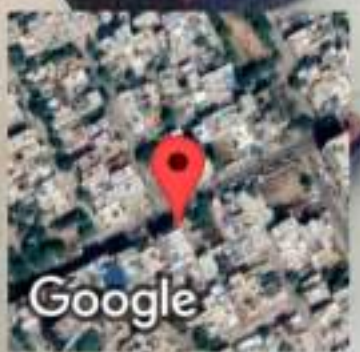




Handwritten text on a notice board in the background, including a header and several lines of illegible text.

GPS Map Camera

Jhunjhunu, Rajasthan, India  
499P+88Q, Subhash Marg, Pratap Nagar, Indra Nagar, Jhunjhunu,  
Rajasthan 333001, India  
Lat 28.118361°  
Long 75.385849°  
10/02/24 09:45 AM GMT +05:30





Kamlesh Kumari

9352208956

Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu





NAME : KAMLESH KUMARI	AGE 30 /SEX F
REF.BY :BOB HEALTH CHECK-UP	DATE: 10.02.2024

## 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 SERVICES  
अपारंपारिक सेवाएं

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE





Patient Name: Kamlesh Kumari -  
Patient ID: 808574461

Date of Birth: 26.06.1993  
Gender: Female  
Visit ID:  
Room:  
Medication:  
Order ID:  
Ethnicity:  
Patient's marker:  
Lashman  
Ord. prev.:  
Ord. pres.:

Indication:  
Remark:

10.02.2024 13:09:19  
Standard 12-Lead

HR: 80 bpm

Parameter	Value	Unit
P axis	46	ms
PR	85	ms
QRS	87	ms
QTc	47	ms

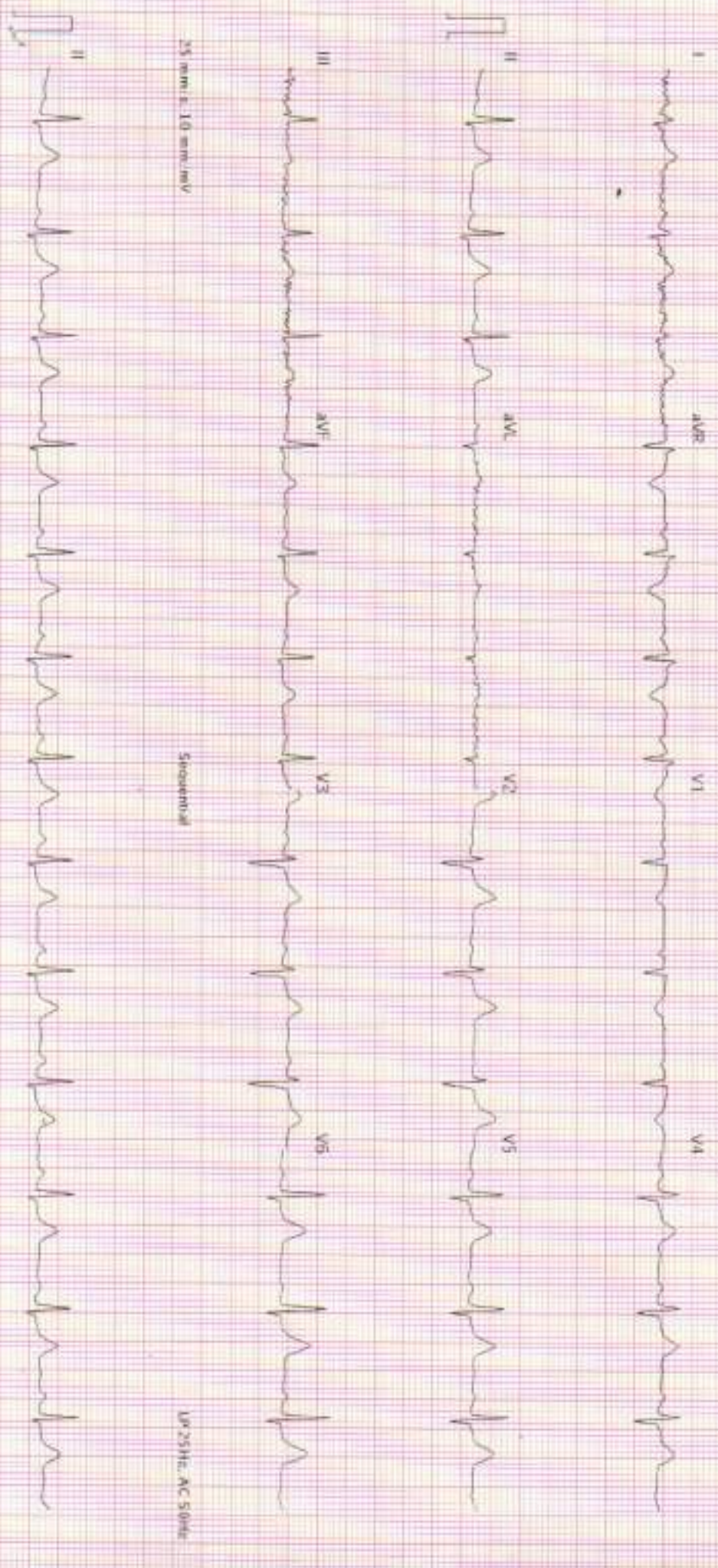
Parameter	Value	Unit
PR	100	ms
QRS	153	ms
QT	271	ms
QTc	430	ms

