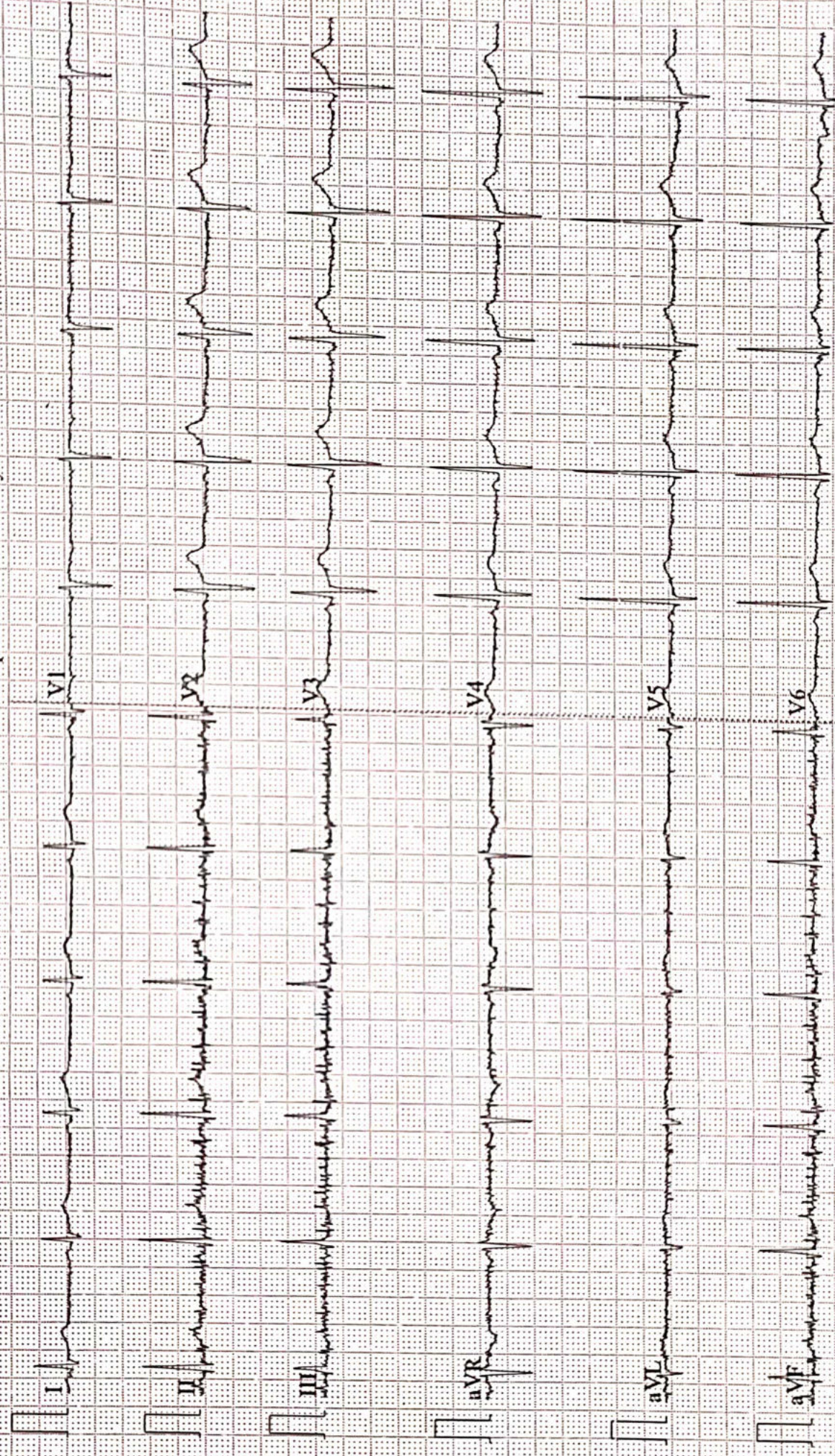


Diagnosis Information:

SATYAJEET KUMAR  
Male 33Years  
HR : 64 bpm  
P : 90 ms  
PR : 122 ms  
QRS : 84 ms  
QT/QTc : 376/390 ms  
P/QRS/T : 19/68/45 °  
RV5/SV1 : 1.778/0.733 mV  
Ref-Phys. :  
Report Confirmed by:







Name :- Satyajeeet Kumar  
Refd by :- Corp

Age/Sex:- 33Yrs/M  
Date :-18/12/22

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Normal in size (13.3cm) 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(9.1 cm) 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 8.9cm and Left Kidney measures 10.1cm.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size (14.2cc) & echotexture.
- Others** :- No ascites or abdominal adenopathy is seen.  
No free subphrenic / basal pleural space collection is seen.

**IMPRESSION:-** *Normal Scan.*

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



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9264278360, 9065875700, 8789391403

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

<b>Date</b>	<b>18/12/2022</b>	<b>Srl No.</b>	<b>12</b>	<b>Patient Id</b>	<b>2212180012</b>
<b>Name</b>	<b>Mr. SATYAJEET KUMAR</b>	<b>Age</b>	<b>33 Yrs.</b>	<b>Sex</b>	<b>M</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

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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<b>Name</b>	<b>Mr. SATYAJEET KUMAR</b>	<b>Age 33 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	14.9	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,700	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	35	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	4.76	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	41.04	%	40 - 54
M C V	86.22	fl.	80 - 100
M C H	<b>31.3</b>	Picogram	27.0 - 31.0
M C H C	36.3	gm/dl	33 - 37
PLATELET COUNT	1.89	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	81.9	mg/dl	70 - 110
SERUM CREATININE	0.91	mg%	0.7 - 1.4
BLOOD UREA	16.9	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.9	mg%	3.4 - 7.0

**LIVER FUNCTION TEST (LFT)**



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<b>Name</b>	<b>Mr. SATYAJEET KUMAR</b>	<b>Age 33 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.65	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.26	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.39	mg/dl	0.00 - 0.70
TOTAL PROTEIN	<b>6.2</b>	gm/dl	6.6 - 8.3
ALBUMIN	3.7	gm/dl	3.4 - 5.2
GLOBULIN	2.5	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.48</b>		
SGOT	34.8	IU/L	5 - 40
SGPT	40.5	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	91.6	U/L	40.0 - 130.0
GAMMA GT	23.7	IU/L	8.0 - 71.0

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

TRIGLYCERIDES	79.6	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	167.5	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	49.8	mg/dL	35.1 - 88.0
V L D L	15.92	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	101.78	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.363		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.044		0.00 - 3.55
THYROID PROFILE			
T3	0.83	ng/ml	0.60 - 1.81





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<b>Name</b>	<b>Mr. SATYAJEET KUMAR</b>	<b>Age 33 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
T4 Chemiluminescence	7.21	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.834	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.

QUANTITY	10	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.015	
PH	6.0	
ALBUMIN	NIL	
SUGAR	NIL	



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Test Name	Value	Unit	Normal Value
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**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.
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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