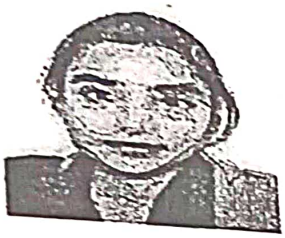
भारत सरकार
Government of India



स्वेता कुमारी
Sweta Kumari
जन्म तिथि/ DOB: 15/07/1991
महिला / FEMALE

9525 2939 9334

मेरा आधार, मेरी पहचान

आधार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
D/O प्रदीप कूमार, रामगधिया मोर
आर, नज़दीक आर सेंट्रल स्कूल,
आरा, भोजपुर,
बिहार - 802301

Address:
D/O Pradeep Kumar,
ramgadhiya mor ara, near ara
central school, Arrah, Bhojpur,
Bihar - 802301

9525 2939 9334

1947

help@uidai.gov.in

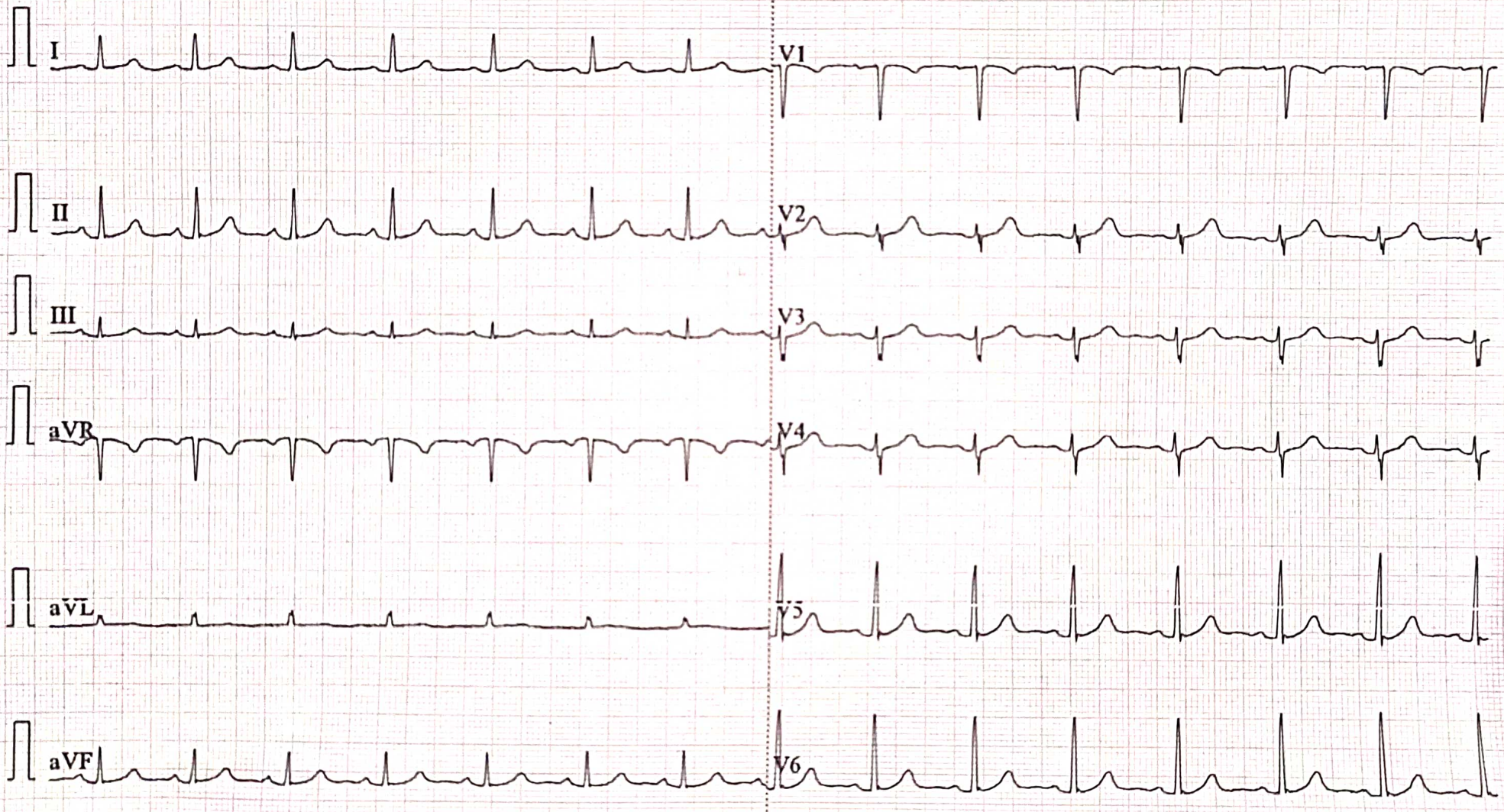
www

SWETA KUMARI
Female 31Years

HR	: 87	bpm	
P	: 97	ms	
PR	: 151	ms	
QRS	: 69	ms	
QT/QTc	: 344/416	ms	
P/QRS/T	: 64/48/55	°	
RV5/SV1	: 1.324/0.919	mV	

Diagnosis Information:
Sinus Rhythm
QS Wave in lead V1

Ref-Phys. :
Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥87 V2.2 SEMIP V1.81 DAIGNOSTIC

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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	**07/05/2023**	**Srl No.**	**2**	**Patient Id**	**2305070002**
Name	**Mrs. SWETA KUMARI**	**Age**	**31 Yrs.**	**Sex**	**F**
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.2	%	

EXPECTED VALUES :-

Metabolicaly healthy patients	=	4.8 - 5.5 % HbAIC
Good Control	=	5.5 - 6.8 % HbAIC
Fair Control	=	6.8-8.2 % HbAIC
Poor Control	=	>8.2 % HbAIC

REMARKS:-

In vitro quantitative determination of **HbAIC** in whole blood is utilized in long term monitoring of glycemia .

The **HbAIC** 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 **HbAIC** be performed at intervals of 4-6 weeksduring Diabetes
Mellitus therapy.

Results of **HbAIC** 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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Name	**Mrs. SWETA KUMARI**	**Age**	**31 Yrs.**	**Sex**	**F**
