


 भारत सरकार
Government of India

 सुशीला देवी
Sushila Devi
जन्म तिथि/ DOB: 01/01/1965
महिला / FEMALE



2318 6235 6241




मेरा आधार, मेरी पहचान

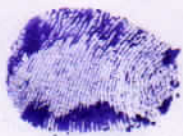
 भारतीय विधिपट पहचान अधिकरण
Unique Identification Authority of India

पता:
W/O: गोपी राम, वॉर्ड न.17,
चिडावा, झुंझुनू,
राजस्थान - 333026

Address:
W/O: Gopi Ram, ward no.17,
Chirawa, Jhunjhunun,
Rajasthan - 333026

2318 6235 6241

 1947  help@uidai.gov.in  www.uidai.gov.in



mobno - 9079292885


Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu



RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

NAME/RI	SUSHILA DEVI TMT	SONOGRAPHY	AGE/AY	ECC/SEX:	MAMOGRAPHY
REF/BY:	MEDICAL HEALTH CHECK UP		DATE		9-Jul-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: is operated .

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 senile.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen.

IMPRESSION:

❖ NORMAL SONOGRAPHY STUDY

Advised: clinicopathological correlation

(Signature)
DR. UMMED SINGH RATHORE
MD RADIODIAGNOSIS

Dr. Ummed Singh
MD (Radiodiagnosis)
(RMC.34498/24812)



आपातकालीन सेवाएं

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



Female

09.07.2023 13:16:57
RAJASTHANI DIAGNOSTICS CENTRE
JHUNDHUNU RAJ.

Location:
Order Number:
Visit:

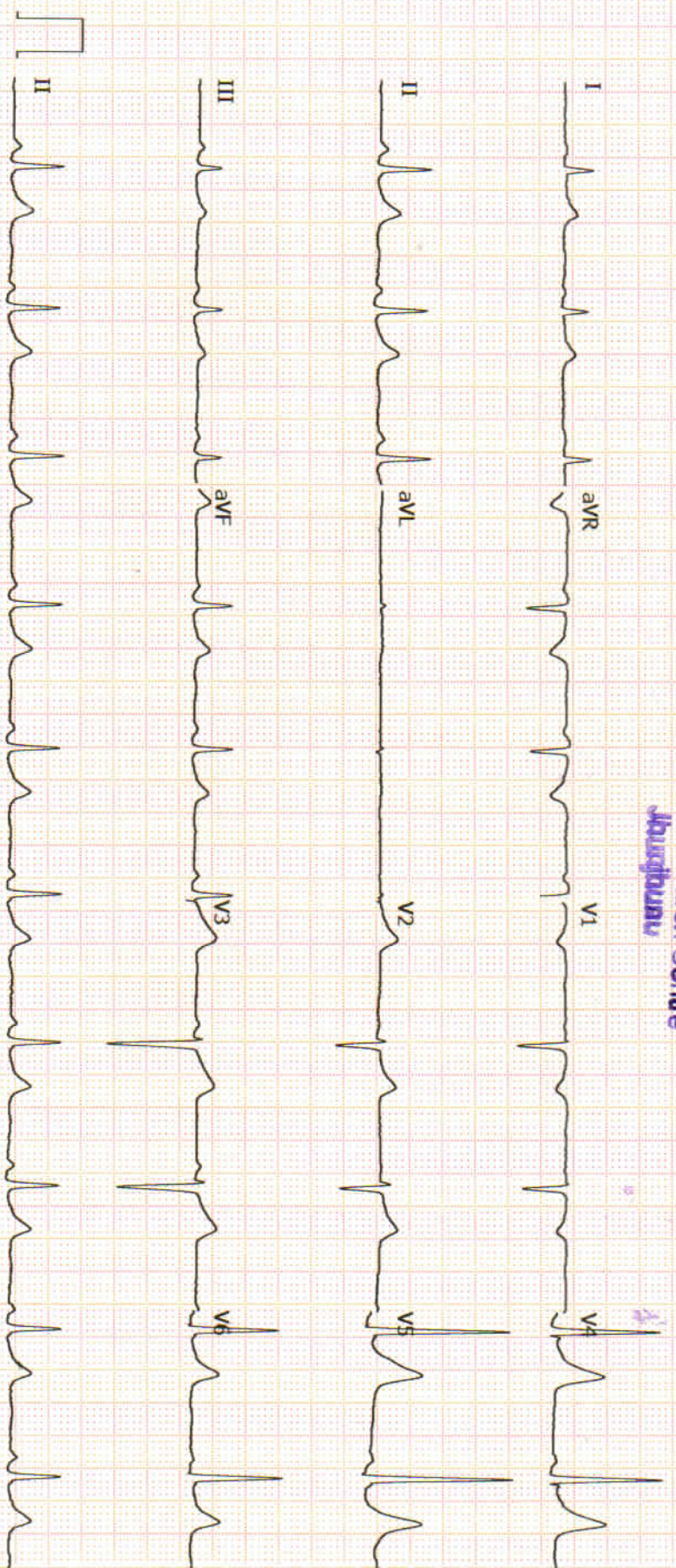
Room:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcbaz : 384 / 408 ms
PR : 140 ms
P : 98 ms
RR / PP : 884 / 882 ms
P / QRS / T : 71 / 66 / 55 degrees

