


[Redacted]
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लक्ष्मी देवी
Laxmi Devi

जन्म तिथि/DOB: 01/01/1988
लिंग / Female

8261 8177 0000



आधार - आम आदमी का अधिकार


आधार

जगदम्बा कोलोनी नया एस डी एम कोर्ट
के सामने, निवाई, निवाई, टोंक
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Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 29/08/2021 10:02:19
NAME :- Mrs. LAXMI DEVI
Sex / Age :- Female 55 Yrs 7 Mon 28 Days
Company :- MediWheel

Patient ID :-12211980
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 29/08/2021 10:07:39

Final Authentication : 29/08/2021 14:14:54

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.5	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	7.17	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	61.3	%	40.0 - 80.0
LYMPHOCYTE	31.3	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	4.2	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.40	10 ³ /uL	1.50 - 7.00
LYMPH#	2.25	10 ³ /uL	1.00 - 3.70
EO#	0.21	10 ³ /uL	0.00 - 0.40
MONO#	0.30	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.53	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	38.90	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	86.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.6	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.1	g/dL	31.5 - 34.5
PLATELET COUNT	210	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	18.98		

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.

Technologist

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Page No: 2 of 17

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	17	mm/hr.	00 - 20

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

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

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

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

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

(CBC) Methodology: FLC, 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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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE > 50 GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	6.1	H %	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 has 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	128	H mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Sex / Age :- Female 55 Yrs 7 Mon 28 Days Lab/Hosp :-
Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM, URINE, SPT/PT/PTT Collected Time 29/08/2021 12:35:29 Final Authentication : 29/08/2021 15:58:08

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	11.2	mg/dl	0.0 - 23.0

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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PERIPHERAL BLOOD PICTURE

RBC: Cells are normocytic & normochromic.
No polychromasia or nucleated RBC's seen.

WBC: Total leucocyte count & Differential count within normal limits.

No toxic granules seen.
No immature cells seen.

PLATELETS : Count is adequate in number.

No parasite seen.

ADVISE:- Clinical correlation.

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 Sex / Age :- Female 55 Yrs 7 Mon 28 Days Lab/Hosp :-
 Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na 5-BIPROID/PT/IN/250/1021 12:35:34 Final Authentication : 29/08/2021 15:58:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	95.6	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)		111 - 125 mg/dL	
Diabetes Mellitus (DM)		> 126 mg/dL	
<p>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.</p>			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	102.6	mg/dl	70.0 - 140.0
<p>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.</p>			
SERUM CREATININE Method:- Colorimetric Method	0.64	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.99 H	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM

Sample Collected Time 29/08/2021 10:07:39

Final Authentication : 29/08/2021 15:58:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	193.35	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	97.73	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	19.55	mg/dl	0.00 - 80.00

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	40.42	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	136.64	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.78		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.38		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	554.08	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName: Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments 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			

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Sample Type :- PLAIN/SERUM

Sample Collected Time 29/08/2021 10:07:39

Final Authentication : 29/08/2021 15:58:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.55	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1 month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	19.8	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	16.1	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	69.40	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	5.81 L	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.24	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	1.57 L	gm/dl	2.20 - 3.50
A/G RATIO	2.70 H		1.30 - 2.50

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 29/08/2021 10:07:39

Final Authentication : 29/08/2021 15:58:08

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.14	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.41	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	12.60	U/L	7.00 - 32.00

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name: Randox Rx Imola **Interpretation:** Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 3 times normal) are observed with infectious hepatitis.

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Page No: 8 of 17

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Final Authentication : 29/08/2021 12:53:07

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	1.810	μ IU/mL	0.465 - 4.680

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ANANDSHARMA

Page No: 9 of 17

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
Method:- Chemiluminescence(Competitive immunoassay) 1.140 ng/ml 0.970 - 1.690

SERUM TOTAL T4
Method:- Chemiluminescence(Competitive immunoassay) 9.440 ug/dl 5.500 - 11.000

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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

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ANANDSHARMA

Page No: 10 of 17

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

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Final Authentication : 29/08/2021 14:18:44

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	3-4	/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

Technologist

KHUSHBU

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RMC NO. 21021/008037

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 29/08/2021 10:02:19

Patient ID :-12211980

NAME :- Mrs. LAXMI DEVI

Ref. By Dr:- BOB

Sex / Age :- Female 55 Yrs 7 Mon 28 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 29/08/2021 10:07:39

Final Authentication : 29/08/2021 14:18:44

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<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

Technologist

KHUSHBU

Page No: 12 of 17

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

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Path Lab & Imaging Centre

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



Date :- 29/08/2021 10:02:19

Patient ID :-12211980

NAME :- Mrs. LAXMI DEVI

Ref. By Dr:- BOB

Sex / Age :- Female 55 Yrs 7 Mon 28 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 29/08/2021 11:07:40

Final Authentication : 29/08/2021 14:18:44

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	1-2	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	ABSENT		
Collected Sample Received			

Technologist

KHUSHBU

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

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 29/08/2021 10:02:19

Patient ID :- 12211980

NAME :- Mrs. LAXMI DEVI

Ref. By Dr:- BOB

Sex / Age :- Female 55 Yrs 7 Mon 28 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- SWAB

Sample Collected Time 29/08/2021 12:46:36

Final Authentication : 29/08/2021 13:10:01

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 clean background.

No endocervical cells seen.

No atypical or malignant cells seen.

