



भारत सरकार  
Government of India



Issue Date: 09/07/2014



रोज़ी सबा  
Rozy Saba  
जन्म तिथि / DOB 14/01/1987  
महिला / FEMALE



5953 2586 0269

मेरा आधार, मेरी पहचान

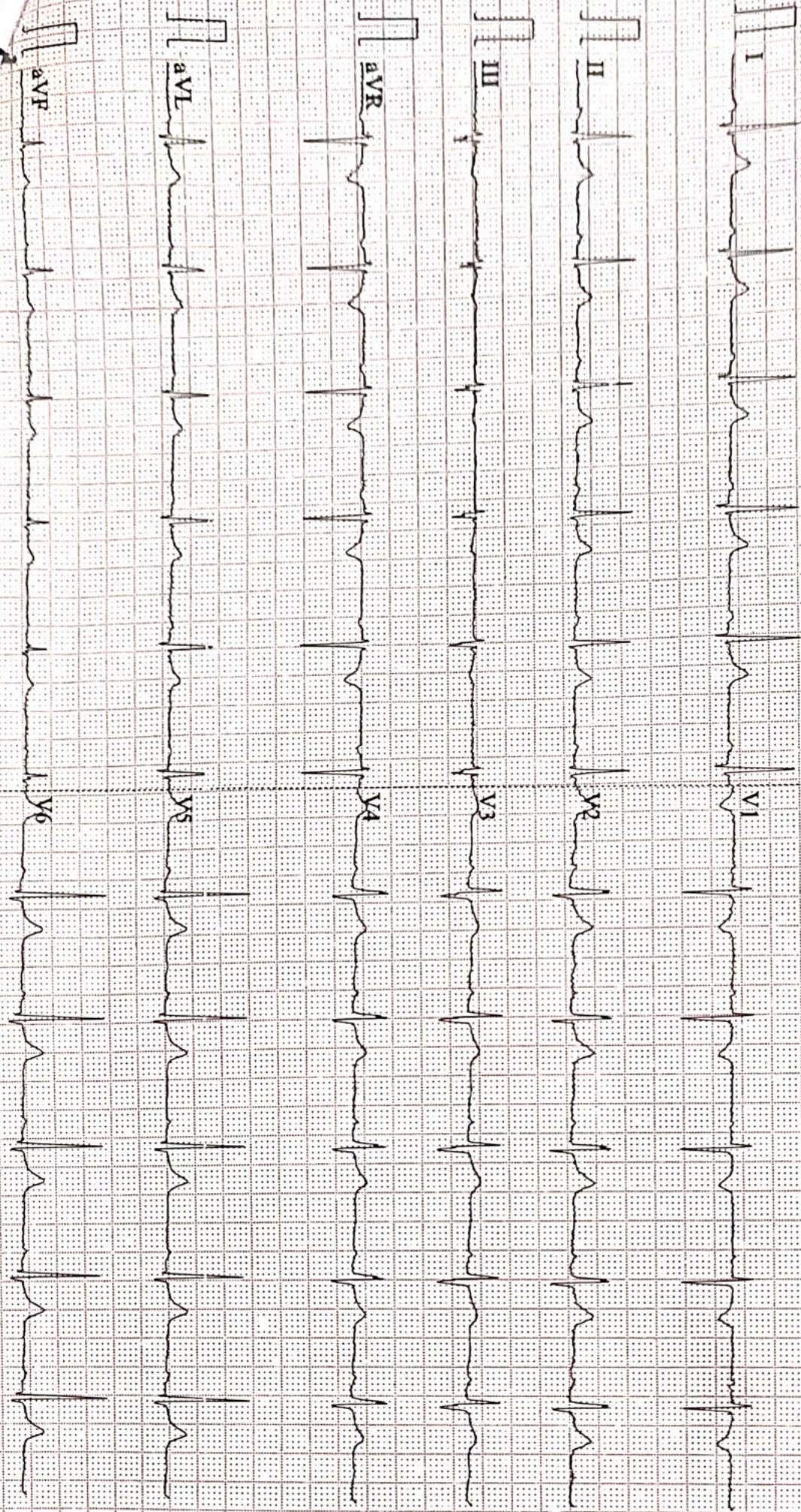
ROZY SABA  
Male 36Years

|         |              |     |
|---------|--------------|-----|
| HR      | : 68         | bpm |
| P       | : 86         | ms  |
| PR      | : 160        | ms  |
| QRS     | : 88         | ms  |
| QT/QTc  | : 376/401    | ms  |
| P/QRS/T | : 40/22/20   | °   |
| RV5/SV1 | : 1.43/0.859 | mV  |

Diagnosis Information:

Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Ref-Phys: .  
Report Confirmed by:





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

|                            |                    |                              |
|----------------------------|--------------------|------------------------------|
| <b>Date</b> 28/01/2023     | <b>Srl No.</b> 18  | <b>Patient Id</b> 2301280018 |
| <b>Name</b> Mrs. ROZY SABA | <b>Age</b> 36 Yrs. | <b>Sex</b> F                 |
| <b>Ref. By</b> Dr.BOB      |                    |                              |

| 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>Mrs. ROZY SABA</b> | <b>Age</b>     | <b>36 Yrs.</b> | <b>Sex</b>        | <b>F</b>          |
| <b>Ref. By</b> | <b>Dr.BOB</b>         |                |                |                   |                   |

| Test Name                               | Value       | Unit         | Normal Value |
|---|-------------|--------------|--------------|
| COMPLETE BLOOD COUNT (CBC)              |             |              |              |
| HAEMOGLOBIN (Hb)                        | 13.8        | gm/dl        | 11.5 - 16.5  |
| TOTAL LEUCOCYTE COUNT (TLC)             | 7,100       | /cumm        | 4000 - 11000 |
| DIFFERENTIAL LEUCOCYTE COUNT (DLC)      |             |              |              |
| NEUTROPHIL                              | 61          | %            | 40 - 75      |
| LYMPHOCYTE                              | 33          | %            | 20 - 45      |
| EOSINOPHIL                              | 01          | %            | 01 - 06      |
| MONOCYTE                                | 05          | %            | 02 - 10      |
| BASOPHIL                                | 00          | %            | 0 - 0        |
| ESR (WESTEGREN' s METHOD)               | 16          | mm/1st hr.   | 0 - 20       |
| R B C COUNT                             | <b>4.96</b> | Millions/cmm | 3.8 - 4.8    |
| P.C.V / HAEMATOCRIT                     | 40.5        | %            | 35 - 45      |
| M C V                                   | 81.65       | fl.          | 80 - 100     |
| M C H                                   | 27.82       | Picogram     | 27.0 - 31.0  |
| M C H C                                 | 34.1        | gm/dl        | 33 - 37      |
| PLATELET COUNT                          | 2.19        | Lakh/cmm     | 1.50 - 4.00  |
| BLOOD GROUP ABO                         | "O"         |              |              |
| RH TYPING                               | POSITIVE    |              |              |
| BLOOD SUGAR FASTING                     | 94.6        | mg/dl        | 70 - 110     |
| SERUM CREATININE                        | 0.70        | mg%          | 0.5 - 1.3    |
| BLOOD UREA                              | 19.6        | mg /dl       | 15.0 - 45.0  |
| SERUM URIC ACID                         | 5.1         | mg%          | 2.5 - 6.0    |
| <b><u>LIVER FUNCTION TEST (LFT)</u></b> |             |              |              |



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| <b>Date</b>           | <b>28/01/2023</b>     | <b>Srl No. 18</b>  | <b>Patient Id 2301280018</b> |
| <b>Name</b>           | <b>Mrs. ROZY SABA</b> | <b>Age 36 Yrs.</b> | <b>Sex F</b>                 |
| <b>Ref. By Dr.BOB</b> |                       |                    |                              |

| Test Name                           | Value       | Unit  | Normal Value |
|-------------------------------------|-------------|-------|--------------|
| BILIRUBIN TOTAL                     | 0.62        | mg/dl | 0 - 1.0      |
| CONJUGATED (D. Bilirubin)           | 0.25        | mg/dl | 0.00 - 0.40  |
| UNCONJUGATED (I.D.Bilirubin)        | 0.37        | mg/dl | 0.00 - 0.70  |
| TOTAL PROTEIN                       | 6.7         | gm/dl | 6.6 - 8.3    |
| ALBUMIN                             | 3.8         | gm/dl | 3.4 - 5.2    |
| GLOBULIN                            | 2.9         | gm/dl | 2.3 - 3.5    |
| A/G RATIO                           | <b>1.31</b> |       |              |
| SGOT                                | 19.2        | IU/L  | 5 - 35       |
| SGPT                                | 21.9        | IU/L  | 5.0 - 45.0   |
| ALKALINE PHOSPHATASE<br>IFCC Method | 84.5        | U/L   | 35.0 - 104.0 |
| GAMMA GT                            | 24.7        | IU/L  | 6.0 - 42.0   |

