

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

Date of Examination: 13/04/2024

Name: Neha Goyal Age: 30 Sex: F.

DOB: 02/05/1993

Referred By: medinheel.

Photo ID: Adhar ID #: Attached

Ht: 161 (cm)

Wt: 75 (Kg)

Chest (Expiration): 62 (cm)

Abdomen Circumference: 67 (cm)

Blood Pressure: 117/85 mm Hg PR: 76 / min

BMI 28.9

Eye Examination: DIS VISION 6/12, Near vision N/G.

No colour blindness

Other: Not significant.

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

Signature Of Examinee: Neha Name of Examinee: _____

Signature Medical Examiner: _____ Name Medical Examiner _____

Dr. Piyush Goyal
M.B.B.S. D.M.R.D.
RMC Reg. No. 017008




Download Date: 21/12/2019
 
 Name Date: 04/12/2019

नेहा गोयल
 Neha Goyal
 जन्म तिथि/DOB: 01/05/1993
 लिंग/SEX: FEMALE

4257 3412 7524

मेरा आधार, मेरी पहचान




पता:
 आसपास : मदन मोहन गोयल, - 7, कच्छवाय पट्टा, गांव -
 हिंसाऊ सिटी, हिंसाऊ, कारासु, राजस्थान - 322230

Address:
 D/O : Madan Mohan Goyal, - 7, Kachhwaya pada,
 village - Hindsau City, Hindsau, Karauli, Rajasthan
 - 322230



4257 3412 7524

1947 | help@uidai.gov.in | www.uidai.gov.in

Neha

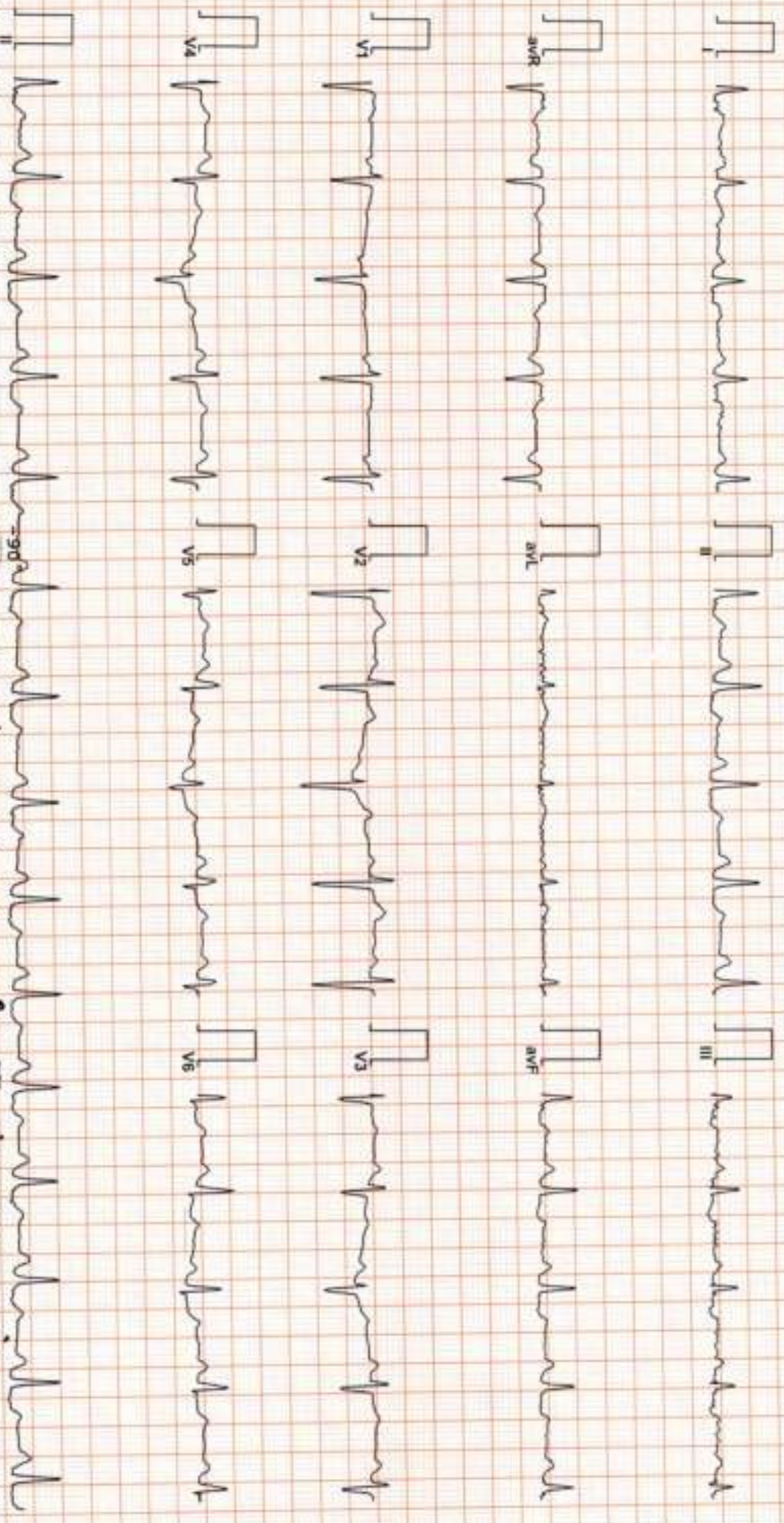
Niyush Goyal
 M.B.B.S., D.M.R.D.
 R.C Reg. No.-017998

