



भारत सरकार

Government of India



Issue Date: 30/09/2012



रोम्या राठौर

Romya Rathore

जन्म तिथि / DOB: 11/01/1999

महिला / FEMALE



3100 6702 4529



3100 6702 4529

मेरा आधार, मेरी पहचान





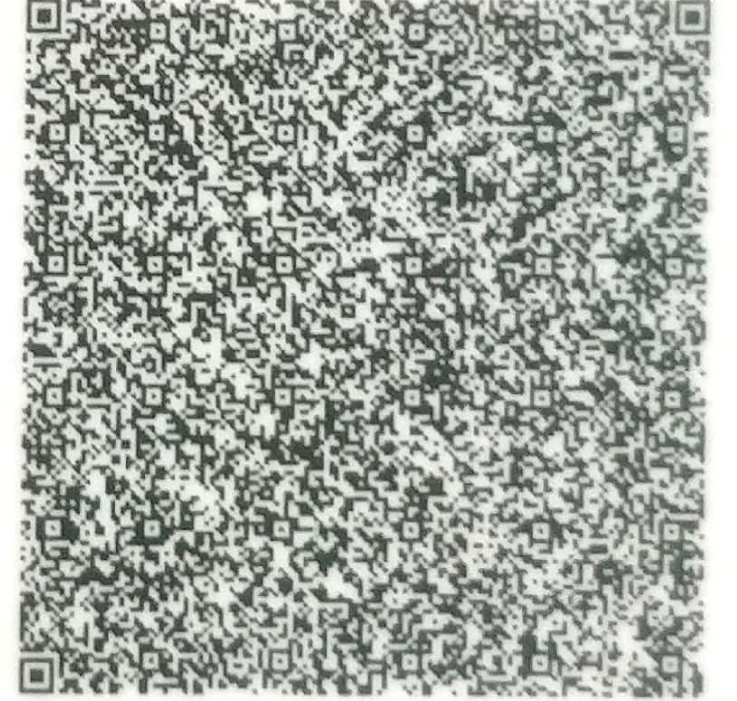
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: द्वारा: महेंद्र पाल सिंह राठौर,
907, ब्लॉक बी, सागर लैंडमार्क,
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मध्य प्रदेश, 462010

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ayodhya Bypass Road, Huzur, Bhopal,
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Print Date: 05/01/2021



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Laboratory Report

Patient Name : MS ROMYA RATHORE



CPL24/9051

Age/Gender : 25 Yrs/Female

Registration Date : 13/04/2024 10:00 AM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 13/04/2024 10:16 AM

Center : CMH OPD

Report Date : 13/04/2024 02:33 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND RH FACTOR			
ABO Type	B		
Rh Factor	POSITIVE(+VE)		

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Post-Prandial Blood Sugar	114.0	mg/dl	70 - 140
<i>Method: Hexokinase</i>			
Interpretation:-			
Normal: 70-140			
Impaired Glucose Tolerance:140-200			
Diabetes mellitus: >= 200 (on more than one occassion)			
BILIRUBIN-SERUM			
Total Bilirubin-Serum	0.86	mg/dl	0.2 - 1.2
Direct Bilirubin-Serum	0.15	mg/dl	0.0 - 0.3
Indirect Bilirubin-Serum	0.7	mg/dl	0.2 - 0.8
<i>Method: DIAZO</i>			



9001:2015

Sushil

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

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BLOOD UREA	18.1	mg/dl	13 - 45
BUN	8		7 - 21

Method: Calculated

Clinical Significance:

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to

- (1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers,
- (2) reduced renal perfusion resulting from dehydration or heart failure,
- (3) nearly all types of kidney disease, and
- (4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

Serum-Creatinine	0.71	mg/dL	0.4 - 1.50
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Method: Enzymatic

Interpretation

The primary use of a creatinine test is to better understand how well the kidneys are working. A measurement of creatinine can be employed for screening, diagnosis, and/or monitoring of kidney problems.

