

UNION OF INDIA Driving Licence (RJ) (NT)

RJ18 20170021848

जारी करने की तिथि  
Date of Issue  
19/06/2017

वैधता तिथि  
Validity  
18/06/2022

जन्म तिथि  
Date of Birth  
11/03/1967

Blood Group  
Unknown

नाम / Name  
**LAL CHAND SAINI**

पिता/पत्नी का नाम / Son/Daughter/Wife of  
**RAM KUMAR SAINI**



RJ18 20170021848

LMV 19/06/2017 MCWG 19/06/2017

पता / Permanent Address  
HAPPY HEARTS BHAWAN VIGYAN NAGAR  
GUDHA ROAD  
JHUNJHUNU

Holder's Signature

नाम/संकेत / Issuing Authority Sign  
DTO JHUNJHUNU

Form 7 (Rule 162)

*Lal Chand Saini*  
9529666795

Rajasthani Diagnostic &  
Medical Research Centre  
Jhunjhunu





# RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	LALCHAND SAINI	AGE-	SEX: M
REF/BY:	MEDI WHEEL HEALTH CHECK UP	DATE	8-Apr-23

## 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:** Multiple calculi noted largest 8mm. no peri gb fluid /wall thickening .

**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 partially distended. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

**Prostate:** is enlarged in size 33gm, 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 are unremarkable.

### IMPRESSION:

- ❖ Cholelithiasis
- ❖ Prostatomegaly

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT  
MD RADIODIAGNOSIS

Dr. Anusha Mahalawat  
MD (Radiodiagnosis)  
(RMC. 38742/5457)



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

Male

08.04.2023 12:03:00  
RAJASTHANI DIAGNOSTICS CENTRE  
JHUNJHUNU RAJ

Technician:  
Ordering Ph.:  
Referring Ph.:  
Attending Ph.:

QRS : 80 ms  
QT / QTcBaz : 374 / 385 ms  
PR : 134 ms  
P : 92 ms  
RR / PP : 932 / 937 ms  
P / QRS / T : 28 / 19 / -3 degrees

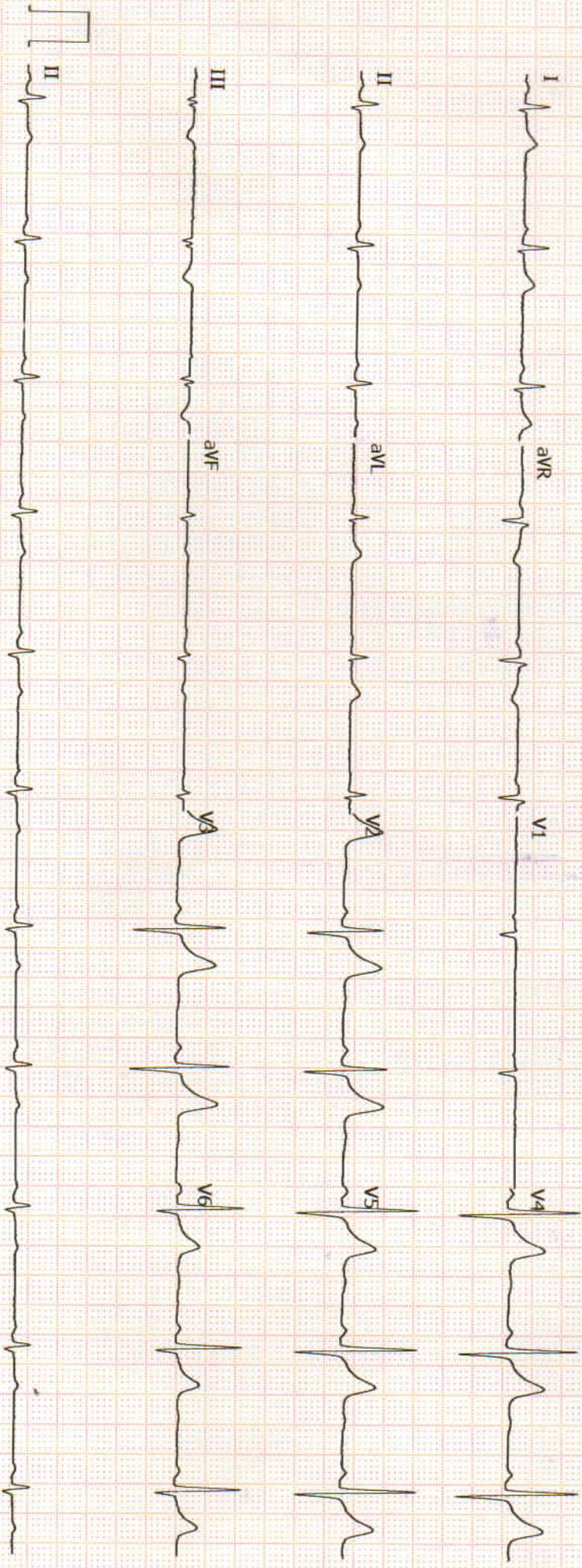
Normal sinus rhythm  
Normal ECG

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

Room:

64 bpm  
-- / -- mmHg

Rajasthan Diagnostic & Medical Research Centre  
Jhunjhunu





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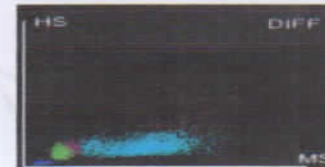
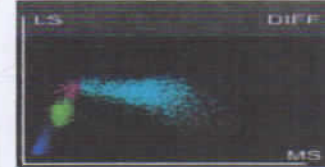
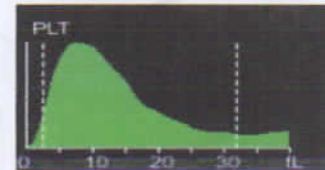
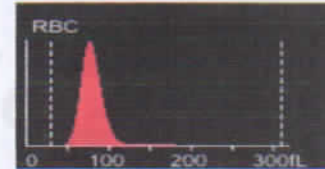
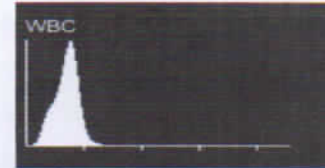
**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY**

## Hematology Analysis Report

First Name: LAL CHAND SAIN  
Last Name: Sample Type:  
Gender: Male Department:  
Age: 56 Year Med Rec. No.:

Sample ID: 3  
Test Time: 2023/04/08 10:18  
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	4.42	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	68.2	50.0-70.0	%
3 Lym%	25.0	20.0-40.0	%
4 Mon%	2.8	3.0-12.0	%
5 Eos%	3.6	0.5-5.0	%
6 Bas%	0.4	0.0-1.0	%
7 Neu#	3.01	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	1.11	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.12	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.16	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.02	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	4.13	4.00-5.50	10 <sup>6</sup> /uL
13 HGB	12.7	12.0-16.0	g/dL
14 HCT	34.9	40.0-54.0	%
15 MCV	84.6	80.0-100.0	fL
16 MCH	30.7	27.0-34.0	pg
17 MCHC	36.2	32.0-36.0	g/dL
18 RDW-CV	12.7	11.0-16.0	%
19 RDW-SD	44.1	35.0-56.0	fL
20 PLT	177	100-300	10 <sup>3</sup> /uL
21 MPV	9.2	6.5-12.0	fL
22 PDW	12.2	9.0-17.0	%
23 PCT	0.162	0.108-0.282	%
24 P-LCR	31.6	11.0-45.0	%
25 P-LCC	56	30-90	10 <sup>3</sup> /uL



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

Submitter: Operator: service Approver:  
Draw Time: 2023/04/08 10:17 Received Time: 2023/04/08 10:17 Validated Time:  
Report Time: Remarks:

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



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



# RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

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



## Laboratory Report

Name : **LALCHAND SAINI**  
Age : **56** Gender : **MALE**  
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

Sr. Number : **62608**  
Invoice Date : **08-04-2023 10:26 AM**  
Invoice Number : **172**  
Registration No. : **2400**  
Sample On : **08-04-2023 10:26 AM**  
Report On : **08-04-2023 05:06 PM**

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	22	< 20	mm/hr
BLOOD GROUPING (ABO & Rh )	B+ Positive		

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	9.80	< 5.8 % : Non Diabetic 5.8 - 6.6 % : Near Normal 6.7 - 7.6 % : Excellent 7.7 - 8.6 % : Good 8.7 - 9.6 % : Fair 9.7 - 10.6 % : Poor 10.7 - 11.6 % : Very Poor > 11.7 % : Out of Control	%
eAG (Estimated Average Glucose)	234.56		mg/dL
eAG (Estimated Average Glucose)	13.02		mmol/L

Method : **Fluorescence Immunoassay Technology**

Sample Type : **EDTA Blood**

#### 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 glycemc Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemc 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.

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

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



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Laboratory Report	
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	Sample On : <b>08-04-2023 10:26 AM</b>
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Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	H <b>189.00</b>	60--110	mg/dL
Blood Sugar PP	<b>206.00</b>	< 140	mg/dL

### RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	<b>32.00</b>	13--45	mg/dL
Creatinine	<b>0.86</b>	0.4--1.4	mg/dL
Uric Acid	<b>5.62</b>	3.6--8.2	mg/dL
Calcium	<b>10.49</b>	8.5--11	mg/dL
Gamma glutamyl transferase (GGT)	<b>35.00</b>	< 50	U/L

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*Mamta Khutela*  
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BMC No. : 4720/16260



24x7 SERVICE  
PATHOLOGIST



PATHOLOGIST

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### Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	31.00	0-45	U/L
S.G.P.T.	29.00	0-45	U/L
Bilirubin(Total)	0.88	0.1-1.4	mg/dL
Bilirubin(Direct)	0.15	0-0.3	mg/dL
Bilirubin(Indirect)	0.73	0.1-0.9	mg/dL
Total Protein	7.61	6-8	mg/dL
Albumin	4.10	3.5-5	mg/dL
Globulin	3.51	3-4.5	mg/dL
A/G Ratio	1.17	0.5 - 1.2	g/dL
Alkaline Phosphatase	216.00	108-306	U/L

### LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	H 235.00	110-200	mg/dL
HDL Cholesterol	48.00	35-88	mg/dL
Triglycerides	129.00	40-165	mg/dL
LDL Cholesterol	H 161.20	0-150	mg/dL
VLDL Cholesterol	25.80	0-35	mg/dL
TC/HDL Cholesterol Ratio	4.90	2.5-5	Ratio
LDL/HDL Ratio	3.36	1.5-3.5	Ratio

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Report On : **08-04-2023 05:06 PM**

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

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.92	0.5--1.5 ng/mL	ng/mL
T4 (TotalThyroxine)	7.65	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.52	0.38 -- 5.5 µIU/mL	µIU/mL

Interpretation of TSH :-

#### Children

3.20 - 34.6 µIU/mL  
0.70 - 15.4 µIU/mL  
0.70 - 9.10 µIU/mL  
0.70 - 6.40 µIU/mL

#### Pregnancy

1- 2 Days 0.30 - 4.50 µIU/mL 1st Trimester  
3 - 4 Days 0.50 - 4.60 µIU/mL 2nd Trimester  
15 Days - 5 Months 0.80 - 5.20 µIU/mL 3rd Trimester

5 Months - 20 Years **Interpretation of TSH :-** 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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TECHNOLOGIST

PATHOLOGIST

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Laboratory Report	
Name : <b>LALCHAND SAINI</b>	Sr. Number : <b>62608</b>
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	Registration No. : <b>2400</b>
	Sample On : <b>08-04-2023 10:26 AM</b>
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Test Name	Observed Values	Reference Intervals	Units
PSA (Prostate-Specific Antigen)	2.34	0-4	ng/mL

Method : **Fluorescence Immunoassay Technology**

Sample Type : **Serum / Plasma / Whole Blood**

**Clinical Information :**

Prostate Specific Antigen (PSA) is a Neutral Serine Protease with Chymotrypsin-like activity and Composed of a Single Polypeptide chain of 237 Amino Acids. It is an Intracellular Glycoprotein Containing 7-8% Carbohydrate as a Single N-linked Oligosaccharide side Chain, and has a Molecular Weight of Approximately 33 KDa. PSA is Synthesized by the Glandular Epithelium of the Prostate and Present in benign Hyperplastic and Malignant Prostatic Tissue, in Metastatic Prostatic Carcinoma, in Prostatic Fluid, and Seminal Plasma. Low Levels of PSA are Found in the Blood of Normal Male as a Result of Leakage of the Antigen from the Prostate Gland into Circulation. The Elevated Levels of PSA in the Blood are Associated with Prostatic Pathology, including Prostatitis, Benign Prostatic Hyperplasia (BPH), and Prostate Cancer.

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### URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
<b>PHYSICAL</b>			
Quantity	20		ml
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	6.0	4.5-6.5	
<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	++++		
<b>MICROSCOPIC</b>			
Red Blood Cells	Nil		/h.p.f.
Pus Cells	4-6		/h.p.f.
Epithelial Cells	0-1		/h.p.f.
Crystals	Nil		/h.p.f.
Casts	Nil		/h.p.f.
Bactria	Nil		/h.p.f.
Others			/h.p.f.
Test Name	Observed Values	Reference Intervals	Units
URINE SUGAR FASTING	++		
URINE SUGAR PP	++++		

<<< END OF REPORT >>>

*Dr. NIDA FAHMI*  
Dr. NIDA FAHMI  
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*Dr. Mamta Khutela*  
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**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY**

NAME : LAL CHAND SAINI	AGE 56 /SEX M
REF. BY : BOB HEALTH CHECK UP	DATE: 08.04.2023

## 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. UMMED SINGH RATHORE  
MD RADIODIAGNOSIS  
RMC NO. - 34498/24812



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10426 (bobE36079) / LAL CHAND SAINI / 56 Yrs / M / 160 Cms / 59 Kg Date: 08-Apr-2023 Technician : MANISH Examined By:

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	01:07	1:06	00.0	00.0	01.0	084	51 %	130/82	109	00	
Standing	02:10	1:03	00.0	00.0	01.0	082	50 %	130/82	106	00	
HV	03:18	1:08	00.0	00.0	01.0	081	49 %	130/82	105	00	
Warm Up	04:19	1:01	00.0	00.0	01.0	078	48 %	130/82	101	00	
EXStart	05:23	1:04	01.0	00.0	01.0	096	59 %	130/82	124	00	
BRUCE Stage 1	08:23	3:00	01.7	10.0	04.7	097	59 %	130/82	126	00	
BRUCE Stage 2	11:23	3:00	02.5	12.0	07.1	109	66 %	130/82	141	00	
PeakEx	12:44	1:21	03.4	14.0	08.5	145	88 %	130/82	188	00	
Recovery	14:43	2:00	01.1	00.0	01.0	109	66 %	130/82	141	00	
Recovery	16:43	4:00	00.0	00.0	01.0	096	59 %	130/82	124	00	
Recovery	17:47	5:03	00.0	00.0	01.0	101	62 %	130/82	131	00	

