

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 988704978

General Physical Examination

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

Date of Examination: 23-03-2024

Name: SUNITA GURJAR Age: 41 Sex: Male

DOB: 10-01-1982

Referred By: BOB (Mediwheel)

Photo ID: aadhar ID #: attached

Ht: 152 (cm)

Wt: 67 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 86 (cm)

Blood Pressure: 99/66 mm Hg PR: 82 / min

BMI 29.0

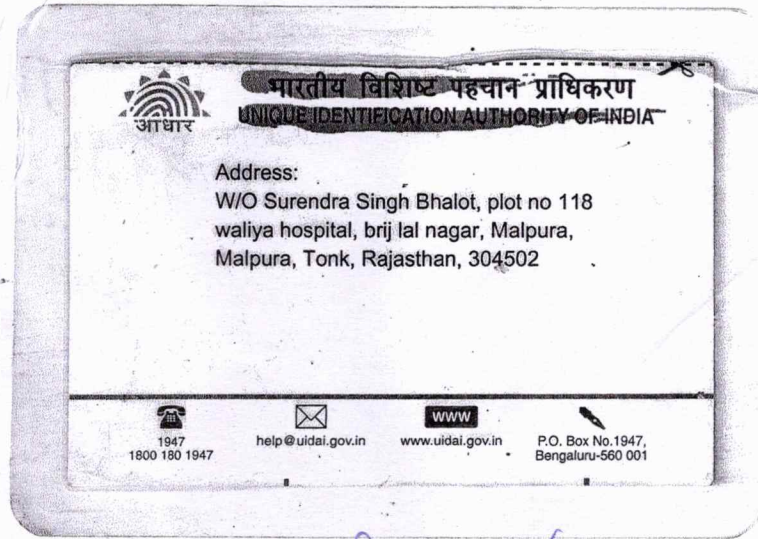
Eye Examination: vision 6/6 N/6, Bl eyes, Normal Color vision

Other: Not significant

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

Signature Of Examinee : Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
PMC Reg. No.-017023 Name of Examinee: -----

Signature Medical Examiner : सुनीता गुर्जर Name Medical Examiner -----



सुनीता गुर्जर

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

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Tele : 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalspathlab.com | E-mail: dr.goyalpiyush@gmail.com

Date :- 23/03/2024 10:36:52

NAME :- Mrs. SUNITA GURJAR

Sex / Age :- Female 41 Yrs

Company :- MediWheel

Patient ID :-12236568

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 23/03/2024 10:40:23

Final Authentication : 23/03/2024 13:15:04

HAEMATOLOGY

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

BOB PACKAGE FEMALE ABOVE 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.9

%

Method:- HPLC

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

123

mg/dL

Method:- Calculated Parameter

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

AJAYSINGH
Technologist

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



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|-------------------------------------|--------|----------------------|-------------------------|
| HAEMOGARAM | | | |
| HAEMOGLOBIN (Hb) | 12.1 | g/dL | 12.0 - 15.0 |
| TOTAL LEUCOCYTE COUNT | 6.55 | /cumm | 4.00 - 10.00 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL | 59.0 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 37.0 | % | 20.0 - 40.0 |
| EOSINOPHIL | 1.1 | % | 1.0 - 6.0 |
| MONOCYTE | 2.6 | % | 2.0 - 10.0 |
| BASOPHIL | 0.3 | % | 0.0 - 2.0 |
| NEUT# | 3.87 | 10 ³ /uL | 1.50 - 7.00 |
| LYMPH# | 2.42 | 10 ³ /uL | 1.00 - 3.70 |
| EO# | 0.07 | 10 ³ /uL | 0.00 - 0.40 |
| MONO# | 0.17 | 10 ³ /uL | 0.00 - 0.70 |
| BASO# | 0.02 | 10 ³ /uL | 0.00 - 0.10 |
| TOTAL RED BLOOD CELL COUNT (RBC) | 4.76 | x10 ⁶ /uL | 3.80 - 4.80 |
| HEMATOCRIT (HCT) | 38.70 | % | 36.00 - 46.00 |
| MEAN CORP VOLUME (MCV) | 81.4 L | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 25.4 L | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 31.3 L | g/dL | 31.5 - 34.5 |
| PLATELET COUNT | | | |
| RDW-CV | 14.0 | % | 11.6 - 14.0 |
| MENTZER INDEX | 17.10 | | |

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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|--------------------------------------|-------|--------|-------------------------|
| Erythrocyte Sedimentation Rate (ESR) | 29 H | 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

61 Connective tissue disease. MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Sex / Age :- Female 41 Yrs

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 23/03/2024 10:40:23

Final Authentication : 23/03/2024 14:43:44

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|--------|-------|---|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method | 164.68 | mg/dl | Desirable <200 Borderline 200-239 High > 240 |
| TRIGLYCERIDES Method:- GPO-PAP | 87.93 | mg/dl | Normal <150 Borderline high 150-199 High 200-499 Very high >500 |
| DIRECT HDL CHOLESTEROL Method:- Direct clearance Method | 34.86 | mg/dl | Low < 40 High > 60 |
| DIRECT LDL CHOLESTEROL Method:- Direct clearance Method | 115.17 | mg/dl | Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190 |
| VLDL CHOLESTEROL Method:- Calculated | 17.59 | mg/dl | 0.00 - 80.00 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated | 4.72 | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO Method:- Calculated | 3.30 | | 0.00 - 3.50 |
| TOTAL LIPID Method:- CALCULATED | 479.20 | 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 | | | |

MUKESH SINGH

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 Sex / Age :- Female 41 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 23/03/2024 10:40:23 Final Authentication : 23/03/2024 14:43:44

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|-------|-------|--|
| LIVER PROFILE WITH GGT | | | |
| SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method | 0.45 | mg/dl | Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020) |
| SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method | 0.11 | mg/dL | Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2 |
| SERUM BILIRUBIN (INDIRECT) Method:- Calculated | 0.34 | mg/dl | 0.30-0.70 |
| SGOT Method:- IFCC | 21.1 | U/L | Men- Up to - 37.0 Women - Up to - 31.0 |
| SGPT Method:- IFCC | 25.5 | U/L | Men- Up to - 40.0 Women - Up to - 31.0 |
| SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer | 83.80 | IU/L | 30.00 - 120.00 |
| SERUM GAMMA GT Method:- IFCC | 10.10 | U/L | 7.00 - 32.00 |
| SERUM TOTAL PROTEIN Method:- Biuret Reagent | 7.06 | g/dl | 6.40 - 8.30 |
| SERUM ALBUMIN Method:- Bromocresol Green | 4.40 | g/dl | 3.80 - 5.00 |
| SERUM GLOBULIN Method:- CALCULATION | 2.66 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.65 | | 1.30 - 2.50 |

Total Bilirubin Methodology: Colorimetric method Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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).

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Ref. By Dr:- BOB

Sex / Age :- Female 41 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 23/03/2024 10:40:23

Final Authentication : 23/03/2024 12:51:20

IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------|--------|-------------------------|
| TOTAL THYROID PROFILE | | | |
| SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay) | 1.240 | ng/ml | 0.970 - 1.690 |
| SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay) | 8.550 | ug/dl | 5.520 - 12.970 |
| SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay | 3.440 | μIU/mL | 0.350 - 5.500 |

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

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

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

INTERPRETATION

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

NARENDRAKUMAR
Technologist

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NAME :- Mrs. SUNITA GURJAR

Sex / Age :- Female 41 Yrs

Company :- MediWheel

Patient ID :- 12236568

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 23/03/2024 10:40:23

Final Authentication : 23/03/2024 14:10:12

CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--|-------------|------|-------------------------|
| Urine Routine | | | |
| <u>PHYSICAL EXAMINATION</u> | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| APPEARANCE | Clear | | Clear |
| <u>CHEMICAL EXAMINATION</u> | | | |
| REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction) | 5.5 | | 5.0 - 7.5 |
| SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue) | 1.015 | | 1.010 - 1.030 |
| PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test) | NIL | | NIL |
| GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict) | NIL | | NIL |
| BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction) | NEGATIVE | | NEGATIVE |
| UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction) | NORMAL | | NORMAL |
| KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's | NEGATIVE | | NEGATIVE |
| NITRITE Method:- Reagent Strip (Diazotization reaction) | NEGATIVE | | NEGATIVE |
| RBC Method:- Reagent Strip (Peroxidase like activity) | NIL | | NIL |
| <u>MICROSCOPY EXAMINATION</u> | | | |
| RBC/HPF | NIL | /HPF | NIL |
| WBC/HPF | 2-4 | /HPF | 2-3 |
| EPITHELIAL CELLS | 2-3 | /HPF | 2-3 |
| CRYSTALS/HPF | ABSENT | | ABSENT |
| CAST/HPF | ABSENT | | ABSENT |
| AMORPHOUS SEDIMENT | ABSENT | | ABSENT |
| BACTERIAL FLORA | ABSENT | | ABSENT |
| YEAST CELL | ABSENT | | ABSENT |
| OTHER | ABSENT | | ABSENT |

VIJENDRAMEENA
Technologist

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NAME :- Mrs. SUNITA GURJAR

Ref. By Dr:- BOB

Sex / Age :- Female 41 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 23/03/2024 10:40:23

Final Authentication : 23/03/2024 14:10:12

CLINICAL PATHOLOGY

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

STOOL ANALYSIS

PHYSICAL EXAMINATION

MUCUS

BLOOD

MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA
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Sample Type :- EDTA, URINE

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HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|--------------|------|-------------------------|
| BLOOD GROUP ABO | "B" POSITIVE | | |
| BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone). | | | |
| URINE SUGAR (FASTING) Collected Sample Received | Nil | | Nil |

AJAYSINGH, VIJENDRAMEENA
Technologist

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BIOCHEMISTRY

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| BLOOD UREA NITROGEN (BUN) | 8.5 | mg/dl | 0.0 - 23.0 |

MUKESH SINGH

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Sex / Age :- Female 41 Yrs

Lab/Hosp :-

Company :- MediWheel



Sample Type :- SWAB

Sample Collected Time 23/03/2024 10:40:23

Final Authentication : 23/03/2024 16:41:19

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Specimen - Conventional smear.

