

Dr. Goyal's

Path Lab & Imaging Centre

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



General Physical Examination

Date of Examination: 04/12/22
Name: MRS. SUNITA Kumari Age: 34 Sex: Female
DOB: 27.06.1987
Referred By: BOB
Photo ID: Emp ID ID #: attached.
Ht: 152 (cm) Wt: 61 (Kg)
Chest (Expiration): 88 (cm) Abdomen Circumference: 80 (cm)
Blood Pressure: 110/75 mm Hg PR: 80 / min RR: 16 / min Temp: Afebrile.
BMI 26.4

Eye Examination: vision normal 6/6. N/6.
NO Colour blindness.
Other: not significant.

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

Signature Of Examinee : [Signature] Name of Examinee: _____

Signature Medical Examiner : [Signature] Name Medical Examiner _____

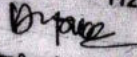
Dr. Piyush Goyal
M.B.B.S., D.M.R.D
RMC Reg No -017996

 बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम : सुनीता कुमारी
Name : Sunita Kumari

कर्मचारी कूट क्र.

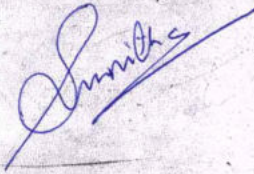
E.C.No : 112943




प्राधिकृत प्राधिकारी
Issuing Authority




धारक के हस्ताक्षर
Holder's Signature

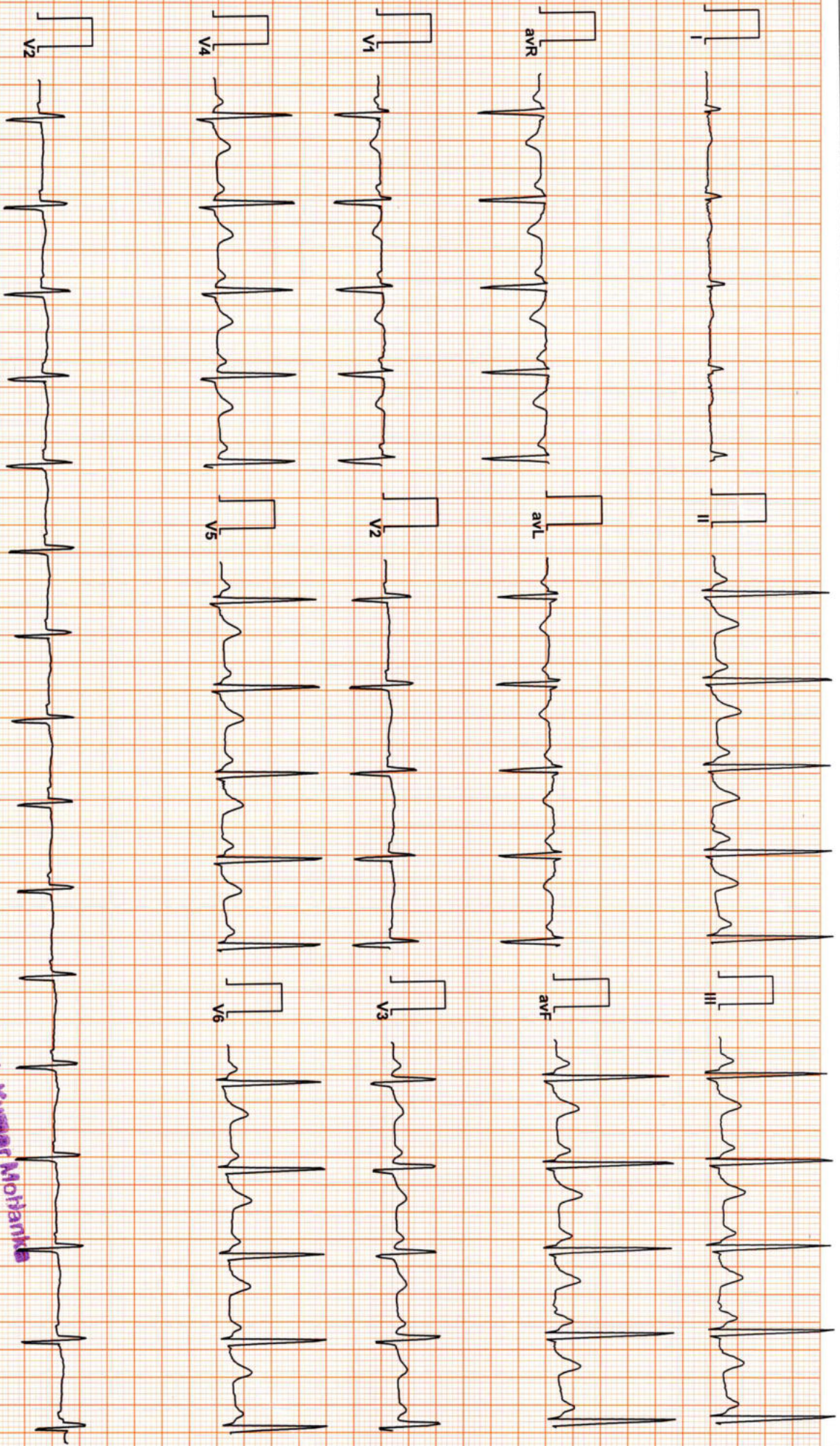



Dr. Piyush Goyal
M.B.B.S., D.M.R.D
RMC Reg No -917896

DR. GOYALS PATH LAB & IMAGING CENTER

ECG

102221001 / MRS. SUNITA KUMARI / 34 Yrs / F / Non Smoker
Heart Rate : 95 bpm / Tested On : 04-Dec-22 11:16:48 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Normal

Dr. Nitesh Kumar Mohanka
RMC No. 35703
MBBS, DPM, CCRT, D (CC), D (PT), D (S)

Reported By: _____

DR. GOYALS PATH LAB & IMAGING CENTER

JAIPUR Email:

Report



MRS. SUNITA KUMARI / 34 Yrs / F / 0 Cms / 0 Kg
 Date: 04 / 12 / 2022 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	01.1	00.0	01.0	096	52 %	120/80	115	00	
Standing	00:25	0:20	01.1	00.0	01.0	094	51 %	120/80	112	00	
HV	00:32	0:07	01.1	00.0	01.0	109	59 %	120/80	130	00	
ExStart	00:51	0:19	01.1	00.0	01.0	118	63 %	120/80	141	00	
BRUCE Stage 1	03:51	3:00	01.7	10.0	04.7	161	87 %	126/80	202	00	
BRUCE Stage 2	06:51	3:00	02.5	12.0	07.1	180	97 %	136/80	244	00	
BRUCE Stage 3	09:51	3:00	03.4	14.0	10.2	191	103 %	146/80	278	00	
PeakX	09:56	0:05	00.0	00.0	10.3	192	103 %	146/80	280	00	
Recovery	10:56	1:00	00.0	00.0	04.3	161	87 %	146/80	235	00	
Recovery	11:56	2:00	00.0	00.0	01.0	137	74 %	146/80	200	00	
Recovery	12:56	3:00	00.0	00.0	01.0	129	69 %	136/80	175	00	
Recovery	13:56	4:00	00.0	00.0	01.0	125	67 %	120/80	150	00	
Recovery	14:27	4:31	00.0	00.0	01.0	123	66 %	120/80	147	00	

FINDINGS :

Exercise Time : 09:05
 Max HR Attained : 192 bpm 103% of Target 186
 Max BP Attained : 146/80 (mm/Hg)
 Max Workload Attained : 10.3 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

