

भारत सरकार
Government of India

 Kapil Chaudhary
DOB : 12/01/1990
Male



7066 8144 9810

आधार - आम आदमी का अधिकार

 भारतीय विशिष्ट पहचान अधिकरण
Unique Identification Authority of India

Address:
Sulkhaniya Chhota, Churu, Sulkhania, Rajasthan, 331303

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8238720182

B.S.
Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu



RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NAME	KAPIL CHOUDHARY	AGE-	SEX: M
REF/BY:	MEDI WHEEL HEALTH CHECK UP	DATE	10-Jun-23

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and mild to moderate 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 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 mildly enlarged in size 29gm, 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 II fatty liver
- ❖ Mild prostatomegaly

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MD RADIODIAGNOSIS

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

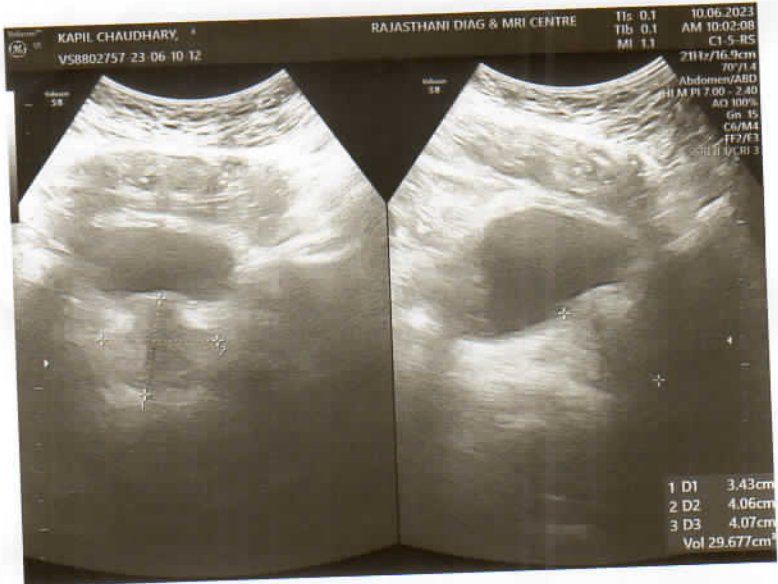


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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592 294977



Kapil Chaudhary

12.01.1990
33 Years

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

10.06.2023 9:44:37
RAJASTHANI DIAGNOSTICS CENTRE
JHUNJHUNU RAJ.

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

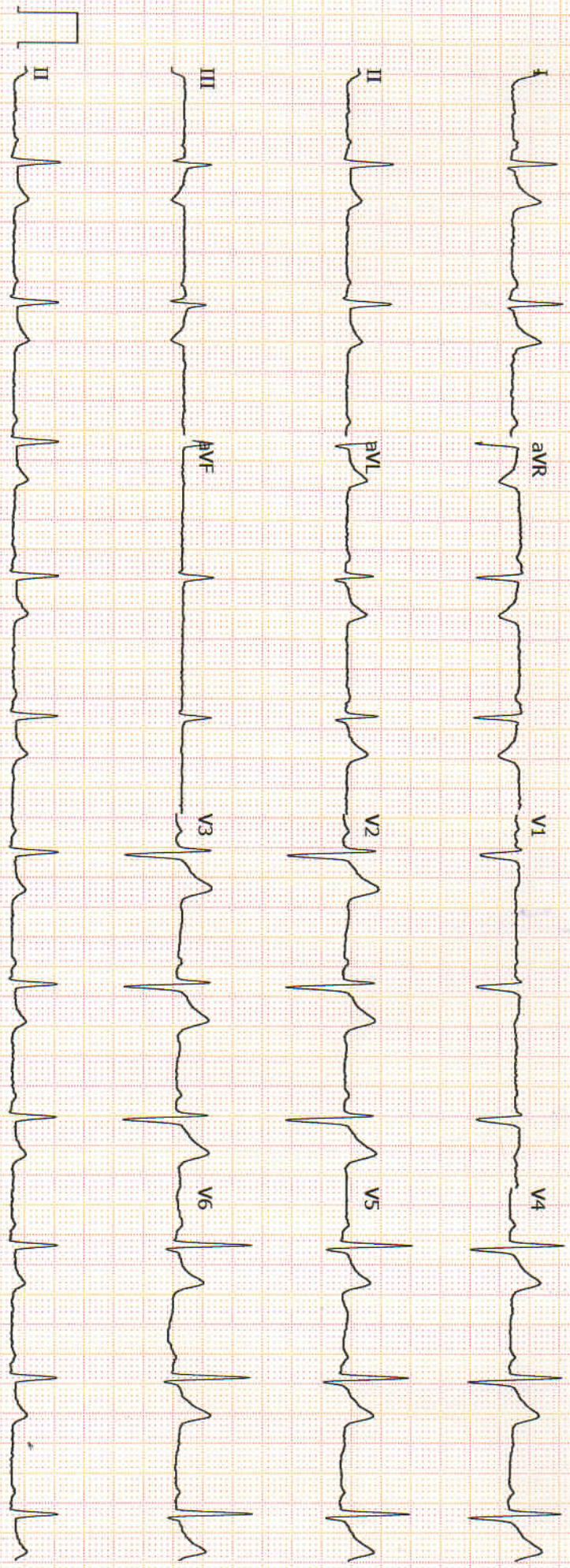
66 bpm

-- / -- mmHg

QRS :	84 ms	Normal sinus rhythm
QT / QTcBaz :	372 / 389 ms	Normal ECG
PR :	146 ms	
P :	86 ms	
RR / PP :	904 / 909 ms	
P / QRS / T :	2 / 33 / 7 degrees	

[Signature]
Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu

[Signature]



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3_25_R1 1/1



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Hematology Analysis Report

First Name:

Sample Type:

Sample ID: 5

Last Name: KAPIL CHAUDHARI

Department:

Test Time: 10/06/2023 09:33

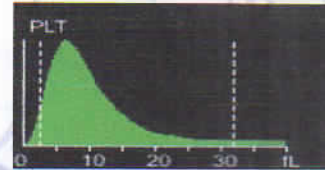
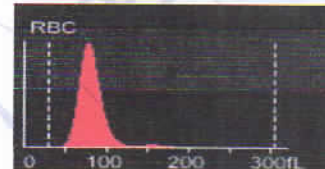
Gender: Male

Med Rec. No.:

Diagnosis:

