

Rameswar mahto  
Male 57Years  
Req. No. :

HR	: 66	bpm
P	: 104	ms
PR	: 150	ms
QRS	: 72	ms
QT/QTcBz	: 386/405	ms
P/QRS/T	: 6/-13/55	°
RV5/SV1	: 1.442/0.572	mV

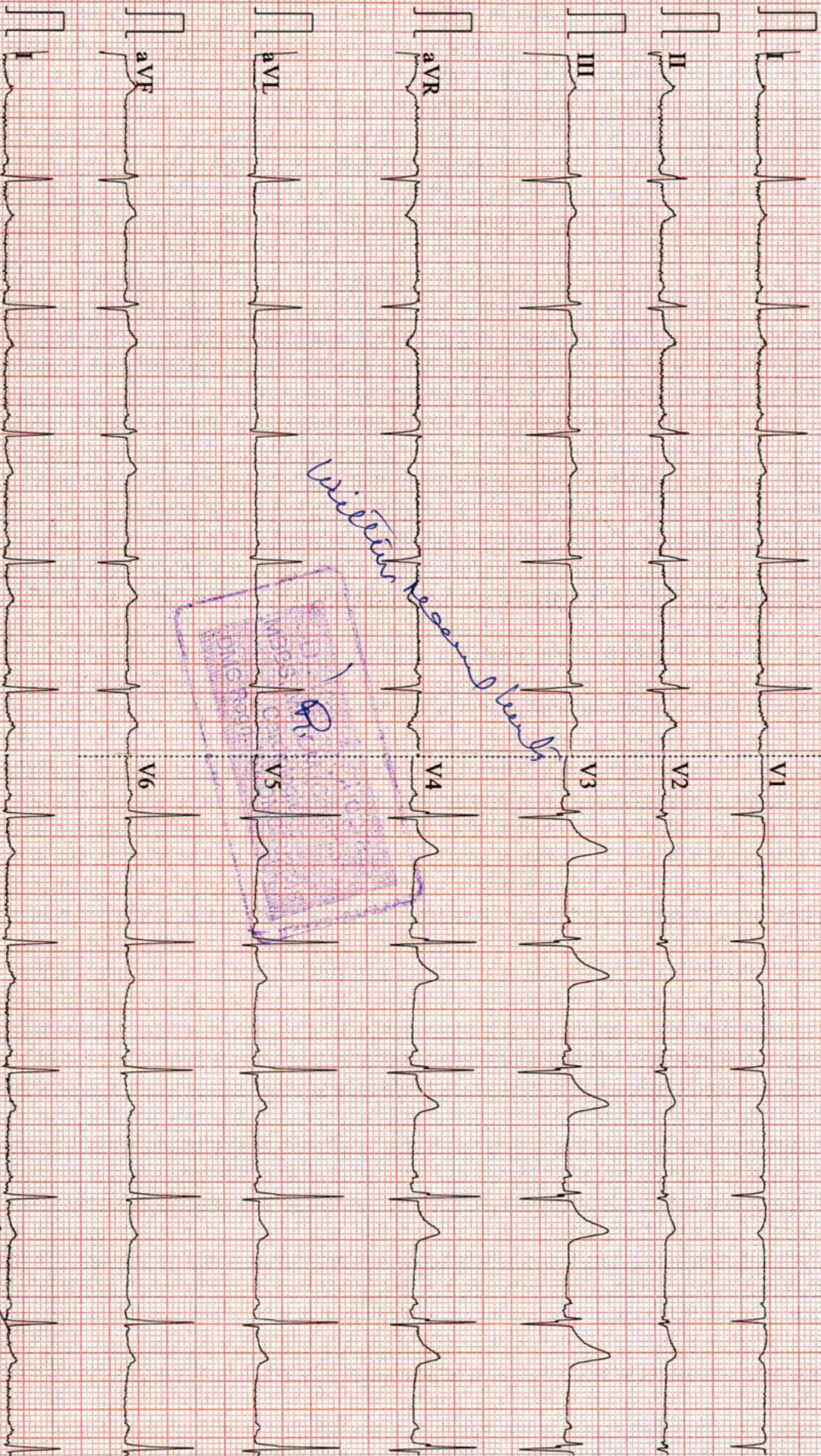
Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:

