

# 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, 9887049788

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

### General Physical Examination

Date of Examination: 17/03/2024

Name: SURBHI Age: 47 Sex: f

DOB: 10/11/1976

Referred By: Mediwheel

Photo ID: Aadhar ID #: Attached

Ht: 154 (cm)

Wt: 81 (Kg)

Chest (Expiration): 102 (cm)

Abdomen Circumference: 97 (cm)

Blood Pressure: 144/80 mm Hg PR: 90 / min

BMI 32.0

Eye Examination: DIS vision 6/6, Near vision N/18

NO colour blindness.

Other: not significant.

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

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

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

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



भारत सरकार  
सर्वजनिक सेवा आयोग



सुरभि चौहान  
Surbhi Chauhan  
जन्म तिथि/ DOB: 10/11/1976  
महिला / FEMALE



5454 1484 2501

आधार-आम आदमी का अधिकार

*Surbhi*



भारतीय विशिष्ट पहचान प्राधिकरण  
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पता:

W/O अदित्य चौहान, 55,  
रामेश्वरम कॉलोनी, पावर  
हाउस के पीछे, मिरसी रोड,  
मिरसी, जयपुर,  
राजस्थान राजस्थान -  
302012

Address:

W/O Aditya Chauhan, 55,  
ramashwaram colony, behind power  
house, old road, Mirsa, Jaipur,  
Rajasthan - 302012

