भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

आधार

नामांकन क्रमांक/Enrolment No.: 2091/66100/00345

Khushbu Rav (खुशबु राव)
W/O Mahipal Singh Rav, 27 B Balaji Vihar 58, Khora Bisal, Jhotwara, Khorabeesal, Jaipur, Rajasthan - 302012

Date: 07/05/2018

आपका आधार क्रमांक/ Your Aadhaar No.:

**3323 9392 9369**

मेरा आधार, मेरी पहचान

सूचना

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- पहचान का प्रमाण ऑनलाइन ऑथेन्टिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

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भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

खुशबु राव
Khushbu Rav
जन्म तिथि/ DOB: 22/10/1989
महिला / FEMALE

पता:
W/O महिपाल सिंह राव,
27 बी बालाजी विहार 58,
खोरा बीसल, झोटवाडा,
खोराबीसल, जयपुर,
राजस्थान राजस्थान -
302012

**Address:**
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MERA AADHAAR, MERI PEHACHAN

# 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


MC - 2300

Date :- 24/07/2021 09:20:39
**NAME :- Mrs. KHUSHBU RAV**
Sex / Age :- Female 31 Yrs 9 Mon 2 Days
Company :- MediWheel

Patient ID :-12211341
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA | Sample Collected Time24/07/2021 09:31:00 | Final Authentication : 24/07/2021 11:56:08

## HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **HAEMOGARAM** | | | |
| **HAEMOGLOBIN (Hb)** | **11.1** L | g/dL | 12.0 - 15.0 |
| **TOTAL LEUCOCYTE COUNT** | 6.62 | /cumm | 4.00 - 10.00 |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | |
| NEUTROPHIL | 60.6 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 28.5 | % | 20.0 - 40.0 |
| EOSINOPHIL | 5.8 | % | 1.0 - 6.0 |
| MONOCYTE | 4.9 | % | 2.0 - 10.0 |
| BASOPHIL | 0.2 | % | 0.0 - 2.0 |
| NEUT# | 4.02 | 10^3/uL | 1.50 - 7.00 |
| LYMPH# | 1.89 | 10^3/uL | 1.00 - 3.70 |
| EO# | 0.38 | 10^3/uL | 0.00 - 0.40 |
| MONO# | 0.32 | 10^3/uL | 0.00 - 0.70 |
| BASO# | 0.01 | 10^3/uL | 0.00 - 0.10 |
| TOTAL RED BLOOD CELL COUNT (RBC) | 4.74 | x10^6/uL | 3.80 - 4.80 |
| HEMATOCRIT (HCT) | **34.10** L | % | 36.00 - 46.00 |
| MEAN CORP VOLUME (MCV) | **72.1** L | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | **23.3** L | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 32.4 | g/dL | 31.5 - 34.5 |
| **PLATELET COUNT** | 280 | x10^3/uL | 150 - 410 |
| RDW-CV | **17.1** H | % | 11.6 - 14.0 |
| MENTZER INDEX | 15.21 | | |

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.

**Technologist**

C.L.SAINI

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

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### HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| Erythrocyte Sedimentation Rate (ESR) | **23** H | mm/hr. | 00 - 20 |

**(ESR) Methodology** : Measurment of ESR by cells aggregation.
**Instrument Name** : Indepedent form Hematocrit value by Automated Analyzer (Roller-20)
**Interpretation** : ESR test is a non-specific indicator ofinflammatory disease and abnormal protein states.
The test in used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction
Levels are higher in pregnency due to hyperfibrinogenaemia.
The "3-figure ESR " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue diseasa.

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

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## HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| BOB PACKAGEFEMALE <40 | | | |
| **GLYCOSYLATED HEMOGLOBIN (HbA1C)**<br>**Method:- HPLC** | 5.7 | % | Non-diabetic: < 5.7<br>Pre-diabetics: 5.7-6.4<br>Diabetics: = 6.5 or higher<br>ADA Target: 7.0<br>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 overthe 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 plasmaglucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHbdepends 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 measureof the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to themean of HbA1C.Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1cmeasurements. The effects vary depending on the specific Hb vatiant or derivative and the specific HbA1c method.

**Ref by ADA 2020**

| | | | |
|---|---|---|---|
| MEAN PLASMA GLUCOSE<br>**Method:- Calculated Parameter** | 112 | mg/dL | Non Diabetic < 100 mg/dL<br>Prediabetic 100- 125 mg/dL<br>Diabetic 126 mg/dL or Higher |

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Company :- MediWheel

Patient ID :-12211341
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA, PLAIN/SERUM, URINE, Sample Collected Time 24/07/2021 12:00:46 Final Authentication : 24/07/2021 12:58:54

## HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| BLOOD GROUP ABO | "B" POSITIVE | | |
| **BLOOD GROUP ABO Methodology :** Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies **(Span clone)** | | | |
| URINE SUGAR (FASTING)<br>**Collected Sample Received** | Nil | | Nil |
| URINE SUGAR PP<br>**Collected Sample Received** | Nil | | Nil |
| BLOOD UREA NITROGEN (BUN) | 7.5 | mg/dl | 0.0 - 23.0 |

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

**Technologist**

AJAYSINGH, C.L.SAINI, SURENDRAKHANGA

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Company :- MediWheel

Patient ID :-12211341
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na [illegible] 24/07/2021 12:01:13 Final Authentication : 24/07/2021 14:16:33

## BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| FASTING BLOOD SUGAR (Plasma)<br>**Method:- GOD PAP** | 88.4 | 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)<br>**Method:- GOD PAP** | 102.6 | mg/dl | 70.0 - 140.0 |

**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<br>**Method:- Colorimetric Method** | 0.85 | mg/dl | Men - 0.6-1.30<br>Women - 0.5-1.20 |
| SERUM URIC ACID<br>**Method:- Enzymatic colorimetric** | 3.81 | mg/dl | Men - 3.4-7.0<br>Women - 2.4-5.7 |

**Technologist**

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Sample Type :- PLAIN/SERUM | Sample Collected Time 24/07/2021 09:31:00 | Final Authentication : 24/07/2021 11:54:19

## BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **LIPID PROFILE** | | | |
| TOTAL CHOLESTEROL<br>**Method:- Enzymatic Endpoint Method** | 159.88 | mg/dl | Desirable <200<br>Borderline 200-239<br>High> 240 |
| TRIGLYCERIDES<br>**Method:- GPO-PAP** | 106.31 | mg/dl | Normal <150<br>Borderline high 150-199<br>High 200-499<br>Very high >500 |
| VLDL CHOLESTEROL<br>**Method:- Calculated** | 21.26 | mg/dl | 0.00 - 80.00 |

**Technologist**

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## BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| DIRECT HDL CHOLESTEROL<br>**Method:- Direct clearance Method** | 37.99 | mg/dl | Low < 40<br>High > 60 |
| DIRECT LDL CHOLESTEROL<br>**Method:- Direct clearance Method** | 104.17 | mg/dl | Optimal <100<br>Near Optimal/above optimal 100-129<br>Borderline High 130-159<br>High 160-189<br>Very High > 190 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO<br>**Method:- Calculated** | 4.21 | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO<br>**Method:- Calculated** | 2.74 | | 0.00 - 3.50 |
| TOTAL LIPID<br>**Method:- CALCULATED** | 486.68 | mg/dl | 400.00 - 1000.00 |

**TOTAL CHOLESTEROL** **InstrumentName**:Randox Rx Imola **Interpretation**: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

**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.

**DIRECT HDLCHOLESTERO** **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.

**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.

**TOTAL LIPID AND VLDL ARE CALCULATED**

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## BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **LIVER PROFILE WITH GGT** | | | |
| SERUM BILIRUBIN (TOTAL)<br>**Method:- Colorimetric method** | 0.64 | mg/dl | Up to - 1.0 Cord blood <2 mg/dL<br>Premature < 6 days <16mg/dL<br>Full-term < 6 days= 12 mg/dL<br>1month - <12 months <2 mg/dL<br>1-19 years <1.5 mg/dL<br>Adult - Up to - 1.2<br>Ref-(ACCP 2020) |
| SGOT<br>**Method:- IFCC** | 30.7 | U/L | Men- Up to - 37.0<br>Women - Up to - 31.0 |
| SGPT<br>**Method:- IFCC** | **32.0** H | U/L | Men- Up to - 40.0<br>Women - Up to - 31.0 |
| SERUM ALKALINE PHOSPHATASE<br>**Method:- AMP Buffer** | 47.00 | IU/L | 30.00 - 120.00 |
| SERUM TOTAL PROTEIN<br>**Method:- Biuret Reagent** | 7.35 | g/dl | 6.40 - 8.30 |
| SERUM ALBUMIN<br>**Method:- Bromocresol Green** | 4.20 | g/dl | 3.80 - 5.00 |
| SERUM GLOBULIN<br>**Method:- CALCULATION** | 3.15 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.33 | | 1.30 - 2.50 |

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## BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| SERUM BILIRUBIN (DIRECT)<br>**Method:- Colorimetric Method** | 0.21 | mg/dL | Adult - Up to 0.25<br>Newborn - <0.6 mg/dL<br>>- 1 month - <0.2 mg/dL |
| SERUM BILIRUBIN (INDIRECT)<br>**Method:- Calculated** | 0.43 | mg/dl | 0.30-0.70 |
| SERUM GAMMA GT<br>**Method:- IFCC** | 8.70 | U/L | 7.00 - 32.00 |

**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 hepatobilary 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 areseen 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) are observed with infectious hepatitis.

