

9

Medwheel

भारत सरकार  
Government of India

बिश्वजीत कुमार झा  
Bishwajeet Kumar Jha  
जन्म तिथि / DOB : 03/02/1988  
पुरुष / Male

Issue Date: 23/03/2012

5336 5562 0024

मेरा आधार, मेरी पहचान



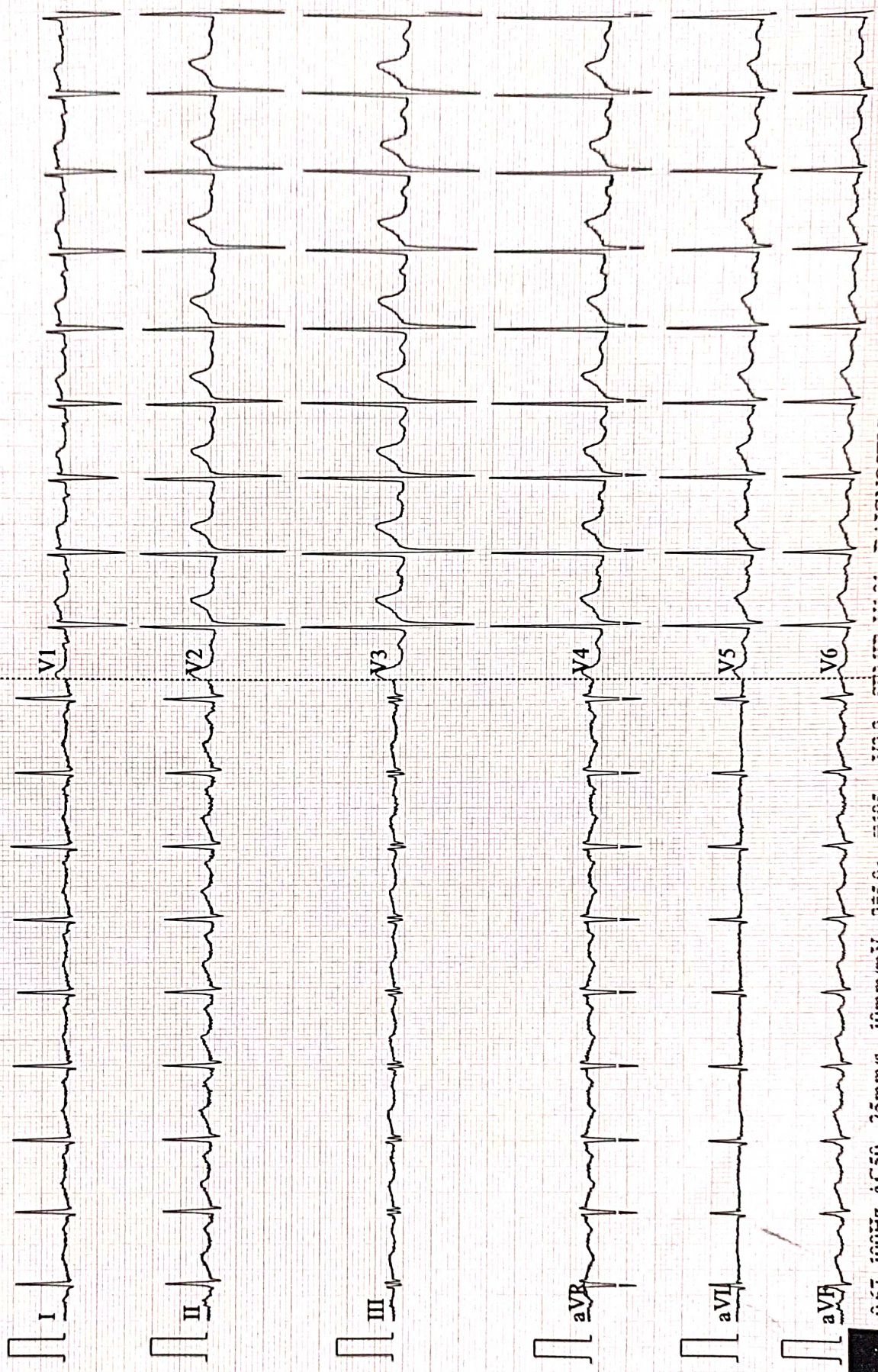
ID: 131

BISHWAJEET KR. JHA  
Male 36Years

12-04-2024 11:17:45 AM  
HR : 105 bpm  
P : 104 ms  
PR : 157 ms  
QRS : 79 ms  
QT/QTc : 317/420 ms  
P/QRS/T : 57/32/60 °  
RV5/SV1 : 1.534/1.006 mV

Diagnosis Information:  
Sinus Tachycardia

Ref-Phys.   
Report Confirmed by:



Patient Name	BISWAJEET KUMAR JHA	Date	12-04-2024
Age/Sex	36/M	Ref. Dr.	CORPORATE

## CHEST X-ray(PA)

### FINDINGS:

Normal bronchovascular markings in bilateral lung fields

Bilateral hila are normal.

Trachea appears normal.

Visualized bones are grossly normal.

Cardiac shadow is within normal limits

Bilateral costophrenic angles are clear.

### Impression :

- *No significant abnormality detected.*



*Dr. Sandip Maheshwari*

*MD Radio diagnosis*



**AAROGYAM DIAGNOSTICS**  
**PATNA**

**Report**



(GEM212170906)(R)Kardic by Allengers

2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg Date: 12-Apr-2024 Technician : ARUN

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	00:03	0:01	00.0	00.0	01.0	107	58 %	140/90	149	00	
Standing	00:18	0:01	00.0	00.0	01.0	106	58 %	140/90	148	00	
HV	00:24	0:01	00.0	00.0	01.0	108	59 %	140/90	151	00	
Warm Up	00:29	0:01	01.0	00.0	01.0	109	59 %	140/90	152	00	
ExStart	00:39	0:06	01.7	10.0	01.1	127	69 %	140/90	177	00	
BRUCE/ Stage 1	03:39	3:00	01.7	10.0	04.7	149	81 %	145/95	216	00	
BRUCE/ Stage 2	06:39	3:00	02.5	12.0	07.1	162	88 %	150/100	243	00	
PeakEx	09:00	2:21	03.4	14.0	09.5	184	100 %	155/105	285	00	
Recovery	09:59	1:00	01.1	00.0	01.2	165	90 %	151/100	249	00	
Recovery	10:59	2:00	01.1	00.0	01.0	149	81 %	145/95	216	00	
Recovery	12:37	3:37	01.1	00.0	01.0	140	76 %	140/90	196	00	

**Findings :**

Exercise Time : 08:22  
Max HR Attained : 196 bpm 107% of Target 184  
Max BP Attained : (Sys) 155/105  
Max WorkLoad Attained : 9.5 Good response to induced stress  
Max ST Dep Lead & Value : avL & -1.1 mm in Recovery mm  
Test End Reasons : Test Complete

