

6304


 भारत सरकार  
 Government of India  

 Mahipat Ram Bangrwa  
 DOB : 08/09/1967  
 Male  

  
 7483 7152 3638  
 आधार - आम आदमी का अधिकार

भारत सरकार  
 बैंक ऑफ बरोडा Bank of Baroda  
 Address:  
 S/O: Bavvari Lal, Gadla Kalan, Gadala Kalkan, Jhunjhunun,  
 Rajasthan, 333053  
 7483 7152 3638  
  
 1947  
 1800 300 1947  
 help@uidai.gov.in

8112257745

  
 Rajasthan Diagnostic &  
 Medical Research Centre  
 Jhunjhunu



# RAJASTHANI DIAGNOSTIC & MR CENTRE

## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	MAHIPAT RAM BANGRWA	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECKUP	DATE	31-Mar-24

### ULTRASONOGRAPHY WHOLE ABDOMEN

**Liver:** 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 distended with approx 6 mm of size calculus is seen in lumen with normal wall thickness, no evidence of peri GB fluid

**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 partially distended. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

**Prostate:** is grossly enlarged in size 72 gm.

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.
- ❖ Cholelithiasis
- ❖ Gross Prostatomegaly

Advised: PSA, 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





# RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

EKG

MAMOGRAPHY

NAME : MAHIPAT RAM BANGRWA	AGE 56 /SEX M
REF. BY : BOB 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 (RADIOLOGIST)

RMC - 38742/25457

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



आपातकालीन सेवाएं

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE



**ECCG**

**RAJASTHANI DIAG. & MR CENTRE, JHUNJHUNU**  
17 BOBE19587 / MAHIPAT RAM BANGRWA / 56 Yrs / M / 178Cms. / 81Kgs. / Non Smoker  
Heart Rate : 124 bpm / Tested On : 31-Mar-24 11:58:22 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Refd By: BOB HEALTH CHECK UP

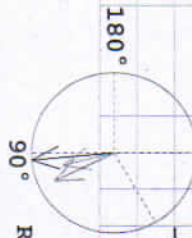


Rajasthan Diagnostic & Medical Research Centre

**Jhunjhunu**



Vent Rate : 124 bpm  
PR Interval : 186 ms  
QRS Duration: 76 ms  
QT/QTc Int : 282/394 ms  
P-QRS-T axis: 76.00° 85.00° 64.00°



Axis  
R 85.00° T 64.00° P 76.00°

Reported By:

RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE  
 B-110,INDIRA NAGAR,SUBHASH MARG,MANDAWA MOD,JHUNJHUNU Email:

MAHIPAT RAM BANGRWA / 56 Yrs / M / 178 Cms / 81 Kg  
 Date: 31 - 03 - 2024 Technician : MANOJ KUMAR Examined By:

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	01:02	1:02	00.0	00.0	01.0	109	66 %	128/82	139	00	
Standing	02:03	1:01	00.0	00.0	01.0	112	68 %	128/82	143	00	
HV	03:05	1:02	00.0	00.0	01.0	111	68 %	128/82	142	00	
Warm Up	04:06	1:01	00.0	00.0	01.0	115	70 %	128/82	147	00	
ExStart	05:21	1:15	01.0	00.0	01.0	127	77 %	130/82	165	00	
BRUCE Stage 1	08:21	3:00	01.7	10.0	04.7	148	90 %	134/84	198	00	
BRUCE Stage 2	11:21	3:00	02.5	12.0	07.1	163	99 %	140/90	228	00	
PeakEx	11:25	0:04	01.1	00.0	07.2	161	98 %	140/90	225	00	
Recovery	11:55	0:30	01.1	00.0	04.2	164	100 %	140/90	229	00	
Recovery	12:25	1:00	01.1	00.0	01.2	157	96 %	142/92	222	00	
Recovery	13:25	2:00	00.0	00.0	01.0	139	85 %	138/88	191	00	
Recovery	14:25	3:00	00.0	00.0	01.0	131	80 %	136/86	178	00	
Recovery	15:25	4:00	00.0	00.0	01.0	129	79 %	130/82	167	00	
Recovery	16:23	5:00	00.0	00.0	01.0	124	76 %	128/82	158	00	

REPORT :

Heart Rate 112.0 bpm  
 Systolic BP 140.0 mmHg  
 Diastolic BP 90.0 mmHg  
 Maximum Depression 0.4  
 Exercise Time 06:04 Mins.  
 METS 7.2  
 Target Heart Rate 164.0  
 Test End Reason Test Complete, Heart Rate Achieved

