

# Dr. Goyal's

## Path Lab & Imaging Centre

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

### General Physical Examination

Date of Examination: 16/07/2023

Name: Radha Meena Age: 34 Sex: Female

DOB: 15/11/1988

Referred By: BoB

Photo ID: Sadhvi ID #: attaher

Ht: 165 (cm) Wt: 63 (Kg)

Chest (Expiration): 90 (cm) Abdomen Circumference: 80 (cm)

Blood Pressure: 120/80 mm Hg PR: 82 / min RR: 16 / min Temp: Stebily

BMI 23.1

Eye Examination: Vision Normal 6/6, 12/6

NO Colour blindness.

Other: Not significant.

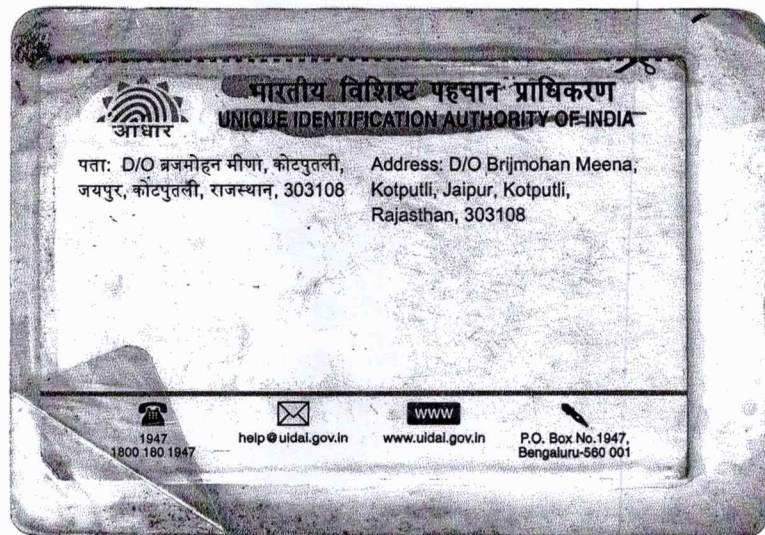
On examination he/she appears physically and mentally fit: Yes / No

Signature Of Examinee : Radha Name of Examinee: -----

Signature Medical Examiner : Piyush Goyal Name Medical Examiner -----  
M.B.B.S., D.M.R.D.  
RMC Reg. No.-017998



*Radha*



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

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

Date :- 16/07/2023 09:45:16  
**NAME :- Ms. RADHA MEENA**  
Sex / Age :- Female 34 Yrs  
Company :- MediWheel

Patient ID :-12231863  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 16/07/2023 09:49:58

Final Authentication : 16/07/2023 13:12:55

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	13.7	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	7.04	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	67.2	%	40.0 - 80.0
LYMPHOCYTE	24.7	%	20.0 - 40.0
EOSINOPHIL	4.3	%	1.0 - 6.0
MONOCYTE	3.5	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.74	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.74	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.30	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.24	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.80	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	41.10	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	85.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.3	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	290	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	<b>14.4 H</b>	%	11.6 - 14.0
MENTZER INDEX	17.83		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

AJAYSINGH  
Technologist

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

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Sex / Age :- Female 34 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 16/07/2023 09:49:58

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### HAEMATOLOGY

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

**Erythrocyte Sedimentation Rate (ESR)**

11

mm/hr.

00 - 20

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

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

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

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

Levels are higher in pregnancy due to hyperfibrinogenaemia.

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

**(CBC): Methodology**: TLC, DLC, Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. **Instrument Name**: Sysmex 6 part fully automatic analyzer XN-L, Japan

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### HAEMATOLOGY

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

BOB PACKAGEFEMALE BELOW 40

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**

5.8

%

Method:- HPLC

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**

120

mg/dL

Method:- Calculated Parameter

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

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Sample Type :- PLAIN/SERUM

Sample Collected Time 16/07/2023 09:49:58

Final Authentication : 16/07/2023 13:07:29

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	139.95	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	152.64 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	32.48	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	82.03	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	30.53	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.31		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.53		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	487.77	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			

SURENDRAKHANGA

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Patient ID :-12231863  
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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 16/07/2023 09:49:58

Final Authentication : 16/07/2023 13:07:29

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.44	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	0.45	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.99	mg/dl	0.30-0.70
SGOT Method:- IFCC	17.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>35.3 H</b>	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	92.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	22.70	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.62	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.40	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.22	gm/dl	2.20 - 3.50
A/G RATIO	1.37		1.30 - 2.50

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

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

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

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

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

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

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

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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 16/07/2023 09:49:58

Final Authentication : 16/07/2023 12:54:53

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.214	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.438	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.070	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

AJAYKUMAR  
Technologist

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**NAME :- Ms. RADHA MEENA**  
Sex / Age :- Female 34 Yrs  
Company :- MediWheel

Patient ID :-12231863  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 16/07/2023 09:49:58

Final Authentication : 16/07/2023 11:43:27

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	6.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA  
Technologist

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Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sulfur Dioxide, Urea, Creatinine, Serum, 16/07/2023 13:22:57

Final Authentication : 16/07/2023 14:30:26

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)

110.8

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:** Radox 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)

136.0

mg/dl

70.0 - 140.0

Method:- GOD PAP

**Instrument Name:** Radox 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

0.88

mg/dl

Men - 0.6-1.30

Women - 0.5-1.20

Method:- Colorimetric Method

SERUM URIC ACID

3.54

mg/dl

Men - 3.4-7.0

Women - 2.4-5.7

Method:- Enzymatic colorimetric

AJAYSINGH, SURENDRAXHANGA

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Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 16/07/2023 09:49:58

Final Authentication : 16/07/2023 14:40:40

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B" POSITIVE		
<b>BLOOD GROUP ABO Methodology :</b> Haemagglutination reaction <b>Kit Name :</b> Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

AJAYSINGH, VIJENDRAMEENA  
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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.2	mg/dl	0.0 - 23.0

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

SURENDRAKHANGA

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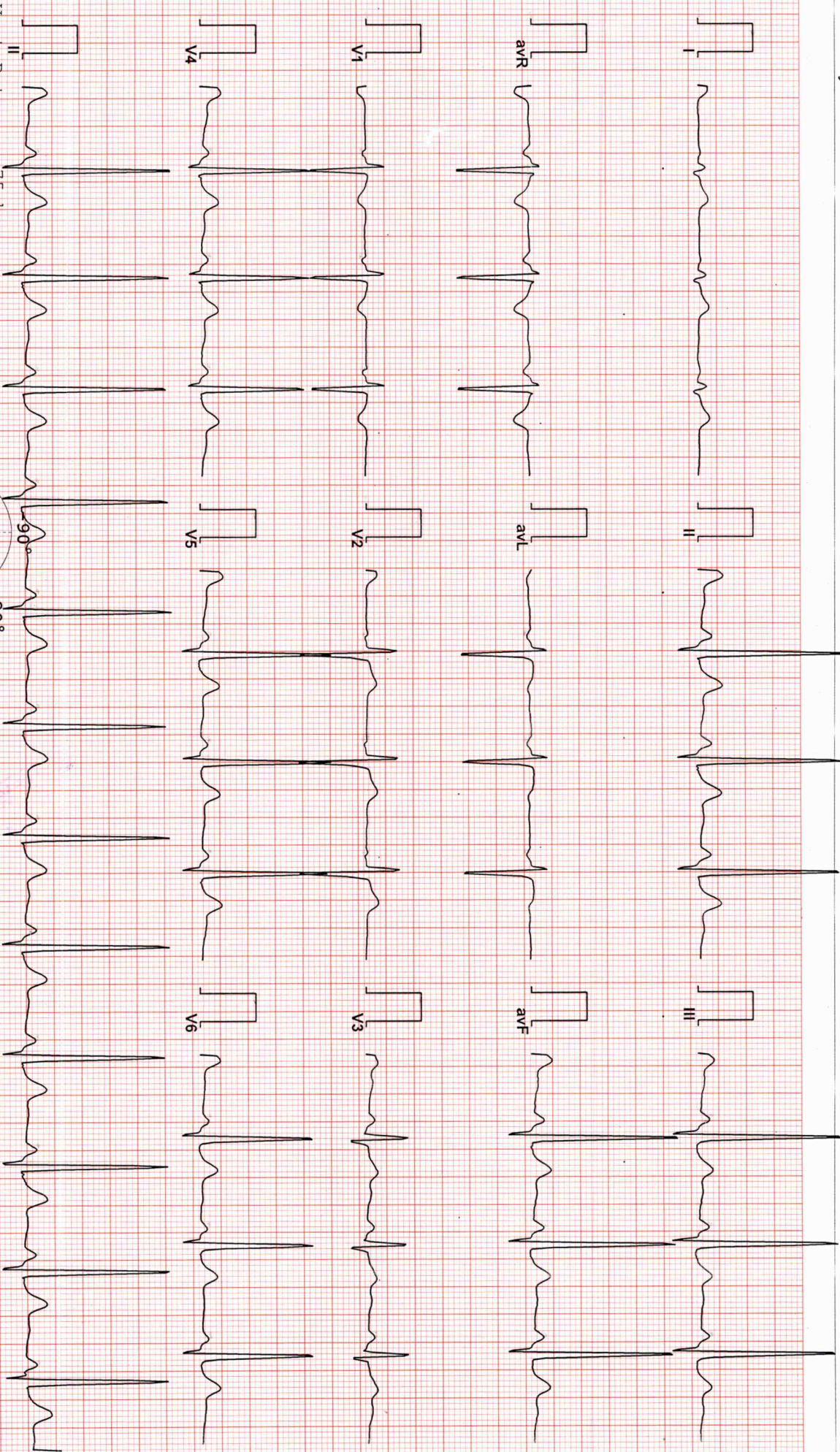
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MBBS.MD ( Path )  
RMC NO. 21021/008037

