Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.
Reported Date & Time : Apr 08, 2023, 03:54 p.m.
Sample ID :

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

BIOCHEMISTRY

LIPID PROFILE

Test Description	Value(s)	Unit(s)	Reference Range
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	201.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	121.8	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	53.1	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	24.36	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	123.54	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	3.79		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.33		0.5-3.4

END OF REPORT

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

Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.
Reported Date & Time : Apr 08, 2023, 03:45 p.m.
Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINOSCENCE	1.17	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCENCE	9.3	ug/dL	4.5 -10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCENCE	1.85	uIU/mL	0.35-5.50

Interpretation:

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

END OF REPORT

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, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.
Reported Date & Time : Apr 08, 2023, 02:54 p.m.
Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
HbA1c (GLYCOSYLATED HEMOGLOBIN) BLOOD **Method : Nephelometry Methodology**	5.5	%	> 8% Action Suggested 7 - 8 % Good Control < 7% Goal 6 - 7 % Near Normal Glycemia < 6% Normal level

Instrument:Mispa i2

Clinical Information:

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

Test Description	Value(s)	Unit(s)	Reference Range
AVERAGE BLOOD GLUCOSE	111.15		90 - 120 Very Good Control 121 - 150 Adequate Control 51 - 180 Sub-optimal Control 181 - 210 Poor Control > 211 Very Poor Control

END OF REPORT

Dr. Nishi Prasad
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GOYAL DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.
Reported Date & Time : Apr 08, 2023, 03:53 p.m.
Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
RENAL FUNCTION TEST			
Urea Method : Uricase	21.4	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.79	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	5.6	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.20	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	139	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.8	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	98	mmol/L	98 - 106

END OF REPORT

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

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Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL DIAGNOSTICS

4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : MRS. SAROJ JAIN

Age / Gender : 57 years / Female

Endo ID : 116393

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.

Reported Date & Time : Apr 08, 2023, 03:45 p.m.

Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	**11.7**	gm/dl	13.5 - 18.0
Erythgrocyte (RBC) Count	4.77	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	**37.3**	%	42 - 52
Mean Cell Volume (MCV)	78.2	FL	78 - 100
Mean Cell Haemoglobin (MCH)	**24.5**	Pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC)	**31.4**	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.5	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7000	Cell/cu.mm	4000 - 10000
Neutrophils	60	%	40 - 80
Lymphocytes	33	%	20 - 40
Monocytres	04	%	2 - 10
Eosinophils	03	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	10.3	fL	7.2 - 11.7
PCT	0.33	%	0.2 - 0.5
Platelet Count	325	10^3/ul	150 - 450

END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)

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Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.
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Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
IRON - SERUM	106.6	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	370	ug/dL	228 - 428
FERRITIN Method : Serum CLIA	19.0	ng/mL	Male:22-322 Female:10-291
TRANSFERRIN SATURATION % Method : Calculated	28.81	%	16 - 50

INTERPRETATION

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

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

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

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

Decreased Levels

-Iron deficiency anemia

END OF REPORT

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

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Referral : MEDIWHEEL

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Reported Date & Time : Apr 08, 2023, 03:54 p.m.
Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
C-Reactive Protein; CRP, SERUM	3.8	mg/L	0.0-6.0

Interpretation :

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

END OF REPORT

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

Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.
Reported Date & Time : Apr 08, 2023, 03:54 p.m.
Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIVER FUNCTION TEST			
Bilirubin - Total	0.83	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.18	mg/dL	0.0 - 0.30
Bilirubin - Indirect Method : Calculated	0.65	mg/dL	0.1 - 1.0
ASPARTATE AMINO TRANSFERASE (SGOT-AST) Method : IFCC with Serum	21.0	U/L	5.0 - 40.0
ALANINE AMINO TRANSFERASE (SGPT-ALT) Method : IFCC with POD Serum	18.5	U/L	5.0 - 40.0
Alkaline Phosphatase Method : IFCC with Serum	59.0	U/L	**MALE & FEMALE** 4-19 YEAR: 54-369 U/L 20-59 YEAR: 42-98 U/L >60 YEAR: 53-141 U/L
Total Protein Method : Biuret, with Serum	7.21	g/dL	6.00 - 8.00
Albumin Method : Tech; BCG with Serum	4.01	g/dL	3.40 - 5.50
Globulin Method : Calculated	3.20	g/dL	1.5 - 3.5
A/G Ratio Method : Calculated	**1.25**		1.5 - 2.5

