

2998


 भारत सरकार  
 GOVERNMENT OF INDIA


 विक्रम सिंह  
 Vikram Singh  
 जन्म तिथि/ DOB: 10/06/1982  
 पुरुष / MALE



2903 8153 0066

मेरा आधार, मेरी पहचान


 भारतीय विशिष्ट पहचान प्राधिकरण  
 UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: Address :  
 S/O: जगदीश प्रसाद, वॉर्ड न.9, पुराना जेल के पास, खेतडी, खेतडी, झुंझुनू, राजस्थान - 333503  
 S/O: Jagdish Prasad, ward no.9, near old jail, khetri, Khetri, Jhunjhunun, Rajasthan - 333503

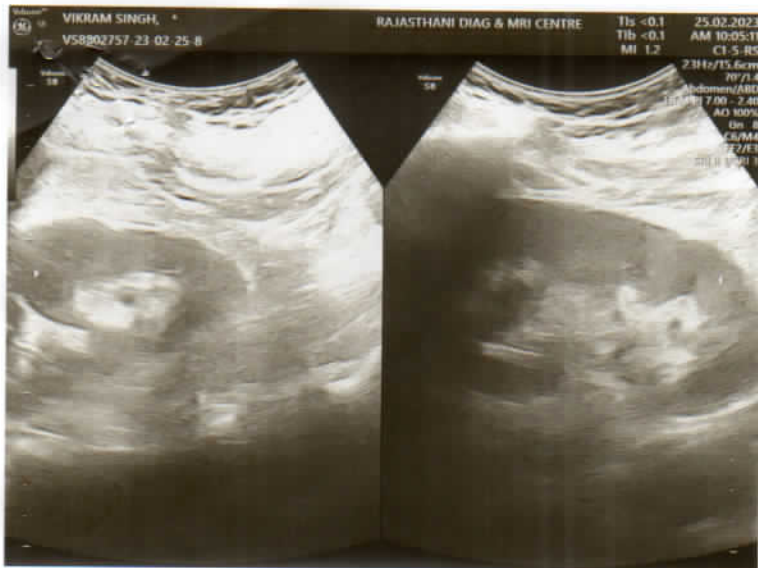
2903 8153 0066

1947 1800 300 1947  
 help@uidai.gov.in www.uidai.gov.in P.O. Box No. 1947, Bengaluru-560 001

Vikram Singh

9785104624

Rajsthani Diagnostic & Medical Research Centre Jhunjhunu





# RAJSTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

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

NAME	VIKRAM SINGH	AGE-	SEX: M
REF/BY:	BOB MEDICAL HEALTH CHECK UP	DATE	25-Feb-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 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 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 normal in size, 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:

❖ NORMAL SONOGRAPHY STUDY

Advised: clinicopathological correlation

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

Dr. Anusha Mah. lawat  
MD (Radiodiagnosis )  
(RMC. 38742/25457 )



आपताकालीन सेवाएं



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



Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

25.02.2023 11:39:59  
RAJASTHANI DIAGNOSTICS CENTRE  
JHUNDHUNU RAJ.

