

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.dr.goyalpathlab.com | E-mail :

General Physical Examination

Date of Examination: 05-11-2023

Name: Neeta Devi Age: 58 Sex: Female

DOB: 17-10-1965

Referred By: BoB

Photo ID: Aadhya ID #: attached

Ht: 152 (cm)

Wt: 67 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 98 (cm)

Blood Pressure: 142/86 mm Hg PR: 81 / min

BMI: 29 Kg/m²

Eye Examination: Color vision normal

vision normal G/G N/6

Other: Not significant

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

Signature Of Examinee : [Signature] Name of Examinee: Neeta Devi

Signature Medical Examiner : [Signature] Name Medical Examiner _____

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



भारत सरकार

Government of India



नीता
Neeta

जन्म तिथि / DOB: 17/10/1965

महिला / Female

5060 9609 2573



मेरा आधार, मेरी पहचान

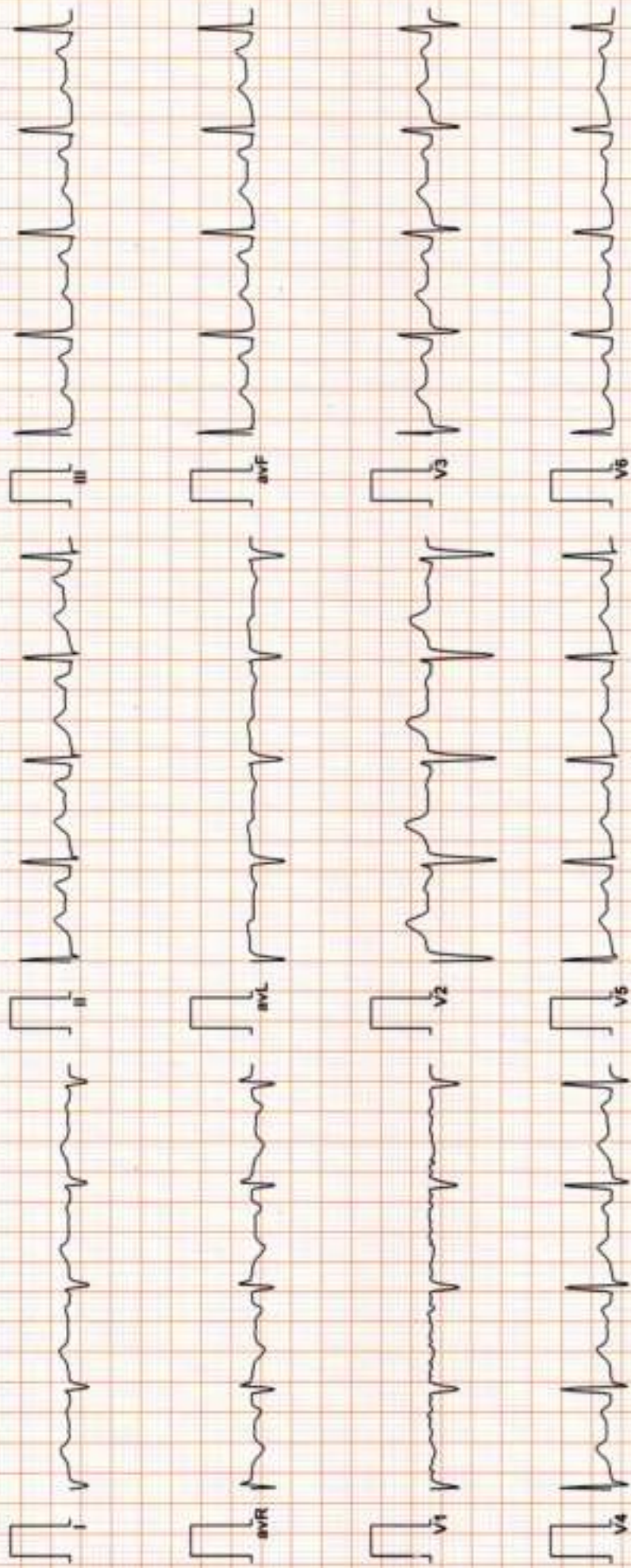
नीता

Dr. Ajayash Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017928

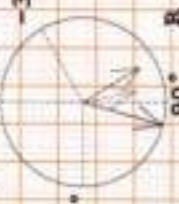
DR. GOYAL PATH LAB

2533 / MRS NEETA DEVI / 58 Yrs / M / Non Smoker
Heart Rate : 90 bpm / Tested On : 05-Nov-23 12:04:23 / 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 : 90 bpm
PR Interval : 172 ms
QRS Duration: 76 ms
QT/QTc Int : 362/415 ms
P-QRS-T axis: 79.00• 106.00• 59.00•



Handwritten signature

Dr. Naresh Kumar Morhanka
RMC No. 35703
MBBS, DIP, CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

Reported By:

90° R 106.00° T 59.00° P 79.00°

Axis



15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / NonSmoker
 Date: 05 / 11 / 2023 11:45:38 AM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	01:11	1:11	01.1	00.0	01.0	082	51 %	120/70	098	00	
Standing	01:29	0:18	01.1	00.0	01.0	083	51 %	120/70	099	00	
IV	01:47	0:18	01.1	00.0	01.0	088	54 %	120/70	105	00	
Warm Up	02:05	0:18	01.1	00.0	01.0	090	56 %	120/70	108	00	
Start	03:13	1:08	01.0	00.0	01.0	106	65 %	120/70	127	00	
RUCE Stage 1	06:13	3:00	01.7	10.0	04.7	120	74 %	135/80	162	00	
RUCE Stage 2	09:13	3:00	02.5	12.0	07.1	135	83 %	140/96	189	00	
Peak Ex	09:34	0:21	03.4	14.0	07.5	138	85 %	140/96	193	00	
Recovery	10:34	1:00	00.0	00.0	01.2	110	68 %	150/99	165	00	
Recovery	11:34	2:00	00.0	00.0	01.0	106	65 %	150/99	158	00	
Recovery	12:34	3:00	00.0	00.0	01.0	099	61 %	135/80	133	00	
Recovery	13:34	4:00	00.0	00.0	01.0	091	56 %	125/76	113	00	
Recovery	14:26	4:52	00.0	00.0	01.0	093	57 %	120/70	111	00	

HR is Negative for MI

Exercise Time : 06:21
 Max HR Attained : 138 bpm 85% of Target 162
 Max BP Attained : 150/99 (mm/Hg)
 Max WorkLoad Attained : 7.5 Fair response to induced stress

Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Dr. Naresh Kumar Mohanka
 RMC No. 35703
 MBBS, DIP. CARDIO (ESCORTS)
 D.E.M (RCGP-UK)



