


भारत सरकार  
Government of India

आधार

Download Date: 06/02/2021



यतीश चंद्र सैनी  
Yatish Chandra Saini  
जन्म तिथि/DOB: 07/10/1990  
पुरुष/ MALE

Issue Date: 26/07/2017

2677 7865 3593  
VID : 9144 0703 8081 8638

मेरा आधार, मेरी पहचान

*[Handwritten Signature]* 9899816200

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

आधार

पता:  
S/O जागी राम सैनी, जयसुख कॉलोनी, तह.  
उदयपुरवाटी, बड़ा गांव, जून्जुनु,  
राजस्थान - 333021

Address:  
S/O Jagi Ram Saini, jaisukh colony, tah.  
udaipurwati, Bara Gaon, Jhunjhunu,  
Rajasthan - 333021



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www.uidai.gov.in

*[Handwritten Signature]*

Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu







# RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	YATISH CHANDRA SAINI	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECHUP	DATE	24-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



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



Name: Saini yatish chandra  
 Patient ID: Saini yatish chandra

Date of birth: Male  
 Gender: Male  
 Height: Undermed  
 Weight: Unknown  
 Ethnicity: Unknown  
 Pacemaker: Unknown  
 Indication: Unknown  
 Remark: Unknown

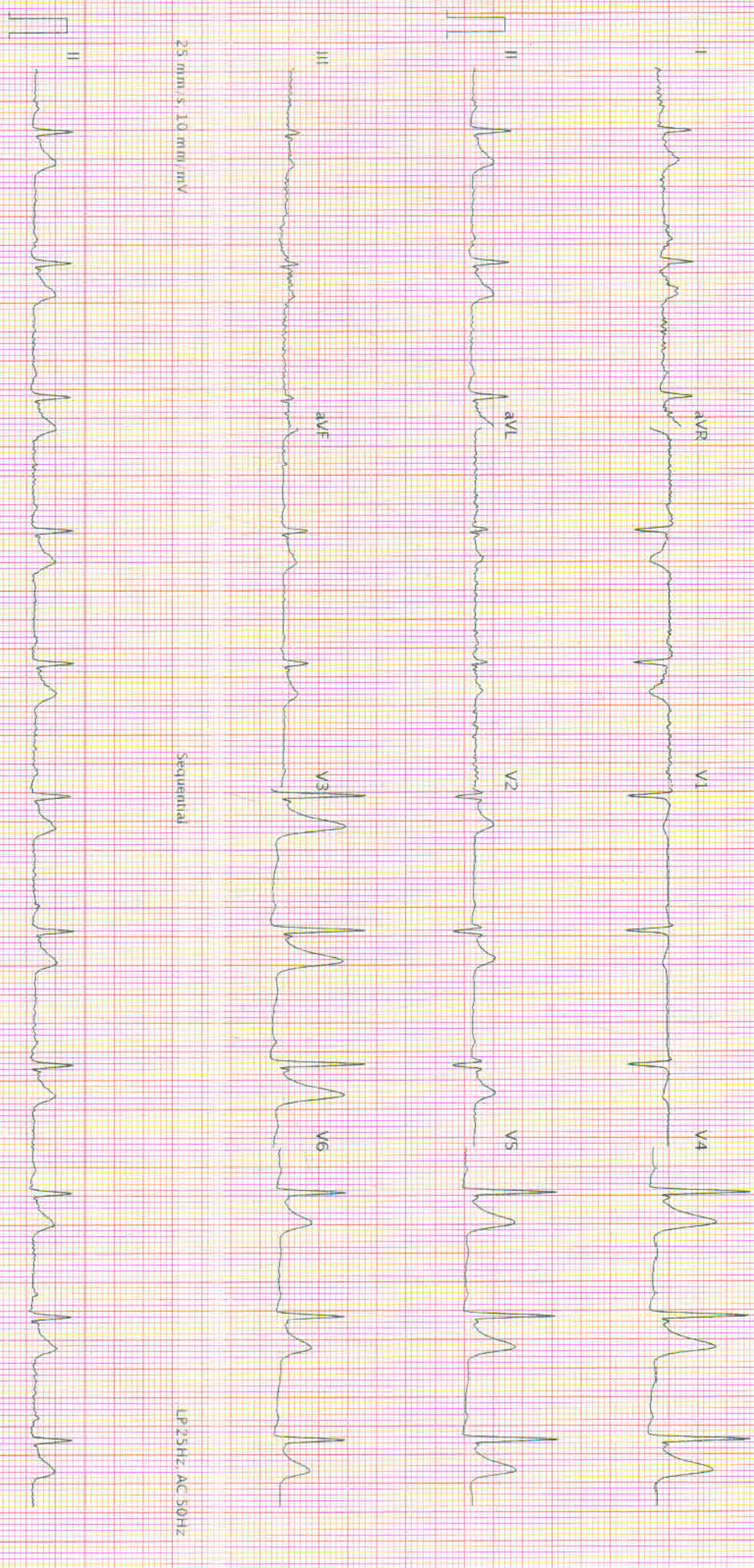
Visit ID: Room: Medication: Ord. ID: Ord. prov: Ord. prof:

24.02.2024 10:54:53  
 Standard 12-Lead

HR 65 bpm  
 P axis 9°  
 QRS axis 40°  
 T axis 37°  
 RR 920 ms  
 PR 123 ms  
 QRS 152 ms  
 QT 99 ms  
 QTc 351 ms  
 QTc8 366 ms

Rajasthan Diagnostic & MR Centre  
 B-110, Subhash Marg, Indira Nagar, Mandawa, Mod  
 Jhunjhunu, (Raj.)  
 Sinus rhythm  
 Normal electrical axis  
 Incomplete right bundle branch block  
 ST-T abnormality, consider recent  
 inferior myocardial or pericardial damage  
 Abnormal ECG  
 Unconfirmed report

Rajasthan Diagnostic &  
 Medical Research Centre  
 Jhunjhunu



25 mm/s, 10 mm/mV

Sequential

LP25Hz, AC 50Hz

25 mm/s, 10 mm/mV

AT 102 G2 1.2.0 (1080,009831)

Printed on 24.02.2024 10:55:13

LP25Hz, AC 50Hz

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SCHILLER

Part No.2.157048M

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## LIPID PROFILE COMPLETE

Test Name		Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	H	221.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol		45.30	mg/dL	35--88
Triglycerides (Method: GPO)	H	193.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	H	137.10	mg/dL	0--100
VLDL Cholesterol	H	38.60	mg/dL	0--35
TC/HDL Cholesterol Ratio		4.88	Ratio	2.5--5
LDL/HDL Ratio		3.03	Ratio	1.5--3.5



*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

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



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## HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	14	mm/hr	20
BLOOD GROUPING (ABO & Rh )	A+ 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)	96.80	mg/dL	
eAG (Estimated Average Glucose)	5.37	mmol/L	

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.

## 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



*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)	18.00	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	9.86	mg/dL	8.5--11
Uric Acid (Method : Uricase-POD)	4.52	mg/dL	2.4--7.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	31.02	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 54.00	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	H 61.00	U/L	5-40
Bilirubin(Total) (Method : Diazo)	0.98	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)	0.76	mg/dL	0.1-1.0
Total Protein (Method : BIURET Method)	7.02	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)	3.90	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)	3.12	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.25		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	185.00	U/L	108-306



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

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.98	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	9.87	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.36	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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## URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
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### PHYSICAL

Quantity		ml	
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	6.5		4.5-6.5

### CHEMICAL

Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		

### MICROSCOPIC

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		

&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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REF.BY :BOB HEALTH CHECK-UP	DATE: 24.02.2024

## 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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