

भारत सरकार
Government of India

अधार



Surender Kumar
Date of Birth/DOB: 15/10/1976
Male/ MALE

8793 2199 5999
VID : 9161 1540 8469 0026
मेरा आधार, मेरी पहचान

भारत सरकार
Unique Identification Authority of India

अधार

Address:
S/O: Sheo Ram, Ward No 1, Railway Road,
Behind SDM Residence, Chhajipuram Colony,
Mahendragarh, Mahendragarh,
Haryana - 123029



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Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu





RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	SURENDRA KUMAR	AGE-	SEX: M
REF/BY:	BOB MEDICAL HEALTH CHECK UP	DATE	16-Apr-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.

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:

❖ Grade I fatty liver

Advised: clinicopathological correlation


DR. ANUSHA MAHALAWAT
MD RADIODIAGNOSIS
Dr. Anusha Mah. lawat
MD (Radiodiagnosis)
(RMC. 38742/25457)



आपताकालीन सेवाएँ



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

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 318 / 430 ms
PR : 146 ms
P : 106 ms
Rk / pp : 544 / 545 ms
P / QRS / T : 72 / 55 / 27 degrees

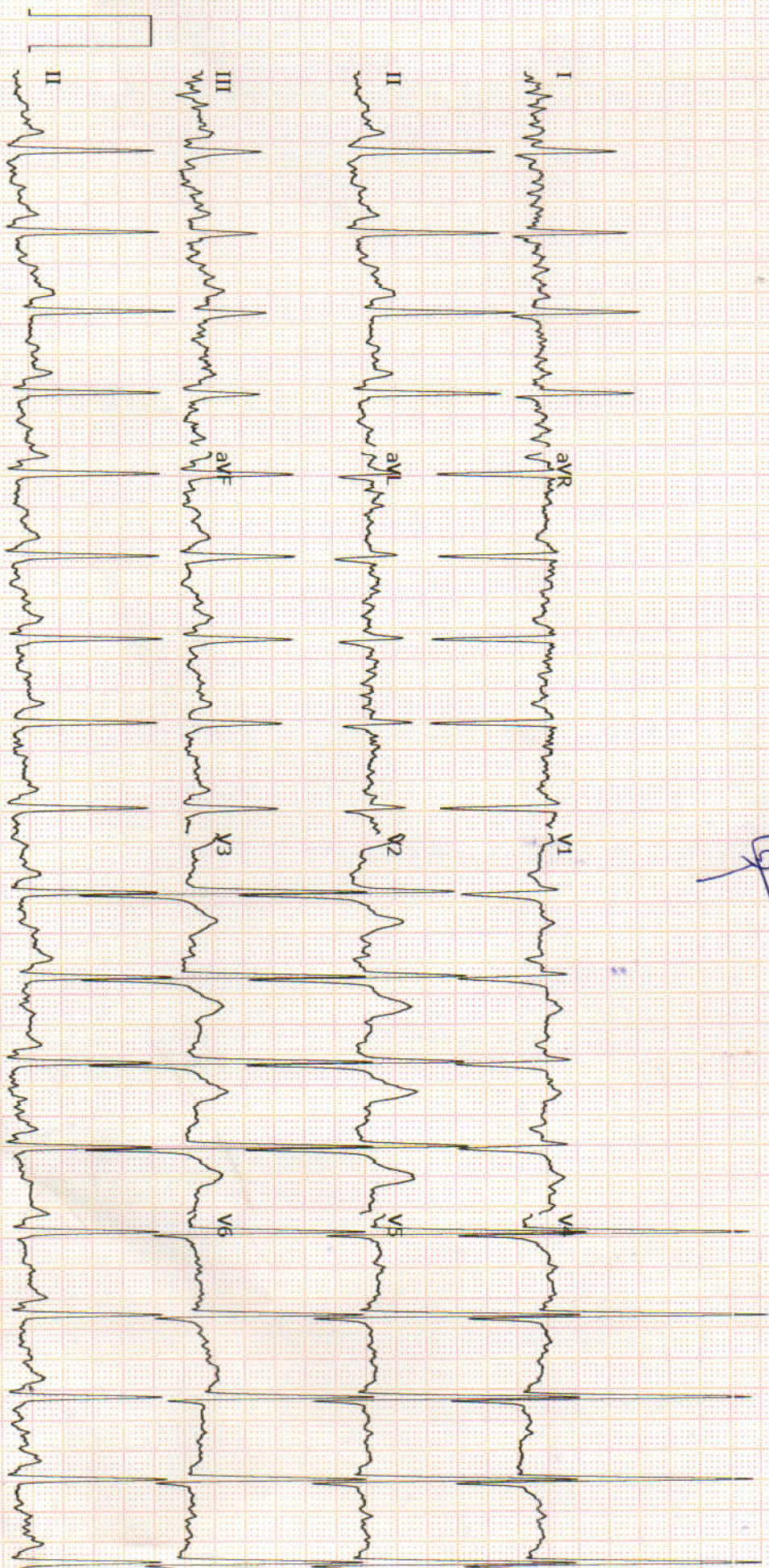
Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG

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

Room:

110 bpm





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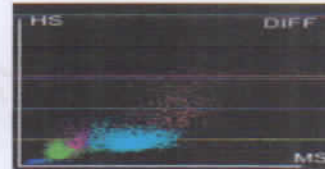
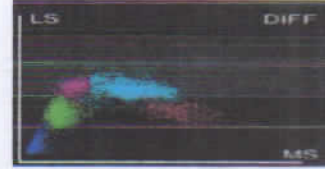
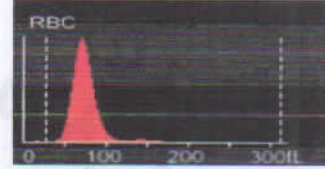
Hematology Analysis Report

