



भारत सरकार

Government of India



मोनिका मीणा
Monika Meena

जन्म तिथि/DOB: 20/01/1990
महिला / Female



4013 1845 5188

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान अधिकरण

Unique Identification Authority of India

पता: W/O: सुशील मीणा, वॉर्ड न0-9
चिचरोली रोड, इस्लामपुर, इस्लामपुर
झुंझुन, राजस्थान, 333024

Address: W/O: Sushil
Meena, ward no-9, chichrolli
road, Islampur, Islampur,
Jhunjhunun, Rajasthan,
333024

4013 1845 5188




1947
1800 300 1947



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www

www.uidai.gov.in


Rajasthani Diagnostic &
Medical Research Centre
Jhunjhunu

मोनिका

9660267017

Name: Monika meena Emergency
 Patient ID: 81f16ccb-1fe7-43ac-8ad8-33cebe89ff0b

23.03.2024 12:54:41
 Standard 12-Lead

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

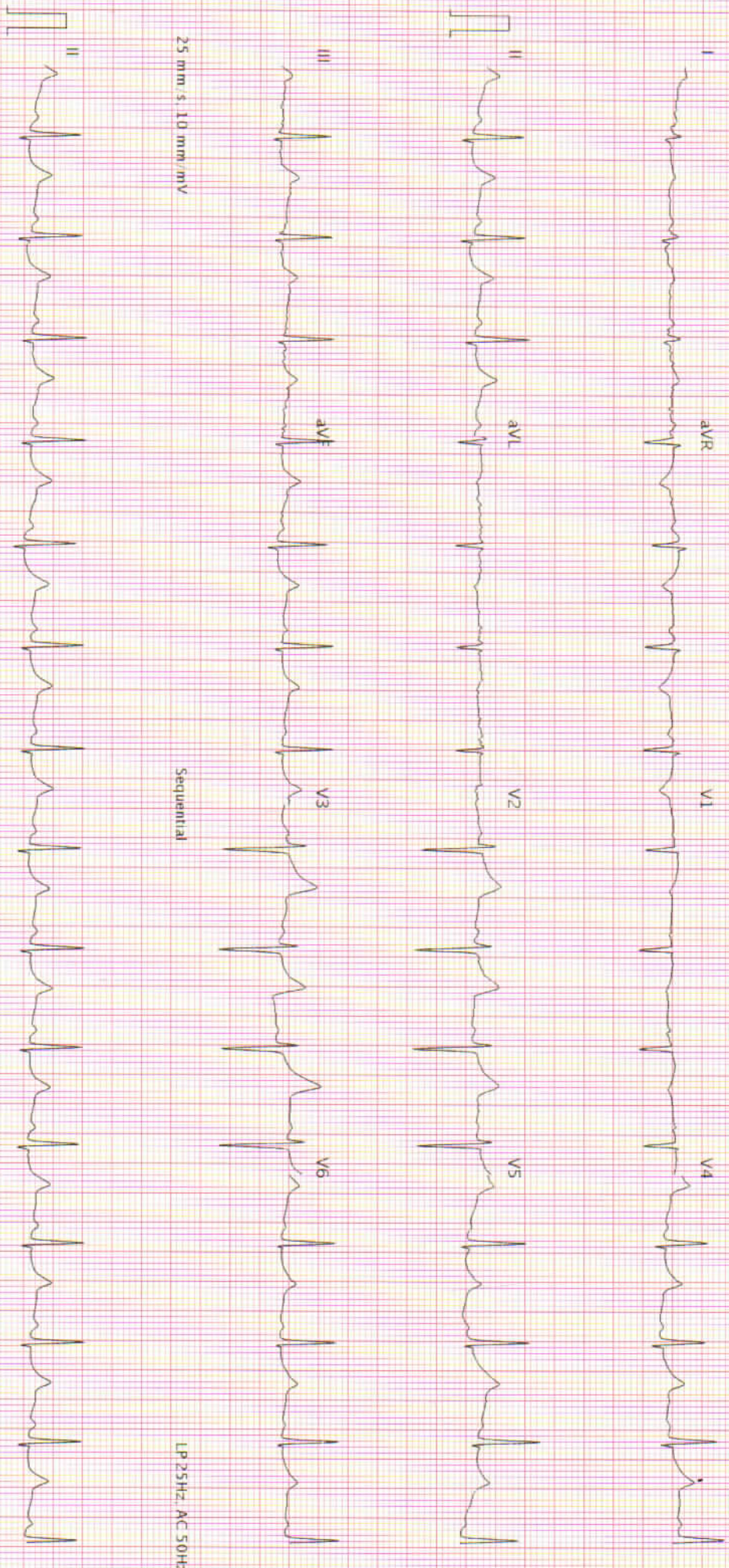
Date of birth: Female
 Gender: Female
 Height: Room
 Weight: Medication
 Ethnicity: Order ID
 Paramaker: Ord. prov.
 Ord. prot.

