

भारत सरकार  
Government of India

Download Date: 15/01/2021



Sunil Kumar  
Date of Birth/DOB: 15/12/1987  
Male/ MALE

Issue Date: 26/07/2018

8406 9306 0161  
VID : 9153 5998 5582 7702

मेरा आधार, मेरी पहचान

*Sunil*

Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu

 भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India 

**Address:**  
S/O: Hajar Lal, Hansasar, Jhunjhunur,  
Rajasthan - 333001



**8406 9306 0161**  
VID : 9153 5996 5582 7702

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*S. S. S.*

Rajasthani Diagnostic &  
Medical Research Centre  
Jhunjhunur







# RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	SUNIL KUMAR	AGE-	SEX: M
REF/BY:	BOB MEDICAL HEALTH CHECK UP	DATE	16-Apr-23

## ULTRASONOGRAPHY WHOLE ABDOMEN

**Liver:** is normal in size, 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.

**Cortical cyst** measuring 31x19mm in upper pole.

**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:

❖ Grade I fatty liver

Advised: clinicopathological correlation

**DR. ANUSHA MAHALAWAT**  
MD RADIODIAGNOSIS  
Dr. Anusha Mahalawat  
MD (Radiodiagnosis)  
(RMC. 38742/25457)



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



Male

16.04.2023 12:48:13  
RAJASTHANI DIAGNOSTICS CENTRE  
JHUNDHUNU RAJ.

Room:

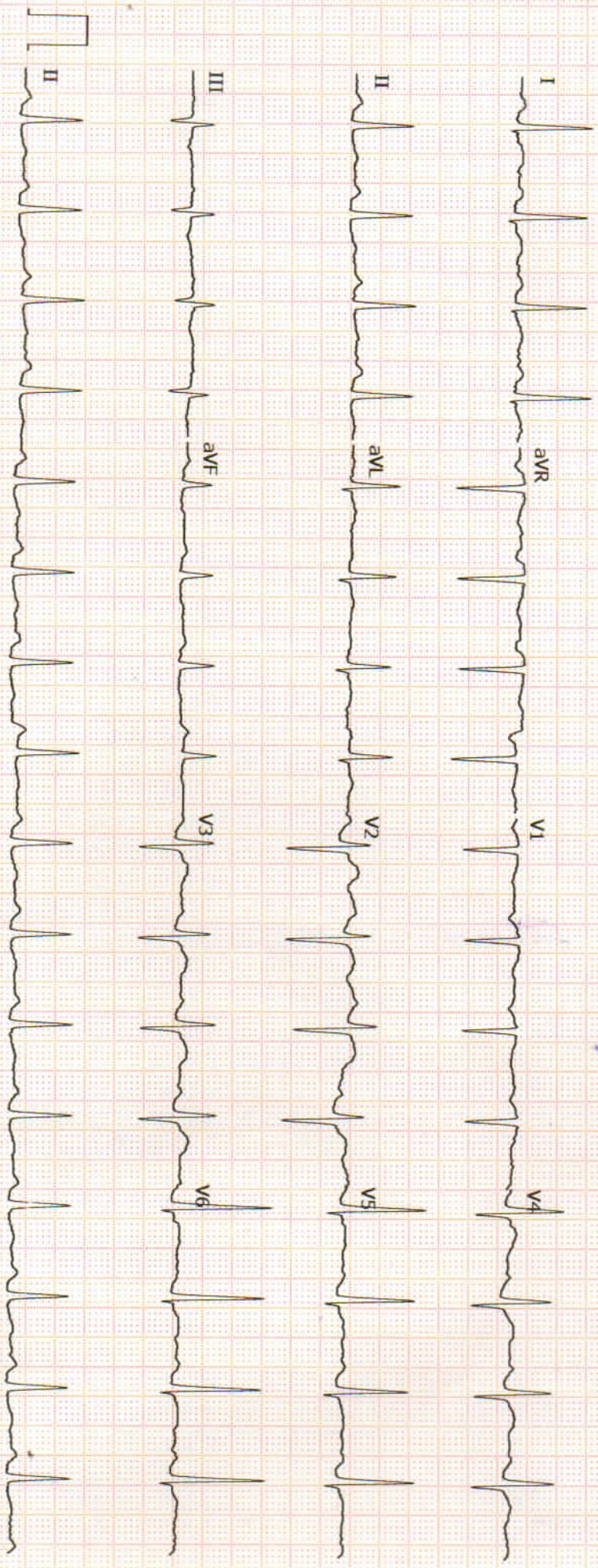
98 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

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

QRS : 76 ms  
QT / QTcbaz : 318 / 405 ms  
PR : 164 ms  
P : 94 ms  
RR / PP : 610 / 612 ms  
P / QRS / T : 39 / 28 / 12 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG







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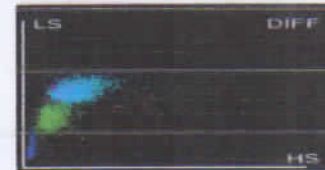
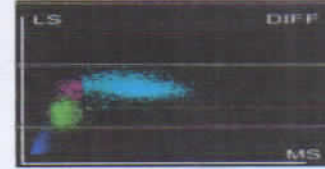
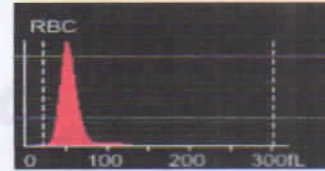
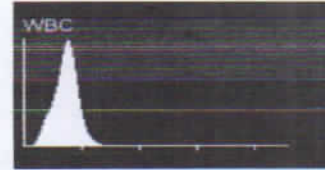
## Hematology Analysis Report

First Name: SUNIL KUMAR  
Last Name:  
Gender: Male  
Age: 36 Year

Sample Type:  
Department:  
Med Rec. No.:

Sample ID: 11  
Test Time: 2023/04/16 15:19  
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	6.32	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	64.8	50.0-70.0	%
3 Lym%	30.2	20.0-40.0	%
4 Mon%	3.2	3.0-12.0	%
5 Eos%	1.6	0.5-5.0	%
6 Bas%	0.2	0.0-1.0	%
7 Neu#	4.10	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	1.91	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.20	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.10	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.01	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	4.77	4.00-5.50	10 <sup>6</sup> /uL
13 HGB	10.8	↓M 12.0-16.0	g/dL
14 HCT	28.2	↓ 40.0-54.0	%
15 MCV	59.2	↓ 80.0-100.0	fL
16 MCH	22.6	↓m 27.0-34.0	pg
17 MCHC	38.3	↑m 32.0-36.0	g/dL
18 RDW-CV	15.3	11.0-16.0	%
19 RDW-SD	36.3	35.0-56.0	fL
20 PLT	274	100-300	10 <sup>3</sup> /uL
21 MPV	10.0	6.5-12.0	fL
22 PDW	18.3	↑ 9.0-17.0	%
23 PCT	0.273	0.108-0.282	%
24 P-LCR	40.3	11.0-45.0	%
25 P-LCC	110	↑ 30-90	10 <sup>3</sup> /uL



Handwritten signature:  
Dr. Mamta Khuteta  
M.D. (Path.)  
Ph. No. : 4720/16260

Submitter: Operator: service Approver:  
Draw Time: 2023/04/16 15:18 Received Time: 2023/04/16 15:18 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 : **SUNIL KUMAR**  
Age : **36** Gender : **MALE**  
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **63009**  
Invoice Date : **16-04-2023 12:48 PM**  
Invoice Number : **600**  
Registration No.: **2828**  
Sample On : **16-04-2023 12:48 PM**  
Report On : **16-04-2023 03:40 PM**

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	16	< 20	mm/hr
BLOOD GROUPING (ABO & Rh )	O+ Positive		

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	5.10	< 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)	99.67		mg/dL
eAG (Estimated Average Glucose)	5.53		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 Aneamia, 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.

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



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



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Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	89.00	60--110	mg/dL
Blood Sugar PP	106.00	< 140	mg/dL

## RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	31.00	13--45	mg/dL
Creatinine	0.90	0.4--1.4	mg/dL
Uric Acid	4.62	3.6--8.2	mg/dL
Calcium	10.60	8.5--11	mg/dL
Gamma glutamyl transferase (GGT)	29.00	< 50	U/L

*Nida*  
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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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### Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	28.00	0-45	U/L
S.G.P.T.	31.00	0-45	U/L
Bilirubin(Total)	0.95	0.1-1.4	mg/dL
Bilirubin(Direct)	0.20	0-0.3	mg/dL
Bilirubin(Indirect)	0.75	0.1-0.9	mg/dL
Total Protein	7.40	6-8	mg/dL
Albumin	4.16	3.5-5	mg/dL
Globulin	3.24	3-4.5	mg/dL
A/G Ratio	1.28	0.5 - 2.65	g/dL
Alkaline Phosphatase	148.00	108-306	U/L

### LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	139.00	110-200	mg/dL
HDL Cholesterol	42.00	35-88	mg/dL
Triglycerides	83.00	40-165	mg/dL
LDL Cholesterol	80.40	0-150	mg/dL
VLDL Cholesterol	16.60	0-35	mg/dL
TC/HDL Cholestrol Ratio	3.31	2.5-5	Ratio
LDL/HDL Ratio	1.91	1.5-3.5	Ratio

*Nida*  
Dr. NIDA FAHMI  
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**24 HOURS SERVICE**  
PATHOLOGIST

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

**PATHOLOGIST**

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

Laboratory Report	
Name : <b>SUNIL KUMAR</b>	Sr. Number : <b>63009</b>
Age : <b>36</b> Gender : <b>MALE</b>	Invoice Date : <b>16-04-2023 12:48 PM</b>
Ref. By Dr : <b>MEDI WHEELFULLY BODY HEALTH CHEKEP</b>	Invoice Number : <b>600</b>
	Registration No. : <b>2828</b>
	Sample On : <b>16-04-2023 12:48 PM</b>
	Report On : <b>16-04-2023 03:40 PM</b>

## T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.99	0.5-1.5 ng/mL	ng/mL
T4 (Total Thyroxine)	8.46	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	2.17	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.

*Nida*  
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## Laboratory Report

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### URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
<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	2--3		/h.p.f.
Epithelial Cells	0--1		/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 >>>

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*Mamta Khute*  
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NAME : SUNIL KUMAR	AGE 35 /SEX M
REF.BY : BOB HEALTH CHECK UP	DATE: 16.04.2023

## 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)**

*USR*

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



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10436 (bobE38098) / SUNIL KUMAR / 35 Yrs / M / 163 Cms / 76 Kg Date: 16-Apr-2023 Technician : MANISH Examined By:

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	01:02	1:01	00.0	00.0	01.0	097	52 %	134/84	129	00	
Standing	02:02	1:00	00.0	00.0	01.0	104	56 %	134/84	139	00	
HV	03:02	1:00	00.0	00.0	01.0	099	54 %	134/84	132	00	
Warm Up	04:02	1:00	00.0	00.0	01.0	103	56 %	134/84	138	00	
ExStart	05:02	1:00	01.0	00.0	01.0	109	59 %	134/84	146	00	
BRUCE Stage 1	08:02	3:00	01.7	10.0	04.7	137	74 %	134/84	183	00	
BRUCE Stage 2	11:02	3:00	02.5	12.0	07.1	157	85 %	136/88	213	00	
PeakEx	12:06	1:04	03.4	14.0	08.2	179	97 %	136/88	243	00	
Recovery	14:05	2:00	01.1	00.0	01.0	144	78 %	136/86	195	00	
Recovery	16:05	4:00	00.0	00.0	01.0	125	68 %	134/84	167	00	
Recovery	17:10	5:04	00.0	00.0	01.0	122	66 %	134/84	163	00	

