

BAR

(2)

  
भारत सरकार  
GOVERNMENT OF INDIA

  
मोनिका कुमारी  
Monika Kumari  
जन्म वर्ष / Year of Birth: 1991  
महिला / Female



3561 5068 4752

आधार — आम आदमी का अधिकार

*Monika Kumari*



ID: 153

monika kumari

Female 31Years

07-10-2022 02:11:32 PM

HR : 71 bpm

P : 103 ms

PR : 165 ms

QRS : 84 ms

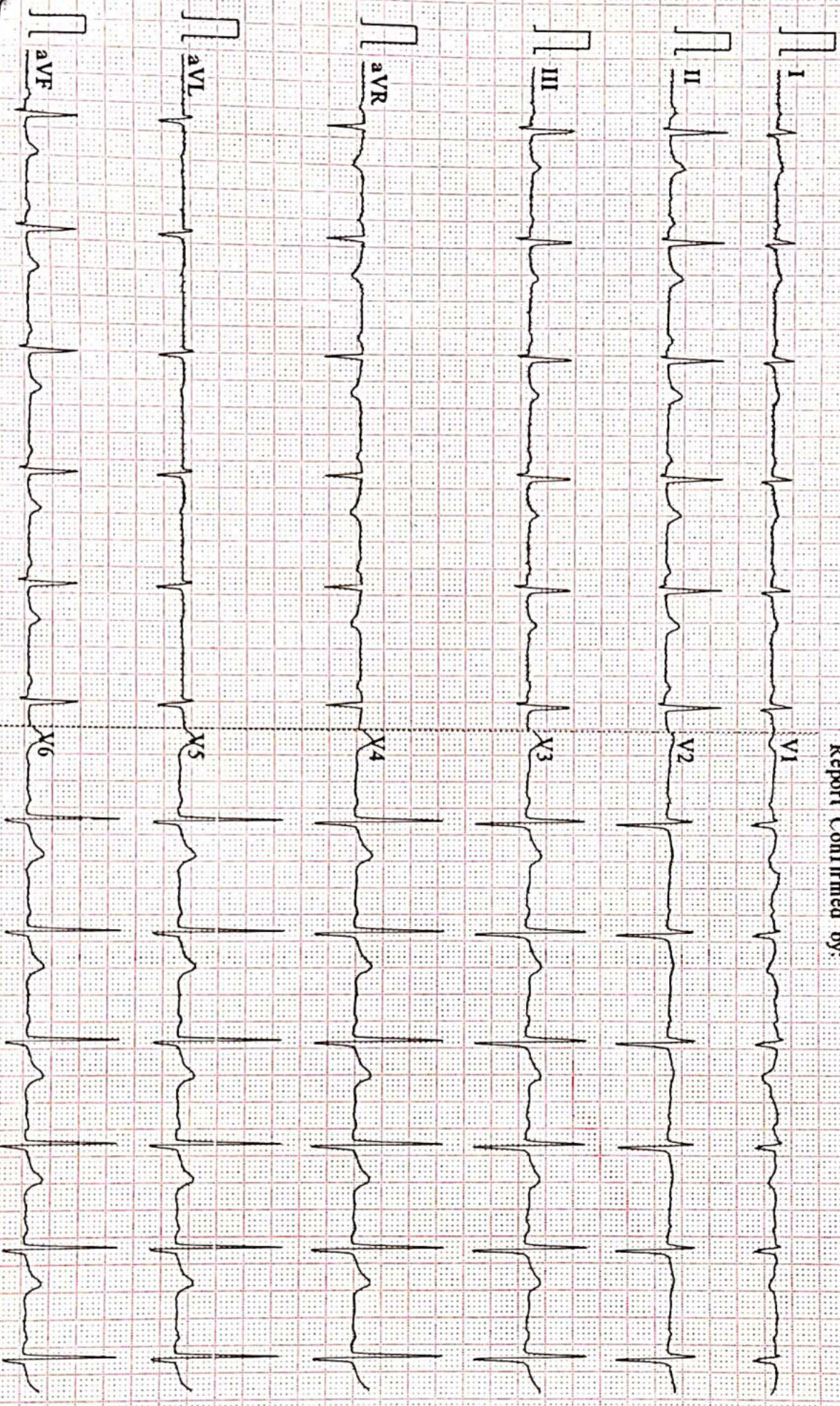
QT/QTc : 397/432 ms

P/QRS/T : 62/77/68 °

RV5/SV1 : 1.896/0.405 mV

Diagnosis Information:  
Sinus Arrhythmia

Ref-Phys. :  
Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2.5.05 V71 V2.2 SEMIP V1.81 DAIGNOSTIC

