



 भारत सरकार
 Government of India


 धर्मवीर सिंह
 Dharmveer Singh
 जन्म तिथि/DOB: 07/05/1978
 पुरुष/ MALE



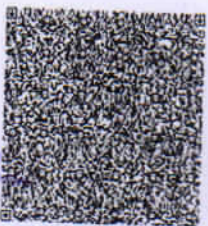
9060 2056 5703
 VID : 9116 9878 5785 5722

मेरा आधार, मेरी पहचान


 भारतीय विधिक पहचान अधिकरण
 Unique Identification Authority of India

पता:
 S/O: राम देवा, दुलानिया, झुंझुनू,
 राजस्थान - 333031

Address:
 S/O: Ram Deva, Dulaniya, Jhunjhunun,
 Rajasthan - 333031



9060 2056 5703
 VID : 9116 9878 5785 5722

QR Code with Photograph

Handwritten signature

7665859708

Rajasthan Diagnostic &
 Medical Research Centre
 Jhunjhunu





RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	DHARMVEER SINGH	AGE-	SEX: M
REF/BY:	BOB MEDICAL HEALTH CHECK UP	DATE	11-Mar-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 partially 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 (24gm), 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)



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

Male

11.03.2023 10:41:48
RAJASTHANI DIAGNOSTICS CENTRE
JHUNJHUNU RAJ.

95 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

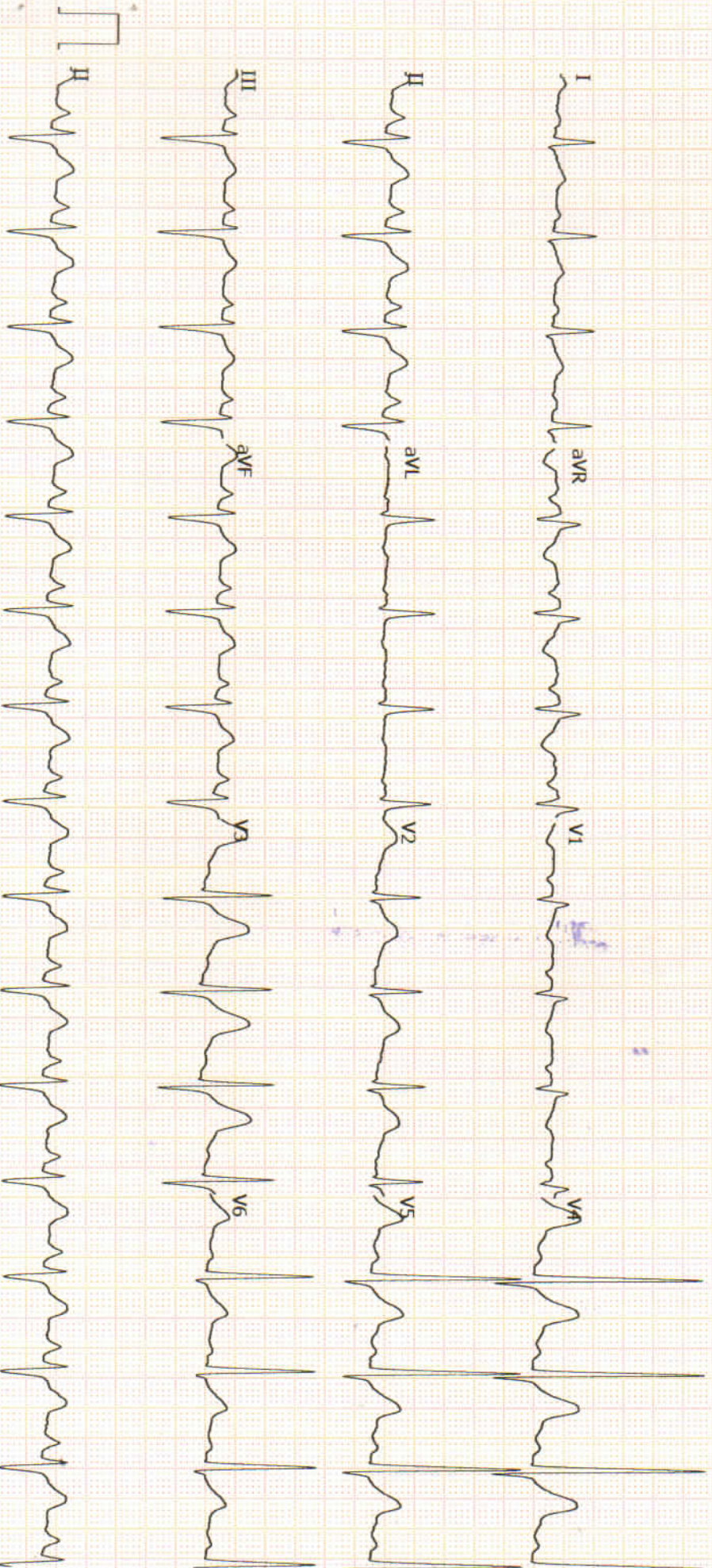
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

QRS : 96 ms
QT / QTcBaz : 370 / 464 ms
PR : 158 ms
P : 100 ms
RR / PP : 632 / 631 ms
P / QRS / T : 65 / -44 / 61 degrees

Normal sinus rhythm
Batrial enlargement
Left axis deviation
Incomplete right bundle branch block
Left ventricular hypertrophy
Abnormal ECG

Asin



GE MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed

4x2.5x3_25_R1

1/1



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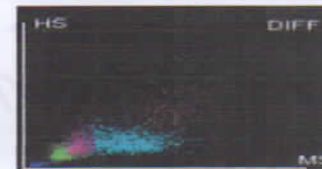
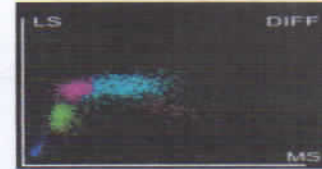
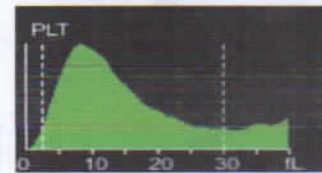
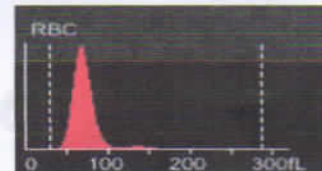
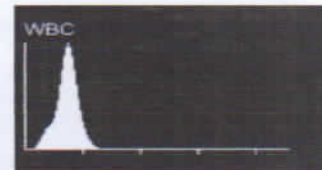
MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

Hematology Analysis Report

First Name: DHARMVEER SINGH
Last Name: Department:
Gender: Male Med Rec. No.:
Age: 44 Year

Sample ID: 24
Test Time: 2023/03/11 17:23
Diagnosis:

