



भारत सरकार
GOVERNMENT OF INDIA



Poonam

जन्म तिथि / DOB : 10-02-1986

महिला / FEMALE

3441 5914 7124
VID : 9100 0312 8069 8580



मेरा आधार. मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address

W/O Mahesh Datusliya
doodana ka bass post
doomra Doodana Ka Bas
Doomra Jhunjhunun
Rajasthan - 333707

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Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu





RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	POONAM DIVI	AGE-	SEX: F
REF/BY:	MEDICAL HEALTH CHECK UP	DATE	14-Apr-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 ovary are normal in appearance.

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

IMPRESSION:

❖ NORMAL SONOGRAPHY STUDY

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MDRADIOLOGIST



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

Female

14.04.2023 11:55:50
RAJASTHANI DIAGNOSTICS CENTRE
JHUNJHUNU RAJ.

Location:
Order Number:
Visit:

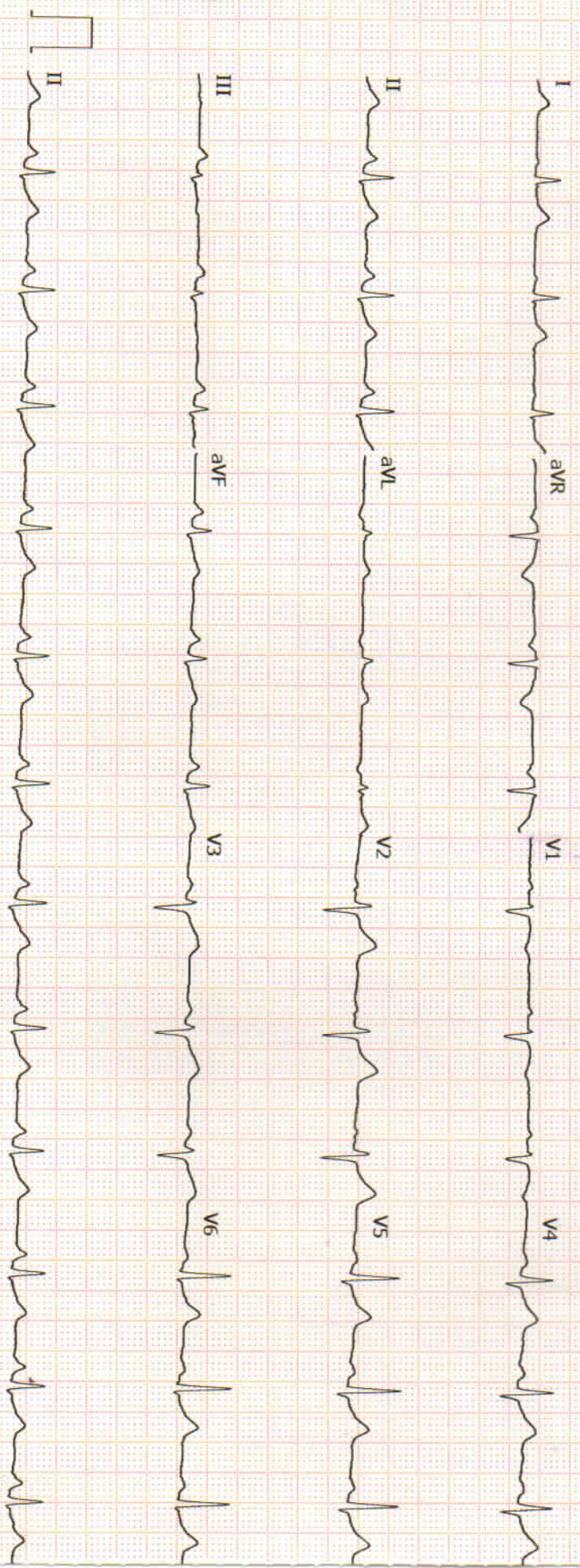
Room:

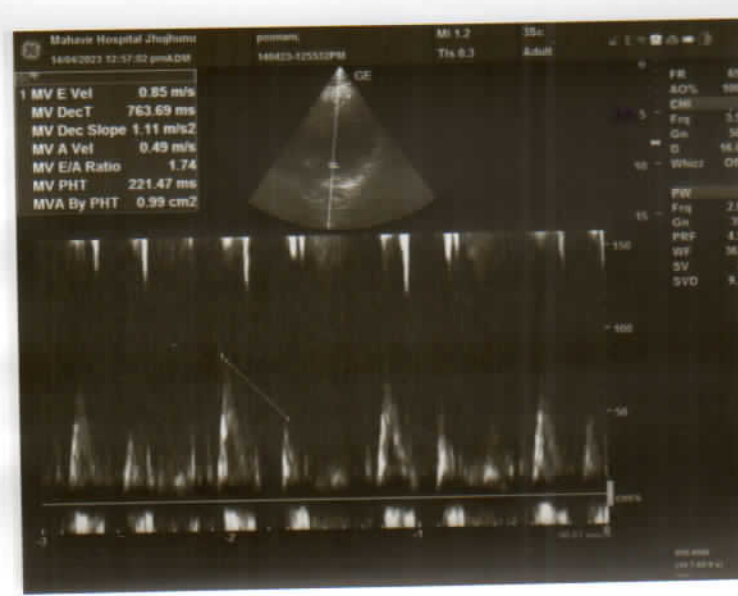
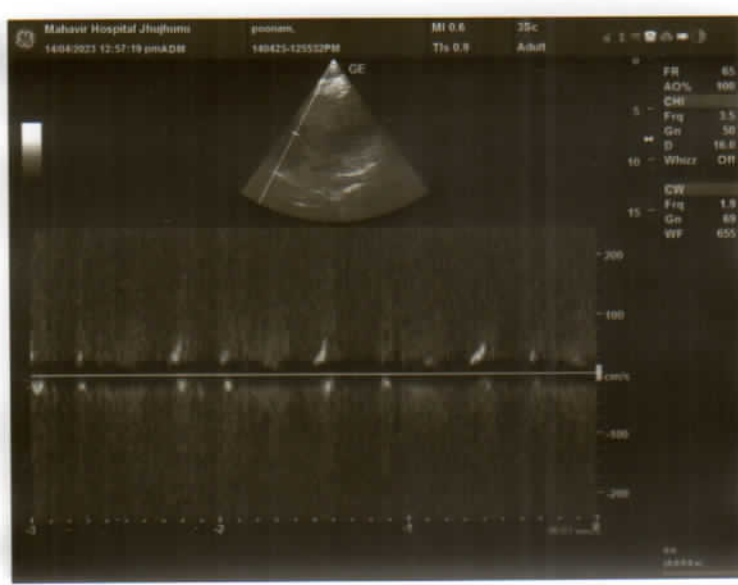
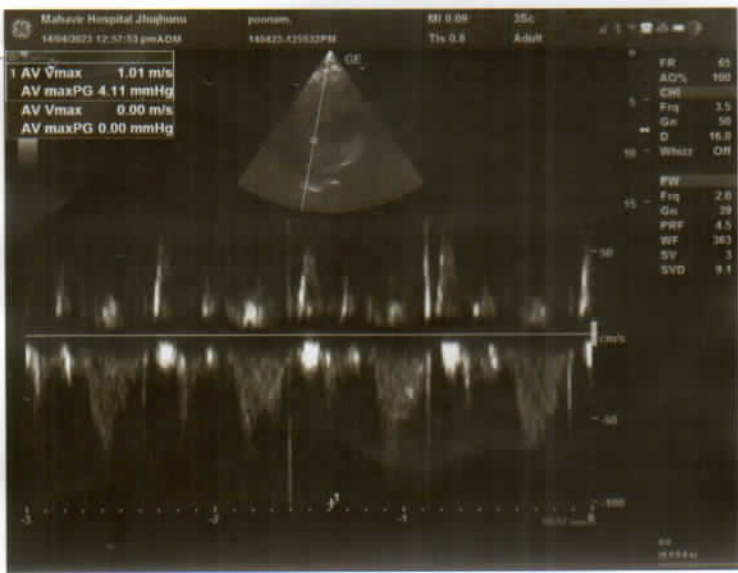
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	78 ms	Normal sinus rhythm
QT / QTcBaz :	386 / 431 ms	Normal ECG
PR :	148 ms	
P :	110 ms	
QR / PP :	796 / 800 ms	
P / QRS / T :	82 / 48 / 39 degrees	

Handwritten signature







Patient name: Poonam

Date: 14/04/2023

Age/sex: 37/female

Ref by: BOB health checkup

TRANSTHORACIC ECHO-DOPPLER TEST REPORT

MITRAL VALVE-

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

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

Doppler- Normal/Abnormal

Mitral E/A Velocity= 85/49 (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 = 101 (cm/sec)

Aortic Regurgitation Absent/Trace/Mild/Moderate/Severe.



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

मूल रिपोर्ट परीक्षण कराना व करवाना दायजदार उपस्थाप है
इसकी विक्रय 104 टोल फ्री सेवा पर की जा सकती है



Aortic Stenosis

Absent/Present.

Aorta = 2.6cm (2.0 – 3.7cm)

Left Atrium = 4.5 cm (1.9 – 4.0 cm)

LV measurement

Diastole

Systole

IVS

0.74 cm (0.6-1.1cm)

0.98 cm

LVID

5.6 cm (3.7-5.6cm)

3.5 cm (2.2 – 4.0 cm)

LVPW

1.04 cm (0.6-1.1cm)

1.06 cm

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.

COMMENTS & SUMMARY-

ECHO window-Good/Fair/Poor.