First Name: SURENDRA KUMAR
Last Name: SAH
Gender: Male
Age: 47 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 12
Test Time: 2023/04/16 15:20
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	7.37	4.00-10.00	10 ³ /uL
2 Neu%	41.6 ↓	50.0-70.0	%
3 Lym%	42.4 ↑	20.0-40.0	%
4 Mon%	7.1	3.0-12.0	%
5 Eos%	8.3 ↑	0.5-5.0	%
6 Bas%	0.6	0.0-1.0	%
7 Neu#	3.07	2.00-7.00	10 ³ /uL
8 Lym#	3.13	0.80-4.00	10 ³ /uL
9 Mon#	0.52	0.12-1.20	10 ³ /uL
10 Eos#	0.61 ↑	0.02-0.50	10 ³ /uL
11 Bas#	0.04	0.00-0.10	10 ³ /uL
12 RBC	4.40	4.00-5.50	10 ⁶ /uL
13 HGB	12.1	12.0-16.0	g/dL
14 HCT	34.5 ↓	40.0-54.0	%
15 MCV	78.6 ↓	80.0-100.0	fL
16 MCH	27.5	27.0-34.0	pg
17 MCHC	35.0	32.0-36.0	g/dL
18 RDW-CV	13.9	11.0-16.0	%
19 RDW-SD	44.5	35.0-56.0	fL
20 PLT	142	100-300	10 ³ /uL
21 MPV	10.4	6.5-12.0	fL
22 PDW	17.3 ↑	9.0-17.0	fL
23 PCT	0.148	0.108-0.282	%
24 P-LCR	43.4	11.0-45.0	%
25 P-LCC	62	30-90	10 ³ /uL



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

Submitter: Operator: service Approver:
Draw Time: 2023/04/16 15:20 Received Time: 2023/04/16 15:20 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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RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY



Laboratory Report

Name : **SURENDER KUMAR**
Age : **47** Gender : **MALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **63007**
Invoice Date : **16-04-2023 12:07 PM**
Invoice Number : **598**
Registration No. : **2826**
Sample On : **16-04-2023 12:07 PM**
Report On : **16-04-2023 03:36 PM**

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

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	4.95	< 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)	95.36		mg/dL
eAG (Estimated Average Glucose)	5.29		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

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

TECHNOLOGIST

PATHOLOGIST

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Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	96.00	60--110	mg/dL
Blood Sugar PP	115.00	< 140	mg/dL

RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	23.00	13--45	mg/dL
Creatinine	0.74	0.4--1.4	mg/dL
Uric Acid	4.69	3.6--8.2	mg/dL
Calcium	10.60	8.5--11	mg/dL
Gamma glutamyl transferase (GGT)	32.00	< 50	U/L

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Report On : **16-04-2023 03:36 PM**

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	38.00	0-45	U/L
S.G.P.T.	41.00	0-45	U/L
Bilirubin(Total)	0.96	0.1-1.4	mg/dL
Bilirubin(Direct)	0.15	0-0.3	mg/dL
Bilirubin(Indirect)	0.81	0.1-0.9	mg/dL
Total Protein	7.41	6-8	mg/dL
Albumin	3.95	3.5-5	mg/dL
Globulin	3.46	3-4.5	mg/dL
A/G Ratio	1.14	0.5 - 2.65	g/dL
Alkaline Phosphatase	165.00	108-306	U/L

LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	H 224.00	110-200	mg/dL
HDL Cholesterol	54.00	35-88	mg/dL
Triglycerides	132.00	40-165	mg/dL
LDL Cholesterol	143.60	0-150	mg/dL
VLDL Cholesterol	26.40	0-35	mg/dL
TC/HDL Cholesterol Ratio	4.15	2.5-5	Ratio
LDL/HDL Ratio	2.66	1.5-3.5	Ratio

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY



Laboratory Report

Name : **SURENDER KUMAR**
Age : **47** Gender : **MALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **63007**
Invoice Date : **16-04-2023 12:07 PM**
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Sample On : **16-04-2023 12:07 PM**
Report On : **16-04-2023 03:36 PM**

T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.88	0.5--1.5 ng/mL	ng/mL
T4 (Total Thyroxine)	9.65	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.61	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.

Aidq
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Reg. No. A-4048



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RMC No. : 4720/16260



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

Laboratory Report	
Name : SURENDER KUMAR	Sr. Number : 63007
Age : 47 Gender : MALE	Invoice Date : 16-04-2023 12:07 PM
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP	Invoice Number : 598
	Registration No.: 2826
	Sample On : 16-04-2023 12:07 PM
	Report On : 16-04-2023 03:36 PM

Test Name	Observed Values	Reference Intervals	Units
PSA (Prostate-Specific Antigen)	0.83	0-4	ng/mL

Method : **Fluorescence Immunoassay Technology**

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

Clinical Information :

Prostate Specific Antigen (PSA) is a Neutral Serine Protease with Chymotrypsin-like activity and Composed of a Single Polypeptide chain of 237 Amino Acids. It is an Intracellular Glycoprotein Containing 7-8% Carbohydrate as a Single N-linked Oligosaccharide side Chain, and has a Molecular Weight of Approximately 33 KDa. PSA is Synthesized by the Glandular Epithelium of the Prostate and Present in benign Hyperplastic and Malignant Prostatic Tissue, in Metastatic Prostatic Carcinoma, in Prostatic Fluid, and Seminal Plasma. Low Levels of PSA are Found in the Blood of Normal Male as a Result of Leakage of the Antigen from the Prostate Gland into Circulation. The Elevated Levels of PSA in the Blood are Associated with Prostatic Pathology, including Prostatitis, Benign Prostatic Hyperplasia (BPH), and Prostate Cancer.



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Laboratory Report

Name : **SURENDER KUMAR**
Age : **47** Gender : **MALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **63007**
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Registration No. : **2826**
Sample On : **16-04-2023 12:07 PM**
Report On : **16-04-2023 03:36 PM**

URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL			
Quantity	20		ml
Colour	Pale 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	4--6		/h.p.f.
Epithelial Cells	1--3		/h.p.f.
Crystals	Nil		/h.p.f.
Casts	Nil		/h.p.f.
Bacteria	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 >>>

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



TECHNOLOGIST

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NAME : SURENDRA KUMAR	AGE 46 /SEX M
REF.BY : BOB HEALTH CHECK UP	DATE: 16.04.2023

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



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10435 (bobE38089) / SUENDRA KUMAR / 46 Yrs / M / 178 Cms / 85 Kg Date: 16-Apr-2023 Technician : MANISH Examined By:

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	01:09	1:08	00.0	00.0	01.0	107	61 %	136/88	145	00	
Standing	02:10	1:01	00.0	00.0	01.0	103	59 %	136/88	140	00	
HV	03:11	1:01	00.0	00.0	01.0	102	59 %	136/88	138	00	
Warm Up	04:11	1:00	00.0	00.0	01.0	102	59 %	136/88	138	00	
ExStart	05:14	1:03	01.0	00.0	01.0	131	75 %	136/88	178	00	
BRUCE Stage 1	08:14	3:00	01.7	10.0	04.7	172	99 %	140/90	240	00	
BRUCE Stage 2	11:14	3:00	02.5	12.0	07.1	198	114 %	144/92	285	00	
PeakEx	11:17	3:00	02.5	12.0	07.2	198	114 %	144/92	285	00	
Recovery	13:16	2:00	01.1	00.0	01.0	179	103 %	140/90	250	00	
Recovery	15:16	4:00	00.0	00.0	01.0	154	89 %	136/88	209	00	
Recovery	16:19	5:02	00.0	00.0	01.0	149	86 %	136/88	202	00	

Findings :

- Exercise Time : 06:03
- Max HR Attained : 198 bpm 114% of Target 174
- Max BP Attained : (Sys) 144/92
- Max Workload Attained : 7.2 Fair response to induced stress
- Max ST Dep Lead & Value : II & -3.0 mm in ExStart mm
- Test Objective : BOB HEALTH CHECK UP
- History : No
- Test End Reasons : Test Complete

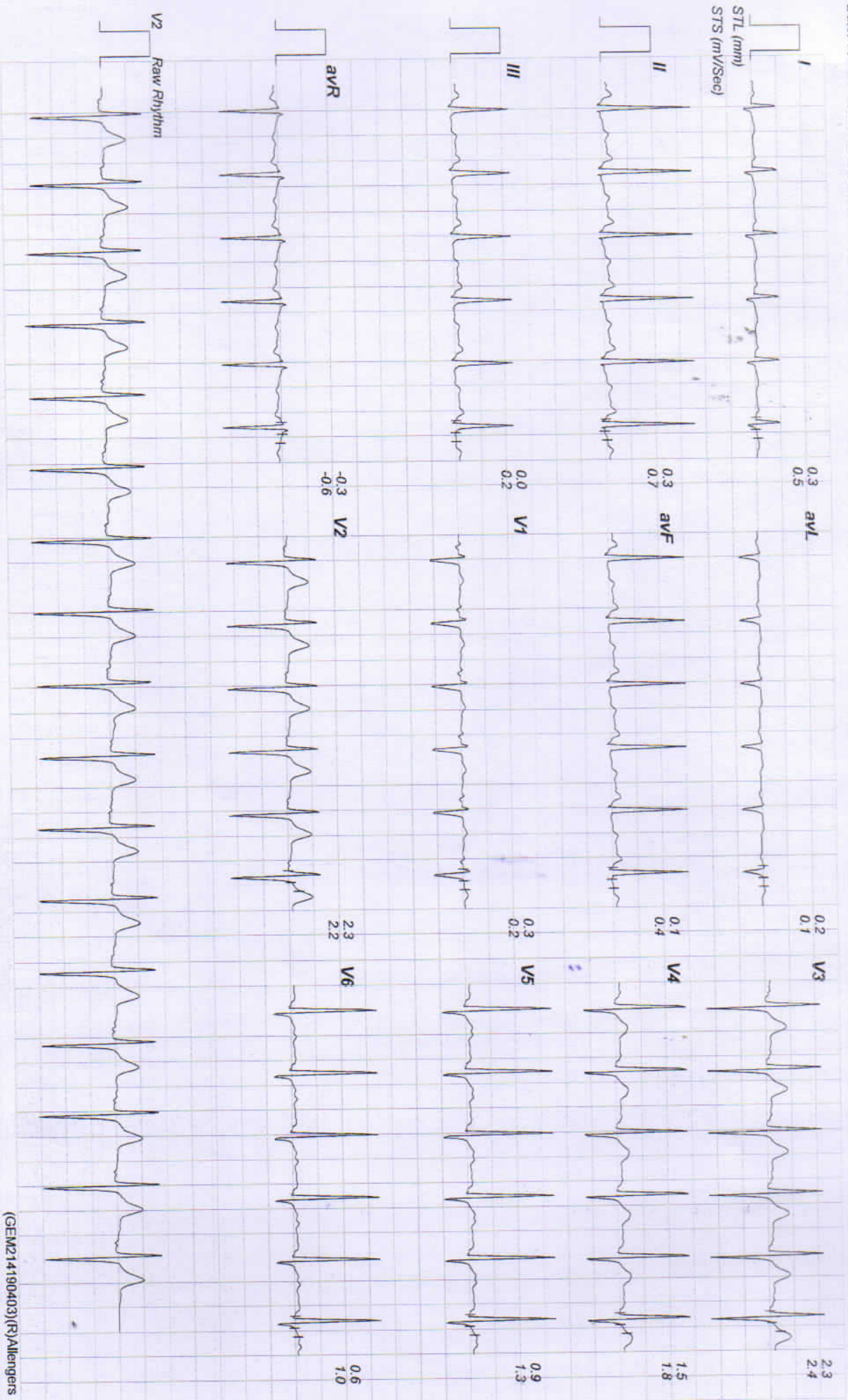
Report :

