

 भारत सरकार  
रेखा मीना  
Rekha Meena  
जन्म तिथि / DOB : 25/07/1988  
महिला / FEMALE  
  
7145 0391 3125  
आधार - आम आदमी का अधिकार

 आधार प्रहसन प्राधिकरण  
भारत सरकार  
Date: 08/01/2017  
पता: D/O राम करन मीना, 240,  
गली न 5, चोपडा फार्म,  
डडवाडा, रंगपुर, कोटा,  
राजस्थान - 324002  
Address  
D/O Ram Karan Meena,  
240, Gali No 5, Chopra  
Farm, Dadwara, Rangpur,  
Kota, Rajasthan - 324002  
7145 0391 3125  
  
 1947  
1800 180 1847  
 help@uidai.gov.in  
 www.uidai.gov.in  
P.O. Box No. 1947,  
Bengaluru-560 001

Rekha

Rekha meena

Female

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 86 ms  
QT / QTcBaz : 422 / 435 ms  
PR : 134 ms  
P : 96 ms  
RR / PP : 932 / 937 ms  
P / QRS / T : 43 / -29 / 33 degrees

Normal sinus rhythm  
Normal ECG

24.12.2022 13:24:11

RAJASTHANI DIAGNOSTICS CENTRE

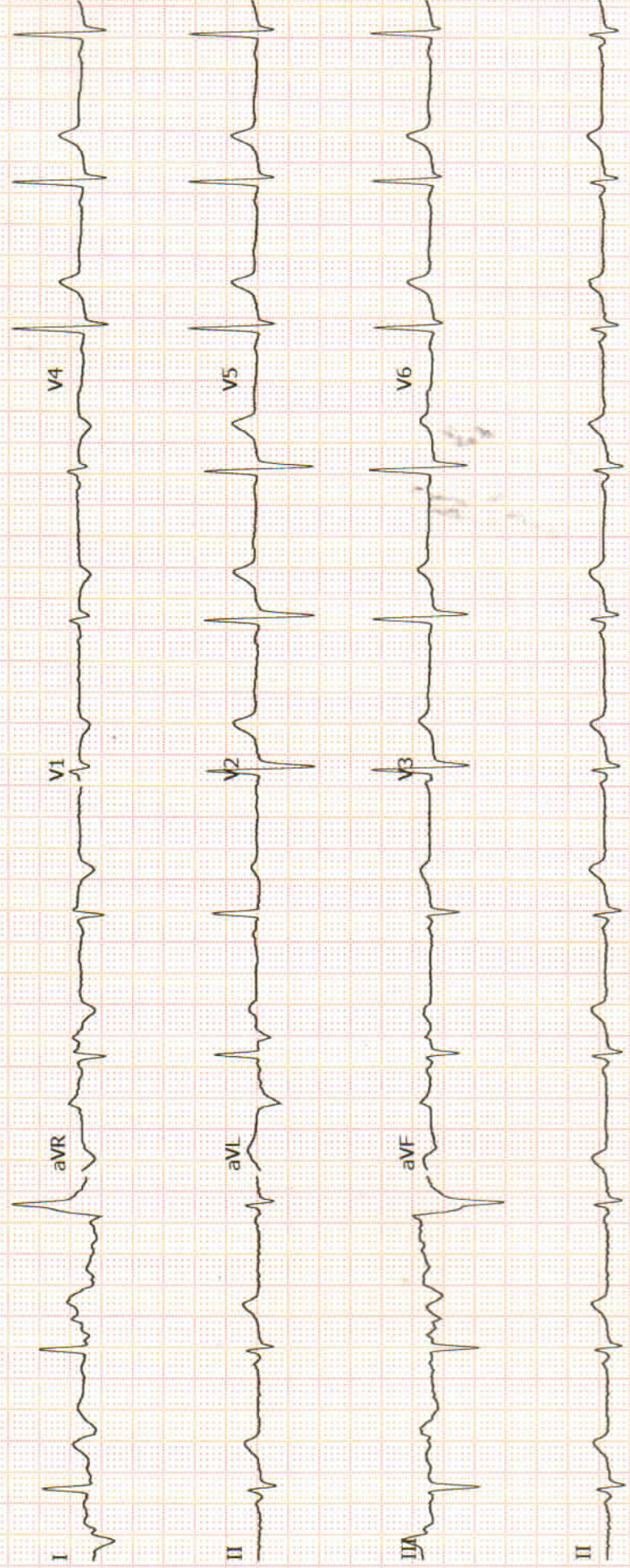
JHUNJHUNU RAJ.

