

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

ANIL KUMAR DUDI
RAM KUMAR DUDI
20/12/1985

Permanent Account Number
AIKPD1586E

Signature





RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	ANIL KUMAR DUDI	AGE-	SEX: M
REF/BY:	MEDI WHEEL HEALTH CHECK-UP	DATE	26-Mar-22

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 seen 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 is unremarkable.

IMPRESSION:

❖ NORMAL SONOGRAPHY STUDY

Advised: clinicopathological correlation

DR. B S GUPTA
MD RADIODIAGNOSIS



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

Pri Anil Kumar dudi
20.12.1985 66.0 kg
36 Years Male

26.03.2022 16:03:49
RAJASTHANI DIAGNOSTICS CENTRE
JHUNJHUNU RAJ.

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

Room:

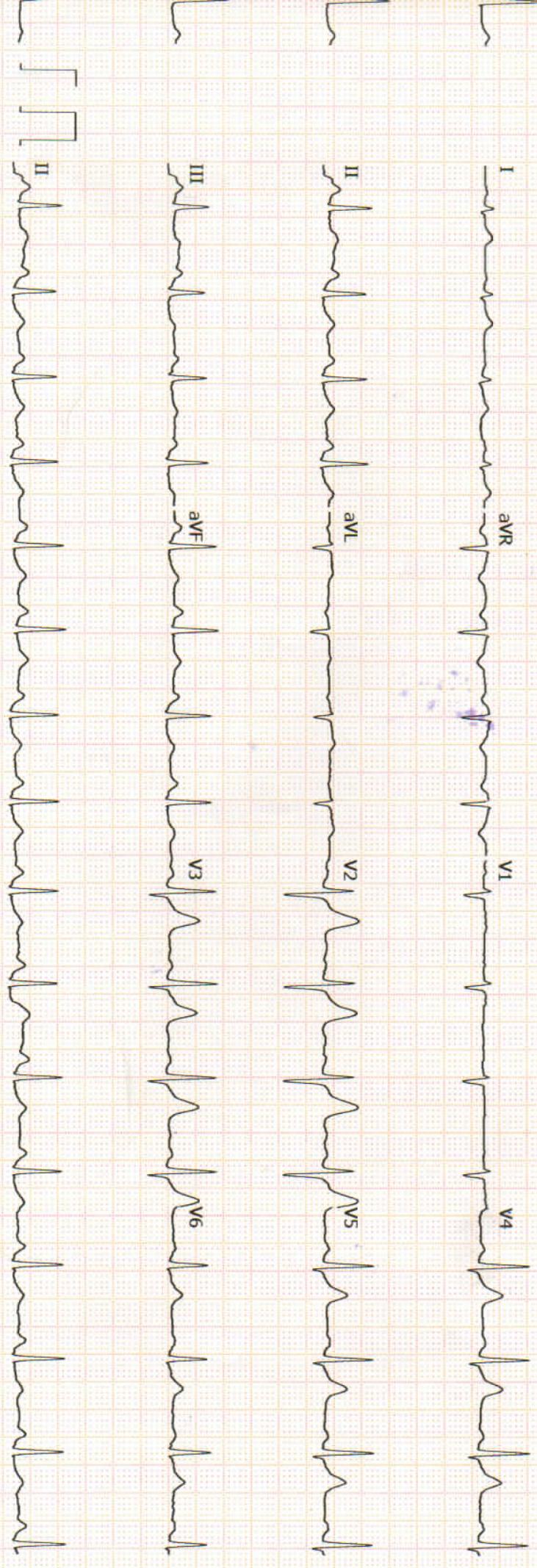
93 bpm
--/-- mmtHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 332 / 412 ms
PR : 140 ms
P : 114 ms
RR / PP : 642 / 645 ms
P / QRS / T : 75 / 84 / 52 degrees

Normal sinus rhythm
Normal ECG

Heumar



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3 25 R1 1/1

Unconfirmed

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



Rajasthani Diagnostic & MRI Centre

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI | CT SCAN | TMT | SONOGRAPHY | X-RAY | ECG



NAME : ANIL KUMAR	AGE:/SEX : M
REF.BY : MEDIWHEEL HEALTH	DATE: 26.03.2022

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. B S GUPTA

MD RADIODIAGNOSIS

Note : **24 Hrs.** Service Available

Not for medico legal Purpose



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Report date: 2022-03-26 13:43