**Findings :**

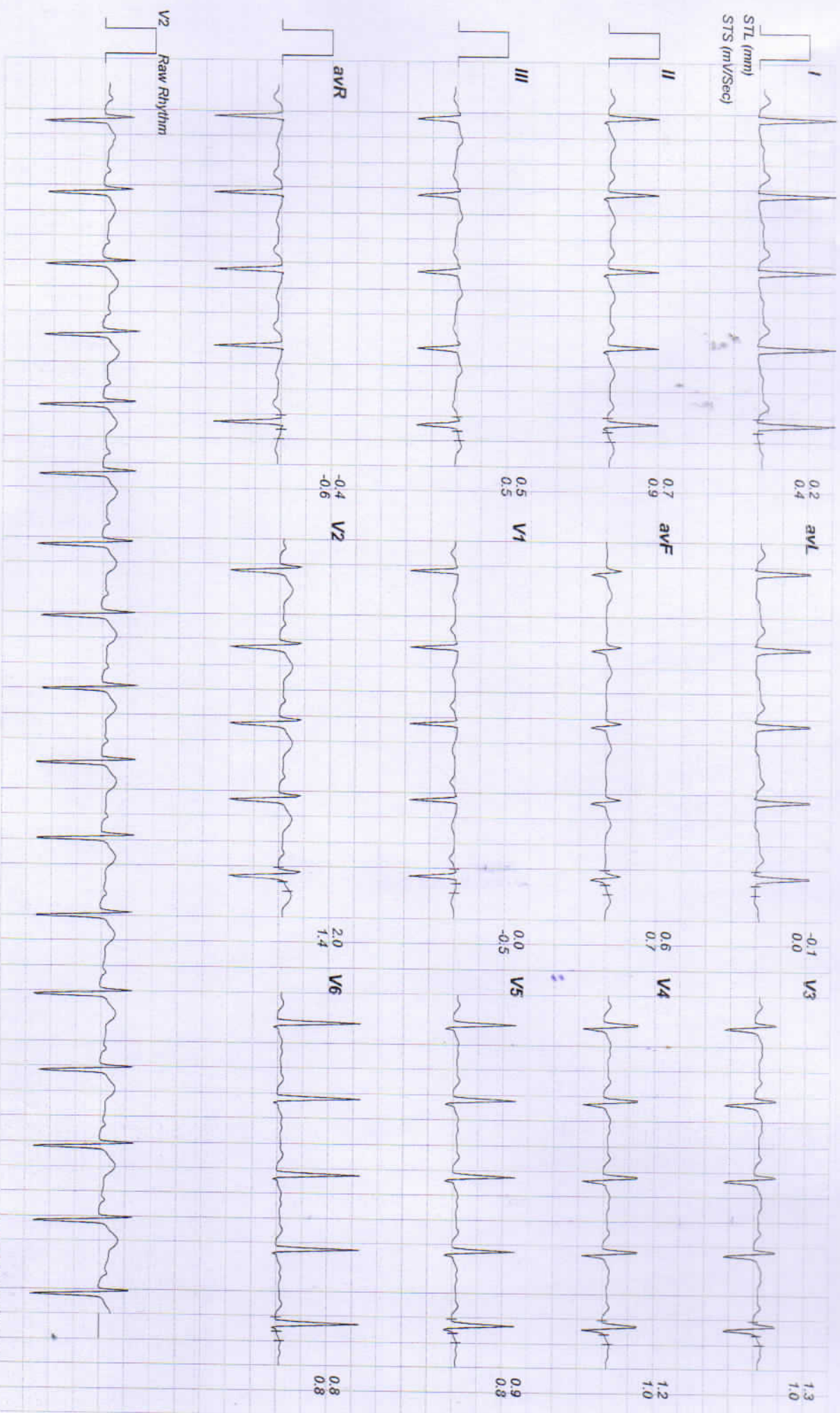
- Exercise Time : 07:04
- Max HR Attained : 179 bpm 97% of Target 185
- Max BP Attained : (Sys) 136/88
- Max Workload Attained : 8.2 Fair response to induced stress
- Max ST Dep Lead & Value : I & -2.5 mm in PeakEx mm
- Test Objective : BOB HEALTH CHECK UP
- History : No
- Test End Reasons : Test Complete