HR is response for RHD

Dr. Anand Kumar Mohanka
 FMC No 3003
 M.D. (CARDIO) (ESCCP) (S)
 M.D. (CCP) (S)
 M.D. (CCP) (S)

DR. GOYALS PATH LAB & IMAGING CENTER

MRS. SUNITA KUMARI / 34 Yrs / F / 10 Cms / 0 Kg / HR : 96

Date: 04 / 12 / 2022

METS: 1.0/ 96 bpm 52% of THR BP: 120/80 mmHg

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

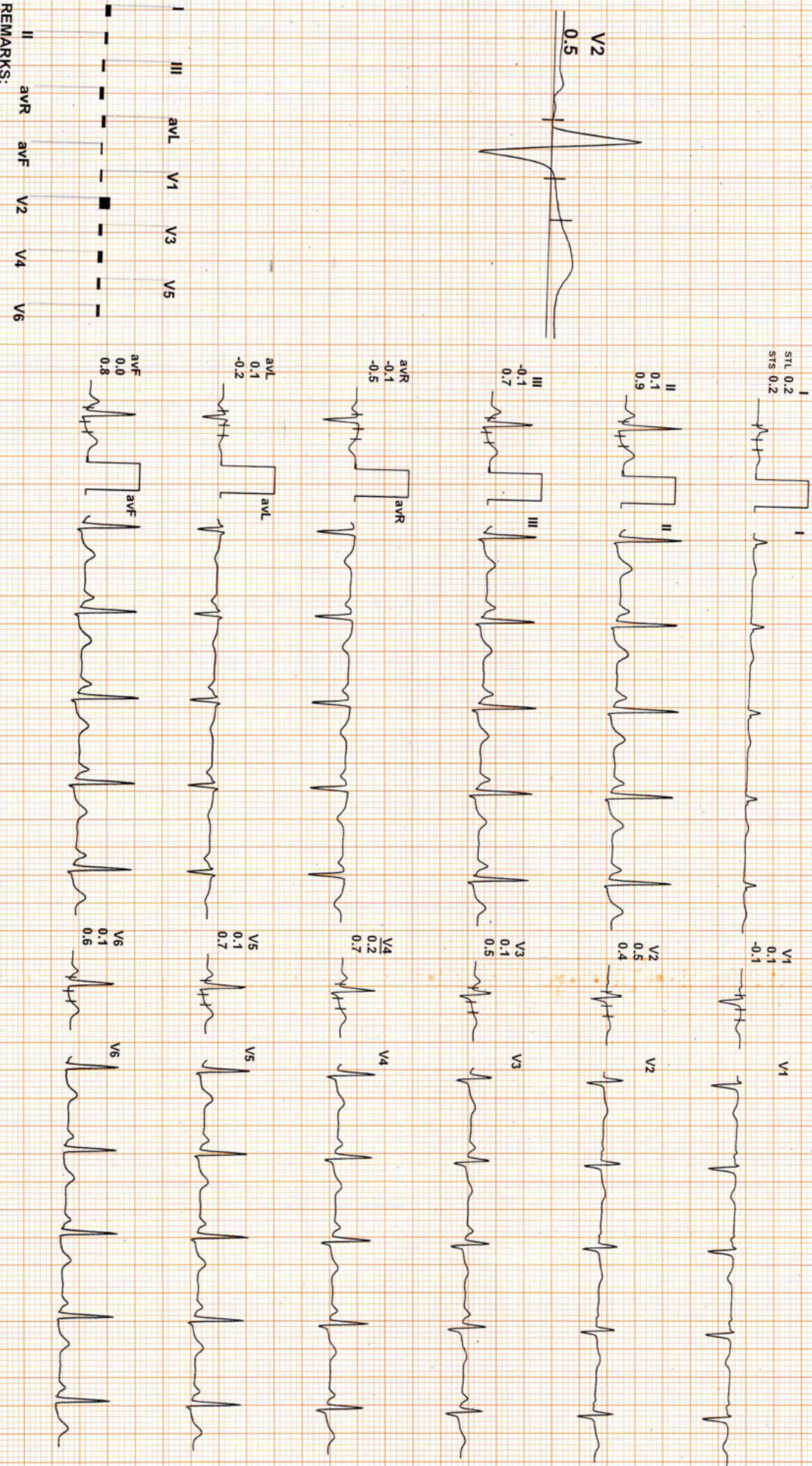
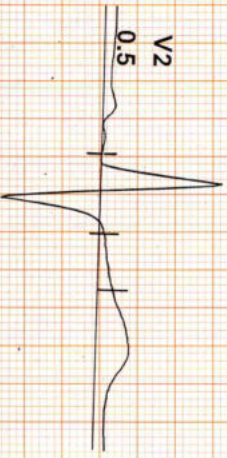
4X

80 ms Post U

BRUCE:Supine(0:07)



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



REMARKS:

(ADX_GEM217220330)(R)Allengers

RHO



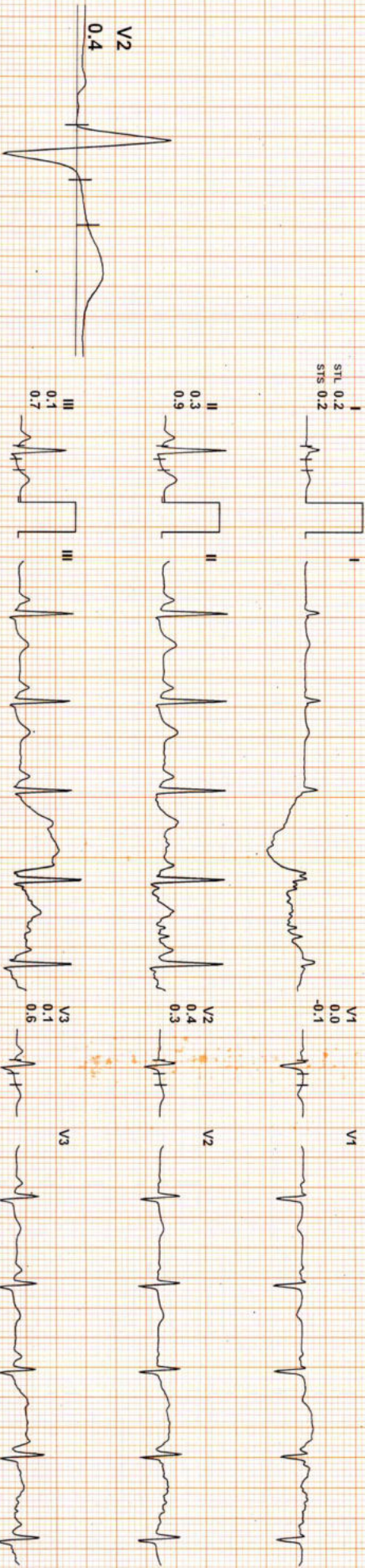
Date: 04 / 12 / 2022

METS: 1.0/ 94 bpm 51% of THR BP: 120/80 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:

(ADX_GEM217220330)(R)/Allengers



Date: 04 / 12 / 2022

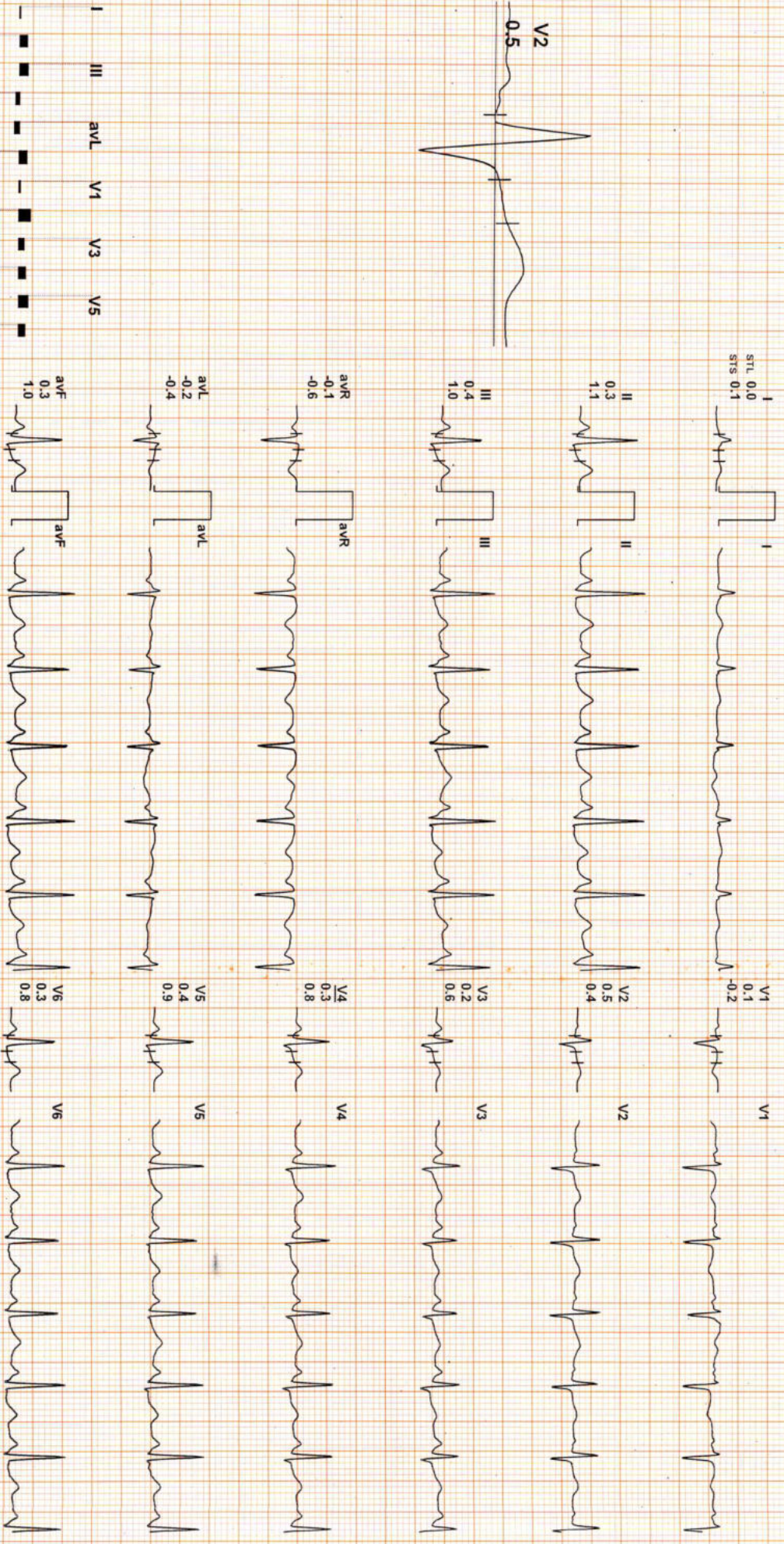
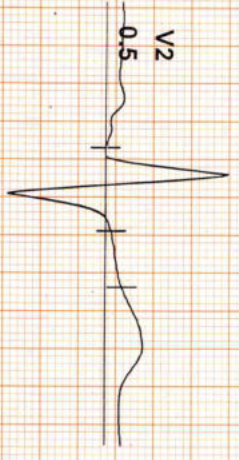
METS: 1.0 / 109 bpm 59% of THR

BP: 120/80 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

(ADX_GEM217220330)(R)Allergens



MRS. SUNITA KUMARI / 34 Yrs / F / 0 Cms / 0 Kg / HR : 118

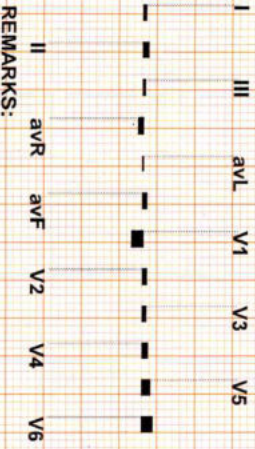
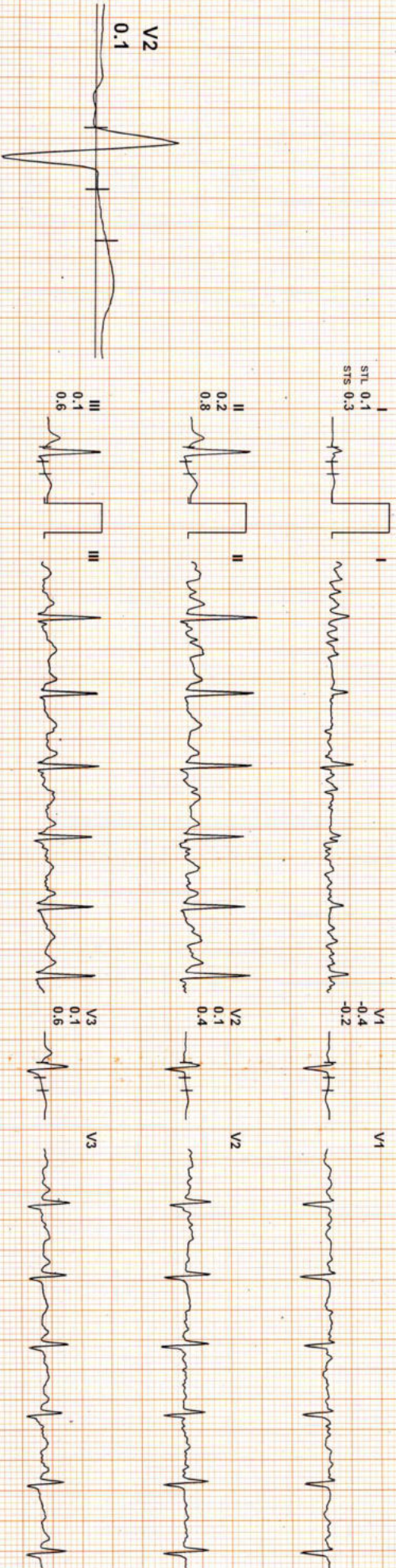
Date: 04 / 12 / 2022

METS: 1.0/ 118 bpm 63% of THR BP: 120/80 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:

(ADX_GEM217220330)(R)Allengers



MRS. SUNITA KUMARI / 34 Yrs / F / 0 Cms / 0 Kg / HR : 161

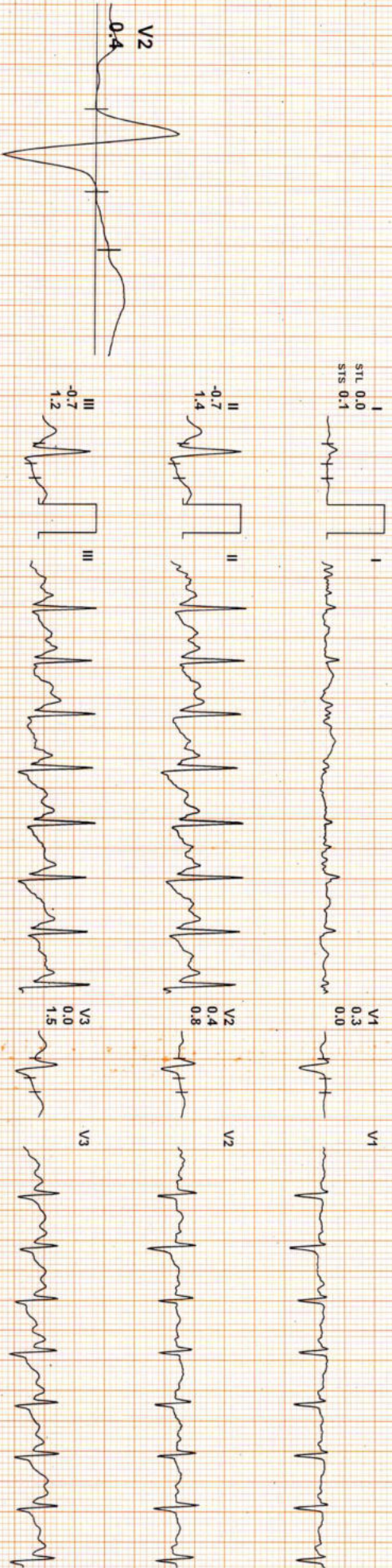
Date: 04 / 12 / 2022

METS: 4.7 / 161 bpm 87% of THR BP: 126/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 1.7 mph, 10.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



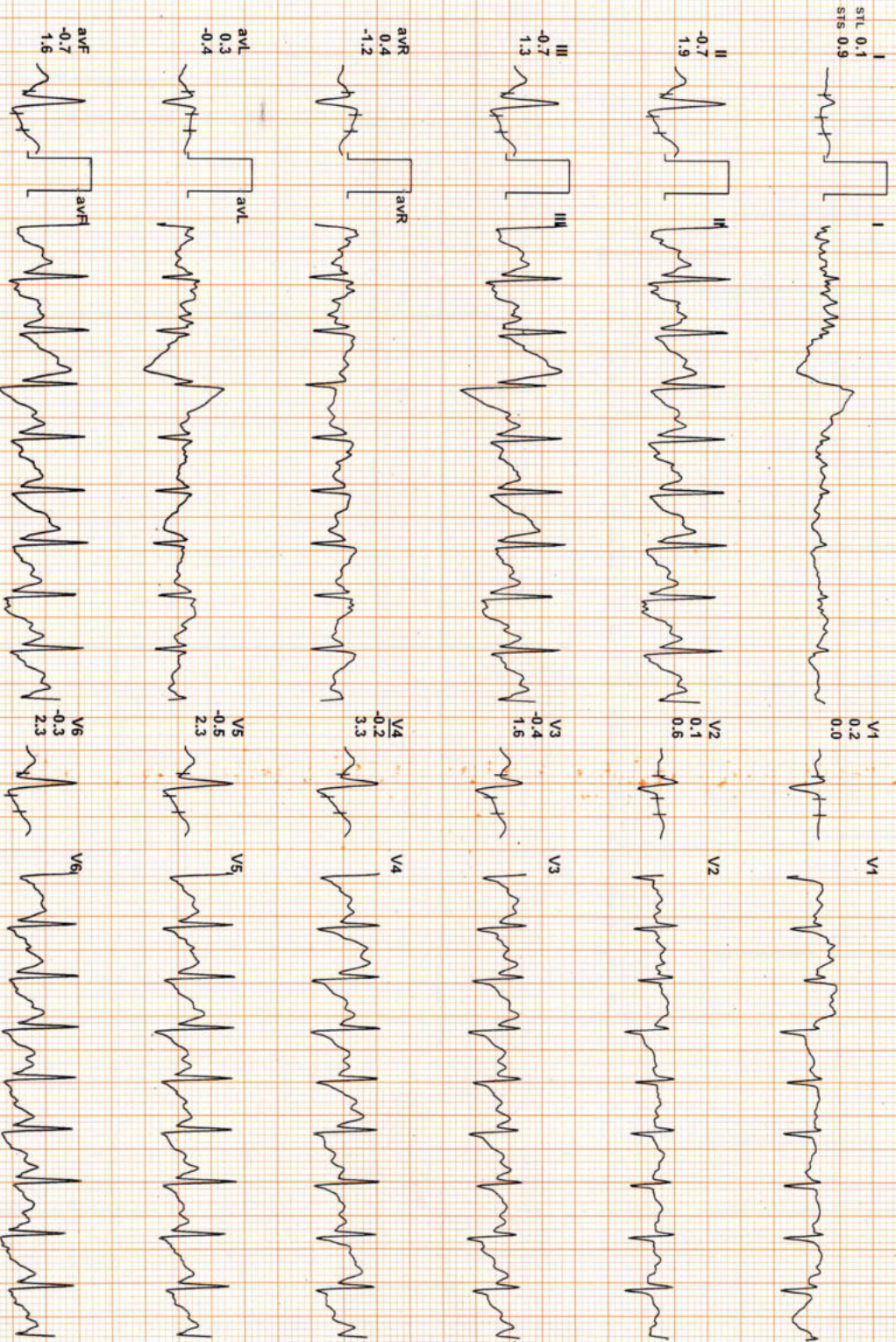
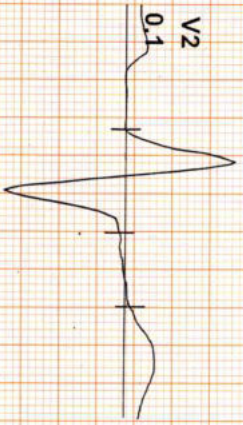
Date: 04 / 12 / 2022

METS: 7.1/ 180 bpm 97% of THR BP: 136/80 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



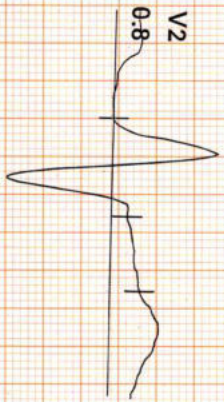
REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

(ADX_GEM217220330)(R)Allengers



4X 60 MS Post J

ExTime: 09:00 3.4 mph, 14.0%
25 mm/Sec. 1.0 Cm/mV



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

REMARKS:

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MRS. SUNITA KUMARI / 34 Yrs / F / 0 Cms / 0 Kg / HR : 192

