

भारत सरकार  
Government of India

जयभारत

Issue Date: 04/07/2012

Dinesh Dadheech  
DOB : 25/03/1993  
Male

6264 6141 1171

मेरा आधार, मेरी पहचान

भारतीय विश्वविद्यालय प्राधिकरण  
Unique Identification Authority of India

Address: C/O BABU LAL DADHEECH, Shri Nandbhawan, Behind Naya Bass Club, Naya Bass Club, Ward No 24 Sujangarh, Sujangarh, Churu, Rajasthan, 331507

Print Date: 12/10/2022

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Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu



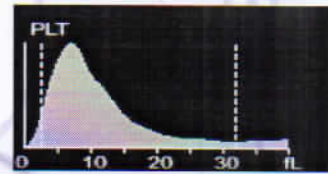
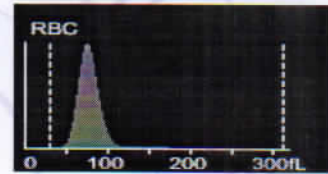
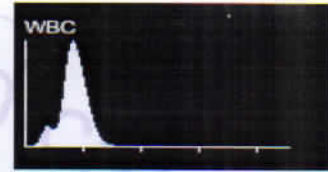
### Hematology Analysis Report

First Name: DINESH  
Last Name: DADHEECH  
Gender: Male  
Age: 30 Year

Sample Type:  
Department:  
Med Rec. No.:

Sample ID: 3  
Test Time: 12/12/2023 10:23  
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	8.17	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	49.1 L	50.0-70.0	%
3 Lym%	36.3	20.0-40.0	%
4 Mon%	7.1	3.0-12.0	%
5 Eos%	6.6 H	0.5-5.0	%
6 Bas%	0.9	0.0-1.0	%
7 Neu#	4.01	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	2.97	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.58	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.54 H	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.07	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	4.95	3.50-5.50	10 <sup>6</sup> /uL
13 HGB	11.8	11.0-16.0	g/dL
14 HCT	40.6	37.0-54.0	%
15 MCV	82.0	80.0-100.0	fL
16 MCH	23.8 L	27.0-34.0	pg
17 MCHC	29.0 L	32.0-36.0	g/dL
18 RDW-CV	12.5	11.0-16.0	%
19 RDW-SD	42.1	35.0-56.0	fL
20 PLT	225	100-300	10 <sup>3</sup> /uL
21 MPV	7.8	6.5-12.0	fL
22 PDW	9.1	9.0-17.0	fL
23 PCT	0.176	0.108-0.282	%
24 P-LCR	20.5	11.0-45.0	%
25 P-LCC	46	30-90	10 <sup>3</sup> /uL



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

Submitter: Operator: admin Approver:  
Draw Time: 12/12/2023 10:22 Received Time: 12/12/2023 10:22 Validated Time:  
Report Time: 13/12/2023 16:59 Remarks:

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# RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY


MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY



NABL CERTIFICATE NO.  
MC-5346

Patient Name: **DINESH DADHEECH**  
Sr. No. : **75700**  
Patient ID No.: **532**  
Age : **30** Gender : **MALE**  
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **12-12-2023 11:08 AM**  
Collected On : **12-12-2023 11:08 AM**  
Received On : **12-12-2023 11:08 AM**  
Reported On : **13-12-2023 05:00 PM**  
Bar Code   
LIS Number 4 5 5

## HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	15	mm/hr	20
BLOOD GROUPING (ABO & Rh )	O+ Positive		



*Ashish sethi*  
Dr. Ashish Sethi  
Consultant Biochemist

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



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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	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.80	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adeqate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	5.05	mmol/L	
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 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

*Mamta Khuteta*

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M.D.(Path.)  
RMC No. 4720/15260



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.  
MC-5346

Patient Name: **DINESH DADHEECH**  
Sr. No. : **75700**  
Patient ID No.: **532**  
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## SEROLOGY

Test Name	Observed Values	Units	Reference Intervals
HbsAg (Australia Antigen)	Negative		