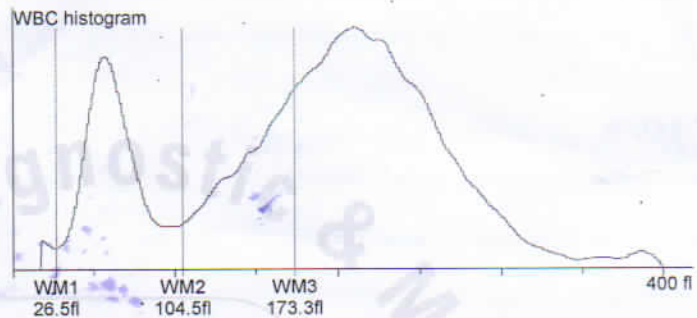
Patient ID: 37928
Name: ANIL KUMAR

Birth date: 0000-00-00
Sex: Male

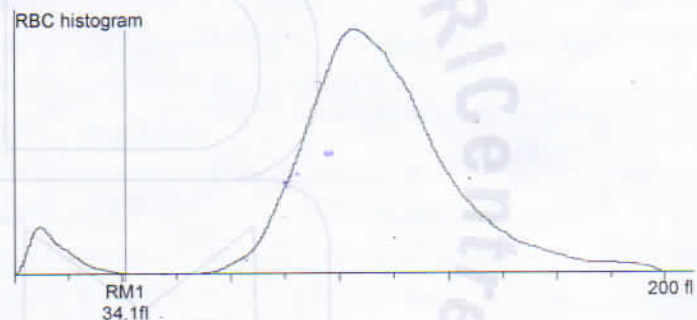
Measure type: Human
Sample ID: 37803

Doctor: MEDI WHEEL HEAL
Date: 2022-03-26

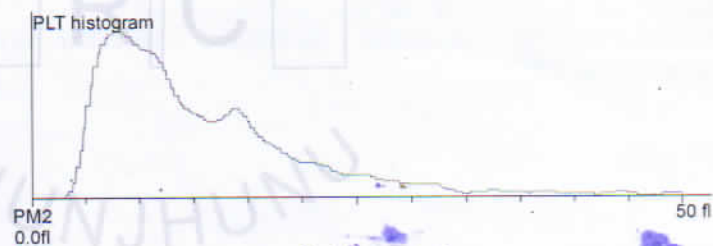
Parameter:	Result:	Limit:
WBC:	10.76 $10^9/l$	[4.00 - 11.00]
LYM:	1.91 $10^9/l$	[1.30 - 4.00]
MID:	0.33 $10^9/l$	[0.15 - 0.70]
GRA:	+ 8.52 $10^9/l$	[2.50 - 7.50]
LYM%:	- 17.70 %	[25.0 - 40.0]
MID%:	3.10 %	[3.0 - 7.0]
GRA%:	+ 79.20 %	[50.0 - 75.0]



RBC:	- 3.64 $10^{12}/l$	[4.00 - 5.50]
HGB:	12.30 g/l	[11.5 - 16.5]
HCT:	41.12 %	[36.00 - 52.00]
MCV:	+ 113.00 fl	[76 - 96]
MCH:	+ 33.80 pg	[27 - 32]
MCHC:	- 29.90 g/l	[30 - 35]
RDWs:	+ 68.80 fl	[20.0 - 42.0]
RDWcv:	16.00 %	[0.0 - 0.0]



PLT:	197.00 $10^9/l$	[100 - 400]
PCT:	0.23 %	[0.00 - 0.00]
MPV:	11.60 fl	[8.0 - 15.0]
PDWs:	17.20 fl	[0.0 - 0.0]
PDWcv:	40.90 %	[0.0 - 0.0]



Nida
Dr. NIDA FAHMI
M.D.S. Pathology
Reg. No. A-4048

Doctor:



आपताकालीन सेवाएं

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Laboratory Report



Name : ANIL KUMAR
 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP
 Sr. Number : 37928
 Invoice Date : 26-03-2022 01:00 PM
 Registration No.: 9402
 Print Date : 26-03-2022 04:54 PM

HAEMATOLOGY

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	H 38.00	20	mm/hr
BLOOD GROUPING (ABO & Rh)	A+ Positive		



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 आपताका नाम पर यह रिपोर्ट नहीं बननी चाहिए। * पहचान और नाम हमारी ज़िम्मेदारी नहीं है। * उम्र, लिंग, दवाइयों के प्रभाव आदि अन्य
 relevant factor. **THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE**

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HAEMATOTOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	5.19	< 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)	102.25		mg/dL

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.

BIO-CHEMISTRY

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	104.00	60-110	mg/dL
Blood Sugar PP	119.00	60 - 140	mg/dL

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 Print Date : **26-03-2022 03:46 PM**

BIO-CHEMISTRY

Test Name	Observed Values	Reference Intervals	Units
Gamma glutamyl transferase (GGT)	22.0	15.0-85.0	IU/L

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
SGOT/AST(Tech.:UV Kinetic)	26.00	5-40	U/L
SGPT/ALT(Tech.:UV Kinetic)	34.00	5-40	U/L
Bilirubin(Total)(Tech.:Jendrassik Grof)	1.10	0.1-1.1	mg/dL
Bilirubin(Direct)	0.26	0-0.3	mg/dL
Bilirubin(Indirect)	0.84	0.1-1.0	mg/dL
Total Protein(Tech.:Biuret)	7.34	6-8	gm/dL
Albumin(Tech.:BCG)	4.00	3.5-5	gm/dL
Globulin(CALCULATION)	3.34	2.5-4.5	gm/dL
A/G Ratio(Tech.:Calculated)	1.20	1.2 - 2.5	
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	115.00	30-128	U/L

RFT(WITHOUT ELECTROLYTE)

Test Name	Observed Values	Reference Intervals	Units
Creatinine(Tech.:Jaffes Kinetic)	0.91	0.6-1.30	mg/dL
BUN (Blood Urea Nitrogen)	12.00	7.0-18.0	mg/dL
Uric Acid(Tech.:Enzymatic)	4.92	2.4-7.2	mg/dL
BUN/CREATININE Ratio(Method:-Calculated)	13.18	9.00-23.00	Ratio

<<< END OF REPORT >>>

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BIO-CHEMISTRY

LIPID PROFILE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	169.00	140-260	mg/dL
HDL Cholesterol	46.00	35-65	mg/dL
Triglycerides	104.00	40-170	mg/dL
LDL Cholesterol	102.20	10-150	mg/dL
VLDL Cholesterol	20.80	0-40	mg/dL

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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	1.04	0.5 - 1.5 ng/mL	ng/ML
T4 (TotalThyroxine)	10.09	4.60-12.50 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.34	0.35 -- 5.50 µIU/mL	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.

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URINE EXAMINATION

URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL			
Quantity	20		ml
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.0	4.5-6.5	
CHEMICAL			
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil		/h.p.f.
Pus Cells	5--7		/h.p.f.
Epithelial Cells	2--5		/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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