(GEM24190403)/R/AIallengers

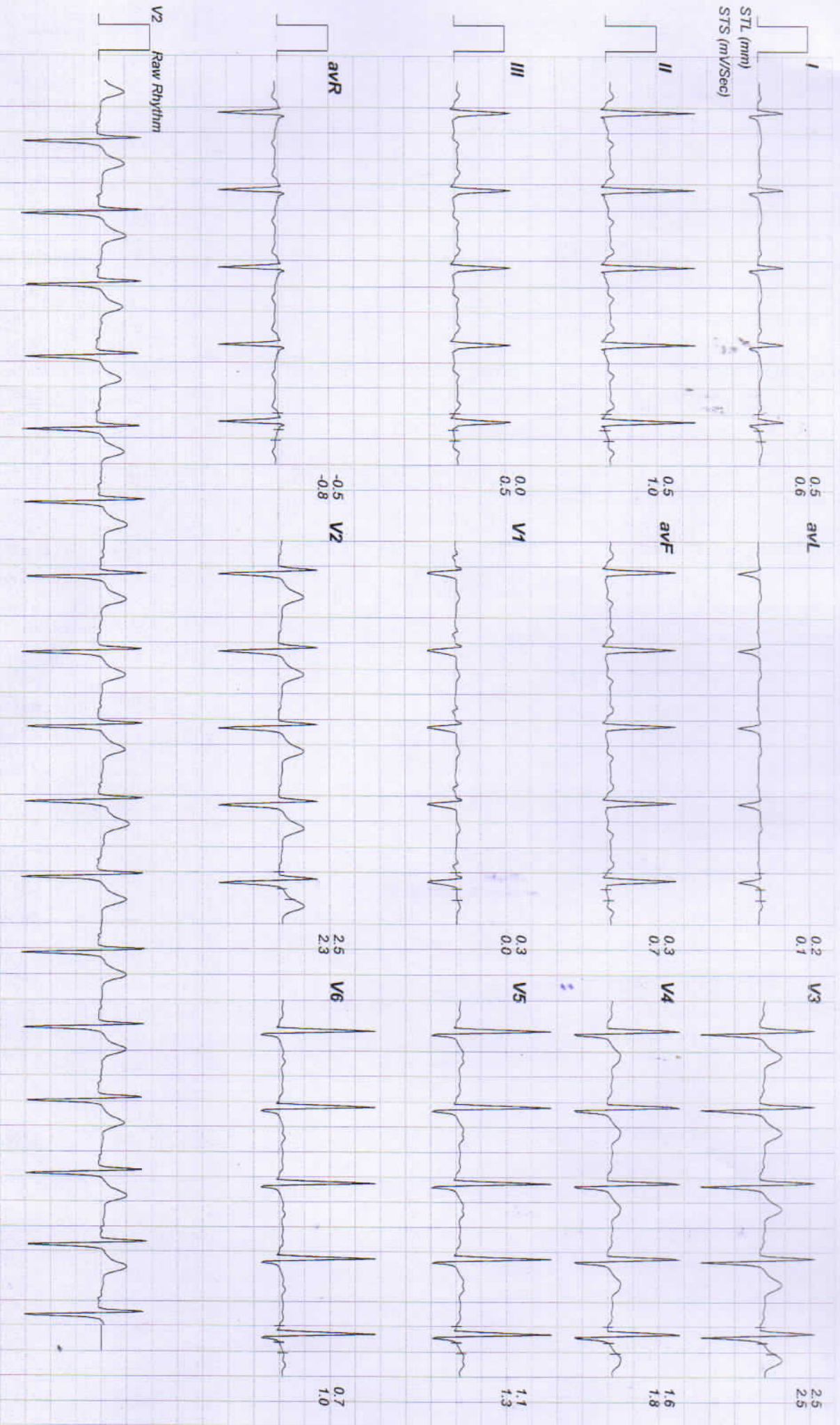


10435 / SUENDRA KUMAR / 46 Yrs / Male / 178 Cm / 85 Kg

Date: 16 - 04 - 2023 12:16:33 PM METs : 01.00 HR : 107 Target HR : 61% of 174 BP : 136/88 Post J @80mSec ExtTime : 01:08 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