*Widened QRS*

*Qr*

Qr  
MSPS  
CNS  
DNC







<b>Radiology No.</b>	: 7554/OPDPB22DL	<b>Date</b>	: 25-Mar-2023
<b>Patient Name</b>	: <b>Mr. RAMESHWAR MAHTO</b>	<b>Age/Sex</b>	: 57Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 7058/UHID22DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>7982416825</b>

### ULTRASOUND OF WHOLE ABDOMAN

**The liver is increased in size (15cm in RML) with increased in echotexture.**  
Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

**Gall bladder is post op.**

**Pancreas** is of normal size and contour with normal echotexture.

**Right kidney** is normal in size and position .It shows normal movements with respiration.  
Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

**Right kidney measures- 10.07x4.16cm**

Renal artery pulsation appear normal.

**Left kidney** is normal in size and position .It shows normal movements with respiration.  
Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

**Left kidney measures-10.73x5.38cm**

Renal artery pulsation appear normal.

Dr. Harshita Surange  
MBBS, DMRD (RADIODIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



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**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

**Prostate** is mildly increased in size for age with regular contours and normal echo-texture. It measures 37x48x38 mm which is equal to 36.21gms.

**Impression : Fatty liver grade I**



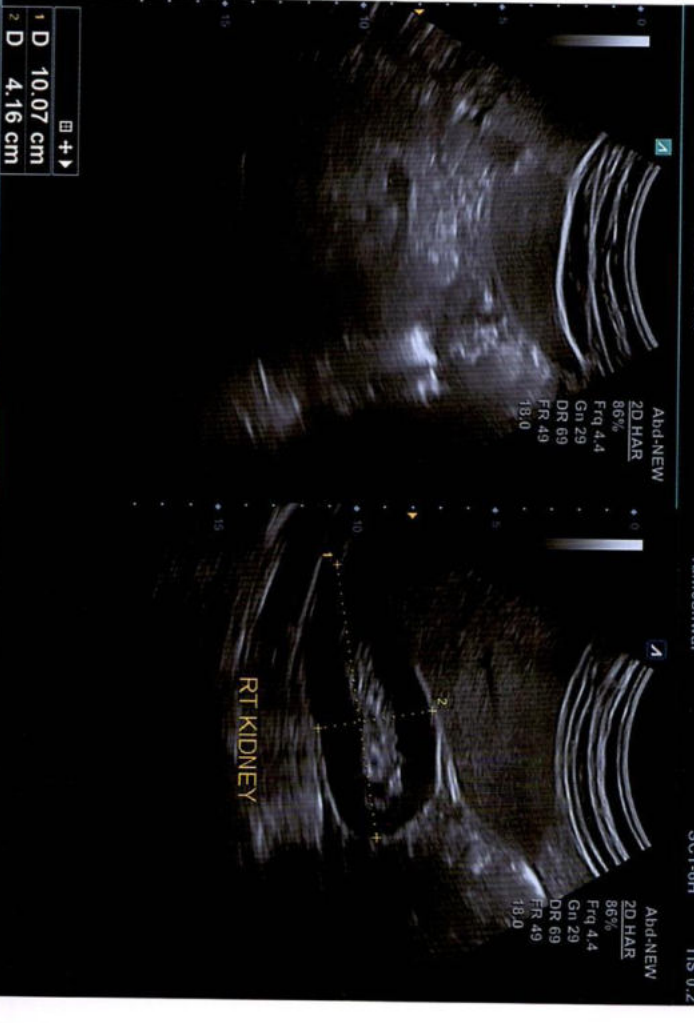
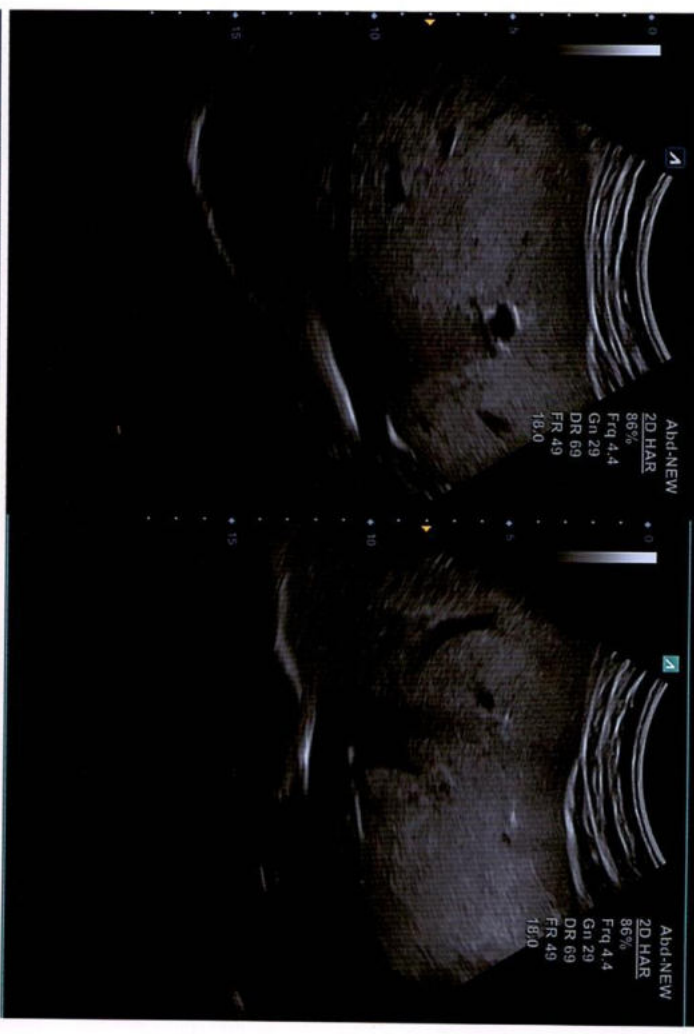
Dr. Harshita Surange  
MBBS, DMRD (RADIODIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