DR. GOYAL PATH LAB

3612 / MRS NEHA GOYAL / 30 Yrs / F / Non Smoker

Heart Rate : 87 bpm / Tested On : 13-Jan-24 10:14:33 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: BOB

ECG



Vent Rate : 87 bpm
PR Interval : 154 ms
QRS Duration: 78 ms
QT/QTc Int : 320/367 ms
P-QRS-T axes: 52.00° 48.00° 24.00°



Sinus Rhythm with T inversion in lead II & avf.

Reported By:

Dr. Naresh Kumar Mohan
RMC No. 5703
MBBS, Dip. Cardiology, CORI
GEMU

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Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 13/01/2024 09:01:31

Patient ID :- 12235247

NAME :- Mrs. NEHA GOYAL

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 8 Mon 14 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 13/01/2024 09:19:23

Final Authentication : 13/01/2024 12:57:53

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.2	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	8.39	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	64.5	%	40.0 - 80.0
LYMPHOCYTE	25.7	%	20.0 - 40.0
EOSINOPHIL	6.2 H	%	1.0 - 6.0
MONOCYTE	3.3	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	5.42	10 ³ /uL	1.50 - 7.00
LYMPH#	2.15	10 ³ /uL	1.00 - 3.70
EO#	0.52 H	10 ³ /uL	0.00 - 0.40
MONO#	0.27	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.77	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	39.40	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	82.6 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	25.5 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	30.9 L	g/dL	31.5 - 34.5
PLATELET COUNT	182	x10 ³ /uL	150 - 410
RDW-CV	14.7 H	%	11.6 - 14.0
MENTZER INDEX	17.32		

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

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

AJAYSINGH
Technologist

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RMC NO. 21021/008037

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HAEMATOTOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)

15

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 " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC) Methodology : TLC,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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NAME :- Mrs. NEHA GOYAL

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 8 Mon 14 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/01/2024 09:19:23

Final Authentication : 13/01/2024 11:47:21

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	204.91	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	156.23 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	35.34	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	143.53	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	31.25	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	5.80 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.06 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	638.82	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName: Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid dysregulation metabolism disorders.			
TRIGLYCERIDES InstrumentName: Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of disorders involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
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.			
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			

SURENDRAXHANGA

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Sex / Age :- Female 30 Yrs 8 Mon 14 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/01/2024 09:19:23

