

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



General Physical Examination

Date of Examination: 11/06/2022

Name: VENU CHOPRA Age: 36 DOB: 25-12-1985 Sex: female

Referred By: BOB

Photo ID: AADHAR ID #: attached

Ht: 147.5 (cm)

Wt: 49 (Kg)

Chest (Expiration): 86 (cm)

Abdomen Circumference: 81 (cm)

Blood Pressure: 110/70 mm Hg

PR: 76 / min

RR: 15 / min

Temp: Afebrile

BMI 29.5

Eye Examination: vision normal 6/6, 4/6

no color blindness

Other: Not significant

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

Signature of Examinee: Venu

Name of Examinee: _____

Signature Medical Examiner: _____

Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. -017936

नामांकन क्रमांक/Enrolment No.: 2082/10423/32177

Venu Chopra (वेणु चोपडा)
W/O Vikas Chopra, Chopra Niwas, Yol Camp, Near
Central Bank Of India, V P O Yol Tehsil
Dharamshala, Chhatair (495), Kangra,
Himachal Pradesh - 176052

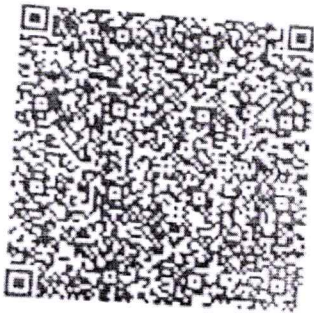
Date: 06/12/2016

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

आपका आधार क्रमांक/ Your Aadhaar No.:

3775 9940 3212



INFORMATION

- Aadhaar is a proof of identity, not of citizenship
- To establish identity, authenticate online.
- This is electronically generated letter.

Signature Not Verified
Digitally signed by Dr. Piyush Goyal
IDENTIFICATION AUTHORITY OF INDIA 01
Date: 2016.12.06 19:17:49 IST

मेरा आधार, मेरी पहचान



1947



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- आधार देश भर में मान्य है.
- आधार के लिए आपको एक ही बार नामांकन दर्ज करवाने की आवश्यकता है.
- कृपया अपना नवीनतम मोबाइल नंबर तथा ई-मेल पता दर्ज कराएं. इससे आपको विभिन्न सुविधाएं प्राप्त करने में सहायित होगी.

Dr. Piyush Goyal
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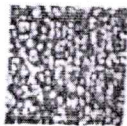
भारत सरकार
GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



वेणु चोपडा
Venu Chopra
जन्म तिथि/ DOB: 25/12/1985
महिला / FEMALE



3775 9940 3212

मेरा आधार, मेरी पहचान

पता:
W/O विकास चोपडा,
चोपडा-निवास, योल कैम्प,
सेंट्रल बैंक ऑफ इंडिया के
पास, वी पी ओ योल तहसील
धर्मशाला, छतैर (४९५),
काँगडा,
हिमाचल प्रदेश - 176052

