

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



General Physical Examination

Date of Examination: 05/02/2023

Name: VIDYA Age: 44 Sex: F

DOB: 20/01/1979

Referred By: BOB

Photo ID: Adhew. ID #: attached

Ht: 168 (cm)

Wt: 88 (Kg)

Chest (Expiration): 103 (cm)

Abdomen Circumference: 100 (cm)

Blood Pressure: 140/86 mm Hg PR: 90 / min RR: 16 / min Temp: Afebrile

BMI 31.2

Eye Examination: Dys vision B/L eyes G/S with specs. Near vision N/G. NO colour blindness.



Other: not significant.

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

Signature Of Examinee: *VIDYA* Name of Examinee: _____


Signature Medical Examiner: _____ Name Medical Examiner: _____

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

भारत सरकार
 Government of India

Download Date: 23/02/2021


 विद्या
 Vidya
 जन्म तिथि/DOB: 20/01/1979
 महिला/ FEMALE



Issue Date: 22/02/2021

6402 8403 0566
VID : 9120 3689 8706 8197

मेरा आधार, मेरी पहचान

Handwritten signature in blue ink


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

भारत सरकार
 Government of India

पता:
 W/O मनोज कुमार, 116, लायन्स लेन, सिरसी रोड,
 पंचय्यावाला, जयपुर,
 राजस्थान - 302034

Address:
 W/O Manoj Kumar, 116, Lions Lane, Sirsi
 Road, Panchyawala, Jaipur,
 Rajasthan - 302034



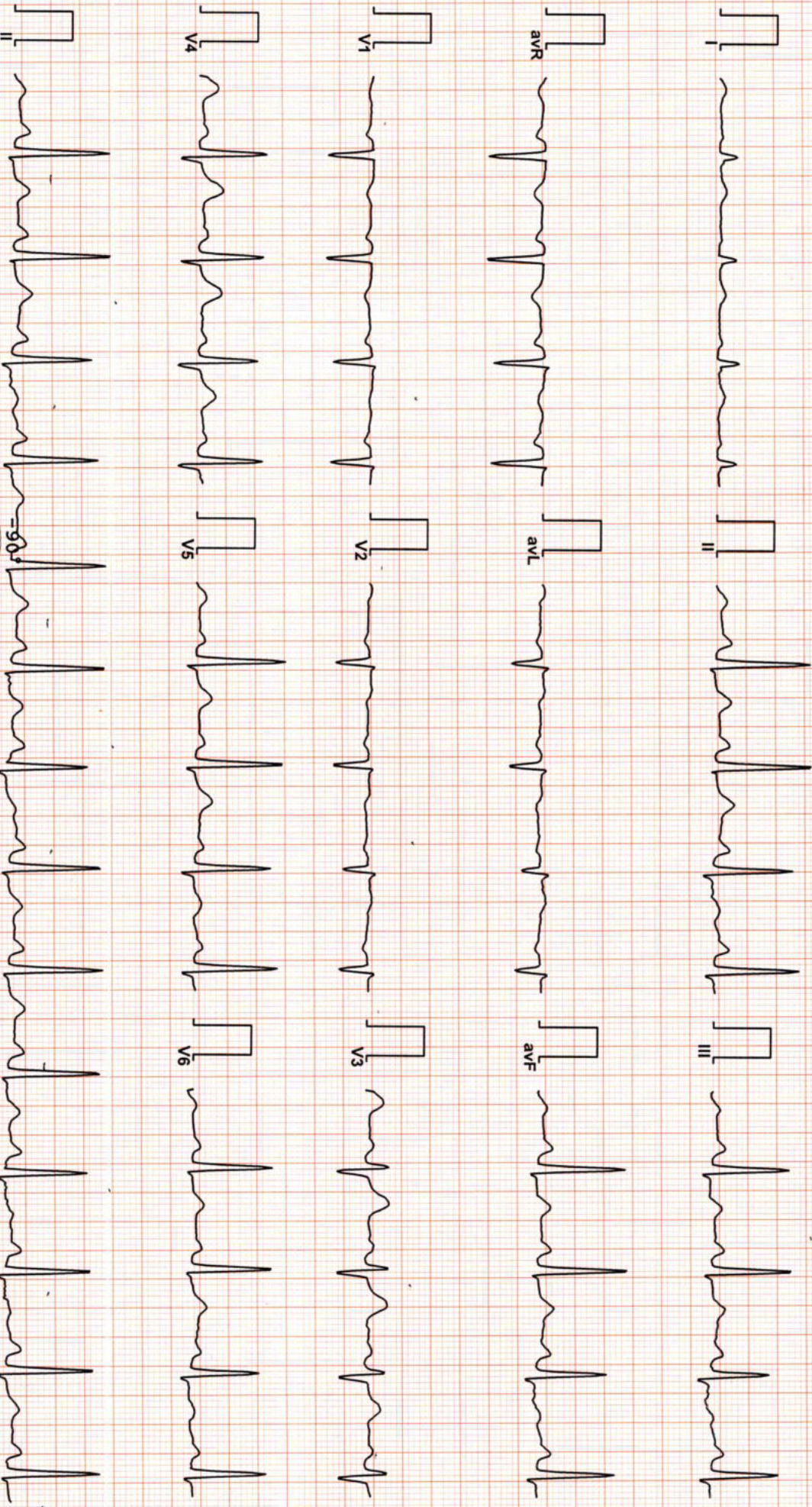
6402 8403 0566
VID : 9120 3689 8706 8197

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

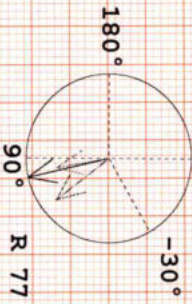
DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

3621 / MRS VIDYA / 44 Yrs / F / Non Smoker
Heart Rate : 85 bpm / Tested On : 05-Feb-23 12:38:29 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB

EKG



Vent Rate : 85 bpm
PR Interval : 164 ms
QRS Duration: 88 ms
QT/QTc Int : 378/424 ms
P-QRS-T axis: 80.00° 77.00° 52.00°



Allergens ECG (Piscas)(PIS218210312)

nm
Dr. Nareesh Kumar Mohankar
BMC No. 35703
Reported By: **Dr. Nareesh Kumar Mohankar**
(RCGP-UK)

DR. GOYALS PATH LAB & IMAGING CENTER

JAIPUR Email:

Report



MRS VIDYA / 44 Yrs / F / 0 Cms / 0 Kg
 Date: 05 / 02 / 2023 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	01.1	00.0	01.0	088	50 %	120/80	105	00	
Standing	00:27	0:13	01.1	00.0	01.0	084	48 %	120/80	100	00	
HV	00:41	0:14	01.1	00.0	01.0	088	50 %	120/80	105	00	
Warm Up	00:59	0:18	01.1	00.0	01.0	104	59 %	120/80	124	00	
ExStart	01:35	0:36	01.1	00.0	01.0	108	61 %	120/80	129	00	
BRUCE Stage 1	04:35	3:00	01.7	10.0	04.7	141	80 %	126/84	177	00	
BRUCE Stage 2	07:35	3:00	02.5	12.0	07.1	161	91 %	130/90	209	00	
PeakEx	08:54	1:19	03.4	14.0	08.5	171	97 %	130/90	222	00	
Recovery	09:54	1:00	00.0	00.0	01.2	155	88 %	134/90	207	00	
Recovery	10:54	2:00	00.0	00.0	01.0	133	76 %	130/90	172	00	
Recovery	11:54	3:00	00.0	00.0	01.0	123	70 %	124/80	152	00	
Recovery	12:54	4:00	00.0	00.0	01.0	119	68 %	120/80	142	00	
Recovery	13:50	4:56	00.0	00.0	01.0	109	62 %	120/80	130	00	

