

भारत सरकार
Government of India



प्रकाश चन्द भार्गव
Prakash Chand Bhargav
जन्म तिथि / DOB : 17/05/1967
पुरुष / Male



5512 4159 7511

मेरा आधार, मेरी पहचान

भारतीय पहचान प्रणाली प्राधिकरण
आधार Unique Identification Authority of India

पता: S/O: दुर्गा प्रसाद भार्गव, तह चुरु, वॉर्ड नं.
13, रतन नगर, रतन नगर, चुरू, राजस्थान,
331021


Address: S/O: Durga Prasad Bhargav, teh
churu, ward no. 13, Ratan Nagar, Ratan
Nagar, Churu, Rajasthan, 331021

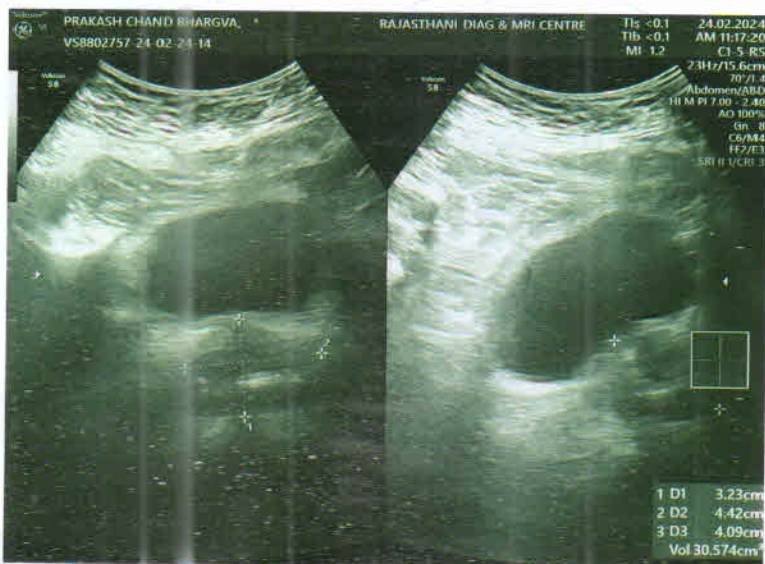
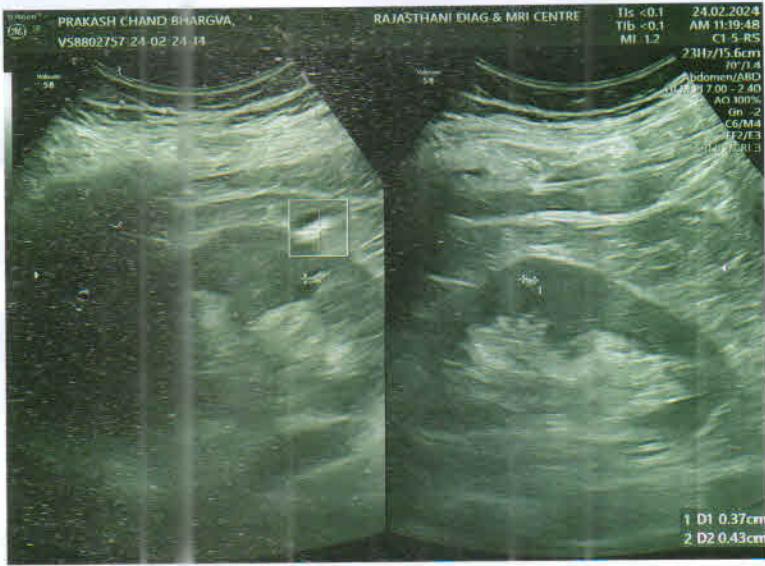


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1947 help@uidai.gov.in www.uidai.gov.in

Yashraj
9875202022


Rajsthani Diagnostic &
Medical Research Centre
Jhunjhunu





RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	PRAKASH CHAND BHARGVA	AGE-	SEX: M
REF/BY:	Bob health checkup	DATE	24-Feb-24

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and mild to moderate bright echotexture. No IHBR dilatation is seen. Portal vein and hepatic veins are normal in diameter. Common bile duct is normal in diameter and lumen is clear. Cyst measuring approx 32x43 mm seen in right lobe.