SGPT (ALT)- Serum	11.0	unit/L	5 - 45
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Method: IFCC

Clinical Significance

Alanine Aminotransferase (ALT) (REFL) - Alanine Aminotransferase (ALT) measurements are particularly useful in the diagnosis and management of certain liver diseases, e.g., viral hepatitis and cirrhosis. ALT activity in tissue is generally much lower than aspartate aminotransferase (AST) activity and is found in highest concentrations in the liver. Significant elevations of ALT occur only in diseases of the liver. ALT is often measured in conjunction with AST to determine whether the source of the AST is the liver or the heart. ALT is normally not elevated in cases of myocardial infarction, i.e., a normal ALT, in conjunction with an elevated AST, tends to suggest cardiac disease. However, slight elevations of ALT may occur if an infarct destroys a very large volume of heart muscle.



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CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar <i>Method: GOD-POD</i>	89.1	mg/dl	Normal: 70-110 Impaired Fasting Glucose(IFG): 100-125

Diabetes mellitus: ≥ 126

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.



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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	1-2	/hpf	0-5/hpf
Epithelial Cells	2-4	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,



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Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	12.2	gm/dL	11.0 - 15.0
RBC Count	3.83	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	34.6	%	37.0 - 47.0
Mean Corp Volume MCV	90.3	fL	80.0 - 100.0
Mean Corp Hb MCH	31.9	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	35.3	gm/dL	32.0 - 36.0
Platelet Count	2.25	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	6.0	10 ³ /cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	72	%	40 - 70
Lymphocytes	23	%	20 - 40
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	4.3	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	1.4	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm ³	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.



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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	09	mm/hr	0 - 20

