

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: drgoyalpryush@gmail.com

General Physical Examination



Date of Examination: 20/06/2022

Name: Mrs. Taruha Kumari Age: 30 DOB: 23/09/1991 Sex: Female

Referred By: BOB

Photo ID: AADHAR ID #: attached

Ht: 154 (cm)

Wt: 44 (Kg)

Chest (Expiration): 76 (cm)

Abdomen Circumference: 70 (cm)

Blood Pressure: 110/75 mm Hg

PR: 90 / min

RR: 15 / min

Temp: Afebrile

BMI 18.6

Eye Examination: vision normal 6/6, N/6

No color blindness

Other: rest - insignificant

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

Signature of Examinee: [Signature] Name of Examinee: _____

Signature Medical Examiner: [Signature] Name Medical Examiner: _____

Dr. Piyush Goyal
MBBS, D.M.R.D.
Dr. Anil Kumar Mohapatra
MBBS, D.M.R.D. (ESCORTS)
D.E.M. (R...)

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address:
C/O Hitesh Kumar Solanki, Behind
Jodheshwar Mahadev Temple, Sumerpur,
Sumerpur, Pali,
Rajasthan - 306902

3541 4062 0966
VID : 9152 1189 5572 3503

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

भारत सरकार
Government of India

Taruna Kumari
Date of Birth/DOB: 23/09/1991
Female/ FEMALE

Download Date: 19/07/2021
Issue Date: 07/07/2021

3541 4062 0966
VID : 9152 1189 5572 3503
मेरा आधार, मेरी पहचान

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

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 20/06/2022 09:10:44
NAME :- Mrs. TARUNA KUMARI
Sex / Age :- Female 30 Yrs 8 Mon 28 Days
Company :- MediWheel

Patient ID :-12221006
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 20/06/2022 15:25:44

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 ***

Ashish
DR. ASHISH CHOUDHARY
MBBS, MD (RADIO DIAGNOSIS)
FETAL MEDICINE CONSULTANT
RMC No. 22430

RAJKUMARI

Page No: 1 of 1

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

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

Dr. Tej Prakash Gupta
MBBS, DMRD, UCAM
Fetal Medicine Specialist
RMC No 24436 FMF ID 102534

Dr. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
RMC No. 17163

Transcript by.

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



Date :- 20/06/2022 09:10:44
NAME :- Mrs. TARUNA KUMARI
Sex / Age :- Female 30 Yrs 8 Mon 28 Days
Company :- MediWheel

Patient ID :- 12221006
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 12:27:21

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.7	%	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 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

117 mg/dL

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

MUKESH SINGH
Technologist

Page No: 1 of 15



Dr. Chandrika Gupta
MBBS, MD (Path)
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.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 20/06/2022 09:10:44
NAME :- Mrs. TARUNA KUMARI
Sex / Age :- Female 30 Yrs 8 Mon 28 Days
Company :- MediWheel

Patient ID :- 12221006
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 12:27:21

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	8.8 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	12.47 H	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	78.0	%	40.0 - 80.0
LYMPHOCYTE	18.4 L	%	20.0 - 40.0
EOSINOPHIL	0.9 L	%	1.0 - 6.0
MONOCYTE	2.5	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	9.73 H	10 ³ /uL	1.50 - 7.00
LYMPH#	2.30	10 ³ /uL	1.00 - 3.70
EO#	0.11	10 ³ /uL	0.00 - 0.40
MONO#	0.31	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.36 H	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	28.30 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	52.7 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	16.4 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.2 L	g/dL	31.5 - 34.5
PLATELET COUNT	402	x10 ³ /uL	150 - 410
RDW-CV	18.4 H	%	11.6 - 14.0
MENTZER INDEX	9.83		

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.

MUKESH SINGH
Technologist

Page No: 2 of 15



Dr. Chandrika Gupta
MBBS.MD (Path)
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.drgoalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 20/06/2022 09:10:44

NAME :- Mrs. TARUNA KUMARI

Sex / Age :- Female 30 Yrs 8 Mon 28 Days

Company :- MediWheel

Patient ID :- 12221006

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 12:27:21

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 " >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

MUKESH SINGH
Technologist

Page No: 3 of 15



Dr. Chandrika Gupta
MBBS.MD (Path)
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.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 20/06/2022 09:10:44
NAME :- Mrs. TARUNA KUMARI
Sex / Age :- Female 30 Yrs 8 Mon 28 Days
Company :- MediWheel

Patient ID :- 12221006
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 12:23:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	146.66	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	58.92	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	11.78	mg/dl	0.00 - 80.00

MKSHARMA

Page No: 4 of 15



Dr. Chandrika Gupta
MBBS.MD (Path)
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.dr-goyal-pathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 20/06/2022 09:10:44

NAME :- Mrs. TARUNA KUMARI

Sex / Age :- Female 30 Yrs 8 Mon 28 Days

Company :- MediWheel

Patient ID :- 12221006

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 12:23:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	46.93	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	89.91	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	3.13		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.92		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	409.28	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 HDLCHOLESTERO 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			

MKSHARMA

Page No: 5 of 15



Dr. Chandrika Gupta
 MBBS.MD (Path)
 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.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 20/06/2022 09:10:44
NAME :- Mrs. TARUNA KUMARI
Sex / Age :- Female 30 Yrs 8 Mon 28 Days
Company :- MediWheel

Patient ID :- 12221006
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 12:23:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.46	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)
SGOT Method:- IFCC	15.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	23.2	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	75.10	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.72	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.14	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.58	gm/dl	2.20 - 3.50
A/G RATIO	1.60		1.30 - 2.50

MKSHARMA

Page No: 6 of 15



Dr. Chandrika Gupta
MBBS.MD (Path)
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.dr.goyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 20/06/2022 09:10:44

NAME :- Mrs. TARUNA KUMARI

Sex / Age :- Female 30 Yrs 8 Mon 28 Days

Company :- MediWheel

Patient ID :- 12221006

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 12:23:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.15	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.31	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	28.00	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 5 times normal) are observed with infectious hepatitis.

MKSHARMA

Page No: 7 of 15



Dr. Chandrika Gupta
MBBS.MD (Path)
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 :- 20/06/2022 09:10:44
NAME :- Mrs. TARUNA KUMARI
Sex / Age :- Female 30 Yrs 8 Mon 28 Days
Company :- MediWheel

Patient ID :- 12221006
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 13:01:37

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.582	μIU/mL	0.500 - 6.880

C.L.SAINI
Technologist

Page No: 8 of 15



Dr. Chandrika Gupta
MBBS.MD (Path)
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.dr.goyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 20/06/2022 09:10:44

NAME :- Mrs. TARUNA KUMARI

Sex / Age :- Female 30 Yrs 8 Mon 28 Days

Company :- MediWheel

Patient ID :- 12221006

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 13:01:37

IMMUNOASSAY

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

SERUM TOTAL T3

Method:- Chemiluminescence(Competitive immunoassay)

1.250

ng/ml

0.970 - 1.690

SERUM TOTAL T4

Method:- Chemiluminescence(Competitive immunoassay)

7.730

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

C.L.SAINI
 Technologist

Page No: 9 of 15



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

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 20/06/2022 09:10:44
NAME :- Mrs. TARUNA KUMARI
Sex / Age :- Female 30 Yrs 8 Mon 28 Days
Company :- MediWheel

Patient ID :- 12221006
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 12:29:50

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

POOJABOHRA
Technologist

Page No: 10 of 15



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

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 20/06/2022 09:10:44

NAME :- Mrs. TARUNA KUMARI

Sex / Age :- Female 30 Yrs 8 Mon 28 Days

Company :- MediWheel

Patient ID :- 12221006

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 12:29:50

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)	6.5		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

POOJABOHRRA
Technologist

Page No: 11 of 15



Dr. Chandrika Gupta
MBBS.MD (Path)
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.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 20/06/2022 09:10:44

NAME :- Mrs. TARUNA KUMARI

Sex / Age :- Female 30 Yrs 8 Mon 28 Days

Company :- MediWheel

Patient ID :- 12221006

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Chloride
Sample Date :- 20/06/2022 12:19:49

Final Authentication : 20/06/2022 13:52:48

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	80.7	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)			
		111 - 125 mg/dL	
Diabetes Mellitus (DM)			
		> 126 mg/dL	
Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	95.0	mg/dl	70.0 - 140.0
Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.			
SERUM CREATININE Method:- Colorimetric Method	0.75	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.16	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MKSHARMA, MUKESH SINGH

Page No: 12 of 15



Dr. Chandrika Gupta
MBBS.MD (Path)
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.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 20/06/2022 09:10:44

