

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road,  
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787 **General Physical Examination**

Website: www.dr.goyalpathlab.com | E-mail: dr.goyalpiyush@gmail.com

Date of Examination: 24-02-2024

Name: USHA SINGH Age: 44 Sex: Female

DOB: 20-12-1979

Referred By: BOB (Mediowheel)

Photo ID: raadhav ID #: \_\_\_\_\_

Ht: 153 (cm)

Wt: 62 (Kg)

Chest (Expiration): 90 (cm)

Abdomen Circumference: 83 (cm)

Blood Pressure: 126/71 mm Hg PR: 76 / min

BMI 26.5

Eye Examination: Dist Vision 6/6 B/lc eyes.

Near vision 6/6 B/lc eyes. (with spec) - Normal colour vision

Other: Not Significant

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

Signature Of Examinee : Usha Name of Examinee: \_\_\_\_\_

Signature Medical Examiner: Dr. Piyush Goyal Name Medical Examiner: \_\_\_\_\_  
M.B.B.S. D.M.R.D.  
RMC Reg. No.-017998

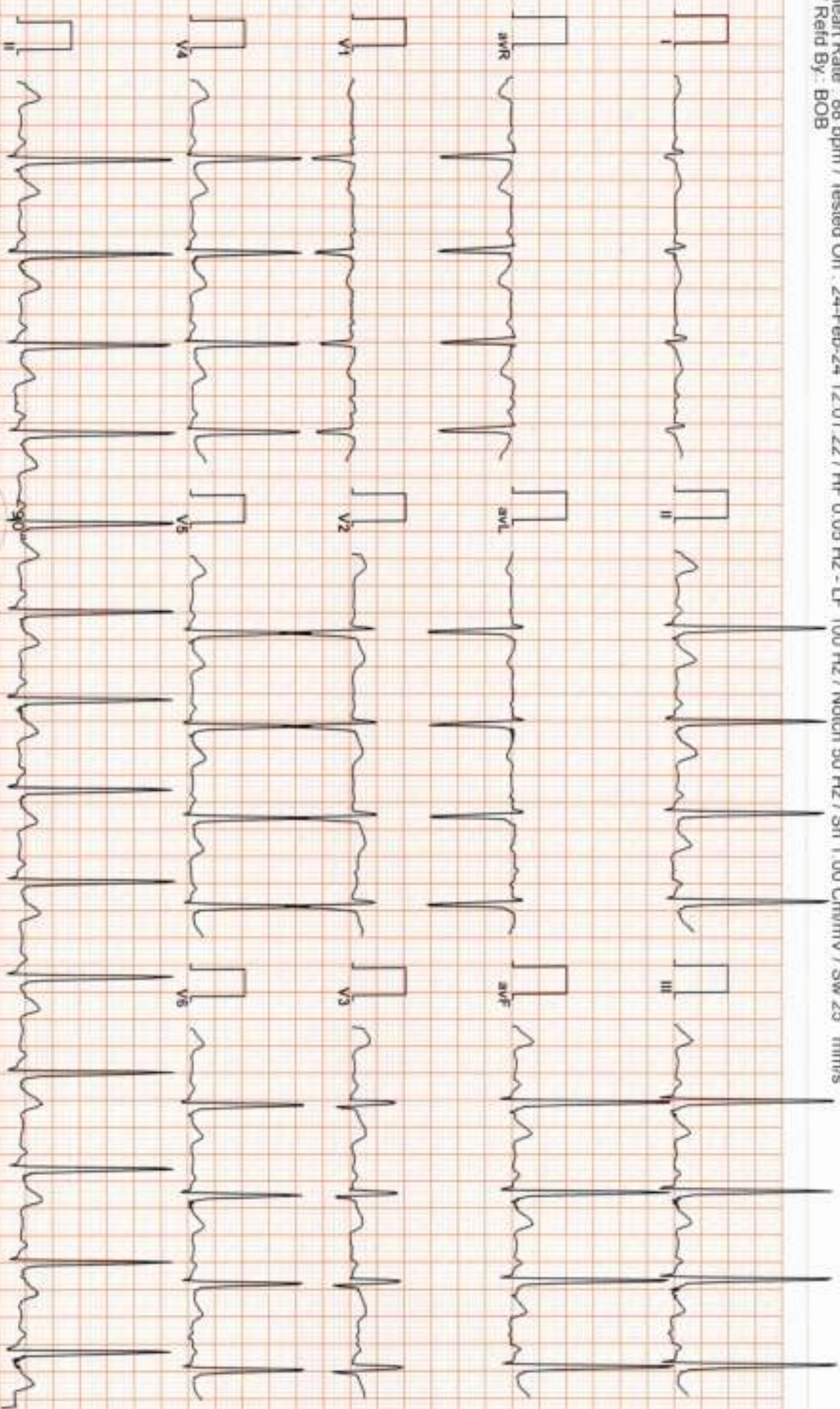


**DR. GOYALS PATH LAB & IMAGING CENTER**

102337341 / MRS USHA SINGH / 42 Yrs / F / Non Smoker

Heart Rate : 88 bpm / Tested On : 24-Feb-24 12:01:22 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: BOB

**EKG**



Vent Rate : 88 bpm  
PR Interval : 150 ms  
QRS Duration: 90 ms  
QT/QTc Int : 352/401 ms  
P-QRS-T axes: 76.00 • 90.00 • 72.00 •



**Dr. Naresh Kumar Mohan**  
RMC No. 35703

MRS. DIP. CARDIO (ESCORTS),  
D.E.M. (RCGP(UK))

*Sinus rhythm with 1st degree AVB*

Reported By:




 भारत सरकार  
 Government of India


 Usha Singh  
 Date of Birth/DOB: 20/12/1979  
 Female/ FEMALE



4006 2804 4859  
UID: 9117 2572 2265 9924

मेरा आधार, मेरी पहचान


 भारत सरकार  
 Government of India

Address:  
 W/O Narendra Singh, 35, Shivpuri Yojana,  
 Jaipur, Near Navjeevan School, Jaipur,  
 Rajasthan - 302006



4006 2804 4859  
UID: 9117 2572 2265 9924

Usha

Dr. Piyush Goyal  
 M.B.B.S., D.M.R.D.  
 RMC Reg. No.-017998

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MC-5509

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Sodala, Jaipur-302019  
Tele : 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 24/02/2024 09:21:08

Patient ID :-12235999

NAME :- Mrs. USHA SINGH

Ref. By Dr:- BOB

Sex / Age :- Female 44 Yrs 2 Mon 7 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 24/02/2024 09:47:53

Final Authentication : 24/02/2024 13:27:16

### HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.4

%

Non-diabetic: < 5.7  
Pre-diabetics: 5.7-6.4  
Diabetics: = 6.5 or higher  
ADA Target: 7.0  
Action suggested: > 6.5

Method:- HPLC

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 glycated 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

108

mg/dL

