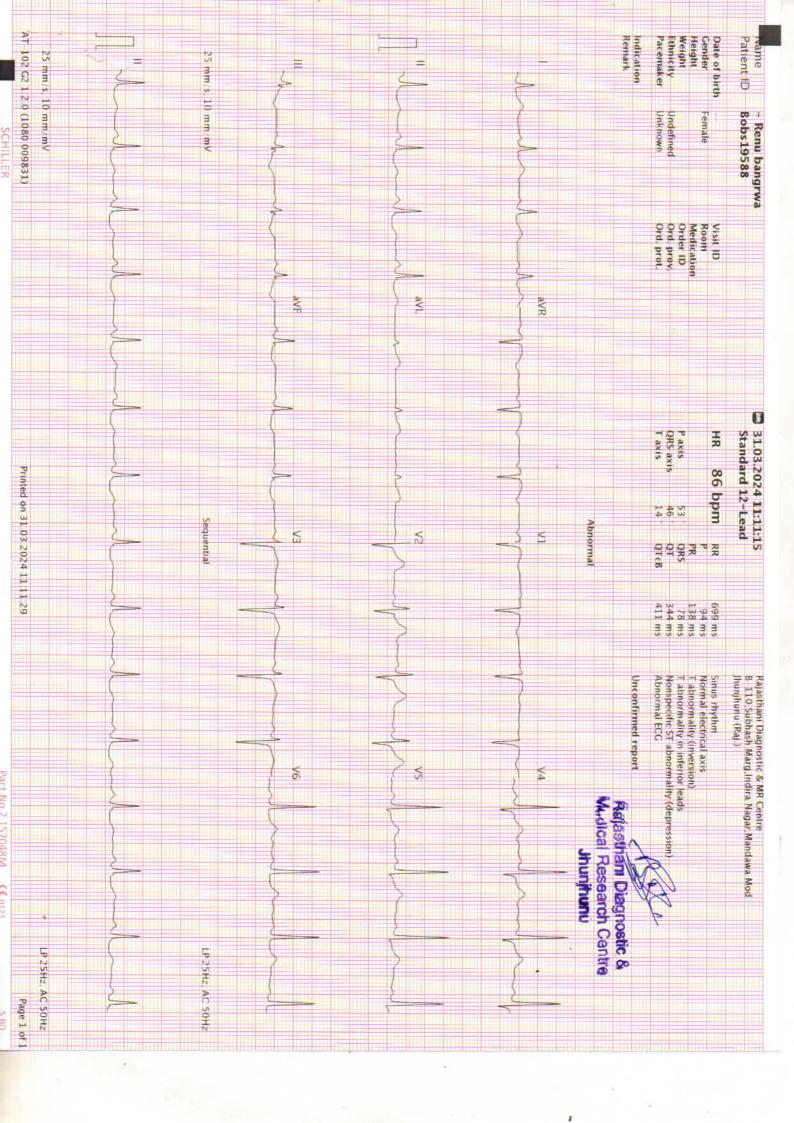




Rajasthani Diagnostic & Medical Research Centre Jhunjhunu

9829399854



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	RENU BANGRWA	AGE-	SEX: F	
REF/BY:	BOB HEALTH CHECKUP	DATE	31-Mar-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.

<u>Gall bladder</u>: 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.

<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.

Spleen: 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.

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:

Grade I fatty liver.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT MD RADIODIAGNOSIS

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





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MAMOGRAPHY

NAME : RENU BANGRWA	AGE 51 /SEX F		
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 (RADIODIAGNOSIS)

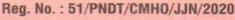
RMC -38742/25457

Dr. Anusha Ivian. Iawa. MD (Radiodiagnosis) (RMC. 38742/25457)











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ECG

MEMOGRAPHY



Hematology Analysis Report

First Name: RENU BANGRWASample Type:

Last Name:

Gender:

Age:

Female 51 Year Department: Med Rec. No.:

partment:

Sample ID: 3

Test Time: 31/03/2024 09:19

Diagnosis:

Age:	51 Year						
Parameter	J.	Result		Ref. Range	Unit		
1 WBC		5.09		4.00-10.00	10^3/uL		
2 Neu%		45.8	L	50.0-70.0	%	WBC	
3 Lym%		42.6	Н	20.0-40.0	%		
4 Mon%		7.4		3.0-12.0	% ED/		
5 Eos%		3.9	.0	0.5-5.0	%	~A P 1	
6 Bas%		0.3	470	0.0-1.0	%		
7 Neu#		2.32		2.00-7.00	10^3/uL		SKIP WELVERSON OF
8 Lym#		2.17		0.80-4.00	10^3/uL	RBC	
9 Mon#		0.38		0.12-1.20	10^3/uL		
10 Eos#		0.20		0.02-0.50	10^3/uL		
11 Bas#		0.02		0.00-0.10	10^3/uL		
12 RBC		4.85		3.50-5.50	10^6/uL	0 100	200 300fL
13 HGB		10.8	L	11.0-16.0	g/dL	PLT	SAN BUSINESS
14 HCT		38.5		37.0-54.0	%		
15 MCV		79.3	L	80.0-100.0	fL		
16 MCH		22.3	L	27.0-34.0	pg		
17 MCHC		28.2	L	32.0-36.0	g/dL		
18 RDW-CV	/	13.3		11.0-16.0	%	0 10	20 30 fL
19 RDW-SD)	43.2		35.0-56.0	fL	LS	OIFF
20 PLT		310	Н	100-300	10^3/uL		
21 MPV		7.4		6.5-12.0	fL	COM	
22 PDW		8.7	C.L.	9.0-17.0			
23 PCT		0.229	/ 1	0.108-0.282	%		MS
24 P-LCR		17.5		11.0-45.0	%	The state of the s	
25 P-LCC		54		30-90	10^3/uL	LS	DIFF
			1	HUNJHL	JNU (P	A	нѕ
				4.0			DIEE

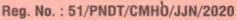
Submitter: Operator: admin Approver: Draw Time: 31/03/2024 09:17 Received Time: 31/03/2024 09:17 Validated Time: Report Time: 31/03/2024 12:34 Remarks:

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





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





RAJASTHANI DIAGNOSTIC & M

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG **MEMOGRAPHY**



Patient Name: RENU BANGRWA

Sr. No. : 4267 Patient ID No.: 3946

: 51 Gender

: FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on: 31-03-2024 09:31 AM

Collected On : 31-03-2024 09:31 AM Received On : 31-03-2024 09:31 AM Reported On : 31-03-2024 10:33 AM

Bar Code LIS Number

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	12.0	mm/hr	20
BLOOD GROUPING (ABO & Rh)	AB+ Positive	200	



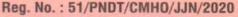




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Sr. No. : 4267 Patient ID No.: 3946

Age

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: FEMALE

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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.30	%	< 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)	76.71	mg/dL	7
eAG (Estimated Average Glucose)	4.26	mmol/L	3.

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.

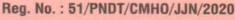
Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Aneamia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well 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)	99.10	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)	103.0	mg/dL	Glucose 2 h Postparandial: <120
BUN (Blood Urea Nitrogen)	12.0	mg/dL	7.018.0

KIDNEY FUNCTION TEST

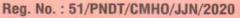
Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	31.27	mg/dL	Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-36 4-13 years : 15-36 13-19 years : 18-45
Creatinine (Method : Enzymatic Creatininase)	0.86	mg/dL	0.61.30
Calcium	9.2	mg/dL	8.511
Uric Acid (Method Uricase-POD)	JH112 3.7	mg/dL	2.47.2
	- ON HIMILIAN		
Gamma glutamyl transferase (GGT)	28.0	IU/L	15.085.0





