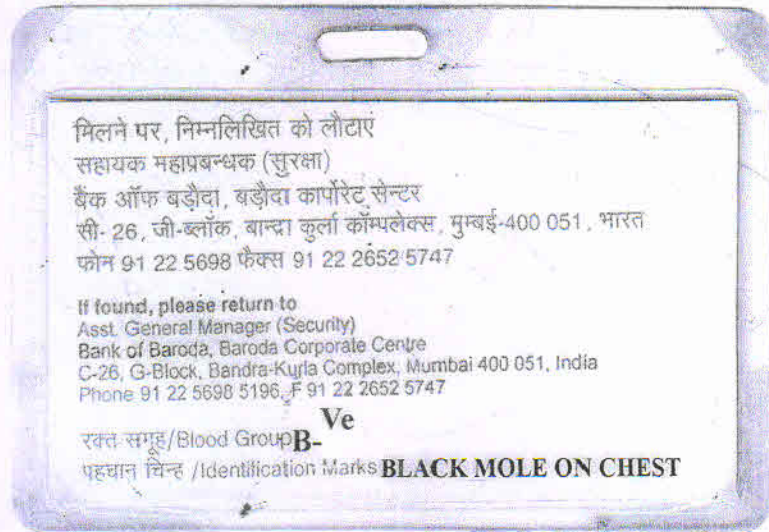


Nitin Choudhary

Mob. No:- 8233364636



R.R.
**Rajasthani Diagnostic &
Medical Research Centre
Jhunjhunu**





RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	NITIN CHOUDHARY	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECKUP	DATE	24-Feb-24

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: 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.

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 partially distended. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

Prostate: is normal in size, 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 I fatty liver.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MD RADIODIAGNOSIS

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



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

Name **Nitin Choudhary**
Patient ID **123479**

Date of birth **Male**
Gender **Male**
Weight **Undefined**
Ethnicity **Unknown**
Pacemaker **Unknown**


Indication
Remark

24.02.2024 10:26:41
Standard 12-Lead

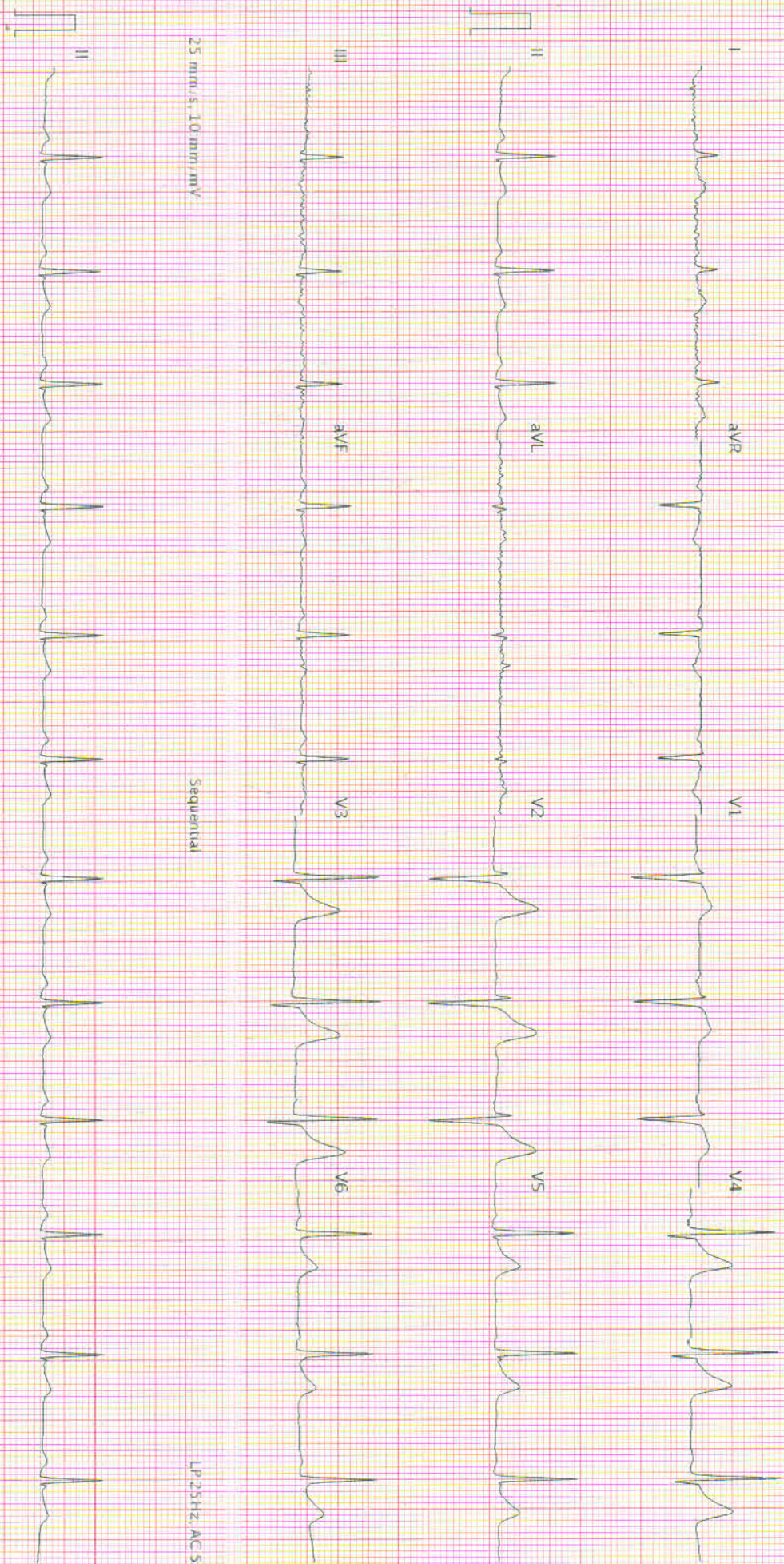
HR **75 bpm**
RR **798 ms**
P axis **68°**
QRS axis **58°**
T axis **23°**
PR **93 ms**
QRST **143 ms**
QT **363 ms**
QTc **406 ms**

