

231

BoB

आपका आधार क्रमांक / Your Aadhaar No. :
8308 0915 1800
आधार – आम आदमी का अधिकार

 भारत सरकार
GOVERNMENT OF INDIA

 खुशबू
Khushboo
जन्म वर्ष / Year of Birth : 1992
महिला / Female

8308 0915 1800

आधार – आम आदमी का अधिकार

ID: 275

24-02-2024 11:30:52 AM-12

Khushboo

Female 32Years

Diagnosis Information:

Sinus Rhythm

Normal ECG

HR : 74 bpm

P : 84 ms

PR : 123 ms

QRS : 77 ms

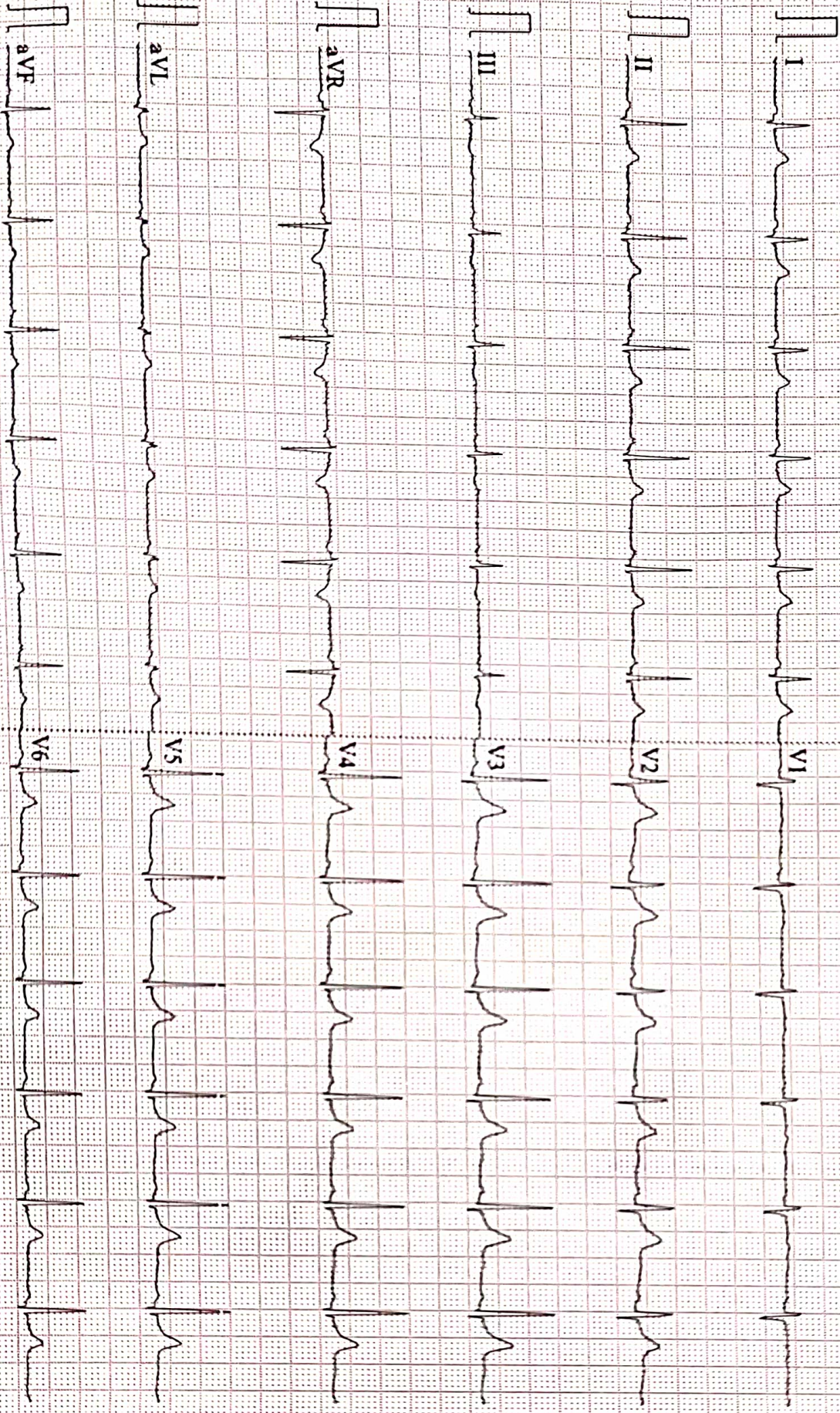
QT/QTc : 357/398 ms

P/QRS/T : 20/55/18 °

RV5/SV1 : 1.23/60.386 mV

Ref-Phys. :

