

ID: 16
ASHMINI
Female 32Years

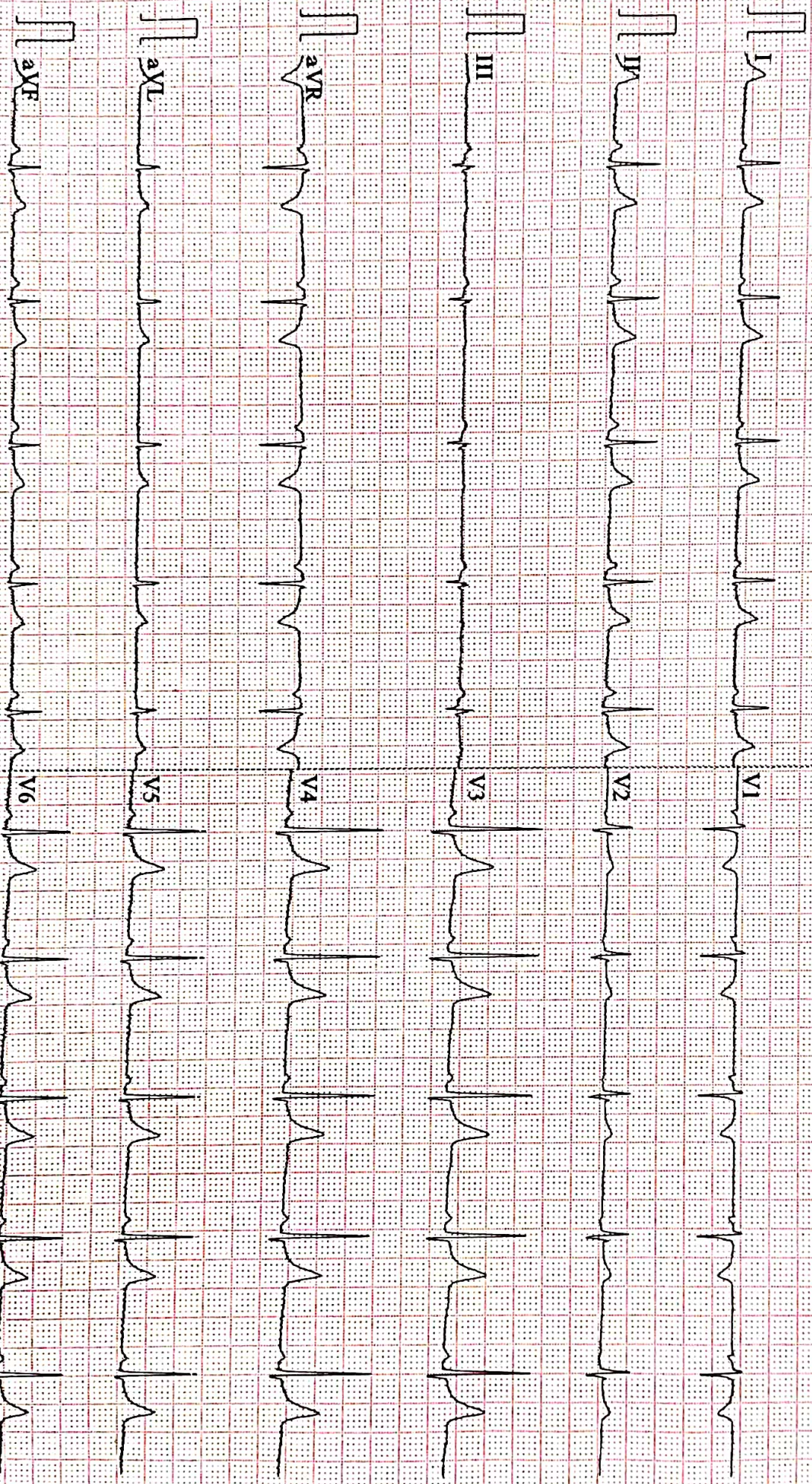
08-01-2022 10:30:01 AM

EPL

Diagnosis Information:
Sinus Arrhythmia

HR : 63 bpm
P : 89 ms
PR : 137 ms
QRS : 76 ms
QT/QTc : 378/388 ms
PQRST : 62/25/39 °
RV5SV1 : 1317/0.614 mV

