

General Physical Examination

Date of Examination: 05/03/23.
Name: Shalini Goyal. Age: 27 . Sex: Female,
DOB: 23/03/1994.
Referred By: BOB
Photo ID: Aradhya. ID #: attached.
Ht: 162 (cm) Wt: 77 (Kg)
Chest (Expiration): 102 (cm) Abdomen Circumference: 106 (cm)
Blood Pressure: 108/68 mm Hg PR: 89 / min RR: 16 / min Temp: afebrile.
BMI 29.3.

Eye Examination: vision normal 6/6, N/G
No Colour blindness.
Other: not significant.

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

Signature Of Examinee: Shalini Goyal Name of Examinee: Dr Piyush Goyal
S M.B.B.S., D.M.R.D
RMC Reg No -017996
Signature Medical Examiner: _____ Name Medical Examiner: _____

VIPIN. SADHANA 2022 @ gmail. com.



भारत सरकार
Government of India



शालिनी गोयल
Shalini Goyal
जन्म तिथि/DOB: 23/03/1994
महिला/ FEMALE

Issue Date: 12/03/2020

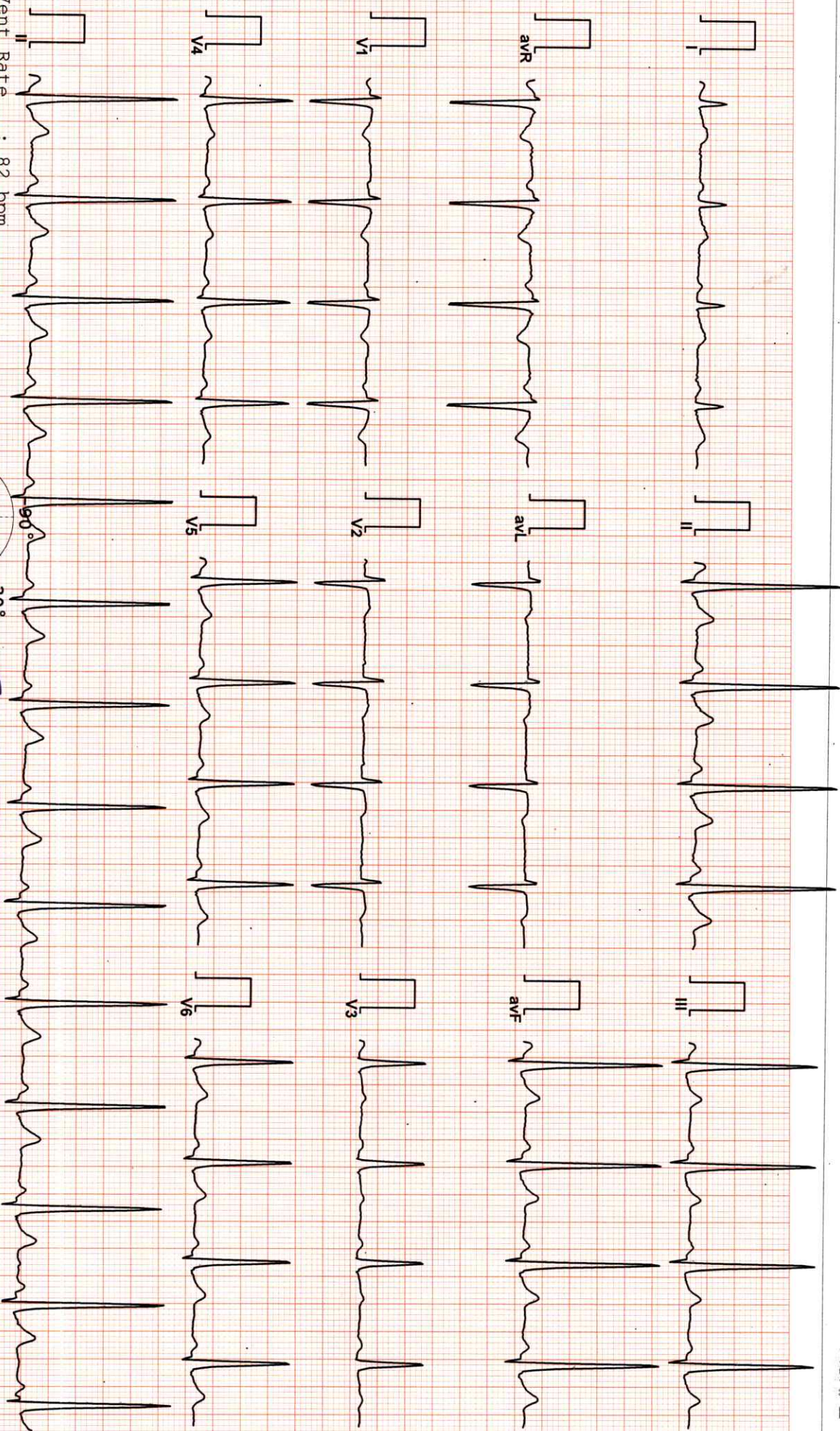
Dr Piyush Goyal
M.B.B.S, D.M.R.D
RMC Reg No -017996

Shalini

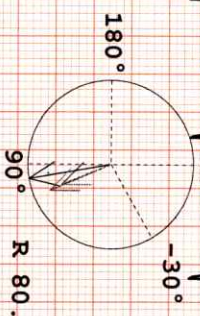
6553 8080 5242

VID : 9109 7953 6466 7425

मेरा आधार, मेरी पहचान



Vent Rate : 82 bpm
 PR Interval : 130 ms
 QRS Duration: 86 ms
 QT/QTc Int : 364/403 ms
 P-QRS-T axis: 68.00° 80.00° 67.00°



Sinus rhythm with ↑ prevalence in lead V1 V2.

Axis

R 80.00° T 67.00° P 68.00°

Reported By: **Dr. Maresk Kumar Mohanta**
 RMC No. 35703
 MBBS, DIP, CARDIO (ESCORTS)
 D.E.M. (RCCP-UK)



JAIPUR Email:

MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg
Date: 05 / 03 / 2023

Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	01.1	00.0	01.0	086	45%	120/76	103	00	
Standing	00:19	0:08	01.1	00.0	01.0	086	45%	120/76	103	00	
HV	00:35	0:16	01.1	00.0	01.0	090	47%	120/76	108	00	
Warm Up	00:50	0:15	01.1	00.0	01.0	095	49%	120/76	114	00	
ExStart	01:25	0:35	01.1	00.0	01.0	110	57%	120/76	132	00	
BRUCE Stage 1	04:25	3:00	01.7	10.0	04.7	139	72%	124/80	172	00	
BRUCE Stage 2	07:25	3:00	02.5	12.0	07.1	155	80%	130/80	201	00	
PeakEx	08:27	1:02	03.4	14.0	08.2	164	85%	130/80	213	00	
Recovery	09:27	1:00	00.0	00.0	01.2	134	69%	130/80	174	00	
Recovery	10:27	2:00	00.0	00.0	01.0	109	56%	140/80	152	00	
Recovery	11:27	3:00	00.0	00.0	01.0	103	53%	130/80	133	00	
Recovery	12:27	4:00	00.0	00.0	01.0	103	53%	120/80	123	00	
Recovery	12:54	4:27	00.0	00.0	01.0	105	54%	120/80	125	00	

FINDINGS :

Exercise Time : 07:02
 Max HR Attained : 164 bpm 85% of Target 193
 Max BP Attained : 140/80 (mm/Hg)
 Max Workload Attained : 8.2 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

TMT is negative for AMI.

