

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangha
Tele : 0141-2293346, 4049787, 9887049787
Website : www.dr.goyalspathlab.com | E-mail : dr.goyalpiyush@gmail.com

General Physical Examination



Name: UMA YADAV Age: 42 DOB: 15.12.1980 Sex: Female

Referred By: BOB.

Photo ID: AADHAR ID #: attached.

Ht: 160 (cm) Wt: 68 (Kg)

Chest (Expiration): 92 (cm) Abdomen Circumference: 88 (cm)

Blood Pressure: 124/81 mm Hg PR: 66 /min RR: 16 /min Temp: Afebrile

BMI 26.6

Eye Examination: Dist Vision 6/6 (with specs) / Near Vision 12/6
with specs. , No color blindness


Other: WBC - Significant

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

Signature Of Examinee : Uma Yadav Name of Examinee: _____


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

भारत सरकार
GOVERNMENT OF INDIA



Uma Yadav
Uma Yadav
जन्म तिथि/DOB: 15/12/1980
महिला/ FEMALE

Uma Yadav



2886 2417 6764
VID: 9173 9445 1026 1100

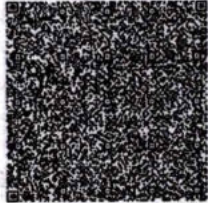
मेरा आधार, मेरी पहचान

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

आधार
Unique Identification Authority of India

पता:
W/O चन्द्रपाल, फ्लैट न.-एस-1 दूसरा फ्लोर, व्रंदवन 2 सी-
13, सनराइज सिटी, निवारु रोड झोटवाडा, जयपुर, जयपुर,
राजस्थान - 302012

Address:
W/O Chandarpal, Flat No.-S-1 2nd
Floor, Vrandavan 2 C-13, Sunrise City,
Niwaru Road Jhotwara, Jaipur, Jaipur,
Rajasthan - 302012



QR Code with Photograph

2886 2417 6764
VID: 9173 9445 1026 1100

1947 help@uidai.gov.in www.uidai.gov.in

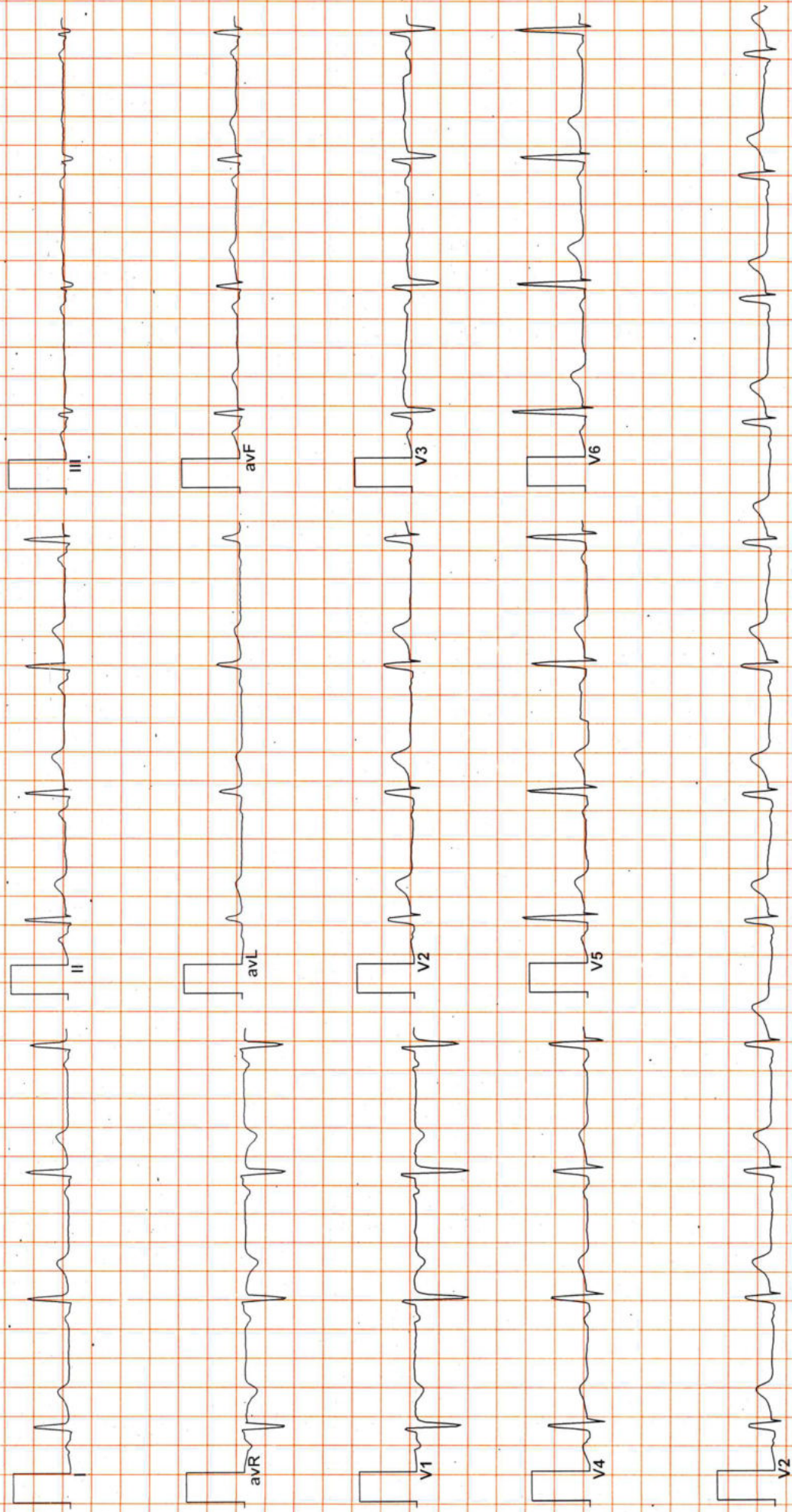
DR. GOYALS PATH LAB & IMAGING CENTER

ECG



12343 / MRS. UMA YADAV / 42 Yrs / F / Non Smoker

Heart Rate : 70 bpm / / Refd By: BOB / Tested On : 10-Sep-22 11:28:49 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1:00 Cm/mV / Sw 25 mm/s



Dr. Naresh Kumar Mohanka
 RMC No. 38703
 MBBS, DIP. CARDIO (ESCOMS)
 D. Card. Path. (G. V. U.)

TweNL

(Signature)

Allengers ECG (Pisces)(PIS212160118)

(Signature)



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	01.1	00.0	01.0	078	44%	120/80	093	00	
Standing	00:13	0:07	01.1	00.0	01.0	078	44%	120/80	093	00	
HV	00:25	0:12	01.1	00.0	01.0	079	44%	120/80	094	00	
Warm Up	00:47	0:22	01.1	00.0	01.0	091	51%	120/80	109	00	
ExStart	01:06	0:19	01.1	00.0	01.0	089	50%	120/80	106	00	
BRUCE Stage 1	04:06	3:00	01.7	10.0	04.7	131	74%	126/85	165	00	
BRUCE Stage 2	07:06	3:00	02.5	12.0	07.1	149	84%	130/90	193	00	
PeakEx	08:11	1:05	03.4	14.0	08.2	160	90%	130/90	208	00	
Recovery	09:11	1:00	00.0	00.0	01.1	125	70%	135/90	168	00	
Recovery	10:11	2:00	00.0	00.0	01.0	097	54%	130/85	126	00	
Recovery	11:11	3:00	00.0	00.0	01.0	087	49%	120/85	104	00	
Recovery	12:11	4:00	00.0	00.0	01.0	086	48%	120/80	103	00	
Recovery	12:56	4:44	00.0	00.0	01.0	094	53%	120/80	112	00	

FINDINGS :

Exercise Time : 07:05
 Max HR Attained : 160 bpm 100% of Target 160
 Max BP Attained : 135/90 (mm/Hg)
 Max WorkLoad Attained : 8.2 Fair response to induced stress

Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Test Negative for RMI

Dr. Umesh Chandra

Dr. Umesh Kumar Mohanka
 RPPC No. 35703
 SENIOR DR. CARDIO (ESCORTS)
 I.I.E.M. (RCGP-UK)



