

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

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

General Physical Examination

Date of Examination: 28/01/2024

Name: Sneehy mawlya Age: 40 Sex: F

DOB: 13/09/1983

Referred By: BOB

Photo ID: Dodher ID #: Attached

Ht: 153 (cm)

Wt: 70 (Kg)

Chest (Expiration): 97 (cm)

Abdomen Circumference: 92 (cm)

Blood Pressure: 147/101 mm Hg PR: 88 / min

BMI 29.9 kg/m²

Eye Examination: dist vision 6/12, near vision 6/6,
no colour 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: [Signature] Name Medical Examiner _____

Dr Piyush Goyal
M.B.B.S. D.M.R.U.
RMC Reg. No.-017855



Dr. Piyush Govil
M.B.B.S., D.M.R.C.
RMC Reg. No.-017013

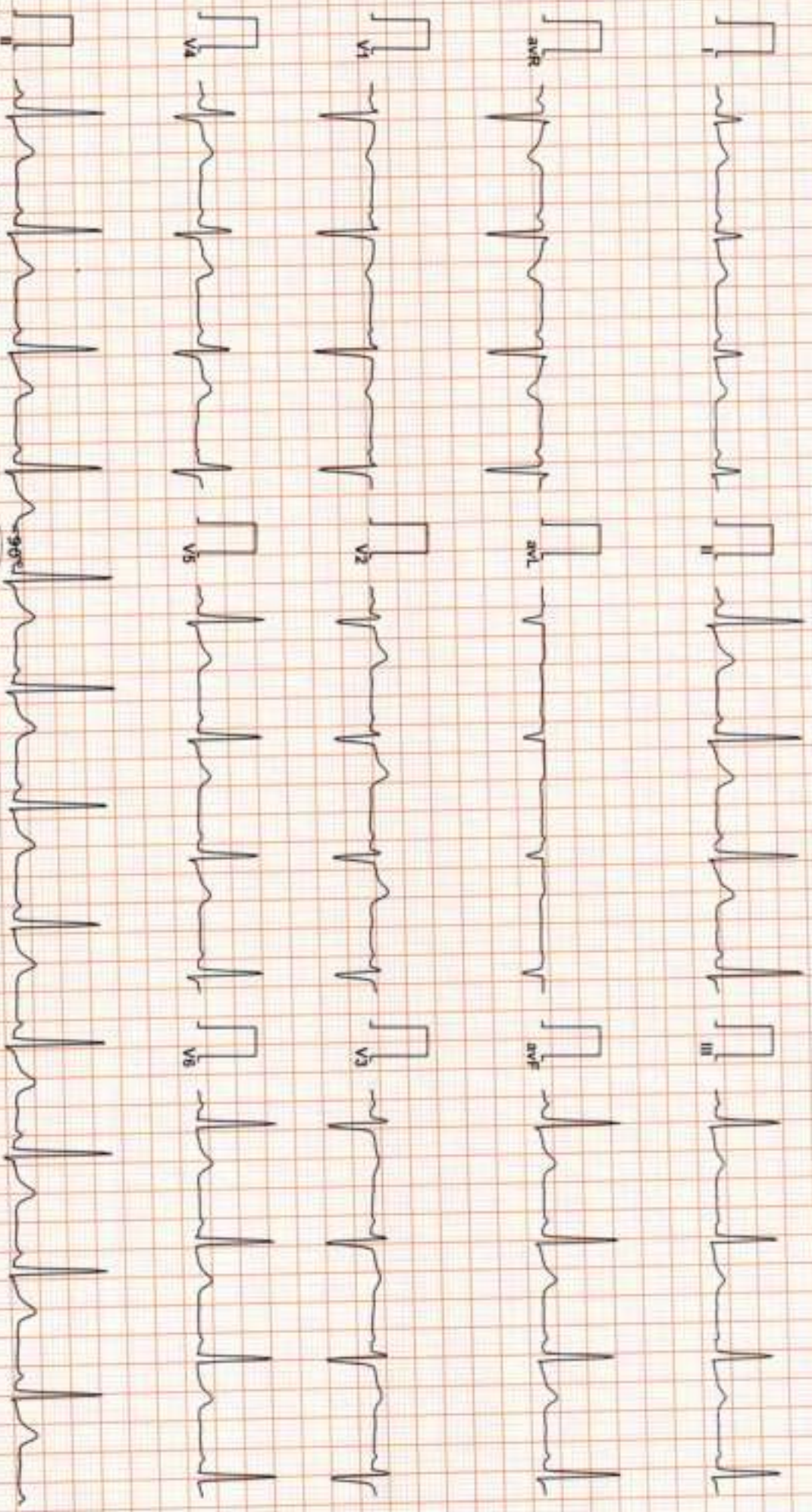
Swati Maurya

DR. GOYAL PATH LAB

3871 / MRS. SWEETY MAURVA / 40 Yrs / F / Non Smoker

Heart Rate : 74 bpm / Tested On : 28-Jan-24 11:53:24 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: MEDIWHEEL

ECG



Vent Rate : 74 bpm
PR Interval : 116 ms
QRS Duration: 88 ms
QT/QTc Int : 402/427 ms
P-QRS-T axis: 57.00° • 75.00° • 59.00°



R 75.00° T 59.00° P 57.00°
Axis

Final

Reported By:

D. Naresh Kumar Mohrta
RAC No: 35203
MBBS, D.P. CARDIO (ESCORTS)
D.E.M. (RCGP, UK)



668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 0 Kg / NonSmoker
Date: 28 / 01 / 2024 11:55:27 AM Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:18	0:18	01.1	00.0	01.0	076	42%	130/80	098	00	
Standing	00:51	0:33	01.1	00.0	01.0	077	43%	130/80	100	00	
HV	00:56	0:05	01.1	00.0	01.0	092	51%	130/80	119	00	
Warm Up	01:02	0:06	01.1	00.0	01.0	092	51%	130/80	119	00	
ExStart	02:18	1:16	01.0	00.0	01.0	105	58%	130/80	136	00	
BRUCE Stage 1	05:18	3:00	01.7	10.0	04.7	130	72%	140/85	182	00	
BRUCE Stage 2	08:18	3:00	02.5	12.0	07.1	154	86%	150/90	231	00	
PeakEx	08:30	0:12	03.4	14.0	07.3	158	88%	150/90	237	00	
Recovery	09:30	1:00	00.0	00.0	01.2	119	66%	150/90	178	00	
Recovery	10:30	2:00	00.0	00.0	01.0	112	62%	140/90	156	00	
Recovery	11:30	3:00	00.0	00.0	01.0	095	53%	140/85	133	00	
Recovery	12:30	4:00	00.0	00.0	01.0	093	52%	130/80	120	00	
Recovery	13:30	5:00	00.0	00.0	01.0	083	46%	130/80	107	00	
Recovery	13:32	5:02	00.0	00.0	01.0	083	46%	130/80	107	00	

FINDINGS :

Exercise Time : 06:12
 Max HR Attained : 158 bpm 88% of Target 180
 Max BP Attained : 150/90 (mm/Hg)
 Max Workload Attained : 7.3 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Dr. Naresh Kumar Moharika
 RAC No. 35703
 MBBS, D.P.E.A.P.D (ESCORTS)
 D.E.M. (REGP-UN)