Method: Wintrobess

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

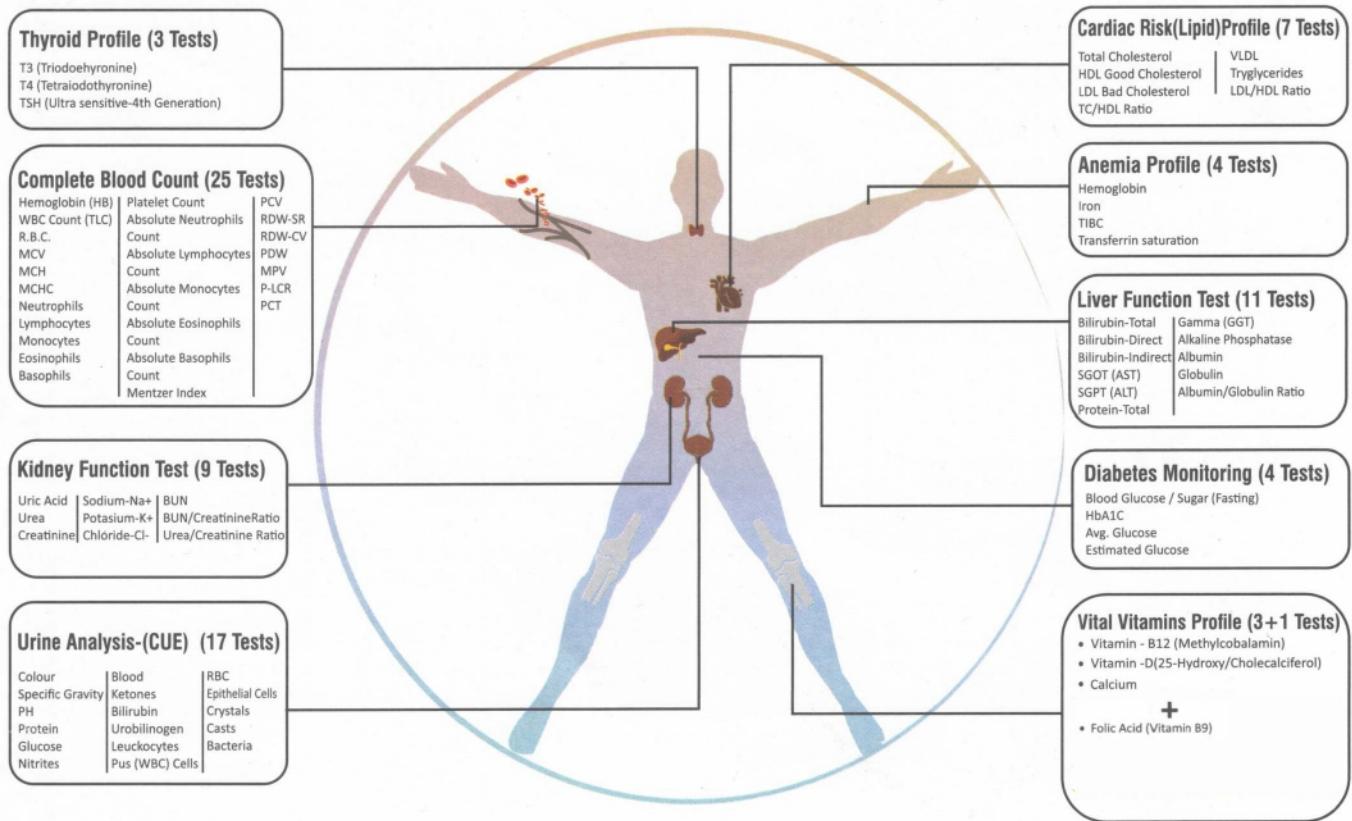


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BODY CARE



CONDITIONS OF REPORTING

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
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- Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity
A. However due to certain factors such as reagent inconsistency , machine breakdown etc. beyond its control which could affect the testing , it does not make any representation or give any warranty about the accuracy of the reported results
B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico - legal purposes
- Partial representation of report is not allowed.
- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

For Any Enquiry

Citi Pathlabs
 Flat No. 004, Shivaay South City Complex,
 Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.)
 citipathlabs@gmailcom
 9454786340, 9407658222

MER- MEDICAL EXAMINATION REPORT

Date of Examination	13-04-24		
NAME	MS. ROMYA RATHORE		
AGE	25	Gender	F
HEIGHT(cm)	150	WEIGHT (kg)	60
B.P.	120/80		
ECCG	WNL		
X Ray	NORMAL		
Vision Checkup	Color Vision: No		
	Far Vision Ratio : No		
	Near Vision Ratio : No		
Present Ailments	No. Any. present ailments		
Details of Past ailments (If Any)	No. Any past ailments		
Comments / Advice : She /He is Physically fit	She is physically fit.		

Dr. SABYASACHI GUPTA
 MBBS (Gold Medalist), MD (Med), RCGP (U.K.)
 Reg. No. 41671

Signature with Stamp of Medical Examiner





CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



ROMYA
25/4

13.4.24

CLG
NO, ~~COMPLAINT~~
COMPLAINT
in eye



OLG

NO
R-G 20/20
L-G 20/20

2 NO, WATER-DISCHARGE
in BOTH-EYE

2 CLEAR-VISION in R.E. &
L.E.

2 NO, ANY FRESH COMPLAINT
in BOTH-EYE



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Phone No. : 0755 -4250134
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Patient- Name:	MISS ROMYA RATHORE	Age/Sex:	25 Y/F
Referred By:	INS	Date:	13.04.2024

X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear.
- Bilateral Hilar Shadows Appear Clear.
- Bilateral CP Angles Appear Clear.
- Both The Domes Of Diaphragm Appear normal in shape and position.
- Visualized bony cage and soft tissue appear normal.

