

ID: 923

ANJANI KUMARI  
Female 27Years

25-03-2023 02:04:28 PM

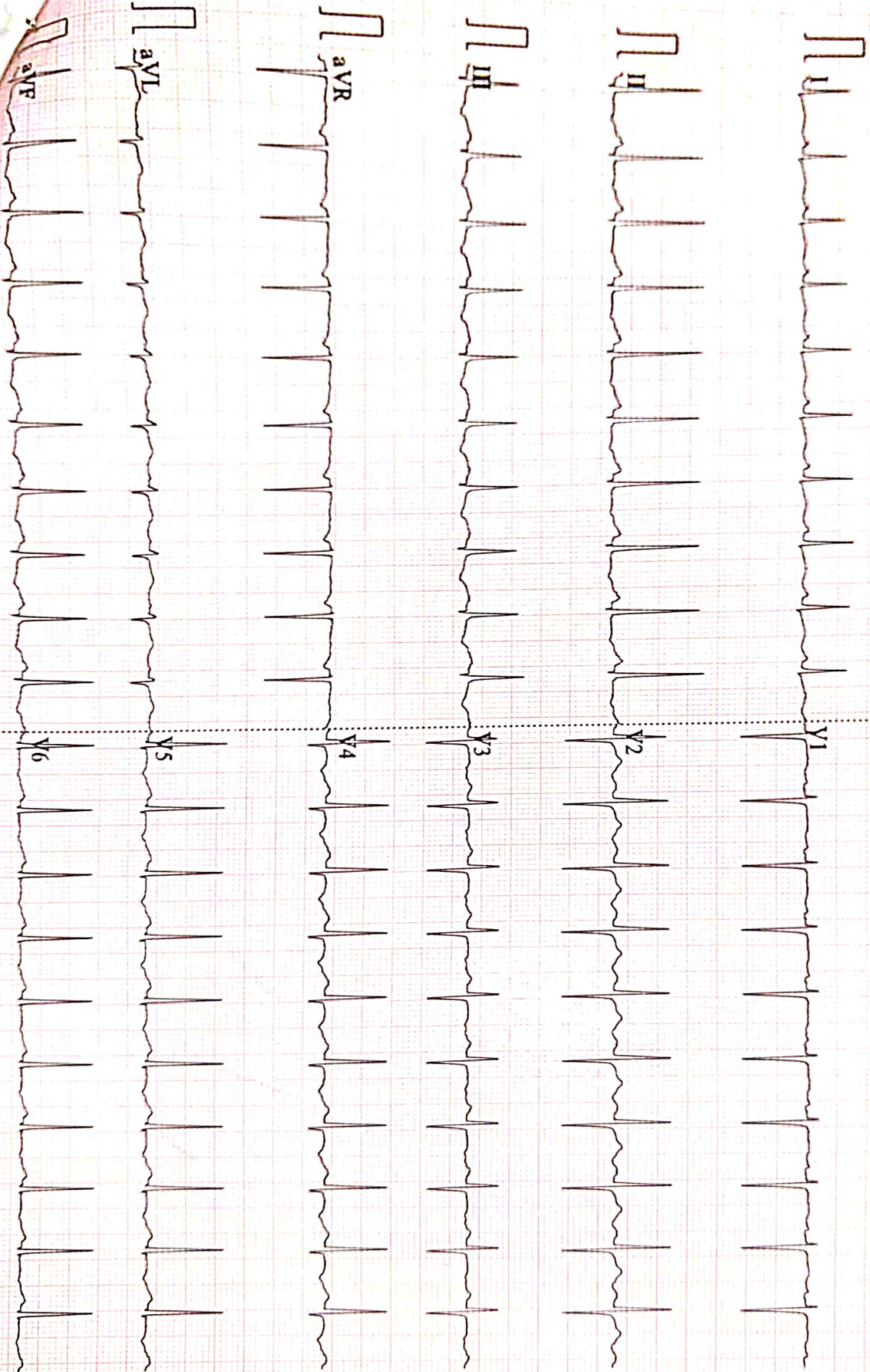
HR	: 120	bpm
P	: 90	ms
PR	: 137	ms
QRS	: 68	ms
QT/QTc	: 345/489	ms
PQRSST	: 42/60/-57	°
RV5/SV1	: 1.315/1.043	mV

Diagnosis Information:

Sinus Tachycardia  
 Inverted T Wave(II,III,aVF,V4,V5,V6)  
 Prolonged QT Interval

Ref-Phys. :

Report Confirmed by:



AC50 25mm/s 10mm/mV 2\*5.0s V120 V2.2 SHMITP VI&I DAIGNOSTIC



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**AAROGYAM DIAGNOSTICS**  
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F- 41, P.C. Colony, Opp. Madhuban Complex,  
 Near Malahi Pakari Chowk, Kankarbagh, Patna – 20  
 9264278360, 9065875700, 8789391403  
 info@aarogyamdiagnostics.com  
 www.aarogyamdiagnostics.com

<b>Date</b> 25/03/2023	<b>Srl No.</b> 16	<b>Patient Id</b> 2303250016
<b>Name</b> Mrs. ANJANI KUMARI	<b>Age</b> 27 Yrs.	<b>Sex</b> F
<b>Ref. By</b> Dr.BOB		

Test Name	Value	Unit	Normal Value
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**





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<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	12.4	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,000	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	16	mm/1st hr.	0 - 20
R B C COUNT	4.15	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	37.09	%	35 - 45
M C V	89.37	fl.	80 - 100
M C H	29.88	Picogram	27.0 - 31.0
M C H C	33.4	gm/dl	33 - 37
PLATELET COUNT	2.40	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"AB"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	82.6	mg/dl	70 - 110
SERUM CREATININE	0.94	mg%	0.5 - 1.3
BLOOD UREA	24.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.7	mg%	2.5 - 6.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			



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<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.71	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.25	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.46	mg/dl	0.00 - 0.70
TOTAL PROTEIN	<b>6.4</b>	gm/dl	6.6 - 8.3
ALBUMIN	3.5	gm/dl	3.4 - 5.2
GLOBULIN	2.9	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.207</b>		
SGOT	16.5	IU/L	5 - 35
SGPT	19.4	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	<b>126.1</b>	U/L	35.0 - 104.0
GAMMA GT	23.8	IU/L	6.0 - 42.0

#### LFT INTERPRET

#### LIPID PROFILE

TRIGLYCERIDES	89.4	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	196.9	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	53.4	mg/dL	35.1 - 88.0
V L D L	17.88	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	125.62	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.687		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.352		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



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<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.025		
PH	6.0		
ALBUMIN	NIL		
SUGAR	NIL		
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	2-3	/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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<b>Ref. By</b>	<b>Dr.BOB</b>				

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**  
**MBBS, MD**  
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<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
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## BIOCHEMISTRY

BLOOD SUGAR PP	122.5	mg/dl	80 - 160
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\*\*\*\* End Of Report \*\*\*\*

**Dr.R.B.RAMAN**  
**MBBS, MD**  
**CONSULTANT PATHOLOGIST**





Name :- Anjani Kumari  
Pt's ID :- 18/40161  
Refd by :- CORP.

