

भारत सरकार
Government of India

अंकिता सिंह
Ankita Singh
पिता : पवन कुमार सिंह
Father : Pawan Kumar Singh
जन्म तिथि / DOB : 17/07/1990
महिला / Female

9982 1458 0622



Ankita Singh
9756963604
For medical purpose only

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

पता:
-, खैरीकला, सत्यनारायण मन्दिर,
श्यामपुर, देहरादून, स.न. टेम्पले,
उत्तराखण्ड, 249204

Address:
-, KHAIRIKALA, SATYNARAYAN
MANDIR, Shyampur, Dehradun,
S.n. Temple, Uttarakhand, 249204

9982 1458 0622

Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu



RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	ANKITA SINGH	AGE-	SEX: F
REF/BY:	MEDI WHEEL HEALTH CHECK UP	DATE	22-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.

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 ovaries 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:

❖ Grade I fatty liver

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MDRADIODIAGNOSIS

Dr. Anusha Mah: lawat
MD (Radiodiagnosis)
(RMC. 38742/75457)



आपताकालीन सेवाएं

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



Ankita singh

Female

22.04.2023 15:43:23
RAJASTHANI DIAGNOSTICS CENTRE
JHUNJHUNU RAJ.

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

Room:

85 bpm
-- / -- mm

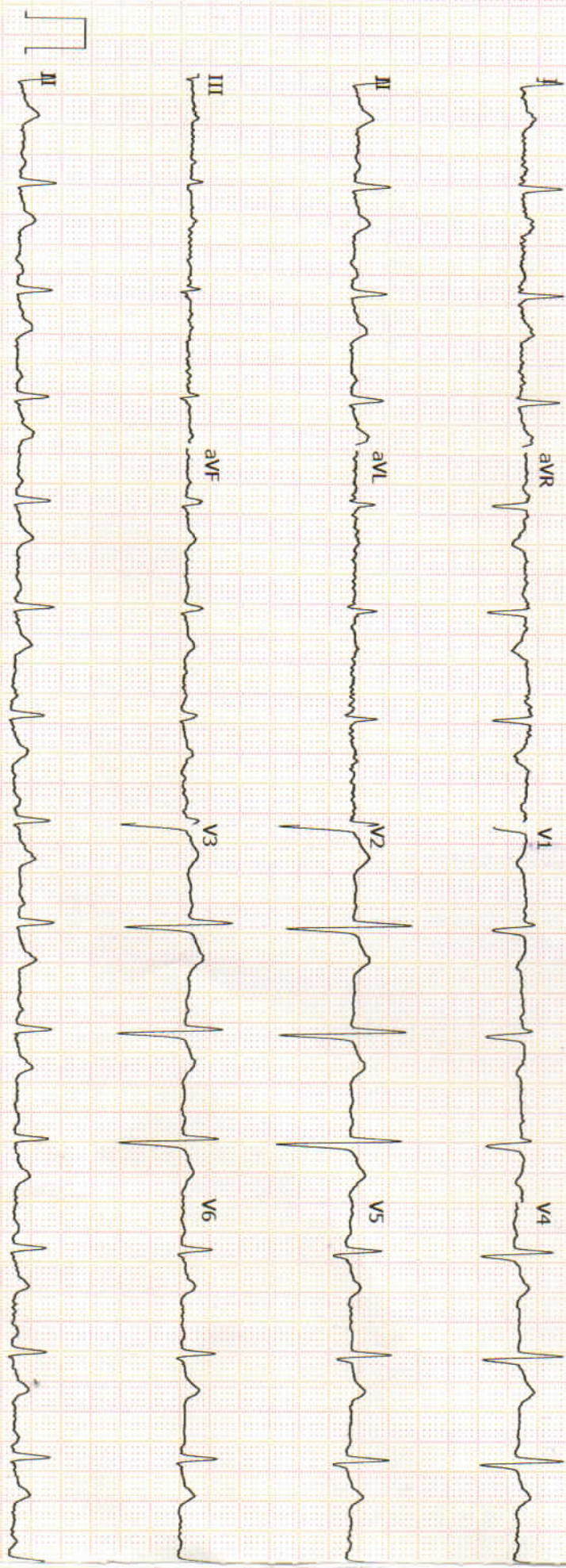
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 378 / 449 ms
PR : 134 ms
P : 88 ms
RR / PP : 706 / 705 ms
P / QRS / T : 39 / 28 / 36 degrees