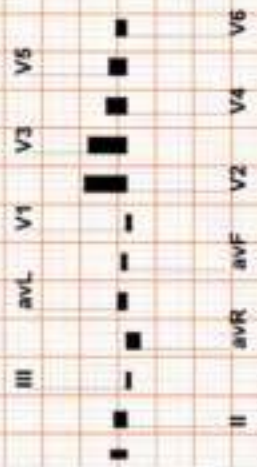
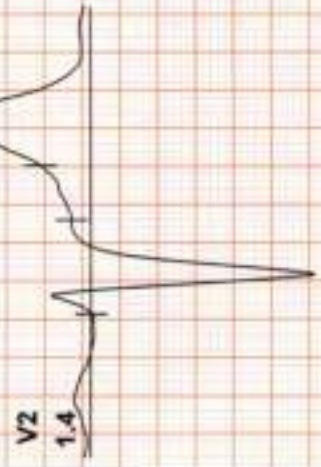
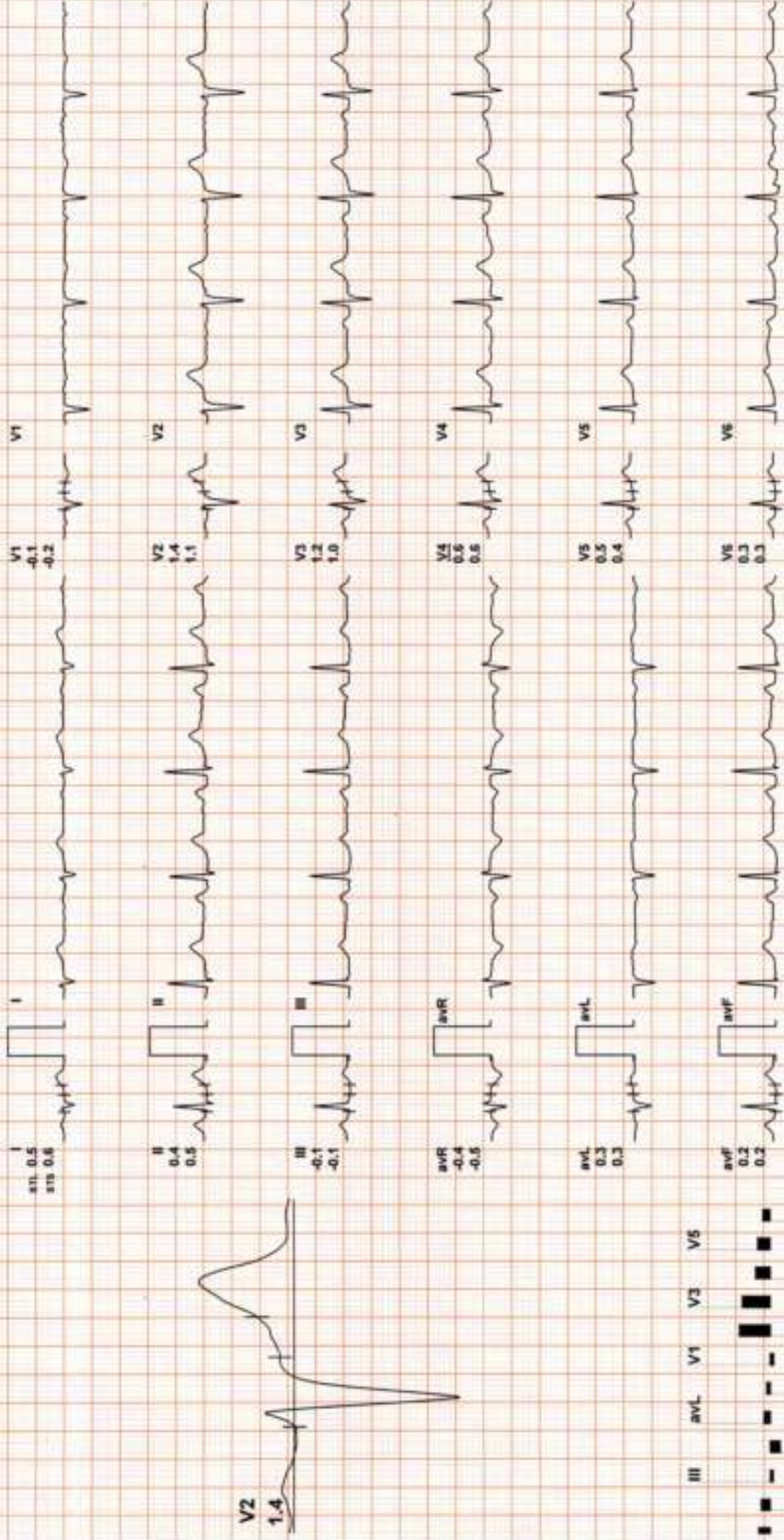
15/MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 82

ate: 05 / 11 / 2023 11:45:38 AM METS: 1.0/ 82 bpm 51% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

80 mS Post J

25 mm/sec. 1.0 Cm/mV



REMARKS:



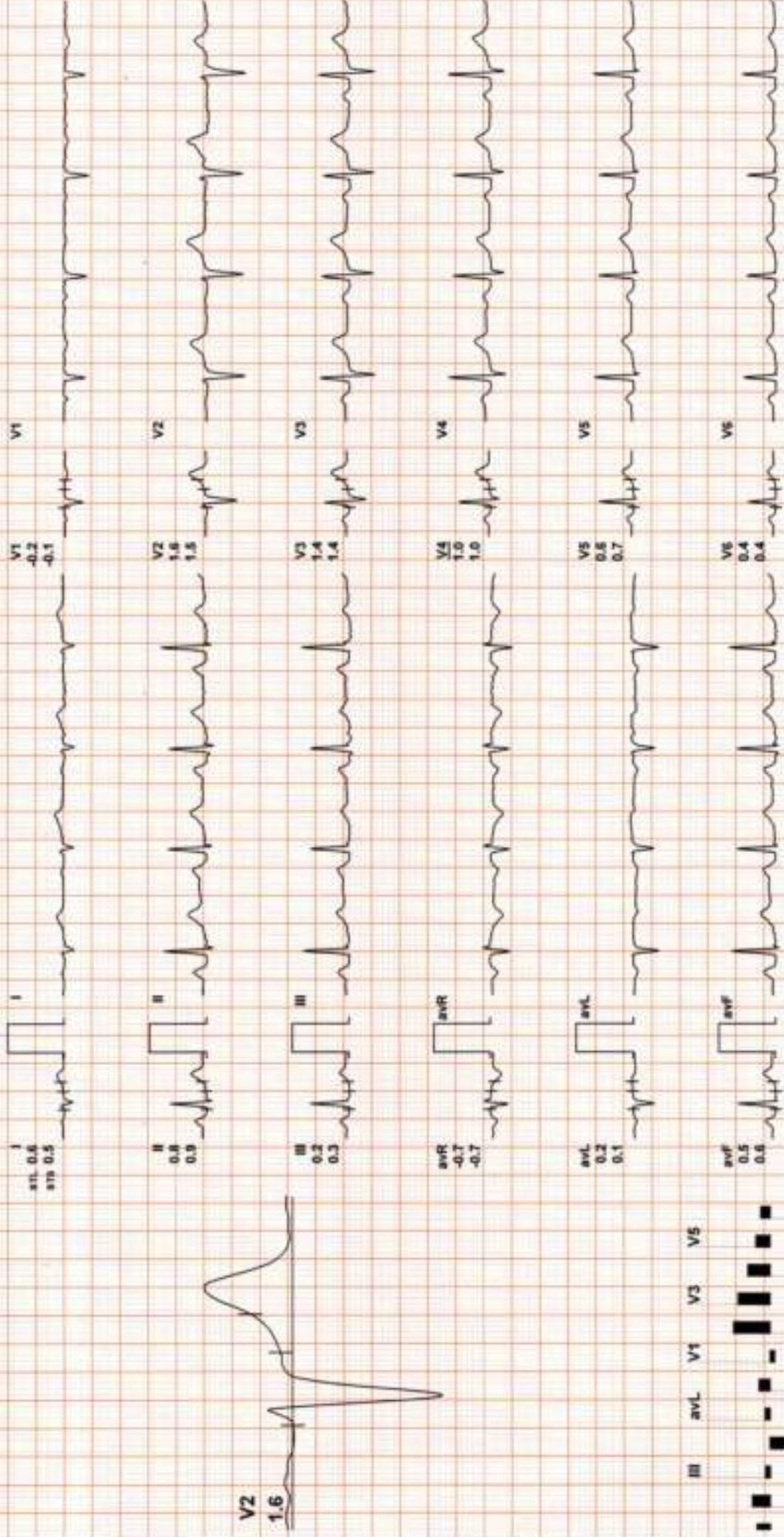
15/MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 83

ate: 05 / 11 / 2023 11:45:38 AM METS: 1.0/ 83 bpm 51% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

80 mS Post J

25 mm/sec. 1.0 Cm/mV



REMARKS:



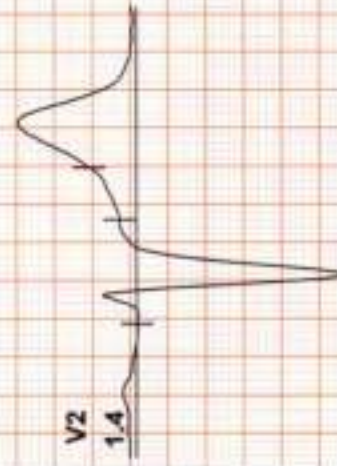
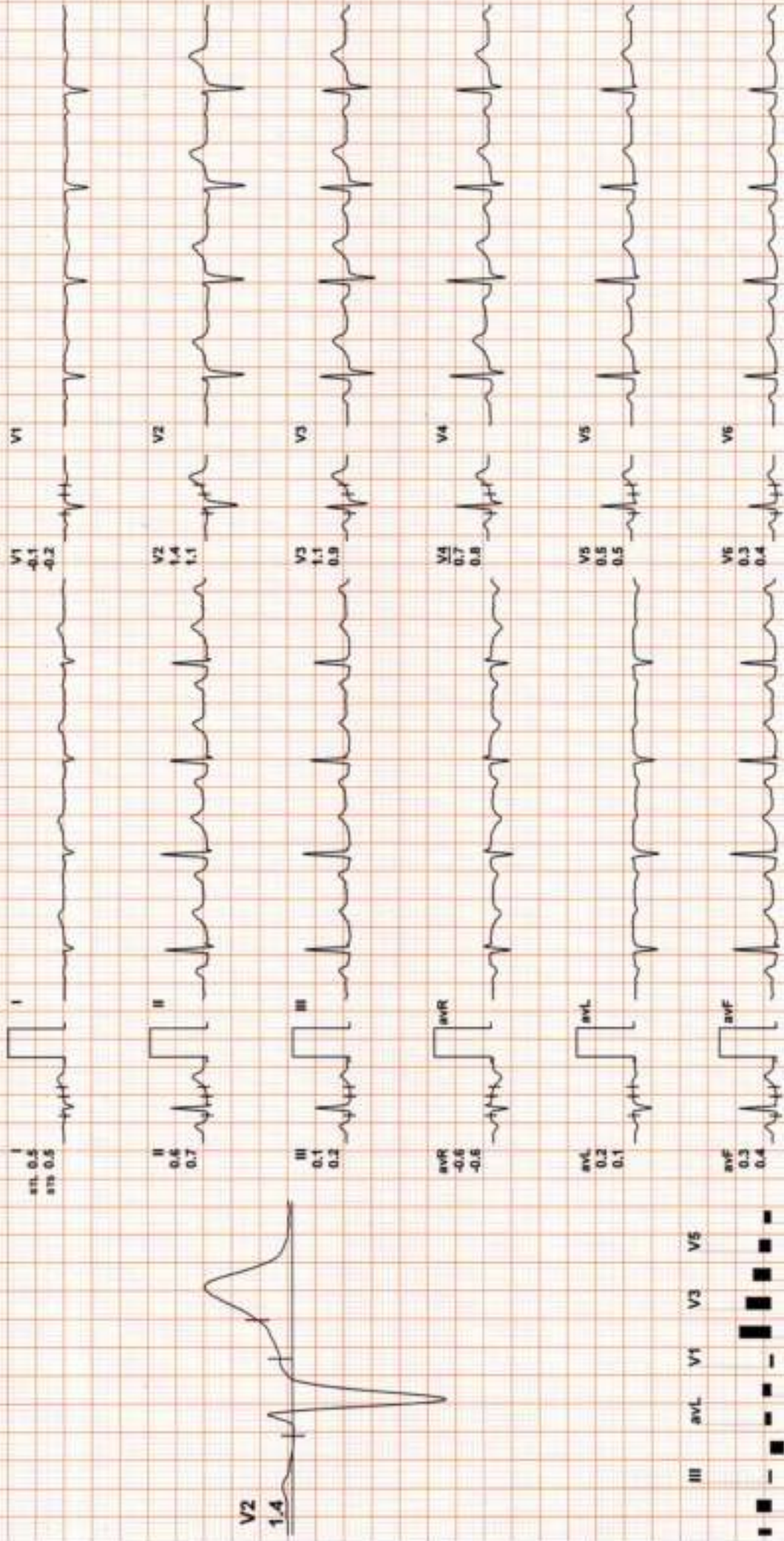
15/MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 88

date: 05 / 11 / 2023 11:45:36 AM METS: 1.0/ 88 bpm 54% of THR. BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

90 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 90

date: 05 / 11 / 2023 11:45:38 AM METS: 1.0/ 90 bpm 56% of THR BIP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

IX 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



II aVR aVF V2 V4 V6

REMARKS:

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ExStart



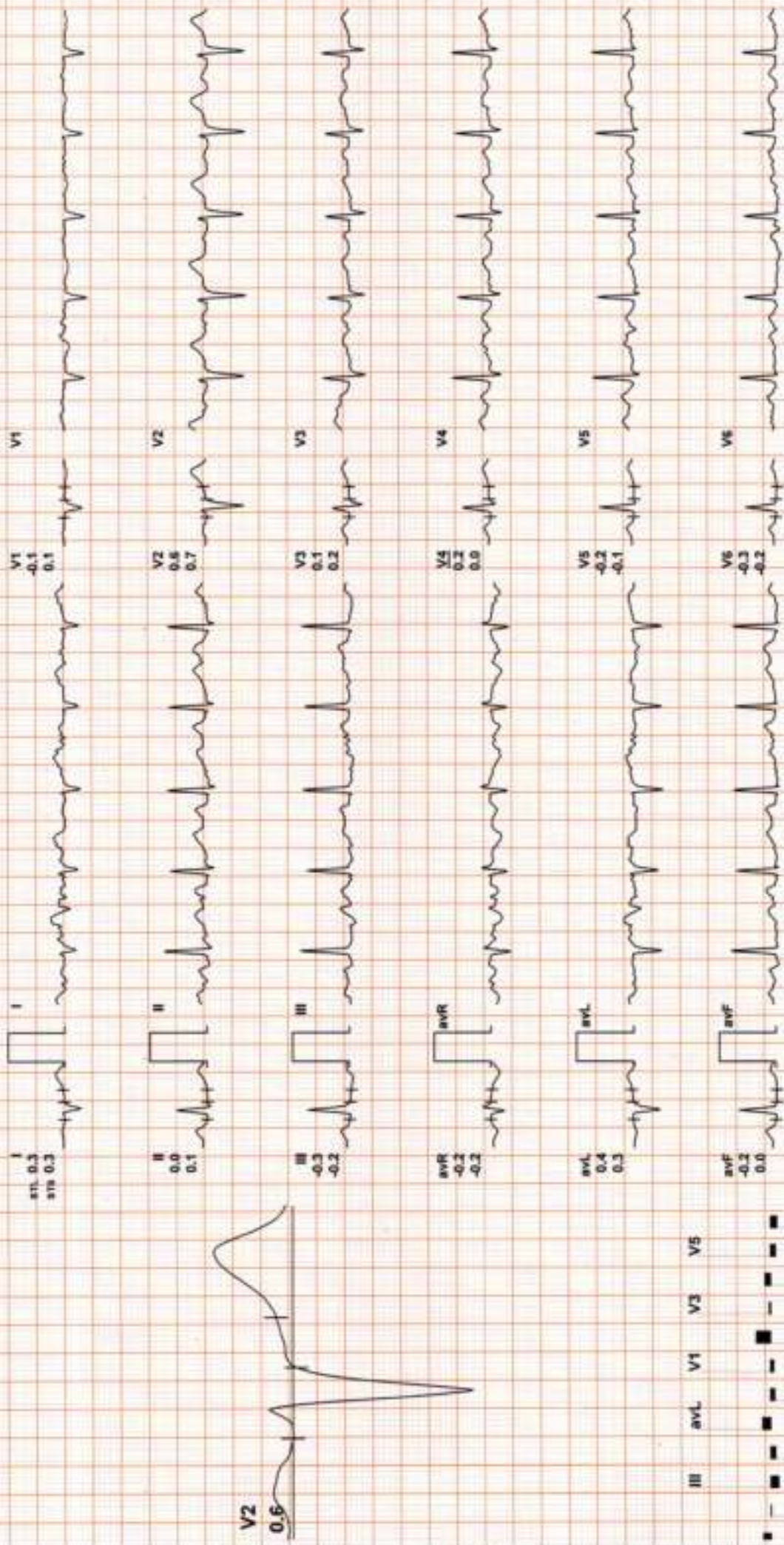
15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 106

date: 05 / 11 / 2023 11:45:38 AM METS: 1.0/ 106 bpm 65% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

1X 90 mS Post J

25 mm/sec, 1.0 Cm/mV



REMARKS:



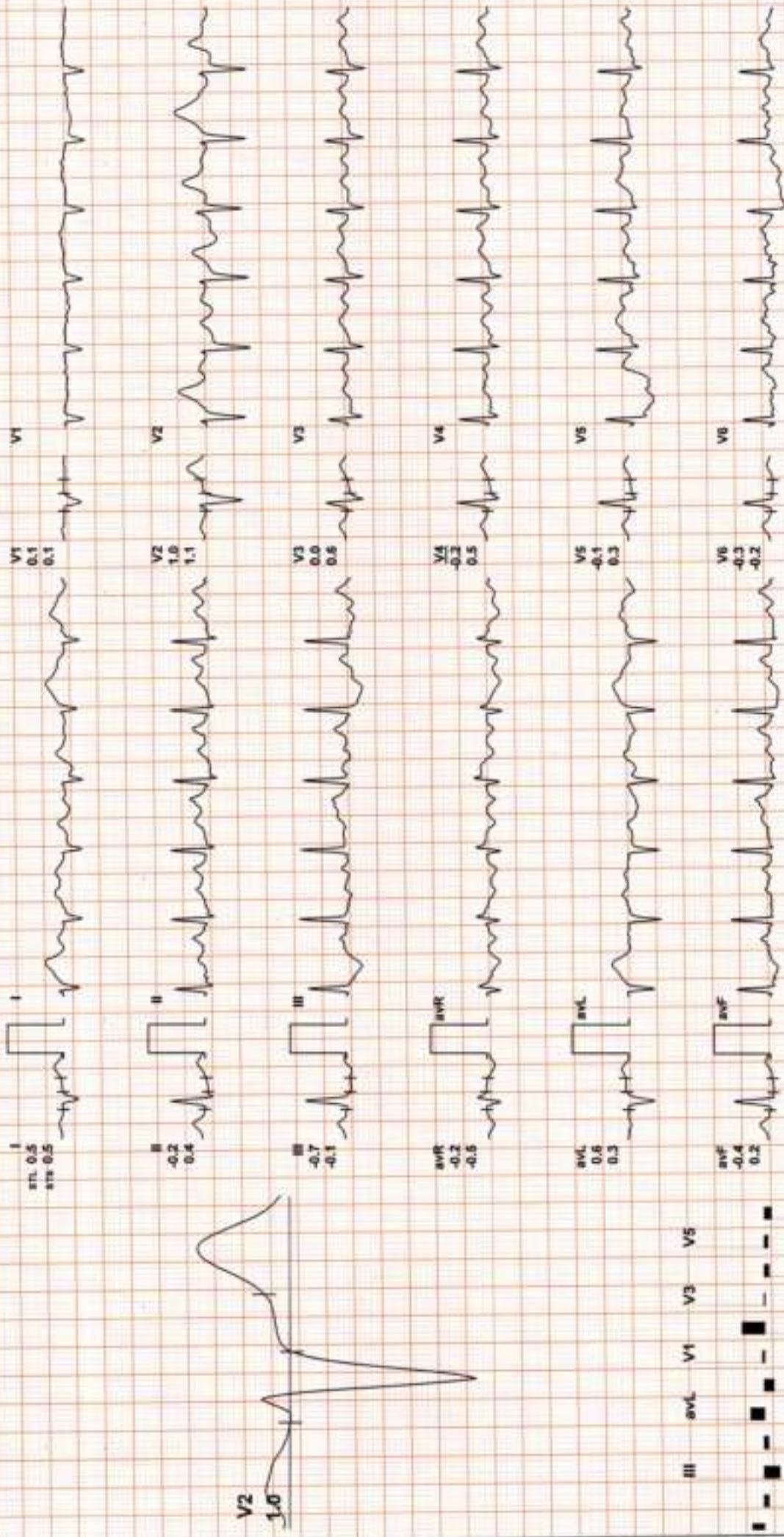
15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 120

date: 05 / 11 / 2023 11:45:36 AM METS: 4.71 120 bpm 74% of THR BP: 135/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%

1X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



II avR avF V1 V2 V3 V4 V5 V6

REMARKS:



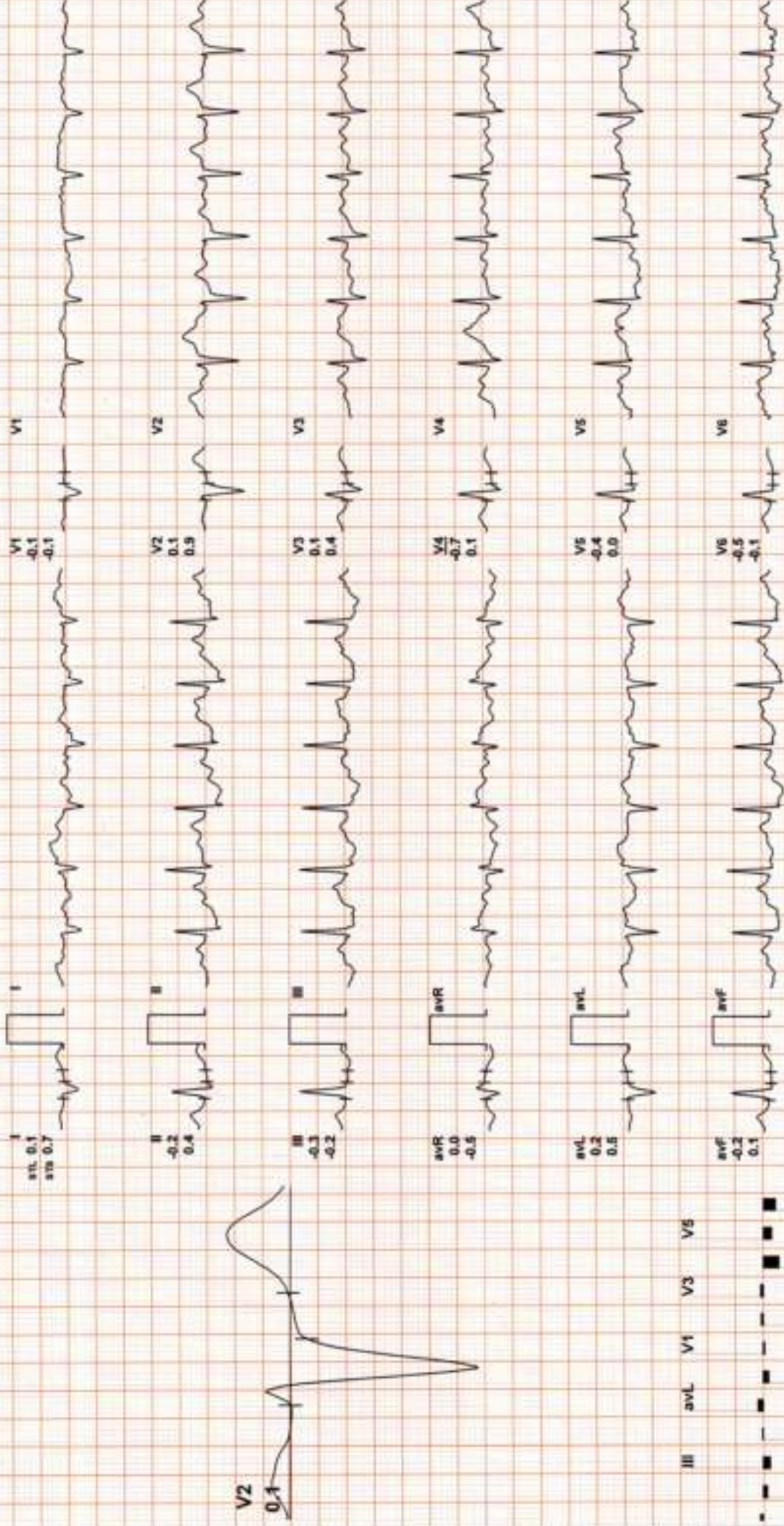
15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 135

date: 05 / 11 / 2023 11:45:38 AM METS: 7.1/ 135 bpm 83% of THR BP: 140/96 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

