



 GPS Map Camera



Jhunjhunu, Rajasthan, India
499P+88Q, Subhash Marg, Pratap Nagar, Indra Nagar, Jhunjhunu,
Rajasthan 333001, India
Lat 28.118355°
Long 75.385846°
10/02/24 09:50 AM GMT +05:30

Google



सचिन..

9851401113


Rajsthani Diagnostic &
Medical Research Centre
Jhunjhunu





RAJSTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMMOGRAPHY

NAME	SACHIN	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECKUP	DATE	10-Feb-24

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.

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:

❖ NORMAL SONOGRAPHY STUDY.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT

MD RADIODIAGNOSIS

Dr. Anusha Mahalawat

MD (Radiodiagnosis)

(RMC. 38742/25457)



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE





D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)

MAHAVIR HOSPITAL

Name	:SACHIN	Father/Husband	:RAJENDRA SINGH	IPD/OPD status	:OPD
Age/Sex	:28 Y/Male	Reg. No.	:OutSide	Category	:CASH
Consultant	:M. S. MEEL	Accession No.	:20240210025	Bed No.	:
		BILL.NO	:2302332624	Date	:10/02/2024 1:46:18 PM

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= 49/93 (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 = 108 (cm/sec)
Aortic Regurgitation Absent/Trace/Mild/Moderate/Severe.
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	0.6 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 केवल चिकित्सा व शल्यचिकित्सा उद्देश्यों के लिए है।
इसकी प्रतिलिपि उदाहरण के लिए की जा सकती है।

MAHAVIR HOSPITAL

Health & Hygiene



Tel. : 01592-232361
9680960962

D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)

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.

Grade 1 diastolic dysfunction.

No I/C clot/vegetation.

Intact IAS/IVS & No CoA, no pericardial effusion.

Dr. M.S. MEEL
MD (Medicine)
Reg. No. 7997/2835
Mahavir Hospital, Jhunjhunu

Dr M S Meel
MD Medicine
Senior Physician

Dr Pallavi Choudhary
MD Paediatrics
Consultant



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

यह रिपोर्ट केवल चिकित्सा हेतु है। इसे कानून के अंतर्गत प्रमाण के रूप में प्रयोग नहीं किया जा सकता है।

Name: Sachin -
 Patient ID: Bohe7401

Date of birth: Male
 Gender: Male
 Height: (unfilled)
 Weight: (unfilled)
 Ethnicity: (unfilled)
 Facemaker: (unfilled)
 Nutrition: (unfilled)
 Remark: (unfilled)

Visit ID: (unfilled)
 Room: (unfilled)
 Medication: (unfilled)
 Order ID: (unfilled)
 Ord. prev.: (unfilled)
 Ord. prev.: (unfilled)

