

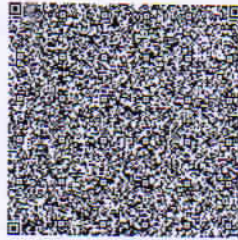


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0648/00635/38744

To
जयदेव
Jaydev
S/O Radheshyam,
VTC: Kithana,
PO: Kithana,
District: Jhunjhunur,
State: Rajasthan,
PIN Code: 333028,
Mobile: 9928990254



Validity: unknown
Digitally signed by Jaydev
UIDAI, DN: cn=Jaydev, o=Unique
Identification Authority of India,
c=IN, Date: 2024.11.08 11:58
GMT+05:30

आपका आधार क्रमांक / Your Aadhaar No. :

6052 0728 4541

VID : 9194 1075 8697 5842

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



जयदेव
Jaydev
जन्म तिथि/DOB: 27/06/1988
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑनलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

6052 0728 4541

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in, पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

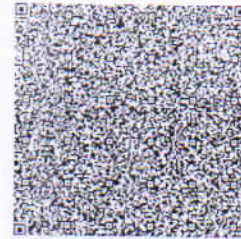


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O राधेश्याम, किथाना, किथाना, झुंझुनूर,
राजस्थान - 333028
Address:
S/O Radheshyam, Kithana, PO: Kithana,
DIST: Jhunjhunur,
Rajasthan - 333028

Details as on: 23/11/2024



6052 0728 4541

VID : 9194 1075 8697 5842

1947 | help@uidai.gov.in | www.uidai.gov.in



Handwritten signature

मो. 9928980254



JAYDEV, *
VS8802757-24-11-23-5

RAJASTHANI DIAG & MRI CENTRE

Tls 0.1 23.11.2024
Tlb 0.1 AM 10:04:30
MI 1.1 CI-5-BS
20Hz/18.2cm
P0/1.4
Abdomen/ABD
HM PI 7.00 - 2.40
AO 100%
Gn 5
C6/M4
F2/F3
SRI H 1/2/3/1

JAYDEV, *
VS8802757-24-11-23-5

RAJASTHANI DIAG & MRI CENTRE

Tls 0.1 23.11.2024
Tlb 0.1 AM 10:03:40
MI 1.1 CI-5-BS
20Hz/18.2cm
P0/1.4
Abdomen/ABD
HM PI 7.00 - 2.40
AO 100%
Gn 5
C6/M4
F2/F3
SRI H 1/2/3/1



RAJSTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	JAIDEV	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECKUP	DATE	23-Nov-24

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and mild bright echotexture. No IHBR dilatation is seen. No focal mass seen. Portal vein and hepatic veins are normal in diameter. Common bile duct is normal in diameter and lumen is clear.

Gall bladder: is normal in size shape, location with echo free lumen. Wall thickness is normal. No echogenic shadow suggestive of calculus is seen. No focal mass or lesion is seen.

Pancreas: is normal in size, shape and echotexture. No focal mass or lesion is detected. Pancreatic duct is not dilated.

Rt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

Lt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

Spleen: is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

Urinary Bladder: is well distended. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

Prostate: is normal in size, regular in shape and outline. Capsule is intact. No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

IMPRESSION:

- ❖ Grade I fatty liver.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MD RADIODIAGNOSIS

Dr. Anusha Mahalawat
MD (Radiodiagnosis)
(RMC. 38742/25457)



आपताकालीन सेवाएं

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE



B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592 294977

Jaydev
ID: (ZZE35840)

Visit: Centre 27.06.1988 168 cm Male
36 Years 75.0 kg
Phone Number: 9928980254

23.11.2024 10:57:32
RAJASTHANI DIAGNOSTIC CENTRE
Indira nagar
Jhunjhunu

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

QRS	78 ms
QT / QTcBaz	384 / 408 ms
PR	136 ms
P	98 ms
RR / PP	878 / 882 ms
P / QRS / T	49 / 29 / 9 degrees

