

भारत सरकार  
Government of India



Manju Kumari Kawne  
Year of Birth : 1990  
Female



8857 7888 4383

आधार - आम आदमी का अधिकार

Manju


भारतीय यूनिक आइडी अथॉरिटी  
Unique Identification Authority of India

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Nayasar, Jhunjhunun, Jhunjhunun,  
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Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhununu

  
9667203952



# RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	MANJU MAHALA	AGE-	SEX: F
REF/BY:	BOB HEALTH CHECKUP	DATE	5-Nov-24

## ULTRASONOGRAPHY WHOLE ABDOMEN

**Liver:** is mildly enlarged in size 16 cm, 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.

**Uterus:** is normal in size, regular in shape and outline. Uterus is anteverted and ante flexed. Endometrium is normal in thickness. No sonolucent or echogenic mass lesion seen.

**Adenexa:** Both adenexal regions are seen normal. No focal mass or lesion is seen. Bilateral ovaries are normal in appearance.

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 with mild hepatomegaly.

Advised: clinicopathological correlation

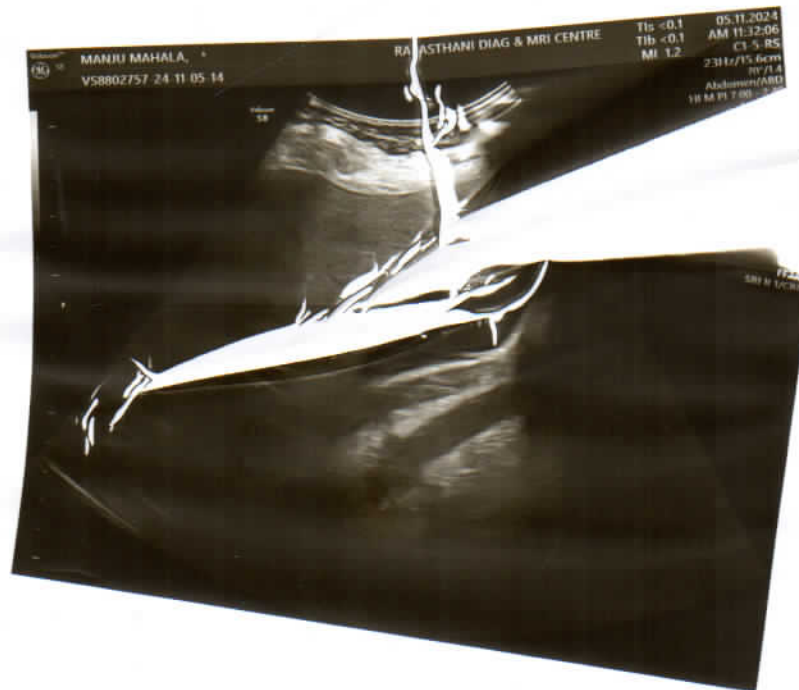
DR. ANUSHA MAHALAWAT  
MD RADIODIAGNOSIS

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



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Patient Name	MANJU MAHALA	Patient ID	
Age	34 YRS	Date	05-Nov-24
Gender	F	Ref.Doctor	SELF

## X RAY CHEST (PA VIEW)

### FINDINGS:

The lungs are well-expanded with no pulmonary infiltrate or pleural effusion.

The cardiomeastinal silhouette is within normal limits.

No acute osseous abnormality.

Bilateral cardio phrenic and costophrenic angles are clear.

### IMPRESSION:

- No significant abnormality detected in this chest Xray.