Dr. Varsh Kumar Mohanka
 M.D. (C) 35703
 MBBS, DIP. CARDIO (ESCORTS)
 D.E.M. (RCGP-UK)



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 86

Date: 05 / 03 / 2023

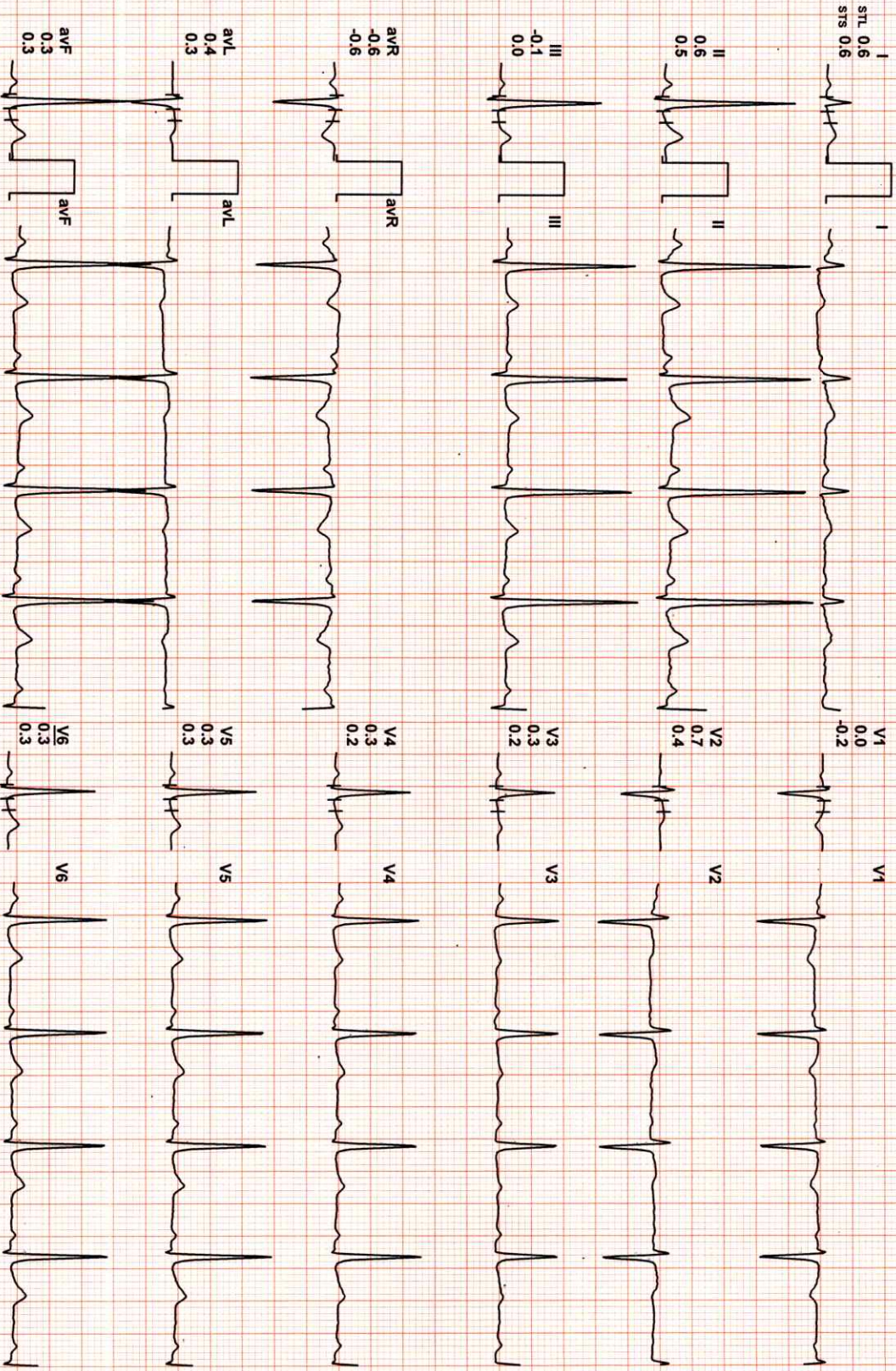
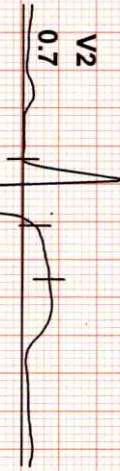
METS: 1.0/ 86 bpm 45% of THR BP: 120/76 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



I III
II avR avL avF V1 V3 V5
V2 V4 V6

REMARKS:



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 86

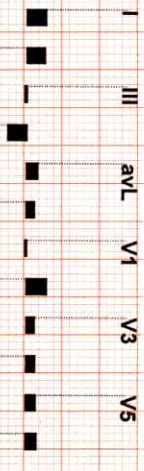
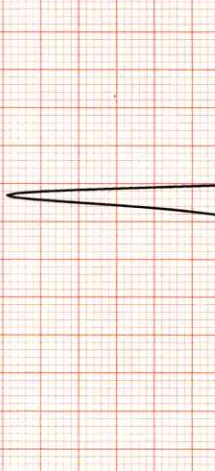
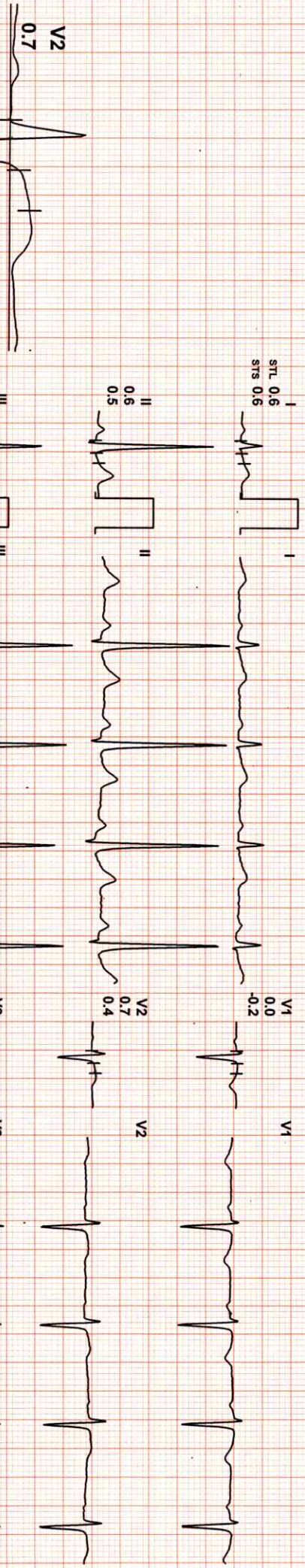
Date: 05 / 03 / 2023

METS: 1.0/ 86 bpm 45% of THR BP: 120/76 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 90

