

भारत सरकार
Government of India

अधार

Issue Date: 31/01/2014



प्रदीप
PRADEEP
जन्म तिथि/DOB: 13/12/1992
पुरुष/ MALE

4198 9100 6831
VID : 9104 8386 6187 2675

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

पता:
द्वारा: राम चंद्र, हंसास, झंझा, झंझुन,
राजस्थान - 333502

Address:
C/O: Ram Chandra, hansas, Jhanjha,
Jhunjhunin,
Rajasthan - 333502



4198 9100 6831
VID : 9104 8386 6187 2675

1947 | help@uidai.gov.in | www.uidai.gov.in

Pradeep
8239957644



Name: Pradeep -
Patient ID: 54672

Date of birth: 13.12.1992
Gender: Male
Height: 176 cm
Weight: 80 kg
Ethnicity: Underdefined
Pacemaker: Unknown

Visit ID: BOB MEDICAL
Room: BOB MEDICAL
Medication: BOB MEDICAL
Order ID: BOB MEDICAL
Ord. prov.: BOB MEDICAL
Ord. prot.: BOB MEDICAL

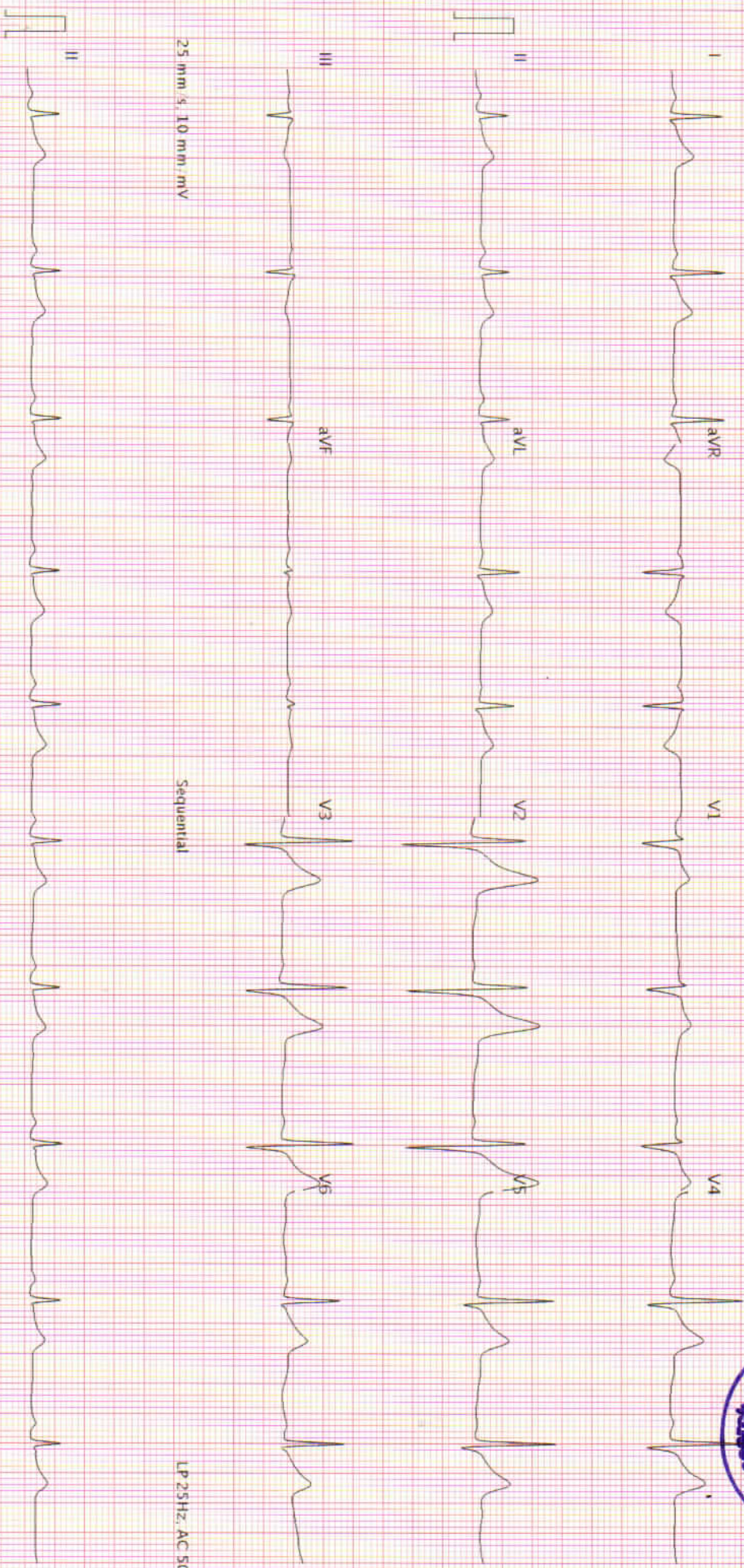
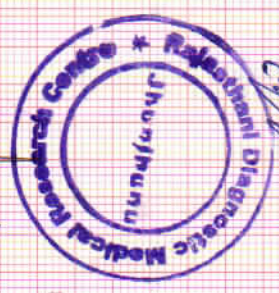
24.04.2024 11:12:13
Standard 12-Lead

