



भारत सरकार  
Government of India



मदन कुमार बरनवाल  
Madan Kumar Baranwal  
जन्म तिथि / DOB : 02/01/1978  
पुरुष / Male



9964 9169 4934

आधार - आम आदमी का अधिकार

ID: 511

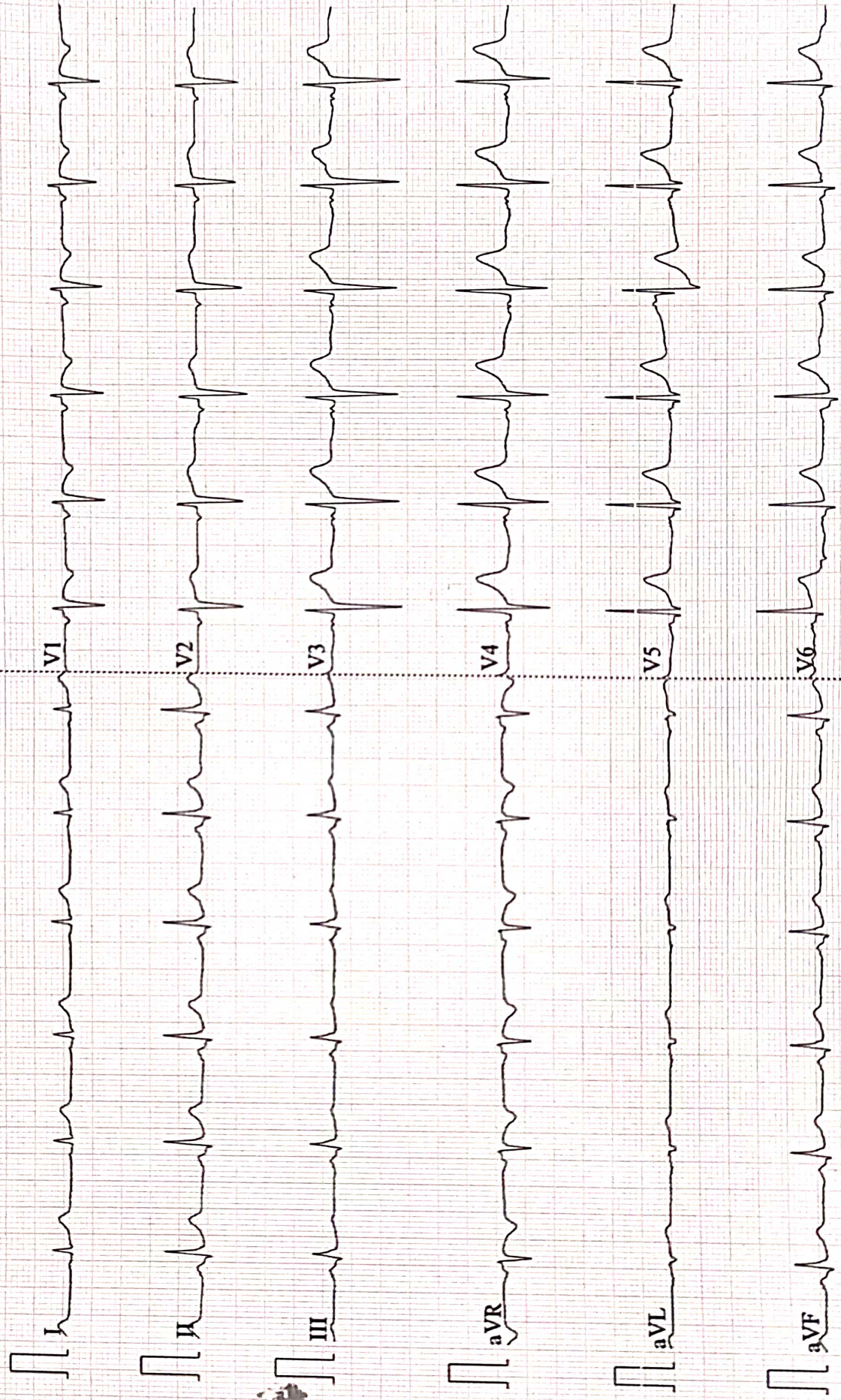
MADAN KR. BARANWAL  
Male 46Years

28-07-2024 09:39:32 AM

HR : 75 bpm  
P : 104 ms  
PR : 141 ms  
QRS : 87 ms  
QT/QTc : 360/402 ms  
P/QRS/T : 76/63/48 °  
RV5/SV1 : 1.150/0.702 mV

Diagnosis Information:  
Sinus Rhythm  
Largd PtfV1

Ref-Phys. :  
Report Confirmed by:



Patient Name	MADAN KUMAR BARANWAL	Date	28-07-2024
Age/Sex	46/M	Ref. Dr.	CORPORATE

## CHEST X-ray(PA)

### FINDINGS:

Normal bronchovascular markings in bilateral lung fields

Bilateral hila are normal.

Trachea appears normal.

Visualized bones are grossly normal.

Cardiac shadow is within normal limits

Bilateral costophrenic angles are clear.