*Nirmala*  
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.*

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



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Female

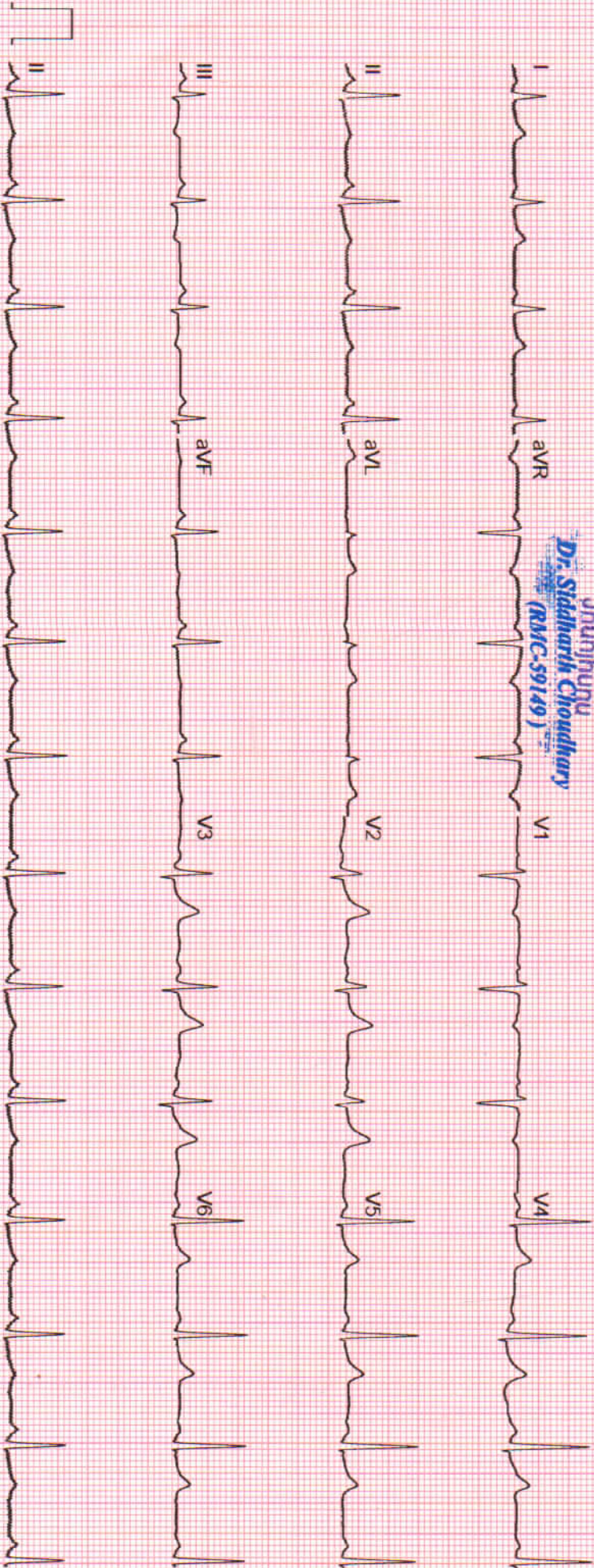
Normal sinus rhythm  
Normal ECG

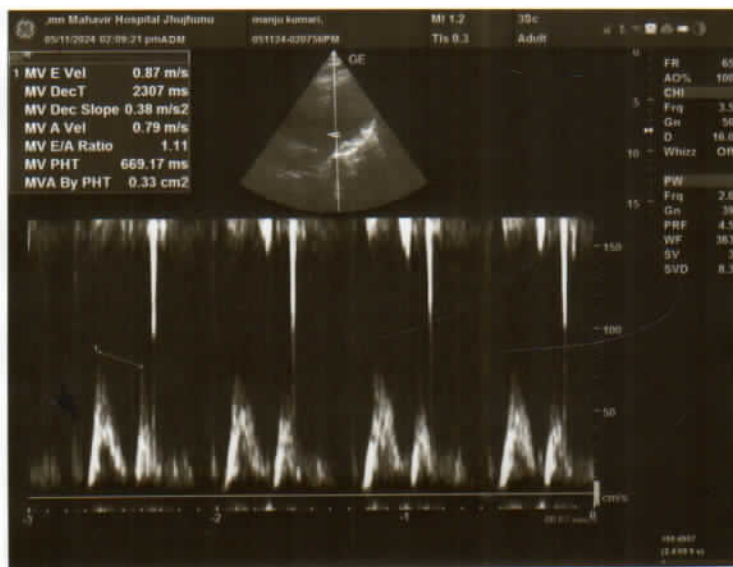
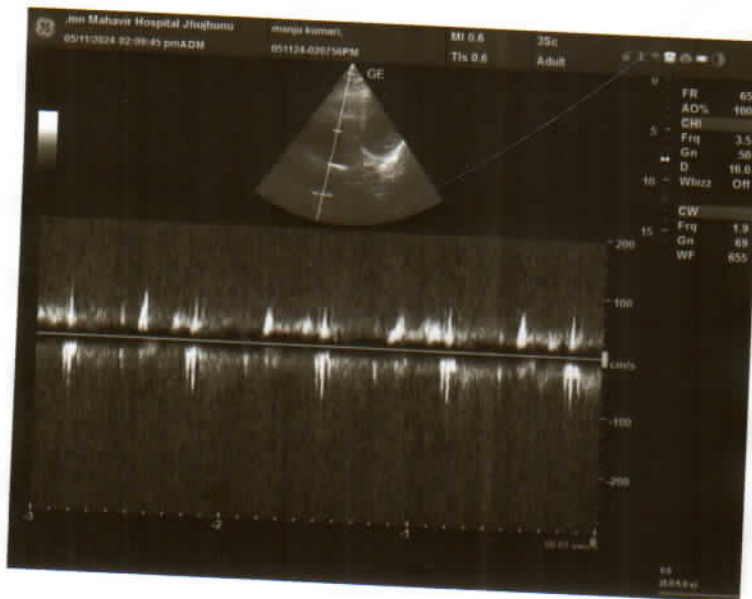
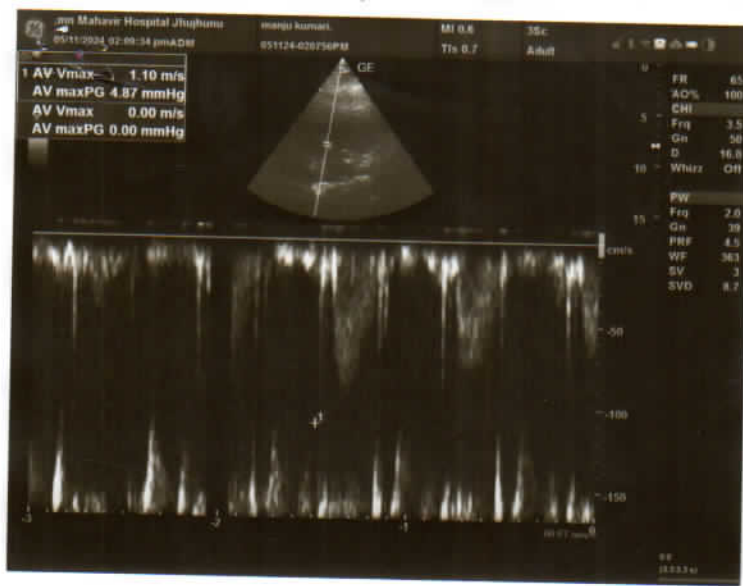
QRS 70 ms  
QT / QTcBaz 372 / 429 ms  
PR 116 ms  
P 92 ms  
RR / PP 748 / 750 ms  
P / QRS / T 70 / 59 / 6 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Rajasthan Diagnostic &  
Medical Research Centre

Jhunjhunu  
Dr. Siddharth Choudhary  
(RMC-59149)







Name	: MANJU KUMARI	Father/Husband	: SUNIL MAHALA	IPD/OPD status	: OPD
Age/Sex	: 33 Y/Female	Reg. No.	: OutSide	Category	: CASH
Consultant	: M. S. MEEL	Accession No.	: 20241105037	Bed No.	: -
		BILL.NO	: 2403002125	Date	: 05/11/2024 12:44:33 PM

## 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= 87/79 (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 = 110 (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 1.3 cm (0.6-1.1cm)

1.5 cm

LVID 5.4 cm (3.7-5.6cm)

3.5 cm (2.2 – 4.0 cm)

LVPW 1.6 cm (0.6-1.1cm)

1.9 cm

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy.

