

Government of India



कमला कुमावत Kamla Kumawat

जन्म वर्ष / Year of Birth : 1980 महिला / Female



5429 4136 8724

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

पता: W/O: सुभाष चन्द्र, वॉर्ड न.22., बाकरा सार्ग, रेलवे फाटक के nq.22., bakra road, railway fatak ke par, पार, झुझूनं, झुझूनं, झुझूनं, राजस्थान, 333001

Address: W/O: Subhash Chandra, ward

5429 4136 8724

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9460285768

Rajasthatic & Medical Research Centre Jhunjh**unu**



HANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

Hematology Analysis Report

First Name: KAMLA KUMAWATSample Type:

Last Name: Gender:

Female

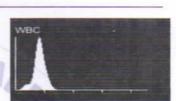
Department: Med Rec. No.: Sample ID: 3

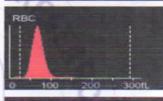
Test Time: 20/02/2024 09:16

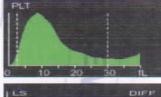
Diagnosis:

	Age: 44 Ye		00 1100.110		Diagi
	Parameter	R	esult	Ref. Range	Unit
	1 WBC	6.	33	4.00-10.00	10^3/uL
	2 Neu%	56	6.0	50.0-70.0	%
,	, 3 Lym%	35	5.1	20.0-40.0	%
	4 Mon%	6.	0	3.0-12.0	%
	5 Eos%	2.	6	0.5-5.0	%
	6 Bas%	0.	3	0.0-1.0	%
	7 Neu#	3.	55	2.00-7.00	10^3/uL
	8 Lym#	2.	22	0.80-4.00	10^3/uL
	9 Mon#	0.	38	0.12-1.20	10^3/uL
	10 Eos#	0.	16	0.02-0.50	10^3/uL
	11 Bas#	0.	02	0.00-0.10	10^3/uL
	12 RBC	4.	23	3.50-5.50	10^6/uL
	13 HGB	8.		11.0-16.0	g/dL
	14 HCT	30).8 L	37.0-54.0	%
	15 MCV	72	2.8 L	80.0-100.0	fL
	16 MCH	19	9.3 L	27.0-34.0	pg
	17 MCHC	26	3.6 L	32.0-36.0	g/dL
	18 RDW-CV	15	5.9	11.0-16.0	%
	19 RDW-SD	48	3.0	35.0-56.0	fL
	20 PLT	34	12 H	100-300	10^3/uL
	21 MPV	8.	9	6.5-12.0	fL
	22 PDW	10	0.7	9.0-17.0	
	23 PCT	0.	303 H	0.108-0.282	%
	24 P-LCR	28	3.3	11.0-45.0	%
	25 P-LCC	97	7 H	30-90	10^3/uL

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













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

Submitter: Operator: service Approver: Draw Time: 20/02/2024 09:16 Received Time: 20/02/2024 09:16 Validated Time: Report Time: 20/02/2024 09:29 Remarks:







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MEMOGRAPHY

Patient Name: KAMLA KUMAWAT

Sr. No. : 1666 Patient ID No.: 2329

: 44 Gender : FEMALE Age

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 20-02-2024 09:30 AM Collected On : 20-02-2024 09:30 AM Received On : 20-02-2024 09:30 AM

Reported On : 20-02-2024 11:46 AM

Bar Code LIS Number

LIPID PROFILE COMPLETE

Test Name	CT	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	CMCH2.	216.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	/	55.00	mg/dL	3588
Triglycerides (Method: GPO)		131.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	H	134.80	mg/dL	0-100
VLDL Cholesterol		26.20	mg/dL	035
TC/HDL Cholestrol Ratio		3.93	Ratio	2.55
LDL/HDL Ratio		2.45	Ratio	1.53.5





JHUNJHUNU (RAJ.)



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HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	18	mm/hr	20
BLOOD GROUPING (ABO & Rh)	O+ Positive	1607	









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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Observed Values	Units	Reference Intervals
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
102.54	mg/dL	
5.69	mmol/L	
	5.20 102.54	5.20 % 102.54 mg/dL

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.



