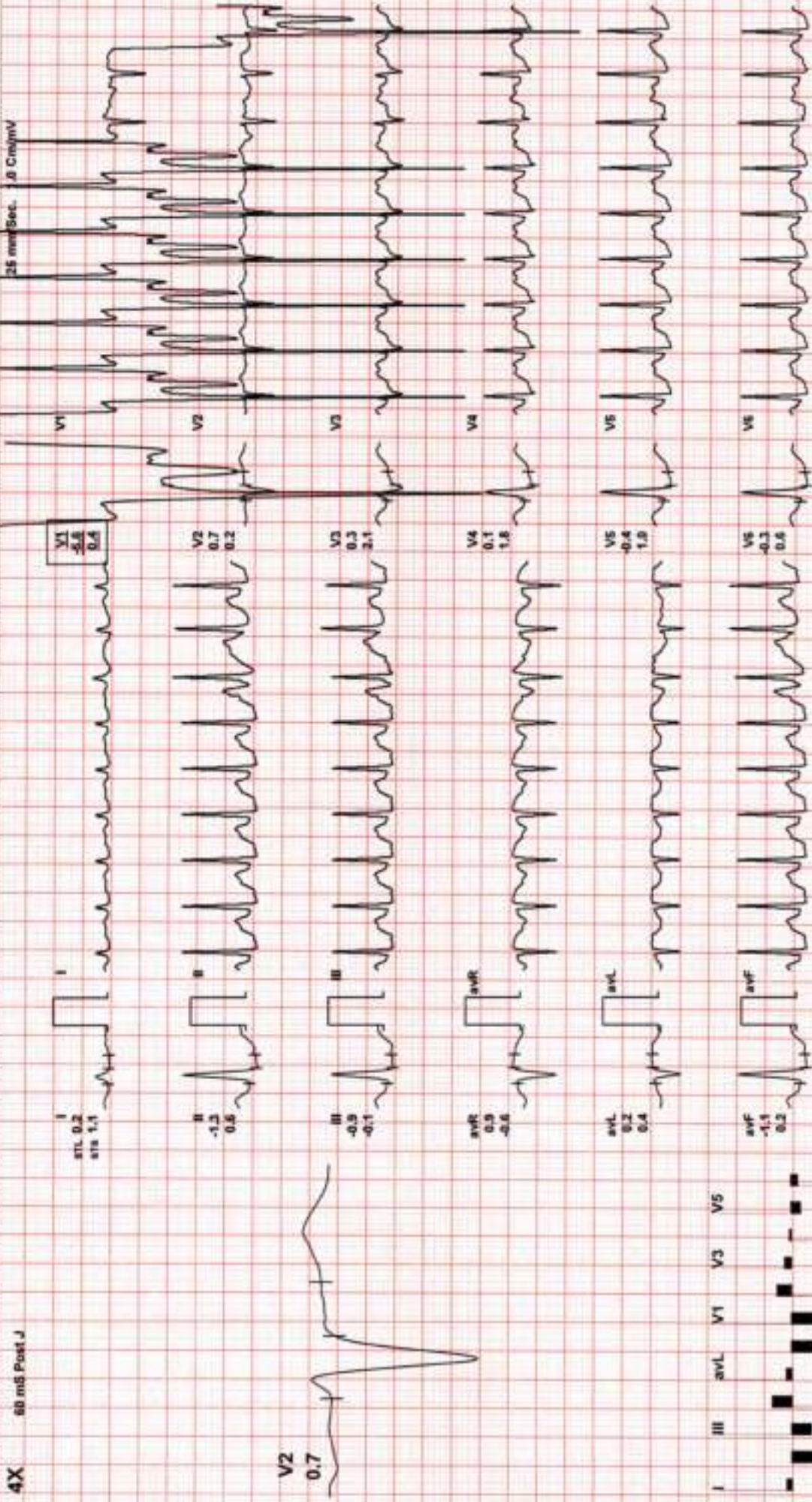
835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 160

PeakEx



Date: 10 / 03 / 2024 09:37:37 AM METS: 8.2/ 160 bpm 88% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 07:03 3.4 mph, 14.0%

4X 60 mS Post J



REMARKS:

