

भारत सरकार
GOVERNMENT OF INDIA






मंजू मैनी
Manju Saini
जन्म वर्ष / Year of Birth : 1970
महिला / Female



8243 3871 5646

आधार — आम आदमी का अधिकार


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA




आधार

पता: W/O लाल चंद मैनी, हैप्पी हार्ट्स भवन, गुडा रोड, विज्ञान नगर, गुडा फाटक के पास, झुंझुनू, राजस्थान, 333001


Address: W/O Lal Chand Saini, HAPPY HEARTS BHAWAN, GUDHA ROAD, VIGYAN NAGAR, near gudha fatak, Jhunjhununu, Rajasthan, 333001




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मंजू

9529666795

Rajasthan Diagnostic &
Medical Research Centre
Jhunjhununu





RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	MANJU SAINI	AGE-	SEX: F
REF/BY:	MEDI WHEEL HEALTH CHECK-UP	DATE	8-Apr-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. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

Uterus: is normal in size, regular in shape and outline. Uterus is anteverted and ante flexed. Endometrium is normal in thickness. No sonolucent or echogenic mass lesion seen.

Adenexa: Both adenexal regions are seen normal. No focal mass or lesion is seen. bilateral ovary are normal in appearance.

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
MDRADIODIAGNOSIS

Dr. Anusha Mah. tawa
MD (Radiodiagnosis)
(RMC. 38742/5457)



आपताकालीन सेवाएं



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

Female

08.04.2023 11:34:58
RAJASTHANI DIAGNOSTICS CENTRE
JHUNJHUNU RAJ.

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

Room:

65 bpm
--/-- mmHg

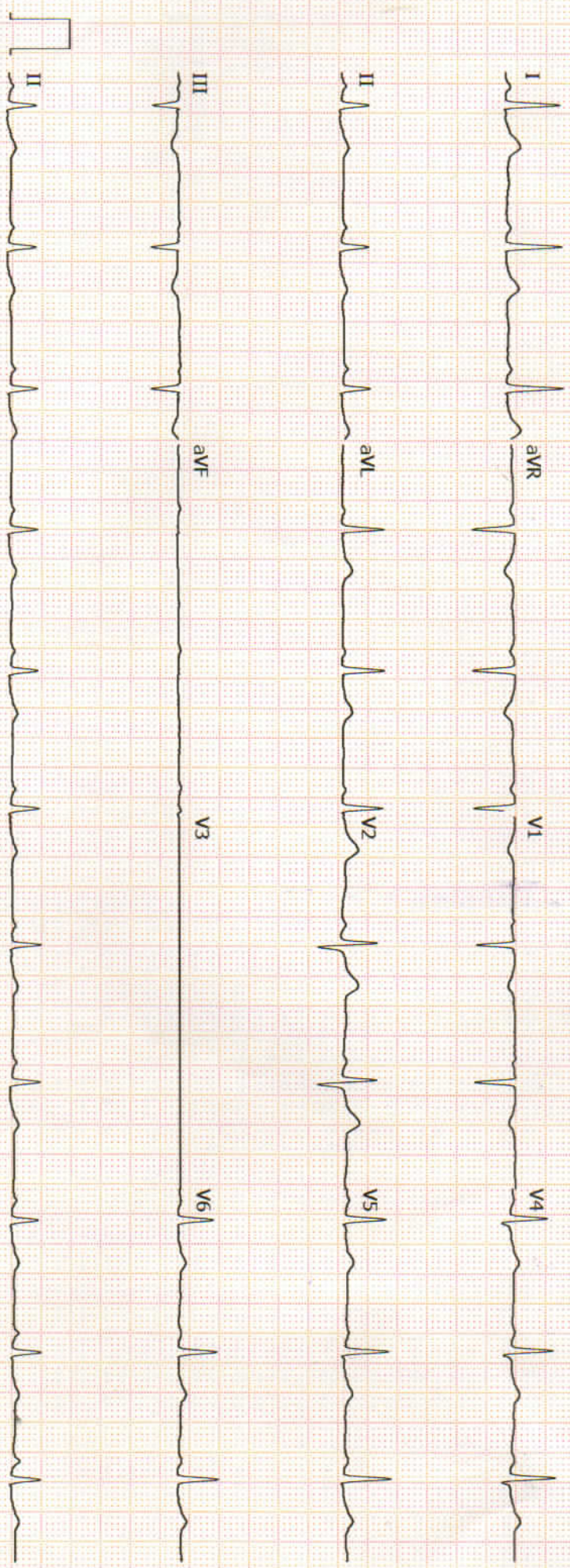
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 68 ms
QT / QTcBaz : 414 / 430 ms
PR : 144 ms
P : 86 ms
RR / PP : 922 / 923 ms
P / QRS / T : 29 / 2 / -4 degrees

Normal sinus rhythm
Normal ECG

Rajasthan Diagnostic & Medical Research Centre
Jhunjhunu

Handwritten signature/initials



Unconfirmed



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

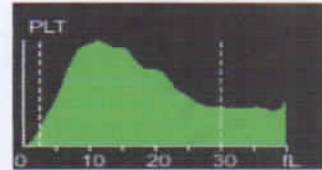
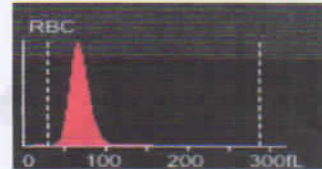
Hematology Analysis Report