**Findings :**

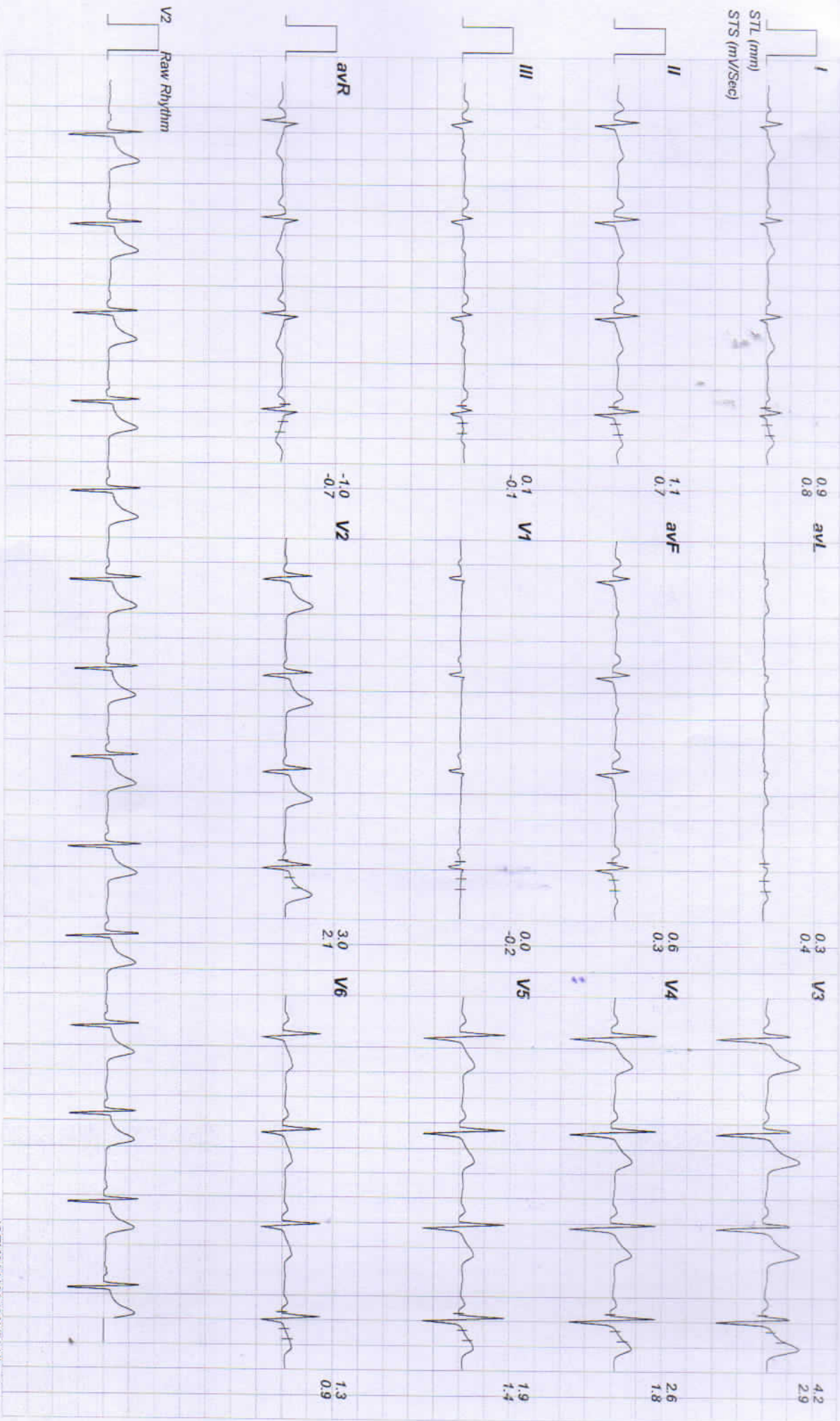
Exercise Time : 07:21  
 Max HR Attained : 145 bpm 88% of Target 164  
 Max BP Attained : (Sys) 130/82  
 Max Workload Attained : 8.5 Fair response to induced stress  
 Max ST Dep Lead & Value : III & -3.6 mm in Stage 2 mm  
 Test Objective : BOB HEALTH CHECK UP  
 History : No  
 Test End Reasons : Test Complete

