

भारत सरकार  
Government of India



Suman Dangi  
Year of Birth : 1972  
Female



9416 5290 3384

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Address: W/O: Suresh Kumar Dangi,  
SHRI GANESH KUNJ ricko road, in front  
OF DIC, JHUNJHUNU, Jhunjhunu,  
Jhunjhunu, Rajasthan, 333001

9416 5290 3384

1547  
1800 300 1547

help@uidai.gov.in

www.uidai.gov.in

सुमान डंगी  
9413256304

  
Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu



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Handwritten notes in blue ink at the bottom of the page, including a small anatomical diagram of a spine.



# RAJSTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	SUMAN DANGI	AGE-	SEX: F
REF/BY:	BOB HEALTH CHECKUP	DATE	24-Feb-24

## ULTRASONOGRAPHY WHOLE ABDOMEN

**Liver:** is normal in size, shape and mild 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.

**Gall bladder:** is partially distended, no obvious calculus.

**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 atrophic.

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 I fatty liver.

Advised: clinicopathological correlation

**DR. ANUSHA MAHALAWAT**  
MD RADIODIAGNOSIS

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



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

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



Patient Name: Suman dangi  
 Patient ID:

Date of birth: Female  
 Center: Room  
 Height: Medication  
 Weight: Ord. ID  
 Ethnicity: Ord. prev.  
 Paramedic: Ord. prev.  
 Indication: Normal

24.02.2024 10:47:57  
 Standard 12-Lead

HR 82 bpm RR 712 ms  
 P axis 54° PR 116 ms  
 QRS axis 27° QT 123 ms  
 T axis 17° QTc 358 ms  
 QTcB 418 ms

Rajstani Diagnostic & MH Centre  
 B-110 Subhash Marg, Indira Nagar, Mandla Road  
 Jabalpur (MP)

Sinus rhythm  
 Normal electrical axis  
 Nonspecific T abnormality  
 bundle branch ECG  
 Unconfirmed report

Rajstani Diagnostic &  
 Medical Research Centre  
 Jabalpur



25 mm/s, 10 mm/mV

Sequential

UP 25mm AC 50Hz

25 mm/s, 10 mm/mV  
 AT: 10002 1.2.0 (100000986311)

Printed on 24.02.2024 10:48:11

UP 25mm AC 50Hz  
 Page 1 of 3

SCHILLER

Part No: J-15704800

CC 0033

S HO





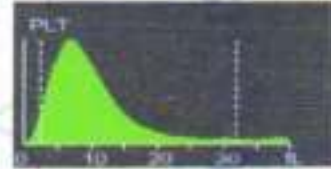
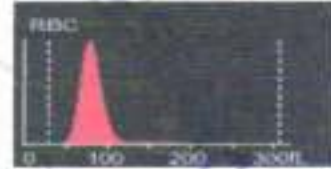
## Hematology Analysis Report

First Name: SUMAN DANGI  
 Last Name:  
 Gender: Female  
 Age: 51 Year

Sample Type:  
 Department:  
 Med Rec. No.:

Sample ID: 5  
 Test Time: 24/02/2024 09:09  
 Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	8.43	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	49.5 L	50.0-70.0	%
3 Lym%	39.7	20.0-40.0	%
4 Mon%	4.5	3.0-12.0	%
5 Eos%	5.8 H	0.5-5.0	%
6 Bas%	0.5	0.0-1.0	%
7 Neu#	4.17	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	3.35	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.38	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.49	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.04	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	5.05	3.50-5.50	10 <sup>6</sup> /uL
13 HGB	12.4	11.0-16.0	g/dL
14 HCT	43.1	37.0-54.0	%
15 MCV	85.3	80.0-100.0	fL
16 MCH	24.5 L	27.0-34.0	pg
17 MCHC	28.7 L	32.0-36.0	g/dL
18 RDW-CV	12.8	11.0-16.0	%
19 RDW-SD	44.7	35.0-58.0	fL
20 PLT	307 H	100-300	10 <sup>3</sup> /uL
21 MPV	7.5	8.5-12.0	fL
22 PDW	8.6 L	9.0-17.0	%
23 PCT	0.231	0.108-0.282	%
24 P-LCR	17.3	11.0-45.0	%
25 P-LCC	53	30-90	10 <sup>3</sup> /uL