IMPRESSION

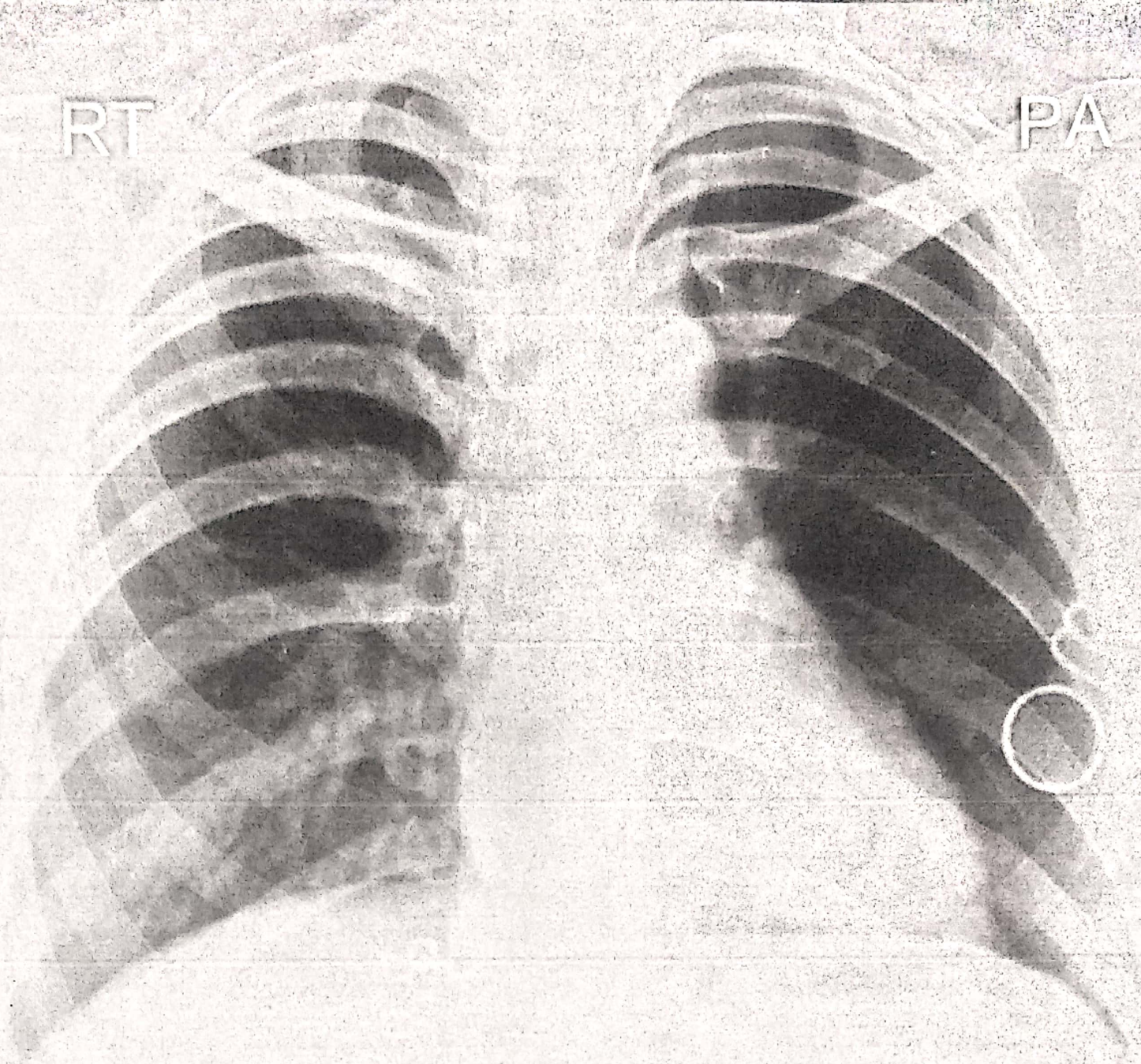
No Significant Abnormality.


