

Dr. Goyal's

Path Lab & Imaging Centre

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

Tele : 0141-2293346, 4049787, 9887049787 **General Physical Examination**

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

Date of Examination: 8-12-2023

Name: Abju Age: 36 Sex: Female

DOB: 11-11-1987

Referred By: BOB

Photo ID: gandhary ID #: attached

Ht: 161 (cm) Wt: 70 (Kg)

Chest (Expiration): 93 (cm) Abdomen Circumference: 86 (cm)

Blood Pressure: 123 / 78 mm Hg PR: 78 / min

BMI 27 kg/m²

Eye Examination: Dis vision 6/6, near vision N/G.
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.D.
RMC Reg. No.-017996





राजस्थान सरकार
जन-आधार कार्ड

परिवार पहचान संख्या : 4860826520

नाम : शंभु शरिमा
 लिंग : महिला
 जन्म तिथि : 11-11-1987
 व्यक्तिगत पहचान संख्या : 32951484338
 परिवार पहचान संख्या : XXXXX002623
 पता : 18, अशोक नगर इपसी फाउण्डेशन, बंगला, बंगलूर
 पिन कोड - 56, बंगलूर हरिद्वार, बंगलूर-560015



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 RMC Reg. No. - 017996

परिवार पहचान संख्या 4860826520 परिवार का विवरण

क्र.सं.	नाम	लिंग	शिक्षा के सम्बन्ध	जन्म तिथि	व्यक्तिगत पहचान संख्या
1	शंभु शरिमा	पु.	पति	15.07.1984	41661512723
2	शरिमा	म.	पुत्री	11.12.2011	77694450767
3	राजेश	पु.	पुत्र	30.09.2015	44542456563

अधिकाधिकार



1 2 3

सहायक संपर्क 1800 189 6127
www.janaadhaar.rajasthan.gov.in



घर का अधिकार घर है

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

Date :- 31/12/2023 08:42:37

Patient ID :-12235038

NAME :- Mrs. ANJU

Ref. By Dr:- BOB

Sex / Age :- Female 36 Yrs 1 Mon 19 Days

Lab/Hosp :-

Company :- Med/Wheel

Sample Type :- EDTA

Sample Collected Time 31/12/2023 08:54:42

Final Authentication : 31/12/2023 13:41:16

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGEFEMALE BELOW 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 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

123

mg/dL

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

Method:- Calculated Parameter

MUKESH SINGH
Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	10.7 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.85	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	58.2	%	40.0 - 80.0
LYMPHOCYTE	37.4	%	20.0 - 40.0
EOSINOPHIL	1.6	%	1.0 - 6.0
MONOCYTE	2.3	%	2.0 - 10.0
BASOPHIL	0.5	%	0.0 - 2.0
NEUT#	3.41	10 ³ /uL	1.50 - 7.00
LYMPH#	2.19	10 ³ /uL	1.00 - 3.70
EO#	0.09	10 ³ /uL	0.00 - 0.40
MONO#	0.13	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.40	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	34.70 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	78.9 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	24.4 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	30.9 L	g/dL	31.5 - 34.5
PLATELET COUNT	265	x10 ³ /uL	150 - 410
RDW-CV	14.7 H	%	11.6 - 14.0
MENTZER INDEX	17.93		

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
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Erythrocyte Sedimentation Rate (ESR)

55 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 " >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia
(C.B.C) Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused impedance, and

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

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MC-5509

Date :- 31/12/2023 08:42:37

Patient ID :- 12235038



NAME :- Mrs. ANJU

Ref. By Dr:- BOB

Sex / Age :- Female 36 Yrs 1 Mon 19 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 31/12/2023 08:54:42

Final Authentication : 31/12/2023 11:06:27

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	195.56	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	102.07	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	39.67	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	138.88	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	20.41	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.93	H	0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.50		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	563.44	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid dysregulation metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox 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.			
DIRECT HDL CHOLESTEROL 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			

SURENDRAKHANGA

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Lab/Hosp :-

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Sample Type > PLAIN/SERUM

Sample Collected Time 31/12/2023 08:54:42

Final Authentication : 31/12/2023 11:06:27

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.40	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	0.11	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	30.8	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	33.2 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	62.50	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	16.70	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.44	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.31	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.13	gm/dl	2.20 - 3.50
A/G RATIO	1.38		1.30 - 2.50

Total Bilirubin/Methodology: Colorimetric method InstrumentName 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 InstrumentName 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 InstrumentName 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 transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName 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 InstrumentName 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 InstrumentName 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 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)

SURENDRAKHANGA

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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 31/12/2023 08:54:42

Final Authentication : 31/12/2023 10:46:30

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.370	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	10.100	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.155	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 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

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Technologist

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Sex / Age :- Female 36 Yrs 1 Mon 19 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 31/12/2023 08:54:42

Final Authentication : 31/12/2023 10:22:52

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)	5.5		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.025		1.010 - 1.030
Method:- Reagent Strip(Bromothymol 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 ehrlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitroprusside) Rothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
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

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Sample Type :- STOOL

Sample Collected Time 31/12/2023 08:54:42

Final Authentication : 31/12/2023 10:22:52

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	NIL	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

VIJENDRAMEENA
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Lab/Hosp :-

Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na 5bix/Na 061PR-BDM/SER/2023 16:43:20

Final Authentication : 31/12/2023 16:44:15

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	86.2	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) Method:- GOD PAP	96.9	mg/dl	70.0 - 140.0
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	0.71	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.97	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA

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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)			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

MUKESH SINGH, VIJENDRAMEENA
Technologist

Page No: 11 of 13



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

Date :- 31/12/2023 08:42:37 Patient ID :- 12235038
NAME :- Mrs. ANJU Ref. By Dr:- BOB
Sex / Age :- Female 36 Yrs 1 Mon 19 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 31/12/2023 08:54:42 Final Authentication : 31/12/2023 11:06:27

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.1	mg/dl	0.0 - 23.0

SURENDRAKHANGA

Page No: 12 of 13



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

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



Date :- 31/12/2023 08:42:37

NAME :- Mrs. ANJU

Sex / Age :- Female 36 Yrs 1 Mon 19 Days

Company :- MediWheel

Patient ID :- 12235038

Ref. By Doctor :- BOB

Lab/Hosp :-

Final Authentication : 31/12/2023 10:23:33

BOB PACKAGEFEMALE BELOW 40

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)



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

*** End of Report ***

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

Transcript by,

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017998

Dr. Ashish Goyal
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 :- 31/12/2023 08:42:37
NAME :- Mrs. ANJU
Sex / Age :- Female 36 Yrs 1 Mon 19 Days
Company :- Medi/Wheel

Patient ID :- 12235038
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 31/12/2023 13:24:45

BOB PACKAGEFEMALE BELOW 40

ULTRA SOUND SCAN OF ABDOMEN

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

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

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

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

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

Uterus is anteverted and normal in size and measures 83x47x41 mm.
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.
Endometrial echo is normal.

