

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, 9887049787

General Physical Examination

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

Date of Examination: 07-04-2024

Name: Sunita Sharmama Age: 57 Sex: Female

DOB: 09.09.1966

Referred By: ROB

Photo ID: Aadhey ID #: outreach

Ht: 152 (cm)

Wt: 53 (Kg)

Chest (Expiration): 82 (cm)

Abdomen Circumference: 80 (cm)

Blood Pressure: 109/69 mm Hg PR: 76 / min

BMI 22.9 Kg/m²

Eye Examination: DRs vision 6/6 Near vision N/B,
with spec. NO Color blindness.

Other: not significant

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

Signature Of Examinee : [Signature]

Name of Examinee: _____


Signature Medical Examiner: D. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017996

Name Medical Examiner _____

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.

भारत सरकार



सुनिता शर्मा
Sunita Sharmama

जन्म वर्ष / Year of Birth : 1966
महिला / Female




5792 5929 5631

आधार — आम आदमी का अधिकार

सुनिता शर्मा


भारतीय डाक विभाग प्राधिकरण




INDIA

पता: W/O: चन्द्र किशोर शर्मा, 5, साउथ वेस्ट ब्लॉक विस्तार, काला कुआ, अलवर, अलवर, राजस्थान, 301001


Address: W/O: Chandra Kishore Sharma, 5, South-West-Block Extension, Kala Kuan, Alwar, Alwar, Rajasthan, 301001




1947
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



P.O. Box No. 1947,
Bengaluru-560 001

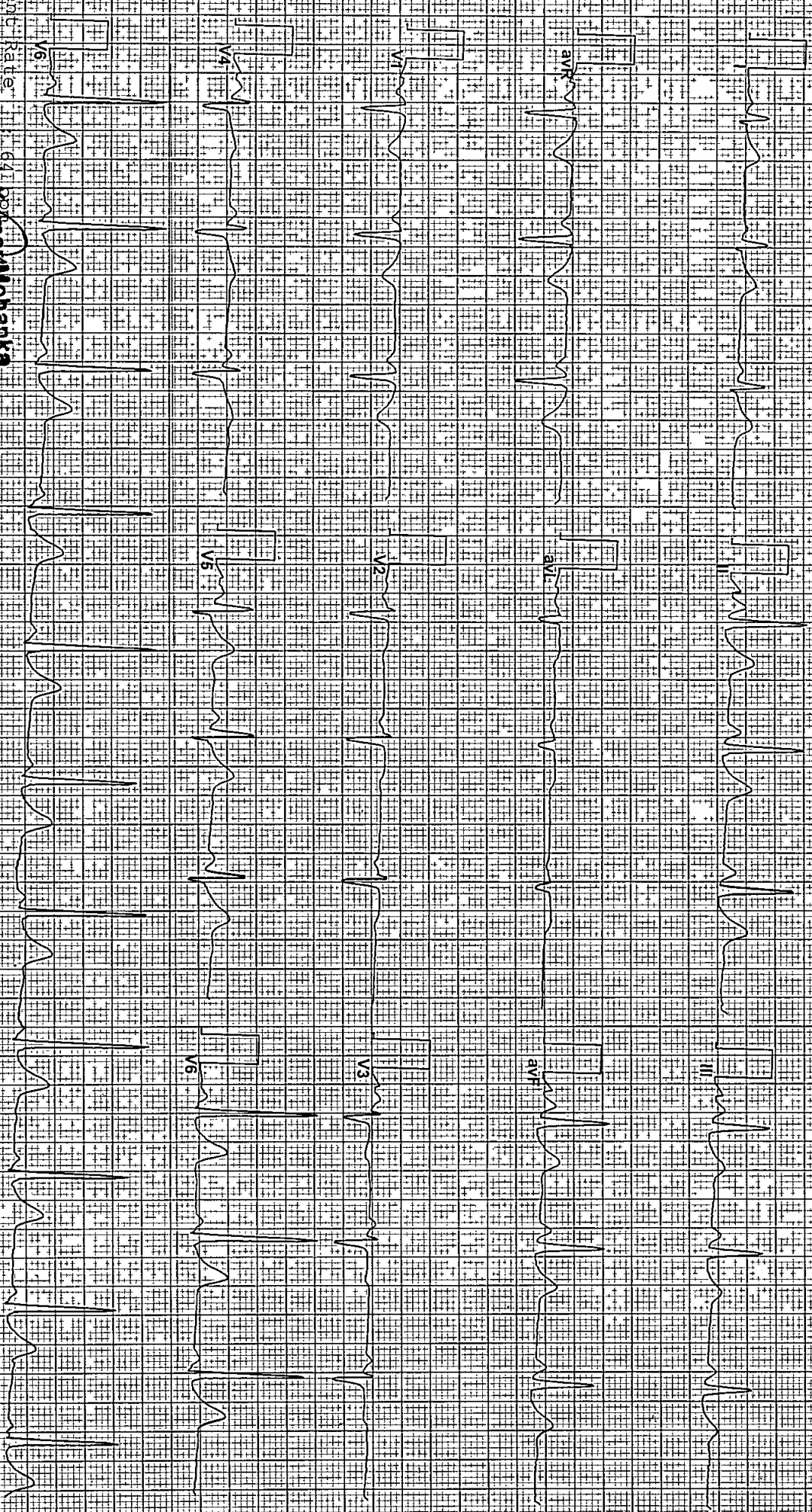
Piyush Goyal
M.B.B.S. S.M.R.D.
RMC Reg. No.-017996

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DR. GOYAL'S PATH LAB & IMAGING CENTRE

87 / MRS. SUNITA SHARMA / 57 Yrs / F / Non Smoker
 Heart Rate : 64 bpm / Tested On : 07-Apr-24 09:53:45 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
 / Reid By: BOB

ECC



Yash Kater
 Dr. Anand Kumar Mohanka
 RAC No 35703
 MBBS, DPM, CARDIO (ESCORTS)
 Allergies: ECG (Paces) (PIS215490517)

80ms
 160ms
 360ms
 V1 = V2
 V3 = V4
 V5 = V6

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DR. GOYAL PATH LAB & IMAGING CENTER

28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 62

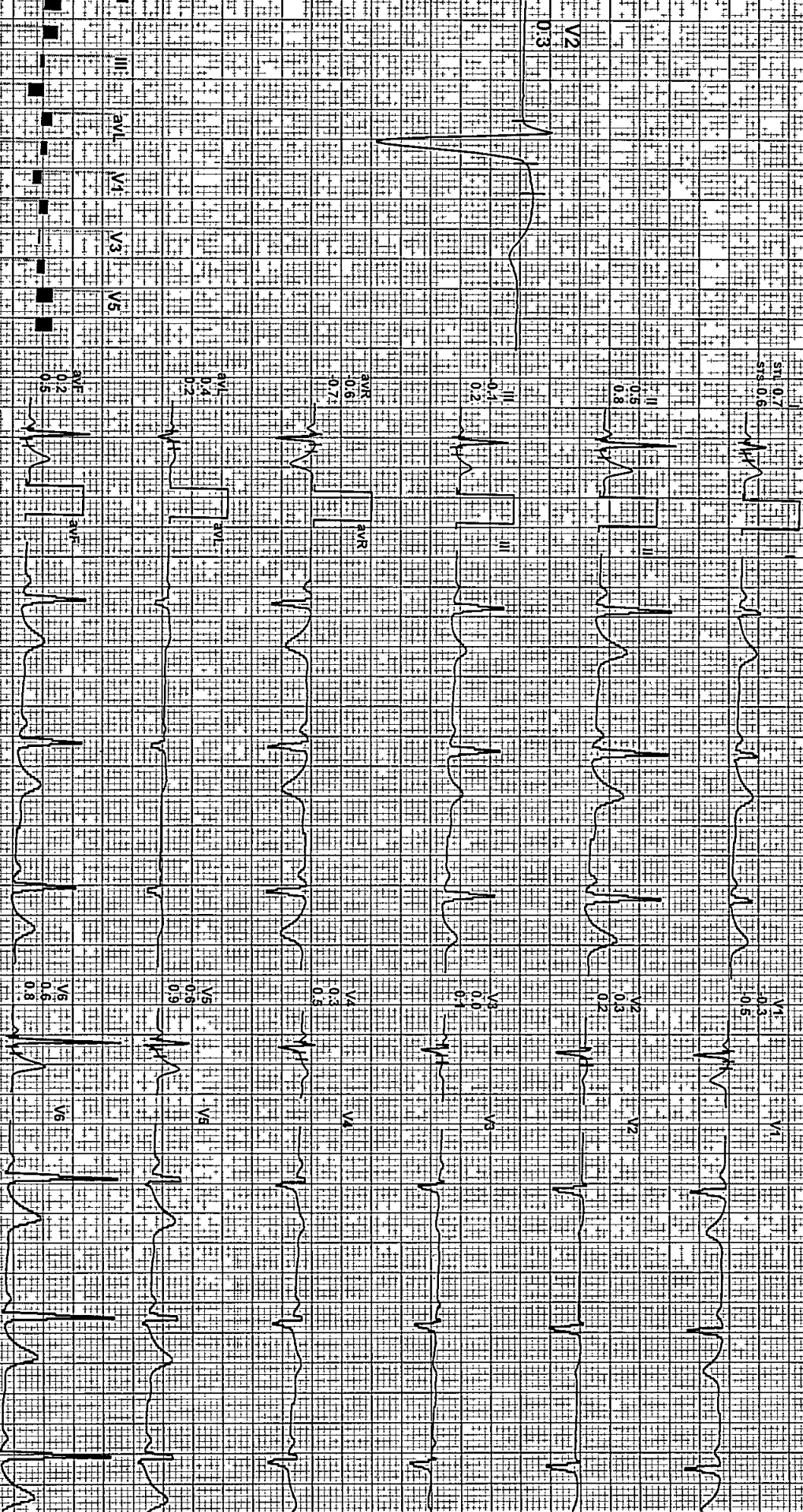
Date: 07-Apr-2024 09:55:11 AM METS: 1.0/ 62 bpm 38% of THR BP: 120/80 mmHg

AX 80ms Post U

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExtTime: 00:09 1.1 mV 0.0%

25 mm/Sec 1.0 cm/mV



REMARKS

(GEN214190403) (R) Allergers

Supine





DR. GOYAL PATH LAB & IMAGING CENTER

28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 65

Date: 07-Apr-2024 09:55:11 AM

METS: 1.0/ 65 bpm 39% of THR BP: 120/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