*Rajasthan Diagnostic & Medical Research Centre*  
Jhunjhunu

Normal

Rajasthan Diagnostic & Medical Research Centre  
E-110 Subhash Marg, Indira Nagar, Mandawa Road  
Jhunjhunu (Raj.)

Sinus rhythm  
Normal electrical axis  
Normal ECG  
Uncommented report



25 mm/s, 10 mm/mV

Standard

LP 25ML AC 50ML







# RAJSTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	KAMLESH KUMARI	AGE-	SEX: F
REF/BY:	BOB HEALTH CHECKUP	DATE	10-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 anteverted and ante flexed. Endometrium is normal in thickness. No sonolucent or echogenic mass lesion seen.

**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.

### IMPRESSION:

❖ NORMAL SONOGRAPHY STUDY.

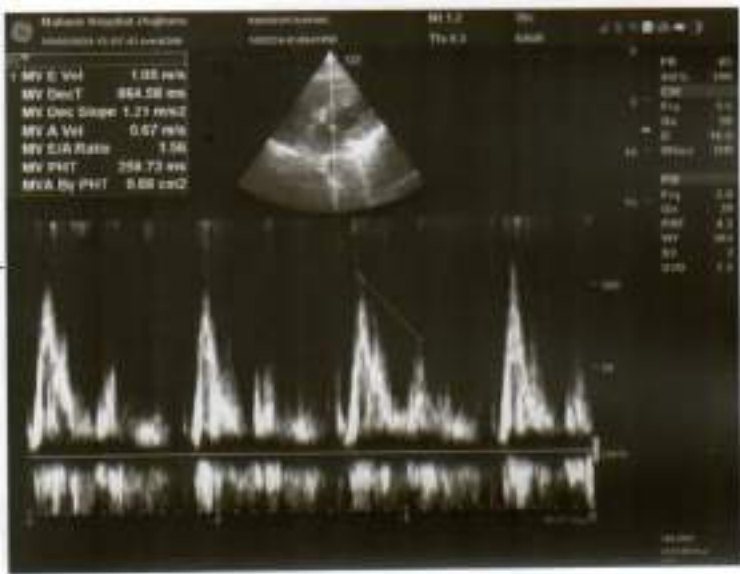
Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT  
MD, RADIODIAGNOSIS  
Dr. Anusha Mahalawat  
MD (Radiodiagnosis)  
(RMC. 38742/25457)



