



 भारत सरकार
 Government of India


 बिमला
 Bimala
 जन्म तिथि/DOB: 01/07/1980
 महिला/ FEMALE



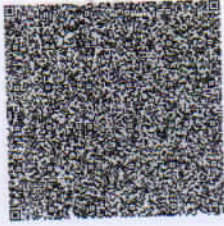
8843 8674 4686
 VID : 9134 4075 6172 8466

मेरा आधार, मेरी पहचान



 भारतीय डिजिटल पहचान प्राधिकरण
 Unique Identification Authority of India

पता:
 W/O: बल राज, तह-चिडावा, गांव- बुडानिया, बुडानिया,
 बुडानु
 राजस्थान - 333025

Address:
 W/O: Bal Raj, tah-chirawa, gav- budania,
 Budaniya, Jhunjhunu,
 Rajasthan - 333025




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 VID : 9134 4075 6172 8466

 www
 www.uidai.gov.in

बिमला

mob. 7427856673


 Rajasthan Diagnostic &
 Medical Research Centre
 Jhunjhunu





RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

| | | | |
|---------|---------------------------|------|-----------|
| NAME | BIMLA | AGE- | SEX: F |
| REF/BY: | MEDI WHEEL HEALTH CHECKUP | DATE | 28-Oct-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: 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.

IMPRESSION:

- ❖ NORMAL SONOGRAPHY STUDY.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MD RADIODIAGNOSIS

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



आपातकालीन सेवाएं

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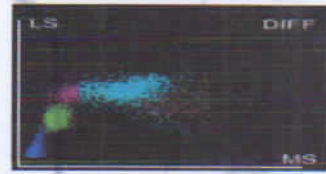
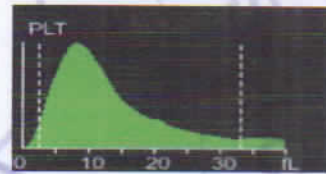
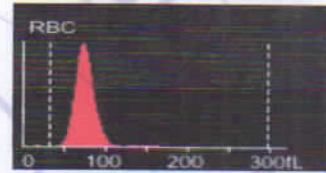
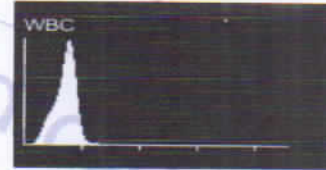
Hematology Analysis Report

First Name: BIMALA
Last Name:
Gender: Female
Age: 43 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 14
Test Time: 28/10/2023 11:09
Diagnosis:

| Parameter | Result | Ref. Range | Unit |
|-----------|--------|-------------|---------------------|
| 1 WBC | 5.10 | 4.00-10.00 | 10 ³ /uL |
| 2 Neu% | 45.6 L | 50.0-70.0 | % |
| 3 Lym% | 41.9 H | 20.0-40.0 | % |
| 4 Mon% | 5.2 | 3.0-12.0 | % |
| 5 Eos% | 6.2 H | 0.5-5.0 | % |
| 6 Bas% | 1.1 H | 0.0-1.0 | % |
| 7 Neu# | 2.32 | 2.00-7.00 | 10 ³ /uL |
| 8 Lym# | 2.13 | 0.80-4.00 | 10 ³ /uL |
| 9 Mon# | 0.27 | 0.12-1.20 | 10 ³ /uL |
| 10 Eos# | 0.32 | 0.02-0.50 | 10 ³ /uL |
| 11 Bas# | 0.06 | 0.00-0.10 | 10 ³ /uL |
| 12 RBC | 3.52 | 3.50-5.00 | 10 ⁶ /uL |
| 13 HGB | 10.2 L | 11.0-15.0 | g/dL |
| 14 HCT | 28.0 L | 37.0-47.0 | % |
| 15 MCV | 79.6 L | 80.0-100.0 | fL |
| 16 MCH | 29.2 | 27.0-34.0 | pg |
| 17 MCHC | 36.6 H | 32.0-36.0 | g/dL |
| 18 RDW-CV | 12.2 | 11.0-16.0 | % |
| 19 RDW-SD | 40.1 | 35.0-56.0 | fL |
| 20 PLT | 212 | 100-300 | 10 ³ /uL |
| 21 MPV | 9.2 | 6.5-12.0 | fL |
| 22 PDW | 10.5 | 9.0-17.0 | fL |
| 23 PCT | 0.195 | 0.108-0.282 | % |
| 24 P-LCR | 30.2 | 11.0-45.0 | % |
| 25 P-LCC | 64 | 30-90 | 10 ³ /uL |



