

भारत सरकार
Government of India

सुनीता देवी
Sunita Devi
जन्म तिथि / DOB : 03/03/1980
महिला / Female

Issue Date : 07/03/2013

9437 2310 6119

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: W/O: धर्मवीर सिंह, दुलानिया, झुंझुनू,
राजस्थान, 333031

Address: W/O: Dharmveer Singh,
Dulaniya, Jhunjhunun, Rajasthan, 333031

Print Date : 22/03/2022

9437 2310 6119

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

सुनीता देवी

Rajasthani Diagnostic and
Medical Research Centre
Jhunjhunu

ID: sunita devi

Female

16.02.2025 11:48:16
RAJASTHANI DIAGNOSTIC CENTRE
Indira nagar
Jhunjhunu

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

75 bpm
-- / -- mmHg

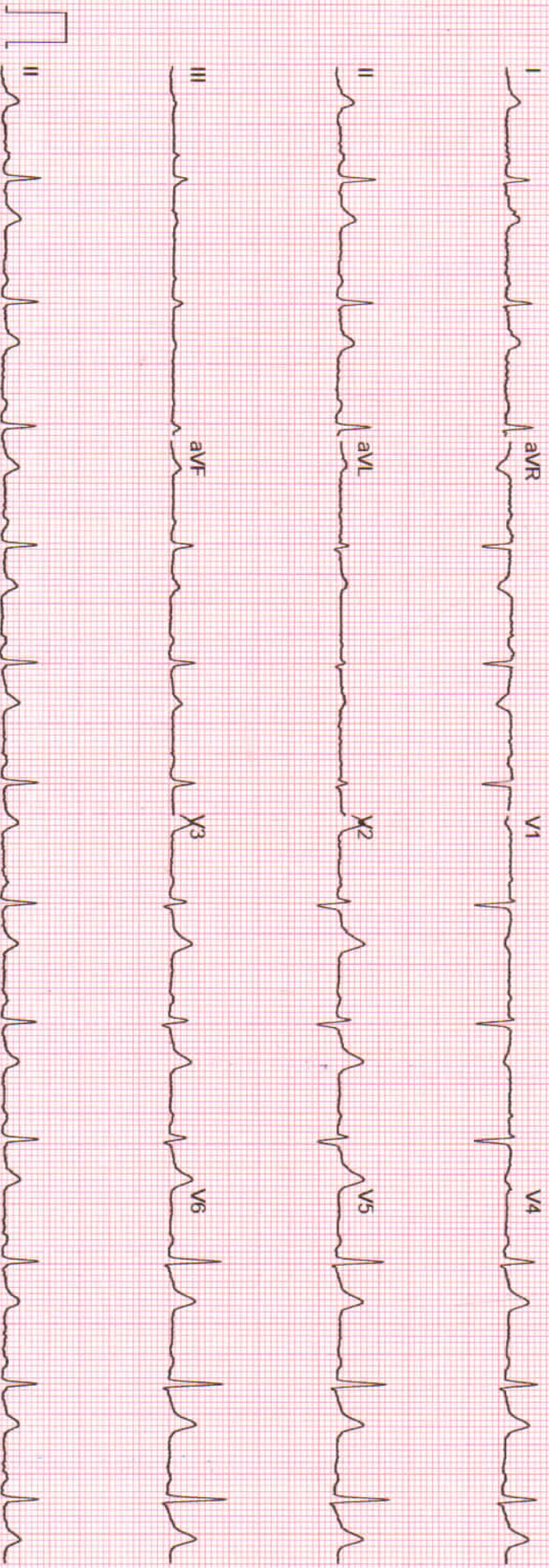
QRS : 64 ms
QT / QTcBaz : 386 / 431 ms
PR : 152 ms
P : 82 ms
RR / PP : 802 / 800 ms
P / QRS / T : 47 / 55 / 46 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph.
Referring Ph.
Attending Ph.

Handwritten signature in blue ink.

Rajasthan Diagnostic and
Medical Research Centre
Jhunjhunu



Unconfirmed





RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	SUNITA DEVI	AGE-	SEX: F
REF/BY:	BOB HEALTH CHECKUP	DATE	16-Feb-25

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is enlarged in size 15.7 cm, shape and 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. A well defined echogenic lesion measuring approx 9.3x9 mm is seen at mid pole of kidney without internal vascularity.

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.

Uterus: h/o hysterectomy. Vault appears normal.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

IMPRESSION:

- ❖ Mild hepatomegaly.
- ❖ ?Left renal angiomyolipoma.

