

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019

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

General Physical Examination

Date of Examination: 17/03/2024

Name: JOSHIKA Age: 35 Sex: female

DOB: 06/04/1988

Referred By: Medinheel

Photo ID: Aadhar ID #: Attached

Ht: 156 (cm)

Wt: 77 (Kg)

Chest (Expiration): 102 (cm)

Abdomen Circumference: 108 (cm)

Blood Pressure: 112/66 mm Hg PR: 88 / min

BMI 31.6

Eye Examination: Dis vision 6/12, Near vision N/6

NO colour blindness

Other: Not significant

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

Signature Of Examinee : JOSHIKA Name of Examinee: _____

Signature Medical Examiner : _____ Name Medical Examiner _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
R.N.C. Reg. No.-017998



JOSHिका



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

102337526 / MR JOSHIKA / 35 Yrs / F / Non Smoker
Heart Rate : 90 bpm / Tested On : 17-Mar-24 14:41:33 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Vent Rate : 90 bpm
 PR Interval : 122 ms
 QRS Duration: 70 ms
 QT/QTc Int : 374/423 ms
 P-QRS-T axis: 75.00° 69.00° 77.00°

180°

-30°

Turn

Dr. Naresh Kumar Anand
 MBBS, D.M. (CCU), D.C.C.P. (SCORPS)
 D.E.M. (RCGP, UK)

Reported By:

172 / MRS JOSHIKA / 35 Yrs / F / 0 Cms / 0 Kg / NonSmoker
 Date: 17 / 03 / 2024 02:59:05 PM Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
upline	00:19	0:19	01.1	00.0	01.0	111	60%	120/76	133	00	
standing	00:37	0:18	01.1	00.0	01.0	107	58%	120/76	128	00	
IV	01:27	0:50	01.1	00.0	01.0	123	66%	120/76	147	00	
Warm Up	01:36	0:08	01.1	00.0	01.0	110	59%	120/76	132	00	
XStart	01:43	0:08	01.0	00.0	01.0	110	59%	120/76	132	00	
RUCS Stage 1	04:43	3:00	01.7	10.0	04.7	150	81%	136/89	204	00	
RUCS Stage 2	07:43	3:00	02.5	12.0	07.1	171	92%	140/96	239	00	
PeakEx	08:32	0:49	03.4	14.0	08.0	183	99%	140/96	266	00	
recovery	09:32	1:00	00.0	00.0	01.1	154	83%	150/98	231	00	
recovery	10:32	2:00	00.0	00.0	01.0	125	68%	145/85	181	00	
recovery	12:14	3:43	00.0	00.0	01.0	120	65%	135/76	162	00	

FINDINGS :

Exercise Time : 06:49
 Max HR Attained : 183 bpm 99% of Target 185
 Max BP Attained : 150/98 (mm/Hg)
 Max Workload Attained : 8 Fair response to induced stress.
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

THH Negative for RMI

Dr. Nareesh Kumar Mohanta
 B.M.C No. 35709
 M.B.S., D.I.P., CARDIO (ESCORTS)
 D.E.M. (RCGP-UK)

