

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND \* COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : PRIYA VERMA

Age / Gender : 30 years / Female

Endo ID : 109693

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Feb 25, 2023, 12:49 p.m.

Reported Date & Time : Feb 25, 2023, 01:28 p.m.

Sample ID :



230560070

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

<sup>SR</sup> Blood Glucose-Post Prandial

109.00

mg/dL

70 - 140

Method : Hexokinase

**\*\*END OF REPORT\*\***

**Dr. Nishi Prasad**

M.D. (Patho.)

Consultant Radiologist & Sonologist

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4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**Patient Name :** PRIYA VERMA

**Age / Gender :** 30 years / Female

**Endo ID :** 109693

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** Feb 25, 2023, 10:50 a.m.

**Reported Date & Time :** Feb 25, 2023, 12:32 p.m.

**Sample ID :**



230560016



Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

ESR	15	mm	0 - 20
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**\*\*END OF REPORT\*\***

**Dr. Nishi Prasad**  
M.D. (Patho)

**Patient Name :** PRIYA VERMA  
**Age / Gender :** 30 years / Female  
**Endo ID :** 109693  
**Organization :** Goyal Diagnostics Profile  
**Referral :** MEDIWHEEL



**Collected Date & Time :** Feb 25, 2023, 10:50 a.m.

**Reported Date & Time :** Feb 25, 2023, 11:52 a.m.

**Sample ID :**



230560016

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**LIPID PROFILE**

<b>Cholesterol Total</b> Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	192.5	mg/dL	130 -250
<b>Triglycerides</b> Method : ENZYMETIC COLORIMETRIC	94.6	mg/dL	60 -170
<b>HDL Cholesterol</b> Method : PHOSPHOTUNGSTIC ACID	51.2	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
<b>VLDL Cholesterol</b> Method : Calculated	18.92	mg/dL	6 - 38
<b>LDL Cholesterol</b> Method : Calculated	122.38	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
<b>CHOL/HDL Ratio</b> Method : Calculated	3.76		2.6-4.9
<b>LDL/HDL Ratio</b> Method : Calculated	2.39		0.5-3.4

**\*\*END OF REPORT\*\***

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**Collected Date & Time :** Feb 25, 2023, 10:50 a.m.

**Reported Date & Time :** Feb 25, 2023, 12:00 p.m.

**Sample ID :**



230560016

Test Description	Value(s)	Unit(s)	Reference Range
<b>IMMUNOLOGY</b>			
T3-Triiodothyronine Method : CHEMILUMINOENCE	0.72	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOENCE	6.2	ug/dL	4.5 -10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOENCE	2.58	uIU/mL	0.35-5.50

**Interpretation:**

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

**\*\*END OF REPORT\*\***

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**HAEMATOLOGY**

<b>HbA1c (GLYCOSYLATED HEMOGLOBIN)</b>	5.3	%	> 8% Action Suggested 7 - 8 % Good Control < 7% Goal 6 - 7 % Near Normal Glycemia < 6% Normal level
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**BIOD**  
Method : Nephelometry Methodology

**Instrument: Mispa i2**

**Clinical Information:**

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

<b>AVERAGE BLOOD GLUCOSE</b>	105.41		90 - 120 Very Good Control 121 - 150 Adequate Control 51 - 180 Sub-optimal Control 181 - 210 Poor Control > 211 Very Poor Control
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**\*\*END OF REPORT\*\***

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Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**RENAL FUNCTION TEST**

Uric Acid Method : Uricase	21.1	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.74	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	3.36	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	8.81	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	142	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.3	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	105	mmol/L	98 - 106

\*\*END OF REPORT\*\*

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Test Description	Value(s)	Unit(s)	Reference Range
<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	11.3	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	4.69	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	35.3	%	42 - 52
Mean Cell Volume (MCV)	75.3	FL	78 - 100
Mean Cell Haemoglobin (MCH)	24.1	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	32.0	g/dl	32 - 36
Red Cell Distribution Width (RDW)	14.5	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6000	Cell/cu.mm	4000 - 10000
Neutrophils	60	%	40 - 80
Lymphocytes	33	%	20 - 40
Monocytes	04	%	2 - 10
Eosinophils	03	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	12.4	fL	7.2 - 11.7
Platelet Count	0.27	%	0.2 - 0.5
Platelet Count	217	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

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Referral : MEDIWHEEL



Collected Date &amp; Time : Feb 25, 2023, 10:50 a.m.

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Sample ID :



230560016

Test Description	Value(s)	Unit(s)	Reference Range
<b>BIOCHEMISTRY</b>			
IRON - SERUM	89.5	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	386	ug/dL	228 - 428
FERRITIN	7.9	ng/mL	Male:22-322 Female:10-291
Method : Serum CLIA			
TRANSFERRIN SATURATION %	23.19	%	16 - 50
Method : Calculated			

**INTERPRETATION**

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia &amp; Sideroblastic anemia

-Malignant conditions - Acute myeloblastic &amp; Lymphoblastic leukemia, Hodgkin's disease &amp; Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute &amp; Chronic hepatocellular disease

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Test Description	Value(s)	Unit(s)	Reference Range
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Decreased Levels

