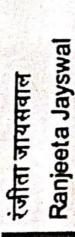






पारवीय विशिष्ट पहचान ग्राधिकरण Colouenem



जन्म तियि/ DOB: 15/06/1978 महिला / FEMALE

Address:

Choudhary, jay Prakash nagar, kadam gall, works Colony, WO: Harish Chandra Phulwarl, Patna, Blhar - 800001 जय प्रकाश नगर, कदम गली,

W/O: हरीश चंद्र चौधरी,

पता:

वर्क्स कॉलोनी, फुलवारी,

विहार - 800001

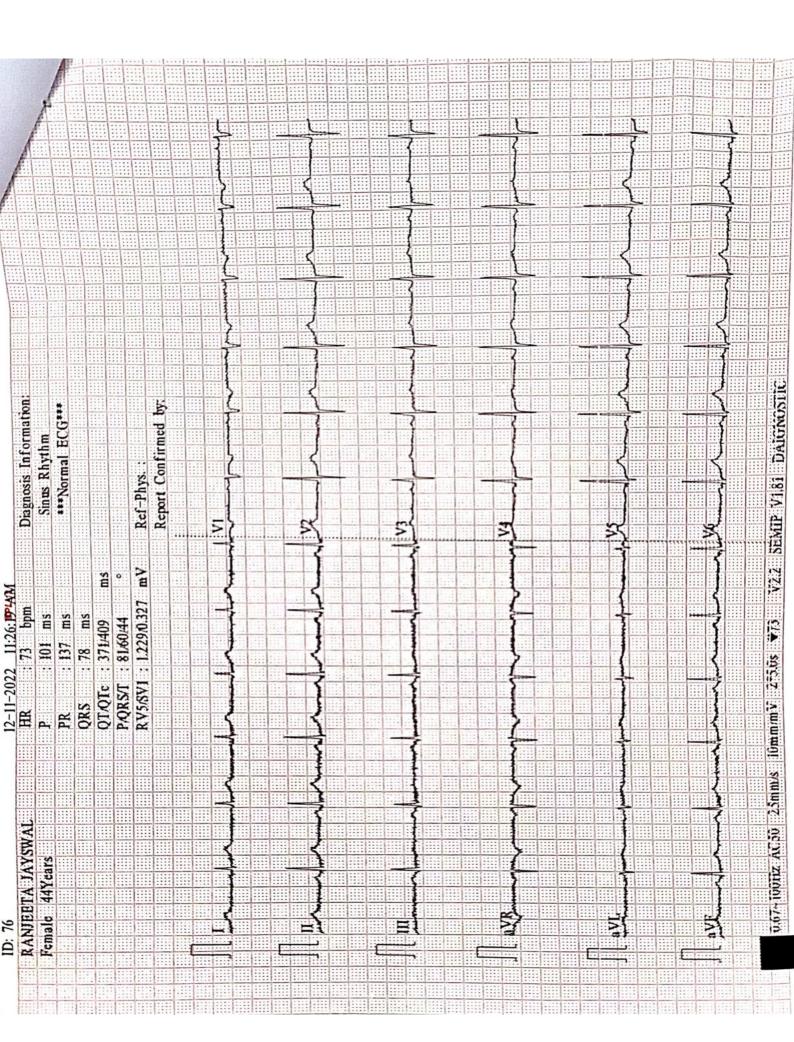
पटना,

6257 0192 5059

6257 0192 5059

मेरा आधार, मेरी पहचान

MERA AADHAAR, MERI PEHACHAN





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 :-

Ranjita Jaiswal

Refd by :-

BOB

Age/Sex:- 44Yrs/F

Date :-12/11/22

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

Liver

:- Normal in size(12.8cm) 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 :- Mild bulky and echogenic.

Spleen

:- Normal in size (8.2cm) 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 8.0cm and Left Kidney measures 8.1cm.

Uterus

:- Enlarged in size (10.0cm x 5.2cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.

Ovaries

:- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 23mm x 18mm and Left ovary measures 24mm x 19mm. No pelvic (POD) collection is seen.

Others

:- No ascites or abdominal adenopathy is seen. No free subphrenic/basal pleural space collection is seen.

IMPRESSION: - Mild Bulky and Echogenic Pancras. A/V Bulky Uterus. Otherwise Normal scan.

