

# 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: 18/12/22  
Name: Priya Ranj Nagar Age: 30 Sex: Female  
DOB: 28/09/1992  
Referred By: BOB  
Photo ID: Aadhar ID #: attached  
Ht: 160 (cm) Wt: 58 (Kg)  
Chest (Expiration): 90 (cm) Abdomen Circumference: 75 (cm)  
Blood Pressure: 20/80 mm Hg PR: 90 / min RR: 18 / min Temp: Afebrile  
BMI 22.7

Eye Examination: Distant vision B/L eyes S/S with spec.  
Near vision N/G. 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: Dr Piyush Goyal Name Medical Examiner: \_\_\_\_\_  
M.B.B.S., D.M.R.D  
RMC Reg No-017956

Triyanaagar27@gmail.com



भारत सरकार  
GOVERNMENT OF INDIA



Download Date: 09/01/2021



प्रिया रानी नागर  
Priya Rani Naagar  
जन्म तिथि/DOB: 28/09/1992  
महिला/ FEMALE

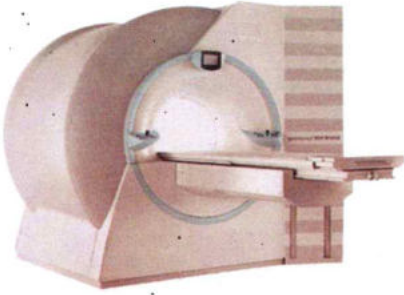
Issue Date: 27/12/2020

5878 0516 5269

मेरा आधार, मेरी पहचान

*Priya Naagar*

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



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 18/12/2022 09:23:43

**NAME :- Mrs. PRIYA RANI NAGAR**

Sex / Age :- Female 30 Yrs 2 Mon 22 Days

Company :- MediWheel

Patient ID :- 122228604

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 18/12/2022 10:57:40

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

**Dr. Piyush Goyal**  
( D.M.R.D.) BILAL

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

**Dr. Poonam Gupta**  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

**Dr. Ashish Choudhary**  
MBBS, MD (Radio Diagnosis)  
Fetal Medicine Consultant  
FMF ID - 260517 | RMC No 22430

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

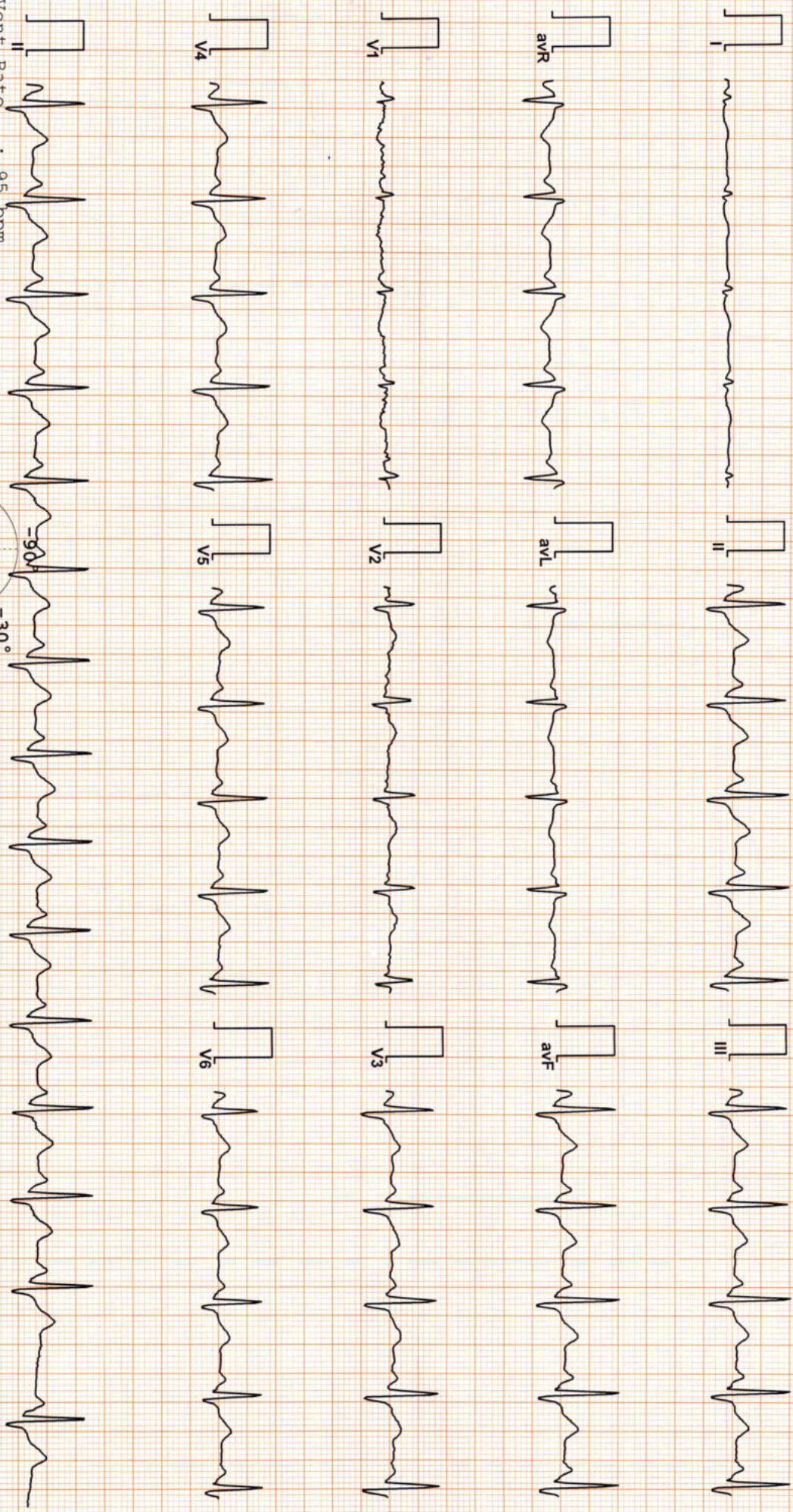
Transcript by.

**DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR**

3118 / MRS PRIYA RANI NAGAR / 30 Yrs / F / Non Smoker

Heart Rate : 95 bpm / Tested On : 18-Dec-22 10:44:35 / HF 0.05 Hz - LF 35 Hz / Notch OFF / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: BOB

**EKG**



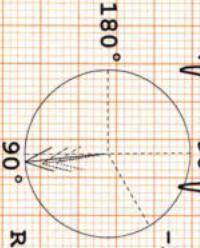
Vent Rate : 95 bpm

PR Interval : 114 ms

QRS Duration: 92 ms

QT/QTc Int : 362/418 ms

P-QRS-T axis: 81.00° 85.00° 82.00°



Axis

R 85.00° T 82.00° P 81.00°

**Dr. Naresh Kumar Motthanaka**  
B.M.C. No. 35703  
Reported By: CARDIO (E.S.C.O.P.T.S.)  
**M.B.B.S., D.P. (RCGP-UK)**  
**D.E.M. (RCGP-UK)**

MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg  
 Date: 18 / 12 / 2022 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:45	0:45	01.1	00.0	01.0	093	49%	116/70	107	00	
Standing	01:07	0:22	01.1	00.0	01.0	097	51%	116/70	112	00	
HV	01:29	0:22	01.1	00.0	01.0	106	56%	116/70	122	00	
Warm Up	01:49	0:20	01.1	00.0	01.0	108	57%	116/70	125	00	
ExStart	01:54	0:05	01.7	10.0	01.1	107	56%	116/70	124	00	
BRUCE Stage 1	04:54	3:00	01.7	10.0	04.7	146	77%	125/75	182	00	
BRUCE Stage 2	07:54	3:00	02.5	12.0	07.1	161	85%	135/80	217	00	
PeakEx	08:43	0:49	03.4	14.0	08.0	172	91%	135/80	232	00	
Recovery	09:43	1:00	00.0	00.0	01.1	156	82%	145/90	226	00	
Recovery	10:43	2:00	00.0	00.0	01.0	131	69%	136/80	178	00	
Recovery	11:43	3:00	00.0	00.0	01.0	120	63%	125/75	150	00	
Recovery	12:43	4:00	00.0	00.0	01.0	113	59%	120/70	135	00	
Recovery	13:26	4:42	00.0	00.0	01.0	111	58%	120/70	133	00	

**FINDINGS :**

Exercise Time : 06:49  
 Max HR Attained : 172 bpm 91% of Target 190  
 Max BP Attained : 145/90 (mm/Hg)  
 Max Workload Attained : 8 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

*Test is negative for RHO.*

Dr. Narash Kumar Mohan  
 BMC No. 35703  
 MBBS, DIP. CARDIO (ESCORTS)  
 D.E.M (RCGP,UK)