Age: 33 Year

Parameter	Result	Ref. Range	Unit
1 WBC	6,45	4,00-10,00	10 ³ /uL
2 Neu%	56,7	50,0-70,0	%
3 Lym%	37,4	20,0-40,0	%
4 Mon%	3,4	3,0-12,0	%
5 Eos%	2,1	0,5-5,0	%
6 Bas%	0,4	0,0-1,0	%
7 Neu#	3,65	2,00-7,00	10 ³ /uL
8 Lym#	2,41	0,80-4,00	10 ³ /uL
9 Mon#	0,22	0,12-1,20	10 ³ /uL
10 Eos#	0,14	0,02-0,50	10 ³ /uL
11 Bas#	0,03	0,00-0,10	10 ³ /uL
12 RBC	4,15	4,00-5,50	10 ⁶ /uL
13 HGB	13,2	12,0-16,0	g/dL
14 HCT	35,8	L 40,0-54,0	%
15 MCV	86,3	80,0-100,0	fL
16 MCH	31,7	27,0-34,0	pg
17 MCHC	36,8	H 32,0-36,0	g/dL
18 RDW-CV	13,3	11,0-16,0	%
19 RDW-SD	46,8	35,0-56,0	fL
20 PLT	237	100-300	10 ³ /uL
21 MPV	7,5	6,5-12,0	fL
22 PDW	8,6	L 9,0-17,0	%
23 PCT	0,179	0,108-0,282	%
24 P-LCR	18,8	11,0-45,0	%
25 P-LCC	45	30-90	10 ³ /uL



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

Submitter:

Draw Time: 10/06/2023 09:31

Report Time:

Operator:

admin

Received Time: 10/06/2023 09:31

Remarks:

Approver:

Validated Time:

*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 : KAPIL CHAUDHARY
Age : 33 Gender : MALE
Ref. By Dr : MEDI WHEELFULLY BODY HEALTH CHEKEP

Sr. Number : 65987
Invoice Date : 10-06-2023 09:55 AM
Invoice Number : 3002
Registration No. : 5227
Sample On : 10-06-2023 09:55 AM
Report On : 10-06-2023 04:19 PM

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	15	0-20	mm/hr
BLOOD GROUPING (ABO & Rh)	B+ Positive		



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

24/7
EMERGENCY SERVICE
PATHOLOGIST

Mamta Khuteta
Dr. Mamta Khuteta
M.D. (Path.)
RMC No. : 4720/1

PATHOLOGIST



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HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)(Tech. :- HPLC (D-10 Bio-Rad))	5.20	< 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)	102.54	90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control > 211 Very Poor Control	mg/dL

Method : **Fluorescence Immunoassay Technology(Erba[®] 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 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.

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar PP	100.00	70--140	mg/dL
Blood Sugar Fasting	91.00	70--110	mg/dL

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RMC No. : 4720

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RENAL FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	26.00	10-45	mg/dL
Creatinine	1.09	0.4-1.4	mg/dL
Uric Acid	7.00	3.6-7.2	mg/dL
Calcium	10.15	8.5-11	mg/dL

Test Name	Observed Values	Reference Intervals	Units
Gamma glutamyl transferase (GGT)	32.00	< 50	U/L

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Dr. Mamta Khutata
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BMC No.: 4720

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Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
S.G.O.T.	H 71.00	0--40	U/L
S.G.P.T.	H 55.00	0--40	U/L
Bilirubin(Total)	0.95	0.1--1.4	mg/dL
Bilirubin(Direct)	0.20	0--0.3	mg/dL
Bilirubin(Indirect)	0.75	0.1--0.9	mg/dL
Total Protein	7.09	6--8	mg/dL
Albumin	3.90	3.5--5	mg/dL
Globulin	3.19	3--4.5	mg/dL
A/G Ratio	1.22	0.5 -- 2.65	g/dL
Alkaline Phosphatase	179.00	108--306	U/L

LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	169.00	110--200	mg/dL
HDL Cholesterol	48.00	35--70	mg/dL
Triglycerides	138.00	40--170	mg/dL
LDL Cholesterol	93.40	0--150	mg/dL
VLDL Cholesterol	27.60	0--35	mg/dL
TC/HDL Cholesterol Ratio	3.52	2.5--5	Ratio
LDL/HDL Ratio	1.95	1.5--3.5	Ratio

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TECHNICAL ASSISTANT
EMERGENCY SERVICE LOGIST

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 Report On : **10-06-2023 04:19 PM**

T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	1.30	0.5-1.5 ng/ML	ng/ML
T4 (Total Thyroxine)	7.18	4.60-12.5 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.49	0.35 - 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.

Jhunjhunu

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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	5.0	4.5--6.5	
CHEMICAL			
Reaction	Acidic		
Albumin	Trace		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil		/h.p.f.
Pus Cells	4--8		/h.p.f.
Epithelial Cells	0--1		/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	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

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NAME : KAPIL CHAUDHARY	AGE 33 /SEX M
REF. BY : BOB HEALTH CHECK UP	DATE: 10.06.2023

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)

USR

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



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10464 (bobE39657) / KAPIL CHAUDHARY / 33 Yrs / M / 176 Cms / 110 Kg Date: 10-Jun-2023 Technician : MANISH Examined By:

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	01:06	1:05	00.0	00.0	01.0	090	48 %	130/84	117	00	
Standing	02:35	1:29	00.0	00.0	01.0	093	50 %	130/84	120	00	
HV	03:36	1:01	00.0	00.0	01.0	091	49 %	130/84	118	00	
Warm Up	04:38	1:02	00.0	00.0	01.0	107	57 %	130/84	139	00	
ExStart	05:38	1:00	01.0	00.0	01.0	112	60 %	132/86	147	00	
BRUCE Stage 1	08:38	3:00	01.7	10.0	04.7	140	75 %	134/88	187	00	
BRUCE Stage 2	11:38	3:00	02.5	12.0	07.1	160	86 %	136/90	217	00	
BRUCE Stage 3	14:38	3:00	03.4	14.0	10.2	190	102 %	140/92	266	00	
PeakEx	14:42	0:07	01.1	00.0	10.3	190	102 %	140/92	266	00	
Recovery	16:41	2:00	01.1	00.0	01.0	155	83 %	136/90	210	00	
Recovery	18:41	4:00	00.0	00.0	01.0	123	66 %	130/84	159	00	
Recovery	19:45	5:03	00.0	00.0	01.0	128	68 %	130/84	166	00	

Findings :