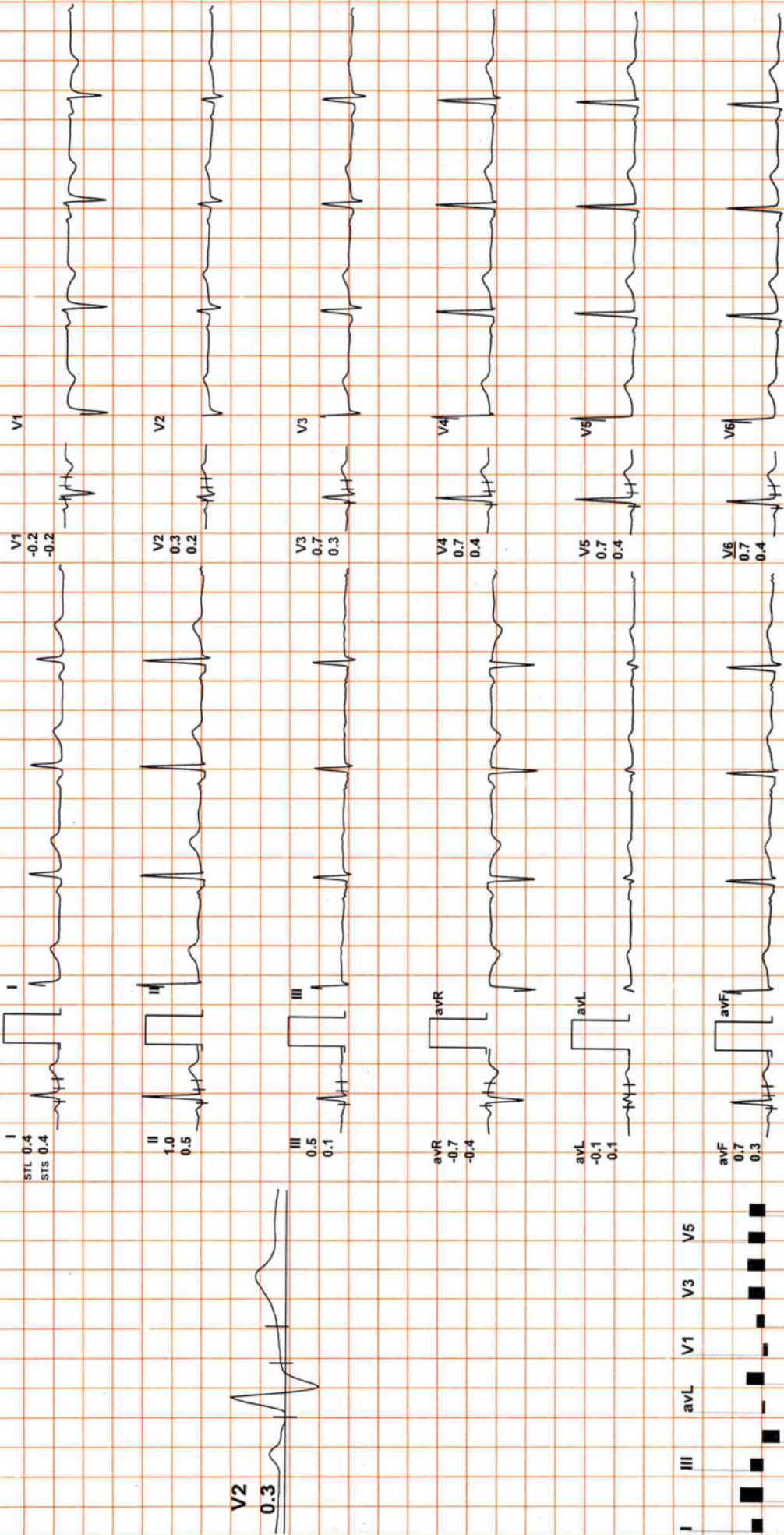
Date: 10 / 09 / 2022

METS: 1.0/ 78 bpm 49% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



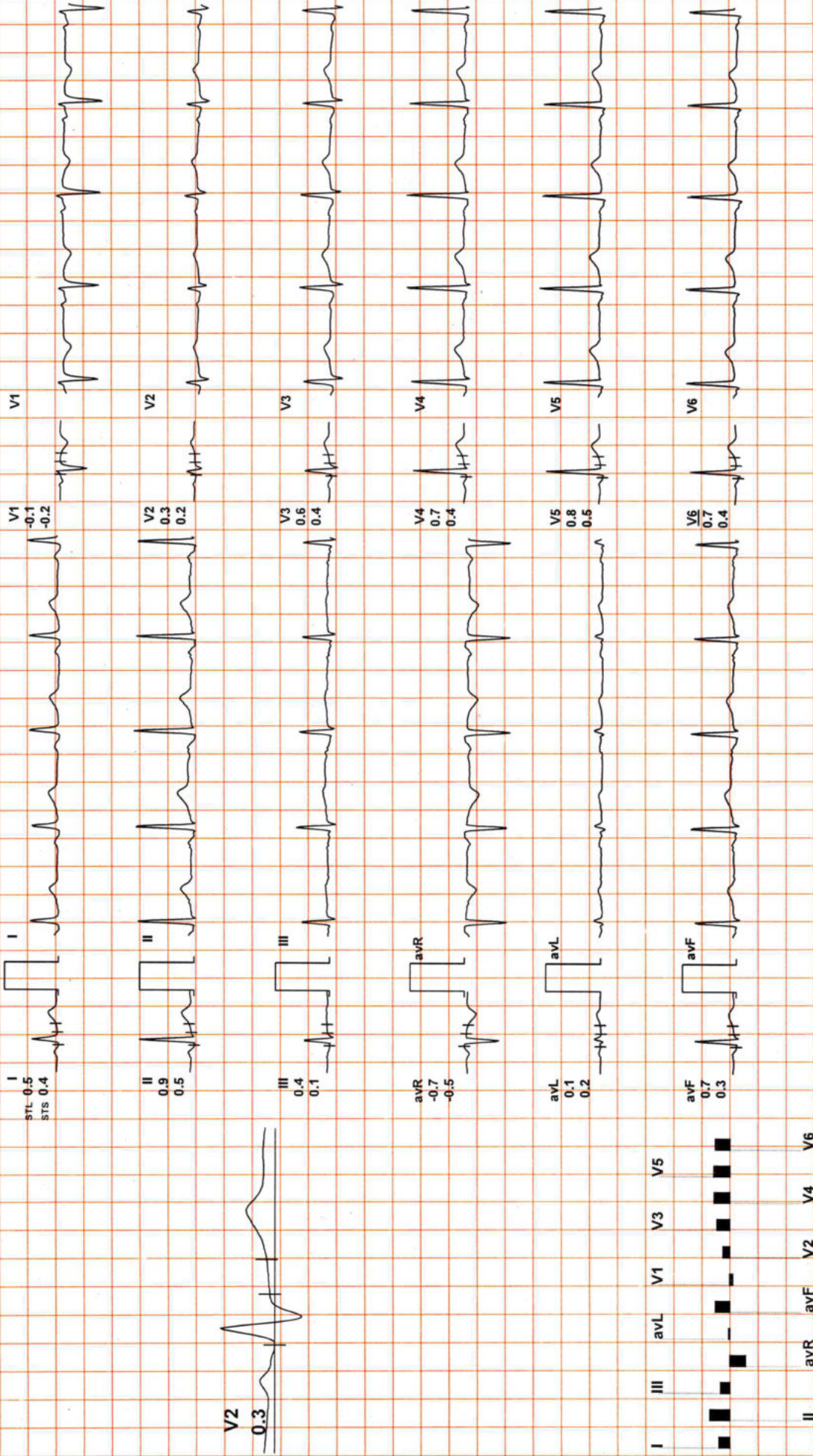
Date: 10 / 09 / 2022

METS: 1.0/ 79 bpm 49% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

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REMARKS:

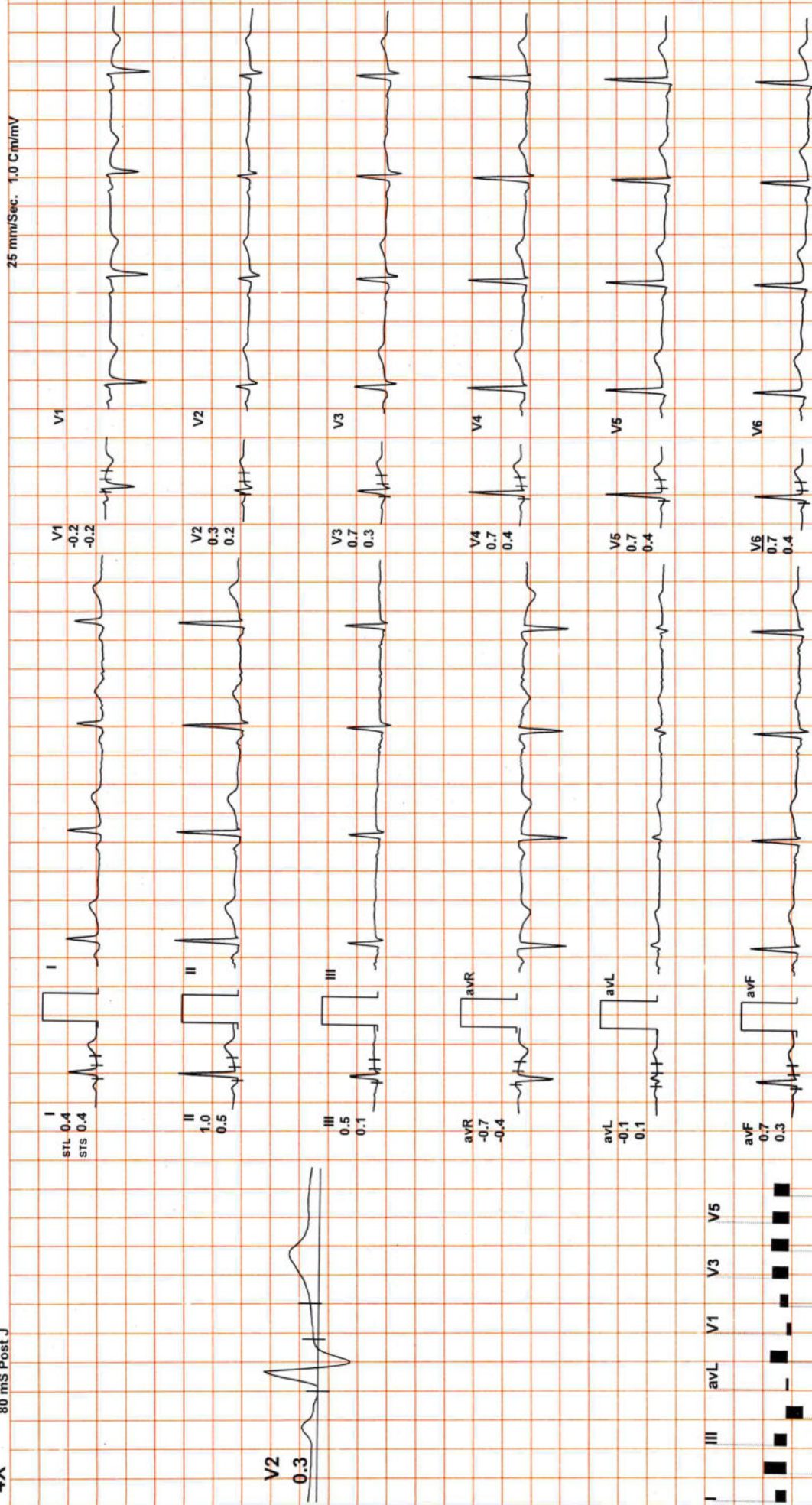


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ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J



REMARKS:



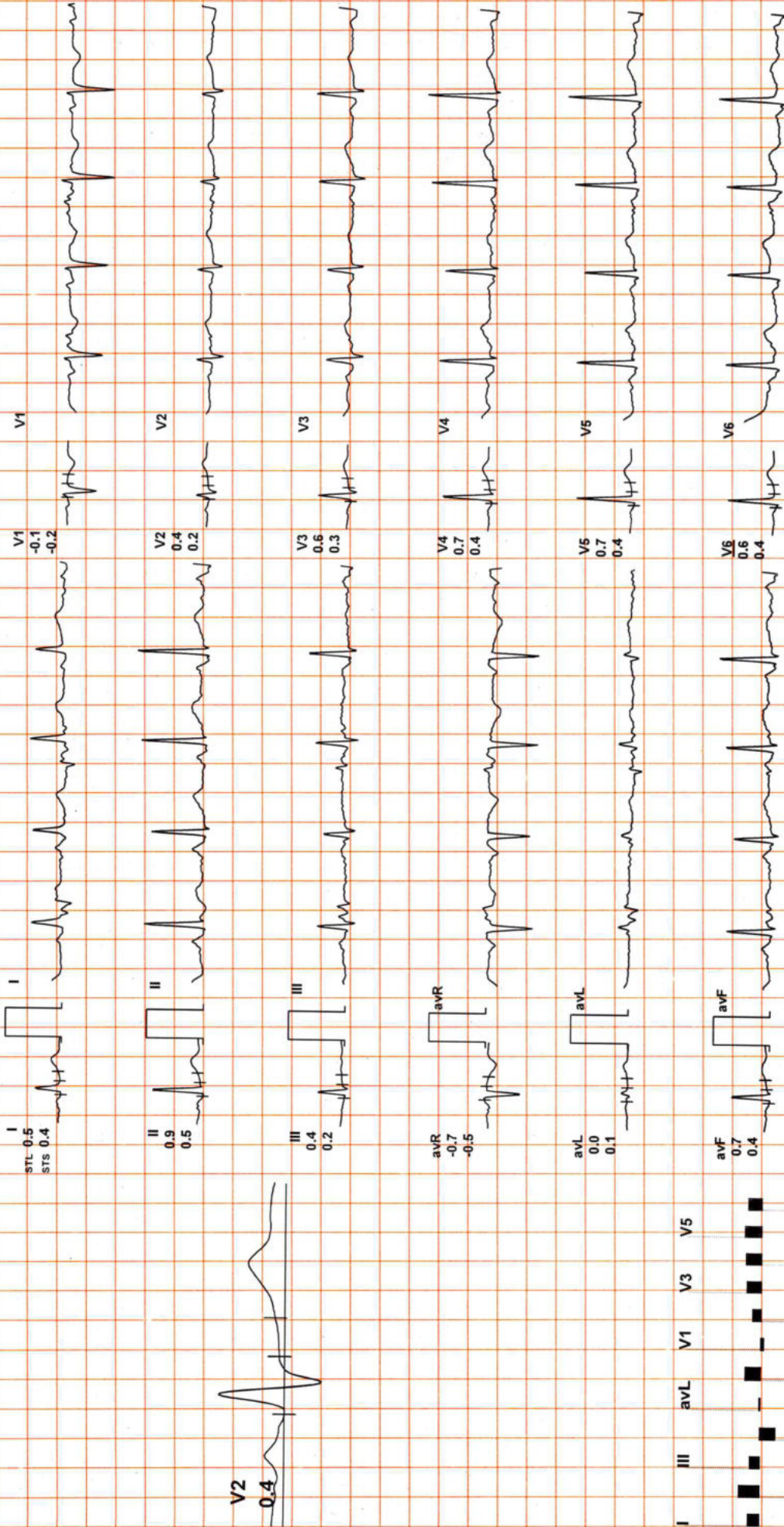
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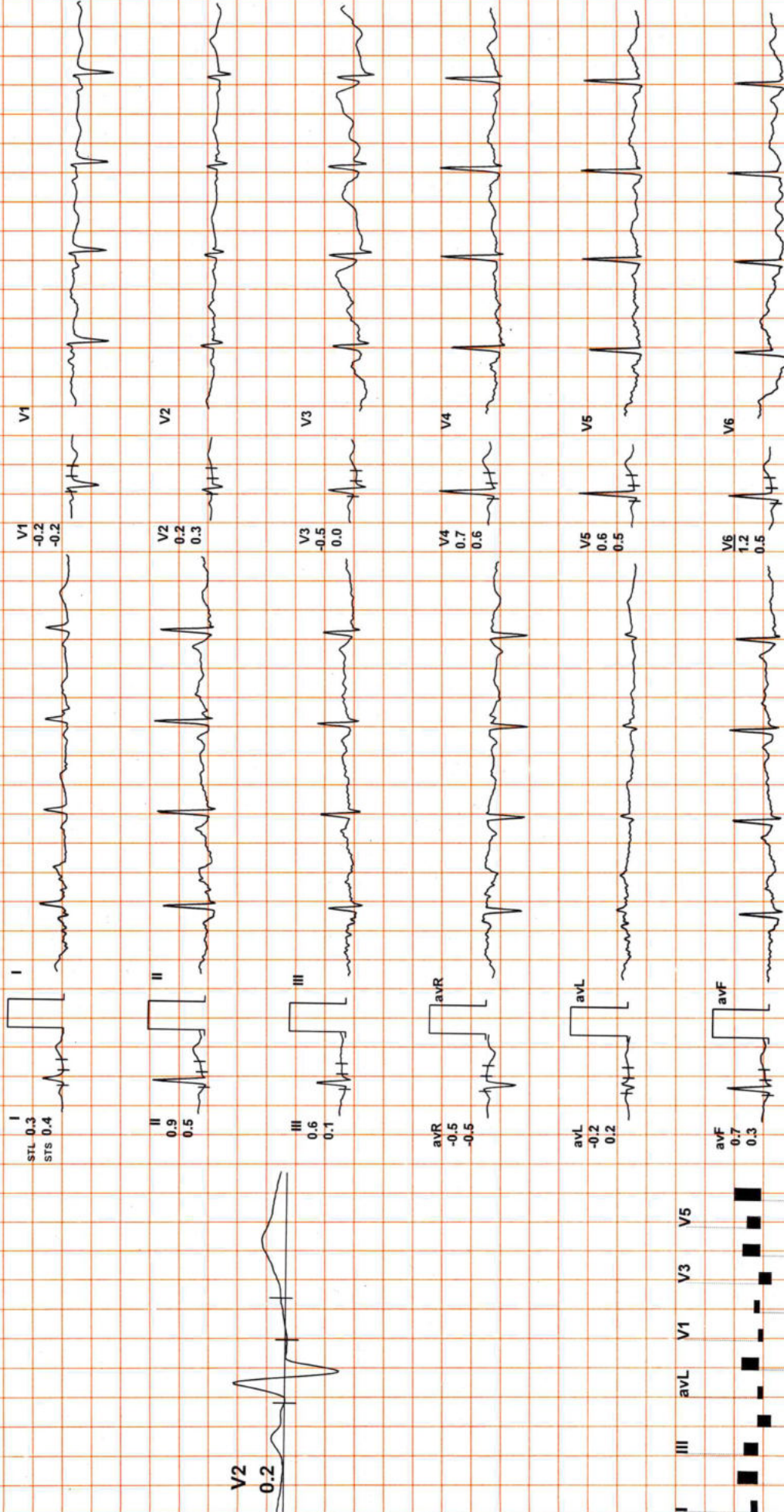
ExTime: 00:00 1.1 mph, 0.0%

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25 mm/Sec. 1.0 Cm/mV



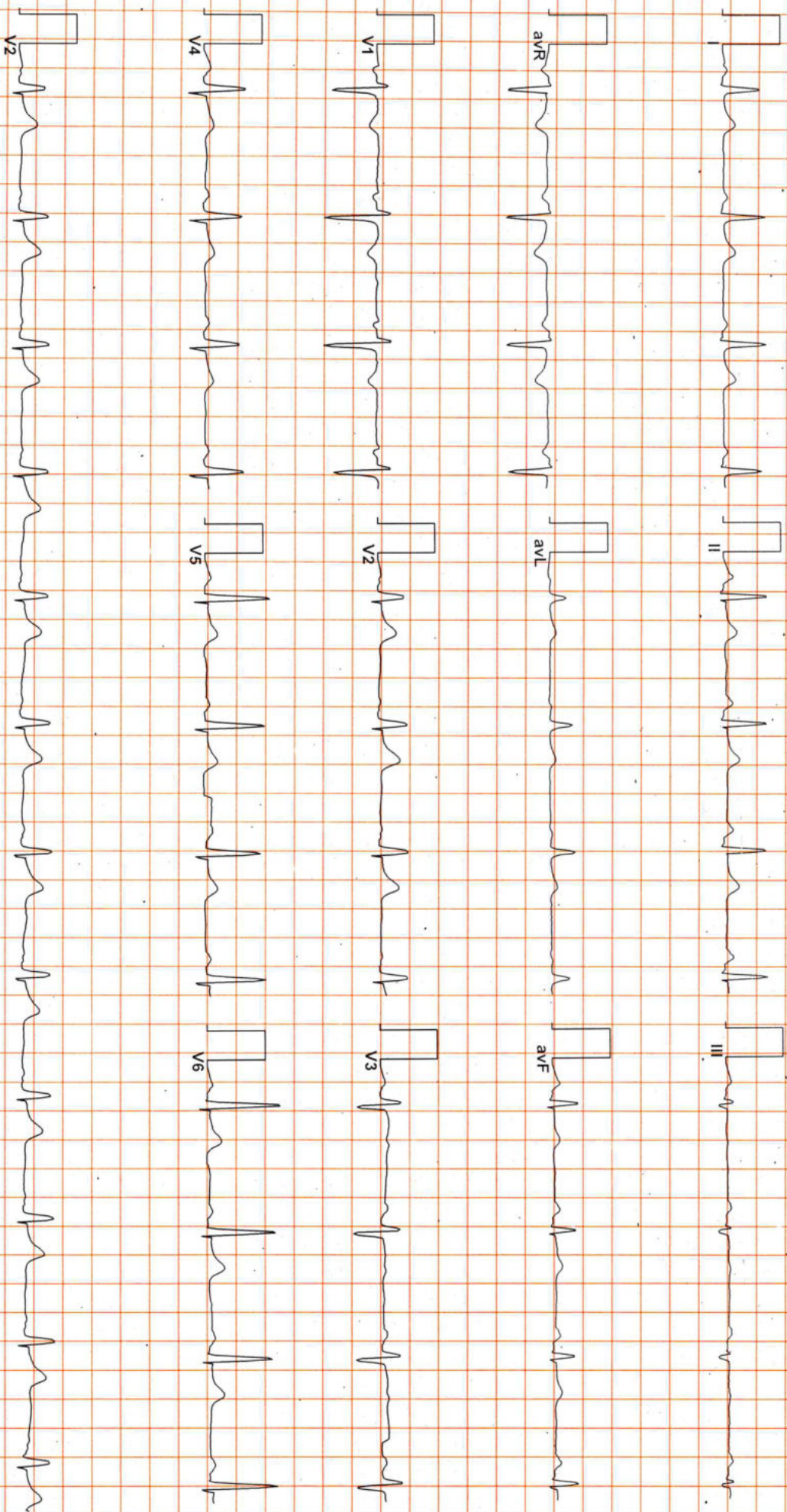
REMARKS:



REMARKS: II avR avF V2 V4 V6



12343 / MRS. UMA YADAV / 42 Yrs / F / Non Smoker
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Allengers ECG (Piscas)(PIS212160118)

Uma Yadav

Funz

Dr. Naresh Kumar Mohanka
RMC No. 38503
MBBS, DIP. CARDIO (ISCO) 2005
D. Card. (ISC) 2010

MRS UMA YADAV / 42 Yrs / F / 0 Cms / 68 Kg
Date: 10 / 09 / 2022 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
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Recovery	09:11	1:00	00.0	00.0	01.1	125	70%	135/90	168	00	
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Recovery	12:11	4:00	00.0	00.0	01.0	086	48%	120/80	103	00	
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REPORT :

Uma Yadav

Test Negative for Rm

Dr. Anand Kumar Mohanka
 RMC No. 35703
 SENIOR CARDIO (ESORTS)
 DEEM. (RCGP, UK)



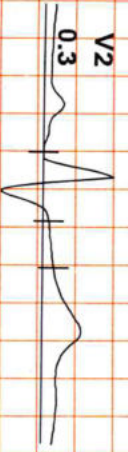
Date: 10 / 09 / 2022

METS: 1.0/ 78 bpm 49% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post-J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.4
STS 0.4

II
1.0
0.5

III
0.5
0.1

avR
-0.7
-0.4

avL
-0.1
0.1

avF
0.7
0.3

V1
-0.2
-0.2

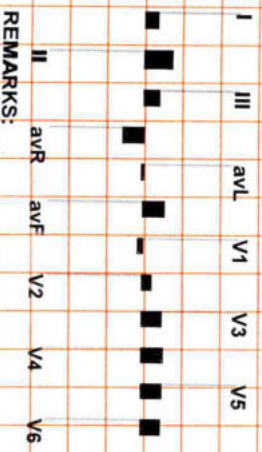
V2
0.3
0.2

V3
0.7
0.3

V4
0.7
0.4

V5
0.7
0.4

V6
0.7
0.4



REMARKS:

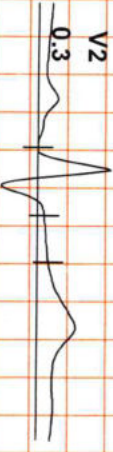


Date: 10 / 09 / 2022

METS: 1.0/ 79 bpm 49% of THR BP: 120/80 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 STL 0.5
STS 0.4

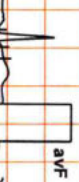
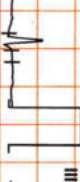
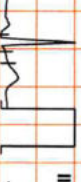
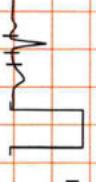
II 0.9
0.5

III 0.4
0.1

aVR -0.7
-0.5

aVL 0.1
0.2

aVF 0.7
0.3



V1 -0.1
-0.2

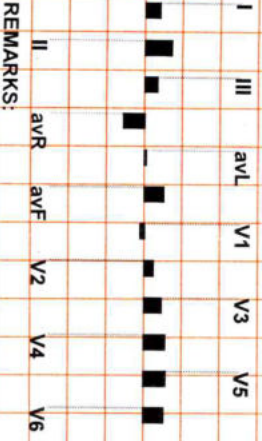
V2 0.3
0.2

V3 0.6
0.4

V4 0.7
0.4

V5 0.8
0.5

V6 0.7
0.4



REMARKS:

(ADX_GEM217220330)(R)Allengers

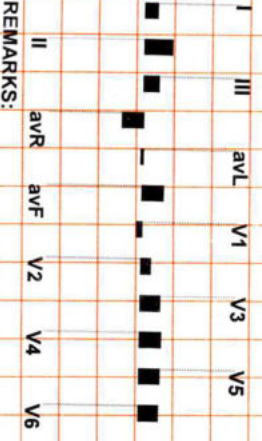
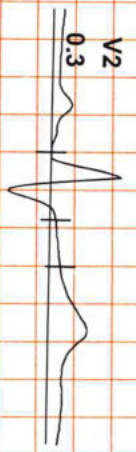


Date: 10 / 09 / 2022

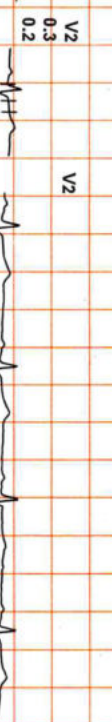
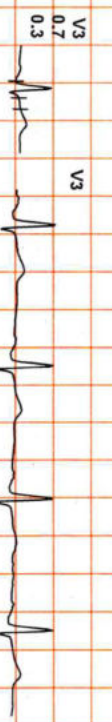
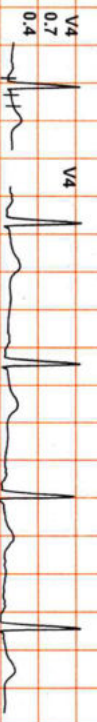
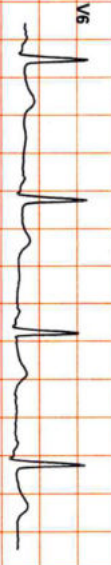
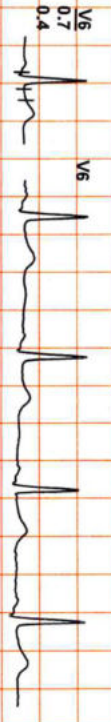
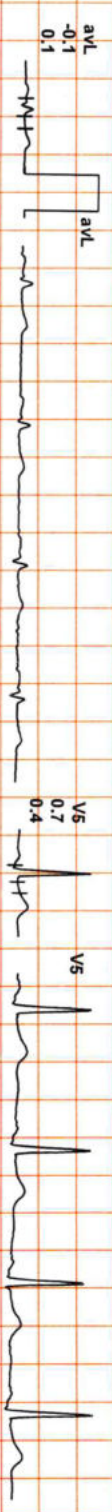
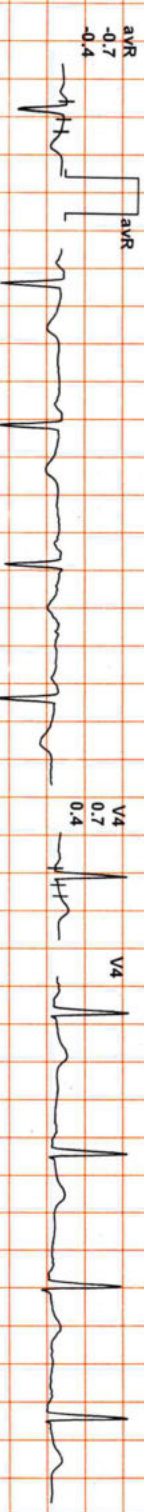
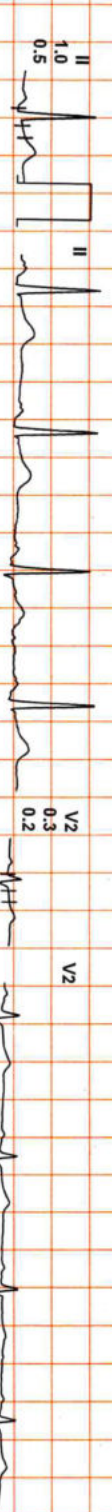
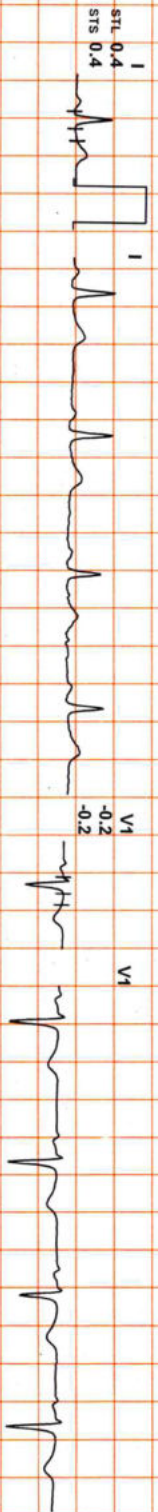
METS: 1.0/ 78 bpm 49% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



REMARKS:





Date: 10 / 09 / 2022

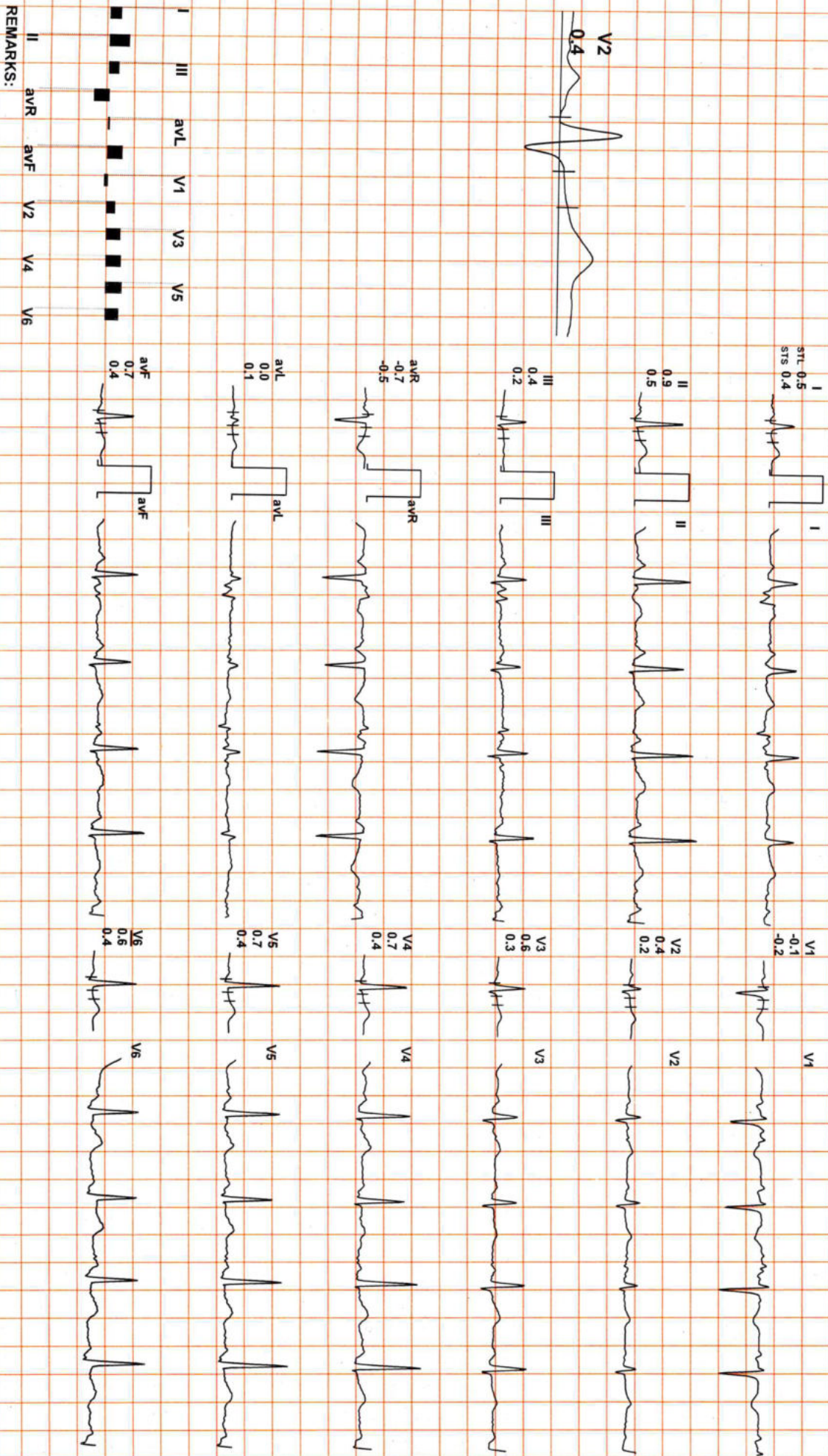
METS: 1.0/ 91 bpm 57% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

80 ms Post J

4X



REMARKS:

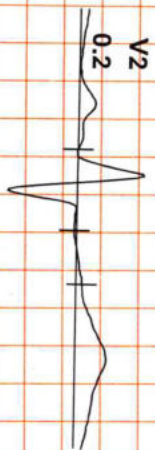
(ADX_GEM217220330)(R)Allengers

Date: 10 / 09 / 2022

METS: 1.01 89 bpm 56% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

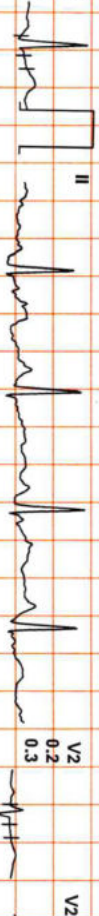
ExtTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



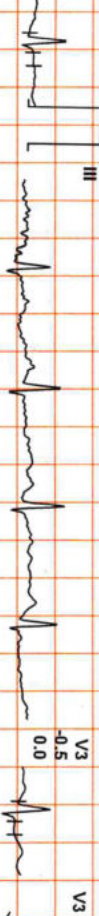
I
STL 0.3
STS 0.4



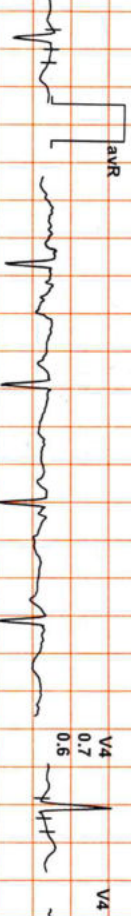
II
0.9
0.5



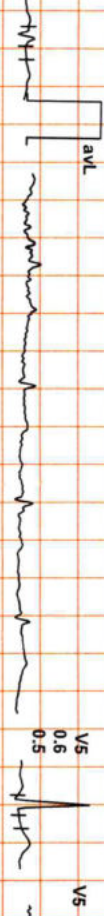
III
0.6
0.1



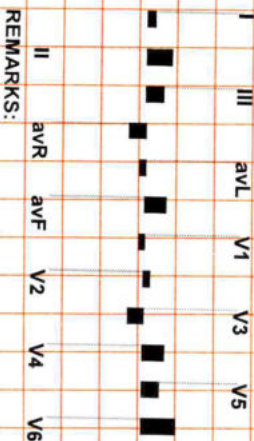
aVR
-0.5
-0.5



aVL
-0.2
0.2



aVF
0.7
0.3



REMARKS:



Date: 10 / 09 / 2022

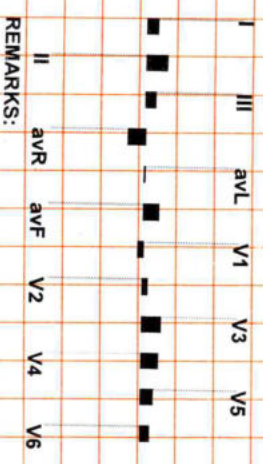
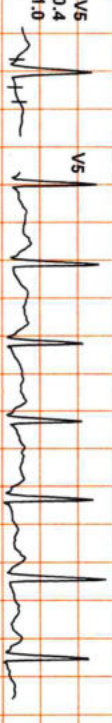
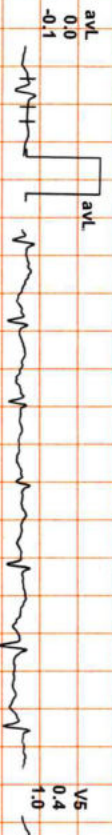
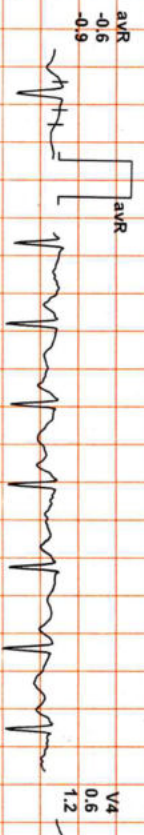
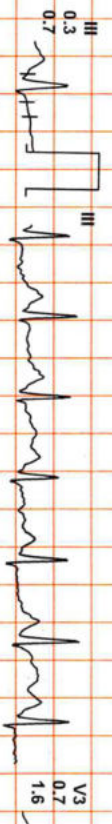
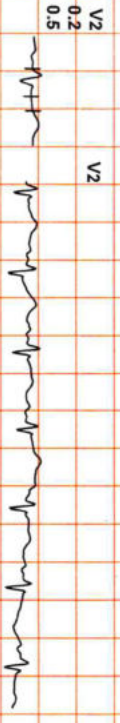
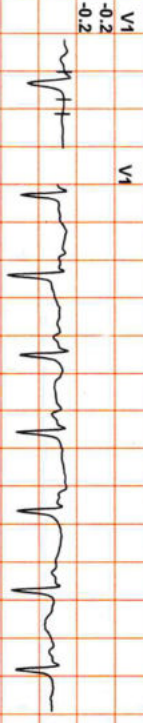
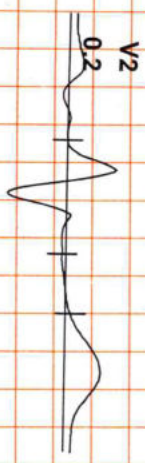
METS: 4.71 / 131 bpm 82% of THR BP: 126/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

4X

60 ms Post J

ExtTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 cm/mV



REMARKS:

(ADX_GEM21720330)(R)Allengers



Date: 10 / 09 / 2022

METS: 7.1/ 149 bpm 93% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.1
STS 0.4

II
0.1
1.1

III
0.0
0.6

aVR
-0.1
-0.7

aVL
0.0
-0.1

aVF
0.1
0.8

V1
0.4
0.7

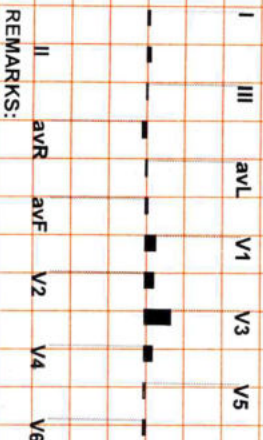
V2
0.3
0.8

V3
0.9
2.1

V4
0.3
1.5

V5
0.0
1.3

V6
0.1
1.1



REMARKS:

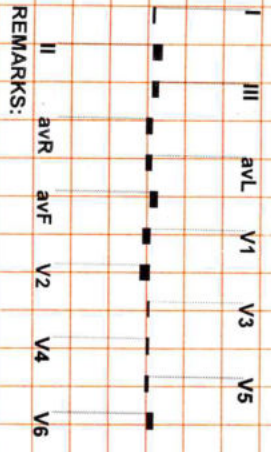
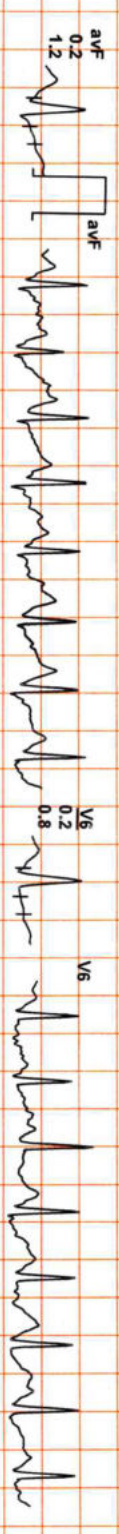
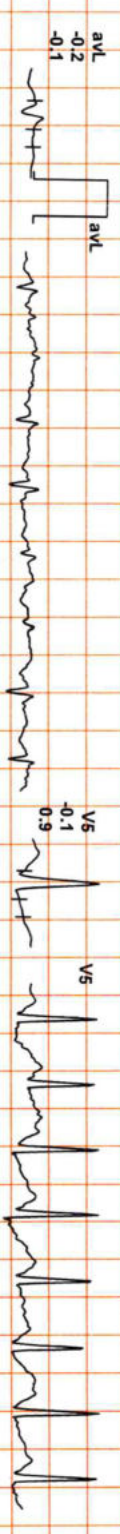
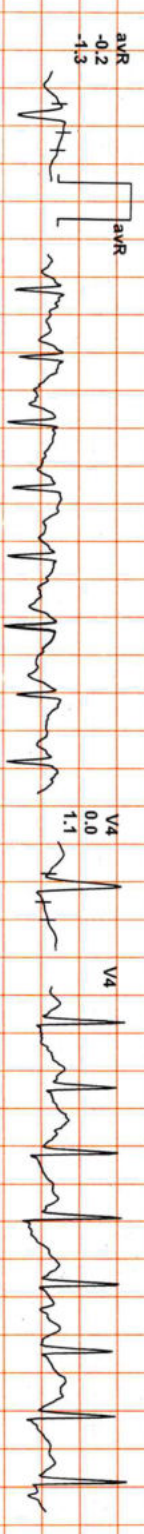
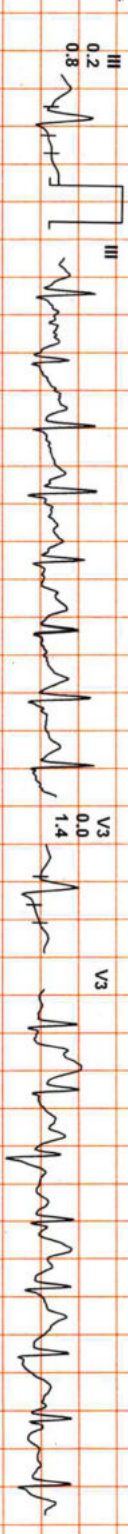
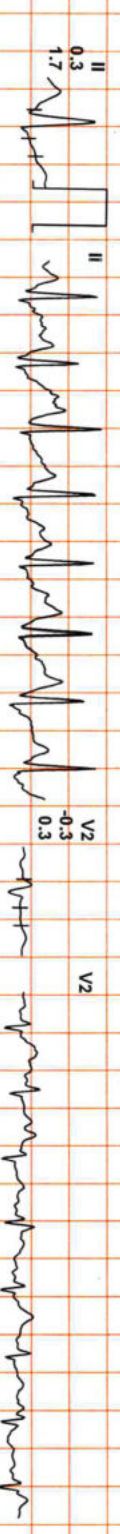
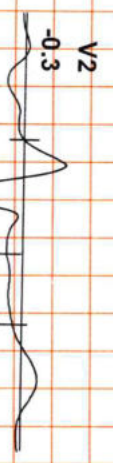
Date: 10 / 09 / 2022

MEETS: 8.21 160 bpm 100% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:05 3.4 mph, 14.0%

4X 60ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM21720330)(R)Allergens



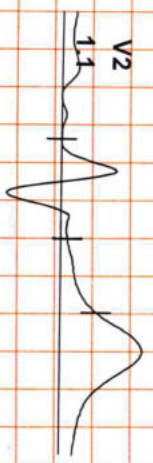
Date: 10 / 09 / 2022

METS: 1.1/ 125 bpm 78% of THR BP: 135/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 07:05 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.4
STS 0.7

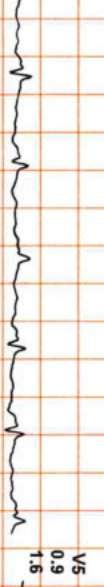
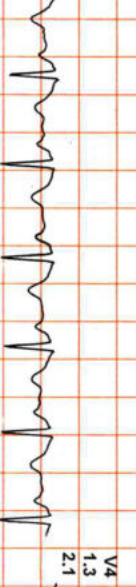
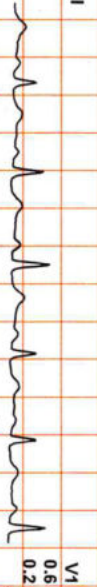
II
1.8
2.7

III
1.4
1.9

aVR
-1.1
-1.7

aVL
-0.5
-0.7

aVF
1.6
2.3



V1
0.6
0.2

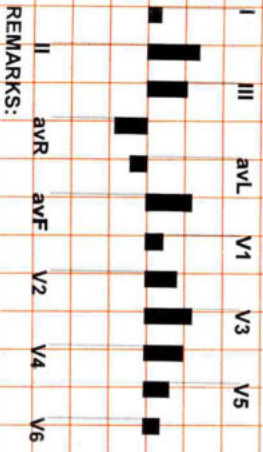
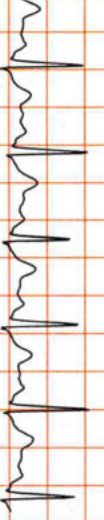
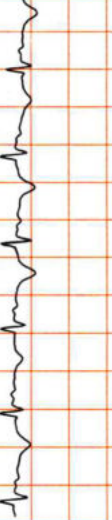
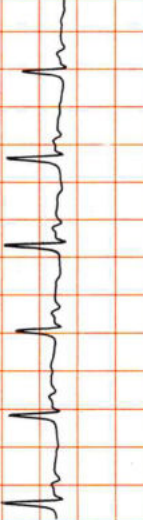
V2
1.1
1.1

V3
1.6
2.2

V4
1.3
2.1

V5
0.9
1.6

V6
0.5
1.2



REMARKS:



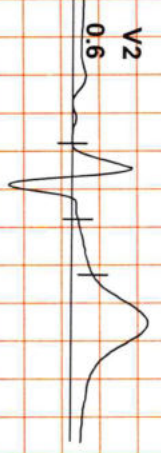
Date: 10 / 09 / 2022

METS: 1.0/ 97 bpm 61% of THR BP: 130/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

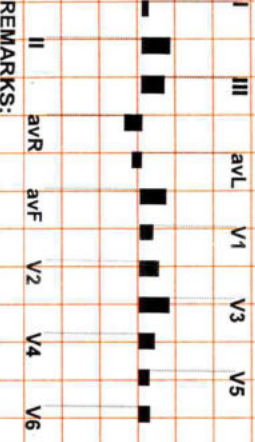
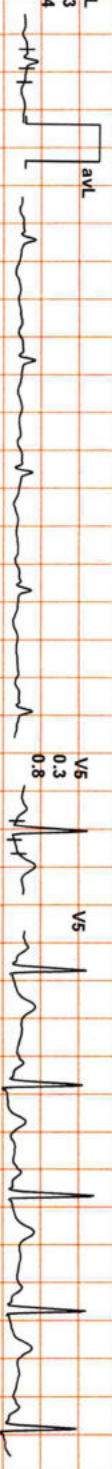
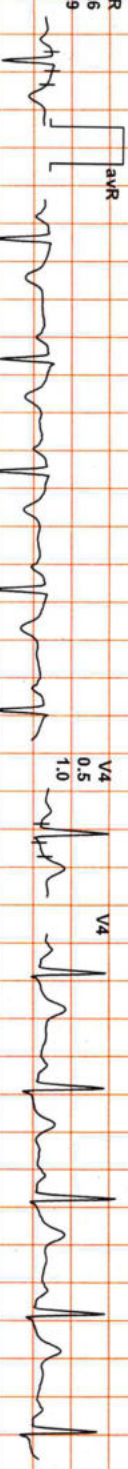
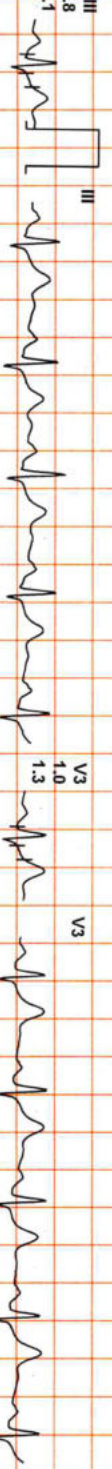
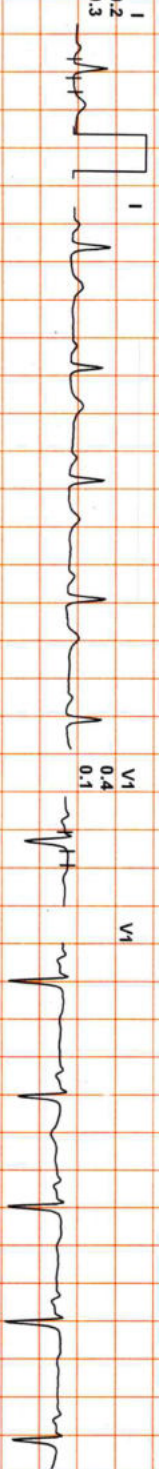
EXTime: 07:05 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