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Abd-NEW  
 2D HAR  
 86%  
 Frq 4.4  
 Gn 29  
 DR 69  
 FR 49  
 18.0

Abd-NEW  
 2D HAR  
 86%  
 Frq 4.4  
 Gn 29  
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 2D HAR  
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 Frq 4.4  
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 DR 69  
 FR 49  
 18.0

1	D1	3.70 cm
2	D2	4.89 cm
3	D3	3.82 cm
Vol		36.21 cm <sup>3</sup>

1	D	10.07 cm
2	D	4.16 cm

1	D1	10.73 cm
2	D2	5.38 cm
3	D3	9.24 cm
Vol		279.47 cm <sup>3</sup>

**Radiology No.** : 7554/OPDPB22DL  
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**Consultant** : Dr. INSURANCE

**Date** : 25-Mar-2023  
**Age/Sex** : 57Y  
**UHID No.** : 7058/UHID22DL  
**Mobile No.** : **7982416825**

**X-RAY CHEST****Indication: Routine check-up.****Image quality:-**

No evidence of rotation.

PA view. Normal penetration.

**Airway:-** Trachea central.

Carina &amp; bronchi are normal.

No hilar abnormality.

**Lung fields:-** Clear.**Cardiac:-** Cardiac borders are visible.

Normal heart size.

**Diaphragm:-** Costophrenic angles on right & left are normal.

Cardiophrenic angles on right &amp; left are normal.

Diaphragm portion are normal.

**Bony cage:-** No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

**Impression: No significant abnormality detected.**


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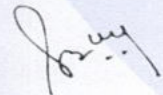
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<b>Mobile No.</b> : 7982416825	<b>Manual No.</b>	<b>Collected</b> : 25-Mar-2023 10.21
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 25-Mar-2023 10.22
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 23838	<b>Report</b> : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>HEAMOTOLOGY</b>				
<b>COMPLETE BLOOD COUNT</b>				
HEMOGLOBIN	13.3	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	8.7	10 <sup>3</sup> /uL	4.0-11.0	Electrical impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>				
Neutrophil	70	%	40-75	Electrical impedance
Lymphocyte	21	%	20-45	Electrical impedance
Eosinophil	05	%	01-06	Microscopy
Monocyte	04	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.97	mili/cmm	3.8-5.5	Electrical impedance
PCV	40	%	35-45	Calculated
MCV	80.80	fL	80-100	Calculated
MCH	26.7	Picogram	27.5-33.2	Calculated
MCHC	33.10	gm/dl	32-36	Calculated
PLATELET COUNT	152	10 <sup>3</sup> /uL	150-450	Electrical impedance
-----End of Report-----				



