

भारत सरकार  
Government of India

आधार

Issue Date : 07/03/2013



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

9437 2310 6119

मेरा आधार, मेरी पहचान

*Sumita*

*7665859708*

राजस्थान विधि, पहचान अधिकरण  
Rajasthan Identification Authority of India

आधार

Print Date : 22/03/2022

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

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



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Rajasthani Diagnostic & Medical Research Centre  
Jhunjhunu



3/11/23



# RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	SUNITA DEVI	AGE-	SEX: F
REF/BY:	BOB MEDICAL HEALTH CHECK UP	DATE	11-Mar-23

## 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.

**Uterus:** is not visualized(h/o hysterectomy)

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

### IMPRESSION:

❖ NORMAL SONOGRAPHY STUDY

Advised: clinicopathological correlation

**DR. ANUSHA MAHALAWAT**  
**MDRADIODIAGNOSIS**

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



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

Female

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

11.03.2023 11:25:28  
RAJASTHANI DIAGNOSTICS CENTRE  
JHUMHUNU RAJ.

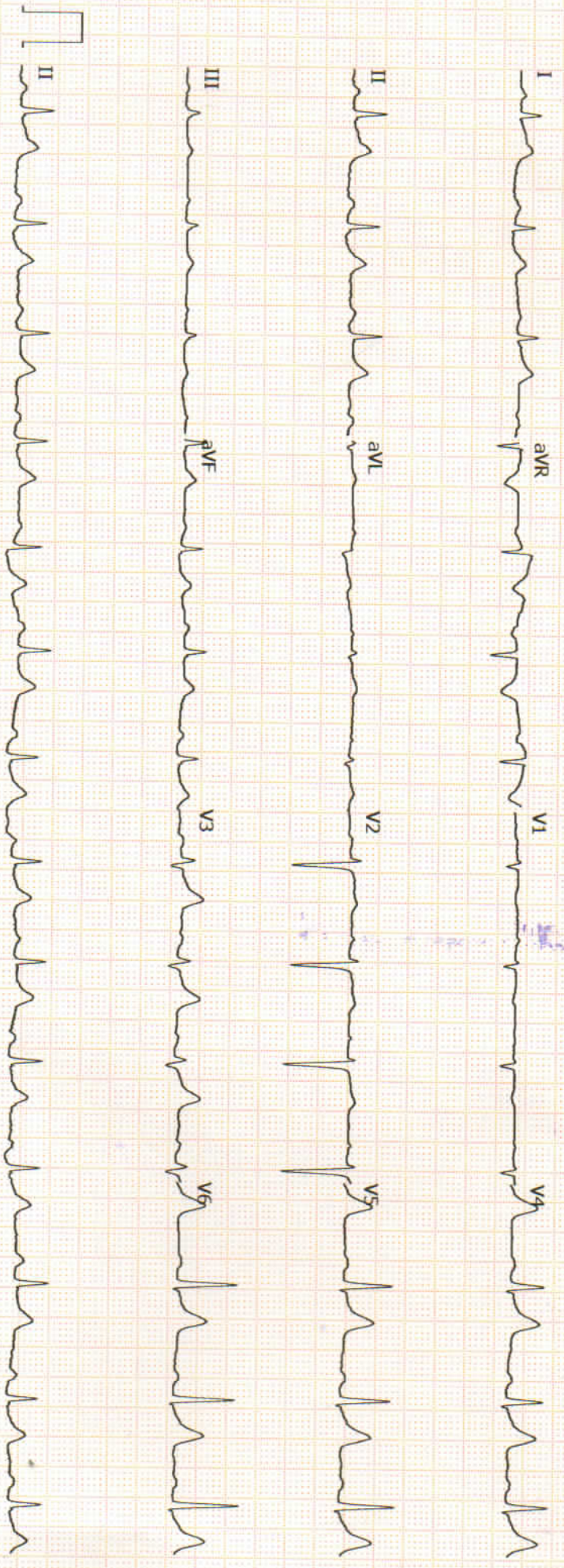
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

