



जौशिका

Dr. PIYUSH GOYAL  
MBBS, DMRD (Radiologist)  
RMC No.-037041  
Dr. GOYAL'S  
Path Lab & Imaging Center, Jaipur

IMA/1449784

पता : 727, बरकत नगर टोक फाटक,  
वार्ड नं. 41, जयपुर

Address: 727, BARKAT NAGAR TONK PHATAK,  
WARD NO. 41, JAIPUR

054 - मालवीय नगर  
निर्वाचन क्षेत्र के निर्वाचक रजिस्ट्रीकरण  
अधिकारी के हस्ताक्षर की अनुकृति  
Facsimile Signature of  
Electoral Registration Officer for  
054 - MALVIYA NAGAR Constituency

स्थान: जयपुर दिनांक: 02/03/2014  
Place: JAIPUR Date: 02/03/2014

पता बदलने पर नये पते पर अपना नाम निर्वाचक नामावली में दर्ज करवाने तथा उस पते पर इसी नम्बर का कार्ड पाने के लिए सम्बन्धित नाम में यह कार्ड नम्बर उभरवा लिखें  
In case of change in address, mention this Card No. in the relevant Form for including your name in the roll at the changed address and to obtain the card with same number.

095 / 1280





# DR. GOYAL'S PATH LAB & IMAGING CENTRE

JAIPUR

## Report



(GEM210151123) Gemini A-DX by Allengers

1806 / MRS JOSHIKA / 33 Yrs / F / 0 Cms / 0 Kg Date: 12-Mar-2022 Refd By : BOB

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Supine	00:40	0:01	01.1	00.0	01.0	84	110/70	092	00	
Standing	00:46	0:01	01.1	00.0	01.0	82	110/70	090	00	
HV	00:53	0:01	01.1	00.0	01.0	081	110/70	089	00	
ExStart	02:05	0:07	01.7	10.0	01.1	112	110/70	123	03	
BRUCE Stage 1	05:05	3:00	01.7	10.0	04.7	142	120/74	170	14	
BRUCE Stage 2	08:05	3:00	02.5	12.0	07.1	170	130/78	221	06	
PeakEx	08:16	0:11	03.4	14.0	07.3	169	130/78	219	00	
Recovery	09:15	1:00	00.0	00.0	01.2	124	140/80	173	00	
Recovery	10:15	2:00	00.0	00.0	01.0	110	130/70	143	00	
Recovery	12:15	4:00	00.0	00.0	01.0	100	120/70	120	00	
Recovery	12:48	4:32	00.0	00.0	01.0	087	120/70	104	00	

### Findings :

- Exercise Time : 06:12
- Max HR Attained : 172 bpm 92% of Target 187
- Max BP Attained : 140/80
- Max Workload Attained : 7.3 Fair response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

### Report :

Test is Negative for RVT

Dr. Nitesh Kumar Mohanika  
 Reg. No. 35703  
 MBS, DIP, CARDIO (ESCORP)  
 DEM. (ROSP-UK)





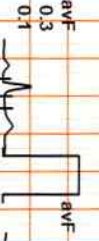
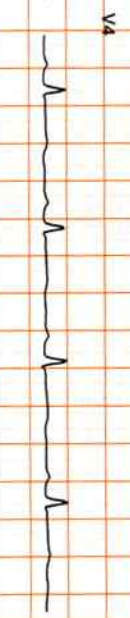
1806 / MRS JOSHIKA / 33 Yrs / F

Date: 12-Mar-2022 02:30:19 PM METS: 1.0/ 84 bpm 44% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:40 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





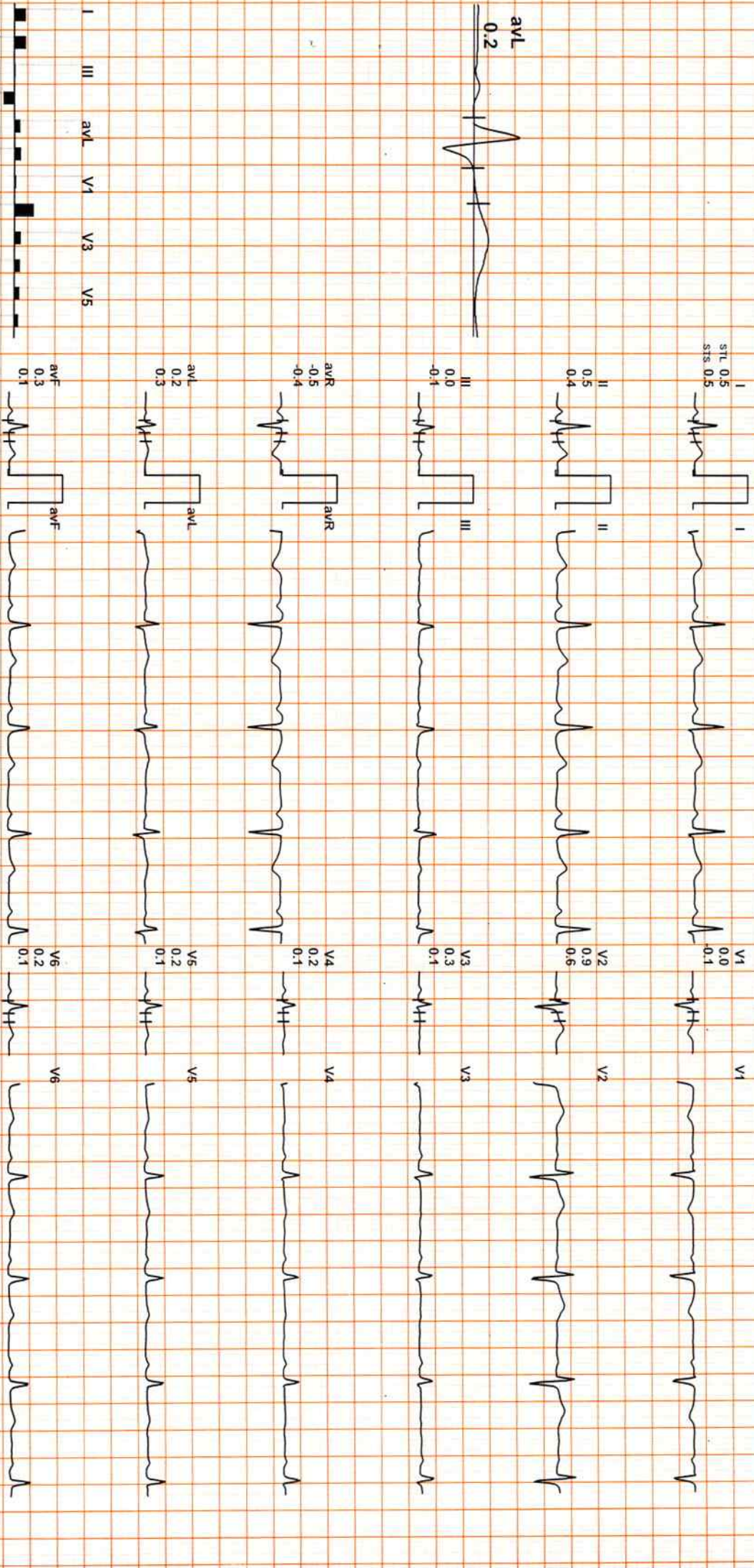
1806 / MRS JOSHIKA / 33 Yrs / F

Date: 12-Mar-2022 02:30:19 PM METS: 1.0/ 82 bpm 43% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:46 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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