Normal sinus rhythm
Normal ECG

Rajasthan Diagnostics &
Medical Research Centre
Jhunjhunu

Handwritten signature



GE MAC2000 1.1 125L™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3 25 R1 1/1



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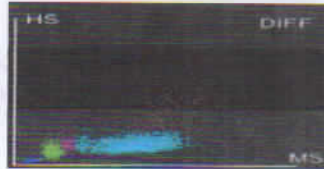
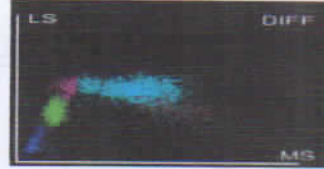
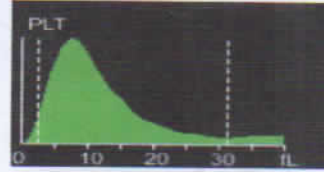
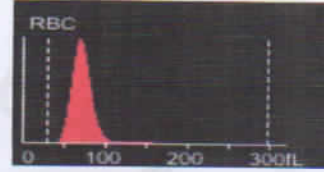
Hematology Analysis Report

First Name: ANKITA SINGH
Last Name:
Gender: Female
Age: 33 Year

Sample Type:
Department:
Med Rec. No.:63280

Sample ID: 5
Test Time: 2023/04/22 09:58
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	5.74	4.00-10.00	10 ³ /uL
2 Neu%	55.9	50.0-70.0	%
3 Lym%	34.7	20.0-40.0	%
4 Mon%	3.4	3.0-12.0	%
5 Eos%	5.4	0.5-5.0	%
6 Bas%	0.6	0.0-1.0	%
7 Neu#	3.21	2.00-7.00	10 ³ /uL
8 Lym#	1.99	0.80-4.00	10 ³ /uL
9 Mon#	0.20	0.12-1.20	10 ³ /uL
10 Eos#	0.31	0.02-0.50	10 ³ /uL
11 Bas#	0.03	0.00-0.10	10 ³ /uL
12 RBC	3.54	3.50-5.00	10 ⁶ /uL
13 HGB	9.9	11.0-15.0	g/dL
14 HCT	26.8	37.0-47.0	%
15 MCV	75.8	80.0-100.0	fL
16 MCH	27.9	27.0-34.0	pg
17 MCHC	36.8	32.0-36.0	g/dL
18 RDW-CV	13.0	11.0-16.0	%
19 RDW-SD	40.4	35.0-56.0	fL
20 PLT	227	100-300	10 ³ /uL
21 MPV	8.3	6.5-12.0	fL
22 PDW	10.0	9.0-17.0	fL
23 PCT	0.187	0.108-0.282	%
24 P-LCR	24.0	11.0-45.0	%
25 P-LCC	54	30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
Draw Time: 2023/04/22 09:52 Received Time: 2023/04/22 09:52 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 : **ANKITA SINGH**
Age : **33** Gender : **FEMALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **63280**
Invoice Date : **22-04-2023 09:58 AM**
Invoice Number : **832**
Registration No. : **3060**
Sample On : **22-04-2023 09:58 AM**
Report On : **22-04-2023 04:10 PM**

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

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	4.60	< 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)	85.32		mg/dL
eAG (Estimated Average Glucose)	4.74		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.)
RMC No. : 4720/16260

