

भारत सरकार  
GOVERNMENT OF INDIA

भारत  
Aadhaar

Download Date: 04/09/2020

12/09/2017

बिमला  
Bimla  
जन्म तिथि/DOB: 07/06/1986  
महिला/ FEMALE

4328 4351 4887  
VID : 9128 8589 5666 4277

मेरा आधार, मेरी पहचान

भारत सरकार  
GOVERNMENT OF INDIA

भारत  
Aadhaar

पता:  
W/O: अनिल कुमार दुदी, खजपुर नया, झुंझुनू,  
राजस्थान - 333024

Address:  
W/O: Anil Kumar Dudi, Khajpur Naya,  
Jhunjhunu,  
Rajasthan - 333024

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# RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

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

NAME	BIMLA	AGE-	SEX: F
REF/BY:	MEDI WHEEL HEALTH CHECK-UP	DATE	26-Mar-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 seen 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. Both ovaries are seen normal in size shape and outline.

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

### IMPRESSION:

❖ NORMAL SONOGRAPHY STUDY

Advised: clinicopathological correlation

  
DR. B S GUPTA  
MD RADIODIAGNOSIS



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THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUROSE



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

Female

26.03.2022 16:31:49  
RAJASTHANI DIAGNOSTICS CENTRE  
JHUNHUNU RAJ.

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

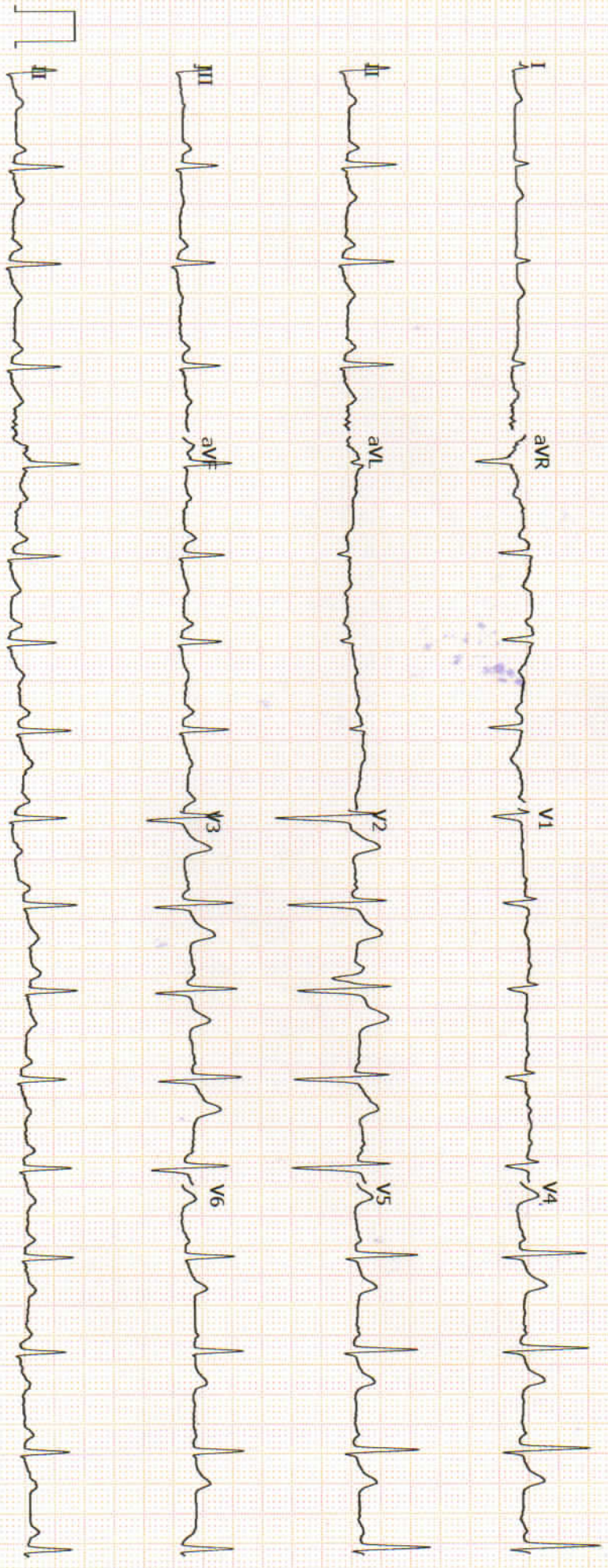
Room:

98 bpm  
-- / -- mmHg  
Bimla

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 74 ms  
QT / QTcBaz : 328 / 418 ms  
PR : 128 ms  
P : 98 ms  
RR / PP : 614 / 612 ms  
P / QRS / T : 80 / 73 / 35 degrees

Normal sinus rhythm  
Normal ECG



Reg. No. : 51/PNDT/CMHO/JJN/2020



# Rajsthani Diagnostic & MRI Centre

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI | CT SCAN | TMT | SONOGRAPHY | X-RAY | ECG



NAME : BIMLA	AGE:/SEX : F
REF.BY : MEDIWHEEL HEALTH	DATE: 26.03.2022

## 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. B S GUPTA**

**MD RADIODIAGNOSIS**

Note : **24 Hrs.** Service Available

Not for medico legal Purpose



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



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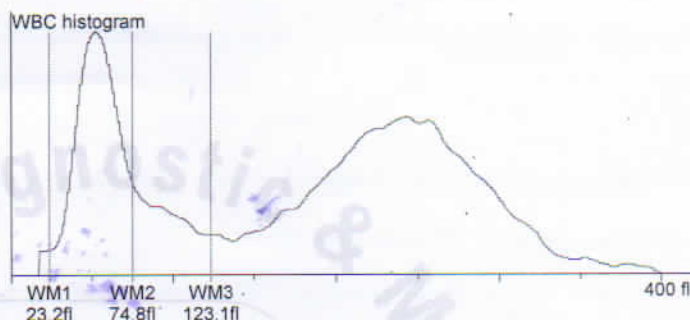
**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY**