FINDINGS :

Exercise Time : 07:19
 Max HR Attained : 171 bpm 97% of Target 176
 Max BP Attained : 134/90 (mm/Hg)
 Max Workload Attained : 8.5 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Base line ecg show qrs in lead v1 v2.
 There is mild st t changes seen during exercise
 in inferior leads which reversed to base line
 within in 1 min of recovery again reappeared
 during late recovery.
 Tmt positive for RMI.
 Correlate clinically +

Dr. Nareesh Kumar Mishra
 MBBS, D.M. CARDIO (ESCORTS)
 D.E.M. (RCGP-UK)
 Doctor : P



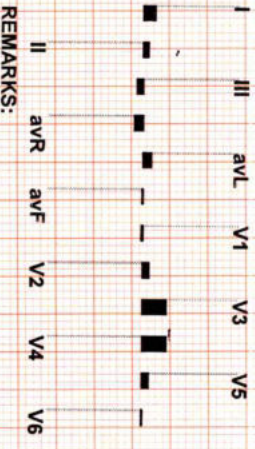
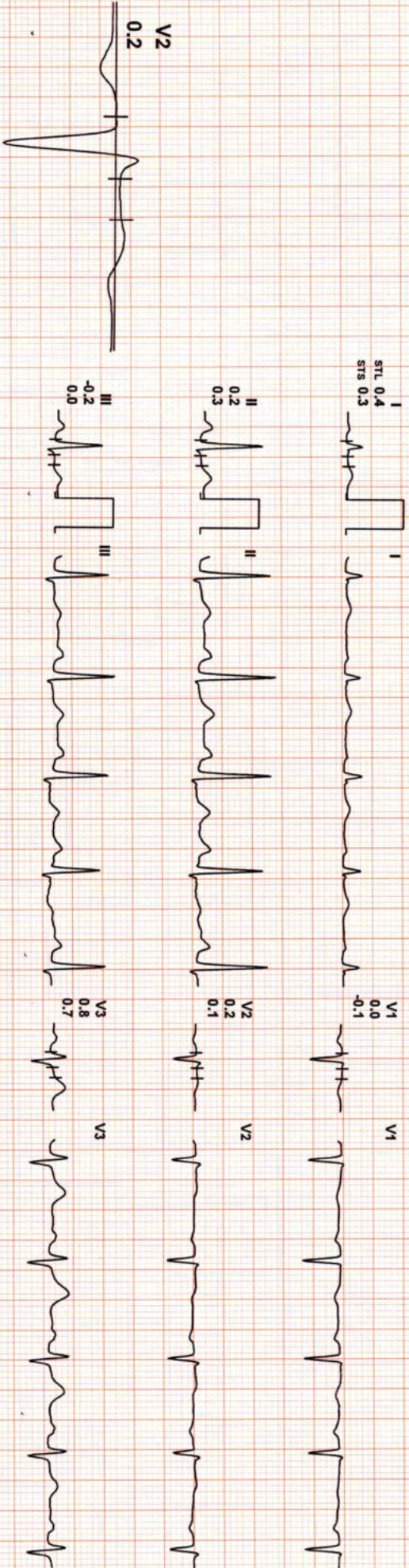
Date: 05 / 02 / 2023

METS: 1.0 / 84 bpm 48% of THR BP: 120/80 mmHg Raw ECG/ BLC ON/ Notch ON/ HF 0.05 HZ/ LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 05 / 02 / 2023

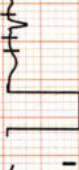
METS: 1.0/ 88 bpm 50% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec, 1.0 Cm/mV

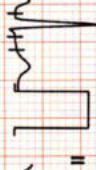
I
STL 0.5
STS 0.3



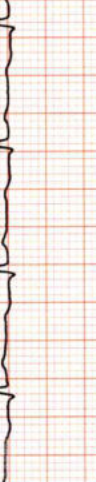
V1
0.0
-0.1



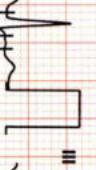
II
0.2
0.3



V2
0.3
0.1



III
-0.3
0.0



V3
0.8
0.7



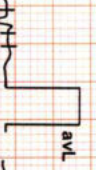
aVR
-0.3
-0.3



V4
0.8
0.7



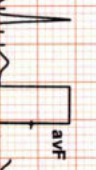
aVL
0.4
0.2



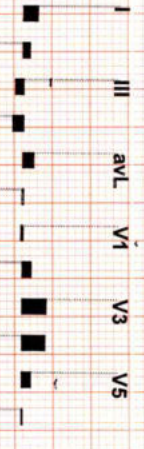
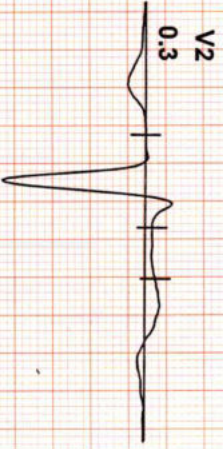
V5
0.3
0.4



aVF
0.0
0.2



V6
-0.0
0.2



REMARKS:



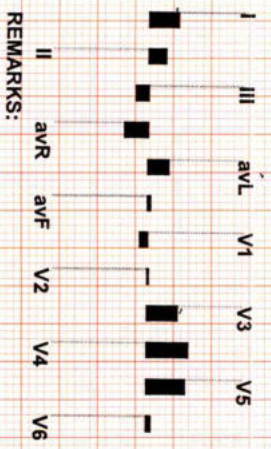
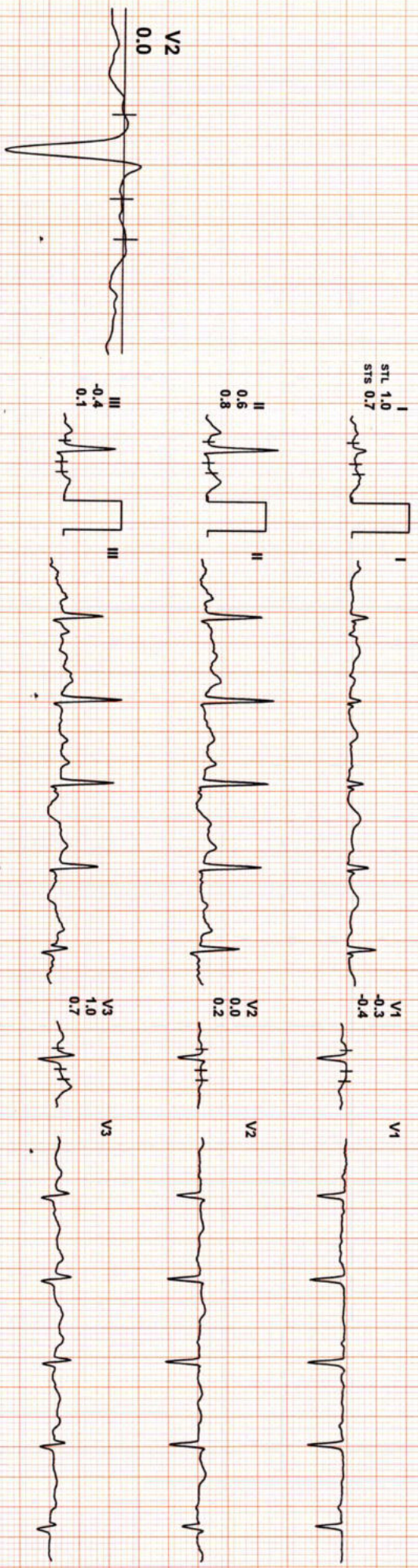
Date: 05 / 02 / 2023