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## IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **TOTAL THYROID PROFILE** | | | |
| SERUM TSH<br>**Method:- Enhanced Chemiluminescence Immunoassay** | 2.860 | µIU/mL | 0.465 - 4.680 |

**Technologist**

ANANDSHARMA

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## IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| SERUM TOTAL T3<br>**Method:- Chemiluminescence(Competitive immunoassay)** | 1.290 | ng/ml | 0.970 - 1.690 |
| SERUM TOTAL T4<br>**Method:- Chemiluminescence(Competitive immunoassay)** | 7.530 | ug/dl | 5.500 - 11.000 |

**InstrumentName**: VITROS ECI **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.

**InstrumentName**: VITROS ECI **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.

**InstrumentName**: VITROS ECI **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 |

**Technologist**

ANANDSHARMA

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

# Dr. Goyal's
## HEALTHCARE PVT. LTD.

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur
Tele: 0141-2293346, 4049787, 9887443311, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com


Date :- 24/07/2021 09:20:39
**NAME :- Mrs. KHUSHBU RAV**
Sex / Age :- Female 31 Yrs 9 Mon 2 Days
Company :- MediWheel

Patient ID :-12211341
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 24/07/2021 14:17:31

BOB PACKAGEFEMALE <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 ***

**Anita sharma**
Checked by KANARAM




Dr. Piyush Goyal MBBS, DMRD | Dr. Poonam Gupta MD (Radiologist) | Dr. Ankita Gupta MD, DNB. (Radio Diagnosis) | Dr. Parul Gupta Modi MD, DNB. (Radiologist) | Dr. Aman Mamodia MBBS, DMRD, DNB. (Radio Diagnosis)

# Dr. Goyal's

## PATH LAB & IMAGING CENTRE

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

Date :- 24/07/2021 09:20:39
**NAME :- Mrs. KHUSHBU RAV**
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Company :- MediWheel

Patient ID :-12211341
Ref. By Doctor:-BOB
Lab/Hosp :-

BOB PACKAGEFEMALE <40

Final Authentication 24/07/2021 16:55:23

### 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 80x46x40 mm . Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 6.6 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:**
**Normal Study.**
**Needs clinical correlation & further evaluation**

*** End of Report ***



SAVITA

Transcript by:

**Dr. Piyush Goyal** M.B.B.S., D.M.R.D. RMC Reg. No. 017998
**Dr. Poonam Gupta** M.B.B.S., MD (Radio Diagnosis) RMC Reg. No. 32495
**Dr. Aman Mamodia** M.B.B.S., D.M.R.D., D.N.B. (Radio Diagnosis) RMC Reg. No. 32618
**Dr. Ankita Gupta** M.D., D.N.B. (Radio Diagnosis) RMC Reg. No. 32838
**Dr. Hitesh Kumar Sharma** M.B.B.S., D.M.R.D. RMC Reg. No. 27380

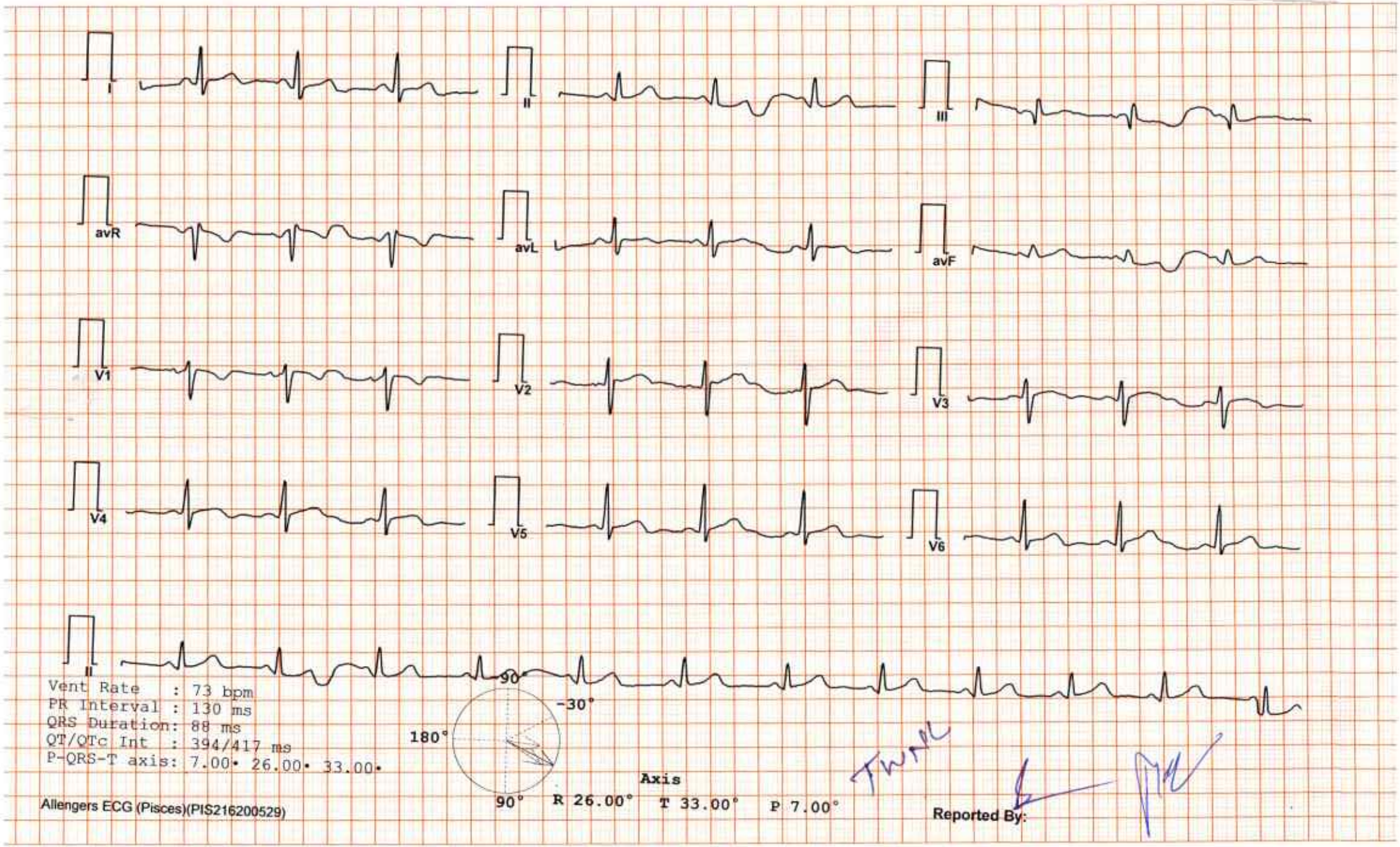
**DIGITAL PATH LAB & IMAGING CENTER, JAIPUR**

**191 / MRS KHUSHBU RAV / 31 Yrs / F/ Non Smoker**

Heart Rate : 73 bpm / Tested On : 24-Jul-21 11:28:00 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By.: BOB

**ECG**

AGHPL




Vent Rate : 73 bpm
PR Interval : 130 ms
QRS Duration: 88 ms
QT/QTc Int : 394/417 ms
P-QRS-T axis: 7.00• 26.00• 33.00•

Axis R 26.00° T 33.00° P 7.00°

Allengers ECG (Pisces)(PIS216200529)

Reported By:

JAIPUR

Report

AGHPL

59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg Date: 24-Jul-2021 Refd By : BOB Examined By:

| Stage | Time | Duration | Speed(mph) | Elevation | METs | Rate | % THR | BP | RPP | PVC | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Supine | 00:38 | 0:38 | 01.1 | 00.0 | 01.0 | 076 | 40 % | 110/70 | 083 | 00 | |
| Standing | 00:51 | 0:13 | 01.1 | 00.0 | 01.0 | 079 | 42 % | 110/70 | 086 | 00 | |
| HV | 01:03 | 0:12 | 01.1 | 00.0 | 01.0 | 076 | 40 % | 110/70 | 083 | 00 | |
| ExStart | 02:11 | 1:08 | 01.1 | 00.0 | 01.0 | 096 | 51 % | 110/70 | 105 | 00 | |
| BRUCE Stage 1 | 05:11 | 3:00 | 01.7 | 10.0 | 04.7 | 142 | 75 % | 120/74 | 170 | 00 | |
| BRUCE Stage 2 | 08:11 | 3:00 | 02.5 | 12.0 | 07.1 | 172 | 91 % | 130/75 | 223 | 00 | |
| PeakEx | 09:20 | 1:09 | 03.4 | 14.0 | 08.3 | 188 | 99 % | 130/75 | 244 | 00 | |
| Recovery | 10:20 | 1:00 | 00.0 | 00.0 | 01.1 | 158 | 84 % | 140/80 | 221 | 00 | |
| Recovery | 11:20 | 2:00 | 00.0 | 00.0 | 01.0 | 128 | 68 % | 130/70 | 166 | 00 | |
| Recovery | 12:20 | 3:00 | 00.0 | 00.0 | 01.0 | 116 | 61 % | 120/70 | 139 | 00 | |
| Recovery | 13:20 | 4:00 | 00.0 | 00.0 | 01.0 | 116 | 61 % | 110/70 | 127 | 00 | |
| Recovery | 14:06 | 4:45 | 00.0 | 00.0 | 01.0 | 109 | 58 % | 110/70 | 119 | 00 | |

**FINDINGS :**

| | |
|---|---|
| **Exercise Time** | : 07:09 |
| **Max HR Attained** | : 188 bpm 111% of Target 170 |
| **Max BP Attained** | : 140/80 |
| **Max WorkLoad Attained** | : 8.3 Fair response to induced stress |
| **Test End Reasons** | : Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Ac |

**REPORT :**

- TMT Negative for RMI at peak Exercise.

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**BRUCE:Supine(0:39)**

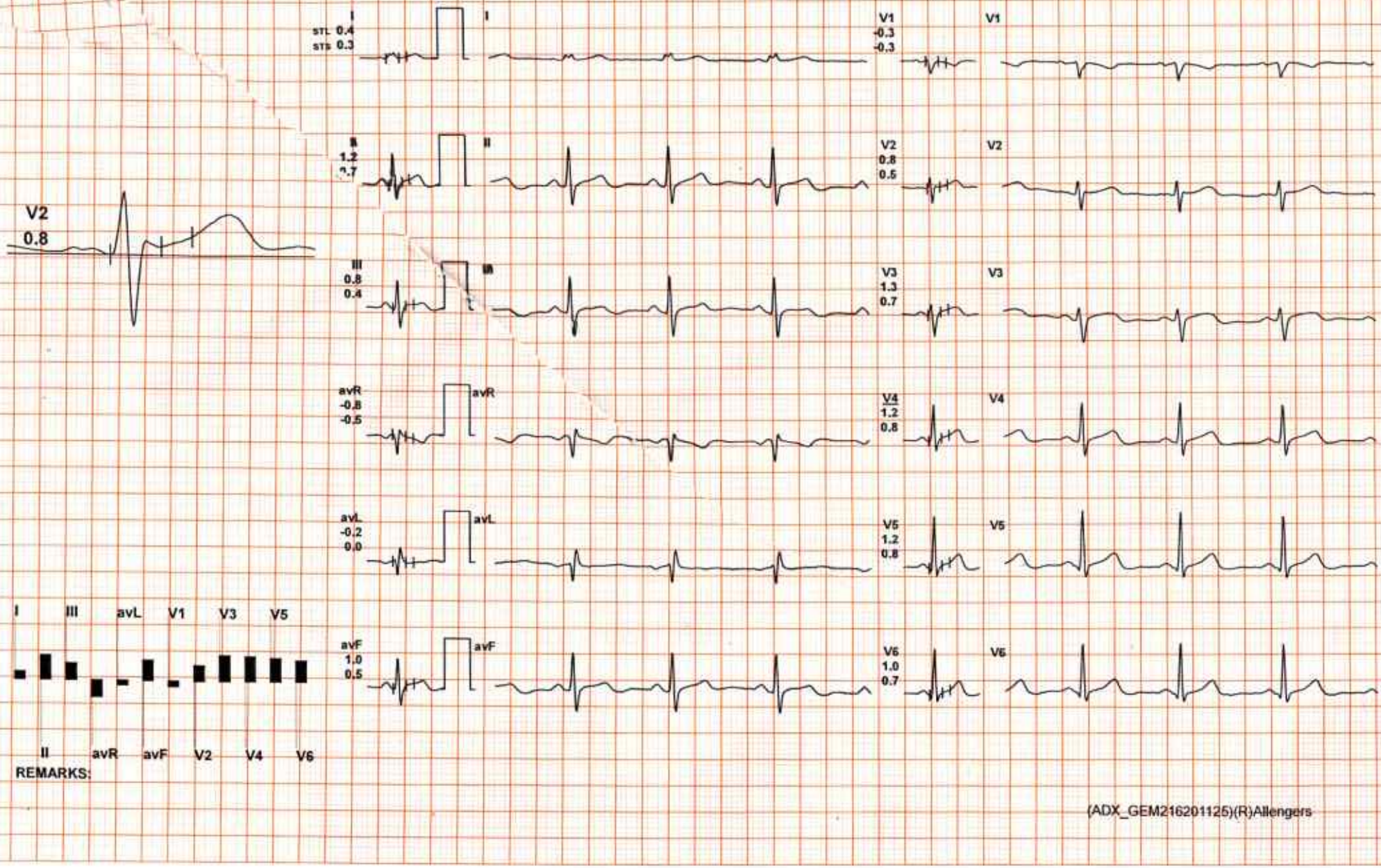
*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 76*

Date: 24-Jul-2021 11:35:39 AM METS: 1.0/ 76 bpm 45% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J




REMARKS:

(ADX_GEM216201125)(R)Allengers

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*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 79*

**BRUCE:Standing(0:14)**

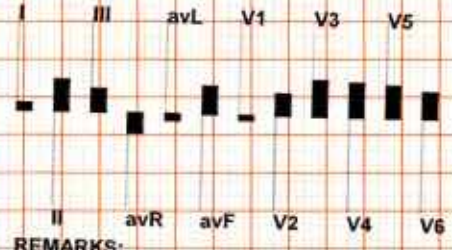
AGHPL

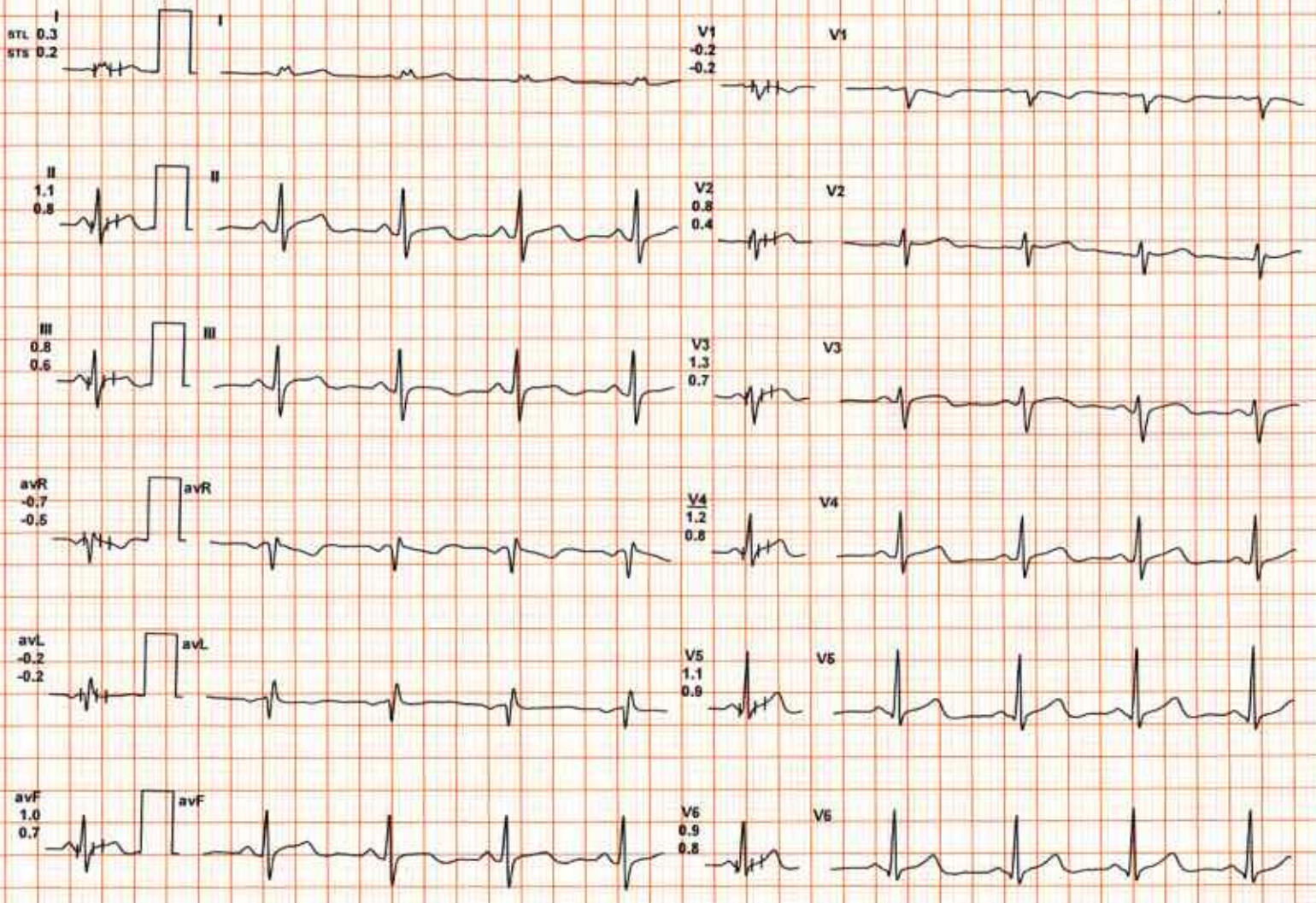
Date: 24-Jul-2021 11:35:39 AM METS: **1.0/ 79** bpm **46%** of THR BP: **110/70 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: **00:00** **1.1** mph, **0.0%**

