

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: 26-09-2022

Name: SONIA KHICHAR Age: 32 DOB: 1990 Sex: Female

Referred By: BOB (Mediwheel)

Photo ID: AADHAR ID #: attached.

Ht: 161 (cm)

Wt: 59 (Kg)

Chest (Expiration): 91 (cm)

Abdomen Circumference: 82 (cm)

Blood Pressure: 99/75 mm Hg PR: 76 / min RR: 16 / min Temp: Afebrile

BMI 22.8

Eye Examination: Dist vision G/G with spec., Near vision.

N/G (B/C eyes) . Normal color vision

Other: not significant

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

Signature Of Examinee: Sonia Khichar

Name of Examinee: -----

Signature Medical Examiner: -----

Name Medical Examiner: -----

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. -017936

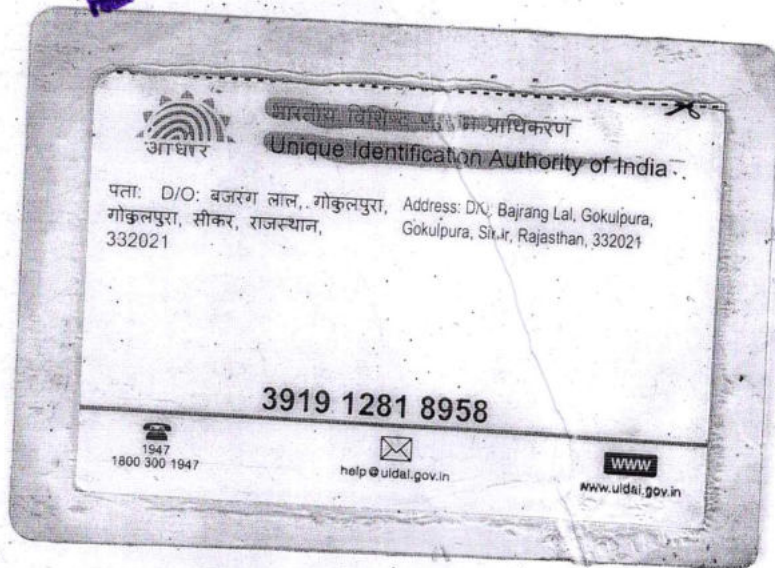
Conditions of Reporting

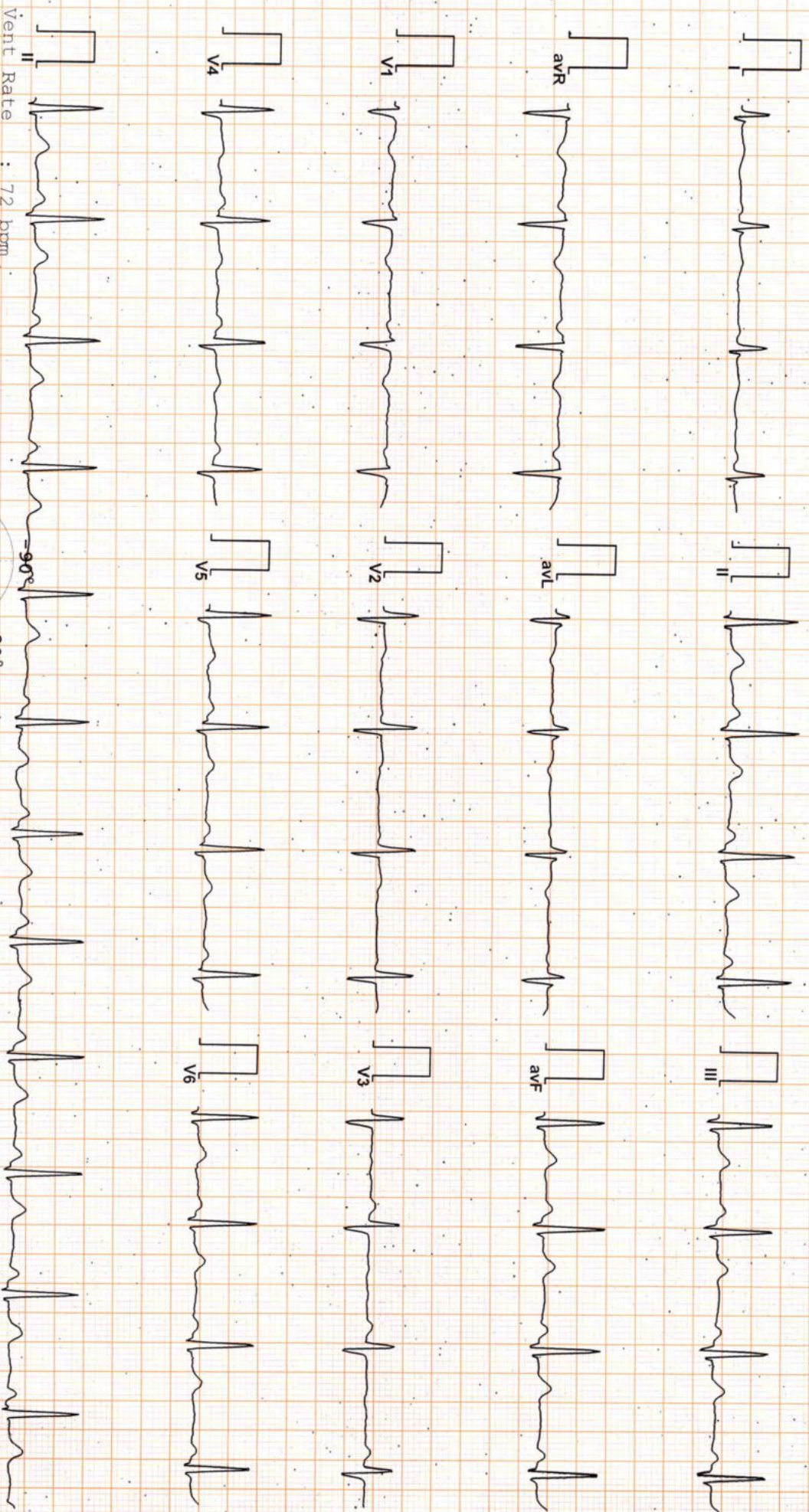
1. Individual laboratory investigations are never conclusive but should be used along with other relevant Clinical examination to achieve final diagnosis. The result of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used.
2. The reported results are for information and for interpretation of the referring doctor only.
3. Results of tests may vary from laboratory to laboratory and also in some parameters time to time for the same patient.
4. In case of collected specimen (s), which are referred to **Dr. GOYALS PATH LAB AND IMAGING CENTER** from referral center, it is presumed that patient demographic are verified and confirmed at the point of generation of the said specimen (s).
5. Any query from the referring doctor with reference to this report should be directed to **Dr. GOYALS PATH LAB AND IMAGING CENTER** Jaipur between- **2:00 P.M. to 5:00 P.M.** on Phone: 0141-4049787, 9887049787
6. This report is not valid for any medico-legal purposes.



Sonia Khichar

Dr. Piyush Goyal
M.B.B.S., D.N.R.D.
PMC Reg. No.-0179/16





Vent Rate : 72 bpm
 PR Interval : 146 ms
 QRS Duration : 92 ms
 QT/QTc Int : 394/415 ms
 P-RS-T axis : 75.00 • 67.00 • 77.00



Allergens ECG (Piscis)(PIS218210312)

DR. NARESH KUMAR MOHANTY
 FRACCS : 35703
 MBBS, DCP, CARDIO (ESCOP),
 D.E.M. (RCGP-UK)

Reported By:

DR. GOYALS PATH LAB & IMAGING CENTRE

JAIPUR Email:

Report

MS. SONIA KHICCHAR / 32 Yrs / F / 0 Cms / 0 Kg
 Date: 26 / 09 / 2022 Refd By: BOB Examined By: -

Stage	Time	Duration	Speed(mph)	Elevation	M.ETS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	01.1	00.0	01.0	089	47%	120/75	106	00	
Standing	00:16	0:12	01.1	00.0	01.0	072	38%	120/75	086	00	
IV	00:25	0:09	01.1	00.0	01.0	072	38%	120/75	086	00	
ExStart	01:12	0:47	01.1	00.0	01.0	101	54%	120/75	121	00	
3RUC Stage 1	04:12	3:00	01.7	10.0	04.7	133	71%	126/80	166	00	
3RUC Stage 2	07:12	3:00	02.5	12.0	07.1	179	95%	130/85	232	00	
PeakEX	07:33	0:21	03.4	14.0	07.5	180	96%	130/85	234	00	
Recovery	08:33	1:00	00.0	00.0	01.2	144	77%	130/85	187	00	
Recovery	09:33	2:00	00.0	00.0	01.0	115	61%	126/80	144	00	
Recovery	10:33	3:00	00.0	00.0	01.0	111	59%	120/80	133	00	
Recovery	11:33	4:00	00.0	00.0	01.0	098	52%	116/80	113	00	
Recovery	12:33	5:00	00.0	00.0	01.0	095	51%	110/76	104	00	
Recovery	13:01	5:28	00.0	00.0	01.0	103	55%	110/76	113	00	

