



भारत सरकार
GOVERNMENT OF INDIA



विजय सिंह
Vijay Singh
जन्म वर्ष / Year of Birth : 1973
पुरुष / Male



8613 4893 9336

आधार - आम आदमी का अधिकार

ID: 71
VIJAY SINGH
Male 49Years

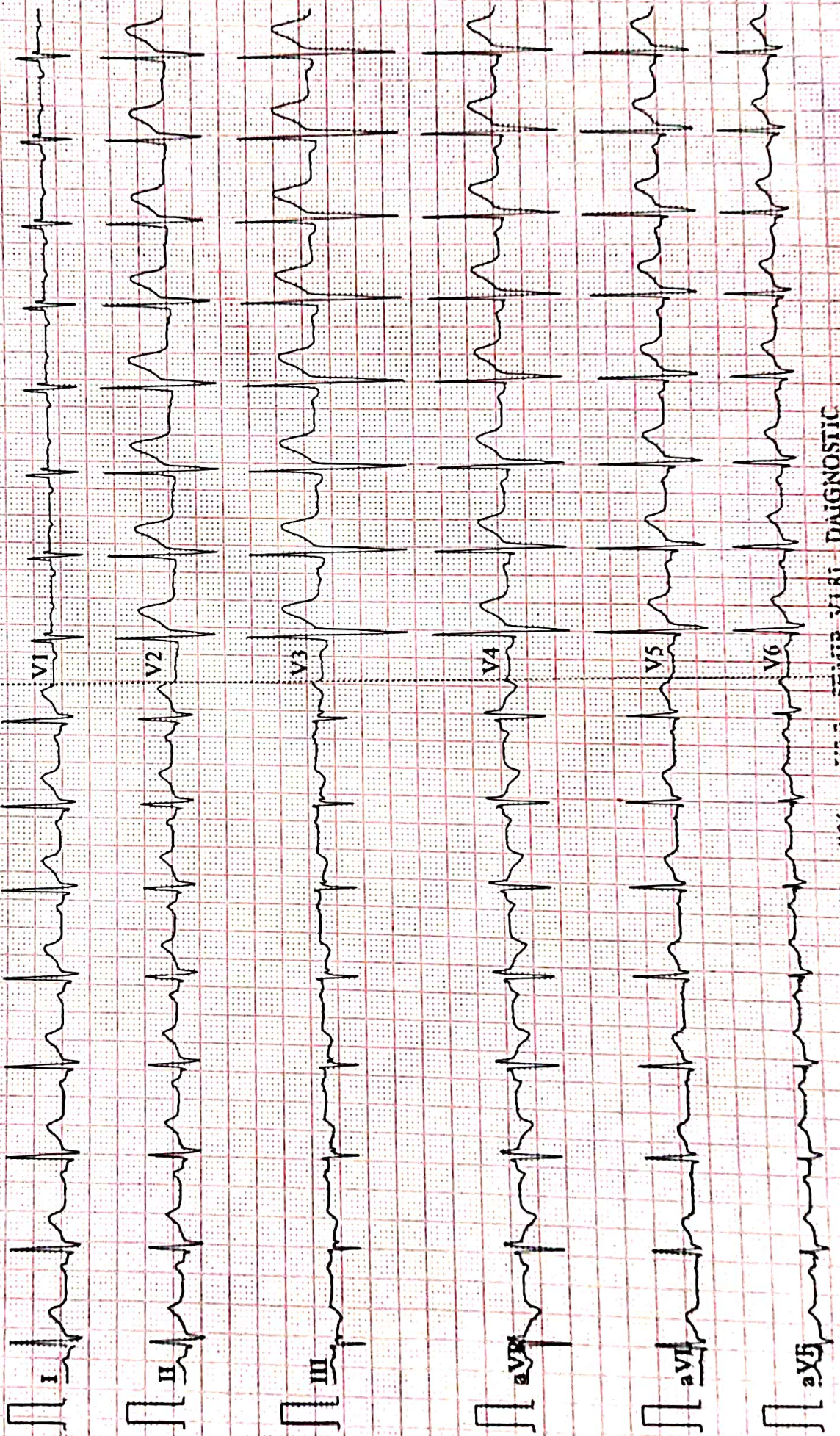
29-08-2021 01:04:58 AM BPL

Diagnosis Information:

Sinus Rhythm
Normal ECG

HR : 96 bpm
P : 98 ms
PR : 152 ms
QRS : 95 ms
QT/QTc : 330/417 ms
P/QRS/T : 55/-15/7 °
RV5/SV1 : 1.31/20.559 mV

Report Confirmed by:





SHUBHAM ULTRASOUND & A.L.C. ADVANCE IMAGING DIAGNOSTICS

(A Unit of P.K.Arogyam Health & Wellness Center)

E-95, P.C. Colony, Near Sal Netryalaya Transformer, Kankarbagh, Patna - 20

B.O. : Ajay Market, Bank of Baroda, East Ashok Nagar, Kankarbagh, Patna - 20.