Address:
W/O Vikas Chopra,
Niwas, Yol Camp, Near Central
Bank Of India, V P O Yol Tehsil
Dharamshala, Chhatair (495),
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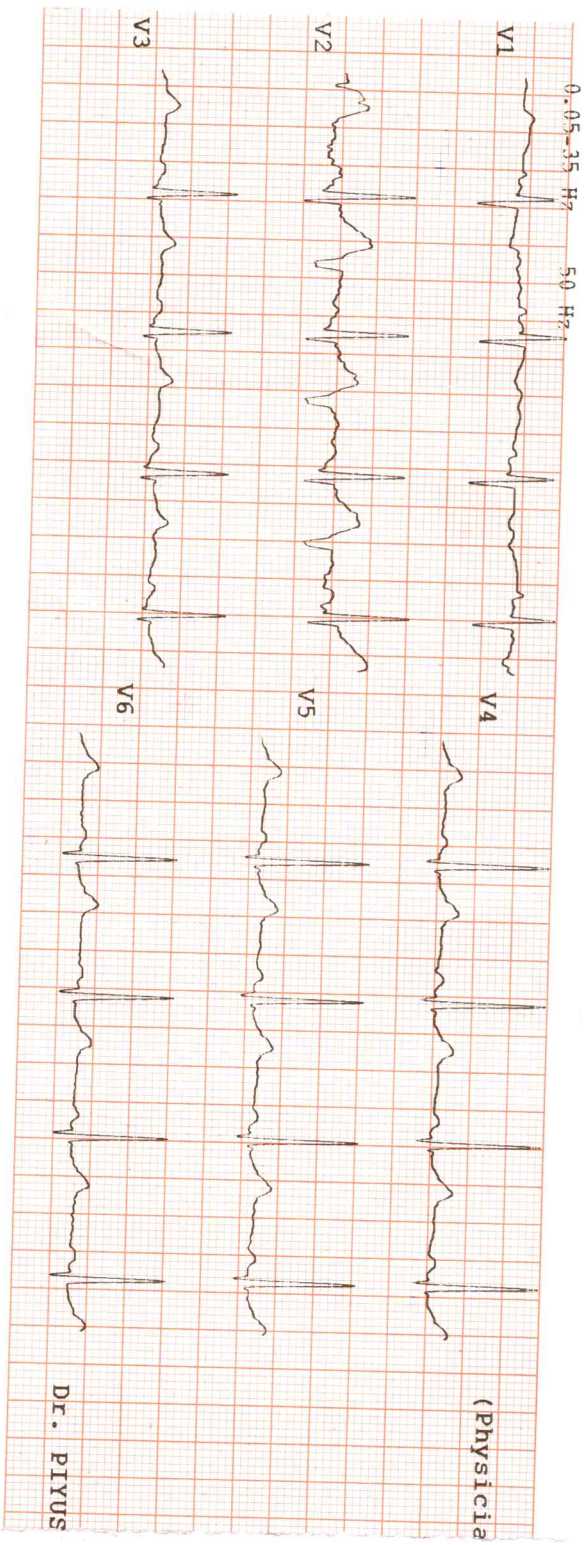
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MERA AADHAAR, MERI PEHACHAN

11/06/2022

DR. VENU CHOPRA

DR. GOYALS PATH LAB	ID : 11
GANESH NAGAR	Name : VENU
SODALA	Age : 36 Years
9001779317	Gender : FEMALE
	BP : (mmHg)
	Weight : Kgs
	Date : 01/02/50
	Note : 12:06 AM
	VESTA 301i
	(Ver 3.15.33PG)
www.rmsindia.com	



Sinus Rhythm with ~~ST depression~~
ST depression in inferior lead

Dr. Narayana Kumar Mohanaraj
 RMC No. 35703
 MBBS, DIP. CARDIO (ESCCORT9)
 DERM (RCGP-UK)

Dr. PIYUS

(Physicia

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Date :- 11/06/2022 09:44:10
NAME :- Mrs. VENU CHOPRA
Sex / Age :- Female 36 Yrs
Company :- MediWheel

Patient ID :-1222902
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 11/06/2022 10:11:47

Final Authentication : 11/06/2022 13:13:18

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGEFEMALE BELOW 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)
Method:- HPLC

5.6 %

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 glycated 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

114 mg/dL

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

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Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	11.6 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	8.45	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	66.0	%	40.0 - 80.0
LYMPHOCYTE	29.2	%	20.0 - 40.0
EOSINOPHIL	1.3	%	1.0 - 6.0
MONOCYTE	3.3	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	5.58	10 ³ /uL	1.50 - 7.00
LYMPH#	2.47	10 ³ /uL	1.00 - 3.70
EO#	0.10	10 ³ /uL	0.00 - 0.40
MONO#	0.28	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.57	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	35.60 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	77.8 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	25.5 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.7	g/dL	31.5 - 34.5
PLATELET COUNT	190	x10 ³ /uL	150 - 410
RDW-CV	14.3 H	%	11.6 - 14.0
MENTZER INDEX	17.02		

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) 15 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 (BC), or connective tissue disease.
Methodology: FLC, 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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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	164.74	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	109.15	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	21.83	mg/dl	0.00 - 80.00

SKSHARMA

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	30.69	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	115.86	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	5.37	H	0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.78	H	0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	500.55	mg/dl	400.00 - 1000.00

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

TRIGLYCERIDES InstrumentName:Randox 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:Randox 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:Randox 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

SKSHARMA

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.12	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	15.8	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	18.2	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	64.80	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.76	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.14	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.62	gm/dl	2.20 - 3.50
A/G RATIO	1.58		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.35	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.77	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	15.20	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
TOTAL THYROID PROFILE			
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	3.710	μIU/mL	0.500 - 6.880