**Report :**

(GEM214190403)RAllengers

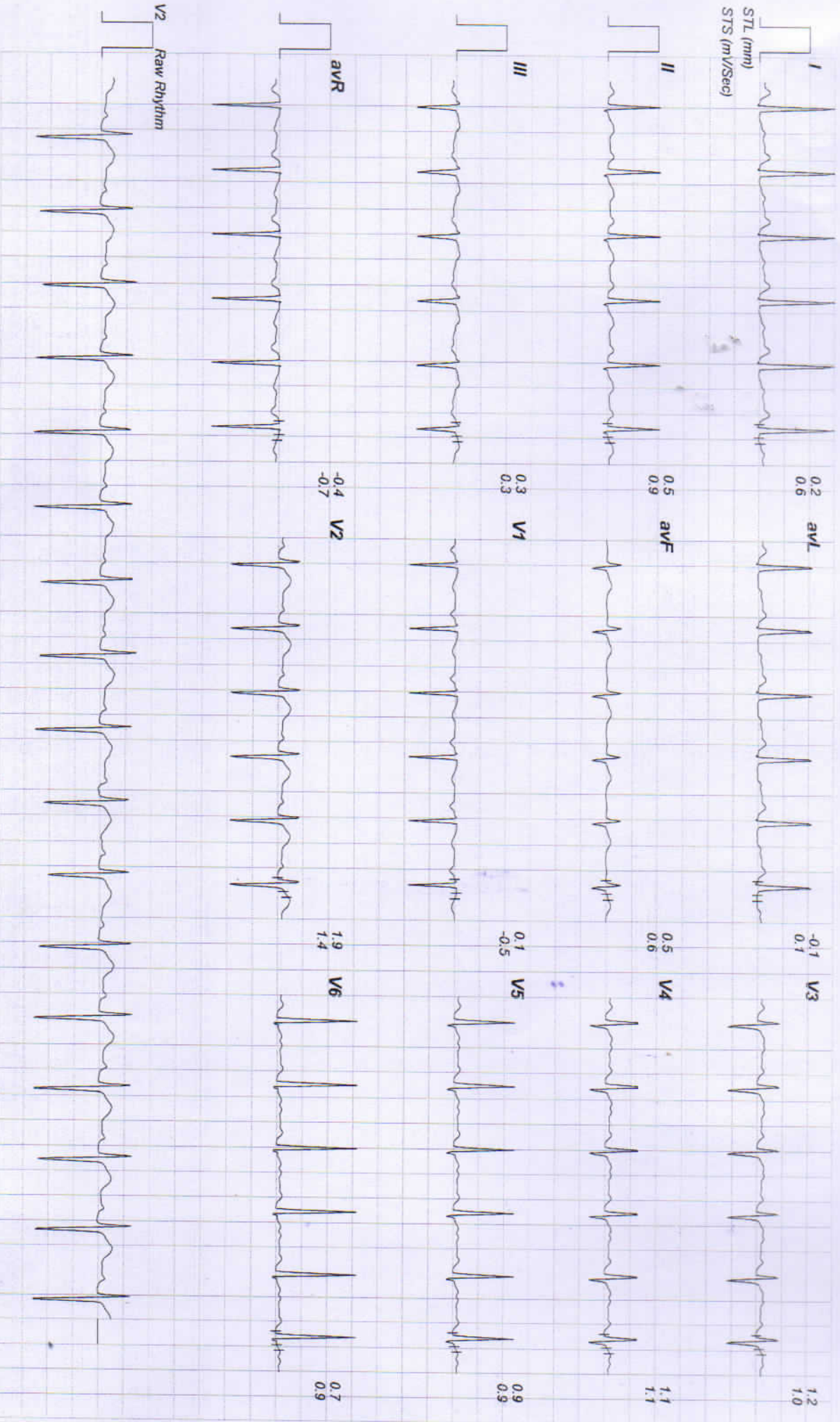
Linked Medians Report

Supine



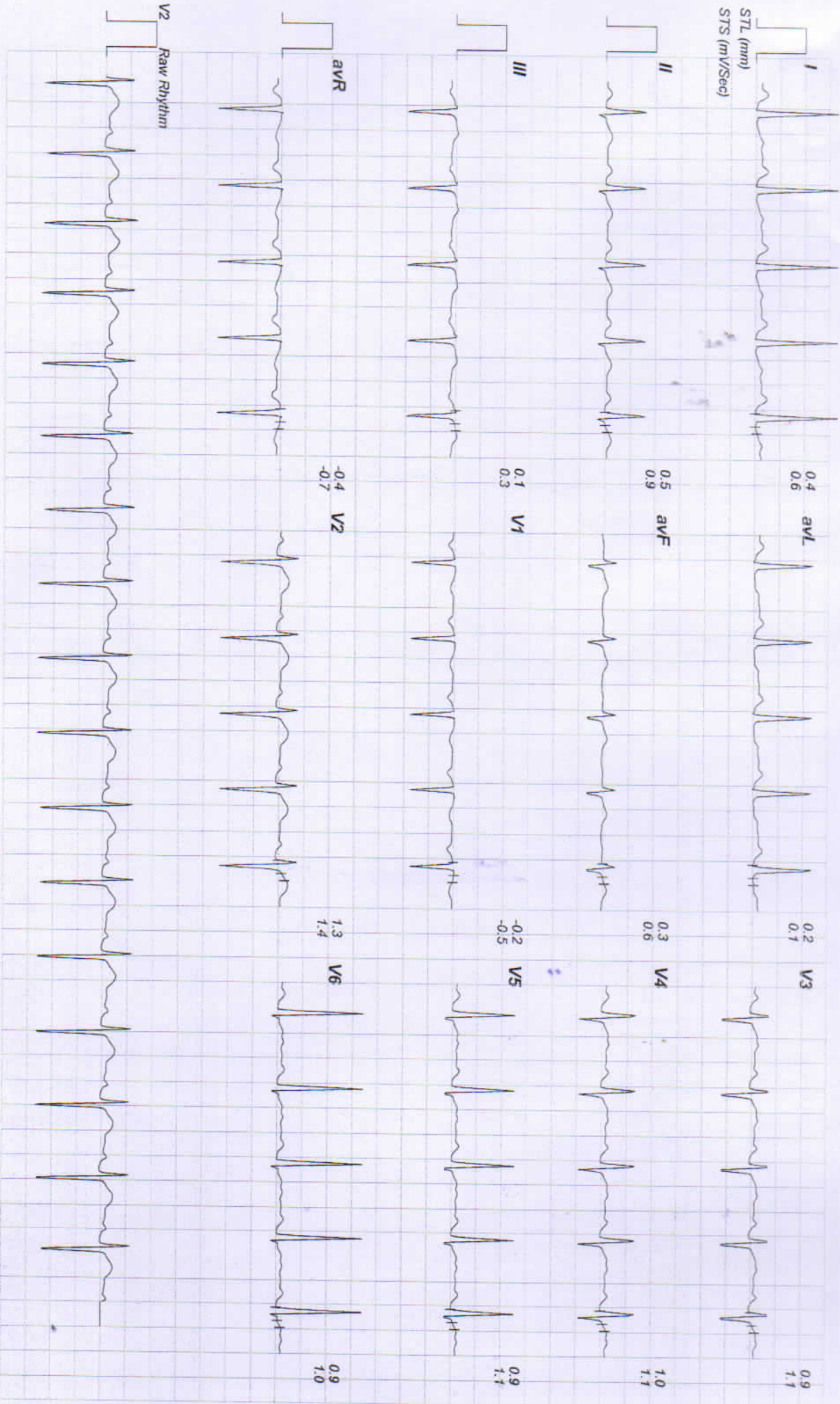


