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 : SUNITA
Age / Gender : 28 years / Female
Endo ID : 98724
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Dec 10, 2022, 01:33 p.m.
Reported Date & Time : Dec 10, 2022, 02:24 p.m.
Sample ID : 223440048

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	201.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	64.8	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	46.37	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	12.96	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	141.67	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	4.33		2.6-4.9
LDL/HDL Ratio Method : Calculated	3.06		0.5-3.4

END OF REPORT

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Collected Date & Time : Dec 10, 2022, 01:33 p.m.
Reported Date & Time : Dec 10, 2022, 02:25 p.m.
Sample ID : 223440048

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINOSCENCE	1.67	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCENCE	10.8	ug/dL	4.5 -10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCENCE	1.37	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

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Collected Date & Time : Dec 10, 2022, 01:33 p.m.
Reported Date & Time : Dec 10, 2022, 02:15 p.m.
Sample ID : 223440048

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
HbA1c (GLYCOSYLATED HEMOGLOBIN) BLOOD **Method : Nephelometry Methodology**	5.3	%	> 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

AVERAGE BLOOD GLUCOSE	105.41		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

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Collected Date & Time : Dec 10, 2022, 01:33 p.m.
Reported Date & Time : Dec 10, 2022, 03:09 p.m.
Sample ID : 223440048

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
RENAL FUNCTION TEST			
Urea Method : Uricase	26.15	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.70	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	3.74	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	8.62	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	-	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	-	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	-	mmol/L	98 - 106

END OF REPORT

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GOYAL DIAGNOSTICS

4-D ULTRASOUND • COLOUR DOPPLER

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Patient Name : SUNITA

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Sample ID : 223440048

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	**12.0**	gm/dl	13.5 - 18.0
Erythgrocyte (RBC) Count	**4.24**	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	**35.5**	%	42 - 52
Mean Cell Volume (MCV)	83.8	FL	78 - 100
Mean Cell Haemoglobin (MCH)	28.4	Pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC)	33.9	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.7	%	11.5 - 14.0
Total Leucocytes Count (WBC)	5020	Cell/cu.mm	4000 - 10000
Neutrophils	62	%	40 - 80
Lymphocytes	33	%	20 - 40
Monocytres	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	10.7	fL	7.2 - 11.7
PCT	0.28	%	0.2 - 0.5
Platelet Count	265	10^3/ul	150 - 450

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
IRON - SERUM	122.8	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	312	ug/dL	228 - 428
FERRITIN	19.3	ng/mL	Male:22-322
Method : Serum CLIA			Female:10-291
TRANSFERRIN SATURATION %	39.36	%	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

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

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
C-Reactive Protein; CRP, SERUM	1.3	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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4-D ULTRASOUND • COLOUR DOPPLER

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIVER FUNCTION TEST			
Bilirubin - Total	0.44	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.16	mg/dL	0.0 - 0.3
Bilirubin - Indirect Method : Calculated	0.28	mg/dL	0.1 - 1.0
ASPARTATE AMINO TRANSFERASE (SGOT-AST) Method : IFCC with Serum	23.3	U/L	5.0 - 40
ALANINE AMINO TRANSFERASE (SGPT-ALT) Method : IFCC with POD Serum	20.6	U/L	5.0 - 40.0
Alkaline Phosphatase Method : IFCC with Serum	117.0	U/L	**MALE & FEMALE** 4-15 YEAR: 54-369 U/L 20-59 YEAR: 42-98 U/L >60 YEAR: 53-141 U/L
Total Protein Method : Biuret, with Serum	6.26	g/dL	6.0 - 8.0
Albumin Method : Tech; BCG with Serum	3.87	g/dL	3.4 - 5.5
Globulin Method : Calculated	2.39	g/dL	1.5 - 3.5
A/G Ratio Method : Calculated	1.62		1.5 - 2.5

END OF REPORT

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4-D ULTRASOUND • COLOUR DOPPLER

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Gamma GT	26	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

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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 : SUNITA

Age / Gender : 28 years / Female

Endo ID : 98724

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Dec 10, 2022, 01:33 p.m.

Reported Date & Time : Dec 10, 2022, 03:15 p.m.