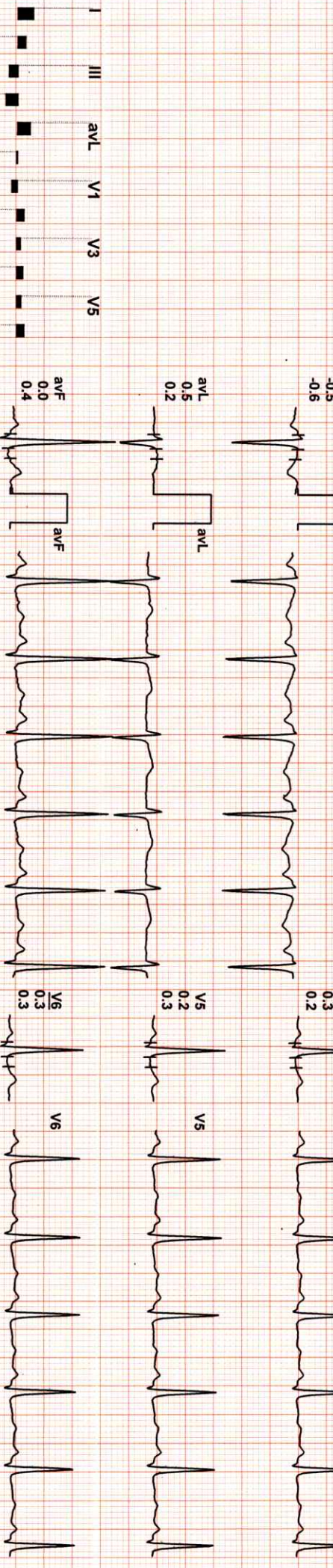
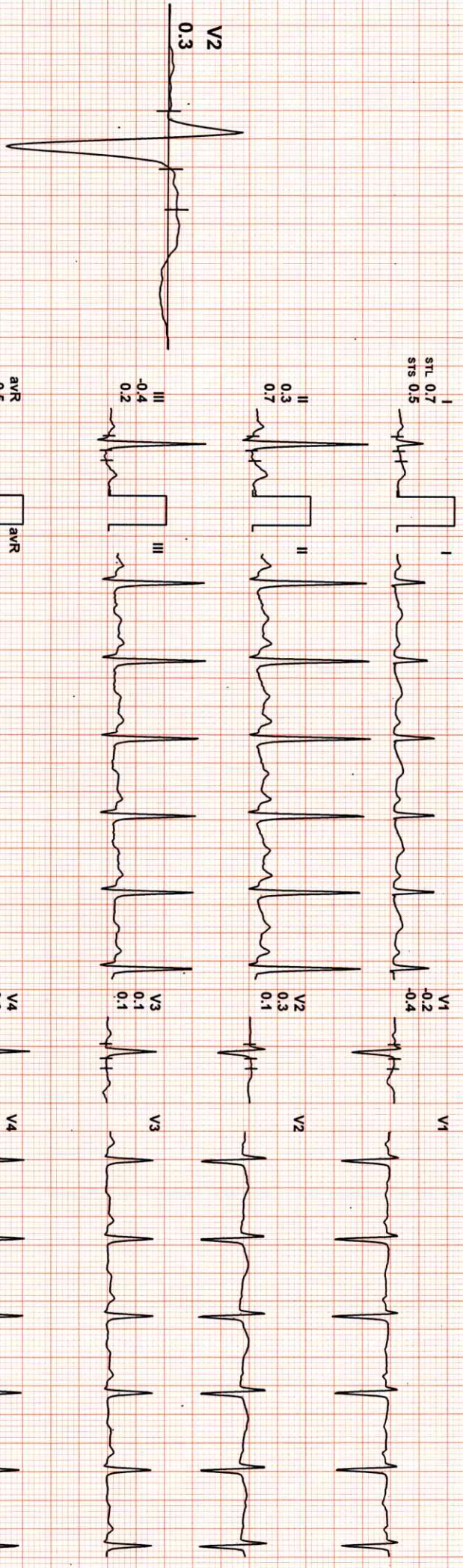
Date: 05 / 03 / 2023

METS: 1.0 / 90 bpm 47% of THR BP: 120/76 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mv



REMARKS:

I III aVL V1 V3 V5

II aVR aVF V2 V4 V6



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 95

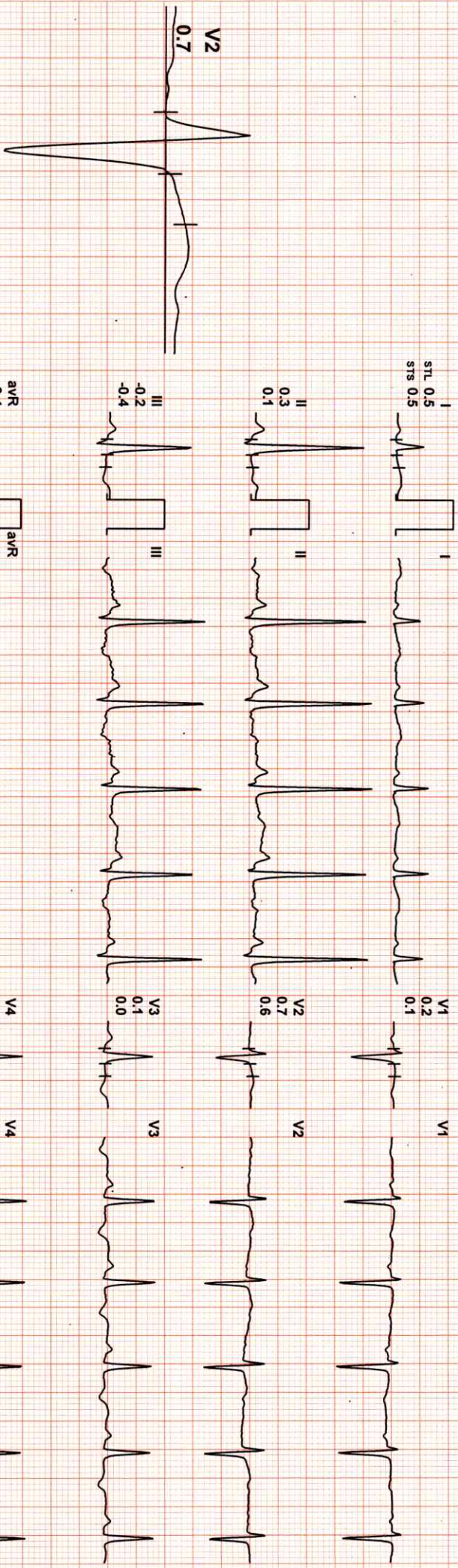
Date: 05 / 03 / 2023

MEETS: 1.0/ 95 bpm 49% of THR BP: 120/76 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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

REMARKS:

MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 110

Date: 05 / 03 / 2023

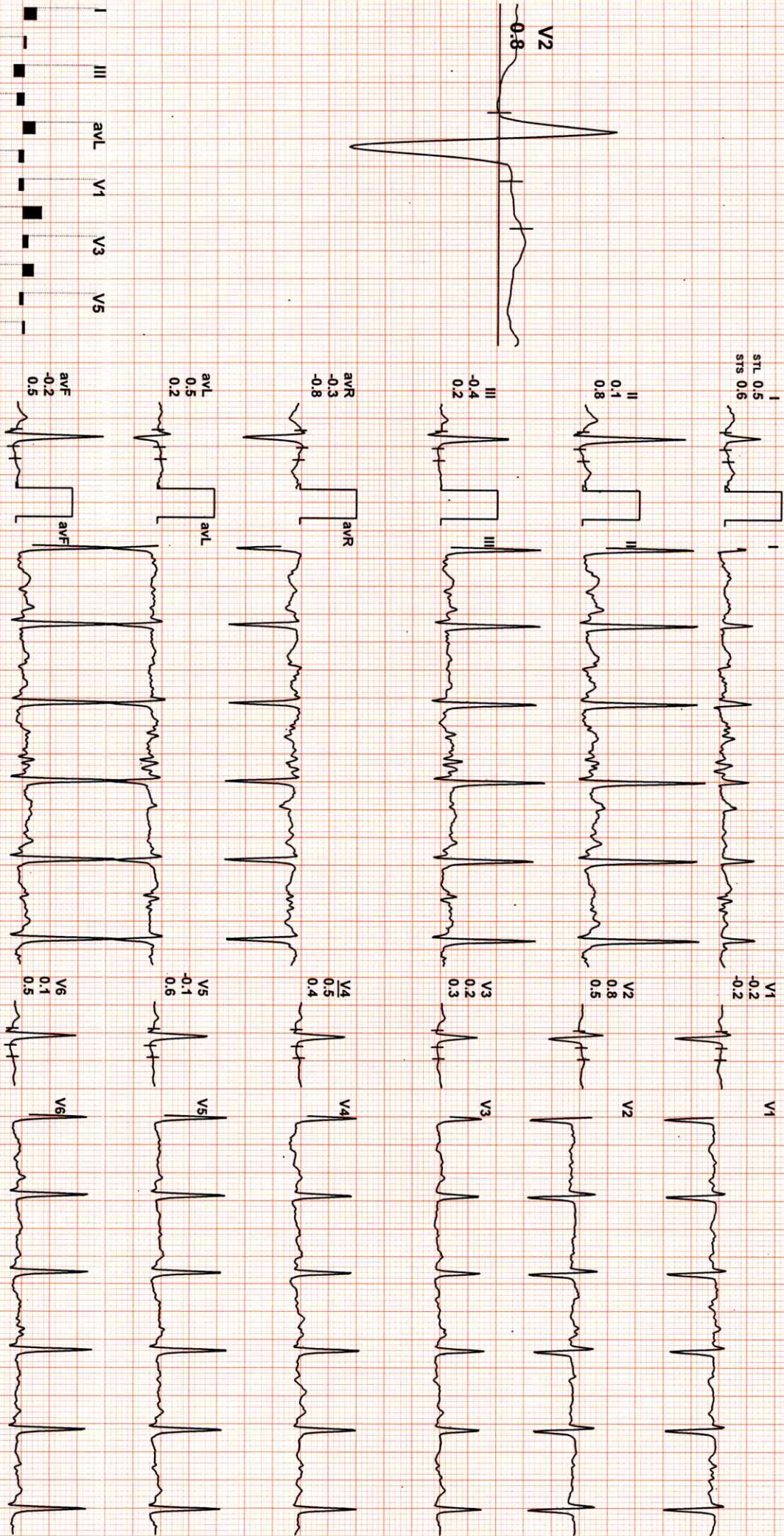
METS: 1.0 / 110 bpm 57% of THR BP: 120/76 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 139

Date: 05 / 03 / 2023

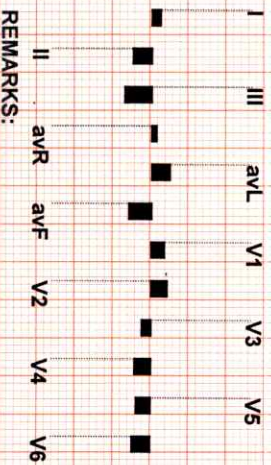
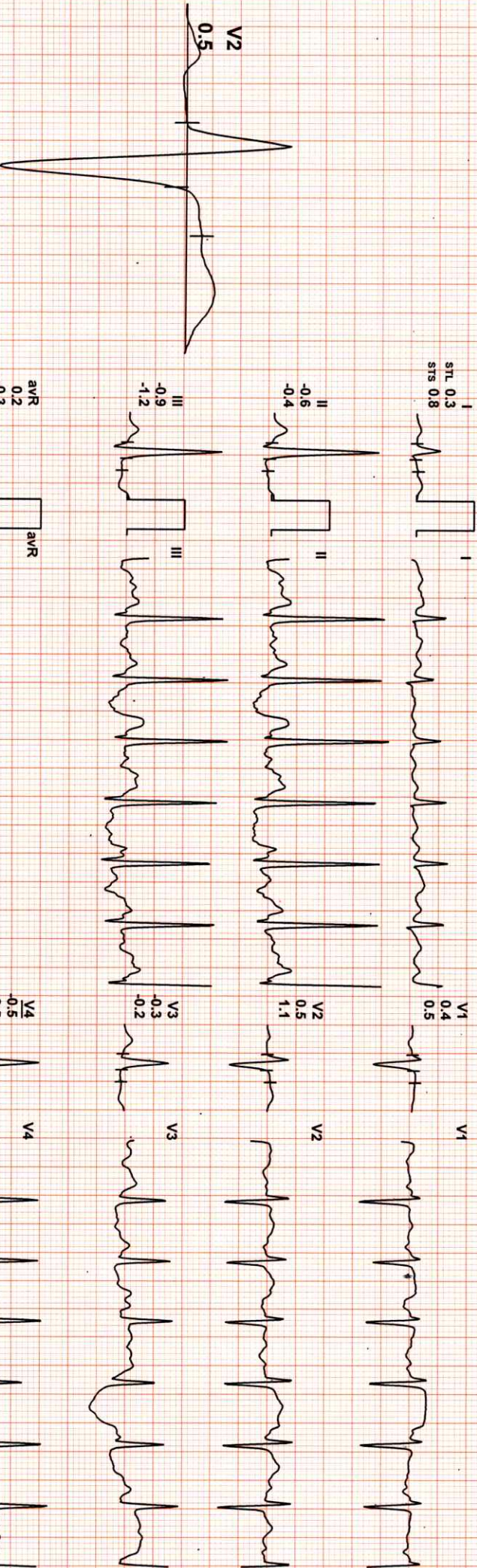
METS: 4.7 / 139 bpm 72% of THR BP: 124/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 1.7 mph, 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 155

Date: 05 / 03 / 2023

METS: 7.1 / 155 bpm 80% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 60 MS Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.2
STS 1.0