Age/Sex:-27Yrs/F  
Date :-25/03/23

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Normal in size (12.3cm) 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** :- 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 (8.6cm) 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 9.9cm and Left Kidney measures 10.0cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (8.1cm x 4.1cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 2.8cm x 1.8cm and Left ovary measures 2.6cm x 1.9cm.  
No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.  
No free subphrenic / basal pleural space collection is seen.

**IMPRESSION:-** Normal Scan of Abdomen.

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



**Aarogyam Diagnostics**  
**Patna-20**

**Report**



(GEM212170906)(R)Kardic by Allengers

1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg Date: 25-Mar-2023 Technician : RESHMA ALI

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	00:07	0:01	00.0	00.0	01.0	134	69 %	130/80	174	00	
Standing	00:14	0:01	00.0	00.0	01.0	141	73 %	130/80	183	00	
HV	00:21	0:01	00.0	00.0	01.0	137	71 %	130/80	178	00	
Warm Up	00:26	0:01	01.0	00.0	01.0	141	73 %	130/80	183	00	
ExStart	00:32	0:06	01.7	10.0	01.1	150	78 %	130/80	195	00	
BRUCE/ Stage 1	03:32	3:00	01.7	10.0	04.7	183	95 %	135/85	247	00	
BRUCE/ Stage 2	06:32	3:00	02.5	12.0	07.1	190	98 %	140/90	266	00	
PeakEx	06:32	3:00	02.5	12.0	07.1	190	98 %	140/90	266	00	
Recovery	07:31	1:00	01.1	00.0	01.2	169	88 %	135/85	228	00	
Recovery	08:31	2:00	01.1	00.0	01.0	154	80 %	130/80	200	00	
Recovery	08:39	2:07	01.1	00.0	01.0	152	79 %	130/80	197	00	

**Findings :**

Exercise Time : 06:01  
Max HR Attained : 191 bpm 99% of Target 193  
Max BP Attained : (Sys) 140/90  
Max WorkLoad Attained : 7.1 Fair response to induced stress  
Max ST Dep Lead & Value : II & -1.1 mm in Stage 1 mm  
Test End Reasons : Test Complete, Fatigue

**Report :**

**Aarogam Diagnostics**

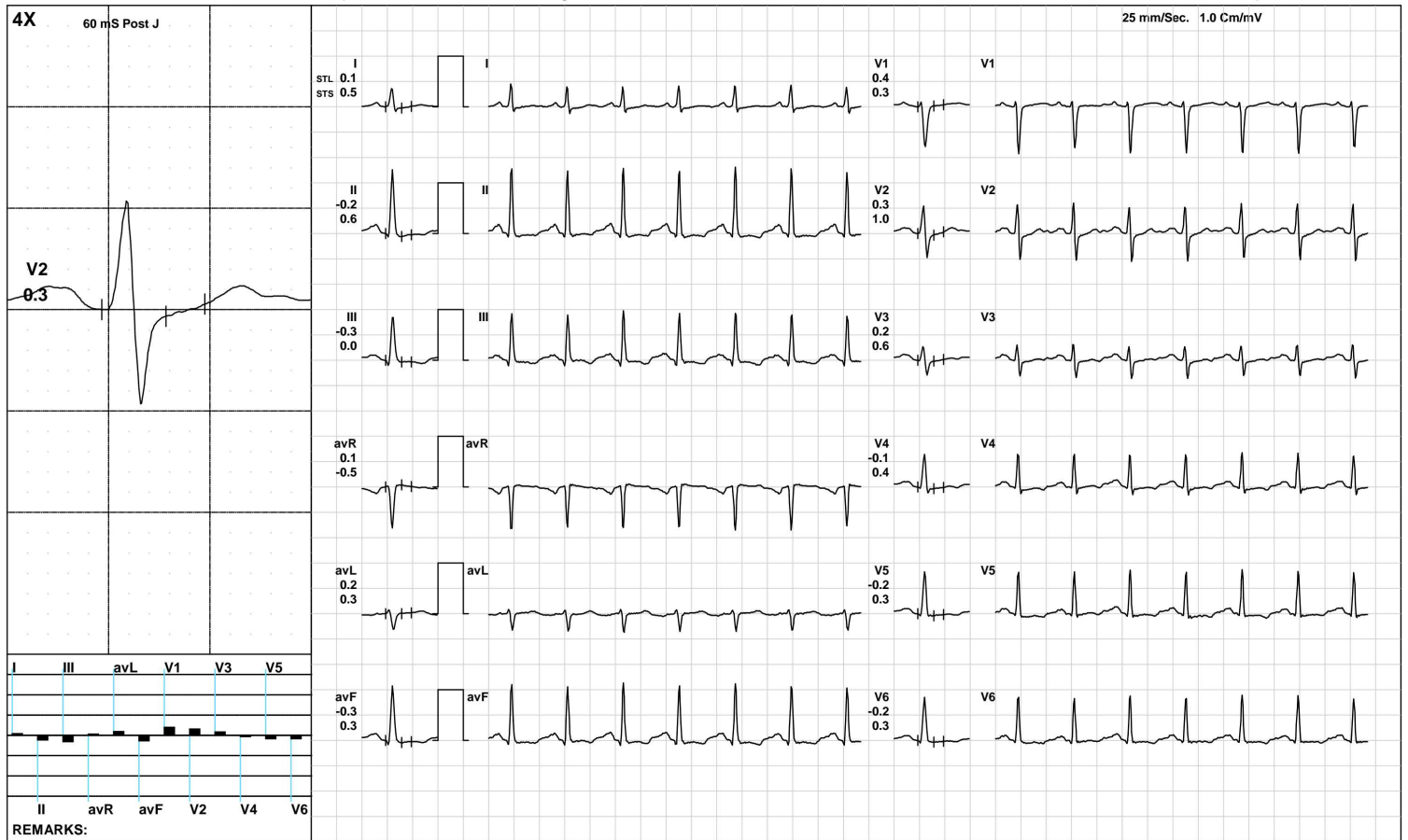
Supine



1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg / HR : 134

Date: 25-Mar-2023 02:11:23 PM METS: 1.0/ 134 bpm 69% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:07 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers



Aarogyam Diagnostics

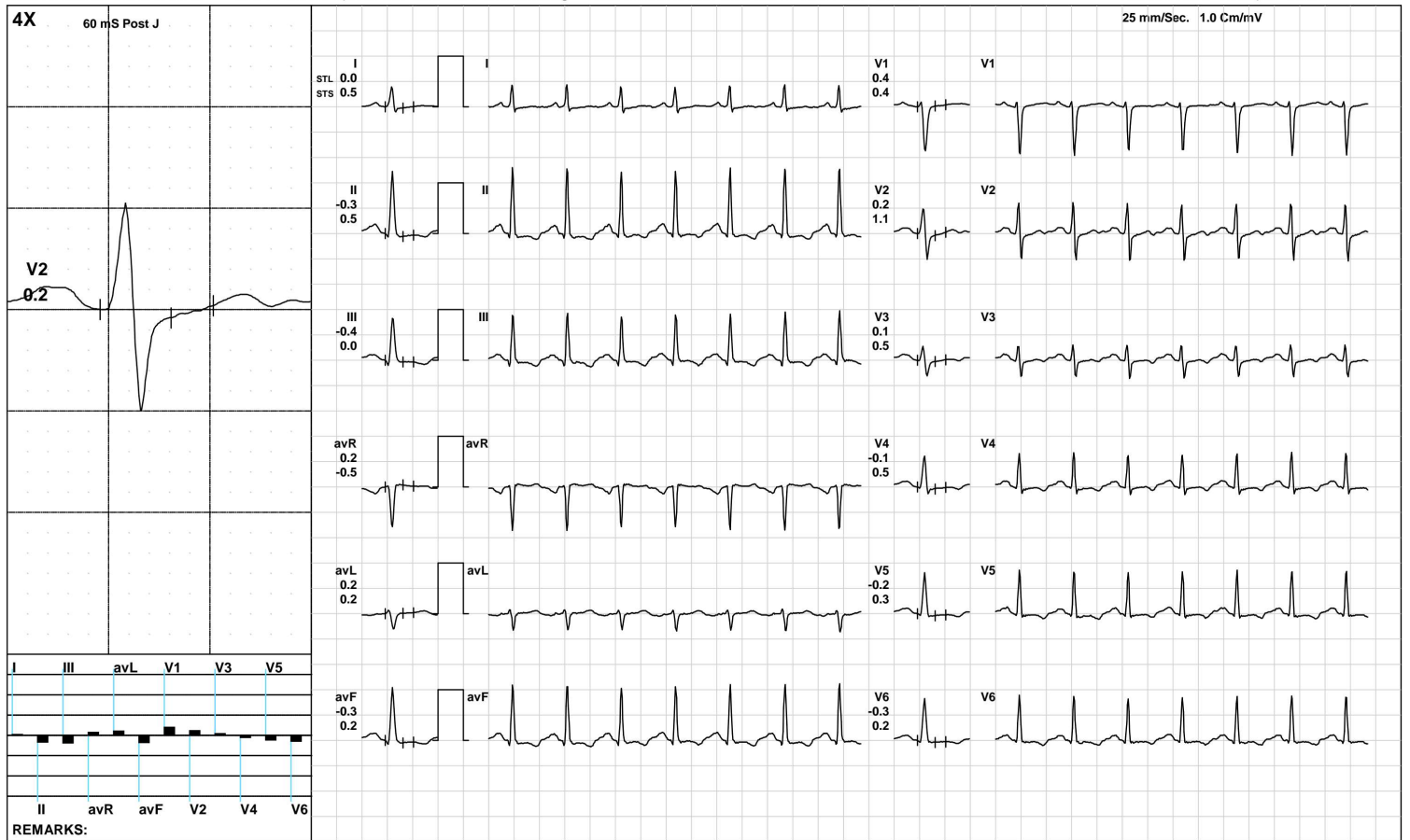
HV



1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg / HR : 137

Date: 25-Mar-2023 02:11:23 PM METS: 1.0/ 137 bpm 70% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:21 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers



**Aarogyam Diagnostics**

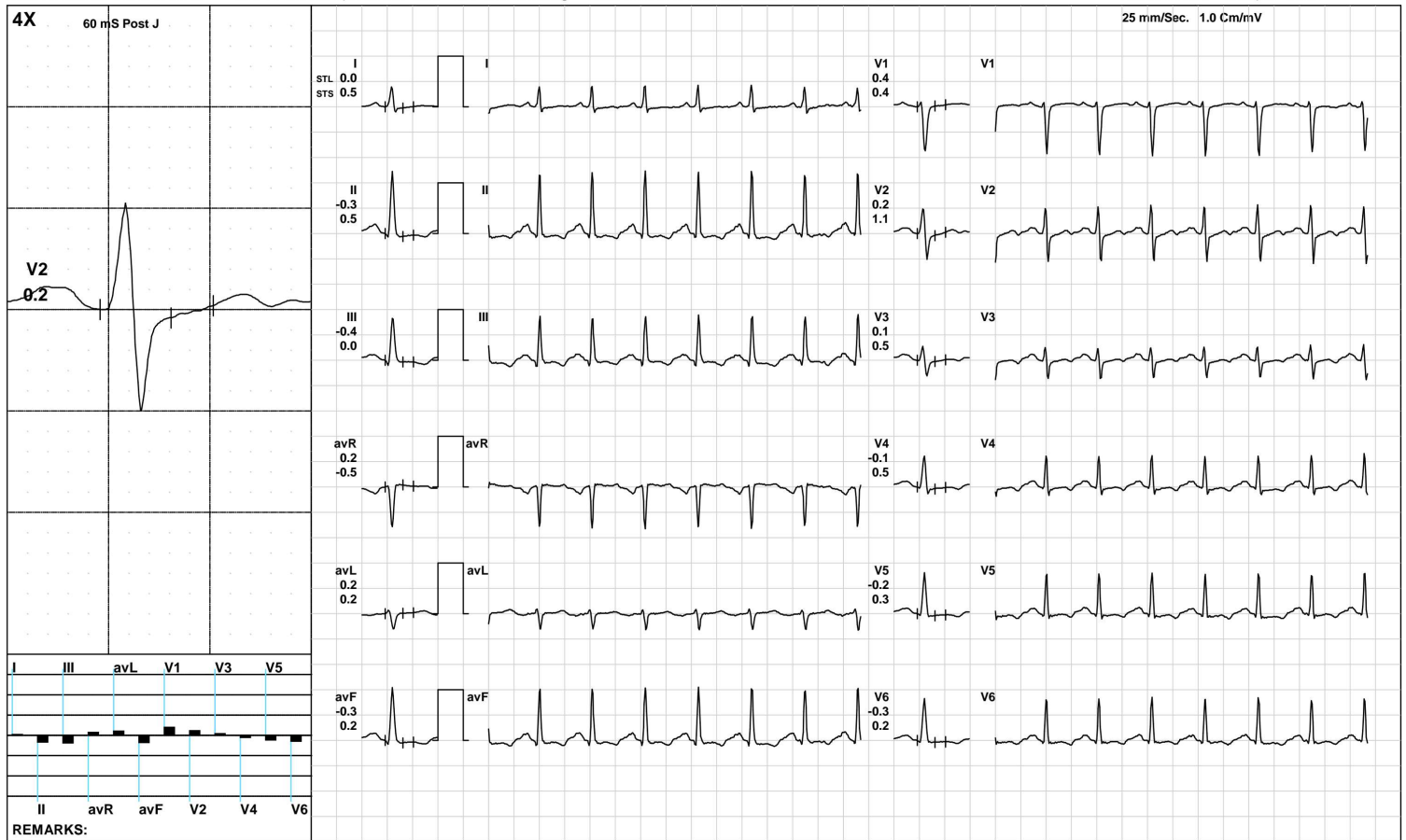
Warm Up



1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg / HR : 141

Date: 25-Mar-2023 02:11:23 PM METS: 1.0/ 141 bpm 73% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:26 1.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