TECHNOLOGIST

PATHOLOGIST

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Laboratory Report

Name : **ANKITA SINGH**
Age : **33** Gender : **FEMALE**
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Invoice Date : **22-04-2023 09:58 AM**
Invoice Number : **832**
Registration No.: **3060**
Sample On : **22-04-2023 09:58 AM**
Report On : **22-04-2023 04:10 PM**

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	76.00	60--110	mg/dL
Blood Sugar PP	102.00	< 140	mg/dL

RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	18.00	13--45	mg/dL
Creatinine	0.72	0.4--1.4	mg/dL
Uric Acid	4.15	3.6--8.2	mg/dL
Calcium	9.64	8.5--11	mg/dL
Gamma glutamyl transferase (GGT)	23.00	< 50	U/L

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

Mamta Khute
Dr. Mamta Khute
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BMC No. : 4720/16260

TECHNOLOGIST

PATHOLOGIST

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Laboratory Report

Name : **ANKITA SINGH**
Age : **33** Gender : **FEMALE**
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Invoice Number : **832**
Registration No.: **3060**
Sample On : **22-04-2023 09:58 AM**
Report On : **22-04-2023 04:10 PM**

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	36.00	0-45	U/L
S.G.P.T.	28.00	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	6.98	6-8	mg/dL
Albumin	3.79	3.5-5	mg/dL
Globulin	3.19	3-4.5	mg/dL
A/G Ratio	1.19	0.5 - 2.65	g/dL
Alkaline Phosphatase	163.00	108-306	U/L

LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	142.00	110-200	mg/dL
HDL Cholesterol	41.00	35-88	mg/dL
Triglycerides	95.00	40-165	mg/dL
LDL Cholesterol	82.00	0-150	mg/dL
VLDL Cholesterol	19.00	0-35	mg/dL
TC/HDL Cholestrol Ratio	3.46	2.5-5	Ratio
LDL/HDL Ratio	2.00	1.5-3.5	Ratio

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



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

Laboratory Report	
Name : ANKITA SINGH	Sr. Number : 63280
Age : 33 Gender : FEMALE	Invoice Date : 22-04-2023 09:58 AM
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP	Invoice Number : 832
	Registration No.: 3060
	Sample On : 22-04-2023 09:58 AM
	Report On : 22-04-2023 04:10 PM

URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL			
Quantity	20		ml
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.020		
PH	6.0	4.5--6.5	
CHEMICAL			
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	Nil		
MICROSCOPIC			
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



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME : ANKITA SINGH	AGE 32 /SEX F
REF. BY : BOB HEALTH CHECK UP	DATE: 22.04.2023

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)