TmT K/D Negative for PMZ

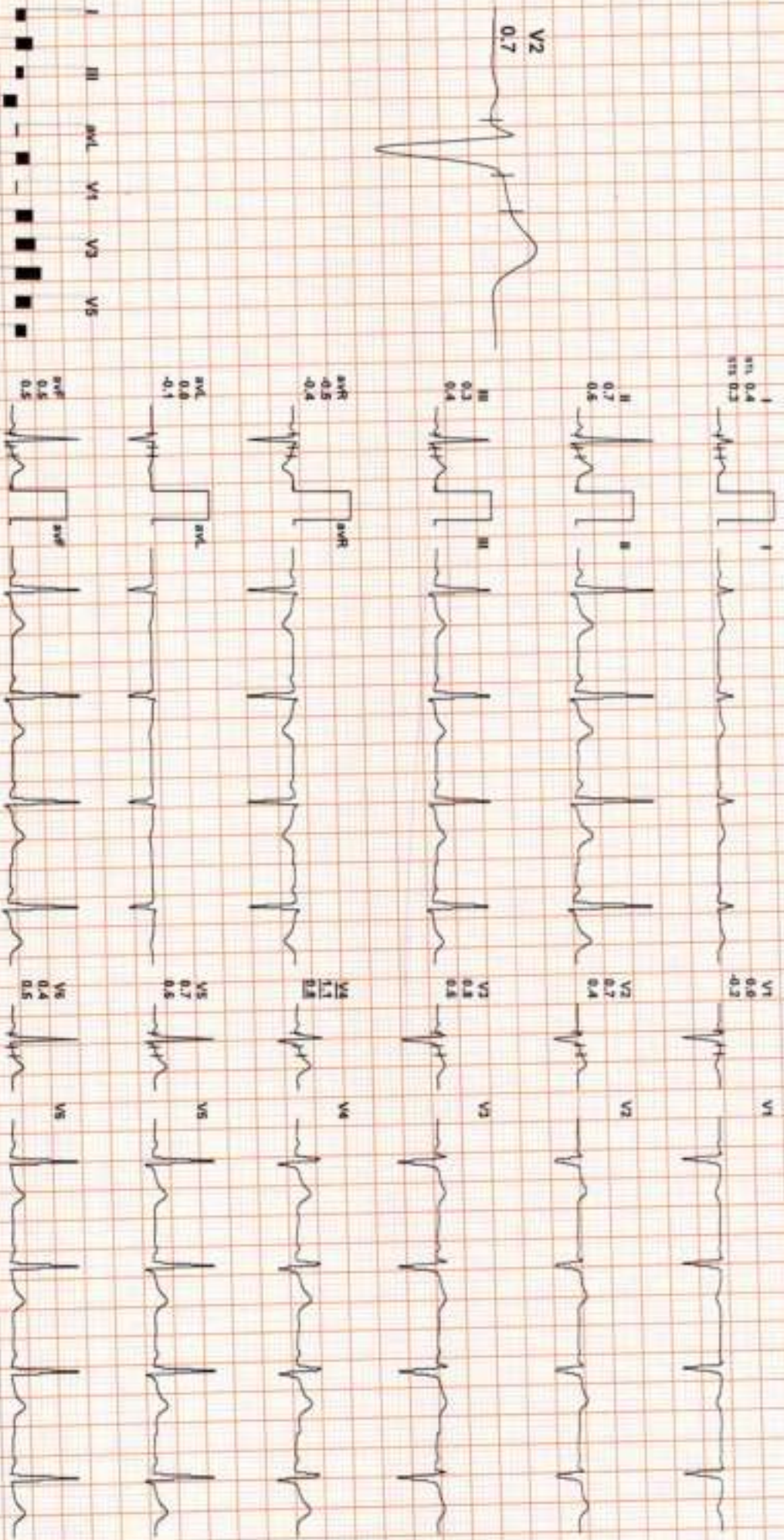


668 (113) / MRS. SWEETY MAURVA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 76

Date: 28 / 01 / 2024 11:55:27 AM METS: 1.07 76 bpm 42% of THR Ep: 130/80 mmHg Combined Median/ BLC OV Nech OV HF 0.05 HOLF 35. Hz

4X 60 MS Post J

ExTime: 00:00 1.1 rght: 0.0%
25 min/Sec: 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5

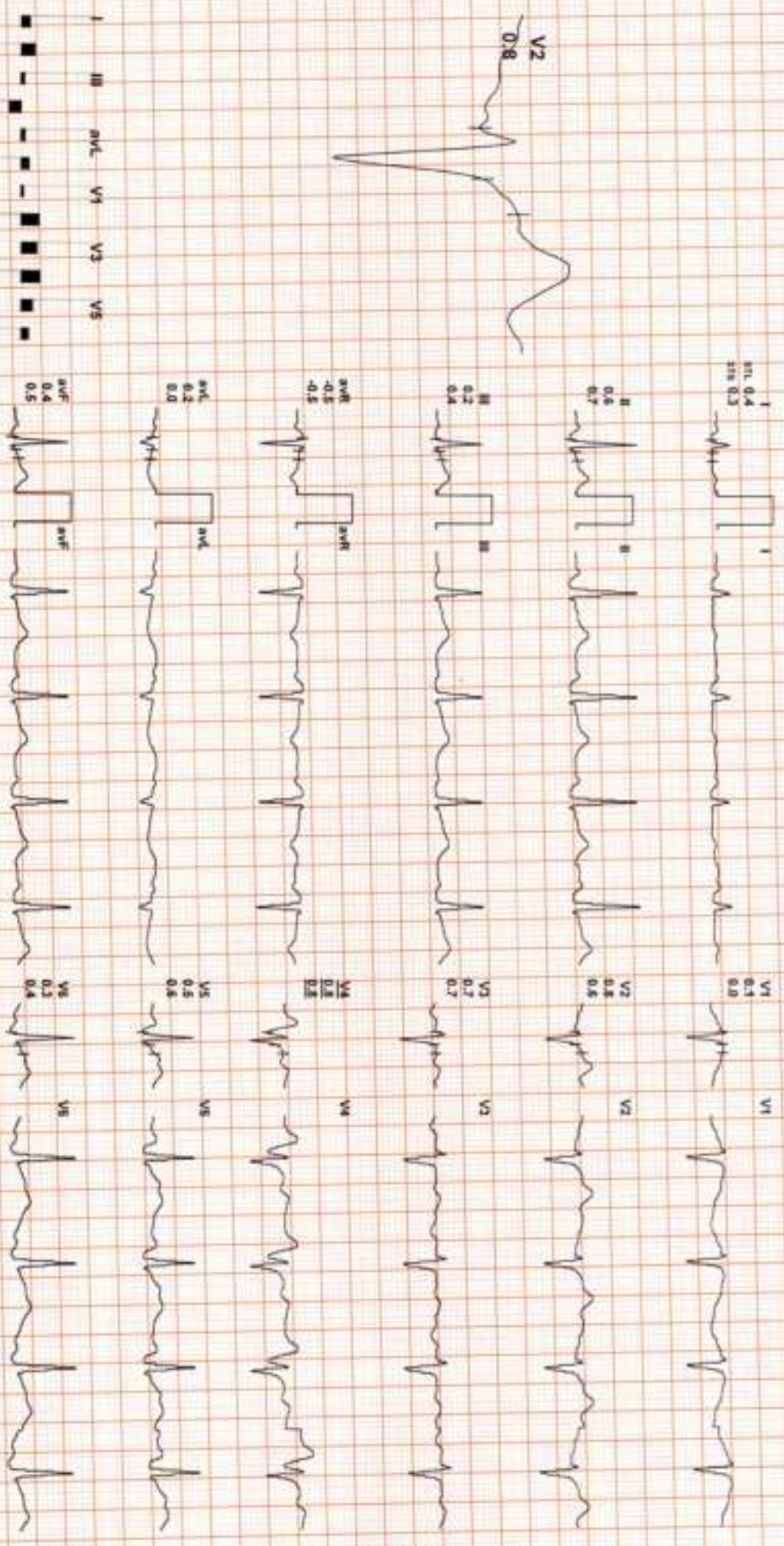


668 (113) / MRS SWEETY MAURYA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 77

Date: 28 / 01 / 2024 11:55:27 AM METS: 1.0/ 77 bpm 43% of THR BP: 130/80 mmHg Combined Medians/ BLC ON/ Noch ON/ HF: 0.05 Hz/LF: 3.5 Hz

4X 80 ms Post J

ExTime: 00:00 1.1 mpa. 0.0%
25 mm/Sec. 1.8 Cm/mV



REMARKS:

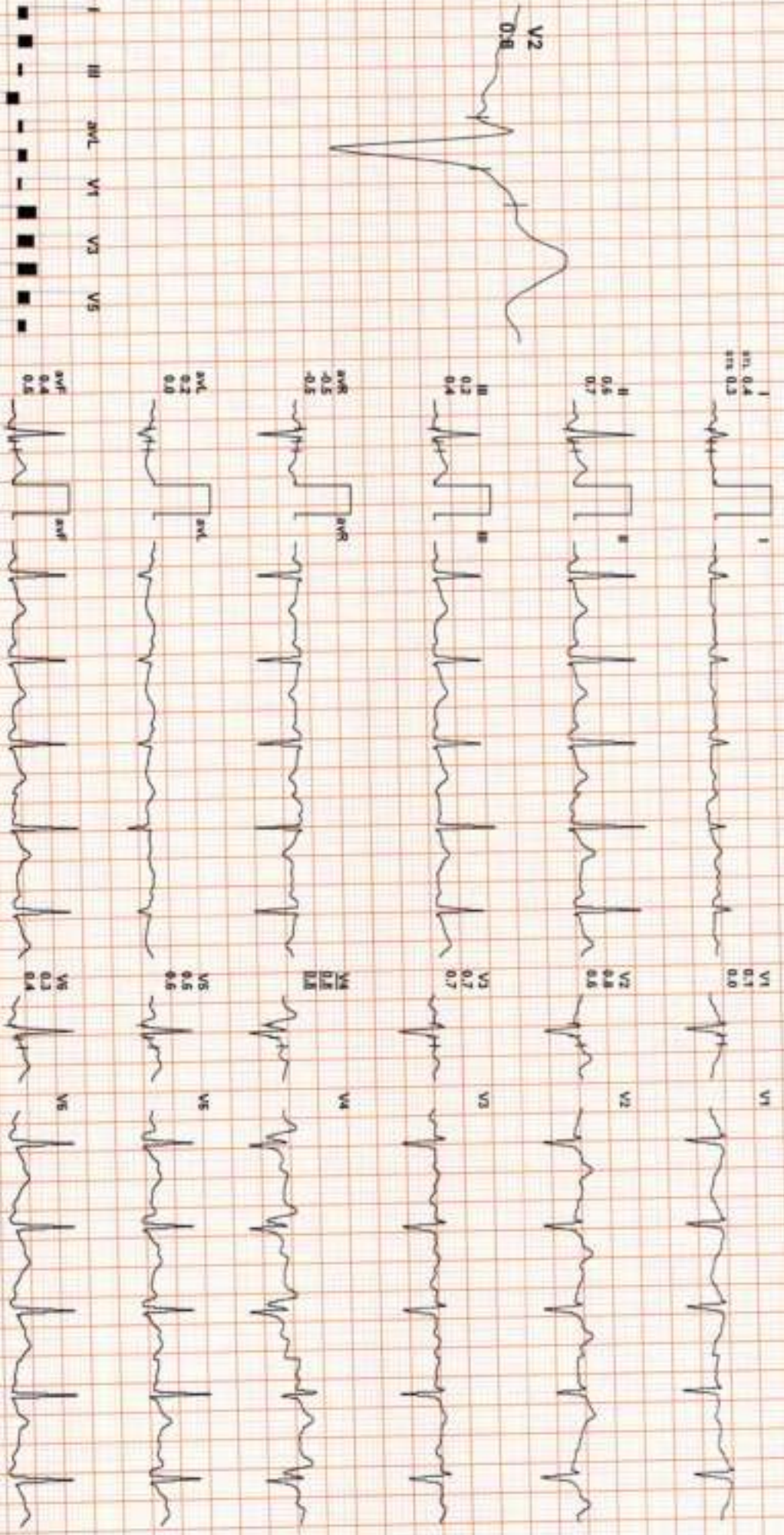


668 (113) / MRS. SWEETY MAURVA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 92