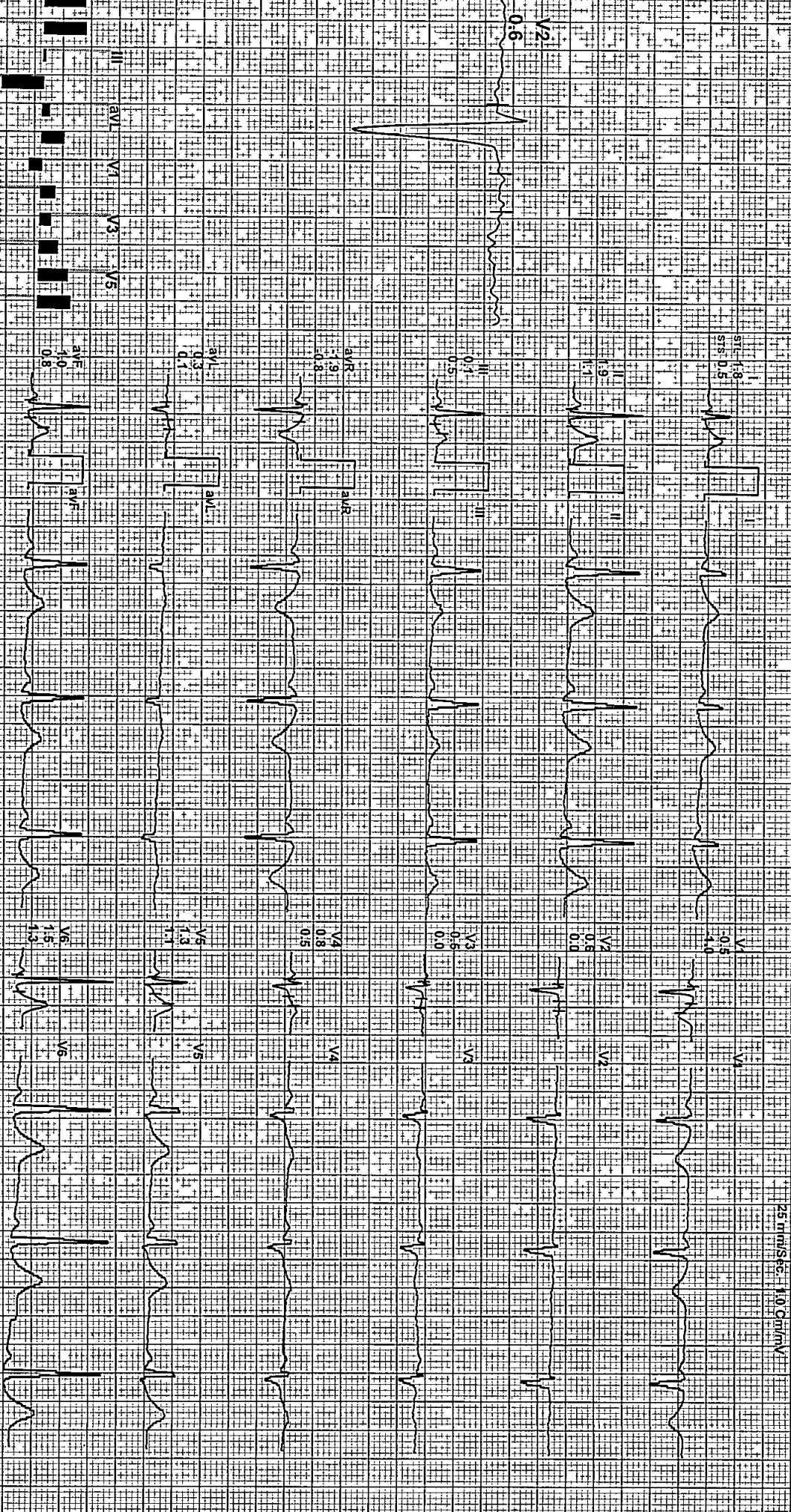
ExtIme: 00:41 1.1 mph, 0.0%

Standing



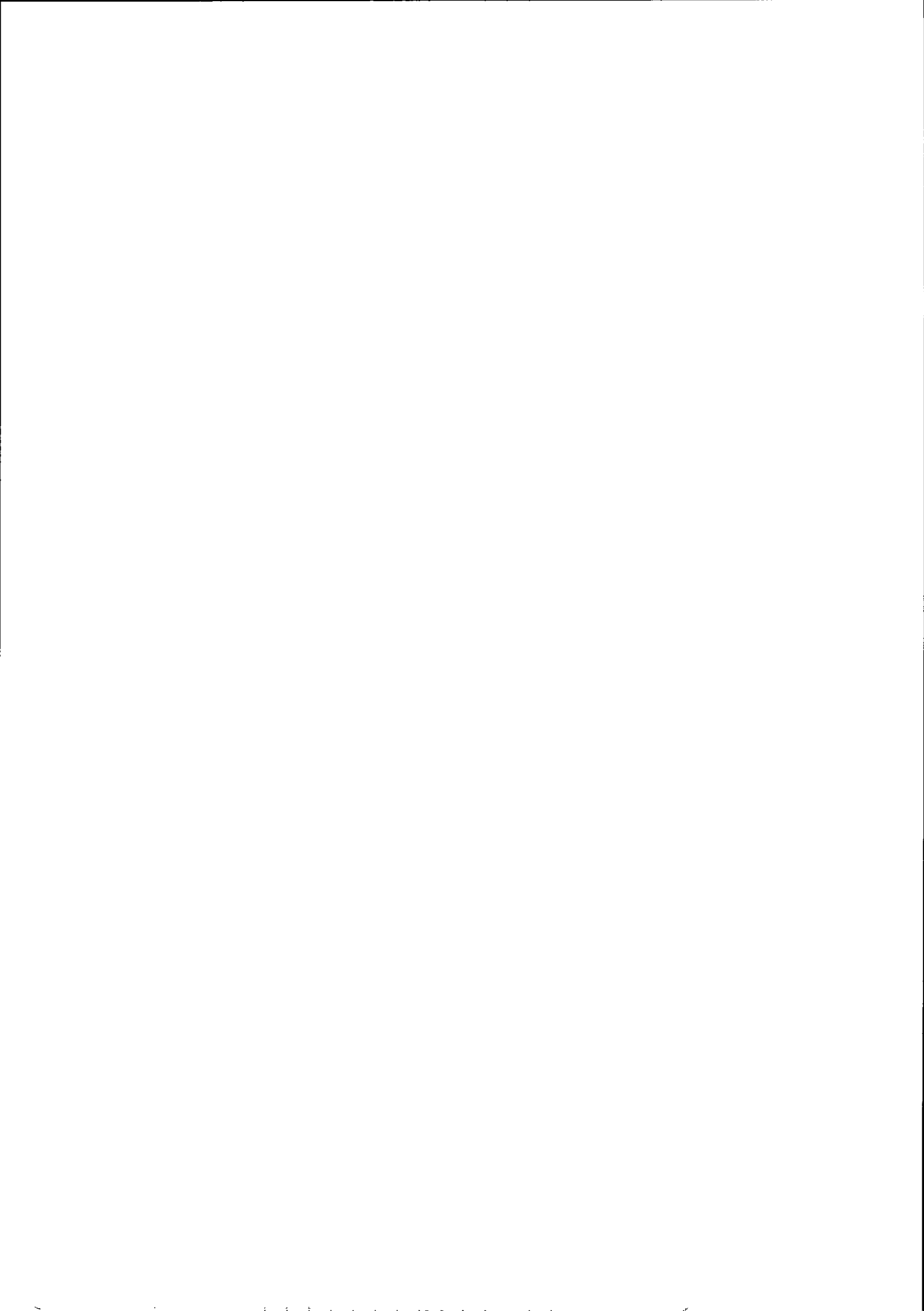
4X

80 ms Post J



REMARKS:

GEN/24190403/Challengers



DR. GOYAL PATH LAB & IMAGING CENTER

28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 65

Date: 07-Apr-2024 09:55:11 AM

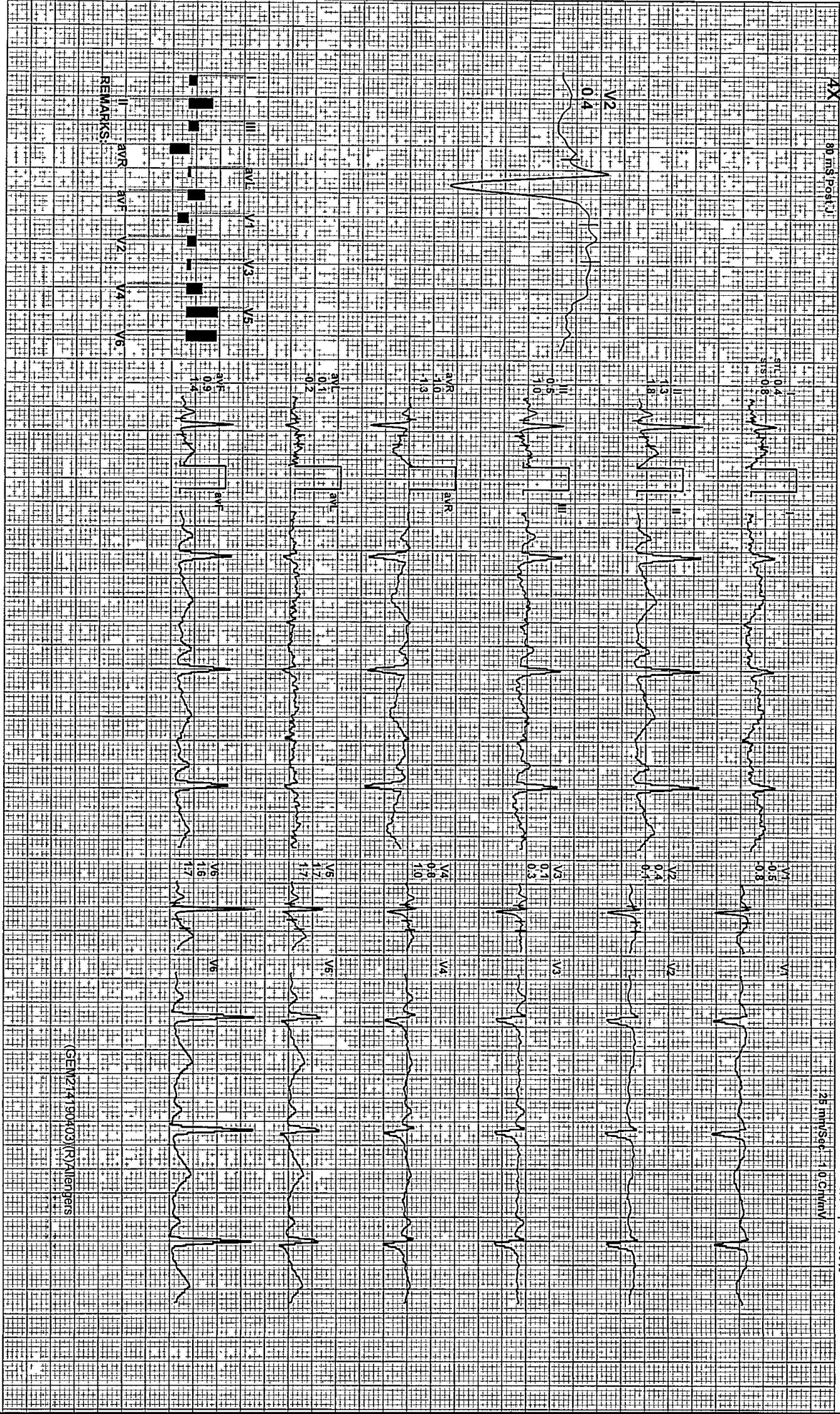
METS: 1.0 / 65 bpm 39% of THR

BP: 120/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

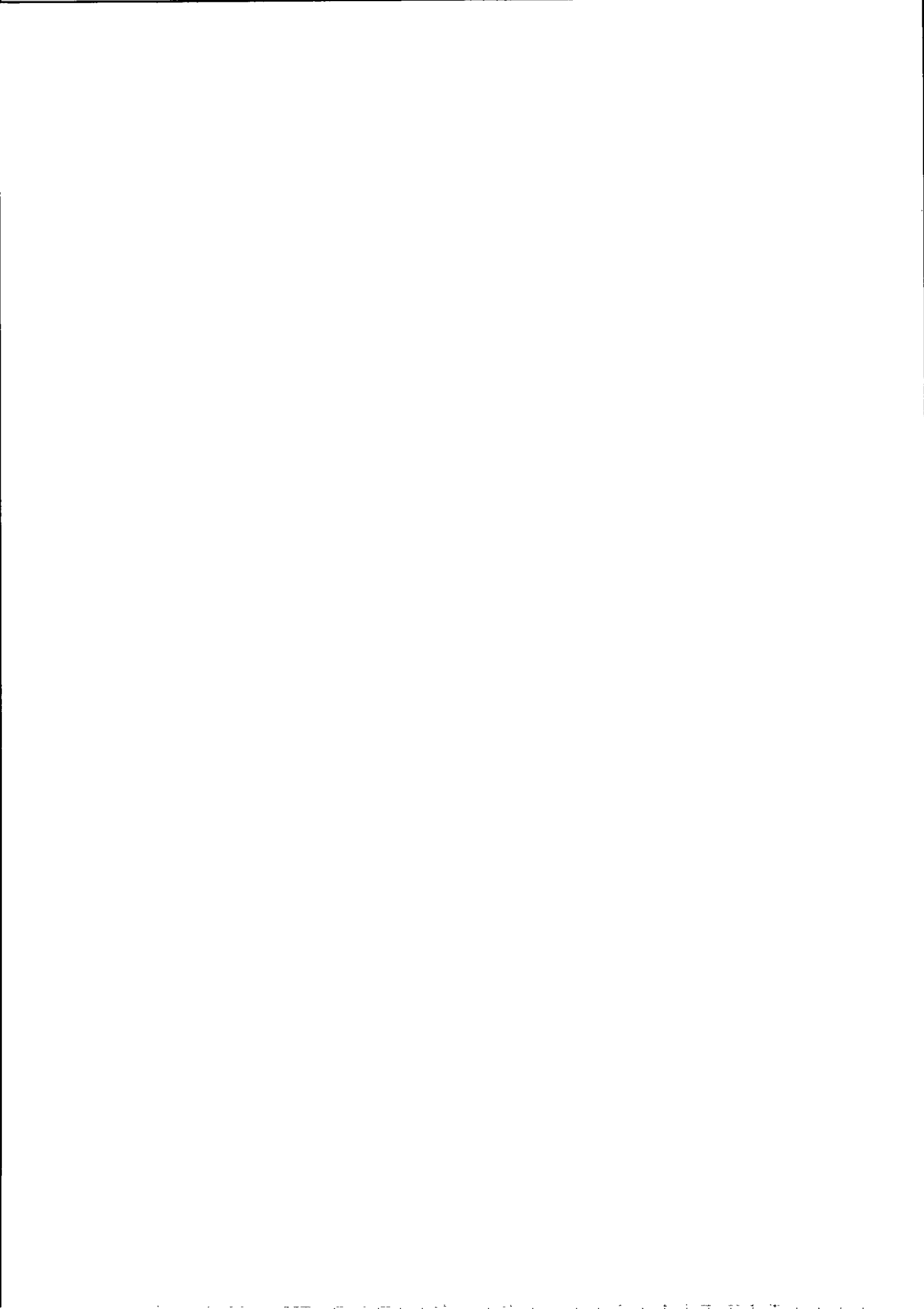
ExtTime: 00:55 1.1 mph, 0.0%

HV



REMARKS:

GEN/217190/03 (R)Alienpers



DR. GOYAL PATH LAB & IMAGING CENTER

28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 85

Warm Up



Date: 07-Apr-2024 09:55:11 AM

METS: 1.0/ 85 bpm 52% of THR

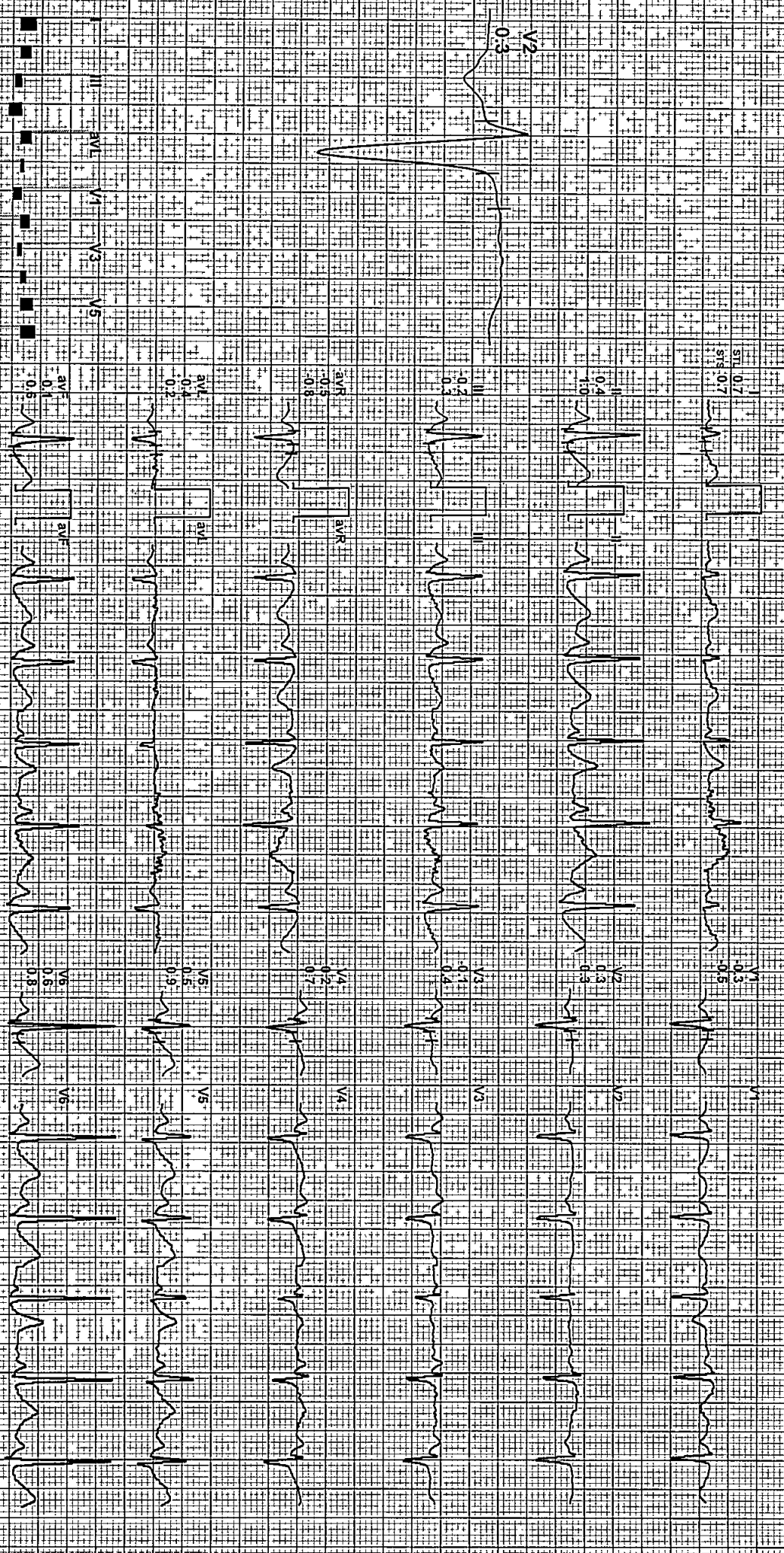
BP: 120/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 01:02 1.1 mph, 0.0%

4X 80ms Post U

25 mm/Sec 1.0 cm/mV



REMARKS:

GEN2-1190403 RVL/engns



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28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 107

Date: 07-Apr-2024 09:55:11 AM METS: 1.0/ 107 bpm 65% of THR BP: 120/80 mmHg

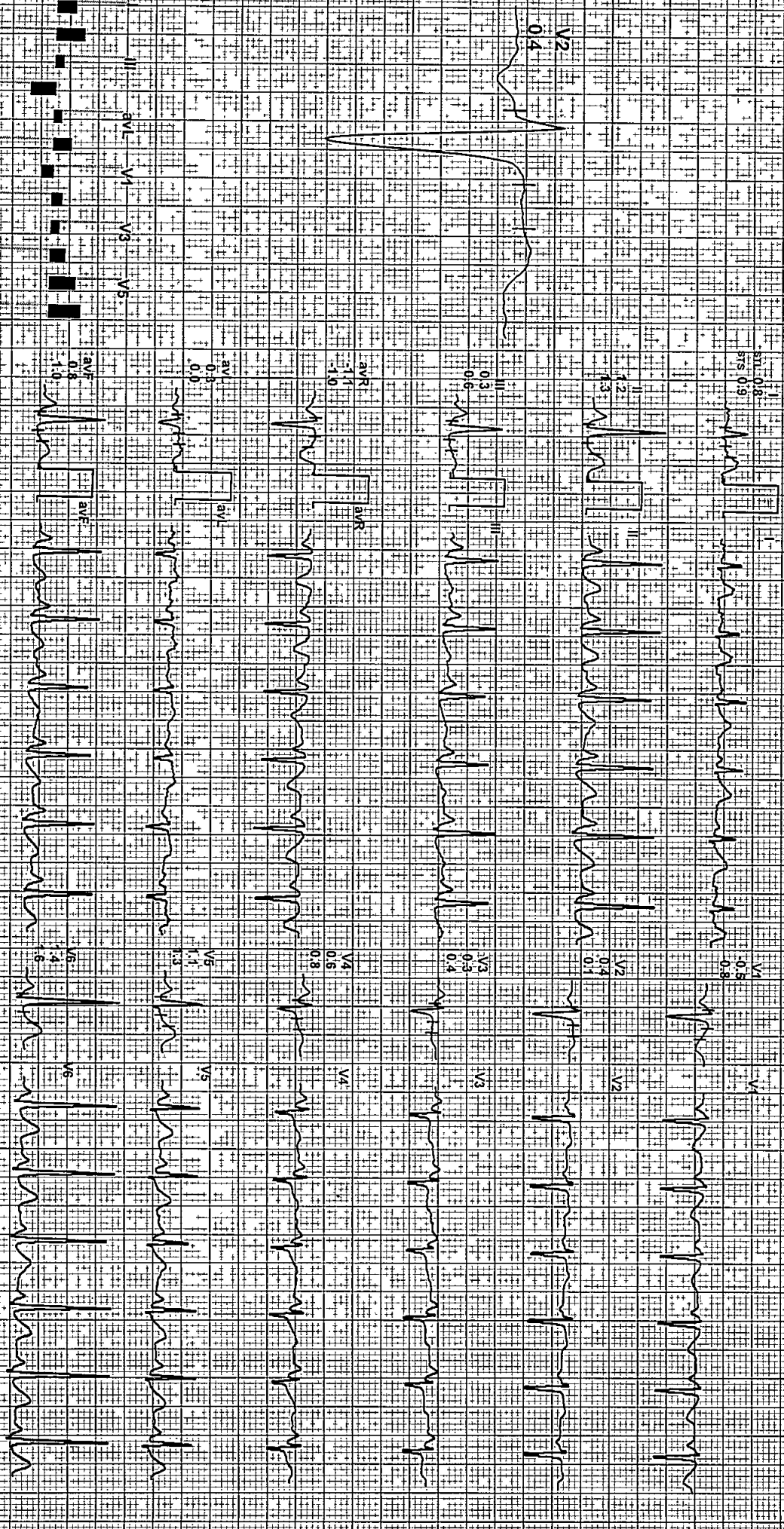
4X 80 ms Post J Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExStart



EXTime: 00:00 1.0 mph, 0.0%

55 mm/Sec 1.0 cm/mV



REMARKS:

(GEM714190403)R/Alters



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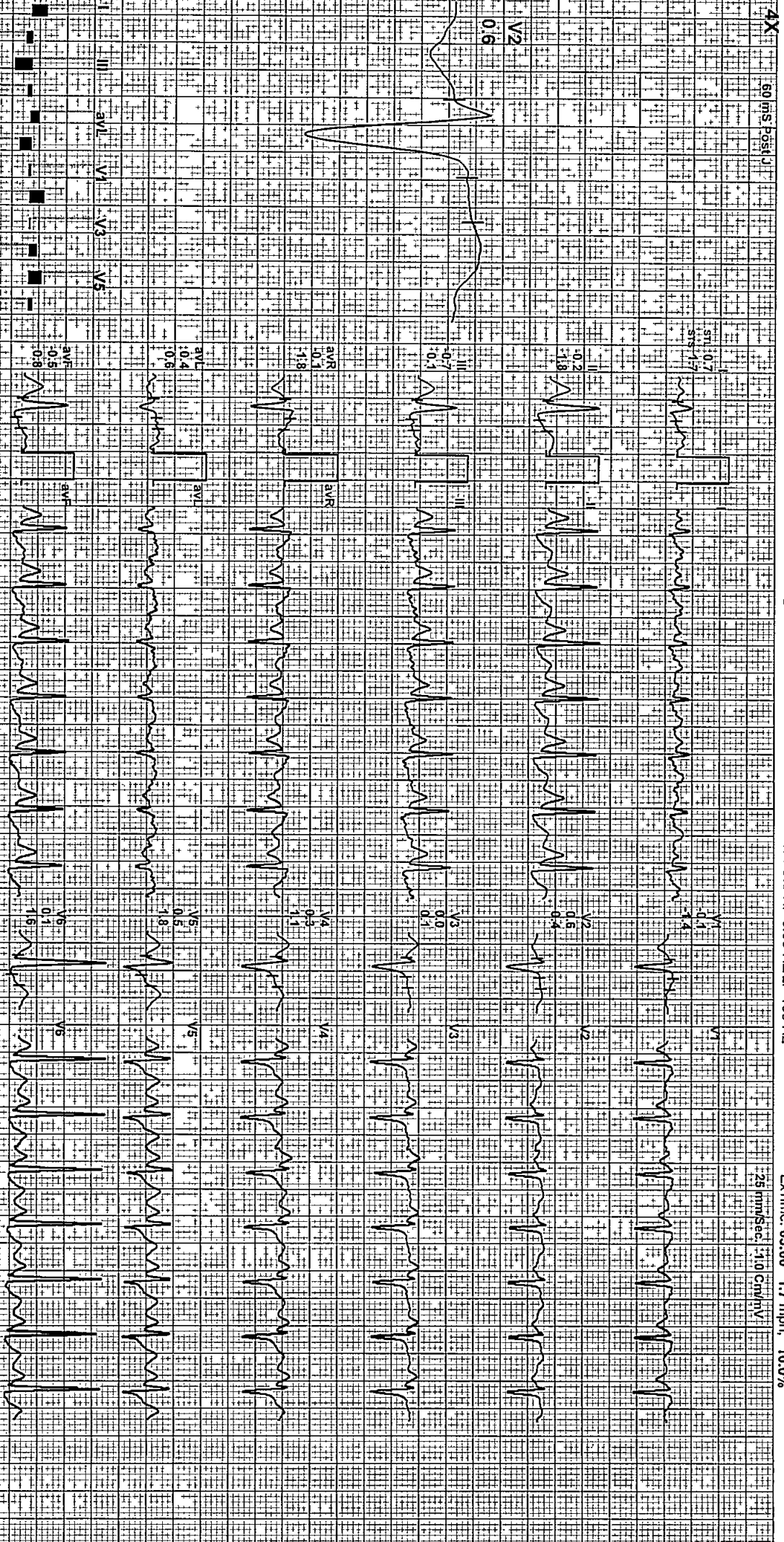
28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 136