Aarogam Diagnostics

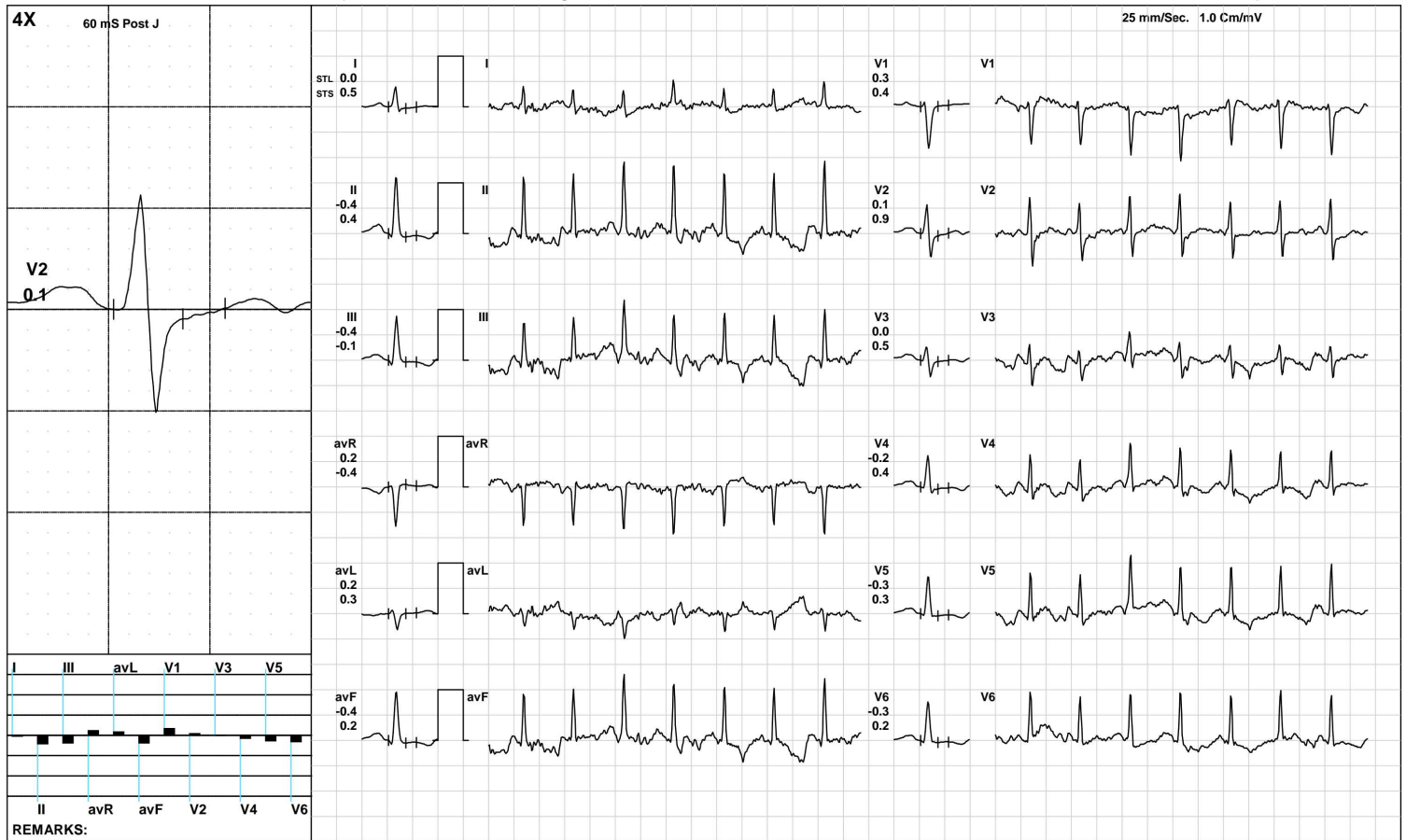
ExStart



1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg / HR : 150

Date: 25-Mar-2023 02:11:23 PM METS: 1.1/ 150 bpm 77% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:06 1.7 mph, 10.0%



(GEM212170906)(R)Kardic by Allengers

Aarogyam Diagnostics

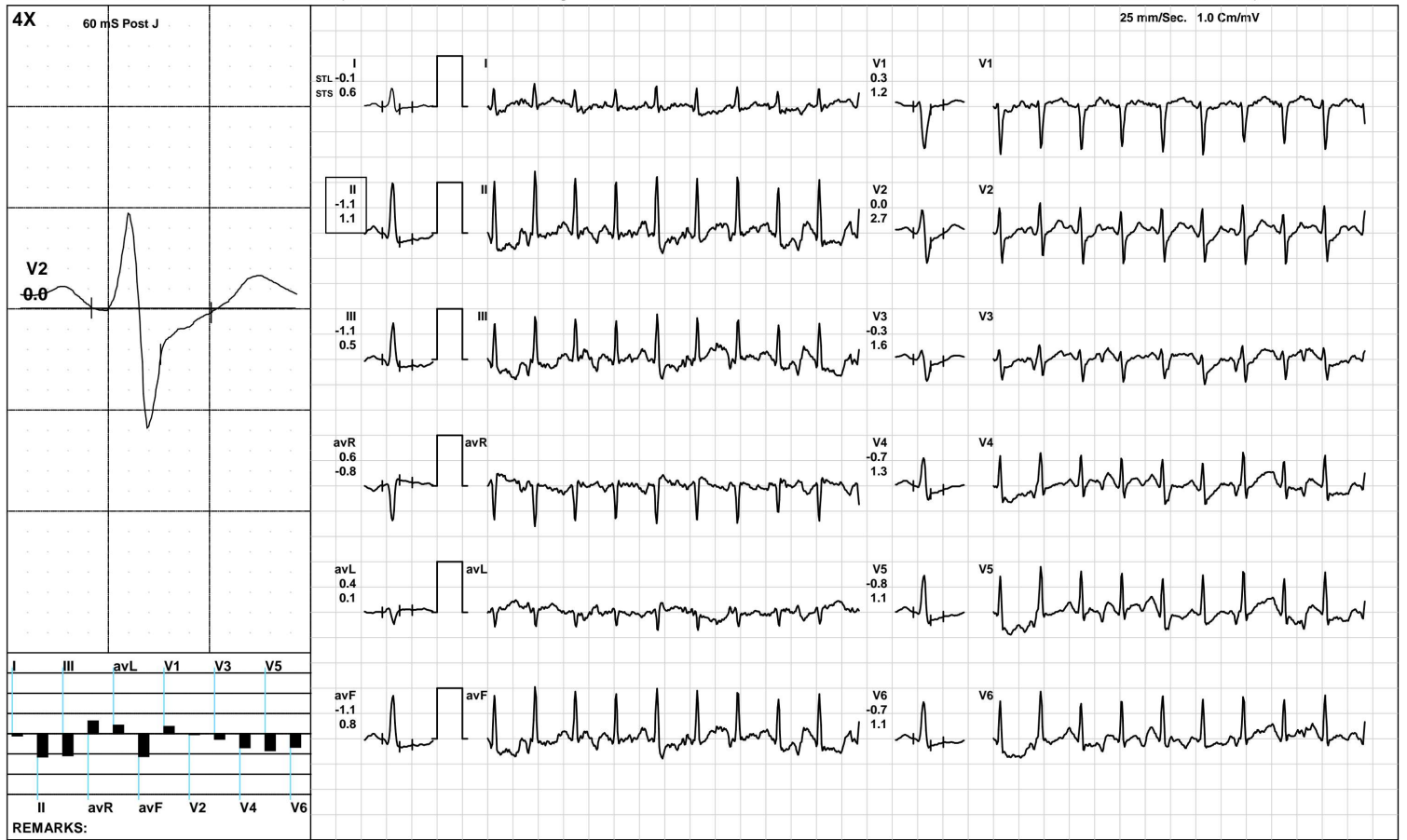
BRUCE/Stage 1(3:00)



