

#### भारत सरकार

#### Government of India



मंजू देवी भागव Manju Devi Bhargav जन्म वर्ष / Year of Birth : 1974 महिला / Female



9427 4924 2042

आधार - आम आदमी का अधिकार



### आरतीय विशिष्ट गृहदान प्राधिकरण Unique Identification Authority of India

पताः W/O: प्रकाश चन्द भागेव, वार्ड Address: W/O: Prakash Chand न 13, रत्ने नगर, रतन नगर, चूरु, Bhargav, ward n 13, ratn nagar, रतन नगर, राजस्थान, 331021

Ratan Nagar, Churu, Ratan Nagar, Rajasthan, 331021

9427 4924 2042





WWW

J15 6 0 22 2815202022 Rajasthani Diagnostic & Medical Research Centre Jhunjhunu







# RAJASTHANI DIAGNOSTIC & MR CENTRE

#### FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	MANJU DEVI BHARGAV	AGE-	SEX: F
REF/BY:	BOB HEALTH CHECKUP	DATE	24-Feb-24

#### ULTRASONOGRAPHY WHOLE ABDOMEN

<u>Liver</u>: 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: h/o cholecystectomy, GB fossa is normal

<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 hydronephrosis is seen. **5.5 mm calculus seen in** lower calyx.

<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.

Uterus: is h/o hysterectomy.

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

#### IMPRESSION:

\* Left renal calculus.

Advised: clinicopathological correlation

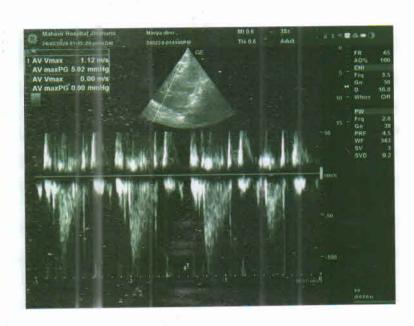
DR. ANUSHA MAHALAWAT MD RADIODIAGNOSIS

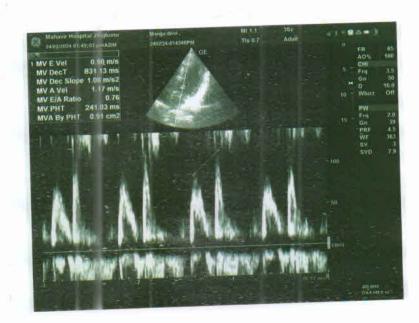
> Dr. Anusha Mahalawat MD (Radiodiagnosis) (RMC. 38742/25457)











# MAHAVIR HOSPITA

9680960962

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

MAHAVIR HOSPITAL

Name

:MANJU DEVI

BHARGAV

Reg. No.

:PRAKASH CHAND

IPD/OPD status

:OPD

Age/Sex

Catagory

:CASH

:50 Y/Female

Accession No.

Father/Husband

:20240224022

:2302507124

:OutSide

Consultant

:M. S. MEEL

Bed No.

Date

:24/02/2024 1:01:29 PM

#### TRANSTHORACIC ECHO-DOPPLER TEST REPORT

MITRAL VALVE-

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

BILL.NO

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

Doppier- Normal/Abnormal

Mitral E/A Velocity= 90/117 (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 = 112 (cm/sec)

Aortic Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Aortic Stenosis

Absent/Present.

Aorta = 2.6 cm (2.0 - 3.7 cm)

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)

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.





# 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, mild TR, mild PAH(50mmHg).

Normal systolic function.

Grade 1 diastolic dysfunction.

No I/C clot/vegetation.