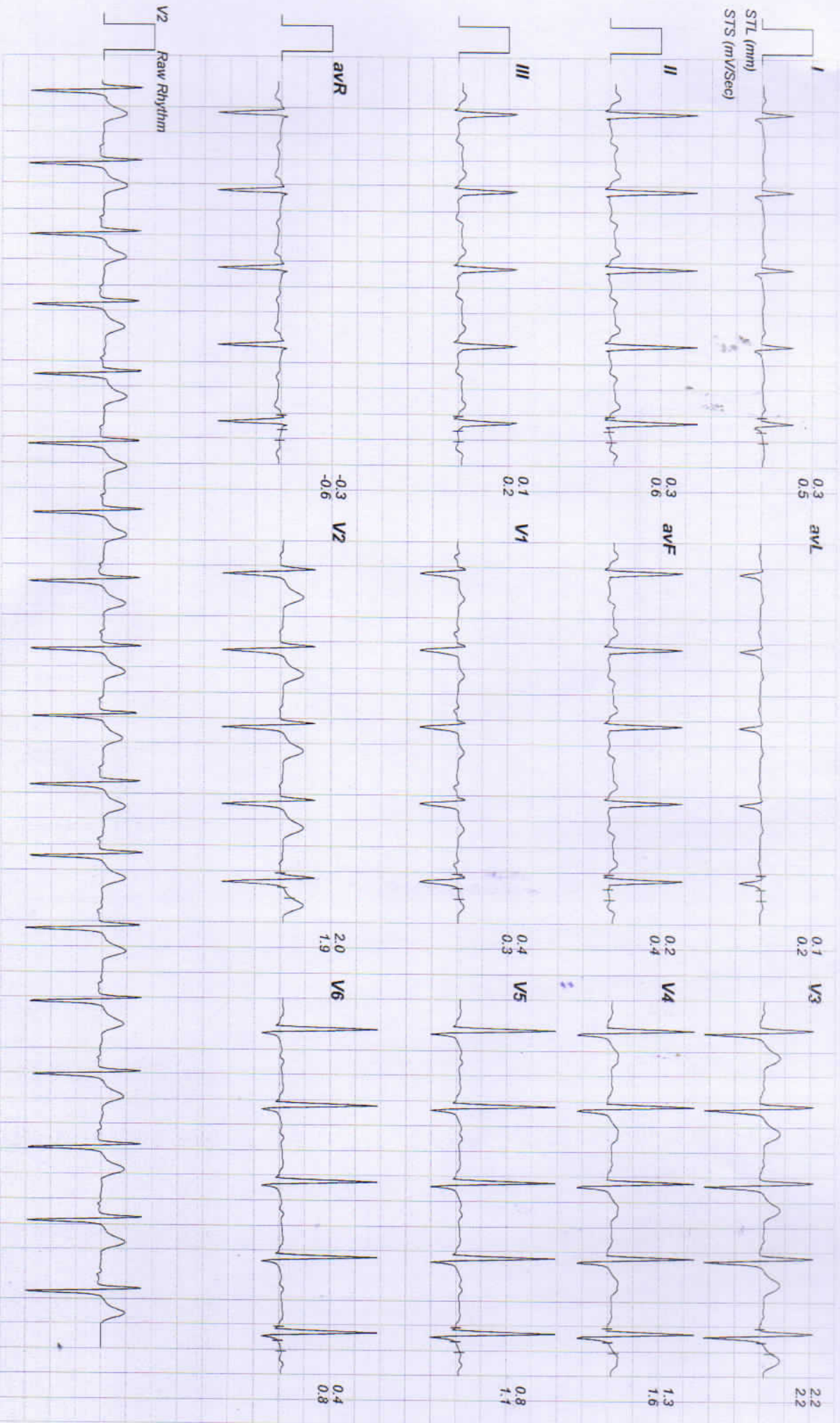


Linked Medians Report
Standing



Linked Medians Report

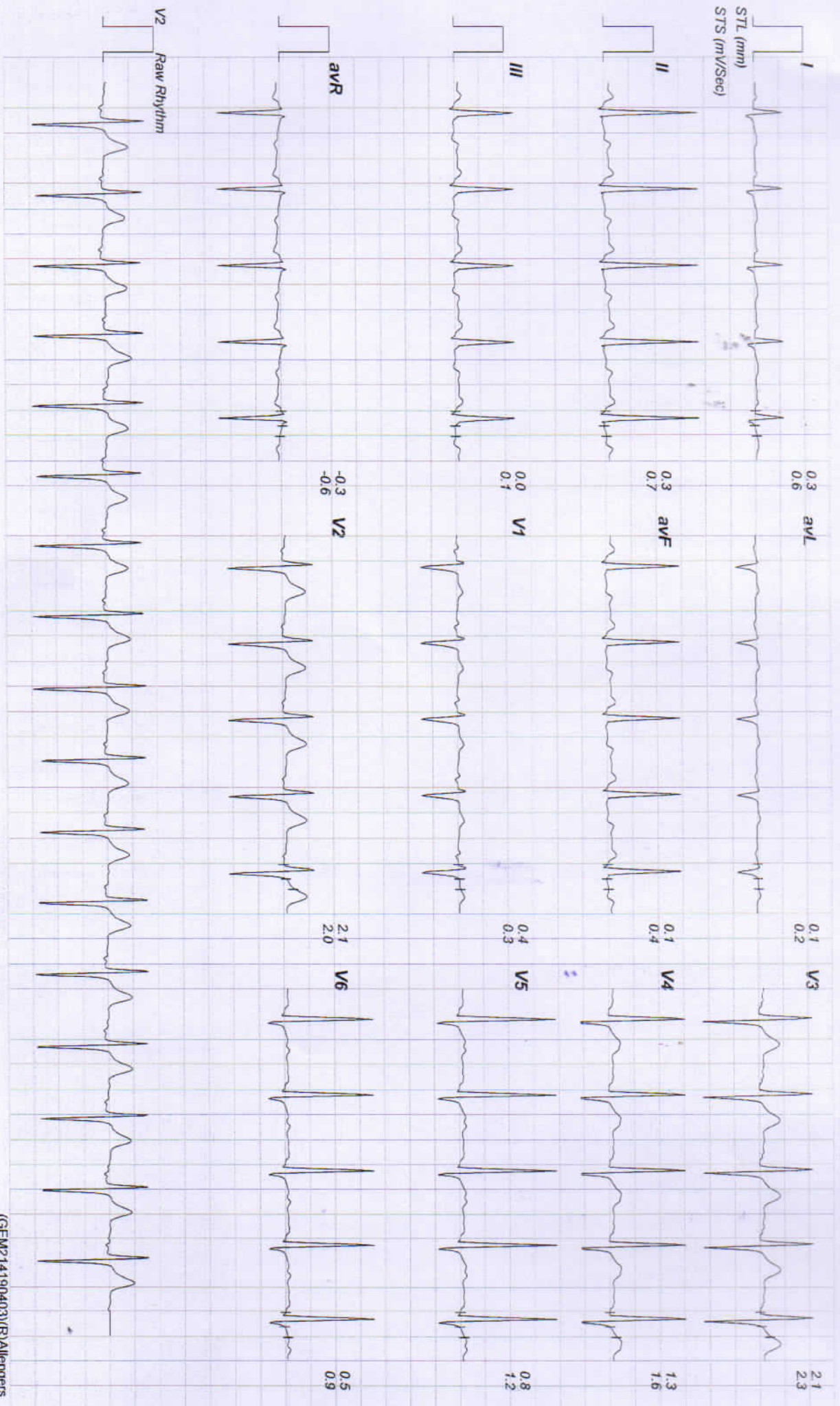
HV



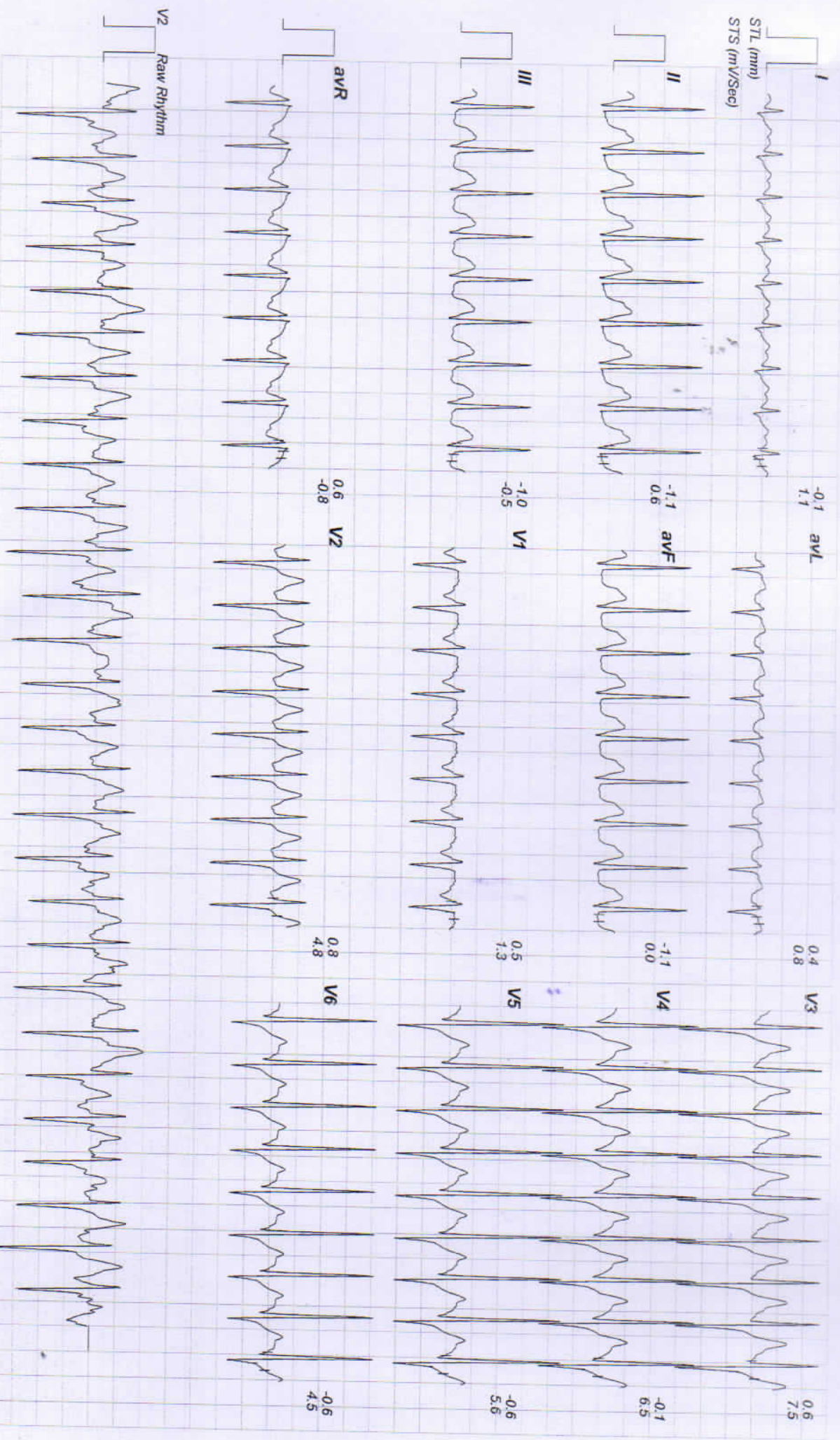


10435 / SUENDRA KUMAR / 46 Yrs / Male / 178 Cm / 85 Kg