1X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6



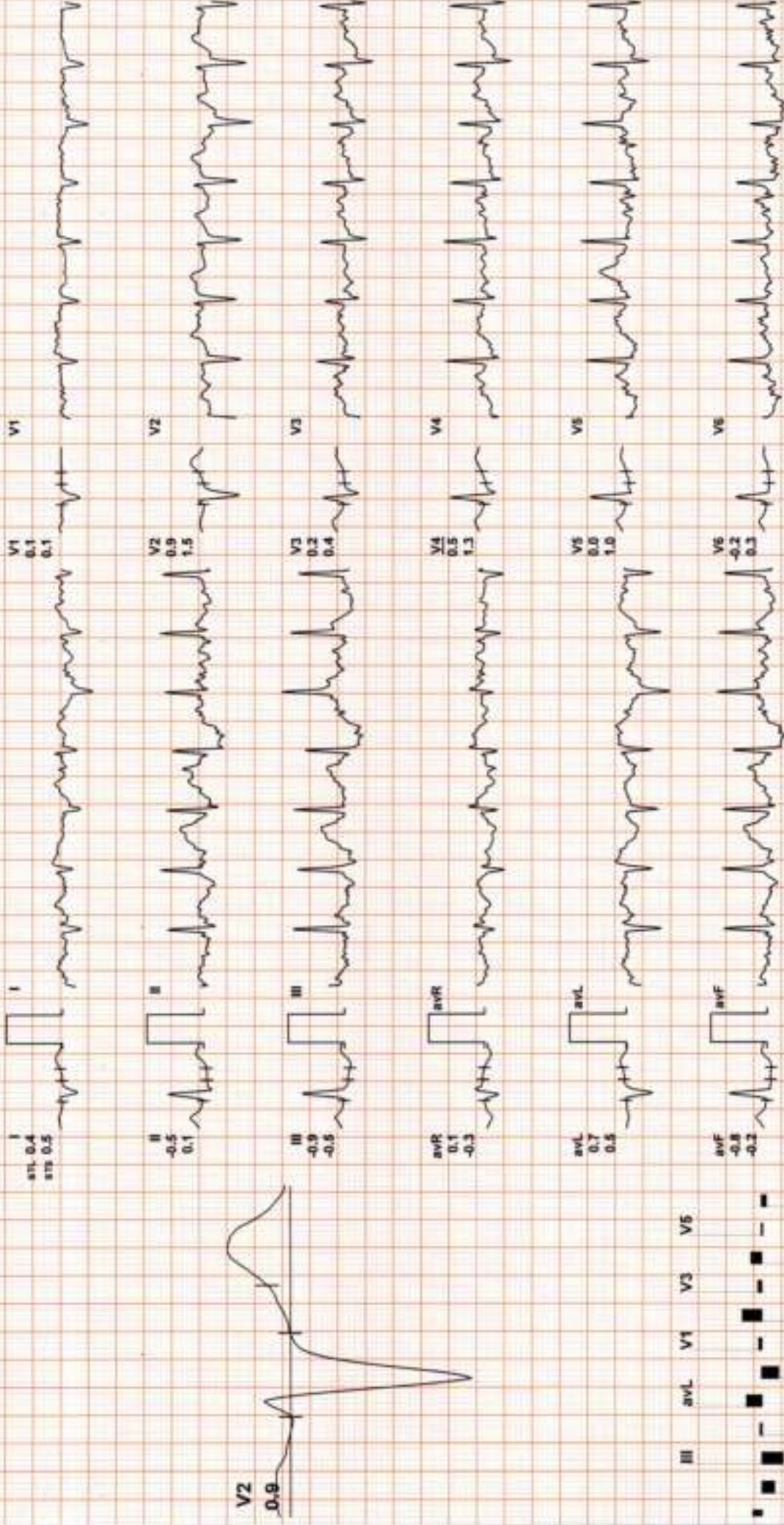
15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 138

ate: 05 / 11 / 2023 11:45:38 AM METS: 7.5/ 138 bpm 85% of THR BP: 140/96 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:21 3.4 mph, 14.0%

IX 50 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



15 / MRS.NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 110

date: 05 / 11 / 2023 11:45:38 AM METS: 1.2/ 110 bpm 56% of THR BP: 150/99 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

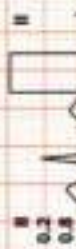
ExTime: 06:21 0.0 mph, 0.0%

1X 80 mS Post J

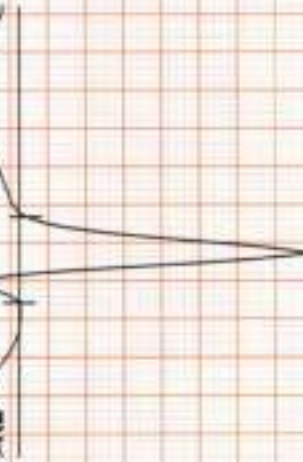
25 mm/Sec. 1.0 Cm/mV



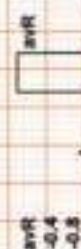
V1
V1
0.1
0.0



V2
V2
1.2
1.7



V3
V3
0.3
0.9



V4
V4
0.3
0.9



V5
V5
0.2
0.8



V6
V6
0.0
0.4



REMARKS:



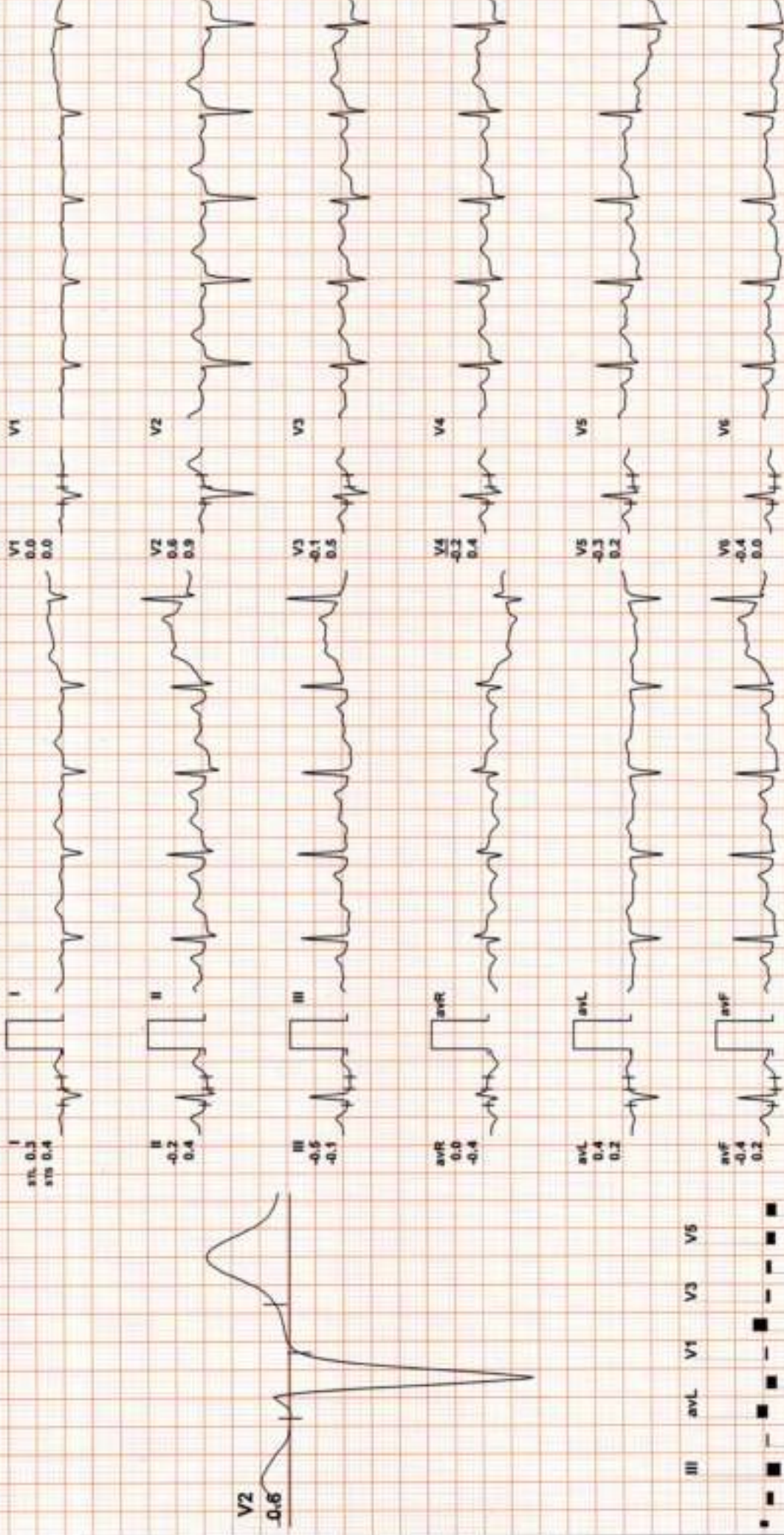
15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 106

date: 05 / 11 / 2023 11:45:38 AM METS: 1.0/ 106 bpm 65% of THR BP: 150/99 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 06:21 0.0 mph, 0.0%

