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Rajasthani Diagnostic & Medical Research Centre Jhunjhunu



DIAGNOSTIC & MRI CENTR

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

Hematology Analysis Report

First Name: SUMAN

Last Name: Gender:

Female

51 Year

Sample Type:

Department:

Med Rec. No.:74854

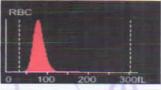
Sample ID: 31

Test Time: 14/11/2023 09:11

Diagnosis:

Pa	rameter	Resul	t	Ref. Range	Unit
1	WBC	6.08		4.00-10.00	10^3/uL
2	Neu%	68.5		50.0-70.0	% WBC
3	Lym%	22.7	*	20.0-40.0	%
4	Mon%	6.3		3.0-12.0	%
5	Eos%	1.9		0.5-5.0	%
6	Bas%	0.6		0.0-1.0	%
7	Neu#	4.16		2.00-7.00	10^3/uL
8	Lym#	1.38		0.80-4.00	10^3/uL REC
9	Mon#	0.38		0.12-1.20	10^3/uL
	Eos#	0.12		0.02-0.50	10^3/uL
11	Bas#	0.04		0.00-0.10	10^3/uL
12	RBC	3.59		3.50-5.50	10^6/uL 0 100
13	HGB	10.8	L	11.0-16.0	g/dL PLT
14	HCT	30.3	L	37.0-54.0	%
15	MCV	84.5		80.0-100.0	fL
	MCH	30.2		27.0-34.0	pg
17	MCHC	35.8	-	32.0-36.0	g/dL
	RDW-CV	13.5		11.0-16.0	%
	RDW-SD	47.5		35.0-56.0	fL LS
	PLT	119	- 1	100-300	10^3/uL
21	MPV	12.0		6.5-12.0	fL
	PDW	21.7	н	9.0-17.0	
23	PCT	0.143		0.108-0.282	%
24	P-LCR	51.9	Н	11.0-45.0	%
	P-LCC	62		30-90	10^3/uL













Warda Khedela

Dr. Mamta Khuteta M D. (Path.)

RMC No : 4720/16260

Submitter: Draw Time:

Submitter: Operator: service Approver: Draw Time: 14/11/2023 09:10 Received Time: 14/11/2023 09:10 Validated Time: Report Time: 15/11/2023 15:22 Remarks:

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







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Laboratory Report

Name

: SUMAN

W/O Age

: MOMAN RAM

: 51 Gender

: FEMALE

Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

Sr. Number

: 74854

Invoice Date

: 14-11-2023 09:14 AM

Invoice Number: 9947

Registration No.: 12167

Sample On: 14-11-2023 09:14 AM Report On: 15-11-2023 11:17 AM

BIO-CHEMISTRY

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar PP	137.00	70140	mg/dL
Blood Sugar Fasting	109.00	70110	mg/dL

RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	35.00	1045	mg/dL
Creatinine	0.90	0.4-1.4	mg/dL
Uric Acid	5.16	3.6-7.2	mg/dL
Calcium	9.80	8.511	mg/dL
Gamma glutamyl transferase (GGT)	25.31	< 50	U/L
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wikash TECHNOLOGIST



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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-29497



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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	32.00	040	U/L
S.G.P.T.	29.00	040	U/L
Bilirubin(Total)	0.75	0.11.2	mg/dL
Bilirubin(Direct)	0.14	00.3	mg/dL
Bilirubin(Indirect)	0.61	0.11.0	mg/dL
Total Protein	6.98	68	mg/dL
Albumin	3.80	3.55	mg/dL
Globulin	3.18	34.5	mg/dL
A/G Ratio	1.19	0.5 2.65	g/dL
Alkaline Phosphatase	187.00	108306	U/L

LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	152.00	110200	mg/dL
HDL Cholesterol	48.00	35-70	mg/dL
Triglycerides	95.00	40170	mg/dL
LDL Cholesterol	85.00	0150	mg/dL
VLDL Cholesterol	19.00	035	mg/dL
TC/HDL Cholestrol Ratio	3.17	2.55	Ratio
LDL/HDL Ratio	1.77	1.5-3.5	Ratio

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Marita Khutch Dr. Mamta Khuteta M.D. (Path.) SMC No.: 4720 PATHOLOG

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



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Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	10	020	mm/hr
BLOOD GROUPING (ABO & Rh)	O+ Positive	172	