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.5	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,900	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	32	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN`s METHOD)	16	mm/Ist hr.	0 - 20
R B C COUNT	4.02	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	35.06	%	35 - 45
M C V	87.21	fl.	80 - 100
M C H	28.61	Picogram	27.0 - 31.0
M C H C	**32.8**	gm/dl	33 - 37
PLATELET COUNT	2.29	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	85.3	mg/dl	70 - 110
SERUM CREATININE	0.83	mg%	0.5 - 1.3
BLOOD UREA	21.1	mg /dl	15.0 - 45.0
SERUM URIC ACID	**6.1**	mg%	2.5 - 6.0
LIVER FUNCTION TEST (LFT)			

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Date	**07/05/2023**	**Srl No.**	**2**	**Patient Id**	**2305070002**
Name	**Mrs. SWETA KUMARI**	**Age**	**31 Yrs.**	**Sex**	**F**
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.62	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.22	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.4	mg/dl	0.00 - 0.70
TOTAL PROTEIN	**6.3**	gm/dl	6.6 - 8.3
ALBUMIN	3.4	gm/dl	3.4 - 5.2
GLOBULIN	2.9	gm/dl	2.3 - 3.5
A/G RATIO	**1.172**		
SGOT	18.1	IU/L	5 - 35
SGPT	23.2	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	**105.5**	U/L	35.0 - 104.0
GAMMA GT	22.9	IU/L	6.0 - 42.0
LFT INTERPRET			
LIPID PROFILE			
TRIGLYCERIDES	137.7	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	166.3	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	51.9	mg/dL	35.1 - 88.0
V L D L	**27.54**	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	86.86	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.204		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.674		0.00 - 3.55
THYROID PROFILE			
QUANTITY	15	ml.	