Linked Medians Report  
Standing

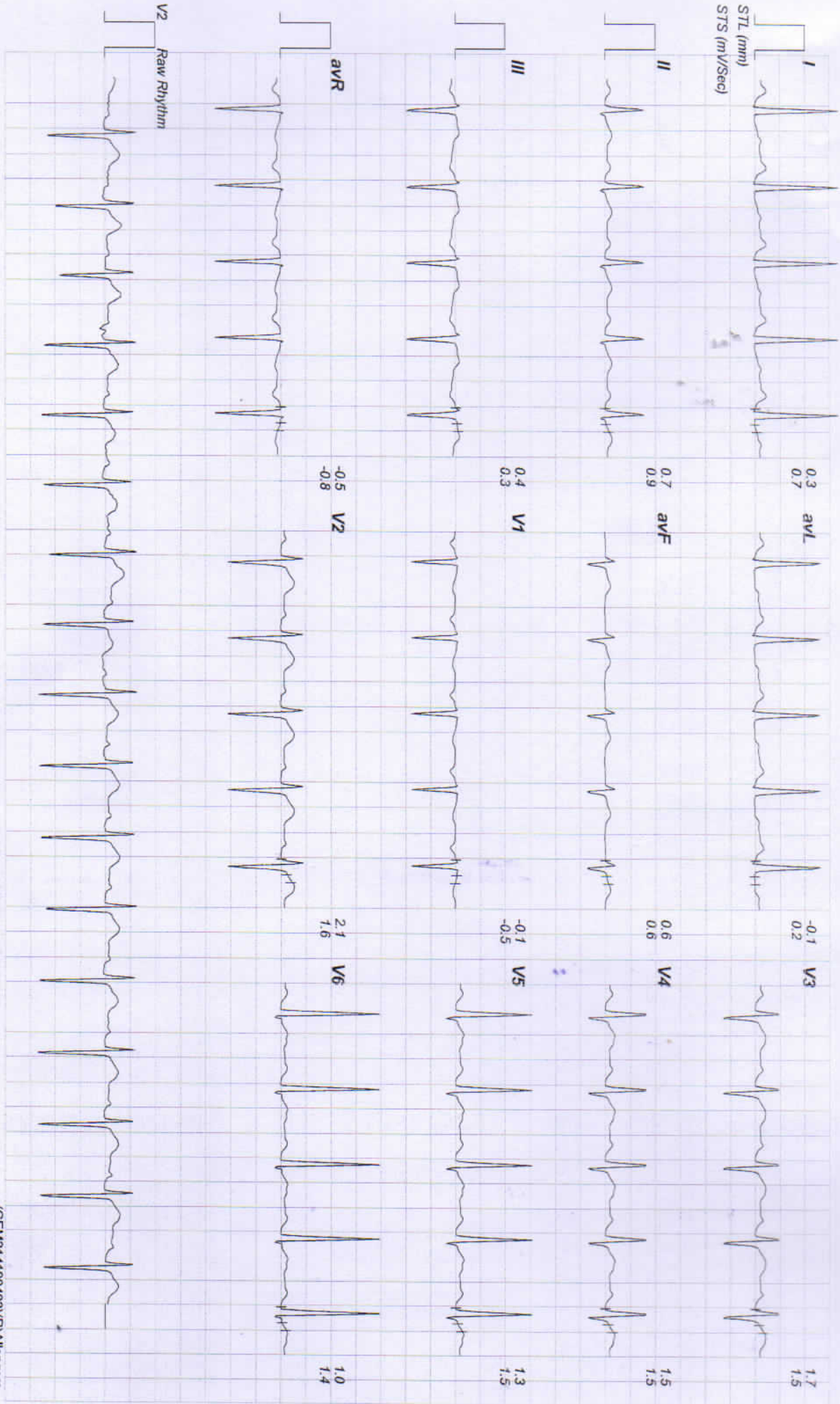


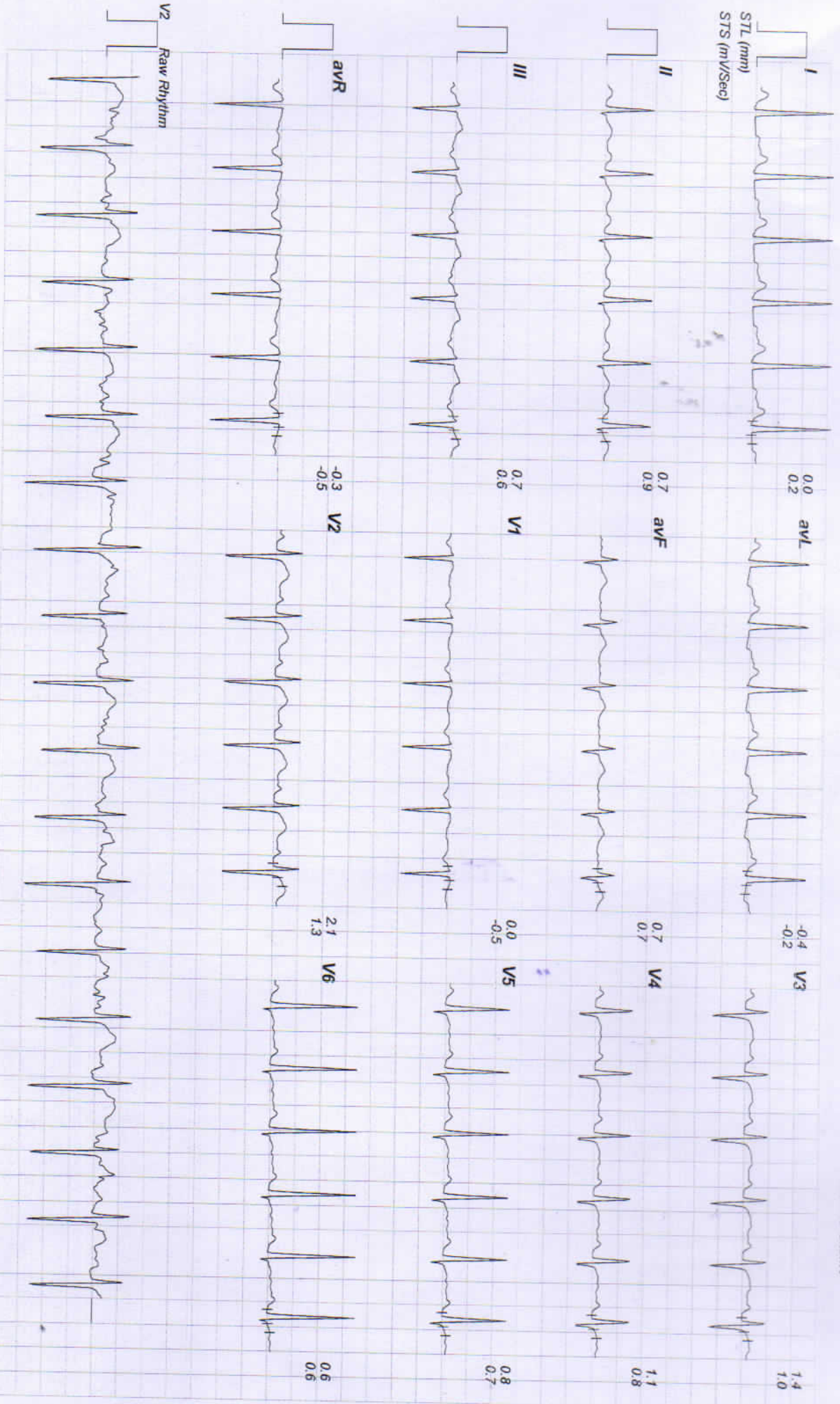
Linked Medians Report

HV