II
-0.7
1.0

III
-0.9
0.0

avR
0.2
-1.0

avL
0.5
0.5

avF
-0.8
0.5

V1
-0.2
0.6

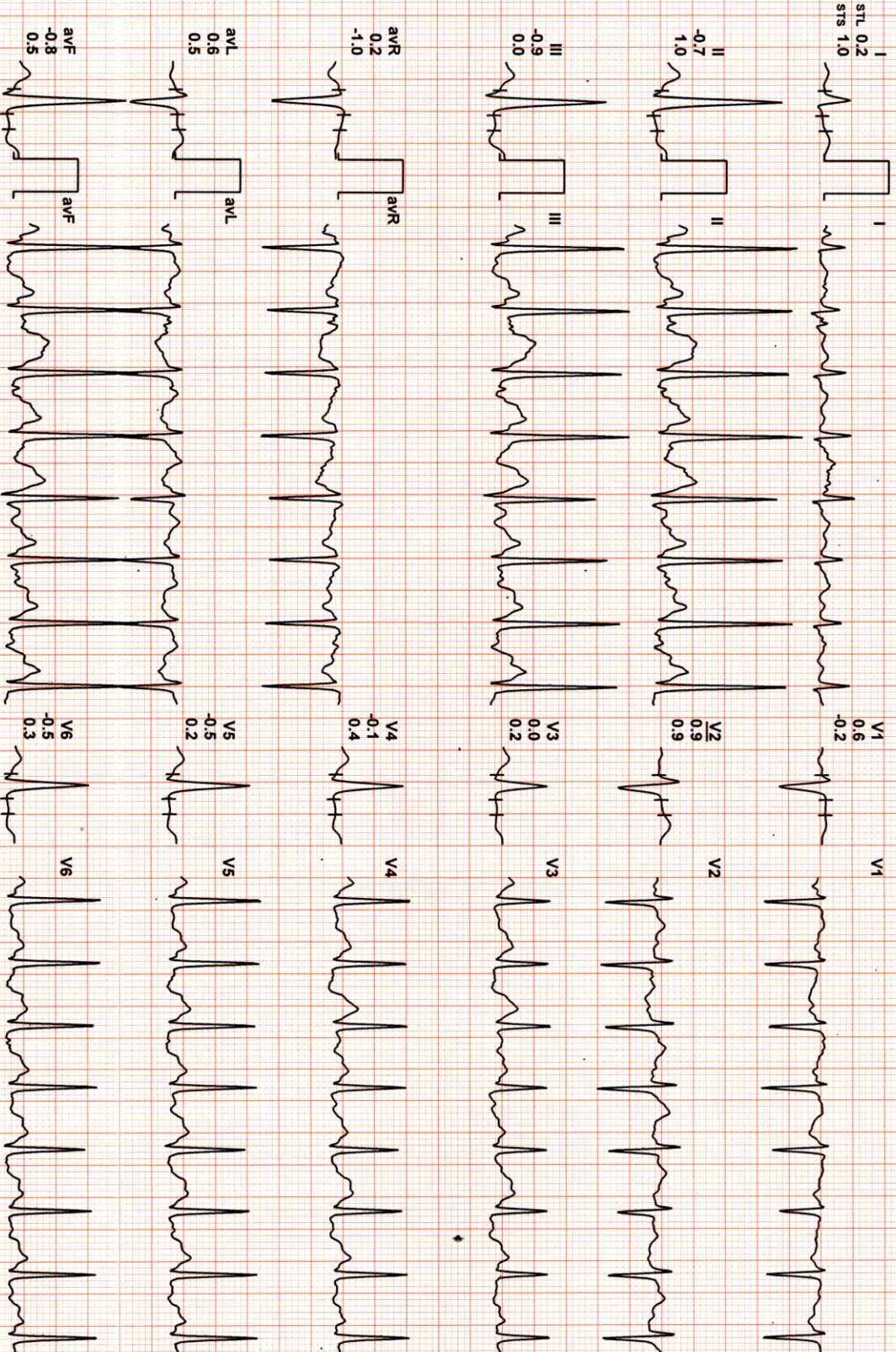
V2
0.5
0.9

V3
0.0
0.2

V4
-0.1
0.4

V5
-0.5
0.2

V6
-0.5
0.3



I
II
III
avR
avL
avF
V1
V2
V3
V4
V5
V6

REMARKS:

RHO

MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 164

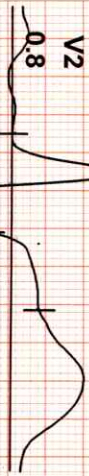
Date: 05 / 03 / 2023

METS: 8.2 / 164 bpm 85% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 07:02 3.4 mph, 14.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.3
STS 0.9

II
-1.0
-0.6

III
-1.3
-1.5

avR
0.4
-0.2

avL
0.8
1.2

avF
-1.2
-1.1

V1
0.7
0.7

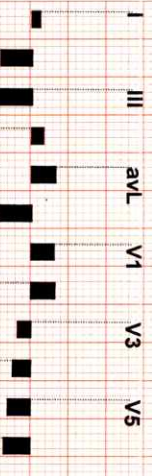
V2
0.8
1.7

V3
-0.4
0.3

V4
-0.6
-0.2

V5
-0.7
-0.8

V6
-0.9
-0.6



REMARKS:



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 134

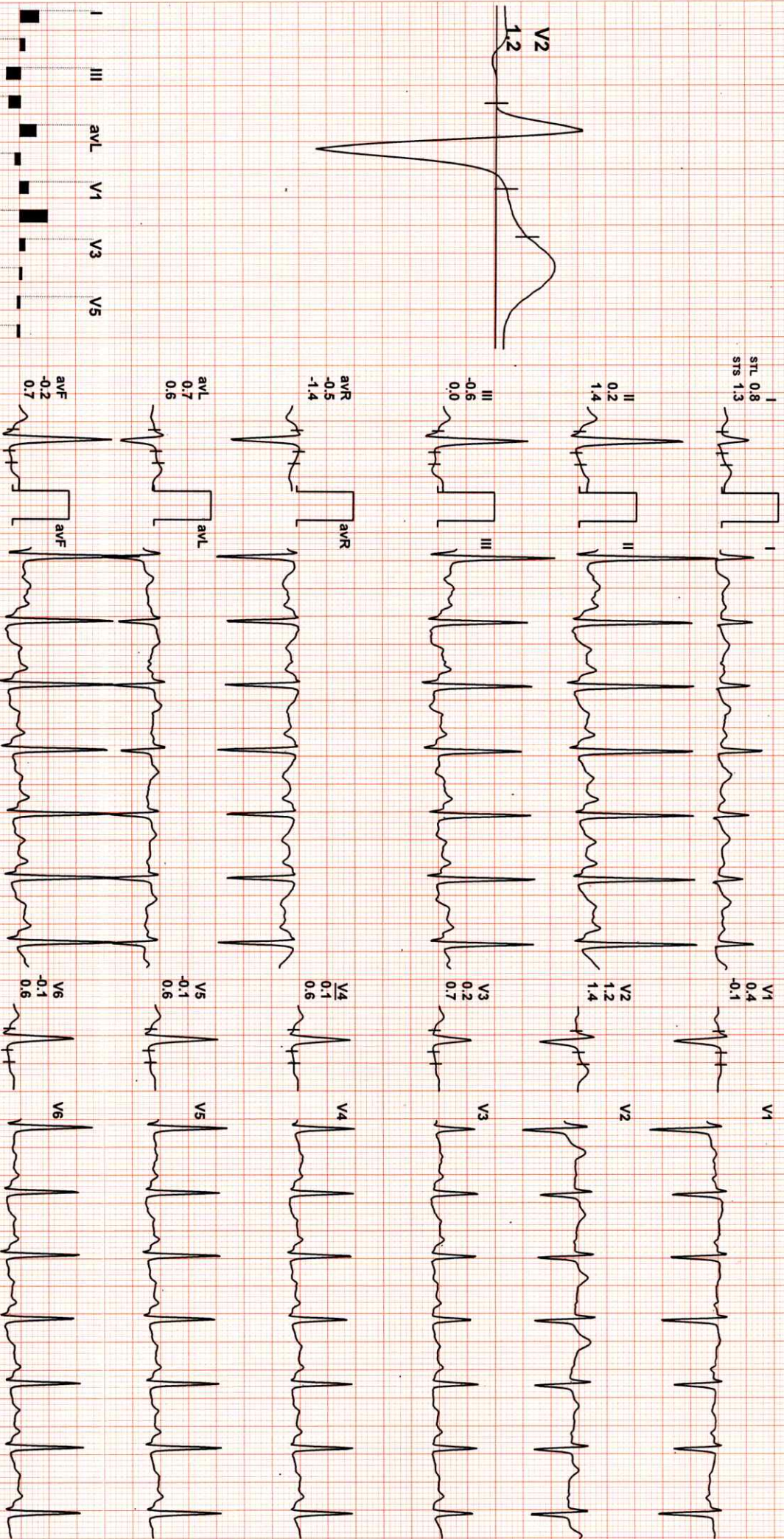
Date: 05 / 03 / 2023

METS: 1.21 134 bpm 69% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:02 0.0 mph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 109

Date: 05 / 03 / 2023

METS: 1.0/ 109 bpm 56% of THR

BP: 140/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

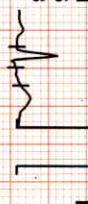
EXTime: 07:02 0.0 mph, 0.0%

4X 80 ms Post J

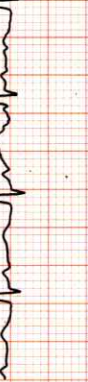
25 mm/Sec. 1.0 Cm/mV



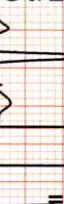
I
STL 0.5
STS 0.8



III
0.0
0.2



II
0.5
1.0



V1
0.1
0.0



III
0.0
0.2



V2
0.7
0.8



avR
-0.5
-0.9



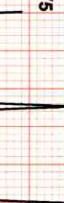
V3
0.1
0.4



avL
0.2
0.3



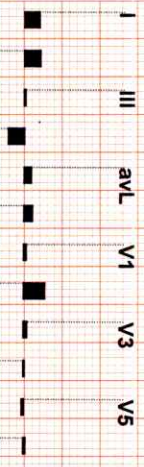
V4
0.0
0.4



avF
0.3
0.6



V5
-0.1
0.4



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



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 103

Date: 05 / 03 / 2023

METS: 1.0/ 103 bpm 53% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

ExTime: 07:02 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.4
STS 0.6

II
0.4
0.7

III
0.1
0.1

aVR
-0.4
-0.7

aVL
0.2
0.2

aVF
0.2
0.4

V1
0.0
-0.1

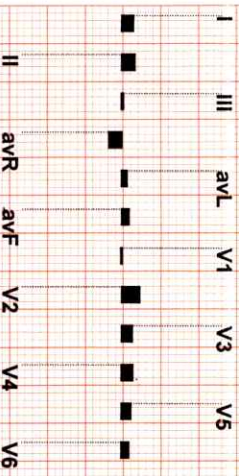
V2
0.6
0.6

V3
0.3
0.4

V4
0.4
0.5

V5
0.3
0.4

V6
0.2
0.3



REMARKS:



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 103

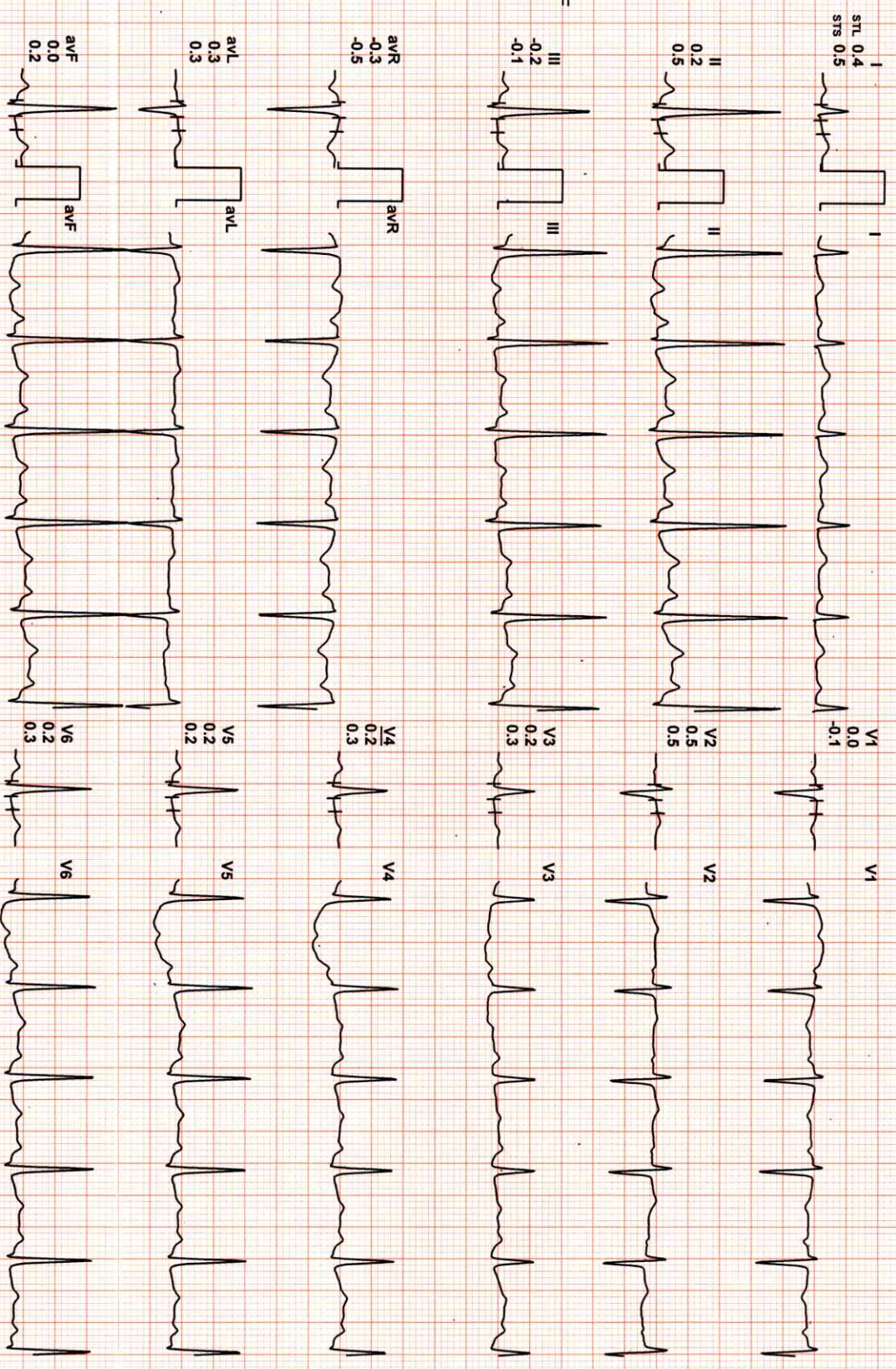
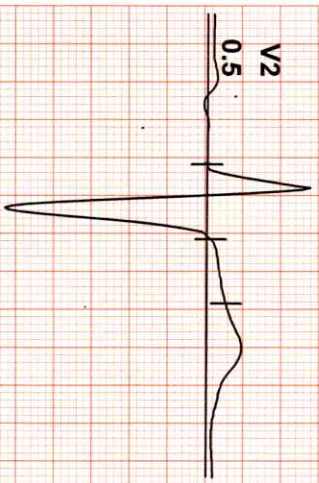
Date: 05 / 03 / 2023