HR 88 bpm
 RR 68.1 ms
 P 77 ms
 PR 117 ms
 P axis 35°
 QR5 axis 84°
 T axis 61°
 QTcB 453 ms

Sinus rhythm
 Normal electrical axis
 S1 S2 S3 pattern
 Nonspecific ST abnormality (elevation)
 Otherwise normal ECG
 Unconfirmed report

Rajasthan Diagnostic & Medical Research Centre
 Jhunjhunu

Otherwise normal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz



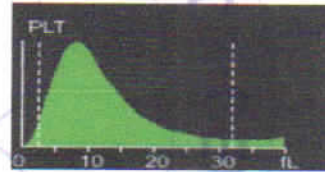
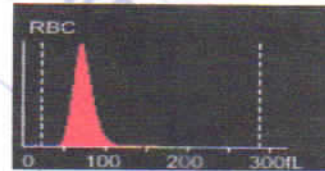
Hematology Analysis Report

First Name: MONIKA MEENA
Last Name:
Gender: Female
Age: 34 Year

Sample Type: Blood
Department:
Med Rec. No.:3914

Sample ID: 4
Test Time: 23/03/2024 09:07
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	7.22	4.00-10.00	10 ³ /uL
2 Neu%	68.8	50.0-70.0	%
3 Lym%	20.1	20.0-40.0	%
4 Mon%	9.0	3.0-12.0	%
5 Eos%	1.8	0.5-5.0	%
6 Bas%	0.3	0.0-1.0	%
7 Neu#	4.97	2.00-7.00	10 ³ /uL
8 Lym#	1.45	0.80-4.00	10 ³ /uL
9 Mon#	0.65	0.12-1.20	10 ³ /uL
10 Eos#	0.13	0.02-0.50	10 ³ /uL
11 Bas#	0.02	0.00-0.10	10 ³ /uL
12 RBC	4.70	3.50-5.50	10 ⁶ /uL
13 HGB	10.3	L 11.0-16.0	g/dL
14 HCT	36.7	L 37.0-54.0	%
15 MCV	78.1	L 80.0-100.0	fL
16 MCH	21.8	L 27.0-34.0	pg
17 MCHC	28.0	L 32.0-36.0	g/dL
18 RDW-CV	13.5	11.0-16.0	%
19 RDW-SD	43.5	35.0-56.0	fL
20 PLT	265	100-300	10 ³ /uL
21 MPV	8.6	6.5-12.0	fL
22 PDW	10.1	9.0-17.0	%
23 PCT	0.229	0.108-0.282	%
24 P-LCR	26.4	11.0-45.0	%
25 P-LCC	70	30-90	10 ³ /uL



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

Submitter: Operator: service Approver:
Draw Time: 23/03/2024 09:07 Received Time: 23/03/2024 09:07 Validated Time:
Report Time: 24/03/2024 10:25 Remarks:

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



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RAJSTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY


Patient Name: **MONIKA MEENA**
 Sr. No. : **3914**
 Patient ID No.: **3656**
 Age : **34** Gender : **FEMALE**
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **23-03-2024 03:43 PM**
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 LIS Number **3 5 7 4**

LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	155.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	42.00	mg/dL	35--88
Triglycerides (Method: GPO)	H 184.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	76.20	mg/dL	0--100
VLDL Cholesterol	H 36.80	mg/dL	0--35
TC/HDL Cholesterol Ratio	3.69	Ratio	2.5--5
LDL/HDL Ratio	1.81	Ratio	1.5--3.5