IMPRESSION : Negative for intraepithelial lesion or malignancy.

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 ***

Technologist

CMKUMAWAT

Page No: 17 of 17

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

Dr. Goyal's

HEALTHCARE PVT. LTD.

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Tele: 0141-2293346, 4049787, 9887443311, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 29/08/2021 10:02:19
NAME :- Mrs. LAXMI DEVI
Sex / Age :- Female 55 Yrs 7 Mon 28 Days
Company :- MediWheel

Patient ID :- 12211980
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 29/08/2021 11:42:59

BOB PACKAGEFEMALE <40

X RAY CHEST PA VIEW:

Expiratory film.

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.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

DR. UMA MATHURIA
MD RADIO DIAGNOSIS
RMC NO. 22541

*** End of Report ***

Page No: 1 of 1

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

Dr. Piyush Goyal
MBBS, DMRD

Dr. Poonam Gupta
MD (Radiologist)

Dr. Ankita Gupta
MD, DNB. (Radio Diagnosis)

Dr. Parul Gupta Modi
MD, DNB. (Radiologist)

Dr. Aman Mamodia
MBBS, DMRD, DNB. (Radio Diagnosis)

Dr. Goyal's

PATH LAB & IMAGING CENTRE

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Ph.: 0141-2293346, 4049787, 9887049787

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



Date - 29/08/2021 10:02:19

NAME :- Mrs. LAXMI DEVI

Sex / Age -> Female 55 Yrs 7 Mon 28 Days

Company :- MediWheel

Patient ID :- 12211980

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 29/08/2021 13:30:30

BOB PACKAGEFEMALE > 50

ULTRA SOUND SCAN OF ABDOMEN

Liver is mild enlarged in size (15.5 cm). Echo-texture is bright. 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 empty. Patient refuse to hold more urine.

Uterus is grossly normal. Endometrial thickness is 4.4 mm.

No significant free fluid is seen in pouch of Douglas.

IMPRESSION:

Mild hepatomegaly with fatty changes

Needs clinical correlation & further evaluation

*** End of Report ***

DR. UMA MATHURIA
M.B.B.S. M.D.
RMC REG. No.22541

Dr. Goyal's

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Ph.: 0141-2293346, 4049787, 9887049787

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



Date :- 29/08/2021 10:02:19

NAME :- Mrs. LAXMI DEVI

Sex / Age :- Female 55 Yrs 7 Mon 28 Days

Company :- MediWheel

Patient ID :- 12211980

Ref. By Doctor :- BOB

Lab/Hosp :-

Final Authentication : 29/08/2021 13:33:43

BOB PACKAGEFEMALE > 50

ULTRASONOGRAPHY report : Breast and axilla

Both breast:

Skin , subcutaneous tissue is normal

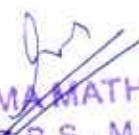
Fibro glandular tissue shows normal architecture and echotexture.

Few tubular anechoic cystic structures are seen in retroareolar region in bilateral breast -Sugessting dilated ducts .

No obvious cyst, mass or architectural distortion visulised.

Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

*** End of Report ***


DR. UMA MATHURIA
M.B.B.S., M.D.
RMC REG. No. 22541
SAVITA

Page No: 1 of 1

Dr. Piyush Goyal
MBBS, DMRD
RMC Reg. No. 017996

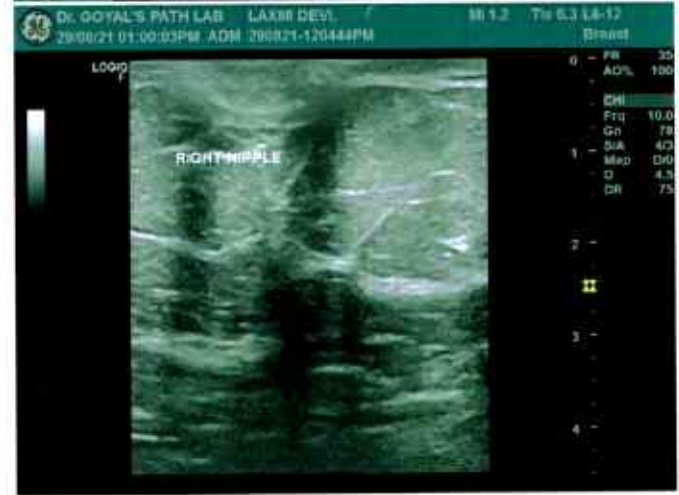
Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC Reg. No. 32495