FINDINGS :

Exercise Time : 06:21
 Max HR Attained : 180 bpm 96% of Target 188
 Max BP Attained : 130/85 (mm/Hg)
 Max WorkLoad Attained : 7.5 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

TMT is Negative for RMI

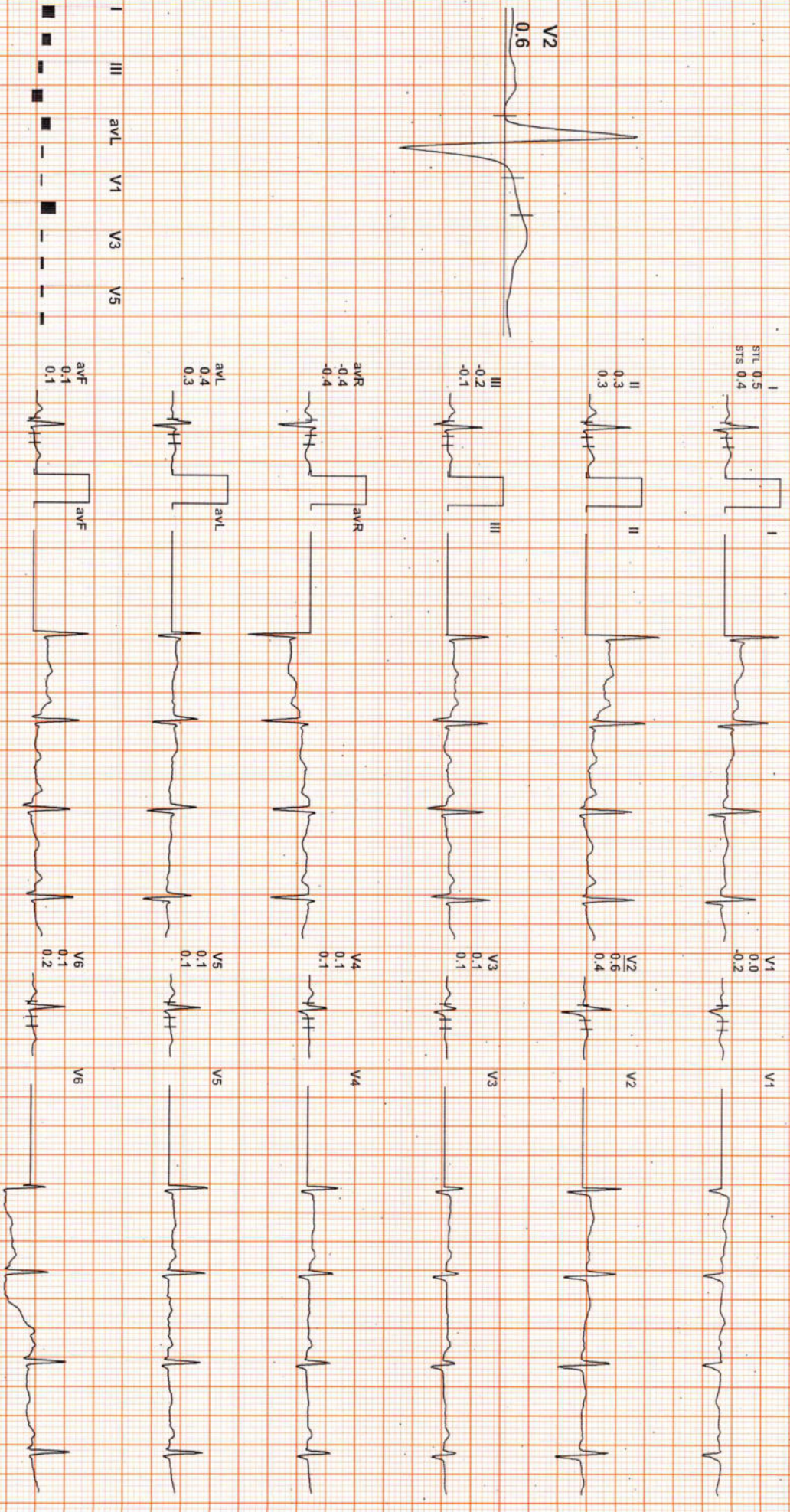
Dr. Naresh Kumar Mohanta
 MBBS, DIP. CARDIO (ESCORTS)
 RMP/No. 357103
 MBBS, DE.M (RCCP-UK)



Date: 26/09/2022
4X 80 ms Post J

MEIS: 1.0/ 89 bpm 47% of THR BP: 120/75 mmHg Raw EGG/BLG On/ Notch On/ HF: 0.05 Hz/ LF: 35 Hz

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



REMARKS:
II aVR aVF V2 V4 V6

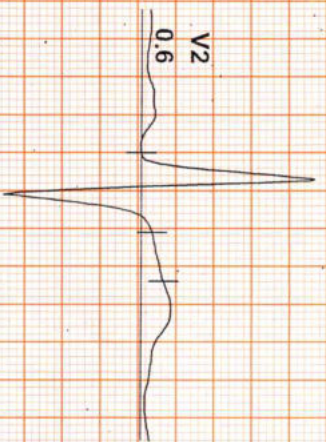
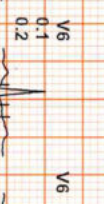
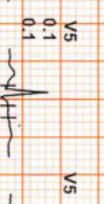
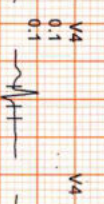
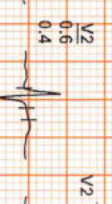
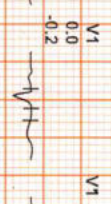
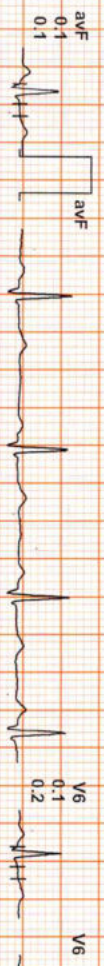
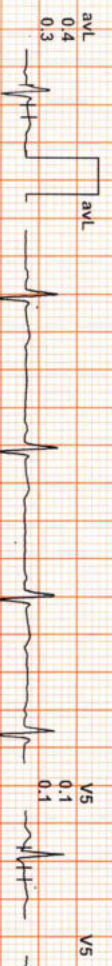
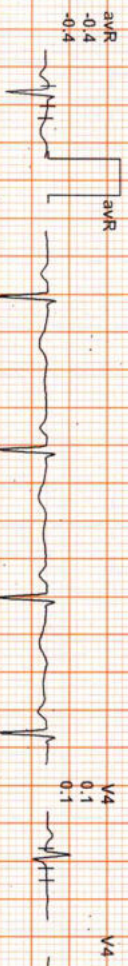
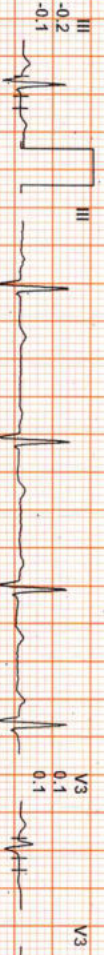
Date: 26/09/2022

MEETS: 1.07 72 bpm 38% of THF BP: 120/75 mmHg Raw ECG/BLG On/Notch On/HP: 0.05 Hz/LF: 35 Hz