Parameter	Result		Ref. Range	Unit
1 WBC	3.43	↓	4.00-10.00	10 ³ /uL
2 Neu%	43.7	↓	50.0-70.0	%
3 Lym%	29.4		20.0-40.0	%
4 Mon%	20.0	↑	3.0-12.0	%
5 Eos%	6.6	↑	0.5-5.0	%
6 Bas%	0.3		0.0-1.0	%
7 Neu#	1.49	↓	2.00-7.00	10 ³ /uL
8 Lym#	1.01		0.80-4.00	10 ³ /uL
9 Mon#	0.69		0.12-1.20	10 ³ /uL
10 Eos#	0.23		0.02-0.50	10 ³ /uL
11 Bas#	0.01		0.00-0.10	10 ³ /uL
12 RBC	4.24		3.50-5.50	10 ⁶ /uL
13 HGB	11.6		11.0-16.0	g/dL
14 HCT	31.6	↓	37.0-54.0	%
15 MCV	74.7	↓	80.0-100.0	fL
16 MCH	27.4		27.0-34.0	pg
17 MCHC	36.6	↑	32.0-36.0	g/dL
18 RDW-CV	12.9		11.0-16.0	%
19 RDW-SD	39.4		35.0-56.0	fL
20 PLT	183		100-300	10 ³ /uL
21 MPV	9.5		6.5-12.0	fL
22 PDW	12.1		9.0-17.0	
23 PCT	0.173		0.108-0.282	%
24 P-LCR	34.1		11.0-45.0	%
25 P-LCC	62		30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
Draw Time: 2023/03/11 17:22 Received Time: 2023/03/11 17:22 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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FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

Laboratory Report	
Name : DHARMVEER SINGH	Sr. Number : 61764
Age : 44 Gender : MALE	Invoice Date : 11-03-2023 10:20 AM
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP	Invoice Number : 1819
	Registration No. : 1820
	Sample On : 11-03-2023 10:20 AM
	Report On : 11-03-2023 03:07 PM

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	12	< 20	mm/hr
BLOOD GROUPING (ABO & Rh)	A+ Positive		

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	5.10	< 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)	99.67		mg/dL
eAG (Estimated Average Glucose)	5.53		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
Dr. NIDA FAHMI
M.D.S. Pathology
Reg. No. A-4048

TECHNOLOGIST

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PATHOLOGIST

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Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	87.00	60-110	mg/dL
Blood Sugar PP	102.00	< 140	mg/dL

RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	28.00	13-45	mg/dL
Creatinine	0.85	0.4-1.4	mg/dL
Uric Acid	5.14	3.6-8.2	mg/dL
Calcium	10.08	8.5-11	mg/dL

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Test Name	Observed Values	Reference Intervals	Units
Gamma glutamyl transferase (GGT)	24.00	< 50	U/L

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	36.00	0--45	U/L
S.G.P.T.	30.00	0--45	U/L
Bilirubin(Total)	0.95	0.1--1.4	mg/dL
Bilirubin(Direct)	0.22	0--0.3	mg/dL
Bilirubin(Indirect)	0.73	0.1--0.9	mg/dL
Total Protein	6.98	6--8	mg/dL
Albumin	3.78	3.5--5	mg/dL
Globulin	3.20	3--4.5	mg/dL
A/G Ratio	1.18	0.5 -- 1.2	g/dL
Alkaline Phosphatase	289.00	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	78.00	40--165	mg/dL
LDL Cholesterol	86.40	0--150	mg/dL
VLDL Cholesterol	15.60	0--35	mg/dL
TC/HDL Cholesterol Ratio	3.55	2.5--5	Ratio
LDL/HDL Ratio	2.16	1.5--3.5	Ratio

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	Sample On : 11-03-2023 10:20 AM
	Report On : 11-03-2023 03:07 PM

T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.88	0.5--1.5 ng/dL	ng/ML
T4 (Total Thyroxine)	10.62	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.78	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.

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY



Laboratory Report

Name : **DHARMVEER SINGH**
Age : **44** Gender : **MALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKER**

Sr. Number : **61764**
Invoice Date : **11-03-2023 10:20 AM**
Invoice Number : **1819**
Registration No.: **1820**
Sample On : **11-03-2023 10:20 AM**
Report On : **11-03-2023 03:07 PM**

URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL			
Quantity	20		ml
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.020		
PH	6.0	4.5-6.5	
CHEMICAL			
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	Nil		
MICROSCOPIC			
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			/h.p.f.
Test Name	Observed Values	Reference Intervals	Units
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

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NAME : DHARMVEER SINGH	AGE:44/SEX : M
REF.BY BOB MEDICAL HEALTH CHECK UP	DATE: 11-03-2023

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)

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

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



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10416 (bobE30767) / DHARMVEER SINGH / 44 Yrs / M / 172 Cms / 71 Kg Date: 11-Mar-2023 Technician : MANISH Examined By:

Stage	Time	Duration	Belt Speed (mph)	Elevation	MEIs	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	02:02	2:01	00.0	00.0	01.0	108	61 %	130/78	140	00	
Standing	03:00	1:00	00.0	00.0	01.0	105	60 %	130/78	136	00	
HV	03:58	1:00	00.0	00.0	01.0	107	61 %	130/78	139	00	
Warm Up	04:59	1:01	00.0	00.0	01.0	110	62 %	130/78	143	00	
ExStart	05:58	1:00	01.0	00.0	01.0	112	64 %	130/78	145	00	
BRUCE Stage 1	08:58	3:00	01.7	10.0	04.7	136	77 %	132/80	179	00	
BRUCE Stage 2	11:58	3:00	02.5	12.0	07.1	158	90 %	134/82	211	00	
BRUCE Stage 3	14:58	3:00	03.4	14.0	10.2	176	100 %	136/84	239	00	
PeakEx	15:02	0:07	01.1	00.0	10.3	179	102 %	136/84	243	00	
Recovery	17:01	2:00	01.1	00.0	01.0	144	82 %	134/84	192	00	
Recovery	19:01	4:00	00.0	00.0	01.0	117	66 %	132/80	154	00	
Recovery	20:08	5:06	00.0	00.0	01.0	118	67 %	132/80	155	00	

Findings :

- Exercise Time : 09:04
- Max HR Attained : 179 bpm 102% of Target 176
- Max BP Attained : (Sys) 136/84
- Max Workload Attained : 10.3 Good response to induced stress
- Max ST Dep Lead & Value : avL & -4.1 mm in Recovery mm
- Test Objective : BOB HEALTH CHECK UP
- History : No
- Test End Reasons : Test Complete

