


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता: W/O: धर्मवीर सिंह, दुलानिया,
 दुलानिया, मुंझुन, चिरावा, राजस्थान,
 333031

Address: W/O: Dharmveer Singh,
 Dulaniya, Dulaniya, Jhunjhunun,
 Chirawa, Rajasthan, 333031

 1947
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 P.O. Box No.1947,
 Bengaluru-500 001


भारत सरकार
GOVERNMENT OF INDIA



 सुनिता
 Sunita

जन्म वर्ष / Year of Birth : 1982
 महिला / Female



9437 2310 6119

आधार – आम आदमी का अधिकार


**Rajasthan Diagnostic &
 Medical Research Centre
 Jhunjhunu**

सुनिता
 7665859708

Name: **Sunita Devi**
Patient ID: **Bob health checkup**

Date of birth: **05-09-1982**
Gender: **Female**
Height:
Weight:
Ethnicity: **Unknown**
Parent/aker: **Unknown**

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

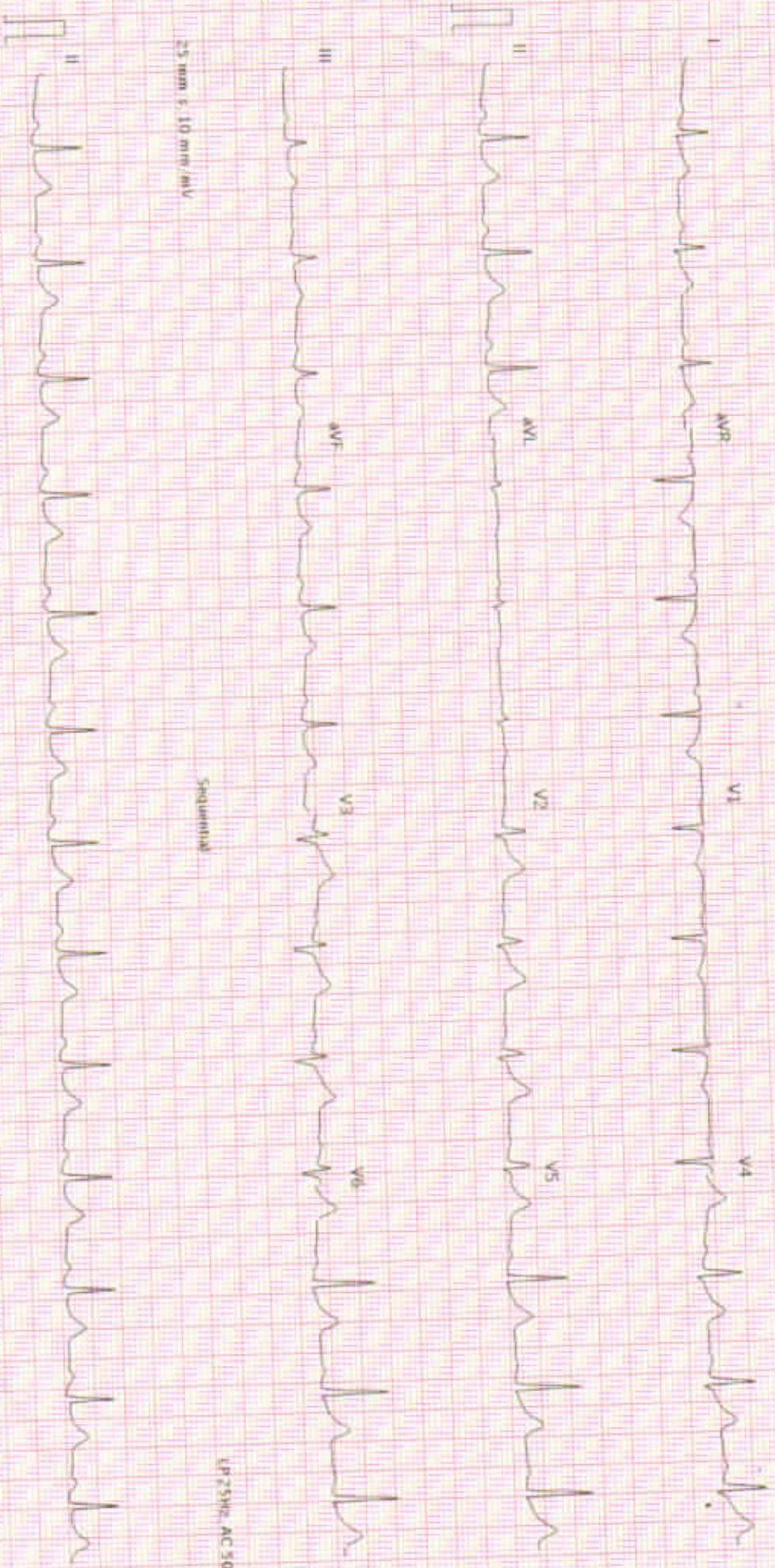
Indication:
Remark:

09.03.2024 10:38:32
Standard 12-Lead

HR	79 bpm	RR	79 bpm
P axis	43°	PR	105 ms
QRS axis	58°	QR	100 ms
T axis	51°	QT	75 ms
		QTc	386 ms
			420 ms

Abnormal

Rajasthan Diagnostic & MR Centre
B-110 Subhash Marg, Indira Nagar, Mandawa Road
Jaipur (Raj.)
Complex(es) with aberrant intraventricular conduction
Sinus rhythm
Normal electrical axis
Abnormal ECG
Unconfirmed report



25 mm/s, 10 mm/mV

Sequential

LP 25MHz, AC 50Hz

LP 25MHz, AC 50Hz

Page 1 of 1

Printed on 09.03.2024 10:38:47

AT 102 G2 I 2.0 (1080 009831)



RAJSTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	SUNITA DEVI	AGE-	SEX: F
REF/BY:	BOB HEALTH CHECKUP	DATE	9-Mar-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 partially distended, no obvious calculus.

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.

Uterus: is h/o hysterectomy.

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)



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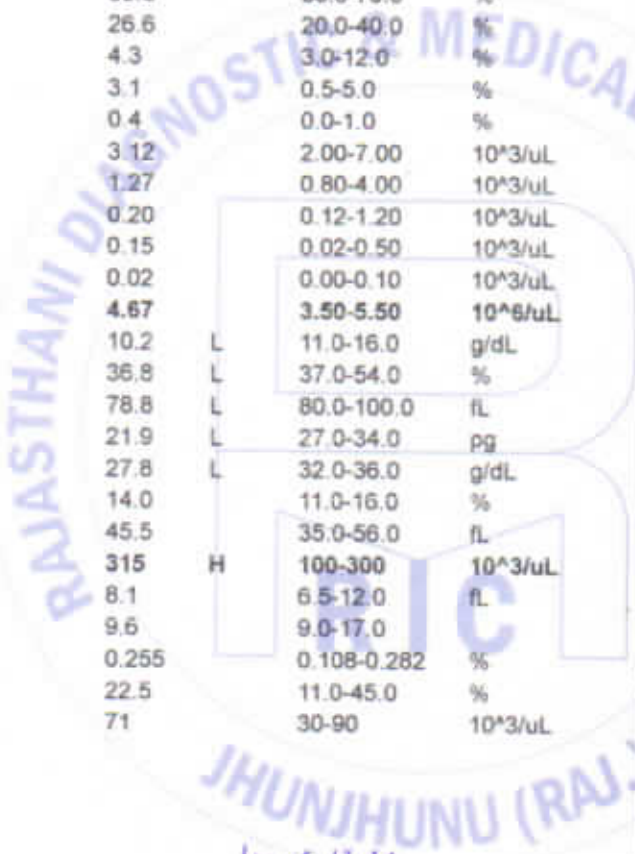
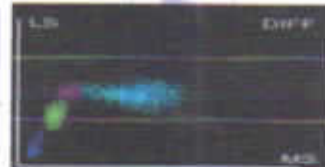
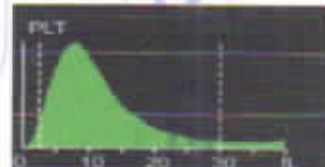
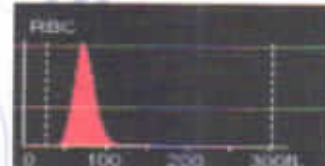
Hematology Analysis Report

