

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: 01.03.25

Name: Aarti Jain. Age: 28 Sex: Female.

DOB: 26.07.1996.

Referred By: C&H.

Photo ID: Pgn. ID #: attached.

Ht: 147 (cm) Wt: 53. (Kg)

Chest (Expiration): — (cm) Abdomen Circumference: — (cm)

Blood Pressure: 109/65 mm Hg PR: 81 / min

BMI 24.5 kg/m²

Eye Examination: D/OS vision B/2 eyes 6/9. Near.
vision N/C Partially. Color blindness.
Other: not significant.

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

Signature Of Examinee: Dr. Piyush Goyal Name of Examinee: -----

Signature Medical Examiner: M.B.B.S. D.M.R.D. Name Medical Examiner -----
RMC Reg. No. 017898



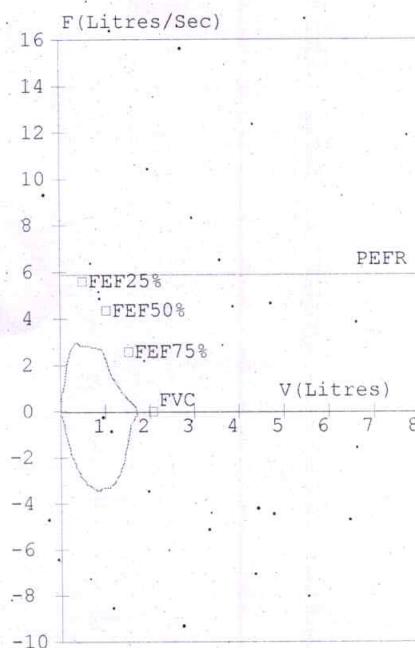
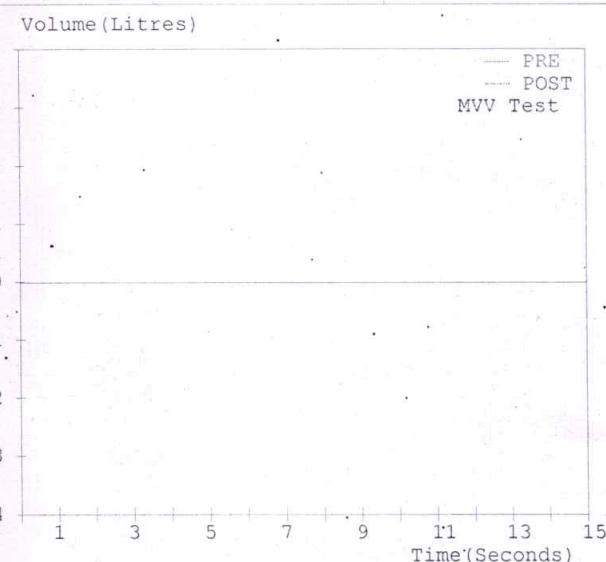
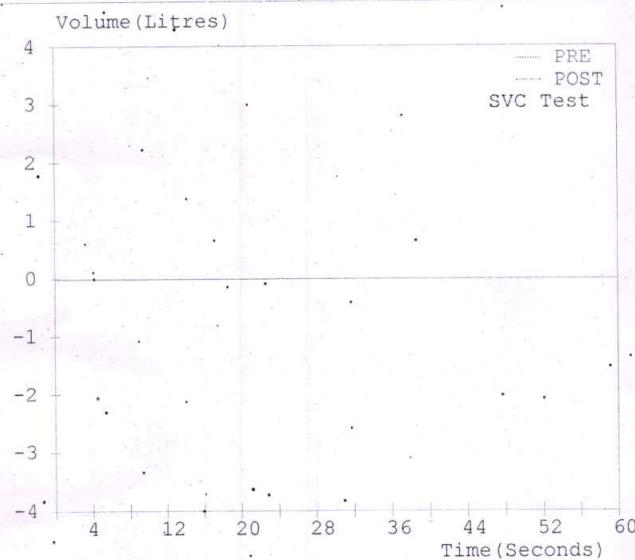
D. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017996

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jaipur

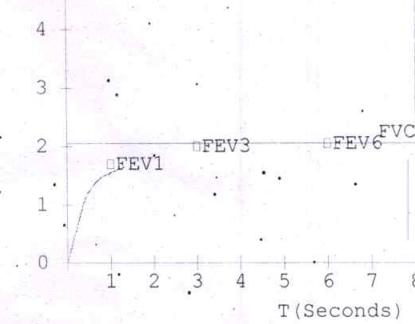
Patient: MS AARTI JAIN
 Refd. By: CONNECT AND HEAL
 Pred.Eqns: RECORDERS
 Date : 01-Mar-2025 12:53 PM

Age : 28 Years Gender : Female
 Height : 147 Cms Smoker : No
 Weight : 53 Kgs Eth. Corr: 100
 ID: 24244121 Temp :



Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	02.06	01.68	082	-----	-----	-----
FEV1 (L)	01.70	01.58	093	-----	-----	-----
FEV1/FVC (%)	82.52	94.05	114	-----	-----	-----
FEF25-75 (L/s)	02.69	02.19	081	-----	-----	-----
PEFR (L/s)	05.87	02.90	049	-----	-----	-----
FIVC (L)	-----	01.81	---	-----	-----	-----
FEV.5 (L)	-----	01.23	---	-----	-----	-----
FEV3 (L)	02.00	01.68	084	-----	-----	-----
PIFR (L/s)	-----	03.39	---	-----	-----	-----
FEF75-85 (L/s)	-----	00.83	---	-----	-----	-----
FEF.2-1.2(L/s)	04.96	02.40	048	-----	-----	-----
FEF 25% (L/s)	05.59	02.83	051	-----	-----	-----
FEF 50% (L/s)	04.34	02.68	062	-----	-----	-----
FEF 75% (L/s)	02.56	01.14	045	-----	-----	-----
FEV.5/FVC (%)	-----	73.21	---	-----	-----	-----
FEV3/FVC (%)	97.09	100.00	103	-----	-----	-----
FET (Sec)	-----	01.41	---	-----	-----	-----
ExplTime (Sec)	-----	00.12	---	-----	-----	-----
Lung Age (Yrs)	028	030	107	-----	-----	-----
FEV6 (L)	02.06	-----	---	-----	-----	-----
FIF 25% (L/s)	-----	03.18	---	-----	-----	-----
FIF 50% (L/s)	-----	03.23	---	-----	-----	-----
FIF 75% (L/s)	-----	01.78	---	-----	-----	-----
SVC (L)	01.21	-----	---	-----	-----	-----
ERV (L)	-----	-----	---	-----	-----	-----
IRV (L)	-----	-----	---	-----	-----	-----
VE (L/min)	-----	-----	---	-----	-----	-----
Rf (1/min)	-----	-----	---	-----	-----	-----
Ti (sec)	-----	-----	---	-----	-----	-----
Te (sec)	-----	-----	---	-----	-----	-----
VT (L)	-----	-----	---	-----	-----	-----
VT/Ti	-----	-----	---	-----	-----	-----
Ti/Ttot	-----	-----	---	-----	-----	-----
IC (L)	-----	-----	---	-----	-----	-----
MVV (L/min)	100	-----	---	-----	-----	-----
MRF (1/min)	-----	-----	---	-----	-----	-----
MVT (L)	-----	-----	---	-----	-----	-----

Pre Medication Report Indicates
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80.

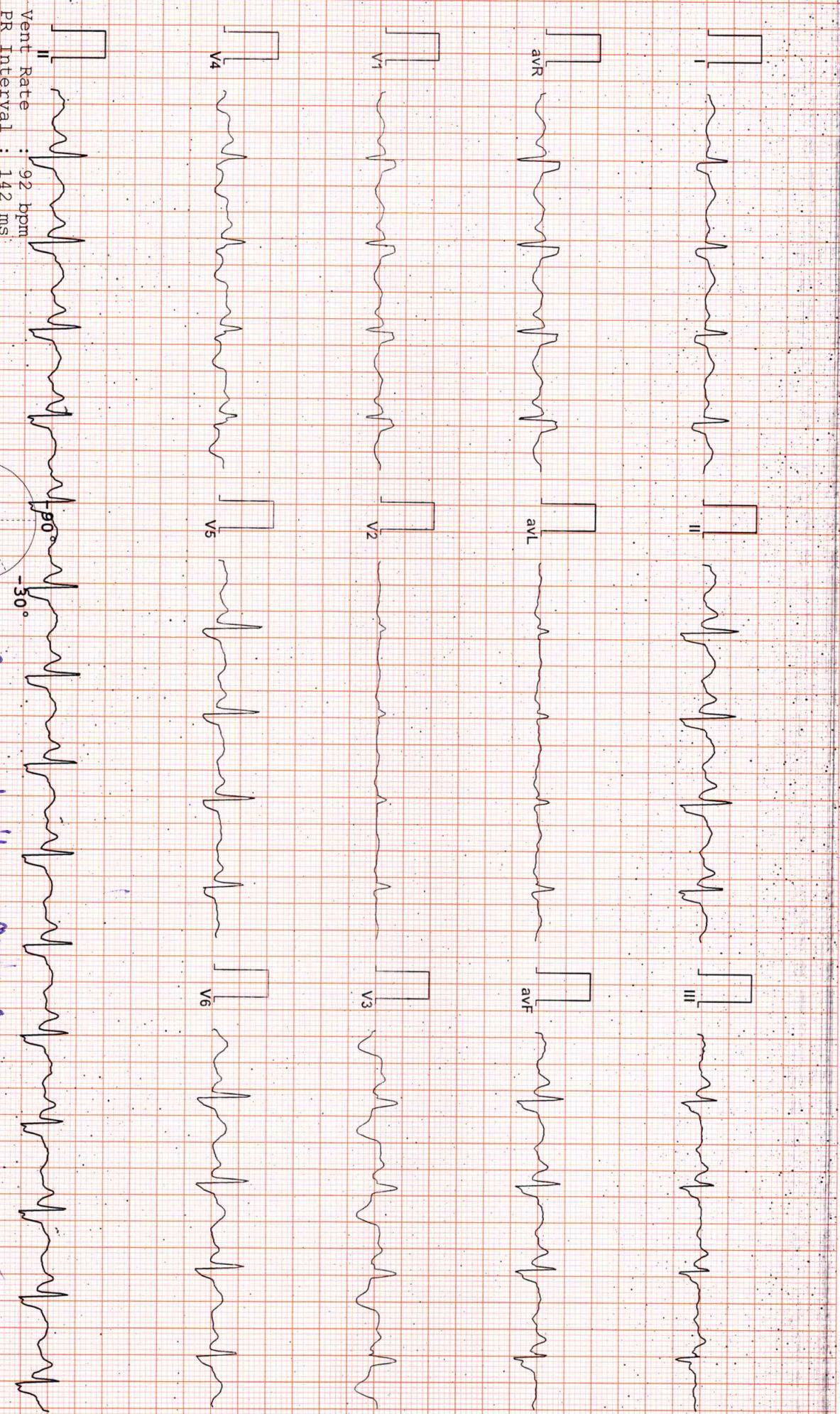


Dr. Piyush Goyal
 M.B.B.S., D.M.R.D.
 RMC Reg. No. 017888

DR.GOYAL PATH LAB

ECG

10365 / MRS. AARTI JAIN / 28 Yrs / F
Heart Rate : 92 bpm / Tested On : 01-Mar-25 13:36:10 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By : CONNEECT AND HEAL



