



Hitesh
9680831833

Hitesh
Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu

Name: MR. MITHAWAL HITESH -
 Patient ID: BobE7766

06.02.2024 11:46:59
 Standard 12-Lead

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

Date of birth: 21.06.1985
 Gender: Male
 Height: Undefined
 Weight: Undefined
 Ethnicity: Unknown
 Pacemaker: Unknown

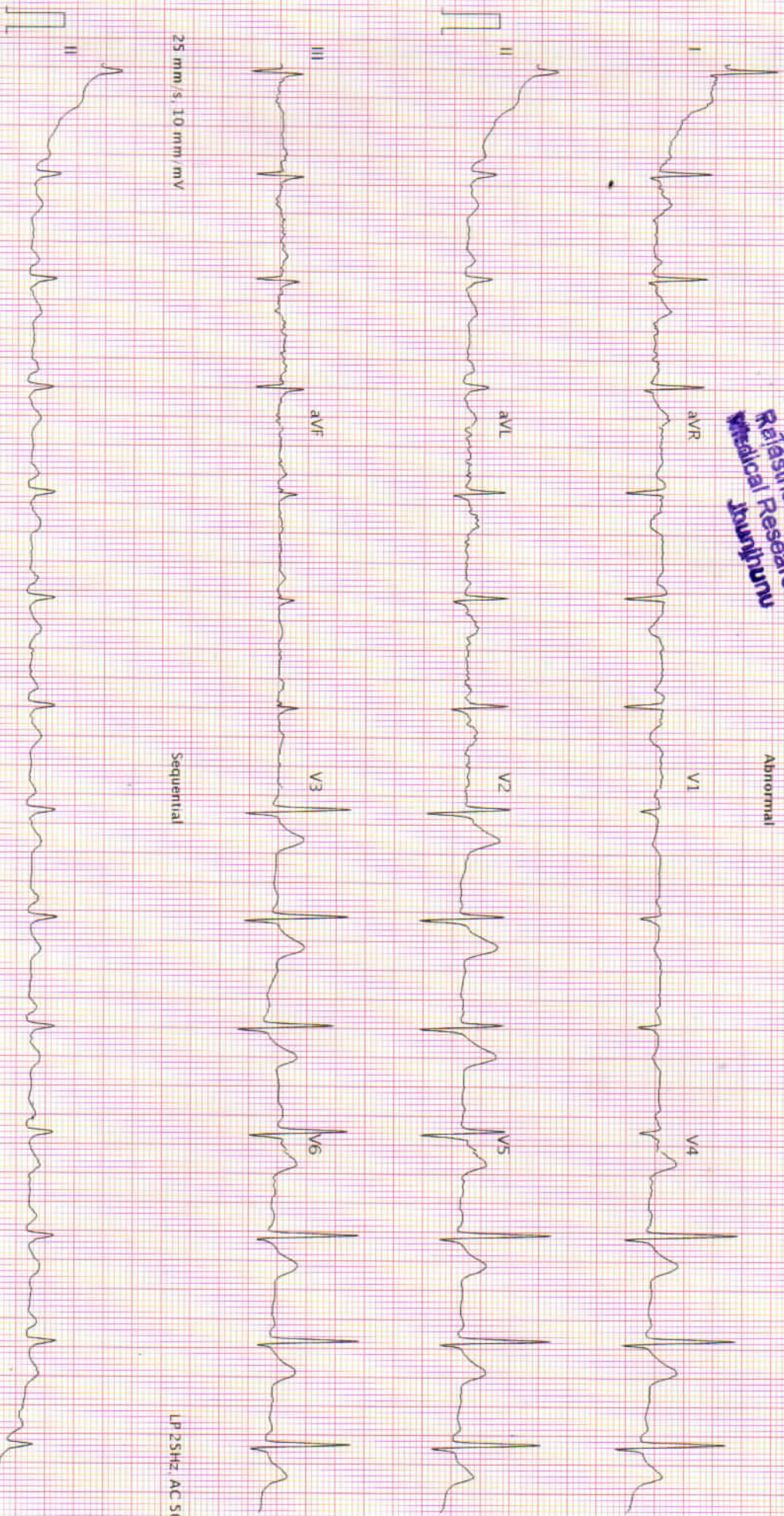
Visit ID:
 Room:
 Medication:
 Order ID:
 Ord. prov.:
 Ord. prot.:

Center:
 HR: 82 bpm
 RR: 732 ms
 P axis: 50°
 QRS axis: 25°
 T axis: 5°
 PR: 116 ms
 QR: 164 ms
 QT: 87 ms
 QTc: 342 ms
 QTcB: 400 ms

Complex(es) with aberrant intraventricular conduction
 Sinus rhythm
 Normal electrical axis
 Nonspecific ST abnormality (elevation)
 Abnormal ECG
 Unconfirmed report

(Signature)
 Rajasthan Diagnostic & MR Centre
 Jhunjhunu

Abnormal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz

AT 102 G2 1.2.0 (0080 009831)

Printed on 06.02.2024 11:47:21

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RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

NAME : HITESH MITHARWAL	AGE 38 /SEX M
REF. BY :BOB HEALTH CHECK-UP	DATE: 06.02.2024

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)

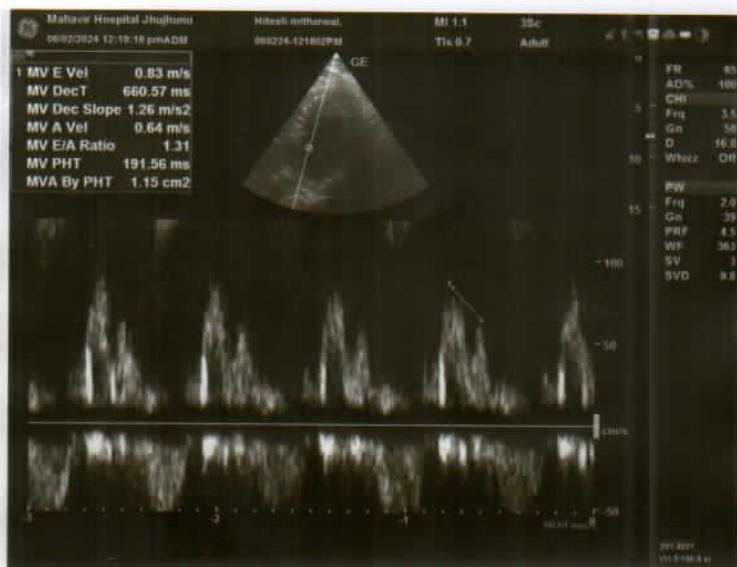
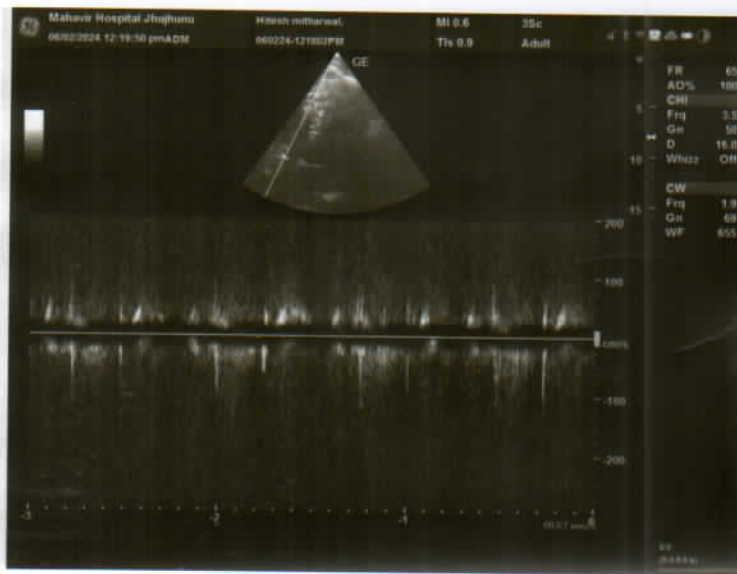
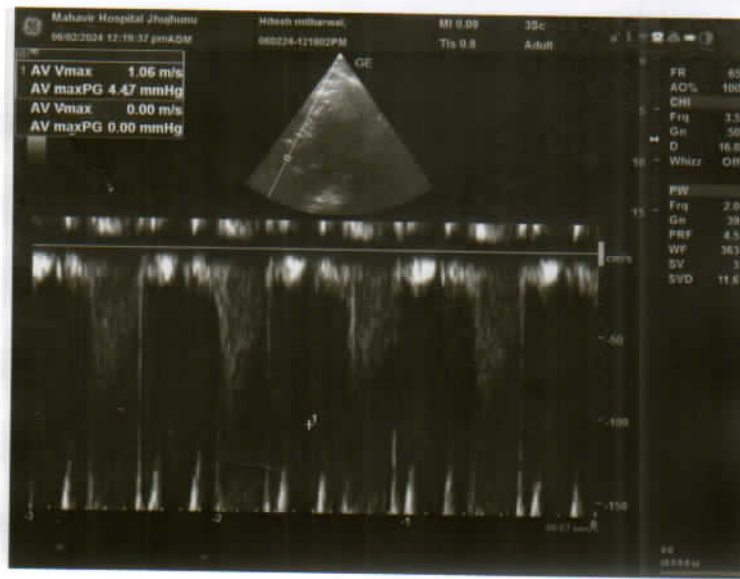
(RMC. 38742/25457)



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MAHAVIR HOSPITAL

Health & Hygiene



Tel. : 01592-232361
9680960962

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

MAHAVIR HOSPITAL

Name	: HITESH MITHARWAL	Father/Husband	: MAHAVEER PRASAD	IPD/OPD status	: OPD
Age/Sex	: 38 Y/Male	Reg. No.	: OutSide	Category	: CASH
Consultant	: M. S. MEEL	Accession No.	: 20240206015	Bed No.	: -
		BILL.NO	: 2302284324	Date	: 06/02/2024 12:17:07 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= 83/64 (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 = 106 (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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भुवनेश्वर परीक्षण कक्षा व कक्षाएं एम्बुलेंस उपचार के
इसकी शिफारिश 104 टोल फ्री सेवा पर की जा सकती है

MAHAVIR HOSPITAL

Health & Hygiene

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



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COMMENTS & SUMMARY-

ECHO window-Good/Fair/Poor.

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

Mild left ventricular hypertrophy seen.

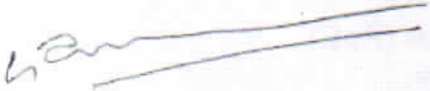
Mild MR, trace TR, no PAH.

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
Senior Physician

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

Dr Pallavi Choudhary
MD Paediatrics
Consultant



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भूय विना परीक्षण काला व करवाला दण्डनीय अपराध है
इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है





RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY


X-RAY

ECG

MEMOGRAPHY

Patient Name: **HITESH MITHARWAL**
 Sr. No. : 1187
 Patient ID No.: 1871
 Age : 38 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 06-02-2024 11:36 AM
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 Bar Code 
 LIS Number 1 7 9 4

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	10	mm/hr	20
BLOOD GROUPING (ABO & Rh)	O+ Positive		



Ashish Sethi

Dr. Ashish Sethi
 Consultant Biochemist

Mamta Khute

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



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B-10, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977




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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

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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 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

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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
 Glucose Fasting (Method : GOD-POD)	104.00	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

KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	32.00	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 Creatininase)	1.02	mg/dL	0.6--1.30
Calcium	10.62	mg/dL	8.5--11
Uric Acid (Method : Uricase-POD)	4.02	mg/dL	2.4--7.2
Gamma glutamyl transferase (GGT)	29.10	IU/L	15.0--85.0



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LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method : CHOD-PAP)	169.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	60.00	mg/dL	35--88
Triglycerides (Method : GPO)	153.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	78.40	mg/dL	0--100
VLDL Cholesterol	30.60	mg/dL	0--35
TC/HDL Cholestrol Ratio	2.82	Ratio	2.5--5
LDL/HDL Ratio	L 1.31	Ratio	1.5--3.5



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

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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:UV Kinetic)	26.00	U/L	5-40
SGPT/ALT(Tech.:UV Kinetic)	35.00	U/L	5-40
Bilirubin(Total) (Method : Diazo)	0.90	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)	0.18	mg/dL	0-0.3
Bilirubin(Indirect)	0.72	mg/dL	0.1-1.0
Total Protein (Method : BIURET Method)	7.04	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)	3.05	gm/dL	2.5-4.5
A/G Ratio(Tech.:Calculated)	1.31		1.2 - 2.5
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	215.00	U/L	108-306



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Dr. Mamta Khute
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RMC No. 4720/15260



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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)	10.65	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.61	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
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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity		ml	
Colour	Pale 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	3-5	/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		

<<< END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

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