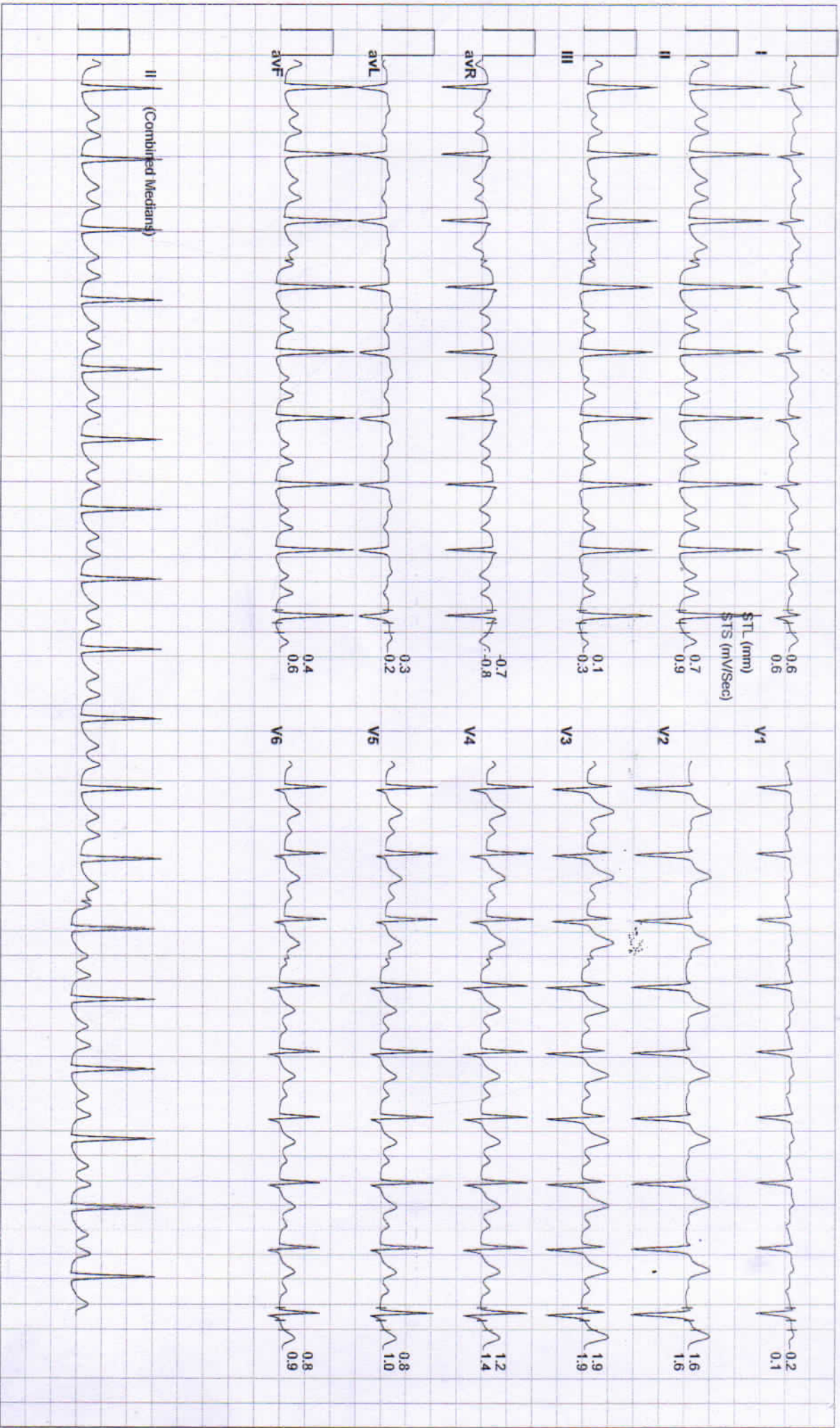
*Test Report is @negative for TB*

Rajasthani Diagnostic &  
 Medical Research Centre  
**Jhunjhunu**  
 Doctor : RDMRC



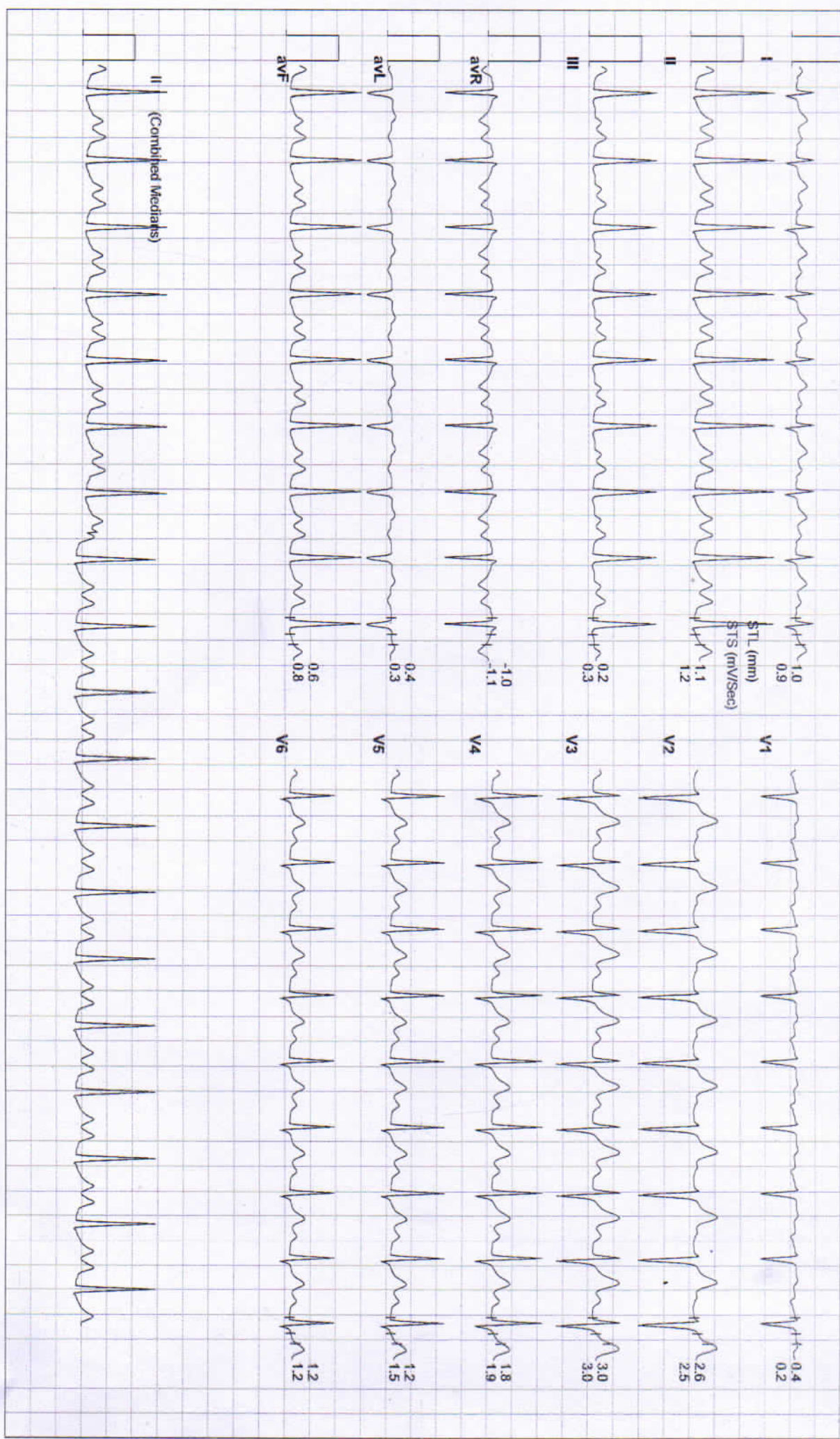
Date: 31 - 03 - 2024 METs : 1.0 HR : 109 Target HR : 66% of 164 BP : 128/82 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