DR . GOYALS PATH LAB & IMAGING CENTRE

835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 120

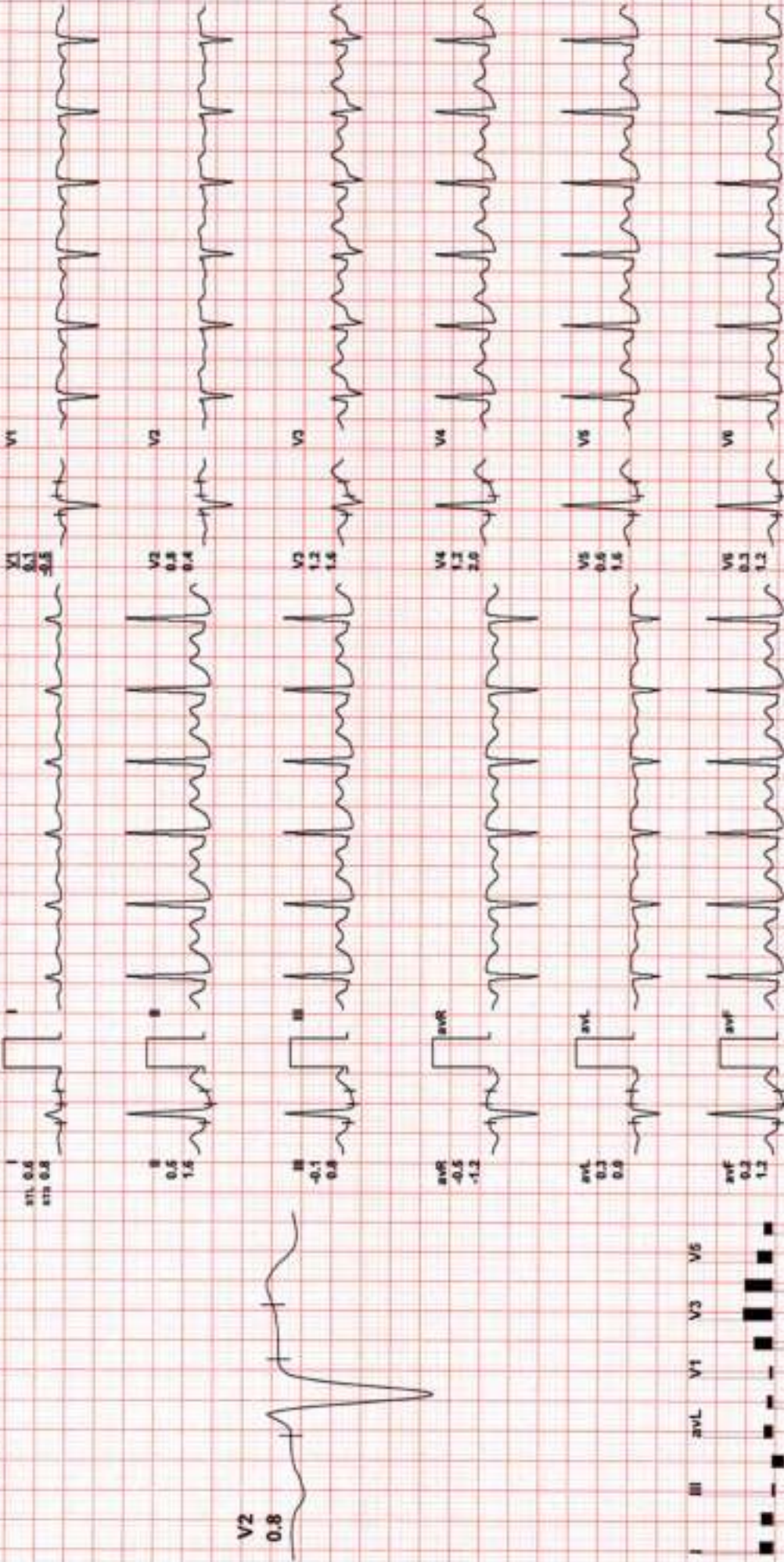
Recovery(1:00)



Date: 10 / 03 / 2024 09:37:37 AM METS: 1.1/ 120 bpm 66% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 07:03 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.8 Cm/mV



