

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

Website : www.drgoyalspathlab.com | E-mail : drgoyal@pathlab.com

General Physical Examination

Date of Examination: 14/10/23

Name: Shikha vyas Age: 39 Sex: female

DOB: 6 may 1984

Referred By: BOB (Medewheel)

Photo ID: Pancard ID #: attached

Ht: 159 (cm)

Wt: 78 (Kg)

Chest (Expiration): 109 (cm)

Abdomen Circumference: 100 (cm)

Blood Pressure: 110/70 mm Hg PR: 72 / min

BMI 30.9 kg/m²

Eye Examination: Dis vision 6/9 with Spots, near vision N/6
no colour 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: [Signature] Name Medical Examiner _____

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

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SHIKHA VYAS

HEMENT KUMAR VYAS

06/05/1984

Permanent Account Number

AMMPV8173H

Shikha

Signature



08022011

Shikha

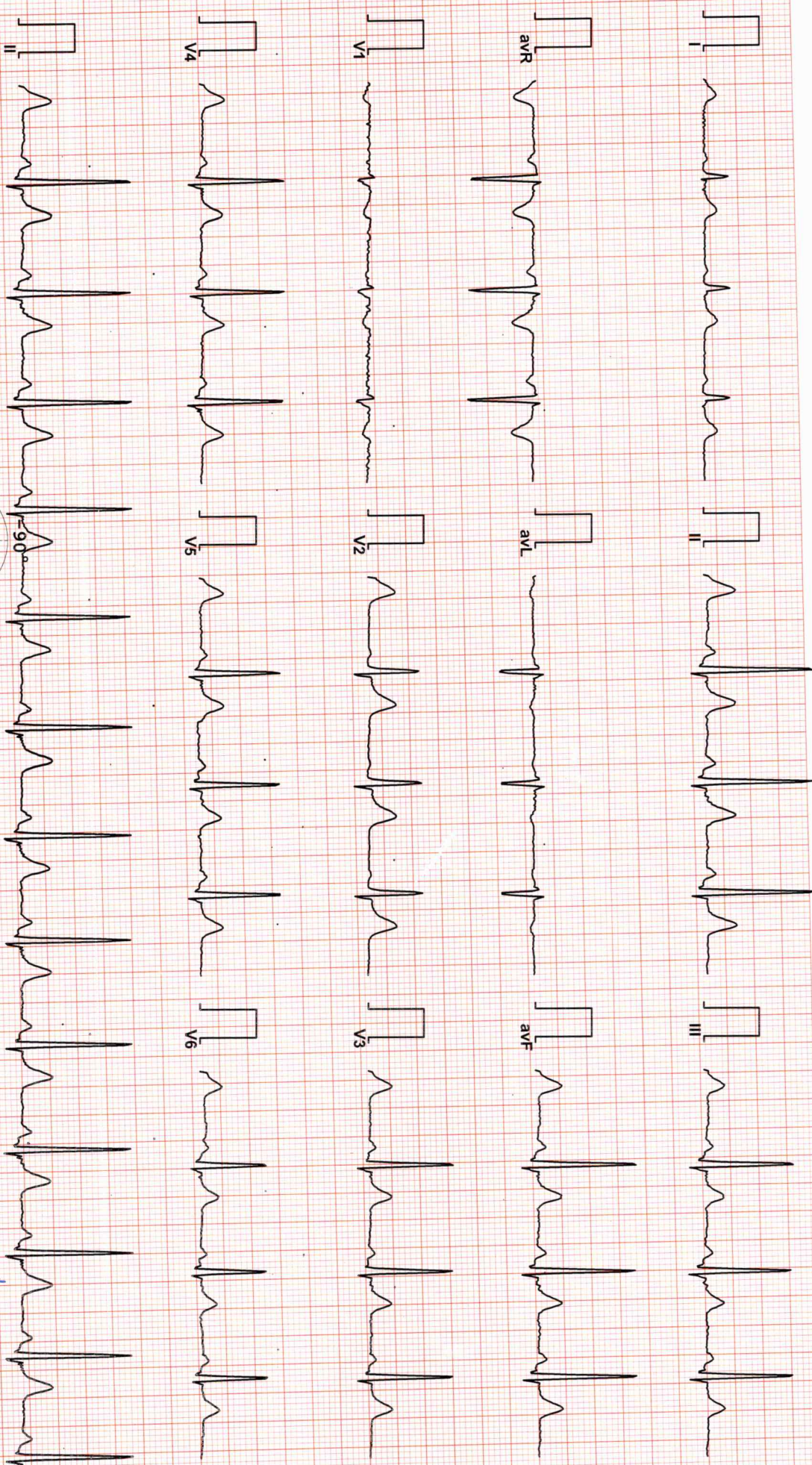
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RME Reg. No.-017990

DR. GOYALS PATH LAB & IMAGING CENTER

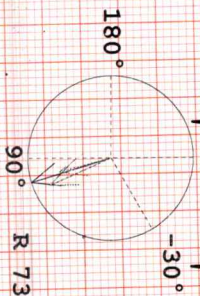
102223451 / MS SHIKHA VYAS / 39 Yrs / F / Non Smoker

Heart Rate : 79 bpm / Tested On : 14-Oct-23 10:54:28 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: BOB

ECG



Vent Rate : 79 bpm
PR Interval : 136 ms
QRS Duration: 84 ms
QT/QTc Int : .360/.392 ms
P-QRS-T axis: 75.00° 73.00° 66.00°



Normal

bc

Allengers ECG (Pisces)(PIS218210312)

Reported By: **Dr. N. S. Kumar Mohanka**
RMC No. 35703
DEEM (RCGP-UK),

941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / NonSmoker
 Date: 14 / 10 / 2023 10:58:55 AM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Upline	00:22	0:22	01.1	00.0	01.0	081	45 %	120/70	097	00	
standing	01:20	0:58	01.1	00.0	01.0	095	52 %	120/70	114	00	
IV	01:40	0:20	01.1	00.0	01.0	095	52 %	120/70	114	00	
Warm Up	02:06	0:26	01.1	00.0	01.0	103	57 %	120/70	123	00	
Start	02:21	0:15	01.0	00.0	01.0	093	51 %	120/70	111	00	
RUCE Stage 1	05:21	3:00	01.7	10.0	04.7	128	71 %	130/89	166	00	
RUCE Stage 2	08:21	3:00	02.5	12.0	07.1	149	82 %	140/96	208	00	
PeakEx	08:50	0:29	03.4	14.0	07.6	155	86 %	140/96	217	00	
Recovery	09:50	1:00	00.0	00.0	01.1	143	79 %	140/96	200	00	
Recovery	10:50	2:00	00.0	00.0	01.0	119	66 %	150/98	178	00	
Recovery	12:50	4:00	00.0	00.0	01.0	107	59 %	140/80	149	00	
Recovery	14:50	6:00	00.0	00.0	01.0	106	59 %	130/70	137	00	
Recovery	16:35	7:46	00.0	00.0	01.0	104	57 %	120/70	124	00	

FINDINGS :

Exercise Time : 06:29

Max HR Attained : 155 bpm 86% of Target 181

Max BP Attained : 150/98 (mm/Hg)

Max Workload Attained : 7.6 Fair response to induced stress

Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

PHV negative for RMI

[Signature]
 Dr. Nitesh Kumar Mehta
 RMC No. 37
 MBBS, DIP, CAP
 D.E.M (F...)
 RTS

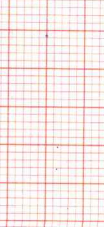
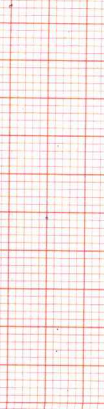
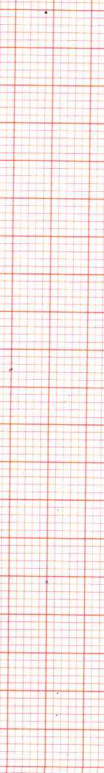
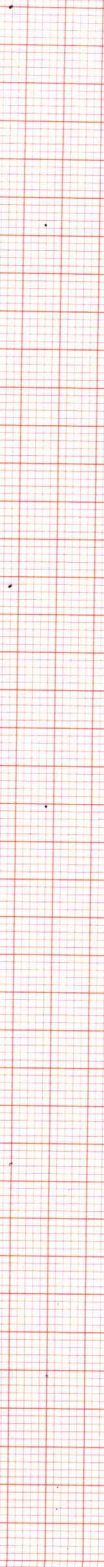
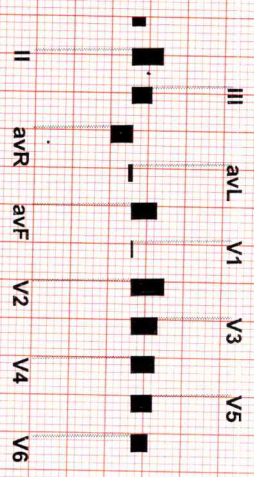
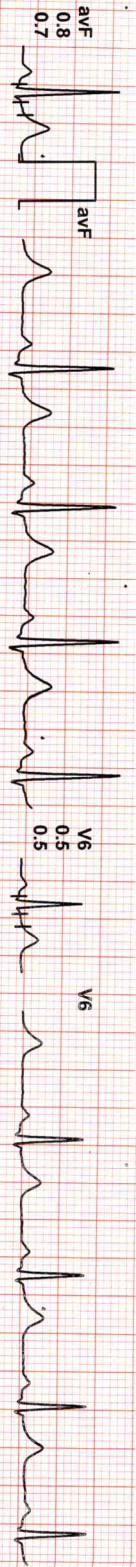
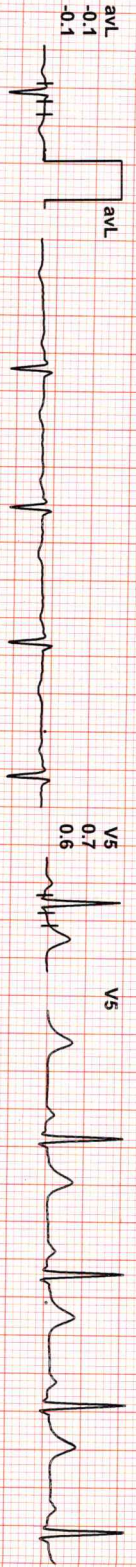
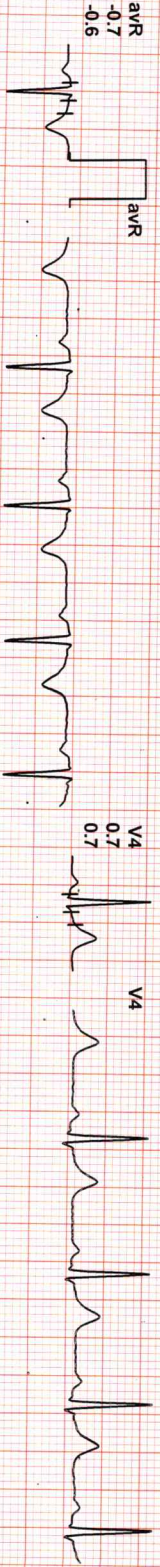
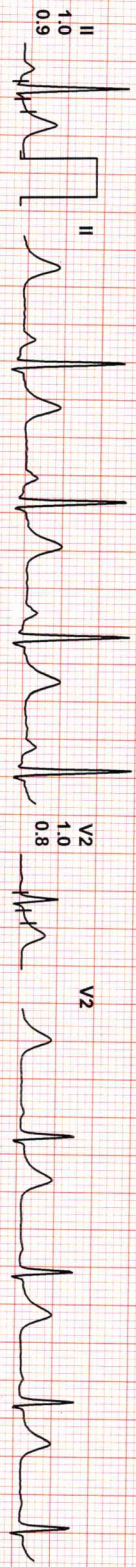
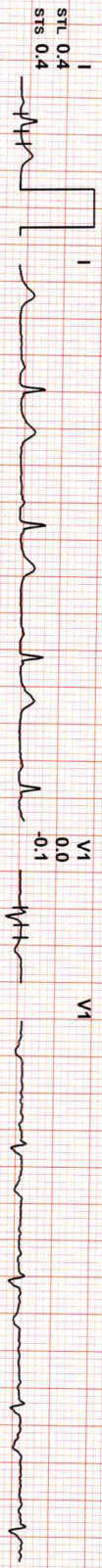
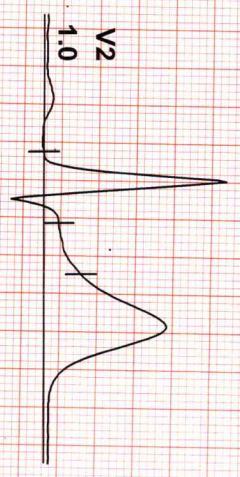