Report date: 2022-03-26 13:37

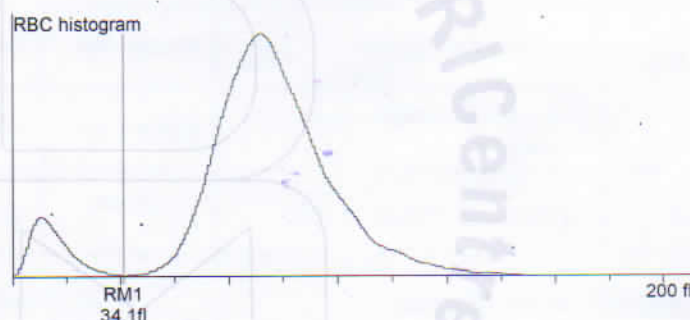
Patient ID: 37927 Birth date: 0000-00-00  
Name: VIMLA Sex: Female

Measure type: Human Doctor: MEDI WHEEL HEAL  
Sample ID: 37801 Date: 2022-03-26

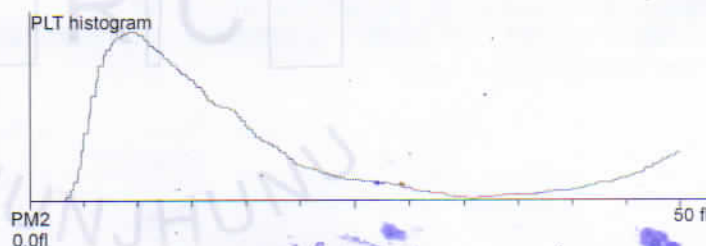
Parameter:	Result:	Limit:
WBC:	8.92 $10^9/l$	[4.00 - 11.00]
LYM:	2.20 $10^9/l$	[1.30 - 4.00]
MID:	+ 0.92 $10^9/l$	[0.15 - 0.70]
GRA:	5.80 $10^9/l$	[2.50 - 7.50]
LYM%:	- 24.70 %	[25.0 - 40.0]
MID%:	+ 10.30 %	[3.0 - 7.0]
GRA%:	65.00 %	[50.0 - 75.0]



RBC:	- 3.85 $10^{12}/l$	[4.00 - 5.50]
HGB:	- 9.00 g/l	[11.5 - 16.5]
HCT:	- 31.36 %	[36.00 - 52.00]
MCV:	- 82.00 fl	[76 - 96]
MCH:	- 23.50 pg	[27 - 32]
MCHC:	- 28.80 g/l	[30 - 35]
RDWs:	+ 53.90 fl	[20.0 - 42.0]
RDWcv:	17.40 %	[0.0 - 0.0]



PLT:	337.00 $10^9/l$	[100 - 400]
PCT:	0.39 %	[0.00 - 0.00]
MPV:	11.60 fl	[8.0 - 15.0]
PDWs:	16.20 fl	[0.0 - 0.0]
PDWcv:	39.30 %	[0.0 - 0.0]



*Nida*  
Dr. NIDA FAHMI  
M.D.S. Pathology  
Reg. No. A-4018

Doctor:



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





# RAJASTHANI DIAGNOSTIC & MRI CENTRE

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

## Laboratory Report



Name : BIMLA  
Gender : FEMALE  
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Sr. Number : 37929  
Invoice Date : 26-03-2022 01:15 PM  
Registration No.: 9403  
Print Date : 26-03-2022 04:57 PM

## HAEMATOLOGY

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	5.29	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control	%
eAG (Estimated Average Glucose)	105.12		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 at least 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
Blood Sugar Fasting	95.00	60-110	mg/dL
Blood Sugar PP	112.00	60 - 140	mg/dL

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

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



PATHOLOGIST



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આપતાકારની પાસેથી આ રિપોર્ટ શુદ્ધ અને સચોટ હોવાનું સુધારવામાં આવેલું છે. આ રિપોર્ટને કોઈ પણ અન્ય હેતુ માટે વાપરવામાં આવતું નથી. આ રિપોર્ટને વાપરવામાં આવતી વખતે આ રિપોર્ટના સાથે આપવામાં આવેલા અન્ય સર્વિસના ટર્મ્સ અને કોન્ડિશન્સનું ધ્યાન રાખવાનું છે.  
THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUPOSE

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 : **BIMLA**  
 Gender : **FEMALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**

Sr. Number : **37929**  
 Invoice Date : **26-03-2022 01:15 PM**  
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### BIO-CHEMISTRY

#### LIPID PROFILE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	177.00	140-260	mg/dL
HDL Cholesterol	53.00	35-65	mg/dL
Triglycerides	H 180.00	40-170	mg/dL
LDL Cholesterol	88.00	10-150	mg/dL
VLDL Cholesterol	36.00	0-40	mg/dL

Rajasthani Diagnostic & MRI Centre

JHUNJHUNU

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

*Mamta Khuteta*  
 Dr. Mamta Khuteta  
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 GMC No. : 4720/16260

24 HOURS SERVICE  
 SIGNATURE

PATHOLOGIST

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

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.84	0.5 - 1.5 ng/mL	ng/mL
T4 (Total Thyroxine)	8.70	4.60-12.50 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.91	0.35 -- 5.50 µIU/mL	µIU/mL

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.

*Nida*  
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*Mamta Khuteta*  
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 RMC No.: 4720/16260

24/7  
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