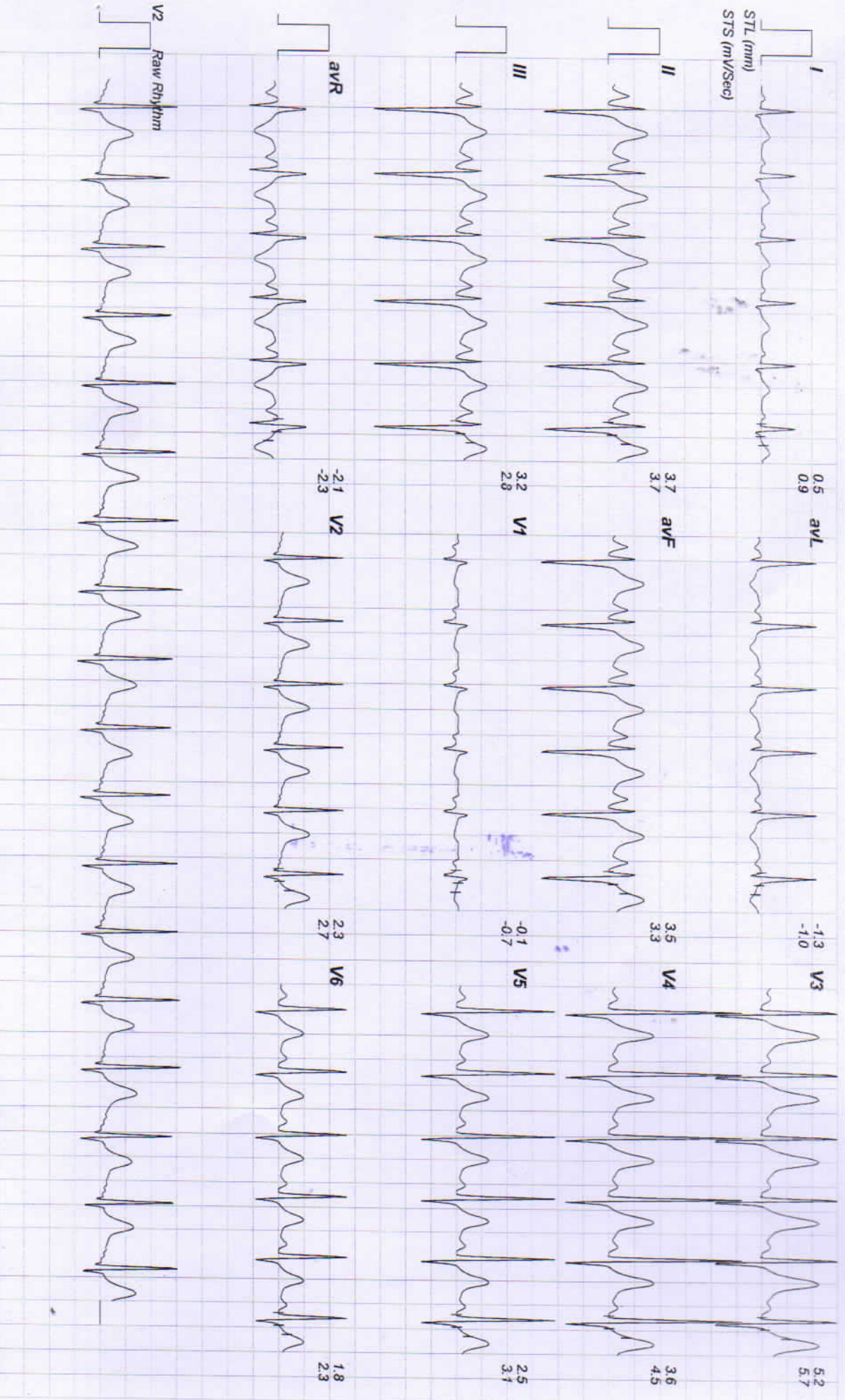
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(GEMR14190403)R/Allengers



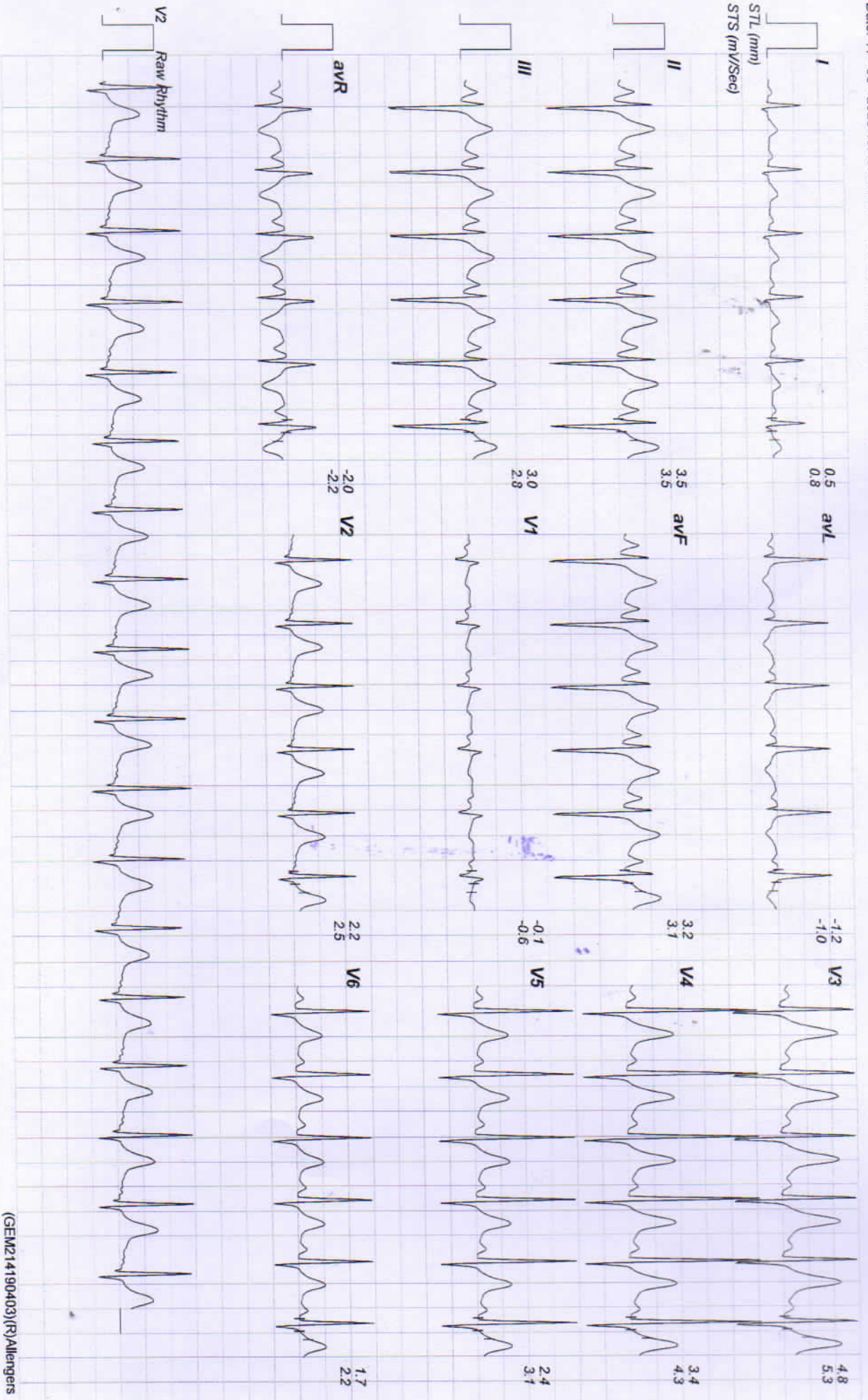
10416 / DHARMVEER SINGH / 44 Yrs / Male / 172 Cm / 71 Kg