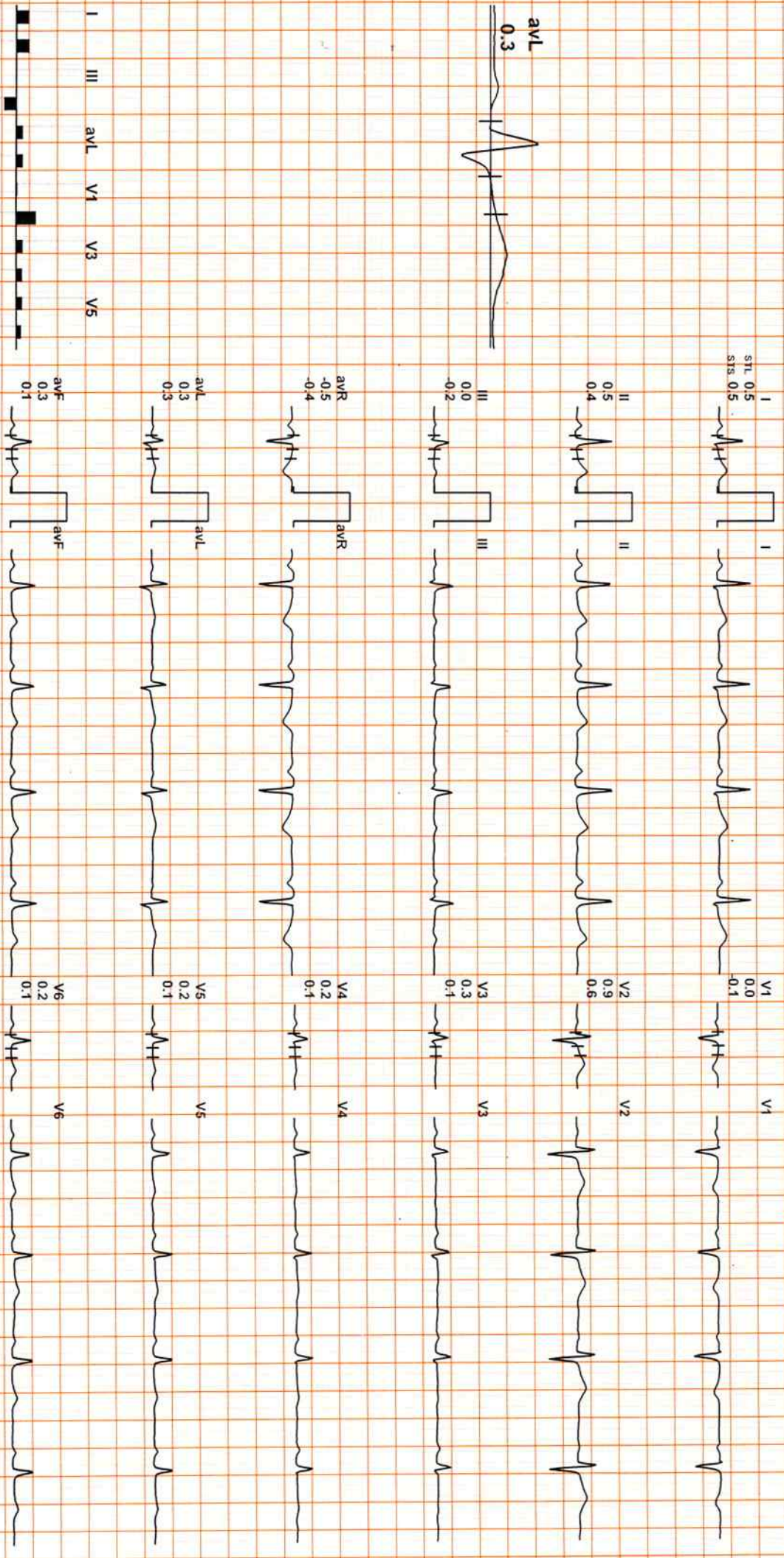
1806 / MRS JOSHIKA / 33 Yrs / F

Date: 12-Mar-2022 02:30:19 PM METS: 1.0 / 81 bpm 43% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:53 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6



