



भारत-सरकार
GOVERNMENT OF INDIA



ਨਰਾਇਣ ਨਿਰੰਜਨ

Narayan Niranjn

ਜਨਮ ਮਿਤੀ/ DOB: 15/07/1975

ਮਰਦ / MALE



6203 7687 5465

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ

ID: 71

18-12-2022 10:49:09 AM

Sakshin
Please do
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Number

NARAYAN NIRANJAN

Male 47Years

Diagnosis Information:

Sinus Rhythm
Left Ventricular Hypertrophy
Subsequent T Wave Abnormality

HR : 78 bpm

P : 110 ms

PR : 159 ms

QRS : 90 ms

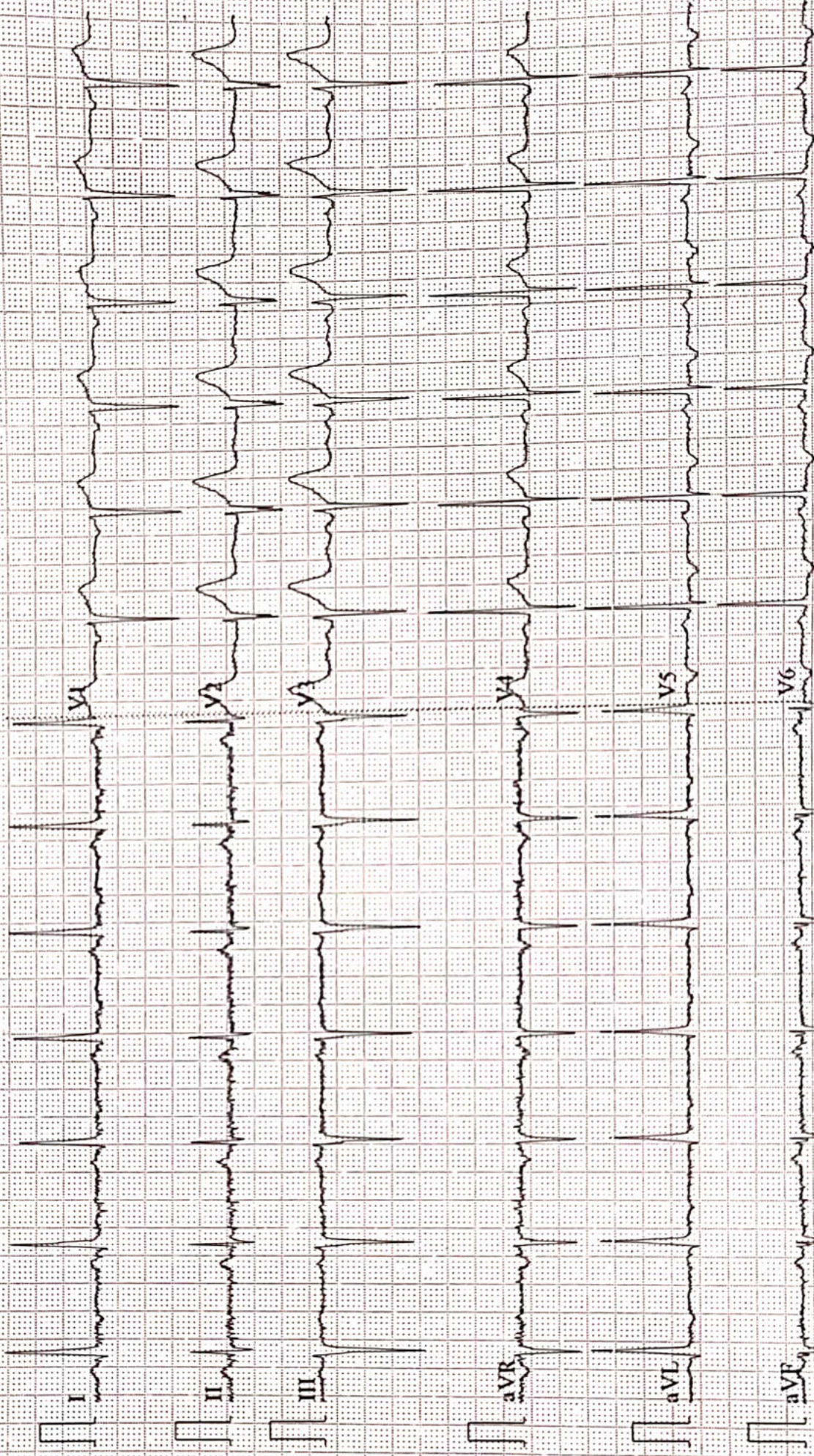
QT/QTc : 378/433 ms

P-QRS/T : 53/-31/166 °

RV5/SV1 : 1.780/1.522 mV

Ref-Phys. :