**DR. GOYAL PATH LAB**

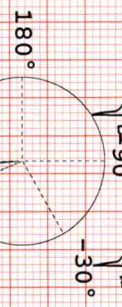
895 / MRS. RADHA MEENA / 34 Yrs / F / Non Smoker

Heart Rate : 75 bpm / Tested On : 16-Jul-23 11:06:34 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: MEDI WHEEL

**ECG**



Vent Rate : 75 bpm  
PR Interval : 126 ms  
QRS Duration: 90 ms  
QT/QTc Int : 360/386 ms  
P-QRS-T axis: 84.00° • 87.00° • 67.00°



Allengers ECG (Pisccees)(PIS218210312)

**Dr. Maresh Kumar Mohan**  
FRAC No: 25703  
MBBS, D.P.O. CARDIO (ESCORTS)  
D.E.M. (RCGP, UNQ)

Reported By: *[Signature]*

**DR. GOYALS PATH LAB & IMAGING CENTRE**

SODALA JAIPUR RAJ. Email:

156 / MRS. RADHA MEENA / 34 Yrs / F / 0 Cms / 0 Kg / NonSmoker  
 Date: 16 / 07 / 2023 11:07:51 AM Refd By : MEDI WHEEL Examined By:

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	01.1	00.0	01.0	075	40%	120/80	090	00	
Standing	00:53	0:48	01.1	00.0	01.0	099	53%	120/80	118	00	
HV	01:11	0:18	01.1	00.0	01.0	085	46%	120/80	102	00	
ExStart	02:11	1:00	01.1	00.0	01.0	097	52%	120/80	116	00	
BRUCE Stage 1	05:11	3:00	01.7	10.0	04.7	135	73%	126/80	170	00	
BRUCE Stage 2	08:11	3:00	02.5	12.0	07.1	158	85%	130/80	205	00	
PeakEx	09:49	1:38	03.4	14.0	08.8	179	96%	140/80	250	00	
Recovery	10:49	1:00	00.0	00.0	01.2	127	68%	140/80	177	00	
Recovery	11:49	2:00	00.0	00.0	01.0	119	64%	150/90	178	00	
Recovery	12:49	3:00	00.0	00.0	01.0	102	55%	150/90	153	00	
Recovery	13:49	4:00	00.0	00.0	01.0	100	54%	140/86	140	00	
Recovery	14:29	4:40	00.0	00.0	01.0	099	53%	130/86	128	00	

**FINDINGS :**

Exercise Time : 07:38  
 Max HR Attained : 179 bpm 96% of Target 186  
 Max BP Attained : 150/90 (mm/Hg)  
 Max Workload Attained : 8.8 Fair response to induced stress  
 Test End Reasons : Test Complete. Heart Rate Achieved

**REPORT :**

TPT is Negative for AMI.

**Dr. Maresh Kumar Mohanbho** RMC No. 35703  
**Dr. Piyush Goyal** MBBS, DIP, CARDIO (ESCORTS)  
 M.B.B.S., D.M.R.D. D.E.M. (RCGP-UK)  
 RMC Reg. No. 017996



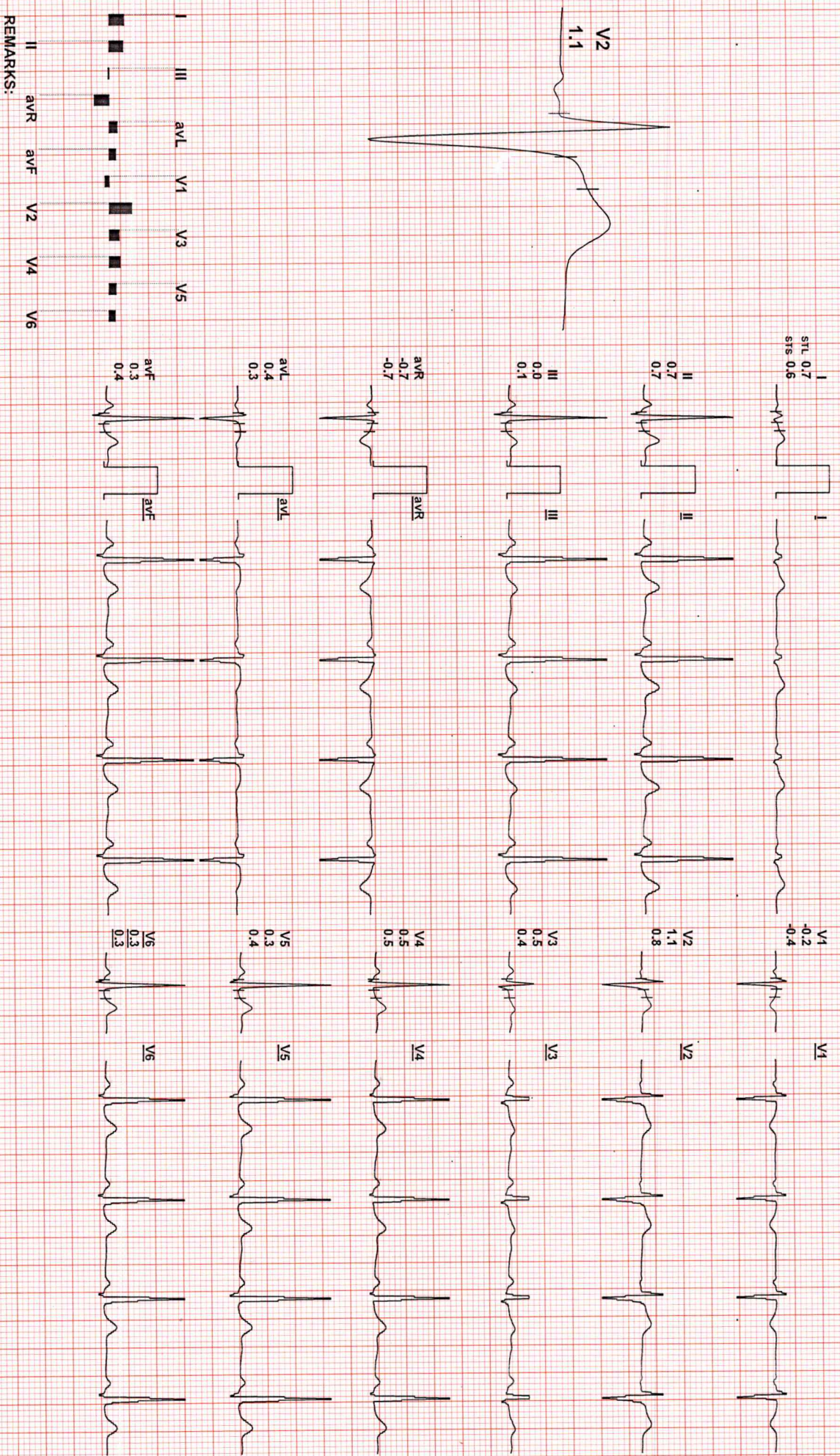
156 / MRS. RADHA MEENA / 34 Yrs / F / 0 Cms / 0 Kg / HR : 75

