

# Dr. Goyal's

## Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

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

### General Physical Examination

Date of Examination: 07-04-2024

Name: Ritu Parthore Age: 48 Sex: Female

DOB: 02-02-1976

Referred By: BOB

Photo ID: Adhar ID #: attached

Ht: 165 (cm)

Wt: 72 (Kg)

Chest (Expiration): 95 (cm)

Abdomen Circumference: 90 (cm)

Blood Pressure: 123/85 mm Hg PR: 70 / min

BMI 26.4/kg/m<sup>2</sup>

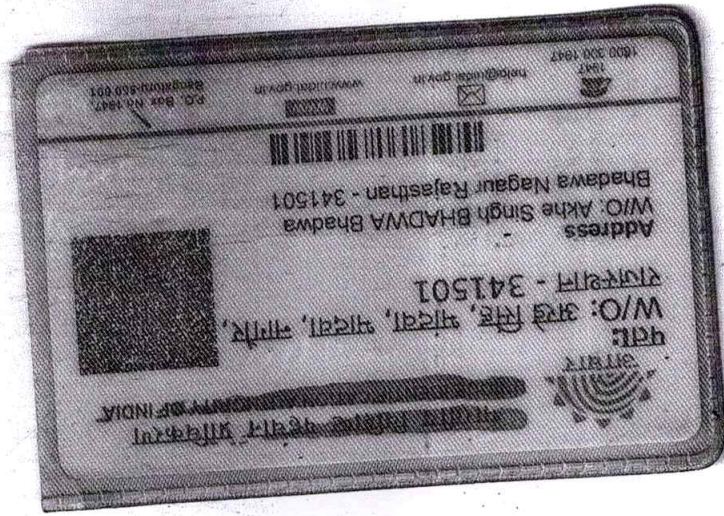
Eye Examination: Dys vision 6/6 near vision N/G.  
with spec. NO colour blindness.

Other: not significant.

