


भारत सरकार  
Government of India

 Siddhartha Kumar Meena  
DOB : 20/11/1993  
Male






4254 5144 6186

मेरा आधार, मेरी पहचान

 आधर  
आरोग्य विधि प्रणाली अधिकरण  
Unique Identification Authority of India

Address:  
S/O Hajari Lal Meena, meena ki dhani, Jasrapur, Jasrapur,  
Jhunjhunun, Rajasthan, 333514

4254 5144 6186

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Rajsthani Diagnostic &  
Medical Research Centre  
Jhunjhunu







# RAJASTHANI DIAGNOSTIC & MRI CENTRE



## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: **SIDDHARTH KUMAR MEENA**  
Sr. No. : **8575**  
Patient ID No.: **7984**  
Age : **30** Gender : **MALE**  
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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### HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	10	mm/hr	20
BLOOD GROUPING (ABO & Rh )	A+ Positive		

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.00	%	< 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)	96.80	mg/dL	
eAG (Estimated Average Glucose)	5.37	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.

*Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist

**24/7**  
EMERGENCY SERVICE  
BIOLOGIST

*Kavita Khule*  
Dr. Kavita Khule  
Pathologist

PATHOLOGIST



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





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### BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	89.00	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)	112.00	mg/dL	Glucose 2 h Postparandial: <120

### KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLDH)	26.00	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 Creatinase)	1.02	mg/dL	0.6--1.30
Calcium	10.62	mg/dL	8.5--11
Uric Acid (Method: Uricase-POD)	5.32	mg/dL	2.4--7.2
Gamma glutamyl transferase (GGT)	24.10	IU/L	15.0--85.0

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Consultant Biochemist

**24/7**  
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PATHOLOGIST

*Kamita Khulela*

Dr. Kamita Khulela  
M.D. (Path.)

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## BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	H 45.0	U/L	5--40
SGPT/ALT(Tech.: -UV Kinetic)	H 52.0	U/L	5--40
Bilirubin(Total) (Method : Diazo)	0.98	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	0--0.3
Bilirubin(Indirect)	0.76	mg/dL	0.1--1.0
Total Protein (Method : BIURET Method)	7.01	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)	3.98	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)	3.03	gm/dL	2.5--4.5
A/G Ratio(Tech.: -Calculated)	1.31		1.2 -- 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	255.01	U/L	108-306

*Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist

**24/7**  
EMERGENCY CHEMIST

*Manita Khush*

Dr. Manita Khush  
M.D. (Path.)  
BMC No. 4221/2017

PATHOLOGIST



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## BIO-CHEMISTRY LIPID PROFILE

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	52.01	mg/dL	35--65
Triglycerides (Method: GPO)	116.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high: >499
LDL Cholesterol	110.79	mg/dL	10--150
VLDL Cholesterol	23.20	mg/dL	0--40

*Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist

**24/7**  
EMERGENCY SERVICE  
PATHOLOGIST

*Namita Khulela*  
Dr. Namita Khulela  
M.D. (Path.)  
D.M.C. No. JHUNJHUNU

PATHOLOGIST



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**24/7**  
EMERGENCY SERVICE  
PATHOLOGIST

*Kamla Khule*

Dr. Kamla Khule  
M.D. (Path)  
TMC No. 1470/15/1988

PATHOLOGIST



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

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.89	ng/ML	0.6 - 1.8 ng/ML
T4 (TotalThyroxine)	8.52	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.35	µIU/mL	0.35--5.50

Sample Type : **Serum**

Test Performed by:-

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

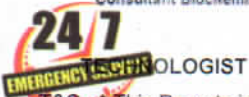
**Remarks :**

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*

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*Manita Khule*

Dr. Manita Khule  
M.D. Pathology



PATHOLOGIST

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## URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
<b>PHYSICAL</b>			
Quantity	20	ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	6.0		4.5--6.5

<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		

<b>MICROSCOPIC</b>			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	2--3	/h.p.f.	
Epithelial Cells	1--2	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bacteria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP			

<<< END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<  
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*Ashish Sethi*  
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Consultant Biochemist

*Manita Khule*  
Dr. Manita Khule  
MD (Path.)

**24/7**  
EMERGENCY SERVICE  
LOGIST

**PATHOLOGIST**

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Reg. No. : 51/PNDT/CMHO/JJN/2020

# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY



NAME : SIDDHARTHA KUMAR MEENA	AGE 30 /SEX M
REF.BY :BOB HEALTH CHECK UP	DATE: 27.07.2024

## 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 :- B/L HILAR PRE-HILAR PNEUMONITIS X-RAY CHEST (PA)

JHUNJHUNU (RAJ.)