Date: 04 / 12 / 2022

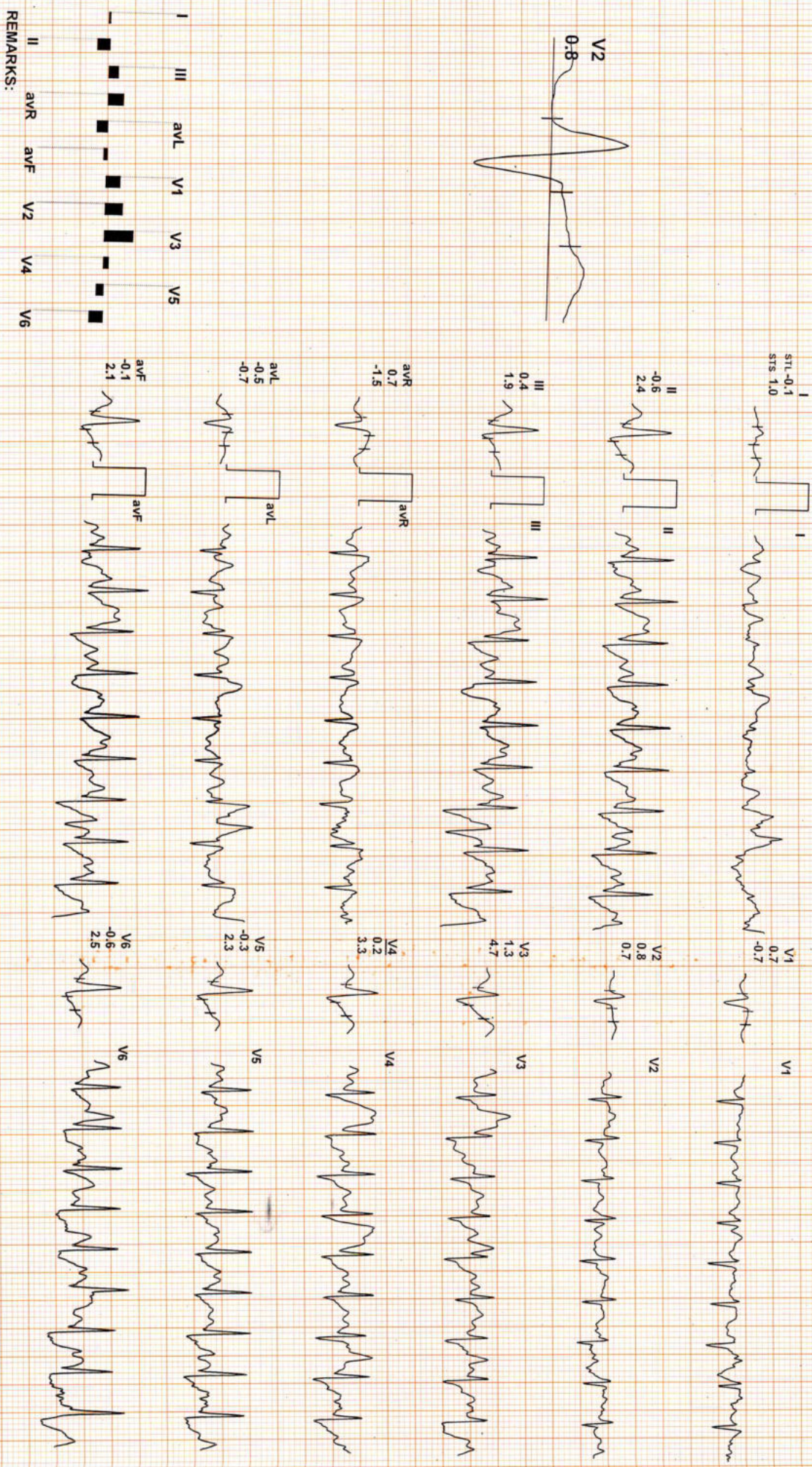
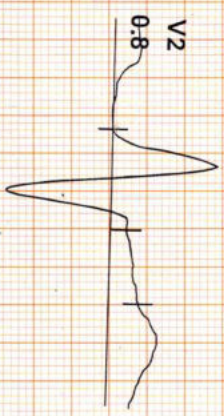
4X

60 mS Post J

METS: 10.3/ 192 bpm 103% of THR BP: 146/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

ExTime: 09:06 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

PeaKex



REMARKS:

(ADX_GEM217220330)(R)Allengers

RHO



Date: 04 / 12 / 2022

METS: 4.3/ 161 bpm 87% of THR BP- 146/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:05 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



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

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MRS. SUNITA KUMARI / 34 Yrs / F / 10 Cms / 0 Kg / HR : 137

Date: 04 / 12 / 2022

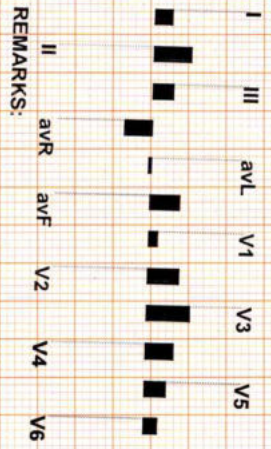
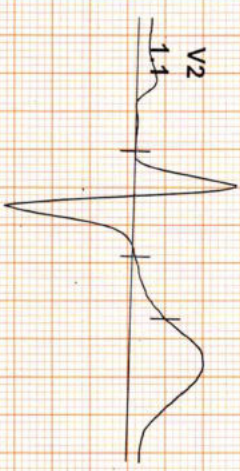
METS: 1.0/ 137 bpm 74% of THR BP: 146/80 mmHg

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

ExTime: 09:05 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post-J

Recovery(2:00)



I
STL 0.6
STS 0.9

II
1.3
3.3

III
0.7
2.4

aVR
-0.9
-2.1

aVL
-0.1
-0.8

aVF
1.0
2.9

V1
0.3
0.0

V2
1.1
1.6

V3
1.5
2.7

V4
0.9
2.8

V5
0.7
2.3

V6
0.5
1.9

REMARKS:

(ADX_GEM217220330)(R)/Allengers

RHO



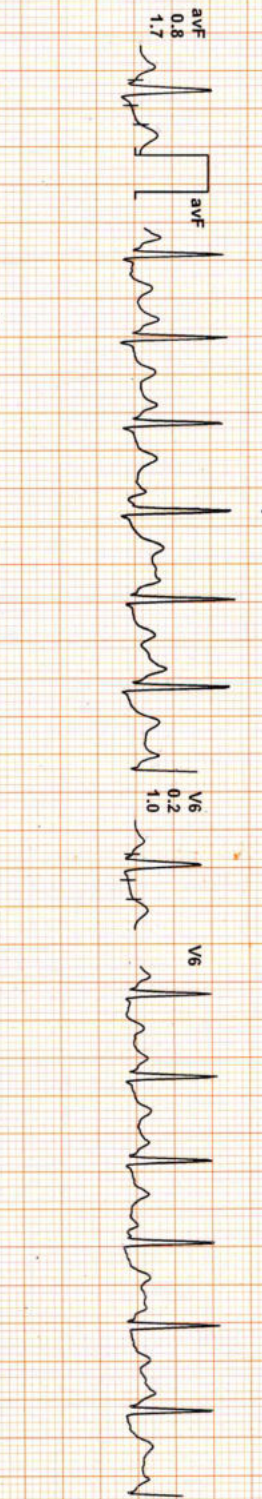
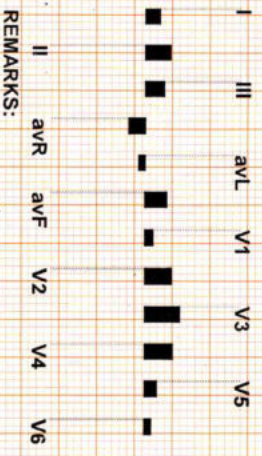
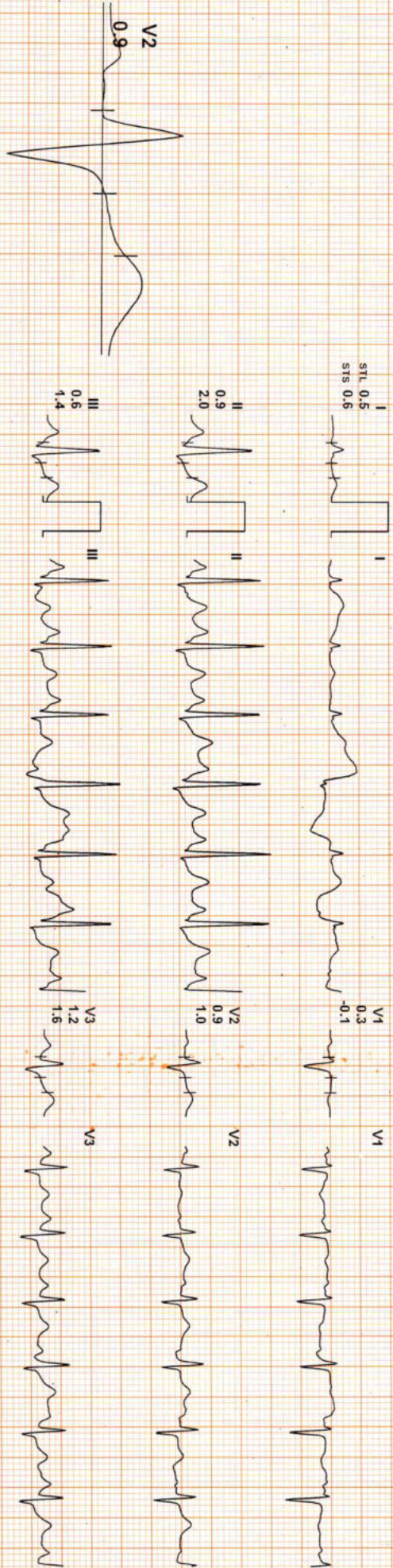
MRS. SUNITA KUMARI / 34 Yrs / F / 0 Cms / 0 Kg / HR : 129