Non Diabetic < 100 mg/dL  
Prediabetic 100- 125 mg/dL  
Diabetic 126 mg/dL or Higher

Method:- Calculated Parameter

MUKESH SINGH  
Technologist

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

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	10.7 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	4.51	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	59.3	%	40.0 - 80.0
LYMPHOCYTE	37.0	%	20.0 - 40.0
EOSINOPHIL	1.0	%	1.0 - 6.0
MONOCYTE	2.4	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.68	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.67	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.04	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.11	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	3.92	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	34.70 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	88.5	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	30.7 L	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	190	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	15.1 H	%	11.6 - 14.0
MENTZER INDEX	22.58		

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.

MUKESH SINGH  
Technologist

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	08	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 (or Connective tissue disease).  
Methodology: DLC, 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

MUKESH SINGH  
Technologist

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Sex / Age :- Female 44 Yrs 2 Mon 7 Days

Lab/Hosp :-

Company :- Med/Wheel

Sample Type > PLAIN/SERUM

Sample Collected Time 24/02/2024 09:47:53

Final Authentication : 24/02/2024 12:34:30

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	180.37	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	54.61	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.88	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	133.39	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	10.92	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.76		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.52 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	481.49	mg/dl	400.00 - 1000.00
<small>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid dysregulation metabolism disorders.</small>			
<small>TRIGLYCERIDES InstrumentName:Randox 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.</small>			
<small>DIRECT HDL CHOLESTEROL InstrumentName:Randox 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.</small>			
<small>DIRECT LDL CHOLESTEROL InstrumentName:Randox 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.</small>			
<b>TOTAL LIPID AND VLDL ARE CALCULATED</b>			

