

2023/05/11/1970

[Signature]
Rafasthani Diagnostic &
Medical Research Centre
Jhunjhunu

बँक ऑफ बरोडा
Bank of Baroda

नाम : सरोवर माल शर्मा
Name : Sanwar Mal Sharma
संस्थापक कोड :
E.C.No : 96691

[Signature]
संस्थापक अधिकारी
Holder's Signature





[Signature]
882989275

Bank of





RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMMOGRAPHY

NAME	SANWAR MAL SHARMA	AGE-	SEX: M
REF/BY:	MEDIWHEEL HEALTH CHECKUP	DATE	3-Feb-24

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and mild to moderate 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 partially distended with few calculi are seen in lumen, largest measuring approx 7.5 mm with normal wall thickness, no evidence of peri GB collection at present.

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. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

Prostate: is enlarged in size 37 gm, regular in shape and outline. Capsule is intact.

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 II fatty liver.
- ❖ Cholelithiasis.
- ❖ Prostatomegaly.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MD RADIODIAGNOSIS
 Dr. Anusha Mahalawat
 MD (Radiodiagnosis)
 (RMC. 38742/25457)



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Patient Name: Sharma sanwar mal -
Patient ID: Bobe7533

Date of birth: 05.11.1970
Gender: Male
Height:
Weight:
Ethnicity: Undefined
Parameter: Unknown
Indication:
Remark:

03.02.2024 13:14:57
Standard 12-Lead
HR 86 bpm
PR 162 ms
QR5 75 ms
QTcB 408 ms

ECG Interpretation:
 Sinus rhythm
 Normal electrical axis
 QRS(T) contour abnormality
 consider anterior myocardial damage
 Possible abnormal ECG
 Unconfirmed report

Possible abnormal



Sequential

LP 25Hz AC 50Hz

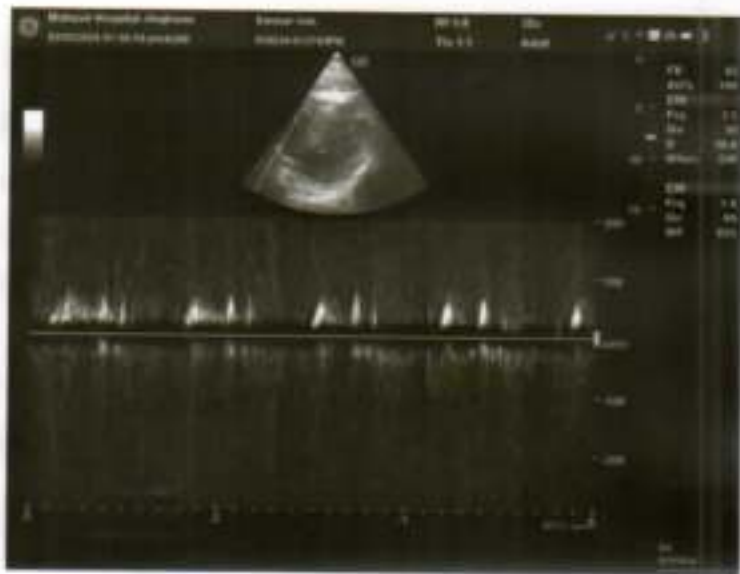
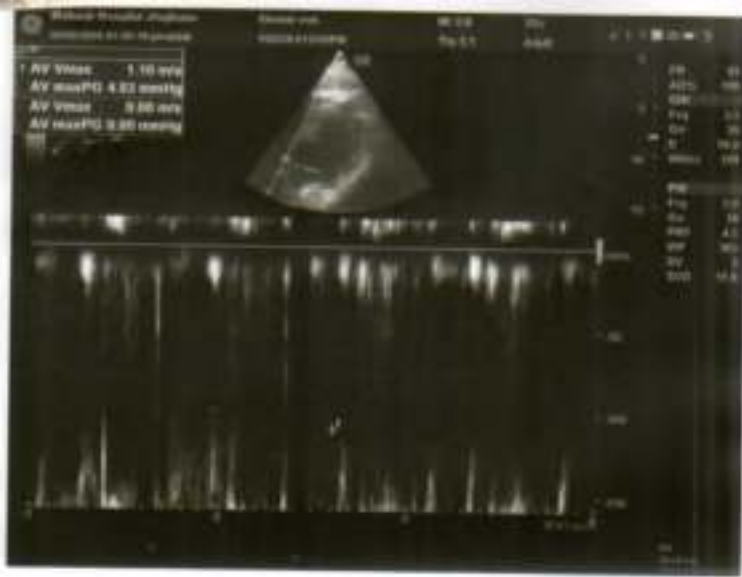
25 mm x 10 mm mV