Date: 16 - 04 - 2023 12:16:33 PM METs : 01.00 HR : 102 Target HR : 58% of 174 BP : 136/88 Post J @80mSec ExTime : 04:10 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





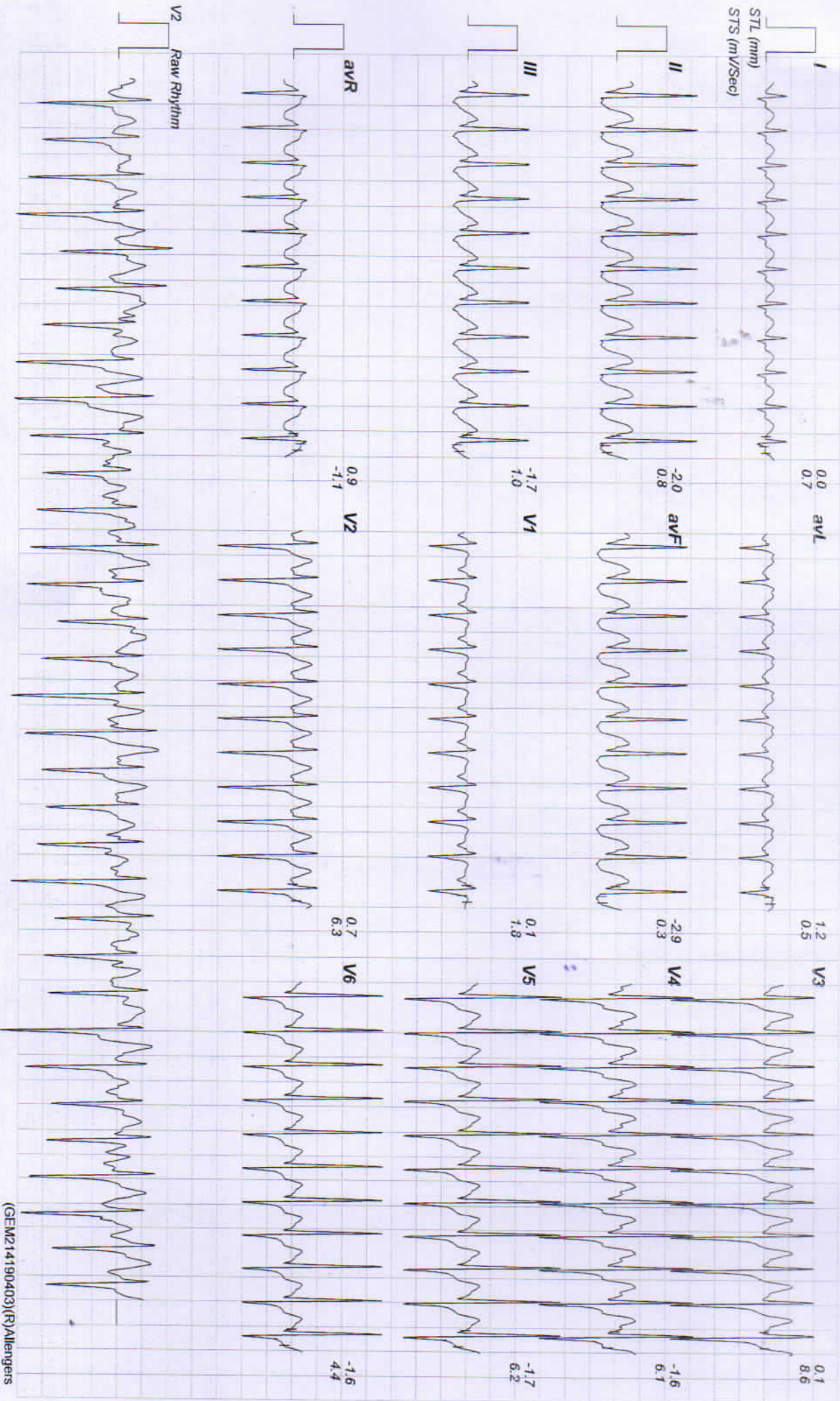


10435 / SUENDRA KUMAR / 46 Yrs / Male / 178 Cm / 85 Kg

BRUCE: Stage 2(3:00)