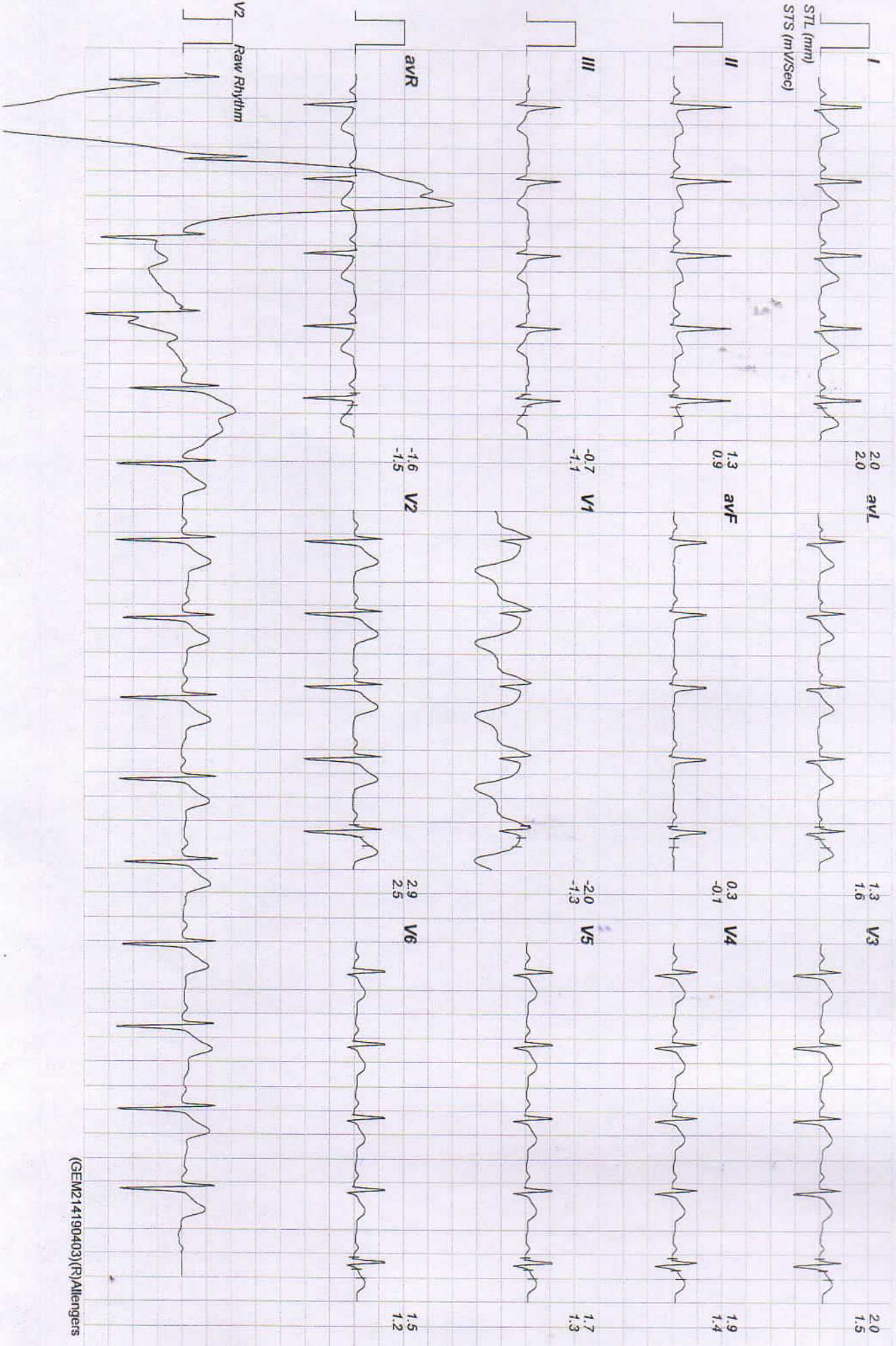
- Exercise Time : 09:04
- Max HR Attained : 190 bpm 102% of Target 187
- Max BP Attained : (Sys) 140/92
- Max Workload Attained : 10.3 Good response to induced stress
- Max ST Dep Lead & Value : V1 & -2.0 mm in Supine mm
- Test Objective : BOB HEALTH CHECK UP
- History : No
- Test End Reasons : Test Complete

Report :

Rajasthan Diagnostic & Medical Research Centre
 Jhunjhunu
 Doctor : RDMRC



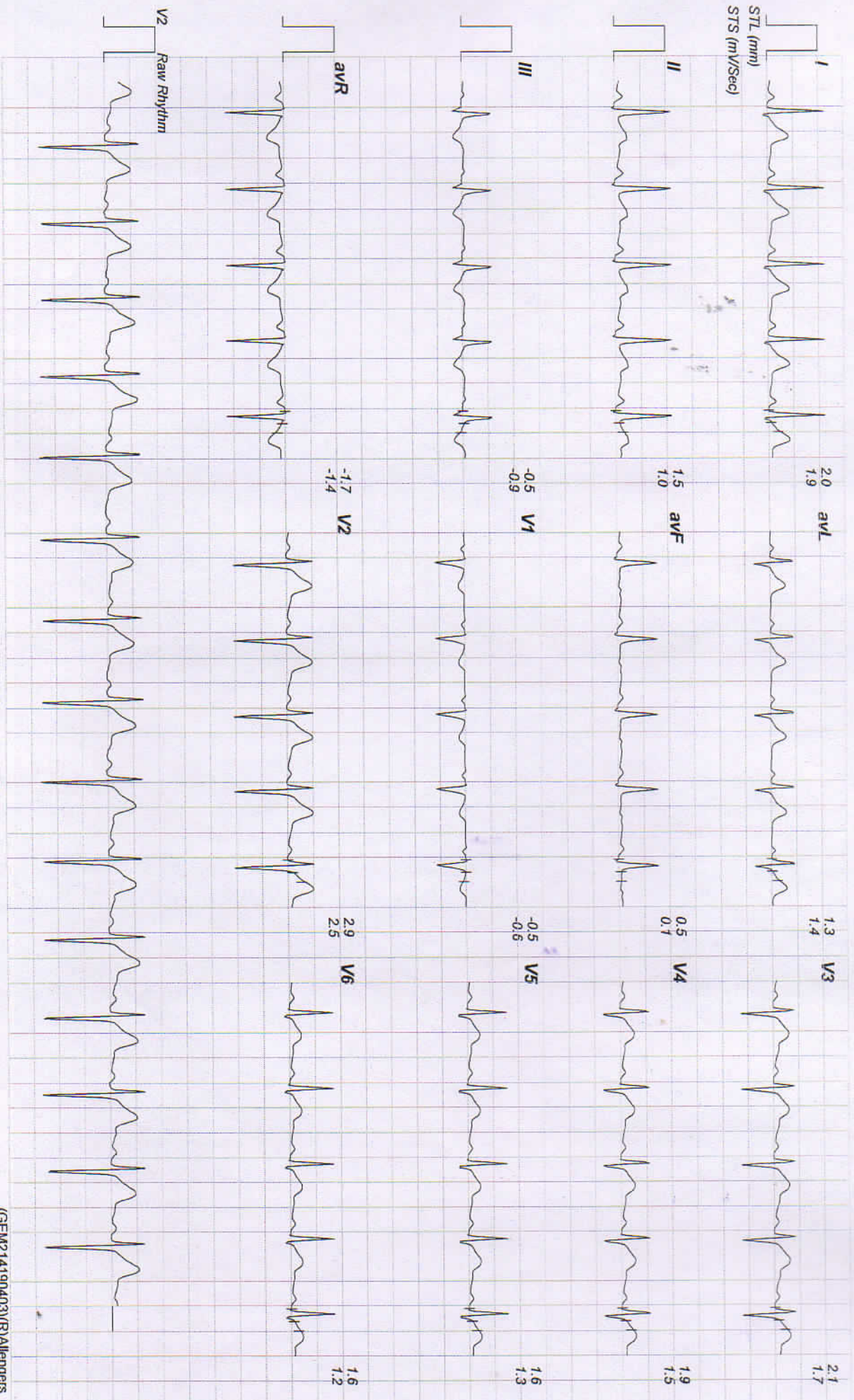
Date: 10 - 06 - 2023 12:49:21 PM METs : 01.00 HR : 90 Target HR : 48% of 187 BP : 130/84 Post J @80mSec EXTime : 01:05 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





