

# 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.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

### General Physical Examination

Date of Examination: 28.09.24

Name: EKTA YADAV Age: 34 DOB: 17-08-1990 Sex: F

Referred By: Dr. Purohit

Photo ID: Adhaar ID #: Attended

Ht: 152 (cm)

Wt: 64 (Kg)

Chest (Expiration): 98 (cm)

Abdomen Circumference: 97 (cm)

Blood Pressure: 120/80 mm Hg PR: 76 / min RR: 16 / min Temp: \_\_\_\_\_

BMI \_\_\_\_\_


Eye Examination: dist vision 6/6. Near vision NPB.

no colour blindness

Other: not significant.

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



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

Signature Medical Examiner:  Name Medical Examiner: \_\_\_\_\_

**Dr. Piyush Goyal**  
M.B.B.S. M.R.D.  
RMC Reg. No. 101-17998

भारत सरकार  
Government of India

एकता यादव  
Ekta Yadav  
जन्म तिथि/DOB: 13/08/1990  
पहिला/ FEMALE



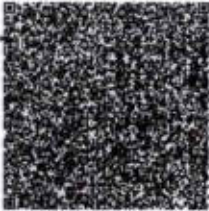
9268 9359 6512  
VID: 9185 7734 7493 7941

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
W/O महेंद्र सिंह यादव, 252, छतरी का बास, धरेंड,  
अलवर,  
राजस्थान - 301408

Address:  
W/O Mahendra Singh Yadav, 252, chhatri  
ka bas, Dhamred, Alwar,  
Rajasthan - 301408



