



भारत सरकार  
GOVERNMENT OF INDIA



ऐश्वर्या अग्रवाल

Aishwarya Agrawal

जन्म तिथि/ DOB: 17/04/1995

महिला / FEMALE



2485 8179 0746

मेरा आधार, मेरी पहचान

ID: 745

11-03-2023 01:42:13 PM

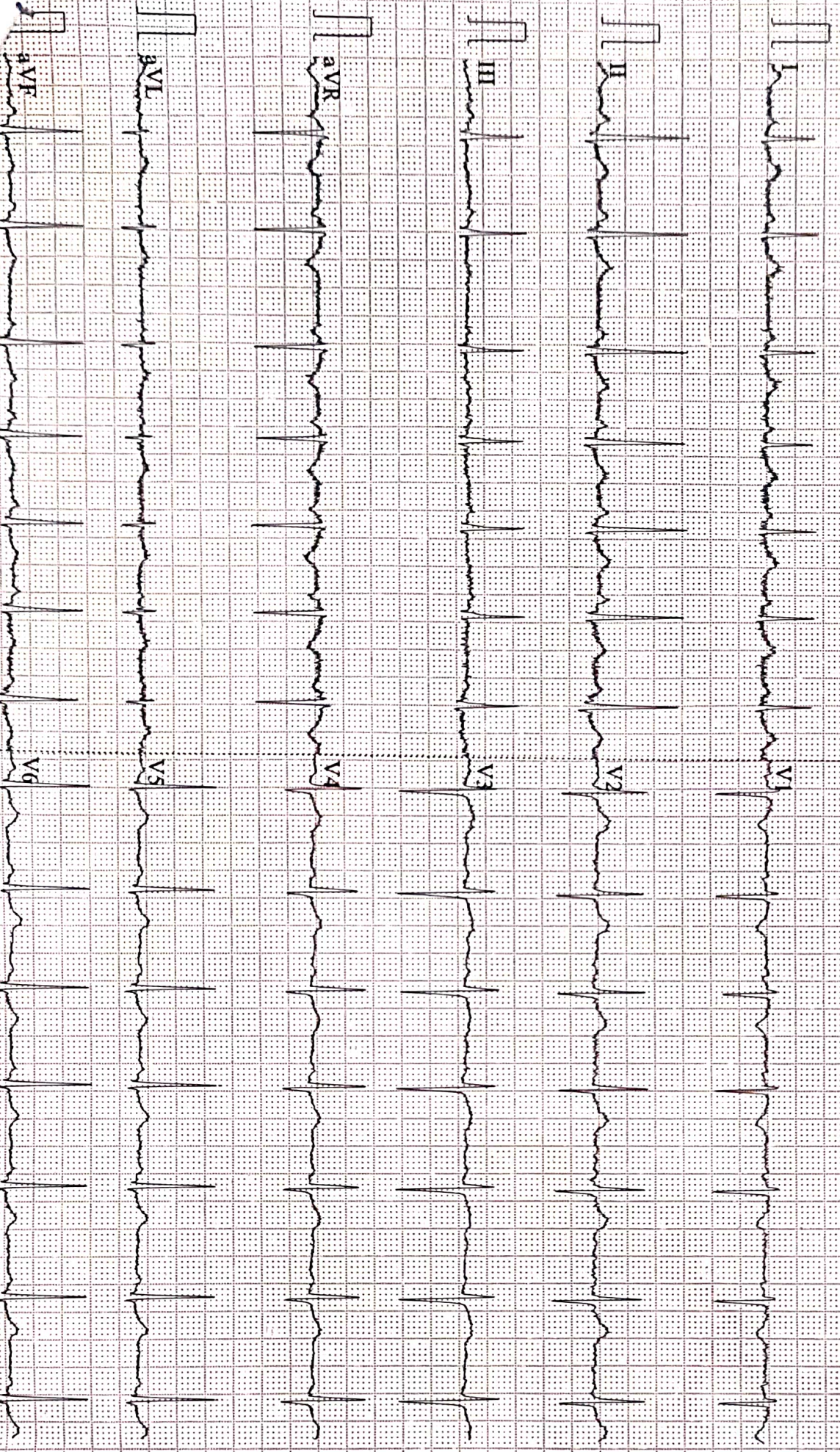
AISHWARYA AGRAWAL

Female 27 Years

Diagnosis Information:  
Sinus Arrhythmia

HR : 84 bpm  
P : 93 ms  
PR : 138 ms  
QRS : 81 ms  
QT/QTc : 360/428 ms  
P/QRS/T : 54/58/21 °  
RV5/SV1 : 1.395/0.868 mV

Ref-Phys. :  
Report Confirmed by:



50Hz AC50 25mm/s 10mm/mV 2\*5.0s 84 V2.2 SEMIP V1.81 DAIGNOSTIC



Name :- Aishwarya Agrawal  
Refd by :- BoB

Age/Sex:- 27Yrs/F  
Date :-11/03/23

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Normal in size(11.9cm) 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** :- Mucous fold G.B. No calculus seen, wall appears 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 (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 9.6cm and Left Kidney measures 9.6cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (7.3cm x 3.8cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 29mm x 19mm and Left ovary measures 28mm x 20mm.  
No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.  
No free subphrenic / basal pleural space collection is seen.

**IMPRESSION:-** *Mucous Fold G.B (But Normal)  
Otherwise Normal Scan.*

*Dr. U. Kumar*  
*MBBS, MD (Radio-Diagnosis)*  
*Consultant Radiologist*



1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg Date: 11-Mar-2023 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	120	62 %	120/80	144	00	
Standing	00:13	0:01	00.0	00.0	01.0	128	66 %	120/80	153	00	
HV	00:19	0:01	00.0	00.0	01.0	114	59 %	120/80	136	00	
Warm Up	00:32	0:01	01.0	00.0	01.0	123	64 %	120/80	147	00	
ExStart	00:50	0:06	01.7	10.0	01.1	146	76 %	120/80	175	00	
BRUCE/ Stage 1	03:50	3:00	01.7	10.0	04.7	167	87 %	125/85	208	00	
BRUCE/ Stage 2	06:50	3:00	02.5	12.0	07.1	183	95 %	130/90	237	00	
PeakEx	07:00	0:10	03.4	14.0	07.3	185	96 %	130/90	240	00	
Recovery	07:59	1:00	01.1	00.0	01.2	160	83 %	125/85	200	00	
Recovery	08:59	2:00	01.1	00.0	01.0	156	81 %	120/80	187	00	
Recovery	09:19	2:19	01.1	00.0	01.0	149	77 %	120/80	178	00	

**Findings :**

Exercise Time : 06:11  
Max HR Attained : 191 bpm 99% of Target 193  
Max BP Attained : (Sys) 130/90  
Max WorkLoad Attained : 7.3 Fair response to induced stress  
Max ST Dep Lead & Value : III & -0.9 mm in PeakEx mm  
Test End Reasons : Fatigue