Clinical history -

Microscopy:

Adequacy - Satisfactory for opinion.

Endocervical cells seen - Not seen.

H/E stained smears show predominantly superficial and intermediate squamous epithelial cells along with few parabasal cells in the clean background.

Epithelial cells abnormality - Not seen

IMPRESSION : Negative for intraepithelial lesion or malignancy.

Adv: Clinical correlation.

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

Slides will be kept for one month only.

*** End of Report ***

AJAYKUMAR
Technologist

Page No: 13 of 13



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



Date :- 23/03/2024 10:36:52
NAME :- Mrs. SUNITA GURJAR
Sex / Age :- Female 41 Yrs
Company :- MediWheel

Patient ID :- 12236568
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 23/03/2024 18:41:48

BOB PACKAGEFEMALE ABOVE 40

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)


DR. POORVI MALIK
MBBS, MD,DNB (RADIO DIAGNOSIS)
RMC REG. NO. 21505

*** End of Report ***

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

DR. GOYAL PATH LAB

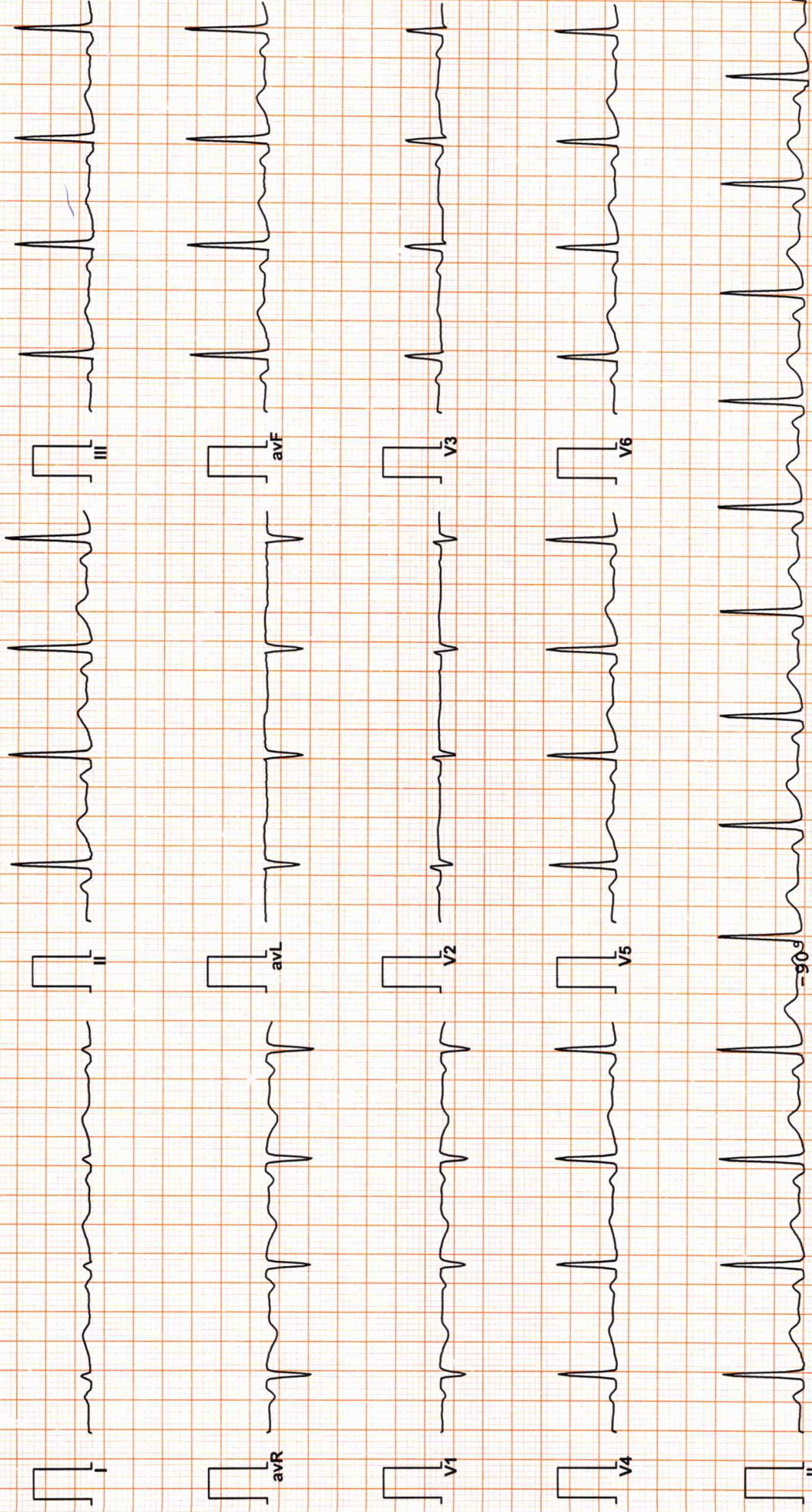
4946 / MRS. SUNITA GURJAR / 41 Yrs / F / Non Smoker

Heart Rate : 81 bpm / Tested On : 23-Mar-24 14:59:38 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

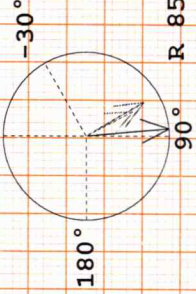
/ Refd By: MED/WHEEL



ECG



Vent Rate : 81 bpm
 PR Interval : 160 ms
 QRS Duration : 70 ms
 QT/QTc Int : 402/439 ms
 P-QRS-T axis: 63.00 • 85.00 • 60.00 •



Dr. Anurag Kumar Mohan-ka
 RMC No. 65703
 MBBS, DIP. CARDIO (ESCORTS)
 F.M. (RCGP-U.K)

Reported By: *(Signature)*



934 (113) / MRS. SINUTA GURJAR / 41 Yrs / F / 0 Cms / 0 Kg / NonSmoker
 Date: 23 / 03 / 2024 03:01:21 PM Refd By : BOB Examined By:

| Stage | Time | Duration | Speed(mph) | Elevation | METs | Rate | % THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|-------|--------|-----|-----|----------|
| Supine | 00:13 | 0:13 | 01.1 | 00.0 | 01.0 | 075 | 42 % | 120/80 | 090 | 00 | |
| Standing | 01:04 | 0:51 | 01.1 | 00.0 | 01.0 | 086 | 48 % | 120/80 | 103 | 00 | |
| HV | 01:10 | 0:06 | 01.1 | 00.0 | 01.0 | 087 | 49 % | 120/80 | 104 | 00 | |
| Warm Up | 01:14 | 0:04 | 01.1 | 00.0 | 01.0 | 087 | 49 % | 120/80 | 104 | 00 | |
| ExStart | 02:24 | 1:10 | 01.0 | 00.0 | 01.0 | 109 | 61 % | 120/80 | 130 | 00 | |
| BRUCE Stage 1 | 05:24 | 3:00 | 01.7 | 10.0 | 04.7 | 147 | 82 % | 140/90 | 205 | 00 | |
| PeakEx | 06:11 | 0:47 | 02.5 | 12.0 | 05.3 | 155 | 87 % | 140/90 | 217 | 00 | |
| Recovery | 07:11 | 1:00 | 00.0 | 00.0 | 01.0 | 108 | 60 % | 140/90 | 151 | 00 | |
| Recovery | 08:11 | 2:00 | 00.0 | 00.0 | 01.0 | 094 | 53 % | 135/86 | 126 | 00 | |
| Recovery | 09:11 | 3:00 | 00.0 | 00.0 | 01.0 | 085 | 47 % | 130/80 | 110 | 00 | |
| Recovery | 10:11 | 4:00 | 00.0 | 00.0 | 01.0 | 087 | 49 % | 126/86 | 109 | 00 | |
| Recovery | 11:11 | 5:00 | 00.0 | 00.0 | 01.0 | 088 | 49 % | 120/80 | 105 | 00 | |
| Recovery | 11:10 | 5:00 | 00.0 | 00.0 | 01.0 | 088 | 49 % | 120/80 | 105 | 00 | |

FINDINGS :

Exercise Time : 03:47
 Max HR Attained : 155 bpm 87% of Target 179
 Max BP Attained : 140/90 (mm/Hg)
 Max WorkLoad Attained : 5.3 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