REMARKS: II avR avL V1 V2 V3 V4 V5 V6

DR . GOYALS PATH LAB & IMGING CENTRE

835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 102

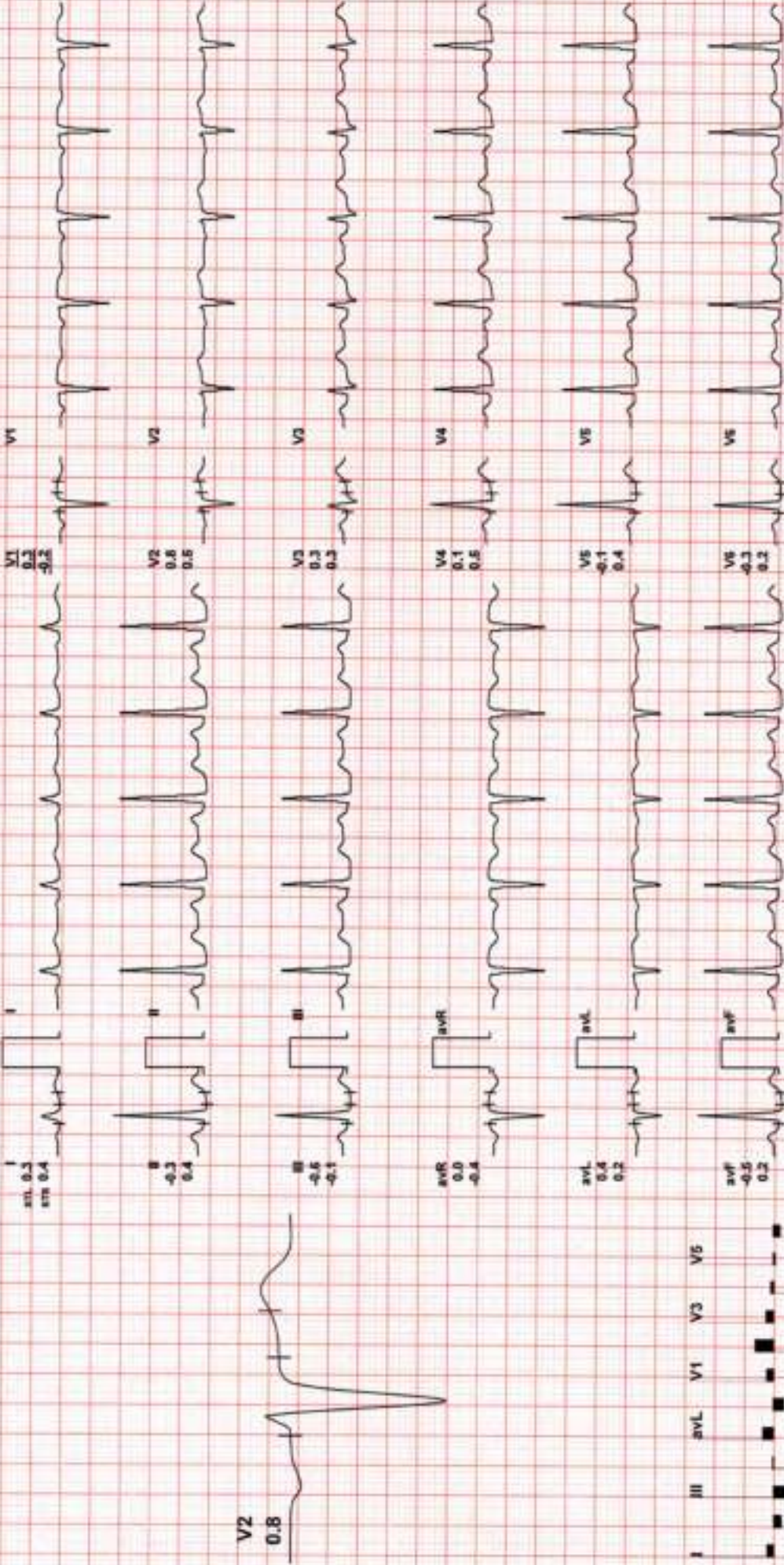
Recovery(3:00)



Date: 10 / 03 / 2024 09:37:37 AM METS: 1.0f 102 bpm 56% of THR BP: 130/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 07:03 0.0 mph, 0.0%

4X 80 mV Post J

25 mm/Sec. 1.5 Cm/mV



II aVR aVF V2 V4 V5
REMARKS:

DR . GOYALS PATH LAB & IMGING CENTRE

835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 104

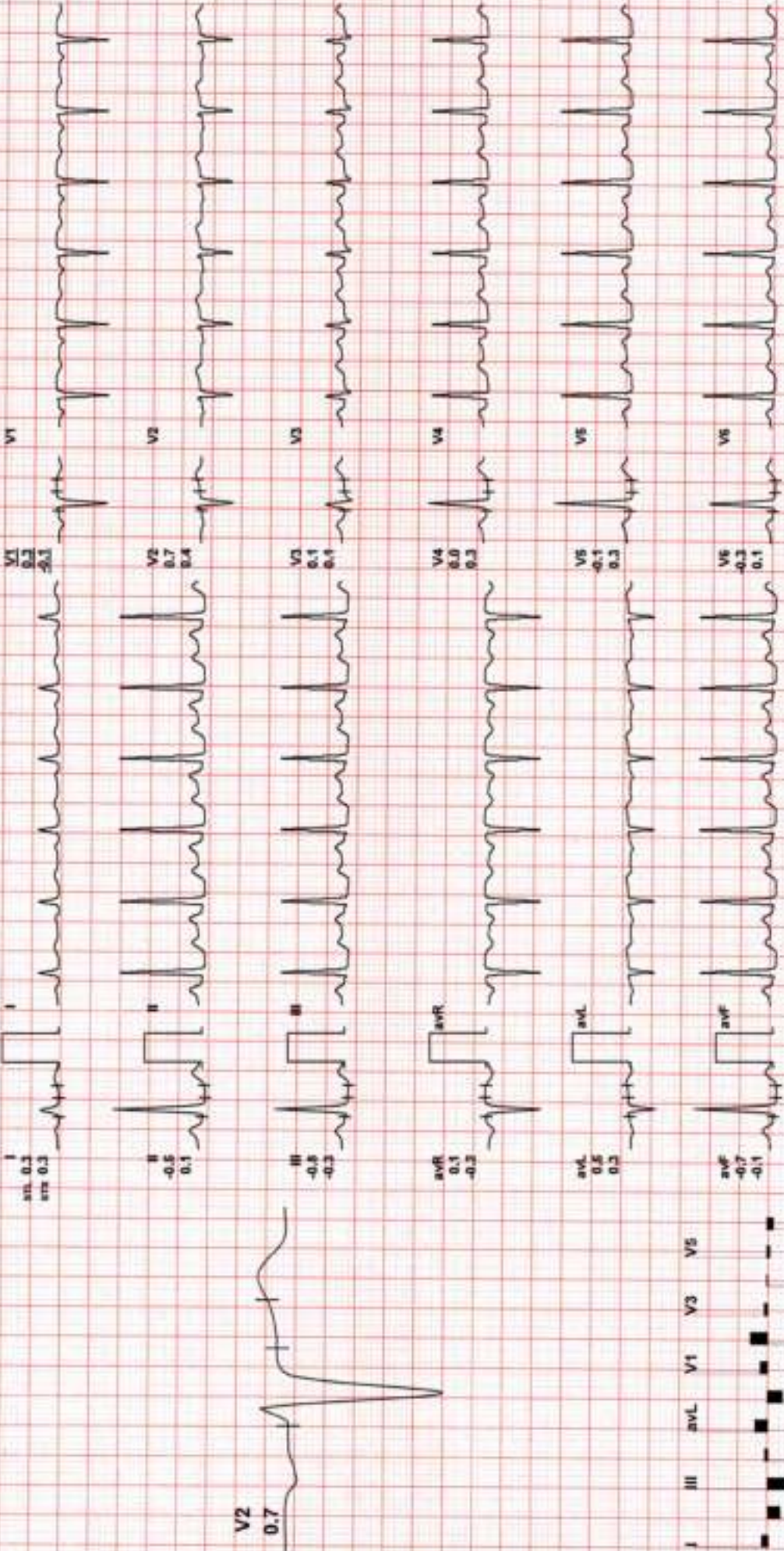
Recovery(4:00)



