 GPS Map Camera

**Jodhpur, Rajasthan, India**

72M8+GHP, Eidgah Rd, Jalori Bari, Sardarpura, Jodhpur,  
Rajasthan 342003, India

Lat 26.283811°

Long 73.016563°

30/03/23 09:43 AM GMT +05:30



Google



भारत सरकार

Government of India

जगदीश गहलोत

Jagdish Gehlot

जन्म तिथि/ DOB: 03/07/1992

पुरुष / MALE

4645 3761 7215




मेरा आधार, मेरी पहचान









 GPS Map Camera

## Jodhpur, Rajasthan, India

72M8+GHP, Eidgah Rd, Jalori Bari, Sardarpura, Jodhpur,  
Rajasthan 342003, India

Lat 26.283811°

Long 73.016563°

30/03/23 09:42 AM GMT +05:30







Jagdish Gehlot / 17064 / 30.03.2023  
Ref by: Dr. Nand Kishore Chhangani

## Transabdominal sono screening scan – whole abdomen

Extensive bowel gases precluded optimal examination.

### Hepato-biliary system:

Liver is normal in size. Hepatic parenchymal echotexture is normal, homogenous and uniform. No focal lesion seen. Intrahepatic biliary radicles are not dilated. Portal vein and cbd are normal in caliber. Gall bladder is seen in normal distension. Walls are normal in thickness and are smooth. No mass is seen. Lumen is anechoic. Pancreas is normal in size and echotexture. Pancreatic duct is not dilated. No area of calcification is seen in pancreas.

### Uro-genital system:

Both the kidneys are normal in size. Parenchymal echotexture is normal. Corticomedullary differentiation is maintained. Central echo-complexes are normal. Urinary bladder is seen in full distension. Walls are smooth and normal in thickness. Lumen is anechoic. Prostate is normal in size measuring approx 36 x 28 x 28 mm vol 15 cm<sup>3</sup>. Prostatic echotexture is normal. Contours are normal. No obvious mass is seen.

### Spleen & retroperitonium:

Spleen is normal in size. Parenchymal echotexture is normal. **Most of the retroperitonium is not seen clearly, obscured by bowel gases.**

No ascites seen.

### Sonographic findings are suggestive of:-

- Normal: liver, gall bladder, pancreas, spleen, kidneys, u. Bladder, prostate.

This is only professional opinion based on imaging finding and not the diagnosis  
It should be correlated clinically, to arrive at proper conclusion.

  
**Dr. Rakesh Middha**  
M.D.  
Consultant Radiologist  
[R.M.C. No 017628]

JAGDISH

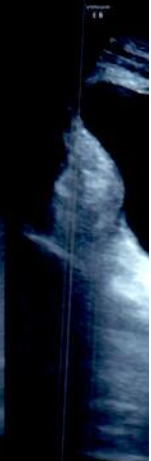
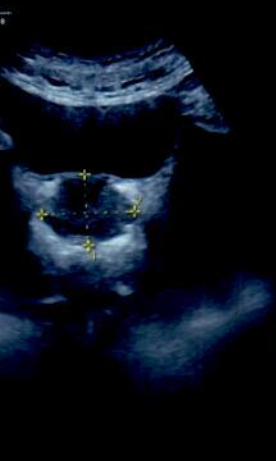
JAGDISH  
23 03 30 9

ROG JANCH SEWA JODHPUR

Tls 0.1 30.03.2023  
Tib 0.1 10:54:01 AM  
MI 1.0 C1 6 D  
22Hz/16.3cm  
64/1/2  
Abd Sharp/ABD  
Hi M Pi 6.50 4.30  
Gr 7  
C/M/7  
H2/1/2

JAGDISH  
E33942 23 03 30 9

ROG JANCH SEWA, JODHPUR



1 D1 2.82cm  
2 D2 3.62cm  
3 D3 2.84cm  
Vol 15.180cm<sup>3</sup>

JAGDISH  
23 03 30 9

ROG JANCH SEWA JODHPUR

Tls 0.1 30.03.2023  
Tib 0.1 10:54:26 AM  
MI 1.0 C1 6 D  
22Hz/16.3cm  
64/1/2  
Abd Sharp/ABD  
Hi M Pi 6.50 4.30  
Gr 10  
C/M/7  
H2/1/2

JAGDISH  
E33942 23 03 30 9

ROG JANCH SEWA, JODHPUR



JAGDISH  
23 03 30 9

ROG JANCH SEWA JODHPUR

Tls 0.1 30.03.2023  
Tib 0.1 10:54:47 AM  
MI 1.0 C1 6 D  
22Hz/16.3cm  
64/1/2  
Abd Sharp/ABD  
Hi M Pi 6.50 4.30  
Gr 10  
C/M/7  
H2/1/2