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 hydronephrosis is seen. 4.5 mm calculus seen in middle calyx.

Lt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite hydronephrosis is seen. 4 mm calculus seen in middle calyx.

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.

Prostate: is mildly enlarged in size 30 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.

32x43

IMPRESSION:

- ❖ Grade II fatty liver and hepatic cyst.
- ❖ Bilateral small renal calculi.
- ❖ Mild Prostatomegaly.

Advised: clinicopathological correlation

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

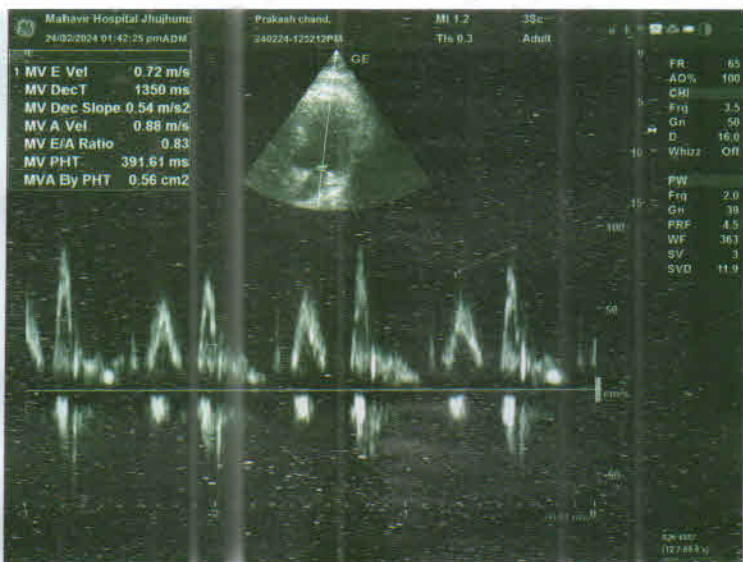
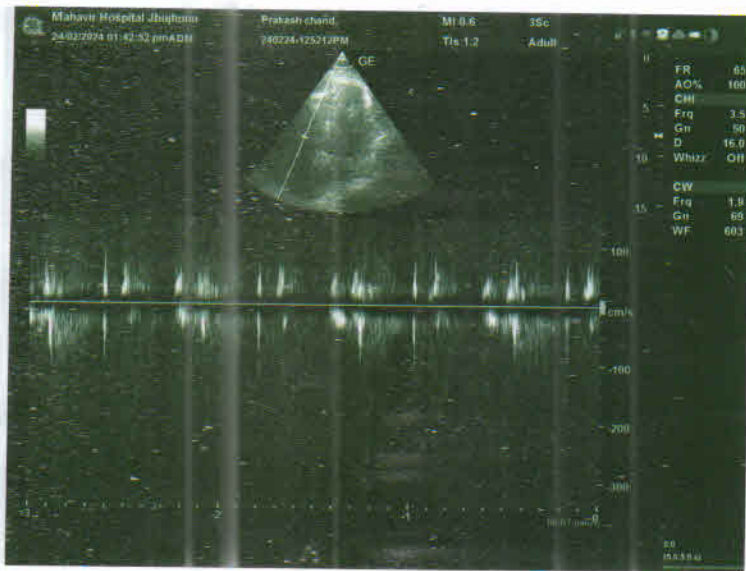
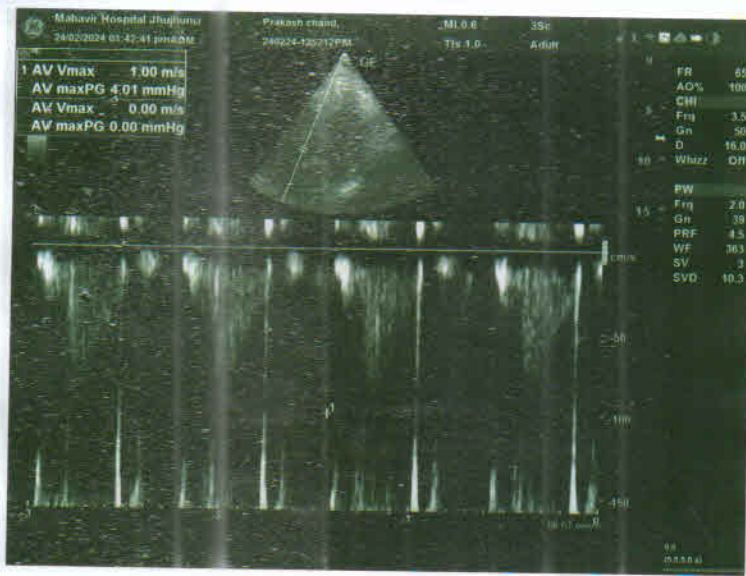