941 / MS SHIKHA VYAS / 39 Yrs / F / 0.Cms / 0 Kg / HR : 81

ate: 14 / 10 / 2023 10:58:55 AM METS: 1.0 / 81 bpm 45% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

1X 80 ms Post J

EXTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



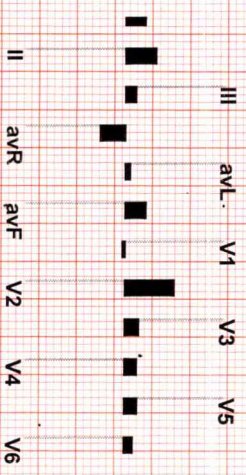
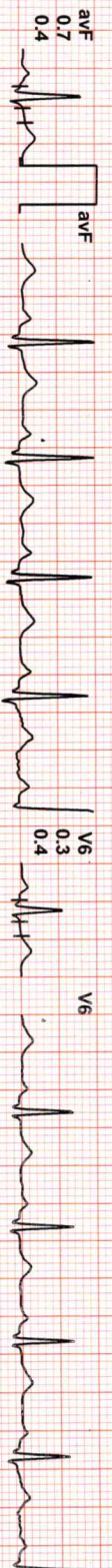
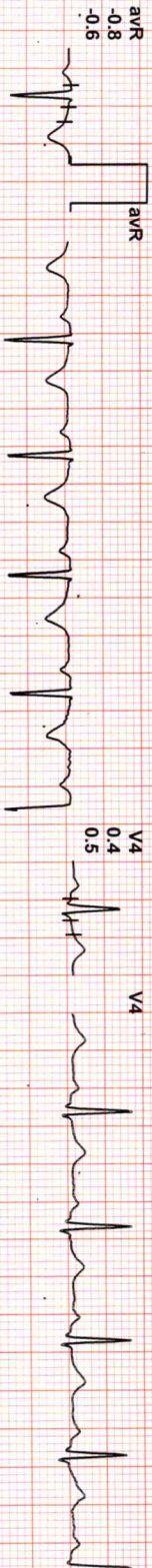
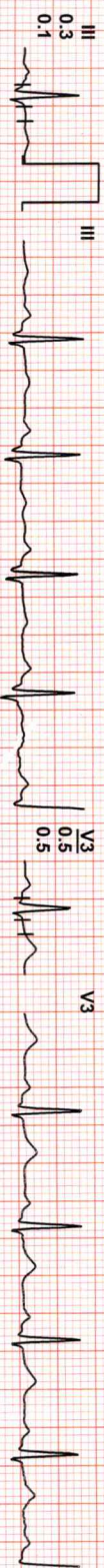
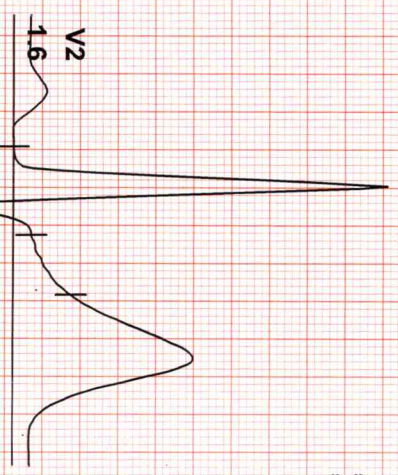
REMARKS:

941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / HR : 95

ate: 14 / 10 / 2023 10:58:55 AM METS: 1.0/ 95 bpm 52% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

1X 80 mS Post J

EXTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

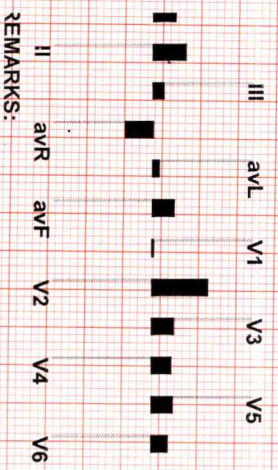
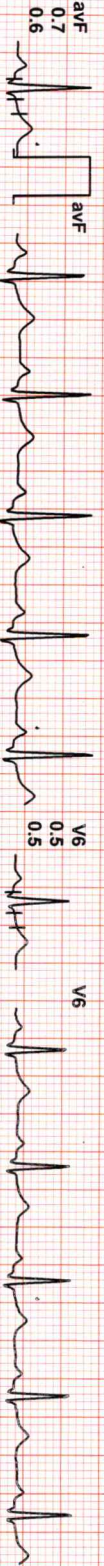
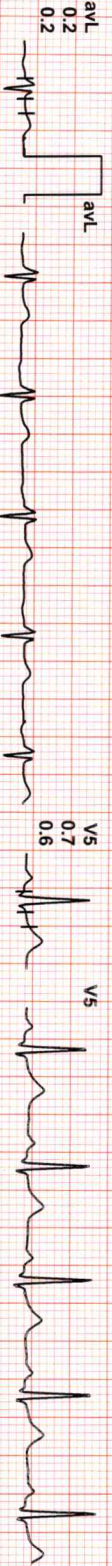
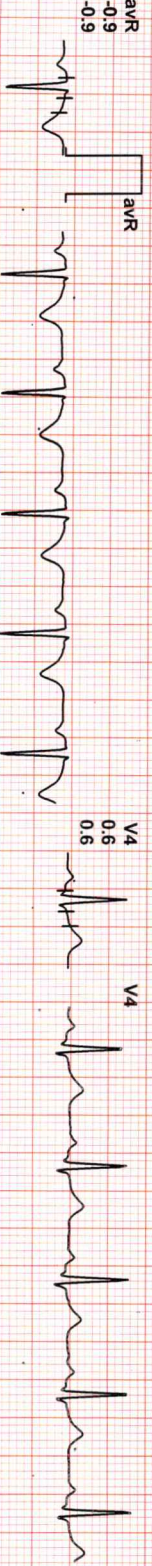
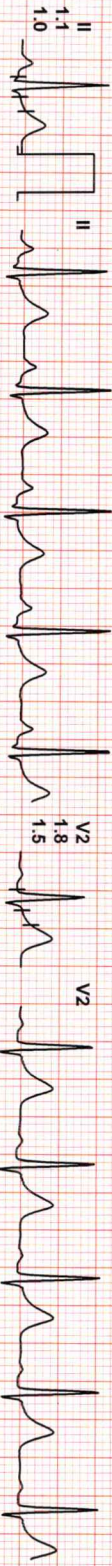
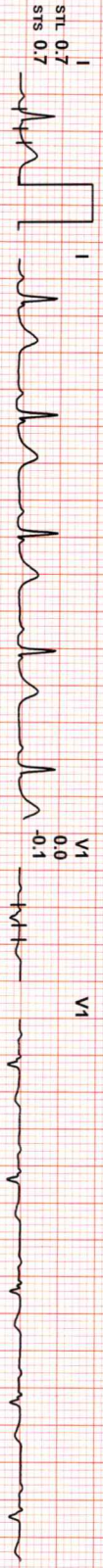
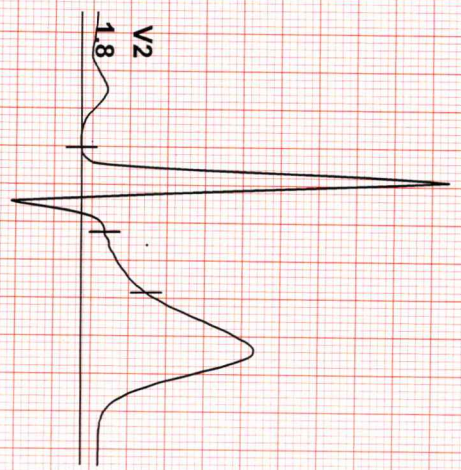
941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / HR : 95



ate: 14 / 10 / 2023 10:58:55 AM METS: 1.0 / 95 bpm 52% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