JAGDISH  
E33942 23 03 30 9

ROG JANCH SEWA, JODHPUR







भारत सरकार

Government of India

जगदीश गहलोत

Jagdish Gehlot

जन्म तिथि/ DOB: 03/07/1992

पुरुष / MALE



~~XXXXXXXXXXXX~~ 7215

मेरा आधार, मेरी पहचान

MD. Anand Krishna Chhngani  
RMC No. 2017  
JCURR-18  
MD. Anand Krishna Chhngani  
RMC No. 2017  
JCURR-18

*[Handwritten signature]*





**SRD**  
X-RAY CHEST PA-VIEW  
Complete Diagnostic Solution



NAME :JAGDISH GEHLOT  
REF.BY: BOB

AGE-30 SEX : MALE  
DATE :30-03-2023

BOTH LUNG -

PARENCHYMA.

BOTH C.P ANGLES -

NORMAL.

CARDIAC SHADOW IS WITHIN -

NORMAL LIMITS.

DOMES OF DIAPHRAGM -

NORMAL.

BONY CAGE -

NORMAL.

MEDIA STERNUM CENTRAL

/:L'/:

THORACIC INLET -

NORMAL.

IMPRESSION :-

NORMAL CHEST PA-VIEW.

  
DR.RAKESH GAUR (M.D)

(RADIO LOGIST) R.M.C NO. 5698

ई.सी.जी. | डिजीटल एक्सरे | टी. एम. टी. | ई. ई. जी. | ई. एम. जी | एन. सी. वी. | बेरा | पी. एफ. टी. | ऑडियोमेट्री

ब्रह्म बाग, पुष्पक कोरियर के पास, इंदगाह रोड, जालोरी गेट, जोधापुर (राज.)

फोन : 0291-2620214 E-mail : srdmedical@gmail.com

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## MEDICAL CERTIFICATE

NAME : JAGDISH GEHLOT  
AGE/SEX: 30Yrs/MALE

DATE-30-03-2023

HEIGHT-163CMS  
BP -118/78

WEIGHT-57KG  
PULSE- 72

BMI- 21.45

EYE SIGHT- BOTH EYESIGHT NORMAL  
NORMAL COLOUR VISION.

TEETH AND GUMS ARE HEALTHY.

THIS IS TO CERTIFY THAT MR.JAGDISH  
GEHLOT IS MEDICALLY & PHYSICALLY FIT &  
FINE FOR PERFORMING ALL TYPE OF  
PROFESSIONAL WORK.

Dr. Nand Kishore Chh ngani  
MD-Physician, Clinician  
RMC No.-2017  
JCU, IP, JR

ई.सी.जी. | डिजिटल एक्सरे | टी.एम.टी. | ई.ई.जी. | ई.एम.जी | एन.सी.वी. | बेरा | पी.एफ.टी. | ऑडियोमैट्री

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Pt Name : JAGDISH GEHLOT  
Ref By. : Dr.  
Serial No : 16005

Age : 30 Yrs.  
Sex : Male  
Date : 30/03/2023

### STOOL EXAMINATION REPORT

Test	Result
<b>PHYSICAL</b>	
COLOUR	YELLOW
CONSISTENCY	SOLID
<b>MICROSCOPIC</b>	
PUS CELLS	NIL
RED BLOOD CELLS	NIL
EPITHELIAL CELLS	NIL
BACTERIAL FLORA	NORMAL
HELMINTHIC OVA	NIL
PROTOZOA	NIL

[ TECHNOLOGIST ]

END OF REPORT

[ PATHOLOGIST ]

*Dr. V. K. Malhotra*  
M.D. (Gen. & Micro.)  
RMC, No. 977



ई.सी.जी. | डिजिटल एक्सरे | टी. एम. टी. | ई. ई. जी. | ई. एम. जी. | एन. सी. वी. | बेरा | पी. एफ. टी. | ऑडियोमैट्री

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 **SRD**  
Complete Diagnostic Solution



Pt Name : JAGDISH GEHLOT  
Ref By. : Dr.  
Serial No : 16005

Age : 30 Yrs.  
Sex : Male  
Date : 30/03/2023

**URINE EXAMINATION REPORT**

Test	Result(s)
<b>CHEMICAL</b>	
SUGAR - (F)	NIL
SUGAR - (PP)	NIL

[ TECHNOLOGIST ]

