

# 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: 26-11-22

Name: NEELAM MEENA Age: 30 Sex: Female

DOB: 18/10/1992.

Referred By: BOB.

Photo ID: Aadhav ID #: attached

Ht: 156 (cm)

Wt: 52 (Kg)

Chest (Expiration): 85 (cm)

Abdomen Circumference: 76 (cm)

Blood Pressure: 128/88 mm Hg PR: 77 / min RR: 17 / min Temp: Afebrile.

BMI 21.4

Eye Examination: Vision Normal 6/6, N/G B/L eyes,  
Normal Color vision.

Other: No significant

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

Signature Of Examinee : Aadhav Name of Examinee: \_\_\_\_\_

Signature Medical Examiner : Dr. Piyush Goyal Name Medical Examiner \_\_\_\_\_  
M.B.B.S., D.M.R.D.  
RMC Reg No -017996

भारत सरकार  
GOVERNMENT OF INDIA

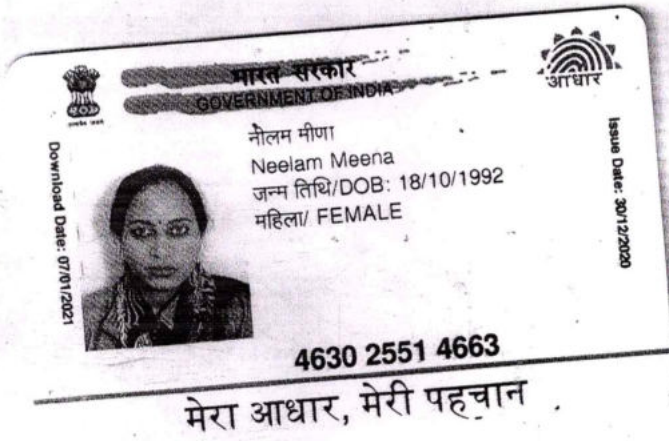
नौलम मीणा  
Neelam Meena  
जन्म तिथि/DOB: 18/10/1992  
महिला/ FEMALE

4630 2551 4663

मेरा आधार, मेरी पहचान

Download Date: 07/01/2021

Issue Date: 30/12/2020



21/1/21

Dr. Piyush Goyal  
M.B.B.S., D.M.R.D  
RMC Reg No -017988

आर्य समाज प्रसिद्ध पहचान अधिकरण  
Unique Identification Authority of India

पता:  
द्वारा: प्रवीण मीणा, प्लॉट न-17, रोड न-1,  
एशोकपुरा सोदला, सांगानेर रोड के  
पास, जयपुर,  
राजस्थान - 302019

Address:  
C/O: Praveen Meena, plot no-17, Road no-1,  
Ashokpura, Sodala, Near Sanganer Road,  
Jaipur,  
Rajasthan - 302019

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Stool - Pseudium



Date :- 26/11/2022 12:06:34  
**NAME :- Mrs. NEELAM MEENA**  
Sex / Age :- Female 30 Yrs 1 Mon 8 Days  
Company :- MediWheel

Patient ID :-122228311  
Ref. By Dr:-  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 26/11/2022 12:17:53

Final Authentication : 26/11/2022 14:56:50

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE FEMALE BELOW 40</b>			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	<b>11.0</b> L	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	7.07	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	56.2	%	40.0 - 80.0
LYMPHOCYTE	37.0	%	20.0 - 40.0
EOSINOPHIL	2.6	%	1.0 - 6.0
MONOCYTE	3.7	%	2.0 - 10.0
BASOPHIL	0.5	%	0.0 - 2.0
NEUT#	3.97	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.62	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.23	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.63	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.36	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	36.30	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	83.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	<b>25.1</b> L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	<b>30.2</b> L	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	301	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.2	%	11.6 - 14.0
MENTZER INDEX	19.08		

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

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

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Company :- MediWheel

Patient ID :-122228311  
Ref. By Dr:-  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 26/11/2022 12:17:53

Final Authentication : 26/11/2022 14:56:50

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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**Erythrocyte Sedimentation Rate (ESR)** 18 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 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

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Sex / Age :- Female 30 Yrs 1 Mon 8 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K<sub>2</sub>EDTA, FC, CMT, F, D, E, T, P, D, F, I, N, E 2022 12:17:53

Final Authentication : 26/11/2022 15:58:31

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "B'POSITIVE

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

FASTING BLOOD SUGAR (Plasma) 84.2 mg/dl 75.0 - 115.0  
**Method:- GOD PAP**

<b>Impaired glucose tolerance (IGT)</b>	111 - 125 mg/dL
<b>Diabetes Mellitus (DM)</b>	> 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) 123.3 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