1X 80 ms Post J

EXTime: 00:00 1.1 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

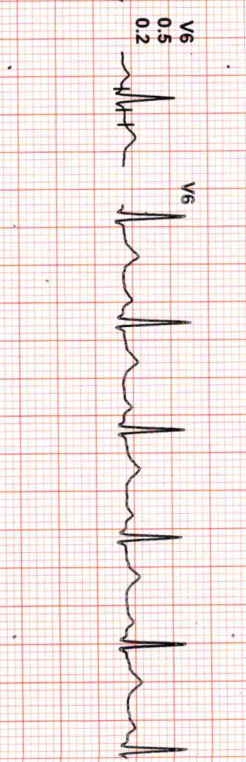
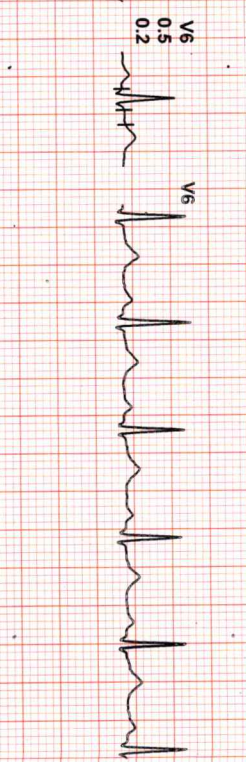
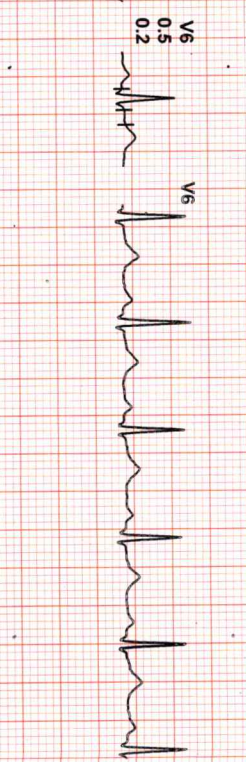
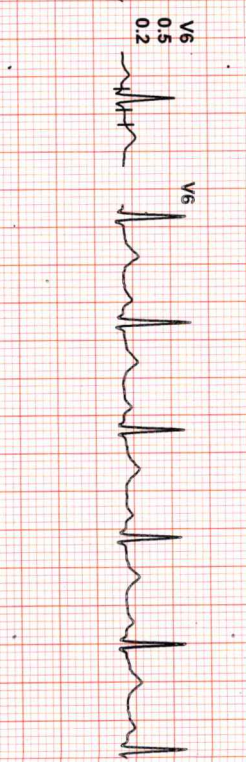
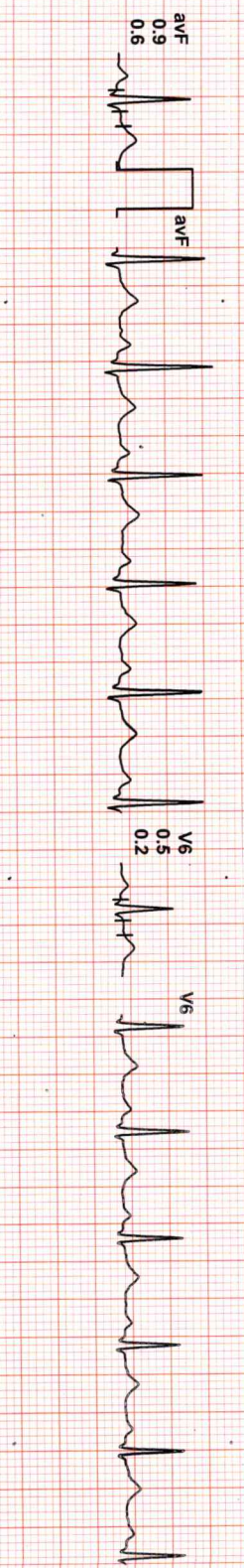
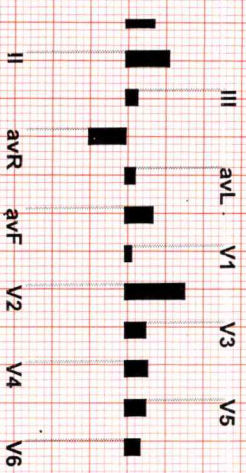
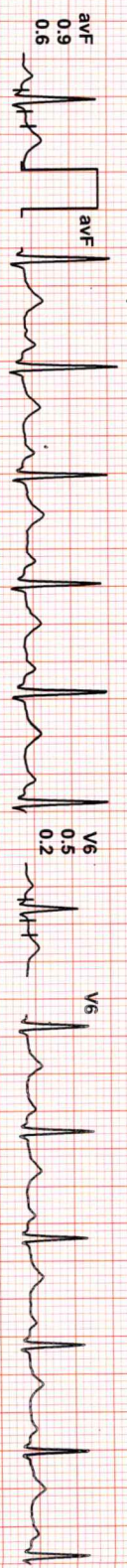
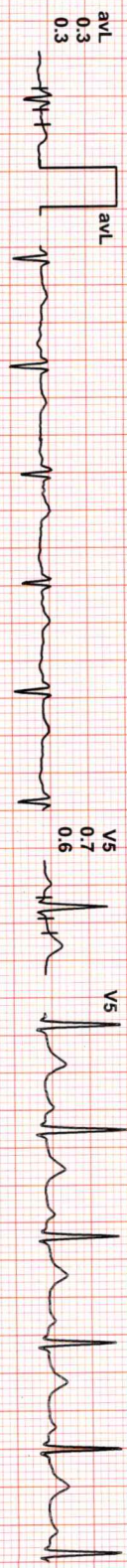
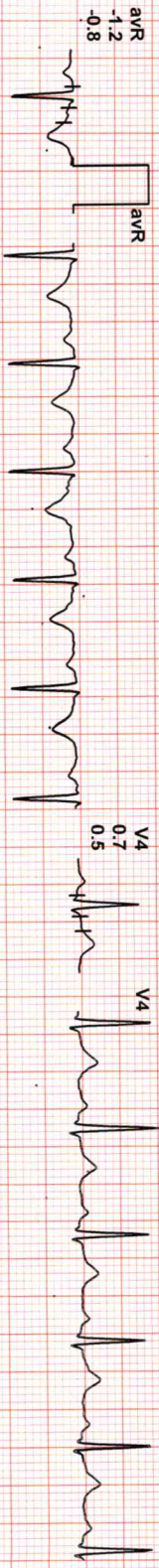
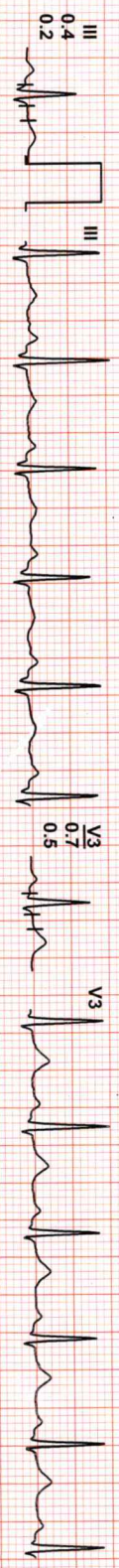
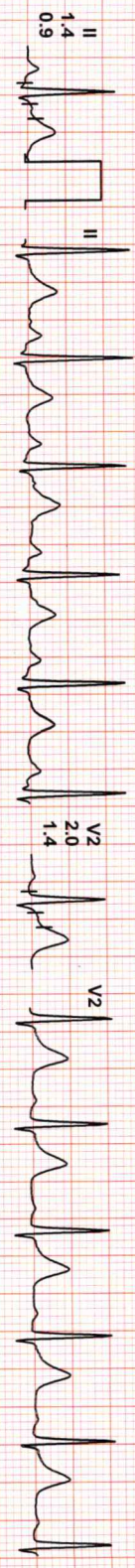
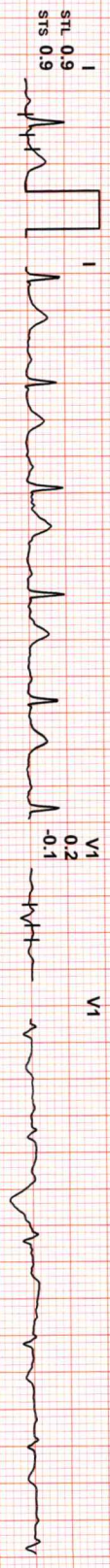


941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / HR : 103

ate: 14 / 10 / 2023 10:58:55 AM METS: 1.0/ 103 bpm 57% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

IX 80 MS Post J

ExTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



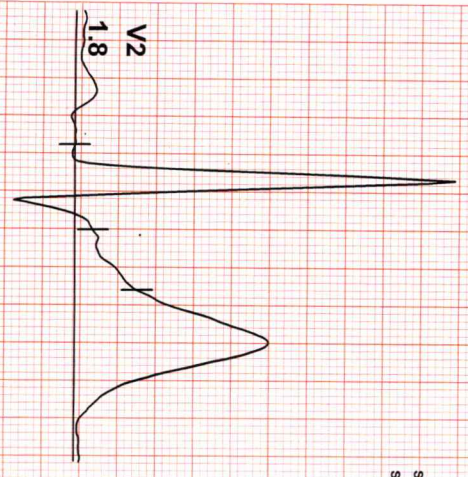
941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / HR : 93

ate: 14 / 10 / 2023 10:58:55 AM METS: 1.0/ 93 bpm 51% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