First Name: MANJU SAINI
Last Name:
Gender: Female
Age: 53 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 18
Test Time: 2023/04/08 13:28
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	3.70 ↓	4.00-10.00	10 ³ /uL
2 Neu%	61.3	50.0-70.0	%
3 Lym%	29.1	20.0-40.0	%
4 Mon%	6.6	3.0-12.0	%
5 Eos%	2.3	0.5-5.0	%
6 Bas%	0.7	0.0-1.0	%
7 Neu#	2.26	2.00-7.00	10 ³ /uL
8 Lym#	1.08	0.80-4.00	10 ³ /uL
9 Mon#	0.24	0.12-1.20	10 ³ /uL
10 Eos#	0.09	0.02-0.50	10 ³ /uL
11 Bas#	0.03	0.00-0.10	10 ³ /uL
12 RBC	3.74	3.50-5.50	10 ⁶ /uL
13 HGB	9.6 ↓	11.0-16.0	g/dL
14 HCT	27.5 ↓	37.0-54.0	%
15 MCV	73.4 ↓	80.0-100.0	fL
16 MCH	25.7 ↓	27.0-34.0	pg
17 MCHC	35.0	32.0-36.0	g/dL
18 RDW-CV	13.5	11.0-16.0	%
19 RDW-SD	40.9	35.0-56.0	fL
20 PLT	166	100-300	10 ³ /uL
21 MPV	11.1	6.5-12.0	fL
22 PDW	17.9 ↑	9.0-17.0	%
23 PCT	0.185	0.108-0.282	%
24 P-LCR	49.5 ↑	11.0-45.0	%
25 P-LCC	82	30-90	10 ³ /uL



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

Submitter: Operator: service Approver:
Draw Time: 2023/04/08 13:28 Received Time: 2023/04/08 13:28 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 : MANJU SAINI	Sr. Number : 62609
Age : 53 Gender : FEMALE	Invoice Date : 08-04-2023 10:28 AM
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP	Invoice Number : 173
	Registration No.: 2401
	Sample On : 08-04-2023 10:28 AM
	Report On : 08-04-2023 05:09 PM

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	15	< 20	mm/hr
BLOOD GROUPING (ABO & Rh)	B- Negative		

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.

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Dr. NIDA FAHMI
M.D.S. Pathology
Reg. No. A-4048
24 HOURS SERVICE
PATHOLOGIST

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

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Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	95.00	60--110	mg/dL
Blood Sugar PP	102.00	< 140	mg/dL

RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	26.00	13--45	mg/dL
Creatinine	0.91	0.4--1.4	mg/dL
Uric Acid	4.29	3.6--8.2	mg/dL
Calcium	10.62	8.5--11	mg/dL
Gamma glutamyl transferase (GGT)	28.00	< 50	U/L

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Laboratory Report

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Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	22.00	0-45	U/L
S.G.P.T.	31.00	0-45	U/L
Bilirubin(Total)	0.79	0.1-1.4	mg/dL
Bilirubin(Direct)	0.16	0-0.3	mg/dL
Bilirubin(Indirect)	0.63	0.1-0.9	mg/dL
Total Protein	6.99	6-8	mg/dL
Albumin	3.81	3.5-5	mg/dL
Globulin	3.18	3-4.5	mg/dL
A/G Ratio	1.20	0.5 - 1.2	g/dL
Alkaline Phosphatase	196.00	108-306	U/L

LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	H 238.00	110-200	mg/dL
HDL Cholesterol	45.00	35-88	mg/dL
Triglycerides	162.00	40-165	mg/dL
LDL Cholesterol	H 160.60	0-150	mg/dL
VLDL Cholesterol	32.40	0-35	mg/dL
TC/HDL Cholesterol Ratio	H 5.29	2.5-5	Ratio
LDL/HDL Ratio	H 3.57	1.5-3.5	Ratio

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	Report On : 08-04-2023 05:09 PM

T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.93	0.5-1.5 ng/mL	ng/mL
T4 (TotalThyroxine)	10.16	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.93	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 additional, 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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Laboratory Report

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Registration No. : **2401**
Sample On : **08-04-2023 10:28 AM**
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URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL			
Quantity	20		ml
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.020		
PH	5.5	4.5--6.5	
CHEMICAL			
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil		/h.p.f.
Pus Cells	6--8		/h.p.f.
Epithelial Cells	2--5		/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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Reg. No. A-4048

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NAME : MANJU SAINI	AGE 53 /SEX F
REF.BY : BOB HEALTH CHECK UP	DATE: 08.04.2023

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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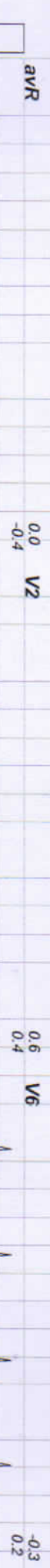
10427 (bobSS36077) / MANJU SAINI / 53 Yrs / F / 157 Cms / 58 Kg Date: 08-Apr-2023 Technician : SAVITA Examined By:

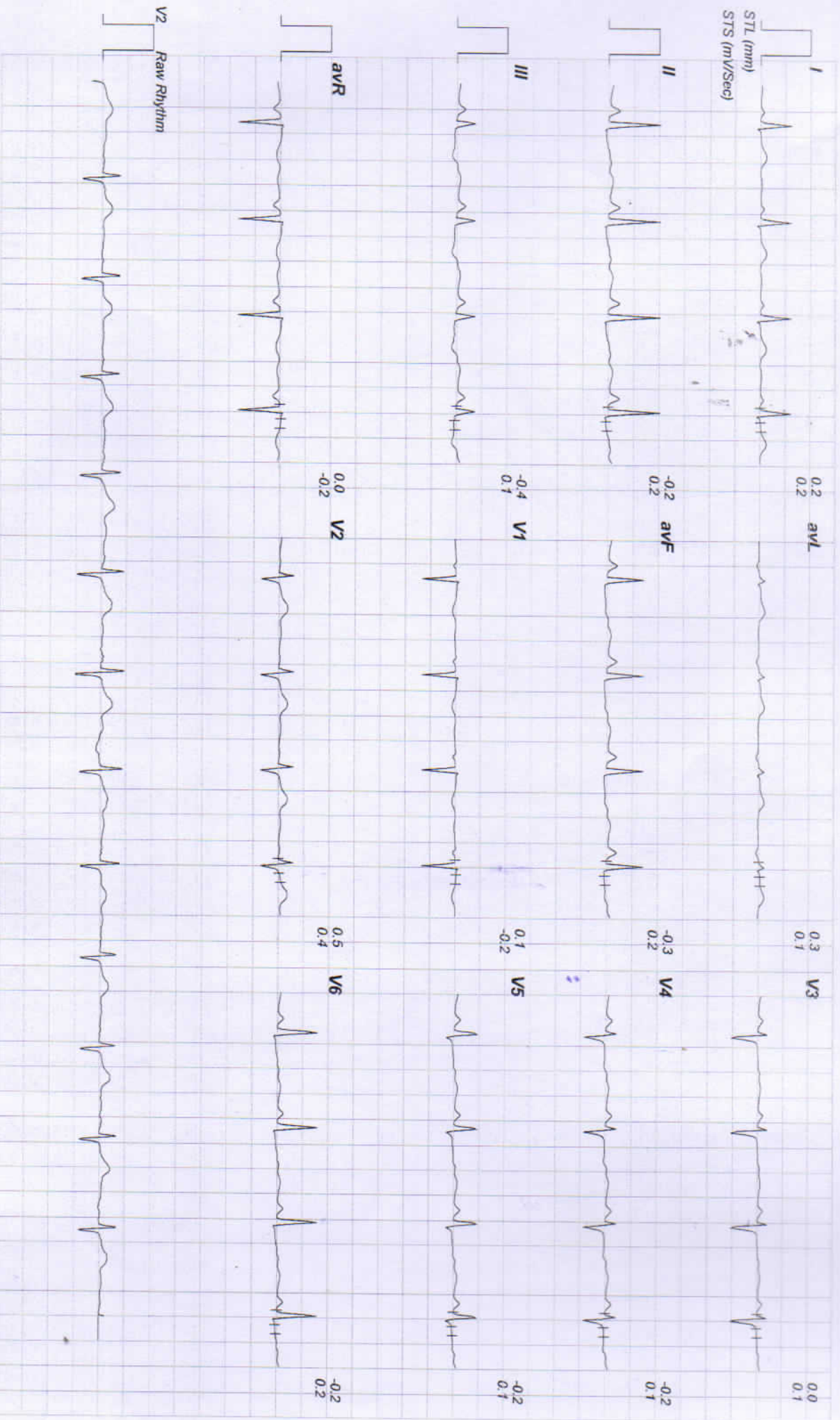
Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	01:01	1:01	00.0	00.0	01.0	076	46 %	130/82	098	00	
Standing	02:03	1:02	00.0	00.0	01.0	075	45 %	130/82	097	00	
HV	03:03	1:01	00.0	00.0	01.0	071	43 %	130/82	092	00	
Warm Up	04:05	1:02	00.0	00.0	01.0	074	44 %	130/82	096	00	
ExStart	05:05	1:01	01.0	00.0	01.0	088	53 %	130/82	114	00	
BRUCE Stage 1	08:05	3:00	01.7	10.0	04.7	120	72 %	130/82	156	00	
BRUCE Stage 2	11:05	3:00	02.5	12.0	07.1	131	78 %	132/84	172	00	
PeakEx	11:08	0:08	01.1	00.0	07.2	131	78 %	132/84	172	00	
Recovery	13:07	2:00	00.0	00.0	01.0	100	60 %	132/84	132	00	
Recovery	15:07	4:00	00.0	00.0	01.0	085	51 %	130/82	110	00	
Recovery	16:09	5:02	00.0	00.0	01.0	089	53 %	130/82	115	00	

Findings :

Exercise Time : 06:03
 Max HR Attained : 131 bpm 78% of Target 167
 Max BP Attained : (Sys) 132/84
 Max Workload Attained : 7.2 Fair response to induced stress
 Max ST Dep Lead & Value : II & -2.0 mm in Stage 2 mm
 Test Objective : BOB HEALTH CHECK UP
 History : No
 Test End Reasons : Test Complete, Test Complete

Report :