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

Signature Of Examinee : Ritu Parthore Name of Examinee: \_\_\_\_\_

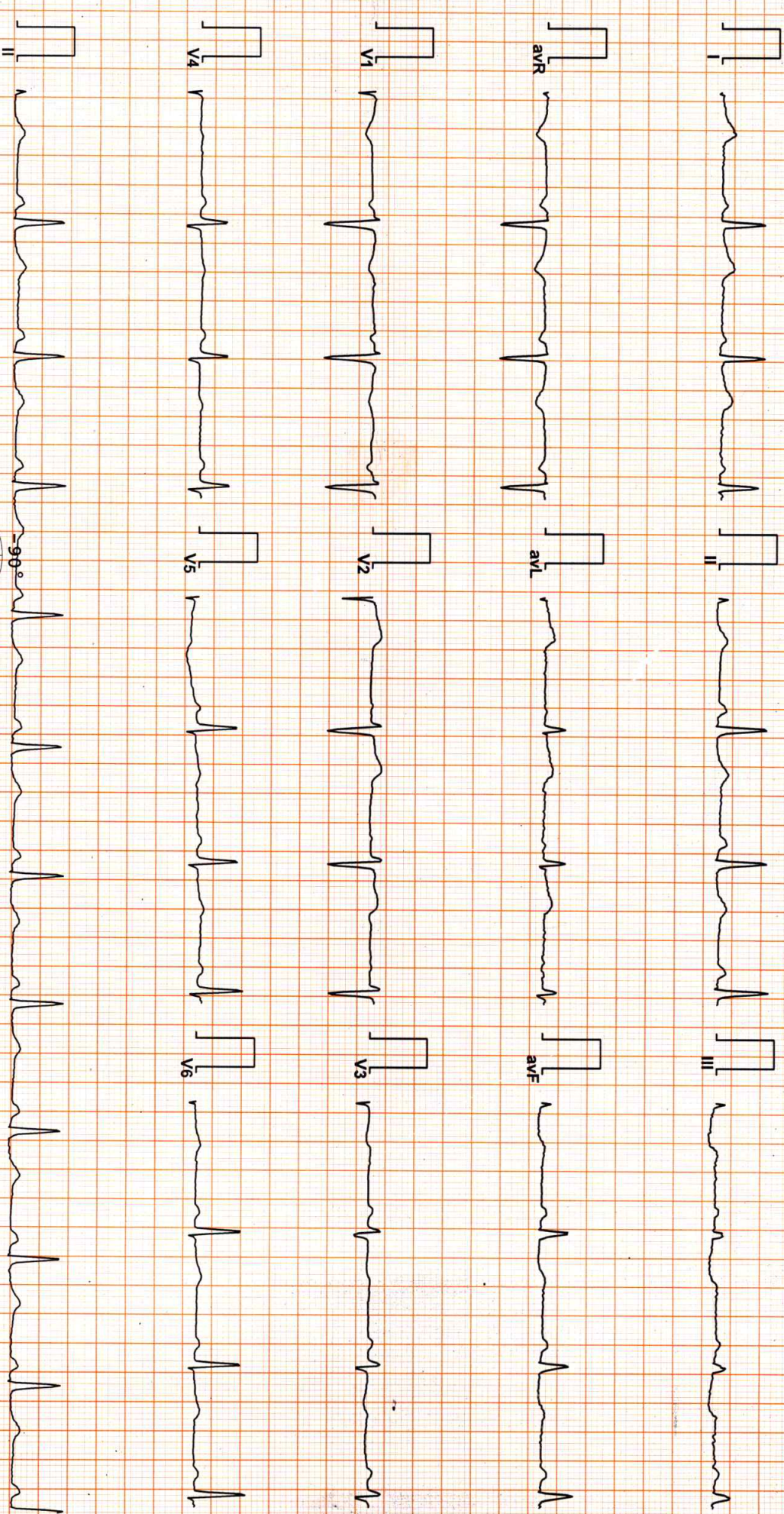
Signature Medical Examiner : D Piyush Goyal Name Medical Examiner \_\_\_\_\_  
M.B.B.S. D.M.R.D.  
KMC Reg. No. 017996



Ritu Rathore



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



Vent Rate : 67 bpm

PR Interval : 156 ms

QRS Duration : 78 ms

QT/QTc Int : 428/440 ms

P-QRS-T axis : 56.00°

Narresh Kumar Mohanaka  
 180  
 MBBS, DIP, CARDIO (ESCOR)  
 D.E.M. (RCGP-UK)

MBBS, DIP, CARDIO (ESCOR)  
 RMC No. 30753  
 D.E.M. (RCGP-UK)

MBBS, DIP, CARDIO (ESCOR)  
 D.E.M. (RCGP-UK)  
 90° R 41.00° T 12.00° P 56.00°  
 Axis

Reported By:  
 Narresh Kumar Mohanaka  
 MBBS, DIP, CARDIO (ESCOR)  
 RMC No. 30753  
 D.E.M. (RCGP-UK)

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

Date :- 07/04/2024 08:57:58

Patient ID :-122424820



NAME :- Mrs. RITU RATHORE

Ref. By Dr:- BOB

Sex / Age :- Female 48 Yrs 2 Mon 6 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 07/04/2024 09:11:28

Final Authentication : 07/04/2024 15:46:54

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	12.2	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	7.40	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	73.3	%	40.0 - 80.0
LYMPHOCYTE	23.3	%	20.0 - 40.0
EOSINOPHIL	0.9 L	%	1.0 - 6.0
MONOCYTE	2.2	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	5.43	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.73	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.06	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.16	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.22	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	39.10	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	92.7	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.3 L	g/dL	31.5 - 34.5
PLATELET COUNT	317	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	15.0 H	%	11.6 - 14.0
MENTZER INDEX	21.97		

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.