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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977





Name	: PRAKASH CHAND BHARGAV	Father/Husband	: DURGA PARSAD	IPD/OPD status	: OPD
Age/Sex	: 56 Y/Male	Reg. No.	: OutSide	Catagory	: CASH
Consultant	: M. S. MEEL	Accession No.	: 20240224021	Bed No.	: -
		BILL.NO	: 2302507024	Date	: 24/02/2024 12:58:40 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= 72/88 (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 = 100 (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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भूयः विधि परीक्षण कराना व करवाना दृष्टनीय अपराध है
इसकी शिकायत 104 टोल फ्री संख्या पर की जा सकती है

MAHAVIR HOSPITAL

Health & Hygiene

Tel. : 01592-232361
9680960962



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

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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भूगणित प्रयोग कक्षा व कक्षाका दृश्यीय उपकरण है
इसकी सहायता 104 टोल फ्री सेवा पर की जा सकती है

Name: Mr. Bhargava Prakash Chand -
Patient ID:

24.02.2024 15:11:34
Standard 12-Lead

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

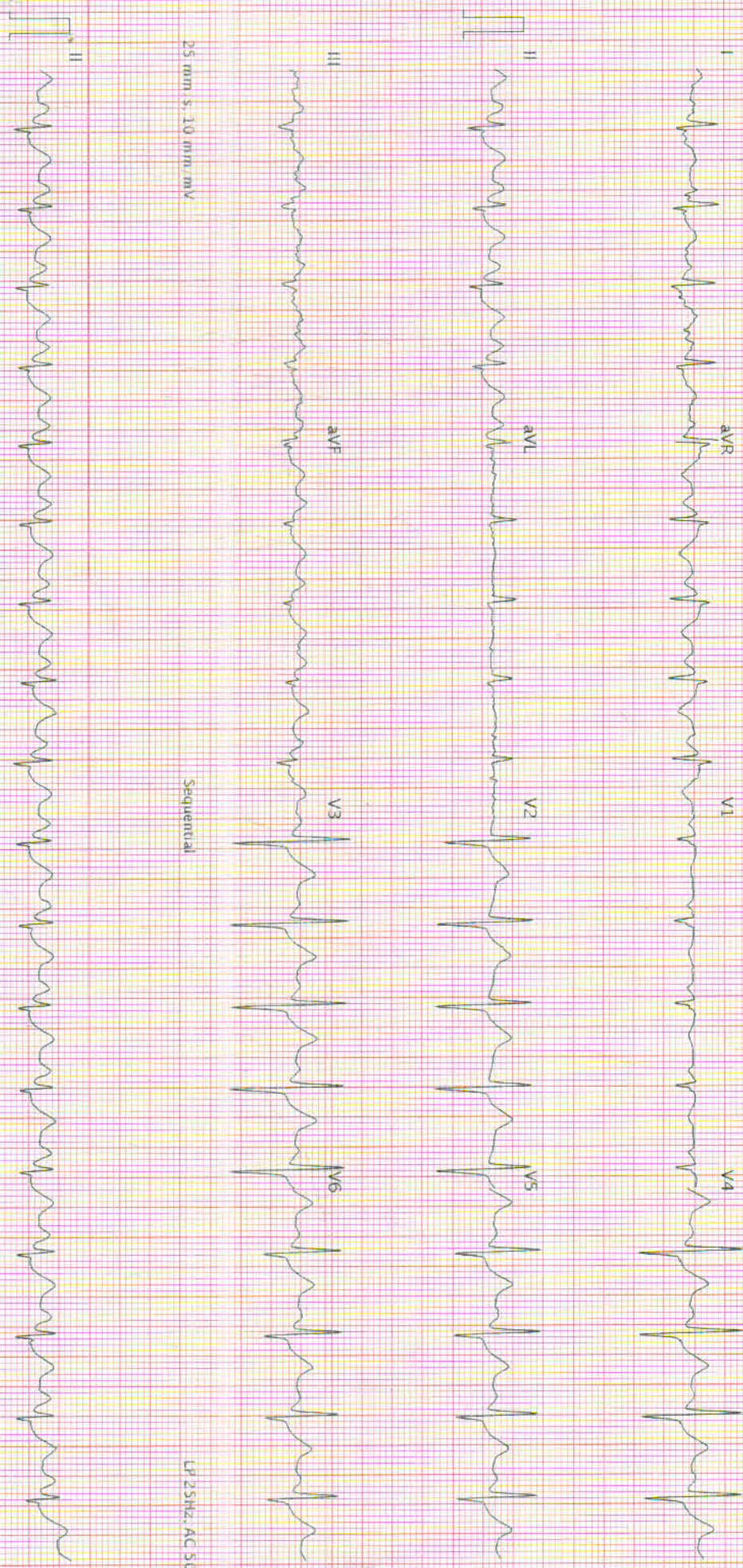
Date of birth: 17.05.1967
Gender: Male
Height:
Weight:
Ethnicity: Undefined
Parentaker: Unknown
Indication:
Remark:

Visit ID:
Room:
Medication:
Order ID:
Ord. prov:
Ord. prot:
HR: 111 bpm
P axis: 64°
QRS axis: 5°
T axis: 50°
RR: 540 ms
P: 114 ms
PR: 134 ms
QRS: 84 ms
QT: 359 ms
QTcB: 461 ms

Sinus tachycardia
Leftward electrical axis
Nonspecific ST abnormality (depression)
Borderline ECG
Unconfirmed report

Borderline


Rajasthan Diagnostic &
Medical Research Centre
Jhunjhunu



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz



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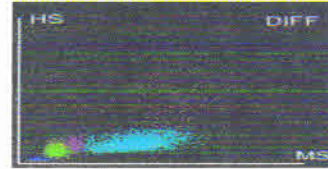
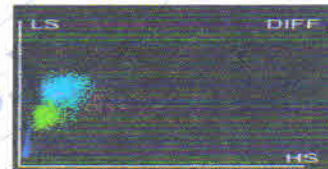
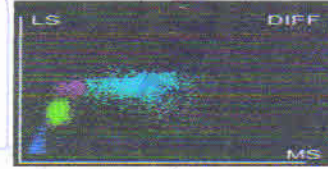
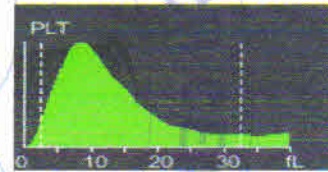
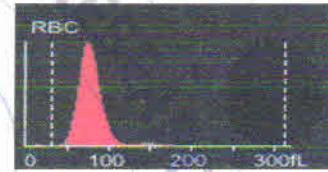
Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

Hematology Analysis Report

First Name: PRAKASH CHANDRA Sample Type: Department: Sample ID: 13
 Last Name: BHARGAV Department: Test Time: 24/02/2024 11:03
 Gender: Female Med Rec. No.: Diagnosis:
 Age: 56 Year