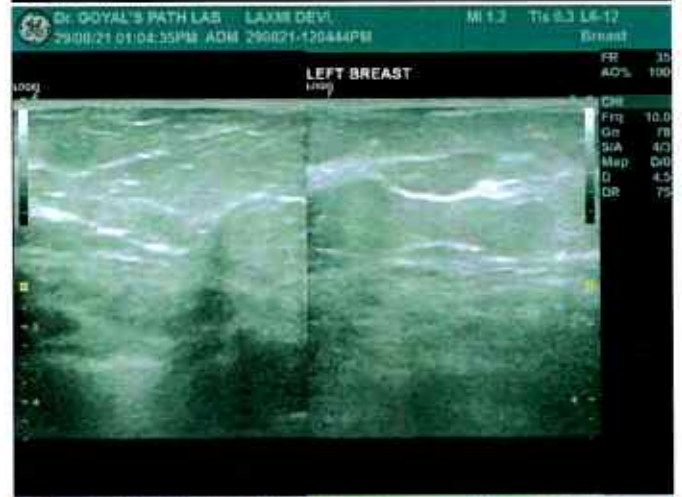
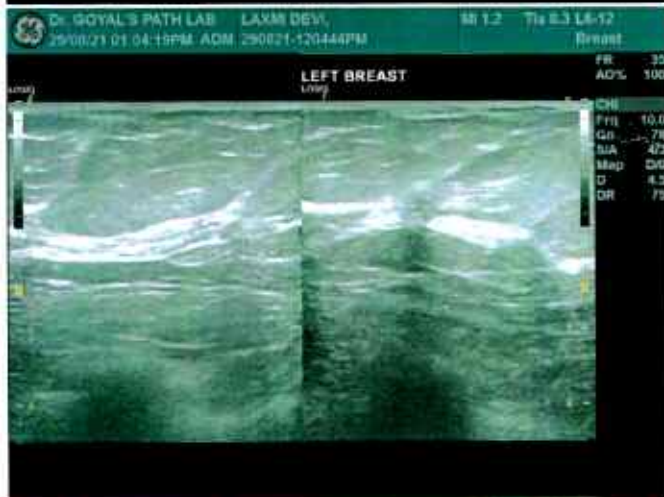
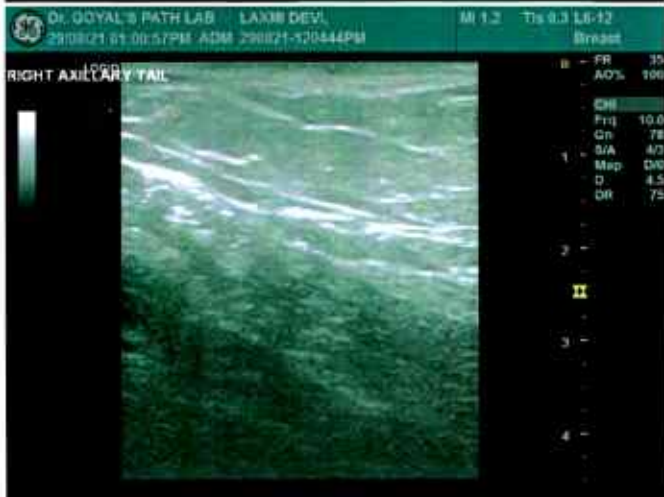
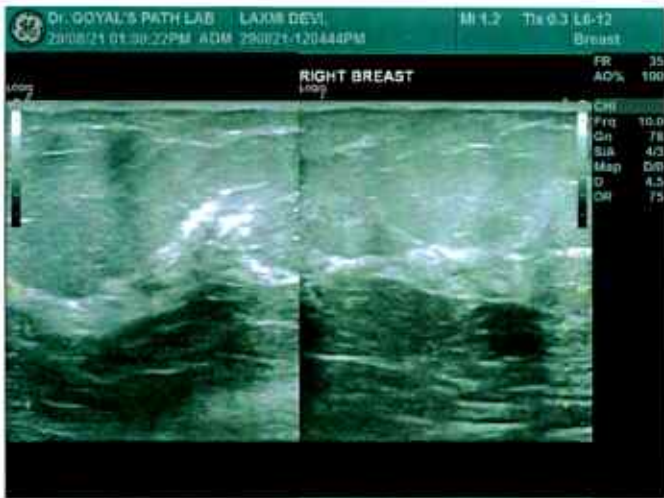
Dr. Aman Mamodia
MBBS, DMRD, DNB (Radio Diagnosis)
RMC Reg. No. 32618