Sample ID : 223440048

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
ESR	**30**	mm	0 - 20

END OF REPORT

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4-D ULTRASOUND • COLOUR DOPPLER

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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	1.020		1.005 - 1.030
Chemical Examination			
Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL
Microscopic Examination			
Pus cells (WBCs)	2-3	/hpf	0-9
Epithelial cells	3-4	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

END OF REPORT

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Sample ID : 223440048

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

HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE — 'A' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

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

END OF REPORT

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GOYAL DIAGNOSTICS

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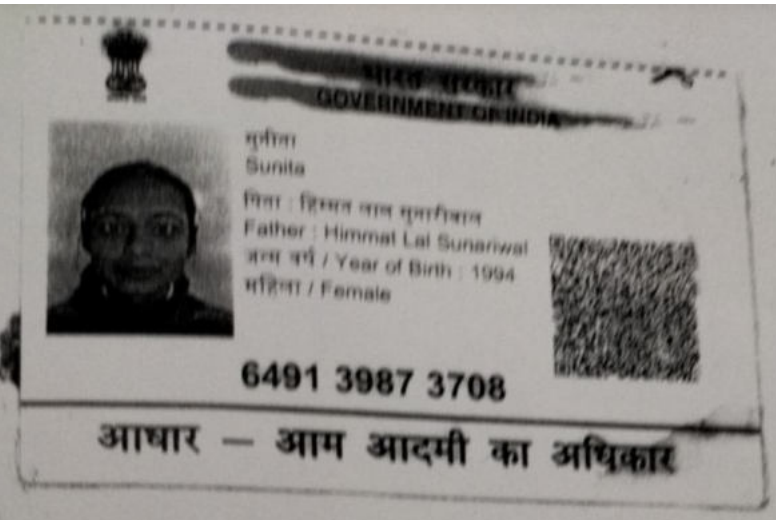
Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glucose fasting	81.4	mg/dL	70.0-110.0
Method : Fluoride Plasma-F, Hexokinase			

END OF REPORT

Dr. Nishi Prasad

M.D. (Patho.)



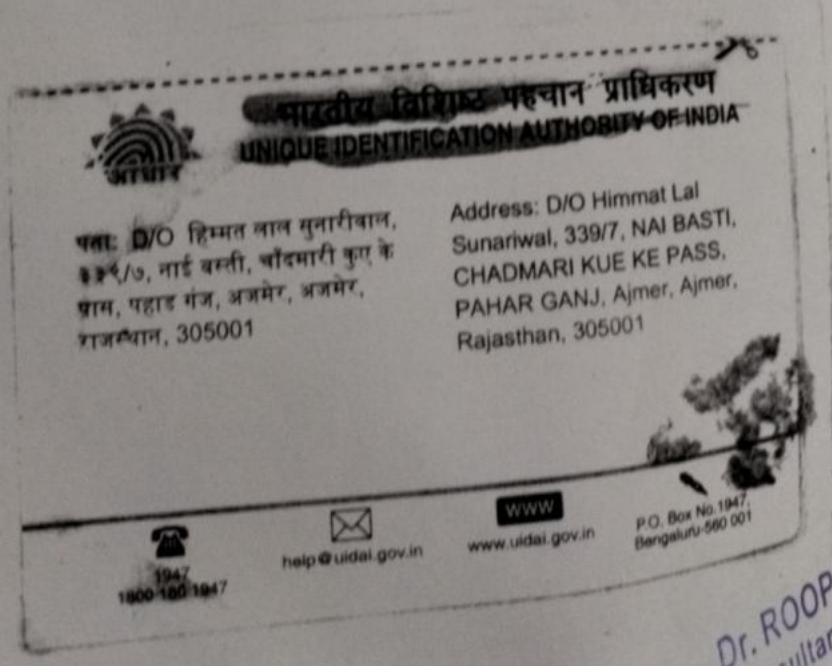
भारत सरकार
GOVERNMENT OF INDIA

सुनीता
Sunita

पिता : हिम्मत लाल सुनारीवाल
Father : Himmat Lal Sunariwal
जन्म वर्ष / Year of Birth : 1994
महिला / Female

6491 3987 3708

आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: D/O हिम्मत लाल सुनारीवाल, ३३९/७, नाई बस्ती, चाँदमारी कुए के पास, पहाड गंज, अजमेर, अजमेर, राजस्थान, 305001

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Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No.-00450X15609

r. Roopa Goyal
D (Radio-Diagnosis)

DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

USG- ABDOMEN-PELVIS

NAME - Sunita AGE 28 Yrs Date [illegible]-12-22

REF BY BOB

LIVER- RT LOBE 12 CM LT LOBE 4 CM
Normal in Size .Margins are regular.
IHBR and HV are not dilated.
No Evidence Of any Focal Lesion Seen

PORTAL VEIN AND CBD NOT DILATED.

