



आदण नाम निर्माट पहचान प्राधिकरण

पताः W/0 प्रदीप, 0, 0, गाँव-हंसास, झंझा, झंझनू, राजस्थान - 333502

Address: W/O Pradeep, 0, 0, Village-Hansas, Jhanjha, Jhunjhunun, Rajasthan - 333502



4093 3332 0443



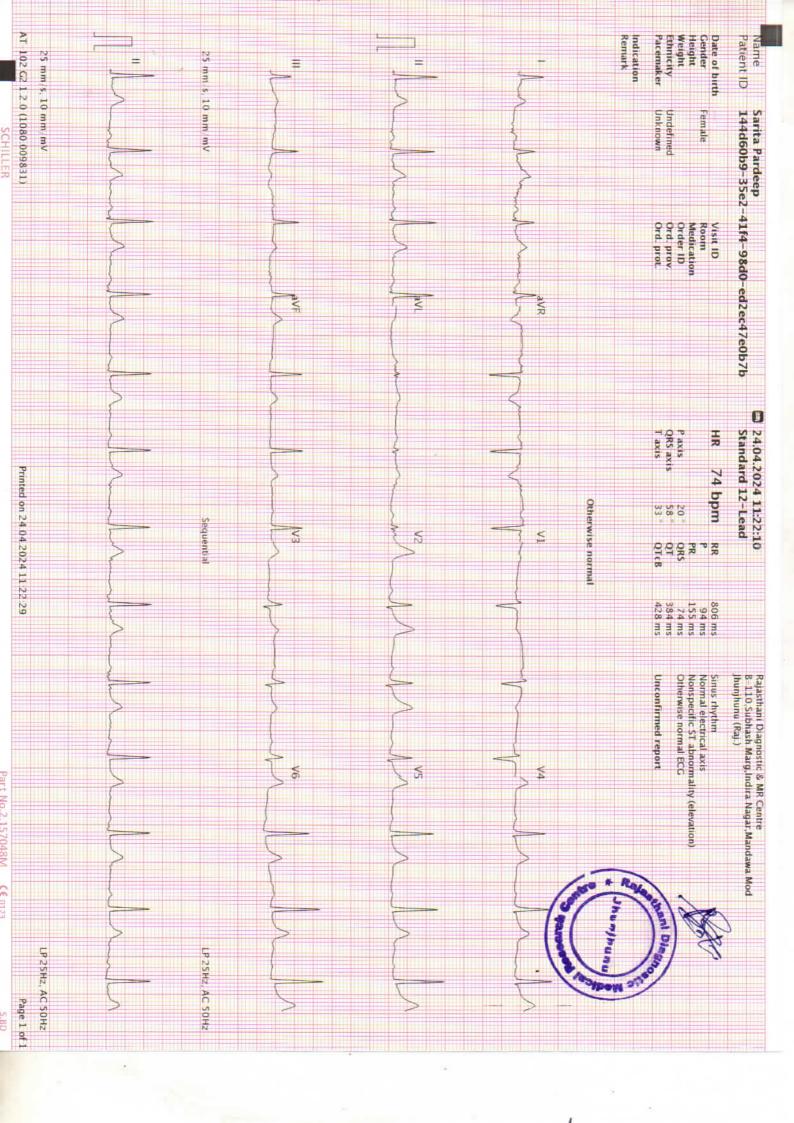


hatp@uldat.gov.in



ni,xcg, table, www





Reg. No.: 51/PNDT/CMHO/JJN/2020



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FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

SARITA KUMARI NAME

AGE-SEX: F REF/BY: BOB HEALTH CHECKUP DATE 24-Apr-24

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and 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 well distended. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

Uterus: is normal in size, regular in shape and outline. Uterus is anteverted and ante flexed. Endometrium is normal in thickness. No sonolucent or echogenic mass lesion seen.

