

RICHA RAJ

Female 33Years

HR : 79 bpm

P : 94 ms

PR : 128 ms

QRS : 94 ms

QT/QTc : 372/429 ms

P/QRS/T : 45/42/19 °

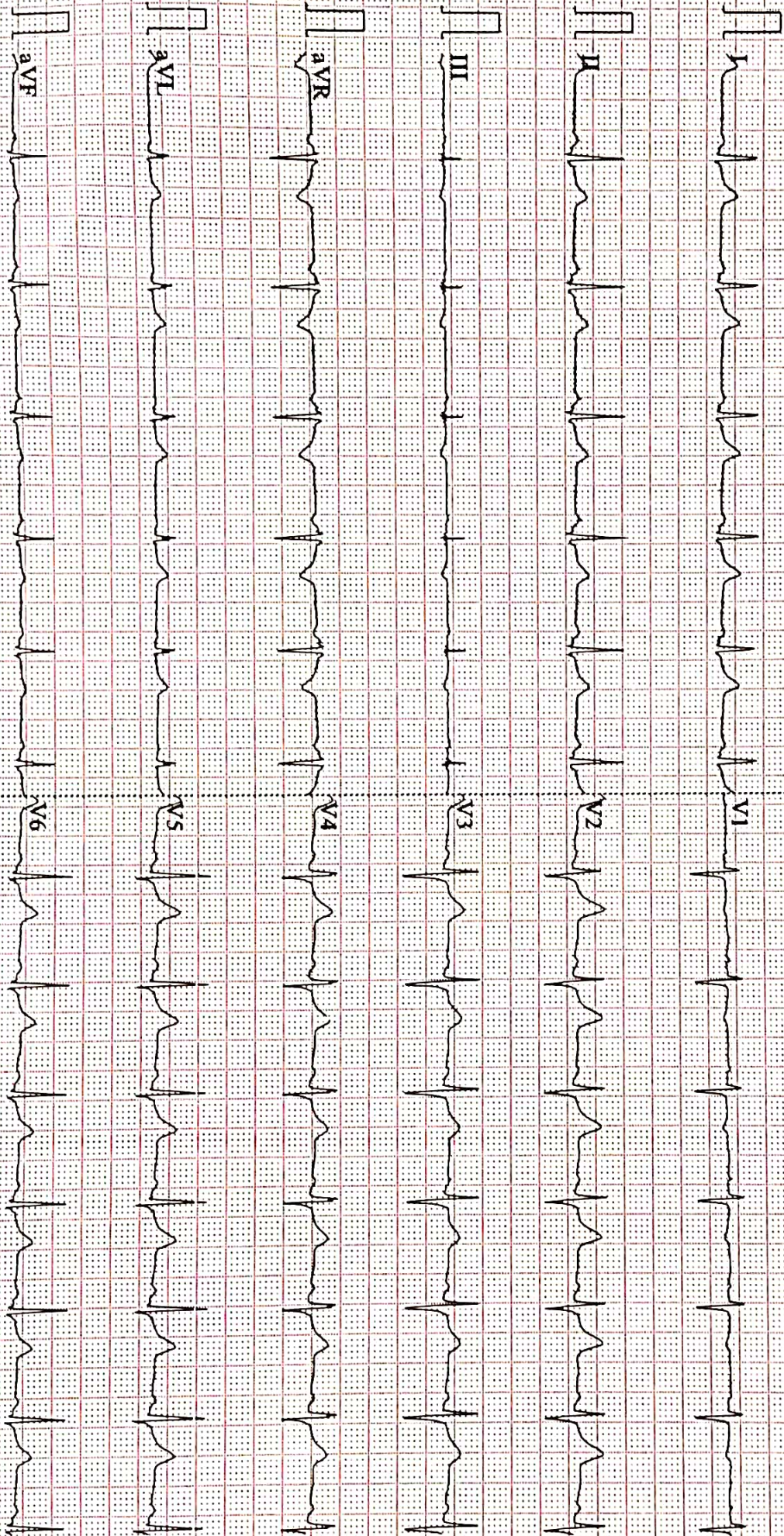
RV5/SV1 : 0.98/40.5/49 mV

Diagnosis Information:

Sinus Arrhythmia

Ref-Phys. :

Report Confirmed by:







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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

Name :- Richa Raj

Age/Sex:-31yrs/F

Refd by :- BOB

Date :-14/06/22

Thanks for referral.

## REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Mild enlarged in size(15.4cm) 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** :- **Removed. (H/O- Cholecystectomy in the Past).**
- 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 (9.9cm)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 9.8cm and Left Kidney measures 10.6cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (6.3cm x 3.4cm) 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 Hepatomegaly with Grade I Fatty Liver.  
Otherwise normal scan.*

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



Date	14/06/2022	Srl No.	11	Patient Id	2206140011
Name	Mrs. RICHA RAJ	Age	30 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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### HAEMATOLOGY

HB A1C	5.1	%	
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#### 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>Date</b>	<b>14/06/2022</b>	<b>Srl No. 11</b>	<b>Patient Id 2206140011</b>
<b>Name</b>	<b>Mrs. RICHA RAJ</b>	<b>Age 30 Yrs.</b>	<b>Sex F</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.7	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,000	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	35	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	11	mm/1st hr.	0 - 20
R B C COUNT	3.84	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	35.1	%	35 - 45
M C V	91.41	fl.	80 - 100
M C H	30.47	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.86	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	NEGATIVE		

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

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**BIOCHEMISTRY**

BLOOD SUGAR FASTING	80.7	mg/dl	70 - 110
SERUM CREATININE	0.67	mg%	0.5 - 1.3
BLOOD UREA	22.3	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.1	mg%	2.5 - 6.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			
BILIRUBIN TOTAL	0.58	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.19	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.39	mg/dl	0.00 - 0.70
TOTAL PROTEIN	<b>6.5</b>	gm/dl	6.6 - 8.3
ALBUMIN	<b>3.1</b>	gm/dl	3.4 - 5.2
GLOBULIN	3.4	gm/dl	2.3 - 3.5
A/G RATIO	<b>0.912</b>		
SGOT	32.7	IU/L	5 - 35
SGPT	34.8	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	79.3	U/L	35.0 - 104.0
GAMMA GT	26.4	IU/L	6.0 - 42.0

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

TRIGLYCERIDES	81.7	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	143.8	mg/dL	29.0 - 199.0



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

Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	42.1	mg/dL	35.1 - 88.0
V L D L	16.34	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	85.36	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.416		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.028		0.00 - 3.55
<b>THYROID PROFILE</b>			
T3	0.94	ng/ml	0.60 - 1.81
T4	8.26	ug/dl	4.5 - 10.9
Chemiluminescence			
TSH	1.32	uIU/ml	
Chemiluminescence			
<b>REFERENCE RANGE</b>			
<b>PAEDIATRIC AGE GROUP</b>			
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	
<b>ADULTS</b>	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.





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Assay performed on enhanced chemi luminescence 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.

### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

QUANTITY	20	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.025	
PH	6.0	

#### CHEMICAL EXAMINATION

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

Test Name	Value	Unit	Normal Value
SUGAR	NIL		
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	0-1	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	0-1	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

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

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