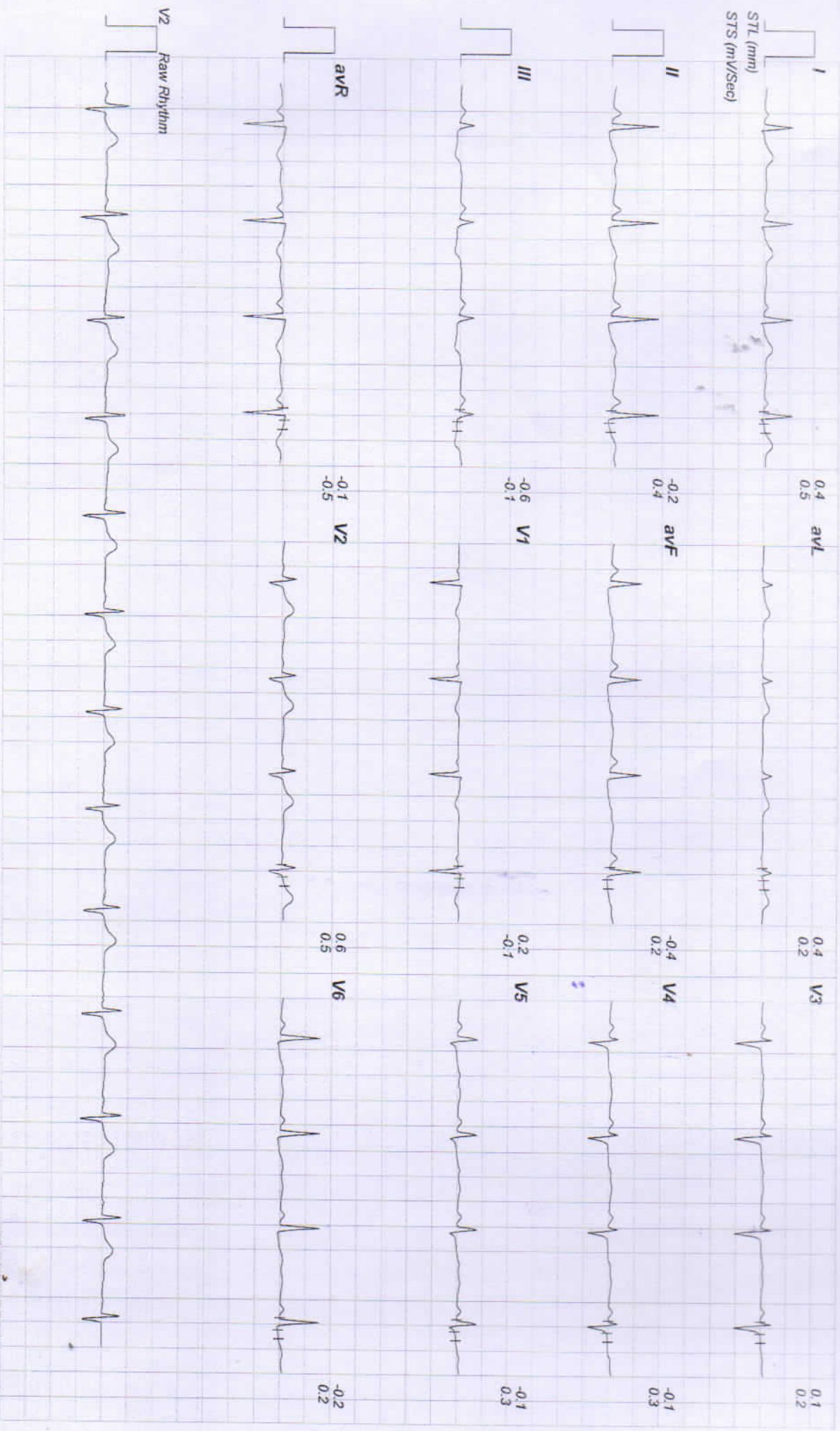




10427 / MANJU SANI / 53 Yrs / Female / 157 Cm / 58 Kg

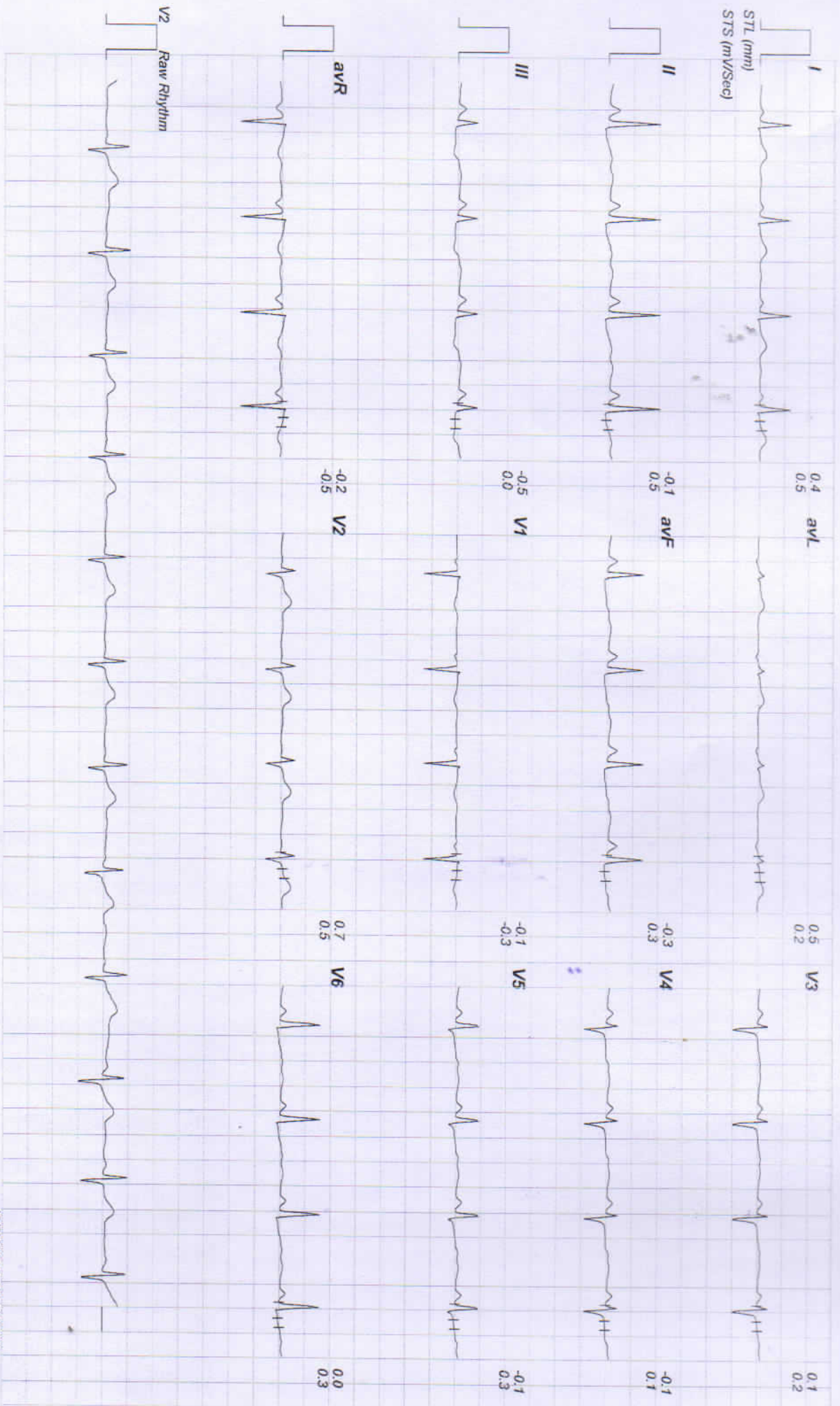
Date: 08 - 04 - 2023 12:40:16 PM METS : 01.00 HR : 71 Target HR : 42% of 167 BP : 130/82 Post J @80mSec ExTime : 03:03 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

