




2392

 **भारतीय विशिष्ट पहचान अधिकरण**
Unique Identification Authority of India

पता: S/O सुरजा राम मीणा, वॉर्ड न - 14
 , रेलवे अस्पताल के पास, राजगढ़,
 चूरु, सादुलपुर, राजस्थान, 331023

Address: S/O Surja Ram Meena, Ward No -
 14 , Near Railway Hospital,
 Rajgarh, Churu, Sadulpur,
 Rajasthan, 331023

2718 2238 3925

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

[Handwritten signature]

94136 22057

 **भारत सरकार**
Government of India

 मोमन राम
 Moman Ram
 जन्म तिथि / DOB : 01/05/1965
 पुरुष / Male



2718 2238 3925

मेरा आधार, मेरी पहचान

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**Rajasthan Diagnostic &
 Medical Research Centre
 Jhunjhuna**



RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	MOHAN RAM MEENA	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECK-UP	DATE	14-Nov-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 and 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.

Prostate: is enlarged in size 29 gm, 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.

IMPRESSION:

- ❖ Fatty liver grade 1
- ❖ prostatomegaly grade 1.

- ❖ Advised: clinicopathological correlation

DR. UMMED SINGH RATHORE
MD RADIODIAGNOSIS

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



आपातकालीन सेवाएं

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE



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

Name: **Moman Ram Meena -**
Patient ID: **BobE50530**

14.11.2023 12:34:25
Standard 12-Lead

Rajasthan Diagnostic & MR Centre
B-110, Subhash Marg, Indira Nagar, Jhunjhunu

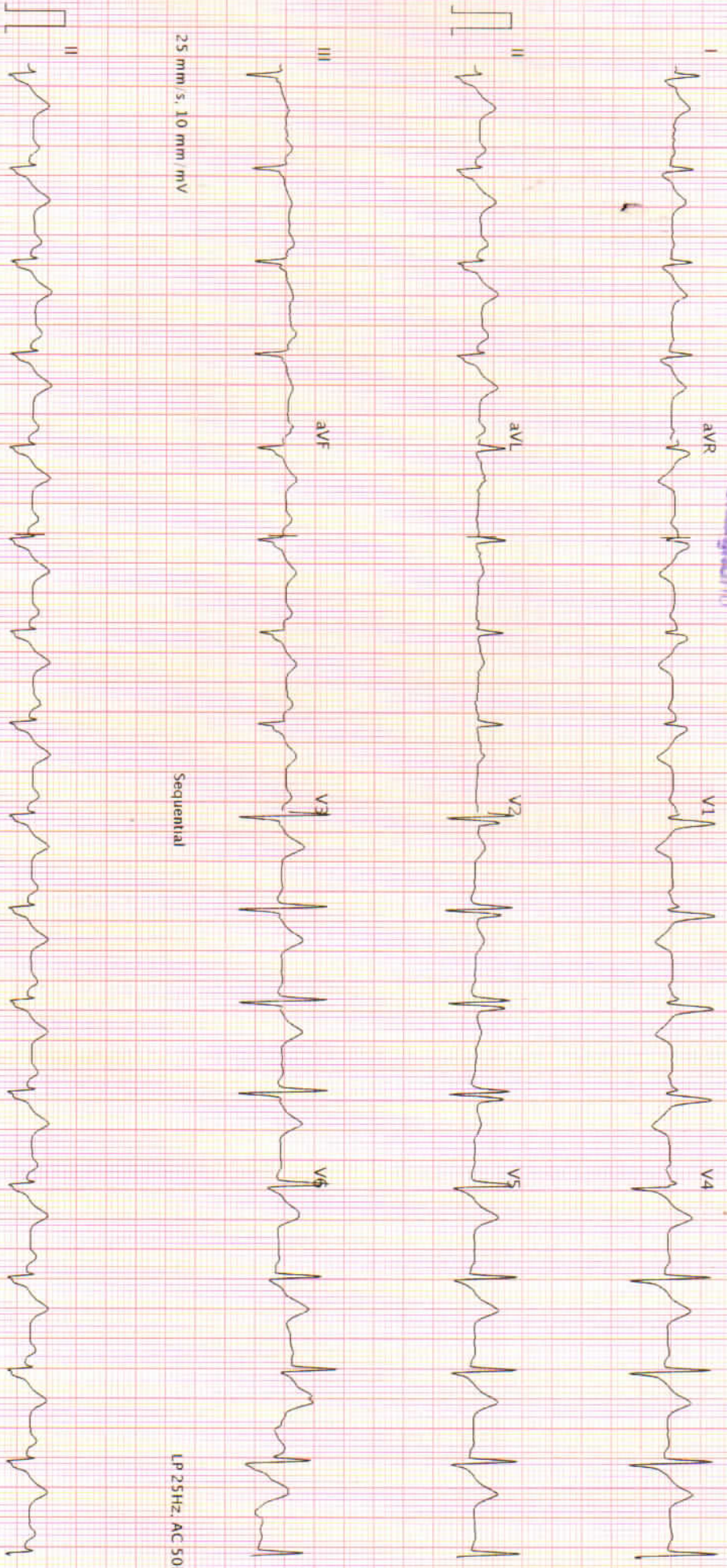
Date of birth: 01.05.1965
Gender: Male
Height:
Weight:
Ethnicity: Undefined
Pacemaker: Unknown

