



તમારો આધાર નંબર / Your Aadhaar No. :

**9267 5925 7811**

મારો આધાર, મારી ઓળખ



ભારત સરકાર

Government of India



□

Priyamvida Kumari

જન્મ તારીખ / DOB : 13/10/1990

સ્ત્રી / Female



**9267 5925 7811**

મારો આધાર, મારી ઓળખ

ID: 124

28-10-2023 11:35:41 AM

RR-12

PRIYAMVIDA KUMARI

Female 33Years

Diagnosis Information:

Sinus Arrhythmia

HR : 68 bpm

P : 98 ms

PR : 121 ms

QRS : 80 ms

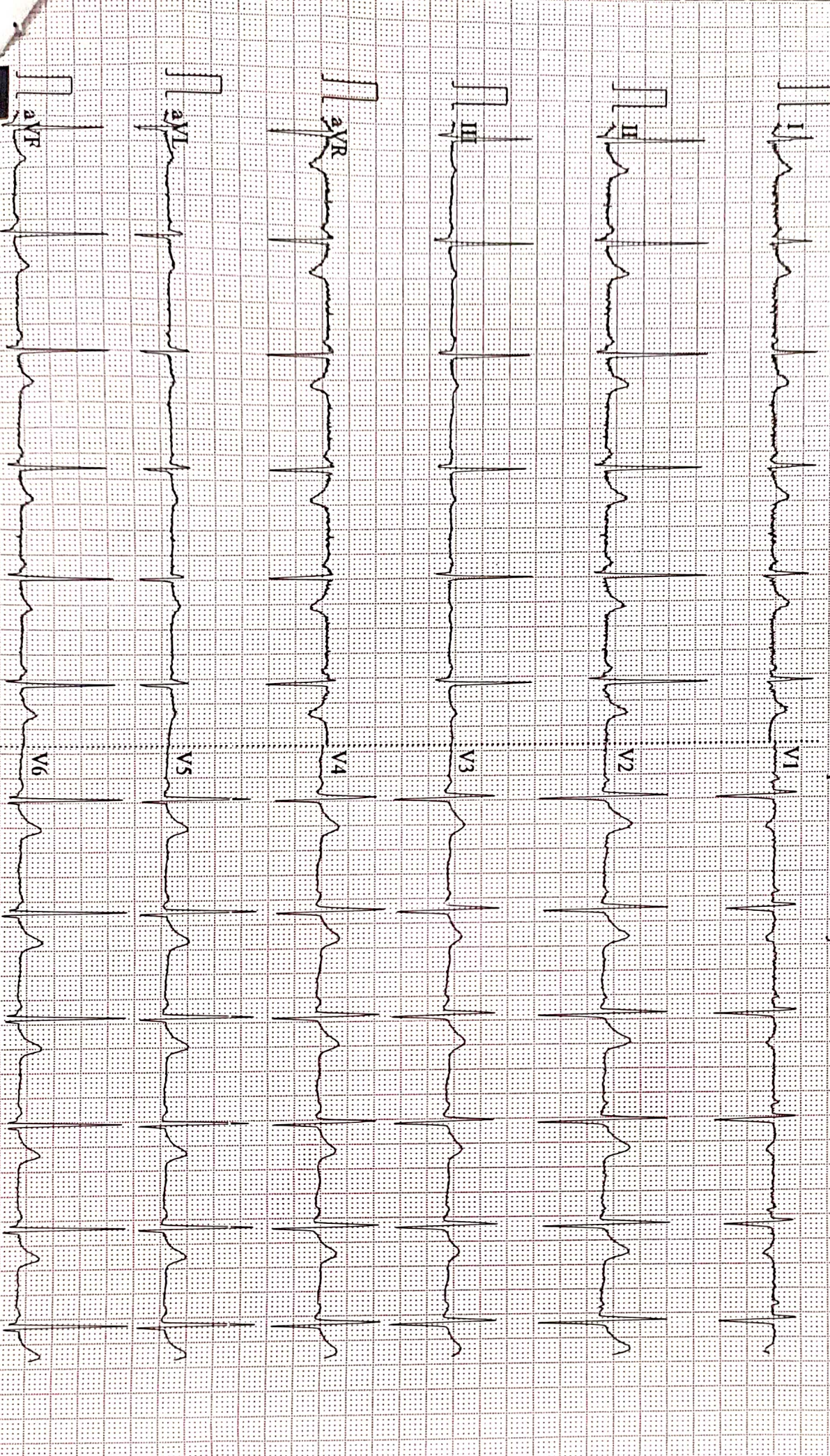
QT/QTc : 366/392 ms

PQRST : 58/70/45 °

RV5/SV1 : 1.663/0.995 mV

Ref-Phys. :

