


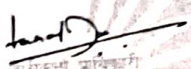
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Barb

 बैंक ऑफ बड़ोदा
Bank of Baroda

नाम
Name राशन कुमार
Raushan Kumar

कर्मचारी कूट
F.C. No. 120680


नियंत्रक प्राधिकारी
Issuing Authority


Raushan Kumar
धारक के हस्ताक्षर
Signature of Holder

22/10/1993

ID: 170

RAUSHAN KUMAR
Male 30Years

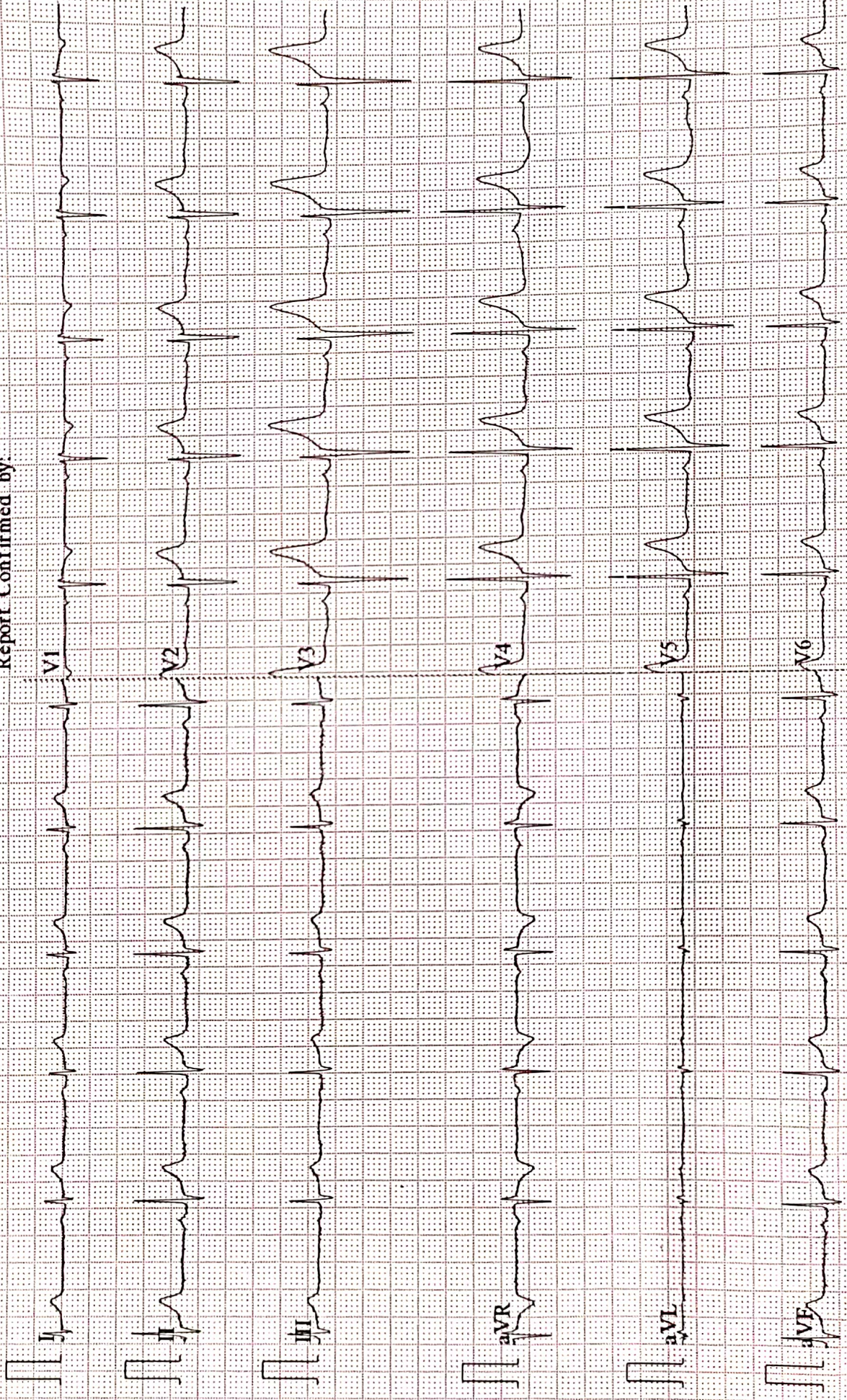
26-11-2023 10:42:03 AM

HR : 63 bpm
P : 108 ms
PR : 173 ms
QRS : 75 ms
QT/QTc : 355/366 ms
P/QRS/T : 55/67/56 °
RV5/SV1 : 1.436/0.735 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Ref-Phys :

Report Confirmed by:





Name :- Raushan Kumar
Refd by :- Corp

Age/Sex:-30Yrs/M
Date :-26/11/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size (12.0cm) 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** :- *Mucous Fold GB.*
- 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 (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 8.6cm and Left Kidney measures 8.2cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size (12.3cc) & echotexture.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *Mucous Fold GB.*
Other Normal Scan.

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



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AAROGYAM DIAGNOSTICS
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 info@aarogyamdiagnostics.com
 www.aarogyamdiagnostics.com

Date	26/11/2023	Srl No.	8	Patient Id	2311260008
Name	Mr. RAUSHAN KUMAR	Age	30 Yrs.	Sex	M
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	26/11/2023	Srl No. 8	Patient Id 2311260008
Name	Mr. RAUSHAN KUMAR	Age 30 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.9	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,000	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	35	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	12	mm/1st hr.	0 - 15
R B C COUNT	4.89	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	41.7	%	40 - 54
M C V	85.28	fl.	80 - 100
M C H	28.43	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.41	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	73.1	mg/dl	70 - 110
SERUM CREATININE	0.79	mg%	0.7 - 1.4
BLOOD UREA	19.1	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.3	mg%	3.4 - 7.0

LIVER FUNCTION TEST (LFT)



Date	26/11/2023	Srl No.	8	Patient Id	2311260008
Name	Mr. RAUSHAN KUMAR	Age	30 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.57	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.37	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.4	gm/dl	6.6 - 8.3
ALBUMIN	4.1	gm/dl	3.4 - 5.2
GLOBULIN	3.3	gm/dl	2.3 - 3.5
A/G RATIO	1.242		
SGOT	20.1	IU/L	5 - 40
SGPT	28.8	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	51.2	U/L	40.0 - 130.0
GAMMA GT	24.9	IU/L	8.0 - 71.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	122.6	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	198.1	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	58.3	mg/dL	35.1 - 88.0
V L D L	24.52	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	115.28	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.398		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.977		0.00 - 3.55
THYROID PROFILE			
T3	0.97	ng/ml	0.60 - 1.81



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Date	26/11/2023	Srl No.	8	Patient Id	2311260008
Name	Mr. RAUSHAN KUMAR	Age	30 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
T4 Chemiluminescence	8.342	ug/dl	4.5 - 10.9
TSH Chemiluminescence	2.491	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.

QUANTITY	20	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.010	
PH	6.0	
ALBUMIN	NIL	
SUGAR	NIL	



Date	26/11/2023	Srl No.	8	Patient Id	2311260008
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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	1-3	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

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.

**** End Of Report ****

Dr.R.B.RAMAN
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