EXTime: 00:00 1.0 mph, 0.0%

1X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



STL 0.8
STS 0.7

II 1.0
0.8

III 0.3
0.1

avR -0.9
-0.7

avL 0.2
0.2

avF 0.7
0.5

V1 0.0
-0.1

V2 1.8
1.6

V3 0.8
0.5

V4 0.8
0.5

V5 0.7
0.6

V6 0.4
0.4

REMARKS:
II avR avF V2 V3 V4 V5 V6



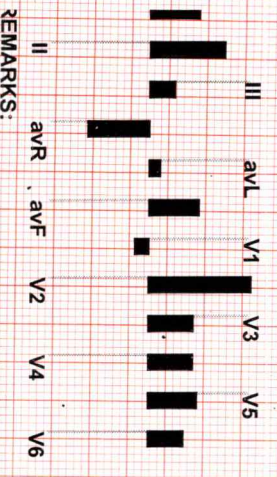
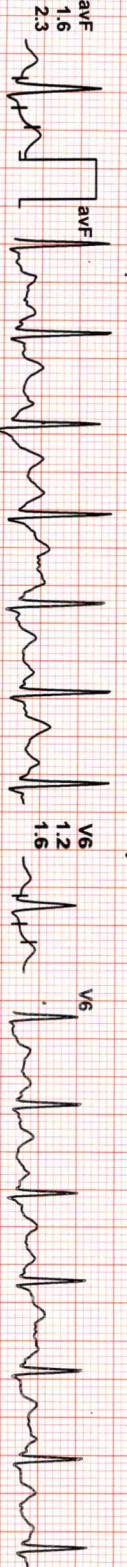
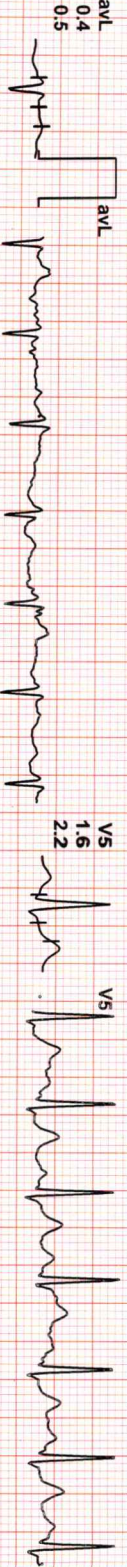
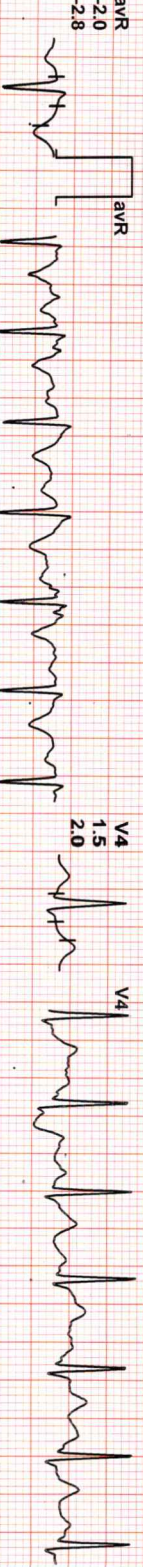
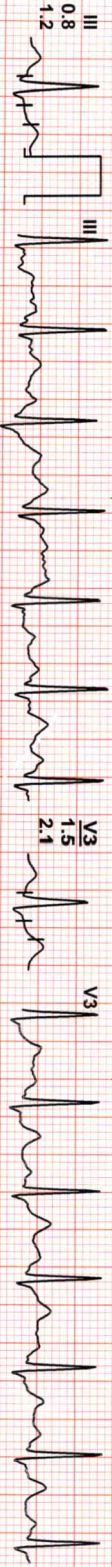
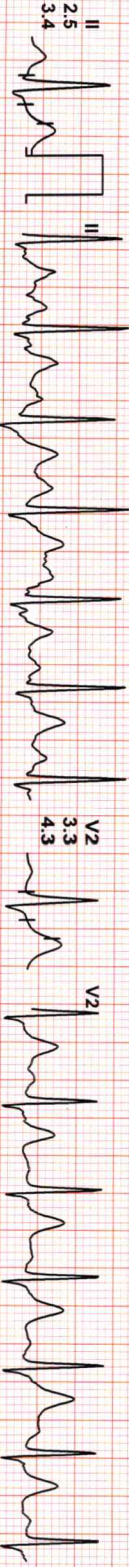
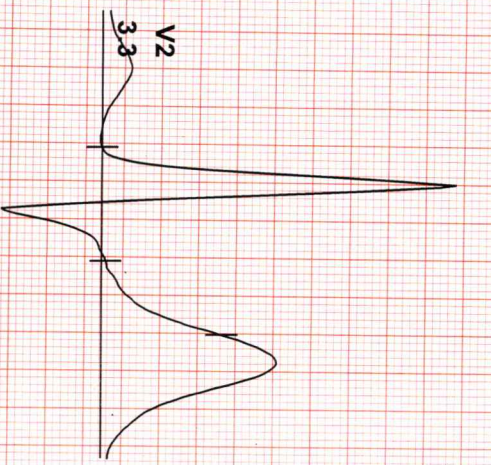
941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / HR : 128.

ate: 14 / 10 / 2023 10:58:55 AM METS: 4.7 / 128 bpm 71% of THR BP: 130/89 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/ LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%

1X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

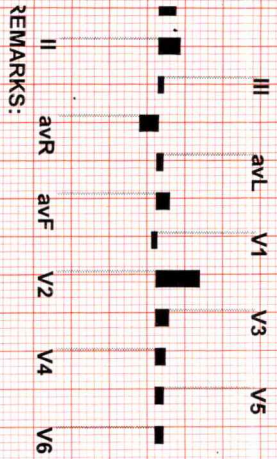
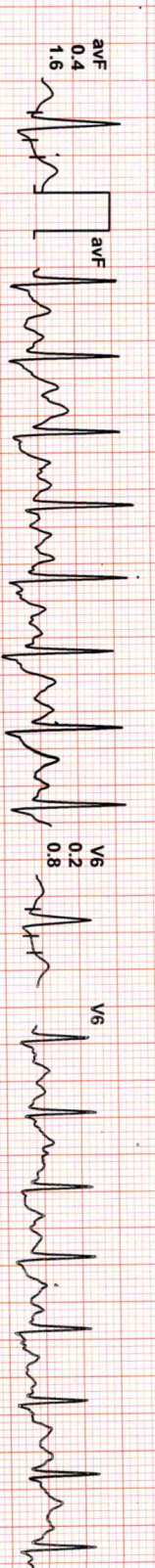
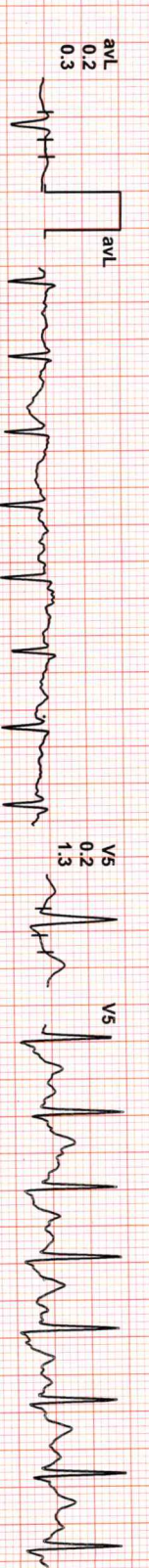
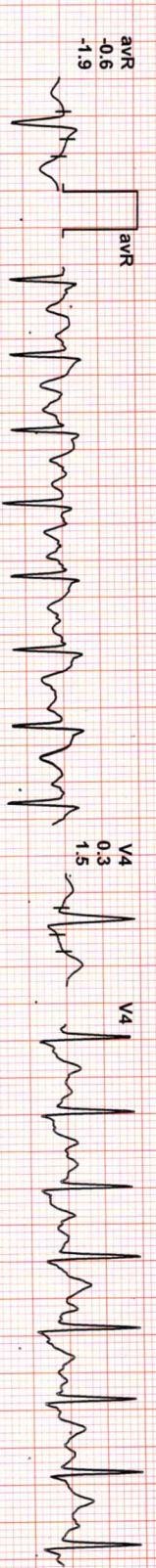
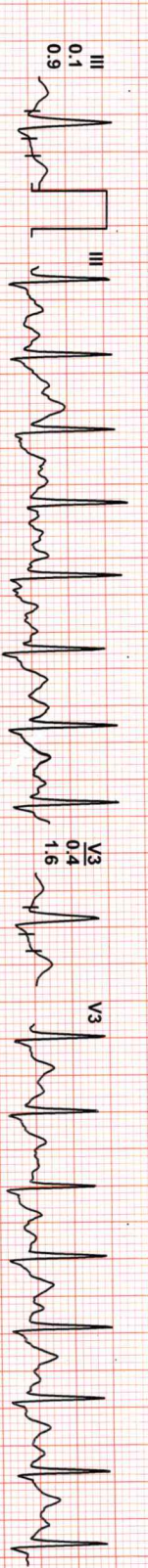
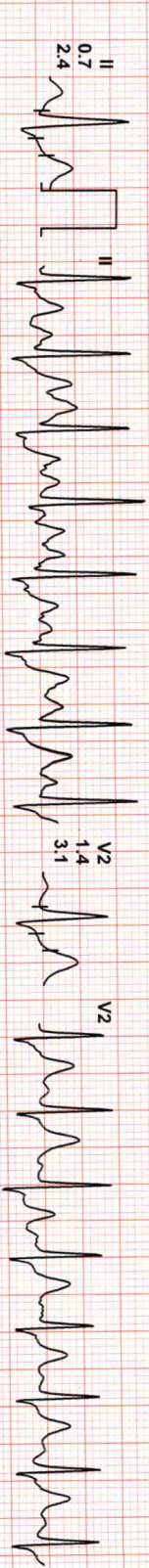
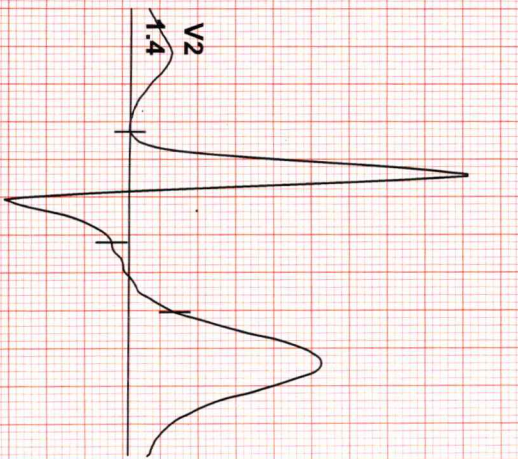


941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / HR : 149

ate: 14 / 10 / 2023 10:58:55 AM METS: 7.1 / 149 bpm 82% of THR BP: 140/96 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