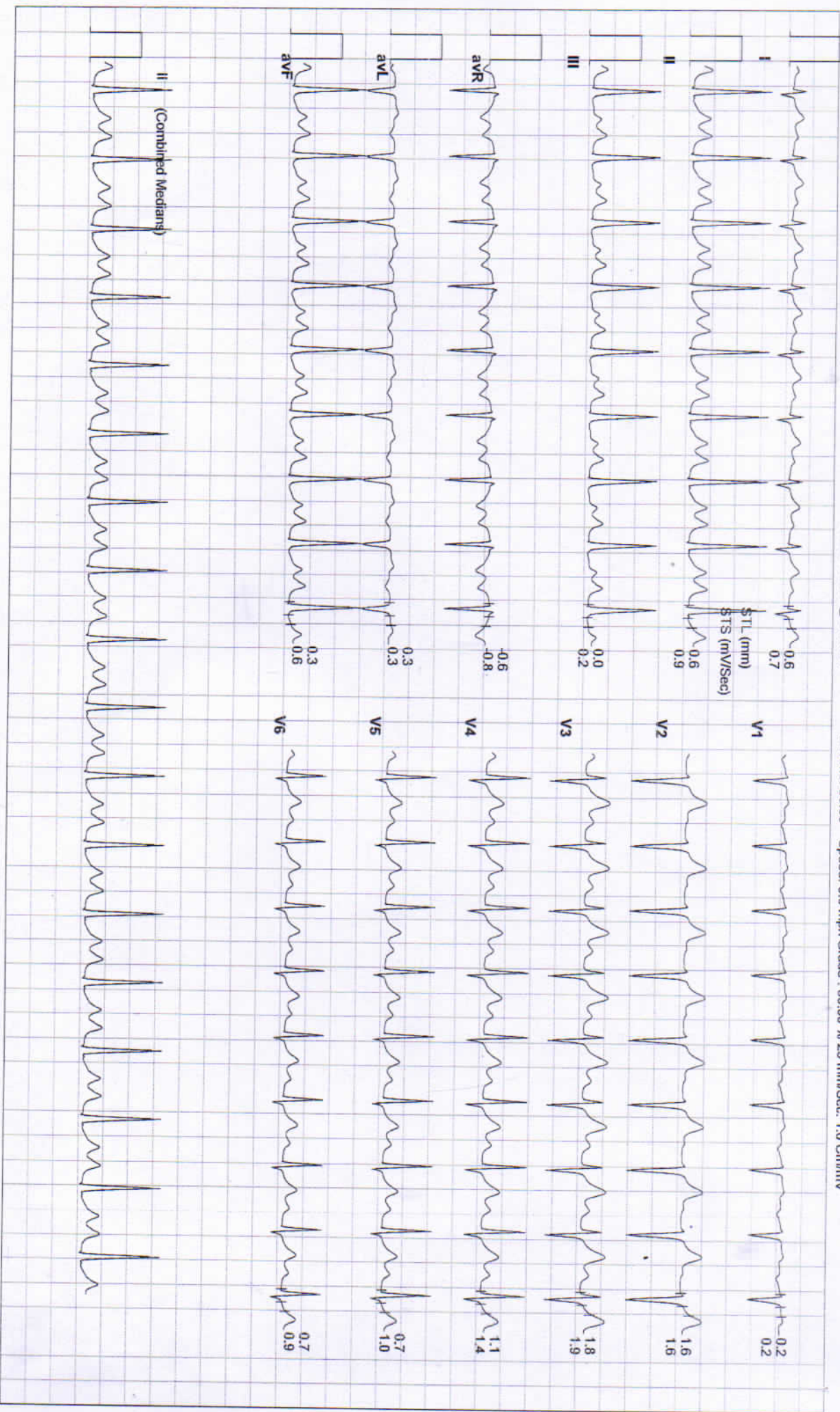


Date: 31 - 03 - 2024      METs : 1.0 HR : 112 Target HR : 66% of 164 BP : 128/82 Post J @80mSec      ExTime: 00:00      Speed: 0.0 mph Grade : .00.00 % 25 mm/Sec. 1.0 Cm/mV





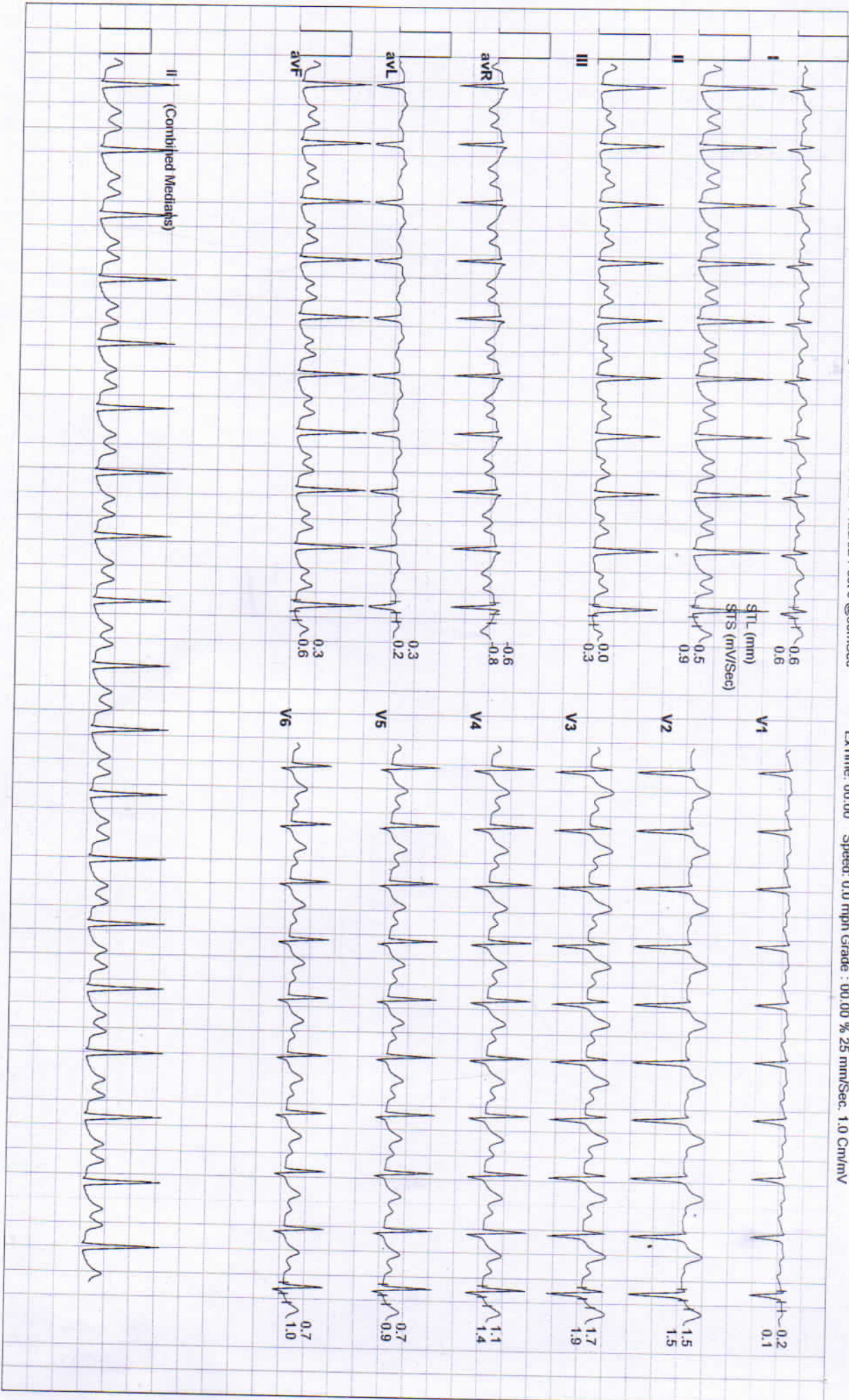
Date: 31 - 03 - 2024      METs : 1.0 HR : 111 Target HR : 68% of 164 BP : 128/82 Post J @80mSec      Extime: 00:00      Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec. 1.0 Cm/mV