Report Confirmed by:



U:67-100Hz AC50 25mm/s 10mm/mV 255.0s 78 V2.2 SEMIP V1.61 DAIGNOSTIC



Name :- Narayan Niranjana
Refd by :- Corp

Age/Sex:- 47 Yrs/M
Date :-18/12/22

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Enlarged in size (16.6cm) with raised echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.
- G. Bladder** :- It is normal in shape, size & position. It is echofree & shows no evidence of calculus, mass or sludge.
- CBD** :- It is normal in calibre & is echofree.
- Pancreas** :- Normal in shape, size & echotexture. No evidence of parenchymal / ductal calcification is seen. No definite peripancreatic collection is seen.
- Spleen** :- Normal in size(9.6cm) with normal echotexture. No focal lesion is seen. No evidence of varices is noticed.
- Kidneys** :- Both kidneys are normal in shape, size & position. Sinus as well as cortical echoes are normal. No evidence of calculus, space occupying lesion or hydronephrosis is seen.
Right Kidney measures 11.1cm and Left Kidney measures 11.2cm.
- U. Bladder**:- Mild thick and echogenic UB wall. Wall thickness 4.2mm No evidence of calculus, mass or diverticulum is seen.
Pre void- 178.7cc post void- 29.0cc (Insignificant PVR)
- Prostate** :- Normal in size (20.3cc) & echotexture.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:-

*Hepatomegaly with Grade I Fatty Liver.
Mild thick and echogenic UB wall - ? Recurrent UTI.
Insignificant PVR (29cc).
Otherwise Normal Scan.*

*Dr. U. Kumar
MBBS,MD (Radio- Diagnosis)
Consultant Radiologist*



ISO 9001 : 2015

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	18/12/2022	Srl No.	7	Patient Id	2212180007
Name	Mr. NARAYAN NIRANJAN	Age	47 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.4	%	

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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Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	15.2	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,100	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	11	mm/1st hr.	0 - 15
R B C COUNT	4.96	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	42.5	%	40 - 54
M C V	85.69	fl.	80 - 100
M C H	30.65	Picogram	27.0 - 31.0
M C H C	35.8	gm/dl	33 - 37
PLATELET COUNT	2.16	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"AB"		
RH TYPING	NEGATIVE		
BLOOD SUGAR FASTING	104.9	mg/dl	70 - 110
SERUM CREATININE	0.93	mg%	0.7 - 1.4
BLOOD UREA	18.2	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.8	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.60	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.21	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.39	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.6	gm/dl	6.6 - 8.3
ALBUMIN	3.8	gm/dl	3.4 - 5.2
GLOBULIN	2.8	gm/dl	2.3 - 3.5
A/G RATIO	1.357		
SGOT	27.2	IU/L	5 - 40
SGPT	31.2	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	98.6	U/L	40.0 - 130.0
GAMMA GT	23.1	IU/L	8.0 - 71.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	106.1	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	209.5	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	58.3	mg/dL	35.1 - 88.0
V L D L	21.22	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	129.98	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.593		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.23		0.00 - 3.55
THYROID PROFILE			
T3	1.09	ng/ml	0.60 - 1.81



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Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
T4 Chemiluminescence	7.13	ug/dl	4.5 - 10.9
TSH Chemiluminescence	9.266	uIU/ml	
REFERENCE RANGE			
<u>PAEDIATRIC AGE GROUP</u>			
0-3 DAYS	1-20	ulu/ ml	
3-30 DAYS	0.5 - 6.5	ulu/ml	
1 MONTH -5 MONTHS	0.5 - 6.0	ulu/ml	
6 MONTHS- 18 YEARS	0.5 - 4.5	ulu/ml	
<u>ADULTS</u>	0.39 - 6.16	ulu/ml	

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates $\pm 50\%$, hence time of the day has influence on the measured serum TSH concentration.

QUANTITY	10	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.030	
PH	6.0	
ALBUMIN	NIL	
SUGAR	NIL	



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Test Name	Value	Unit	Normal Value
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MICROSCOPIC EXAMINATION

PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	2-3	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

Assay performed on enhanced chemi luminescence 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.
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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