9268 9359 6512  
VID: 9185 7734 7493 7941

QR Code with Photograph



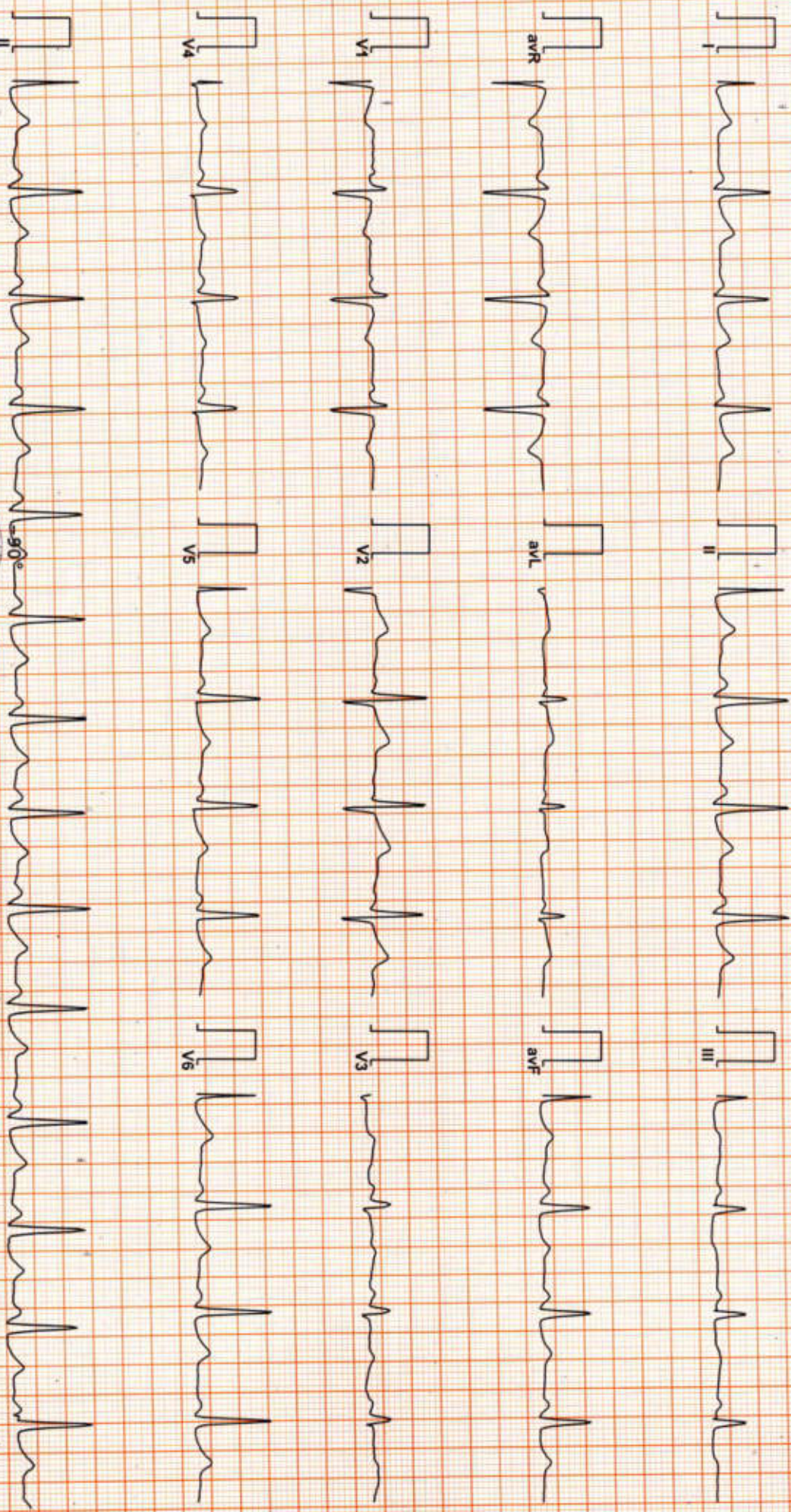


**DR. GOYAL PATH LAB**

8202 / MRS. EKTA YADAV / 34 Yrs / F

Heart Rate : 84 bpm / Tested On : 28-Sep-24 16:03:07 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: APOLLO

**ECG**



Vent Rate : 84 bpm

PR Interval : 120 ms

QRS Duration: 84 ms

QT/QTc Int : 402/444 ms

P-QRS-T axis: 61.00° 55.00° 26.00°



Allengers ECG (Pisces)(PIS218210312)

**Dr. Narayan Kumar Mahankar**  
RMC No. 35703  
MBBS, Dip. CARDIO (ESCORTS)  
D.E.M. (Reported By:)



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

Date :- 28/09/2024 10:18:32  
**NAME :- Mrs. EKTA YADAV**  
Sex / Age :- Female 34 Yrs 1 Mon 16 Days  
Company :- Mr.Apollo Health and Lifestyle Limited

Patient ID :- 122428224  
Ref. By Dr:- ARCOFEMI HEALTHCARE LIMITED  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 28/09/2024 10:27:38

Final Authentication : 28/09/2024 13:44:49

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	14.8	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	7.03	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	52.6	%	40.0 - 80.0
LYMPHOCYTE	<b>42.6 H</b>	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	2.5	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
Absolute NEUT#	3.70	10 <sup>3</sup> /uL	1.50 - 7.00
Absolute LYMPH#	3.00	10 <sup>3</sup> /uL	1.00 - 3.70
Absolute EO#	0.14	10 <sup>3</sup> /uL	0.00 - 0.40
Absolute MONO#	0.17	10 <sup>3</sup> /uL	0.00 - 0.70
Absolute BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
<b>TOTAL RED BLOOD CELL COUNT (RBC)</b>	<b>5.44 H</b>	x10 <sup>6</sup> /uL	3.80 - 4.80
<b>HEMATOCRIT (HCT)</b>	<b>46.60 H</b>	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	85.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.8	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	247	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.2	%	11.6 - 14.0
MENTZER INDEX	15.74		

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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MC- 5509

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### HAEMATOLOGY

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

ARCOFEMI MEDIWHEEL FULL BODY HEALTH

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- HPLC

6.1 H

%

0.0 - 6.0

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

Method:- Calculated Parameter

128 H

mg/dL

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
<b>Erythrocyte Sedimentation Rate (ESR)</b>	16	mm/hr.	00 - 20

(ESR) Methodology : Measurment of ESR by cells aggregation.

Instrument Name : Independet 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 in used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction

Levels are higher in pregnency 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 or connective tissue disease.

