

ID: 28

ABHJEEET KUMAR

Male Years

13-09-2021 10:05:01 AM

BPL

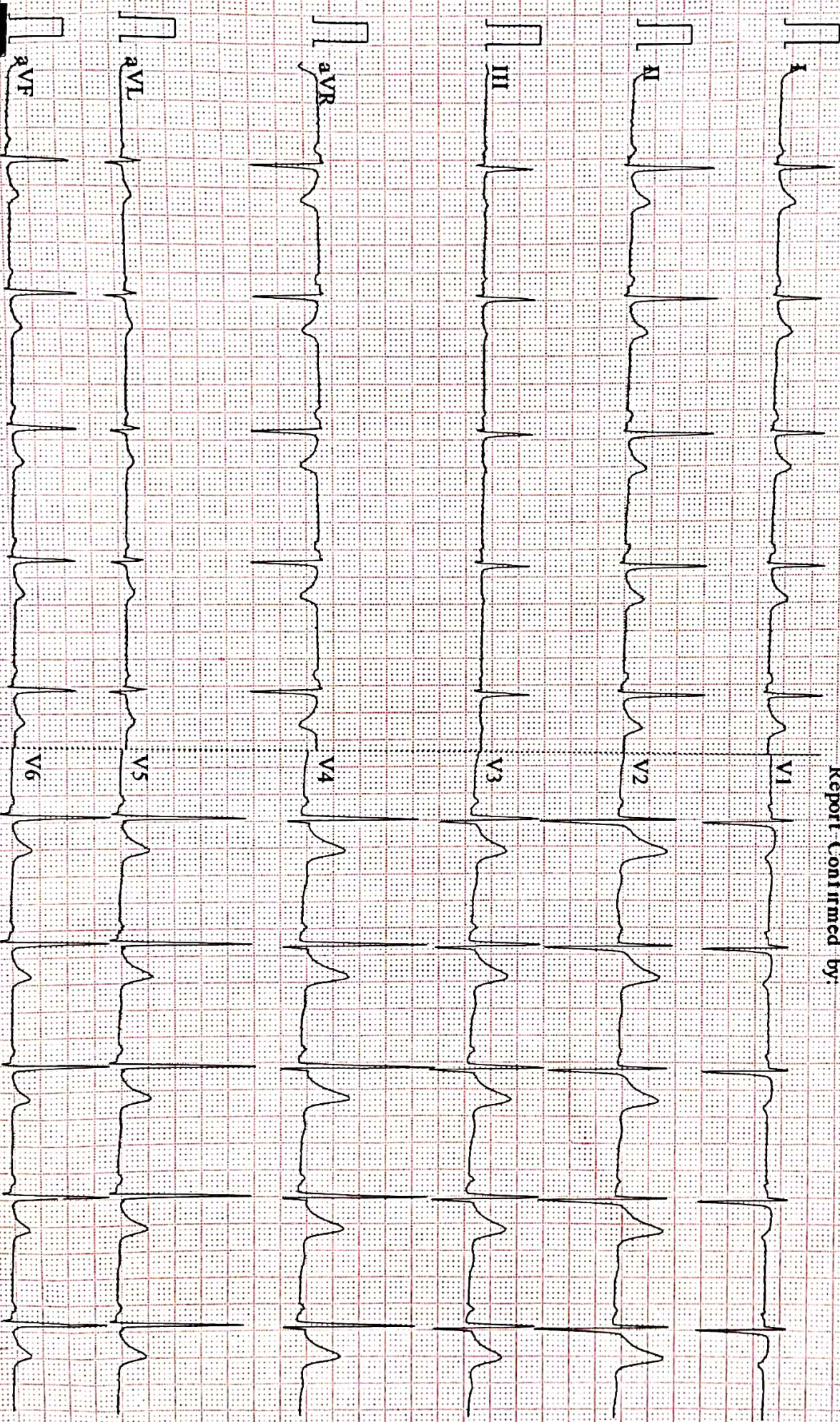
Diagnosis Information:

Sinus Rhythm

Normal ECG

HR	: 62	bpm
P	: 93	ms
PR	: 133	ms
QRS	: 81	ms
QT/QTc	: 366/374	ms
P/QRST	: 50/57/39	ms
RV5/SV1	: 2.476/1.274	mV

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2s5.0s V62 V2.2 SEMIF V1.81 DIAGNOSTIC



SUBHAM IMAGING & A.L.C. DIAGNOSTICS CENTRE

H.O. : Ajay Market, Dena Bank Building, East Ashok Nagar, Kankarbagh, Patna - 20

B.O. : Khanpura Road (Below Gyan Sharowar School), Paliganj, Patna.

e-mail : shubham.pat.usg@gmail.com # website : www.alchealthcheckup.in

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

Pt. Name :- ABHIJEET KUMAR

Ref. By :- DR .AAROGYAM

Date:- 13-Sep-21

Age / Sex – Yrs. M.

REAL TIME U.S.G. OF WHOLE ABDOMEN

Thanks for your kind referral

(Report.)