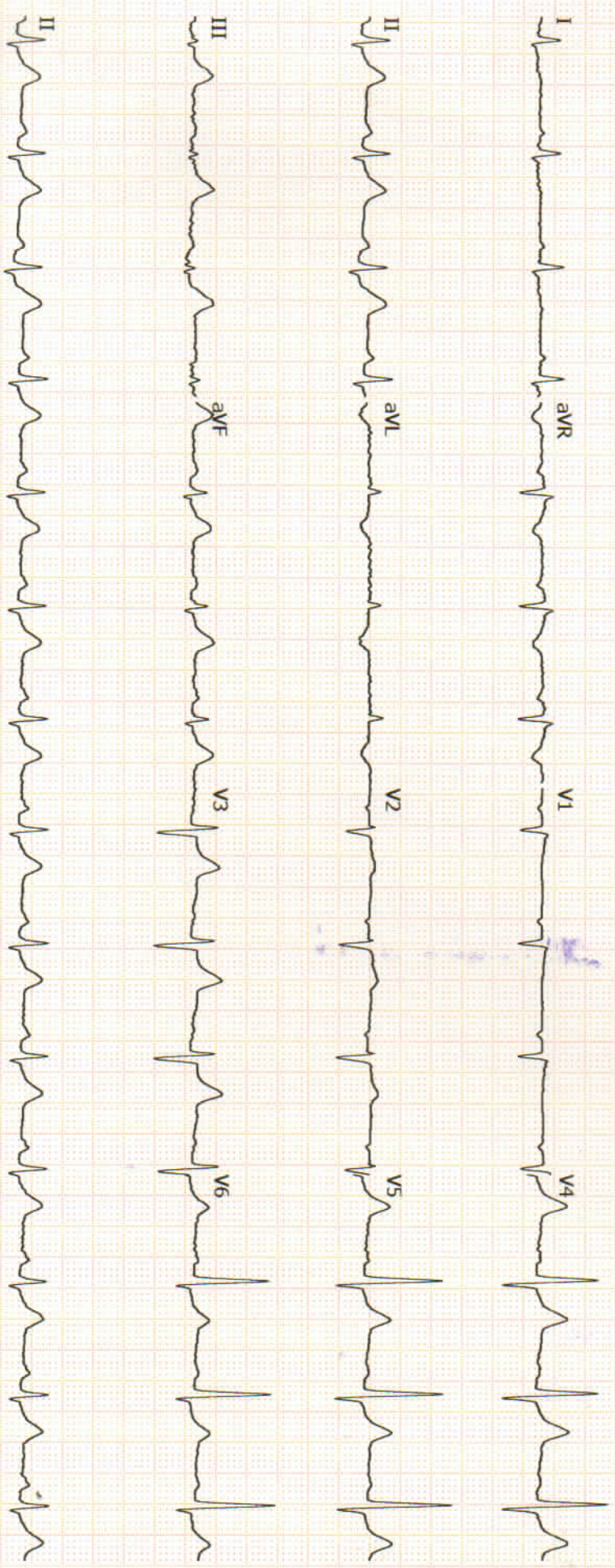
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

82 bpm  
--/-- mmHg

QRS : 78 ms  
QT / QTcbaz : 366 / 427 ms  
PR : 164 ms  
P : 94 ms  
RR / PP : 730 / 731 ms  
P / QRS / T : 68 / 29 / 83 degrees

Normal sinus rhythm  
Normal ECG







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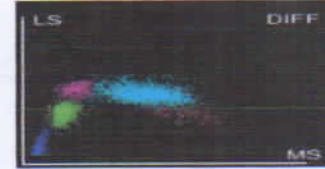
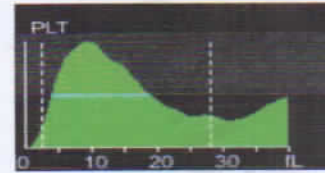
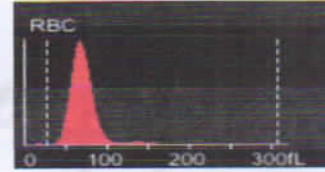
## Hematology Analysis Report

First Name: VIKRAM SINGH  
Last Name:  
Gender: Male  
Age: 41 Year

Sample Type:  
Department:  
Med Rec. No.:

Sample ID: 7  
Test Time: 2023/02/25 11:10  
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	6.96	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	61.8	50.0-70.0	%
3 Lym%	25.6	20.0-40.0	%
4 Mon%	7.0	3.0-12.0	%
5 Eos%	5.3	0.5-5.0	%
6 Bas%	0.3	0.0-1.0	%
7 Neu#	4.30	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	1.78	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.49	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.37	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.02	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	4.22	4.00-5.50	10 <sup>6</sup> /uL
13 HGB	11.5	12.0-16.0	g/dL
14 HCT	31.4	40.0-54.0	%
15 MCV	74.3	80.0-100.0	fL
16 MCH	27.2	27.0-34.0	pg
17 MCHC	36.6	32.0-36.0	g/dL
18 RDW-CV	14.7	11.0-16.0	%
19 RDW-SD	44.5	35.0-56.0	fL
20 PLT	166	100-300	10 <sup>3</sup> /uL
21 MPV	9.6	6.5-12.0	fL
22 PDW	14.3	9.0-17.0	fL
23 PCT	0.159	0.108-0.282	%
24 P-LCR	37.0	11.0-45.0	%
25 P-LCC	61	30-90	10 <sup>3</sup> /uL



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

Submitter: Operator: admin Approver:  
Draw Time: 2023/02/25 11:09 Received Time: 2023/02/25 11:09 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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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 : VIKRAM SINGH	Sr. Number : 61001
Age : 41 Gender : MALE	Invoice Date : 25-02-2023 10:12 AM
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP	Invoice Number : 1198
	Registration No.: 1199
	Sample On : 25-02-2023 10:12 AM
	Report On : 25-02-2023 03:47 PM