Date: 07-Apr-2024 09:55:11 AM METS: 4.7/ 136 bpm 83% of THR BP: 140/90 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 03:00 1.7 mph, 10.0%

BRUCE: Stage 1(3:00)



REMARKS:

(GEM/24/30403)(R)Allergers



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PeakEX

28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 149



Date: 07-Apr-2024 09:55:11 AM

METS: 6.4/ 149 bpm 91% of THR

BP: 150/90 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 05:03 2.5 mph, 12.0%

4X

20 mS Post J

25 mmSds: 1.0 Cm/mV

SI: -0.4
SII: -0.4
SIII: -0.4

V1: 0.8
V2: 0.1

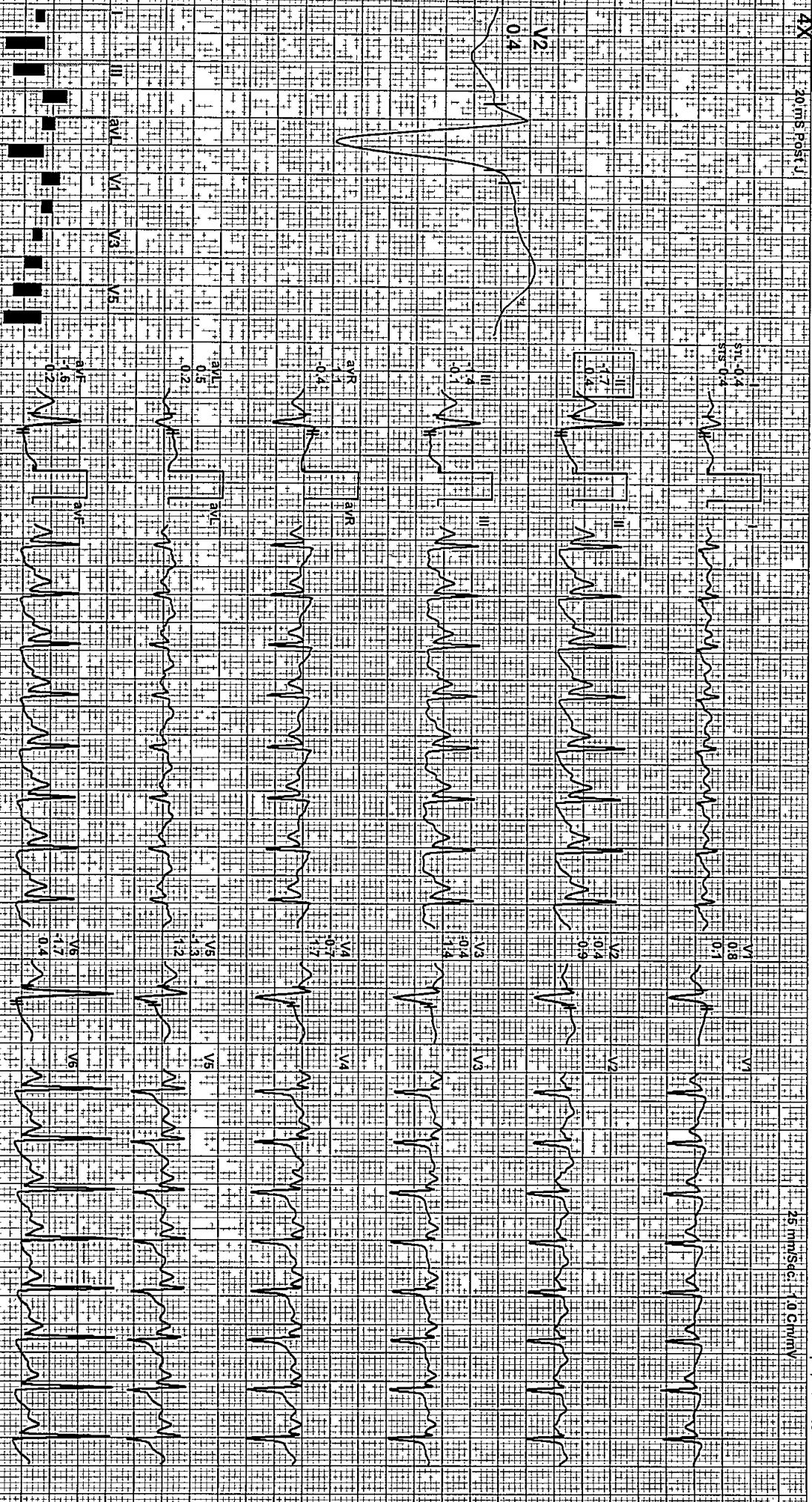
RI: -1.7
RII: -0.4
RIII: -0.4

V3: -0.4
V4: -0.9

0.4

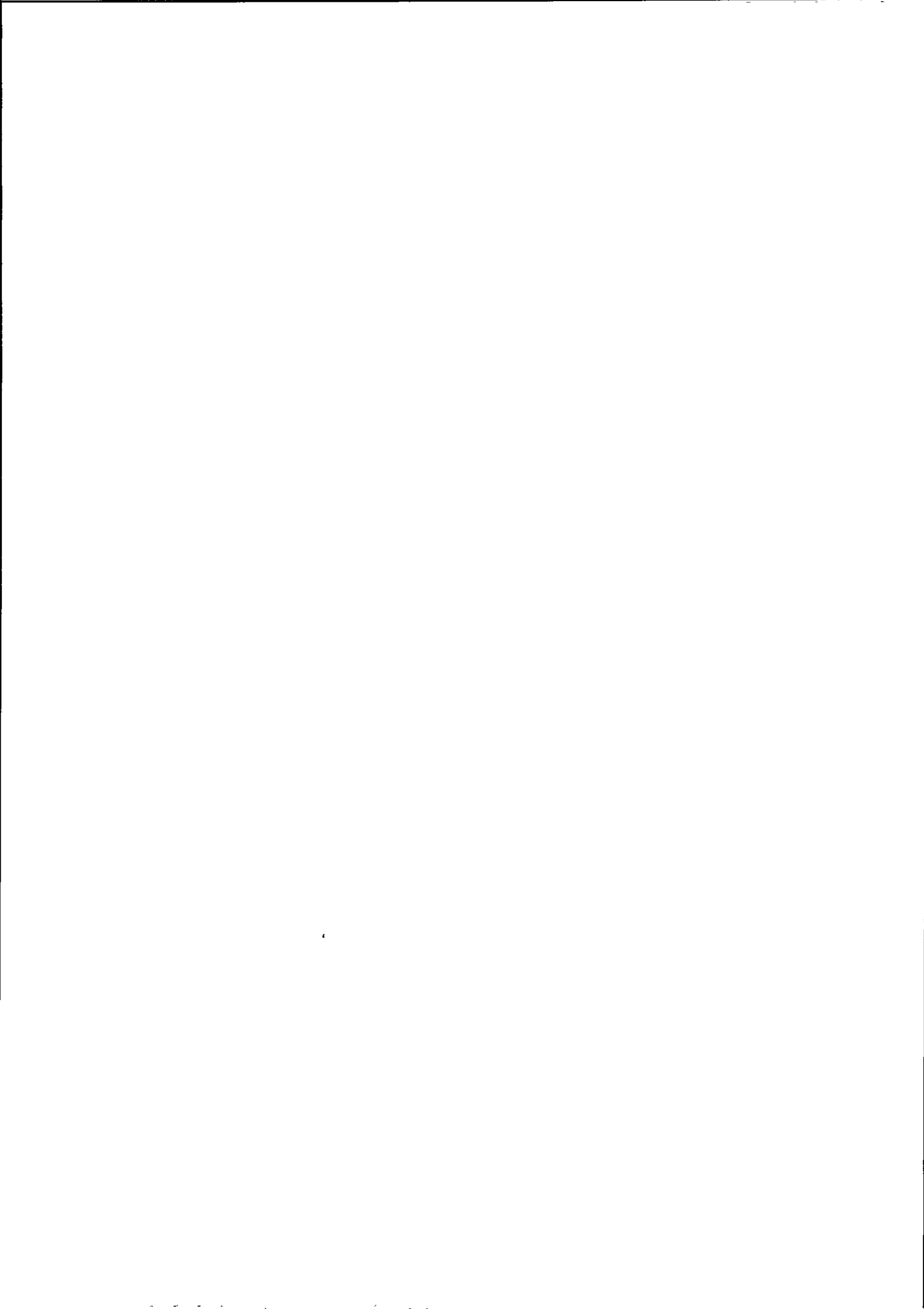
RI: -0.4
RII: -0.4
RIII: -0.4

V5: -0.4
V6: -0.4



REMARKS