END OF REPORT

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

Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

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Reported Date & Time : Apr 08, 2023, 03:54 p.m.
Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Gamma GT	20	U/L	5-36
Method : G-Glutamyl-Carboxy-Nitoanilide			

Interpretation

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

END OF REPORT

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

Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.
Reported Date & Time : Apr 08, 2023, 03:54 p.m.
Sample ID :

230980136

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

HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE Method : Gel Technique & Tube Agglutination	'O' POSITIVE		

Medical Remark :

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

END OF REPORT

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

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GOYAL DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.
Reported Date & Time : Apr 08, 2023, 03:40 p.m.
Sample ID :

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

CLINICAL PATHOLOGY

General Examination

Colour	Yellow		Pale Yellow
Transparency (Appearance)	S.turbid		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.020		1.005 - 1.030

Chemical Examination

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

Microscopic Examination

Pus cells (WBCs)	15-20	/hpf	0-9
Epithelial cells	3-4	/hpf	0-4
Red blood cells	0-1	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Present		Absent
Bacteria	Present		Absent
Yeast cells	Absent		Absent

END OF REPORT

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

Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.
Reported Date & Time : Apr 08, 2023, 03:56 p.m.
Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	79.09	mg/dL	70.0-110.0

END OF REPORT

Dr. Nishi Prasad
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SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MRS. SAROJ JAIN
Age / Gender : 57 years / Female
Endo ID : 116393
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:20 p.m.
Reported Date & Time : Apr 08, 2023, 04:05 p.m.
Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Blood Glucose-Post Prandial Method : Hexokinase	91.59	mg/dL	70 - 140