Adenexa: Bilateral ovaries appear bulky with multiple peripherally arranged follicles and central echogenic stroma. Right ovary vol-10cc, left ovary vol-12 cc.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

IMPRESSION:

· Bilateral polycystic pattern of ovaries.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT MD RADIODIAGNOSIS

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





MAHAVIR HOSPITAL Health & Hygiene



Tel.: 01592-232361 9680960962

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

MAHAVIR HOSPITAL

Name

:SARITA KUMARI

Age/Sex

:35 Y/Female

Consultant

:M. S. MEEL

Father/Husband

:PRADEEP KUMAR

Reg. No.

:OutSide

Accession No.

:20240424045 :2400290825

BILL.NO

IPD/OPD status

:OPD

Catagory

:CASH

Bed No.

Date

:24/04/2024 12:26:37

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= 76/70 (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 = 117 (cm/sec)

Aortic Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Aortic Stenosis

Absent/Present.

Aorta = 2.6 cm (2.0 - 3.7 cm)

Left Atrium = 4.5 cm (1.9 - 4.0 cm)

LV measurement

Diastole

Systole

IVS

0.6 cm (0.6-1.1cm)

0.9 cm

LVID

5.4 cm (3.7-5.6cm)

3.5 cm (2.2 - 4.0 cm)

LVPW

1.06 cm (0.6-1.1cm)

1.09 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.





MAHAVIR HOSPITAL Health & Hygiene

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



Tel.: 01592-232361 9680960962

MAHAVIR HOSPITAL

COMMENTS & SUMMARY-

ECHO window-Good/Fair/Poor.

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

Normal cardiac chamber dimensions seen.

Trace 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













CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY



NAME : SARITA KUMARI	AGE 35 /SEX F
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)



MD (RADIODIAGNOSIS)

RMC -38742/25457







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NABL CERTIFICATE NO. MC-5346

Hematology Analysis Report

First Name: SARITA KUMARI Sample Type: Last Name:

Gender: Female

35 Year

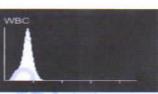
Age:

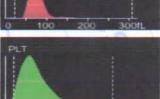
Department: Med Rec. No.: Sample ID: 11

Test Time: 24/04/2024 11:01

Diagnosis:

Pa	rameter		Result		Ref. Range	Unit
1	WBC		11.17	Н	4.00-10.00	10^3/uL
2	Neu%		62.7		50.0-70.0	%
3	Lym%		29.4		20.0-40.0	%
4	Mon%		4.2		3.0-12.0	%
5	Eos%		3.4		0.5-5.0	%
6	Bas%		0.3		0.0-1.0	%
7	Neu#		7.01	H	2.00-7.00	10^3/uL
8	Lym#		3.28		0.80-4.00	10^3/uL
9	Mon#		0.47		0.12-1.20	10^3/uL
10	Eos#		0.38		0.02-0.50	10^3/uL
11	Bas#	1-20	0.03		0.00-0.10	10^3/uL
12	RBC		4.72		3.50-5.50	10^6/uL
13	HGB		10.4	L	11.0-16.0	g/dL
14	HCT		36.7	L	37.0-54.0	%
15	MCV		77.8	L	80.0-100.0	fL
16	MCH		22.0	L	27.0-34.0	pg
17	MCHC		28.3	L	32.0-36.0	g/dL
18	RDW-CV		15.4		11.0-16.0	%
19	RDW-SD		49.1	1	35.0-56.0	fL
20	PLT		401	Н	100-300	10^3/uL
21	MPV		7.7		6.5-12.0	fL
22	PDW		8.5	L	9.0-17.0	
23	PCT		0.307	Н	0.108-0.282	%
24	P-LCR		18.7		11.0-45.0	%
25	P-LCC		75		30-90	10^3/uL









Harrista Likelela Dr. Mamta Khuteta M D. (Path.) RMC No.: 4720/16260



Submitter: Draw Time:

Operator: admin Approver: 24/04/2024 11:00 Received Time: 24/04/2024 11:00 Validated Time:

Report Time: 27/04/2024 12:10 Remarks:

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







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NABL CERTIFICATE NO. MC-5346

Patient Name: SARITA KUMARI

Sr. No. : 5190 Patient ID No.: 4751

: 35 Gender

: FEMALE

Ref. By Dr : BOB HEALTH CHECK-UP

Registered on : 24-04-2024

11:23 AM

Collected On : 24-04-2024 Received On : 24-04-2024

11:23 AM 11:23 AM

Bar Code LIS Number

Reported On : 27-04-2024 11:21 AM

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	6.0	mm/hr ,	20

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.20	%	< 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)	102.54	mg/dL	
eAG (Estimated Average Glucose)	5.69	mmol/L	0

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.