10464 / KAPIL CHAUDHARY / 33 Yrs / Male / 176 Cm / 110 Kg

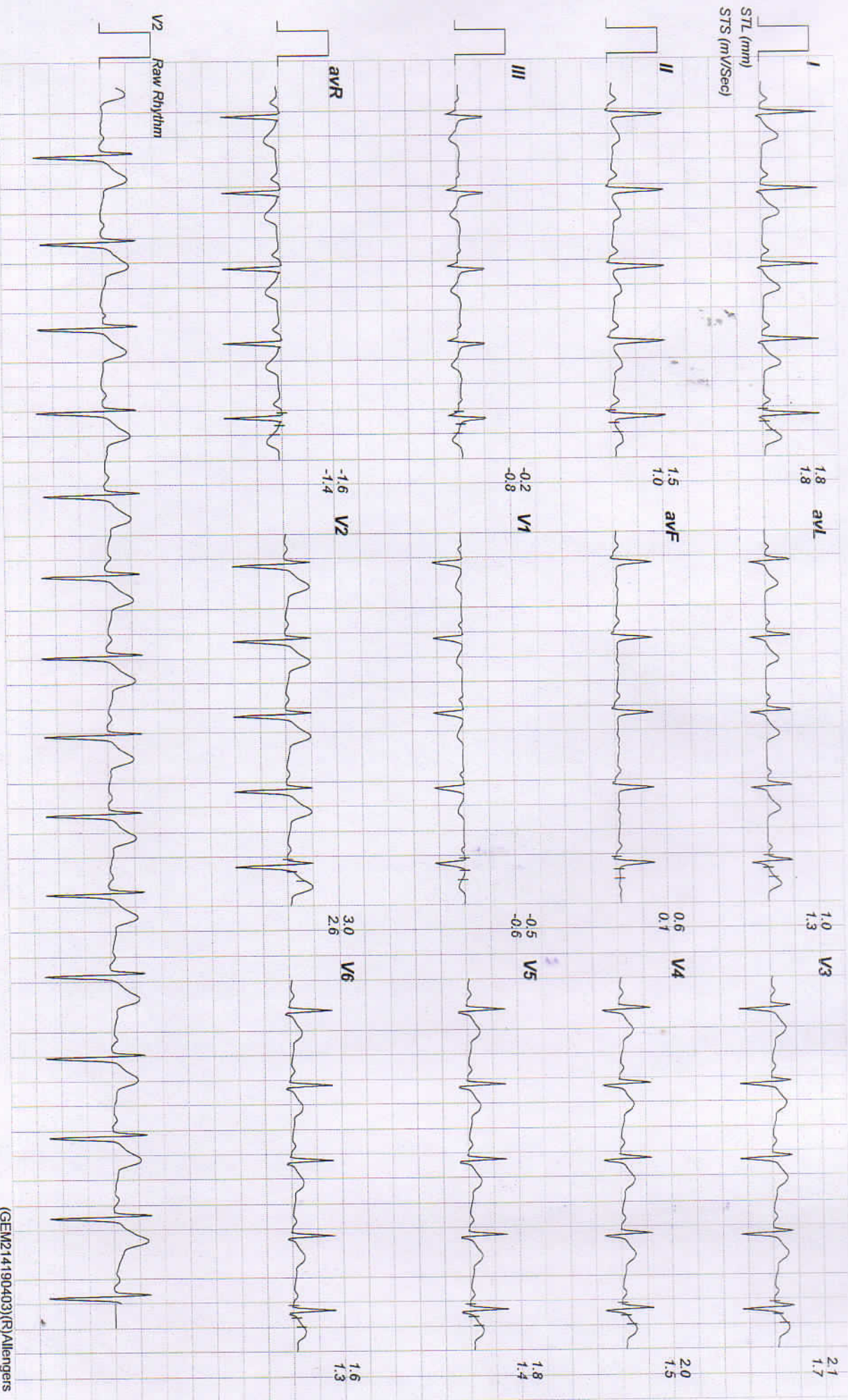
Date: 10 - 06 - 2023 12:49:21 PM METs : 01.00 HR : 93 Target HR : 49% of 187 BP : 130/84 Post J @80mSec EXTime : 02:34 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





