


भारत सरकार
GOVERNMENT OF INDIA


बंनलाल
Bannalal
जन्म तिथि/ DOB: 15/09/1965
पुरुष / MALE



3757 2078 4931

आधार-आम आदमी का अधिकार


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O: रिछपाल राम बलाई,
वॉर्ड न 07, गढ़ भोपजी,
सीकर,
राजस्थान - 332719

Address:
S/O: Richpal Ram Balai, ward no
07, Garh Bhopji, Sikar,
Rajasthan - 332719

3757 2078 4931

Aadhaar-Aam Admi ka Adhikar

[Handwritten Signature]

9214179310

Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu





RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	BANNA LAL BALAI	AGE-	SEX: M
REF/BY:	MEDI WHEEL HEALTH CHECK UP	DATE	13-May-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 minimally distended.

Prostate: is mildly enlarged in size 31gm, 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 Mah. lawat
MD (Radiodiagnosis)
(RMC. 38742/1457)



आपताकालीन सेवाएं

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Male

13.05.2023 14:28:45
RAJASTHANI DIAGNOSTICS CENTRE
JHUNJHUNU RAJ.

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

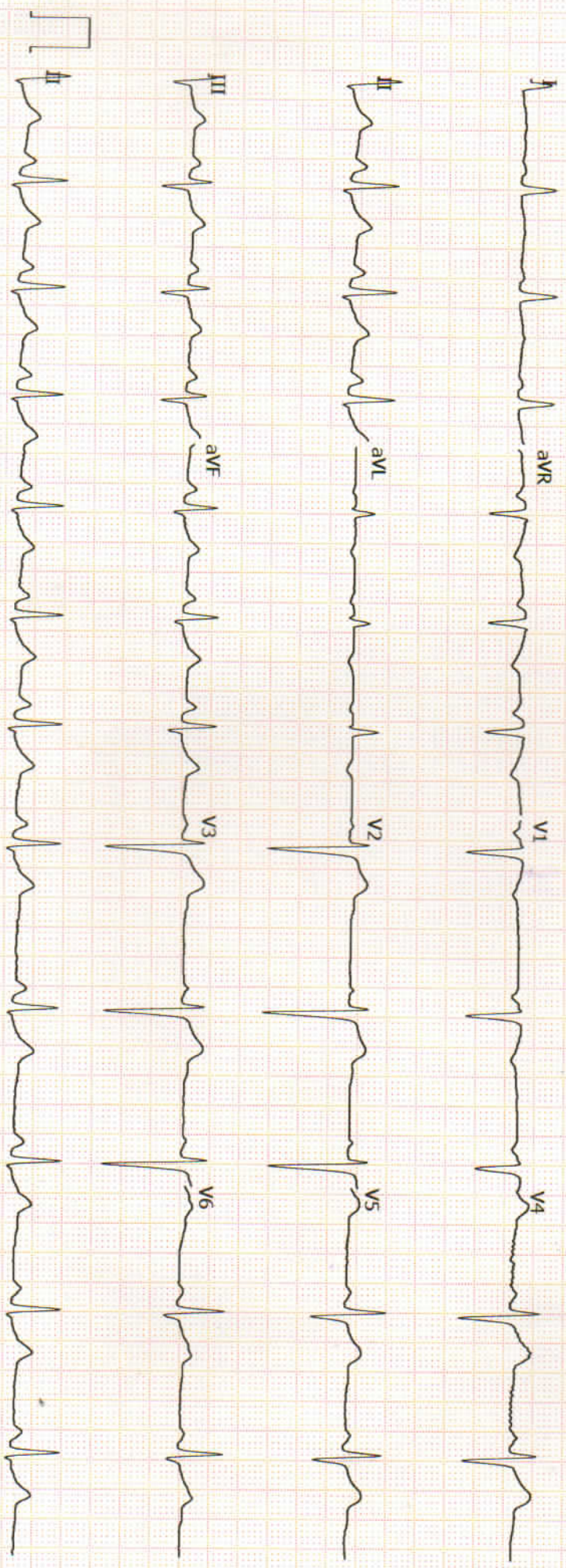
Room:

70 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 96 ms
QT / QTcBaz : 410 / 442 ms
PR : 146 ms
P : 104 ms
RR / pp : 856 / 857 ms
P / QRS / T : 68 / 34 / 73 degrees

Sinus rhythm with marked sinus arrhythmia
Possible Left atrial enlargement
Borderline ECG





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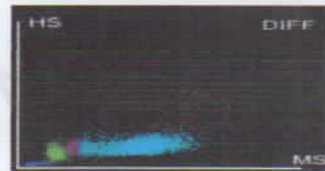
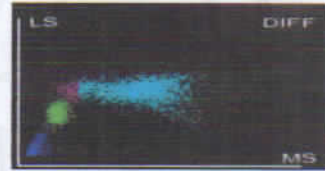
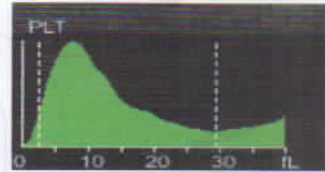
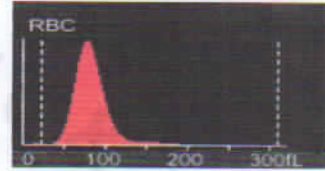
Hematology Analysis Report