Date: 04 / 12 / 2022

METS: 1.0/ 129 bpm 69% of THR BP: 136/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 09:05 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers



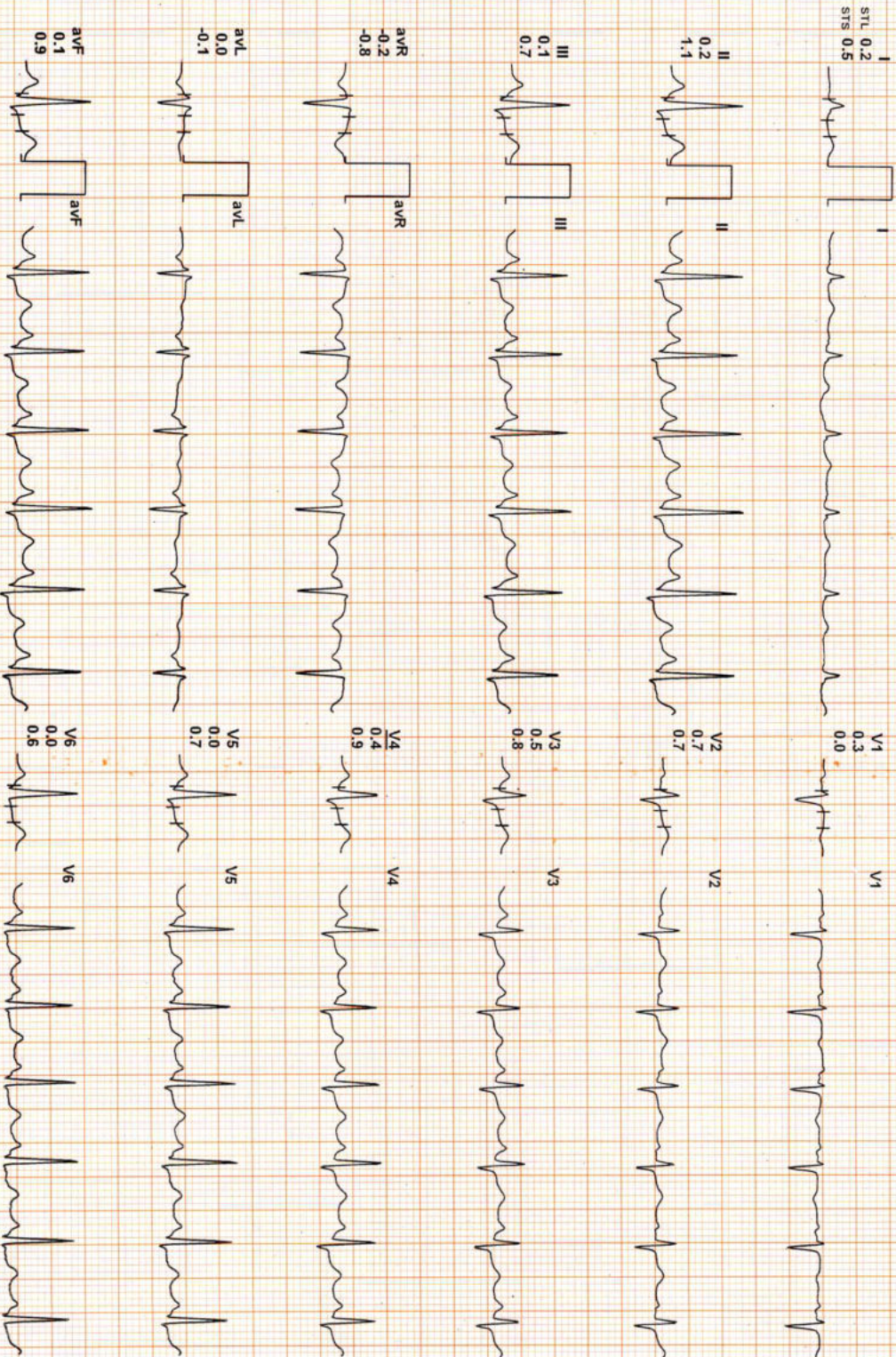
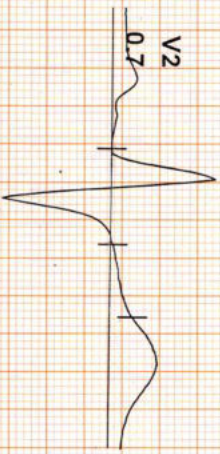
MRS. SUNITA KUMARI / 34 Yrs / F / 0 Cms / 0 Kg / HR : 125

Date: 04 / 12 / 2022

METS: 1.0/ 125 bpm 67% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 09:05 0.0 mpm, 0.0%
25 mm/Sec. 1.0 Cm/mV



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

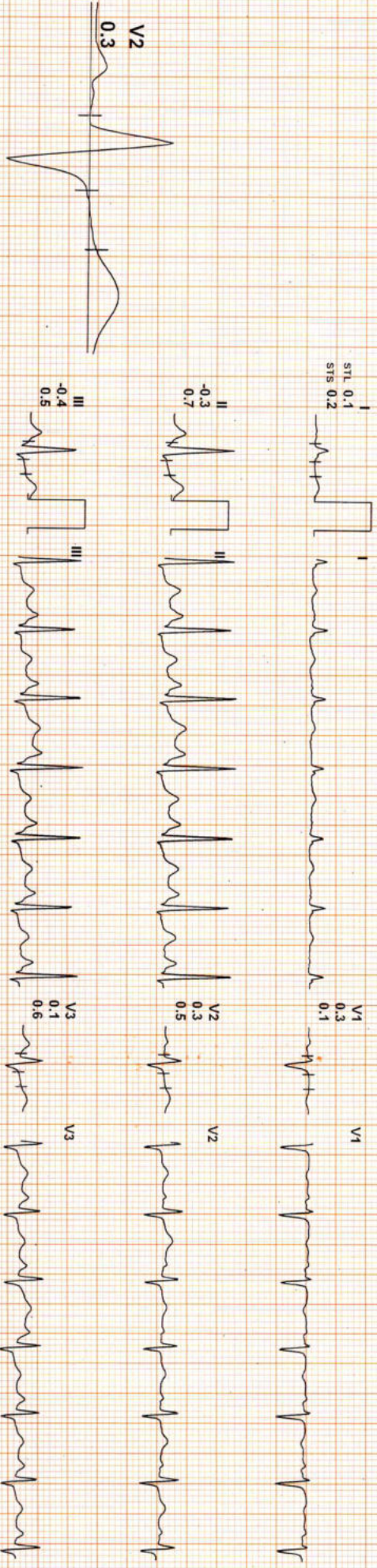
REMARKS:

(ADX_GEM217220330)(R)Allengers



4X 80 MS Post J

ExTime: 09:05 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



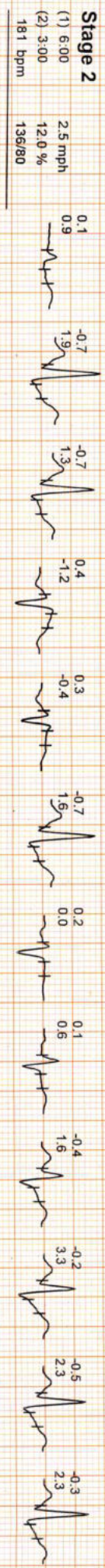
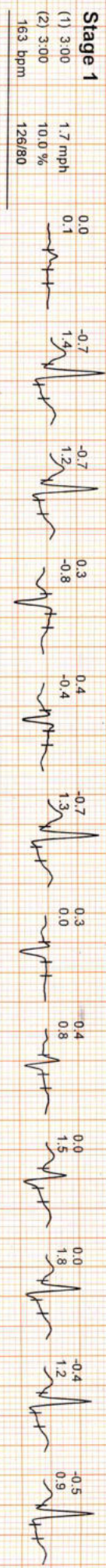
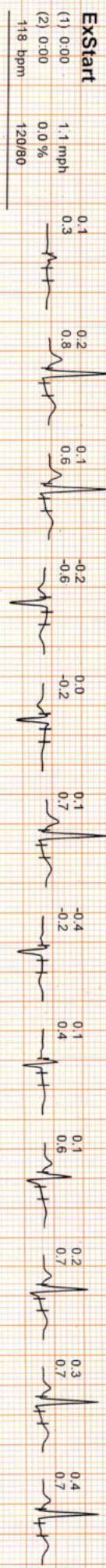
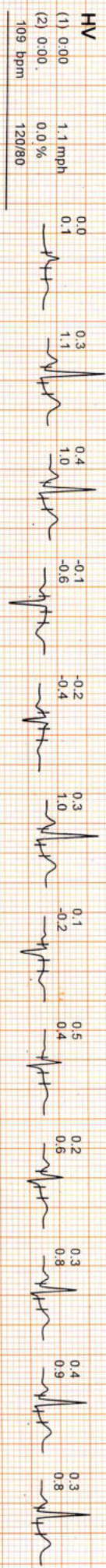
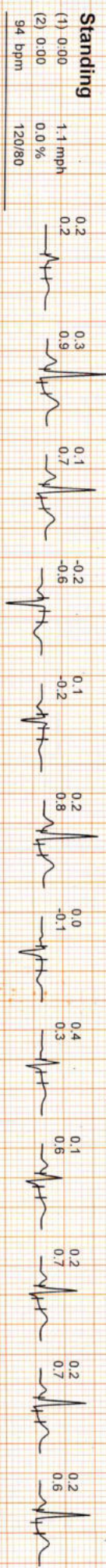
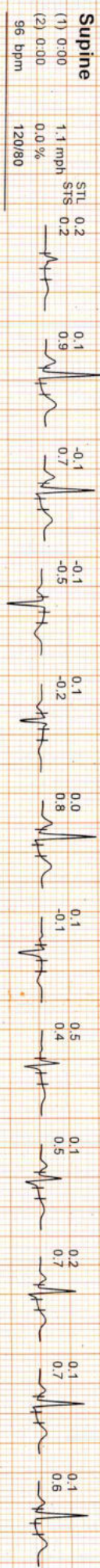
REMARKS:



MRS. SUNITA KUMARI / 34 Yrs / F / 0 Cms / 0 Kg / HR : 97

Date: 04 / 12 / 2022

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



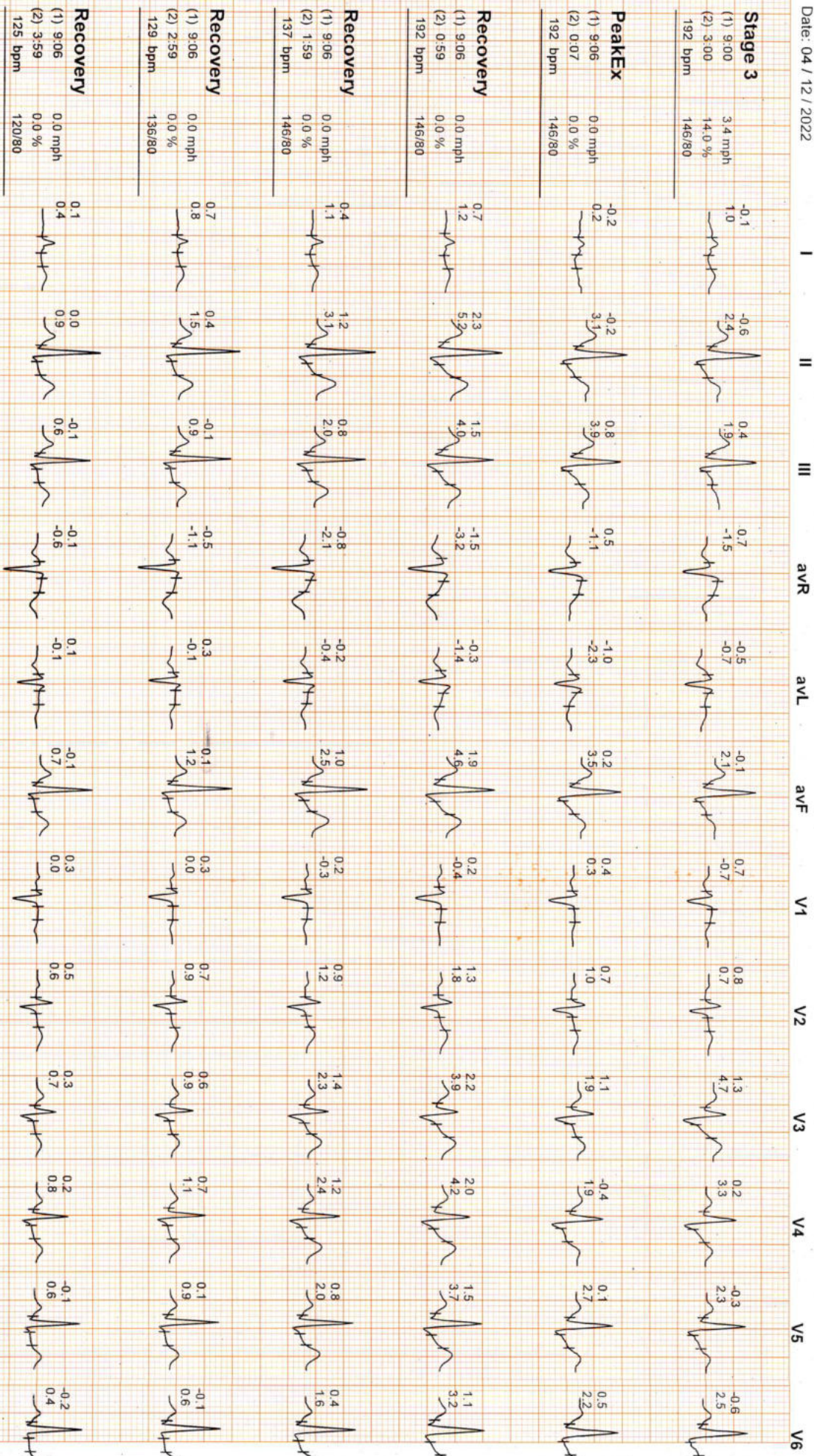
(ADX_GEM217220330)(R)Allengers

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MRS. SUNITA KUMARI / 34 YRS / F / 0 Cms / 0 Kg / HR : 97