Date: 31 - 03 - 2024      METs : 1.0 HR : 115 Target HR : 70% of 164 BP : 128/82 Post J @80mSec      ExtTime: 00:00      Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

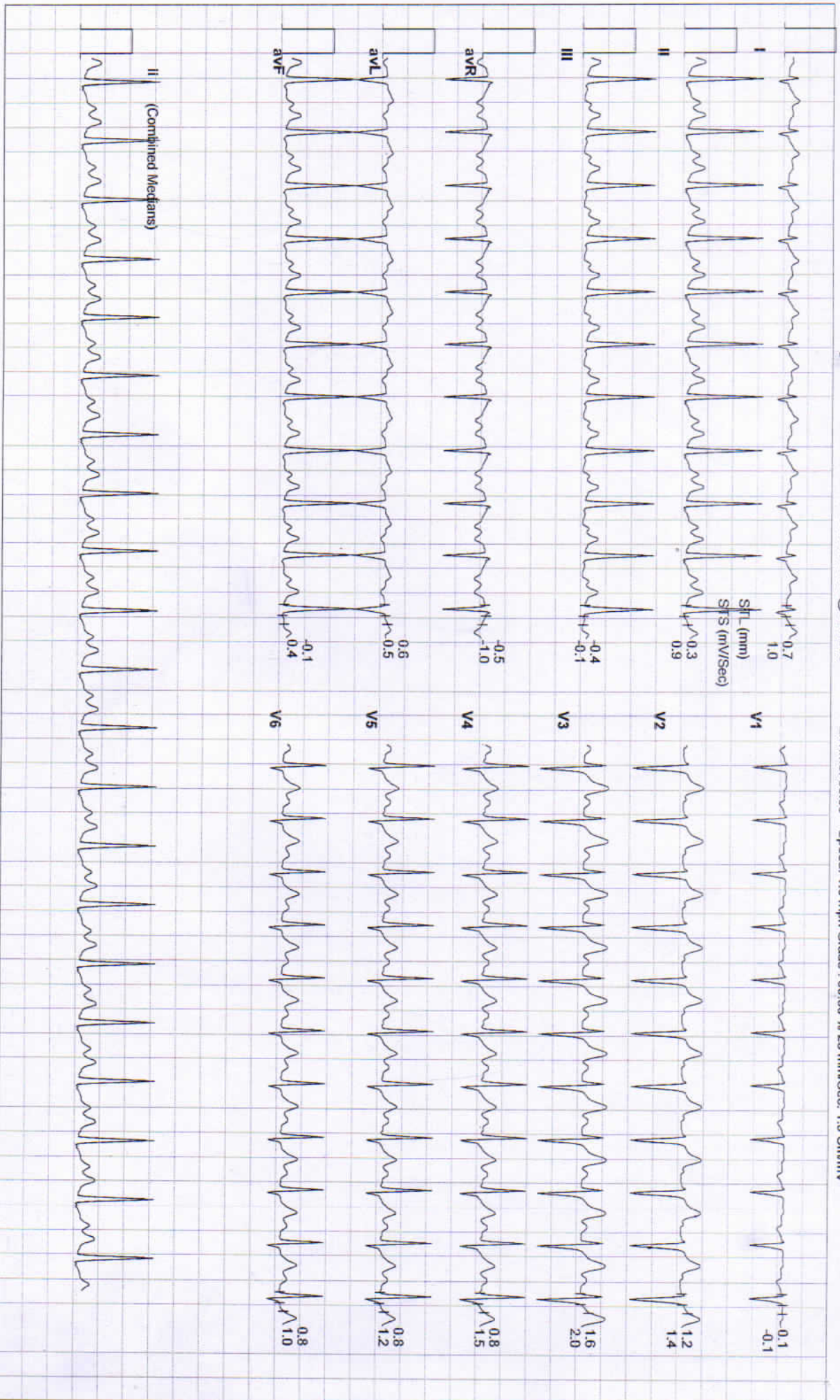




Date: 31 - 03 - 2024

MEt's : 1.0 HR : 127 Target HR : 77% of 164 BP : 130/82 Post J @80mSec

ExTime: 00:00 Speed: 1.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 31 - 03 - 2024

MEts : 4.7 HR : 148 Target HR : 90% of 164 BP : 134/84 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 31 - 03 - 2024      METs : 7.1 HR : 163 Target HR : 99% of 164 BP : 140/90 Post J @60mSec  
 ExTime: 06:00      Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

