

भारत सरकार  
Government of India

सुनिता सैनी  
Sunita Saini

जन्म तिथि / DOB : 15/08/1979  
महिला / Female

7843 9524 7648

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: अर्धांगिनी: सुरेश कुमार सैनी,  
गोपालपुरा, लोटिया, झुंझुन, चिडावा,  
राजस्थान, 333029

Address: W/O: Suresh Kumar Saini,  
Gopalpura, Lotie, Jhunjhun, Chirawa,  
Rajasthan, 333029

7843 9524 7648

1947  
1800 300 1947

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www  
www.uidai.gov.in

Sunita Saini

9166146115

Rajasthani Diagnostic &  
Medical Research Centre  
Jhunjhunu

Name: **Sunita saini**  
Patient ID: **Robb19738**

Date of birth: **15.08.1979**  
Gender: **Female**  
Height: **Unknown**  
Weight: **Unknown**  
Ethnicity: **Unknown**  
Patientmaker: **Unknown**

Visit ID: **Room**  
Medication: **Order ID**  
Ord. prov.: **Ord. prot.**

Indication:  
Remark:

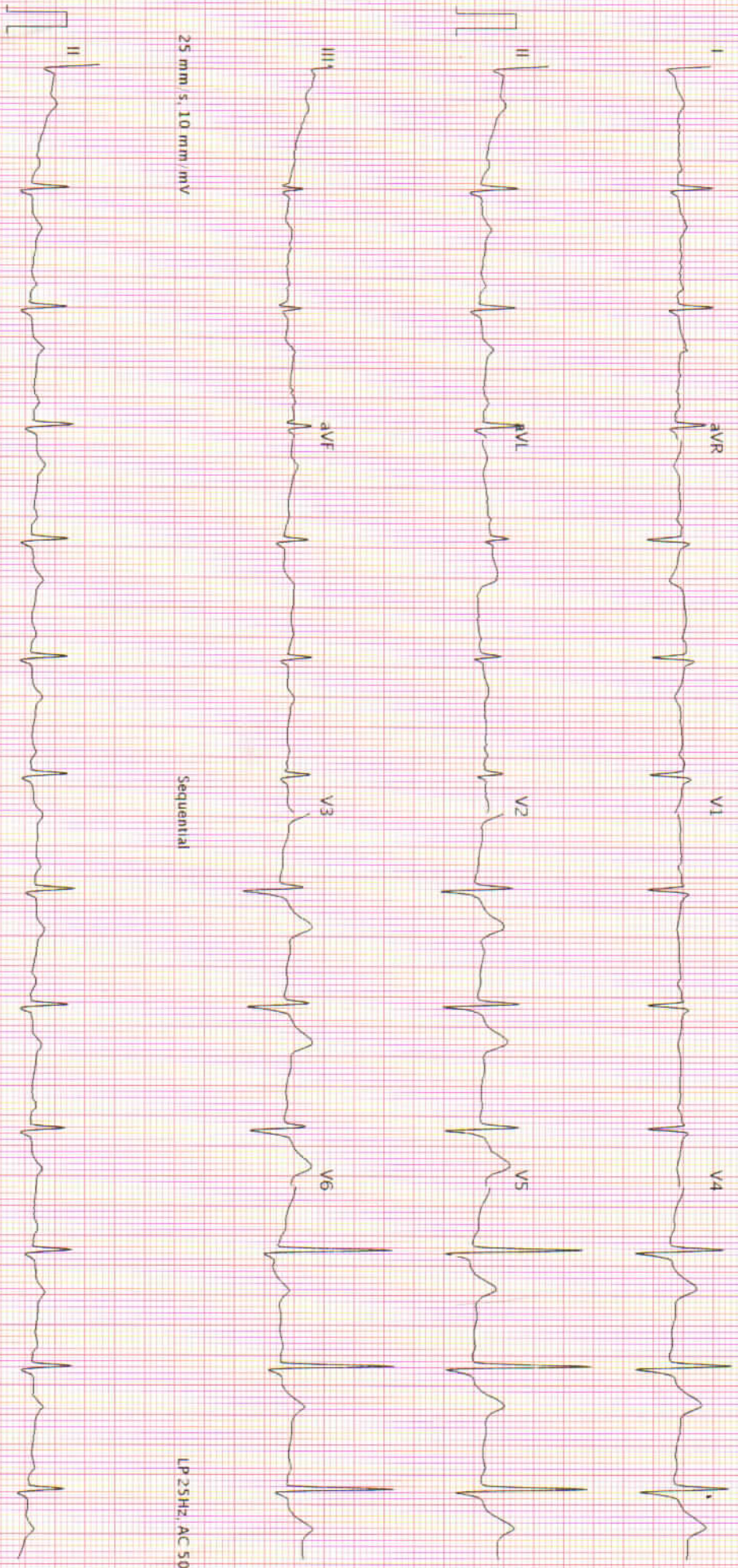
14.04.2024 12:55:49  
Standard 12-Lead

HR **76 bpm** RR **78.7 ms**  
P axis **36°** PR **155 ms**  
QRS axis **27°** QT **97 ms**  
T axis **26°** QTcB **398 ms**

Rajasthan Diagnostic & MR Centre  
8-110 Subhash Marg, Indira Nagar, Mandawa Mod  
Jhunjhunu (Raj.)  
Sinus rhythm  
Normal electrical axis  
Normal ECG  
Unconfirmed report

**Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu**

Normal





# RAJASTHANI DIAGNOSTIC & MR CENTRE

## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	SUNITA SAINI	AGE-44 Y	SEX: F
REF/BY:	BOB HEALTH CHECKUP	DATE	14-Apr-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 normal in size, regular in shape and outline. Uterus is mildly retroverted.

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. Retroperitoneum including aorta, IVC are unremarkable.

### IMPRESSION:

❖ NO SIGNIFICANT ABNORMALITY.

Advised: 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



B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