## H.I.V I & II

Test Name	Observed Values	Units	Reference Intervals
HIV I	Negative		
HIV II	Negative		

## BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
 Glucose Fasting (Method : GOD-POD)	98.00	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)	109.00	mg/dL	Glucose 2 h Postparandal: <120

*Ashish sethi*

Dr. Ashish Sethi  
Consultant Biochemist

*Mamta Khuteta*

Dr. Mamta Khuteta  
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RMC No. 4720/16860



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LIS Number : **31 5 5**

## BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
 <b>Blood Urea</b> ( Method : Urease-GLDH )	25.00	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
 <b>Creatinine</b> ( Method : Enzymatic Creatininase )	0.87	mg/dL	0.6--1.30
<b>Calcium</b>	10.52	mg/dL	8.5--11
 <b>Uric Acid</b> ( Method : Uricase-POD )	4.69	mg/dL	2.4--7.2

Test Name	Observed Values	Units	Reference Intervals
<b>Gamma glutamyl transferase (GGT)</b>	21.00	IU/L	15.0--85.0

*Ashish sethi*  
Dr. Ashish Sethi  
Consultant Biochemist

*Mamta Khuteta*  
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M.D.(Path)  
RMC No. 4726/16260



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# RAJASTHANI DIAGNOSTIC & MRI CENTRE




FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.  
MC-5346

Name :- Mr. DINESH DADHEECH  
Sex / Age :- Male 30 Yrs  
Doctor :- MED WHEEL HEALTH  
Client Name :- RAJASTHANI LAB- JHUNJHNU  
Sample Type :- Serum

Patient ID / CCL No :-102343254  
Sample Collected :- 13/12/2023 15:29:02  
Sample Received on: 13-12-2023 15:29:28  
Report Released on: 13-12-2023 16:46:18  
Barcode 

**TEST NAME** **VALUE** **UNIT** **REFERENCE RANGE**

TEST NAME	VALUE	UNIT	REFERENCE RANGE
<b>TFT</b> T3 (TOTAL TRIIODOTHYRONINE) (Tech.-: Chemiluminescence Immunoassay)	128.00	ng/dl	100 - 740 : 0-30 Days 105 - 207 : 1-12 Yrs. 86 - 192 : 13-20 Yrs. 70 - 204 : Adults
T4 (TOTAL THYROXINE) (Tech.-: Chemiluminescence Immunoassay)	7.41	ug/dl	11.80 - 22.60 < 1 Week 9.80 - 16.60 1-4 Wks. 5.50 - 12.10 : 2-12 Yrs. 5.50 - 11.10 : 13-20 Yrs. 4.60 - 12.50 Adults
TSH. (Ultra Sensitive) (Tech.-: Chemiluminescence Immunoassay)	1.08	uIU/ml	0.52 - 16.00 : 1-30 Days 0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults


**INTERPRETATION**

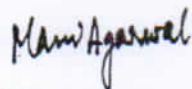
**1. Remark** - Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc.  
**2. Remark** - Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values. 3.Total T3 may decrease by <25 percent in healthy older individuals.  
**3. Remark** - TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc 2.Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g: Iodine, Lithium, and Amiodaron.Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary- adrenal axis. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.

- End of Report



Technologist

  
DR.NIDA FAHMI  
M.D.S., (Path.)  
Reg.No.A-4048

  
DR. Mani Agarwal  
MD. (Path.)  
RMC No 5167/15233

  
DR. ASHISH SETHI  
Consultant Biochemist



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FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY






NABL CERTIFICATE NO.  
MC-5346

Patient Name: **DINESH DADHEECH**  
Sr. No. : **75700**  
Patient ID No.: **532**  
Age : **30** Gender : **MALE**  
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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## BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:UV Kinetic)	25.00	U/L	5-40
SGPT/ALT(Tech.:UV Kinetic)	31.00	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)	0.20	mg/dL	0-0.3
Bilirubin(Indirect)	0.75	mg/dL	0.1-1.0
 Total Protein (Method : BIURET Method )	6.98	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 (Method - BCG)	3.87	g/dl	Serum 0-4 days:2.8-4.4 g/dl 4d-14yrs: 3.8-5.4 g/dl 14y-18y : 3.2-4.5 g/dl Adults 20-60 yrs: 3.5-5.2 g/dl 60-90 yrs: 3.2-4.6 g/dl
Globulin(CALCULATION)	3.11	gm/dL	2.5-4.5
A/G Ratio(Tech.:Calculated)	1.24		1.2 - 2.5
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	214.00	U/L	108-306

## URINE EXAMINATION

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

*Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist

*Mamta Khuteta*

Dr. Mamta Khuteta  
M.D.(Path.)  
RMC No. 4720/6260



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**B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977**







# RAJASTHANI DIAGNOSTIC & MRI CENTRE

## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	DINESH DADHEECH	AGE-30 y	SEX: M
REF/BY:	BOB HEALTH CHECK-UP	DATE	12-Dec-23

### 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. Few polyps, largest 3 mm.

**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:

- ❖ Few GB polyps.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT  
MD RADIODIAGNOSIS

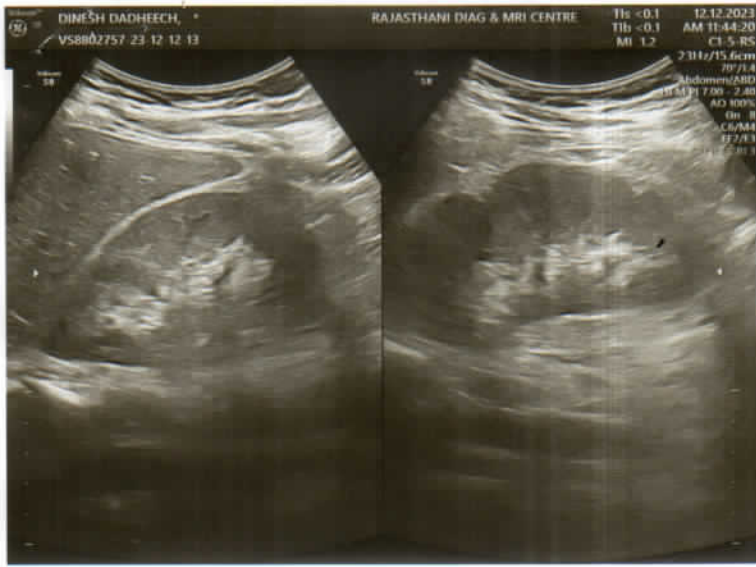
Dr. Anusha Mahalawat  
MD (Radiodiagnosis)  
(RMC. 38715)



आपातकालीन सेवाएं

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Name: Dinesh dadheech -  
Patient ID: bobES2806

12.12.2023 11:57:57  
Standard 12-Lead

Rajasthan Diagnostic & MR Centre  
8-110, Subhash Marg, Indira Nagar, Mandawa Mod  
Jhunjhunu (Raj.)