**Report :**

Aarogam Diagnostics

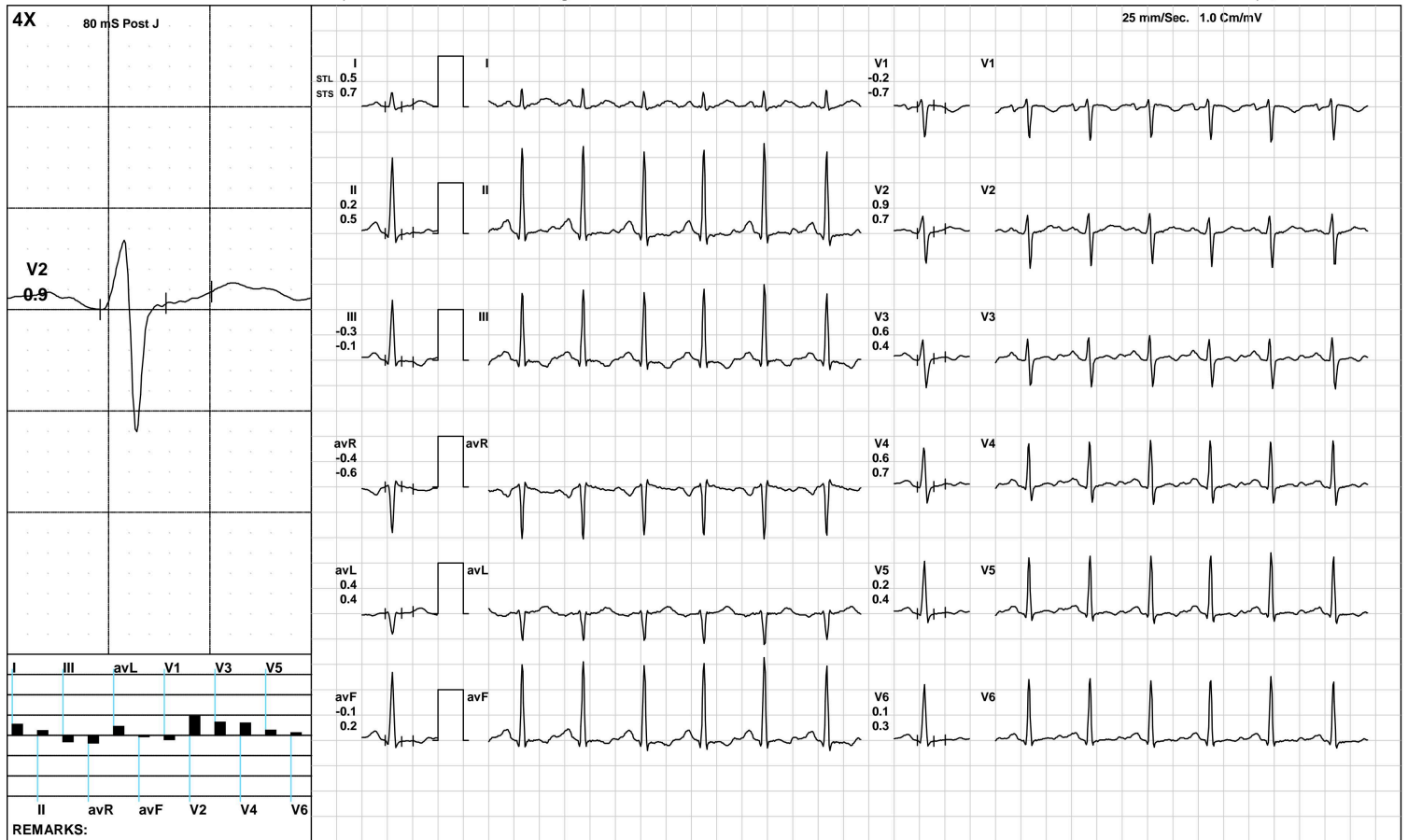
1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 120

Supine



Date: 11-Mar-2023 01:49:27 PM METS: 1.0/ 120 bpm 62% of THR BP: 120/80 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

**Aarogam Diagnostics**

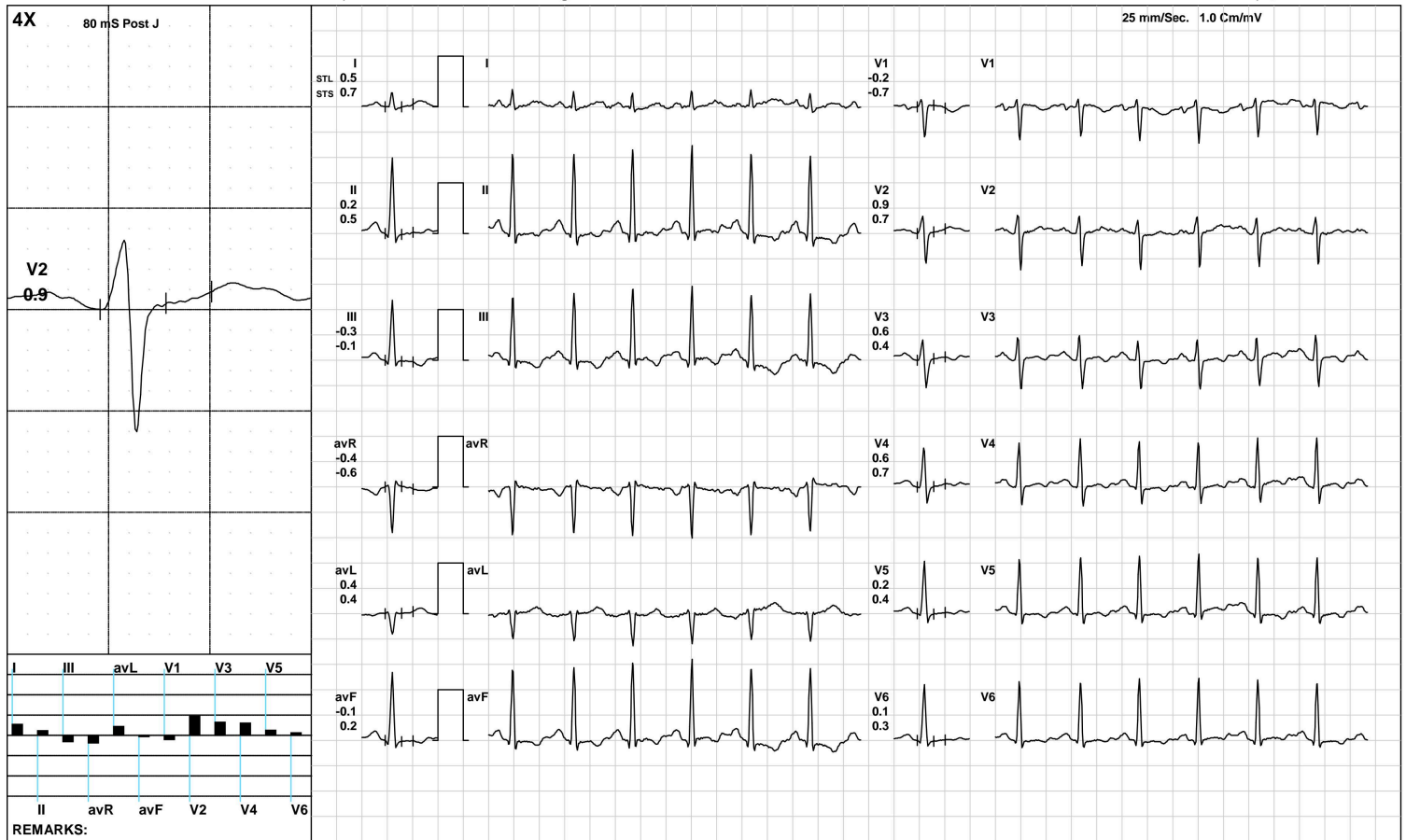
1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 128

Standing



Date: 11-Mar-2023 01:49:27 PM METS: 1.0/ 128 bpm 66% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:13 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**Aarogam Diagnostics**