END OF REPORT

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

GOYAL DIAGNOSTICS

5 Seconds ECG Report

Patient NameMrs.SAROJ JAIN 57/F

April 06, 2023

Time:09:27:12

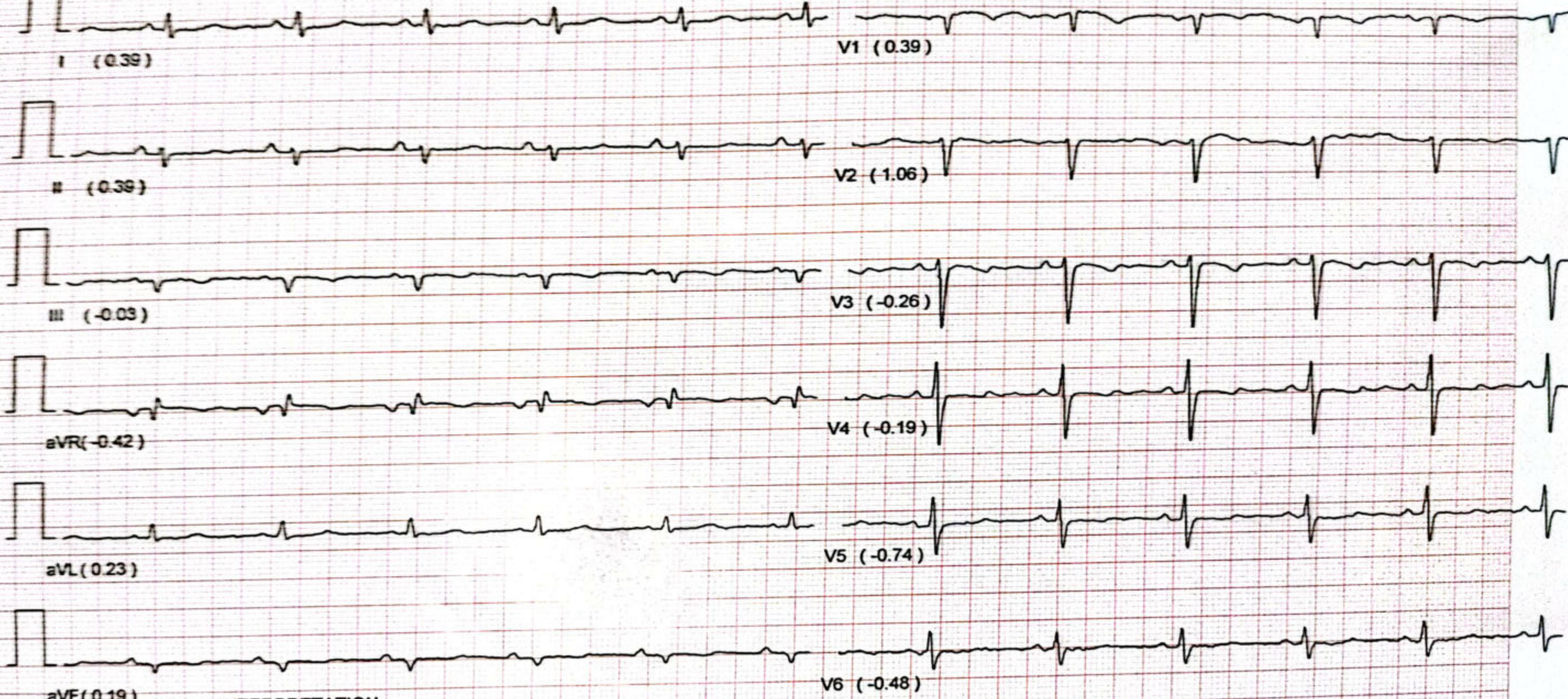
P-QRS-T Axis (46)-(21)-(66) deg

PR Interval: 0.10 sec

QRS Duration : 0.040 Sec

RR Interval: 0.83 sec

HR : 71 bpm BP : 0/0 mmHg



INTERPRETATION

Sinus Rhythm, Normal QRS Width, Normal QT interval, QRS Axis is normal,
PR is short, T wave inversion in Lead aVL,
ECG not normal

DR
MD

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

*Unconfirmed Reporting, Refer to Clinician

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NAME	: MRS . SAROJ JAIN	DATE	:	08-04-2023
AGE	: 57 YRS			
SEX	: FEMALE	REF BY	:	

INTERPRETATION SUMMARY

. CONCENTRIC LVH
. DIASTOLIC DYSFUNCTION GRADE 1
. INTACT IAS/ IVS
. ALL VALVES ARE NORMAL.
. TRACE TR
. RVSP 25 MM HG
. NO RWMA : LVEF 65 %
. NO CLOT, VEGITATION.
. NO PERICARDIAL EFFUSION
. NORMAL PERICARDIUM

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

LVID d	44.0	LVEDV	
LVID s	28.2	LVESV	
RVID(d)	---	SV	-
IVS d	12.4	F.S	35%
IVS S	16.4	EF	65%
LVPW d	10.9	C.O	-
LVPWS	14.6	MITRAL VALVE	-
AORTIC ROOT	29.1	EF SLOPE	-
LEFT ATRIUM	30.3	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 94 A-109	-	NIL
TRICUSPID VALVE	NORMAL	198	-	MILD
PUL VALVE	NORMAL	112	-	NIL
AORTIC VALVE	NORMAL	171	-	NIL

PULMONARY ARTERY		MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME		PRESSURE HALF TIME
SYSTOLIC PRESSURE	25 MM HG	MVA

Dr. DEVENDRA GOYAL (M.D.)
RMC No.: 004250/15000
Consultant Radiologist

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NAME – Saroj Jain AGE -- 5? Yrs Date-- 08-04-2023

REF BY --

USG ABDOMEN-PELVIS

LIVER : is normal in size and shows homogeneous echotexture.
No evidence of intrahepatic biliary radicles dilatation . The portal vein and common bile duct show normal caliber. **There is a cyst of 5.2 x 3.2 cm in right lobe**

GALL BLADDER : distended and shows smooth walls. Wall thickness appears normal.
No evidence of sludge/ calculus . No evidence of pericholecystic collection.

SPLEEN: normal in size and shows normal echopattern.

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

KIDNEYS : Both the kidneys are Enlarged in size , multiple cystic areas are Seen in both kidneys
No evidence of hydronephrosis or calculus.

Right kidney –measures 12.3 x 5.3 cm
Left kidney -- measures 12.3 x 5.4 cm

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

Uterus and ovaries are Not Seen (H/O operative Removal)

No evidence of ascites / pleural effusion.

IMPRESSION :-- Simple hepatic cyst in right lobe .
Findings S/O Polycystic disease of kidneys ? Autosomal dominant .