GALL BLADDER- Normal distension of lumen is seen.
Walls are not thick.
Lumen is clear.

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

SPLEEN- Normal Parenchyma is homogenous.
Splenic vein is not dilated.

RT.KIDNEY- Normal in size, shape and position
Cortex is homogenous. Coticomedulary differentiation is maintained.
pelvicalyceal system is Not dilated.

LT. KIDNEY: Normal in size, shape and position.
Cortex is homogenous. Coticomedulary differentiation is maintained.
pelvicalyceal system is not dilated.

URINARY BLADDER: Lumen is fully distended . Walls are not thickened.

UTERUS: Normal in Size , Shape and Position
Myometrium is Homogenous
Endometrium is normal in thickness

CERVIX Normal

RT. OVARY: Normal in size and echogenicity.
No evidence of any focal mass is seen

LT. OVARY: A Hypoechoic Mass is Seen In Lt adenexa
Measuring 4 x 3.4 cm

No Free Fluid Seen In The Cul De Sac

IMPRESSION:

Lt Adenexal TO Mass - Inflammatory

ADV:CLINICAL CORRELATION AND FURTHER INVESTIGATION.

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

Dr. Roopa Goyal
MD (Radio-Diagnosis)

DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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

NAME	:	SUNITA	DATE	:	10-12-22
AGE	:	YRS	LAB NO.	:	----
SEX	:	FEMALE	REF BY	:	BOB

INTERPRETATION SUMMARY

. NORMAL CHAMBER DIMENSIONS.
. INTACT IAS/ IVS
. NORMAL CARDIAC VALVES
. NO RWMA : LVEF 60 %
. NO CLOT, VEGITATION.
. NO PERICARDIAL EFFUSION
. NORMAL PERICARDIUM

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

LVID d	33	LVEDV	
LVID s	21	LVESV	
RVID(d)	---	SV	-
IVS d	7	F.S	
IVS S	9	EF	60 %
LVPW d	7	C.O	-
LVPWS	9	MITRAL VALVE	-
AORTIC ROOT	23	EF SLOPE	-
LEFT ATRIUM	26	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

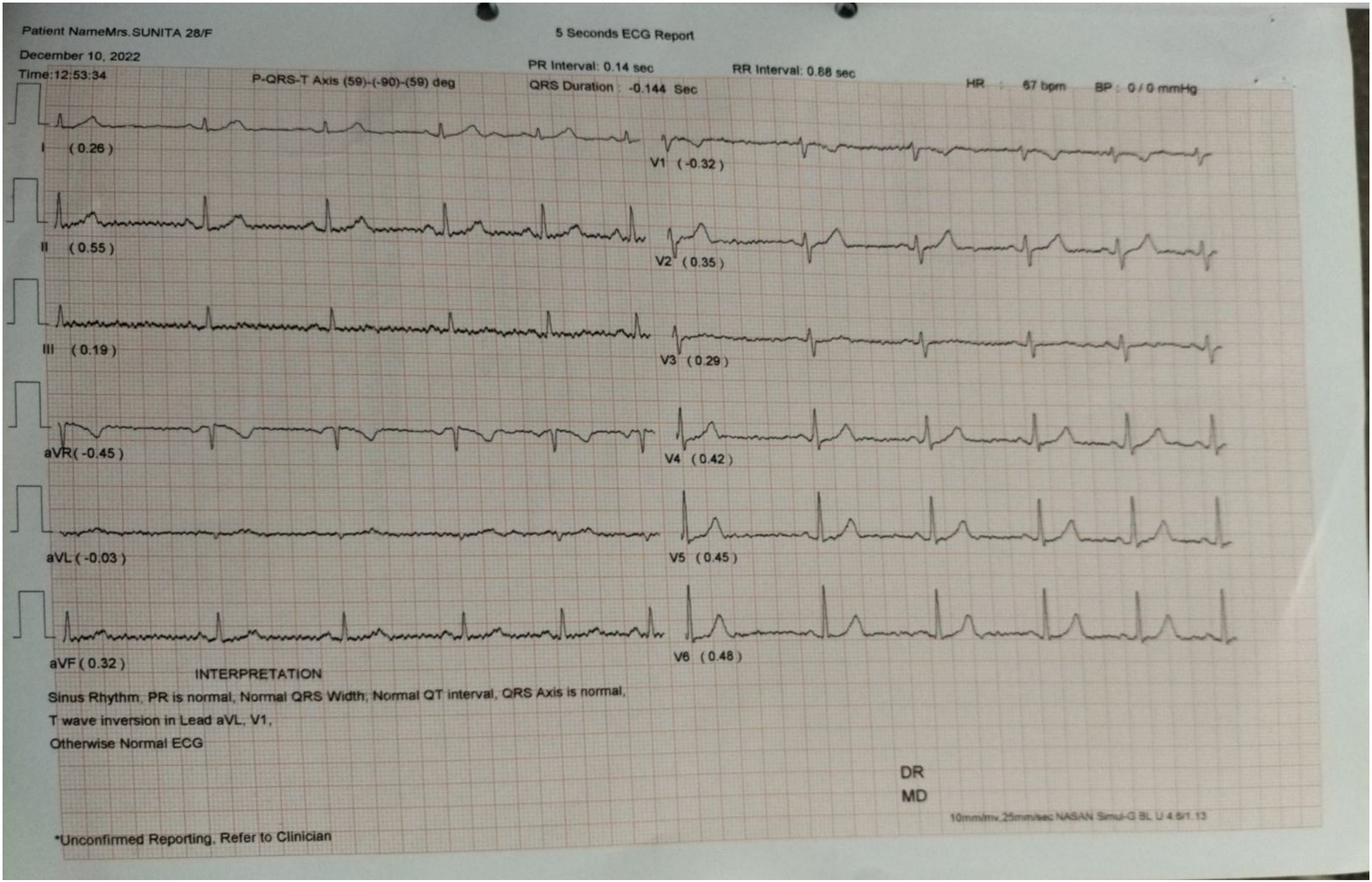
DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- > A-	-	NIL
TRICUSPID VALVE	NORMAL		-	TRACE
PUL VALVE	NORMAL		-	NIL
AORTIC VALVE	NORMAL		-	NIL

