



आप्रशीय विशिष्ट पहुंचात आधिकरण

Unique Identification Authority of India

S/O मंगला राम कुमावत, रेलवे फाटक के पार बाकरा रोड, भानी की ढाणी , वार्ड न -२२, झुंझुन्, झुंझुन्, राजस्थान, 333001

Address:

S/O Mangla Ram Kumawat, railway fatak ke par bakra road, bhani ki dhani , ward no -22, Jhunjhunun, Jhunjhunu, Rajasthan, 333001

9311 2320 8469





· 9309624039

Rajasthail M. dical Research Centre Jhunjhunu



RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

Hematology Analysis Report

First Name: SHUBHASH CHANGARNALE Type:

Last Name:

Gender:

Age:

Male 45 Year Department:

Med Rec. No.:

Sample ID: 2

Test Time: 20/02/2024 09:14

Diagnosis:

Age. 45 Year					
Parameter	Result	Ref. Range	Unit		2.2
1 WBC	4.52	4.00-10.00	10^3/uL		
2 Neu%	51.6	50.0-70.0	%	WBC	
, 3 Lym%	37.4	20.0-40.0	%		
4 Mon%	7.5	3.0-12.0	1% D/C		
5 Eos%	3.2	0.5-5.0	%		
6 Bas%	0.3	0.0-1.0	%		
7 Neu#	2.34	2.00-7.00	10^3/uL	THE PERSON NAMED IN COLUMN 2 IS NOT	The same
8 Lym#	1.69	0.80-4.00	10^3/uL	RBC	
9 Mon#	0.34	0.12-1.20	10^3/uL		
10 Eos#	0.14	0.02-0.50	10^3/uL		
11 Bas#	0.01	0.00-0.10	10^3/uL		
12 RBC	4.91	3.50-5.50	10^6/uL	0 100 20	0 300
13 HGB	11.7	11.0-16.0	g/dL	PLT	of the last
14 HCT	41.6	37.0-54.0	%		
15 MCV	41.6 84.7	80.0-100.0	fL		
16 MCH		27.0-34.0	pg	F	
17 MCHC	28.2 L	32.0-36.0	g/dL		
18 RDW-CV	12.3	11.0-16.0	%	0 10 20	30
19 RDW-SD	42.7	35.0-56.0	fL	LS	DI
20 PLT	199	100-300	10^3/uL		
21 MPV	9.4	6.5-12.0	fL	1000	
22 PDW	11.2	9.0-17.0			
23 PCT	0.187	0.108-0.282	%		
24 P-LCR	31.4	11.0-45.0	%		
25 P-LCC	62	30-90	10^3/uL	LS	101
	11	YUNJHUN	UII (RA		
		WHUN	An (kg		
	lla	with Whelele			
	Dr. M	lamta Khuteta		HS	DI

Dr. Mamta Khuteta M D. (Path.)

RMC No : 4720/16260

Submitter: Operator: service Approver: Draw Time: 20/02/2024 09:13 Received Time: 20/02/2024 09:13 Validated Time: Report Time: 20/02/2024 09:29 Remarks:

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







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MEMOGRAPHY

Patient Name: SHUBHASH CHANDRA

Sr. No. : 1667 Patient ID No.: 2330

: 45 Gender Age : MALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on: 20-02-2024 09:32 AM

Collected On : 20-02-2024 09:32 AM

Received On : 20-02-2024 09:32 AM

Bar Code

Reported On : 20-02-2024 12:06 PM

LIS Number

LIPID PROFILE COMPLETE

Test Name	ci	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	CMO+2.	236.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol		48.01	mg/dL	3588
Triglycerides (Method: GPO)	н	172.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	Н	153.59	mg/dL	0100
VLDL Cholesterol		34.40	mg/dL	035
TC/HDL Cholestrol Ratio		4.92	Ratio	2.55
LDL/HDL Ratio		3.20	Ratio	1.53.5

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





THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUROSE



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Sr. No. : 1667 Patient ID No.: 2330

Age

: 45 Gender MALE

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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 Adeqate 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.

Gycosylated 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 Treatement 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.

BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	106.00	mg/dL	Glucose Fasting Cord: 45-96 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-PÖD)	119.00	mg/dL	Glucose 2 h Postparandial:



Marita Khulel Dr.Mamta Khute M.D.(Path.) RMC No. 4720

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T&C: This Reports is Not valled to Medico Legal principles a grant hunting (Rai) Ph No. : 1592-294977

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BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLDH)	23.00	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 Creatininase)	0.87	mg/dL	0.61.30
Calcium	9.98	mg/dL	8.511
Uric Acid (Method : Uricase-POD)	4.10	mg/dL	2.47.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	32.05	IU/L	15.085.0

JHUNJHUNU (RAJ.)