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Bar Code LIS Number 3 8 6 4

BIO-CHEMISTRY

Liver Function Test

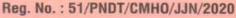
Test Name	Observed Values	Units	Reference Intervals
(C)		TE	
SGOT/AST(Tech.:-UV Kinetic)	16.37	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	18.30	U/L	540
Bilirubin(Total) (Method: Diazo)	0.64	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day :1-8, 1-2 days : 6-12, 3-5 days : 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days : 6-10, 3-5 days : 4-8
Bilirubin(Direct)	0.09	mg/dL	00.3
Bilirubin(Indirect)	0.55	mg/dL	0.11.0
Total Protein (Method BIURET Method)	6.92 R	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)	3.78	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)	3.14	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	1.20		1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	186.0	U/L	108-306





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BIO-CHEMISTRY LIPID PROFILE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method ; CHOD-PAP)	191.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	42.00	mg/dL	3565
Triglycerides (Method : GPO)	125.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	124.00	mg/dL	10150
VLDL Cholesterol	25.00	mg/dL	040
			1







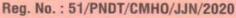


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TECHNOLOGIST

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

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Cholesterol (Method; CHOD-PAP)	191.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	42.00	mg/dL	3565
Triglycerides (Method: GPO)	125.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	124.00	mg/dL	10150
VLDL Cholesterol	25.00	mg/dL	040





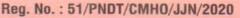


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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.87	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	8.16	μg/dL	4.60-12.50 μg/dL
TSH (Thyroid Stimulating Hormone)	0.90	μIU/mL	0.35 5.50 μlU/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.

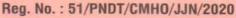
JHUNJHUNU (RA).







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Bar Code
LIS Number 3 8 6 4

URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals		
PHYSICAL					
Quantity	2	ml			
Colour	Pale Yellow	0			
Appearance / Transparency	Clear	. 30			
Specific Gravity	1.020	10			
PH	5.0	-	4.56.5		
CHEMICAL)	0			
Reaction	Acidic	IT			
Albumin	NIL				
Urine Sugar	Nil	15	/		
MICROSCOPIC	DIC	177			
Red Blood Cells	Nil	/h.p.f.			
Pus Cells	12	/h.p.f.			
Epithelial Cells	01	/h.p.f.			
Crystals	JAHAN NII WA	/h.p.f.			
Casts	Nil NU (III	/h.p.f.			
Bactria	Nil	/h.p.f.			
Others	Nil	/h.p.f.			





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TECHNOLOGIST
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URINE EXAMINATION

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil	4/	
URINE SUGAR PP	Nil	PA	

rtf1ansideff0uc1ansicpg1252deftab720fonttblf0fnilfcharset1 Arialf1fnilfcharset1 Times New Romanf2fnilfcharset2 Symbolf3fnilfcharset2 Wingdingsf4fnilfcharset2 Symbolcolortblred0green0blue0red255green0blue0red0green128blue0red OgreenOblue255red255green255blue0red255greenOblue255red128greenOblue128red128greenOblue0red0green255blue0 red0green255blue255red0green128blue128red0green0blue128red255green255blue255red192green192blue192red128gr een128blue128red0green0blue0wpprheadfoot1paperw12240paperh15840margl1800margr1800margt1440margb1440hea dery720footery720endnheresectdefaultclgenerator WPTools_6.250qjplainfs24b X-RAY CHEST PA VIEWpar pardplainqjplainf1fs24par plainfs24 Lung fields appear radiologically clear.par pardplainqjplainfs24par plainfs24 Hilar shadows appear normal par pardplainqjplainfs24par plainfs24 Both C.P. angles are clear pardplainqjplainfs24par plainfs24 Cardio-thoracic ratio is within normal limits.par pardplainqjplainfs24par pardplainqjplainfs24par plainfs24b OPINIONpar pardplainqjplainfs24bpar li1080fi-360tx1080plainf2fs24B7tabf0b NO CARDIO-PULMONARY LESION IS SEEN RADIOLOGICALLY.par pardplainplainf1fs24par pardplainplainfs22bulpar

<<< 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.

JAUNJHUNU (RAJ.)





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