

भारत सरकार
Government of India

आधार

Issue Date: 17/06/2014



पूजा
Pooja
जन्म तिथि/DOB: 21/11/1988
महिला/ FEMALE

5757 6118 9489
VID : 9128 7717 8443 8362

मेरा आधार, मेरी पहचान



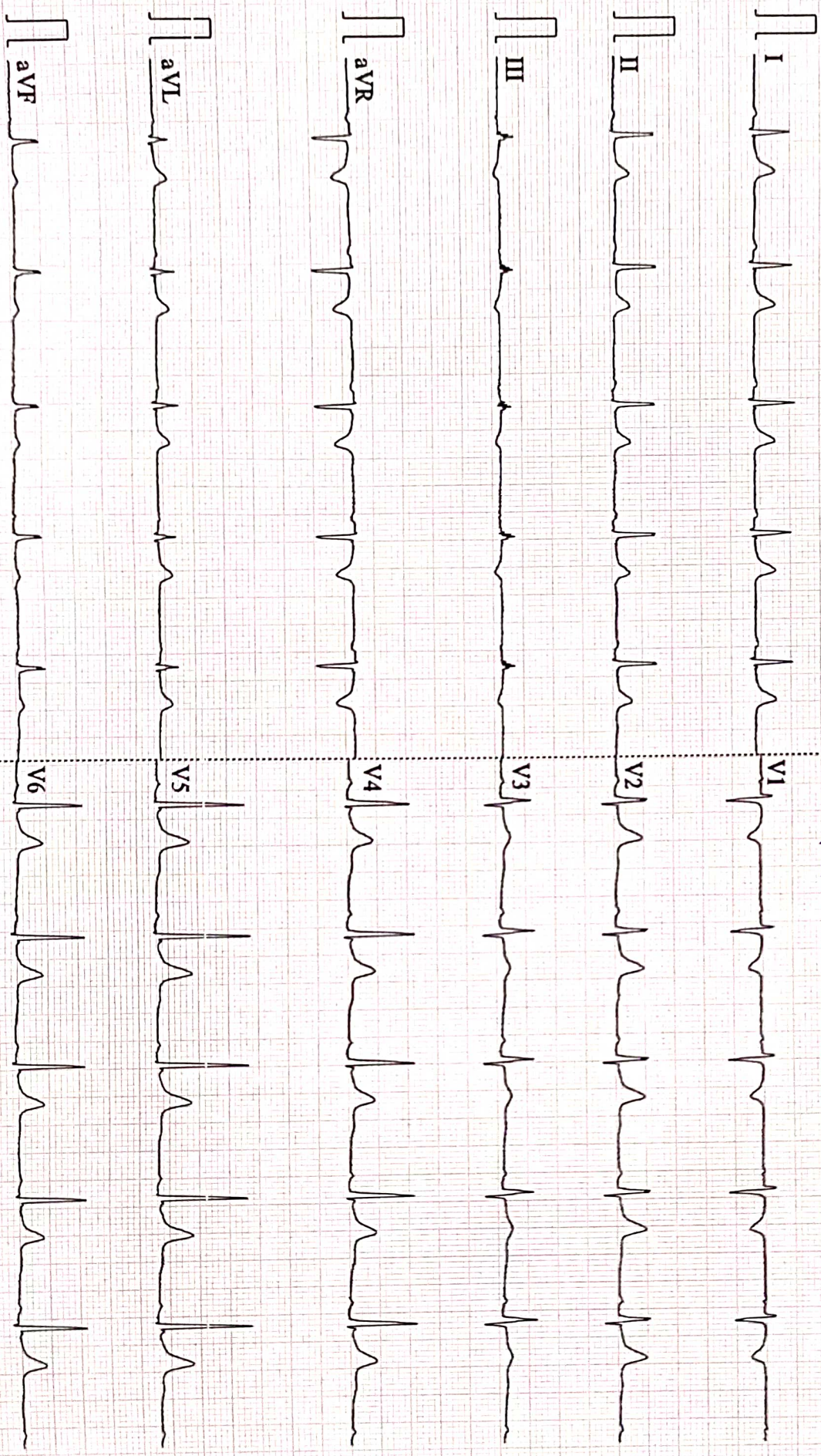
ID: 660
POOJA
Female 35Years

09-08-2024 11:31:33 AM

HR : 63 bpm
P : 75 ms
PR : 143 ms
QRS : 82 ms
QT/QTc : 387/396 ms
P/QRS/T : 2/45/17 °
RV5/SV1 : 1.52/0.544 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Ref-Phys. **DR. MANAN**
Report **DR. Manan**
MB No. 3390
Regd. No. 3390



Patient Name	POOJA	Date	09-08-2024
Age/Sex	35/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





ISO 9001 : 2015

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

Date	09/08/2024	Srl No.	9	Patient Id	2408090009
Name	Mrs. POOJA	Age	35 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.3	%	

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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Name	Mrs. POOJA	Age	35 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	12.4	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	7,800	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	18	mm/1st hr.	0 - 20
R B C COUNT	4.14	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	37.2	%	35 - 45
M C V	89.86	fl.	80 - 100
M C H	29.95	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.24	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	NEGATIVE		
BLOOD SUGAR FASTING	84.2	mg/dl	70 - 110
SERUM CREATININE	0.86	mg%	0.5 - 1.3
BLOOD UREA	20.1	mg /dl	15.0 - 45.0
SERUM URIC ACID	3.94	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



Date	09/08/2024	Srl No. 9	Patient Id 2408090009
Name	Mrs. POOJA	Age 35 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.84	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.65	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.19	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.31	gm/dl	6.6 - 8.3
ALBUMIN	4.58	gm/dl	3.4 - 5.2
GLOBULIN	2.73	gm/dl	2.3 - 3.5
A/G RATIO	1.678		
SGOT	49.3	IU/L	5 - 35
SGPT	42.1	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	88.5	U/L	35.0 - 104.0
GAMMA GT	21.3	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	150.3	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	171.9	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	51.2	mg/dL	35.1 - 88.0
V L D L	30.06	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	90.64	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.357		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.77		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



Date	09/08/2024	Srl No.	9	Patient Id	2408090009
Name	Mrs. POOJA	Age	35 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	1-3	/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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Date	09/08/2024	Srl No.	9	Patient Id	2408090009
Name	Mrs. POOJA	Age	35 Yrs.	Sex	F
Ref. By	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 ****

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Name :- Mrs. Pooja
Refd by :- Corp.

Age/Sex:- 35Yrs/F
Date :-09/08/2024

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(13.0cm) with slightly raised 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 (9.0cm) 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 11.1cm and Left Kidney measures 11.3cm.
- Ureters** :- Ureters are normal.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Mild enlarged in size (9.3cm x 4.6cm) and anteverted with normal myometrial echotexture and endometrial thickness. ET-6.4mm.
- Ovaries** :- Both ovaries show normal .
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- Mild Fatty liver.
A/V Mild 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



40804100238

TEST REPORT

Reg.No : 40804100238 Reg.Date : 10-Aug-2024 13:02 Collection : 10-Aug-2024 13:02
Name : POOJA Received : 10-Aug-2024 13:02
Age : 35 Years Sex : Female Report : 10-Aug-2024 13:46
Referred By : AAROGYAM DIAGNOSTICS @ PATNA Dispatch : 10-Aug-2024 14:06
Referral Dr : □ Status : Final Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>C/MIA</small>	0.94	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>C/MIA</small>	8.45	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>C/MIA</small>	1.928	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. Hiral Arora
M.D. Biochemistry
Reg. No.- G-32999