

 भारत सरकार
GOVERNMENT OF INDIA


 बलबीर सिंह
Balbir Singh

जन्म वर्ष / Year of Birth : 1968
पुरुष / Male




2987 8576 9521


आधार - आम आदमी का अधिकार


 भारतिय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता: S/O: राम नाथ, खाजपुर पुराना,
खुंभुर, खाजपुर नया, राजस्थान, 333024

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RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

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

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and mild to moderate bright 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 empty.

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 is unremarkable.

IMPRESSION:

❖ Fatty liver grade 2

Advised: clinicopathological correlation

DR. B S GUPTA
MD RADIODIAGNOSIS



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26.03.2022 14:23:02
RAJASTHANI DIAGNOSTICS CENTRE

JHUNJHUNU RAJ.

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

Room:

90 bpm

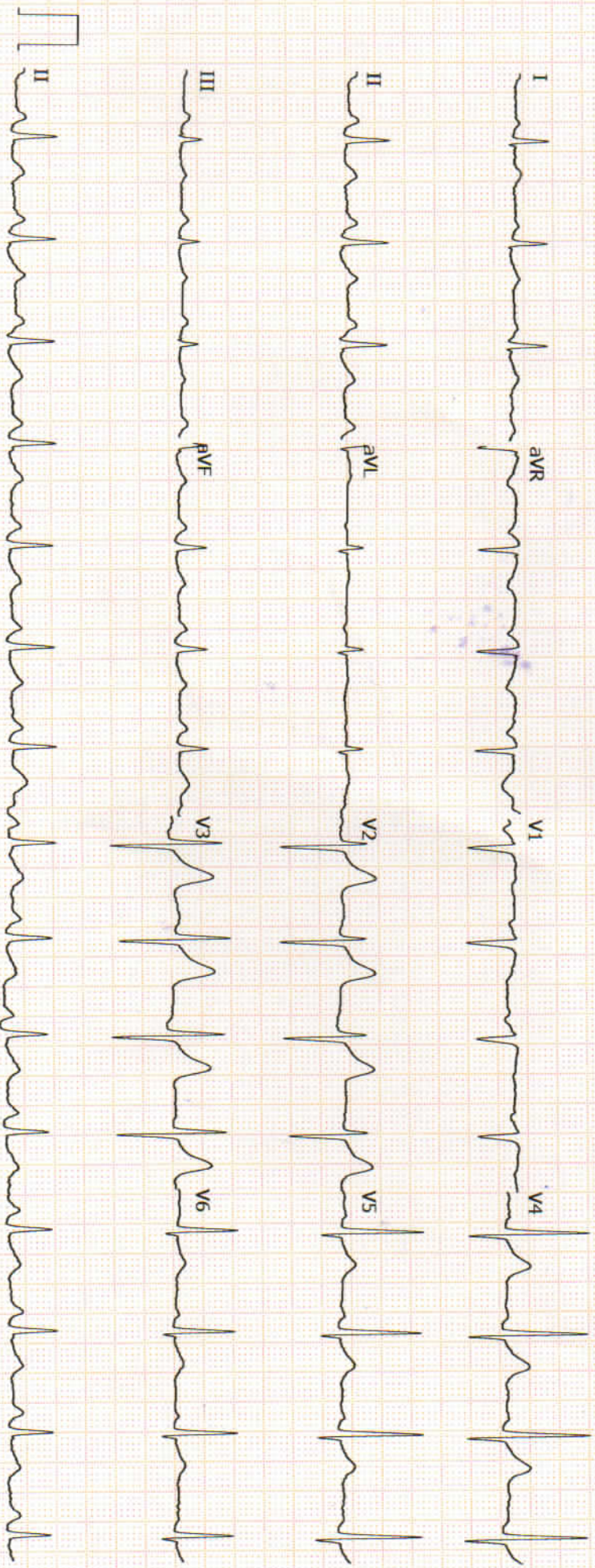
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 362 / 442 ms
PR : 154 ms
P : 114 ms
RR / pp : 668 / 666 ms
P / QRS / T : 66 / 46 / 48 degrees

Normal sinus rhythm
Normal ECG

Balbir





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MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMMOGRAPHY

NAME : BALBIR SINGH	AGE:/SEX : M
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)

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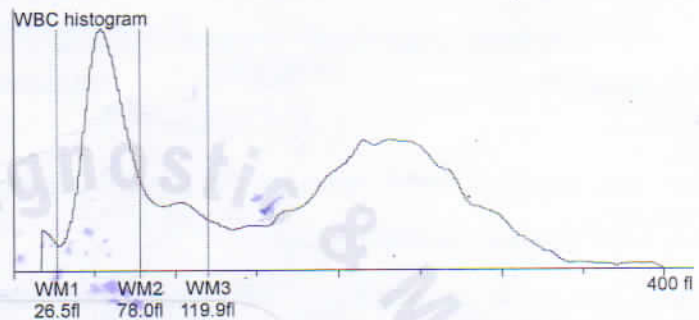
MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

