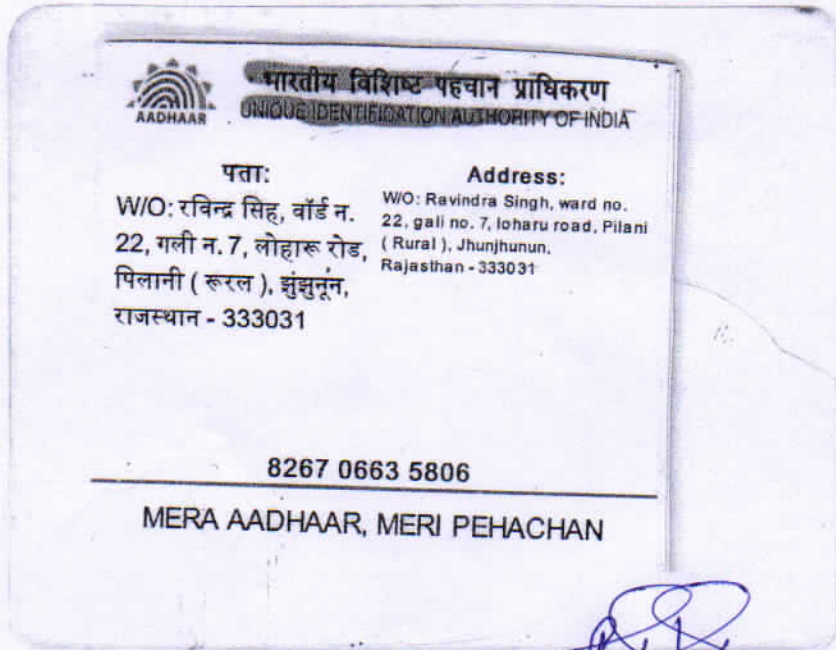
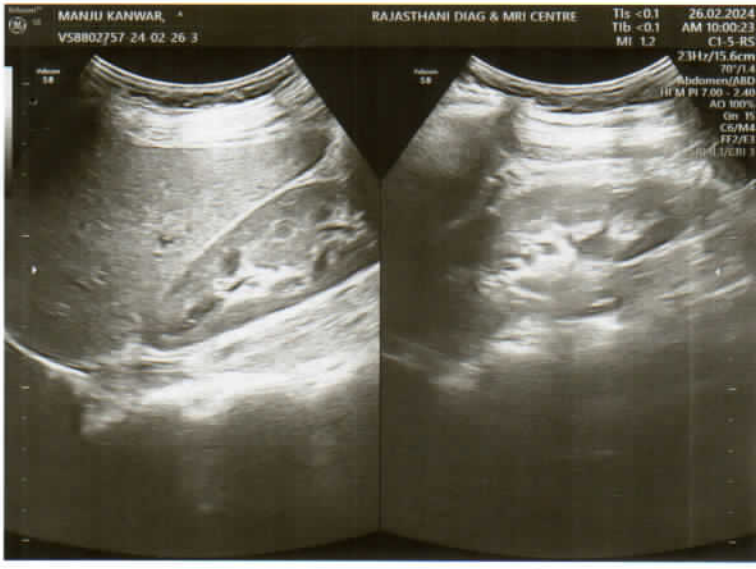




Manju Kanwar 8949521524



Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu





RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

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TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	MANJU KANWAR	AGE-	SEX: F
REF/BY:	BOB HEALTH CHECKUP	DATE	26-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.

Uterus: is bulky in size 9.5x7.1x7.4 cm, regular in shape and outline. Uterus is anteverted and ante flexed. Endometrium is normal in thickness. Fibroid measuring approx 43x46 mm seen at anterior wall.

