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Dr. Nand Kishore Chhangani  
MD Physician & Radiologist  
RMC No. 2017  
JOURNOR





**SRD**  
X-RAY CHEST PA-VIEW  
Complete Diagnostic Solution



NAME :RAMESH KANCHHAWAHA  
REF.BY: BOB

AGE-31 SEX : MALE  
DATE :11-03-2023

BOTH LUNG -

PARENCHYMA.

BOTH C.P ANGLES -

NORMAL.

CARDIAC SHADOW IS WITHIN -

NORMAL LIMITS.

DOMES OF DIAPHRAGM -

NORMAL.

BONY CAGE -

NORMAL.

MEDIA STERNUM CENTRAL

/'L'/

THORACIC INLET -

NORMAL.

IMPRESSION :-

NORMAL CHEST PA-VIEW.

Dr. Rakesh Gaur  
R.M.C. No. 5698  
DR. RAKESH GAUR (M.D)

(RADIO LOGIST) R.M.C NO. 5698

ई.सी.जी. | डिजीटल एक्सरे | टी. एम. टी. | ई. ई. जी. | ई. एम. जी | एन. सी. वी. | बेरा | पी. एफ. टी. | ऑडियोमैट्री

ब्रह्म बाग, पुष्पक कोरियर के पास, ईदगाह रोड़, जालोरी गेट, जोधापुर (राज.)

फोन : 0291-2620214 E-mail : srdmedical@gmail.com

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## MEDICAL CERTIFICATE

NAME :RAMESH KANCHHAWAHA  
DATE-11-03-2023 AGE/SEX: 31Yrs/MALE

HEIGHT-171CMS  
BP -120/82

WEIGHT-67KG  
PULSE- 74

BMI- 22.91

EYE SIGHT- BOTH EYESIGHT NORMAL  
NORMAL COLOUR VISION.

TEETH AND GUMS ARE HEALTHY.

THIS IS TO CERTIFY THAT MR.RAMESH  
KANCHHAWAHA IS MEDICALLY &  
PHYSICALLY FIT & FINE FOR PERFORMING ALL  
TYPE OF PROFESSIONAL WORK.

*Dr. Kishore Chh ngani*  
MD-Physician & Ca  
RMC No.-2017  
JODHPUR

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Pt Name : RAMESH KANCHHAWAHA  
Ref By. : Dr.  
Serial No : 15984

Age : 31 Yrs.  
Sex : Male  
Date : 11/03/2023

**STOOL EXAMINATION REPORT**

Test	Result
<b>PHYSICAL</b>	
COLOUR	BROWN
CONSISTENCY	SOLID
<b>MICROSCOPIC</b>	
PUS CELLS	NIL
RED BLOOD CELLS	NIL
EPITHELIAL CELLS	NIL
BACTERIAL FLORA	NORMAL
HELMINTHIC OVA	NIL
PROTOZOA	NIL

\_\_\_\_\_ END OF REPORT \_\_\_\_\_  
[ TECHNOLOGIST ]

Dr. V. K. Malhotra  
Micro. Path. & Micro.  
R.M. No. : 977  
[ PATHOLOGIST ]



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Pt Name : RAMESH KANCHHAWAHA  
Ref By. : Dr.  
Serial No : 15983

Age : 31 Yrs.  
Sex : Male  
Date : 11/03/2023

### URINE EXAMINATION REPORT

Test	Result(s)
CHEMICAL	
SUGAR - (F)	NIL
SUGAR - (PP)	NIL

  
[TECHNOLOGIST]

\_\_\_\_\_ END OF REPORT \_\_\_\_\_

Dr. V. K. Malhotra  
MD - II [PATHOLOGIST]  
RMC No.: 977



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Complete Diagnostic Solution



Patient Name	Mr RAMESH KANCHHAWAHA	Sex/Age	31 Year / Male
C Name	REF By.	TPA Name	.
Date	11 Mar 2023	Lab No.	18990
Reporting Date	11 Mar 2023	Remark	

Test Name	Result	Unit	Ref-Range
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**HEMATOLOGY**

Glycosylated Hemoglobin (HbA1C)	6.4	%	- %
ABG(Average Blood Glucose)	136.98	MG/DL	- MG/DL