Parameter	Result	Ref. Range	Unit
1 WBC	6.11	4.00-10.00	10 ³ /uL
2 Neu%	58.5	50.0-70.0	%
3 Lym%	33.2	20.0-40.0	%
4 Mon%	4.5	3.0-12.0	%
5 Eos%	3.4	0.5-5.0	%
6 Bas%	0.4	0.0-1.0	%
7 Neu#	3.58	2.00-7.00	10 ³ /uL
8 Lym#	2.03	0.80-4.00	10 ³ /uL
9 Mon#	0.27	0.12-1.20	10 ³ /uL
10 Eos#	0.21	0.02-0.50	10 ³ /uL
11 Bas#	0.02	0.00-0.10	10 ³ /uL
12 RBC	5.50	3.50-5.50	10 ⁶ /uL
13 HGB	13.0	11.0-16.0	g/dL
14 HCT	45.3	37.0-54.0	%
15 MCV	82.3	80.0-100.0	fL
16 MCH	23.6	L 27.0-34.0	pg
17 MCHC	28.6	L 32.0-36.0	g/dL
18 RDW-CV	13.7	11.0-16.0	%
19 RDW-SD	46.1	35.0-56.0	fL
20 PLT	303	H 100-300	10 ³ /uL
21 MPV	9.2	6.5-12.0	fL
22 PDW	11.2	9.0-17.0	%
23 PCT	0.277	0.108-0.282	%
24 P-LCR	30.6	11.0-45.0	%
25 P-LCC	93	H 30-90	10 ³ /uL



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

Submitter: Operator: admin Approver:
 Draw Time: 24/02/2024 11:02 Received Time: 24/02/2024 11:02 Validated Time:
 Report Time: 25/02/2024 12:18 Remarks:

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



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

Patient Name: **PRAKASH CHAND BHARGAV**
 Sr. No. : 1870
 Patient ID No.: 2506
 Age : 56 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 24-02-2024 11:11 AM
 Collected On : 24-02-2024 11:11 AM
 Received On : 24-02-2024 11:11 AM
 Reported On : 24-02-2024 04:12 PM
 Bar Code 
 LIS Number 2 4 2 9

LIPID PROFILE COMPLETE

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	52.10	mg/dL	35--88
Triglycerides (Method: GPO)	142.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	H 117.50	mg/dL	0--100
VLDL Cholesterol	28.40	mg/dL	0--35
TC/HDL Cholesterol Ratio	3.80	Ratio	2.5--5
LDL/HDL Ratio	2.26	Ratio	1.5--3.5

LIPID PROFILE COMMENTS:

All above biological reference interval/ranges are in accordance to the recommendations of The National Cholesterol Education Program (NCEP) Adult Treatment Panel III

(ATP III) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation

NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays

Therapeutic target levels of lipids as per NCEP – ATP III recommendations:

Total Cholesterol (mg/dL) <200 - Desirable 200-239 -Borderline high <240 - High

HDL Cholesterol (mg/dL), <40 - Low >60 - High

LDL Cholesterol (mg/dL) <100 Optimal

[Primary Target of Therapy] 100-129 Near optimal/above optimal

130-159 Borderline high

160-189 High

>190 Very high

Serum Triglycerides (mg/dL) <150 Normal

150-199 Borderline high



Ashish Sethi
 Dr. Ashish Sethi
 Consultant Biochemist

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

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Patient Name: **PRAKASH CHAND BHARGAV**
 Sr. No. : 1870
 Patient ID No.: 2506
 Age : 56 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



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200-499 High
 >500 Very high

NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering age, notwithstanding, if triglycerides remain > 200 mg/dL after LDL goal is

reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

Comparison of LDL Cholesterol and Non-HDL Cholesterol Goals for Three Risk Categories

Risk Category LDL Goal (mg/dL) Non-HDL Goal (mg/dL)

CHD and CHD Risk Equivalent <100 <130

(10-year risk for CHD >20%)

