

भारत सरकार
Government of India

आधार

Issue Date: 26/04/2013

Data Ram Gurjar
DOB : 05/07/1963
Male

5627 0181 4398

मेरा आधार, मेरी पहचान

भारतीय विश्वविद्यालय पहचान प्राधिकरण
UIDAI
UIDAI Identification Authority of India

Address: S/O: Pokar Mal Gurjar, Budaniya,
Jhunjhunu, Rajasthan, 333025

Print Date: 26/07/2022

5627 0181 4398

1947 help@uidai.gov.in www.uidai.gov.in

DR. 9636990556

Rajasthan Diagnostic & Medical Research Centre
Jhunjhunu



RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

| | | | |
|---------|------------------------------------|------|----------|
| NAME | DATARAM GURJAR | AGE- | SEX: M |
| REF/BY: | Medi wheel medical health check up | DATE | 5-May-23 |

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: 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.

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. simple renal cortical cyst seen, measuring 8x10mm seen at upper pole.

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 empty.

Prostate: is grossly normal in size.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

IMPRESSION:

- ❖ Fatty liver grade 1
- ❖ Right simple Renal cortical cyst

Advised: clinicopathological correlation

DR. UMMED SINGH RATHORE
MD RADIODIAGNOSIS

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



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





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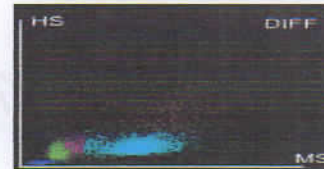
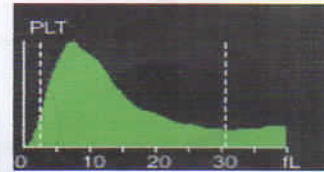
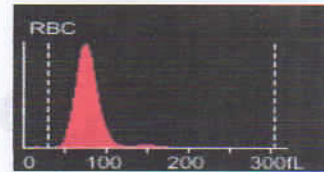
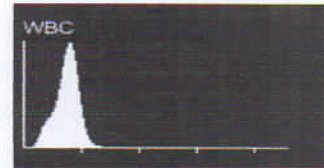
Hematology Analysis Report

First Name: GURJAR DATA RAM
Last Name:
Gender: Male
Age: 59 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 7
Test Time: 2023/05/05 11:10
Diagnosis:

| Parameter | Result | Ref. Range | Unit |
|-----------|--------|-------------|---------------------|
| 1 WBC | 5.91 | 4.00-10.00 | 10 ³ /uL |
| 2 Neu% | 60.4 | 50.0-70.0 | % |
| 3 Lym% | 30.1 | 20.0-40.0 | % |
| 4 Mon% | 5.3 | 3.0-12.0 | % |
| 5 Eos% | 3.7 | 0.5-5.0 | % |
| 6 Bas% | 0.5 | 0.0-1.0 | % |
| 7 Neu# | 3.57 | 2.00-7.00 | 10 ³ /uL |
| 8 Lym# | 1.78 | 0.80-4.00 | 10 ³ /uL |
| 9 Mon# | 0.31 | 0.12-1.20 | 10 ³ /uL |
| 10 Eos# | 0.22 | 0.02-0.50 | 10 ³ /uL |
| 11 Bas# | 0.03 | 0.00-0.10 | 10 ³ /uL |
| 12 RBC | 4.29 | 4.00-5.50 | 10 ⁶ /uL |
| 13 HGB | 12.6 | 12.0-16.0 | g/dL |
| 14 HCT | 35.3 | 40.0-54.0 | % |
| 15 MCV | 82.2 | 80.0-100.0 | fL |
| 16 MCH | 29.3 | 27.0-34.0 | pg |
| 17 MCHC | 35.7 | 32.0-36.0 | g/dL |
| 18 RDW-CV | 14.1 | 11.0-16.0 | % |
| 19 RDW-SD | 47.5 | 35.0-56.0 | fL |
| 20 PLT | 182 | 100-300 | 10 ³ /uL |
| 21 MPV | 9.1 | 6.5-12.0 | fL |
| 22 PDW | 11.2 | 9.0-17.0 | fL |
| 23 PCT | 0.166 | 0.108-0.282 | % |
| 24 P-LCR | 31.3 | 11.0-45.0 | % |
| 25 P-LCC | 57 | 30-90 | 10 ³ /uL |



