

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9387049787

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



### General Physical Examination

Date of Examination: 11/02/2023

Name: Kavita Lakshakar. Age: 31 DOB: 11/05/1992 Sex: Female

Referred By: BOB

Photo ID: Adher. ID #: attached.

Ht: 152 (cm)

Wt: 74 (Kg)

Chest (Expiration): 101 (cm)

Abdomen Circumference: 92 (cm)

Blood Pressure: 110/76 mm Hg

PR: 79 / min

RR: 16 / min

Temp: Afebrile

BMI 32.0

Eye Examination: vision normal S/S N/S.  
no colour blindness.

Other: not significant

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

Signature Of Examinee : [Signature] Name of Examinee: \_\_\_\_\_

Signature Medical Examiner : [Signature] Name Medical Examiner \_\_\_\_\_

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

भारत सरकार  
Government of India

कविता लक्ष्कार  
Kavita Lakshkar  
जन्म तिथि/DOB: 17/05/1992  
महिला/ FEMALE



4459 4042 0833  
VID: 9184 4091 9098 6222

मेरा आधार, मेरी पहचान

कविता

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
W/O: घनश्याम लखेरा, नारायणा मार्ग, शिवजी  
नगर, तह.दुदु, दुदु, जयपुर,  
राजस्थान - 303008

**Address:**  
W/O: Ghanshyam Lakhera, narayana  
road, shivaji nagar,teh.dudu, Dudu,  
Jaipur,  
Rajasthan - 303008



4459 4042 0833  
VID: 9184 4091 9098 6222

QR Code with Photograph

Dr. Pooja Gayal  
M.B.B.S., D.M.R.D  
RMC Reg No -017996

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Date :- 11/02/2023 11:09:32  
**NAME :- Mrs. KAVITA LAKSHAKAR**  
Sex / Age :- Female 31 Yrs  
Company :- MediWheel

Patient ID :- 122229511  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 11/02/2023 12:27:19

BOB PACKAGEFEMALE BELOW 40

### X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

**Impression :- Normal Study**

(Please correlate clinically and with relevant further investigations)

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

Page No: 1 of 1

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

**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. Ashish Choudhary**  
MBBS, MD (Radio Diagnosis)  
Fetal Medicine Consultant  
FMF ID - 260517 | RMC No 22430

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

Transcript by.

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<b>NAME :- Mrs. KAVITA LAKSHAKAR</b>	Ref. By Doctor:-BOB
Sex / Age :- Female 31 Yrs	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 11/02/2023 13:46:06

BOB PACKAGEFEMALE BELOW 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 contracted (Postmeal status) Common bile duct is not dilated.

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

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

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

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

**Uterus** is anteverted and normal in size and measures 78 x 47 x 48 mm. Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 11.3 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.

**Needs clinical correlation & further evaluation**

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

Page No: 1 of 1

BILAL

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Sex / Age :- Female 31 Yrs Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 11/02/2023 11:14:40

Final Authentication : 11/02/2023 14:29

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	12.2	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	8.00	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	52.6	%	40.0 - 80.0
LYMPHOCYTE	<b>42.2</b> H	%	20.0 - 40.0
EOSINOPHIL	2.5	%	1.0 - 6.0
MONOCYTE	2.4	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.21	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	3.38	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.20	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.19	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
<b>TOTAL RED BLOOD CELL COUNT (RBC)</b>	<b>5.11</b> H	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	36.20	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	<b>70.9</b> L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	<b>23.8</b> L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.6	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	265	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	13.87		

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: 1 of 11



**Dr. Rashmi Bakshi**  
MBBS, MD ( Path )  
RMC No. 17975/008828

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Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 11/02/2023 11:14:40 Final Authentication : 11/02/2023 14:29:11

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	12	mm/hr.	00 - 20

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

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

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

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR"  $\times > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: FIC-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: 2 of 11



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 Company :- MediWheel

Sample Type :- EDTA, KOx/Na FLUORIDE-F, K<sub>2</sub>EDTA, C<sub>12</sub>E<sub>12</sub>TPP, URINE 2023 11:14:40 Final Authentication : 11/02/2023 15:18:29

### HAEMATOLOGY

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

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

FASTING BLOOD SUGAR (Plasma) 87.3 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) 106.6 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**

MUKESH SINGH, SURENDRAKHANGA, VIJENDRAMEENA  
**Technologist**

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**Dr. Piyush Goyal**  
 (D.M.R.D.)  
**Dr. Rashmi Bakshi**  
**Dr. Chandrika Gupta**

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Patient ID :-122229511  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 11/02/2023 11:14:40

Final Authentication : 11/02/2023 14:52:04

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>STOOL ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
<b>MICROSCOPIC EXAMINATION</b>			
RBC's	NIL	/HPF	
WBC/HPF	NIL	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

VIJENDRAMEENA  
Technologist

Page No: 4 of 11



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Sample Type :- PLAIN/SERUM Sample Collected Time 11/02/2023 11:14:40 Final Authentication : 11/02/2023 13:26:14

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
<b>TOTAL CHOLESTEROL</b> Method:- Enzymatic Endpoint Method	138.27	mg/dl	Desirable <200 Borderline 200-239 High > 240
<b>TRIGLYCERIDES</b> Method:- GPO-PAP	87.13	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<b>DIRECT HDL CHOLESTEROL</b> Method:- Direct clearance Method	40.53	mg/dl	Low < 40 High > 60
<b>DIRECT LDL CHOLESTEROL</b> Method:- Direct clearance Method	83.22	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
<b>VLDL CHOLESTEROL</b> Method:- Calculated	17.43	mg/dl	0.00 - 80.00
<b>T.CHOLESTEROL/HDL CHOLESTEROL RATIO</b> Method:- Calculated	3.41		0.00 - 4.90
<b>LDL / HDL CHOLESTEROL RATIO</b> Method:- Calculated	2.05		0.00 - 3.50
<b>TOTAL LIPID</b> Method:- CALCULATED	418.45	mg/dl	400.00 - 1000.00
<p><b>TOTAL CHOLESTEROL InstrumentName:</b>Radox Rx Imola <b>Interpretation:</b> Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p><b>TRIGLYCERIDES InstrumentName:</b>Radox Rx Imola <b>Interpretation :</b> 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.</p> <p><b>DIRECT HDLCHOLESTEROL InstrumentName:</b>Radox Rx Imola <b>Interpretation:</b> 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.</p> <p><b>DIRECT LDL-CHOLESTEROL InstrumentName:</b>Radox Rx Imola <b>Interpretation:</b> 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.</p> <p><b>TOTAL LIPID AND VLDL ARE CALCULATED</b></p>			

SURENDRAKHANGA

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

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 11/02/2023 11:14:40 Final Authentication : 11/02/2023 13:26:12

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.92	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1 month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.49	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.43	mg/dl	0.30-0.70
SGOT Method:- IFCC	21.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	8.9	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	45.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	9.50	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.86	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.34	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.52	gm/dl	2.20 - 3.50
A/G RATIO	1.72		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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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.85	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.30	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

SURENDRAKHANGA

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	6.3	mg/dl	0.0 - 23.0

SURENDRAKHANGA

Page No: 8 of 11



**Dr. Chandrika Gupta**  
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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method:- HPLC	5.4	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5
<b>Instrument name:</b> ARKRAY's ADAMS Lite HA 8380V, JAPAN.			
<b>Test Interpretation:</b> 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.			
<b>MEAN PLASMA GLUCOSE</b> Method:- Calculated Parameter	108	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher

MUKESH SINGH  
Technologist

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**Dr. Rashmi Bakshi**  
MBBS, MD ( Path )  
RMC No. 17975/008828

# 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 :- 11/02/2023 11:09:32 Patient ID :-122229511  
**NAME :- Mrs. KAVITA LAKSHAKAR** Ref. By Dr:- BOB  
 Sex / Age :- Female 31 Yrs Lab/Hosp :-  
 Company :- MediWHEEL



Sample Type :- URINE Sample Collected Time 11/02/2023 11:14:40 Final Authentication : 11/02/2023 14:52:0

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	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 ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA  
**Technologist**

Page No: 10 of 11



**Dr. Rashmi Bakshi**  
 MBBS, MD ( Path )  
 RMC No. 17975/008828

# 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 :- 11/02/2023 11:09:32 Patient ID :-122229511  
**NAME :- Mrs. KAVITA LAKSHAKAR** Ref. By Dr:- BOB  
 Sex / Age :- Female 31 Yrs Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 11/02/2023 11:14:40 Final Authentication : 11/02/2023 15:09:59

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.236	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.031	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	4.410	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 T4 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