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

Dr. ROOPA GOYAL (M.B.B.S., M.D
Consultant Radiologist & Sonologis
RMC No.-084507/15600

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


Patient NameMrs.SUNITA 28/F
5 Seconds ECG Report
December 10, 2022
Time:12:53:34
P-QRS-T Axis (59)-(-90)-(59) deg
PR Interval: 0.14 sec
QRS Duration : -0.144 Sec
RR Interval: 0.88 sec
HR : 67 bpm
BP : 0 / 0 mmHg
I (0.26)
II (0.55)
III (0.19)
aVR(-0.45)
aVL (-0.03)
aVF (0.32)
V1 (-0.32)
V2 (0.35)
V3 (0.29)
V4 (0.42)
V5 (0.45)
V6 (0.48)
INTERPRETATION
Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,
T wave inversion in Lead aVL, V1,
Otherwise Normal ECG
DR
MD
10mm/mv,25mm/sec NASAN Simul-G BL U 4.6/1.13
*Unconfirmed Reporting, Refer to Clinician

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- Sunita **AGE-28 yrs** **DATE—10-12-2022**

REF.BY --

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR
CARDIAC SIZE IS WITHIN NORMAL LIMITS
BOTH LUNG FIELDS ARE CLEAR

NAD IN HEART AND LUNGS

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


2022

Consultant Radiologist & Sonologist
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PATIENT-MRS SUNITA **AGE-28 YR** **CYTOLOGY NO.68-22**
DOCTOR- **DATE- 10.12-2022**

SPECIMEN-CERVICAL/VAGINAL CYTOLOGY
CLINICAL HISTORY-
MICROSCOPY-BY BETHESDA SYSTEM
A.STATEMENT OF ADEQUACY-INADEQUATE.
B.MICROSCOPY-SUPERFICIAL SQUAMOUS EPITHELIAL CELLS WITH POLYMORPHS.
C.ENDOCERVICAL CELLS-NOT SEEN.
D.KOILOCYTIC CELLS.-NOT SEEN.
E.DYSPLASTIC CELLS- NOT SEEN.
F.MALIGNANT CELLS-NOT SEEN.
General categorisation-NEGATIVE FOR MALIGNANT CELLS.
IMPRESSION-INFLAMMATORY SMEARS.
KINDLY CORRELATE CLINICALLY.

DR. MUKESH PUNJABI

(PATHOLOGIST)