

भारत सरकार
Government of India

Om Prakash Meena
Date of Birth/DOB: 07/11/1968
Male/ MALE

2671 1862 8717
VID : 9121 2890 5836 2585

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address:
C/O: Tara Chand Meena, Lambor Chhipiyan,
Churu,
Rajasthan - 331023

2671 1862 8717
VID : 9121 2890 5836 2585

1947 | help@uidai.gov.in | www.uidai.gov.in

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अमित अमरी अमरी
9166360400


Rajasthani Diagnostic &
Medical Research Centre
Jhunjhunu



RAJASTHANI DIAGNOSTIC & MRI CENTRE

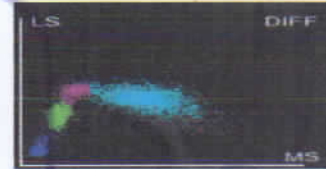
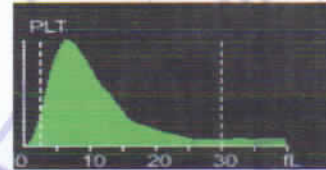
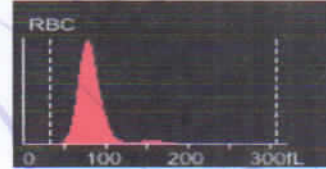
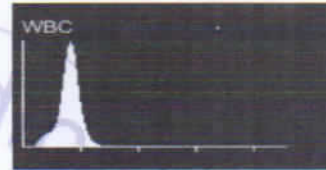
FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

Hematology Analysis Report

First Name: OM PRAKASH MESHAM Sample Type: Sample ID: 3
 Last Name: Department: Test Time: 11/11/2023 10:32
 Gender: Male Med Rec. No.: Diagnosis:
 Age: 52 Year

Parameter	Result	Ref. Range	Unit
1 WBC	7.83	4.00-10.00	10 ³ /uL
2 Neu%	51.0	50.0-70.0	%
3 Lym%	41.4	H 20.0-40.0	%
4 Mon%	4.8	3.0-12.0	%
5 Eos%	2.4	0.5-5.0	%
6 Bas%	0.4	0.0-1.0	%
7 Neu#	3.99	2.00-7.00	10 ³ /uL
8 Lym#	3.24	0.80-4.00	10 ³ /uL
9 Mon#	0.38	0.12-1.20	10 ³ /uL
10 Eos#	0.19	0.02-0.50	10 ³ /uL
11 Bas#	0.03	0.00-0.10	10 ³ /uL
12 RBC	4.22	L 3.50-5.50	10 ⁶ /uL
13 HGB	13.4	11.0-16.0	g/dL
14 HCT	36.4	L 37.0-54.0	%
15 MCV	86.4	80.0-100.0	fL
16 MCH	31.8	27.0-34.0	pg
17 MCHC	36.8	H 32.0-36.0	g/dL
18 RDW-CV	12.9	11.0-16.0	%
19 RDW-SD	45.4	35.0-56.0	fL
20 PLT	219	100-300	10 ³ /uL
21 MPV	7.6	6.5-12.0	fL
22 PDW	9.1	9.0-17.0	%
23 PCT	0.166	0.108-0.282	%
24 P-LCR	19.1	11.0-45.0	%
25 P-LCC	42	30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
 Draw Time: 11/11/2023 10:31 Received Time: 11/11/2023 10:31 Validated Time:
 Report Time: 13/11/2023 10:27 Remarks:

*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346



Laboratory Report

Name : **OMPRAKASH MEENA**
Age : **52** Gender : **MALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **74773**
Invoice Date : **11-11-2023 10:37 AM**
Invoice Number : **9893**
Registration No.: **12113**
Sample On : **11-11-2023 10:37 AM**
Report On : **13-11-2023 10:49 AM**

HAEMATOLOGY

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	15	0-20	mm/hr

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)(Tech. :- HPLC (D-10 Bio-Rad))	5.10	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.01 - 8.00 Adequate Control 8.01 - 9.00 Suboptimal Control 9.01 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control	%
eAG (Estimated Average Glucose)(Tech. :- Calculated)	99.67	90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control > 211 Very Poor Control	mg/dL
eAG (Estimated Average Glucose)	5.53		mmol/L

Method : **Fluorescence Immunoassay Technology(Erba^(R) Mannheim-EM-200)**

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.