Allengers ECG (Pisces)(PIS218210312)
Reported By: D.E.M. (RCGS UK)
Dr. Naresh Kumar Mohanka
MBBS, DIP. CARDIO (ESCORTS)
RMC AND 35703

DR . GOYALS PATH LAB & IMAGING CENTRE
SODALA JAIPUR RAJ. EMail:

Report



2016 (1413) / MRS. AARTI JAIN / 28 Yrs / F / 6 Cms / 60 Kg / NonSmoker

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:58	0:58	01.1	00.0	01.0	093	48 %	120/80	111	00	
Standing	01:34	0:36	01.1	00.0	01.0	095	49 %	120/80	114	00	
HV	01:49	0:15	01.1	00.0	01.0	112	58 %	120/80	134	00	
Warm Up	01:57	0:08	01.1	00.0	01.0	112	58 %	120/80	134	00	
ExStart	03:19	1:22	01.0	00.0	01.0	121	63 %	120/80	145	00	
BRUCE Stage 1	06:19	3:00	01.7	10.0	04.7	140	73 %	130/86	182	00	
BRUCE Stage 2	09:19	3:00	02.5	12.0	07.1	176	92 %	140/90	246	00	
PeakEx	09:57	0:38	03.4	14.0	07.8	176	92 %	140/90	246	00	
Recovery	10:57	1:00	00.0	00.0	01.2	159	83 %	140/90	222	00	
Recovery	11:57	2:00	00.0	00.0	01.0	116	60 %	137/86	158	00	
Recovery	12:57	3:00	00.0	00.0	01.0	113	59 %	130/85	146	00	
Recovery	13:57	4:00	00.0	00.0	01.0	116	60 %	126/86	146	00	
Recovery	14:57	5:00	00.0	00.0	01.0	105	55 %	120/80	125	00	
Recovery	15:08	5:11	00.0	00.0	01.0	105	55 %	120/80	125	00	

FINDINGS :

Exercise Time

Max HR Attained

Max BP Attained

Max WorkLoad Attained

Test End Reasons

REPORT :

- : 06:38
- : 176 bpm 92% of Target 192
- : 140/90 (mmHg)
- : 7.8 Fair response to induced stress.

: Test Complete, Heart Rate Achieved

Dr. Narash Kumar Mohanty
RMC 14/07/03
RMC HYD (ESORTS)
MBBS, DIP. CARDIO (RCGP-UK)
D.E.M. (RCGP-UK)

Recovery.

base

base

base

base

base

base

Base **Slow** **ECG** **Show** + **In response** **PNV3.**
Legs **These** **is** **wid** **at** + **Changes**
seen **during** **Exercise** **in** **infarct**
which **reverted** **to**
within **1 min** **of**

TNT Negative for RMI.
 Complete Clinical.

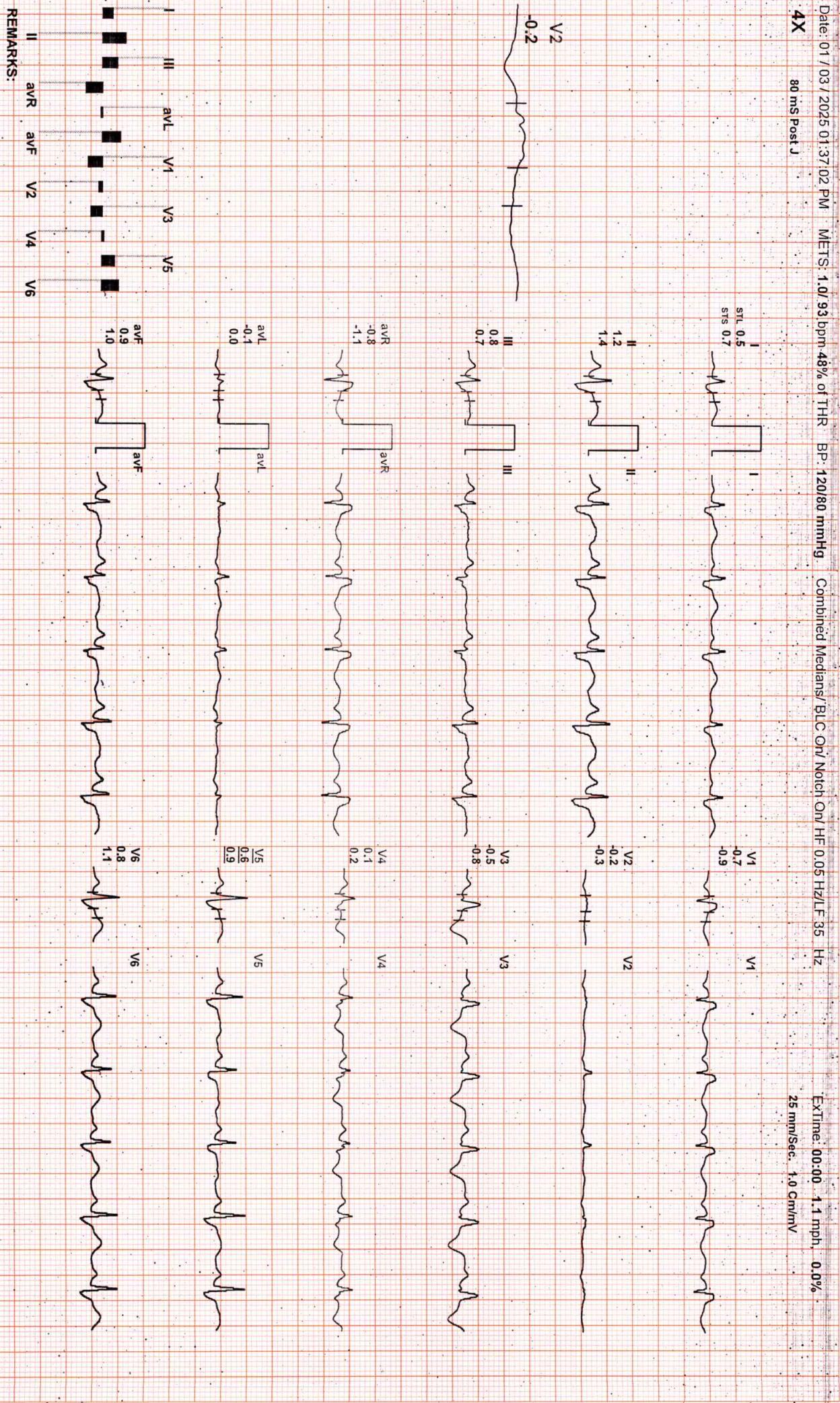
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2016(113) / MRS AARTI JAIN / 28 Yrs / F / 0 Cms / 0 Kg / HR : 93

BRUCE:Supine(0:58)



Date: 01/03/2025 01:37:02 PM METS: 1.0/93 bpm: 48% of THR BP: 120/80 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExtTime: 00:00 1.1 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



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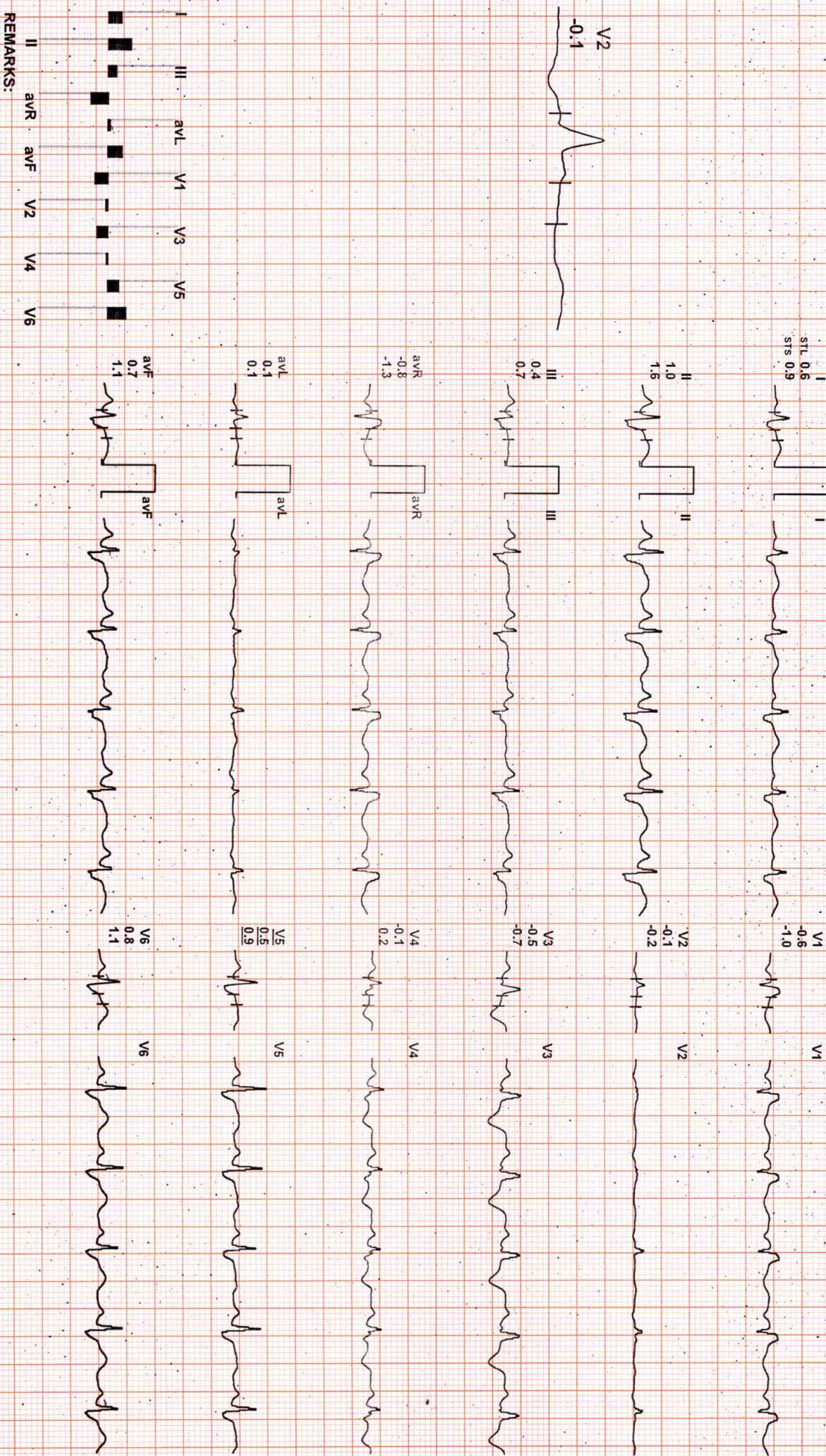
2016 (1/13) / MRS. AARTI JAIN - 28 Yrs / F / 0 Cms / 0 Kg / HR : 95