Date: 28 / 01 / 2024 11:55:27 AM METS: 1.0/ 92 bpm 81% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Noth On/ HF: 0.05 Hz/ LF: 35 Hz

4X 50 mS Paper J

ExTime: 00:00 4.1 mgn. 0.0% 35 mm/Sec. 1.8 Cm/mV



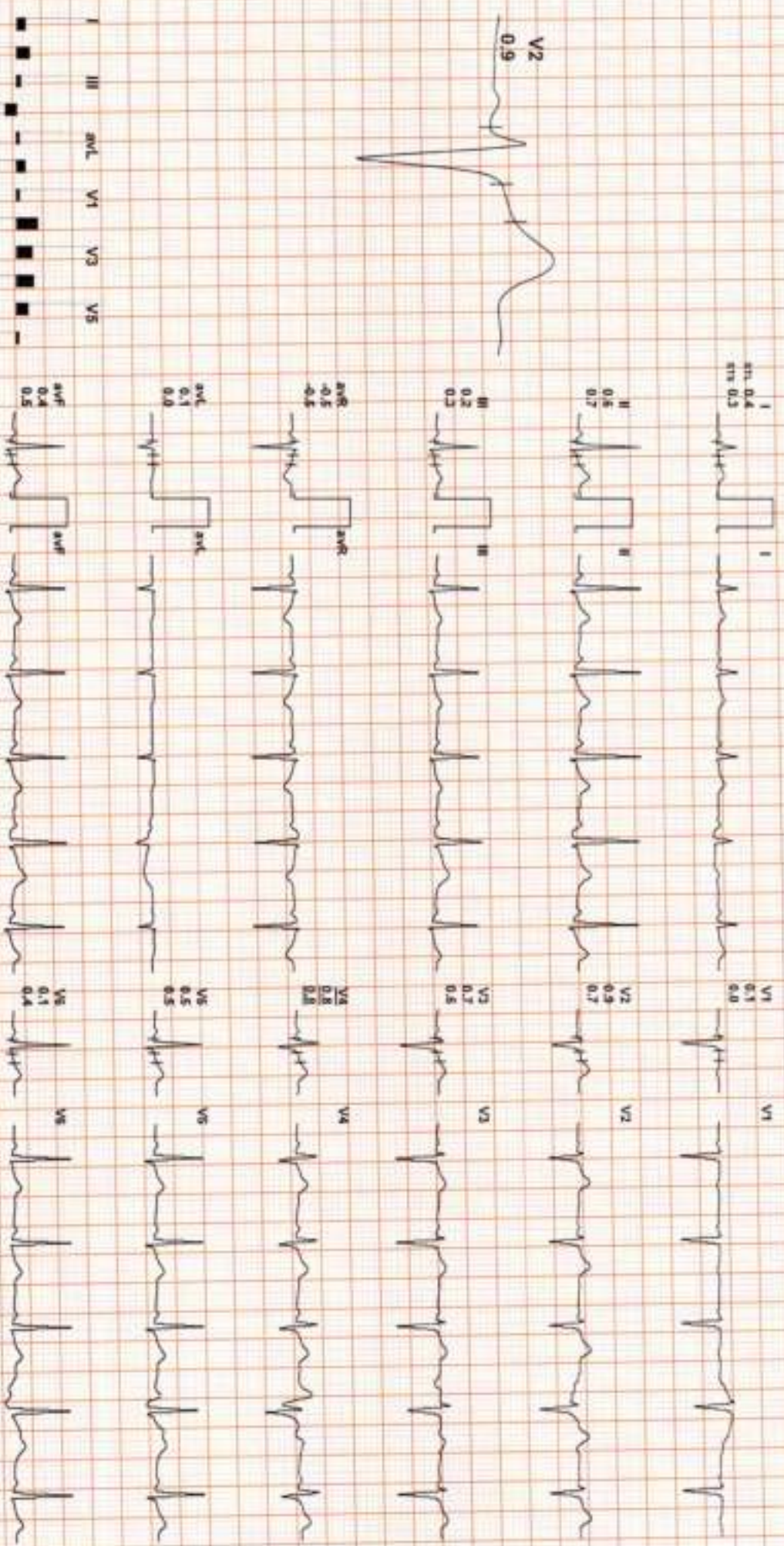
REMARKS:

668 (113) / MRS. SWEETY MAURVA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 92

Date: 26 / 01 / 2024 11:55:27 AM METS: 1.0/ 92 bpm 51% of THR BP: 120/80 mmHg Combined Mediana/ BLC Cav Natch Cav HF: 0.05 Hz/LF 35 Hz

4X 30 ms Post J

ExTime: 00:00 1.1 mph 0.0%
25 min/Sec. 1.0 Cm/min



REMARKS:

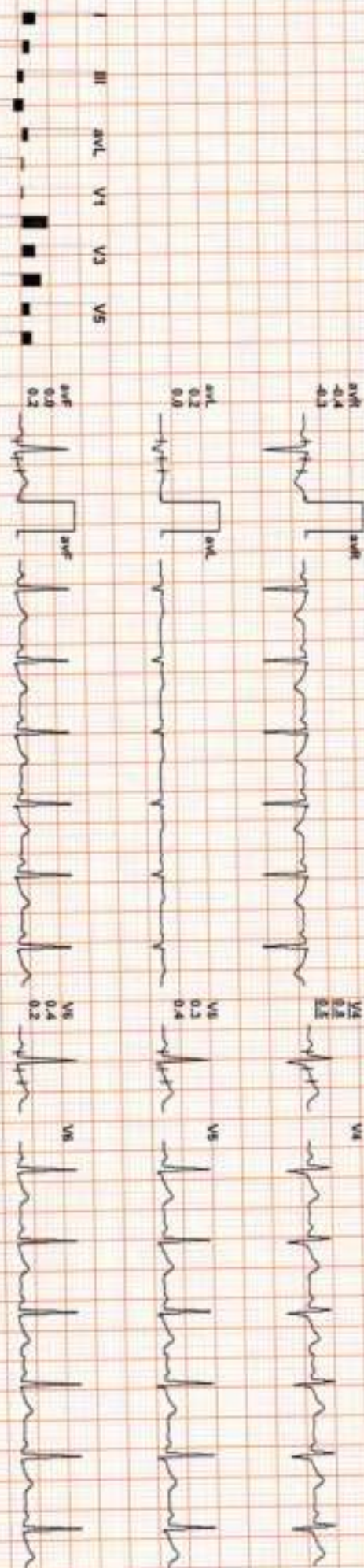
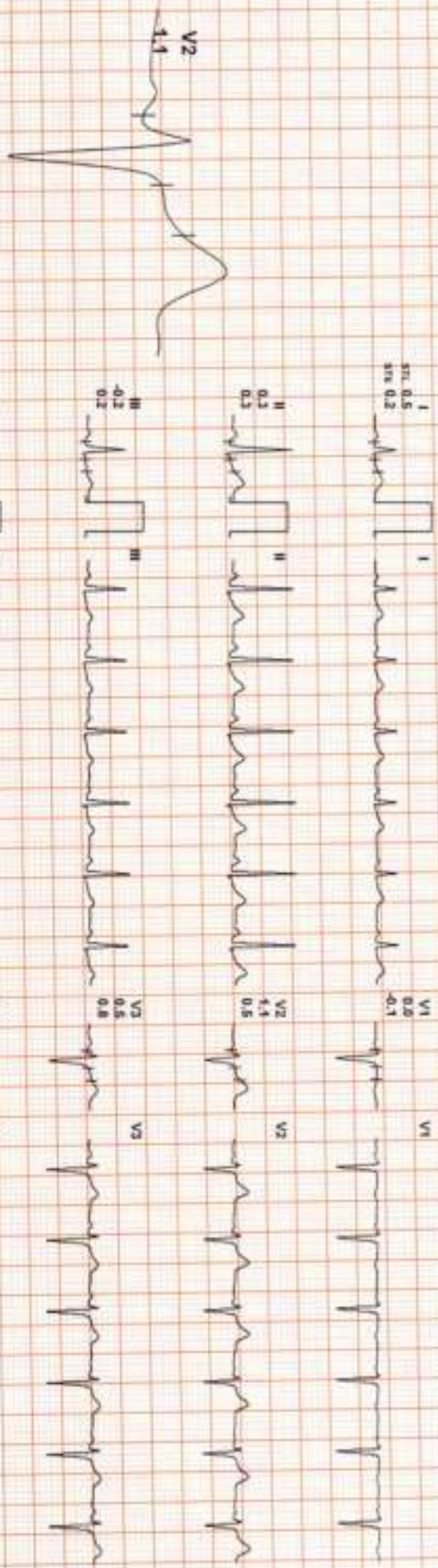