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

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


**Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu**

Otherwise normal



25 mm/s, 10 mm/mV
AT 102 G2 1.2.0 (1080.009831)

Printed on 24.02.2024 10:26:59

LP 25Hz, AC 50Hz
Page 1 of 1

SCHILLER

Part No.2.157048M

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MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

NAME : NITIN CHOUDHARY	AGE 34 /SEX M
REF. BY : BOB HEALTH CHECK-UP	DATE: 24.02.2024

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 (RADIOLOGIST)

RMC -38742/25457



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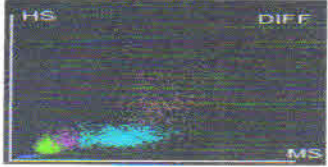
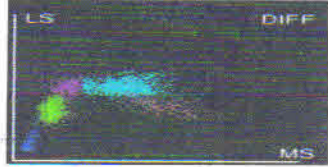
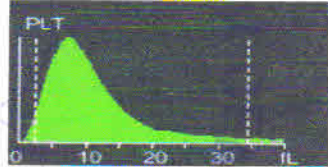
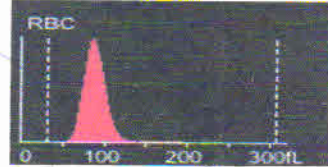


Hematology Analysis Report

First Name: NITIN CHOUDHARY
 Last Name: Sample Type:
 Gender: Male Department:
 Age: 34 Year Med Rec. No.:

Sample ID: 11
 Test Time: 24/02/2024 10:13
 Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	5.27	4.00-10.00	10 ³ /uL
2 Neu%	41.0 L	50.0-70.0	%
3 Lym%	40.7 H	20.0-40.0	%
4 Mon%	8.0	3.0-12.0	%
5 Eos%	9.5 H	0.5-5.0	%
6 Bas%	0.8	0.0-1.0	%
7 Neu#	2.17	2.00-7.00	10 ³ /uL
8 Lym#	2.14	0.80-4.00	10 ³ /uL
9 Mon#	0.42	0.12-1.20	10 ³ /uL
10 Eos#	0.50	0.02-0.50	10 ³ /uL
11 Bas#	0.04	0.00-0.10	10 ³ /uL
12 RBC	4.71	3.50-5.50	10 ⁶ /uL
13 HGB	12.6	11.0-16.0	g/dL
14 HCT	44.0	37.0-54.0	%
15 MCV	93.3	80.0-100.0	fL
16 MCH	26.7 L	27.0-34.0	pg
17 MCHC	28.6 L	32.0-36.0	g/dL
18 RDW-CV	11.9	11.0-16.0	%
19 RDW-SD	46.0	35.0-56.0	fL
20 PLT	257	100-300	10 ³ /uL
21 MPV	8.1	6.5-12.0	fL
22 PDW	9.5	9.0-17.0	%
23 PCT	0.209	0.108-0.282	%
24 P-LCR	21.6	11.0-45.0	%
25 P-LCC	56	30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
 Draw Time: 24/02/2024 10:12 Received Time: 24/02/2024 10:12 Validated Time:
 Report Time: 24/02/2024 15:19 Remarks:

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



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Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

Patient Name: **NITIN CHOUDHARY**
 Sr. No. : 1863
 Patient ID No.: 2502
 Age : 34 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 24-02-2024 10:32 AM
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HAEMATOTOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	08	mm/hr	20
BLOOD GROUPING (ABO & Rh)	B- Negative		

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.90	%	< 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)	5.21	mmol/L	
eAG (Estimated Average Glucose)	93.93	mg/dL	