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

Submitter: Operator: admin Approver:
Draw Time: 28/10/2023 11:08 Received Time: 28/10/2023 11:08 Validated Time:
Report Time: 28/10/2023 15:04 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



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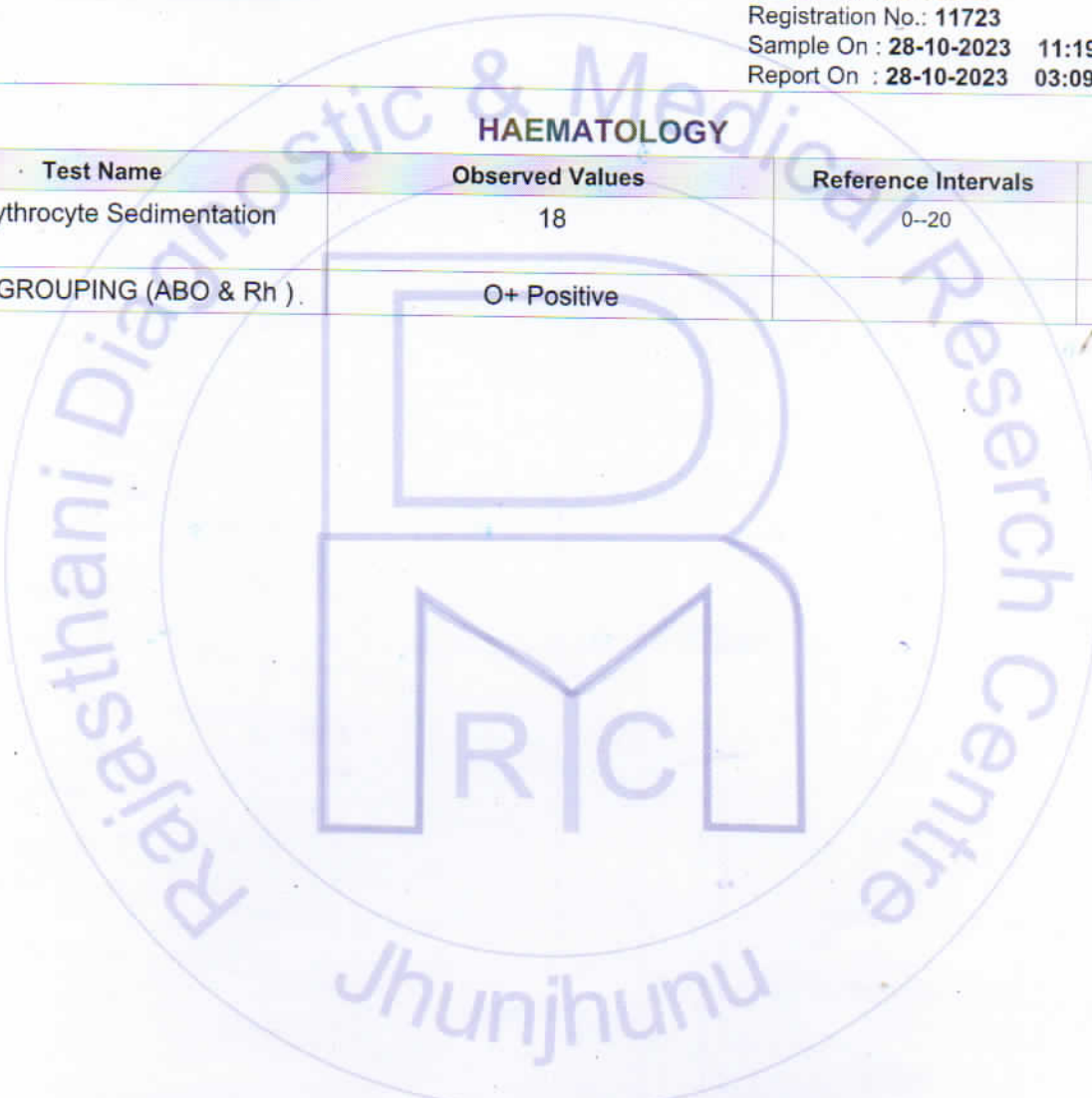
MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