Date: 10 / 03 / 2024 09:37:37 AM METS: 1.0/ 104 bpm 57% of THR BP: 125/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 07:03 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



II aVR aVF V2 V4 V6
REMARKS:



Average

DR . GOYALS PATH LAB & IMGING CENTRE

835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 82

Date: 10 / 03 / 2024 09:37:37 AM

V6

V5

V4

V3

V2

V1

avf

avL

avR

III

II

I

Supine

(1) 0:00
(2) 0:00
80 bpm

STL 0.8
STB 0.7

1.1 mph
0.0 %
120/80

Standing

(1) 0:00
(2) 0:00
85 bpm

0.8
0.8

1.1 mph
0.0 %
120/80

HV

(1) 0:00
(2) 0:00
83 bpm

0.8
0.8

1.1 mph
0.0 %
120/80

Warm Up

(1) 0:00
(2) 0:00
097 bpm

0.7
0.6

1.1 mph
0.0 %
120/80

ExStart

(1) 0:00
(2) 0:00
110 bpm

0.9
1.0

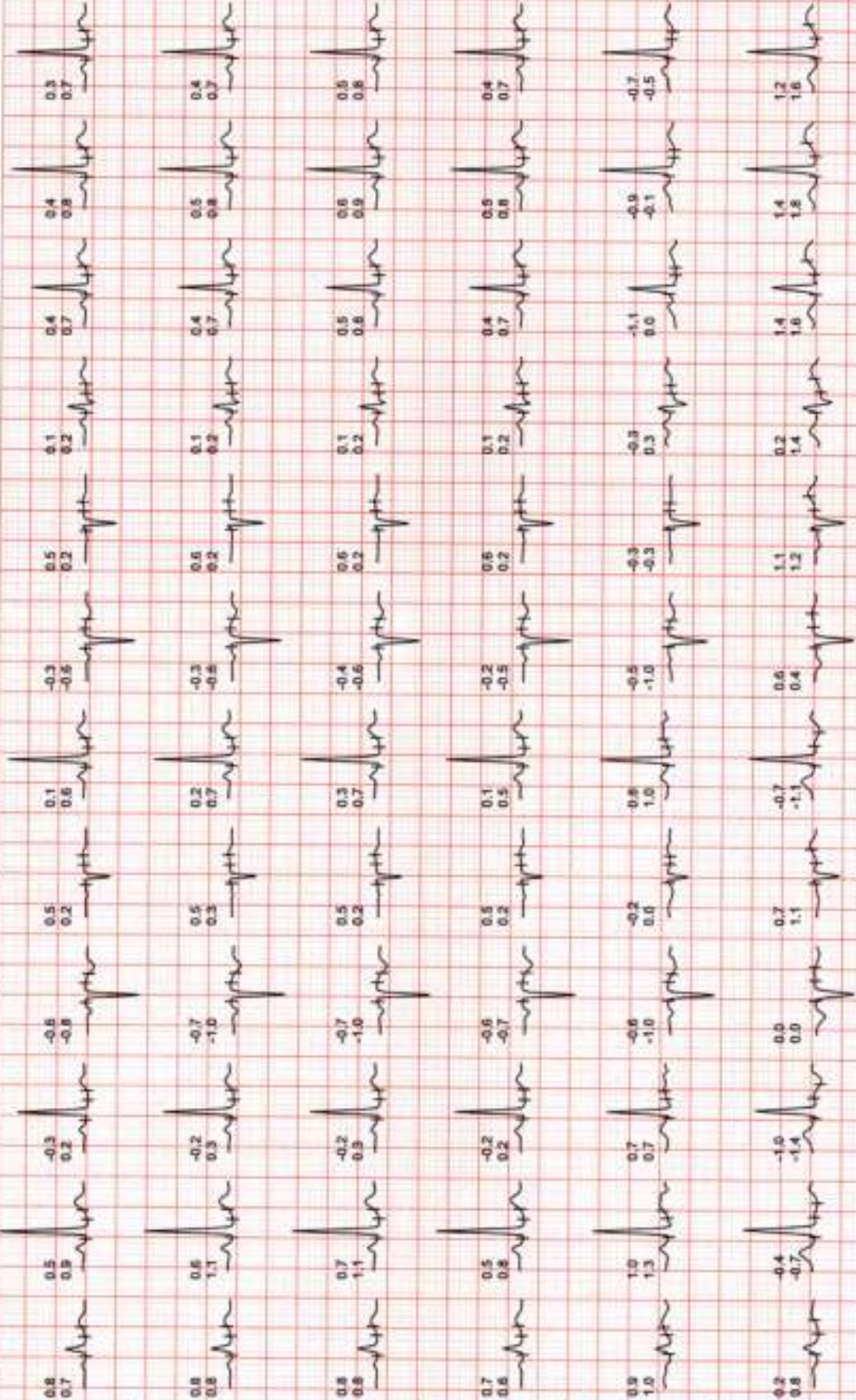
1.0 mph
0.0 %
120/80

Stage 1

(1) 3:00
(2) 3:00
121 bpm

0.2
0.8

1.7 mph
10.0 %
125/85





Date: 10 / 03 / 2024 09:37:37 AM

V6

V5

V4

V3

V2

V1

avF

avL

avR

III

II

I

Stage 2

(1) 6:00 2.5 mph
(2) 3:00 12.0 %
147 bpm 135/85



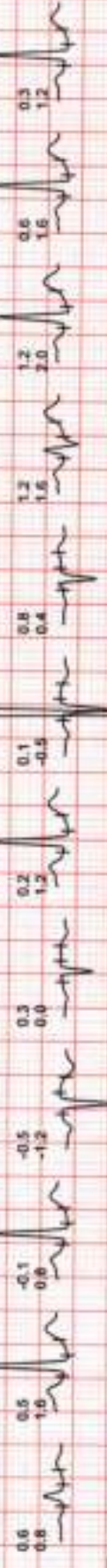
PeakEx

(1) 7:03 3.4 mph
(2) 1:03 14.0 %
160 bpm 135/85



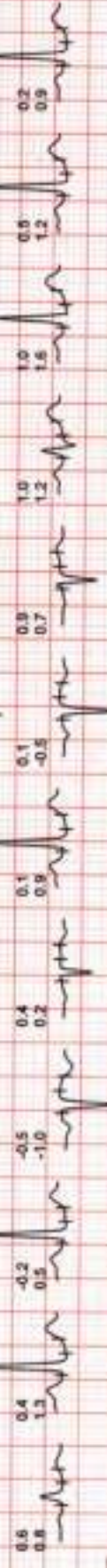
Recovery

(1) 7:04 0.0 mph
(2) 1:00 0.0 %
120 bpm 140/90



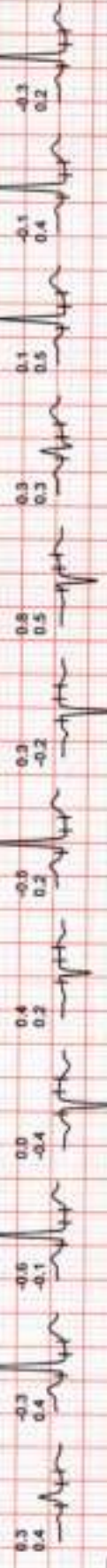
Recovery

(1) 7:04 0.0 mph