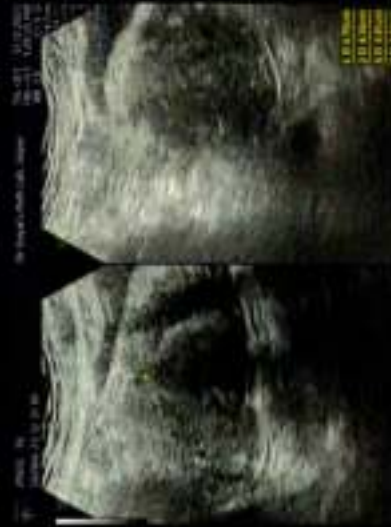
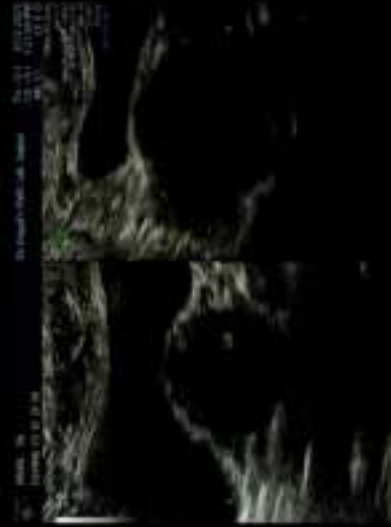
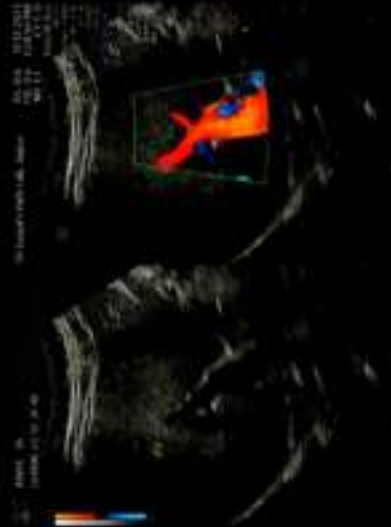
Both ovaries are visualised and are normal. No adnexal mass is seen.
No enlarged nodes are visualised. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pouch of douglas.

IMPRESSION:

Normal Study.

Needs clinical correlation

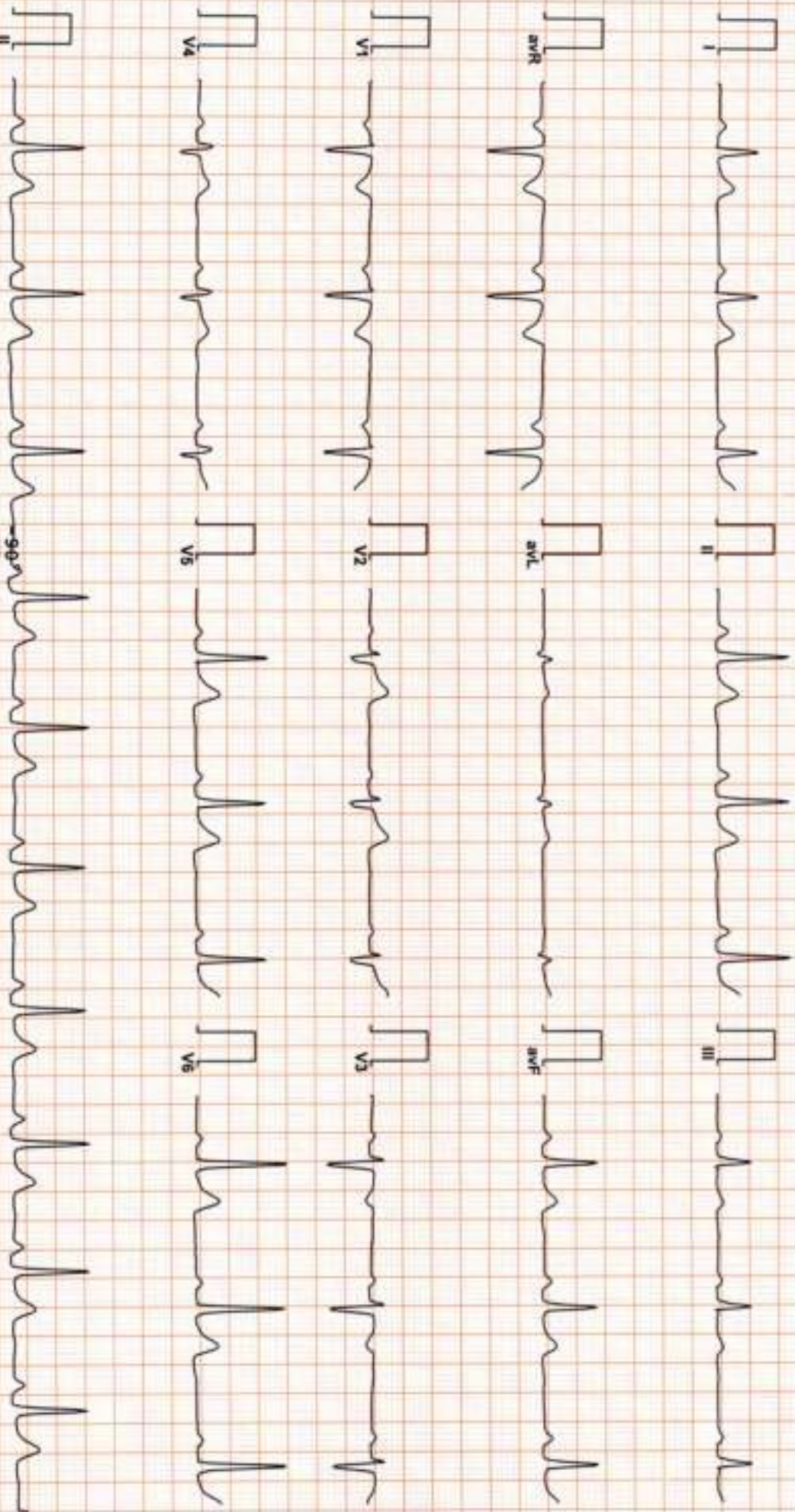
*** End of Report ***



DR. GOYAL PATH LAB

ECG

3424 / MRS ANJU / 36 Yrs / F / Non Smoker
Heart Rate : 62 bpm / Tested On : 31-Dec-23 13:44:58 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Reid By: MEDIWHEEL



Vent Rate : 62 bpm
PR Interval : 182 ms
QRS Duration: 80 ms
QT/QTc Int : 388/392 ms
P-QRS-T axis: 52.00° 60.00° 44.00°