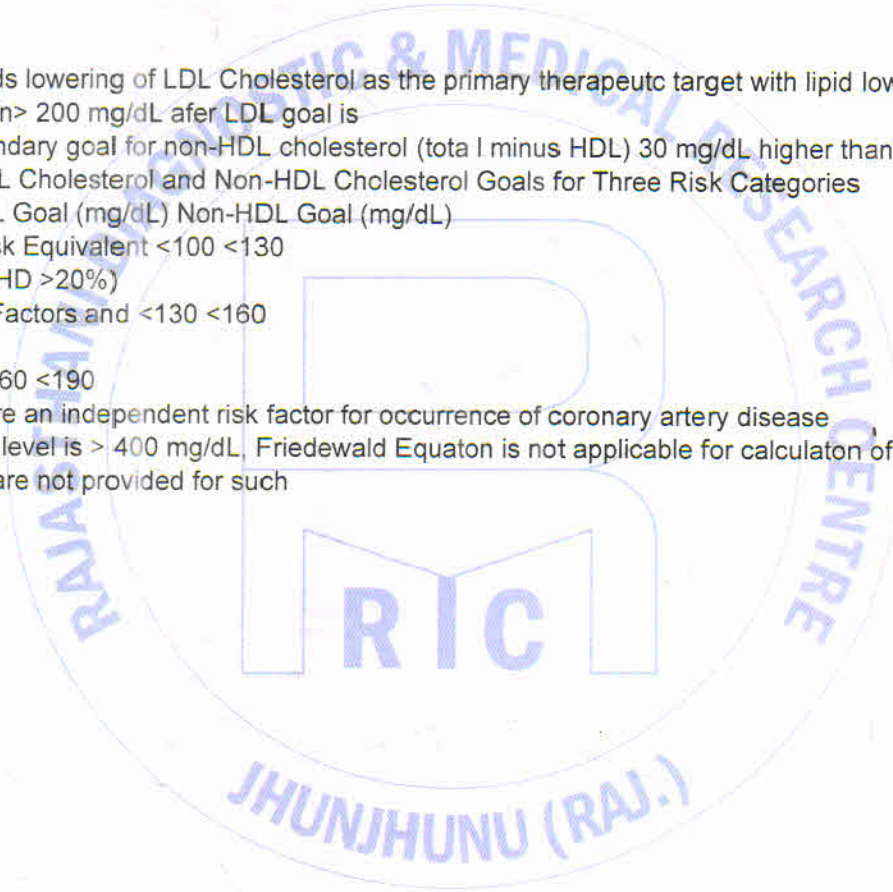
Multiple (2+) Risk Factors and <130 <160

10-year risk <20%

0-1 Risk Factor <160 <190

Low HDL levels are an independent risk factor for occurrence of coronary artery disease

When Triglyceride level is > 400 mg/dL, Friedewald Equation is not applicable for calculation of LDL & VLDL. Hence the calculated values are not provided for such samples.



Ashish Sethi

Dr. Ashish Sethi
 Consultant Biochemist

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Mamta Khurda
 Dr. Mamta Khurda
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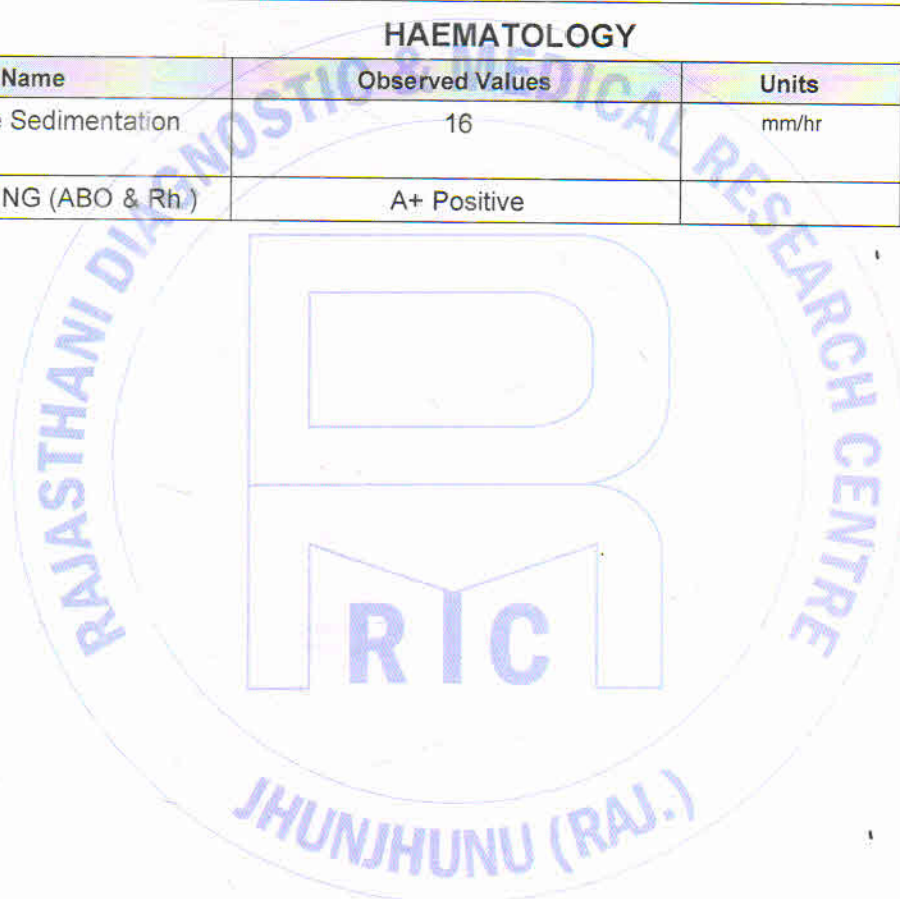
Patient Name: **PRAKASH CHAND BHARGAV**
 Sr. No. : 1870
 Patient ID No.: 2506
 Age : 56 Gender : MALE
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HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	16	mm/hr	20
BLOOD GROUPING (ABO & Rh)	A+ Positive		