Date: 11 - 03 - 2023 10:49:31 AM METS : 01.00 HR : 108 Target HR : 61% of 176 BP : 130/78 Post J @80mSec ExtTime : 02:01 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mv





10416 / DHARMVEER SINGH / 44 Yrs / Male / 172 Cm / 71 Kg
Date: 11 - 03 - 2023 10:49:31 AM METs : 01.00 HR : 105 Target HR : 59% of 176 BP : 130/78 Post J @80mSec ExTime : 02:59 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





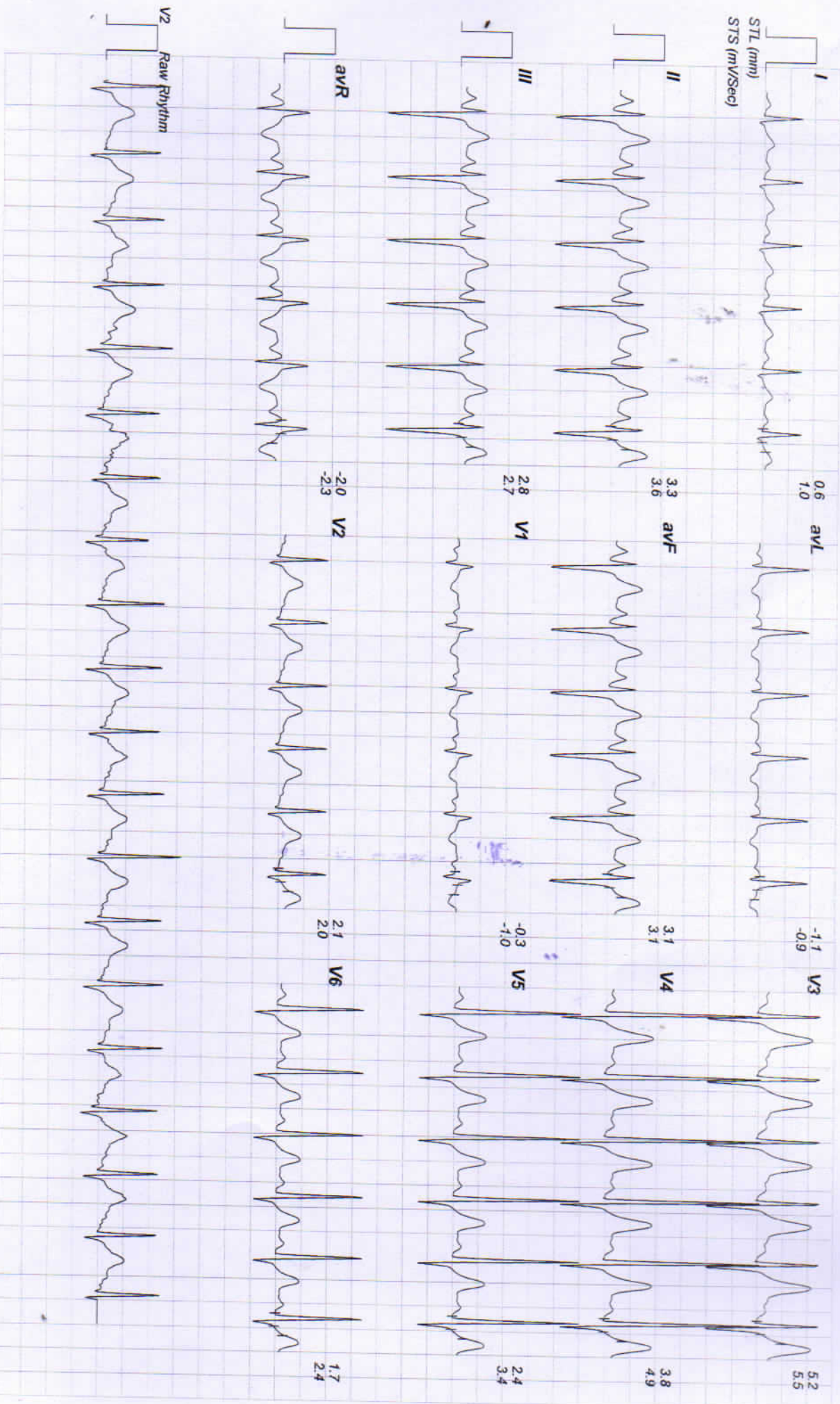
Allengers

10416 / DHARMVEER SINGH / 44 Yrs / Male / 172 Cm / 71 Kg

Date: 11 - 03 - 2023 10:49:31 AM METS : 01.00 HR : 110 Target HR : 62% of 176 BP : 130/78 Post J @80mSec EXTime : 04:58 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

