



भारत सरकार

GOVERNMENT OF INDIA



ममता देवी

Mamta Devi

जनम वर्ष / Year of Birth : 1990

महिला / Female



7751 3280 1610

आधार — आम आदमी का अधिकार

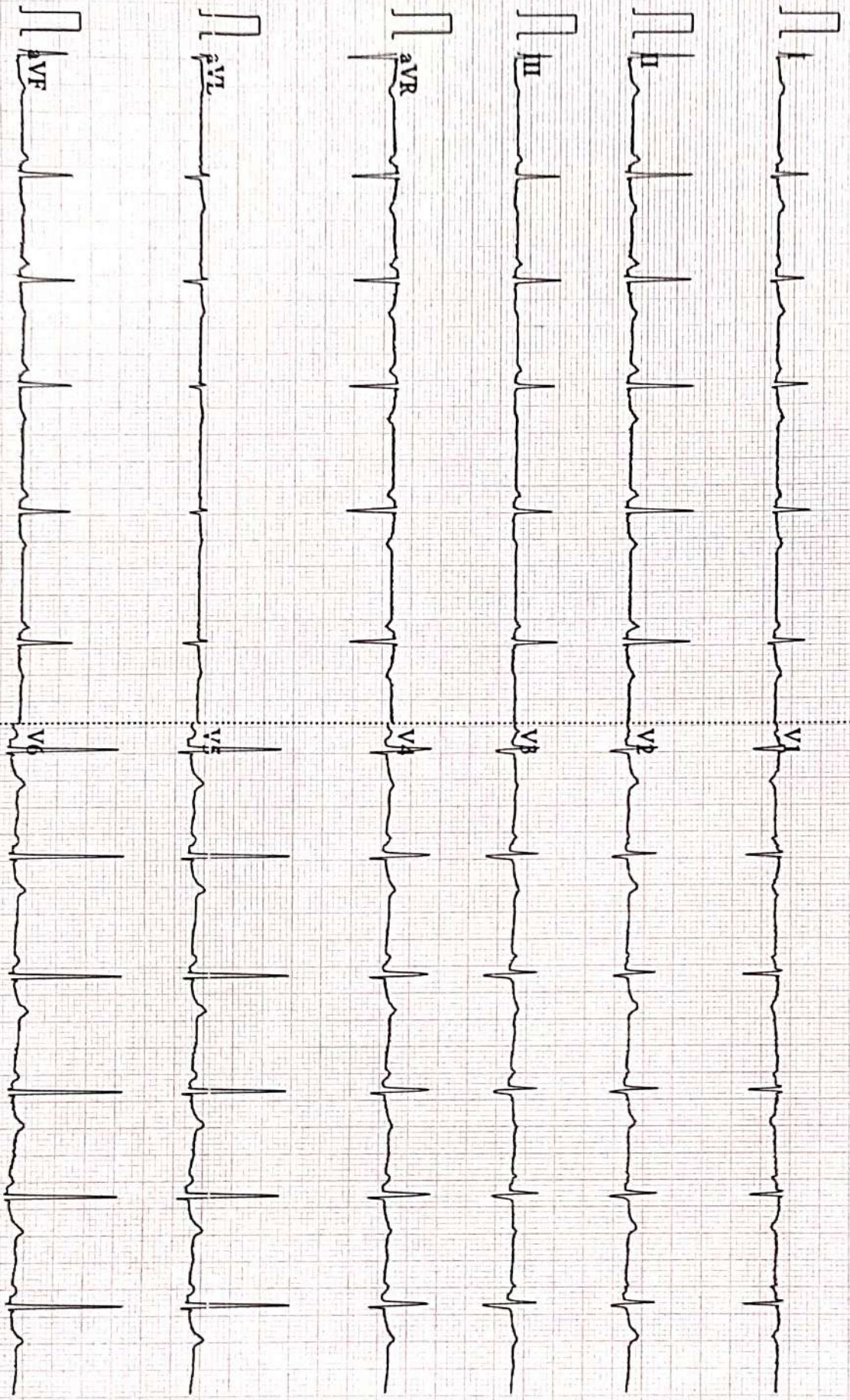
ID: 95  
MANTA DEVI  
Female 33Years

26-08-2023 11:59:07 AM

Diagnosis Information:  
Sinus Arrhythmia

HR : 72 bpm  
P : 91 ms  
PR : 131 ms  
QRS : 69 ms  
QT/QTc : 351/387 ms  
P/QRS/T : 64/68/42 °  
RV5/SV1 : 1.609/0.488 mV

