

2010

भारत सरकार
Government of India



निशा
Nisha
जन्म तिथि/DOB: 06/01/1995
महिला/ FEMALE



8193 4460 7141

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address: W/O Jaydev, Kithana, Jhunjhunun, W/O जयदेव, किठाना, झुंझुन, Rajasthan - 333028

पता: राजस्थान - 333028

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Nishe

9588910002

Rajasthan Diagnostic & Medical Research Centre
Jhunjhunu



RAJASTHANI DIAG & MRI CENTRE
Tls <0.1 25.02.2023
Tlb <0.1 AM 11:43:22
MI 1.2 CI 5-RS



RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	NISHA	AGE-	SEX: F
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 empty.

Uterus: gravid status.

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

IMPRESSION:

- ❖ NO SIGNIFICANT ABNORMALITY
- Suggested early pregnancy scan.

DR. ANUSHA MAHALAWAT
MDRADIOLOGIST
Dr. Anusha Mahalawat
MD (Radiodiagnosis)
(RMC. 38742/25457)

Nisha



आपताकालीन सेवाएं



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

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcBaz : 376 / 441 ms
PR : 168 ms
P : 106 ms
RR / PP : 718 / 722 ms
P / QRS / T : 28 / 57 / 17 degrees

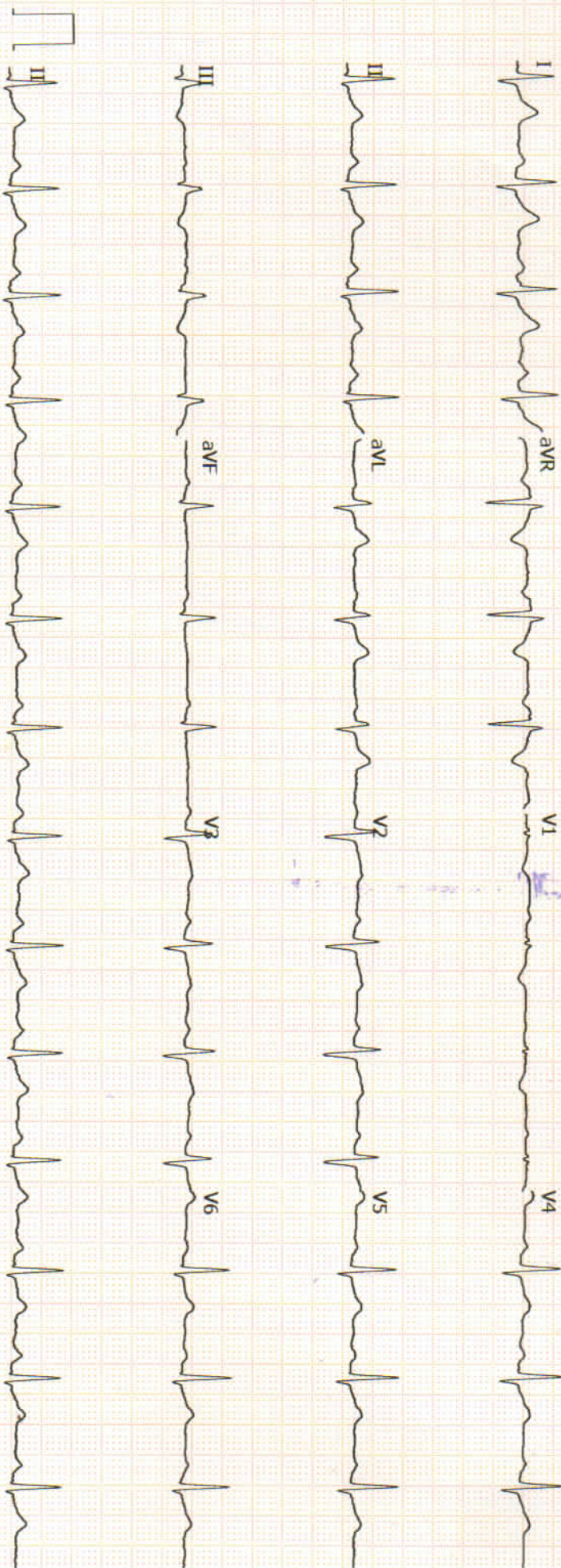
Normal sinus rhythm
Normal ECG

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

Room:

83 bpm
--- / --- mmHg

Nisha





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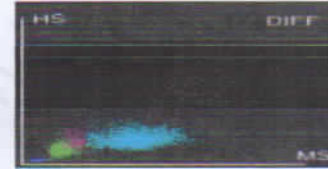
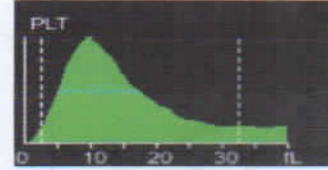
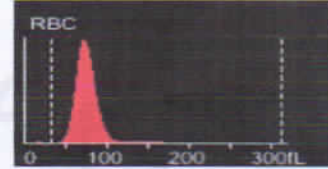
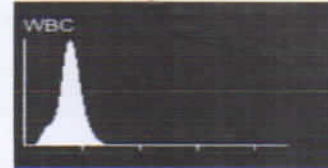
Hematology Analysis Report

First Name: NISHA
Last Name:
Gender: Female
Age:

Sample Type:
Department:
Med Rec. No.:

Sample ID: 39
Test Time: 2023/02/25 16:55
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	6.81	4.00-10.00	10 ³ /uL
2 Neu%	51.7	50.0-70.0	%
3 Lym%	39.8	20.0-40.0	%
4 Mon%	6.2	3.0-12.0	%
5 Eos%	1.9	0.5-5.0	%
6 Bas%	0.4	0.0-1.0	%
7 Neu#	3.52	2.00-7.00	10 ³ /uL
8 Lym#	2.71	0.80-4.00	10 ³ /uL
9 Mon#	0.42	0.12-1.20	10 ³ /uL
10 Eos#	0.13	0.02-0.50	10 ³ /uL
11 Bas#	0.03	0.00-0.10	10 ³ /uL
12 RBC	3.83	3.50-5.50	10 ⁶ /uL
13 HGB	11.4	11.0-16.0	g/dL
14 HCT	30.5	37.0-54.0	%
15 MCV	79.6	80.0-100.0	fL
16 MCH	29.7	27.0-34.0	pg
17 MCHC	37.4	32.0-36.0	g/dL
18 RDW-CV	12.7	11.0-16.0	%
19 RDW-SD	41.5	35.0-56.0	fL
20 PLT	195	100-300	10 ³ /uL
21 MPV	10.1	6.5-12.0	fL
22 PDW	12.2	9.0-17.0	fL
23 PCT	0.197	0.108-0.282	%
24 P-LCR	37.6	11.0-45.0	%
25 P-LCC	73	30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
Draw Time: 2023/02/25 16:54 Received Time: 2023/02/25 16:54 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