D. Naresh Kumar Mohanka
RMO (ESCORTS)
MBB (ESCORTS)
1844.00 GP-PK 52.00°

Reported By: *T. V. S. K.*



596 (113) / MRS.ANJU / 36 Yrs / F / 0 Cms / 0 Kg / NonSmoker
Date: 31 / 12 / 2023 01:46:21 PM Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:16	0:16	01.1	00.0	01.0	063	34 %	120/80	075	00	
Standing	01:03	0:47	01.1	00.0	01.0	071	39 %	120/80	085	00	
HV	01:23	0:20	01.1	00.0	01.0	071	39 %	120/80	085	00	
Warm Up	01:42	0:19	01.1	00.0	01.0	076	41 %	120/80	091	00	
ExStart	03:09	1:27	01.0	00.0	01.0	088	48 %	120/80	105	00	
BRUCE Stage 1	06:09	3:00	01.7	10.0	04.7	147	80 %	130/86	191	00	
PeakEx	08:08	1:59	02.5	12.0	06.3	171	93 %	140/90	239	00	
Recovery	09:08	1:00	00.0	00.0	01.0	138	75 %	140/90	193	00	
Recovery	10:08	2:00	00.0	00.0	01.0	103	56 %	130/86	133	00	
Recovery	11:08	3:00	00.0	00.0	01.0	092	50 %	120/80	110	00	
Recovery	12:08	4:00	00.0	00.0	01.0	086	47 %	120/80	103	00	
Recovery	13:08	5:00	00.0	00.0	01.0	091	49 %	122/82	111	00	
Recovery	13:09	5:01	00.0	00.0	01.0	088	48 %	122/82	107	00	

FINDINGS :

Exercise Time : 04:59
 Max HR Attained : 171 bpm 93% of Target 184
 Max BP Attained : 140/90 (mm/Hg)
 Max Workload Attained : 6.3 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Test is negative for PWT

REPORT :

Dr. Nareesh Kumar Mohan
 RMC 23/705
 MBBS, DIP. LABDIO (ESGORTS),
 DEM. (RCGP-UK)



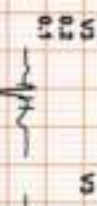
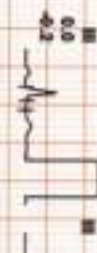
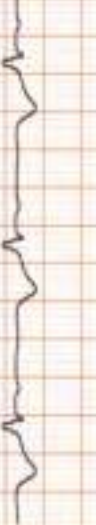
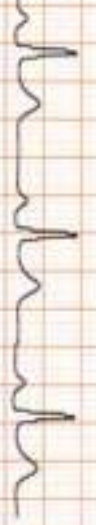
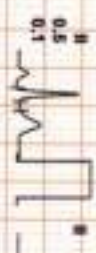
596 (113) / MRS.ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 63

Date: 31 / 12 / 2023 01:46:21 PM METS: 1.6l 63 bpm 34% of THR BP: 120/80 mmHg Combined Medians/ BLC Ov Notch Ov HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



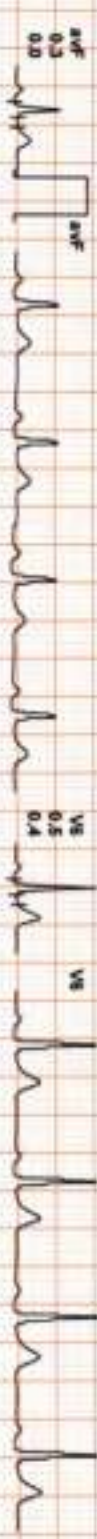
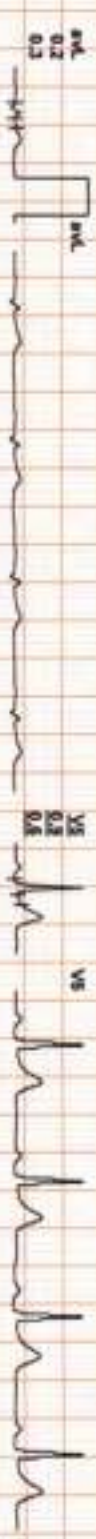
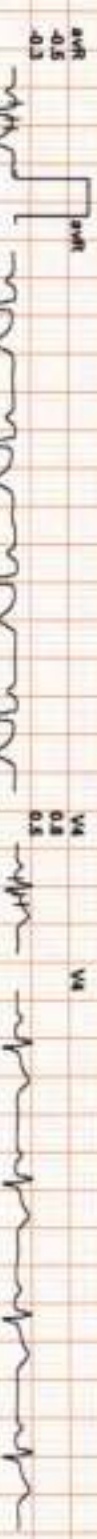
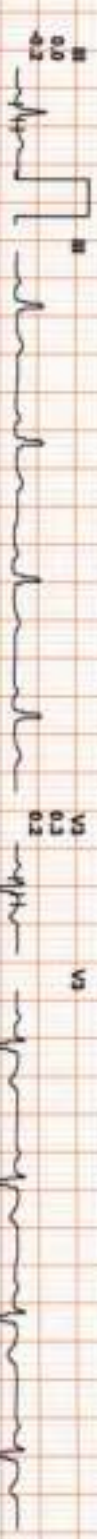
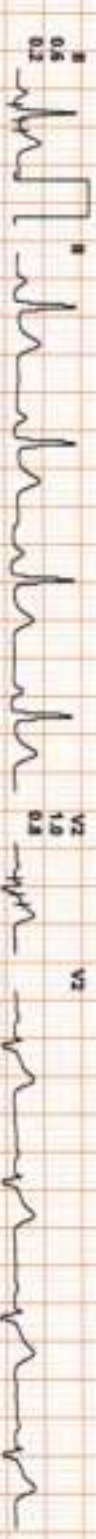
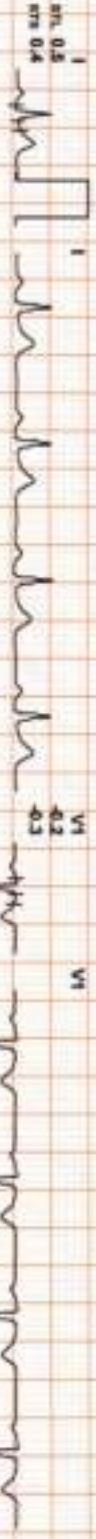
596 (113) / MRS.ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 71

Date: 31 / 12 / 2023 01:46:21 PM METS: 1.0/ 71 bpm 39% of THR BP: 120/80 mmHg Combined Medians/ BLC Ovr Notch Ovr HF 0.05 HzULF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