**25 mm/Sec. 1.0 Cm/mV**

**4X** **80 mS Post J**


**REMARKS:**

(ADX_GEM216201125)(R)Allengers

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**BRUCE:HV(0:12)**

AGHPL

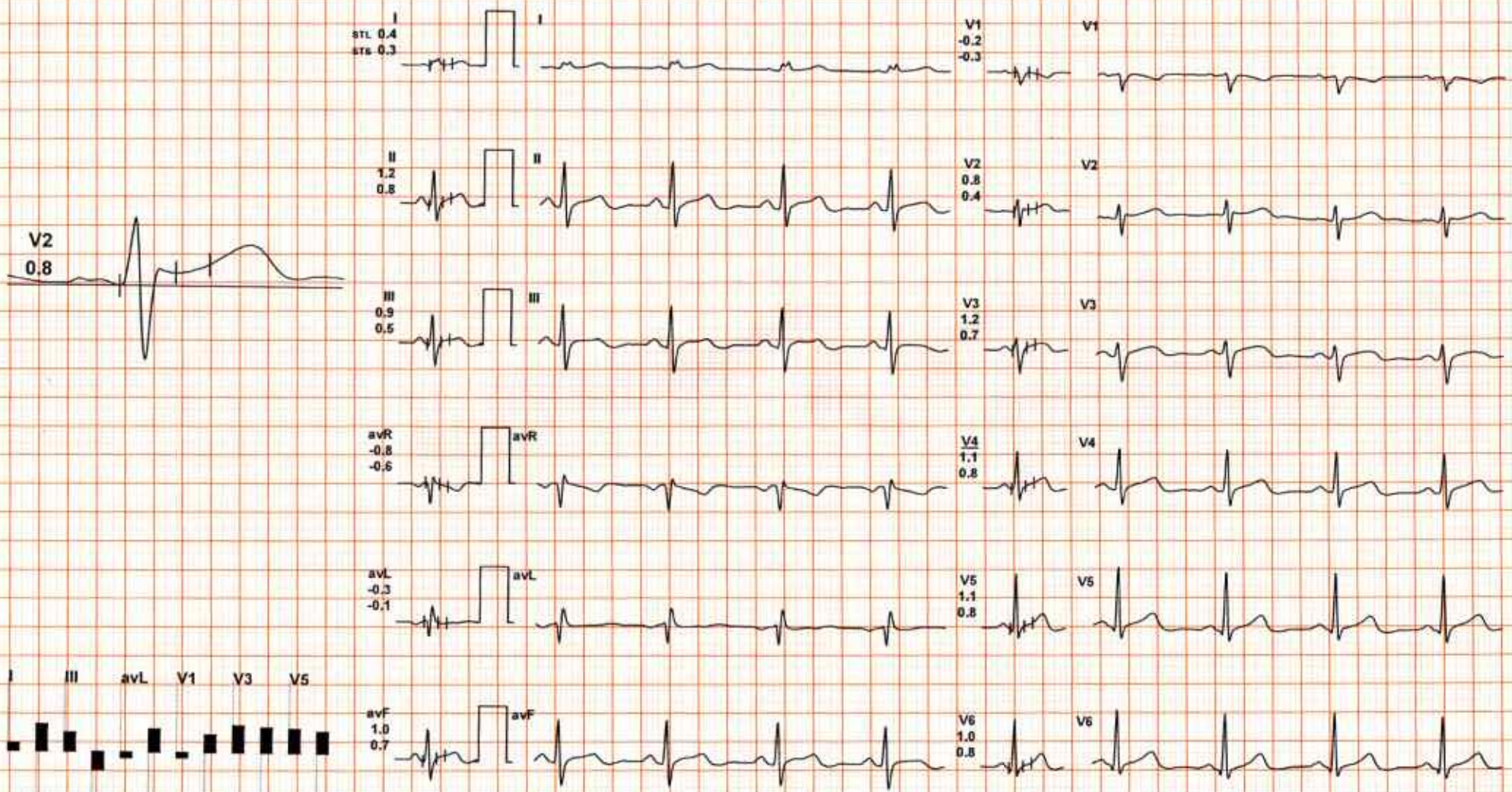
*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 76*

Date: 24-Jul-2021 11:35:39 AM METS: **1.0/ 76** bpm **45%** of THR BP: **110/70 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_GEM216201125)(R)Allengers

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*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 96*

**ExStart**

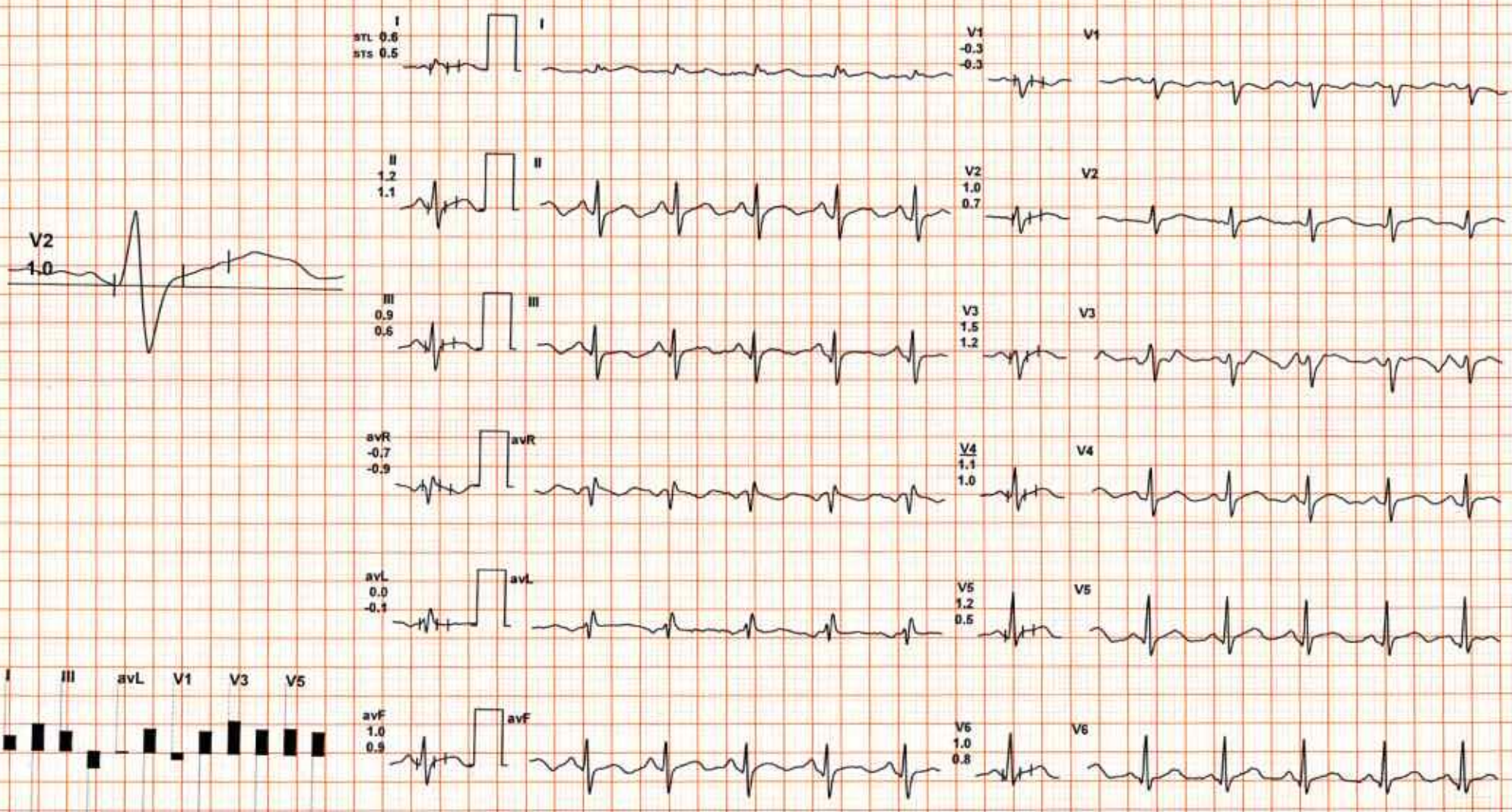
AGHPL

Date: 24-Jul-2021 11:35:39 AM METS: **1.0/ 96** bpm **56%** of THR BP: **110/70 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: **00:00** **1.1** mph, **0.0%**

