

MR. RAJENDRA RATHOR

38 YEARS / MALE

BOB

25-11-2023

Height: 169 Cms

Weight: 59 Kg

BP: - 144/83 mmhg

Pulse: - 82/- Regular

BMI: - 20.7 kg/m<sup>2</sup>

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

1. FIT
2. UNFIT on account of



*Dr. D. S. Chhabra*  
M.B.B.S.  
Reg. No. - 5007

DR. D.S. CHHABRA

MBBS. MD.

MR. RAJENDRA RATHOR  
BANK OF BARODA38 Years /M  
25-11-2023**HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	15.1	13 - 18 gm%
R.B.C. Count	5.27	4.5 - 5.5 milli./cu.mm
PCV	45.2	40 - 50 %
MCV	85.77	80 - 95 fl
MCH	28.65	27 - 32 pg
MCHC	33.41	31.5 - 34.5 %
TOTAL WBC COUNT	7,700	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	57	40 - 75 %
Lymphocytes	38	20 - 40 %
Monocytes	03	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	2.81	1.5 - 4 Lacs/cu.mm.
E.S.R	13	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

**Dr. POOJA PRAPANNA**  
DR. POOJA PRAPANNA  
M.D.

Note :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.  
A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

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38 Years /M

BANK OF BARODA

25-11-2023

Test Name	Results	Normal Range
<b>BIOCHEMISTRY</b>		
FASTING BLOOD SUGAR	92.0	70 - 110 mg/dl
CREATININE	1.11	0.6 - 1.4 mg\dl
UREA	20.0	10 - 45 mg\dl
URIC ACID	5.52	3.5 - 7 mg\dl
TOTAL PROTEIN	7.80	6.0 to 8.0 g/dl
ALBUMIN	4.00	3.2 to 5.0 g/dl
GLOBULIN	3.8	1.9 to 3.5
A:G RATIO	1.05	1.2 TO 2.3
ALKALINE PHOSPHATE	63.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL BILIRUBIN	0.86	0 - 1 mg/dl
DIRECT BILIRUBIN	0.12	<0.25 mg/dl
INDIRECT BILIRUBIN	0.74	< 1.0 mg/dl
GAMA GT	28.0	5 - 43 Iu/l
S.G.O.T	30.0	0 - 45 IU/L
S.G.P.T	33.0	0 - 45 IU/L

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BANK OF BARODA38 Years /M  
25-11-2023**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	482	400 - 700 mg/dl
CHOLESTROL	170.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	46.0	35- 60 mg/dl
TRIGLYCERIDE	92.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	105.6	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	18.4	<40 mg/dl
RISK RATIO	3.7	3 - 6

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**MR. RAJENDRA RATHOR****38 Years /M****BANK OF BARODA****25-11-2023**

Test Name	Results	Normal Range
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**HAEMATOLOGY PROFILE**

<b>HBA1C</b>	<b>5.5</b>	<b>Normal 4-6 % Good Control 6-7 % Fair Control 7-8 % Unsatisfactory Control 8-10 % Poor Control Above 10 %</b>
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<b>BLOOD GROUP</b>	<b>: -</b>
<b>"ABO " GROUP</b>	<b>"O"</b>
<b>Rh (D) Factor</b>	<b>Positive</b>

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

**Dr. POOJA PRAPANNA****DR. POOJA PRAPANNA****M.D.**

MR. RAJENDRA RATHOR  
BANK OF BARODA38 Years /M  
25-11-2023**URINE EXAMINATION**

Test Name	Results	Normal Range
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
<b>CHEMICAL EXAMINATION</b>		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
<b>MICROSCOPIC EXAMINATION</b>		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

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M.D.

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4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

MR.RAJENDRA RATHOR

38 Yrs./M.

BOB

25th Nov, 2023

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.



DR.D.S.CHHABRA.  
M.D.

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ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **early fatty changes**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [ measure about 10.5 cms. in length ], shape and echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is of normal size (around 18 gms.) & is normal in echostructure.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Early fatty changes in liver.



DR.D.S.CHHABRA.  
M.D.





## LABORATORY REPORT



Name : <b>Mr. RAJENDRA RATHORE</b>	Sex/Age : <b>Male / 38 Years</b>	Case ID : <b>31101605998</b>
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : <b>UNIQUE DIAGNOSTIC CENTRE INDORE</b>		Pt. Loc. :
Reg Date and Time : <b>25-Nov-2023 11:24</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>25-Nov-2023 11:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 :
Report Date and Time : <b>25-Nov-2023 12:42</b>	Acc. Remarks : <b>-</b>	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b> <small>CMIA</small>	<b>79.15</b>	ng/dL	58 - 159	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>5.68</b>	µg/dL	4.6 - 10.5	
<b>TSH</b> <small>CMIA</small>	<b>1.04</b>	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


**Dr. Soma Yadav**  
M.D. (Pathology)

**Dr. A Mishra**  
M.D. Microbiology

Printed On : 25-Nov-2023 13:48



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**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Soma*

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Prostate Specific Antigen (PSA)</b>	<b>1.06</b>	<b>ng/mL</b>	<b>0.00 - 4.00</b>	

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0
*% of population					

**Use**  
 The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.  
 Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.  
 Prostate biopsy is required for the diagnosis of cancer.