1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg / HR : 183

Date: 25-Mar-2023 02:11:23 PM METS: 4.7/ 183 bpm 94% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%



Aarogam Diagnostics

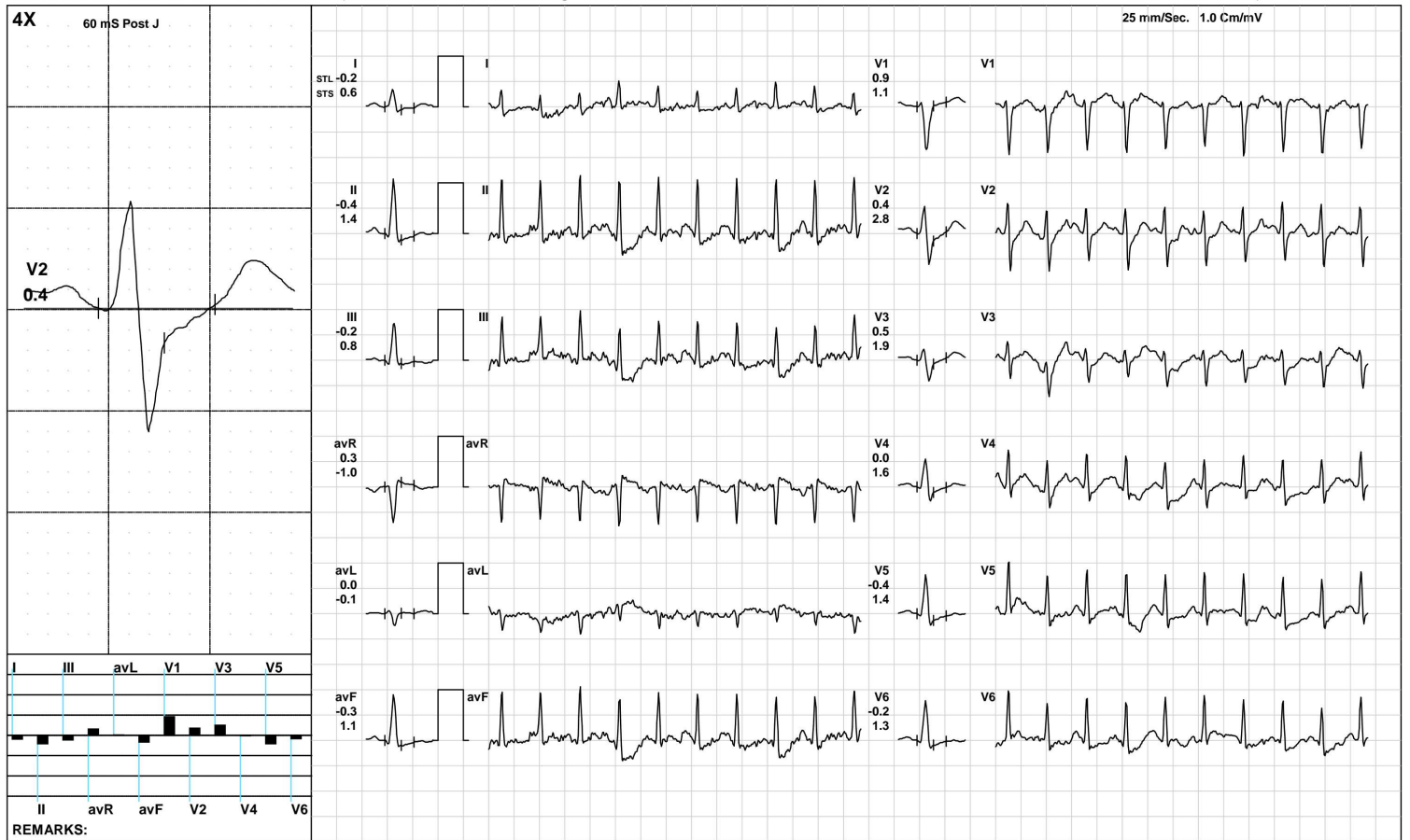
1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg / HR : 190

BRUCE/Stage 2(3:00)



Date: 25-Mar-2023 02:11:23 PM METS: 7.1/ 190 bpm 98% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:00 2.5 mph, 12.0%