**25 mm/Sec. 1.0 Cm/mV**

**4X** **80 mS Post J**




REMARKS:

(ADX_GEM216201125)(R)Allengers

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**BRUCE:Stage 1(3:00)**

AGHPL

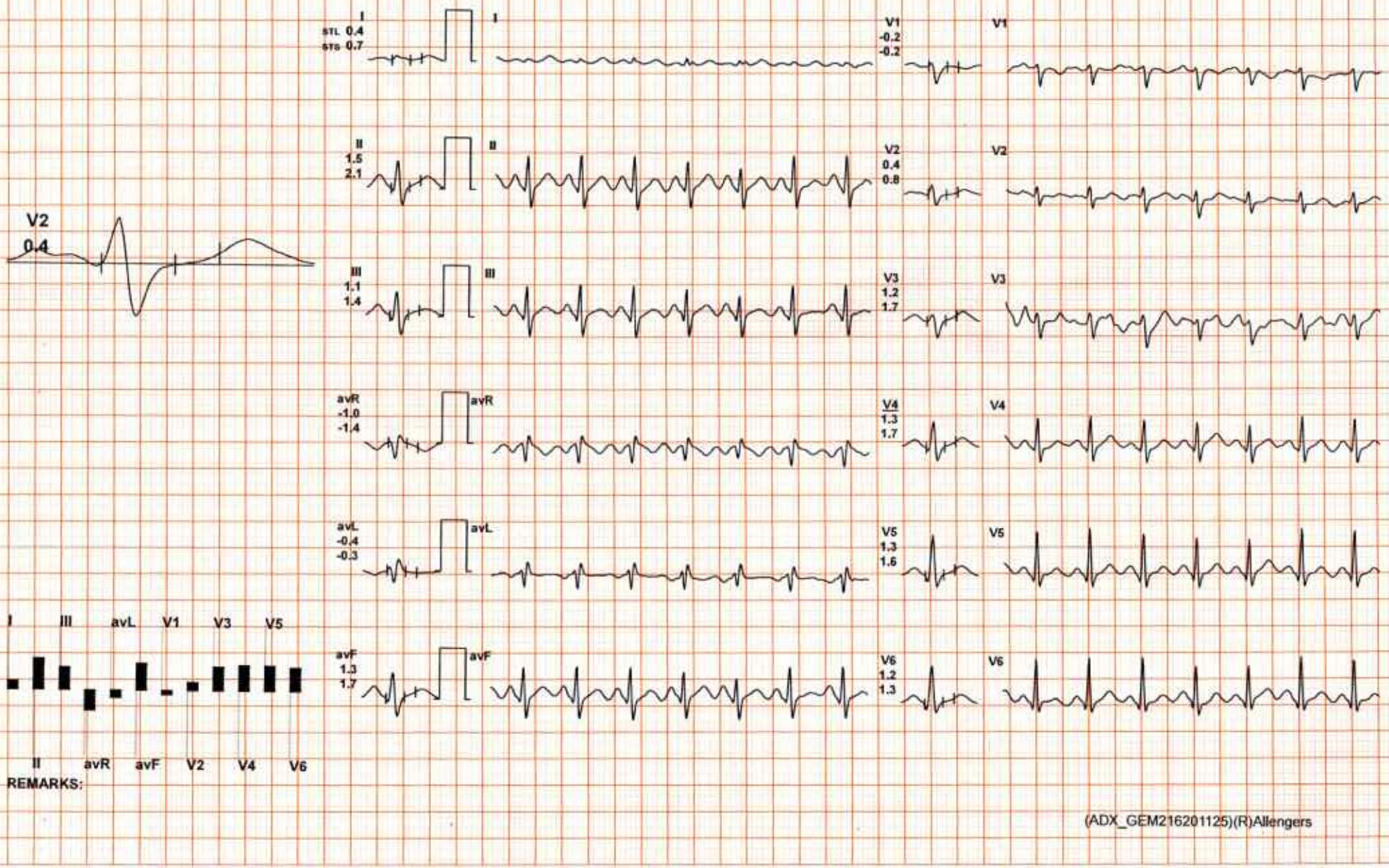
*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 142*

Date: 24-Jul-2021 11:35:39 AM METS: **4.7/ 142** bpm **84%** of THR BP: **120/74 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_GEM216201125)(R)Allengers

**DR.GOYAL'S PATH LAB & IMAGING CENTER**

**BRUCE:Stage 2(3:00)**

AGHPL

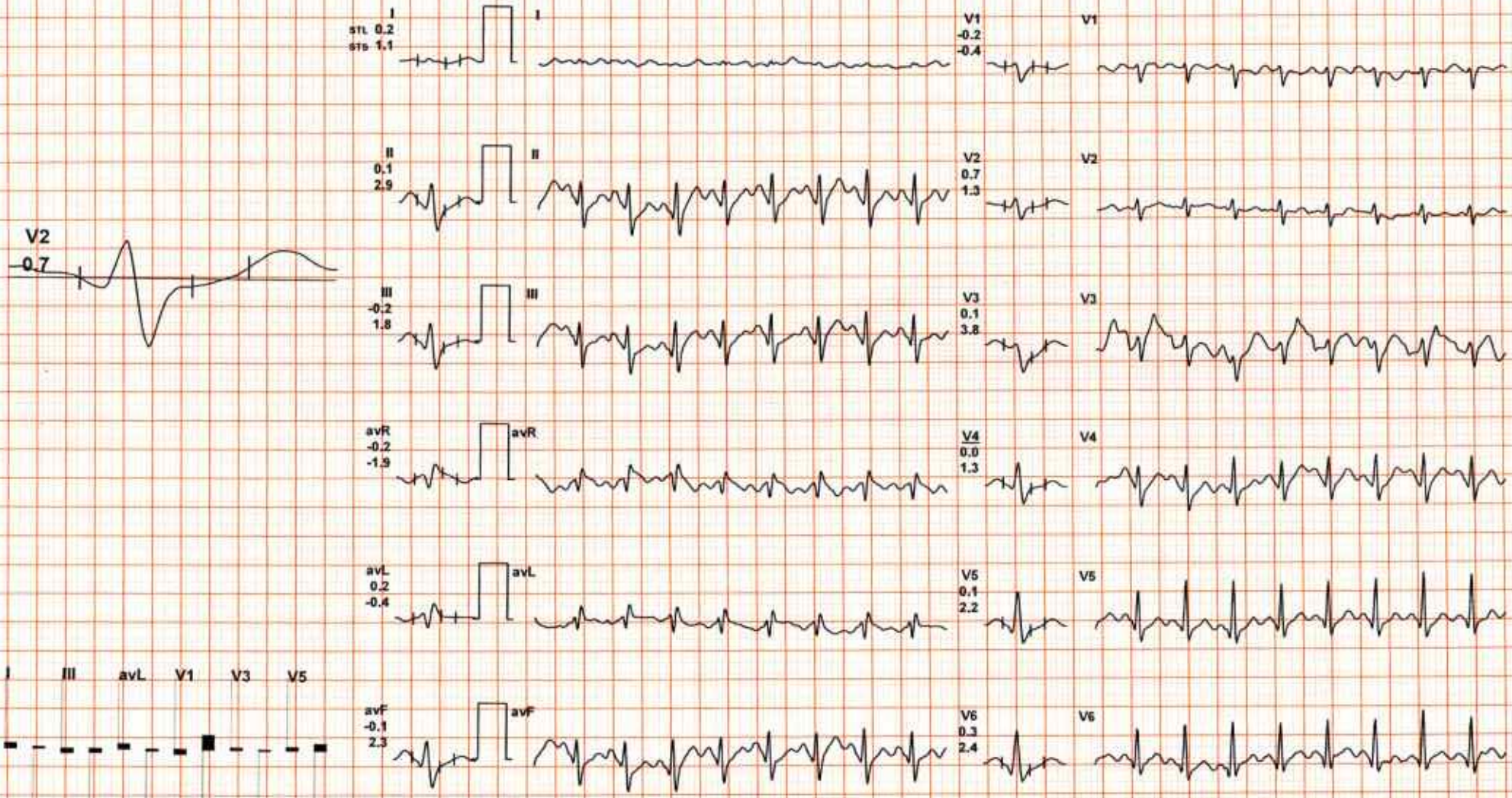
*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 172*