HR: 61 bpm
P axis: 32
QRS axis: 6
T axis: 15
RR: 982 ms
PR: 102 ms
QRS: 151 ms
QT: 90 ms
QTcB: 403 ms
407 ms

Rajasthan Diagnostic & MR Centre
8-110, Subhash Marg, Indira Nagar, Mandawa Mod
Jhunjhunu (Raj.)

Sinus rhythm
Normal electrical axis
Nonspecific ST abnormality (elevation)
Otherwise normal ECG
Unconfirmed report

Otherwise normal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz



RAJSTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMMOGRAPHY

NAME	PRADEEP	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECKUP	DATE	24-Apr-24

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. Cortical cyst with thin internal septations measuring approx 33x43 mm seen in mid pole.

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.
- ❖ Left renal cyst.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MD RADIODIAGNOSIS

Dr. Anusha Mahalawat
MD (Radiodiagnosis)
(RAC: 38742/25457)



आपातकालीन सेवाएं

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE





Name : PRADEEP	Father/Husband : RAMCHANDRA	IPD/OPD status : OPD
Age/Sex : 31 Y/Male	Reg. No. : OutSide	Category : CASH
Consultant : M. S. MEEL	Accession No. : 20240424046	Bed No. :-
	BILL.NO : 2400290925	Date : 24/04/2024 12:27:57 PM

TRANSTHORACIC ECHO-DOPPLER TEST REPORT

MITRAL VALVE-

Morphology AML-Normal/Thickening/Calcification/Flutter/Restricted mobility/SAM/Doming.

PML-Normal/Thickening/Calcification/Prolapse/Fixed/Restricted Mobility/Flutter.

Doppler- Normal/Abnormal Mitral E/A Velocity= 87/76 (cm/sec).

Mitral Regurgitation Absent/Trace/Mild/Moderate/Severe.

Mitral Stenosis Absent/Present.

TRICUSPID VALVE-

Morphology -Normal/Atresia/Thickening/Calcification/Prolapse/Doming.

Doppler- Normal/Abnormal

Tricuspid Regurgitation Absent/Trace/Mild/Moderate/Severe.

Tricuspid Stenosis Absent/Present.

PULMONARY VALVE-

Morphology -Normal/Atresia/Thickening/Doming/Vegetation.

Doppler- Normal/Abnormal Pulmonary Velocity = 79 (cm/sec)

Pulmonary Regurgitation Absent/Trace/Mild/Moderate/Severe.

Pulmonary Stenosis Absent/Present.

AORTIC VALVE-

Morphology -Normal/Thickening/Calcification/Flutter/Sclerosis/Doming.

No of Cusps- 1/2/3.

Doppler- Normal/Abnormal

Aortic Velocity = 108 (cm/sec)

Aortic Regurgitation Absent/Trace/Mild/Moderate/Severe.

Aortic Stenosis Absent/Present.

Aorta = 2.6cm (2.0 – 3.7cm)

Left Atrium = 4.5 cm (1.9 – 4.0 cm)

LV measurement Diastole Systole

IVS 1.3 cm (0.6-1.1cm) 1.5 cm

LVID 5.4 cm (3.7-5.6cm) 3.5 cm (2.2 – 4.0 cm)

LVPW 1.6 cm (0.6-1.1cm) 1.9 cm

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy.

Contraction Normal/Reduced.

Regional wall motion abnormality : Present/Absent.

LANormal/Enlarged/Clear/Thrombus.

RANormal/Enlarged/Clear/Thrombus.

RVNormal/Enlarged/Clear/Thrombus.



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

भूयः लिंग परीक्षण करवा व कन्साला दमनीव उपराय है
उसकी शिकावत 104 टोल फ्री सेवा पर की जा सकती है

MAHAVIR HOSPITAL

Health & Hygiene



Tel. : 01592-232361
9680960962

D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)

MAHAVIR HOSPITAL

COMMENTS & SUMMARY-

ECHO window-Good/Fair/Poor.

No regional wall motion abnormality seen, LVEF=55%.

Mild left ventricular hypertrophy seen.

Mild MR, trace TR, no PAH.

Normal systolic function.

Normal diastolic function.

No I/C clot/vegetation.

Intact IAS/IVS & No CoA, no pericardial effusion.