Dr. SANJAY..
CONSULTANT RADIOLOGIST

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat

RT

PA

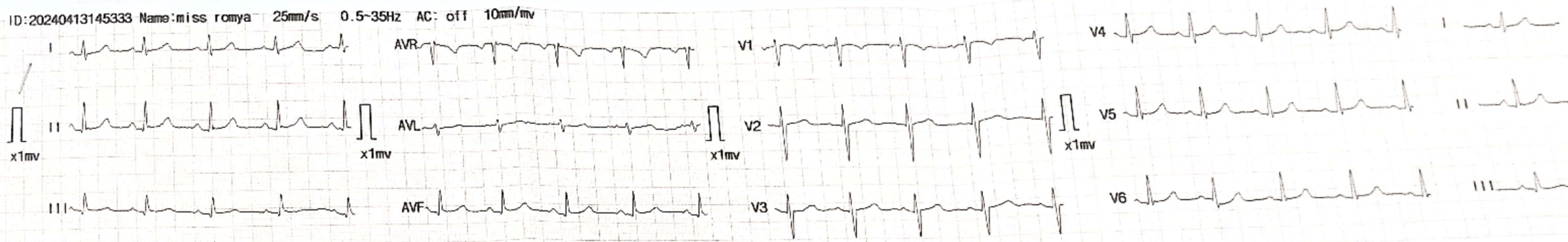


13.04.2024

Name: MISS POMYA PATHORE 25 Y/F
Sex: F

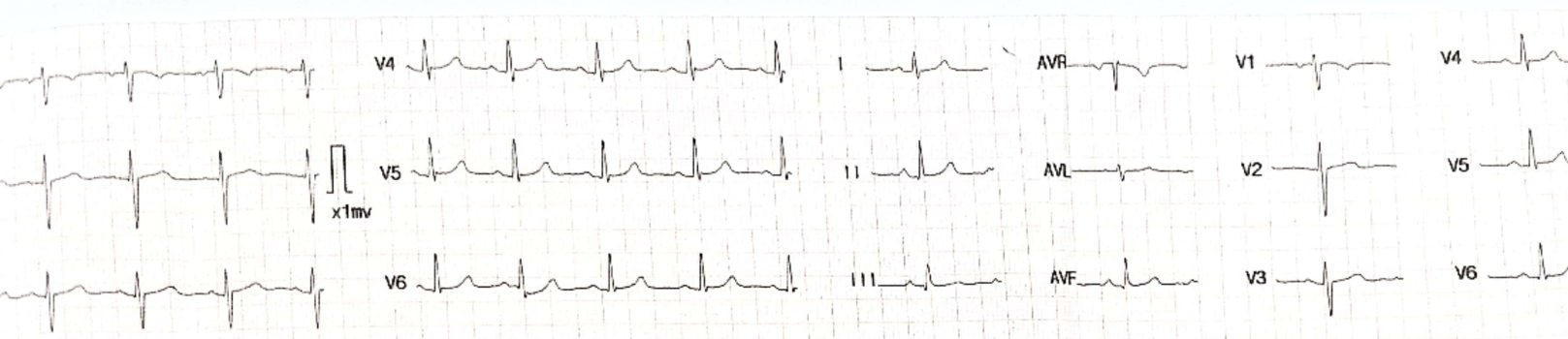


ID:20240413145333 Name:miss romya 25mm/s 0.5-35Hz AC: off 10mm/mv



Organization:cmh

Doctor:DR S S GUPTA



ID : 20240413145333
 Name : miss romya
 Sex : Female
 Age : 25
 HR : 85
 R-R : 716
 P-R : 149
 QRS : 78
 QT/QTc : 352/419
 P/QRS/T : 269/ 68/ 50
 RV5/SV1 : 0.735/-0.520 mV
 RV5+SV1 : 0.215 mV
 QTcF : 0.491

013:Atrial Tachycardia
 174:Maybe Abnormal rTm/ECG

Dr. SABYASACHI GUPTA
 MBBChB (Medicine) (RCP (UK))
 Reg No. 11671

Reference Report Confirmed by:

04-13-2024 14:53:52

[Signature]
 13-04-24



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arana Pratap Nagar, Bhopal, Madh

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77.44113°

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