Date: 24-Jul-2021 11:35:39 AM METS: **7.1/ 172** bpm **101%** of THR BP: **130/75 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: **06:00** **2.5** mph, **12.0%**

**25 mm/Sec. 1.0 Cm/mV**

**4X** **60 mS Post J**




**REMARKS:**

(ADX_GEM216201125)(R)Allengers

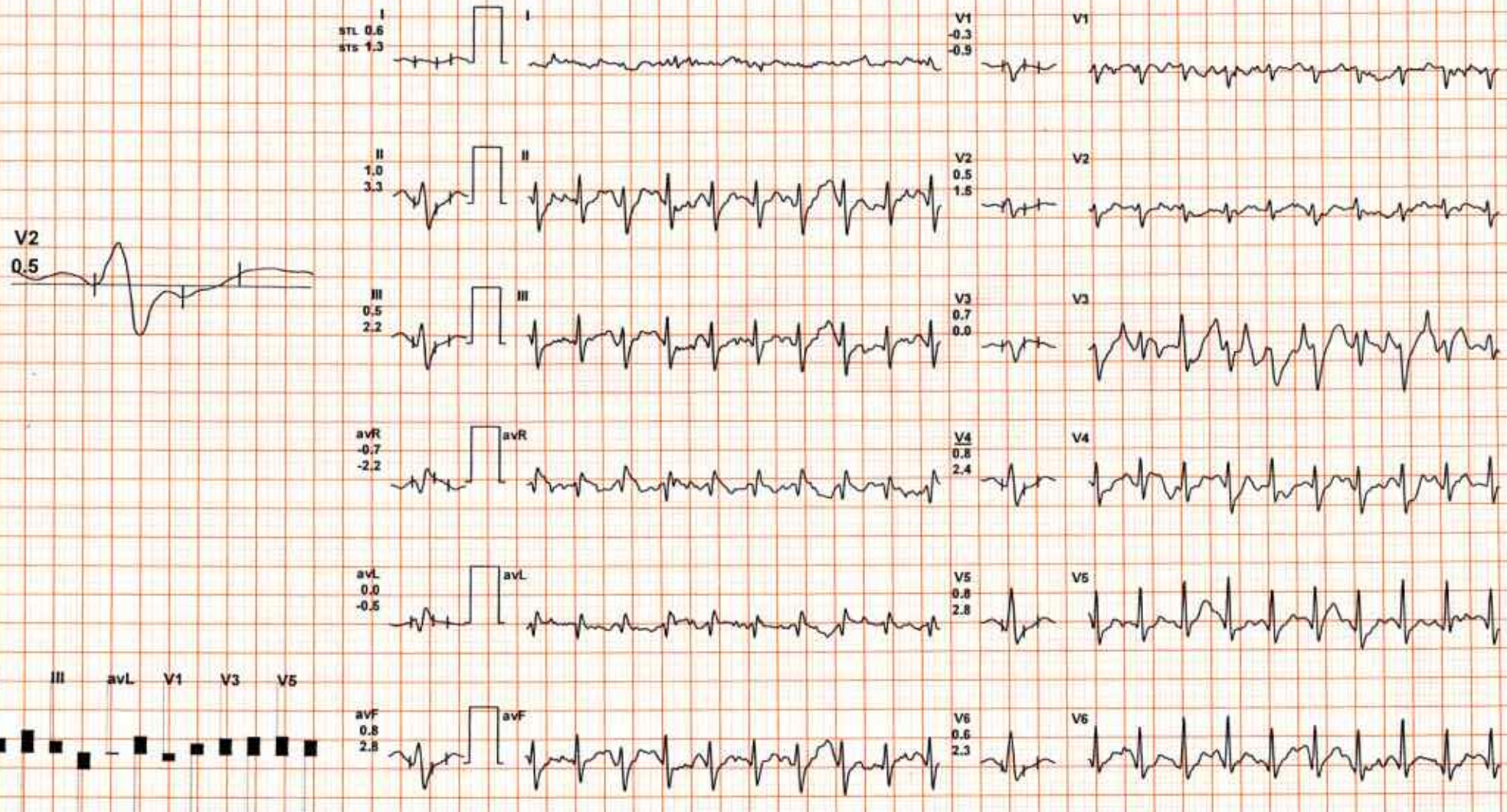
**DR.GOYAL'S PATH LAB & IMAGING CENTER**

**PeakEx**

*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 188*

Date: 24-Jul-2021 11:35:39 AM METS: **8.3/ 188** bpm **111%** of THR BP: **130/75 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **07:10** **3.4** mph, **14.0%**

**4X** **60 mS Post J** **25 mm/Sec. 1.0 Cm/mV**




**REMARKS:**

(ADX_GEM216201125)(R)Allengers

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**Recovery(1:00)**

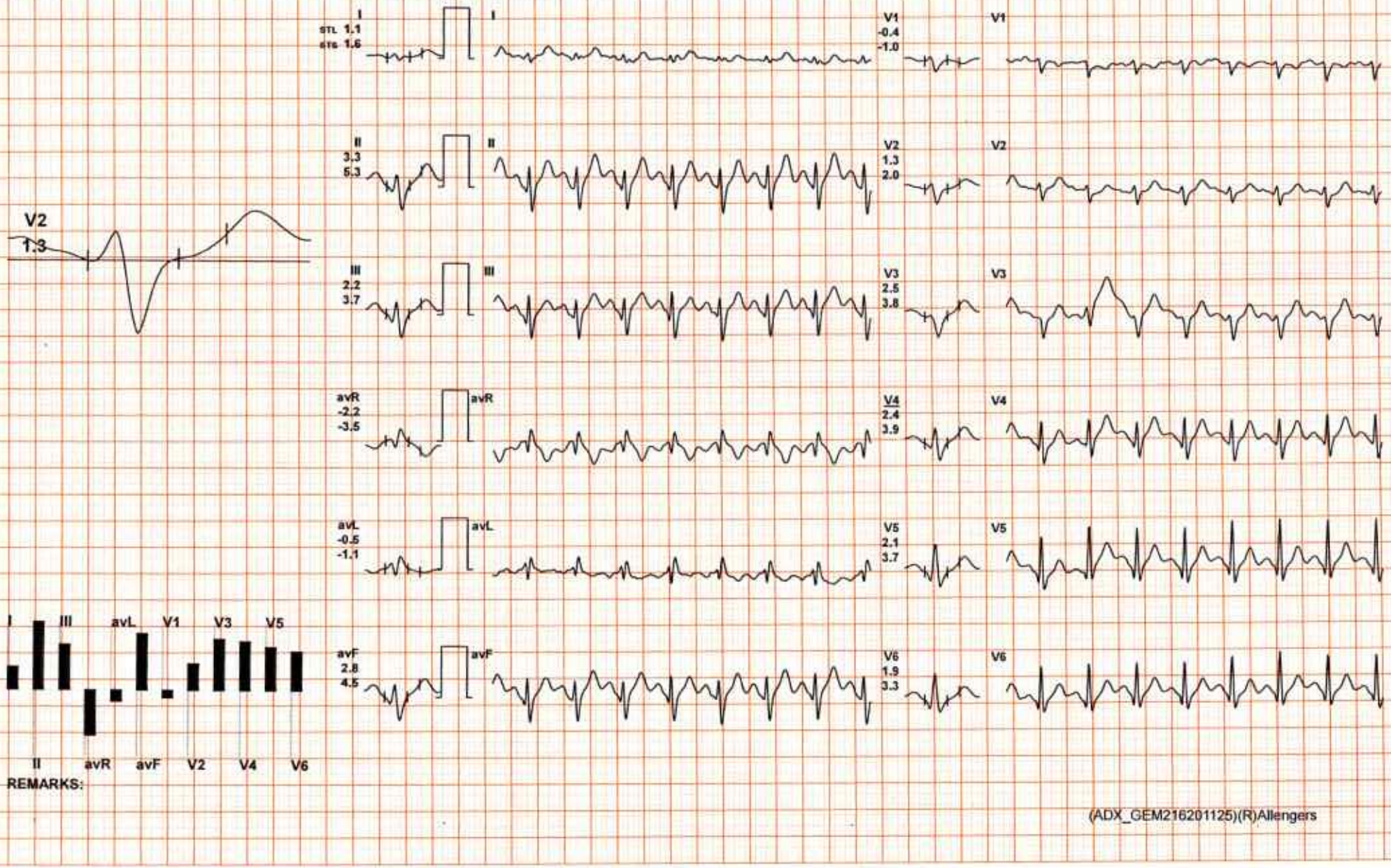
AGHPL

*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 158*

Date: 24-Jul-2021 11:35:39 AM METS: **1.1/ 158** bpm **93%** of THR BP: **140/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **07:09** **0.0** mph, **0.0%**