LYMPH#

EO#

MONO#

BASO#

TOTAL RED BLOOD CELL COUNT (RBC)

HEMATOCRIT (HCT)

MEAN CORP VOLUME (MCV)

MEAN CORP HB (MCH)

MEAN CORP HB CONC (MCHC)

PLATELET COUNT

RDW-CV

MENTZER INDEX

The Mentzer index is used



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RMC No. 17975/008828

Page No: 2 of 13

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Date :- 07/04/2024 08:57:58 Patient ID :-122424820  
**NAME :- Mrs. RITU RATHORE** Ref. By Dr:- BOB  
 Sex /Age :- Female 48 Yrs 2 Mon 6 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 07/04/2024 09:11:28 Final Authentication : 07/04/2024 15:46:54

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE FEMALE ABOVE 40

**GLYCOSYLATED HEMOGLOBIN (HbA1C)** 5.8 %  
 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** 120 mg/dL  
 Method:- Calculated Parameter  
 Non Diabetic < 100 mg/dL  
 Prediabetic 100- 125 mg/dL  
 Diabetic 126 mg/dL or Higher

#### 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.

**MEAN PLASMA GLUCOSE**  
 Method:- Calculated Parameter

**MUKESH SINGH**  
**Technologist**

Page No: 1 of 13



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

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### HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR)

21 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"  $x > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: TLC-DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

Date :- 07/04/2024 08:57:58



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Sex / Age :- Female

Company :- MediWheel

Sample Type :- EDTA

Final Authentication : 07/04/2024 15:46:54

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR)

00 - 20

Instrument Name

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.

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Technologist

Page No: 3 of 13



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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 07/04/2024 09:11:28 Final Authentication : 07/04/2024 10:58:48

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
<b>TOTAL CHOLESTEROL</b> Method:- Enzymatic Endpoint Method	165.88	mg/dl	Desirable <200 Borderline 200-239 High > 240
<b>TRIGLYCERIDES</b> Method:- GPO-PAP	59.39	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<b>DIRECT HDL CHOLESTEROL</b> Method:- Direct clearance Method	40.98	mg/dl	Low < 40 High > 60
<b>DIRECT LDL CHOLESTEROL</b> Method:- Direct clearance Method	115.00	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
<b>VLDL CHOLESTEROL</b> Method:- Calculated	11.88	mg/dl	0.00 - 80.00
<b>T.CHOLESTEROL/HDL CHOLESTEROL RATIO</b> Method:- Calculated	4.05		0.00 - 4.90
<b>LDL / HDL CHOLESTEROL RATIO</b> Method:- Calculated	2.81		0.00 - 3.50
<b>TOTAL LIPID</b> Method:- CALCULATED	453.38	mg/dl	400.00 - 1000.00
<p><b>TOTAL CHOLESTEROL</b> InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p><b>TRIGLYCERIDES</b> 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><b>DIRECT HDLCHOLESTEROL</b> 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><b>DIRECT LDL-CHOLESTEROL</b> 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><b>TOTAL LIPID AND VLDL ARE CALCULATED</b></p>			

**T.CHOLESTEROL/HDL CHOLESTEROL RATIO**  
Method: Calculated  
0.00 - 4.90

**LDL / HDL CHOLESTEROL RATIO**  
Method: Calculated  
0.00 - 3.50

**TOTAL LIPID**  
400.00 - 1000.00

**SURENDRAKHANGA**

Page No: 4 of 13



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Date :- 07/04/2024 08:57:58

Patient ID :-122424820

NAME :- Mrs. RITU RATHORE

Ref. By Dr:- BOB

Sex /Age :- Female 48 Yrs 2 Mon 6 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 09:11:28

Final Authentication : 07/04/2024 10:58:48

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.30	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	0.10	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.20	mg/dl	0.30-0.70
SGOT Method:- IFCC	22.1	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	21.5	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	79.70	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	14.80	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.71	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.22	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.49	gm/dl	2.20 - 3.50
A/G RATIO	1.69		1.30 - 2.50