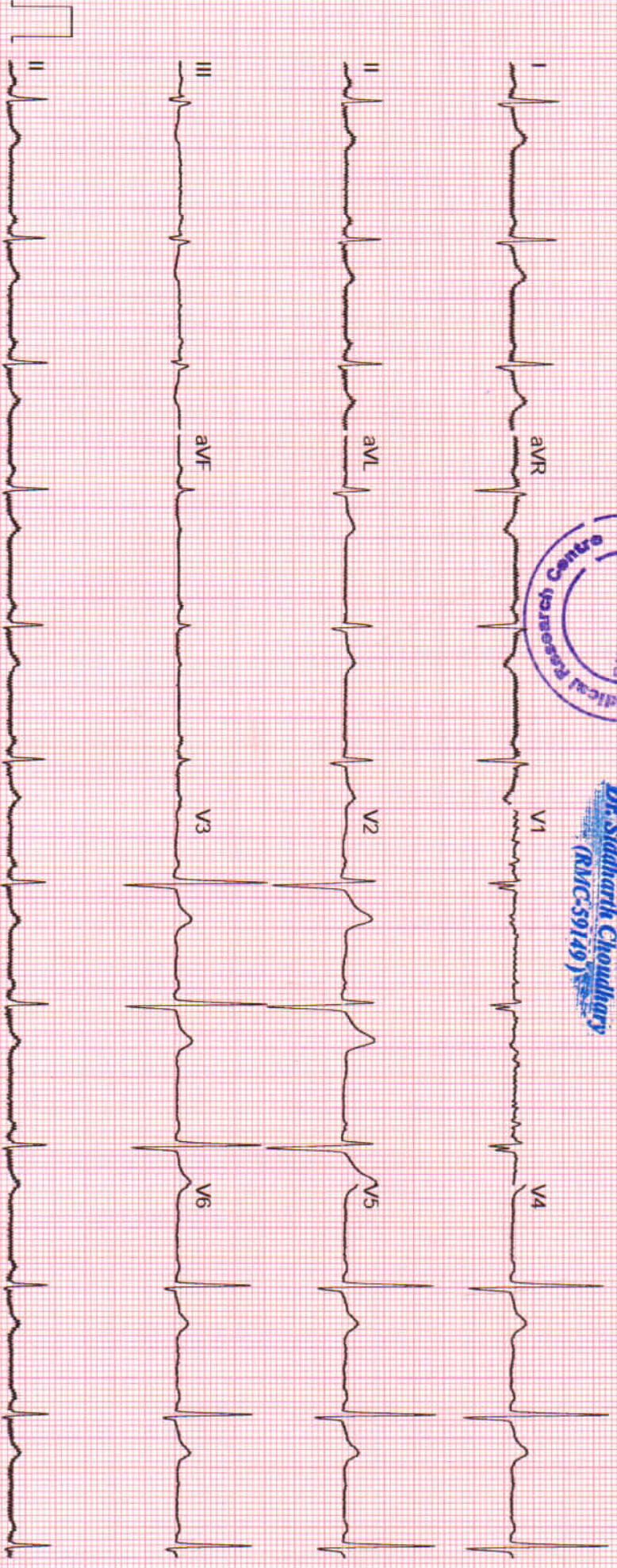
Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

68 bpm
- / - mmHg



Dr. Siddharth Choudhary
(RMC-59149)



Unconfirmed

CARDIART



RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECC

MAMOGRAPHY

NAME : JAYDEV	AGE/SEX : M
REF.BY :SELF	DATE: 23-Nov-24

X-RAY CHEST (PA)

Both lung fields appear normal in under view

No e/o consolidation or cavitations is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage & soft tissue shadow appear normal.

IMPRESSION :- NORMAL X-RAY CHEST (PA)

DR. ANUSHA MAHALAWAT
MD (RADIODIAGNOSIS)
RMC -38742/25457

Note - Please correlate the measurements on the typed report with the image and in case of any discrepancy/doubt, please contact us immediately. There is only a professional opinion and should be correlated clinically. No valid for medico-legal purpose.