668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 10 Kg / HR : 105

Date: 28 / 01 / 2024 11:55:27 AM METS: 1.0/ 105 bpm 58% of THR BP: 130/80 mmHg Combined Medianu BLC On/ Notch On/ HF 0.05 H/LF 35 Hr

4X 80 m/s Paper J

ExTime: 00:00 1.0 msp. 0.0%
25 mm/sec 1.5 OhmV



REMARKS:



668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 130

Date: 28 / 01 / 2024 11:56:27 AM METS: 4.71 130 bpm 72% of THR BP: 140/85 mmHg Combined Mediana/ BLC On/ Netch On/ HF: 0.05 HxULF: 36 -lit

ExTime: 03:00 - 1.7 mph - 10.0%

4X 80 ms Post J

25 mm/Sec - 10 Cm/mV

I
aVL
0.6
0.6
0.6



V1
0.1
0.1
0.1



II
0.0
0.0
0.9



V2
0.4
0.4
0.8



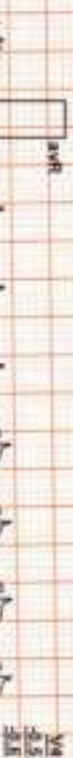
III
-0.5
-0.5
0.3



V3
-0.1
-0.1
0.3



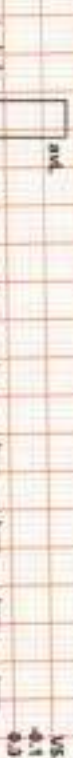
aVR
-0.3
-0.3
-0.7



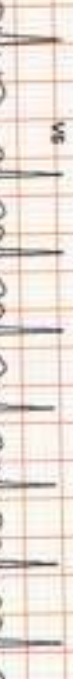
V4
-2.5
-2.5
-2.8



aVL
0.6
0.6
0.2



V5
-0.1
-0.1
0.3



aVF
-0.3
-0.3
0.6



V6
0.4
0.4
1.8



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

REMARKS:

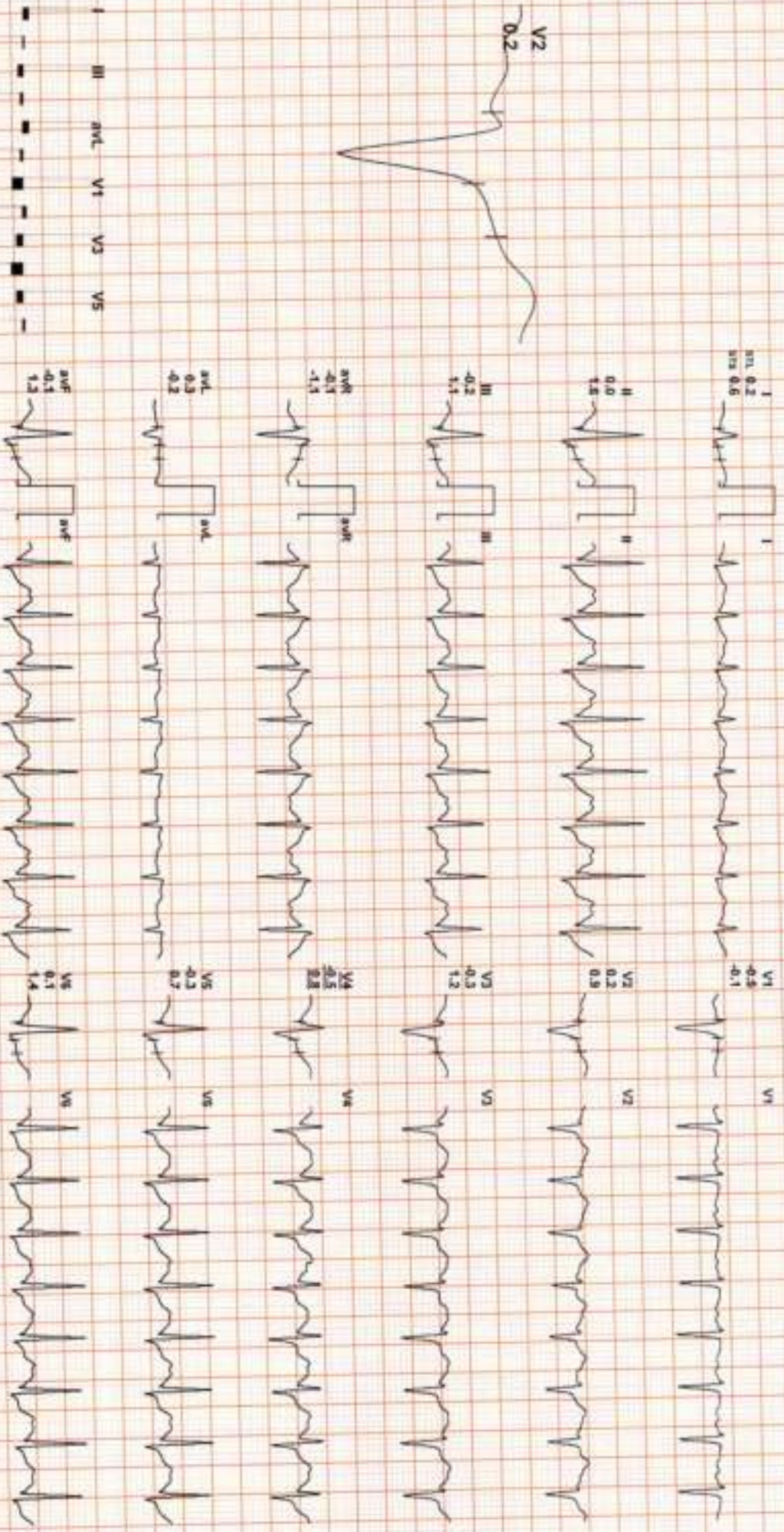


668 (113) / MRS. SWEETY MAURVA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 154

Date: 28 / 01 / 2024 11:55:27 AM METS: 7.1/ 154 bpm 86% of THR BP: 150/90 mmHg Combined Medians/ BLC Onv Nisch Onv HF 0.05 H2LF 35. 14

ExTime: 06:00 2.5 mph 12.0%
35 min/Sec - 1.8 Cm/min

4X 60 ms Print J



REMARKS:
I aVR aVL V1 V2 V3 V4 V5 V6
II aVR aVL V1 V2 V3 V4 V5 V6

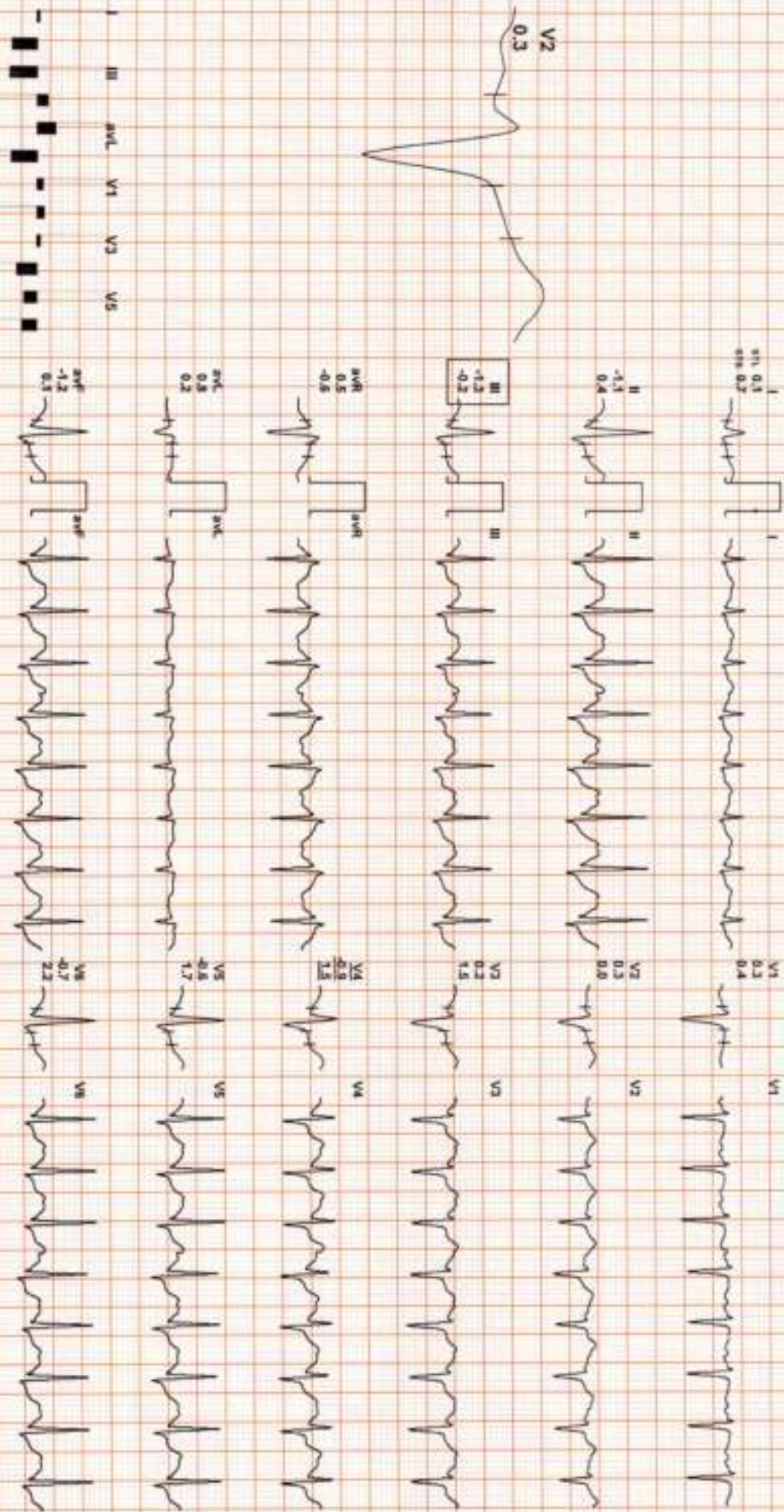


668 (113) / MRS. SWEETY MAURVA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 158