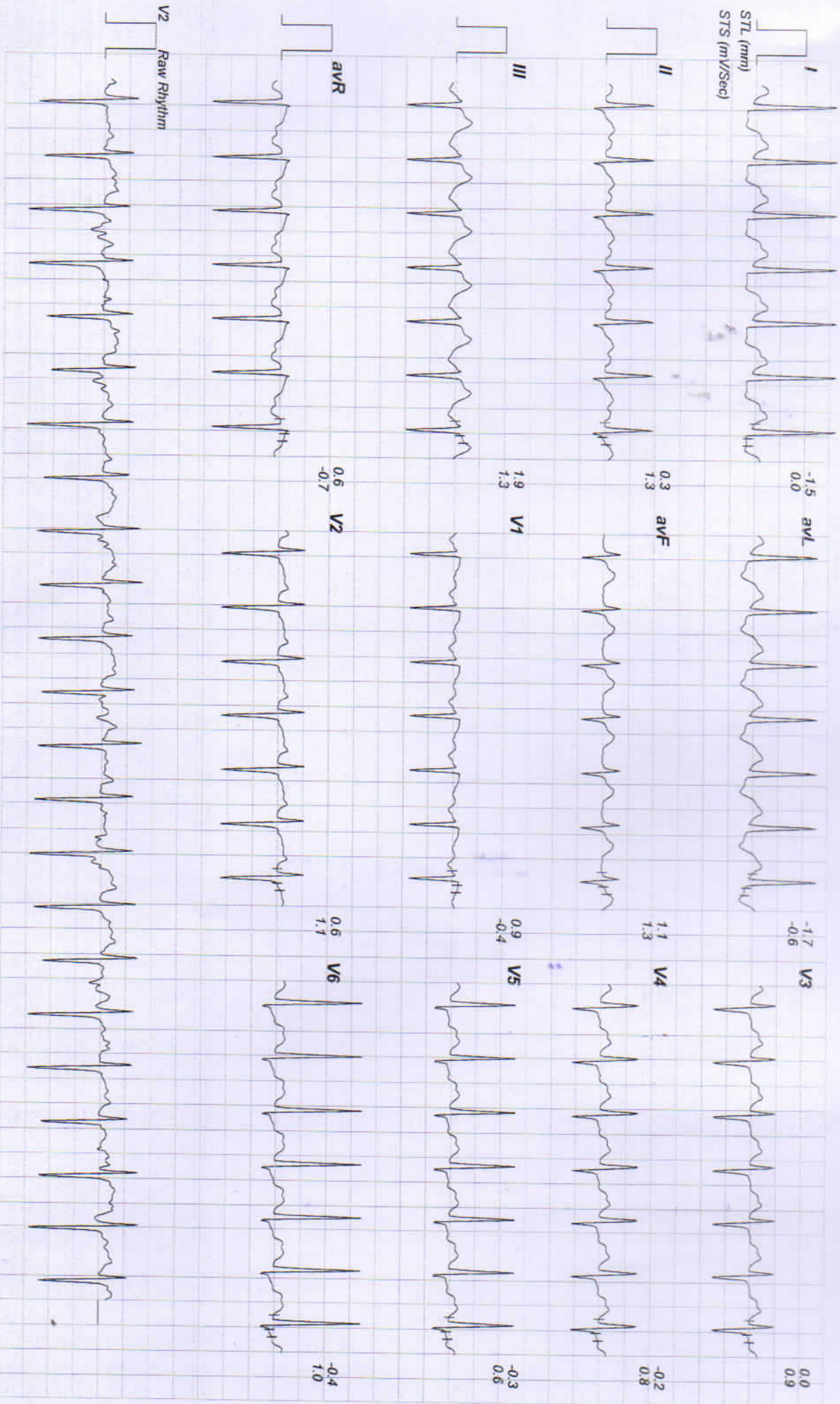










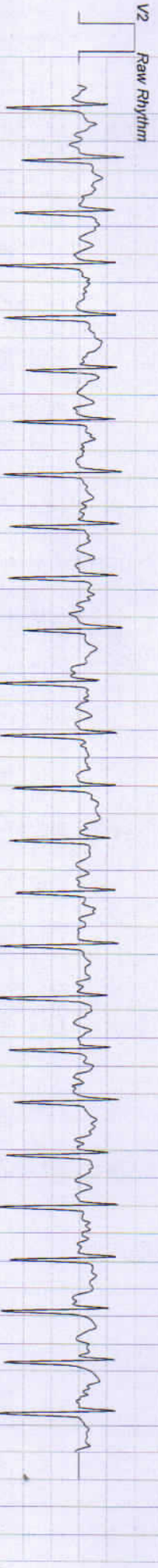
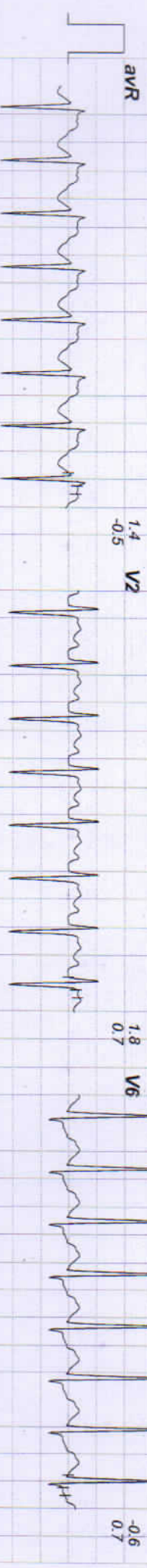
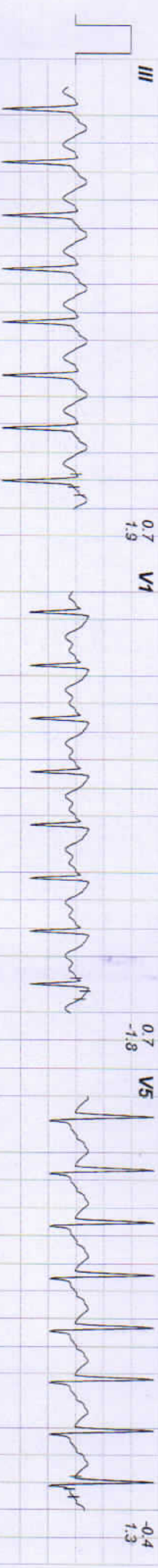