172 / MRS JOSHIKA / 35 Yrs / F / 0 Gms / 0 Kg / HR : 111

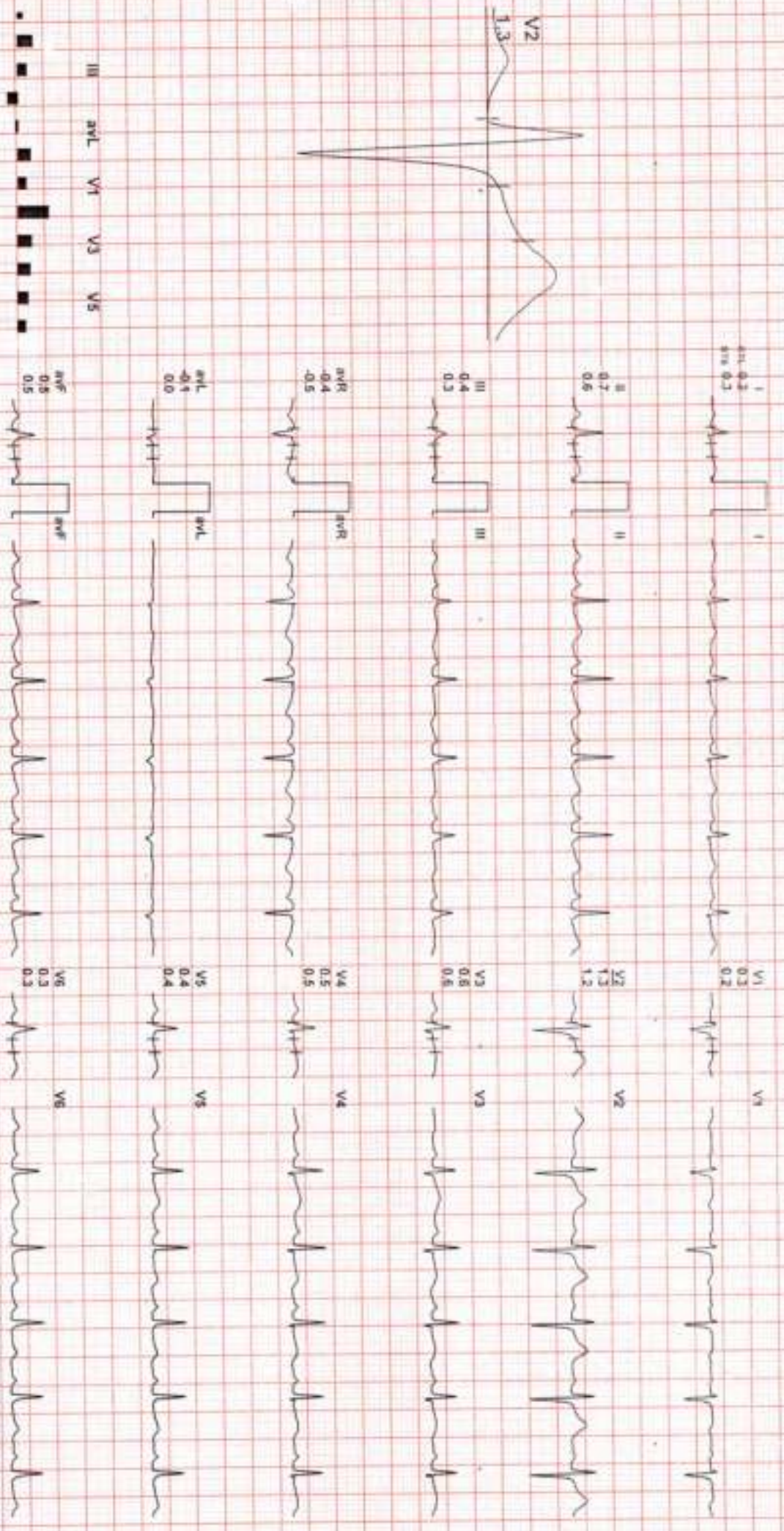
AGILE

date: 11 / 03 / 2024 02:59:06 PM METS: 1.00 111 bpm 60% of THR BP: 120/76 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 00:00 1.1 mph 0.0%

1X 60 mls paper J

25 mm/sec - 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6

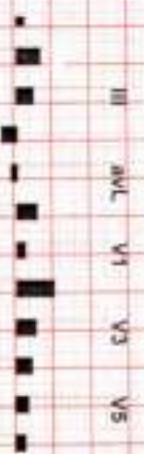
172 / MRS JOSHIKA / 35 Yrs / F / 0 Cms / 0 Kg / HR 107

ale: 17 / 03 / 2024 02:59:05 PM METS: 1.0/ 107 bpm 56% of THR BP: 120/76 mmHg Raw ECG/ BLC Cm/ Notch On/ HF 0.05 Hz/ LF 100 Hz

IX 80 MIS Post J

ExTime: 00:00 1.1 mph 0.0%

25 mm/Sec. 1.0 Cm/mV



I 0.2
II 0.2
III 0.3



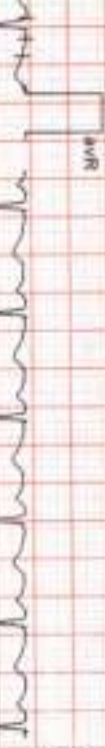
II 0.8
III 0.7



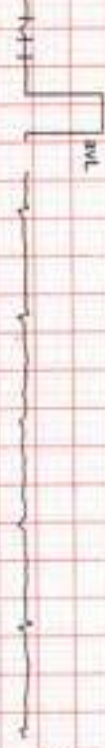
III 0.5
aVF 0.4



aVR -0.5
aVL -0.2
aVF 0.5



V3 0.6
V4 0.5
V5 0.4



aVF 0.6
V5 0.3
V6 0.3



REMARKS:

172 / MENS JOSHUA / 35 Yrs / F / 0 Cms / 0 Kg / HR : 123

DATE: 17 / 03 / 2024 02:59:05 PM METS: 1.0/ 123 bpm 66% of THR BP: 120/76 mmHg Raw ECG/ BLC On/ Noich On/ HF 0.05 Hz/ LF 100 Hz

IX 60 BIS Post J

EXTIME: 00:00 1.1 mph 0.0% 25 mm/Sec 1.0 Cm/Div



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6

172 / MRS JOSHIKA / 35 Yrs / F / 0 Cms / 0 Kg / HR - 110

ale: 17 / 03 / 2024 02:59:05 PM METS: 1.0/ 110 bpm 59% of THR BP: 120/76 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 00:00 1.1 mph 0.0%

1X 80 mS Post J

25 mm/Sec 1.5 Cm/1V



I
0.2
0.2
4ms 0.2



VI
0.5
0.5
0.5



II
0.7
0.7
0.8



V2
1.3
1.3
1.3



III
0.5
0.5
0.5



V2
0.5
0.5
0.5



aVR
-0.4
-0.4
-0.5



V4
0.5
0.5
0.5



aVL
-0.2
-0.2
-0.1



V5
0.5
0.5
0.5



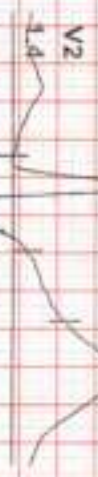
aVF
0.6
0.6
0.6



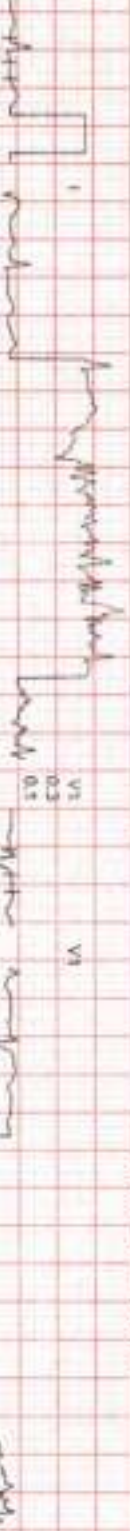
V6
0.4
0.4
0.4



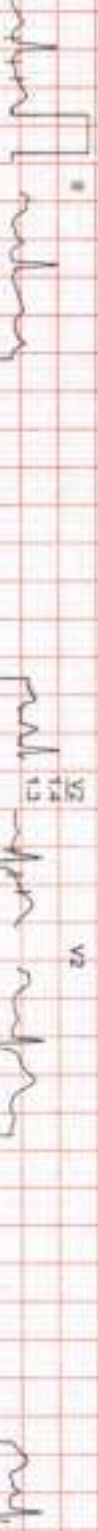
REMARKS:
II aVR aVF V2 V4 V6
III aVL V1 V3 V5
VI