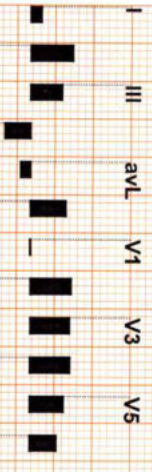
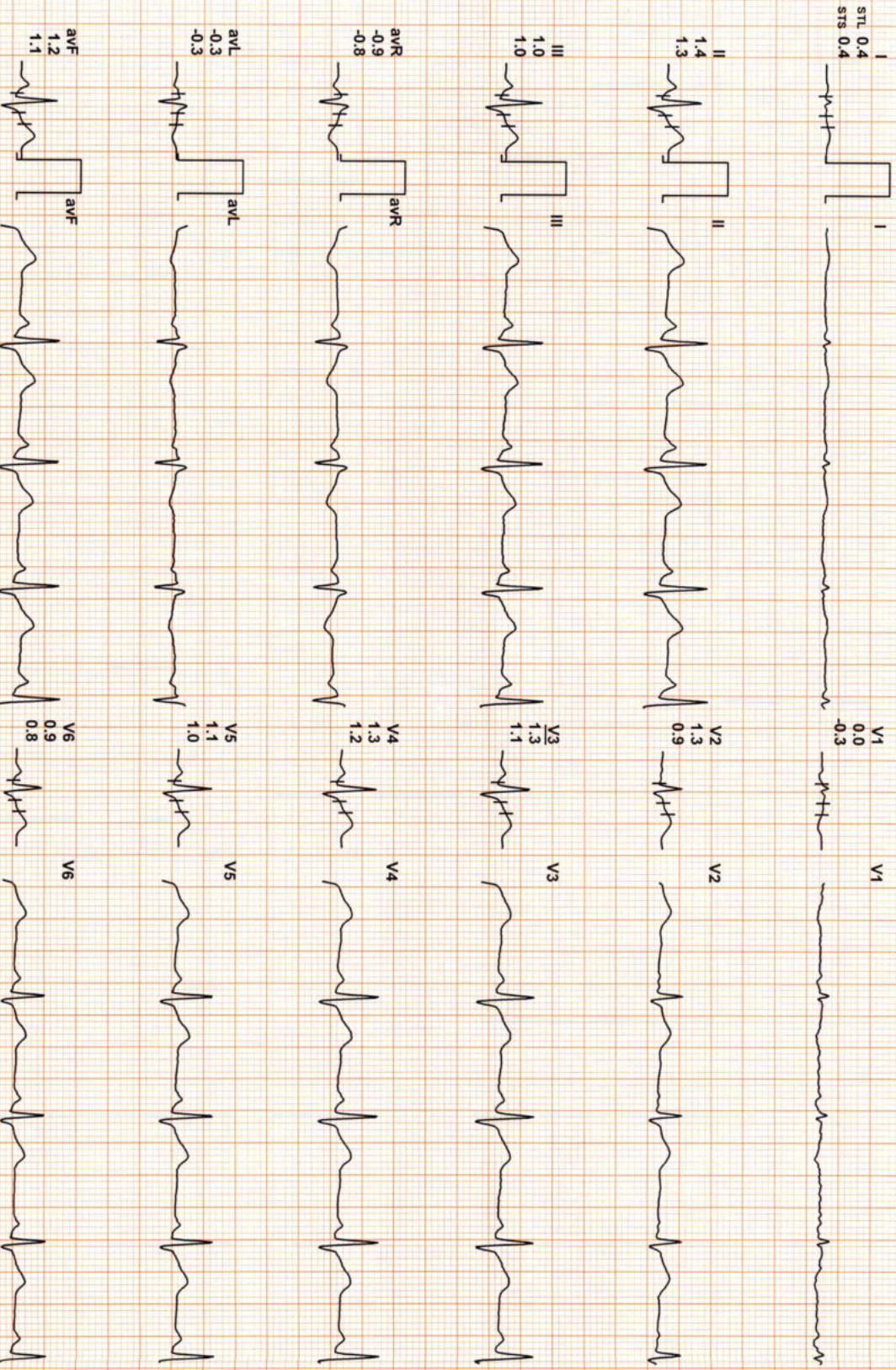
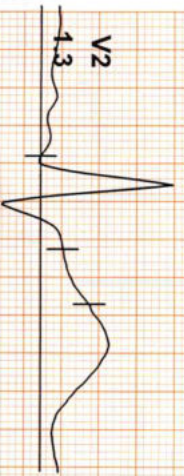
MRS PRIYA RANI NAGAR / 30 Yrs / F / 10 Cms / 10 Kg / HR : 93

Date: 18 / 12 / 2022

METS: 1.0/ 93 bpm 49% of THR BP: 116/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



REMARKS:

RHO



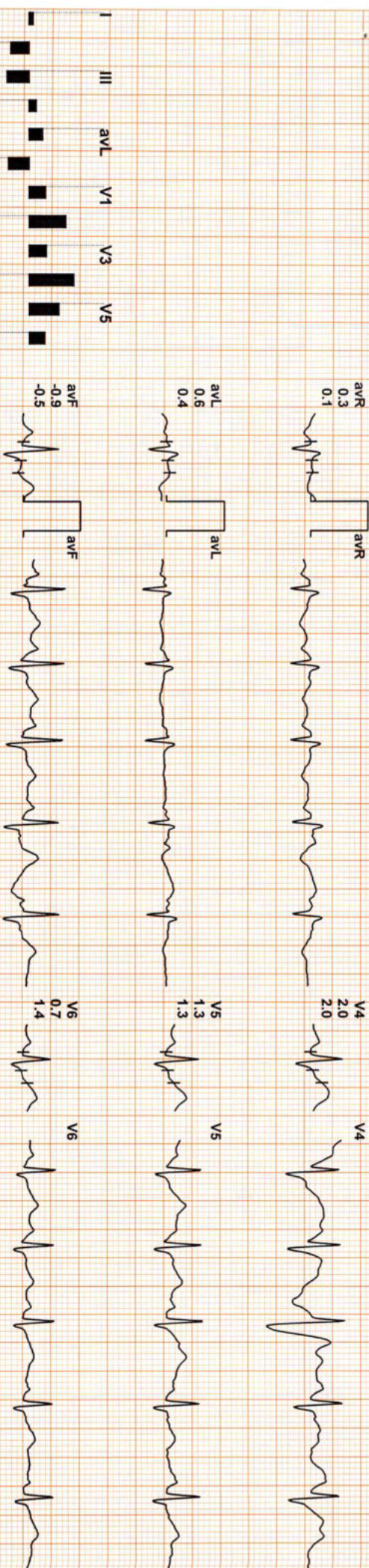
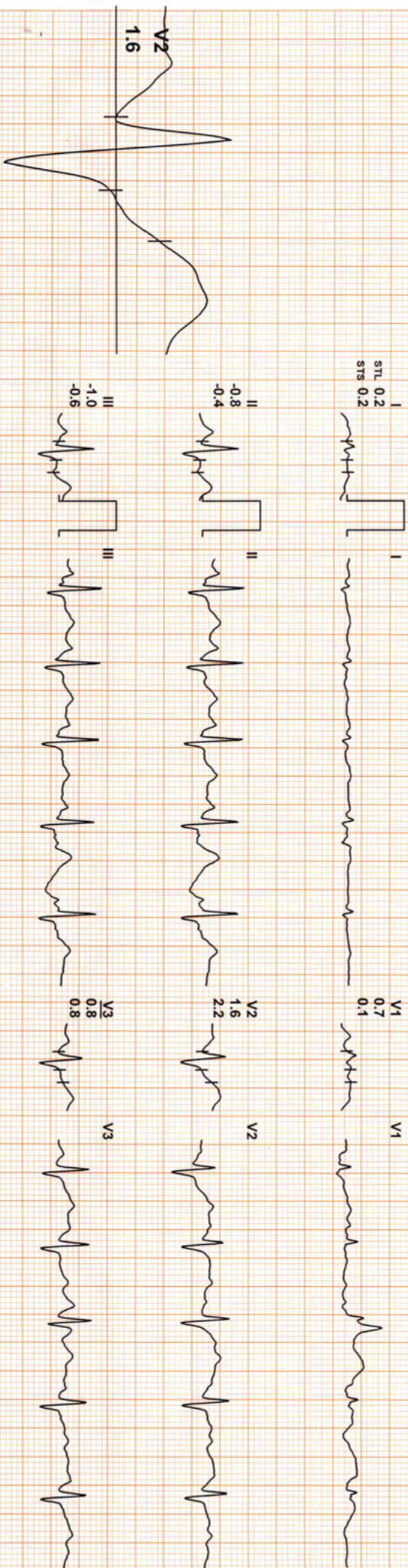
MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 97

Date: 18 / 12 / 2022

METS: 1.0/ 97 bpm 51% of THR BP: 116/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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



REMARKS:

RHO



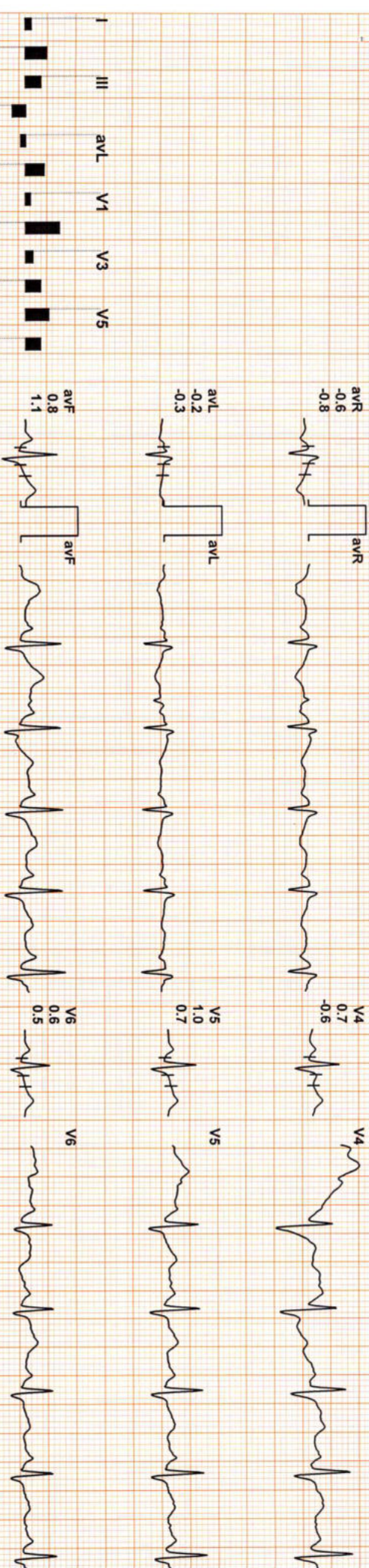
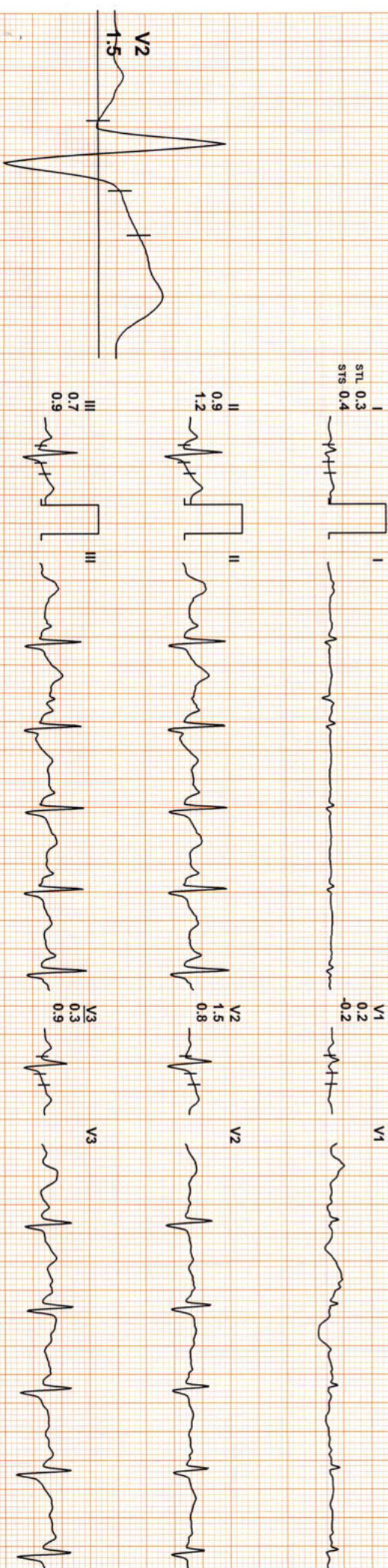
MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 106

Date: 18 / 12 / 2022

METS: 1.0/ 106 bpm 56% of THR BP: 116/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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



REMARKS:

RHO

(ADX\_GEM217220330)(R)Allengers





MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 108

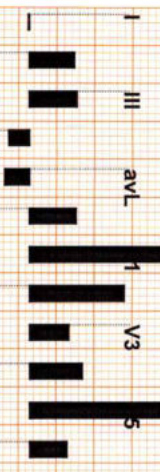
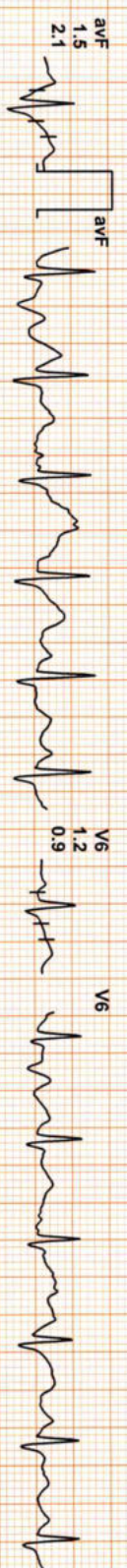
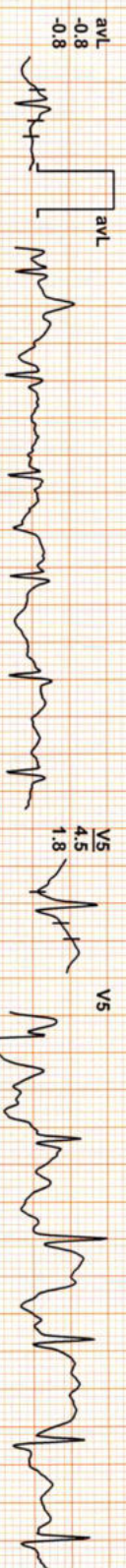
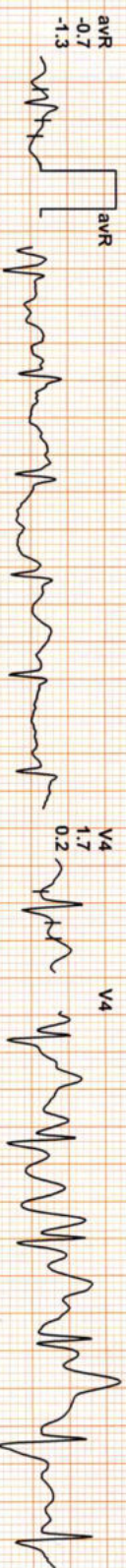
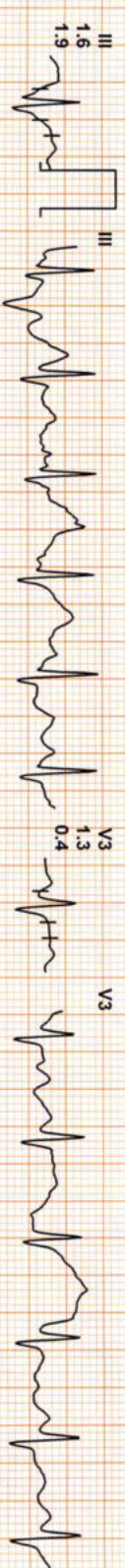
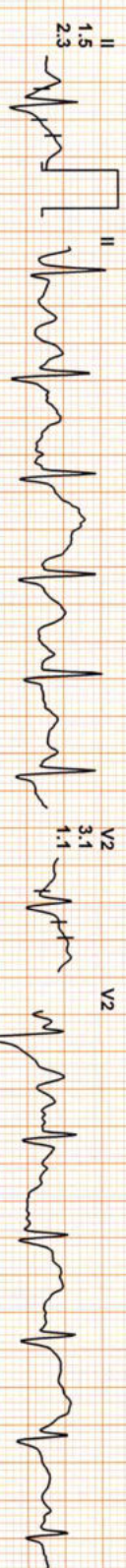
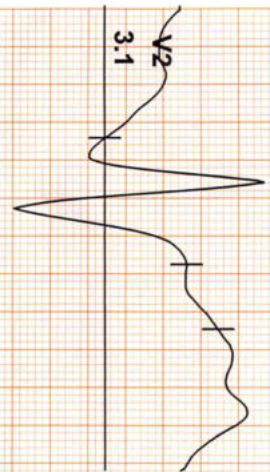
Date: 18 / 12 / 2022

METS: 1.0/ 108 bpm 67% of THR BP: 116/70 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:



MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 107

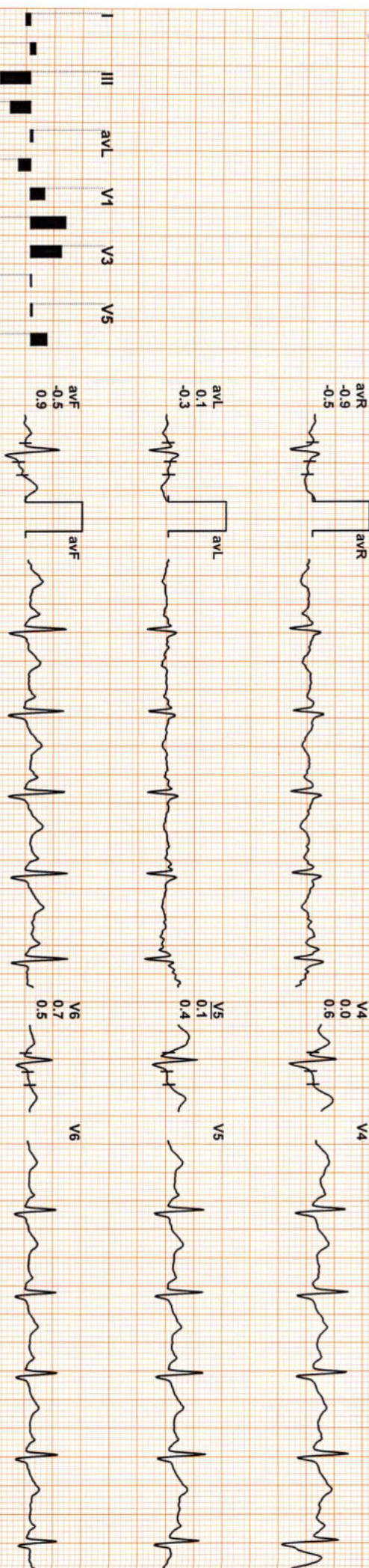
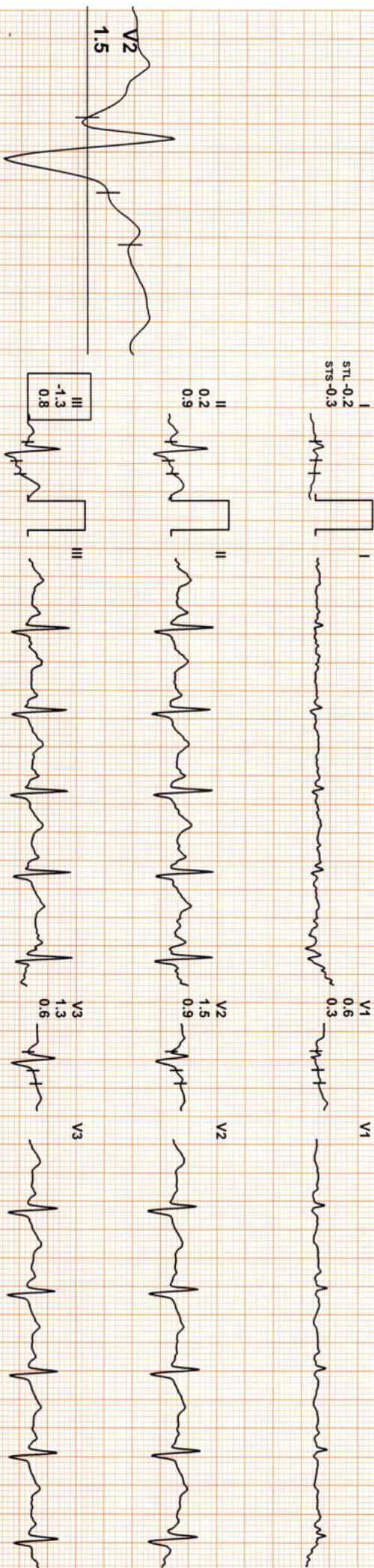
Date: 18 / 12 / 2022

MEETS: 1-1/107 bpm 56% of THR BP: 116/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

II avR avF V2 V4 V6



MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 146

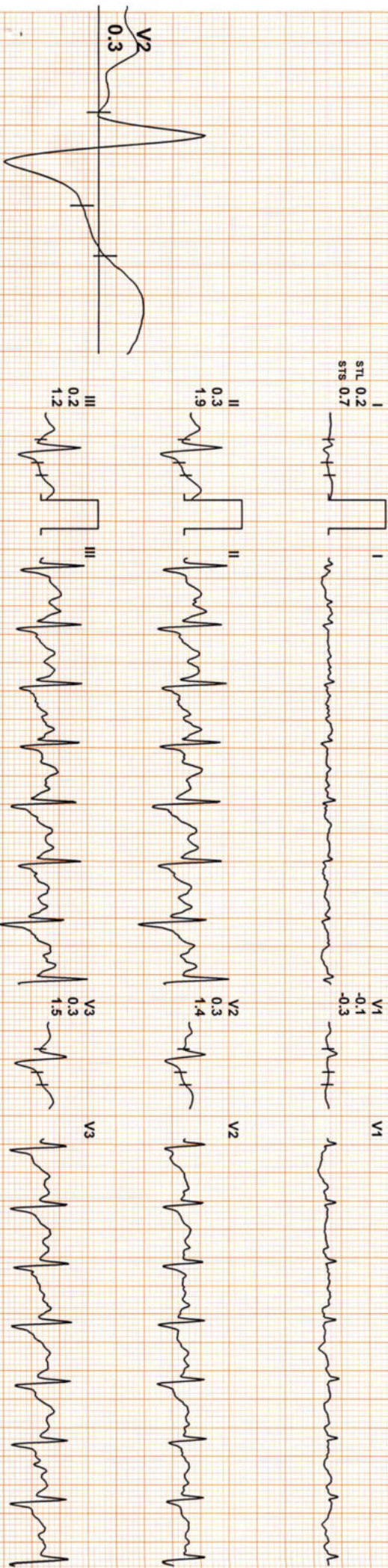
Date: 18 / 12 / 2022

MEETS: 4.7 / 146 bpm 77% of THR BP: 125/75 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:



MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 161

Date: 18 / 12 / 2022

METS: 7.1/ 161 bpm 85% of THR BP: 135/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



I      III      aVL      aVR      V1      V2      V3      V4      V5      V6

REMARKS:



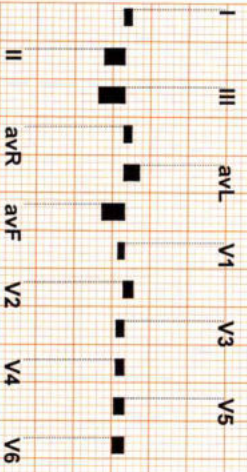
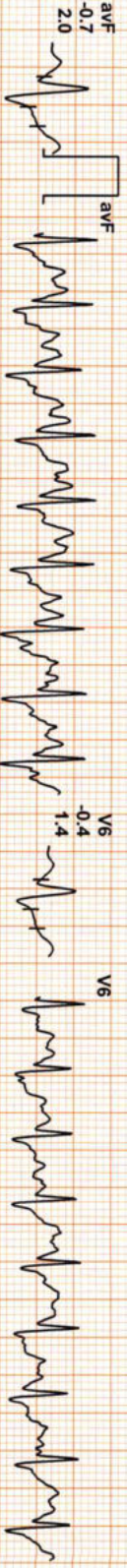
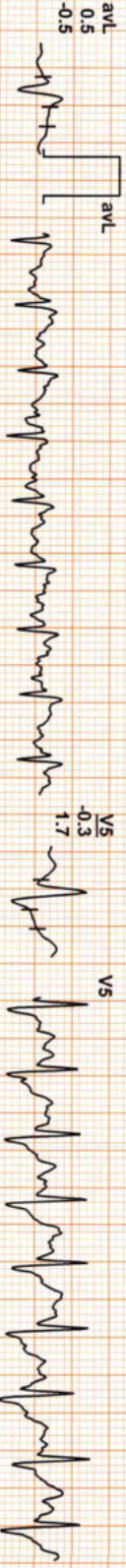
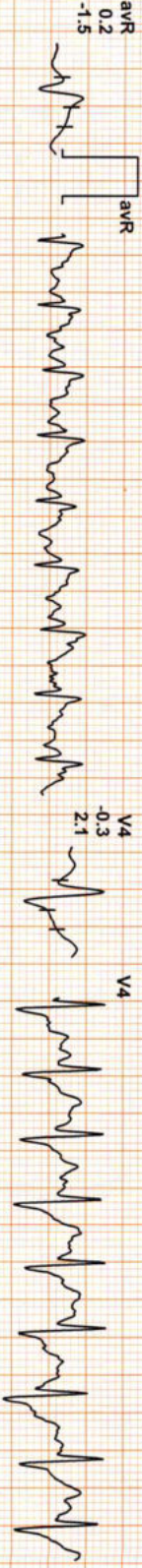
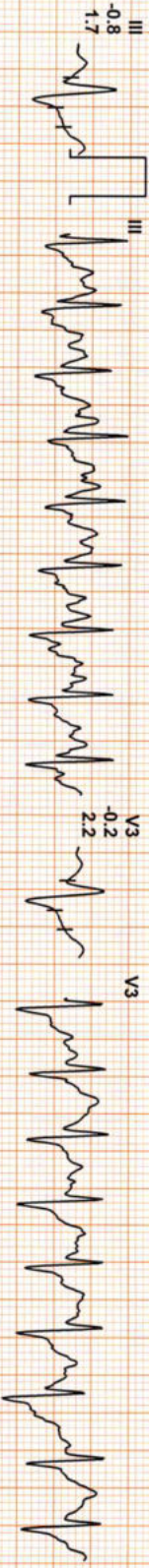
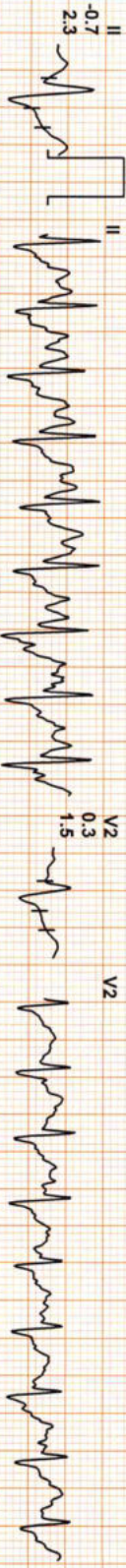
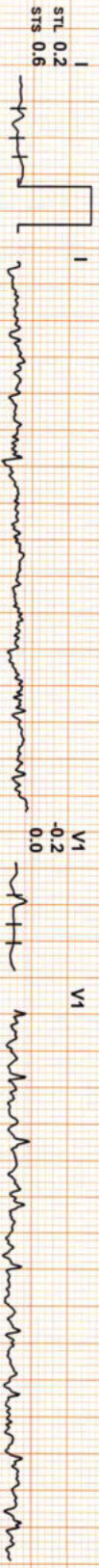
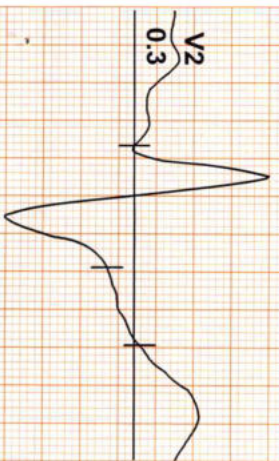
Date: 18 / 12 / 2022