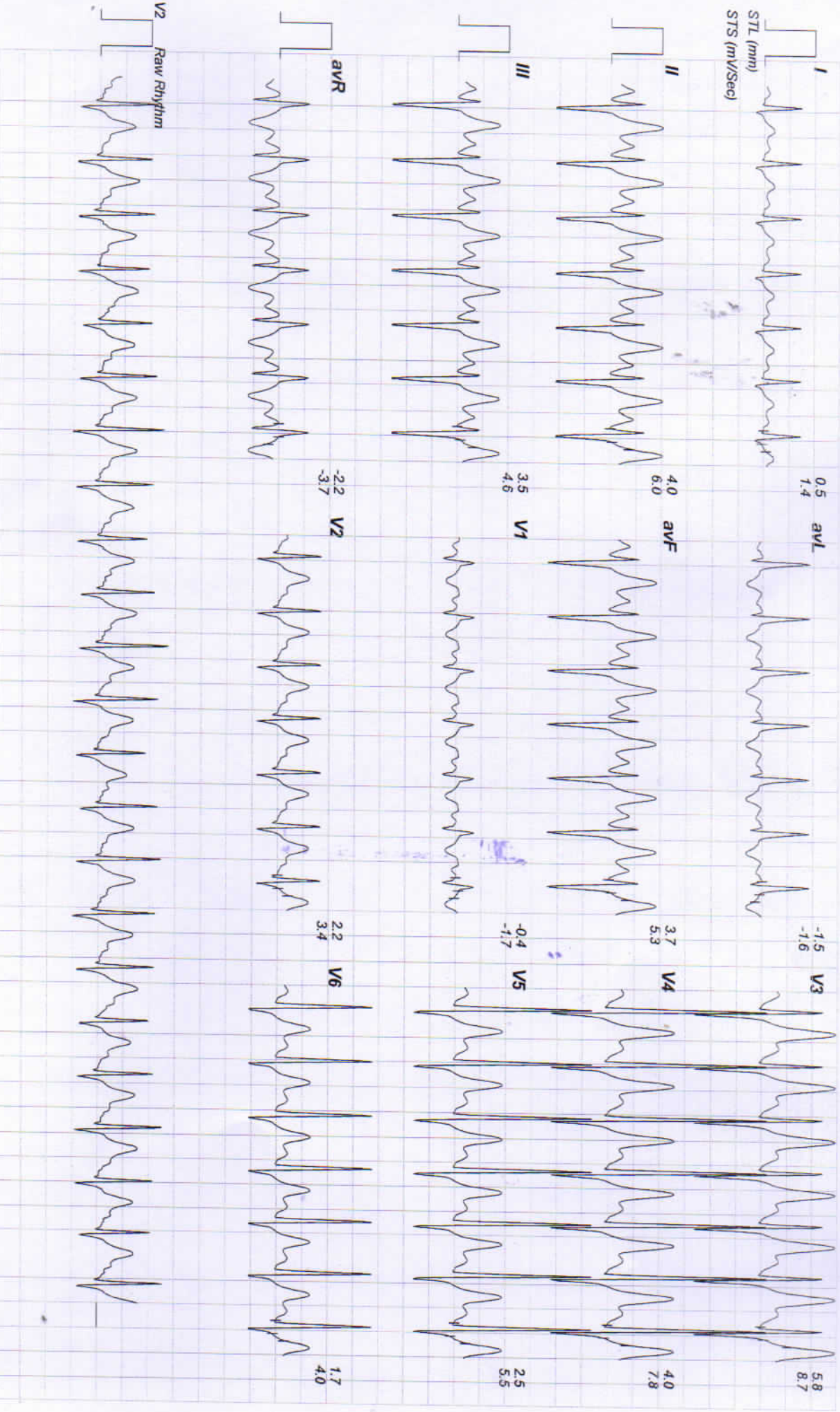
Linked Medians Report

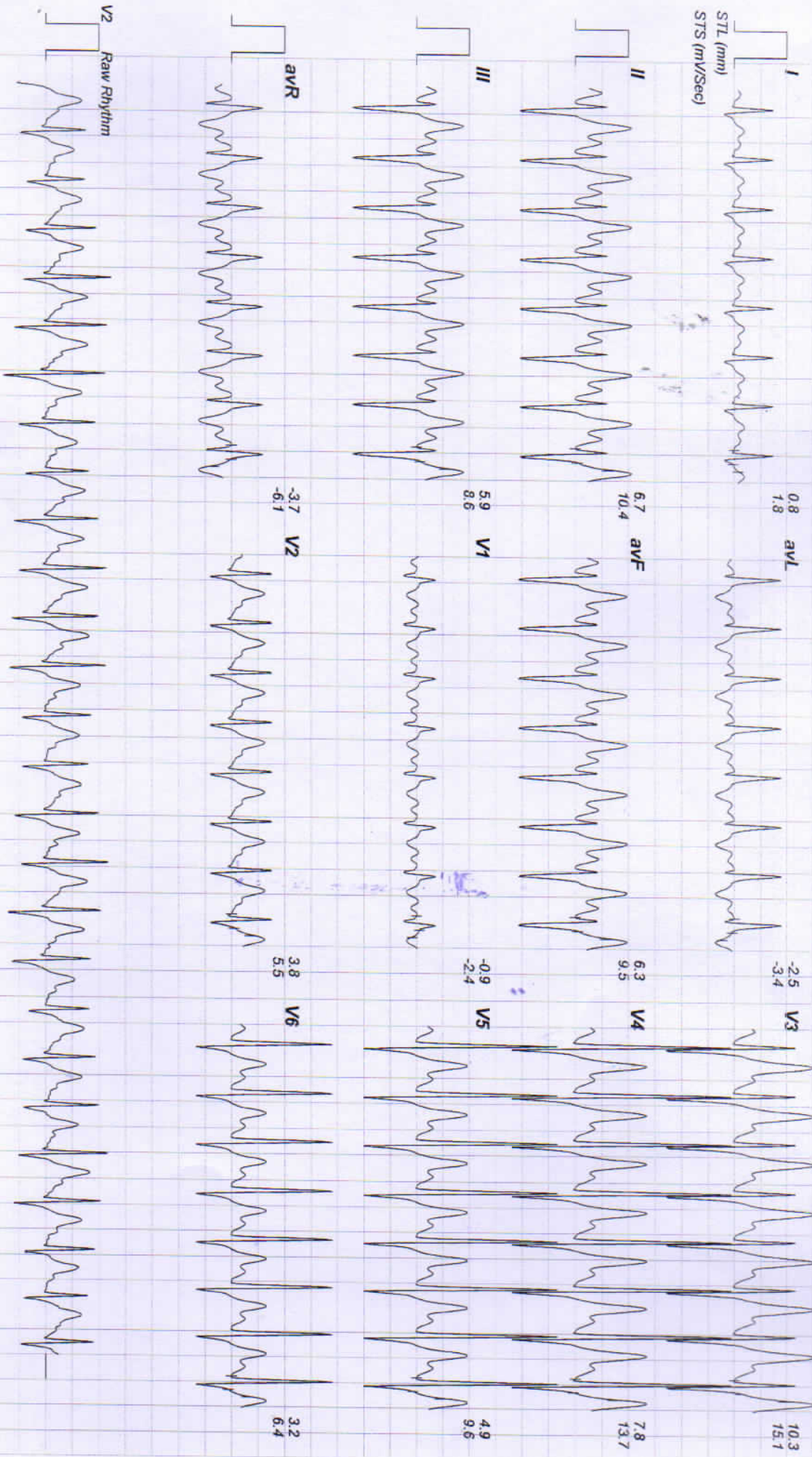






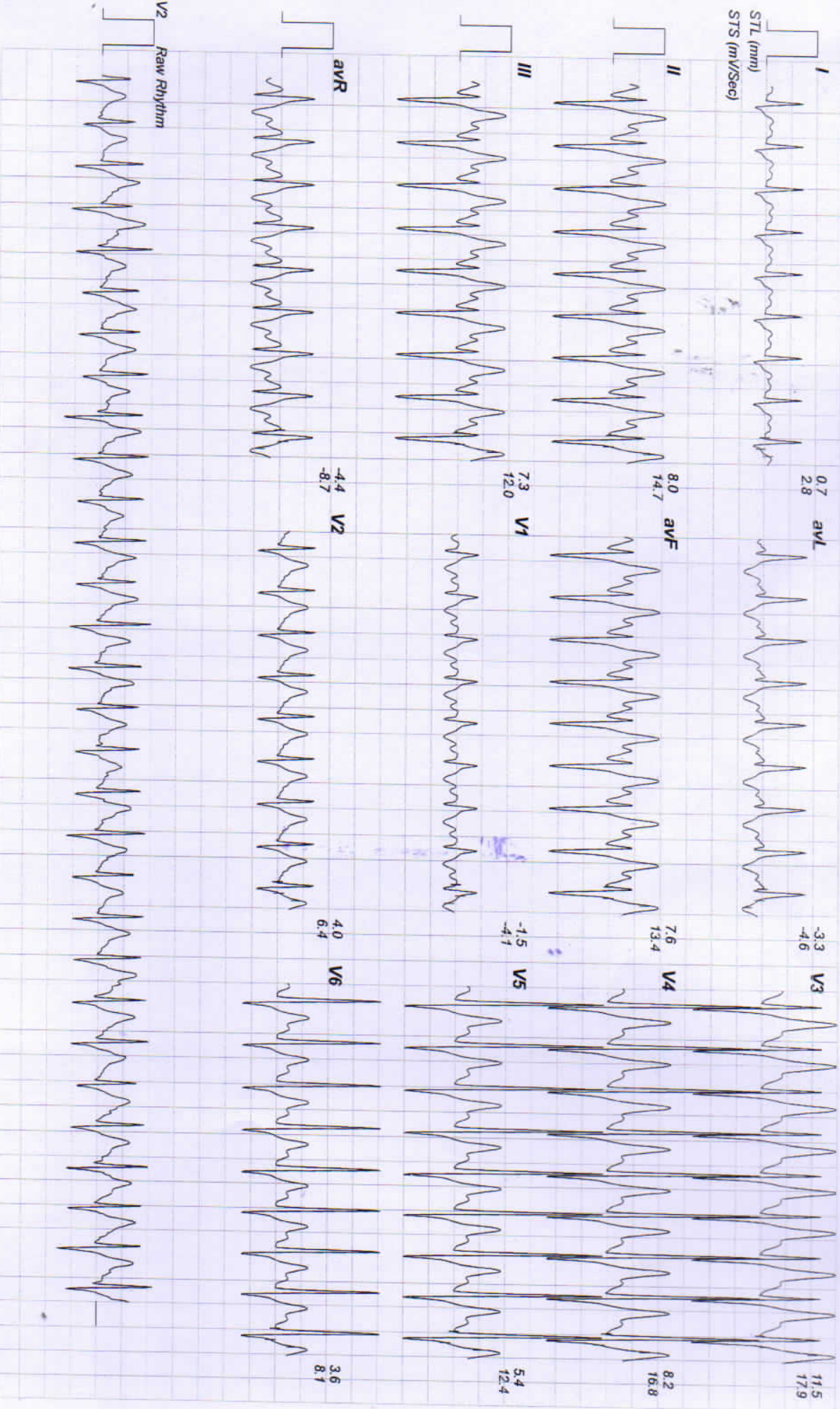
Date: 11 - 03 - 2023 10:49:31 AM METS : 04.70 HR : 136 Target HR : 77% of 176 BP : 132/80 Post J @60mSec ExTime : 03:00 