BPL





Name :- Monika Kumari  
Refd by :- BoB

Age/Sex:- 31yrs/F  
Date :-07/10/22

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Normal in size(13.3cm) 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 (11.6cm) 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 8.8cm and Left Kidney measures 9.3cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (8.4cm x 4.4cm) and anteverted position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 3.0mm x 2.0mm and Left ovary measures 3.2mm x 1.9mm. No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.  
No free subphrenic / basal pleural space collection is seen.

**IMPRESSION:-** Normal Scan Of Abdomen.

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



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# AAROGYAM DIAGNOSTICS

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F- 41, P.C. Colony, Opp. Madhuban Complex,  
Near Malahi Pakari Chowk, Kankarbagh, Patna - 20

9264278360, 9065875700, 8789391403

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www.aarogyamdiagnostics.com

Date	07/10/2022	Srl No.	10	Patient Id	2210070010
Name	Mrs. MONIKA KUMARI	Age	31 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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<b>Date</b>	<b>07/10/2022</b>	<b>Srl No. 10</b>	<b>Patient Id 2210070010</b>
<b>Name</b>	<b>Mrs. MONIKA KUMARI</b>	<b>Age 31 Yrs.</b>	<b>Sex F</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	<b>10.3</b>	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	5,300	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	69	%	40 - 75
LYMPHOCYTE	28	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	13	mm/1st hr.	0 - 20
R B C COUNT	3.94	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	<b>30.9</b>	%	35 - 45
M C V	<b>78.43</b>	fl.	80 - 100
M C H	<b>26.14</b>	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.73	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

\*\*\*\* End Of Report \*\*\*\*

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<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
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**BIOCHEMISTRY**

BLOOD SUGAR FASTING	84.2	mg/dl	70 - 110
SERUM CREATININE	0.72	mg%	0.5 - 1.3
BLOOD UREA	24.3	mg /dl	15.0 - 45.0
BLOOD UREA NITROGEN (BUN)	11.355	mg%	6.0 - 20.0
SERUM URIC ACID	3.2	mg%	2.5 - 6.0

**LIVER FUNCTION TEST (LFT)**

BILIRUBIN TOTAL	0.58	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.16	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D. Bilirubin)	0.42	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.3	gm/dl	6.6 - 8.3
ALBUMIN	3.6	gm/dl	3.4 - 5.2
GLOBULIN	<b>3.7</b>	gm/dl	2.3 - 3.5
A/G RATIO	<b>0.973</b>		
SGOT	29.6	IU/L	5 - 35
SGPT	31.1	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	95.2	U/L	35.0 - 104.0
GAMMA GT	25.4	IU/L	6.0 - 42.0

**LFT INTERPRET****LIPID PROFILE**

TRIGLYCERIDES	94.3	mg/dL	25.0 - 165.0
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<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
TOTAL CHOLESTEROL	174.8	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	41.0	mg/dL	35.1 - 88.0
V L D L	18.86	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	114.94	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	4.263		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.803		0.00 - 3.55

### THYROID PROFILE

T3	0.93	ng/ml	0.60 - 1.81
T4 Chemiluminescence	8.24	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.25	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	

<b>ADULTS</b>	0.39 - 6.16	ulu/ml	
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**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	20	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		
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SUGAR	NIL		
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### MICROSCOPIC EXAMINATION

PUS CELLS	0-1	/HPF	
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RBC'S	NIL	/HPF	
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CASTS	NIL		
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CRYSTALS	NIL		
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EPITHELIAL CELLS	0-1	/HPF	
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BACTERIA	NIL		
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OTHERS	NIL		
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\*\*\*\* End Of Report \*\*\*\*

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