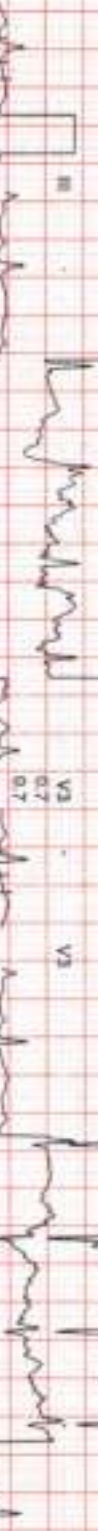
PR 0.14
QT 0.37
QTc 0.32



PR 0.08
QT 0.37



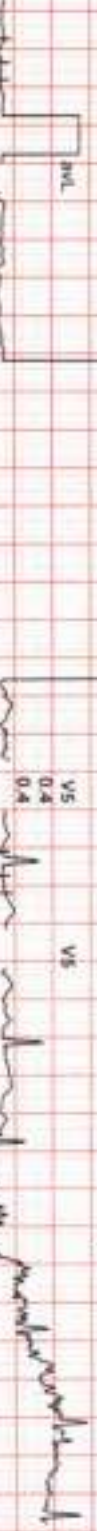
PR 0.08
QT 0.37



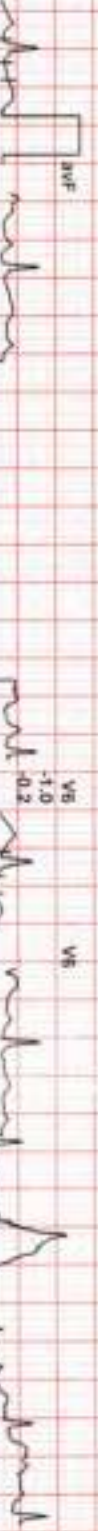
PR 0.05
QT 0.44
QTc 0.35



PR 0.02
QT 0.42
QTc 0.31



PR 0.07
QT 0.37
QTc 0.32



II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

REMARKS:

T72 / NRS JOSHIKA / 35 Yrs / F / 10 Cms / 10 Kg / HR : 150

ACIP2

date: 17 / 03 / 2024 02:59:05 PM METS: 4.37 / 150 bpm 89% of THR BP: 136/89 mmHg Raw ECG/BLC On/ Noich On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph 10.0%

IX 60 ms Post J

25 mm/Sec, 1.0 Cm/Div

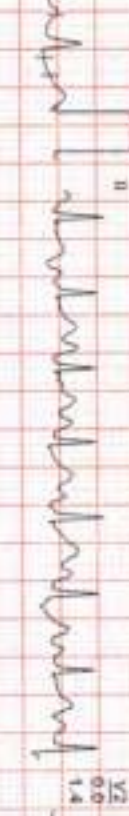
V1 -0.1
0.1
0.7



V1 0.1
0.1
0.0



II -0.8
0.8
1.2



V2 0.0
0.0
1.4



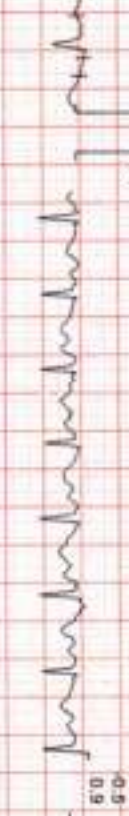
III -0.6
0.6
0.6



V3 -0.6
0.6
0.7



aVR 0.4
0.4
0.3



V4 -0.5
0.5
0.9



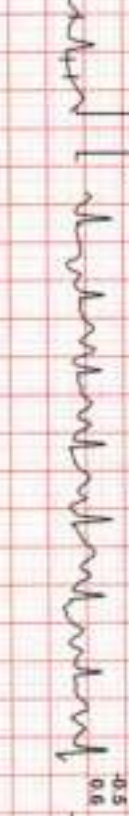
aVL 0.2
0.2
0.3



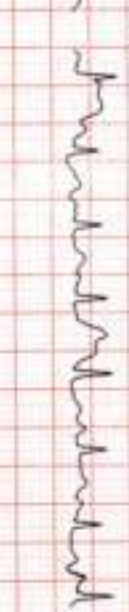
V5 -0.7
0.7
0.7



aVF 0.7
0.7
0.8



V6 -0.5
0.5
0.6



REMARKS:

172 / MRS JOSHIKA / 35 Yrs / F / 0 Cms / 0 Kg / HR : 171

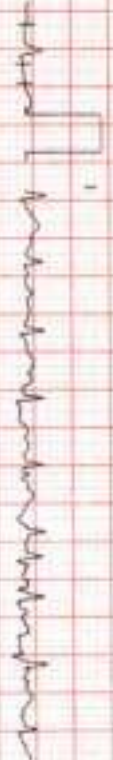
Age: 17 / 03 / 2024 02:59:05 PM METS: 7.31 171 bpm 92% of THR BP: 140/96 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:00 2.5 mph. 12.0%

IX 60 ms/Post J

25 mm/Sec. 1.0 Cm/mV

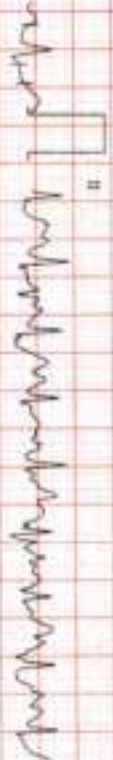
I
0.4
0.1
0.5



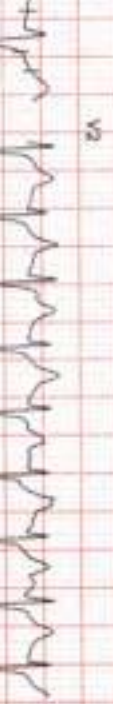
VI
0.5
0.5
0.5



II
0.4
0.4
1.5



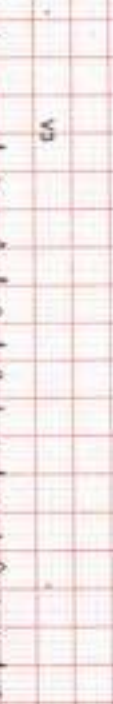
V2
0.5
0.5
2.2



III
0.3
0.3
1.0



V3
0.2
0.2
1.7



aVR
0.3
0.3
1.0



V4
0.4
0.4
1.5



aVL
0.1
0.1
0.1



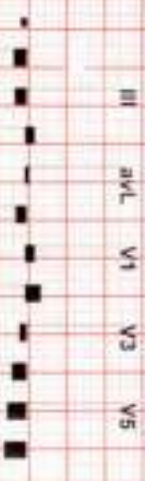
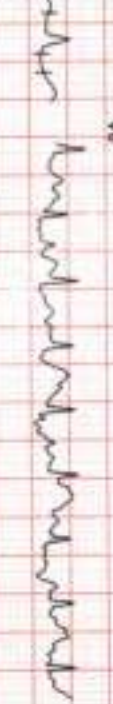
V5
0.6
0.6
1.2