Date: 16 / 07 / 2023 11:07:51 AM METS: 1.0/ 75 bpm 40% of THR BP: 120/80 mmHg Combined Medians/ 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

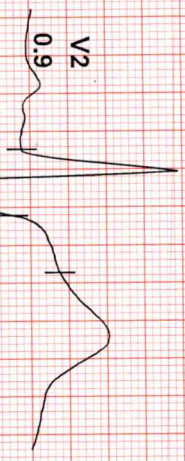


REMARKS:



4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



I  
STL 0.5  
STS 0.8

II  
0.6  
0.4

III  
0.0  
-0.4

avR  
-0.6  
-0.6

avL  
0.3  
0.6

avF  
0.3  
0.0

V1  
-0.3  
-0.3

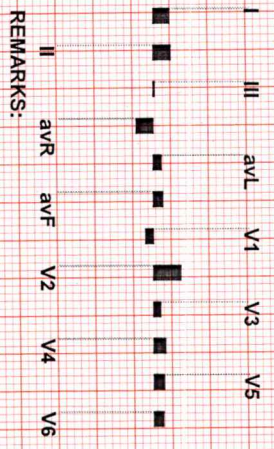
V2  
0.9  
1.2

V3  
0.2  
0.2

V4  
0.4  
0.3

V5  
0.4  
0.1

V6  
0.3  
0.0



REMARKS:

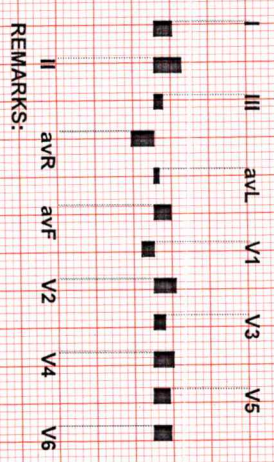




Date: 16 / 07 / 2023 11:07:51 AM METS: 1.0/ 85 bpm 46% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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

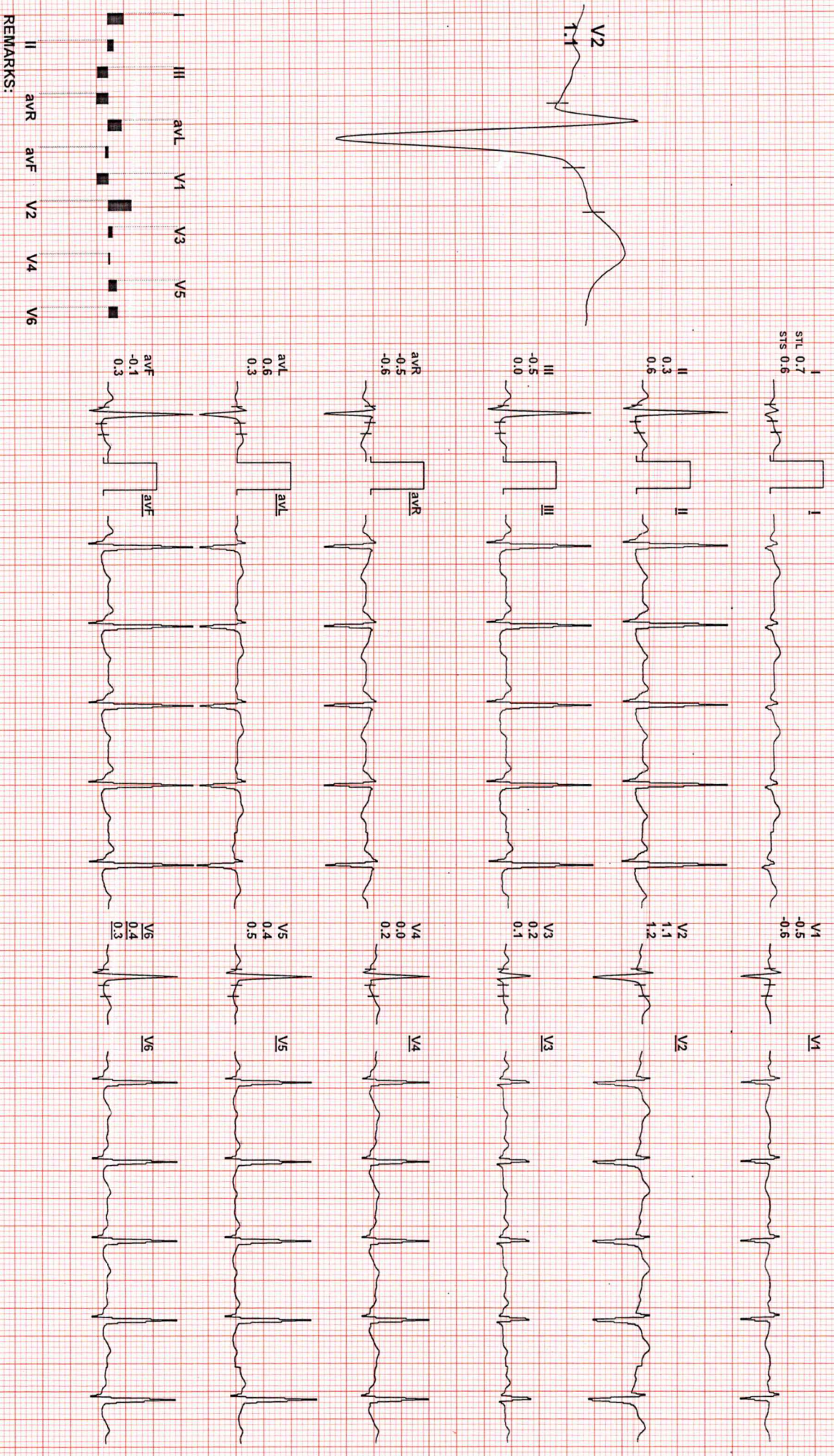
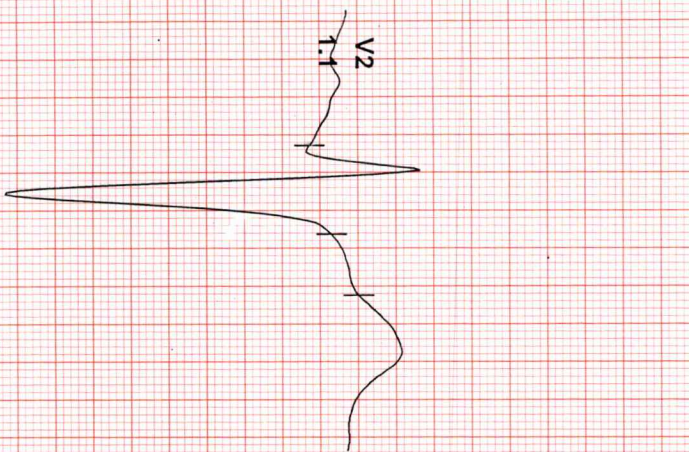


REMARKS:



4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV





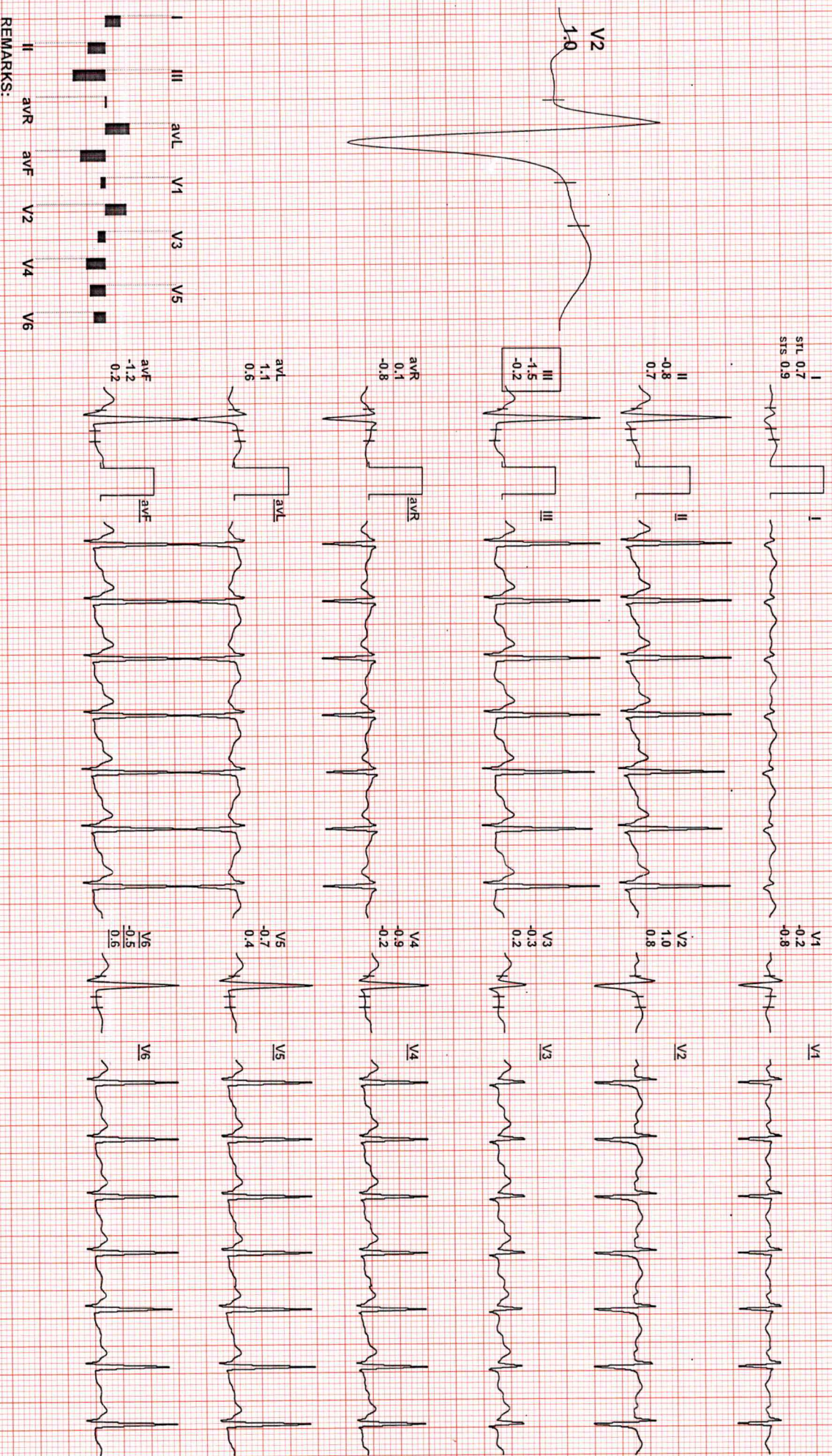
156 / MRS. RADHA MEENA / 34 Yrs / F / 0 Cms / 0 Kg / HR : 135

Date: 16 / 07 / 2023 11:07:51 AM METS: 4.71 135 bpm 73% of THR BP: 126/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

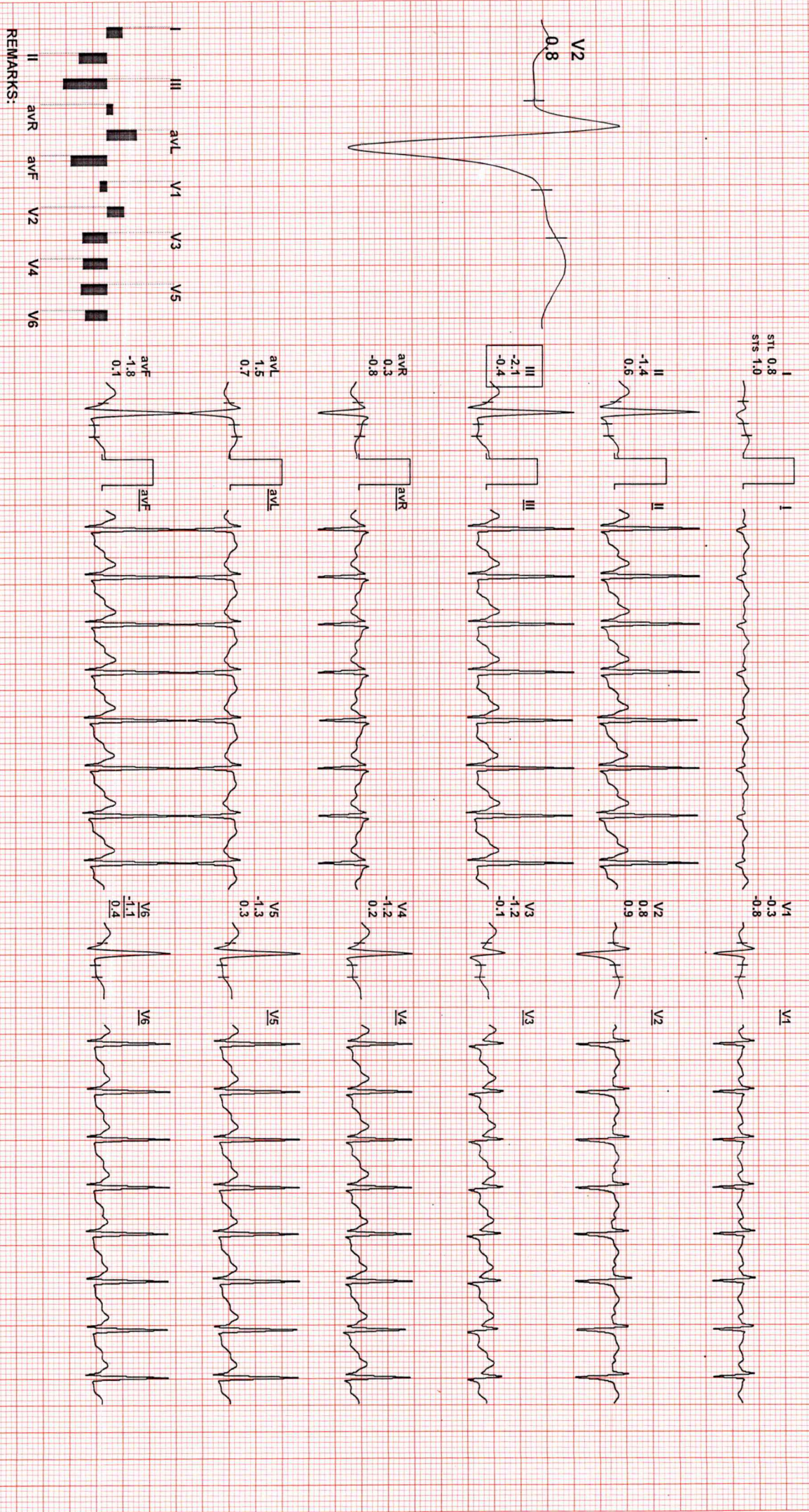


Date: 16 / 07 / 2023 11:07:51 AM METS: 7.1 / 158 bpm 85% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J

