



भारत सरकार

GOVERNMENT OF INDIA

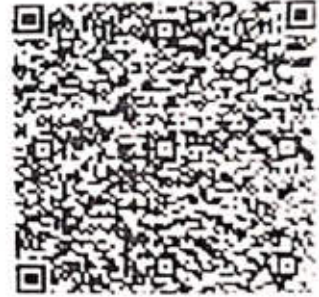


प्रिया रानी

Priya Rani

जन्म तिथि / DOB : 09-08-1989

महिला / FEMALE



3824 7196 5871

मेरा आधार, मेरी पहचान



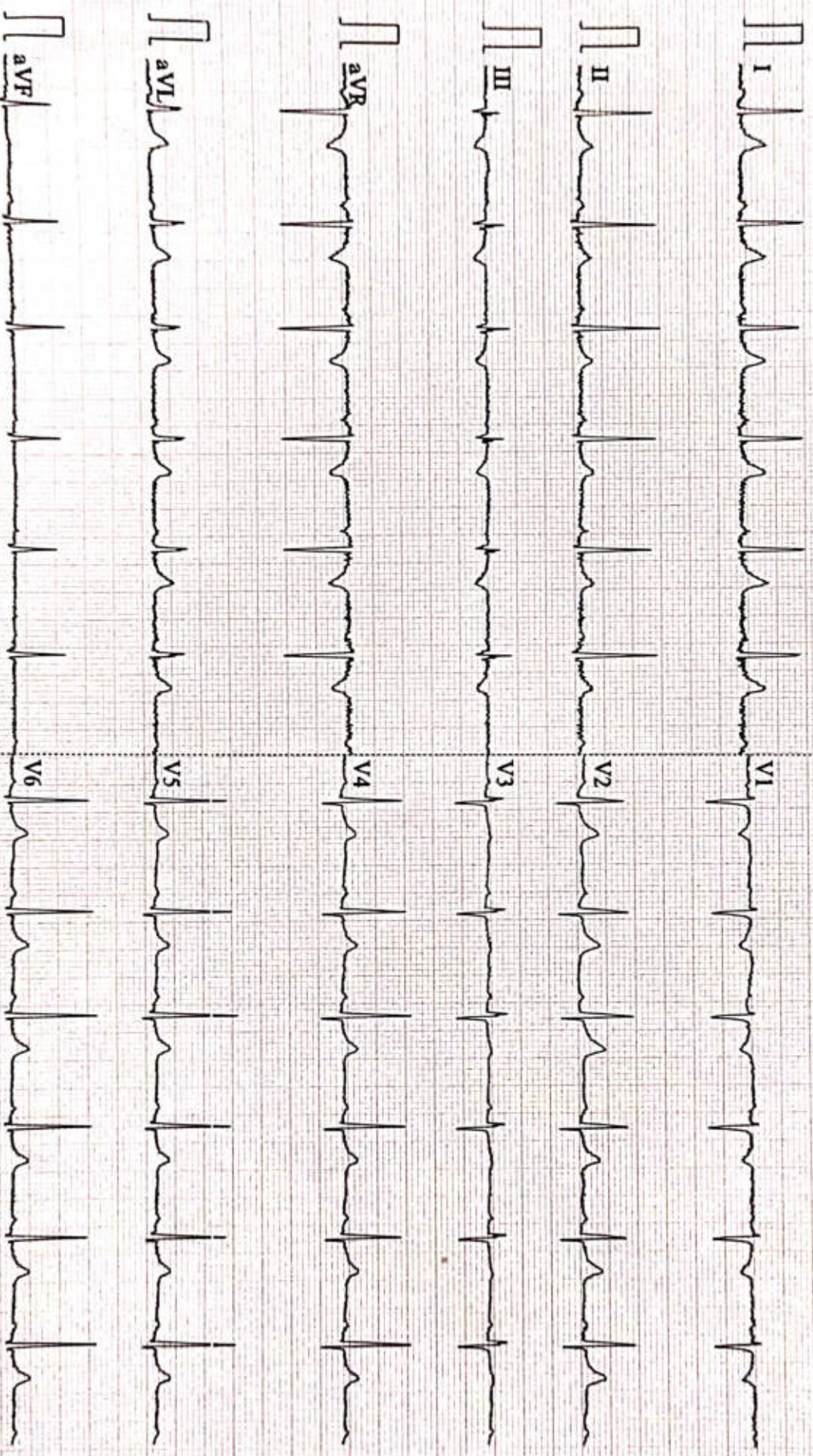
ID: 89
PRIYA RANI
Female 35Ycars

09-11-2024 11:18:27 AM

HR : 75 bpm
P : 89 ms
PR : 140 ms
QRS : 81 ms
QT/QTc : 351/393 ms
P/QRS/T : 83/1/5 °
RV5/SV1 : 1.332/0.674 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Ref-Phys: **RAJMAN**
MBBS, MD
Report Confirmed: 38940
Regd



| | | | |
|--------------|------------|----------|------------|
| Patient Name | PRIYA RANI | Date | 09-11-2024 |
| Age/Sex | 35/F | 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
9065875700
info@aarogyamdiagnostics.com
www.aarogyamdiagnostics.com

Name :- Priya Rani
Pt's ID :- 18/39884
Refd by :- Dr. Corp.

Age/Sex:-35 Yrs/F
Date :09/11/24

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Mild enlarged in size(14.8cm) 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** :- 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** :- Normal in size (9.0cm)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 9.1cm and Left Kidney measures 9.4cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder:-** It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (7.6cm x 4.3cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 28mm 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:- *Mild Hepatomegaly with Grade I Fatty Liver.
Otherwise Normal Scan.*

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



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| | | | | | |
