

SANDEEP KUMAR

Male 37years

HR : 65 bpm

P : 90 ms

PR : 133 ms

QRS : 86 ms

QT/QTc : 373/389 ms

PQRS/T : 59/73/65 °

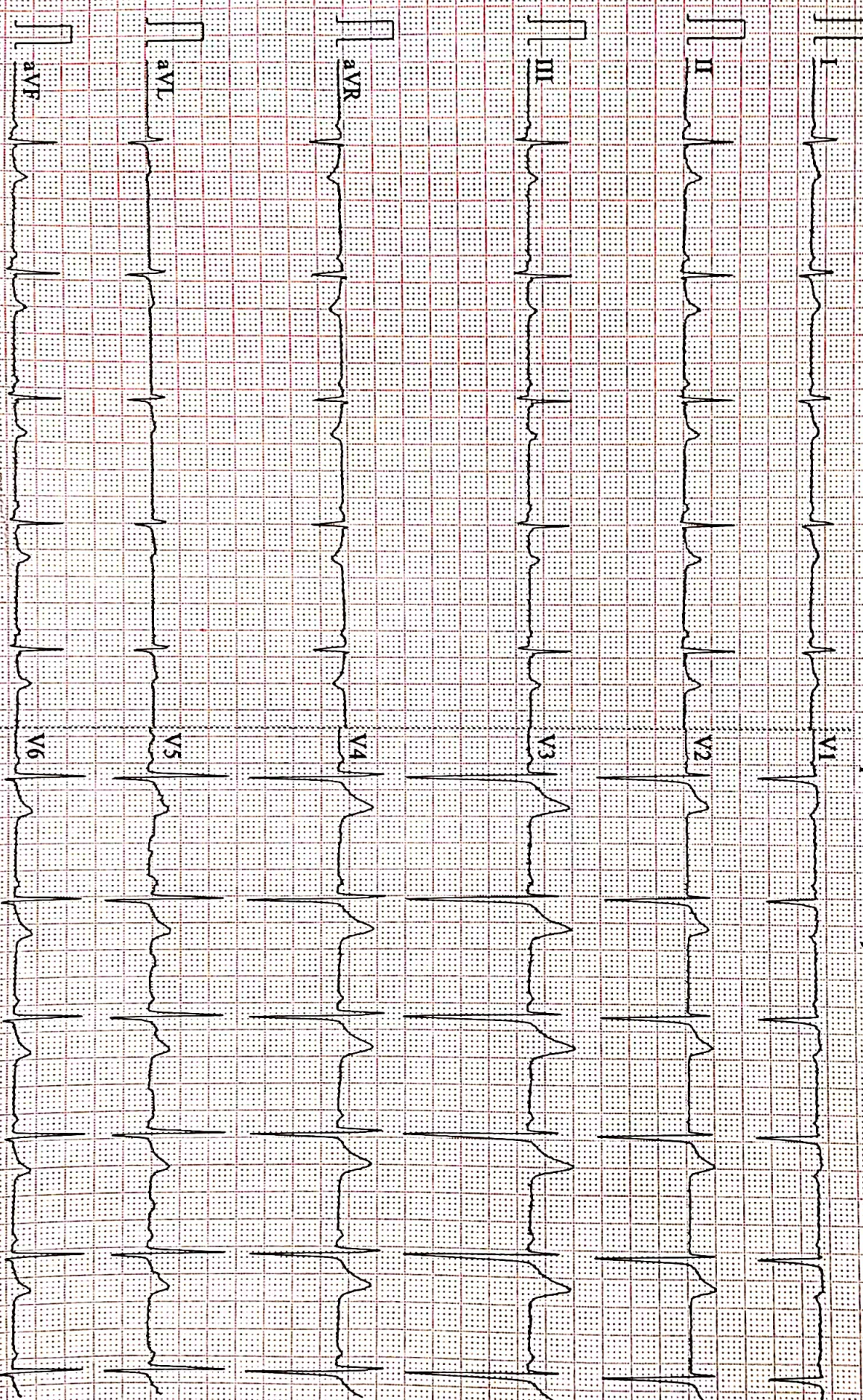
RV5/SV1 : 1335/0.992 mV

Diagnosis Information:

Sinus Rhythm

Normal ECG

Report Confirmed by:



0.67-100HZ AC50 25mm/s 10mm/mV 2.50s V2.2 SEMIP V1.81 DAIGNOSTIC



SUBHAM IMAGING & A.L.C. DIAGNOSTICS CENTRE

H.O. : Ajay Market, Dena Bank Building, East Ashok Nagar, Kankarbagh, Patna - 20

B.O. : Khanpura Road (Below Gyan Sharowar School), Paliganj, Patna.

e-mail : shubham.pat.usg@gmail.com # website : www.alchealthcheckup.in

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

Pt. Name :- **SANDEEP KUMAR**

Ref. By :- **DR. / AAROgyAM**

Date:- **24/12/2021**

Age / Sex - **Yrs. M.**

REAL TIME U.S.G. OF WHOLE ABDOMEN

Thanks for your kind referral

(Report.)

LIVER :- Measures 14.80 cm. Mild Enlarged in shape , size and echo texture fatty change seen in liver parenchyma .I.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 11.26 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 9.70 X 3.50 cm.

Left Kidney :- Measures 10.3 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

24/12/21

Consultant Radiologist

ESTB BY:-

Dr. P. K. Tiwari

MD, BRIT (Radio Imaging)

Consultant Imagonologist & Sonologist

A.L.C. Diagnostics & Research Centre, Patna

Dr. S. Kumar

MD. (Pat)

Consultant Pathologist

Dr. A. K. Singh

MBBS, PGDMCH

Consultant Radiologist & Sonologist



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 9264278360, 9065875700, 8789391403
 info@aarogyamdiagnostics.com
 www.aarogyamdiagnostics.com

Date	24/12/2021	Srl No.	15	Patient Id	2112240015
Name	Mr. SANDEEP KUMAR	Age	37 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.2	%	
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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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Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	14.2	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	5,600	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	68	%	40 - 75
LYMPHOCYTE	29	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	12	mm/1st hr.	0 - 15
R B C COUNT	4.77	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	42.6	%	40 - 54
M C V	89.31	fl.	80 - 100
M C H	29.77	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.15	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	107.1	mg/dl	70 - 110
SERUM CREATININE	0.99	mg%	0.7 - 1.4
BLOOD UREA	26.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.0	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			
BILIRUBIN TOTAL	0.69	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.22	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.47	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.0	gm/dl	6.6 - 8.3
ALBUMIN	3.7	gm/dl	3.4 - 5.2
GLOBULIN	3.3	gm/dl	2.3 - 3.5
A/G RATIO	1.121		
SGOT	61.8	IU/L	5 - 40
SGPT	79.9	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	121.5	U/L	40.0 - 130.0
GAMMA GT	24.8	IU/L	8.0 - 71.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	135.5	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	194.1	mg/dL	29.0 - 199.0



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Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	64.7	mg/dL	35.1 - 88.0
V L D L	27.1	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	102.3	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.581		0.00 - 3.55
THYROID PROFILE			
T3	0.93	ng/ml	0.60 - 1.81
T4 Chemiluminescence	10.16	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.47	uIU/ml	
REFERENCE RANGE			
PAEDIATRIC AGE GROUP			
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	
ADULTS	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		
MICROSCOPIC EXAMINATION			
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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