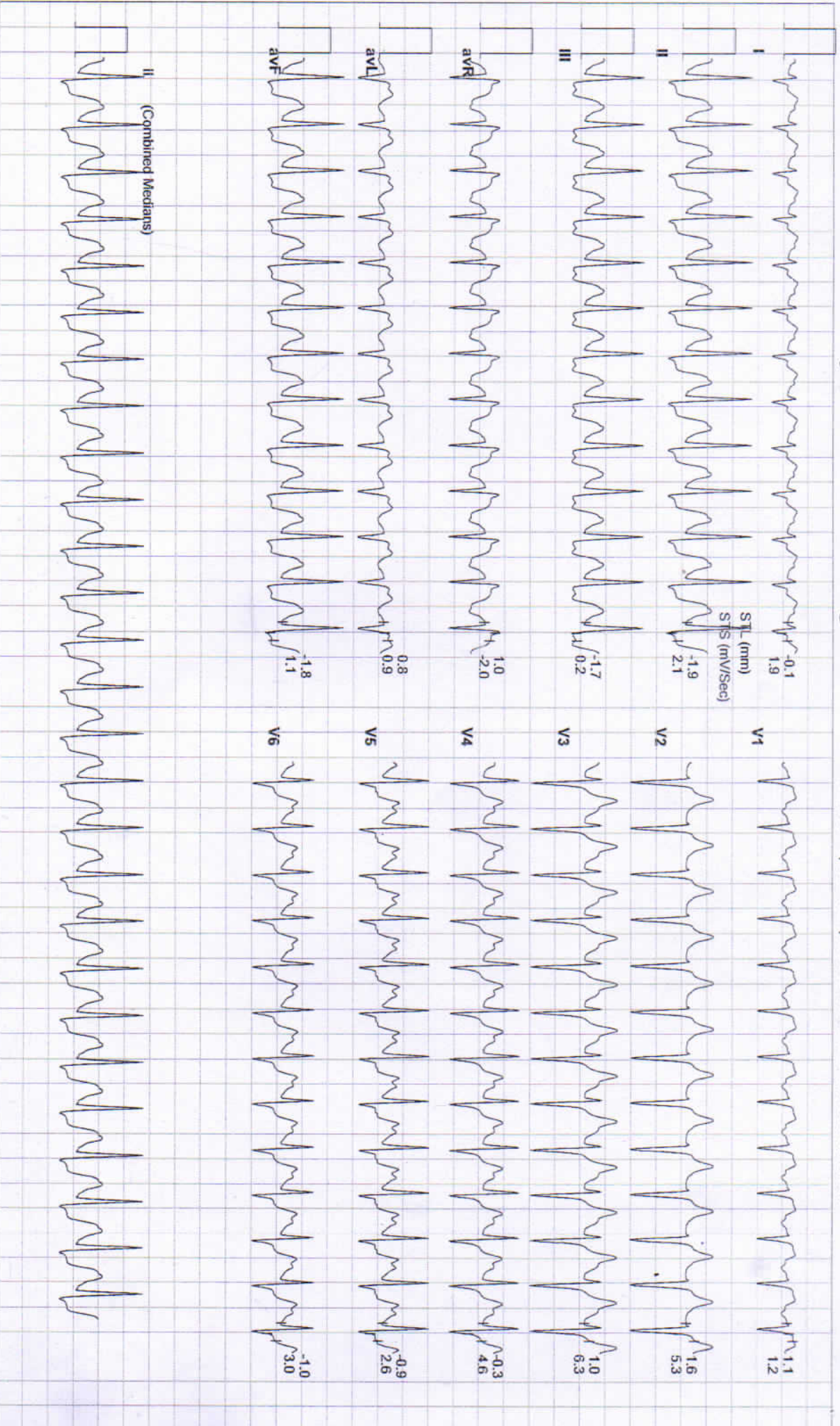




Date: 31 - 03 - 2024

MEts : 7.2 HR : 161 Target HR : 98% of 164 BP : 140/90 Post J @60mSec

ExTime: 06:05 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mv





Date: 31 - 03 - 2024

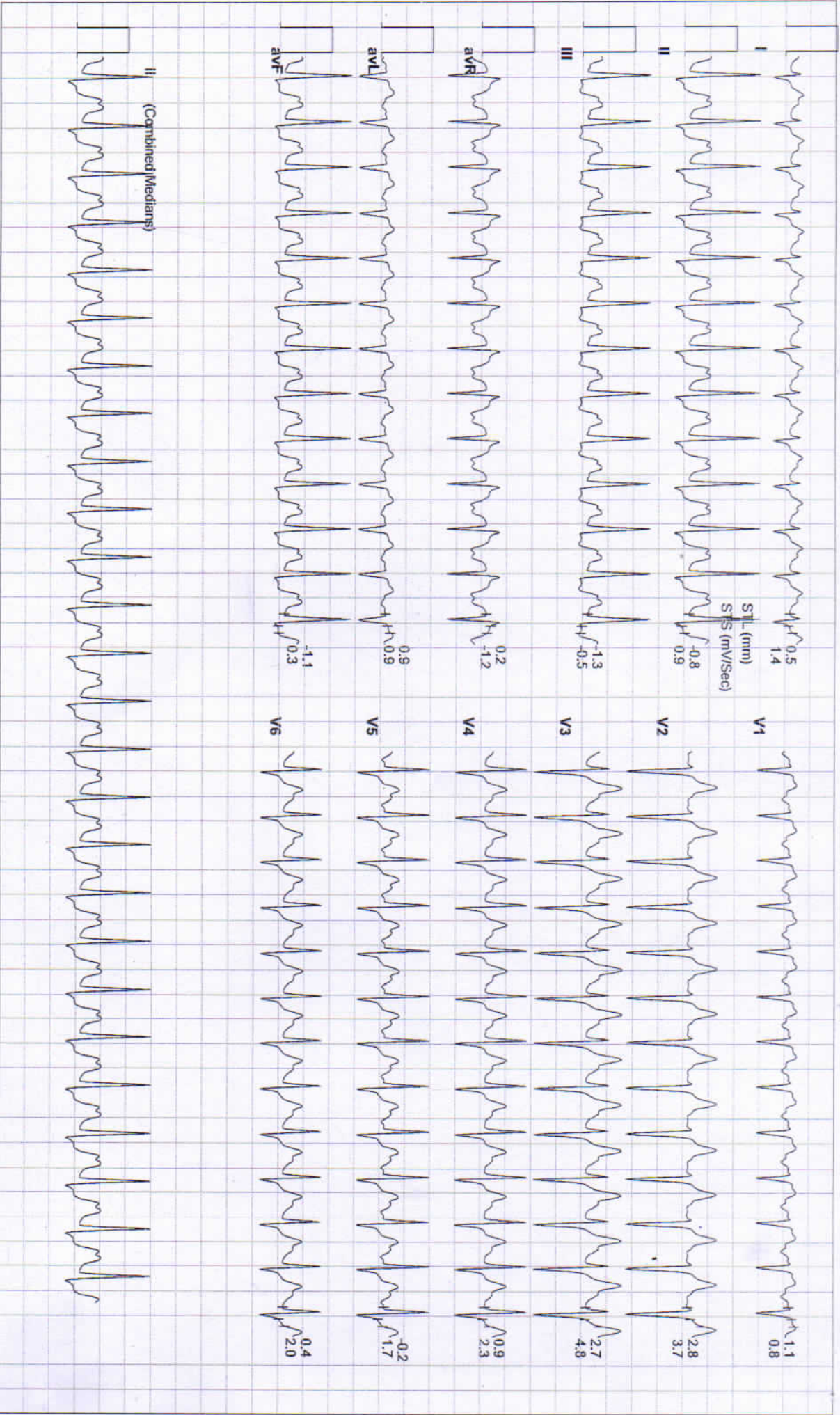
MEETS : 4.2 HR : 164 Target HR : 100% of 164 BP : 140/90 Post J @60mSec