-Iron deficiency anemia



**\*\*END OF REPORT\*\***

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## BIOCHEMISTRY

### LIVER FUNCTION TEST

Bilirubin - Total	0.61	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.21	mg/dL	0.0 - 0.30
Bilirubin - Indirect	0.40	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	28.1	U/L	5.0 - 40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	25.6	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	53.6	U/L	<b>MALE &amp; FEMALE</b> 4-15 YEAR: 54-369 U/L 20-59 YEAR: 42-98 U/L >60 YEAR: 53-141 U/L
Method : IFCC with Serum			
Total Protein	7.17	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.24	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.93	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.45		1.5 - 2.5
Method : Calculated			

**\*\*END OF REPORT\*\***

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**Referral :** MEDIWHEEL

**Collected Date & Time :** Feb 25, 2023, 10:50 a.m.

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**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Gamma GT

16.2

U/L

5-36

Method : G-Glutamyl-Carboxy-Nitroanilide

**Interpretation**

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

**\*\*END OF REPORT\*\***

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230560016

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**HAEMATOLOGY**

**BLOOD GROUP ABO AND RHTYPE**

'B' POSITIVE

Method : Gel Technique & Tube Agglutination

**Medical Remark :**

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

**\*\*END OF REPORT\*\***

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**Sample ID :**



230560016

Test Description	Value(s)	Unit(s)	Reference Range
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**CLINICAL PATHOLOGY**

**General Examination**

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.020		1.005 - 1.030

**Chemical Examination**

Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL

**Microscopic Examination**

Pus cells (WBCs)	2-3	/hpf	0-9
Epithelial cells	1-2	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Casts	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

**\*\*END OF REPORT\*\***

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**\*\*END OF REPORT\*\***

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Sample ID :



230560016

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

**BIOCHEMISTRY**

Glucose fasting

89.70

mg/dL

70.0-110.0

Method : Fluoride Plasma-F, Hexokinase

**\*\*END OF REPORT\*\***

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NAME- Priya Verma

AGE- 38 yrs

DATE - 28-05-2023

REF BY -

**SKIAGRAM CHEST PA VIEW**

Both cp angles are clear.  
Cardiac size is within normal limits.  
Both lungs fields are clear.

**NAD IN HEART AND LUNGS**

**Dr. DEVENDRA GOYAL (M)**  
MBC No. 4004250/1500  
[Signature]



<b>NAME</b> :	<b>PRIYA VERMA</b>	<b>DATE</b> :	<b>25-02-2023</b>
<b>AGE</b> :	<b>30 YRS</b>	<b>REF BY</b> :	<b>MEDIWHEEL</b>
<b>SEX</b> :	<b>FEMALE</b>		

**INTERPRETATION SUMMARY**

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR , TRACE MR
- . RVSP 30 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

**M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)**

LVID d	40.6	LVEDV	
LVID s	26.0	LVESV	
RVID(d)	---	SV	-
IVS d	9.3	F.S	35%
IVS S	13.0	EF	65%
LVPW d	8.7	C.O	-
LVPWS	12.7	MITRAL VALVE	-
AORTIC ROOT	26.2	EF SLOPE	-
LEFT ATRIUM	28.4	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

**DOPPLER MEASUREMENTS & CALCULATIONS:**

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 105 A- 70	-	TRACE
TRICUSPID VALVE	NORMAL	225	-	MILD
PUL VALVE	NORMAL	101	-	NIL
AORTIC VALVE	NORMAL	116	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 30 MM HG	MVA

Dr. DEVENDRA GOYAL (M.D.)  
RMC No:-004250/15000

ग लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

NAME – Priya Verma

AGE – 30 Yrs

Date—25-02-2023

REF BY –

**USG ABDOMEN-PELVIS**

**LIVER:** is Normal in size 13.5 cm and shows homogeneous echotexture.  
No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.  
The portal vein and common bile duct show normal caliber.

**GALL BLADDER:** distended and shows smooth walls. Wall thickness appears normal.  
No evidence of sludge/ calculus . No evidence of pericholecystic collection.

**SPLEEN:** normal in size and shows normal echopattern.

**PANCREAS:** Normal in size , shape and position.  
Parenchyma is homogenous.

**KIDNEYS:** Both the kidneys are normal in size , shape and location. Both show normal cortico- medullary differentiation.

No evidence of hydronephrosis or calculus.

**Right kidney** –measures 9.3 x 3.7 cm  
**Left kidney** -- measures 10.2 x 4.0 cm

**URINARY BLADDER:** is distended with smooth walls.  
No evidence of diverticulum or calculus

**UTERUS:** Normal In Size Shape And Position 4.7 x 5.2 x 3.7 cm  
Myometrium is homogenous and normal in thickness.  
Endometrium Is Normal

**OVARY:** both ovaries are normal in size and appear normal.

No evidence of ascites / pleural effusion.

**IMPRESSION :-- Abdominal Organs are Within Normal Limits .**

(Adv- clinical correlation , further evaluation)

Dr. DEVENBA GOYAL (M.D.)  
RMC No.: 004250/15000  
Consultant Radiologist

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL PURPOSE.

Patient Name: Mr. PRIYA 30/M

February 26, 2023

Time: 09:04:32

5 Seconds ECG Report

P-QRS-T Axis (53)-(52)-(-26) deg

PR Interval: 0.08 sec  
QRS Duration: 0.080 Sec

RR Interval: 0.74 sec

HR : 80 bpm  
BP : 0/0 mmHg



INTERPRETATION

Sinus Rhythm, Normal QRS Width, Normal QT interval, QRS Axis is normal.  
PR is short, T wave inversion in Lead III, aVF, V1, V5,  
ECG not normal

\*Unconfirmed Reporting. Refer to Clinician

DR  
MD

