

भारत सरकार  
Government of India

आधार

Download Date: 18/03/2020



रवीन्द्र सिंह  
Ravindra Singh  
जन्म तिथि/DOB: 04/02/1983  
पुरुष/ MALE

Issue Date: 12/01/2018

7746 0270 8327  
VID : 9131 9461 4593 7064

मेरा आधार, मेरी पहचान

*Rat*

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

आधार

पता:  
S/O: निरंजन सिंह, वार्ड नो-22, गली नो-7, लोहार  
पासे, पिलानी (रूरल), जून्जुनून,  
डोस्टिपटल - 333031

Address:  
S/O: Niranjn Singh, Ward No-22, Gali No-7,  
Loharu Road, Pillani ( Rural ), Jhunjhunun,  
Rajasthan - 333031



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# RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

Patient ID		Patient Name	RAVINDERA SINGH
Age	38 YRS	Date	26-Dec-22
Gender	MALE	Ref Doctor	MEDI-WHEEL-HEALTH-CHEKUP

## CT CHEST

Bilateral lung parenchyma appears normal. No evidence of alveolar opacification.

No evidence of emphysematous changes.

No evidence of bronchiectasis.

Interlobular and intralobular interstitium appears normal bilaterally.

Sub pleural interstitium is normal.

Bilateral hila are also normal.

The trachea, main bronchi, segmental bronchi and visualized portions of bronchioles are normal.

The pleura appears normal. No evidence of pneumothorax. No evidence of pleural effusion.

The oblique fissures are normal bilaterally.

**Impression :- no remarkable abnormality**

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



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

NAME	RAVINDRA SINGH	AGE-	SEX: M
REF/BY:	MEDI WHEEL HEALTH CHECK-UP	DATE	26-Dec-22

## 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 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 minimally distended.

**Prostate:** is grossly normal in size.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

### IMPRESSION:

❖ **NORMAL SONOGRAPHY STUDY**

Advised: clinicopathological correlation

*ANUSHA MAHALAWAT*  
**DR. ANUSHA MAHALAWAT**  
**MD RADIODIAGNOSIS**



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Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 92 ms  
QT / QTcBaz : 378 / 393 ms  
PR : 142 ms  
P : 88 ms  
RR / pp : 920 / 923 ms  
P / QRS / T : 16 / 59 / 31 degrees

26.12.2022 11:53:39  
RAJASTHANI DIAGNOSTICS CENTRE  
JHUNJHUNU RAJ.

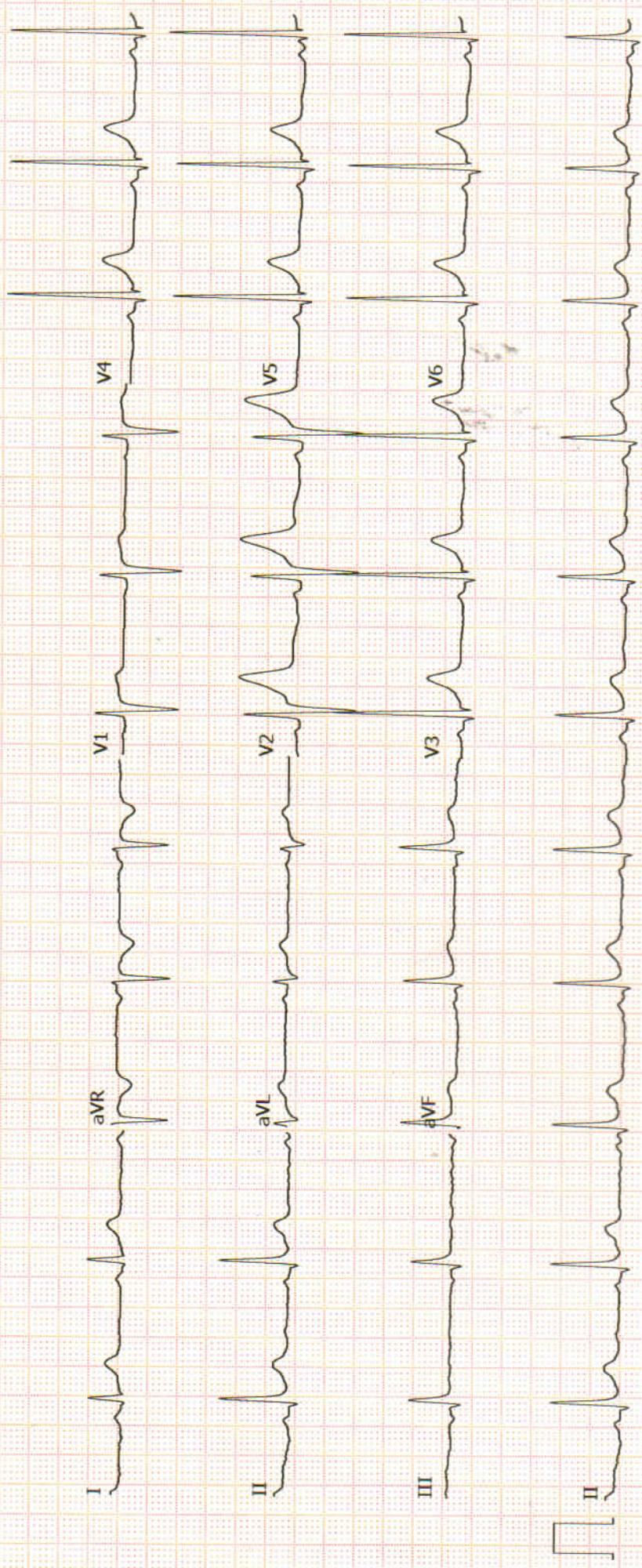
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