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE









Name	:KAMLESH KUMARI	Father/Husband	:MUKESH KUMAR	IPD/OPD status	:OPD
Age/Sex	:30 Y/Female	Reg. No.	:OutSide	Category	:CASH
Consultant	:M. S. MEEL	Accession No.	:20240210027	Bed No.	:-
		BILL.NO	:2302333324	Date	:10/02/2024 2:02:01 PM

## TRANSTHORACIC ECHO-DOPPLER TEST REPORT

### MITRAL VALVE-

**Morphology** AML-Normal/Thickening/Calcification/Flutter/Restricted mobility/SAM/Doming.

**PML**-Normal/Thickening/Calcification/Prolapse/Fixed/Restricted Mobility/Flutter.

**Doppler**- Normal/Abnormal

Mitral E/A Velocity= 105/67 (cm/sec).

Mitral Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Mitral Stenosis

Absent/Present.

### TRICUSPID VALVE-

**Morphology** -Normal/Atresia/Thickening/Calcification/Prolapse/Doming.

**Doppler**- Normal/Abnormal

Tricuspid Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Tricuspid Stenosis

Absent/Present.

### PULMONARY VALVE-

**Morphology** -Normal/Atresia/Thickening/Doming/Vegetation.

**Doppler**- Normal/Abnormal

Pulmonary Velocity = 79 (cm/sec)

Pulmonary Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Pulmonary Stenosis

Absent/Present.

### AORTIC VALVE-

**Morphology** -Normal/Thickening/Calcification/Flutter/Sclerosis/Doming.

**No of Cusps**- 1/2/3.

**Doppler**- Normal/Abnormal

Aortic Velocity = 103 (cm/sec)

Aortic Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Aortic Stenosis

Absent/Present.

Aorta = 2.6cm (2.0 - 3.7cm)

Left Atrium = 4.5 cm (1.9 - 4.0 cm)

LV measurement

Diastole

Systole

IVS 1.3 cm (0.6-1.1cm)

1.5 cm

LVID 5.4 cm (3.7-5.6cm)

3.5 cm (2.2 - 4.0 cm)

EVPW 1.6 cm (0.6-1.1cm)

1.9 cm

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy.

Contraction Normal/Reduced.

**Regional wall motion abnormality** : Present/Absent.

LANormal/Enlarged/Clear/Thrombus.

RANormal/Enlarged/Clear/Thrombus.

RVNormal/Enlarged/Clear/Thrombus.



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( कृपया अपनी पुरानी रिपोर्ट साथ लावें )

यह रिपोर्ट केवल चिकित्सा हेतु है। इसका उपयोग अन्य उद्देश्यों के लिए नहीं किया जाना चाहिए।



# MAHAVIR HOSPITAL

Health & Hygiene

D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)



Tel. : 01592-232361  
9680960962

MAHAVIR HOSPITAL

## COMMENTS & SUMMARY-

### ECHO window-Good/Fair/Poor.

No regional wall motion abnormality seen, LVEF=55%.

Mild left ventricular hypertrophy seen.

Mild MR, trace TR, no PAH.

Normal systolic function.

Normal diastolic function.

No I/C clot/vegetation.

Intact IAS/IVS & No CoA, no pericardial effusion.

Dr M S Meel  
MD Medicine  
Senior Physician

Dr. M.S. MEEL  
MD (Medicine)  
Reg. No. 7937/2635  
Mahavir Hospital, Jhunjhunu

Dr Pallavi Choudhary  
MD Paediatrics  
Consultant



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यह रिपोर्ट केवल चिकित्सा के कारणात्मक उपयोग के लिए है।  
इसकी प्रतिलिपि किसी भी प्रकार से नहीं लेनी जाननी है।




# RAJSTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

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

Patient Name: **KAMLESH KUMARI**  
 Sr. No. : **1313**  
 Patient ID No.: **1978**  
 Age : **30** Gender : **FEMALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **10-02-2024 09:49 AM**  
 Collected On : **10-02-2024 09:49 AM**  
 Received On : **10-02-2024 09:49 AM**  
 Reported On : **11-02-2024 12:18 PM**  
 Bar Code   
 LIS Number 3 3 0 1

## LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	169.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	52.00	mg/dL	35-88
Triglycerides (Method: GPO)	119.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglyceridemic: 200-499 Very high: >499
LDL Cholesterol	93.20	mg/dL	0-100
VLDL Cholesterol	23.80	mg/dL	0-35
TC/HDL Cholesterol Ratio	3.25	Ratio	2.5-5
LDL/HDL Ratio	1.79	Ratio	1.5-3.5



*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

*Mamta K...*  
 Dr. Mamta K...  
 M.D.(Pathology)  
 RMC No. 472013250

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

T&C : \* This Report is valid only for the purpose mentioned in the report. \* Interpret result after considering Age, sex effect of drug and other relevant factor.

8-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977





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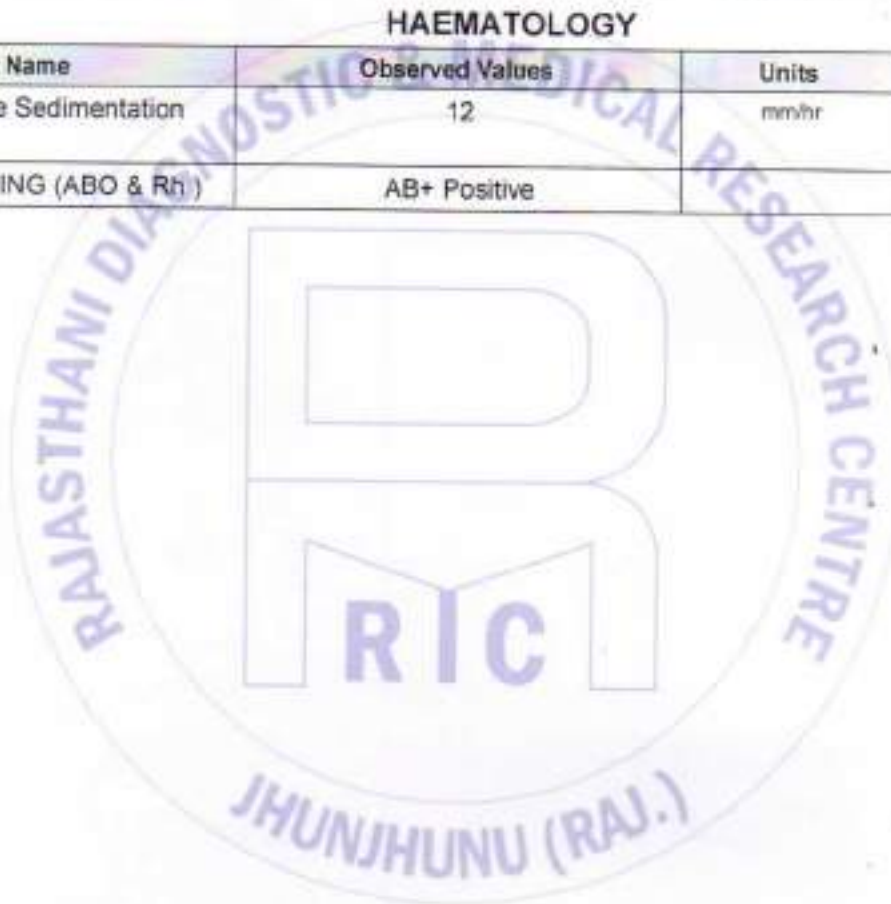
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## HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	12	mm/hr	20
BLOOD GROUPING (ABO & Rh)	AB+ Positive		



*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

*Mamta Khule*  
 Dr. Mamta Khule  
 M.D.(Pathology)  
 RMC No. 4724/WE6

T&C : \* This Report is for **8-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj)** Ph. No. **1592-294877**

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Fully Computerised Pathology Laboratory

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## HAEMATOLOGY

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.90	%	< 5.50 Non-Diabetic 5.50 - 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.



