



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 :- Ms. Jaya Bhagat
Refd by :- BOB

Age/Sex:- 33rs/F
Date :-09/08/22

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(10.1cm) with normal echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.
- G. Bladder** :- Mildly distended G.B. contains a Calculus of measuring size 8.6mm with posterior acoustic shadow seen within Neck region. Wall appears normal.
- 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 (7.8cm) 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 8.2cm and Left Kidney measures 9.1cm.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (8.1cm x 4.0cm) and anteverted in position with normal myometrial echotexture and endometrial thickness. ET- 5.8mm
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 2.2cm x 1.5cm and Left ovary measures 2.1cm x 1.4cm.
No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:-

Mildly distended G.B. contains a Calculus.
Otherwise normal scan..

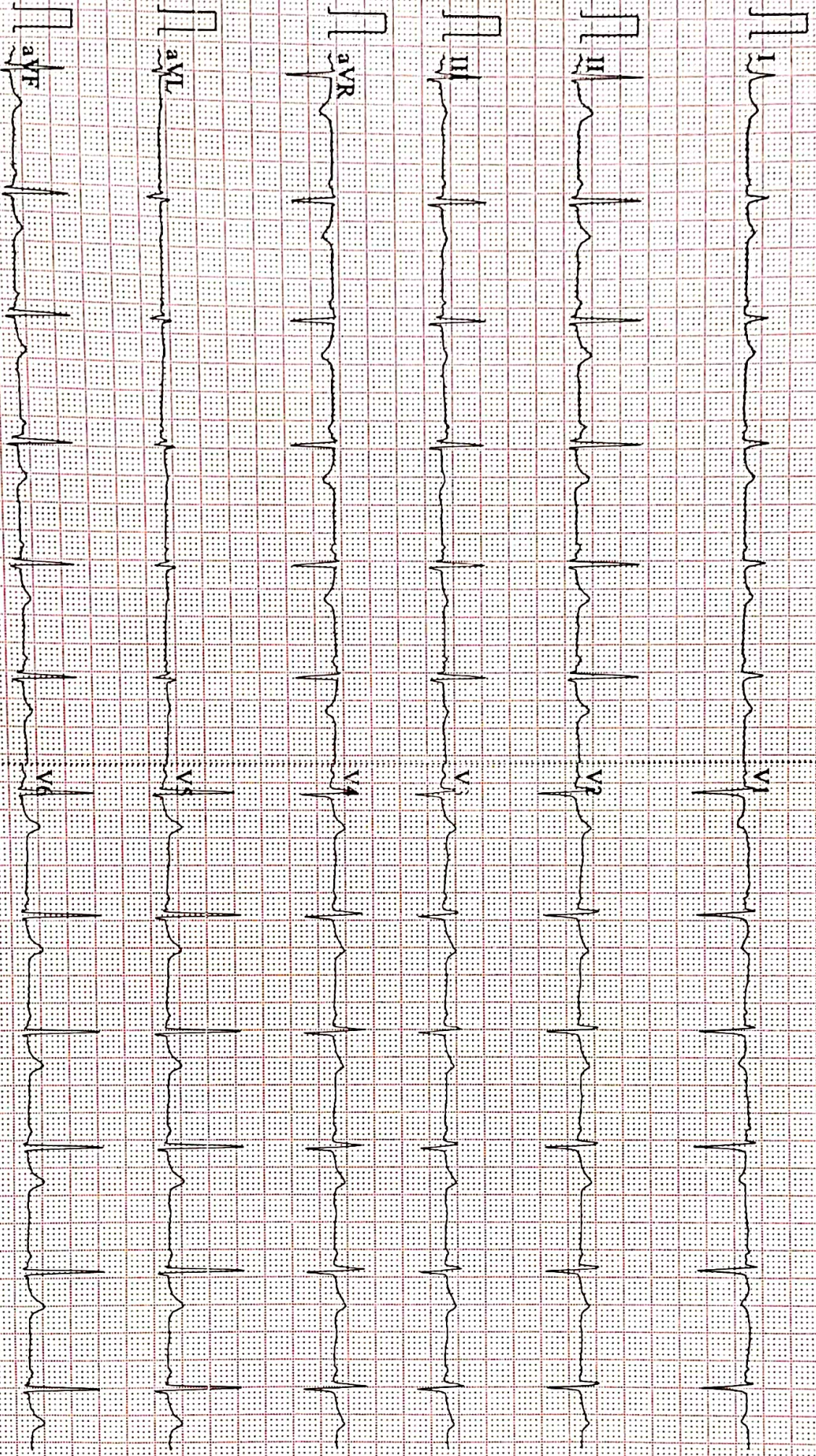
Dr. U. Kumar
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist

JAYA BHAGAT
Female 33Years

HR : 70 bpm
P : 76 ms
PR : 113 ms
QRS : 82 ms
QT/QTc : 374/404 ms
PQRS/T : 59/58/46
RV5/SV1 : 1280/0.861 mV

Diagnosis Information:
Sinus Rhythm
Short PR Interval

Ref-Phys :
Report Confirmed by:



0.07-1.00Hz AC50 25mm/s 10mm/mV 2*5.0s 70 V2.2 SEMIP V1.81 DAIGNOSTIC



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Date	09/08/2022	Srl No.	26	Patient Id	2208090026
Name	Mrs. JAYA BHAGAT	Age	33 Yrs.	Sex	F
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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Name	Mrs. JAYA BHAGAT	Age 33 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.0	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	5,300	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	63	%	40 - 75
LYMPHOCYTE	31	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	18	mm/1st hr.	0 - 20
R B C COUNT	3.61	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	33	%	35 - 45
M C V	91.41	fl.	80 - 100
M C H	30.47	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.34	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	81.7	mg/dl	70 - 110
SERUM CREATININE	0.73	mg%	0.5 - 1.3
BLOOD UREA	23.4	mg /dl	15.0 - 45.0
SERUM URIC ACID	3.9	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			
BILIRUBIN TOTAL	0.56	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.15	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.41	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	26.3	IU/L	5 - 35
SGPT	28.9	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	79.5	U/L	35.0 - 104.0
GAMMA GT	23.7	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	84.8	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	166.5	mg/dL	29.0 - 199.0



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Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	53.4	mg/dL	35.1 - 88.0
V L D L	16.96	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	96.14	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.118		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.8		0.00 - 3.55
THYROID PROFILE			
T3	0.97	ng/ml	0.60 - 1.81
T4	9.48	ug/dl	4.5 - 10.9
Chemiluminescence			
TSH	1.263	uIU/ml	
Chemiluminescence			
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	15	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.025	
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		

**** End Of Report ****

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