



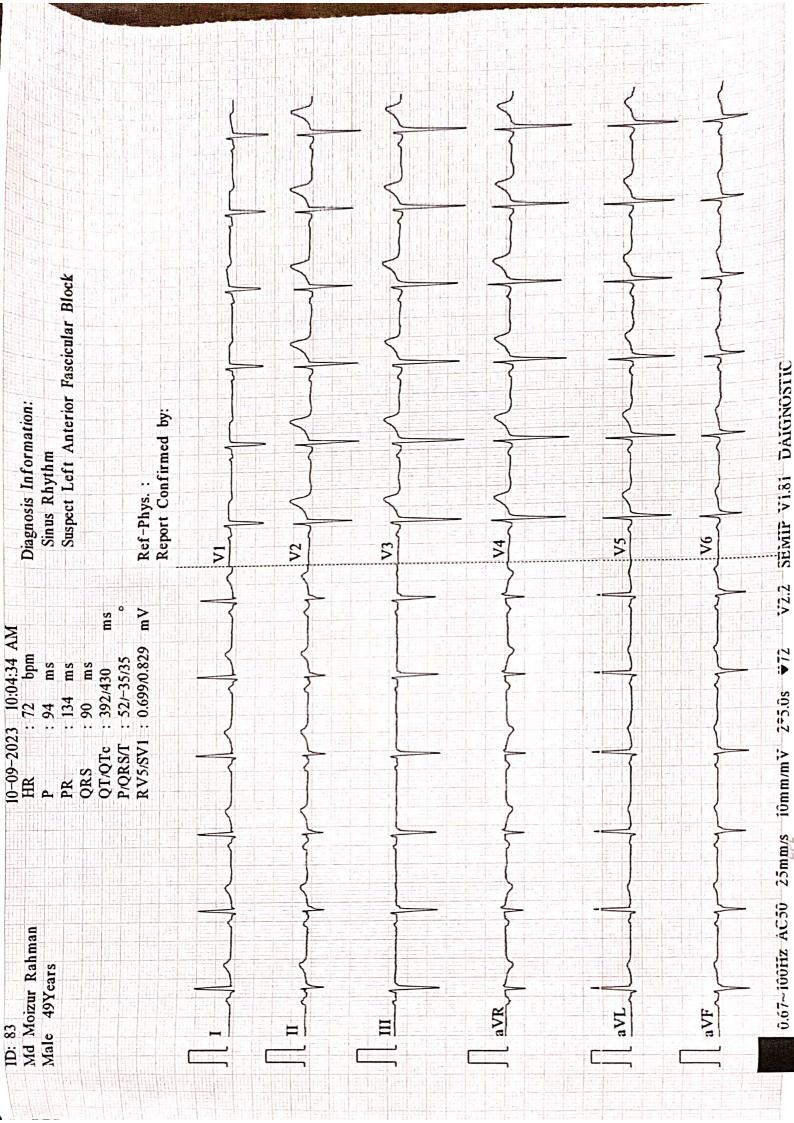


की भोईजुर रहमान Md. Moizur Rahman कन्म तिथि/ DOB 03/01/1974 पुरुष / MALE

3747 7832 8937



मेरा आधार, मेरी पहचान





9264278360, 9065875700, 8789391403

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Date 10/09/2023 SrI No. 1 Patient Id 2309100001
Name Mr. MD MOIZUR RAHMAN Age 49 Yrs. Sex M
Ref. By Dr.BOB

Test Name Value Unit Normal Value

BOB

HB A1C 5.4 %

EXPECTED VALUES:

Metabolicaly healthy patients = 4.8 - 5.5 % HbAIC

Good Control = 5.5 - 6.8 % HbAlC Fair Control = 6.8-8.2 % HbAlC Poor Control = >8.2 % HbAlC

REMARKS:-

In vitro quantitative determination of HbAIC in whole blood is utilized in long term monitoring of glycemia

The **HbAlC** 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 **HbAIC** be performed at intervals of 4-6 weeksduring Diabetes

Mellitus therapy.

