

Patient Name : HARSHITA

Age / Gender : 32 years / Female

Endo ID : 170952

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Feb 10, 2024, 01:09 p.m.

Reported Date & Time : Feb 10, 2024, 01:21 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	11.3	gm/dl	12.0 - 16.0
Erythrocyte (RBC) Count	4.57	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	37.4	%	42 - 52
Mean Cell Volume (MCV)	81.7	FL	78 - 100
Mean Cell Haemoglobin (MCH)	24.7	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	30.2	g/dl	32 - 36
Red Cell Distribution Width (RDW)	14.8	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6940	Cell/cu.mm	4000 - 10000
Neutrophils	63	%	40 - 80
Lymphocytes	32	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	9.6	fL	7.2 - 11.7
PCT	0.26	%	0.2 - 0.5
Platelet Count	267	10 ³ /ul	150 - 450

END OF REPORT

Dr. Kusum Heda
M.D.(Patho.)

Dr. Nishi Prasad
M.D.(Patho.)

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : HARSHITA

Age / Gender : 32 years / Female

Endo ID : 170952

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Feb 10, 2024, 01:09 p.m.

Reported Date & Time : Feb 10, 2024, 04:15 p.m.

Sample ID :



240410064

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

ESR	18	mm	0 - 20
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END OF REPORT

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Age / Gender : 32 years / Female

Endo ID : 170952

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Feb 10, 2024, 01:09 p.m.

Reported Date & Time : Feb 10, 2024, 03:13 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	S.Turbid		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.010		1.005-1.030

Chemical Examination

Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL

Microscopic Examination

Pus cells (WBCs)	2-3	/hpf	0-4
Epithelial cells	1-2	/hpf	0-5
Red blood cells	NIL	/hpf	NIL
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

END OF REPORT

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Collected Date & Time : Feb 10, 2024, 01:09 p.m.

Reported Date & Time : Feb 10, 2024, 04:42 p.m.

Sample ID :



240410064

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

'O' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

****END OF REPORT****

Dr. Kusum Heda
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Patient Name : HARSHITA

Age / Gender : 32 years / Female

Endo ID : 170952

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Feb 10, 2024, 01:09 p.m.

Reported Date & Time : Feb 10, 2024, 04:12 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	173.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	115.6	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	47.8	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	23.12	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	102.08	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	3.62		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.14		0.5-3.4

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIVER FUNCTION TEST			
Bilirubin - Total	0.69	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.26	mg/dL	0.0 - 0.30
Bilirubin - Indirect	0.43	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	27.7	U/L	5.0 - 40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	23.3	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	91.0	U/L	MALE & FEMALE
Method : IFCC with Serum			
4-19 YEAR: 54-369 U/L			
20-59 YEAR: 42-98 U/L			
>60 YEAR: 53-141 U/L			
Total Protein	6.90	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.14	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.76	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.50		1.5 - 2.5
Method : Calculated			

END OF REPORT

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Sample ID :



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Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

4.9

%

> 8% Action Suggested

BLOOD

7 - 8 % Good Control

Method : Nephelometry Methodology

6 - 7 % Near Normal Glycemia

< 6% Normal level

Instrument:Mispa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS,HbC,HbE, HbD,elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia,Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state,Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE

93.93

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

END OF REPORT

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Sample ID :



240410064

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINOSCEENCE	1.21	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCEENCE	9.0	ug/dL	4.5 -10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCEENCE	1.56	uIU/mL	0.35-5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

****END OF REPORT****

Dr. Kusum Heda
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SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

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240410064

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Urea	21.5	mg/dL	10.0 - 40.0
Method : Uricase			
CREATININE	0.71	mg/dL	0.60 - 1.40
Method : Serum, Jaffe			

END OF REPORT

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Sample ID :



240410064

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Uric Acid

3.6

mg/dL

3.5-7.0

Method : Uricase, Colorimetric

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Calcium

9.6

mg/dL

8.50 - 10.20

Method : Arsenazo III

END OF REPORT

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BIOCHEMISTRY

Gamma GT	17.5	U/L	5-36
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Method : G-Glutamyl-Carboxy-Nitroanilide

Interpretation

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

****END OF REPORT****

Dr. Kusum Heda
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GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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BIOCHEMISTRY

Glucose fasting	77.5	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

END OF REPORT

Dr. Kusum Heda
M.D.(Patho.)