BRUCE:Standing(0:36)



Date: 01/03/2025 01:37:02 PM METS: 1.01 95 bpm 49% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExtTime: 00:00 1.1 mph, 0.0% 25 mm/Sec, 1.0 cm/mV

4X
80 ms PostJ



II
avr
avF
V2
V4
V6
REMARKS:

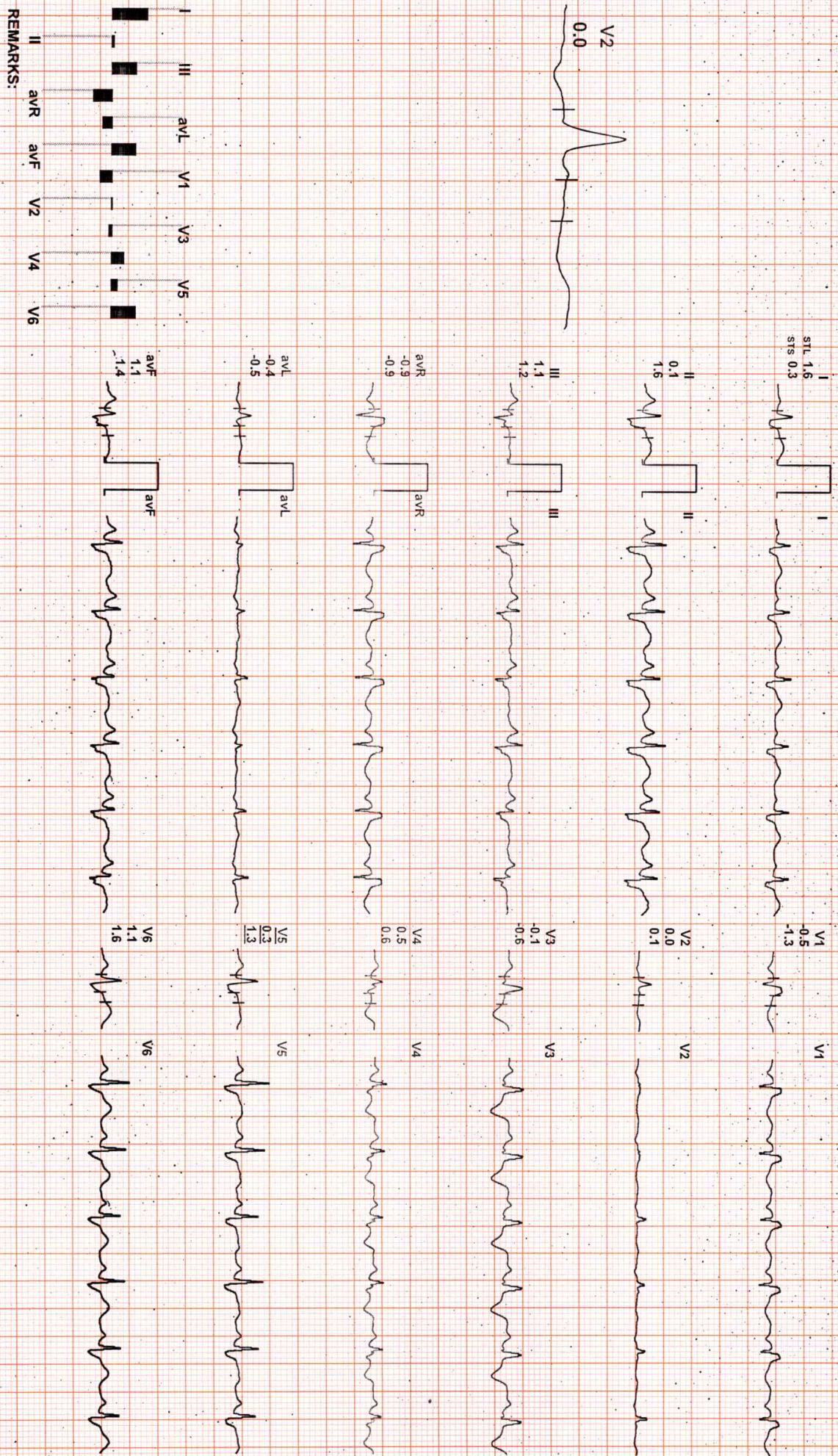
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2016(113) / MRS. AARTI JAIN / 28 Yrs / F / 0 Cms / 0 Kg / HR : 112

BRUCE:HV(0:15)



Date: 01/03/2025 01:37:02 PM METS: 1.0/112 bpm 58% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExtTime: 00:00 1.1 mph, 0.0% 80 ms Post J 4X 25 mm/Sec. 1.0 Cm/mV



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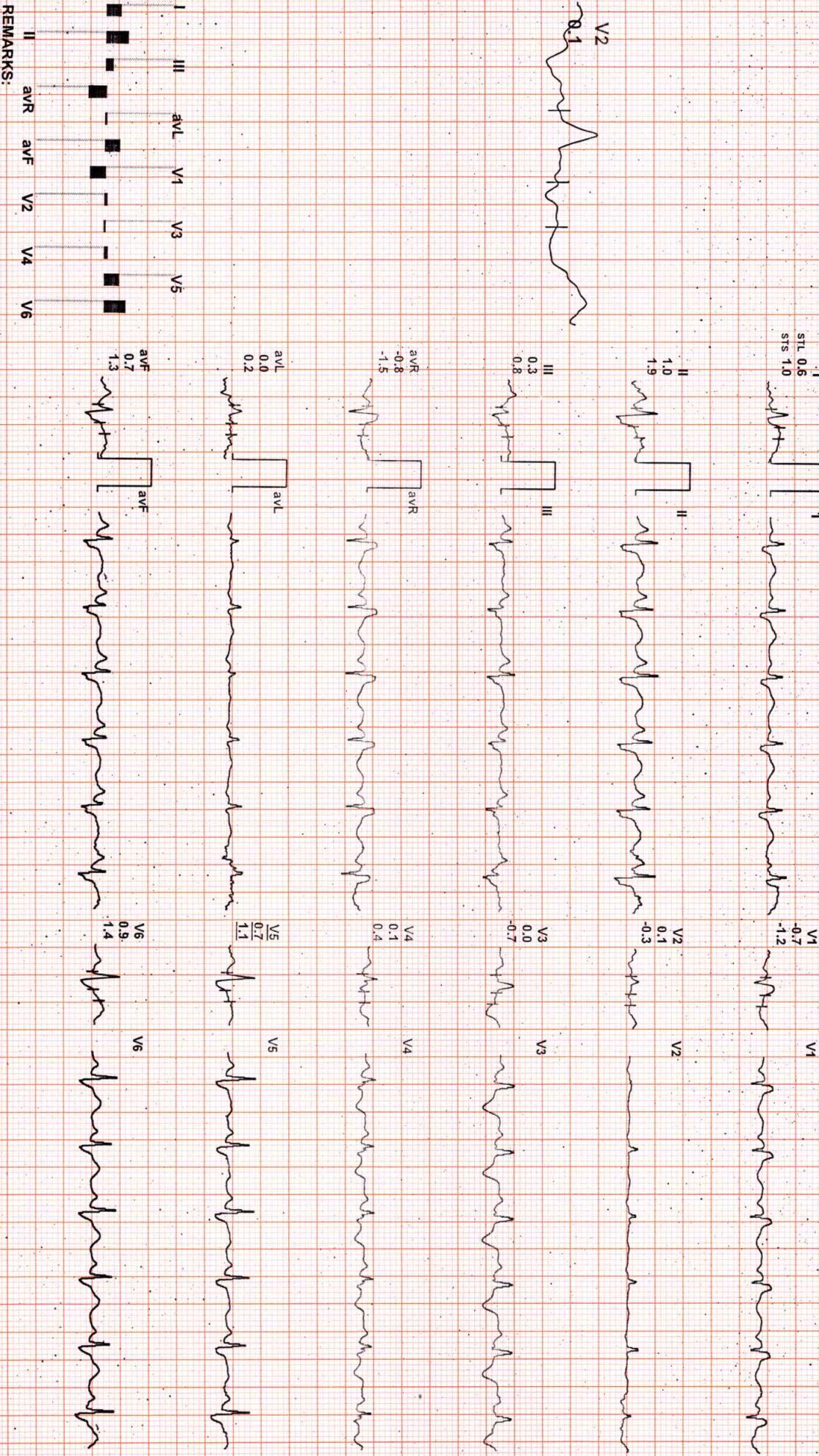
2016 (113) / MRS. AARTI JAIN / 28 Yrs / F / 0 Cms / 0 Kg / HR : 112

BRUCE:Warm Up(0.08)



Date: 01 / 03 / 2015 01:37:02 PM METS: 1.0/112 bpm 58% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExtTime: 00:00 1.1 mph, 0.0% 25 mm/Sec., 1.0 Cm/mv

4X
80 mS PostJ



REMARKS:

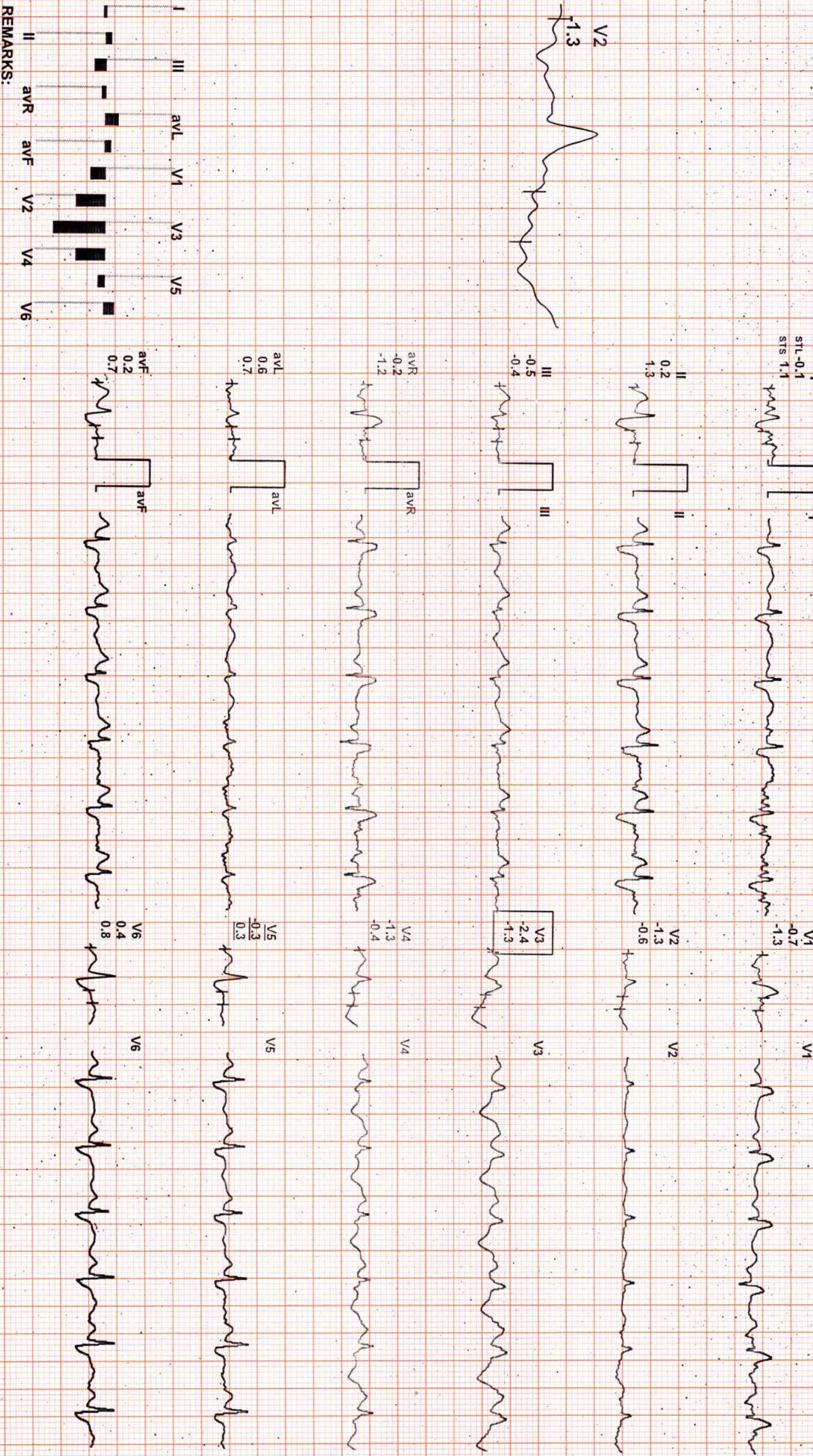
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2016 (113) / MRS. AARTI JAIN / 28 Yrs / F / 0 Cms / 0 Kg / HR: 121

ExStart



Date: 01/03/2025 01:37:02 PM METS: 1.0/121 bpm 63% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On HF: 0.05 Hz/LF: 35 Hz
4X 80 ms Post J STL: -0.1 SIS: 1.1 V1 -0.7 V2 -1.3 V3 -1.3 ExTime: 00:00 1.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

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BRUCE:Stage 1(3:00)

Date: 01/03/2025 01:37:02 PM METS: 4.7/ 140 bpm 73% of THR BP: 130/86 mmHg

Combined Medians/BLC On/Notch On/HF: 0.05 Hz/LF: 35 Hz

Extline: 03:00 1.7 mph 10.0%
25 mmSec. 1.0 cm/mV

4X

60 mS Post J

STL 0.1
STS 3.2

I
II
III

V1
V2
V3

V2

-0.3
0.1
5.0

-0.1
-0.7

V2
0.1
II

-0.4
2.4

-0.5
-4.4

V3

avr
0.1
-4.1

-0.5
-4.4

V4

-0.5
-4.4

V5

-0.5
-4.4

V6

-0.3
-3.4

I
III
avL
V1
V3
V5

avr
0.1
-4.1

-0.5
-4.4

avL

-0.5
-4.4

V5

-0.3
-3.2

V6

-0.3
-3.2

avF

-0.3
-3.4

II
avr
avF.
V2
V4
V6

REMARKS:



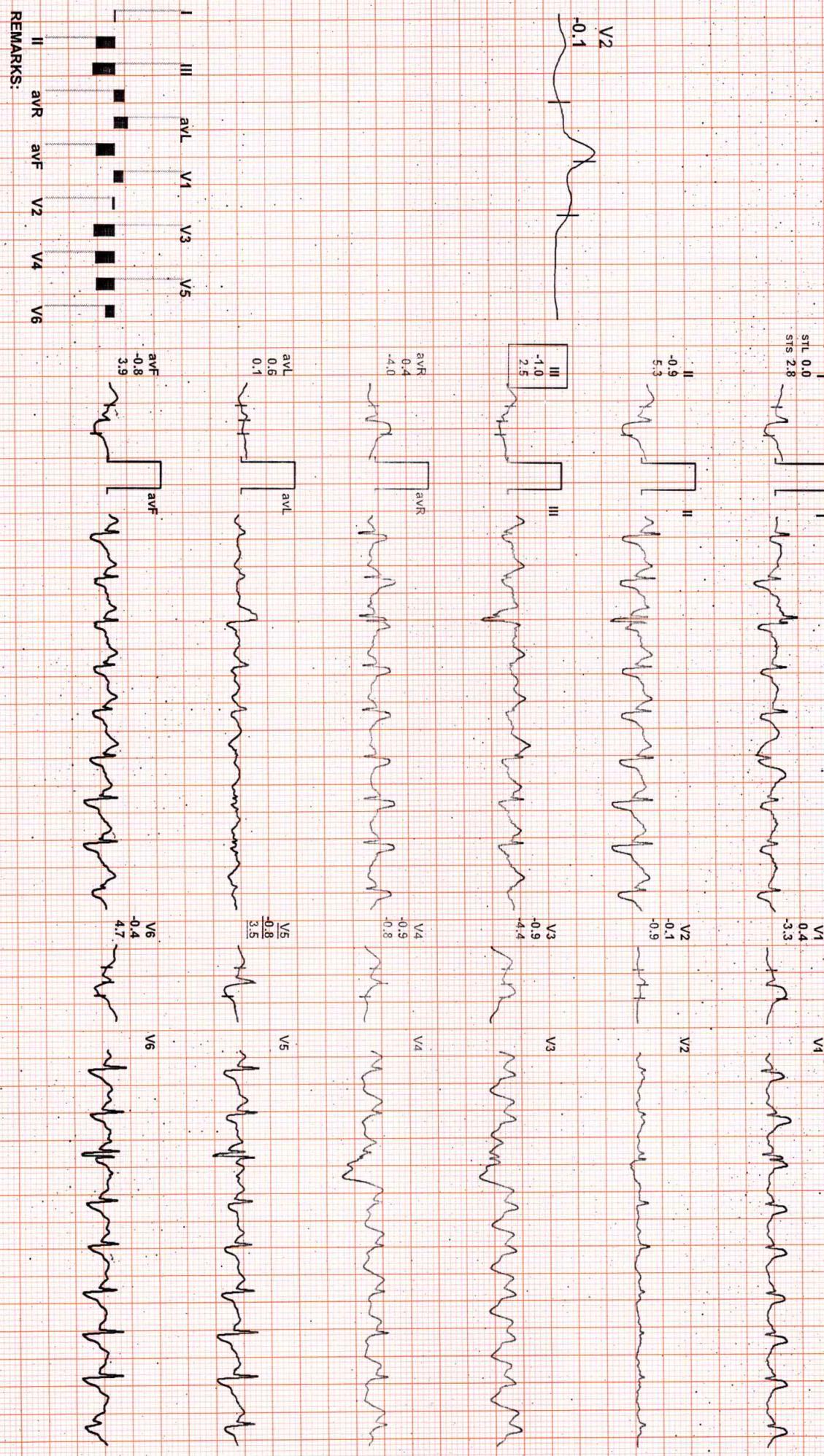
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BRUCE:Stage 2(3:00)

2016 (113) / MRS. AARTI JAIN / 28 Yrs / F / 0 Cms / 0 Kg / HR : 176



Date: 01 / 03 / 2025 01:37:02 PM	METS: 7.1 / 176 bpm 92% of THR	BP: 140/90 mmHg	Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz	ExTime: 06:00	2.5 mph,	12.0%
4X	60 mS Post J	STL 0.0 STS 2.8	V1 V2 V3 V4 V5 V6	25 mm/Sec.	1.0 Cm/mV	



II
avr
avL
V1
V2
V3
V4
V5
V6

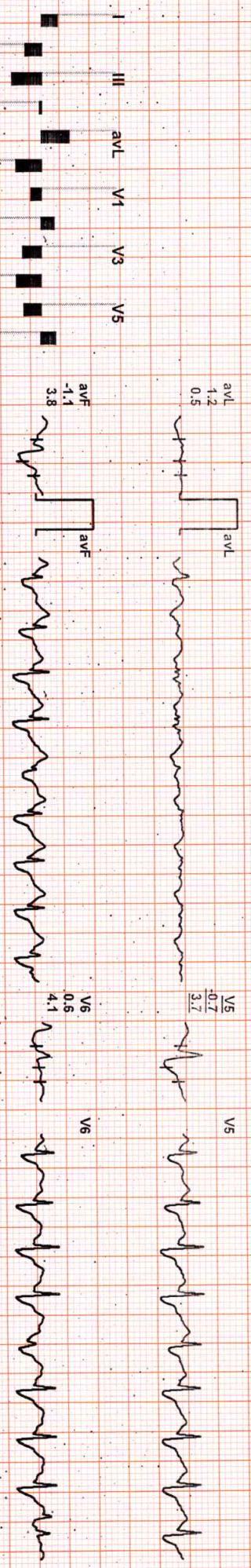
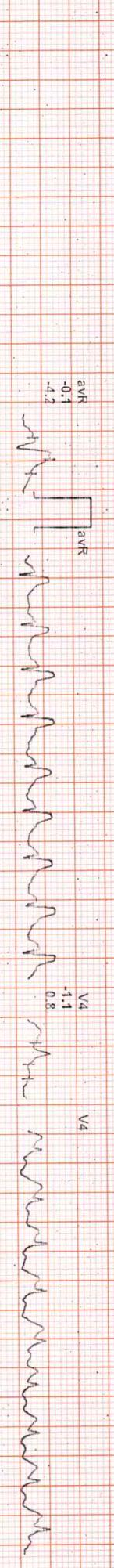
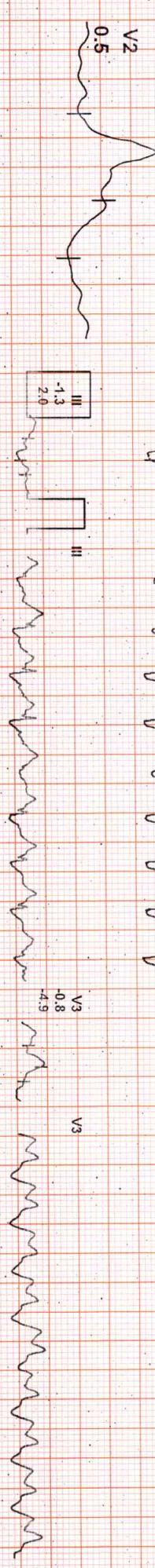
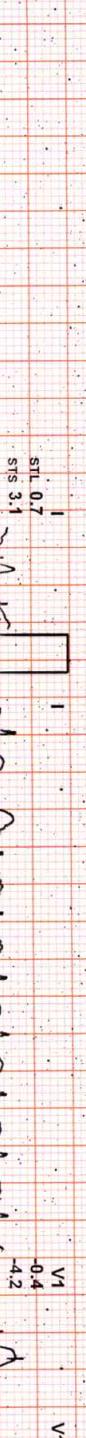
REMARKS:

2016 (113) / MRS. AARTI JAIN / 28 Yrs / F / 0 Cms / 0 Kg / HR : 176

Date: 01 / 03 / 2025 01:37:02 PM METS: 7.8/176 bpm 92% of THR BP: 140/90 mmHg Combined Medias/ BLC On/Notch On/HF 0.05 Hz/LF 35 Hz Extline: 06.38 3.4 mph 14.0%
 STL 0.7 SIS 3.1 25 mm/Sec. 1.0 Cm/mV

4X

60 mS Post J

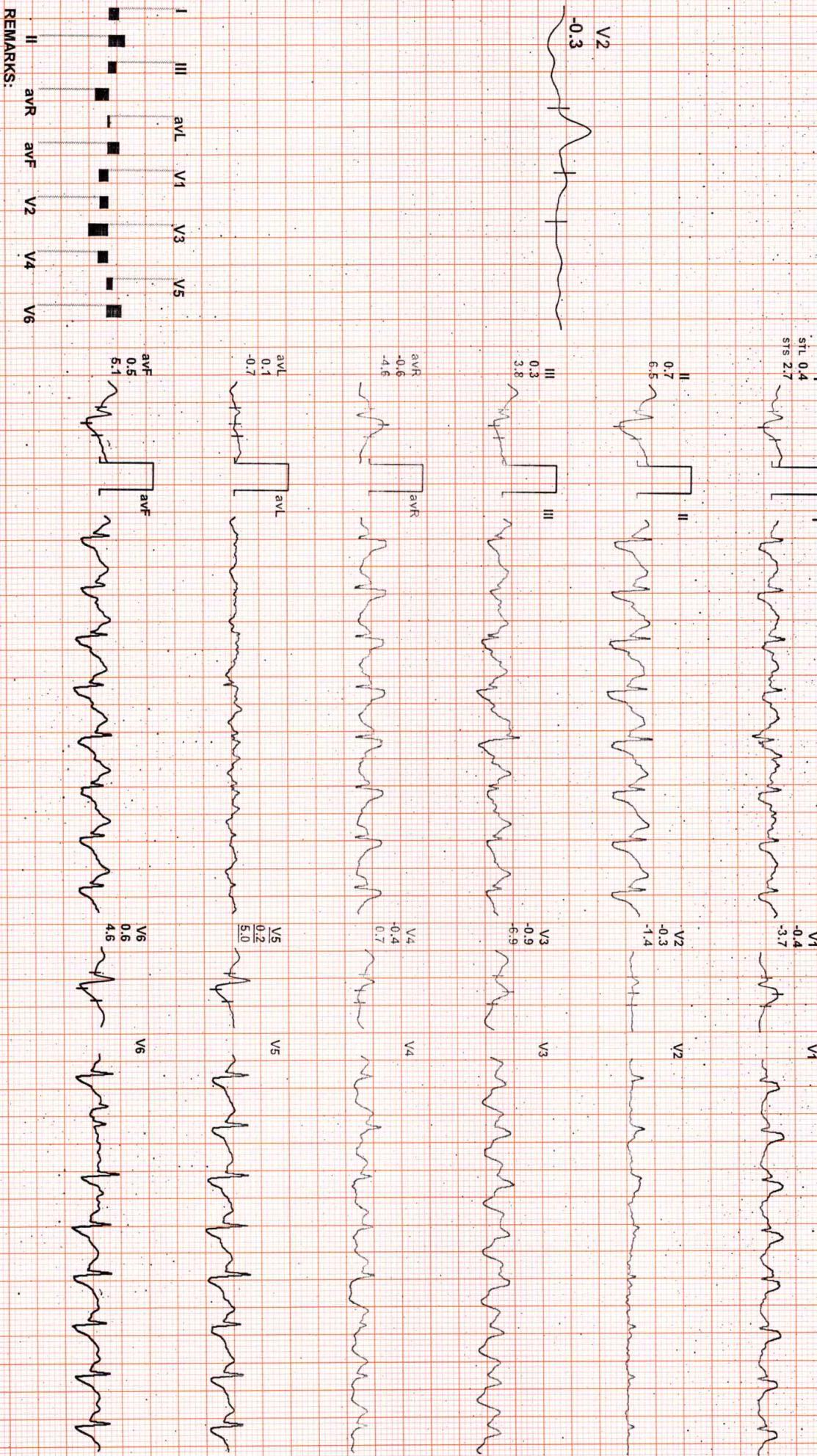


REMARKS:
 II avR
 III avF
 V1 V2
 V3 V4
 V5 V6



2016 /13 / MRS. AARTI JAIN / 28 Yrs / F / 0 Gms / 0 Kg / HR: 159

Date: 01 / 03 / 2025 01:37:02 PM METS: 1.2/159 bpm 83% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz
 4X 60 ms Post J ST: 0.4 s TS: 2.7 V1 -0.4 V2 -0.3 V3 -1.4 V4 -0.4 V5 -0.7 V6 0.6 5.0 ExTime: 06:38 0.0 mph, 0.0%
 25 mm/Sec. 1.0 Cm/mV



REMARKS:

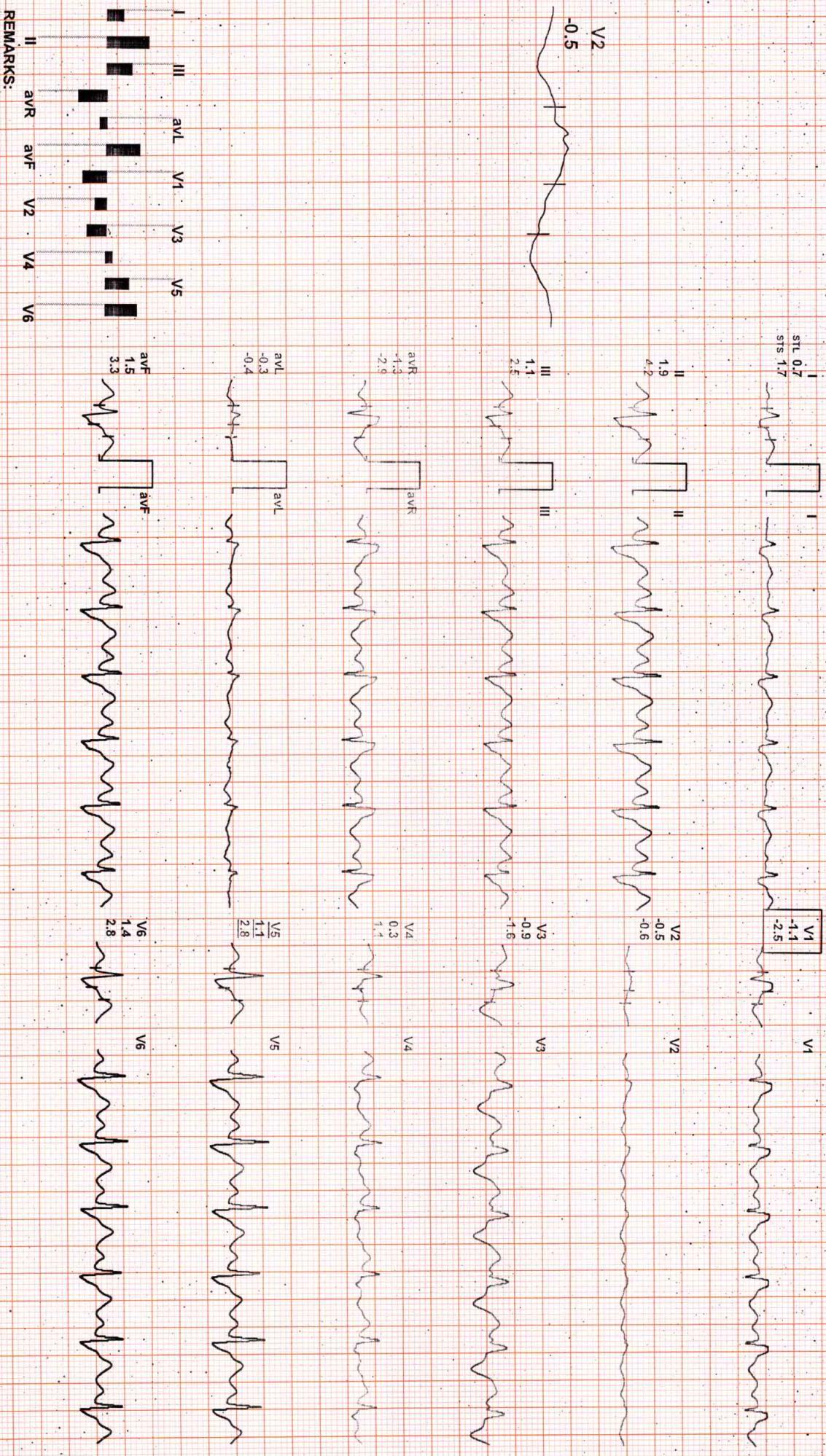
DR. GOYALS PATH LAB & IMAGING CENTRE

Recovery(2:00)



Date: 01/03/2025 01:31:02 PM METS: 1.0/116 bpm 60% of THR BP: 137/86 mmHg Combined Medians/BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J ExtTime: 06:38 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

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Recovery(3:00)