AT 302 (2 1.2 0 (1000 009831))

Printed on 03.02.2024 13:15:14

LP 25Hz AC 50Hz

Page 1 of 1





Name	: SANWAR MAL SHARMA	Father/Husband	: MADANLAL SHARMA	IPD/OPD status	: OPD
Age/Sex	: 53 Y/Male	Reg. No.	: OutSide	Category	: CASH
Consultant	: M. S. MEEL	Accession No.	: 20240203022	Bed No.	: -
		BILL NO	: 2302245924	Date	: 03/02/2024 1:30:35 PM

TRANSTHORACIC ECHO-DOPPLER TEST REPORT

MITRAL VALVE-

Morphology **AML**-Normal/Thickening/Calcification/Flutter/Restricted mobility/SAM/Doming.

PML-Normal/Thickening/Calcification/Prolapse/Fixed/Restricted Mobility/Flutter.

Doppler- Normal/Abnormal Mitral E/A Velocity= 80/72 (cm/sec).

Mitral Regurgitation Absent/Trace/Mild/Moderate/Severe.

Mitral Stenosis Absent/Present.

TRICUSPID VALVE-

Morphology -Normal/Atresia/Thickening/Calcification/Prolapse/Doming.

Doppler- Normal/Abnormal

Tricuspid Regurgitation Absent/Trace/Mild/Moderate/Severe.

Tricuspid Stenosis Absent/Present.

PULMONARY VALVE-

Morphology -Normal/Atresia/Thickening/Doming/Vegetation.

Doppler- Normal/Abnormal Pulmonary Velocity = 79 (cm/sec)

Pulmonary Regurgitation Absent/Trace/Mild/Moderate/Severe.

Pulmonary Stenosis Absent/Present.

AORTIC VALVE-

Morphology -Normal/Thickening/Calcification/Flutter/Sclerosis/Doming.

No of Cusps- 1/2/3.

Doppler- Normal/Abnormal

Aortic Velocity = 110 (cm/sec)

Aortic Regurgitation Absent/Trace/Mild/Moderate/Severe.

Aortic Stenosis Absent/Present.

Aorta = 2.6cm (2.0 – 3.7cm) Left Atrium = 4.5 cm (1.9 – 4.0 cm)

LV measurement	Diastole	Systole
IVS	1.3 cm (0.6-1.1cm)	1.5 cm
LVID	5.4 cm (3.7-5.6cm)	3.5 cm (2.2 – 4.0 cm)
LVPW	1.6 cm (0.6-1.1cm)	1.9 cm

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy.

Contraction Normal/Reduced.

Regional wall motion abnormality : Present/Absent.

LA Normal/Enlarged/Clear/Thrombus.

RA Normal/Enlarged/Clear/Thrombus.

RV Normal/Enlarged/Clear/Thrombus.



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

यह रिपोर्ट केवल डॉक्टर के इस्तेमाल के लिए है।
इसकी प्रतिलिपि 100% कीमती है। इसे सावधानी से रखें।

MAHAVIR HOSPITAL

Health & Hygiene

D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)



Tel. : 01592-232361
9680960962

MAHAVIR HOSPITAL

COMMENTS & SUMMARY-

ECHO window-Good/Fair/Poor,

No regional wall motion abnormality seen, LVEF=55%.

Mild left ventricular hypertrophy seen.