METS: 1.0/ 88 bpm 50% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

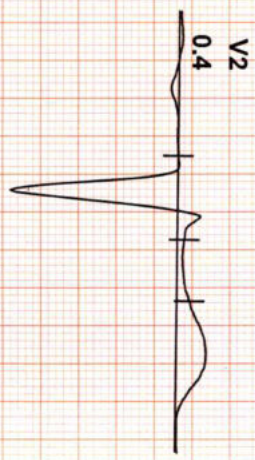


Date: 05 / 02 / 2023

METS: 1.0 / 104 bpm 59% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



I
STL 0.5
STS 0.4

II
-0.2
0.1

III
-0.7
-0.3

aVR
-0.2
-0.3

aVL
0.6
0.4

aVF
-0.4
0.0

V1
0.0
0.0

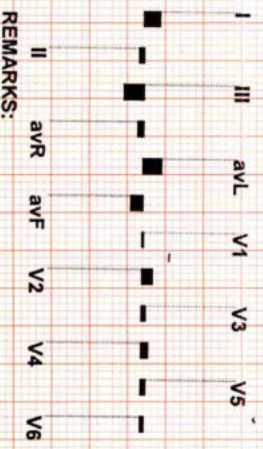
V2
0.4
0.2

V3
0.1
0.2

V4
0.2
0.4

V5
0.1
0.2

V6
0.1
0.3



REMARKS:



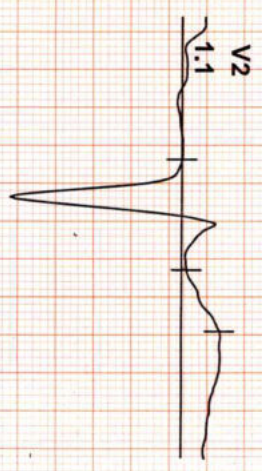
Date: 05 / 02 / 2023

METS: 1.0 / 108 bpm 61% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



STL 1.1
STS 1.7

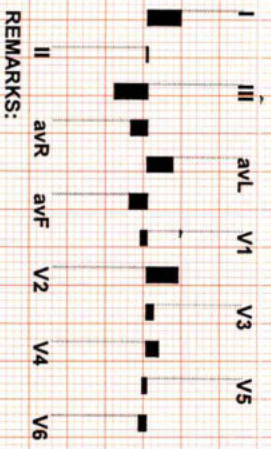
I 0.0
II 0.0
III -1.1
aVR -0.5
aVL 0.9
aVF -0.6
V1 -0.2
V2 1.1
V3 0.2
V4 0.4
V5 -0.1
V6 -0.2

III -1.1
-0.7

aVR -0.5
-1.4

aVL 0.9
1.2

aVF -0.6
0.2



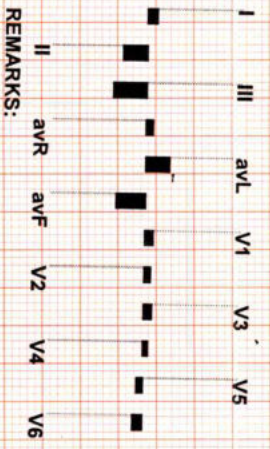
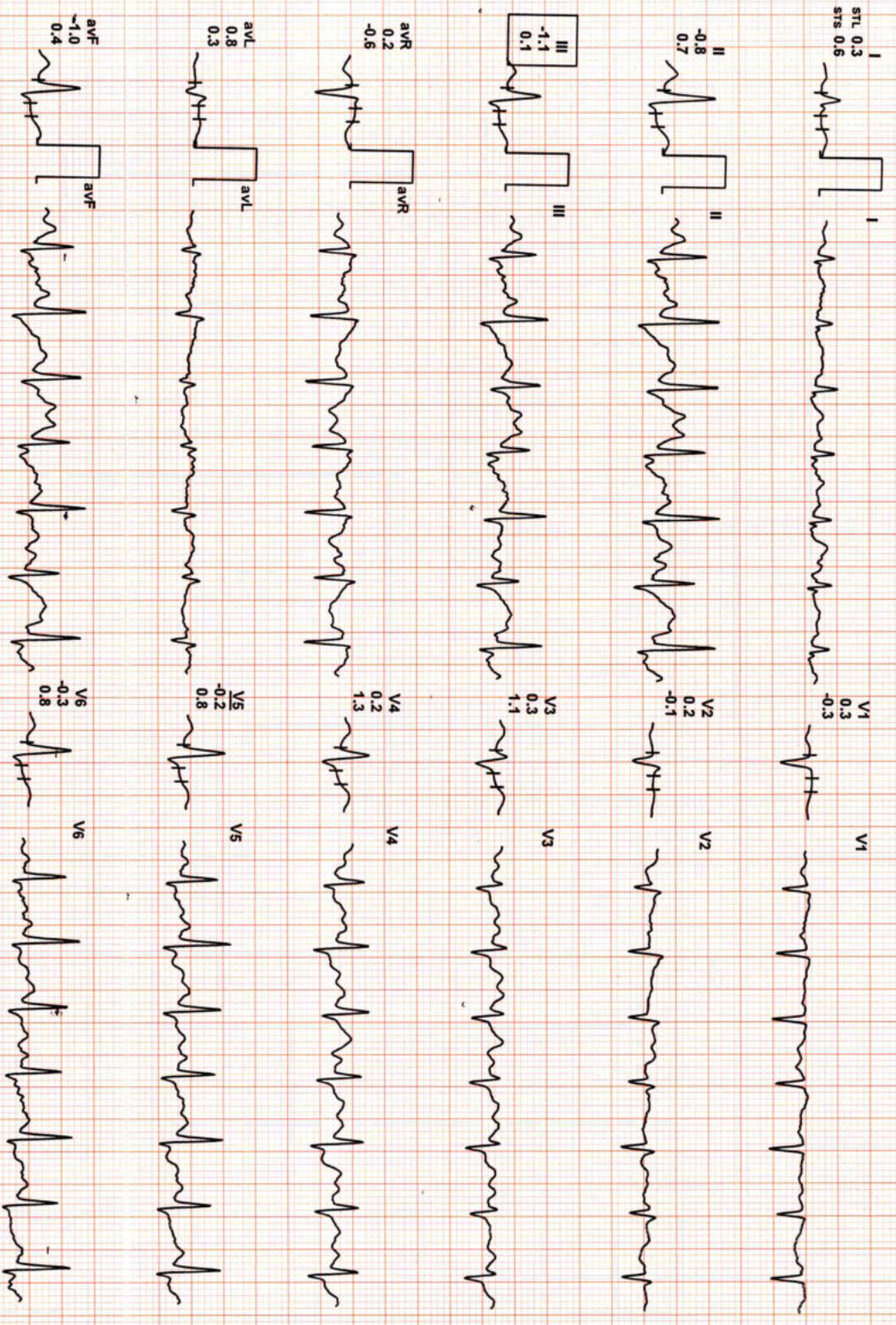
REMARKS:



Date: 05 / 02 / 2023
4X 60 ms Post J

METS: 4.7 / 141 bpm 80% of THR BP: 126/84 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



REMARKS:



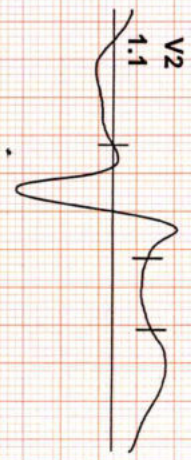
Date: 05 / 02 / 2023

METS: 7.1/ 161 bpm 91% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.5
STS 1.0



V1

V1

II
-0.5
1.7



V2

V2

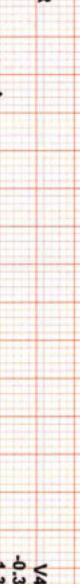
III
-1.0
0.7



V3

V3

aVR
0.0
-1.4



V4

V4

aVL
0.7
0.2



V5

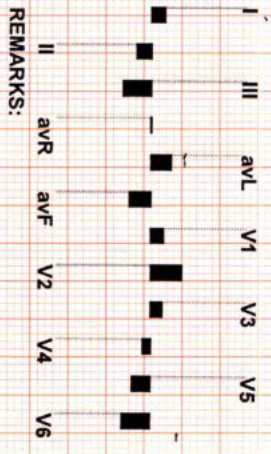
V5

aVF
-0.7
1.2

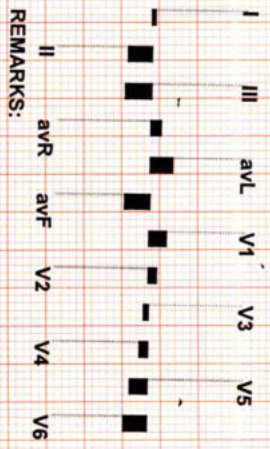
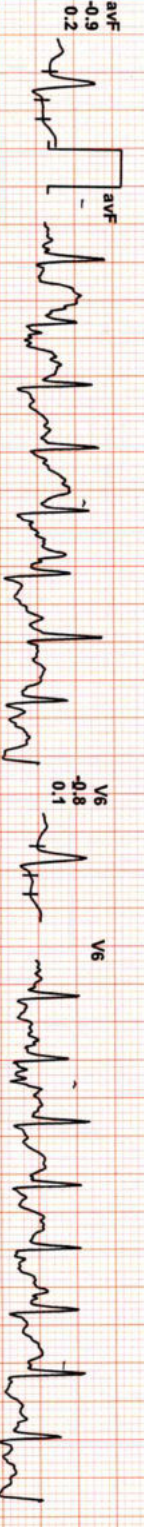
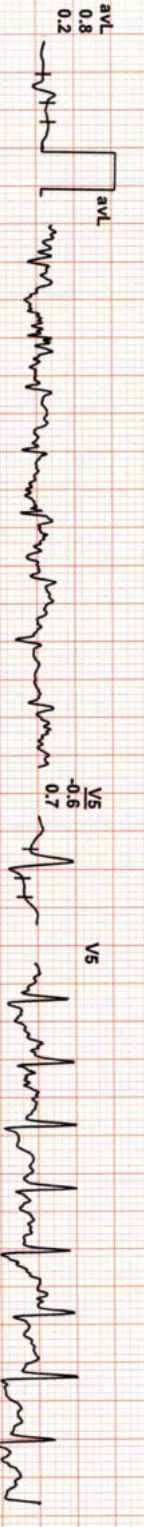
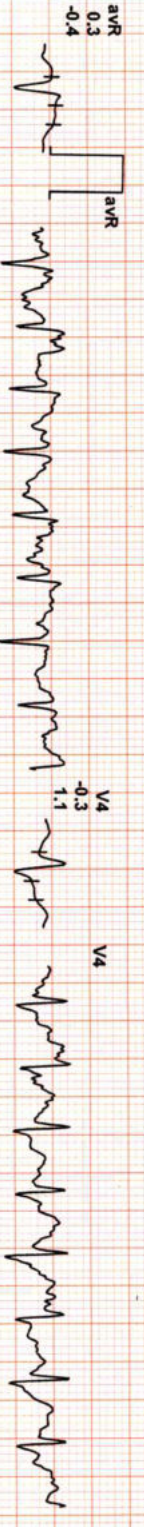
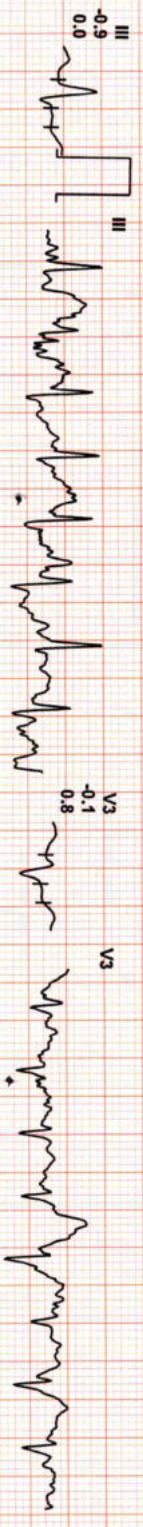
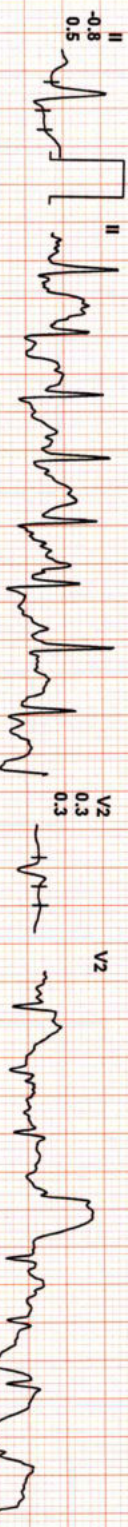
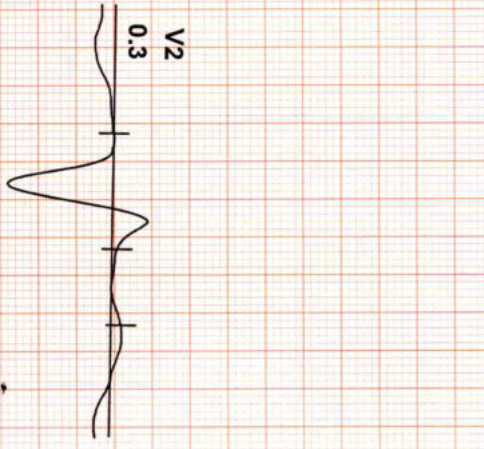


V6

V6



REMARKS:



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTER

MRS VIDYA / 44 Yrs / F / 0 Cms / 0 Kg / HR : 155

Recovery(1:00)

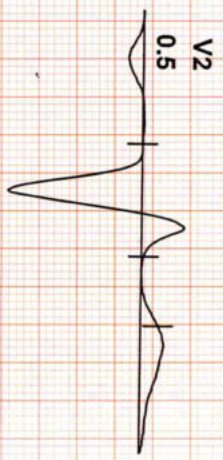


Date: 05 / 02 / 2023

METS: 1.2/155 bpm 88% of THR BP: 134/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:19 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 m/s Post J