\_\_\_\_\_ END OF REPORT \_\_\_\_\_

[ PATHOLOGIST ]



ई.सी.जी. | डिजिटल एक्सरे | टी. एम. टी. | ई. ई. जी. | ई. एम. जी. | एन. सी. वी. | बेरा | पी. एफ. टी. | ऑडियोमैट्री

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 **SRD**  
Complete Diagnostic Solution



Client Name	Mr JAGDISH GEHLOT	Sex/Age	30 Year / Male
C Name	REF By.	TPA Name	
Date	30 Mar 2023	Lab No.	19173
Reporting Date	30 Mar 2023	Remark	

Test Name	Result	Unit	Ref-Range
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**HEMATOLOGY**

Glycosylated Hemoglobin (HbA1C)	4.6	%	- %
ABG(Average Blood Glucose)	85.32	MG/DL	- MG/DL

Methodology: Ion exchange H.P.L.C. Using instrument: D-10 with EDTA

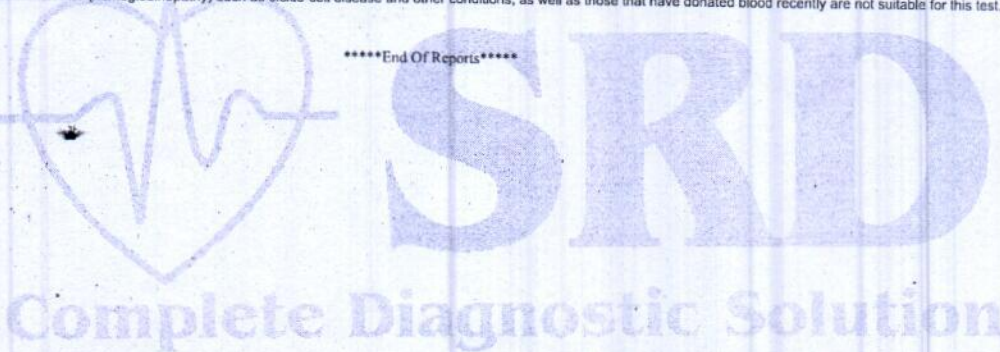
**Hemoglobin A1C % Degree of Glucose Control**

- > 8 Action suggested
- <7 Goal
- < 6 Non - Diabetic level

**Clinical Information:**

Glycated hemoglobin testing is recommended for both (a) checking blood sugar control in people who might be pre-diabetic and (b) monitoring blood sugar control in patients with more elevated levels, termed diabetes mellitus. The American diabetes association guidelines suggest that the Glycosylated hemoglobin test be performed at least two times a year in patients with diabetes that are meeting treatment goals (and that have stable glycemic control) and quarterly in patients with diabetes whose therapy has changed or that are not meeting glycemic goals. Glycated hemoglobin measurement is not appropriate where there has been a 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.

\*\*\*\*\*End Of Reports\*\*\*\*\*



TECHNOLOGIST	Lab. INCHARGE	PATHOLOGIST
--------------	---------------	-------------

Dr. P. K. Malhotra  
MD - Path & Micro  
RMC No. 1977

ई.सी.जी. | डिजिटल एक्सरे | टी. एम. टी. | ई. ई. जी. | ई. एम. जी. | एन. सी. वी. | बेरा | पी. एफ. टी. | ऑडियोमैट्री

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# SRD

## Complete Diagnostic Solution



Client Name	Mr JAGDISH GEHLOT	Sex/Age	30 Year / Male
C Name	REF By.	TPA Name	
Date	30 Mar 2023	Lab No.	19173
Reporting Date	30 Mar 2023	Remark	

Test Name	Result	Unit	Ref-Range
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### HARMONES

#### THYROID PROFILE

T3	0.99	ng/ml	0.6-1.81 ng/ml
T4	6.95	ug/dl	4.5-12.6 ug/dl
TSH	3.35	uIU/ml	0.35-5.5 uIU/ml

#### Interpretation of TSH :

Kindly correlate with age & clinical findings.

Biological reference range:

Children: Pregnancy:

1 - 2 days 3.20 - 34.6 uIU/ml 1<sup>st</sup> Trimester : 0.10 - 2.50

3 - 4 days 0.70 - 15.4 uIU/ml 2<sup>nd</sup> Trimester : 0.20 - 3.00

15 days - 5 mths 1.70 - 9.10 uIU/ml 3<sup>rd</sup> Trimester : 0.30 - 3.00

5 mths - 20 yrs 0.70 - 6.40 uIU/ml

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 Syndrom, multiple alterations in serum thyroid function test

findings have

been recognized.