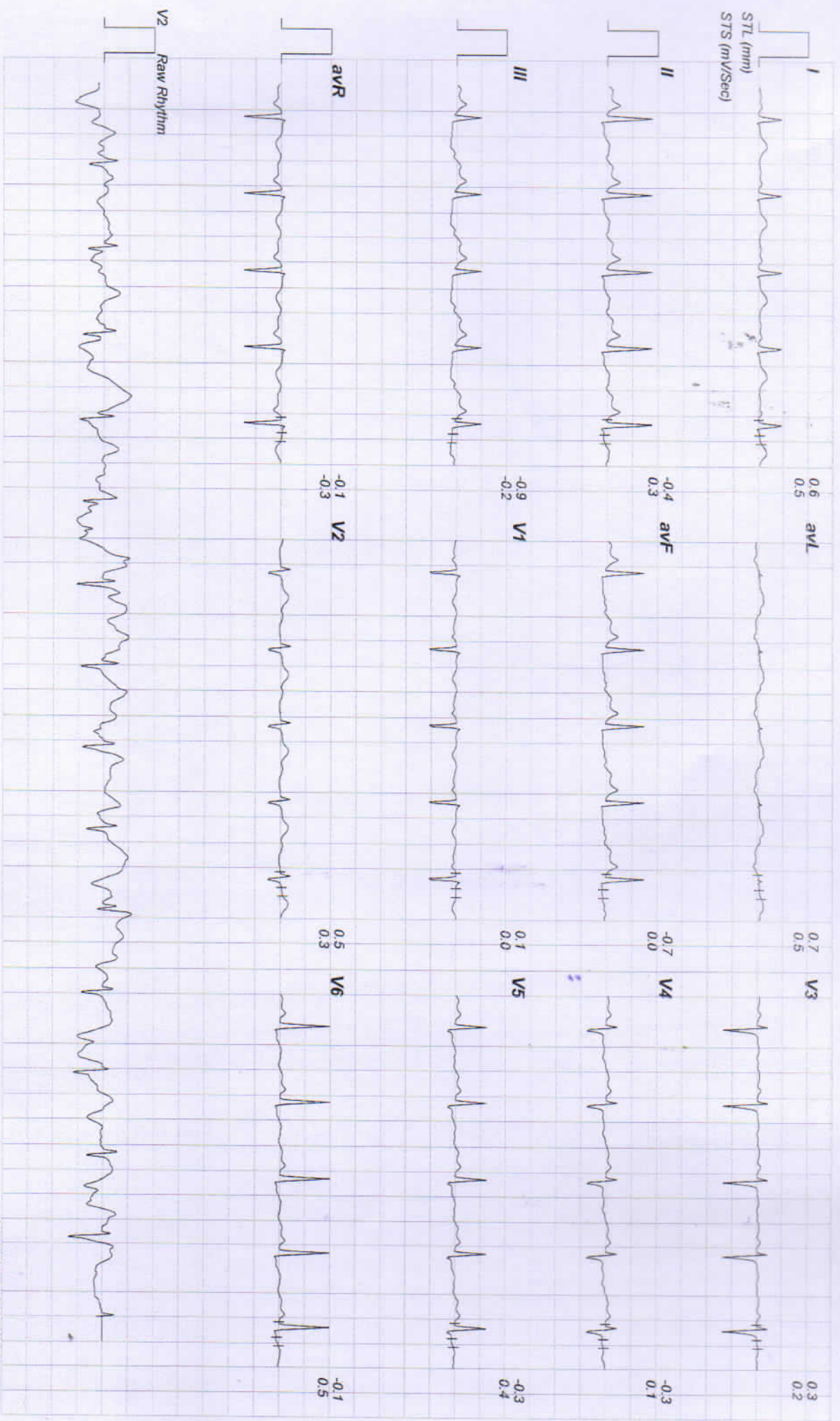
Linked Medians Report

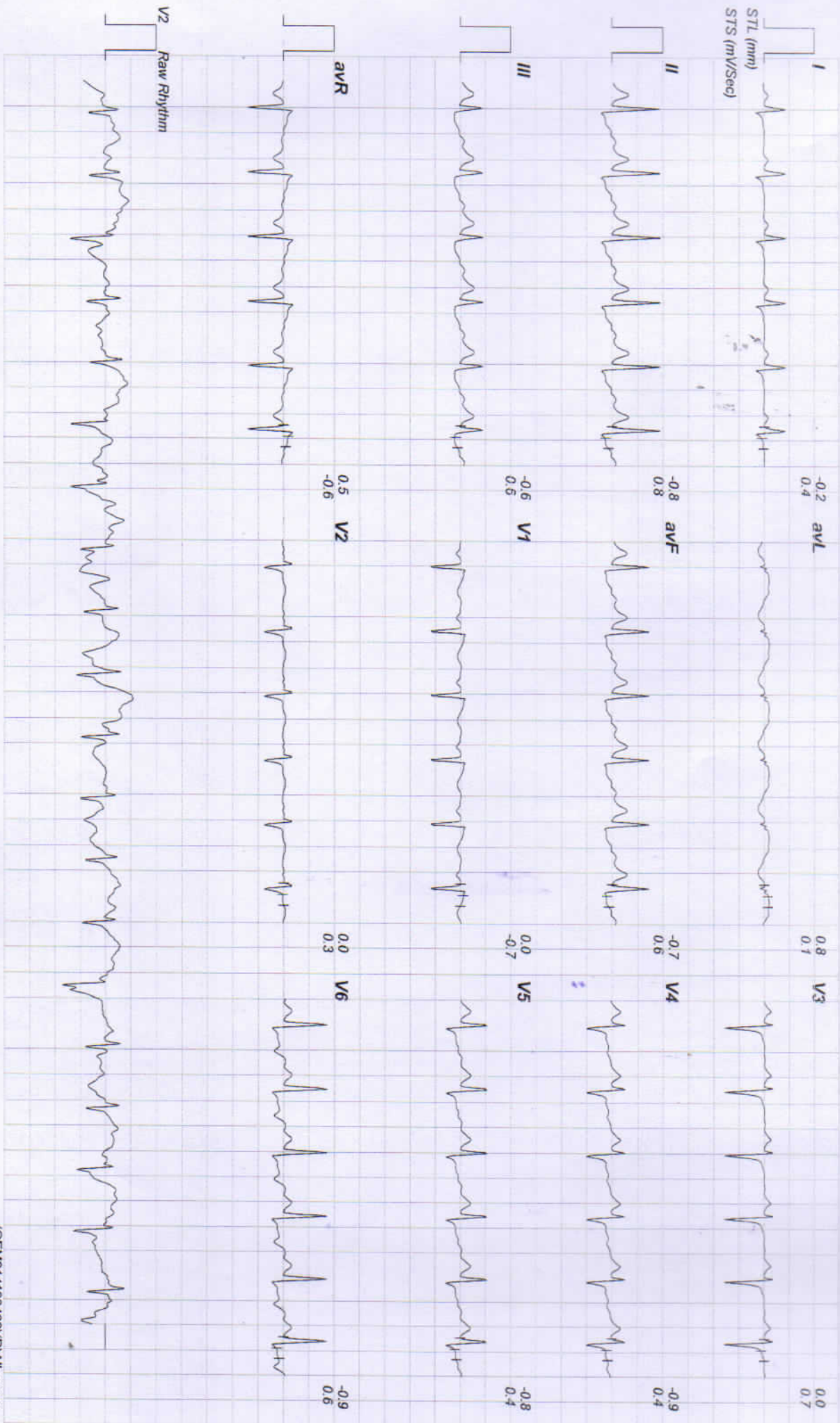


