

भारत सरकार  
Government of India

Sunita Kumari  
Year of Birth : 1992  
Female



8911 9387 4331

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

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Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu





# RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

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

NAME	SUNITA	AGE-	SEX: F
REF/BY:	Medi wheel health check up	DATE	8-Apr-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:** h/o nephrectomy .

**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 ovary 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:

❖ **NORMAL SONOGRAPHY STUDY**

Advised: clinicopathological correlation

**DR. UMMED SINGH RATHORE**  
**MD RADIODIAGNOSIS**

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



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

Female

08.04.2023 16:05:44  
RAJASTHANI DIAGNOSTICS CENTRE  
JHUNDHUNU RAJ.

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 68 ms  
QT / QTcBaz : 336 / 450 ms  
PR : 122 ms  
P : 88 ms  
RR / PP : 552 / 555 ms  
P / QRS / T : 64 / 21 / -24 degrees

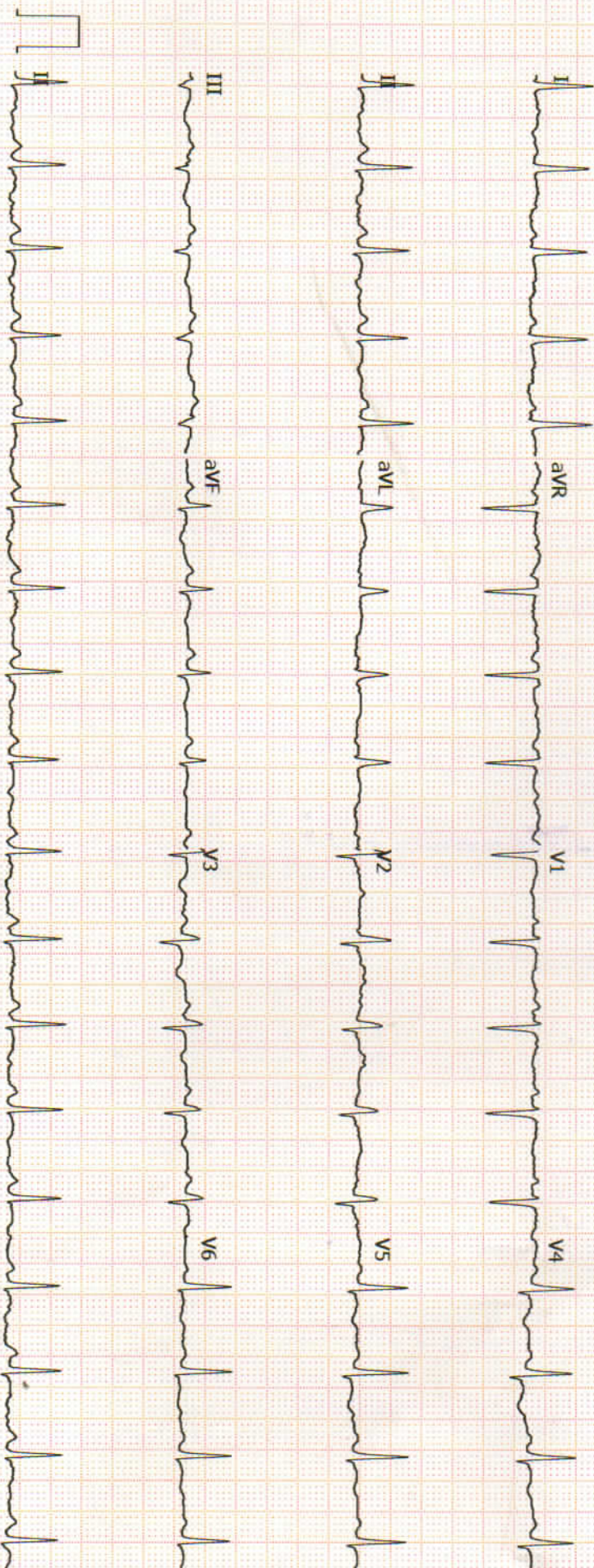
Sinus tachycardia  
T wave abnormality, consider anterior ischemia  
Abnormal ECG

Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu

राजस्थानी

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

Room:





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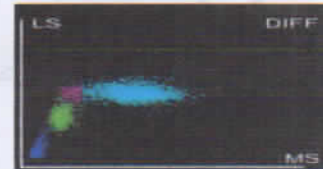
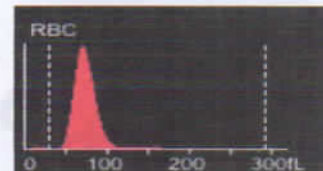
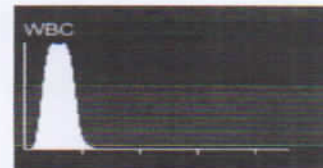
## Hematology Analysis Report