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : ramshankar



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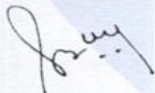
HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh  
FACTOR  
BLOOD GROUP ABO  
RH TYPING

"B"  
"POSITIVE"

Manual  
Manual

-----End of Report-----



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<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 25-Mar-2023 10.22
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 23838	<b>Report</b> : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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	<u>BIOCHEMISTRY</u>			
BLOOD SUGAR FASTING	265.0	mg/dl	74-100	GOD-POD

**INTERPRETATION:**

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for > 8 hours)

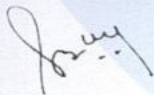
2-hr PG > 200 mg/dl during OGTT(75-G)\*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----



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TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
Blood Sugar PP	376.1	mg/dl	70-150	GOD-POD

**INTERPRETATION:**

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

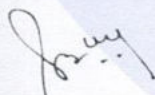
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Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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TEST NAME	RESULT	UNIT	RANGE	METHOD
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**HEAMATOLOGY**

<b>HBA1C (GLYCOSYLATED HB)</b>	<b>10.2</b>	<b>%</b>	<b>4-6</b>	<b>PEIT</b>
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Metabolically healthy patients 4.5 - 6.0 %  
6.1 - 6.5 %

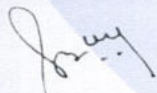
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----



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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 23838	<b>Report</b> : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	<b>NEGATIVE</b>			Immunochromatography

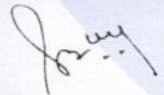
Serology

**Interpretation:-**

**Clinical Significance:-** Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1<sup>st</sup> week .

-----End of Report-----



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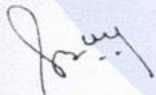
TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II	<b>NEGATIVE</b>			Immunochromatography
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Serology

**Clinical Significance** : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks (21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test. Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----



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### BIOCHEMISTRY

#### KIDNEY FUNCTION TEST

Blood Urea	20.8	mg/dl	15.0-45.0	urease
Serum Creatinine	0.6	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	5.60	mg/dl	2.5-7.2	Uricase
<b>Total Protein</b>				
PROTEN	6.50	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.10	g/dl	2.3-3.5	
A/G RATIO	2.10	g/dl		
Calcium	8.9	mg/dl	8.6-10.2	Arsenazo
Sodium	140.2	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.3	mmol/L	3.5-5.5	ISE Indirect
Chloride	105.2	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----



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### BIOCHEMISTRY

#### LIPID PROFILE

Total Cholesterol	178.00	mg/dl	123-199	CHOD-PAP
Triglycerides	243.3	mg/dl	40-160	Gpo
HDL Cholesterol Direct	44.6	mg/dl	35.3-79.5	Direct
Vldl	49	mg/dl	4.7-22.1	
LDL Cholesterol Direct	84.7	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.0		0.0-4.97	
LDL/HDL Ratio	1.9		0.0-3.55	

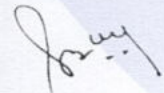
#### INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

#### COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and



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pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL values.

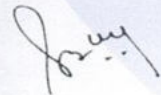
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
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Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----



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### BIOCHEMISTRY

#### LIVER FUNCTION TEST

##### Serum Bilirubin

Total Bilirubin	0.50	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.24	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.26	mg/dl	0-0.8	Calculated

##### Total Protein

PROTEN	6.50	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg

GLOBULIN	2.10	g/dl	2.3-3.5	
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A/G RATIO	2.10	g/dl		
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SGOT	22	U/L	0-35	IFCC
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SGPT	12	U/L	0.0-45	IFCC
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Gamma GT	30.7	U/L	0-55	Glupa-c
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Alkaline Phosphatase	113	U/L	53-128	Amp
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-----End of Report-----