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

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Technologist

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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 28/09/2024 10:27:38

Final Authentication : 28/09/2024 12:48:54

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	155.41	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	77.63	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	45.88	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	96.59	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	15.53	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.39		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.11		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	447.85	mg/dl	400.00 - 1000.00
<p><b>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation:</b> Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p><b>TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation:</b> 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 HDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation:</b> 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 InstrumentName:Randox Rx Imola Interpretation:</b> 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>			

MANOJCHOUDHARY

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

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Sample Type :- PLAIN/SERUM

Sample Collected Time 28/09/2024 10:27:38

Final Authentication : 28/09/2024 12:48:54

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.50	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	0.13	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.37	mg/dl	0.30-0.70
SGOT Method:- IFCC	46.4 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	132.4 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	100.70	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	22.90	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	8.01	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.45	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.56 H	gm/dl	2.20 - 3.50
A/G RATIO	1.25 L		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 these 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)

MANOJCHOUDHARY

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(D.M.R.D.)

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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 28/09/2024 10:27:38

Final Authentication : 28/09/2024 12:33:19

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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#### TOTAL THYROID PROFILE

SERUM TOTAL T3 1.360 ng/ml 0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 9.520 ug/dl 5.520 - 12.970

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA 1.358  $\mu$ IU/mL 0.350 - 5.500

Method:- Enhanced Chemiluminescence Immunoassay

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

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

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

#### INTERPRETATION

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

NARENDRAKUMAR  
**Technologist**

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Ref. By Dr:- ARCOFEMI HEALTHCARE LIMITED

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 28/09/2024 10:27:38

Final Authentication : 28/09/2024 11:38:36

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicatior 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><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA  
Technologist

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Patient ID :-122428224

Ref. By Dr:- ARCOFEMI HEALTHCARE LIMITED

Lab/Hosp :-



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na BLOOD SUGAR PP (Plasma) 28/09/2024 10:27:38

Final Authentication : 28/09/2024 17:23:11

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.82	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.56	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	86.0	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.

BLOOD SUGAR PP (Plasma) 99.3 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.

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**Dr. Rashmi Bakshi**

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Ref. By Dr:- ARCOFEMI HEALTHCARE LIMITED

Sex / Age :- Female 34 Yrs 1 Mon 16 Days

Lab/Hosp :-

Company :- Mr.Apollo Health and Lifestyle Limited

Sample Type :- URINE-PP

Sample Collected Time 28/09/2024 10:27:38

Final Authentication : 28/09/2024 11:38:36

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
URINE SUGAR PP Collected Sample Received	Nil		Nil

VIJENDRAMEENA  
Technologist

Page No: 9 of 12





# Dr. Goyal's

## Path Lab & Imaging Centre

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Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

Website: [www.drgoyalspathlab.com](http://www.drgoyalspathlab.com) | E-mail: [drgoyalpiyush@gmail.com](mailto:drgoyalpiyush@gmail.com)

Date :- 28/09/2024 10:18:32

Patient ID :-122428224

**NAME :- Mrs. EKTA YADAV**

Ref. By Dr:- ARCOFEMI HEALTHCARE LIMITED

Sex / Age :- Female 34 Yrs 1 Mon 16 Days

Lab/Hosp :-

Company :- Mr.Apollo Health and Lifestyle Limited

Sample Type :- PLAIN/SERUM, URINE

Sample Collected Time 28/09/2024 10:27:38

Final Authentication : 28/09/2024 16:54:55

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil

MANOJCHOUDHARY, VIJENDRAMEENA  
**Technologist**

Page No: 10 of 12



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

# Dr. Goyal's

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Sex / Age :- Female 34 Yrs 1 Mon 16 Days  
Company :- Mr.Apollo Health and Lifestyle Limited

Patient ID :- 122428224  
Ref. By Dr:- ARCOFEMI HEALTHCARE LIMITED  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 28/09/2024 10:27:38

Final Authentication : 28/09/2024 13:44:49

### HAEMATOLOGY

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

BLOOD GROUP ABO

"B" POSITIVE

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

AJAYSINGH  
Technologist

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Sex / Age :- Female 34 Yrs 1 Mon 16 Days

Company :- Mr.Apollo Health and Lifestyle Limited

Patient ID :-122428224

Ref. By Dr:- ARCOFEMI HEALTHCARE LIMITED

Lab/Hosp :-



Sample Type :- SWAB

Sample Collected Time 28/09/2024 10:27:38

Final Authentication : 28/09/2024 15:13:57

### PAP SMEAR

### PAP SMEAR FOR CYTOLOGY EXAMINATION

**Specimen** - Conventional smear.

**Clinical history** -

**Adequacy** - Satisfactory for opinion.

**Microscopy** :

H/E stained smears show mainly superficial and few intermediate squamous epithelial cells in the background of moderate acute inflammation.

