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भारत सरकार  
GOVERNMENT OF INDIA



नाम / नाम

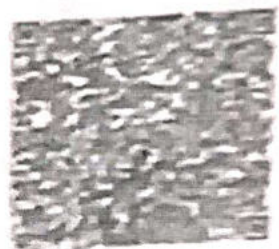
Laxmi Dubey

जन्मदिनांक / DOB: 12/06/1997

लिंग / FEMALE

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8595 1421 9331

आधार आधार, आधार पहचान

*[Handwritten signatures and marks]*

19-03-2023 07:41:44 AM

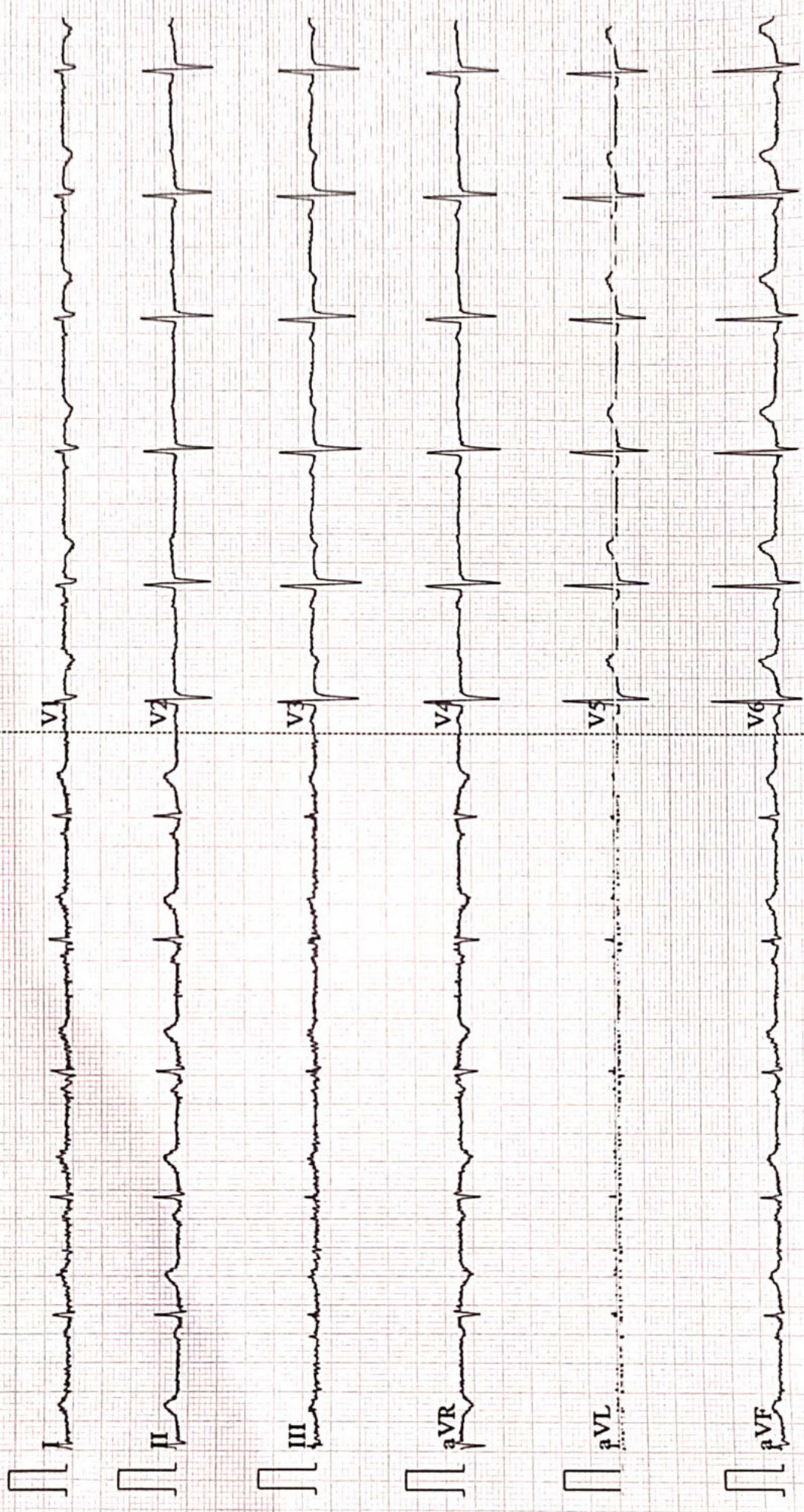
ID: 632

LAXMI DUBEY  
Female 27Years

HR : 68 bpm  
P : 102 ms  
PR : 144 ms  
QRS : 78 ms  
QT/QTc : 394/421 ms  
P/QRS/T : 55/61/57 °  
RV5/SV1 : 0.883/0.210 mV

Diagnosis Information:  
Sinus Arrhythmia  
Inverted T Wave(V3)

Ref-Phys. :  
Report Confirmed by:





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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

9264278360, 9065875700, 8789391403

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

<b>Date</b>	<b>19/03/2023</b>	<b>Srl No.</b>	<b>8</b>	<b>Patient Id</b>	<b>2303190008</b>
<b>Name</b>	<b>Mrs. LAXMI DUBEY</b>	<b>Age</b>	<b>25 Yrs.</b>	<b>Sex</b>	<b>F</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