**Report :**

**AAROGYAM DIAGNOSTICS**

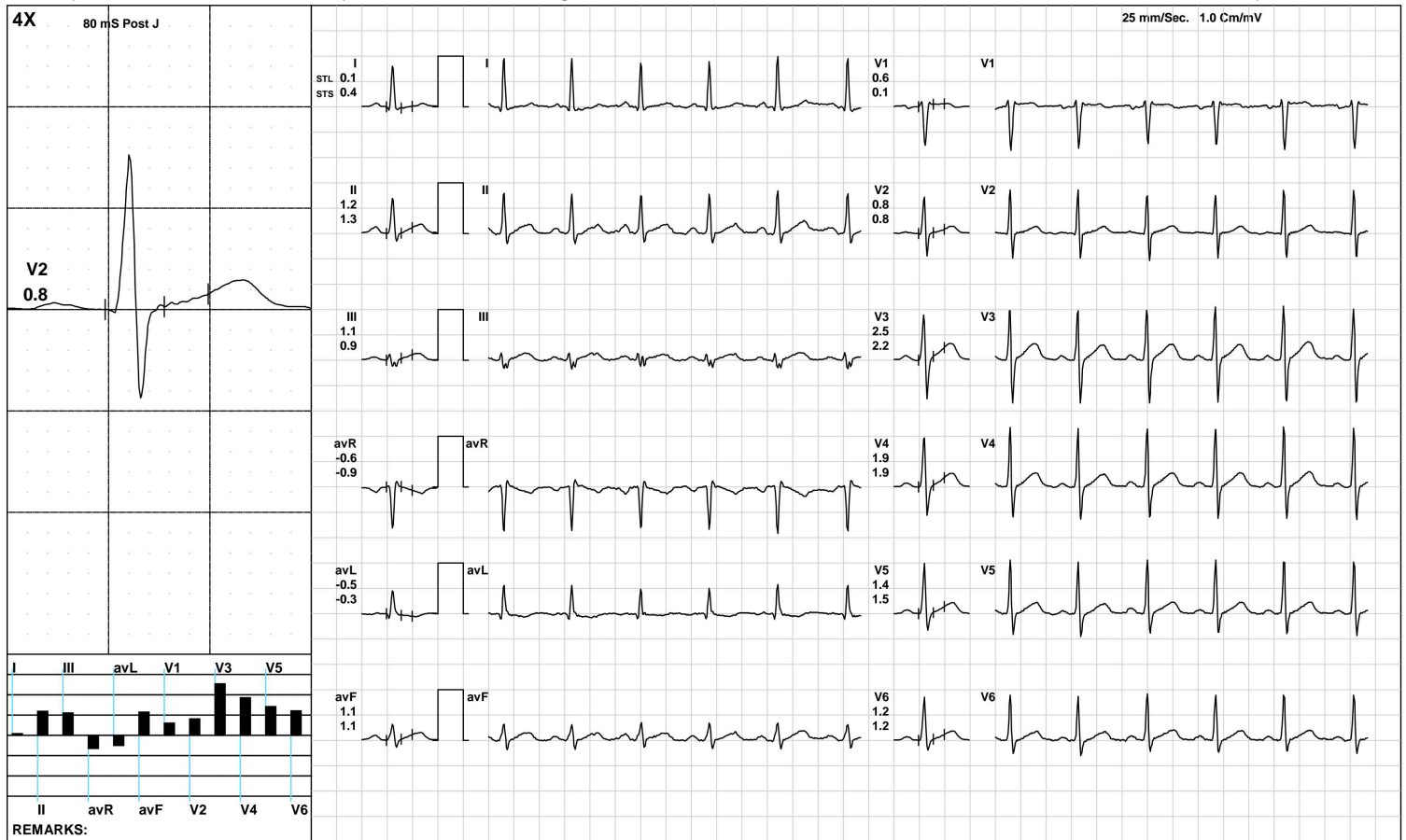
Supine



2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg / HR : 107

Date: 12-Apr-2024 12:50:09 PM METS: 1.0/ 107 bpm 58% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:03 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**AAROGYAM DIAGNOSTICS**

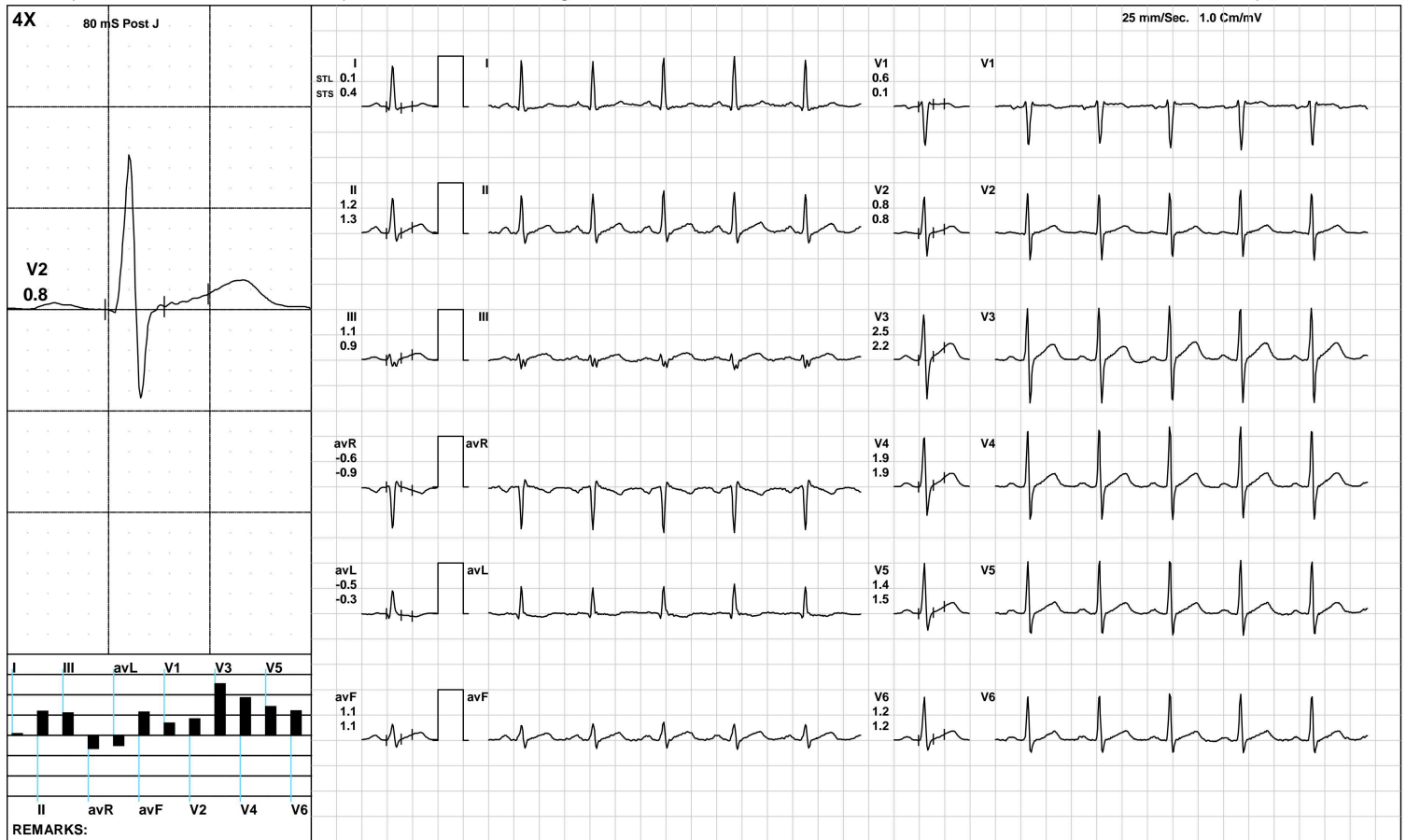
Standing



2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg / HR : 106

Date: 12-Apr-2024 12:50:09 PM METS: 1.0/ 106 bpm 57% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:18 0.0 mph, 0.0%