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Name	**Mrs. SWETA KUMARI**	**Age**	**31 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	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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Name	**Mrs. SWETA KUMARI**	**Age**	**31 Yrs.**	**Sex**	**F**
Ref. By Dr.BOB					

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 hyporthyroidism, and may be seen in secondary thyrotoxicosis.

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

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

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Name :- Sweta Kumari
Refd by :- Corp.

Age/Sex:31Yrs/F
Date :-07/05/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

Liver :- Normal in size(11.2cm) 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 :- **Surgically Removed.**

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(8.9cm)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 9.1cm and Left Kidney measures 8.6 cm.

Ureters :- Ureters are not dilated.

U. Bladder:- It is echofree. No evidence of calculus, mass or diverticulum is seen.

Uterus :- **Enlarged in size (10.5cm x 5.0cm)** and anteverted in position with Myometrial and endometrial Echoes are normal. **Thickned cervical endometrium with minimal collection seen in it- Cervicitis.**

Ovaries :- Left ovary show normal echotexture and follicular pattern.
Right ovary-**A complex cyst of measuring size 3.1cm x 2.4cm seen in it.**
Mild pelvic (POD) collection is seen- P.I.D

Others :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *A/V Bulky Uterus with Cervicitis.*
Mild Collection in POD.
Right Ovarian Small Complex Cyst.
Otherwise Normal scan.

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

MC-3319

Unipath
SPECIALTY LABORATORY Ltd.

Kolkata Lab : Block DD-30, Sector-1, "Andromeda", Ground Floor, Salt lake, Kolkata-700064
Landline No: 033-40818800/ 8888/ 8899 | Email ID: kolkata@unipath.in | Website: www.unipath.in
CIN : U85195GJ2009PLC057059

30504100193

TEST REPORT

Reg.No	: 30504100193	**Reg.Date**	: 08-May-2023 11:52	**Collection**	: 08-May-2023 11:52
Name	: MS. SWETA KUMARI			**Received**	: 08-May-2023 11:52
Age	: 31 Years	**Sex**	: Female	**Report**	: 08-May-2023 13:48
Referred By	: AAROGYAM DIAGNOSTICS @ PATNA			**Dispatch**	: 08-May-2023 14:08
Referral Dr	: □	**Status**	: Final	**Location**	: 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE			
Tri-iodothyronine (Total T3) *Method:CLIA*	1.38	ng/mL	0.60 - 1.81
Thyroxin (Total T4) *Method:CLIA*	8.80	µg/dL	4.5 - 12.6
Thyroid Stimulating Hormone (TSH.) Ultra Sensitive *Method:CLIA*	1.878	µIU/mL	0.55 - 4.78

Sample Type: Serum

Note:

TSH Reference Range in Pregnancy :

- Pregnancy 1st Trimester 0.1 - 2.5 uIU/ml
- Pregnancy 2nd Trimester 0.2 - 3.0 uIU/ml
- Pregnancy 3rd Trimester 0.3 - 3.0 uIU/ml

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has an influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- The physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- All infants with a low T4 concentration and a TSH concentration greater than 40 uU/L are considered to have congenital hypothyroidism and should have immediate confirmatory serum testing.
- If the TSH concentration is slightly elevated but less than 40 uU/L, a second screening test should be performed on a new sample. Results should be interpreted using age-appropriate normative values

Clinical Use:

· Primary Hypothyroidism · Hyperthyroidism · Hypothalamic -Pituitary hypothyroidism · Inappropriate TSH secretion · Nonthyroidal illness· Autoimmune thyroid disease · Pregnancy-associated thyroid disorders · Thyroid dysfunction in infancy and early childhood

---------- End Of Report ----------

Dr.Niranjan Mondal
MBBS, DO, MD (Biochemistry)
Consultant Biochemist
Reg No.:- 64023 (WBMC)