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



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Date 12/11/2022 Srl No. 30 Patient ld 2211120030

Name Mrs. RANJEETA JAISWAL Age 44 Yrs. Sex F

Ref. By Dr.BOB

Test Name Value Unit Normal Value

HAEMATOLOGY

HB A1C 5.2 %

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	12/11/2022	Srl No	. 30	Patient Id	2211120030
Name	Mrs. RANJEETA JAISWAL	Age	44 Yrs.	Sex	F
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value	
COMPLETE BLOOD COUNT (CBC)				
HAEMOGLOBIN (Hb)	11.8	gm/dl	11.5 - 16.5	
TOTAL LEUCOCYTE COUNT (TLC)	7,900	/cumm	4000 - 11000	
DIFFERENTIAL LEUCOCYTE COUNT (D	DLC)			
NEUTROPHIL	61	%	40 - 75	
LYMPHOCYTE	32	%	20 - 45	
EOSINOPHIL	02	%	01 - 06	
MONOCYTE	05	%	02 - 10	
BASOPHIL	00	%	0 - 0	
ESR (WESTEGREN's METHOD)	16	mm/lst hr.	0 - 20	
R B C COUNT	4.0	Millions/cmm	3.8 - 4.8	
P.C.V / HAEMATOCRIT	35.2	%	35 - 45	
MCV	88	fl.	80 - 100	
MCH	29.5	Picogram	27.0 - 31.0	
MCHC	33.5	gm/dl	33 - 37	
PLATELET COUNT	1.67	Lakh/cmm	1.50 - 4.00	
BLOOD GROUP ABO	"B"			
RH TYPING	POSITIVE			

**** End Of Report ****

Dr.R.B.RAMAN MBBS, MD

CONSULTANT PATHOLOGIST



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Date	12/11/2022	Srl No.	30	Patient Id	2211120030
Name	Mrs. RANJEETA JAISWAL	Age	44 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value			
BIOCHEMISTRY						
BLOOD SUGAR FASTING	80.9	mg/dl	70 - 110			
SERUM CREATININE	0.89	mg%	0.5 - 1.3			
BLOOD UREA	21.0	mg /dl	15.0 - 45.0			
SERUM URIC ACID	5.4	mg%	2.5 - 6.0			
LIVER FUNCTION TEST (LFT)						
BILIRUBIN TOTAL	0.64	mg/dl	0 - 1.0			
CONJUGATED (D. Bilirubin)	0.23	mg/dl	0.00 - 0.40			
UNCONJUGATED (I.D.Bilirubin)	0.41	mg/dl	0.00 - 0.70			
TOTAL PROTEIN	6.2	gm/dl	6.6 - 8.3			
ALBUMIN	3.9	gm/dl	3.4 - 5.2			
GLOBULIN	2.3	gm/dl	2.3 - 3.5			
A/G RATIO	1.696					
SGOT	27.9	IU/L	5 - 35			
SGPT	30.2	IU/L	5.0 - 45.0			
ALKALINE PHOSPHATASE IFCC Method	89.8	U/L	35.0 - 104.0			
GAMMA GT	26.7	IU/L	6.0 - 42.0			
LFT INTERPRET						
LIPID PROFILE						
TRIGLYCERIDES	79.0	mg/dL	25.0 - 165.0			
TOTAL CHOLESTEROL	189.0	mg/dL	29.0 - 199.0			



I MONTH -5 MONTHS

ADULTS

6 MONTHS- 18 YEARS

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Date Name Ref. By I	12/11/2022 Mrs. RANJEETA JAISWAL Dr.BOB	Srl No. Age	. 30 44 Yrs.	Patient Id 2211120030 Sex F
Test Name		Value	Unit	Normal Value
H D L CHO	DLESTEROL DIRECT	51.8	mg/dL	35.1 - 88.0
VLDL		15.8	mg/dL	4.7 - 22.1
LDLCHO	LESTEROL DIRECT	121.4	mg/dL	63.0 - 129.0
TOTAL CH	IOLESTEROL/HDL RATIO	3.649		0.0 - 4.97
LDL / HD	L CHOLESTEROL RATIO	2.344		0.00 - 3.55
THYROID	PROFILE			
T3		0.93	ng/ml	0.60 - 1.81
T4 Chemilumir	nescence	9.49	ug/dl	4.5 - 10.9
TSH Chemilumir REFERE	nescence NCE RANGE	8.681	uIU/mI	
PAEDIAT 0-3 DAYS 3-30 DAY		1-20 0.5 - 6.5	ulu/ ml ulu/ml	

0.5 - 6.0

0.5 - 4.5

ulu/ml

0.39 - 6.16

ulu/ml

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 ± 50 %, hence time of the day has influence on the measured serum TSH concentration.



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Date 12/11/2022 Srl No. 30 Patient ld 2211120030

Name Mrs. RANJEETA JAISWAL Age 44 Yrs. Sex F

Ref. By Dr.BOB

Test Name Value Unit Normal Value

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.
- 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 10 ml.

COLOUR PALE YELLOW

TRANSPARENCY CLEAR
SPECIFIC GRAVITY 1.010
PH 6.0

CHEMICAL EXAMINATION

ALBUMIN NIL



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Date	12/11/2022	Srl No.	30	Patient Id	2211120030
Name	Mrs. RANJEETA JAISWAL	Age	44 Yrs.	Sex	F
Ref. By	Dr.BOB	5. 3. 2.			

Test Name	Value	Unit	Normal Value
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	2-3	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	1-2	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

**** End Of Report ****

Dr.R.B.RAMAN MBBS, MD

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