

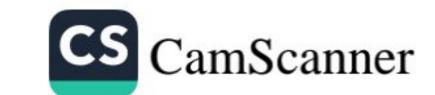
Punia

Ajay Ku Dob Male 21/03/1973











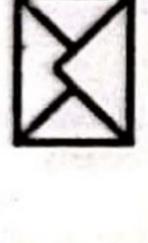


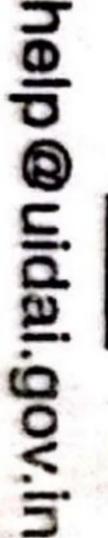
# मिया विशिष्ट पहिचाल आधिक्त

Address:

Rajasthan, 333041 S/O: Jagdish Chandra

3466 3456 8531







v.uidai.gov.

**CS** CamScanner





# भारतीय विशिष्ट पहचान प्राधिकरण

# Unique Identification Authority of India

Address:

S/O: Jagdish Chandra Punia, Shyampura, Nua, Jhunjhunun, Rajasthan, 333041

6466 3456 8531

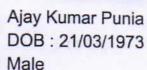
1947 1800 300 1947







# भारत सरकार Government of India







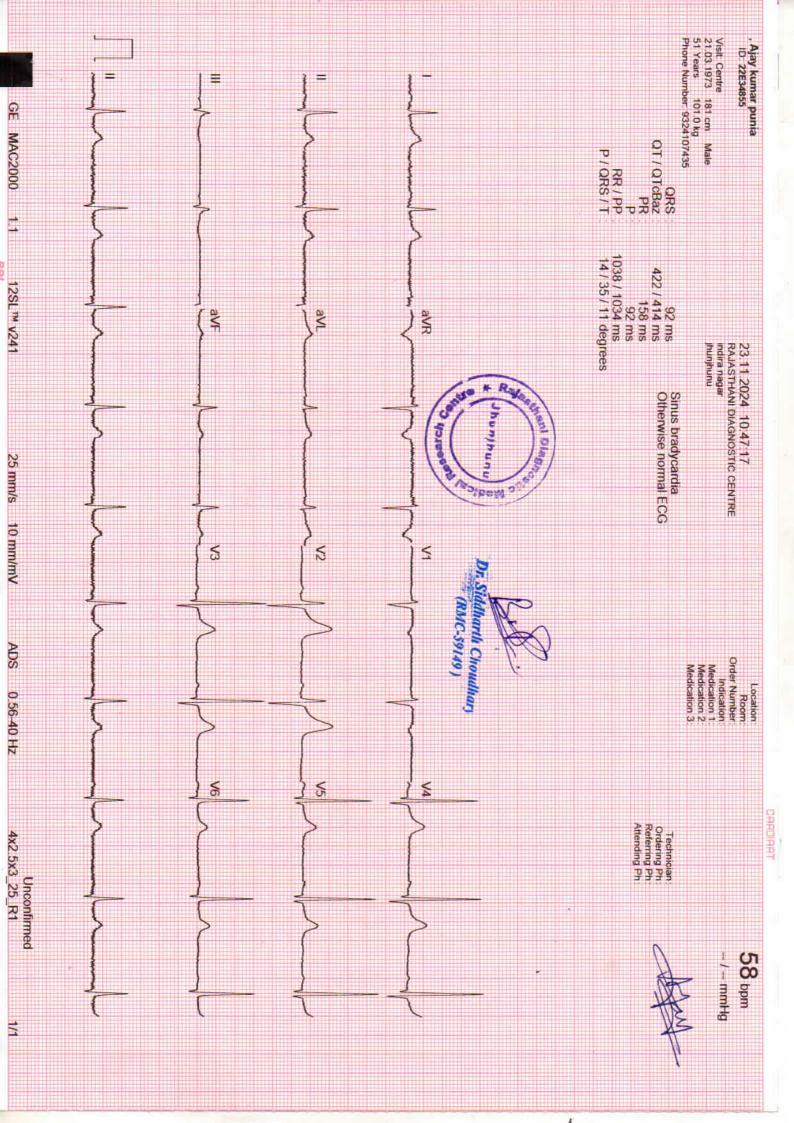
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आधार - आम आदमी का अधिकार

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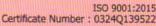








Reg. No.: 51/PNDT/CMHO/JJN/2020





# AJASTHANI DIAGNOSTIC & MRI

MRI

CT SCAN

TMT SONOGRAPHY X-RAY

ECG

MAMMOGRAPHY

NAME	AJAY KUMAR PUNIA	AGE-	SEX: M	
REF/BY:	BOB HEALTHCHECKUP	DATE	23-Nov-24	

### ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, 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.

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:

NO SIGNIFICANT ABNORMALITY

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT MD RADIODIAGNOSIS

> Dr. Anusha Mahelawat MD (Radiodiagnosis) (RMC. 38742/25457)