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 RMC No. 4720/15260

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Patient Name: **PRAKASH CHAND BHARGAV**
 Sr. No. : 1870
 Patient ID No.: 2506
 Age : 56 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.00	%	< 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)	96.80	mg/dL	
eAG (Estimated Average Glucose)	5.37	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 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.

BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method : GOD-POD)	95.00	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)	114.00	mg/dL	Glucose 2 h Postparandial: <120



Ashish sethi
 Dr. Ashish Sethi
 Consultant Biochemist

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 Dr. Mamta Khuteta
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 RMC No. 4720/16260

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Patient Name: **PRAKASH CHAND BHARGAV**
 Sr. No. : **1870**
 Patient ID No.: **2506**
 Age : **56** Gender : **MALE**
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **24-02-2024 11:11 AM**
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BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	26.00	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)	0.85	mg/dL	0.6--1.30
Calcium	10.52	mg/dL	8.5--11
Uric Acid (Method : Uricase-POD)	5.10	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



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SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

Patient Name: **PRAKASH CHAND BHARGAV**
 Sr. No. : 1870
 Patient ID No.: 2506
 Age : 56 Gender : MALE
 Ref. By Dr. : MEDI-WHEEL HEALTH CHECKUP



Registered on : 24-02-2024 11:11 AM
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 LIS Number 2 4 2 9

BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	23.00	U/L	5--40
SGPT/ALT(Tech.: -UV Kinetic)	31.00	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)	7.06	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)	3.98	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)	3.08	gm/dL	2.5--4.5
A/G Ratio(Tech.: -Calculated)	1.29		1.2 -- 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	169.00	U/L	108-306



Ashish Sethi
 Dr. Ashish Sethi
 Consultant Biochemist

आपातकालीन सेवारं

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

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



RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

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Patient Name: **PRAKASH CHAND BHARGAV**
 Sr. No. : **1870**
 Patient ID No.: **2506**
 Age : **56** Gender : **MALE**
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	1.02	ng/ML	0.5 - 1.5 ng/ML
T4 (Total Thyroxine)	9.62	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	3.44	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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IMMUNOLOGY

Test Name	Observed Values	Units	Reference Intervals
PSA (Prostate-Specific Antigen)	1.50	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

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Mamta Khute
Dr. Mamta Khute
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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity		ml	
Colour	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		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

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

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 Dr. Ashish Sethi
 Consultant Biochemist

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NAME : PRAKASH CHAND BHARGAV	AGE 56 /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 (RADIODIAGNOSIS)

RMC -38742/25457



आपातकालीन सेवाएं

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