**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)

SERUM TOTAL PROTEIN  
Method:- Biuret Reagent

SURENDRAKHANGA

SERUM ALBUMIN

Page No: 5 of 13



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Sample Type :- PLAIN/SERUM Sample Collected Time 07/04/2024 09:11:28 Final Authentication : 07/04/2024 10:32:49

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.280	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.380	ug/dl	5.520 - 12.970
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.320	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

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

Page No: 6 of 13



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Sample Type :- URINE Sample Collected Time 07/04/2024 09:11:28 Final Authentication : 07/04/2024 11:32:57

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		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
<b>MICROSCOPY EXAMINATION</b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

**VIJENDRAMEENA**  
**Technologist**

Page No: 7 of 13



*Rashmi*

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Date :- 07/04/2024 08:57:58 Patient ID :- 122424820  
**NAME :- Mrs. RITU RATHORE** Ref. By Dr:- BOB  
 Sex / Age :- Female 48 Yrs 2 Mon 6 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Iodide, KOx/Na Sodium Iodide  
 Date/Time :- 07/04/2024 11:51:54 Final Authentication : 07/04/2024 13:27:11

### BIOCHEMISTRY

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

FASTING BLOOD SUGAR (Plasma) 94.5 mg/dl 75.0 - 115.0  
 Method:- GOD PAP

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

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

BLOOD SUGAR PP (Plasma) 117.3 mg/dl 70.0 - 140.0  
 Method:- GOD PAP

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

SERUM CREATININE 0.92 mg/dl Men - 0.6-1.30  
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 6.98 H mg/dl Men - 3.4-7.0  
 Method:- Enzymatic colorimetric Women - 2.4-5.7

Test Name Value Unit Biological Ref Interval

FASTING BLOOD SUGAR (Plasma)  
 Method:- GOD PAP

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

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

BLOOD SUGAR PP (Plasma) 117.3 mg/dl 70.0 - 140.0  
 Method:- GOD PAP

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

SERUM CREATININE 0.92 mg/dl Men - 0.6-1.30  
 Method:- Colorimetric Method Women - 0.5-1.20

SERUM URIC ACID 6.98 H mg/dl Men - 3.4-7.0  
 Method:- Enzymatic colorimetric Women - 2.4-5.7

SURENDRAKHANGA



*Rashmi Bakshi*

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

# Dr. Goyal's

## Path Lab & Imaging Centre

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

Date :- 07/04/2024 08:57:58 Patient ID :-122424820  
**NAME :- Mrs. RITU RATHORE** Ref. By Dr:- BOB  
Sex / Age :- Female 48 Yrs 2 Mon 6 Days Lab/Hosp :-  
Company :- MediWheel



Sample Type :- EDTA, URINE

Sample Collected Time 07/04/2024 09:11:28

Final Authentication : 07/04/2024 15:46:54

### HAEMATOLOGY

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

Date :- 07/04/2024 08:57:58  
NAME :- Mrs. RITU RATHORE  
Sex / Age :- Female 48 Yrs 2 Mon 6 Days  
Company :- MediWheel

### HAEMATOLOGY

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

MUKESH SINGH, VIJENDRAMEENA  
Technologist

Page No: 11 of 13



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

# 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 08:57:58

NAME :- Mrs. RITU RATHORE

Sex / Age :- Female 48 Yrs 2 Mon 6 Days

Company :- MediWheel

Patient ID :- 122424820

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 09:11:28

Final Authentication : 07/04/2024 10:58:48

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.3	mg/dl	0.0 - 23.0

Date :- 07/04/2024 08:57:58

NAME :- Mrs. RITU RATHORE

Sex / Age :- Female 48 Yrs 2 Mon 6 Days

Company :- MediWheel

Patient ID :- 122424820

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 09:11:28

Final Authentication : 07/04/2024 10:58:48

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.3	mg/dl	0.0 - 23.0

SURENDRAKHANGA

Page No: 12 of 13



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

Date :- 07/04/2024 08:57:58

Patient ID :-122424820

**NAME :- Mrs. RITU RATHORE**

Ref. By Dr:- BOB

Sex / Age :- Female 48 Yrs 2 Mon 6 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- SWAB

