

भारत सरकार
किरण कुमावत
Kiran Kumawat
जन्म तिथि/ DOB: 01/03/1994
महिला / FEMALE

5308 6796 0920

आधार-आम आदमी का अधिकार

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

Dr. GOYAL'S
PATH LAB & IMAGING CENTER
B-51, Ganesh Nagar-B
New Sanganer Road, JAIPUR

भारतीय मिश्रित पहचान प्राधिकरण
भारत सरकार
भारत

पता:
W/O पोखर मल कुमावत,
बोर्ड न-17, गुर्जरी का टेकड़ा,
मोहल्ला बल्लूपुरा, तेह-
खंडेला, खंडेला रूरल, सीकर,
राजस्थान - 332709

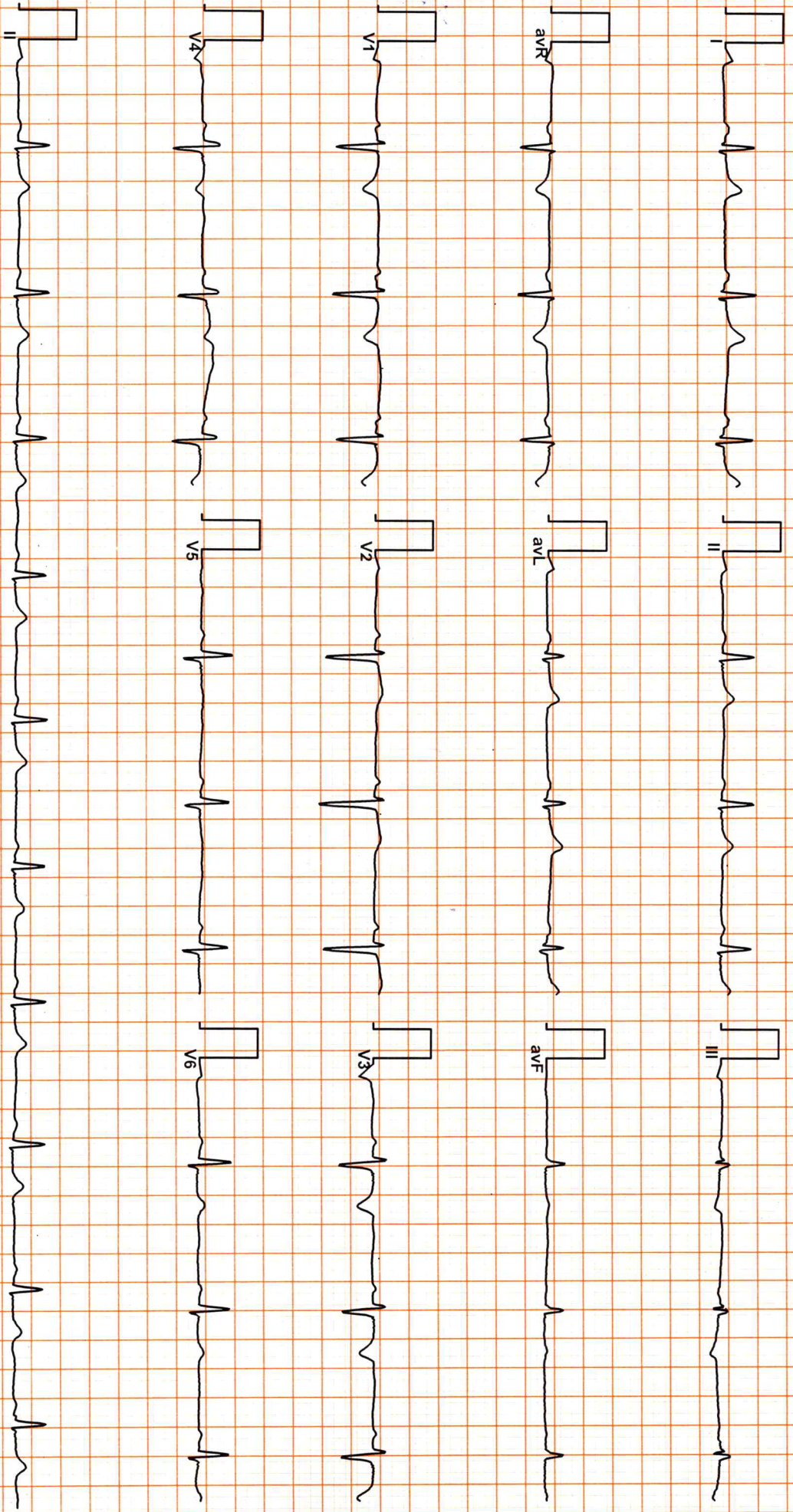
Address:
W/O Pokhar Mal Kumawat, ward no-
17, gurjaron ka tekda, mohalla
ballupura, teh. khandela, Khandela
(Rural), Sikar,
Rajasthan - 332709