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

Room:

64 bpm  
-- / -- mmHg

*Rekha*





# RAJASTHANI DIAGNOSTIC & MRI CENTRE

## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

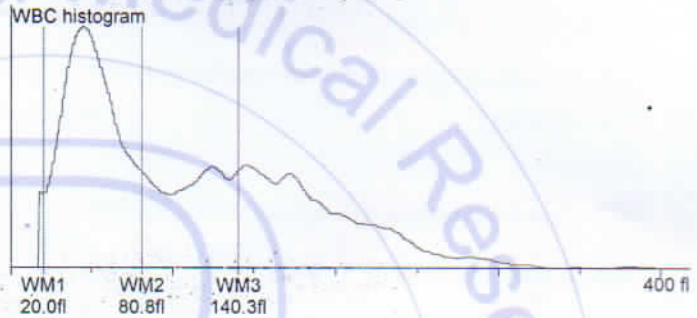
X-RAY

Report date: 2022-12-24 12:23

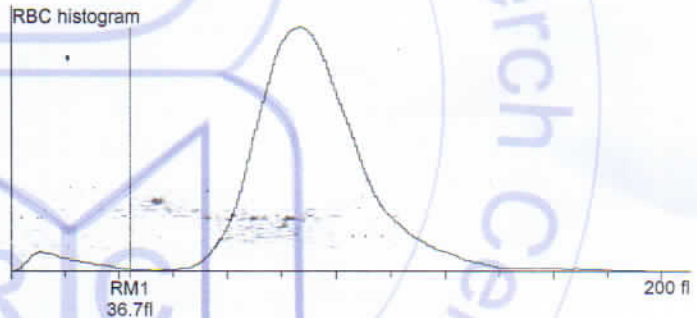
Patient ID: 52852 Birth date: 0000-00-00  
Name: REKHA MEENA Sex: Female

Measure type: Human Doctor: DOB  
Sample ID: 52748 Date: 2022-12-24

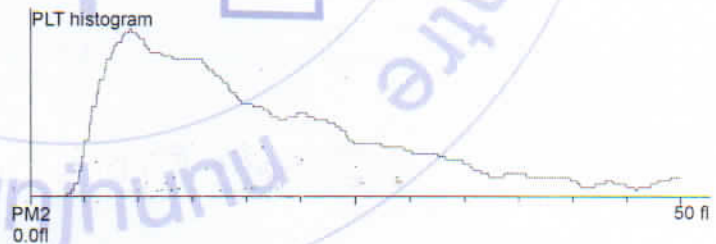
Parameter:	Result:	Limit:
WBC:	3.26 $10^9/l$	[4.00 - 11.00]
LYM:	1.66 $10^9/l$	[1.30 - 4.00]
MID:	0.33 $10^9/l$	[0.15 - 0.70]
GRA:	1.28 $10^9/l$	[2.50 - 7.50]
LYM%:	50.80 %	[25.0 - 40.0]
MID%:	10.00 %	[3.0 - 7.0]
GRA%:	39.20 %	[50.0 - 75.0]



RBC:	3.52 $10^{12}/l$	[4.00 - 5.50]
HGB:	10.10 g/l	[11.5 - 16.5]
HCT:	33.21 %	[36.00 - 52.00]
MCV:	94.00 fl	[76 - 96]
MCH:	28.60 pg	[27 - 32]
MCHC:	30.30 g/l	[30 - 35]
RDWs:	52.30 fl	[20.0 - 42.0]
RDWcv:	14.70 %	[0.0 - 0.0]



PLT:	148.00 $10^9/l$	[100 - 400]
PCT:	0.22 %	[0.00 - 0.00]
MPV:	14.90 fl	[8.0 - 15.0]
PDWs:	27.40 fl	[0.0 - 0.0]
PDWcv:	44.70 %	[0.0 - 0.0]



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

Doctor:



आपातकालीन सेवार्

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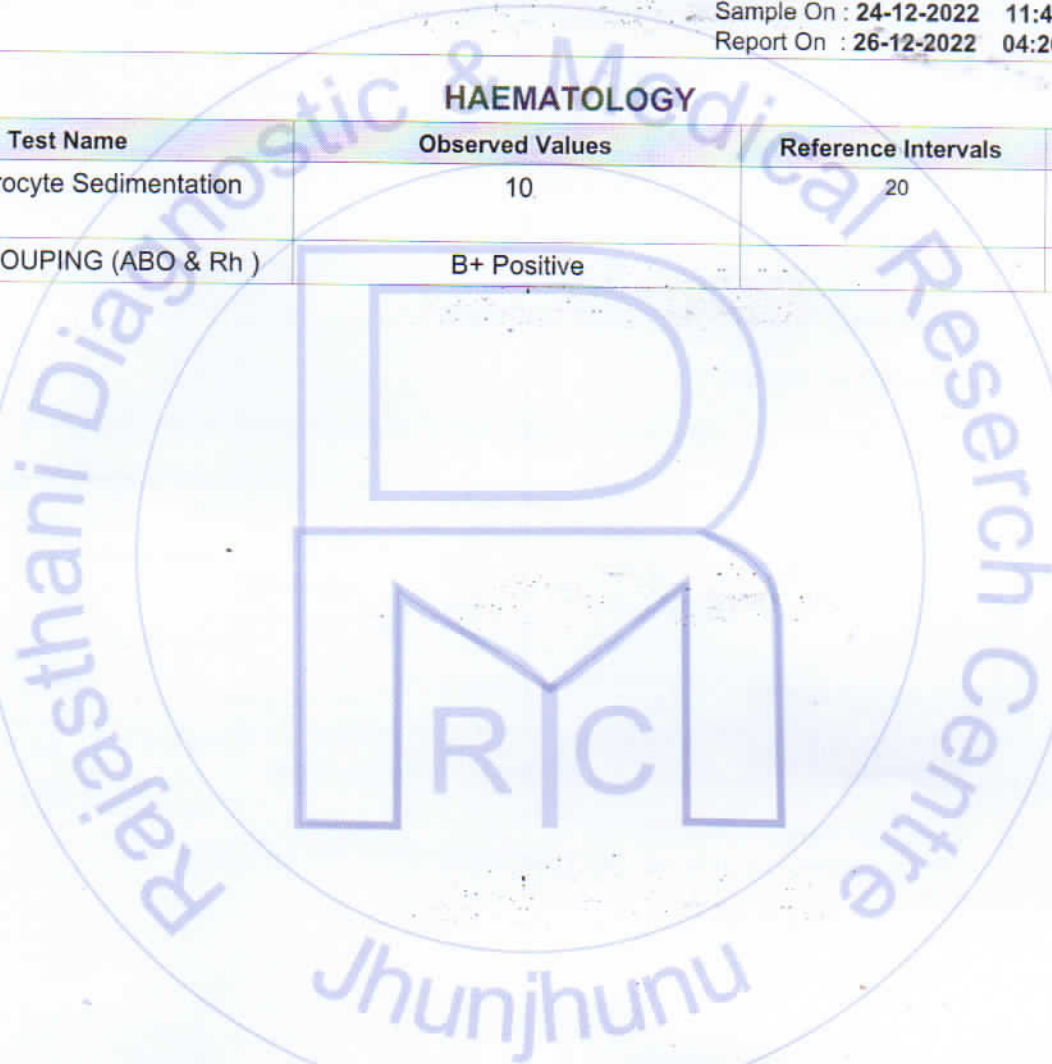
## Laboratory Report

Name : REKHA MEENA  
 Gender : FEMALE  
 Ref. By Dr : BANK OF BARODA

Sr. Number : 52852  
 Invoice Date : 24-12-2022 11:41 AM  
 Registration No.: 21333  
 Sample On : 24-12-2022 11:41 AM  
 Report On : 26-12-2022 04:20 PM

### HAEMATOLOGY

Test Name	Observed Values	Reference Intervals	Units
ESR (Erythrocyte Sedimentation Rate)	10	20	mm/hr
BLOOD GROUPING (ABO & Rh)	B+ Positive		



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 Dr. NIDA FAHMI  
 M.D.S. Pathology  
 Reg. No. A-4048  
**24/7**  
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 BMC No. : 4730  
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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



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### HAEMATOLOGY

#### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	4.80	< 6.50 Non-Diabetic 6.50 - 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)	91.06		mg/dL

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 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.

### BIO-CHEMISTRY

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	94.00	60-110	mg/dL
BUN (Blood Urea Nitrogen)	16.00	13 - 45	mg/dL

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### BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	29.00	13-45	mg/dL
Creatinine	0.96	0.4-1.4	mg/dL
Calcium	9.10	8.5-11	mg/dL
Uric Acid	3.80	2.4-7.2	mg/dL

### Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
SGOT/AST(Tech.:UV Kinetic)	24.00	5-40	U/L
SGPT/ALT(Tech.:UV Kinetic)	28.00	5-40	U/L
Bilirubin(Total)(Tech.:Jendrassik Grof)	0.80	0.1-1.1	mg/dL
Bilirubin(Direct)	0.20	0-0.3	mg/dL
Bilirubin(Indirect)	0.60	0.1-1.0	mg/dL
Total Protein(Tech.:Biuret)	6.14	6-8	gm/dL
Albumin(Tech.:BCG)	3.52	3.5-5	gm/dL
Globulin(CALCULATION)	2.62	2.5-4.5	gm/dL
A/G Ratio(Tech.:Calculated)	1.34	1.2-2.5	
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	178.0	108-306	U/L

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### BIO-CHEMISTRY LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	180.00	110-260	mg/dL
HDL Cholesterol	42.00	35-88	mg/dL
Triglycerides	102.00	40-170	mg/dL
LDL Cholesterol	117.60	0-150	mg/dL
VLDL Cholesterol	20.40	0-45	mg/dL
TC/HDL Cholesterol Ratio	4.29	2.5-5	Ratio
LDL/HDL Ratio	2.80	1.5-3.5	Ratio

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### THYROID HORMONES T3, T4, TSH (THYROID PROFILE)

Test Name	Observed Values	Reference Intervals	Units
T3 (Total Triiodothyronine)	0.89	0.5 - 1.5 ng/ML	ng/ML
T4 (Total Thyroxine)	8.24	4.60-12.50 µg/dL	µg/dL
TSH (Thyroid Stimulating Hormone)	1.48	0.35 -- 5.50 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

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.

#### 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 :-

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Signature

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