METS: 8.0 / 172 bpm 91% of THR BP: 135/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:49 3.4 mph, 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 156

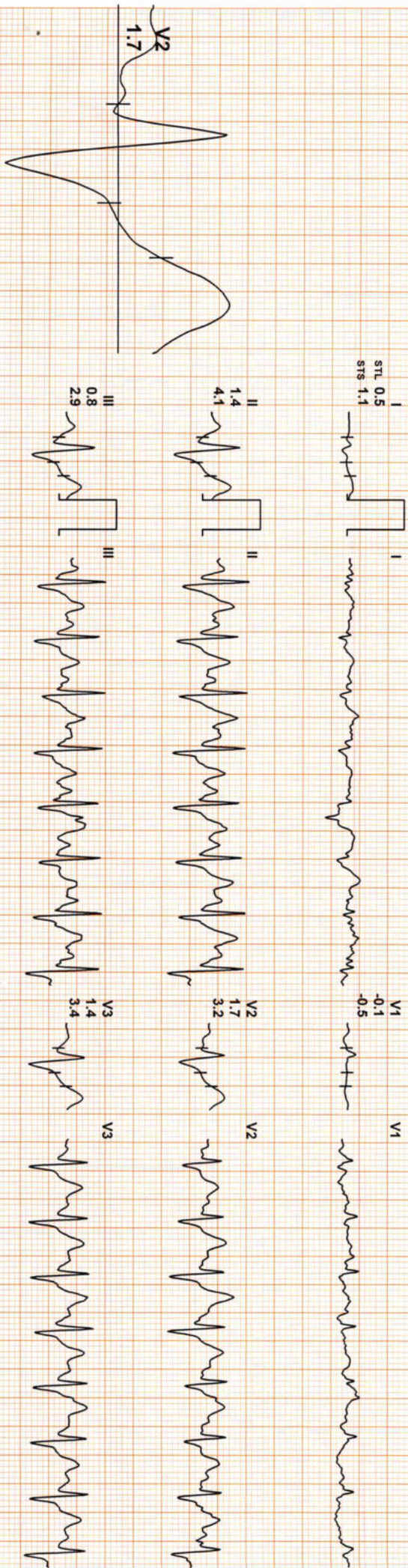
Date: 18 / 12 / 2022

METS: 1.1 / 156 bpm 82% of THR BP: 145/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:49 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

RHC

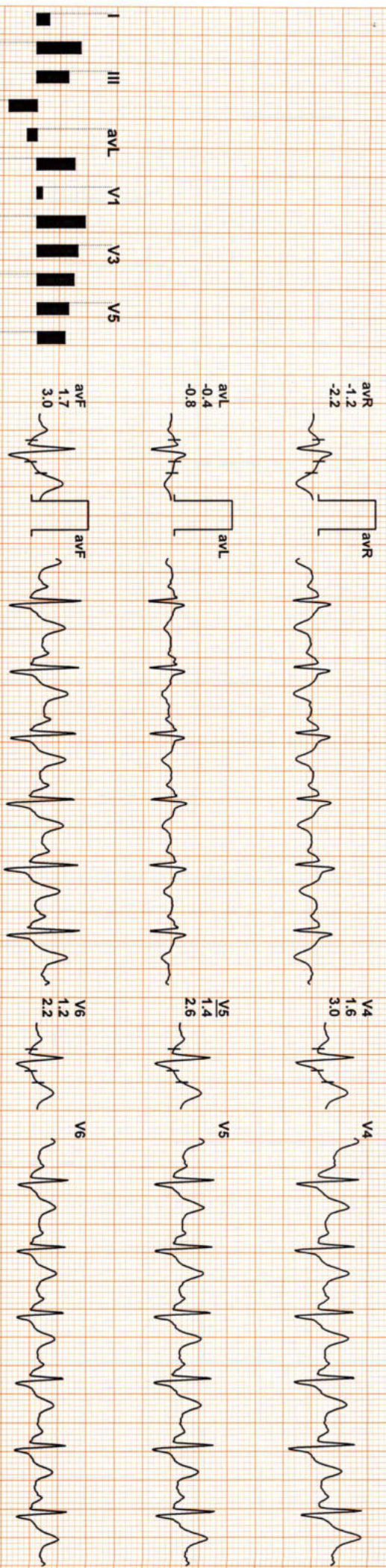
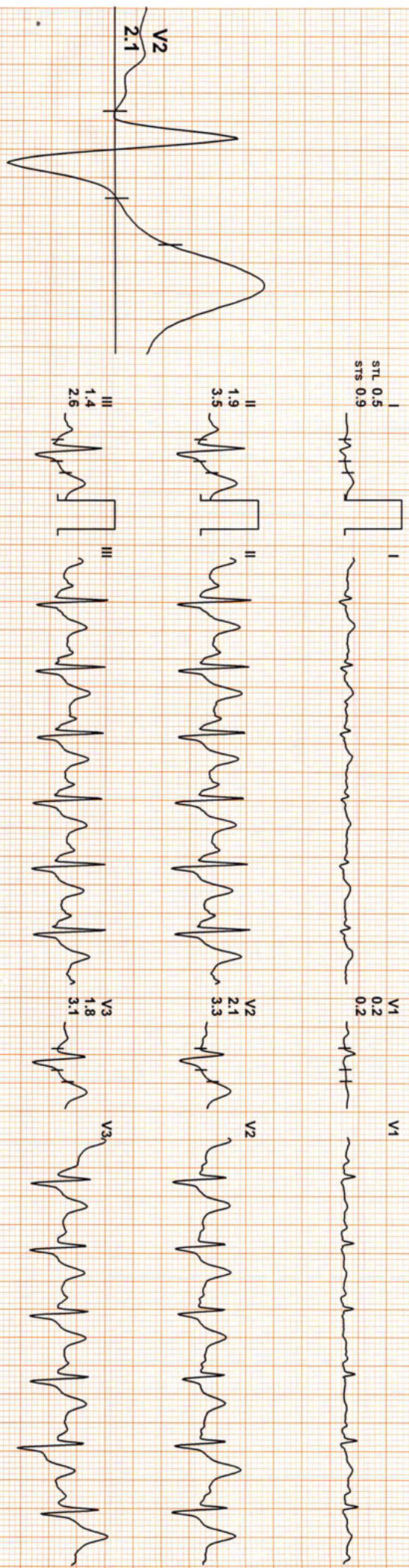


MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 131

Date: 18 / 12 / 2022  
4X 80 MS Post J

METS: 1.0/ 131 bpm 69% of THR BP: 136/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:49 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

RHC

(ADX\_GEM217220330)(R)Allengers



MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 120

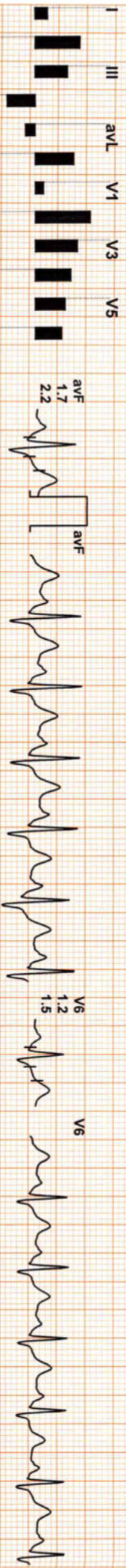
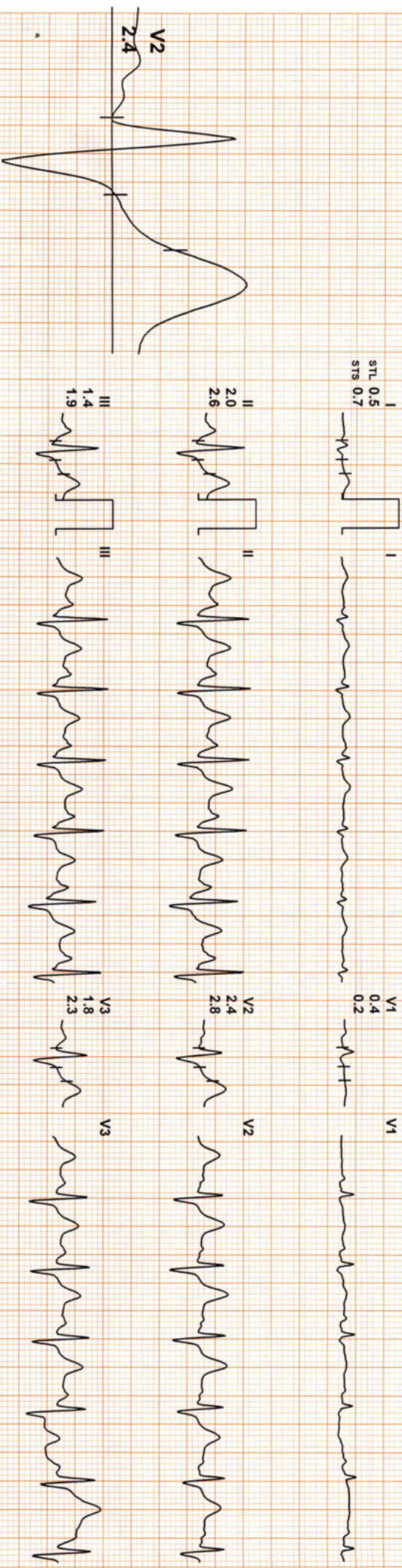
Date: 18 / 12 / 2022

