



 भारत सरकार  
 Government of India
 
 आधार

Download Date: 18/03/2020
 
 Issue Date: 12/01/2018

रवीन्द्र सिंह  
 Ravindra Singh  
 जन्म तिथि/DOB: 04/02/1983  
 पुरुष/ MALE

**7746 0270 8327**  
 VID : 9131 9461 4593 7064

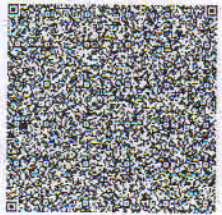
मेरा आधार, मेरी पहचान

  
 17-04-2024/8W


 भारतीय विभिन्न पहचान प्राधिकरण  
 Unique Identification Authority of India
 
 AADHAAR


पता:  
 S/O: निरंजन सिंह, वार्ड नो-22, गली नो-7, लोहार  
 पारा, पिलानी (रूरल), जून्जुनुरी,  
 होस्पिटल - 333031

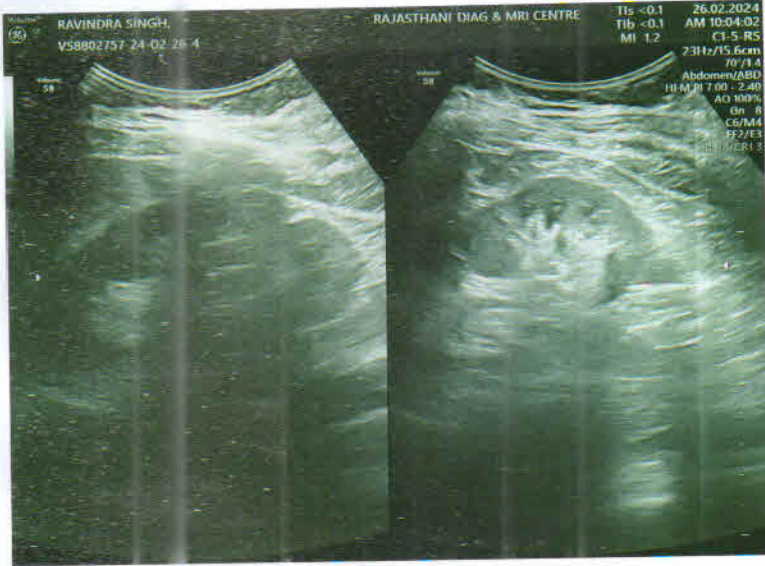
**Address:**  
 S/O: Niranjan Singh, Ward No-22, Gali No-7,  
 Loharu Road, Pillani ( Rural ), Jhunjhunu,  
 Rajasthan - 333031



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 VID : 9131 9461 4593 7064

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

  
 Rajasthani Diagnostic &  
 Medical Research Centre  
 Jhunjhunu



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# RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECC

MAMOGRAPHY

NAME	RAVINDRA SINGH	AGE-	SEX: M
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.

**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)



आपातकालीन सेवाएं

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE



Name: Mr. Singh Ravindra  
Patient ID:

26.02.2024 10:30:50  
Standard 12-Lead

Rajasthan Diagnostic & MR Centre  
B-110, Subhash Marg, Indira Nagar, Mandawa, Mod  
Jhunjhunu (Raj.)

Date of birth: 04.02.1983  
Gender: Male  
Height: Undefined  
Weight: Unknown  
Ethnicity: Unknown  
Pacemaker:

Visit ID:  
Room:  
Medication:  
Order ID:  
Ord. prov:  
Ord. prol:

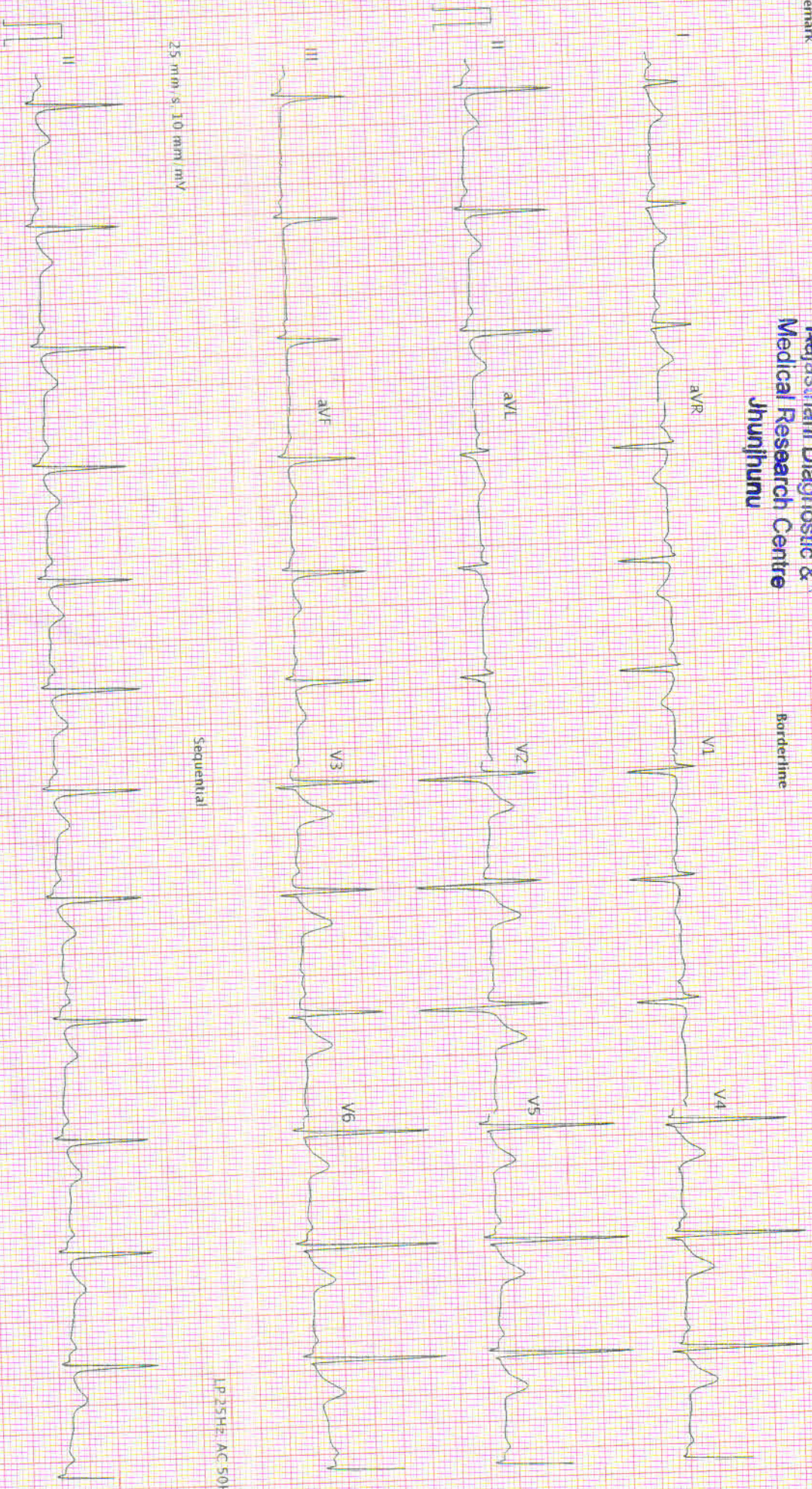
HR 74 bpm

RR	815 ms
P	97 ms
PR	151 ms
QRS	93 ms
QT	380 ms
QTcB	421 ms
P axis	29°
QRS axis	69°
T axis	30°

Normal rhythm  
Normal electrical axis  
Moderate amplitude criteria for left ventricular hypertrophy  
Nonspecific ST abnormality (elevation)  
Borderline ECG  
Unconfirmed report

*[Signature]*  
Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu

Borderline



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

LP 25Hz, AC 50Hz



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NAME : RAVINDRA SINGH	AGE 41 /SEX M
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 (RADIOLOGIST)