1X 60 ms Post J

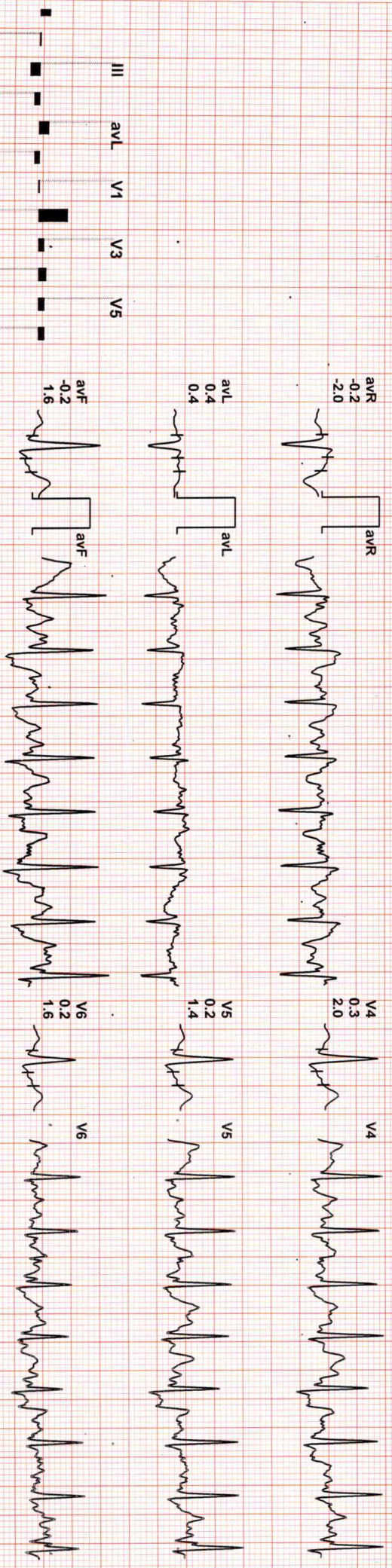
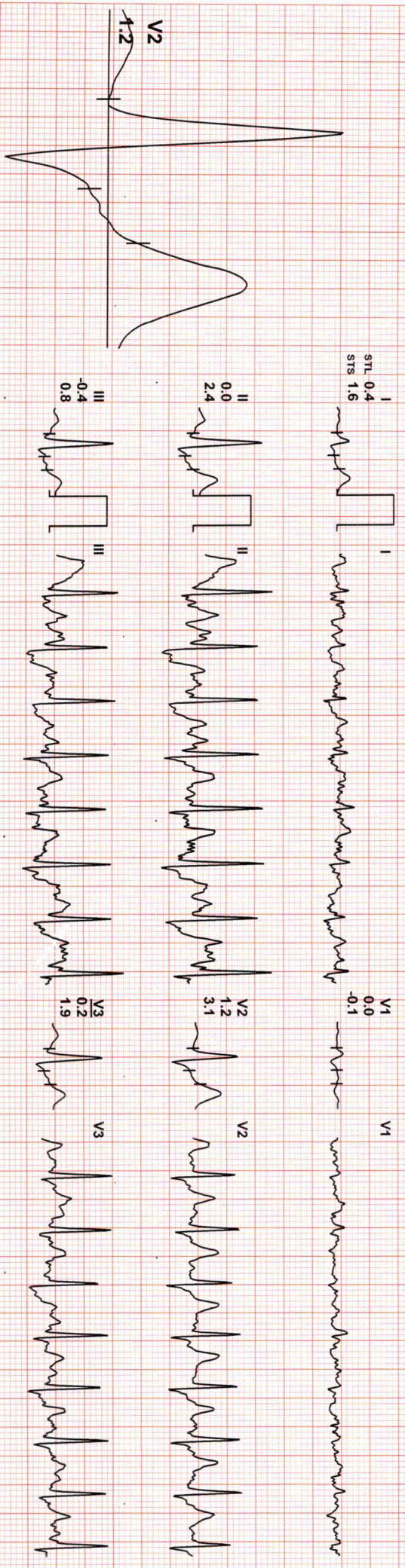
EXTime: 06:00 2.5 mph, 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

IX 60 ms Post J

ExTime: 06:29 3.4 mph, 14.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

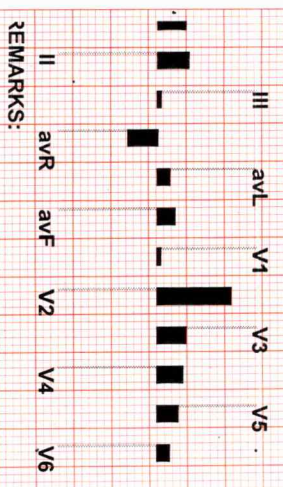
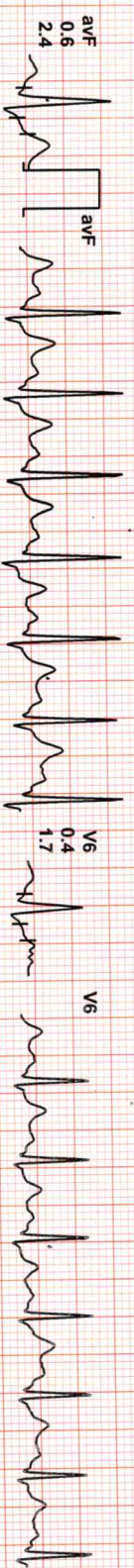
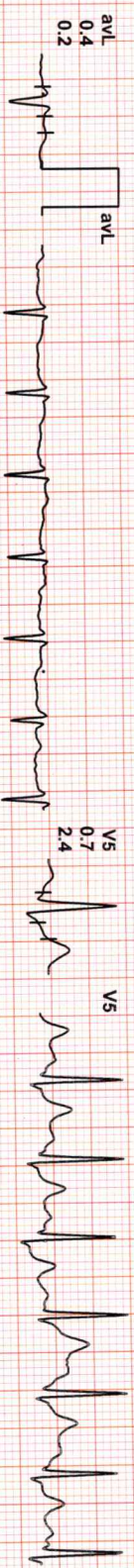
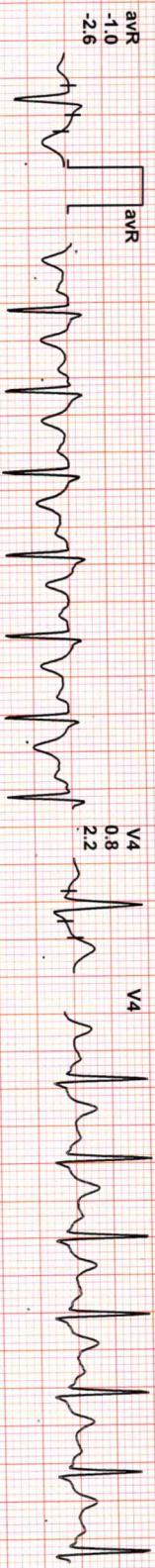
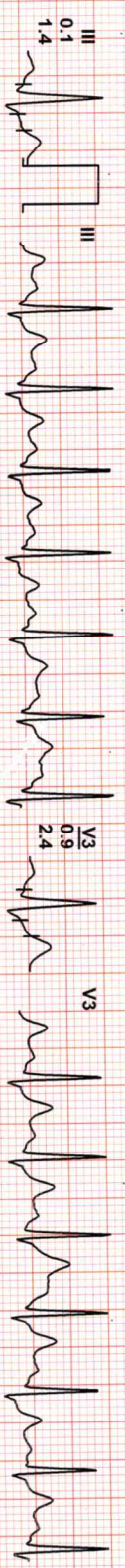
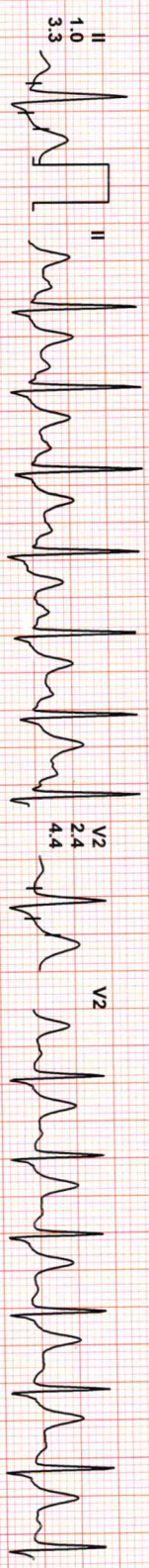
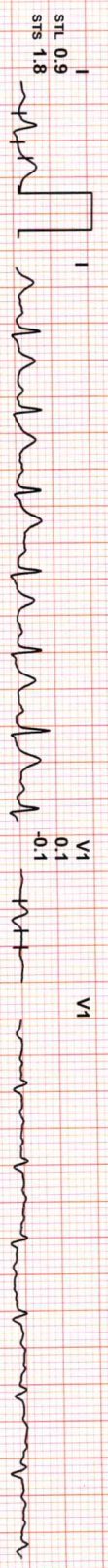
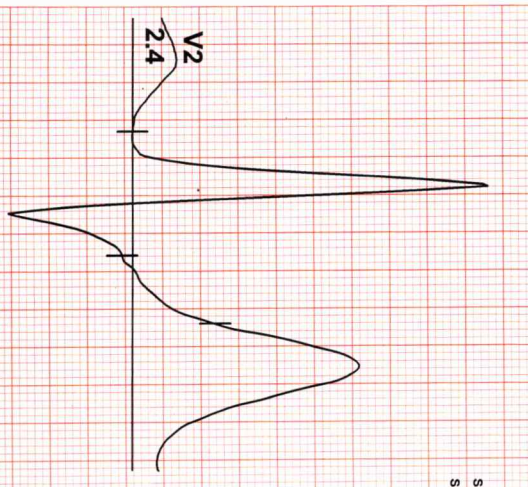


941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / HR : 143

ate: 14 / 10 / 2023 10:58:55 AM METS: 1.1 / 143 bpm 79% of THR BP: 140/96 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

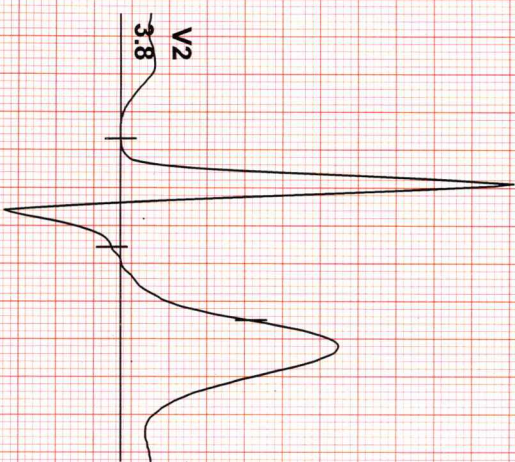
IX 60 ms Post J

EXTime: 06:29 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

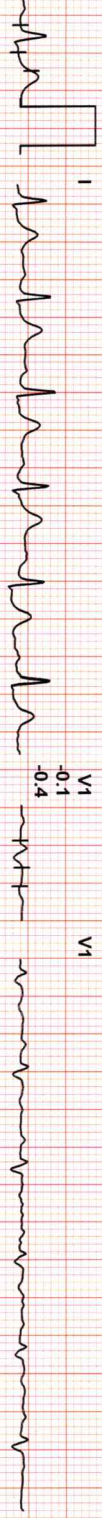


REMARKS:

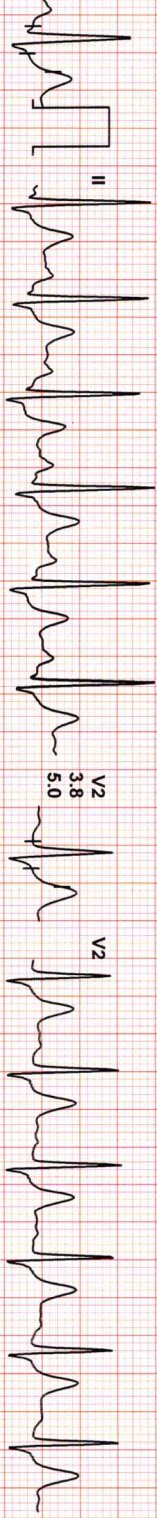
1X 80 ms Post J



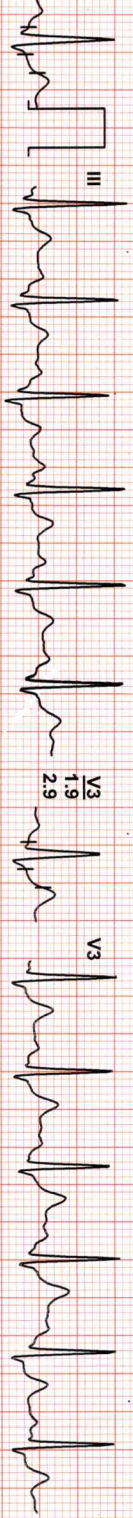
STL 1.5
STS 2.3



II
2.7
4.2



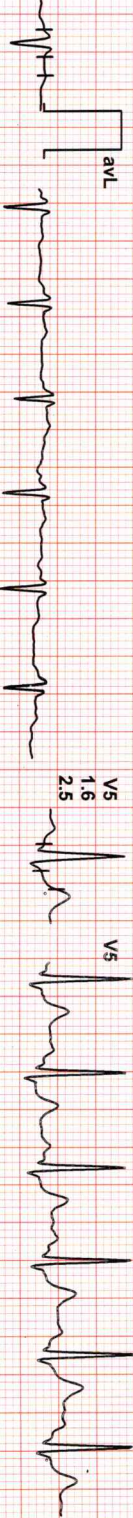
III
1.2
2.0



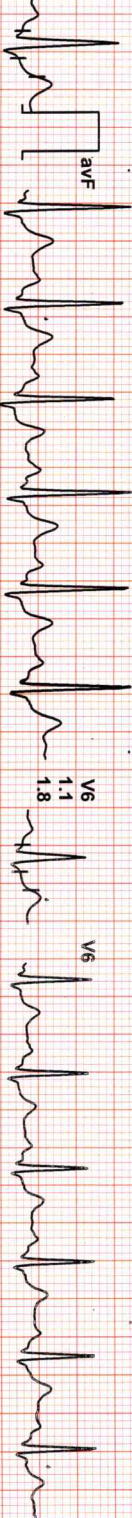
aVR
-2.1
-3.2



aVL
0.2
0.1



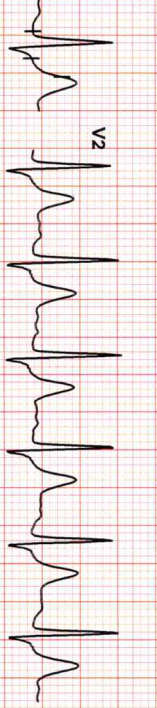
aVF
1.9
3.1



V1
-0.1
-0.4



V2
3.8
5.0



V3
1.9
2.9



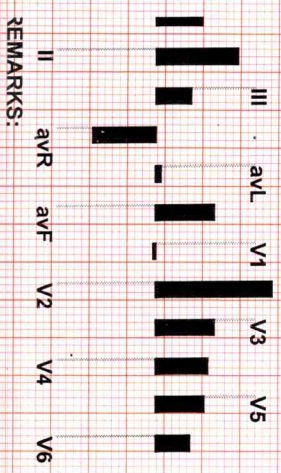
V4
1.7
2.7



V5
1.6
2.5



V6
1.1
1.8



REMARKS:

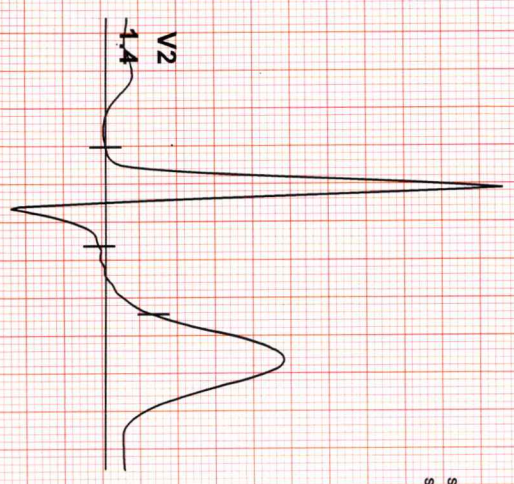


941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / HR : 107

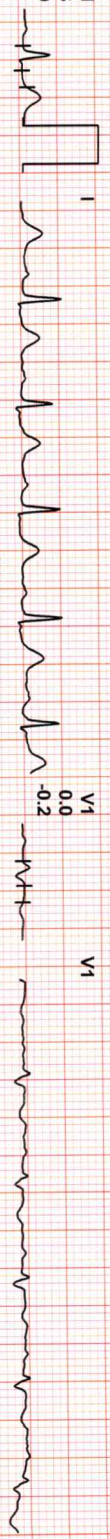
ate: 14 / 10 / 2023 10:58:55 AM METS: 1.0 / 107 bpm 59% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

1X 80 ms Post J

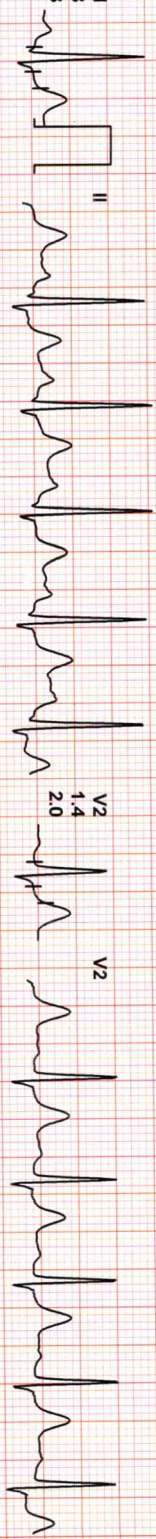
ExTime: 06:29 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



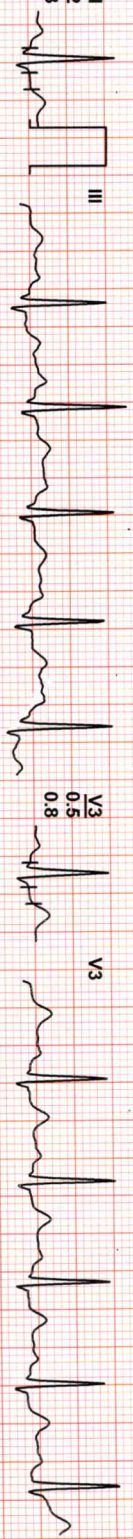
I
STL 0.6
STS 0.9



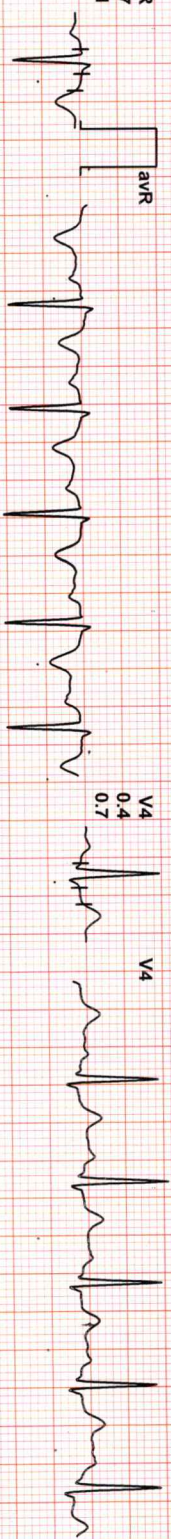
II
0.8
1.3



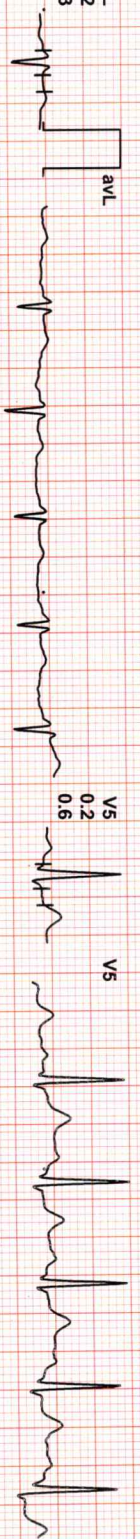
III
0.2
0.3



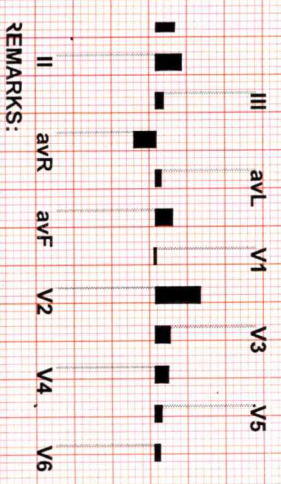
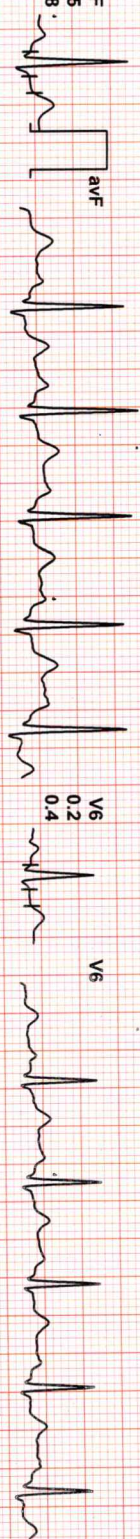
avR
-0.7
-1.1



avL
0.2
0.3



avF
0.5
0.8



REMARKS:



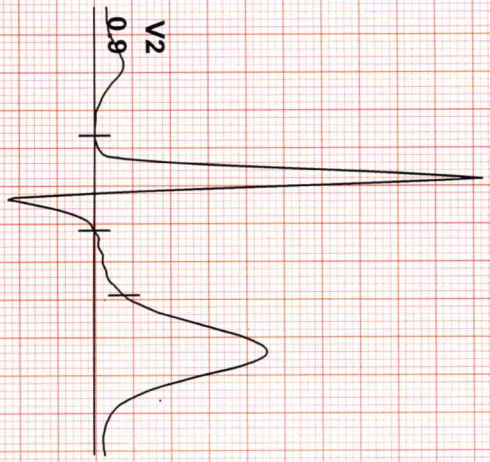
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ate: 14 / 10 / 2023 10:58:55 AM METS: 1.0 / 106 bpm 59% of THR BP: 130/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

