


 भारत सरकार  
 GOVERNMENT OF INDIA


 बलराज सिंह  
 Balraj Singh  
 DOB: 01-06-1977  
 Gender: Male



**8752 6880 7306**

आधार - आम आदमी का अधिकार


 भारतीय विशिष्ट पहचान प्राधिकरण  
 UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:  
 S/o: Laxman Ram, Gram Budaniya,  
 Tah. Chirawa, Budaniya, Budania,  
 Chirawa, Jhunjhunu, Rajasthan,  
 333025

S/O: लक्ष्मण राम, ग्राम बुडानिया, तह.  
 चिडावा, बुडानिया, बुडानिया, चिडावा,  
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*Balraj Singh*

*mob. 742785 6673*

  
 Rajasthani Diagnostic &  
 Medical Research Centre  
 Jhunjhunu

Rajasthani Diagnostic &  
 Medical Research Centre  
 Jhunjhunu







# RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	BALRAJ SINGH	AGE-	SEX: M
REF/BY:	MEDI WHEEL HEALTH CHECKUP	DATE	28-Oct-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 hydronephrosis is seen. 4 mm calculus seen in upper calyx.

**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 approx 18x17mm seen 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 mildly enlarged in size 30gm, 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
- ❖ right renal calculus
- ❖ Mild prostatomegaly.

Advised: clinicopathological correlation

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



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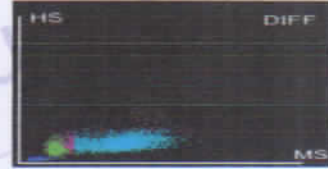
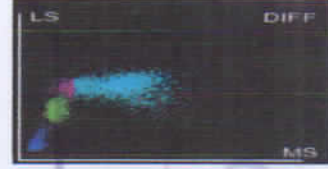
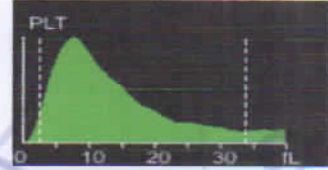
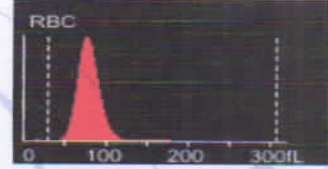
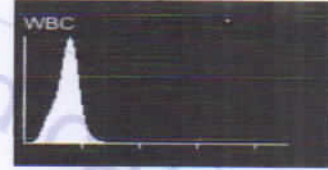




### Hematology Analysis Report

First Name: BALRAJ SINGH Sample Type: Sample ID: 13  
Last Name: Department: Test Time: 28/10/2023 11:05  
Gender: Male Med Rec. No.: Diagnosis:  
Age: 46 Year

Parameter	Result	Ref. Range	Unit
1 WBC	5.06	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	63.7	50.0-70.0	%
3 Lym%	28.9	20.0-40.0	%
4 Mon%	4.4	3.0-12.0	%
5 Eos%	2.4	0.5-5.0	%
6 Bas%	0.6	0.0-1.0	%
7 Neu#	3.23	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	1.46	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.22	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.12	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.03	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	3.89 L	4.00-5.50	10 <sup>6</sup> /uL
13 HGB	12.0	12.0-16.0	g/dL
14 HCT	32.8 L	40.0-54.0	%
15 MCV	84.3	80.0-100.0	fL
16 MCH	30.8	27.0-34.0	pg
17 MCHC	36.5 H	32.0-36.0	g/dL
18 RDW-CV	13.2	11.0-16.0	%
19 RDW-SD	45.8	35.0-56.0	fL
20 PLT	185	100-300	10 <sup>3</sup> /uL
21 MPV	9.4	6.5-12.0	fL
22 PDW	11.7	9.0-17.0	fL
23 PCT	0.174	0.108-0.282	%
24 P-LCR	32.6	11.0-45.0	%
25 P-LCC	60	30-90	10 <sup>3</sup> /uL



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

Submitter: Operator: admin Approver:  
Draw Time: 28/10/2023 11:05 Received Time: 28/10/2023 11:05 Validated Time:  
Report Time: 28/10/2023 15:03 Remarks:

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



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# RAJASTHANI DIAGNOSTIC & MRI CENTRE



## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.  
MC-5346



### Laboratory Report

Name : **BALRAJ SINGH**  
Age : **46** Gender : **MALE**  
Ref. By Dr : **BOB HEALTH CHECKUP**

Sr. Number : **74191**  
Invoice Date : **28-10-2023 11:16 AM**  
Invoice Number : **9502**  
Registration No.: **11722**  
Sample On : **28-10-2023 11:16 AM**  
Report On : **28-10-2023 03:02 PM**

### HAEMATOLOGY

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	H <b>30</b>	0-20	mm/hr
BLOOD GROUPING (ABO & Rh)	<b>B+ Positive</b>		

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)( Tech. :- HPLC (D-10 Bio-Rad))	<b>5.40</b>	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.01 - 8.00 Adequate Control 8.01 - 9.00 Suboptimal Control 9.01 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control	%
eAG (Estimated Average Glucose)( Tech. :- Calculated )	<b>108.28</b>	90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control > 211 Very Poor Control	mg/dL
eAG (Estimated Average Glucose)	<b>6.01</b>		mmol/L

Method : **Fluorescence Immunoassay Technology(Erba<sup>®</sup> Mannheim-EM-200 )**  
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.