Date: 04 / 12 / 2022

Average

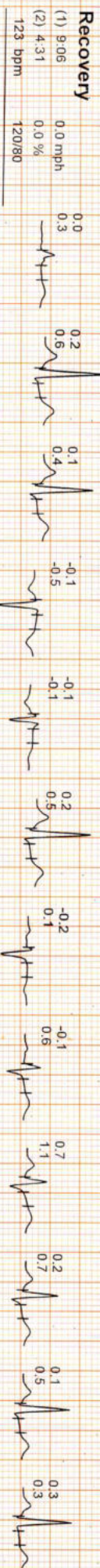


DR. GOYALS PATH LAB & IMAGING CENTER

MRS. SUNITA KUMARI / 34 Yrs / F / 0 Cms / 0 Kg / HR : 97

Date: 04 / 12 / 2022

Average



Recovery
(1) 9:06 0.0 mph
(2) 4:31 0.0 %
123 bpm 120/80

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 04/12/2022 08:57:22
NAME :- Mrs. SUNITA KUMARI
Sex / Age :- Female 34 Yrs
Company :- MediWHEEL

Patient ID :- 122228406
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 04/12/2022 09:06:31

Final Authentication : 04/12/2022 12:36:53

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.4	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	3.33 L	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	63.6	%	40.0 - 80.0
LYMPHOCYTE	24.9	%	20.0 - 40.0
EOSINOPHIL	2.3	%	1.0 - 6.0
MONOCYTE	9.0	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	1.84	10 ³ /uL	1.50 - 7.00
LYMPH#	0.83 L	10 ³ /uL	1.00 - 3.70
EO#	0.07	10 ³ /uL	0.00 - 0.40
MONO#	0.58	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.30	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	36.30	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	84.4	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.3	g/dL	31.5 - 34.5
PLATELET COUNT	152	x10 ³ /uL	150 - 410
RDW-CV	13.8	%	11.6 - 14.0
MENTZER INDEX	19.63		

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

Page No: 1 of 11



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

Dr. Goyal's

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



Date :- 04/12/2022 08:57:22
NAME :- Mrs. SUNITA KUMARI
Sex / Age :- Female 34 Yrs
Company :- MediWHEEL

Patient ID :- 122228406
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 04/12/2022 09:06:31

Final Authentication : 04/12/2022 12:36:53

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (C.B.C) 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

MUKESH SINGH
Technologist

Page No: 2 of 11



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

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



Date :- 04/12/2022 08:57:22 Patient ID :-122228406
NAME :- Mrs. SUNITA KUMARI Ref. By Dr:- BOB
 Sex / Age :- Female 34 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, CUBICET, URINE 04/12/2022 09:06:31 Final Authentication : 04/12/2022 12:42:01

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "B" POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) 93.1 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) 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.

URINE SUGAR (FASTING) Nil Nil
Collected Sample Received

KAUSHAL, MUKESH SINGH, POOJABOHRRA

Technologist
DR. HANSA
 Page No: 3 of 11



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Date :- 04/12/2022 08:57:22
NAME :- Mrs. SUNITA KUMARI
Sex / Age :- Female 34 Yrs
Company :- MediWheel

Patient ID :- 122228406
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 04/12/2022 09:06:31

Final Authentication : 04/12/2022 11:34:21

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	

POOJABOHRA
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Date :- 04/12/2022 08:57:22
NAME :- Mrs. SUNITA KUMARI
 Sex / Age :- Female 34 Yrs
 Company :- MediWheel

Patient ID :- 122228406
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 04/12/2022 09:06:31

Final Authentication : 04/12/2022 11:47:36

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	175.51	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	37.10	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	75.82	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	93.51	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	7.42	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	2.31		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.23		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	452.95	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>			

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Date :- 04/12/2022 08:57:22 Patient ID :- 122228406
NAME :- Mrs. SUNITA KUMARI Ref. By Dr:- BOB
 Sex / Age :- Female 34 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 04/12/2022 09:06:31 Final Authentication : 04/12/2022 11:47:36

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.53	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	0.19	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.34	mg/dl	0.30-0.70
SGOT Method:- IFCC	27.4	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	30.1	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	55.70	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	18.90	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.06	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.37	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.69	gm/dl	2.20 - 3.50
A/G RATIO	1.62		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)

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Date :- 04/12/2022 08:57:22
NAME :- Mrs. SUNITA KUMARI
Sex / Age :- Female 34 Yrs
Company :- MediWheel

Patient ID :-122228406
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 04/12/2022 09:06:31

Final Authentication : 04/12/2022 11:47:36

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.82	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.94	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Date :- 04/12/2022 08:57:22

Patient ID :-122228406

NAME :- Mrs. SUNITA KUMARI

Ref. By Dr:- BOB

Sex / Age :- Female 34 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 04/12/2022 09:06:31

Final Authentication : 04/12/2022 11:47:36

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	19.7	mg/dl	0.0 - 23.0

KAUSHAL

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Date :- 04/12/2022 08:57:22
NAME :- Mrs. SUNITA KUMARI
Sex / Age :- Female 34 Yrs
Company :- MediWHEEL

Patient ID :- 122228406
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 04/12/2022 09:06:31

Final Authentication : 04/12/2022 12:36:53

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.5	%	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 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
Method:- Calculated Parameter

111 mg/dL

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

MUKESH SINGH
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Date :- 04/12/2022 08:57:22 Patient ID :-122228406
NAME :- Mrs. SUNITA KUMARI Ref. By Dr:- BOB
 Sex / Age :- Female 34 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- URINE Sample Collected Time 04/12/2022 09:06:31 Final Authentication : 04/12/2022 11:34:21

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.020		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
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

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NAME :- Mrs. SUNITA KUMARI Ref. By Dr:- BOB
 Sex / Age :- Female 34 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 04/12/2022 09:06:31 Final Authentication : 04/12/2022 11:26:09

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.201	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.105	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 T4 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

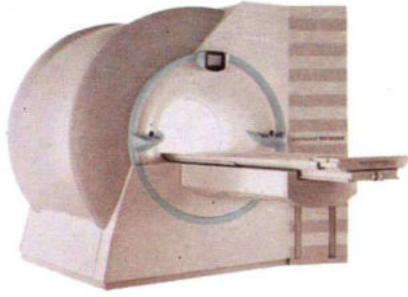
*** End of Report ***

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NAME :- Mrs. SUNITA KUMARI
Sex / Age :- Female 34 Yrs
Company :- MediWheel

Patient ID :- 122228406
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 04/12/2022 10:19:32

BOB PACKAGEFEMALE BELOW 40

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1

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Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

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Date :- 04/12/2022 08:57:22

NAME :- Mrs. SUNITA KUMARI

Sex / Age :- Female 34 Yrs

Company :- MediWheel

Patient ID :- 122228406

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 04/12/2022 11:05:34

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 or calculus.

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

Uterus is anteverted and normal in size and measures 66 x 49 x 61 mm .

Multiple (5-6 in number) intramural and subserosal fibroids are seen, largest subserosal measuring ~37 x26 mm seen projecting from anterior myometrium & largest intramural on posterior wall measuring ~ 18 x 13mm.

Endometrial echo is normal. Endometrial thickness is 5.5 mm.

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

IMPRESSION:

*** Intramural and subserosal uterine fibroids.**

Needs clinical correlation & further evaluation

*** End of Report ***

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