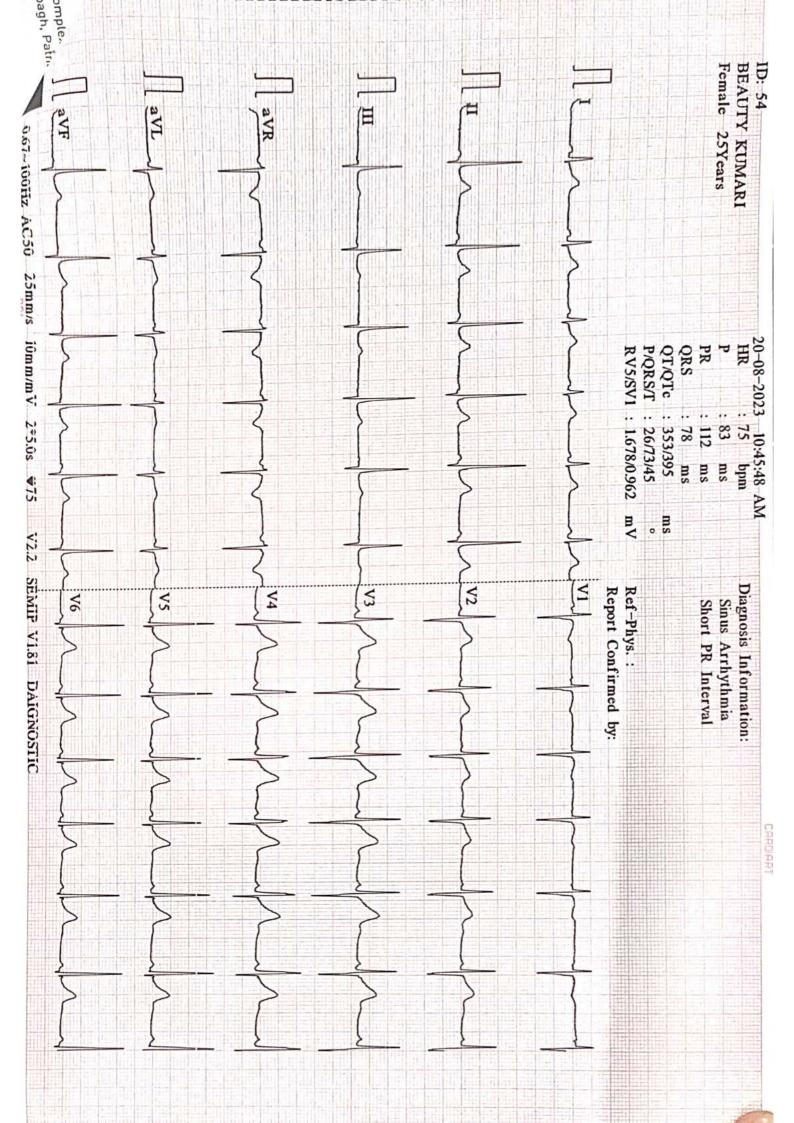
(F) BOB



मेरा आधार, मेरी पहचान





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

906587570

info@aarogyamdiagnostics.com
www.aarogyamdiagnostics.com

Name :- BEAUTYKUMARI Age/Sex:-25Yrs/F Pt's ID :- 18/40375 Age/Sex:-25Yrs/F Date :-20/08/23

Refd by :- SELF

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

Liver :- Normal in size(12.8cm) 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(9.5cm) 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 9.3cm and Left Kidney measures 9.0cm.

Ureters :- Ureters are normal.

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

Uterus :- Mild enlarged in size (8.6cm x 4.1cm) and anteverted in position with An

echogenic minimal collection of measuring size 1.3cm x 0.9cm x 0.8cm and

volume approx- 6-8cc seen in Uterine Cavity- Minimal R.P.O.C.

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:- A/V Mild Bulky Uterus with Minimal R.P.O.C.

Otherwise Normal Scan.

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



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
 20/08/2023
 Srl No. 6
 Patient Id
 2308200006

 Name
 Mrs. BEAUTY KUMARI
 Age
 25 Yrs.
 Sex
 F

Ref. By Dr.BOB

Test Name Value Unit Normal Value

BOB

HB A1C 5.1 %

EXPECTED VALUES:

Metabolicaly healthy patients = 4.8 - 5.5 % HbAIC

Good Control = 5.5 - 6.8 % HbAlC Fair Control = 6.8-8.2 % HbAlC Poor Control = >8.2 % HbAlC