Methodology: Ion exchange H.P.L.C. Using instrument: D-10 with EDTA

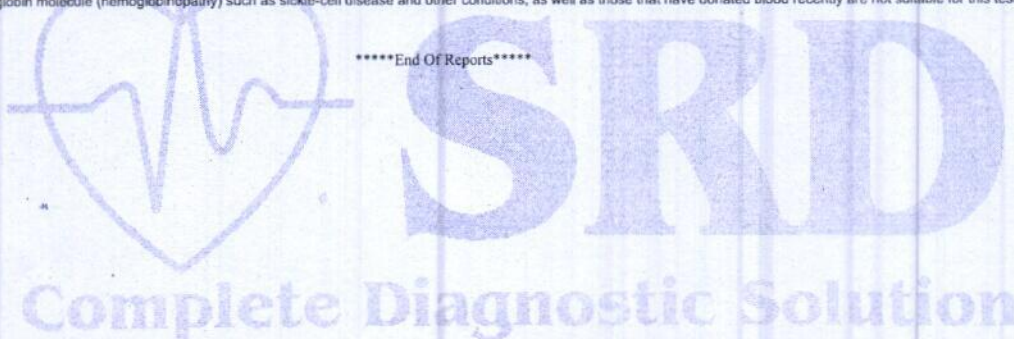
**Hemoglobin A1C % Degree of Glucose Control**

- > 8 Action suggested
- <7 Goal
- < 6 Non – Diabetic level

**Clinical Information:**

Glycated hemoglobin testing is recommended for both (a) checking blood sugar control in people who might be pre-diabetic and (b) monitoring blood sugar control in patients with more elevated levels, termed diabetes mellitus. The American diabetes association guidelines suggest that the Glycosylated hemoglobin test be performed at least two times a year in patients with diabetes that are meeting treatment goals (and that have stable glycemic control) and quarterly in patients with diabetes whose therapy has changed or that are not meeting glycemic goals. Glycated hemoglobin measurement is not appropriate where there has been a 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.

\*\*\*\*End Of Reports\*\*\*\*



TECHNOLOGIST	Lab. INCHARGE	PATHOLOGIST
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*Dr. V. K. Malhotra*  
MD - Pathology  
RMC No.: 977

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## HEMATOLOGY

### COMPLETE BLOOD COUNT

HAEMOGLOBIN	13.2	GM%	13-18 GM%
TOTAL LEUCOCYTE COUNT	8200	/Cumm	4000-11000 /Cumm

### DIFFERENTIAL LEUCOCYTE COUNT

PLOYMORPHS	69.5	%	40-70 %
LYMPHOCYTES	24.9	%	20-40 %
EOSINOPHILS	2.6	%	0-6 %
MONOCYTES	3.0	%	0-8 %
BASOPHILES	00	%	0-2 %
RBC	5.28	Lakh/Cumm/	3.5-5.5 Lakh/Cumm/
PLATELETS COUNT	2.51	Lakh/Cumm	1.5-4 Lakh/Cumm
HCT	40.6	%	34-48 %
MCV	76.92	fl	30-100 fl
MCH	L 25.01	pg	27-32 pg
MCHC	32.51	g/dl	32-36 g/dl
ESR	18	mm/1Hrs	0-20 mm/1Hrs
ABO RH-FACTOR	B (+) POSITIVE		-

\*\*\*\*\*End Of Reports\*\*\*\*\*

Complete Diagnostic Solution

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### BIO-CHEMISTRY

BLOOD SUGAR (F)	H <u>129.6</u>	mg/dl	60-110 mg/dl
BLOOD SUGAR	H <u>177.9</u>	mg/dl	60-160 mg/dl
SERUM CREATININE	0.98	mg/dl	0.6-1.4 mg/dl
SERUM URIC ACID	4.69	mg%	3-6.5 mg%

### LIPID PROFILE

CHOLESTEROL	215.9	mg/dl	130-250 mg/dl
TRIGLYCERIDES	159.1	mg/dl	60-170 mg/dl
HDL-CHOLESTEROL	53.50	mg/dl	30-70 mg/dl
LDL-CHOLESTEROL	130.58	mg/dl	65-160 mg/dl
VLDL	31.82	mg/dl	0-35 mg/dl
CHO/HDL RATIO	4.04	mg/dl	3.8-5.8 mg/dl
LDL/HDL RATIO	2.44	Ratio	1.5-3.5 Ratio

### LIVER FUNCTION TEST

BILIRUBIN (TOTAL)	0.66	mg/dl	0.3-1.3 mg/dl
BILIRUBIN (DIRECT)	0.23	mg/dl	0-0.3 mg/dl
BILIRUBIN (IN-DIRECT)	0.43	mg/dl	0.1-0.9 mg/dl
SGOT (AST)	16.9	Units/Lit	5-40 Units/Lit
SGPT (ALT)	24.6	Units/Lit	5-40 Units/Lit
ALKALINE PHOSPHATSE	123.9	Units/Lit	65-306 Units/Lit
TOTAL PROTEIN	7.99	g/dl	6.1-8.6 g/dl
ALBUMIN	4.21	g/dl	3.5-5 g/dl
GLOBULIN	H <u>3.78</u>	mg/dl	2.3-3.5 mg/dl
A/G RATIO	1.11 : 1	mg/dl	1-2.3 mg/dl
GGT	36	IU/L	4-54 IU/L
BUN	16	mg/dl	12-40 mg/dl