**4X** **60 mS Post J**

**25 mm/Sec. 1.0 Cm/mV**




**REMARKS:**

(ADX_GEM216201125)(R)Allengers

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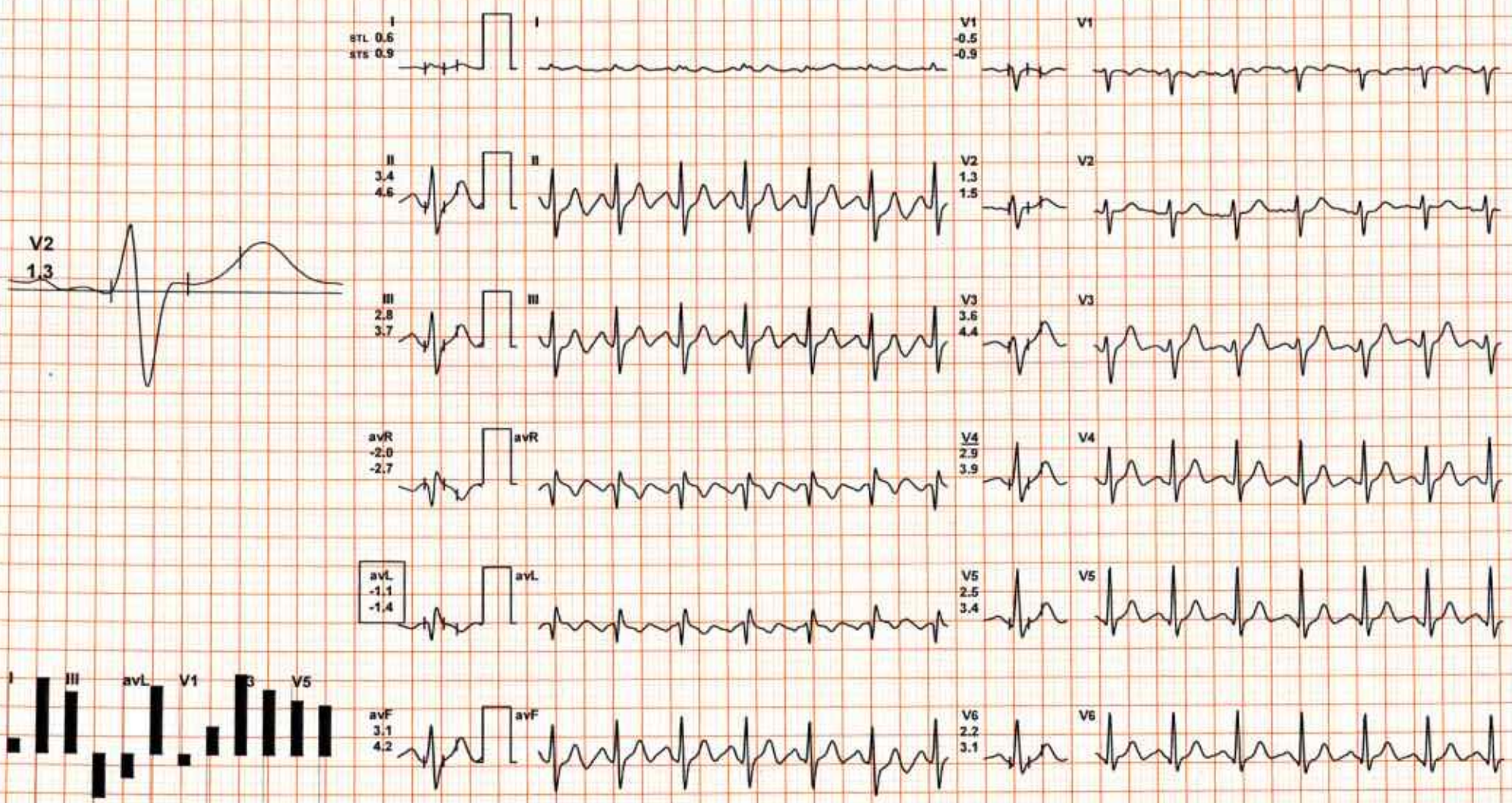
**Recovery(2:00)**

AGHPL

*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 128*

Date: 24-Jul-2021 11:35:39 AM METS: **1.0/ 128** bpm **75%** of THR BP: **130/70 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **07:09** **0.0** mph, **0.0%**

**4X** **70 mS Post J** **25 mm/Sec. 1.0 Cm/mV**




REMARKS:

(ADX_GEM216201125)(R)Allengers

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**Recovery(3:00)**

AGHPL

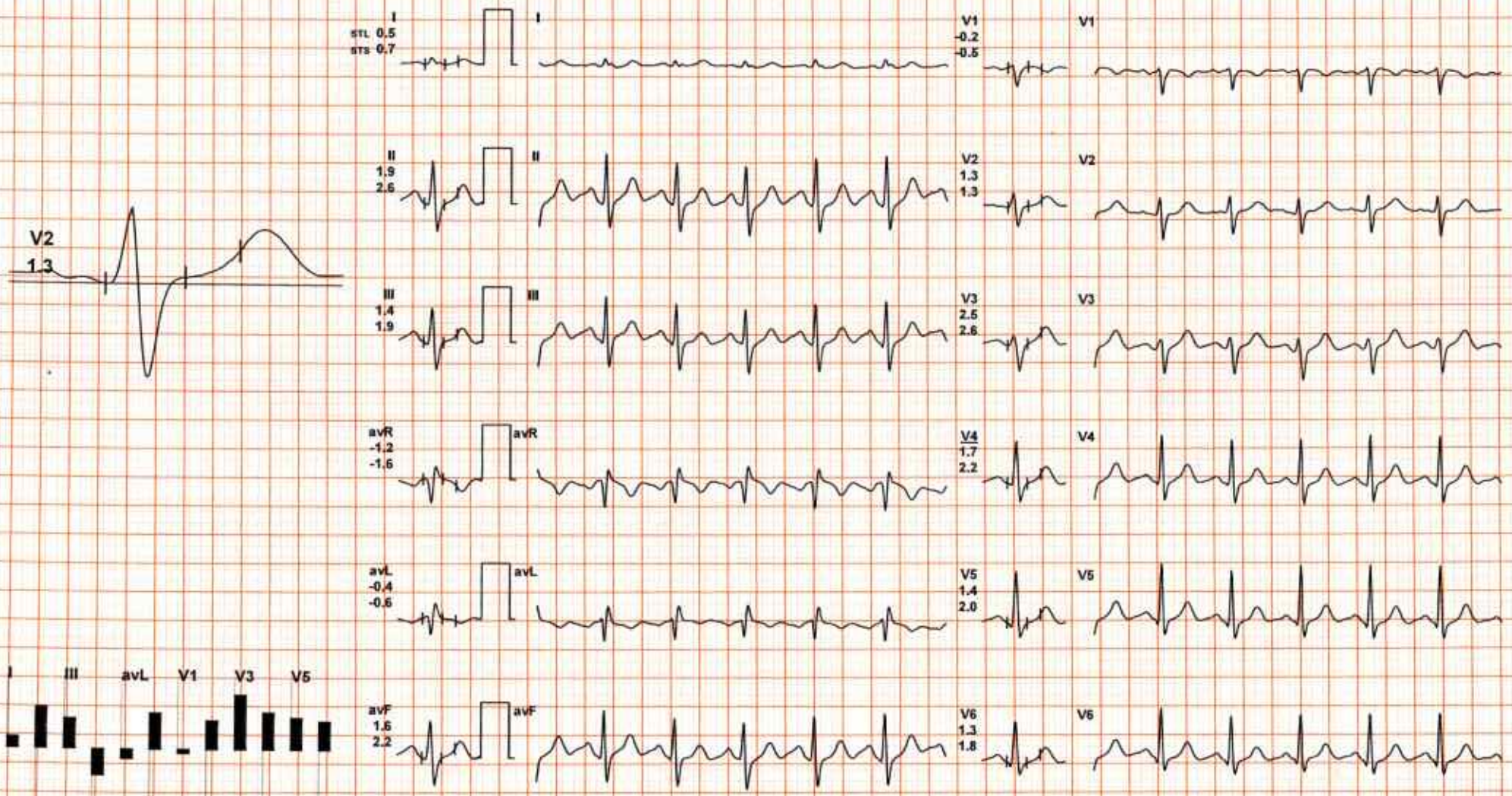
*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 116*