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Borderline ECG

Rajasthani Diagnostic & Medical Research Centre
Jhunjhunu





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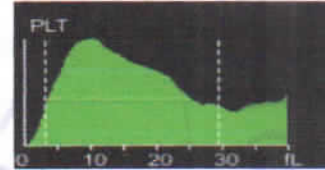
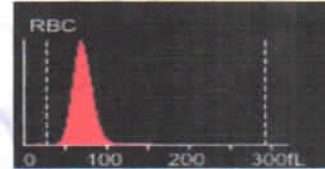
Hematology Analysis Report

First Name: SUSHILA DEVI
Last Name:
Gender: Female
Age: 58 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 15
Test Time: 09/07/2023 12:59
Diagnosis:

Parameter	Result		Ref. Range	Unit
1 WBC	2.75	L	4.00-10.00	10 ³ /uL
2 Neu%	52.9		50.0-70.0	%
3 Lym%	40.6	H	20.0-40.0	%
4 Mon%	2.8	L	3.0-12.0	%
5 Eos%	3.4		0.5-5.0	%
6 Bas%	0.3		0.0-1.0	%
7 Neu#	1.45	L	2.00-7.00	10 ³ /uL
8 Lym#	1.12		0.80-4.00	10 ³ /uL
9 Mon#	0.08	L	0.12-1.20	10 ³ /uL
10 Eos#	0.09		0.02-0.50	10 ³ /uL
11 Bas#	0.01		0.00-0.10	10 ³ /uL
12 RBC	3.42	L	3.50-5.00	10 ⁶ /uL
13 HGB	9.0	L	11.0-15.0	g/dL
14 HCT	25.8	L	37.0-47.0	%
15 MCV	75.3	L	80.0-100.0	fL
16 MCH	26.3	L	27.0-34.0	pg
17 MCHC	34.9		32.0-36.0	g/dL
18 RDW-CV	13.4		11.0-16.0	%
19 RDW-SD	41.7		35.0-56.0	fL
20 PLT	104		100-300	10 ³ /uL
21 MPV	10.7		6.5-12.0	fL
22 PDW	19.1	H	9.0-17.0	%
23 PCT	0.112		0.108-0.282	%
24 P-LCR	46.0	H	11.0-45.0	%
25 P-LCC	48		30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
Draw Time: 09/07/2023 12:58 Received Time: 09/07/2023 12:58 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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MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

Laboratory Report	
Name : SUSHILA DEVI	Sr. Number : 67579
Age : 58 Gender : FEMALE	Invoice Date : 09-07-2023 01:00 PM
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP	Invoice Number : 4443
	Registration No.: 6665
	Sample On : 09-07-2023 01:00 PM
	Report On : 09-07-2023 04:28 PM