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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<b>Name</b>	<b>Mrs. LAXMI DUBEY</b>	<b>Age 25 Yrs.</b>	<b>Sex F</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.8	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	5,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	65	%	40 - 75
LYMPHOCYTE	30	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	16	mm/1st hr.	0 - 20
R B C COUNT	<b>4.87</b>	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	41.05	%	35 - 45
M C V	84.29	fl.	80 - 100
M C H	28.34	Picogram	27.0 - 31.0
M C H C	33.6	gm/dl	33 - 37
PLATELET COUNT	2.44	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	81.6	mg/dl	70 - 110
SERUM CREATININE	0.78	mg%	0.5 - 1.3
BLOOD UREA	24.6	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.9	mg%	2.5 - 6.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			



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<b>Name</b>	<b>Mrs. LAXMI DUBEY</b>	<b>Age 25 Yrs.</b>	<b>Sex F</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.67	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.25	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.42	mg/dl	0.00 - 0.70
TOTAL PROTEIN	<b>6.3</b>	gm/dl	6.6 - 8.3
ALBUMIN	3.4	gm/dl	3.4 - 5.2
GLOBULIN	2.9	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.172</b>		
SGOT	27.4	IU/L	5 - 35
SGPT	29.6	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	90.1	U/L	35.0 - 104.0
GAMMA GT	23.8	IU/L	6.0 - 42.0

### LFT INTERPRET

### LIPID PROFILE

TRIGLYCERIDES	86.8	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	146.7	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	51.4	mg/dL	35.1 - 88.0
V L D L	17.36	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	77.94	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.854		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.516		0.00 - 3.55
THYROID PROFILE			
QUANTITY	15	ml.	



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<b>Name</b>	<b>Mrs. LAXMI DUBEY</b>	<b>Age</b>	<b>25 Yrs.</b>	<b>Sex</b>	<b>F</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010		
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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<b>Name</b> Mrs. LAXMI DUBEY	<b>Age</b> 25 Yrs.	<b>Sex</b> F
<b>Ref. By</b> 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 \*\*\*\*

**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



30304100381

**TEST REPORT**

<b>Reg.No</b> : 30304100381	<b>Reg.Date</b> : 20-Mar-2023 11:35	<b>Collection</b> : 20-Mar-2023 11:35
<b>Name</b> : MS. LAXMI DUBEY		<b>Received</b> : 20-Mar-2023 11:35
<b>Age</b> : 25 Years	<b>Sex</b> : Female	<b>Report</b> : 20-Mar-2023 13:05
<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA		<b>Dispatch</b> : 20-Mar-2023 13:25
<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>	1.35	ng/mL	0.60 - 1.81
Thyroxin (Total T4) <i>Method:CLIA</i>	9.00	µg/dL	4.5 - 12.6
Thyroid Stimulating Hormone (TSH.) <i>Method:CLIA</i> Ultra Sensitive	2.192	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)





Name :- Laxmi Dubey  
Refd by :- Corp

Age/Sex:- 25Yrs/F  
Date :-19/03/23

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Normal in size (11.4cm) 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** :- Normal in size (9.6cm) 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 9.5cm and Left Kidney measures 10.1cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (7.4cm 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.

**IMPRESSION:-** Normal Scan.

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



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Patient's Name: Mrs. Laxmi Dubey	Date: 19/03/2023
Ref: By:- Self	Age/Sex: 25 YRS. /F
Indication for study:- R/O SHD	

## ECHOCARDIOGRAPHY REPORT

### MEASUREMENTS:

Aortic root diameter	<u>3.0</u>	Normal 2.0-3.7cm < 2.2cm/M <sup>2</sup>
Aortic valve opening	<u>                    </u>	1.5-2.6cm
Left atrial dimension	<u>3.0</u>	0.9 - 4.0 cm < 2.2 cm / M2
LEFT VENTRICLE:		Normal
ED dimension	5.0	3.7 - 5.6 cm < 3.2 cm / M <sup>2</sup>
ES dimension	3.2	2.2 - 4.0 cm
ED IVS thickness	0.7	0.6-1.0 cm
ED PW thickness	0.8	0.6-1.0 cm
ES IVS thickness	1.0	
ES PW thickness		

### MITRAL VALVE

E Velocity = 91 cm/sec      A velocity = 46 cm/sec      E/A =      DT = cm/s.  
Max. PG = 3.3 mmHg  
Mean PG =      mmHg  
Mitral Regurgitation: Nil  
Mitral stenosis: Nil

### AORTIC VALVE

Max. Velocity = 114 cm/sec      Mean Velocity =      cm/sec  
Max PG = 5.2 mmHg      Mean PG =      mmHg  
Aortic Regurgitation: Nil      PHT = ms      Slope =  
Aortic stenosis: Nil

### TRICUSPID VALVE

Max. Velocity = 62cm/sec      Max PG = 1.5mmHg  
Tricuspid Regurgitation: Nil      PASP = mmHg  
Tricuspid stenosis: Nil

### PULMONARY VALVE

Max. Velocity = cm/sec      Max PG =      mmHg  
Pulmonary Regurgitation: Nil      PAEDP = mmHg  
Pulmonary stenosis: Nil



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**IMPRESSION-** bpm : Normal acoustic Window.

- ◆ No Regional wall motion abnormality Seen. Normal LV function.
- ◆ LVEF= 65 %
- ◆ Cardiac chambers are normal.
- ◆ No MR.
- ◆ No TR.
- ◆ No AR.
- ◆ Mitral inflow pattern normal.
- ◆ No intracardiac clot/vegetation/P.E.

**FINAL IMP-**

Normal Echo Parameter.  
LVEF= 65%



Dr. Sandeep Kumar  
MD (Medicine)  
Consultant Cardiologist