65 bpm  
-- / -- mmHg

\*\*\* Poor data quality, interpretation may be adversely affected  
Normal sinus rhythm  
Minimal voltage criteria for LVH, may be normal variant  
Borderline ECG

*Red*







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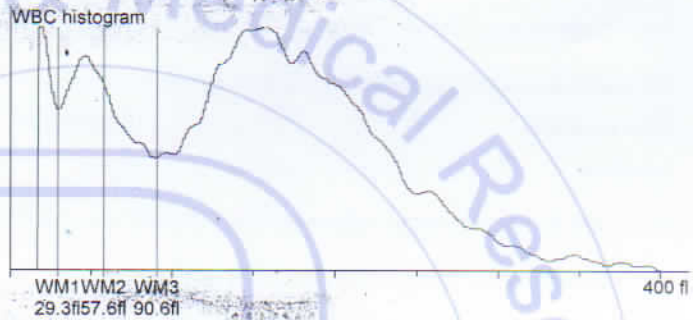
Report date:

2022-12-26 11:31 AM

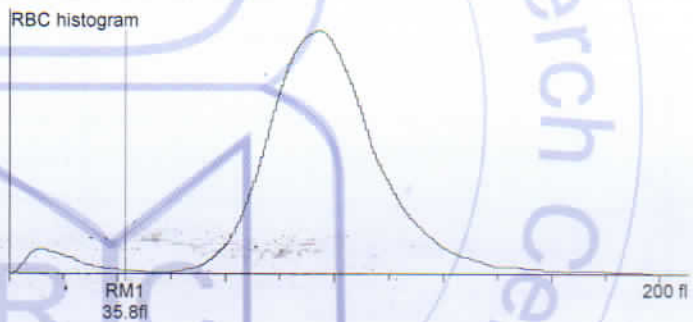
Patient ID: 52941 Birth date: 0000-00-00  
Name: RAVINDRA Sex: Male

Measure type: Human Doctor: MEDI WHEEL HEA  
Sample ID: 52808 Date: 2022-12-26

Parameter:	Result:	Limit:
WBC:	- 3.93 $10^9/l$	[4.00 - 11.00]
LYM:	- 0.43 $10^9/l$	[1.30 - 4.00]
MID:	0.38 $10^9/l$	[0.15 - 0.70]
GRA:	3.12 $10^9/l$	[2.50 - 7.50]
LYM%:	- 11.00 %	[25.0 - 40.0]
MID%:	+ 9.70 %	[3.0 - 7.0]
GRA%:	+ 79.30 %	[50.0 - 75.0]



RBC:	4.36 $10^{12}/l$	[4.00 - 5.50]
HGB:	12.50 g/l	[11.5 - 16.5]
HCT:	43.02 %	[36.00 - 52.00]
MCV:	+ 99.00 fl	[76 - 96]
MCH:	- 28.70 pg	[27 - 32]
MCHC:	- 29.10 g/l	[30 - 35]
RDWs:	+ 55.50 fl	[20.0 - 42.0]
RDWcv:	14.80 %	[0.0 - 0.0]



PLT:	206.00 $10^9/l$	[100 - 400]
PCT:	0.30 %	[0.00 - 0.00]
MPV:	14.40 fl	[8.0 - 15.0]
PDWs:	24.20 fl	[0.0 - 0.0]
PDWcv:	43.60 %	[0.0 - 0.0]



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

Doctor:



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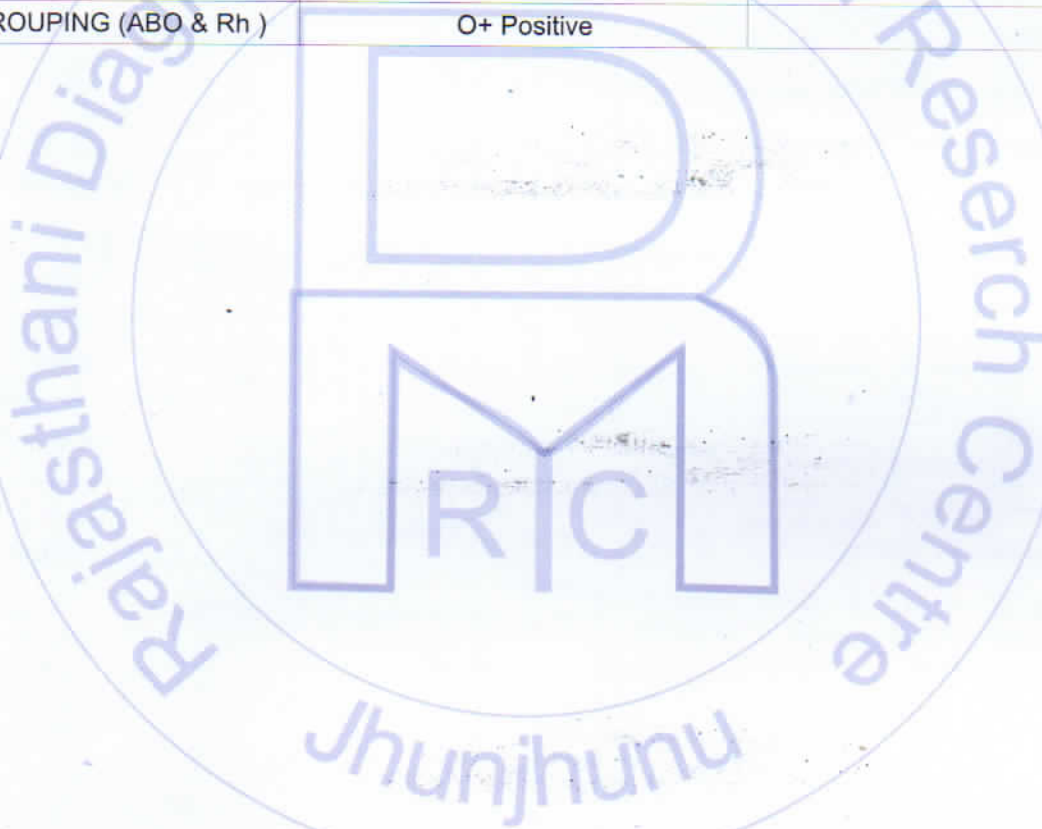
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Age : 38 Gender : MALE  
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Sr. Number : 52941  
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Sample On : 26-12-2022 10:23 AM  
Report On : 26-12-2022 04:50 PM

### HAEMATOLOGY

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



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

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Dr. Mamta Khutela  
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### HAEMATOLOGY

#### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	4.40	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adeqate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control	%
eAG (Estimated Average Glucose)	79.58		mg/dL

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200 ) ERBA MANNHEIM.

#### 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.

### BIO-CHEMISTRY

Test Name	Observed Values	Reference Intervals	Units
Fasting Blood Sugar	94.00	60--110	mg/dL
BUN (Blood Urea Nitrogen)	15.00	13 - 45	mg/dL

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### BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	28.00	13-45	mg/dL
Creatinine	0.97	0.4-1.4	mg/dL
Calcium	9.80	8.5-11	mg/dL
Uric Acid	4.10	2.4-7.2	mg/dL

Test Name	Observed Values	Reference Intervals	Units
Gamma glutamyl transferase (GGT)	40.00	15.0-85.0	IU/L

### Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
SGOT/AST(Tech.:UV Kinetic)	22.00	5-40	U/L
SGPT/ALT(Tech.:UV Kinetic)	26.00	5-40	U/L
Bilirubin(Total)(Tech.:Jendrassik Grof)	0.82	0.1-1.1	mg/dL
Bilirubin(Direct)	0.20	0-0.3	mg/dL
Bilirubin(Indirect)	0.62	0.1-1.0	mg/dL
Total Protein(Tech.:Biuret)	6.48	6-8	gm/dL
Albumin(Tech.:BCG)	3.62	3.5-5	gm/dL
Globulin(CALCULATION)	2.86	2.5-4.5	gm/dL
A/G Ratio(Tech.:Calculated)	1.27	1.2-2.5	
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	210.0	108-306	U/L