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252


Lab Technician : ramshankar



BOOK APPOINTMENT





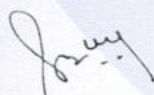
<b>Patient Name</b> : Mr. RAMESHWAR MAHTO	<b>Reg No.</b> : 7058/UHID22DL	<b>Lab ID.</b> : 7554/OPDPB22DL
<b>Age / Gender</b> : 57Y / Male	<b>Date</b> : 25-Mar-2023	
<b>Mobile No.</b> : 7982416825	<b>Manual No.</b>	<b>Collected</b> : 25-Mar-2023 13.34
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 25-Mar-2023 13.34
<b>Sample Type</b> : STOOL	<b>Sample ID</b> : 23838	<b>Report</b> : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

STOOL R/M PHYSICAL EXAMINATION	%
COLOUR/ APPEARANCE	BROWNISH
CONSISTENCY	SEMI-FORMED
PUS	NIL
MUCUS	NIL
BLOOD	NIL
CHEMICAL REACTION	
REACTION	ACIDIC
MICROSCOPY EXAMINATION	
PUS CELLS	1-2
RBC'S	NIL
OVA	NIL
CYST	NIL
BACTERIA	NIL
OTHERS	NIL

-----End of Report-----



Dr. Sangeeta B  
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DMC/25252

Lab Technician : chand



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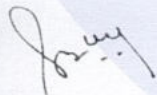
<b>Patient Name</b> : Mr. RAMESHWAR MAHTO	<b>Reg No.</b> : 7058/UHID22DL	<b>Lab ID.</b> : 7554/OPDPB22DL
<b>Age / Gender</b> : 57Y / Male	<b>Date</b> : 25-Mar-2023	
<b>Mobile No.</b> : 7982416825	<b>Manual No.</b>	<b>Collected</b> : 25-Mar-2023 10.21
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 25-Mar-2023 10.22
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 23838	<b>Report</b> : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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<u>HORMONES</u>				
TSH	1.76	µIU/ml		CLIA
<b>Adults</b>				
21-100 yrs	0.42 - 5.45			
<b>Pediatric</b>				
0-12 Months	0.98-5.63			
1-5 years	0.64-5.76			
6-10 Years	0.51-4.82			
11-14 Years	0.53-5.27			
15-20 years	0.43-4.20			
<b>Pregnancy</b>				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand



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<b>Patient Name</b> : Mr. RAMESHWAR MAHTO	<b>Reg No.</b> : 7058/UHID22DL	<b>Lab ID.</b> : 7554/OPDPB22DL
<b>Age / Gender</b> : 57Y / Male	<b>Date</b> : 25-Mar-2023	
<b>Mobile No.</b> : 7982416825	<b>Manual No.</b>	<b>Collected</b> : 25-Mar-2023 10.21
<b>Refd. By</b> : Dr. INSURANCE	<b>Sample ID</b> : 23838	<b>Received</b> : 25-Mar-2023 10.22
<b>Sample Type</b> : URINE		<b>Report</b> : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

+

MICROSCOPIC EXAMINATION

PUS CELLS

1-2 /hpf MICROSCOPIC

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2

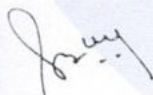
BACTERIA

NIL

OTHERS

NIL

-----End of Report-----



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252


Lab Technician : chand



BOOK APPOINTMENT









**भारतीय विशिष्ट पहचान प्राधिकरण**  
**UNIQUE IDENTIFICATION AUTHORITY OF INDIA**

पता / S/O अजय लाल, 110, फीस  
 एन.ए.व. विकास नगर गली नं-3, मोहन  
 गार्डन, उत्तर नगर, वेस्ट दिल्ली, दिल्ली,  
 110059

Address: S/O Ajab Lal, 117, deep  
 enclave, vikas nagar gali no-3,  
 moham garden, Utlam Nagar, D  
 K. Mohan Garden, West Delhi,  
 Delhi, 110059

