

(13)


Bend

भारत सरकार
Government of India

श्रीमान अलिम अख्तर
Mohammad Alim Akhtar
कम सं/सं/सं/सं. 25/02/1973
पुं/MALE

6450 4280 5061
VID: 9124 2583 7578 5002

माझे आधार, माझी ओळख



ID: 949

MD. ALIM AKHTAR
Male 50Years

26-03-2023 12:52:29 PM

HR : 67 bpm
 P : 104 ms
 PR : 142 ms
 QRS : 89 ms
 QT/QTc : 365/386 ms
 P/QRS/T : 67/18/8 °
 RV5/SV1 : 2.721/1.010 mV

Diagnosis Information:

Sinus Arrhythmia
High Voltage(Left Ventricle)

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

Name :- Md Alim Akhtar
Refd by :- Corp

Age/Sex:- 50Yrs/M
Date :-26/03/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Mild enlarged in size (14.6cm) 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** :- 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 (9.7cm) 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 10.4cm.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Enlarged in size (31.6cc) & normal echotexture.
- 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.
Prostatomegaly.
Otherwise Normal Scan.*

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



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Date 26/03/2023	Srl No. 25	Patient Id 2303260025
Name Mr. MOHAMMAD ALIM AKHTAR	Age 50 Yrs.	Sex M
Ref. By Dr.BOB		

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



Date	26/03/2023	Srl No.	25	Patient Id	2303260025
Name	Mr. MOHAMMAD ALIM AKHTAR	Age	50 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.0	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,000	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	4.35	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	40.01	%	40 - 54
M C V	91.98	fl.	80 - 100
M C H	29.89	Picogram	27.0 - 31.0
M C H C	32.5	gm/dl	33 - 37
PLATELET COUNT	2.30	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	86.4	mg/dl	70 - 110
SERUM CREATININE	0.99	mg%	0.7 - 1.4
BLOOD UREA	27.4	mg /dl	15.0 - 45.0
SERUM URIC ACID	7.2	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Name	Mr. MOHAMMAD ALIM AKHTAR	Age	50 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.74	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.27	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.47	mg/dl	0.00 - 0.70
TOTAL PROTEIN	5.8	gm/dl	6.6 - 8.3
ALBUMIN	3.3	gm/dl	3.4 - 5.2
GLOBULIN	2.5	gm/dl	2.3 - 3.5
A/G RATIO	1.32		
SGOT	31.9	IU/L	5 - 40
SGPT	34.5	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	116.9	U/L	40.0 - 130.0
GAMMA GT	24.3	IU/L	8.0 - 71.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	109.4	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	149.6	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	52.9	mg/dL	35.1 - 88.0
V L D L	21.88	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	74.82	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.828		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.414		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



Date	26/03/2023	Srl No.	25	Patient Id	2303260025
Name	Mr. MOHAMMAD ALIM AKHTAR	Age	50 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		
PH	6.5		
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	Mr. MOHAMMAD ALIM AKHTAR	Age	50 Yrs.	Sex	M
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

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



30304100574

TEST REPORT

Reg.No : 30304100574	Reg.Date : 27-Mar-2023 11:50	Collection : 27-Mar-2023 11:50
Name : MR. MD. ALIM AKHTAR		Received : 27-Mar-2023 11:50
Age : 50 Years	Sex : Male	Report : 27-Mar-2023 16:19
Referred By : AAROXYAM DIAGNOSTICS @ PATNA		Dispatch : 27-Mar-2023 16:39
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE			
Tri-iodothyronine (Total T3) <i>Method: ECLIA</i>	1.03	ng/mL	0.80 - 2.0
Thyroxin (Total T4) <i>Method: ECLIA</i>	7.42	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormone (TSH.) <i>Method: ECLIA</i> Ultra Sensitive	2.250	µIU/mL	0.27 - 4.2

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.Niranjana Mondal

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