5308 6796 0920

Aadhaar-Aam Admi ka Adhikar

11259 () / MRS. KIRAN KUMAWAT / 28 Yrs / F / Non Smoker

Heart Rate : 61 bpm / Refd By: BOB / Tested On : 13-Mar-22 11:51:32 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Sinus rhythm with ST inversion

in lead V3-V4

Dr. Narender Kumar Mohanka

R/REG No: 35703

M.B.B.S, DIP. CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

Allengers ECG (Piscas)(PIS212160118)

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Date :- 13/03/2022 08:38:07
NAME :- Mrs. KIRAN KUMAWAT
Sex / Age :- Female 28 Yrs 12 Days
Company :- MediWheel

Patient ID :-122127681
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 13/03/2022 08:44:57

Final Authentication : 13/03/2022 12:00:27

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGEFEMALE BELOW 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.3

%

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

105

mg/dL

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

AJAYSINGH
Technologist

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

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.9	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	4.51	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	57.4	%	40.0 - 80.0
LYMPHOCYTE	36.0	%	20.0 - 40.0
EOSINOPHIL	1.6	%	1.0 - 6.0
MONOCYTE	4.8	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	2.59	10 ³ /uL	1.50 - 7.00
LYMPH#	1.63	10 ³ /uL	1.00 - 3.70
EO#	0.07	10 ³ /uL	0.00 - 0.40
MONO#	0.21	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.59	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	38.00	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	82.8 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.0	g/dL	31.5 - 34.5
PLATELET COUNT	279	x10 ³ /uL	150 - 410
RDW-CV	14.9 H	%	11.6 - 14.0
MENTZER INDEX	18.04		

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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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)	12	mm/hr.	00 - 20
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(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 or connective tissue disease.
(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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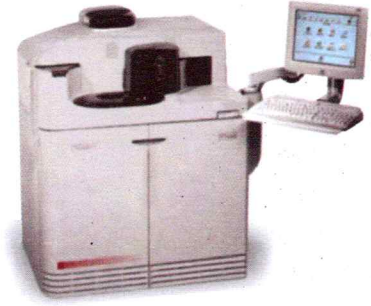
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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	220.95 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	54.01	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	10.80	mg/dl	0.00 - 80.00

JITENDRAKUMAWAT

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(D.M.R.D.)
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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	75.77	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	136.18	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	2.92		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.80		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	573.01	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			

JITENDRAKUMAWAT

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.57	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	45.8 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	59.0 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	73.10	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.79	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.20	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.59 H	gm/dl	2.20 - 3.50
A/G RATIO	1.17 L		1.30 - 2.50

JITENDRAKUMAWAT

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.25	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	18.60	U/L	7.00 - 32.00

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

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

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

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

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

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

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

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	1.000	μ IU/mL	0.465 - 4.680
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ANANDSHARMA
Technologist

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
Method:- Chemiluminescence(Competitive immunoassay)

1.160

ng/ml

0.970 - 1.690

SERUM TOTAL T4
Method:- Chemiluminescence(Competitive immunoassay)