aVF
0.3
0.3
1.3



V6
0.7
0.7
0.5



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6

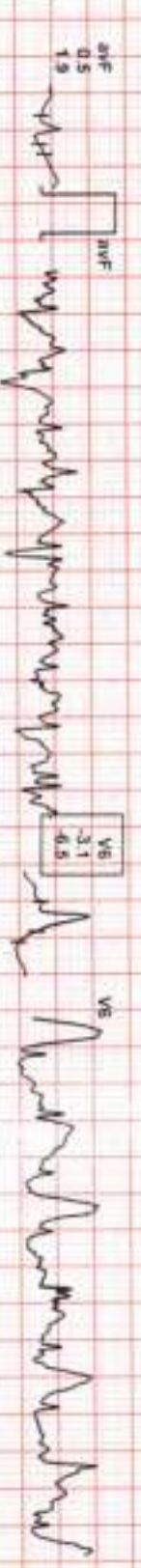
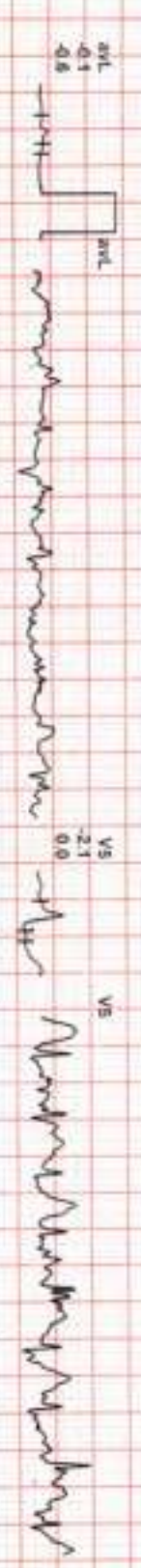
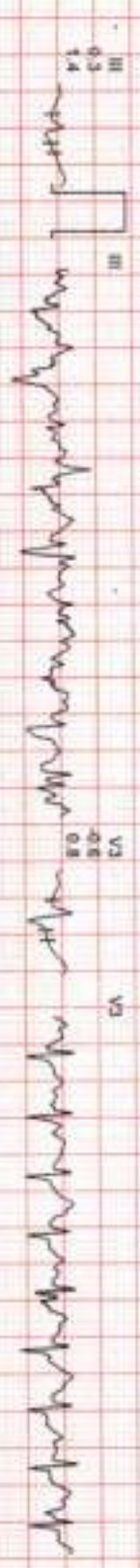
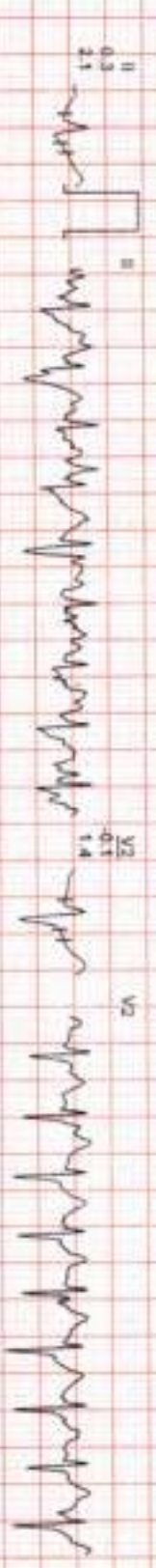
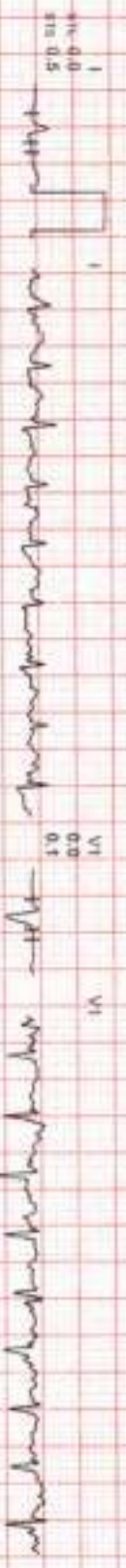
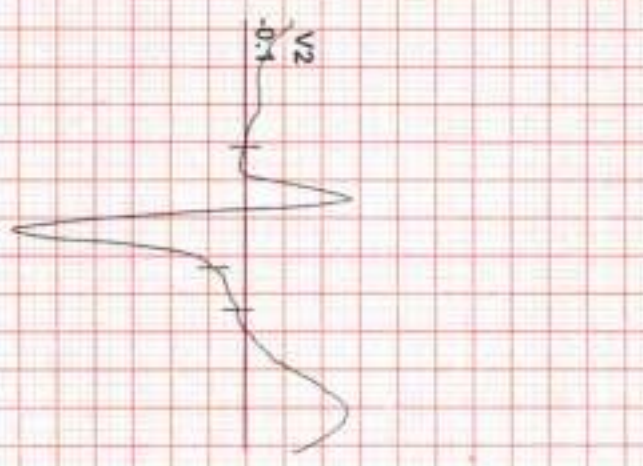
172 / MRS JOSHIKA / 35 Yrs / F / 0 Cms / 0 Kg / HR : 183

Site: 17 / 03 / 2024 02:59:05 PM METS: 8.0 / 183 bpm 99% of THR BP: 140/96 mmHg Raw ECG/BLG On/Notch On/HE 0.05 Hz/LF 100 Hz