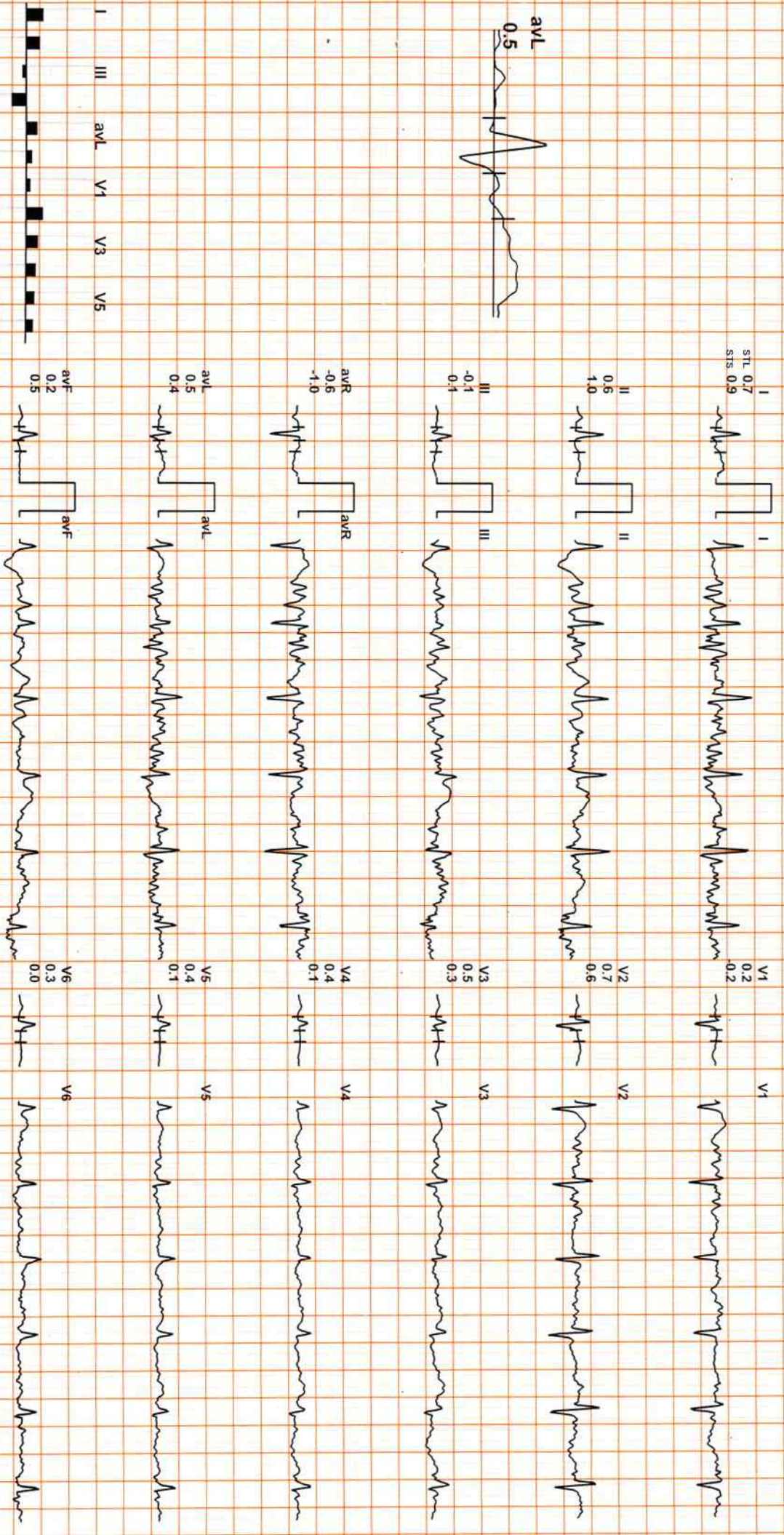


Date: 12-Mar-2022 02:30:19 PM METS: 1.1/ 112 bpm 59% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:07 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:  
I avR avF V2 V3 V4 V5  
II avR avF V2 V4 V6





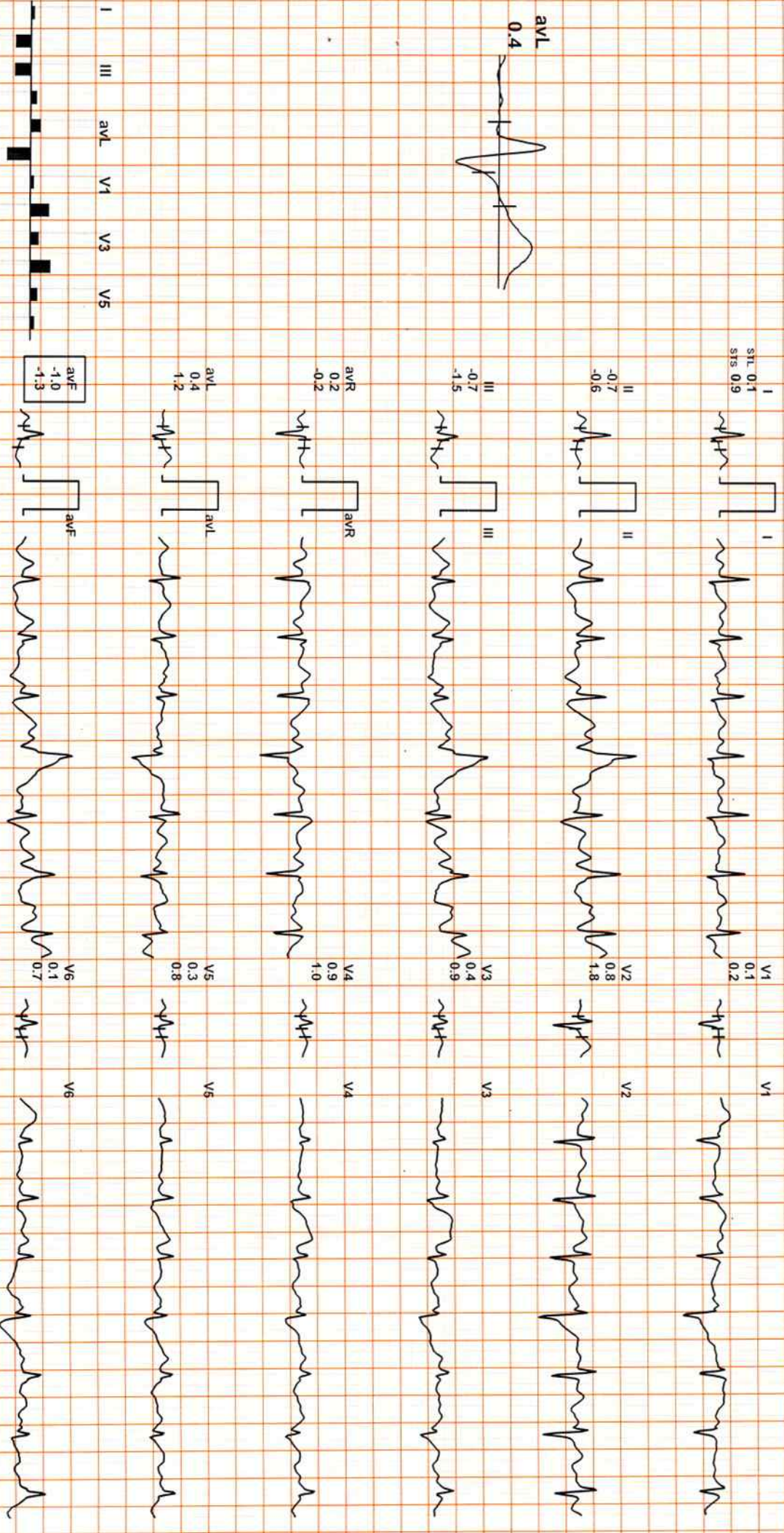
1806 / MRS JOSHIKA / 33 Yrs / F

Date: 12-Mar-2022 02:30:19 PM METS: 4.7 / 142 bpm 75% of THR BP: 120/74 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X 60 ms Post-J

25 mm/Sec 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6





1806 / MRS JOSHIKA / 33 Yrs / F

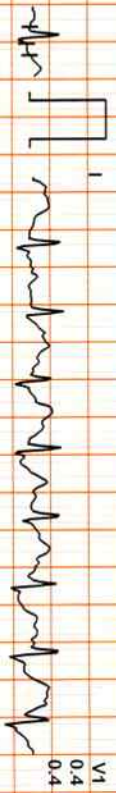
Date: 12-Mar-2022 02:30:19 PM METS: 7.1/170 bpm 90% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:00 2.5 mph, 12.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV

I  
STL 0.2  
STB 0.8



V1



II  
0.0  
0.8



V2



III  
0.0  
-0.1



V3



aVR  
-0.1  
-0.8



V4



aVL  
0.2  
0.4



V5



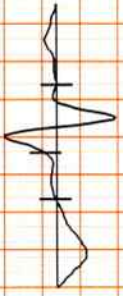
aVF  
0.0  
0.6



V6



avL  
0.2



I III avL V1 V3 V5

II avR avF V2 V4 V6

REMARKS:





1806 / MRS JOSHIKA / 33 Yrs / F

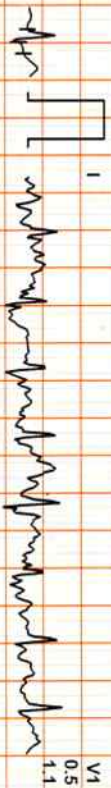
Date: 12-Mar-2022 02:30:19 PM METS: 7.3 / 169 bpm 90% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:11 3.4 mph, 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV

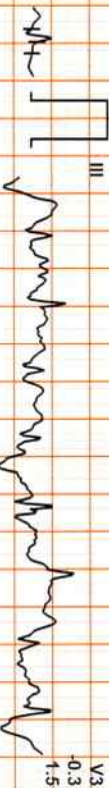
I STI: 0.5 STS: 0.8



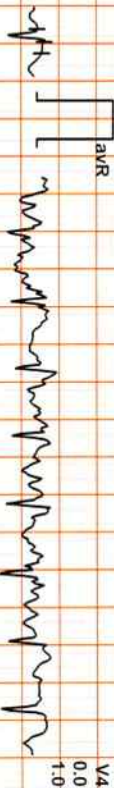
II -0.6 0.1



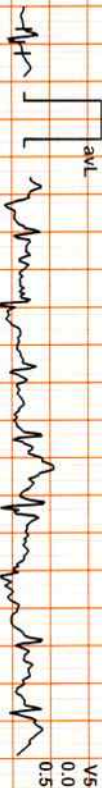
III 0.1 0.7



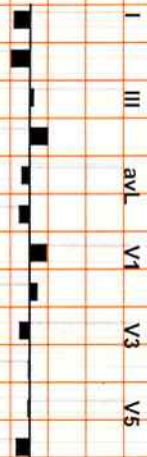
aVR 0.5 -0.4



aVL -0.2 0.8



aVF -0.3 -0.4



REMARKS:



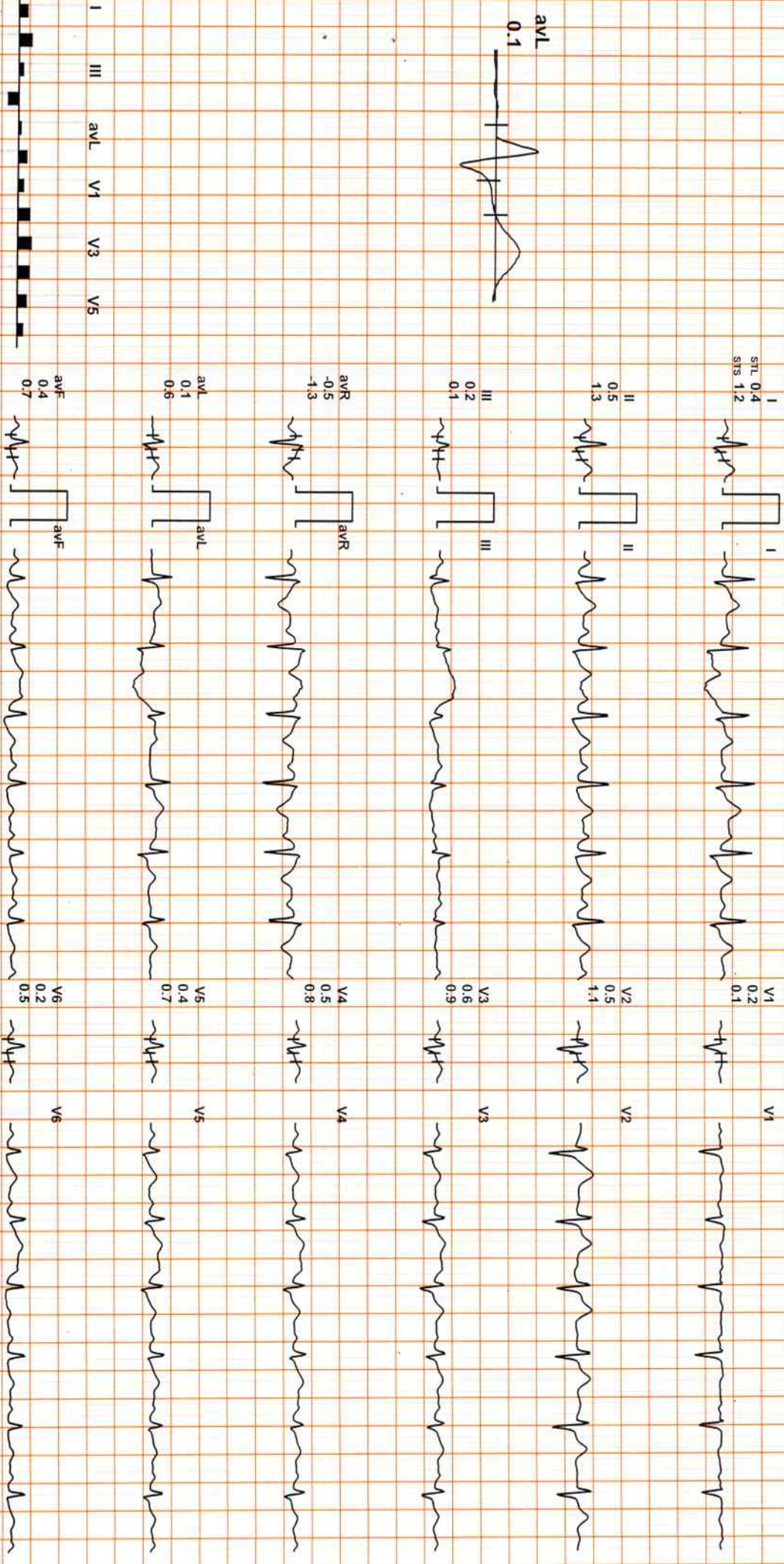


Date: 12-Mar-2022 02:30:19 PM METS: 1.2/ 124 bpm 66% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 06:12 0.0 mph, 0.0%