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

Submitter: Operator: admin Approver:  
 Draw Time: 24/02/2024 09:08 Received Time: 24/02/2024 09:08 Validated Time:  
 Report Time: 24/02/2024 12:24 Remarks:

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



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# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY**

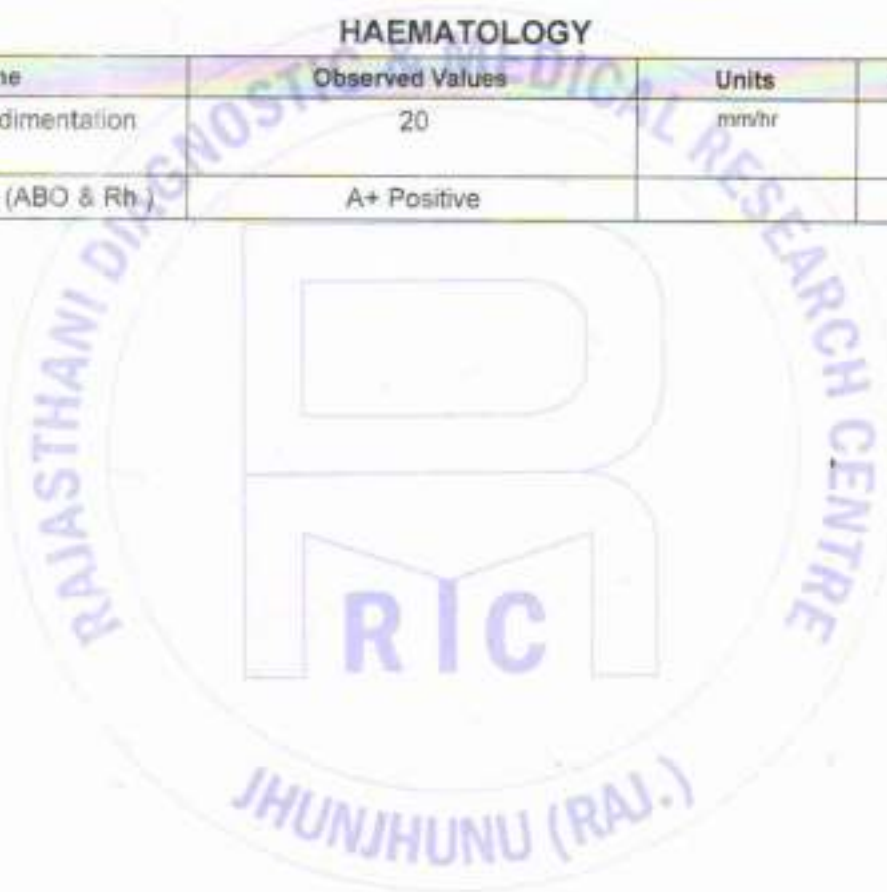
Patient Name: **SUMAN DANGI**  
 Sr. No. : 1862  
 Patient ID No.: 2500  
 Age : 51 Gender : FEMALE  
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 24-02-2024 09:24 AM  
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 Received On : 24-02-2024 09:24 AM  
 Reported On : 24-02-2024 12:42 PM  
 Bar Code   
 LIS Number 2 4 2 3

## HAEMATOLOGY

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



*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

अभिलेखन केन्द्र

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



B-110, Sujhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977

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## HAEMATOLOGY

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.90	%	< 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)	93.93	mg/dL	
eAG (Estimated Average Glucose)	5.21	mmol/L	

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

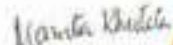
#### Remarks :

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.