Date: 26 / 01 / 2024 11:55:27 AM METS: 7.3/ 158 bpm 88% of THR BP: 150/90 mmHg Combined Measur/ BLC QIV Natch QIV HF 0.05 HQLF 35 Hz

ExTime: 06:12 3.4 mph 14.0%
25 min/Sec. 1.8 Cal/min

4X 60 mS Post J



REMARKS: II aVR aVL aVF V1 V2 V3 V4 V5 V6

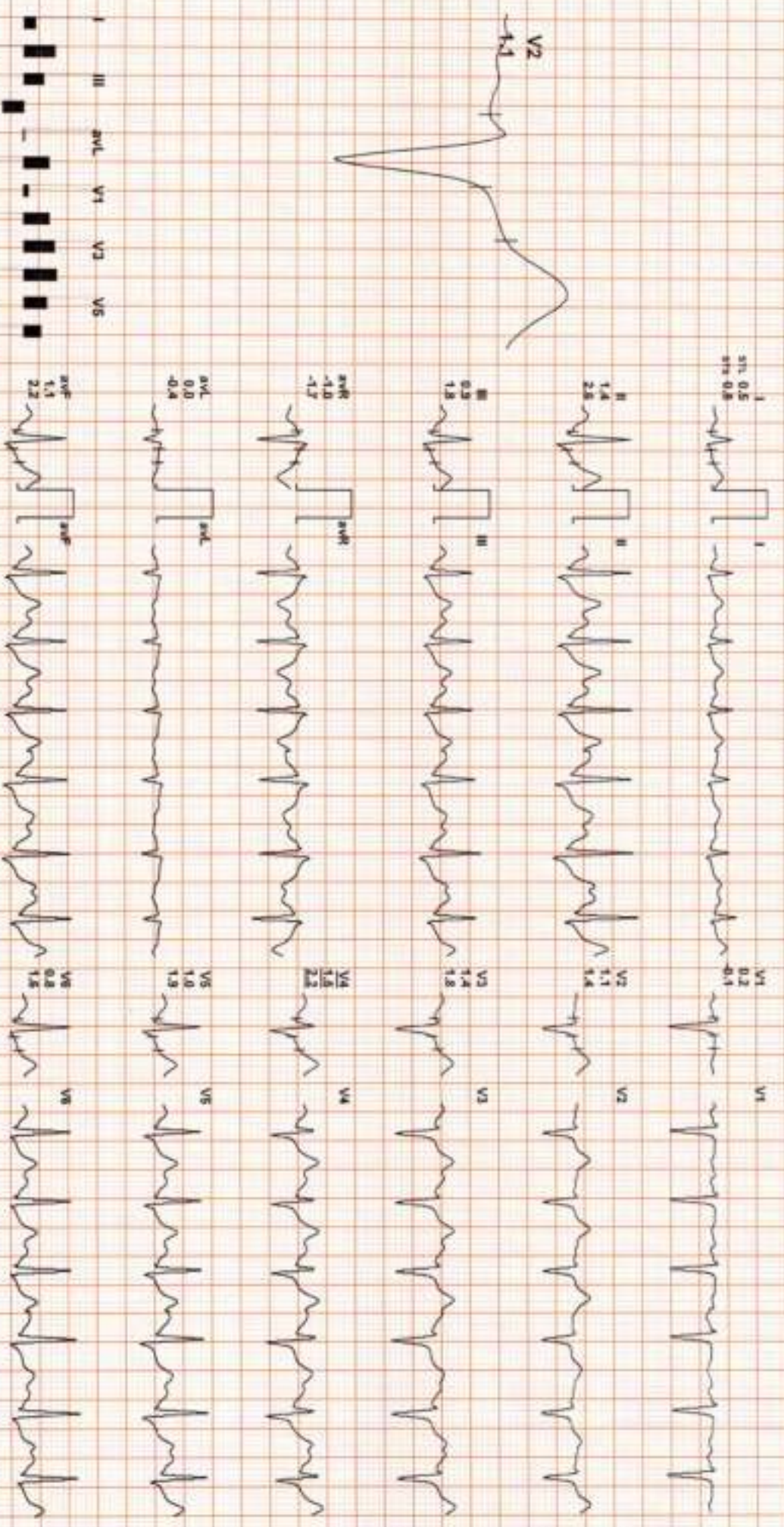


668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 119

Date: 28 / 01 / 2024 11:55:27 AM METS: 1.20 119 bpm 66% of THR BP: 150/90 mmHg Combined Medians/ ECG Qm/ Nstch Qm/ Hf: 0.05 H/L/F 25 Hz

4X 80 ms Post J

EXTime: 06:12 0.0 mVpH, 0.0% 25 mm/Sec. 1.2 Column IV



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

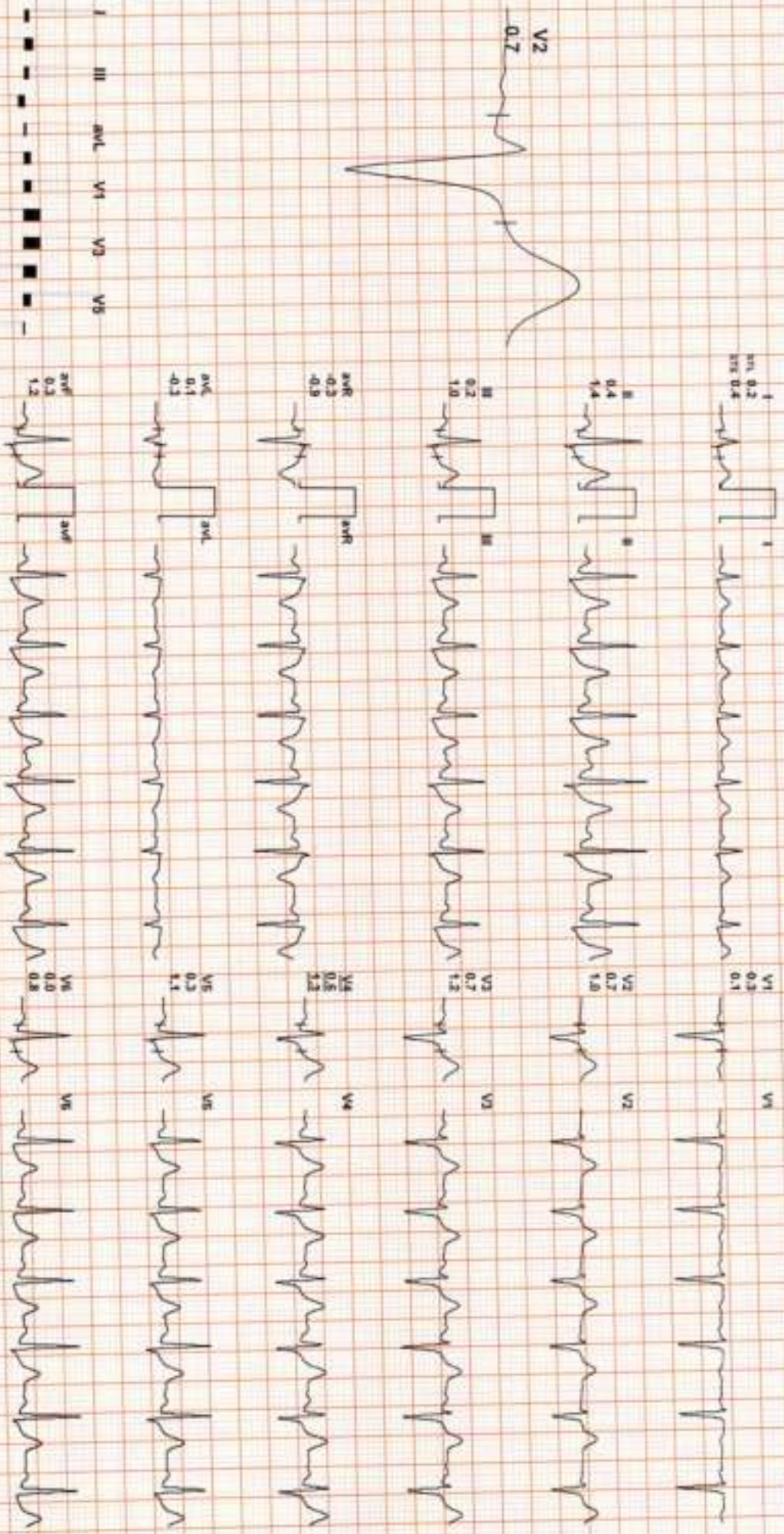


668 (113) / MRS. SWEETY MAURVA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 112