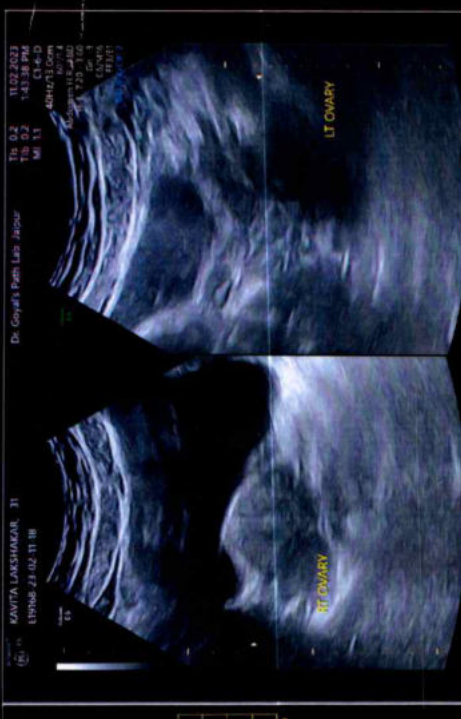
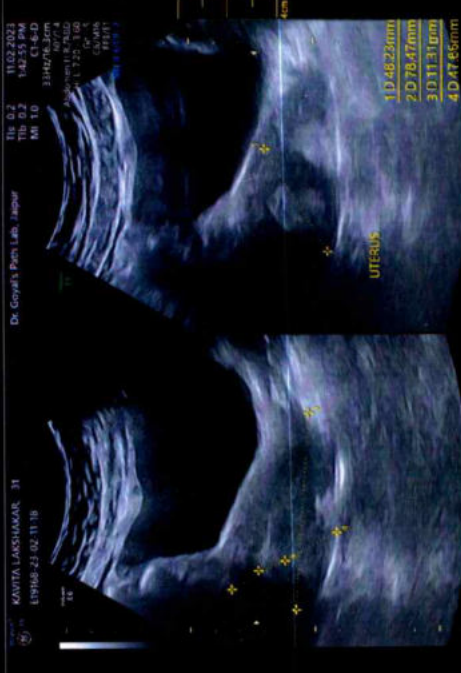
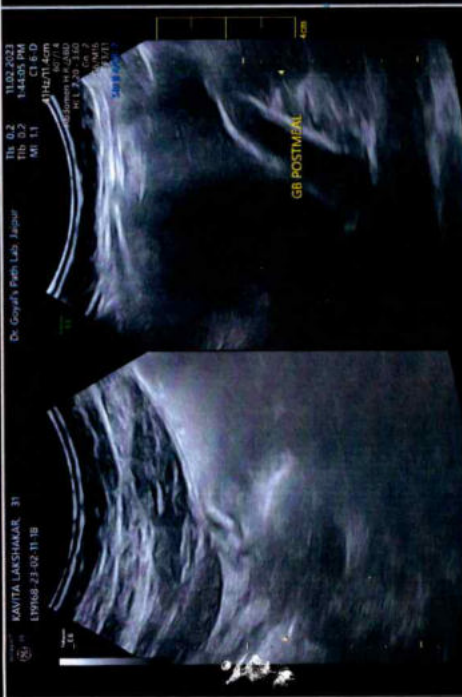
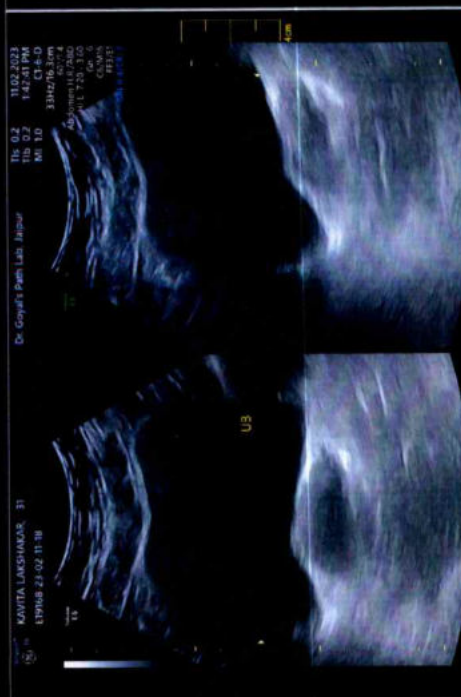
\*\*\* End of Report \*\*\*

AJAYKUMAR  
Technologist

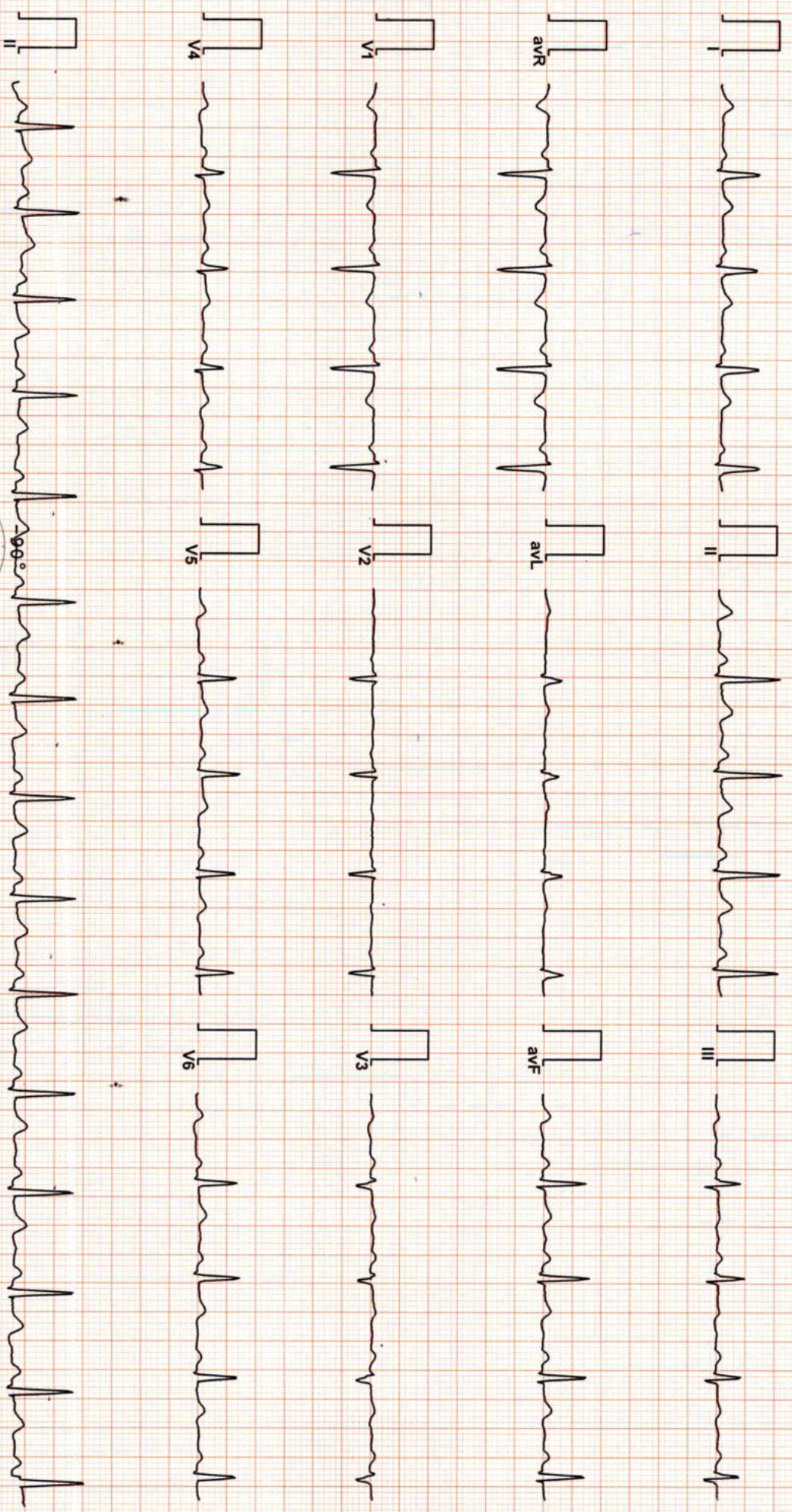
Page No: 11 of 11



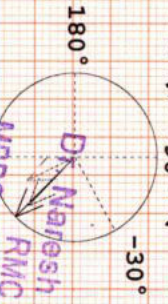
Dr. Chandrika Gupta  
MBBS.MD ( Path )  
RMC NO. 21021/008037







Vent Rate : 90 bpm  
 PR Interval : 144 ms  
 QRS Duration: 76 ms  
 QT/QTc Int : 342/395 ms  
 P-QRS-T axis: 64.00 • 45.00 • 44.00 •



*Sinus rhythm with poor R wave progression in lead V1 V3.*

RRHQ  
 Allergens ECG (Piscas)(PIS218210312)  
 DR. Narresh Kumar Mohanka  
 RMC No. 2571344.00  
 MBS, DR. 45.00  
 D.E.M (RCGP-UK)  
 P 64.00°

