

02-01-2022 11:07:36 AM PL

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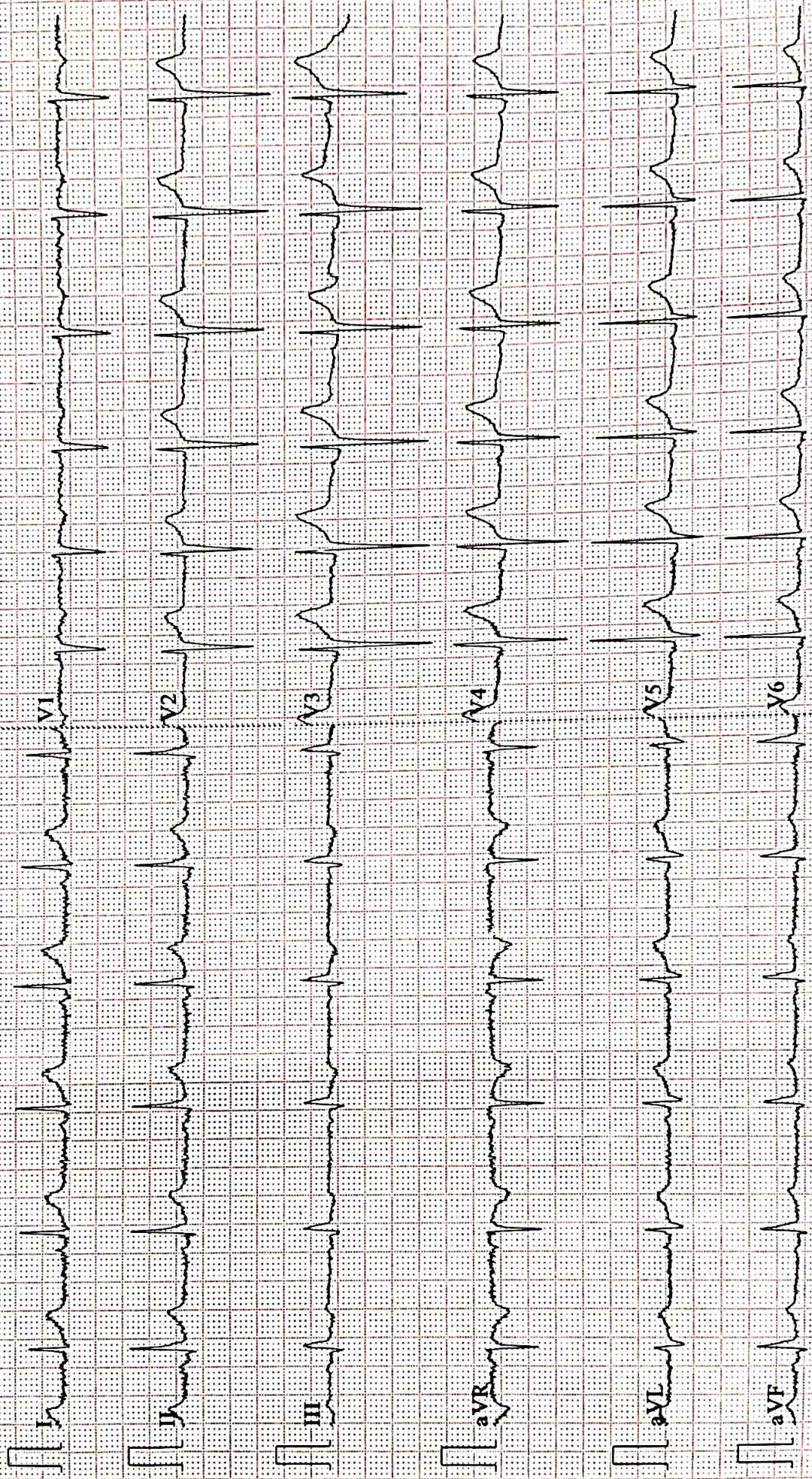
RAHUL RANJAN  
Male 36Years

Diagnosis Information:

Sinus Arrhythmia

HR : 74 bpm  
P : 109 ms  
PR : 155 ms  
QRS : 94 ms  
QT/QTc : 377/419 ms  
P/QRS/T : 24/47/18 °  
RV5/SV1 : 1.398/0.901 mV

Ref-Phys. :  
Report Confirmed by:





# A.L.C. Advance Imaging Diagnostics

(A Unit of P.K.Arogyam Health & Wellness Center)

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OPINION MUST BE CORRELATES WITH CLINICALLY & OTHER INVESTIGATION FOR FINAL DIAGNOSIS. NOT FOR MEDICO LEGAL PURPOSE

**Pt. Name :- RAHUL RANJAN**  
**Ref. By :- DR. / AAROGYAM**

**Date:- 02-01-2022**  
**Age / Sex - Yrs. M.**

## REAL TIME U.S.G. OF WHOLE ABDOMEN

Thanks for your kind referral

( Report.)

