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Download Date: 07/12/2019



नाहत आरा  
Nahat Ara  
जन्म तिथि/DOB: 02/02/1982  
महिला/ FEMALE

Issue Date: 06/11/2019

**3427 2930 7651**  
VID : 9143 7738 6408 4890

मेरा आधार, मेरी पहचान

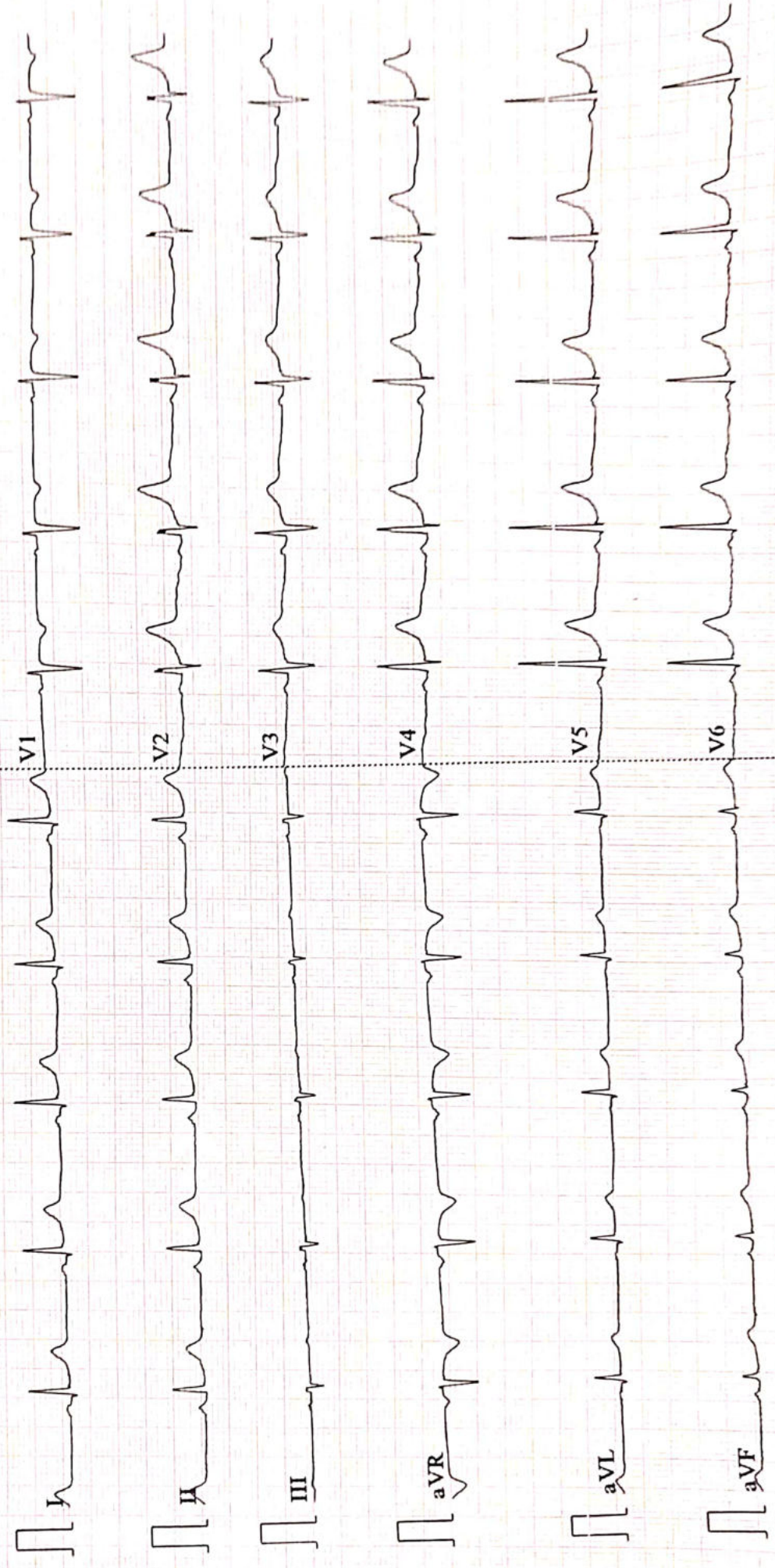
20-05-2023

ID: 951  
NIKHAT ARA  
Female 41Years

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

HR : 61 bpm  
P : 84 ms  
PR : 131 ms  
QRS : 79 ms  
QT/QTc : 403/408 ms  
P/QRS/T : 52/19/36 °  
RV5/SV1 : 1.554/0.757 mV

Ref-Phys. :  
Report Confirmed by:



50-100Hz AC50 25mm/s 10mm/mV 2\*5.0s V61 V2.2 SEMIP V1.81 DAIGNOSTIC





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

Name :- Nikhat Ara  
Refd by :- Corp

Age/Sex:-41 Yrs/F  
Date :-26/03/23

Thanks for referral.

## REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size (13.2cm) 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** :- A Large calculus of measuring size approx 1.8cm with posterior acoustic shadow seen within GB Lumen. Wall Thickness 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** :- Mild enlarged in size (12.2cm) 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 10.1cm and Left Kidney measures 10.0cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (7.1cm x 3.7cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.  
No free subphrenic / basal pleural space collection is seen.

**IMPRESSION:-** *Cholelithiasis with Cholecystitis.  
Mild splenomegaly.  
Otherwise Normal Scan.*

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



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<b>Date</b> 26/03/2023	<b>Srl No.</b> 26	<b>Patient Id</b> 2303260026
<b>Name</b> Mrs. NIKHAT ARA	<b>Age</b> 41 Yrs.	<b>Sex</b> F
<b>Ref. By</b> Dr.BOB		

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.0	%	

**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**



<b>Date</b>	<b>26/03/2023</b>	<b>Srl No.</b>	<b>26</b>	<b>Patient Id</b>	<b>2303260026</b>
<b>Name</b>	<b>Mrs. NIKHAT ARA</b>	<b>Age</b>	<b>41 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)	<b>11.0</b>	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	64	%	40 - 75
LYMPHOCYTE	29	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	16	mm/1st hr.	0 - 20
R B C COUNT	<b>3.69</b>	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	<b>33.4</b>	%	35 - 45
M C V	90.51	fl.	80 - 100
M C H	29.81	Picogram	27.0 - 31.0
M C H C	<b>32.9</b>	gm/dl	33 - 37
PLATELET COUNT	1.97	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	81.4	mg/dl	70 - 110
SERUM CREATININE	1.12	mg%	0.5 - 1.3
BLOOD UREA	28.4	mg /dl	15.0 - 45.0
SERUM URIC ACID	<b>6.1</b>	mg%	2.5 - 6.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			



<b>Date</b>	<b>26/03/2023</b>	<b>Srl No. 26</b>	<b>Patient Id 2303260026</b>
<b>Name</b>	<b>Mrs. NIKHAT ARA</b>	<b>Age 41 Yrs.</b>	<b>Sex F</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.69	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.26	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.43	mg/dl	0.00 - 0.70
TOTAL PROTEIN	<b>6.0</b>	gm/dl	6.6 - 8.3
ALBUMIN	<b>3.2</b>	gm/dl	3.4 - 5.2
GLOBULIN	2.8	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.143</b>		
SGOT	18.9	IU/L	5 - 35
SGPT	20.4	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	<b>120.5</b>	U/L	35.0 - 104.0
GAMMA GT	21.9	IU/L	6.0 - 42.0

#### **LFT INTERPRET**

#### **LIPID PROFILE**

TRIGLYCERIDES	80.4	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	141.5	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	52.4	mg/dL	35.1 - 88.0
V L D L	16.08	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	73.02	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.7		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.394		0.00 - 3.55
THYROID PROFILE			
QUANTITY	10	ml.	





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<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	1-4	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	2-5	/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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<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**





MC-3319

**Kolkata Lab** : Block DD-30, Sector-1, "Andromeda", Ground Floor, Salt lake, Kolkata-700064  
 Landline No: 033-40818800/ 8888/ 8899 | Email ID: kolkata@unipath.in | Website: www.unipath.in  
 CIN : U85195GJ2009PLC057059



30304100576

**TEST REPORT**

<b>Reg.No</b> : 30304100576	<b>Reg.Date</b> : 27-Mar-2023 11:51	<b>Collection</b> : 27-Mar-2023 11:51
<b>Name</b> : MS. NIKHAT ARA		<b>Received</b> : 27-Mar-2023 11:51
<b>Age</b> : 41 Years	<b>Sex</b> : Female	<b>Report</b> : 27-Mar-2023 16:56
<b>Referred By</b> : AAROXYAM DIAGNOSTICS @ PATNA		<b>Dispatch</b> : 27-Mar-2023 17:16
<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>	1.10	ng/mL	0.60 - 1.81
Thyroxin (Total T4) <i>Method:CLIA</i>	9.50	µg/dL	4.5 - 12.6
Thyroid Stimulating Hormone (TSH.) <i>Method:CLIA</i> Ultra Sensitive	4.412	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

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

**Dr.Niranjana Mondal**

MBBS, DO, MD (Biochemistry)  
 Consultant Biochemist  
 Reg No.:- 64023 (WBMC)