Dr. Ankita Gupta
MD, DNB (Radio Diagnosis)
RMC Reg. No. 32638

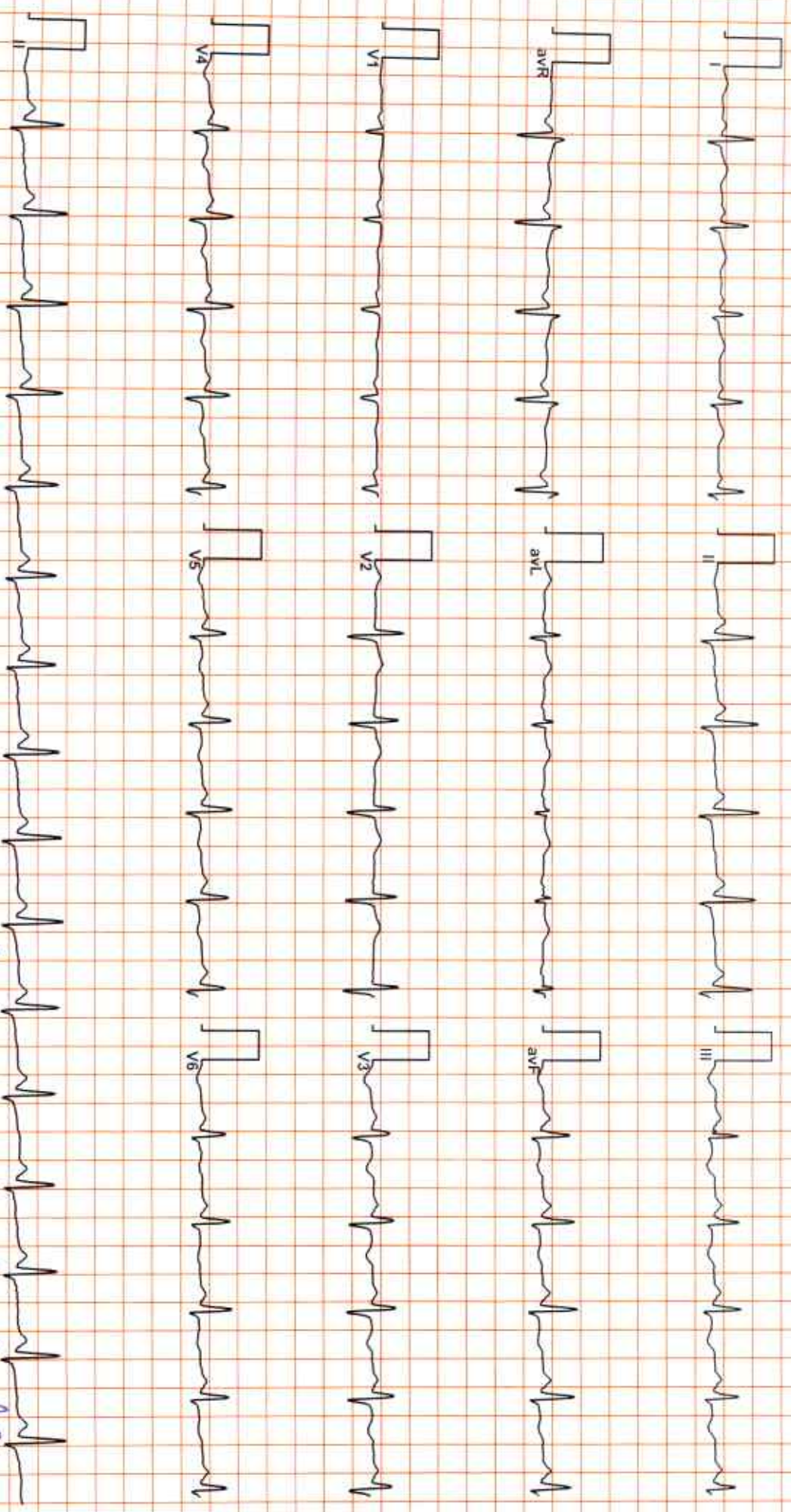
Dr. Hitesh Kumar Sharma
MBBS, DMRD
RMC Reg. No. 27380

Transcript by:





8517 / MRS LAXMI DEVI / 55 Yrs / F / Non Smoker
Heart Rate : 99 bpm / / Refd By: BANK OF BARODA / Tested On : 29-Aug-21 12:17:47 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



ST-T flattening anterior leads
Adv: clinical correlation ✓

1242 / MRS LAXMI DEVI / 55 Yrs / F / 0 Cms / 0 Kg Date: 29-Aug-2021 Refd By : BANK OF BARODA

(GEM210151123)Gemini A-DX by Allengers

Stage	Time	Duration	Belt Speed (mph)	Elevation	ME's	Rate	BP	RPP	PVC	Comments
Supine	00:29	0:01	01.1	00.0	01.0	101	110/70	111	00	
Standing	00:37	0:01	01.1	00.0	01.0	100	110/70	110	00	
HV	00:48	0:01	01.1	00.0	01.0	098	110/70	107	00	
ExStart	02:55	0:07	01.7	10.0	01.1	122	110/70	134	00	
BRUCE Stage 1	05:55	3:00	01.7	10.0	04.7	141	120/74	169	00	
PeakEx	07:31	1:36	02.5	12.0	06.0	155	130/78	201	00	
Recovery	08:30	1:00	00.0	00.0	01.0	116	140/80	162	00	
Recovery	09:30	2:00	00.0	00.0	01.0	106	130/70	137	00	
Recovery	11:30	4:00	00.0	00.0	01.0	112	120/70	134	00	
Recovery	12:09	4:38	00.0	00.0	01.0	112	120/70	134	00	

Findings :

Exercise Time 04:37
 Max HR Attained 158 bpm 96% of Target 165
 Max BP Attained 140/80
 Max Workload Attained 6 Fair response to induced stress
 Test End Reasons Test Complete, Heart Rate Achieved

Not negative for KMT with moderate exercise tolerance.

4

Date: 29-Aug-2021 12:18:36 PM METS: 1.0/ 101 bpm 61% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/ LF 100 Hz

