

SUBHAM IMAGING & A.L.C. DIAGNOSTICS CENTRE

H.O.: Ajay Market, Dena Bank Building, East Ashok Nagar, Kankarbagh, Patna - 20 B.O.: Khanpura Road (Below Gyan Sharowar School), Paliganj, Patna.

e-mail: shubham.pat.usg@gmail.com # website: www.alchealthcheckup.in

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

Pt. Name: - ASHTHA GARG Ref. By: - DR / AAROGYAM Date:- 11-Dec-21 Age / Sex - 28 Yrs. F.

REAL TIME U.S.G. OF WHOLE ABDOMEN Thanks for your kind referral

(Report.)

LIVER :- Measures 11.27 cm. Normal in shape, size and echo texture.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 3.3 mm in diameter with echo free lumen. No calculi or mass seen.

P.V. :- Measures 7.2 mm in diameter. Appears normal. No thrombus seen. PANCREAS: - Normal in shape, size and echo texture. No calcification mass seen.

SPLEEN :- Measures 8.0 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. No calculi, cyst or hydronephrosis seen on either side.

Right Kidney: - Measures 9.60X 3.1 cm. Left Kidney: - Measures 9.20 X 3.2 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 - 210 ml. Post void - is in significant

UTERUS :- Is normal in size, shape & position measuring 7.90 X 5.0 cm. Endometrial

And Myometeriam appears normal in limits No focal mass lesion seen

ADNEXA :- Both ovary appears normal in size and shape.

Rt Ovary Measures – 2.10 cm Lt Ovary Measures 2.30 cm

P.O.D :- No collection seen in P.O.D

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

> Son graphically normal scan no detectable lesion seen

- 1111212)

Consultant Radiologist

ESTB BY:-

Dr. P. K. Tiwari

MD, BRIT (Radio Imaging)