STL 0.2
STS 0.3



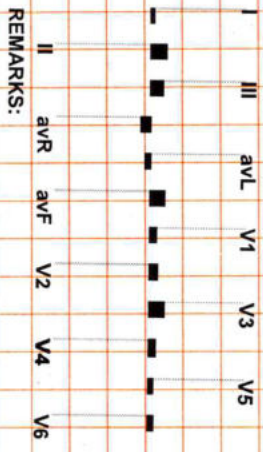
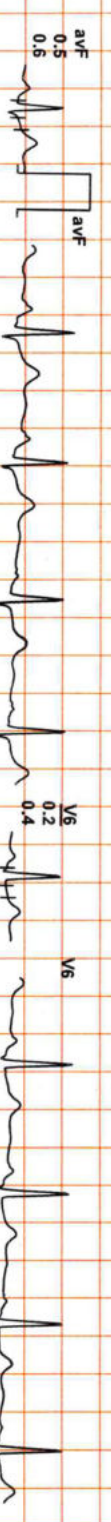
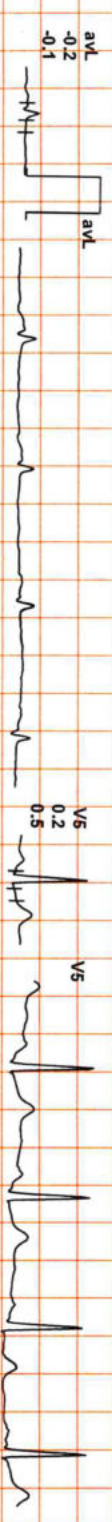
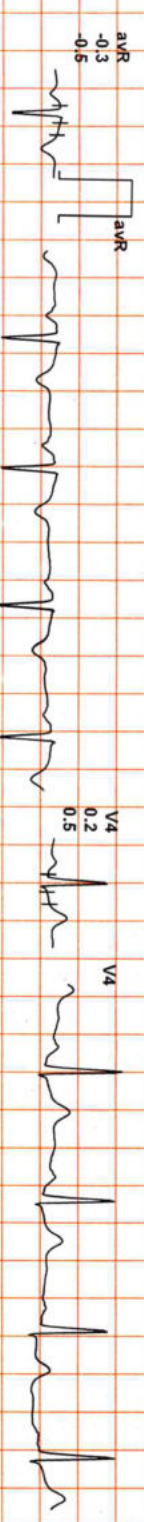
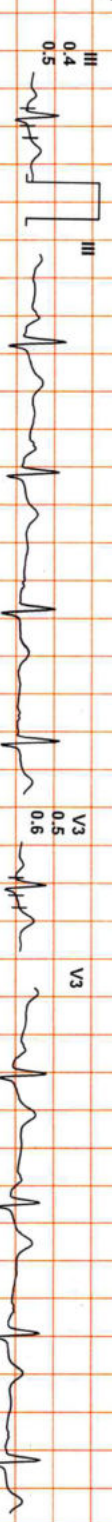
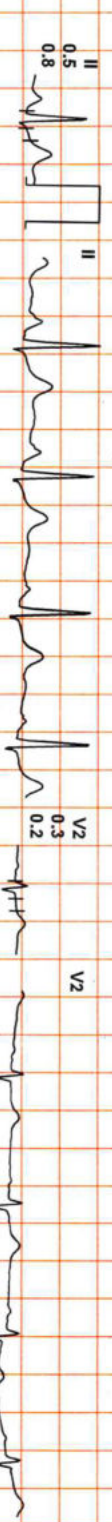
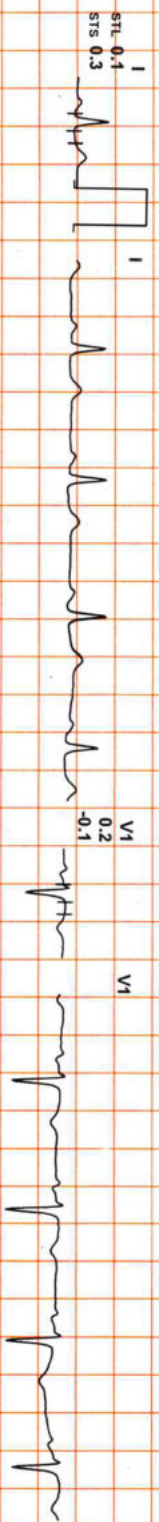
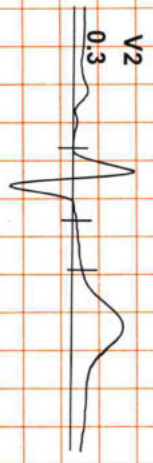
REMARKS:



Date: 10 / 09 / 2022
4X 80 mS Post J

METS: 1.0/ 87 bpm 54% of THR BP: 120/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:05 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



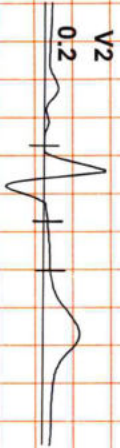
Date: 10 / 09 / 2022

MEETS: 1.0/ 86 bpm 54% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

ExTime: 07:05 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.1
STS 0.2

II
0.3
0.5

III
0.2
0.3

aVR
-0.2
-0.4

aVL
-0.1
0.0

avF
0.3
0.4

V1
0.2
-0.1

V2
0.2
0.1

V3
0.4
0.4

V4
0.1
0.3

V5
0.1
0.3

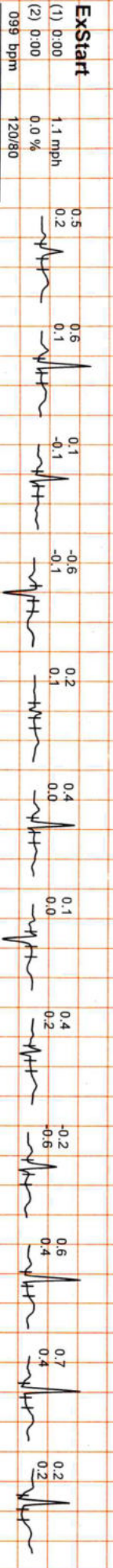
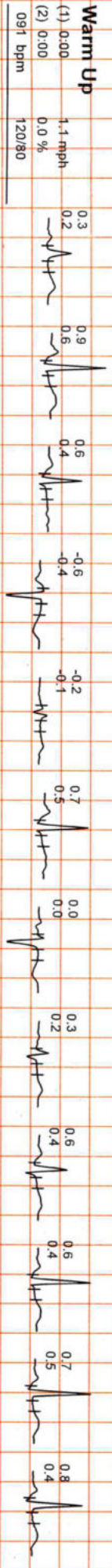
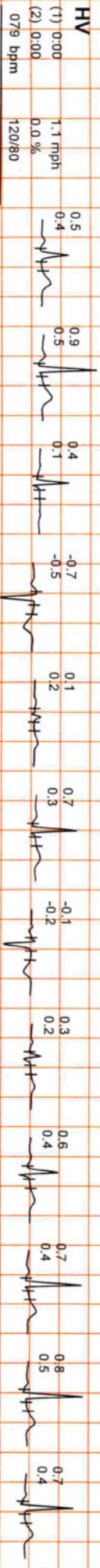
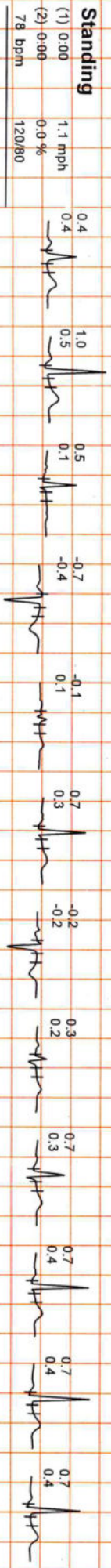
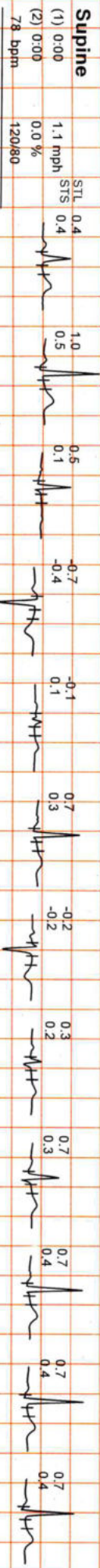
V6
0.1
0.4

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



Date: 10 / 09 / 2022

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



(ADX_GEM217220330)(R)Allengers



Date: 10 / 09 / 2022

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

Stage 2

(1) 6:00	2.5 mph	0.2	0.1	-0.1	-0.2	0.2	0.0	0.4	0.5	1.3	0.5	0.4	0.4
(2) 3:00	12.0 %	0.4	1.9	1.0	-0.9	-0.3	1.3	0.5	1.1	2.3	1.1	1.1	1.0
151 bpm	130/90												

PeakEx

(1) 7:05	3.4 mph	0.0	0.3	0.2	-0.2	-0.2	0.2	-0.2	-0.3	0.0	0.0	0.0	-0.1	0.2
(2) 1:05	14.0 %	0.8	1.7	0.8	-1.3	-0.1	1.3	-0.5	0.3	1.4	1.1	1.1	0.9	0.8
160 bpm	130/90													

Recovery

(1) 7:06	0.0 mph	0.4	1.8	1.4	-1.1	-0.5	1.6	0.6	1.1	1.6	1.3	0.9	0.5
(2) 4:00	0.0 %	0.7	2.7	1.9	-1.7	-0.7	2.3	0.2	1.1	2.2	2.1	1.6	1.2
125 bpm	135/90												

Recovery

(1) 7:06	0.0 mph	0.2	0.9	0.8	-0.6	-0.3	0.9	0.4	0.6	1.0	0.5	0.3	0.3
(2) 2:00	0.0 %	0.3	1.4	1.1	-0.9	-0.4	1.3	0.1	0.6	1.3	1.0	0.8	0.7
97 bpm	130/85												

Recovery

(1) 7:06	0.0 mph	0.1	0.5	0.4	-0.3	-0.2	0.5	0.2	0.3	0.5	0.2	0.2	0.2
(2) 3:00	0.0 %	0.3	0.8	0.5	-0.5	-0.1	0.6	-0.1	0.2	0.6	0.5	0.5	0.4
87 bpm	120/85												

Recovery

(1) 7:06	0.0 mph	0.1	0.3	0.2	-0.2	-0.1	0.3	0.2	0.2	0.4	0.1	0.1	0.1
(2) 4:00	0.0 %	0.2	0.5	0.3	-0.4	0.0	0.4	-0.1	0.1	0.4	0.3	0.3	0.4
090 bpm	120/80												