IMT 9A Negative for AMI

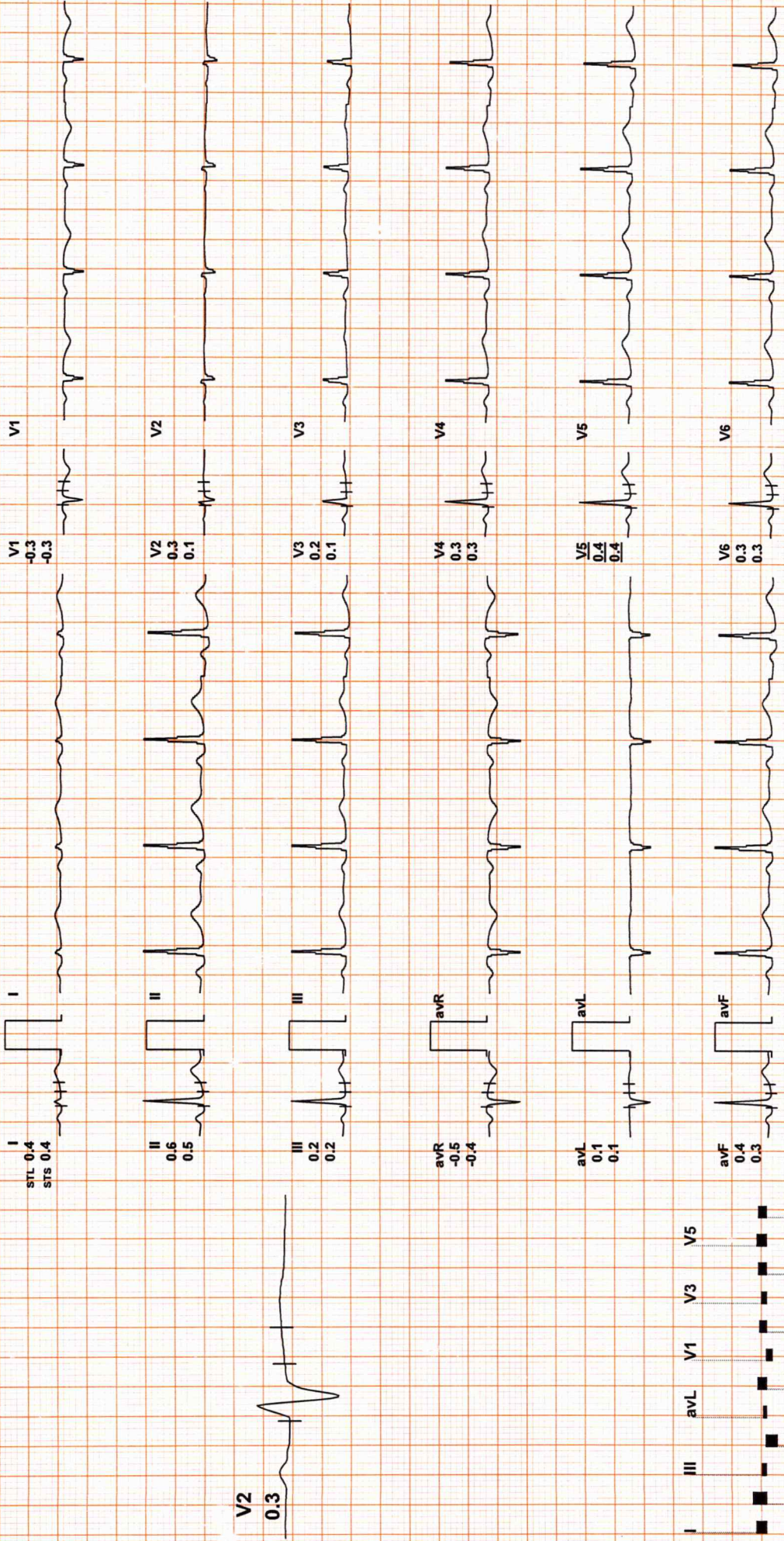
Dr. Naresh Kumar Mohanka
 RMC No. 35703
 MBBS, DIP, CARDIO (ESCORTS)
 D.E.M. (RCGP-UK)



Date: 23 / 03 / 2024 03:01:21 PM METS: 1.0/ 75 bpm 42% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post-J

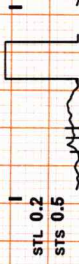
25 mm/Sec. 1.0 Cm/mV



REMARKS:

4X 60 mS Post J

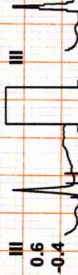
25 mm/Sec. 1.0 Cm/mV



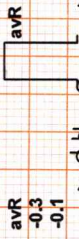
V1
1.4
1.3



V2
0.8
0.6



V3
2.2
1.7



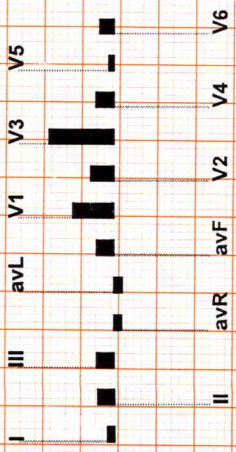
V4
0.6
0.4



V5
0.2
0.0



V6
0.5
0.1



REMARKS:

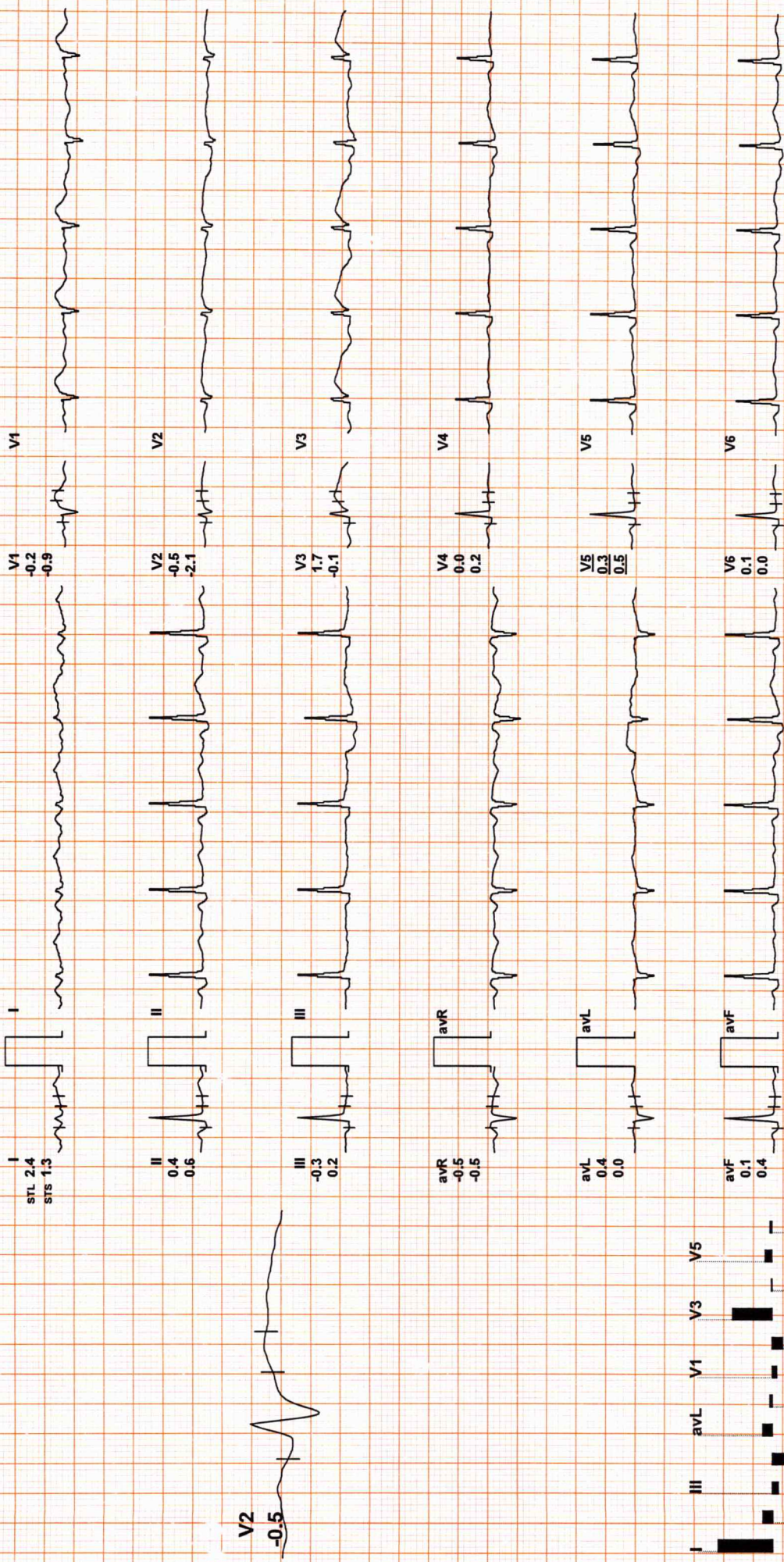




Date: 23 / 03 / 2024 03:01:21 PM METS: 1.0/ 87 bpm 49% of THR BP: 120/80 mmHg Combined Medians/ BLC Or/ Notch Or/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



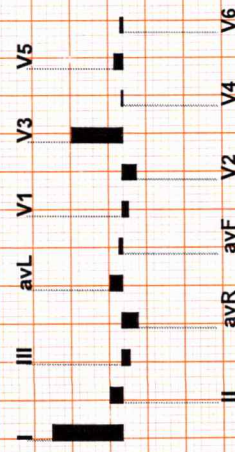
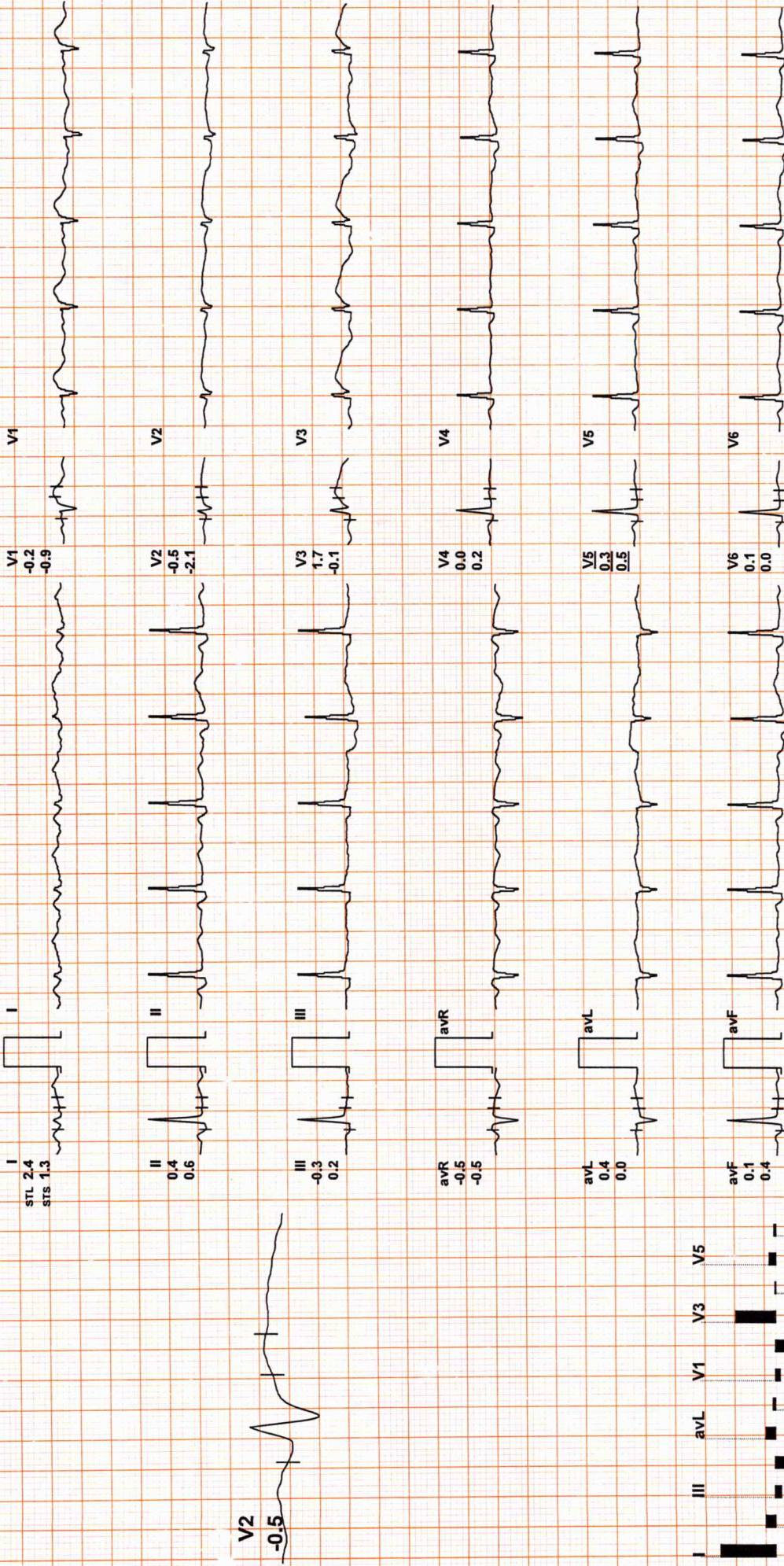
REMARKS:



Date: 23 / 03 / 2024 03:01:21 PM METS: 1.0/ 87 bpm 49% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

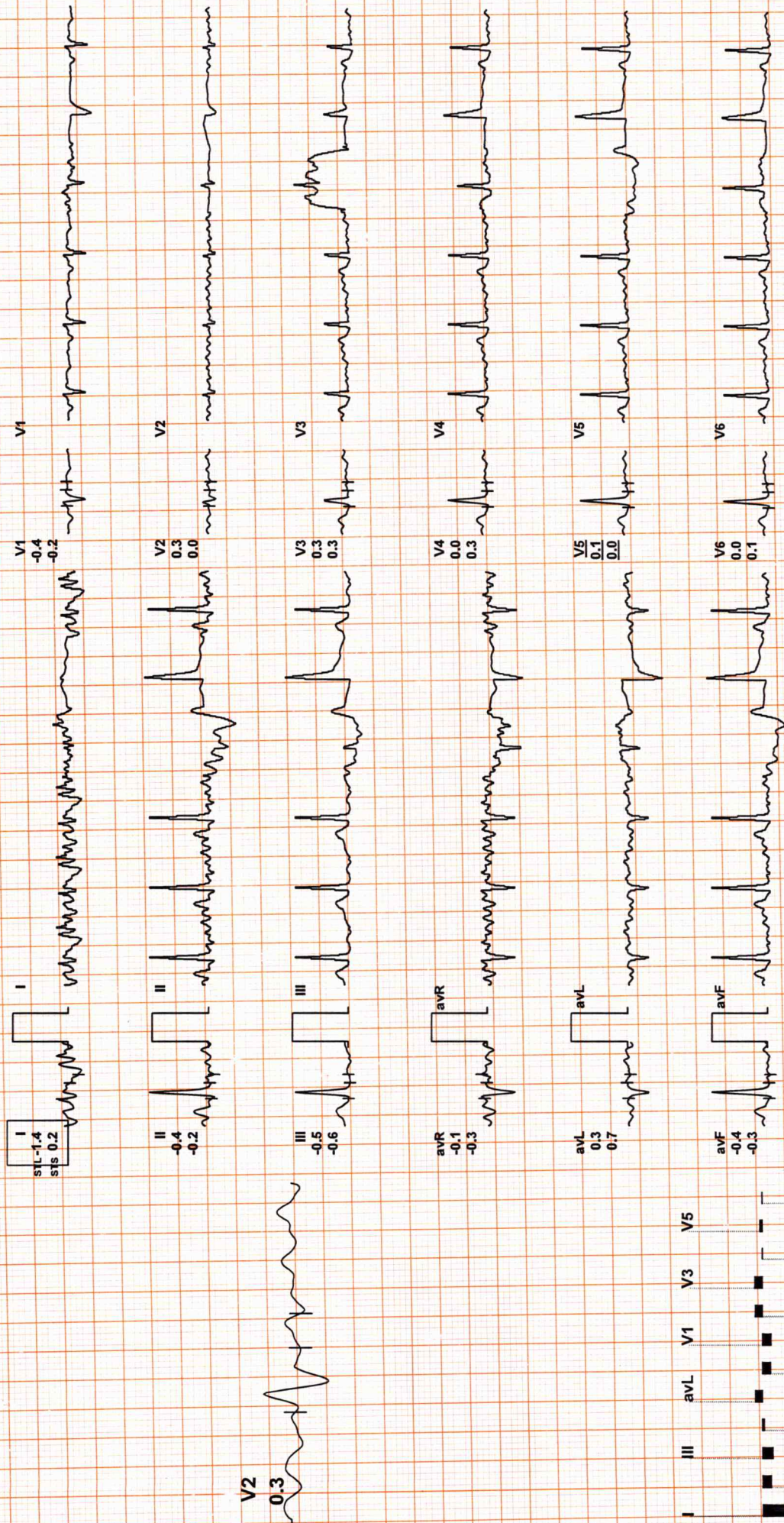


Date: 23 / 03 / 2024 03:01:21 PM METS: 1.0/ 109 bpm 61% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

4X 50 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

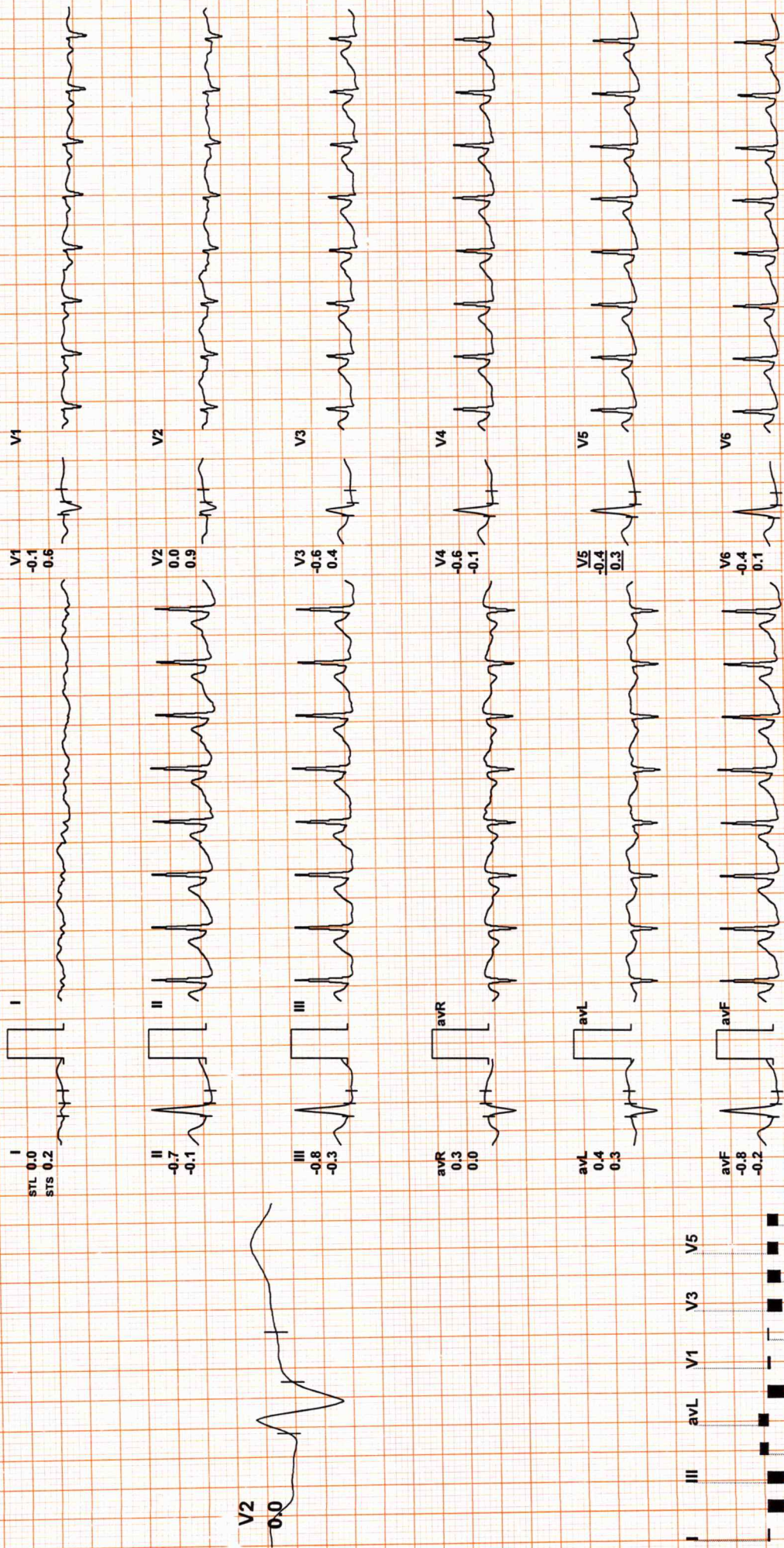


Date: 23 / 03 / 2024 03:01:21 PM METS: 4.7 / 147 bpm 82% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