KAUSHAL, MUKESH SINGH, POOJABOHRA  
**Technologist**  
**DR. HANSA**  
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**Dr. Piyush Goyal**  
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Sample Type :- PLAIN/SERUM Sample Collected Time 26/11/2022 12:17:53 Final Authentication : 26/11/2022 14:06:04

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	132.71	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	46.17	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	56.76	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	68.25	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	9.23	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	2.34		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.20		0.00 - 3.50
<b>TOTAL LIPID</b> Method:- CALCULATED	<b>364.87</b> L	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Radox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTERO InstrumentName:Radox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

KAUSHAL

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 Company :- MediWHEEL



Sample Type :- PLAIN/SERUM Sample Collected Time 26/11/2022 12:17:53 Final Authentication : 26/11/2022 14:06:04

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.42	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	0.16	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.26	mg/dl	0.30-0.70
SGOT Method:- IFCC	28.3	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>31.5 H</b>	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	73.90	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	22.50	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.15	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.56	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.59	gm/dl	2.20 - 3.50
A/G RATIO	1.76		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)

KAUSHAL

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Company :- MediWheel

Patient ID :-122228311  
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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/11/2022 12:17:53

Final Authentication : 26/11/2022 14:06:04

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.79	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.55	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sex / Age :- Female 30 Yrs 1 Mon 8 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/11/2022 12:17:53

Final Authentication : 26/11/2022 16:07:36

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	16.2	mg/dl	0.0 - 23.0

MUKESH SINGH

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Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 26/11/2022 12:17:53

Final Authentication : 26/11/2022 14:56:50

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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**GLYCOSYLATED HEMOGLOBIN (HbA1C)**  
Method:- HPLC

5.4

%

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

108

mg/dL

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

MUKESH SINGH  
Technologist

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 Company :- MediWheel



Sample Type :- URINE Sample Collected Time 26/11/2022 12:17:53 Final Authentication : 26/11/2022 13:09:32

### 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)	5.5		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

POOJABOHRRA  
**Technologist**  
**DR.HANSA**  
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Sample Type :- PLAIN/SERUM Sample Collected Time 26/11/2022 12:17:53 Final Authentication : 26/11/2022 15:02:56

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.030	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.020	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.211	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

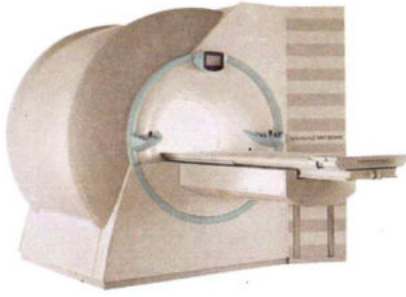
\*\*\* End of Report \*\*\*

NARENDRAKUMAR  
**Technologist**

Page No: 11 of 11



**Dr. Rashmi Bakshi**  
 MBBS. MD ( Path )  
 RMC No. 17975/008828



# Dr. Goyal's

## Path Lab & Imaging Centre

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Date :- 26/11/2022 12:06:34  
**NAME :- Mrs. NEELAM MEENA**  
Sex / Age :- Female 30 Yrs 1 Mon 8 Days  
Company :- MediWheel

Patient ID :- 122228311  
Ref. By Doctor :-  
Lab/Hosp :-

Final Authentication : 26/11/2022 13:34:50

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

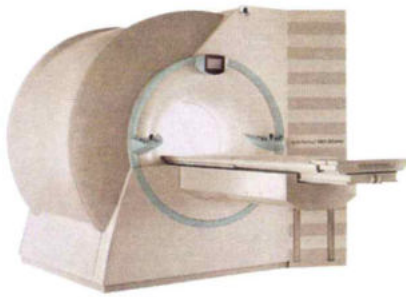
**Dr. Piyush Goyal**  
M.B.B.S., D.M.R.D.  
RMC Reg No: 017996

**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. Rathod Hetali Amrutlal**  
MBBS, M.D. (Radio-Diagnosis)  
RMC No. 17163

Transcript by.



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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 67x27x46mm .  
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.  
Endometrial echo is normal. Endometrial thickness is 7.6 mm.

**Right ovary** is visualised and is normal. No adnexal mass is seen.  
**Approx 27x14 mm simple cyst seen in left ovary.**  
No enlarged nodes are visualised. No retro-peritoneal lesion is identified.  
No significant free fluid is seen in pouch of douglas.