Report date: 2022-03-26 12:15

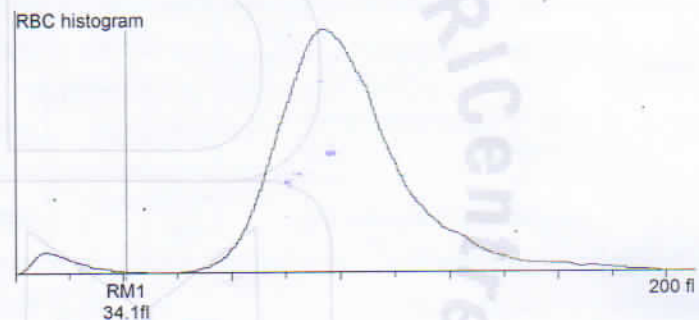
Patient ID: 37904 Birth date: 0000-00-00
Name: BALBIR SINGH Sex: Male

Measure type: Human Doctor: MEDI WHEEL HEAL
Sample ID: 37790 Date: 2022-03-26

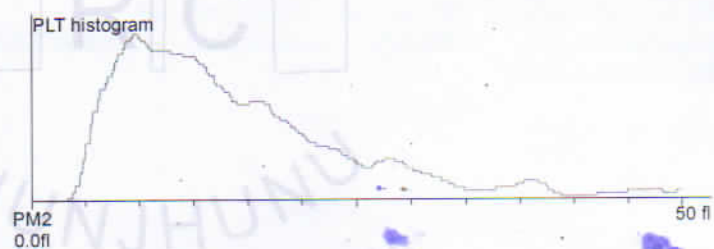
Parameter:	Result:	Limit:
WBC:	5.75 $10^9/l$	[4.00 - 11.00]
LYM:	1.52 $10^9/l$	[1.30 - 4.00]
MID:	0.62 $10^9/l$	[0.15 - 0.70]
GRA:	3.61 $10^9/l$	[2.50 - 7.50]
LYM%:	26.50 %	[25.0 - 40.0]
MID%:	+ 10.80 %	[3.0 - 7.0]
GRA%:	62.70 %	[50.0 - 75.0]



RBC:	4.21 $10^{12}/l$	[4.00 - 5.50]
HGB:	12.40 g/l	[11.5 - 16.5]
HCT:	43.01 %	[36.00 - 52.00]
MCV:	+ 102.00 fl	[76 - 96]
MCH:	29.40 pg	[27 - 32]
MCHC:	- 28.80 g/l	[30 - 35]
RDWs:	+ 59.40 fl	[20.0 - 42.0]
RDWcv:	15.40 %	[0.0 - 0.0]



PLT:	141.00 $10^9/l$	[100 - 400]
PCT:	0.19 %	[0.00 - 0.00]
MPV:	13.40 fl	[8.0 - 15.0]
PDWs:	20.10 fl	[0.0 - 0.0]
PDWcv:	41.70 %	[0.0 - 0.0]



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

Laboratory Report



Name : **BALBIR SINGH** Sr. Number : **37904**
 Gender : **MALE** Invoice Date : **26-03-2022 01:09 PM**
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP** Registration No.: **9395**
 Print Date : **26-03-2022 03:36 PM**

HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	5.10	< 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)	99.67		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
Blood Sugar Fasting	92.00	60-110	mg/dL
Blood Sugar PP	109.00	60 - 140	mg/dL

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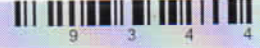


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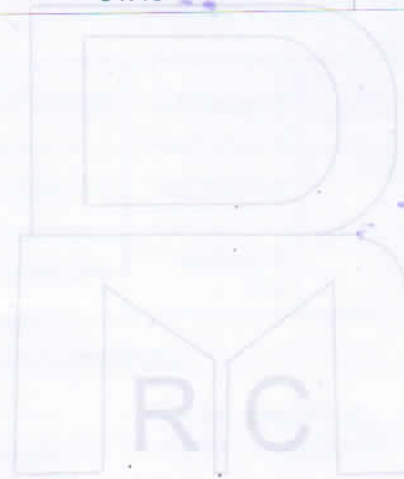
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BIO-CHEMISTRY

LIPID PROFILE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	178.00	140-260	mg/dL
HDL Cholesterol	53.00	35-65	mg/dL
Triglycerides	157.00	40-170	mg/dL
LDL Cholesterol	93.60	10-150	mg/dL
VLDL Cholesterol	31.40	0-40	mg/dL

Rajasthani Diagnostic & MRI Centre



JHUNJHUNU

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HAEMATOLOGY

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	H 22	20	mm/hr
BLOOD GROUPING (ABO & Rh)	O+ Positive		



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 Print Date : **26-03-2022 03:36 PM**

THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.95	0.5 - 1.5 ng/mL	ng/mL
T4 (TotalThyroxine)	10.09	4.60-12.50 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.84	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.

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 Print Date : **26-03-2022 04:48 PM**

IMMUNOLOGY

Test Name	Observed Values	Reference Intervals	Units
PSA (Prostate-Specific Antigen)	1.85	NORMAL 0 - 4.00 Borderline 4 - 10 High More than 10.00	ng/mL

Method : **Fluorescence Immunoassay Technology**

Sample Type : **Serum / Plasma / Whole Blood**

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (**ARCHITECT- i1000 PLUS**) **Abbott USA**

SUMMARY:-

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

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URINE EXAMINATION

URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL			
Quantity	20		ml
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.015		
PH	6.5	4.5-6.5	
CHEMICAL			
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil		/h.p.f.
Pus Cells	2-3		/h.p.f.
Epithelial Cells	2-3		/h.p.f.
Crystals	Nil		/h.p.f.
Casts	Nil		/h.p.f.
Bacteria	Occasional		/h.p.f.
Others	Nil		/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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