EXTime: 06:50 3.4 mph, 14.0%

IX 20 ms/Pool 2

25 mm/Sec, 1.8 Cm/Div



REMARKS:
 I AVR AVF V2 V4 V6
 II AVR AVF V2 V4 V6
 III AVL V1 V3 V5
 IV AVL V1 V3 V5
 V V5 V6
 VI V5 V6

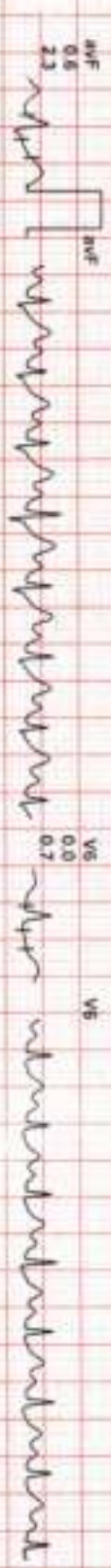
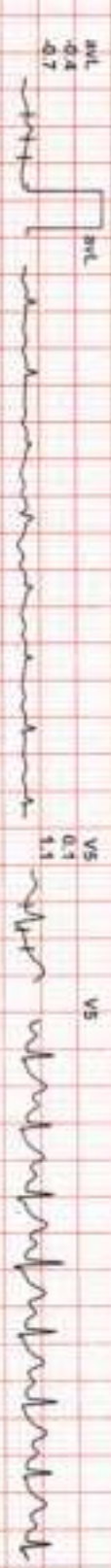
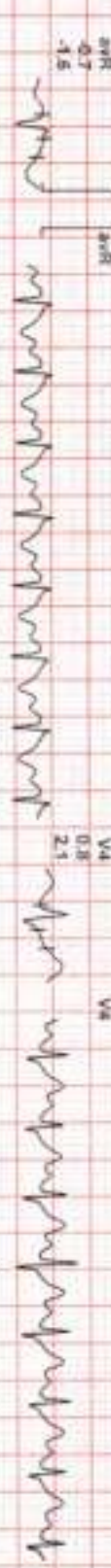
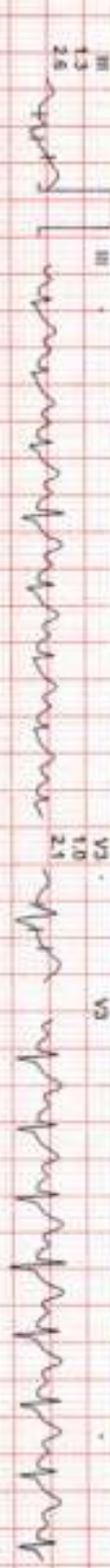
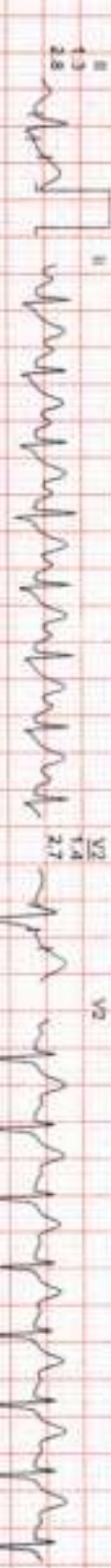
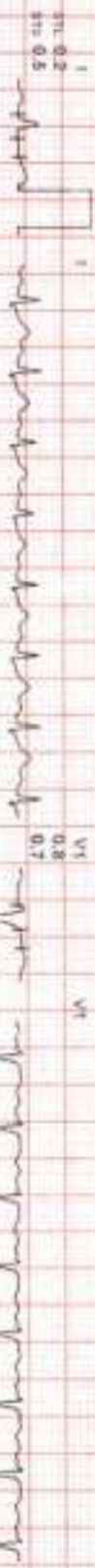
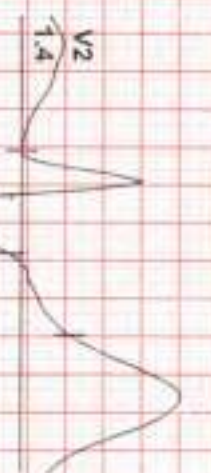
172 / MRS JOSHIKA / 35 YRS / F / 0 Cm5 / 0 Kg / HR : 154

Age: 17 / 03 / 2024 02:59:05 PM METS: 1.1 154 bpm 83% of THR BP: 150/98 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 06:49 0.0 mph, 0.0%