1X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



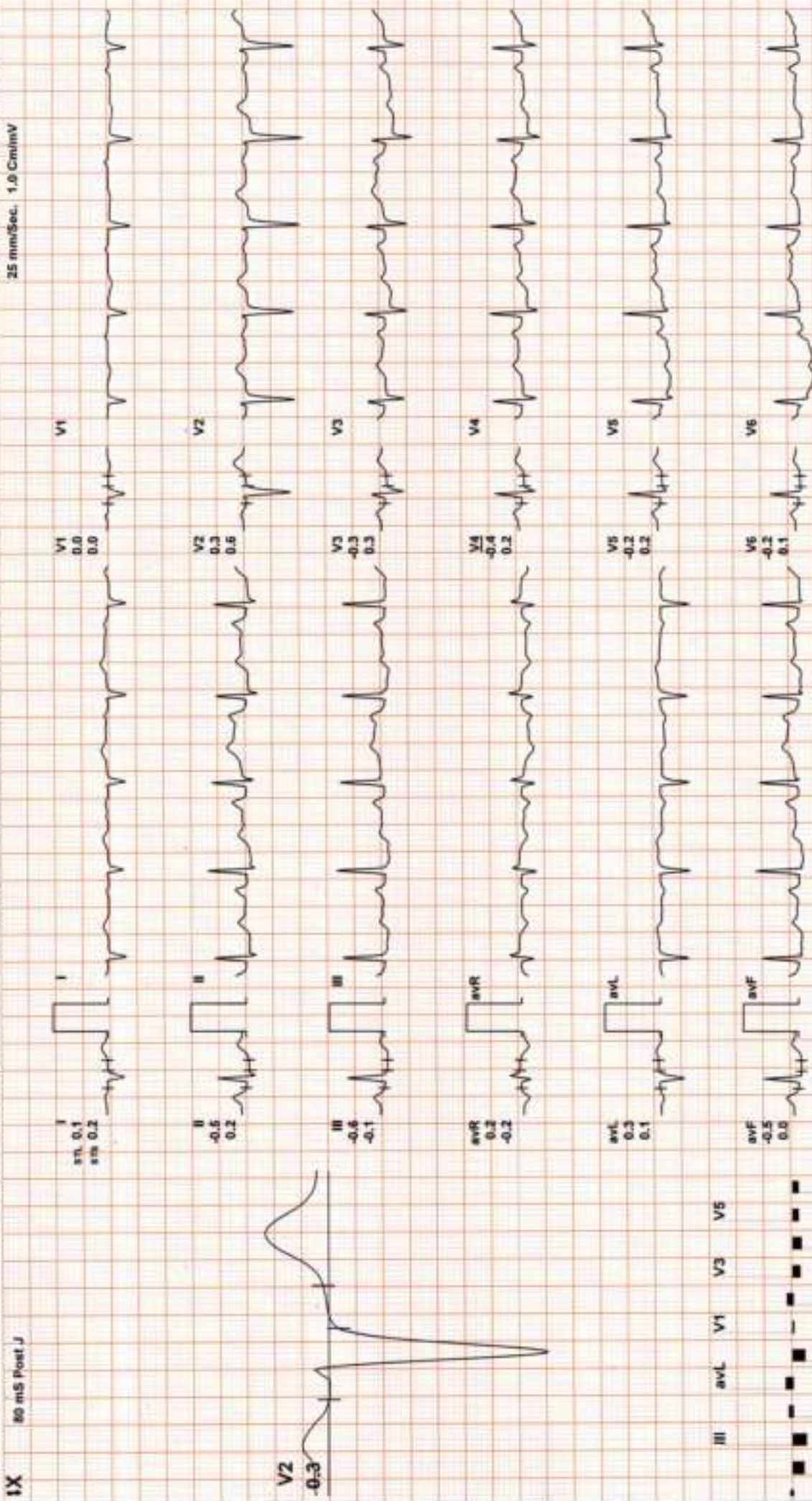
REMARKS:



15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 99

date: 05 / 11 / 2023 11:45:38 AM METS: 1.0/ 99 bpm 61% of THR BP: 135/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:21 0.0 mph, 0.0%



REMARKS:



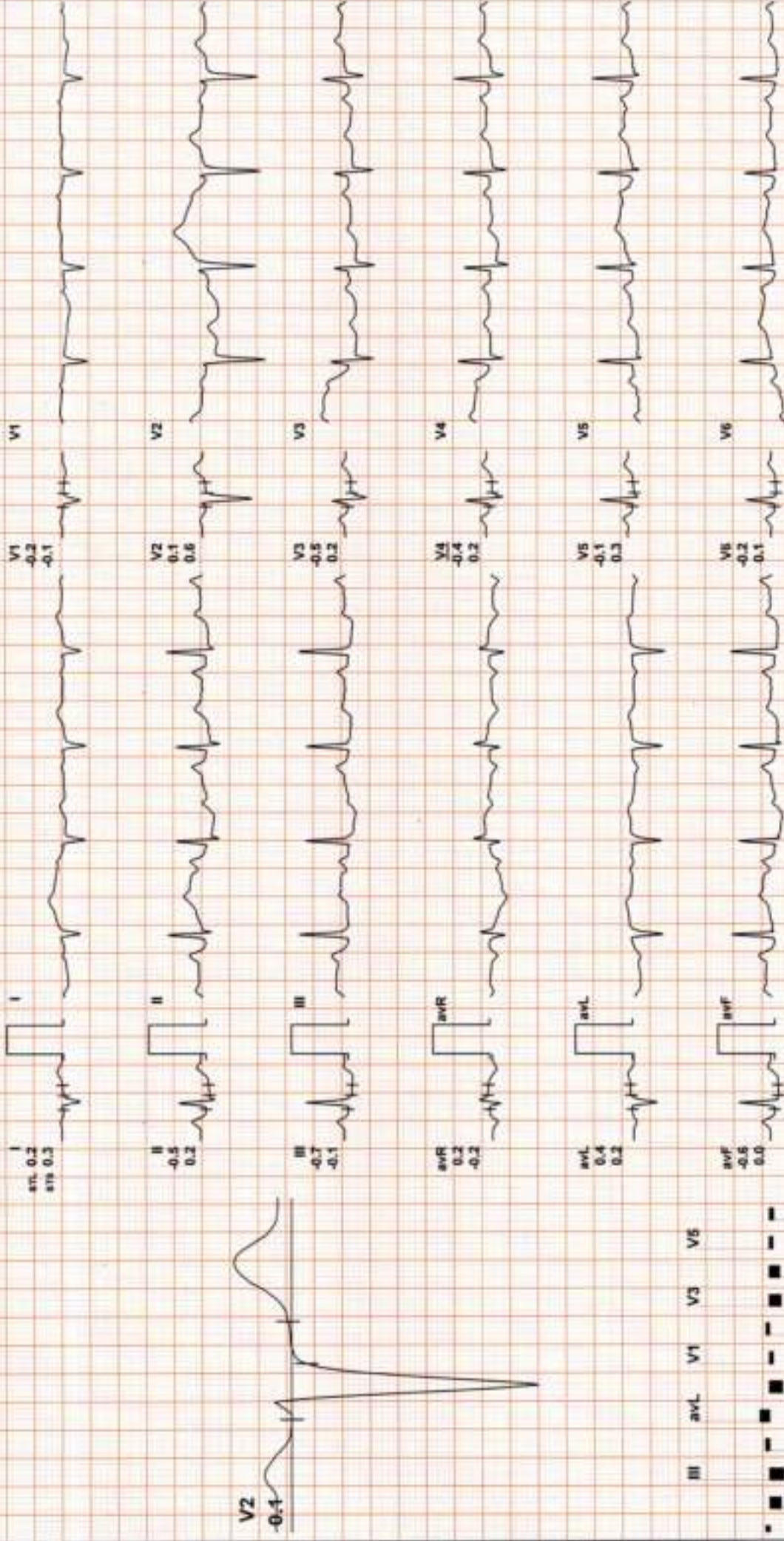
15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 91

date: 05 / 11 / 2023 11:45:38 AM METS: 1.0/ 91 bpm 56% of THR BP: 125/76 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 06:21 0.0 mph, 0.0%