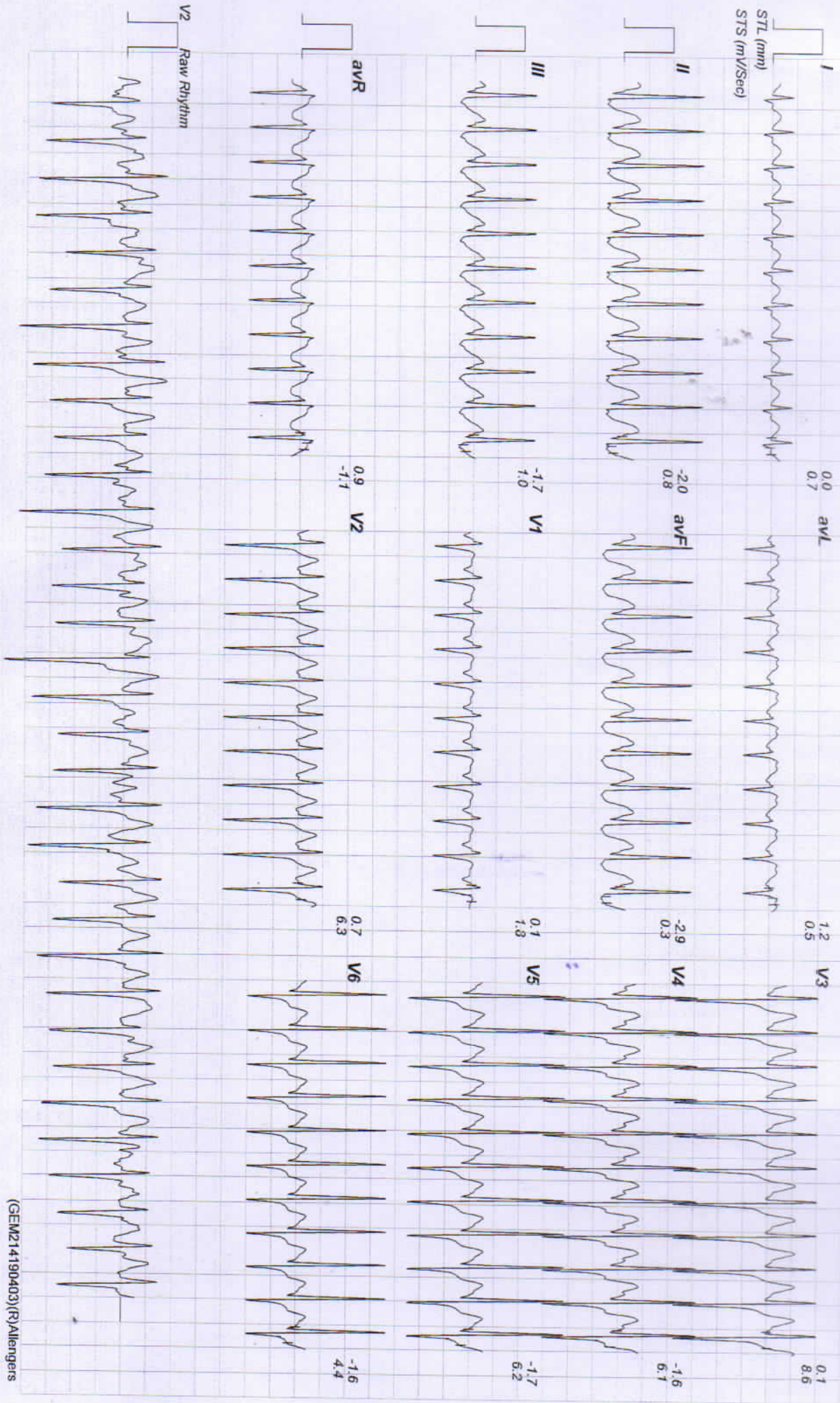


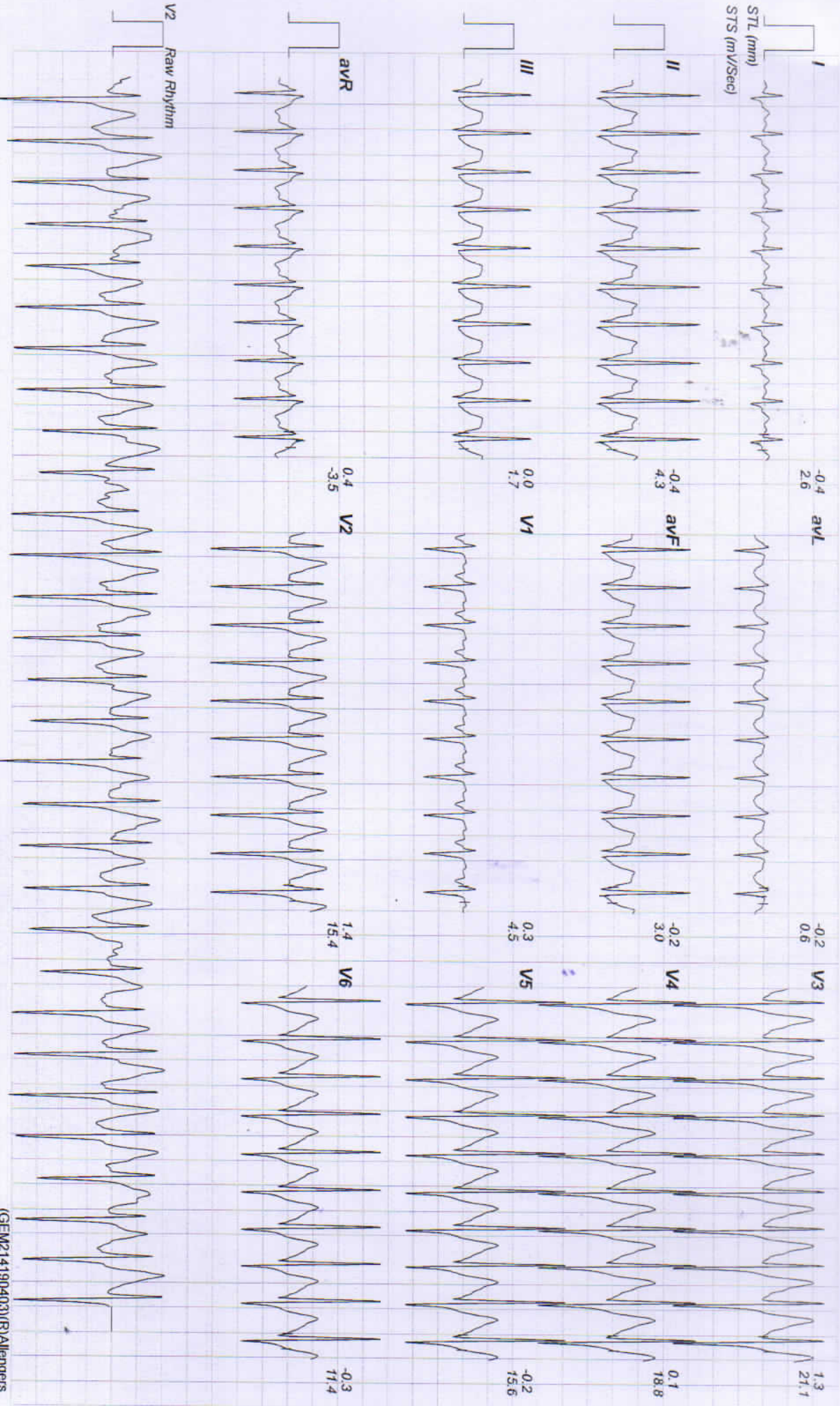
Date: 16 - 04 - 2023 12:16:33 PM METs : 07.10 HR : 198 Target HR : 113% of 174 BP : 144/92 Post J @60mSec ExtTime : 06:00 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