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

Submitter:
Draw Time: 2023/05/05 11:08
Report Time:
Operator: admin
Received Time: 2023/05/05 11:08
Remarks:
Approver:
Validated Time:

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



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| Laboratory Report | |
|--|---|
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| Age : 59 Gender : MALE | Invoice Date : 05-05-2023 12:35 PM |
| Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP | Invoice Number : 1310 |
| | Registration No.: 3537 |
| | Sample On : 05-05-2023 12:35 PM |
| | Report On : 05-05-2023 03:46 PM |

| Test Name | Observed Values | Reference Intervals | Units |
|--------------------------------------|-----------------|---------------------|-------|
| ESR (Erythrocyte Sedimentation Rate) | 15 | < 20 | mm/hr |

HbA1c(Glycosylated hemoglobin)

| Test Name | Observed Values | Reference Intervals | Units |
|---------------------------------|-----------------|---|--------|
| HbA1c(Glycosylated hemoglobin) | 5.10 | < 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) | 99.67 | | mg/dL |
| eAG (Estimated Average Glucose) | 5.53 | | 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 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.

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

TECHNOLOGIST

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

PATHOLOGIST

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| Test Name | Observed Values | Reference Intervals | Units |
|---------------------|-----------------|---------------------|-------|
| Blood Sugar Fasting | 85.00 | 60--110 | mg/dL |
| Blood Sugar PP | 106.00 | < 140 | mg/dL |

RENAL FUNCTION TEST

| Test Name | Observed Values | Reference Intervals | Units |
|----------------------------------|-----------------|---------------------|-------|
| Blood Urea | 36.00 | 13--45 | mg/dL |
| Creatinine | 0.95 | 0.4--1.4 | mg/dL |
| Uric Acid | 4.61 | 3.6--8.2 | mg/dL |
| Calcium | 9.88 | 8.5--11 | mg/dL |
| Gamma glutamyl transferase (GGT) | 31.00 | < 50 | U/L |

Nida Fahmi
Dr. NIDA FAHMI
M.D.S. Pathology
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Age : 59 Gender : MALE
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

Sr. Number : 63989
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Invoice Number : 1310
Registration No.: 3537
Sample On : 05-05-2023 12:35 PM
Report On : 05-05-2023 03:46 PM

Liver Function Test

| Test Name | Observed Values | Reference Intervals | Units |
|----------------------|-----------------|---------------------|-------|
| S.G.O.T. | 26.0 | 0-45 | U/L |
| S.G.P.T. | 31.00 | 0-45 | U/L |
| Bilirubin(Total) | 0.75 | 0.1-1.4 | mg/dL |
| Bilirubin(Direct) | 0.20 | 0-0.3 | mg/dL |
| Bilirubin(Indirect) | 0.55 | 0.1-0.9 | mg/dL |
| Total Protein | 6.94 | 6-8 | mg/dL |
| Albumin | 3.90 | 3.5-5 | mg/dL |
| Globulin | 3.04 | 3-4.5 | mg/dL |
| A/G Ratio | 1.28 | 0.5 - 2.65 | g/dL |
| Alkaline Phosphatase | 184.00 | 108-306 | U/L |

LIPID PROFILE COMPLETE

| Test Name | Observed Values | Reference Intervals | Units |
|-------------------------|-----------------|---------------------|-------|
| Cholesterol | 174.00 | 110-200 | mg/dL |
| HDL Cholesterol | 52.00 | 35-88 | mg/dL |
| Triglycerides | H 178.00 | 40-165 | mg/dL |
| LDL Cholesterol | 86.40 | 0-150 | mg/dL |
| VLDL Cholesterol | H 35.60 | 0-35 | mg/dL |
| TC/HDL Cholestrol Ratio | 3.35 | 2.5-5 | Ratio |
| LDL/HDL Ratio | 1.66 | 1.5-3.5 | Ratio |

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| | Report On : 05-05-2023 03:46 PM |

T3,T4,TSH (THYROID PROFILE)

| Test Name | Observed Values | Reference Intervals | Units |
|-----------------------------------|-----------------|---------------------|--------|
| T3 (Total Triiodothyronine) | 1.12 | 0.5--1.5 ng/mL | ng/mL |
| T4 (TotalThyroxine) | 10.69 | 4.60-12.5 µg/dL | µg/dL |
| TSH (Thyroid Stimulating Hormone) | 0.84 | 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 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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M.D.S. Pathology
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| Test Name | Observed Values | Reference Intervals | Units |
|---------------------------------|-----------------|---------------------|-------|
| PSA (Prostate-Specific Antigen) | 1.56 | 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.

