 GPS Map Camera

Jhunjhunu, Rajasthan, India

499P+88Q, Subhash Marg, Pratap Nagar, Indra Nagar, Jhunjhunu,
Rajasthan 333001, India

Lat 28.118376°

Long 75.38583°

15/01/24 01:14 PM GMT +05:30




सर्वोच्च अखण्ड
 Government of India


 मुखर्ज अशी बशी
 Mubank Ash Bhat
 ललत डररर: 0105/1958
 ललत/ MALE



6049-2212 9706

मेरी आधाई, मेरी पहचान


UIDAI
 Unique Identification Authority of India

Address:
 S/O: Yusuf Ali, ward no 10, ratan
 nagar, Ratan nagar, Churu,
 Rajasthan - 331021

पते:
 S/O: मुखर्ज अशी, बरुड नर 10, रलत नगर,
 रलत नगर, चुरु,
 रलतनगर - 331021

6049 2212 9706

अध्यायक

9782143762


 Rajasthani Diagnostic &
 Medical Research Centre
 Jhunjhunu

Name: Mr. Dharambharak ali -
Patient ID: BobE5320

Date of birth: 01.05.1968
Gender: Male
Height: [blank]
Weight: [blank]
Ethnicity: [blank]
Facilities: Uninsured

Vital ID: [blank]
Room: [blank]
Medication: [blank]
Order ID: [blank]
Ord. prov.: [blank]
Ord. prov.: [blank]

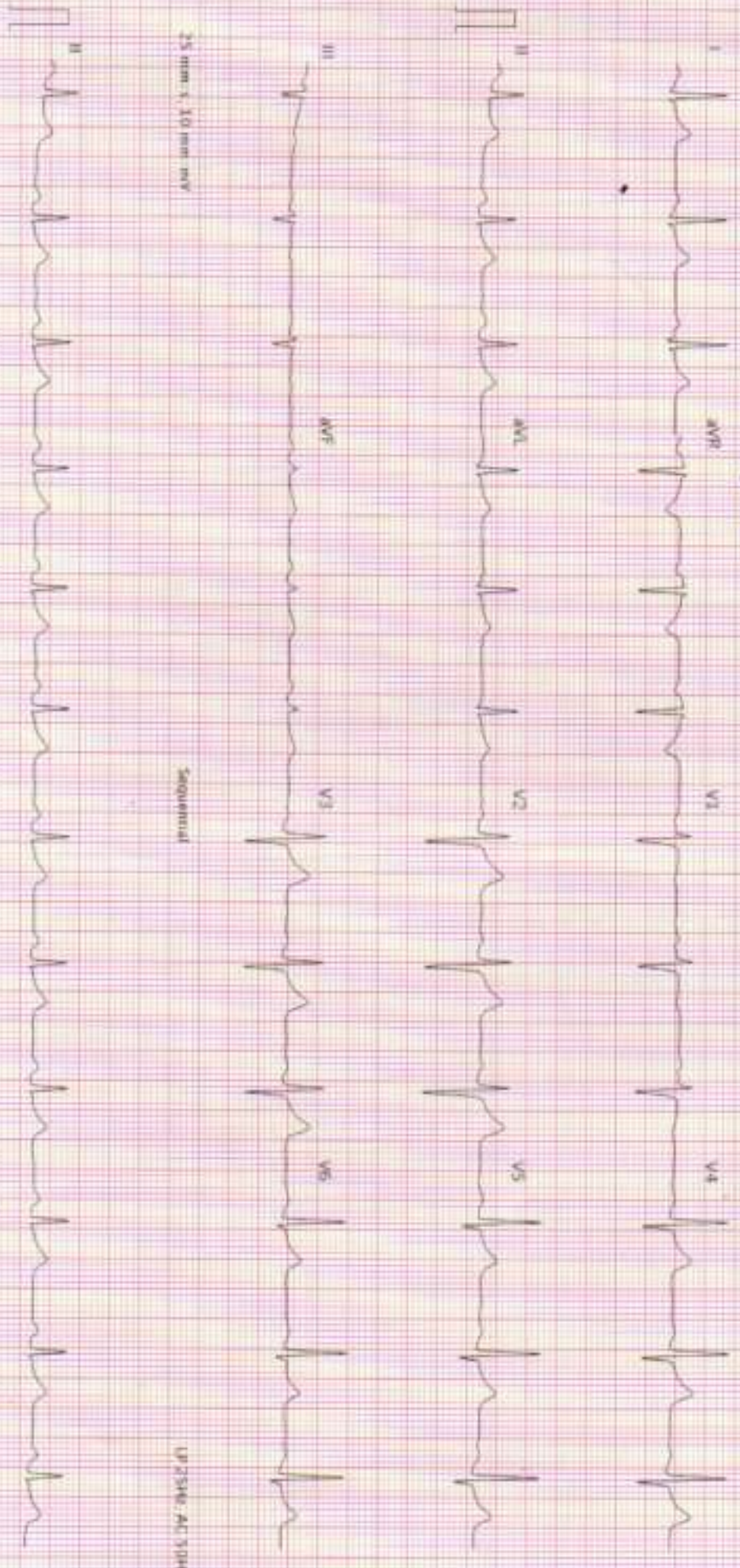
Indication:
Symptoms:

[Signature]
Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu

15.01.2024 13:25:28
Standard 12-Lead

HR 71 bpm
PR 160 ms
QRST 90 ms
QT 390 ms
QTc 424 ms

Rajasthan Diagnostic & Med Centre
B-110, Subhash Marg, Indira Nagar, Mardana Mod
Jhunjhunu (Raj.)
Sinus rhythm
Normal electrical axis
Normal ECG
Use defomed report



25 mm x 10 mm mV
AT-102 (2.7.0.13.000.009831)

Printed on 15.01.2024 13:25:45

[Handwritten signature]

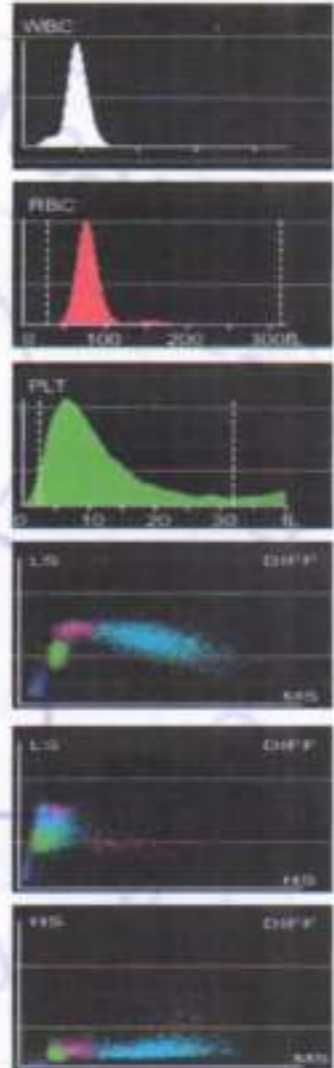
UP2304: AC 30Hz
Page 1 of 1



Hematology Analysis Report

First Name: MUBARIK ALI Sample Type: Blood Sample ID: 10
 Last Name: BHATI Department: Test Time: 15/01/2024 13:08
 Gender: Male Med Rec. No. 481 Diagnosis:
 Age: 55 Year

Parameter	Result	Ref. Range	Unit
1 WBC	9.01	4.00-10.00	10 ³ /uL
2 Neu%	48.0 L	50.0-70.0	%
3 Lym%	36.6	20.0-40.0	%
4 Mon%	11.4	3.0-12.0	%
5 Eos%	3.4	0.5-5.0	%
6 Bas%	0.6	0.0-1.0	%
7 Neu#	4.32	2.00-7.00	10 ³ /uL
8 Lym#	3.30	0.80-4.00	10 ³ /uL
9 Mon#	1.03	0.12-1.20	10 ³ /uL
10 Eos#	0.31	0.02-0.50	10 ³ /uL
11 Bas#	0.05	0.00-0.10	10 ³ /uL
12 RBC	5.94 H	3.50-5.50	10 ⁶ /uL
13 HGB	14.4	11.0-16.0	g/dL
14 HCT	49.9	37.0-54.0	%
15 MCV	84.0	80.0-100.0	fL
16 MCH	24.2 L	27.0-34.0	pg
17 MCHC	28.9 L	32.0-36.0	g/dL
18 RDW-CV	13.2	11.0-16.0	%
19 RDW-SD	45.0	35.0-56.0	fL
20 PLT	263	100-300	10 ³ /uL
21 MPV	6.1	6.5-12.0	fL
22 PDW	9.7	9.0-17.0	fL
23 PCT	0.212	0.108-0.282	%
24 P-LCR	23.1	11.0-45.0	%
25 P-LCC	61	30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
 Draw Time: 15/01/2024 13:06 Received Time: 15/01/2024 13:06 Validated Time:
 Report Time: 16/01/2024 10:26 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 & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY



NABL CERTIFICATE NO.
MC-5346

Patient Name: **MUBARIK ALI BHATI**
Sr. No. : **481**
Patient ID No.: **1240**
Age : **55** Gender : **MALE**
Ref. By Dr : **BOB HEALTH CHECK-UP**



Registered on : **15-01-2024 01:18 PM**
Collected On : **15-01-2024 01:18 PM**
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Reported On : **15-01-2024 07:29 PM**
Bar Code 
LIS Number **3 1 0 3**

LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
 Cholesterol (Method: CHOD-PAP)	157.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	50.00	mg/dL	35-88
 Triglycerides (Method: GPO)	92.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglyceridemic: 200-499 Very high: >499
LDL Cholesterol	88.60	mg/dL	0-100
VLDL Cholesterol	18.40	mg/dL	0-35
TC/HDL Cholesterol Ratio	3.14	Ratio	2.5-5
LDL/HDL Ratio	1.77	Ratio	1.5-3.5

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta
Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4729/199/08



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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 MAMOGRAPHY

NABL CERTIFICATE NO.
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Patient Name: **MUBARIK ALI BHATI**
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HAEMATOLOGY

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



Aashish Sethi

Dr. Aashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path)
RMC No. 4729/12260



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **MUBARIK ALI BHATI**
Sr. No. : **481**
Patient ID No.: **1240**
Age : **55** Gender : **MALE**
Ref. By Dr : **BOB HEALTH CHECK-UP**



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Bar Code 
LIS Number **7 1 8 3**

HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.20	%	< 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)	102.54	mg/dL	
eAG (Estimated Average Glucose)	5.69	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 Anemia, 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.

Aashish Sethi

Dr. Aashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/12758



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY



NABL CERTIFICATE NO.
MC-5346

Patient Name: **MUBARIK ALI BHATI**
Sr. No. : **481**
Patient ID No.: **1240**
Age : **55** Gender : **MALE**
Ref. By Dr : **BOB HEALTH CHECK-UP**



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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
 Glucose Fasting (Method: GOD-POD)	104.0	mg/dL	Glucose: Fasting Cord: 45-95 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)	122.0	mg/dL	Glucose 2 h Postprandial: <120
BUN (Blood Urea Nitrogen)	12.0	mg/dL	7.0-18.0

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta
Dr. Mamta Khuteta
M.D.(Path)
RMC No. 4726/17/2015



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY




NABL CERTIFICATE NO. MC-5346

Patient Name: **MUBARIK ALI BHATI**
Sr. No. : 481
Patient ID No.: 1240
Age : 55 Gender : MALE
Ref. By Dr : BOB HEALTH CHECK-UP



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BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
 Blood Urea (Method: Urease-GLDH)	25.5	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 : 11-35 4-13 years : 15-36 13-19 years : 18-45
 Creatinine (Method: Enzymatic Creatinase)	0.88	mg/dL	0.6-1.30
Calcium	9.90	mg/dL	8.5-11
 Uric Acid (Method: Uricase-POD)	6.80	mg/dL	2.4-7.2
Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	26.00	IU/L	15.0-85.0

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path)
RMC No. 4726/1544



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY




NABL CERTIFICATE NO.
MC-5346

Patient Name: **MUBARIK ALI BHATI**
Sr. No. : 481
Patient ID No.: 1240
Age : 55 Gender : MALE
Ref. By Dr : BOB HEALTH CHECK-UP



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LIS Number 3 1 6 3

BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	33.00	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	36.00	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)	0.20	mg/dL	0-0.3
Bilirubin(Indirect)	0.60	mg/dL	0.1-1.0
 Total Protein (Method: BIURET Method)	7.47	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 (Method: BCG)	4.23	g/dl	Serum 0-4 days: 2.8-4.4 g/dl 4d-14yrs: 3.8-5.4 g/dl 14y-18y : 3.2-4.5 g/dl Adults 20-60 yrs: 3.5-5.2 g/dl 60-90 yrs: 3.2-4.6 g/dl
Globulin(CALCULATION)	3.24	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.31		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	197.0	U/L	108-306

