DOB- 03 02/03/1983



भारत सरकार GOVERNMENT OF INDIA



Ramesh Kumar Year of Birth/ YoB: 1983 Male / MALE



8488 1399 9988

Aadhaar-Aam Aadmi ka Adhikar



भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:

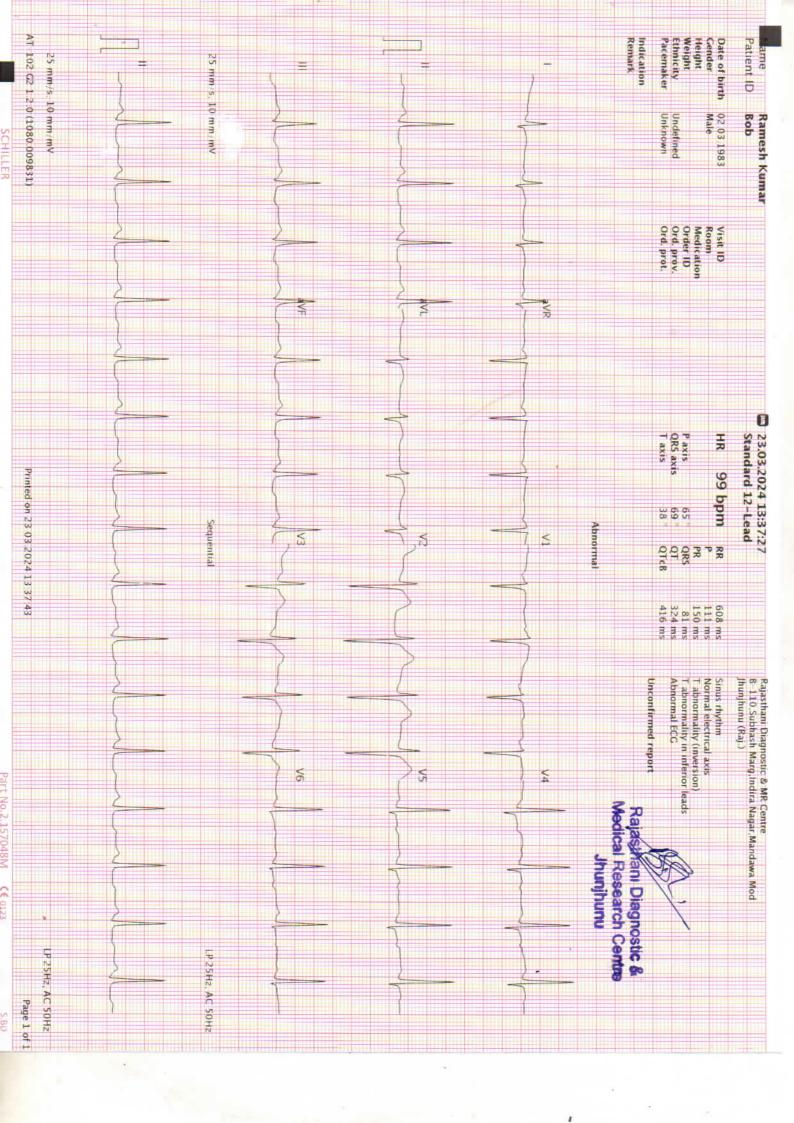
S/O: Hari Ram Saini, villagemawandia ki dhani, Adooka, Jhunjhunun, Rajasthan - 333026

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Aadhaar-Aam Admi ka Adhikar

Rajasthani Diagnostic & Medical Research Centre Jhunjhunu

9610501412





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X-RAY

ECG

MEMOGRAPHY



Hematology Analysis Report

First Name: RAMESH KUMARSample Type:

Last Name: Gender:

Male

Department: Med Rec. No : Sample ID: 2

Test Time: 24/03/2024 10:24

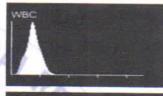
Diagnosis:

Age:			
Parameter	Result	Ref. Range	e Unit
1 WBC	6.65	4.00-10.00	10^3/uL
2 Neu%	62.8	50.0-70.0	%
3 Lym%	23.1	20.0-40.0	%
4 Mon%	3.2	3.0-12.0	% EDIO
5 Eos%	10.2	H 0.5-5.0	%
6 Bas%	0.7	0.0-1.0	%
7 Neu#	4.17	2.00-7.00	10^3/uL
8 Lym#	1.54	0.80-4.00	10^3/uL
9 Mon#	0.21	0.12-1.20	10^3/uL
10 Eos#	0.68	H 0.02-0.50	10^3/uL
11 Bas#	0.05	0.00-0.10	10^3/uL
12 RBC	5.22	3.50-5.50	10^6/uL
13 HGB	12.5	11.0-16.0	g/dL
14 HCT	45.7	37.0-54.0	%
15 MCV	87.6	80.0-100.0	fL
16 MCH	23.9	27.0-34.0	pg
17 MCHC	27.3	32.0-36.0	g/dL
18 RDW-CV	13.8	11.0-16.0	%
19 RDW-SD	49.4	35.0-56.0	fL
20 PLT	148	100-300	10^3/uL
21 MPV	10.0	6.5-12.0	fL
22 PDW	14.2	9.0-17.0	