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Sr. No. : 1667 Patient ID No.: 2330

: 45 Gender Age : MALE

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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:-UV Kinetic)	32.00	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	26.00	U/L	540
Bilirubin(Total) (Method : Diazo)	0.87	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	00.3
Bilirubin(Indirect)	0.65	mg/dL	0.11.0
Total Protein (Method : BIURET Method)	7.01 R C	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)	3.90	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)	70/143.1111 (RP)	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	1.25		1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	215.00	U/L	108-306







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Patient Name: SHUBHASH CHANDRA

Sr. No. : 1667 Patient ID No.: 2330

Age : 45 Gender

: MALE Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on : 20-02-2024 Collected On : 20-02-2024

09:32 AM 09:32 AM

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Bar Code LIS Number

THYROID HORMONES

T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	1.17	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	9.88	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	2.05	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

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.

JHUNJHUNU (RAJ.)







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Bar Code III

IMMUNOLOGY

Test Name	Observed Values	Units	Reference Intervals
PSA (Prostate-Specific Antigen)	0.73	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 reactal 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.

JHUNJHUNU (RA).







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12:06 PM

Patient Name: SHUBHASH CHANDRA

Sr. No. : 1667 Patient ID No.: 2330

: 45 Gender Age : MALE

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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL		TA	
Quantity		ml	
Colour	Yellow	6	
Appearance / Transparency	Clear	30	
Specific Gravity	1.020	0	
PH	6.0	1	4.56.5
CHEMICAL		0	
Reaction	Acidic	m	
Albumin	TRACE	/ </td <td></td>	
Urine Sugar	Nii		
MICROSCOPIC	DIC	100	
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	35	/h.p.f.	
Epithelial Cells	12	/h.p.f.	
Crystals	HILL NII (SA)	/h.p.f.	
Casts	Nil 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.