SURENDRAKHANGA

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NAME :- Mrs. USHA SINGH

Ref. By Dr:- BOB

Sex / Age :- Female 44 Yrs 2 Mon 7 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/02/2024 09:47:53

Final Authentication : 24/02/2024 12:34:30

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.40	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	0.09	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.31	mg/dl	0.30-0.70
SGOT Method:- IFCC	12.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	22.2	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	41.30	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	13.20	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.86	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.17	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.69	gm/dl	2.20 - 3.50
A/G RATIO	1.55		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method Instrument Name: Randox Rx Incola 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 those 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 Instrument Name: Randox Rx Incola 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 Instrument Name: Randox Rx Incola 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer Instrument Name: Randox Rx Incola 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 pancreatic and intestinal disease.

**TOTAL PROTEIN** Methodology: Biuret Reagent Instrument Name: Randox Rx Incola 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 Instrument Name: Randox Rx Incola 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 Incola Interpretation: Elevations in GGT levels are more 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

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NAME :- Mrs. USHA SINGH

Ref. By Dr- BOB

Sex / Age :- Female 44 Yrs 2 Mon 7 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 24/02/2024 09:47:53

Final Authentication : 24/02/2024 11:12:22

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.210	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.830	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.780	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 μIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

NARENDRAKUMAR  
Technologist

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Sex / Age :- Female 44 Yrs 2 Mon 7 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- URINE Sample Collected Time 24/02/2024 09:47:53 Final Authentication : 24/02/2024 11:48:36

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION(PH)	6.5		5.0 - 7.5
Method:- Reagent Strip(Double indication blue reaction)			
SPECIFIC GRAVITY	1.025		1.010 - 1.030
Method:- Reagent Strip(bromothymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphosalicylic acid test)			
GLUCOSE	NIL		NIL
Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)			
BILIRUBIN	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Azo-coupling reaction)			
UROBILINOGEN	NORMAL		NORMAL
Method:- Reagent Strip (Modified ehrlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitroprusside) Rothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
RBC	NIL		NIL
Method:- Reagent Strip (Peroxidase like activity)			
<b>MICROSCOPY EXAMINATION</b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/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

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Lab/Hosp :-

Company :- Med/Wheel

Sample Type -> KOx/Na FLUORIDE-F, KOx/Na BLOOD GLUCOSE, BLOOD URIC ACID, BLOOD CREATININE  
Date: 24/02/2024 13:16:27

Final Authentication : 24/02/2024 14:21:20

### BIOCHEMISTRY

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

93.7

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)

105.3

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

0.79

mg/dl

Men - 0.6-1.30

Women - 0.5-1.20

Method:- Colorimetric Method

SERUM URIC ACID

4.05

mg/dl

Men - 3.4-7.0

Women - 2.4-5.7

Method:- Enzymatic colorimetric

SURENDRAKHANGA

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Final Authentication : 24/02/2024 13:32:08

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A" 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

MUKESH SINGH, VIJENDRAMEENA  
Technologist

Page No: 11 of 13



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



# Dr. Goyal's

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Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 24/02/2024 09:21:08

Patient ID :- 12235999



NAME :- Mrs. USHA SINGH

Ref. By Dr:- BOB

Sex / Age :- Female 44 Yrs 2 Mon 7 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 24/02/2024 09:47:53

Final Authentication : 24/02/2024 12:34:30

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

SURENDRAKHANGA

Page No. 12 of 13



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Company :- MediWheel

Patient ID :- 12235999  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- SWAB

Sample Collected Time 24/02/2024 09:47:53

Final Authentication : 24/02/2024 12:18:49

### PAP SMEAR

### PAP SMEAR FOR CYTOLOGY EXAMINATION

**Specimen** - Conventional smear.

**Clinical history** - Routine test.

**Microscopy:**

**Adequacy** - Satisfactory for opinion.

**Endocervical cells seen** - Not seen.

H/E stained smear show predominantly superficial & intermediate squamous epithelial cells along with few parabasal cells in the background of mild acute inflammation.