Advised: clinicopathological correlation

DR. NIRMALA ROYAL
MD RADIODIAGNOSIS

Dr. Nirmala Royal
MD (Radiodiagnosis)
RMC 32422/24686



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MAMOGRAPHY

Patient ID		Patient Name	SUNITA DEVI
Age	43 Yrs.	Date	16-Feb-25
Gender	FEMALE	Ref Doctor	BOB

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)

Nirmala
Dr. Nirmala Royal

MD (Radiodiagnosis)

RMC - 32422/24686

Dr. Nirmala Royal
MD (Radiodiagnosis)
RMC 32422/24686

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.



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ECG

MAMMOGRAPHY

Patient ID		Patient Name	SUNITA DEVI
Age	43Yrs.	Date	16-02-2025
Gender	FEMALE	Ref Doctor	BOB

RIGHT BREST MEMOGRAPHY

RIGHT BREST- Breast composition: Scattered areas of fibroglandular density- Type B

MASS: No evidence of any hyperdense mass or dilated duct. On USG correlation no mass identified, no area of oedema or inflammation.

CALCIFICATIONS: Not detected

DILATED DUCTS: Not present

INTRA-MAMMARY NODE: Nil

ASYMMETRIC BREAST TISSUE :Nil

No architectural distortion, skin retraction, thickening.

AXILLA: Not present

IMPRESSION

- No abnormality detected on mammography. BIRADS 1.

Nirmala
Dr. Nirmala Royal

MD (Radiodiagnosis)

RMC 32422/24686

Dr. Nirmala Royal
MD (Radiodiagnosis)
RMC 32422/24686

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



RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

Patient ID	SUNITA DEVI	Patient Name	
Age	43 Yrs.	Date	16-02-2025
Gender	FEMALE	Ref Doctor	BOB

LEFT BREST MEMOGRAPHY

LEFT BREST- Breast composition: Scattered areas of fibroglandular density- Type B

MASS: No evidence of any hyperdense mass or dilated duct. On USG correlation no mass identified, no area of oedema or inflammation.

CALCIFICATIONS: Not detected

DILATED DUCTS: Not present

INTRA-MAMMARY NODE: Nil

ASYMMETRIC BREAST TISSUE : Nil

No architectural distortion, skin retraction, thickening.

AXILLA: Not present

IMPRESSION

- No abnormality detected on mammography. BIRADS 1.

Nirmala
Dr. Nirmala Royal
MD (Radiodiagnosis)
RMC - 32422/24686

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

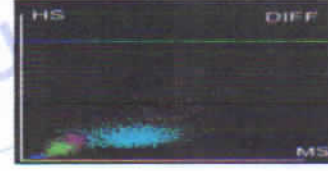
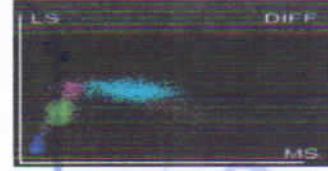
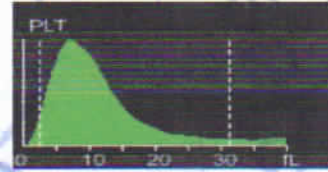
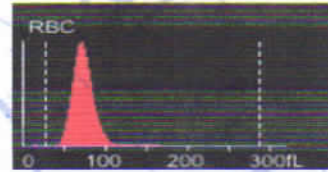
Hematology Analysis Report

