

*Barb*

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161812  
E C No.


नाम | Name **YADAV LEENA R**

पद | Designation **MANAGER**

धारक के हस्ताक्षर | Signature of Holder  
*Leena*

17.08 2021

जारी करने की तारीख जारीकर्ता प्राधिकारी  
Date of Issue Issuing Authority



01/03/1992

Patient Name	YADAV LEENA R	Date	24-02-2024
Age/Sex	41/F	Ref. Dr.	CORPORATE

## CHEST X-ray(PA)

### FINDINGS:

Normal bronchovascular markings in bilateral lung fields

Bilateral hila are normal.

Trachea appears normal.

Visualized bones are grossly normal.

Cardiac shadow is within normal limits

Bilateral costophrenic angles are clear.

### Impression :

- *No significant abnormality detected.*



**Dr. Sandip Maheshwari**

**MD Radio diagnosis**





Name :- Leena Yadav  
Refd by :- Corp.

Age/Sex:- 41Yrs/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 :- Surgically Removed.**
- 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 (7.7cm) 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 7.0cm and Left Kidney measures 7.9cm.
- Ureters** :- Ureters are normal.
- U. Bladder:-** It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- **Enlarged in size (10.4cm x 4.5cm)** and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 28mm x 16mm and Left ovary measures 26mm x 23mm.  
No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.  
No free subphrenic / basal pleural space collection is seen.

**IMPRESSION:-** *A/V Bulky Uterus.  
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



40204100399

### TEST REPORT

<b>Reg.No</b> : 40204100399	<b>Reg.Date</b> : 25-Feb-2024 16:18	<b>Collection</b> : 25-Feb-2024 16:18
<b>Name</b> : YADAV LEENAR		<b>Received</b> : 25-Feb-2024 16:18
<b>Age</b> : 41 Years	<b>Sex</b> : Female	<b>Report</b> : 25-Feb-2024 17:43
<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA		<b>Dispatch</b> : 25-Feb-2024 18:03
<b>Referral Dr</b> : □	<b>Status</b> : Final	<b>Location</b> : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.02	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	9.97	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	H 5.178	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



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# AAROGYAM DIAGNOSTICS

(A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

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<b>Date</b>	<b>24/02/2024</b>	<b>Srl No.</b>	<b>20</b>	<b>Patient Id</b>	<b>2402240020</b>
<b>Name</b>	<b>Mr. YADAV LEENA R</b>	<b>Age</b>	<b>41 Yrs.</b>	<b>Sex</b>	<b>M</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.6	%	

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

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	<b>10.9</b>	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	5,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	55	%	40 - 75
LYMPHOCYTE	35	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	08	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	<b>3.63</b>	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	<b>33.0</b>	%	40 - 54
M C V	90.91	fl.	80 - 100
M C H	30.03	Picogram	27.0 - 31.0
M C H C	33	gm/dl	33 - 37
PLATELET COUNT	1.55	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	81.0	mg/dl	70 - 110
SERUM CREATININE	<b>0.51</b>	mg%	0.7 - 1.4
BLOOD UREA	18.2	mg /dl	15.0 - 45.0
SERUM URIC ACID	<b>3.1</b>	mg%	3.4 - 7.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			



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

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	3.5	gm/dl	3.4 - 5.2
GLOBULIN	3.11	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.125</b>		
SGOT	24.5	IU/L	5 - 40
SGPT	14.6	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	88.5	U/L	40.0 - 130.0
GAMMA GT	58.1	IU/L	8.0 - 71.0

#### **LFT INTERPRET**

#### **LIPID PROFILE**

TRIGLYCERIDES	62.1	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	165.4	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	41.0	mg/dL	35.1 - 88.0
V L D L	12.42	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	111.98	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	4.034		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.731		0.00 - 3.55
THYROID PROFILE			
QUANTITY	10	ml.	



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

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	0-2	/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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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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