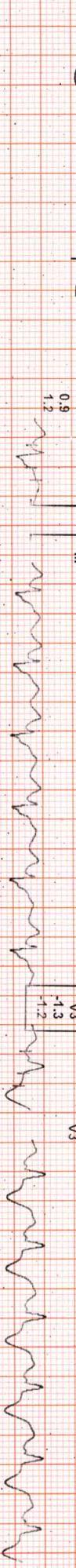
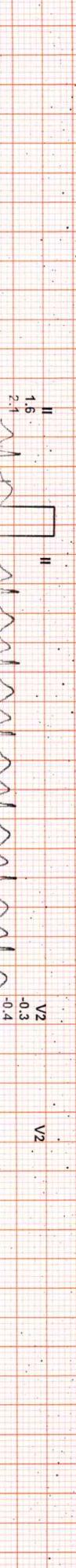
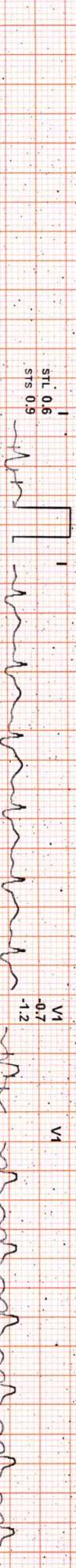
2016/(13)/MRS AARTI JAIN / 28 Y/S / F / 0 Cms / 0 Kg / HR : 113

Date: 01/03/2025 01:37:02 PM METS: 1.0/113 bpm 59% of THR BP: 130/85 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Pos/J

ExTime: 06.38 0.0 mph, 0.0%

25 mm/Sec., 1.0 Cm/mV



II
avr
avf
V2
V4
V6

REMARKS:

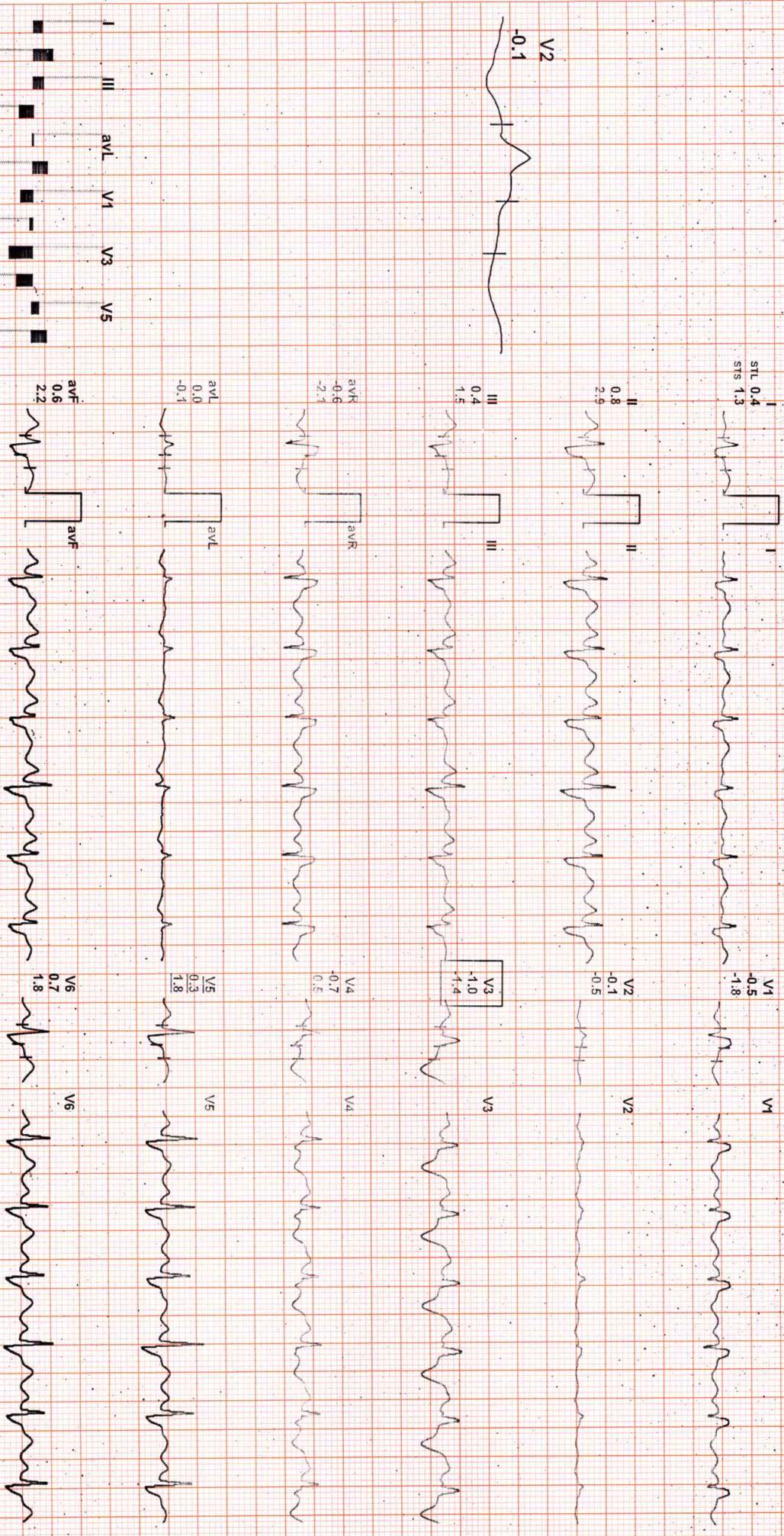
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Recovery(4.00)



Date: 01/03/2025 01:37:02 PM METS: 1.0/116 bpm 80% of THR BP: 126/86 mmHg Combined Medians/ ELC On/ Notch On HF: 0.05 Hz LF: 35 Hz

4X
80 mS Post J
STL 0.4
STS 1.3
ExtTime: 06:28 0.0 mph, 0.0%
25 mm/Sec. 1.0 cm/mV



II
avr
avr
V2
V4
V6
III
avL
V1
V3
V5
avF
avF
avF
avF
avF
avF
V6
V6
V6

REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

2016 (113) / MRS. AARTI JAIN / 28 Yrs / F / 0 Cms / 0 Kg / HR : 105

Recovery(5:00)

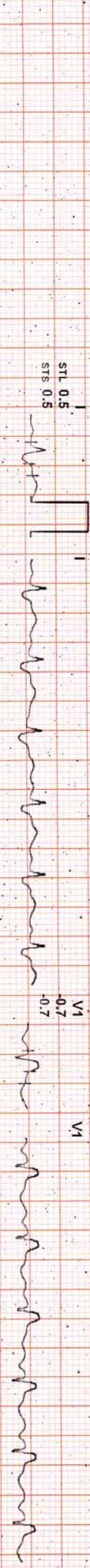


Date: 01/03/2025 01:37:52 AM METS: 1.0 105 bpm 55% of THR BP: 120/80 mmHg Combined Medians SLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS post

Extime: 05.38 4.0 mph, 0.0%

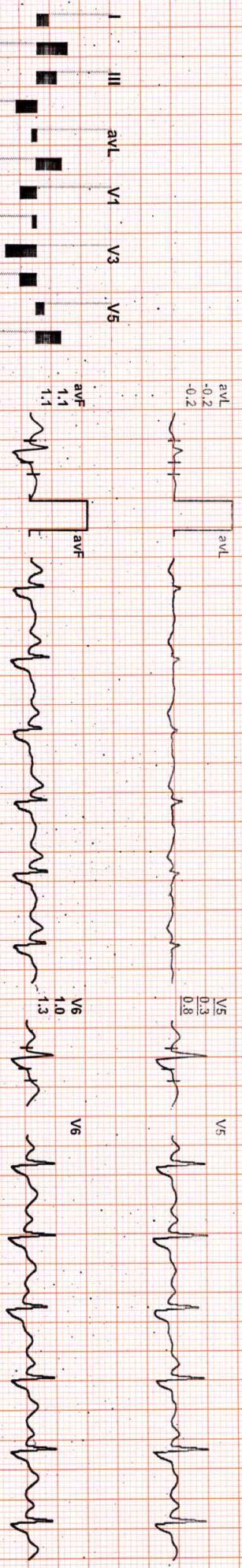
25 mmSec. 1.0 Cm/mV



V1
V2
V3
V4
V5
V6



V2
V3
V4
V5
V6



V2
V3
V4
V5
V6

REMARKS:

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Recovery(5:11)



2016 (11/3) / MRS. AARTI JAIN / 28 Yrs / F / 0 Cms / 0 Kg / HR : 105

Date: 01/03/2016 11:37:02 AM METS: 1.0 TOS: 0.5 BPM: 155% of THR BP: 120/80 mmHg Combined Medics/ ELC On/Neoch On HF: 0.05 Hz LF: 35 Hz