\*\*\*\*\*End Of Reports\*\*\*\*\*

#### BIO - CHEMISTRY

BUN/SR.CREATININE RATIO	19.84	Ratio	6-25 Ratio
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\*\*\*\*\*End Of Reports\*\*\*\*\*

TECHNOLOGIST	Lab. INCHARGE	PATHOLOGIST
--------------	---------------	-------------

Dr. K. Malhotra  
MD - Pathology Micro.  
RMC No. 977

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Test Name	Result	Unit	Ref-Range
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### HEMATOLOGY

<b>COMPLETE BLOOD COUNT</b>			
HAEMOGLOBIN	13.2	GM%	13-18 GM%
TOTAL LEUCOCYTE COUNT	4400	/Cumm	4000-11000 /Cumm
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
PLOYMORPHS	55.5	%	40-70 %
LYMPHOCYTES	37.5	%	20-40 %
EOSINOPHILS	5.0	%	0-6 %
MONOCYTES	2.0	%	0-8 %
BASOPHILES	.00	%	0-2 %
RBC	3.82	Lakh/Cumm/	3.5-5.5 Lakh/Cumm/
PLATELETS COUNT	1.89	Lakh/Cumm	1.5-4 Lakh/Cumm
HCT	40.6	%	34-48 %
MCV	95.14	fl	30-100 fl
MCH	H <u>34.55</u>	pg	27-32 pg
MCHC	32.51	g/dl	32-36 g/dl
ESR	14	mm/1Hrs	0-20 mm/1Hrs
ABO RH-FACTOR	B (+) POSITIVE		

\*\*\*\*\*End Of Reports\*\*\*\*\*

Complete Diagnostic Solution

 TECHNOLOGIST	Lab. INCHARGE	 PATHOLOGIST
------------------	---------------	-----------------

Dr. K. Malhotra  
 MD Micro.  
 RMC 19173

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**BIO-CHEMISTRY**

BLOOD SUGAR (F)	87.1	mg/dl	60-110 mg/dl
BLOOD SUGAR	119.6	mg/dl	60-160 mg/dl
SERUM CREATININE	1.31	mg/dl	0.6-1.4 mg/dl
SERUM URIC ACID	3.40	mg%	3-6.5 mg%
<b>LIPID PROFILE</b>			
CHOLESTEROL	168.2	mg/dl	130-250 mg/dl
TRIGLYCERIDES	137.9	mg/dl	60-170 mg/dl
HDL-CHOLESTEROL	42.50	mg/dl	30-70 mg/dl
LDL-CHOLESTEROL	98.12	mg/dl	65-160 mg/dl
VLDL	27.58	mg/dl	0-35 mg/dl
CHO/HDL RATIO	3.96	mg/dl	3.8-5.8 mg/dl
LDL/HDL RATIO	2.31	Ratio	1.5-3.5 Ratio
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN (TOTAL)	0.89	mg/dl	0.3-1.3 mg/dl
BILIRUBIN (DIRECT)	0.18	mg/dl	0-0.3 mg/dl
BILIRUBIN (IN-DIRECT)	0.71	mg/dl	0.1-0.9 mg/dl
SGOT (AST)	22.3	Units/Lit	5-40 Units/Lit
SGPT (ALT)	16.7	Units/Lit	5-40 Units/Lit
ALKALINE PHOSPHATSE	109.2	Units/Lit	65-306 Units/Lit
TOTAL PROTEIN	6.44	g/dl	6.1-8.6 g/dl
ALBUMIN	3.84	g/dl	3.5-5 g/dl
GLOBULIN	2.64	mg/dl	2.3-3.5 mg/dl
A/G RATIO	1.48 : 1	mg/dl	1-2.3 mg/dl
GGT	30	IU/L	4-54 IU/L
BUN	26	mg/dl	12-40 mg/dl

\*\*\*\*\*End Of Reports\*\*\*\*\*

TECHNOLOGIST

Lab. INCHARGE

PATHOLOGIST

Dr. V. K. Malhotra  
MBBS & Micro.  
RMC 19173

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 **SRD**  
Complete Diagnostic Solution



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Reporting Date	30 Mar 2023	Remark	

Test Name	Result	Unit	Ref-Range
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URINE EXAMINATION REPORT