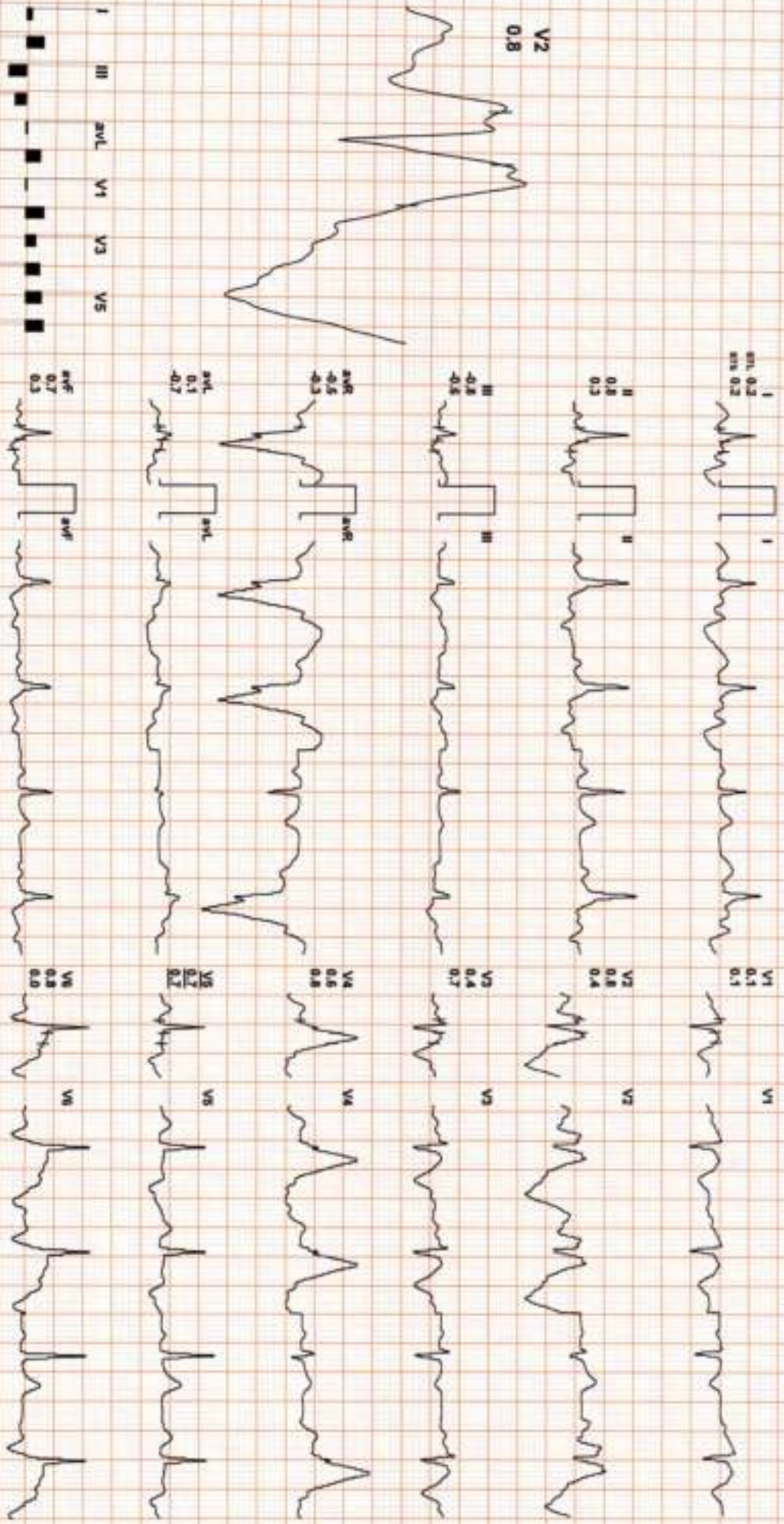


REMARKS:



596 (113) / MRS.ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 71

Date: 31 / 12 / 2023 01:46:21 PM METS: 1.6/ 71 bpm 39% of THR BP: 120/80 mmHg Combined Medians/ BLC Oiv Notch Oiv HF 0.05 HcLF 35 Hz
4X 40 mb Post J ETime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

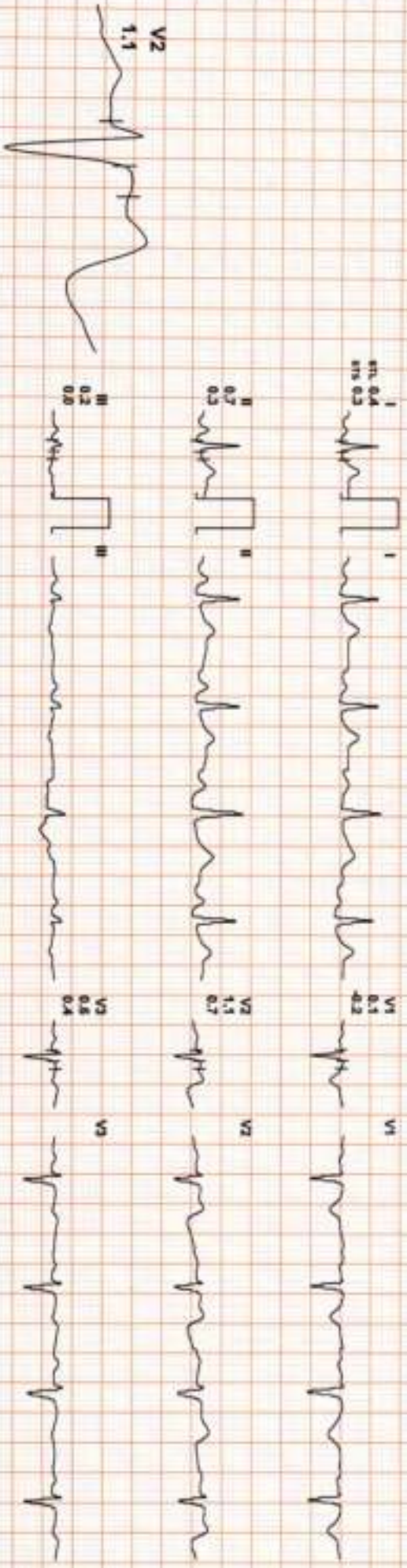


596 (113) / MRS. ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 76

Date: 31 / 12 / 2023 01:48:21 PM METS: 1.0/ 76 bpm 41% of THR BP: 120/80 mmHg Combined Mediana/ BLC OW Neich OW HF 0.05 HzLF 35 Hz

4X 80 ms Post J

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



REMARKS:



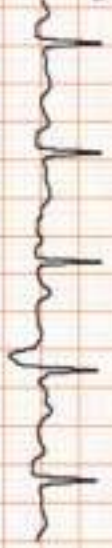
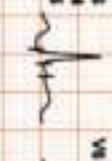
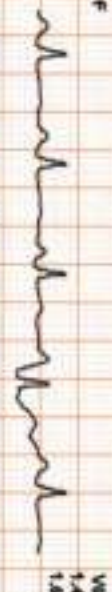
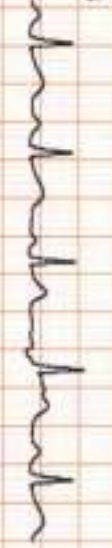
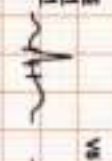
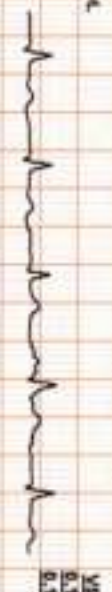
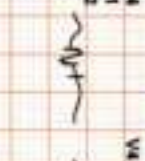
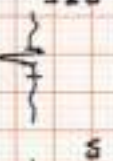
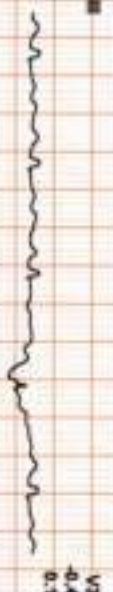
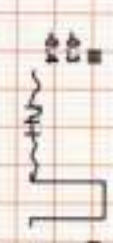
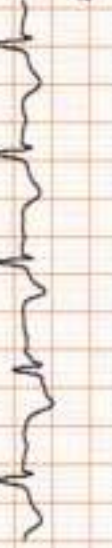
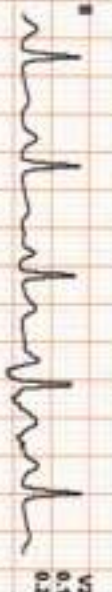
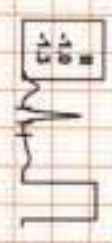
596 (113) / MRS. ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 88

Date: 31 / 12 / 2023 01:46:21 PM METS: 1.0/ 88 bpm 48% of THR BP- 120/80 mmHg Combined Modem/ BLC Ov Notch Ov HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

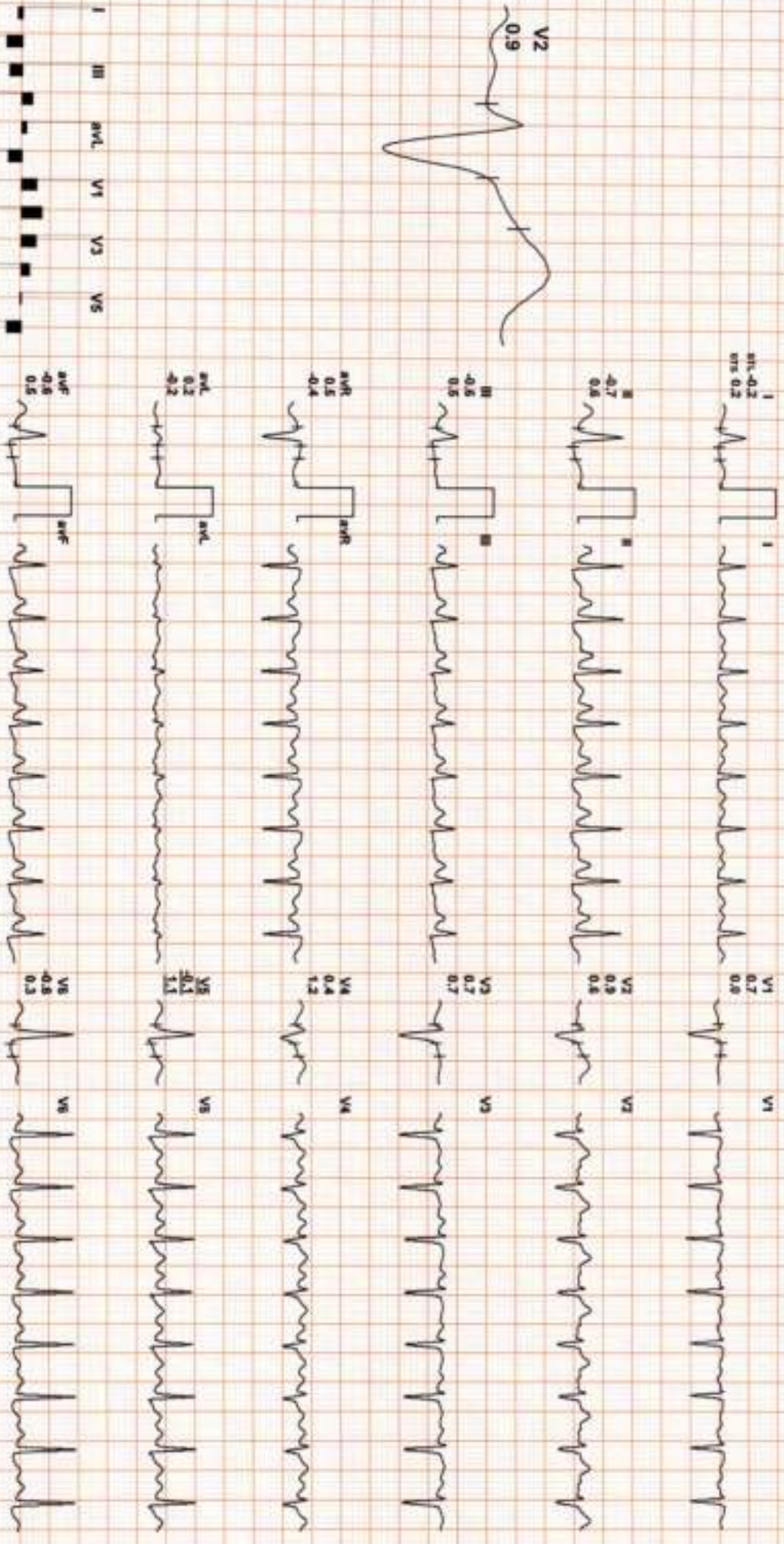


596 (113) / MRS. ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 147

Date: 31 / 12 / 2023 01:46:21 PM METS: 4.7 / 147 bpm 80% of THR BP: 130/86 mmHg Condensed Medians/ BLC Ov/ Match Ov/ HF: 0.05 Hz/LF 35 Hz