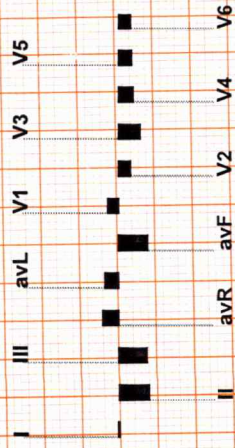
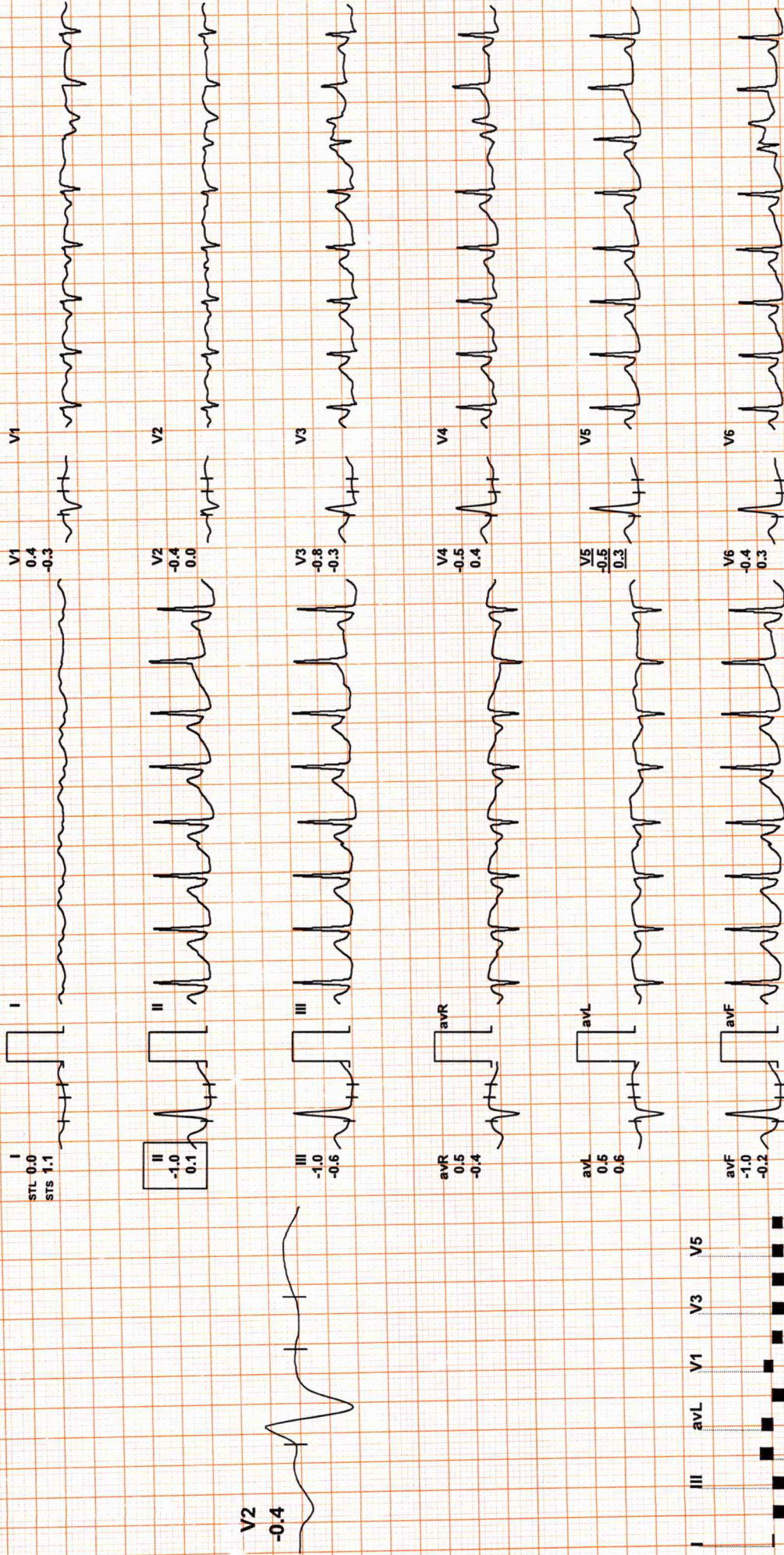


Date: 23 / 03 / 2024 03:01:21 PM METS: 5.3/ 155 bpm 87% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:47 2.5 mph, 12.0%

4X 60 mS Post.J

25 mm/Sec. 1.0 Cm/mV



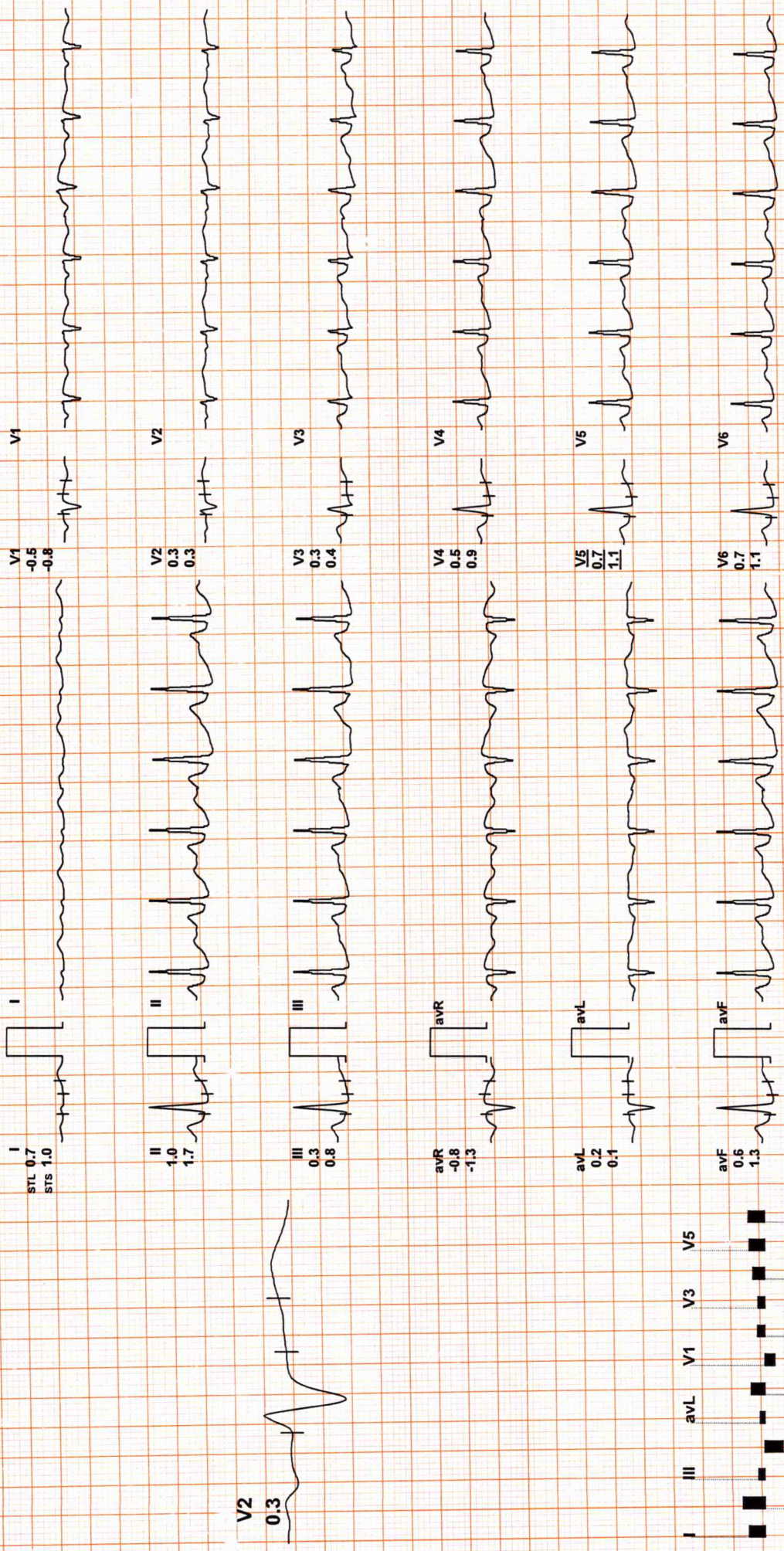
REMARKS:



Date: 23 / 03 / 2024 03:01:21 PM METS: 1.0/ 108 bpm 60% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExtTime: 03:47 0.0 mph, 0.0%