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



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	20/08/2023	Srl No	. 6	Patient Id	2308200006
Name	Mrs. BEAUTY KUMARI	Age	25 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value	
COMPLETE BLOOD COUNT (CBC)				
HAEMOGLOBIN (Hb)	10.3	gm/dl	11.5 - 16.5	
TOTAL LEUCOCYTE COUNT (TLC)	7,100	/cumm	4000 - 11000	
DIFFERENTIAL LEUCOCYTE COUNT (E	DLC)			
NEUTROPHIL	66	%	40 - 75	
LYMPHOCYTE	30	%	20 - 45	
EOSINOPHIL	01	%	01 - 06	
MONOCYTE	03	%	02 - 10	
BASOPHIL	00	%	0 - 0	
ESR (WESTEGREN's METHOD)	16	mm/Ist hr.	0 - 20	
R B C COUNT	4.09	Millions/cmm	3.8 - 4.8	
P.C.V / HAEMATOCRIT	31.0	%	35 - 45	
MCV	75.79	fl.	80 - 100	
MCH	25.18	Picogram	27.0 - 31.0	
MCHC	33.2	gm/dl	33 - 37	
PLATELET COUNT	1.96	Lakh/cmm	1.50 - 4.00	
BLOOD GROUP ABO	"O"			
RH TYPING	POSITIVE			
BLOOD SUGAR FASTING	80.5	mg/dl	70 - 110	
SERUM CREATININE	0.76	mg%	0.5 - 1.3	
BLOOD UREA	18.0	mg /dl	15.0 - 45.0	
SERUM URIC ACID	5.0	mg%	2.5 - 6.0	
LIVER FUNCTION TEST (LFT)				

LIVER FUNCTION TEST (LFT)



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 20/08/2023		Srl No. 6		Patient Id 2308200006	
Name	Mrs. BEAUTY KUMARI	Age	25 Yrs.	Sex F	
Ref. By	Dr.BOB				
Test Name		Value	Unit	Normal Value	
BILIRUBI	N TOTAL	0.60	mg/dl	0 - 1.0	
CONJUG	ATED (D. Bilirubin)	0.19	mg/dl	0.00 - 0.40	
UNCONJU	UGATED (I.D.Bilirubin)	0.41	mg/dl	0.00 - 0.70	
TOTAL PR	ROTEIN	6.9	gm/dl	6.6 - 8.3	
ALBUMIN		3.5	gm/dl	3.4 - 5.2	
GLOBULI	N	3.4	gm/dl	2.3 - 3.5	
A/G RATIO	0	1.029			
SGOT		14.2	IU/L	5 - 35	
SGPT		19.0	IU/L	5.0 - 45.0	
ALKALINE IFCC Meth	E PHOSPHATASE	75.01	U/L	35.0 - 104.0	
GAMMA G	ST	22.9	IU/L	6.0 - 42.0	
LFT INT	ERPRET				
LIPID PRO	<u>OFILE</u>				
TRIGLYCI	ERIDES	110.2	mg/dL	25.0 - 165.0	
TOTAL CH	HOLESTEROL	165.4	mg/dL	29.0 - 199.0	
H D L CH	OLESTEROL DIRECT	52.9	mg/dL	35.1 - 88.0	
VLDL		22.04	mg/dL	4.7 - 22.1	
LDLCHO	DLESTEROL DIRECT	90.46	mg/dL	63.0 - 129.0	
TOTAL CH	HOLESTEROL/HDL RATIO	3.127		0.0 - 4.97	
LDL / HD	L CHOLESTEROL RATIO	1.71		0.00 - 3.55	
THYROID	PROFILE				
QUANTIT	Υ	10	ml.		



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 20/08/2023 Srl No. 6 Patient Id 2308200006
Name Mrs. BEAUTY KUMARI Age 25 Yrs. Sex F
Ref. By Dr.BOB

Test Name	Value	Unit	Normal Value
COLOUR	PALE YEL	LOW	
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		
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.



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 20/08/2023 Srl No. 6 Patient Id 2308200006

Name Mrs. BEAUTY KUMARI Age 25 Yrs. Sex

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





MC-2024

		30804100431	TEST REPO	RT		- 20
Reg.No	: 308041004	131	Reg.Date	: 21-Aug-2023 12:35	Collection	: 21-Aug-2023 12:35
Name	: BEAUTY K	CUMARI			Received	: 21-Aug-2023 12:35
Age	: 25 Years		Sex	: Female	Report	: 21-Aug-2023 14:04
Referred By	: AAROGYAN	M DIAGNOSTICS @ PATN	A		Dispatch	: 21-Aug-2023 14:24
Referral Dr	: 🗆		Status	: Final	Location	: 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval			
THYROID FUNCTION TEST						
T3 (triiodothyronine)	1.26	ng/mL	0.6 - 1.52			
T4 (Thyroxine)	7.34	μg/dL	5.5 - 11.0			
TSH (ultra sensitive)	3.478	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-relasing 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

Referance: Carl A.Burtis, Edward R.Ashwood, David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders, 2012:2170

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

Dr. Hiral Arora

M.D. Biochemistry Reg. No.:- G-32999