**PHYSICAL EXAMINATION**

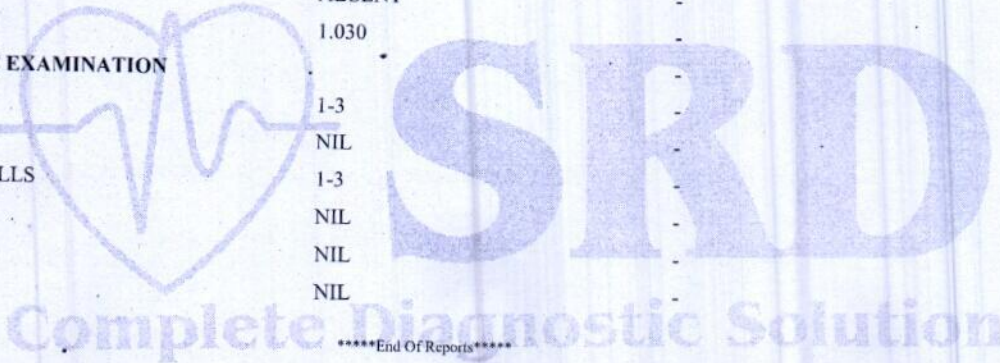
COLOUR	YELLOW
REACTION	ACIDIC
PH	6.0
DEPOSITE	ABSENT
APPEARANCE	CLEAR

**CHEMICAL EXAMINATION**

ALBUMIN	ABSENT
SUGAR	ABSENT
BILE SALTS	ABSENT
KITONES	ABSENT
SPEC GRAV	1.030

**MICROSCOPIC EXAMINATION**

PUS CELLS	1-3
RBCs CELLS	NIL
EPITHELIAL CELLS	1-3
CASTS	NIL
CRYSTAL :-	NIL
BACTERIA	NIL



TECHNOLOGIST

Lab. INCHARGE

PATHOLOGIST

*Dr. V.K. Malhotra*  
MBBS & Micro.  
RMD 18/09/17

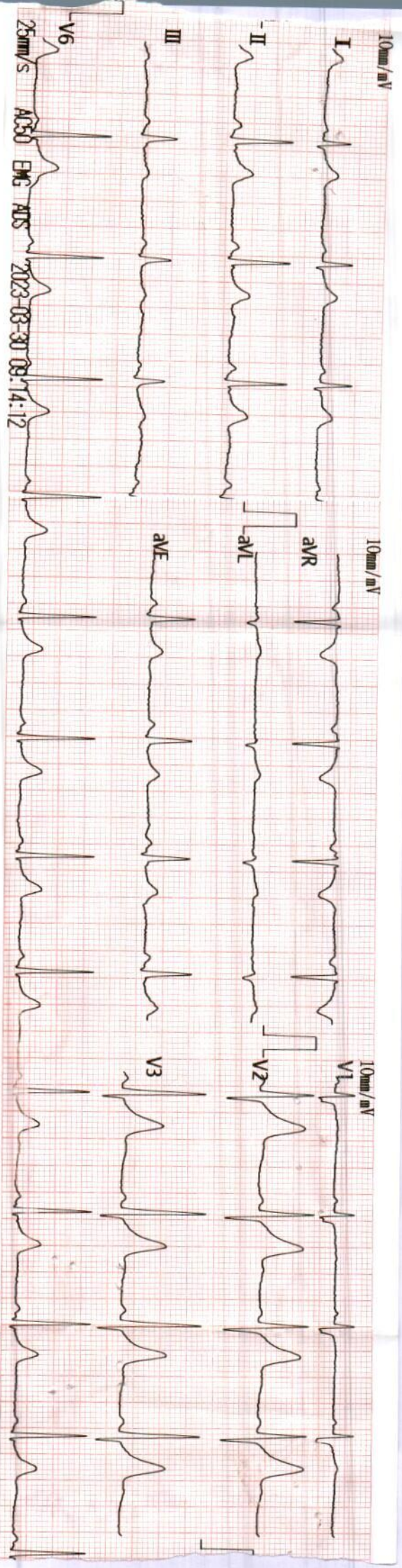
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*Deedish Gehlot*  
30/3/23

Vent. Rate(BPM) : 69  
PR Int.(ms) : 121  
P/QRS/T Int.(ms) : 87 97 176  
QT/QTc Int.(ms) : 371 403  
P/QRS/T Axis(Deg) : 61 72 49  
RV1/SV5 Amp.(mV) : 0.37 0.15  
RV5/SV1 Amp.(mV) : 1.83 0.27

800 Normal Sinus Rhythm  
122 Counter Clockwise Rotation  
\*\*\* Normal ECG \*\*\*

V2.33  
Technician:

*AK Shrivastava*  
Dr. Nand Kishore Singh  
MD-Physician & Cardiac Specialist  
RMC No.-207

Note: Unconfirmed Report Need to Review.

> 99990005258 -Y / cm/Kg / mmHg