Reg. No.: 51/PNDT/CMHO/JJN/2020



# RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

AGE/SEX : M
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)

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. Anusta Manusch

MD (Radiodiagnosis) (RMC. 38742/25457)







# DIAGNOSTIC & MRI CEI



# FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

# **Hematology Analysis Report**

First Name: AJAY KUMAR PUNSAmple Type:

Last Name: Gender:

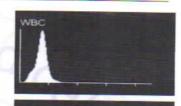
Male

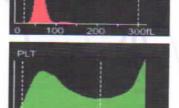
Department: Med Rec. No : Sample ID: 3

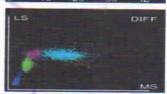
Test Time: 23/11/2024 10:33

Diagnosis:

Parameter	51 Year	Desuit		5 ( 5	
		Result		Ref. Range	Unit
1 WBC		5.22		4.00-10.00	10^3/uL
2 Neu%		56.1		50.0-70.0	%
3 Lym%		31.3		20.0-40.0	%
4 Mon%		7.3		3.0-12.0	%
5 Eos%		3.8		0.5-5.0	%
6 Bas%		1.5	H	0.0-1.0	%
7 Neu#		2.93		2.00-7.00	10^3/uL
8 Lym#		1.63		0.80-4.00	10^3/uL
9 Mon#		0.38		0.12-1.20	10^3/uL
10 Eos#		0.20		0.02-0.50	10^3/uL
11 Bas#		0.08		0.00-0.10	10^3/uL
12 RBC		5.99	H	3.50-5.50	10^6/uL
13 HGB		11.2		11.0-16.0	g/dL
14 HCT		39.8		37.0-54.0	%
15 MCV		66.4	L	80.0-100.0	fL
16 MCH		18.7	L	27.0-34.0	pg
17 MCHC		28.1	L	32.0-36.0	g/dL
18 RDW-CV		14.3		11.0-16.0	%
19 RDW-SD		38.4		35.0-56.0	fL
20 PLT		172		100-300	10^3/uL
21 MPV		9.3		6.5-12.0	fL
22 PDW		14.8		9.0-17.0	
23 PCT		0.160		0.108-0.282	%
24 P-LCR		34.5		11.0-45.0	%
25 P-LCC		59		30-90	10^3/uL











Marta Khutch

Dr. Mamta Khuteta M D. (Path.)

RMC No : 4720/16260

Submitter: Draw Time:

Operator: admin Approver: 23/11/2024 10:33 Received Time: 23/11/2024 10:33 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







# RAJASTHANI DIAGNOSTIC & MRI CENTRE



MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

**ECG** 

**MAMOGRAPHY** 

NABL CERTIFICATE NO. MC-5346

Patient Name: AJAY KUMAR PUNIA

Sr. No. : 8

Patient ID No.: 12025

Age : 51 Gender : MALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on : 23-11-2024 12:29 PM

Collected On : 23-11-2024 12:29 PM

Received On : 23-11-2024 12:29 PM

Reported On : 23-11-2024 04:14 PM

LIS Number

Bar Code

### LIPID PROFILE COMPLETE

Test Name	1	Observed Values	Units	Reference Intervals
Cholesterol (Method CHOD-PAP)	6 <sub>2</sub> ,	198.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol		48.00	mg/dL	3588
Triglycerides (Method: GPO)	Н	187.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol		112.60	mg/dL	0150
VLDL Cholesterol	Н	37.40	mg/dL	035
TC/HDL Cholestrol Ratio		4.13	Ratio	2.55
LDL/HDL Ratio		2.35	Ratio	1.53.5

# HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
BLOOD GROUPING (ABO & Rh )	AB+ Positive		

- Dr. Ashish Sethi Consultant Biochemist TECHNOLOGIST

Mante Khelele Dr. Mamta Khuteta

PATHOLOGISTA

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# RAJASTHANI DIAGNOSTIC & MRI CENTRE

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### **BIO-CHEMISTRY**

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method GOD-POD)	100.00	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)	29.00	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	1.02	mg/dL	0.41.40
Calcium	10.25	mg/dL	8.511
Uric Acid (Mathod Unicase-POD)	4.63	mg/dL	2.47.2

thingh settle Dr. Ashish Sethi TO SEWE LOGIST Manter Khedela Dr. Marita Khuleta

PATHOLOGIST

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311 August 1 August 2 Aug



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# **BIO-CHEMISTRY**

### **Liver Function Test**

Test Name	Observed Values	Units	Reference Intervals
		- G	
SGOT/AST(Tech.:-UV Kinetic)	31.00	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	24.00	U/L	540
Bilirubin(Total) (Method: Diazo)	0.98	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)	0.22	mg/dL	00.3
Bilirubin(Indirect)	0.76	mg/dL	0.11.0
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	2.54.5
A/G Ratio(Tech.:-Calculated)	1.25	× 95	1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	250.00	U/L	108-306

Harrish Sethi Dr. Ashish Sethi

sultant Biochemist TECHNOLOGIST

Marita Khedela Dr. Mamta Khuteta M.O. (Path.)