No regional wall motion abnormality, 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

Dr. M. S. Meel

MD (Medicine)

MD Medicine

Reg. No. 7937/2635

Mahavir Hospital, Jhunjhunu

Senior Physician

Dr Pallavi Choudhary

MD Paediatrics

Consultant



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भूख रोग परीक्षण कराना व करवाना दायज्गीव उपराध है
इसकी शिक्षाया 104 टोल फ्री सेवा पर की जा सकती है



RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

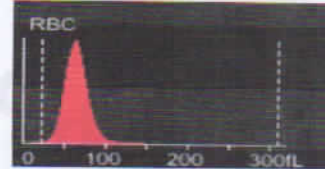
Hematology Analysis Report

First Name: POONAM
Last Name:
Gender: Female
Age: 37 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 3
Test Time: 2023/04/14 10:52
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	4.36	4.00-10.00	10 ³ /uL
2 Neu%	60.6	50.0-70.0	%
3 Lym%	27.7	20.0-40.0	%
4 Mon%	8.7	3.0-12.0	%
5 Eos%	2.5	0.5-5.0	%
6 Bas%	0.5	0.0-1.0	%
7 Neu#	2.64	2.00-7.00	10 ³ /uL
8 Lym#	1.21	0.80-4.00	10 ³ /uL
9 Mon#	0.38	0.12-1.20	10 ³ /uL
10 Eos#	0.11	0.02-0.50	10 ³ /uL
11 Bas#	0.02	0.00-0.10	10 ³ /uL
12 RBC	3.38 ↓	3.50-5.00	10 ⁶ /uL
13 HGB	7.7 ↓	11.0-15.0	g/dL
14 HCT	23.2 ↓	37.0-47.0	%
15 MCV	68.6 ↓	80.0-100.0	fL
16 MCH	22.8 ↓	27.0-34.0	pg
17 MCHC	33.2	32.0-36.0	g/dL
18 RDW-CV	17.2 ↑	11.0-16.0	%
19 RDW-SD	48.7	35.0-56.0	fL
20 PLT	105	100-300	10 ³ /uL
21 MPV	10.9	6.5-12.0	fL
22 PDW	18.9 ↑	9.0-17.0	fL
23 PCT	0.114	0.108-0.282	%
24 P-LCR	50.5 ↑	11.0-45.0	%
25 P-LCC	53	30-90	10 ³ /uL



Handa nich
Dr. Mamia Khuteta
M D. (Path.)
RMC No. : 4720/16260

Submitter: Operator: admin Approver:
Draw Time: 2023/04/14 10:52 Received Time: 2023/04/14 10:52 Validated Time:
Report Time: Remarks:

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



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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 MAMMOGRAPHY

Laboratory Report	
Name : POONAM	Sr. Number : 62881
Age : 37 Gender : FEMALE	Invoice Date : 14-04-2023 11:08 AM
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP	Invoice Number : 493
	Registration No.: 2722
	Sample On : 14-04-2023 11:08 AM
	Report On : 14-04-2023 04:48 PM

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

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	5.20	< 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)	102.54		mg/dL
eAG (Estimated Average Glucose)	5.69		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 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.

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

Mamta Khuteja
Dr. Mamta Khuteja
M.D. (Path.)
GMC No. : 4720/16260

TECHNOLOGIST

PATHOLOGIST

24 HOURS SERVICE
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Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Random	108.00	70-140	mg/dL

RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	28.00	13-45	mg/dL
Creatinine	0.91	0.4-1.4	mg/dL
Uric Acid	5.62	3.6-8.2	mg/dL
Calcium	9.44	8.5-11	mg/dL

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	Report On : 14-04-2023 04:48 PM

Test Name	Observed Values	Reference Intervals	Units
Gamma glutamyl transferase (GGT)	39.00	< 50	U/L

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	27.00	0-45	U/L
S.G.P.T.	38.00	0-45	U/L
Bilirubin(Total)	0.90	0.1-1.4	mg/dL
Bilirubin(Direct)	0.15	0-0.3	mg/dL
Bilirubin(Indirect)	0.75	0.1-0.9	mg/dL
Total Protein	6.90	6-8	mg/dL
Albumin	3.88	3.5-5	mg/dL
Globulin	3.02	3-4.5	mg/dL
A/G Ratio	1.28	0.5 - 2.65	g/dL
Alkaline Phosphatase	191.00	108-306	U/L

LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	195.00	110-200	mg/dL
HDL Cholesterol	52.00	35-88	mg/dL
Triglycerides	138.00	40-165	mg/dL
LDL Cholesterol	115.40	0-150	mg/dL
VLDL Cholesterol	27.60	0-35	mg/dL
TC/HDL Cholestrol Ratio	3.75	2.5-5	Ratio
LDL/HDL Ratio	2.22	1.5-3.5	Ratio

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T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	1.06	0.5-1.5 ng/mL	ng/mL
T4 (Total Thyroxine)	9.64	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.56	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.

Signature
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Signature
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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	6-8		/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.

<<< END OF REPORT >>>

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