**AAROGYAM DIAGNOSTICS**

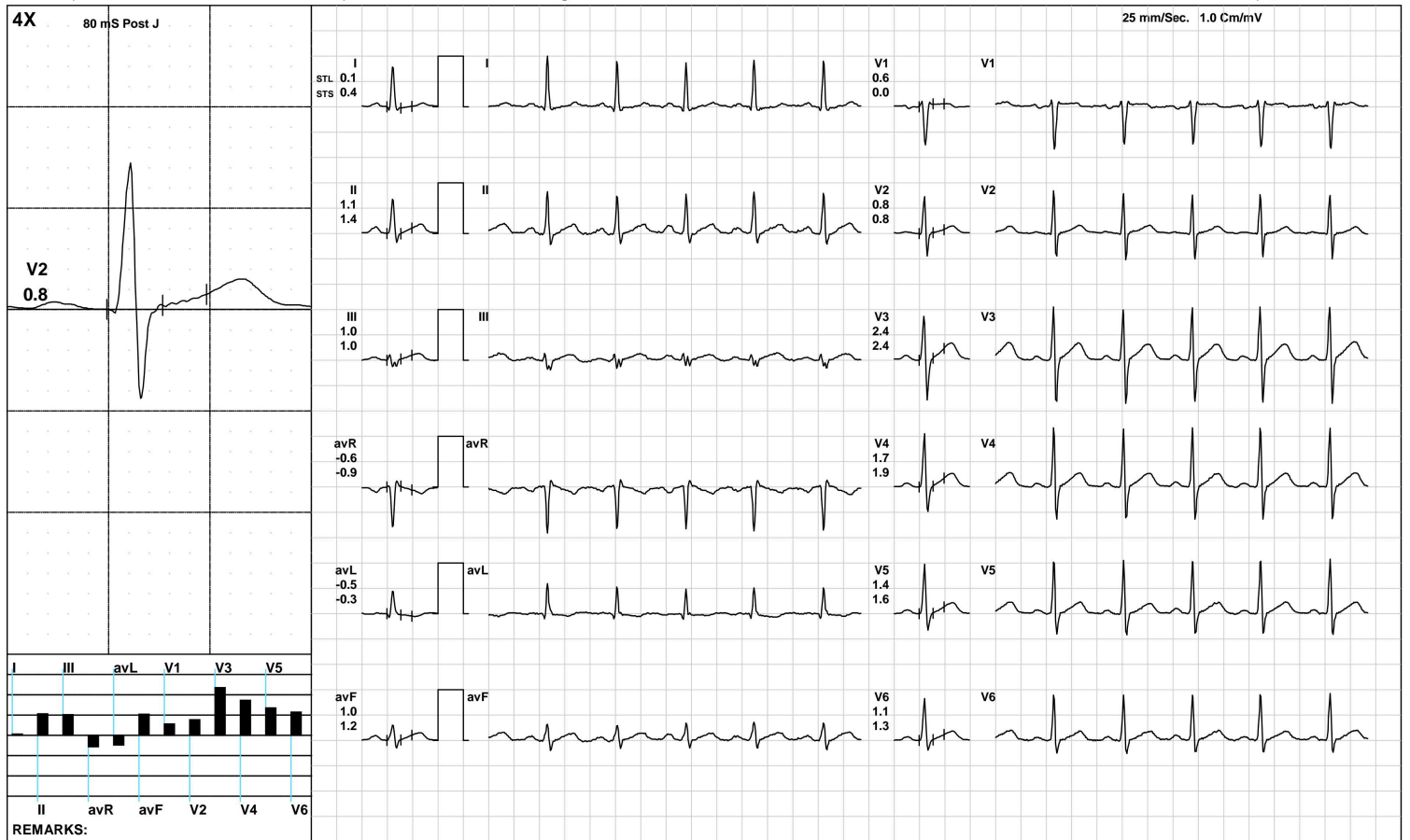
HV



2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg / HR : 108

Date: 12-Apr-2024 12:50:09 PM METS: 1.0/ 108 bpm 58% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:24 0.0 mph, 0.0%