**Epithelial cells abnormality** - Not seen.

**IMPRESSION** : Negative for intraepithelial lesion or malignancy.

**Note:** Please note papanicolaou smear study is a screening procedure for cervical cancer with inherent false negative result, hence should be interpreted with caution.

Slides will be kept for one month only.

\*\*\* End of Report \*\*\*

MANOJCHOUDHARY  
Technologist

Page No: 13 of 13



**Dr Abha Gupta**  
Fellowship Oncopathology  
MD pathology  
RMC 33520



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Final Authentication : 24/02/2024 15:38:41

BOB PACKAGEFEMALE ABOVE 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, MNAMS)  
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI  
(RMC No. 33613 / 14911)

\*\*\* End of Report \*\*\*

Dr. Piyush Goyal  
(D.M.R.D.) BILAL  
Transcript by.

Page No: 1 of 1

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Date :- 24/02/2024 09:21:08  
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BOB PACKAGE FEMALE ABOVE 40

**ULTRA SOUND SCAN OF ABDOMEN**

Liver is of normal size. Echo-texture is normal. **Small simple hepatic cyst of size ~ 14x13 mm seen in left lobe of liver.** 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.

**Two renal calculi of size ~ 5.8 mm & ~ 4.5 mm in mid calyx of right kidney.**  
**A small calculus of size ~ 4.3 mm is seen in upper 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 bulky in size ~ 92x68x46 mm.

**Multiple (3-4) small intramural fibroid** are seen in both anterior and posterior wall of uterus, largest measuring approx. 13x8 mm

Endometrial echo is normal. Endometrial thickness is 5.9 mm.

**Both ovaries** are visualised and are normal. No adnexal mass is seen.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified.

No significant free fluid is seen in pouch of douglas.

**IMPRESSION:**

- Simple hepatic cyst in left lobe of liver.
- Bilateral small renal calculi.
- Bulky uterus with intramural uterine fibroids.

**Needs clinical correlation.**

Page No: 1 of 2

AHSAN  
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Lab/Hosp :-

Final Authentication : 24/02/2024 14:20:36

BOB PACKAGE FEMALE ABOVE 40

### ULTRASONOGRAPHY REPORT: BREAST AND AXILLA

#### RIGHT breast:-

Skin, subcutaneous tissue and retroareolar region is normal.  
Fibro glandular tissue shows normal architecture and echotexture.  
Pre and retro mammary regions are unremarkable.  
No obvious cyst, mass or architectural distortion visualized.  
Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

#### Left breast:-

Skin, subcutaneous tissue and retroareolar region is normal.  
Fibro glandular tissue shows normal architecture and echotexture.  
Pre and retro mammary regions are unremarkable.  
No obvious cyst, mass or architectural distortion visualized.  
Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

#### IMPRESSION:

**\* No abnormality detected.**  
*(Needs clinical correlation or further evaluation)*



DR. PIYUSH GOYAL  
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\*\*\* End of Report \*\*\*

Page No: 1 of 1

RINKUSAINI

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BOB PACKAGE FEMALE ABOVE 40  
 2D ECHO OPTION TMT (ADULT/CHILD)

### 2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

#### FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

#### M.MODE EXAMINATION:

AO	25	mm	LA	28	Mm	IVS-D	8	mm
IVS-S	13	mm	LVID	37	Mm	LVSD	25	mm
LVPW-D	8	mm	LVPW-S	18	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	61 %		RWMA			ABSENT		

#### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

#### COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.97	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.58	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION		ABSENT		
AORTIC VALVE				
PEAK VELOCITY	1.1	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION		ABSENT		
TRICUSPID VALVE				
PEAK VELOCITY	0.51	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION		ABSENT		
PULMONARY VALVE				
PEAK VELOCITY	0.89	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION		ABSENT		

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RINKUSAINI

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### Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 61 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion.

(Cardiologist)

\*\*\* End of Report \*\*\*

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