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	16.0	mm/hr	20
BLOOD GROUPING (ABO & Rh)	A+ Positive		

Ashish Sethi
 Dr. Ashish Sethi
 Consultant Biochemist

TECHNOLOGIST

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Namta Khutek
 Dr. Namta Khutek
 M.D. (Path.)
 GMC No. : 4720/15260



PATHOLOGIST

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SONOGRAPHY

X-RAY

ECG

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Patient Name: **MONIKA MEENA**
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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.20	%	< 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)	102.54	mg/dL	
eAG (Estimated Average Glucose)	5.69	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 Anemia, 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 Khutele
 Dr. Mamta Khutele
 M.D. (Path.)
 BMC No. : 4720/16260



TECHNOLOGIST

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PATHOLOGIST

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MC - 5348

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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method GOD-POD)	91.0	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)	109.3	mg/dL	Glucose 2 h Postparandial: <120
BUN (Blood Urea Nitrogen)	12.0	mg/dL	7.0--18.0

KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method Urease-GLDH)	32.60	mg/dL	Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 18-55 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)	0.79	mg/dL	0.6--1.30
Calcium	8.90	mg/dL	8.5--11
Uric Acid (Method : Uricase-POD)	5.30	mg/dL	2.4--7.2
Gamma glutamyl transferase (GGT)	22.0	IU/L	15.0--85.0

Anish Sethi
 Dr. Anish Sethi
 Consultant Biochemist

Mamta Khuteta
 Dr. Mamta Khuteta
 M.D. (Path.)
 GMC No. : 4720/1624



आपका TECHNOLOGIST

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MC - 5346

Patient Name: **MONIKA MEENA**
 Sr. No. : **3914**
 Patient ID No.: **3656**
 Age : **34** Gender : **FEMALE**
 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)	24.16	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	32.13	U/L	5-40
Bilirubin(Total) (Method : Diazo)	0.72	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)	0.50	mg/dL	0.1-1.0
Total Protein (Method : BIURET Method)	6.82	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)	3.76	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)	3.06	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.23		1.2 -- 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	210.0	U/L	108-306

Aashish Sethi
 Dr. Aashish Sethi
 Consultant Biochemist

TECHNOLOGIST

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Mamta Khulela
 Dr. Mamta Khulela
 M.D. (Path.)
 GMC No. : 4720/16266



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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.93	ng/ML	0.5 - 1.5 ng/ML
T4 (Total Thyroxine)	8.06	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.02	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.



Dr. Ashish Sethi
Consultant Biochemist

TECHNOLOGIST

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Dr. Namta Khuleta
M.D. (Path.)
SINC No. : 4720/16288



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY


MC - 5346

Patient Name: **MONIKA MEENA**
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 Age : **34** Gender : **FEMALE**
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity	20	ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.015		
PH	5.50		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	4--6	/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.



TECHNOLOGIST

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Kamla Khuleh
 Dr. Mamta Khuleh
 M.D. (Path.)
 BMC No. : 4720/16264



PATHOLOGIST

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MAMOGRAPHY

NAME : MONIKA MEENA	AGE 34 /SEX F
REF. BY : BOB HEALTH CHECK-UP	DATE: 23.03.2024

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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RAJASTHANI DIAGNOSTIC & MR CENTRE

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NAME	MONIKA MEENA	AGE-	SEX: F
REF/BY:	BOB HEALTH CHECK UP	DATE	23-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 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. **Echoes seen in urine.**

Uterus: is normal in size, regular in shape and outline. Uterus is anteverted and ante flexed. Endometrium is normal in thickness. No sonolucent or echogenic mass lesion seen.

Adenexa: Both adenexal regions are seen normal. No focal mass or lesion is seen. Bilateral ovaries are normal in appearance.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen.

IMPRESSION:

- ❖ Echoes seen in urine.

Advised: clinicopathological correlation

UAS
DR. UMMED SINGH RATHORE
MD RADIODIAGNOSIS

Dr. Ummed Singh
MD (Radiodiagnosis)
(RMC.34498/24812)



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