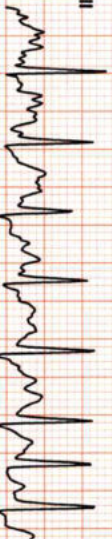
I
STL 0.7
STS 1.1



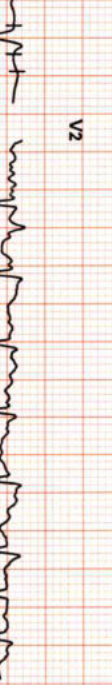
V1
0.2
-0.1



II
0.4
1.3



V2
0.5
0.8



III
-0.5
0.1



V3
1.4
2.0



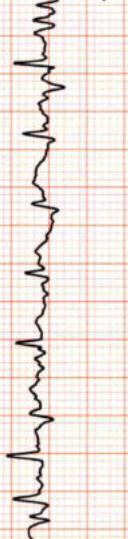
aVR
-0.6
-1.2



V4
0.7
1.9



aVL
0.7
0.4



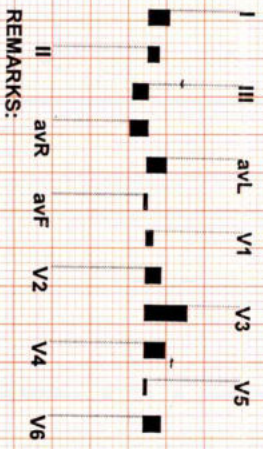
V5
0.1
1.5



aVF
-0.1
0.7



V6
-0.6
1.2



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTER

MRS VIDYA / 44 Yrs / F / 10 Cms / 0 Kg / HR : 133

Recovery(2:00)

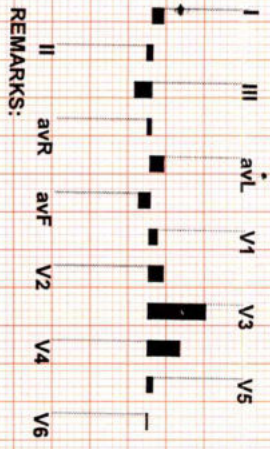
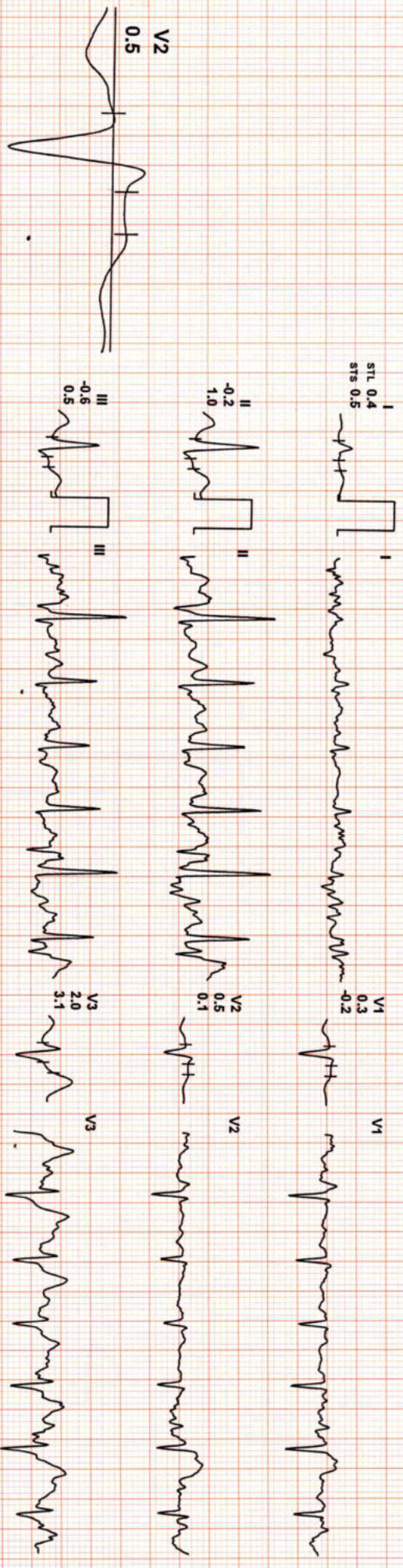


Date: 05 / 02 / 2023

METS: 1.0/ 133 bpm 76% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 07:19 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



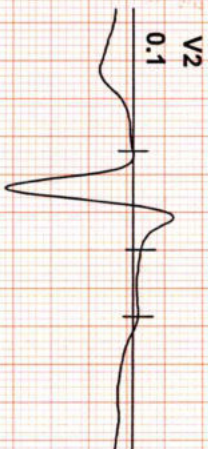
REMARKS:



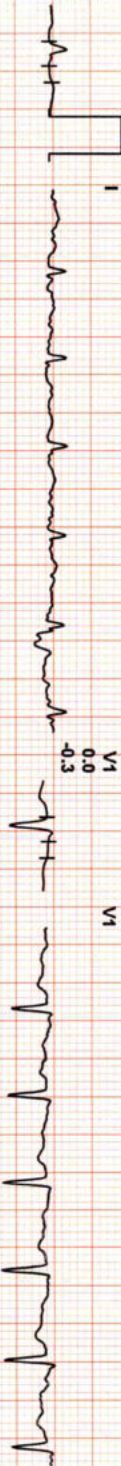
Date: 05 / 02 / 2023
4X 70 ms Post J

METS: 1.0/ 123 bpm 70% of THR BP: 124/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

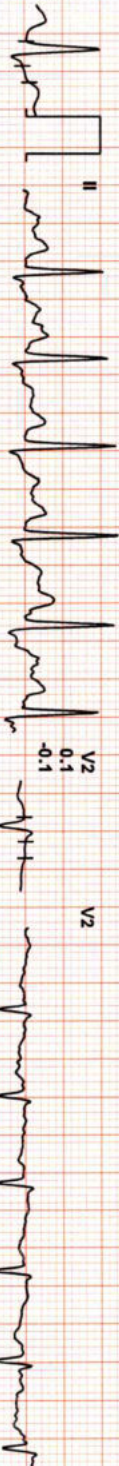
ExTime: 07:19 0.0 mph, 0.0%
25 mmSec. 1.0 Cm/mV