 1947  
 1800 180 1947

 help@uidai.gov.in

 www.uidai.gov.in

P.O. Box No. 1947,  
 Bengaluru-560 001


**भारत सरकार**  
**GOVERNMENT OF INDIA**

राधेश्वर महतो  
 Rameshwar Mahto

जन्म वर्ष / Year of Birth : 1966  
 लिंग / Male



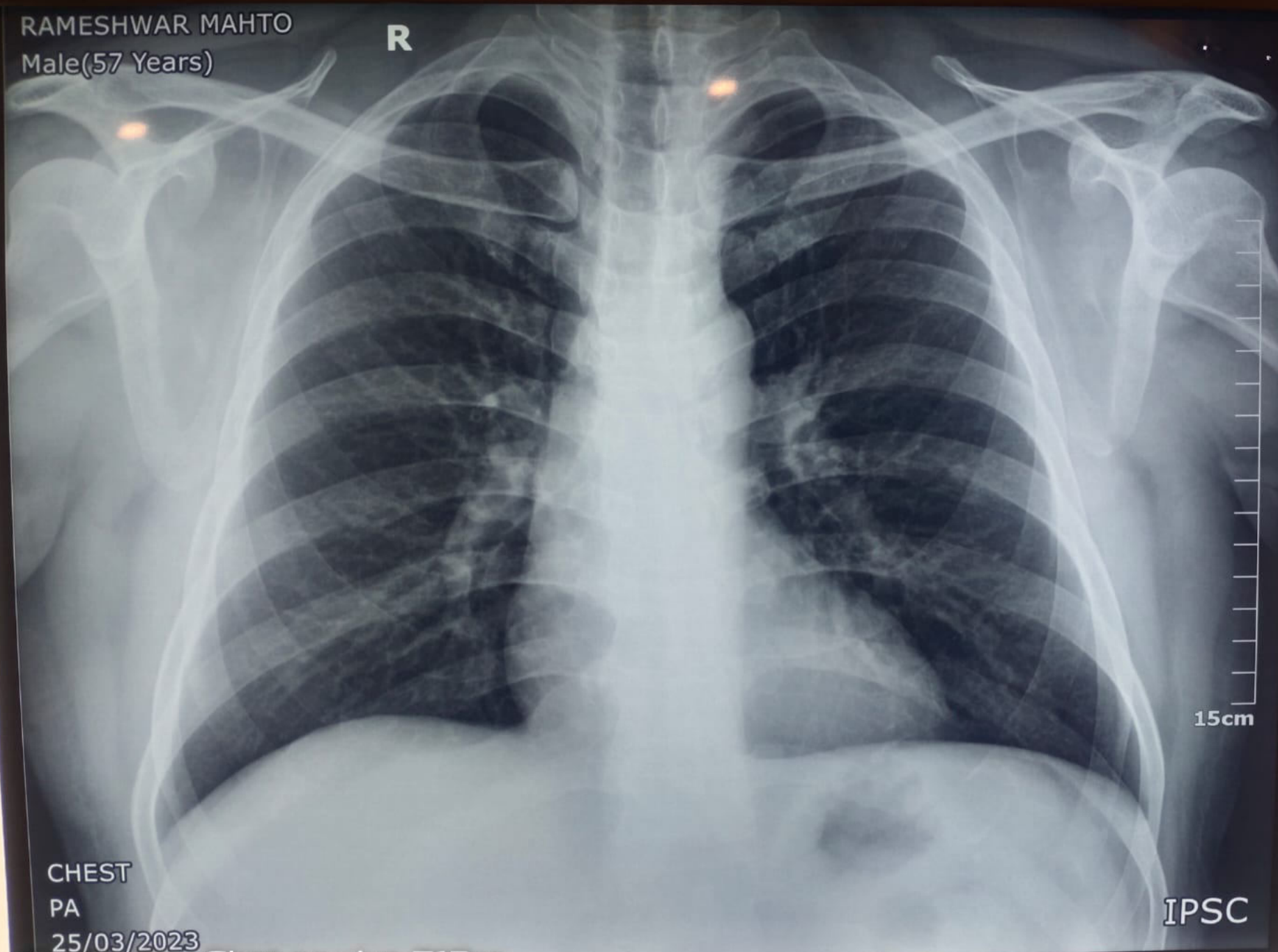
9587 4477 0635

भारत — आप आदमी का अधिकार



RAMESHWAR MAHTO  
Male(57 Years)

R



15cm

CHEST  
PA

25/03/2023

Shot on vivo Z1Pro  
Vivo AI camera

IPSC

