



भारत सरकार
GOVERNMENT OF INDIA

Download Date: 09/04/2021



कुमारी आंचल
Kuman Aanchal
जन्म तिथि/DOB: 25/05/1987
महिला/ FEMALE
Mobile No: 7903228645
3775 8427 0869
VID : 9199 9418 2619 9699

Issue Date: 09/03/2021

मेरा आधार, मेरी पहचान

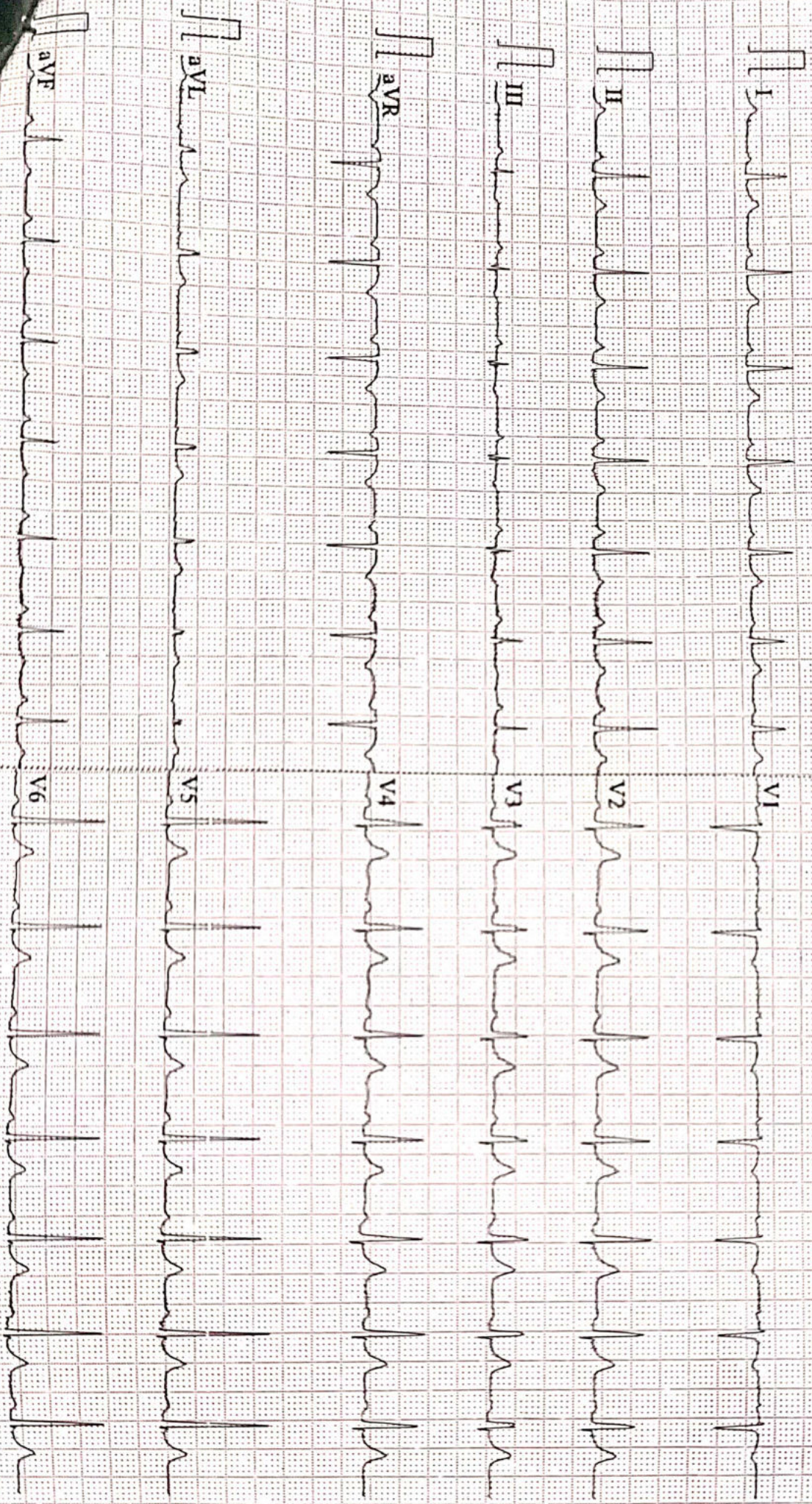
ID: 393
KUMARI AANCHAL
Female 35Years

28-01-2023 11:11:37 AM

HR : 88 bpm
P : 88 ms
PR : 149 ms
QRS : 73 ms
QT/QTc : 327/396 ms
P/QRS/T : 62/32/14 °
RV5/SV1 : 1.693/0.750 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Ref-Phys. :
Report Confirmed by:



Printed AC50 25mm/s 10mm/mV 2:5.0s V88 V2.2 SEMIP V1.81 DIAGNOSTIC



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	28/01/2023	Srl No. 14	Patient Id 2301280014
Name	Mrs. KUMARI AANCHAL	Age 35 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.4	%	

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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Name	Mrs. KUMARI AANCHAL	Age 35 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	12.7	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,100	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	16	mm/1st hr.	0 - 20
R B C COUNT	4.25	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	37.05	%	35 - 45
M C V	87.18	fl.	80 - 100
M C H	29.88	Picogram	27.0 - 31.0
M C H C	34.3	gm/dl	33 - 37
PLATELET COUNT	2.35	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	102.1	mg/dl	70 - 110
SERUM CREATININE	0.71	mg%	0.5 - 1.3
BLOOD UREA	21.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.0	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Date	28/01/2023	Srl No.	14	Patient Id	2301280014
Name	Mrs. KUMARI AANCHAL	Age	35 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.62	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.25	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.37	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.7	gm/dl	6.6 - 8.3
ALBUMIN	3.5	gm/dl	3.4 - 5.2
GLOBULIN	3.2	gm/dl	2.3 - 3.5
A/G RATIO	1.094		
SGOT	18.1	IU/L	5 - 35
SGPT	19.6	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	89.5	U/L	35.0 - 104.0
GAMMA GT	23.4	IU/L	6.0 - 42.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	89.6	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	212.9	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	49.5	mg/dL	35.1 - 88.0
V L D L	17.92	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	145.48	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	4.301		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.939		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



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Name	Mrs. KUMARI AANCHAL	Age 35 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.015		
PH	6.0		
ALBUMIN	NIL		
SUGAR	NIL		

MICROSCOPIC EXAMINATION

PUS CELLS	1-3	/HPF
RBC'S	NIL	/HPF
CASTS	NIL	
CRYSTALS	NIL	
EPITHELIAL CELLS	2-4	/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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Date	28/01/2023	Srl No.	14	Patient Id	2301280014
Name	Mrs. KUMARI AANCHAL	Age	35 Yrs.	Sex	F
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 ****

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CONSULTANT PATHOLOGIST



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Name	Mrs. KUMARI AANCHAL	Age	35 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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BIOCHEMISTRY

BLOOD SUGAR PP	129.6	mg/dl	80 - 160
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**** End Of Report ****

Dr.R.B.RAMAN
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CONSULTANT PATHOLOGIST



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Name :- Kumari Anchal
Refd by :- Corp.

Age/Sex:- 35Yrs/F
Date :-28/01/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size (13.5cm) with **Slightly 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** :- **Enlarged in size (13.3cm)** 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 10.5cm and Left Kidney measures 10.9cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- **Mild Enlarged in size (8.9cm x 3.9cm)** 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 Fatty Liver.
Splenomegaly.
A/V Mild Bulky Uterus.
Otherwise Normal Scan.*

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



MC-3319

Unipath

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



30104100409

TEST REPORT

Reg.No : 30104100409	Reg.Date : 29-Jan-2023 10:35	Collection : 29-Jan-2023 10:35
Name : MS. KUMARI ANCHAL		Received : 29-Jan-2023 10:35
Age : 35 Years	Sex : Female	Report : 29-Jan-2023 13:39
Referred By : AAROgyAM DIAGNOSTICS @ PATNA		Dispatch : 29-Jan-2023 13:59
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE			
Tri-iodothyronine (Total T3) <i>Method: ECLIA</i>	1.27	ng/mL	0.80 - 2.0
Thyroxin (Total T4) <i>Method: ECLIA</i>	8.97	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormone (TSH.) <i>Method: ECLIA</i> Ultra Sensitive	H 4.570	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 uIU/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 uIU/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. Mandeep Bedi

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