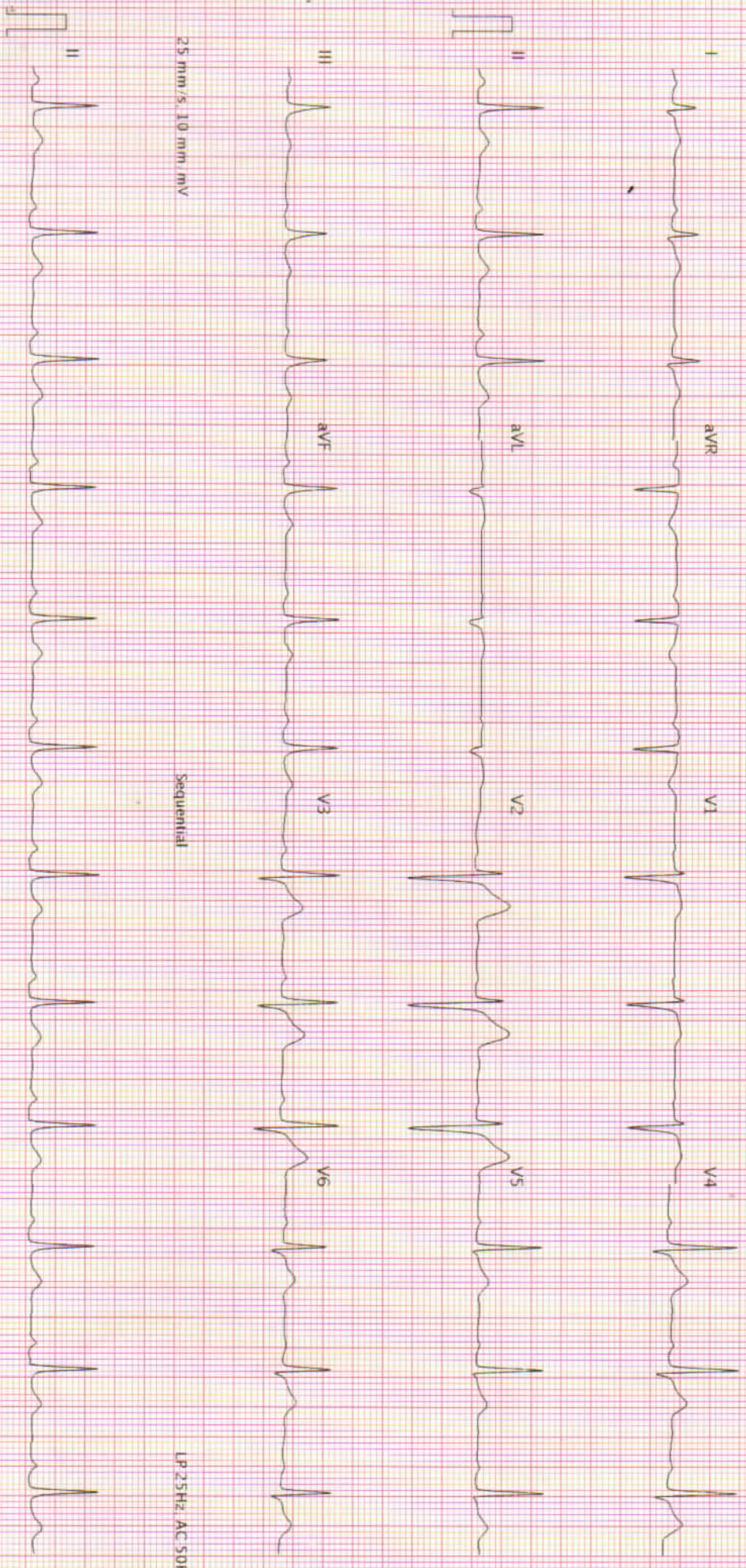
Date of birth: 25.03.1993  
Gender: Male  
Height:   
Weight:   
Ethnicity:   
Pacemaker:   
Indication:   
Remark:   
Visit ID:   
Room:   
Medication:   
Order ID:   
Ord. prov.:   
Ord. prot.:

HR: 71 bpm  
RR:   
P axis: 40  
QRS axis: 73  
T axis: 45  
P: 92 ms  
PR: 174 ms  
QRS: 91 ms  
QT: 353 ms  
QTcB: 383 ms

Sinus rhythm  
Normal electrical axis  
Normal ECG  
Unconfirmed report

  
**Rajasthan Diagnostic & Medical Research Centre**  
Jhunjhunu

Normal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

AT 102-G2 1.2.0 (1080 009831)

Printed on 12-12-2023 11:58:16

LP 25Hz, AC 50Hz

SCHILLER

Part No. 2-157048M

CE 0123

K-80



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MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY



NABL CERTIFICATE NO.  
MC-5346

NAME : DINESH DADHEECH	AGE 30 /SEX M
REF.BY : BOB HEALTH CHECK UP	DATE: 12.12.2023

## 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



आपातकालीन सेवाएँ

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