ExTime: 06:04 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 31 - 03 - 2024      METs : 1.2 HR : 157 Target HR : 96% of 164 BP : 142/92 Post J @60mSec      EXTime: 06:04      Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

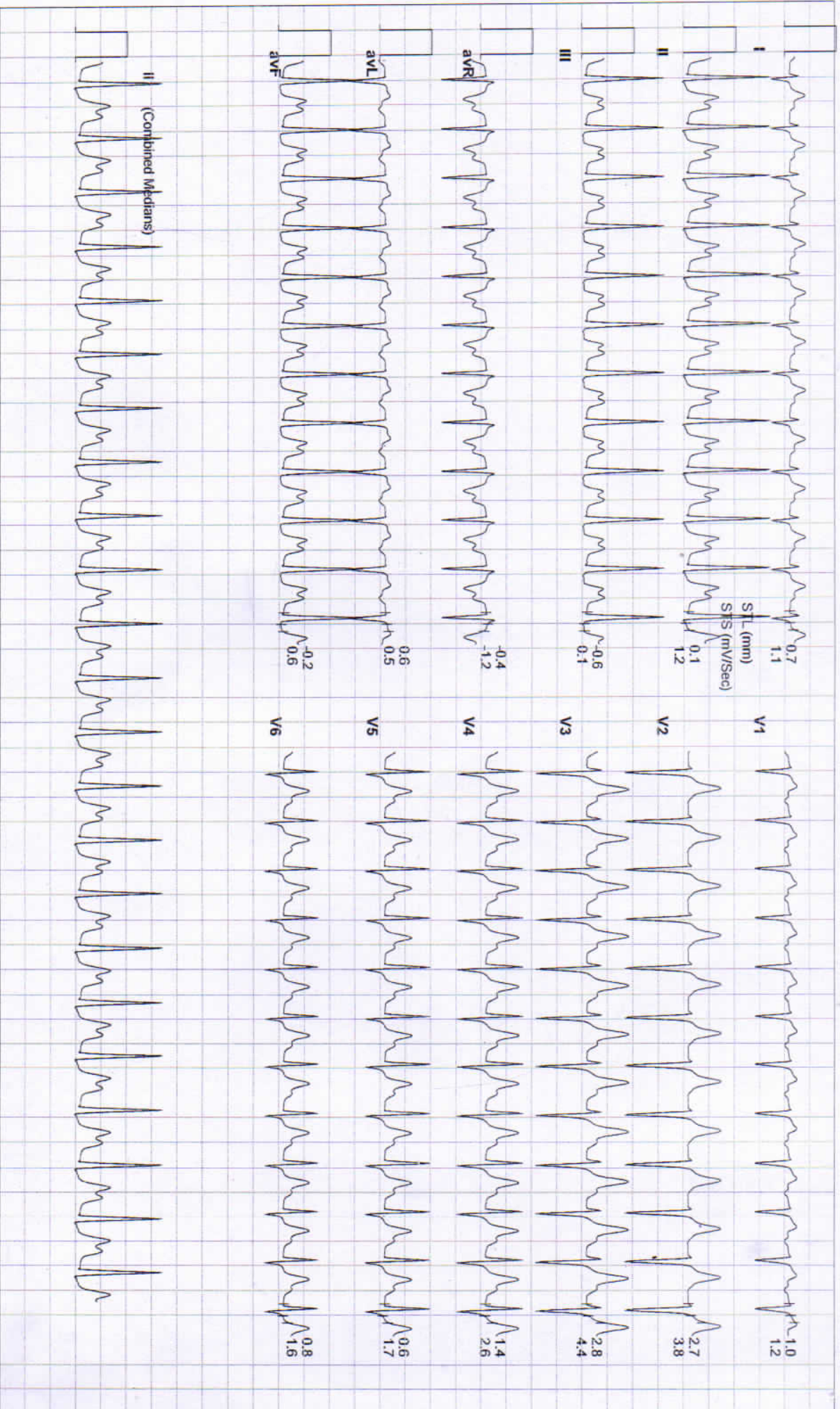




Date: 31 - 03 - 2024

MEIs : 1.0 HR : 139 Target HR : 85% of 164 BP : 139/88 Post J @60mSec

ExTime: 06:04 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





**RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE**

B-110,INDIRA NAGAR,SUBHASH MARG,MANDAWA MOD,JHUNJHUNU  
MAHIPAT RAM BANGRWA / 56 Yrs / Male / 178 Cm / 81 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery(4:00)



Date: 31 - 03 - 2024

MEts : 1.0 HR : 129 Target HR : 79% of 164 BP : 130/82 Post J @80mSec

ExTime: 06:04 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 31 - 03 - 2024

MEIS : 1.0 HR : 124 Target HR : 76% of 164 BP : 128/82 Post J @80mSec

ExTime: 06:04

Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





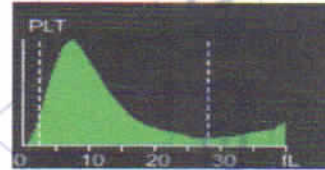
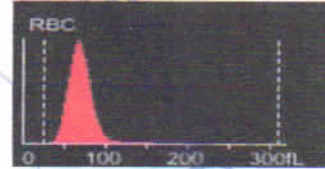
## Hematology Analysis Report

First Name: MAHIPAT RAM  
Last Name: BANGRWA  
Gender: Male  
Age: 56 Year

Sample Type:  
Department:  
Med Rec. No.:

Sample ID: 4  
Test Time: 31/03/2024 09:22  
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	7.91	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	65.9	50.0-70.0	%
3 Lym%	22.8	20.0-40.0	%
4 Mon%	8.0	3.0-12.0	%
5 Eos%	2.1	0.5-5.0	%
6 Bas%	1.2	0.0-1.0	%
7 Neu#	5.22	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	1.80	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.63	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.17	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.09	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	4.68	3.50-5.50	10 <sup>6</sup> /uL
13 HGB	9.0	L 11.0-16.0	g/dL
14 HCT	34.3	L 37.0-54.0	%
15 MCV	73.3	L 80.0-100.0	fL
16 MCH	19.3	L 27.0-34.0	pg
17 MCHC	26.4	L 32.0-36.0	g/dL
18 RDW-CV	15.8	11.0-16.0	%
19 RDW-SD	47.7	35.0-56.0	fL
20 PLT	312	H 100-300	10 <sup>3</sup> /uL
21 MPV	7.7	6.5-12.0	fL
22 PDW	9.5	9.0-17.0	%
23 PCT	0.242	0.108-0.282	%
24 P-LCR	20.1	11.0-45.0	%
25 P-LCC	63	30-90	10 <sup>3</sup> /uL



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

Submitter: Operator: admin Approver:  
Draw Time: 31/03/2024 09:21 Received Time: 31/03/2024 09:21 Validated Time:  
Report Time: 31/03/2024 14:16 Remarks:

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



आपातकालीन सेवाएं

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUROSE





# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

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



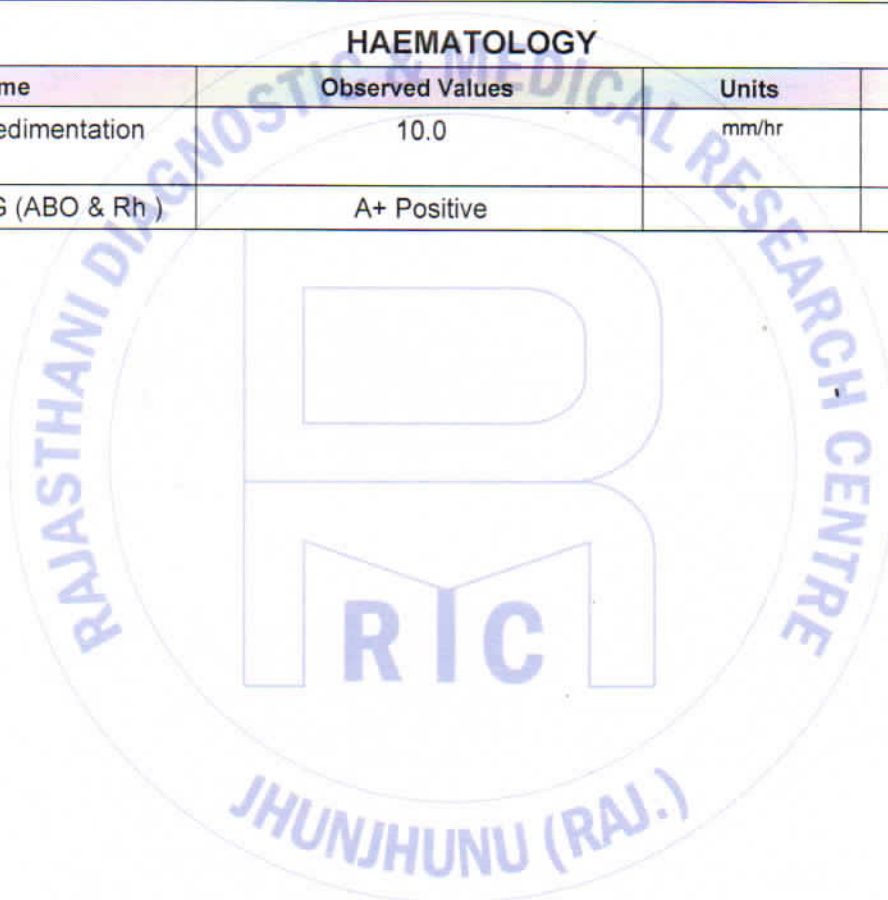
Patient Name: **MAHIPAT RAM BANGRWA**  
 Sr. No. : **4268**  
 Patient ID No.: **3947**  
 Age : **56** Gender : **MALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **31-03-2024 09:36 AM**  
 Collected On : **31-03-2024 09:36 AM**  
 Received On : **31-03-2024 09:36 AM**  
 Reported On : **31-03-2024 10:36 AM**  
 Bar Code   
 LIS Number **3 8 6 5**

## HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	10.0	mm/hr	20
BLOOD GROUPING (ABO & Rh)	A+ Positive		



*Anish Sethi*  
**Dr. Anish Sethi**  
 Consultant Biochemist

आपातकालीन सेवाएं

TECHNOLOGIST

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

*Kamla Khulela*  
 Dr. Kamla Khulela  
 M.D. (Path.)  
 SMC No. : 4770/1626



PATHOLOGIST

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

T&C : \* This Reports 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.



# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY



MC - 5346

Patient Name: **MAHIPAT RAM BANGRWA**  
 Sr. No. : 4268  
 Patient ID No.: 3947  
 Age : 56 Gender : MALE  
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 31-03-2024 09:36 AM  
 Collected On : 31-03-2024 09:36 AM  
 Received On : 31-03-2024 09:36 AM  
 Reported On : 31-03-2024 10:36 AM  
 Bar Code  
 LIS Number 3 8 6 5

## HAEMATOLOGY

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.30	%	< 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)	105.41	mg/dL	
eAG (Estimated Average Glucose)	5.85	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.

*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

आपातकालीन सेवाएं  
 TECHNOLOGIST

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUPOSE

*Kamta Khulela*  
 Dr. Kamta Khulela  
 M.D. (Path.)  
 B.M.C. No. : 4720/1626



PATHOLOGIST

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

T&C : \* This Reports 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.



# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE


Fully Computerised Pathology Laboratory

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


MC - 5346

Patient Name: **MAHIPAT RAM BANGRWA**  
 Sr. No. : **4268**  
 Patient ID No.: **3947**  
 Age : **56** Gender : **MALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **31-03-2024 09:36 AM**  
 Collected On : **31-03-2024 09:36 AM**  
 Received On : **31-03-2024 09:36 AM**  
 Reported On : **31-03-2024 10:36 AM**  
 Bar Code   
 LIS Number **3 8 6 5**

## BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	103.0	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)	108.7	mg/dL	Glucose 2 h Postparandial: <120
BUN (Blood Urea Nitrogen)	14.0	mg/dL	7.0-18.0

## KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLDH)	36.24	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)	0.90	mg/dL	0.6-1.30
Calcium	9.30	mg/dL	8.5-11
Uric Acid (Method: Uricase-POD)	4.6	mg/dL	2.4-7.2
Gamma glutamyl transferase (GGT)	34.0	IU/L	15.0-85.0

*Ashish Sethi*  
**Dr. Ashish Sethi**  
 Consultant Biochemist

आपातकालीन सेवारं  
**TECHNOLOGIST**

**THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUROSE**

*Manita Khuteta*  
**Dr. Manita Khuteta**  
 M.D. (Path.)  
 BNSC Reg. : A720/16206



**PATHOLOGIST**

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

T&C : \* This Reports 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.



# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE


Fully Computerised Pathology Laboratory

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


MC - 5346

Patient Name: **MAHIPAT RAM BANGRWA**  
 Sr. No. : **4268**  
 Patient ID No.: **3947**  
 Age : **56** Gender : **MALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **31-03-2024 09:36 AM**  
 Collected On : **31-03-2024 09:36 AM**  
 Received On : **31-03-2024 09:36 AM**  
 Reported On : **31-03-2024 10:36 AM**  
 Bar Code   
 LIS Number **3 8 6 5**

## BIO-CHEMISTRY LIPID PROFILE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol ( Method : CHOD-PAP )	142.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	46.00	mg/dL	35-65
Triglycerides ( Method : GPO )	145.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	67.00	mg/dL	10-150
VLDL Cholesterol	29.00	mg/dL	0-40

*Anu Sethi*  
**Dr. Anu Sethi**  
 Consultant Biochemist

आपातकालीन सेवाएं  
**TECHNOLOGIST**

**THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUROSE**

*Kamla Khulela*  
**Dr. Kamla Khulela**  
 M.D. (Path.)  
 SMC No. : 4720/16265



**PATHOLOGIST**

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

T&C : \* This Reports 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.



# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG


MEMOGRAPHY



MC - 5346

Patient Name: **MAHIPAT RAM BANGRWA**  
 Sr. No. : **4268**  
 Patient ID No.: **3947**  
 Age : **56** Gender : **MALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **31-03-2024 09:36 AM**  
 Collected On : **31-03-2024 09:36 AM**  
 Received On : **31-03-2024 09:36 AM**  
 Reported On : **31-03-2024 10:36 AM**  
 Bar Code   
 LIS Number **3 8 6 5**

## BIO-CHEMISTRY

### Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	13.46	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	16.30	U/L	5-40
Bilirubin(Total) (Method : Diazo)	0.58	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)	0.10	mg/dL	0-0.3
Bilirubin(Indirect)	0.48	mg/dL	0.1-1.0
Total Protein (Method : BIURET Method)	7.03	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)	3.84	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)	3.19	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.20		1.2 -- 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	216.0	U/L	108-306

*Ashish Sethi*  
 Dr. Ashish Sethi  
 Consultant Biochemist

आपातकालीन सेवाएं  
 TECHNOLOGIST

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

*Namta Khuleta*  
 Dr. Namta Khuleta  
 M.D. (Path.)  
 GMC No. : 4720/2020



PATHOLOGIST

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

T&C : \* This Reports 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.





# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG


MEMOGRAPHY



MC - 5346

Patient Name: **MAHIPAT RAM BANGRWA**  
 Sr. No. : 4268  
 Patient ID No.: 3947  
 Age : 56 Gender : MALE  
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 31-03-2024 09:36 AM  
 Collected On : 31-03-2024 09:36 AM  
 Received On : 31-03-2024 09:36 AM  
 Reported On : 31-03-2024 10:36 AM  
 Bar Code   
 LIS Number 3 8 6 5

## IMMUNOLOGY

Test Name	Observed Values	Units	Reference Intervals
PSA (Prostate-Specific Antigen)	2.0	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.)

*A. Anand*  
 Dr. Anand Sethi  
 Consultant Biochemist

आपातकालीन सेवाएँ

TECHNOLOGIST

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

*Kamla Khelra*  
 Dr. Kamla Khelra  
 M.F. (Path.)  
 SINC No. 4720/16298



PATHOLOGIST

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

T&amp;C : \* This Reports 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.



# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY



MC - 5346

Patient Name: **MAHIPAT RAM BANGRWA**  
 Sr. No. : **4268**  
 Patient ID No.: **3947**  
 Age : **56** Gender : **MALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **31-03-2024 09:36 AM**  
 Collected On : **31-03-2024 09:36 AM**  
 Received On : **31-03-2024 09:36 AM**  
 Reported On : **31-03-2024 10:36 AM**  
 Bar Code   
 LIS Number **3 8 6 5**

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

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	1.16	ng/ML	0.5 - 1.5 ng/ML
T4 (Total Thyroxine)	8.64	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	0.95	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 addition, 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.

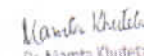
JHUNJHUNU (RAJ.)

  
 Dr. Ashish Sethi  
 Consultant, Biochemist

आपातकालीन सेवार्

TECHNOLOGIST

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

  
 Dr. Namta Khuteta  
 M.D. (Path.)  
 Reg. No. : 4720/1520



PATHOLOGIST

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

T&amp;C : \* This Reports 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.



# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG


MEMOGRAPHY



MC - 5346

Patient Name: **MAHIPAT RAM BANGRWA**  
 Sr. No. : **4268**  
 Patient ID No.: **3947**  
 Age : **56** Gender : **MALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **31-03-2024 09:36 AM**  
 Collected On : **31-03-2024 09:36 AM**  
 Received On : **31-03-2024 09:36 AM**  
 Reported On : **31-03-2024 10:36 AM**  
 Bar Code   
 LIS Number **3 8 6 5**

## URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
<b>PHYSICAL</b>			
Quantity	15	ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.015		
PH	5.0		4.5--6.5
<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	NIL		
Urine Sugar	Nil		
<b>MICROSCOPIC</b>			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	0--1	/h.p.f.	
Epithelial Cells	0--1	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others		/h.p.f.	

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

rtf1ansideff0uc1ansicpg1252defatb720fonttblf0fnilfcharset1 Arialf1fnilfcharset1 Times New Romanf2fnilfcharset2  
 Symbolf3fnilfcharset2 Wingdingsf4fnilfcharset2 Symbolcolortblred0green0blue0red255green0blue0red0green128blue0red  
 0green0blue255red255green255blue0red255green0blue255red128green0blue128red128green0blue0red0green255blue0  
 red0green255blue255red0green128blue128red0green0blue128red255green255blue255red192green192blue192red128gr

*A. Anshu*  
 Dr. Ashish Sethi  
 Consultant, Biochemist

आपातकालीन सेवार्

TECHNOLOGIST

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

*Namita Khule*  
 Dr. Namita Khule  
 M.D. (Path.)  
 BMC No. 14720/15269



PATHOLOGIST

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

T&amp;C : \* This Reports 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.