6.340

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

Page No: 9 of 14



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

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Path Lab & Imaging Centre



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Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 13/03/2022 08:38:07
NAME :- Mrs. KIRAN KUMAWAT
Sex / Age :- Female 28 Yrs 12 Days
Company :- MediWheel

Patient ID :-122127681
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 13/03/2022 08:44:57

Final Authentication : 13/03/2022 11:52:13

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	3-5	/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

POOJABOHRRA
Technologist

Page No: 10 of 14



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Final Authentication : 13/03/2022 12:05:14

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.

Heart shadows appear normal.

Bilateral bony cervical ribs are seen.

(Please correlate clinically and with relevant further investigations)

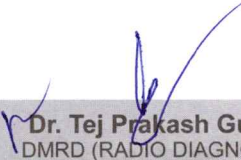
*** End of Report ***

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. Tej Prakash Gupta
MBBS, MD (Radio Diagnosis)
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RMC No. 24436

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RMC Reg No. 27380

Transcript by.

CHIEF MEDICAL & HEALTH OFFICER JAIPUR-I,

CM&HO Campus, Sethi Colony, Jaipur.

Mob. No- 0141-2609792

FORM-B [See Rules 6(2), 6(5) and 8(2)]

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2	This registration is granted subject to the aforesaid Act and any Contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years apart from prosecution.	
3	A-Name and address of the Genetic counseling centre*/Genetic laboratory*/ Genetic clinic/Ultrasound clinic*/Imaging centre.	Dr. Goyals Path Lab & Imaging Centre, B-51, Ganesh Nagar, New Sanganer Road, Jaipur. Dr. Piyush Goyal.
4	B-Pre-natal diagnostic procedures* approved for (Genetic clinic). Non-invasive (i)Ultrasound Invasive (ii)Amniocentesis (iii)Chronic villi biopsy (iv)Foetoscopy (v)Foetal skin or organ biopsy (vi)Cordocentesis (vii)Any other (specify)	Non- Invasive Ultrasound
5	C-Pre-natal diagnostic tests* approved(for Genetic laboratory) (i) Chromosomal studies (ii)Biochemical studies (iii)Molecular studies	
6	D- Any other purpose (please specify)	
7	Model and make of equipments being used (any change is to be intimated to the appropriate authority rule 13	1. Wipro GE, Model No- Vivid T8, S.No- 605771WX0. 2. Wipro GE, Model No- Voluson E10, S.No- E61906. 3. Wipro GE, Model No- Logiq F6, S.No- 600646WX0.
8	Registration no. allotted	CM&HO-I/PCPNDT Act/61
9	Period of validity of earlier certificate of registration.(for renewed certificate of registration only)	17-08-2015 to 16-08-2020

Sub Dist. Appropriate Authority (P.C.P.N.D.T.) &
Chief Medical & Health Officer, Jaipur-I
Jaipur

Date :

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS

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Patient ID :-122127681



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Ref. By Dr:- BOB

Sex / Age :- Female 28 Yrs 12 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 13/03/2022 08:44:57

Final Authentication : 13/03/2022 11:52:13

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	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

Page No: 11 of 14



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

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NAME :- Mrs. KIRAN KUMAWAT
 Sex / Age :- Female 28 Yrs 12 Days
 Company :- MediWheel

Patient ID :- 122127681
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Fluoride
 Date of Report :- 13/03/2022 11:20:58
 Final Authentication : 13/03/2022 12:47:46

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	98.5	mg/dl	75.0 - 115.0
--	------	-------	--------------

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma) Method:- GOD PAP	105.8	mg/dl	70.0 - 140.0
---	-------	-------	--------------

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

SERUM CREATININE Method:- Colorimetric Method	0.87	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.57	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