4X 80 mS Post J

Ex Time: 05:48 0.0 mph, 0.0%

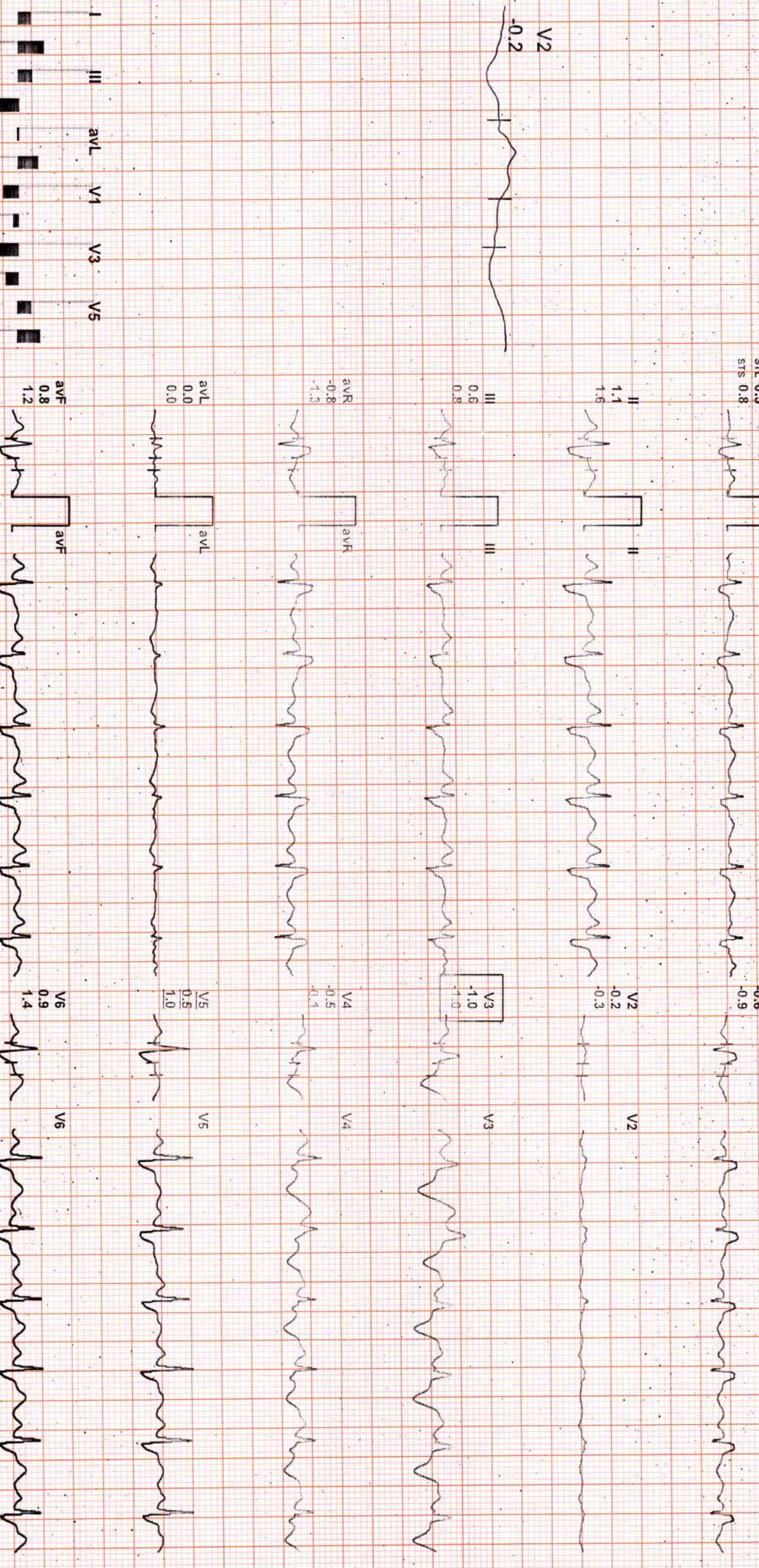
25 mm/Sec. 1.0 Cm/mV

I ST 0.5 V1 0.6
II STS 0.8 V2 -0.2
III 0.8 V3 -1.0

V4

V5

V6



REMARKS:

DR. GOYALS PATH LAB & IMAGING CENTRE

2016(113)/MRS. AARTI JAIN / 28 yrs / F / 10 Cms / 0 Kg / IHR : 95

Average



Lead: J1.03/20250137JL2410A

Lead	Value (mV)
I	0.00
II	1.1
III	0.9
aVR	-0.8
aVL	0.4
aVF	-0.5
V1	0.1
V2	0.7
V3	0.0
V4	-0.6
V5	-0.9
V6	0.0

Time (min)	HR (bpm)
0.0	112
0.5	100
1.0	100
1.5	100
2.0	100
2.5	100
3.0	100
3.5	100
4.0	100
4.5	100
5.0	100
5.5	100
6.0	100
6.5	100
7.0	100
7.5	100
8.0	100
8.5	100
9.0	100
9.5	100
10.0	100
10.5	100
11.0	100
11.5	100
12.0	100

ECG strip showing heart rate variability over 141 bpm. The strip displays a series of ECG leads with their respective heart rates and R-R intervals.

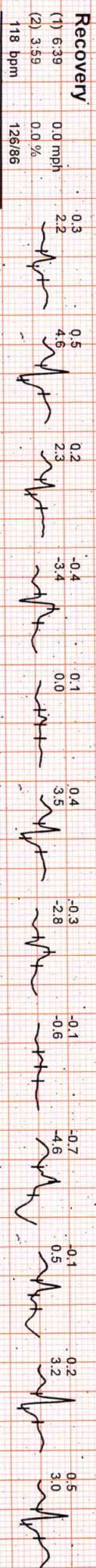
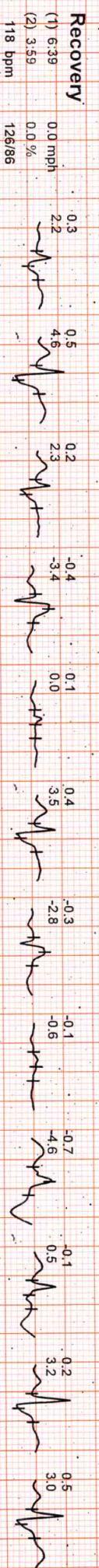
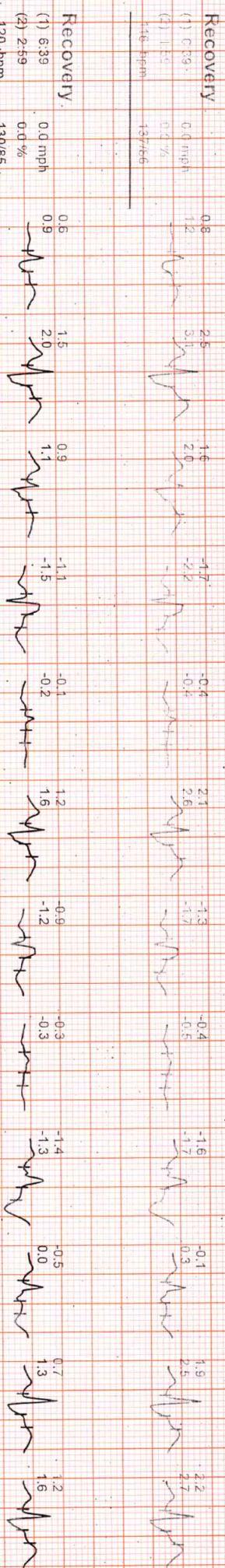
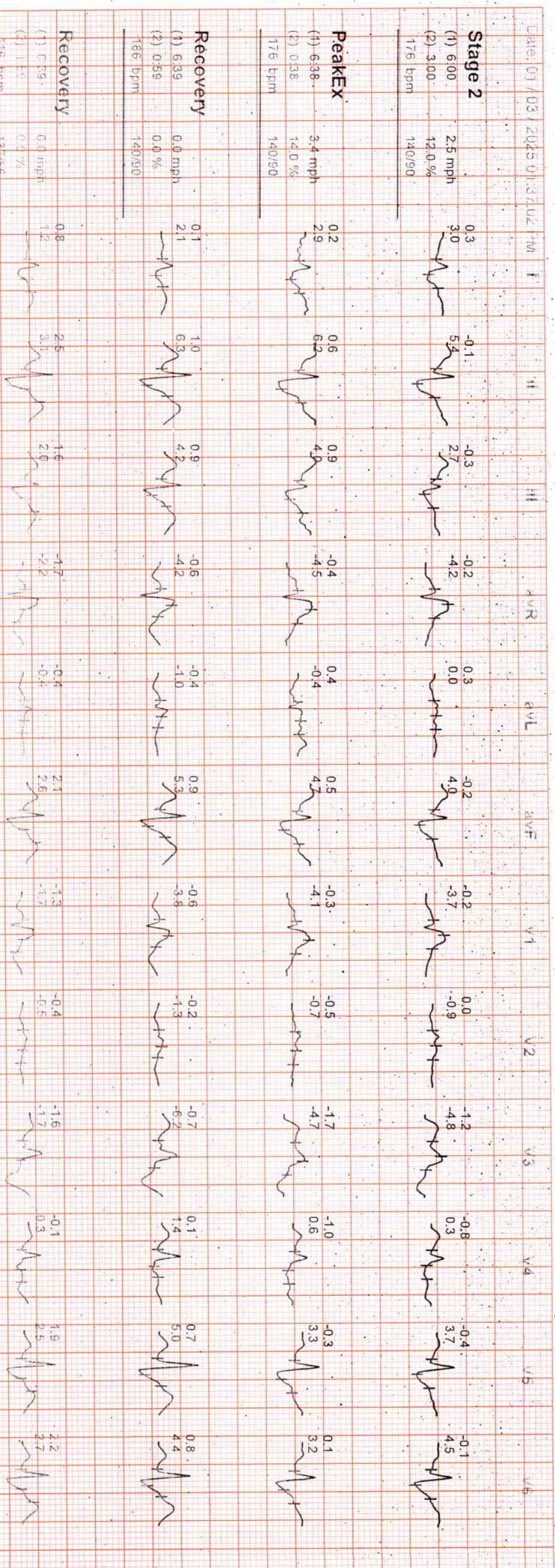
Lead	Heart Rate (bpm)	R-R Interval (ms)
(1) 3.00	1.7 mph	3.7
(2) 3.00	10.0 %	4.7
141 bpm	130/86	3.7

DR. GOYALS PATH LAB & IMAGING CENTRE

2016 (113) / MRS. AARTI JAIN / 28 Yrs / F / 0 Cms / 0 Kg / HR: 95

Average

4CHPL



DR. GOYALS PATH LAB & IMAGING CENTRE

2016 (113) / MRS. AARTI JAIN / 28 Yrs / F / 10 Cms / 0 Kg / HR : 95

Average



Figure 1: ECG strips showing heart rate recovery over time. The strips are arranged in a grid:

- Row 1:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 2:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 3:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 4:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 5:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 6:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 7:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 8:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 9:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 10:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 11:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 12:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 13:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 14:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 15:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 16:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 17:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 18:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 19:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.
- Row 20:** Recovery, 6:39, 0.0 mph, 123 bpm, 120:80.

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Tele : 0141-2293346, 4049787, 9887049787

Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com Patient ID :- 122430914



NAME :- Mrs. AARTI JAIN

Ref. By Dr:-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Lab/Hosp :-

Company :- Connect and Heal Care

Sample Type :- EDTA

Sample Collected Time 01/03/2025 10:35:26

Final Authentication : 01/03/2025 11:37:24

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
SE Health Screening 30-40 (Female)			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	11.9	L	g/dL 12.0 - 15.0
TOTAL LEUCOCYTE COUNT	8.27		/cumm 4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	72.4	%	40.0 - 80.0
LYMPHOCYTE	18.4	L	% 20.0 - 40.0
EOSINOPHIL	5.6	%	1.0 - 6.0
MONOCYTE	3.3	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
Absolute NEUT#	5.99	$10^3/\mu L$	1.50 - 7.00
Absolute LYMPH#	1.53	$10^3/\mu L$	1.00 - 3.70
Absolute EO#	0.46	H	$10^3/\mu L$ 0.00 - 0.40
Absolute MONO#	0.27	$10^3/\mu L$	0.00 - 0.70
Absolute BASO#	0.02	$10^3/\mu L$	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.04	$\times 10^6/\mu L$	3.80 - 4.80
HEMATOCRIT (HCT)	34.90	L	% 36.00 - 46.00
MEAN CORP VOLUME (MCV)	86.4	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.0	g/dL	31.5 - 34.5
PLATELET COUNT	232	$\times 10^3/\mu L$	150 - 410
RDW-CV	15.3	H	% 11.6 - 14.0
MENTZER INDEX	21.39		

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

Page No: 1 of 11




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Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com Patient ID :-122430914



NAME :- Mrs. AARTI JAIN

Ref. By Dr:-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Lab/Hosp :-

Company :- Connect and Heal Care

Sample Type :- EDTA

Sample Collected Time 01/03/2025 10:35:26

Final Authentication : 01/03/2025 11:37:24

HAEMATOLOGY

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

Erythrocyte Sedimentation Rate (ESR) 29 H mm/hr.