Adenexa: Both adenexal regions are seen normal. No focal mass or lesion is seen. Bilateral ovaries are normal in appearance.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

IMPRESSION:

- ❖ Bulky uterus with fibroid.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MD RADIODIAGNOSIS

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



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THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE



Name: Manju Kanwar
Patient ID: [redacted]

Date of birth: 15.01.1985
Gender: Female
Height: [redacted]
Weight: [redacted]
Ethnicity: Undefined
Pacemaker: Unknown

Visit ID: [redacted]
Room: [redacted]
Medication: [redacted]
Order ID: [redacted]
Ord. prov.: [redacted]
Ord. prot.: [redacted]

Indication: [redacted]
Remark: [redacted]

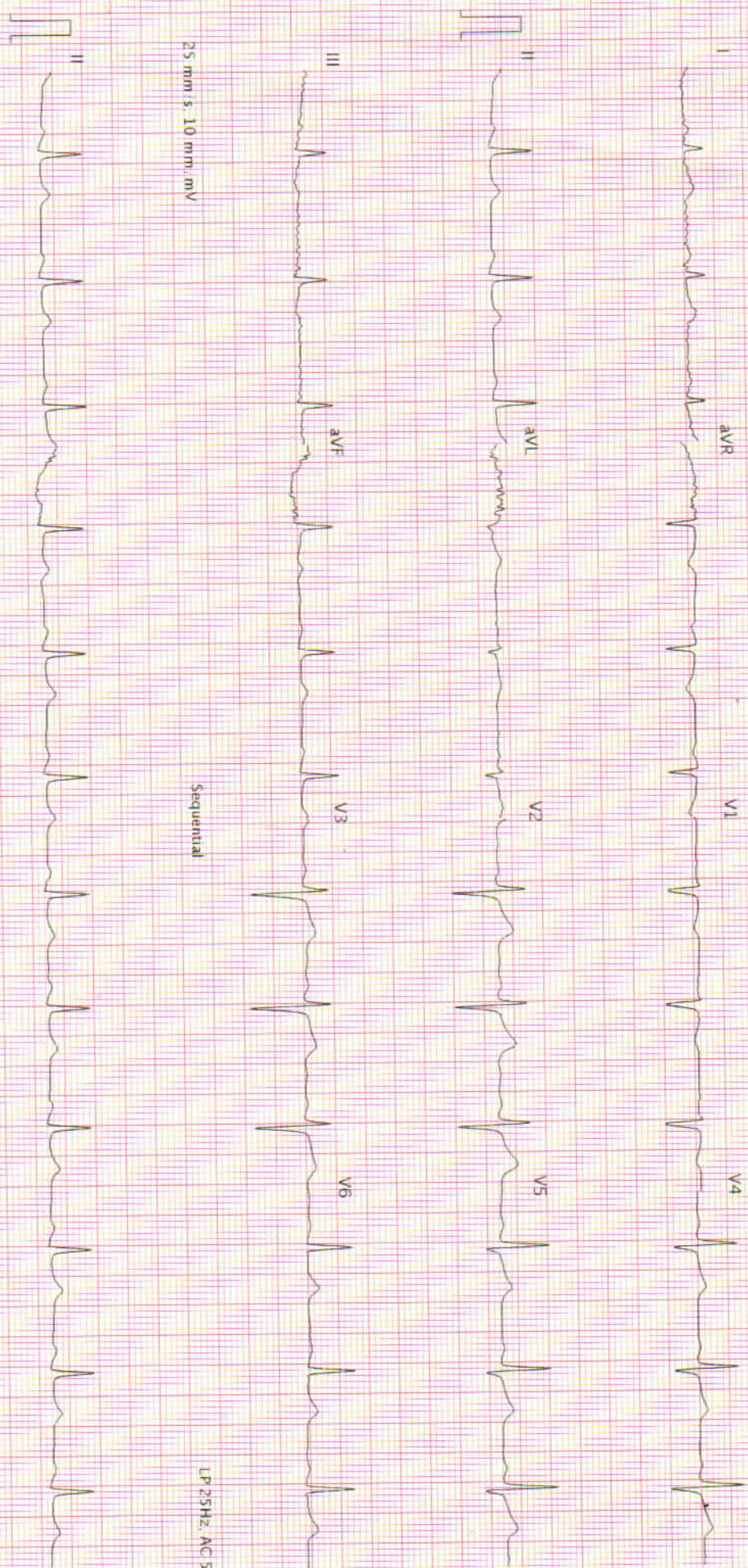
26.02.2024 10:39:18
Standard 12-Lead

HR	74 bpm	RR	815 ms
P axis	38°	PR	89 ms
QRS axis	65°	QR	142 ms
T axis	36°	QT	88 ms
		QTc	385 ms
		QTcB	426 ms

Normal

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Jhunjhunu (Raj.)
Sinus rhythm
Normal electrical axis
Normal ECG
Unconfirmed report


Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu



25 mm/s, 10 mm/mV
AT 102 G2 1 2 0 (1080 009831)

Printed on 26.02.2024 10:39:34



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NAME : MANJU KANWAR	AGE 39 /SEX F