JITENDRAKUMAWAT, MUKESH SINGH

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



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



HAEMATOLOGY

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

AJAYSINGH, ANANDSHARMA, ANITASHARMA, BILAL, JITENDRAKUMAWAT, MUKESH SINGH, POOJABOHRRA



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NAME :- Mrs. KIRAN KUMAWAT
Sex / Age :- Female 28 Yrs 12 Days
Company :- MediWheel

Patient ID :-122127681
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA, PLAIN/SERUM, URINE, ~~SERUM~~ Collected Time 13/03/2022 11:20:58

Final Authentication : 13/03/2022 12:22:52

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	10.5	mg/dl	0.0 - 23.0

*** End of Report ***

AJAYSINGH, JITENDRAKUMAWAT, POOJABOHRA
Technologist

Page No: 14 of 14



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

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Sample Type :-

Sample.Collected Time

Final Authentication : 13/03/2022 11:31:59

BOB PACKAGEFEMALE BELOW 40

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 partially distended (Post prandial). Common bile duct is not dilated.

Pancreas - Head and body region appears normal. Rest of the pancreas is obscured due to bowel gases. No obvious peripancreatic collection is noted.

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 retroverted and mild bulky in size (10.4x4.8 cm).

Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 1 cm.

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:

Retroverted mild bulky uterus.

Needs clinical correlation & further evaluation

*** End of Report ***

ANITASHARMA

Page No: 1 of 1

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RMC Reg No. 017996

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DMRD (RADIO DIAGNOSIS)
RMC No. 24436

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Transcript by.

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CM&HO Campus, Sethi Colony, Jaipur.

Mob. No- 0141-2609792

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मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
CM&HO Dist. Appropriate Authority (P.C.P.N.D.T.)&
Chief Medical & Health Officer, Jaipur-I
Jaipur

Date :

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Sample Type :- Sample Collected Time Final Authentication : 13/03/2022 14:31:09

ECHOCARDIOGRAPHY 2D (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY: FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	23	mm	LA	26	Mm	IVS-D	10	mm
IVS-S	12	mm	LVID	43	Mm	LVSD	25	mm
LVPW-D	9	mm	LVPW-S	15	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	65%		RWMA			ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	1.04	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.60	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION		ABSENT		
AORTIC VALVE				
PEAK VELOCITY	1.2	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION		ABSENT		
TRICUSPID VALVE				
PEAK VELOCITY	0.68	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION		ABSENT		
PULMONARY VALVE				
PEAK VELOCITY	1.1	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION		ABSENT		

VARTIKA

Page No: 1 of 2



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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 :- 13/03/2022 08:38:07
NAME :- Mrs. KIRAN KUMAWAT
Sex / Age :- Female 28 Yrs 12 Days
Company :- MediWheel

Patient ID :-122127681
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :-

Sample Collected Time

Final Authentication : 13/03/2022 14:31:09

Impression--

1. Normal LV size & contractility.
2. No RWMA, LVEF 65%.
3. Normal cardiac chamber.
4. Normal valve.
5. No clot, no vegetation, no pericardial effusion.


(Cardiologist)

*** End of Report ***

VARTIKA

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Conditions of Reporting

1. Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examination to achieve final diagnosis. The result of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used.
2. The reported results are for information and for interpretation of the referring doctor only.
3. Results of tests may vary from laboratory to laboratory and also in some parameters time to time for the same patient.
4. In case of collected specimen [S], which are referred to **Dr. GOYALS PATH LAB AND IMAGING CENTRE** from referral center, it is presumed that patient demographic are verified and confirmed at the point of generation of the said specimen [s].
5. Any query from the referring doctor with reference to this report should be directed to **Dr. GOYALS PATH LAB AND IMAGING CENTRE** Jaipur between -2:00 P.M. to 5:00 P.M. on Phone : 0141-4049787,9887049787
6. This report is not valid for any medico -legal purposes.

Dr. Goyal's Path Lab

Name **KIRAN KUMAWAT**
Patient Id **KIRAN10_10620**

Date **03/13/2022**
Diagnosis Dr.