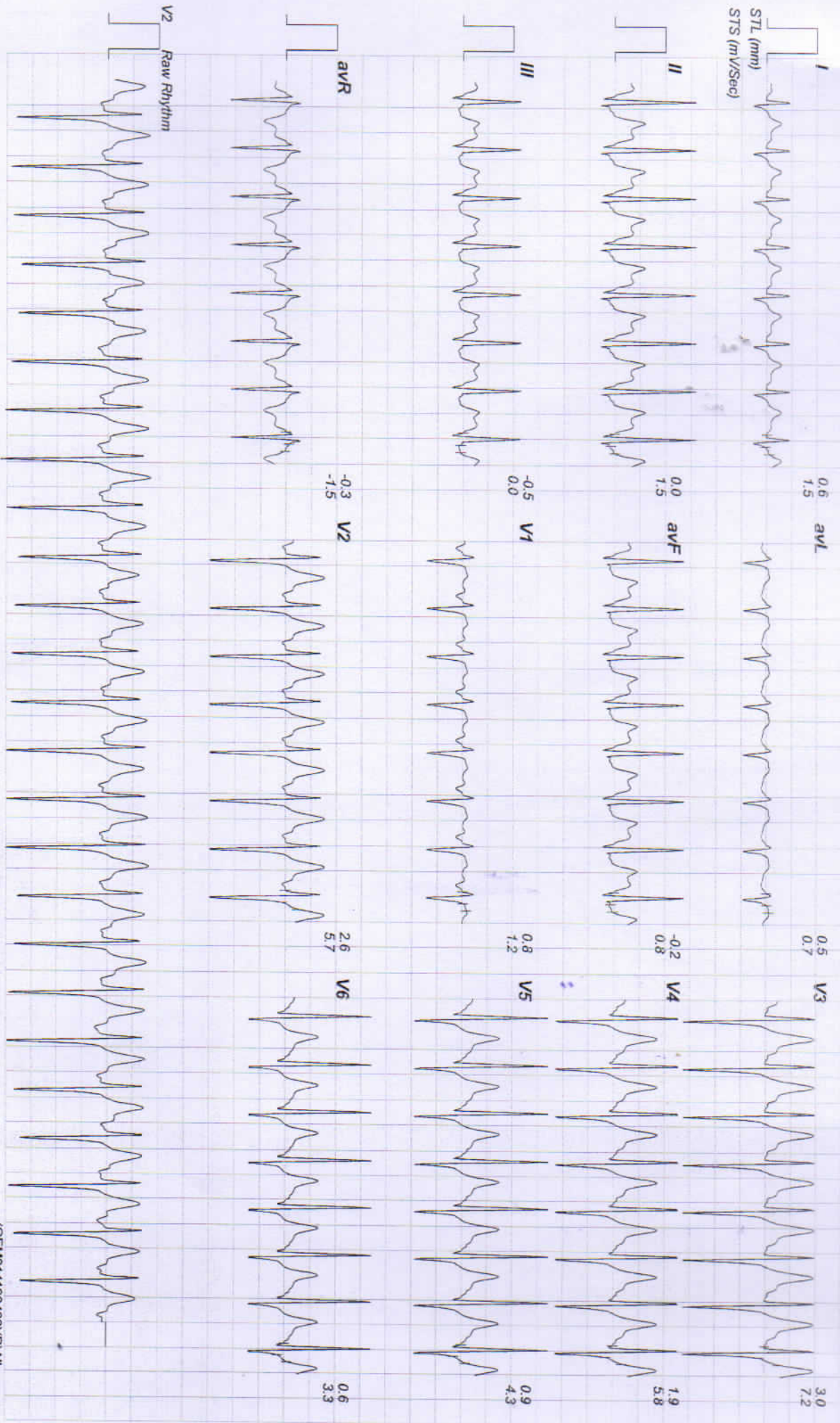
Linked Medians Report

PeakEx





Linked Medians Report
Recovery(4:00)



10435 / SUENDRA KUMAR / 46 Yrs / Male / 178 Cm / 85 Kg

Date: 16-04-2023 12:16:33 PM METS: 01:00 HR: 149 Target HR: 85% of 174 BP: 136/88 Post J @60mSec ExTime: 06:03 0.0 mph Grade: 00.00% 25 mm/Sec 1.0 Cm/mV

Linked Medians Report
Recovery(5:02)

