

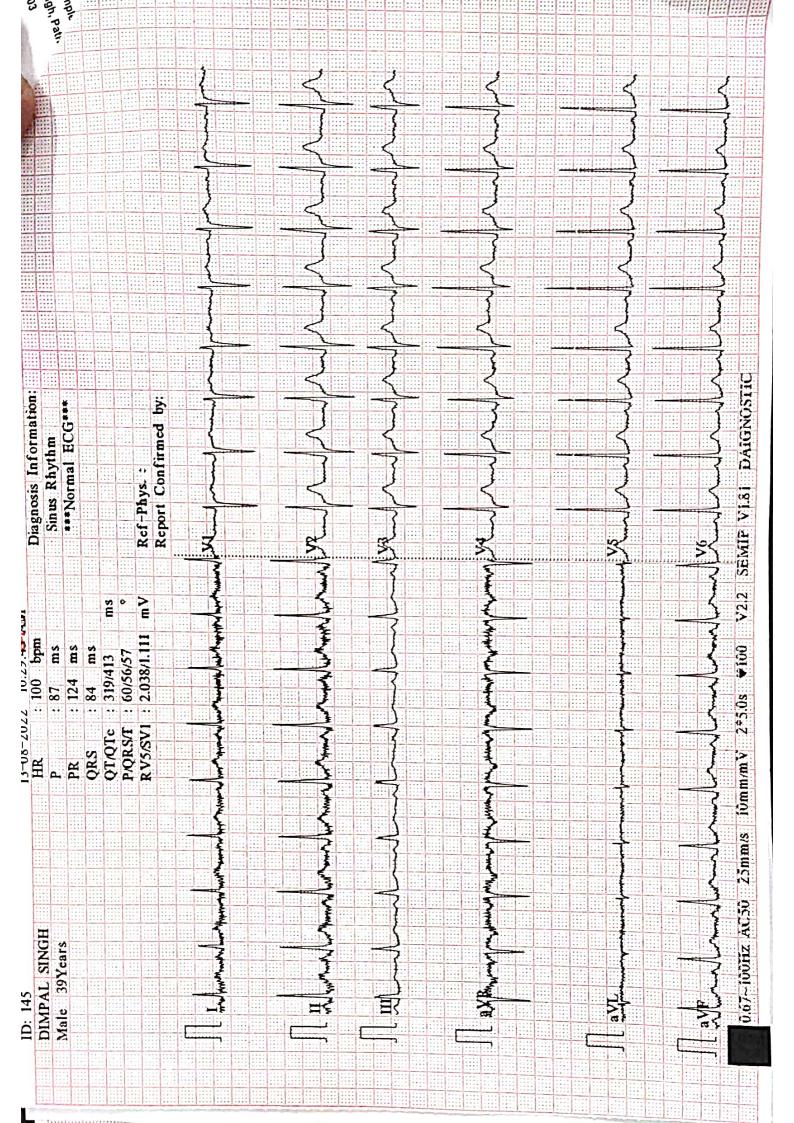
आरत सरकार Government of India Government of India



ਡਿਾਧਕ ਜ਼ਿੰਫ Dimpal Singh ਹਾਜ ਨਿਪਿ/DOB: 26/04/1983 ਸ਼ਿੰਨਿਗ/ FEMALE

9261 0451 7932 अप YID: 9148 5709 0927 3804 मेरा आधार, मेरी पहचान





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Name :-

Dimple Singh

Refd by :-

BoB

Age/Sex:-39Yrs/F

:-13/08/22 Date

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

Liver

:- Normal in size(12.4cm) 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 (H/O-Cholecystectomy in the past).

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(12.8cm) 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 8.0cm and Left Kidney measures 8.4cm.

Ureters

:- Ureters are not dilated.

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

Uterus

:- Enlarged in size (97mm x 55mm) and anteverted in position with normal myometrial echotexture and endometrial thickness.

