# Dr. Roopa Goyal

MD (Radio-Diagnosis)



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

NAME-Manita Bakliwal AGE- 32 yrs DATE - 8-04-2023 REF.BY -

#### SKIAGRAM CHEST PA VIEW

Both cp angles are clear. Cardiac size is within normal limits. Both lungs fields are clear.

NAD IN HEART AND LUNGS.

Dr. ROOPA GOVALYM.B.B.S., M.D.) Consultant Radiologist 8 Sonologist Consultant Radiologist Consultant

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



# r. Roopa Goyal

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NAME - Manita Bakliwal

AGE - 32 Yrs

Date- 08-04-2023

REF BY -

#### **USG ABDOMEN-PELVIS**

LIVER: is normal in size 13.5 cm and shows homogeneous echotexture.

No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.

The portal vein and common bile duct show normal caliber.

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 normal in size , shape and location. Both show normal cortico- medullary differentiation.

No evidence of hydronephrosis or calculus.

**Right kidney** –measures 10.0 x 4.2 cm **Left kidney** – measures 10.6 x 4.3 cm

URINARY BLADDER: is distended with smooth walls.

No evidence of diverticulum or calculus

**UTERUS**: normal In Size Shape And Position

Myometrium is homogenous and normal in thickness.

Endometrium Is Normal

**OVARY:** both ovaries are normal in size and appear normal.

No evidence of ascites / pleural effusion.

IMPRESSION :-- Abdominal Organs are Within Normal Limits .

(Adv-clinical correlation, further evaluation)

MC No No Solisons

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

ER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC GNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL PURPOSE.



MD (Radio-Diagnosis)



SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE: 2428948 4-D ULTRASOUND • COLOUR DOPPLER

AGE

: MRS . MANITA BAKLIWAL : 32 YRS DATE 08-04-2023

SEX **FEMALE REF BY** :

# INTERPRETATION SUMMARY

. NORMAL CHAMBER DIMENSIONS

. INTACT IAS/ IVS

. ALL VALVES ARE NORMAL.

. TRACE TR

. RVSP 30 MM HG

. NO RWMA : LVEF 65 %

. NO CLOT, VEGITATION.

. NO PERICARDIAL EFFUSION

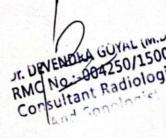
. NORMAL PERICARDIUM

LVID G	40.3	MM) &CALCULATIONS (M	<u>L)</u>
LVID s	26.0	LVEDV	
DMD(4)	20.0	LVESV	
RVID(d)	"	SV	
IVS d	10.0	SV	-
	10.9	F.S	35%
IVS S	14.6	EF	33%
LVPW d		CF .	65%
7 7	9.6	C.0	
LVPWS	14.0	MITTO AL MANAGE	
ADDTIC DOOT		MITRAL VALVE	-
AORTIC ROOT	24.8	EF SLOPE	
LEFT ATRIUM	28.1		
	20.1	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	- 200	E.P.S.S	-

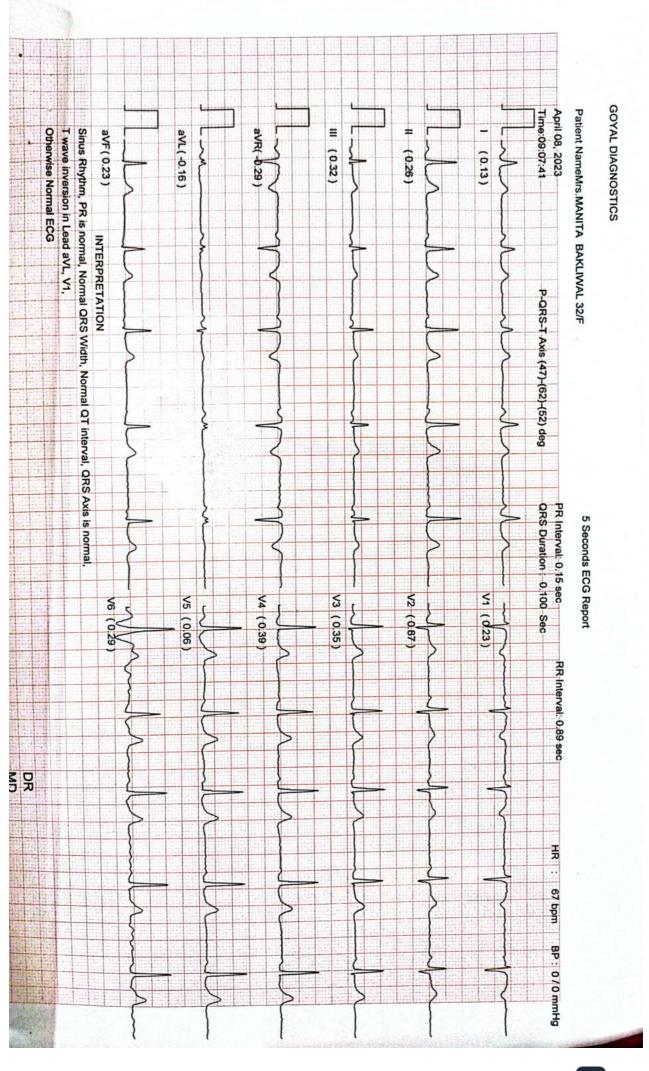
**DOPPLER MEASUREMENTS & CALCULATIONS:** 

