(172)





Rajasthani Diagnostic & Medical Research Centre Jhunjhunu

Q315430174

Reg. No.: 51/PNDT/CMHO/JJN/2020



RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	ROHIT GHANDWAL	AGE-	SEX: M	
REF/BY:	BOB HEALTH CHECKUP	DATE	1-Apr-24	

ULTRASONOGRAPHY WHOLE ABDOMEN

<u>Liver</u>: is normal in size, shape and mild bright 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 partially distended, no obvious calculus.

<u>Pancreas</u>: 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.

<u>Spleen</u>: is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

<u>Urinary Bladder</u>: 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 20 gm , 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:

. Grade I fatty liver

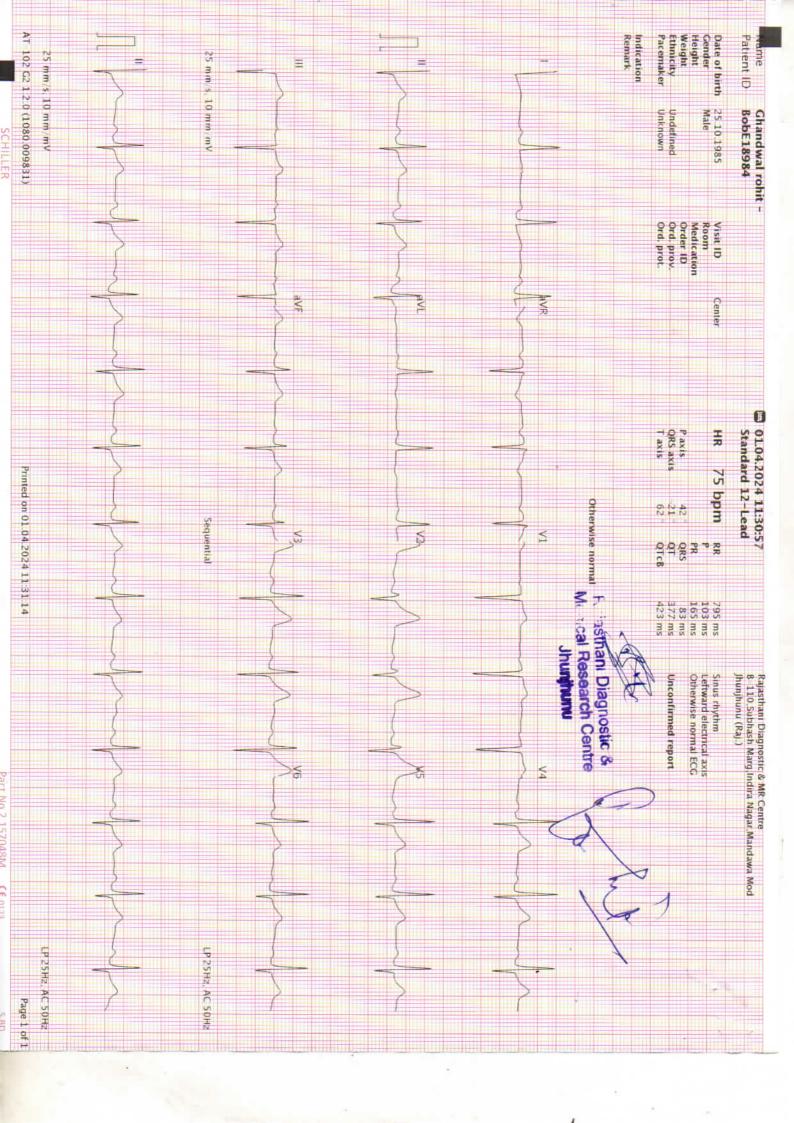
Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT MD RADIODIAGNOSIS

> Dr. Anusha Mahalawat MD (Radiodiagnosis) (RMC. 38742/75457)







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NAME : ROHIT GHANDWAL	AGE 38 /SEX M
REF.BY :BOB HEALTH CHECP UP	
NEI : BY IBOB HEALTH CHECP UP	DATE: 31.03.2024

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

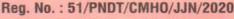
MD (RADIODIAGNOSIS)

RMC -38742/25457

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









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Hematology Analysis Report

First Name: ROHIT GHANDWASample Type:

Last Name:

Gender:

Male

Department: Med Rec. No .: Sample ID: 1

Test Time: 01/04/2024 09:35

Diagnosis:

Age:	38 Year				
Parameter		Result	Ref. Range	Unit	
1 WBC		9.00	4.00-10.00	10^3/uL	
2 Neu%		67.1	50.0-70.0	% WBC	
3 Lym%		21.5	20.0-40.0	%	
4 Mon%		7.6	3.0-12.0	N% EDIC	
5 Eos%		3.4	0.5-5.0	%	
6 Bas%		0.4	0.0-1.0	%	
7 Neu#		6.03	2.00-7.00	10^3/uL	
8 Lym#		1.94	0.80-4.00	10^3/uL RBC	
9 Mon#		0.68	0.12-1.20	10^3/uL	
10 Eos#		0.31	0.02-0.50	10^3/uL	
11 Bas#		0.04	0.00-0.10	10^3/uL	
12 RBC		5.65 H	3.50-5.50	10^6/uL 0 100 200	
13 HGB		12.9	11.0-16.0	g/dL PLT	
14 HCT		44.9	37.0-54.0	%	
15 MCV		79.4 L	80.0-100.0	fL	
16 MCH	- 1	22.8 L	27.0-34.0	pg	į
17 MCHC		28.7 L	32.0-36.0	g/dL	į
18 RDW-C\	/	13.8	11.0-16.0	%	
19 RDW-SE)	44.5	35.0-56.0	fL ILS	
20 PLT		189	100-300	10^3/uL	
21 MPV		9.6	6.5-12.0	fL fL	
22 PDW		15.2	9.0-17.0		

Hande wheelele

%

10^3/uL

Dr. Mamta Khuteta M D. (Path.)

RMC No : 4720/16260



Submitter: Draw Time:

23 PCT

24 P-LCR

25 P-LCC

0.181

35.9

0.108-0.282

11.0-45.0

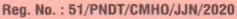
30-90

Operator: admin Approver: 01/04/2024 09:34 Received Time: 01/04/2024 09:34 Validated Time: Report Time: 01/04/2024 14:21 Remarks:

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









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MEMOGRAPHY



Patient Name: ROHIT GHANDWAL

Sr. No. : 4306 Patient ID No.: 3981

Age : 38 Gender

ender : MALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on: 01-04-2024 09:50 AM

Collected On : 01-04-2024 09:50 AM

Received On : 01-04-2024 09:50 AM Reported On : 01-04-2024 11:26 AM

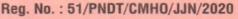
HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	12.0	mm/hr	20
BLOOD GROUPING (ABO & Rh)	A+ Positive	102	











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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.70	%	< 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)	88.19	mg/dL	2
eAG (Estimated Average Glucose)	4.89	mmol/L	T

Method: Fluorescence Immunoassay Technology

Sample Type: EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

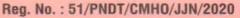
Remarks:

Gycosylated 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 Treatement 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.









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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method GOD-POD)	88.10	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)	104.8	mg/dL	Glucose 2 h Postparandial: <120
BUN (Blood Urea Nitrogen)	12.0	mg/dL	7.018.0

KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLDH)	29.30	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	0.61.30
Calcium	9.10	mg/dL	8.511
Uric Acid (Method Uricase-POD)	4.20	mg/dL	2.4-7.2
	"/UNILITIALL IN	No.	
Gamma glutamyl transferase (GGT)	28.0	IU/L	15.085.0

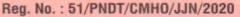




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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
(2)		70	
SGOT/AST(Tech.:-UV Kinetic)	25.14	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	30.61	U/L	540
Bilirubin(Total) (Method : Diazo.)	0.71	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)	0.18	mg/dL	00.3
Bilirubin(Indirect)	0.53	mg/dL	0.11.0
Total Protein (Method_BIURET Method)	R C	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)	3.79	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)	7/UN 13,13 NIII (RP	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	1.21	1	1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	129.0	U/L	108-306

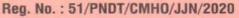




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BIO-CHEMISTRY

LIPID PROFILE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method : CHOD-PAP)	145.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	59.00	mg/dL	3565
Triglycerides (Method GPO)	119.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	62.20	mg/dL	10150
VLDL Cholesterol	23.80	mg/dL	040

JAUNJHUNU (RAJ.)

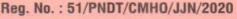




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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.87	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	8.34	μg/dL	4.60-12.50 μg/dL
TSH (Thyroid Stimulating Hormone)	5.31	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

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.







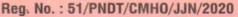
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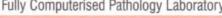
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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL	The state of the s	TA	
Quantity	15	ml	
Colour	Yellow	6	
Appearance / Transparency	S.Turbid	1 30	
Specific Gravity	1.020	(2)	
PH	5.5	1	4.56.5
CHEMICAL		/ 0	
Reaction	Acidic		1
Albumin	TRACE	1 2	
Urine Sugar	Nil	1	/
MICROSCOPIC	D C	12	7
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	23	/h.p.f.	
Epithelial Cells	01	/h.p.f.	
Crystals	JAIL NI ON	/h.p.f.	
Casts	Nil Nil Ni	/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. <<< Note: This report is not valid for medico legal purposes.







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