**AAROGYAM DIAGNOSTICS**

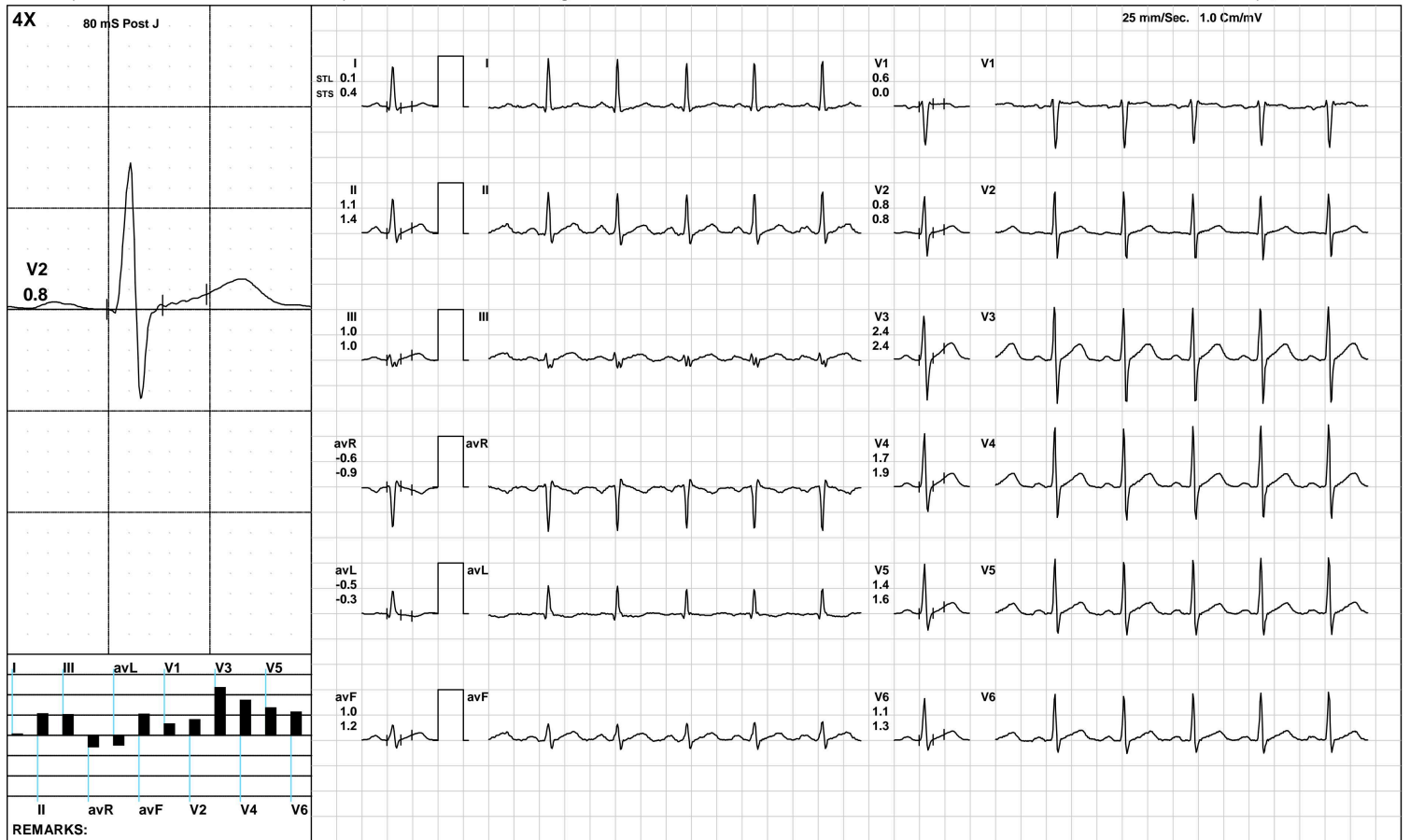
Warm Up



2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg / HR : 109

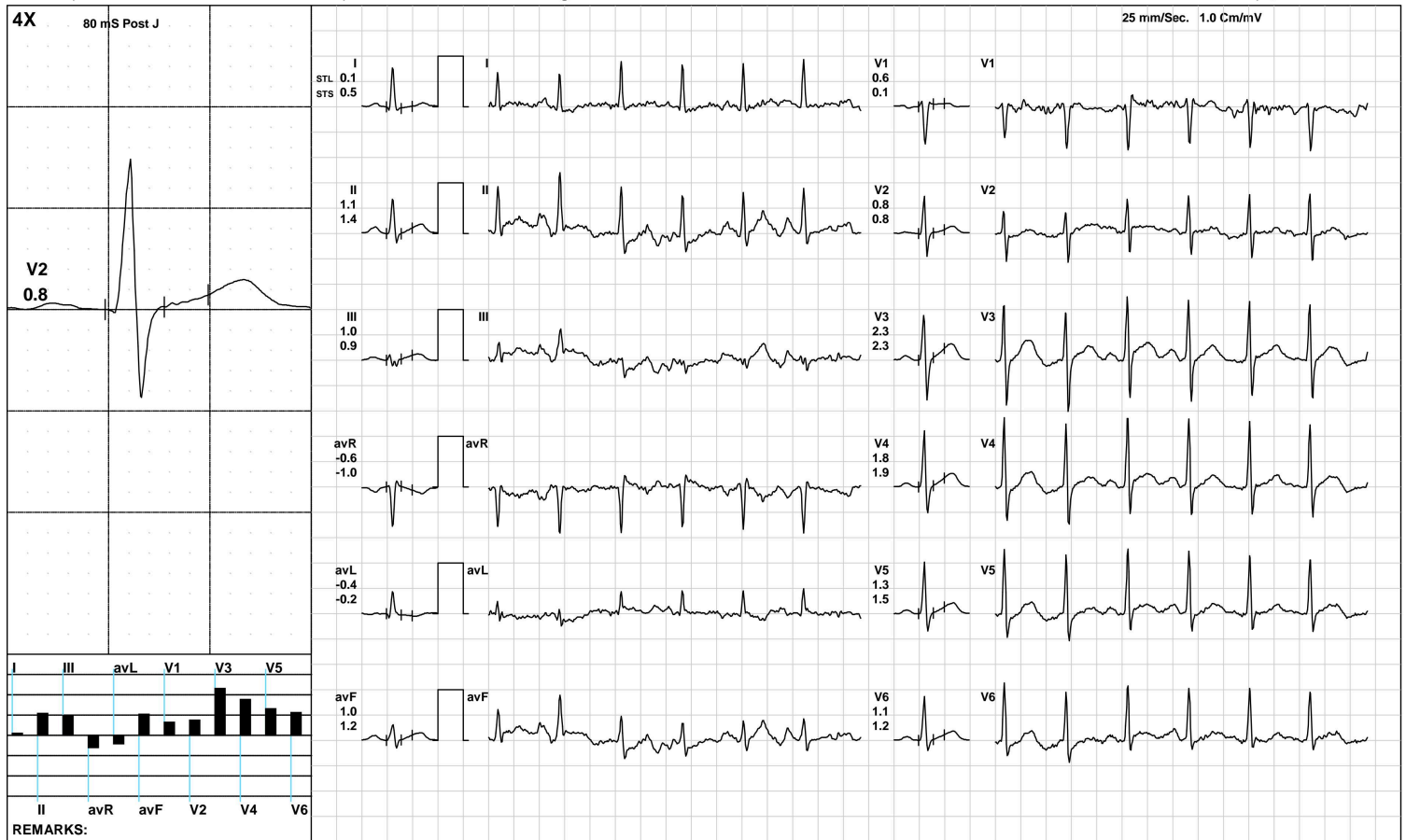
Date: 12-Apr-2024 12:50:09 PM METS: 1.0/ 109 bpm 59% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

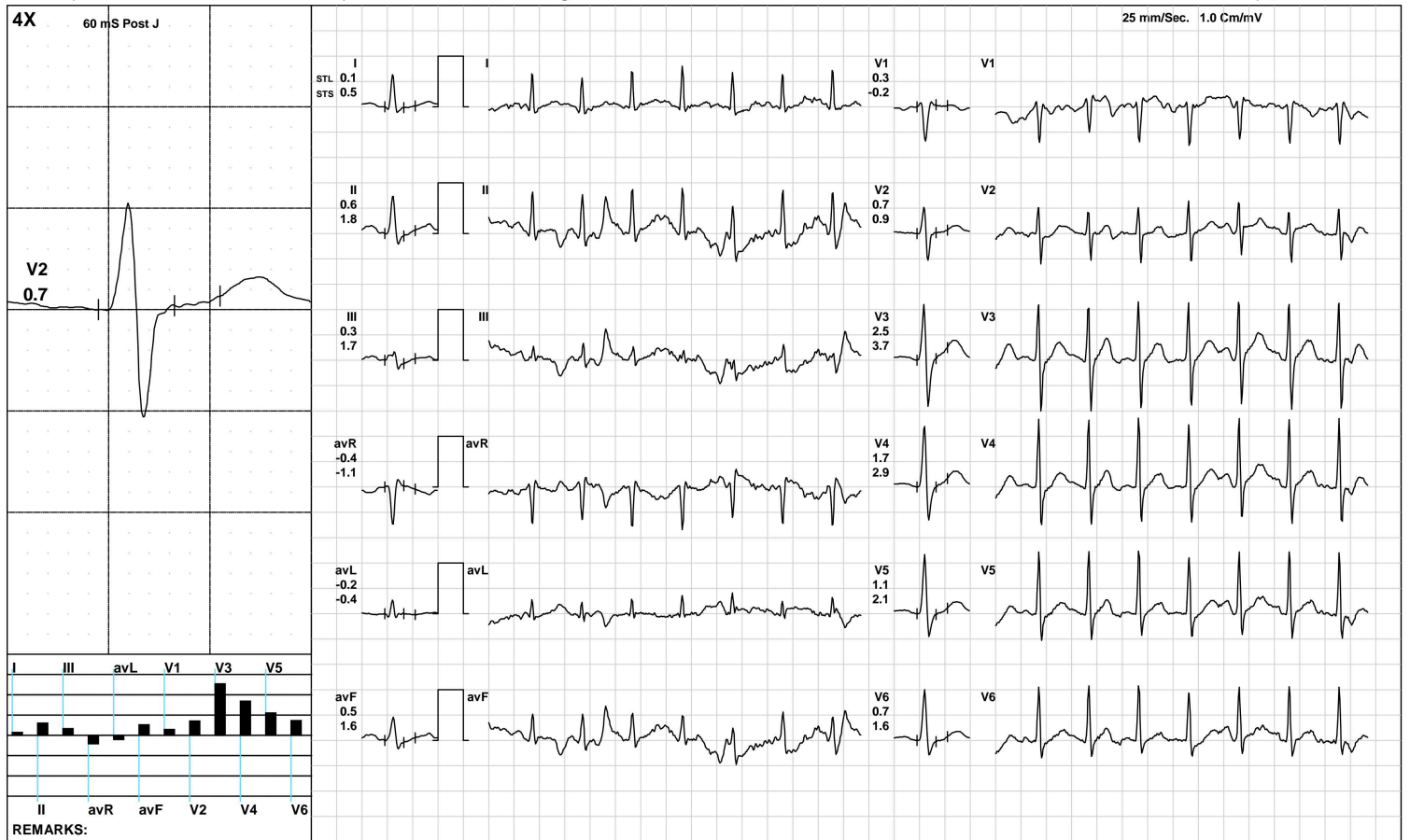
ExTime: 00:29 1.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers





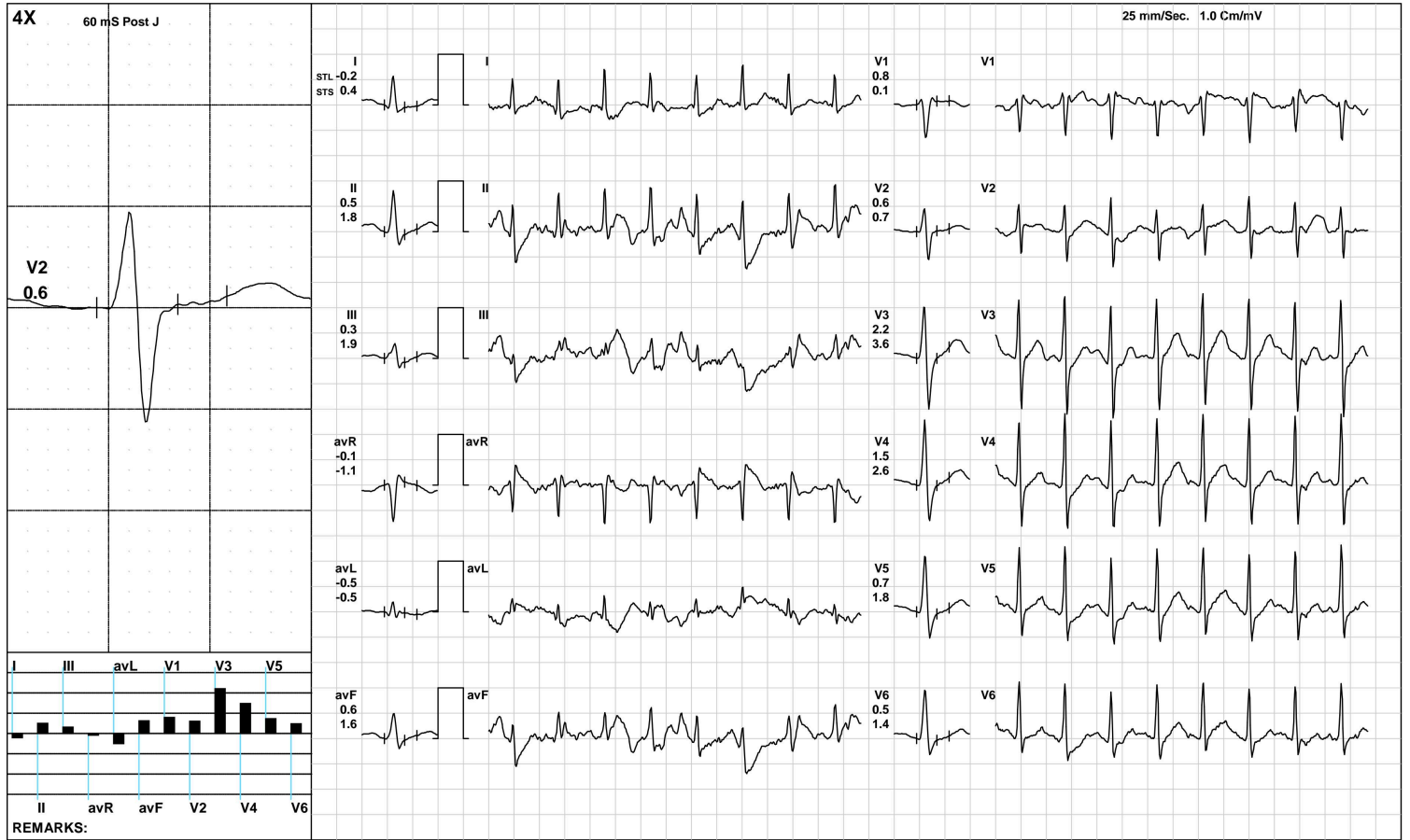




2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg / HR : 162

Date: 12-Apr-2024 12:50:09 PM METS: 7.1/ 162 bpm 88% of THR BP: 150/100 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:00 2.5 mph, 12.0%



**AAROGYAM DIAGNOSTICS**

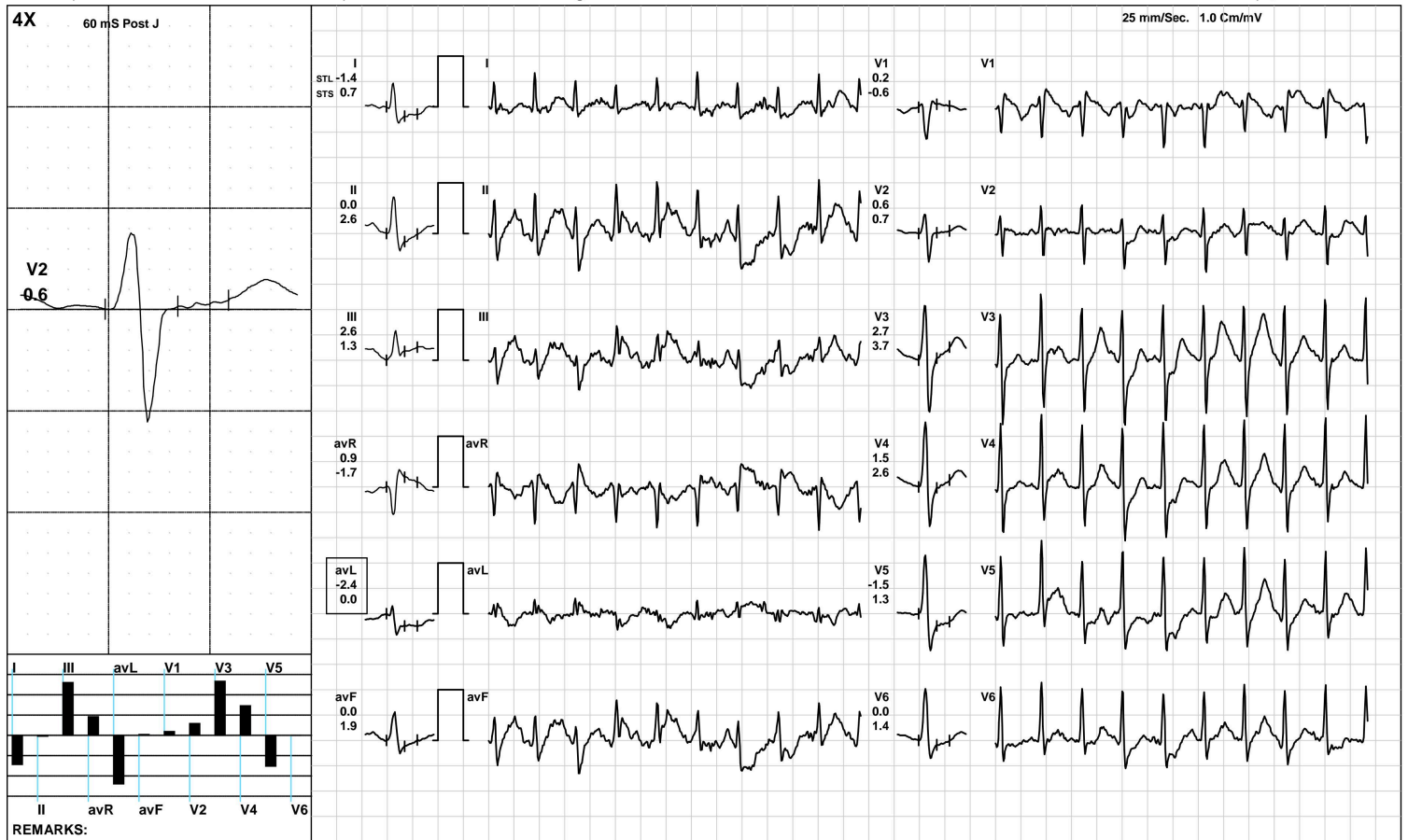
**PeakEx**



2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg / HR : 184

Date: 12-Apr-2024 12:50:09 PM METS: 9.5/ 184 bpm 100% of THR BP: 155/105 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:21 3.4 mph, 14.0%



