



भारत सरकार
Government of India

Download Date: 25/03/2021



अनु कुमारी
Anu Kumari
जन्म तिथि/DOB: 15/12/1994
महिला/ FEMALE

Download Date: 25/03/2021

5030 6551 4664

VID : 9157 1006 3390 4127

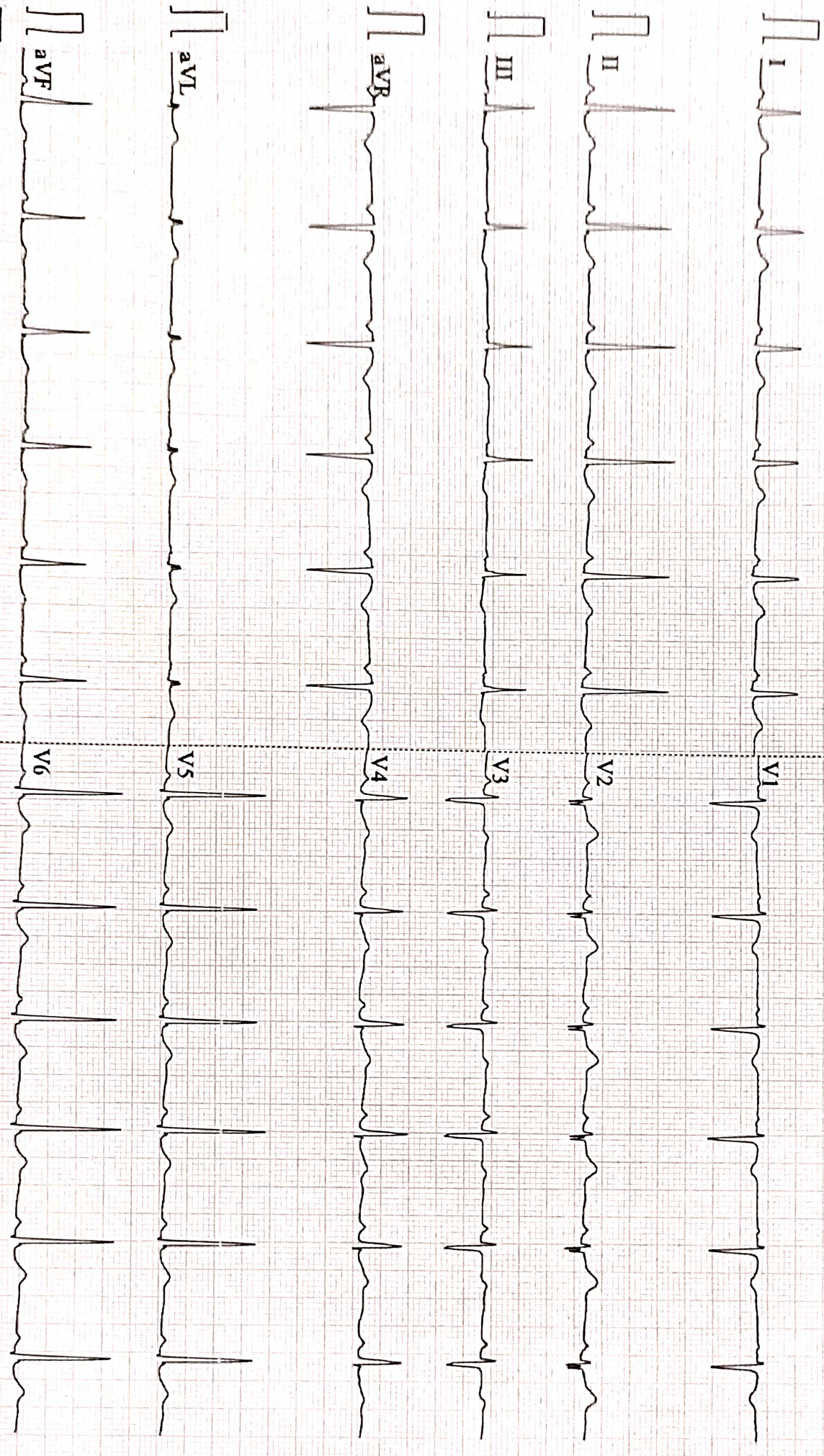
मेरा आधार, मेरी पहचान

ID: 526
ANU KUMARI
Female 28 Years

24-06-2023 08:40:35 AM
HR : 72 bpm
P : 88 ms
PR : 135 ms
QRS : 81 ms
QT/QTc : 367/404 ms
P/QRS/T : 42/59/10 °
RV5/SV1 : 1.743/0.866 mV

Diagnosis Information:
Sinus Rhythm
Low T Wave(V5)

Ref-Phys. :
Report Confirmed by:



0.07-100Hz AC50 25mm/s 10mm/mV 255.0s 72 V2.2 SEMIP V1.81 DAIGNOSTIC



Name :- Anu Kumari
Refd by :- Corp

Age/Sex:-28 Yrs/F
Date :-24/06/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(13.4cm)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** :- **Enlarged in size(14.5cm)** 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 9.7cm and Left Kidney measures 9.7cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (7.5cm x 3.5cm) 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.
Small Periumbilical Hernia.

IMPRESSION:- *Splenomegaly.*
Small Periumbilical Hernia.
Otherwise Normal Scan.