REF. BY : BOB HEALTH CHECK-UP	DATE: 26.02.2024

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 (RADIODIAGNOSIS)

RMC -38742/25457



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MEMOGRAPHY

Hematology Analysis Report

First Name: MANJU KANWAR Sample Type:

Sample ID: 2

Last Name:

Department:

Test Time: 26/02/2024 09:39

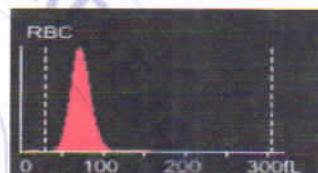
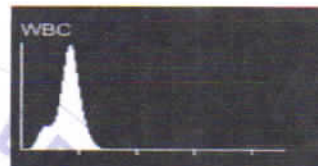
Gender: Female

Med Rec. No.:

Diagnosis:

Age: 39 Year

Parameter	Result	Ref. Range	Unit
1 WBC	6.38	4.00-10.00	10 ³ /uL
2 Neu%	63.0	50.0-70.0	%
3 Lym%	28.3	20.0-40.0	%
4 Mon%	4.6	3.0-12.0	%
5 Eos%	3.8	0.5-5.0	%
6 Bas%	0.3	0.0-1.0	%
7 Neu#	4.02	2.00-7.00	10 ³ /uL
8 Lym#	1.81	0.80-4.00	10 ³ /uL
9 Mon#	0.29	0.12-1.20	10 ³ /uL
10 Eos#	0.24	0.02-0.50	10 ³ /uL
11 Bas#	0.02	0.00-0.10	10 ³ /uL
12 RBC	4.34	3.50-5.50	10 ⁶ /uL
13 HGB	9.1	11.0-16.0	g/dL
14 HCT	33.5	37.0-54.0	%
15 MCV	77.2	80.0-100.0	fL
16 MCH	21.0	27.0-34.0	pg
17 MCHC	27.1	32.0-36.0	g/dL
18 RDW-CV	13.5	11.0-16.0	%
19 RDW-SD	43.2	35.0-56.0	fL
20 PLT	236	100-300	10 ³ /uL
21 MPV	9.3	6.5-12.0	fL
22 PDW	11.5	9.0-17.0	fL
23 PCT	0.221	0.108-0.282	%
24 P-LCR	32.1	11.0-45.0	%
25 P-LCC	76	30-90	10 ³ /uL



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

Submitter:

Draw Time: 26/02/2024 09:39 Operator: service Approver:

Report Time: 26/02/2024 11:30 Received Time: 26/02/2024 09:39 Validated Time:

Remarks:

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



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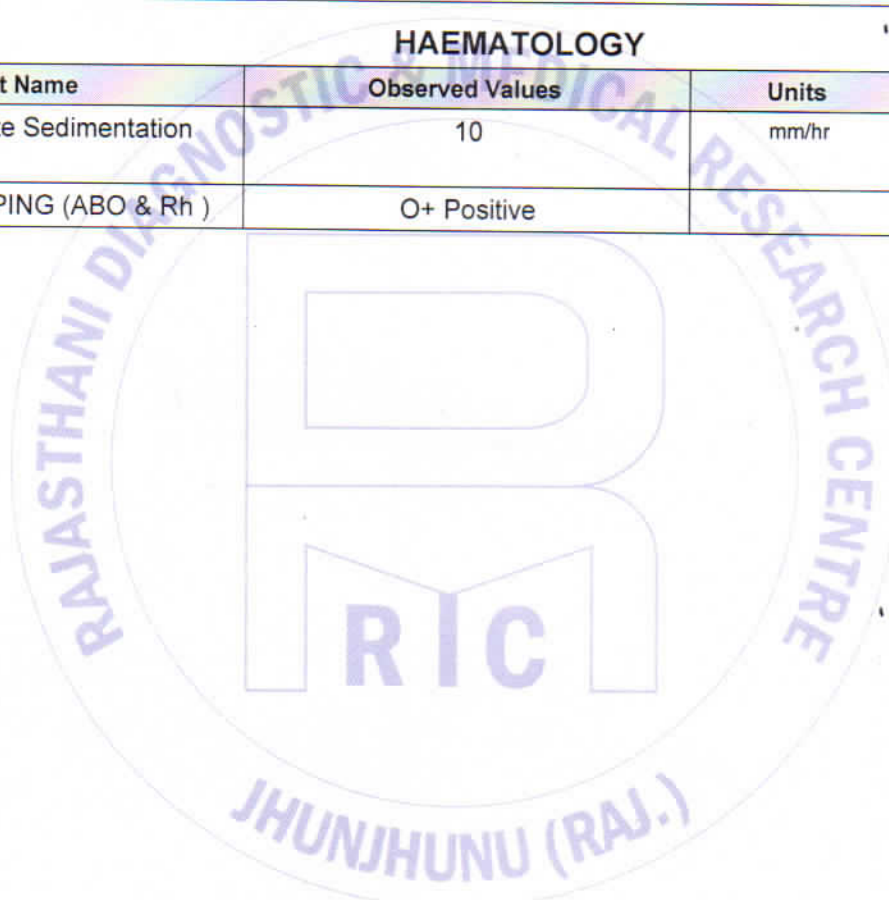
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 Sr. No. : 1974
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 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