- LIVER** :- Measures 15.46 cm. Mild Enlarged in shape , size and echo texture fatty change seen in liver parenchyma .J.H.B.R. are not dilated.  
Hepatic veins are normal. No SOL seen.
- G.BL.** :- Lumen is echo free. Wall thickness appears normal.
- C.B.D.** :- Measures 3.5 mm in diameter with echo free lumen. No calculi or mass seen.
- P.V.** :- Measures 7.7 mm in diameter. Appears normal. No thrombus seen.
- PANCREAS** :- Normal in shape, size and echo texture. No calcification mass seen.
- SPLEEN** :- Measures 11.33 cm. Normal in shape, size and echo texture.  
No SOL seen.
- KIDNEY** :- Both kidney shows normal shape, size & echotexture. C.M.D.intact.  
P.C.S.is not dilated.  
**Right Kidney :- Measures 10.25 X 3.50 cm.**  
**Left Kidney :- Measures 9.50 X 3.50 cm.**
- URETER** :- Not dilated .No apparent calculi seen.
- U.BLADDER**:- Shows normal in outline with echo free lumen. No calculi or mass seen.  
**Pre void - 320 ml. Post void - is in significant**
- PROSTATE** :- Measures 18 gms.(approx). Appears Normal in size, shape, and echo texture.  
No calcification , mass ,growth seen. capsule is intact.
- R.I.F.** :- Son graphically no appendicular mass or collection seen.
- OTHERS** :- No Ascites . no Lymph Adenopathy. No pleural effusion seen on either side .

## IMPRESSION

- **Mild Hepatomegaly With fatty liver G-I**
- **Adv:- Further work up other investigation**  
**Otherwise son graphically normal scan. of rest organs**

21/12/22

Consultant Radiologist

ESTB BY:-

Dr. P. K. Tiwari  
MD, BRIT (Radio Imaging)  
Consultant Imagiologist

Dr. S. Kumar  
MD (Pat)  
Consultant Pathologist

Dr. Abhishek Kumar  
MBBS, MD  
Consultant Neuropathologist

Dr. Anjali  
MBBS, MD  
Consultant(TMT,EEG Specialist)

Dr. Kumari Suman  
MBBS, DGO, MD  
Consultant (TVS & HSG Specialist)



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 info@aarogyamdiagnostics.com  
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Date	02/01/2022	Srl No.	8	Patient Id	2201020008
Name	Mr. RAHUL RANJAN	Age	36 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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### HAEMATOLOGY

HB A1C	5.0	%	
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#### 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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<b>Name</b>	<b>Mr. RAHUL RANJAN</b>	<b>Age 36 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	<b>12.2</b>	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	67	%	40 - 75
LYMPHOCYTE	29	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	12	mm/1st hr.	0 - 15
R B C COUNT	<b>4.06</b>	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	<b>36.6</b>	%	40 - 54
M C V	90.15	fl.	80 - 100
M C H	30.05	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.70	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		

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

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<b>Name</b>	<b>Mr. RAHUL RANJAN</b>	<b>Age</b>	<b>36 Yrs.</b>	<b>Sex</b>	<b>M</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
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**BIOCHEMISTRY**

BLOOD SUGAR FASTING	86.4	mg/dl	70 - 110
SERUM CREATININE	0.82	mg%	0.7 - 1.4
BLOOD UREA	21.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.2	mg%	3.4 - 7.0

**LIVER FUNCTION TEST (LFT)**

BILIRUBIN TOTAL	0.69	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.21	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.48	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.2	gm/dl	6.6 - 8.3
ALBUMIN	4.0	gm/dl	3.4 - 5.2
GLOBULIN	3.2	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.25</b>		
SGOT	<b>61.5</b>	IU/L	5 - 40
SGPT	<b>79.0</b>	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	121.6	U/L	40.0 - 130.0
GAMMA GT	25.1	IU/L	8.0 - 71.0

**LFT INTERPRET****LIPID PROFILE**

TRIGLYCERIDES	79.2	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	122.8	mg/dL	29.0 - 199.0



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<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	41.7	mg/dL	35.1 - 88.0
V L D L	15.84	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	65.26	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.945		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.565		0.00 - 3.55
<b>THYROID PROFILE</b>			
T3	0.92	ng/ml	0.60 - 1.81
T4	10.13	ug/dl	4.5 - 10.9
Chemiluminescence			
TSH	1.51	uIU/ml	
Chemiluminescence			
<b>REFERENCE RANGE</b>			
<b>PAEDIATRIC AGE GROUP</b>			
0-3 DAYS	1-20	ulu/ ml	
3-30 DAYS	0.5 - 6.5	ulu/ml	
1 MONTH -5 MONTHS	0.5 - 6.0	ulu/ml	
6 MONTHS- 18 YEARS	0.5 - 4.5	ulu/ml	
<b>ADULTS</b>	0.39 - 6.16	ulu/ml	

**Note:** TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates  $\pm 50\%$ , hence time of the day has influence on the measured serum TSH concentration.



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Assay performed on enhanced chemi luminescence 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.
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.

### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

QUANTITY	15	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.020	
PH	6.0	

#### CHEMICAL EXAMINATION

ALBUMIN	NIL
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Test Name	Value	Unit	Normal Value
SUGAR	NIL		
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	0-1	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	0-1	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

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

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