4X 60 ms Post J

ExTime: 03:00 1.7 mph 10.0%
25 mm/Sec 1.0 Cm/mV



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



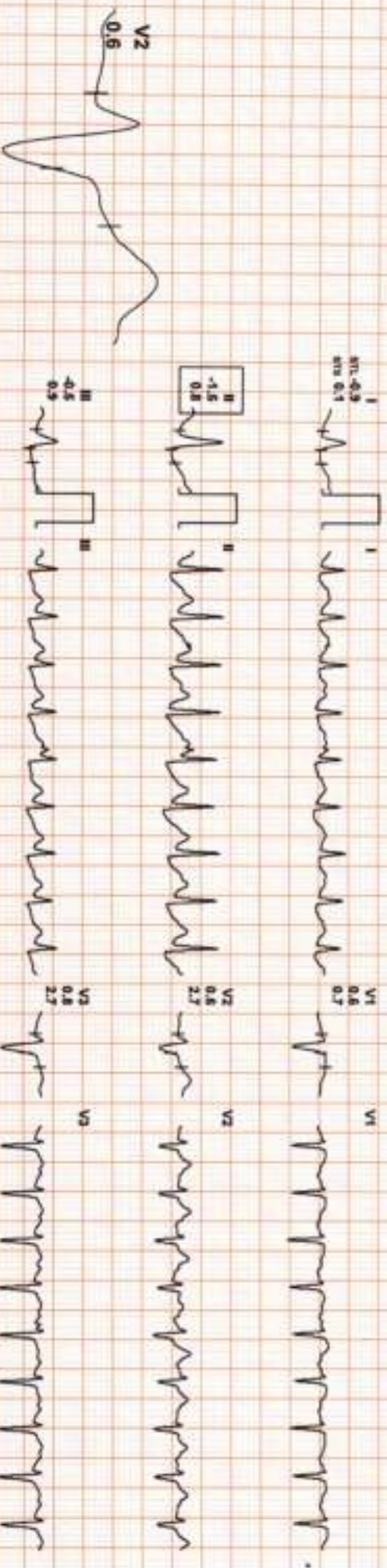
596 (113) / MRS. ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 171

Date: 31 / 12 / 2023 01:46:21 PM METS: 6.3J 171 bpm 93% of THR BP: 140/90 mmHg Combined Mediana/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

ExTime: 04:59 2.5 mph, 12.0%

4X 60 ms Post J

25 mm/Sec. 1.8 Cm/mV



REMARKS:

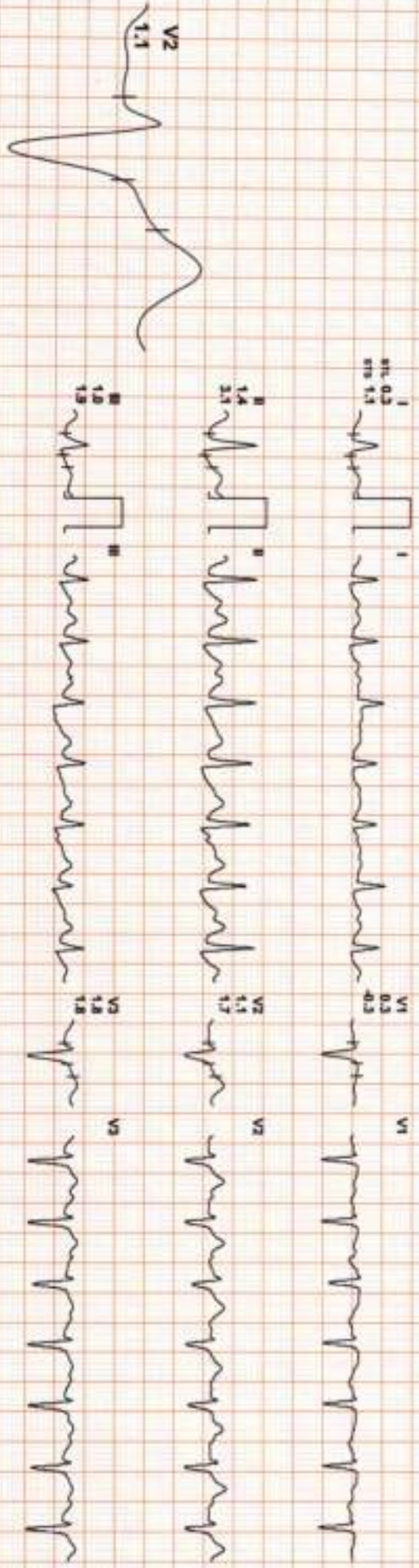


596 (113) / MRS ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 138

Date: 31 / 12 / 2023 01:46:21 PM METS: 1.0/ 138 bpm 75% of THR BP: 140/90 mmHg Combined Medicines/ BLC On/ Noth On/ HF: 0.05 Hz/LF 35 Hz

4X 60 ms Post J

ExTime: 04:59 0.0 mips, 0.0%
25 mm/Sec. 1.8 Cm/mV



REMARKS:

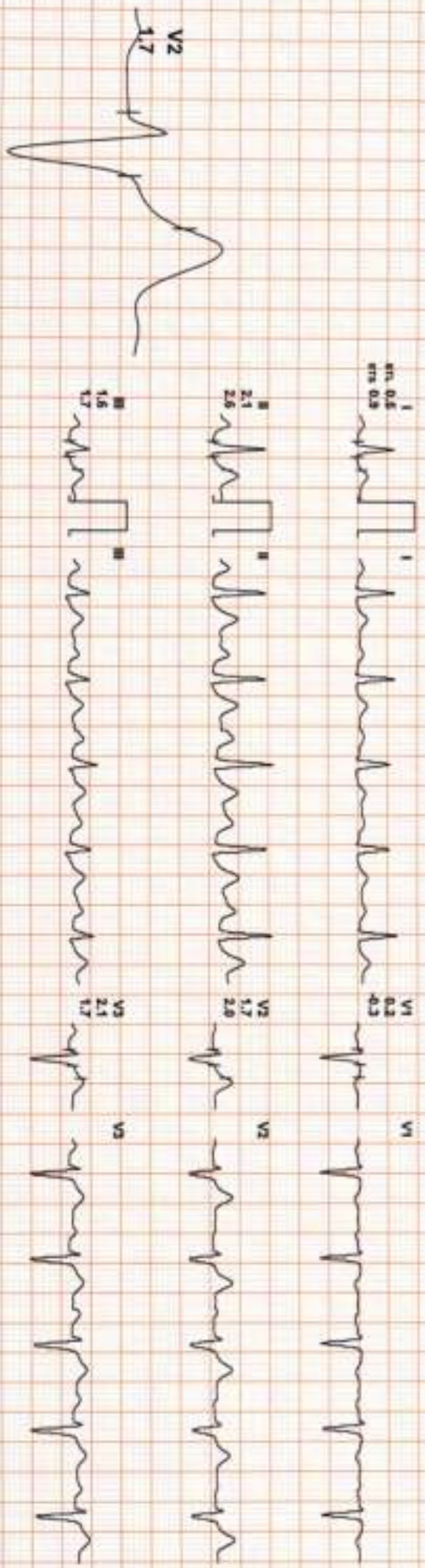


596 (113) / MRS.ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 103

Date: 31 / 12 / 2023 01:46:21 PM METS: 1.0/ 103 bpm 56% of THR BP: 130/86 mmHg Combined Mediana/ ELC Ov/ Natch Ov/ HF 0.05 kcal/F 35 Hz