Dr. Anusha Mahalawat
MD (Radiodiagnosis)
(RMC. 38742/25457)

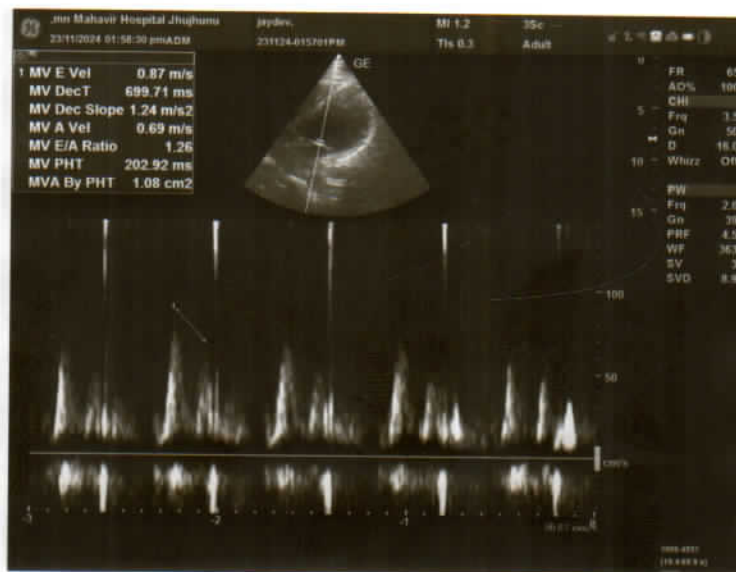
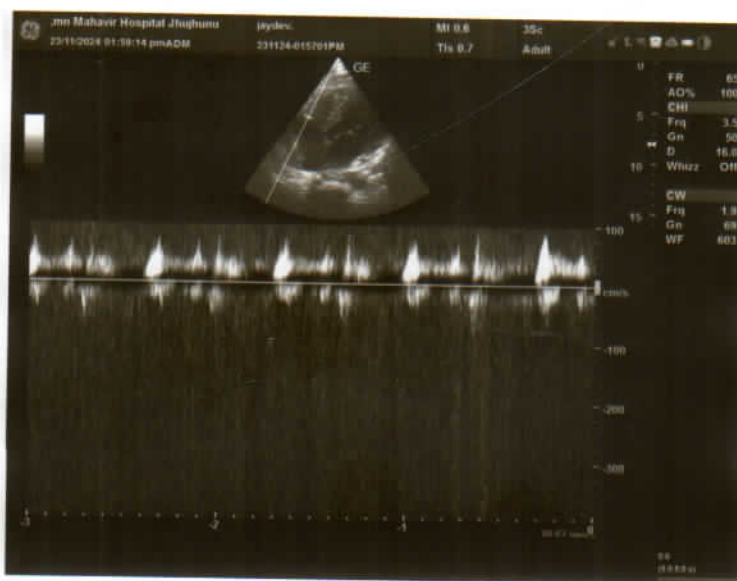
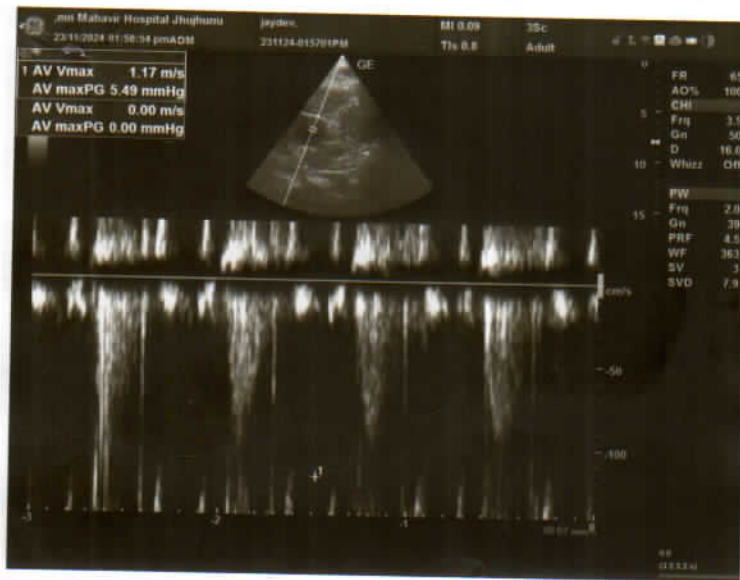