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HAEMATOTOLOGY

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



Ashish sethi

Dr. Ashish Sethi
 Consultant Biochemist

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

B-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977

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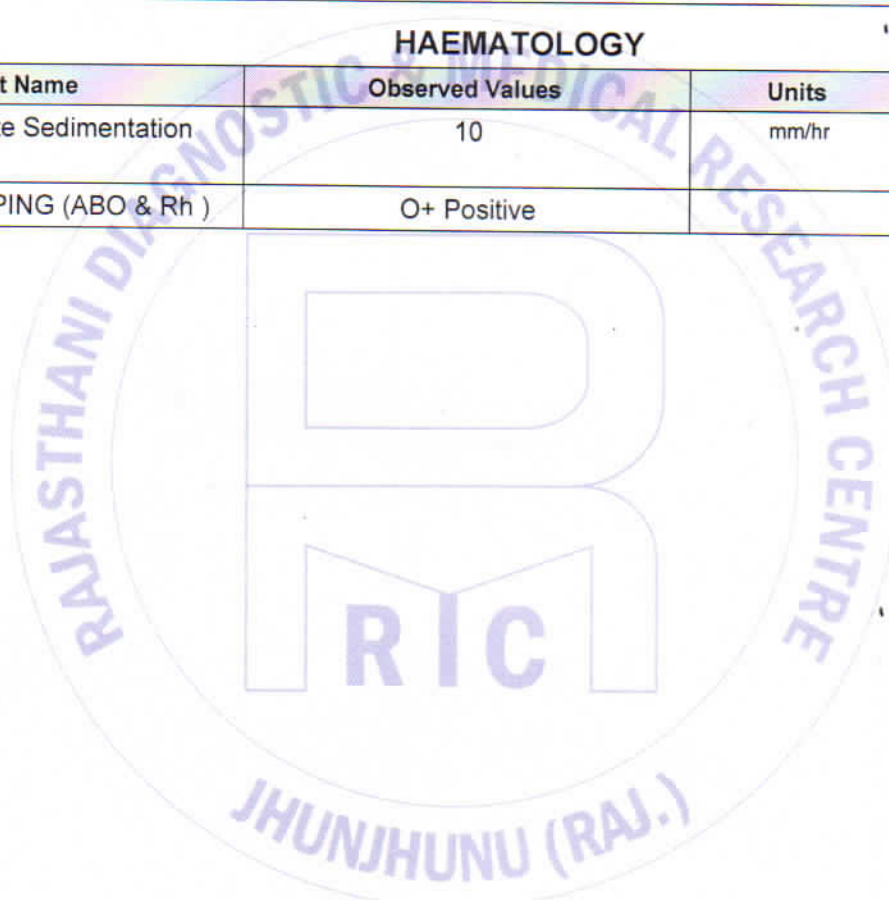
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Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	10	mm/hr	20
BLOOD GROUPING (ABO & Rh)	O+ Positive		



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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.00	%	< 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)	5.37	mmol/L	
eAG (Estimated Average Glucose)	96.80	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 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.



Ashish sethi

Dr. Ashish Sethi
Consultant Biochemist

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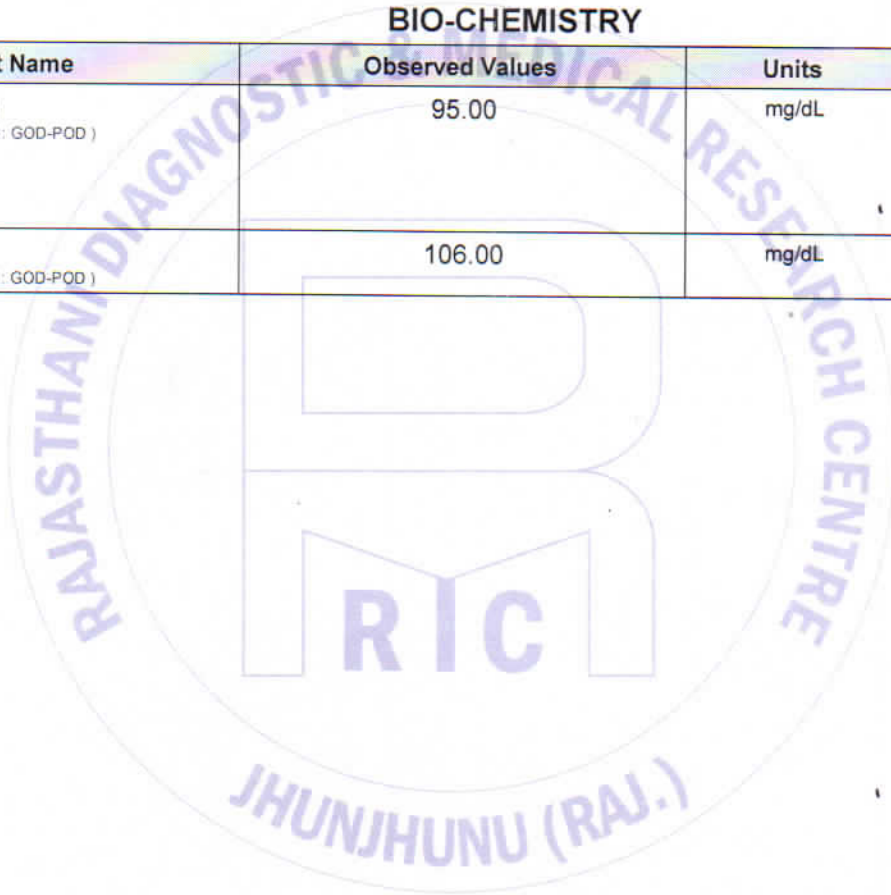
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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method : GOD-POD)	95.00	mg/dL	Glucose Fasting Cord: 45-96 New born, 1d: 40 -60 New born, >1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121
Blood Sugar PP (Method : GOD-POD)	106.00	mg/dL	Glucose 2 h Postparandial: <120