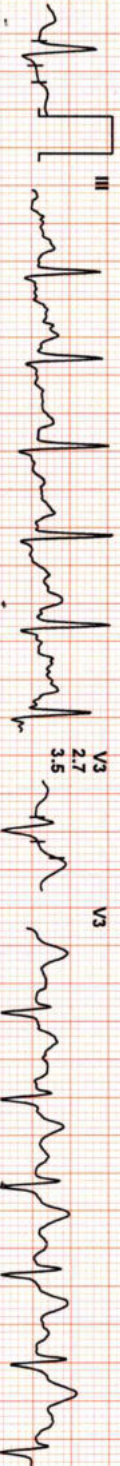
I 0.4
aVL 0.4
STs 0.5



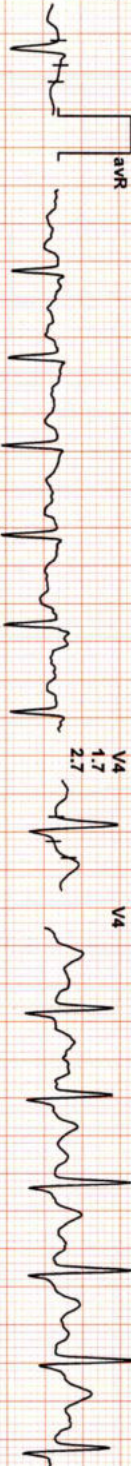
II 0.4
1.3



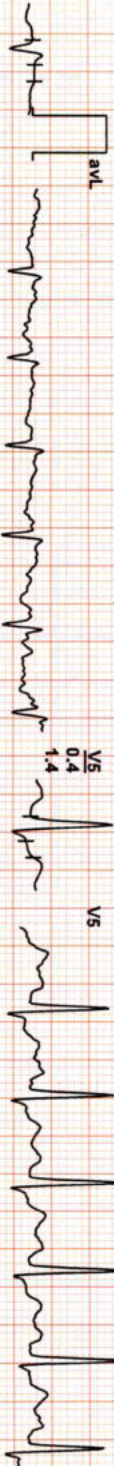
III 0.0
0.7



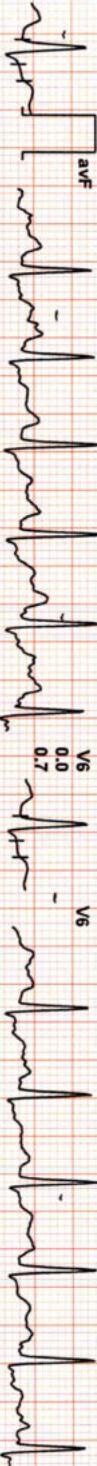
aVR -0.3
-0.8



aVL 0.2
0.0



aVF 0.3
0.3
1.1



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



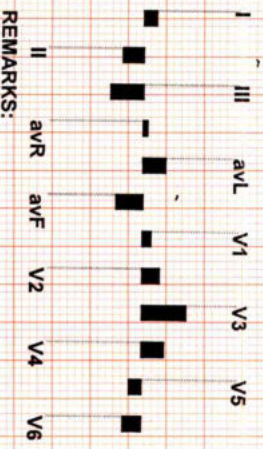
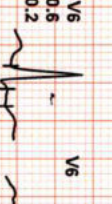
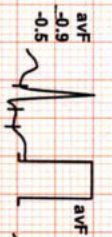
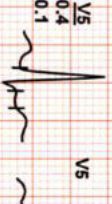
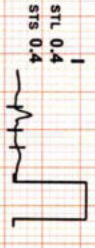
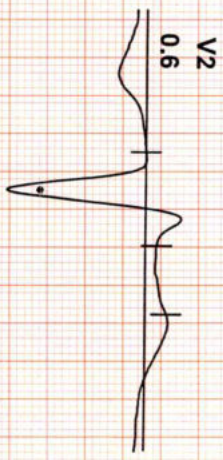
Date: 05 / 02 / 2023

METS: 1.01 119 bpm 68% of THR BP: 120/80 mmHg Raw ECG/ BLC Onv Notch Onv HF 0.05 Hz/LF 35 Hz

ExTime: 07:19 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:



MRS VIDYA / 44 Yrs / F / 0 Cms / 0 Kg / HR : 109

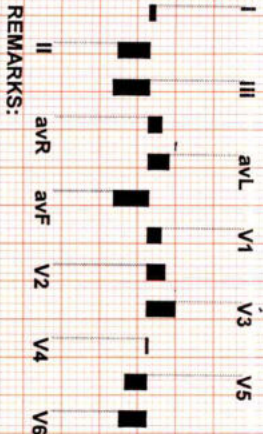
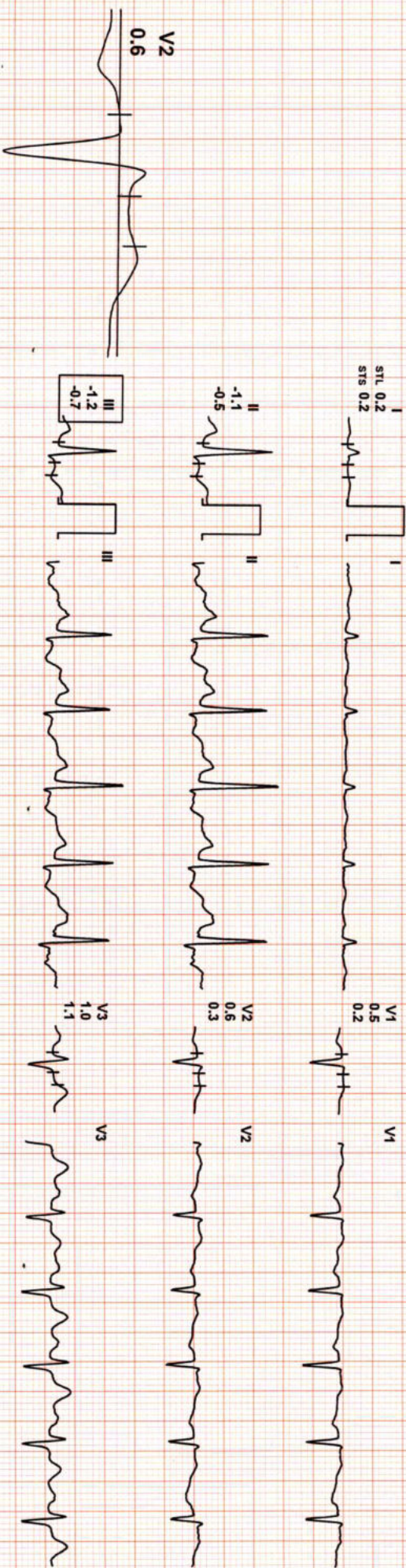
Date: 05 / 02 / 2023

METS: 1.0/ 109 bpm 62% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:19 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