4X 60 ms Post-J

25 mm/Sec - 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6



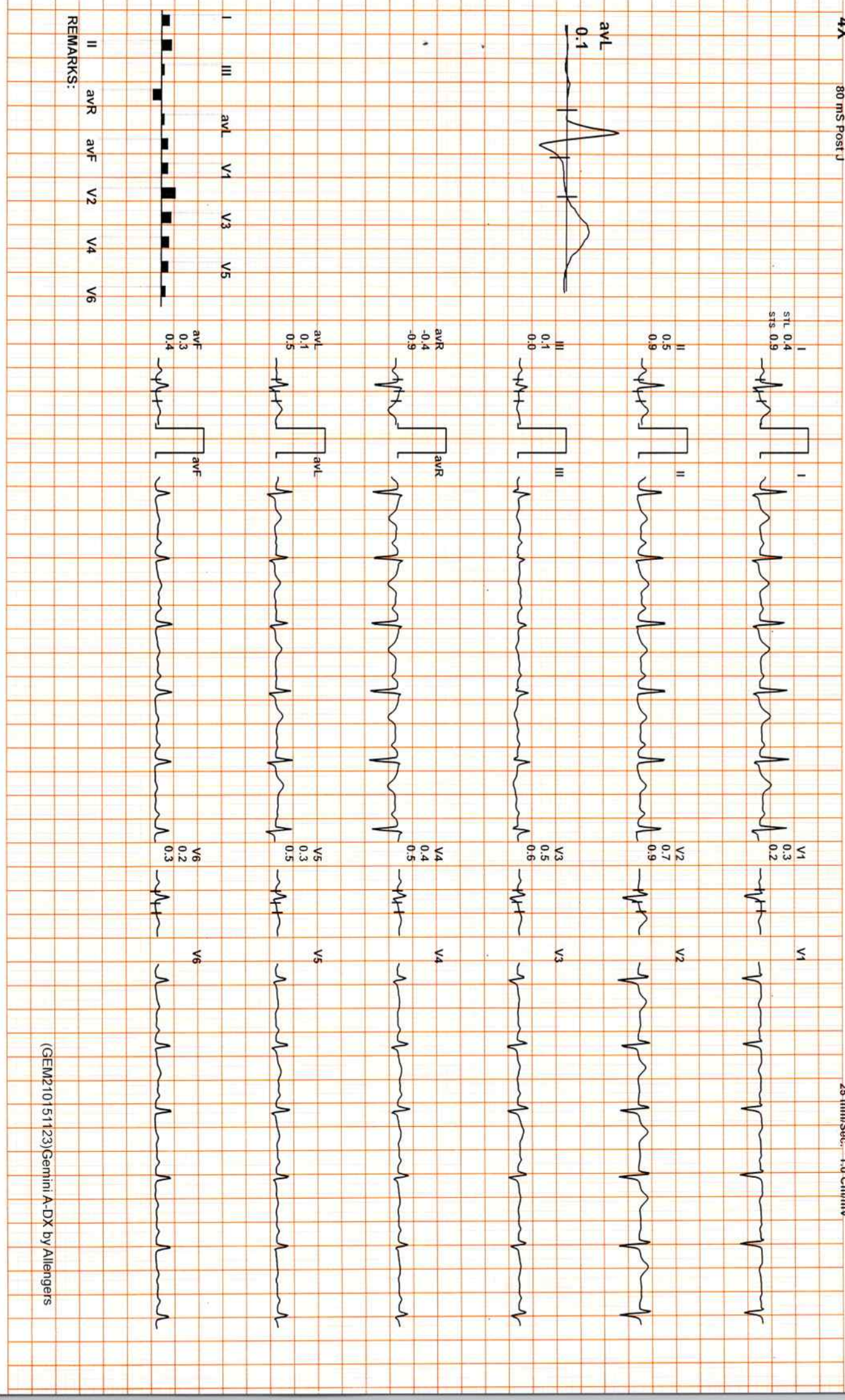


Date: 12-Mar-2022 02:30:19 PM METS: 1.0/ 110 bpm 58% of THR BP: 130/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:12 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:





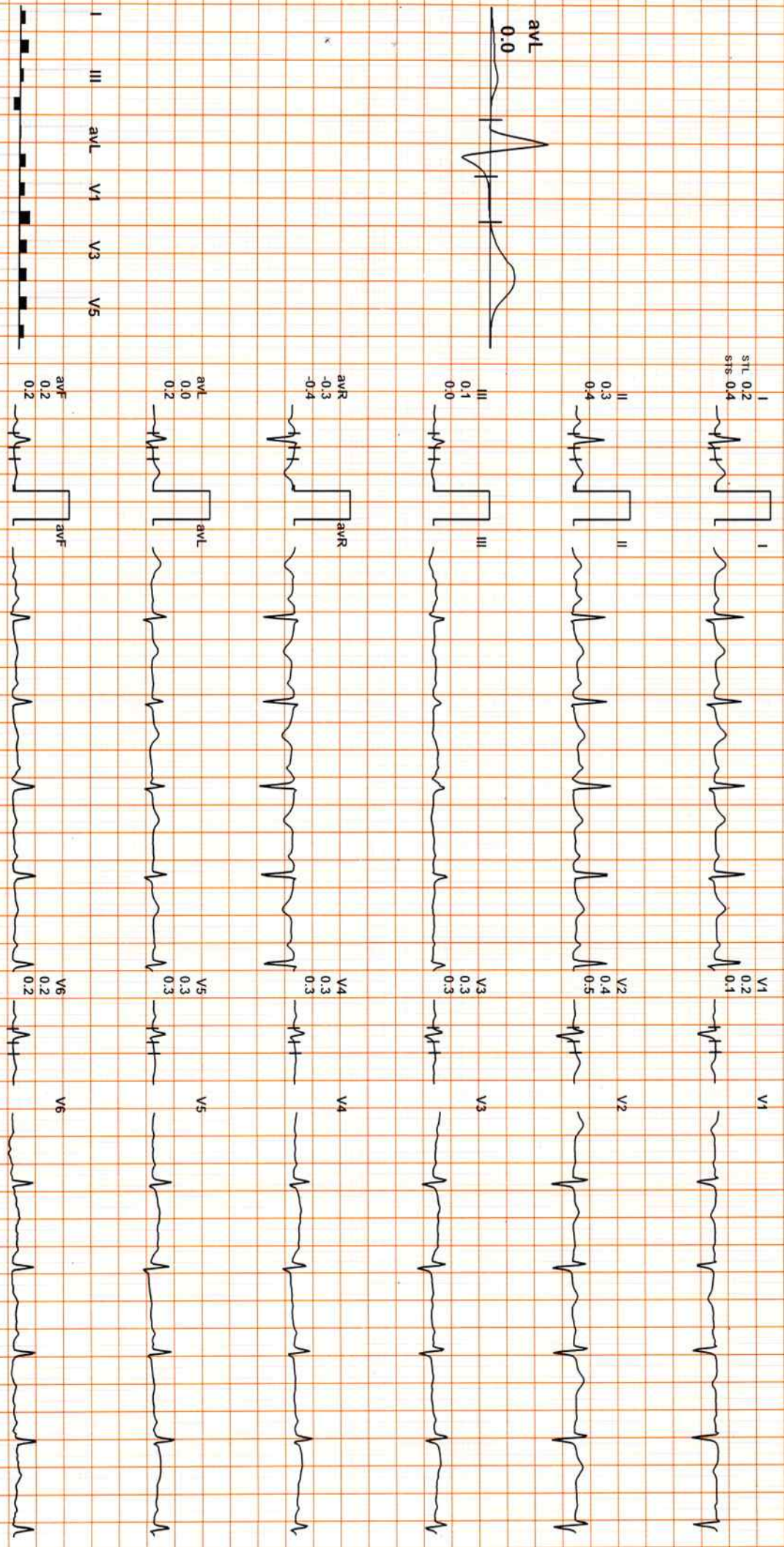
1806 / MRS JOSHIKA / 33 Yrs / F

Date: 12-Mar-2022 02:30:19 PM METS: 1.0/ 100 bpm 53% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:12 0.0 mph, 0.0%