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	15	< 20	mm/hr
BLOOD GROUPING (ABO & Rh )	A+ Positive		



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

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

TECHNOLOGIST

PATHOLOGIST

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### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	7.90	< 5.8 % : Non Diabetic 5.8 - 6.6 % : Near Normal 6.7 - 7.6 % : Excellent 7.7 - 8.6 % : Good 8.7 - 9.6 % : Fair 9.7 - 10.6 % : Poor 10.7 - 11.6 % : Very Poor > 11.7 % : Out of Control	%
eAG (Estimated Average Glucose)	180.03		mg/dL
eAG (Estimated Average Glucose)	9.99		mmol/L

Method : **Fluorescence Immunoassay Technology**

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.

*Nida*  
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Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	93.00	60--110	mg/dL
Blood Sugar PP	171.00	< 140	mg/dL

## RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	24.00	13--45	mg/dL
Creatinine	0.81	0.4--1.4	mg/dL
Uric Acid	4.69	3.6--8.2	mg/dL
Calcium	9.89	8.5--11	mg/dL
Gamma glutamyl transferase (GGT)	31.00	< 50	U/L

*Aida*  
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### Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	42.00	0--45	U/L
S.G.P.T.	37.00	0--45	U/L
Bilirubin(Total)	0.98	0.1--1.4	mg/dL
Bilirubin(Direct)	0.22	0--0.3	mg/dL
Bilirubin(Indirect)	0.76	0.1--0.9	mg/dL
Total Protein	7.09	6--8	mg/dL
Albumin	3.78	3.5--5	mg/dL
Globulin	3.31	3--4.5	mg/dL
A/G Ratio	1.14	0.5 -- 1.2	g/dL
Alkaline Phosphatase	146.00	108--306	U/L

### LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	139.00	110--200	mg/dL
HDL Cholesterol	42.00	35--88	mg/dL
Triglycerides	H <b>183.00</b>	40--165	mg/dL
LDL Cholesterol	60.40	0--150	mg/dL
VLDL Cholesterol	H <b>36.60</b>	0--35	mg/dL
TC/HDL Cholestrol Ratio	3.31	2.5--5	Ratio
LDL/HDL Ratio	L <b>1.44</b>	1.5--3.5	Ratio

*Nida*  
Dr. NIDA FAHMI  
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PATHOLOGIST

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

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.84	0.5--1.5 ng/dL	ng/ML
T4 (TotalThyroxine)	7.18	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.04	0.38 -- 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 additional, 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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M.D.S. Pathology  
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in SERVICE

PATHOLOGIST

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Age : **41** Gender : **MALE**  
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Test Name	Observed Values	Reference Intervals	Units
PSA (Prostate-Specific Antigen)	0.79	0--4	ng/mL
Test Name	Observed Values	Reference Intervals	Units
URINE SUGAR FASTING	Trace		
URINE SUGAR PP	++		

<<< END OF REPORT >>>



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MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME : VIKRAM	SEX : M
REF. BY : BOB MEDICAL HEALTH CHECUP UP	DATE: 25.02.2023

## X-RAY CHEST (PA)

Sutures Are Seen In The Midline Thorax Likely Postoperative

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)**

*USK*

DR. UMMED SINGH RATHORE  
MD RADIODIAGNOSIS  
RMC NO. 34498/24812  
Dr. Ummad Singh  
MD (Radiodiagnosis)  
(RMC. 34498/24812)

