



भारत सरकार

GOVERNMENT OF INDIA



मनु कुमारी

Manju Kumari

जन्म तिथि/ DOB 21/02/1975

महिला / FEMALE



4578 7691 8491

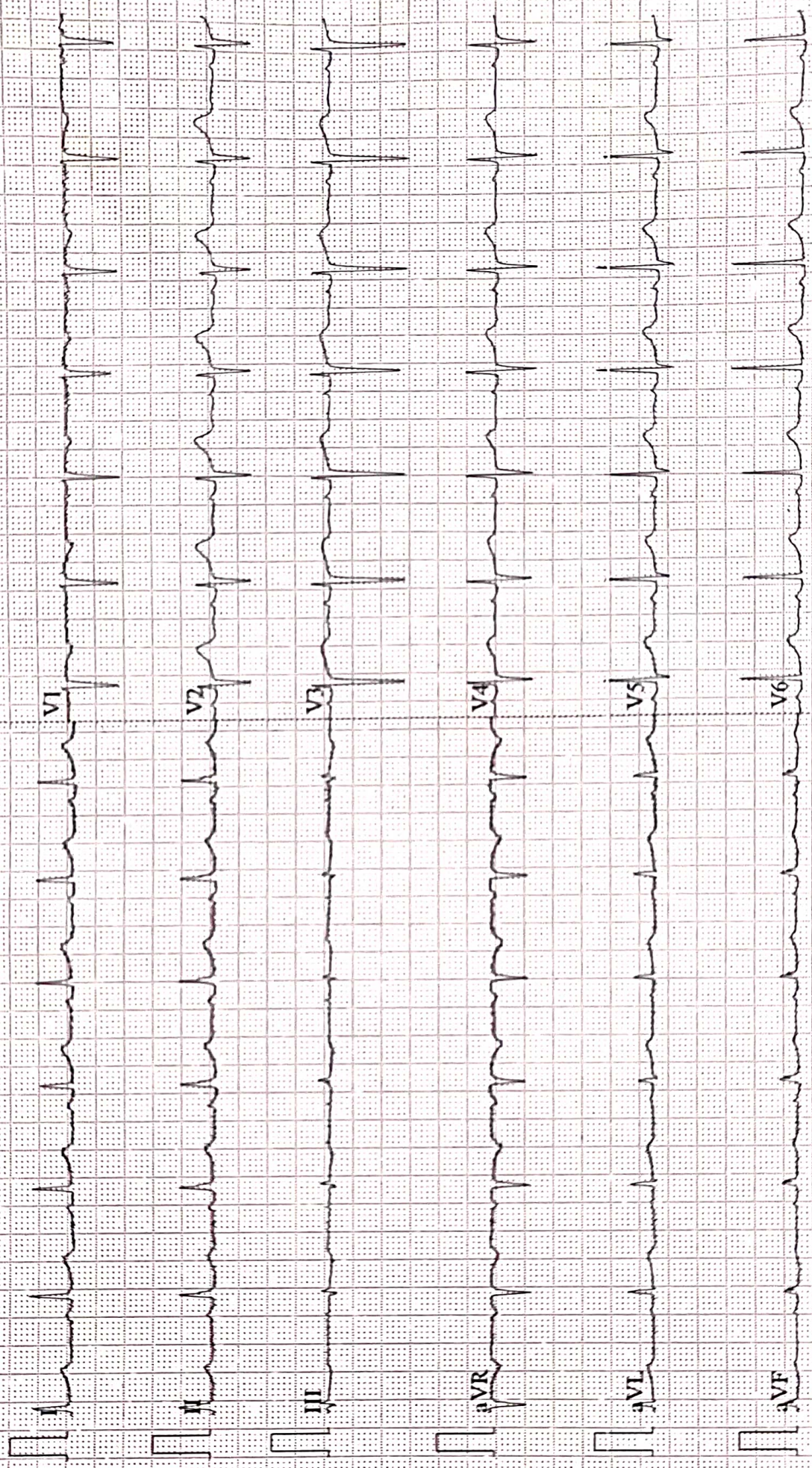
आधार-आम आदमी का अधिकार

MANJU KUMARI
Female 48Years

Diagnosis Information:
Sinus Rhythm
Abnormal q Wave(III)

HR : 80 bpm
P : 83 ms
PR : 146 ms
QRS : 79 ms
QT/QTc : 381/440 ms
P/QRS/T : 26/33/18 °
RV5/SVI : 0.967/0.888 mV

Ref-Phys. :
Report Confirmed by:





Name :- Manju Kumari
Refd by :- BoB

Age/Sex:- 48Yrs/F
Date :-11/03/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(12.4cm) 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** :- 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 (9.4cm)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 9.4cm and Left Kidney measures 8.5cm.
- 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 2.9cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 22mm x 13mm and Left ovary measures 23mm x 15mm.
No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *Grade I Fatty Liver.*
Otherwise Normal Scan.

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



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	11/03/2023	Srl No.	24	Patient Id	2303110024
Name	Mrs. MANJU KUMARI	Age	47 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.3	%	

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. MANJU KUMARI	Age 47 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)	6,200	/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)	16	mm/1st hr.	0 - 20
R B C COUNT	4.19	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	38.6	%	35 - 45
M C V	92.12	fl.	80 - 100
M C H	30.31	Picogram	27.0 - 31.0
M C H C	32.9	gm/dl	33 - 37
PLATELET COUNT	2.19	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	85.6	mg/dl	70 - 110
SERUM CREATININE	0.91	mg%	0.5 - 1.3
BLOOD UREA	23.2	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.9	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Name	Mrs. MANJU KUMARI	Age 47 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.71	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.26	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.45	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.3	gm/dl	6.6 - 8.3
ALBUMIN	3.5	gm/dl	3.4 - 5.2
GLOBULIN	2.8	gm/dl	2.3 - 3.5
A/G RATIO	1.25		
SGOT	28.1	IU/L	5 - 35
SGPT	29.6	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	107.5	U/L	35.0 - 104.0
GAMMA GT	23.7	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	106.1	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	135.7	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	59.3	mg/dL	35.1 - 88.0
V L D L	21.22	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	55.18	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.288		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	0.931		0.00 - 3.55
THYROID PROFILE			
QUANTITY	15	ml.	



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Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	1-2	/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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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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Test Name	Value	Unit	Normal Value
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BIOCHEMISTRY

BLOOD SUGAR PP	126.1	mg/dl	80 - 160
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**** End Of Report ****

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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



30304100157

TEST REPORT

Reg.No : 30304100157	Reg.Date : 12-Mar-2023 10:46	Collection : 12-Mar-2023 10:46
Name : MS. MANJU KUMARI		Received : 12-Mar-2023 10:46
Age : 48 Years	Sex : Female	Report : 12-Mar-2023 14:38
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 12-Mar-2023 14:59
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE			
Tri-iodothyronine (Total T3) <i>Method:CLIA</i>	1.22	ng/mL	0.60 - 1.81
Thyroxin (Total T4) <i>Method:CLIA</i>	9.20	µg/dL	4.5 - 12.6
Thyroid Stimulating Hormone (TSH.) <i>Method:CLIA</i> Ultra Sensitive	3.409	µIU/mL	0.55 - 4.78

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. Abhishek Mukherjee

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 LABORATORY DIRECTOR
 59390 (WBMC)