(GEM212170906)(R)Kardic by Allengers

**AAROGYAM DIAGNOSTICS**

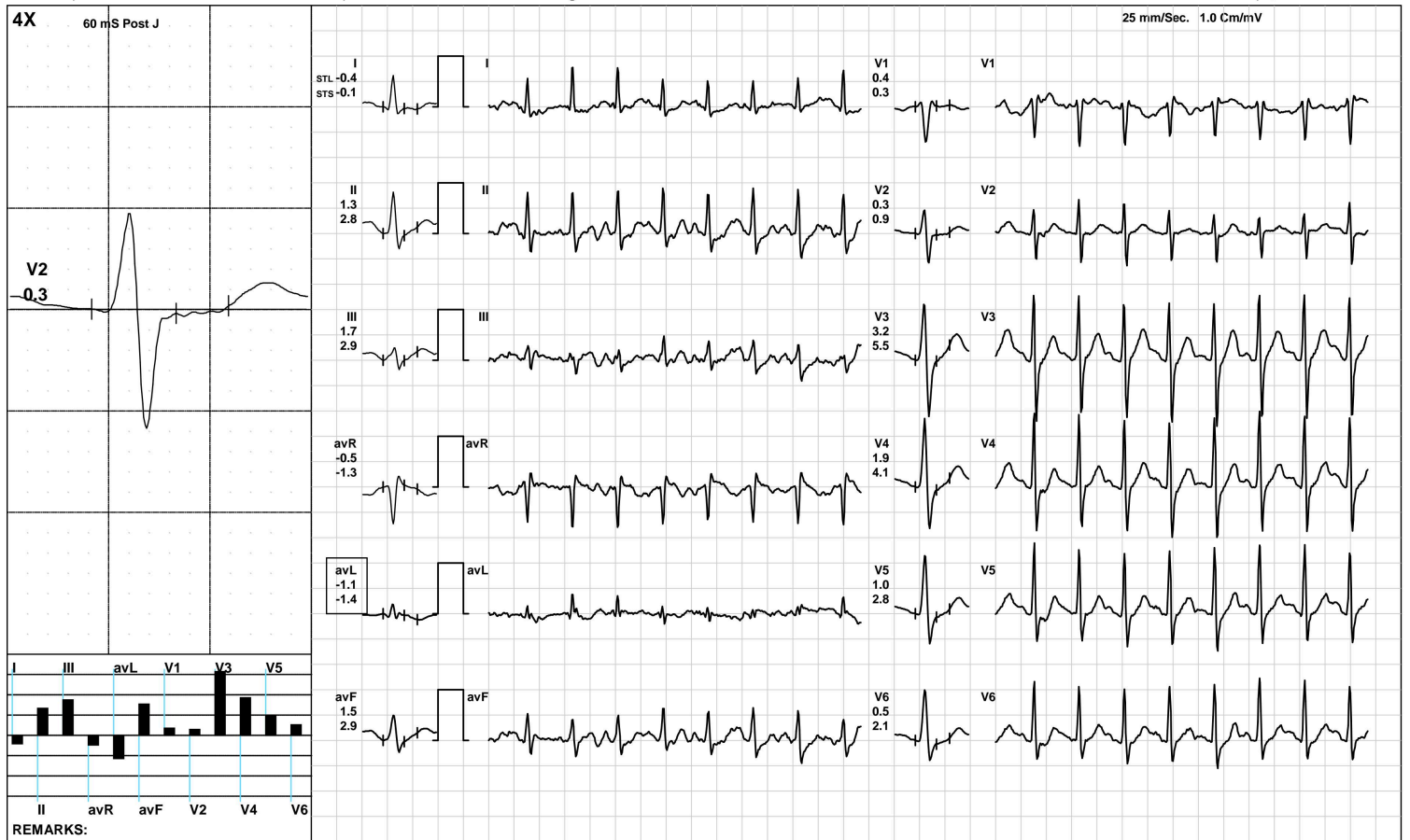
Recovery(1:00)



2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg / HR : 165

Date: 12-Apr-2024 12:50:09 PM METS: 1.2/ 165 bpm 89% of THR BP: 151/100 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:22 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**AAROGYAM DIAGNOSTICS**

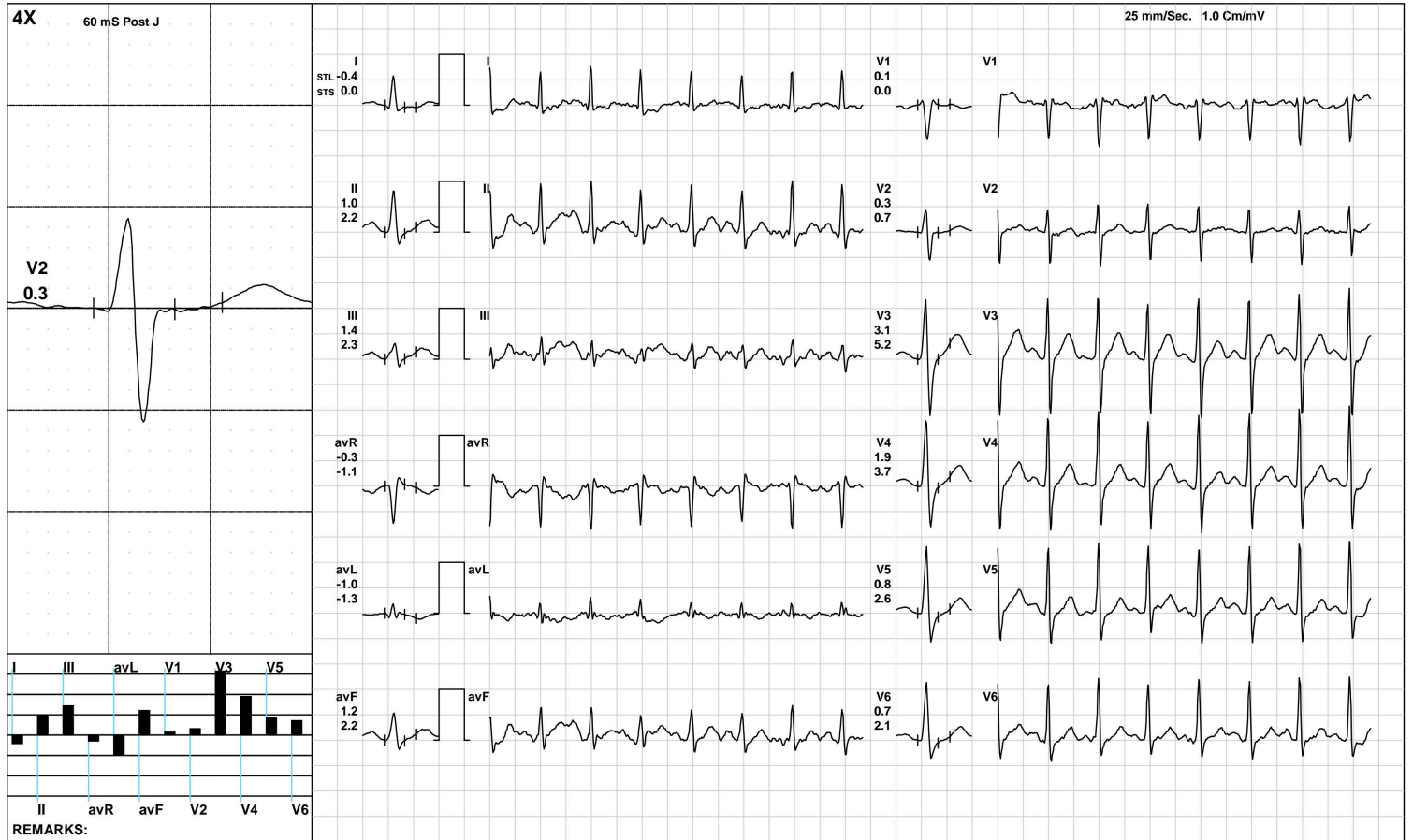
Recovery(2:00)



2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg / HR : 149

Date: 12-Apr-2024 12:50:09 PM METS: 1.0/ 149 bpm 80% of THR BP: 145/95 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:22 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**AAROGYAM DIAGNOSTICS**