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

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

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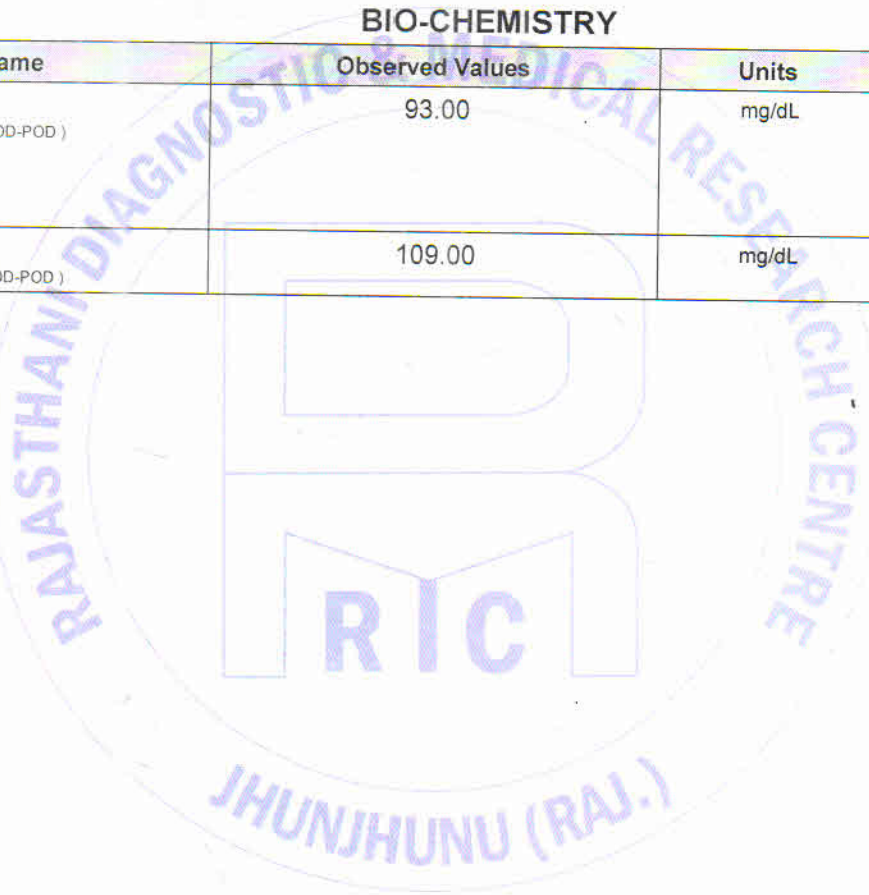
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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	93.00	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
Blood Sugar PP (Method: GOD-POD)	109.00	mg/dL	Glucose 2 h Postparandial: <120



Ashish Sethi
 Dr. Ashish Sethi
 Consultant Biochemist

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BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	25.00	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)	0.96	mg/dL	0.6-1.30
Calcium	10.59	mg/dL	8.5-11
Uric Acid (Method : Uricase-POD)	5.14	mg/dL	2.4-7.2
Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	23.01	IU/L	15.0-85.0



Ashish Sethi
 Dr. Ashish Sethi
 Consultant Biochemist

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MEMOGRAPHY

Patient Name: **NITIN CHOUDHARY**
 Sr. No. : **1863**
 Patient ID No.: **2502**
 Age : **34** Gender : **MALE**
 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)	H 52.00	U/L	5--40
SGPT/ALT(Tech.: -UV Kinetic)	H 49.00	U/L	5--40
Bilirubin(Total) (Method : Diazo)	0.89	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)	0.20	mg/dL	0--0.3
Bilirubin(Indirect)	0.69	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)	3.90	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	2.5--4.5
A/G Ratio(Tech.: -Calculated)	1.24		1.2 -- 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	118.00	U/L	108-306



Ashish sethi
 Dr. Ashish Sethi
 Consultant Biochemist

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RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

Patient Name: **NITIN CHOUDHARY**
 Sr. No. : 1863
 Patient ID No.: 2502
 Age : 34 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



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BIO-CHEMISTRY LIPID PROFILE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method : CHOD-PAP)	198.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	54.06	mg/dL	35--65
Triglycerides (Method : GPO)	150.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	113.94	mg/dL	10--150
VLDL Cholesterol	30.00	mg/dL	0--40



Ashish Sethi
 Dr. Ashish Sethi
 Consultant Biochemist

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Mamta Khurata
 Dr. Mamta Khurata
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 RMC No. 4720/16260

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

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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.90	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	10.28	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.30	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

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Patient Name: **NITIN CHOUDHARY**
 Sr. No. : 1863
 Patient ID No.: 2502
 Age : 34 Gender : MALE
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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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	1.025		
PH	5.5		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	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

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Mamta Khuleta
 Dr. Mamta Khuleta
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 RMC No. 4720/15260

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