|----------------|-----------------|----------------|---------|-------------------|------------|
| Date | 09/11/2024 | Srl No. | 8 | Patient Id | 2411090008 |
| Name | Mrs. PRIYA RANI | Age | 35 Yrs. | Sex | F |
| Ref. By | Dr.MEDIWHEEL | | | | |

| Test Name | Value | Unit | Normal Value |
|-----------|-------|------|--------------|
| BOB | | | |
| HB A1C | 5.3 | % | |

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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| Ref. By | Dr.MEDIWHEEL | | |

| Test Name | Value | Unit | Normal Value |
|---|----------|--------------|--------------|
| COMPLETE BLOOD COUNT (CBC) | | | |
| HAEMOGLOBIN (Hb) | 12.2 | gm/dl | 11.5 - 16.5 |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,700 | /cumm | 4000 - 11000 |
| DIFFERENTIAL LEUCOCYTE COUNT (DLC) | | | |
| NEUTROPHIL | 59 | % | 40 - 75 |
| LYMPHOCYTE | 33 | % | 20 - 45 |
| EOSINOPHIL | 02 | % | 01 - 06 |
| MONOCYTE | 06 | % | 02 - 10 |
| BASOPHIL | 00 | % | 0 - 0 |
| ESR (WESTEGREN' s METHOD) | 18 | mm/1st hr. | 0 - 20 |
| R B C COUNT | 4.08 | Millions/cmm | 3.8 - 4.8 |
| P.C.V / HAEMATOCRIT | 36.6 | % | 35 - 45 |
| M C V | 89.71 | fl. | 80 - 100 |
| M C H | 29.9 | Picogram | 27.0 - 31.0 |
| M C H C | 33.3 | gm/dl | 33 - 37 |
| PLATELET COUNT | 2.18 | Lakh/cmm | 1.50 - 4.00 |
| BLOOD GROUP ABO | "O" | | |
| RH TYPING | POSITIVE | | |
| BLOOD SUGAR FASTING | 91.5 | mg/dl | 70 - 110 |
| SERUM CREATININE | 0.77 | mg% | 0.5 - 1.3 |
| BLOOD UREA | 16.1 | mg /dl | 15.0 - 45.0 |
| SERUM URIC ACID | 5.46 | mg% | 2.5 - 6.0 |
| <u>LIVER FUNCTION TEST (LFT)</u> | | | |