### Impression :

- *No significant abnormality detected.*



*Dr. Sandip Maheshwari*

*MD Radio diagnosis*





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**AAROGYAM DIAGNOSTICS**  
 (A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

F- 41, P.C. Colony, Opp. Madhuban Complex,  
 Near Malahi Pakari Chowk, Kankarbagh, Patna – 20  
 9264278360, 9065875700, 8789391403  
 info@aarogyamdiagnostics.com  
 www.aarogyamdiagnostics.com

Date	28/07/2024	Srl No.	3	Patient Id	2407280003
Name	Mr. MADAN KUMAR BARANWAL	Age	46 Yrs.	Sex	M
Ref. By	Dr.MEDIWHEEL				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.3	%	

**EXPECTED VALUES :-**

Metabolically healthy patients	=	4.8 - 5.5 % HbA1C
Good Control	=	5.5 - 6.8 % HbA1C
Fair Control	=	6.8-8.2 % HbA1C
Poor Control	=	>8.2 % HbA1C

**REMARKS:-**

In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia

The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

\*\*\*\* End Of Report \*\*\*\*

**Dr.R.B.RAMAN**  
**MBBS, MD**  
**CONSULTANT PATHOLOGIST**



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<b>Name</b>	<b>Mr. MADAN KUMAR BARANWAL</b>	<b>Age</b>	<b>46 Yrs.</b>	<b>Sex</b>	<b>M</b>
<b>Ref. By</b>	<b>Dr.MEDIWHEEL</b>				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.6	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,900	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	14	mm/1st hr.	0 - 15
R B C COUNT	4.54	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	40.8	%	40 - 54
M C V	89.87	fl.	80 - 100
M C H	29.96	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	1.96	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	79.0	mg/dl	70 - 110
SERUM CREATININE	1.04	mg%	0.7 - 1.4
BLOOD UREA	23.8	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.91	mg%	3.4 - 7.0

**LIVER FUNCTION TEST (LFT)**



<b>Date</b>	<b>28/07/2024</b>	<b>Srl No.</b>	<b>3</b>	<b>Patient Id</b>	<b>2407280003</b>
<b>Name</b>	<b>Mr. MADAN KUMAR BARANWAL</b>	<b>Age</b>	<b>46 Yrs.</b>	<b>Sex</b>	<b>M</b>
<b>Ref. By</b>	<b>Dr.MEDIWHEEL</b>				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.68	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.23	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.45	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.41	gm/dl	6.6 - 8.3
ALBUMIN	4.68	gm/dl	3.4 - 5.2
GLOBULIN	2.73	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.714</b>		
SGOT	<b>56.7</b>	IU/L	5 - 40
SGPT	<b>83.4</b>	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	91.2	U/L	40.0 - 130.0
GAMMA GT	25.0	IU/L	8.0 - 71.0

#### LFT INTERPRET

#### LIPID PROFILE

TRIGLYCERIDES	116.7	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	155.6	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	44.7	mg/dL	35.1 - 88.0
V L D L	<b>23.34</b>	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	87.56	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.481		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.959		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



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<b>Ref. By</b>	<b>Dr.MEDIWHEEL</b>				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.025		
PH	6.0		
ALBUMIN	NIL		
SUGAR	NIL		
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	0-1	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

Assay performed on enhanced chemi lumenescence system ( Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.



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<b>Ref. By</b>	<b>Dr.MEDIWHEEL</b>				

Test Name	Value	Unit	Normal Value
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.			
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.			

\*\*\*\* End Of Report \*\*\*\*

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<b>Date</b> 28/07/2024	<b>Srl No.</b> 3	<b>Patient Id</b> 2407280003
<b>Name</b> Mr. MADAN KUMAR BARANWAL	<b>Age</b> 46 Yrs.	<b>Sex</b> M
<b>Ref. By</b> Dr.MEDIWHEEL		

Test Name	Value	Unit	Normal Value
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## BIOCHEMISTRY

BLOOD SUGAR PP	110.9	mg/dl	80 - 160
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## STOOL EXAMINATION

### STOOL ROUTINE & MICROSCOPY

#### PHYSICAL EXAMINATION

COLOUR/ APPEARANCE	BROWNISH
CONSISTENCY	SEMI-FORMED
PUS	NIL
MUCUS	NIL
BLOOD	NIL

#### CHEMICAL REACTION

REACTION	ACIDIC
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#### MICROSCOPY EXAMINATION

PUS CELLS	/HPF
RBC'S	NIL
OVA	NIL
CYST	NIL
BACTERIA	NIL
OTHERS	NIL



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**Date 28/07/2024****Srl No. 3****Patient Id 2407280003****Name Mr. MADAN KUMAR BARANWAL****Age 46 Yrs.****Sex M****Ref. By Dr.MEDIWHEEL**

BOB

**\*\*\*\* End Of Report \*\*\*\***

**Dr.R.B.RAMAN**  
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MC-2024

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Phone: +91-79-49006800 | WhatsApp: 6356005900 | Email: info@unipath.in | Website: www.unipath.in  
Regd. Of ce : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat  
CIN: U85195GJ2009PLC057059



40704100644

TEST REPORT

<b>Reg.No</b> : 40704100644	<b>Reg.Date</b> : 29-Jul-2024 13:47	<b>Collection</b> : 29-Jul-2024 13:47
<b>Name</b> : MADANKUMAR BARANWAL		<b>Received</b> : 29-Jul-2024 13:47
<b>Age</b> : 46 Years	<b>Sex</b> : Male	<b>Report</b> : 29-Jul-2024 14:35
<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA		<b>Dispatch</b> : 29-Jul-2024 14:55
<b>Referral Dr</b> : □	<b>Status</b> : Final	<b>Location</b> : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>C/MIA</small>	1.17	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>C/MIA</small>	7.49	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>C/MIA</small>	3.359	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

----- End Of Report -----

**Dr. Hiral Arora**  
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