**Aarogam Diagnostics**

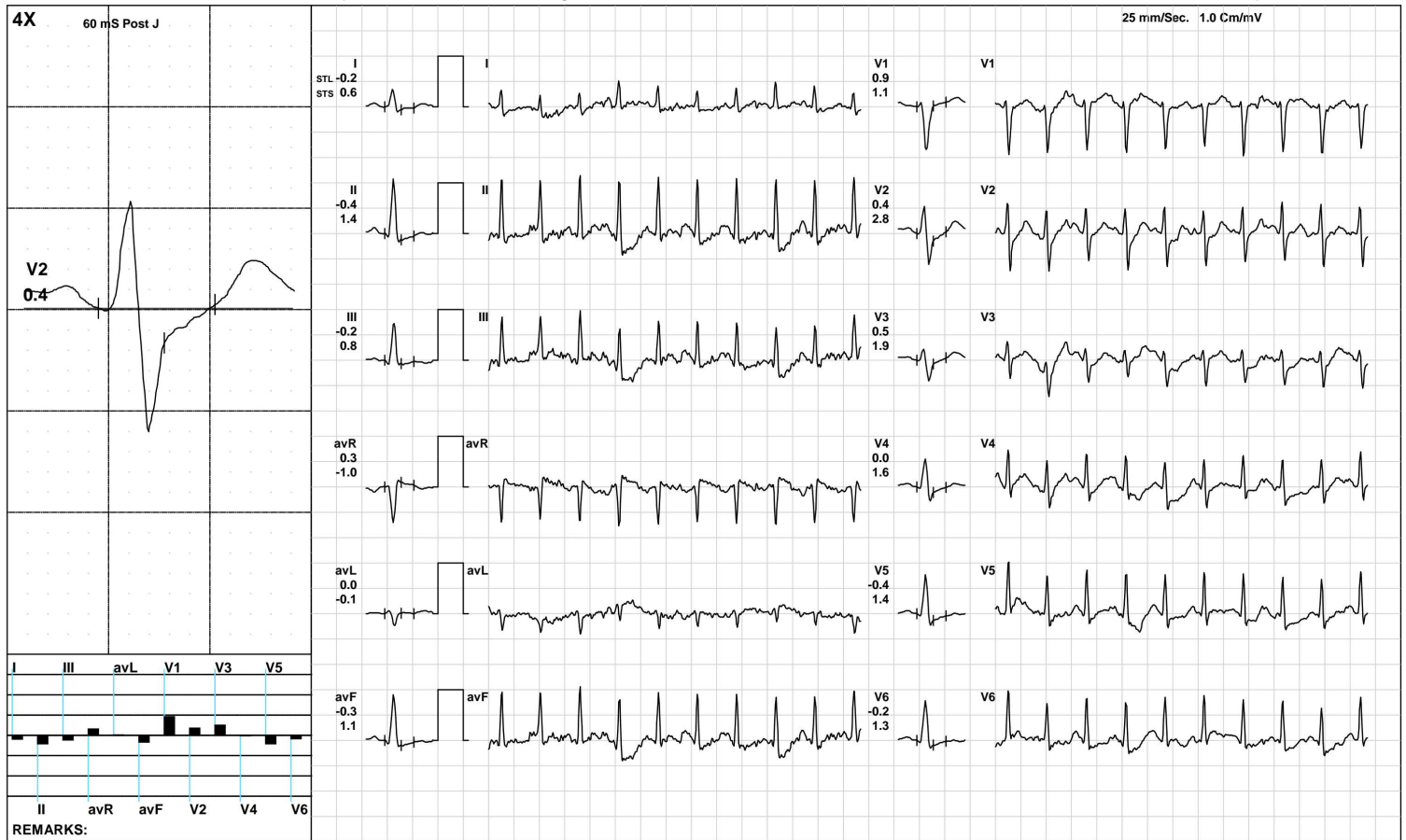
**PeakEx**



1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg / HR : 190

Date: 25-Mar-2023 02:11:23 PM METS: 7.1/ 190 bpm 98% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:00 2.5 mph, 12.0%



**Aarogam Diagnostics**

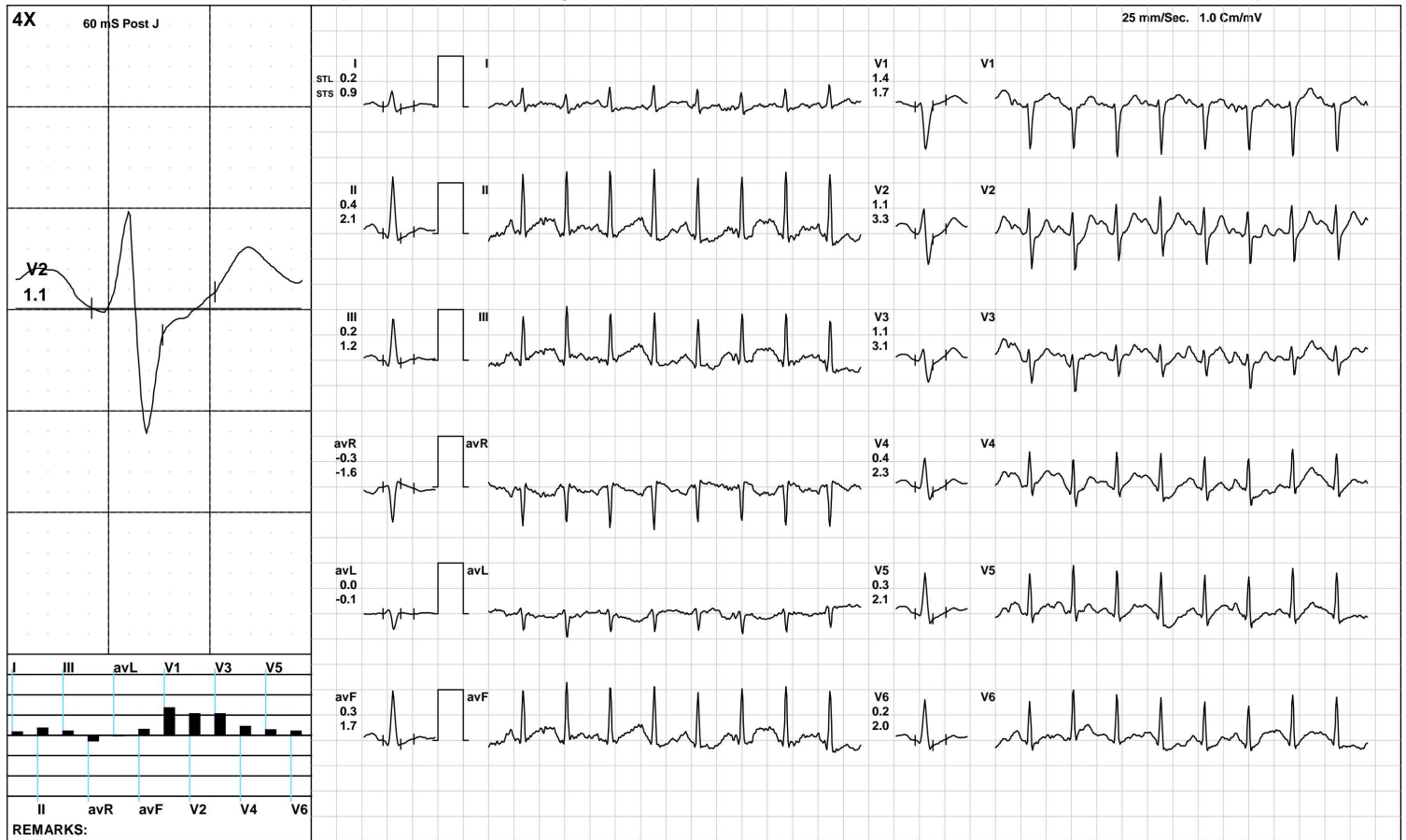
**Recovery(1:00)**



1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg / HR : 169

Date: 25-Mar-2023 02:11:23 PM METS: 1.2/ 169 bpm 87% of THR BP: 135/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:01 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**Aarogam Diagnostics**