Report Confirmed by:



0.67-100Hz AV50 25mm/s 10mm/mV 2508 74 V2-2 SENIUP VISI DAIGNOSTIC



Name :- Khushboo
Refd by :- Corp.

Age/Sex:- 32Yrs/F
Date :-24/02/2024

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(11.7cm) 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** :- **Single large calculus of measuring size approx 13.7mm with posterior acoustic shadow seen within lumen near neck region. wall thickness appears normal 2.3mm.**
- 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 8.8cm and Left Kidney measures 9.4cm.
- Ureters** :- Ureters are normal.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (8.1cm x 4.4cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 25mm x 16mm and Left ovary measures 29mm 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:- *Cholelithiasis Without Cholecystitis.
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



40204100401

TEST REPORT

Reg.No : 40204100401	Reg.Date : 25-Feb-2024 16:24	Collection : 25-Feb-2024 16:24
Name : KHUSHBOO		Received : 25-Feb-2024 16:24
Age : 32 Years	Sex : Female	Report : 25-Feb-2024 17:42
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 25-Feb-2024 18:02
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.15	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	9.15	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	3.834	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. Vidhi Patel
M.D BIOCHEMISTRY
Reg. No.:-G-34739



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

Date	24/02/2024	Srl No.	22	Patient Id	2402240022
Name	Mrs. KHUSHBOO	Age	32 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.1	%	

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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Date	24/02/2024	Srl No.	22	Patient Id	2402240022
Name	Mrs. KHUSHBOO	Age	32 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	12.1	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,000	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	62	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	09	mm/1st hr.	0 - 20
R B C COUNT	4.03	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	36.3	%	35 - 45
M C V	90.07	fl.	80 - 100
M C H	30.02	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	1.91	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	76.9	mg/dl	70 - 110
SERUM CREATININE	0.92	mg%	0.5 - 1.3
BLOOD UREA	21.1	mg /dl	15.0 - 45.0
SERUM URIC ACID	3.2	mg%	2.5 - 6.0

LIVER FUNCTION TEST (LFT)



Date	24/02/2024	Srl No.	22	Patient Id	2402240022
Name	Mrs. KHUSHBOO	Age	32 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.54	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.18	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.36	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.61	gm/dl	6.6 - 8.3
ALBUMIN	3.9	gm/dl	3.4 - 5.2
GLOBULIN	2.71	gm/dl	2.3 - 3.5
A/G RATIO	1.439		
SGOT	26.1	IU/L	5 - 35
SGPT	32.7	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	102.6	U/L	35.0 - 104.0
GAMMA GT	38.2	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	47.1	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	140.9	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	39.0	mg/dL	35.1 - 88.0
V L D L	9.42	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	92.48	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.613		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.371		0.00 - 3.55
THYROID PROFILE			
QUANTITY	10	ml.	



Date	24/02/2024	Srl No.	22	Patient Id	2402240022
Name	Mrs. KHUSHBOO	Age	32 Yrs.	Sex	F
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	0-1	/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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Date	24/02/2024	Srl No.	22	Patient Id	2402240022
Name	Mrs. KHUSHBOO	Age	32 Yrs.	Sex	F
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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www.aarogyamdiagnostics.com

Date 26/02/2024

Srl No. 14

Patient Id 2402260014

Name Mrs. KHUSHBOO

Age 32 Yrs.

Sex F

Ref. By Dr.BOB

Test Name	Value	Unit	Normal Value
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BIOCHEMISTRY

BLOOD SUGAR PP

98.37

mg/dl

80 - 160

**** End Of Report ****

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