PATHOLOGIS

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# HANI DIAGNOSTIC & MRI CEI

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NABL CERTIFICATE NO. MC-5346

Patient Name: AJAY KUMAR PUNIA

Sr. No. : 8

Patient ID No.: 12025

Age

: 51 Gender : MALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

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LIS Number

# THYROID HORMONES

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

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.87	ng/ML	0.6 - 1.8 ng/ML
T4 (TotalThyroxine)	9.52	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.14	μIU/mL	0.355.50

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.

Which Sethi Dr. Ashish Sethi tant Biochemist ECHNOLOGIST

Marite Khulet Or. Mamta Khuleta #A.O. (Path.) TMC No. : 4720/16

PATHOLOGIST

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# THANI DIAGNOSTIC & MRI CEN

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MAMOGRAPHY

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Sr. No. : 8

Patient ID No.: 12025

: 51 Gender : MALE Age

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### **IMMUNOLOGY**

Test Name	Observed Values	Units	Reference Intervals
PSA (Prostate-Specific Antigen)	0.89	ng/mL	NORMAL 0 - 4.00 Borderline 4 - 10 High More than 10.00

Method: Fluorescence Immunoassay Technology Sample Type: Serum / Plasma / Whole Blood

Test Performed by:-

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

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concen- trations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and reactal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

transly settle Dr. Ashish Sethi ant Biochemist TECHNOLOGIST

Marile Khulste Or Mamta Khureta PATHOLOGIS

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# STHANI DIAGNOSTIC & MRI CEN

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# URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL		- 60/	<b>\</b>
Quantity	20	ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		10
Specific Gravity	1.020		70
PH	6.0		4.56.5
CHEMICAL		/ /	4.8
Reaction	Acidic	1	
Albumin	trace		44
Urine Sugar	Nil	1	
MICROSCOPIC			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	35	/h.p.f.	ON /
Epithelial Cells	23	/h.p.f.	
Crystals	Nil	/h.p.f.	-
Casts	Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	1
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. <<< Note: This report is not valid for medico legal purposes.

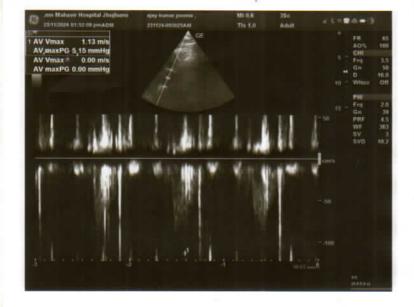


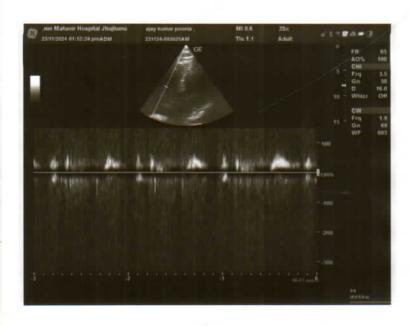
Marita Khilek Dr. Mamta Khuleta

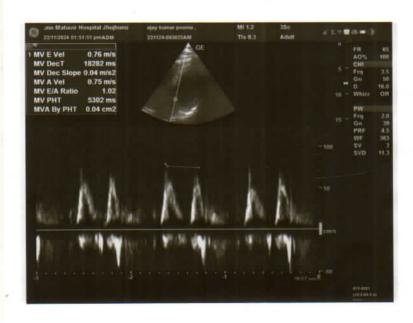
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# MAHAVIR HOSPITA



Tel.: 01592-232361 9680960962

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

Name

:AJAY KUMAR

POONIA

Age/Sex Consultant :51 Y/Male

:M. S. MEEL

Father/Husband

:jagdish chandra

:20241123020

poonia

Reg. No. :OutSide

Accession No.

2403246625

BILL.NO

IPD/OPD status

:OPD

Catagory Bed No.

:CASH

Date

:23/11/2024 11:57:18

# 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= 76/75 (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 = 113 (cm/sec).

Aortic Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Aortic Stenosis

Absent/Present.

Aorta = 2.6 cm (2.0 - 3.7 cm)

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.

LANormal/Enlarged/Clear/Thrombus. RANormal/Enlarged/Clear/Thrombus.

RVNormal/Enlarged/Clear/Thrombus.



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# 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

Senior Physician

Dr. M.S. MEEL MD (Medicine) Reg. No. 7937/2635 dahavir Hospital, Jhunjhunu.

Dr Pallavi Choudhary MD Paediatrics Consultant

