



A.L.C. Advance Imaging Diagnostics

ISO 9001:2015 Certified center

(A Unit of P.K.Arogyam Health & Wellness Center)

E-95, P.C. Colony, Near Sai Netryalaya Transformer, Kankarbagh, Patna - 20

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OPINION MUST BE CORRELATES WITH CLINICALLY & OTHER INVESTIGATION FOR FINAL DIAGNOSIS. NOT FOR MEDICO LEGAL PURPOSE

Pt. Name :- MUKESH KUMAR

Ref. By :- DR ./AAROGYAM

Date:- 8-Jan-22

Age / Sex - 33 Yrs. M.

REAL TIME U.S.G. OF WHOLE ABDOMEN

Thanks for your kind referral

(Report.)

LIVER :- Measures 16.80 cm. Mild Enlarged in shape, size and echo texture fatty change seen in liver parenchyma .I.H.B.R. are not dilated.

Hepatic veins are normal. No SOL seen.

G.BL. :- Lumen is echo free. Wall thickness appears normal.

C.B.D. :- Measures 3.5 mm in diameter with echo free lumen. No calculi or mass seen.

P.V. :- Measures 7.7 mm in diameter. Appears normal. No thrombus seen.

PANCREAS :- Normal in shape, size and echo texture. No calcification mass seen.

SPLEEN :- Measures 9.30 cm. Normal in shape, size and echo texture.
No SOL seen.

KIDNEY :- Both kidney shows normal shape, size & echotexture. C.M.D.intact.
P.C.S.is not dilated.

Right Kidney :- Measures 10.0 X 3.50 cm.

Left Kidney :- Measures 10.7 X 3.50 cm.

URETER :- Not dilated .No apparent calculi seen.

U.BLADDER:- Shows normal in outline with echo free lumen. No calculi or mass seen.

Pre void - 320 ml. Post void -40 is in significant

PROSTATE :- Measures 22 gms.(approx). Mild Enlarged in size, shape, and echo texture.

No calcification, mass, growth seen. capsule is intact.

R.I.F. :- Son graphically no appendicular mass or collection seen.

OTHERS :- No Ascites . no Lymph Adenopathy. No pleural effusion seen on either side .

IMPRESSION

- Mild Hepatomegaly With fatty liver G-I
- Mild Enlarged Prostate (BPH) Grade I with 40 ml PVR
- Adv:- Further work up other investigation
Otherwise son graphically normal scan. of rest organs

ESTB BY:-

Dr. P. K. Tiwari
MD, M.Sc (Radio Imaging)
Ph.D (A/I Nuclear Medicine)
Consultant Imagiologist & Sonologist

Dr. S. Kumar
MD (Pat)
Consultant Pathologist

Dr. Abhishek Kumar
MBBS, MD
Consultant Neuropatho Physiologist

Dr. Anjali
MBBS, MD
Consultant(TMT,EEG Specialist)

Consultant Radiologist

Dr. Kumari Suman
MBBS, DGO, MD
Consultant (TVS & HSG Specialist)