4X 80 mS Post J

ExTime: 00:29 1.1 mph 0.0%
29 mm/Sec: 1.0 Cm/mV



I
0.2
0.2
0.5



I



I



II
0.2
0.5



II



II



III
-0.4
0.0



III



III



aVR
0.0
-0.5



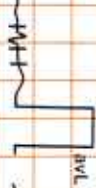
aVR



aVR



aVL
0.3
0.2



aVL



aVL



aVF
-0.3
0.3



aVF



aVF



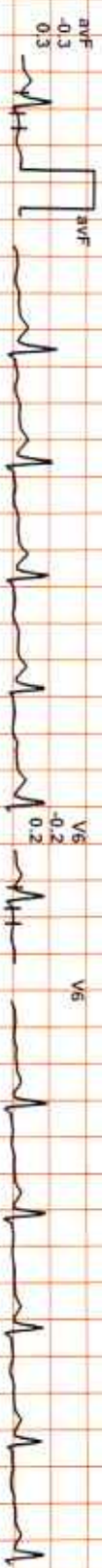
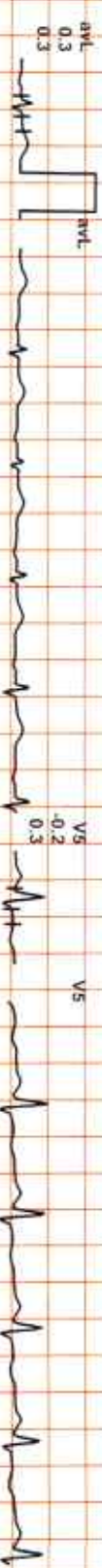
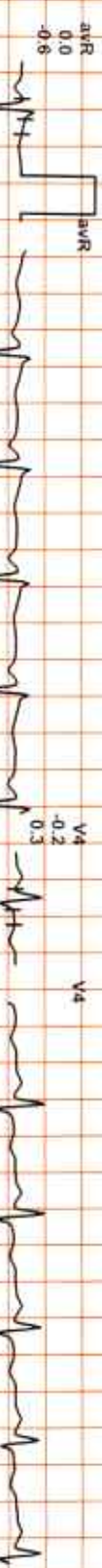
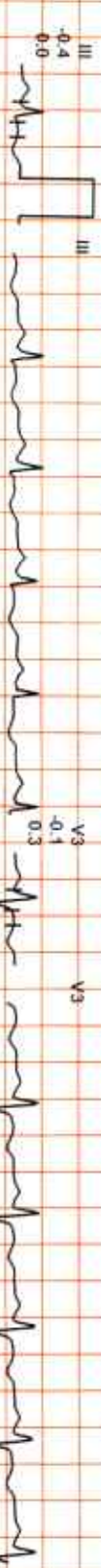
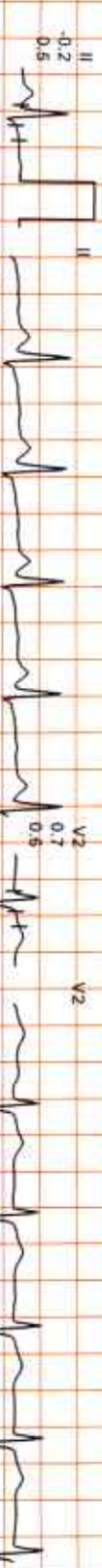
I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

REMARKS:

1242 / MRS LAXMI DEVI / 55 YRS / F

Date: 29-Aug-2021 12:18:36 PM METS: 1.0/100 bpm 60% of THR BP: 110/70 mmHg Raw ECG/BLG-Gvr Notch On: HF 0.95 Hz/LF 100 Hz
4X 100 mS Post-J
ExTime: 00:37 1.1 mph 0.0%
25 mm/Sec 1.0 Cm/mV

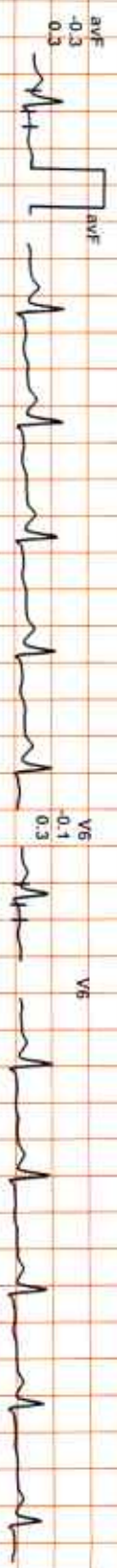
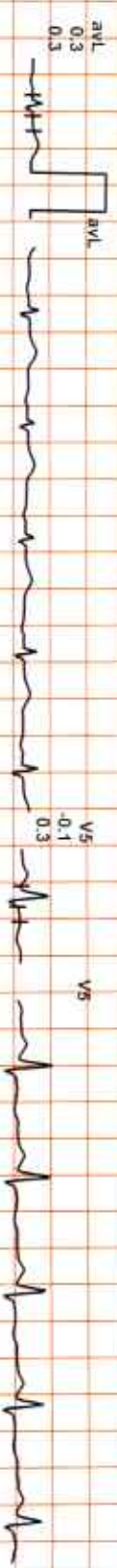
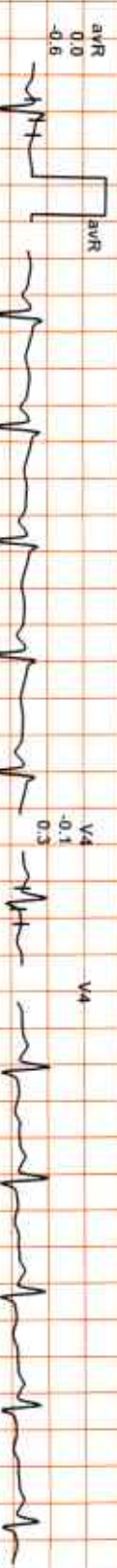
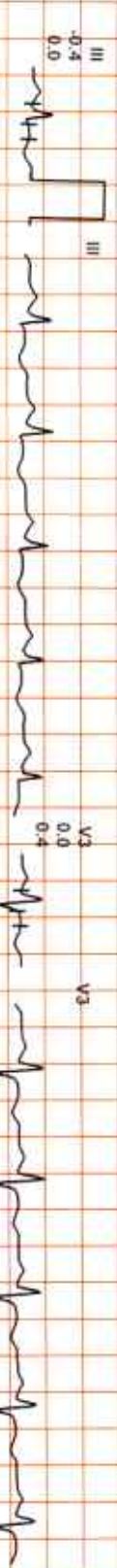


