

Patient Name	SNEHA BHARTI	Date	18-09-2024
Age/Sex	32/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  
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Sonika Ghose

Age - 32 years

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[Signature]



Name :- Sneha Bharti  
Refd by :- Corp

Age/Sex:- 32 Yrs/F  
Date :-18/09/24

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Normal in size(12.0cm) 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** :- It is normal in shape, size & position. It is echofree & shows no evidence of calculus, mass or sludge.
- 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(10.3cm) 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 8.9cm and Left Kidney measures 9.5cm.
- Ureters** :- Ureters are normal.
- U. Bladder**:- It is echofree. No evidence of calculus mass or diverticulum is seen.
- Uterus** :- Enlarged in size (9.6cm x 5.0cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 27mm x 17mm and Left ovary measures 33mm x 18mm. 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**



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<b>Date</b>	<b>18/09/2024</b>	<b>Srl No.</b>	<b>8</b>	<b>Patient Id</b>	<b>2409180008</b>
<b>Name</b>	<b>Mrs. SNEHA BHARTI</b>	<b>Age</b>	<b>32 Yrs.</b>	<b>Sex</b>	<b>F</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.2	%	

### 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**



<b>Date</b>	<b>18/09/2024</b>	<b>Srl No. 8</b>	<b>Patient Id 2409180008</b>
<b>Name</b>	<b>Mrs. SNEHA BHARTI</b>	<b>Age 32 Yrs.</b>	<b>Sex F</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	12.0	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	5,700	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	63	%	40 - 75
LYMPHOCYTE	31	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	18	mm/1st hr.	0 - 20
R B C COUNT	4.02	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	36	%	35 - 45
M C V	89.55	fl.	80 - 100
M C H	29.85	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.28	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	77.6	mg/dl	70 - 110
SERUM CREATININE	0.73	mg%	0.5 - 1.3
BLOOD UREA	17.2	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.04	mg%	2.5 - 6.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			



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

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.65	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.26	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.39	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.29	gm/dl	6.6 - 8.3
ALBUMIN	4.32	gm/dl	3.4 - 5.2
GLOBULIN	2.97	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.455</b>		
SGOT	24.8	IU/L	5 - 35
SGPT	15.4	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	51.8	U/L	35.0 - 104.0
GAMMA GT	20.2	IU/L	6.0 - 42.0

#### LFT INTERPRET

#### LIPID PROFILE

TRIGLYCERIDES	130.6	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	145.8	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	69.1	mg/dL	35.1 - 88.0
V L D L	<b>26.12</b>	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	<b>50.58</b>	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.11		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	0.732		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	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	1.030		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		
<b>MICROSCOPIC EXAMINATION</b>			
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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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 \*\*\*\*

**Dr.R.B.RAMAN**  
**MBBS, MD**  
**CONSULTANT PATHOLOGIST**





MC-2024  
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 Regd. Of· ce : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat  
 CIN: U85195GJ2009PLC057059



40904100510

**TEST REPORT**

<b>Reg.No</b> : 40904100510	<b>Reg.Date</b> : 19-Sep-2024 14:11	<b>Collection</b> : 19-Sep-2024 14:11
<b>Name</b> : SNEHA BHARTI		<b>Received</b> : 19-Sep-2024 14:11
<b>Age</b> : 32 Years	<b>Sex</b> : Female	<b>Report</b> : 19-Sep-2024 15:52
<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA		<b>Dispatch</b> : 19-Sep-2024 16:12
<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>	L 0.51	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	8.32	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	1.371	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)