ExTime: 00:00 1.1 mpr, 0.0%

4X 30 ms Post J

25 mm/Sec. 1.6 Cm/mV



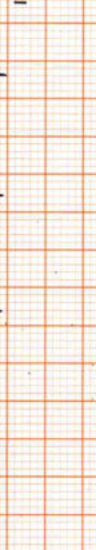
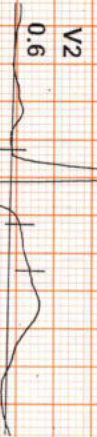
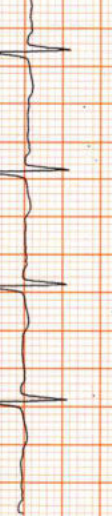
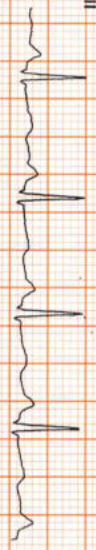
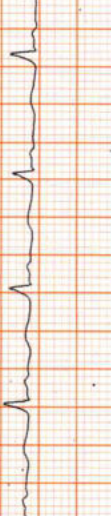
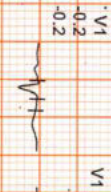
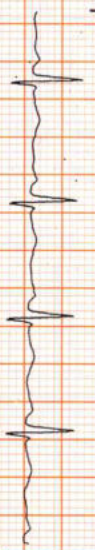
REMARKS: II aVR aVF V2 V4 V6

Date: 26 / 09 / 2022

METS: 1.0772 bpm 38% of THR BP: 120/75 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

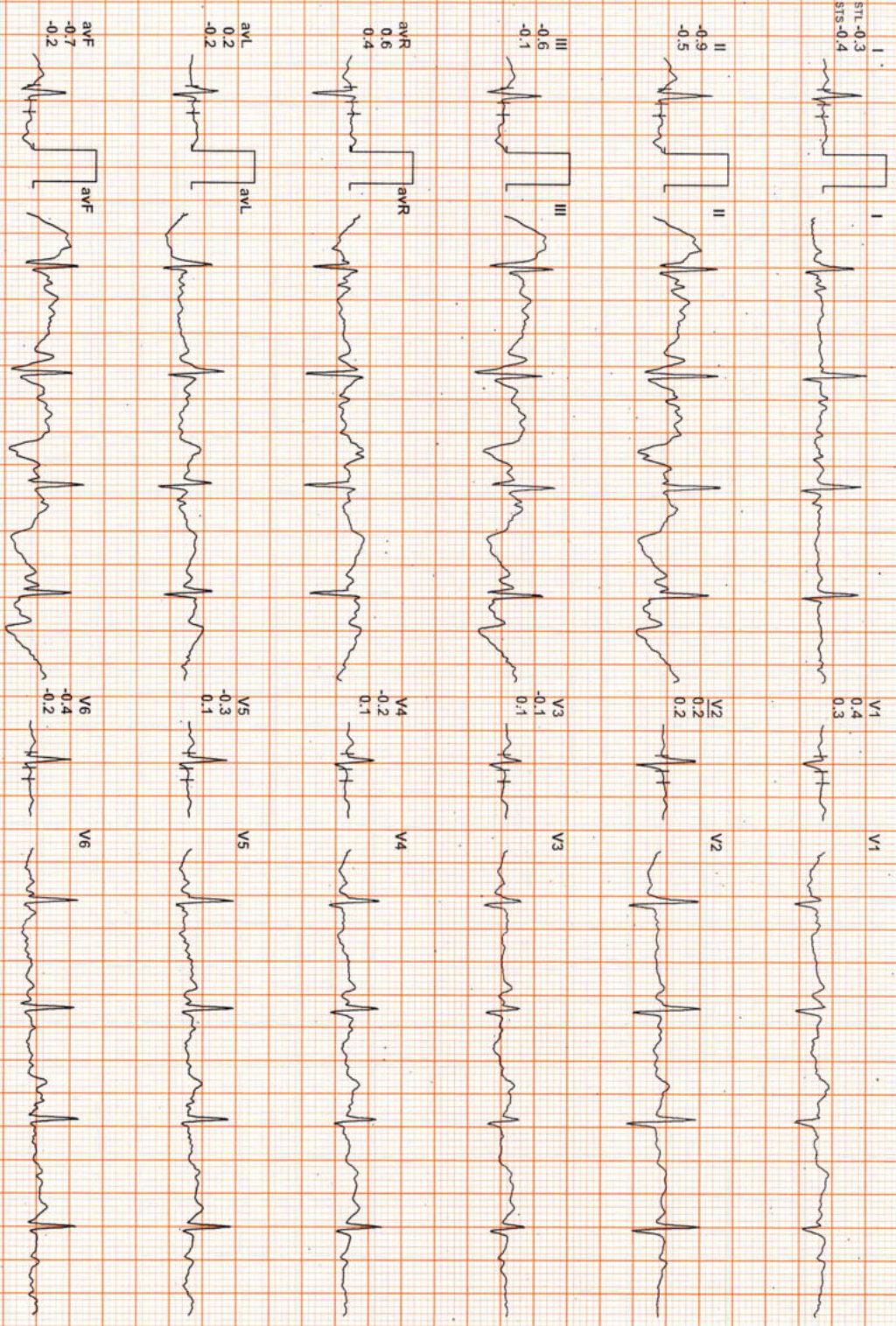
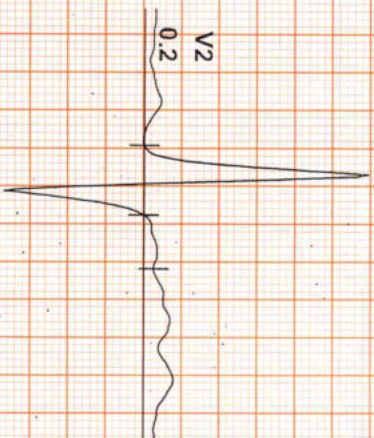


I III
II avR avL avF V1 V2 V3 V4 V5 V6
REMARKS:

Date: 26 / 09 / 2022
 4X 80 mS Post J

METS: 1.0/ 104 bpm 54% of THR BP: 120/75 mmHg Raw ECG: BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

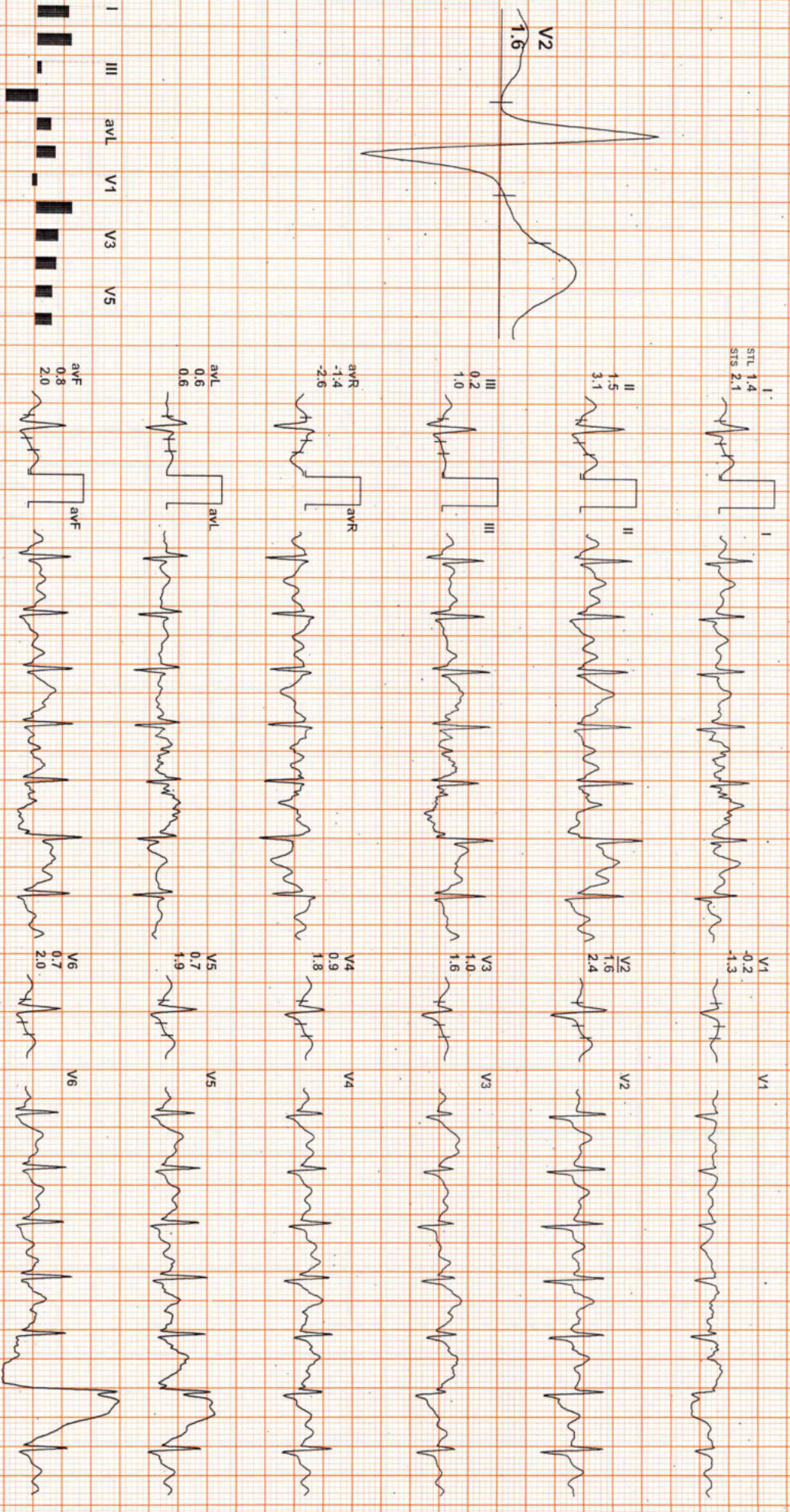
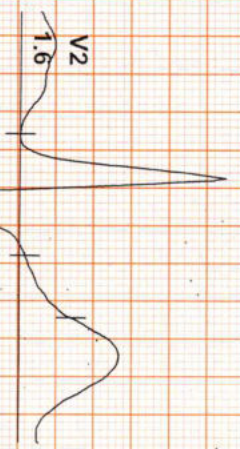


