



SUBHAM IMAGING & A.L.C. DIAGNOSTICS CENTRE

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

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

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

Pt. Name :- DHEERAJ KUMAR
Ref. By :- DR . /AROGYAM

Date:- 17-Jan-22
Age / Sex :- | Yrs. M.

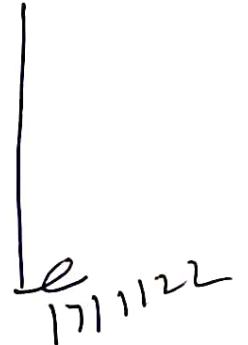
REAL TIME U.S.G. OF WHOLE ABDOMEN Thanks for your kind referral

(Report.)

- LIVER** :- Measures 14.35 cm. Mild Enlarged in shape , size and echo texture. 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 3.3 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 10.0 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. No calculi, cyst or hydronephrosis seen on either side.
Right Kidney :- Measures 10.30 X 4.1 cm.
Left Kidney :- Measures 11.0 X 4.2 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 – 310 ml. Post void – is in significant
- PROSTATE** :- Normal in Size Shape 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**
- **Adv :- Further Work Up LFT / Other Investigation**
Otherwise son graphically normal scan. of rest organs


17/1/22

Consultant Radiologist

ESTB BY:-

Dr. P. K. Tiwari
MD, M.Sc (Radio Imaging)
Ph.D (Alt Nuclear Medicine)
Consultant Imaginationologist & Sonologist

Dr. S. Kumar
MD. (Pat)
Consultant Pathologist

Dr. A. K. Singh
MBBS, PGDMCH
Consultant Radiologist & Sonologist

ID: 38

17-01-2022 12:06:04 PM

BPL

male

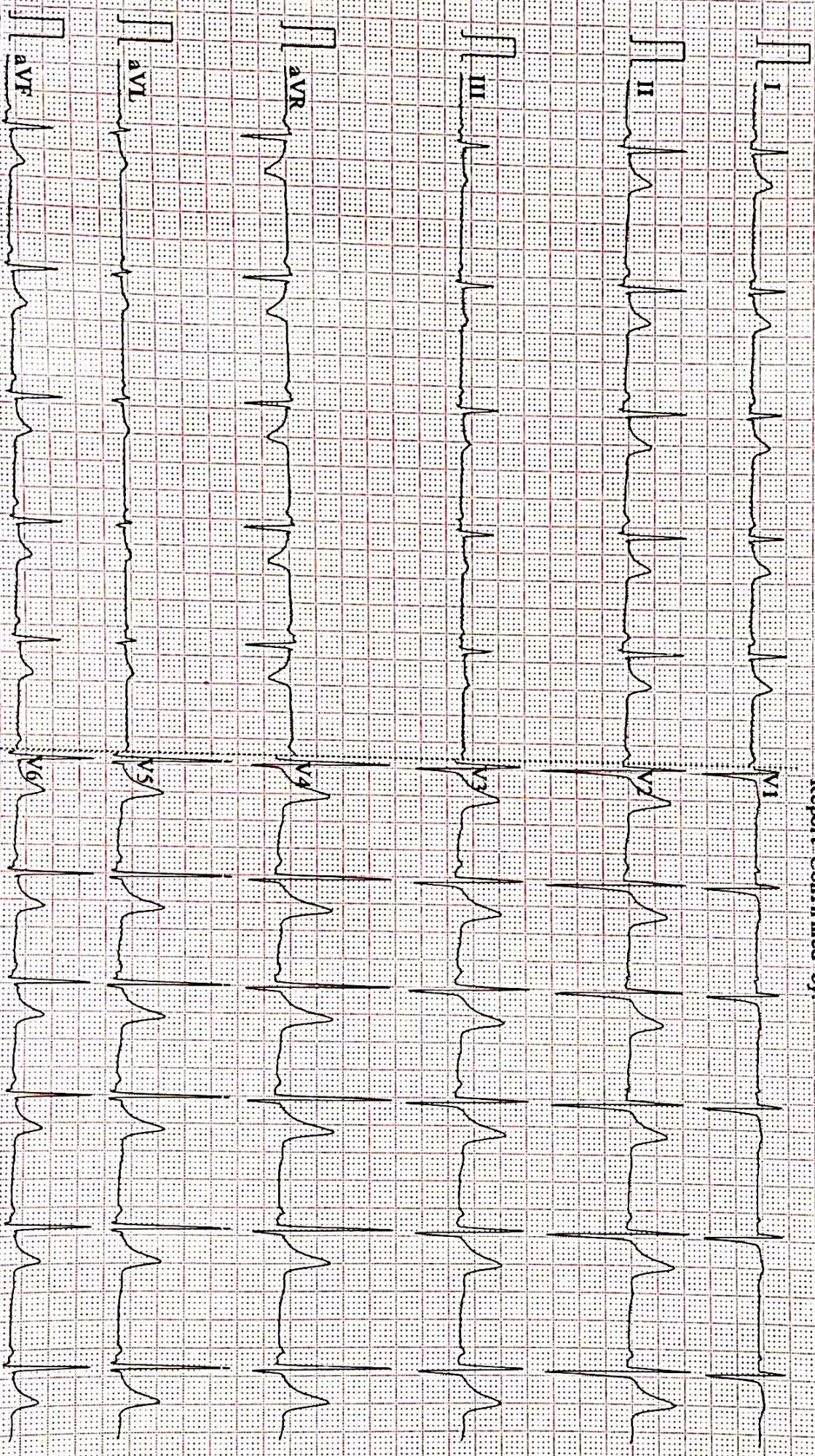
Years

HR : 68 bpm
 P : 94 ms
 PR : 130 ms
 QRS : 88 ms
 QT/QTc : 361/384 ms
 PQRS/T : 54/58/46
 RV5/SV1 : 2.136/0.987 mV

Diagnosis: Information:
 Sinus Arrhythmia
 Slight ST Elevation (V4, V5)

D. E. Roy
K. M. G. S.

Ref-Phys. :
 Report Confirmed by:



0.67 100Hz AC50 25mm/s 10mm/mV 275us V2.2 SEMIP-VI.81 DIAGNOSTIC



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AAROGYAM DIAGNOSTICS
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 info@aarogyamdiagnostics.com
 www.aarogyamdiagnostics.com

Date	17/01/2022	Srl No.	8	Patient Id	2201170008
Name	Mr. DHEERAJ KUMAR	Age	31 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.0	%	
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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)	13.8	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,800	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	63	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	12	mm/1st hr.	0 - 15
R B C COUNT	4.60	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	41.4	%	40 - 54
M C V	90	fl.	80 - 100
M C H	30	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.45	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	84.0	mg/dl	70 - 110
SERUM CREATININE	0.83	mg%	0.7 - 1.4
BLOOD UREA	26.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.1	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	3.9	gm/dl	3.4 - 5.2
GLOBULIN	3.1	gm/dl	2.3 - 3.5
A/G RATIO	1.258		
SGOT	36.7	IU/L	5 - 40
SGPT	69.1	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	110.6	U/L	40.0 - 130.0
GAMMA GT	25.9	IU/L	8.0 - 71.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	81.3	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	195.8	mg/dL	29.0 - 199.0



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Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	42.6	mg/dL	35.1 - 88.0
V L D L	16.26	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	136.94	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	4.596		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	3.215		0.00 - 3.55
THYROID PROFILE			
T3	0.99	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.74	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.86	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	25	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.015	
PH	6.0	

CHEMICAL EXAMINATION

ALBUMIN	NIL
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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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