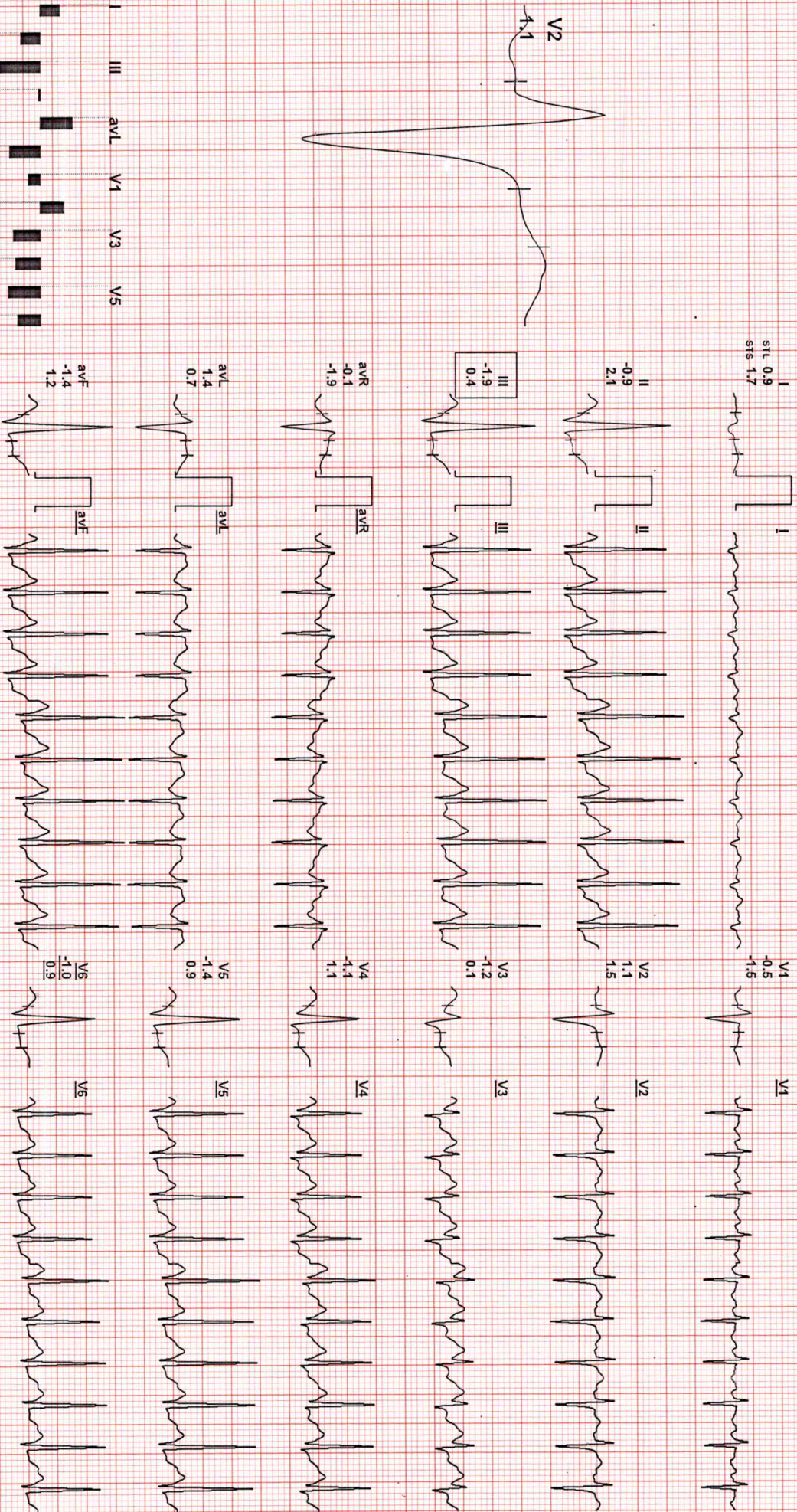
25 mm/Sec. 1.0 Cm/mV



REMARKS:

4X 60 mS Post J

25 mm/Sec: 1.0 Cm/mV



REMARKS:

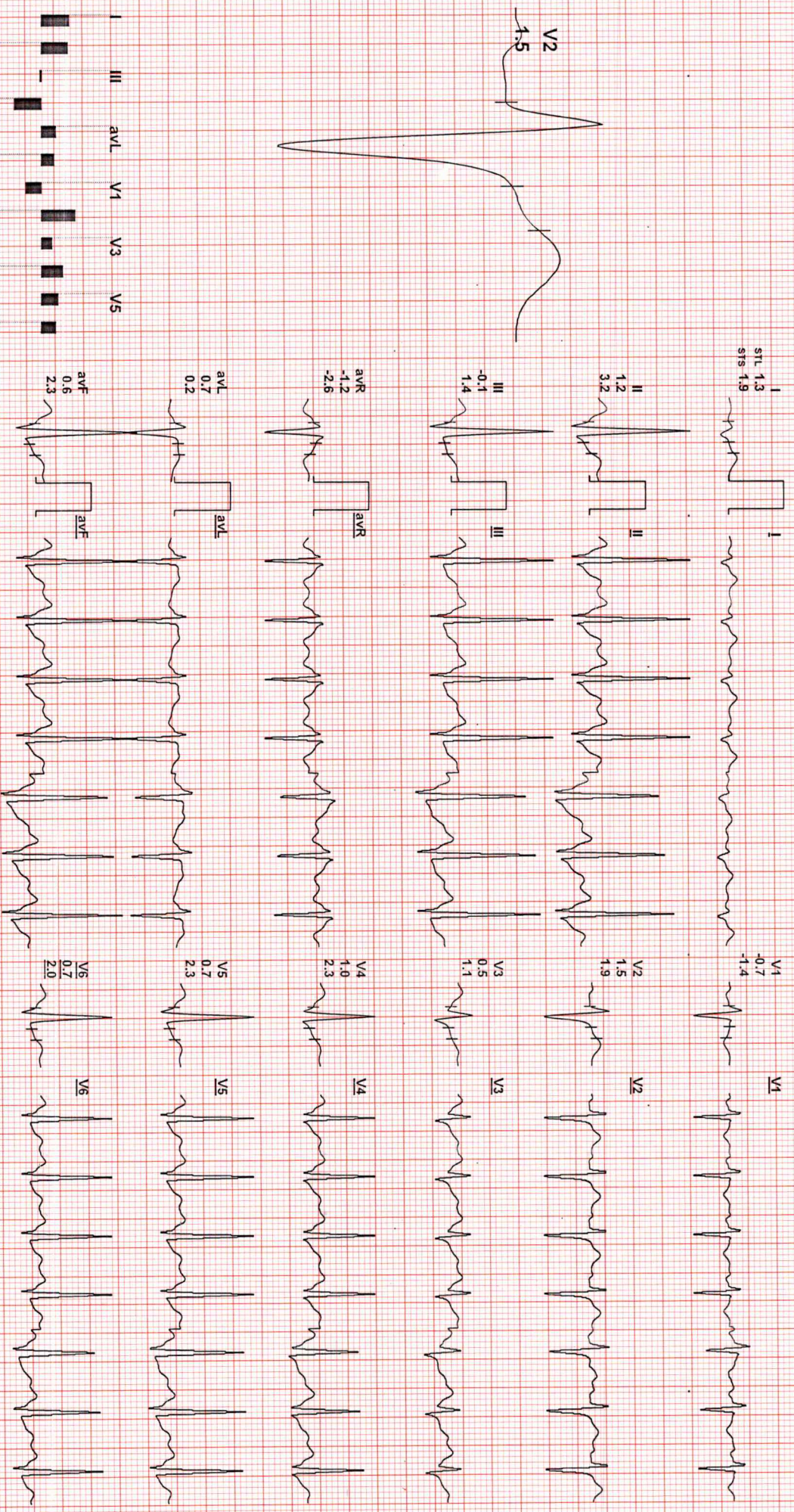


Date: 16 / 07 / 2023 11:07:51 AM METS: 1.21 127 bpm 68% of THR BP: 140/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:38 0.0 mph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:  
II avR avF V2 V4 V6