10464 / KAPIL CHAUDHARY / 33 Yrs / Male / 176 Cm / 110 Kg

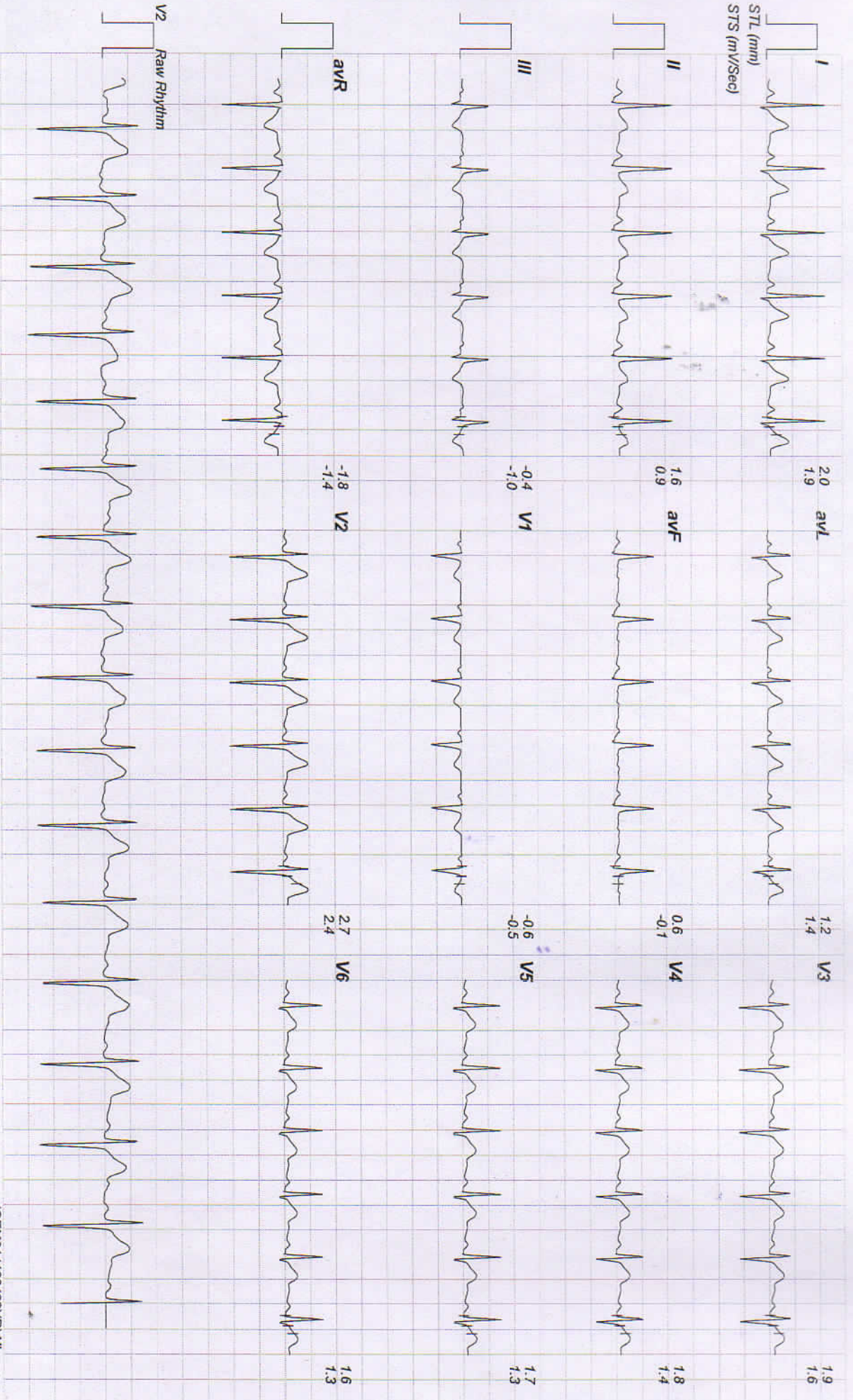
Date: 10 - 06 - 2023 12:49:21 PM METs : 01:00 HR : 91 Target HR : 48% of 187 BP : 130/84 Post J @80mSec ExTime : 03:35 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





10464 / KAPIL CHAUDHARY / 33 Yrs / Male / 176 Cm / 110 Kg

Date: 10 - 06 - 2023 12:49:21 PM METS : 01:00 HR : 107 Target HR : 57% of 187 BP : 130/84 Post J @80mSec ExTime : 04:37 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