Sample Collected Time 07/04/2024 09:11:28

Final Authentication : 08/04/2024 14:37:44

### PAP SMEAR

### PAP SMEAR FOR CYTOLOGY EXAMINATION

**Specimen** - Conventional smear.

**Clinical history** -

**Microscopy:**

**Adequacy** - Satisfactory for limited due to obscuring inflammation.

**Endocervical cells** - Not seen.

H/E stained smears show predominantly intermediate, parabasal, superficial and metaplastic squamous epithelial cells against background of dense acute inflammatory infiltrate.

**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 \*\*\*

**MANOJCHOUDHARY**  
**Technologist**

Page No: 13 of 13





Date :- 07/04/2024 08:57:58	Patient ID :-122424820
<b>NAME :- Mrs. RITU RATHORE</b>	Ref. By Doctor:-BOB
Sex / Age :- Female 48 Yrs 2 Mon 6 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 08/04/2024 09:35:00

BOB PACKAGEFEMALE ABOVE 40

**Small calcified nodule is seen in right upper lung zone.  
Bilateral mild apical pleural thickening is seen.**

Rest of lung fields appears clear.

Trachea is in midline.

Both the hilar shadows are normal.

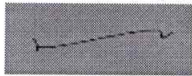
Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

(Please correlate clinically and with relevant further investigations)



**Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)**  
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI  
(RMC No. 33613 / 14911)

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

# Dr. Goyal's

## Path Lab & Imaging Centre

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 Tele : 0141-2293346, 4049787, 9887049787  
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Date :- 07/04/2024 08:57:58	Patient ID :-122424820
<b>NAME :- Mrs. RITU RATHORE</b>	Ref. By Doctor:-BOB
Sex / Age :- Female 48 Yrs 2 Mon 6 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 07/04/2024 11:32:35

BOB PACKAGEFEMALE ABOVE 40  
 2D ECHO OPTION TMT (ADULT/CHILD)

### 2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

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

#### M.MODE EXAMINATION:

AO	25	mm	LA	28	Mm	IVS-D	9	mm
IVS-S	15	mm	LVID	44	Mm	LVSD	24	mm
LVPW-D	8	mm	LVPW-S	15	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	70%		RWMA			ABSENT		

#### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

#### COLOUR DOPPLER:

MITRAL VALVE			
E VELOCITY	0.96	m/sec	PEAK GRADIENT
A VELOCITY	0.70	m/sec	MEAN GRADIENT
MVA BY PHT		Cm2	MVA BY PLANIMETRY
MITRAL REGURGITATION	ABSENT		
AORTIC VALVE			
PEAK VELOCITY	1.1	m/sec	PEAK GRADIENT
AR VMAX		m/sec	MEAN GRADIENT
AORTIC REGURGITATION	ABSENT		
TRICUSPID VALVE			
PEAK VELOCITY	0.51	m/sec	PEAK GRADIENT
MEAN VELOCITY		m/sec	MEAN GRADIENT
VMax VELOCITY			
TRICUSPID REGURGITATION	ABSENT		
PULMONARY VALVE			
PEAK VELOCITY		M/sec.	PEAK GRADIENT
MEAN VELOCITY			MEAN GRADIENT
PULMONARY REGURGITATION	ABSENT		



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Date :- 07/04/2024 08:57:58  
**NAME :- Mrs. RITU RATHORE**  
Sex / Age :- Female 48 Yrs 2 Mon 6 Days  
Company :- MediWHEEL

Patient ID :- 122424820  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 07/04/2024 11:32:35

### Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 70 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion.