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



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. Office : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat
 CIN: U85195GJ2009PLC057059



30604100732

TEST REPORT

| | | |
|---|-------------------------------------|---------------------------------------|
| Reg.No : 30604100732 | Reg.Date : 25-Jun-2023 14:56 | Collection : 25-Jun-2023 14:56 |
| Name : ANU KUMARI | | Received : 25-Jun-2023 14:56 |
| Age : 28 Years | Sex : Female | Report : 25-Jun-2023 18:16 |
| Referred By : AAROXYAM DIAGNOSTICS @ PATNA | | Dispatch : 25-Jun-2023 18:37 |
| Referral Dr : □ | Status : Final | Location : 41 - PATNA |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------|--------|--------------------|
| Tri-iodothyronine (Total T3) | 1.27 | ng/mL | 0.6 - 1.52 |
| Thyroxin (Total T4) <small>CMA</small> | 7.94 | µg/dL | 5.5 - 11.0 |
| Thyroid Stimulating Hormone (TSH.) Ultra Sensitive <small>CMA</small> | 2.106 | µIU/mL | 0.35 - 4.94 |

Sample Type: Serum

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

Dr. Jwalant Shah
 M.D. Pathology
 G-7593

Dr. Avani Patel
 M.D. Biochemistry
 Reg No.- G-34103



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AAROGYAM DIAGNOSTICS
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 www.aarogyamdiagnostics.com

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|---------|-----------------|---------|---------|------------|------------|
| Date | 24/06/2023 | Srl No. | 25 | Patient Id | 2306240025 |
| Name | Mrs. ANU KUMARI | Age | 28 Yrs. | Sex | F |
| 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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| Ref. By | Dr.BOB | | | | |

| Test Name | Value | Unit | Normal Value |
|---|-------------|--------------|--------------|
| COMPLETE BLOOD COUNT (CBC) | | | |
| HAEMOGLOBIN (Hb) | 8.2 | gm/dl | 11.5 - 16.5 |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,900 | /cumm | 4000 - 11000 |
| DIFFERENTIAL LEUCOCYTE COUNT (DLC) | | | |
| NEUTROPHIL | 63 | % | 40 - 75 |
| LYMPHOCYTE | 31 | % | 20 - 45 |
| EOSINOPHIL | 02 | % | 01 - 06 |
| MONOCYTE | 04 | % | 02 - 10 |
| BASOPHIL | 00 | % | 0 - 0 |
| ESR (WESTEGREN's METHOD) | 16 | mm/1st hr. | 0 - 20 |
| R B C COUNT | 3.28 | Millions/cmm | 3.8 - 4.8 |
| P.C.V / HAEMATOCRIT | 24.6 | % | 35 - 45 |
| M C V | 75 | fl. | 80 - 100 |
| M C H | 25 | Picogram | 27.0 - 31.0 |
| M C H C | 33.3 | gm/dl | 33 - 37 |
| PLATELET COUNT | 2.24 | Lakh/cmm | 1.50 - 4.00 |
| BLOOD GROUP ABO | "O" | | |
| RH TYPING | POSITIVE | | |
| BLOOD SUGAR FASTING | 86.6 | mg/dl | 70 - 110 |
| SERUM CREATININE | 0.73 | mg% | 0.5 - 1.3 |
| BLOOD UREA | 22.5 | mg /dl | 15.0 - 45.0 |
| SERUM URIC ACID | 4.3 | mg% | 2.5 - 6.0 |
| <u>LIVER FUNCTION TEST (LFT)</u> | | | |



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| Test Name | Value | Unit | Normal Value |
|-------------------------------------|--------------|-------|--------------|
| BILIRUBIN TOTAL | 0.65 | mg/dl | 0 - 1.0 |
| CONJUGATED (D. Bilirubin) | 0.23 | mg/dl | 0.00 - 0.40 |
| UNCONJUGATED (I.D.Bilirubin) | 0.42 | mg/dl | 0.00 - 0.70 |
| TOTAL PROTEIN | 5.9 | gm/dl | 6.6 - 8.3 |
| ALBUMIN | 3.2 | gm/dl | 3.4 - 5.2 |
| GLOBULIN | 2.7 | gm/dl | 2.3 - 3.5 |
| A/G RATIO | 1.185 | | |
| SGOT | 14.8 | IU/L | 5 - 35 |
| SGPT | 16.7 | IU/L | 5.0 - 45.0 |
| ALKALINE PHOSPHATASE IFCC Method | 68.5 | U/L | 35.0 - 104.0 |
| GAMMA GT | 23.1 | IU/L | 6.0 - 42.0 |

LFT INTERPRET

LIPID PROFILE

| | | | |
|-----------------------------|--------------|-------|--------------|
| TRIGLYCERIDES | 63.4 | mg/dL | 25.0 - 165.0 |
| TOTAL CHOLESTEROL | 91.8 | mg/dL | 29.0 - 199.0 |
| H D L CHOLESTEROL DIRECT | 39.3 | mg/dL | 35.1 - 88.0 |
| V L D L | 12.68 | mg/dL | 4.7 - 22.1 |
| L D L CHOLESTEROL DIRECT | 39.82 | mg/dL | 63.0 - 129.0 |
| TOTAL CHOLESTEROL/HDL RATIO | 2.336 | | 0.0 - 4.97 |
| LDL / HDL CHOLESTEROL RATIO | 1.013 | | 0.00 - 3.55 |
| THYROID PROFILE | | | |
| QUANTITY | 10 | ml. | |



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| Test Name | Value | Unit | Normal Value |
|--------------------------------|-------------|------|--------------|
| COLOUR | PALE YELLOW | | |
| TRANSPARENCY | CLEAR | | |
| SPECIFIC GRAVITY | 1.025 | | |
| PH | 6.5 | | |
| ALBUMIN | NIL | | |
| SUGAR | NIL | | |
| MICROSCOPIC EXAMINATION | | | |
| PUS CELLS | 2-4 | /HPF | |
| RBC'S | NIL | /HPF | |
| CASTS | NIL | | |
| CRYSTALS | NIL | | |
| EPITHELIAL CELLS | 1-4 | /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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| 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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