GE M214130403 (R) Allerges



DR. GOYAL PATH LAB & IMAGING CENTER

28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 78

Date: 07-Apr-2024 09:55:11 AM

METS: 1.0/ 78 bpm 47% of THR

4X

80 ms Post J

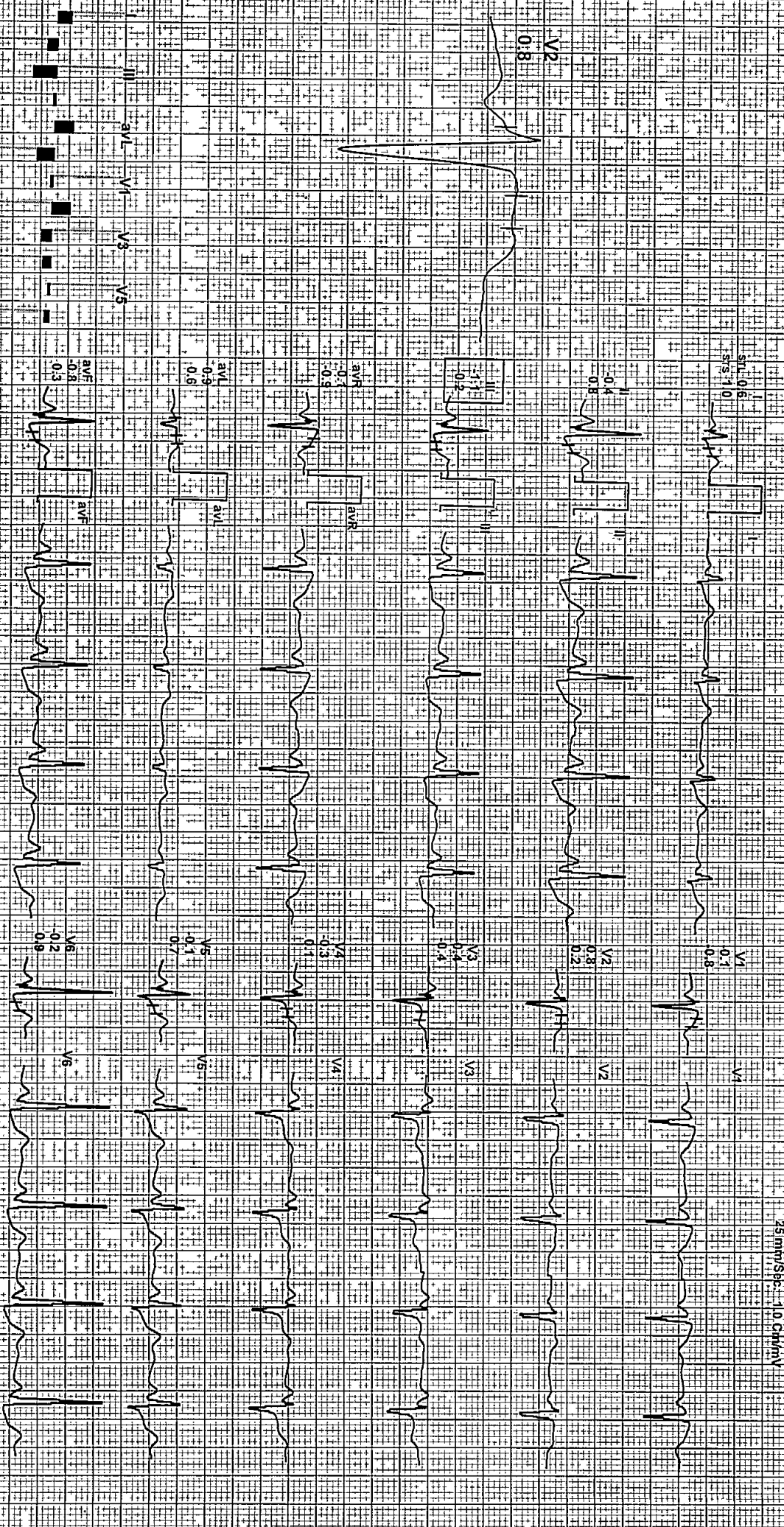
BP: 140/90 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

Recovery(2:00)

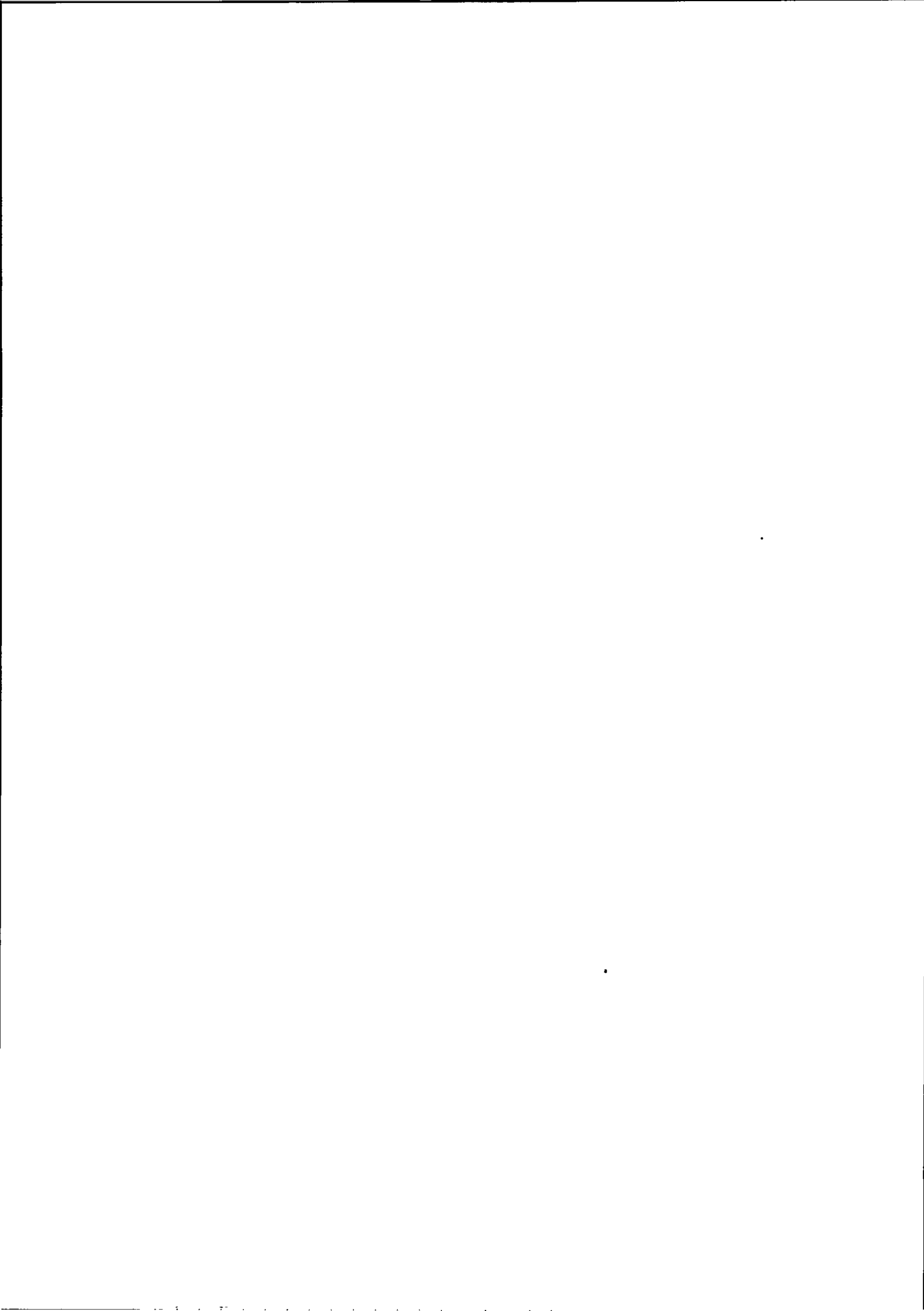


EXTime: 05:03 0.0 mph, 0.0%



REMARKS

(GEM14790403)(R)AthenaES



DR. GOYAL PATH LAB & IMAGING CENTER

28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 86

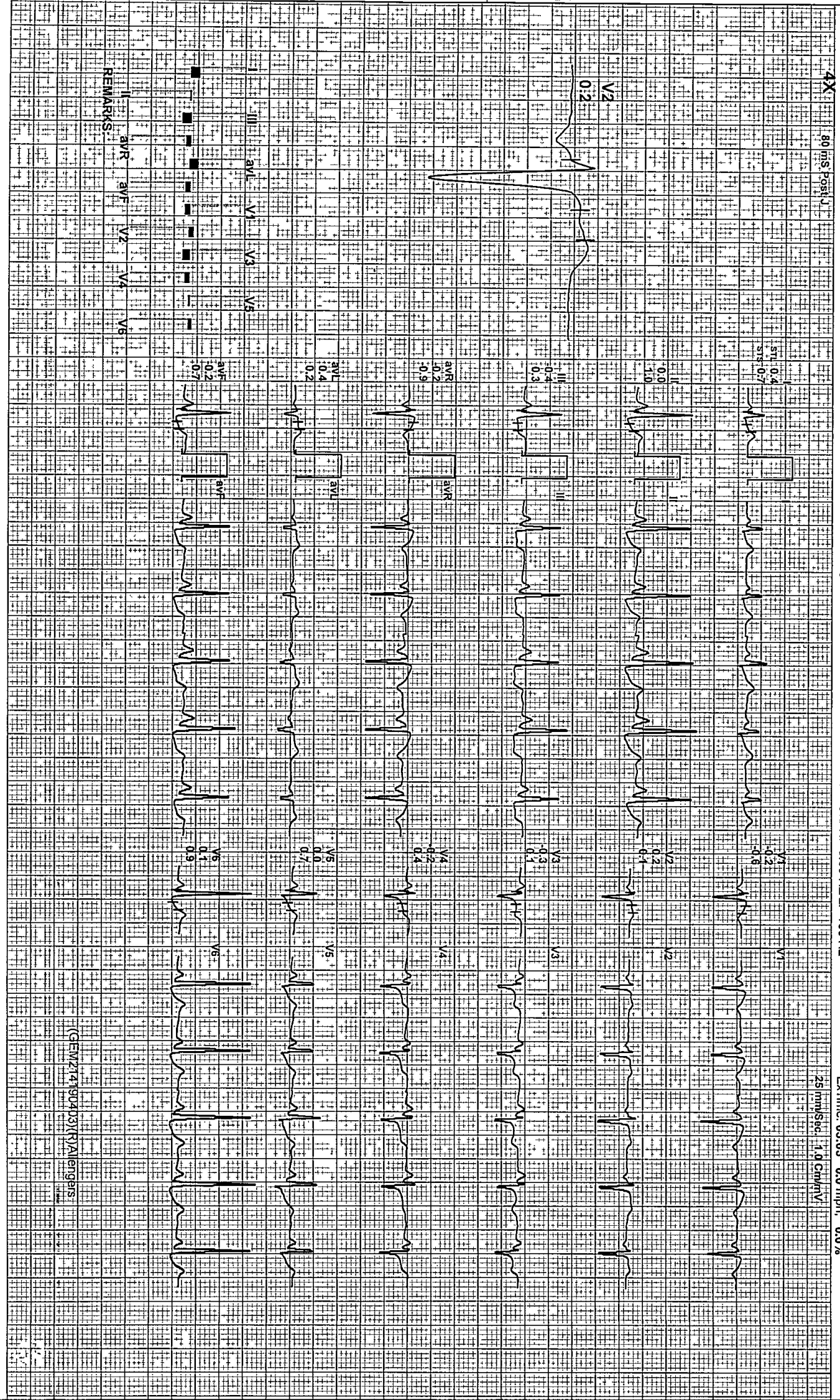
Date: 07-Apr-2024 09:55:11 AM

METS: 1.0/ 86 bpm 52% of THR BP: 136/86 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

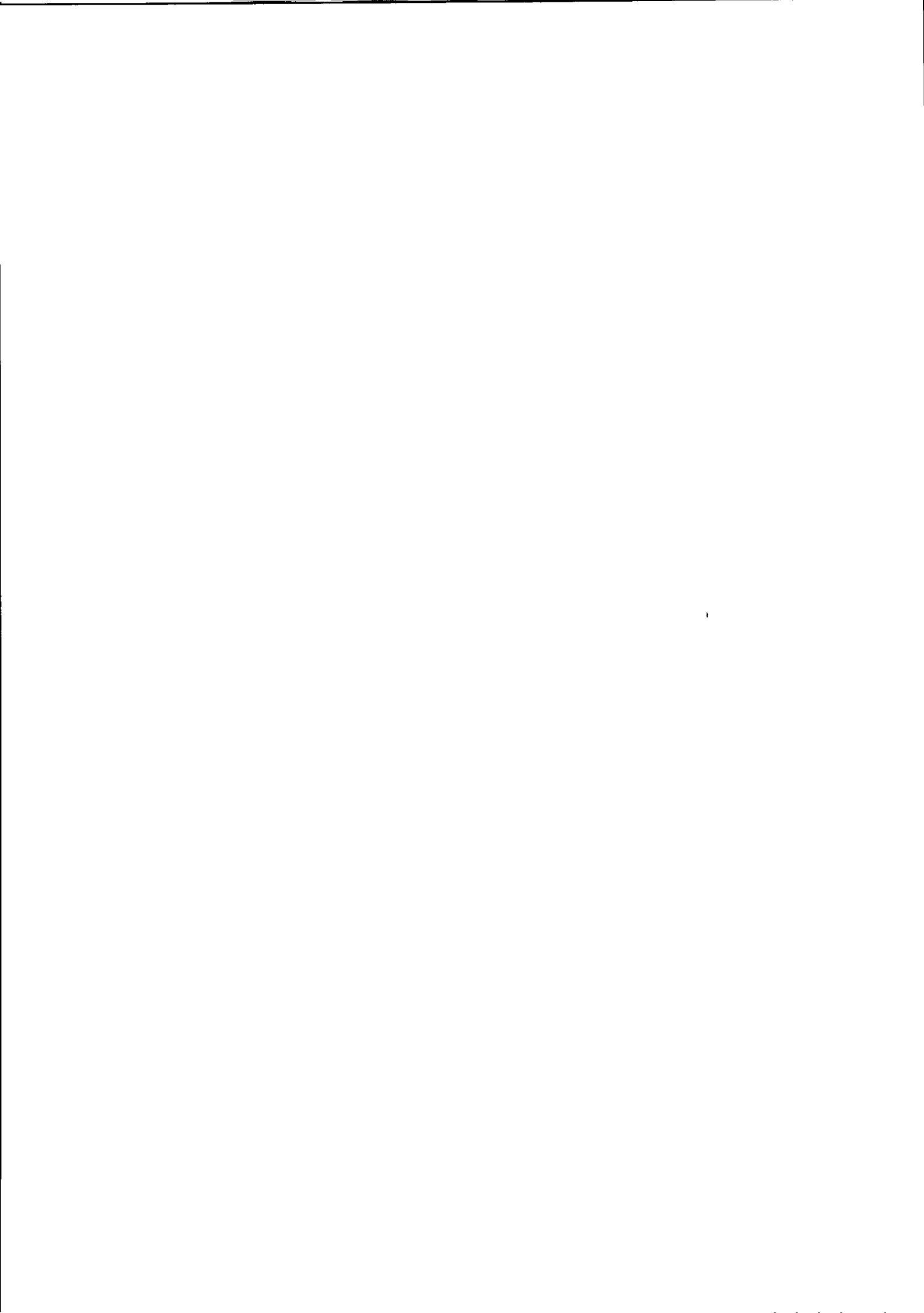
EXTime: 05:03 0.0 mph, 0.0%

Recovery(4:00)