आपातकालीन सेवाएं

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE



B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977





Name	: JAYDEV	Father/Husband	: RADHE SHYAM	IPD/OPD status	: OPD
Age/Sex	: 36 Y/Male	Reg. No.	: OutSide	Category	: CASH
Consultant	: M. S. MEEL	Accession No.	: 20241123022	Bed No.	: -
		BILL.NO	: 2403246825	Date	: 23/11/2024 11:59:32 AM

TRANSTHORACIC ECHO-DOPPLER TEST REPORT

MITRAL VALVE-

Morphology **AML**-Normal/Thickening/Calcification/Flutter/Restricted mobility/SAM/Doming.

PML-Normal/Thickening/Calcification/Prolapse/Fixed/Restricted Mobility/Flutter.

Doppler- Normal/Abnormal

Mitral E/A Velocity= 87/69 (cm/sec).

Mitral Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Mitral Stenosis

Absent/Present.

TRICUSPID VALVE-

Morphology -Normal/Atresia/Thickening/Calcification/Prolapse/Doming.

Doppler- Normal/Abnormal

Tricuspid Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Tricuspid Stenosis

Absent/Present.

PULMONARY VALVE-

Morphology -Normal/Atresia/Thickening/Doming/Vegetation.

Doppler- Normal/Abnormal

Pulmonary Velocity = 79 (cm/sec)

Pulmonary Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Pulmonary Stenosis

Absent/Present.

AORTIC VALVE-

Morphology -Normal/Thickening/Calcification/Flutter/Sclerosis/Doming.

No of Cusps- 1/2/3.

Doppler- Normal/Abnormal

Aortic Velocity = 117 (cm/sec)

Aortic Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Aortic Stenosis

Absent/Present.

Aorta = 2.6cm (2.0 - 3.7cm)

Left Atrium = 4.5 cm (1.9 - 4.0 cm)

LV measurement

Diastole

Systole

IVS

0.6 cm (0.6-1.1cm)

0.9 cm

LVID

5.4 cm (3.7-5.6cm)

3.5 cm (2.2 - 4.0 cm)

LVPW

1.06 cm (0.6-1.1cm)

1.09 cm

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy.

Contraction Normal/Reduced.

Regional wall motion abnormality : Present/Absent.

LA Normal/Enlarged/Clear/Thrombus.

RA Normal/Enlarged/Clear/Thrombus.

RV Normal/Enlarged/Clear/Thrombus.



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

यह रिपोर्ट केवल चिकित्सा उद्देश्यों के लिए है।
इसकी प्रतिलिपि 104 टोल फ्री सेवा से की जा सकती है।

MAHAVIR HOSPITAL

Health & Hygiene

D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)



Tel. : 01592-232361
9680960962

MAHAVIR HOSPITAL

COMMENTS & SUMMARY-

ECHO window-Good/Fair/Poor.

No regional wall motion abnormality seen, LVEF=55%.

Normal cardiac chamber dimensions seen.

Trace MR, trace TR, no PAH.

Normal systolic function.

Normal diastolic function.

No I/C clot/vegetation.

Intact IAS/IVS & No CoA, no pericardial effusion.