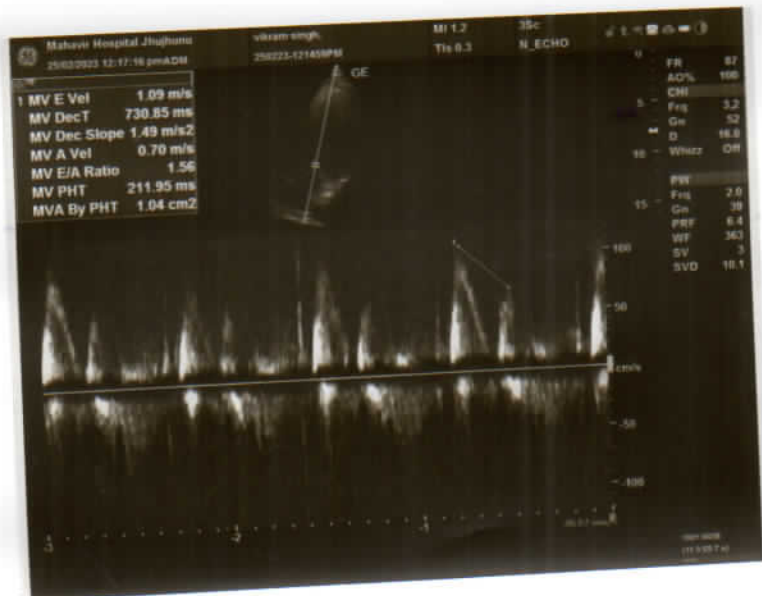
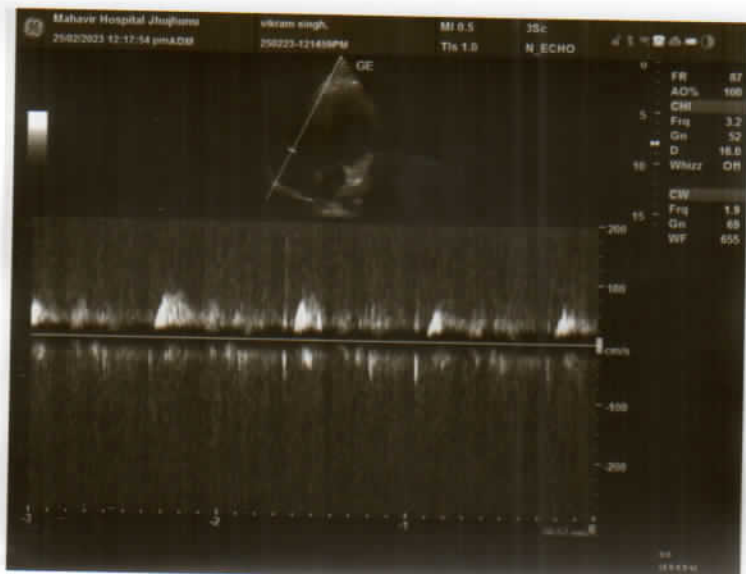
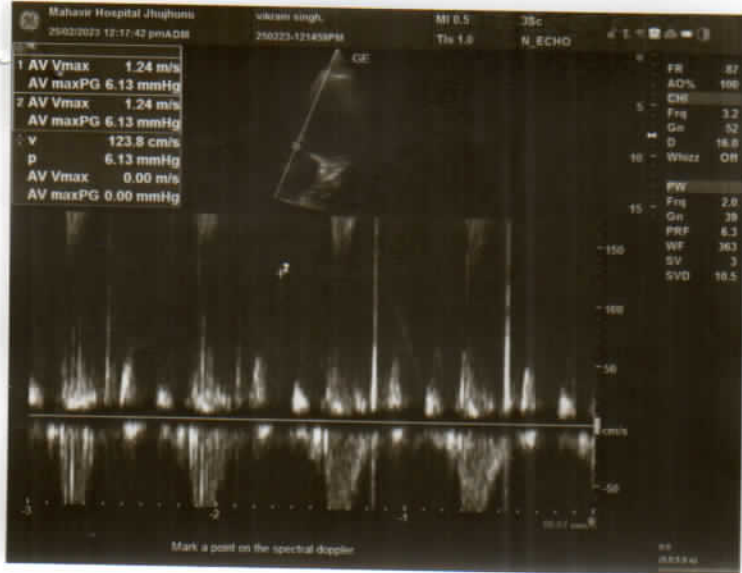


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Aortic Stenosis

Absent/Present.

Aorta = 2.6cm (2.0 – 3.7cm)

Left Atrium = 4.5 cm (1.9 – 4.0 cm)

LV measurement

Diastole

Systole

IVS

1.14 cm (0.6-1.1cm)

1.18 cm

LVID

5.5 cm (3.7-5.6cm)

4.4 cm (2.2 – 4.0 cm)

LVPW

1.24 cm (0.6-1.1cm)

1.26 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=50%.

Mild left ventricular hypertrophy seen.

Trace MR, trace TR, no PAH.

Normal diastolic function.

No I/C clot/vegetation.

Intact IAS/IVS & No CoA, no pericardial effusion.

Dr M S Meel

Dr. M. S. Meel  
MD (Medicine)

MD Medicine

Reg. No. 793/12635

Senior Phvsician

Mahavir Hospital, Jhunjhunu

Dr Pallavi Choudhary

MD Paediatrics

Consultant



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( कृपया अपनी पुरानी रिपोर्ट साथ लावें )

भूल भिन्न परीक्षण काला व कालाका दण्डनीय अपराध है  
इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है