REMARKS:
 I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

Date: 26/09/2022
 4X 60 mS Post J

METS: 1.2/ 144 bpm 77% of THR BP: 130/85 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

EXTime: 06:21 0.0 mph 0.0%
 25 mm/Sec. 1.0 Cm/mV



REMARKS:

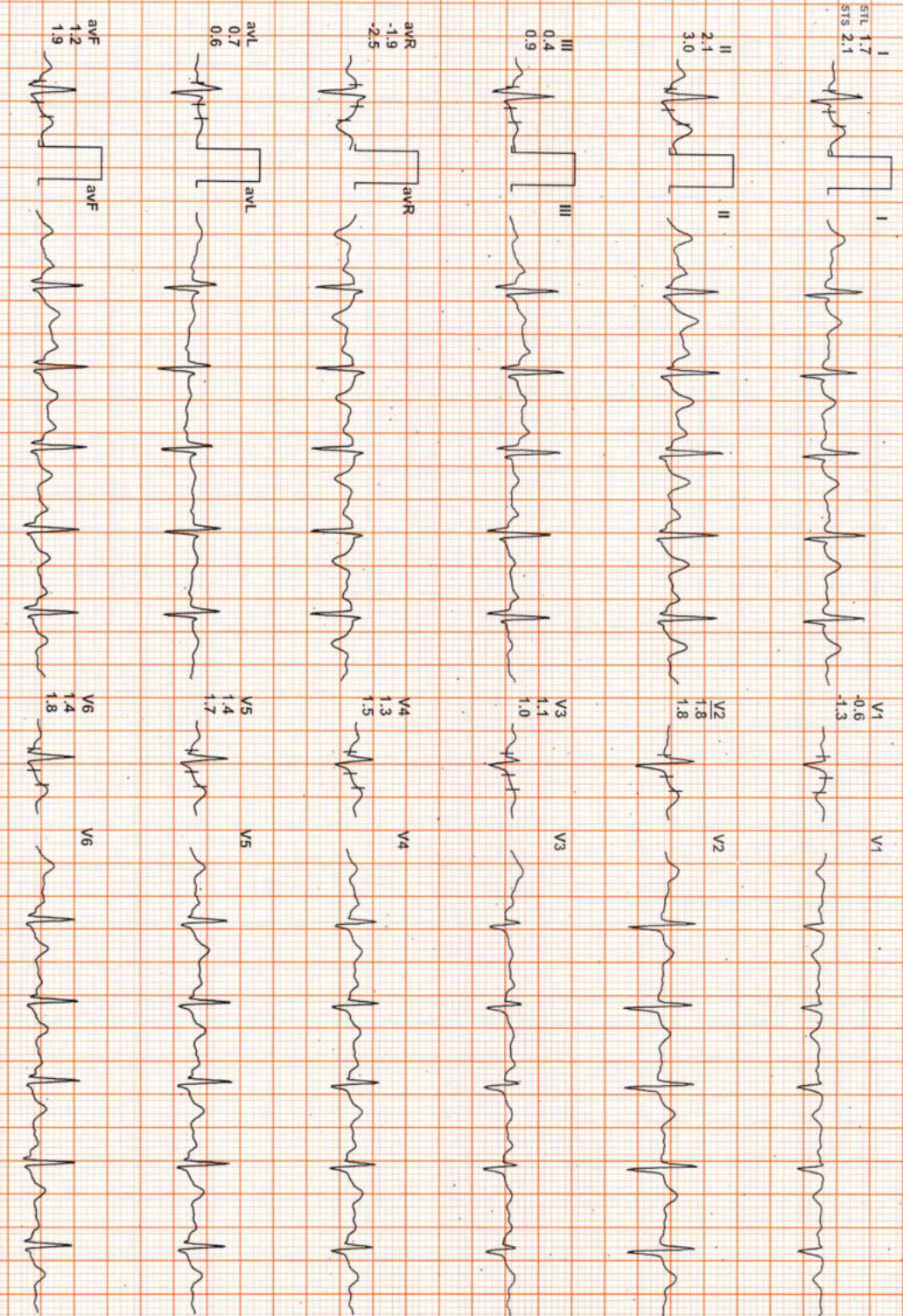
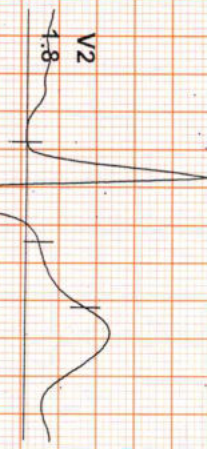
Date: 26/09/2022

METS: 1.01 115 bpm 61% of THR BP: 126/80 mmHg Raw ECG/ BIC Om/ Notch Om/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:21 0.0 mph, 0.0%

25 mm/Sec, 1.0 Cm/mV

4X 80 ms Post J



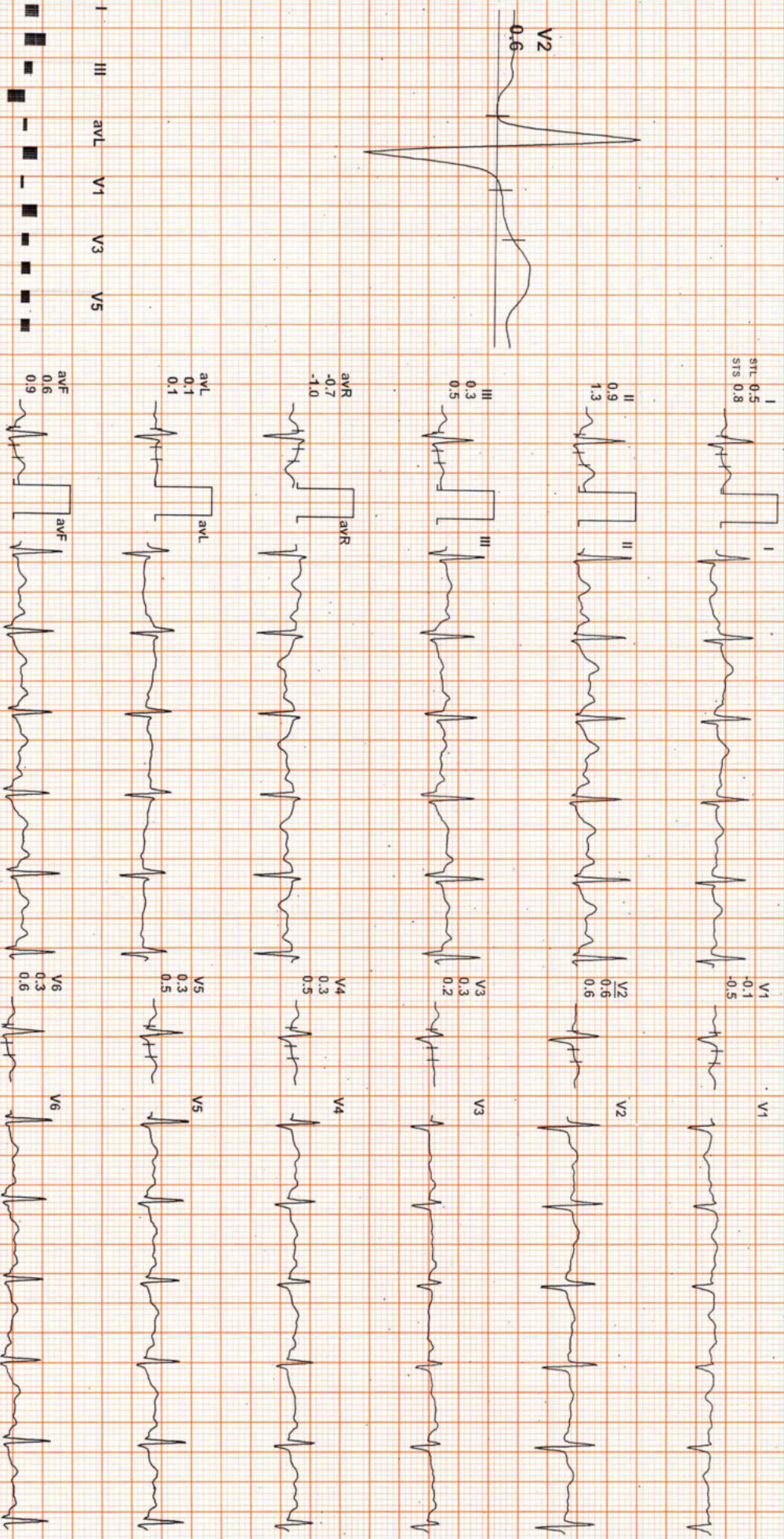
REMARKS:

Date: 26 / 09 / 2022

METS: 1.0 / 111 bpm 59% of THR BP: 120/80 mmHg Raw ECG/BLG ON/Notch ON/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 08:21 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
II avR avF V2 V4 V6

DR. GOYALS PATH LAB & IMAGING CENTRE

MS. SONIA KHICCHAR / 32 Yrs / F / 0 Cms / 0 Kg / HR : 98

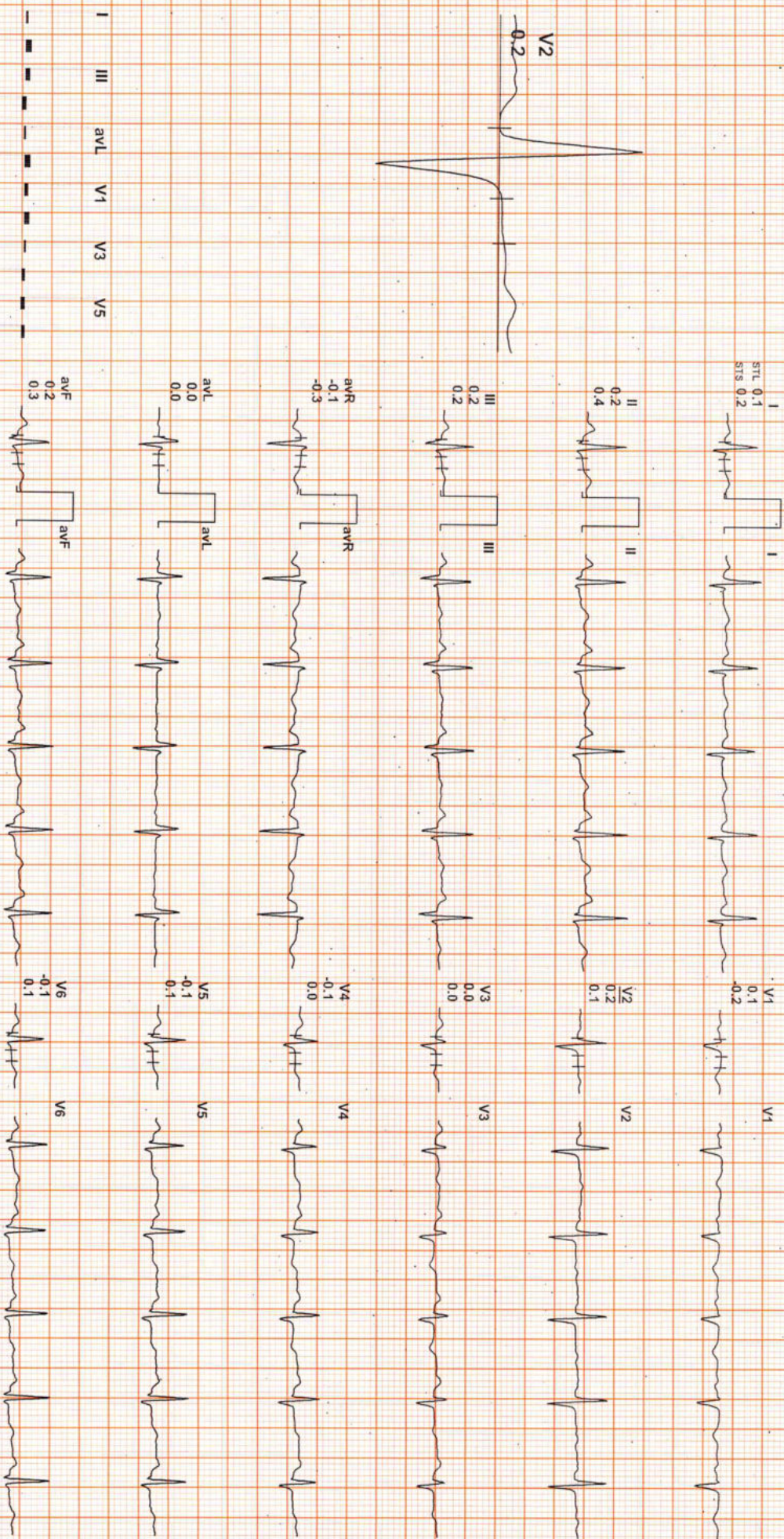
Recovery(4:00)

ACIPL

Date: 26/09/2022
4X 80 m/s Post J

METS: 1.0798 bpm 52% of THR BP: 116/80 mmHg Raw ECG/BLT ON Notch ON/HF 0.05 Hz/UF 35 Hz

EX Time: 06:21 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

II aVR aVL V1 V2 V3 V4 V5 V6

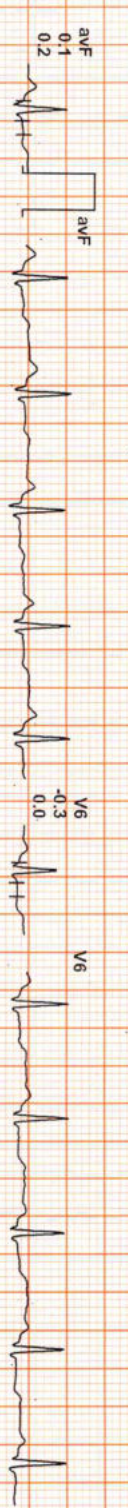
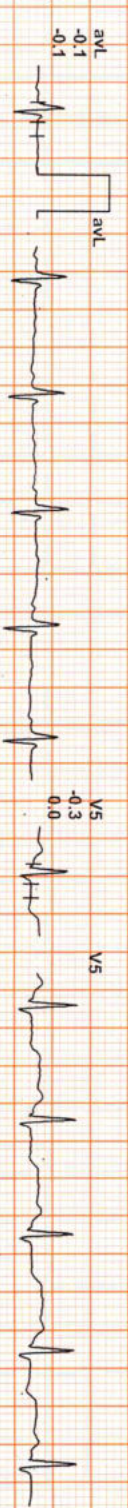
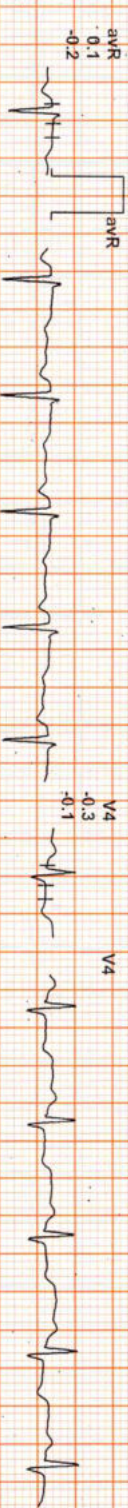
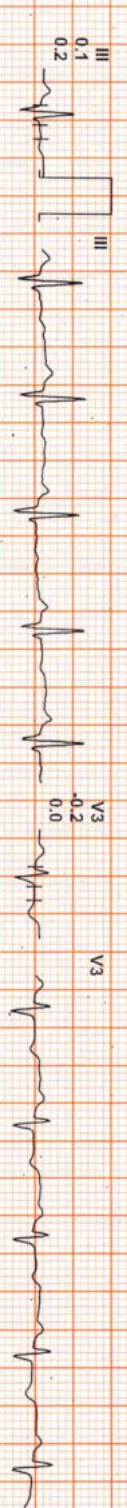
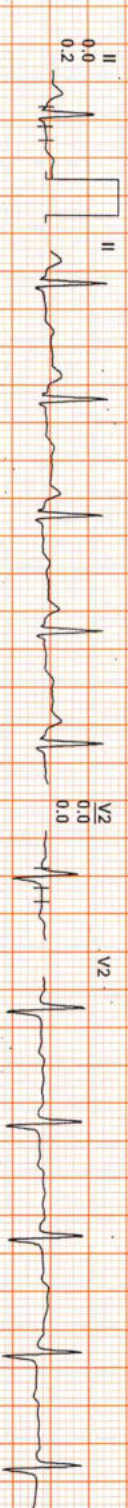
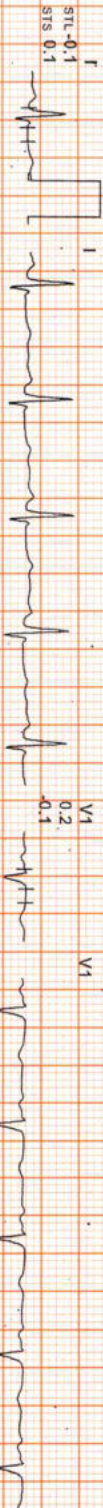
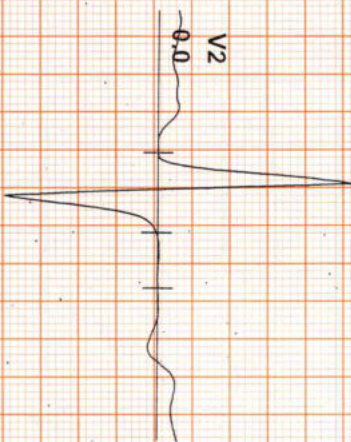
(ADX GEM217220330)(R)Allengers