5454 1484 2501

Aadhaar-Aam Admi ka Adhikar

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

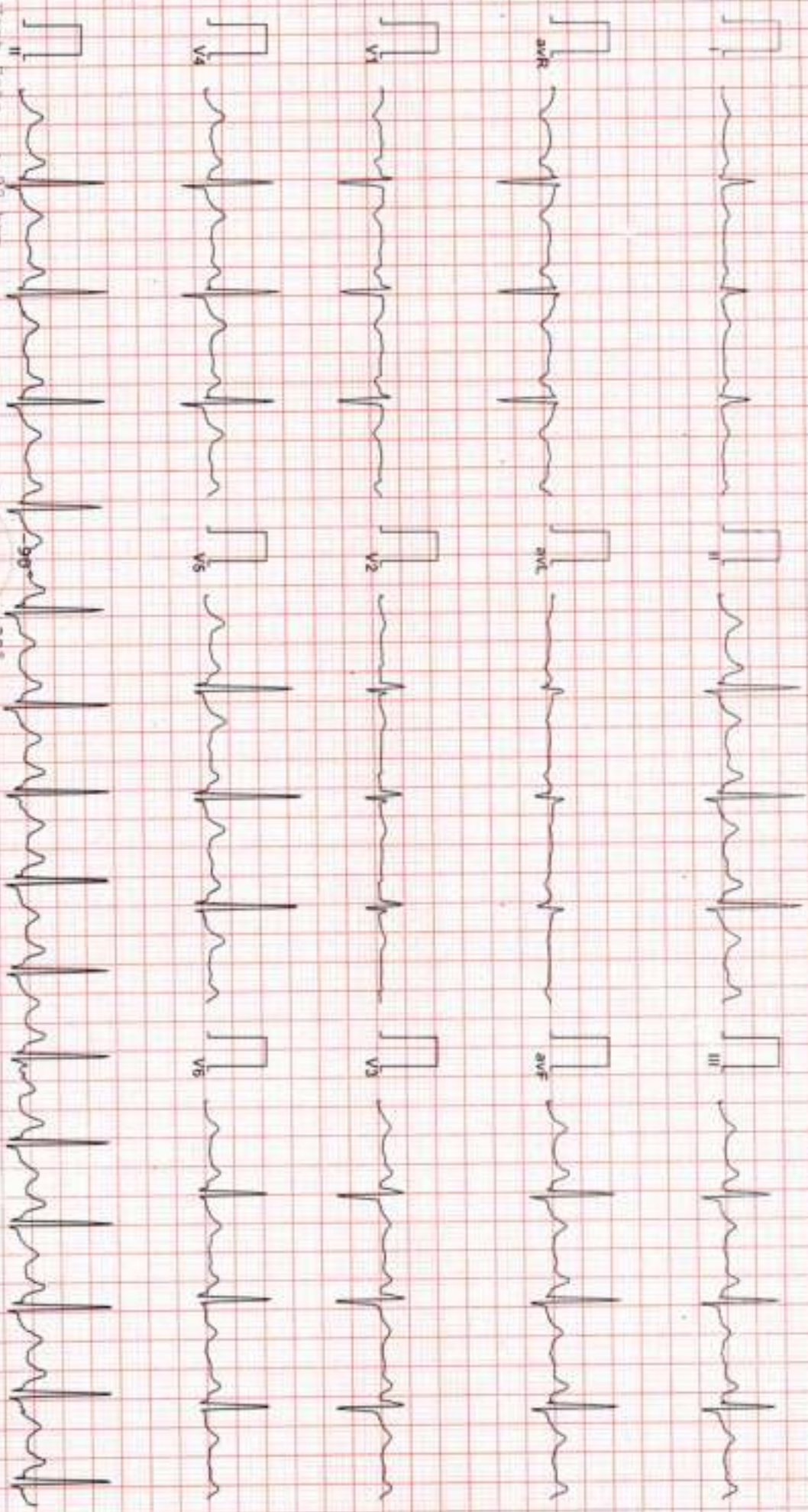


DR. GOYALS PATH LAB & IMAGING CENTER

ECG

102337524 / MRS SURBHI / 47 Yrs / F / Non Smoker

Heart Rate : 92 bpm / Tested On : 17-Mar-24 13:54:59 / HF 0.05 Hz · LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Field By: BOB



Heart Rate : 92 bpm

PR Interval : 160 ms

QRS Duration : 78 ms

QT/QTc Int : 342/440 ms

P-QRS-T axis: 81.00°, 67.00°, 74.00°

-30°

Axis

Dr. M. Mohanrao  
 RMC No. 35703  
 1835, D.P. CARDO ESCORT  
 D/E M. (RCSP-UG)

Tuppl

R 67.00° T 74.00° F 81.00°

Reported By:





Date :- 17/03/2024 09:47:52

Patient ID :- 12236396



NAME :- Mrs. SURBHI

Ref. By Dr:- BOB

Sex / Age :- Female 47 Yrs 4 Mon 7 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 17/03/2024 09:49:24

Final Authentication : 17/03/2024 12:45:34

### HAEMATOLOGY

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

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**  
Method- HPLC

5.7

%

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

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable Schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

**MEAN PLASMA GLUCOSE**  
Method- Calculated Parameter

117

mg/dL

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

AJAYSINGH  
Technologist

Page No: 1 of 12



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



Date :- 17/03/2024 09:47:52

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	11.0 L	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	6.14	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	52.0	%	40.0 - 80.0
LYMPHOCYTE	42.2 H	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	2.5	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.20	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.59	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.18	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.15	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)	4.23	x10 <sup>6</sup> /uL	3.80 - 4.80
HEMATOCRIT (HCT)	36.00	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	85.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.1 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	30.6 L	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	282	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	15.5 H	%	11.6 - 14.0
MENTZER INDEX	20.14		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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### HAEMATOLOGY

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

**Erythrocyte Sedimentation Rate (ESR)**

14

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: TFC, 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

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NAME :- Mrs. SURBHI

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Sex / Age :- Female 47 Yrs 4 Mon 7 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 09:49:24

Final Authentication : 17/03/2024 12:53:39

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	172.68	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	83.84	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	54.33	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	104.38	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	16.77	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.18		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.92		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	493.27	mg/dl	400.00 - 1000.00
<p><b>TOTAL CHOLESTEROL InstrumentName Randox Rx Imola Interpretation:</b> Cholesterol measurements are used in the diagnosis and treatment 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 metabolic 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>			