REMARKS:

GEWZ147904059(R)A1eng9rs



DR. GOYAL PATH LAB & IMAGING CENTER

28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 73

Date: 07-Apr-2024 09:55:11 AM

METS: 1.0 / 73 bpm 44% of THR

BP: 120/80 mmHg

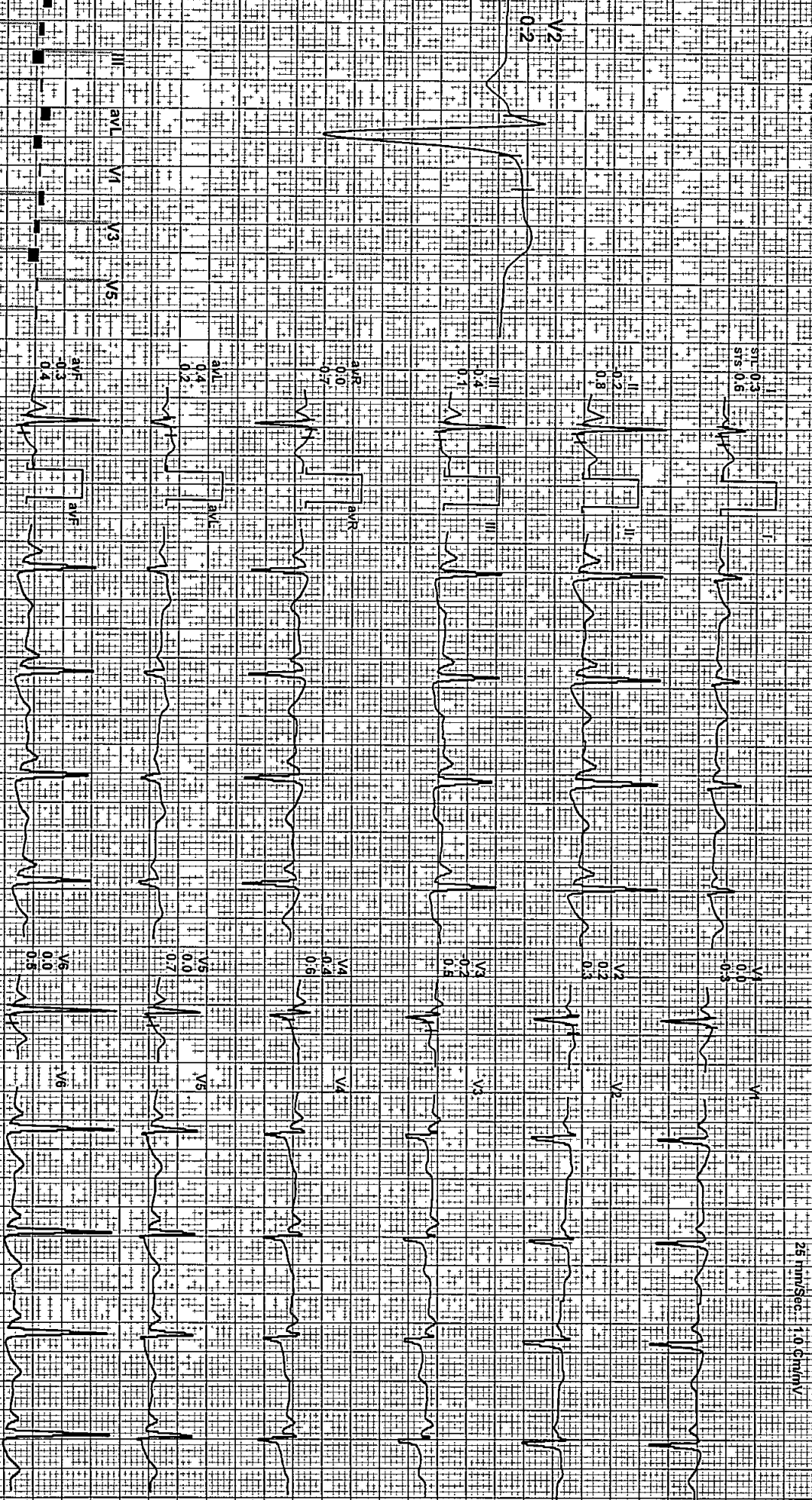
Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

Recovery(5:14)



4X 80ms Post-I

ExTime: 05:03 0.0 mph, 0.0%



REMARKS:

GEM/27/190403 (R) Allengers

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DR. GOYAL PATH LAB & IMAGING CENTER

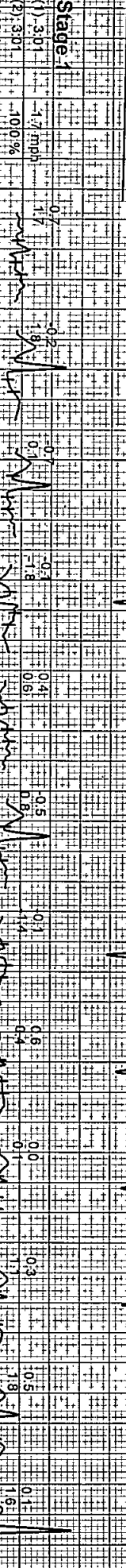
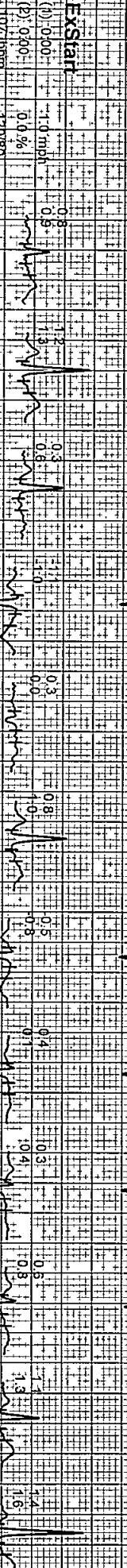
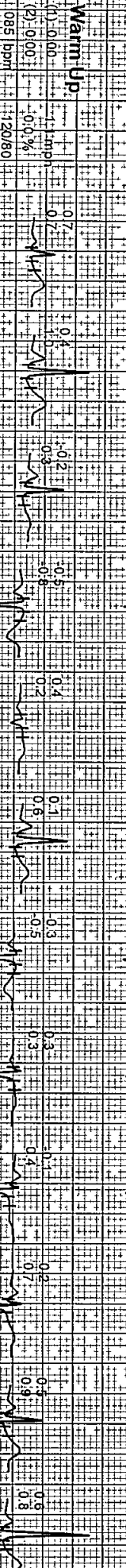
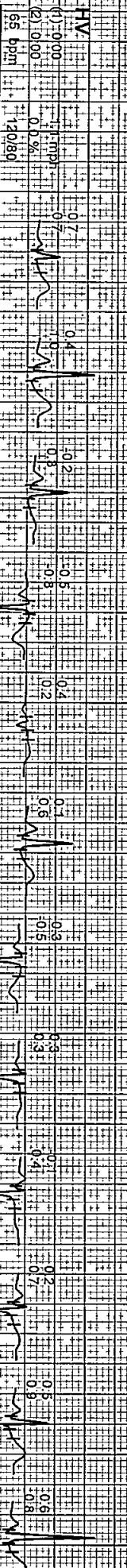
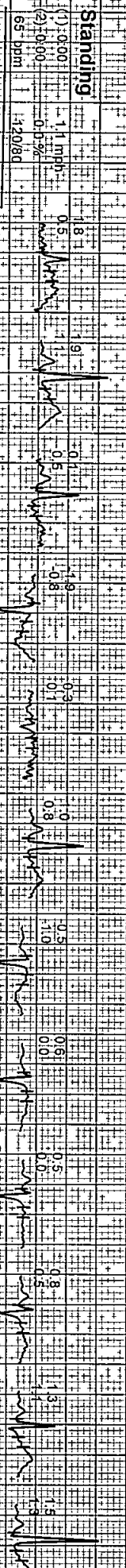
28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 64