METS: 1.0 / 120 bpm 63% of THR BP: 125/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:49 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

RHO





MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 113

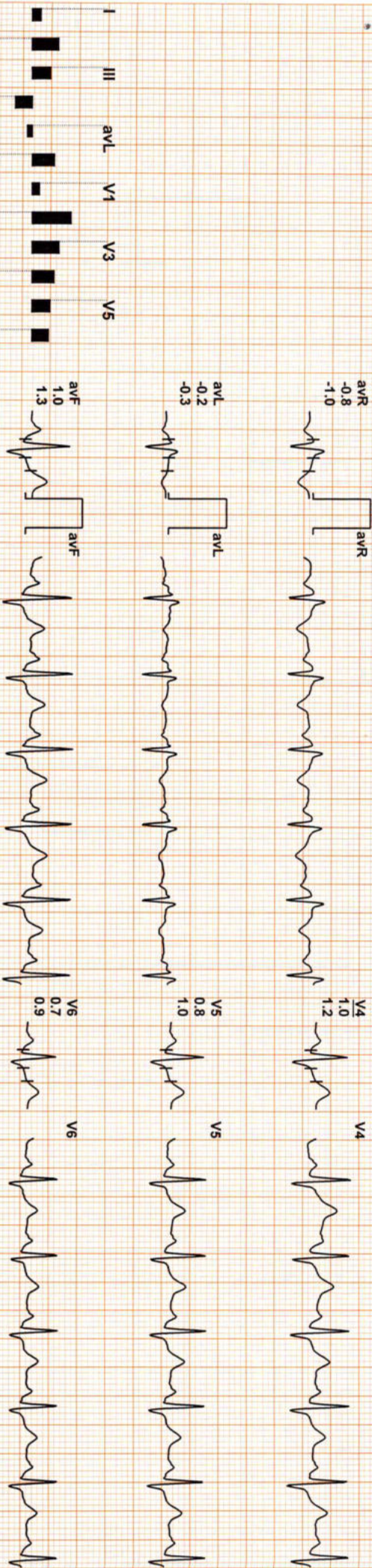
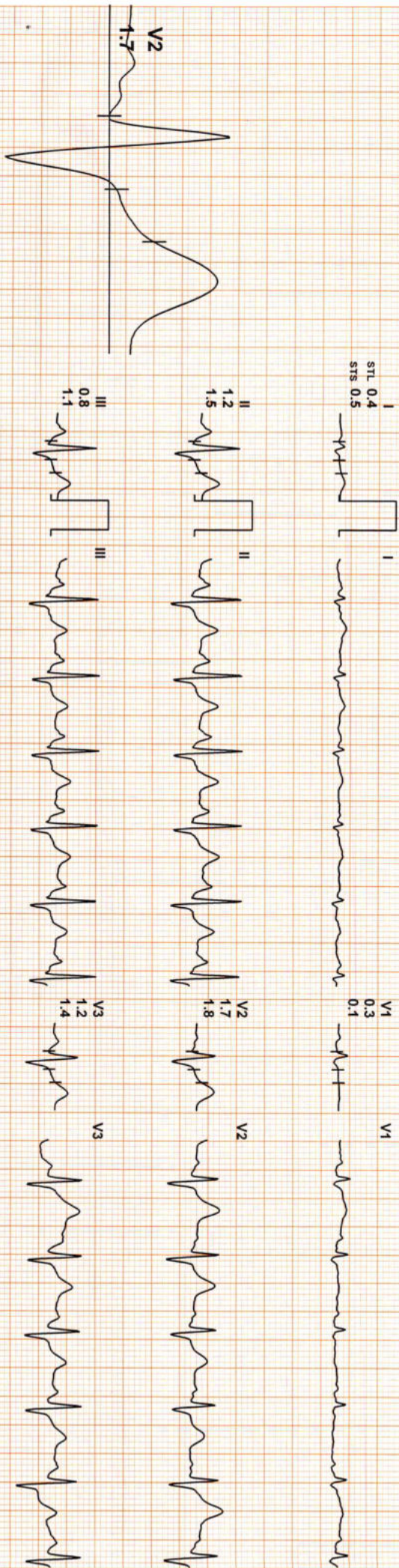
Date: 18 / 12 / 2022

METS: 1.0/ 113 bpm 59% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:49 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

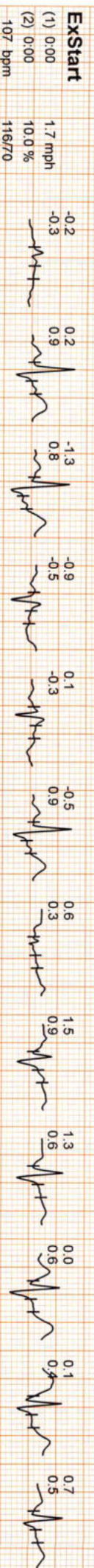
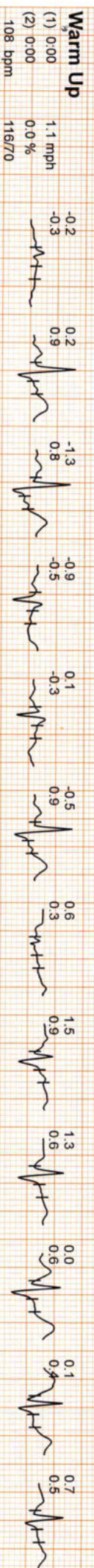
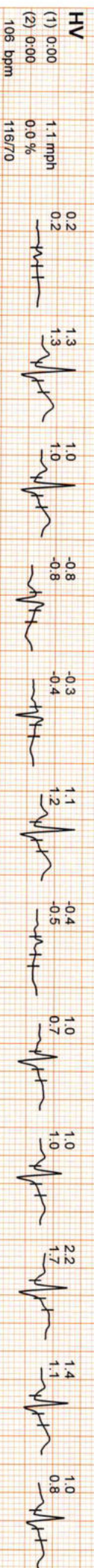
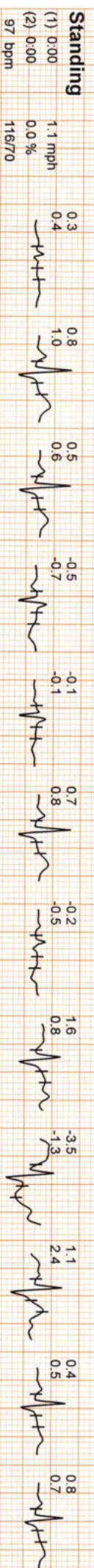
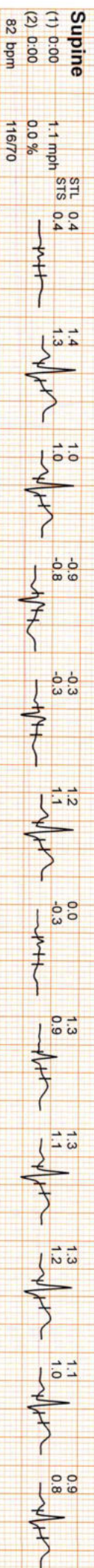


REMARKS:



MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 130

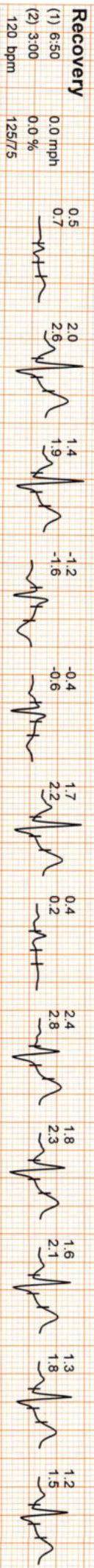
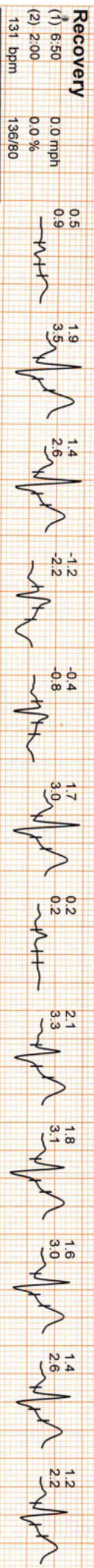
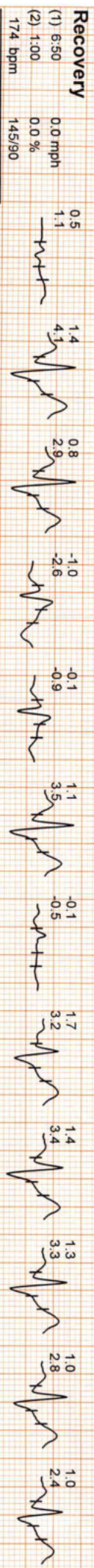
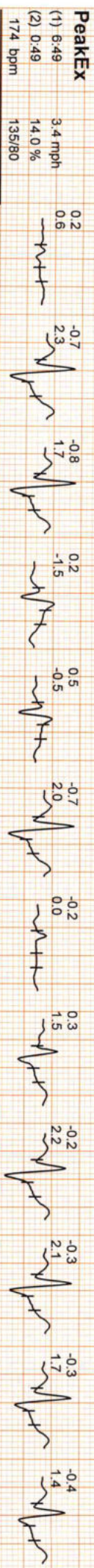
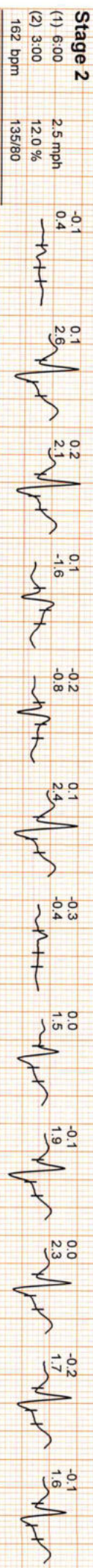
Date: 18 / 12 / 2022





MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 130

Date: 18/12/2022



DR. GOYALS PATH LAB & IMAGING CENTER

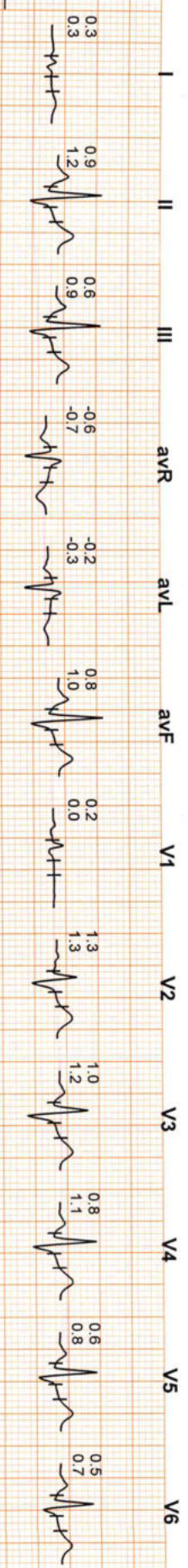
Average



MRS PRIYA RANI NAGAR / 30 Yrs / F / 0 Cms / 0 Kg / HR : 130

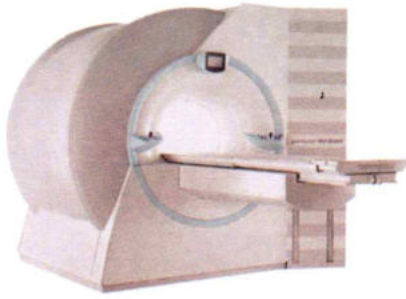
Date: 18 / 12 / 2022

Recovery  
(1) 0:00 0.0 mph  
(2) 0:00 0.0 %  
115 bpm



RHC

(ADX\_GEM217220330)(R)Allengers



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 18/12/2022 09:23:43  
**NAME :- Mrs. PRIYA RANI NAGAR**  
Sex / Age :- Female 30 Yrs 2 Mon 22 Days  
Company :- MediWheel

Patient ID :- 122228604  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 18/12/2022 12:14:42

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:76x48x28 mm.  
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.  
Endometrial echo is normal. Endometrial thickness is 6.9 mm.

**Both ovaries are visualized and mildly enlarged in size and having multiple 12-15 small follicles 1-2 mm in size arranged at periphery with hyperechoic central stroma.**

**Right ovary measures 45x19x25 mm(Vol.11.5cc), Left ovary measures:43x14x26mm(vol.8.4cc).**

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

**Mild free fluid is seen in pelvic space.**

### **IMPRESSION:**

**\*? Bilateral polycystic ovaries.**

**(Needs hormonal assay & ovulation monitoring for confirmation).**

Page No: 1 of 1

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

AHSAN

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

**Dr. Poonam Gupta**  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

**Dr. Ashish Choudhary**  
MBBS, MD (Radio Diagnosis)  
Fetal Medicine Consultant  
FMF ID - 260517 | RMC No 22430

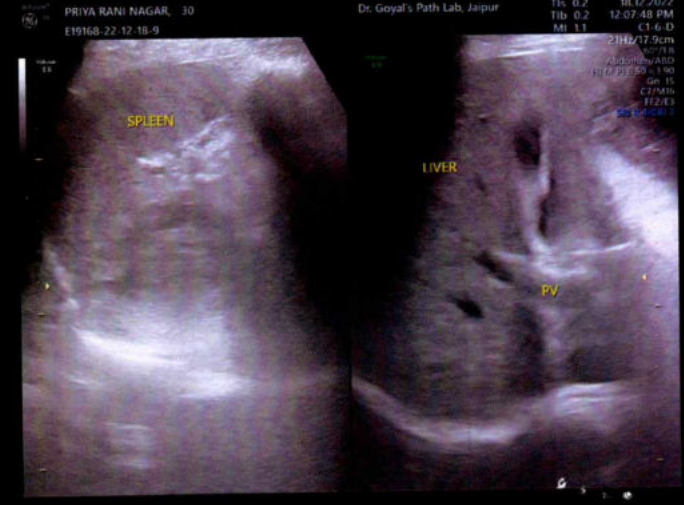
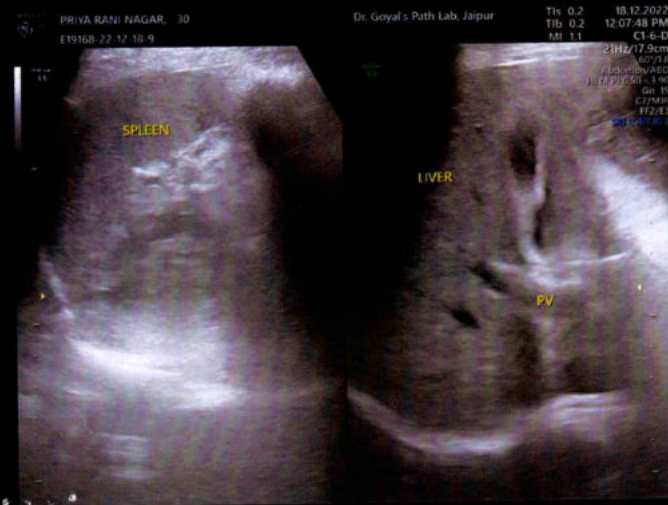
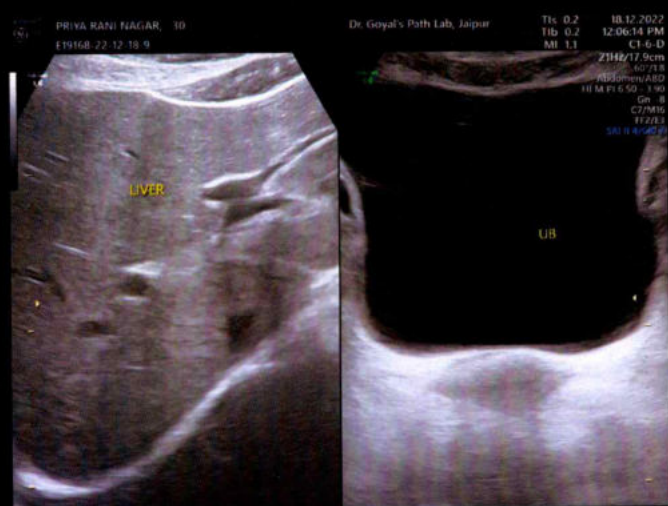
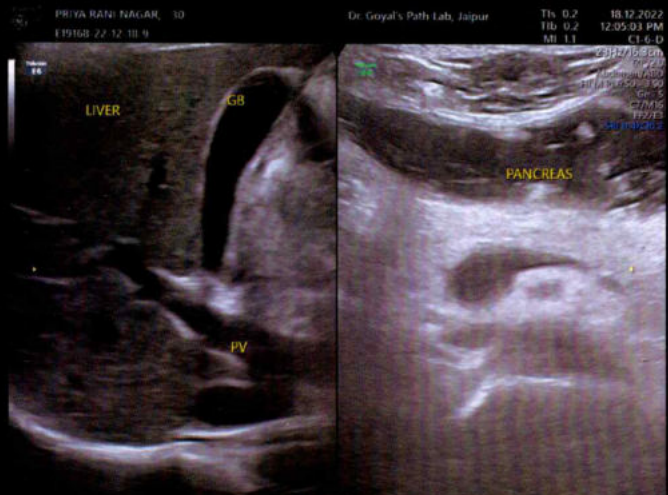
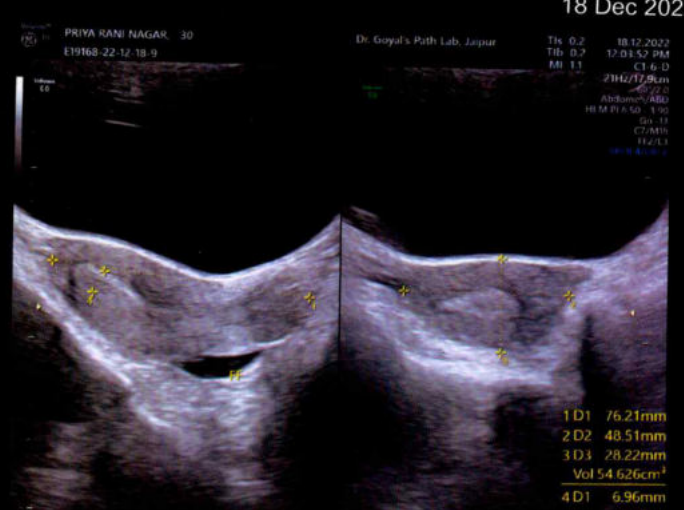
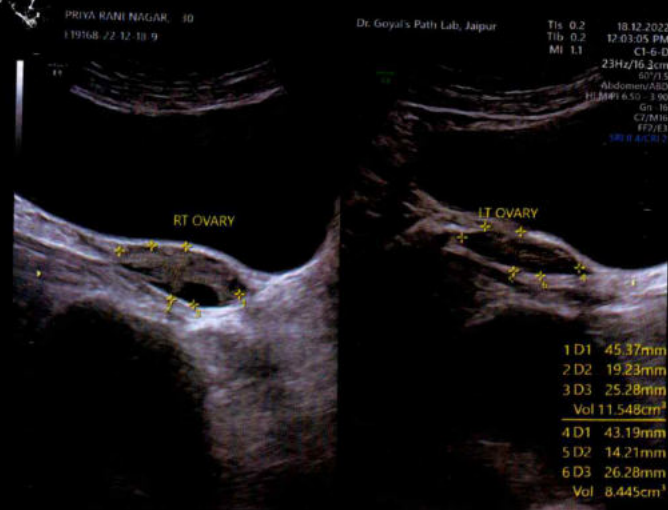
**Dr. Abhishek Jain**  
MBBS, DNB, (Radio-Diagnosis)  
RMC No. 21687