Visit ID:
Room:
Medication:
Order ID:
Ord. prov.:
Ord. prot.:
Centre:
HR: 97 bpm
P axis: 67°
QRS axis: 64°
T axis: 41°
RR: 619 ms
P: 107 ms
PR: 138 ms
QRS: 110 ms
QT: 349 ms
QTcB: 444 ms

Indication:
Remark:

Abnormal
Rajasthan Diagnostic & MR Centre
Medical Research Centre
Jhunjhunu

Interpretation too long to fit, please see separate page
Unconfirmed report



25 mm/s, 10 mm/mV
AT 102 G2 L2 0 (1080,009831)

Printed on 14.11.2023 12:34:43

LP 25Hz, AC 50Hz
Page 2 of 2



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NAME : MOMAN RAM	AGE 58 /SEX M
REF.BY :BOB HEALTH CHECK UP	DATE: 14.11.2023

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

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



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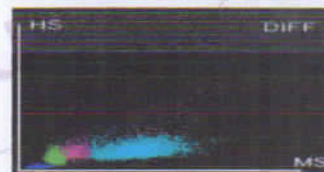
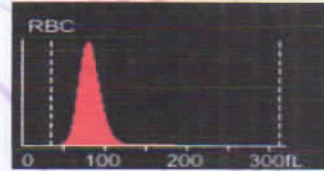
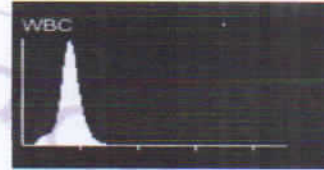
Hematology Analysis Report

First Name: MOMAN RAM
Last Name: MEENA
Gender: Male
Age: 58 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 30
Test Time: 14/11/2023 09:08
Diagnosis:

Parameter	Result		Ref. Range	Unit
1 WBC	7.86		4.00-10.00	10 ³ /uL
2 Neu%	46.2	L	50.0-70.0	%
3 Lym%	42.1	H	20.0-40.0	%
4 Mon%	9.0		3.0-12.0	%
5 Eos%	2.2		0.5-5.0	%
6 Bas%	0.5		0.0-1.0	%
7 Neu#	3.63		2.00-7.00	10 ³ /uL
8 Lym#	3.31		0.80-4.00	10 ³ /uL
9 Mon#	0.71		0.12-1.20	10 ³ /uL
10 Eos#	0.17		0.02-0.50	10 ³ /uL
11 Bas#	0.04		0.00-0.10	10 ³ /uL
12 RBC	4.29		3.50-5.50	10 ⁶ /uL
13 HGB	14.0		11.0-16.0	g/dL
14 HCT	37.6		37.0-54.0	%
15 MCV	87.8		80.0-100.0	fL
16 MCH	32.6		27.0-34.0	pg
17 MCHC	37.1	H	32.0-36.0	g/dL
18 RDW-CV	12.8		11.0-16.0	%
19 RDW-SD	46.1		35.0-56.0	fL
20 PLT	91	L	100-300	10 ³ /uL
21 MPV	12.3	H	6.5-12.0	fL
22 PDW	22.6	H	9.0-17.0	%
23 PCT	0.112		0.108-0.282	%
24 P-LCR	54.4	H	11.0-45.0	%
25 P-LCC	50		30-90	10 ³ /uL



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

Submitter: Operator: service Approver:
Draw Time: 14/11/2023 09:07 Received Time: 14/11/2023 09:07 Validated Time:
Report Time: 15/11/2023 11:22 Remarks:

*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

Name : MOMAN RAM
Age : 58 Gender : MALE
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

Sr. Number : 74853
Invoice Date : 14-11-2023 09:11 AM
Invoice Number : 9946
Registration No.: 12166
Sample On : 14-11-2023 09:11 AM
Report On : 15-11-2023 11:18 AM

HAEMATOLOGY

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	18	0-20	mm/hr
BLOOD GROUPING (ABO & Rh)	B+ Positive		



Mamta Khute
Dr. Mamta Khute
M.D. (Path.)
RMC No.: 4720

PATHOLOGIST



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Laboratory Report

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Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)(Tech. :- HPLC (D-10 Bio-Rad))	H 9.80	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.01 - 8.00 Adequate Control 8.01 - 9.00 Suboptimal Control 9.01 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control	%
eAG (Estimated Average Glucose)(Tech. :- Calculated)	234.56	90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control > 211 Very Poor Control	mg/dL
eAG (Estimated Average Glucose)	13.02		mmol/L

Method : **Fluorescence Immunoassay Technology(Erba^(R) Mannheim-EM-200)**

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 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	Reference Intervals	Units
Blood Sugar PP	H 362.00	70--140	mg/dL
Blood Sugar Fasting	H 254.00	70--110	mg/dL



Mamta Khute
Dr. Mamta Khute
M.D. (Path.)
S.M.C No.: 4720/2019

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BIO-CHEMISTRY RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	36.00	10--45	mg/dL
Creatinine	1.02	0.4--1.4	mg/dL
Uric Acid	4.16	3.6--7.2	mg/dL
Calcium	10.52	8.5--11	mg/dL

Test Name	Observed Values	Reference Intervals	Units
Gamma glutamyl transferase (GGT)	29.01	< 50	U/L

Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	37.00	0--40	U/L
S.G.P.T.	26.00	0--40	U/L
Bilirubin(Total)	0.90	0.1--1.2	mg/dL
Bilirubin(Direct)	0.15	0--0.3	mg/dL
Bilirubin(Indirect)	0.75	0.1--1.0	mg/dL
Total Protein	7.06	6--8	mg/dL
Albumin	3.88	3.5--5	mg/dL
Globulin	3.18	3--4.5	mg/dL
A/G Ratio	1.22	0.5 -- 2.65	g/dL
Alkaline Phosphatase	215.00	108--306	U/L



Manita Khute
Dr. Manita Khute
M.D. (Path.)
RMC No. : 4720/2023

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Age : **58** Gender : **MALE**
Ref. By Dr : **MEDI WHEELFULLY BODY HEALTH CHEKEP**

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BIO-CHEMISTRY LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	168.00	110-200	mg/dL
HDL Cholesterol	52.00	35-70	mg/dL
Triglycerides	139.00	40-170	mg/dL
LDL Cholesterol	88.20	0-150	mg/dL
VLDL Cholesterol	27.80	0-35	mg/dL
TC/HDL Cholesterol Ratio	3.23	2.5-5	Ratio
LDL/HDL Ratio	1.70	1.5-3.5	Ratio

Utkash
24/7
EMERGENCY SERVICE
TECHNOLOGIST

Mamta Khuteta
Dr. Mamta Khuteta
M.D. (Path.)
BMC No. : 4720/33852



PATHOLOGIST

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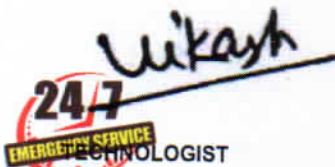
URINE EXAMINATION

URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
PHYSICAL			
Quantity			ml
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.020		
PH	6.0	4.5-6.5	
CHEMICAL			
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	++++		
MICROSCOPIC			
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.
Bactria	Nil		/h.p.f.
Others			/h.p.f.

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

<<< END OF REPORT >>>



Mamta Khute
Dr. Mamta Khute
M.D. (Path.)
GMC No. : 4720/1520



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MAMOGRAPHY

Name :- Mr. MOMAN RAM
Sex / Age :- Male 58 Yrs
Doctor :- MEDI WHEEL HEALTH
Client Name :- RAJASTHANI LAB- JHUNJHUNU
Sample Type :- Serum

Patient ID / CCL No :- 102339549
Sample Collected :- 15/11/2023 11:00:3
Sample Received on: 15-11-2023 11:01:48
Report Released on: 15-11-2023 14:35:5
Barcode 

TEST NAME	VALUE	UNIT	REFERENCE RANGE
	TFT		
T3 (TOTAL TRIIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay)	162.00	ng/dl	70 - 204
T4 (TOTAL THYROXINE) (Tech.:- Chemiluminescence Immunoassay)	10.64	ug/dl	4.6 - 12.5
TSH. (Ultra Sensitive) (Tech.:- Chemiluminescence Immunoassay)	0.61	uIU/ml	0.35 - 5.5 0.52 - 16.00 : 1-30 Days 0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults

INTERPRETATION

1. Remark - Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc.

2. Remark - Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values. 3. Total T3 may decrease by <25 percent in healthy older individuals.

3. Remark - TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc 2. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g: Iodine, Lithium, and Amiodaron. Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary- adrenal axis. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.



आपातकालीन सेवाएं

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Technologist

DR. NIDAT FAHMI
M.D.S. (Path.)
Reg. No. 51/15233

DR. Mani Agarwal
MD (Path)
RNC No. 51/15233

DR. ASHISH SETHI
Consultant Biochemist



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



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Name :- **Mr. MOMAN RAM**
 Sex / Age :- Male 58 Yrs
 Doctor :- MEDI WHEEL HEALTH
 Client Name :- RAJASTHANI LAB- JHUNJHUNU
 Sample Type :- Serum

Patient ID / CCL No :-102339549
 Sample Collected :- 15/11/2023 11:00:3
 Sample Received on:15-11-2023 11:01:48
 Report Released on: 15-11-2023 14:35:5
 Barcode 

PSA TOTAL
 (PROSTATE SPECIFIC ANTIGEN)

0.33 ng/ml

NORMAL 0 - 4.00
 Borderline 4.00 - 10.00
 High > 10.00

Test Performed by:-
 Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT- I1000 PLUS) Abbott USA

SUMMARY:-

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

- End of Report



आपातकालीन सेवार्

Technologist

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DR. NIDHI AHIL
 M.D.S. (Path.)
 Reg. No. 40118

DR. Mani Agarwal
 M.D. (Path.)
 F.M.C. No. 5167/5238

DR. ASHISH SETHI
 Consultant Biochemist



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