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| Ref. By | Dr.MEDIWHEEL | | |

| Test Name | Value | Unit | Normal Value |
|-------------------------------------|---------------|-------|--------------|
| BILIRUBIN TOTAL | 0.81 | mg/dl | 0 - 1.0 |
| CONJUGATED (D. Bilirubin) | 0.36 | mg/dl | 0.00 - 0.40 |
| UNCONJUGATED (I.D.Bilirubin) | 0.45 | mg/dl | 0.00 - 0.70 |
| TOTAL PROTEIN | 7.24 | gm/dl | 6.6 - 8.3 |
| ALBUMIN | 4.18 | gm/dl | 3.4 - 5.2 |
| GLOBULIN | 3.06 | gm/dl | 2.3 - 3.5 |
| A/G RATIO | 1.366 | | |
| SGOT | 39.1 | IU/L | 5 - 35 |
| SGPT | 41.2 | IU/L | 5.0 - 45.0 |
| ALKALINE PHOSPHATASE IFCC Method | 81.4 | U/L | 35.0 - 104.0 |
| GAMMA GT | 23.6 | IU/L | 6.0 - 42.0 |
| LFT INTERPRET | | | |
| <u>LIPID PROFILE</u> | | | |
| TRIGLYCERIDES | 175.9 | mg/dL | 25.0 - 165.0 |
| TOTAL CHOLESTEROL | 238.2 | mg/dL | 29.0 - 199.0 |
| H D L CHOLESTEROL DIRECT | 66.9 | mg/dL | 35.1 - 88.0 |
| V L D L | 35.18 | mg/dL | 4.7 - 22.1 |
| L D L CHOLESTEROL DIRECT | 136.12 | mg/dL | 63.0 - 129.0 |
| TOTAL CHOLESTEROL/HDL RATIO | 3.561 | | 0.0 - 4.97 |
| LDL / HDL CHOLESTEROL RATIO | 2.035 | | 0.00 - 3.55 |
| THYROID PROFILE | | | |
| QUANTITY | 20 | ml. | |



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| Name | Mrs. PRIYA RANI | Age 35 Yrs. | Sex F |
| Ref. By Dr.MEDIWHEEL | | | |

| Test Name | Value | Unit | Normal Value |
|--------------------------------|-------------|------|--------------|
| COLOUR | PALE YELLOW | | |
| TRANSPARENCY | CLEAR | | |
| SPECIFIC GRAVITY | 1.030 | | |
| PH | 6.5 | | |
| ALBUMIN | NIL | | |
| SUGAR | NIL | | |
| MICROSCOPIC EXAMINATION | | | |
| PUS CELLS | 1-2 | /HPF | |
| RBC'S | NIL | /HPF | |
| CASTS | NIL | | |
| CRYSTALS | NIL | | |
| EPITHELIAL CELLS | 2-3 | /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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| 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 | Mrs. PRIYA RANI | Age | 35 Yrs. | Sex | F |
| Ref. By | Dr.MEDIWHEEL | | | | |

| Test Name | Value | Unit | Normal Value |
|-----------|-------|------|--------------|
|-----------|-------|------|--------------|

BIOCHEMISTRY

| | | | |
|----------------|-------|-------|----------|
| BLOOD SUGAR PP | 117.1 | mg/dl | 80 - 160 |
|----------------|-------|-------|----------|

**** End Of Report ****

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



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



41104100118

TEST REPORT

| | | |
|---|-------------------------------------|---------------------------------------|
| Reg.No : 41104100118 | Reg.Date : 10-Nov-2024 16:12 | Collection : 10-Nov-2024 16:12 |
| Name : PRIYA RANI | | Received : 10-Nov-2024 16:12 |
| Age : 35 Years | Sex : Female | Report : 10-Nov-2024 17:35 |
| Referred By : AAROGYAM DIAGNOSTICS @ PATNA | | Dispatch : 10-Nov-2024 17:55 |
| Referral Dr : □ | Status : Final | Location : 41 - PATNA |

| Test Name | Results | Units | Bio. Ref. Interval |
|--|---------|--------|--------------------|
| THYROID FUNCTION TEST | | | |
| T3 (triiodothyronine), Total <small>CMIA</small> | 0.89 | ng/mL | 0.70 - 2.04 |
| T4 (Thyroxine), Total <small>CMIA</small> | 9.35 | µg/dL | 5.5 - 11.0 |
| TSH (Thyroid stimulating hormone) <small>CMIA</small> | 3.439 | 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. Rina Prajapati
 D.C.P. DNB (Path)
 G-21793

Dr. Chandani Dangarasia

MBBS, DPB
 Page 1 of 1 Reg. No.:- G- 1060