Dr. M.S. MEEL
MD (Medicine)
Reg. No. 79372635
Mahavir Hospital, Jhunjhunu

Dr M S Meel
MD Medicine
Senior Physician

Dr Pallavi Choudhary
MD Paediatrics
Consultant



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

यह रिपोर्ट केवल चिकित्सा व कानून के उद्देश्यों के लिए है।
इसकी प्रतिलिपि 104 टोल फ्री सेवा पर की जा सकती है।



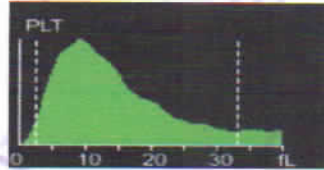
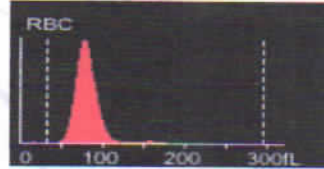
Hematology Analysis Report

First Name: JAIDEV
Last Name:
Gender: Male
Age: 36 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 5
Test Time: 23/11/2024 10:41
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	7.13	4.00-10.00	10 ³ /uL
2 Neu%	51.3	50.0-70.0	%
3 Lym%	38.7	20.0-40.0	%
4 Mon%	6.5	3.0-12.0	%
5 Eos%	3.0	0.5-5.0	%
6 Bas%	0.5	0.0-1.0	%
7 Neu#	3.66	2.00-7.00	10 ³ /uL
8 Lym#	2.76	0.80-4.00	10 ³ /uL
9 Mon#	0.46	0.12-1.20	10 ³ /uL
10 Eos#	0.21	0.02-0.50	10 ³ /uL
11 Bas#	0.04	0.00-0.10	10 ³ /uL
12 RBC	4.93	3.50-5.50	10 ⁶ /uL
13 HGB	12.4	11.0-16.0	g/dL
14 HCT	42.1	37.0-54.0	%
15 MCV	85.4	80.0-100.0	fL
16 MCH	25.1 L	27.0-34.0	pg
17 MCHC	29.4 L	32.0-36.0	g/dL
18 RDW-CV	12.3	11.0-16.0	%
19 RDW-SD	43.0	35.0-56.0	fL
20 PLT	191	100-300	10 ³ /uL
21 MPV	9.9	6.5-12.0	fL
22 PDW	13.7	9.0-17.0	fL
23 PCT	0.188	0.108-0.282	%
24 P-LCR	36.5	11.0-45.0	%
25 P-LCC	70	30-90	10 ³ /uL



Mamta Khuteta
Dr. Mamta Khuteta
M D. (Path.)
RMC No : 4720/16260

Submitter: Operator: admin Approver:
Draw Time: 23/11/2024 10:40 Received Time: 23/11/2024 10:40 Validated Time:
Report Time: 23/11/2024 16:13 Remarks:

*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours



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RAJASTHANI DIAGNOSTIC & MRI CENTRE




FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **JAIDEV**
Sr. No. : **10**
Patient ID No.: **12027**
Age : **36** Gender : **MALE**
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **23-11-2024 12:32 PM**
Collected On : **23-11-2024 12:32 PM**
Received On : **23-11-2024 12:32 PM**
Reported On : **23-11-2024 04:40 PM**
Bar Code 
LIS Number **8 0 4 4**

LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	167.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	52.00	mg/dL	35--88
Triglycerides (Method: GPO)	115.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	92.00	mg/dL	0--150
VLDL Cholesterol	23.00	mg/dL	0--35
TC/HDL Cholesterol Ratio	3.21	Ratio	2.5--5
LDL/HDL Ratio	1.77	Ratio	1.5--3.5

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	16	mm/hr	20
BLOOD GROUPING (ABO & Rh)	O+ Positive		

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist

24/7
EMERGENCY SERVICE
BIOCHEMIST

Kamla Khulela
Dr. Kamla Khulela
M.D. (Path.)
DNC No. 14720/16266

PATHOLOGIST



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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY




MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.00	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	96.80	mg/dL	
eAG (Estimated Average Glucose)	5.37	mmol/L	

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

Remarks :

Glycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes that are meeting Treatment Goals (and That have stable glycemic Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemic Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Aneamia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

