

13015

14

भारत सरकार
Government of India

अर्चना कुमारी
Archana Kuman
जन्म तिथि / DOB 19/05/1987
महिला / Female

7706 7561 9464

मेरा आधार, मेरी पहचान

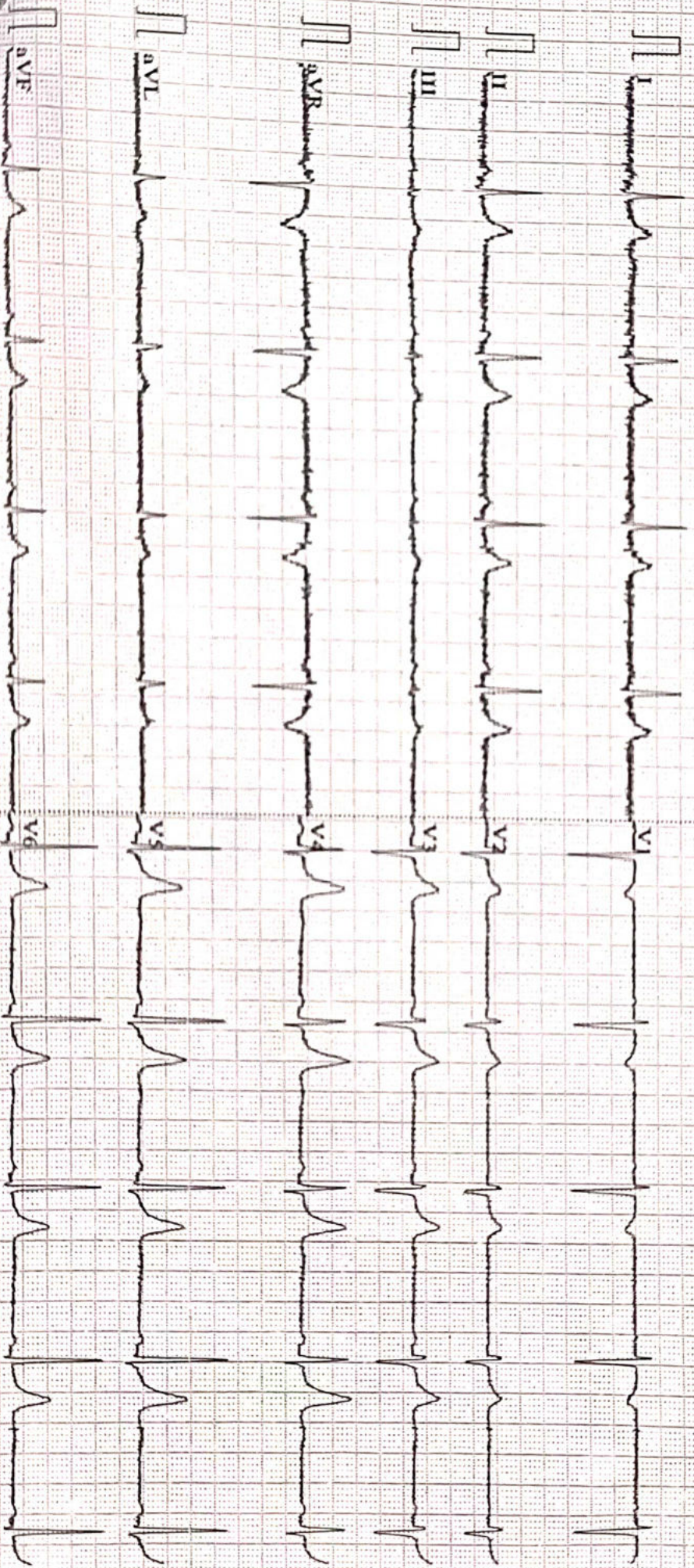


ID: 109
ARCHANA KUMARI
Female 35Years

24-12-2022 10:29:30 AM
HR : 53 bpm
P : 95 ms
PR : 149 ms
QRS : 81 ms
QT/QTc : 380/358 ms
P/QRS/T : 53/35/45
RV5/SV1 : 1.85/1.332 mV

Diagnosis Information:
Sinus Bradycardia

Ref-Phys. :
Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 295.0s 953 V2.2 SEMIP V1.61 DAIGNOSTIC



Name :- Archana Kumari
Refd by :- Corp.