Reported By:



JAIPUR Email:

MRS KAVITA LAKSHAKAR / 31 Yrs / F / 0 Cms / 0 Kg  
 Date: 11 / 02 / 2023 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	01.1	00.0	01.0	087	46 %	120/80	104	00	
Standing	00:24	0:13	01.1	00.0	01.0	090	48 %	120/80	108	00	
HV	00:46	0:22	01.1	00.0	01.0	102	54 %	120/80	122	00	
Warm Up	00:57	0:11	01.1	00.0	01.0	104	55 %	120/80	124	00	
ExStart	01:56	0:59	01.1	00.0	01.0	110	58 %	120/80	132	00	
BRUCE Stage 1	04:56	3:00	01.7	10.0	04.7	163	86 %	126/86	205	00	
BRUCE Stage 2	07:56	3:00	02.5	12.0	07.1	176	93 %	130/88	228	00	
PeakEx	09:28	1:32	03.4	14.0	08.7	188	99 %	130/88	244	00	
Recovery	10:28	1:00	00.0	00.0	01.2	179	95 %	130/82	232	00	
Recovery	11:28	2:00	00.0	00.0	01.0	132	70 %	126/80	166	00	
Recovery	12:28	3:00	00.0	00.0	01.0	121	64 %	120/78	145	00	
Recovery	13:28	4:00	00.0	00.0	01.0	121	64 %	115/75	139	00	
Recovery	14:24	4:56	00.0	00.0	01.0	117	62 %	115/75	134	00	

**FINDINGS :**

Exercise Time : 07:32  
 Max HR Attained : 188 bpm 99% of Target 189  
 Max BP Attained : 130/88 (mm/Hg)  
 Max Workload Attained : 8.7 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

*TMH IS negative for RMI*

Dr. Naresh Kumar Mohanka  
 RMC No. 35703  
 MBBS, DIP, CARDIO (ESCORTS)  
 D.E.M (RCGP-UK)

Doctor : P



Date: 11 / 02 / 2023

METS: 1.0/ 87 bpm 46% 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 0.2  
STS 0.2



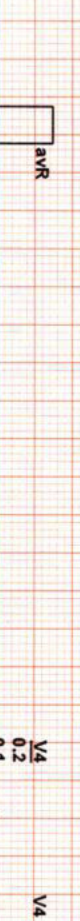
II  
0.3  
0.1



III  
0.0  
-0.1



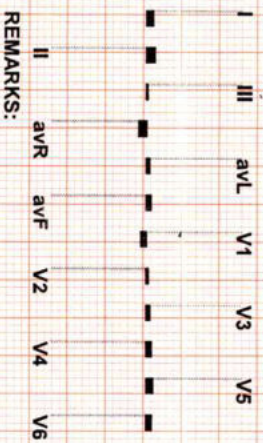
aVR  
-0.3  
-0.1



aVL  
0.1  
0.2



aVF  
0.2  
0.0



REMARKS:

(ADX\_GEM217220330)(R)/Allengers

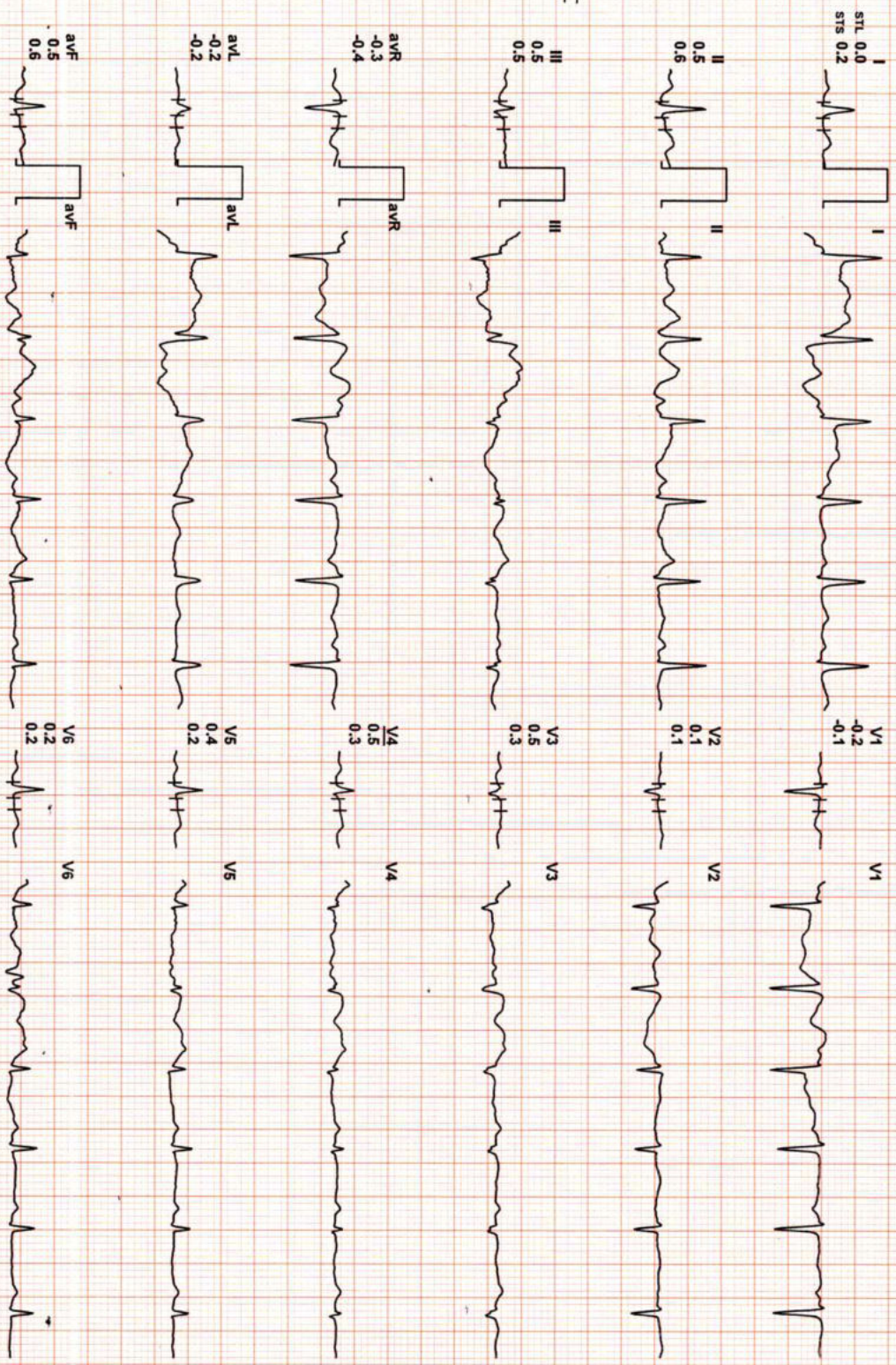


MRS KAVITA LAKSHAKAR / 31 Yrs / F / 0 Cms / 0 Kg / HR : 102

Date: 11 / 02 / 2023  
4X 80 ms Post J

METS: 1.0/ 102 bpm 54% 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%  
25 mmSec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers



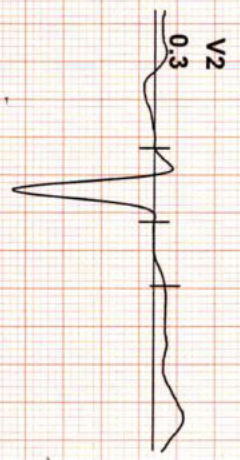
Date: 11 / 02 / 2023

METS: 1.0/ 104 bpm 55% 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 0.4  
STS 0.6



II  
2.1  
2.2



III  
2.7  
2.0



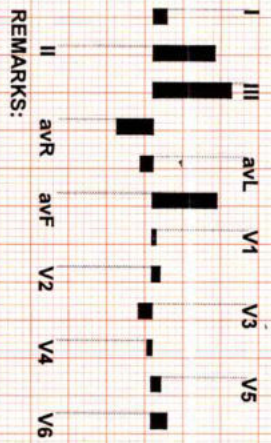
avR  
-1.2  
-1.4



avL  
-0.4  
-1.1



avF  
2.2  
1.7



REMARKS:

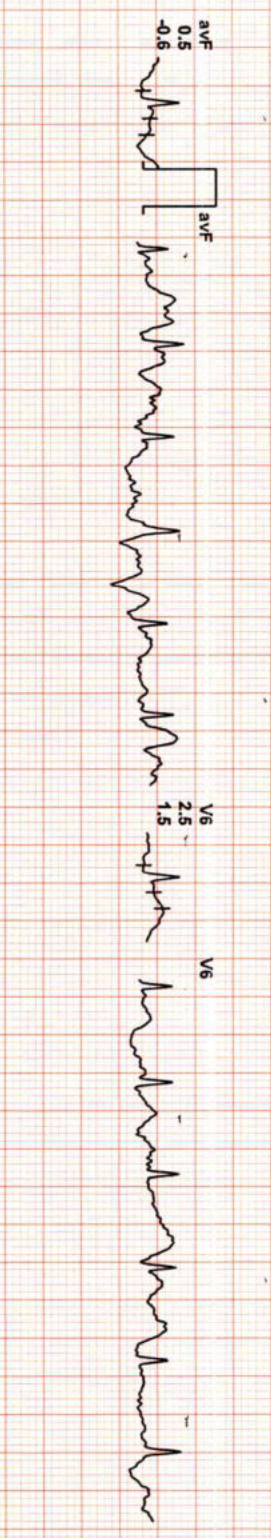
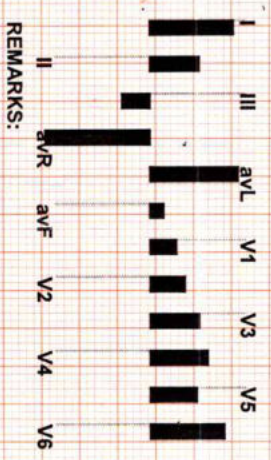
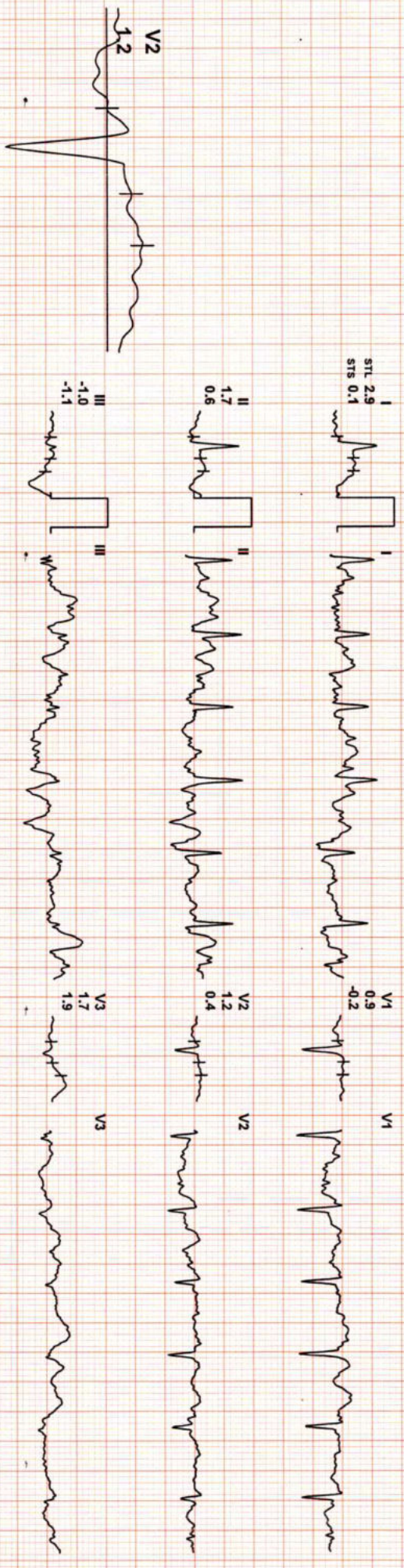
(ADX\_GEM217220330)(R)Allergens



Date: 11 / 02 / 2023  
4X : 80 ms Post J

METS: 1.0/ 110 bpm 58% 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%  
25 mm/Sec, 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers



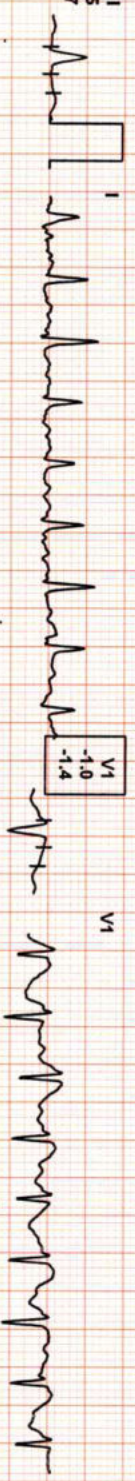
Date: 11 / 02 / 2023

METS: 7.1/ 176 bpm 93% of THR BP: 130/88 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

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

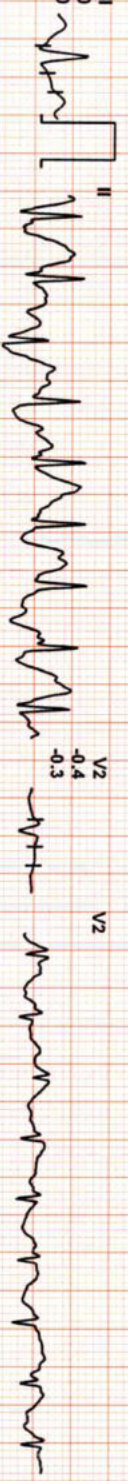
I  
STL 0.5  
STS 0.7



V1  
-1.0  
-1.4



II  
2.0  
2.0



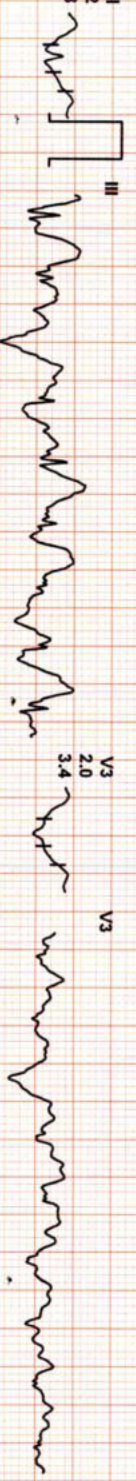
V2  
-0.4  
-0.3



V2  
-0.4



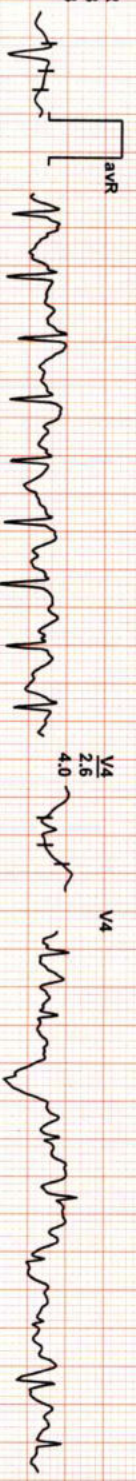
III  
2.2  
2.8



V3  
2.0  
3.4



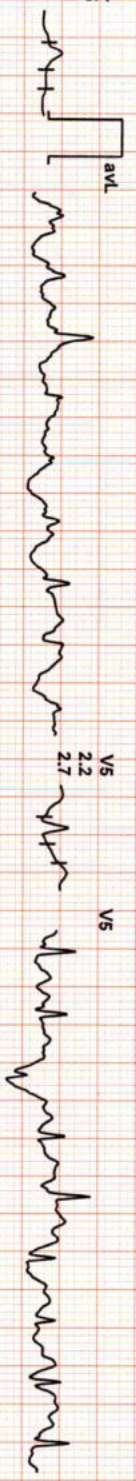
aVR  
-1.3  
-1.3



V4  
2.6  
4.0



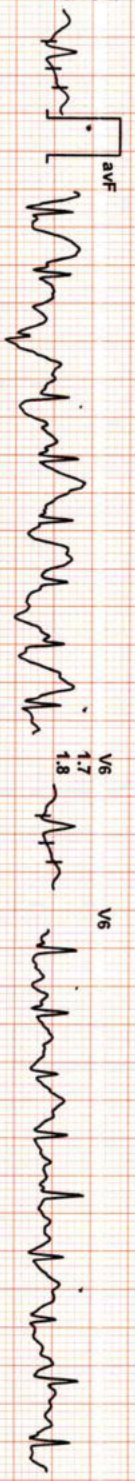
aVL  
-0.5  
-0.1



V5  
2.2  
2.7



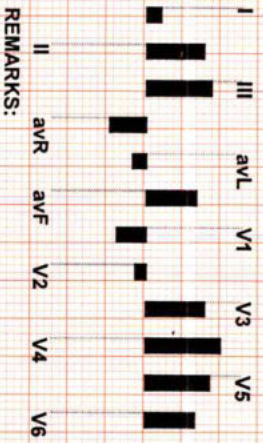
aVF  
1.7  
1.6



V6  
1.7  
1.8



REMARKS:



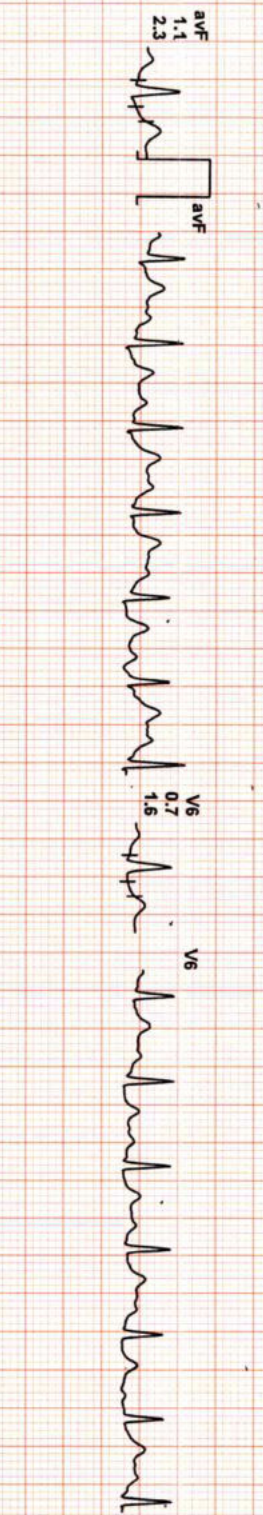
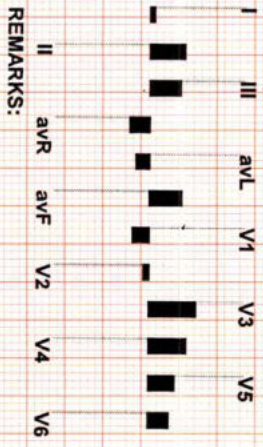
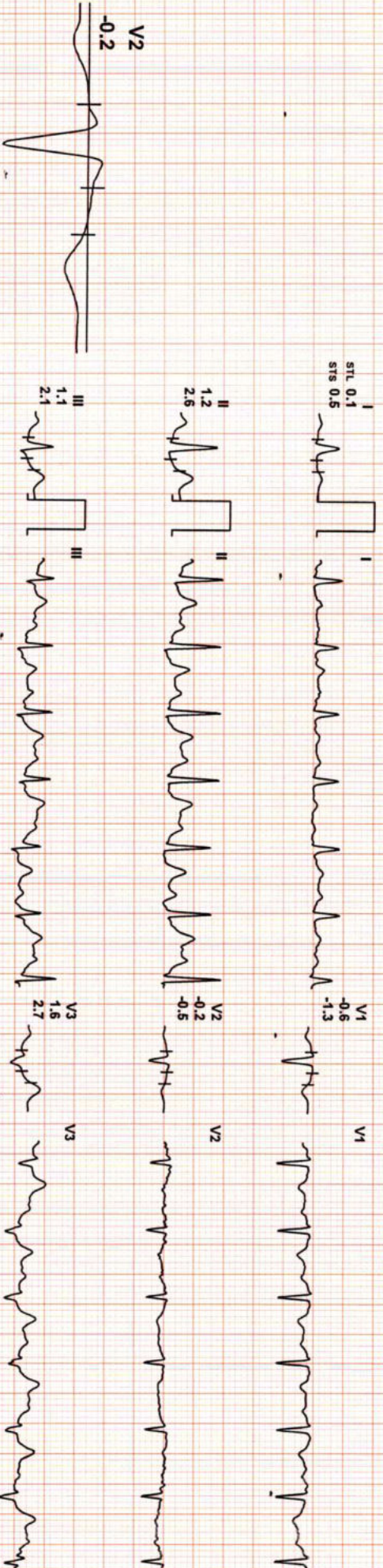


Date: 11 / 02 / 2023

MEETS: 1.0/ 132 bpm 70% of THR BP: 126/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

EXTime: 07:32 0.0 mph, 0.0%  
25 mm/Sec, 1.0 cm/mV



REMARKS:

(ADX\_GEM217220330)(R)/Allergers



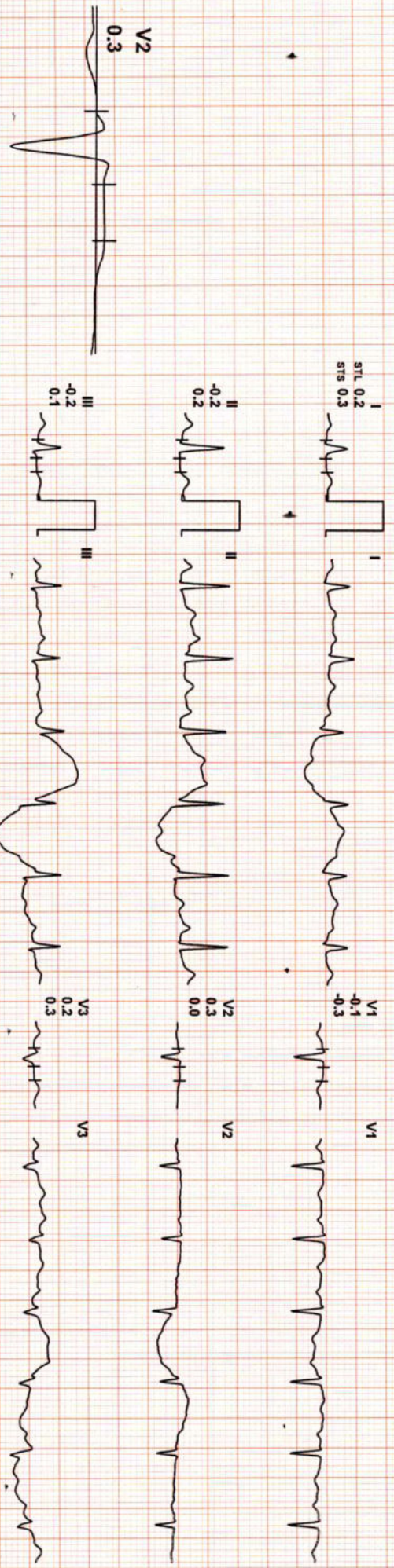


Date: 11 / 02 / 2023

METS: 1.0/ 121 bpm 64% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 07:32 0.0 mph, 0.0%  
25 mm/Sec. 1.0 cm/mV



I                    III                    aVL                    V1                    V3                    V5

II                    aVR                    aVF                    V2                    V4                    V6

REMARKS:

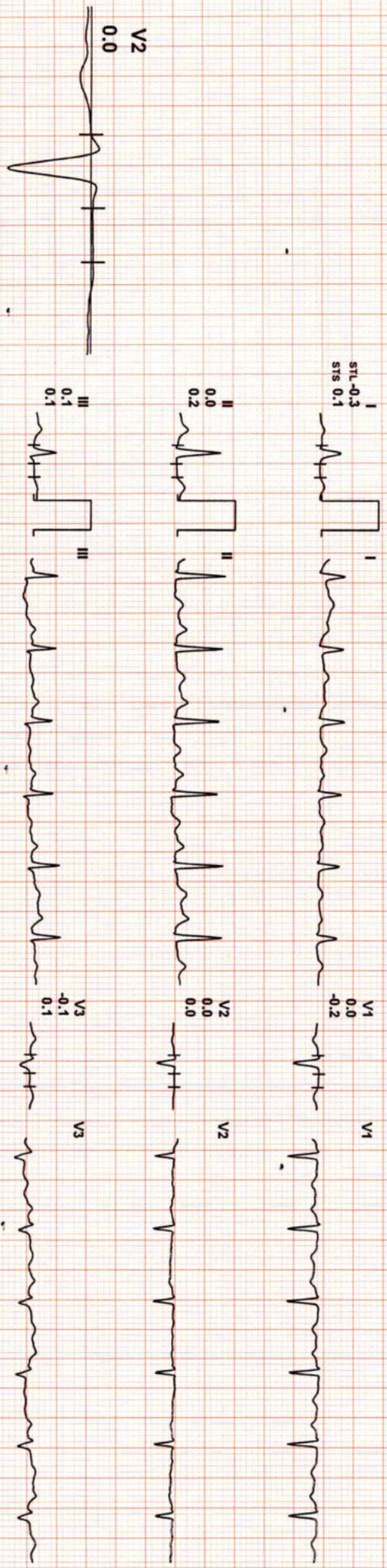
(ADX\_GEM217220330)(R)Allengers



Date: 11 / 02 / 2023  
4X 80 ms Post J

METS: 1.0/ 117 bpm 62% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:32 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



I III avL avR V1 V2 V3 V4 V5 V6

II avR avF V2 V4 V6

REMARKS:

(ADX\_GEM217220330)(R)Allengers

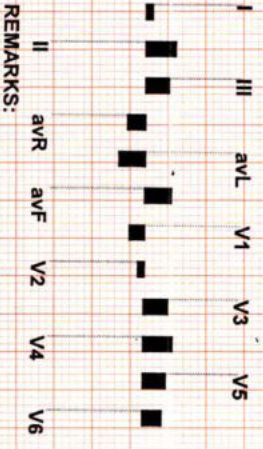
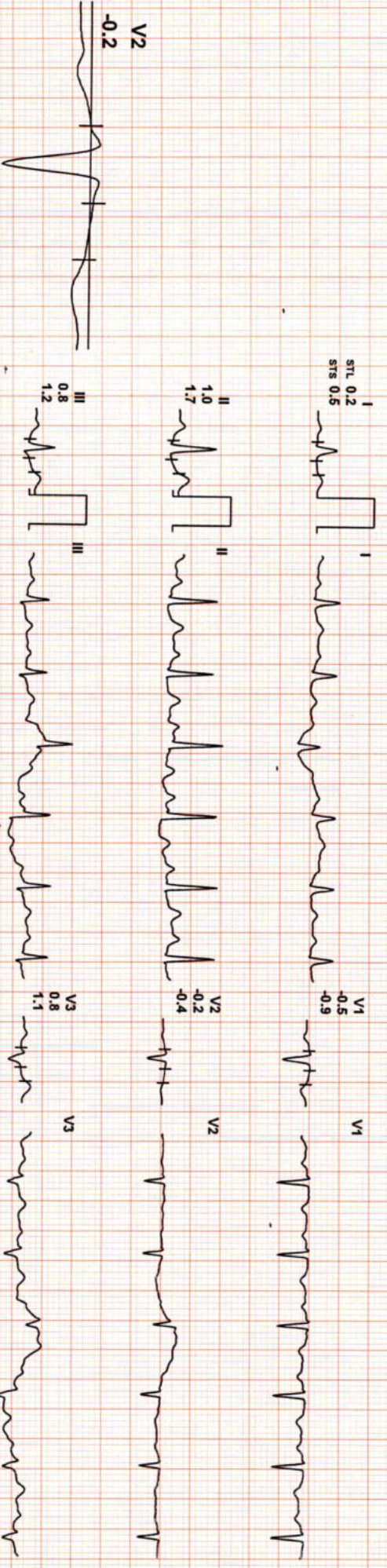


Date: 11 / 02 / 2023

METS: 1.0/ 121 bpm 64% of THR BP: 120/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

EXTime: 07:32 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)/Allergens



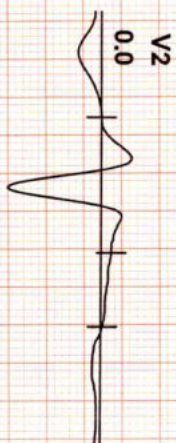
Date: 11 / 02 / 2023

METS: 1.2/179 bpm 95% of THR BP: 130/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

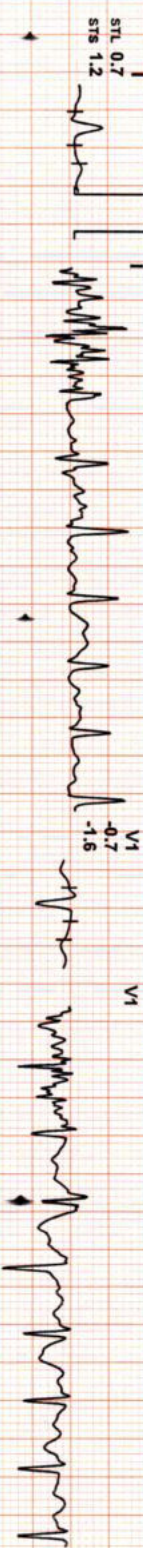
ExTime: 07:32 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