Ashish Sethi
 Dr. Ashish Sethi
 Consultant Biochemist

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BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	32.00	mg/dL	Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-36 4-13 years : 15-36 13-19 years : 18-45
Creatinine (Method : Enzymatic Creatininase)	0.98	mg/dL	0.6--1.30
Calcium	10.25	mg/dL	8.5--11
Uric Acid (Method : Uricase-POD)	4.61	mg/dL	2.4--7.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	24.06	IU/L	15.0--85.0



Ashish Sethi
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 Dr. Mamta Khutera
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BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:UV Kinetic)	16.00	U/L	5-40
SGPT/ALT(Tech.:UV Kinetic)	22.00	U/L	5-40
Bilirubin(Total) (Method : Diazo)	0.87	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day :1-8, 1-2 days : 6-12, 3-5 days : 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days : 6-10, 3-5 days : 4-8
Bilirubin(Direct)	0.15	mg/dL	0-0.3
Bilirubin(Indirect)	0.72	mg/dL	0.1-1.0
Total Protein (Method : BIURET Method)	7.01	g/dL	Adults : 6.4 - 8.3 Premature : 3.6 - 6.0 Newborn : 4.6 - 7.0 1 Week : 4.4 - 7.6 7-12 months : 5.1 - 7.3 1-2 Years : 5.6 - 7.5 > 2 Years : 6.0 - 8.0
Albumin(Tech.:BCG) (Method : BCG)	3.99	gm/dL	0-4 days:2.8-4.4 4d-14 yrs: 3.8-5.4 14y-18y : 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.02	gm/dL	2.5-4.5
A/G Ratio(Tech.:Calculated)	1.32		1.2 - 2.5
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	168.00	U/L	108-306



Ashish sethi

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BIO-CHEMISTRY LIPID PROFILE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	165.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	44.02	mg/dL	35-65
Triglycerides (Method: GPO)	116.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	97.78	mg/dL	10-150
VLDL Cholesterol	23.20	mg/dL	0-40



Ashish sethi

Dr. Ashish Sethi
Consultant Biochemist

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Dr. Mamta Khater
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Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	165.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	44.02	mg/dL	35--65
Triglycerides (Method: GPO)	116.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	97.78	mg/dL	10--150
VLDL Cholesterol	23.20	mg/dL	0--40



Ashish sethi

Dr. Ashish Sethi
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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.88	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	9.54	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.41	µIU/mL	0.35 -- 5.50 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.



Ashish sethi
 Dr. Ashish Sethi
 Consultant Biochemist

आपातकालीन सेवार्

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUPOSE

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

T&C : * This Reports Not Valid For Medico Legal Purposes. * Identification and name of person is not our responsibility.

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B-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977



RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

Patient Name: **MANJU KANWAR**
 Sr. No. : 1974
 Patient ID No.: 2607
 Age : 39 Gender : FEMALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 26-02-2024 10:00 AM
 Collected On : 26-02-2024 10:00 AM
 Received On : 26-02-2024 10:00 AM
 Reported On : 26-02-2024 12:35 PM
 Bar Code 
 LIS Number 2 5 3 0

URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity		ml	
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.5		4.5-6.5
CHEMICAL			
Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	4-6	/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	Nil	/h.p.f.	
Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

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

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