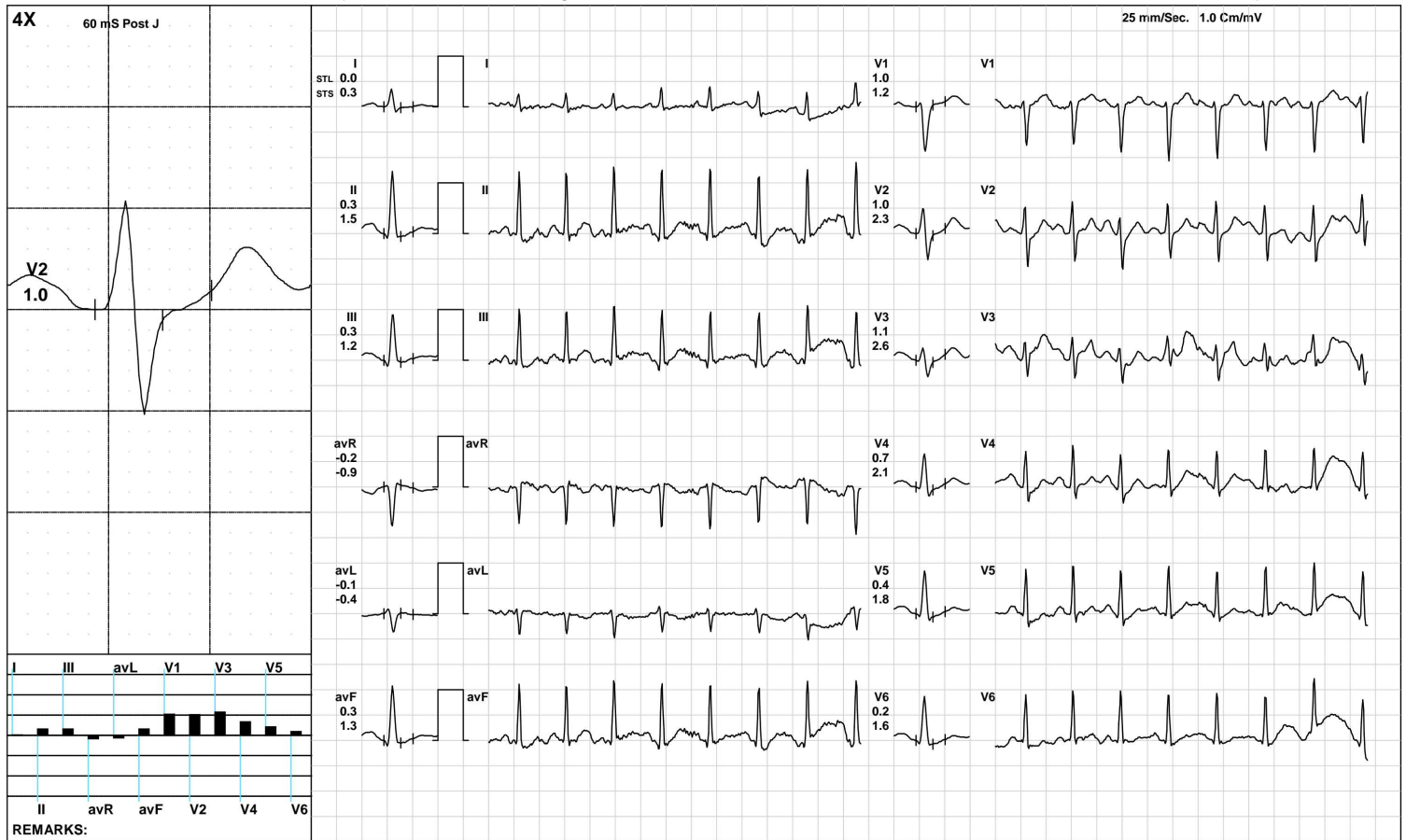
**Recovery(2:00)**

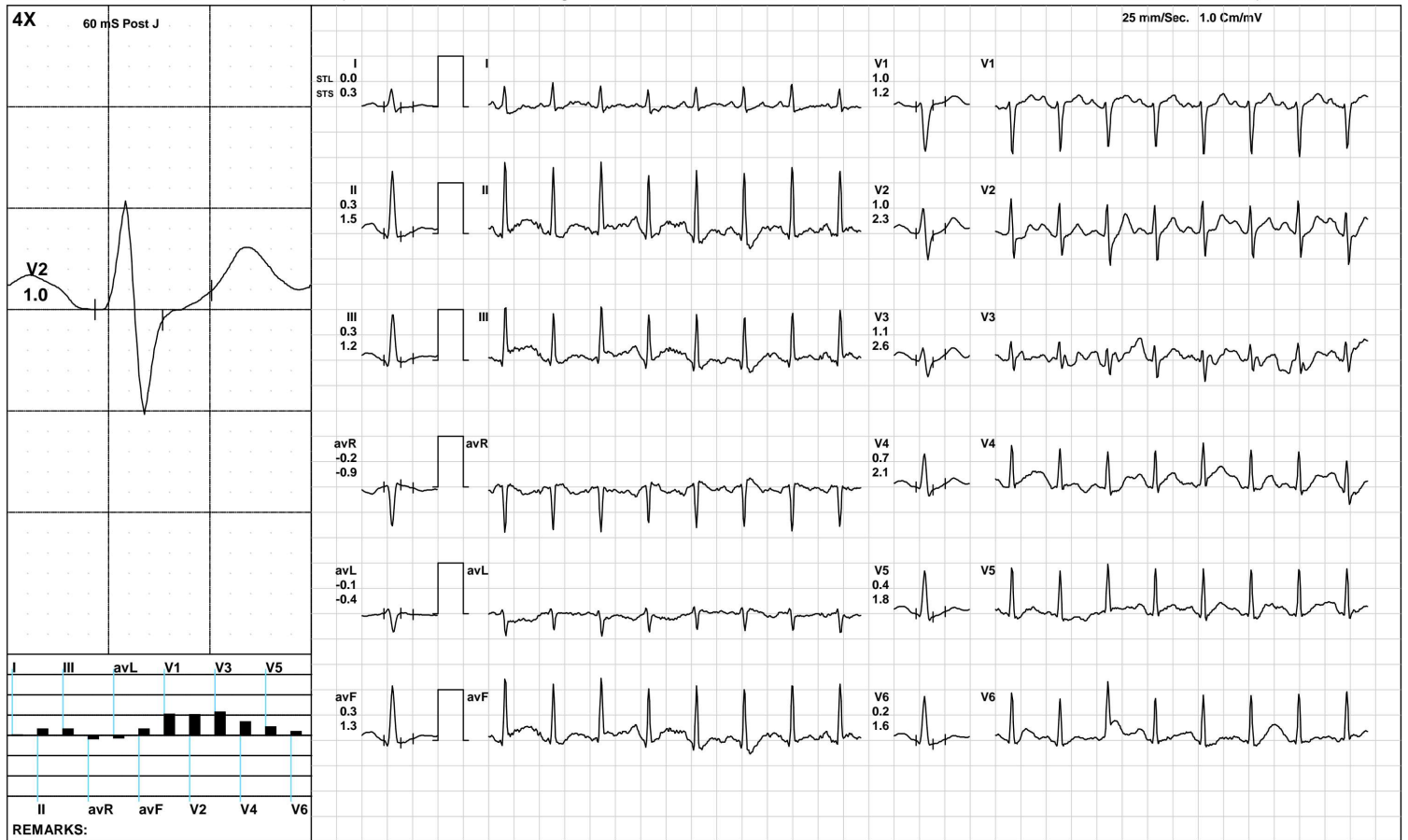


1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg / HR : 154

Date: 25-Mar-2023 02:11:23 PM METS: 1.0/ 154 bpm 79% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:01 1.1 mph, 0.0%