(2) 2:00 0.0 %
107 bpm 135/85



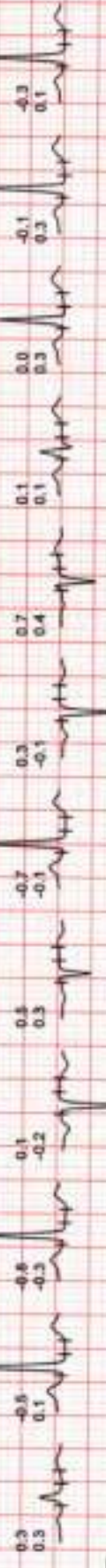
Recovery

(1) 7:04 0.0 mph
(2) 3:00 0.0 %
116 bpm 130/85



Recovery

(1) 7:04 0.0 mph
(2) 4:00 0.0 %
105 bpm 125/80





Average

DR . GOYALS PATH LAB & IMGING CENTRE

835 (113) / MRS. ARUSHI KUMAWAT / 39 Yrs / F / 0 Cms / 0 Kg / HR : 82

Date: 10 / 03 / 2024 08:37:37 AM

V6

V5

V4

V3

V2

V1

avf

avl

avr

III

II

I

Recovery

(1) 0:00

(2) 0:00

0 bpm

0.4
0.5
0.5 mph
0.5 %
0 bpm

0.2
0.2
0.2

-0.7
-0.3
-0.4

-0.1
-0.4
-0.4

0.6
0.4
0.4

-0.5
0.0
0.0

0.2
-0.2
-0.2

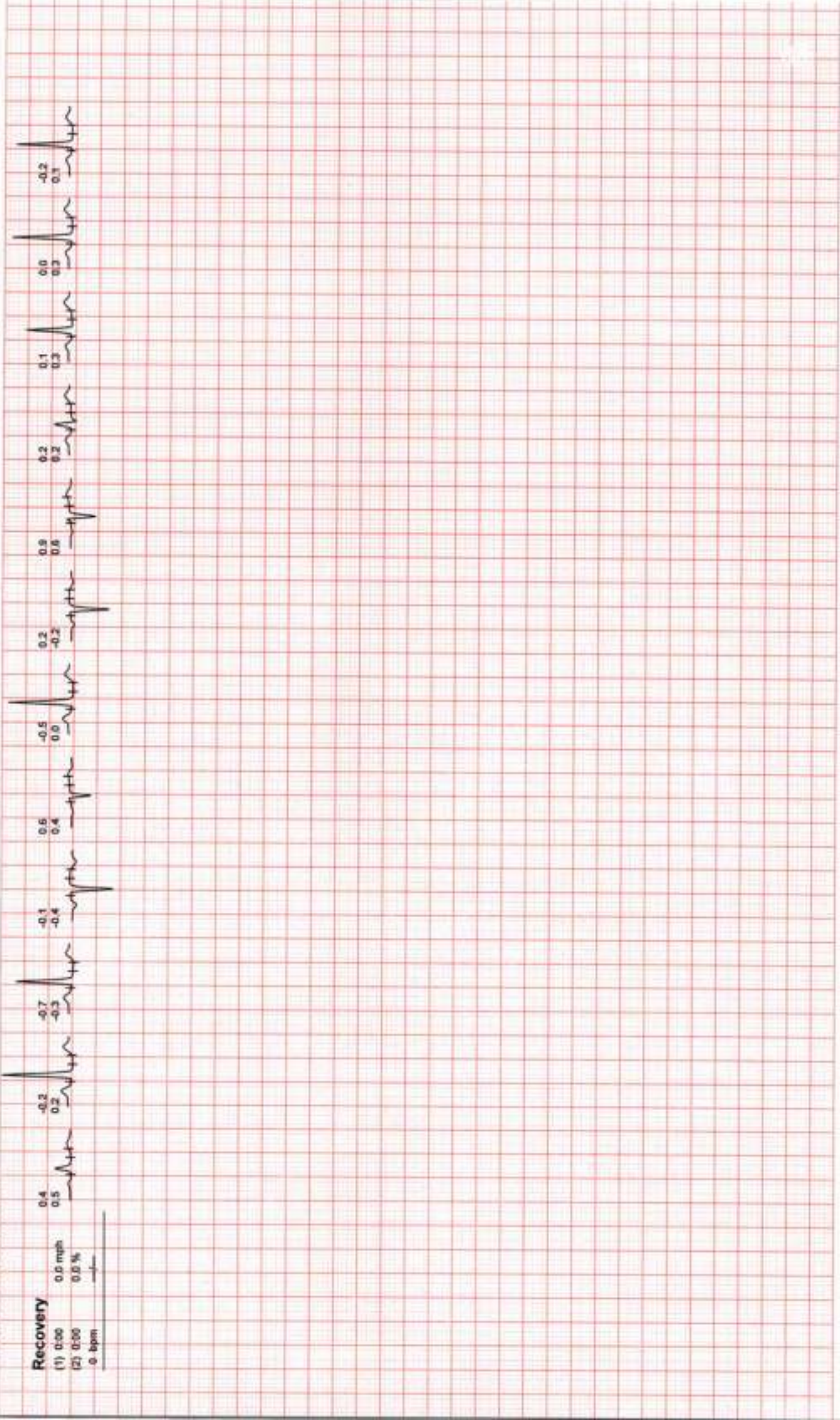
0.9
0.6
0.6

0.2
0.2
0.2

0.1
0.3
0.3

0.0
0.3
0.3

-0.2
0.3
0.3





Date :- 10/03/2024 08:21:46
NAME :- Mrs. ARUSHI KUMAWAT
Sex / Age :- Female 39 Yrs
Company :- MediWheel

Patient ID :- 12236274
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type > EDTA

Sample Collected Time 10/03/2024 08:42:52

Final Authentication : 10/03/2024 13:40:13

HAEMATOLOGY

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

BOB PACKAGE FEMALE BELOW 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.1 %

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 K380V, 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

100 mg/dL

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

