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भारत सरकार
Government of India

Download Date: 28/04/2021



अमित रंजन
Amit Ranjan
जन्म तारीख/DOB: 05/09/1990
पुरुष/ MALE

Issue Date: 18/07/2018

2356 5626 9668
VID : 9159 4441 9895 4592

भारी आधार. भारी ओजष

Amit Ranjan
191091202

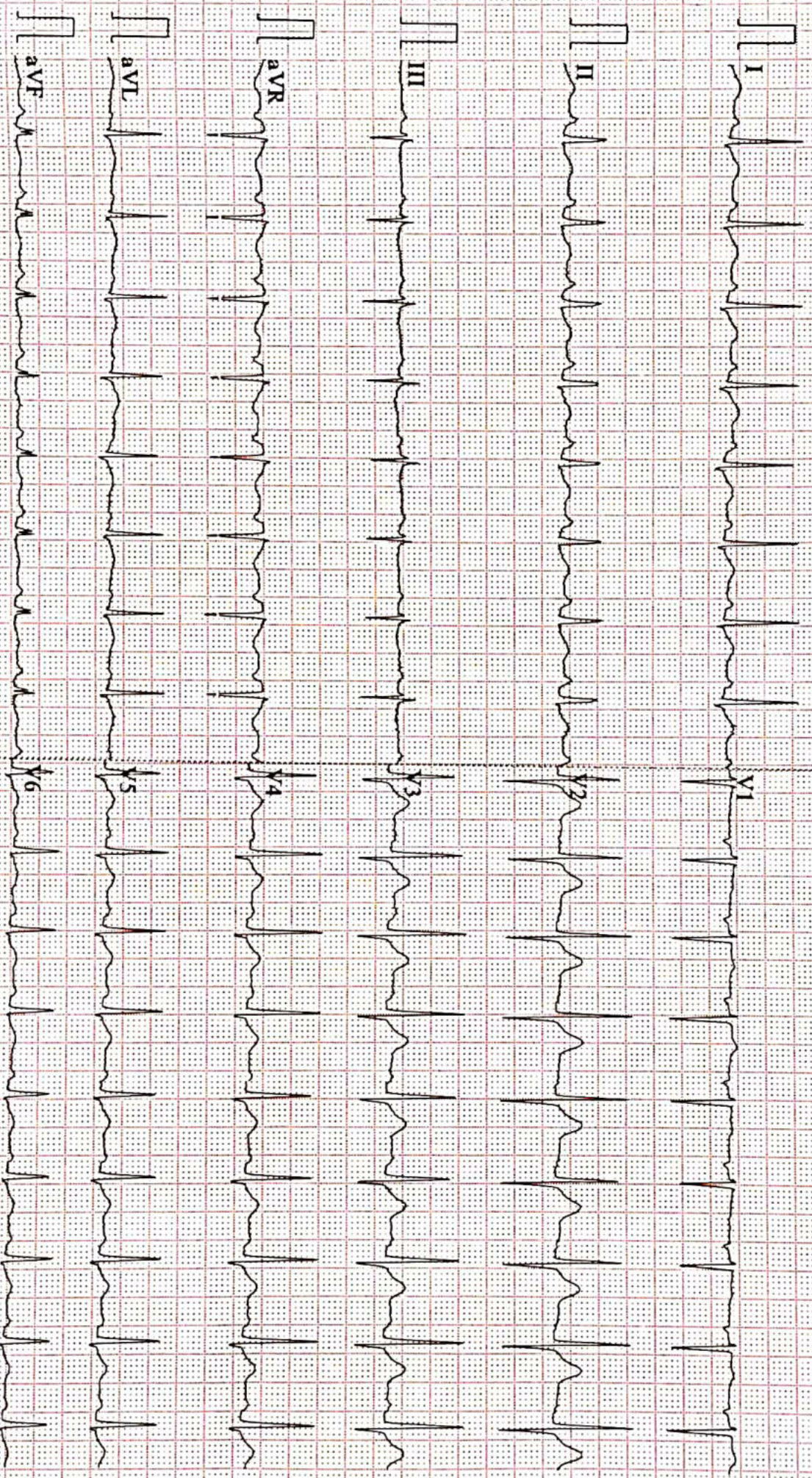
ID: 47
AMIT RANJAN
Male 32 Years

19-09-2022 11:49:15 AM

HR : 104 bpm
P : 93 ms
PR : 151 ms
QRS : 81 ms
QT/QTc : 317/418 ms
P/QRS/T : 52/19/19
RV5/SV1 : 1.025/0.972 mV

Diagnosis Information:
Sinus Tachycardia
Larged PtfV1

Ref-Phys. :
Report Confirmed by:





Name :- AMITRANJAN
Refd by :- BOB

Age/Sex:- 32Yrs/M
Date :-19/09/22

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Enlarged in size(15.8cm) 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 10.0cm.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size(13.6cc) & 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.
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

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www.aarogyamdiagnostics.com

Date	19/09/2022	Srl No.	13	Patient Id	2209190013
Name	Mr. AMIT RANJAN	Age	32 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.3	%	
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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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Name	Mr. AMIT RANJAN	Age 32 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	12.3	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,800	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	35	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	14	mm/1st hr.	0 - 15
R B C COUNT	4.16	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	36.9	%	40 - 54
M C V	88.7	fl.	80 - 100
M C H	29.57	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.38	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"AB"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	88.7	mg/dl	70 - 110
SERUM CREATININE	0.85	mg%	0.7 - 1.4
BLOOD UREA	26.7	mg /dl	15.0 - 45.0
BLOOD UREA NITROGEN (BUN)	12.477	mg%	6.0 - 20.0
SERUM URIC ACID	5.6	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			
BILIRUBIN TOTAL	0.62	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.21	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.41	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.9	gm/dl	6.6 - 8.3
ALBUMIN	3.6	gm/dl	3.4 - 5.2
GLOBULIN	3.3	gm/dl	2.3 - 3.5
A/G RATIO	1.091		
SGOT	39.8	IU/L	5 - 40
SGPT	48.9	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	91.0	U/L	40.0 - 130.0
GAMMA GT	26.9	IU/L	8.0 - 71.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	93.2	mg/dL	25.0 - 165.0
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Test Name	Value	Unit	Normal Value
TOTAL CHOLESTEROL	189.4	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	57.3	mg/dL	35.1 - 88.0
V L D L	18.64	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	113.46	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.305		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.98		0.00 - 3.55
THYROID PROFILE			
T3	0.961	ng/ml	0.60 - 1.81
T4	7.64	ug/dl	4.5 - 10.9
Chemiluminescence			
TSH	1.273	uIU/ml	
Chemiluminescence			
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.



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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.

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	15	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.025	
PH	6.0	



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CHEMICAL EXAMINATION

ALBUMIN	NIL		
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SUGAR	NIL		
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MICROSCOPIC EXAMINATION

PUS CELLS	0-1	/HPF	
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RBC'S	NIL	/HPF	
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CASTS	NIL		
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CRYSTALS	NIL		
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EPITHELIAL CELLS	0-1	/HPF	
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BACTERIA	NIL		
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OTHERS	NIL		
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**** End Of Report ****

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