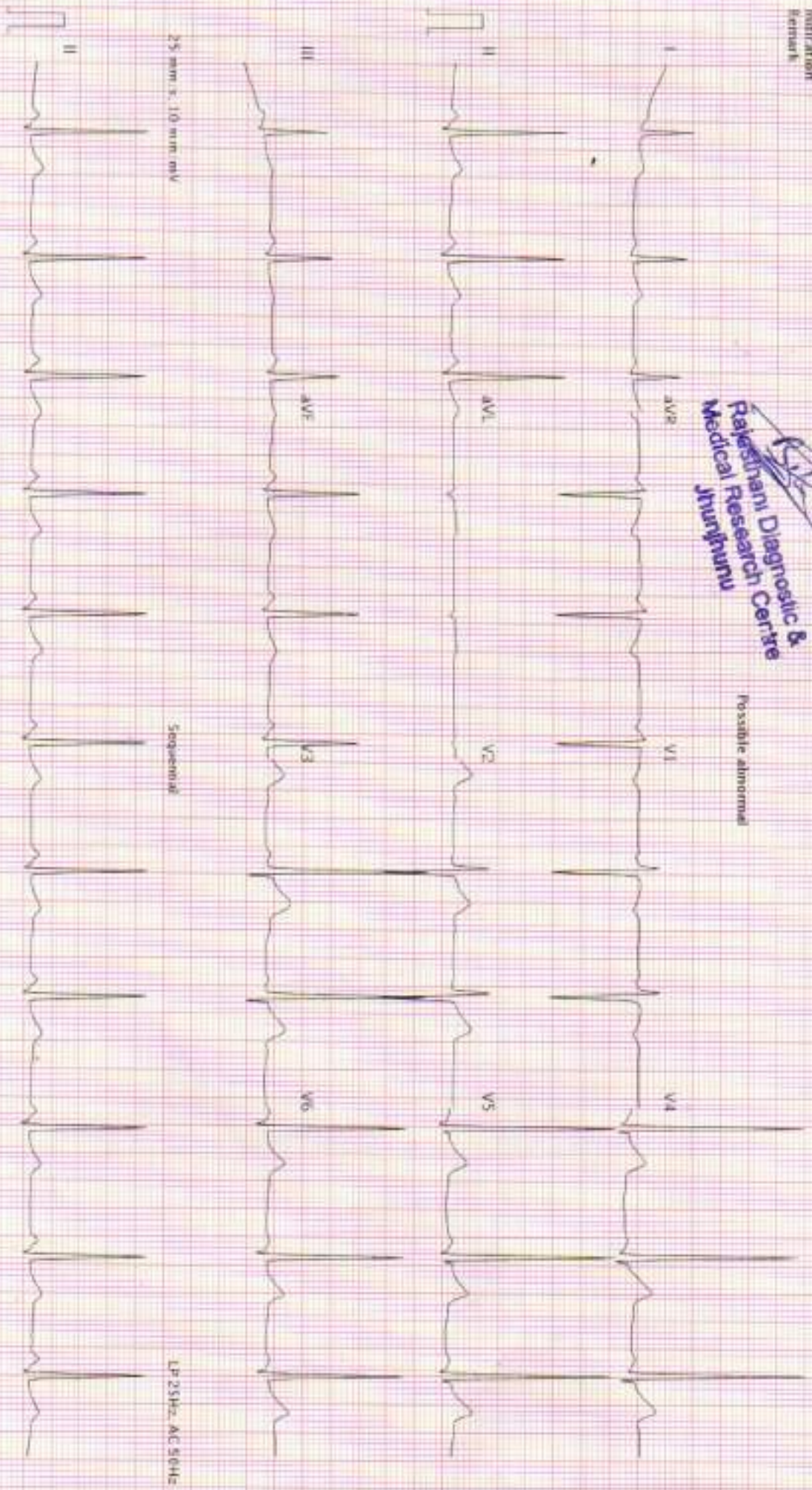
10.02.2024 12:50:32
 Standard 12-Lead

HR 67 bpm
 PR 196 ms
 P axis 99 ms
 QRS axis 119 ms
 QRS axis 89 ms
 T axis 389 ms
 QTcB 411 ms

(Signature)
 Rajasthan Diagnostic &
 Research Centre
 Jhunjhunu

Possible abnormal

Rajasthan Diagnostic & MR Centre
 B-110 Subhash Marg, Vidya Nagar, Mandawa, Jhunjhunu (Raj.)
 Sinus rhythm
 Normal electrical axis
 Amplitude criteria for left ventricular hypertrophy
 Non-specific ST abnormality (elevation)
 Possible abnormal AT ECG
 Not unfurred report



25 mm s, 10 mm mV

Sequential

LP 25Hz AC 50Hz

AT-102 G2.1.2.0 (1080 009811)

Printed on 10.02.2024 12:50:53

LP 25Hz AC 50Hz
 Page 1 of 1

Patient Name: Sachin -
Patient ID: Robe740X

Date of birth: Male
Gender: Male
Height: (blank)
Weight: (blank)
Ethnicity: (blank)
Parameter: (blank)
Visit ID: (blank)
Room: (blank)
Medication: (blank)
Order ID: (blank)
Ord. prov.: (blank)
Ord. prof.: (blank)

Indication: (blank)
Remark: (blank)