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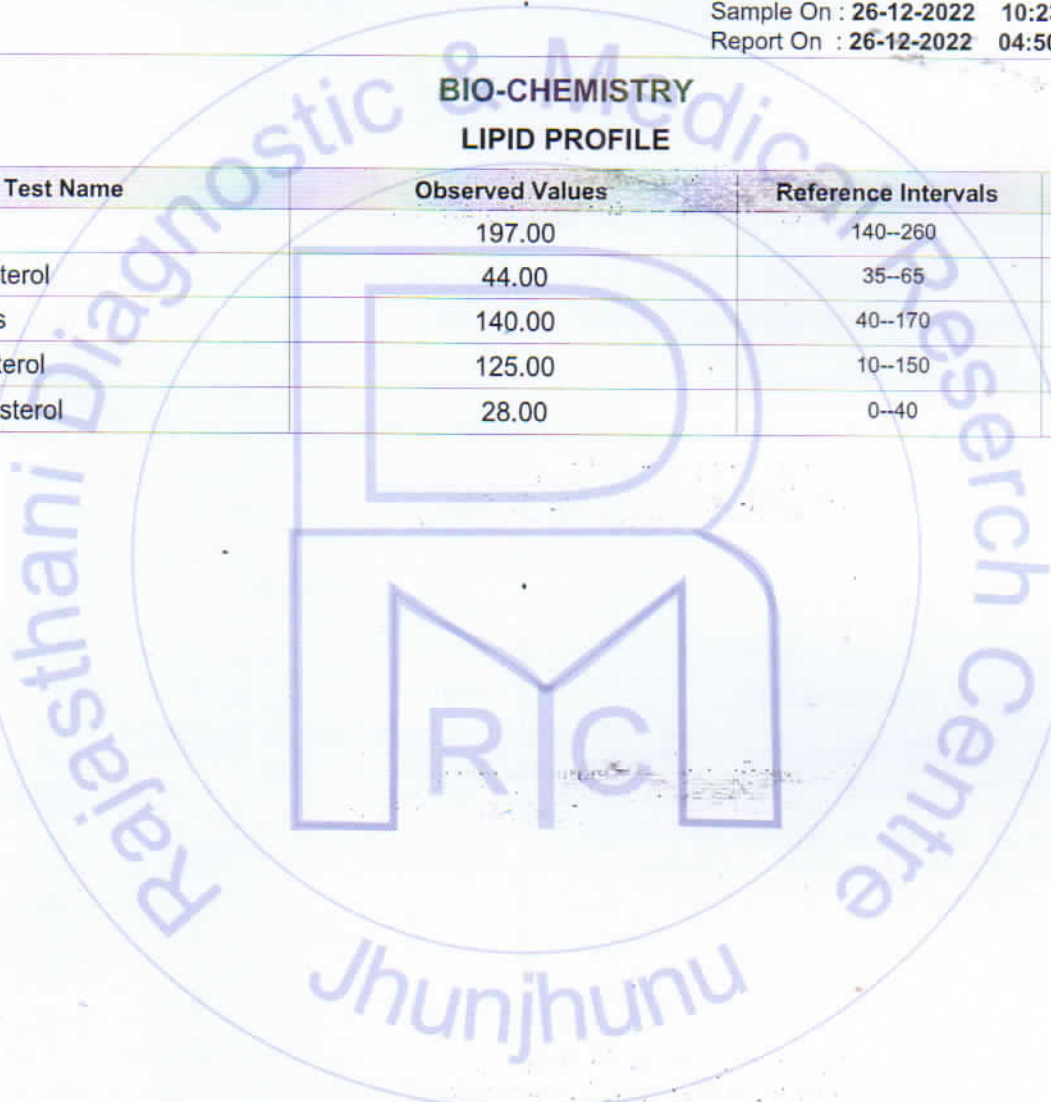
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### BIO-CHEMISTRY LIPID PROFILE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	197.00	140-260	mg/dL
HDL Cholesterol	44.00	35-65	mg/dL
Triglycerides	140.00	40-170	mg/dL
LDL Cholesterol	125.00	10-150	mg/dL
VLDL Cholesterol	28.00	0-40	mg/dL



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### THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.90	0.5 - 1.5 ng/mL	ng/mL
T4 (Total Thyroxine)	8.84	4.60-12.50 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	2.10	0.35 -- 5.50 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

Sample Type : Serum

##### 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 :-

#### 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.

Jhunjhunu

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### URINE EXAMINATION

#### URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
<b>PHYSICAL</b>			
Quantity	20		ml
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.015		
PH	5.5	4.5-6.5	
<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	Nil		
Urine Sugar	Nil		
<b>MICROSCOPIC</b>			
Red Blood Cells	Nil		/h.p.f.
Pus Cells	3-5		/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	Nil		/h.p.f.
Test Name	Observed Values	Reference Intervals	Units
URINE SUGAR FASTING	Nil		

<<< END OF REPORT >>>

*Bidy*  
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