Date: 28 / 01 / 2024 11:55:27 AM METS: 1.0/ 112 bpm 62% of THR BP: 140/90 mmHg Combined Medians/ BLC On Notch On/ Hr: 0.05 Hz/ L F 35. Hz

4X 80 ms Post J

ExTime: 06:12 9.0 mph 0.0%
25 minSec: 1.8 Cm/mV



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6

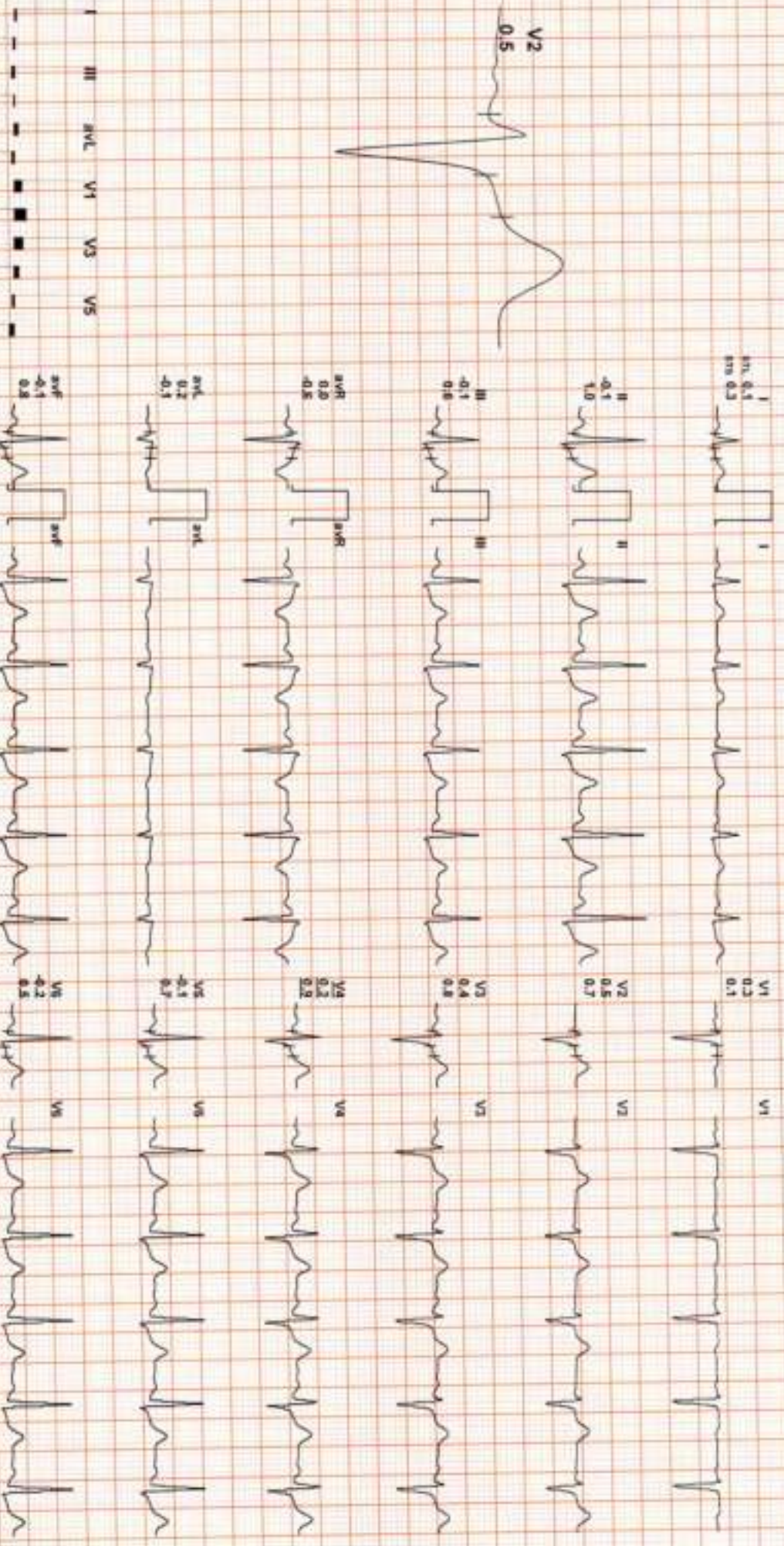


668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 10 Kg / HR : 95

Date: 28 / 01 / 2024 11:55:27 AM METS: 1.0/ 95 bpm 53% of THR BP: 140/85 mmHg Combined Medians/ BLC QW Match QW HF: 0.05 Hz/UF: 35 Hz

4X 80 ms Post J

ExTime: 06:12 0.0 mph: 0.0%
25 mm/Sec: 1.0 Cm/Sec



REMARKS:
I II aVR aVL V1 V2 V3 V4 V5 V6

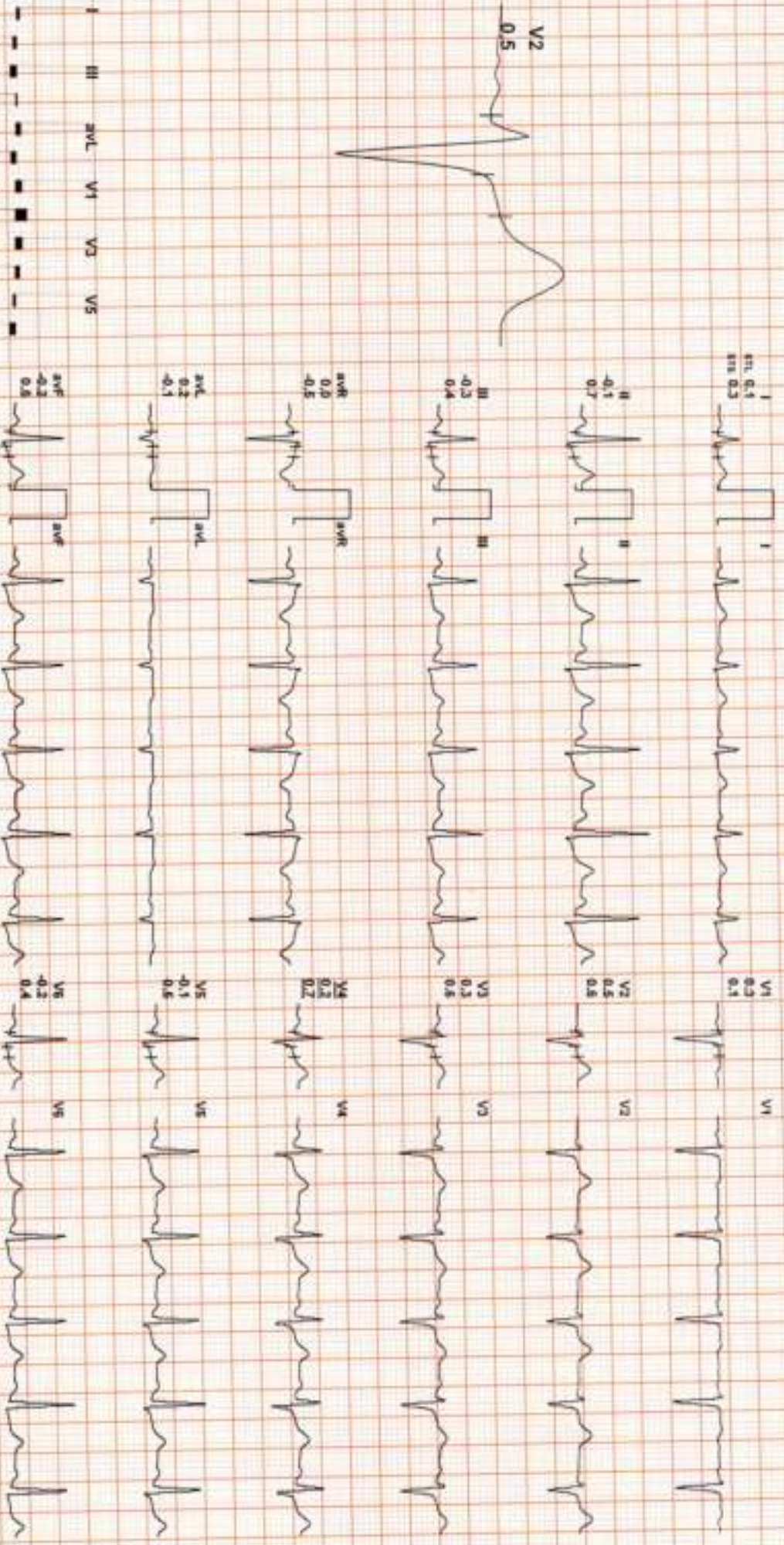


668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 93

Date: 28 / 01 / 2024 11:55:27 AM METS: 1.0V 93 bpm 52% of THR BP: 130/80 mmHg Combined Meds:av/ BLC ONV Notch ONV HE 0.05 HzELF 36 Hz

