

ID: 568
JYOTI KIRAN
Female 29 Years

20-02-2023 10:42:43 AM

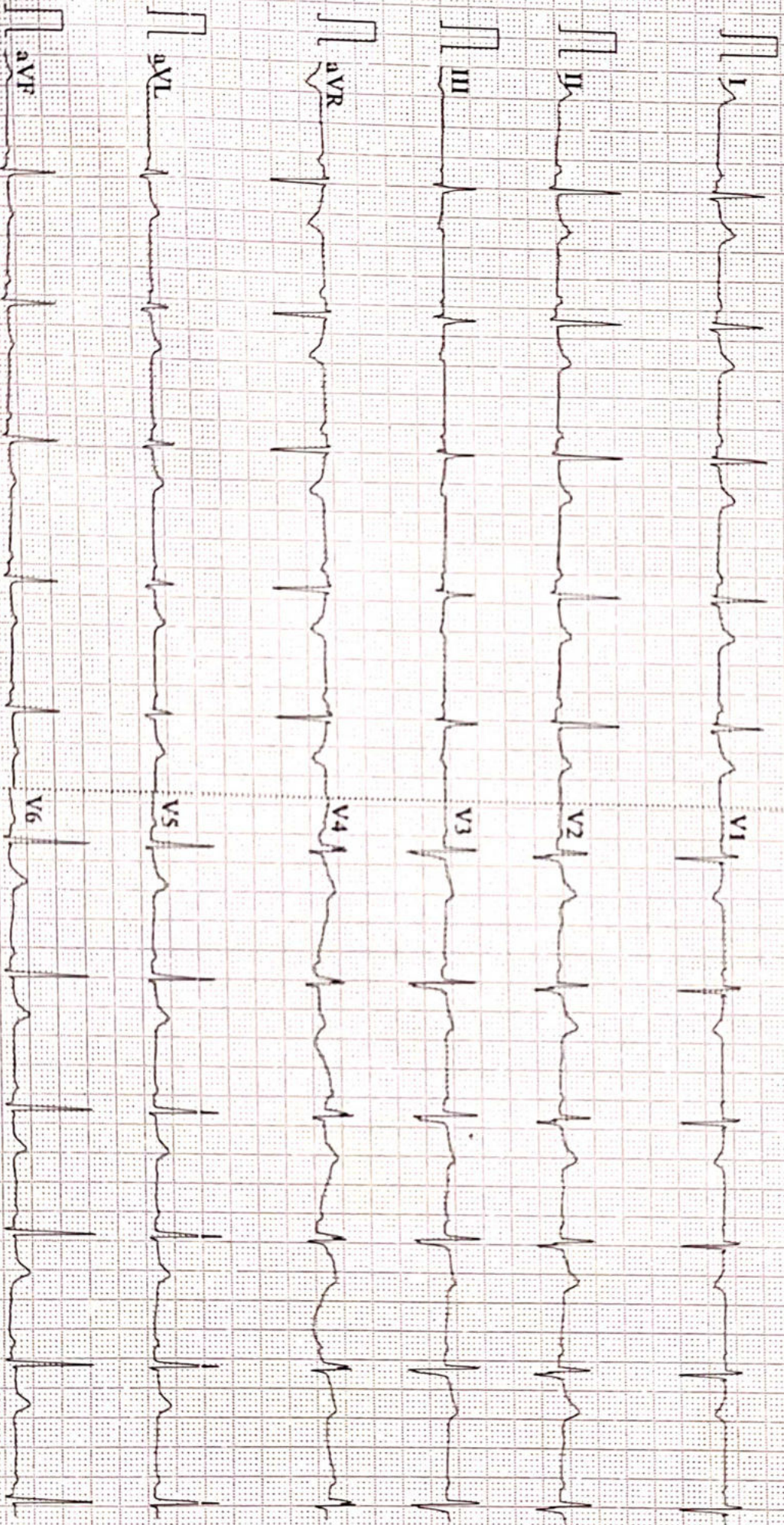
BPL-12

HR : 66 bpm
P : 81 ms
PR : 145 ms
QRS : 84 ms
QT/QTc : 401/420 ms
P/QRS/T : 29/52/20 °
RV5/SV1 : 1.135/0.793 mV