First Name: SUNITA KUMARI  
Last Name:  
Gender: Female  
Age: 31 Year

Sample Type:  
Department:  
Med Rec. No.:

Sample ID: 13  
Test Time: 2023/04/08 12:32  
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	6.96	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	71.0 ↑	50.0-70.0	%
3 Lym%	25.0	20.0-40.0	%
4 Mon%	3.0	3.0-12.0	%
5 Eos%	0.8	0.5-5.0	%
6 Bas%	0.2	0.0-1.0	%
7 Neu#	4.94	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	1.74	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.21	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.06	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.01	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	3.76	3.50-5.50	10 <sup>6</sup> /uL
13 HGB	10.4 ↓	11.0-16.0	g/dL
14 HCT	29.3 ↓	37.0-54.0	%
15 MCV	78.0 ↓	80.0-100.0	fL
16 MCH	27.7	27.0-34.0	pg
17 MCHC	35.6	32.0-36.0	g/dL
18 RDW-CV	13.5	11.0-16.0	%
19 RDW-SD	43.5	35.0-56.0	fL
20 PLT	236	100-300	10 <sup>3</sup> /uL
21 MPV	10.0	6.5-12.0	fL
22 PDW	13.5	9.0-17.0	fL
23 PCT	0.237	0.108-0.282	%
24 P-LCR	38.4	11.0-45.0	%
25 P-LCC	91 ↑	30-90	10 <sup>3</sup> /uL



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

Submitter: Operator: service Approver:  
Draw Time: 2023/04/08 12:32 Received Time: 2023/04/08 12:32 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



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



## Laboratory Report

Name : **SUNITA KUMARI**  
Age : **31** Gender : **FEMALE**  
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **62622**  
Invoice Date : **08-04-2023 11:40 AM**  
Invoice Number : **186**  
Registration No.: **2414**  
Sample On : **08-04-2023 11:40 AM**  
Report On : **08-04-2023 06:20 PM**

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	10	< 20	mm/hr
BLOOD GROUPING (ABO & Rh )	A+ Positive		

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	4.85	< 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)	92.49		mg/dL
eAG (Estimated Average Glucose)	5.13		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.

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

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

TECHNOLOGIST

PATHOLOGIST

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Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	102.00	60--110	mg/dL
Blood Sugar PP	116.00	< 140	mg/dL

## RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	31.00	13--45	mg/dL
Creatinine	1.02	0.4--1.4	mg/dL
Uric Acid	4.29	3.6--8.2	mg/dL
Calcium	9.87	8.5--11	mg/dL
Gamma glutamyl transferase (GGT)	22.41	< 50	U/L

## Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	19.00	0--45	U/L
S.G.P.T.	26.00	0--45	U/L
Bilirubin(Total)	0.84	0.1--1.4	mg/dL
Bilirubin(Direct)	0.15	0--0.3	mg/dL
Bilirubin(Indirect)	0.69	0.1--0.9	mg/dL
Total Protein	6.91	6--8	mg/dL
Albumin	3.76	3.5--5	mg/dL
Globulin	3.15	3--4.5	mg/dL
A/G Ratio	1.19	0.5 -- 1.2	g/dL
Alkaline Phosphatase	164.00	108--306	U/L

*Nida*  
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### LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	162.00	110-200	mg/dL
HDL Cholesterol	42.00	35-88	mg/dL
Triglycerides	79.00	40-165	mg/dL
LDL Cholesterol	104.20	0-150	mg/dL
VLDL Cholesterol	15.80	0-35	mg/dL
TC/HDL Cholesterol Ratio	3.86	2.5-5	Ratio
LDL/HDL Ratio	2.48	1.5-3.5	Ratio

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

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.98	0.5-1.5 ng/ML	ng/ML
T4 (Total Thyroxine)	8.65	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.38	0.38 - 5.5 µIU/mL	µIU/mL

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### URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
<b>PHYSICAL</b>			
Quantity			ml
Colour	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	6--8		/h.p.f.
Epithelial Cells	2--3		/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*  
Dr. NIDA FAHMI  
M.D.S. Pathology  
Reg. No. A-4048

*Mamta Khuteta*  
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NAME : SUNITA KUMARI	AGE 31 /SEX F
REF.BY : BOB HEALTH CHECK UP	DATE: 08.04.2023