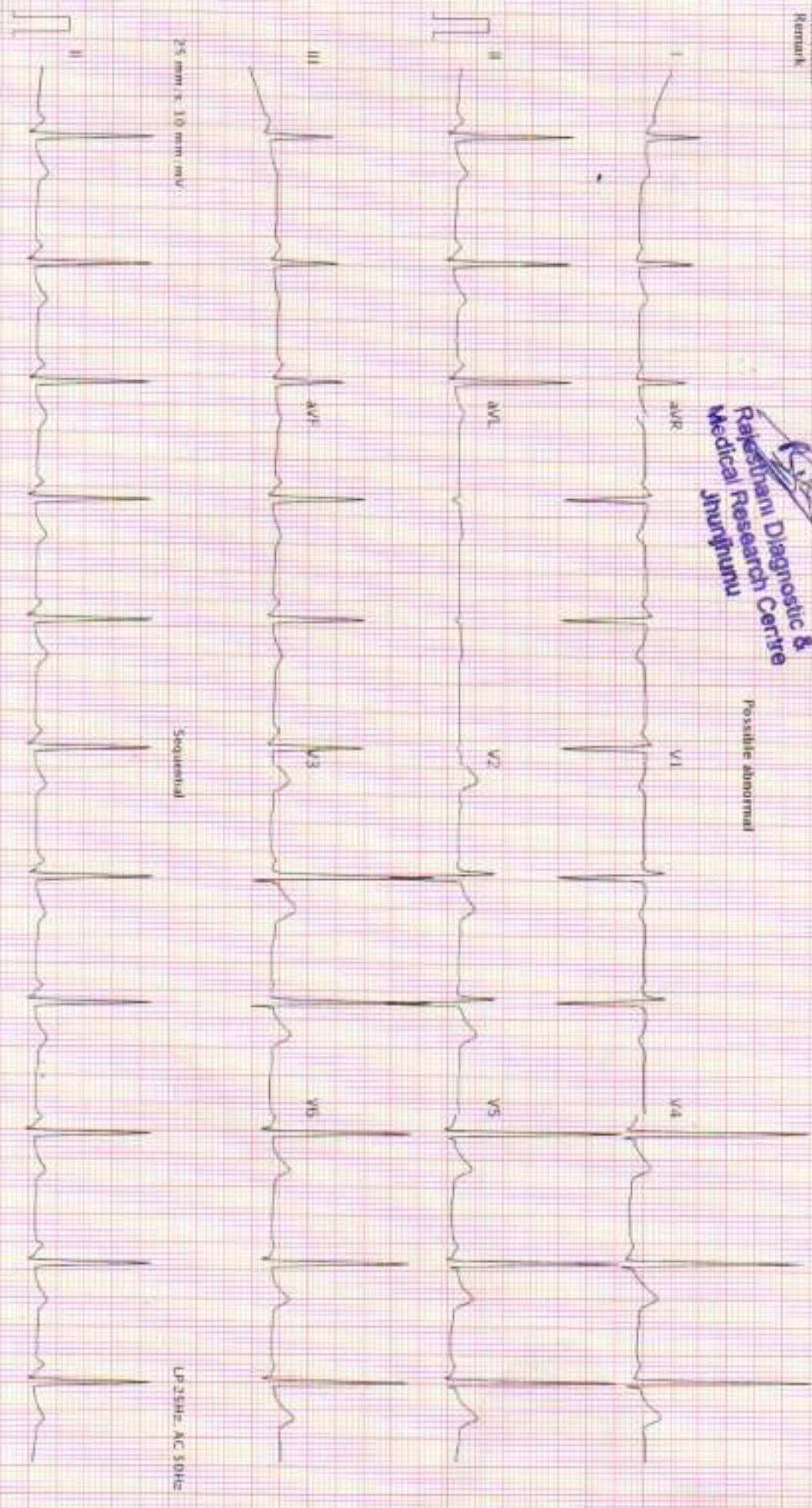
10.02.2024 12:50:32
Standard 12-Lead

HR 67 bpm
PR 96 ms
QR 119 ms
QT 389 ms
QTcB 411 ms
F axis 68
QRS axis 57
T axis 40

