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 भारत सरकार

 अविनाश कुमार
Avirash Kumar
जन्म तारीख / DOB 01/02/1982
पुरुष / MALE



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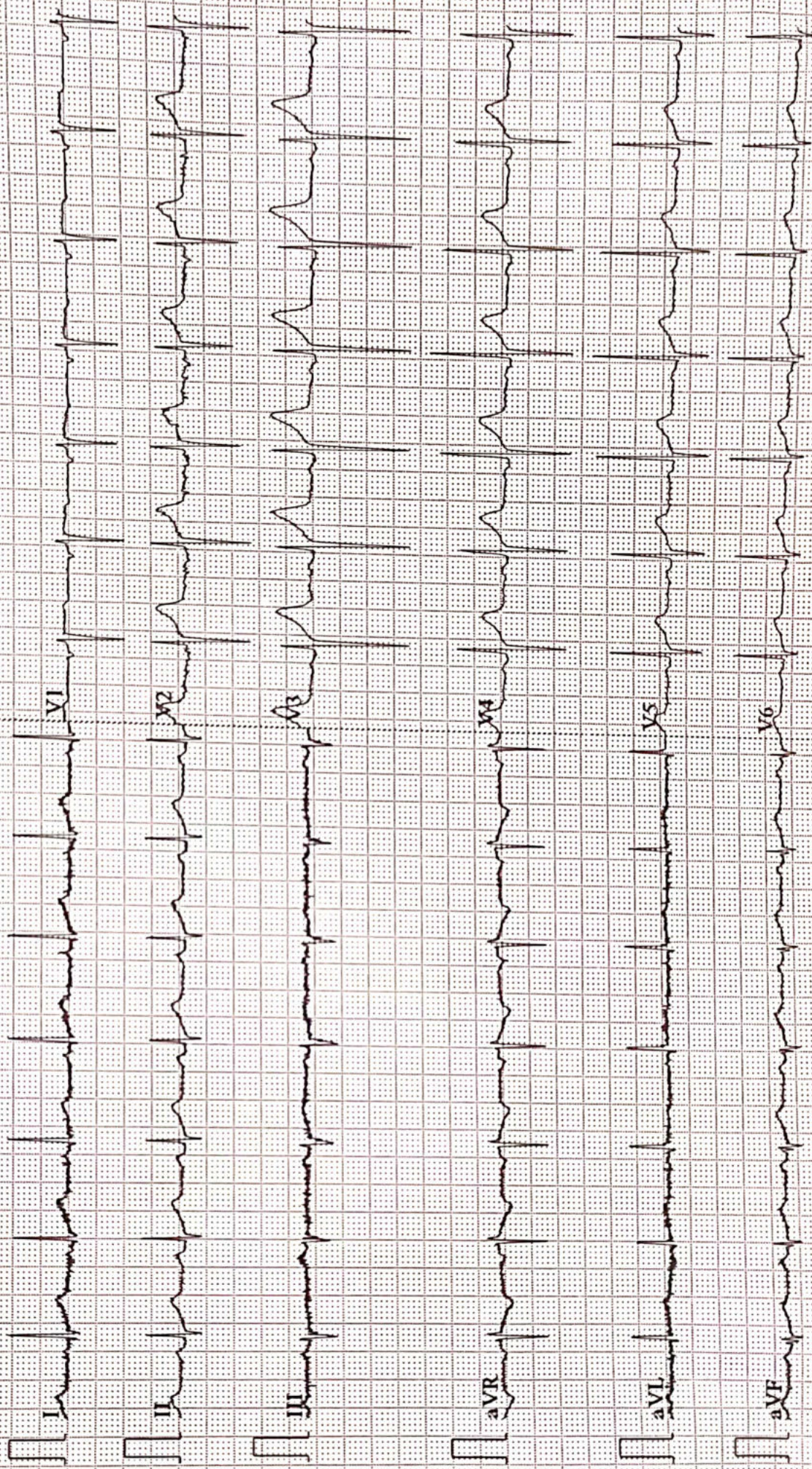
भारत सरकार, भारी योजना

AVINASH KUMAR
Male 40Years

Diagnosis Information:
Sinus Rhythm
Larged PtfV1

HR : 83 bpm
P : 99 ms
PR : 150 ms
QRS : 66 ms
QT/QTc : 361/426 ms
P/QRS/T : 56/8/44 °
RV5/SV1 : 1.29/0.985 mV

Ref-Phys. :
Report Confirmed by:





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

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

Date 26/11/2022	Srl No. 2	Patient Id 2211260002
Name Mr. AVINASH KUMAR	Age 40 Yrs.	Sex M
Ref. By Dr.BOB		

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.8	%	

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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Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	14.9	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,000	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	65	%	40 - 75
LYMPHOCYTE	29	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	14	mm/1st hr.	0 - 15
R B C COUNT	4.96	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	42.0	%	40 - 54
M C V	84.68	fl.	80 - 100
M C H	30.04	Picogram	27.0 - 31.0
M C H C	35.5	gm/dl	33 - 37
PLATELET COUNT	1.59	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"AB"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	158.6	mg/dl	70 - 110
SERUM CREATININE	0.95	mg%	0.7 - 1.4
BLOOD UREA	29.9	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.2	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.68	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.23	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.45	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.2	gm/dl	6.6 - 8.3
ALBUMIN	3.6	gm/dl	3.4 - 5.2
GLOBULIN	2.6	gm/dl	2.3 - 3.5
A/G RATIO	1.385		
SGOT	34.9	IU/L	5 - 40
SGPT	43.7	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	89.6	U/L	40.0 - 130.0
GAMMA GT	26.7	IU/L	8.0 - 71.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	89.6	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	190.1	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	48.2	mg/dL	35.1 - 88.0
V L D L	17.92	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	123.98	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.944		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.572		0.00 - 3.55
THYROID PROFILE			
T3	0.932	ng/ml	0.60 - 1.81



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Test Name	Value	Unit	Normal Value
T4 Chemiluminescence	8.73	ug/dl	4.5 - 10.9
TSH Chemiluminescence	2.16	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	15	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.010	
PH	6.5	
ALBUMIN	NIL	
SUGAR	NIL	



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Test Name	Value	Unit	Normal Value
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MICROSCOPIC EXAMINATION

PUS CELLS	2-3	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	1-2	/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 ****

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



Name :- Avinash Kumar
Refd by :- BOB

Age/Sex:-40Yrs/M
Date :-26/11/22

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Enlarged in size (20.0cm) 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** :- G.B. contracted and poorly visible.
- 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** :- Enlarged in size(13.6cm) 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 9.6cm and Left Kidney measures 10.1cm.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size(18.9cc) & normal echotexture.
- Others** :- No ascites. No free subphrenic / basal pleural space collection is seen.
No free subphrenic / basal pleural space collection is seen.
Small Bowel Loops Herniation seen in Umbilical region. Defect wall 2.7mm- Umbilical Hernia.
Excessive bowel Gas.

IMPRESSION:- *Moderate Hepatomegaly with Grade I-II Fatty Infiltration of Liver.*
G.B. contracted and poorly visible.
Splenomegaly.
Small Umbilical Hernia.
Excessive Bowel Gas.
Otherwise Normal Scan.

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