24/7
EMERGENCY SERVICE
LOGIST

Namita Khulela

Dr. Namita Khulela
M.D. (Path.)
BMC No. : 4730/15266

PATHOLOGIST



T&C - This Reports is Not Valid For Medical Purposes Identification and name of person is not responsibility.
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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method : GOD-POD)	97.00	mg/dL	Glucose Fasting Cord: 45-96 New born, 1d: 40 -60 New born, >1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121

KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	36.00	mg/dL	Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-36 4-13 years : 15-36 13-19 years : 18-45
Creatinine (Method : Enzymatic Creatininase)	1.02	mg/dL	0.4--1.40
Calcium	10.69	mg/dL	8.5--11
Uric Acid (Method : Uricase-POD)	4.58	mg/dL	2.4--7.2

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

24/7
EMERGENCY SERVICE
LOGIST

Kamta Khelita

Dr. Kamta Khelita
M.D (Path.)
SMC No. : 4720/16260

PATHOLOGIST



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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



RAJASTHANI DIAGNOSTIC & MRI CENTRE




FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **JAIDEV**
Sr. No. : **10**
Patient ID No.: **12027**
Age : **36** Gender : **MALE**
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **23-11-2024 12:32 PM**
Collected On : **23-11-2024 12:32 PM**
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BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	35.00	U/L	5--40
SGPT/ALT(Tech.: -UV Kinetic)	29.00	U/L	5--40
Bilirubin(Total) (Method: Diazo)	0.79	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day : 1-8, 1-2 days : 6-12, 3-5 days : 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days : 6-10, 3-5 days : 4-8
Bilirubin(Direct)	0.15	mg/dL	0--0.3
Bilirubin(Indirect)	0.64	mg/dL	0.1--1.0
Total Protein (Method: BIURET Method)	7.01	g/dL	Adults : 6.4 - 8.3 Premature : 3.6 - 6.0 Newborn : 4.6 - 7.0 1 Week : 4.4 - 7.6 7-12 months : 5.1 - 7.3 1-2 Years : 5.6 - 7.5 > 2 Years : 6.0 - 8.0
Albumin(Tech.: -BCG) (Method: BCG)	3.90	gm/dL	0-4 days: 2.8-4.4 4d-14 yrs: 3.8-5.4 14y-18y : 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.11	gm/dL	2.5--4.5
A/G Ratio(Tech.: -Calculated)	1.25		1.2 -- 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	214.00	U/L	108-306

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist



Namta Khulela
Dr. Namta Khulela
M.D (Path)
TMC No. : 4720/16260

PATHOLOGIST



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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.80	ng/ML	0.6 - 1.8 ng/ML
T4 (TotalThyroxine)	7.52	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	2.00	µIU/mL	0.35--5.50

Sample Type : **Serum**

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (**ARCHITECT- i1000 PLUS**) Abbott USA

Remarks :

Primary malfunction of the Thyroid gland may result in excessive (hyper) or Low (hypo) release of T3 or T4. In additional, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.

Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary Hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick syndrome, multiple alterations in serum thyroid function test findings have been recognized.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

24/7
EMERGENCY SERVICE
PATHOLOGIST

Kavita Khulela
Dr. Kavita Khulela
M.D (Path.)
S.M.C No. : 4720/16260

PATHOLOGIST



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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity	20	ml	
Colour	Dark Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.020		
PH	6.0		4.5-6.5

CHEMICAL

Reaction	Acidic		
Albumin	trace		
Urine Sugar	Nil		

MICROSCOPIC

Red Blood Cells	Nil	/h.p.f.	
Pus Cells	3-5	/h.p.f.	
Epithelial Cells	1-2	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bacteria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		

<<< END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

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Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

24/7
EMERGENCY SERVICE
LOGIST

Kamla Khulela

Dr. Kamla Khulela
P.B.S. (Path.)
D.M.C. No. 14730/16200

PATHOLOGIST



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Ashish Sethi
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Dr. Kamta Khulela
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