83 bpm  
-- / -- mmHg

QRS :	76 ms	Normal sinus rhythm
QT / QTcBaz :	366 / 430 ms	Normal ECG
PR :	158 ms	
P :	90 ms	
RR / PP :	720 / 722 ms	
P / QRS / T :	58 / 61 / 50 degrees	

*Sunita*





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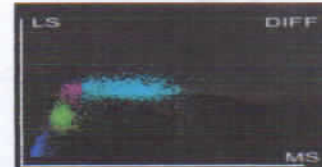
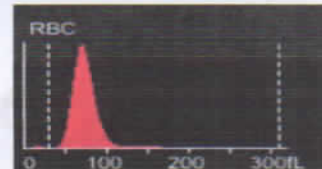
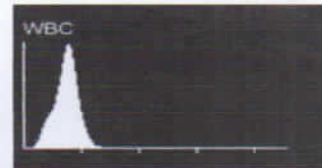
## Hematology Analysis Report

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

Sample Type:  
Department:  
Med Rec. No.:

Sample ID: 26  
Test Time: 2023/03/11 17:34  
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	3.69 ↓	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	61.1	50.0-70.0	%
3 Lym%	29.9	20.0-40.0	%
4 Mon%	6.0	3.0-12.0	%
5 Eos%	2.5	0.5-5.0	%
6 Bas%	0.5	0.0-1.0	%
7 Neu#	2.26	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	1.10	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.22	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.09	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.02	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	3.76	3.50-5.00	10 <sup>6</sup> /uL
13 HGB	10.3 ↓	11.0-15.0	g/dL
14 HCT	29.1 ↓	37.0-47.0	%
15 MCV	77.5 ↓	80.0-100.0	fL
16 MCH	27.3	27.0-34.0	pg
17 MCHC	35.2	32.0-36.0	g/dL
18 RDW-CV	14.0	11.0-16.0	%
19 RDW-SD	44.6	35.0-56.0	fL
20 PLT	286	100-300	10 <sup>3</sup> /uL
21 MPV	9.4	6.5-12.0	fL
22 PDW	12.1	9.0-17.0	fL
23 PCT	0.270	0.108-0.282	%
24 P-LCR	32.8	11.0-45.0	%
25 P-LCC	94 ↑	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: 2023/03/11 17:33 Received Time: 2023/03/11 17:33 Validated Time:  
Report Time: Remarks:

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



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



# RAJSTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY**

Laboratory Report	
Name : <b>SUNITA DEVI</b>	Sr. Number : <b>61765</b>
Age : <b>43</b> Gender : <b>FEMALE</b>	Invoice Date : <b>11-03-2023 10:21 AM</b>
Ref. By Dr : <b>MEDI WHEELFULLY BODY HEALTH CHEKEP</b>	Invoice Number : <b>1820</b>
	Registration No.: <b>1821</b>
	Sample On : <b>11-03-2023 10:21 AM</b>
	Report On : <b>11-03-2023 03:05 PM</b>

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

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
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**

**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.

*Nida*  
Dr. NIDA FAHMI  
M.D.S. Pathology  
Reg. No. A-4048

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

TECHNOLOGIST

PATHOLOGIST

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**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY**



## Laboratory Report

Name : **SUNITA DEVI**  
Age : **43** Gender : **FEMALE**  
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **61765**  
Invoice Date : **11-03-2023 10:21 AM**  
Invoice Number : **1820**  
Registration No.: **1821**  
Sample On : **11-03-2023 10:21 AM**  
Report On : **11-03-2023 03:05 PM**

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	79.00	60--110	mg/dL
Blood Sugar PP	95.00	< 140	mg/dL

## RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	36.0	13--45	mg/dL
Creatinine	0.94	0.4--1.4	mg/dL
Uric Acid	5.69	3.6--8.2	mg/dL
Calcium	9.87	8.5--11	mg/dL

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Test Name	Observed Values	Reference Intervals	Units
Gamma glutamyl transferase (GGT)	35.00	< 50	U/L

### Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	38.00	0--45	U/L
S.G.P.T.	35.00	0--45	U/L
Bilirubin(Total)	0.80	0.1--1.4	mg/dL
Bilirubin(Direct)	0.20	0--0.3	mg/dL
Bilirubin(Indirect)	0.60	0.1--0.9	mg/dL
Total Protein	6.98	6--8	mg/dL
Albumin	3.80	3.5--5	mg/dL
Globulin	3.18	3--4.5	mg/dL
A/G Ratio	1.19	0.5 -- 1.2	g/dL
Alkaline Phosphatase	168.00	108--306	U/L

### LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	165.00	110--200	mg/dL
HDL Cholesterol	40.00	35--88	mg/dL
Triglycerides	102.00	40--165	mg/dL
LDL Cholesterol	104.60	0--150	mg/dL
VLDL Cholesterol	20.40	0--35	mg/dL
TC/HDL Cholesterol Ratio	4.13	2.5--5	Ratio
LDL/HDL Ratio	2.61	1.5--3.5	Ratio

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## T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	1.02	0.5-1.5 ng/dL	ng/ML
T4 (Total Thyroxine)	10.56	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	0.96	0.38 -- 5.5 µIU/mL	µIU/mL

Interpretation of TSH :-

### Children

3.20 - 34.6 µIU/mL

0.70 - 15.4 µIU/mL

0.70 - 9.10 µIU/mL

0.70 - 6.40 µIU/mL

### Pregnancy

1- 2 Days 0.30 - 4.50 µIU/mL 1st Trimester

3 - 4 Days 0.50 - 4.60 µIU/mL 2nd Trimester

15 Days - 5 Months 0.80 - 5.20 µIU/mL 3rd Trimester

5 Months - 20 Years Interpretation of TSH :- 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.

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RMC No. : 4720/15260

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## URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
<b>PHYSICAL</b>			
Quantity	20		ml
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.5	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	4--6		/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			/h.p.f.
Test Name	Observed Values	Reference Intervals	Units
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