2. Khanpura Road (Below Gyan Sharowar School), Pallganj, Patna. 3. Arwal Patna Aurangabad main road, Near Police Thana, Arwal.

e-mail : shubham.pat.usg@gmail.com

website : www.alchealthcheckup.in

OPINION MUST BE CORRELATES WITH CLINICALLY & OTHER INVESTIGATION FOR FINAL DIAGNOSIS. NOT FOR MEDICO LEGAL PURPOSE

Pt. Name :- VIJAY SINGH
Ref. By :- DR. AAROGYAM

Date:- 29-Aug-21
Age / Sex – Yrs. M.

REAL TIME U.S.G. OF WHOLE ABDOMEN

Thanks for your kind referral

(Report.)

LIVER :- Measures 15.16 cm. Mild Enlarged in shape , size and echo texture fatty change seen in liver parenchyma .I.H.B.R. are not dilated.
Hepatic veins are normal. No SOL seen.

G.BL. :- Lumen is echo free. Wall thickness appears normal.

C.B.D. :- Measures 3.5 mm in diameter with echo free lumen. No calculi or mass seen.

P.V. :- Measures 7.7 mm in diameter. Appears normal. No thrombus seen.

PANCREAS :- Normal in shape, size and echo texture. No calcification mass seen.

SPLEEN :- Measures 10.01cm. Normal in shape, size and echo texture.
No SOL seen.

KIDNEY :- Both kidney shows normal shape, size & echotexture. C.M.D.intact.
P.C.S.is not dilated.

Right Kidney :- Measures 9.50 X 3.50 cm.

Left Kidney :- Measures 9.80 X 3.50 cm.

URETER :- Not dilated .No apparent calculi seen.

U.BLADDER:- Shows normal in outline with echo free lumen. No calculi or mass seen.
Pre void – 320 ml. Post void – is in significant

PROSTATE :- Measures 18 gms.(approx). Appears Normal in size, shape, and echo texture.
No calcification , mass ,growth seen. capsule is intact.

R.I.F. :- Son graphically no appendicular mass or collection seen.

OTHERS :- Excess Gasses bowel distention seen in Abdomen .No Ascites No Lymph Adenopathy. No pleural Effusion seen on either side

IMPRESSION

- *Mild Hepatomegaly With fatty liver G-I*
- *Excess Gasses bowel distention seen in Abdomen*
- *Adv:- Further work up other investigation*
Otherwise son graphically normal scan. of rest organs

24/8/21

ESTB BY:-

Dr. P. K. Tiwari
MD, BRIT (Radio Imaging)
Consultant Imaginologist

Dr. S. Kumar
MD (Pat)
Consultant Pathologist

Dr. Abhishek Kumar
MBBS, MD
Consultant Neuropathology

Dr. Anjali
MBBS, MD
Consultant(TMT, EEG Specialist)

Dr. Kumari Suman
MBBS, DGO, MD
Consultant (TVS & HSG Specialist)

Consultant Radiologist



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AAROGYAM DIAGNOSTICS
 (A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

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 9264278360, 9065875700, 8789391403
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 www.aarogyamdiagnostics.com

Date	29/08/2021	Srl No.	19	Patient Id	2108290019
Name	Mr. VIJAY SINGH	Age	48 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.1	%	
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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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Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	12.0	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	8,500	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	66	%	40 - 75
LYMPHOCYTE	29	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	4.13	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	36	%	40 - 54
M C V	87.17	fl.	80 - 100
M C H	29.06	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	3.18	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	89.7	mg/dl	70 - 110
SERUM CREATININE	0.94	mg%	0.7 - 1.4
BLOOD UREA	27.6	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.1	mg%	3.4 - 7.0

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL	0.71	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.21	mg/dl	0.00 - 0.25
UNCONJUGATED (I.D.Bilirubin)	0.5	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.5	gm/dl	6.6 - 8.3
ALBUMIN	3.9	gm/dl	3.4 - 4.8
GLOBULIN	2.6	gm/dl	2.3 - 3.5
A/G RATIO	1.5		
SGOT	55.1	IU/L	5 - 40
SGPT	67.4	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	98.5	U/L	40.0 - 130.0
GAMMA GT	25.0	IU/L	8.0 - 71.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	81.6	mg/dL	40.0 - 165.0
TOTAL CHOLESTEROL	165.2	mg/dL	123.0 - 199.0



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Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	43.5	mg/dL	40.0 - 79.4
V L D L	16.32	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	105.38	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.798		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.423		0.00 - 3.55
THYROID PROFILE			
T3	1.20	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.56	ug/dl	4.5 - 10.9
TSH Chemiluminescence	3.81	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.



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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	1.030	
PH	6.0	

CHEMICAL EXAMINATION

ALBUMIN	NIL
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Test Name	Value	Unit	Normal Value
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		

STOOL EXAMINATION

STOOL ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

COLOUR/ APPEARANCE	BROWNISH
CONSISTENCY	SEMI-FORMED
PUS	NIL
MUCUS	NIL
BLOOD	NIL

CHEMICAL REACTION

REACTION	ACIDIC
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MICROSCOPY EXAMINATION

PUS CELLS	2-3
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Ref. By	Dr.BOB				

RBC'S	NIL
OVA	NIL
CYST	NIL
BACTERIA	NIL
OTHERS	NIL

**** End Of Report ****

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