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)(Tech. :- HPLC (D-10 Bio-Rad))	4.90	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.01 - 8.00 Adeqate 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)	93.93	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)	5.21	1 / 2 /	mmol/L

Method : Fluorescence Immunoassay Technology(Erba^(R) Mannheim-EM-200)

Sample Type: EDTA Blood

Remarks:

Gycosylated 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 Treatement 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,

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Marita Khuteti Dr. Mamta Khuteta M.D. (Path.) RMC No.: 472 PATHOLOG

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Name :-

Mrs. SUMAN

Sex / Age :-

Female 51 Yrs

Doctor :-

MEDI WHEEL HEALTH

Client Name :-

RAJASTHANI LAB- JHUNJHNU

Sample Type :-

Serum

Patient ID / CCL No :-102339550

Sample Collected :- 15/11/2023 11:01:5

Sample Received on: 15-11-2023 11:02:25

Report Released on: 15-11-2023 14:27:20

Barcode

DESCRIPTION OF THE PARTY OF THE

- Special Serial			barcode
TEST NAME	VALUE	UNIT	REFERENCE RANGE
	Q TFT		
T3 (TOTAL TRIIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay)	159.00	ng/dl	70 - 204
T4 (TOTAL THYROXINE) (Tech.:- Chemiluminescence Immunoassay)	10.00	ug/dl	4.6 - 12.5
TSH. (Ultra Sensitive) (Tech.:- Chemiluminescence Immunoassay)	1.47	uIU/ml	0.35 - 5.5
			0.52 - 16.00 : 1-30 Days 0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults
The same of the sa			

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. lodine, 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.

End of Report



Technologist THIS SEPORT NOT VALID FOR MEDICO LEGAL



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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL		100	
Quantity		100	, ml
Colour	Pale Yellow	1 / 4	
Appearance / Transparency	Clear		
Specific Gravity	1.015	1 0	1 =
PH	5.0	4.56.5	
CHEMICAL		0	
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	Nil		
MICROSCOPIC	DIA	10	
Red Blood Cells	Nil		/h.p.f.
Pus Cells	57	1/2/	/h.p.f.
Epithelial Cells	23	/ 23"/	/h.p.f.
Crystals	Nil	10/	/h.p.f.
Casts	// Nil		/h.p.f.
Bactria	Nil	V .	/h.p.f.
Others	- WI III IW		/h.p.f.

Test Name	Observed Values	Reference Intervals	Units
URINE SUGAR FASTING	Nil		3.113
URINE SUGAR PP	Nil		

END OF REPORT

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Marita Khutela Dr. Mamta Khuteta M.D. (Path.) 3MCNo.: 4720 PATHOLOG

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NAME	SUMAN MEENA	AGE-55YRS	SEX: F
REF/BY:	BOB HEALTH CHECK-UP	DATE	14-Nov-23

ULTRASONOGRAPHY WHOLE ABDOMEN

<u>Liver</u>: 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.

<u>Gall bladder</u>: 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.

<u>Pancreas</u>: 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.

<u>Spleen</u>: is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

<u>Urinary Bladder</u>: 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: h/o hysterectomy.

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

IMPRESSION:

Fatty liver grade 1.

Advised: clinicopathological correlation

DR. UMMED SINGH RATHORE
MD RADIODIAGNOSIS

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





LP 25Hz, AC 50Hz					25 mm/s, 10 mm/mV	5 mm/s.
				}	}	- <=
LP25Hz, AC 50Hz		Sequential			10 mm/mV	25 mm/s,
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		aVE		} ■
5		\[\lambda \]		awı	}	<u> </u>
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		avr	, }	-
Medical Research Centre		Normal		# 1.V		Indication Remark
Raigh Co.	630 ms Sinus rhythm 119 ms Normal electrical axis 152 ms Normal ECG 78 ms 356 ms Unconfirmed report	95 bpm RR PR PR 955 QRS QT QT QT QT GT B	HR Paxis ORS ax Taxis	Visit ID Room Medication Order ID Ord. prov. Ord. prot.	Undefined Undefined Unknown	Date of birth Gender Height Weight Ethnicity Pacemaker
B-110 Subhash Marg,Indira Nagar,Jhunjhunu	B-110 Subhash Ma	Standard 12-Lead	St. 1		Suman meena	Patient ID

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NAME : SUMAN	AGE 51 /SEX F
REF.BY :BOB HEALTH CHECK UP	DATE: 14.11.2023

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

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