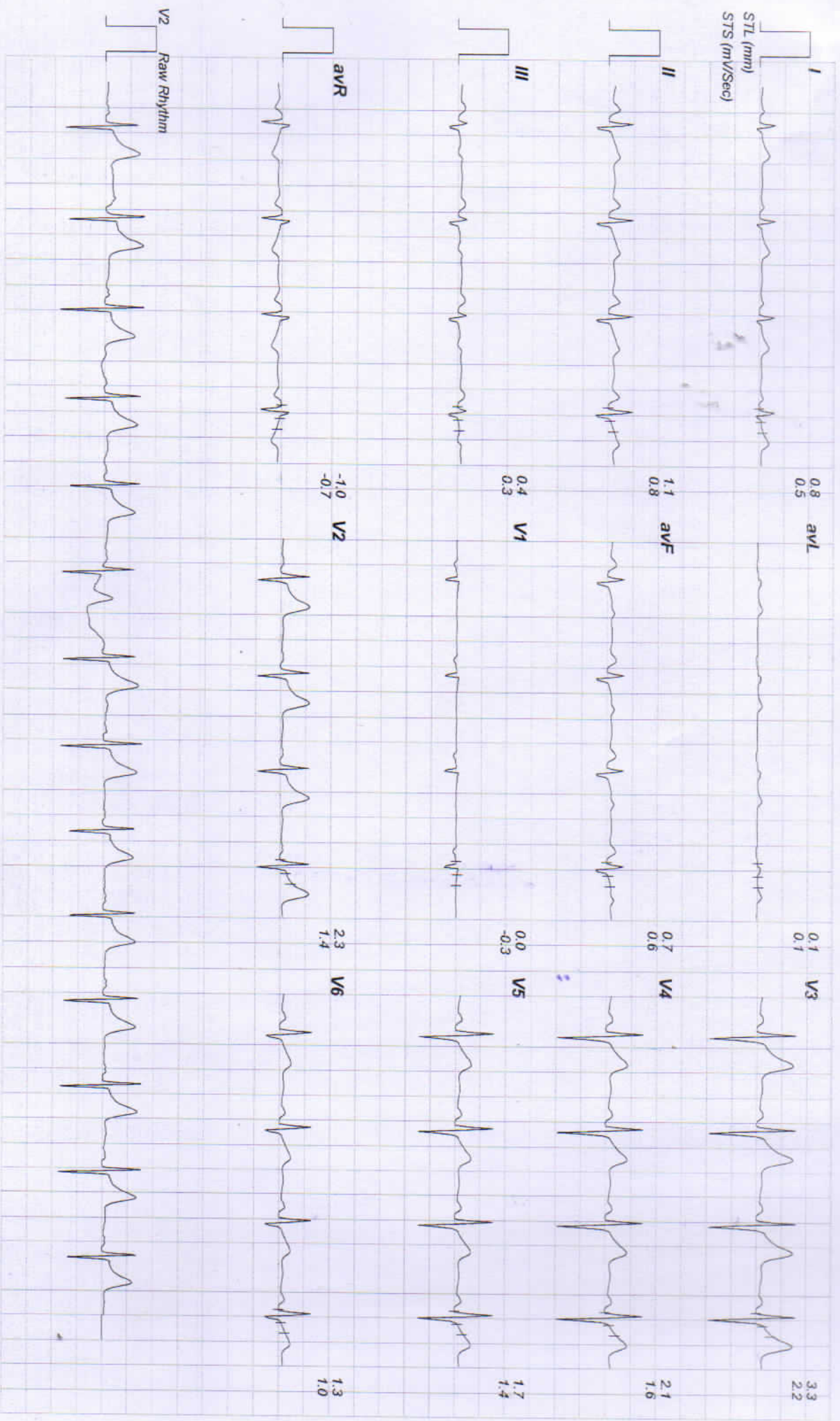
**Report :**

(GEN214190403) (R) Allengers

**Rajasthan Diagnostic & Medical Research Centre**  
 Jhunjhunu  
**Doctor : RDMRC**

Linked Medians Report  
Supine



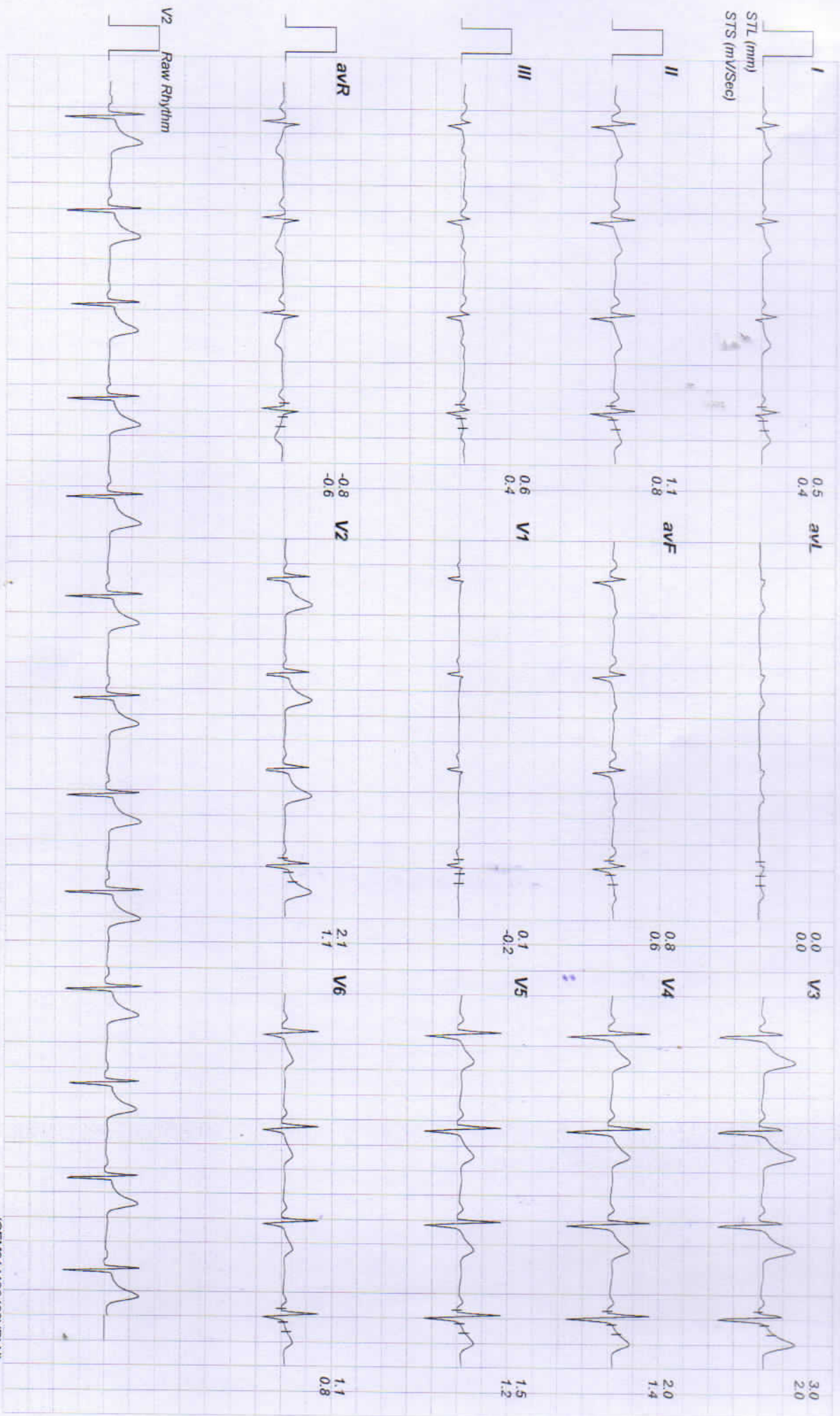


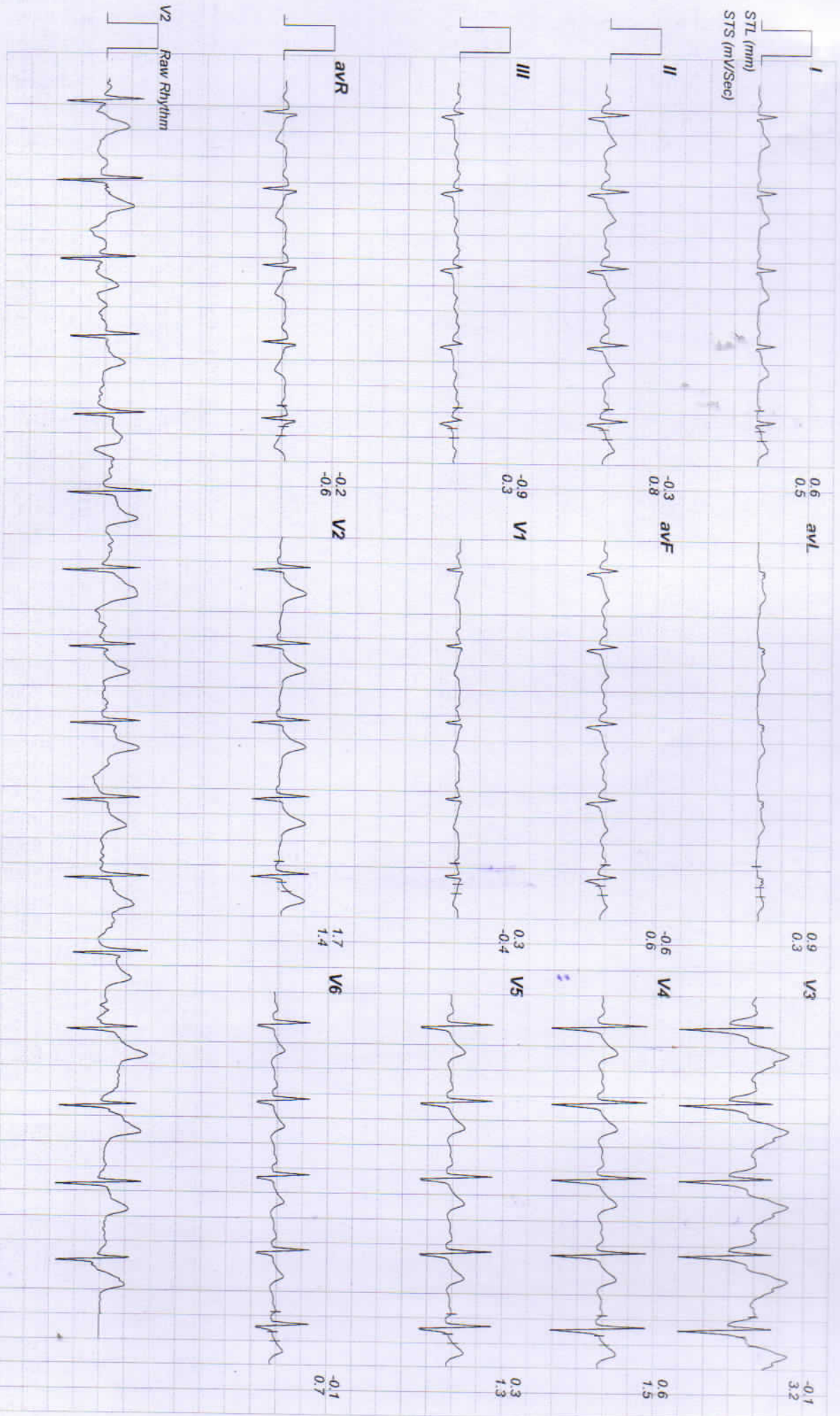