Wakash

24/7
EMERGENCY 24/7/24
LOGIST

Manita Khutela
Dr. Manita Khutela
M.D. (Path.)
RMC No. : 4720/16260



PATHOLOGIST

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346



Laboratory Report

Name : OMPRAKASH MEENA
Age : 52 Gender : MALE
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

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SEROLOGY

Test Name	Observed Values	Reference Intervals	Units
HbsAg (Australia Antigen)	Negative		

H.I.V 1+2

Test Name	Observed Values	Reference Intervals	Units
HIV 1	NON-REACTIVE		
HIV 2	NON-REACTIVE		

BIO-CHEMISTRY

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar PP	115.00	70--140	mg/dL
Blood Sugar Fasting	93.00	70--110	mg/dL

RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	25.00	10--45	mg/dL
Creatinine	0.91	0.4--1.4	mg/dL
Uric Acid	4.63	3.6--7.2	mg/dL
Calcium	9.88	8.5--11	mg/dL

Gamma glutamyl transferase (GGT)	29.10	< 50	U/L
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24/7
EMERGENCY SERVICE
WIKASH
PHYSIOLOGIST

Mamta Khutela
Dr. Mamta Khutela
M.D. (Path.)
S.M.C No. : 4720/16260

PATHOLOGIST



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



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NABL CERTIFICATE NO.
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Laboratory Report

Name : OMPRAKASH MEENA
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BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	25.00	0-40	U/L
S.G.P.T.	31.01	0-40	U/L
Bilirubin(Total)	0.96	0.1-1.2	mg/dL
Bilirubin(Direct)	0.20	0-0.3	mg/dL
Bilirubin(Indirect)	0.76	0.1-1.0	mg/dL
Total Protein	7.04	6-8	mg/dL
Albumin	3.91	3.5-5	mg/dL
Globulin	3.13	3-4.5	mg/dL
A/G Ratio	1.25	0.5 - 2.65	g/dL
Alkaline Phosphatase	198.00	108-306	U/L

LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	159.00	110-200	mg/dL
HDL Cholesterol	48.00	35-70	mg/dL
Triglycerides	132.00	40-170	mg/dL
LDL Cholesterol	84.60	0-150	mg/dL
VLDL Cholesterol	26.40	0-35	mg/dL
TC/HDL Cholesterol Ratio	3.31	2.5-5	Ratio
LDL/HDL Ratio	1.76	1.5-3.5	Ratio

Wakash

24/7
EMERGENCY PATHOLOGIST

Manita Khute
Dr. Manita Khute
M.D. (Path.)
RMC No.: 4720/16260

PATHOLOGIST



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346



Laboratory Report

Name : **OMPRAKASH MEENA**
Age : **52** Gender : **MALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **74773**
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Registration No.: **12113**
Sample On : **11-11-2023 10:37 AM**
Report On : **13-11-2023 10:49 AM**

URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL			
Quantity			ml
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.0	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	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		

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Wakash
24/7
EMERGENCY SERVICE
PATHOLOGIST

Kamta Khutela
Dr. Kamta Khutela
M.D. (Path.)
BMC No.: 4720/16760



PATHOLOGIST

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RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

Name :- Mr. OM PRAKASH MEENA
Sex / Age :- Male
Doctor :- BOB HEALTH CHECK UP
Client Name :- RAJASTHANI LAB- JHUNJHNU
Sample Type :- Serum

Patient ID / CCL No :- 102339414
Sample Collected :- 11/11/2023
Sample Received on: 11-11-2023
Report Released on: 11-11-2023
Barcode