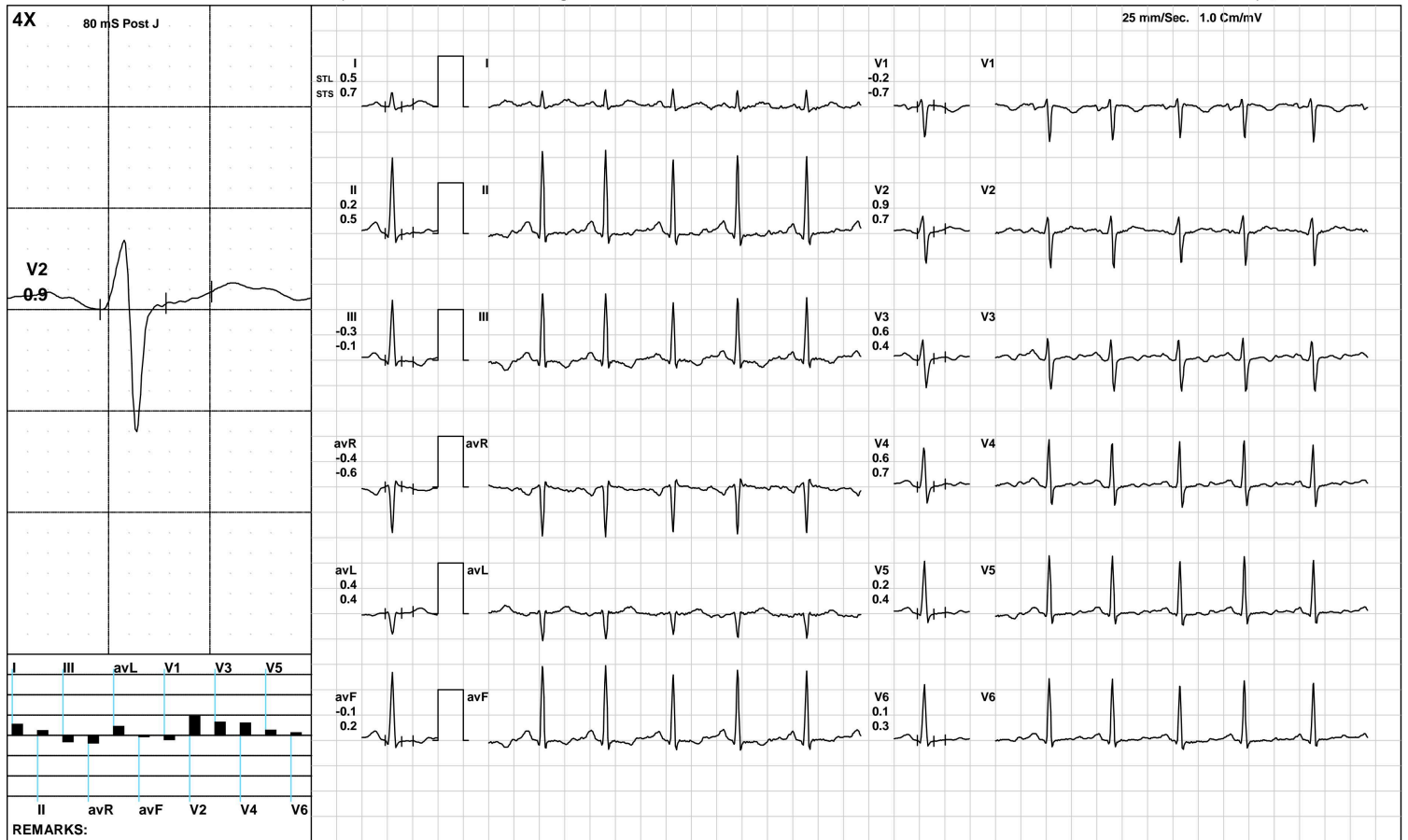
1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 114

HV



Date: 11-Mar-2023 01:49:27 PM    METS: 1.0/ 114 bpm 59% of THR    BP: 120/80 mmHg    Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:19 0.0 mph, 0.0%



**Aarogam Diagnostics**

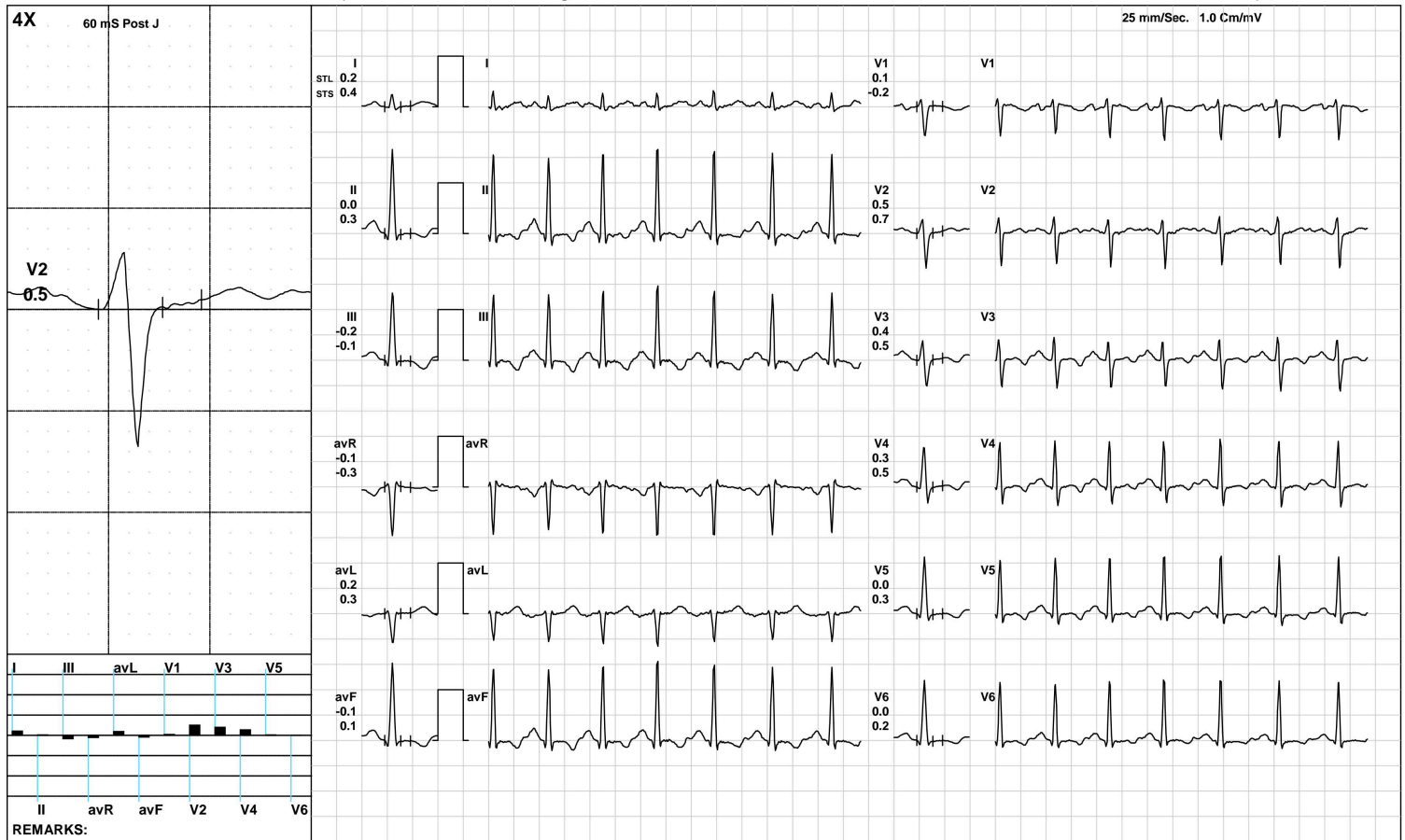
Warm Up



1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 123

Date: 11-Mar-2023 01:49:27 PM METS: 1.0/ 123 bpm 63% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:32 1.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers



**Aarogam Diagnostics**

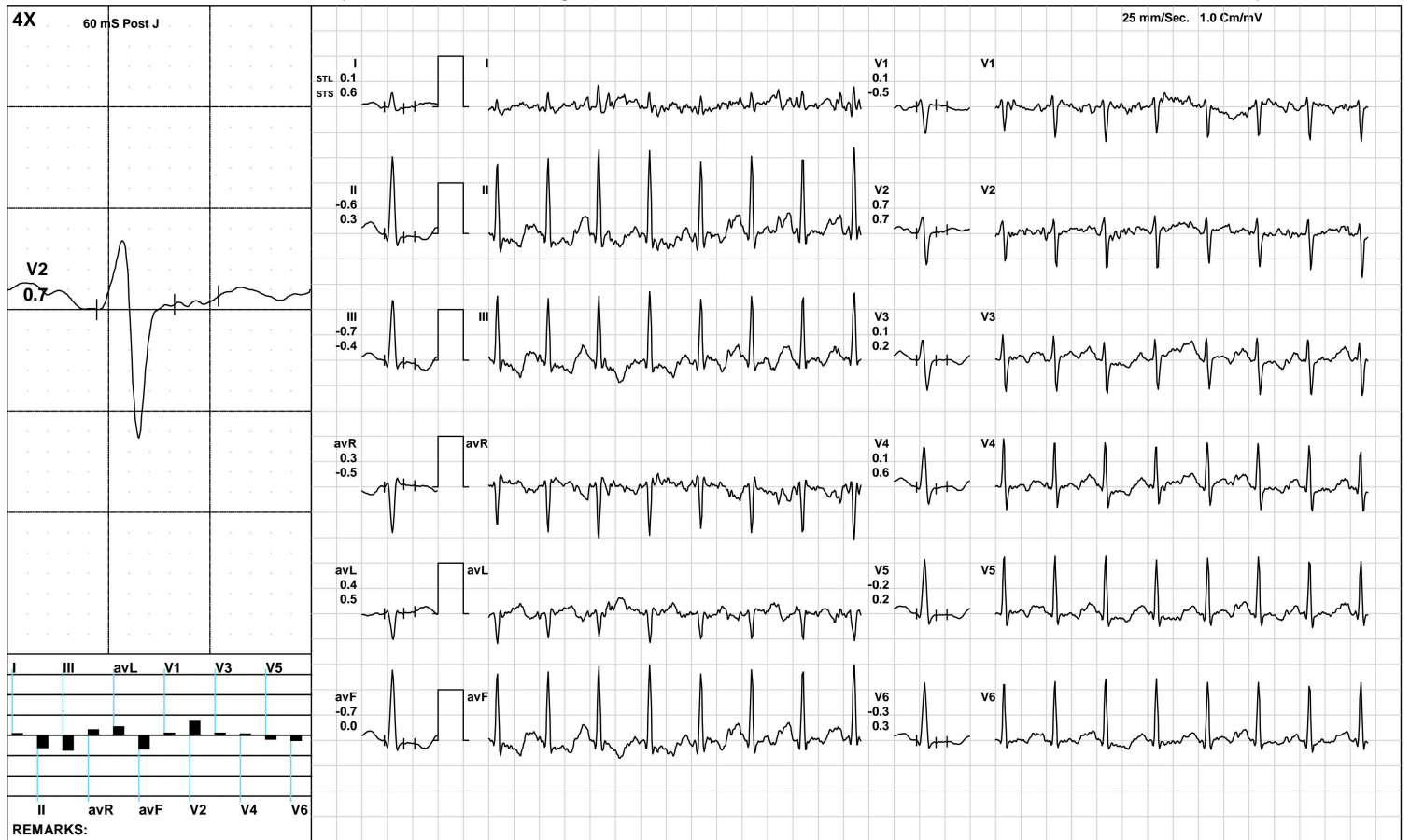
ExStart



1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 146

Date: 11-Mar-2023 01:49:27 PM METS: 1.1/ 146 bpm 75% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:06 1.7 mph, 10.0%



(GEM212170906)(R)Kardic by Allengers

**Aarogam Diagnostics**

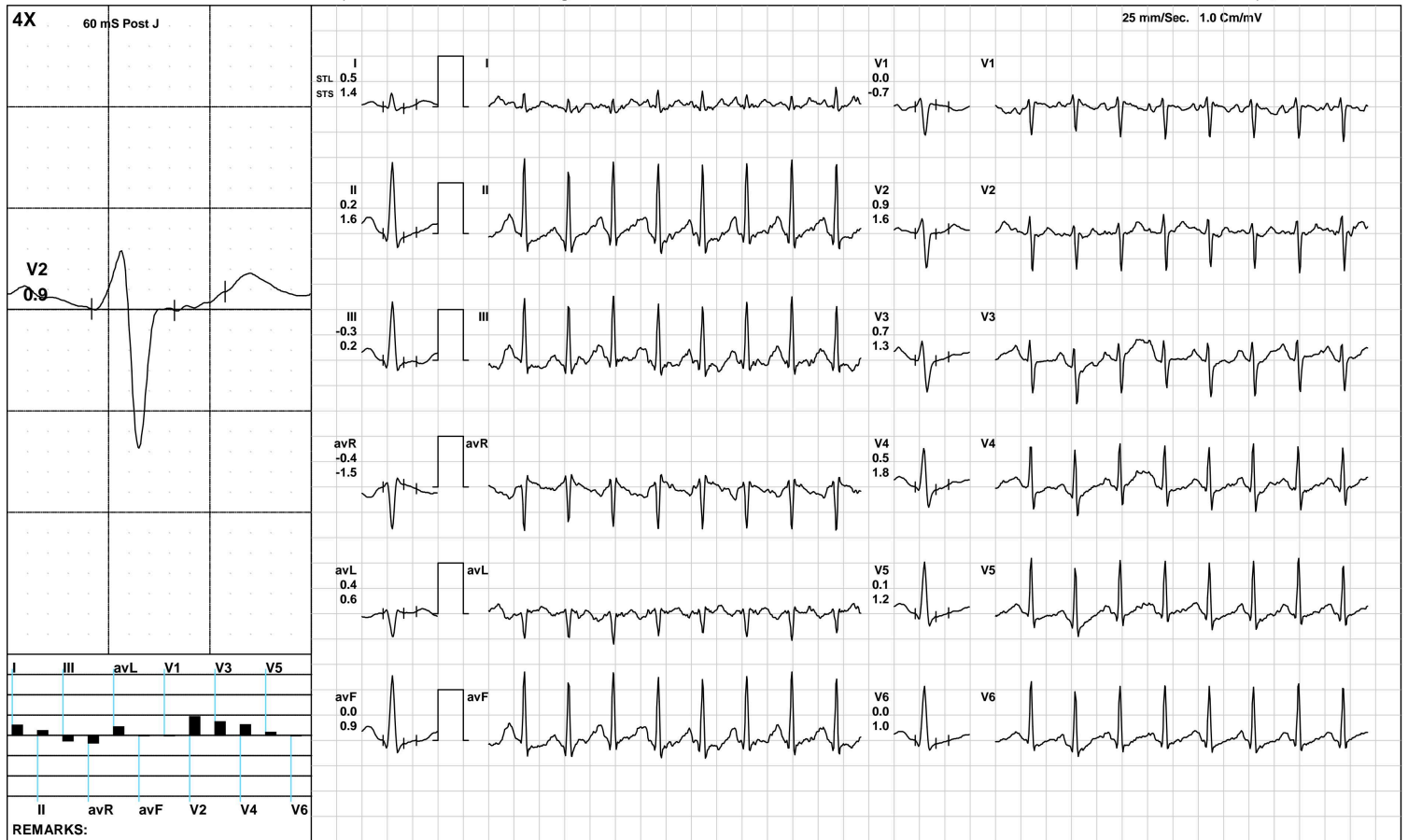
1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 167