Nida
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| | Sample On : 05-05-2023 12:35 PM |
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URINE COMPLETE

| Test Name | Observed Values | Reference Intervals | Units |
|---------------------------|-----------------|---------------------|---------|
| PHYSICAL | | | |
| Quantity | 20 | | ml |
| Colour | 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 | 4-8 | | /h.p.f. |
| Epithelial Cells | 2-5 | | /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 | | |
| URINE SUGAR PP | Nil | | |

<<< END OF REPORT >>>

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| Test Name | Observed Values | Reference Intervals | Units |
|----------------------------|-----------------|---------------------|-------|
| BLOOD GROUPING (ABO & Rh) | A+ Positive | | |

<<< END OF REPORT >>>

Rajasthani Diagnostic & MRI Centre

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| | |
|------------------------------|------------------|
| NAME : DATA RAM GURJAR | AGE 59 /SEX M |
| REF.BY : BOB HEALTH CHECK UP | DATE: 05.05.2023 |

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



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Transthoracic Echo-Doppler Report

Name : Mr. Dataram Gurjar Ji

Age/Sex : 59 YRS. / M

Study Performed By : Dr. Khan ikalakh

Date : 05/05/2023

LAB. 7059

M- MODE/2D ECHO Features:

- Moderate Concentric Left Ventricular Hypertrophy.
- No Regional wall motion abnormality
- LVEF is 55%
- Grade I LV Diastolic Dysfunction.
Trace MR.
- No AR / No AS.
- No TR.
- No thrombus detected.
- No Pericardial effusion seen.

Measurements (mm):

| | ABSOLUTE VALUE | NORMAL VALUE |
|--------------------------|----------------|--------------|
| Interventricular Septum | 13 | 06 - 10 mm |
| Posterior Wall Thickness | 13 | 06 - 10 mm |
| LV ED dimension | 44 | 35 - 55 mm |
| LVES dimension | 23 | 22 - 40mm |
| Left Atrium size | 33 | 27- 38 mm |
| Aortic root diameter | 24 | 22 - 34 mm |
| LV Ejection Fraction (%) | 55% | 55%-80% |



BATUL HEART CARE & GENERAL HOSPITAL

B-34, Subhash Marg, Indira Nagar,
Jhunjhunu (333001), Rajasthan

Ph. : 01592-233786

Mob. : +91-7297097172, +91-7023507411

ikalakh786@gmail.com, ikalak786@yahoo.com

Mitral Valve:

- **Morphology** :- Normal.
Trace MR

Aortic Valve:

- **Morphology:** Normal
No AR / No AS

Tricuspid Valve:

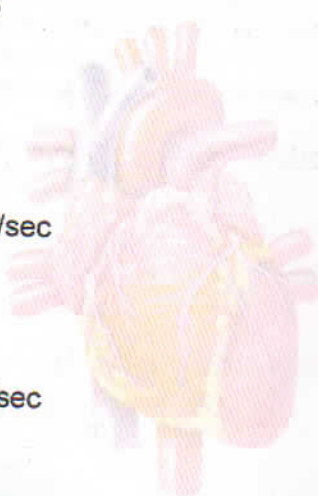
- **Morphology:** Normal.
No TR
TR V max = m/sec

RVSP = (25+RAP)mmHg

Pulmonary Valve:

- **Morphology:** Normal.
V max = 0.79m/sec
No PR


Max PG = 2.49mmHg



Final Interpretation:

Moderate Concentric Left Ventricular Hypertrophy.
No regional wall motion abnormality.
Normal LV Systolic function.
?Aortic Root Dilatation.

Advised:-Transesophageal Echocardiography.


Dr.khan ikalakh
MD(phy), PGDCC (Dip. Cardio), FNIC
DR. KHAN IKALAKH AHMED HAMID
M.D. (PHY.), PGDCC (Dip. Cardio), FNIC
RMC Reg. No. 35204
BATUL HEART CARE AND GENERAL HOSPITAL
B-34, Indira Nagar, Jhunjhunu 333001
Rajasthan