Ref-Phys. :  
Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2\*5.0s V72 SEMIP V1.61 DIAGNOSTIC



Name :- Mamta Devi  
Refd by :- CORP.

Age/Sex:- 33Yrs/F  
Date :-26/08/23

Thanks for referral.

## REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Mild enlarged in size(14.1 cm) with 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**:- 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(10.2cm) 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 8.7cm and Left Kidney measures 9.4cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Enlarged in size (9.8cm x 4.6cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 30mm x 17mm and Left ovary measures 26mm x 17mm.  
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 Hepatomegaly with Grade I Fatty Liver.  
A/V Bulky Uterus.  
Otherwise Normal scan.*

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



ISO 9001 : 2015  
**AAROGYAM DIAGNOSTICS**  
 (A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

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 9264278360, 9065875700, 8789391403  
 info@aarogyamdiagnostics.com  
 www.aarogyamdiagnostics.com

<b>Date</b>	<b>26/08/2023</b>	<b>Srl No.</b>	<b>13</b>	<b>Patient Id</b>	<b>2308260013</b>
<b>Name</b>	<b>Mrs. MAMTA DEVI</b>	<b>Age</b>	<b>33 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**



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

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.4	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,900	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	65	%	40 - 75
LYMPHOCYTE	30	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	15	mm/1st hr.	0 - 20
R B C COUNT	4.15	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	33.9	%	35 - 45
M C V	81.69	fl.	80 - 100
M C H	27.47	Picogram	27.0 - 31.0
M C H C	33.6	gm/dl	33 - 37
PLATELET COUNT	1.98	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	97.4	mg/dl	70 - 110
SERUM CREATININE	0.90	mg%	0.5 - 1.3
BLOOD UREA	21.0	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.9	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	0.59	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.18	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.41	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.6	gm/dl	6.6 - 8.3
ALBUMIN	3.5	gm/dl	3.4 - 5.2
GLOBULIN	3.1	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.129</b>		
SGOT	16.9	IU/L	5 - 35
SGPT	17.7	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	75.0	U/L	35.0 - 104.0
GAMMA GT	22.9	IU/L	6.0 - 42.0

**LFT INTERPRET****LIPID PROFILE**

TRIGLYCERIDES	105.2	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	147.4	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	55.4	mg/dL	35.1 - 88.0
V L D L	21.04	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	70.96	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.661		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.281		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



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

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	1-3	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	2-3	/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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<b>Name</b> Mrs. MAMTA DEVI	<b>Age</b> 33 Yrs.	<b>Sex</b> F
<b>Ref. By</b> 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 \*\*\*\*

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





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



30804100549

**TEST REPORT**

<b>Reg.No</b> : 30804100549	<b>Reg.Date</b> : 27-Aug-2023 12:17	<b>Collection</b> : 27-Aug-2023 12:17
<b>Name</b> : MAMTA		<b>Received</b> : 27-Aug-2023 12:17
<b>Age</b> : 33 Years	<b>Sex</b> : Female	<b>Report</b> : 27-Aug-2023 13:35
<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA		<b>Dispatch</b> : 27-Aug-2023 13:55
<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)	0.65	ng/mL	0.6 - 1.52
T4 (Thyroxine) <small>CMIA</small>	7.90	µg/dL	5.5 - 11.0
TSH ( ultra sensitive) <small>CMIA</small>	4.691	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. Avani Patel*

**Dr. Avani Patel**  
 M.D. Biochemistry  
 Reg No.- G-34103