**BRUCE/Stage 1(3:00)**

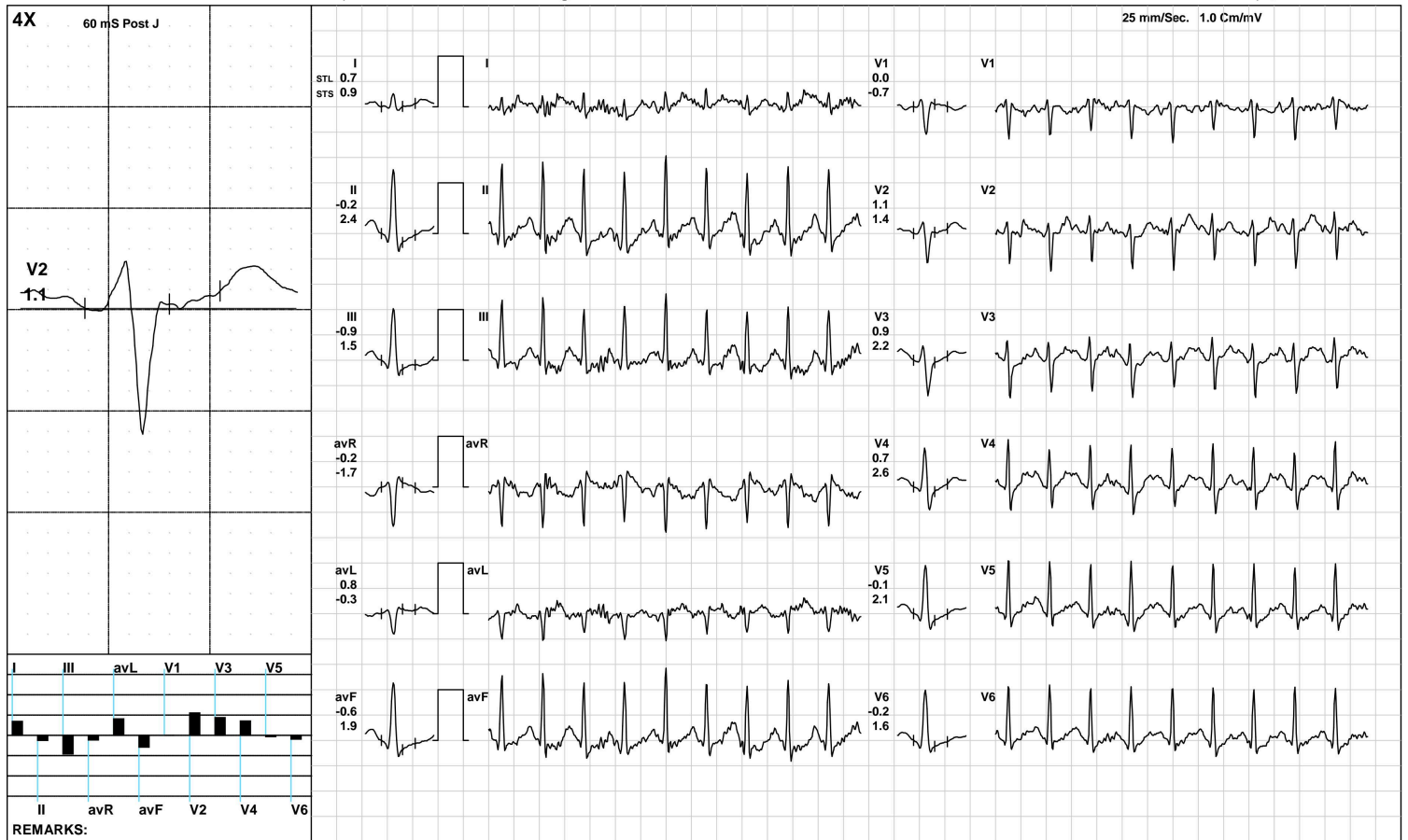


Date: 11-Mar-2023 01:49:27 PM METS: 4.7/ 167 bpm 86% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%



(GEM212170906)(R)Kardic by Allengers



**Aarogam Diagnostics**

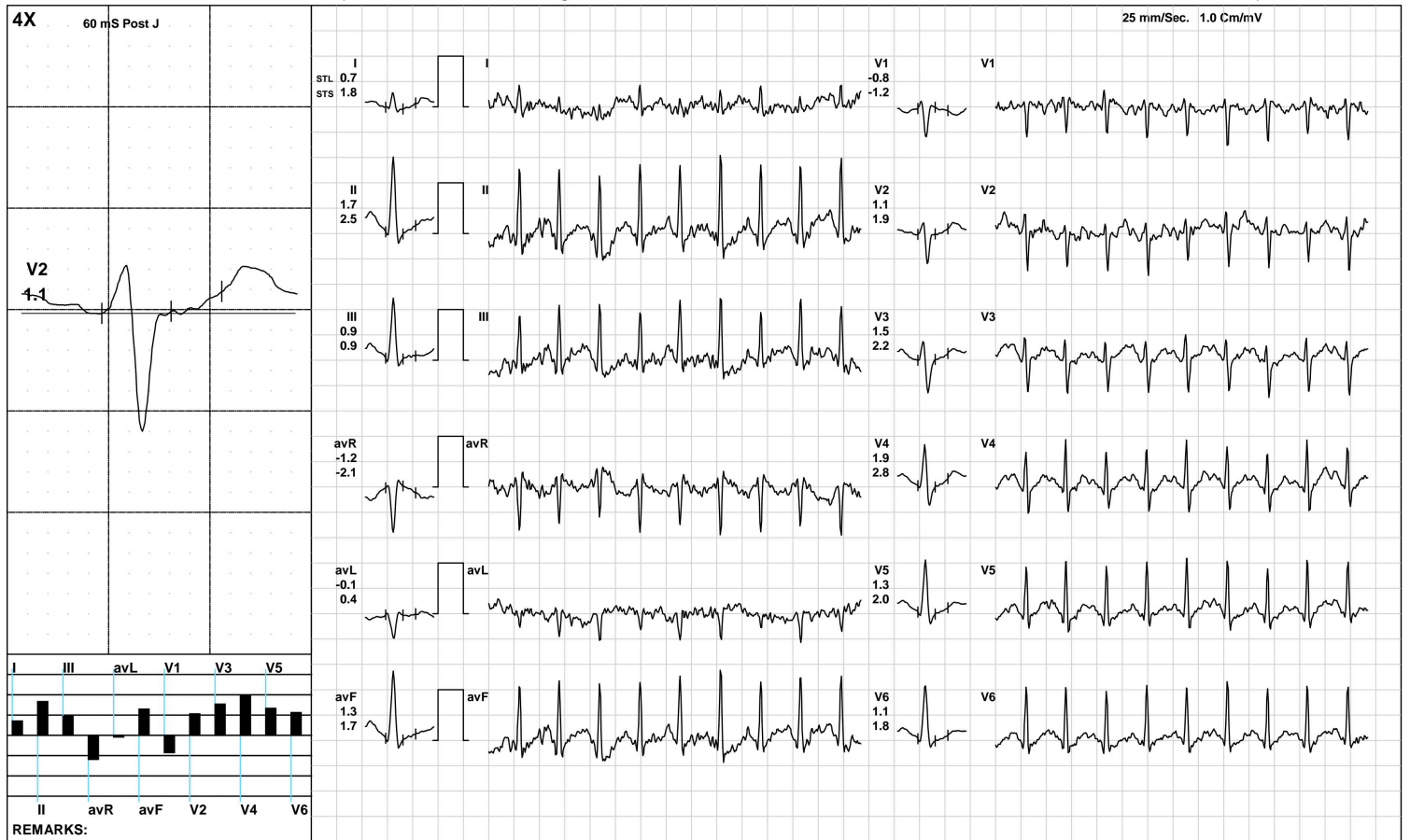
**PeakEx**



1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 185

Date: 11-Mar-2023 01:49:27 PM METS: 7.3/ 185 bpm 95% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:10 3.4 mph, 14.0%



**Aarogam Diagnostics**

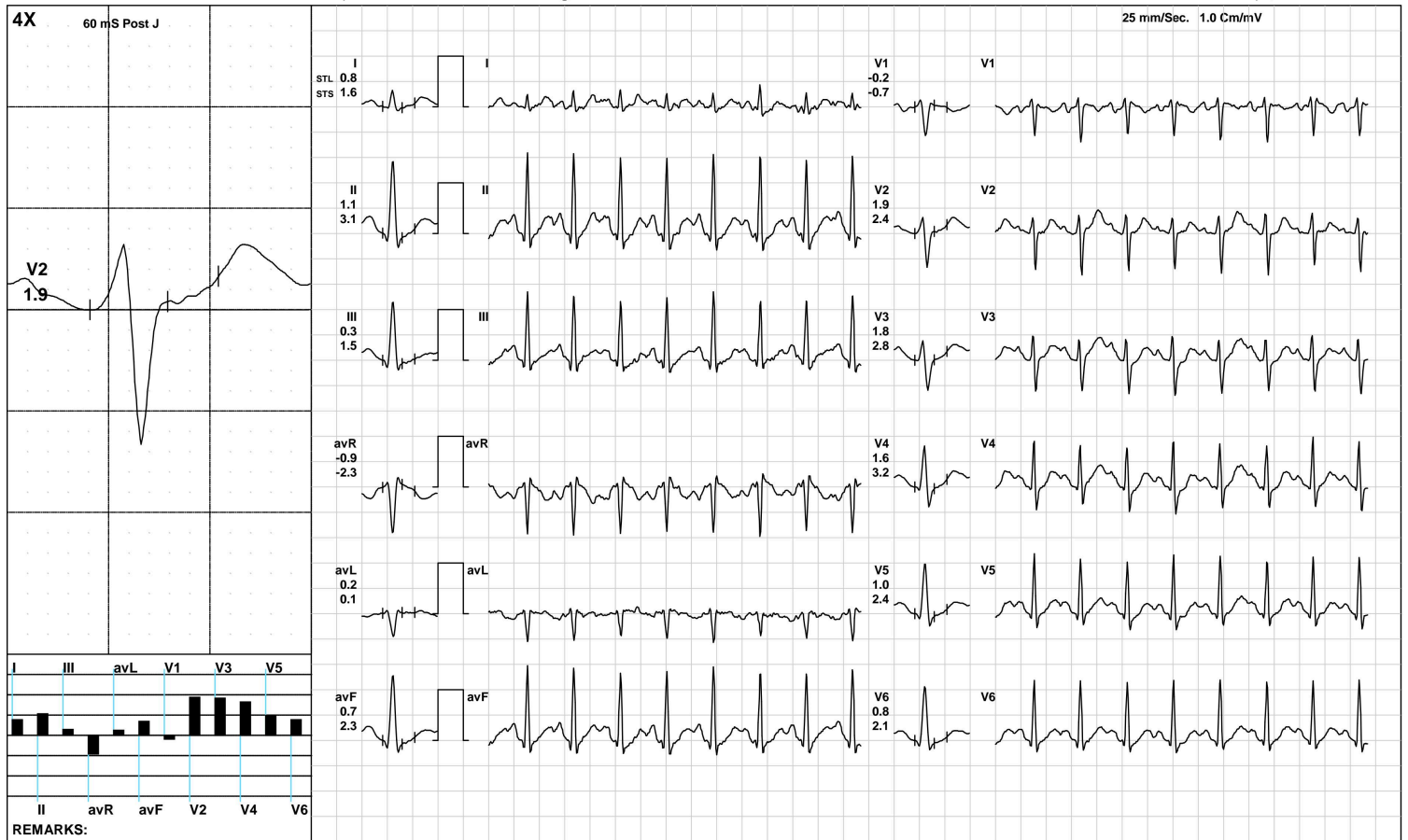
1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 160

Recovery(1:00)



Date: 11-Mar-2023 01:49:27 PM METS: 1.2/ 160 bpm 82% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:11 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**Aarogam Diagnostics**

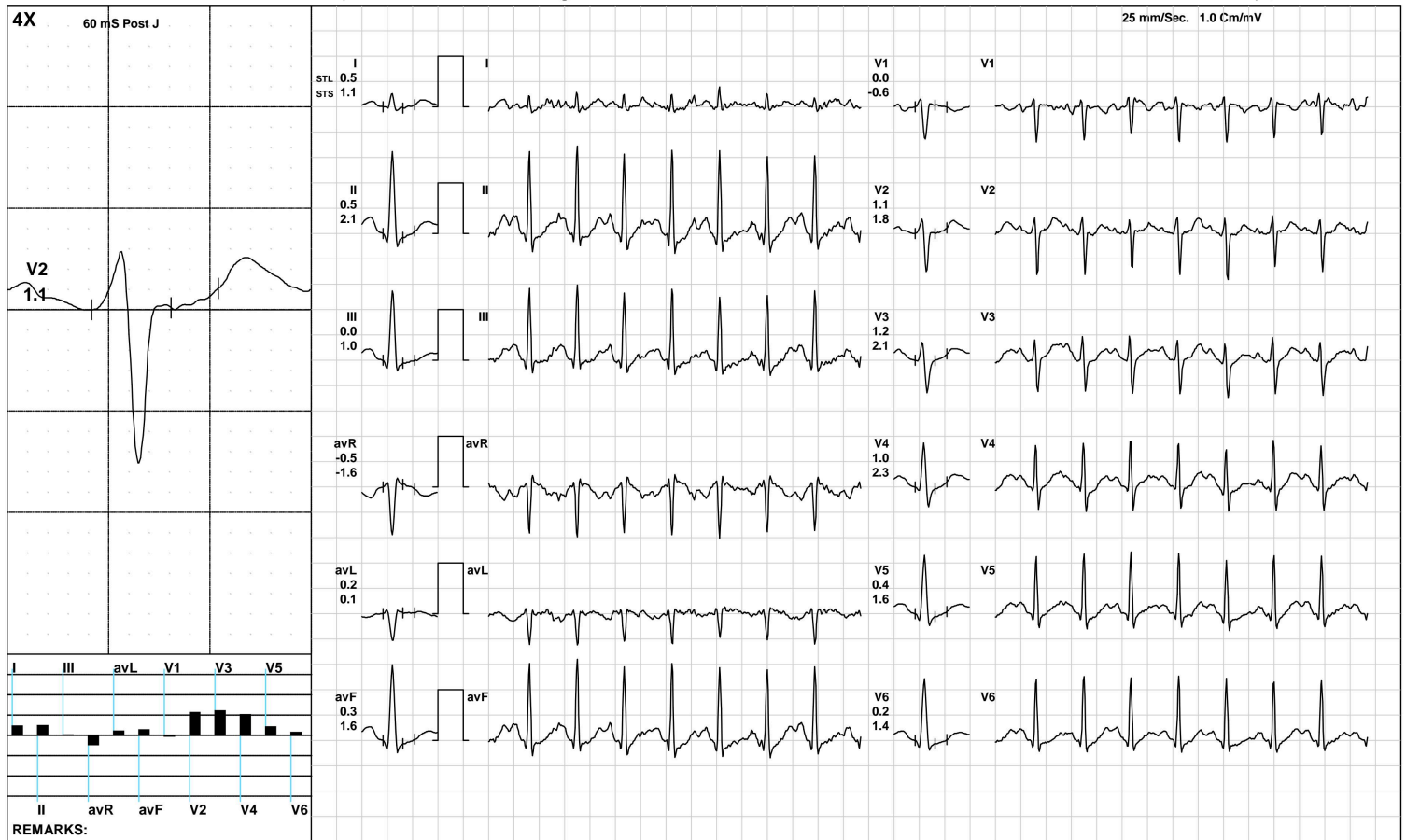
**Recovery(2:00)**



1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 156

Date: 11-Mar-2023 01:49:27 PM METS: 1.0/ 156 bpm 80% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:11 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**Aarogam Diagnostics**

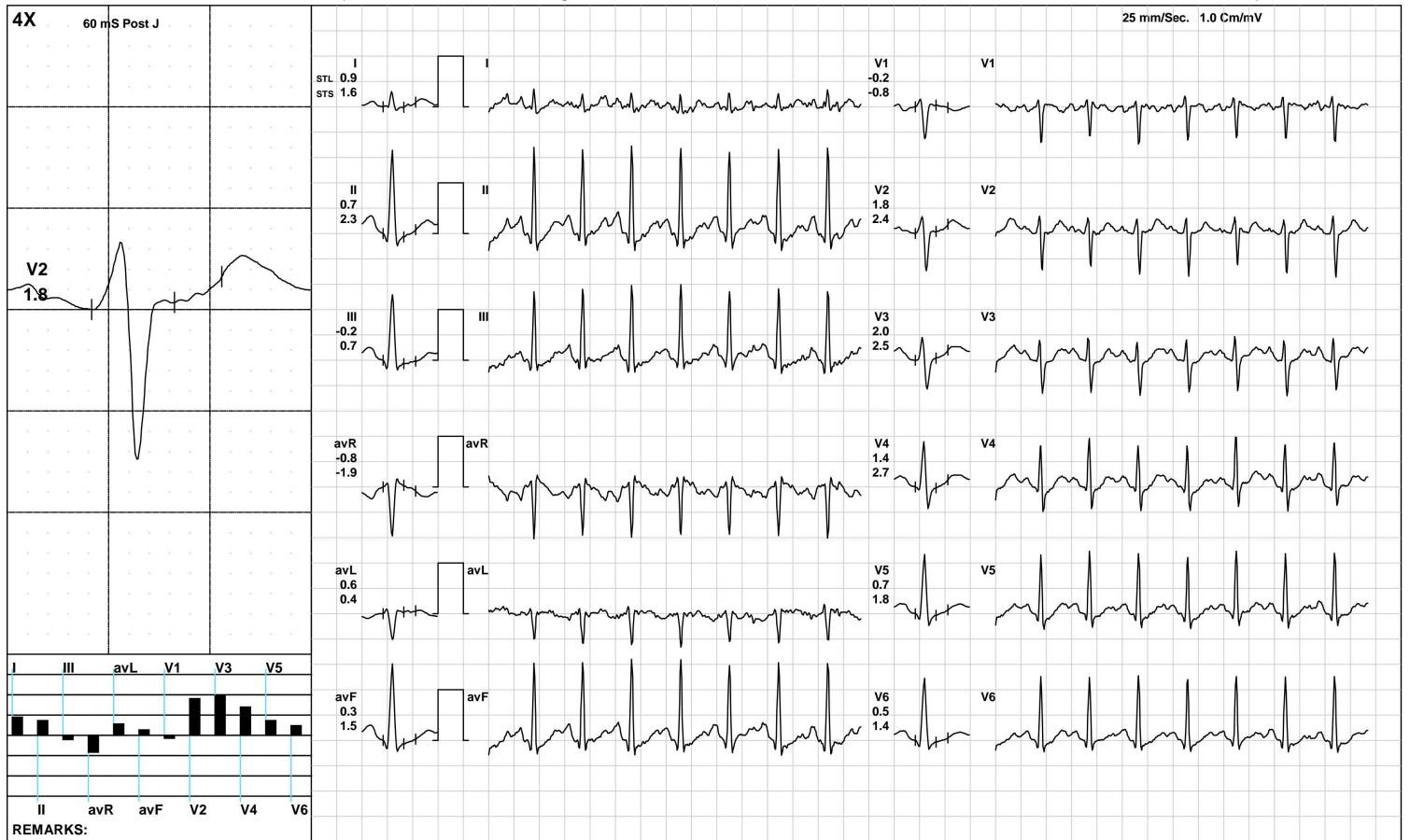
**Recovery(2:19)**



1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 149

Date: 11-Mar-2023 01:49:27 PM METS: 1.0/ 149 bpm 77% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:11 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**Aarogyam Diagnostics**

**ST Measurements**



1830 / AISHWARYA AGRAWAL / 27 Yrs / F / 153 Cms / 64 Kg / HR : 114

Date: 11-Mar-2023 01:49:27 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	0.5	0.2	-0.3	-0.4	0.4	-0.1	-0.2	0.9	0.6	0.6	0.2	0.1	0.7	0.5	-0.1	-0.6	0.4	0.2	-0.7	0.7	0.4	0.7	0.4	0.3	
60 @mS Standing	0.5	0.2	-0.3	-0.4	0.4	-0.1	-0.2	0.9	0.6	0.6	0.2	0.1	0.7	0.5	-0.1	-0.6	0.4	0.2	-0.7	0.7	0.4	0.7	0.4	0.3	
HV	0.5	0.2	-0.3	-0.4	0.4	-0.1	-0.2	0.9	0.6	0.6	0.2	0.1	0.7	0.5	-0.1	-0.6	0.4	0.2	-0.7	0.7	0.4	0.7	0.4	0.3	
Warm Up	0.2	0.0	-0.2	-0.1	0.2	-0.1	0.1	0.5	0.4	0.3	0.0	0.0	0.4	0.3	-0.1	-0.3	0.3	0.1	-0.2	0.7	0.5	0.5	0.3	0.2	
ExStart	-0.2	-1.6	-1.5	1.0	0.7	-1.5	0.1	0.1	0.2	0.0	-0.5	-0.3	0.2	-0.2	-0.5	-0.1	0.6	-0.4	-0.1	0.4	1.2	0.5	0.6	0.5	
Stage 1	0.4	-0.2	-0.5	-0.1	0.5	-0.4	-0.1	0.9	0.6	0.4	-0.1	-0.1	1.0	1.0	-0.1	-1.0	0.6	0.5	-0.9	1.5	1.7	1.5	1.0	1.0	
Stage 2	0.6	0.5	-0.1	-0.6	0.4	0.2	-0.2	1.4	1.3	1.1	0.5	0.1	1.4	2.4	1.0	-1.9	0.2	1.7	-1.0	1.9	1.7	2.3	1.6	1.3	
PeakEx	0.7	-0.2	-0.9	-0.2	0.8	-0.6	0.0	1.1	0.9	0.7	-0.1	-0.2	0.9	2.4	1.5	-1.7	-0.3	1.9	-0.7	1.4	2.2	2.6	2.1	1.6	
Recovery	0.8	1.1	0.3	-0.9	0.2	0.7	-0.2	1.9	1.8	1.6	1.0	0.8	1.6	3.1	1.5	-2.3	0.1	2.3	-0.7	2.4	2.8	3.2	2.4	2.1	
Recovery	0.5	0.5	0.0	-0.5	0.2	0.3	0.0	1.1	1.2	1.0	0.4	0.2	1.1	2.1	1.0	-1.6	0.1	1.6	-0.6	1.8	2.1	2.3	1.6	1.4	
Recovery	0.9	0.7	-0.2	-0.8	0.6	0.3	-0.2	1.8	2.0	1.4	0.7	0.5	1.6	2.3	0.7	-1.9	0.4	1.5	-0.8	2.4	2.5	2.7	1.8	1.4	

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STI(μVs)												
Supine	3.1	0.4	-2.6	-1.7	2.9	-1.1	-0.7	5.9	3.8	3.2	1.0	0.3
Standing	3.1	0.4	-2.6	-1.7	2.9	-1.1	-0.7	5.9	3.8	3.2	1.0	0.3
HV	3.1	0.4	-2.6	-1.7	2.9	-1.1	-0.7	5.9	3.8	3.2	1.0	0.3
Warm Up	0.7	-0.3	-0.9	-0.2	0.8	-0.6	0.8	2.1	1.7	0.8	-0.2	-0.4
ExStart	-1.6	-8.8	-7.8	5.6	3.3	-8.4	0.7	-0.6	-0.7	-1.0	-4.0	-2.8
Stage 1	0.2	-2.9	-3.1	1.4	1.7	-3.1	1.3	1.9	0.2	-1.0	-2.7	-2.8
Stage 2	0.1	-2.0	-2.1	0.9	1.1	-2.0	0.9	2.0	3.4	0.7	-1.1	-2.6
PeakEx	1.2	-6.2	-7.1	2.7	4.0	-6.6	2.3	2.6	0.5	-1.0	-4.1	-4.1
Recovery	1.3	-0.1	-1.4	-0.6	1.2	-0.7	0.8	4.9	4.3	2.5	0.5	-0.2
Recovery	0.4	-1.6	-2.0	0.7	1.1	-1.8	1.0	2.8	2.9	1.2	-0.9	-2.0
Recovery	2.3	-0.1	-2.7	-1.2	2.6	-1.4	0.6	5.3	6.1	3.0	1.1	0.3





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	145	120	60	78	423	248	1599	-979	-236	-233	II	-108	0.00	0	0
01 : 00	145	122	58	78	394	256	1586	-941	-210	-269	II	-65	0.00	0	0
01 : 30	156	106	58	76	412	361	1521	-951	-174	-215	II	-74	0.00	0	0
02 : 00	164	16	-112	83	52	-1185	1411	-1162	-1196	-1183	V4	-1197	0.00	0	0
02 : 30	160	110	58	81	422	308	1415	-836	199	-247	II	-52	0.00	0	0
03 : 00	166	106	58	83	396	311	1384	-844	168	-237	II	-61	0.00	0	0
03 : 30	166	106	58	80	397	286	1380	-824	194	-102	III	-50	0.00	0	0
04 : 00	173	94	56	81	393	291	1363	-852	184	-159	III	-58	0.00	0	0
04 : 30	181	84	58	78	417	272	1329	-796	210	-162	III	-63	0.00	0	0
05 : 00	182	94	58	77	405	318	1309	-804	232	-207	III	-69	0.00	0	0
05 : 30	185	88	58	77	325	315	1309	-816	220	-214	III	-72	0.00	0	0
06 : 00	184	82	58	77	426	278	1374	-841	217	-214	III	-67	0.00	0	0
06 : 30	184	90	58	81	405	344	1368	-846	245	-247	III	-110	0.00	0	0
07 : 00	187	92	58	78	392	291	1311	-839	239	-350	II	-98	0.00	0	0
07 : 30	171	84	58	77	421	315	1485	-911	293	-197	III	-30	0.00	0	0
08 : 00	159	96	60	79	355	343	1542	-925	328	-181	III	-13	0.00	0	0
08 : 30	157	114	58	79	330	342	1620	-960	312	-181	III	-20	0.00	0	0
09 : 00	152	114	58	82	421	328	1632	-942	275	-176	III	-35	0.00	0	0



ISO 9001 : 2015

# AAROGYAM DIAGNOSTICS

(A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

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<b>Date</b>	<b>11/03/2023</b>	<b>Srl No.</b>	<b>27</b>	<b>Patient Id</b>	<b>2303110027</b>
<b>Name</b>	<b>Mrs. AISHWARYA AGARWAL</b>	<b>Age</b>	<b>27 Yrs.</b>	<b>Sex</b>	<b>F</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>11/03/2023</b>	<b>Srl No.</b>	<b>27</b>	<b>Patient Id</b>	<b>2303110027</b>
<b>Name</b>	<b>Mrs. AISHWARYA AGARWAL</b>	<b>Age</b>	<b>27 Yrs.</b>	<b>Sex</b>	<b>F</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	12.7	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	7,200	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	65	%	40 - 75
LYMPHOCYTE	29	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	16	mm/1st hr.	0 - 20
R B C COUNT	4.18	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	37.9	%	35 - 45
M C V	90.67	fl.	80 - 100
M C H	30.38	Picogram	27.0 - 31.0
M C H C	33.5	gm/dl	33 - 37
PLATELET COUNT	2.36	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	80.6	mg/dl	70 - 110
SERUM CREATININE	0.76	mg%	0.5 - 1.3
BLOOD UREA	24.2	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.6	mg%	2.5 - 6.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			



<b>Date</b>	<b>11/03/2023</b>	<b>Srl No.</b>	<b>27</b>	<b>Patient Id</b>	<b>2303110027</b>
<b>Name</b>	<b>Mrs. AISHWARYA AGARWAL</b>	<b>Age</b>	<b>27 Yrs.</b>	<b>Sex</b>	<b>F</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.61	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.22	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.39	mg/dl	0.00 - 0.70
TOTAL PROTEIN	<b>6.4</b>	gm/dl	6.6 - 8.3
ALBUMIN	3.5	gm/dl	3.4 - 5.2
GLOBULIN	2.9	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.207</b>		
SGOT	16.9	IU/L	5 - 35
SGPT	17.8	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	86.2	U/L	35.0 - 104.0
GAMMA GT	23.9	IU/L	6.0 - 42.0

#### LFT INTERPRET

#### LIPID PROFILE

TRIGLYCERIDES	76.4	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	119.6	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	52.3	mg/dL	35.1 - 88.0
V L D L	15.28	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	<b>52.02</b>	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.287		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	0.995		0.00 - 3.55
THYROID PROFILE			
QUANTITY	10	ml.	



<b>Date</b>	<b>11/03/2023</b>	<b>Srl No.</b>	<b>27</b>	<b>Patient Id</b>	<b>2303110027</b>
<b>Name</b>	<b>Mrs. AISHWARYA AGARWAL</b>	<b>Age</b>	<b>27 Yrs.</b>	<b>Sex</b>	<b>F</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	6.5		
ALBUMIN	NIL		
SUGAR	NIL		
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	1-3	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	2-4	/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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 www.aarogyamdiagnostics.com

<b>Date</b>	<b>11/03/2023</b>	<b>Srl No.</b>	<b>27</b>	<b>Patient Id</b>	<b>2303110027</b>
<b>Name</b>	<b>Mrs. AISHWARYA AGARWAL</b>	<b>Age</b>	<b>27 Yrs.</b>	<b>Sex</b>	<b>F</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 \*\*\*\*

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**CONSULTANT PATHOLOGIST**



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<b>Date</b> 11/03/2023	<b>Srl No.</b> 27	<b>Patient Id</b> 2303110027
<b>Name</b> Mrs. AISHWARYA AGARWAL	<b>Age</b> 27 Yrs.	<b>Sex</b> F
<b>Ref. By</b> Dr.BOB		

Test Name	Value	Unit	Normal Value
<b><u>BIOCHEMISTRY</u></b>			
BLOOD SUGAR PP	102.1	mg/dl	80 - 160

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

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 CIN : U85195GJ2009PLC057059



30304100160

**TEST REPORT**

<b>Reg.No</b> : 30304100160	<b>Reg.Date</b> : 12-Mar-2023 10:47	<b>Collection</b> : 12-Mar-2023 10:47
<b>Name</b> : MS. AISHWARYA AGRAWAL		<b>Received</b> : 12-Mar-2023 10:47
<b>Age</b> : 27 Years	<b>Sex</b> : Female	<b>Report</b> : 12-Mar-2023 14:39
<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA		<b>Dispatch</b> : 12-Mar-2023 14:59
<b>Referral Dr</b> : □	<b>Status</b> : Final	<b>Location</b> : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID PROFILE</b>			
Tri-iodothyronine (Total T3) <i>Method:CLIA</i>	1.27	ng/mL	0.60 - 1.81
Thyroxin (Total T4) <i>Method:CLIA</i>	9.00	µg/dL	4.5 - 12.6
Thyroid Stimulating Hormone (TSH.) <i>Method:CLIA</i> Ultra Sensitive	H 5.076	µIU/mL	0.55 - 4.78

**Sample Type:** Serum**Note:****TSH Reference Range in Pregnancy :**

- Pregnancy 1st Trimester 0.1 - 2.5 uIU/ml
- Pregnancy 2nd Trimester 0.2 - 3.0 uIU/ml
- Pregnancy 3rd Trimester 0.3 - 3.0 uIU/ml

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has an influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- The physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- All infants with a low T4 concentration and a TSH concentration greater than 40 uU/L are considered to have congenital hypothyroidism and should have immediate confirmatory serum testing.
- If the TSH concentration is slightly elevated but less than 40 uU/L, a second screening test should be performed on a new sample. Results should be interpreted using age-appropriate normative values

**Clinical Use:**

- Primary Hypothyroidism · Hyperthyroidism · Hypothalamic -Pituitary hypothyroidism · Inappropriate TSH secretion · Nonthyroidal illness· Autoimmune thyroid disease · Pregnancy-associated thyroid disorders · Thyroid dysfunction in infancy and early childhood

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**Immunoassay**

Parameter	Result	Biological Reference Interval
VITAMIN D, TOTAL Method:CLIA	29.83	Deficiency <20 Insufficiency 20-30 Sufficiency 30-100 Toxicity >100 ng/mL

**Note:**

- The assay measures total 25 (OH) vitamin D in human serum
- 25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.

**Comments:**

Vitamin D promotes the absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has a longer half-life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

**Decreased Levels:**

- Inadequate exposure to sunlight
- Dietary deficiency
- Vitamin D malabsorption
- Severe Hepatocellular disease
- Drugs like Anticonvulsants
- Nephrotic syndrome

**Increased levels:**

- Vitamin D intoxication

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Vitamin B12 338.00 211 - 911 pg/mL

Method:CLIA

**Sample Type:** Serum

**Note:** To differentiate vitamin B12 & folate deficiency, measurement of Methyl malonic acid in urine & serum Homocysteine level is suggested.

**Decreased Levels:**

- Lack of Intrinsic factor: Total or partial gastrectomy, Atrophic gastritis, Intrinsic factor antibodies]
- Malabsorption: Regional ileitis, resected bowel, Tropical Sprue, Celiac disease, pancreatic insufficiency, bacterial overgrowth & achlorhydria
- Loss of ingested vitamin B12: fish tapeworm
- Dietary deficiency: Vegetarians
- Congenital disorders: Orotic aciduria & transcobalamine deficiency
- Increased demand: Pregnancy specially last trimester

**Increased Levels**

- Chronic renal failure
- Congestive heart failure
- Acute & Chronic Myeloid Leukemia
- Polycythemia vera
- Carcinomas with liver metastasis
- Liver disease, Drug induced cholestasis
- Protein malnutrition

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

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