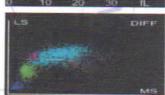
38.2

56

0.148









111 hit hohedela Dr. Mamta Khuteta M D. (Path.) RIVER No. 4720/16260



Submitter: Draw Time:

23 PCT

24 P-LCR

25 P-LCC

11.0-45.0

30-90

0.108-0.282

%

10^3/uL

Report Time: 24/03/2024 10:41 Remarks:

Operator: admin Approver: 24/03/2024 10:23 Received Time: 24/03/2024 10:23 Validated Time:

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







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Patient Name: RAMESH KUMAR

Sr. No. : 3920 Patient ID No.: 3662

Age : 41 Gender

: MALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on: 23-03-2024 03:55 PM Collected On : 23-03-2024 03:55 PM Received On : 23-03-2024 03:55 PM

Reported On : 24-03-2024 11:08 AM

Bar Code LIS Number

LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method CHOD-PAP)	175.00	mg/dL *	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	52.00	mg/dL	3588
Triglycerides (Method GPO)	125.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	98.00	mg/dL	0100
VLDL Cholesterol	25.00	mg/dL	035
TC/HDL Cholestrol Ratio	3.37	Ratio	2.55
LDL/HDL Ratio	1.88	Ratio	1.53.5

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	/HI 8	mm/hr	20
BLOOD GROUPING (ABO & Rh)	O+ Positive	1,	





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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.80	% %	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adeqate Control 8.10 - 9.00 Suboptimal Control 9.10 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	119.76	mg/dL	
eAG (Estimated Average Glucose)	6.65	mmol/L	

Method: Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

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.



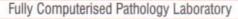
Manter Khuleb Dr. Mamta Khu M.T. (Pat

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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	108.0	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	135.0	mg/dL	Glucose 2 h Postparandial: <120
BUN (Blood Urea Nitrogen)	12.0	mg/dL	7.018.0

KIDNEY FUNCTION TEST

			A Comment
Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method Urease-GLDH)	32.0	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)	0.88	mg/dL	0.61.30
Calcium	9.60	mg/dL	8.511
Uric Acid (Method : Uricase-POD)	4.50	mg/dL	2.4–7.2
	TOWN IN THE	-	
Gamma glutamyl transferase (GGT)	28.0	IU/L	15.085.0





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BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
G G		TAN.	
SGOT/AST(Tech.:-UV Kinetic)	H 46.0	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	H 41.0	U/L	540
Bilirubin(Total) (Method : Diazo)	1.02	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 da :1-8, 1-2 days : 6-12, 3-5 day : 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days : 6-10 3-5 days : 4-8
Bilirubin(Direct)	0.22	mg/dL	00.3
Bilirubin(Indirect)	0.80	mg/dL	0.1-1.0
Total Protein (Method: BIURET Method)	6.90 R	g/dL	Adults: 6.4 - 8.3 Premature 3.6 - 6.0 Newborn: 4.6 - 7.0 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)	3.74	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)	3.16	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	L 1.18		1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	208.0	U/L	108-306





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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.85	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	8.55	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	3.12	µIU/mL 0.35 5.50 µII	

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.

IMMUNOLOGY

Test Name	Observed Values	Units	Reference Intervals
PSA (Prostate-Specific Antigen)	1.10	ng/mL	NORMAL 0 - 4.00 Borderline
Anthony Et	WILLIAM I KIN		4 - 10 High More than 10.00

Method : Fluorescence Immunoassay Technology

Sample Type: Serum / Plasma / Whole Blood

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT- i1000 PLUS) Abbott USA SUMMARY:-

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concen- trations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The



Maruta Khutela Dr. Mamta Khutet M.O. (Path.)

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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL	La .	70	recipience intervals
Quantity	15	ml	
Colour	Pale Yellow	C	
Appearance / Transparency	Clear	1 30	
Specific Gravity	1.012		
PH	6.00	1 3	4.56.5
CHEMICAL		1	7.0 0.0
Reaction	Acidic	(i	
Albumin	+	1	
Urine Sugar	Nil		+
MICROSCOPIC	DIC	1	/
Red Blood Cells	Nil	/h.p.f.	/-
Pus Cells	57	/h.p.f.	
Epithelial Cells	23	/h.p.f.	
Crystals	JALL NII	/h.p.f.	
Casts	Nil Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		Noterence intervals
URINE SUGAR PP	Nil		

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

>>>

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Mante Khuleh Dr. Mamta Khuteta M.O. (Path.) 9MC No.: 4720/16260

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MAMOGRAPHY

NAME	RAMESH KUMAR	AGE-	SEX: M	
REF/BY:	BOB HEALTH CHECKUP	DATE	23-Mar-24	

ULTRASONOGRAPHY WHOLE ABDOMEN

<u>Liver</u>: is enlarged in size 16.4 cm, shape and mild to 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 with Hepatomegaly

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT MD RADIODIAGNOSIS

> Jr. Anusha Mahalawat MD (Radiodiagnosis) (RMC. 38742/25457)







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MAMOGRAPHY

NAME : RAMESH KUMAR	AGE 41 /SEX M
REF.BY :BOB HEALTH CHECK-UP	DATE: 23.03.2024

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

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