First Name: SUNITA
Last Name:
Gender: Female
Age: 42 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 4
Test Time: 09/03/2024 08:50
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	4.76	4.00-10.00	10 ³ /uL
2 Neu%	65.6	50.0-70.0	%
3 Lym%	26.6	20.0-40.0	%
4 Mon%	4.3	3.0-12.0	%
5 Eos%	3.1	0.5-5.0	%
6 Bas%	0.4	0.0-1.0	%
7 Neu#	3.12	2.00-7.00	10 ³ /uL
8 Lym#	1.27	0.80-4.00	10 ³ /uL
9 Mon#	0.20	0.12-1.20	10 ³ /uL
10 Eos#	0.15	0.02-0.50	10 ³ /uL
11 Bas#	0.02	0.00-0.10	10 ³ /uL
12 RBC	4.67	3.50-5.50	10 ⁶ /uL
13 HGB	10.2	L 11.0-16.0	g/dL
14 HCT	36.8	L 37.0-54.0	%
15 MCV	78.8	L 80.0-100.0	fL
16 MCH	21.9	L 27.0-34.0	pg
17 MCHC	27.8	L 32.0-36.0	g/dL
18 RDW-CV	14.0	11.0-16.0	%
19 RDW-SD	45.5	35.0-56.0	fL
20 PLT	315	H 100-300	10 ³ /uL
21 MPV	8.1	6.5-12.0	fL
22 PDW	9.6	9.0-17.0	%
23 PCT	0.255	0.108-0.282	%
24 P-LCR	22.5	11.0-45.0	%
25 P-LCC	71	30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
Draw Time: 09/03/2024 08:50 Received Time: 09/03/2024 08:50 Validated Time:
Report Time: 09/03/2024 12:31 Remarks:

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



समस्त कार्य 24 घण्टे

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RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY


MC - 5348

Patient Name: **SUNITA**
 Sr. No. : **3229**
 Patient ID No.: **3039**
 W/O : **DHARMVEER SINGH**
 Age : **42** Gender : **FEMALE**
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **09-03-2024 09:12 AM**
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 Bar Code 
 LIS Number **2 9 5 7**

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	08	mm/hr	20
BLOOD GROUPING (ABO & Rh)	A+ Positive		



Ashish Sethi
 Consultant Biochemist

TECHNOLOGIST

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Kande Gulab
 M.D. Pathology

PATHOLOGIST

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



MRI

CT SCAN

TMT

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X-RAY

ECG

MEMOGRAPHY

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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.

Ashish Sethi
 Dr. Ashish Sethi
 24 Consultant Biochemist

TECHNOLOGIST

Manish Chugh
 Dr. Manish Chugh
 M.D. (Path)
 Reg. No. : 4720

PATHOLOGIST

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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	92.00	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



TECHNOLOGIST

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PATHOLOGIST

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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 Creatinase)	0.72	mg/dL	0.6-1.30
Calcium	9.87	mg/dL	8.5-11
Uric Acid (Method : Uricase-POD)	4.90	mg/dL	2.4-7.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	26.14	IU/L	15.0-85.0

Ashish Sethi
 Dr. Ashish Sethi
 Consultant Biochemist

TECHNOLOGIST

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Nanda Kishor
 Dr. Nanda Kishor
 M.D. (Path.)
 DMC No. 14702



PATHOLOGIST

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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:UV Kinetic)	22.00	U/L	5-40
SGPT/ALT(Tech.:UV Kinetic)	34.00	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)	7.01	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)	3.99	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)	3.02	gm/dL	2.5-4.5
A/G Ratio(Tech.:Calculated)	1.32		1.2 - 2.5
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	162.00	U/L	108-306



TECHNOLOGIST

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Manish Khule
 Dr. Manish Khule
 M.D. (Path)
 SMC No. : 4720



PATHOLOGIST

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

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**BIO-CHEMISTRY
 LIPID PROFILE**

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	158.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	44.00	mg/dL	35-65
Triglycerides (Method: GPO)	131.00	mg/dL	Recommended triglycerides levels for adults; Normal: <161 High: 161-199 Hypertriglyceridemic: 200-499 Very high: >499
LDL Cholesterol	87.80	mg/dL	10-150
VLDL Cholesterol	26.20	mg/dL	0-40

Ashish Sethi
 Ashish Sethi
 24
 Assistant Biochemist

TECHNOLOGIST

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Kamini Khule
 Dr. Kamini Khule
 M.D. (Path.)
 SMC No. : 47307

PATHOLOGIST

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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.85	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	10.24	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.96	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.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist



TECHNOLOGIST

Kamla Kishor

Dr. Kamla Kishor
M.D (Path.)
BMC No. : 47319



PATHOLOGIST

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MRI

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MC - 5348

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URINE EXAMINATION
URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity		ml	
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.020		
PH	6.0		4.5-6.5

CHEMICAL

Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		

MICROSCOPIC

Red Blood Cells	Nil	/h.p.f.	
Pus Cells	2-3	/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		

<<< 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.



24x7
Ashish Sethi
 Consultant Biochemist



Manish Chahal
 M.D. Pathology
 TMC No. : 4735

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE**TECHNOLOGIST****PATHOLOGIST**

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

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

RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY



NAME : SUNITA DEVI	AGE 43 /SEX F
REF.BY :BOB HEALTH CHECK UP	DATE: 09.03.2024

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 (RADIOLOGICAL DIAGNOSIS)

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



अपारंपारिक सेवाएं

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