Dr. Nishi Prasad
M.D.(Patho.)

5 Seconds ECG Report

Patient Name Mrs. HARSHITA 32/F

February-10-2024

Time: 10:58:46

HR : 63 bpm

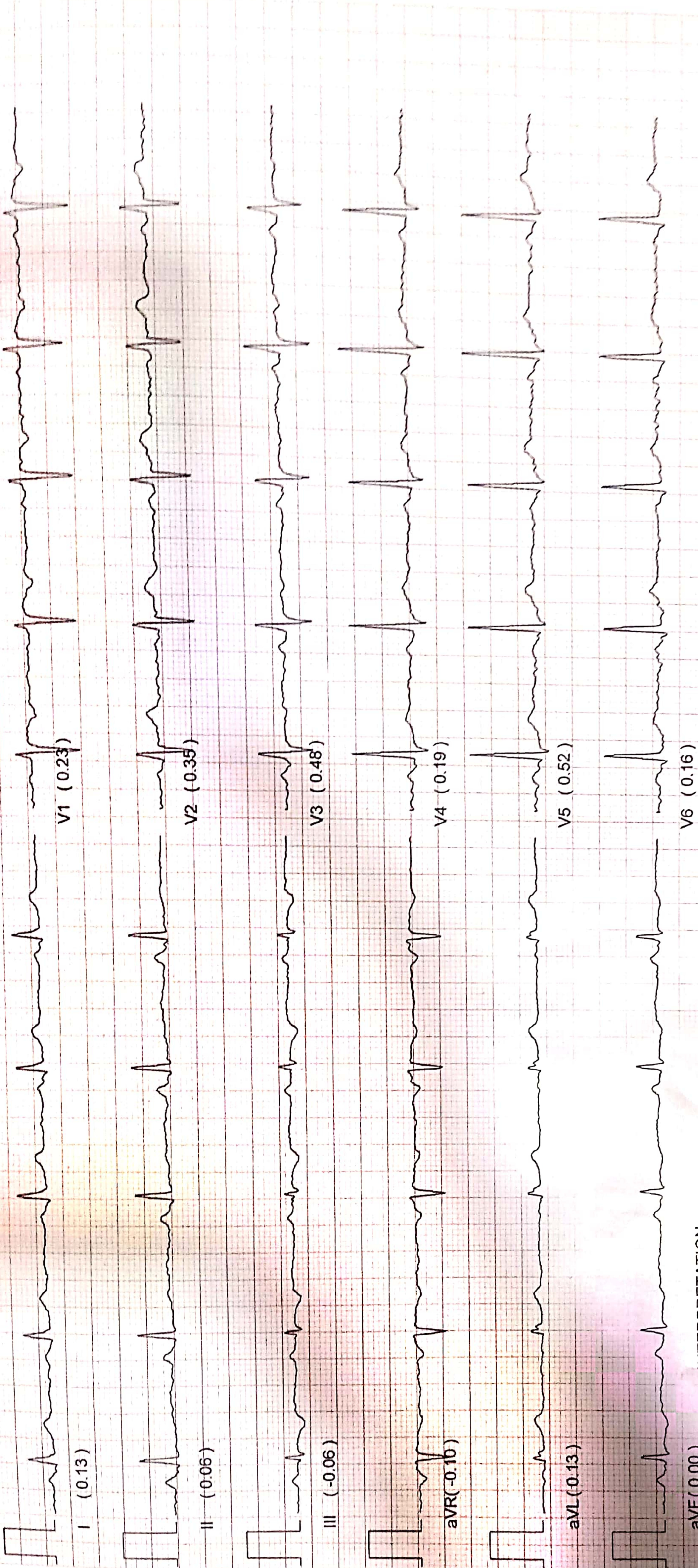
RR Interval: 0.94 sec

BP : 0 / 0 mmHg

P-QRS-T Axis (50)-(40)-(15) deg

PR Interval: 0.15 sec

QRS Duration : 0.080 Sec



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,
 T wave inversion in Lead III, V1, V2, V3,
 ECG not normal

DR
MD

*Unconfirmed Reporting, Refer to Clinician

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

M.D (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

HOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME - HARSHITA AGE- 32 YRS DATE - 10.02.24
REF BY-

SKIAGRAM CHEST PA VIEW .