4X 30 mS Paper J

ExTime: 08:12 - 9.0 minV: 0.0%
25 mm/Sec - 14.5 mm/mV



REMARKS:

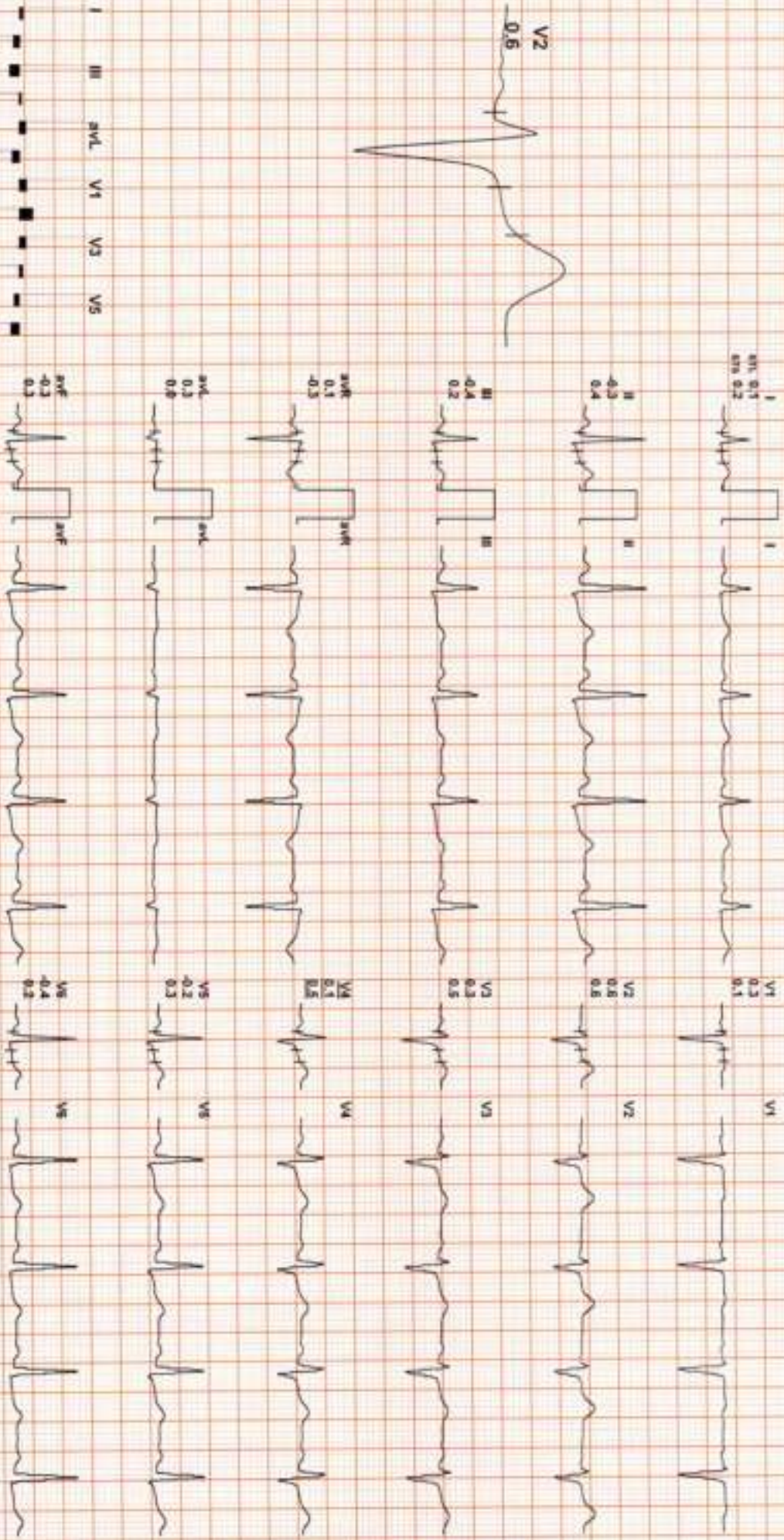


668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 83

Date: 28 / 01 / 2024 11:55:27 AM METS: 1.00 83 bpm 45% of THR BP: 130/80 mmHg Combined Median/ BLD: On/ Notch On/ HF: 0.05 Hz LF: 35 Hz

AX 80 ms Post J

EXTIME: 06:12 0.0 mpr 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

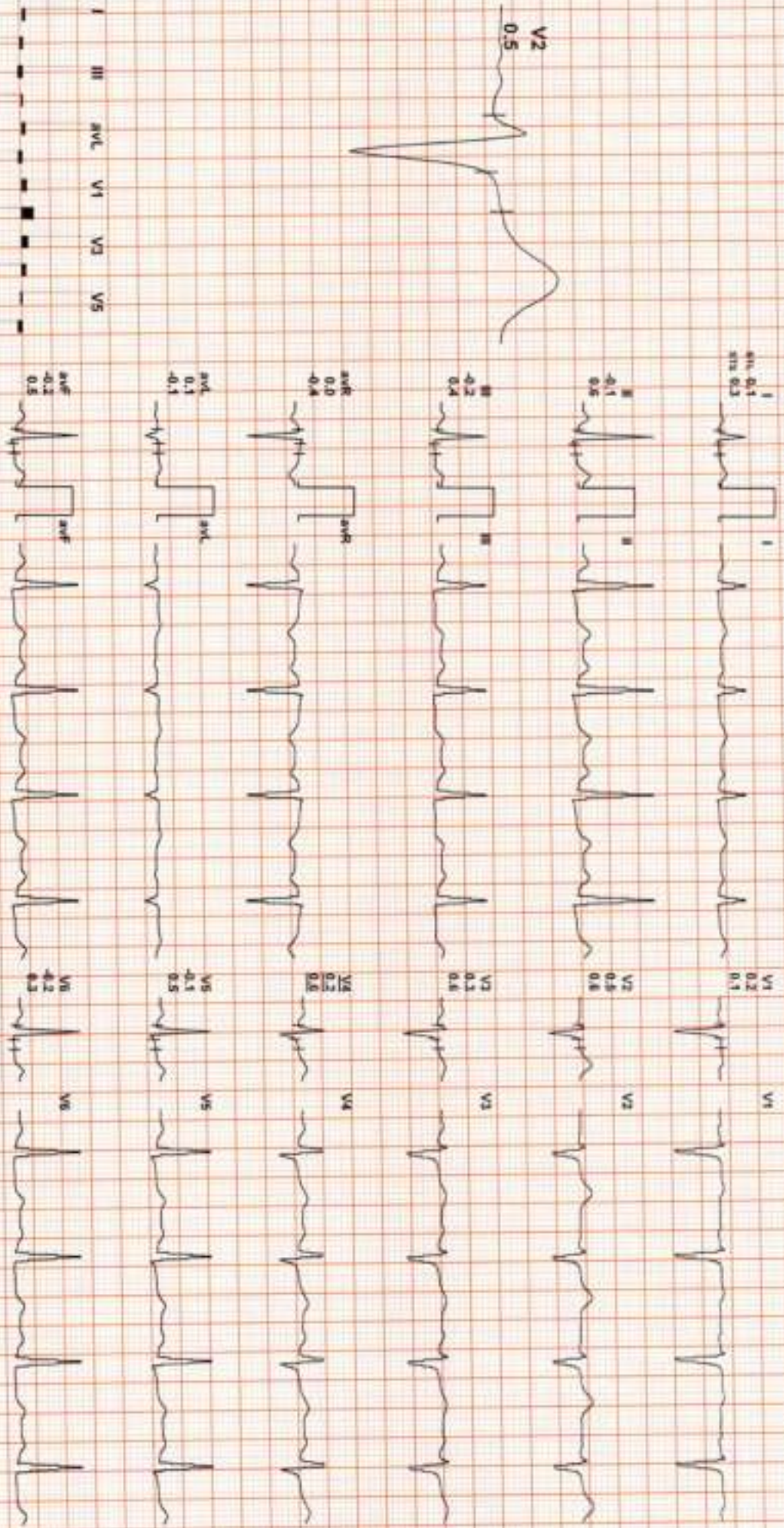


668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 83

Date: 28 / 01 / 2024 11:55:27 AM METS: 1.09 83 bpm 46% of THR BP: 120/80 mmHg Combined Medians/ ECG One Notch One HF: 0.05 Hz/V-F 35 Hz