Mild MR, trace TR, no PAH.

Normal systolic function.

Normal diastolic function.

No I/C clot/vegetation.

Intact IAS/IVS & No CoA, no pericardial effusion.

Dr. M.S. MEEL
MD (Medicine)
Reg. No. 7937/2635
Mahavir Hospital, Jhunjhunu

Dr M S Meel
MD Medicine
Senior Physician

Dr Pallavi Choudhary
MD Paediatrics
Consultant



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यह रिपोर्ट केवल चिकित्सा उद्देश्यों के लिए है। इसे कानून के अंतर्गत कोई भी प्रयोजन के लिए प्रयोग नहीं किया जा सकता है।



NAME : SANWAR MAL SHARMA	AGE 53 /SEX M
REF. BY :BOB HEALTH CHECK-UP	DATE: 03.03.2024

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 (RADIO DIAGNOSIS)

RMC -38742/25457

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MD (Radiodiagnosis)
(RMC. 38742/25457)



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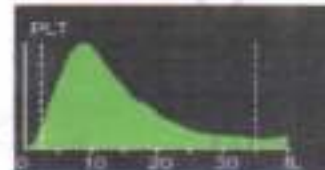
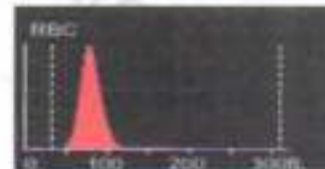
Hematology Analysis Report

First Name: SANWAR MAI SHARMA
 Last Name: SHARMA
 Gender: Male
 Age: 53 Year

Sample Type:
 Department:
 Med Rec. No.:

Sample ID: 6
 Test Time: 03/02/2024 11:35
 Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	7.01	4.00-10.00	10 ³ /uL
2 Neu%	66.4	50.0-70.0	%
3 Lym%	23.4	20.0-40.0	%
4 Mon%	7.7	3.0-12.0	%
5 Eos%	2.0	0.5-5.0	%
6 Bas%	0.5	0.0-1.0	%
7 Neu#	4.65	2.00-7.00	10 ³ /uL
8 Lym#	1.64	0.80-4.00	10 ³ /uL
9 Mon#	0.54	0.12-1.20	10 ³ /uL
10 Eos#	0.14	0.02-0.50	10 ³ /uL
11 Bas#	0.04	0.00-0.10	10 ³ /uL
12 RBC	4.62	4.00-5.50	10 ⁶ /uL
13 HGB	11.2	L 12.0-16.0	g/dL
14 HCT	39.3	L 40.0-54.0	%
15 MCV	85.1	80.0-100.0	fL
16 MCH	24.3	L 27.0-34.0	pg
17 MCHC	28.6	L 32.0-36.0	g/dL
18 RDW-CV	12.6	11.0-16.0	%
19 RDW-SD	44.0	35.0-56.0	fL
20 PLT	257	100-300	10 ³ /uL
21 MPV	9.7	6.5-12.0	fL
22 PDW	12.6	9.0-17.0	fL
23 PCT	0.250	0.108-0.282	%
24 P-LCR	34.3	11.0-45.0	%
25 P-LCC	88	30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
 Draw Time: 03/02/2024 11:34 Received Time: 03/02/2024 11:34 Validated Time:
 Report Time: 04/02/2024 12:57 Remarks:

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



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RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY


Patient Name: **SANWAR MAL SHARMA**
 Sr. No. : **1084**
 Patient ID No.: **1797**
 Age : **53** Gender : **MALE**
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **03-02-2024 12:46 PM**
 Collected On : **03-02-2024 12:46 PM**
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 Reported On : **04-02-2024 01:16 PM**
 Bar Code 
 LIS Number **5 7 2 0**

LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	186.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	48.00	mg/dL	35-88
Triglycerides (Method: GPO)	164.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglyceridemic: 200-499 Very high: >499
LDL Cholesterol	H 105.20	mg/dL	0-100
VLDL Cholesterol	32.80	mg/dL	0-35
TC/HDL Cholesterol Ratio	3.88	Ratio	2.5-5
LDL/HDL Ratio	2.19	Ratio	1.5-3.5

Ashish Sothi
 **Dr. Ashish Sothi**
 Consultant Biochemist

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

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HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	15	mm/hr	20
BLOOD GROUPING (ABO & Rh)	O+ Positive		



Ashish Sethi

Ashish Sethi
 Consultant Biochemist

अभिषेक सेठी

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Manita Khuteta

Dr. Manita Khuteta
 M.D.(Path.)
 RMC No. 4720/16200



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Patient ID No. : 1797		Received On : 03-02-2024 12:46 PM
Age : 53 Gender : MALE		Reported On : 04-02-2024 01:16 PM
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP		Bar Code
		LIS Number 3 7 2 0

HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.60	%	< 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)	114.02	mg/dL	
eAG (Estimated Average Glucose)	6.33	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.

BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Blood Sugar PP (Method: GOD-POD)	109.00	mg/dL	Glucose 2 h Postprandial: <120

Ashish Sethi
 24/7
 Consultant Biochemist

Dr. Mamta Khutela
 M.D.(Path.)
 RMC No. 4720/16200

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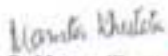
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BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLDH)	30.00	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 Creatinine)	0.91	mg/dL	0.6-1.30
Calcium	9.88	mg/dL	8.5-11
Uric Acid (Method: Uricase-POD)	H 7.55	mg/dL	2.4-7.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	26.00	IU/L	15.0-85.0


 24/7 Ashish Sethi
 Consultant Biochemist


 Dr. Mamta Khuteta
 M.D.(Path.)
 RMC No. 4720/1626

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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	H 43.00	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	H 72.00	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	3.98		
Globulin(CALCULATION)	3.03	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.31		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	193.00	U/L	108-306


 Dr. Ashish Sethi
 Consultant Biochemist


 Dr. Mamta Khurda
 M.D.(Path.)
 RMC No. 4720/16209

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 Sr. No. : 1084
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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.82	ng/mL	0.5 - 1.5 ng/mL
T4 (Total Thyroxine)	9.47	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	3.52	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


 Dr. Mamta Khutela
 M.D.(Path.)
 RMC No. 4720/16200

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

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Patient Name: **SANWAR MAL SHARMA**
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TSH (Thyroid Stimulating Hormone)	3.52	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.)


24/7
 Dr. Ashish Sethi
 Consultant Biochemist


 Dr. Mamta Khute
 M.D.(Path.)
 RMC No. 4720/16268

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RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY


Patient Name: **SANWAR MAL SHARMA**
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 Age : 53 Gender : MALE
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 LIS Number 3 7 2 0

IMMUNOLOGY

Test Name	Observed Values	Units	Reference Intervals
PSA (Prostate-Specific Antigen)	1.18	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.)

Ashish Sethi

Dr. Ashish Sethi
 Consultant Biochemist

Mamta Khuteta

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

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T&C : * This Reports is Not Valid For Medico Legal Purpose. Identification and Name of person is not our responsibility.
R-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977

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RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY


Patient Name: **SANWAR MAL SHARMA**
 Sr. No. : 1084
 Patient ID No.: 1797
 Age : 53 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 03-02-2024 12:46 PM
 Collected On : 03-02-2024 12:46 PM
 Received On : 03-02-2024 12:46 PM
 Reported On : 04-02-2024 01:16 PM
 Bar Code 
 LIS Number 7 7 2 0

URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity		ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.0		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	1-2	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bacteria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	
Test Name	Observed Values	Units	Reference Intervals
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
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 Consultant Biochemist

Mamta Khuteta
 Dr. Mamta Khuteta
 M.D.(Path.)
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 GPS Map Camera

Jhunjhunu, Rajasthan, India

499P+88Q, Subhash Marg, Pratap Nagar, Indra Nagar, Jhunjhunu,
Rajasthan 333001, India

Lat 28.118341°

Long 75.385856°

03/02/24 11:39 AM GMT +05:30