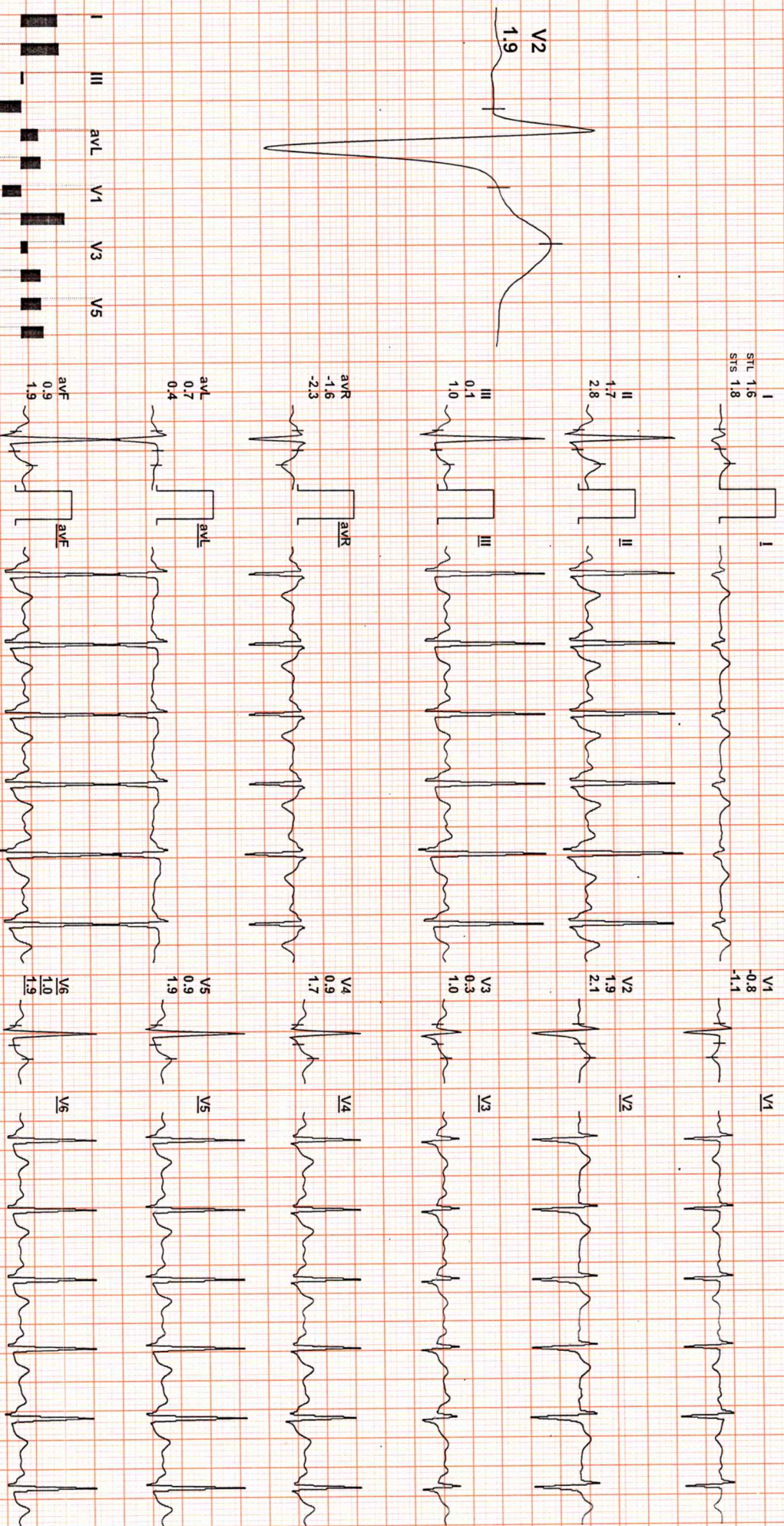
156 / MRS. RADHA MEENA / 34 Yrs / F / 0 Cms / 0 Kg / HR : 119

Date: 16 / 07 / 2023 11:07:51 AM METS: 1.0 / 119 bpm 64% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 HZ

ExTime: 07:38 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec: 1.0 Cm/mV



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

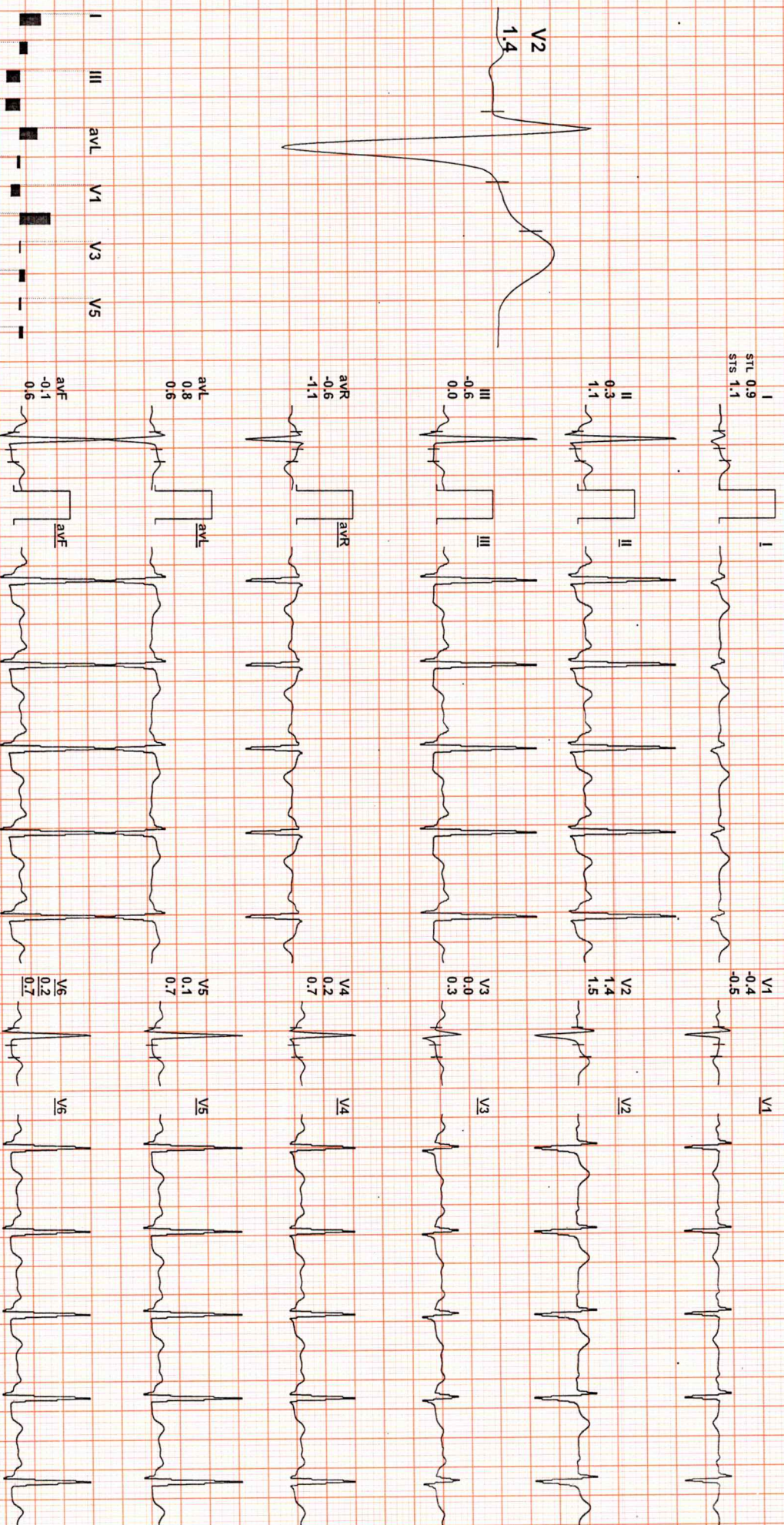


Date: 16 / 07 / 2023 11:07:51 AM METS: 1.0 / 102 bpm 55% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:38 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