Linked Medians Report

HV









10426 / LAL CHAND SAINI / 56 Yrs / Male / 160 Cm / 59 Kg

Date: 08 - 04 - 2023 12:08:16 PM METs : 04.70 HR : 97 Target HR : 59% of 164

BP : 130/82 Post J @80mSec

ExTime : 03:00

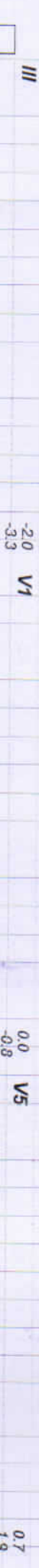
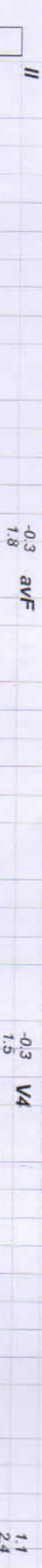
1.7 mph

Grade / 10.00 %

25 mm/Sec, 1.0 Cm/mV

Linked Medians Report

BRUCE: Stage 1 (3:00)

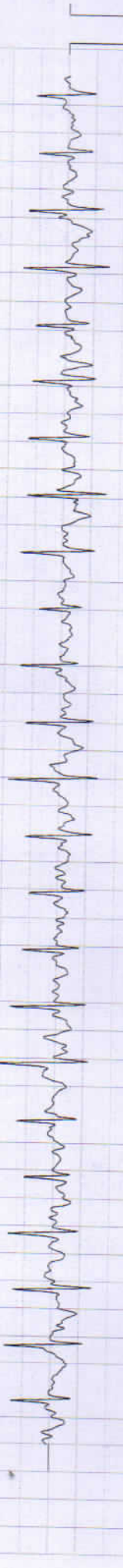
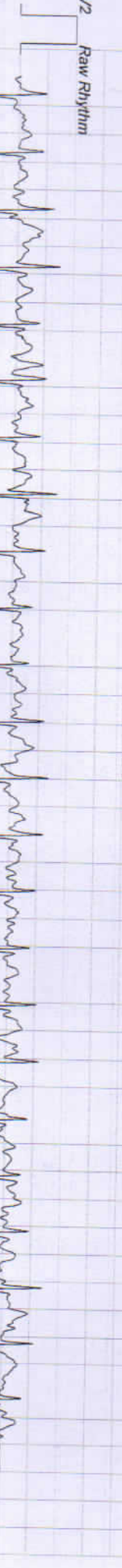
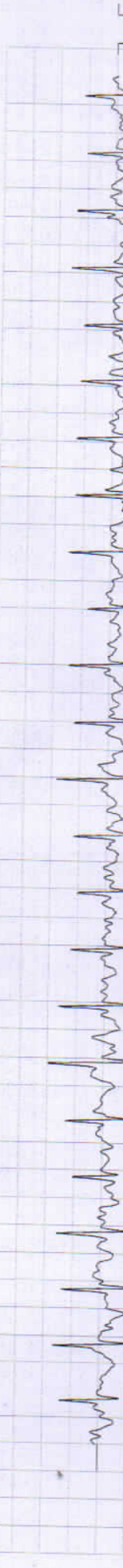
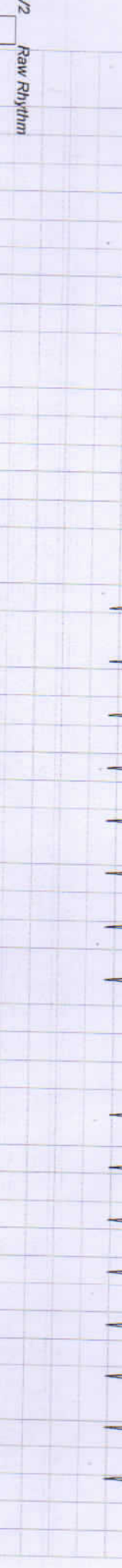
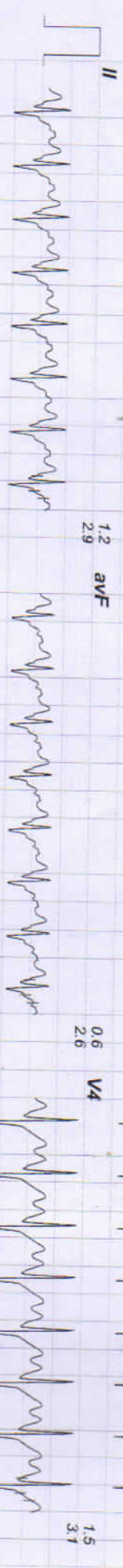