4X 80 ms Post U

25 mm/Sec - 1.0 Cm/mV

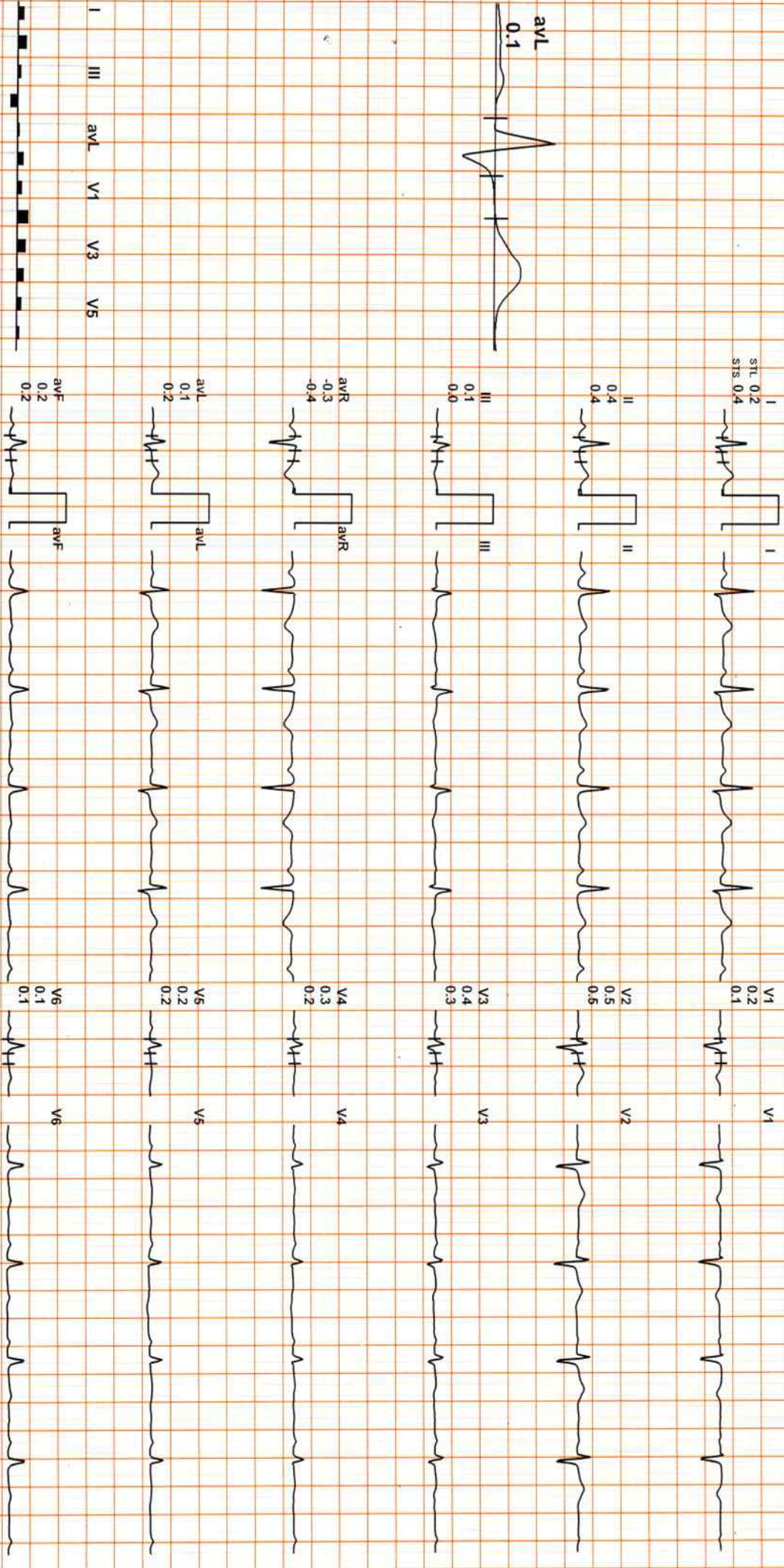


REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6



4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6

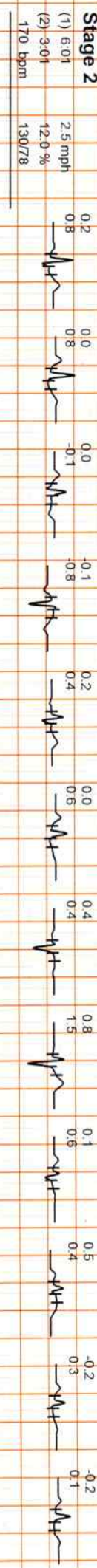
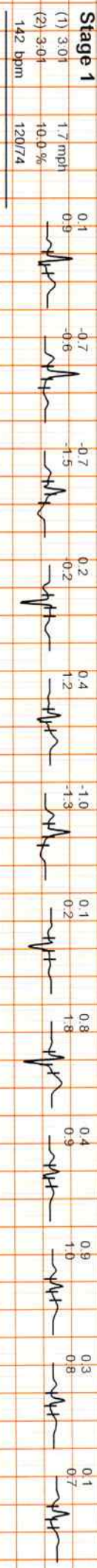
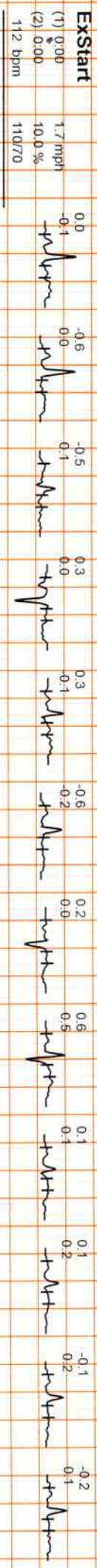
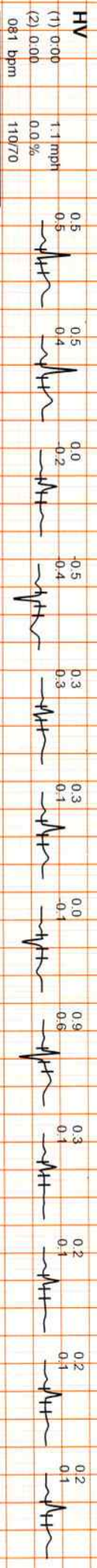
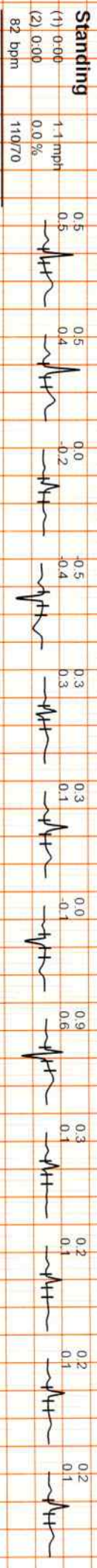
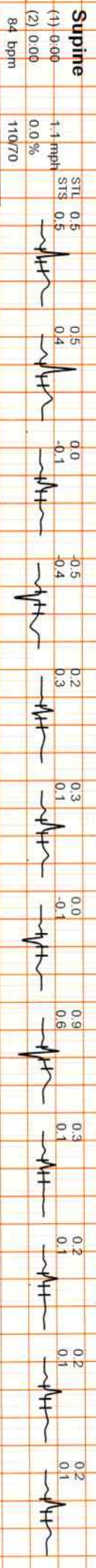