METS: 1.0/ 103 bpm 53% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

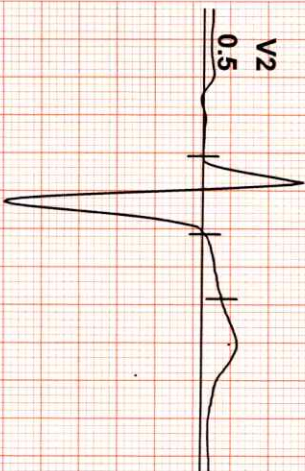
ExTime: 07:02 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



I
STL 0.3
STB 0.4



V1
0.2
0.1



II
0.0
0.2



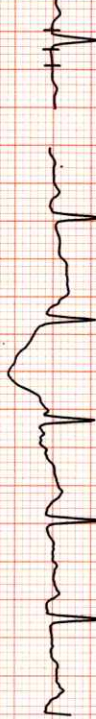
V2
0.5
0.5



III
-0.3
-0.3



V3
0.1
0.2



avR
-0.2
-0.3



V4
0.1
0.1



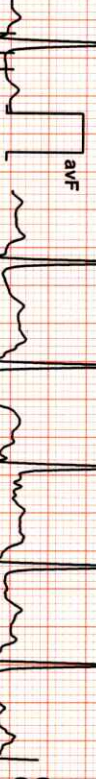
avL
0.3
0.4



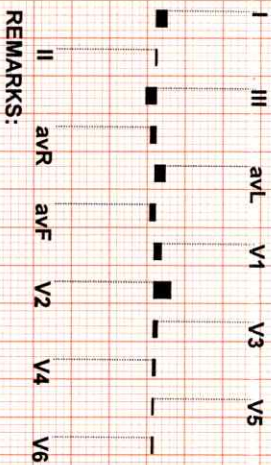
V5
0.0
0.1



avF
-0.2
-0.1



V6
0.0
0.2



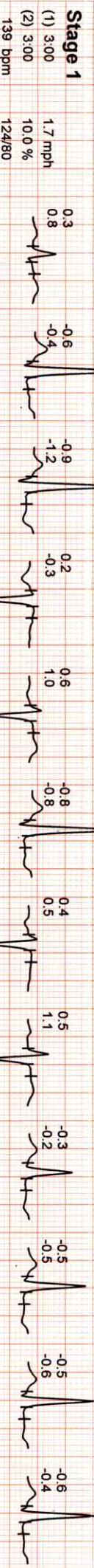
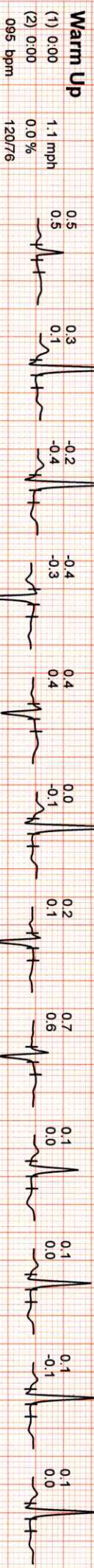
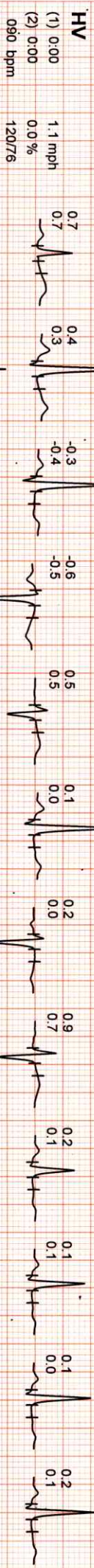
REMARKS:



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 126

Date: 05 / 03 / 2023

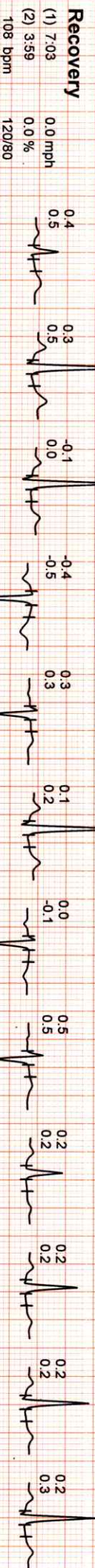
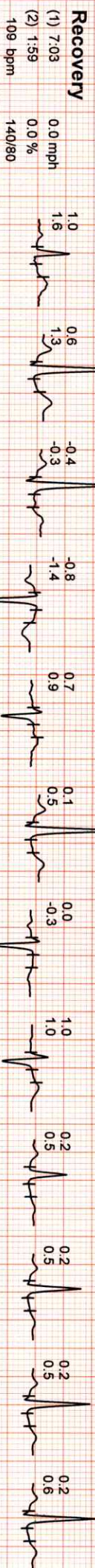
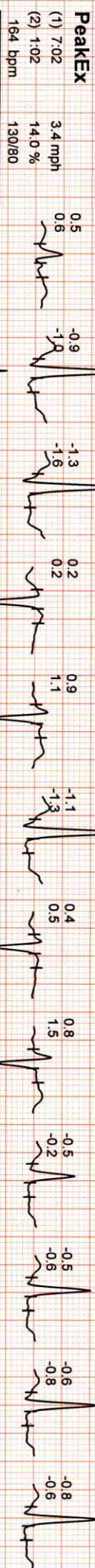
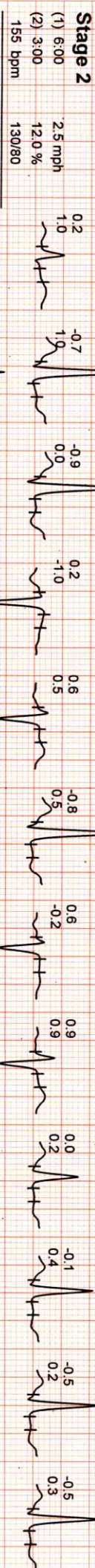
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 126

Date: 05 / 03 / 2023



DR GOYAL'S PATH LAB & IMAGING CENTRE

Average



MRS SHALINI / 27 Yrs / F / 0 Cms / 0 Kg / HR : 126

Date: 05 / 03 / 2023

Recovery
(1) 7.03 0.0 mph
(2) 4.27 0.0 %
106 bpm 120/80



RHO

(ADX_GEM217220330)(R)Allengers



Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
 Sex / Age :- Female 27 Yrs
 Company :- MediWheel

Patient ID :- 122229827
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 05/03/2023 11:18:07