TEST NAME	VALUE	UNIT	REFERENCE RANGE
TFT			
T3 (TOTAL TRIIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay)	152.00	ng/dl	70 - 204
T4 (TOTAL THYROXINE) (Tech.:- Chemiluminescence Immunoassay)	10.80	ug/dl	4.6 - 12.5
TSH. (Ultra Sensitive) (Tech.:- Chemiluminescence Immunoassay)	0.75	uIU/ml	0.35 - 5.5 0.52 - 16.00 : 1-30 Days 0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults

INTERPRETATION

- Remark** - Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc.
- Remark** - Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values. 3. Total T3 may decrease by <25 percent in healthy older individuals.
- Remark** - TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc 2. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g: Iodine, Lithium, and Amiodaron. Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary- adrenal axis. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.



Technologist

Nida
DR. NIDA FAHMI
M.D.S., (Path.)
Reg.No.A-4048

Mani Agarwal
DR. Mani Agarwal
MD. (Path.)
RMC No.5167/15233

Ashish SETHI
DR. ASHISH SETHI
Consultant Biochemist



आपातकालीन सेवाएं

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



RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

Name :- Mr. OM PRAKASH MEENA
Sex / Age :- Male
Doctor :- BOB HEALTH
Client Name :- RAJASTHANI LAB- JHUNJHNU
Sample Type :- Serum

Patient ID / CCL No :- 102339414

Sample Collected :- 11/11/2023

Sample Received on: 11-11-2023

Report Released on: 11-11-2023

Barcode



PSA TOTAL
(PROSTATE SPECIFIC ANTIGEN)

0.41 ng/ml

NORMAL 0 - 4.00
Borderine 4.00 - 10.00
High > 10.00

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.

- End of Report



Technologist

Nida
DR. NIDA FAHMI
M.D.S., (Path.)
Reg. No. A-4048

Mani Agarwal
DR. Mani Agarwal
MD. (Path.)
RMC No. 5167/15233

Ashish SETHI
DR. ASHISH SETHI
Consultant Biochemist



आपातकालीन सेवाएं

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Name: Om Prakash Meena -
 Patient ID: b0bE49717

11.11.2023 12:09:42
 Standard 12-Lead

Rajasthan Diagnostic & MR Centre
 B-110, Subhash Marg, Indira Nagar, Jhunjhunu

Date of birth: 07.11.1968
 Gender: Male
 Height: 174 cm
 Weight: 80 kg
 Ethnicity: Undefined
 Pacemaker: Unknown

Visit ID: [Blank]
 Room: [Blank]
 Medication: [Blank]
 Order ID: [Blank]
 Ord. prov.: [Blank]
 Ord. prot.: [Blank]