Date: 24-Jul-2021 11:35:39 AM METS: **1.0/ 116** bpm **68%** of THR BP: **120/70 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: **07:09** **0.0** mph, **0.0%**

**4X** **80 mS Post J**

**25 mm/Sec. 1.0 Cm/mV**




**REMARKS:**

(ADX_GEM216201125)(R)Allengers

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**Recovery(4:00)**

AGHPL

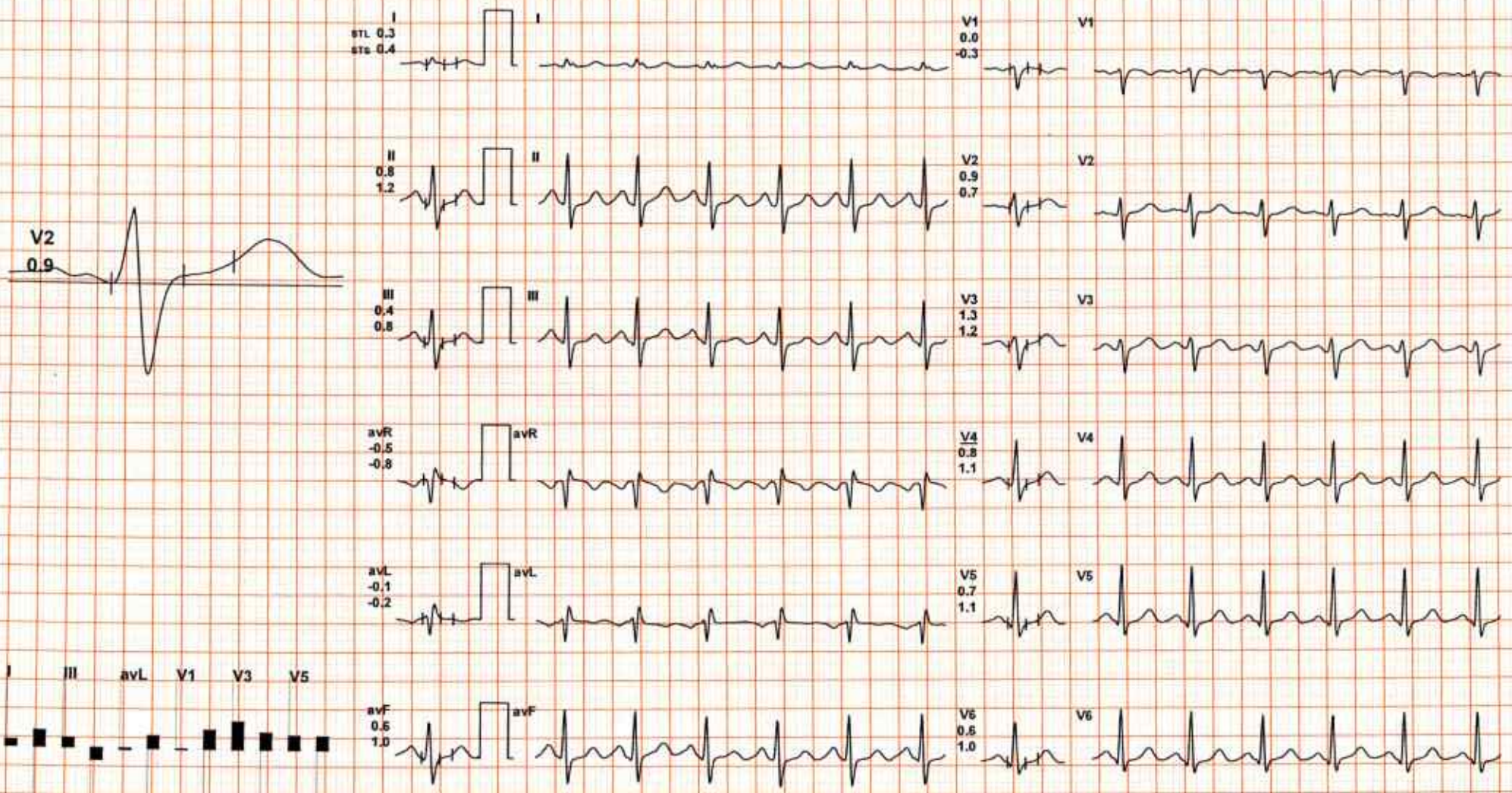
*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 116*

Date: 24-Jul-2021 11:35:39 AM METS: **1.0/ 116** bpm **68%** of THR BP: **110/70 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: **07:09** **0.0** mph, **0.0%**

**4X** **80 mS Post J**

**25 mm/Sec. 1.0 Cm/mV**




**REMARKS:**

(ADX_GEM216201125)(R)Allengers

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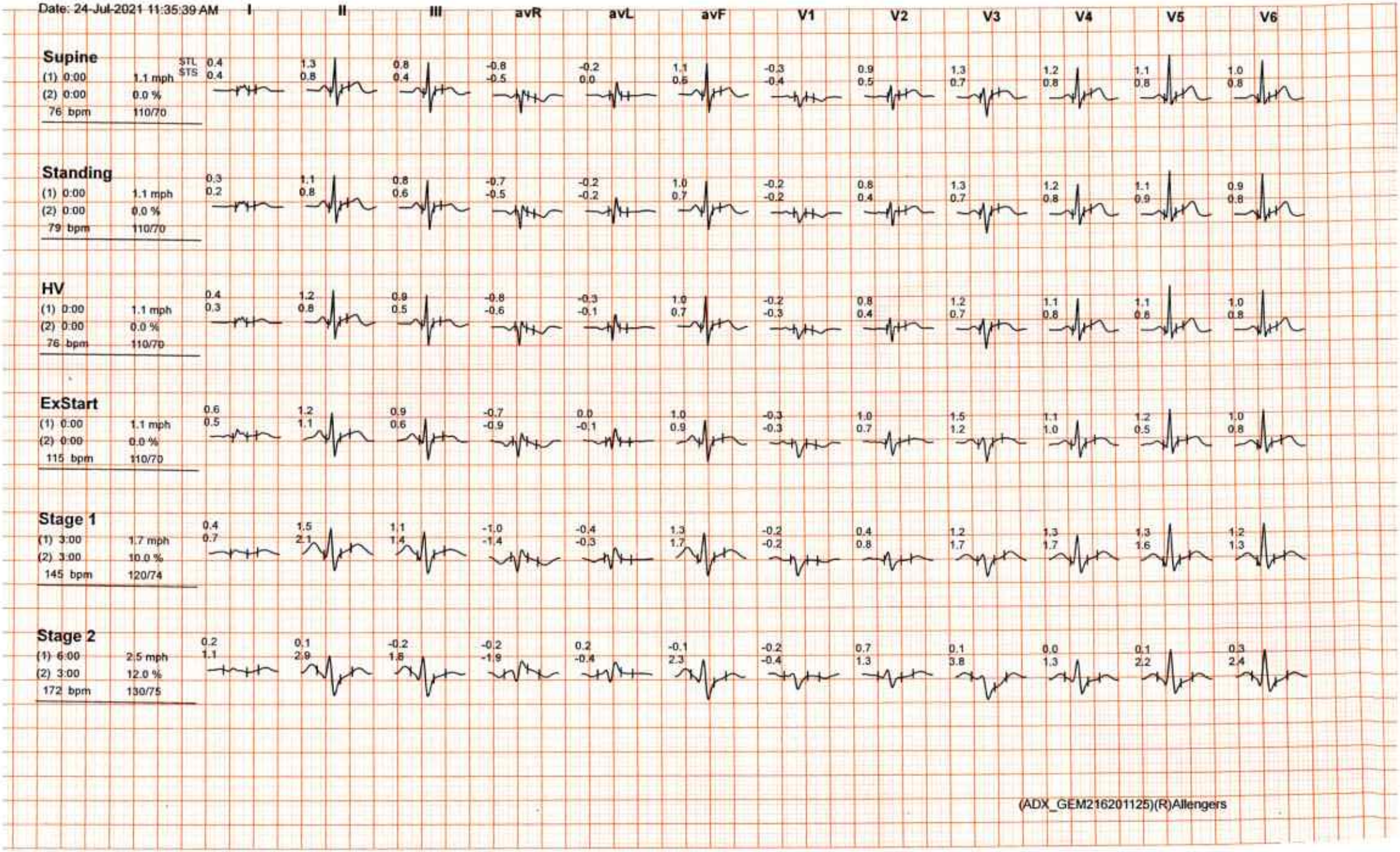
**Average**

*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 77*

Date: 24-Jul-2021 11:35:39 AM




(ADX_GEM216201125)(R)Allengers

**DR.GOYAL'S PATH LAB & IMAGING CENTER**

*59 / MRS KHUSHBU RAV / 31 Yrs / F / 0 Cms / 0 Kg / HR : 77*

Date: 24-Jul-2021 11:35:39 AM

**Average**

AGHPL