SURENDRAKHANGA

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 17/03/2024 09:49:24

Final Authentication : 17/03/2024 12:53:39

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.49	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <18 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	0.20	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.29	mg/dl	0.30-0.70
SGOT Method:- IFCC	27.0	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	78.20	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	21.60	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.33	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.43	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.90	gm/dl	2.20 - 3.50
A/G RATIO	1.53		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method Instrument Name: Randox Rx Incls 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 chronic 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 Incls 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 Incls Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer Instrument Name: Randox Rx Incls 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 Incls 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 Incls 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 Incls **Interpretation:** Elevations in GGT levels are more 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)

SURENDRAKHANGA

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Company :- MediWheel

Sample Type -> PLAIN/SERUM

Sample Collected Time 17/03/2024 09:49:24

Final Authentication : 17/03/2024 11:35:18

### IMMUNOASSAY

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

SERUM TOTAL T3

1.010

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

6.389

ug/dl

5.520 - 12.970

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TSH ULTRA

9.500 H

µIU/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 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

MUKESH SINGH  
Technologist

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Lab/Hosp :-

Company :- MediWheel



Sample Type > URINE

Sample Collected Time 17/03/2024 09:49:24

Final Authentication : 17/03/2024 11:07:13

### 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)	5.5		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.025		1.010 - 1.030
Method:- Reagent Strip(bromthymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphosalicylic acid test)			
GLUCOSE	NIL		NIL
Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)			
BILIRUBIN	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Azo-coupling reaction)			
UROBILINOGEN	NORMAL		NORMAL
Method:- Reagent Strip (Modified ehlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitroprusside) Rothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
RBC	NIL		NIL
Method:- Reagent Strip (Peroxidase like activity)			
<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

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Sex / Age :- Female 47 Yrs 4 Mon 7 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type > SWAB

Sample Collected Time 17/03/2024 09:49:24

Final Authentication : 18/03/2024 13:44:05

BOB PACKAGEFEMALE ABOVE 40

PAP SMEAR

### PAP SMEAR FOR CYTOLOGY EXAMINATION

**Specimen** - Conventional smear.

**Microscopy:**

**Adequacy** - Satisfactory for opinion.

**Endocervical cells seen** - Not seen.

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

**Epithelial cells abnormality** - Not seen.

**IMPRESSION :** Negative for intraepithelial lesion or malignancy.

Reactive cellular changes are associated with inflammation.

**Adv:** Repeat pap smear after infection subsides.

**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: 1 of 1



**Dr Abha Gupta**  
Fellowship Oncopathology  
MD pathology  
RMC 33520





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Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 17/03/2024 09:49:24

Final Authentication : 17/03/2024 14:37:09

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO

"B" POSITIVE

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

URINE SUGAR (FASTING)  
Collected Sample Received

Nil

Nil

URINE SUGAR PP  
Collected Sample Received

Nil

Nil

AJAYSINGH, VIJENDRAMEENA  
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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.6	mg/dl	0.0 - 23.0

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

SURENDRAKHANGA

Page No: 12 of 12



**Dr. Rashmi Bakshi**  
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# Dr. Goyal's

## Path Lab & Imaging Centre

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Date :- 17/03/2024 09:47:52  
**NAME :- Mrs. SURBHI**  
Sex / Age :- Female 47 Yrs 4 Mon 7 Days  
Company :- MediWheel

Patient ID :- 12236396  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 17/03/2024 12:02:25

BOB PACKAGEFEMALE ABOVE 40

### X RAY CHEST PA VIEW:

**Bronchovascular marking are prominent.**  
Otherwise lung fields are 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. Piyush Goyal**  
(D.M.R.D.) ANITASHARMA

Transcript by.

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M.B.B.S., D.M.R.D.  
RMC Reg No. 017996

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Dr. Navneet Agarwal  
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RMC No. 21505

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BOB PACKAGEFEMALE ABOVE 40

### ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas. Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary Bladder: is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size.  
Myometrium shows normal echo - pattern.

Two small well-defined sharply marginated hypoechoic lesions are seen measuring ~13x11mm in fundal and ~16x14mm in posterior myometrium.  
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:

\* Small intramural uterine fibroids.

*Needs clinical correlation*

Page No: 1 of 2

BILAL

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### ULTRASONOGRAPHY REPORT: BOTH 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 or further evaluation)*

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



LIVINE  
PITRINE



LIVINE  
PITRINE