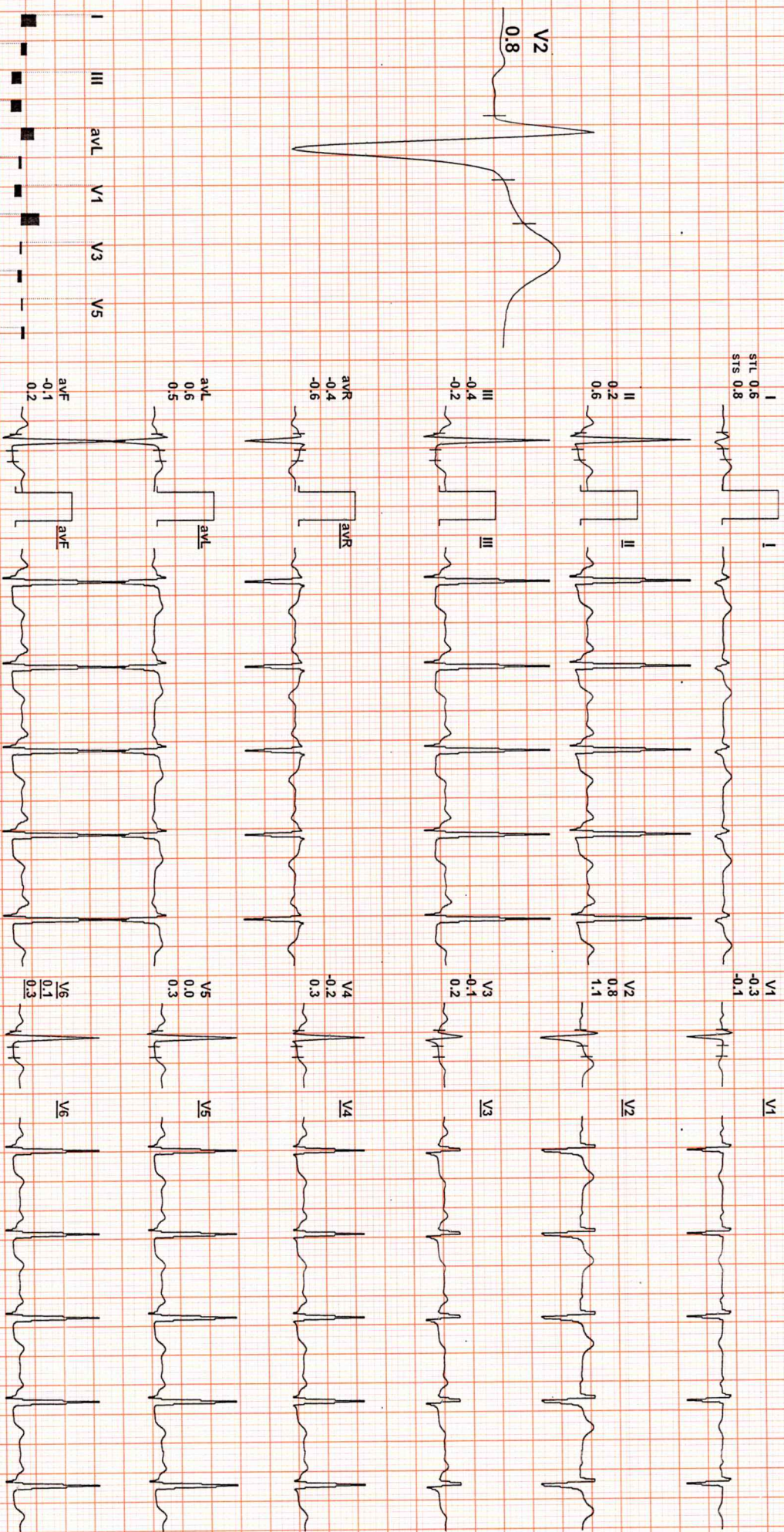
156 / MRS. RADHA MEENA / 34 Yrs / F / 0 Cms / 0 Kg / HR : 100

Date: 16 / 07 / 2023 11:07:51 AM METS: 1.0/ 100 bpm 54% of THR BP: 140/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:38 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

I      III      aVL      V1      V3      V5

II      aVR      aVF      V2      V4      V6

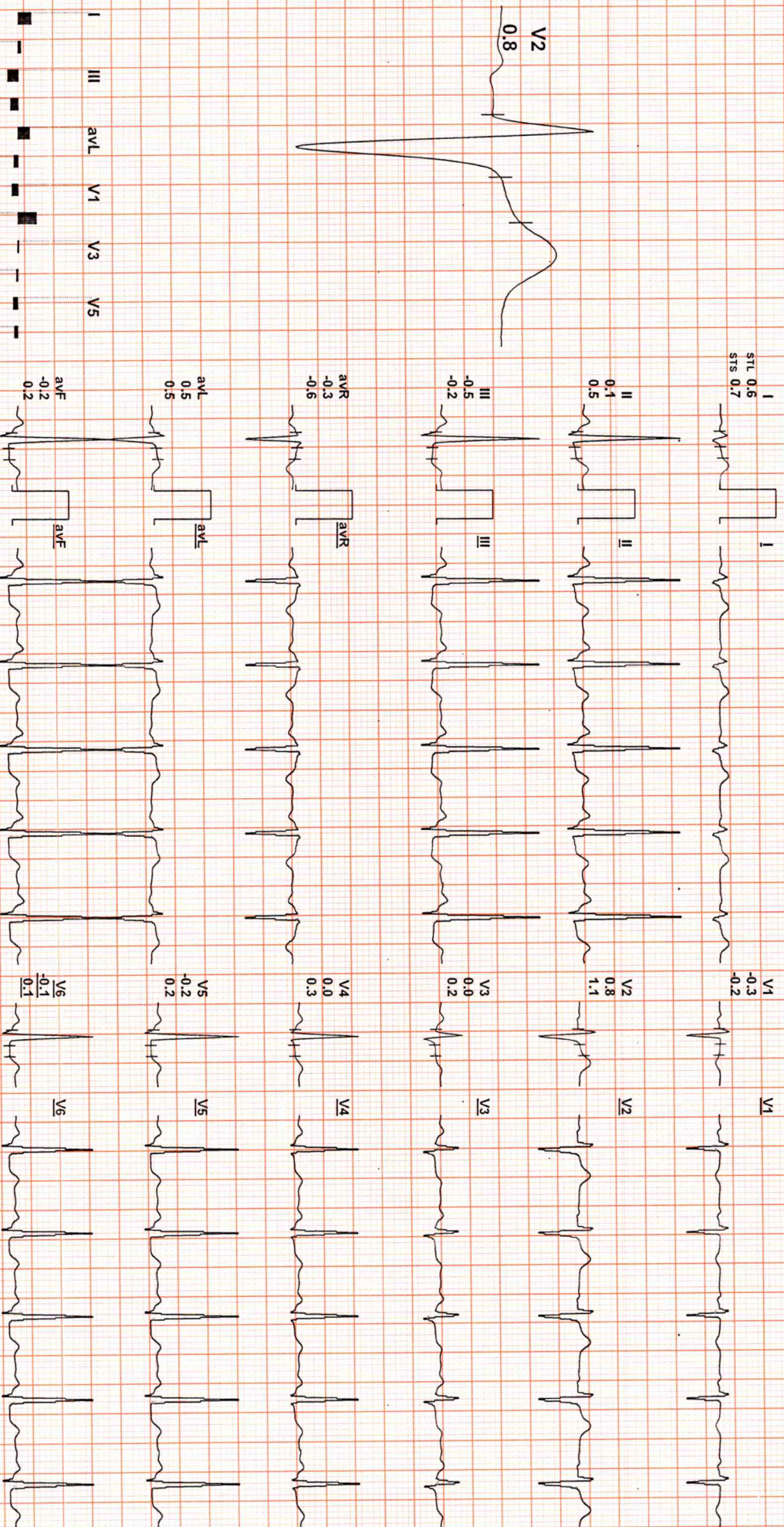


Date: 16 / 07 / 2023 11:07:51 AM METS: 1.0/ 99 bpm 53% of THR BP: 130/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:38 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