**Aarogyam Diagnostics**

**ST Measurements**



1871 / MRS.ANJANI / 27 Yrs / F / 166 Cms / 69 Kg / HR : 137

Date: 25-Mar-2023 02:11:23 PM

Protocol : BRUCE/

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	STS(mv/sec)
STL(mm)Supine	0.1	-0.2	-0.3	0.1	0.2	-0.3	0.4	0.3	0.2	-0.1	-0.2	-0.2	0.5	0.6	0.0	-0.5	0.3	0.3	0.3	1.0	0.6	0.4	0.3	0.3	
60 @mS Standing	0.1	-0.2	-0.3	0.1	0.2	-0.3	0.4	0.3	0.2	-0.1	-0.2	-0.2	0.5	0.6	0.0	-0.5	0.3	0.3	0.3	1.0	0.6	0.4	0.3	0.3	
HV	0.1	-0.2	-0.3	0.1	0.2	-0.3	0.4	0.3	0.2	-0.1	-0.2	-0.2	0.5	0.6	0.0	-0.5	0.3	0.3	0.3	1.0	0.6	0.4	0.3	0.3	
Warm Up	0.0	-0.3	-0.4	0.2	0.2	-0.3	0.4	0.2	0.1	-0.1	-0.2	-0.3	0.5	0.5	0.0	-0.5	0.2	0.2	0.4	1.1	0.5	0.5	0.3	0.2	
ExStart	0.0	-0.4	-0.4	0.2	0.2	-0.4	0.3	0.1	0.0	-0.2	-0.3	-0.3	0.5	0.4	-0.1	-0.4	0.3	0.2	0.4	0.9	0.5	0.4	0.3	0.2	
Stage 1	-0.1	-1.1	-1.1	0.6	0.4	-1.1	0.3	0.0	-0.3	-0.7	-0.8	-0.7	0.6	1.1	0.5	-0.8	0.1	0.8	1.2	2.7	1.6	1.3	1.1	1.1	
Stage 2	-0.2	-0.4	-0.2	0.3	0.0	-0.3	0.9	0.4	0.5	0.0	-0.4	-0.2	0.6	1.4	0.8	-1.0	-0.1	1.1	1.1	2.8	1.9	1.6	1.4	1.3	
PeakEx	-0.2	-0.4	-0.2	0.3	0.0	-0.3	0.9	0.4	0.5	0.0	-0.4	-0.2	0.6	1.4	0.8	-1.0	-0.1	1.1	1.1	2.8	1.9	1.6	1.4	1.3	
Recovery	0.0	0.4	0.4	-0.2	-0.2	0.4	0.9	0.9	1.0	0.3	0.2	0.2	0.7	1.9	1.2	-1.3	-0.2	1.5	1.1	3.4	2.2	2.3	2.1	1.6	
Recovery	0.1	0.2	0.1	-0.1	0.0	0.1	1.2	1.0	0.7	0.3	0.1	0.2	0.8	1.6	0.8	-1.2	0.0	1.2	1.5	2.8	1.9	1.8	1.5	1.2	
Recovery	0.0	0.3	0.3	-0.2	-0.1	0.3	1.0	1.0	1.1	0.7	0.4	0.2	0.3	1.5	1.2	-0.9	-0.4	1.3	1.2	2.3	2.6	2.1	1.8	1.6	

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6			
STI(μVs)															
Supine				-0.2	-2.1	-1.9	1.1	0.9	-2.0	1.9	0.4	0.1	-1.0	-1.6	-1.5
Standing				-0.2	-2.1	-1.9	1.1	0.9	-2.0	1.9	0.4	0.1	-1.0	-1.6	-1.5
HV				-0.2	-2.1	-1.9	1.1	0.9	-2.0	1.9	0.4	0.1	-1.0	-1.6	-1.5
Warm Up				-0.4	-2.5	-2.1	1.4	0.9	-2.3	1.7	-0.1	-0.3	-1.2	-1.7	-1.9
ExStart				-0.9	-3.0	-2.1	1.9	0.6	-2.5	1.5	-0.8	-0.6	-1.5	-2.0	-2.1
Stage 1				-1.5	-9.7	-8.5	5.7	3.2	-9.2	0.5	-5.2	-5.0	-7.2	-7.8	-6.6
Stage 2				-1.8	-5.6	-3.8	3.7	1.0	-4.7	3.4	-3.6	-1.0	-3.5	-5.4	-3.6
PeakEx				-1.8	-5.6	-3.8	3.7	1.0	-4.7	3.4	-3.6	-1.0	-3.5	-5.4	-3.6
Recovery				-1.4	-1.8	-0.3	1.6	-0.6	-1.0	3.0	-2.1	1.4	-3.0	-3.7	-2.3
Recovery				-0.7	-2.5	-1.8	1.6	0.6	-2.2	4.9	0.7	0.7	-2.3	-2.6	-1.3
Recovery				-0.4	-0.9	-0.4	0.7	0.1	-0.7	4.2	1.6	1.8	-0.2	-0.9	-1.8



Time (Min.)	HR (bpm)	PR Int (mS)	QRS Wid (mS)	QRS Axis (Deg.)	QTC (mS)	P(μV) (Max)	R(μV) (Max)	S(μV) (Min)	T(μV) (Max)	Min. J (μV)	Leads for (J & PJ)	Min. Post JRR Var (μV)	(%)	VEB (Counts)	Missed Beats (Counts)
00 : 30	162	120	48	72	386	150	1219	-878	-218	3	II	-107	0.00	0	0
01 : 00	166	94	46	74	167	146	1130	-874	-223	36	II	-107	0.00	0	0
01 : 30	170	104	48	35	145	3239	1187	-2537	3226	-311	avF	-397	0.00	0	0
02 : 00	176	98	46	75	170	177	1074	-854	-242	-119	II	-148	0.00	0	0
02 : 30	181	118	68	71	319	158	1048	-901	-231	-173	II	-105	0.00	0	0
03 : 00	183	112	46	69	275	-128	1020	-886	-279	-113	III	-183	0.00	0	0
03 : 30	185	92	46	73	242	154	1052	-886	-282	-54	II	-156	0.00	0	0
04 : 00	186	92	44	74	226	154	1022	-867	-288	-187	V5	-118	0.00	0	0
04 : 30	182	94	46	74	158	108	1048	-880	264	-189	II	-139	0.00	0	0
05 : 00	188	88	46	76	166	137	1045	-850	-302	-192	II	-94	0.00	0	0
05 : 30	189	88	46	70	231	140	1023	-848	-247	-183	II	-105	0.00	0	0
06 : 00	189	78	48	75	184	113	1074	-861	-272	-135	II	-79	0.00	0	0
06 : 30	185	90	46	73	192	139	1055	-870	-254	-194	II	-151	0.00	0	0
07 : 00	174	80	68	76	396	190	1102	-880	291	-113	V6	-15	0.00	0	0
07 : 30	167	96	68	75	415	201	1172	-885	364	2	avL	-8	0.00	0	0
08 : 00	160	108	46	77	409	200	1210	-874	302	-9	II	-52	0.00	0	0



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



30304100533

**TEST REPORT**

<b>Reg.No</b> : 30304100533	<b>Reg.Date</b> : 26-Mar-2023 11:41	<b>Collection</b> : 26-Mar-2023 11:41
<b>Name</b> : MS. ANJALI KUMARI	<b>Sex</b> : Female	<b>Received</b> : 26-Mar-2023 11:41
<b>Age</b> : 27 Years	<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA	<b>Report</b> : 26-Mar-2023 13:45
<b>Referral Dr</b> : □	<b>Status</b> : Final	<b>Dispatch</b> : 26-Mar-2023 14:04
		<b>Location</b> : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID PROFILE</b>			
Tri-iodothyronine (Total T3) <i>Method:CLIA</i>	1.06	ng/mL	0.60 - 1.81
Thyroxin (Total T4) <i>Method:CLIA</i>	H <b>13.90</b>	µg/dL	4.5 - 12.6
Thyroid Stimulating Hormone (TSH.) <i>Method:CLIA</i> Ultra Sensitive	2.979	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)