1.7 mph Grade : 10.00 % 25 mm/Sec: 1.0 Cm/mV





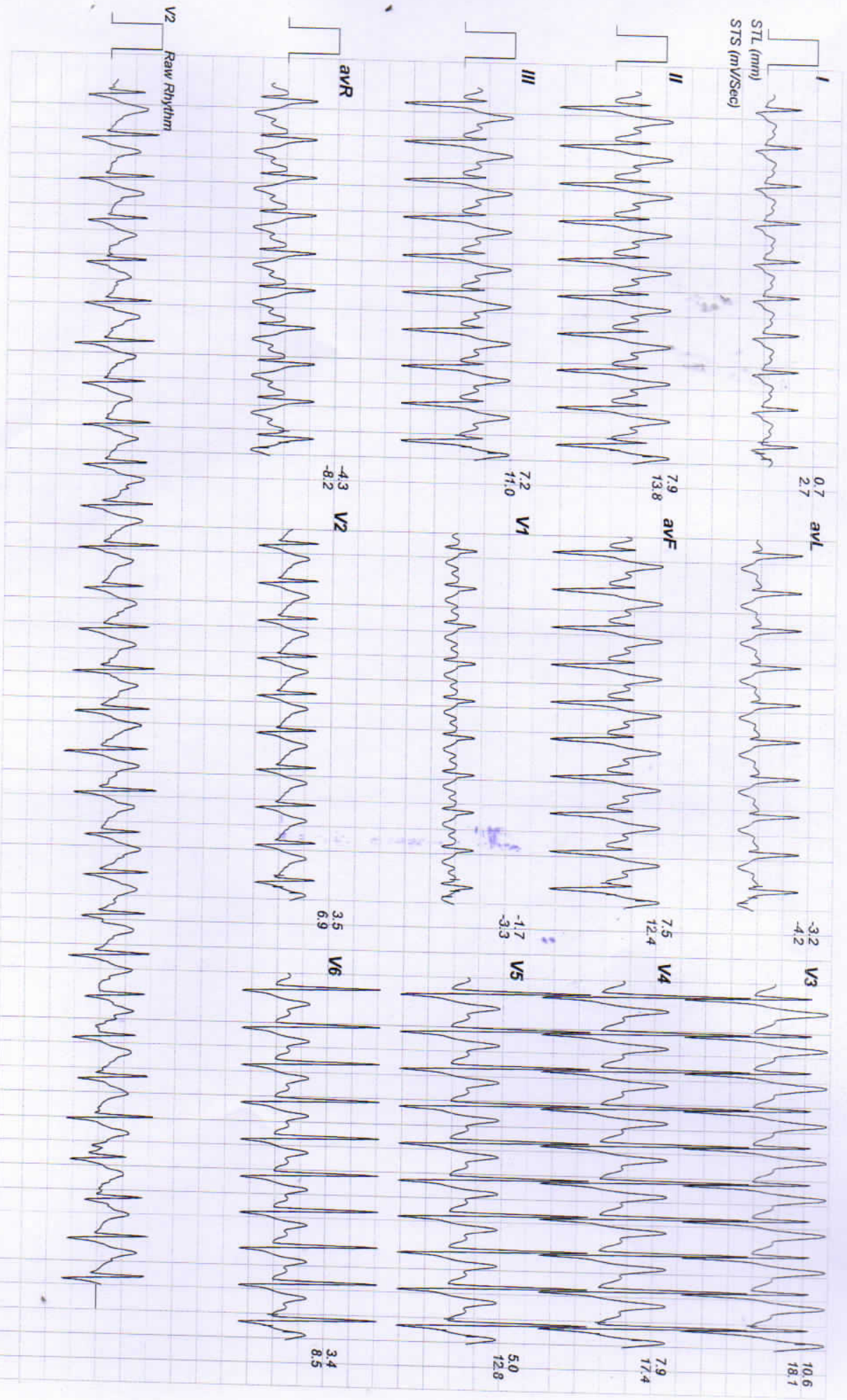


Date: 11 - 03 - 2023 10:49:31 AM METS : 10.20 HR : 176 Target HR : 100% of 176 BP : 136/84 Post J @60mSec EXTime : 09:00 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/mV