# RAJASTHANI DIAGNOSTIC & MR CENTRE

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NAME : SUNITA SAINI	AGE 44 /SEX F
REF.BY :BOB HEALTH CHECK-UP	DATE: 14.04.2024

## 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)

*Anusha*  
DR. ANUSHA MAHALAWAT

MD (RADIOLOGIST)

RMC -38742/25457

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



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# RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY



NABL CERTIFICATE NO.  
MC-5346

MRI

CT SCAN

TMT

SONOGRAPHY

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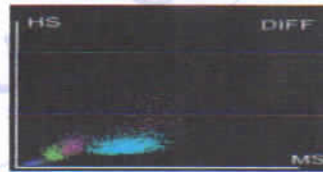
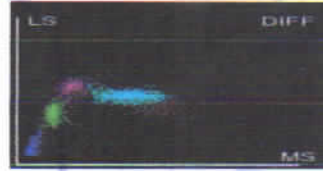
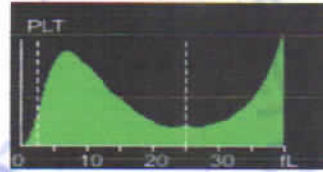
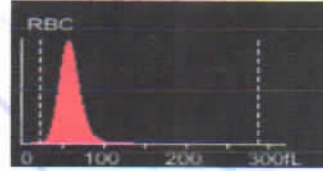
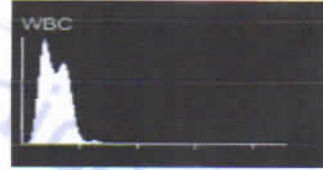
## Hematology Analysis Report

First Name: SUNITA SAINI  
Last Name:  
Gender: Female  
Age: 44 Year

Sample Type:  
Department:  
Med Rec. No.:

Sample ID: 6  
Test Time: 14/04/2024 10:42  
Diagnosis:

Parameter	Result		Ref. Range	Unit
1 WBC	3.65	L	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	62.8		50.0-70.0	%
3 Lym%	21.5		20.0-40.0	%
4 Mon%	9.9		3.0-12.0	%
5 Eos%	5.1	H	0.5-5.0	%
6 Bas%	0.7		0.0-1.0	%
7 Neu#	2.29		2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	0.78	L	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.36		0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.19		0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.03		0.00-0.10	10 <sup>3</sup> /uL
12 RBC	3.92		3.50-5.50	10 <sup>6</sup> /uL
13 HGB	6.1	L	11.0-16.0	g/dL
14 HCT	24.4	L	37.0-54.0	%
15 MCV	62.3	L	80.0-100.0	fL
16 MCH	15.7	L	27.0-34.0	pg
17 MCHC	25.1	L	32.0-36.0	g/dL
18 RDW-CV	17.7	H	11.0-16.0	%
19 RDW-SD	45.6		35.0-56.0	fL
20 PLT	282		100-300	10 <sup>3</sup> /uL
21 MPV	7.9		6.5-12.0	fL
22 PDW	11.3		9.0-17.0	%
23 PCT	0.223		0.108-0.282	%
24 P-LCR	23.5		11.0-45.0	%
25 P-LCC	66		30-90	10 <sup>3</sup> /uL