Date: 07-Apr-2024 09:55:11 AM

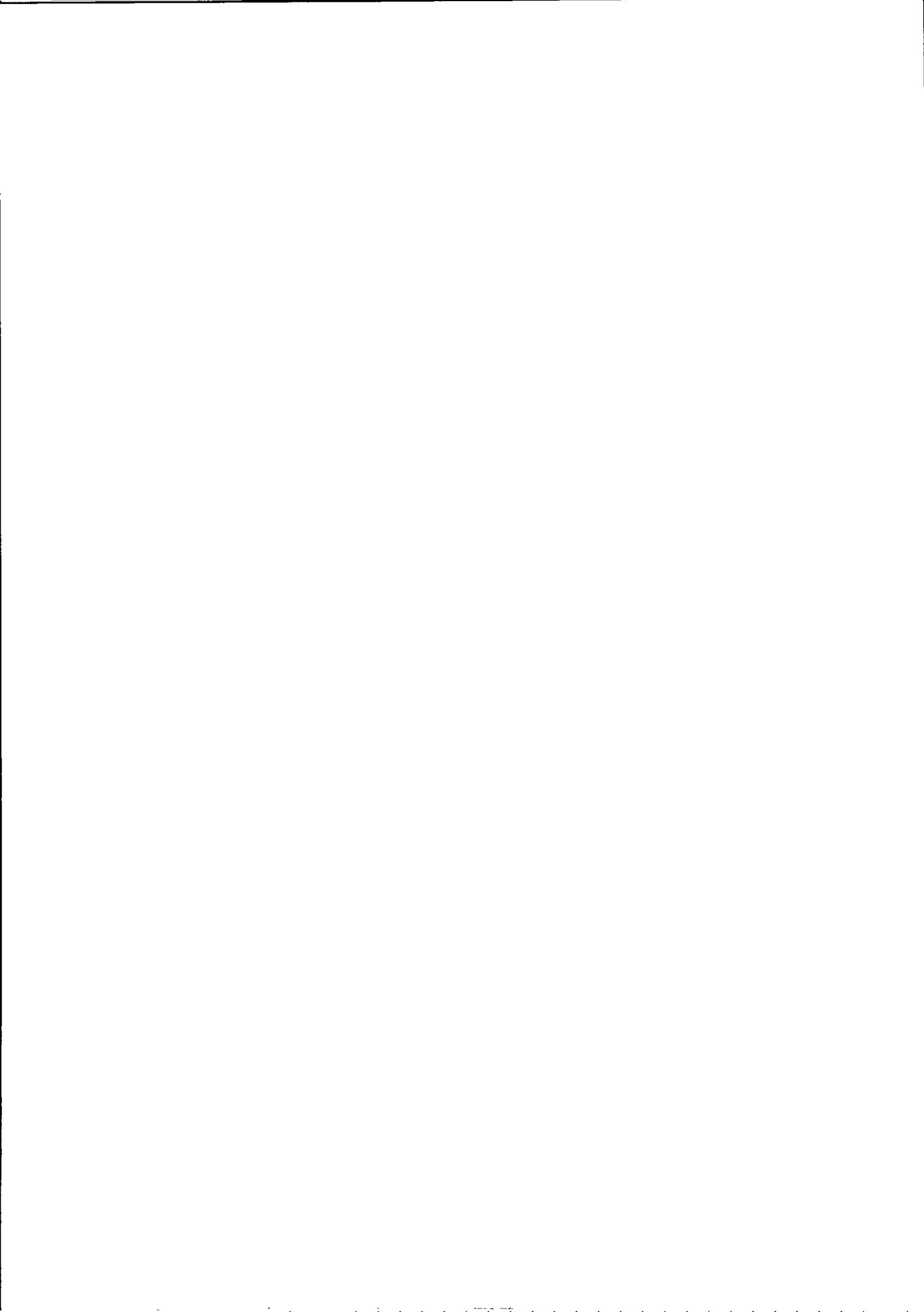
Average



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



GE M214 30403 (R) All leads



DR. GOYAL PATH LAB & IMAGING CENTER

28 / MRS. SUNITA SHARMA / 57 Yrs / F / 0 Cms / 0 Kg / HR : 64

Date: 07-Apr-2024 09:55:11 AM

Average



V6

V5

V4

V3

V2

V1

avF

avL

avR

III

II

I

PeakX

140/90

140/90

140/90

140/90

140/90

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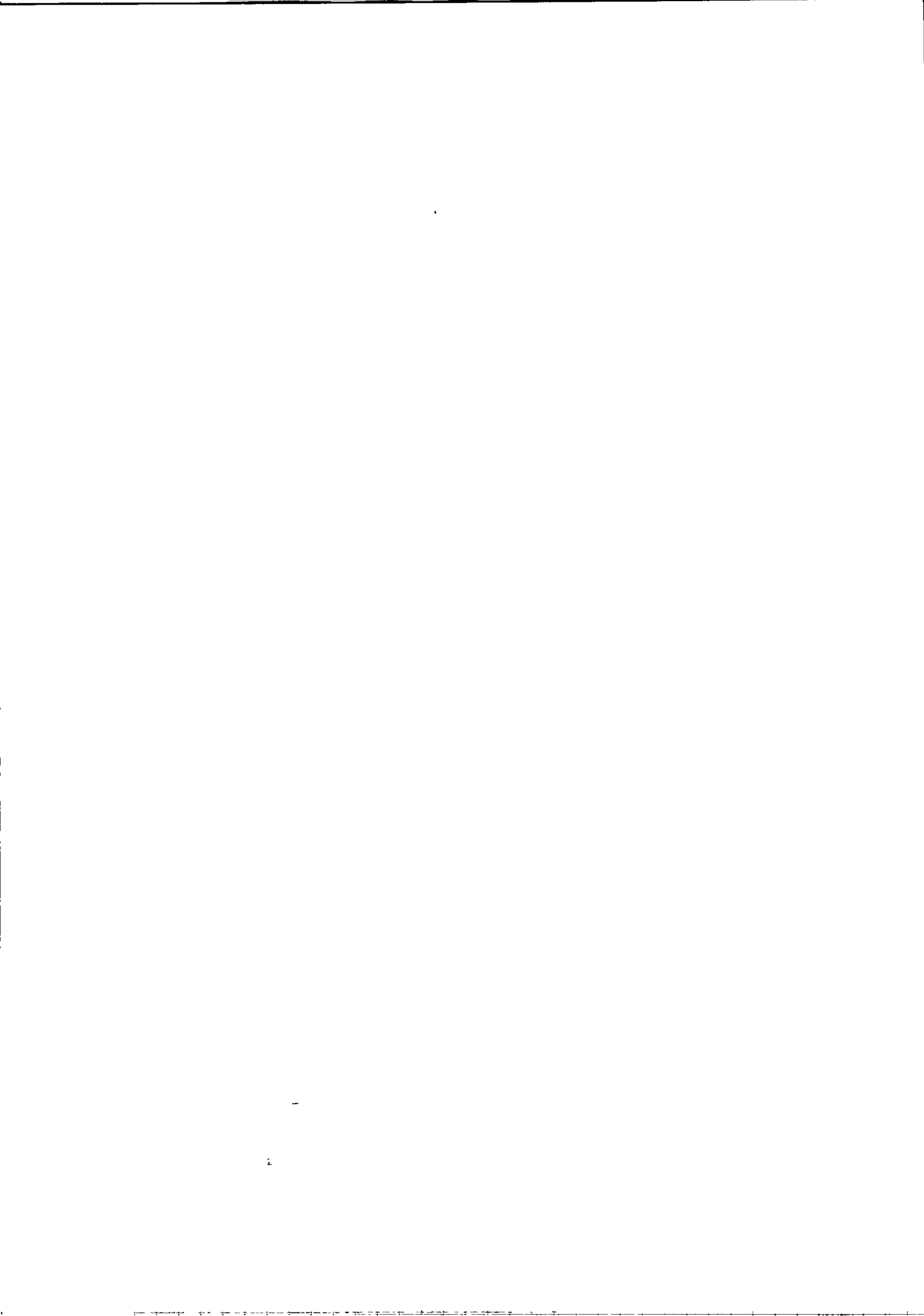
140/90

140/90

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140/90

(GM)141904(3)11Averages



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 Sodala, Jaipur-302019
 Tele: 0141-2293346, 4049787, 9887049787
 Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date: 07/04/2024 08:52:47 Patient ID: 122424818
 NAME: Mrs. SUNITA SHARMA Ref. By Dr.- BOB
 Sex / Age: Female, 57 Yrs, 6 Mon, 30 Days Lab/Hosp:
 Company: MediWheel



Sample Type: EDTA Sample Collected Time: 07/04/2024, 08:57:55 Final Authentication: 07/04/2024 15:02:21

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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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 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. Biological Ref Interval

Ref by ADA 2020

MEAN PLASMA GLUCOSE 123 mg/dL

Method: Calculated Parameter

GLYCOSYLATED HEMOGLOBIN (HbA1C) 126 mg/dL or Higher

Method: HPLC

Non Diabetic < 100 mg/dL
 Prediabetic 100- 125 mg/dL
 Diabetic 126 mg/dL or Higher
 Pre-diabetics: 5.7-6.4
 Diabetics: = 6.5 or higher
 ADA Target 7.0
 Action suggested: > 6.5

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Test Interpretation:

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MEAN PLASMA GLUCOSE 123 mg/dL

Method: Calculated Parameter

MUKESH SINGH

Technologist

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

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



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.
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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].
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6. This report is not valid for any medico -legal purposes.

Dr. Goyal's Path Lab & Imaging Centre



B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road, Jaipur - 302019
 Tele : 0141-2293346, 4049787, 9887049787
 Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyushi@gmail.com

Date: 07/04/2024 08:52:47 Patient ID :-122424818
 NAME :- Mrs. SUNITA SHARMA Ref. By Dr:- BOB
 Sex / Age :- Female 57 Yrs 6 Mon 30 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 07/04/2024 08:57:55 Final Authentication : 07/04/2024 15:02:21

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	11.7 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.21	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	62.0	%	40.0 - 80.0
LYMPHOCYTE	30.8	%	20.0 - 40.0
EOSINOPHIL	3.1	%	1.0 - 6.0
MONOCYTE	3.9	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.24	10 ³ /uL	1.50 - 7.00
LYMPH#	1.60	10 ³ /uL	1.00 - 3.70
EO#	0.16	10 ³ /uL	0.00 - 0.40
MONO#	0.20	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.38	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	38.50	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	87.8	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.7 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	30.4 L	g/dL	31.5 - 34.5
PLATELET COUNT	129 L	x10 ³ /uL	150 - 410
RDW-CV	15.1 H	%	11.6 - 14.0
MENTZER INDEX	20.05		7.0 - 10.0

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.

NEUT#

LYMPH#

EO#

MONO#

BASO#

TOTAL RBC

HEMATOCRIT (%)

MEAN CORP VOL (MCV)

MEAN CORP HB (MCH)

MUKESH SINGH

Technologist

PLATELET COUNT

Page No: 2 of 12

MENTZER INDEX



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.

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

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Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sangar Road,
Sodala, Jaipur-302019
Tele : 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date : 07/04/2024 08:52:47
NAME : Mrs. SUNITA SHARMA
Sex / Age : Female / 57 Yrs 6 Mon 30 Days
Company : MediWheel

Patient ID : 122424818
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 07/04/2024 08:57:55

Final Authentication : 07/04/2024 15:02:21

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 or B-cell multiple myeloma. **Instrument Name:** Sysmex 6 part fully automatic analyzer XN-L, Japan

Date : 07/04/2024
NAME : Mrs. SUNITA SHARMA
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HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR) 11 mm/hr. 00 - 20

(ESR) Methodology : Measurement of

Instrument Name : Independent form

Interpretation : ESR test is a non-specific

The test is used to detect, follow course of a

Levels are higher in pregnancy

The "3-figure ESR" $\times > 100$ value nearly always

or B-cell multiple myeloma. **Instrument Name:**

MCH, MCV, MCHC, MENTZER INDEX are calculated.

MUKESH SINGH
Technologist

Page No: 3 of 12



Rashmi

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

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 07/04/2024 08:57:55 Final Authentication : 07/04/2024 13:26:21

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	221.64	mg/dl	Desirable: <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	55.06	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	70.67	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	141.79	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	11.01	mg/dl	0.00 - 80.00
T. CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.14		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.01		0.00 - 3.50
TOTAL LIPID STEROL Method:- CALCULATED	575.63	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p>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.</p> <p>DIRECT HDL CHOLESTEROL 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.</p> <p>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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED Method:- Direct clearance Method</p>			
VLDL CHOLESTEROL Method:- Calculated			0.00 - 80.00
T. CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated			0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated			0.00 - 3.50
TOTAL LIPID Method:- Calculated			400.00
<p>SURENDRAKHANGA InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p>			

Rashmi
Dr. Rashmi Bakshi
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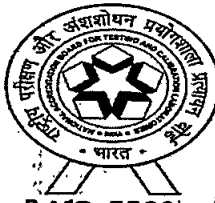


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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 07/04/2024 08:57:55 Final Authentication : 07/04/2024 13:26:21

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.52	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	0.37	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	1.15	mg/dl	0.30-0.70
SGOT :- Mrs. SUNITA SHARMA Method:- IFCC Female 57 Yrs 6 Mon 30 D Sample Type :- PLAIN/SERUM Company :- MediWheel	38.4 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT :- Mrs. SUNITA SHARMA Method:- IFCC Female 57 Yrs 6 Mon 30 D Sample Type :- PLAIN/SERUM Company :- MediWheel	51.2 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	78.90	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	38.00 H	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN GGT Method:- Biuret Reagent	7.19	g/dl	6.40 - 8.30
SERUM ALBUMIN (TOTAL) Method:- Bromocresol Green	4.66	g/dl	Up to - 1.0 Cord blood <2 3.80 - 5.00 < 6 days <16 Full term < 6 days= 12 12 months <2 2.20 - 3.50 <1.5 Adult - Up to - 1.2 1.30 - 2.50 (2020)
SERUM GLOBULIN Method:- CALCULATION	2.53	gm/dl	Adult - Up to 0.25 Newborn - <0.6 0.30-0.70
A/G RATIO	1.84		0.90 - 1.10
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method 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.			Adult - Up to 0.25 Newborn - <0.6 0.30-0.70
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.			0.30-0.70
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.			0.30-0.70
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.			0.30-0.70
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.			0.30-0.70
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.			0.30-0.70
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)			0.30-0.70
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.10	g/dl	6.10 - 8.20
SURENDRAKHANGA Method:- Bromocresol Green	3.80	g/dl	3.80 - 5.00
SERUM GLOBULIN Page No: 5 of 12	2.20	g/dl	2.20 - 3.50
A/G RATIO	1.30		1.30 - 2.50

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



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.

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 07/04/2024 08:57:55 Final Authentication :- 07/04/2024 12:54:25

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.280	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.860	ug/dl	5.520 - 12.970
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	4.190	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 T4 concentrations in vivo.