First Name: BANNALAL
Last Name:
Gender: Male
Age: 57 Year

Sample Type:
Department:
Med Rec. No.:64434

Sample ID: 4
Test Time: 2023/05/13 10:59
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	4,95	4,00-10,00	10 ³ /uL
2 Neu%	68,7	50,0-70,0	%
3 Lym%	25,1	20,0-40,0	%
4 Mon%	3,2	3,0-12,0	%
5 Eos%	2,8	0,5-5,0	%
6 Bas%	0,2	0,0-1,0	%
7 Neu#	3,40	2,00-7,00	10 ³ /uL
8 Lym#	1,24	0,80-4,00	10 ³ /uL
9 Mon#	0,16	0,12-1,20	10 ³ /uL
10 Eos#	0,14	0,02-0,50	10 ³ /uL
11 Bas#	0,01	0,00-0,10	10 ³ /uL
12 RBC	4,14	3,50-5,50	10 ⁶ /uL
13 HGB	12,4	11,0-16,0	g/dL
14 HCT	35,7 L	37,0-54,0	%
15 MCV	86,2	80,0-100,0	fL
16 MCH	30,0	27,0-34,0	pg
17 MCHC	34,8	32,0-36,0	g/dL
18 RDW-CV	17,2 H	11,0-16,0	%
19 RDW-SD	61,1 H	35,0-56,0	fL
20 PLT	154	100-300	10 ³ /uL
21 MPV	8,7	6,5-12,0	fL
22 PDW	10,6	9,0-17,0	fL
23 PCT	0,135	0,108-0,282	%
24 P-LCR	28,8	11,0-45,0	%
25 P-LCC	44	30-90	10 ³ /uL



Submitter: Operator: admin Approver:
Draw Time: 2023/05/13 10:57 Received Time: 2023/05/13 10:57 Validated Time:
Report Time: Remarks:

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

(Handwritten Signature)

Dr. Mamta Khuteta
M.D. (Path.)

RMC No. : 4720/16260



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY



Laboratory Report

Name : **BANNA LAL**
Age : **57** Gender : **MALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **64434**
Invoice Date : **13-05-2023 11:04 AM**
Invoice Number : **1653**
Registration No.: **3880**
Sample On : **13-05-2023 11:04 AM**
Report On : **13-05-2023 02:26 PM**

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	18	0--20	mm/hr
BLOOD GROUPING (ABO & Rh)	A+ Positive		

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TECHNOLOGIST

PATHOLOGIST

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HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	6.10	< 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)	128.37		mg/dL
eAG (Estimated Average Glucose)	7.12		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 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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Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	H 140.0	70--110	mg/dL
Blood Sugar PP	H 168.0	70--140	mg/dL
Gamma glutamyl transferase (GGT)	29.0	< 50	U/L

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	37.0	0--45	U/L
S.G.P.T.	34.0	0--45	U/L
Bilirubin(Total)	0.98	0.1--1.4	mg/dL
Bilirubin(Direct)	0.20	0--0.3	mg/dL
Bilirubin(Indirect)	0.78	0.1--0.9	mg/dL
Total Protein	7.20	6--8	mg/dL
Albumin	3.80	3.5--5	mg/dL
Globulin	3.40	3--4.5	mg/dL
A/G Ratio	1.12	0.5 -- 2.65	g/dL
Alkaline Phosphatase	184.0	108--306	U/L

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Kidney Function Test

Test Name	Observed Values	Reference Intervals	Units
BUN (Blood Urea Nitrogen)	20.00	13--45	mg/dL
Creatinine	1.09	0.6--1.4	mg/dL
Uric Acid	5.20	3.6--8.2	mg/dL
BUN / Creatinine Ratio	18.35	9.0--23.0	

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LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	175.00	110--200	mg/dL
HDL Cholesterol	48.00	35--70	mg/dL
Triglycerides	116.00	40--170	mg/dL
LDL Cholesterol	103.80	0--150	mg/dL
VLDL Cholesterol	23.20	0--35	mg/dL
TC/HDL Cholestrol Ratio	3.65	2.5--5	Ratio
LDL/HDL Ratio	2.16	1.5--3.5	Ratio

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T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.94	0.5--1.5 ng/ML	ng/ML
T4 (TotalThyroxine)	10.91	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	3.09	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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Test Name	Observed Values	Reference Intervals	Units
PSA (Prostate-Specific Antigen)	0.64	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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URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL			
Quantity	20		ml
Colour	Dark Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	6.50	4.5--6.5	
CHEMICAL			
Reaction	Acidic		
Albumin	+		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil		/h.p.f.
Pus Cells	5--7		/h.p.f.
Epithelial Cells	2--3		/h.p.f.
Crystals	Nil		/h.p.f.
Casts	Nil		/h.p.f.
Bactria	Nil		/h.p.f.
Others	Nil		/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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NAME : BANNA LAL	AGE 57 /SEX M
REF.BY : BOB HEALTH CHECK UP	DATE: 13.05.2023

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)

USR

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



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