**Endocervical cells** - Not seen.

**Epithelial cells abnormality** - Not seen

**IMPRESSION** :Inflammatory smear,Negative for intraepithelial lesion or malignancy (NILM).

**Adv**: Clinical correlation.

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

Slides will be kept for one month only.

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

AJAYKUMAR  
Technologist

Page No: 12 of 12



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Ref. By Dr:- ARCOFEMI HEALTHCARE LIMITED  
Lab/Hosp :-



Sample Type :- Sample Collected Time Final Authentication : 28/09/2024 17:15:  
ARCOFEMI MEDIWHEEL FULL BODY HEALTH

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

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

ANJALI

Page No: 1 of 1

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

Dr. Piyush Goyal  
MBBS, M.D. (Radio Diagnosis)  
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

Transcript by.



# Dr. Goyal's

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 Lab/Hosp :-



Sample Type :- Sample Collected Time Final Authentication : 28/09/2024 17:06

ARCOFEMI MEDIWHEEL FULL BODY HEALTH  
 ECHOCARDIOGRAPHY 2D (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	27	Mm	IVS-D	9	mm
IVS-S	15	mm	LVID	39	Mm	LVSD	26	mm
LVPW-D	08	mm	LVPW-S	14	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	67%		RWMA			ABSENT		

**CHAMBERS:**

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

**COLOUR DOPPLER:**

<b>MITRAL VALVE</b>				
E VELOCITY	0.7	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.3	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION		ABSENT		
<b>AORTIC VALVE</b>				
PEAK VELOCITY	1.1	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION		ABSENT		
<b>TRICUSPID VALVE</b>				
PEAK VELOCITY	0.5	m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
V Max VELOCITY				
TRICUSPID REGURGITATION		ABSENT		
<b>PULMONARY VALVE</b>				
PEAK VELOCITY	0.8	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION		ABSENT		

ANJALI

Page No: 1 of 2



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Dr. Poorvi  
 MBBS, MD (F)  
 RMC No.

Dr. Ashish Choudhary  
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 Fetal Medicine Consultant  
 FMF ID - 260517 | RMC No 22430

Dr. Abhishek Jain  
 MBBS, DNB, (Radio-Diagnosis)  
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Transcript by.

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Patient ID :-122428224  
Ref. By Dr:- ARCOFEMI HEALTHCARE LIMITED  
Lab/Hosp :-



Sample Type :- Sample Collected Time Final Authentication : 28/09/2024 17:06

### IMPRESSION--

1. Normal LV size & contractility.
2. No RWMA, LVEF 67%.
3. Normal cardiac chamber.
4. Normal valve.
5. No clot, no vegetation, no pericardial effusion.

  
(Cardiologist)

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

ANJALI

Page No: 2 of 2



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Company :- Mr.Apollo Health and Lifestyle Limited

Patient ID :-122428224

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Lab/Hosp :-



Sample Type :-

Sample Collected Time

Final Authentication : 28/09/2024 16:37

ARCOFEMI MEDIWHEEL FULL BODY HEALTH

### ULTRA SOUND SCAN OF ABDOMEN

**Liver** is of normal size. **Echo-texture is bright.** 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 73x46x43 mm  
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.  
Endometrial echo is normal. Endometrial thickness is 8mm.

**Both ovaries** are visualised and are normal. No adnexal mass is seen.  
No significant free fluid is seen in pouch of douglas.

### IMPRESSION:

\* Grade I fatty liver.