(Adv- clinical correlation , further evaluation)

Dr. DEVENDRA GOYAL (M...
RMC No.:-004250/15000
Consultant Radiologist
And Sonologist

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Consultant Radiologist & Sonologist
Dr. Roopa Goyal
MD (Radio-Diagnosis)

GOYAL DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

NAME- Saroj Jain AGE- 57 yrs DATE – 8-04-2023

REF.BY -

SKIAGRAM CHEST PA VIEW

Both cp angles are clear.
Cardiac size is within normal limits.
Broncho vascular Markings are Exaggerated

Chr Bronchitis

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

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

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC

THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL PURPOSE

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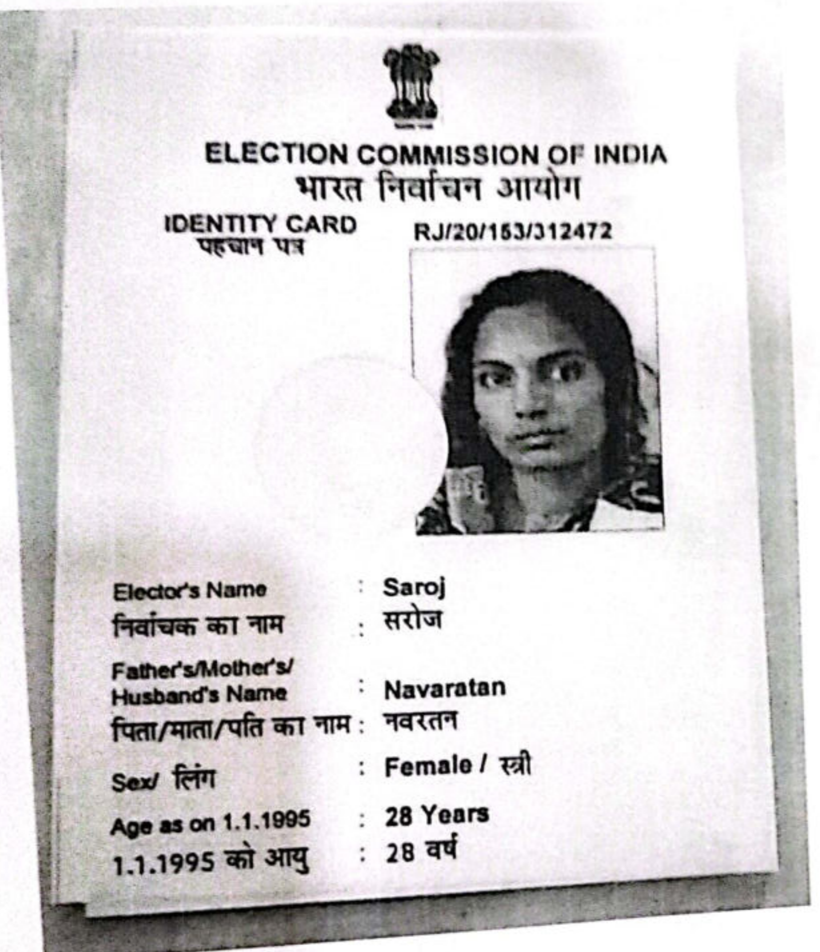

ELECTION COMMISSION OF INDIA
भारत निर्वाचन आयोग

IDENTITY CARD
पहचान पत्र

RJ/20/153/312472

Elector's Name : Saroj
निर्वाचक का नाम : सरोज
Father's/Mother's/ Husband's Name : Navaratan
पिता/माता/पति का नाम : नवरतन
Sex/ लिंग : Female / स्त्री
Age as on 1.1.1995 : 28 Years
1.1.1995 को आयु : 28 वर्ष

Address : H. No. 146, Kanara Baink Ke Pas
Bhilavada Vard San022
Bhilwara, Distt. - Bhilwara

पता : म. नं. १४६, केनरा बैंक के पास
भीलवाड़ा वार्ड सं०२२
भीलवाड़ा, जिला – भीलवाड़ा

Facsimile Signature of
Electoral Registration Officer
for 153-Bhilwara A.C.
निर्वाचक रजिस्ट्रीकरण अधिकारी
के हस्ताक्षर की अनुकृति
निर्वाचन क्षेत्र 153–भीलवाड़ा

Place : Bhilwara
स्थान : भीलवाड़ा

Date : 01/07/95
दिनांक

This card can be used as an Identity Card under different Government Programmes.
इस पत्र को विभिन्न सरकारी योजनाओं के अन्तर्गत पहचान पत्र के रूप में प्रयोग किया जा सकता है ।

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