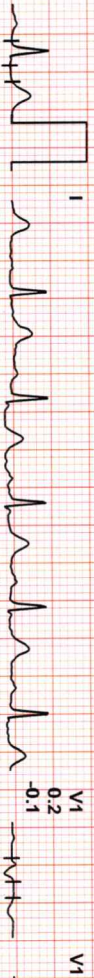
EXTime: 06:29 0.0 mph, 0.0%

1X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.2
STB 0.4



V1
0.2
-0.1



II
0.1
0.6



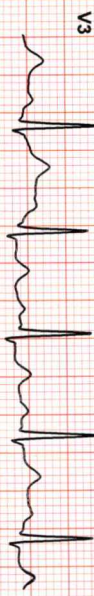
V2
0.9
1.0



III
0.0
0.2



V3
0.0
0.3



avR
-0.1
-0.5



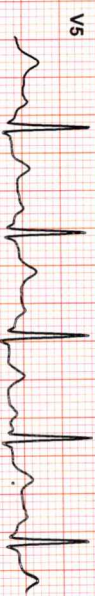
V4
0.1
0.4



avL
0.1
0.1



V5
0.1
0.3



avF
0.1
0.4

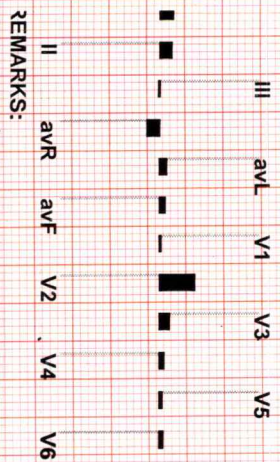
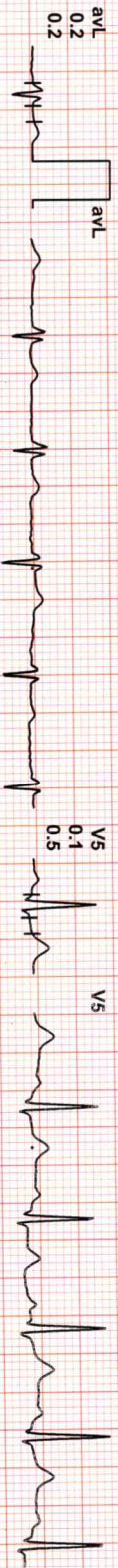
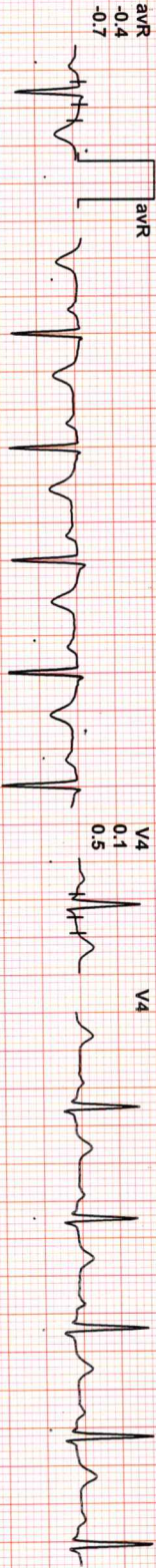
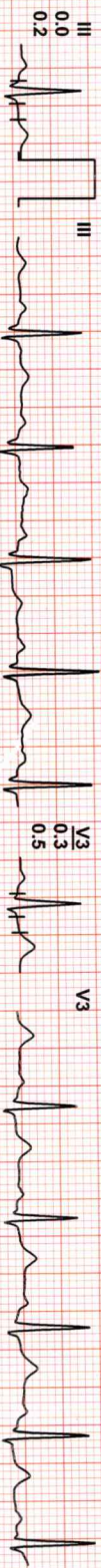
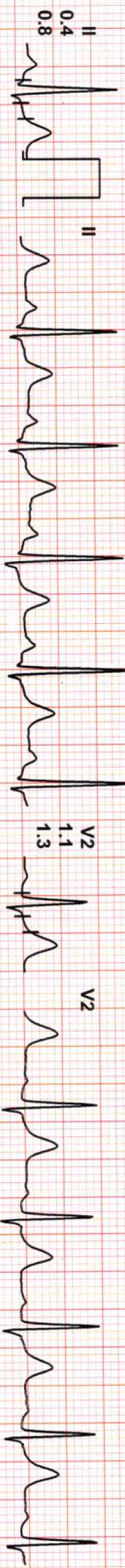
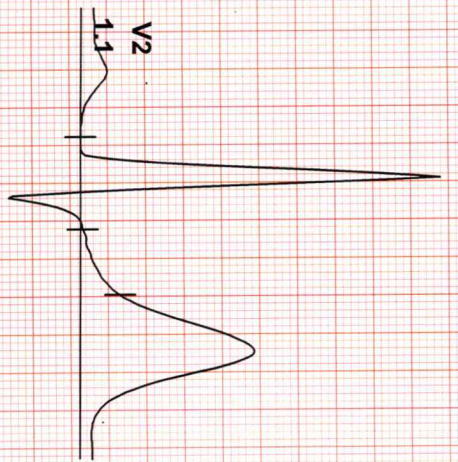


V6
0.0
0.2



II avR avF V2 V4 V6
III avL V1 V3 V5

REMARKS:

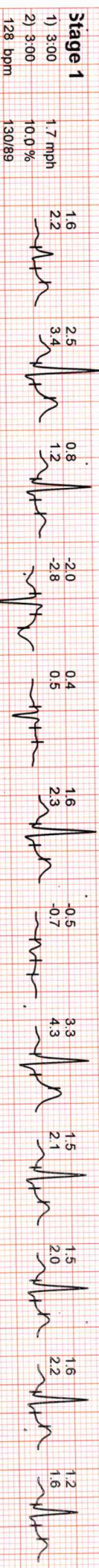
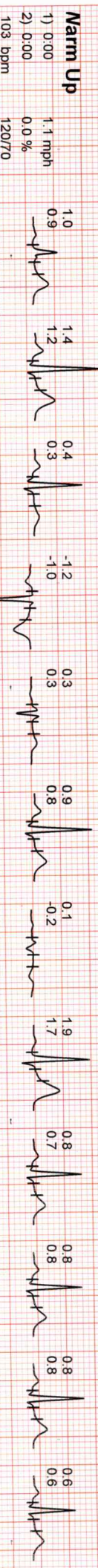
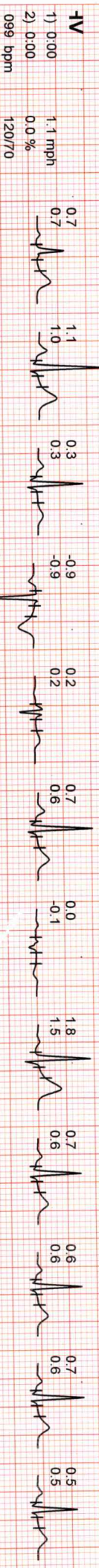
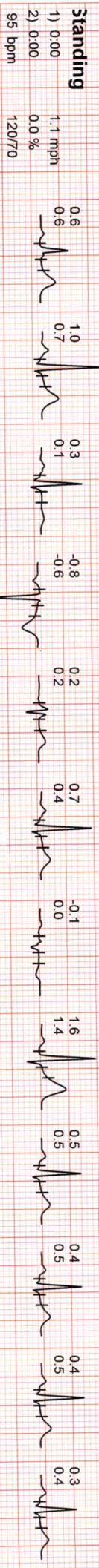
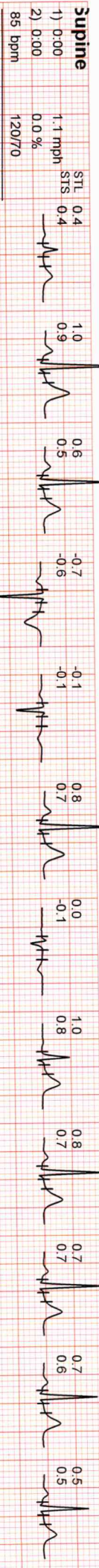


REMARKS:



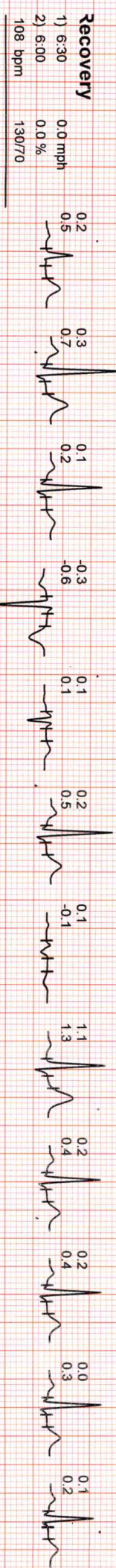
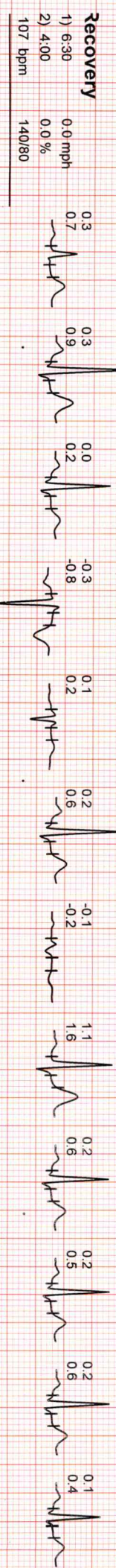
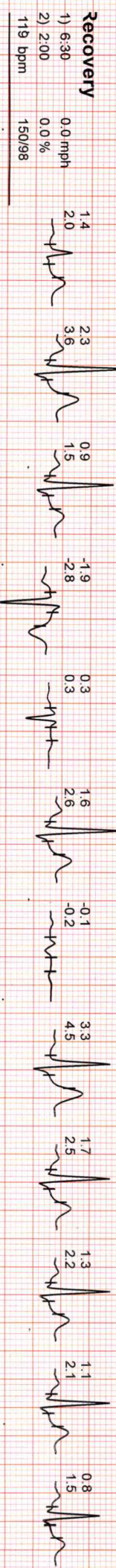
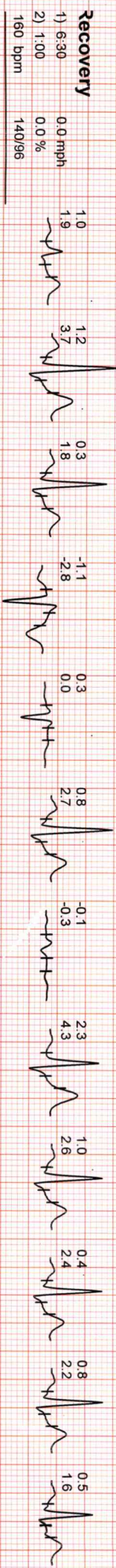
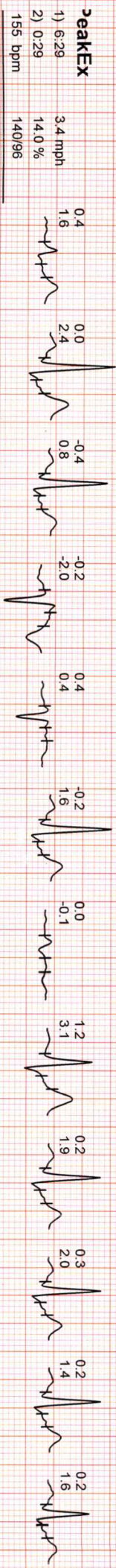
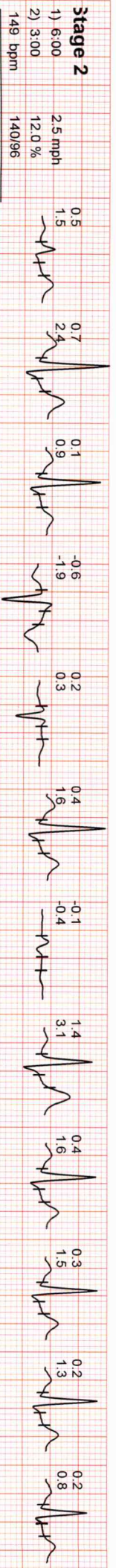
941 / MS SHIKHA VYAS / 39 Yrs / F / 10 Cms / 0 Kg / HR : 86