Dr M S Meel
MD Medicine
Senior Physician

Dr Pallavi Choudhary
MD Paediatrics
Consultant



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

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इसकी शिकार 104 टोल फ्री सेवा पर की जा सकती है



RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY



MC - 5348

NAME : PRADEEP	AGE 31 /SEX M
REF.BY :BOB HEALTH CHECK-UP	DATE: 24.04.2024

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



आपातकालीन सेवाएं

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B-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977



RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECC MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **PRADEEP**
Sr. No. : 5189
Patient ID No.: 4750
Age : 31 Gender : MALE
Ref. By Dr : BOB HEALTH CHECK-UP



Registered on : 24-04-2024 11:22 AM
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Bar Code
LIS Number 7

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	8.0	mm/hr	20

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	6.30	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	134.11	mg/dL	
eAG (Estimated Average Glucose)	7.44	mmol/L	

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

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.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

24/7
EMERGENCY SERVICE
PATHOLOGIST

Namita Khulela
Dr. Namita Khulela
M.D. (Path.)

RMC No. : 4720/162024



PATHOLOGIST

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RAJASTHANI DIAGNOSTIC & MRI CENTRE




FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **PRADEEP**
Sr. No. : **5189**
Patient ID No.: **4750**
Age : **31** Gender : **MALE**
Ref. By Dr : **BOB HEALTH CHECK-UP**



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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method : GOD-POD)	109.2	mg/dL	Glucose Fasting Cord: 45-96 New born, 1d: 40 -60 New born,>1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121
Blood Sugar PP (Method : GOD-POD)	139.2	mg/dL	Glucose 2 h Postparandial: <120
BUN (Blood Urea Nitrogen)	10.0	mg/dL	7.0-18.0

KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	14.20	mg/dL	Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-36 4-13 years : 15-36 13-19 years : 18-45
Creatinine (Method : Enzymatic Creatininase)	0.89	mg/dL	0.6-1.30
Calcium	9.80	mg/dL	8.5-11
Uric Acid (Method : Uricase-POD)	4.30	mg/dL	2.4-7.2
Gamma glutamyl transferase (GGT)	26.0	IU/L	15.0-85.0

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

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BIOLOGIST

Kamla Khulela

Dr. Kamla Khulela
M.D. (Path.)

DMC No. : 4720/15



PATHOLOGIST

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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **PRADEEP**
Sr. No. : 5189
Patient ID No.: 4750
Age : 31 Gender : MALE
Ref. By Dr : BOB HEALTH CHECK-UP



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BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	32.80	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	38.10	U/L	5-40
Bilirubin(Total) (Method : Diazo)	0.69	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day : 1-8, 1-2 days : 6-12, 3-5 days : 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days : 6-10, 3-5 days : 4-8
Bilirubin(Direct)	0.10	mg/dL	0-0.3
Bilirubin(Indirect)	0.59	mg/dL	0.1-1.0
Total Protein (Method : BIURET Method)	6.80	g/dL	Adults : 6.4 - 8.3 Premature : 3.6 - 6.0 Newborn : 4.6 - 7.0 1 Week : 4.4 - 7.6 7-12 months : 5.1 - 7.3 1-2 Years : 5.6 - 7.5 > 2 Years : 6.0 - 8.0
Albumin(Tech.: -BCG) (Method : BCG)	3.72	gm/dL	0-4 days: 2.8-4.4 4d-14 yrs: 3.8-5.4 14y-18y : 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.08	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.21		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	156.0	U/L	108-306

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

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BIOLOGIST

Mamta Khutela

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

S.M.C. No. : 4720/163



PATHOLOGIST

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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **PRADEEP**
Sr. No. : 5189
Patient ID No.: 4750
Age : 31 Gender : MALE
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BIO-CHEMISTRY LIPID PROFILE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method : CHOD-PAP)	H 250.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	50.60	mg/dL	35-65
Triglycerides (Method : GPO)	114.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	H 176.60	mg/dL	10-150
VLDL Cholesterol	22.80	mg/dL	0-40

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

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EMERGENCY SERVICE
PATHOLOGIST

Mamta Khuteta
Dr. Mamta Khuteta
M.D. (Path.)
TMC No. : 4720/15

PATHOLOGIST



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



RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	1.24	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	8.64	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	0.80	µIU/mL	0.35 -- 5.50 µIU/mL

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.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

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Mamta Khuteta
Dr. Mamta Khuteta
M.D. (Path.)
BMC No. : 4720/16666

PATHOLOGIST



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: **PRADEEP**
Sr. No. : 5189
Patient ID No.: 4750
Age : 31 Gender : MALE
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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity	15	ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.5		4.5-6.5
CHEMICAL			
Reaction	Acidic		
Albumin	NIL		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	0-1	/h.p.f.	
Epithelial Cells	0-1	/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	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

Note: This report is not valid for medico legal purposes.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

24/7
EMERGENCY SERVICE
TECHNOLOGIST

Mamta Khute

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

DMC No. : 4720/2014

PATHOLOGIST



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