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

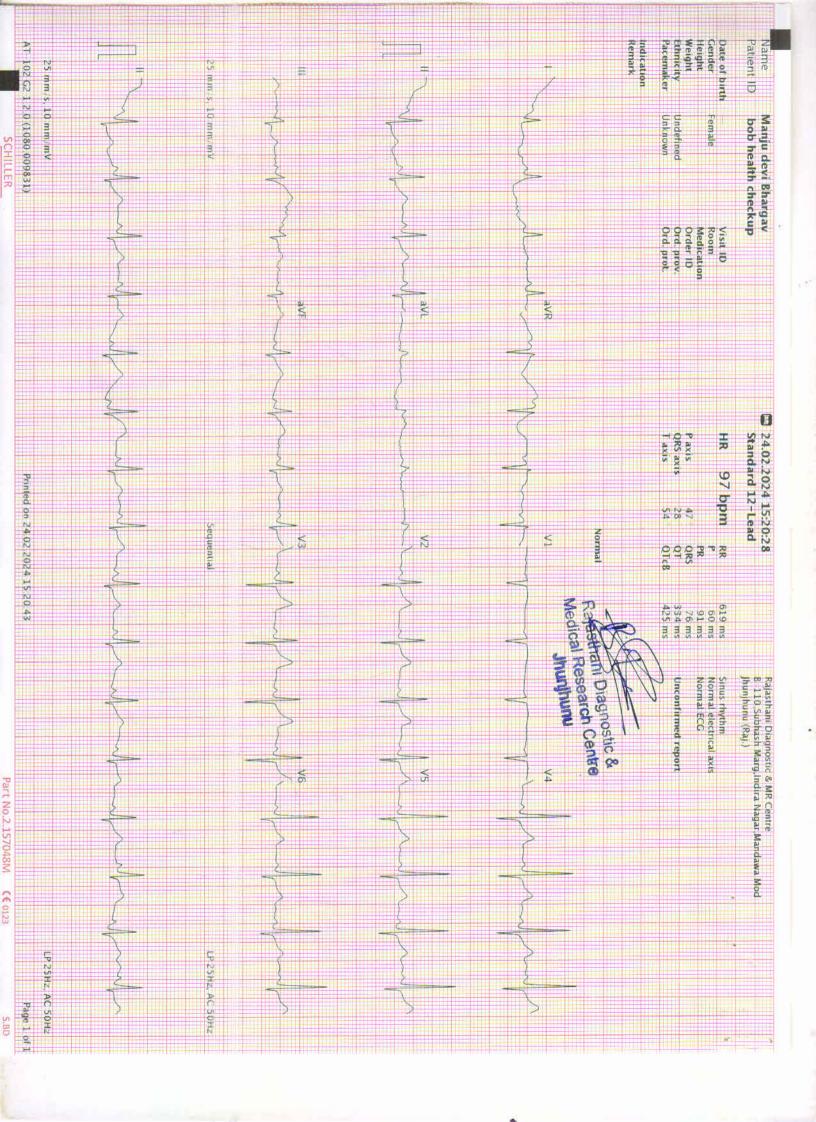
Dr. M.S. MEEL MD (Medicine) Reg. No. 7937/2635 Mahavir Hospital, Jhunjhunu

Dr M S Meel MD Medicine Senior Physician

Dr Pallavi Choudhary MD Paediatrics Consultant









# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

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### **Hematology Analysis Report**

First Name: MANJU DEVI BHARAMIE Type:

Last Name:

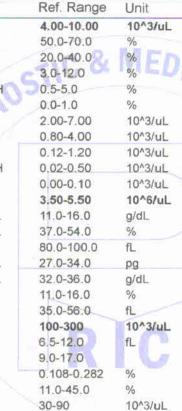
Department: Med Rec. No.: Sample ID: 14

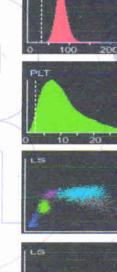
Test Time: 24/02/2024 11:07

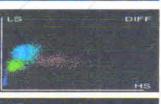
Diagnosis:

Gender: Female

	ge:	50 Year	Wica it	CO.
Р	arameter		Result	
1	WBC		8.79	
2	Neu%		62.3	
3	Lym%		23.8	
4	Mon%		4.5	
5	Eos%		8.8	H
6	Bas%		0.6	
7	Neu#		5.48	1
8	Lym#		2.09	13
9	Mon#		0.40	
1	0 Eos#		0.77	Н
1	1 Bas#		0.05	
1	2 RBC		4.08	
1	3 HGB		9.4	L
1	4 HCT		34.7	L
1	5 MCV		85.1	
1	6 MCH		23.1	L
1	7 MCHC		27.2	L
1	8 RDW-CV		14.0	
1	9 RDW-SD		49.7	
2	0 PLT		299	
2	1 MPV		8.2	
2	2 PDW		10.2	
2	3 PCT		0.245	
	4 P-LCR		24.5	
2	5 P-LCC		73	







DIFF

HS

Marita Wheeleli

Mamta KhutetaM D. (Path.)

