



भारत सरकार
Government of India

भारत सरकार, नई दिल्ली



पुष्पा लता सिन्हा
Pushpa Lata Sinha
जन्म तिथि/DOB: 05/05/1976
लिंग/ GENDER: FEMALE

2525 1436 0379

VID : 9102 8745 8332 3389

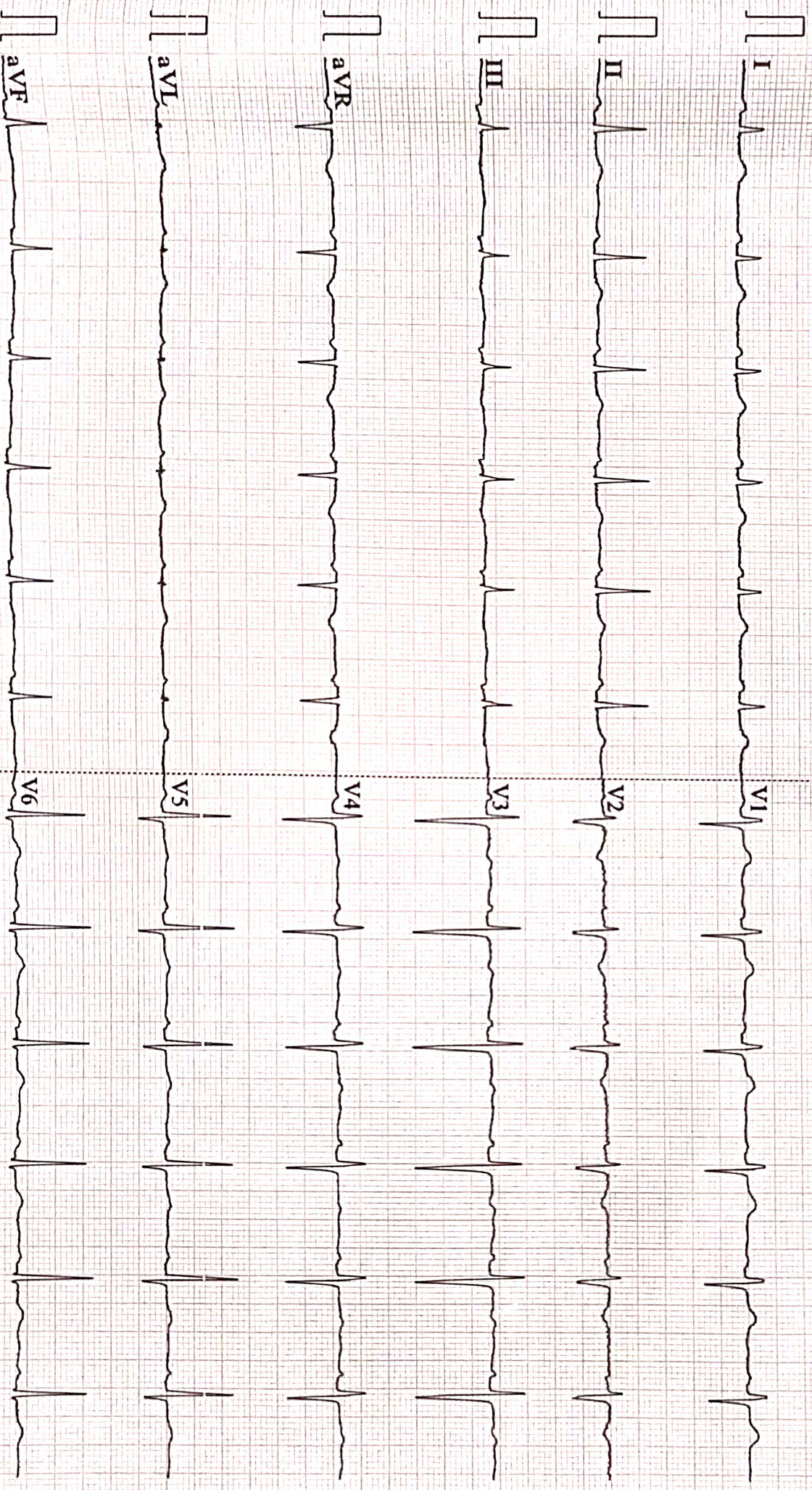
मेरा आवाज, मेरी पहचान

ID: 625
PUSHPA LATA SINHA
Female 42 Years

05-07-2023 09:26:07 AM
HR : 73 bpm
P : 88 ms
PR : 150 ms
QRS : 77 ms
QT/QTc : 399/441 ms
P/QRS/T : -26/63/21 °
RV5/SV1 : 1.214/0.736 mV