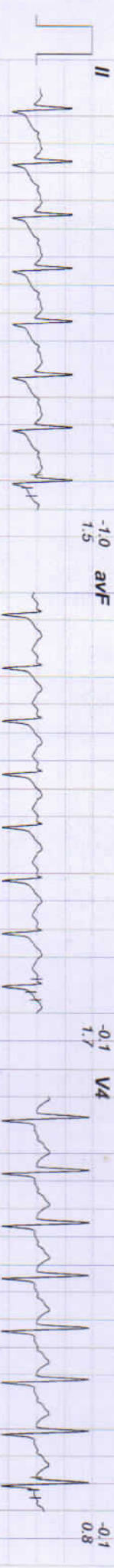


10436 / SUNIL KUMAR / 35 Yrs / Male / 163 Cm / 76 Kg

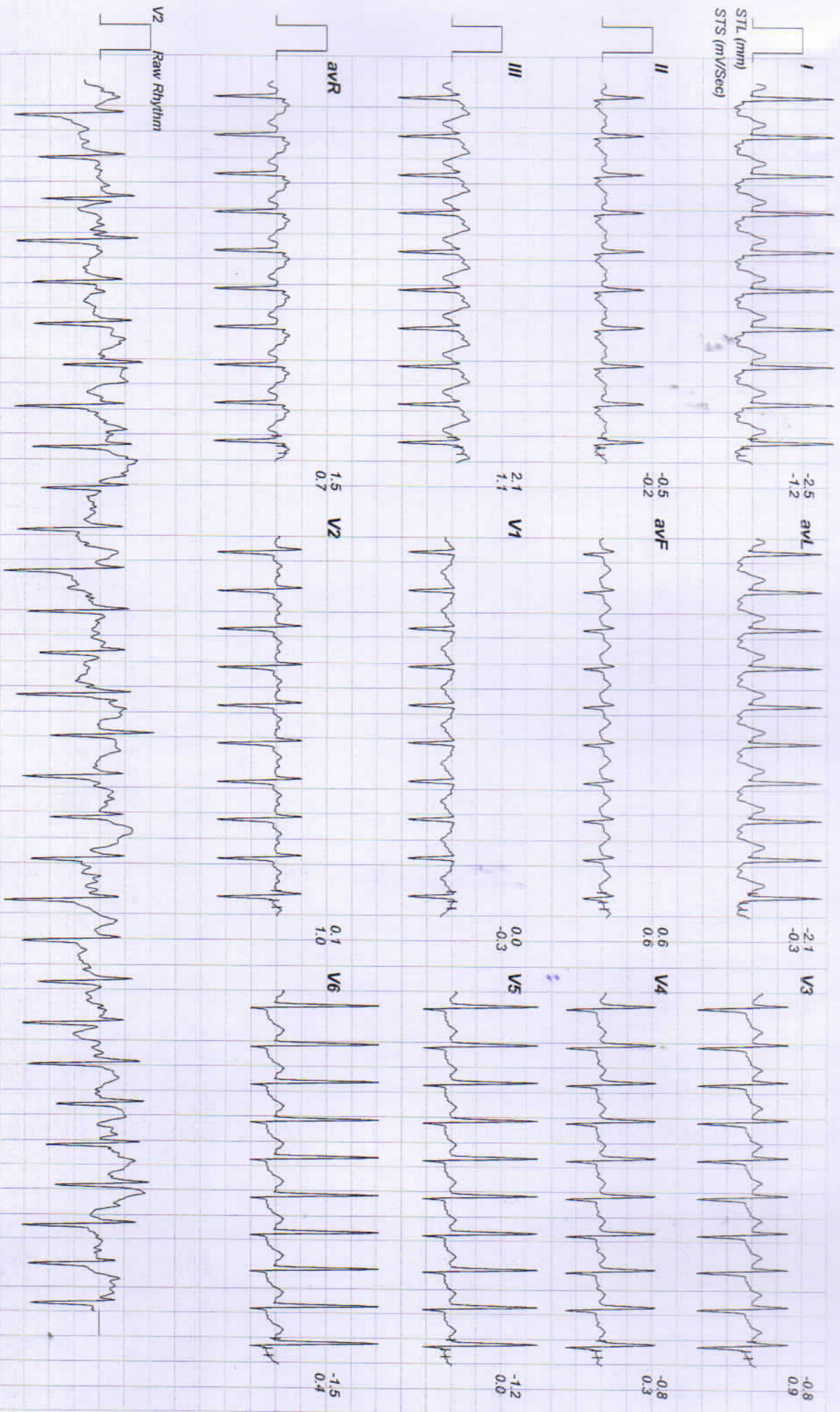
BRUCE: Stage 2(3:00)

