ID: 20	14-06-20	77 10578.52 AM			
KUMAR NILESH	HR .	76 bpm	Diagnosis Information:		
Male 31Years	P	:1:::			
	PR	: 123 ms	Abnormal q Wave(III)		
	QRS	: 93 ms			
	oT/QTc	/402	8		
	P/QRS/T	57/48/40			
	RV5/SV1	: 1.359/1.413			
			Report Confirmed by:		
	\ \ ?			<u>}</u>	
	} { } }				7
		<u>}</u>			}
	<u> </u>				2
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					}
0.67-100Hz AC50 25mm/s	ĭūmm/m v 2	2*5.0s ₩76 V	V2.2 SEMIP VI.81 DAIGNOSIIU		
)			



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Age/Sex:-37Yrs/M Name :- Kumar Nilesh Date :-14/06/22 Refd by :- Dr. BOB.

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

:- Enlarged in size (17.2cm) with raised echotexture. No focal or diffuse Liver

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.

:- It is normal in calibre & is echofree. **CBD**

:- Normal in shape, size & echotexture. No evidence of parenchymal / ductal **Pancreas**

calcification is seen. No definite peripancreatic collection is seen.

:- Normal in size(11.2cm) with normal echotexture. No focal lesion is seen. Spleen

No evidence of varices is noticed.

:- Both kidneys are normal in shape, size & position. Sinus as well as cortical Kidneys

echoes are normal. No evidence of calculus, space occupying lesion or

hydronephrosis is seen.

Right Kidney measures 9.7cm and Left Kidney measures 10.2cm.

It is echofree. No evidence of calculus, mass or diverticulum is seen. U. Bladder:-

post void-Nil. pre void-88cc

:- Normal in size(15 cc) & normal echotexture. Prostate

:- No ascites. No free subphrenic / basal pleural space collection is seen. Others

Excessive Bowel gas.

Hepatomegaly with Grade I-II fatty Liver. IMPRESSION:-

Excessive Bowel Gas.

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



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Date 14/06/2022 Srl No. 12 Patient ld 2206140012

Name Mr. KUMAR NILESH Age 39 Yrs. Sex M

Ref. By Dr.BOB

Test Name Value Unit Normal Value

HAEMATOLOGY

HB A1C 5.2 %

EXPECTED VALUES:

Metabolicaly healthy patients = 4.8 - 5.5 % HbAIC

Good Control = 5.5 - 6.8 % HbAlC Fair Control = 6.8-8.2 % HbAlC Poor Control = >8.2 % HbAlC

REMARKS:-

In vitro quantitative determination of HbAIC in whole blood is utilized in long term monitoring of glycemia

The **HbAIC** 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 **HbAIC** be performed at intervals of 4-6 weeksduring Diabetes

Mellitus therapy.

Results of **HbAIC** 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	14/06/2022	Srl No	o. 12	Patient le	d 2206140012
Name	Mr. KUMAR NILESH	Age	39 Yrs.	Sex	М
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.9	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,500	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	62	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	11	mm/lst hr.	0 - 15
R B C COUNT	4.2	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	36.8	%	40 - 54
MCV	87.62	fl.	80 - 100
MCH	33.1	Picogram	27.0 - 31.0
MCHC	37.8	gm/dl	33 - 37
PLATELET COUNT	2.25	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

**** End Of Report ****

Dr.R.B.RAMAN MBBS, MD

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Date	14/06/2022	Srl No.	12	Patient Id	2206140012
Name	Mr. KUMAR NILESH	Age	39 Yrs.	Sex	М
Ref. By Dr	.BOB				

Test Name	Value	Unit	Normal Value
<u> </u>	SIOCHEMIS	<u>TRY</u>	
BLOOD SUGAR FASTING	86.3	mg/dl	70 - 110
SERUM CREATININE	0.84	mg%	0.7 - 1.4
BLOOD UREA	26.4	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.2	mg%	3.4 - 7.0
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL	0.65	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.45	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.2	gm/dl	6.6 - 8.3
ALBUMIN	3.4	gm/dl	3.4 - 5.2
GLOBULIN	2.8	gm/dl	2.3 - 3.5
A/G RATIO	1.214		
SGOT	38.7	IU/L	5 - 40
SGPT	44.9	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	88.7	U/L	40.0 - 130.0
GAMMA GT LFT INTERPRET	25.3	IU/L	8.0 - 71.0
LIPID PROFILE			
TRIGLYCERIDES	112.8	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	186.9	mg/dL	29.0 - 199.0



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Date 14/06/2022 Name Mr. KUMAR NILESH Ref. By Dr.BOB	Srl No. Age	12 39 Yrs.	Patient Id 2206140012 Sex M
Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	47.6	mg/dL	35.1 - 88.0
VLDL	22.56	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	116.74	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.926		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.453		0.00 - 3.55
THYROID PROFILE			
Т3	0.87	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.34	ug/dl	4.5 - 10.9
TSH Chemiluminescence REFERENCE RANGE	2.15	uIU/mI	
PAEDIATRIC AGE GROUP 0-3 DAYS 3-30 DAYS I MONTH -5 MONTHS 6 MONTHS- 18 YEARS		ulu/ ml ulu/ml · 6.0 ulu/ml · 4.5 ulu/ml	
<u>ADULTS</u>	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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Date 14/06/2022 Srl No. 12 Patient ld 2206140012

Name Mr. KUMAR NILESH Age 39 Yrs. Sex M

Ref. By Dr.BOB

Test Name Value Unit Normal Value

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.
- 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 hyporthyroidism, and may be seen in secondary thyrotoxicosis.

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY 15 ml.

COLOUR PALE YELLOW

TRANSPARENCY CLEAR
SPECIFIC GRAVITY 1.015
PH 6.0

CHEMICAL EXAMINATION

ALBUMIN NIL



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Date	14/06/2022	Srl No.	12	Patient Id	2206140012
Name	Mr. KUMAR NILESH	Age	39 Yrs.	Sex	M
Ref. By Dr	:ВОВ				

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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