*[Signature]*

DR. ANUSHA MAHALAWAT

MD (RADIOLOGIST)

RMC -38742/25457



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B-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977

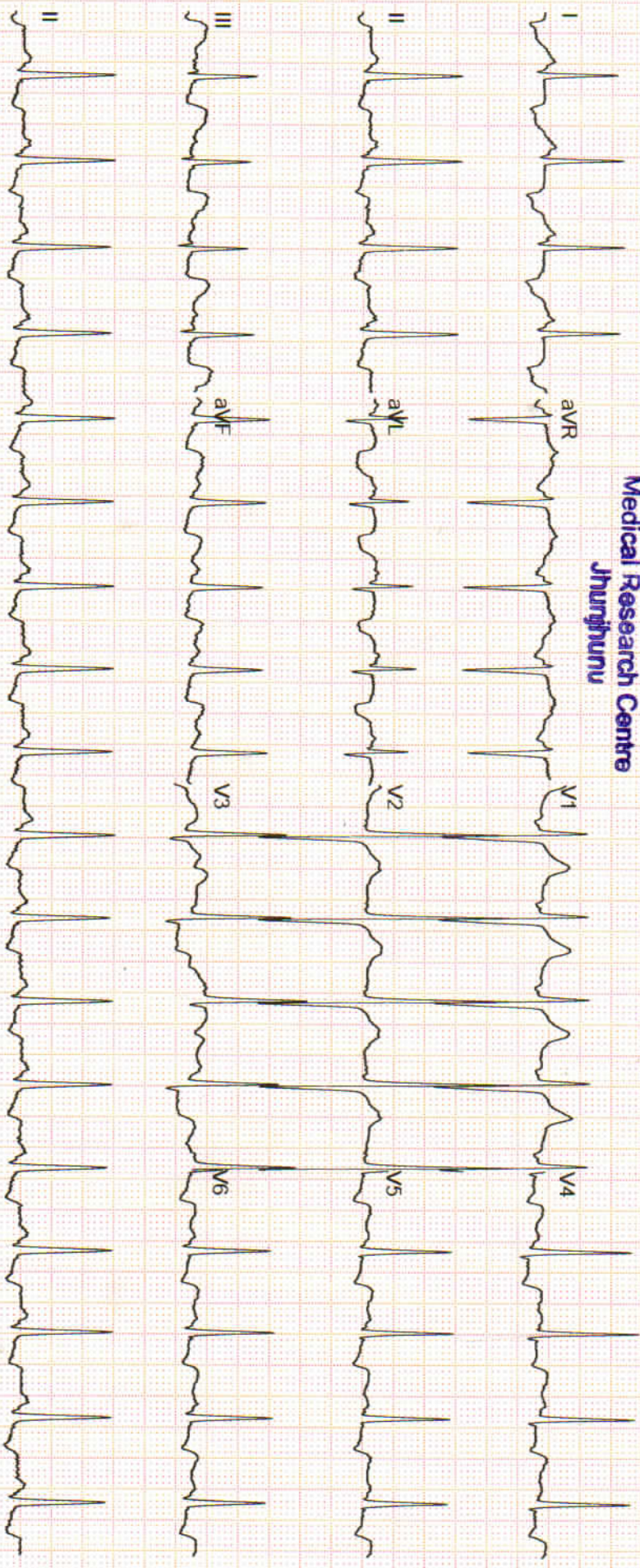


QRS 82 ms  
QT / QTcBaz 398 / 538 ms  
PR 124 ms  
P 84 ms  
RR / PP 542 / 545 ms  
P / QRS / T 44 / 55 / 162 degrees

Sinus tachycardia  
ST & T wave abnormality, consider inferior ischemia  
ST & T wave abnormality, consider anterolateral ischemia  
Prolonged QT  
Abnormal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*[Signature]*  
Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu











# RAJASTHANI DIAGNOSTIC & MR CENTRE

## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	SIDDARTHA KUMAR MEENA	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECKUP	DATE	27-Jul-24

### 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 partially distended, no obvious calculus.

**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.

**Prostate:** is normal in size, 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.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT  
MD RADIODIAGNOSIS  
Dr. Anusha Mahalawat  
MD (Radiodiagnosis)  
(RMC. 38742/25457)