PAGE 51% 4720/16260

Submitter: Operator: admin Approver: Draw Time: 24/02/2024 11:06 Received Time: 24/02/2024 11:06 Validated Time: Report Time: 24/02/2024 16:11 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: MANJU DEVI BHARGAV

: 1871 Patient ID No.: 2507

: 50 Gender : FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on : 24-02-2024 11:13 AM Collected On : 24-02-2024 11:13 AM

Received On : 24-02-2024 11:13 AM

Reported On : 24-02-2024 04:17 PM

Bar Code LIS Number

#### LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	186.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	49.01	mg/dL	3588
Triglycerides (Method: GPO)	161.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	H 104.79	mg/dL	0100
VLDL Cholesterol	32.20	mg/dL	035
TC/HDL Cholestrol Ratio	3.80	Ratio	2.55
LDL/HDL Ratio	2.14	Ratio	1.5-3.5

JAUNJHUNU (RAJ.)







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#### HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	15	mm/hr	20
BLOOD GROUPING (ABO & Rh )	O+ Positive	700	









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: 50 Gender : FEMALE

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11:13 AM

Collected On : 24-02-2024

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: 24-02-2024 04:17 PM 

LIS Number

#### 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.

#### Remarks:

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)	109.00	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-POD)	121.00	mg/dL	Glucose 2 h Postparandial:



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUROSE

Manta Khul Dr.Mamta Khutata M.D.(Path.) RMC No. 4720/16260

T&C: \*This Report 8 5 No Valuable Marg. Indira Nagar. Jhunjhunu (Raj.) Ph. No.: 1592-294977

\* No part of this report should be reproduced for any purpose. \* Interpret result after considering Age, sex effect of drug and other relevant factor.



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: 50 Gender : FEMALE

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LIS Number

### **BIO-CHEMISTRY** KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLDH)	25.00	mg/dL i	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 )	0.98	mg/dL	0.61.30
Calcium	10.56	mg/dL	8.511
Uric Acid (Method : Uricase-POD)	5.24	mg/dL	2.47.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	31.04	IU/L	15.085.0



Manta Khuled Dr.Mamta Khurete M.D.(Path.) RMC No. 4720/16260



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Sr. No. : 1871 Patient ID No.: 2507

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: 50 Gender : FEMALE

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### **BIO-CHEMISTRY**

#### **Liver Function Test**

Test Name	Observed Values	Units	Reference Intervals
- Call		TA	
SGOT/AST(Tech.:-UV Kinetic)	H 52.00	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	H 61.00	U/L	540
Bilirubin(Total)  ( Method - Diazo)	0.95	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)	0.73	mg/dL	0.11.0
Total Protein (Method BIURET Method)	6.98	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)	3.91	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)	3.07	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	1.27		1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	167.00	U/L	108-306







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

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.88	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	9.52	µg/dL	4.60-12.50 μg/dL
TSH (Thyroid Stimulating Hormone)	4.80	μlU/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 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.)



Manita Khy Dr.Mamta Khutet M.D.(Path.) RMC No. 4720/16260



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### URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL		TALL	
Quantity		ml	
Colour	Yellow		
Appearance / Transparency	Clear	1 30 /	
Specific Gravity	1.025	1 63	100
PH	5.5		4.56.5
CHEMICAL			
Reaction	Acidic	177	
Albumin	TRACE		
Urine Sugar	Nil	. / 52 /	
MICROSCOPIC		100	
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	57	/h.p.f,	
Epithelial Cells	23	/h.p.f.	
Crystals	Alla. Nil (OA)	/h.p.f.	
Casts	WIND WAR	/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.



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUROSE

Marta Khy Dr.Mamta Khyteta M.D.(Path.) RMC No. 4720/16260

T&C: \*This Reports is Not Valid For Medico Legal Purposes. \* Identification and name of person is not our respossibility.

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NAME : MANJU DEVI BHARGAV	AGE 50 /SEX F
REF.BY :BOB HEALTH CHECK-UP	DATE: 24.02.2024

### 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