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 125 A- 90	-	NIL
TRICUSPID VALVE	NORMAL	225		MILD
PUL VALVE	NORMAL	128	-	NIL
AORTIC VALVE	NORMAL	147	-	NIL

PULMONARY ARTERY		MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME		PRESSURE HALF TIME
SYSTOLIC PRESSURE	30 MM HG	MVA









### पारत सरकार GOVERNMENT OF MONA



मनिता बाकलीवाल Manita Bakliwal जन्म तिथि/ DOB: 20/11/1989 महिला / FEMALE



6615 0216 0298

आधार-आम आदमी का अधिकार

Marita



### भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O नितिन बाकलीवाल,
51/8 जवाहर नगर रानू
फोटो स्टूडियो के पास,
लोहागल रोड, अजमेर,
अजमेर,
राजस्थान - 305001

### Address:

WiO Nitin Baldiwal, 51/8 jawahar nagar near ranu photo atudio, lohagal road, Ajmer, Ajmer, Rajashan - 305001

6615 0216 0298

Aadhaar-Aam Admi ka Adhikar

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Patient Name: MRS. MANITA BAKLIWAL

Age / Gender: 32 years / Female

**Endo ID:** 116397

Organization: Goyal Diagnostics Profile

Referral: MEDIWHEEL



Collected Date & Time: Apr 08, 2023, 02:24 p.m.

Reported Date & Time: Apr 08, 2023, 03:52 p.m.

Sample ID:

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total  Method: ENZYMETIC COLORIMETRIC METHOD CHOD - POD	181.0	mg/dL	130 -250
Triglycerides  Method: ENZYMETIC COLORIMETRIC	123.0	mg/dL	60 -170
HDL Cholesterol  Method: PHOSPHOTUNGSTIC ACID	44.1	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	24.60	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	112.30	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio  Method : Calculated	4.10		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.55		0.5-3.4



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Collected Date & Time: Apr 08, 2023, 02:24 p.m.

Reported Date & Time: Apr 08, 2023, 03:51 p.m.

Sample ID:

Test Description	Value(s)	Unit(s)	Reference Range	
IMMUNOLOGY				
T3-Triiodothyronine	1.17	ng/dL	0.60-1.81	
Method: CHEMILUMINOSCENCE T4-Thyroxine	8.1	ug/dL	4.5 -10.9	
Method: CHEMILUMINOSCENCE	0.1	45/42	1.0 10.5	
TSH -ULTRA SENSITIVE	1.84	uIU/mL	0.35-5.50	
Method: CHEMILUMINOSCENCE				

#### 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.



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Sample ID:

Test Description	Value(s)	Unit(s)	Reference Range
<u>HAEMATOLOGY</u>			
HbA1c (GLYCOSYLATED HEMOGLOBIN)	6.5	%	> 8% Action Suggested
BLOOD			7 - 8 % Good Control
Method: Nephelometry Methodology			< 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

**AVERAGE BLOOD GLUCOSE** 

139.85

90 - 120 Very Good Control 121 - 150 Adequate Control 51 - 180 Sub-optimal Control 181 - 210 Poor Control > 211 Very Poor Control



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Referral: MEDIWHEEL



Collected Date & Time: Apr 08, 2023, 02:24 p.m.

Reported Date & Time: Apr 08, 2023, 04:10 p.m.

Sample ID:

Test Description	Value(s)	Unit(s)	Reference Range	
BIOCHEMISTRY				
RENAL FUNCTION TEST				
Urea	21.0	mg/dL	10 - 45	
Method: Uricase				
Creatinine	0.78	mg/dL	0.6 - 1.4	
Method : Serum, Jaffe				
Uric Acid	4.7	mg/dL	3.0 - 7.0	
Method : Serum, Uricase				
Calcium	9.7	mg/dl	8.6 - 10.2	
Method : ARSENASO with serum				
Sodium	144	mmol/L	135 - 145	
Method : Ion-Selective Electrode with serum				
Potassium	4.6	mmol/L	3.50 - 5.00	
Method : Ion Selective Electrode with serum				
Chlorides	105	mmol/L	98 - 106	
Method : Ion-Selective Electrode with serum				

<sup>\*\*</sup>END OF REPORT\*\*



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Sample ID:

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	11.4	gm/dl	13.5 - 18.0
Erythgrocyte (RBC) Count	4.51	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	36.7	%	42 - 52
Mean Cell Volume (MCV)	81.4	FL	78 - 100
Mean Cell Haemoglobin (MCH)	25.3	Pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC)	31.1	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.3	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6500	Cell/cu.mm	4000 - 10000
Neutrophils	52	%	40 - 80
Lymphocytes	38	%	20 - 40
Monocytres	06	%	2 - 10
Eosinophils	04	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	10.4	fL	7.2 - 11.7
PCT	0.37	%	0.2 - 0.5
Platelet Count	360	10^3/ul	150 - 450

<sup>\*\*</sup>END OF REPORT\*\*



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Referral: MEDIWHEEL



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Sample ID:

Test Description	Value(s)	Unit(s)	Reference Range	
BIOCHEMISTRY				
IRON - SERUM	93.6	ug/dL	65 - 175	
TOTAL IRON BINDING CAPACITY(TIBC)	375	ug/dL	228 - 428	
FERRITIN	24.0	ng/mL	Male:22-322	
Method : Serum CLIA			Female:10-291	
TRANSFERRIN SATURATION %	24.96	%	16 - 50	
Method : Calculated				

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

Collected Date & Time: Apr 08, 2023, 02:24 p.m.

Reported Date & Time: Apr 08, 2023, 03:52 p.m.

Sample ID:



Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
C-Reactive Protein; CRP, SERUM	1.4	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.



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Reported Date & Time: Apr 08, 2023, 03:52 p.m.

Sample ID:

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIVER FUNCTION TEST			
Bilirubin - Total	0.57	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.11	mg/dL	0.0 - 0.30
Bilirubin - Indirect  Method : Calculated	0.46	mg/dL	0.1 - 1.0
ASPARTATE AMINO TRANSFERASE (SGOT-AST Method: IFCC with Serum	") 21.6	U/L	5.0 - 40.0
ALANINE AMINO TRANSFERASE (SGPT-ALT)  Method: IFCC with POD Serum	18.3	U/L	5.0 - 40.0
Alkaline Phosphatase	75.0	U/L	MALE & FEMALE
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.34	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.08	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	3.26	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.25		1.5 - 2.5
Method: Calculated			



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Reported Date & Time: Apr 08, 2023, 03:53 p.m.

Sample ID:

Test Description	Value(s)	Unit(s)	Reference Range	
BIOCHEMISTRY				
Gamma GT	31.0	U/L	5-36	
Mathad . C. Chatamail Carbarry Nitagnilida				

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.



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Organization: Goyal Diagnostics Profile

Referral: MEDIWHEEL

Collected Date & Time: Apr 08, 2023, 02:24 p.m.

Reported Date & Time: Apr 08, 2023, 04:12 p.m.

Sample ID:

230980140

Test Description

Value(s)

Unit(s)

Reference Range

#### **HAEMATOLOGY**

BLOOD GROUP ABO AND RHTYPE

'B' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark:

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



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Patient Name: MRS. MANITA BAKLIWAL

Age / Gender: 32 years / Female

**Endo ID:** 116397

Yeast cells

Organization: Goyal Diagnostics Profile

Referral: MEDIWHEEL



**Collected Date & Time :** Apr 08, 2023, 02:24 p.m. **Reported Date & Time :** Apr 08, 2023, 04:34 p.m.

Sample ID:

Absent

Test Description	Value(s)	Unit(s)	Reference Range	
CLINICAL PATHOLOGY				
General Examination				
Colour	Pale yellow		Pale Yellow	
Transparency (Appearance)	Clear		Clear	
Reaction (pH)	Acidic		Acidic / Alkaline	
Specific gravity	1.015		1.005 - 1.030	
Chemical Examination				
Urine Protein (Albumin)	Trace		NIL	
Urine Glucose (Sugar)	NIL		NIL	
Microscopic Examination				
Pus cells (WBCs)	2-3	/hpf	0-9	
Epithelial cells	4-5	/hpf	0-4	
Red blood cells	NIL	/hpf	0-4	
Crystals	Absent		Absent	
Cast	Absent		Absent	
Amorphous deposits	Absent		Absent	
Bacteria	Present		Absent	

\*\*END OF REPORT\*\*

Absent



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Collected Date & Time: Apr 08, 2023, 02:24 p.m.

Reported Date & Time: Apr 08, 2023, 04:04 p.m.

Sample ID :

Test Description	Value(s)	Unit(s)	Reference Range	
BIOCHEMISTRY				
Glucose fasting	126.21	mg/dL	70.0-110.0	
Method : Fluoride Plasma-F, Hexokinase				



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Sample ID:

230980140

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Blood Glucose-Post Prandial  Method: Hexokinase	148.53	mg/dL	70 - 140

