



भारत सरकार GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड Permanent Account Number Card

FCZPP9868R

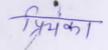


03042019

पिता का नाम / Father's Name OM PRAKASH

जन्म की तारीख/ Date of Birth 16/03/1997

रित्रयंका हस्ताक्षर / Signature







RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN

TMT SONOGRAPHY X-RAY

ECG

MAMMOGRAPHY

NAME	PRIYANKA	AGE-	SEX: F	
REF/BY:	MEDI-WHEEL HEALTH CHECK UP	DATE	28-Oct-22	

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 seen normal

Urinary Bladder: is empty.

<u>Uterus</u>: 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 is unremarkable.

IMPRESSION:

* NORMAL SONOGRAPHY STUDY

Advised: clinicopathological correlation

DR. B S GUPTA MD RADIODIAGNOSIS

> Dr.B.S.Gupta MD(Radiodiagnosis) (RMC-22720)







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

Ph.: 01592-233786

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

ikalakh786@gmail.com, ikalak786@yahoo.com

Transthoracic Echo-Doppler Report

Name :Mrs.Priyanka Ji

Age/Sex : 25 YRS./ F

Study Performed By : Dr. Khan ikalakh

Date: 28/10/2022

LAB. 6496

M- MODE/2D ECHO Features:

No Chamber Enlargement / Hypertrophy.

No Regional wall motion abnormality

LVEF is 60%

Normal LV Diastolic Function.

· No MR.

No AR / No AS.

No TR.

No thrombus detected.

No pericardial effusion seen.

Measurements (mm):

06 - 10 mm
06 - 10 mm
35 - 55 mm
22 – 40mm
27- 38 mm
22 - 34 mm 55%-80%



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ikalakh786@gmail.com, ikalak786@yahoo.com

Mitral Valve:

• Morphology :- Normal.

No MR

Aortic Valve:

· Morphology: Normal

No AR / No AS

Tricuspid Valve:

Morphology: Normal.

No TR

TR V max = - m/sec

Pulmonary Valve:

Morphology: Normal.

V max = 0.79m/sec

No PR

RVSP = (25+RAP)mmHg

Max PG =2.49mmHg

Final Interpretation:

No Chamber Enlargement / Hypertrophy. No regional wall motion abnormality. Normal LV Systolic function.

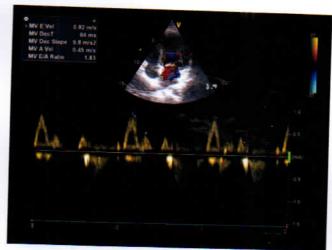
> Dr.khan ikalakh MD(phy),PGDCC(Dip.Cardio),FNIC Clinical Cardiologist

BATUL HEART CARE & GENERAL HOSPITAL

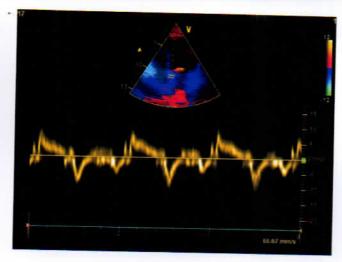
Name Priyanka Ji Age 25

Date 28/10/2022 Patient Id 6496















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AGE: 25 SEX : F
DATE: 28.10.2022

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. B S GUPTA MD RADIODIAGNOSIS

MD(Radiodiagnosis)







RAJASTHANI DIAGNOSTIC & MRI CENTRE

MRI

CT SCAN TMT SONOGRAPHY X-RAY ECG

MAMMOGRAPHY

Laboratory Report

Name Age

: PRIYANKA

: 25 Gender : FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Sr. Number

: 48073

Invoice Date : 28-10-2022 11:01 AM Registration No.: 17988

Sample On: 28-10-2022 11:01 AM

Report On: 28-10-2022 04:49 PM

BIO-CHEMISTRY

Test Name	Observed Values	Reference Intervals	Units
Uric Acid	4.19	2.407.20	mg/dL

URINE EXAMINATION

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

END OF REPORT



Martin Khuteta Dr. Mamta Khuteta M.D. [Path.] RMC No.: 4720/16260

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AJASTHANI DIAGNOSTIC & MRI CENTRE

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Report date:

2022-10-28 11:53

Patient ID:

48074

Name:

PRIYANKA

Birth date:

0000-00-00

Sex:

Female

Measure type:

Sample ID:

Human 48018

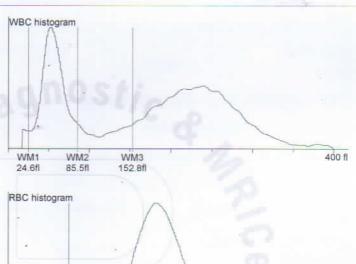
Doctor:

Date:

2022-10-28

Parameter:	, 1	Result:	Limit:
WBC:	10.28	10^9 /	[4.00 - 11.00]
LYM:	3.36	10^9 /1	[1.30 - 4.00]
MID:	0.37	10^9 /	.[0.15 - 0.70]
ĢRA:	6.55	10^9 /	[2.50 - 7.50]
LYM%:	32.70	%	[25.0 - 40.0]
MID%:	3.60	%	[3.0 - 7.0]
GRA%:	63.70	%	[50.0 - 75.0]

