



भारत सरकार  
GOVERNMENT OF INDIA



सौरभ शिखर  
Saurabh Shikhar  
जन्म तिथि/DOB: 14/06/1989  
पुरुष / MALE



8217 3612 0789

आक्षर-आम आदमी का अधिकार

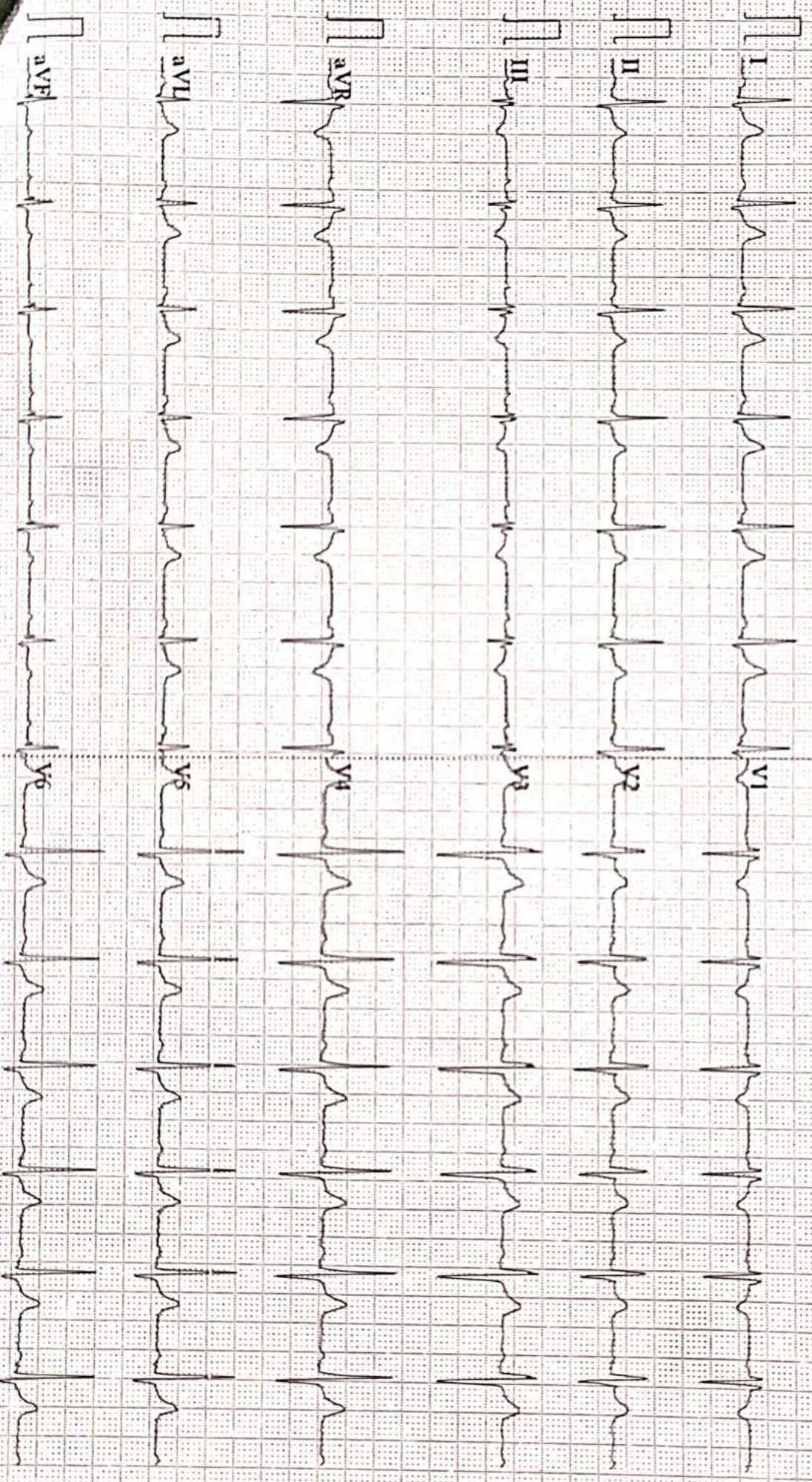
man

ID: 122  
SAURABH SHIKHAR  
Male 33Years

HR : 79 bpm  
P : 101 ms  
PR : 152 ms  
QRS : 96 ms  
QT/QTc : 338/388 ms  
P/QRS/T : 21/17/3 °  
RV5/SV1 : 1.428/0.831 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Ref-Phys. :  
Report Confirmed by:



100Hz AC50 25mm/s 10mm/mV 2.50s V79 V2.2 SEMIP V1.61 DIAGNOSTIC



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

Name :- Saurabh Shikhar  
Refd by :- CORP

Age/Sex:- 33yrs/M  
Date :-24/12/2022

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Mild enlarged in size(14.6cm) 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(8.5cm)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 9.3cm and Left Kidney measures 8.8cm.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size(16.0cc) & echotexture.
- Others** :- No ascites or abdominal adenopathy is seen.  
No free subphrenic / basal pleural space collection is seen.

**IMPRESSION:-** *Mild Hepatomegaly with Grade I Fatty Liver.  
Otherwise normal scan.*

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



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<b>Date</b>	<b>24/12/2022</b>	<b>Srl No.</b>	<b>32</b>	<b>Patient Id</b>	<b>2212240032</b>
<b>Name</b>	<b>Mr. SAURABH SHIKHAR</b>	<b>Age</b>	<b>33 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	5.2	%	

### 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)	14.5	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	5,700	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	62	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	12	mm/1st hr.	0 - 15
R B C COUNT	4.96	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	40.04	%	40 - 54
M C V	80.73	fl.	80 - 100
M C H	29.23	Picogram	27.0 - 31.0
M C H C	36.2	gm/dl	33 - 37
PLATELET COUNT	3.12	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	87.9	mg/dl	70 - 110
SERUM CREATININE	1.01	mg%	0.7 - 1.4
BLOOD UREA	24.6	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.0	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	0.65	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.24	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.41	mg/dl	0.00 - 0.70
TOTAL PROTEIN	<b>6.0</b>	gm/dl	6.6 - 8.3
ALBUMIN	3.5	gm/dl	3.4 - 5.2
GLOBULIN	2.5	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.4</b>		
SGOT	24.9	IU/L	5 - 40
SGPT	27.7	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	78.9	U/L	40.0 - 130.0
GAMMA GT	23.1	IU/L	8.0 - 71.0

### LFT INTERPRET

### LIPID PROFILE

TRIGLYCERIDES	105.0	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	159.6	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	49.0	mg/dL	35.1 - 88.0
V L D L	21	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	89.6	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.257		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.829		0.00 - 3.55
THYROID PROFILE			
T3	0.732	ng/ml	0.60 - 1.81



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

Test Name	Value	Unit	Normal Value
T4 Chemiluminescence	6.38	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.934	uIU/ml	

**REFERENCE RANGE**PAEDIATRIC AGE GROUP

0-3 DAYS

1-20 uIU/ml

3-30 DAYS

0.5 - 6.5 uIU/ml

1 MONTH -5 MONTHS

0.5 - 6.0 uIU/ml

6 MONTHS- 18 YEARS

0.5 - 4.5 uIU/ml

ADULTS

0.39 - 6.16 uIU/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	1.030	
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	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 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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