



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

Date 13/11/2021

Srl No. 21

Patient Id 2111130021

Name Ms. RITUJA RAGINI

Age 26 Yrs.

Sex F

Ref. By Dr.BOB

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.0	%	
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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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Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	10.0	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	37	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN`s METHOD)	14	mm/1st hr.	0 - 20
R B C COUNT	3.21	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	30	%	35 - 45
M C V	93.46	fl.	80 - 100
M C H	31.15	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.17	Lakh/cmm	1.50 - 4.00

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BIOCHEMISTRY

BLOOD SUGAR FASTING	97.6	mg/dl	70 - 110
SERUM CREATININE	0.80	mg%	0.5 - 1.3
BLOOD UREA	26.7	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.9	mg%	2.5 - 6.0

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL	0.63	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.21	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.42	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.7	gm/dl	6.6 - 8.3
ALBUMIN	3.9	gm/dl	3.4 - 4.8
GLOBULIN	2.8	gm/dl	2.3 - 3.5
A/G RATIO	1.393		
SGOT	25.6	IU/L	5 - 35
SGPT	30.4	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	82.7	U/L	35.0 - 104.0
GAMMA GT	26.9	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	87.5	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	175.6	mg/dL	29.0 - 199.0



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Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	52.1	mg/dL	35.1 - 88.0
V L D L	17.5	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	106	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.37		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.035		0.00 - 3.55
THYROID PROFILE			
T3	0.95	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.92	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.73	uIU/ml	
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.

BLOOD GROUP ABO	"A"
RH TYPING	POSITIVE

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	20	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.020	
PH	6.0	



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CHEMICAL EXAMINATION

ALBUMIN	NIL		
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		

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