Results of **HbAIC** 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. MD MOIZUR RAHMAN	Age	49 Yrs.	Sex	М
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value	
COMPLETE BLOOD COUNT (CBC)				
HAEMOGLOBIN (Hb)	13.0	gm/dl	13.5 - 18.0	
TOTAL LEUCOCYTE COUNT (TLC)	7,200	/cumm	4000 - 11000	
DIFFERENTIAL LEUCOCYTE COUNT (DL	.C)			
NEUTROPHIL	66	%	40 - 75	
LYMPHOCYTE	29	%	20 - 45	
EOSINOPHIL	02	%	01 - 06	
MONOCYTE	03	%	02 - 10	
BASOPHIL	00	%	0 - 0	
ESR (WESTEGREN`s METHOD)	12	mm/Ist hr.	0 - 15	
R B C COUNT	4.33	Millions/cmm	4.5 - 5.5	
P.C.V / HAEMATOCRIT	39	%	40 - 54	
MCV	90.07	fl.	80 - 100	
MCH	30.02	Picogram	27.0 - 31.0	
MCHC	33.3	gm/dl	33 - 37	
PLATELET COUNT	2.11	Lakh/cmm	1.50 - 4.00	
BLOOD GROUP ABO	"O"			
RH TYPING	POSITIVE			
BLOOD SUGAR FASTING	108.9	mg/dl	70 - 110	
SERUM CREATININE	0.83	mg%	0.7 - 1.4	
BLOOD UREA	20.1	mg /dl	15.0 - 45.0	
SERUM URIC ACID	6.7	mg%	3.4 - 7.0	
LIVER FUNCTION TEST (LFT)				

LIVER FUNCTION TEST (LFT)



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Date 10/09/2023 Name Mr. MD MOIZUR RAHMAN Ref. By Dr.BOB	Srl No Age	o. 1 49 Yrs.	Patient Id 2309100001 Sex M
Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.60	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.21	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.39	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.0	gm/dl	6.6 - 8.3
ALBUMIN	3.9	gm/dl	3.4 - 5.2
GLOBULIN	3.1	gm/dl	2.3 - 3.5
A/G RATIO	1.258		
SGOT	30.4	IU/L	5 - 40
SGPT	33.5	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	80.3	U/L	40.0 - 130.0
GAMMA GT	23.5	IU/L	8.0 - 71.0
LFT INTERPRET			
LIPID PROFILE			
TRIGLYCERIDES	79.6	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	189.5	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	51.2	mg/dL	35.1 - 88.0
VLDL	15.92	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	122.38	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.701		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.39		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



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Ref. By Dr.BOB

Test Name	Value	Unit	Normal Value	
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.025			
PH	6.0			
ALBUMIN	NIL			
SUGAR	NIL			
MICROSCOPIC EXAMINATION				
PUS CELLS	1-2	/HPF		
RBC'S	NIL	/HPF		
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	2-3	/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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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 hyporthyroidism, and may be seen in secondary thyrotoxicosis.

**** End Of Report ****

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Name :-

Md. Moizur Rahman

Age/Sex:- 49Yrs/M

Pt's ID:

18/39907

Refd by :-CORP. Date :-10/09/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

Liver

:- Enlarged in size(17.2cm) 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 (11.0cm) with normal echotexture. No focal lesion is seen. No evidence of varices is noticed.

Kidneys

:- Both kidneys are normal in size & position. A minute cortical cyst of measur ing size 1.1cm x 0.8cm seen in mid cortex of right kidney and a small cyst of measuring size 2.9cm x 2.5cm seen in mid/lower cortex of left kidney. No any calculus or hydronephrosis is seen.

Right Kidney measures 9.6cm and Left Kidney measures 9.8cm.

Ureters

:- Ureters are not dilated.

U. Bladder:- It is echofree. No evidence of calculus, mass or diverticulum is seen.

Prostate

:- Normal in size(18.1cc) & 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. B/L Renal Small Cortical Cyst. Otherwise Normal Scan.

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