4X 60 ms Post J

ExTime: 04:59 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

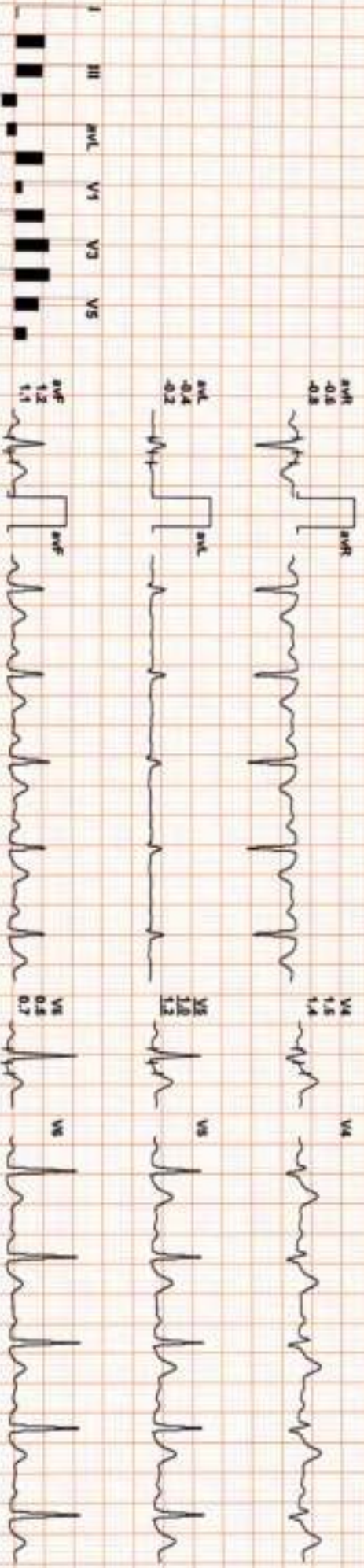
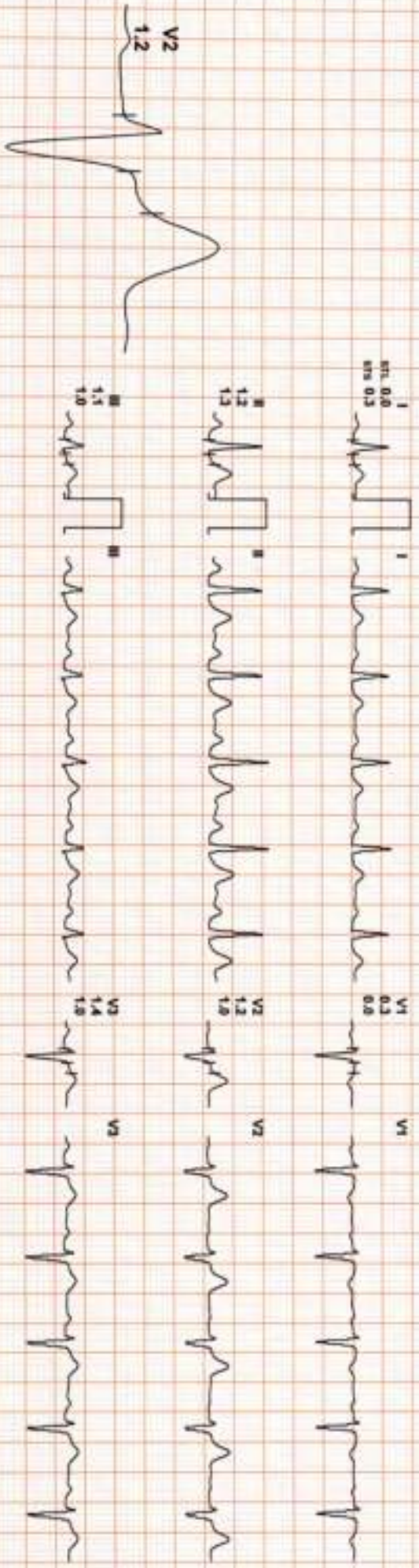


596 (113) / MRS.ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 92

Date: 31 / 12 / 2023 01:46:21 PM METS: 1.0/ 92 bpm 50% of Ther BP- 120/80 mmHg Combined Medication/ BLC Ovr Natch Ovr HF 0.05 HzOLF 35 Hz

4X 80 ms Post J

ExTime: 04:59 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV

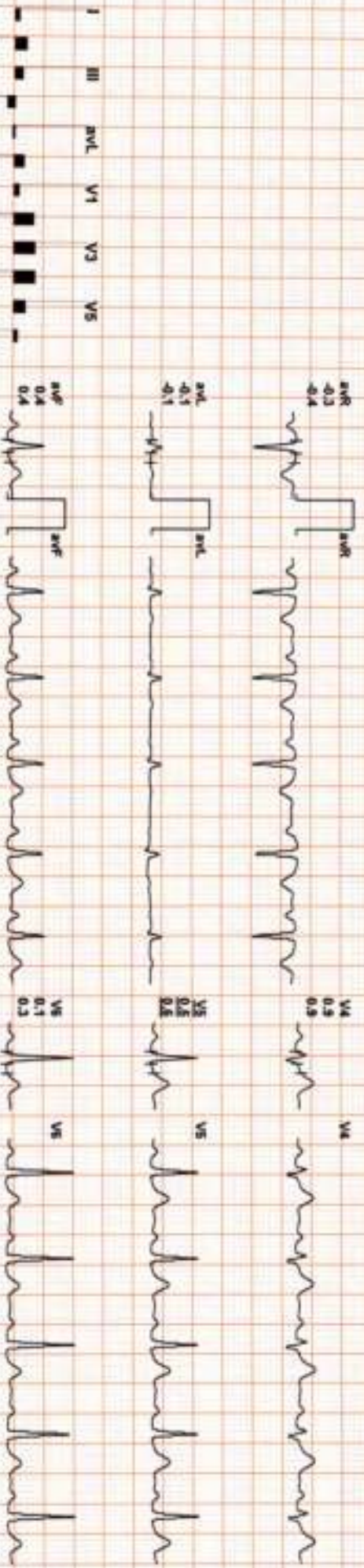


REMARKS:



506 (113) / MRS. ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 86

Date: 31 / 12 / 2023 01:46:21 PM METS: 1.0/ 86 bpm 47% of THR BP: 120/80 mmHg Combined Medians/ BLC Oxy Satch Oxy Hf 0.05 HctLF 35 Hct
4X 80 ms Post J EXTime: 04:59 0.0 mph, 0.0% 25 mm/Sec - 18 Cm/mV