| | | | |
|--|---------------------------------|------------------------------------|--|
|  9 5 0 3 | | Laboratory Report | |
| Name : BIMLALA | Sr. Number : 74192 | Invoice Date : 28-10-2023 11:19 AM | |
| Age : 43 Gender : FEMALE | Invoice Number : 9503 | Registration No.: 11723 | |
| Ref. By Dr : BOB HEALTH CHECKUP | Sample On : 28-10-2023 11:19 AM | Report On : 28-10-2023 03:09 PM | |

HAEMATOLOGY

| Test Name | Observed Values | Reference Intervals | Units |
|--------------------------------------|-----------------|---------------------|-------|
| ESR (Erythrocyte Sedimentation Rate) | 18 | 0-20 | mm/hr |
| BLOOD GROUPING (ABO & Rh) | O+ Positive | | |



WIKASH
24/7
EMERGENCY SERVICE
PATHOLOGIST

Mamta Khute
Dr. Mamta Khute
M.D. (Path.)
S.M.C. No. : 47207
PATHOLOGIST

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346



Laboratory Report

Name : **BIMLALA**
Age : **43** Gender : **FEMALE**
Ref. By Dr : **BOB HEALTH CHECKUP**

Sr. Number : **74192**
Invoice Date : **28-10-2023 11:19 AM**
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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

| Test Name | Observed Values | Reference Intervals | Units |
|--|-----------------|---|--------|
| HbA1c(Glycosylated hemoglobin)(Tech. :- HPLC (D-10 Bio-Rad)) | 4.08 | < 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.01 - 8.00 Adequate Control 8.01 - 9.00 Suboptimal Control 9.01 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control | % |
| eAG (Estimated Average Glucose)(Tech. :- Calculated) | 70.40 | 90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control > 211 Very Poor Control | mg/dL |
| eAG (Estimated Average Glucose) | 3.91 | | mmol/L |

Method : **Fluorescence Immunoassay Technology(Erba^(R) Mannheim-EM-200)**

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 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.

Wakash

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GMC No. : 4720



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



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BIO-CHEMISTRY

| Test Name | Observed Values | Reference Intervals | Units |
|----------------------------------|-----------------|---------------------|-------|
| Blood Sugar PP | 105.00 | 70--140 | mg/dL |
| Blood Sugar Fasting | 98.00 | 70--110 | mg/dL |
| Gamma glutamyl transferase (GGT) | 31.07 | < 50 | U/L |

Liver Function Test

| Test Name | Observed Values | Reference Intervals | Units |
|----------------------|-----------------|---------------------|-------|
| S.G.O.T. | H 48.00 | 0--40 | U/L |
| S.G.P.T. | 37.02 | 0--40 | U/L |
| Bilirubin(Total) | 0.89 | 0.1--1.2 | mg/dL |
| Bilirubin(Direct) | 0.18 | 0--0.3 | mg/dL |
| Bilirubin(Indirect) | 0.71 | 0.1--1.0 | mg/dL |
| Total Protein | 6.99 | 6--8 | mg/dL |
| Albumin | 3.84 | 3.5--5 | mg/dL |
| Globulin | 3.15 | 3--4.5 | mg/dL |
| A/G Ratio | 1.22 | 0.5 -- 2.65 | g/dL |
| Alkaline Phosphatase | 183.00 | 108--306 | U/L |

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Mamta Khutela
Dr. Mamta Khutela
M.D. (Path.)
BMC No.: 4720/1
PATHOLOGIST

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RAJASTHANI DIAGNOSTIC & MRI CENTRE



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346



Laboratory Report

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Report On : **28-10-2023 03:09 PM**