1X 60 ml Post J

25 mm/Sec. 1.0 Cm/mV



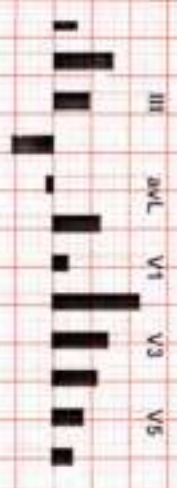
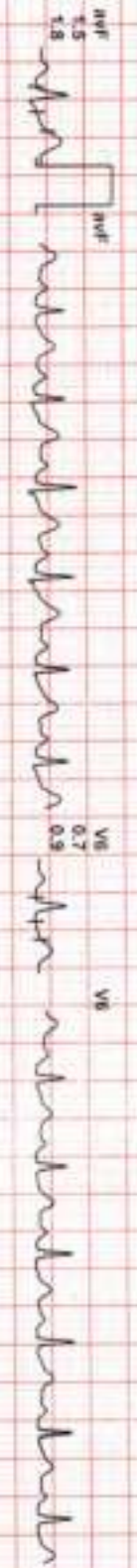
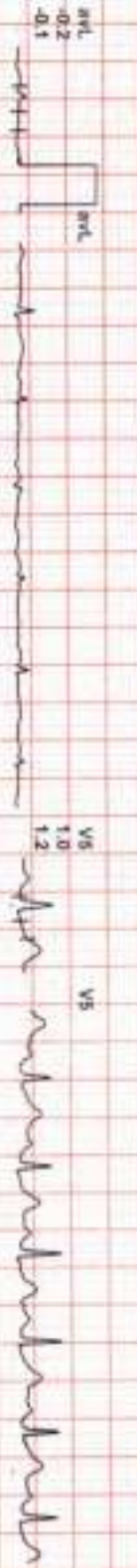
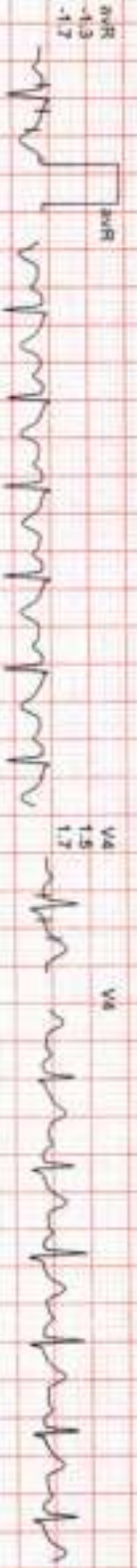
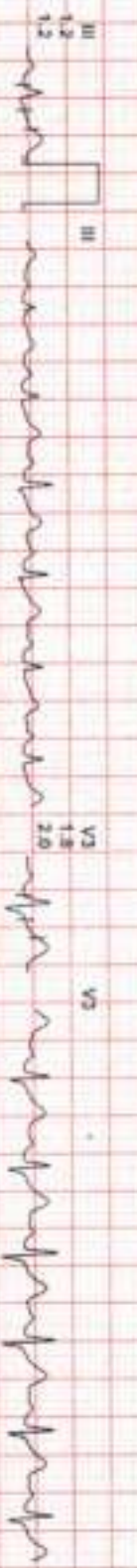
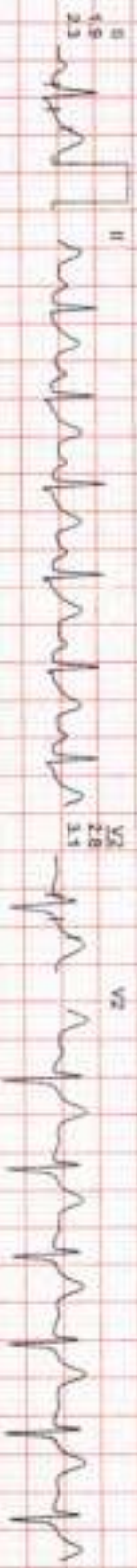
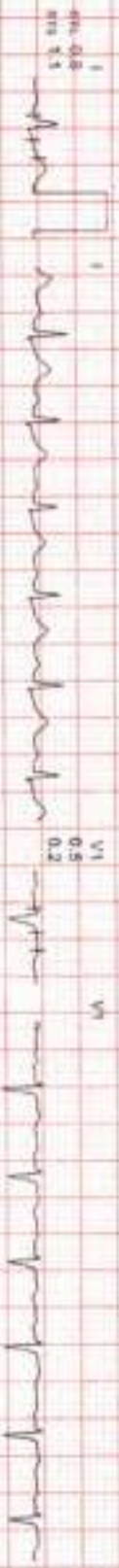
II aVR aVF V2 V4 V6
III aVL V1 V3 V5
REMARKS:

172 / MRS JOSHIKA / 35 Yrs / F / 0 Cms / 0 Kg / HR : 125

ate: 17 / 03 / 2024 02:59:05 PM METS: 1.0 / 125 bpm 68% of THR BP: 145/96 mmHg Raw ECG/BLD/On/Noch On/HR 0.05 Hz/LF 100 Hz

1X 80 ms Post J

EXTIME: 06:49 0.0 mph, 0.0%
25 mm/sec, 1.0 Cm/mV



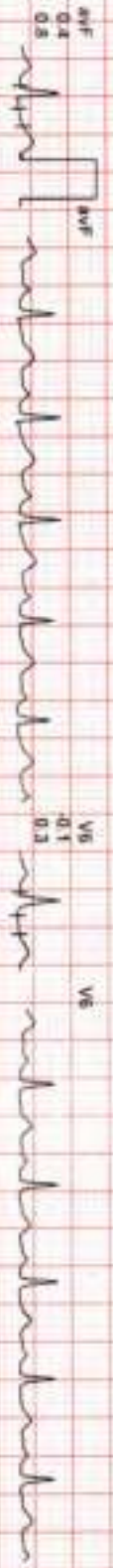
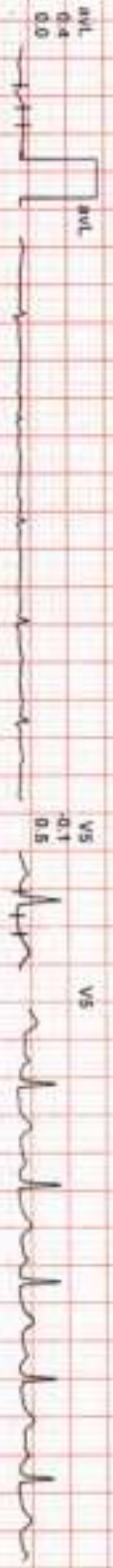
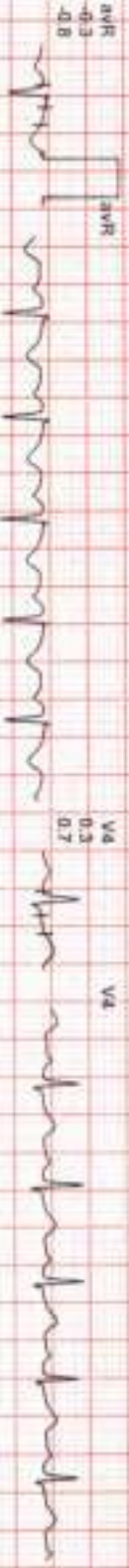
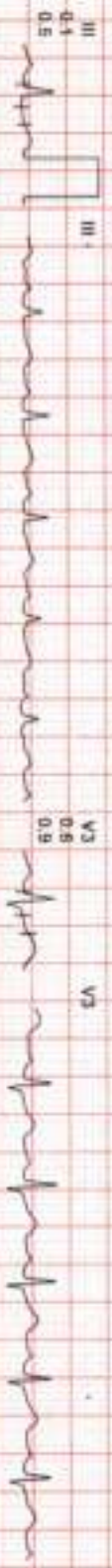
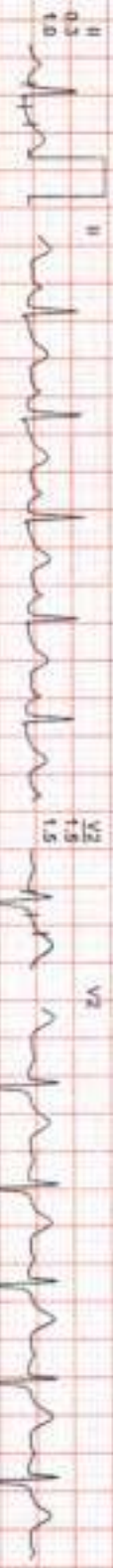
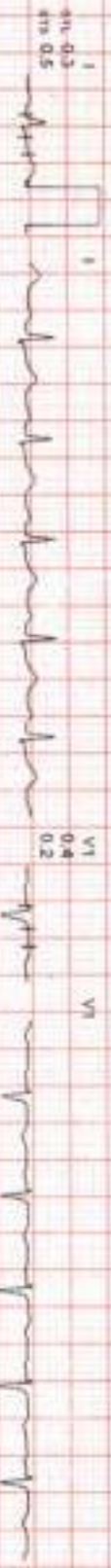
REMARKS:

172 / MRS JOSHIKA / 35 YRS / F / 0 Cms / 0 Kg / HR : 120

DATE: 17 / 03 / 2024 02:59:05 PM METS: 1.0/ 120 bpm 65% of THR BP: 135/76 mmHg Raw ECG: BLC ON Natch ON/ HF 0.05 Hz/ LF 100 Hz

1X 80 ms PwV 1

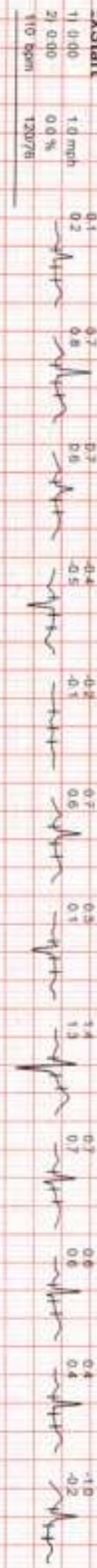
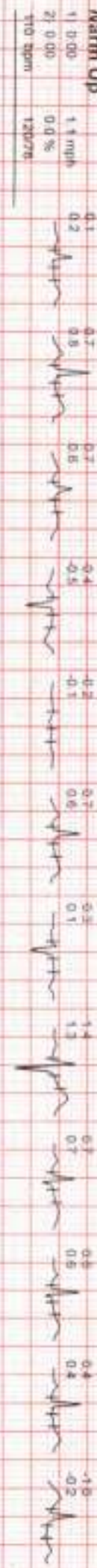
EXTIME: 06:49 0.0 mps, 0.0%
25 mm/Sec 1.0 Cm/mV



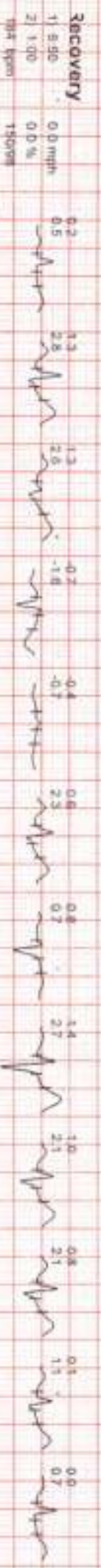
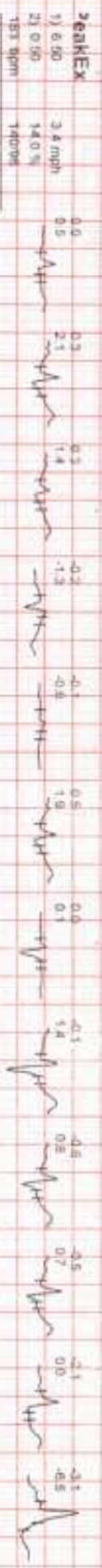
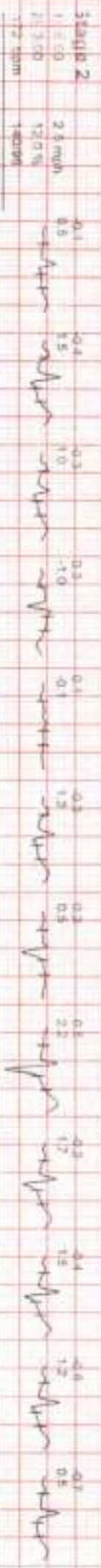
II aVR aVF V1 V2 V3 V4 V5 V6

REMARKS:

dt: 17 / 03 / 2024 02:59:06 PM I II III AVR AVL AVF V1 V2 V3 V4 V5 V6



MR 17 / 03 / 2024 02:59:05 PM I II III AVR AVL AVF V1 V2 V3 V4 V5 V6





B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road, - 5509

Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 17/03/2024 10:37:58

Patient ID :- 12236401



NAME :- Mrs. JOSHIKA

Ref. By Dr:- BOB

Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 10:47:02

Final Authentication : 17/03/2024 13:29:58

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.1

%

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

100

mg/dL

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

Method:- Calculated Parameter

AJAYSINGH
Technologist

Page No: 1 of 11



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Date :- 17/03/2024 10:37:58

Patient ID :- 12236401



NAME :- Mrs. JOSHIKA

Ref. By Dr:- BOB

Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 10:47:02

Final Authentication : 17/03/2024 13:29:58

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	10.8 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	8.61	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	69.9	%	40.0 - 80.0
LYMPHOCYTE	24.4	%	20.0 - 40.0
EOSINOPHIL	1.6	%	1.0 - 6.0
MONOCYTE	3.9	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	6.02	10 ³ /uL	1.50 - 7.00
LYMPH#	2.11	10 ³ /uL	1.00 - 3.70
EO#	0.13	10 ³ /uL	0.00 - 0.40
MONO#	0.33	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.16	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	35.20 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	84.7	fL	83.0 - 101.0
MEAN CORP HB (MCH)	25.9 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	30.6 L	g/dL	31.5 - 34.5
PLATELET COUNT	195	x10 ³ /uL	150 - 410
RDW-CV	16.2 H	%	11.6 - 14.0
MENTZER INDEX	20.36		

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.