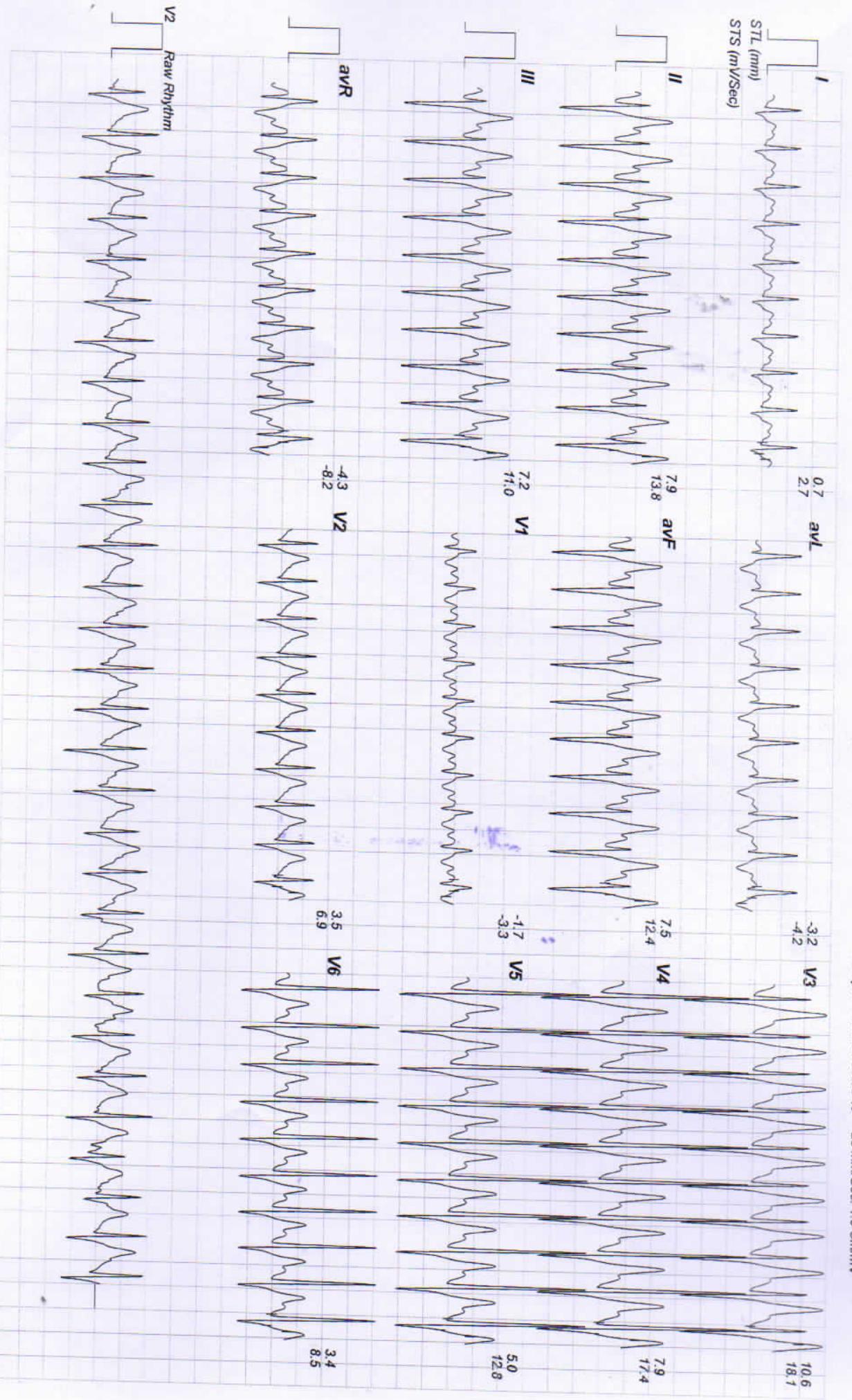


Date: 11 - 03 - 2023 10:49:31 AM METS : 10.30 HR : 179 Target HR : 101% of 176 BP : 136/84 Post J @50mSec ExTime : 09:05 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 11 - 03 - 2023 10:49:31 AM METS : 10.30 HR : 179 Target HR : 101% of 176 BP : 136/84 Post J @50mSec ExTime : 09:05 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 11 - 03 - 2023 10:49:31 AM