**FREE PSA:TOTAL PSA**

Males:  
 When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Shobhna Agrawal**  
 MD. Pathologist

**Dr. A Mishra**  
 M.D. Microbiology

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# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Page 4 of 4

**Neuberg Supratech Reference Laboratories Private Limited**

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**DR. PRIYANK JAIN**  
M.D.,D.M.  
CONSULTANT CARDIOLOGIST

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INDORE - 452 001. ( M. P. ).  
Phone : 2704118. 4082228

## ECHOCARDIOGRAPHY REPORT

NAME : MR. RAJENDRA RATHOR Age : 38 Yrs./ M  
REFERRED BY : BANK OF BARODA Date : 25th Nov, 2023

### ECHOCARDIOGRAPHIC OPINION

#### INTERPRETATION :-

- \*\* Normal sized cardiac chambers.
- \*\* Normal biventricular functions. LVEF : 60 %.
- \*\* Normal cardiac valves.

**Dr. PRIYANK JAIN**  
M.B.B.S., M.D., D.M.  
Reg. No. 19547



**DR. PRIYANK JAIN. M.D., D.M.**

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## TWO DIMENSIONAL ECHOCARDIOGRAPHY

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M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

Aortic cusps are not thickened and enclosure line is central.

Aortic valve has three cusps and its opening is not restricted.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.

## MEASUREMENTS :

[C] DIMENSIONS	OBSERVED VALUES	Normal Values (For Adults)
1. Aortic Root diameter	: 2.0 cms.	2.0-3.7 cm < 2.2 cm / M <sup>2</sup>
2. Aortic Valve Opening	: 1.6 cms.	1.5-2.6 cm
3. Right Ventricular Dimension	: --	
4. Left Atrial Dimension	: 2.4 cms.	1.9-4.0 cm < 2.2 cm / M <sup>2</sup>
5. Left Ventricular ED Dimension	: 4.1 cms.	3.7-5.6 cm < 3.2 cm / M <sup>2</sup>
6. Left Ventricular ES Dimension	: 2.3 cms.	2.2-4.0 cm
7. Inter Ventricular ED Septal thickness	: 1.2 cms.	0.6-1.2 cm
8. Left Ventricular ED PW thickness	: 1.2 cms.	0.5-1.0 cm
9. IVS / LVPW	: 01	< 1.3

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[E] INDICES OF LEFT VENTRICULAR FUNCTION		
1. Mitral E - Septal Separation	: 0.5	< 0.9- cm
2. Left Ventricular Ejection Fraction	: 60 %	60 - 80 %

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## DOPPLER

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	Peak Flow Velocity ( M/Sec.)	Peak Gradient ( mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal

\*\*\*\*\*






राजेंद्र राठी  
 Rajendra Rathor  
 जन्म तिथि/DOB: 01/12/1984  
 लिंग/ GENDER: MALE

9379 9365 6117  
 VID : 9154 6600 2256 1611

मेरा आधार, मेरी पहचान

**F. D. S. Chhabr**  
 M. B. B. S. C.  
 Reg. No. - 50002

UNIQUE DIAGNOSTIC CENTRE  
 45% Jaera  
 Compound  
 M V Hospital, INDORE




Unique Identification Authority of India

पता:  
 S/O रमेश चंद्र राठी, वार्ड 10, देवरा चौक सदर बाजार,  
 मन्दासूर, मध्य प्रदेश - 458339

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 Devara Chowk sadar Bajar, Malsargarh,  
 Mandasaur,  
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9379 9365 6117  
 VID : 9154 6600 2256 1611

1947 | help@uidai.gov.in | www.uidai.gov.in

*Rajendra*

MR. Rajendra Rathor

25-11-2023 10:36:22  
aVR

10mm/mV 0.25-35Hz AC50



Rajendra

CARDIART

MMD

DR. PRANK JAIN  
MBBS, MD, DM  
Reg. No. 19547

UNIQUE DIAGNOSTIC CENTRE  
45, Park Road  
Ludhiana  
141 001, Punjab  
INDIA

ID	: 231125-1036	Minnesota Code:	9-4-1(V3)
Name	:	Diagnosis Information:	800: Sinus Rhythm
Age	: 38 yr		***Normal ECG***
Sex	: Male		
BP	:		
Height	: mmHg		
Weight	: cm		
HR	: 82 bpm		
P Dur	: 94 ms		
PR int	: 127 ms		
QRS Dur	: 103 ms		
QT/QTc int	: 341/399 ms		
P/QRS/T axis	: 57/75/40 °		
RV5/SV1 amp	: 2.103/0.728 mV		
RV5+SV1 amp	: 2.831 mV		
RV6/SV2 amp	: 1.690/1.177 mV		

Report Confirmed by:

# UNIQUE DIAGNOSTIC CENTRE INDORE

25 Nov 2023  
Name : MR. RAJENDRA RATHOR

Ref. by : BANK OF BARODA  
Done by : DR. PRIYANK JAIN M.D.D.M.