Report Confirmed by:



0.57-100Hz AC50 25mm/s 10mm/mV 2\*5.0s V68 V2.2 SEMIP V1.81 DAIGNOSTIC



Name :- Priyamvida Kumari  
Refd by :- Corp.

Age/Sex :- 33Yrs/F  
Date :-28/10/23

Thanks for referral.

## REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(13.8cm) with **slightly 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** :- Well distended G.B contains single large calculus of measuring size approx 15mm with posterior acoustic shadow seen within fundus region. wall thickness appears normal 2.4mm.
- 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(11.4cm)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 11.2cm and Left Kidney measures 11.6cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (7.5cm x 3.7cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.  
No free subphrenic / basal pleural space collection is seen.

**IMPRESSION:-** *Mild Fatty Liver.  
Cholelithiasis without Cholecystitis.  
Otherwise Normal Scan.*

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



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

<b>Date</b>	<b>28/10/2023</b>	<b>Srl No.</b>	<b>16</b>	<b>Patient Id</b>	<b>2310280016</b>
<b>Name</b>	<b>Mrs. PRIYAMVIDA KUMARI</b>	<b>Age</b>	<b>33 Yrs.</b>	<b>Sex</b>	<b>F</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

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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<b>Name</b>	<b>Mrs. PRIYAMVIDA KUMARI</b>	<b>Age 33 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>11.3</b>	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	17	mm/1st hr.	0 - 20
R B C COUNT	3.89	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	<b>33.6</b>	%	35 - 45
M C V	86.38	fl.	80 - 100
M C H	29.05	Picogram	27.0 - 31.0
M C H C	33.6	gm/dl	33 - 37
PLATELET COUNT	2.19	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	86.7	mg/dl	70 - 110
SERUM CREATININE	0.81	mg%	0.5 - 1.3
BLOOD UREA	20.1	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.2	mg%	2.5 - 6.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			



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

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.65	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.23	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.42	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.8	gm/dl	6.6 - 8.3
ALBUMIN	4.0	gm/dl	3.4 - 5.2
GLOBULIN	2.8	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.429</b>		
SGOT	15.0	IU/L	5 - 35
SGPT	18.8	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	59.6	U/L	35.0 - 104.0
GAMMA GT	23.9	IU/L	6.0 - 42.0

#### LFT INTERPRET

#### LIPID PROFILE

TRIGLYCERIDES	106.8	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	<b>210.5</b>	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	70.2	mg/dL	35.1 - 88.0
V L D L	21.36	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	118.94	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.999		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.694		0.00 - 3.55
THYROID PROFILE			
QUANTITY	10	ml.	



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

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.025		
PH	6.0		
ALBUMIN	NIL		
SUGAR	NIL		
<b>MICROSCOPIC EXAMINATION</b>			
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 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 \*\*\*\*

**Dr.R.B.RAMAN**  
**MBBS, MD**  
**CONSULTANT PATHOLOGIST**





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



31004100450

**TEST REPORT**

<b>Reg.No</b> : 31004100450	<b>Reg.Date</b> : 29-Oct-2023 13:34	<b>Collection</b> : 29-Oct-2023 13:34
<b>Name</b> : PRIYAMVID KUMARI		<b>Received</b> : 29-Oct-2023 13:34
<b>Age</b> : 33 Years	<b>Sex</b> : Female	<b>Report</b> : 29-Oct-2023 15:03
<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA		<b>Dispatch</b> : 29-Oct-2023 15:24
<b>Referral Dr</b> : □	<b>Status</b> : Final	<b>Location</b> : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.16	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	8.58	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	0.844	µIU/mL	0.35 - 4.94

**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. Avani Patel*

**Dr. Avani Patel**

M.D. Biochemistry

Reg No.- G-34103