Final Authentication : 05/03/2023 12:37:15

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE FEMALE BELOW 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)
 Method:- HPLC

6.0 %

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

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



Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
Sex / Age :- Female 27 Yrs
Company :- MediWheel

Patient ID :- 122229827
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 05/03/2023 11:18:07

Final Authentication : 05/03/2023 12:37:15

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.4	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	8.45	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	55.8	%	40.0 - 80.0
LYMPHOCYTE	33.8	%	20.0 - 40.0
EOSINOPHIL	7.9 H	%	1.0 - 6.0
MONOCYTE	2.2	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.72	10 ³ /uL	1.50 - 7.00
LYMPH#	2.86	10 ³ /uL	1.00 - 3.70
EO#	0.66 H	10 ³ /uL	0.00 - 0.40
MONO#	0.18	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.84 H	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	40.20	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	83.1	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.6	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.2	g/dL	31.5 - 34.5
PLATELET COUNT	222	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	17.17		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

AJAYSINGH
Technologist

Page No. 2 of 12



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

Date :- 05/03/2023 10:48:06

Patient ID :-122229827



NAME :- Mrs. SHALINI

Ref. By Dr:- BOB

Sex / Age :- Female 27 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 05/03/2023 11:18:07

Final Authentication : 05/03/2023 12:37:15

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)	11	mm/hr.	00 - 20
--------------------------------------	----	--------	---------

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction). Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

CBC: Methodology: TLC, DLC, Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

AJAYSINGH
Technologist

Page No. 3 of 12



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

Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
 Sex / Age :- Female 27 Yrs
 Company :- MediWheel

Patient ID :-122229827
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/03/2023 11:18:07

Final Authentication : 05/03/2023 14:19:57

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	205.32	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	121.44	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	34.64	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	150.44 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	24.29	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.93 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.34 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	604.96	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders</p> <p>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.</p> <p>DIRECT HDLCHOLESTERO 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.</p> <p>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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

MUKESH SINGH

Page No: 4 of 12



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



Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
 Sex / Age :- Female 27 Yrs
 Company :- MediWheel

Patient ID :-122229827
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/03/2023 11:18:07

Final Authentication : 05/03/2023 14:19:57

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.38	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	0.27	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.11	mg/dl	0.30-0.70
SGOT Method:- IFCC	15.8	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	13.9	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	57.70	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	25.30	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.59	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.57	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.02	gm/dl	2.20 - 3.50
A/G RATIO	1.51		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)

MUKESH SINGH

Page No: 5 of 12



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



Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
 Sex / Age :- Female 27 Yrs
 Company :- MediWheel

Patient ID :-12229827
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/03/2023 11:18:07

Final Authentication : 05/03/2023 12:30:49

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.130	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.640	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.650	μIU/mL	0.500 - 6.880

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

MUKESH SINGH
 Technologist

Page No: 6 of 12



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

Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
 Sex / Age :- Female 27 Yrs
 Company :- MediWheel

Patient ID :-122229827
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 05/03/2023 11:18:07

Final Authentication : 05/03/2023 13:08:10

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.015		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
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	1-2	/HPF	2-3
EPITHELIAL CELLS	0-1	/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

Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
Sex / Age :- Female 27 Yrs
Company :- MediWHEEL

Patient ID :- 122229827
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 05/03/2023 11:18:07

Final Authentication : 05/03/2023 13:08:10

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
MUCUS			
BLOOD			
MICROSCOPIC EXAMINATION			
RBC's		/HPF	
WBC/HPF		/HPF	
OVA			
CYSTS			
OTHERS			
Collected Sample Received			

VIJENDRAMEENA
Technologist

Page No: 8 of 12



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

Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
 Sex /Age :- Female 27 Yrs
 Company :- MediWheel

Patient ID :-122229827
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Biphosphate-BLUM/55/03/2023 11:18:07

Final Authentication : 05/03/2023 14:19:57

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)
 Method:- GOD PAP

90.4

mg/dl

75.0 - 115.0

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)

120.3

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

0.87

mg/dl

Men - 0.6-1.30

Method:- Colorimetric Method

Women - 0.5-1.20

SERUM URIC ACID

4.80

mg/dl

Men - 3.4-7.0

Method:- Enzymatic colorimetric

Women - 2.4-5.7

MUKESH SINGH

Page No. 9 of 12



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

Dr. Goyal's

Path Lab & Imaging Centre

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Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
Sex / Age :- Female 27 Yrs
Company :- MediWheel

Patient ID :- 122229827
Ref. By Dr:- BOB
Lab/Hosp :-



HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AHSAN, AJAYSINGH, MUKESH SINGH, TABBSUM, TRILOK, VIJENDRAMEENA

Page No: 10 of 12



Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
Sex / Age :- Female 27 Yrs
Company :- MediWheel

Patient ID :-122229827
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 05/03/2023 11:18:07

Final Authentication : 05/03/2023 17:58:47

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, TRILOK, VIJENDRAMEENA
Technologist

Page No: 11 of 12



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

Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
Sex / Age :- Female 27 Yrs
Company :- MediWheel

Patient ID :-122229827
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/03/2023 11:18:07

Final Authentication : 05/03/2023 14:19:57

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	14.3	mg/dl	0.0 - 23.0

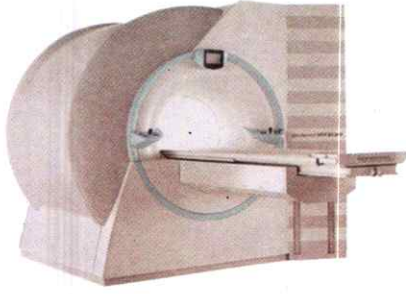
*** End of Report ***

MUKESH SINGH

Page No: 12 of 12



Dr. Chandrika Gupta
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Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



NAME:	SHALINI	AGE	27 YRS
REF.BY	DR. BOB	DATE	05/03/2023

CHEST X RAY (PA VIEW)

Both lung fields appear clear.

Both costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Both domes of diaphragm appear normal.

Thoracic soft tissue and skeletal system appear unremarkable.

IMPRESSION:

- No significant abnormality is noted

DR. AMAN MAMODIA

DMRD, DNB (Radio-diagnosis)

Consultant Radiologist

"Disclaimer : This report is provisional and needs medical history, it may be completely altered after receipt of the prior medical history of the patient"

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

Dr. Poonam Gupta
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Dr. Ashish Choudhary
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FMF ID - 260517 | RMC No 22430

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

Transcript by.



Date :- 05/03/2023 10:48:06
NAME :- Mrs. SHALINI
Sex / Age :- Female 27 Yrs
Company :- MediWheel

Patient ID :-122229827
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 05/03/2023 12:28:30

BOB PACKAGEFEMALE BELOW 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation.
A small calculus of size ~ 4.4 mm is seen in lower calyx of left kidney.

Urinary Bladder: is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size and measures 60x46x32mm.
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.
Endometrial echo is normal. Endometrial thickness is 9.1 mm.

Both ovaries are visualised and are normal. No adnexal mass is seen.
No significant free fluid is seen in pouch of douglas.

IMPRESSION:

***Left renal small calculus.**

Needs clinical correlation & further evaluation

*** End of Report ***

AHSAN

Page No: 1 of 1

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Fetal Medicine Consultant
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MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Transcript by.