*Needs clinical correlation*

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

**DR. MONIKA SHARMA**  
MBBS, DNB (RADIO DIAGNOSIS)  
RMC REG.NO.- 28588

ANJALI

Page No: 1 of 1



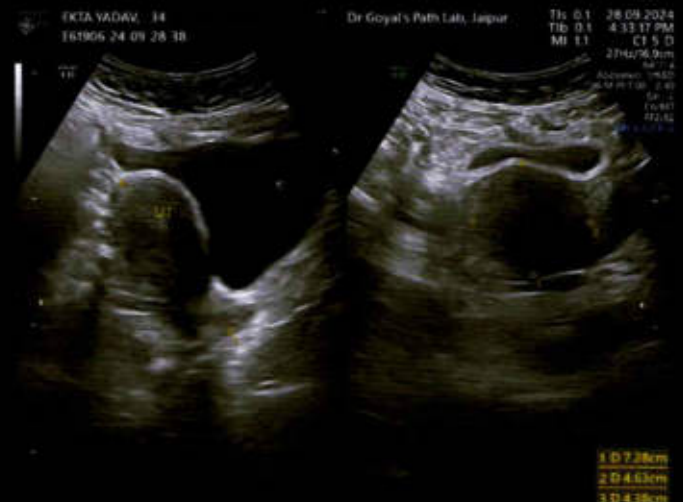
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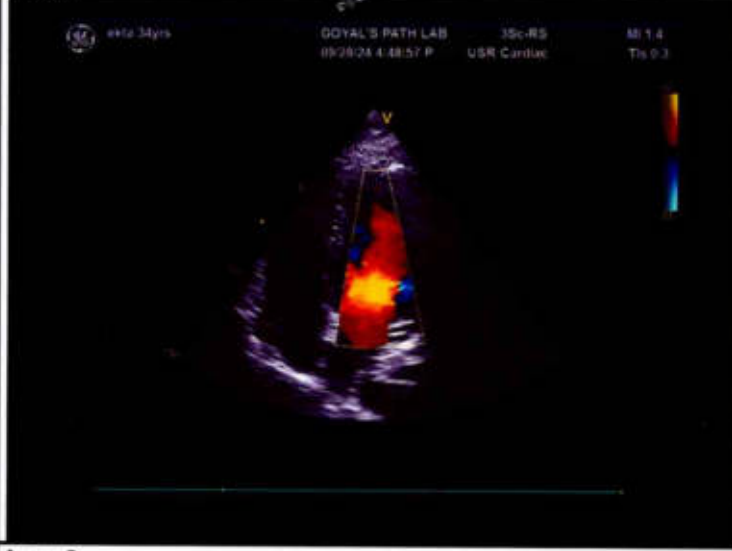


# Dr. Goyal's Path Lab

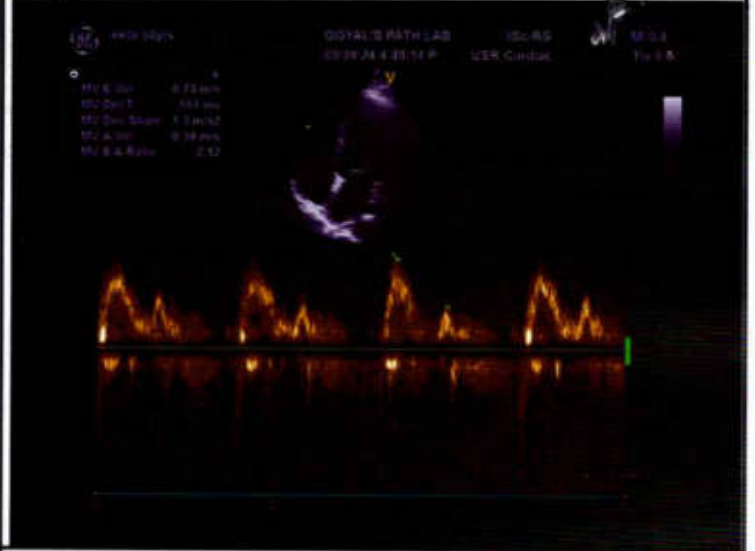
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Patient Id **EKTA 70\_70757**