METS : 01.00

HR : 144

Target HR : 81% of 176

BP : 134/84

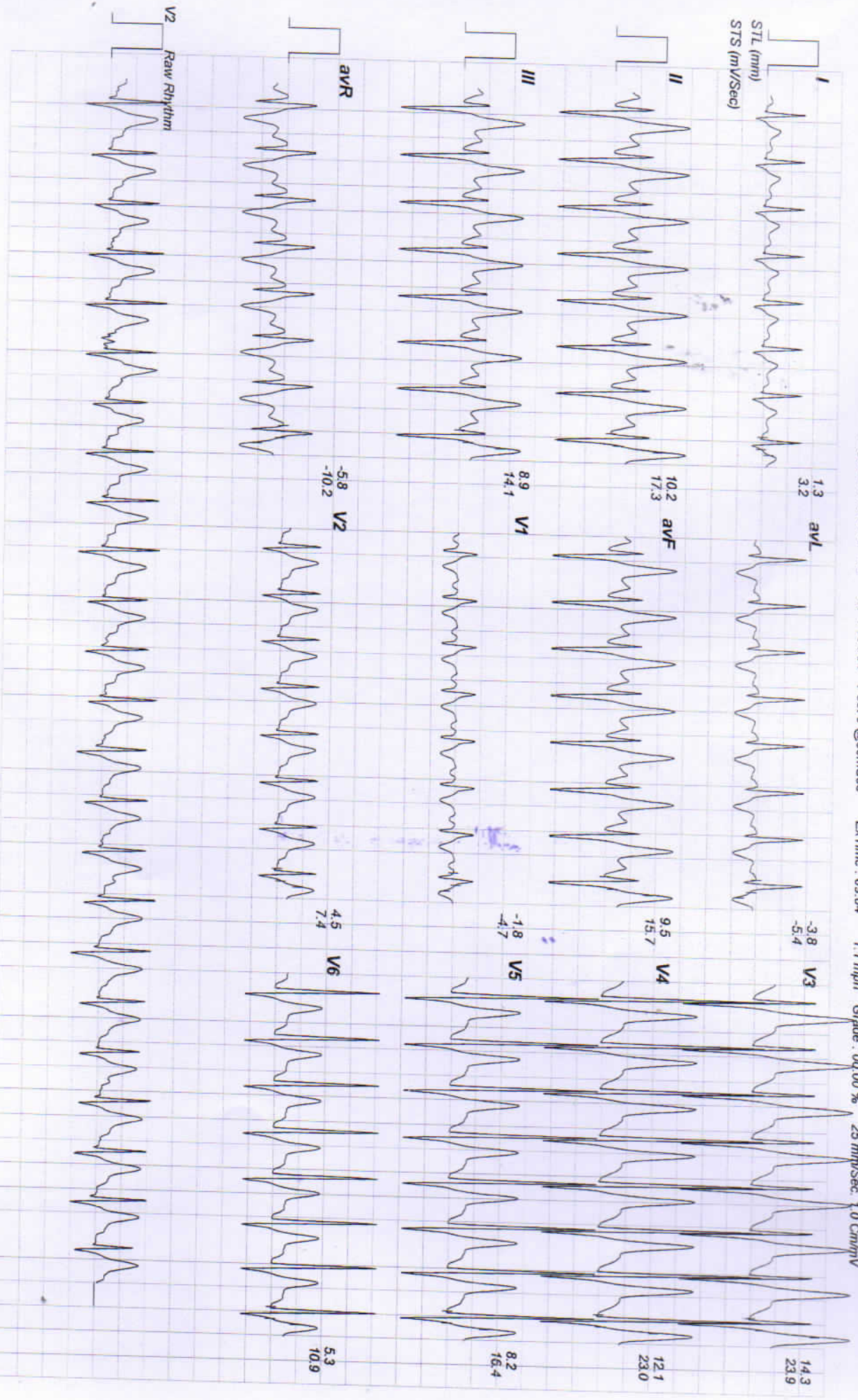
Post J @50mSec

ExTime : 09:04

1.1 mph

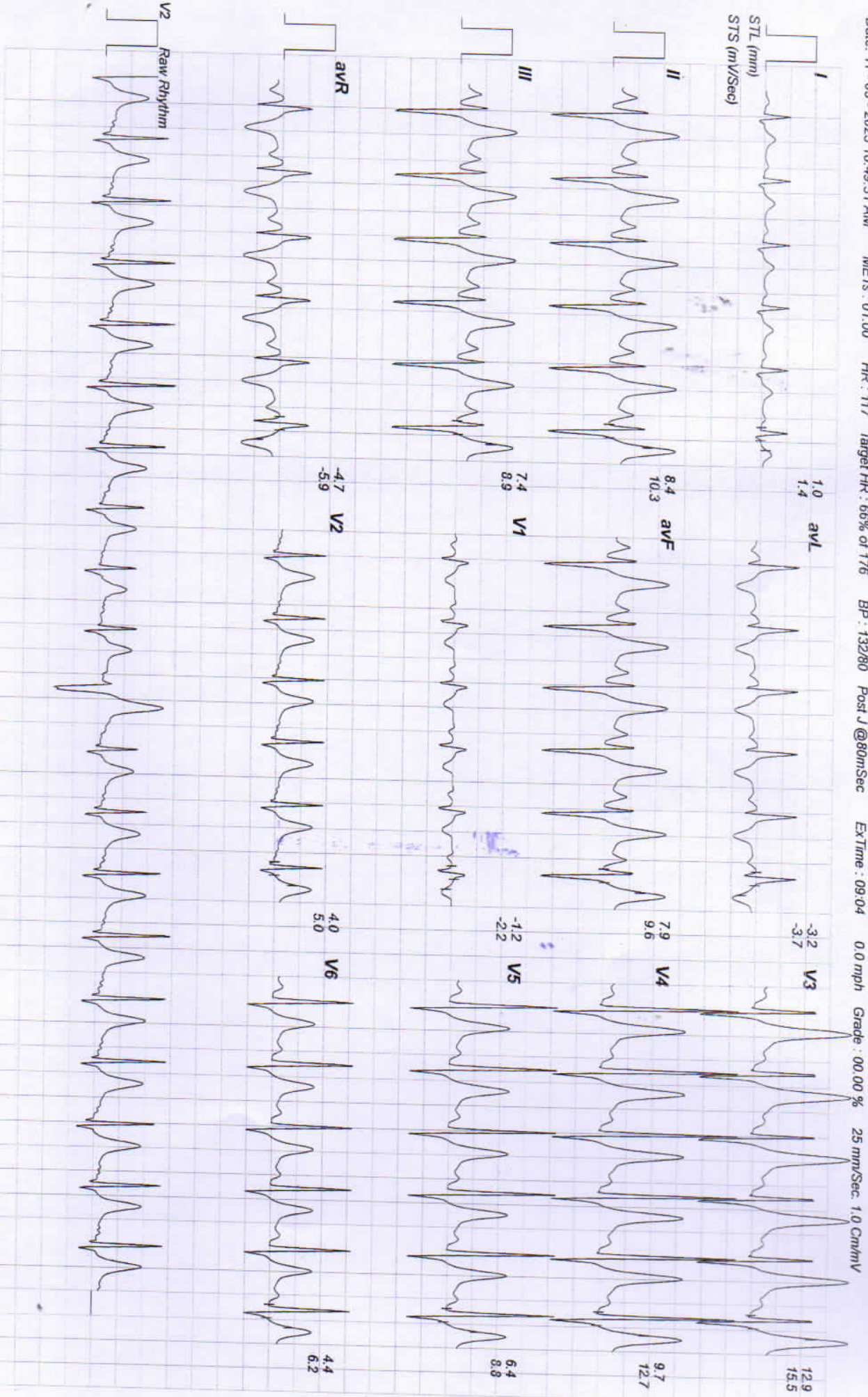
Grade : 00.00 %

25 mpr/Sec 1.0 Cm/PrV





Date: 11 - 03 - 2023 10:49:31 AM METs : 01.00 HR : 117 Target HR : 66% of 176 BP : 132/80 Post J @80mSec EXTime : 09:04 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 11 - 03 - 2023 10:49:31 AM METs : 01.00 HR : 118 Target HR : 67% of 176 BP : 132/80 Post J @80mSec EXTime : 09:04 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