Aashish Sethi
Dr. Aashish Sethi
Consultant Biochemist

Mamta Khuteta
Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/15189



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **MUBARIK ALI BHATI**
Sr. No. : **481**
Patient ID No.: **1240**
Age : **55** Gender : **MALE**
Ref. By Dr : **BOB HEALTH CHECK-UP**



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Bar Code 
LIS Number : 3 1 6 3

THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	1.12	ng/mL	0.5 - 1.5 ng/mL
T4 (Total Thyroxine)	11.90	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	0.96	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.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path)
RMC No. 4728/15189



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECC MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **MUBARIK ALI BHATI**
Sr. No. : **481**
Patient ID No.: **1240**
Age : **55** Gender : **MALE**
Ref. By Dr : **BOB HEALTH CHECK-UP**



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IMMUNOLOGY

Test Name	Observed Values	Units	Reference Intervals
PSA (Prostate-Specific Antigen)	0.96	ng/mL	NORMAL 0 - 4.00 Borderline 4 - 10 High More than 10.00

Method : **Fluorescence Immunoassay Technology**

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

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (**ARCHITECT- i1000 PLUS**) **Abbott USA**

SUMMARY:-

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path)
RMC No. 472



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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 MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: MUBARIK ALI BHATI Sr. No. : 481 Patient ID No.: 1240 Age : 55 Gender : MALE Ref. By Dr : BOB HEALTH CHECK-UP		Registered on : 15-01-2024 01:18 PM Collected On : 15-01-2024 01:18 PM Received On : 15-01-2024 01:18 PM Reported On : 15-01-2024 07:29 PM Bar Code LIS Number 7 1 6 3
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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity	15	ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.015		
PH	5.2		4.5-6.5
CHEMICAL			
Reaction	Alkaline		
Albumin	Trace		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	3-5	/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.	
Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
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.

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta
Dr. Mamta Khuteta
M.D.(Path.)
RNC No. 472016248



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



RAJSTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NAME	MUBARIK ALI BHATI	AGE-55 YRS	SEX: M
REF/BY:	BOB HEALTH CHECK-UP	DATE	15-Jan-24

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is enlarged in size 17.2 cm, 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 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 hydronephrosis is seen. Approx 14.3 mm of size bright foci with DAS is seen in lower calyx.

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.

Prostate: is enlarged in size 37 cc, 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.

IMPRESSION:

- ❖ Fatty liver grade 1.
- ❖ Prostatomegaly grade 1.
- ❖ Left nephrolithiasis.

Advised: clinicopathological correlation


DR. UMMED SINGH RATHORE
 MD RADIODIAGNOSIS

Dr. Umed Singh
 MD (Radiodiagnosis)
 (RMC.34498/24812)



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE





Name	: MUBARIK ALI BHATI	Father/Husband	: YUSUF ALI	IPD/OPD status	: OPD
Age/Sex	: 55 Y/Male	Reg. No.	: OutSide	Category	: CASH
Consultant	: M. S. MEEL	Accession No.	: 20240115034	Bed No.	: -
		BILL NO	: 2302048224	Date	: 15/01/2024 3:50:07 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=89/76 (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 = 109 (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)

LVPW

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.

LA Normal/Enlarged/Clear/Thrombus.

RA Normal/Enlarged/Clear/Thrombus.

RV Normal/Enlarged/Clear/Thrombus.



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

यह रिपोर्ट केवल चिकित्सा उद्देश्यों के लिए है।
इस रिपोर्ट का किसी भी प्रकार का प्रयोग नहीं किया जा सकता है।

MAHAVIR HOSPITAL

Health & Hygiene



Tel. : 01592-232361
9680960962

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

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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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY


NABL CERTIFICATE NO.
MC-5346

NAME : MUBARIK ALI BHATI	AGE 55 /SEX M
REF.BY :BOB HEALTH CHECK-UP	DATE: 15.01.2024

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


Dr. Ummed Singh
MD (Radiodiagnosis)
(RMC.34498/24812)



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE





 GPS Map Camera

Jhunjhunu, Rajasthan, India

499P+88Q, Subhash Marg, Pratap Nagar, Indra Nagar, Jhunjhunu,
Rajasthan 333001, India

Lat 28.118377°

Long 75.385824°

15/01/24 01:16 PM GMT +05:30



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