BIO-CHEMISTRY Kidney Function Test

| Test Name | Observed Values | Reference Intervals | Units |
|---------------------------|-----------------|---------------------|-------|
| BUN (Blood Urea Nitrogen) | 19.00 | 13-45 | mg/dL |
| Creatinine | 0.98 | 0.6-1.4 | mg/dL |
| Uric Acid | 5.19 | 3.6-8.2 | mg/dL |
| BUN / Creatinine Ratio | 1.93 | 0.60-3.00 | |

LIPID PROFILE COMPLETE

| Test Name | Observed Values | Reference Intervals | Units |
|--------------------------|-----------------|---------------------|-------|
| Cholesterol | H 239.00 | 110-200 | mg/dL |
| HDL Cholesterol | 54.00 | 35-70 | mg/dL |
| Triglycerides | 146.00 | 40-170 | mg/dL |
| LDL Cholesterol | H 155.80 | 0-150 | mg/dL |
| VLDL Cholesterol | 29.20 | 0-35 | mg/dL |
| TC/HDL Cholesterol Ratio | 4.43 | 2.5-5 | Ratio |
| LDL/HDL Ratio | 2.89 | 1.5-3.5 | Ratio |

Jhunjhunu

Wakash

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EMERGENCY SERVICE
PHYSICIAN

Mamta Khutela
Dr. Mamta Khutela
M.D. (Path.)
SAC No. : 4720



PATHOLOGIST

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



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

Name :- Mrs. BIMLA
Sex / Age :- Female
Doctor :- BOB HEALTH
Client Name :- RAJASTHANI LAB- JHUNJHNU
Sample Type :- Serum

Patient ID / CCL No :-102337630

Sample Collected :- 28/10/2023

Sample Received on:28-10-2023

Report Released on: 28-10-2023

Barcode



| TEST NAME | VALUE | UNIT | REFERENCE RANGE |
|---|--------|--------|--|
| TFT | | | |
| T3 (TOTAL TRIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay) | 161.00 | ng/dl | 70 - 204 |
| T4 (TOTAL THYROXINE) (Tech.:- Chemiluminescence Immunoassay) | 8.82 | ug/dl | 4.6 - 12.5 |
| TSH. (Ultra Sensitive) (Tech.:- Chemiluminescence Immunoassay) | 0.71 | uIU/ml | 0.52 - 16.00 : 1-30 Days 0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults |

INTERPRETATION

- Remark** - Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc.
- Remark** - Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values. 3.Total T3 may decrease by <25 percent in healthy older individuals.
- Remark** - TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc 2.Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g: Iodine, Lithium, and Amiodaron.Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary- adrenal axis. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.

- End of Report



Technologist

Nida
DR. NIDA FAHMI
M.D.S., (Path.)
Reg.No.A-4048

Mani Agarwal
DR. Mani Agarwal
MD. (Path.)
RMC No.5167/15233

Ashish Sethi
DR. ASHISH SETHI
Consultant Biochemist



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FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346



Laboratory Report

Name : **BIMLALA**
Age : **43** Gender : **FEMALE**
Ref. By Dr : **BOB HEALTH CHECKUP**

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URINE EXAMINATION URINE COMPLETE

| Test Name | Observed Values | Reference Intervals | Units |
|---------------------------|-----------------|---------------------|---------|
| PHYSICAL | | | |
| Quantity | | | ml |
| Colour | Pale Yellow | | |
| Appearance / Transparency | Clear | | |
| Specific Gravity | 1.025 | | |
| PH | 5.5 | 4.5-6.5 | |
| CHEMICAL | | | |
| Reaction | Acidic | | |
| 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 | | | /h.p.f. |

| Test Name | Observed Values | Reference Intervals | Units |
|---------------------|-----------------|---------------------|-------|
| URINE SUGAR FASTING | Nil | | |

<<< END OF REPORT >>>

Wakash

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Manita Khute
Dr. Manita Khute
M.D. (Path.)
GMC No.: 47201



PATHOLOGIST

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| | |
|-----------------------------|------------------|
| NAME : BIMLA | AGE 43 /SEX F |
| REF.BY :BOB HEALTH CHECK UP | DATE: 28.10.2023 |

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. ANUSHA MAHALAWAT

MD (RADIODIAGNOSIS)

RMC -38742/25457

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



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