Linked Medians Report

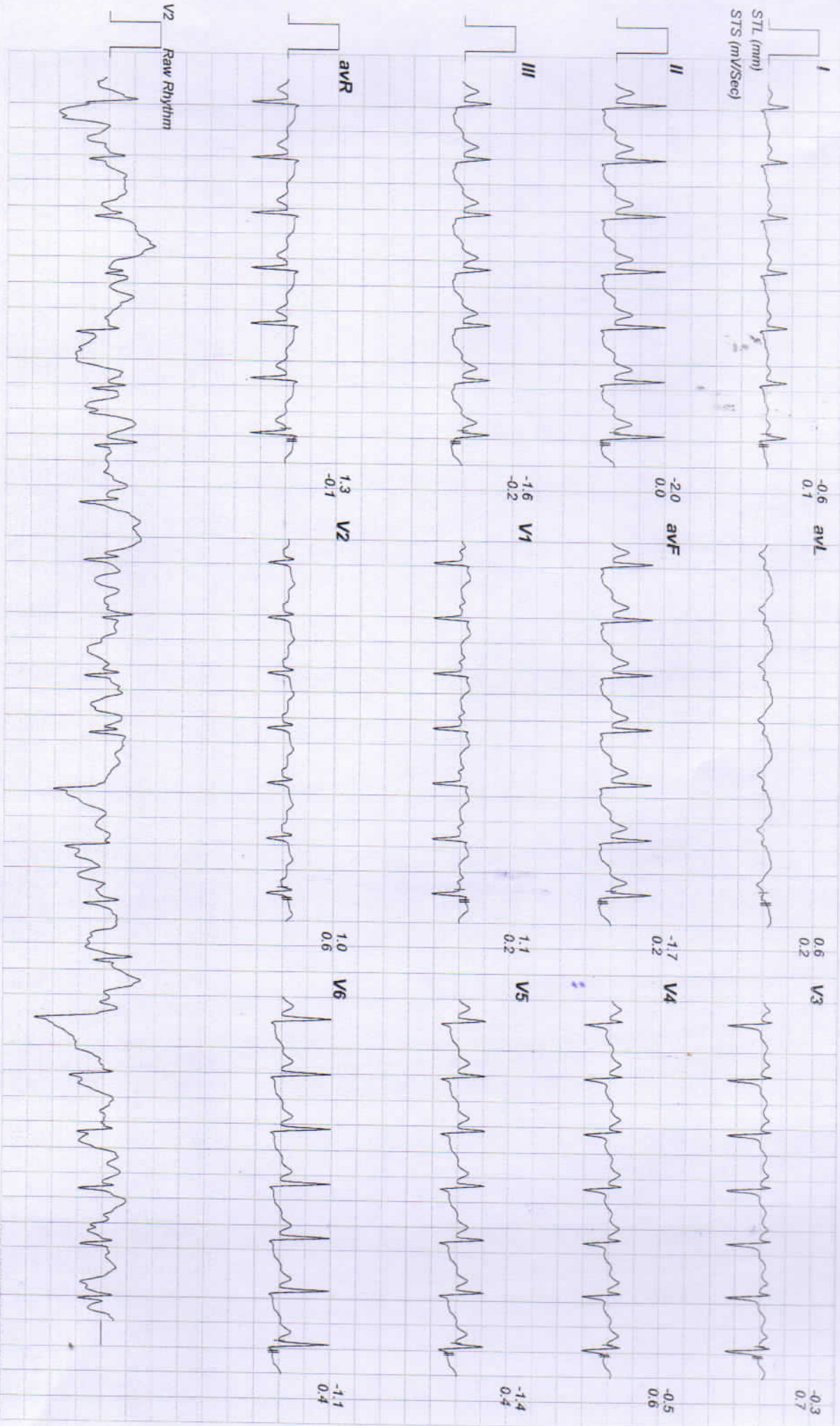
Warm Up



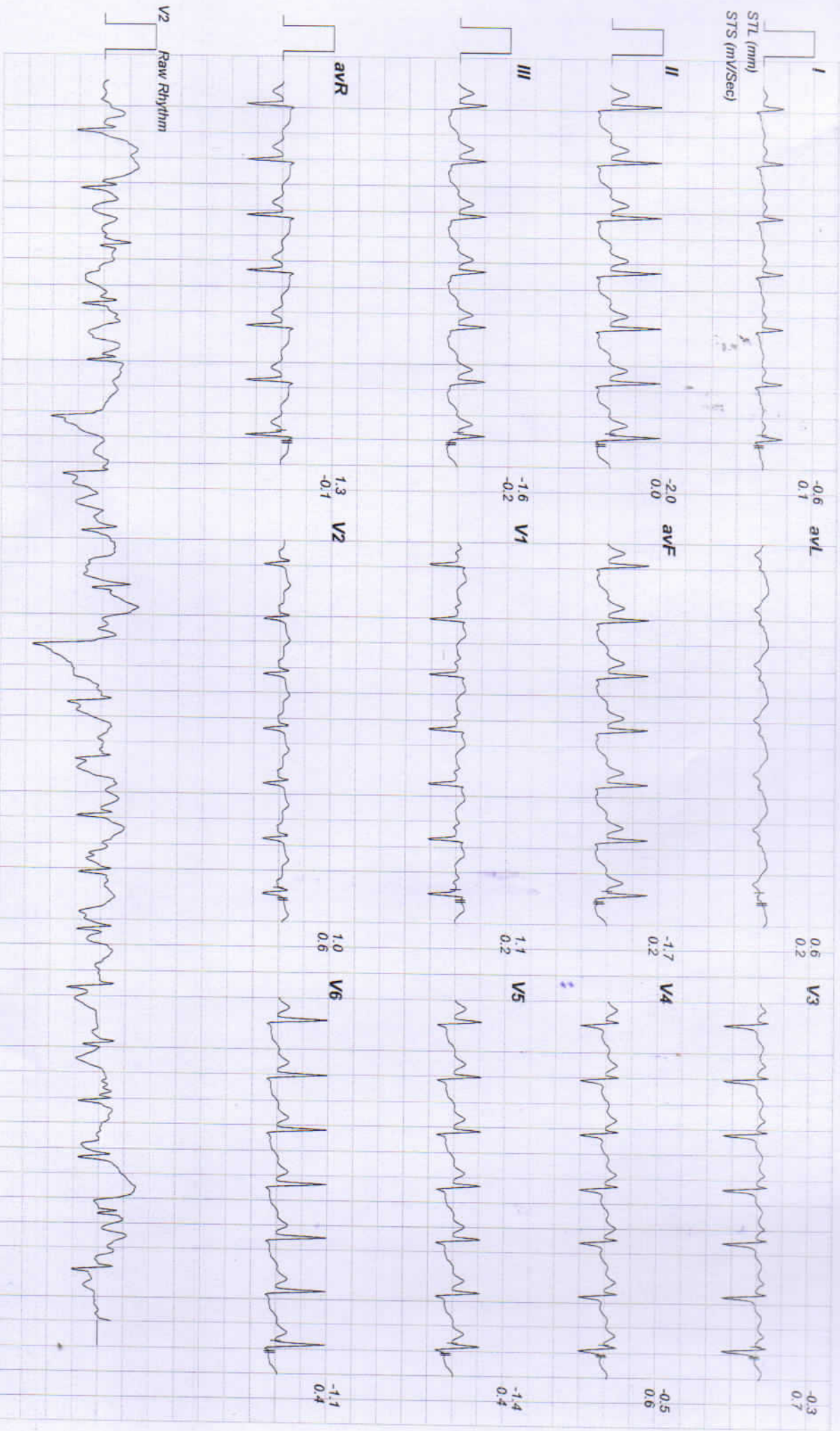




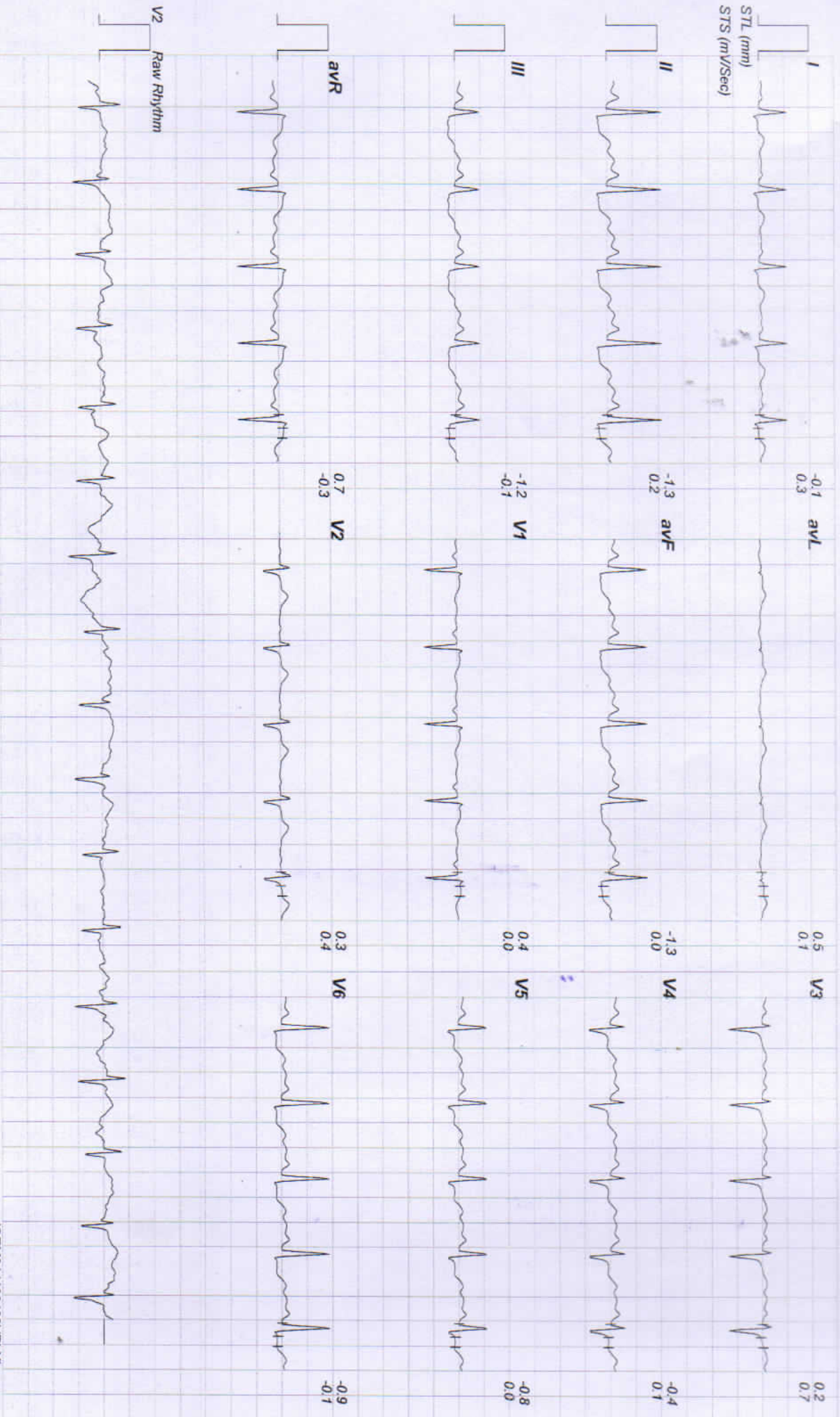
Linked Medians Report
BRUCE: Stage 2(3:00)

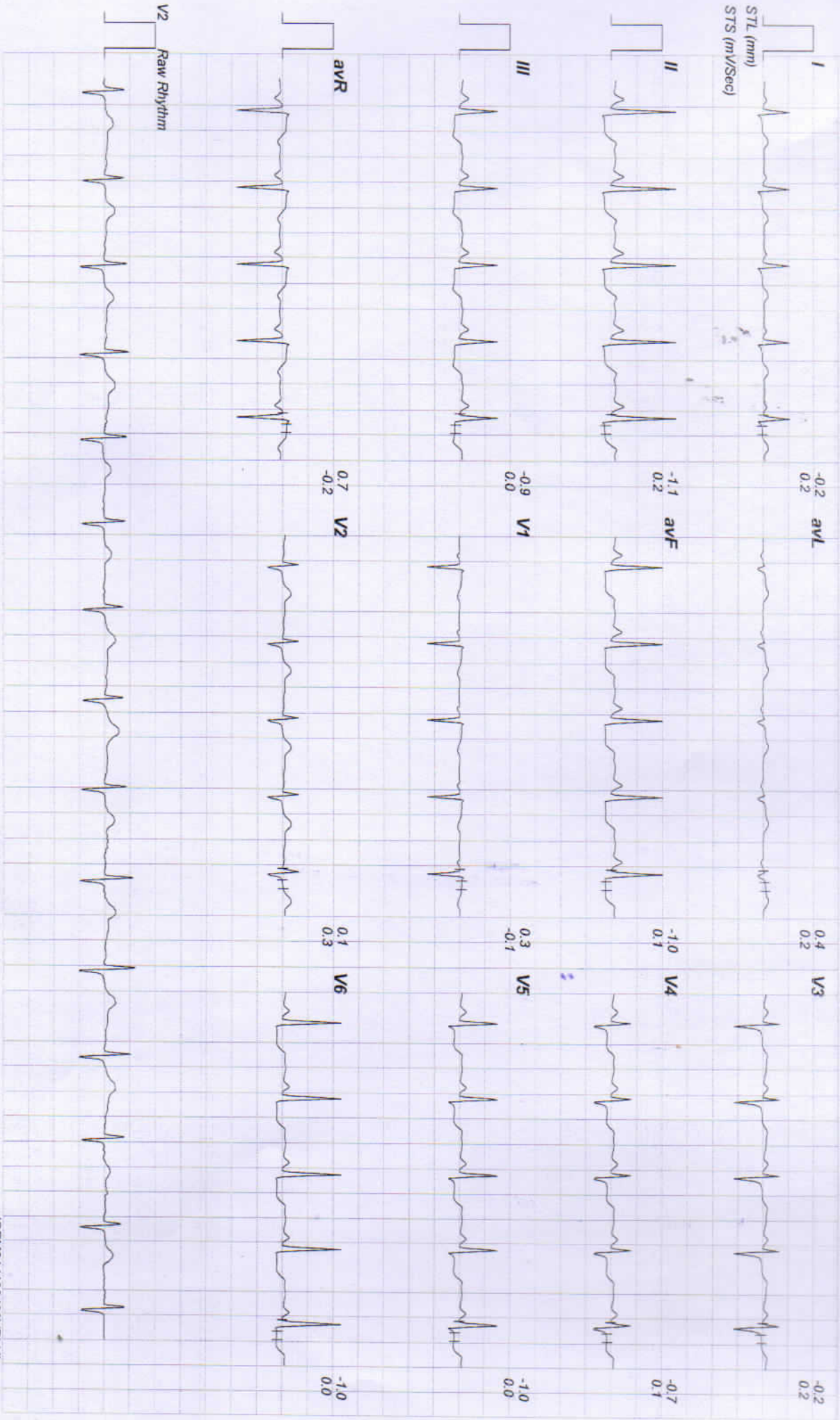


Linked Medians Report
PeakEX



Linked Medians Report
Recovery(2:00)





Linked Medians Report
Recovery(5:02)