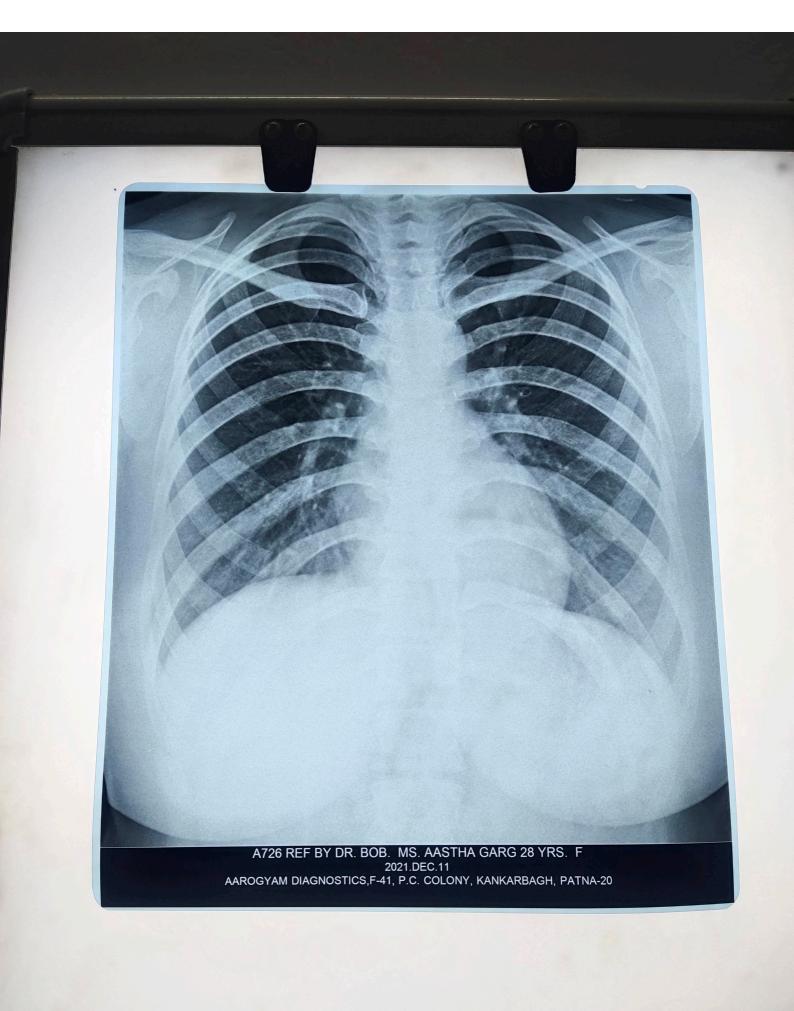
Consultant Imagionologist & Sonologist

A.L.C. Diagnostics & Research Centre, Patna

Dr. S. Kumar MD. (Pat) Consultant Pathologist

Dr. A. K. Singh MBBS, PGDMCH Consultant Radiologist &Sonologist

10. 10	2011-12-11 U9:45:17 AM	BPL	
Ashtha Garg	: 68 bpm	Dagnosis Information:	
Female Years	: 85	Sinus Arrhythmia	
	₹ : 127	Low Voltage(Chest Leads)	
	S : 70		
	Tc : 384/4		
	÷ 58/5/19		
	RV5/SV1 = 0.694/0.745 mV		
		Confirmed by	
		Reg. No418	
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9264278360, 9065875700, 8789391403

www.aarogyamdiagnostics.com

Date 11/12/2021 Srl No. 15 Patient ld 2112110015

Name Ms. AASTHA GARG Age 28 Yrs. Sex F

Ref. By Dr.BOB

Test Name Value Unit Normal Value

HAEMATOLOGY

HB A1C 5.0 %

EXPECTED VALUES:

Metabolicaly healthy patients = 4.8 - 5.5 % HbAIC

Good Control = 5.5 - 6.8 % HbAlC Fair Control = 6.8-8.2 % HbAlC Poor Control = >8.2 % HbAlC

REMARKS:-

In vitro quantitative determination of HbAIC in whole blood is utilized in long term monitoring of glycemia

The **HbAIC** 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 **HbAIC** be performed at intervals of 4-6 weeksduring Diabetes

Mellitus therapy.

Results of **HbAIC** 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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Date	11/12/2021	Srl No	. 15	Patient Id	1 2112110015
Name	Ms. AASTHA GARG	Age	28 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.0	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	7,200	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	66	%	40 - 75
LYMPHOCYTE	29	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	13	mm/lst hr.	0 - 20
R B C COUNT	4.3	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	39	%	35 - 45
MCV	90.7	fl.	80 - 100
MCH	30.23	Picogram	27.0 - 31.0
MCHC	33.3	gm/dl	33 - 37
PLATELET COUNT	2.68	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

**** End Of Report ****

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Name	Ms. AASTHA GARG	Age	28 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
	BIOCHEMI	STRY	
SERUM CREATININE	0.89	mg%	0.5 - 1.3
BLOOD UREA	24.8	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.2	mg%	2.5 - 6.0
LIVER FUNCTION TEST (LFT)			
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	6.8	gm/dl	6.6 - 8.3
ALBUMIN	4.0	gm/dl	3.4 - 4.8
GLOBULIN	2.8	gm/dl	2.3 - 3.5
A/G RATIO	1.429		
SGOT	33.7	IU/L	5 - 35
SGPT	35.9	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	174.8	U/L	35.0 - 104.0
GAMMA GT	26.4	IU/L	6.0 - 42.0
LFT INTERPRET			
LIPID PROFILE			
TRIGLYCERIDES	86.7	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	158.4	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	49.6	mg/dL	35.1 - 88.0



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Date 11/12/2021 Name Ms. AASTHA GARG Ref. By Dr.BOB	Srl No. Age	. 15 28 Yrs.	Patient Id 2112110015 Sex F
Test Name	Value	Unit	Normal Value
VLDL	17.34	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	91.46	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.194		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.844		0.00 - 3.55
THYROID PROFILE			
Т3	0.86	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.74	ug/dl	4.5 - 10.9
TSH Chemiluminescence REFERENCE RANGE	1.03	ulU/ml	
PAEDIATRIC AGE GROUP 0-3 DAYS 3-30 DAYS I MONTH -5 MONTHS 6 MONTHS- 18 YEARS		ulu/ ml ulu/ml - 6.0 ulu/ml - 4.5 ulu/ml	
<u>ADULTS</u>	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.

Assay performed on enhanced chemi lumenescence system (Centaur-Siemens)



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Ref. By Dr.BOB

Test Name Value Unit Normal Value

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 hyporthyroidism, and may be seen in secondary thyrotoxicosis.

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY 15 ml.

COLOUR PALE YELLOW

TRANSPARENCY CLEAR
SPECIFIC GRAVITY 1.015
PH 6.0

CHEMICAL EXAMINATION

ALBUMIN NIL SUGAR NIL



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Name	Ms. AASTHA GARG	Age	28 Yrs.	Sex	F
Ref. By D	r.BOB				

Test Name	Value	Unit	Normal Value
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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