Date: 26/09/2022

METS: 1.0/ 95 bpm 51% of THR BP: 110/76 mmHg Raw ECG/BLC ON/Notch ON/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

EXTime: 06:21 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

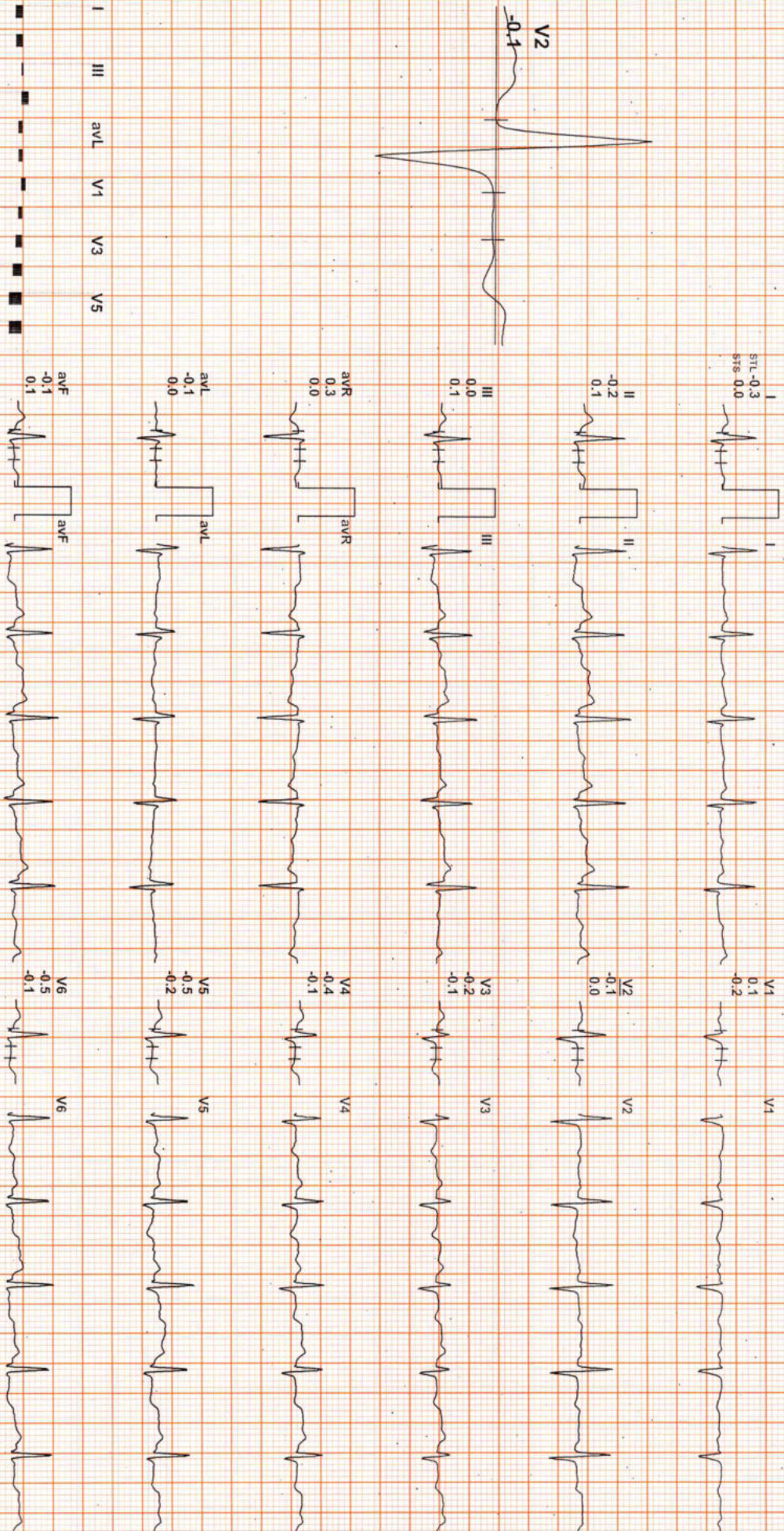


REMARKS: I II III avR avF V1 V2 V3 V4 V5 V6

Date: 26 / 09 / 2022
4X 80 mS Post J

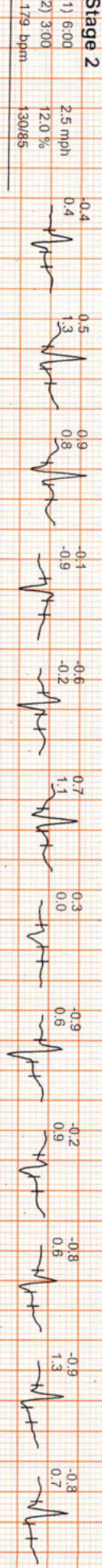
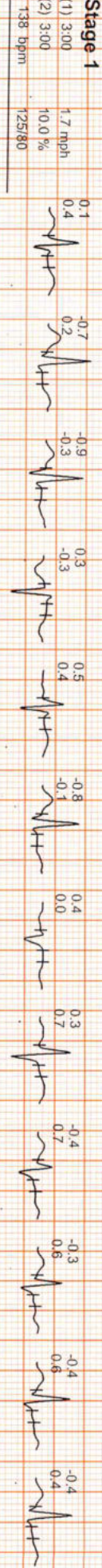
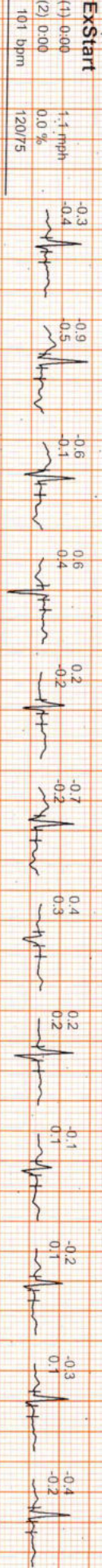
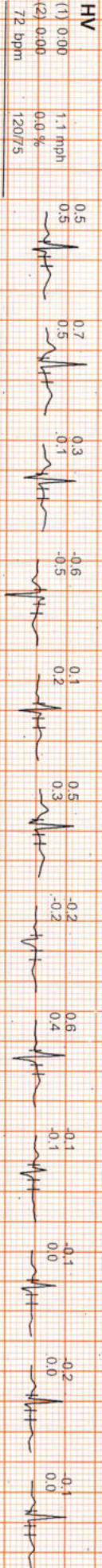
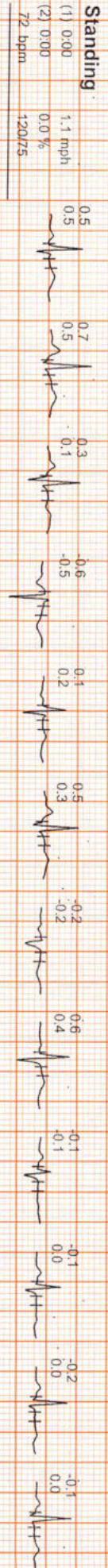
MEIS: 100/103 bpm 55% of THR BP: 110/76 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