REMARKS:

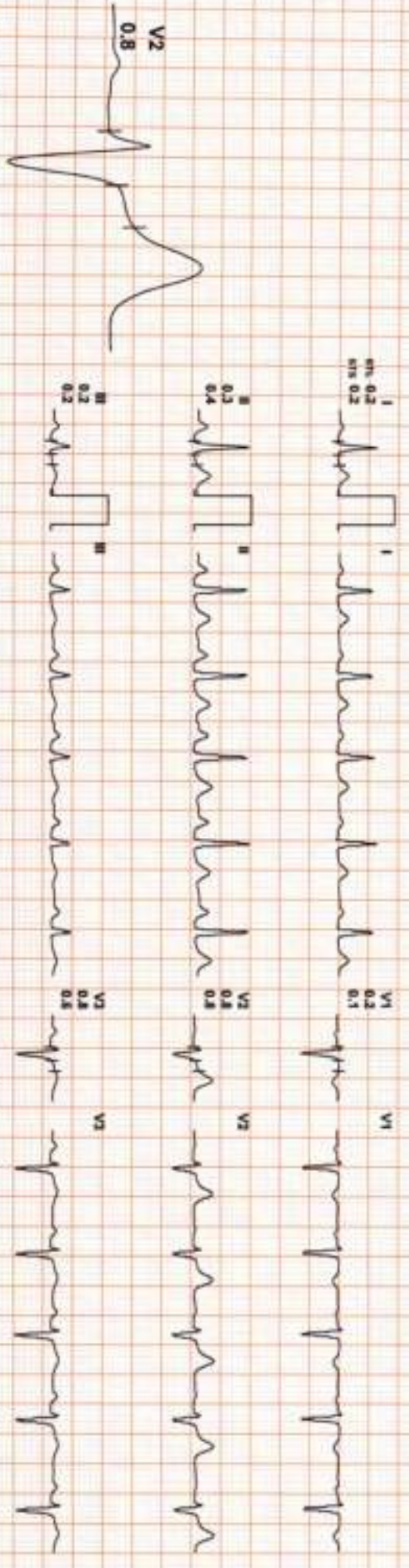


596 (113) / MRS.ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 91

Date: 31 / 12 / 2023 01:46:21 PM METS: 1.0/ 91 bpm 49% of THR BP: 122/82 mmHg Combined Mediana/ BLC Ov Natch Ov HF 0.05 Hz/F 35 Hz

4X 80 ms Post J

EXTime: 04:59 0.0 mph 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

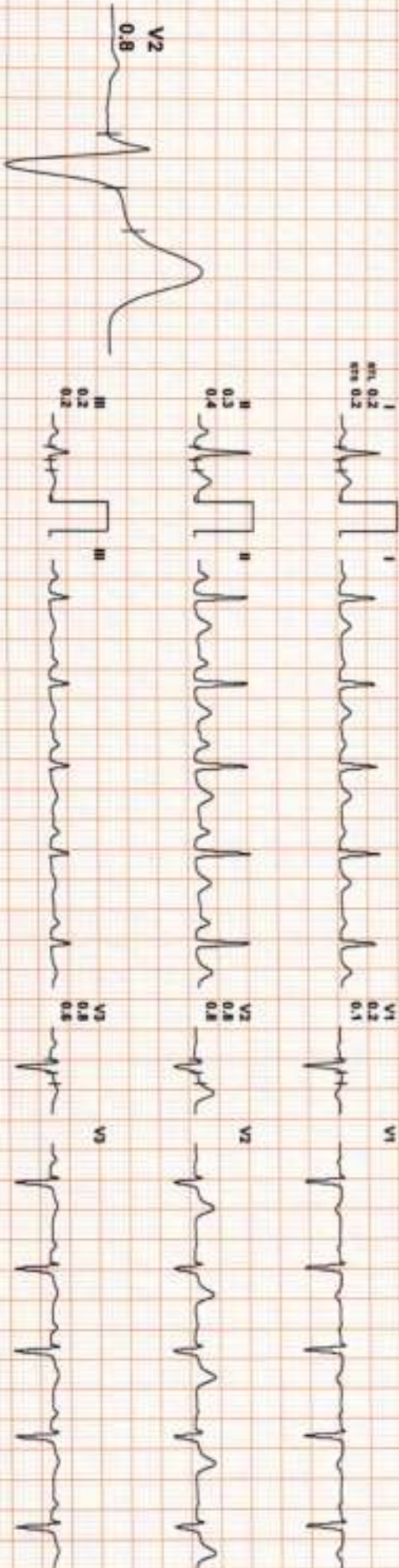


596 (113) / MRS.ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 88

Date: 31 / 12 / 2023 01:46:21 PM METS: 1.0/ 88 bpm 48% of THR BP: 122/82 mmHg Combined Median/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 ms Post J

ExTime: 04:59 0.0 mph, 0.0%
25 mm/Sec. 1.8 Cm/mV

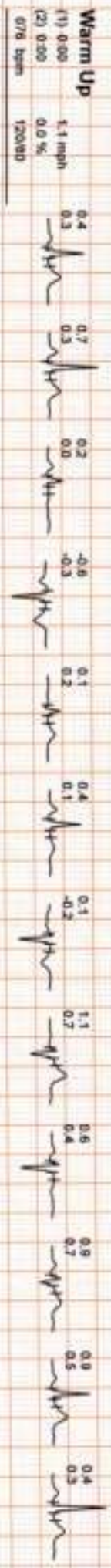


REMARKS:



596 (113) / MRS ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 68

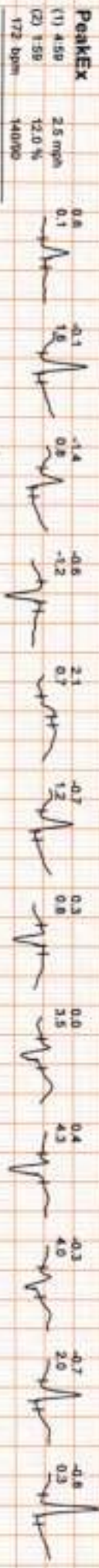
Date: 31 / 12 / 2023 01:46:21 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





596 (113) / MRS ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 68

Date: 31 / 12 / 2023 01:46:21 PM I II III AVR AVL AVF V1 V2 V3 V4 V5 V6



DR. GOYALS PATH LAB & IMAGING CENTRE

596 (113) / MRS ANJU / 36 Yrs / F / 0 Cms / 0 Kg / HR : 68

Average



Date: 31 / 12 / 2023 01:46:21 PM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