GRA%:		63.70	%	[50.0 - 75.0]
- 1 -				
RBC:	1.0	4.11	10^12 /	[4.00 - 5.50]
HGB:	-	11.00	g/I	[11.5 - 16.5]
HCT:		40.37	%	[36.00 - 52.00]
MCV:	+	98.00	fl	[76 - 96]
MCH:		26.70	pg	[27 - 32]
MCHC:	-	27.10	g/l	[30 - 35]
RDWs:	+	54.70	fl	[20.0 - 42.0]
RDWcv:	17	15.00	%	[0.0 - 0.0]
DIT		100.00	1010 //	
PLT:		180.00	10^9 /	[100 - 400]
PCT:		0.25	%	[0.00 - 0.00]
MPV:	٠,	13.80	fl	[8.0 - 15.0]
PDWs:		20.10	fl	[0.0 - 0.0]
PDWcv:		42.50	%	[0.0 - 0.0]





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







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: 25 Gender

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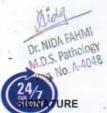
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HAEMATOLOGY

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	. 12	20	mm/hr
BLOOD GROUPING (ABO & Rh)	O+ Positive		



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





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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

	The state of the s		
Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	4.69	< 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)	87.90		mg/dL
	07.00		mg/aL

Method : Fluorescence Immunoassay Technology

Sample Type: EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

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.

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

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



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Name Age

PRIYANKA

: 25 Gender

: FEMALE

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Registration No.: 17988

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BIO-CHEMISTRY

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	81.00	60110	mg/dL
Blood Sugar PP	1,09.00	60 - 140	mg/dL
Creatinine(Tech.:-Jaffes Kinetic)	0.94	0.41.4	mg/dL
BUN (Blood Urea Nitrogen)	32.00	13 - 45	mg/dL
A/G Ratio	1.61	1.22.8	Ratio
Gamma glutamyl transferase (GGT)	46.00	15.085.0	IU/L

Dr. NIDA FAHMI NADS, Pathology No. 1-4048

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

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Name

: PRIYANKA

: 25 Gender

: FEMALE

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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
SGOT/AST(Tech.:-UV Kinetic)	28.00	540	U/L
SGPT/ALT(Tech.:-UV Kinetic)_	39.00	540	U/L
Bilirubin(Total)(Tech.:-Jendrassik Grof)	1.02	0.11.1	mg/dL
Bilirubin(Direct)	0.15	00.3	mg/dL
Bilirubin(Indirect)	0.87	0.1-1.0	mg/dL
Total Protein(Tech.:-Biuret)	7.14	6-8	gm/dL
Albumin(Tech.:-BCG)	3.96	3.55	gm/dL
Globulin(CALCULATION)	3.18	2.54.5	gm/dL
A/G Ratio(Tech.:-Calculated)	1.25	1.2 2.5	34-2
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	189.00	108306	U/L

relevant factor.

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

PATHOLOGIS

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Name

PRIYANKA

: 25 Gender : FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

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Invoice Date

: 28-10-2022 11:01 AM

Registration No.: 17938

Sample On: 28-10-2022 11:01 AM Report On: 28-10-2022 04:13 PM

BIO-CHEMISTRY

LIPID PROFILE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	192.00	140260	mg/dL
HDL Cholesterol	42.00	35-65	mg/dL
Triglycerides	108.00	. 40170	mg/dL
LDL Cholesterol	128.40	10150	mg/dL
VLDL Cholesterol	21.60	040	mg/dL

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

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



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Name Age

PRIYANKA

25 Gender

: FEMALE

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Registration No.: 17988

Sample On: 28-10-2022 11:01 AM

Report On: 28-10-2022 04:13 PM

THYROID HORMONES

T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.86	0.5 - 1.5 ng/ML	ng/ML -
T4 (TotalThyroxine)	7.96	4.60-12.50 μg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.62	0.35 5.50 μIU/mL	μIU/mL

Interpretation of TSH:-

Children

Pregnancy

3.20 - 34.6 µIU/mL

1- 2 Days 0.30 - 4.50 µIU/mL 1st Trimester

0.70 - 15.4 µIU/mL

3 - 4 Days 0.50 - 4.60 µIU/mL 2nd Trimester

0.70 - 9.10 µIU/mL

15 Days - 5 Months 0.80 - 5.20 µIU/mL 3rd Trimester

0.70 - 6.40 µIU/mL

5 Months - 20 Years Interpretation of TSH :-

Sample Type : Serum

Test Performed by:-

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

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.

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

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PRIYANKA

: 25 Gender

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

: FEMALE

Sr. Number

Invoice Date

: 48073

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Registration No.: 17988

Sample On: 28-10-2022 11:01 AM

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URINE EXAMINATION

URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL	- 20004		100000000000000000000000000000000000000
Quantity	20	0	ml
Colour	Pale Yellow	CE .	u u
Appearance / Transparency	Clear	1	
Specific Gravity	1.025	97	
PH 5	6.0	4.56.5	
CHEMICAL			
Reaction	Acidic	(7)	
Albumin	Trace	0	2:
Urine Sugar	Nil	N 1 3	
MICROSCOPIC		Ph.	
Red Blood Cells	Nil		/h.p.f.
Pus Cells	57	10	/h.p.f.
Epithelial Cells	23		/h.p.f.
Crystals	Nil		/h.p.f.
Casts	Nil	4	/h.p.f.
Bactria	VA, Nil	NO.	/h.p.f.
Others	/ Nil Li	1	/h.p.f.

Test Name	Observed Values	Reference Intervals	Units
URINE SUGAR	Nil		E-castely:

END OF REPORT

M.D.S. Pathology

relevant factor.

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

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