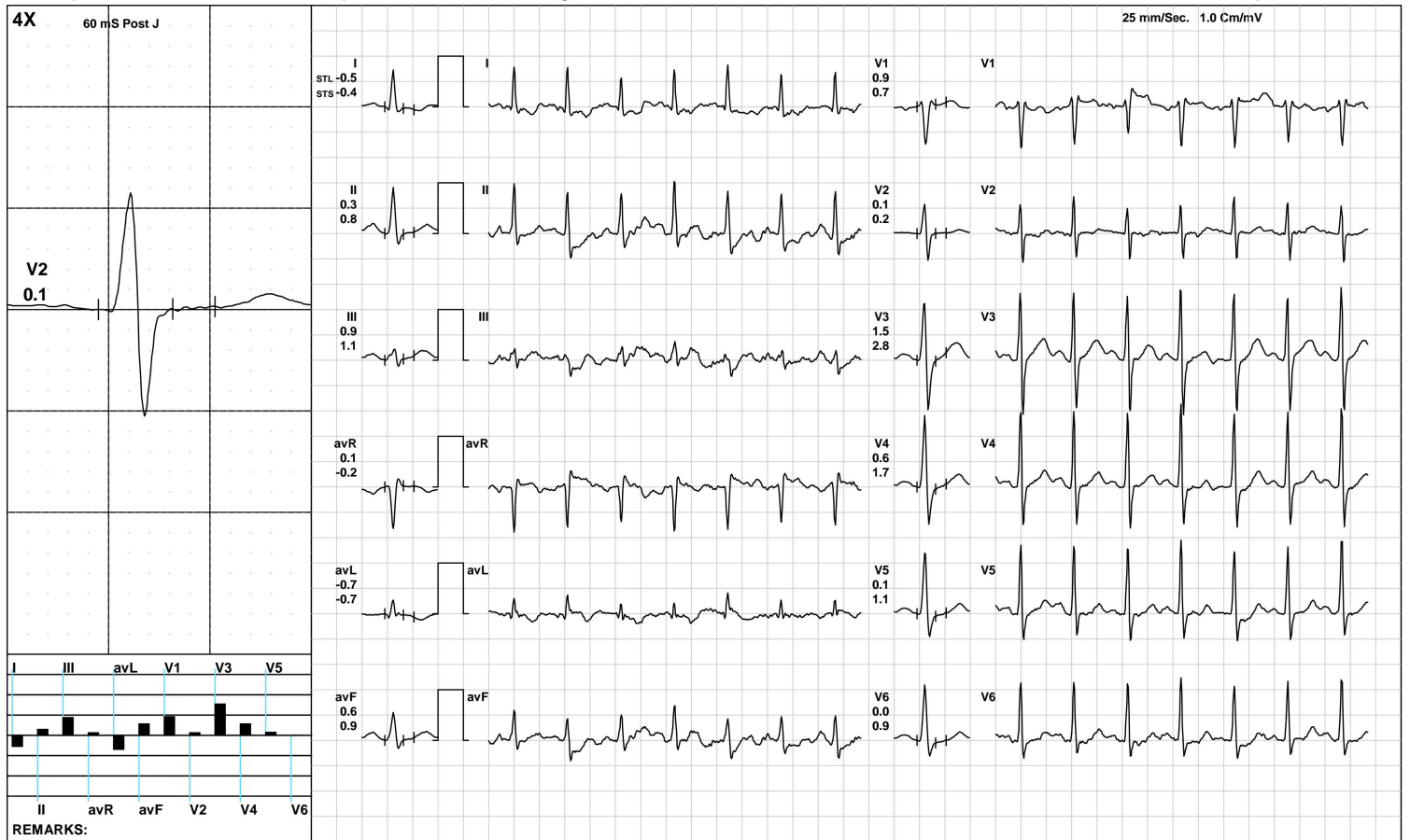
Recovery(3:37)



2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg / HR : 140

Date: 12-Apr-2024 12:50:09 PM METS: 1.0/ 140 bpm 76% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:22 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**AAROGYAM DIAGNOSTICS**

**ST Measurements**



2686 / MR. BISHWAJEET KR. JHA / 36 Yrs / M / 162 Cms / 96 Kg / HR : 106

Date: 12-Apr-2024 12:50:09 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	1.2	1.1	-0.6	-0.5	1.1	0.6	0.8	2.5	1.9	1.4	1.2	0.4	1.3	0.9	-0.9	-0.3	1.1	0.1	0.8	2.2	1.9	1.5	1.2	
60 @mS	Standing	0.1	1.2	1.1	-0.6	-0.5	1.1	0.6	0.8	2.5	1.9	1.4	1.2	0.4	1.3	0.9	-0.9	-0.3	1.1	0.1	0.8	2.2	1.9	1.5	1.2	
	HV	0.1	1.1	1.0	-0.6	-0.5	1.0	0.6	0.8	2.4	1.7	1.4	1.1	0.4	1.4	1.0	-0.9	-0.3	1.2	0.0	0.8	2.4	1.9	1.6	1.3	
	Warm Up	0.1	1.1	1.0	-0.6	-0.5	1.0	0.6	0.8	2.4	1.7	1.4	1.1	0.4	1.4	1.0	-0.9	-0.3	1.2	0.0	0.8	2.4	1.9	1.6	1.3	
	ExStart	0.1	1.1	1.0	-0.6	-0.4	1.0	0.6	0.8	2.3	1.8	1.3	1.1	0.5	1.4	0.9	-1.0	-0.2	1.2	0.1	0.8	2.3	1.9	1.5	1.2	
	Stage 1	0.1	0.6	0.3	-0.4	-0.2	0.5	0.3	0.7	2.5	1.7	1.1	0.7	0.5	1.8	1.7	-1.1	-0.4	1.6	-0.2	0.9	3.7	2.9	2.1	1.6	
	Stage 2	-0.2	0.5	0.3	-0.1	-0.5	0.6	0.8	0.6	2.2	1.5	0.7	0.5	0.4	1.8	1.9	-1.1	-0.5	1.6	0.1	0.7	3.6	2.6	1.8	1.4	
	PeakEx	-0.4	-0.2	-0.2	0.3	-0.2	-0.2	0.6	0.6	2.3	1.0	0.3	0.0	-0.1	1.0	1.5	-0.4	-0.7	1.0	0.3	0.7	4.3	2.5	0.8	1.1	
	Recovery	-0.4	1.3	1.7	-0.5	-1.1	1.5	0.4	0.3	3.2	1.9	1.0	0.5	-0.1	2.8	2.9	-1.3	-1.4	2.9	0.3	0.9	5.5	4.1	2.8	2.1	
	Recovery	-0.4	1.0	1.4	-0.3	-1.0	1.2	0.1	0.3	3.1	1.9	0.8	0.7	0.0	2.2	2.3	-1.1	-1.3	2.2	0.0	0.7	5.2	3.7	2.6	2.1	
	Recovery	-0.5	0.3	0.9	0.1	-0.7	0.6	0.9	0.1	1.5	0.6	0.1	0.0	-0.4	0.8	1.1	-0.2	-0.7	0.9	0.7	0.2	2.8	1.7	1.1	0.9	

		I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6			
STI(μVs)	Supine				0.2	7.2	7.1	-3.7	-3.4	7.2	4.6	5.5	16.4	11.7	8.8	7.5
	Standing				0.2	7.2	7.1	-3.7	-3.4	7.2	4.6	5.5	16.4	11.7	8.8	7.5
	HV				0.1	6.4	6.3	-3.3	-3.1	6.3	4.4	5.4	15.0	10.9	8.4	7.3
	Warm Up				0.1	6.4	6.3	-3.3	-3.1	6.3	4.4	5.4	15.0	10.9	8.4	7.3
	ExStart				0.3	6.6	6.2	-3.5	-2.9	6.4	4.8	5.2	14.8	11.2	8.3	7.1
	Stage 1				-0.1	0.7	-0.6	-0.6	-0.7	0.6	1.2	2.3	8.8	5.0	2.6	1.2
	Stage 2				-2.2	0.0	-1.5	1.6	-2.5	1.2	4.3	1.7	6.0	3.7	0.6	0.3
	PeakEx				-1.7	-3.6	-4.6	2.6	0.8	-4.2	2.1	1.9	3.9	0.7	0.1	-2.2
	Recovery				-2.2	2.7	4.8	-0.3	-4.0	3.7	0.8	-0.8	6.5	2.0	-0.3	-1.6
	Recovery				-2.4	2.1	4.5	0.1	-3.6	3.3	-0.1	0.3	8.6	4.5	0.2	0.6
	Recovery				-2.1	0.9	3.4	0.6	-2.6	2.0	3.7	0.5	4.8	0.9	-0.8	-1.3