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Date :- 17/03/2024 10:37:58

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NAME :- Mrs. JOSHIKA

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Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 10:47:02

Final Authentication : 17/03/2024 13:29:58

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	20	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-L, Japan

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Date :- 17/03/2024 10:37:58

NAME :- Mrs. JOSHKA

Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Company :- MediWheel

Patient ID :- 12236401

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 10:47:02

Final Authentication : 17/03/2024 13:50:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	165.59	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	158.24 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	52.44	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	86.78	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	31.65	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.16		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.65		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	551.57	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox 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: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.			
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.			
TOTAL LIPID AND VLDL ARE CALCULATED			

SURENDRAKHANGA

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Date :- 17/03/2024 10:37:58

Patient ID :-12236401

NAME :- Mrs. JOSHIKA

Ref. By Dr:- BOB

Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 17/03/2024 10:47:02

Final Authentication : 18/03/2024 14:05:58

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	6.5		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.025		1.010 - 1.030
Method:- Reagent Strip(chromthymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphosalicylic acid test)			
GLUCOSE	NIL		NIL
Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)			
BILIRUBIN	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Azo-coupling reaction)			
UROBILINOGEN	NORMAL		NORMAL
Method:- Reagent Strip (Modified ehrlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitroprusside) Rothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
RBC	NIL		NIL
Method:- Reagent Strip (Peroxidase like activity)			
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

VIJENDRAMEENA
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Date :- 17/03/2024 10:37:58

Patient ID :-12236401



NAME :- Mrs. JOSHIKA

Ref. By Dr:- BOB

Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE, URINE-PP

Sample Collected Time 17/03/2024 10:47:02

Final Authentication : 18/03/2024 14:05:58

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

*** End of Report ***

VIJENDRAMEENA
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Page No: 3 of 3



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Date :- 17/03/2024 10:37:58 Patient ID :- 12236401
NAME :- Mrs. JOSHIKA Ref. By Dr- BOB
 Sex / Age :- Female 35 Yrs 11 Mon 11 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 17/03/2024 10:47:02 Final Authentication : 17/03/2024 13:50:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method- Colorimetric method	0.66	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	0.25	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method- Calculated	0.41	mg/dl	0.30-0.70
SGOT Method- IFCC	30.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method- IFCC	49.9 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method- AMP Buffer	85.30	IU/L	30.00 - 120.00
SERUM GAMMA GT Method- IFCC	28.60	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method- Biuret Reagent	7.57	g/dl	6.40 - 8.30
SERUM ALBUMIN Method- Bromocresol Green	4.18	g/dl	3.80 - 5.00
SERUM GLOBULIN Method- CALCULATION	3.39	gm/dl	2.20 - 3.50
A/G RATIO	1.23 L		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method **Instrument Name:** Randox Rx **Insula 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 those 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 **Instrument Name:** Randox Rx **Insula 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 **Instrument Name:** Randox Rx **Insula 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer **Instrument Name:** Randox Rx **Insula 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:** Randox Rx **Insula 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 (A/B) Methodology: Bromocresol Green **Instrument Name:** Randox Rx **Insula 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 **Insula Interpretation:** Elevations in GGT levels are more 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).

SURENDRAKHANGA

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Date :- 17/03/2024 10:37:58

Patient ID :-12236401



NAME :- Mrs. JOSHKA

Ref. By Dr:- BOB

Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Lab/Hosp :-

Company :- MedWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 10:47:02

Final Authentication : 17/03/2024 12:53:19

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3 Method:- Chemiluminescence/Competitive Immunoassay)	1.140	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence/Competitive Immunoassay)	6.990	ug/dl	5.520 - 12.970
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.290	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 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

MUKESH SINGH
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Page No: 6 of 11



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Date :- 17/03/2024 10:37:58 Patient ID :-12236401
NAME :- Mrs. JOSHIKA Ref. By Dr.- BOB
 Sex / Age :- Female 35 Yrs 11 Mon 11 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type - KOx/Na FLUORIDE-F, KOx/Na Bala...
 Date: 17/03/2024 13:58:40

Final Authentication : 17/03/2024 15:10:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 82.0 mg/dl 75.0 - 115.0
 Method:- GOD PAP

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma) 114.2 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.

SERUM CREATININE 0.81 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 4.86 mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

RAMESHWAR, SURENDRAKHANGA

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Patient ID :- 12236401



NAME :- Mrs. JOSHIKA

Ref. By Dr:- BOB

Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AJAYSINGH, BILAL, MANOJCHOUDHARY, MUKESH SINGH, RAMESHWAR, SURENDRAKHANGA

Page No: 8 of 11



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Patient ID :-12236401



NAME :- Mrs. JOSHIKA

Ref. By Dr:- BOB

Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 10:47:02

Final Authentication : 17/03/2024 13:29:58

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO

"A" POSITIVE

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

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Patient ID :-12236401



NAME :- Mrs. JOSHIKA

Ref. By Dr:- BOB

Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 10:47:02

Final Authentication : 17/03/2024 13:50:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.6	mg/dl	0.0 - 23.0

SURENDRAKHANGA

Page No: 10 of 11



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Patient ID :- 12236401



NAME :- Mrs. JOSHIKA

Ref. By Dr:- BOB

Sex / Age :- Female 35 Yrs 11 Mon 11 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- SWAB

Sample Collected Time 17/03/2024 10:47:02

Final Authentication : 18/03/2024 13:47:24

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Specimen - Conventional smear.

Microscopy:

Adequacy - Satisfactory for opinion, however limited due to drying artefact.

Endocervical cells seen - Not seen.

H/E stained smear show predominantly superficial & intermediate squamous epithelial cells along with few parabasal cells in the background of mild acute inflammation.

Epithelial cells abnormality - Not seen

IMPRESSION : Negative for intraepithelial lesion or malignancy.

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
Technologist

Page No: 11 of 11



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Fellowship Oncopathology
MD pathology
RMC 33520



Date :- 17/03/2024 10:37:58
NAME :- Mrs. JOSHIKA
Sex / Age :- Female 35 Yrs 11 Mon 11 Days
Company :- MediWheel

Patient ID :- 12236401
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 17/03/2024 15:52:34

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)


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*** End of Report ***

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NAME :- Mrs. JOSHIKA	Ref. By Doctor:-BOB
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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 partially distended. Urinary bladder does not show any calculus or mass lesion.

Uterus appears grossly normal.
 Previous LSCS scar is seen in situ.

No significant free fluid is seen in pouch of douglas.

IMPRESSION:

* No significant abnormality is noted.

Needs clinical correlation.

*** End of Report ***

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Dr. Siegfried Poth (Lab. Manager)

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