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

INTERPRETATION

0.350 - 5.500

PREGNANCY Interpretation	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

of up to 50% occur 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.

NARENDRAKUMAR
Technologist

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



INTERPRETATION

REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)

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 Company: MediWheel



Sample Type: URINE Sample Collected Time: 07/04/2024 08:57:55 Final Authentication: 07/04/2024 11:33:30

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	6.0		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.025		1.010 - 1.030
Method:- Reagent Strip(bromthymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphosalicylic acid test)			
GLUCOSE	NIL		NIL
Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)			
BILIRUBIN, URINE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Azo-coupling reaction)			
UROBILINOGEN	NORMAL		NORMAL
Method:- Reagent Strip (Modified ehrlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitropruside) Rothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
COLOUR	PALE YELLOW		PALE YELLOW
RBC	NIL		NIL
Method:- Reagent Strip (Peroxidase like activity)			
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL 7.5
WBC/HPF	2-4	/HPF	2-3
EPITHELIAL CELLS (hyal blue)	2-3	/HPF	1.010 - 1.030 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
Method:- Reagent Strip (Azo-coupling reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitropruside) Rothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
Technologist			
RBC			
Page No: 7 of 12			
MICROSCOPY EXAMINATION			
RBC/HPF			
WBC/HPF			

Rashmi

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 Company :- MediWheel

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



Sample Type :- EDTA, URINE

Sample Collected Time 07/04/2024 08:57:55

Final Authentication : 07/04/2024 15:02:21

HAEMATOLOGY

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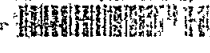
BLOOD GROUP ABO "B" POSITIVE

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

URINE SUGAR (FASTING) Nil Nil
 Collected Sample Received

Date : 07/04/2024 08:52:47
NAME :- Mrs. SUNITA SHARMA
 Sex / Age :- Female, 57 Yrs 6 Mon 30 Days
 Company :- MediWheel

Patient ID :- 122424818
 Ref. By Dr. :- BOB
 Lab/Hosp :-



Sample Type :- EDTA URINE

Final Authentication : 7

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) Nil Nil
 Collected Sample Received

MUKESH SINGH, VIJENDRA MEENA
 Technologist

Page No: 11 of 12



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

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 & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

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

Date : 07/04/2024 08:52:47

Patient ID :-122424818

NAME :- Mrs. SUNITA SHARMA

Ref. By Dr:- BOB

Sex / Age :- Female 57 Yrs 6 Mon 30 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 08:57:55

Final Authentication : 07/04/2024 13:26:21

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.5	mg/dl	0.0 - 23.0

*** End of Report ***

Date : 07/04/2024 08:52:47

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SURENDRAXHANGA

Page No: 12 of 12



Dr. Rashmi Bakshi
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NAME :- Mrs. SUNITA SHARMA	Ref. By Doctor:-BOB
Sex / Age :- Female 57 Yrs 6 Mon 30 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 07/04/2024 12:16:33

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 ABHISHEK JAIN
MBBS. DNB. (RADIO DIAGNOSIS)
RMC NO. 21687

*** End of Report ***

FORM B

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

CERTIFICATE OF REGISTRATION
(To be issued in duplicate)

In exercise of the powers conferred under Section 19 (1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994), **Appropriate Authority, Dist. - Jaipur** I hereby grants registration to the Genetic Counselling Centre*/Genetic Laboratory*/Genetic Clinic*/Ultrasound Clinic*/Imaging Centre* named below for purposes of carrying out Genetic Counselling/Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests/ultrasonography under the aforesaid Act for a period of five years ending on **14/08/2025**

1.

This registration is granted subject to the aforesaid Act and Rules thereunder 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.

2.

A. Name and address of the Genetic Counselling **Dr.goyal's Path. Lab & Imaging Center, B-Centre*/ Genetic Laboratory*/ Genetic 51 Ganesh Nagar Oppsite Janpat Clinic*/Ultrasound Clinic*/ Imaging Centre*. Corner,new Sanganeri Road,302019**

B. Pre-natal diagnostic procedures* approved for(Genetic Clinic).

Non-Invasive

Ultrasound

Invasive

C. Pre-natal diagnostic tests* approved (for Genetic Laboratory): **Biochemical Studies**

D. Any other purpose (please specify)

3. Model and make of equipments being used (any change is to be intimated to the Appropriate Authority under rule 13).

Equipment Name	Model No	Serial No	Manufacturer Name	Machine Type
Wipro GE	Voluson E10	E61906	Wipro GE	New
Wipro GE	Vivid T8	605771WXO	Wipro GE	New
Wipro GE	Voluson E6 BT21	E19168	Wipro GE	New
Siemens	Magnetom Verio 3TMRI	40129	Siemens	New

4. Registration No. allotted

61

5. Period of validity of earlier Certificate of Registration.
(For renewed Certificate of Registration only)

From 15/08/2020 To 14/08/2025Date: **06.02.2024**Place: **Jaipur**

Signature, Name and Designation of
Appropriate Authority with SEAL of Office.

SEAL

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

***Strike out whichever is not applicable or necessary.**

Dr. Goyal's

Path Lab. & Imaging Centre

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Tele : 0141-2293346, 4049787, 9887049787
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Date :- 07/04/2024 08:52:47 Patient ID :- 122424818
NAME :- Mrs. SUNITA SHARMA Ref. By Doctor:-BOB
Sex / Age :- Female 57 Yrs 6 Mon 30 Days Lab/Hosp :-
Company :- MediWheel

Final Authentication : 07/04/2024 11:10:12

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 in size and measures 50x37x27 mm.
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 significant free fluid is seen in pouch of Douglas.

IMPRESSION:
Normal Study.

Needs clinical correlation

DR. PIYUSH GOYAL
CONSULTANT RADIOLOGIST
RMC REG NO: 017996

Page No: 1 of 2

AHSAN
Transcript by.

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

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant

FMF ID - 260517 | RMC No 22430

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

Dr. Navneet Agarwal
MD, DNB (Radio Diagnosis)
RMC No. 33613/14911

Dr. Poorvi Malik
MBBS, MD, DNB (Radio Diagnosis)
RMC No. 21505

FORM B

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Date: **06.02.2024**Place: **Jaipur**

Signature, Name and Designation of
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Lab/Hosp :-

Final Authentication : 07/04/2024 11:10:12

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

IMPRESSION:

* No abnormality detected.

Needs clinical correlation



DR. PIYUSH GOYAL
CONSULTANT RADIOLOGIST
RMC REG NO. 017996

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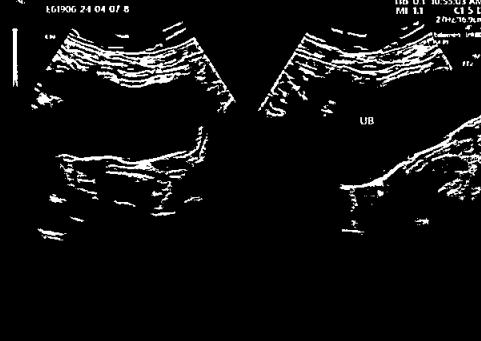
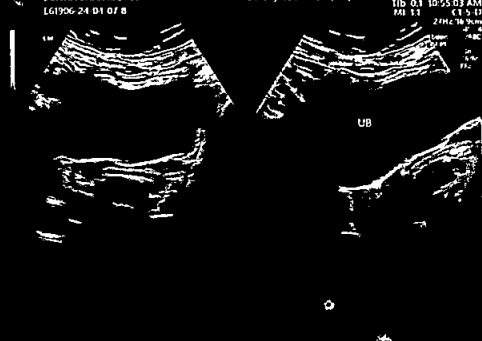
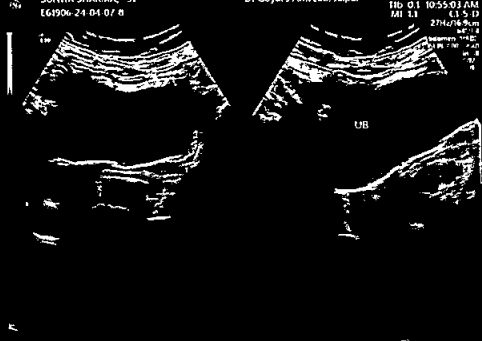
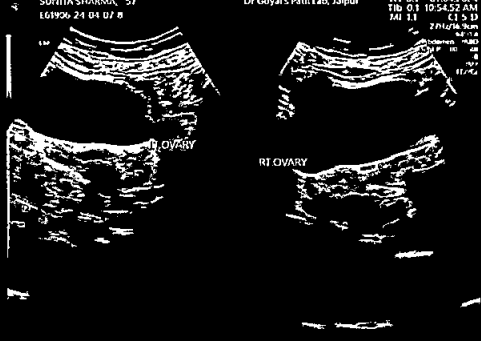
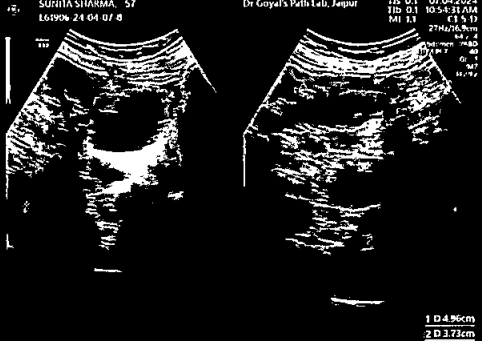
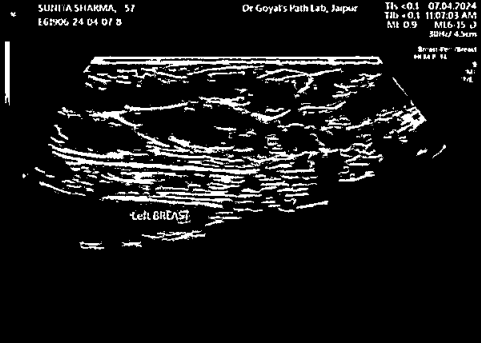
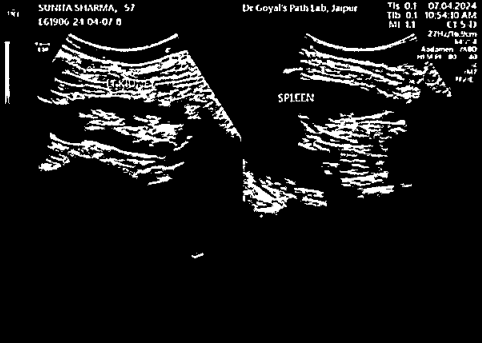
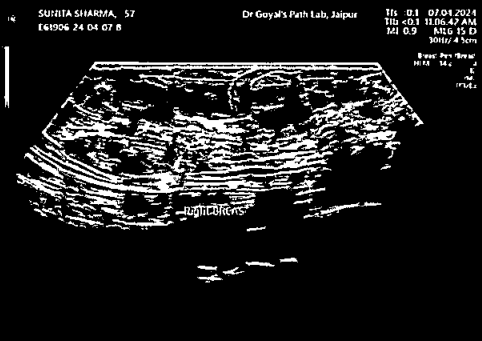
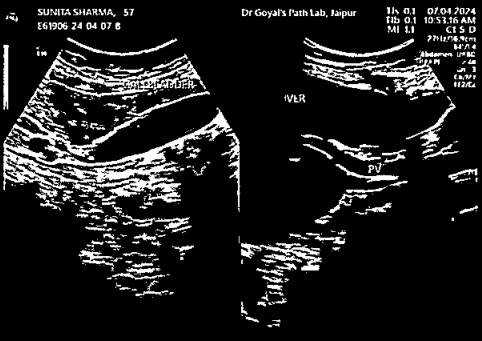
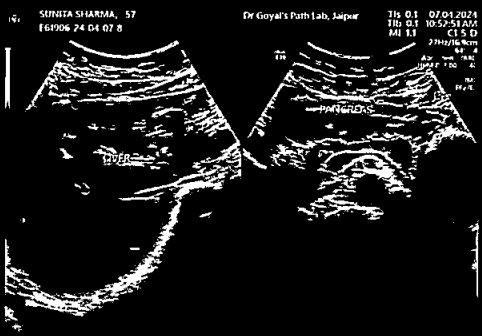
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1 D 4.96cm
2 D 3.73cm
3 D 2.68cm