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	132	100	64	24	317	256	1297	-854	318	-15	avL	-45	0.00	0	0
01:00	138	144	84	24	294	166	1267	-885	301	2	avL	-28	0.00	0	0
01:30	145	134	86	32	314	182	1282	-898	331	-18	avL	-33	0.00	0	0
02:00	149	132	84	25	305	136	1304	-896	383	-9	avL	-22	0.00	0	0
02:30	147	126	86	20	429	180	1292	-926	376	-5	avL	-37	0.00	0	0
03:00	150	126	64	25	297	174	1277	-947	396	12	avL	-11	0.00	0	0
03:30	152	126	64	28	427	150	1287	-954	370	-155	III	-37	0.00	0	0
04:00	156	122	86	23	298	175	1289	-978	384	-92	avF	-56	0.00	0	0
04:30	160	88	62	30	302	182	1301	-975	362	-2	avL	-51	0.00	0	0
05:00	162	118	62	29	304	133	1288	-991	376	-260	II	-39	0.00	0	0
05:30	163	116	62	28	323	146	1295	-1014	393	-294	II	-67	0.00	0	0
06:00	163	116	62	35	307	162	1324	-1044	371	3	avL	-59	0.00	0	0
06:30	168	110	62	29	316	155	1331	-1051	378	-289	III	-117	0.00	0	0
07:00	172	110	62	38	313	136	1317	-1094	324	-250	V6	-70	0.00	0	0
07:30	179	104	64	37	316	146	1289	-1123	365	-337	III	-198	0.00	0	0
08:00	181	100	64	28	321	328	1453	-1127	437	-264	III	-144	0.00	0	0
08:30	183	96	62	36	327	297	1507	-1172	396	-208	III	-91	0.00	0	0
09:00	176	100	64	22	326	203	1300	-1139	512	-270	V6	-63	0.00	0	0
09:30	166	92	64	29	314	217	1365	-1134	526	22	avL	-76	0.00	0	0
10:00	157	118	66	33	416	189	1434	-1172	551	20	avL	-46	0.00	0	0
10:30	149	122	64	35	425	185	1419	-1166	541	26	avL	-53	0.00	0	0
11:00	144	132	66	30	320	216	1438	-1137	460	18	avL	-62	0.00	0	0
11:30	140	134	66	31	321	174	1438	-1095	402	-246	II	-30	0.00	0	0
12:00	144	132	66	29	335	189	1454	-1098	383	-99	I	-33	0.00	0	0



ISO 9001 : 2015

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<b>Date</b>	<b>12/04/2024</b>	<b>Srl No.</b>	<b>7</b>	<b>Patient Id</b>	<b>2404120007</b>
<b>Name</b>	<b>Mr. BISWAJEET KUMAR JHA</b>	<b>Age</b>	<b>36 Yrs.</b>	<b>Sex</b>	<b>M</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

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**



ISO 9001 : 2015

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<b>Date</b>	<b>12/04/2024</b>	<b>Srl No. 7</b>	<b>Patient Id 2404120007</b>
<b>Name</b>	<b>Mr. BISWAJEET KUMAR JHA</b>	<b>Age 36 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.9	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,900	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	65	%	40 - 75
LYMPHOCYTE	30	%	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	4.69	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	41.7	%	40 - 54
M C V	88.91	fl.	80 - 100
M C H	29.64	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.24	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	87.6	mg/dl	70 - 110
SERUM CREATININE	0.94	mg%	0.7 - 1.4
BLOOD UREA	21.9	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.67	mg%	3.4 - 7.0

### LIVER FUNCTION TEST (LFT)



<b>Date</b>	<b>12/04/2024</b>	<b>Srl No. 7</b>	<b>Patient Id 2404120007</b>
<b>Name</b>	<b>Mr. BISWAJEET KUMAR JHA</b>	<b>Age 36 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.64	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.21	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.43	mg/dl	0.00 - 0.70
TOTAL PROTEIN	8.1	gm/dl	6.6 - 8.3
ALBUMIN	4.6	gm/dl	3.4 - 5.2
GLOBULIN	3.5	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.314</b>		
SGOT	31.2	IU/L	5 - 40
SGPT	28.5	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	78.9	U/L	40.0 - 130.0
GAMMA GT	21.6	IU/L	8.0 - 71.0

#### LFT INTERPRET

#### LIPID PROFILE

TRIGLYCERIDES	90.2	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	195.4	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	49.1	mg/dL	35.1 - 88.0
V L D L	18.04	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	128.26	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.98		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.612		0.00 - 3.55
THYROID PROFILE			
QUANTITY	10	ml.	



<b>Date</b>	<b>12/04/2024</b>	<b>Srl No.</b>	<b>7</b>	<b>Patient Id</b>	<b>2404120007</b>
<b>Name</b>	<b>Mr. BISWAJEET KUMAR JHA</b>	<b>Age</b>	<b>36 Yrs.</b>	<b>Sex</b>	<b>M</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.015		
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	0-1	/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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**AAROGYAM DIAGNOSTICS**  
 (A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

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 Near Malahi Pakari Chowk, Kankarbagh, Patna – 20  
 9264278360, 9065875700, 8789391403  
 info@aarogyamdiagnostics.com  
 www.aarogyamdiagnostics.com

<b>Date</b>	<b>12/04/2024</b>	<b>Srl No.</b>	<b>7</b>	<b>Patient Id</b>	<b>2404120007</b>
<b>Name</b>	<b>Mr. BISWAJEET KUMAR JHA</b>	<b>Age</b>	<b>36 Yrs.</b>	<b>Sex</b>	<b>M</b>
<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**  
**CONSULTANT PATHOLOGIST**



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<b>Date</b>	<b>12/04/2024</b>	<b>Srl No. 7</b>	<b>Patient Id 2404120007</b>
<b>Name</b>	<b>Mr. BISWAJEET KUMAR JHA</b>	<b>Age 36 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
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## BIOCHEMISTRY

BLOOD SUGAR PP	113.0	mg/dl	80 - 160
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## STOOL EXAMINATION

### STOOL ROUTINE & MICROSCOPY

#### PHYSICAL EXAMINATION

COLOUR/ APPEARANCE	BROWNISH
CONSISTENCY	SEMI-FORMED
PUS	NIL
MUCUS	NIL
BLOOD	NIL

#### CHEMICAL REACTION

REACTION	ACIDIC
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#### MICROSCOPY EXAMINATION

PUS CELLS	/HPF
RBC'S	NIL
OVA	NIL
CYST	NIL
BACTERIA	NIL
OTHERS	NIL

\*\*\*\* End Of Report \*\*\*\*

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



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9065875700  
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www.aarogyamdiagnostics.com

Name :- Mr. Bishwajeet Kumar

Age/Sex:-36 Yrs/M

Refd by :- Corp.

Date :-12/04/24

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Mild enlarged in size (15.2 cm) with raised echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.
- G. Bladder** :- Mucous fold G.B. No any calculus, mass or sludge seen. Wall thickness appear 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 (11.0 cm) 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 11.6 cm and Left Kidney measures 11.8 cm.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size ( 18.2cc) & echotexture.
- Others** :- No ascites or abdominal adenopathy is seen.  
No free subphrenic / basal pleural space collection is seen.

**IMPRESSION:-** *Mild Hepatomegaly with Grade I Fatty Changes Liver.  
Mucous Fold GB.  
Otherwise Normal Scan.*

*Dr. Arun Kumar*  
**MBBS, DMRD (Radio-Diagnosis)**  
**Consultant Radiologist**

NOT FOR MEDICO LEGAL PURPOSE



Scanned with OKEN Scanner





MC-2024

Lab Facility : Unipath House, Besides Sahjanand College, Opp. Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015 Gujarat  
Phone: +91-79-49006800 | WhatsApp: 6356005900 | Email: info@unipath.in | Website: www.unipath.in  
Regd. Of ce : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat  
CIN: U85195GJ2009PLC057059



40404100163

### TEST REPORT

<b>Reg.No</b> : 40404100163	<b>Reg.Date</b> : 14-Apr-2024 01:42	<b>Collection</b> : 14-Apr-2024 01:42
<b>Name</b> : BISHWAJEET KUMAR JITA	<b>Sex</b> : Male	<b>Received</b> : 14-Apr-2024 01:42
<b>Age</b> : 36 Years	<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA	<b>Report</b> : 14-Apr-2024 03:23
<b>Referral Dr</b> : □	<b>Status</b> : Final	<b>Dispatch</b> : 14-Apr-2024 03:43
		<b>Location</b> : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>C/MIA</small>	1.08	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>C/MIA</small>	5.80	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>C/MIA</small>	4.509	µIU/mL	0.35 - 4.94

**Sample Type:** Serum

**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

----- End Of Report -----

**Dr. Vijay Prajapati**  
**M.D. (Path)**  
**G - 12976**