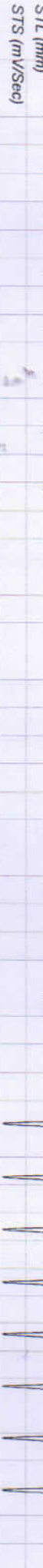
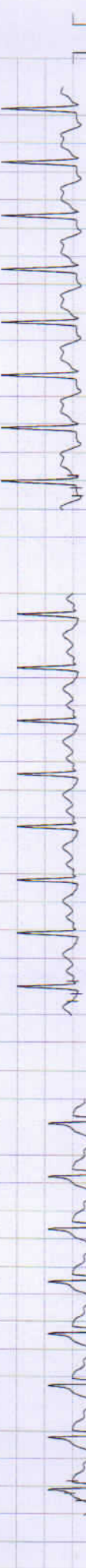
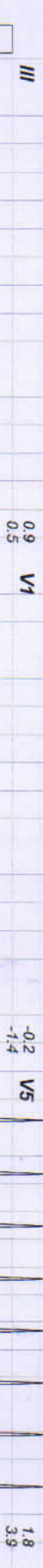


Date: 16 - 04 - 2023 12:51:58 PM METs : 07.10 HR : 157 Target HR : 84% of 185 BP : 136/88 Post J @60mSec Ex Time : 06:00 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV







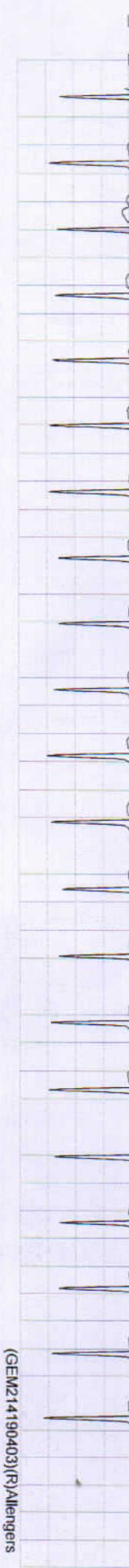
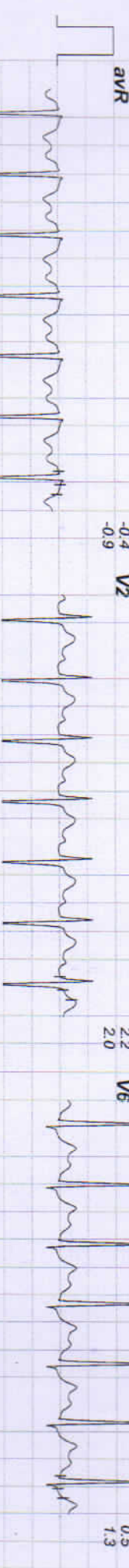
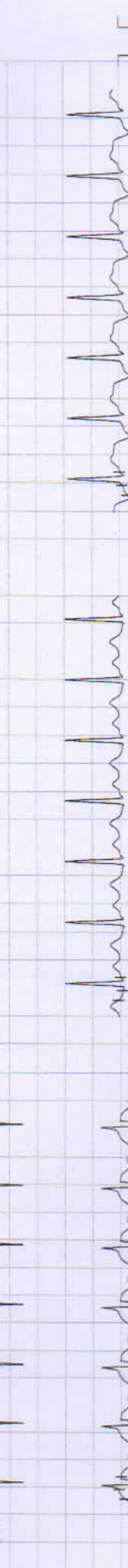
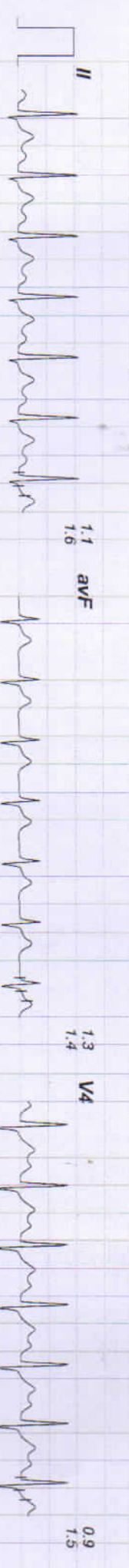




10436 / SUNIL KUMAR / 35 Yrs / Male / 163 Cm / 76 Kg

Recovery(4:00)

Date: 16 - 04 - 2023 12:51:58 PM METs : 01.00 HR : 125 Target HR : 67% of 185 BP : 134/84 Post J @80mSec ExTime : 07:04 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



V2 Raw Rhythm

Linked Medians Report  
Recovery(5:04)