First Name: SUNITA
Last Name:
Gender: Female
Age: 43 Year

Sample Type: Blood
Department:
Med Rec. No.:1803

Sample ID: 1
Test Time: 16/02/2025 09:30
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	4.07	4.00-10.00	10 ³ /uL
2 Neu%	54.1	50.0-70.0	%
3 Lym%	33.9	20.0-40.0	%
4 Mon%	6.8	3.0-12.0	%
5 Eos%	3.8	0.5-5.0	%
6 Bas%	1.4 H	0.0-1.0	%
7 Neu#	2.20	2.00-7.00	10 ³ /uL
8 Lym#	1.38	0.80-4.00	10 ³ /uL
9 Mon#	0.28	0.12-1.20	10 ³ /uL
10 Eos#	0.15	0.02-0.50	10 ³ /uL
11 Bas#	0.06	0.00-0.10	10 ³ /uL
12 RBC	4.77	3.50-5.00	10 ⁶ /uL
13 HGB	10.4 L	11.0-15.0	g/dL
14 HCT	37.0	37.0-47.0	%
15 MCV	77.6 L	80.0-100.0	fL
16 MCH	21.8 L	27.0-34.0	pg
17 MCHC	28.1 L	32.0-36.0	g/dL
18 RDW-CV	13.6	11.0-16.0	%
19 RDW-SD	43.3	35.0-56.0	fL
20 PLT	335 H	100-300	10 ³ /uL
21 MPV	7.9	6.5-12.0	fL
22 PDW	9.5	9.0-17.0	%
23 PCT	0.265	0.108-0.282	%
24 P-LCR	20.6	11.0-45.0	%
25 P-LCC	69	30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
Draw Time: 16/02/2025 09:30 Received Time: 16/02/2025 09:30 Validated Time:
Report Time: 16/02/2025 10:11 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: **SUNITA DEVI**
Sr. No. : 22
Patient ID No.: 14661
Age : 43 Gender : FEMALE
Ref. By Dr : BOB HEALTH CHECK-UP



Registered on : 16-02-2025 10:02 AM
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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.90	%	< 5.8 % : Non Diabetic 5.8 - 6.6 % : Near Normal 6.7 - 7.6 % : Excellent 7.7 - 8.6 % : Good 8.7 - 9.6 % : Fair 9.7 - 10.6 % : Poor 10.7 - 11.6 % : Very Poor > 11.7 % : Out of Control
eAG (Estimated Average Glucose)	93.93	mg/dL	
eAG (Estimated Average Glucose)	5.21	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 Anemia, 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.

BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method : GOD-POD)	82.0	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
Blood Sugar PP	85.0	mg/dL	Glucose 2 h Postprandial:

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist

Mamta Khutela
Dr. Mamta Khutela
M.D. (Path.)
BMC No. : 4170/16260

TECHNOLOGIST

PATHOLOGIST

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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: **SUNITA DEVI**
Sr. No. : **22**
Patient ID No.: **14661**
Age : **43** Gender : **FEMALE**
Ref. By Dr : **BOB HEALTH CHECK-UP**



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LIS Number

BIO-CHEMISTRY

KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	26.0	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)	0.85	mg/dL	0.4-1.40
Calcium	8.90	mg/dL	8.5-11
Uric Acid (Method : Uricase-POD)	3.60	mg/dL	2.4-7.2

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khurda
Dr. Mamta Khurda
M.C. (Path.)
NABL No. : 4720/16260

TECHNOLOGIST

PATHOLOGIST

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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	18.0	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	22.0	U/L	5-40
Bilirubin(Total) (Method: Diazo)	0.82	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)	0.20	mg/dL	0-0.3
Bilirubin(Indirect)	0.62	mg/dL	0.1-1.0
Total Protein (Method: BIURET Method)	6.99	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)	3.85	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)	3.14	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.23		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	196.0	U/L	108-306

Ashish Sathi
Dr. Ashish Sathi
Consultant Biochemist

TECHNOLOGIST

Hanta Kishik
Dr. Hanta Kishik
M.D. (Path.)
EMAC No. : 4732/16260

PATHOLOGIST

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LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	151.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	45.00	mg/dL	35-88
Triglycerides (Method: GPO)	101.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high: >499
LDL Cholesterol	85.80	mg/dL	0-150
VLDL Cholesterol	20.20	mg/dL	0-35
TC/HDL Cholesterol Ratio	3.36	Ratio	2.5-5
LDL/HDL Ratio	1.91	Ratio	1.5-3.5

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	H 30	mm/hr	20
BLOOD GROUPING (ABO & Rh)	A+ Positive		

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist

Hansa Khulela
Dr. Mansa Khulela
M.D. (Path.)
WAC No. : 4770/16260

TECHNOLOGIST

PATHOLOGIST

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THYROID HORMONES

T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	1.30	ng/mL	0.6 - 1.8 ng/mL
T4 (Total Thyroxine)	9.09	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.85	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 addition, 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

TECHNOLOGIST

Mamta Khurana

Dr. Mamta Khurana
M.D. (Path.)
BMC No. 14720/16260

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URINE EXAMINATION

URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity	20	ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.015		
PH	5.50		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	4-6	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	
Test Name Observed Values Units Reference Intervals			
URINE SUGAR FASTING	Nil		
URINE SUGAR PP			

<<< END OF REPORT >>>

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist

Mamta Khulsi
Dr. Mamta Khulsi
M.D (Path.)
S.M.C. No. : 4770/16260

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