RMC -38742/25457



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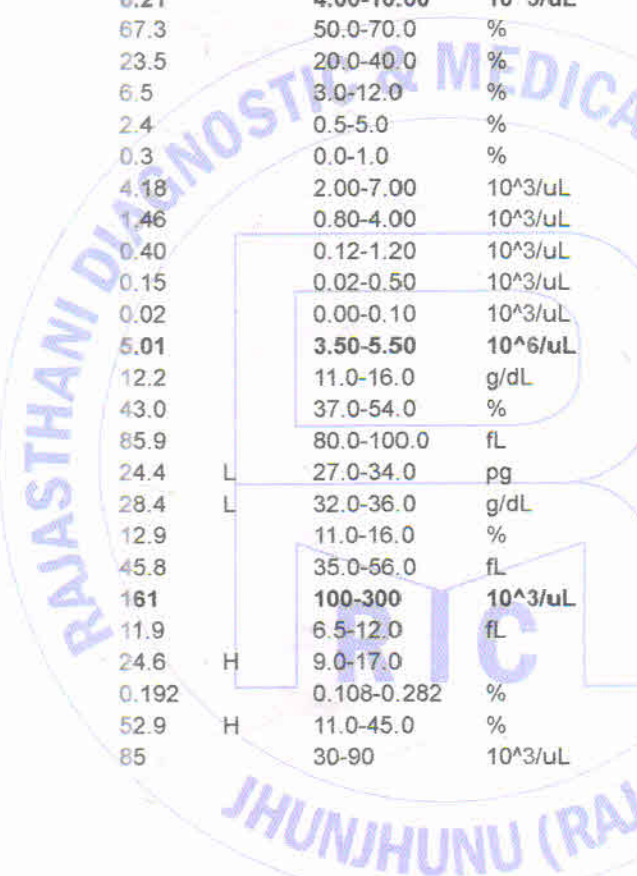
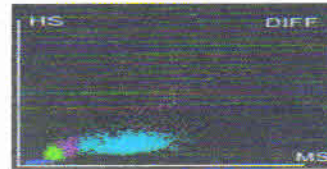
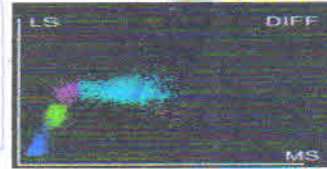
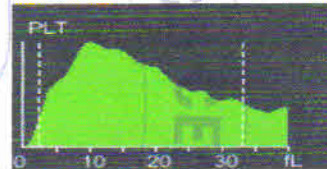
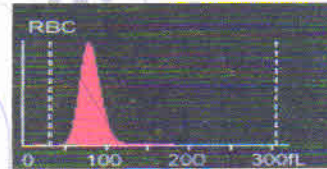
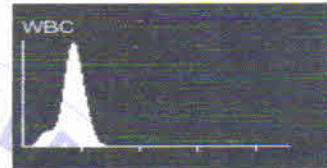
**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY**

## Hematology Analysis Report

First Name: RAVINDRA SINGH Sample Type:  
 Last Name: Department:  
 Gender: Male Med Rec. No.:  
 Age: 41 Year

Sample ID: 3  
 Test Time: 26/02/2024 09:42  
 Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	6.21	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	67.3	50.0-70.0	%
3 Lym%	23.5	20.0-40.0	%
4 Mon%	6.5	3.0-12.0	%
5 Eos%	2.4	0.5-5.0	%
6 Bas%	0.3	0.0-1.0	%
7 Neu#	4.18	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	1.46	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.40	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.15	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.02	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	5.01	3.50-5.50	10 <sup>6</sup> /uL
13 HGB	12.2	11.0-16.0	g/dL
14 HCT	43.0	37.0-54.0	%
15 MCV	85.9	80.0-100.0	fL
16 MCH	24.4 L	27.0-34.0	pg
17 MCHC	28.4 L	32.0-36.0	g/dL
18 RDW-CV	12.9	11.0-16.0	%
19 RDW-SD	45.8	35.0-56.0	fL
20 PLT	161	100-300	10 <sup>3</sup> /uL
21 MPV	11.9	6.5-12.0	fL
22 PDW	24.6 H	9.0-17.0	%
23 PCT	0.192	0.108-0.282	%
24 P-LCR	52.9 H	11.0-45.0	%
25 P-LCC	85	30-90	10 <sup>3</sup> /uL



*Mamta Khuteta*  
 Dr. Mamta Khuteta  
 M D. (Path.)  
 P.M.C. No. - 4720/16260

Submitter: Operator: service Approver:  
 Draw Time: 26/02/2024 09:42 Received Time: 26/02/2024 09:42 Validated Time:  
 Report Time: 26/02/2024 11:30 Remarks:

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



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



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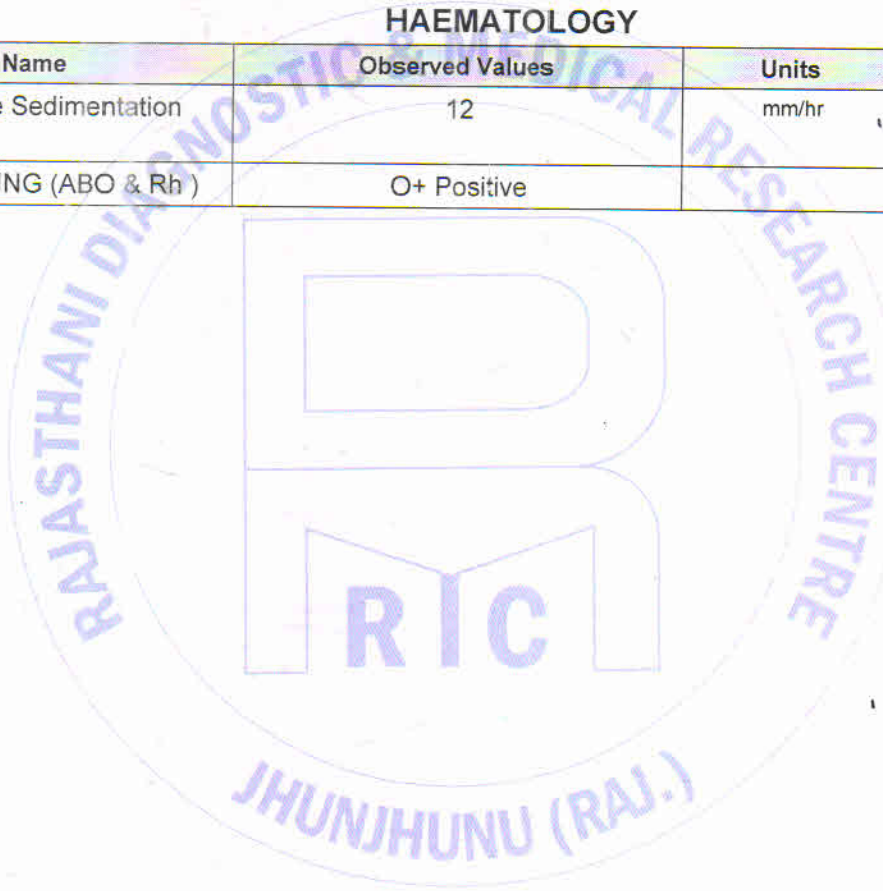
Patient Name: **RAVINDRA SINGH**  
 Sr. No. : **1975**  
 Patient ID No.: **2608**  
 Age : **41** Gender : **MALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **26-02-2024 11:00 AM**  
 Collected On : **26-02-2024 11:00 AM**  
 Received On : **26-02-2024 11:00 AM**  
 Reported On : **26-02-2024 12:39 PM**  
 Bar Code   
 LIS Number 2 5 3 1

## HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	12	mm/hr	20
BLOOD GROUPING (ABO & Rh)	O+ Positive		



*Ashish sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

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

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## HAEMATOLOGY

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.66	%	< 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)	4.83	mmol/L	
eAG (Estimated Average Glucose)	87.04	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 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 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.