AJAYSINGH
Technologist

Page No: 1 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828

Dr. Goyal's

Path Lab & Imaging Centre



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

Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 10/03/2024 08:21:46
NAME :- Mrs. ARUSHI KUMAWAT
Sex / Age :- Female 39 Yrs
Company :- MediWheel

Patient ID :- 12236274
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 10/03/2024 08:42:52

Final Authentication : 10/03/2024 13:40:13

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.6	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.12	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	59.0	%	40.0 - 80.0
LYMPHOCYTE	34.7	%	20.0 - 40.0
EOSINOPHIL	2.6	%	1.0 - 6.0
MONOCYTE	3.5	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.62	$10^3/uL$	1.50 - 7.00
LYMPH#	2.13	$10^3/uL$	1.00 - 3.70
EO#	0.15	$10^3/uL$	0.00 - 0.40
MONO#	0.21	$10^3/uL$	0.00 - 0.70
BASO#	0.01	$10^3/uL$	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.30	$\times 10^6/uL$	3.80 - 4.80
HEMATOCRIT (HCT)	39.80	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	92.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.7	g/dL	31.5 - 34.5
PLATELET COUNT	196	$\times 10^3/uL$	150 - 410
RDW-CV	12.6	%	11.6 - 14.0
MENTZER INDEX	21.53		