Ovaries

:- Both ovaries show normal echotexture and follicular pattern. Right ovary

measures $29 \text{mm} \times 22 \text{mm}$ and Left ovary measures $31 \text{mm} \times 22 \text{mm}$.

No pelvic (POD) collection is seen.

Others

:- No ascites or abdominal adenopathy is seen.

No free subphrenic / basal pleural space collection is seen.

IMPRESSION:-

Mild Fatty Liver.

A/V Bulky Uterus.

Otherwise Normal Scan.

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



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Date 13/08/2022 Srl No. 25 Patient ld 2208130025

Name Mrs. DIMPLE SINGH Age 39 Yrs. Sex F

Ref. By Dr.BOB

Test Name Value Unit Normal Value

HAEMATOLOGY

HB A1C 5.0 %

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	13/08/2022	Srl No.	25	Patient Id	2208130025
Name	Mrs. DIMPLE SINGH	Age	39 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)	7,200	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	67	%	40 - 75
LYMPHOCYTE	29	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	12	mm/lst hr.	0 - 20
R B C COUNT	3.68	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	36.1	%	35 - 45
MCV	98.1	fl.	80 - 100
MCH	33.7	Picogram	27.0 - 31.0
MCHC	33.3	gm/dl	33 - 37
PLATELET COUNT	2.10	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

**** End Of Report ****

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Name	Mrs. DIMPLE SINGH	Age	39 Yrs.	Sex	F
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value			
BIOCHEMISTRY						
BLOOD SUGAR FASTING	80.4	mg/dl	70 - 110			
SERUM CREATININE	0.76	mg%	0.5 - 1.3			
BLOOD UREA	22.1	mg /dl	15.0 - 45.0			
SERUM URIC ACID	3.8	mg%	2.5 - 6.0			
LIVER FUNCTION TEST (LFT)						
BILIRUBIN TOTAL	0.58	mg/dl	0 - 1.0			
CONJUGATED (D. Bilirubin)	0.16	mg/dl	0.00 - 0.40			
UNCONJUGATED (I.D.Bilirubin)	0.42	mg/dl	0.00 - 0.70			
TOTAL PROTEIN	5.7	gm/dl	6.6 - 8.3			
ALBUMIN	2.6	gm/dl	3.4 - 5.2			
GLOBULIN	3.1	gm/dl	2.3 - 3.5			
A/G RATIO	0.839					
SGOT	31.2	IU/L	5 - 35			
SGPT	28.7	IU/L	5.0 - 45.0			
ALKALINE PHOSPHATASE IFCC Method	94.3	U/L	35.0 - 104.0			
GAMMA GT LFT INTERPRET	25.3	IU/L	6.0 - 42.0			
LIPID PROFILE						
TRIGLYCERIDES	94.5	mg/dL	25.0 - 165.0			
TOTAL CHOLESTEROL	163.2	mg/dL	29.0 - 199.0			



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Date 13/08/2022 Name Mrs. DIMPLE SINGH Ref. By Dr.BOB	Srl No. Age	25 39 Yrs.	Patient Id 2208130025 Sex F
Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	44.0	mg/dL	35.1 - 88.0
VLDL	18.9	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	100.3	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.709		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.28		0.00 - 3.55
THYROID PROFILE			
Т3	0.90	ng/ml	0.60 - 1.81
T4 Chemiluminescence	8.35	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.22	uIU/ml	
REFERENCE RANGE			
PAEDIATRIC AGE GROUP 0-3 DAYS 3-30 DAYS I MONTH -5 MONTHS 6 MONTHS- 18 YEARS	1-20 0.5 - 6.5 0.5 - 0.5 -		
<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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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 25 ml.

COLOUR PALE YELLOW

TRANSPARENCY CLEAR
SPECIFIC GRAVITY 1.015
PH 6.0

CHEMICAL EXAMINATION

ALBUMIN NIL



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Name	Mrs. DIMPLE SINGH	Age	39 Yrs.	Sex	F
Ref. By D	r.BOB				

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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