  
(Cardiologist)

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



Date :- 07/04/2024 08:57:58  
**NAME :- Mrs. RITU RATHORE**  
Sex / Age :- Female 48 Yrs 2 Mon 6 Days  
Company :- MediWheel

Patient ID :- 122424820  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 07/04/2024 12:23:25

BOB PACKAGE FEMALE 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 mildly bulky in size ~ 89x59x48 mm.

A subserous fibroid noted on posterior wall of uterus measuring approx. 47x37 mm.

Another fibroid of size ~ 27x19 mm also seen in anterior wall of uterus.

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:

\* Mild bulky uterus with uterine fibroids, as described.

Needs clinical correlation

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

Page No. 1 of 1

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



Date :- 07/04/2024 08:57:58  
**NAME :- Mrs. RITU RATHORE**  
Sex / Age :- Female 48 Yrs 2 Mon 6 Days  
Company :- MediWheel

Patient ID :- 122424820  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 07/04/2024 12:24:05

BOB PACKAGE FEMALE ABOVE 40

### 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

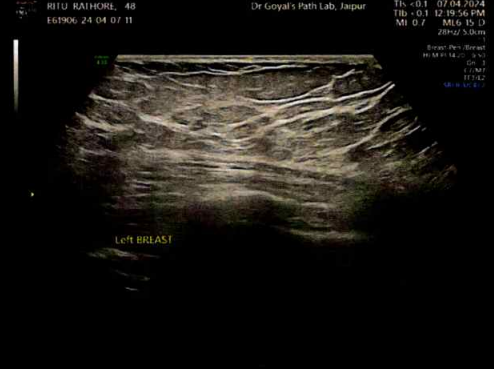
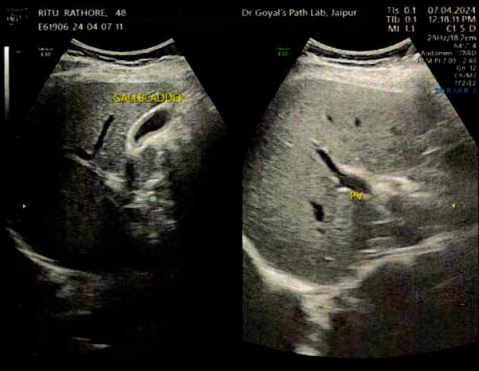
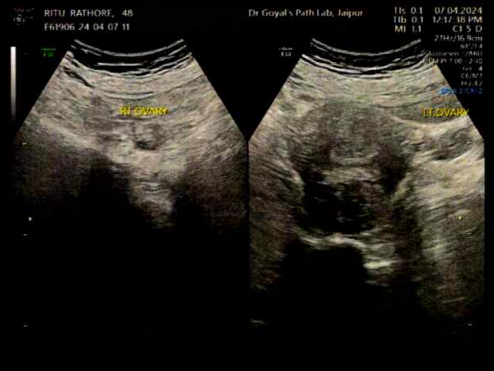
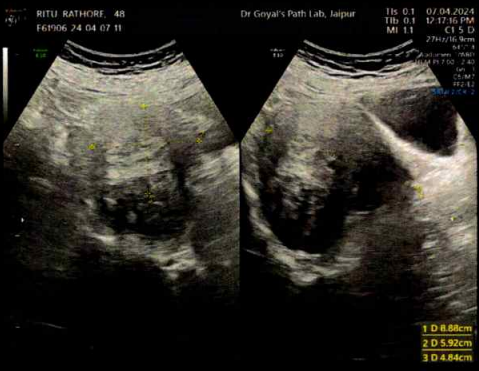
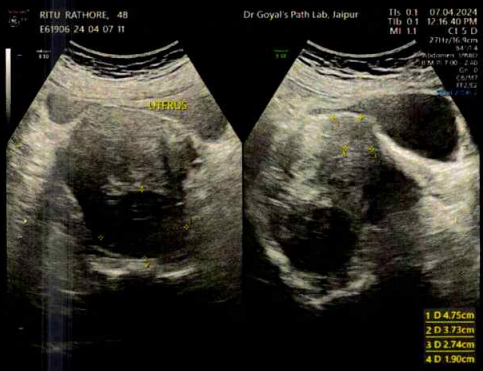
DR. PIYUSH GOYAL  
CONSULTANT RADIOLOGIST  
RMC REG NO. 017996