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

Submitter: Operator: service Approver:  
Draw Time: 14/04/2024 10:41 Received Time: 14/04/2024 10:41 Validated Time:  
Report Time: 15/04/2024 10:45 Remarks:

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# RAJASTHANI DIAGNOSTIC & MRI CENTRE



## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.  
MC-5346

Patient Name: <b>SUNITA SAINI</b>		Registered on : <b>14-04-2024 04:13 PM</b>
Sr. No. : <b>4819</b>		Collected On : <b>14-04-2024 01:13 PM</b>
Patient ID No.: <b>4431</b>		Received On : <b>14-04-2024 01:13 PM</b>
Age : <b>44</b> Gender : <b>FEMALE</b>		Reported On : <b>14-04-2024 04:19 PM</b>
Ref. By Dr : <b>MEDI-WHEEL HEALTH CHECKUP</b>		Bar Code
		LIS Number <b>34 5 2</b>

### HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	8.0	mm/hr	20
BLOOD GROUPING (ABO & Rh )	AB+ Positive		

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.60	%	< 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)	85.32	mg/dL	
eAG (Estimated Average Glucose)	4.74	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

**24/7**  
EMERGENCY SERVICE  
PATHOLOGIST

*Mamta Khulela*

Dr. Mamta Khulela  
M.D. (Path.)  
BMC No. : 4720/16760

PATHOLOGIST



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MC-5346

Patient Name: **SUNITA SAINI**  
Sr. No. : **4819**  
Patient ID No.: **4431**  
Age : **44** Gender : **FEMALE**  
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **14-04-2024 04:13 PM**  
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Received On : **14-04-2024 01:13 PM**  
Reported On : **14-04-2024 04:19 PM**  
Bar Code   
LIS Number 4 5 2

### BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	96.0	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)	105.3	mg/dL	Glucose 2 h Postprandial: <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)	22.0	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)	0.64	mg/dL	0.6-1.30
Calcium	9.20	mg/dL	8.5-11
Uric Acid (Method: Uricase-POD)	3.8	mg/dL	2.4-7.2
Gamma glutamyl transferase (GGT)	24.0	IU/L	15.0-85.0

*Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist

**24/7**  
EMERGENCY SERVICE  
PATHOLOGIST

*Mamta Khuteta*

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

PATHOLOGIST



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**B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977**



# RAJASTHANI DIAGNOSTIC & MRI CENTRE



## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

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Bar Code   
LIS Number : **4 5 2**

### BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	15.80	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	17.10	U/L	5-40
Bilirubin(Total) (Method : Diazo)	0.70	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)	0.14	mg/dL	0-0.3
Bilirubin(Indirect)	0.56	mg/dL	0.1-1.0
Total Protein (Method : BIURET Method)	6.63	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)	2.87	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.31		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	178.0	U/L	108-306

*Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist



*Mamta Khute*

Dr. Mamta Khute  
M.D. (Path.)  
BMC No.: 4730/16300



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

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## BIO-CHEMISTRY LIPID PROFILE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method : CHOD-PAP)	146.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	43.00	mg/dL	35-65
Triglycerides (Method : GPO)	60.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	91.00	mg/dL	10-150
VLDL Cholesterol	12.00	mg/dL	0-40

*Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist

**24/7**  
EMERGENCY SERVICE  
BIOLOGIST

*Mamta Khute*

Dr. Mamta Khute  
M.D. (Path.)  
DMC No. : 4720/16258

PATHOLOGIST



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		LIS Number <b>4 5 2</b>

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

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	L <b>0.23</b>	ng/ML	0.5 - 1.5 ng/ML
T4 (Total Thyroxine)	<b>5.12</b>	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	H <b>15.69</b>	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.

*Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist



*Mamta Khulela*

Dr. Mamta Khulela  
M.D. (Path.)

BMC No. : 4720/16360



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Patient ID No.: 4431		Received On : 14-04-2024 01:13 PM
Age : 44 Gender : FEMALE		Reported On : 14-04-2024 04:19 PM
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP		Bar Code
		LIS Number 5 2

## URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
<b>PHYSICAL</b>			
Quantity	20	ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.010		
PH	5.5		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	1-2	/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	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.

*Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist



*Namita Khulela*

Dr. Namita Khulela  
M.D. (Path.)  
BMC No.: 4720/16350



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