



भारत सरकार  
Government of India



पंकज कुमार  
Pankaj Kumar  
जन्म तिथि/DOB: 12/12/1986  
पुरुष/ MALE



9530 0924 5041

मेरा आधार, मेरी पहचान



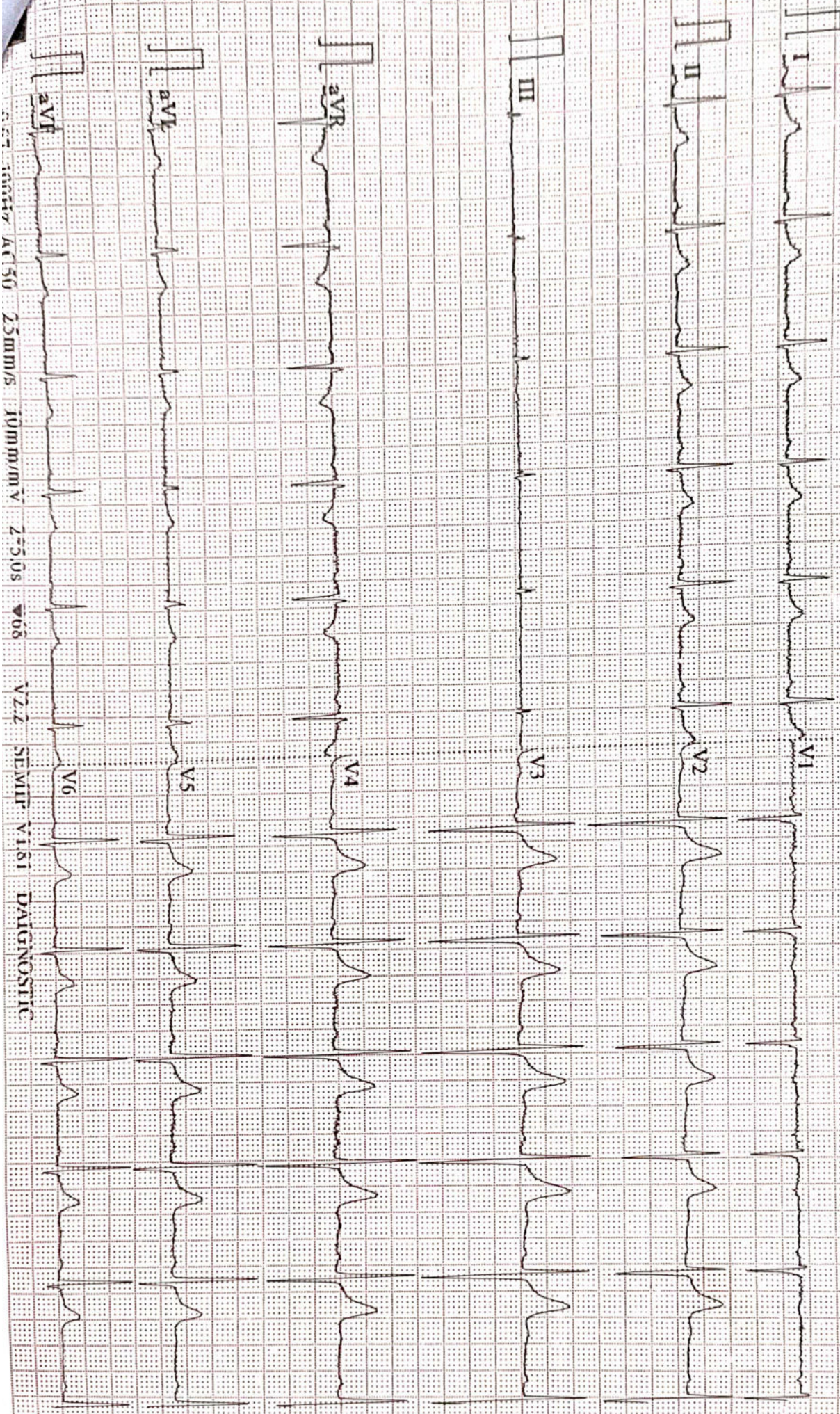
PANKAJ KUMAR  
Male 35Years

Diagnosis Information:

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

HR	: 68	bpm
P	: 104	ms
PR	: 167	ms
QRS	: 80	ms
QT/QTc	: 375/399	ms
P/QRS/T	: 42/38/32	°
RV5/SV1	: 1.48/0.980	mV

Ref Phys: :  
Report Confirmed by:







Name :- Pankaj Kumar  
Refd by :- CORP

Age/Sex:- 35 Yrs/M  
Date :-05/12/22

Thanks for referral.

### REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Enlarged in size (16.5cm) with Bright 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 (9.4cm) with normal echotexture. No focal lesion is seen. No evidence of varices is noticed.
- Kidneys** :- Right Kidney is normal in shape, size & position. Sinus as well as cortical echoes are normal. No evidence of calculus, space occupying lesion or hydronephrosis is seen. **Left Kidney- A small calculus of measuring size approx 6.6mm seen in upper pole of Lt. Kidney.** No hydronephrosis, CMD Intact.  
Right Kidney measures 9.9 cm and Left Kidney measures 10.2cm.
- Ureters** :- Ureters are normal.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size (16.1cc) & 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.  
Left Renal Small Calculus.  
Otherwise Normal Scan.*

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



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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

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www.aarogyamdiagnostics.com

<b>Date</b>	<b>05/12/2022</b>	<b>Srl No.</b>	<b>3</b>	<b>Patient Id</b>	<b>2212050003</b>
<b>Name</b>	<b>Mr. PANKAJ KUMAR</b>	<b>Age</b>	<b>36 Yrs.</b>	<b>Sex</b>	<b>M</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

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

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	14.9	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,100	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	35	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	14	mm/1st hr.	0 - 15
R B C COUNT	4.96	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	44.9	%	40 - 54
M C V	90.52	fl.	80 - 100
M C H	30.04	Picogram	27.0 - 31.0
M C H C	33.2	gm/dl	33 - 37
PLATELET COUNT	1.98	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	89.6	mg/dl	70 - 110
SERUM CREATININE	1.03	mg%	0.7 - 1.4
BLOOD UREA	18.9	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.6	mg%	3.4 - 7.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			





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

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.68	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.25	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.43	mg/dl	0.00 - 0.70
TOTAL PROTEIN	<b>6.2</b>	gm/dl	6.6 - 8.3
ALBUMIN	3.6	gm/dl	3.4 - 5.2
GLOBULIN	2.6	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.385</b>		
SGOT	<b>49.8</b>	IU/L	5 - 40
SGPT	51.2	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	129.4	U/L	40.0 - 130.0
GAMMA GT	26.3	IU/L	8.0 - 71.0

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

TRIGLYCERIDES	133.4	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	183.6	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	48.5	mg/dL	35.1 - 88.0
V L D L	<b>26.68</b>	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	108.42	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.786		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.235		0.00 - 3.55
THYROID PROFILE			
T3	0.82	ng/ml	0.60 - 1.81



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

Test Name	Value	Unit	Normal Value
T4 Chemiluminescence	6.74	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.458	uIU/ml	

**REFERENCE RANGE**PAEDIATRIC AGE GROUP

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

ADULTS 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	20	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.015	
PH	6.5	
ALBUMIN	NIL	
SUGAR	NIL	



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Test Name	Value	Unit	Normal Value
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### MICROSCOPIC EXAMINATION

PUS CELLS	0-1	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	2-3	/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.
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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