Age/Sex:- 35yrs/F
Date :-24/12/22

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(12.3cm) 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** :- Normal in size (7.4cm) 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 7.6cm and Left Kidney measures 8.1cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Enlarged in size (9.1cm x 4.7cm) and anteverted in position with normal myometrial echotexture and endometrial thickness. ET-7.8mm.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern.
Trace 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.
Trace Collection in P.O.D.
Otherwise Normal Scan.*

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



MC-2024

Lab Facility : Unipath House, Besides Sahjanand College, Opp. Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015 Gujarat
Phone: +91-79-49006800 | WhatsApp: 6356005900 | Email: info@unipath.in | Website: www.unipath.in
Regd. Of. ce : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat
CIN: U85195GJ2009PLC057059



21204100482

TEST REPORT

Reg.No : 21204100482	Reg.Date : 25-Dec-2022 01:04	Collection : 25-Dec-2022 01:04
Name : ARCHANA KUMARI	Sex : Female	Received : 25-Dec-2022 01:04
Age :	Referred By : AAROGYAM DIAGNOSTICS @ PATNA	Report : 25-Dec-2022 07:16
Referral Dr : □	Status : Final	Dispatch : 25-Dec-2022 07:36
		Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine)	L 0.95	ng/mL	1.17 - 2.39
T4 (Thyroxine) <small>CMIA</small>	L 9.44	µg/dL	11.8 - 22.6
TSH (ultra sensitive) <small>CMIA</small>	3.505	µIU/mL	1.0 - 39.0

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 -----

Dr. Jwalant Shah
M.D. Pathology
G-7593

Dr. Hiral Arora
M.D. Biochemistry
Reg. No.- G-32999



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	24/12/2022	Srl No.	28	Patient Id	2212240028
Name	Mrs. ARCHANA KUMARI	Age	35 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.1	%	

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	24/12/2022	Srl No. 28	Patient Id 2212240028
Name	Mrs. ARCHANA KUMARI	Age 35 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.2	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	5,700	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	62	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	15	mm/1st hr.	0 - 20
R B C COUNT	4.59	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	38.06	%	35 - 45
M C V	82.92	fl.	80 - 100
M C H	28.76	Picogram	27.0 - 31.0
M C H C	34.7	gm/dl	33 - 37
PLATELET COUNT	1.67	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	78.6	mg/dl	70 - 110
SERUM CREATININE	1.17	mg%	0.5 - 1.3
BLOOD UREA	21.6	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.7	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Name	Mrs. ARCHANA KUMARI	Age 35 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.60	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.18	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.42	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.0	gm/dl	6.6 - 8.3
ALBUMIN	3.5	gm/dl	3.4 - 5.2
GLOBULIN	2.5	gm/dl	2.3 - 3.5
A/G RATIO	1.4		
SGOT	18.9	IU/L	5 - 35
SGPT	20.5	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	70.9	U/L	35.0 - 104.0
GAMMA GT	21.6	IU/L	6.0 - 42.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	72.6	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	97.6	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	44.0	mg/dL	35.1 - 88.0
V L D L	14.52	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	39.08	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.218		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	0.888		0.00 - 3.55
THYROID PROFILE			
QUANTITY	10	ml.	



Date	24/12/2022	Srl No.	28	Patient Id	2212240028
Name	Mrs. ARCHANA KUMARI	Age	35 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010		
PH	6.0		
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		

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 hypothyroidism, and may be seen in secondary thyrotoxicosis.			

**** End Of Report ****

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