00 - 20

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

Instrument Name : Indepedent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteininaemia

(CBC) 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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Tele : 0141-2293346, 4049787, 9887049787

Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com Patient ID :- 122430914



Date : 01/03/2025 | Time : 10:32:51

Ref. By Dr:-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Lab/Hosp :-

Company :- Connect and Heal Care

Sample Type :- PLAIN/SERUM

Sample Collected Time 01/03/2025 10:35:26

Final Authentication : 01/03/2025 13:26:04

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL <small>Method:- Enzymatic Endpoint Method</small>	173.48	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES <small>Method:- GPO-PAP</small>	65.78	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL <small>Method:- Direct clearance Method</small>	57.75	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL <small>Method:- Direct clearance Method</small>	104.77	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL <small>Method:- Calculated</small>	13.16	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO <small>Method:- Calculated</small>	3.00		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO <small>Method:- Calculated</small>	1.81		0.00 - 3.50
TOTAL LIPID <small>Method:- CALCULATED</small>	477.02	mg/dl	400.00 - 1000.00

TOTAL CHOLESTEROL **InstrumentName**: Randox Rx Imola **Interpretation**: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein 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 HDLCHOLESTEROL **InstrumentName**: Randox Rx Imola **Interpretation**: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

DIRECT LDL-CHOLESTEROL **InstrumentName**: Randox Rx Imola **Interpretation**: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

TOTAL LIPID AND VLDL ARE CALCULATED

SURENDRAKHANGA

Page No: 3 of 11



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Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com Patient ID :- 122430914



Date : 01/03/2025 10:32:51

Ref. By Dr:-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Lab/Hosp :-

Company :- Connect and Heal Care

Sample Type :- PLAIN/SERUM

Sample Collected Time 01/03/2025 10:35:26

Final Authentication : 01/03/2025 13:26:04

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
Billirubin Total/Direct/Indirect			
SERUM BILIRUBIN (TOTAL) <small>Method:- Colorimetric method</small>	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) <small>Method:- Colorimetric Method</small>	0.12	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) <small>Method:- Calculated</small>	0.38	mg/dl	0.30-0.70

SURENDRAKHANGA

Page No: 4 of 11



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Website: www.drgoyalspathlab.com | Email: goyalpiyush@gmail.com Patient ID :- 122430914



NAME :- Mrs. AARTI JAIN

Ref. By Dr:-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Lab/Hosp :-

Company :- Connect and Heal Care

Sample Type :- PLAIN/SERUM

Sample Collected Time 01/03/2025 10:35:26

Final Authentication : 01/03/2025 12:48:43

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.360	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.050	ug/dl	5.520 - 12.970
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.171	μIU/mL	0.350 - 5.500
<p>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.</p> <p>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.</p> <p>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.</p>			
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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Tele : 0141-2293346, 4049787, 9887049787

Date : 01/03/2025 | Time: 10:35:51 Website: www.drgoyalpathlab.com | Email: drgoyalpiyush@gmail.com Patient ID :-122430914



NAME :- Mrs. AARTI JAIN

Ref. By Dr:-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Lab/Hosp :-

Company :- Connect and Heal Care

Sample Type :- URINE

Sample Collected Time 01/03/2025 10:35:26

Final Authentication : 01/03/2025 14:50:01

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Urine Routine

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	Clear	Clear

CHEMICAL EXAMINATION

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

MICROSCOPY EXAMINATION

RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA
Technologist

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Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

Website: www.drgoyalpathlab.com | Email: drgoyalpiyush@gmail.com Patient ID :-122430914



Date : 01/03/2025 | Time : 10:35:26

Ref. By Dr:-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Lab/Hosp :-

Company :- Connect and Heal Care

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na SALT/Na FLUORIDE-F

Final Authentication : 01/03/2025 14:54:23

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM UREA <small>Method:- Enzymatic kinetic</small>	18.20	mg/dl	10.00 - 50.00
SERUM CREATININE <small>Method:- Colorimetric Method</small>	0.66	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID <small>Method:- Enzymatic colorimetric</small>	3.34	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7
SGOT <small>Method:- IFCC</small>	29.4	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT <small>Method:- IFCC</small>	31.4 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE <small>Method:- AMP Buffer</small>	64.10	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN <small>Method:- Biuret Reagent</small>	6.50	g/dl	6.40 - 8.30
FASTING BLOOD SUGAR (Plasma) <small>Method:- GOD PAP</small>	85.4	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

97.7 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 CALCIUM
Method:- Colorimetric method

8.47 mg/dl

8.10 - 10.40

SURENDRAKHANGA

Page No: 7 of 11



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Patient ID :-122430914



NAME :- Mrs. AARTI JAIN

Ref. By Dr:-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Lab/Hosp :-

Company :- Connect and Heal Care

Sample Type :- PLAIN/SERUM

Sample Collected Time 01/03/2025 10:35:26

Final Authentication : 01/03/2025 13:26:04

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
C-REACTIVE PROTEIN (QUANTITATIVE) <small>Method:- Immuno-Turbidimetric & Nephelometry</small>	1.73	mg/L	0.00 - 6.00

Interpretation:

- * C-reactive protein (CRP) is one of the most sensitive acute-phase reactants. Plasma CRP levels can increase dramatically (100- fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation. Measurement of CRP is used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection , and to monitor these inflammatory processes.
- * The CRP levels return to reference ranges more rapidly after the disease has subsided.

SURENDRAKHANGA
Technologist

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Tele : 0141-2293346, 4049787, 9887049787

Date : 01/03/2025 | Time : 10:32:51
Website: www.drgoyalspathlab.com | Email: drgoyalpiyush@gmail.com Patient ID :-122430914



NAME :- Mrs. AARTI JAIN

Ref. By Dr:-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Lab/Hosp :-

Company :- Connect and Heal Care

Sample Type :- PLAIN/SERUM

Sample Collected Time 01/03/2025 10:35:26

Final Authentication : 01/03/2025 12:48:43

VITAMIN B-12 LEVEL

247

pg/ml

211 - 911

Instrument Name: ADVIA CENTAUR CP **Interpretation :** Reduced levels of vitamin B12 may indicate the presence of vitamin dependent anemia. Elevated levels of vitamin B12 have been associated with pregnancy, the use of oral contraceptives and multivitamins and in myeloproliferative diseases, such as CML and CMML. An elevated level of vitamin B12 is not known to cause clinical problems. Measurement of vitamin B12 is intended to identify and monitor vitamin B12 deficiency. This can arise from the following; (1) Defect in the secretion of Intrinsic Factor, resulting in inadequate absorption from food (pernicious anemia); (2) Gastrectomy and malabsorption due to surgical resection; and (3) A variety of bacterial or inflammatory diseases affecting the small intestine.

NARENDRAKUMAR
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Page No: 9 of 11



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Date : 01/03/2025 | Time : 10:35:26

Ref. By Dr:-

NAME :- Mrs. AARTI JAIN

Lab/Hosp :-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Company :- Connect and Heal Care

Sample Type :- PLAIN/SERUM

Sample Collected Time 01/03/2025 10:35:26

Final Authentication : 01/03/2025 12:48:43

SEROLOGY

Test Name	Value	Unit	Biological Ref Interval
VITAMIN-D3 Method:- Chemiluminescence(Enhanced Chemiflex)	23.90	L ng/mL	Deficiency <20.00 ng/ml Insufficiency 20-29 ng/ml Sufficiency 30-100 ng/ml Potential Toxicity > 100 ng/ml

NARENDRAKUMAR
Technologist

Page No: 10 of 11



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Tele : 0141-2293346, 4049787, 9887049787

Website: www.drgoyalpathlab.com | Email: drgoyalpiyush@gmail.com Patient ID :-122430914



Date : 01/03/2025 | Time : 10:35:26

Ref. By Dr:-

NAME :- Mrs. AARTI JAIN

Lab/Hosp :-

Sex / Age :- Female 28 Yrs 7 Mon 6 Days

Company :- Connect and Heal Care

Sample Type :- SWAB

Sample Collected Time 01/03/2025 10:35:26

Final Authentication : 01/03/2025 11:43:46

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Specimen - Conventional smear.

Adequacy - Satisfactory for opinion.

Microscopy:

H/E stained smears show predominantly superficial and intermediate squamous epithelial cells in the clean background.

Endocervical cells - Not seen.

No organism seen.

IMPRESSION : Negative for intraepithelial lesion or malignancy.

Adv: Clinical correlation.

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

Slides will be kept for one month only.

*** End of Report ***

MANOJ CHOUDHARY
Technologist

Page No: 11 of 11




Dr. Deepika Malhotra
MBBS. MD (Path)
RMC No. - 34172



Date :- 01/03/2025 10:32:51
NAME :- Mrs. AARTI JAIN
Sex / Age :- Female 28 Yrs 7 Mon 6 Days
Company :- Connect and Heal Care

Patient ID :- 122430914
Ref. By Doctor:-
Lab/Hosp :-

SE Health Screening 30-40 (Female)

Final Authentication : 01/03/2025 11:23:10

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)

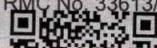


Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI
(RMC No. 33613 / 14911)

*** End of Report ***

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

Dr. Navneet Agarwal
MBBS, MD, DNB (Radio Diagnosis)
RMC No. 33613/14911



This report is not valid for medico-legal purpose.

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Date :- 01/03/2025 10:32:51
NAME :- Mrs. AARTI JAIN
Sex / Age :- Female 28 Yrs 7 Mon 6 Days
Company :- Connect and Heal Care

Patient ID :- 122430914
Ref. By Doctor:-
Lab/Hosp :-

Final Authentication : 01/03/2025 13:33:43

SE Health Screening 30-40 (Female)

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. **Multiple calculi are seen in GB lumen, largest measuring approx. 12.9 mm.** 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 ~ 86x41x37 mm.
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.

Endometrial echo is normal. Endometrial thickness is 7.9 mm.

Both ovaries are visualised and are normal. No adnexal mass is seen.

Right ovary ~ 19x13 mm Left ovary ~ 27x20 mm

No significant free fluid is seen in pouch of douglas.

IMPRESSION:

* Cholelithiasis.

Needs clinical correlation.

*** End of Report ***

Page No: 1 of 1
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