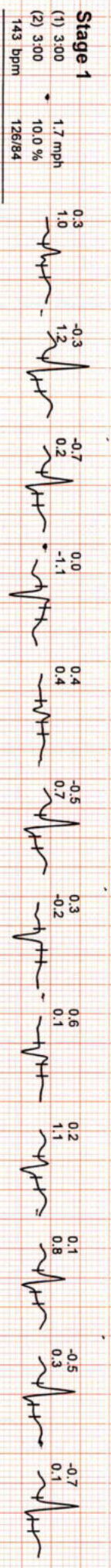
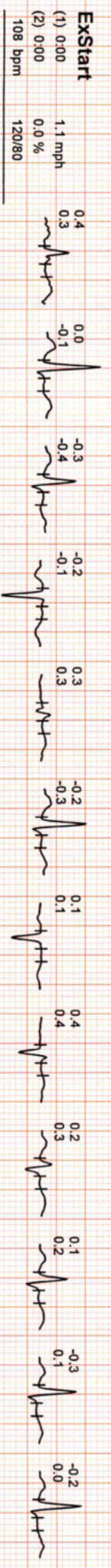
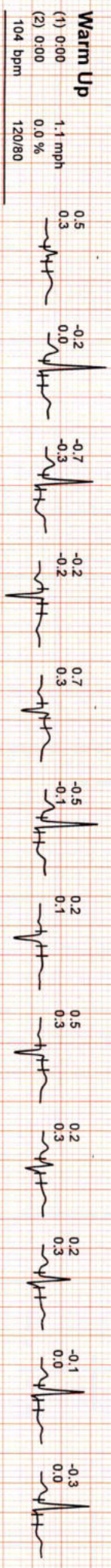
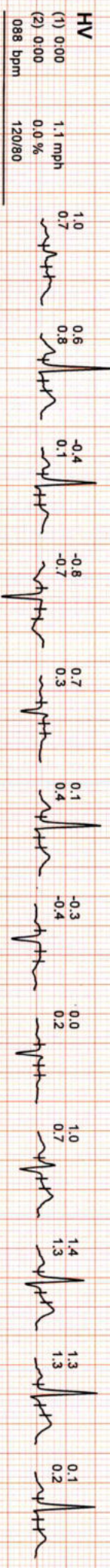
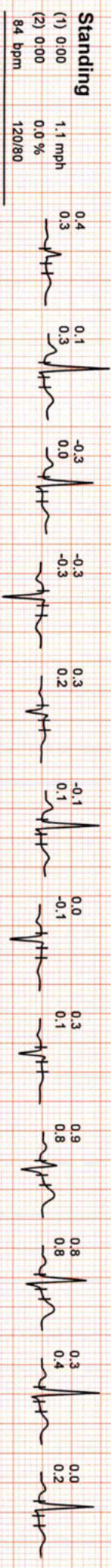
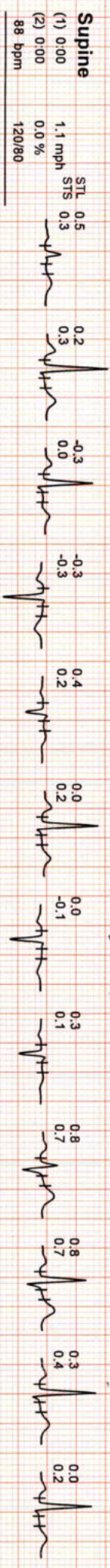
DR. GOYALS PATH LAB & IMAGING CENTER

MRS VIDYA / 44 Yrs / F / 10 Cms / 0 Kg / HR : 85

Average



Date: 05 / 02 / 2023



DR. GOYALS PATH LAB & IMAGING CENTER

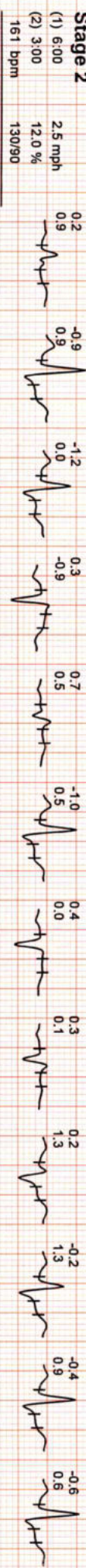
MRS VIDYA / 44 Yrs / F / 0 Cms / 0 Kg / HR : 85

Average

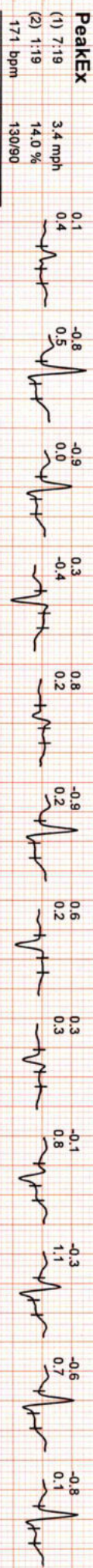


Date: 05 / 02 / 2023

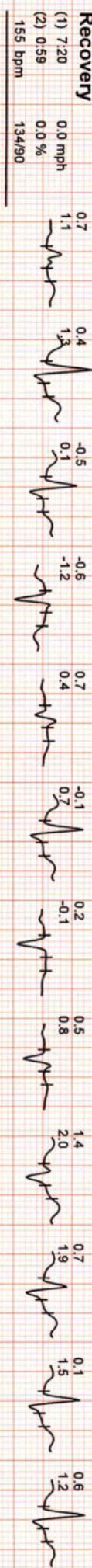
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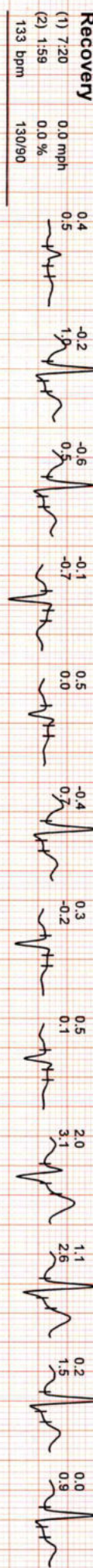
PeakEx



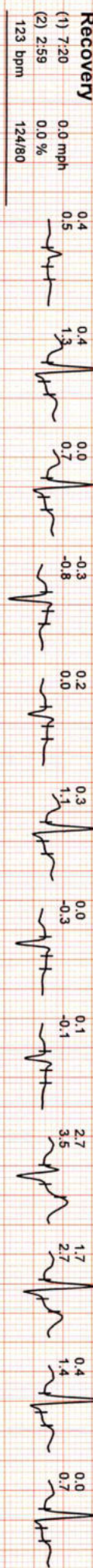
Recovery



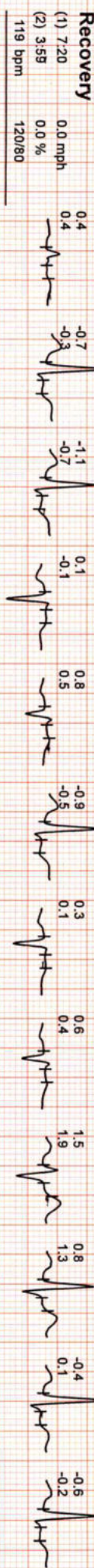
Recovery



Recovery



Recovery

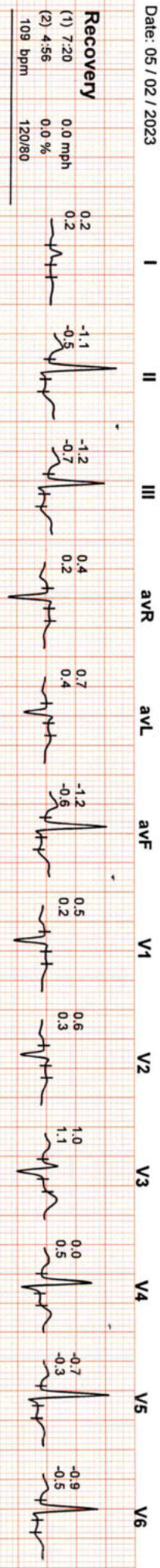


DR. GOYALS PATH LAB & IMAGING CENTER

MRS VIDYA / 44 Yrs / F / 0 Cms / 0 Kg / HR : 85

Date: 05 / 02 / 2023

Average



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Date :- 05/02/2023 11:30:12

Patient ID :-122229413

NAME :- Mrs. VIDYA

Ref. By Dr:-

Sex / Age :- Female 44 Yrs 16 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 05/02/2023 11:42:11

Final Authentication : 05/02/2023 12:32:07

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGEFEMALE ABOVE 40			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	11.7 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.72	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	71.9	%	40.0 - 80.0
LYMPHOCYTE	22.6	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	3.0	%	2.0 - 10.0
BASOPHIL	0.5	%	0.0 - 2.0
NEUT#	4.12	10 ³ /uL	1.50 - 7.00
LYMPH#	1.29	10 ³ /uL	1.00 - 3.70
EO#	0.11	10 ³ /uL	0.00 - 0.40
MONO#	0.17	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	3.99	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	33.90 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	85.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.5	g/dL	31.5 - 34.5
PLATELET COUNT	247	x10 ³ /uL	150 - 410
RDW-CV	13.9	%	11.6 - 14.0
MENTZER INDEX	21.30		

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.