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

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)(Tech. :- HPLC (D-10 Bio-Rad))	5.40	< 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)	108.28	90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control > 211 Very Poor Control	mg/dL

Method : Fluorescence Immunoassay Technology(Erba^(R) 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 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

24/7
EMERGENCY SERVICE
TECHNOLOGIST

Mamta Khuteta
Dr. Mamta Khuteta
M.D. (Path.)
RMC No. : 4730/16260



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	Registration No.: 6665
	Sample On : 09-07-2023 01:00 PM
	Report On : 09-07-2023 04:28 PM

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar PP	106.00	70--140	mg/dL
Blood Sugar Fasting	76.00	70--110	mg/dL

RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	38.00	10--45	mg/dL
Creatinine	1.02	0.4--1.4	mg/dL
Uric Acid	4.69	3.6--7.2	mg/dL
Calcium	9.67	8.5--11	mg/dL
Gamma glutamyl transferase (GGT)	39.00	< 50	U/L

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M.D.S. Pathology
Reg. No. A-4048

Mamta Khute
Dr. Mamta Khute
M.D. (Path.)
BMC No. : 4770/16260

PATHOLOGIST

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Laboratory Report

Name : **SUSHILA DEVI**
Age : **58** Gender : **FEMALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **67579**
Invoice Date : **09-07-2023 04:00 PM**
Invoice Number : **4443**
Registration No.: **6665**
Sample On : **09-07-2023 01:00 PM**
Report On : **09-07-2023 04:28 PM**

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	27.00	0--40	U/L
S.G.P.T.	31.00	0--40	U/L
Bilirubin(Total)	0.96	0.1--1.2	mg/dL
Bilirubin(Direct)	0.22	0--0.3	mg/dL
Bilirubin(Indirect)	0.74	0.1--0.9	mg/dL
Total Protein	6.89	6--8	mg/dL
Albumin	3.78	3.5--5	mg/dL
Globulin	3.11	3--4.5	mg/dL
A/G Ratio	1.22	0.5 -- 2.65	g/dL
Alkaline Phosphatase	269.00	108--306	U/L

LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	162.00	110--200	mg/dL
HDL Cholesterol	48.00	35--70	mg/dL
Triglycerides	104.00	40--170	mg/dL
LDL Cholesterol	93.20	0--150	mg/dL
VLDL Cholesterol	20.80	0--35	mg/dL
TC/HDL Cholesterol Ratio	3.38	2.5--5	Ratio
LDL/HDL Ratio	1.94	1.5--3.5	Ratio

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

24/7
EMERGENCY SERVICE
TECHNOLOGIST

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Mamta Khuteta
Dr. Mamta Khuteta
M.D. (Path.)
BMC No. : 1720/16260

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 Age : **58** Gender : **FEMALE** Invoice Date : **09-07-2023 01:00 PM**
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 Registration No.: **6665**
 Sample On : **09-07-2023 01:00 PM**
 Report On : **09-07-2023 04:28 PM**

T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.93	0.5--1.5 ng/ML	ng/ML
T4 (Total Thyroxine)	9.62	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.22	0.35 -- 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.

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

24/7
EMERGENCY SERVICE
TECHNOLOGIST

Mamta Khutele
 Dr. Mamta Khutele
 M.D. (Path.)
 RMC No. : 1771/16260

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 Registration No.: **6665**
 Sample On : **09-07-2023 01:00 PM**
 Report On : **09-07-2023 04:28 PM**

URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL			
Quantity	20		ml
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.0	4.5-6.5	
CHEMICAL			
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil		/h.p.f.
Pus Cells	4-6		/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 >>>

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

24/7
EMERGENCY SERVICE

TECHNOLOGIST

Mamta Khuteta
 Dr. Mamta Khuteta
 M.D. (Path.)
 RMC No. : 15260



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NAME : SUSHILA DEVI	AGE 58 /SEX M
REF. BY : BOB HEALTH CHECK UP	DATE: 09.07.2023