Diagnosis Information:
Sinus Rhythm
T Wave Abnormality(V2,V5,V6)

Ref-Phys. :
Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s V73 V2.2 SEMIF V1.81 DAIGNOSTIC



Name :- Pushpalata Sinha
Refd by :- BOB

Age/Sex :- 47Yrs/F
Date :-05/07/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(13.2cm) with normal 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** :- Mild enlarged in size(10.0cm)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 8.0cm and Left Kidney measures 9.3cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Enlarged in size (9.3cm x 4.7cm) and anteverted in position with A small hypoechoic area of measuring size 1.5cm x 1.2cm seen in uterine cavity-Fibroid, normal endometrial thickness.
- Ovaries** :- Right ovary measures 32mm x 24mm and a small simple cyst of measuring size 1.3cm x 1.0cm seen in it.
Left ovary measures 25mm x 18mm, normal in size and position, no cyst/mass seen in it.
Mild pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *A/V Bulky Uterus with a Small Uterine Fibroid.
Right Ovarian Small Simple Cyst.
Mild Collection in POD.
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.)

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 Near Malahi Pakari Chowk, Kankarbagh, Patna – 20
 9264278360, 9065875700, 8789391403
 info@aarogyamdiagnostics.com
 www.aarogyamdiagnostics.com

Date	05/07/2023	Srl No.	5	Patient Id	2307050005
Name	Mrs. PUSHPA LATA SINHA	Age	47 Yrs.	Sex	F
Ref. By	Dr.BOB				

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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Date	05/07/2023	Srl No. 5	Patient Id 2307050005
Name	Mrs. PUSHPA LATA SINHA	Age 47 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.5	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,700	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	62	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	16	mm/1st hr.	0 - 20
R B C COUNT	3.83	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	34.5	%	35 - 45
M C V	90.08	fl.	80 - 100
M C H	30.03	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.37	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	79.9	mg/dl	70 - 110
SERUM CREATININE	0.92	mg%	0.5 - 1.3
BLOOD UREA	24.6	mg /dl	15.0 - 45.0
SERUM URIC ACID	6.1	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



Date	05/07/2023	Srl No. 5	Patient Id 2307050005
Name	Mrs. PUSHPA LATA SINHA	Age 47 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.70	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.29	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.41	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.4	gm/dl	6.6 - 8.3
ALBUMIN	3.6	gm/dl	3.4 - 5.2
GLOBULIN	2.8	gm/dl	2.3 - 3.5
A/G RATIO	1.286		
SGOT	14.2	IU/L	5 - 35
SGPT	19.5	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	130.2	U/L	35.0 - 104.0
GAMMA GT	23.9	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	40.9	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	128.8	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	38.1	mg/dL	35.1 - 88.0
V L D L	8.18	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	82.52	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.381		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.166		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



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Date	05/07/2023	Srl No.	5	Patient Id	2307050005
Name	Mrs. PUSHPA LATA SINHA	Age	47 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		

MICROSCOPIC EXAMINATION

PUS CELLS	1-3	/HPF
RBC'S	NIL	/HPF
CASTS	NIL	
CRYSTALS	NIL	
EPITHELIAL CELLS	2-4	/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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Date	05/07/2023	Srl No.	5	Patient Id	2307050005
Name	Mrs. PUSHPA LATA SINHA	Age	47 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 ****

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



MC-2024

Lab Facility : Unipath House, Besides Sahjanand College, Opp. Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015 Gujarat
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Regd. Of ce : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat
CIN: U85195GJ2009PLC057059



30704100094

TEST REPORT

Reg.No : 30704100094	Reg.Date : 06-Jul-2023 12:31	Collection : 06-Jul-2023 12:31
Name : PUSHPALATA SINHA		Received : 06-Jul-2023 12:31
Age : 47 Years	Sex : Female	Report : 06-Jul-2023 14:50
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 06-Jul-2023 15:10
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine)	0.87	ng/mL	0.6 - 1.52
T4 (Thyroxine) <small>CMIA</small>	8.26	µg/dL	5.5 - 11.0
TSH (ultra sensitive) <small>CMIA</small>	2.453	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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

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