*Aash Sethi*  
 Dr. Aash Sethi  
 Consultant Biochemist

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

*Mamta Khurana*  
 Dr. Mamta Khurana  
 M.D.(Path)  
 BMC No. 472/1/2020



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B-110, Subhash Marg, Indira Nagar, Chanani, (Raj) Ph. No. 1592-204977





# RAJSTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

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

Patient Name: **KAMLESH KUMARI**  
 Sr. No. : 1313  
 Patient ID No.: 1978  
 Age : 30 Gender : FEMALE  
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



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 Bar Code   
 LIS Number 3 9 0 1

## HAEMATOLOGY

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.90	%	< 5.50 Non-Diabetic 5.50 - 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 :

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*Aash Sethi*  
 Dr. Aash Sethi  
 Consultant Biochemist

आपका स्वास्थ्य हमारा धर्म

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*Mamta Khanna*  
 Dr. Mamta Khanna  
 M.D.(Path)  
 BMC No. 472/1/2020



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B-110, Subhash Marg, Indira Nagar, Chanani (Raj) Ph. No. 1592-204977



# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

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MEMOGRAPHY

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 LIS Number 3 0 0 1

## BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
 Glucose Fasting (Method: GOD-POD)	80.00	mg/dL	Glucose Fasting Cord: 45-96 Newborn, 1st: 40-60 New born: 48-80 Child: 60-100 Adult: 74-100 >60 Y: 80-115 >90 Y: 75-121
 Blood Sugar PP (Method: GOD-POD)	91.00	mg/dL	Glucose 2 h Postprandial: <120
Gamma glutamyl transferase (GGT)	25.01	IU/L	15.0-85.0



*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

अभ्यासक/विशेषज्ञ

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

*Manita Khelra*  
 Dr. Manita Khelra  
 M.D (Path)  
 RMC No. 472010289



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# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

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 Bar Code   
 LIS Number **3**

## BIO-CHEMISTRY

### Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	16.00	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	22.00	U/L	5-40
Bilirubin(Total) (Method: Diazo)	0.98	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day 1-6, 1-2 days: 6-12, 3-5 days : 10-18 Newborns, full term 0-1 day: 3-6, 1-2 days: 6-10, 3-5 days: 4-8
Bilirubin(Direct)	0.22	mg/dL	0-0.3
Bilirubin(Indirect)	0.76	mg/dL	0.1-1.0
Total Protein (Method: BILIRET Method)	7.01	g/dL	Adults: 6.4 - 8.3 Premature : 3.6 - 6.0 Newborn : 4.6 - 7.0 1 Week : 4.6 - 7.0 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 20-50 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.03	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.31		1.2-2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	164.00	U/L	108-306



*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist



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5-110, Surbha Marg, Indira Nagar, Bhubaneswar (Ra.) Ph. No. 1592-294977



# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

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## BIO-CHEMISTRY

### Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	16.00	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	22.00	U/L	5-40
Bilirubin(Total) (Method: Diazo)	0.98	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: 3-6, 1-2 days: 6-10, 3-5 days: 4-8
Bilirubin(Direct)	0.22	mg/dL	0-0.3
Bilirubin(Indirect)	0.76	mg/dL	0.1-1.0
Total Protein (Method: BILIRET Method)	7.01	g/dL	Adults: 6.4 - 8.3 Premature : 3.6 - 6.0 Newborn : 4.6 - 7.0 1 Week : 4.4 - 7.0 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 20-50 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.03	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.31		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	164.00	U/L	108-306



*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist



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B-110, Sector 14, Gurgaon, Haryana (India) Ph No. 1592-294977





# RAJSTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

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

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	1.12	ng/mL	0.80 - 1.5 ng/mL
T4 (Total Thyroxine)	9.18	µg/dL	4.00 - 2.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.19	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.

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Ashish Sethi

Dr. Ashish Sethi  
Consultant Biochemist

Kamlesh Khule

Dr. Kamlesh Khule  
M.D. (Biochemistry)  
EMC No. 4720/2020



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