ate: 14 / 10 / 2023 10:58:55 AM I II III avR avL avF V1 V2 V3 V4 V5 V6



941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / HR : 86

ate: 14 / 10 / 2023 10:58:55 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



JR.GOYALS PATH LAB & IMAGING CENTER

Average



941 / MS SHIKHA VYAS / 39 Yrs / F / 0 Cms / 0 Kg / HR : 86

ate: 14 / 10 / 2023 10:58:55 AM I

II

III

avR

avL

avF

V1

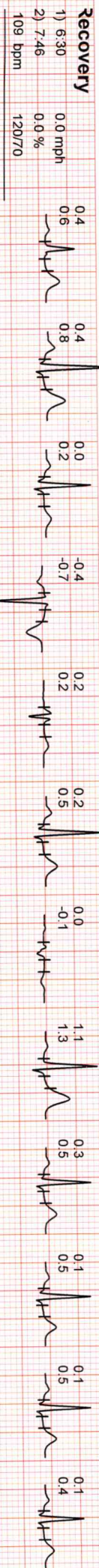
V2

V3

V4

V5

V6



Recovery

1) 6:30 0.0 mph
2) 7:46 0.9 %
109 bpm 120/70

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Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 14/10/2023 08:41:41

Patient ID :-12233485

NAME :- Mrs. SHIKHA VYAS

Ref. By Dr:- BOB

Sex / Age :- Female 39 Yrs 5 Mon 9 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 14/10/2023 08:55:24

Final Authentication : 14/10/2023 13:24:18

HAEMATOLOGY

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

BOB PACKAGEFEMALE BELOW 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- HPLC

6.2 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

131 H

mg/dL

Non Diabetic < 100 mg/dL

Prediabetic 100- 125 mg/dL

Diabetic 126 mg/dL or Higher

AJAYSINGH
Technologist

Page No: 1 of 12



Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019 5509

Tele : 0141-2293346, 4049787, 9887049787

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	11.5 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	7.98	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	65.5	%	40.0 - 80.0
LYMPHOCYTE	24.4	%	20.0 - 40.0
EOSINOPHIL	3.4	%	1.0 - 6.0
MONOCYTE	6.4	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	5.22	10 ³ /uL	1.50 - 7.00
LYMPH#	1.95	10 ³ /uL	1.00 - 3.70
EO#	0.17	10 ³ /uL	0.00 - 0.40
MONO#	0.24	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.38	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	37.10	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	84.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.1 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	30.9 L	g/dL	31.5 - 34.5
PLATELET COUNT	365	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	19.32		

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.

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Technologist

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Dr. Chandrika Gupta
MBBS.MD (Path)
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Dr. Goyal's

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Sample Collected Time 14/10/2023 08:55:24

Final Authentication : 14/10/2023 13:24:18

HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)

19

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 (CBC); Methodology: FLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and or connective tissue disease.

MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Dr. Chandrika Gupta
MBBS.MD (Path)
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Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

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Ref. By Dr:- BOB

Sex / Age :- Female 39 Yrs 5 Mon 9 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/10/2023 08:55:24

Final Authentication : 14/10/2023 11:36:22

BIOCHEMISTRY

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

LIPID PROFILE

TOTAL CHOLESTEROL
Method:- Enzymatic Endpoint Method

213.04 mg/dl

Desirable <200
Borderline 200-239
High > 240

TRIGLYCERIDES
Method:- GPO-PAP

113.26 mg/dl

Normal <150
Borderline high 150-199
High 200-499
Very high >500

DIRECT HDL CHOLESTEROL
Method:- Direct clearance Method

41.54 mg/dl

Low < 40
High > 60

DIRECT LDL CHOLESTEROL
Method:- Direct clearance Method

152.62 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

22.65 mg/dl

0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO
Method:- Calculated

5.13 H

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO
Method:- Calculated

3.67 H

0.00 - 3.50

TOTAL LIPID
Method:- CALCULATED

614.30 mg/dl

400.00 - 1000.00

TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

TRIGLYCERIDES InstrumentName:Radox 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 HDLCHOLESTEROL InstrumentName:Radox 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:Radox 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

SURENDRAXHANGA

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Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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Date :- 14/10/2023 08:41:41

NAME :- Mrs. SHIKHA VYAS

Sex / Age :- Female 39 Yrs 5 Mon 9 Days

Company :- MediWheel

Patient ID :- 12233485

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/10/2023 08:55:24

Final Authentication : 14/10/2023 11:36:22

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.51	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 - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.37	mg/dl	0.30-0.70
SGOT Method:- IFCC	16.3	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	43.1 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	59.90	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	23.80	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.79	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromotresol Green	4.22	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.57	gm/dl	2.20 - 3.50
A/G RATIO	1.64		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

Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

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B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019-5509
Tele : 0141-2293346, 4049787, 9887049787
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Date :- 14/10/2023 08:41:41

Patient ID :-12233485

NAME :- Mrs. SHIKHA VYAS

Ref. By Dr:- BOB

Sex / Age :- Female 39 Yrs 5 Mon 9 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/10/2023 08:55:24

Final Authentication : 14/10/2023 10:40:44

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.250	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.470	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.020	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

AJAYKUMAR
Technologist

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Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019 5509
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com

Date :- 14/10/2023 08:41:41
NAME :- Mrs. SHIKHA VYAS
Sex / Age :- Female 39 Yrs 5 Mon 9 Days
Company :- MediWheel

Patient ID :- 12233485
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 14/10/2023 08:55:24

Final Authentication : 14/10/2023 11:11:52

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.5		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
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/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



Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302009 5509

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 14/10/2023 08:41:41

Patient ID :-12233485

NAME :- Mrs. SHIKHA VYAS

Ref. By Dr:- BOB

Sex / Age :- Female 39 Yrs 5 Mon 9 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- KOX/Na FLUORIDE-F, KOX/Na SALTURIDE-REPLANT/SERUM/2023 11:52:57

Final Authentication : 14/10/2023 13:49:44

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)

98.6

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)

100.0

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

0.97

mg/dl

Men - 0.6-1.30

Women - 0.5-1.20

Method:- Colorimetric Method

SERUM URIC ACID

6.29 H

mg/dl

Men - 3.4-7.0

Women - 2.4-5.7

Method:- Enzymatic colorimetric

SURENDRAXHANGA

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Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 14/10/2023 08:41:41

NAME :- Mrs. SHIKHA VYAS

Sex / Age :- Female 39 Yrs 5 Mon 9 Days

Company :- MediWheel

Patient ID :- 12233485

Ref. By Dr:- BOB

Lab/Hosp :-



HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AJAYKUMAR, AJAYSINGH, ANITASHARMA, BILAL, SURENDRAKHANGA, VIJENDRAMEENA



Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com

Date :- 14/10/2023 08:41:41

Patient ID :-12233485



NAME :- Mrs. SHIKHA VYAS

Ref. By Dr:- BOB

Sex / Age :- Female 39 Yrs 5 Mon 9 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 14/10/2023 08:55:24

Final Authentication : 14/10/2023 13:24:18

HAEMATOLOGY

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

AJAYSINGH, VIJENDRAMEENA
Technologist

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Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com

Date :- 14/10/2023 08:41:41
NAME :- Mrs. SHIKHA VYAS
Sex / Age :- Female 39 Yrs 5 Mon 9 Days
Company :- MediWheel

Patient ID :-12233485
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/10/2023 08:55:24

Final Authentication : 14/10/2023 11:36:22

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.4	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

Page No: 12 of 12



Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 14/10/2023 08:41:41
NAME :- Mrs. SHIKHA VYAS
Sex / Age :- Female 39 Yrs 5 Mon 9 Days
Company :- MediWheel

Patient ID :- 12233485
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 14/10/2023 11:33:21

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. NAVNEET AGARWAL (MD,DNB)
(RADIO-DIAGNOSIS)
(RMC No. 33613 / 14911)

*** End of Report ***

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

Page No: 1 of 1

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 22430

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

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

Transcript by.



Date :- 14/10/2023 08:41:41
NAME :- Mrs. SHIKHA VYAS
Sex / Age :- Female 39 Yrs 5 Mon 9 Days
Company :- MediWheel

Patient ID :- 12233485
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 14/10/2023 09:49:40

BOB PACKAGEFEMALE BELOW 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is mildly enlarged in size (~15.8cm) and shows mildly raised parenchymal echogenicity. 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.

Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal.

Simple follicular cyst measuring ~23x22mm is seen in left ovary.

Right ovary appears normal.

No significant free fluid is seen in pouch of douglas.

IMPRESSION:

*** Mild hepatomegaly with grade I fatty changes.**

Needs clinical correlation.

*** End of Report ***