Ref-Phys. :
Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s *63 V2.2 SEMIF V1.81 DAIGNOSTIC



A.L.C. Advance Imaging Dignostics

ISO 9001:2015 Certified center

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

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

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

Pt. Name :- **ASHMINI**

Date :- **8-Jan-22**

Ref. By :- **DR. AAROGYAM**

Age / Sex - Yrs. **F.**

REAL TIME U.S.G. OF WHOLE ABDOMEN

Thanks for your kind referral

(Report.)

LIVER :- Measures 14.25 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 7.6 mm in diameter. Appears normal. No thrombus seen.

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

SPLEEN :- Measures 8.80 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 9.40 x 4.4 cm.

Left Kidney :- Measures 10.8 x 4.5 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 - 340 ml. Post void - is in significant

UTERUS :- Is Slightly Enlarged and balky in size measures 9.60 X 5.50 cm and Aneverted in Position Echogenicity of Myometeriam is increased
Endometrial thickness is 8.2 mm
No focal mass lesion seen cervix appear normal .

ADNEXA :- Both ovary appears Slightly Enlarged in size Small Multiple sub capsular cyst
Seen at both ovary Each Cyst Measures 9 to 10mm suggested B/L PCOD.
Rt Ovary Measures - 3.52 cm Lt Ovary Measures 3.75 cm

P.O.D :- Mild collection seen in P.O.D.

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

OTHERS :- No ascites , lymph adenopathy. No pleural effusion seen on either side

IMPRESSION

- *Mild Hepatomegaly with fatty liver G-I*
- *Enlarged Bulky Uterus With Mild Collection Seen In POD -? PID*
- *B/L Slightly enlarged ovary contents multiple sub capsular cyst
-? PCOD (Poly cystic Ovarian Disease)*

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

8/1/22

Consultant Radiologist

ESTB BY:-

Dr. P. K. Tiwari
MD, M.Sc (Radio Imaging)
Ph.D (Alt Nuclear Medicine)
Consultant Imagiologist & Sonologist

Dr. S. Kumar
MD (Pat)
Consultant Pathologist

Dr. Abhishek Kumar
MBBS, MD
Consultant Neuropatho Physiologist

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

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



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 www.aarogyamdiagnostics.com

Date	08/01/2022	Srl No.	14	Patient Id	2201080014
Name	Mrs. ASHMINI	Age	32 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.0	%	
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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)	10.8	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,200	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	66	%	40 - 75
LYMPHOCYTE	30	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	13	mm/1st hr.	0 - 20
R B C COUNT	3.6	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	32.4	%	35 - 45
M C V	90	fl.	80 - 100
M C H	30	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.54	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	81.6	mg/dl	70 - 110
BLOOD SUGAR PP	108.5	mg/dl	80 - 160
SERUM CREATININE	0.79	mg%	0.5 - 1.3
BLOOD UREA	21.4	mg /dl	15.0 - 45.0
SERUM URIC ACID	3.7	mg%	2.5 - 6.0

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL	0.62	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.17	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.45	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.8	gm/dl	6.6 - 8.3
ALBUMIN	3.4	gm/dl	3.4 - 5.2
GLOBULIN	3.4	gm/dl	2.3 - 3.5
A/G RATIO	1		
SGOT	43.7	IU/L	5 - 35
SGPT	57.1	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	150.1	U/L	35.0 - 104.0
GAMMA GT	26.9	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	65.4	mg/dL	25.0 - 165.0
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Test Name	Value	Unit	Normal Value
TOTAL CHOLESTEROL	122.7	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	39.2	mg/dL	35.1 - 88.0
V L D L	13.08	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	70.42	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.13		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.796		0.00 - 3.55
THYROID PROFILE			
T3	0.85	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.17	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.53	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	1.025	
PH	6.0	



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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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