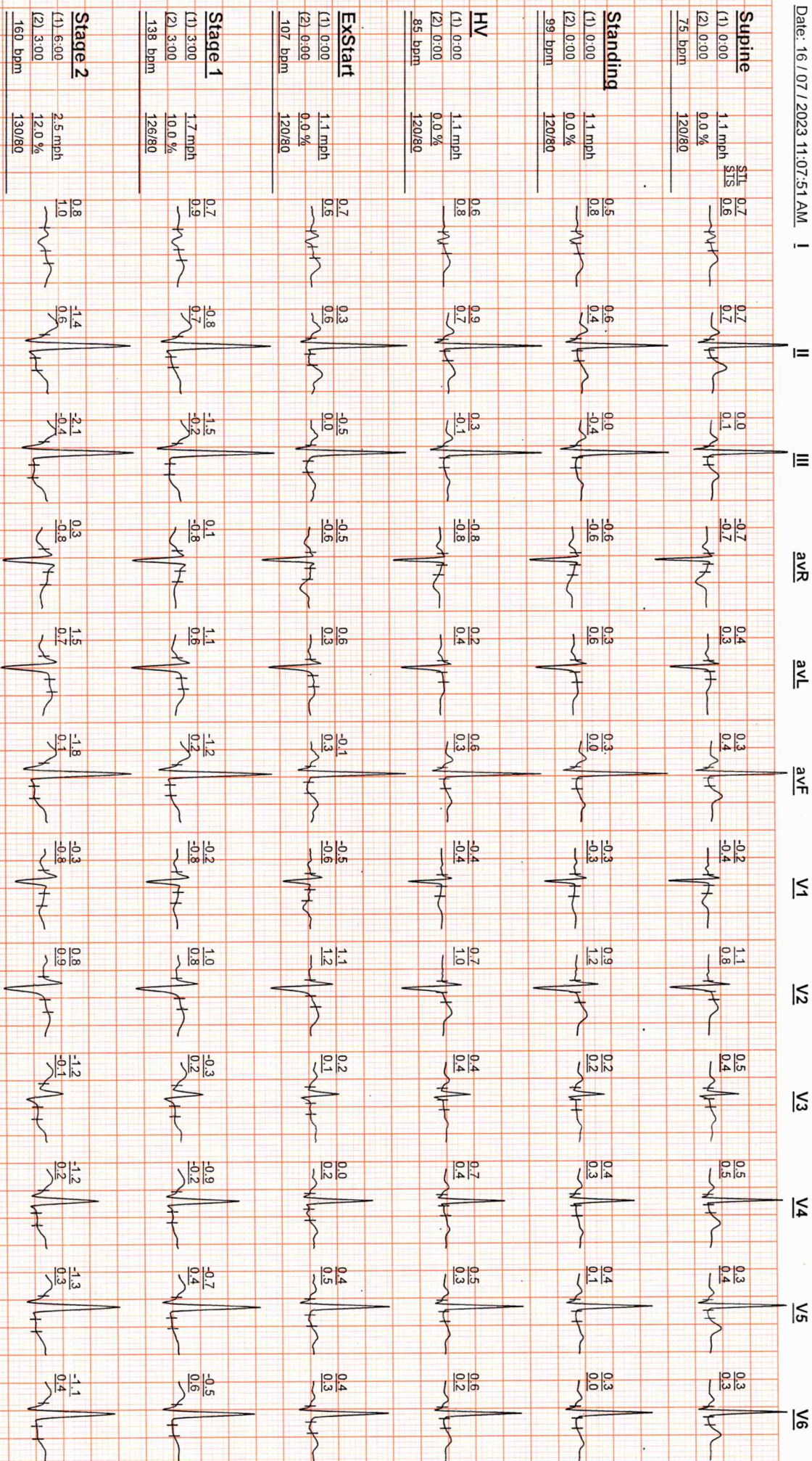


REMARKS:

II aVR aVL V1 V2 V3 V4 V5 V6



Date: 16 / 07 / 2023 11:07:51 AM



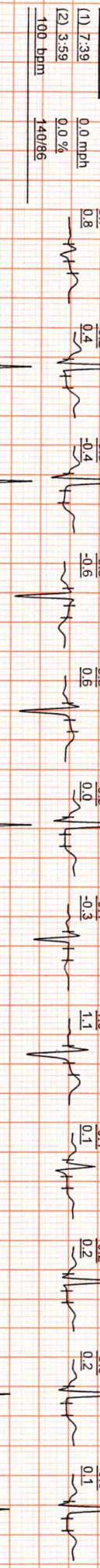
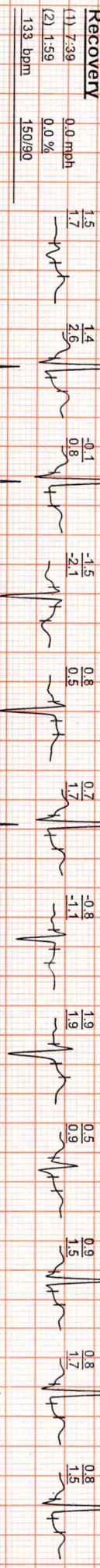
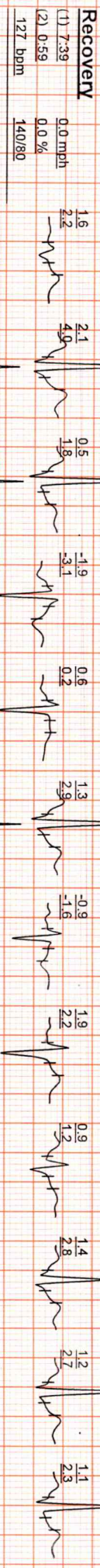
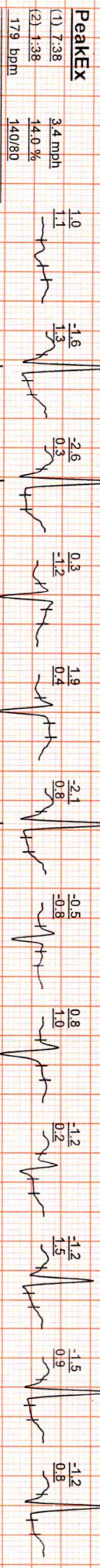
# DR . GOYALS PATH LAB & IMGING CENTRE

Average



156 / MRS. RADHA MEENA / 34 Yrs / F / 10 Cms / 10 Kg / HR : 87

Date: 16 / 07 / 2023 11:07:51 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 16/07/2023 09:45:16  
**NAME :- Ms. RADHA MEENA**  
Sex / Age :- Female 34 Yrs  
Company :- MediWheel

Patient ID :- 12231863  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 16/07/2023 13:25:42

BOB PACKAGEFEMALE BELOW 40

### X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

**Impression :- Normal Study**

(Please correlate clinically and with relevant further investigations)

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

Page No: 1 of 1

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(D.M.R.D.) BILAL

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RMC No. 32495

**Dr. Ashish Choudhary**  
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Fetal Medicine Consultant  
FMF ID - 260517 | RMC No 22430

**Dr. Abhishek Jain**  
MBBS, DNB, (Radio-Diagnosis)  
RMC No. 21687

Transcript by.