## 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)**

*Ush*

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

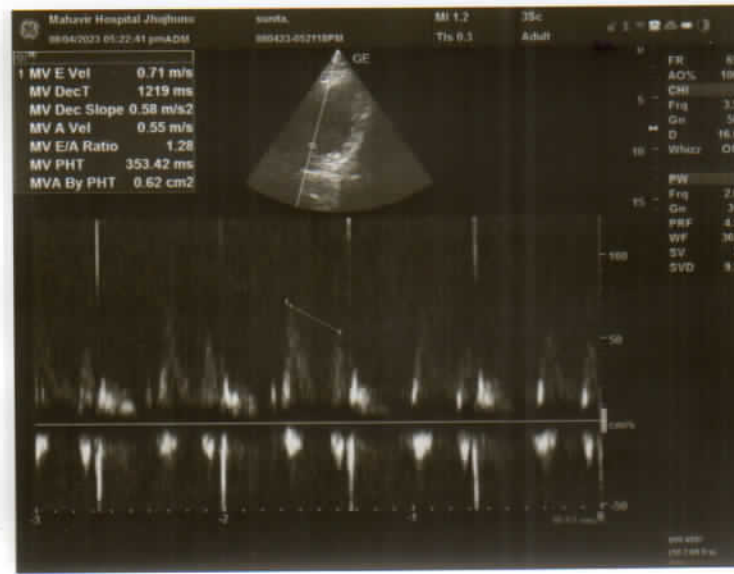
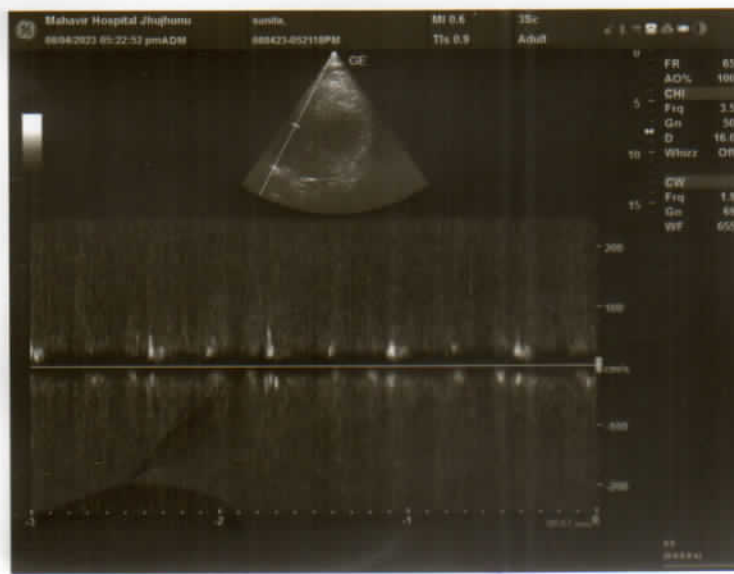
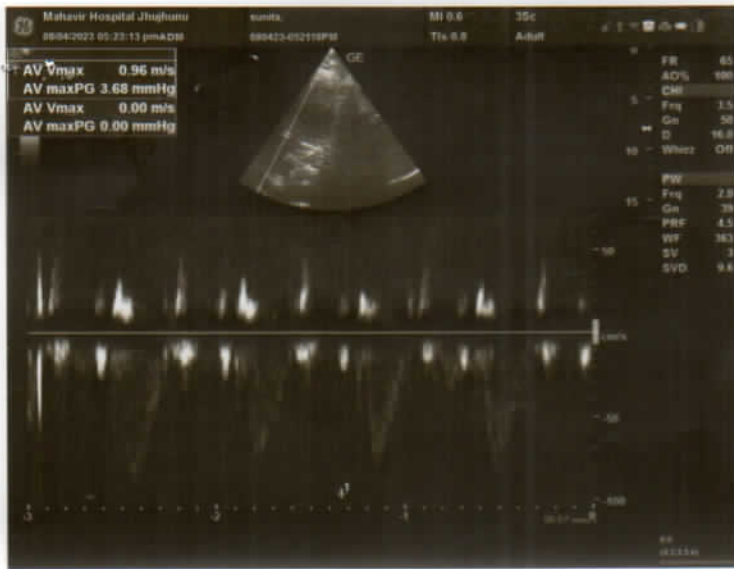


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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592 294977





Patient name: Sunita

Date: 08/04/2023

Age/sex: 31/female

Ref doctor: 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= 71/55 (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 = 96 (cm/sec)

Aortic Regurgitation

Absent/Trace/Mild/Moderate/Severe.



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

भूयः विना परीक्षण कराना व कठोरता दण्डनीय अपराध है  
इसकी शिक्षादा 104 टोल फ्री संख्या 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)

MD Medicine

Reg. No. 7937/2635

Senior Physician

Mahavir Hospital, Jhunjhunu

Dr Pallavi Choudhary

MD Paediatrics

Consultant



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( कृपया अपनी पुरानी रिपोर्ट साथ लावें )

भूप लिंग परीक्षण करना व करवाना परमखीय अपराध है  
इसकी सजा 104 टॉय फ्री सेवा पर की जा सकती है