Final Authentication : 13/01/2024 11:47:21

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.39	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	0.08	mg/dL	Adult - Up to 0.25 Newborn - <0.8 > - 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.31	mg/dl	0.30-0.70
SGOT Method:- IFCC	18.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	23.1	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	71.30	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	21.70	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.49	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.47	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.02	gm/dl	2.20 - 3.50
A/G RATIO	1.48		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method Instrument/Name Randox Rx IxIxa 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 chronic incompatible haemolysis. 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 IxIxa 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 IxIxa 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 IxIxa 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 Instrument/Name Randox Rx IxIxa 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 IxIxa 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 IxIxa Interpretation: Elevations in GGT levels are less 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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Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 13/01/2024 09:19:23

Final Authentication : 13/01/2024 11:15:14

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3

1.110

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

8.920

ug/dl

5.500 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA

3.056

uIU/mL

0.350 - 5.500

Method:- Enhanced Chemiluminescence Immunoassay

Interpretation: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

Interpretation: The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

Interpretation: TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

NARENDRAKUMAR
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Patient ID :-12235247

NAME :- Mrs. NEHA GOYAL

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 8 Mon 14 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 13/01/2024 09:19:23

Final Authentication : 13/01/2024 10:51:38

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	5.5		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.025		1.010 - 1.030
Method:- Reagent Strip(bromthymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphonamyleic 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) Rothers's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
MICROSCOPY EXAMINATION			
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
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Sex / Age :- Female 30 Yrs 8 Mon 14 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 13/01/2024 09:19:23

Final Authentication : 13/01/2024 14:06:38



CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	NIL	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

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Lab/Hosp :-

Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na BIPROVIDE-PP, BUN, SERUM

Final Authentication : 13/01/2024 15:27:38

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	86.7	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	120.7	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 Method:- Colorimetric Method	0.75	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.08	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGEFEMALE BELOW 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.6

%

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 glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

114

mg/dL

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

Method:- Calculated Parameter

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

Date :- 13/01/2024 09:01:31

Patient ID :-12235247

NAME :- Mrs. NEHA GOYAL

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 8 Mon 14 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 13/01/2024 09:19:23

Final Authentication : 13/01/2024 15:13:29

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) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

AJAYSINGH, TRILOK, VIJENDRAMEENA
Technologist

Page No: 11 of 12



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NAME :- Mrs. NEHA GOYAL

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 13/01/2024 09:19:23

Final Authentication : 13/01/2024 11:47:21

BIOCHEMISTRY

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

*** End of Report ***

SURENDRAKHANGA

Page No: 12 of 12



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Final Authentication : 13/01/2024 13:11:42

BOB PACKAGE FEMALE 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)



Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI
(RMC No. 33613 / 14911)

*** End of Report ***

Page No: 1 of 1

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(D.M.R.D.) BILAL

Transcript by.

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 Lab/Hosp :-

Final Authentication : 13/01/2024 14:46:52

BOB PACKAGE FEMALE BELOW 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	23	mm	LA	27	Mm	IVS-D	7	mm
IVS-S	14	mm	LVID	37	Mm	LVSD	22	mm
LVPW-D	8	mm	LVPW-S	17	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	77%				RWMA	ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	1.03	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.47	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			ABSENT		
AORTIC VALVE					
PEAK VELOCITY	1.97	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION			ABSENT		
TRICUSPID VALVE					
PEAK VELOCITY	0.71	m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION			ABSENT		
PULMONARY VALVE					
PEAK VELOCITY	0.92	M/sec	PEAK GRADIENT		Mm/hg
MEAN VELOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION			ABSENT		

NIKITAPATWA

Page No: 1 of 2

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Final Authentication : 13/01/2024 14:46:52

Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 77 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion.


(Cardiologist)

*** End of Report ***

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Final Authentication : 13/01/2024 14:41:59

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 72x61x45 mm .
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.
Endometrial echo is normal. Endometrial thickness is 13.8 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 ***

ANITASHARMA

Page No: 1 of 1

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