*Nida*  
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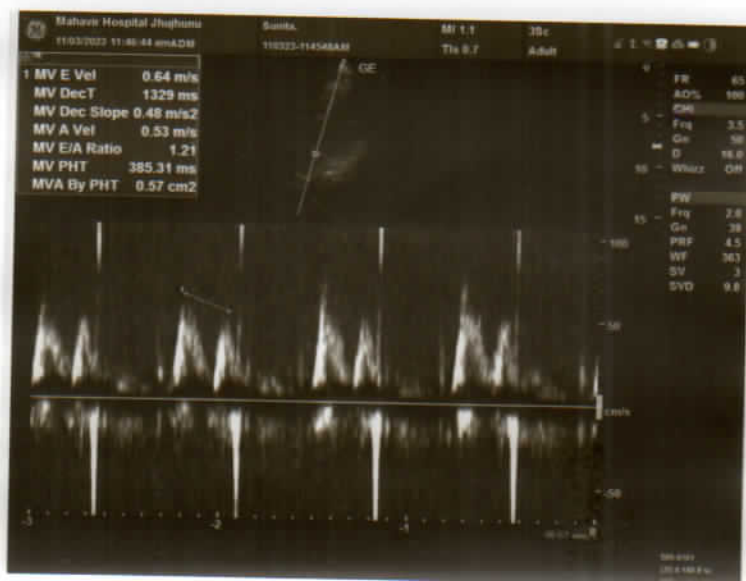
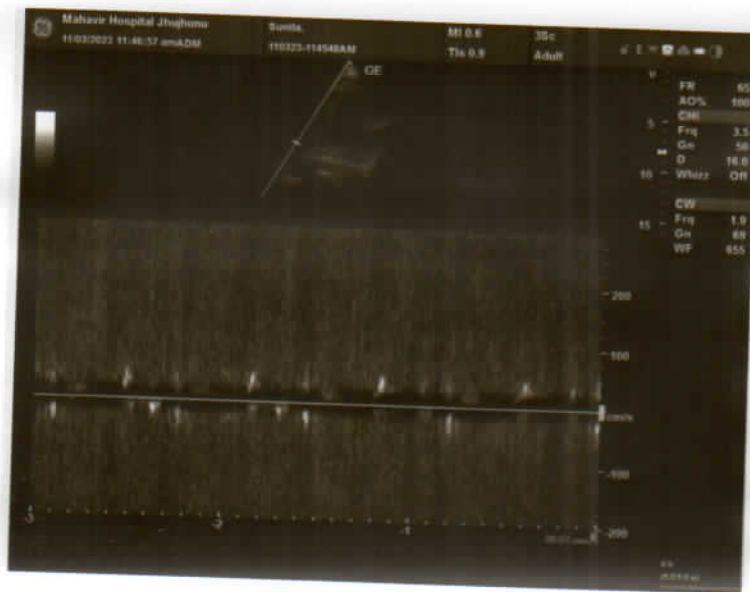
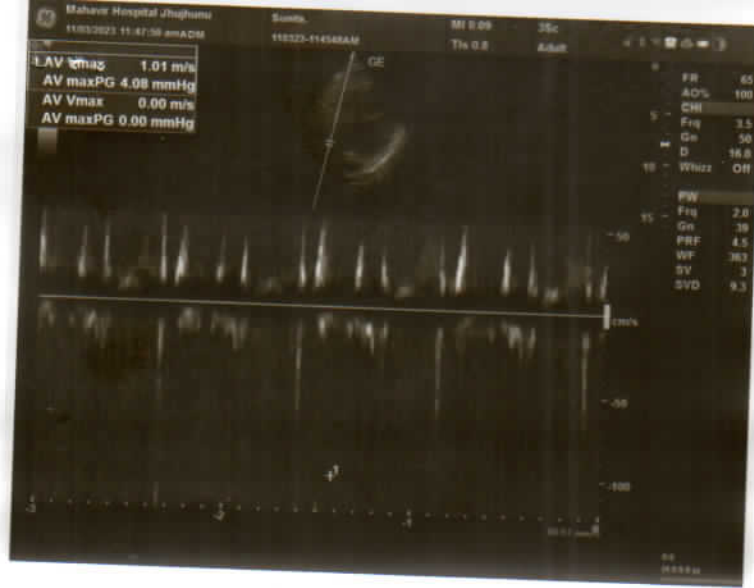
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Patient name: Sunita Devi

Date: 11/03/2023

Age/sex: 43/female

Ref: BOB health check up

## 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= 64/53 (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 = 101 (cm/sec)

Aortic Regurgitation Absent/Trace/Mild/Moderate/Severe.



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

भूयः शिक्षण कक्षा व कक्षाका दफ्तरीय उपसाय है  
इसकी छिक्कवत 104 टोल फ्री सेवा पर की जा सकती है



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

0.74 cm (0.6-1.1cm)

0.98 cm

LVID

5.5 cm (3.7-5.6cm)

4.4 cm (2.2 – 4.0 cm)

LVPW

1.04 cm (0.6-1.1cm)

1.06 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.

### COMMENTS & SUMMARY-

ECHO window-Good/Fair/Poor.

No regional wall motion abnormality, 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 **Dr. M. S. Meel**  
MD (Medicine)  
Reg. No. 75012635  
Mahavir Hospital, Jhunjhunu  
Senior Physician

Dr Pallavi Choudhary  
MD Paediatrics  
Consultant



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इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है



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NAME : SUNITA	AGE:43/SEX : F
REF.BY BOB MEDICAL HEALTH CHECK UP	DATE: 11-03-2023

## 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)**

*USK*  
DR. UMMED SINGH RATHORE  
MD RADIODIAGNOSIS  
RMC NO. - 34498/24812

Dr. Ummad Singh  
MD (Radiodiagnosis)  
(P.M.C. 34498/24812)



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