8/1/22

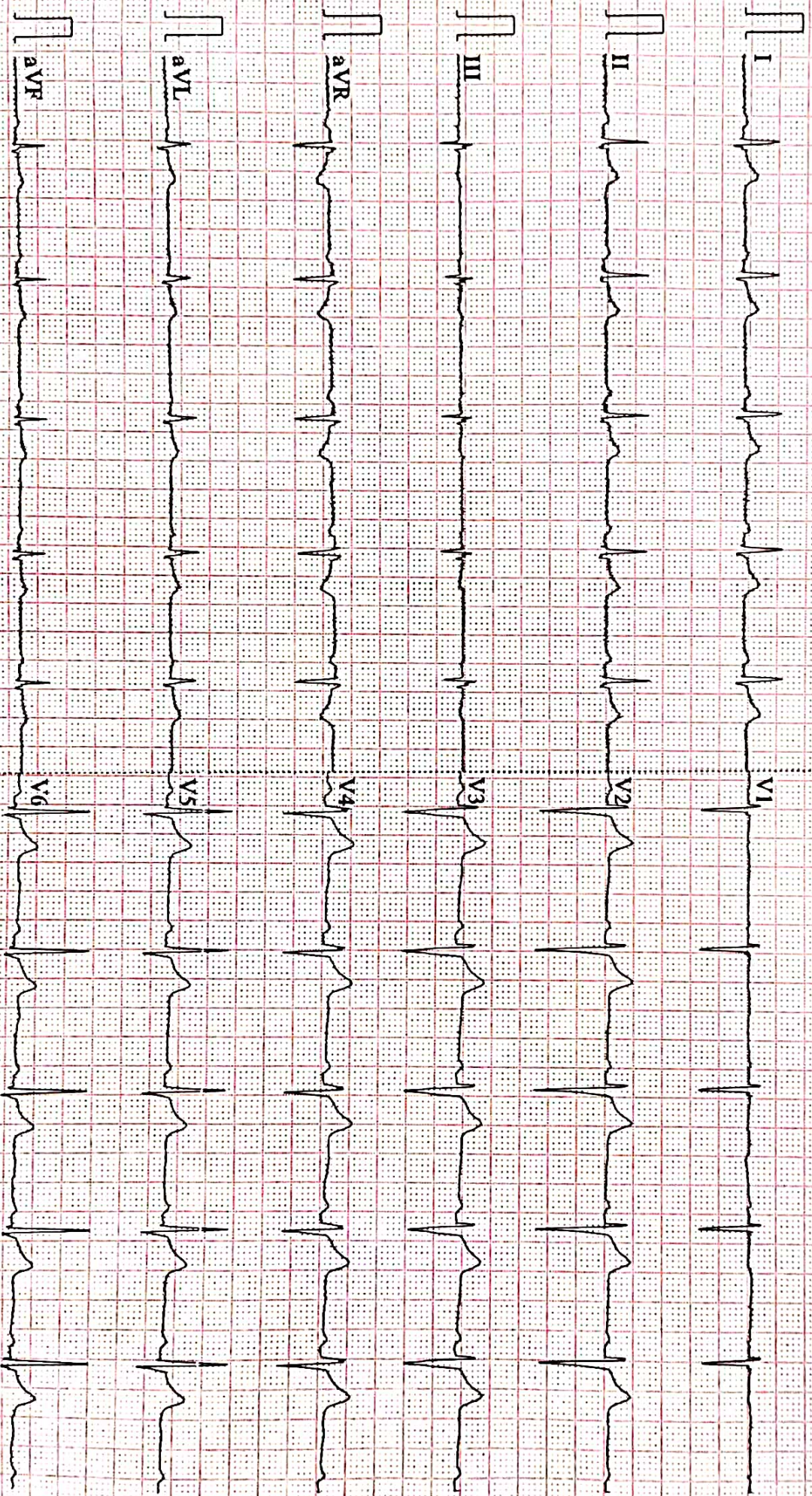
ID: 15
MUKESH KUMAR
Male 33Years

08-01-2022 10:16:07 AM E7L

HR	: 63	bpm
P	: 98	ms
PR	: 172	ms
QRS	: 90	ms
QT/QTc	: 364/374	ms
PQRST	: -37/21	°
RV5/SV1	: 1.115/0.856	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Ref-Phys.:
Report Confirmed by:



067~100Hz AC50 25mm/s 10mm/mV 2*5.0s V63 V2.2 SEMIR V1.S1 DAIGNOSTIC



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Date	08/01/2022	Srl No.	13	Patient Id	2201080013
Name	Mr. MUKESH KUMAR	Age	33 Yrs.	Sex	M
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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Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.6	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	63	%	40 - 75
LYMPHOCYTE	32	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	12	mm/1st hr.	0 - 15
R B C COUNT	4.53	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	40.8	%	40 - 54
M C V	90.07	fl.	80 - 100
M C H	30.02	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.80	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	86.2	mg/dl	70 - 110
SERUM CREATININE	0.86	mg%	0.7 - 1.4
BLOOD UREA	21.7	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.3	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			
BILIRUBIN TOTAL	0.69	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.49	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.0	gm/dl	6.6 - 8.3
ALBUMIN	3.7	gm/dl	3.4 - 5.2
GLOBULIN	3.3	gm/dl	2.3 - 3.5
A/G RATIO	1.121		
SGOT	45.2	IU/L	5 - 40
SGPT	59.5	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	119.3	U/L	40.0 - 130.0
GAMMA GT	25.7	IU/L	8.0 - 71.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	89.3	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	146.9	mg/dL	29.0 - 199.0



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Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	43.5	mg/dL	35.1 - 88.0
V L D L	17.86	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	85.54	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.377		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.966		0.00 - 3.55
THYROID PROFILE			
T3	0.87	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.34	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.82	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.



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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	1.015	
PH	6.0	

CHEMICAL EXAMINATION

ALBUMIN	NIL
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Test Name	Value	Unit	Normal Value
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	0-1	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	0-1	/HPF	
BACTERIA	NIL		
OTHERS	NIL		
BLOOD SUGAR PP	110.2	mg/dl	80 - 160

**** End Of Report ****

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