DR. GOYALS PATH LAB & IMAGING CENTRE

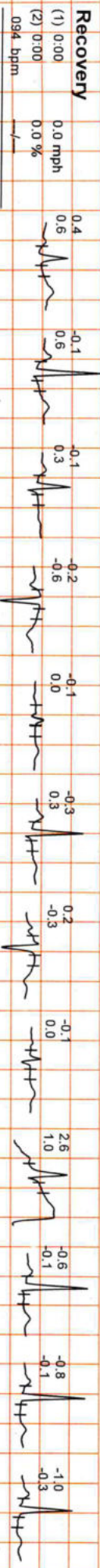
MRS UMA YADAV / 42 YRS / F / 0 Cms / 68 Kg / HR : 85

Date: 10 / 09 / 2022

Average



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



Recovery

(1) 0:00 0.0 mph
(2) 0:00 0.0 %

094 bpm

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 10/09/2022 09:33:11

Patient ID :-12222276

NAME :- Mrs. UMA YADAV

Ref. By Dr:- BOB

Sex / Age :- Female 42 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 10/09/2022 09:43:53

Final Authentication : 10/09/2022 16:01:52

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGEFEMALE ABOVE 40			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	9.9 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	4.98	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	57.2	%	40.0 - 80.0
LYMPHOCYTE	37.2	%	20.0 - 40.0
EOSINOPHIL	2.1	%	1.0 - 6.0
MONOCYTE	3.2	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.85	10 ³ /uL	1.50 - 7.00
LYMPH#	1.86	10 ³ /uL	1.00 - 3.70
EO#	0.10	10 ³ /uL	0.00 - 0.40
MONO#	0.16	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.06	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	30.90 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	76.1 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	24.5 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.2	g/dL	31.5 - 34.5
PLATELET COUNT	391	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	18.74		

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.

BANWARI
Technologist

Page No: 1 of 12



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828
Dr. Chandrika Gupta

" CONDITIONS OF REPORTING SEE OVER LEAF "

Dr. Goyal's

Path Lab & Imaging Centre

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Date :- 10/09/2022 09:33:11

NAME :- Mrs. UMA YADAV

Sex / Age :- Female 42 Yrs

Company :- MediWheel

Patient ID :-12222276

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 10/09/2022 09:43:53

Final Authentication : 10/09/2022 15:05:05

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	26 H	mm/hr.	00 - 20

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ 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 or connective tissue disease.

MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

BANWARI
Technologist

Page No: 2 of 12



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



Date :- 10/09/2022 09:33:11 Patient ID :-12222276
NAME :- Mrs. UMA YADAV Ref. By Dr:- BOB
 Sex / Age :- Female 42 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 10/09/2022 09:43:53 Final Authentication : 10/09/2022 14:19:49

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

LIPID PROFILE

TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	171.36	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	110.07	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	40.38	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	112.64	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	22.01	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.24		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.79		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	516.50	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

MUKESH SINGH

Page No: 4 of 12



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Date :- 10/09/2022 09:33:11 Patient ID :-12222276
NAME :- Mrs. UMA YADAV Ref. By Dr:- BOB
 Sex / Age :- Female 42 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 10/09/2022 09:43:53 Final Authentication : 10/09/2022 14:19:49

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.51	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	0.17	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.34	mg/dl	0.30-0.70
SGOT Method:- IFCC	15.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	20.5	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	53.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	13.50	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.83	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	3.97	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.86	gm/dl	2.20 - 3.50
A/G RATIO	1.39		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

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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



Date :- 10/09/2022 09:33:11

Patient ID :-12222276



NAME :- Mrs. UMA YADAV

Ref. By Dr:- BOB

Sex / Age :- Female 42 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/09/2022 09:43:53

Final Authentication : 10/09/2022 14:19:49

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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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)

MUKESH SINGH

Page No: 6 of 12



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MBBS.MD (Path)
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" CONDITIONS OF REPORTING SEE OVER LEAF "

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Sample Type :- PLAIN/SERUM

Sample Collected Time 10/09/2022 09:43:53

Final Authentication : 10/09/2022 14:19:49

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.85	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.02	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Collected Time 10/09/2022 09:43:53

Final Authentication : 10/09/2022 14:19:49

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	16.8	mg/dl	0.0 - 23.0

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Page No: 8 of 12



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Date :- 10/09/2022 09:33:11
NAME :- Mrs. UMA YADAV
Sex / Age :- Female 42 Yrs
Company :- MediWheel

Patient ID :-12222276
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 10/09/2022 09:43:53

Final Authentication : 10/09/2022 16:01:52

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.6	%	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

114 mg/dL

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

BANWARI
Technologist

Page No: 9 of 12



Dr. Rashmi Bakshi
MBBS, MD (Path)
RMC No. 17975/008828
Dr. Chandrika Gupta



Date :- 10/09/2022 09:33:11

Patient ID :-12222276



NAME :- Mrs. UMA YADAV

Ref. By Dr:- BOB

Sex / Age :- Female 42 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 10/09/2022 09:43:53

Final Authentication : 10/09/2022 11:16:18

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	1-2	/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

SURENDRAMEENA
Technologist

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Date :- 10/09/2022 09:33:11
NAME :- Mrs. UMA YADAV
Sex / Age :- Female 42 Yrs
Company :- MediWheel

Patient ID :-1222276
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 10/09/2022 09:43:53

Final Authentication : 10/09/2022 11:49:54

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.270	ng/ml	0.600 - 1.810
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.450	ug/dl	4.500 - 10.900
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.710	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

NARENDRAKUMAR
Technologist

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Date :- 10/09/2022 09:33:11

Patient ID :-12222276



NAME :- Mrs. UMA YADAV

Ref. By Dr:- BOB

Sex / Age :- Female 42 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- SWAB

Sample Collected Time 10/09/2022 09:43:53

Final Authentication : 10/09/2022 16:15:44

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Microscopic & diagnosis,

Smears show predominantly superficial and intermediate squamous epithelial cells along with few parabasal cells in the background of moderate acute inflammation.

Clusters of endocervical cells seen.

No atypical or malignant cells seen.

IMPRESSION :Inflammatory smears.

Adv: Clinical correlation.

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

Slides will be kept for one month only.

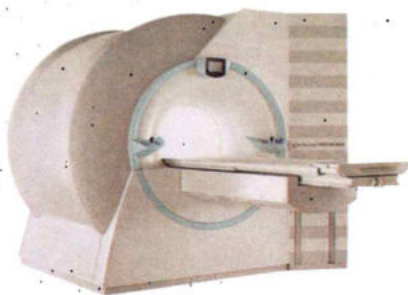
*** End of Report ***

SURESHSAINI
Technologist

Page No: 12 of 12



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Date :- 10/09/2022 09:33:11
NAME :- Mrs. UMA YADAV
Sex / Age :- Female 42 Yrs
Company :- MediWheel

Patient ID :- 12222276
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 10/09/2022 12:48:08

BOB PACKAGE FEMALE ABOVE 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.

Left cervical rib is noted.

Heart shadows appear normal.

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1

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

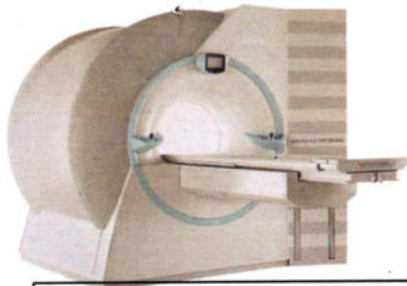
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

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)
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Transcript by.



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Date :- 10/09/2022 09:33:11	Patient ID :- 1222276
NAME :- Mrs. UMA YADAV	Ref. By Doctor:-BOB
Sex / Age :- Female 42 Yrs	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 10/09/2022 15:40:53

BOB PACKAGEFEMALE ABOVE 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 84x53x41 mm .

Myometrium shows normal echo - pattern. **A hypoechoic lesion measuring 12x11 mm seen on anterior wall of uterus.** Endometrial echo is normal. Endometrial thickness is 9.7 mm.

Both ovaries are visualised and left ovary appear normal. No adnexal mass is seen on left side.

Right ovary showing a cyst measuring approx. 16x16 mm- likely follicular cyst.

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

No significant free fluid is seen in pouch of douglas.

IMPRESSION:

* Small uterine fibroid

Needs clinical correlation & further evaluation

Page No: 1 of 2

ANITASHARMA



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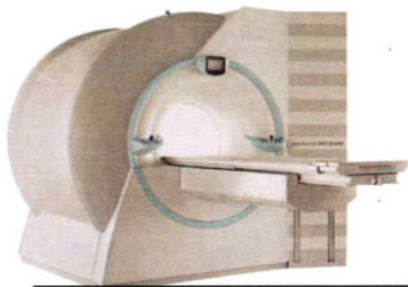
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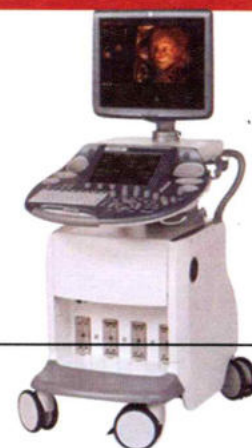
This report is not valid for medico-legal purpose.



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Patient ID :- 12222276
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 10/09/2022 15:40:53

ULTRASONOGRAPHY report : Breast and axilla

Right breast:

Skin , subcutaneous tissue and retroareolar region is normal

Dense fibro glandular tissue seen.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visulised.

Approx. 10x4 mm size lymphnode seen in left axilla with maintained fatty hilum.

Left breast:

Skin , subcutaneous tissue and retroareolar region is normal

Dense fibro glandular tissue seen.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visulised.

Approx. 8x4 mm size lymphnode seen in left axilla with maintained fatty hilum.

IMPRESSION :

***Bilateral axillary lymphadenopathy.**

*** Breast Normal.**

*** End of Report ***

Page No: 2 of 2

ANITASHARMA



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