(Signature)
Rajeshwari Diagnostic & Medical Research Centre
Jmrunfunnu

Possible abnormal

Rajeshwari Diagnostic & MR Centre
130 Subhash Marg Indira Nagar, Mayapuri, West
Bengaluru (KA)
Sinus rhythm
Normal electrical axis
Amplitude criteria for left ventricular hypertrophy
Nonspecific ST abnormality (elevation)
Possible abnormal ECG
Un-confirmed report



25 mm/s, 10 mm/mV
AT 102-C2 12.0 (1080 009831)

Printed on 10.02.2024 12:50:53

LP 25Hz AC 50Hz
Page 1 of 1



NAME : SACHIN	AGE 28 /SEX M
REF. BY : BOB HEALTH CHECK-UP	DATE: 10.02.2024

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 :- NORMAL X-RAY CHEST (PA)

DR. ANUSHA MAHALAWAT

MD (RADIOLOGIST)

RMC - 38742/25457



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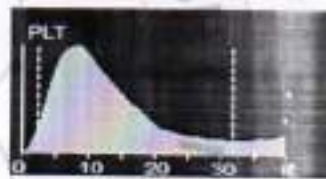
Hematology Analysis Report

First Name: SACHIN
Last Name:
Gender: Male
Age: 28 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 2
Test Time: 10/02/2024 09:47
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	7.62	4.00-10.00	10 ³ /uL
2 Neu%	65.9	50.0-70.0	%
3 Lym%	26.3	20.0-40.0	%
4 Mon%	6.3	3.0-12.0	%
5 Eos%	1.0	0.5-5.0	%
6 Bas%	0.5	0.0-1.0	%
7 Neu#	5.02	2.00-7.00	10 ³ /uL
8 Lym#	2.00	0.80-4.00	10 ³ /uL
9 Mon#	0.48	0.12-1.20	10 ³ /uL
10 Eos#	0.08	0.02-0.50	10 ³ /uL
11 Bas#	0.04	0.00-0.10	10 ³ /uL
12 RBC	5.14	3.50-5.50	10 ⁶ /uL
13 HGB	11.4	11.0-16.0	g/dL
14 HCT	40.0	37.0-54.0	%
15 MCV	78.0	80.0-100.0	fL
16 MCH	22.2	27.0-34.0	pg
17 MCHC	28.5	32.0-36.0	g/dL
18 RDW-CV	13.3	11.0-16.0	%
19 RDW-SD	42.7	35.0-56.0	fL
20 PLT	286	100-300	10 ³ /uL
21 MPV	9.1	6.5-12.0	fL
22 PDW	11.8	9.0-17.0	%
23 PCT	0.259	0.108-0.282	%
24 P-LCR	30.3	11.0-45.0	%
25 P-LCC	87	30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
Draw Time: 10/02/2024 09:46 Received Time: 10/02/2024 09:46 Validated Time:
Report Time: Remarks:

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



24x7 SERVICE

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RAJSTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

Patient Name: **SACHIN**
 Sr. No. : **1311**
 Patient ID No.: **1976**
 Age : **28** Gender : **MALE**
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **10-02-2024 09:46 AM**
 Collected On : **10-02-2024 09:46 AM**
 Received On : **10-02-2024 09:46 AM**
 Reported On : **11-02-2024 12:27 PM**
 Bar Code 
 LIS Number **7 8 0 0**

LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	169.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	46.01	mg/dL	35-58
Triglycerides (Method: GPO)	118.00	mg/dL	Recommendes triglycerides level in adults: <161 High: 161-499 Hypertlyceridemia: 200-499 Very High: >499
LDL Cholesterol	99.39	mg/dL	2-100
VLDL Cholesterol	23.60	mg/dL	6-35
TC/HDL Cholesterol Ratio	3.67	Ratio	2.5-3
LDL/HDL Ratio	2.16	Ratio	1.7-2

HAEMATOLOGY

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



Ashish Sethi
 Dr. Ashish Sethi
 Consultant Biochemist

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Mamta K...
 Dr. Mamta K...
 M.D.
 RDC No. 4