IX 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



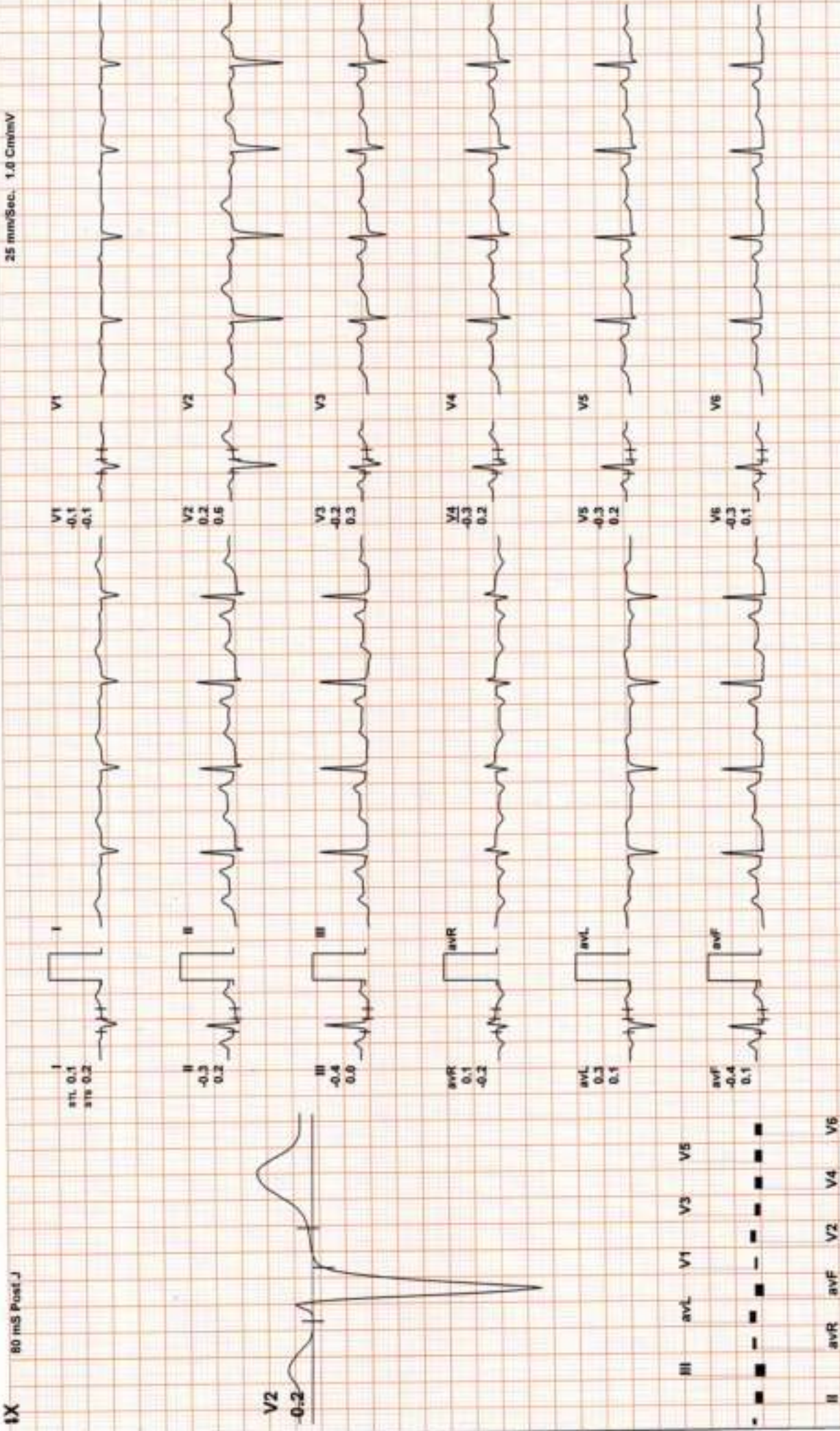
REMARKS:



15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 93

date: 05 / 11 / 2023 11:45:38 AM METS: 1.0/ 93 bpm 57% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:21 0.0 mph, 0.0%



REMARKS:



15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 92

ate: 05 / 11 / 2023 11:45:38 AM I II III avR avL avF V1 V2 V3 V4 V5 V6

Supine

1) 0:00 1.1 mph
2) 0:00 0.0 %
83 bpm 120/70



Standing

1) 0:00 1.1 mph
2) 0:00 0.0 %
83 bpm 120/70



-IV

1) 0:00 1.1 mph
2) 0:00 0.0 %
086 bpm 120/70



Warm Up

1) 0:00 1.1 mph
2) 0:00 0.0 %
080 bpm 120/70



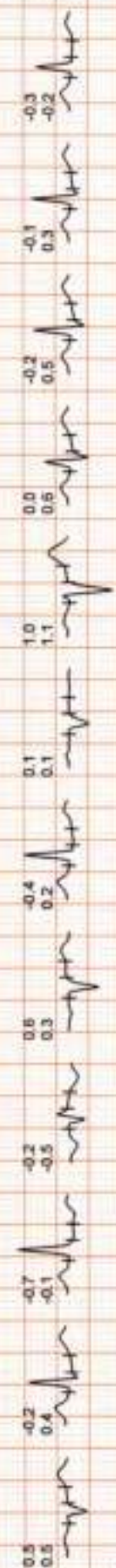
ExStart

1) 0:00 1.0 mph
2) 0:00 0.0 %
107 bpm 120/70



Stage 1

1) 3:00 1.7 mph
2) 3:00 10.0 %
126 bpm 135/80

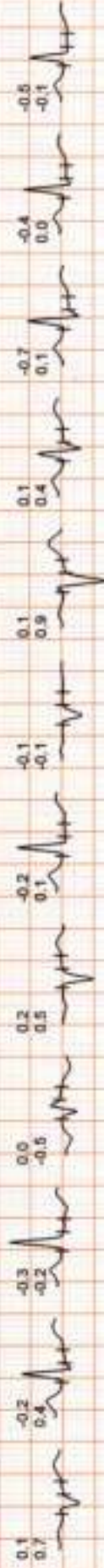




ate: 05 / 11 / 2023 11:45:38 AM I II III aVR avR avL avF V1 V2 V3 V4 V5 V6

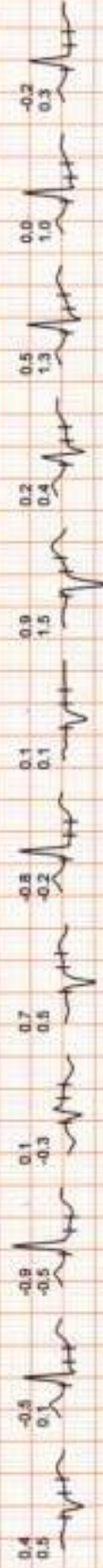
Stage 2

1) 6.00 2.5 mph
2) 3.00 12.0 %
135 bpm 140/96



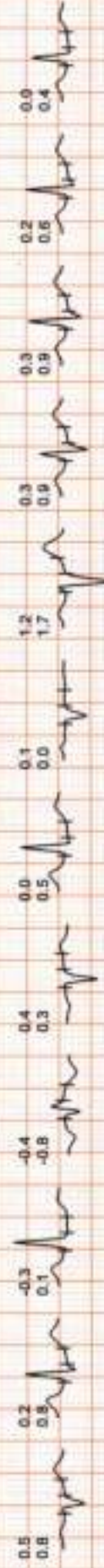
PeakEx

1) 6.21 3.4 mph
2) 0.21 14.0 %
138 bpm 140/96



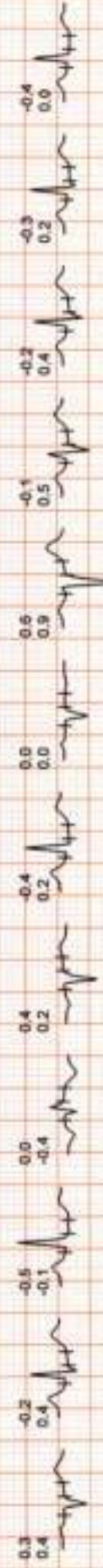
Recovery

1) 6.22 0.0 mph
2) 0.59 0.0 %
142 bpm 150/96



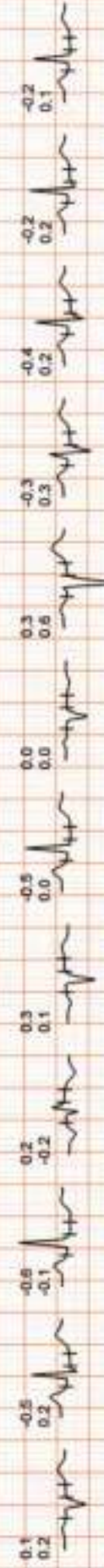
Recovery

1) 6.22 0.0 mph
2) 1.59 0.0 %
115 bpm 150/96



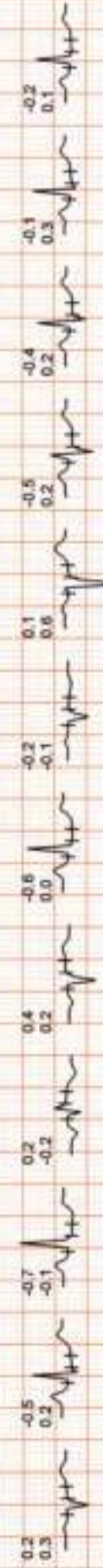
Recovery

1) 6.22 0.0 mph
2) 2.59 0.0 %
99 bpm 135/80



Recovery

1) 6.22 0.0 mph
2) 3.59 0.0 %
91 bpm 125/76



JR . GOYALS PATH LAB & IMGING CENTRE

15 / MRS NEETA DEVI / 58 Yrs / F / 0 Cms / 0 Kg / HR : 92

ate: 05 / 11 / 2023 11:45:38 AM I II III

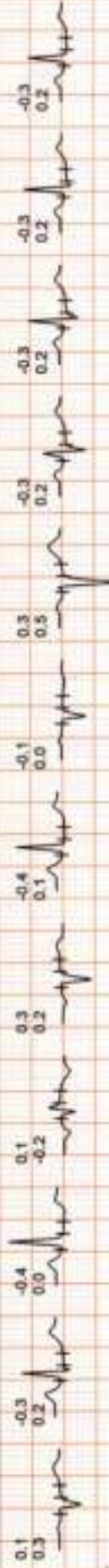
Recovery

1) 6:22 0.0 mph
2) 4:52 0.0 %
093 bpm 120/70

Average



avR avL avF V1 V2 V3 V4 V5 V6



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Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 05/11/2023 09:25:18