Date **09/28/2024**

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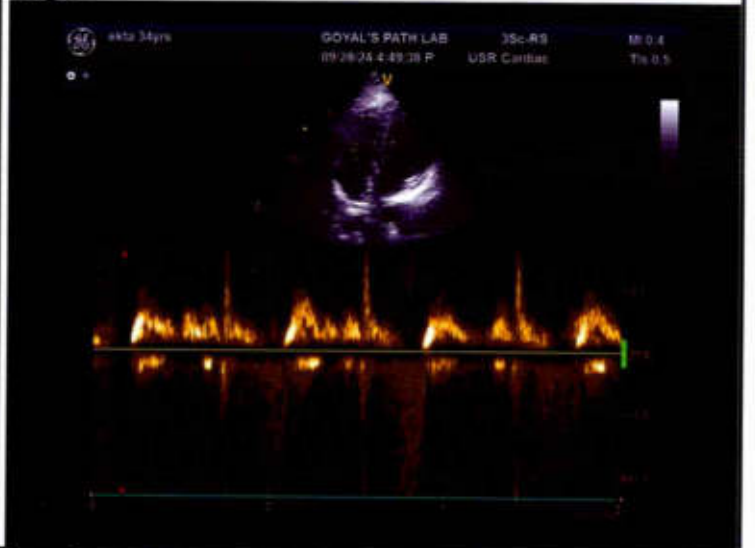
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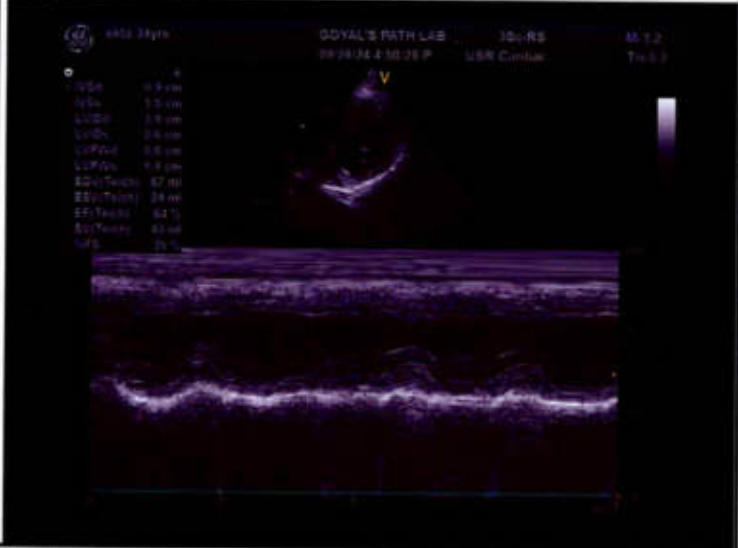
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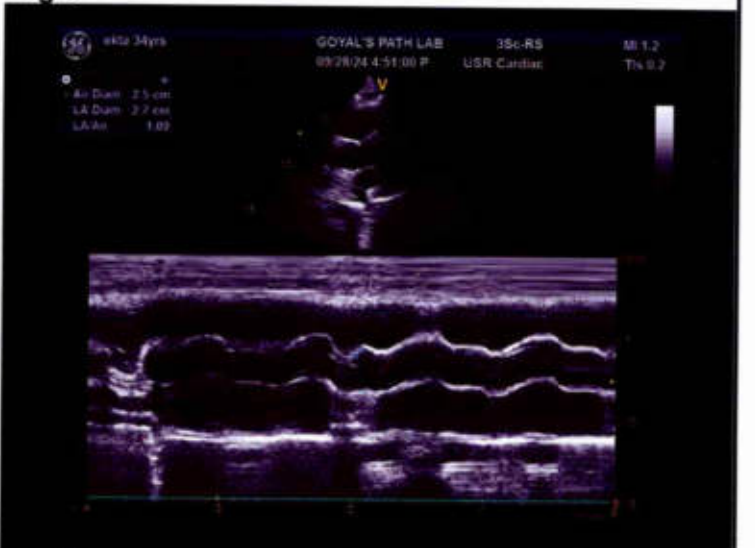
img 4



img 5



img 6



img 7

img 7