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Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 05/02/2023 11:42:11

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HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)	18	mm/hr.	00 - 20
---	----	--------	---------

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

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

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

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

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR " $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC): Methodology: TLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Sex / Age :- Female 44 Yrs 16 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, C₁₂U₂ETP# 05/02/2023 11:42:11

Final Authentication : 05/02/2023 15:12:15

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO " O " POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) 95.3 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: 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) 112.5 mg/dl 70.0 - 140.0
Method:- GOD PAP

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 .

URINE SUGAR (FASTING) Nil Nil
Collected Sample Received

AJAYSINGH, MUKESHSINGH, SURENDRAKHANGA, VIJENDRAMEENA
Technologist

Page No: 3 of 12



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(D.M.R.D.)
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Date :- 05/02/2023 11:30:12

Patient ID :-122229413

NAME :- Mrs. VIDYA

Ref. By Dr:-

Sex / Age :- Female 44 Yrs 16 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- STOOL

Sample Collected Time 05/02/2023 11:42:11

Final Authentication : 05/02/2023 12:50:47

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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STOOL ANALYSIS

PHYSICAL EXAMINATION

MUCUS

BLOOD

MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA
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Page No: 4 of 12



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Date :- 05/02/2023 11:30:12 Patient ID :-122229413
NAME :- Mrs. VIDYA Ref. By Dr:-
Sex / Age :- Female 44 Yrs 16 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/02/2023 11:42:11

Final Authentication : 05/02/2023 12:50:29

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	185.87	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	68.37	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	52.69	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	121.79	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	13.67	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.53		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.31		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	507.74	mg/dl	400.00 - 1000.00
<small>TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</small>			
<small>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.</small>			
<small>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.</small>			
<small>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.</small>			
<small>TOTAL LIPID AND VLDL ARE CALCULATED</small>			

SURENDRAKHANGA

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/02/2023 11:42:11

Final Authentication : 05/02/2023 12:50:29

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.49	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	0.19	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.30	mg/dl	0.30-0.70
SGOT Method:- IFCC	17.0	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	21.9	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	35.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	50.40 H	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.77	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.33	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.44	gm/dl	2.20 - 3.50
A/G RATIO	1.77		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)

SURENDRAKHANGA

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Date :- 05/02/2023 11:30:12

NAME :- Mrs. VIDYA

Sex / Age :- Female 44 Yrs 16 Days

Company :- MediWheel

Patient ID :-122229413

Ref. By Dr:-

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/02/2023 11:42:11

Final Authentication : 05/02/2023 12:50:29

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.76	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.93	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

SURENDRAKHANGA

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Sample Type :- PLAIN/SERUM

Sample Collected Time 05/02/2023 11:42:11

Final Authentication : 05/02/2023 12:50:29

BIOCHEMISTRY

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

SURENDRAKHANGA

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Date :- 05/02/2023 11:30:12 Patient ID :-122229413
NAME :- Mrs. VIDYA Ref. By Dr:-
Sex / Age :- Female 44 Yrs 16 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 05/02/2023 11:42:11

Final Authentication : 05/02/2023 12:32:07

HAEMATOLOGY

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

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 disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

117

mg/dL

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

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Date :- 05/02/2023 11:30:12
NAME :- Mrs. VIDYA
Sex / Age :- Female 44 Yrs 16 Days
Company :- MediWheel

Patient ID :-122229413
Ref. By Dr:-
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 05/02/2023 11:42:11

Final Authentication : 05/02/2023 12:50:47

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.015		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 chrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<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

VIJENDRAMEENA
Technologist

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Date :- 05/02/2023 11:30:12
NAME :- Mrs. VIDYA
Sex / Age :- Female 44 Yrs 16 Days
Company :- MediWheel

Patient ID :-122229413
Ref. By Dr:-
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 05/02/2023 11:42:11

Final Authentication : 05/02/2023 12:45:49

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.258	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.215	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.280	μIU/mL	0.500 - 6.880

Interpretation: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

Interpretation: The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

Interpretation: TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

KAUSHAL
Technologist

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

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Sample Type :- SWAB

Sample Collected Time 05/02/2023 11:42:11

Final Authentication : 05/02/2023 13:48:41

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Microscopic & diagnosis,

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

No endocervical cells seen.

No atypical or malignant cells seen.

IMPRESSION : Negative for intraepithelial lesion.

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

Slides will be kept for one month only.

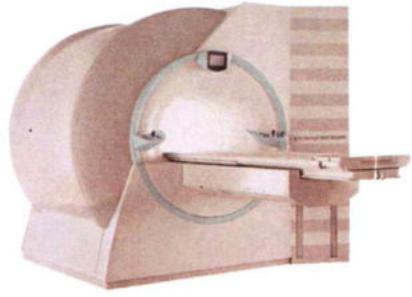
***** End of Report *****

SURESHSAINI
Technologist

Page No: 12 of 12



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Final Authentication : 05/02/2023 12:39:25

BOB PACKAGEFEMALE ABOVE 40

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

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

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

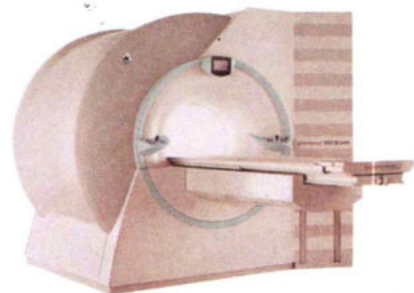
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Final Authentication : 05/02/2023 14:49:30

BOB PACKAGEFEMALE ABOVE 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. **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 not seen (H/o cholecystectomy). Common bile duct is not dilated (~6.3mm).

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary Bladder: is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and bulky in size and measures 102 x 39 x 52 mm.

Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.

Endometrial echo is normal. Endometrial thickness is 9.2 mm.

Both ovaries are visualised and are normal. No adnexal mass is seen.

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

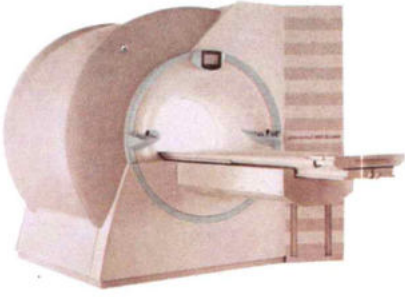
No significant free fluid is seen in pouch of douglas.

IMPRESSION:

* **Grade I fatty liver.**

* **Bulky uterus.**

Needs clinical correlation & further evaluation



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ULTRASONOGRAPHY REPORT : BREAST AND AXILLA

Right breast:

Skin , subcutaneous tissue and retroareolar region is normal

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable .

Few subcentimetric sized cysts are seen in all quadrants, largest measuring ~5x4mm in SLQ.

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

Left breast:

Skin , subcutaneous tissue and retroareolar region is normal

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visualised.

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

IMPRESSION :

* **Small right simple breast cysts.**

*** End of Report ***

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BILAL

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