Diagnosis Information:

Sinus Rhythm
Normal ECG

Ref-Phys. :
Report Confirmed by:





Name :- Ms. Jyoti Kiran
Refd by :- Corp

Age/Sex:- 29Yrs/F
Date :-20/02/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size (12.6cm) 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 (11.2cm) 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 8.1cm and Left Kidney measures 8.6cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (7.0cm x 3.4cm) and anteverted in position with normal myometrial echotexture and endometrial thickness. Cervix appears normal.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern.
Mild pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *Mild collection in POD.
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

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www.aarogyamdiagnostics.com

Date	20/02/2023	Srl No.	6	Patient Id	2302200006
Name	Mrs. JYOTI KIRAN	Age	29 Yrs.	Sex	F
Ref. By	Dr.BOB				

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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Date	20/02/2023	Srl No. 6	Patient Id 2302200006
Name	Mrs. JYOTI KIRAN	Age 29 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.2	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	5,700	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	63	%	40 - 75
LYMPHOCYTE	32	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	16	mm/1st hr.	0 - 20
R B C COUNT	4.45	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	40.9	%	35 - 45
M C V	91.91	fl.	80 - 100
M C H	29.66	Picogram	27.0 - 31.0
M C H C	32.3	gm/dl	33 - 37
PLATELET COUNT	2.15	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	90.6	mg/dl	70 - 110
SERUM CREATININE	0.87	mg%	0.5 - 1.3
BLOOD UREA	23.6	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.2	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Name	Mrs. JYOTI KIRAN	Age 29 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.66	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.25	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.41	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.6	gm/dl	6.6 - 8.3
ALBUMIN	3.5	gm/dl	3.4 - 5.2
GLOBULIN	3.1	gm/dl	2.3 - 3.5
A/G RATIO	1.129		
SGOT	36.1	IU/L	5 - 35
SGPT	39.6	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	108.2	U/L	35.0 - 104.0
GAMMA GT	21.8	IU/L	6.0 - 42.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	79.2	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	142.6	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	47.3	mg/dL	35.1 - 88.0
V L D L	15.84	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	79.46	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.015		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.68		0.00 - 3.55
THYROID PROFILE QUANTITY	20	ml.	



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Name	Mrs. JYOTI KIRAN	Age	29 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		
PH	6.0		
ALBUMIN	NIL		
SUGAR	NIL		

MICROSCOPIC EXAMINATION

PUS CELLS	2-5	/HPF
RBC'S	NIL	/HPF
CASTS	NIL	
CRYSTALS	NIL	
EPITHELIAL CELLS	1-4	/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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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 hypothyroidism, and may be seen in secondary thyrotoxicosis.			

**** End Of Report ****

Dr.R.B.RAMAN
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CONSULTANT PATHOLOGIST



MC-3319

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 Landline No: 033-40818800/ 8888/ 8899 | Email ID: kolkata@unipath.in | Website: www.unipath.in
 CIN : U85195GJ2009PLC057059



30204100405

TEST REPORT

Reg.No : 30204100405	Reg.Date : 21-Feb-2023 12:27	Collection : 21-Feb-2023 12:27
Name : MS. JYOTI KIRAN		Received : 21-Feb-2023 12:27
Age : 29 Years	Sex : Female	Report : 21-Feb-2023 14:04
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 21-Feb-2023 14:24
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.09	ng/mL	0.60 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	5.40	µg/dL	4.5 - 12.6
TSH (ultra sensitive) <i>Method:CLIA</i>	2.289	µIU/mL	0.55 - 4.78

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.Niranjan Mondal

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 Consultant Biochemist
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