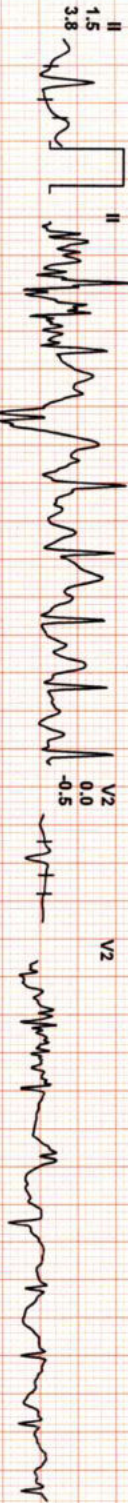
4X 60 mS Post J



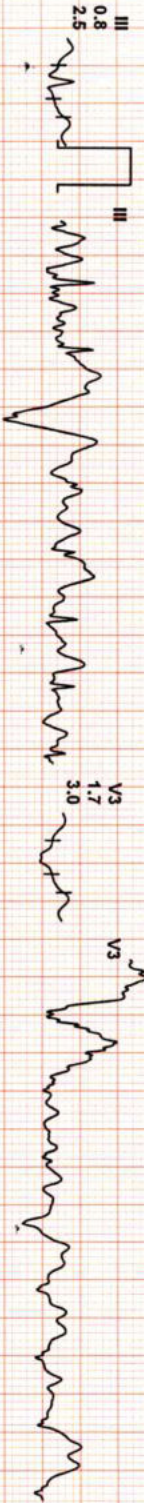
STL 0.7  
STS 1.2



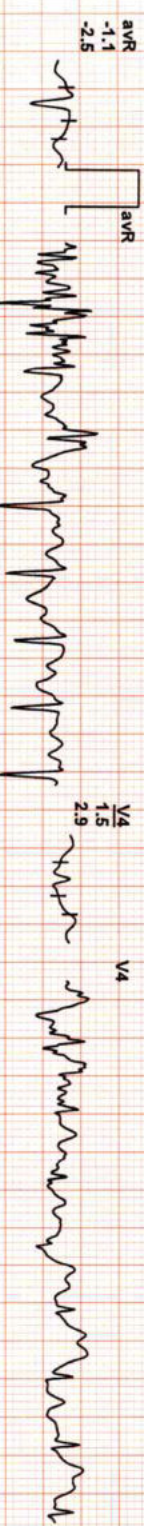
1.5  
3.8



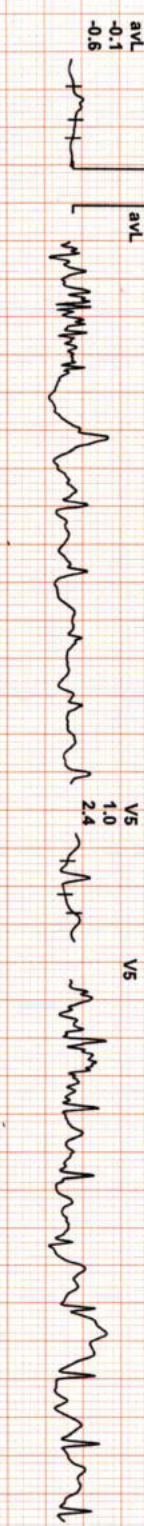
0.8  
2.5



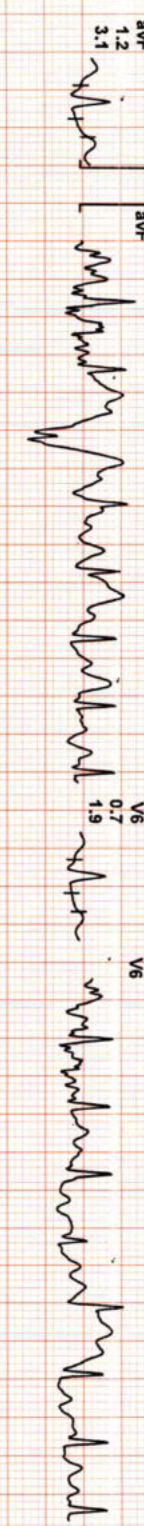
avR -1.1  
-2.5



avL -0.1  
-0.6



avF 1.2  
3.1



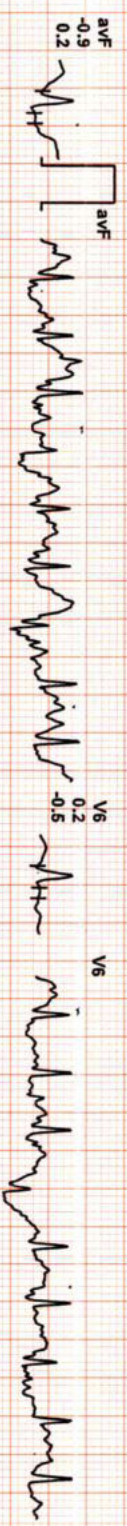
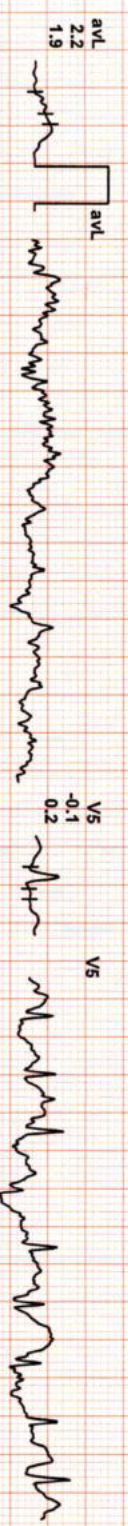
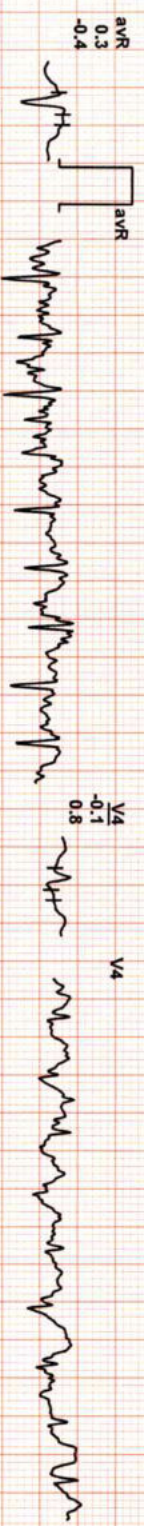
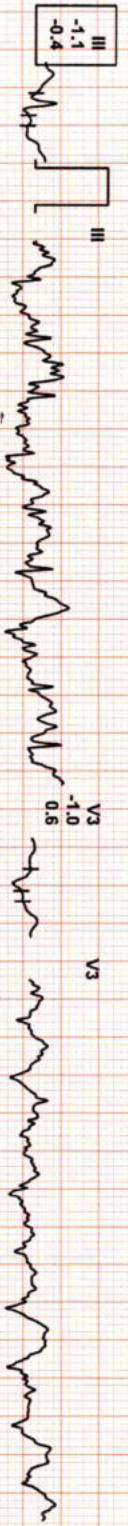
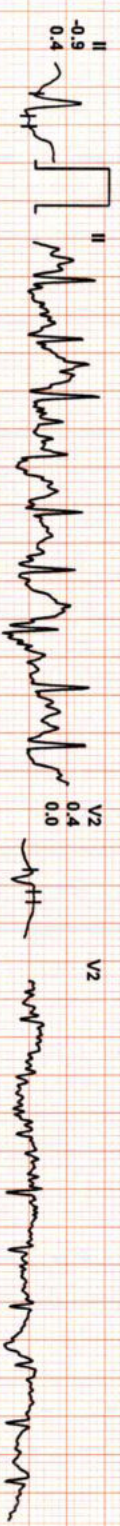
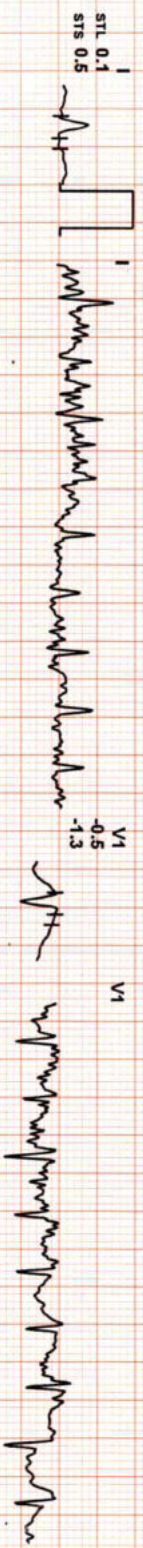
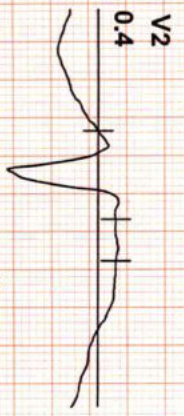
REMARKS:



Date: 11 / 02 / 2023  
4X 30 MS Post J'

METS: 8.71 188 bpm 99% of THR BP: 130/88 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:32 3.4 mph, 14.0%  
25 mm/Sec. 1.0 cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers



MRS KAVITA LAKSHAKAR / 31 Yrs / F / 0 Cms / 0 Kg / HR : 163

Date: 11 / 02 / 2023

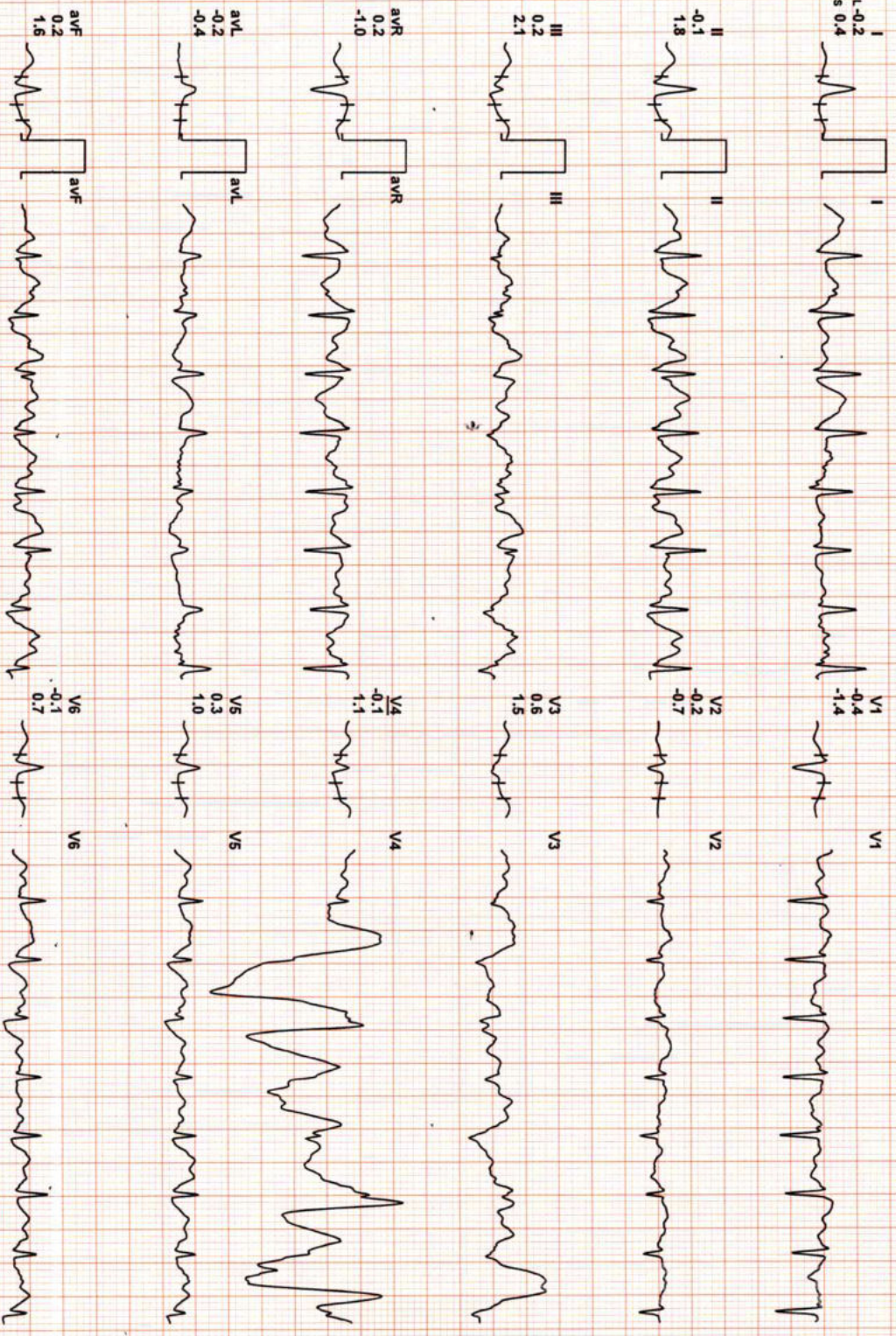
METS: 4.71 / 163 bpm 86% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

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



STL -0.2  
STS 0.4



REMARKS:

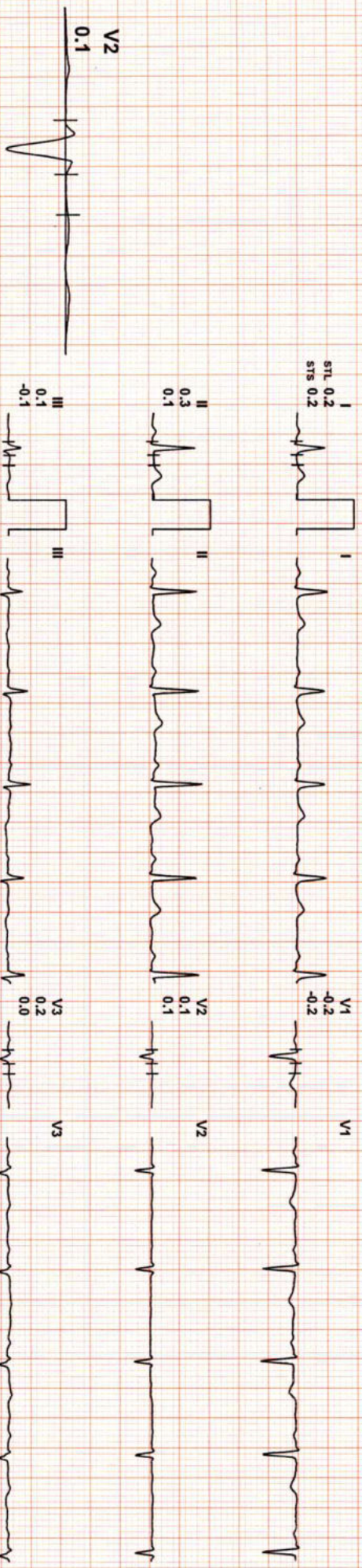
(ADX\_GEM217220330)(R)Allengers



Date: 11 / 02 / 2023  
4X 80 ms Post J

METS: 1.0/ 90 bpm 48% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

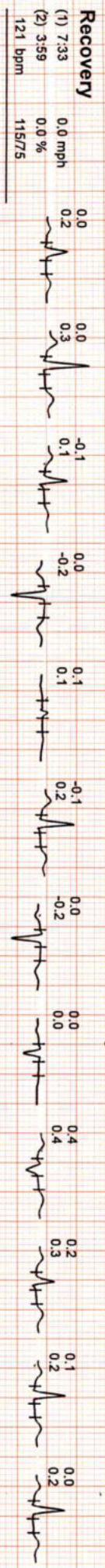
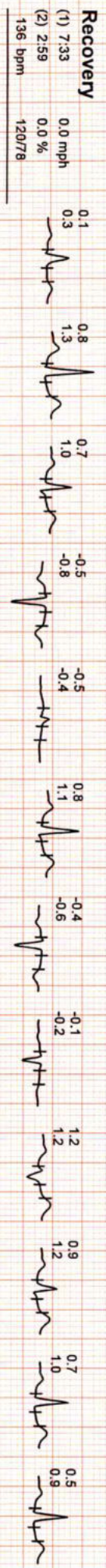
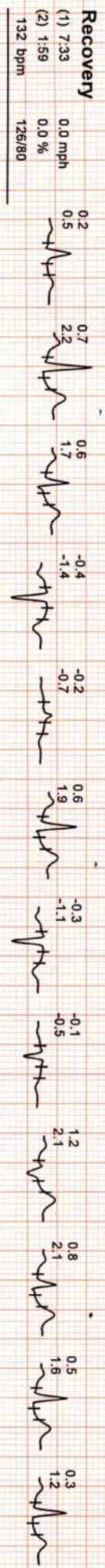
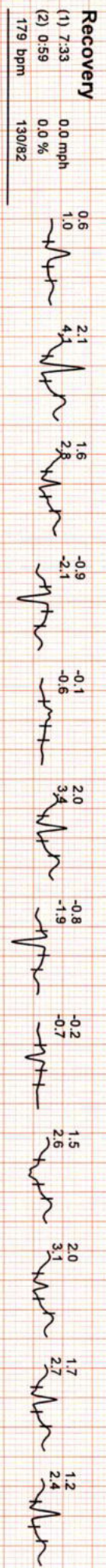
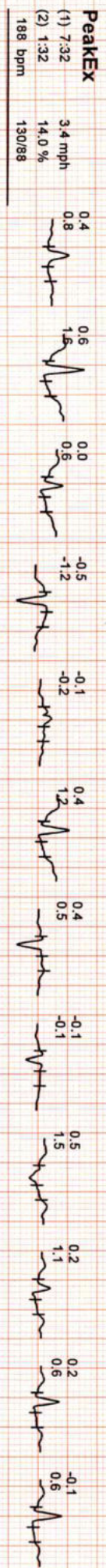
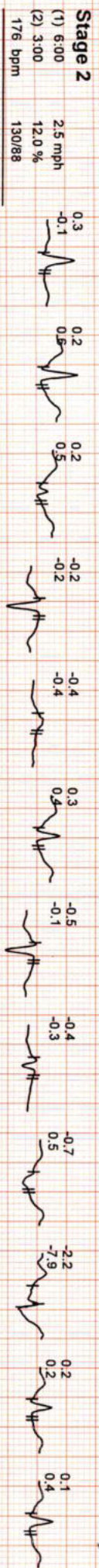
ExtTime: 00:00 1.1 mph, 0.0%  
25 mm/Sec, 1.0 Cm/mV



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

REMARKS:

(ADX\_GEM217220330)(R)Allengers

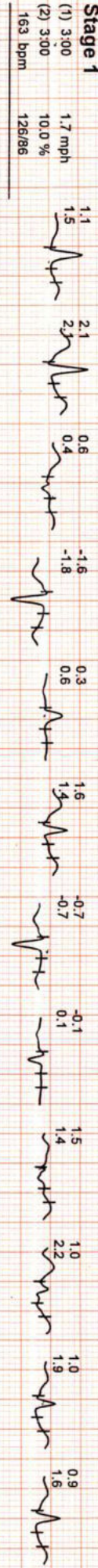
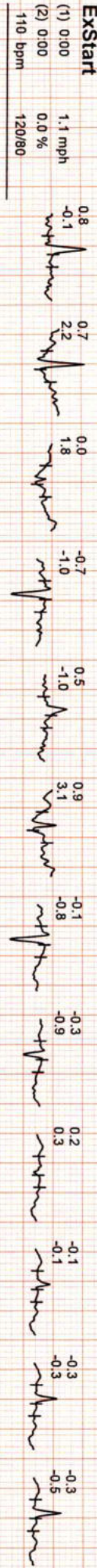
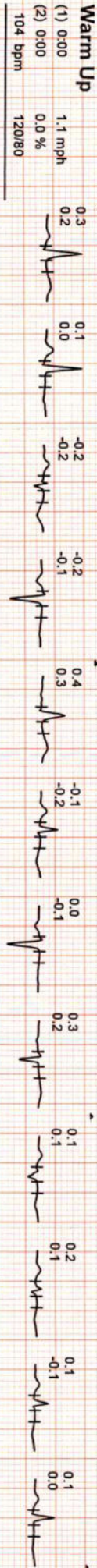
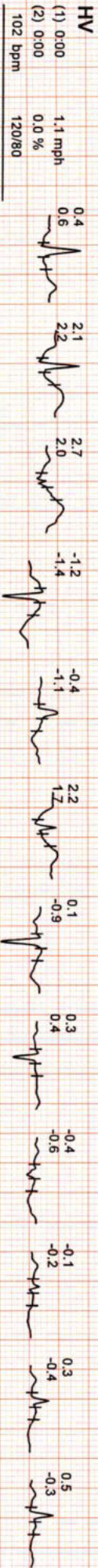
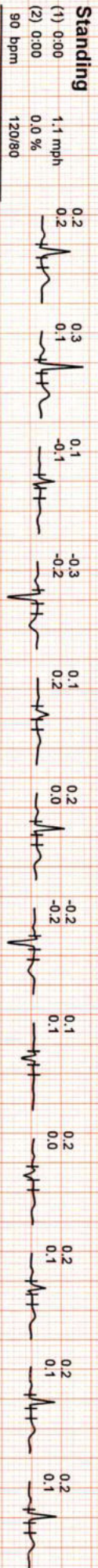
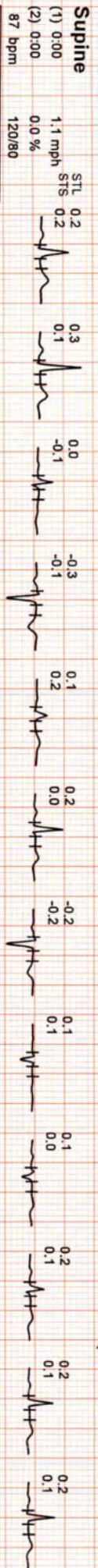






Date: 11 / 02 / 2023

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



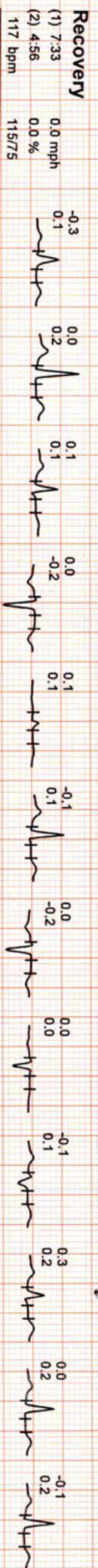
(ADX\_GEM217220330)(R)/Allergens

DR GOYAL'S PATH LAB & IMAGING CENTRE

MRS KAVITA LAKSHAKAR / 31 YRS / F / 0 Cms / 0 Kg / HR : 89

Date: 11 / 02 / 2023

Average



(ADX\_GEM217220330)(R)/Allengers