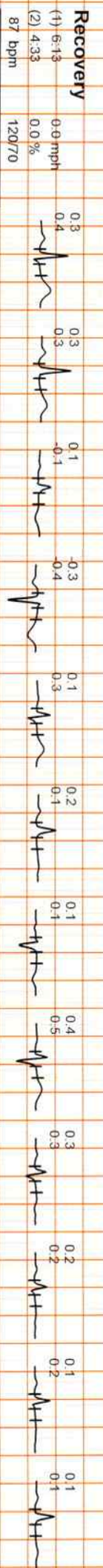
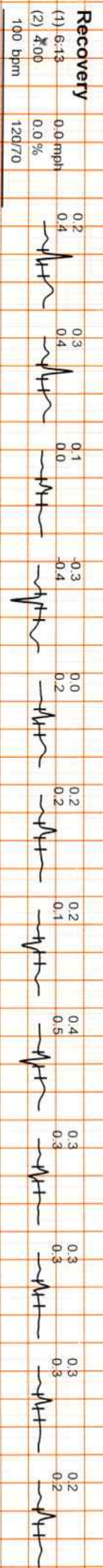
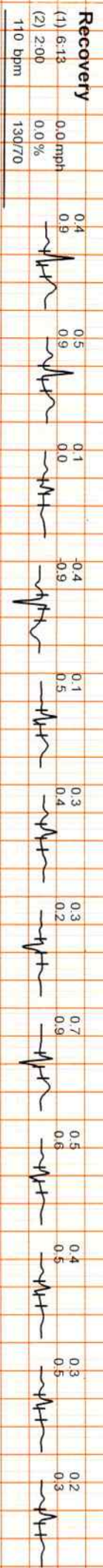
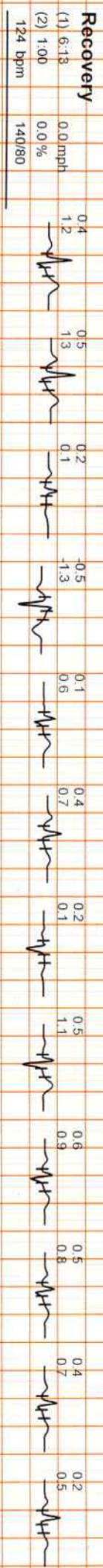


1806 / MRS JOSHIKA / 33 Yrs / F

Date: 12-Mar-2022 02:30:19 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6









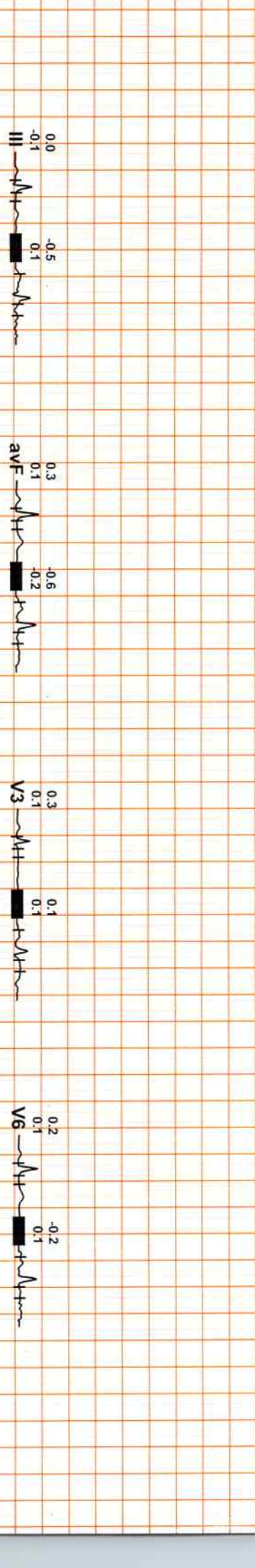
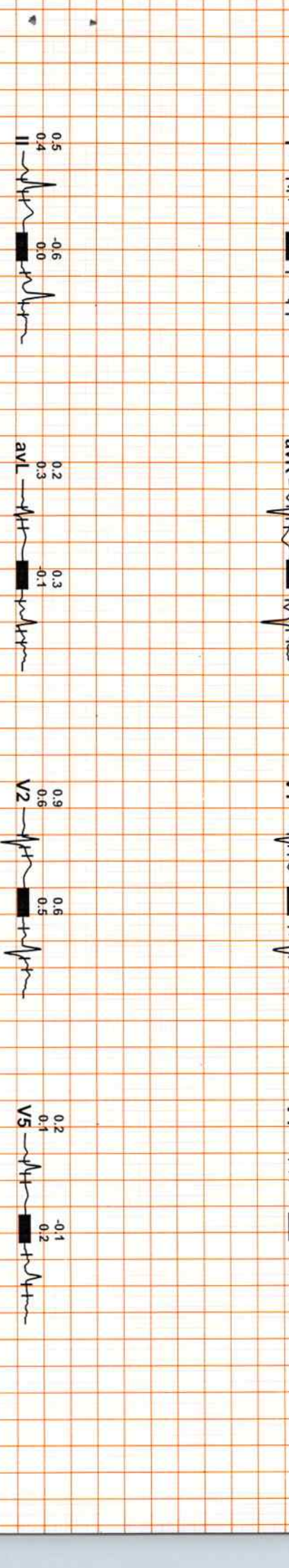
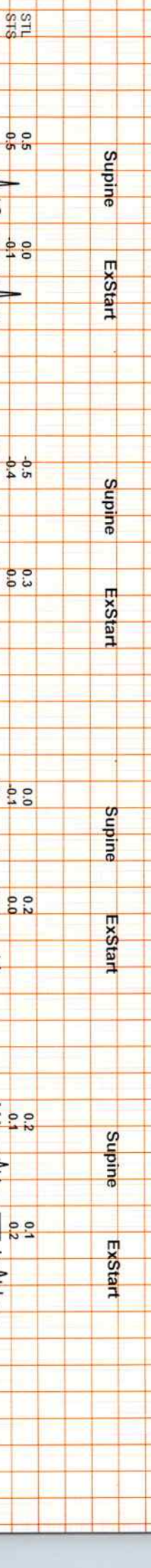


1806 / MRS JOSHIKA / 33 YRS / F

Protocol : BRUCE

Date: 12-Mar-2022 02:30:19 PM

Supine : PhTime:0:40 StageTime:0:01 1.1mph 0.0% 1.0 METs 84 bpm 110/70 @80mSec Post J  
 ExStart : PhTime:0:07 StageTime:0:07 1.7 mph 10.0% 7.3 METs 122 bpm 110/70 @80mSec Post J





# 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 :- 12/03/2022 09:35:25  
**NAME :- Mrs. JOSHIKA**  
Sex / Age :- Female 33 Yrs 11 Mon 6 Days  
Company :- MediWheel

Patient ID :-122127645  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 14:48:27

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	<b>11.6</b> L	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.93	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	62.6	%	40.0 - 80.0
LYMPHOCYTE	32.6	%	20.0 - 40.0
EOSINOPHIL	2.2	%	1.0 - 6.0
MONOCYTE	2.4	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.72	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.93	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.13	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.14	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.32	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	<b>35.30</b> L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	<b>81.6</b> L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	<b>26.8</b> L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.8	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	194	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	18.89		

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

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

AJAYSINGH  
Technologist

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**DR. TANURUNGTA**  
M.D (Path) RMC No.-17226

"CONDITIONS OF REPORTING SEE OVER LEAF"



# Dr. Goyal's

## Path Lab & Imaging Centre



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

Date :- 12/03/2022 09:35:25  
**NAME :- Mrs. JOSHIKA**  
 Sex / Age :- Female 33 Yrs 11 Mon 6 Days  
 Company :- MediWheel

Patient ID :-122127645  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 14:48:27

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGEFEMALE BELOW 40</b>			
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method:- HPLC	5.8	%	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

120 mg/dL

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

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**Technologist**

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*Tanurungta*

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Date :- 12/03/2022 09:35:25 Patient ID :-122127645  
NAME :- Mrs. JOSHIKA Ref. By Dr:- BOB  
Sex / Age :- Female 33 Yrs 11 Mon 6 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 14:48:27

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	11	mm/hr.	00 - 20

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

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

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

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

Levels are higher in pregnancy due to hyperfibrinogenaemia.