\*\*\*\*\*End Of Reports\*\*\*\*\*

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**URINE EXAMINATION REPORT**

**PHYSICAL EXAMINATION**

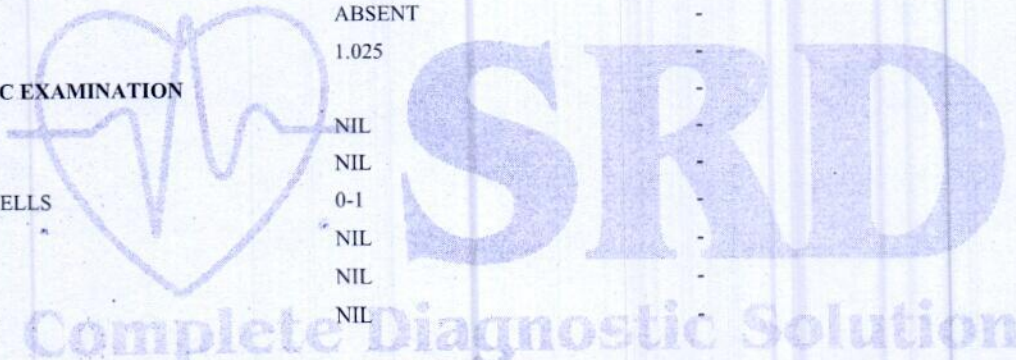
COLOUR	YELLOW	-
REACTION	ACIDIC	-
PH	6.5	-
DEPOSITE	ABSENT	-
APPEARANCE	CLEAR	-

**CHEMICAL EXAMINATION**

ALBUMIN	ABSENT	-
SUGAR	ABSENT	-
BILE SALTS	ABSENT	-
KITONES	ABSENT	-
SPEC GRAV	1.025	-

**MICROSCOPIC EXAMINATION**

PUS CELLS	NIL	-
RBCs CELLS	NIL	-
EPITHELIAL CELLS	0-1	-
CASTs	NIL	-
CRYSTAL :-	NIL	-
BACTERIA	NIL	-



\*\*\*\*\*End Of Reports\*\*\*\*\*

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## HARMONES

### THYROID PROFILE

T3	0.77	ng/ml	0.6-1.81 ng/ml
T4	6.98	ug/dl	4.5-12.6 ug/dl
TSH	2.11	uIU/ml	0.35-5.5 uIU/ml

#### Interpretation of TSH :

Kindly correlate with age & clinical findings.

Biological reference range:

Children: Pregnancy:

1 - 2 days 3.20 - 34.6 uIU/ml 1<sup>st</sup> Trimester : 0.10 - 2.50

3 - 4 days 0.70 - 15.4 uIU/ml 2<sup>nd</sup> Trimester : 0.20 - 3.00

15 days - 5 mths 1.70 - 9.10 uIU/ml 3<sup>rd</sup> Trimester : 0.30 - 3.00

5 mths - 20 yrs 0.70 - 6.40 uIU/ml

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 Syndrom, multiple alterations in serum thyroid function test

findings have been recognized.

\*\*\*\*\*End Of Reports\*\*\*\*\*

## BIO - CHEMISTRY

BUN/SR.CREATININE RATIO	16.32	Ratio	6-25 Ratio
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\*\*\*\*\*End Of Reports\*\*\*\*\*