NAME :- Mrs. TARUNA KUMARI

Sex / Age :- Female 30 Yrs 8 Mon 28 Days

Company :- MediWheel

Patient ID :- 12221006

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA, URINE-PP

Sample Collected Time 20/06/2022 12:18:36

Final Authentication : 20/06/2022 12:29:50

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 PP Collected Sample Received	Nil		Nil

MUKESH SINGH, POOJABOHRA
Technologist

Page No: 14 of 15



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

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 20/06/2022 09:10:44

NAME :- Mrs. TARUNA KUMARI

Sex / Age :- Female 30 Yrs 8 Mon 28 Days

Company :- MediWheel

Patient ID :- 12221006

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 20/06/2022 11:26:06

Final Authentication : 20/06/2022 12:23:58

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.2	mg/dl	0.0 - 23.0

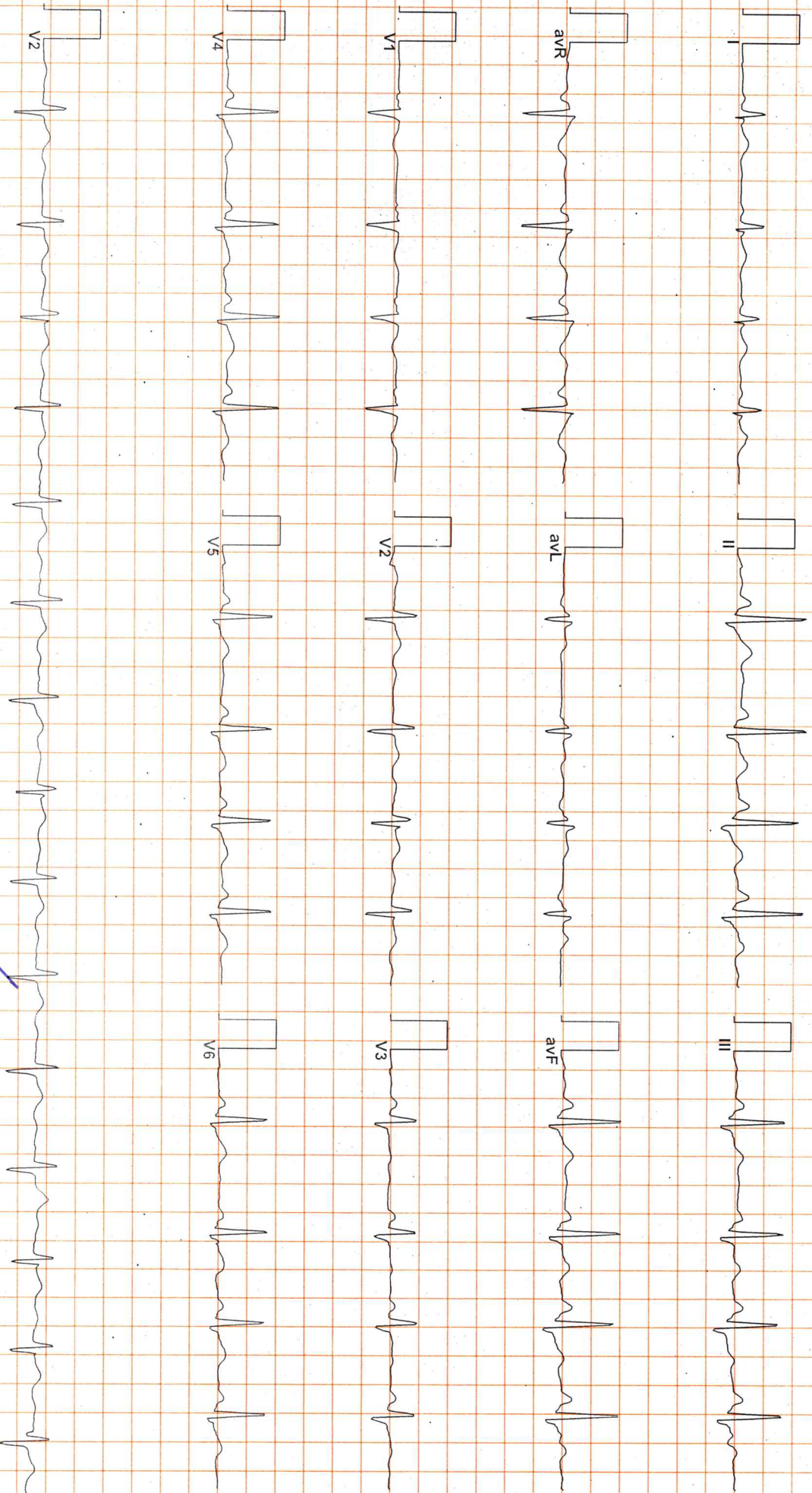
*** End of Report ***

MKSHARMA

Page No: 15 of 15



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



Allengers ECG (Piscas)(PIS212160118)

Diagnosis

Normal

Dr. Nareesh Kumar Mohankar
RMC No. 36703
MBS. DIP. CARDIO (ESCORTS)
DE.M. (FCCP,UK)

1843 / MRS. TARUNA KUMARI / 30 Yrs / F / 0 Cms / 0 Kg Date: 20-Jun-2022 Refd By : BOB

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Supine	00:07	0:01	01.1	00.0	01.0	100	110/75	110	00	
Standing	00:39	0:01	01.1	00.0	01.0	132	110/75	145	00	
HV	01:05	0:01	01.1	00.0	01.0	116	110/75	127	00	
Warm Up	01:19	0:01	01.0	00.0	01.0	110	110/75	121	00	
ExStart	02:37	0:07	01.7	10.0	01.1	131	110/75	144	00	
BRUCE Stage 1	05:37	3:00	01.7	10.0	04.7	152	110/80	167	00	
BRUCE Stage 2	08:37	3:00	02.5	12.0	07.1	164	120/85	196	00	
PeakEx	11:02	2:25	03.4	14.0	09.6	180	130/90	234	00	
Recovery	12:01	1:00	00.0	00.0	01.2	129	130/90	167	00	
Recovery	13:01	2:00	00.0	00.0	01.0	126	120/85	151	00	
Recovery	15:01	4:00	00.0	00.0	01.0	114	120/80	136	00	
Recovery	16:14	5:12	00.0	00.0	01.0	106	115/75	121	00	

Findings :

Exercise Time : 08:26
 Max HR Attained : 180 bpm 95% of Target 190
 Max BP Attained : 130/90
 Max Workload Attained : 9.6 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

The TTT is negative for ECG.

Davendra

Narash Kumar

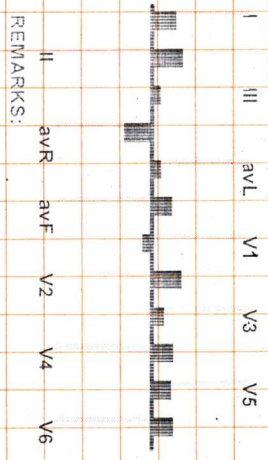
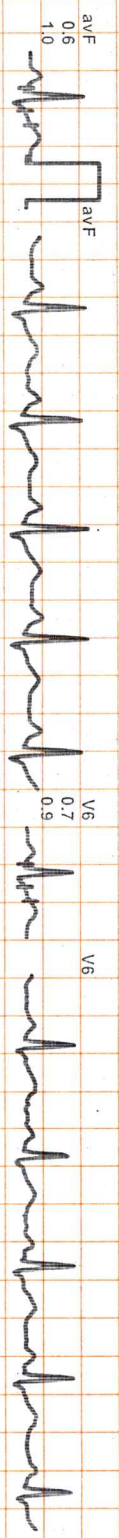
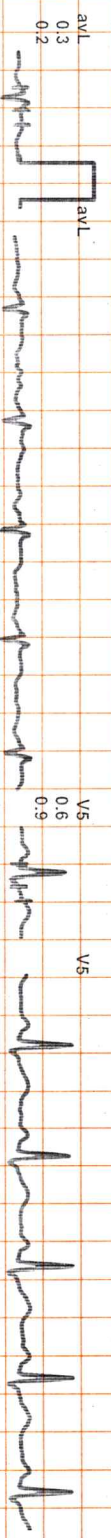
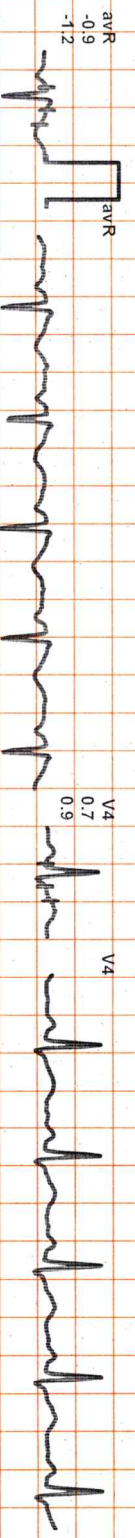
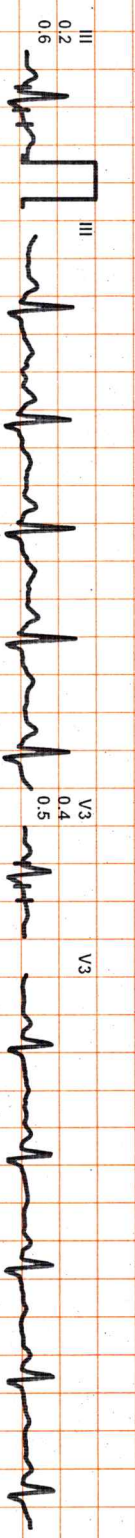
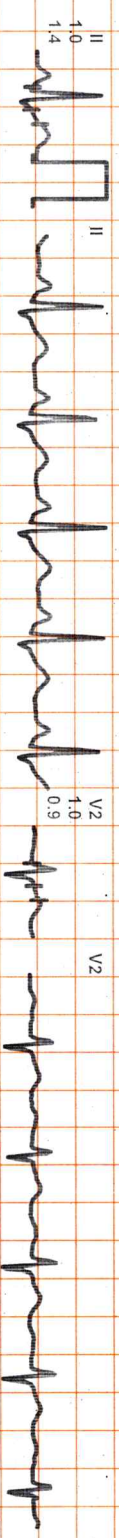
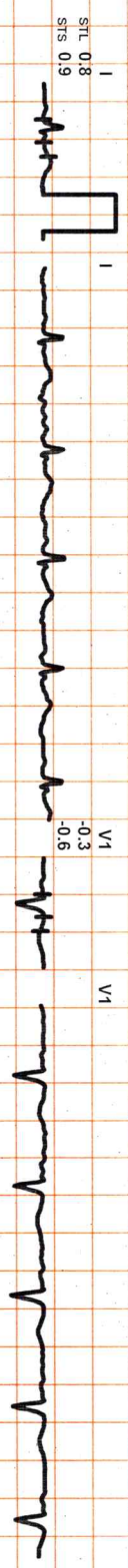
Dr. Naresh Kumar Mohanka
 MBBS, DIP. Cardiol (ESCORTS)
 D.B.M. (FCOP,UK)

Date: 20-Jun-2022 10:23:59 AM METS: 1.0 / 100 bpm 52% of THR BP: 110/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 00:07 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec - 1.0 Cm/mV



REMARKS:

1843 / MRS. TARUNA KUMARI / 30 Yrs / F

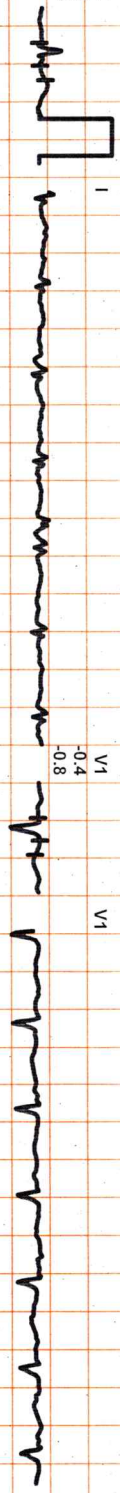
Date: 20-Jun-2022 10:23:59 AM METS: 1.0/ 132 bpm 69% of THR BP: 110/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

4X

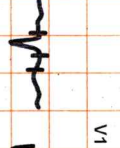
80 ms Post J

26 mm/Sec - 1.0 Cm/mV

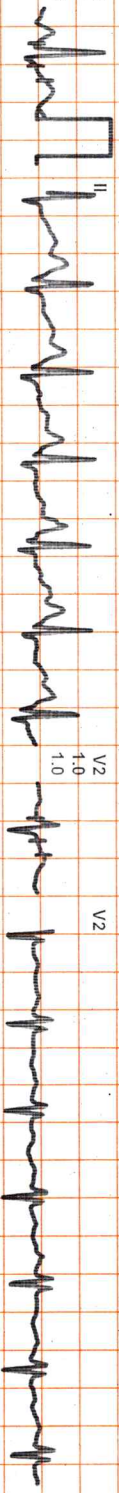
I
STL 0.9
SIS 1.0



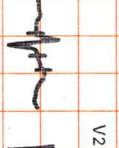
V1
-0.4
-0.8



II
1.1
1.5



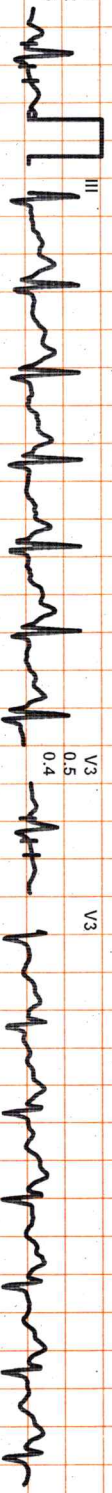
V2
1.0
1.0



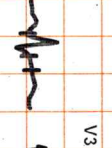
avL
0.3



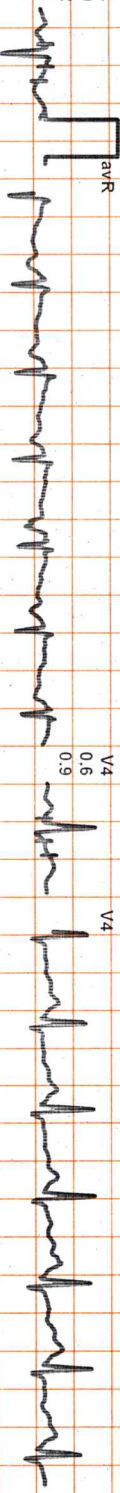
III
0.2
0.6



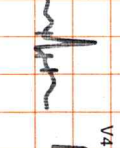
V3
0.5
0.4



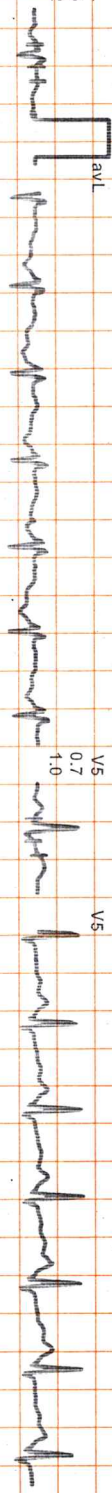
avR
-0.9
-1.2



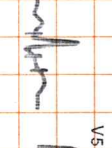
V4
0.6
0.9



avL
0.3
0.2



V5
0.7
1.0

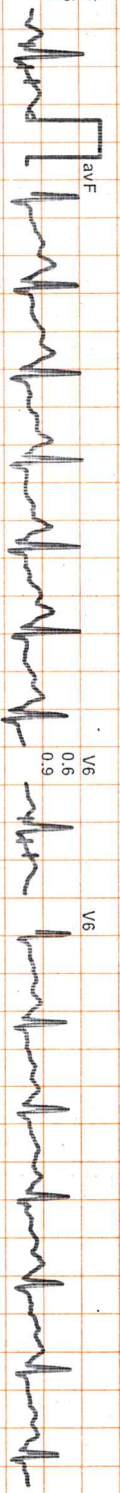


I

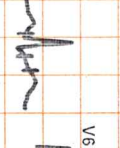
III avL V1 V3 V5



avF
0.6
1.1



V6
0.6
0.9



REMARKS:

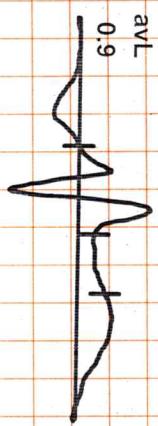
II avR avF V2 V4 V6

Date: 20-Jun-2022 10:23:59 AM
4X 80 mS Post J

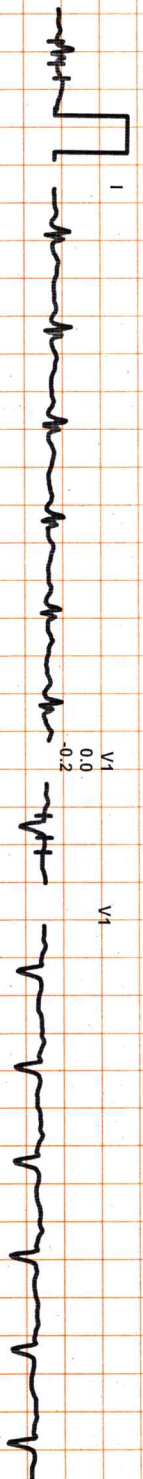
METS: 1.0/ 116 bpm 61% of THR BP: 110/75 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

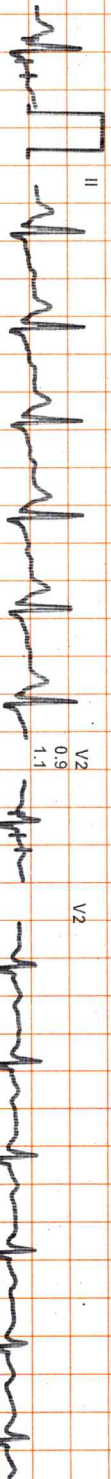
EXTime: 01:05 1.4 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



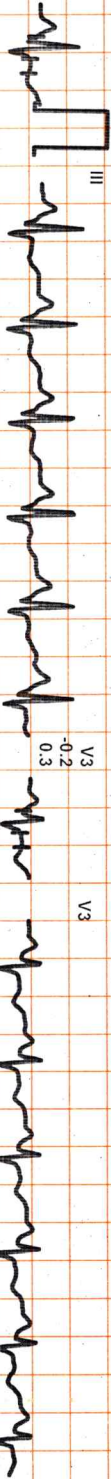
I
STL 0.8
STB 1.0



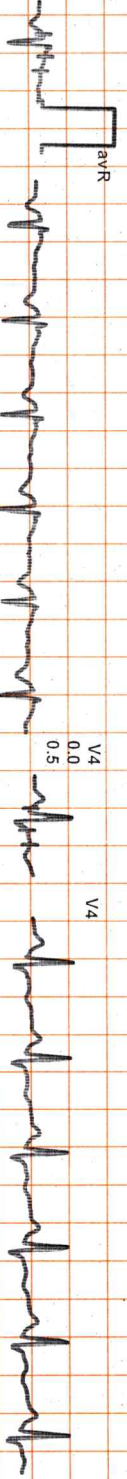
II
-0.1
0.7



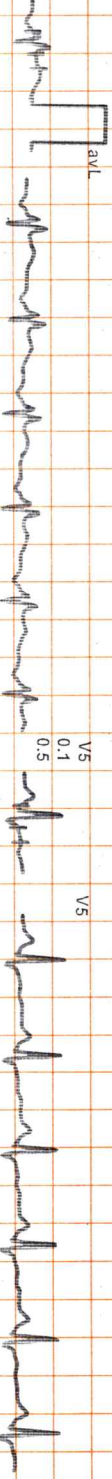
III
-0.9
-0.2



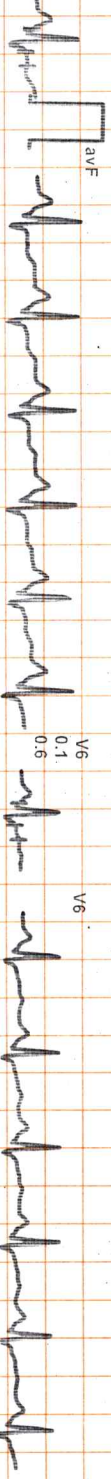
avR
-0.4
-0.9



avL
0.9
0.6



avF
-0.5
0.2



II
avR avF V2 V4 V6

III
avL V1 V3 V5

ECG lead II tracing showing a small rS pattern with a maximum deflection of 0.2 mV.

1843 / MRS. TARUNA KUMARI / 30 Yrs / F

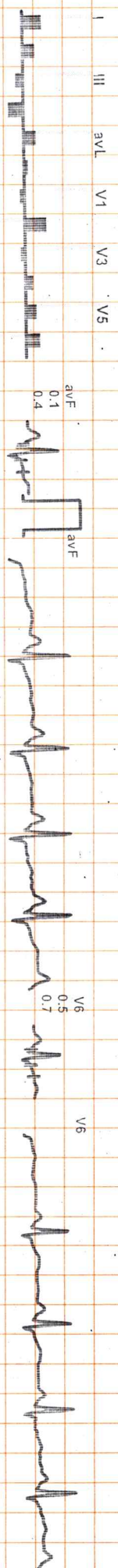
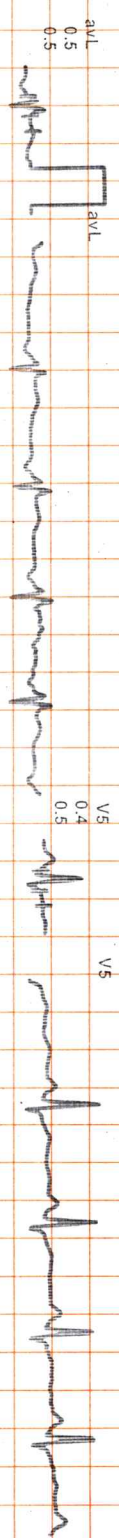
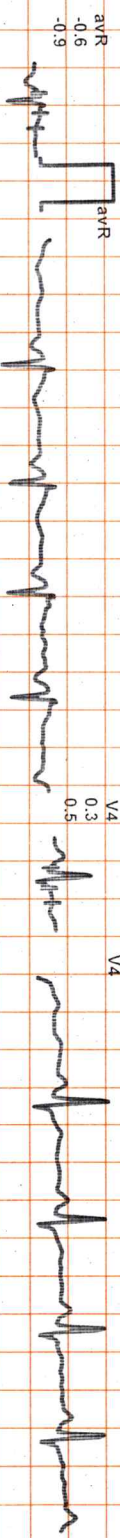
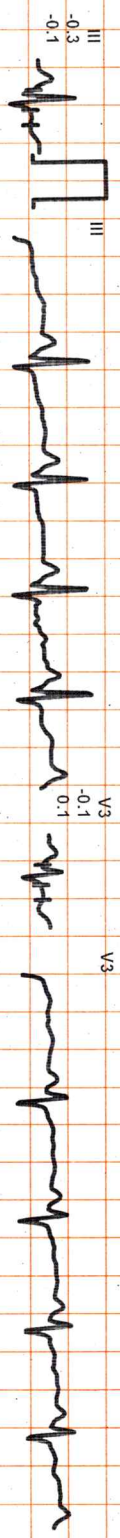
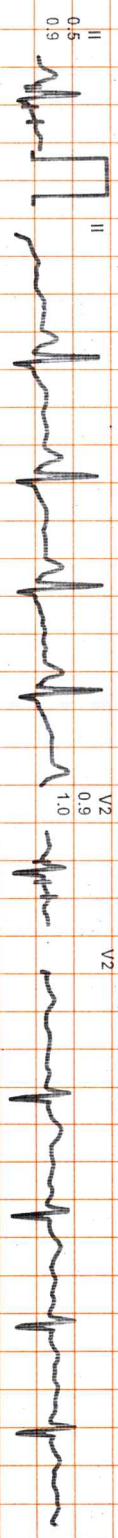
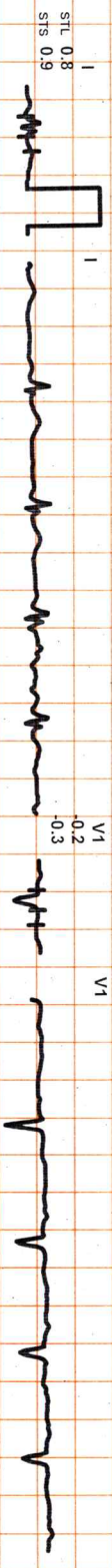
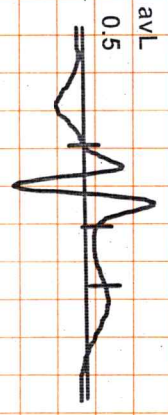
Date: 20-Jun-2022 10:23:59 AM

METS: 1.0/ 110 bpm 57% of THR

BP: 110/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

Warm Up
ACHP
EXTime: 01:19 1.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J

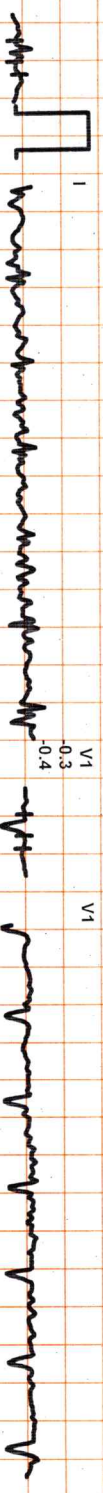


REMARKS:
II aVR aVF V2 V4 V6

(GEM2 10151123) Gemini A-DX by Allergers

4X 70 ms Post J

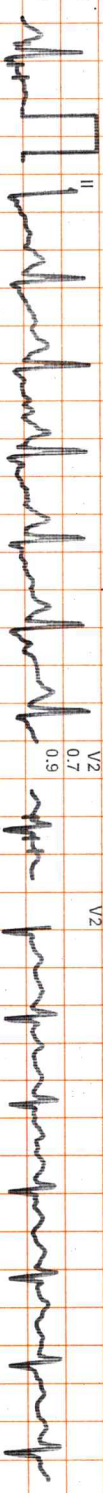
STL 0.7
STS 1.0



V1
-0.4
-0.3

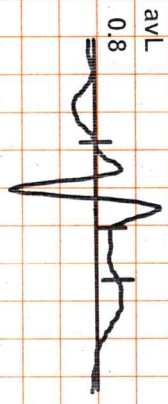
V1

II -0.1
III -0.8
aVL 0.8

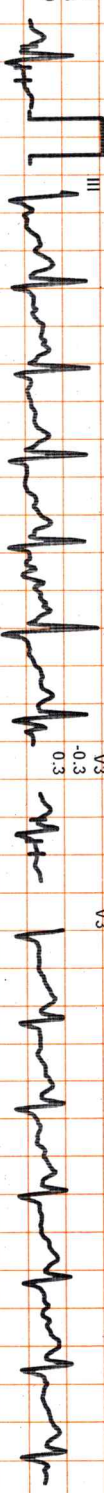


V2
0.7
0.9

V2



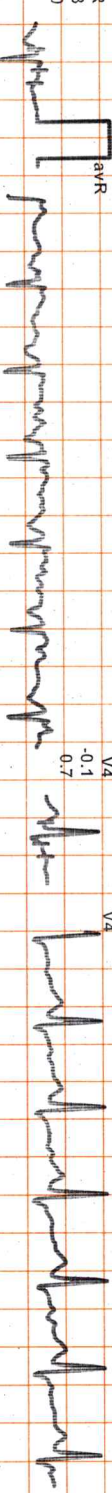
III -0.8
aVR -0.3
aVL 0.8



V3
-0.3
0.3

V3

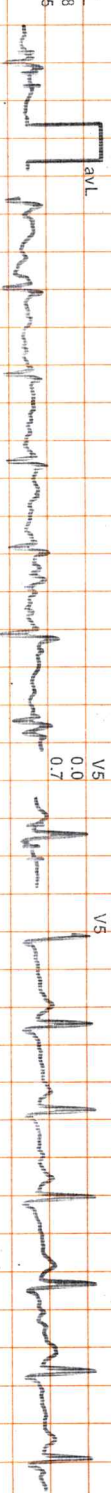
aVR -0.3
aVL 0.8
aVF 0.5



V4
-0.1
0.7

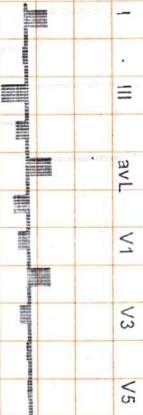
V4

aVL 0.8
aVF 0.5



V5
0.0
0.7

V5



V5
-0.4
0.5

V6
0.1
0.6

V6

II aVR aVF V2 V4 V6

REMARKS:

1843 / MRS. TARUNA KUMARI / 30 Yrs / F

Date: 20-Jun-2022 10:23:59 AM

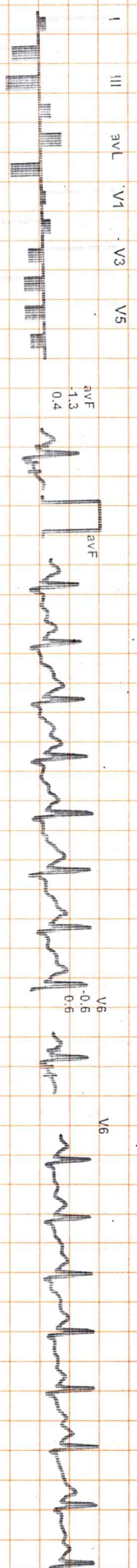
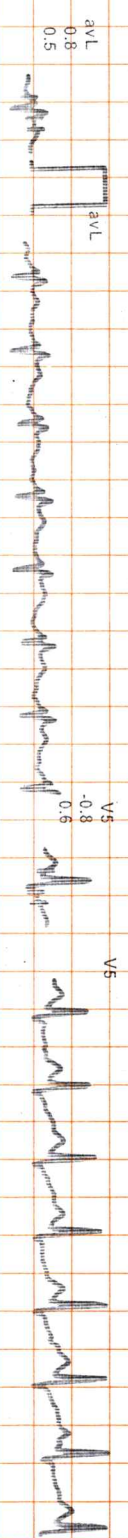
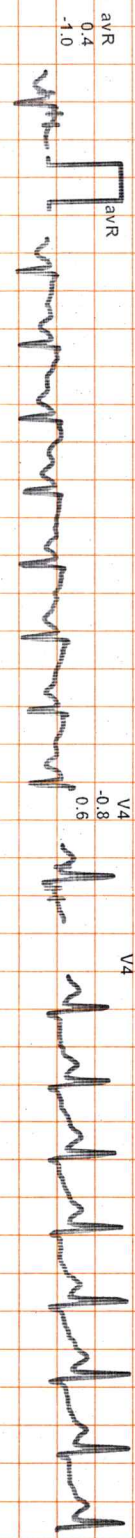
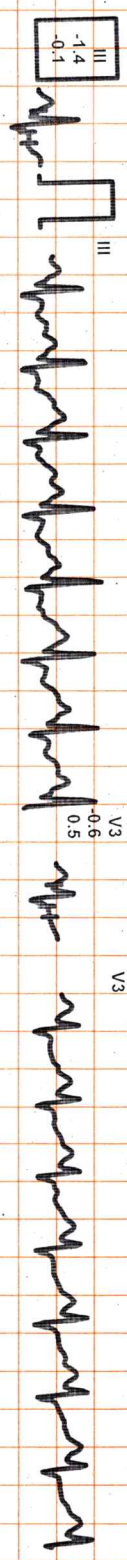
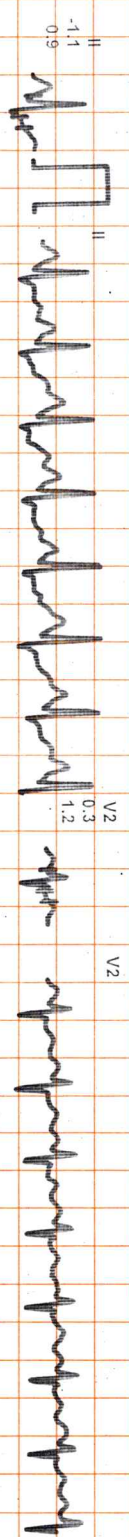
METS: 4.7 / 152 bpm 80% of THR

BP: 110/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



II aVR aVF V2 V4 V6
REMARKS:

(GEM210151123) Gemini A1DX by Allengers

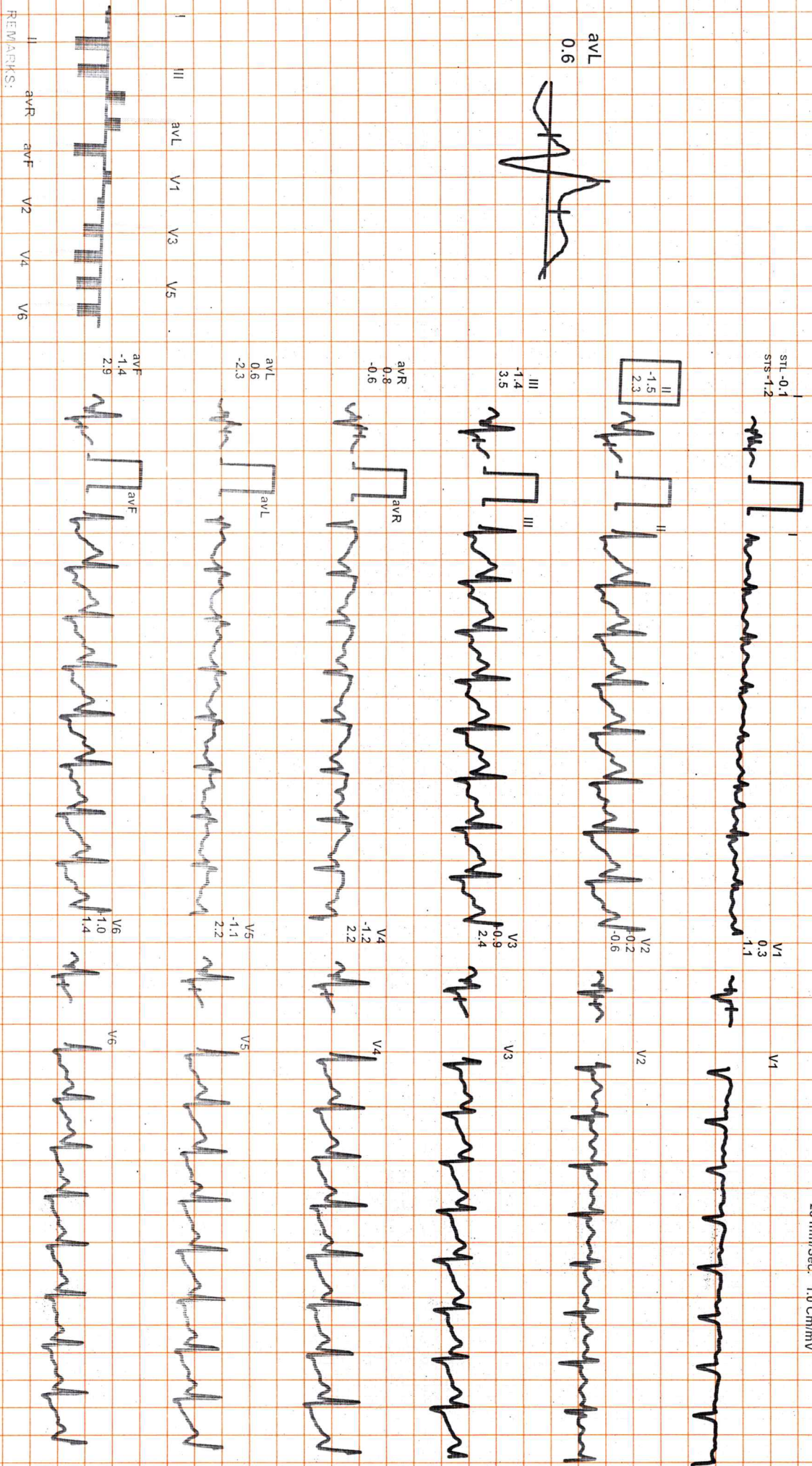


Date: 20-Jun-2022 10:23:59 AM
4X 40 MS Post J

METS: 7.1/ 164 bpm 86% of THR BP: 120/85 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

EXTime: 06:00 2.5 mph, 12.0%
25 mm/Sec. 1.0 Cm/mV



Date: 20-Jun-2022 10:23:59 AM

METS: 9.6 / 180 bpm 94% of THR

BP: 130/90 mmHg

Raw ECG/ BLC On/ Notch On/ HF: 0.05 HZ/LF 100 Hz

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.4
STS 1.3



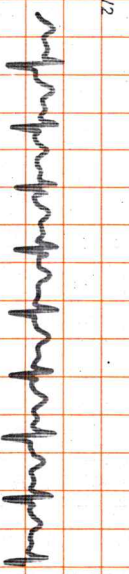
V1 0.5
0.3



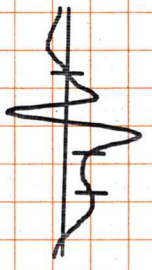
II -0.8
1.5



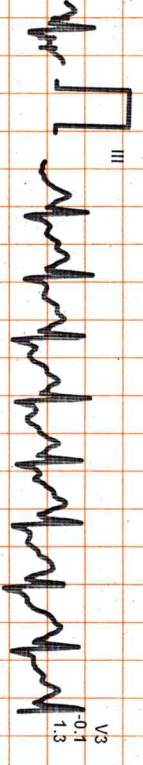
V2 1.0
2.5



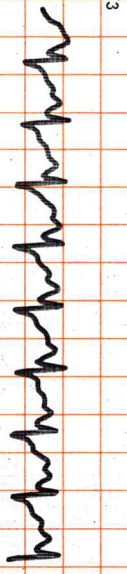
aVL 0.8



III -1.2
0.3



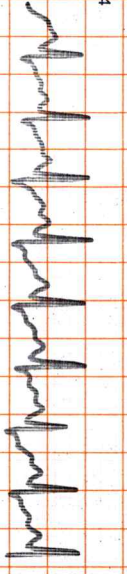
V3 -0.1
1.3



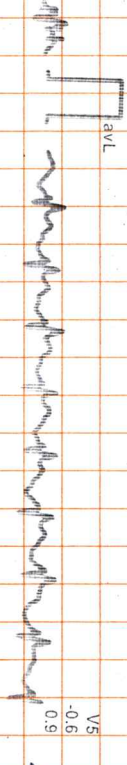
aVR 0.2
-1.4



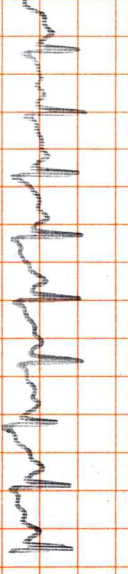
V4 -0.6
1.0



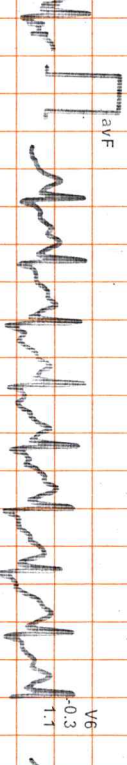
aVL 0.8
0.5



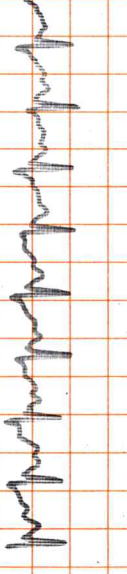
V5 -0.6
0.9



aVF -1.0
0.9



V6 -0.3
1.1



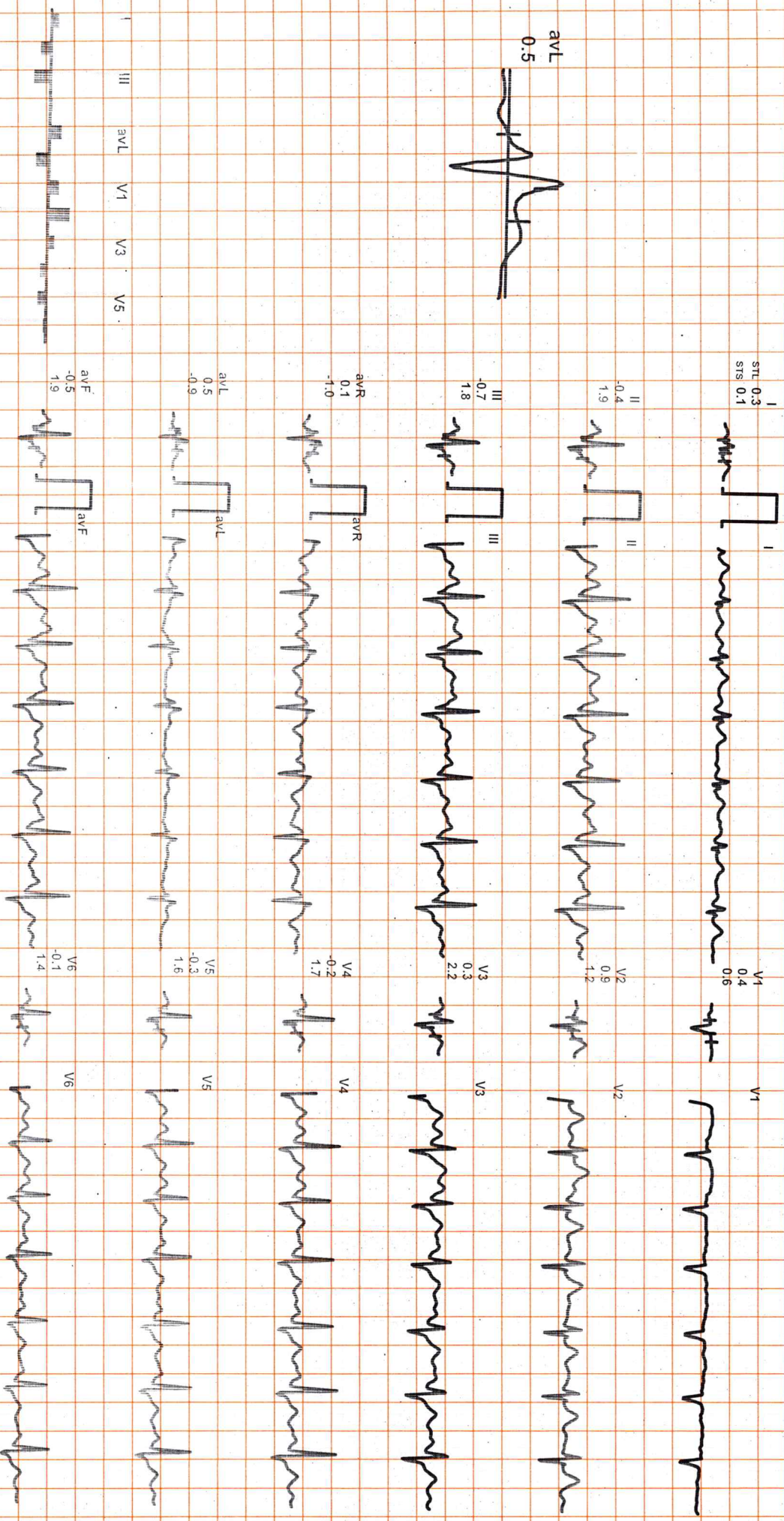
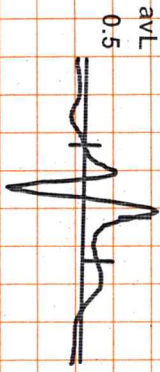
REMI PRS: I II III aVR aVF V1 V2 V3 V4 V5 V6

Date: 20-Jun-2022 10:23:59 AM
4X 60 MS Post J

METS: 1.2/ 129 bpm 67% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 08:26 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6



Date: 20-Jun-2022 10:23:59 AM

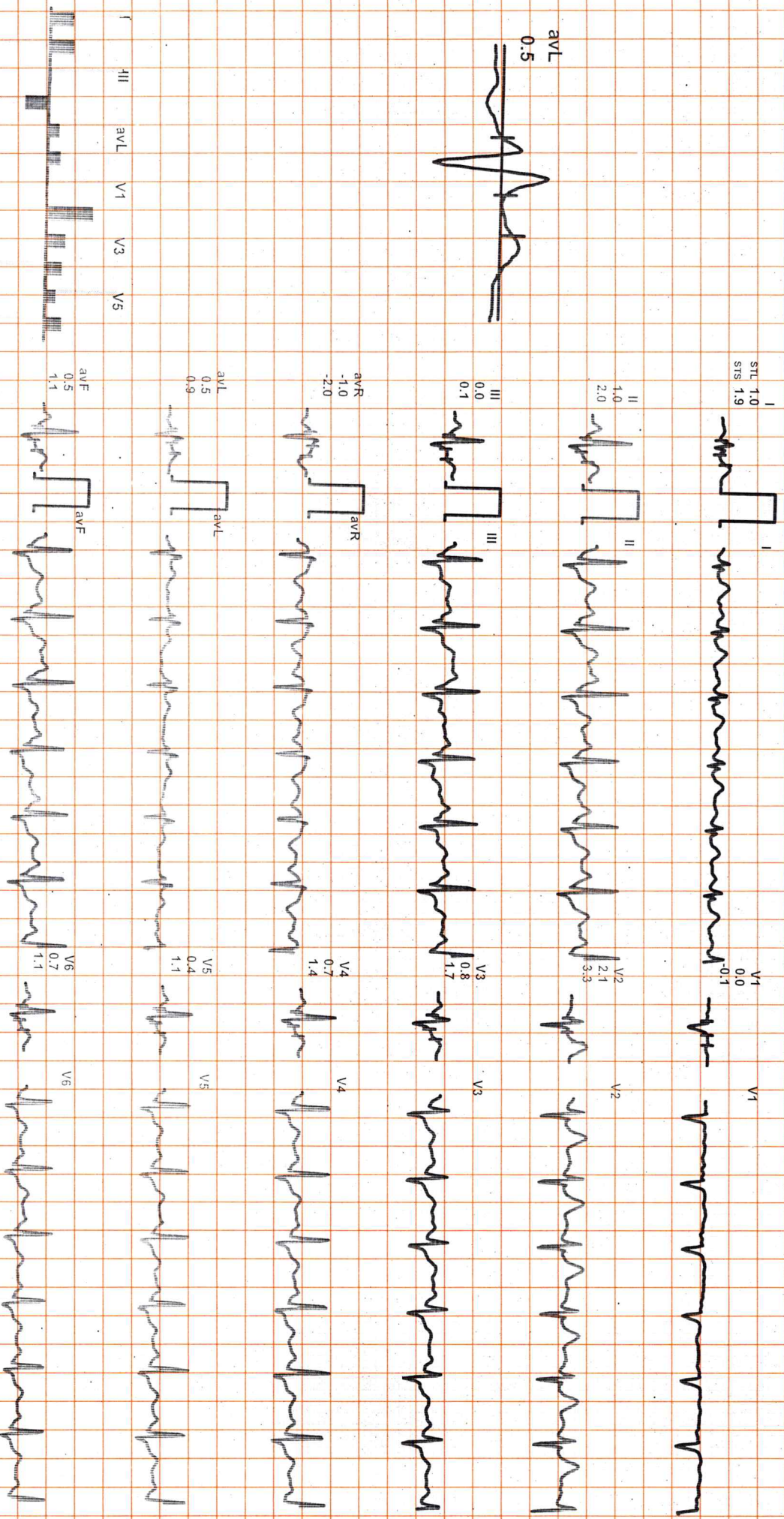
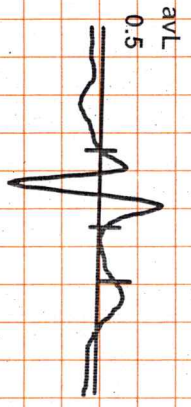
METS: 1.0/ 126 bpm 66% of THR BP: 120/85 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

4X

70 ms Post J

EXTIME: 08:26 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6

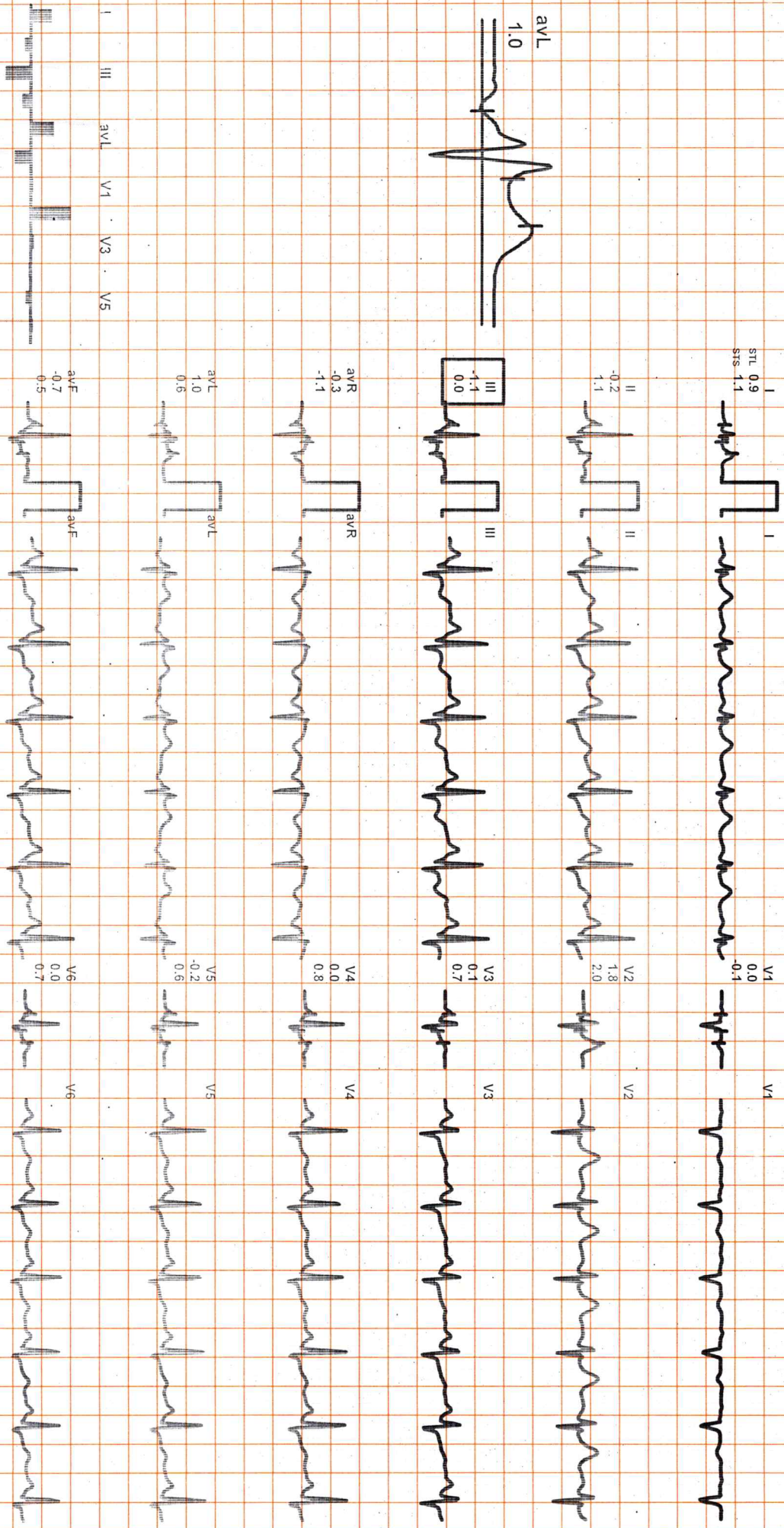
1843 / MRS. TARUNA KUMARI / 30 Yrs / F

Date: 20-Jun-2022 10:23:59 AM METS: 1.0/ 114 bpm 60% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 08:26 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



ECG MARKS: II 2aVR 2aVL V1 V2 V3 V4 V5 V6

(GEM21015H12)Scanned A-DX by Allergier's



Date: 20-Jun-2022 10:23:59 AM

METS: 1.0/106 bpm 55% of THR BP: 113/75 mmHg

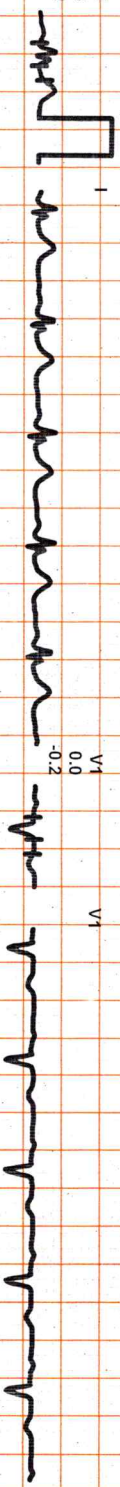
Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

ExTime: 08:25 0.0 mph 0.0%

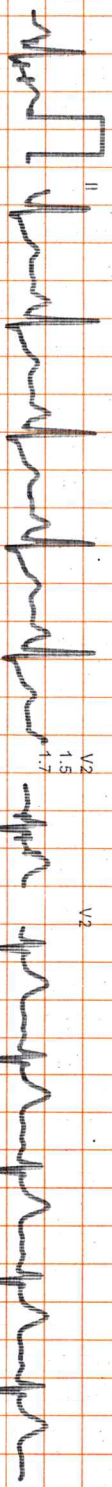
4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

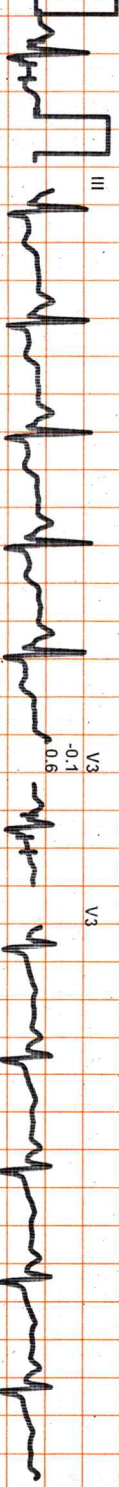
STL 0.8
SIS 1.0



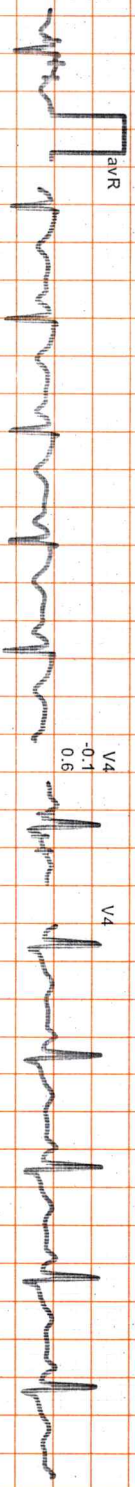
V1



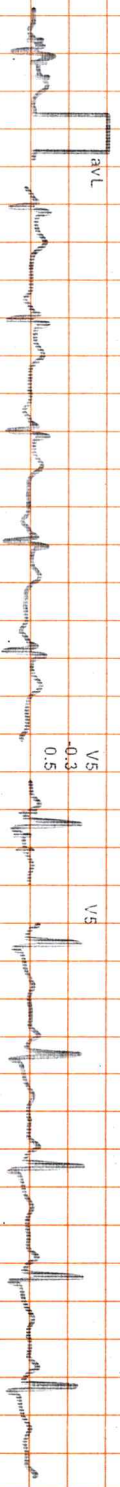
V2



V3



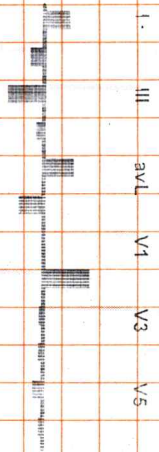
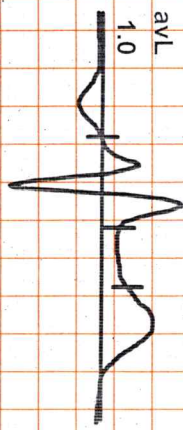
V4



V5



V6



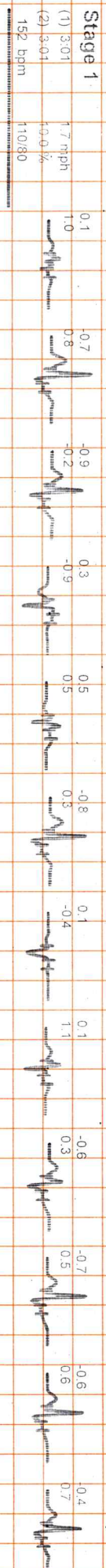
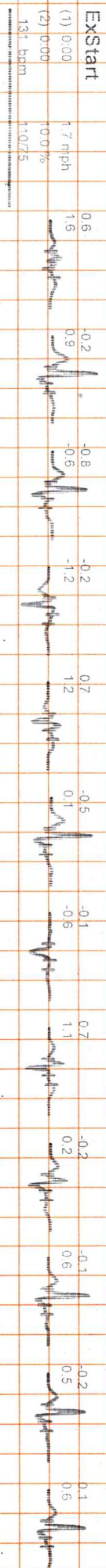
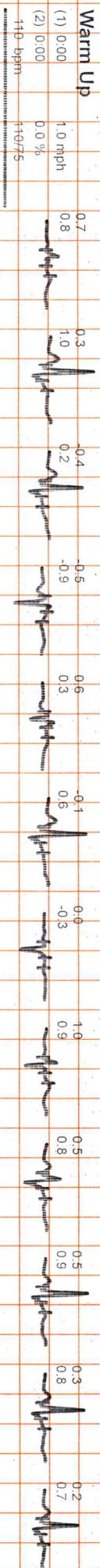
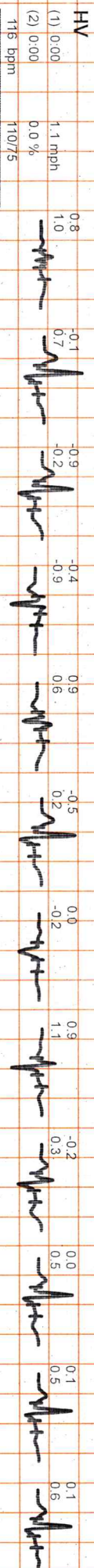
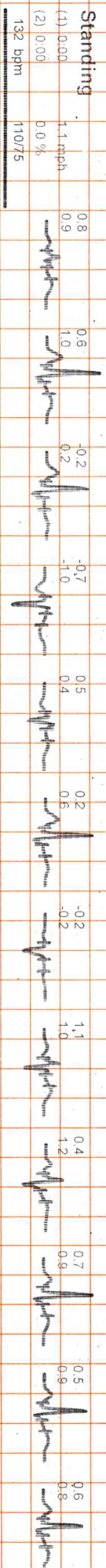
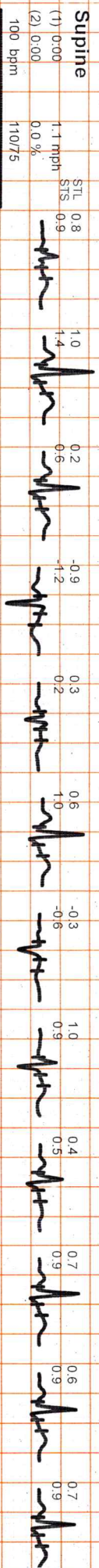
REMARKS:

(GEM210151123)Gemini A-DX by Allergens



Date: 20-Jun-2022 10:23:59 AM

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



(GEMZ 0151123) Gemini A-DX by Allergers



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