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

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M.D (Path) RMC No.-17226

"CONDITIONS OF REPORTING SEE OVER LEAF"



# Dr. Goyal's

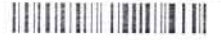
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**NAME :- Mrs. JOSHIKA**  
Sex / Age :- Female 33 Yrs 11 Mon 6 Days  
Company :- MediWheel

Patient ID :-122127645  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 15:49:20

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	179.89	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	116.25	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	23.25	mg/dl	0.00 - 80.00

MUKESH SINGH

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**DR. TANURUNGTA**  
M.D (Path) RMC No.-17226

"CONDITIONS OF REPORTING SEE OVER LEAF"



# Dr. Goyal's

## Path Lab & Imaging Centre

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



Date :- 12/03/2022 09:35:25 Patient ID :-122127645  
NAME :- Mrs. JOSHIKA Ref. By Dr:- BOB  
Sex / Age :- Female 33 Yrs 11 Mon 6 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 15:49:20

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	55.49	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	105.03	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.24		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.89		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	542.04	mg/dl	400.00 - 1000.00

**TOTAL CHOLESTEROL** InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

**TRIGLYCERIDES** InstrumentName:Radox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

**DIRECT HDLCHOLESTERO** InstrumentName:Radox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

**DIRECT LDL-CHOLESTEROL**InstrumentName:Radox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

**TOTAL LIPID AND VLDL ARE CALCULATED**

MUKESH SINGH

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Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 15:49:20

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.62	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	35.1 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	56.4 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	59.20	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	8.27	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.63	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.64 H	gm/dl	2.20 - 3.50
A/G RATIO	1.27 L		1.30 - 2.50

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Company :- MediWheel

Patient ID :-122127645  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 15:49:20

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.30	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.32	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	9.80	U/L	7.00 - 32.00

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

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

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

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

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

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

**Instrument Name** Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 3 times normal) are observed with infectious hepatitis.

MUKESH SINGH

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Patient ID :-122127645



NAME :- Mrs. JOSHIKA

Ref. By Dr:- BOB

Sex / Age :- Female 33 Yrs 11 Mon 6 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 12:30:18

### IMMUNOASSAY

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

#### TOTAL THYROID PROFILE

SERUM TSH

1.250

$\mu$ IU/mL

0.465 - 4.680

Method:- Enhanced Chemiluminescence Immunoassay

ANANDSHARMA  
Technologist

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 12/03/2022 09:42:35 Final Authentication : 12/03/2022 12:30:18

### IMMUNOASSAY

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

SERUM TOTAL T3  
 Method:- Chemiluminescence(Competitive immunoassay) 1.290 ng/ml 0.970 - 1.690

SERUM TOTAL T4  
 Method:- Chemiluminescence(Competitive immunoassay) 9.740 ug/dl 5.500 - 11.000

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

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

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

#### INTERPRETATION

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

ANANDSHARMA  
 Technologist

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*Tanurungta*

DR. TANURUNGTA  
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Date :- 12/03/2022 09:35:25

Patient ID :-122127645

NAME :- Mrs. JOSHIKA

Ref. By Dr:- BOB

Sex / Age :- Female 33 Yrs 11 Mon 6 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 11:13:15

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>MICROSCOPY EXAMINATION</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

POOJABOHRA  
Technologist

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

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**NAME :- Mrs. JOSHIKA**  
Sex / Age :- Female 33 Yrs 11 Mon 6 Days  
Company :- MediWheel

Patient ID :-122127645  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 11:13:15

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

POOJABOHRA  
Technologist

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

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Date :- 12/03/2022 09:35:25 Patient ID :-122127645  
**NAME :- Mrs. JOSHIKA** Ref. By Dr:- BOB  
Sex / Age :- Female 33 Yrs 11 Mon 6 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- STOOL

Sample Collected Time 12/03/2022 09:42:35

Final Authentication : 12/03/2022 11:13:15

### 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	0 - 1	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

POOJABOHRA  
Technologist

Page No: 12 of 15



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

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**NAME :- Mrs. JOSHIKA** Ref. By Dr:- BOB  
 Sex / Age :- Female 33 Yrs 11 Mon 6 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sulfur Dioxide-D, DMV SERUM Final Authentication : 12/03/2022 14:09:07  
 Final Authentication : 12/03/2022 16:43:05

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) 89.1 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) 112.1 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.

SERUM CREATININE 0.68 mg/dl Men - 0.6-1.30  
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 4.68 mg/dl Men - 3.4-7.0  
 Method:- Enzymatic colorimetric Women - 2.4-5.7

MUKESH SINGH

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*Tanurungta*

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**NAME :- Mrs. JOSHIKA**

Ref. By Dr:- BOB

Sex / Age :- Female 33 Yrs 11 Mon 6 Days

Lab/Hosp :-

Company :- MediWheel

### HAEMATOLOGY

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

AJAYSINGH, ANANDSHARMA, BILAL, MUKESH SINGH, POOJABOHRA, SAPNA

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Sex / Age :- Female 33 Yrs 11 Mon 6 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA, PLAIN/SERUM, URINE, SPINE-PT Collected Time 12/03/2022 14:09:02 Final Authentication : 12/03/2022 15:49:20

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A"POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	12.5	mg/dl	0.0 - 23.0

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

AJAYSINGH, MUKESH SINGH, POOJABOHRA, SAPNA  
Technologist

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Dr. Piyush Goyal  
( D.M.R.D.)  
Dr. Chandrika Gupta  
DR.TANURUNGTA

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Company :- MediWheel

Patient ID :- 122127645  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 12/03/2022 12:26:47

BOB PACKAGEFEMALE BELOW 40

### X RAY CHEST PA VIEW:

**Bronchovascular markings are prominent - ? Rotation**

Otherwise lung fields are clear.

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.

(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. Tej Prakash Gupta**  
DMRD (RADIO DIAGNOSIS)  
RMC No. 24436

**Dr. Hitesh Kumar Sharma**  
M.B.B.S., D.M.R.D.  
RMC Reg No. 27380

Transcript by.

This report is not valid for medico-legal purpose.



# Dr. Goyal's

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



NAME:	JOSHIKA / 122127645	AGE	33 YRS
REF.BY	BOB	DATE	12 March 2022

### ULTRA SOUND SCAN OF ABDOMEN

**Liver** is of normal size. Echo-texture is normal. 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 of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. 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 71 x 48 x 48 mm. Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 5 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:

- Normal Study.
- Needs clinical correlation & further evaluation

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

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

**Dr. Tej Prakash Gupta**  
DMRD (RADIO DIAGNOSIS)  
RMC No. 24436

**Dr. Hitesh Kumar Sharma**  
M.B.B.S., D.M.R.D.  
RMC Reg No. 27380

Transcript by.

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	JOSHIKA MEHRA
DATE OF BIRTH	06-04-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	02-03-2022
BOOKING REFERENCE NO.	21M84853100013138S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. MEHRA YOGENDER
EMPLOYEE EC NO.	84853
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	JAIPUR,BAIS GODAM
EMPLOYEE BIRTHDATE	25-09-1982

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **02-03-2022** till **31-03-2022**.The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**



(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation