

4 BOB



भारत सरकार
Government of India



सुधांशु कुमार
SUDHANSHU KUMAR
पिता : अशोक प्रसाद
Father : ASHOK PRASAD
जन्म तिथि / DOB : 25/01/1992
पुरुष / Male



9101 1099 3814

आधार - आम आदमी का अधिकार

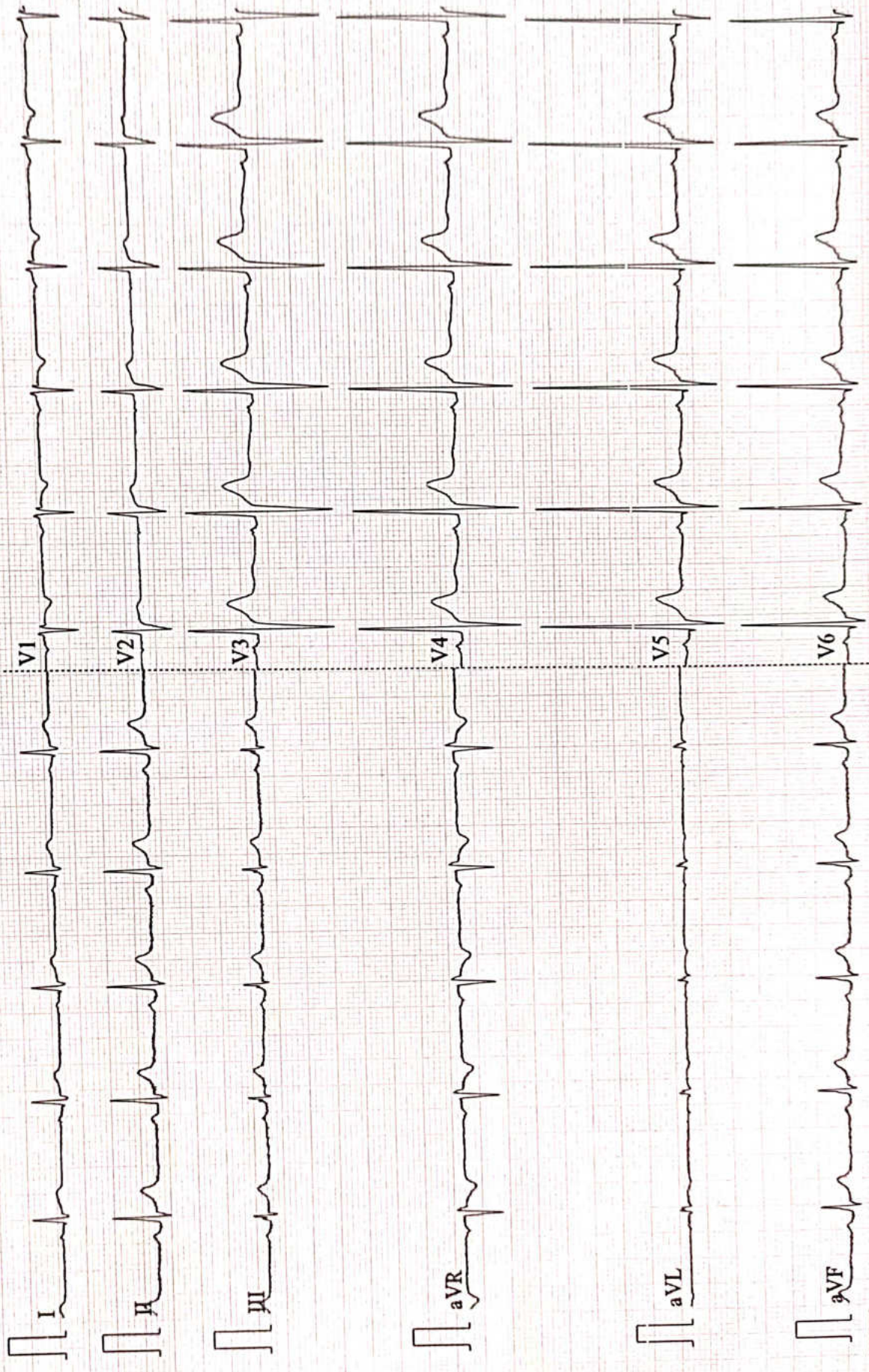
110/70

10-08-2024 09:53:24 AM
HR : 65 bpm
P : 93 ms
PR : 158 ms
QRS : 90 ms
QT/QTc : 339/354 ms
P/QRST : 72/53/68 °
RV5/SV1 : 2.587/0.609 mV

Diagnosis Information:
Sinus Rhythm
High Voltage(Left Ventricle)

JR. RAMAN
MBBS MD
Regd. No. 333940

Report Confirmed by:



Patient Name	SUDHANSHU KUMAR	Date	10-08-2024
Age/Sex	32/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





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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	10/08/2024	Srl No.	11	Patient Id	2408100011
Name	Mr. SUDHANSHU KUMAR	Age	32 Yrs.	Sex	M
Ref. By	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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Name	Mr. SUDHANSHU KUMAR	Age 32 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.7	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	62	%	40 - 75
LYMPHOCYTE	32	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	4.68	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	41.1	%	40 - 54
M C V	87.82	fl.	80 - 100
M C H	29.27	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.44	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	83.4	mg/dl	70 - 110
SERUM CREATININE	1.08	mg%	0.7 - 1.4
BLOOD UREA	23.6	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.57	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Name	Mr. SUDHANSHU KUMAR	Age	32 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	1.13	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.62	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.51	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.41	gm/dl	6.6 - 8.3
ALBUMIN	4.57	gm/dl	3.4 - 5.2
GLOBULIN	2.84	gm/dl	2.3 - 3.5
A/G RATIO	1.609		
SGOT	31.1	IU/L	5 - 40
SGPT	12.0	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	77.5	U/L	40.0 - 130.0
GAMMA GT	21.9	IU/L	8.0 - 71.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	299.3	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	187.5	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	49.6	mg/dL	35.1 - 88.0
V L D L	59.86	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	78.04	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.78		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.573		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



Date	10/08/2024	Srl No. 11	Patient Id 2408100011
Name	Mr. SUDHANSHU KUMAR	Age 32 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.015		
PH	6.0		
ALBUMIN	NIL		
SUGAR	NIL		

MICROSCOPIC EXAMINATION

PUS CELLS	0-1	/HPF
RBC'S	NIL	/HPF
CASTS	NIL	
CRYSTALS	NIL	
EPITHELIAL CELLS	1-2	/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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Ref. By	Dr.BOB				

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 ****

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Name	Mr. SUDHANSHU KUMAR	Age	32 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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BIOCHEMISTRY

BLOOD SUGAR PP	111.5	mg/dl	80 - 160
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**** End Of Report ****

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



Name :- Sudhanshu Kumar
Refd by :- Corp.

Age/Sex:- 32Yrs/M
Date :-10/08/2024

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** :- Normal in shape, size & echotexture. No evidence of parenchymal / ductal calcification is seen. No definite peripancreatic collection is seen.
- Spleen** :- Mild enlarged in size(12.3cm) 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 9.6cm and Left Kidney measures 9.3cm.
- Ureters** :- Ureters are normal.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size(9.1cc) & echotexture.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *Mild Splenomegaly.
Otherwise Normal Scan.*

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



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



40804100262

TEST REPORT

Reg.No : 40804100262	Reg.Date : 11-Aug-2024 12:51	Collection : 11-Aug-2024 12:51
Name : SUDHANSHU KUMAR		Received : 11-Aug-2024 12:51
Age : 32 Years	Sex : Male	Report : 11-Aug-2024 14:10
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 11-Aug-2024 14:31
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.02	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	7.60	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>CMIA</small>	H 4.958	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. Hiral Arora

M.D. Biochemistry
Reg. No.:- G-32999