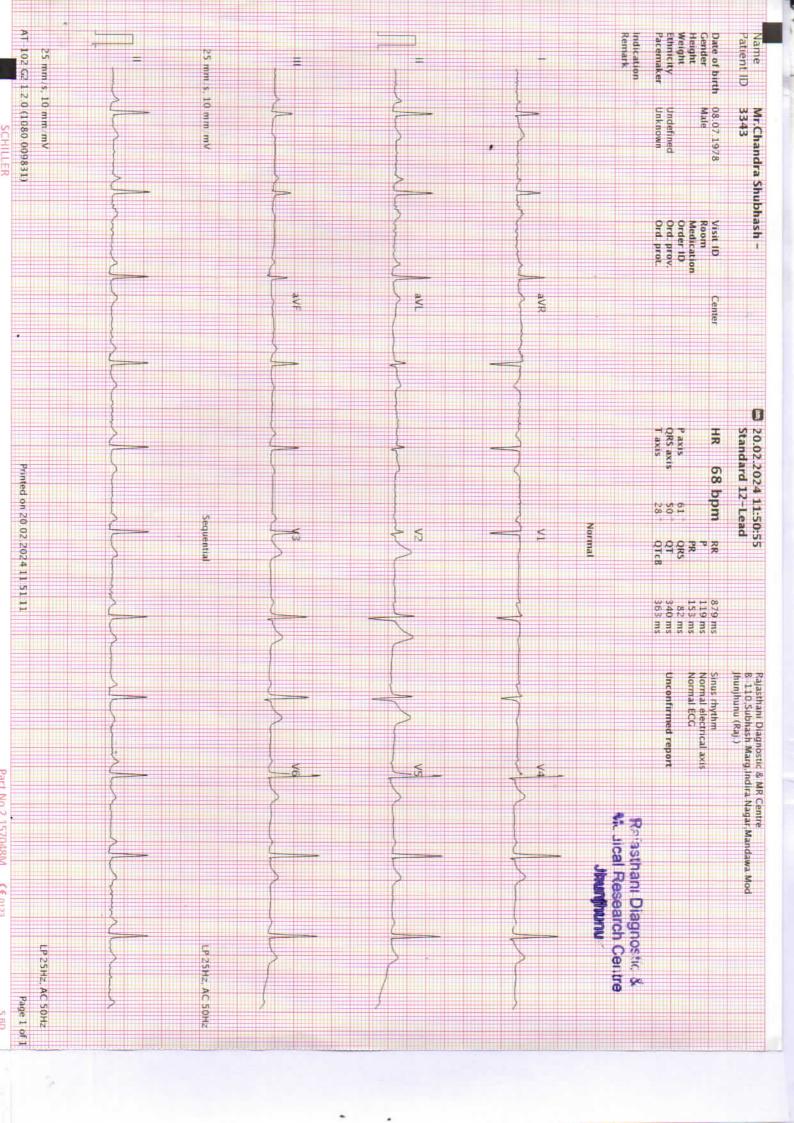


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MEMOGRAPHY

NAME : SHUBHASH CHANDRA	AGE 45 /SEX M DATE: 20.02.2024	
REF.BY :BOB HEALTH CHECK-UP		

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













RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

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*X-RAY

ECG

MAMOGRAPHY

NAME	SUBHASH CHANDRA	AGE-	SEX: M
REF/BY:	BOB HEATH CHECKUP	DATE	20-Feb-24

ULTRASONOGRAPHY WHOLE ABDOMEN

<u>Liver</u>: 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.

<u>Gall bladder</u>: 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.

<u>Pancreas</u>: 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.

<u>Lt. Kidney</u>: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

<u>Spleen</u>: is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

<u>Urinary Bladder</u>: 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 mildly enlarged in size 28 gm , 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:

- . Grade I fatty liver.
- Mild Prostatomegaly.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT MD RADIODIAGNOSIS

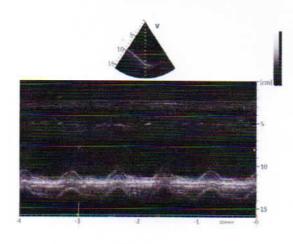
> Dr. Anusha Mahalawat MD (Radiodiagnosis) (RMC, 38742/25457)



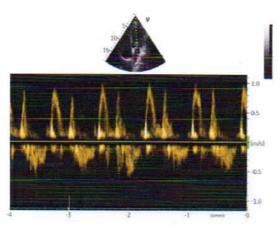


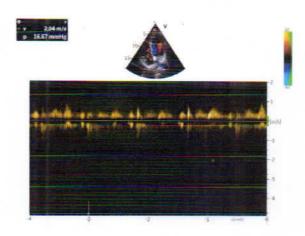
Name SIUBHASH, Age

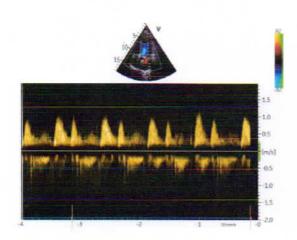
Date 20/02/2024 Site Name Arogyam Heart And Multispecility hospital

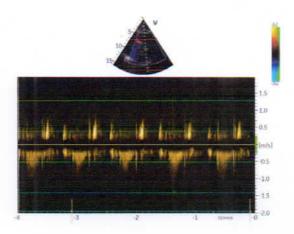












AAROGYAM HEART CARE - SHIVAM HOSPITAL

सामुदायिक विकास भवन के सामने, इन्दिरा नगर, झुंझुनू (राज.)

2-D ECHO COLOUR DOPPLER REPORT

NAME:- MR. SUBHASH

AGE:45Y/Sex: M

Date:-20-02-2024

REF.BY: RAJASTHANI DIAGNOSTIC

EXM.BY:-DR.JAIPAL BUGALIA

LEFT VENTRICLE:

Size

Normal

Wall Motion

Normal

LEFT ATRIUM

Diameter:- 28mm

Dimensions (2D / M-mode)

LVID D

46 mm

LVID S

30 mm

E F(VISUAL) PW (d).10

PW (S) 11

60%

mm

mm

IVS (D) 10 mm

IVS (S) 12 mm .

RVI D (d) :-23mm

RIGHT VENTRICLE

MITRAL VALVE: NORMAL

LV Inflow Doppler:

Peak E

.9m/sec

Peak A Vel

.7m/sec

Mitral Regurgitation: MILD

Tricuspid Regurgitation: MILD

AORTIC VALVE: NORMAL

AORTIC Regurgitation: NIL

PERICARDIUM: NORMAL

IMPRESSION:

- NO RWMA
- NORMAL LV systolic function, EF-60%
- Diastolic dysfunction GRADE-I
- MILD MR, MILD TR , NO AR
- No Intra Cardiac clot/vegetation/ Pericardial effusion

DR. JAIPAL BUGALIA (REG NO 023279/1994) MD, D.M. (Cardiology) Civil Chief Interventional Cardiologist REG. NO. 23