REMARKS:

Date: 29-Aug-2021 12:18:36 PM METS: 1.0/ 98 bpm 59% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

ExTime: 00:48 1.1 mOhm 0.0%
25 mm/Sec.: 1.0 Cm/mV



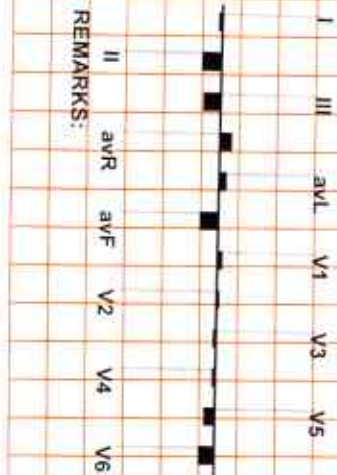
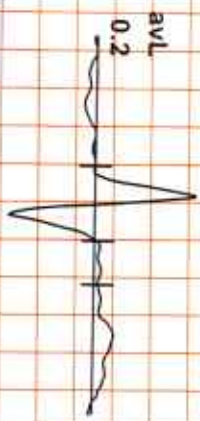
REMARKS:

1242 / MRS LAXMI DEVI / 55 Yrs / F

Date: 29-Aug-2021 12:18:36 PM METS: 1.4 / 122 bpm 73% of THR BP: 110/70 mmHg Raw ECG/BLG-On/Notch-On/ HF: 0.05 Hz/LF: 100 Hz

EXTIME: 00:07 1.7 mm/s 10.0% 25 mm/Sec 1.0 Ch/MinV

4X 50 mS Post J



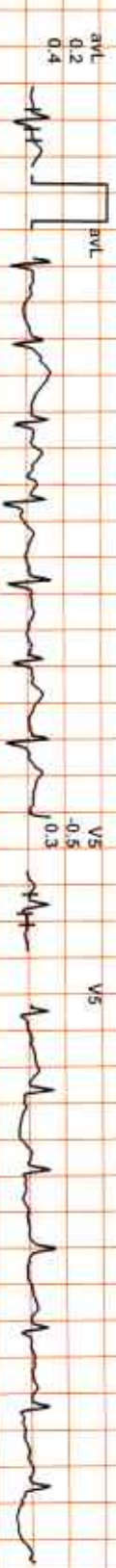
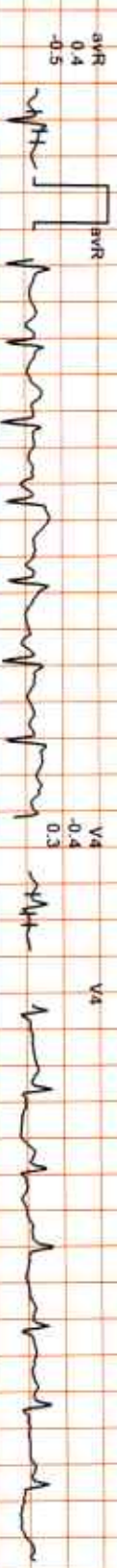
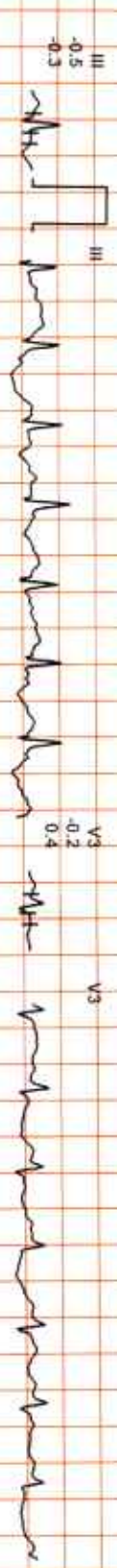
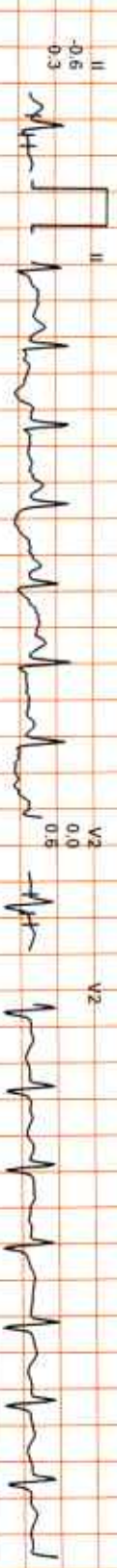
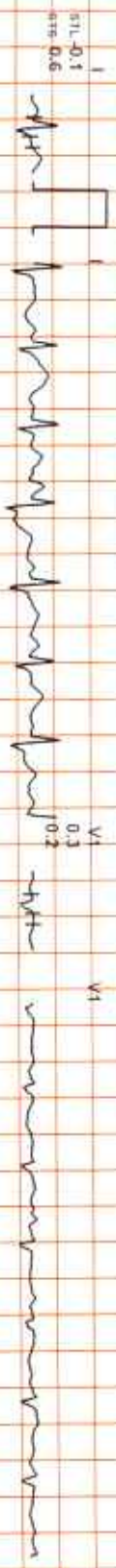
REMARKS:

1242 / MRS LAXMI DEVI / 56 YRS / F

Date: 29-Aug-2021 12:18:36 PM METS: 471/441 bpm 85% of THR BP: 120/74 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 60 mS Paper J