*Ashish Sethi*

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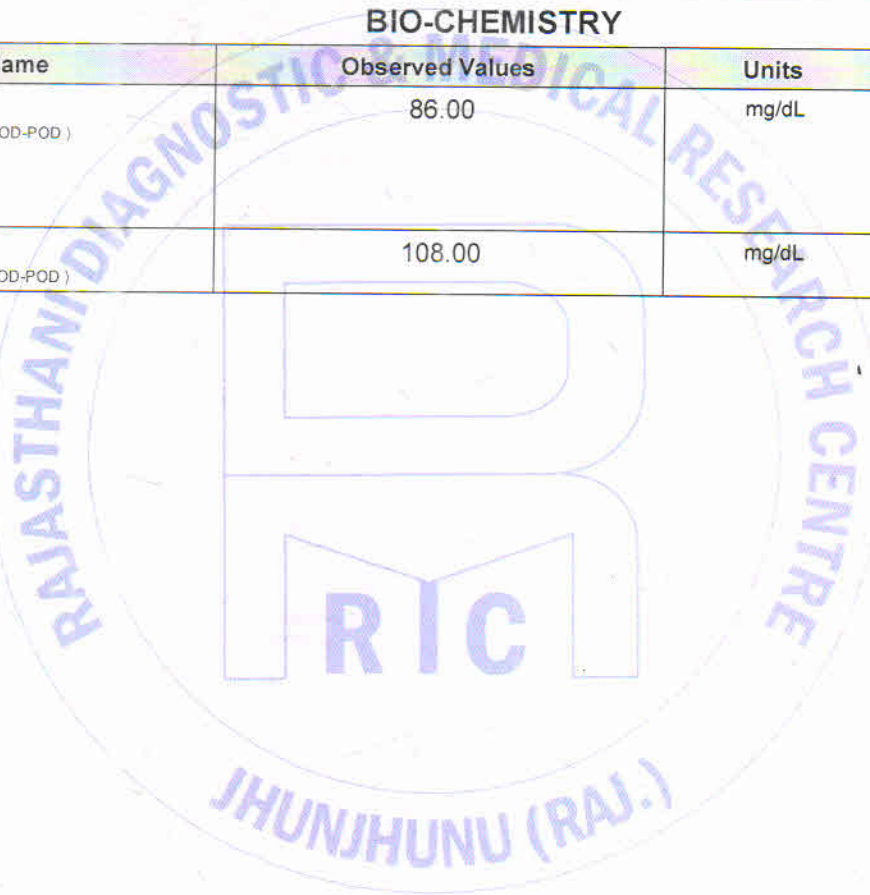
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## BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	86.00	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)	108.00	mg/dL	Glucose 2 h Postprandial: <120



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## BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	30.00	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)	0.89	mg/dL	0.6-1.30
Calcium	10.62	mg/dL	8.5-11
Uric Acid (Method : Uricase-POD)	5.24	mg/dL	2.4-7.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	29.41	IU/L	15.0-85.0



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## BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	H 42.00	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	H 58.00	U/L	5-40
Bilirubin(Total) (Method: Diazo)	0.95	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)	0.22	mg/dL	0-0.3
Bilirubin(Indirect)	0.73	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)	3.98	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)	3.03	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.31		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	181.00	U/L	108-306



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## BIO-CHEMISTRY LIPID PROFILE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	186.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	58.00	mg/dL	35--65
Triglycerides (Method: GPO)	139.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	100.20	mg/dL	10--150
VLDL Cholesterol	27.80	mg/dL	0--40



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

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.90	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	8.46	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.66	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 additional, 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.

JHUNJHUNU (RAJ.)



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

T&C : \* This Report is Not Valid For Medico Legal Purposes. Identification and name of person is not our responsibility.  
 \* No part of this report should be reproduced for any purpose. \* Interpret result after considering Age,sex effect of drug and other relevant factor.

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



# RAJSTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

Patient Name: **RAVINDRA SINGH**  
 Sr. No. : 1975  
 Patient ID No.: 2608  
 Age : 41 Gender : MALE  
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 26-02-2024 11:00 AM  
 Collected On : 26-02-2024 11:00 AM  
 Received On : 26-02-2024 11:00 AM  
 Reported On : 26-02-2024 12:39 PM  
 Bar Code   
 LIS Number 2 5 3 1

## IMMUNOLOGY

Test Name	Observed Values	Units	Reference Intervals
PSA (Prostate-Specific Antigen)	0.63	ng/mL	NORMAL 0 - 4.00 Borderline 4 - 10 High More than 10.00

Method : Fluorescence Immunoassay Technology

Sample Type : Serum / Plasma / Whole Blood

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT- i1000 PLUS ) Abbott USA

### SUMMARY:-

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

JHUNJHUNU (RAJ.)



*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

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## URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
<b>PHYSICAL</b>			
Quantity		ml	
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.0		4.5-6.5
<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		
<b>MICROSCOPIC</b>			
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.	
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		

&lt;&lt;&lt; END OF REPORT &gt;&gt;&gt;

&gt;&gt;&gt; Results relate only to the sample as received. Kindly correlate with clinical condition. &lt;&lt;&lt;

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*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

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