4X 80 ms Paper J

ExTime: 06:12 0.0 mV, 0.0% 25 mm/sec - 10 cmV

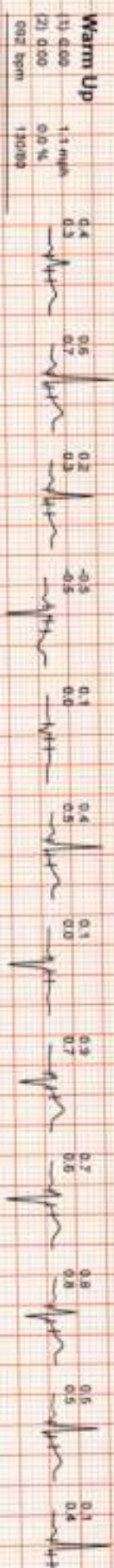


REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 72

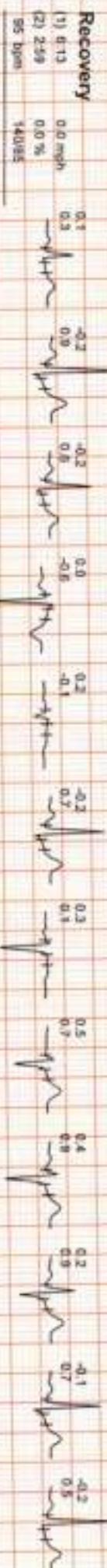
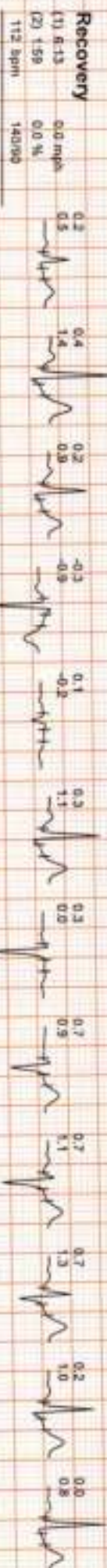
Date: 28 / 01 / 2024 11:55:27 AM I





668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 72

Date: 28 / 01 / 2024 11:55:27 AM I



II III aVR aVL aVF V1 V2 V3 V4 V5 V6



668 (113) / MRS. SWEETY MAURYA / 40 Yrs / F / 0 Cms / 0 Kg / HR : 72

Date: 28 / 01 / 2024 11:55:27 AM I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

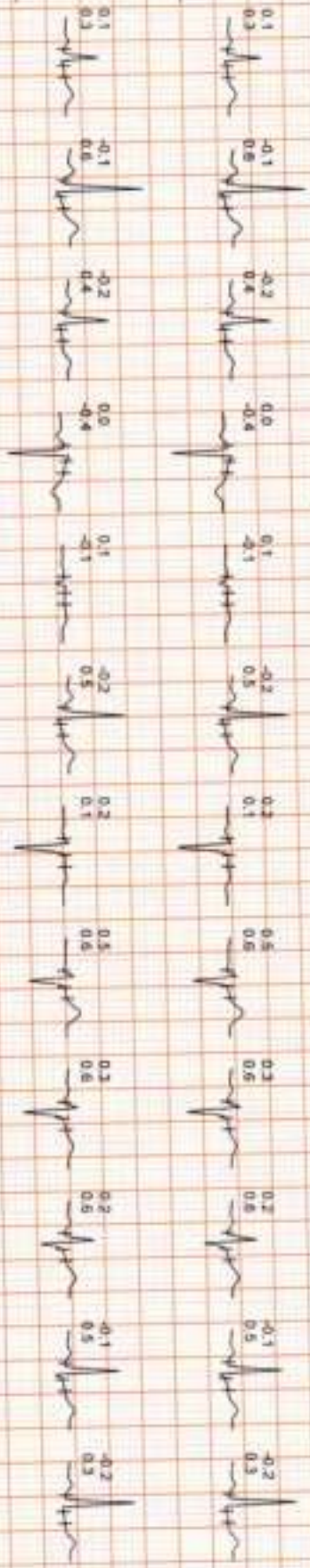
Recovery

(1) 6.13 0.0 mgh

(2) 4.59 0.0 %

102 bpm 130rps

Recovery
(1) 6.13 0.0 mgh
(2) 5.02 0.0 %
83 bpm 130rps



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Tele : 0141-2293346, 4049787, 9887049787

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

Date :- 28/01/2024 09:07:58

NAME :- Mrs. SWEETY MAURYA

Sex / Age :- Female 40 Yrs 4 Mon 17 Days

Company :- MediWheel

Patient ID :- 12235484

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 28/01/2024 09:13:50

Final Authentication : 28/01/2024 12:43:02

HAEMATOLOGY

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

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.9

%

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

Method:- HPLC

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 has 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

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

Method:- Calculated Parameter

AJAYSINGH
Technologist

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

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Sample Type :- EDTA

Sample Collected Time 28/01/2024 09:13:50

Final Authentication : 28/01/2024 12:43:02

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.3	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.72	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	57.5	%	40.0 - 80.0
LYMPHOCYTE	38.6	%	20.0 - 40.0
EOSINOPHIL	1.6	%	1.0 - 6.0
MONOCYTE	2.1	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.87	10 ³ /uL	1.50 - 7.00
LYMPH#	2.60	10 ³ /uL	1.00 - 3.70
EO#	0.10	10 ³ /uL	0.00 - 0.40
MONO#	0.14	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.58	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	40.90	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	89.3	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.5	g/dL	31.5 - 34.5
PLATELET COUNT			
RDW-CV	12.8	%	11.6 - 14.0
MENTZER INDEX	19.50		

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.

AJAYSINGH
Technologist

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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" $\times > 100$ 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

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

AJAYSINGH
Technologist

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Date :- 28/01/2024 09:07:58
NAME :- Mrs. SWEETY MAURYA
 Sex / Age :- Female 40 Yrs 4 Mon 17 Days
 Company :- MediWheel

Patient ID :-12235484
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time:28/01/2024 09:13:50

Final Authentication : 28/01/2024 10:30:52

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	186.93	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	288.35 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	30.19	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	108.68	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	57.67	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.19 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.60 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	730.13	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglycride 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 HDLCHOLESTEROL 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			

SURENDRAXHANGA

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

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

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Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2024 09:13:50

Final Authentication : 28/01/2024 10:30:52

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.31	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	0.18	mg/dL	Adult - Up to 0.25 Newborn - <0.8 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.13	mg/dl	0.30-0.70
SGOT Method:- IFCC	20.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	24.9	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	54.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	34.90 H	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.82	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.48	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.34	gm/dl	2.20 - 3.50
A/G RATIO	1.34		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 those 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 transaminase 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 3 times normal)

SURENDRAKHANGA

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

Page No: 5 of 12



Dr. Goyal's

Path Lab & Imaging Centre



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

Tele : 0141-2293346, 4049787, 9887049787

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

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Company :- MediWheel

Patient ID :- 12235484
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 28/01/2024 09:13:50

Final Authentication : 28/01/2024 10:32:38

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.250	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.810	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	6.969 H	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 μIU/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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Dr. Chandrika Gupta
MBBS,MD (Path)
RMC NO. 21021/008037

Dr. Goyal's

Path Lab & Imaging Centre



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

Tele : 0141-2293346, 4049787, 9887049787

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

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NAME :- Mrs. SWEETY MAURYA
Sex / Age :- Female 40 Yrs 4 Mon 17 Days
Company :- MediWheel

Patient ID :- 12235484
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 28/01/2024 09:13:50

Final Authentication : 28/01/2024 12:16:44

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) Method:- Reagent Strip(Double indicator blue reaction)	6.0		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(Chromothymol 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 Nitroprusside) Rother's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
RBC Method:- Reagent Strip (Peroxidase like activity)	NIL		NIL
MICROSCOPY EXAMINATION			
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 12



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



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

Tele : 0141-2293346, 4049787, 9887049787

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

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NAME :- Mrs. SWEETY MAURYA
Sex / Age :- Female 40 Yrs 4 Mon 17 Days
Company :- MediWheel

Patient ID :-12235484
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, PLAIN/SERUM Collected Time 28/01/2024 09:13:50

Final Authentication : 28/01/2024 10:30:52

BIOCHEMISTRY

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

96.7

mg/dl

75.0 - 115.0

Impaired glucose tolerance (IGT)

111 - 125 mg/dL

Diabetes Mellitus (DM)

> 126 mg/dL

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

SERUM CREATININE
Method:- Colorimetric Method

0.76

mg/dl

Men - 0.6-1.30
Women - 0.5-1.20

SERUM URIC ACID
Method:- Enzymatic colorimetric

4.67

mg/dl

Men - 3.4-7.0
Women - 2.4-5.7

SURENDRAKHANGA

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

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787

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

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NAME :- Mrs. SWEETY MAURYA

Ref. By Dr:- BOB

Sex / Age :- Female 40 Yrs 4 Mon 17 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE

Sample Collected Time 28/01/2024 09:13:50

Final Authentication : 28/01/2024 12:43:02

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO

"A" POSITIVE

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

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil

AJAYSINGH, VIJENDRAMEENA
Technologist

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

Dr. Goyal's

Path Lab & Imaging Centre

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

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

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

Dr. Goyal's

Path Lab & Imaging Centre

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



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Final Authentication : 28/01/2024 10:09:25

BOB PACKAGE FEMALE 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



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

*** End of Report ***

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

Transcript by.

Page No: 1 of 1

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

Dr. Ashish C 
MBBS, MD (Radio-Diagnosis)
Fatal 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

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganer Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
Website : www.dr.goyalspathlab.com E-mail : dr.goyalpiyush@gmail.com



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BOB PACKAGEFEMALE ABOVE 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is mild enlarged in size (~ 15.6cm) and shows mildly raised parenchymal echogenicity. 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. 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:

* Mild hepatomegaly with grade I fatty changes.

Needs clinical correlation.

Page No: 1 of 2

BILAL

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 - 280517 | 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

Transcript by.

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sangamer Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
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Lab/Hosp :-

Final Authentication : 28/01/2024 11:14:54

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.

*** End of Report ***

Page No: 2 of 2

BILAL

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. 33813/14911

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