USK

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

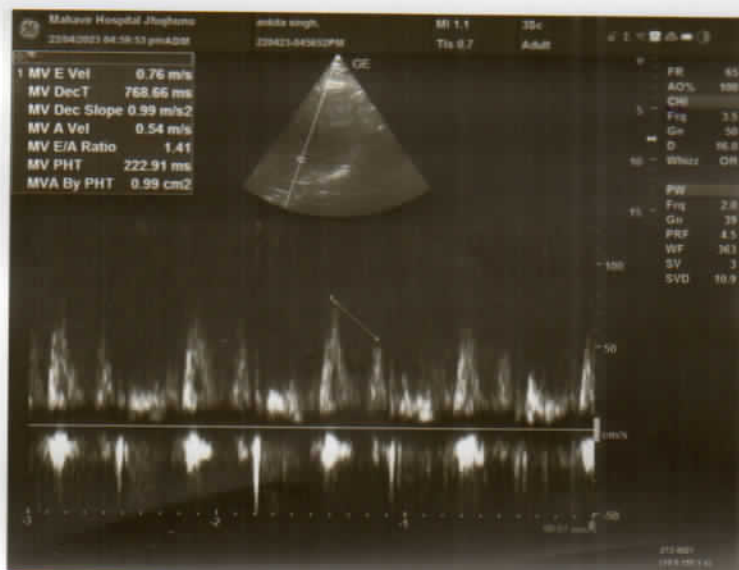
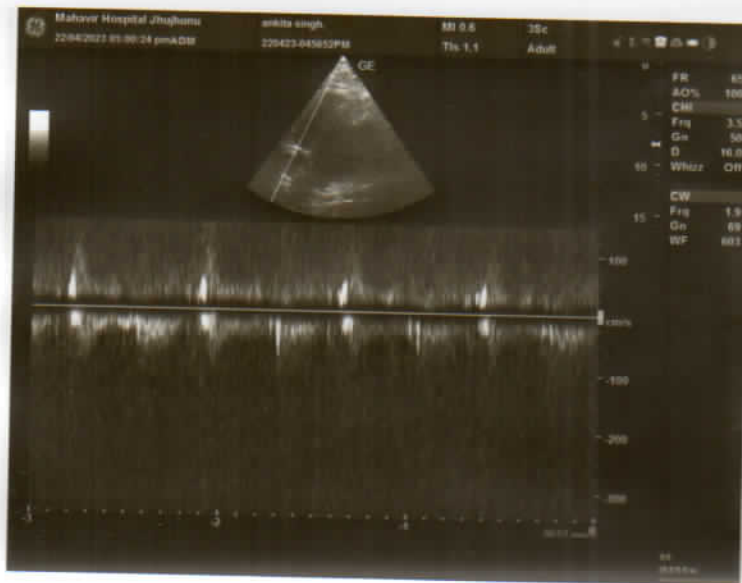
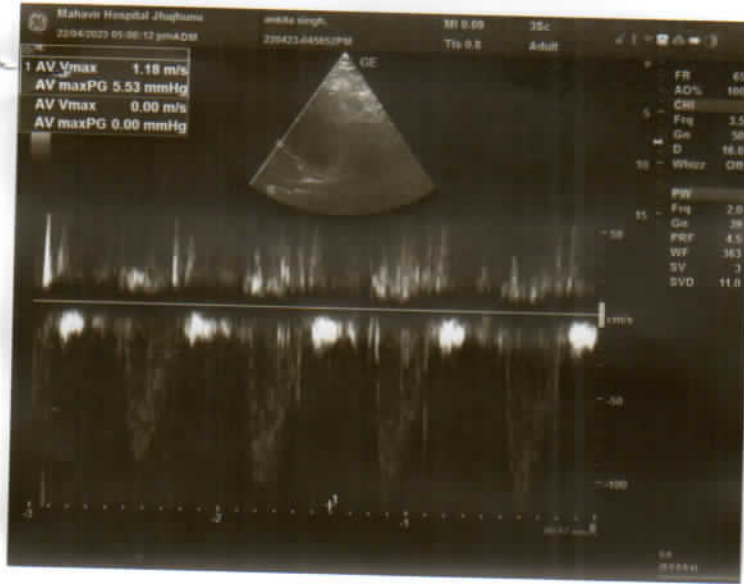


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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592 294977





Patient name: Ankita Singh

Date: 22/04/2023

Age/sex: 32y/female

Ref by: 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=76/54 (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 = 118 (cm/sec)

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



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

यह रिपोर्ट केवल चिकित्सा उद्देश्यों के लिए है।
इसकी प्रतिलिपि किसी भी रूप में नहीं ली जा सकती है।

MAHAVIR HOSPITAL

Health & Hygiene

Tel. : 01592-232361
9680960962



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

MAHAVIR HOSPITAL

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)	3.5 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

MD Medicine

Senior Phvsician

Dr. M. S. Meel

MD (Medicine)

Reg No. 79372635

Mahavir Hospital, Jhunjhunu

Dr Pallavi Choudhary

MD Paediatrics

Consultant



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इसकी प्रतिलिपि किसी भी रूप में नहीं ली जा सकती है।