Contraction Normal/Reduced.

**Regional wall motion abnormality** : Present/Absent.

LANormal/Enlarged/Clear/Thrombus.

RANormal/Enlarged/Clear/Thrombus.

RVANormal/Enlarged/Clear/Thrombus.



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( कृपया अपनी पुरानी रिपोर्ट साथ लावें )

भूयः कृपया परीक्षण कराने व कनकाला दण्डनीय अपराध है  
इसकी शिकायत 104 टोल फ्री सेवा पर 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%.

Mild left ventricular hypertrophy seen.

Mild 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  
Senior Physician

Dr Pallavi Choudhary  
MD Paediatrics  
Consultant



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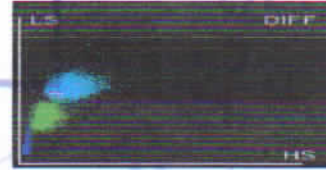
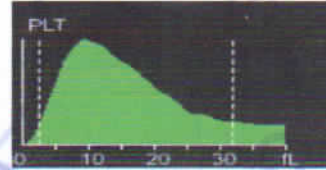
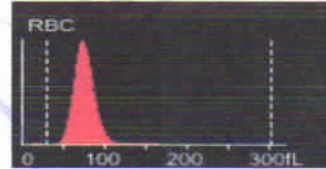
MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.  
MC-5346

## Hematology Analysis Report

First Name: MANJU KUMARI Sample Type: Sample ID: 19  
Last Name: KAWNA Department: Test Time: 05/11/2024 11:47  
Gender: Female Med Rec. No.: Diagnosis:  
Age: 34 Year

Parameter	Result		Ref. Range	Unit
1 WBC	12.83	H	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	53.5		50.0-70.0	%
3 Lym%	40.9	H	20.0-40.0	%
4 Mon%	4.6		3.0-12.0	%
5 Eos%	0.9		0.5-5.0	%
6 Bas%	0.1		0.0-1.0	%
7 Neu#	6.86		2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	5.25	H	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.59		0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.12		0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.01		0.00-0.10	10 <sup>3</sup> /uL
12 RBC	4.61		3.50-5.00	10 <sup>6</sup> /uL
13 HGB	10.4	L	11.0-15.0	g/dL
14 HCT	36.9	L	37.0-47.0	%
15 MCV	80.1		80.0-100.0	fL
16 MCH	22.5	L	27.0-34.0	pg
17 MCHC	28.1	L	32.0-36.0	g/dL
18 RDW-CV	13.2		11.0-16.0	%
19 RDW-SD	43.6		35.0-56.0	fL
20 PLT	225		100-300	10 <sup>3</sup> /uL
21 MPV	10.6		6.5-12.0	fL
22 PDW	16.0		9.0-17.0	
23 PCT	0.238		0.108-0.282	%
24 P-LCR	43.8		11.0-45.0	%
25 P-LCC	98	H	30-90	10 <sup>3</sup> /uL



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

Submitter: Operator: admin Approver:  
Draw Time: 05/11/2024 11:47 Received Time: 05/11/2024 11:47 Validated Time:  
Report Time: 06/11/2024 15:10 Remarks:

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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: **MANJU KUMARI KAWNA**  
Sr. No. : 14  
Patient ID No.: 11470  
Age : 34 Gender : FEMALE  
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 05-11-2024 12:02 PM  
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Reported On : 06-11-2024 03:07 PM  
Bar Code   
LIS Number 7 4 8 7

### LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method : CHOD-PAP)	185.00	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)	119.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	116.20	mg/dL	0--150
VLDL Cholesterol	23.80	mg/dL	0--35
TC/HDL Cholestrol Ratio	4.11	Ratio	2.5--5
LDL/HDL Ratio	2.58	Ratio	1.5--3.5

### HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	15	mm/hr	20
BLOOD GROUPING (ABO & Rh )	B+ Positive		

*Ashish Sethi*  
Dr. Ashish Sethi  
Consultant Biochemist



PHYSICIAN

*Kavita Khandelwal*  
Dr. Kavita Khandelwal  
M.D. (Path.)  
MCH No. : 4720/15/2017



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

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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 Adeqate 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 :

Gycosylated 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 glycemc Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemc 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.

Dr. Ashish Sethi  
Consultant Biochemist



PATHOLOGIST

Dr. Manika Khulela  
M.D. (Path.)  
MCH (Path.)



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: **MANJU KUMARI KAWNA**  
Sr. No. : 14  
Patient ID No.: 11470  
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## BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	82.00	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
Blood Sugar PP (Method: GOD-POD)	100.00	mg/dL	Glucose 2 h Postprandial: <120

## KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLDH)	23.00	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 Creatinase)	0.91	mg/dL	0.4--1.40
Calcium	10.44	mg/dL	8.5--11
Uric Acid (Method: Uricase-POD)	4.56	mg/dL	2.4--7.2

*Ashish Sethi*  
Dr. Ashish Sethi  
Consultant Biochemist

**24/7**  
EMERGENCY SERVICE  
PATHOLOGIST

*Manita Khulela*  
Dr. Manita Khulela  
M.D. (Gen.)

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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: **MANJU KUMARI KAWNA**  
Sr. No. : 14  
Patient ID No.: 11470  
Age : 34 Gender : **FEMALE**  
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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### BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:UV Kinetic)	38.00	U/L	5--40
SGPT/ALT(Tech.:UV Kinetic)	24.00	U/L	5--40
Bilirubin(Total) (Method: Diazo)	0.87	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)	0.72	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)	3.99	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)	3.02	gm/dL	2.5--4.5
A/G Ratio(Tech.:Calculated)	1.32		1.2 -- 2.5
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	258.00	U/L	108-306

*Ashish sethi*

Dr. Ashish Sethi  
Consultant Biochemist



PATHOLOGIST

*Kamta Khulela*  
Dr. Kamta Khulela  
M.D. (Path.)  
TMCN, JHUNJHUNU



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### THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.89	ng/ML	0.6 - 1.8 ng/ML
T4 (Total Thyroxine)	8.22	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone) H	6.37	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

**24/7**  
EMERGENCY SERVICE  
RADIOLOGIST

*Hemanti Khilja*  
Dr. Hemanti Khilja  
Rajasthani Diagnostic & Medical Research Centre  
DWC No. : 4730145840

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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: **MANJU KUMARI KAWNA**  
Sr. No. : 14  
Patient ID No.: 11470  
Age : 34 Gender : FEMALE  
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 05-11-2024 12:02 PM  
Collected On : 05-11-2024 12:02 PM  
Received On : 05-11-2024 12:02 PM  
Reported On : 06-11-2024 03:07 PM  
Bar Code   
LIS Number 7 4 8 7

### URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
<b>PHYSICAL</b>			
Quantity	20	ml	
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	6.0		4.5--6.5
<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		
<b>MICROSCOPIC</b>			
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.	
Bactria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	
Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

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

Note: This report is not valid for medico legal purposes.

*Ashish Sethi*  
Dr. Ashish Sethi  
Consultant Biochemist



PATHOLOGIST

*Kamla Khatri*  
Dr. Kamla Khatri  
Pathologist



PATHOLOGIST

This Reports is Not Valid For Medical Legal Purposes. Identification and names of persons is not our responsibility.  
No part of this report should be reproduced for any purpose. Interpret result after considering Age, sex effect of drug and other relevant factor.

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