

6



भारत सरकार

Government of India



सीमा देवी

Sima Devi

जन्म तिथि / DOB : 01/01/1989

महिला / Female



6097 9155 5115

आधार - आम आदमी का अधिकार

110
80

ID: 908

SIMA DEVI

Female 34Years

30-07-2023 10:23:01 AM

HR : 87 bpm

P : 91 ms

PR : 134 ms

QRS : 79 ms

QT/QTc : 376/454 ms

PQRST : -1/6/8 °

RV5/SV1 : 0.936/1.080 mV

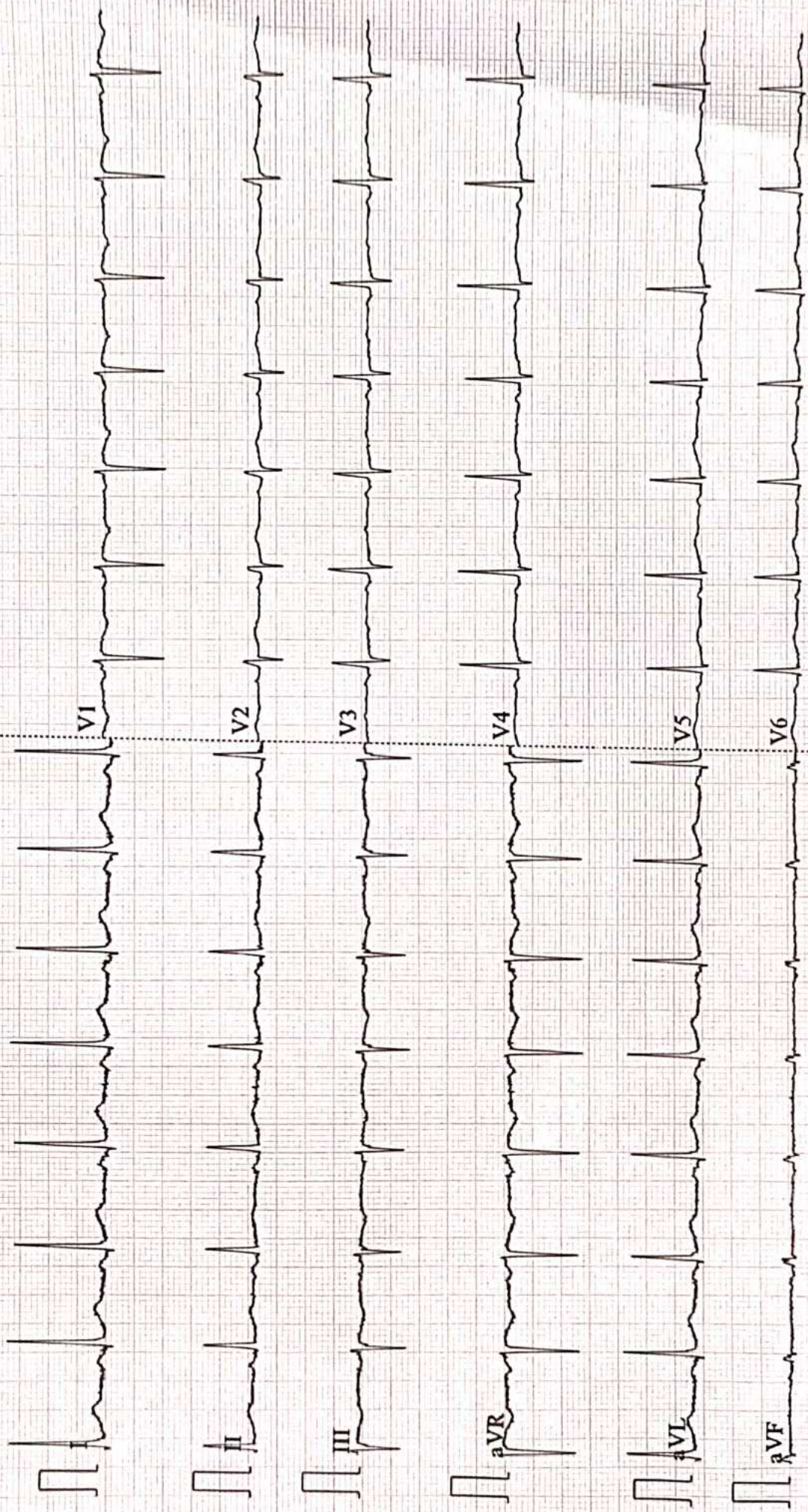
Diagnosis Information:

Sinus Rhythm

Low T Wave(V3,V4,V5)

Ref-Phys. :

Report Confirmed by:





Name :- Mrs. Sima Devi
Refd by :- BOB.

Age/Sex:- 34Yrs/F
Date :-30/07/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Mild enlarged in size (13.9cm) 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** :- Surgically Removed.
- 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** :- Mild enlarged in size (12.1 cm) 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 9.8cm and Left Kidney measures 9.4 cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Mild enlarged in size (9.9cm x 4.4cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 3.0 cm x 1.2 cm. and Left ovary measures 2.3 cm x 1.4 cm.
No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:-

*Mild Hepato-splenomegaly with Grade I Fatty Liver.
A/V Mild bulky Uterus .
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	30/07/2023	Srl No.	6	Patient Id	2307300006
Name	Mrs. SIMA DEVI	Age	37 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.0	%	

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)	9.2	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,500	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	66	%	40 - 75
LYMPHOCYTE	30	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	16	mm/1st hr.	0 - 20
R B C COUNT	3.16	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	27.6	%	35 - 45
M C V	87.34	fl.	80 - 100
M C H	29.11	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.17	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	72.6	mg/dl	70 - 110
SERUM CREATININE	0.77	mg%	0.5 - 1.3
BLOOD UREA	21.4	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.5	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.59	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.23	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.36	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.5	gm/dl	6.6 - 8.3
ALBUMIN	3.4	gm/dl	3.4 - 5.2
GLOBULIN	3.1	gm/dl	2.3 - 3.5
A/G RATIO	1.097		
SGOT	36.4	IU/L	5 - 35
SGPT	38.5	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	97.2	U/L	35.0 - 104.0
GAMMA GT	25.1	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	75.2	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	102.1	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	47.6	mg/dL	35.1 - 88.0
V L D L	15.04	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	39.46	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.145		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	0.829		0.00 - 3.55
THYROID PROFILE			
QUANTITY	10	ml.	



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Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.025		
PH	6.0		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
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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Age 37 Yrs.

Sex F

Ref. By Dr.BOB

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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