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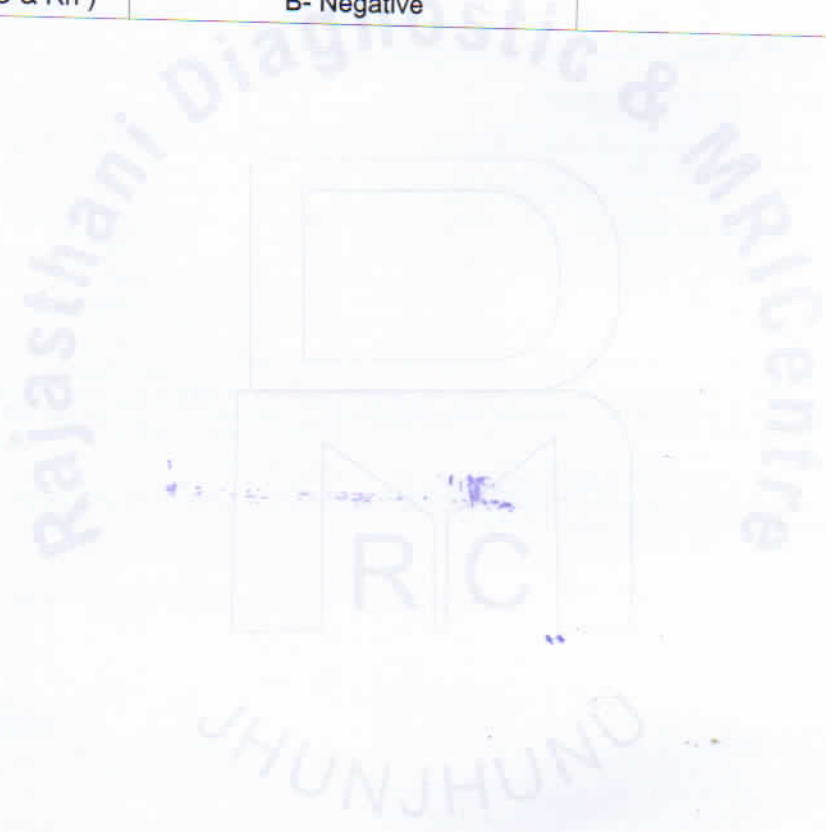


Laboratory Report

Name : NISHA
Age : 28 Gender : FEMALE
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

Sr. Number : 61004
Invoice Date : 25-02-2023 11:17 AM
Invoice Number : 1201
Registration No. : 1202
Sample On : 25-02-2023 11:17 AM
Report On : 25-02-2023 04:55 PM

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	14	< 20	mm/hr
BLOOD GROUPING (ABO & Rh)	B- Negative		



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

TECHNOLOGIST

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

PATHOLOGIST

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HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	4.68	< 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)	87.62		mg/dL
eAG (Estimated Average Glucose)	4.86		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.

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	Sample On : 25-02-2023 11:17 AM
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Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	75.00	60--110	mg/dL
Blood Sugar PP	91.00	< 140	mg/dL

RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	26.00	13--45	mg/dL
Creatinine	0.86	0.4--1.4	mg/dL
Uric Acid	4.12	3.6--8.2	mg/dL
Calcium	10.78	8.5--11	mg/dL
Gamma glutamyl transferase (GGT)	27.00	< 50	U/L

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Registration No. : 1202
Sample On : 25-02-2023 11:17 AM
Report On : 25-02-2023 04:55 PM

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	26.00	0-45	U/L
S.G.P.T.	31.00	0-45	U/L
Bilirubin(Total)	0.75	0.1-1.4	mg/dL
Bilirubin(Direct)	0.15	0-0.3	mg/dL
Bilirubin(Indirect)	0.60	0.1-0.9	mg/dL
Total Protein	6.78	6-8	mg/dL
Albumin	3.68	3.5-5	mg/dL
Globulin	3.10	3-4.5	mg/dL
A/G Ratio	1.19	0.5 - 1.2	g/dL
Alkaline Phosphatase	134.00	108-306	U/L

LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	142.00	110-200	mg/dL
HDL Cholesterol	40.00	35-88	mg/dL
Triglycerides	89.00	40-165	mg/dL
LDL Cholesterol	84.20	0-150	mg/dL
VLDL Cholesterol	17.80	0-35	mg/dL
TC/HDL Cholesterol Ratio	3.55	2.5-5	Ratio
LDL/HDL Ratio	2.10	1.5-3.5	Ratio

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY



Laboratory Report

Name : **NISHA**
Age : **28** Gender : **FEMALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **61004**
Invoice Date : **25-02-2023 11:17 AM**
Invoice Number : **1201**
Registration No.: **1202**
Sample On : **25-02-2023 11:17 AM**
Report On : **25-02-2023 04:55 PM**

T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.80	0.5--1.5 ng/dL	ng/ML
T4 (Total Thyroxine)	9.64	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.16	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 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.

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

<<< END OF REPORT >>>

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MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME : NISHA	SEX : F
REF. BY : BOB MEDICAL HEALTH CHECUP UP	DATE: 25-02-2023

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)

USR

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

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



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