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

Page No: 2 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828

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

Date :- 10/03/2024 08:21:46

Patient ID :-12236274

NAME :- Mrs. ARUSHI KUMAWAT

Ref. By Dr:- BOB

Sex / Age :- Female 39 Yrs

Lab/Hosp :-

Company :- MediWHEEL

Sample Type :- EDTA

Sample Collected Time 10/03/2024 08:42:52

Final Authentication : 10/03/2024 13:40:13

HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)

13

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" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (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

AJAYSINGH
Technologist

Page No: 3 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



Date :- 10/03/2024 08:21:46
NAME :- Mrs. ARUSHI KUMAWAT
 Sex / Age :- Female 39 Yrs
 Company :- MediWheel

Patient ID :- 12236274
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/03/2024 08:42:52

Final Authentication : 10/03/2024 11:32:06

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	181.68	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	82.99	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.43	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	130.42	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	16.60	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.85		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.48		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	512.85	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName: Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.</p> <p>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.</p> <p>DIRECT HDL CHOLESTEROL 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.</p> <p>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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

MANOJCHOUDHARY

Page No: 4 of 13



Dr. Piyush Goyal
 (D.M.R.D.)
Dr. Rashmi Bakshi



B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganeer Road, 5509
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 10/03/2024 08:21:46
NAME :- Mrs. ARUSHI KUMAWAT
 Sex / Age :- Female 39 Yrs
 Company :- MediWheel

Patient ID :- 12236274
 Ref. By Dr.- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/03/2024 08:42:52

Final Authentication : 10/03/2024 11:32:06

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.50	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	0.14	mg/dL	Adult - Up to 0.25 Newborn - <0.5 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.36	mg/dl	0.30-0.70
SGOT Method:- IFCC	21.0	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	24.3	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	46.50	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	19.50	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.74	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.05	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.69	gm/dl	2.20 - 3.50
A/G RATIO	1.51		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument Name: Randox Rx Ixela 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 those 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 as it should.

AST Aspartate Aminotransferase Methodology: IFCC Instrument Name: Randox Rx Ixela 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 Instrument Name: Randox Rx Ixela 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer Instrument Name: Randox Rx Ixela Interpretation: Measurement 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 Instrument Name: Randox Rx Ixela 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 Instrument Name: Randox Rx Ixela 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 Ixela **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).

MANOJCHOUDHARY

Page No: 5 of 13



Dr. Piyush Goyal
(D.M.R.D.)

Dr. Rashmi Bakshi



Date :- 10/03/2024 08:21:46
NAME :- Mrs. ARUSHI KUMAWAT
Sex / Age :- Female 39 Yrs
Company :- MediWHEEL

Patient ID :-12236274
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/03/2024 08:42:52

Final Authentication : 10/03/2024 12:07:04

IMMUNOASSAY

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

TOTAL THYROID PROFILE

SERUM TOTAL T3 <small>Method:- Chemiluminescence(Competitive immunoassay)</small>	1.020	ng/ml	0.970 - 1.690
SERUM TOTAL T4 <small>Method:- Chemiluminescence(Competitive immunoassay)</small>	7.190	ug/dl	5.520 - 12.970
SERUM TSH ULTRA <small>Method:- Enhanced Chemiluminescence Immunoassay</small>	3.325	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 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



Date :- 10/03/2024 08:21:46
NAME :- Mrs. ARUSHI KUMAWAT
Sex / Age :- Female 39 Yrs
Company :- Medi/Wheel

Patient ID :- 12236274
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 10/03/2024 08:42:52

Final Authentication : 10/03/2024 11:54:42

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Slightly Hazy		Clear
CHEMICAL EXAMINATION			
REACTION(PH) Method:- Reagent Strip(Double indication 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 (Sulphanilic 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 Nitroprusside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
RBC Method:- Reagent Strip (Peroxidase like activity)	TRACE		NIL
MICROSCOPY EXAMINATION			
RBC/HPF	1-3	/HPF	NIL
WBC/HPF	8-10	/HPF	2-3
EPITHELIAL CELLS	15-20	/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

TRILOK
Technologist

Page No: 7 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



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

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 10/03/2024 08:21:46

Patient ID :- 12236274



NAME :- Mrs. ARUSHI KUMAWAT

Ref. By Dr:- BOB

Sex / Age :- Female 39 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- K0x/Na FLUORIDE-F, K0x/Na BLOOD BIOCHEMISTRY, K0x/Na SERUM

Final Authentication : 10/03/2024 13:02:12

BIOCHEMISTRY

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

FASTING BLOOD SUGAR (Plasma)

97.1

mg/dl

75.0 - 115.0

Method:- GOD PAP

Impaired glucose tolerance (IGT)

111 - 125 mg/dL

Diabetes Mellitus (DM)