10464 / KAPIL CHAUDHARY / 33 Yrs / Male / 176 Cm / 110 Kg

Date: 10 - 06 - 2023 12:49:21 PM

METS: 01.00

HR: 112 Target HR: 59% of 187

BP: 132/86

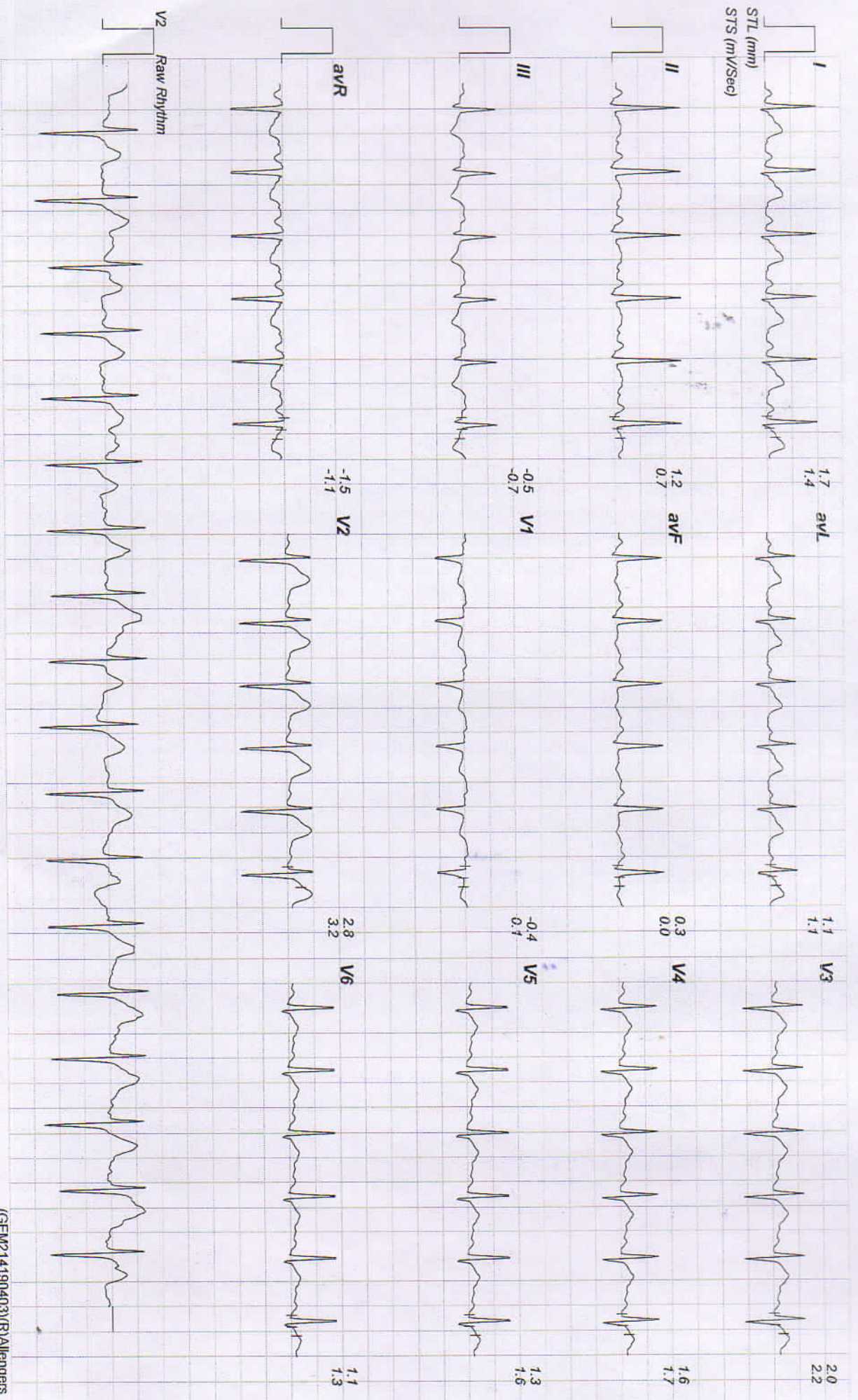
Post J @80mSec

ExTime: 00:00

1.0 mph

Grade: 00.00 %

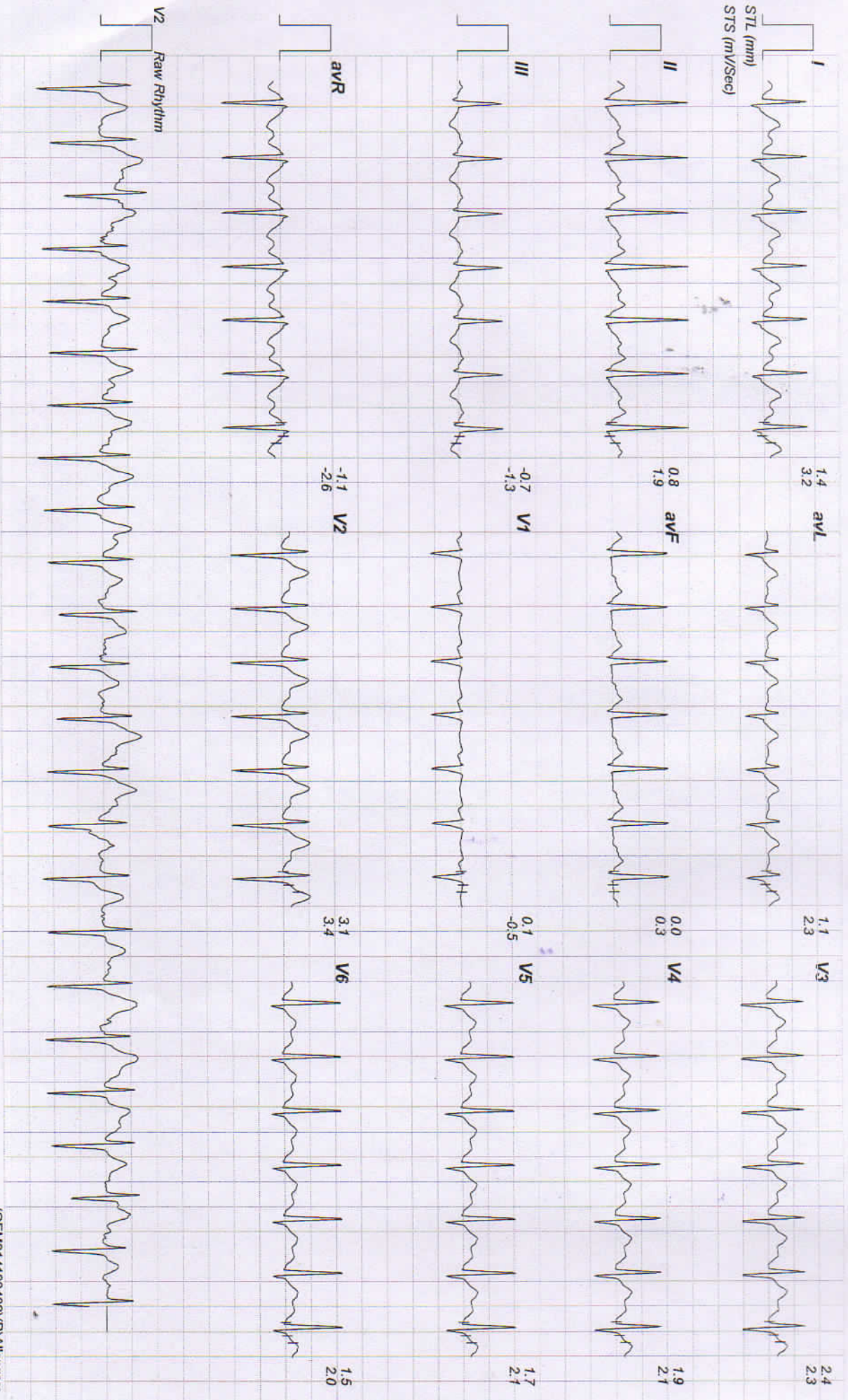
25 mm/Sec. 1.0 Cm/mV





10464 / KAPIL CHAUDHARY / 33 Yrs / Male / 176 Cm / 110 Kg

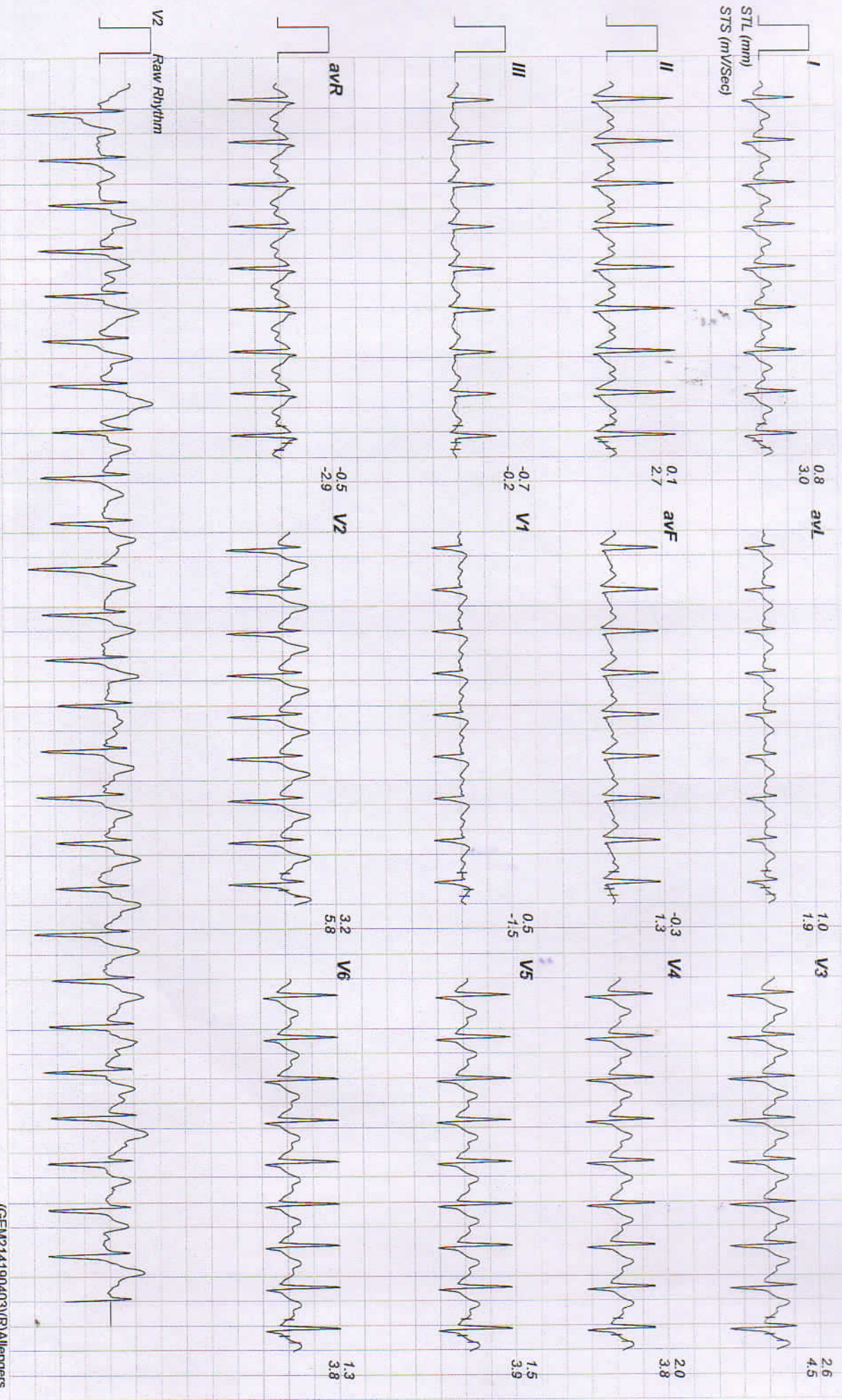
Date: 10 - 06 - 2023 12:49:21 PM METS : 04.70 HR : 140 Target HR : 74% of 187 BP : 134/88 Post J @60mSec ExTime : 03:00 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV





10464 / KAPIL CHAUDHARY / 33 Yrs / Male / 176 Cm / 110 Kg

Date: 10 - 06 - 2023 12:49:21 PM METs : 07.10 HR : 160 Target HR : 85% of 187 BP : 136/90 Post J @60mSec ExTime : 06:00 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV





10464 / KAPIL CHAUDHARY / 33 Yrs / Male / 176 Cm / 110 Kg

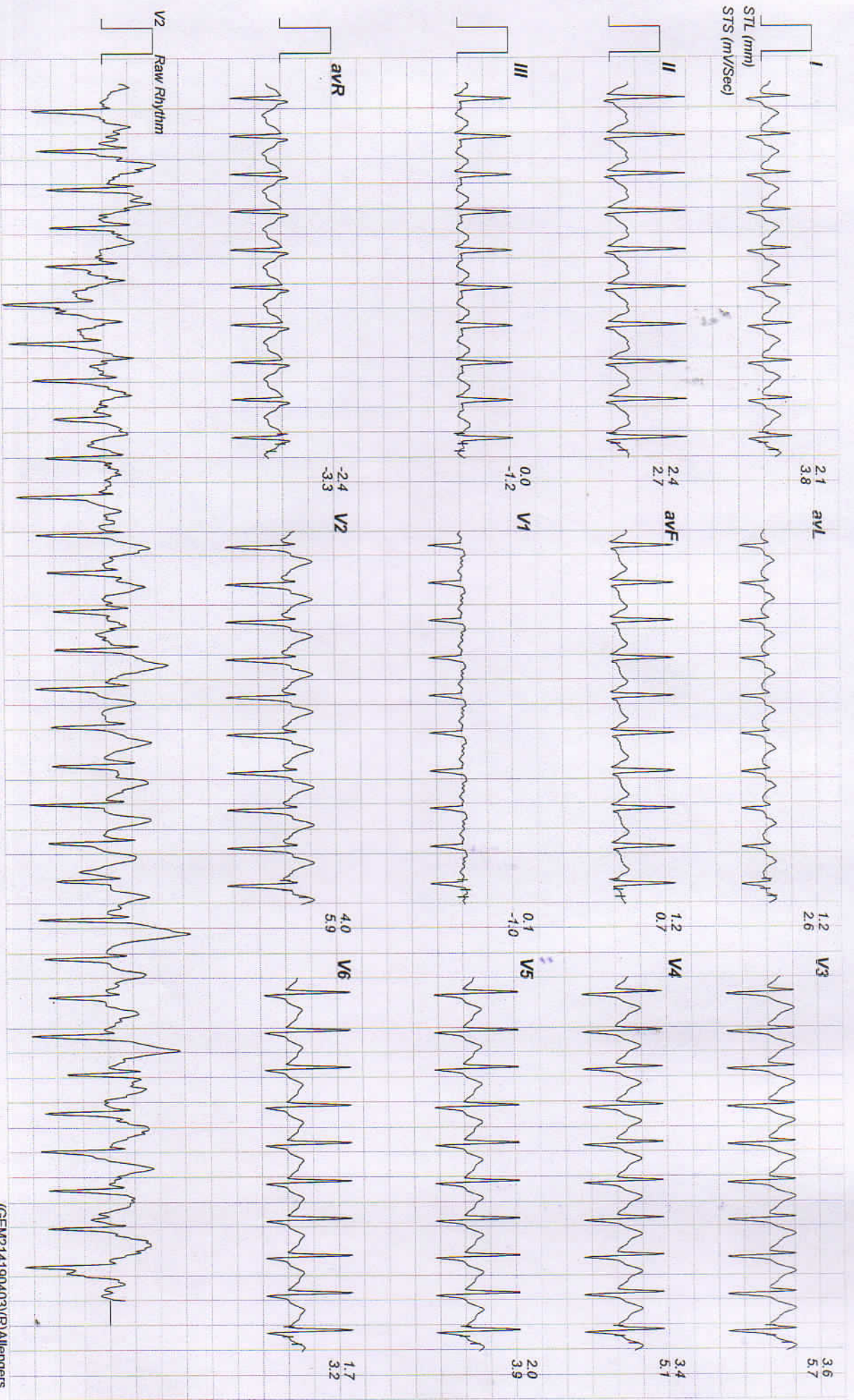
Date: 10 - 06 - 2023 12:49:21 PM METs : 10.20 HR : 190 Target HR : 101% of 187 BP : 140/92 Post J @60mSec EXTime : 09:00 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