### IMPRESSION:

**\*Left ovarian simple cyst.**

*Needs clinical correlation & further evaluation*

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

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GEETASAINI

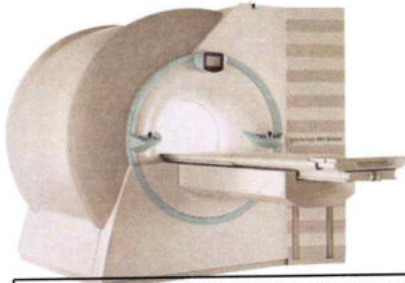
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BOB PACKAGE FEMALE BELOW 40  
 2D ECHO OPTION TMT (ADULT/CHILD)

### 2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

#### M.MODE EXAMINATION:

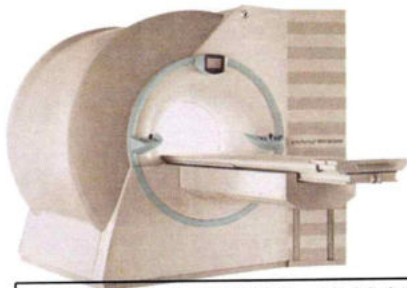
AO	19	mm	LA	24	Mm	IVS-D	8	mm
IVS-S	14	mm	LVID	35	Mm	LVSD	22	mm
LVPW-D	8	mm	LVPW-S	15	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	68%		RWMA			ABSENT		

#### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

#### COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.95	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.53	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION			ABSENT	
AORTIC VALVE				
PEAK VELOCITY	1.43	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION			ABSENT	
TRICUSPID VALVE				
PEAK VELOCITY	0.47	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VM <sub>max</sub> VELOCITY				
TRICUSPID REGURGITATION			ABSENT	
PULMONARY VALVE				
PEAK VELOCITY	0.95	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION			ABSENT	



# Dr. Goyal's

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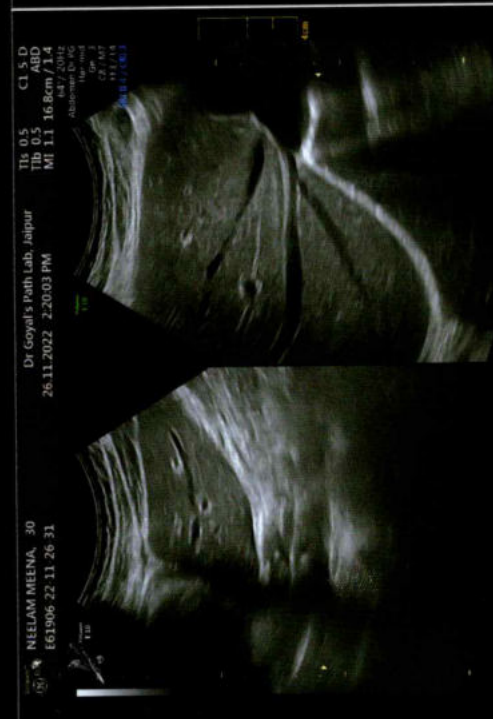
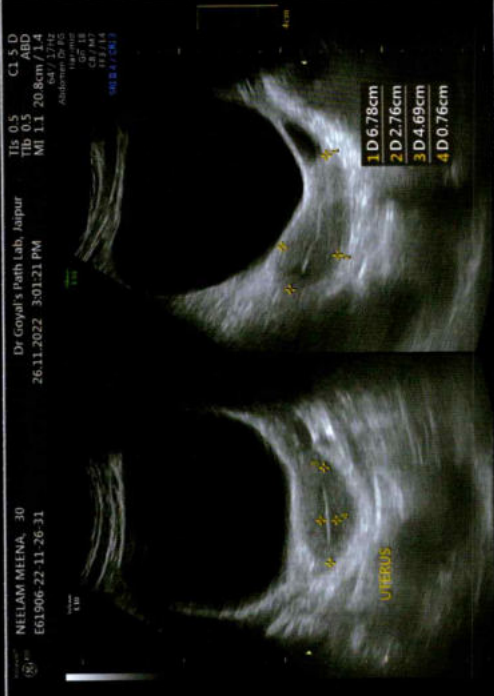
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### Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 68 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion. (Cardiologist)

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





# Dr. Goyal's Path Lab

Name **NEELAM MEENA**  
Patient Id **NEELA97\_97367**

Date **11/26/2022**  
Diagnosis Dr.