EXTime: 03:00 1.7 mph 10.0%
25 mm/Sec 10 cm/mV



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

REMARKS:

1242 / MRS LAXMI DEVI / 55 Yrs / F

Date: 29-Aug-2021 12:18:36 PM METS: 6.0/166 bpm 93% of THR BP: 130/78 mmHg Raw ECG: BLO-0mv Notch On HF 0.05 Hz/LF 100 Hz

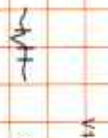
EXTime: 04:36 2.5 triph 12.0%
25 mm/Sec 1.0 Cm/mV

4X 60 mS Post J

STL 0.2
STB 0.9



V1 0.3
V2 0.1

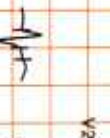


V1

II 0.8
0.5



V2 0.2
0.8



V2

III 0.5
-0.4

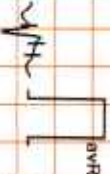


V3 0.4
0.0



V3

aVR 0.5
-0.7



V4 0.4
0.0

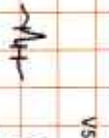


V4

aVL 0.2
0.7



V5 0.4
0.0



V5

aVF 0.7
-0.7
0.1



V6 0.6
-0.1



V6

I III aVL V1 V3 V5

II avR avF V2 V4 V6

REMARKS:



Date: 29-Aug-2021 12:18:36 PM METS: 1.0/116 bpm 70% of THR BP: 140/80 mmHg Raw ECG/ BLC Onv/ Natch On/ HF: 0.05 Hz/V-F: 100 Hz

4X 80 mS Post J EXTTime: 04:37 0.0 mph 0.0% 25 min/Sec: 1.0 Cm/mV

I
SRA 0.5
SRS 0.9



V4
0.1
0.3



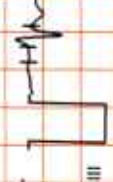
II
0.3
1.0



V2
1.1
1.5



III
-0.2
0.1



V3
0.6
0.8



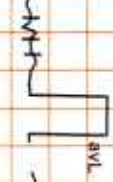
aVR
-0.4
-1.0



V4
0.2
0.5



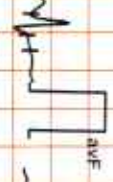
aVL
0.3
0.4



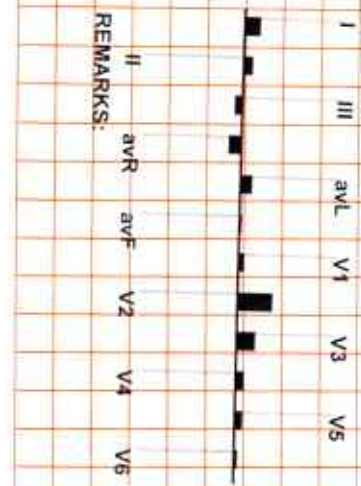
V5
0.2
0.6



aVF
0.0
0.5



V6
0.1
0.4



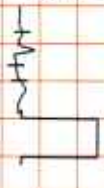
REMARKS:

Date: 29-Aug-2021 12:18:36 PM METS: 1.0/106 bpm 64% of THR BP: 130/70 mmHg Raw ECG: Blc-Onv Notch-Onv HF: 0.05 Hz/LF: 100 Hz

4X 80 m/s Post J

EXTime: 04:37 0.0 rmp/h 0.0%
25 mm/Sec 1.0 Cm/mV

I
ST: 0.2
STs: 0.7



V1
0.6
0.2

V1



II
-1.6
0.6



V2
1.0
1.0

V2



III
-1.4
-0.3



V3
-0.6
0.0

V3



aVR
0.9
-0.6



V4
-0.8
0.1

V4



aVL
0.6
0.5



V5
-0.9
0.1

V5



aVF
-1.5
0.1



V6
-1.0
0.1

V6



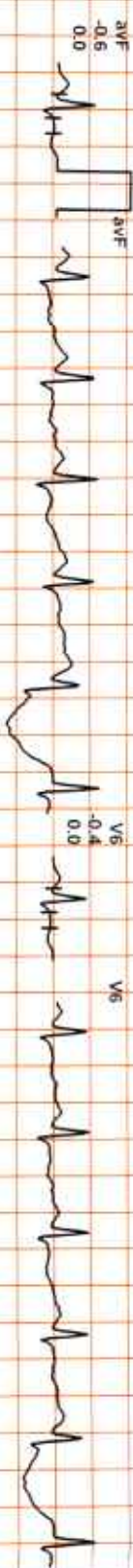
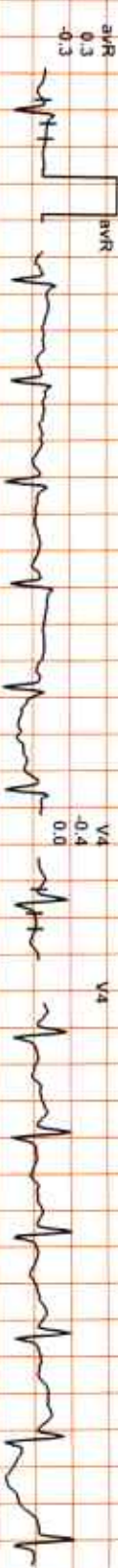
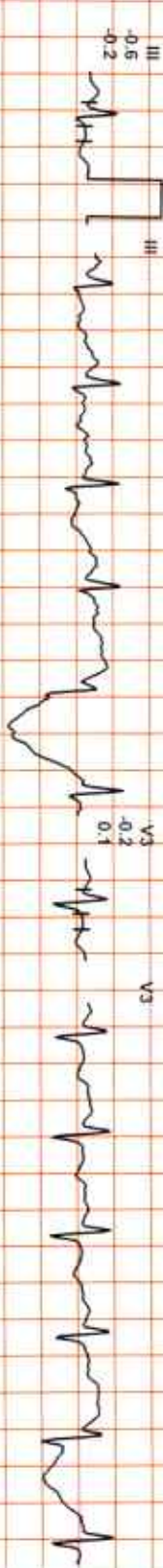
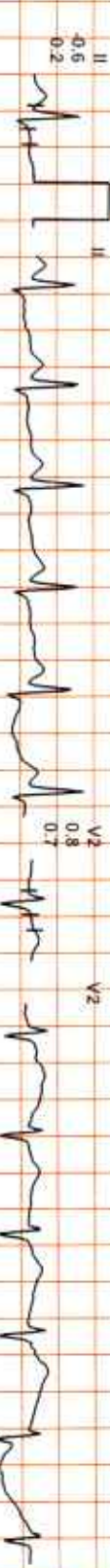
REMARKS:

1242 / MRS LAXMI DEVI / 55 Yrs / F

Date: 29 Aug 2021 12:18:36 PM METS: 1.0V 112 bpm 67% of THR BP: 120/70 mmHg Raw ECG/ BLC-Orig/ HF: 0.05 Hz/LF: 100 Hz

4X 80 mS Post J

ExTime: 04:37 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV



I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

REMARKS:

Date: 29-Aug-2021 12:18:39 PM METS: 1.0/ 112 bpm 67% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/ LF 100 Hz

4X 80 mS Pqst J

ExTime: 04:37 0.0 mph 0.0%
25 mm/Sec: 1.0 Cm/mV

I
STL 0.0
STB 0.3



V1
0.1
-0.1

V1



II
-0.5
0.3



V2
0.4
0.4

V2



III
-0.5
-0.1

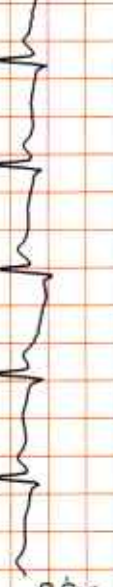


V3
-0.2
0.2

V3



aVR
0.2
-0.3



V4
-0.3
-0.2

V4



aVL
0.3
0.2



V5
-0.4
0.2

V5

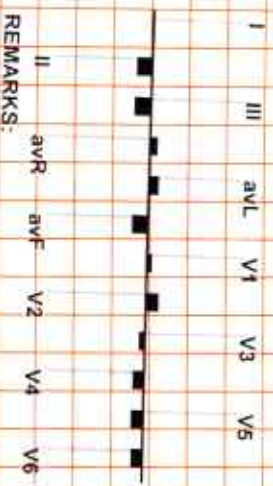


aVF
-0.5
0.1



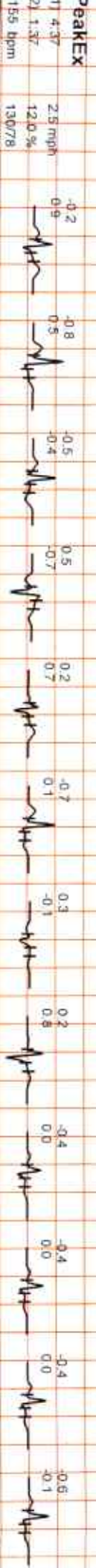
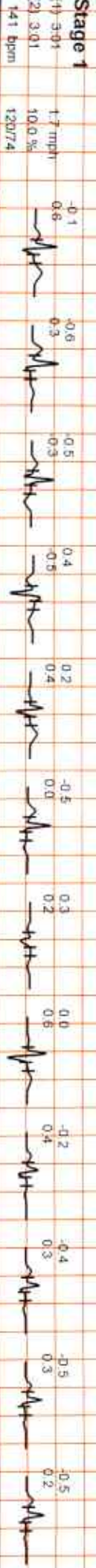
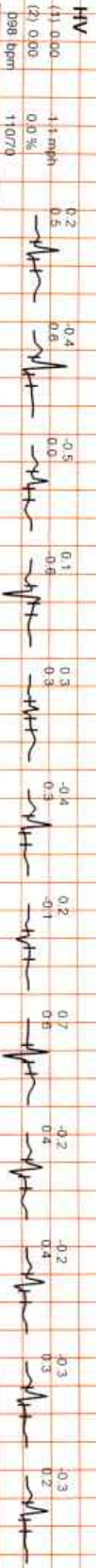
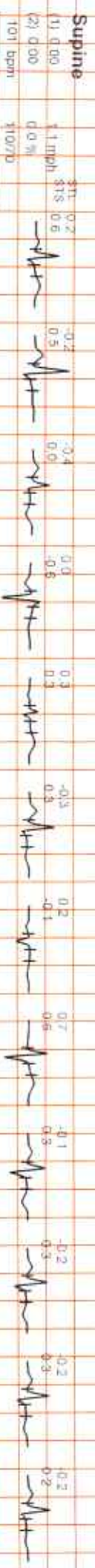
V6
-0.3
0.1

V6



REMARKS:

Date: 29-Aug-2021 12:18:36 PM



Date: 29-Aug-2021 12:18:36 PM