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

# Dr Goyal's Path Lab, Jaipur

Name : RITU RATHORE F

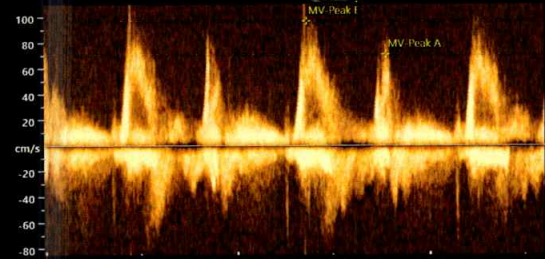
07 Apr 2024



RITU RATHORE, 48  
E61906 24 04 07 11

Dr Goyal's Path Lab, Jaipur

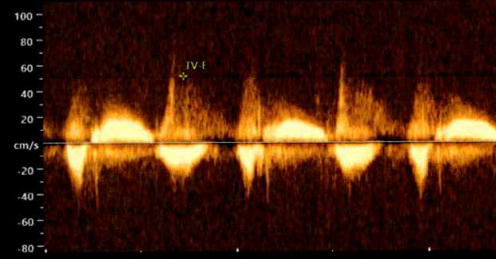
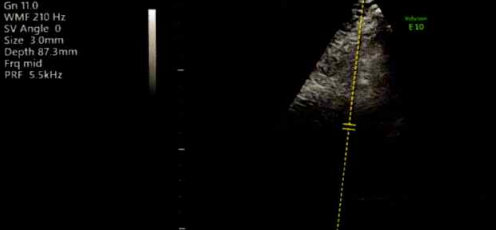
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MI 0.4 M5Sc D  
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**MV-Peak A 0.707m/s**  
**MV-E/A 1.37**  
Gn 10  
C8/M12  
P2/E0  
SRI II 1



RITU RATHORE, 48  
E61906 24 04 07 11

Dr Goyal's Path Lab, Jaipur

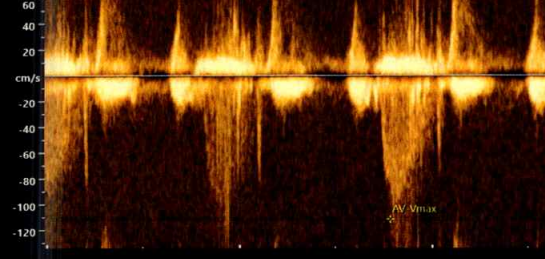
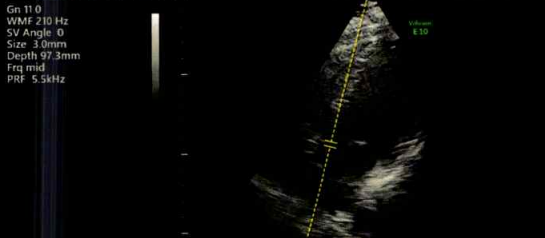
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Tib 1.8 11:22:12 AM  
MI 0.4 M5Sc D  
**TV-E 0.513m/s**  
Gn 11  
General/CARD  
HI L 4.70 - 3.45  
Gn 7  
C8/M12  
P2/E0  
SRI II 1