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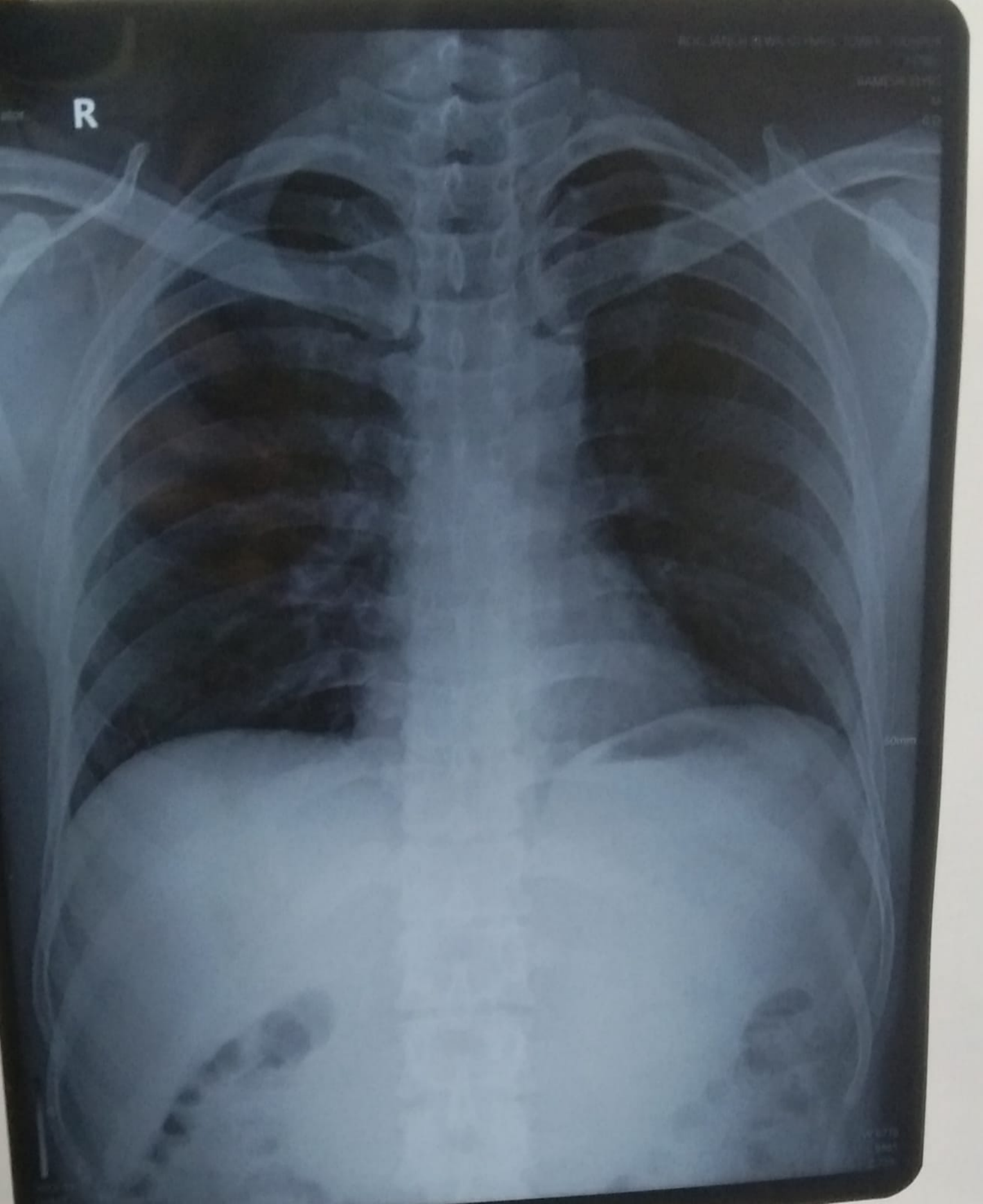
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Ramesh Kanchhawaha / 16228 / 11.03.2023  
Ref by: Dr. Nand Kishore Chhangani

## Transabdominal sono screening scan – whole abdomen

Extensive bowel gases precluded optimal examination.

### Hepato-biliary system:

Liver is normal in size. Hepatic parenchymal echotexture is normal, homogenous and uniform. No focal lesion seen. Intrahepatic biliary radicles are not dilated. Portal vein and cbd are normal in caliber. Gall bladder is seen in normal distension. Walls are normal in thickness and are smooth. No mass is seen. Lumen is anechoic. Pancreas is normal in size and echotexture. Pancreatic duct is not dilated. No area of calcification is seen in pancreas.

### Uro-genital system:

Both the kidneys are normal in size. Parenchymal echotexture is normal. Corticomedullary differentiation is maintained. Central echo-complexes are normal. Urinary bladder is seen in full distension. Walls are smooth and normal in thickness. Lumen is anechoic. Prostate is normal in size. Prostatic echotexture is normal. Contours are normal. No obvious mass is seen.

### Spleen & retroperitoneum:

Spleen is normal in size. Parenchymal echotexture is normal. **Most of the retroperitoneum is not seen clearly, obscured by bowel gases.**

No ascites seen.

### Sonographic findings are suggestive of:-

- Normal: liver, gall bladder, pancreas, spleen, kidneys, u. Bladder, prostate.

This is only professional opinion based on imaging finding and not the diagnosis  
It should be correlated clinically, to arrive at proper conclusion.

  
**Dr. Rakesh Middha**  
M.D.  
Consultant Radiologist  
[R.M.C. No 017628]