Transcript by.

# Dr Goyal's Path Lab, Jaipur

Name : PRIYA RANI NAGAR / F

18 Dec 2022



# 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



Date :- 18/12/2022 09:23:43

Patient ID :- 122228604

**NAME :- Mrs. PRIYA RANI NAGAR**

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 2 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 18/12/2022 09:53:11

Final Authentication : 18/12/2022 11:48:13

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	12.1	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	9.60	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	68.0	%	40.0 - 80.0
LYMPHOCYTE	26.0	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
NEUT#	6.56	$10^3/uL$	1.50 - 7.00
LYMPH#	2.62	$10^3/uL$	1.00 - 3.70
EO#	0.17	$10^3/uL$	0.00 - 0.40
MONO#	0.24	$10^3/uL$	0.00 - 0.70
BASO#	0.01	$10^3/uL$	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.51	$\times 10^6/uL$	3.80 - 4.80
HEMATOCRIT (HCT)	38.40	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	85.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	<b>26.9 L</b>	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.5	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	260	$\times 10^3/uL$	150 - 410
RDW-CV	<b>11.4 L</b>	%	11.6 - 14.0
MENTZER INDEX	18.89		

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

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

AJAYSINGH  
Technologist

Page No: 1 of 11



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

# 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.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 18/12/2022 09:23:43 Patient ID :-122228604  
**NAME :- Mrs. PRIYA RANI NAGAR** Ref. By Dr:- BOB  
 Sex / Age :- Female 30 Yrs 2 Mon 22 Days Lab/Hosp :-  
 Company :- MediWheel

Sample Type :- EDTA Sample Collected Time 18/12/2022 09:53:11 Final Authentication : 18/12/2022 11:48:13

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	14	mm/hr.	00 - 20

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

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

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

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

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

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

AJAYSINGH  
**Technologist**

Page No: 2 of 11



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



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 18/12/2022 09:23:43 Patient ID :- 122228604  
**NAME :- Mrs. PRIYA RANI NAGAR** Ref. By Dr:- BOB  
 Sex / Age :- Female 30 Yrs 2 Mon 22 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K<sub>2</sub>Na<sub>2</sub>C<sub>2</sub>O<sub>4</sub> URINE 2022 09:53:11 Final Authentication : 18/12/2022 15:48:29

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

BLOOD GROUP ABO "A" POSITIVE

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

FASTING BLOOD SUGAR (Plasma) 96.8 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) 107.6 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**

AJAYSINGH, POOJABOHRA, SURESHSAINI  
**Technologist**

Page No: 3 of 11



**Dr. Piyush Goyal**  
 (D.M.R.D.)  
**Dr. Rashmi Bakshi**  
**Dr. Chandrika Gupta**

# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 18/12/2022 09:23:43

Patient ID :- 122228604

**NAME :- Mrs. PRIYA RANI NAGAR**

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 2 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 18/12/2022 09:53:11

Final Authentication : 18/12/2022 13:52:55

### CLINICAL PATHOLOGY

### Biological Ref Interval

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

POOJABOHRA  
Technologist

Page No: 4 of 11



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

# 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



Date :- 18/12/2022 09:23:43

Patient ID :-122228604



**NAME :- Mrs. PRIYA RANI NAGAR**

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 2 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 18/12/2022 09:53:11

Final Authentication : 18/12/2022 11:44:15

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	182.56	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	94.25	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	48.73	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	118.12	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	18.85	mg/dl	0.00 - 80.00
T. CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.75		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.42		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	526.11	mg/dl	400.00 - 1000.00
<b>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation:</b> Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
<b>TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation :</b> 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.			
<b>DIRECT HDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation:</b> 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.			
<b>DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation:</b> 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.			
<b>TOTAL LIPID AND VLDL ARE CALCULATED</b>			

SURESHSAINI

Page No: 5 of 11



**Dr. Piyush Goyal**  
(D.M.R.D.)  
**Dr. Chandrika Gupta**

# 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



Date :- 18/12/2022 09:23:43

Patient ID :-122228604



NAME :- Mrs. PRIYA RANI NAGAR

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 2 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 18/12/2022 09:53:11

Final Authentication : 18/12/2022 11:44:15

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.35	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	0.12	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.23	mg/dl	0.30-0.70
SGOT Method:- IFCC	32.1 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	47.7 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	60.10	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	29.80	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.29	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.46	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.83	gm/dl	2.20 - 3.50
A/G RATIO	1.58		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)

SURESHSAINI

Page No: 6 of 11



Dr. Piyush Goyal  
(D.M.R.D.)  
Dr. Chandrika Gupta

# 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.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 18/12/2022 09:23:43

Patient ID :- 122228604



**NAME :- Mrs. PRIYA RANI NAGAR**

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 2 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 18/12/2022 09:53:11

Final Authentication : 18/12/2022 11:44:15

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.77	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.45	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

SURESHSAINI

Page No: 7 of 11



**Dr. Piyush Goyal**  
(D.M.R.D.)  
**Dr. Chandrika Gupta**

# 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



Date :- 18/12/2022 09:23:43

Patient ID :- 122228604



**NAME :- Mrs. PRIYA RANI NAGAR**

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 2 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 18/12/2022 09:53:11

Final Authentication : 18/12/2022 11:44:15

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.2	mg/dl	0.0 - 23.0

SURESHSAINI

Page No: 8 of 11



**Dr. Piyush Goyal**  
( D.M.R.D.)  
**Dr. Chandrika Gupta**

# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 18/12/2022 09:23:43

Patient ID :-122228604



**NAME :- Mrs. PRIYA RANI NAGAR**

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 2 Mon 22 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 18/12/2022 09:53:11

Final Authentication : 18/12/2022 11:48:13

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method:- HPLC	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

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

**MEAN PLASMA GLUCOSE**  
Method:- Calculated Parameter

114 mg/dL

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

AJAYSINGH  
Technologist

Page No: 9 of 11



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

# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 18/12/2022 09:23:43

Patient ID :- 122228604



**NAME :- Mrs. PRIYA RANI NAGAR**

Ref. By Dr:- BOB

Sex / Age :- Female 30 Yrs 2 Mon 22 Days

Lab/Hosp :-

Company :- MediWHEEL

Sample Type :- URINE

Sample Collected Time 18/12/2022 09:53:11

Final Authentication : 18/12/2022 13:52:55

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	6.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

POOJABOHRA  
Technologist

Page No: 10 of 11



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



# 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



Date :- 18/12/2022 09:23:43  
**NAME :- Mrs. PRIYA RANI NAGAR**  
Sex / Age :- Female 30 Yrs 2 Mon 22 Days  
Company :- MediWheel

Patient ID :- 122228604  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 18/12/2022 09:53:11

Final Authentication : 18/12/2022 11:32:27

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.190	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.850	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	4.340	μIU/mL	0.500 - 6.880

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

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

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

#### INTERPRETATION

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

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

MUKESH SINGH  
Technologist

Page No: 11 of 11



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