4X 80 mS Post J

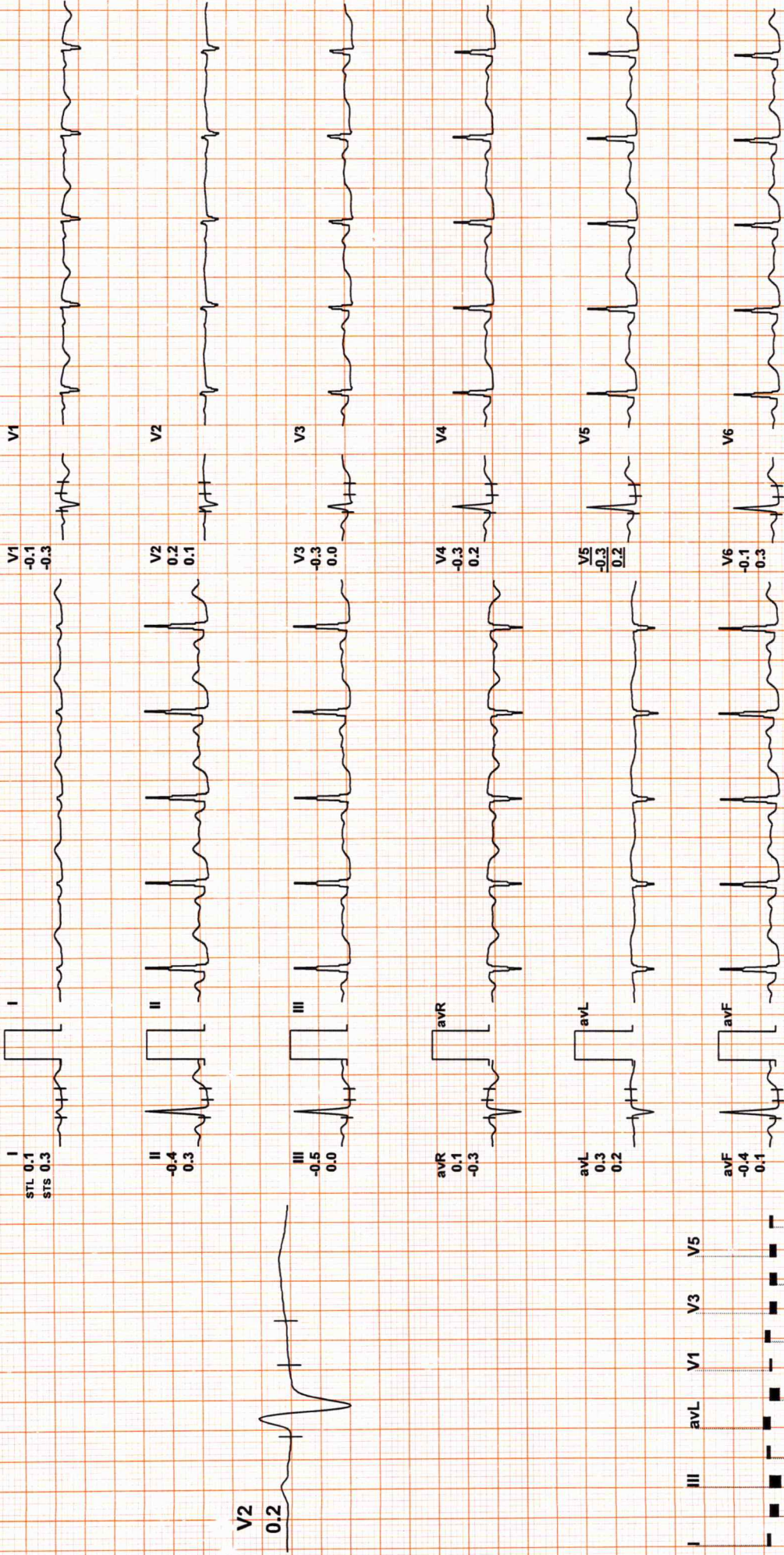
25 mm/Sec. 1.0 Cm/rV



REMARKS:

4X 80 mS Post-J

25 mm/Sec. 1.0 Cm/mV



II avR avF V2 V4 V6

REMARKS:

DR . GOYALS PATH LAB & IMGING CENTRE

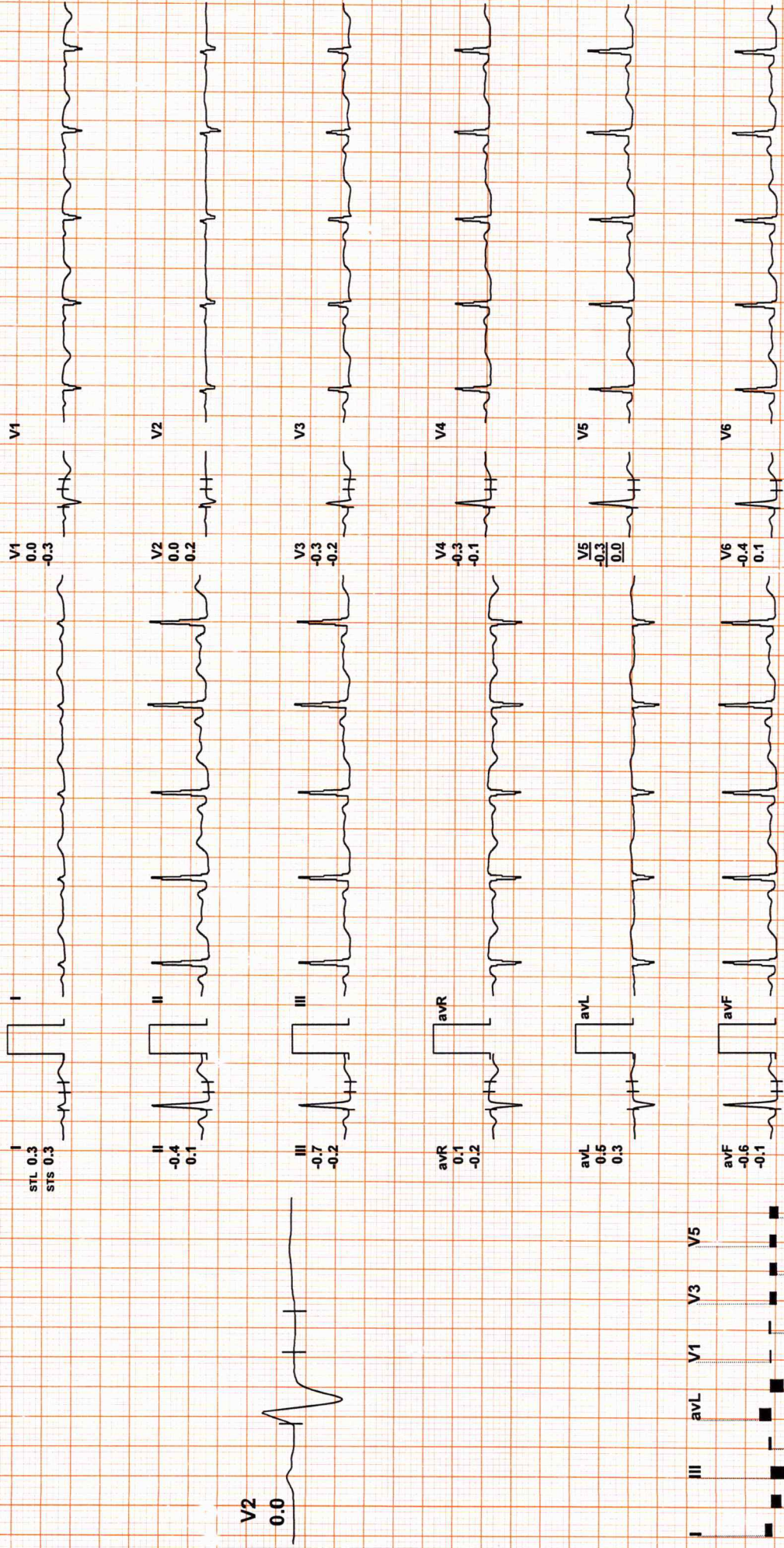
934 (113) / MRS. SINUTA GURJAR / 41 Yrs / F / 0 Cms / 0 Kg / HR : 85

Date: 23 / 03 / 2024 03:01:21 PM METS: 1.0/ 85 bpm 47% of THR BP: 130/80 mmHg Combined Medians/ BLC Or/ Notch Or/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:47 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



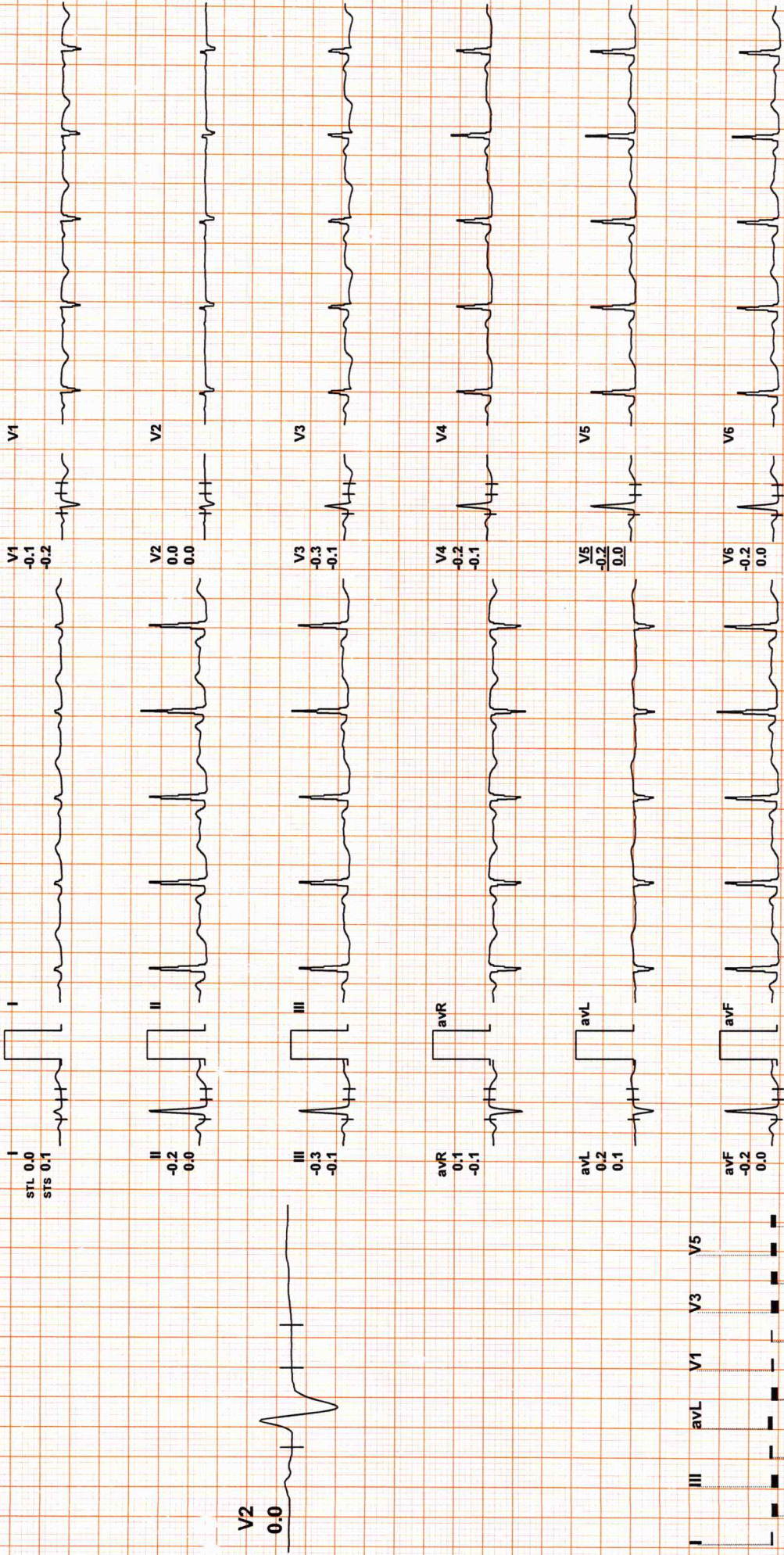
Recovery(3:00)