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

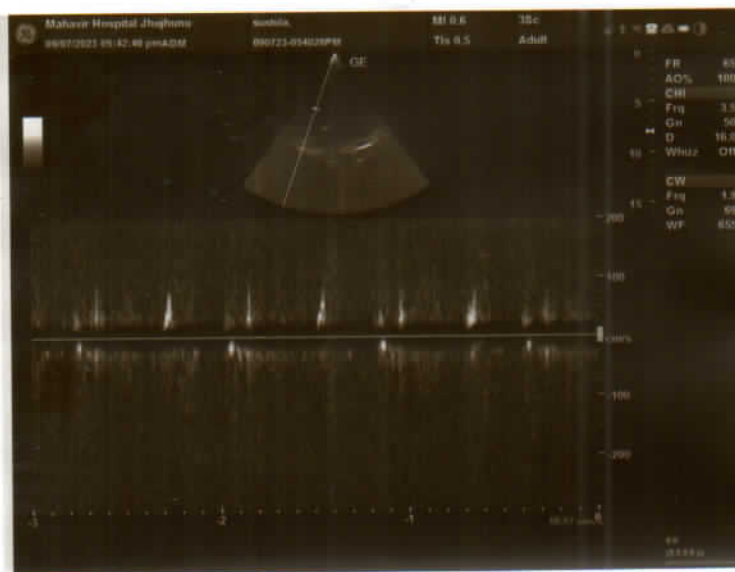
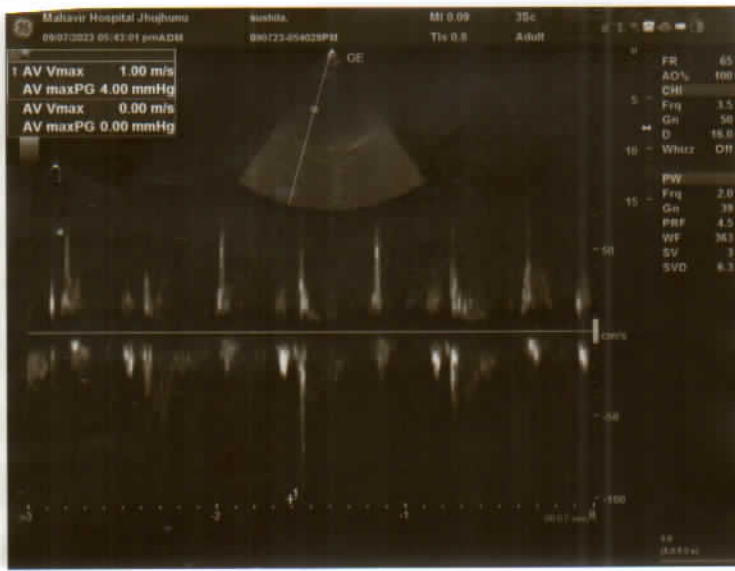


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Patient name: Sushila Devi

Date: 09/07/2023

Age/sex: 58/female

Ref Dr: 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=71/45 (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 = 100 (cm/sec)



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भूगणित परीक्षण कार्यालय व कर्मचारी दण्डनीय अपराध हैं
इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है



Aortic Regurgitation	Absent/Trace/Mild/Moderate/Severe.	
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	0.6 cm (0.6-1.1cm)	0.9 cm
LVID	5.4 cm (3.7-5.6cm)	3.5 cm (2.2 – 4.0 cm)
LVPW	1.01 cm (0.6-1.1cm)	1.09 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 seen, 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 Pallavi Choudhary

MD Paediatrics

Consultant

Dr M S. Meel
MD (Medicine)
Reg. No. 7937/2635
Mahavir Hospital, Jhunjhunu



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भुगत विना परीक्षण काला व कनकाला दण्डनीय जपसाय है
इसकी विकारात 104 टोल फ्री सेवा पर की जा सकती है