**LFT INTERPRET****LIPID PROFILE**

|                             |               |       |              |
|-----------------------------|---------------|-------|--------------|
| TRIGLYCERIDES               | 76.9          | mg/dL | 25.0 - 165.0 |
| TOTAL CHOLESTEROL           | 195.9         | mg/dL | 29.0 - 199.0 |
| H D L CHOLESTEROL DIRECT    | 50.3          | mg/dL | 35.1 - 88.0  |
| V L D L                     | 15.38         | mg/dL | 4.7 - 22.1   |
| L D L CHOLESTEROL DIRECT    | <b>130.22</b> | mg/dL | 63.0 - 129.0 |
| TOTAL CHOLESTEROL/HDL RATIO | 3.895         |       | 0.0 - 4.97   |
| LDL / HDL CHOLESTEROL RATIO | 2.589         |       | 0.00 - 3.55  |
| THYROID PROFILE             |               |       |              |
| QUANTITY                    | 10            | ml.   |              |



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| <b>Name</b>           | <b>Mrs. ROZY SABA</b> | <b>Age 36 Yrs.</b> | <b>Sex F</b>                 |
| <b>Ref. By Dr.BOB</b> |                       |                    |                              |

| 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        | 0-1 | /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.BOB</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 \*\*\*\*

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



Name :- Rozy Saba  
Refd by :- Corp.

Age/Sex:- 35Yrs/F  
Date :-28/01/23

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Mild Enlarged in size (15.2cm) with slightly 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** :- Normal in size (10.8cm) 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 10.8cm and Left Kidney measures 10.9cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Enlarged in size (10.6cm x 4.2cm) and anteverted in position with a small fibroid of measuring size approx 2.4cm x 1.8cm seen in posterior wall of myometrium. Normal endometrial thickness (7.1mm).
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. 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 Hepatomegaly with Mild Fatty Liver.  
A/V Bulky Uterus with a small Intramural Fibroid.  
Otherwise Normal Scan.*

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





MC-3319

**Kolkata Lab** : Block DD-30, Sector-1, "Andromeda", Ground Floor, Salt lake, Kolkata-700064  
 Landline No: 033-40818800/ 8888/ 8899 | Email ID: kolkata@unipath.in | Website: www.unipath.in  
 CIN : U85195GJ2009PLC057059



30104100405

**TEST REPORT**

|   |                                     |                                       |
|---|-------------------------------------|---------------------------------------|
| <b>Reg.No</b> : 30104100405                       | <b>Reg.Date</b> : 29-Jan-2023 10:33 | <b>Collection</b> : 29-Jan-2023 10:33 |
| <b>Name</b> : MS. ROZY SABA                       |                                     | <b>Received</b> : 29-Jan-2023 10:33   |
| <b>Age</b> : 36 Years                             | <b>Sex</b> : Female                 | <b>Report</b> : 29-Jan-2023 13:50     |
| <b>Referred By</b> : AAROXYAM DIAGNOSTICS @ PATNA |                                     | <b>Dispatch</b> : 29-Jan-2023 14:10   |
| <b>Referral Dr</b> : □                            | <b>Status</b> : Final               | <b>Location</b> : 41 - PATNA          |

| Test Name   | Results | Units  | Bio. Ref. Interval |
|---|---------|--------|--------------------|
| <b>THYROID PROFILE</b>  |         |        |                    |
| Tri-iodothyronine (Total T3)<br><i>Method: ECLIA</i>                          | 1.44    | ng/mL  | 0.80 - 2.0         |
| Thyroxin (Total T4)<br><i>Method: ECLIA</i>                                   | 9.25    | µg/dL  | 5.1 - 14.1         |
| Thyroid Stimulating Hormone (TSH.)<br><i>Method: ECLIA</i><br>Ultra Sensitive | 3.000   | µIU/mL | 0.27 - 4.2         |

**Sample Type:** Serum**Note:****TSH Reference Range in Pregnancy :**

- Pregnancy 1st Trimester 0.1 - 2.5 uIU/ml
- Pregnancy 2nd Trimester 0.2 - 3.0 uIU/ml
- Pregnancy 3rd Trimester 0.3 - 3.0 uIU/ml

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has an influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- The physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- All infants with a low T4 concentration and a TSH concentration greater than 40 uIU/L are considered to have congenital hypothyroidism and should have immediate confirmatory serum testing.
- If the TSH concentration is slightly elevated but less than 40 uIU/L, a second screening test should be performed on a new sample. Results should be interpreted using age-appropriate normative values

**Clinical Use:**

- Primary Hypothyroidism · Hyperthyroidism · Hypothalamic -Pituitary hypothyroidism · Inappropriate TSH secretion · Nonthyroidal illness · Autoimmune thyroid disease · Pregnancy-associated thyroid disorders · Thyroid dysfunction in infancy and early childhood

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

**Dr. Mandeep Bedi**

MBBS, DCP, MD (PATHOLOGY)  
 HEAD OF HEMATOLOGY & CLINICAL PATHOLOGY  
 55315 (WBMC)