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

LUNG FIELDS ARE CLEAR

NAD IN HEART AND LUNGS

Dr. Roopa Goyal
Consultant Radiologist
(M.B.B.S., M.D.)
Sonologist

Consultant Radiologist

Dr. Roop

MD (Radio-Diagnosis)

OYAL

DIAGNOSTICS

4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME :	HARSHITA	DATE :	10.02.24
AGE :	32 YRS	REF BY :	
SEX :	FEMALE		

INTERPRETATION SUMMARY

- NORMAL CHAMBER DIMENSIONS
- INTACT IAS/ IVS
- ALL VALVES ARE NORMAL.
- MILD TR
- RVSP 25 MM HG
- NO RWMA : LVEF 65 %
- NO CLOT, VEGITATION.
- NO PERICARDIAL EFFUSION
- NORMAL PERICARDIUM .
- SIZE OF MAIN PULMONARYARTERY 30 MM
- SIZE OF ASCENDING AORTA 34 MM

M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	51.8	LVEDV	
LVID s	32.9	LVESV	
RVID(d)	---	SV	-
IVS d	10.5	F.S	35%
IVS S	14.3	EF	65%
LVPW d	9.6	C.O	-
LVPWS	13.3	MITRAL VALVE	-
AORTIC ROOT	28.6	EF SLOPE	-
LEFT ATRIUM	28.9	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 105 A- 90	-	NIL
TRICUSPID VALVE	NORMAL	198	-	MILD
PUL VALVE	NORMAL	124	-	NIL
AORTIC VALVE	NORMAL	120	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 25 MM HG	MVA

Dr. Roop
 CONSULTANT RADIOLOGIST (M.D.)
 RAILWAY COLONY, AJMER-305001

गुण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

NAME - Harshita

AGE - 32 Yrs

Date - 10.02.24

REF BY --

USG ABDOMEN-PELVIS

LIVER : is enlarged and bright 14.5 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

GALL BLADDER : distended and shows smooth walls. No evidence of sludge/ calculus . No evidence of pericholecystic collection.

SPLEEN: Normal in size and shows normal echopattern.

PANCREAS: Normal in size , shape and position. Parenchyma is homogeneous.

RT.KIDNEY- Normal in size, shape and position . Measures :-- 10.9 x 4.4 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen .

LT. KIDNEY- Normal in size, shape and position. Measures :-- 11.6 x 4.5 cm
Cortex is homogeneous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.
No evidence of any calculus is Seen .

URINARY BLADDER : is distended with Smooth walls.
No evidence of diverticulum or calculus is Seen .

UTERUS: normal In Size Shape And Position , 6.3 x 5.4 x 3.5 cm
Myometrium is homogeneous and normal in thickness.
Endometrium Is Normal .

OVARY:- both ovaries are normal in size and appear normal.

IMPRESSION :--


- Enlarged fatty Liver .
- Rest of the abdominal organs are within normal limits.

(Adv- clinical correlation , further evaluation)

Dr. ROOPA
CONSULTANT RADIOLOGIST & SONOLOGIST
M.B.B.S. M.D.
2450

Please note :-- This is professional opinion only and not the final diagnosis as science of radiology is based on interpretation of various shadows produced by both normal and abnormal structures . Dissimilar diverse diseases may produce similar shadows and vice versa , hence no usg finding is pathogenomic . All findings are only S/O , hence advice These findings are observations at the time of study. Findings can change any time. In case of any disparity between clinical and sonography, X ray findings. Please send patient again for review Free of Cost This report is not valid for medico-legal purpose subject to Ajmer and jurisdiction only .

श्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।



भारत सरकार

Ministry of External Affairs

Address:

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 Vihar colony, Ashokh nagar, Ajmer, PO:


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भारत सरकार, अहमदाबाद

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Long 74.634051°

10/02/24 02:00 PM GMT +05:30