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B-119, Sushant Marg, Indira Nagar, Gurgaon (Del.) Ph. No. 1582-294977



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Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

Patient Name: **SACHIN**
 Sr. No. : 1311
 Patient ID No.: 1976
 Age : 28 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 10-02-2024 05:46 AM
 Collected On : 10-02-2024 09:46 AM
 Received On : 10-02-2024 09:46 AM
 Reported On : 11-02-2024 02:37 PM
 Bar Code 
 LIS Number 3 8 9 0

HAEMATOTOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.20	%	< 5.70 Normal 5.50 - 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)	73.84	mg/dL	
eAG (Estimated Average Glucose)	4.10	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 Diabetes 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 glycemc Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemc Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 8 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.

BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	79.00	mg/dL	Glucose Fasting: Adult: 45-96 Newborn: 27-100 New born: 45-100 Child: 80-110 Adult: 70-120 >60 Y: ES: 11-12 105-121
Blood Sugar PP (Method: GOD-POD)	105.00	mg/dL	Glucose: 100-120 diabet:



Ashish Sathi
 Dr. Ashish Sathi
 Consultant Biochemist



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RAJSTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

Patient Name: **SACHIN**
 Sr. No. : 1311
 Patient ID No.: 1976
 Age : 28 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 10-02-2024 10:48 AM
 Collected On : 10-02-2024 11:18 AM
 Received On : 10-02-2024 11:18 AM
 Reported On : 11-02-2024 11:02 PM
 Bar Code 
 LIS Number : 0 0

BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLO))	20.00	mg/dL	Adults > 20 years : 12-26 12-20 years : 21-20 years : 19-45 Male > 50 years : 19-55 Children 10 years : 11-36 4-13 years : 10-19 years
Creatinine (Method: Enzymatic Colorimetric)	0.89	mg/dL	
Calcium	10.22	mg/dL	
Uric Acid (Method: Uricase-PED)	5.14	mg/dL	
Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	29.00	IU/L	



Ashish Sethi
 Dr. Ashish Sethi
 Consultant Biochemist

Dr. Manoj
 Sr. Pathologist



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RAJSTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

Patient Name: **SACHIN**
 Sr. No. : 1311
 Patient ID No.: 1976
 Age : 28 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 10-02-2024 09:58 AM
 Collected On : 10-02-2024 09:58 AM
 Received On : 10-02-2024 09:58 AM
 Reported On : 11-02-2024 02:00 PM
 Bar Code 
 LIS Number 3 8 1

THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Range	Comments
T3 (Total Triiodothyronine)	1.27	ng/mL	0.8 - 1.6	
T4 (Total Thyroxine)	9.43	µg/dL	8.0 - 12.0	
TSH (Thyroid Stimulating Hormone)	1.16	µIU/mL	0.4 - 4.0	

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 and T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences thyroid gland activity.

Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in 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 results have been recognized.



Ashish Sethi

Dr. Ashish Sethi
 Consultant Biochemist

अभ्यासकालीन सेवाएं

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R-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. 1592-284977

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RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

Patient Name: **SACHIN**
 Sr. No. : 1311
 Patient ID No.: 1976
 Age : 28 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 10-02-2024 10:45 AM
 Collected On : 10-02-2024 10:45 AM
 Received On : 10-02-2024 10:45 AM
 Reported On : 11-02-2024 10:45 AM
 Bar Code 
 LIS Number 7 8 9 0

URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference	Flags
PHYSICAL				
Quantity		ml		
Colour	Yellow			
Appearance / Transparency	Clear			
Specific Gravity	1.025			
PH	5.0			
CHEMICAL				
Reaction	Acidic			
Albumin	trace			
Urine Sugar	Nil			
MICROSCOPIC				
Red Blood Cells	Nil	/h.p.f.		
Pus Cells	3-5	/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				
URINE SUGAR FASTING	Nil		Reference	Flags
URINE SUGAR PP	Nil			

<<< END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

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Ashish sethi
 Dr. Ashish Sethi
 Consultant Biochemist

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B-116, Subhash Marg, Indira Nagar, Jaipur (Raj.) Ph. No. 1692-284977