RITU RATHORE, 48  
E61906 24 04 07 11

Dr Goyal's Path Lab, Jaipur

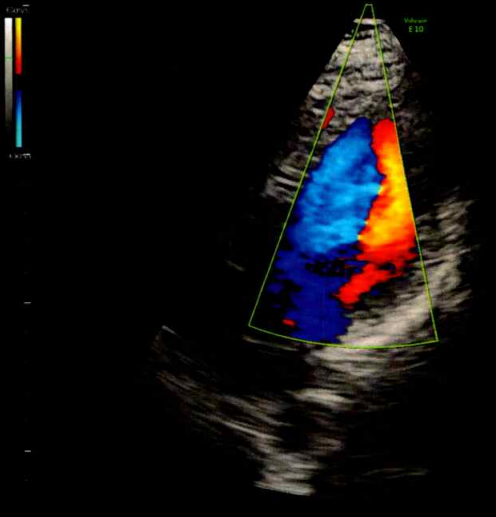
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MI 0.4 M5Sc D  
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General/CARD  
HI L 4.70 - 3.45  
Gn 10  
C8/M12  
P2/E0  
SRI II 1



RITU RATHORE, 48  
E61906 24 04 07 11

Dr Goyal's Path Lab, Jaipur

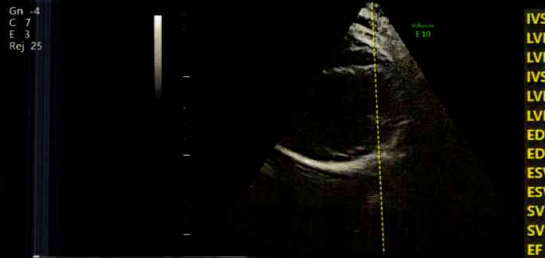
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Tib 0.7 11:22:42 AM  
MI 1.1 M5Sc D  
21Hz/16.7cm  
65/71.4  
General/CARD  
HI L 4.70 - 3.45  
Gn 7  
C8/M12  
P2/E0  
SRI II 1  
Gn 2.2  
Frq mid  
Qual norm  
WMF mid1  
PRF 3.6kHz



RITU RATHORE, 48  
E61906 24 04 07 11

Dr Goyal's Path Lab, Jaipur

TIs 0.2 07.04.2024  
Tib 0.4 11:23:10 AM  
MI 1.1 M5Sc D  
21Hz/16.7cm  
65/71.4  
General/CARD  
HI L 4.70 - 3.45  
Gn 15  
C8/M12  
P2/E0  
SRI II 1

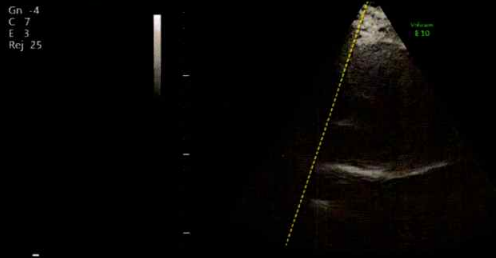


**IVSd 0.94cm**  
**LVdD 4.39cm**  
**LVPWd 0.81cm**  
**IVSs 1.45cm**  
**LVDs 2.39cm**  
**LVPWs 1.49cm**  
**EDV (Teich) 87.221ml**  
**EDV (Cubed) 84.605ml**  
**ESV (Teich) 19.951ml**  
**ESV (Cubed) 13.652ml**  
**SV (Teich) 67.270ml**  
**SV (Cube) 70.953ml**  
**EF (Teich) 77.13%**  
**EF (Cube) 83.86%**  
**FS 45.56%**  
**LVMass 139.15g**

RITU RATHORE, 48  
E61906 24 04 07 11

Dr Goyal's Path Lab, Jaipur

TIs 0.2 07.04.2024  
Tib 0.4 11:23:43 AM  
MI 1.1 M5Sc D  
21Hz/16.7cm  
65/71.4  
General/CARD  
HI L 4.70 - 3.45  
Gn 15  
C8/M12  
P2/E0  
SRI II 1



**AVLA-Ao Diam. 2.56cm**  
**AVLA-LA Diam. 2.81cm**  
**LA/Ao 1.10**  
**Ao/LA 0.91**