> 126 mg/dL

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma)

99.5

mg/dl

70.0 - 140.0

Method:- GOD PAP

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

SERUM CREATININE

0.75

mg/dl

Men - 0.6-1.30

Women - 0.5-1.20

Method:- Colorimetric Method

SERUM URIC ACID

3.40

mg/dl

Men - 3.4-7.0

Women - 2.4-5.7

Method:- Enzymatic colorimetric

MANOJCHOUDHARY

Page No: 9 of 13



Dr. Piyush Goyal
(D.M.R.D.)
Dr. Rashmi Bakshi

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 10/03/2024 08:21:46
NAME :- Mrs. ARUSHI KUMAWAT
Sex / Age :- Female 39 Yrs
Company :- MediWheel

Patient ID :- 12236274
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 10/03/2024 08:42:52

Final Authentication : 10/03/2024 14:05:34

HAEMATOTOLOGY

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

AJAYSINGH, TRILOK
Technologist

Page No: 11 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828

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.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 10/03/2024 08:21:46

Patient ID :-12236274



NAME :- Mrs. ARUSHI KUMAWAT

Ref. By Dr:- BOB

Sex / Age :- Female 39 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/03/2024 08:42:52

Final Authentication : 10/03/2024 11:32:06

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.2	mg/dl	0.0 - 23.0

MANOJCHOUDHARY

Page No: 12 of 13



Dr. Piyush Goyal
(D.M.R.D.)
Dr. Rashmi Bakshi

Date :- 10/03/2024 08:21:46

Patient ID :- 12236274

NAME :- Mrs. ARUSHI KUMAWAT

Ref. By Dr:- BOB

Sex / Age :- Female 39 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type > SWAB

Sample Collected Time 10/03/2024 08:42:52

Final Authentication : 10/03/2024 13:26:54

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Specimen - Conventional smear.

Microscopy:

Adequacy - Satisfactory for opinion.

Endocervical cells seen - Not seen.

H/E stained smears show predominantly superficial and intermediate squamous epithelial cells along with few parabasal cells in the clean background.

Epithelial cells abnormality -Not seen.

IMPRESSION :Negative for intraepithelial lesion or malignancy.

Adv: Clinical correlation.

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 ***

MANOJCHOUDHARY
Technologist

Page No: 13 of 13



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828



Date :- 10/03/2024 08:21:46
NAME :- Mrs. ARUSHI KUMAWAT
Sex / Age :- Female 39 Yrs
Company :- MediWheel

Patient ID :- 12236274
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 10/03/2024 12:22:38

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)



DR ABHISHEK JAIN
MBBS, DNB. (RADIO DIAGNOSIS)
RMC NO. 21687

*** End of Report ***

Dr. Piyush Goyal
(D.M.R.D.) ANITASHARMA

Page No: 1 of 1

Transcript by.

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

Dr. Ashish Goyal
MBBS, MD (Radio-Diagnosis)
Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

Dr. Abhishek Jain
MBBS, DNB. (Radio-Diagnosis)
RMC No. 21687

Dr. Navneet Agarwal
MD, DNB (Radio Diagnosis)
RMC No. 33613/14911

Dr. Poorvi Malik
MBBS, MD, DNB (Radio Diagnosis)
RMC No. 21505



Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sangner Road, Jaipur
 Tele : 0141-2293346, 4049787, 9887049787
 Website : www.drgoyalspathlab.com E-mail : drgoyalpiyush@gmail.com



Date :- 10/03/2024 08:21:46
NAME :- Mrs. ARUSHI KUMAWAT
 Sex / Age :- Female 39 Yrs
 Company :- MediWheel

Patient ID :- 12236274
 Ref. By Doctor :- BOB
 Lab/Hosp :-

Final Authentication : 10/03/2024 11:15:48

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 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 87x54x43mm.

Endometrial echo is normal. Endometrial thickness is 12.8 mm.

A well defined hypoechoic lesion of size ~23x17mm is seen on posterior lower uterine segment and focally bulging into subserosal location.

Both ovaries are bulky in size.

Two well defined cysts with internal echoes measuring ~42x46mm & ~20x27 mm seen in right ovary.

Two well defined small cysts with internal echoes measuring ~15x22mm & ~15x19mm seen in left ovary. Left ovary noted in cul-de-sac adjacent to right ovary.

No significant free fluid is seen in pouch of douglas.

IMPRESSION:

* Posterior wall lower uterine segment fibroid with intramural and subserosal component (FIGO classification type 5).

* Bulky both ovaries with endometriotic cysts.

Adv:- MRI pelvis for further evaluation.

*** End of Report ***

BILAL

Page No: 1 of 1

Transcript by.

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

Dr. Ashish Choudhary
 MBBS, MD (Radio Diagnosis)
 Fetal Medicine Consultant
 FMF ID - 260517 | RMC No-02430

Dr. Abhishek Jain
 MBBS, DNB, (Radio-Diagnosis)
 RMC No. 21687

Dr. Navneet Agarwal
 MD, DNB (Radio Diagnosis)
 RMC No. 33613/14911

Dr. Poorvi Malik
 MBBS, MD, DNB (Radio Diagnosis)
 RMC No. 21505