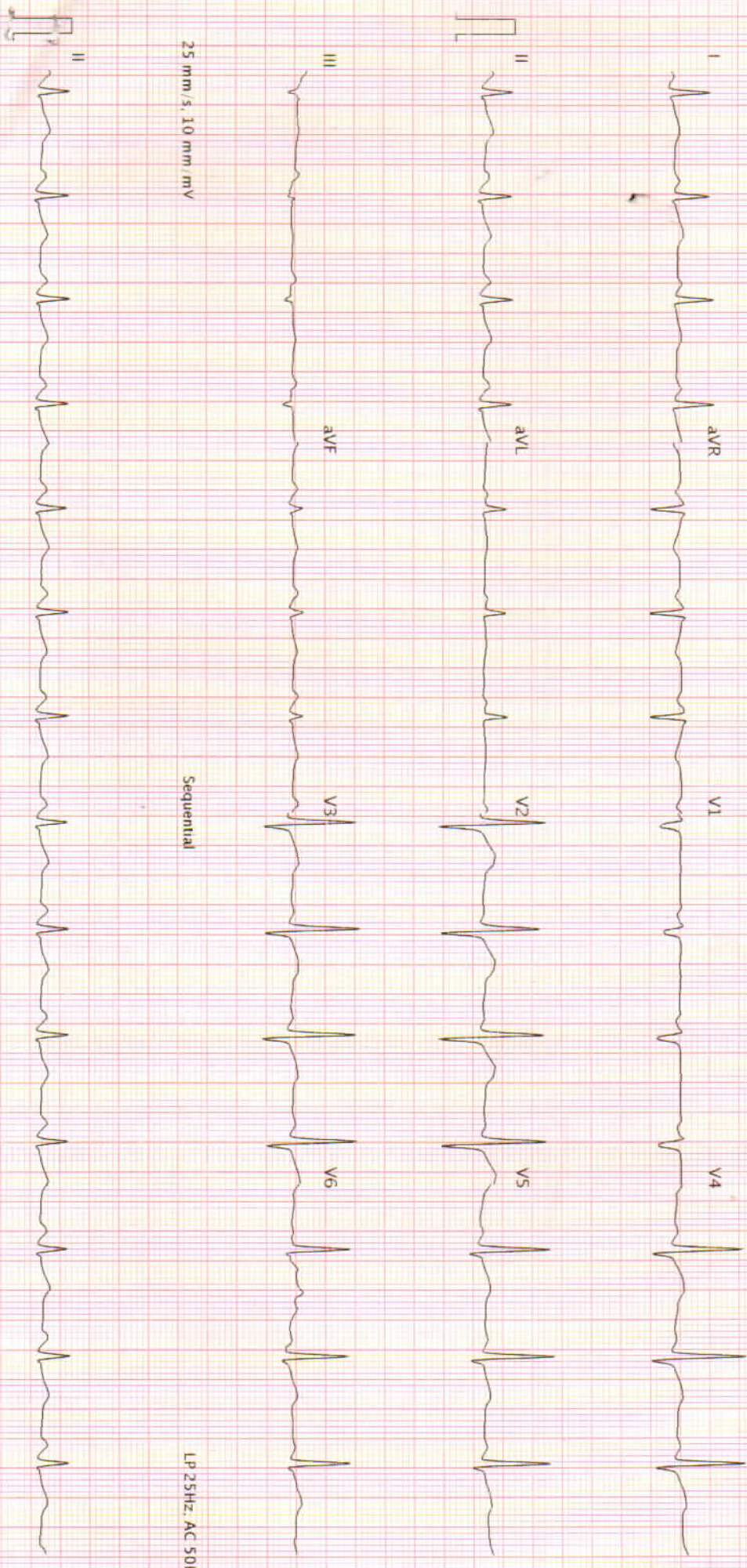
HR: 84 bpm
 RR: 713 ms
 P axis: 46°
 QRS axis: 23°
 T axis: 55°
 PR: 128 ms
 QRS: 91 ms
 QT: 387 ms
 QTcB: 458 ms

Ventricular premature complexes)
 Sinus rhythm
 Normal electrical axis
 Abnormal ECG
 Unconfirmed report

[Signature]
 Rajasthan Diagnostic &
 Medical Research Centre
 Jhunjhunu

[Signature]

Abnormal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz





RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	OM PRAKASH MEENA	AGE-	SEX: M
REF/BY:	MEDIWHEEL HEALTH CHECK UP	DATE	11-Nov-23

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and mild 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.

Sub centimetric cyst in lower pole.

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 mildly enlarged in size 30 gm, 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:

- ❖ Grade I fatty liver
- ❖ Mild prostatomegaly

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MD RADIODIAGNOSIS

Dr. Anusha Mahalawat
MD (Radiodiagnosis)
(RMC. 38742/75457)



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MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME : OM PRAKASH MEENA	AGE 55 /SEX M
REF.BY :BOB HEALTH CHECK UP	DATE: 11.11.2023

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)

DR. ANUSHA MAHALAWAT

MD (RADIODIAGNOSIS)

RMC -38742/25457

Dr. Anusha Mahalawat
MD (Radiodiagnosis)
(RMC. 38742/25457)



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