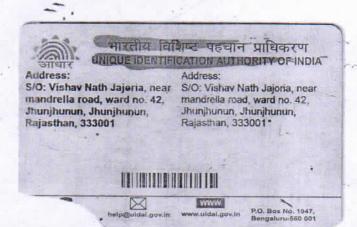


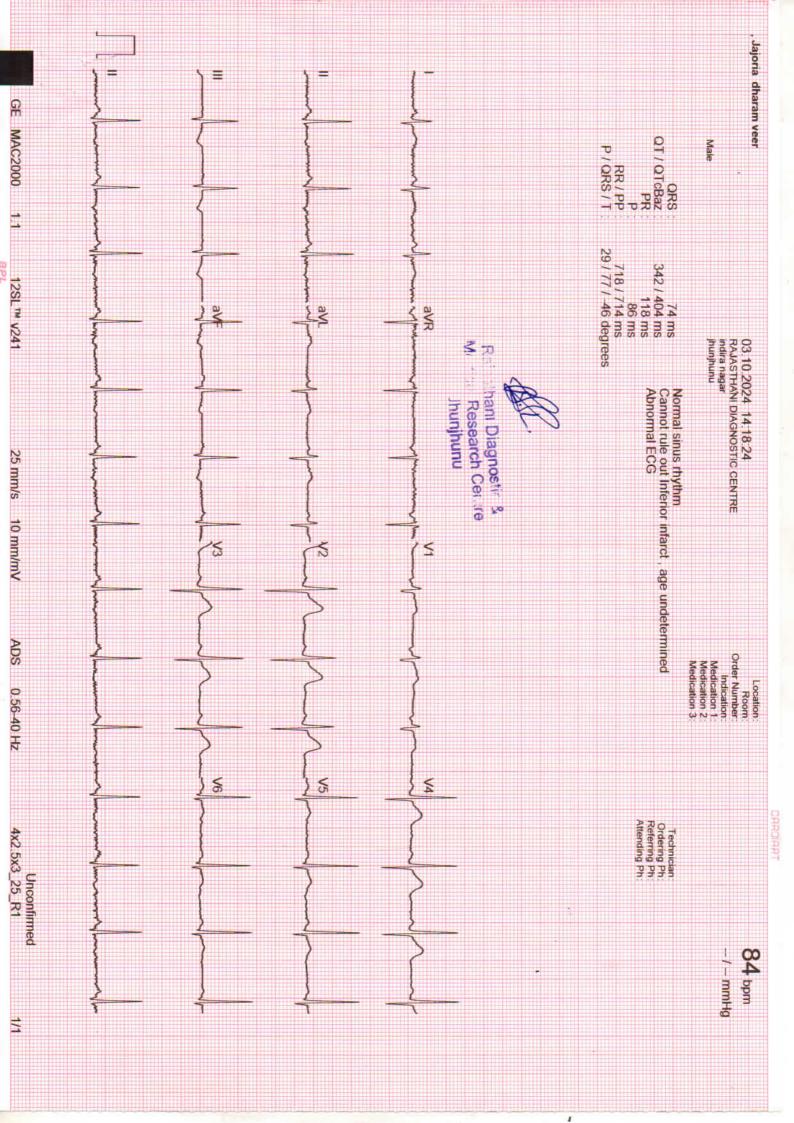
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Rajasthani Diagnostic & Mi dical Research Centre Jhunjhunu

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### RAJASTHANI DIAGNOSTIC & MR CENTRE

**FULLY COMPUTERISED PATHOLOGY LABORATORY** 

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

	Patient Name	DHARMVEER
	Date	03.10.2024
MALE	Ref Doctor	SELF
	MALE	

### 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

Note - Please correlate the measurements on the typed report with the image and in case of any discrepancy/doubt, please contact us immediately. There is only a professional opinion and should be correlated clinically. No valid for medico-legal purpose.

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











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MAMOGRAPHY

NAME	DHARM VEER JAJORIA	AGE-	SEX: M	
REF/BY:	BOB HEALTH CHECKUP	DATE	3-Oct-24	

#### ULTRASONOGRAPHY WHOLE ABDOMEN

<u>Liver</u>: is normal in size 14.5 cm, shape and 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.

<u>Gall bladder</u>: 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.

<u>Pancreas</u>: 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.

<u>Spleen</u>: is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

<u>Urinary Bladder</u>: 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 II fatty liver.

Advised: clinicopathological correlation

DR. NIRMALA ROYAL
MD RADIODIAGNOSIS

Dr. Nirmala Royal MD (Radiodiagnosis) RMC 32422/24686







## RAJASTHANI DIAGNOSTIC & MR CENTRE

### FULLY COMPUTERISED PATHOLOGY LABORATORY

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NAME	DHARM VEER JAJORIA	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECKUP	DATE	3-Oct-24

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\* Grade II fatty liver.

Advised: clinicopathological correlation

DR. NIRMALA ROYAL MD RADIODIAGNOSIS

Dr. Nirmala Royal MD (Radiodiagnosis) RMC 32422/24686







## DIAGNOSTIC & MRI CENT

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X-RAY

**ECG** 

MAMOGRAPHY

### **Hematology Analysis Report**

First Name: DHARMVEER

Last Name:

Mala

Sample Type: Department:

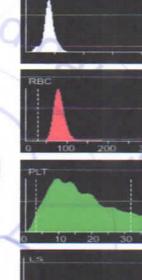
Sample ID: 21

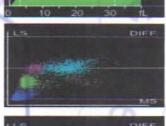
Test Time: 03/10/2024 15:14

Ag	ender:  e:	Male	Med F	Rec. No	D.:	Diagn	osis:
Pa	rameter		Result	t	Ref. Range	Unit	
1	WBC		6.58		4.00-10.00	10^3/uL	
2	Neu%		34.4	4	50.0-70.0	%	WBC
3	Lym%		56.2	H	20.0-40.0	%	
4	Mon%		5.5		3.0-12.0	%	
5	Eos%		3.5		0.5-5.0	%	
6	Bas%		0.4		0.0-1.0	%	
7	Neu#		2.26		2.00-7.00	10^3/uL	-
8	Lym#		3.70		0.80-4.00	10^3/uL	RBC
9	Mon#		0.36		0.12-1.20	10^3/uL	
10	Eos#		0.23		0.02-0.50	10^3/uL	
11	Bas#		0.03		0.00-0.10	10^3/uL	
12	RBC		5.04		3.50-5.50	10^6/uL	0
13	HGB		12.5		11.0-16.0	g/dL	PLT
14	HCT		43.6		37.0-54.0	%	
15	MCV		86.7		80.0-100.0	fL	
16	MCH		24.7	L	27.0-34.0	pg	
17	MCHC		28.5	L	32.0-36.0	g/dL	
18	RDW-CV		13.3		11.0-16.0	%	-
19	RDW-SD		47.3		35.0-56.0	fL	LS
20	PLT		119		100-300	10^3/uL	
21	MPV		11.4		6.5-12.0	fL	- 68
22	PDW		20.9	н	9.0-17.0		

0.136

48.9







DIEF

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

0.108-0.282

11.0-45.0

30-90

Submitter: Operator: admin Approver: Draw Time: 03/10/2024 15:13 Received Time: 03/10/2024 15:13 Validated Time: Report Time: 03/10/2024 15:30 Remarks:

%

10^3/uL

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



**23 PCT** 

24 P-LCR

25 P-LCC





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**ECG** 

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Laboratory Report

Name

: DHARMVEER

Gender MALE

Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

Sr. Number

. 1 Invoice Date

: 03-10-2024 01:49 PM Invoice Number: 51

Patient ID No.: 12495

Sample On: 03-10-2024 01:49 PM Report On: 03-10-2024 03:30 PM

#### HAEMATOLOGY

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	10	020	mm/hr
BLOOD GROUPING (ABO & Rh )	B+ Positive	1 1 1	

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)( Fech. :- HPLC (D-10 Bio-Rad))	5.00	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.01 - 8.00 Adeqate 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 )	96.80	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)	5.37	1 30	mmol/L

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

Sample Type: EDTA Blood

#### Remarks:

Gycosylated 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 Treatement 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.





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### Laboratory Report

Name

: DHARMVEER

Gender

: MALE

Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

Sr. Number : 1

Invoice Date : 03-10-2024 01:49 PM

Invoice Number: 51 Patient ID No.: 12495

Sample On: 03-10-2024 01:49 PM Report On: 03-10-2024 03:30 PM

**BIO-CHEMISTRY** 

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar PP	109.00	70140	mg/dL
Blood Sugar Fasting	85.00	70110	mg/dL

### **RENAL FUNCTION TEST**

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	23.00	1045	mg/dL
Creatinine	0.85	0.41.4	mg/dL
Uric Acid	4.63	3.67.2	mg/dL
Calcium	10.52	8.511	mg/dL



Marita Khutita On Marrita Khuteta PATHOLO

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



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### Laboratory Report

Name DHARMVEER Gender

: MALE

Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

Sr. Number : 1

Invoice Date

: 03-10-2024 01:49 PM

Invoice Number: 51 Patient ID No.: 12495

Sample On: 03-10-2024 01:49 PM Report On: 03-10-2024 03:30 PM

#### **BIO-CHEMISTRY**

### Liver Function Test

Test Name		Observed Values	Reference Intervals	Units
S.G.O.T.	Н	45.00	0-40	U/L
S.G.P.T.	Н	61.00	040	U/L
Bilirubin(Total)		0.95	0.11.2	mg/dL
Bilirubin(Direct)		0.22	00.3	mg/dL
Bilirubin(Indirect)		0.73	0.11.0	mg/dL
Total Protein		7.01	68	mg/dL
Albumin		3.98	3.55	mg/dL
Globulin		3.03	34.5	mg/dL
A/G Ratio		1.31	0.5 2.65	g/dL
Alkaline Phosphatase		254.00	108306	U/L

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	189.00	110-200	mg/dL
HDL Cholesterol	52.00	3570	mg/dL
Triglycerides	149.00	40170	mg/dL
LDL Cholesterol	107.20	0150	mg/dL
VLDL Cholesterol	29.80	035	mg/dL





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### Laboratory Report

Name

DHARMVEER

: MALE

Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

Sr. Number

Invoice Date : 03-10-2024 01:49 PM

Invoice Number: 51 Patient ID No.: 12495

Sample On: 03-10-2024 01:49 PM Report On: 03-10-2024 03:30 PM

### THYROID HORMONES

### T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.80	0.51.5 ng/ML	ng/ML
T4 (TotalThyroxine)	9.52	4.60-12.5 μg/dL	μg/dL
TSH (Thyroid Stimulating Hormone)	1.14	0.35 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

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

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

DHARMVEER Name Gender

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Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

Sr. Number : 1

Invoice Date : 03-10-2024 01:49 PM

Invoice Number: 51

Patient ID No.: 12495

Sample On: 03-10-2024 01:49 PM Report On: 03-10-2024 03:30 PM

### URINE EXAMINATION

#### URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL		10	
Quantity	20	10	ml
Colour	Pale Yellow	1 60	
Appearance / Transparency	Clear	/ 01	
Specific Gravity	1.020	(0)	
PH	6.0	4.56.5	
CHEMICAL		0	
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	Nil		1
MICROSCOPIC	DO	10	
Red Blood Cells	Nil	1 20 /	/h.p.f.
Pus Cells	23		/h.p.f.
Epithelial Cells	01	/ 371	/h.p.f.
Crystals	Nil	0'/	/h.p.f.
Casts	// Nil	V /	/h.p.f.
Bactria	Nil		/h.p.f.
Others	191111101		/h.p.f.

Test Name	Observed Values	Reference Intervals	Units
URINE SUGAR FASTING	Nil	A MINERAL OF THE PROPERTY OF T	
URINE SUGAR PP	Nil		

**END OF REPORT** 





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