EXTime: 06:21 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
I aVR aVL V1 V3 V5
II aVF V2 V4 V6

Date: 26/09/2022



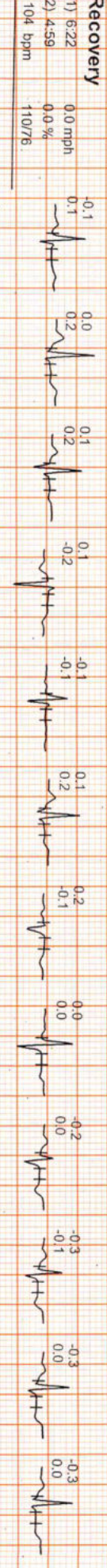
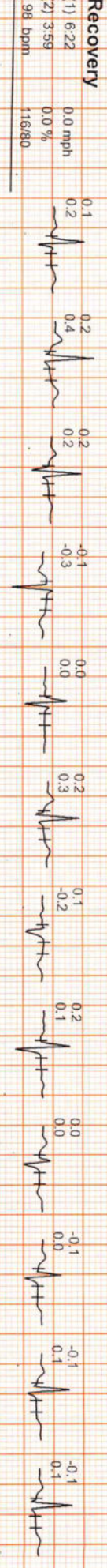
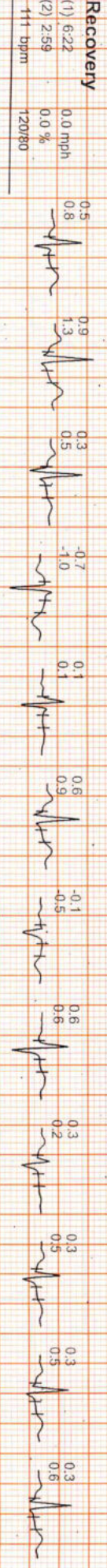
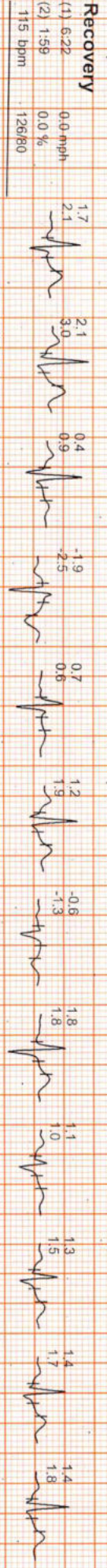
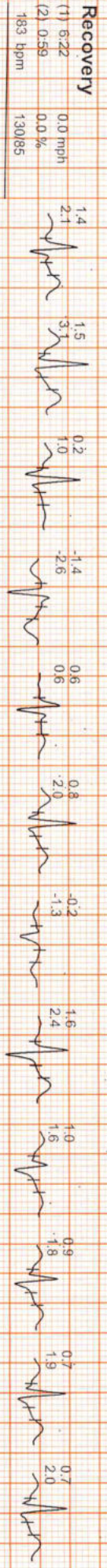
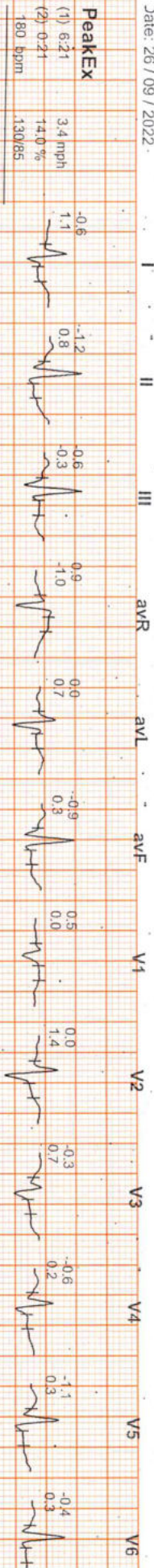
DR. GOYALS PATH LAB & IMAGING CENTRE

MS. SONIA KHICHAIR / 32 Yrs / F / 0 Cms / 0 Kg / HR : 87

Date: 26 / 09 / 2022

Average

ACIPDL



DR. GOYALS PATH LAB & IMAGING CENTRE

MS. SONIA KHICCHAR / 32 Yrs / F / 0 Cms / 0 Kg / HR : 87

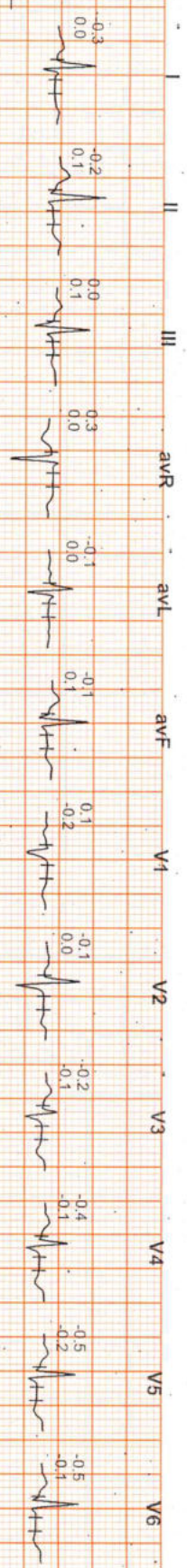
Date: 26 / 09 / 2022

Average

ACHPD

Recovery

(1) 6:22	0.0 mph
(2) 5:28	0.0 %
193 bpm	110/76



Dr. Goyal's

Path Lab & Imaging Centre

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 Tele: 0141-2293346, 4049787, 9887049787
 Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 26/09/2022 08:35:49 Patient ID :-12222567
NAME :- Ms. SONIA KHICHAR Ref. By Dr:- BOB
 Sex / Age :- Female 32 Yrs 3 Mon 24 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 26/09/2022 09:14:42

Final Authentication : 26/09/2022 12:52:37

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.1	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.63	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	60.5	%	40.0 - 80.0
LYMPHOCYTE	28.1	%	20.0 - 40.0
EOSINOPHIL	8.1 H	%	1.0 - 6.0
MONOCYTE	3.1	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.41	10 ³ /uL	1.50 - 7.00
LYMPH#	1.59	10 ³ /uL	1.00 - 3.70
EO#	0.45 H	10 ³ /uL	0.00 - 0.40
MONO#	0.17	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.75	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	40.20	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	84.7	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.6	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.4	g/dL	31.5 - 34.5
PLATELET COUNT	257	x10 ³ /uL	150 - 410
RDW-CV	13.4	%	11.6 - 14.0
MENTZER INDEX	17.83		

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 12



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

Conditions of Reporting

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Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 26/09/2022 08:35:49 Patient ID :- 12222567
NAME :- Ms. SONIA KHICHAR Ref. By Dr:- BOB
Sex / Age :- Female 32 Yrs 3 Mon 24 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 26/09/2022 09:14:42

Final Authentication : 26/09/2022 12:52:37

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	19	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 12



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

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Date :- 26/09/2022 08:35:49 Patient ID :-12222567
NAME :- Ms. SONIA KHICHAR Ref. By Dr:- BOB
 Sex / Age :- Female 32 Yrs 3 Mon 24 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂Ox/Na FLUORIDE-F, K₂Ox/Na FLUORIDE-F, K₂Ox/Na FLUORIDE-F, K₂Ox/Na FLUORIDE-F, K₂Ox/Na FLUORIDE-F
 Sample Collected Time :- 26/09/2022 09:14:42 Final Authentication : 26/09/2022 12:52:37

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).			
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	96.3	mg/dl	75.0 - 115.0
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) Method:- GOD PAP	115.2	mg/dl	70.0 - 140.0
Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil

AJAYSINGH, MKSHARMA, POOJABOHRA
Technologist
 HANSA YADAV
 Page No: 3 of 12



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

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Patient ID :-12222567

NAME :- Ms. SONIA KHICHAR

Ref. By Dr:- BOB

Sex /Age :- Female 32 Yrs 3 Mon 24 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/09/2022 09:14:42

Final Authentication : 26/09/2022 11:12:16

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	173.79	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	116.24	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	43.19	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	111.23	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	23.25	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.02		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.58		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	528.19	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 HDL CHOLESTEROL 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			

MKSHARMA

Page No: 5 of 12



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

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 Sex / Age :- Female 32 Yrs 3 Mon 24 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 26/09/2022 09:14:42 Final Authentication : 26/09/2022 11:12:16

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.50	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.13	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.37	mg/dl	0.30-0.70
SGOT Method:- IFCC	22.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	30.5	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	119.00	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	28.90	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.90	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.76	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.14	gm/dl	2.20 - 3.50
A/G RATIO	1.52		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

MKSHARMA

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Dr. Chandrika Gupta
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Patient ID :- 12222567

NAME :- Ms. SONIA KHICHAR

Ref. By Dr:- BOB

Sex / Age :- Female 32 Yrs 3 Mon 24 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/09/2022 09:14:42

Final Authentication : 26/09/2022 11:12:16

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.90	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.62	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MKSHARMA

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Sample Collected Time 26/09/2022 09:14:42

Final Authentication : 26/09/2022 11:12:16

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	12.3	mg/dl	0.0 - 23.0

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Page No: 9 of 12



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Sample Type :- EDTA Sample Collected Time 26/09/2022 09:14:42 Final Authentication : 26/09/2022 12:52:37

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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 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 Method:- Calculated Parameter	108	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Technologist

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Sample Type :- PLAIN/SERUM Sample Collected Time 26/09/2022 09:14:42 Final Authentication : 26/09/2022 12:41:35

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.490	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	10.200	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.276	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: 12 of 12



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 Company :- MediWHEEL



Sample Type :- URINE Sample Collected Time 26/09/2022 09:14:42 Final Authentication : 26/09/2022 12:00:53

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPY EXAMINATION</u>			
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

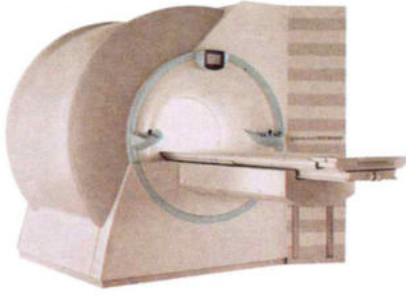
POOJABOHRA
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 RMC NO. 21021/008037

Conditions of Reporting

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2. The reported results are for information and for interpretation of the referring doctor only.
3. Results of tests may vary from laboratory to laboratory and also in some parameters time to time for the same patient.
4. In case of collected specimen [S], which are referred to **Dr. GOYALS PATH LAB AND IMAGING CENTRE** from referral center, it is presumed that patient demographic are verified and confirmed at the point of generation of the said specimen [s].
5. Any query from the referring doctor with reference to this report should be directed to **Dr. GOYALS PATH LAB AND IMAGING CENTRE** Jaipur between -2:00 P.M. to 5:00 P. M. on Phone : 0141-4049787,9887049787
6. This report is not valid for any medico -legal purposes.



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



Date :- 26/09/2022 08:35:49
NAME :- Ms. SONIA KHICHAR
Sex / Age :- Female 32 Yrs 3 Mon 24 Days
Company :- MediWheel

Patient ID :- 12222567
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 26/09/2022 11:40:40

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 ***

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

Page No: 1 of 1

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.

CHIEF MEDICAL & HEALTH OFFICER JAIPUR-I,

CM&HO Campus, Sethi Colony, Jaipur.

Mob. No- 0141-2609792

FORM-B [See Rules 6(2), 6(5) and 8(2)]

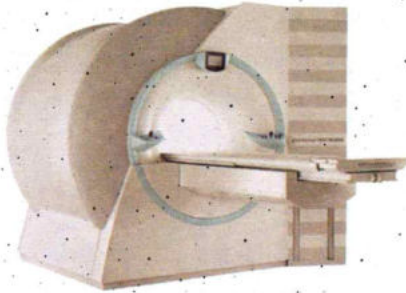
CERTIFICATE OF REGISTRATION

1	In exercise of the powers conferred under section 19 (1) of the pre-natal Diagnostic Techniques (Regulation and prevention of Misuse) act, 1994 (57 of 1994), SUB DIVISION APPROPRIATE AUTHORITY (PCPNDT) & CHIEF MEDICAL & HEALTH OFFICER, JAIPUR-I, JAIPUR hereby grants registration to the Ultrasound Clinic*/Imaging Centre* named below for purpose of carrying out genetic counseling/Prenatal diagnostic procedures*/Pre-natal diagnostic test/Ultrasonography under the aforesaid act for a period of five years ending on 15-08-2025	
2	This registration is granted subject to the aforesaid Act and any Contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years apart from prosecution.	
3	A-Name and address of the Genetic counseling centre*/Genetic laboratory*/ Genetic clinic/Ultrasound clinic*/Imaging centre.	Dr. Goyals Path Lab & Imaging Centre, B-51, Ganesh Nagar, New Sanganer Road, Jaipur. Dr. Piyush Goyal.
4	B-Pre-natal diagnostic procedures* approved for (Genetic clinic). Non-invasive (i)Ultrasound Invasive (ii)Amniocentesis (iii)Chronic villi biopsy (iv)Foetoscopy (v)Foetal skin or organ biopsy (vi)Cordocentesis (vii)Any other (specify)	Invasive \$ w Non-Invasive Ultrasound Wipro GE, Model No-Voluson E6 (BTU) S.No- E19168. v
5	C-Pre-natal diagnostic tests* approved (for Genetic laboratory) (i) Chromosomal studies (ii)Biochemical studies (iii)Molecular studies	MRI- SIEMENS, Model NO- I-STE 10 S.No- MR 22289, w Wipro GE, Model NO- Logiq P10
6	D- Any other purpose (please specify) Buy Back	S.No- LPZ 400048. w
7	Model and make of equipments being used (any change is to be intimated to the appropriate authority rule 13)	1. Wipro GE, Model No- Vivid T8, S.No- 605771WX0. 2. Wipro GE, Model No- Voluson E10, S.No- E61906. 3. Wipro GE, Model No- Logiq F6, S.No- 600646WX0. Buy Back w
8	Registration no. allotted	CM&HO-I/PCPNDT Act/61
9	Period of validity of earlier certificate of registration.(for renewed certificate of registration only)	17-08-2015 to 16-08-2020

Sub Dist. Appropriate Authority (P.C.P.N.D.T.) &
Chief Medical & Health Officer, Jaipur-I
Jaipur

Date :

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS



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Date :- 26/09/2022 08:35:49	Patient ID :- 12222567
NAME :- Ms. SONIA KHICHAR	Ref. By Doctor:-BOB
Sex / Age :- Female 32 Yrs 3 Mon 24 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 26/09/2022 11:56:15

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 80x39x25 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 follicle 1-2 mm in size arranged at periphery with hyperechoic central stroma.

Right ovary measures 35x31x19 mm vol 11.4 cc

Left ovary measures 37x29x24 mm vol 13.9 cc

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

No significant free fluid is seen in pouch of douglas.

IMPRESSION:

***? Bilateral polycystic ovaries**

Needs hormonal assay for confirmation

*** End of Report ***

ANITASHARMA

Page No: 1 of 1

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5	C-Pre-natal diagnostic tests* approved (for Genetic laboratory) (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies	MRI- SIEMENS, Model NO- 1.5 Tesla, S.No- MR 22289, ✓ Wipro GE, Model NO- Logiq P10
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Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



General Physical Examination

Date of Examination: 26-09-2022
Name: SONIA KHICHAR Age: 32 DOB: 04/06/1990 Sex: Female
Referred By: BOB (Mediwheel)
Photo ID: AADHAR ID #: attached
Ht: 161 (cm) Wt: 59 (Kg)
Chest (Expiration): 91 (cm) Abdomen Circumference: 82 (cm)
Blood Pressure: 99/75 mm Hg PR: 76 / min RR: 16 / min Temp: Afebrile

BMI 22.8

Eye Examination: Dist vision G/G with specs, Near vision
N/G (BIC eyes), Normal color vision
Other: not significant

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

Signature Of Examinee: Sonia Khichar Name of Examinee: _____
Signature Medical Examiner: _____ Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. - 017936

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