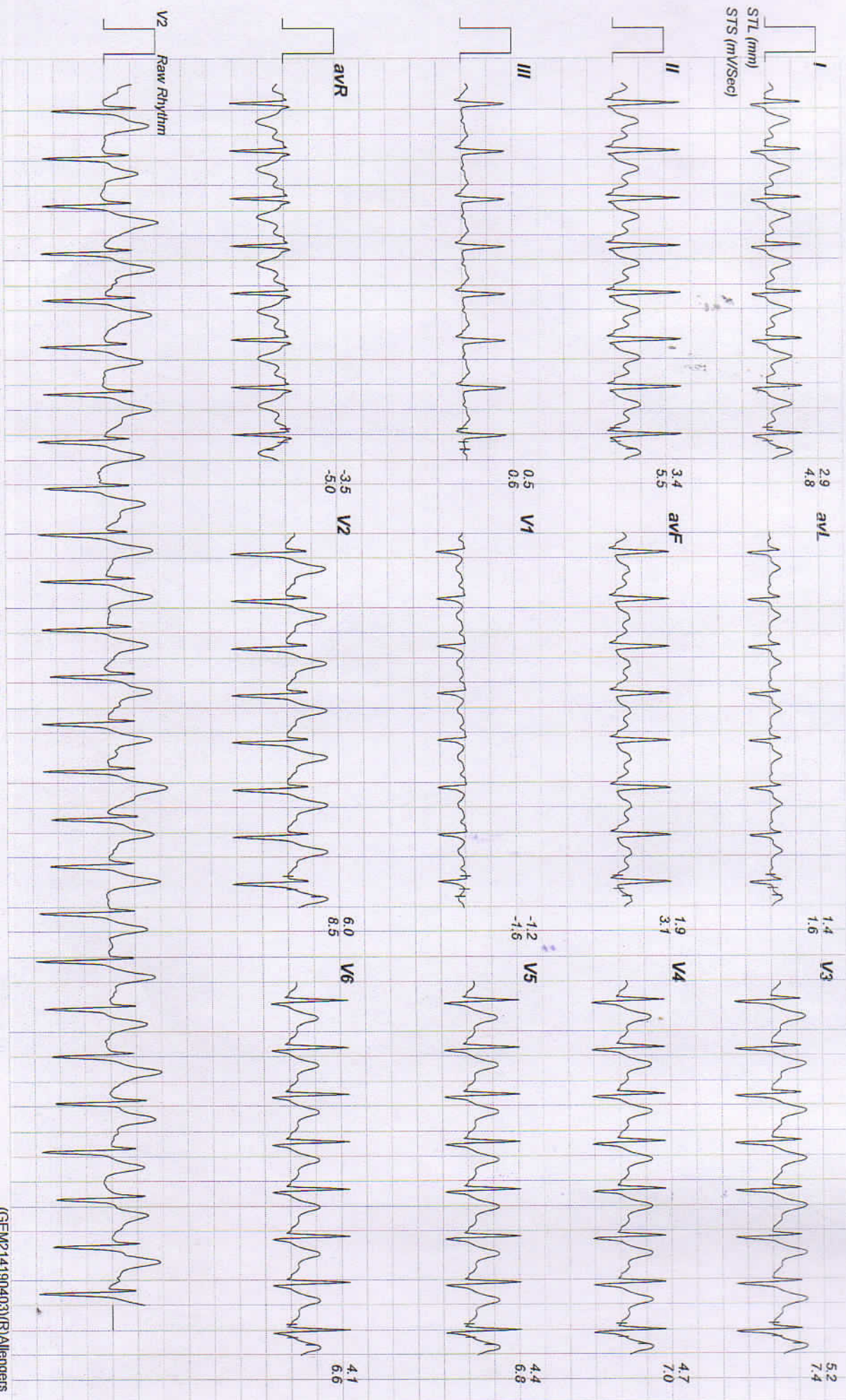
10464 / KAPIL CHAUDHARY / 33 Yrs / Male / 176 Cm / 110 Kg

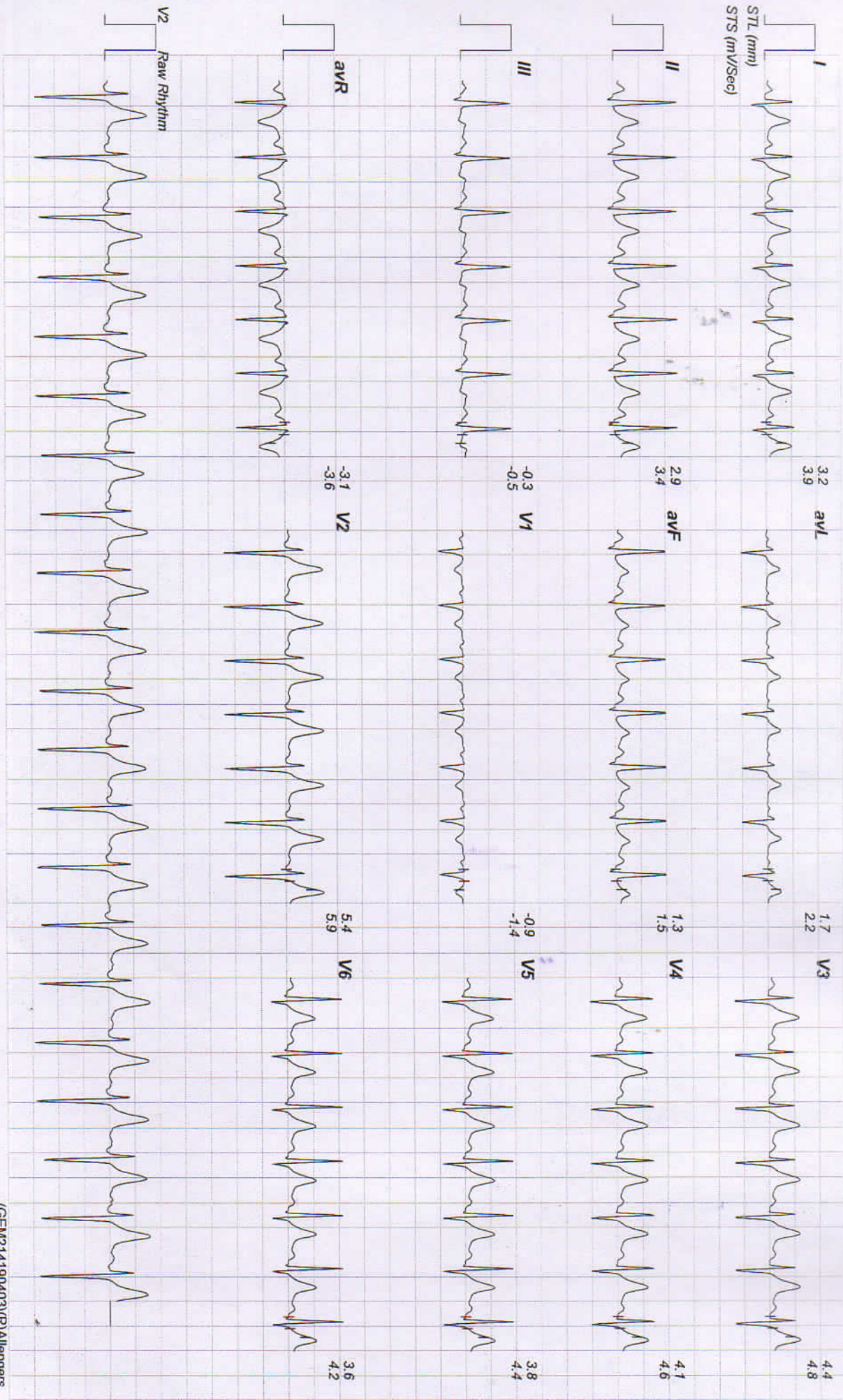
Date: 10 - 06 - 2023 12:49:21 PM METs : 10.30 HR : 190 Target HR : 101% of 187 BP : 140/92 Post J @60mSec EXTime : 09:05 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 10 - 06 - 2023 12:49:21 PM METs : 01.00 HR : 155 Target HR : 82% of 187 BP : 136/90 Post J @60mSec EXTime : 09:04 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV







10464 / KAPIL CHAUDHARY / 33 Yrs / Male / 176 Cm / 110 Kg

Date: 10 - 06 - 2023 12:49:21 PM METS : 01:00 HR : 128 Target HR : 68% of 187 BP : 130/84 Post J @80mSec EXTime : 09:04 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