*Wakash*

**24/7**  
EMERGENCY SERVICE  
PATHOLOGIST

*Mamta Khute*  
Dr. Mamta Khute  
M.D. (Path.)  
D.M.C. No. : 4720/15189



PATHOLOGIST

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आपातकालीन हिस्सा के अंश इस रिपोर्ट में शामिल नहीं हैं। \* यह रिपोर्ट मेडिकल लीगल उद्देश्यों के लिए वैध नहीं है।

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





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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

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### BIO-CHEMISTRY

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar PP	H <b>170.00</b>	70--140	mg/dL
Blood Sugar Fasting	H <b>129.00</b>	70--110	mg/dL
Gamma glutamyl transferase (GGT)	<b>26.8</b>	< 50	U/L

### Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	<b>31.00</b>	0--40	U/L
S.G.P.T.	<b>29.00</b>	0--40	U/L
Bilirubin(Total)	<b>1.09</b>	0.1--1.2	mg/dL
Bilirubin(Direct)	<b>0.22</b>	0--0.3	mg/dL
Bilirubin(Indirect)	<b>0.87</b>	0.1--1.0	mg/dL
Total Protein	<b>7.08</b>	6--8	mg/dL
Albumin	<b>4.01</b>	3.5--5	mg/dL
Globulin	<b>3.07</b>	3--4.5	mg/dL
A/G Ratio	<b>1.31</b>	0.5 -- 2.65	g/dL
Alkaline Phosphatase	<b>197.00</b>	108--306	U/L

*Wakash*

**24/7**  
EMERGENCY SERVICE  
PATHOLOGIST

*Mamta Khute*  
Dr. Mamta Khute  
M.D. (Path.)  
DMC No. : 4720/1720

PATHOLOGIST



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Name :- Mr. BALRAJ SINGH  
Sex / Age :- Male 46 Yrs  
Doctor :- BOB HEALTH  
Client Name :- RAJASTHANI LAB- JHUNJHNU  
Sample Type :- Serum

Patient ID / CCL No :-102337629  
Sample Collected :- 28/10/2023  
Sample Received on:28-10-2023  
Report Released on: 28-10-2023  
Barcode 

TEST NAME	VALUE	UNIT	REFERENCE RANGE
	<b>TFT</b>		
T3 (TOTAL TRIIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay)	130.00	ng/dl	70 - 204
T4 (TOTAL THYROXINE) (Tech.:- Chemiluminescence Immunoassay)	8.04	ug/dl	4.6 - 12.5
TSH. (Ultra Sensitive) (Tech.:- Chemiluminescence Immunoassay)	2.33	uIU/ml	0.52 - 16.00 : 1-30 Days 0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults

### INTERPRETATION

1. **Remark** - Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc.

2. **Remark** - Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values. 3. Total T3 may decrease by <25 percent in healthy older individuals.

3. **Remark** - TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc 2. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g: Iodine, Lithium, and Amiodaron. Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary- adrenal axis. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.



**24/7**  
EMERGENCY SERVICE

आपातकालीन सेवाएं

DR. NIDA FAHMI  
M.D.S., (Path.)  
Reg.No.A-4048

DR. Mani Agarwal  
MD. (Path.)  
RMC No.5167/15233

DR. ASHISH SETHI  
Consultant Biochemist



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





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 Sex / Age :- Male 46 Yrs  
 Doctor :- BOB HEALTH  
 Client Name :- RAJASTHANI LAB- JHUNJHNU  
 Sample Type :- Serum

Patient ID / CCL No :-102337629  
 Sample Collected :- 28/10/2023  
 Sample Received on:28-10-2023  
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 Barcode



PSA TOTAL (PROSTATE SPECIFIC ANTIGEN)	0.14	ng/ml	NORMAL 0 - 4.00 Borderine 4.00 - 10.00 High > 10.00
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Test Performed by:-  
 Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT- i1000 PLUS ) Abbott USA

### SUMMARY:-

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

- End of Report



**24/7**  
EMERGENCY SERVICE

आपातकालीन सेवाएं

Technologist

*Nida*  
DR. NIDA FAHMI  
M.D.S., (Path.)  
Reg. No. A-4048

*Mani Agarwal*  
DR. Mani Agarwal  
MD. (Path.)  
RMC No. 5167/15233

*Ashish Sethi*  
DR. ASHISH SETHI  
Consultant Biochemist



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NABL CERTIFICATE NO. MC-5346



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### URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
<b>PHYSICAL</b>			
Quantity			ml
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	Q.N.S.		
PH		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	Nil		/h.p.f.
<b>URINE SUGAR FASTING</b>			
URINE SUGAR FASTING	Nil		

<<< END OF REPORT >>>

*Wakash*

**24/7**  
EMERGENCY P&C OLOGIST

*Namita Khute*  
Dr. Namita Khute  
M.D. (Path.)  
BMC No.: 4720/15

PATHOLOGIST



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NAME : BALRAJ SINGH	AGE 46 /SEX M
REF.BY :BOB HEALTH CHECK UP	DATE: 28.10.2023

## 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)**

DR. ANUSHA MAHALAWAT

MD (RADIODIAGNOSIS)

RMC -38742/25457

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



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