Martin Khy Dr.Mamta Khute M.D.(Path RMC No. 4720/1

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUROSE



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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method GOD-POD)	95.00	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)	112.00	mg/dL	Glucose 2 h Postparandial: <120

KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	28.00	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)	0.93	mg/dL	0.61.30
Calcium	9.86	mg/dL	8.511
Uric Acid (Method : Uricase-POD)	4.81	mg/dL	2.47.2







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11:46 AM

Bar Code LIS Number

BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
C. C.		70	
SGOT/AST(Tech.:-UV Kinetic)	15.00	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	19.00	U/L	540
Bilirubin(Total) (Method : Diazo)	0.99	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)	0.22	mg/dL	00.3
Bilirubin(Indirect)	0.77	mg/dL	0.11.0
Total Protein (Method: BIURET Method)	RIC	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)	3.98	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)	3.03	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	1.31		1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	197.00	U/L	108-306







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: 44 Gender : FEMALE

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Reported On Bar Code

20-02-2024 11:46 AM

LIS Number

THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	1.40	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	5.47	µg/dL	4.60-12.50 μg/dL
TSH (Thyroid Stimulating Hormone)	0.79	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.

JHUNJHUNU (RA).







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09:30 AM

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Age : 44 Gender : FEMALE

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Bar Code LIS Number 2 2 5 2

URINE EXAMINATION
URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL		TA	
Quantity		ml	
Colour	Pale Yellow	6	
Appearance / Transparency	Clear	30	
Specific Gravity	1.025	0.	
PH	5.0		4.56.5
CHEMICAL)	0	
Reaction	Acidic		
Albumin	TRACE	1	
Urine Sugar	Nil	121	
MICROSCOPIC	DIC	100	
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	35	/h.p.f.	
Epithelial Cells	12	/h.p.f.	
Crystals	HIM. NI (DA)	/h.p.f.	
Casts	Ni/U (To	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	
Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil	Office	Reference intervals
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.



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUROSE

Dr.Mamta Khuleta M.D.(Path.) RMC No. 4720/45260

T&C: * This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our respossibility.

* No part of this report should be reproduced for any purpose. * Interpret result after considering Age, sex effect of drug and other relevant factor.









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*X-RAY

ECG

MAMOGRAPHY

NAME	KAMLA KUMAWAT	AGE-	SEX: F
REF/BY:	BOB HEATH CHECKUP	DATE	20-Feb-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 retroverted. Endometrium is normal in thickness. Few intramural fibroids, largest measuring approx 17x20 mm seen at anterior wall.

Adenexa: Both adenexal regions are seen normal. No focal mass or lesion is seen. Bilateral ovaries are normal in appearance.

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

unihun

IMPRESSION:

· Uterine fibroids

Advised: clinicopathological correlation

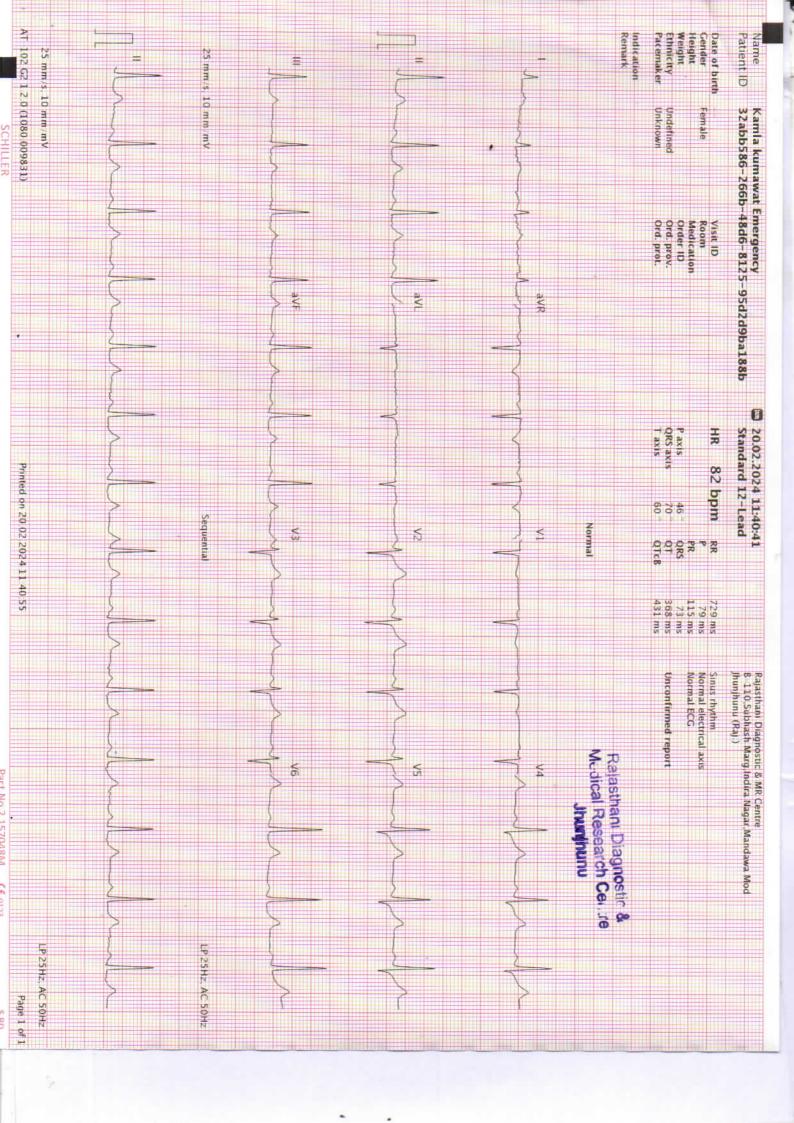
DR. ANUSHA MAHALAWAT MD RADIODIAGNOSIS

Dr. Anus ya Mahalawat MD (Radiodiagnosis) (RMC. 38742/25457)











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MEMOGRAPHY

AGE 43 /SEX F
ATE: 20.02.2024

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

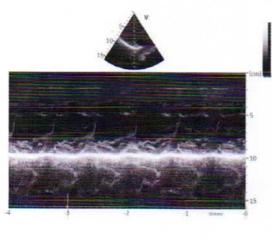




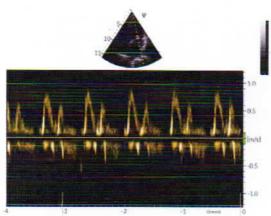
JHUNJHUNU (RA)

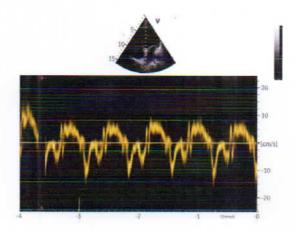
Name KAMLA KUMAWAT, Age

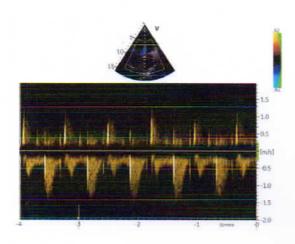
Date 20/02/2024 Site Name Arogyam Heart And Multispecility hospital

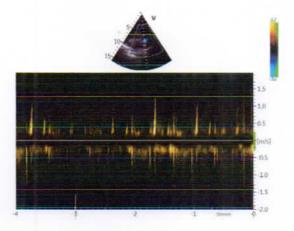












AAROGYAM HEART CARE - SHIVAM HOSPITAL

सामुदायिक विकास भवन के सामने, इन्दिरा नगर, झुंझुनू (राज.)

2-D ECHO COLOUR DOPPLER REPORT

NAME:- MR. KAMLA KUMAWAT

AGE:43Y/Sex: f

Date:-20-02-2024

REF.BY: RAJASTHANI DIAGNOTIC

EXM.BY:-DR.JAIPAL BUGALIA

LEFT VENTRICLE:

Size

Normal

Wall Motion

Normal

LEFT ATRIUM

RVI D (d) :-

RIGHT VENTRICLE

Diameter :- 28mm

23mm

Dimensions (2D / M-mode)

LVID D

46 mm

LVIDS

30 mm

E F(VISUAL) PW (d) 10

60% mm

IVS (D) 10 mm

PW (S) 11 mm

IVS (S) 12 mm

MITRAL VALVE: NORMAL

LV Inflow Doppler:

Peak E

.5m/sec

Peak A Vel

.6m/sec

Mitral Regurgitation: NIL

Tricuspid Regurgitation: MILD

AORTIC VALVE: NORMAL

AORTIC Regurgitation: NIL

PERICARDIUM: NORMAL

IMPRESSION:

- NO RWMA
- NORMAL LV systolic function, EF-60%
- Diastolic function grade
- NO MR, mild TR , NO AR
- No Intra Cardiac clot/vegetation/ Pericardial effusion

DR. JAIPAL BUGALIA (REG NO 023279/18941)A MD, D.M. (Cardiology) INE Chief Interventional Cardiologist





बेटी बचाओ - बेटी पढाओ

Form B is over Leaf...

भ्रूण लिंग परीक्षण करवाना जघन्य अपराध है इसकी शिकायत टोल फ्री नम्बर 104/108 पर की जा सकती है।