Patient ID :-12234081

NAME :- Mrs. NEETA DEVI

Ref. By Dr:- BOB

Sex / Age :- Female 58 Yrs 19 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type > EDTA

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 12:14:42

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.5	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	9.03	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	50.8	%	40.0 - 80.0
LYMPHOCYTE	40.0	%	20.0 - 40.0
EOSINOPHIL	7.0 H	%	1.0 - 6.0
MONOCYTE	2.0	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.58	10 ³ /uL	1.50 - 7.00
LYMPH#	3.63	10 ³ /uL	1.00 - 3.70
EO#	0.66 H	10 ³ /uL	0.00 - 0.40
MONO#	0.14	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.56 H	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	46.00	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	85.8	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.1 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	30.5 L	g/dL	31.5 - 34.5
PLATELET COUNT	294	x10 ³ /uL	150 - 410
RDW-CV	14.6 H	%	11.6 - 14.0
MENTZER INDEX	15.43		

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

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

MUKESH SINGH
Technologist

Page No: 2 of 13



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 Sangam Road, Jaipur-302003-5509

Tele : 0141-2293348, 4049787, 9987049787

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

Date :- 05/11/2023 09:25:18

Patient ID :-12234081



NAME :- Mrs. NEETA DEVI

Ref. By Dr:- BOB

Sex / Age :- Female 58 Yrs 19 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 12:14:42

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

7.7 H %

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

Method:- HPLC

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

Test Interpretation:

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

Ref by ADA 2020

MEAN PLASMA GLUCOSE

174 H mg/dL

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

Method:- Calculated Parameter

MUKESH SINGH
Technologist

Page No: 1 of 13



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

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 12:14:42

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	21 H	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" >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. **Instrument Name**: Sysmex 6 part fully automatic analyzer XN-1, Japan

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Page No. 3 of 13



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Date :- 05/11/2023 09:25:18

Patient ID :- 12234081



NAME :- Mrs. NEETA DEVI

Ref. By Dr.- BOB

Sex / Age :- Female 58 Yrs 19 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 11:21:50

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	114.07	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	136.12	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	36.35	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	55.03	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	27.22	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.14		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.51		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	412.50	mg/dl	400.00 - 1000.00
<small>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.</small>			
<small>TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various metabolic disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</small>			
<small>DIRECT HDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</small>			
<small>DIRECT LDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</small>			
<small>TOTAL LIPID AND VLDL ARE CALCULATED</small>			

SURENDRAKHANGA

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NAME :- Mrs. NEETA DEVI
 Sex / Age :- Female 58 Yrs 19 Days
 Company :- MediWheel

Patient ID :-12234081
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 11:21:50

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.15	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	0.33	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.82	mg/dl	0.30-0.70
SGOT Method:- IFCC	12.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	25.8	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	74.90	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	14.10	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.99	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bismicrored Green	4.24	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.75	gm/dl	2.20 - 3.50
A/G RATIO	1.54		1.30 - 2.50

Total Bilirubin/Methodology: Colorimetric method. **Instrument/Name:** Randco Rx. **Units:** 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 babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin as it receives.

AST Aspartate Aminotransferase Methodology: IFCC. **Instrument/Name:** Randco Rx. **Units:** Interpretation: Elev and 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:** Randco Rx. **Units:** 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. **Instrument/Name:** Randco Rx. **Units:** 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:** Randco Rx. **Units:** 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: Bismicrored Green. **Instrument/Name:** Randco Rx. **Units:** 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: Randco Rx. **Units:** 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).

SURENDRAXHANGA

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Date :- 05/11/2023 09:25:18
NAME :- Mrs. NEETA DEVI
Sex / Age :- Female 58 Yrs 19 Days
Company :- MediWheel

Patient ID :- 12234081
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 11:17:23

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.210	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.640	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence immunoassay	5.200	µIU/mL	0.350 - 5.500

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

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

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

INTERPRETATION

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

AJAYKUMAR
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Date :- 05/11/2023 09:25:18
NAME :- Mrs. NEETA DEVI
Sex / Age :- Female 58 Yrs 19 Days
Company :- MediWheel

Patient ID :- 12234081
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 10:57:31

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) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphonosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified storch reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitroprusside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
RBC Method:- Reagent Strip (Peroxidase like activity)	NIL		NIL
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

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Date :- 05/11/2023 09:25:18

Patient ID :- 12234081



NAME :- Mrs. NEETA DEVI

Ref. By Dr.- BOB

Sex / Age :- Female 58 Yrs 19 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type -> STOOL

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 11:28:46

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	0 - 1	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

VIJENDRAMEENA
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Date :- 05/11/2023 09:25:18

Patient ID :- 12234081



NAME :- Mrs. NEETA DEVI

Ref. By Dr:- BOB

Sex / Age :- Female 58 Yrs 19 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na SIB... 05/11/2023 09:32:18

Final Authentication : 05/11/2023 15:58:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method: GOD PAP	141.4 H	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	196.4 H	mg/dl	70.0 - 140.0
SERUM CREATININE Method: Colorimetric Method	1.08	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method: Enzymatic colorimetric	5.01	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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.

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.

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Patient ID :- 12234081



NAME :- Mrs. NEETA DEVI

Ref. By Dr:- BOB

Sex / Age :- Female 58 Yrs 19 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 12:14:42

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil

MUKESH SINGH, VIJENDRAMEENA
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Date :- 05/11/2023 09:25:18

Patient ID :-12234081



NAME :- Mrs. NEETA DEVI

Ref. By Dr:- BOB

Sex / Age :- Female 58 Yrs 19 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 11:21:50

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.0	mg/dl	0.0 - 23.0

SURENDRAKHANGA

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NAME :- Mrs. NEETA DEVI
Sex / Age :- Female 58 Yrs 19 Days
Company :- MediWheel

Patient ID :-12234081
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- SWAB

Sample Collected Time 05/11/2023 09:32:18

Final Authentication : 05/11/2023 14:09:10

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Microscopic & diagnosis,

Smears show predominantly superficial and intermediate squamous epithelial cells along with few parabasal cells in the clean background.

No endocervical cells seen.

No atypical or malignant cells seen.

IMPRESSION :Negative for intraepithelial lesion or malignancy.

Adv: Clinical correlation.

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

Slides will be kept for one month only.

*** End of Report ***

MANOJCHOUDHARY
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Date :- 05/11/2023 09:25:18

NAME :- Mrs. NEETA DEVI

Sex / Age :- Female 58 Yrs 19 Days

Company :- MediWheel

Patient ID :-12234081

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 05/11/2023 12:37:06

BOB PACKAGEFEMALE ABOVE 40

X RAY CHEST PA VIEW:

Bronchovascular markings are prominent.

Otherwise lung fields are clear.

Trachea is in midline.

Both the hilar shadows are normal.

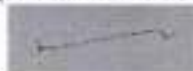
Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

(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. 33813 / 14911)

*** End of Report ***

Dr. Piyush Goyal

(D.M.R.D.)

BILAL



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Date :- 05/11/2023 09:25:18
NAME :- Mrs. NEETA DEVI
Sex / Age :- Female 58 Yrs 19 Days
Company :- Med/Wheel

Patient ID :- 12234081
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 05/11/2023 11:18:14

BOB PACKAGEFEMALE ABOVE 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. **Echo-texture is bright.** 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 small and senile post-menopausal status. ET thin line. No adnexal mass is seen. No significant free fluid is seen in pouch of douglas.

IMPRESSION:

* **Grade I fatty liver.**

Page No: 1 of 2

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Fetal Medicine Consultant
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Dr. Abhinav Jain
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Dr. Navneet Agarwal
MD, DNB (Radio Diagnosis)
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Dr. Poorvi Malik
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Date :- 05/11/2023 09:25:18
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Sex / Age :- Female 58 Yrs 19 Days
Company :- MediWheel

Patient ID :- 12234081
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 05/11/2023 11:19:54

ULTRASONOGRAPHY report : Breast and axilla

Right breast:

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

Left breast:

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

IMPRESSION :

No abnormality detected.

*** End of Report ***

Transcript by.