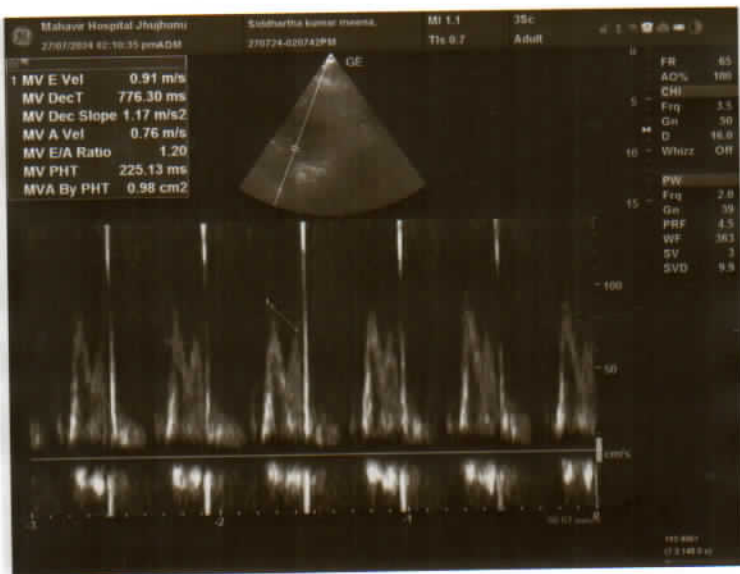
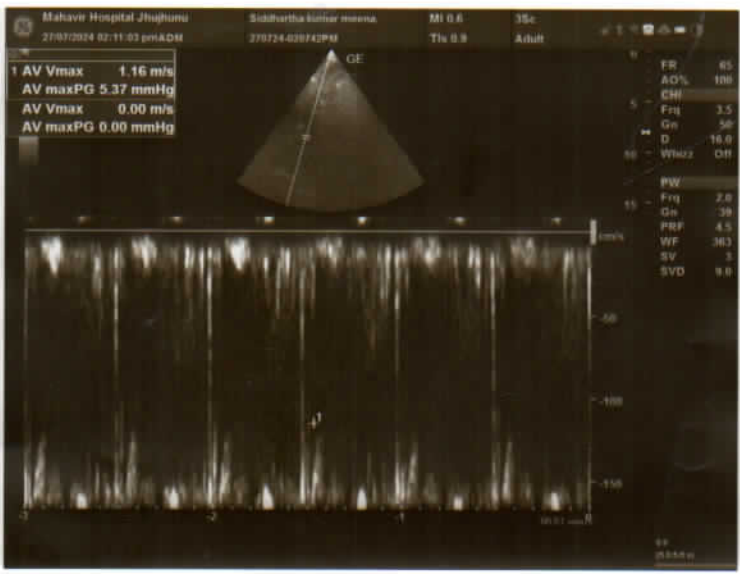
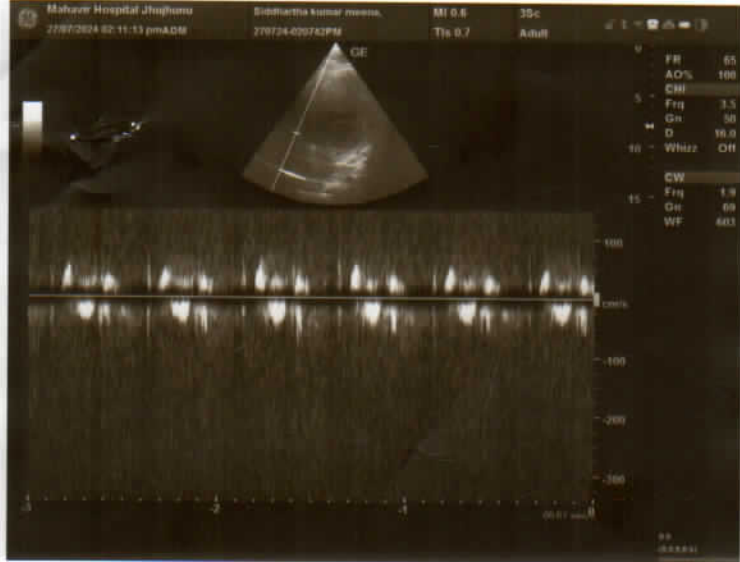


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Name	:SHIDDSRATHA KUMAR MEENA	Father/Husband	:HAJARI LAL	IPD/OPD status	:OPD
Age/Sex	:30 Y/Male	Reg. No.	:OutSide	Catagory	:CASH
Consultant	:SELF	Accession No.	:20240727029	Bed No.	:-
		BILL.NO	:2401453725	Date	:27/07/2024 12:58:45 PM

## TRANSTHORACIC ECHO-DOPPLER TEST REPORT

### MITRAL VALVE-

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

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

**Doppler**- Normal/Abnormal

Mitral Regurgitation

Mitral E/A Velocity= 91/76 (cm/sec).

Mitral Stenosis

Absent/Trace/Mild/Moderate/Severe.

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 Regurgitation

Pulmonary Velocity = 79 (cm/sec)

Pulmonary Stenosis

Absent/Trace/Mild/Moderate/Severe.

Absent/Present.

### AORTIC VALVE-

**Morphology** -Normal/Thickening/Calcification/Flutter/Sclerosis/Doming.

**No of Cusps**- 1/2/3.

**Doppler**- Normal/Abnormal

Aortic Regurgitation

Aortic Velocity = 116 (cm/sec)

Aortic Stenosis

Absent/Trace/Mild/Moderate/Severe.

Absent/Present.

Aorta = 2.6cm (2.0 – 3.7cm)

Left Atrium = 4.5 cm (1.9 – 4.0 cm)

LV measurement

Diastole

Systole

IVS

0.6 cm (0.6-1.1cm)

0.9 cm

LVID

5.4 cm (3.7-5.6cm)

3.5 cm (2.2 – 4.0 cm)

LVPW

1.06 cm (0.6-1.1cm)

1.09 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 परीक्षण कक्षा व कार्यालय दफ्तरीय उपयोग हे  
इसकी हिकायत 104 टोल फ्री सेवा पर की जा सकती है

# 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%.

Normal cardiac chamber dimensions seen.

Trace 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 Pallavi Choudhary  
MD Paediatrics  
Consultant



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