- LIVER** :- Measures 14.69 cm. Mild Enlarged in shape , size and echo texture.LH.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 3.3 mm in diameter with echo free lumen. No calculi or mass seen.
- P.V.** :- Measures 7.2 mm in diameter. Appears normal. No thrombus seen.
- PANCREAS** :- Normal in shape, size and echo texture. No calcification mass seen.
- SPLEEN** :- Measures 9.70 cm. 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. No calculi, cyst or hydronephrosis seen on either side.
Right Kidney :- Measures 9.90 X 4.1 cm.
Left Kidney :- Measures 9.70 X 4.2 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 – 310 ml. Post void – is in significant
- PROSTATE :-** Normal in Size Shape Capsule is intact
- R.I.F.** :- Son graphically no appendicular mass or collection seen.
- OTHERS** :- No Ascites no Lymph Adenopathy No pleural effusion seen on either side .

IMPRESSION

- Mild Hepatomegaly
- Adv :- Further Work Up LFT / Other Investigation
Otherwise son graphically normal scan. of rest organs

13/9/21

ESTB BY:-

Dr. P. K. Tiwari

MD, BRIT (Radio Imaging)

Consultant Imigionologist & Sonologist

A.L.C. Diagnostics & Research Centre, Patna

Dr. S. Kumar

MD. (Pat)

Consultant Pathologist

Consultant Radiologist

Dr. A. K. Singh

MBBS, PGDMCH

Consultant Radiologist & Sonologist

PRINTING MISTAKE SHOULD BE REPORTED BACK IMMEDIATELY/ यहाँ जन्म से पहले भ्रुण का लिंग जाँच नहीं होता है ।



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

Date 13/09/2021

Name Mr. ABHIJEET KUMAR

Ref. By Dr.BOB

Srl No. 13

Age 25 Yrs.

Patient Id 2109130013

Sex M

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HBA1C	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 ******



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Age 25 Yrs.

Patient Id 2109130013

Sex M

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	10.4	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,000	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	65	%	40 - 75
LYMPHOCYTE	32	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	3.26	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	31.2	%	40 - 54
M C V	95.71	fl.	80 - 100
M C H	31.9	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.68	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		

**** End Of Report ****



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



Date	13/09/2021	Srl No.	13	Patient Id	2109130013
Name	Mr. ABHIJEET KUMAR	Age	25 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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BIOCHEMISTRY

BLOOD SUGAR FASTING	102.8	mg/dl	70 - 110
BLOOD SUGAR PP	109.7	mg/dl	80 - 160
SERUM CREATININE	0.74	mg%	0.7 - 1.4
BLOOD UREA	23.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	6.9	mg%	3.4 - 7.0

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL	0.63	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.15	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D. Bilirubin)	0.48	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.2	gm/dl	6.6 - 8.3
ALBUMIN	3.9	gm/dl	3.4 - 4.8
GLOBULIN	3.3	gm/dl	2.3 - 3.5
A/G RATIO	1.182		
SGOT	33.1	IU/L	5 - 40
SGPT	29.6	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	82.36	U/L	40.0 - 130.0
GAMMA GT	25.9	IU/L	8.0 - 71.0
LFT INTERPRET			

LIPID PROFILE

TRIGLYCERIDES	279.2	mg/dL	40.0 - 165.0
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Name Mr. ABHIJEET KUMAR

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Srl No. 13

Age 25 Yrs.

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Sex M

Test Name	Value	Unit	Normal Value
TOTAL CHOLESTEROL	134.7	mg/dL	123.0 - 199.0
H D L CHOLESTEROL DIRECT	79.4	mg/dL	40.0 - 79.4
V L D L	55.84	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	-0.54	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	1.696		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	-0.007		0.00 - 3.55
THYROID PROFILE			
T3	0.88	ng/ml	0.60 - 1.81
T4 Chemiluminescence	10.12	ug/dl	4.5 - 10.9
TSH Chemiluminescence	3.15	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	1.015	
PH	6.0	



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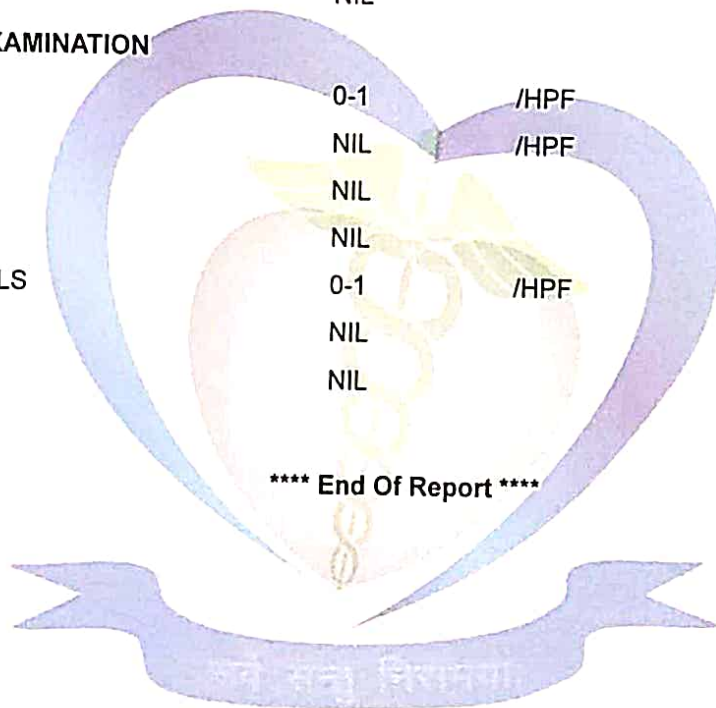
Test Name	Value	Unit	Normal Value
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CHEMICAL EXAMINATION

ALBUMIN	NIL		
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	



**** End Of Report ****

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