Date: 23 / 03 / 2024 03:01:21 PM METS: 1.0/ 87 bpm 49% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 03:47 0.0 mph, 0.0%

4X 80 mS Post J

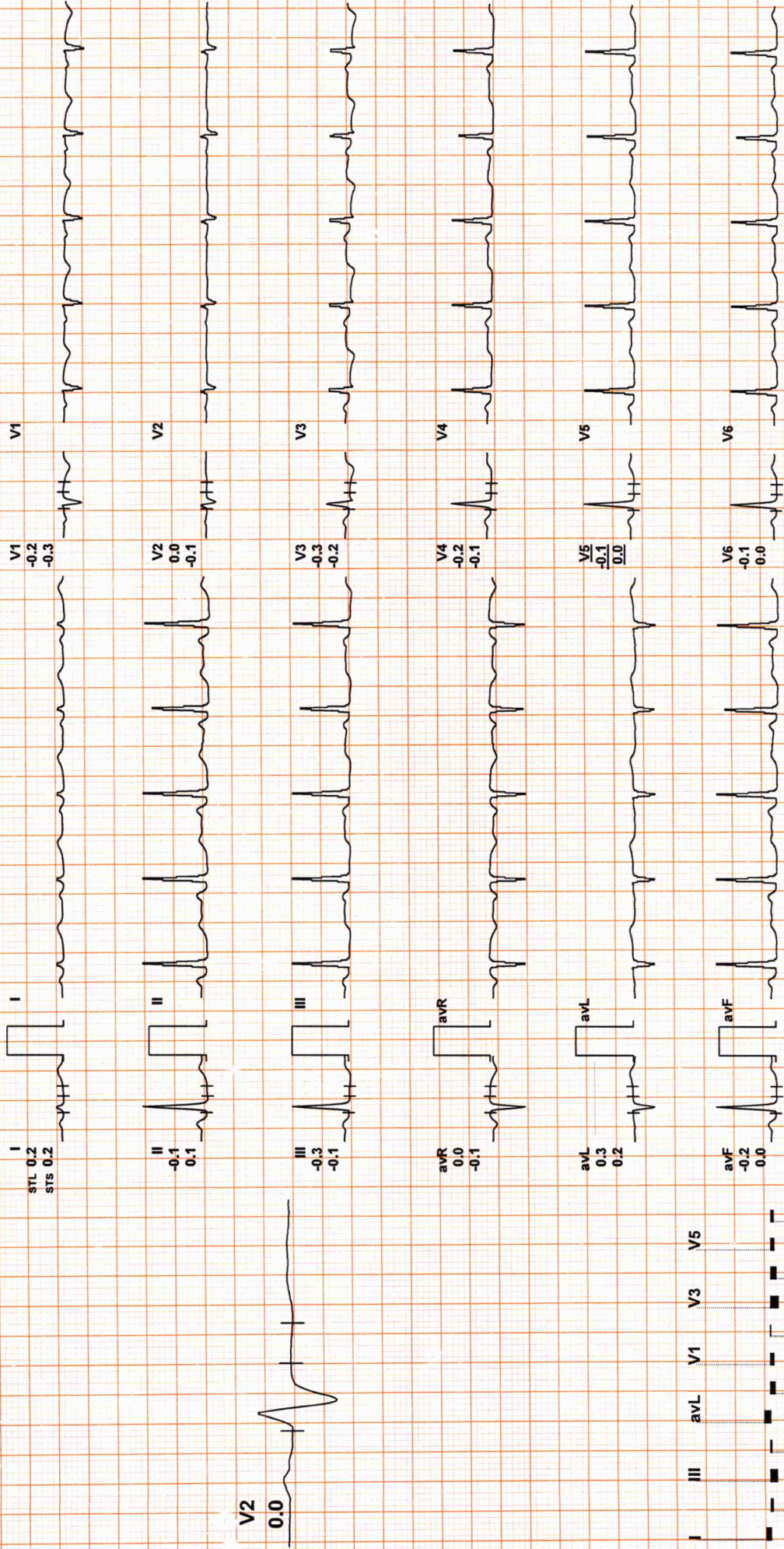
25 mm/Sec. 1.0 Cm/mV



REMARKS:

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post-J



REMARKS:

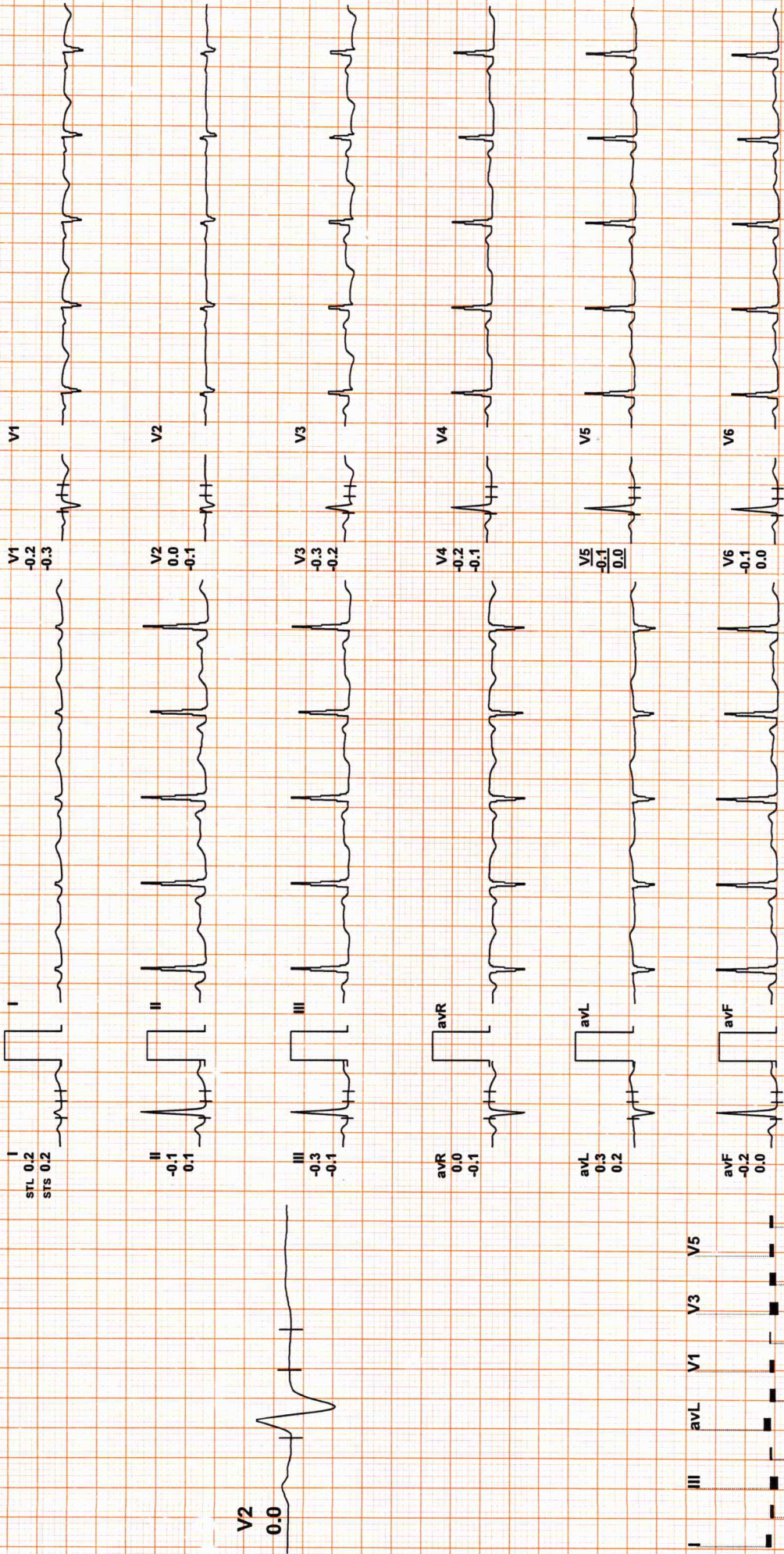


934 (113) / MRS. SINUTA GURJAR / 41 Yrs / F / 0 Cms / 0 Kg / HR : 88

Date: 23 / 03 / 2024 03:01:21 PM METS: 1.0/ 88 bpm 49% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 03:47 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



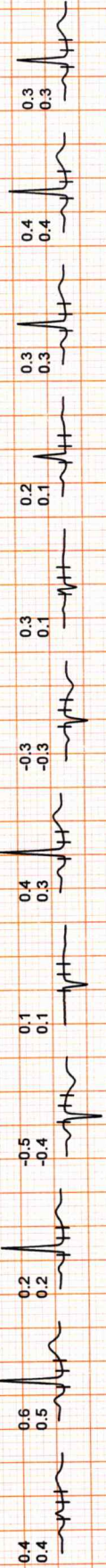
REMARKS:



Date: 23 / 03 / 2024 03:01:21 PM

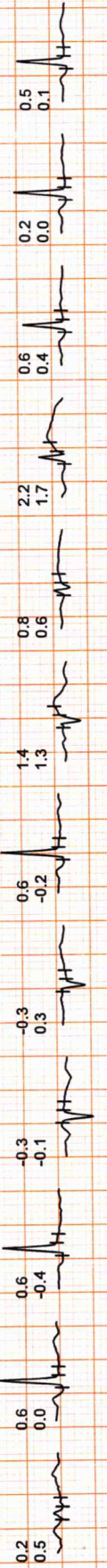
Supine

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
79 bpm 120/80



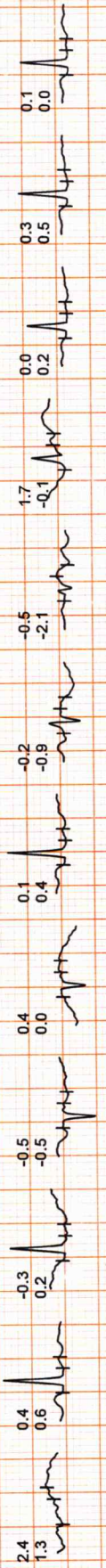
Standing

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
86 bpm 120/80



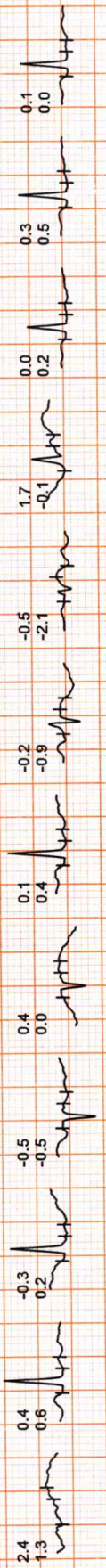
HV

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
087 bpm 120/80



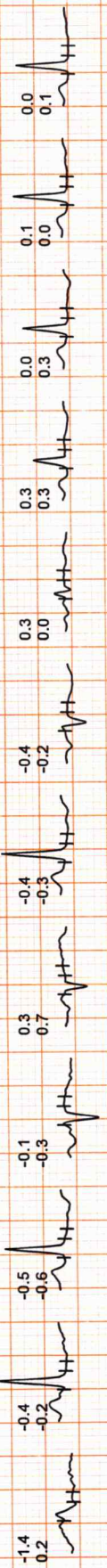
Warm Up

(1) 0:00 1.1 mph
(2) 0:00 0.0 %
87 bpm 120/80



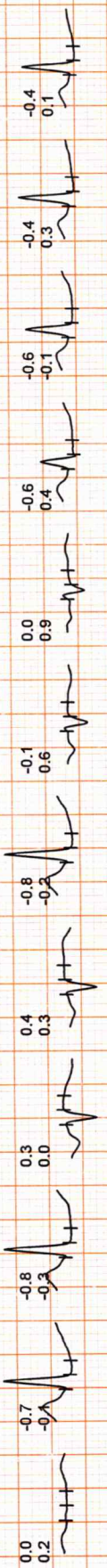
ExStart

(1) 0:00 1.0 mph
(2) 0:00 0.0 %
116 bpm 120/80



Stage 1

(1) 3:00 1.7 mph
(2) 3:00 10.0 %
147 bpm 140/90



Date: 23 / 03 / 2024 03:01:21 PM

Average



I II III avR avL avF V1 V2 V3 V4 V5 V6

PeakEx

| | |
|----------|---------|
| (1) 3:47 | 2.5 mph |
| (2) 0:47 | 12.0 % |
| 155 bpm | 140/90 |

Recovery

| | |
|----------|---------|
| (1) 3:48 | 0.0 mph |
| (2) 0:59 | 0.0 % |
| 156 bpm | 140/90 |

Recovery

| | |
|----------|---------|
| (1) 3:48 | 0.0 mph |
| (2) 1:59 | 0.0 % |
| 94 bpm | 135/86 |

Recovery

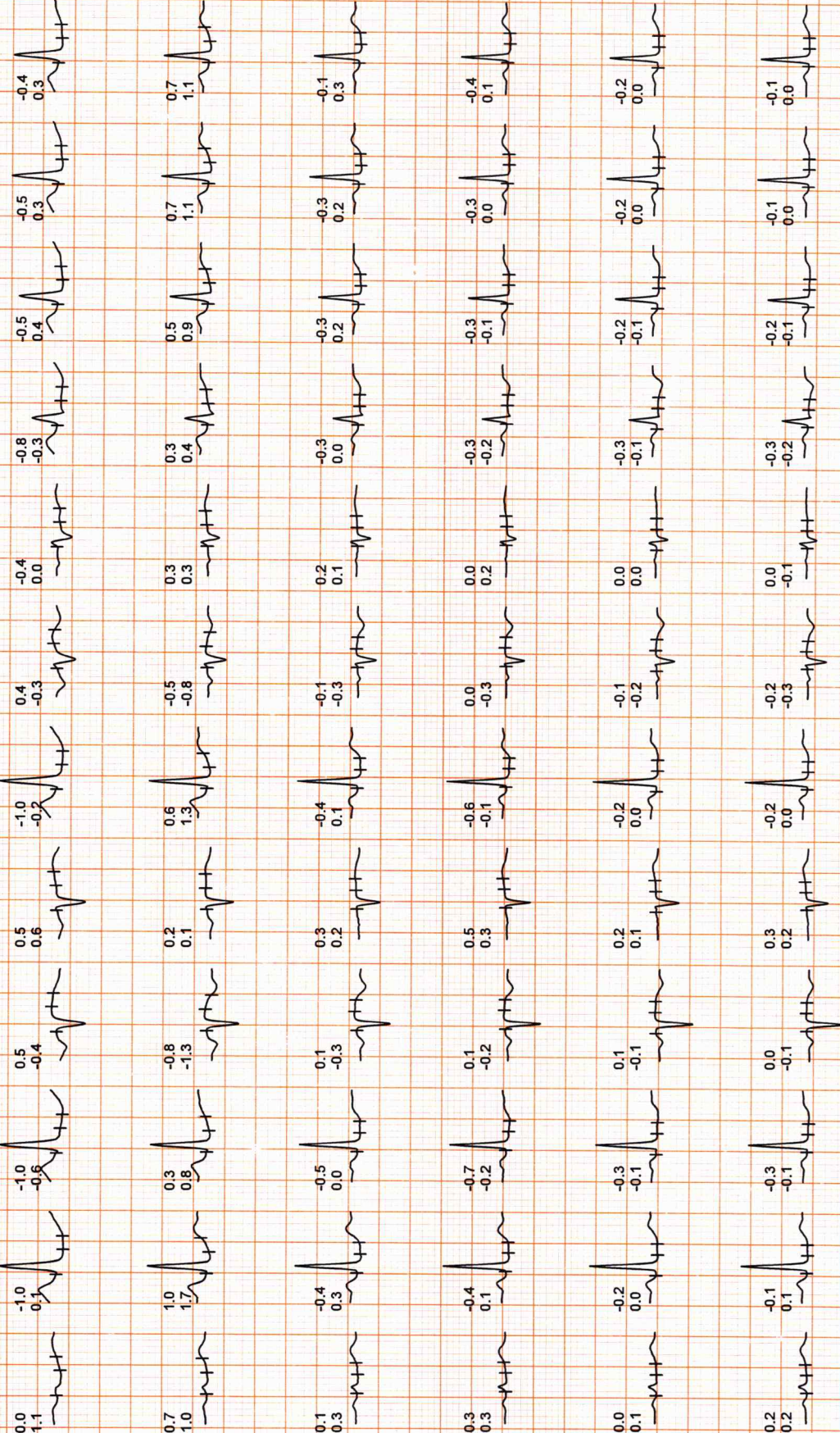
| | |
|----------|---------|
| (1) 3:48 | 0.0 mph |
| (2) 2:59 | 0.0 % |
| 103 bpm | 130/80 |

Recovery

| | |
|----------|---------|
| (1) 3:48 | 0.0 mph |
| (2) 3:59 | 0.0 % |
| 091 bpm | 126/86 |

Recovery

| | |
|----------|---------|
| (1) 3:48 | 0.0 mph |
| (2) 4:59 | 0.0 % |
| 095 bpm | 120/80 |



Date: 23 / 03 / 2024 03:01:21 PM I

Average



Recovery

| | | | |
|-----|------|-----|--------|
| (1) | 3.48 | 0.0 | mph |
| (2) | 4.59 | 0.0 | % |
| | 88 | bpm | 120/80 |

V6

V5

V4

V3

V2

V1

avF

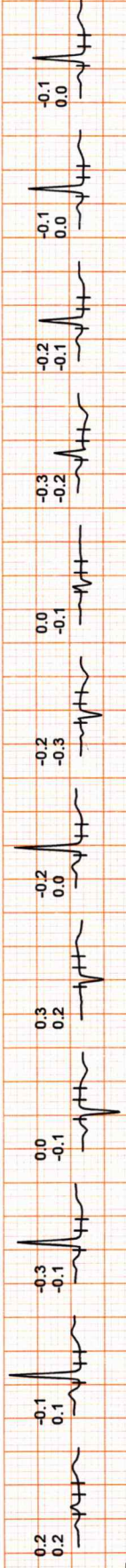
avL

avR

III

II

I





Date :- 23/03/2024 10:36:52
NAME :- Mrs. SUNITA GURJAR
Sex / Age :- Female 41 Yrs
Company :- MediWheel

Patient ID :- 12236568
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 23/03/2024 13:19:43

BOB PACKAGEFEMALE ABOVE 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.

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

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

DR. PIYUSH GOYAL
CONSULTANT RADIOLOGIST
RMC REG NO. 017996



Date :- 23/03/2024 10:36:52

NAME :- Mrs. SUNITA GURJAR

Sex / Age :- Female 41 Yrs

Company :- MediWheel

Patient ID :-12236568

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 23/03/2024 13:19:43

ULTRASONOGRAPHY report : Breast and axilla

Right breast:

Skin , subcutaneous tissue and retroareolar region is normal

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visulised.

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

Left breast:

Skin , subcutaneous tissue and retroareolar region is normal

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visulised.

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

IMPRESSION : No abnormality detected.



DR. PIYUSH GOYAL
CONSULTANT RADIOLOGIST
RMC REG NO. 017996

*** End of Report ***