V2 Raw Rhythm

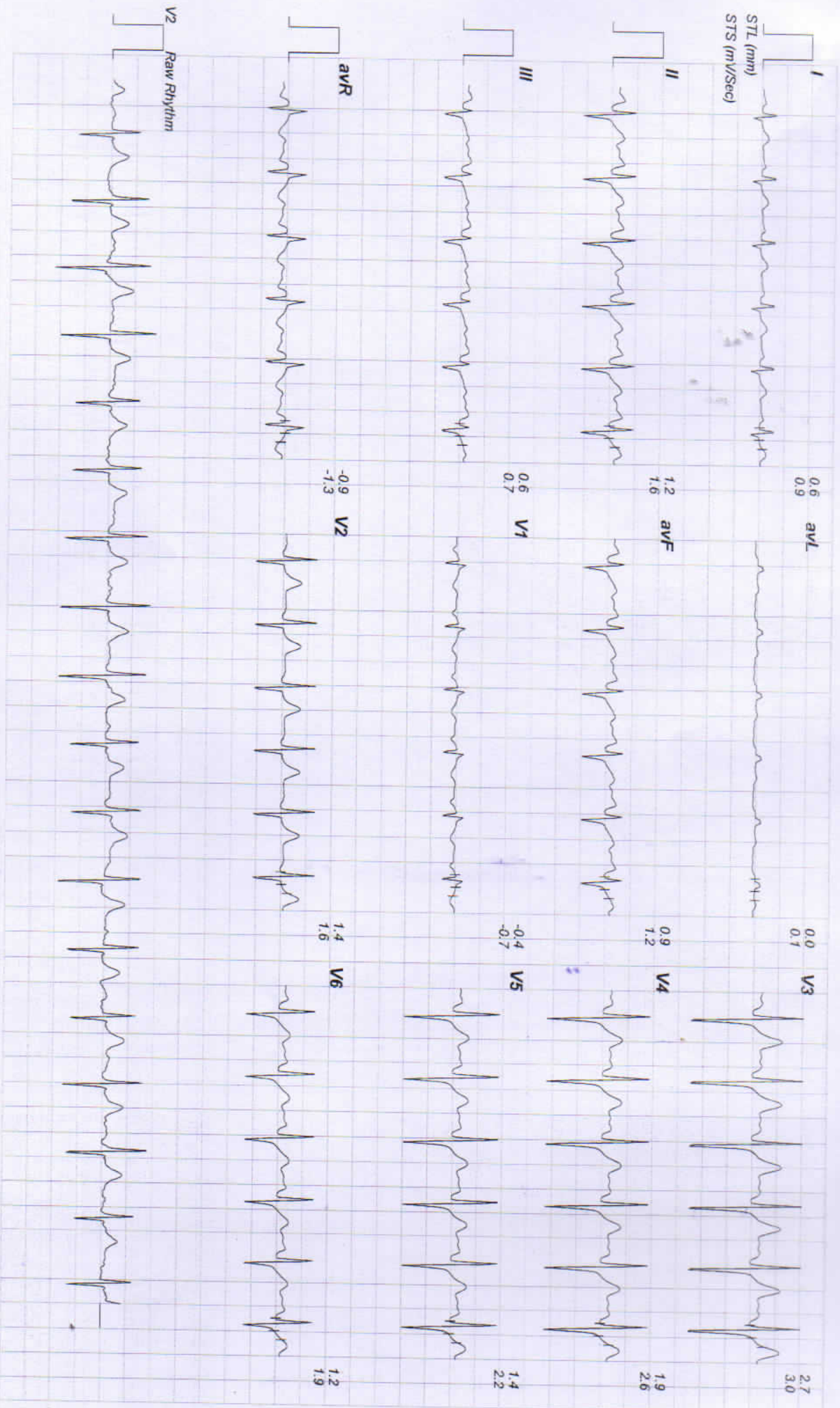


Linked Medians Report  
BRUCE: Stage 2(3:00)





Linked Medians Report  
Recovery(2:00)



Linked Medians Report  
Recovery(4:00)



STL (mm)  
STS (mV/Sec)



Linked Medians Report  
Recovery(5:03)