  
 Ashish Sethi  
 Consultant Biochemist  
 24/7 SERVICE

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 M.D.(Path.)  
 RMC No. 4720/16260



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## BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	102.00	mg/dL	Glucose Fasting Cord: 45-96 New born, 1d: 40-60 New born, >1d: 50-80 Child: 60-100 Adult: 74-100 >80 Y: 82-115 >90 Y: 75-121
Blood Sugar PP (Method: GOD-POD)	114.00	mg/dL	Glucose 2 h Postprandial: <120



  
 Dr. Ashish Sethi  
 Consultant Biochemist  
 24x7  
 1155544

  
 Dr. Mamta Khutera  
 M.D. (Path.)  
 RMC No. 4720/16250

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## THYROID HORMONES T3, T4, TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.87	ng/mL	0.5 - 1.5 ng/mL
T4 (Total Thyroxine)	10.24	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	4.43	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 addition, 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.

<<< END OF REPORT >>>

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 Ashish Sethi  
 Consultant Biochemist

  
 Dr. Mamta Khuteta  
 M.D.(Path.)  
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## BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLO) )	25.0	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 Creatinase)	0.93	mg/dL	0.6-1.30
Calcium	10.62	mg/dL	8.5-11
Uric Acid (Method : Uricase-POD)	5.68	mg/dL	2.4-7.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	24.01	IU/L	15.0-85.0

JHUNJHUNU (RAJ.)

 *Aashish Sethi*  
 Dr. Aashish Sethi  
 Consultant Biochemist

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







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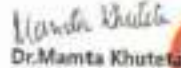
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## BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:UV Kinetic)	30.00	U/L	5-40
SGPT/ALT(Tech.:UV Kinetic)	26.00	U/L	5-40
Bilirubin(Total) (Method: Diazo)	0.80	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	0-0.3
Bilirubin(Indirect)	0.58	mg/dL	0.1-1.0
Total Protein (Method: BIURET Method)	6.98	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)	3.84	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)	3.14	gm/dL	2.5-4.5
A/G Ratio(Tech.:Calculated)	1.22		1.2-2.5
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	215.00	U/L	108-306

  
 Ashish Sethi  
 Consultant Biochemist  
 24/7  
 www.rdmrc.com

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



B-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977

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## BIO-CHEMISTRY LIPID PROFILE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	H 297.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	54.00	mg/dL	35-65
Triglycerides (Method: GPO)	150.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high: >499
LDL Cholesterol	H 213.00	mg/dL	10-150
VLDL Cholesterol	30.00	mg/dL	0-40

<<< END OF REPORT >>>

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JHUNJHUNU (RAJ.)

*Aashish Sethi*  
 24/2/2024  
 Aashish Sethi  
 Consultant Biochemist

*Mamta Khuteta*  
 Dr. Mamta Khuteta  
 M.D.(Path.)  
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## URINE EXAMINATION URINE COMPLETE

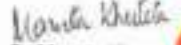
Test Name	Observed Values	Units	Reference Intervals
<b>PHYSICAL</b>			
Quantity		ml	
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.020		
PH	5.0		4.5-8.5
<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		
<b>MICROSCOPIC</b>			
Red Blood Cells	Nil	/h.p.f	
Pus Cells	6-8	/h.p.f	
Epithelial Cells	2-3	/h.p.f	
Crystals	Nil	/h.p.f	
Casts	Nil	/h.p.f	
Bactria	Nil	/h.p.f	
Others	Nil	/h.p.f	

<<< END OF REPORT >>>

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 24/7  
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## URINE EXAMINATION

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

&lt;&lt;&lt; END OF REPORT &gt;&gt;&gt;

&gt;&gt;&gt; Results relate only to the sample as received. Kindly correlate with clinical condition. &lt;&lt;&lt;

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*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

संशोधन केंद्र

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NAME : SUMAN DANGI	AGE 51 /SEX F
REF. BY : BOB HEALTH CHECK-UP	DATE: 24.02.2024

## 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



24/7 SERVICE

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