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 1.340 ng/ml 0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 8.000 ug/dl 5.500 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

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 (TGB), 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

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Company :- MediWheel

Patient ID :-1222902
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 11/06/2022 10:11:47

Final Authentication : 11/06/2022 15:22:40

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/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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Date :- 11/06/2022 09:44:10
NAME :- Mrs. VENU CHOPRA
Sex / Age :- Female 36 Yrs
Company :- MediWheel

Patient ID :-1222902
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 11/06/2022 10:11:47

Final Authentication : 11/06/2022 15:22:40

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
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NAME :- Mrs. VENU CHOPRA
Sex / Age :- Female 36 Yrs
Company :- MediWheel

Patient ID :-1222902
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 11/06/2022 10:11:47

Final Authentication : 11/06/2022 15:57:40

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	1-2	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

POOJABOHRA
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Date :- 11/06/2022 09:44:10
NAME :- Mrs. VENU CHOPRA
Sex / Age :- Female 36 Yrs
Company :- MediWheel

Patient ID :- 1222902
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, PLAIN/SERUM Collected Time 11/06/2022 10:11:47

Final Authentication : 11/06/2022 16:09:11

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	84.8	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 .

SERUM CREATININE Method:- Colorimetric Method	0.75	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.28	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

SKSHARMA

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NAME :- Mrs. VENU CHOPRA
Sex / Age :- Female 36 Yrs
Company :- MediWheel

Patient ID :-1222902
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA, URINE

Sample Collected Time 11/06/2022 10:11:47

Final Authentication : 11/06/2022 15:22:40

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

AJAYSINGH, POOJABOHRA
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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 11/06/2022 10:11:47

Final Authentication : 11/06/2022 16:09:11

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.7	mg/dl	0.0 - 23.0

*** End of Report ***

SKSHARMA

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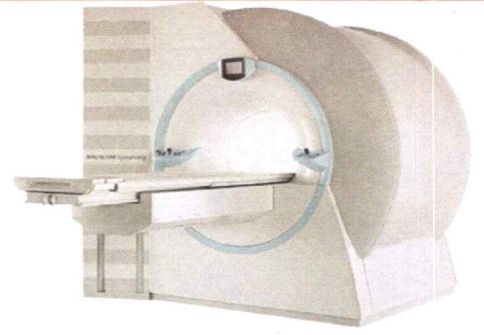


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Company :- MediWheel

Patient ID :- 1222902
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 11/06/2022 14:29:32

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 ***

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RMC NO. 17163

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(D.M.R.D.) BILAL

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(M.D. Radiodiagnosis)

Dr. Shankar Tejwani
(M.D. Radiodiagnosis)

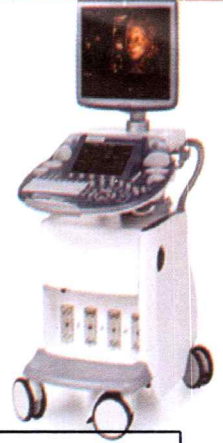
Dr. Paresh Sukhani
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Patient ID :- 1222902
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Lab/Hosp :-

Final Authentication : 11/06/2022 11:09:44

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 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 76 x 44 x 35 mm . Myometrium shows normal echo - pattern.

Two fibroids are noted on posterior wall, measuring ~ 13mm & 7 mm. Endometrial echo is normal. Endometrial thickness is 7 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:

***Fibroids uterus.**

Needs clinical correlation & further evaluation

*** End of Report ***

Page No: 1 of 1

BILAL

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NAME:	venu chopra	AGE	36 YRS
REF.BY	BOB	DATE	11-6-2022

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	ANNULAR CALCIFICATION	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	34	mm	LA	39	Mm	IVS-D	9	mm
IVS-S	13	mm	LVID	42	Mm	LVSD	38	mm
LVPW-D	9	mm	LVPW-S	10	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	55%		RWMA		ABSENT			

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	1.8	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY		m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION	II				
AORTIC VALVE					
PEAK VELOCITY	1.0	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	I				
PULMONARY VALVE					
PEAK VELOCITY	0.84	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VELOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION	ABSENT				

Impression--

Normal LV size & contractility

No RWMA, LVEF 55 %.

Mitral annular & PML calcification

Grade II MR, No significant MS

Mild TR, PASP 36 mmHG

No clot, no vegetation, no pericardial effusion. (Cardiologist)

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