Dr. Ashish Sethi

LOGIST

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

Martin Khutet Dr. Mamta Khuteta M.O. (Path.) 9MC No.; 4720/1

PATHOLOGIS



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NABL CERTIFICATE NO. MC-5346

Patient Name: SARITA KUMARI

Sr. No. : 5190 Patient ID No.: 4751

Age : 35 Gender

: FEMALE

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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	81.20	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)	96.31	mg/dL	Glucose 2 h Postparandial: <120
BUN (Blood Urea Nitrogen)	12.0	mg/dL	7.0-18.0

KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals	
Blood Urea (Method , Urease-GLDH)	23.20	mg/dL	Adults Women < 50 years 13-40 Women > 50 years : 21-43 Men < 50 years : 19-4	
<u>a</u>			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)	0.75	mg/dL	0.61.30	
Calcium	9.20	mg/dL	8.511	
Uric Acid (Method Uricase-POD)	3.40	mg/dL	2.47.2	

Gamma glutamyl transferase (GGT) IU/L 15.0-85.0

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Hamoh Sothie Dr. Ashish Sethi

Consultant Biochemist

LOGIST

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Marita Khutela Dr. Mamta Khuteta M.D. (Path.) 9MC No.: 4720/1

PATHOLOGIS

sex effect of drug and other relevant factor.



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NABL CERTIFICATE NO. MC-5346

Patient Name: SARITA KUMARI

: 5190 Patient ID No.: 4751

: 35 Gender : FEMALE

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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:-UV Kinetic)	18.30	797	
SGPT/ALT(Tech.:-UV Kinetic)		U/L	540
	16.40	U/L	540
Bilirubin(Total) (Method: Diazo)	0.73	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)	0.12	mg/dL	00.3
Bilirubin(Indirect)	0.61	mg/dL	0.1-1.0
Total Protein (Method : BIURET Method)	6.85	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)	3.76	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)	3.09	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	1.22	20'	1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	189.0	U/L	108-306

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Dr. Ashish Sethi Consultant Biochemist

TECHNOLOGIST

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Mamler Khulela Dr. Mamta Khuteta M.D. (Path.) TMC No.: 4720/16 PATHOLOGIS

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: 5190 Patient ID No.: 4751

: 35 Gender : FEMALE

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BIO-CHEMISTRY LIPID PROFILE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	H 206.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	42.70	mg/dL	3565
Triglycerides (Method GPO)	105.00	mg/dL	Recommended triglycerides levels for adults: Normal: <16 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	142.30	mg/dL	10150
VLDL Cholesterol	21.00	mg/dL	0-40

Which Sothe Dr. Ashish Sethi

OGIST

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D.I.C. No. 17/17/12



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Patient Name: SARITA KUMARI

Sr. No. : 5190 Patient ID No.: 4751

Age : 35 Gender : FEMALE Ref. By Dr : BOB HEALTH CHECK-UP



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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	1.05	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	8.30	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	2.93	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 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.

Dr. Ashish Sethi Consultant Biochemist

Dr. Niamta Khulek
Dr. Niamta Khuleta
M.D. (Path.)

M.D. (Path.)

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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL		707	
Quantity	20	ml	N. T.
Colour	Pale Yellow		
Appearance / Transparency	Clear	1 1	
Specific Gravity	1.015		10
PH	5.0		4.5-6.5
CHEMICAL		7	102
Reaction	Acidic	1	7
Albumin	NIL		
Urine Sugar	Nil		2
MICROSCOPIC			
Red Blood Cells	Nil	/h.p.f.	()
Pus Cells	01	/h.p.f.	(2)
Epithelial Cells	01	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	/
Bactria	Nil	/h.p.f.	
Others	11	/h.p.f.	

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		Transferred 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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